## Edgar Filing: Hallal David - Form 4

Hallal David Form 4	1										
June 23, 200	)9										
FORM	14		CECH	TTIES A	ND EV		NCEO	OMMISSION		PPROVAL	
	UNITE	DSIAIE		shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 o	ger STATH 0 STATH 16. 0r	OX STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES							Expires: January 3 200 Estimated average burden hours per response 0		
Form 5 obligatio may cont <i>See</i> Instru 1(b).	tinue. Section 1	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									
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Hallal David			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	CEUTICALS, I	(Middle) NC, 352	-	f Earliest Tr Day/Year)	ansaction			Director X Officer (give below) Sr. VP Co		Owner er (specify ricas	
CHESHIRE	(Street) 4. If Ame Filed(Mon				te Origina	1		<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
(Instr. 3) any		med	3.	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			5. Amount of	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock, par value \$.0001 per share	06/19/2009			Code V	Amount 789 <u>(1)</u>	(A) or (D) D	Price \$ 38.47	Transaction(s) (Instr. 3 and 4) 19,121	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

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#### number.

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

Security or E (Instr. 3) Price Deri	nversion ( Exercise	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	de of				Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code N	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reportin	ng Ov	wners				Polotionshing					

<b>Reporting Owner Name / Address</b>		Relationships							
		Director	10% Owner	Officer	Other				
Hallal David C/O ALEXION PHARMA 352 KNOTTER DRIVE CHESHIRE, CT 06410	CEUTICALS, INC			Sr. VP Comm Ops, Americas					
Signatures									
/s/ David Hallal	06/23/2009								
<u>**</u> Signature of	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) These sales were made to cover the withholding taxes immediately following the vesting of previously granted Restricted Stock.

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.

Reporting Person