LUKE BARRY P Form 4/A April 12, 2005

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

0.5

Estimated average burden hours per response...

5. Relationship of Reporting Person(s) to

if no longer subject to Section 16. Form 4 or Form 5

Check this box

Form 4 or
Form 5
obligations
may continue.

Filed pursuant to S
Section 17(a) of the F

1. Name and Address of Reporting Person *

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

2. Issuer Name and Ticker or Trading

1(b).

\$.0001

(Print or Type Responses)

See Instruction

AL			Symbol	Symbol ALEXION PHARMACEUTICALS INC [ALXN]					Issuer (Check all applicable)			
(Last)	(First)	(Mid	, 5.5 a.c 61	3. Date of Earliest Transaction (Month/Day/Year)			Director 10% Owner X Officer (give title Other (specify					
C/O ALEXION				03/09/2005					below) below) VP Finance & Administration			
PHARMAC	EUTICALS I	NC, 3	352					VI I IIIa	nee & Manninst	ration		
KNOTTER	DRIVE											
	(Street) 4. If Amer Filed(Mont 03/11/20				e Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CHESHIRE	, CT 06410		03/11/20	0.0				Form filed by Person	More than One Ro	eporting		
(City)	(State)	(Zi	p) Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Executive tr. 3) any		Execution Date, if	3. Transaction Code (Instr. 8)	4. Securion Acquired Disposed (Instr. 3,	(A) o l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code v	Amount	(D)	FIICE					
Stock, par value	03/09/2005			A	1,500 (1)	A	\$0	24,800	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474

(9-02)

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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. Transacti Code (Instr. 8)	5. Number sonof 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)	
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Common Stock, par value \$.0001	\$ 20.38	03/09/2005		A	3,000 (2)	(3)	03/09/2015	Common Stock, par value \$.0001	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

LUKE BARRY P C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE CHESHIRE, CT 06410

VP Finance & Administration

Signatures

/s/ Barry P. 04/12/2005 Luke

**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).
 - Award of restricted stock pursuant to the 2004 Incentive Plan. One-half vests two years following the transaction date, and thereafter,
- (1) 1/8th of such amount vests every six months. This amended filing is being made to correct the number of shares acquired, which was incorrectly reported as 1,250 shares.
- (2) This amended filing is being made to correct the number of options acquired, which was incorrectly reported as 2,500 options.
- (3) 1/16th vest 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.

Reporting Owners 2