Edgar Filing: NORBY R DOUGLAS - Form 4

NORBY R	DOUGLAS									
Form 4										
December 1	3, 2005									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL		
	••• UNITED	STATES		RITIES A shington,			E COMMISSION	ONID	3235-0287	
Check th	nis box		vva	isnington,	, D.C. 20	1349		Number:	January 31,	
if no lon		MENT OI	F CHAP	NGES IN	BENEF	TCIAL O	WNERSHIP OF	Expires:	2005	
subject t Section	.0		F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES				Estimated average			
Form 4 of							burden hours per response 0.			
Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,									
obligation may con				•	•	· ·	of 1935 or Section	on		
See Inst		30(h)	of the In	nvestment	Compar	ny Act of 1	1940			
1(b).										
(Print or Type	Responses)									
(I line of Type	(Kesponses)									
1. Name and A	Address of Reporting	Person *	2. Issue	er Name and	I Ticker or	. Trading	5. Relationship of	f Reporting Per	rson(s) to	
NORBY R		Symbol			Issuer					
			ALEX	ION PHA	RMACE	EUTICALS	S		``	
			INC [ALXN]			(Check all applicable)				
(Last)	(First)	Middle)	3. Date of	of Earliest Ti	ransaction		_X_ Director	109	% Owner	
			(Month/Day/Year)			Officer (give title Other (specify below) below)				
C/O ALEX			12/09/2	2005			() () () () () () () () () () () () () (UCIOW)		
	CEUTICALS INC	C., 352								
KNOTTER	DRIVE									
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Mo	onth/Day/Year	r)		Applicable Line) _X_ Form filed by	One Reporting P	erson	
CHESHIRI	E, CT 06410						Form filed by I			
CILDIIII	2, 21 00 110						Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	Acquired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date	2A. Deem	ed	3.	4. Securit	ties	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)		Date, if					Form: Direct	Indirect	
(Instr. 3)		any (Month/Da	av/Year)	Code (Instr. 8)	Disposed (Instr. 3,		-	(D) or Indirect (I)	Beneficial Ownership	
		(infoliate De	uj, i cui)	(mou. o)	(111511: 5,	i und 5)		(Instr. 4)	(Instr. 4)	
						(A)	Reported			
						or	Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D) Price	(
Reminder: Rep	port on a separate lin	e for each cl	ass of sec	urities benef	ficially ow	ned 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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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)	· · · · · · · · · · · · · · · · · · ·		Date	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. De Se (It
				Code V	(A) (E	0) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to Purchase Common Stock, par value \$.0001	\$ 19.73	12/09/2005		А	7,500	<u>(1)</u>	12/09/2015	Common Stock, par value \$.0001	7,500	\$

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
NORBY R DOUGLAS C/O ALEXION PHARMA 352 KNOTTER DRIVE CHESHIRE, CT 06410	CEUTICALS INC.	Х					
Signatures							
/s/ R. Douglas Norby	12/13/2005						

<u>**</u>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) These options will vest quarterly in four equal installments of 1,875 options during the one year period commencing on December 9, 2005 and ending on December 9, 2006.

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.