Edgar Filing: SQUINTO STEPHEN P - Form 4

SQUINTO S	TEPHEN P										
Form 4 January 16, 2	2009										
•									OMB A	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549						COMMISSION		3235-0287			
Check th				8,					Expires:	January 31,	
if no long subject to Section 1 Form 4 o	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires: 2005 Estimated average burden hours per response 0.5				
Form 5 obligations may continue.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 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> SQUINTO STEPHEN P			2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS INC, 352 KNOTTER DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 01/16/2009					Director 10% Owner X_Officer (give title Other (specify below) below) below) EVP & Head of Research			
CHESHIRF				endment, Date Original onth/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 			
	, CI 00410							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution D any (Month/Day.		n Date, if	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Pay/Year) (Instr. 8)			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common Stock, par value \$.0001 per share	01/16/2009			Code V S	Amount 1,348 (1)	(A) or (D) D	Price \$ 36.81 (2)	Transaction(s) (Instr. 3 and 4) 25,590	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. of 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)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
Repor	rting O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owner Name / Address	Relationships					
r u	Director	10% Owner	Officer	Other		
SQUINTO STEPHEN P C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE CHESHIRE, CT 06410			EVP & Head of Research			
Signatures						
G 1 G 1 C C C C C C C C C C						

**Signature of

Reporting Person

Stephen Squinto 01/16/2009

Explanation of Responses:

If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** 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 withholding taxes immediately following the vesting of previously granted Restricted Stock.
- This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$36.80 \$36.82. The price reported in this
- (2) column reflects the weighted average sales prices. 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.