UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB

ALEXION PHARMACEUTICALS INC

Form 4

November 13, 2006

FORM 4

	OMIT	ED STATE			D.C. 20:		NOEC	OMMISSION	OMB Number:	3235-0287	
if no long subject to Section 1 Form 4 o Form 5 obligatio may cont	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 30(h) of the Investment Company Act of 1940									January 31, 2005 verage 's per 0.5	
(Print or Type I	Responses)										
BELL LEONARD Symbol				r Name and Ticker or Trading ON PHARMACEUTICALS LXN]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O ALEXI PHARMAC KNOTTER	CEUTICALS I	(Middle)	3. Date o (Month/E 11/09/2	-	ransaction			_X_ Director _X_ Officer (give below) Chief E		Owner r (specify er	
CHESHIRE	(Street)			endment, Danth/Day/Year	ate Original			6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M Person	One Reporting Pe	rson	
(City)	(State)	(Zip)	Tab	e I - Non-I	Derivative S	Securi	ities Acq	uired, Disposed of	, or Beneficial	v Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Execution		3. Transactio Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4	ies Ac sposed 4 and 5	equired l 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 Indirect	
Common Stock, par value \$.0001 per share	11/09/2006			M	30,000		\$ 10.38	390,399	D		
Common Stock, par value \$.0001 per share	11/09/2006			S	15,545	D	\$ 40.01	374,854	D		

OMB APPROVAL

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Common Stock, par value \$.0001 per share	11/09/2006	S	3,431	D	\$ 40.02	371,423	D
Common Stock, par value \$.0001 per share	11/09/2006	S	200	D	\$ 40.03	371,223	D
Common Stock, par value \$.0001 per share	11/09/2006	S	549	D	\$ 40.06	370,674	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.

SEC 1474 (9-02)

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. Transaction Code (Instr. 8)	ctiorDerivative Securities		Derivative Expiration Date decurities (Month/Day/Year) Acquired (A) or Disposed of D) Instr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Common Stock (1)	\$ 10.38	11/09/2006		M		30,000	04/01/2001	04/01/2007	Common Stock, par value \$.0001 per share	30,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
	X		Chief Executive Officer				

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Deletionships

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BELL LEONARD C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE CHESHIRE, CT 06410

Signatures

/s/ Dr. Leonard Bell 11/13/2006

**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) The sales reported by this Form 4 are made pursuant to the terms of a Sales Plan designed to meet the requirements of Rule 10b5-1 (c) (1) of the Securities Exchange Act.

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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