FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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*  VAGELOS P ROY						2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS,									Relationship of Reporting Person(s) to (Check all applicable)     X Director 100					
							INC. [ REGN ]									give title	10% Owner e Other (speci		-	
(Last) (First) (Middle) 777 OLD SAW MILL RIVER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 12/08/2021									below)	(Aire mie		below)	,poony	
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
TARRY	TOWN N	Y	10591											X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	itate)	(Zip)												Person					
		Tab	le I - Noi	n-Deriv	ativ	e Se	curities	s Ac	quired	, Dis	posed o	f, or B	enefi	cially	Owned					
1. Title of Security (Instr. 3)			2. Trans Date (Month/		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					4 and Securitie Beneficia Owned F		s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	(A) or (D) Pri		ice	Reported Transaction(s) (Instr. 3 and 4)				instr. 4)	
Common Stock			12/08/2021				A <sup>(1)</sup>		1,861	l A	.   9	\$0.0	318,669		D					
Common Stock			10/04/2021		1			G	v	347	D	,	\$0.0	0 141,630		I		y CLAT		
Common Stock															2,221			I	By 401(k) Plan	
Common Stock														37,747		I		Dy Spouse as Frustee		
Common Stock														3,609		I		oy trust for grandch <sup>(2)</sup>		
		-	Table II -								osed of,				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	d Date,	4. Transaction Code (Instr. 3)		5. Number of			xercis	sable and	7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		ount	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	re (Ces Fally [Ces General Ces	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Nun of Sha							
Non- Qualified Stock Option (right to buy)	\$644.54	12/08/2021			A		21,198		(3)		12/08/2031	Commor Stock	21,	198	\$0.0	21,19	98	D		

## **Explanation of Responses:**

- 1. Reflects an acquisition of time-based vesting restricted stock units each representing a contingent right to receive one share of the Company's common stock.
- 2. By trusts for the benefit of nine grandchildren of the reporting person, each of which holds 401 shares of Company stock. The reporting person and/or the spouse of the reporting person is the trustee of each such trust.
- 3. The stock option award vests in four equal annual installments, commencing one year after the date of grant.

/s/\*\*P. Roy Vagelos 12/09/2021

\*\* 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.