## Edgar Filing: ALEXION PHARMACEUTICALS INC - Form 4

ALEXION PHARMACEUTICALS Form 4 July 12, 2007	INC						
	ES SECURITIES AND EXCHANGE Washington, D.C. 20549	OMB AF OMB Number:	PROVAL 3235-0287				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).							
(Print or Type Responses)							
1. Name and Address of Reporting Person <u>*</u> Sinha Vikas	2. Issuer Name <b>and</b> Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]	<ul><li>5. Relationship of Reporting Person(s) to Issuer</li><li>6 (Check all applicable)</li></ul>					
(Last) (First) (Middle) C/O ALEXION PHARMACUETICALS, INC., 352 KNOTTER DRIVE	3. Date of Earliest Transaction (Month/Day/Year) 07/11/2007	X Director X Officer (give t below) SVP & Chie		Owner er (specify officer			
(Street) CHESHIRE, CT 06410	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)	Table I - Non-Derivative Securities A	cquired, Disposed of,	or Beneficial	ly Owned			
(Instr. 3) any	on Date, if TransactionAcquired (A) or Code Disposed of (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5)	Securities Fo Beneficially (D Owned (I)	) or Indirect	Indirect			
Reminder: Report on a separate line for each	class of securities beneficially owned directly o	r 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. Transactio Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date7. Title and 2 Underlying S (Month/Day/Year)6. Date Exercisable and Underlying S (Instr. 3 and S		Securities 1	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Common Stock	\$ 47.66	07/11/2007		A	18,000	<u>(1)</u>	07/11/2017	Common Stock, par value \$.0001 per share	18,000

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships				
		Director	10% Owner	Officer	Other	
Sinha Vikas C/O ALEXION PHARMACUETICALS, INC. 352 KNOTTER DRIVE CHESHIRE, CT 06410		Х		SVP & Chief Financial Officer		
Signatures						
/s/ Vikas Sinha	07/12/2007					

<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) 1/16th vests every three months following the transaction date.

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.