Edgar Filing: ALEXION PHARMACEUTICALS INC - Form 4

| ALEXION P Form 4 January 17, 2 | PHARMACEUT | FICALS IN | NC | | | | | | | | |
|--|--|---|---|--------------|---|---|---------------|---|--|---|--|
| FORM | S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | PPROVAL 3235-0287 | | | |
| Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b). | 6. r Filed pu inue. | F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940 | | | | | | Estimated a burden hou response | Estimated average burden hours per response 0.5 | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| 1. Name and A Coissac Patr | 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 | EUTICALS, IN | (Middle) NC, 352 | 3. Date of (Month/Da 01/15/20 | | ansaction | | | Director X Officer (giv below) GM/Presid | | 6 Owner er (specify Europe | |
| | | | 4. 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 Person | | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | Securi | ties Aco | quired, Disposed o | of, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Executi any | | | 4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock, par value \$.0001 per share | 01/15/2007 | | | Code V | Amount 3,000 (1) | or (D) A | Price \$ 0 | (Instr. 3 and 4) 19,941 | 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

Edgar Filing: ALEXION PHARMACEUTICALS INC - Form 4

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. Transactio Code (Instr. 8) | 5. Number of orDerivative 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, par value \$.0001 | \$ 41.15 | 01/15/2007 | | A | 12,500 | (2) | 01/15/2017 | Common Stock, par value \$.0001 | 12,500 |

Reporting Owners

| Relationships | | | | | |
|---------------|-----------|------------------------------|----------------------------|--|--|
| Director | 10% Owner | Officer | Other | | |
| | | GM/President ALXN SAS Europe | | | |
| | | | | | |
| | Director | Director 10% Owner | Director 10% Owner Officer | | |

/s/ Patrice 01/17/2007 Coissac <u>**</u>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) Award of Restricted Stock pursuant to the 2004 Incentive Plan. One-half vests two years following the transaction date, and thereafter, 1/8th vests every six months.

(2) 1/16th vests every three months following the transaction date.

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.