SEC For																							
	FORM	4	UNITE	D ST/	ATE S	SS				5 AND on, D.C. 2			NC	GE C	OM	IMIS	SSION						
						-										OMB APPROVAL							
Check this box if no longer subject to STATEME Section 16. Form 4 or Form 5						NT OF CHANGES IN BENEFICIAL OWNERSHIP													OMB Number: 3235-0287 Estimated average burden				
obligations may continue. See					od pur	euant	to Sectio	n 16	(2) 0	of the Sec	uritia	ee Eveha	naol	Act of 1	031					sponse:	0.5		
matuc	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940																						
transac contrac the pur securit intende defens	chase or sale of ies of the issue ed to satisfy the	e pursuant to a r written plan for of equity r that is																					
1. Name a	nd Address of	Reporting Person*								or Tradin									ng Per	son(s) to Is	suer		
Zoghbi Huda Y						REGENERON PHARMACEUTICALS,											(Check all applicable) Director 10% Owner						
					<u>INC.</u> [REGN]													(give title	tle Other (s				
(Last)		3. Date of Earliest Transaction (Month/Day/Year)												below)			below)						
777 OLD SAW MILL RIVER ROAD						01/02/2025																	
,					- 4. i	f Ame	endment,	Date	of C	Driginal Fi	led	(Month/D	ay/Ye	ear)			lividual or	Joint/Grou	p Filin	g (Check A	oplicable		
(Street)																		Line) Form filed by One Reporting Person					
TARRYTOWN NY 10591																	Form filed by More than One Reporting						
(City) (State) (Zip)							Person																
(;)	(_							-										
			le I - Nor						cqu		isp					-							
, , , , , , , , , , , , , , , , , , ,					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date if any (Month/Day/Ye		Code (Ins			on Disposed		ities Acquired (A) d Of (D) (Instr. 3,			5. Amou Securitie Benefici	es	Forn (D) c	wnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
							(,	·				(A) or			- Reporte Transac	d	.,		(Instr. 4)		
										Code V		Amount		(D)	Pri	ce		(Instr. 3 and 4)			ļ		
Common Stock					2/202	5				A ⁽¹⁾		166		A	\$	60.0	1,	548		D			
		T	able II -									osed of onverti					Owned						
1. Title of	2.	3. Transaction	3A. Deeme		4. T		5. Num	nber		Date Exer		ble and		itle and			3. Price of	9. Numbe		10. Oursenski	11. Nature		
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution if any (Month/Day	i I	Code (Inst				Expiration Date (Month/Day/Year			•)	Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Secur	5	Derivative Security Instr. 5)	derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	s Illy J	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownershi (Instr. 4)		
															Amou or	unt							
									Dat	te	_F 、	piration			or Numb of	ber							
					Code	v	(A)	(D)		ercisable		ate	Title	•	Share	es							
Non- Qualified Stock	\$719.37	01/02/2025			А		1,958			(2)	01	/02/2035		nmon	1,95	58	\$ <u>0.0</u>	1,958	8	D			
Option						1	1 7 1 7		1		1.1		St	ock	-,	· · ·					1		

Explanation of Responses:

(right to buy)

1. Reflects an acquisition of time-based vesting restricted stock units each representing a contingent right to receive one share of the Issuer's common stock.

2. On the date of the Issuer's first annual meeting of shareholders following the date of grant, a portion of these stock options equal to the portion of one year that has passed from the date of grant shall then become exercisable, and the remainder shall become exercisable on the first anniversary of the date of grant.

<u>/s/ Huda Y. Zoghbi</u>	01/06/2025
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** 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.