FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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: 3235-02									
Estimated average burden									
hours per respons	se: 0.5								

Name and Address of Reporting Person* Sanofi						2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS, INC. [REGN]									all app Direc	tor	ng Per X	10% O	s) to Issuer 0% Owner Other (specify	
(Last) 54 RUE	Last) (First) (Middle) 54 RUE LA BOETIE						3. Date of Earliest Transaction (Month/Day/Year) 05/29/2020									Officer (give title elow)		below)	эреспу	
(Street) PARIS (City)	IO (St	4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	' I								
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Da				2. Transaction Date (Month/Day/	nth/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a			nnd 5) Securiti Benefic Owned		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) ((D)	Pri	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 05/29/202						20			S ⁽¹⁾		20,421,899	D	\$5	509.85	85 0		D ⁽⁴⁾			
Common Stock 05/29/20					20	20			S ⁽²⁾		2,399,552	D	\$5	509.85	40	00,000		(3)(4)	See note ⁽³⁾	
		Tal	ole II								posed of, o				Owne	t				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if any	Deemed ution Date, / th/Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	rice of ivative curity etr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Evaluation of Bosponsos:			Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amou or Numb of Share	er								

Explanation of Responses

- 1. Represents sale in public offering to underwriters (10,615,094 shares) and a sale in private transaction to the Issuer (9,806,805 shares), in each case, by the Reporting Person.
- 2. Represents sale in public offering to underwriters by Aventisub LLC ("Aventisub").
- 3. Directly owned by Aventisub, formerly known as Aventis Pharmaceuticals Inc., an indirect, wholly-owned subsidiary of the Reporting Person.
- 4. Pursuant to the Amended and Restated Investor Agreement, dated as of January 11, 2014, by and among the Reporting Person, sanofi-aventis US LLC, Aventis, sanofi-aventis Amerique du Nord (collectively, the "Sanofi Parties") and the Issuer, as amended, the Sanofi Parties have agreed to vote their respective shares of the Issuer, subject to specified exceptions, in accordance with the recommendation of the Issuer's Board of Directors.

Remarks:

Exhibit 24 - Power of Attorney (incorporated herein by reference to Exhibit 24 to Form 4 filed by the Reporting Person with the SEC on February 3, 2016, with respect to Alnylam Pharmaceuticals, Inc.).

/s/ Alexandra Roger Name:

Alexandra Roger Title: 05/29/2020

Attorney-in-fact

** 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.