## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>ALEXANDER SUSAN H</u>						2. Issuer Name and Ticker or Trading Symbol BIOGEN IDEC INC. [ BIIB ]								(Che	eck all applic	10% Owner			vner
(Last) (First) (Middle) BIOGEN IDEC INC. 14 CAMBRIDGE CENTER						3. Date of Earliest Transaction (Month/Day/Year) 02/23/2010									X Officer (give title Other (specify below)  EVP, General Counsel				
(Street)  CAMBRIDGE MA 02142  (City) (State) (Zip)					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Cl Line)  X Form filed by One Reportin  Form filed by More than On Person											orting Persor	n	
			ole I - Nor	n-Deriv	/ativ	e Se	curities	s Acc	guired.	Disi	oosed o	of. or B	enef	icially	v Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D.					action	n ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			A) or	5. Amour Securitie Beneficia Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or F	Price		ansaction(s) str. 3 and 4)			(Instr. 4)
Common Stock 02/24/						2010			Α		9,306	5 A		\$0	44,	44,124		D	
Common Stock 02/24/					4/201	.0			F		985	1	, ;	\$55.29	43,139			D	
Common Stock 02/24/					4/201	2010			F		996	Г	) ;	\$55.29	9 42,143			D	
		-	Гable II -						uired, D , option						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date, T	i. Transaction Code (Instr. I)		of		6. Date Ex Expiration (Month/Da	Date	of Secui		rities ing ve Sec	curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisab		expiration Pate	Title	or Nu of	nount mber ares					
Restricted Stock Unit	\$0 <sup>(2)</sup>	02/23/2010			A		15,286		(1)	0	2/23/2014	Commo Stock	<sup>n</sup> 15	,286	\$0	15,28	6	D	

## **Explanation of Responses:**

1. The number of RSUs reported represents the maximum possible number of shares that are eligible for vesting, which is 150% of the number of shares at target payout. One-fourth of these RSUs are eligible to vest on each of the first four anniversaries of the grant date. The actual number of shares that will vest on each vesting date will be determined by comparing the price of Biogen Idec common stock on such vesting date to the price on the grant date (i.e., number of vested shares = number of shares at target payout times [the average 60 calendar-day closing stock price ending on the vesting date divided by the average 60 calendar-day closing stock price on the grant date]).

2. There is no conversion or exercise price for this stock unit.

Aras Lapinskas, Attorney in Fact for Susan H. Alexander

02/25/2010

\*\* Signature of Reporting Person

Date

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

- \* 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.

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 Number.