KELLER WILLIAM R

Form 4 May 22, 2013

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Number: January 31, Expires:

2005

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OMB APPROVAL

Section 16. Form 4 or Form 5 obligations

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

burden hours per response...

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may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and AcKELLER W	*	orting Person *	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 ALEXIO	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/20/2013	X Director 10% Owner Officer (give title below) Other (specify below)			
PHARMACI KNOTTER I		, INC., 352					
	(044)		4 IC 4 1 4 D 4 O 1 1 1	CITIES IN THE THE			

(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

CHESHIRE, CT 06410

							1 CISOII		
(City)	(State)	(Zip) Table	e I - Non-D	erivative s	Secur	ities Acqu	uired, Disposed of	f, or Beneficial	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)		d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock, par value \$.0001 per share	05/20/2013		M	3,747	A	\$ 23.05	16,023	D	
Common Stock, par value \$.0001 per share	05/20/2013		M	2,786	A	\$ 49.43	18,809	D	

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Common Stock, par value \$.0001 per share	05/20/2013	M	3,237	A	\$ 85.75	22,046	D
Common Stock, par value \$.0001 per share	05/20/2013	S	9,770	D	\$ 103	12,276	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. Transacti Code (Instr. 8)	5. Number on Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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	\$ 23.05	05/20/2013		M		3,747	03/01/2010	12/01/2019	Common Stock, par value \$.0001 per share	3,747
Option to Purchase Common Stock	\$ 49.43	05/20/2013		M		2,786	08/11/2011	05/11/2021	Common Stock, par value \$.0001 per share	2,786
Option to Purchase Common Stock	\$ 85.75	05/20/2013		M		3,237	08/08/2012	05/08/2022	Common Stock, par value \$.0001 per share	3,237

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

KELLER WILLIAM R C/O ALEXION PHARMACEUTICALS, INC. 352 KNOTTER DRIVE CHESHIRE, CT 06410



Signatures

/s/ William

Keller 05/22/2013

**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).

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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