## Edgar Filing: ALEXION PHARMACEUTICALS INC - Form 4

ALEXION Pl Form 4 April 11, 200	HARMACEU 6	TICALS IN	٩C								
									OMB A	PPROVAL	
FORM	S SECURITIES AND EXCHANGE ( Washington, D.C. 20549				NGE (	COMMISSION	OMB Number:	3235-0287			
Check this if no longe subject to Section 16 Form 4 or Form 5	er <b>STATI</b> 5.	SECURI	ES IN BENEFICIAL OWNERSHIP OF ECURITIES					Expires: January 31 2005 Estimated average burden hours per response 0.5			
Form 5 obligations may continue. See Instruction 1(b). 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								n			
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> KEISER DAVID W			2. Issuer Name <b>and</b> Ticker or Trading Symbol ALEXION PHARMACEUTICALS				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			INC [ALXN]					(check an appreadic)			
(Last) C/O ALEXIO PHARMACI KNOTTER I	EUTICALS IN	(Middle) NC, 352	3. Date of (Month/Da 04/07/20	-	insaction			X Director X Officer (give below) Pre		6 Owner er (specify	
				eendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHESHIRE,	CT 06410							Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deeme Execution any (Month/Da			n Date, if TransactionAcquired (A) or Code Disposed of (D)			)	5. Amount of Securities Beneficially Owned Following Reported	5. Ownership Form: Direct D) or Indirect (I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(N) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock, par value \$.0001	04/07/2006			А	5,409 (1)	A	\$ 0	96,418	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.

## Edgar Filing: ALEXION PHARMACEUTICALS INC - Form 4

 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. Transacti 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 rlying	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 Name / Address		Relationships						
L B	Director	10% Owner	Officer	Other				
KEISER DAVID W C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE CHESHIRE, CT 06410		Х		President & COO				
Signatures								
/s/ David W. Keiser	04/11/2006							
<u>**</u> Signature of	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 pursuant 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.

Reporting Person