FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPF	OMB APPROVAL									
	OMB Number:	3235-0287									
	Estimated average burden										
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1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
GOLDSTEIN JOSEPH L						INC [REGN]									X	Direc	ctor	1	0% O	wner	
																Officer (give title			Other (specify below)		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									below)				elow)		
777 OLD SAW MILL RIVER ROAD						02/09/2018															
(Street)					- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
TARRYT	OWN I	NY 10591													X Form filed by One Reporting Person					on	
(City)	(City) (State) (Zip)				-											Form filed by More than One Reporting Person					
(0.13)																					
		Tak	le I - No	n-Deri\	<i>r</i> ative	Se	curitie	s Ac	quired,	Dis	posed o	of, o	r Ben	efici	ally	Owne	ed				
1. Title of Security (Instr. 3) 2. Trans Date (Month/I				Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Di		Disposed	Securities Acquired (A) sposed Of (D) (Instr. 3,			4 and See Be		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D) Prid		Price	:	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			02/09	9/2018	3			S		1,000)	D	\$32	5.6	1	2,000	D			
		7	able II - I					•			sed of, onvertib				•	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/D	n Date,	4. Transa Code (8)		n of Deriv Secu Acqu (A) or Dispo of (D) (Instr	5. Number of 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 Securities Underlying Derivative Security (Instr. and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (i or Indirect) (I) (Insti	(D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nu of	nount mber ares							

Explanation of Responses:

/s/**Joseph L. Goldstein

02/13/2018

** 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.