FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvasnir	igion,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL									
OMB Number:	3235-0287									
Estimated average burden										
houre per reenonee.	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* McCourt Marion					RI	2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS, INC. [REGN]										heck a	all applic Directo	cable)	g Person(s) to Is 10% C Other		Owner (specify	
(Last) (First) (Middle) 777 OLD SAW MILL RIVER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023											below)		below) mmercial		,	
(Street) TARRYTOWN NY 10591				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication X 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.												ed to					
		Tab	le I - No	n-Deriv	ative	Sec	curit	ies Ac	quire	d, E	Dis	posed c	of, o	r Bei	neficia	lly O	wned	l				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transactio Code (Inst							Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										e v	,	Amount		(A) or (D)	Price	1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock				04/03	04/03/2023				M ⁽⁾)		1,100		A	\$372.	46	21,903			D		
Common Stock				04/03	03/2023				S ⁽¹			1,100		D	\$818	.8	20,803			D		
Common Stock																138			Ι .	By 401(k) Plan		
		7	able II -									osed of converti				y Ow	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	n Date,	4. Transactio Code (Inst 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Yea		,	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		J Security	Deri	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefic Owners (Instr. 4	ect ial hip	
					Code	v	(A)	(D)	Date Exerci	sable		Expiration Date	Title	e	Amount or Number of Shares	1						
Non- Qualified Stock Option (right to buy)	\$372.46	04/03/2023			M ⁽¹⁾			1,100	(2)		2/11/2029		nmon tock	1,100	\$	\$0.0	4,450		D		

Explanation of Responses:

- $1.\ Disposition/acquisition\ made\ pursuant\ to\ a\ plan\ intended\ to\ comply\ with\ Rule\ 10b5-1(c)\ adopted\ on\ February\ 7,\ 2022.$
- 2. The stock option award vests in four equal annual installments, commencing one year after the date of grant.

<u>/s/**Marion McCourt</u> <u>04/05/2023</u>

** 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.