

KEISER DAVID W
Form 4
December 14, 2007

FORM 4

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

Check this box
if no longer
subject to
Section 16.
Form 4 or
Form 5
obligations
may continue.
See Instruction
1(b).

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

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

OMB APPROVAL

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(Print or Type Responses)

1. Name and Address of Reporting Person *
KEISER DAVID W

(Last) (First) (Middle)

**C/O ALEXION
PHARMACEUTICALS INC, 352
KNOTTER DRIVE**

(Street)

CHESHIRE, CT 06410

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading
Symbol
**ALEXION PHARMACEUTICALS
INC [ALXN]**

3. Date of Earliest Transaction
(Month/Day/Year)
12/13/2007

4. If Amendment, Date Original
Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

☐ Director ☐ 10% Owner
☒ Officer (give title below) ☐ Other (specify below)
President & COO

6. Individual or Joint/Group Filing(Check
Applicable Line)
☒ Form filed by One Reporting Person
☐ Form filed by More than One Reporting
Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 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 | 12/13/2007 | | M | 12,500 | A \$ 9 | 117,709 | D |
| Common Stock, par value \$.0001 per share | 12/13/2007 | | S | 200 | D \$ 75.15 | 117,509 | D |

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| | | | | | | | |
|---|------------|---|--------|---|-------------|---------|---|
| Common Stock, par value \$.0001 per share | 12/13/2007 | S | 200 | D | \$ 75.09 | 117,309 | D |
| Common Stock, par value \$.0001 per share | 12/13/2007 | S | 300 | D | \$ 75.08 | 117,009 | D |
| Common Stock, par value \$.0001 per share | 12/13/2007 | S | 200 | D | \$ 75.07 | 116,809 | D |
| Common Stock, par value \$.0001 per share | 12/13/2007 | S | 768 | D | \$ 75.06 | 116,041 | D |
| Common Stock, par value \$.0001 per share | 12/13/2007 | S | 500 | D | \$ 75.05 | 115,541 | D |
| Common Stock, par value \$.0001 per share | 12/13/2007 | S | 10,332 | D | \$ 74.75 | 105,209 | 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.

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(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. Transaction Code (Instr. 8) | 5. Number 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) |
|---|---|---|---|---|--|--|---|
|---|---|---|---|---|--|--|---|

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| | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
|--|------|------------|------|---|-----|--------|---------------------|--------------------|---|-------------------------------------|
| Option to Purchase Common Stock | \$ 9 | 12/13/2007 | S | | | 12,500 | 12/04/1998 | 12/04/2008 | Common Stock, par value \$.0001 per share | 12,500 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|-----------------|-------|
| | Director | 10% Owner | Officer | Other |
| KEISER DAVID W C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE CHESHIRE, CT 06410 | X | | President & COO | |

Signatures

/s/ David Keiser 12/14/2007

__Signature of
Reporting Person

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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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