## Edgar Filing: MATHIS LARRY - Form 4

Form 4												
June 09, 200	_								PPROVAL			
FORM	<b>14</b> UNITED	STATES	SECU	RITIES A	AND EX	CHANG	<b>GE COMMISSION</b>		IFFNOVAL			
				ashington				Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange							burden hor	Expires: January 31, 2005 Estimated average burden hours per response 0.5				
obligation may cont <i>See</i> Instru 1(b).	ns Section 17(	a) of the l	Public U		ding Cor	npany A	ct of 1935 or Sectio	on				
(Print or Type F	Responses)											
1. Name and A MATHIS L.	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICAL INC [ALXN]				5. Relationship of Reporting Person(s) to Issuer							
(Last)	(First) (1	Middle)	_	-	renceation		XDirector	10% Owner				
(Last)	(11131) (1	vildule)		3. Date of Earliest Transaction (Month/Day/Year)			Officer (give	Officer (give title Other (specify				
	TER DR, C/O AL EUTICALS INC		06/07/2	-			below)	below)				
	(Street)		4. If Am	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
CHESHIRE, CT 06410			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tal	ole I - Non-l	Derivative	Securities	s Acquired, Disposed o	of, or Beneficia	ally Owned			
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/Day/Year)		Date, if TransactionAc		Disposed	(A) or of (D)	Securities 1 Beneficially 6 Owned 6 Following 6 Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code V	Amount	(D) Prie	(Instr. 3 and 4)					
Reminder: Rep	ort on a separate line	for each cl	ass of sec	curities bene	-		ly or indirectly.	ction of	SEC 1474			
					inforn requii	nation co red to res iys a curi	ontained in this form spond unless the for rently valid OMB cor	are not m	(9-02)			
	Tabl						or Beneficially Owned le securities)					

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction of Derivative	Expiration Date	Underlying Securities	De

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr.	8)	Securities (Month Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/	Month/Day/Year)		(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	\$ 32 7	06/07/2006		А		7,500		<u>(1)</u>	06/07/2016	Common Stock, par value \$.0001	7,500	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
MATHIS LARRY 325 KNOTTER DR C/O ALEXION PHARMACEUTICALS INC CHESHIRE, CT 06410	Х					
Signatures						
/s/ Larry Mathis 06/09/2006						

<u>\*\*</u>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) These options will vest quarterly in four eqaul installments of 1,875 options during one year commencing June 7, 2006 and ending on June 7, 2007.

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.