FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

CIVID ALL	I TO VAL
OMB Number:	3235-028
Estimated average	burden

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

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

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

Name and Address of Reporting Person*     BROWN MICHAEL S							2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS, INC. [ REGN ]								of Reportin cable) or	ig Person	10% Ow	vner	
(Last) (First) (Middle) 777 OLD SAW MILL RIVER ROAD						Date o		iest Tran	saction (N	/lonth	/Day/Year)			Officer (give title below)		Other (s below)	:pеспу		
(Street) TARRY	Street) TARRYTOWN NY 10591					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting				
(City)	(S	tate)	(Zip)											Perso	n 				
		Tab	le I - No	n-Deri	vative	Se	curit	ies Ac	quired	, Dis	posed o	of, or Be	neficia	lly Owned	t				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Code (Instr.		ies Acquire Of (D) (Insi		Benefic Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			02/24/					M <sup>(1)</sup>		2,000	A	\$273.	67 2,	2,643				
Common	Stock			02/24	1/2020				S <sup>(1)</sup>		1,956	D	\$419	9 (	687				
Common	Stock			02/24	1/2020				S <sup>(1)</sup>		44	D	\$419.	03 6	643				
Common	Stock	Stock												5,	5,000			by SLAT <sup>(2)</sup>	
Common	Stock													11	,349		l	by Trust	
		Т	able II -								osed of converti			/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)  3. Deen Executio if any (Month/D		n Date,		ansaction ode (Instr.		n of E		6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	nership rm: ect (D) Indirect	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to	\$273.67	02/24/2020			M <sup>(1)</sup>			2,000	(3)		01/02/2024	Common Stock	2,000	\$0.0	250		D		

## **Explanation of Responses:**

- 1. Disposition/acquisition made pursuant to a plan intended to comply with Rule 10b5-1(c).
- 2. These shares are held in a trust for the benefit of the reporting person's immediate family members. The reporting person's spouse is trustee of the trust. The reporting person disclaims beneficial ownership of these securities, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.
- 3. The stock option becomes exercisable in three equal annual installments, commencing one year after the date of grant.

/s/\*\*Michael S. Brown 02/24/2020

\*\* Signature of Reporting Person

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.