## Edgar Filing: ALEXION PHARMACEUTICALS INC - Form 4

ALEXION P Form 4 April 11, 200	HARMACEU 16	JTICALS IN	NC								
FORM	1								-	PPROVAL	
-	UNITE	D STATES			ND EXC D.C. 205		IGE (	COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 or Form 5	er <b>STAT</b> 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		
obligatior may conti <i>See</i> Instru 1(b).	ns Section 1	17(a) of the		ility Hold	ling Com	pany	Act of	f 1935 or Section	n		
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person <u>*</u> BELL LEONARD			2. Issuer Name <b>and</b> Ticker or Trading Symbol				-	5. Relationship of Reporting Person(s) to Issuer			
	ALEXION PHARMACEUTICALS INC [ALXN]					(Check all applicable)					
(Last)	(First)	(Middle)	(Month/D	-	ransaction			_X_ Director10% Owner _X_ Officer (give title Other (specify below) below)			
C/O ALEXI PHARMAC KNOTTER	EUTICALS II	NC, 352	04/07/20	)06				/	Executive Offic	eer	
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHESHIRE	, CT 06410							_X_Form filed by C Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Execution any	emed on Date, if 'Day/Year)	3. Transactio Code (Instr. 8)	<ul> <li>4. Securities Acquired action(A) or Disposed of (D)</li> <li>8) (Instr. 3, 4 and 5)</li> </ul>			Securities Beneficially Owned	6. Ownership Form: Direct D) or Indirect (I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock, par value \$.0001	04/07/2006			А	10,088 (1)	A	\$ 0	321,599	D		

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

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 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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner N	Relationships						
		Director	10% Owner	Officer	Other		
BELL LEONARD C/O ALEXION PHARMA 352 KNOTTER DRIVE CHESHIRE, CT 06410	Х		Chief Executive Officer				
Signatures							
/s/ Dr. Leonard Bell	04/11/2006						
<u>**Signature of</u> 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 prusuant to the 2004 Incentive Plan. 100% vests on 2nd anniversary of the Food and Drug Administration's approval to market Soliris(TM) (Eculizumab) under a Biologics License Application.

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.