

ALEXION PHARMACEUTICALS INC
 Form 4
 June 13, 2007

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

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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 *
LINK MAX

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)
06/11/2007

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

C/O ALEXION PHARMACEUTICALS, INC., 352 KNOTTER DRIVE

(Street)

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

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

CHESHIRE, CT 06410

(City) (State) (Zip)

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 Ownership (Instr. 4)
			Code	V	Amount or (D) Price		
Common Stock, par value \$0.0001 per share	06/11/2007		M		2,500 A \$ 15.58	50,077	D
Common Stock, par value \$0.0001 per share	06/11/2007		M		2,666 A \$ 10.74	52,743	D

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Common Stock, par value \$0.0001 per share	06/11/2007	M	5,000	A	\$ 17.05	57,743	D
Common Stock, par value \$0.0001 per share	06/11/2007	M	7,500	A	\$ 22.21	65,243	D
Common Stock, par value \$0.0001 per share	06/11/2007	M	7,500	A	\$ 19.73	72,743	D
Common Stock, par value \$0.0001 per share	06/11/2007	M	10,000	A	\$ 32.5	82,743	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 number.

SEC 1474
(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)
				Code	V (A) (D)	Date Exercisable Expiration Date	Title Amount or Number of Shares
Option to purchase Common Stock	\$ 15.58	06/11/2007		M	2,500	12/12/2005 12/12/2012	Common Stock, par value \$0.0001 per share 2,500
Option to purchase	\$ 10.74	06/11/2007		M	2,666	03/04/2007 03/04/2013	Common Stock, par 2,666

Common Stock								value	
								\$0.0001	per share
Option to purchase Common Stock	\$ 17.05	06/11/2007	M	5,000	12/16/2006	12/16/2013	Common Stock, par value	\$0.0001	per share
									5,000
Option to purchase Common Stock	\$ 22.21	06/11/2007	M	7,500	12/10/2005	12/10/2014	Common Stock, par value	\$0.0001	per share
									7,500
Option to purchase Common Stock	\$ 19.73	06/11/2007	M	7,500	12/09/2006	12/09/2015	Common Stock, par value	\$0.0001	per share
									7,500
Option to purchase Common Stock	\$ 32.5	06/11/2007	M	10,000	06/07/2007	06/07/2016	Common Stock, par value	\$0.0001	per share
									10,000

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LINK MAX C/O ALEXION PHARMACEUTICALS, INC. 352 KNOTTER DRIVE CHESHIRE, CT 06410	X			

Signatures

/s/ Tom Dubin 06/13/2007
 **Signature of Date
 Reporting Person

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).

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.