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ALEXION PHARMACEUTICALS INC

Form 4

share

September 18, 2013

•	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check the if no long	er								January 31,		
subject to Section 1 Form 4 o	6. SECURITIES								Expires: 2005 Estimated average burden hours per response 0.5		
Form 5 obligations may continue. See Instruction 1(b). 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 A MADRI JOS	Symbol	•				5. Relationship of Reporting Person(s) to Issuer					
		ALEXI INC [A	ION PHA LXN]	RMACEU	JTIC	EALS	(Check all applicable)				
(Last)	(First) (M		3. Date of Earliest Transaction _X_ Direct Office Office _X_ Direct Office _X_ Direc						Owner er (specify		
(Month/Day/Year) C/O ALEXION PHARMACEUTICALS INC, 352 KNOTTER DRIVE (Month/Day/Year) 09/16/2013 positive delow) Dother (specify below) below) Nother (specify below)											
CHESHIRE	(Street)		I. If Amendment, Date Original Filed(Month/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				
(City)		(Zip) Tob					Person				
1.Title of Security (Month/Day/Year) Execution I any (Month/Day			n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		
Common			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				
Stock, par value \$.0001 per share	09/16/2013		M	30,000 (1)	A	\$ 5.55	209,217	D			
Common Stock, par value \$.0001 per	09/16/2013		S	30,000 (1)	D	\$ 115 (2)	179,217	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)

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

1. Title of Derivative Conversion or Exercise (Instr. 3) Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D)	Expiration Dat (Month/Day/Y	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Stock	\$ 5.55	09/16/2013		M	30,000	03/10/2005	12/10/2014	Common Stock	30,000	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

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



Signatures

/s/ Joseph Madri 09/18/2013

**Signature of Person 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 transactions 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.
- This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$115.00 \$115.99. The price reported in (2) this column reflects the weighted average sales price. Upon request, the reporting person will provide to the SEC staff full information regarding the number of shares sold at each price.

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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