### Edgar Filing: ALEXION PHARMACEUTICALS INC - Form 4

### ALEXION PHARMACEUTICALS INC

Form 4

November 29, 2007

								OMB AF	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer subject to  STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Esti									January 31, 2005 average rs per 0.5		
(Print or Type I	Responses)										
DUBIN THOMAS I H Sy A			ssuer Name <b>an</b> bol EXION PHA [ALXN]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last)  C/O ALEXI PHARMAC KNOTTER	ION EUTICALS INC	(Mo	ate of Earliest T nth/Day/Year) 29/2007	ransaction			Director 10% Owner SVP & General Counsel				
(Street) 4. If Ame Filed(Mor				ate Origina ar)	al		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 Acquired, Disposed								of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. re, if Transaction Code ear) (Instr. 8)	4. Securion(A) or D (Instr. 3,	ities A Dispose , 4 and (A) or	cquired ed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		
Common Stock, par value \$.0001 per share	11/29/2007		S	1,050	D	\$ 75.19	13,685	D			
Common Stock, par value \$.0001 per share	11/29/2007		S	600	D	\$ 75.21	13,085	D			

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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.

SEC 1474 (9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	1
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amount of		Derivative	
	Security	or Exercise		any (Month/Day/Year)	Code	of	(Month/Day/Year)		Underlying Securities		Security	
	(Instr. 3)	Price of			(Instr. 8	) Derivativ					(Instr. 5)	į
		Derivative				Securities	;	(Instr.	. 3 and 4)			
	Security					Acquired	Acquired					1
						(A) or						1
						Disposed						
						of (D)						
						(Instr. 3,						
						4, and 5)						
										<b>A</b>		
										Amount		
							Date Expiration Exercisable Date	Expiration	or			
								Title Number				
					~					of		
					Code \	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

DUBIN THOMAS I H C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE CHESHIRE, CT 06410

SVP & General Counsel

## **Signatures**

/s/ Thomas Dubin 11/29/2007

\*\*Signature of Date
Reporting Person

**Explanation of Responses:** 

## Explanation of ficepoiles.

- \* 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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