FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

* vaoriii igtoi	ı, D.O. <u>L</u>	.00 10	

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

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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*  Fenimore Christopher R.  (Last) (First) (Middle)					RE IN	2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS, INC. [ REGN ]  3. Date of Earliest Transaction (Month/Day/Year)								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title below)  Other (specify below)				vner	
(Last) (First) (Middle) 777 OLD SAW MILL RIVER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 01/03/2024									SVP Controller				
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
	FARRYTOWN NY 10591												X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City) (State) (Zip)					Ru	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	le I - No	n-Deriv	ative	Sec	urit	ies Ac	quired	, Dis	sposed o	of, or Be	neficia	lly Owne	d				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,		Execution Date, f any		Transaction Dis Code (Instr.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a				6. Own Form: I (D) or I (I) (Inst	Direct of ndirect I	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price	Transac	Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock			01/03	/03/2024				М		5,000	A	\$555.	67 19	19,372		)			
Common	Stock			01/03/2024					F		4,043	D	\$912	.3 15	5,329		)		
Common Stock			01/03/2024		<u> </u>		M		5,000	) A	\$399.		5 20,329		9 D				
Common Stock			01/03	01/03/2024				F		3,469	D \$9		.3 16	16,860		D			
Common Stock												1,473		1		2021 GRAT			
Common Stock														4,	,269	1		2022 GRAT	
Common Stock												1,499		I 4		By 401(k) Plan			
Common Stock													1,	,897	1		By Trust <sup>(1)</sup>		
Common Stock												2	161	]	[ ]	by Trust for Daugh			
Common Stock												2	460			by Trust for Son			
		Т	able II -											/ Owned			,	1	
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	ed n Date,	4. Transac Code (II 8)	action of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	O S Illy D O (I	0. wnership orm: irect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$399.66	01/03/2024			М			5,000	(2)		12/16/2024	Common Stock	5,000	\$0.0	5,000		D		
Non- Qualified Stock Option (right to buy)	\$555.67	01/03/2024			М			5,000	(2)		12/16/2025	Common Stock	5,000	\$0.0	5,000		D		

## Explanation of Responses:

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

/s/\*\*Christopher R. Fenimore 01/04/2024

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.