

ALEXION PHARMACEUTICALS INC  
 Form 4  
 December 15, 2015

**FORM 4** UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549

OMB APPROVAL  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
**BELL LEONARD**

(Last) (First) (Middle)

C/O ALEXION  
 PHARMACEUTICALS INC, 352  
 KNOTTER DRIVE

(Street)

CHESHIRE, CT 06410

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
**ALEXION PHARMACEUTICALS INC [ALXN]**

3. Date of Earliest Transaction  
 (Month/Day/Year)  
 12/11/2015

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer  
 (Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3)           | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|--------------------------------------|--|--------------------------------|---|---|--|---|
|   |                                      |  | Code                           | V   | Amount (A) or (D) Price   |  |   |
| Common Stock, par value \$.0001 per share | 12/11/2015                           |  | G                              |   | 42,637<br>(1)   | D  | \$ 0 806,451 D  |
| Common Stock, par value \$.0001 per share | 12/11/2015                           |  | G                              |   | 22,597<br>(2)   | D  | \$ 0 783,854 D  |

|  |            |   |               |   |                  |         |   |          |
|--|------------|---|---------------|---|------------------|---------|---|----------|
| Common Stock, par value \$0.0001 per share | 12/11/2015 | G | 34,595<br>(3) | D | \$ 0             | 749,259 | D |          |
| Common Stock                               | 12/11/2015 | S | 16,967        | D | \$ 187.41<br>(4) | 732,292 | I | By trust |
| Common Stock                               | 12/11/2015 | S | 4,352         | D | \$ 188.13<br>(5) | 727,940 | I | By trust |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

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(9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned**  
(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned (Instr. 6) |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|--|--|
|  |  |                                      |  | Code                           | V (A) (D)   | Date Exercisable   | Expiration Date   | Title                                      | Amount or Number of Shares                                       |

## Reporting Owners

| Reporting Owner Name / Address   | Relationships |           |         |       |
|--|---------------|-----------|---------|-------|
|  | Director      | 10% Owner | Officer | Other |
| BELL LEONARD<br>C/O ALEXION PHARMACEUTICALS INC<br>352 KNOTTER DRIVE<br>CHESHIRE, CT 06410 | X             |           |         |       |

## Signatures

/s/ Michael Greco, Attorney-in-Fact for  
Leonard Bell

12/15/2015

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
  - \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The reporting person contributed 42,637 shares of Alexion common stock to a charitable remainder trust. The reporting person continues to report beneficial ownership of all of the Alexion common stock held by the trust.
  - (2) Gift to charitable fund.
  - (3) Gift to charitable foundation.
- This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$187.01 - \$188.01. The price reported in
- (4) this column reflects the weighted average sales price. Upon request, the reporting person will provide to the SEC staff full information regarding the number of shares sold at each price.
- This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$188.01 - \$189.01. The price reported in
- (5) this column reflects the weighted average sales price. Upon request, the reporting person will provide to the SEC staff full information regarding the number of shares sold at each price.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.