FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	burden

0.5

hours per response:

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* SCHLEIFER LEONARD S					2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS, INC. [ REGN ]									(Chec	k all app Direc	olicable)		, % Ow	
(Last) (First) (Middle) 777 OLD SAW MILL RIVER ROAD				3. Date of Earliest Transaction (Month/Day/Year) 05/15/2023								X	belov	v) ``	below)		peony		
(Street) TARRYTOWN NY 10591				4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	S. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	2)	State)	(Zip)		C	heck thatisfy the	nis box ne affir	to indic	cate that a defense c	trans onditio	ons of Rule 1	nade p L0b5-1	ursua (c). Se	e Instructi	on 10.		ritten plan tha	is inte	ended to
Table I - Nor  1. Title of Security (Instr. 3)		2. Transac Date (Month/Da	tion	n 2A. Deen Executio		d Date,	3. Transaction Code (Instr.		4. Securities Acquired Disposed Of (D) (Instr. and 5)		d (A) or	A) or 5. Amour Securitie Beneficia Owned Following		6. Ownersh Form: Dire (D) or Indirect (I) (Instr. 4)	et   c	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)		Price	Report Transa (Instr.	ed action(s) 3 and 4)				
Common Stock			05/15/2	05/15/2023				G		53,807		D	\$0.0		0	I		2021 GRAT	
Common	Stock			05/15/2	2023				G		53,807		A	\$0.0	64	4,985	I	I	By Trust
Common	Stock														36	2,115	D		
Common	Stock														25	0,000	I		2023 GRAT
Common Stock												5	,916	I	4	By 101(k) Plan			
			Table II	- Derivati (e.g., pu											Owne	ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year		e Amoun ar) Securit Underly Derivati Securit (Instr. 3		nount of curities derlying rivative curity str. 3 and 4)  Amount or		Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Geneficial Following Reported Transactio (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	V (A) (D)				Expiration Date	Title		nber ıres								

**Explanation of Responses:** 

/s/\*\*Leonard S. Schleifer

05/17/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).