Edgar Filing: SQUINTO STEPHEN P - Form 4

SQUINTO S	TEPHEN P										
Form 4											
February 04,	2011										
FORM			CECUD	TTIES A		• • • • •	NCE	COMMISSION	т	PPROVAL	
	UNITE	J SIAIES		hington,			NGE	COMINISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 or Form 5	er STATE 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								Expires: January 31, 2005 Estimated average burden hours per response 0.5	
obligations may continue.Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type R	(esponses)										
1. Name and Address of Reporting Person <u>*</u> SQUINTO STEPHEN P			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 KNOTTER	EUTICALS IN	(Middle) C, 352	3. Date of (Month/Da 02/02/20	-	ansaction			Director X Officer (giv below) EVP, Rese		6 Owner er (specify opment	
CHESHIRE	(Street) 4. If Amer Filed(Mon			ndment, Date Original th/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
CHESHIKE,	, CI 00410							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. De (Month/Day/Year) Execut any (Month			3. Transactio Code (Instr. 8)	TransactionAcquired (A) or Code Disposed of (D)		SecuritiesIBeneficially(OwnedI	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Stock, par value \$.0001 per share	02/02/2011			A	7,000 (1)	A	\$ 0	39,917	D		

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

Edgar Filing: SQUINTO STEPHEN P - Form 4

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. Transactio Code (Instr. 8)	5. Number of orDerivative 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Common Stock	\$ 85.31	02/02/2011		A	50,000	(2)	02/02/2021	Common Stock, par value \$.0001 per share	50,000

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
SQUINTO STEPHEN P C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE CHESHIRE, CT 06410				EVP, Research and Development				
Signatures								
/s/ Stephen Squinto	02/04/2011							

<u>**</u>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) Award of Restricted Stock Units pursuant to 2004 Incentive Plan. 50% vests on two year anniversary of grant date and 1/8 vests every six months thereafter.
- (2) 1/16 vests every three months following grant date.

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.