FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average b	urden								
- 1	hours por rosponso:	0.5								

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* VAGELOS P ROY				<u>R</u> ]	2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS, INC. [ REGN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
——————————————————————————————————————													_ <u>IN</u>		(give title		10% Ov Other (s		
(Last) (First) (Middle) 777 OLD SAW MILL RIVER ROAD						Date o /22/2		iest Trans	saction (N	/lonth	/Day/Year)		below)			below)			
(Street)					-   4. I	If Ame	endme	nt, Date	of Origina	l File	d (Month/Da	ıy/Year)		. Individual or . ine)	loint/Grou	ıp Filing	(Check Ap	plicable	
TARRY	ΓOWN N	Y	10591										X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	state)	(Zip)												Person				
		Tak	ole I - No	n-Deri	vativ	e Se	curit	ties Ac	quired	, Dis	sposed o	f, or Be	neficia	ally Owned					
,,,,,		2. Transaction Date (Month/Day/Ye		Execution Date,		Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a			Beneficia Owned F	s Illy ollowing	Form: (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)		
Common Stock 02/22/2			2/2023	2023			M		42,500	A	\$270.	.43 366	,583	D					
Common Stock 02/22/2			2/2023	2023			F		29,005	D	\$750.	.16 337	,578	D					
Common Stock			01/04	01/04/2023				G	V	291	D	\$0.0	0.0 125,752			I t	y CLAT		
Common	Stock													1,9	1,963		I 4	3y 101(k) Plan	
Common	Common Stock													23,	23,461		I S	Spouse as Trustee	
Common	mon Stock 3,609 I							I f	oy trust or grandch <sup>(1)</sup>										
			Table II											ly Owned					
1. Title of 2. S. Transaction Derivative Conversion Date Sa. Deemed 4. Execution Date, Transaction Execution Date Exec		4. Transa Code (	saction le (Instr.  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Options, conver 6. Date Exercisable and Expiration Date (Month/Day/Year)		sable and te	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	re es ally g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amoun or Numbe of Shares	r					
Non- Qualified Stock Option (right to buy)	\$270.43	02/22/2023			M			42,500	(2)		12/13/2023	Common Stock	42,50	0 \$0.0	85,00	00	D		

## Explanation of Responses:

- 1. 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
- 2. The stock option award vests in four equal annual installments, commencing one year after the date of grant.

/s/\*\*P. Roy Vagelos

02/24/2023

\*\* Signature of Reporting Person

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.