FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
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0.5

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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

1. Name and Address of Reporting Person*  BROWN MICHAEL S						2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS INC [ REGN ]										eck all ap	olicable)		rson(s) to Is: 10% O Other (	wner		
(Last) 777 OLE	,	irst) LL RIVER ROA	(Middle) D			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2004 below) below)																
(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	state)	(Zip)													Per	son					
			le I - No			_			qu		Disp							_				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.						Execution D				Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Secu Bene Owne	icially d Following	Fori	m: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	Amount (A) o		Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(111501.4)					
Common Stock 03/01					1/2004	2004						5,000	)	A	\$14		0,000		D			
Common	mmon Stock 03/01				1/2004	2004				F		4,742	2	D \$14.		76 5,258			D			
		T	able II -									osed of onverti				Owne	i					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Year				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivativ Security (Instr. 5)		re es ally g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)		ate xercisable		xpiration ate	Title		Amount or Number of Shares							
Non- Qualified Stock Option (right to	\$14	03/01/2004			M			5,000	03	3/01/1995	6 03	3/01/2004	Comm		5,000	\$0	0		D			

**Explanation of Responses:** 

/s/\*\*Michael S. Brown

03/02/2004

\*\* 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.