

REGENERON
SCIENCE TO MEDICINE®

CORPORATE PRESENTATION

FEBRUARY 2021

NOTE REGARDING FORWARD-LOOKING STATEMENTS & NON-GAAP FINANCIAL MEASURES

This presentation includes forward-looking statements that involve risks and uncertainties relating to future events and the future performance of Regeneron Pharmaceuticals, Inc. ("Regeneron" or the "Company"), and actual events or results may differ materially from these forward-looking statements. Words such as "anticipate," "expect," "intend," "plan," "believe," "seek," "estimate," variations of such words, and similar expressions are intended to identify such forward-looking statements, although not all forward-looking statements contain these identifying words. These statements concern, and these risks and uncertainties include, among others, the impact of SARS-CoV-2 (the virus that has caused the COVID-19 pandemic) on Regeneron's business and its employees, collaborators, and suppliers and other third parties on which Regeneron relies, Regeneron's and its collaborators' ability to continue to conduct research and clinical programs, Regeneron's ability to manage its supply chain, net product sales of products marketed or otherwise commercialized by Regeneron and/or its collaborators (collectively, "Regeneron's Products"), and the global economy; the nature, timing, and possible success and therapeutic applications of Regeneron's Products and product candidates being developed by Regeneron and/or its collaborators (collectively, "Regeneron's Product Candidates") and research and clinical programs now underway or planned, including without limitation EYLEA® (afibercept) Injection, Dupixent® (dupilumab), Libtayo® (cemiplimab), Praluent® (alirocumab), Kevzara® (sarilumab), Inmazeb™ (atoltivimab, maffivimab, and odesivimab-ebgn), REGEN-COV™ (casirivimab and imdevimab), fasinumab, Evkeeza™ (evinacumab), garetosmab, Regeneron's and its collaborators' other oncology programs (including odronextamab (REGN1979) and REGN5458), Regeneron's and its collaborators' other hematology programs (including pozelimab (REGN3918)), Regeneron's and its collaborators' earlier-stage programs, and the use of human genetics in Regeneron's research programs; safety issues resulting from the administration of Regeneron's Products and Regeneron's Product Candidates in patients, including serious complications or side effects in connection with the use of Regeneron's Products and Regeneron's Product Candidates in clinical trials; the likelihood, timing, and scope of possible regulatory approval and commercial launch of Regeneron's Product Candidates and new indications for Regeneron's Products, including without limitation EYLEA, Dupixent, Libtayo, Praluent, Kevzara, REGEN-COV, fasinumab, Evkeeza, garetosmab, odronextamab, REGN5458, and pozelimab; the likelihood and timing of achieving any of the anticipated milestones described in this presentation; the extent to which the results from the research and development programs conducted by Regeneron and/or its collaborators may be replicated in other studies and/or lead to advancement of product candidates to clinical trials, therapeutic applications, or regulatory approval; ongoing regulatory obligations and oversight impacting Regeneron's Products (such as EYLEA, Dupixent, Libtayo, Praluent, Kevzara, and Inmazeb), research and clinical programs, and business, including those relating to patient privacy; determinations by regulatory and administrative governmental authorities which may delay or restrict Regeneron's ability to continue to develop or commercialize Regeneron's Products and Regeneron's Product Candidates; competing drugs and product candidates that may be superior to, or more cost effective than, Regeneron's Products and Regeneron's Product Candidates; uncertainty of market acceptance and commercial success of Regeneron's Products and Regeneron's Product Candidates and the impact of studies (whether conducted by Regeneron or others and whether mandated or voluntary) on the commercial success of Regeneron's Products and Regeneron's Product Candidates; the availability and extent of reimbursement of Regeneron's Products from third-party payors, including private payor healthcare and insurance programs, health maintenance organizations, pharmacy benefit management companies, and government programs such as Medicare and Medicaid (including the impact of the recently issued "most-favored-nation" interim final rule); coverage and reimbursement determinations by such payors and new policies and procedures adopted by such payors; the ability of Regeneron to manufacture and manage supply chains for multiple products and product candidates; the ability of Regeneron's collaborators, suppliers, or other third parties (as applicable) to perform manufacturing, filling, finishing, packaging, labeling, distribution, and other steps related to Regeneron's Products and Regeneron's Product Candidates; unanticipated expenses; the costs of developing, producing, and selling products; the ability of Regeneron to meet any of its sales or other financial projections or guidance and changes to the assumptions underlying those projections or guidance; risks associated with intellectual property of other parties and pending or future litigation relating thereto (including without limitation the patent litigation and other related proceedings relating to EYLEA, Dupixent, Praluent, and REGEN-COV), other litigation and other proceedings and government investigations relating to the Company and/or its operations, the ultimate outcome of any such proceedings and investigations, and the impact any of the foregoing may have on Regeneron's business, prospects, operating results, and financial condition; and the potential for any license or collaboration agreement, including Regeneron's agreements with Sanofi, Bayer, and Teva Pharmaceutical Industries Ltd. (or their respective affiliated companies, as applicable), as well as Regeneron's agreement with Roche relating to REGEN-COV, to be cancelled or terminated. A more complete description of these and other material risks can be found in Regeneron's filings with the U.S. Securities and Exchange Commission. Any forward-looking statements are made based on management's current beliefs and judgment, and the reader is cautioned not to rely on any forward-looking statements made by Regeneron. Regeneron does not undertake any obligation to update (publicly or otherwise) any forward-looking statement, including without limitation any financial projection or guidance, whether as a result of new information, future events, or otherwise.

This presentation uses non-GAAP net income per share, or non-GAAP EPS, free cash flow, and net cash, which are financial measures that are not calculated in accordance with U.S. Generally Accepted Accounting Principles ("GAAP"). These and other non-GAAP financial measures are computed by excluding certain non-cash and other items from the related GAAP financial measure. Non-GAAP adjustments also include the income tax effect of reconciling items. The Company makes such adjustments for items the Company does not view as useful in evaluating its operating performance. For example, adjustments may be made for items that fluctuate from period to period based on factors that are not within the Company's control, such as the Company's stock price on the dates share-based grants are issued. Management uses non-GAAP measures for planning, budgeting, forecasting, assessing historical performance, and making financial and operational decisions, and also provides forecasts to investors on this basis. With respect to free cash flows, the Company believes that this non-GAAP measure provides a further measure of the Company's operations' ability to generate cash flows. Additionally, non-GAAP measures provide investors with an enhanced understanding of the financial performance of the Company's core business operations. However, there are limitations in the use of non-GAAP financial measures as they exclude certain expenses that are recurring in nature. Furthermore, the Company's non-GAAP financial measures may not be comparable with non-GAAP information provided by other companies. Any non-GAAP financial measure presented by Regeneron should be considered supplemental to, and not a substitute for, measures of financial performance prepared in accordance with GAAP. A reconciliation of the non-GAAP financial measures used in this presentation is provided on slide 28.

REGENERON A DIVERSIFIED GROWTH STORY

Strong and Growing Core Brands



Entering a Period of New Launches



1L Non-Small Cell Lung Cancer and Basal Cell Carcinoma



Pediatric Asthma



REGEN-COV™
COVID-19



Homozygous Familial Hypercholesterolemia (HoFH)

A Broad and Diverse Pipeline

Dupixent in pivotal trials for **eight Type 2** diseases

Advancing **immuno-oncology** pipeline and combinations

~30 Therapeutic candidates in clinical development

STRONG EXECUTION IN 4Q 2020 AND FY 2020



4Q Total Revenues, YoY*
+30% growth

FY20 Total Revenues, YoY^
+30% growth

4Q Non-GAAP EPS, YoY*
+27% growth

FY20 Non-GAAP EPS, YoY^
+28% growth

R&D Pipeline Advancements



EoE, Pediatric Asthma/AD



Filed in 1L NSCLC and BCC (PDUFA's 1Q21)



Leading CD3 & CD28 Bispecifics platform



COVID-19 antibody cocktail EUA



FDA-approved Treatment for Ebola

Nine new investigational therapies in the clinic

YoY – Year-over-year; *4Q20 vs. 4Q19; ^full year 2020 vs. full year 2019
See reconciliation of non-GAAP net income to GAAP net income and non-GAAP EPS to GAAP EPS on slide 28

EoE – Eosinophilic Esophagitis; AD – Atopic Dermatitis; BCC – Basal Cell Carcinoma; NSCLC – Non-Small Cell Lung Cancer; EUA – Emergency Use Authorization; PDUFA – Prescription Drug User Fee Act
This slide contains investigational products not yet approved by regulatory authorities

EYLEA, DUPIXENT, AND LIBTAYO ARE CORE TO DIVERSIFIED GROWTH STRATEGY; SPECIALIZED PROGRAMS OFFER ADDITIONAL GROWTH POTENTIAL

EYLEA

- Execute and grow in wet AMD and diabetic eye diseases
- Explore high-dose formulation for less frequent dosing
- Pursue gene therapy and other novel approaches

Dupixent*

- Transform treatment of Type 2 inflammatory diseases
- Realize full potential in AD, asthma and CRSwNP
- Execute broad Ph3 & Ph4 development program

Oncology

- Realize potential for best-in-class immunotherapy treatments
- Compete, Enhance, and Extend benefits of immunotherapy to broader patient populations

Specialized growth opportunities:

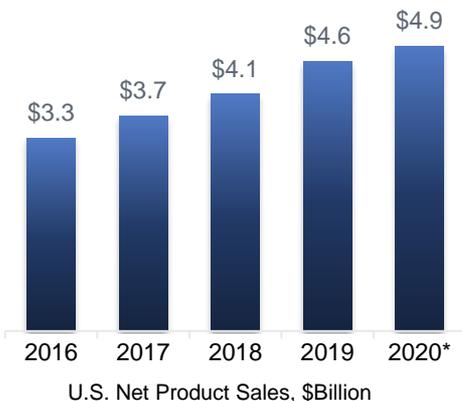
Infectious Disease
*COVID-19[^] & Ebola
Antibody Cocktails*

Rare Disease
HoFH, C5-mediated
diseases

Allergic Disease
Cat, Birch

EYLEA®: EXTENDING LEADERSHIP POSITION

Setting a high bar on efficacy/safety/convenience for current and future potential competition



#1 prescribed anti-VEGF
treatment

30+ million doses administered
since launch

Strategic Execution Despite COVID-19

- 4Q20 **\$1.34Bn** (+10% YoY), FY2020 **\$4.95Bn** (+7% YoY)*
- Sales gains and favorable demographic trends



Maximize Growth Initiatives

- Realize potential in diabetic eye diseases
- Initiating DTC to drive disease awareness



Focusing on the Science

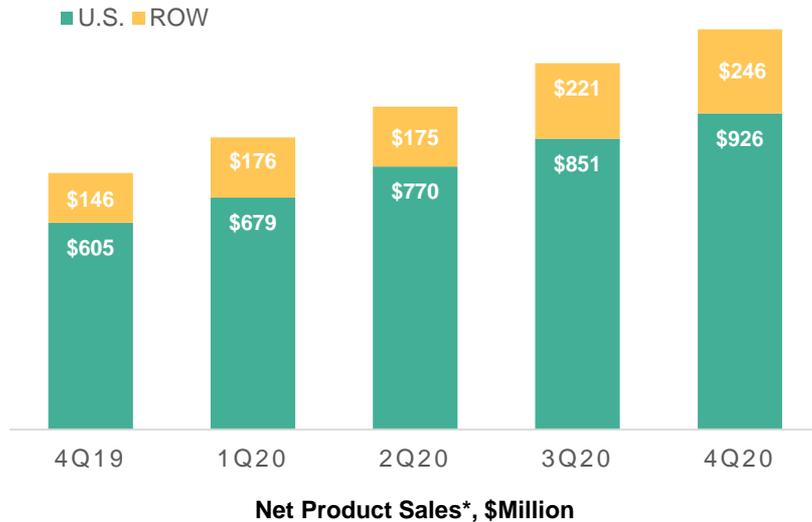
- Explore high-dose formulation for less frequent dosing
- Pursue gene therapy and other novel approaches



DUPIXENT®: STRONG GROWTH TRAJECTORY



+56% worldwide sales growth in 4Q20 vs. 4Q19



Broad-based growth across all approved indications

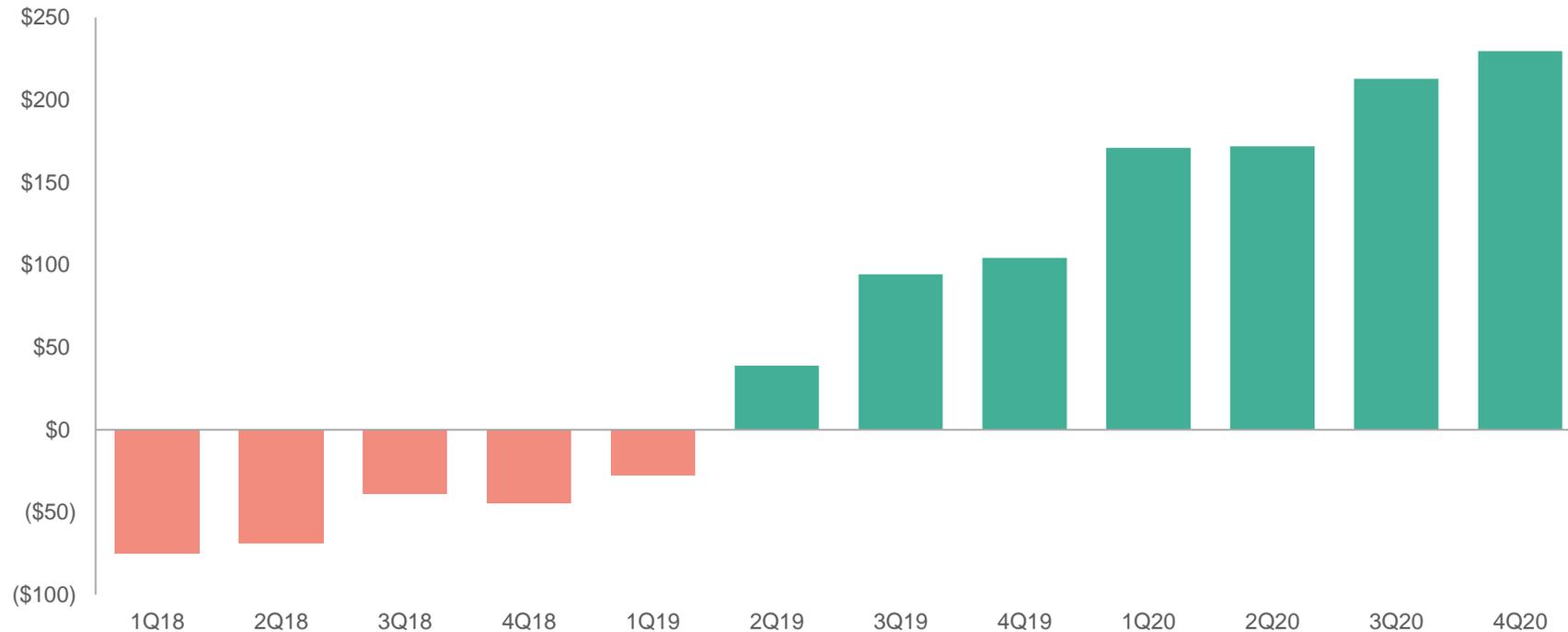
Significant **market opportunities** support future growth

Advancing clinical development program across **EIGHT** Type 2 diseases



DUPIXENT®: DRIVING LEVERAGE IN COLLABORATION PROFITABILITY

Antibody Collaboration Share of Profits / (Losses)*
(in Millions)



* Share of profits/(losses) are derived from global net product sales of Praluent (up until and including 1Q20), Kevzara, and Dupixent, which are recorded by Sanofi

DUPIXENT & ITEPEKIMAB (ANTI IL-33) COPD PHASE 3s UNDERWAY

Two-pronged approach against COPD

Dupixent addresses Type 2 COPD

Achieved prespecified efficacy milestone in interim analysis of first Ph3 study

- Eosinophils $\geq 300/\mu\text{l}$
- Both former and current smokers
- 2 Ph3 trials ongoing
- Pivotal data expected **2023**

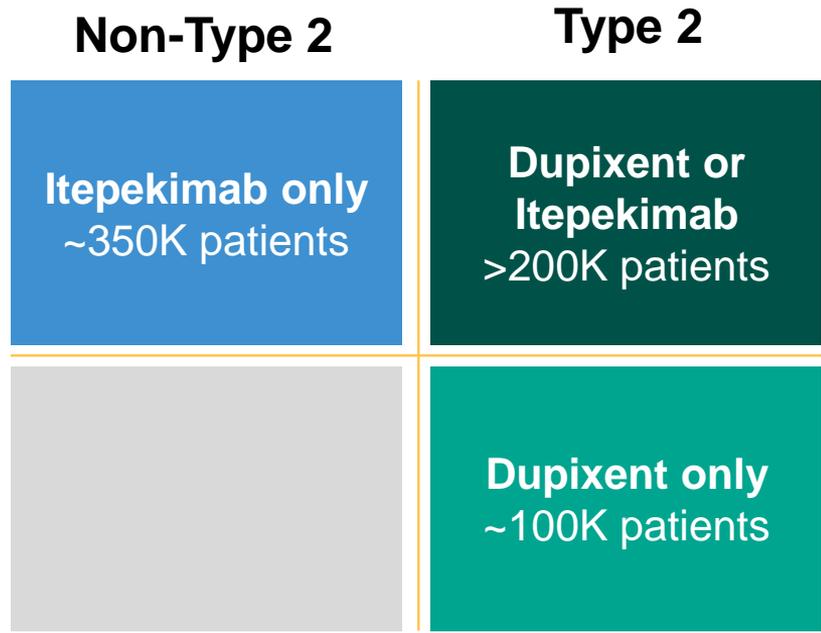
Former Smokers
(70% of COPD patients[^])

Itepekimab addresses also non-Type 2 COPD

Ph2 proof-of-concept data indicates potential benefit in former smokers

- No eosinophil restriction
- Focus on former smokers
- 2 Ph3 trials initiated
- Pivotal data expected **2024**

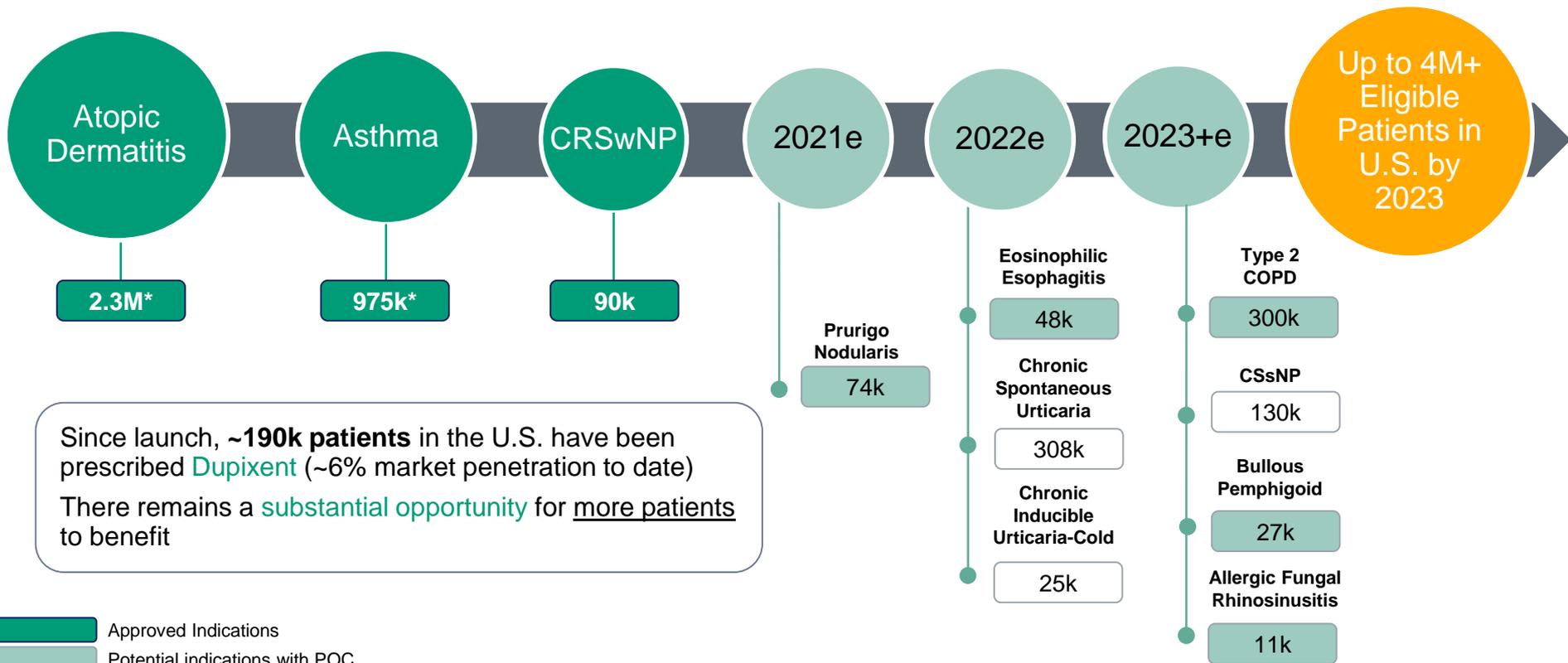
Current Smokers
(30% of COPD patients[^])



COPD – Chronic Obstructive Pulmonary Disease
* Dupixent and Itepekimab are developed in collaboration with Sanofi
[^] US epidemiology estimates, patient populations exclude never smokers

This slide contains investigational indications not yet approved by regulatory authorities

SUBSTANTIAL PATIENT OPPORTUNITY IN TYPE 2 INFLAMMATORY DISEASES FOR DUPIXENT®



CRSwNP – Chronic Rhinosinusitis with Nasal Polyposis;
 COPD – Chronic Obstructive Pulmonary Disease;
 CSsNP – Chronic Sinusitis without Nasal Polyposis

Figures represent U.S. Biologic-eligible target population (all age groups)
 *Target population includes age groups that are not currently approved but in clinical development
 Source – Regeneron Internal Epidemiology Data

This slide contains investigational indications not yet approved by regulatory authorities

ROADMAP TO LEADERSHIP IN ONCOLOGY

COMPETE, ENHANCE, and EXTEND treatment benefits in monotherapy and combination settings

COMPETE



LEAD in dermato-oncology

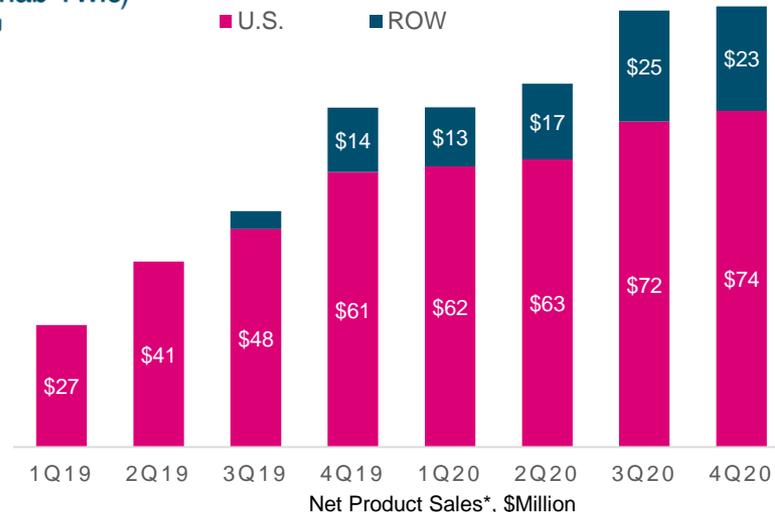
First approved anti-PD-1 in advanced **CSCC**

Accepted for **priority review** as first-in-class PD-1 in 2L+ **BCC** (PDUFA 3/3/21)

COMPETE in 1L Non-Small Cell Lung Cancer

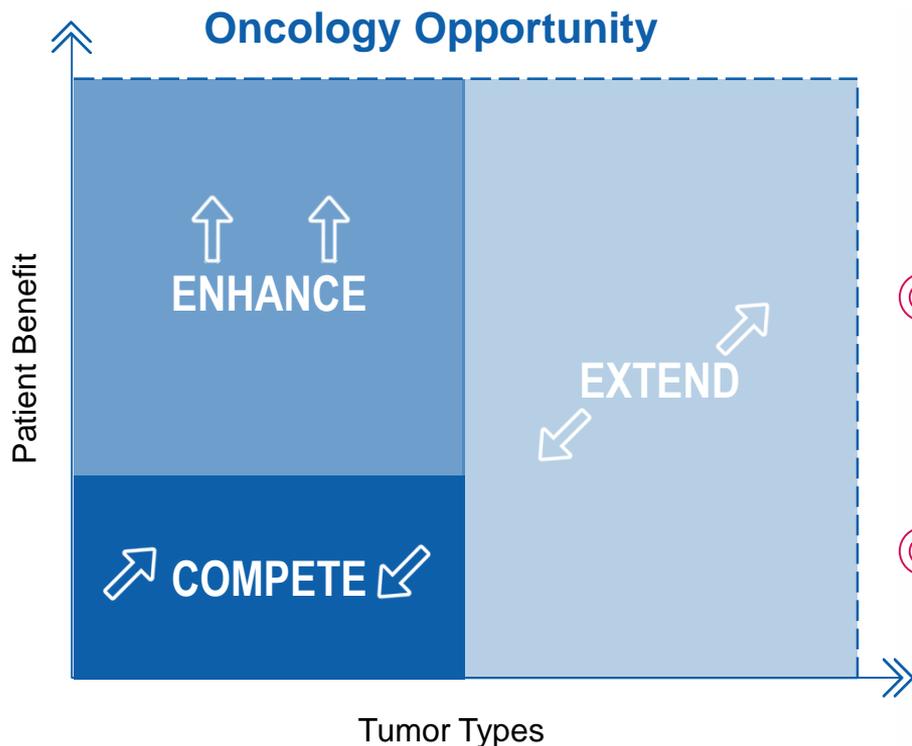
Accepted for **priority review** in **PD-L1+ NSCLC** (PDUFA 2/28/21)

Phase 3 study in **combination with chemotherapy** in patients regardless of PD-L1 expression **fully-enrolled** with interim analysis planned in 2021



* Sanofi records net product sales of LIBTAYO outside the U.S.

ONCOLOGY STRATEGY: ASPIRE TO COMPETE, ENHANCE, & EXTEND



COMPETE: **LIBTAYO** delivers potentially 'best-in-class' data in tumors responsive to PD-1 monotherapy (e.g., skin cancers & NSCLC*)

- **Compete** in large PD-(L)1 opportunity:
 - >\$25Bn, +25% YoY growth[^]

ENHANCE: Even for PD-1 responsive tumors, more than half of patients do not respond

- **Enhance** responsiveness for these tumors by adding novel therapeutics (e.g., xCD3 & xCD28 Bispecifics)

EXTEND: Most tumor settings have limited responses to checkpoint inhibition

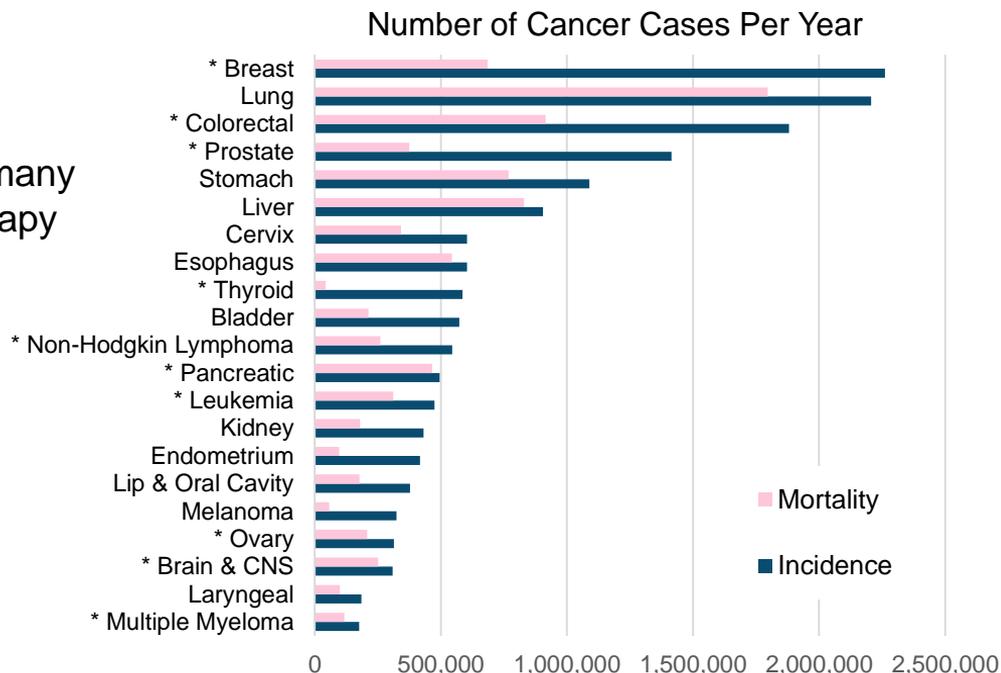
- **Extend** responsiveness for these tumors via addition of novel therapeutics (e.g., xCD3 & xCD28 Bispecifics)

*If approved; under priority review with PDUFA date of 02/28/2021

SIGNIFICANT OPPORTUNITY TO ENHANCE & EXTEND TREATMENT BENEFITS

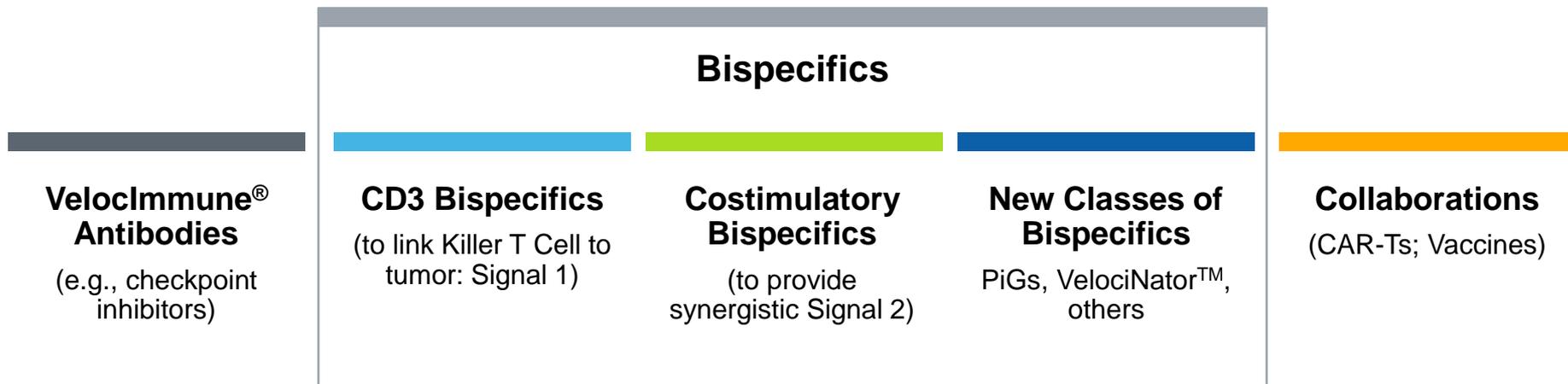
Despite the advancements in the field, there are many cancers that don't respond to anti PD-1 monotherapy

Even for those cancers that are responsive, many patients unfortunately do not benefit



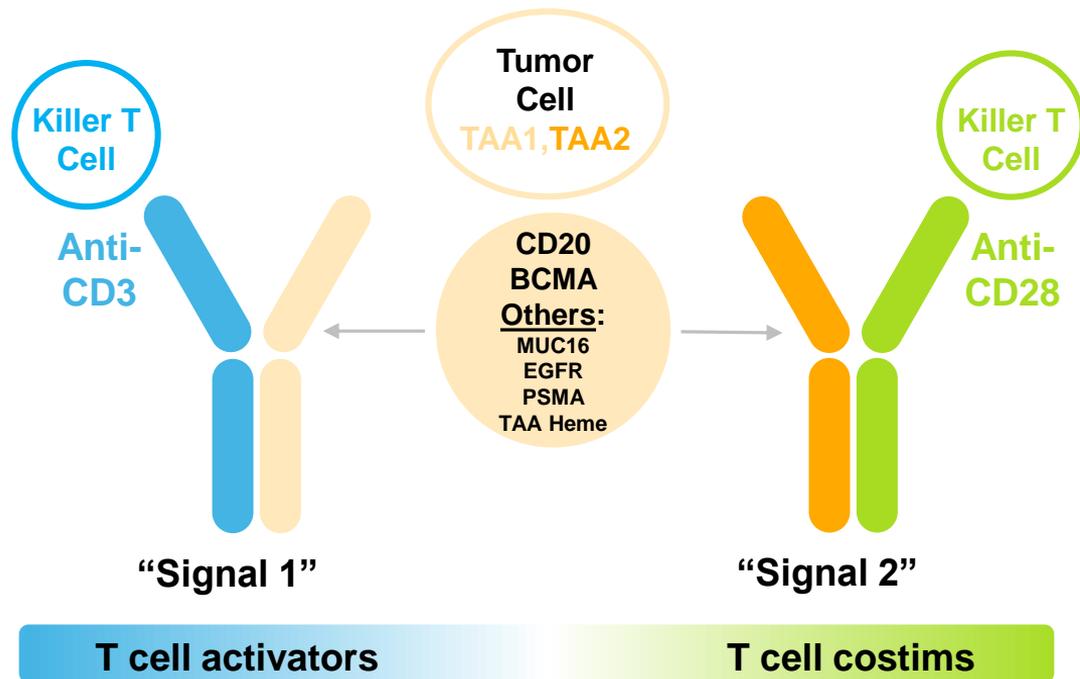
Regeneron's clinical development pipeline of 12+ candidates has potential to address unmet need in the vast majority of the most prevalent cancer types

REGENERON ONCOLOGY TOOLKIT LEVERAGES MULTIPLE PLATFORMS TO CREATE COMBINATORIAL FLEXIBILITY



PD-1 (LIBTAYO)

REGENERON'S VELOCI-BI® APPROACH CAN CREATE, MANUFACTURE, AND DEVELOP HIGH-QUALITY BISPECIFICS OF ANY DESIRED SPECIFICITY



VELOCI-BI®

VelociGene® and VelocImmune® technologies are fundamental

- Foundation for Dupixent, Praluent, Libtayo, REGN-EB3 (Inmazole), COVID-19 Ab cocktail and other Regeneron-discovered medicines

Next-generation VelocImmune® used to create several distinct classes of bispecifics, with varying specificity and affinity

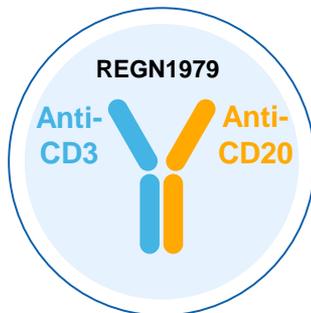
Regeneron bispecific approach is unique

- No linkers or artificial sequences
- Ease of manufacturing using same process as regular antibodies
- Similar PK to regular antibodies

ODRONEXTAMAB (CD20xCD3): DEEP AND DURABLE RESPONSES

- A **single bispecific**, effective in both indolent and aggressive lymphomas, including patients who failed CAR-Ts
- **Off-the-shelf** administered in outpatient setting*
- Pivotal Phase 2 enrolling rapidly – robust development plan ahead
- Over 350 patients dosed to date across program
- **Durable responses** (~3.5 years in FL)
- Acceptable safety profile

The Ph1 and Ph2 Odronextamab clinical trials are currently on partial clinical hold. The company has submitted a response to the FDA with the goal of resuming patient enrollment in the first half of 2021.



American Society of Hematology (ASH) Dec 2020 update:

R/R Follicular Lymphoma

- **ORR=90%, CR=70%**
- N=30, doses 5-320 mg
- CRs ongoing for up to ~3.5 years

R/R DLBCL (CAR-T naïve)

- **ORR=55%, CR=55%**
- N=11, doses 80-320 mg
- CRs ongoing for up to 21 months

R/R DLBCL (post-CAR-T)

- **ORR=33%, CR=21%**
- N=24, doses 80-320 mg
- All CRs ongoing for up to 20 months

Durable CRs: mDoCR not reached for any indication

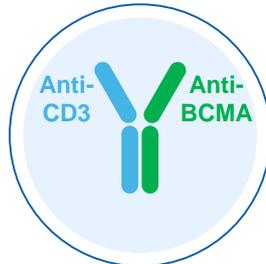
- Most frequent Gr ≥3 TEAEs (>10% of patients) included anemia (24.3%; Gr 1–3 at baseline in 22%), lymphopenia (20.6%; transient), neutropenia (18.4%; febrile in 2.2%), and hypophosphatemia (18.4%; transient)
- Nine patients (6.6%) had to discontinue odronextamab due to a TEAE, including Gr 1 cytomegalovirus infection (n=1), Gr 1 fatigue (n=1); Gr 2 pneumonia (n=1); Gr 3 hemolysis, fatigue, pneumonia, toxoplasmosis, and TLS (all n=1), plus abscess (n=1; unrelated to study treatment)
- No patients discontinued odronextamab due to CRS or neurotoxicity
- Odronextamab was administered up to 320 mg weekly without DLTs or reaching MTD; no dose-dependent increase in toxicity was observed

REGN5458 (BCMAxCD3): COMPETITIVE ANTI-TUMOR ACTIVITY; POTENTIALLY REGISTRATIONAL PH2 UNDERWAY IN MULTIPLE MYELOMA

REGN5458

Our first BCMAxCD3 bispecific to enter clinic; now in potentially registrational Ph2 dose expansion

- Competitive efficacy profile in a heavily pretreated, vulnerable patient population:
 - 100% refractory to anti-CD38 and at least triple refractory
 - 67% with prior autologous transplant
 - 31% 70 years or older
- Data shown for all patients at all dose levels explored (intention to treat analysis)
 - Deep responses across all dose levels
- Acceptable safety profile
 - No Grade 3+ neurotoxicity or CRS



Phase 1 ASH Dec 2020 update:

R/R Multiple Myeloma

N=49*, doses 3-96 mg

Efficacy:

3-12mg (n=24): **ORR=29%, VGPR or better= 25%**

24-48mg (n=17): **ORR=41%, VGPR or better= 41%**

96mg (n=8): **ORR=63%, VGPR or better= 63%**

- High and deep response rates: 95% of responders achieved VGPR or better
- Among responding patients with ≥ 6 months of follow-up, 83% have ongoing responses for up to 13 months
- Responses occur early and improve over time
- Acceptable tolerability up to 96mg (dose level 6)

*Median of 5 lines of prior systemic therapy, including anti-CD38; patients with primarily medullary and secretory disease
R/R – Relapsed/ Refractory (heavily pre-treated); ORR – Objective Response Rate; VGPR – Very Good Partial Response; CRS – Cytokine Release Syndrome

Sanofi has opt-in rights for BCMAxCD3 bispecifics
This slide contains investigational products not yet approved by regulatory authorities

COSTIM COMBINATIONS: ENHANCE AND EXTEND BENEFITS OF CHECKPOINT INHIBITORS

CD28 COSTIMS IN THE CLINIC (SOLID TUMORS)

REGN5678 (PSMAxCD28)



Evaluating combination with
LIBTAYO



Prostate Cancer
(metastatic castration-resistant)

REGN5668 (MUC16xCD28)



Evaluating combination with either
MUC16xCD3 or **LIBTAYO**



Ovarian Cancer (recurrent)



REGN7075 (EGFRxCD28)



Evaluating combination with
LIBTAYO



Solid tumors, including:
Non-Small Cell Lung Cancer
Cutaneous Squamous Cell Carcinoma
Colorectal Cancer (microsatellite stable)
Triple Negative Breast Cancer

Combinations of our CD3 and CD28 bispecific antibodies and checkpoint inhibitors offer advantage of simultaneously providing multiple signals for activating T cells to kill tumors

Additional CD3 and CD28 bispecifics for all these tumors are being developed

Robust combinatorial potential and flexibility to enhance and extend treatment across many different types of cancers

BROAD COMBINATIONS PIPELINE CONTINUES TO ADVANCE AND GROW

	COMBINATIONS		INDICATIONS	STATUS	
ONGOING	Odronextamab^ (CD20xCD3)	+	LIBTAYO*	Lymphoma	Resubmit modified study design to FDA^
	REGN4018* (MUC16xCD3)	+	LIBTAYO*	Ovarian cancer	Dose escalation ongoing
	REGN5678 (PSMAxCD28)	+	LIBTAYO*	Prostate cancer	Dose escalation ongoing
	REGN3767 (LAG-3)	+	LIBTAYO*	Advanced cancers	Expansion cohort enrolling
	REGN5668 (MUC16xCD28)	+	REGN4018* / LIBTAYO*	Ovarian cancer	Enrolling
	REGN6569 (GITR)	+	LIBTAYO*	Solid tumors	Enrolling
	REGN7075 (EGFRxCD28)	+	LIBTAYO*	Solid tumors	Enrolling
	UPCOMING	odronextamab (CD20xCD3)	+	B cell/CD28 costim	B-NHL
REGN5458/9* (BCMAxCD3)		+	Plasma cell/CD28 costim	Multiple myeloma	IND filing in 2021
TAAxCD3		+	LIBTAYO*	Prostate cancer	IND filing in 2021
odronextamab (CD20xCD3)		+	Standard of Care	B-NHL	Initiating in 2021
REGN5458/9* (BCMAxCD3)		+	Standard of Care	Multiple myeloma	Initiating in 2021

VelocImmune® Antibodies

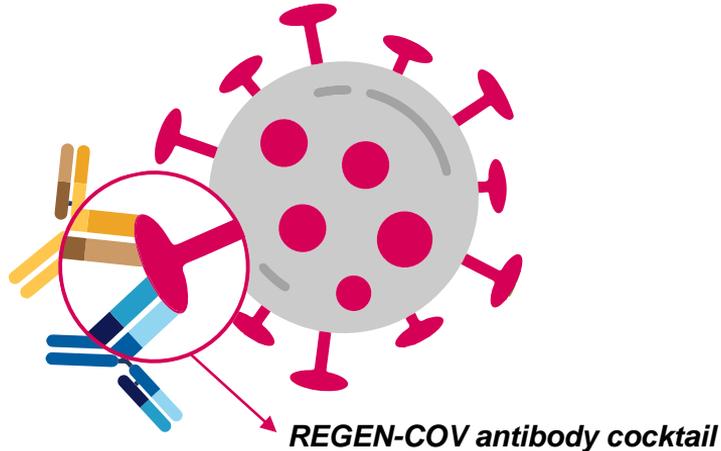
Costim BiSpecifics

CD3 BiSpecifics

Anti-PD-1

REGEN-COV: FIRST COMBINATION THERAPY TO RECEIVE EUA; MANUFACTURING SCALE-UP ONGOING

In 4Q20, the U.S. FDA granted Emergency Use Authorization to the REGEN-COV COVID-19 antibody cocktail (casirivimab and imdevimab)



Net Product Sales

- 4Q20 Net Product Sales* of **\$146M** (\$186M in FY2020)

Patients

- For recently diagnosed, mild-to-moderate COVID-19 in high-risk patients

Supply/Manufacturing

- U.S. government purchased initial 300k doses and will purchase up to 1.25 million additional doses
- Increasing global capacity, including through Roche collaboration

Clinical Development

- Trials in both treatment and prophylactic settings ongoing, exploring lower doses

REGEN-COV: BROAD CLINICAL DEVELOPMENT PROGRAM

Program Status Update



**STUDY 2067 Non-Hospitalized (IV)
Seamless Ph1/2/3**

- EUA granted for mild to moderate COVID-19 in high-risk patients
- 57% reduction in medical visits in overall population
- Additional data (including lower 1.2g dose) in 2Q21



**STUDY 2066 Hospitalized (IV)
Seamless Ph1/2/3**

No O₂ requirement | Low Flow O₂

- Passed futility analysis in Low Flow O₂ patients – 22% reduction in risk of death or ventilation in seronegative patients
- UK RECOVERY trial ongoing (including patients requiring high-flow oxygen or mechanical ventilation)



**STUDY 2069 Household Contacts
Prophylaxis (SQ) Ph3**

- Positive interim data announced in Jan'21 – Reduction in transmission and 100% prevention of symptomatic infections



**STUDY 20145 Dose Ranging
Virology Study**

STUDY 2093 HV Multidose

- Exploring lower doses and repeated dosing

Approximately 18,000 patients enrolled to date

EVKEEZA – RARE DISEASE OPPORTUNITY

 **Evkeeza**[™]
(evinacumab-dgnb)
Injection

PDUFA date 2/11/2021

Address Unmet Need in Patients with HoFH

Build Rare Disease Strategy

Apply Cardiometabolic Expertise



Found that patients with loss-of-function mutations in their ANGPTL3 gene have significantly lower levels of key blood lipids, including LDL-C

Evinacumab was designed to replicate this loss-of-function mutation effect to lower LDL-C in patients with HoFH

REGENERON-DISCOVERED, APPROVED AND INVESTIGATIONAL MEDICINES ACROSS A WIDE AND DIVERSE SET OF DISEASES



PHASE 1

- REGEN-COV[^] (SARS-CoV-2)
- Odronextamab (CD20xCD3)
- REGN3767 (LAG-3)
- REGN4018* (MUC16xCD3)
- REGN5093 (METxMET)
- REGN5459* (BCMAxCD3)
- REGN5668 (MUC16xCD28)
- REGN5678 (PSMAxCD28)
- REGN6569 (GITR)
- REGN7075 (EGFRxCD28)
- REGN5713-5714-5715 (Betv1)
- REGN6490 (IL-36R)
- REGN7257 (IL-2Rg)
- Pozelimab (C5)
- REGN5381 (NPR1)

PHASE 2

- REGEN-COV[^] (SARS-CoV-2)
- Cemiplimab* (PD-1)
- Odronextamab (CD20xCD3)
- REGN5458* (BCMAxCD3)
- Dupilumab* (IL-4R)
- Sarilumab* (IL-6R)
- REGN1908-1909 (Feld1)
- REGN4461 (LEPR)
- Pozelimab (C5)
- Garetosmab (Activin-A)
- Evinacumab (ANGPTL3)
- Afibercept (VEGF Trap)

PHASE 3

- REGEN-COV[^] (SARS-CoV-2)
- Cemiplimab* (PD-1)
- Dupilumab* (IL-4R)
- Itepekimab* (IL-33)
- REGN5713-5714-5715 (Betv1)
- Alirocumab (PCSK9)
- Fasinumab[†] (NGF)
- Afibercept (VEGF Trap)

- INFECTIOUS DISEASES
- ONCOLOGY
- IMMUNOLOGY & INFLAMMATORY DISEASES
- CARDIOVASCULAR/METABOLIC DISEASES
- PAIN
- OPHTHALMOLOGY
- RARE DISEASES

* In collaboration with Sanofi
 † In collaboration with Teva and Mitsubishi Tanabe
 ^ In collaboration with Roche

As of 4Q20 Update
 This slide contains investigational products not yet approved by regulatory authorities

EMPOWERING OUR COLLABORATIONS TO ADVANCE THE NEXT GENERATION OF GENETICS-BASED MEDICINES



REGENERON
GENETICS CENTER

World leading human sequencing

- >1M human exomes sequenced
- linked to EHRs
- BIG DATA



VIRAL-BASED GENE THERAPY

- RGC helps discover gene targets for hearing loss
- Developing novel ways to engineer viral-based gene therapy to the ear



RNAi THERAPEUTICS

- RGC helps discover new gene targets
- First-in-class antibody/ RNAi combinations (e.g. C5)



CRISPR/Cas9

- First-ever CRISPR-based systemic gene therapy (TTR)
- RGC helps discover new gene targets
- Inventing new technologies for “CRISPR-based gene knock-in”



CAR-T & OTHER CELL BASED THERAPIES

- Technologies to discover new CAR-T targets
- Creating new CARs
- Novel tumor targeting moieties (e.g. PiG Abs)

LEVERAGING FINANCIAL STRENGTH TO DRIVE GROWTH AND SHAREHOLDER RETURN

2020 Achievements

2020 Free Cash Flow: **\$2.0Bn**

Y/E 2020 Net Cash Position*: **\$4.7Bn**

\$5.8Bn in Share Repurchases

Includes \$5Bn repurchase of shares from Sanofi and prior **\$1Bn** repurchase authorization (fully utilized as of 12/31/20)

Inaugural **\$2Bn** Debt Offering

Plans for 2021

Capital Allocation Priorities:

1. **Invest** in our best-in-class R&D capabilities
2. **Pursue** business development opportunities to enable and synergize our R&D capabilities and technologies
3. **Return** cash to shareholders through share repurchases

New **\$1.5Bn** Share Repurchase Program

MULTIPLE POTENTIAL REGULATORY SUBMISSIONS: 2021-2023+

2021	2022	2023+
REGEN-COV ‡ COVID-19	Odronextemab (CD20xCD3) ^^ B Cell NHL	DUPIXENT * Eosinophilic Esophagitis
Fasinumab † Osteoarthritis Pain^	REGN5458 (BCMAxCD3) * Relapsed/Refractory Multiple Myeloma	DUPIXENT * Pediatric Atopic Dermatitis (6 mo-5 yr)
Garetosmab FOP^	High-Dose EYLEA	DUPIXENT * Chronic Inducible Urticaria – Cold
DUPIXENT * Prurigo Nodularis	LIBTAYO * 2L Cervical Cancer	REGN5713-5714-5715 (Betv1) Birch Allergy
DUPIXENT * Pediatric Asthma (6-11 yr)		Pozelimab ± cemdisiran * C5-mediated diseases
	LIBTAYO* + chemo 1L Non-Small Cell Lung Cancer	DUPIXENT * Bullous Pemphigoid Chronic Obstructive Pulmonary Disease Chronic Sinusitis w/o Nasal Polyposis Allergic Fungal Rhinosinusitis
		PRALUENT Pediatric HeFH
	New Molecule	New Indication

* In collaboration with Sanofi

^ Partial clinical hold pending review of additional data

^^ Partial clinical hold pending changes to clinical protocol

+ In collaboration with Alnylam

† In collaboration with Teva and Mitsubishi Tanabe

‡ Received EUA from FDA for mild to moderate COVID-19 in high-risk non-hospitalized patients

HeFH – Heterozygous Familial Hypercholesterolemia; FOP – Fibrodysplasia ossificans progressiva

This slide contains investigational products not yet approved by regulatory authorities

KEY UPCOMING MILESTONES (12-18 MONTHS)

EYLEA: Ph2 data readout for High Dose formulation

Dupixent

- Regulatory action in pediatric asthma (6-11 years)
- Ph3 data readouts for EoE and Prurigo Nodularis

Libtayo

- Regulatory action in 1L NSCLC (PDUFA 2/28/21) and 2L+ BCC (PDUFA 3/3/21)
- Data anticipated in 1L NSCLC chemo combo and 2L Cervical

Odronextamab (CD20xCD3)

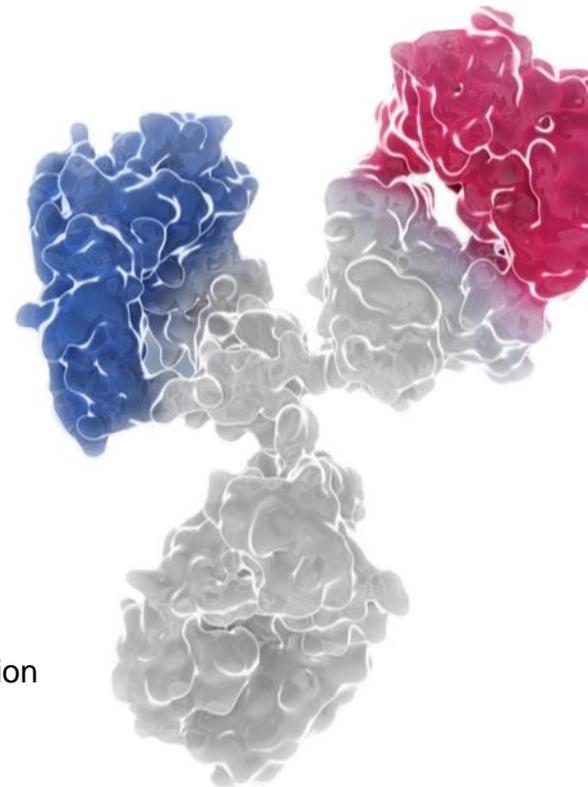
- Complete enrollment in potentially pivotal Phase 2 in NHL
- Initiate OLYMPIA Phase 3 program, combinations, and subcutaneous formulation

REGN5458 (BCMAxCD3)

- Complete enrollment in potentially pivotal Phase 2 in Multiple Myeloma
- Evaluate combinations with standard of care and novel agents; subcutaneous formulation

New Bispecifics: Potential first data for MUC16xCD3 and PSMAxCD28

Evinacumab (ANGPTL3): Regulatory action for HoFH (PDUFA date 2/11/21)



RECONCILIATION OF GAAP NET INCOME TO NON-GAAP NET INCOME AND OF NET CASH POSITION

REGENERON PHARMACEUTICALS, INC. RECONCILIATION OF GAAP TO NON-GAAP FINANCIAL INFORMATION (Unaudited) (In millions, except per share data)

	Three Months Ended December 31,		Year Ended December 31,	
	2020	2019	2020	2019
GAAP R&D	\$ 744.5	\$ 552.4	\$ 2,735.0	\$ 2,450.0
R&D: Non-cash share-based compensation expense	69.1	72.4	238.6	250.4
R&D: Up-front payments related to license and collaboration agreements	—	30.0	85.0	430.0
Non-GAAP R&D	\$ 675.4	\$ 450.0	\$ 2,411.4	\$ 1,769.6
GAAP SG&A	\$ 303.5	\$ 451.8	\$ 1,346.0	\$ 1,341.9
SG&A: Non-cash share-based compensation expense	38.6	45.4	153.0	167.7
SG&A: Litigation contingencies	(121.0)	60.0	(95.0)	70.0
SG&A: Restructuring-related expenses	5.2	35.2	8.1	35.2
Non-GAAP SG&A	\$ 380.7	\$ 311.2	\$ 1,279.9	\$ 1,069.0
GAAP COGS	\$ 179.6	\$ 108.5	\$ 491.9	\$ 362.3
COGS: Non-cash share-based compensation expense	13.8	15.7	40.4	46.2
COGS: Other	—	—	0.9	—
Non-GAAP COGS	\$ 165.8	\$ 92.8	\$ 450.6	\$ 316.1
GAAP other income (expense), net	\$ 57.6	\$ 214.1	\$ 233.8	\$ 219.3
Other income/expense: Gains on investments	(59.5)	(189.0)	(221.6)	(118.3)
Interest expense: Other	—	—	12.7	—
Non-GAAP other income (expense), net	\$ (1.9)	\$ 25.1	\$ 24.9	\$ 101.0
GAAP net income	\$ 1,149.2	\$ 792.0	\$ 3,513.2	\$ 2,115.8
Total of GAAP to non-GAAP reconciling items above	(53.8)	69.7	222.1	881.2
Income tax effect of GAAP to non-GAAP reconciling items	14.8	(4.1)	(38.9)	(169.9)
Income tax expense: Impact of sale of assets between foreign subsidiaries	(30.0)	—	(30.0)	—
Non-GAAP net income	\$ 1,080.2	\$ 857.6	\$ 3,666.4	\$ 2,827.1
Non-GAAP net income per share - basic	\$ 10.25	\$ 7.85	\$ 34.07	\$ 25.89
Non-GAAP net income per share - diluted	\$ 9.53	\$ 7.50	\$ 31.47	\$ 24.67
<i>Shares used in calculating:</i>				
Non-GAAP net income per share - basic	105.4	109.2	107.6	109.2
Non-GAAP net income per share - diluted	113.4	114.3	116.5	114.6
<i>Effective tax rate reconciliation:</i>				
GAAP effective tax rate	6.2 %	11.0 %	7.8 %	12.9 %
Income tax effect of GAAP to non-GAAP reconciling items	1.5 %	(0.4)%	1.3 %	1.7 %
Non-GAAP effective tax rate	7.7 %	10.6 %	9.1 %	14.6 %
<i>Free cash flow reconciliation:</i>				
Net cash provided by operating activities	\$ 1,231.0	\$ 787.4	\$ 2,618.1	\$ 2,430.0
Capital expenditures	(161.4)	(139.0)	(614.6)	(429.6)
Free cash flow	\$ 1,069.6	\$ 648.4	\$ 2,003.5	\$ 2,000.4

REGENERON PHARMACEUTICALS, INC. RECONCILIATION OF NET CASH POSITION (Unaudited) (In millions)

	December 31,	
	2020	2019
Cash and marketable securities	\$ 6,722.6	\$ 6,471.1
Long-term debt	(1,978.5)	—
Net cash position	\$ 4,744.1	\$ 6,471.1

REGENERON PHARMACEUTICALS, INC. CONDENSED CONSOLIDATED BALANCE SHEETS (Unaudited) (In millions)

	December 31,	
	2020	2019 ¹
Assets:		
Cash and marketable securities	\$ 6,722.6	\$ 6,471.1
Accounts receivable - trade, net	3,111.5	2,100.0
Accounts receivable - Sanofi and other, net	1,003.2	685.6
Inventories	1,916.6	1,415.5
Property, plant, and equipment, net	3,221.6	2,890.4
Deferred tax assets	858.9	824.2
Other assets	328.9	418.4
Total assets	\$ 17,163.3	\$ 14,805.2
Liabilities and stockholders' equity:		
Accounts payable, accrued expenses, and other liabilities	\$ 2,806.8	\$ 2,514.2
Long-term debt	1,978.5	—
Deferred revenue	635.5	487.4
Finance lease liabilities	717.2	713.9
Stockholders' equity	11,025.3	11,089.7
Total liabilities and stockholders' equity	\$ 17,163.3	\$ 14,805.2

¹See slide 2 for additional important information regarding non-GAAP financial measures included in this presentation