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ALEXION PHARMACEUTICALS INC

Form 5

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February 12, 2016

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FORM	l 5							OMB AI	PPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION						OMB Number:	3235-0362					
Check this no longer s	subject	Was	Washington, D.C. 20549					Expires:	January 31, 2005			
Form 4 or 5 obligation	to Section 16. Form 4 or Form 5 obligations may continue. ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated average burden hours per response 1.0			
See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4 Transactions Reported Reported												
1. Name and A Moriarty Jol	ddress of Reporting P nn B	Symbol ALEXIO					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)				5uy/10u1)				Director 10% Owner Officer (give title Other (specify below)				
ALEXION PHARMACEUTICALS, INC., 100 COLLEGE STREET												
					. Individual or Joint/Group Reporting							
Filed(Month/Day/Year) (check applicable line))						
NFW HAVI	EN, CT 06510											
X Form Filed by One Reporting Person Form Filed by More than One Reportin Person												
(City)	(State)	Zip) Tabl	e I - Non-Deri	vative Sec	curitie	s Acqu	ired, Disposed of	f, or Beneficial	ly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)						
				Amount	or (D)	Price	(Instr. 3 and 4)					
Common Stock, par												
value \$.0001 per share	08/18/2015	Â	G	10 (1)	D	\$0	48,491	D	Â			
Common Stock, par value	11/25/2015	Â	G	6 (1)	D	\$0	48,485	D	Â			

share

Common Stock, par

value 11/25/2015 Â G 6 (1) D \$ 0 48,479 D Â

\$.0001 per share

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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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)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Moriarty John B

ALEXION PHARMACEUTICALS, INC. 100 COLLEGE STREET Â Â Â EVP & General Counsel Â

NEW HAVEN, CTÂ 06510

Signatures

/s/ Michael Greco, Attorney-in-Fact for John B.
Moriarty

02/12/2016

**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).
- (1) Bona fide gift to a charitable foundation.

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

Reporting Owners 2

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