SQUINTO STEPHEN P

Form 5

February 15, 2013

FORM 5					OMB A	PPROVAL		
UNITE Check this box if no longer subject	D STATES SECU Wa	RITIES AND		OMB Number: Expires:	3235-0362 January 31, 2005			
to Section 16. Form 4 or Form 5 obligations may continue. ANNUAL STATEMENT OF CHANG OWNERSHIP OF SECU					Estimated average burden hours per response 1.0			
See Instruction 1(b). Filed properties Form 3 Holdings Section 1 Reported Form 4 Transactions Reported		Itility Holdin	g Company A		on			
1. Name and Address of Reporti SQUINTO STEPHEN P	Name and Ticl ON PHARM LXN]	ker or Trading	Issuer .LS	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First)	(Month/	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2012			ve title 10% Owner Other (specify below)			
C/O ALEXION PHARMACEUTICALS II KNOTTER DRIVE	NC, 352			EVF	P, Head of R&D)		
(Street)	endment, Date (onth/Day/Year)	Original		6. Individual or Joint/Group Reporting (check applicable line)				
CHESHIRE, CT 06410)			_X_ Form Filed by Form Filed by Person	One Reporting P More than One R			
(City) (State)	(Zip) Tab	le I - Non-Deri	ivative Securition	es Acquired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Month/Day/Ye (Instr. 3)	Date 2A. Deemed ear) Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) Disposed of (I (Instr. 3, 4 and	D) Beneficially 15) Owned at end of Issuer's	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			(A) or Amount (D)	(Instr 3 and 4)				
Common Stock, par value 12/13/2012 \$.0001 per share	Â	G	951 <u>(1)</u> A	\$ 0 108,942	I	By children		
Reminder: Report on a separate l securities beneficially owned dir	Persons who respond to the collection of information contained in this form are not required to respond unless (9-02)							

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the form displays a currently valid OMB control number.

of

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration		Number		
						Exercisable	Date	of			
					(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
. 0	Director	10% Owner	Officer	Other		
SQUINTO STEPHEN P						
C/O ALEXION PHARMACEUTICALS INC	â	â	EVP, Head of R&D	â		
352 KNOTTER DRIVE	А	А	A EVP, nead of R&D	А		
CHESHIRE, CT 06410						

Signatures

/s/ Stephen
Squinto

**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) Bona fide gift to reporting person's children.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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