BOESS CARSTEN

Form 4 June 29, 2005

FORM 4

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

OMB

Check this box if no longer

3235-0287 Number: January 31, Expires:

2005

OMB APPROVAL

subject to Section 16. Form 4 or

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

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Issuer

Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

Symbol

1(b).

(Print or Type Responses)

BOESS CARSTEN

1. Name and Address of Reporting Person *

			ALEXION PHARMACEUTICALS INC [ALXN]				CALS	(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner Officer (give titleX Other (specify				
C/O ALEXION			06/27/2	06/27/2005				below) below) Former Chief Financial Officer				
PHARMAC												
KNOTTER DR												
	(Street) 4. If A				f Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
	Filed(Mor				:)			Applicable Line) _X_ Form filed by One Reporting Person				
CHESHIRE					Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(State)	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Execution	Execution Date, if Transaction(A) or D		ispose	ed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock, par value \$.0001	06/27/2005			S	3,250	D	\$ 23.27	0	D			
Common Stock, par value \$.0001	06/27/2005			S	3,000	D	\$ 23.4	0	D			
Common Stock, par	06/27/2005			S	5,000	D	\$ 23.47	0	D			

value \$.0001

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

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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. 5. Number Transaction Derivative Code Securities (Instr. 8) 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, par value \$.0001	\$ 18.16	06/27/2005		M	4,494	01/30/2005	01/30/2014	Common Stock, par value \$.0001	4,494
Option to Purchase Common Stock, par value \$.0001	\$ 18.16	06/27/2005		M	5,506	01/30/2005	01/30/2014	Common Stock, par value \$.0001	5,506
Option to Purchase Common Stock, par value \$.0001	\$ 16.1	06/27/2005		M	625	03/08/2005	09/08/2014	Common Stock, par value \$.0001	625
Option to Purchase Common Stock, par value \$.0001	\$ 16.1	06/27/2005		M	625	03/08/2005	09/08/2014	Common Stock, par value \$.0001	625

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Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BOESS CARSTEN C/O ALEXION PHARMACEUTICALS 352 KNOTTER DR CHESHIRE, CT 06410

Former Chief Financial Officer

Signatures

/s/ Carsten Boess 06/29/2005

**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.

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