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Form 4										
February 01, 2010 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								-	PPROVAL	
Check this box								Number:	3235-0287	
if no long subject to Section 10 Form 4 on Form 5 obligatior may conti <i>See</i> Instru 1(b).	 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 								Expires: Estimated burden hou response	urs per
(Print or Type R	Responses)									
1. Name and A MADRI JOS	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O ALEXI PHARMAC KNOTTER	EUTICALS II	(Middle) NC, 352	3. Date of (Month/Da 01/28/20	-	Insaction			_X_ Director Officer (give below)		% Owner ler (specify
CHESHIRE	(Street)	endment, Date Original nth/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)					ties Ac	quired, Disposed o		-
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Dec (Month/Day/Year) Executi any (Month			3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Stock, par value \$.0001 per share	01/28/2010			М	3,965 (1)	A	\$ 0	126,054	D	

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

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number.

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)	 3. Transaction Da Conversion or Exercise Price of Derivative Security 		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) /e s l		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
Bana	rting O	wnore		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
перы		WIICI S									
R	Reporting Ow	ner Name / Address									
			Director	10% Ow	ner Offic	cer Other					

MADRI JOSEPH A C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE CHESHIRE, CT 06410

X

Signatures

/s/ Joseph Madri 02/01/2010 <u>**</u>Signature of Date Reporting Person

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 one year from date of grant.

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.