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Hallal David Form 4	l										
January 18, 2	2011										
FORM	14					·			OMB AF	PPROVAL	
	UNITE	D STATES		AITIES A Shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Subject to Section 16. Form 4 or			OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires: January 31 2009 Estimated average burden hours per response 0.5		
Form 5 obligatio may cont <i>See</i> Instru 1(b).	Public U	6(a) of the cility Hold vestment	n								
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Hallal David			2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]					5. Relationship of Reporting Person(s) to Issuer			
								(Check all applicable)			
(Last) C/O ALEXI PHARMAC	(First) ION CEUTICALS, I	(Middle) NC, 352	3. Date of (Month/D 01/18/20	-	ansaction			Director X Officer (give below) SVP, Glob		o Owner er (specify l Ops	
KNOTTER	DRIVE										
Filed(M				ndment, Da hth/Day/Year	-	l		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
CHESHIRE	Е, СТ 06410							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executio any		3. Transactic Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	spose 4 and (A)	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock, par value \$.0001 per	01/18/2011			Code V	Amount 245 <u>(1)</u>		Price \$ 82.66	(Instr. 3 and 4) 10,756	D		
share											

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

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number.

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. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	ate	Amou Unde Secur	tle and unt of vrlying rities :. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
	Repor	rting O	wners									
						Relationships						

Reporting Owner Na					
		Director	10% Owner	Officer	Other
Hallal David C/O ALEXION PHARMA 352 KNOTTER DRIVE CHESHIRE, CT 06410			SVP, Global Commercial Ops		
Signatures					
/s/ David Hallal	01/18/2011				
** Signature of	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) These sales were made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock.

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.

Reporting Person