FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C.	20549	
aoimigton,	D.O.	-0010	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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).

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* Landry Robert E						2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS, INC. [REGN]									(Che	ck all appli Directo			son(s) to Iss 10% Ov Other (s	vner		
(Last)	,	irst) LL RIVER ROA	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/04/2024								_ X	below)	EVP Finance		below)				
	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Inc	6. Individual or Joint/Group Filing (Check Applicable										
(Street) TARRY	TOWN N	Y	10591		-										y	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)		Rı	ıle 1	0b5	-1(c) Tra	nsa	cti	ion Ind	licatio	n	-							
						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	e I - No	n-Deriv	/ative	Sec	uriti	es Ac	quire	d, D)isp	posed c	of, or B	ene	eficiall	y Owne	t					
Date		Date	Date Ex Month/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.			4. Securities Acquired (A Disposed Of (D) (Instr. 3,		A) or , 4 and 5	Benefic Owned	es ially Following	Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership					
								Cod	e v		Amount	(A) or (D)		Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)			
Common Stock			01/04	/2024				M			500	A	\$	\$378.98	3 22	,948	D					
Common Stock 01/			01/04	/2024	2024						342	D	\$	\$917.0	5 22	606 D		D				
Common Stock															2	270		Ι .	By 401(k) Plan			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																						
1. Title of Derivative Security (Instr. 3)	vative rity (n. 3) Price of Derivative Security Conversion of Exercise (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) Code (Instr. 8) Price of Derivative Security Execution Date, if any (Month/Day/Year) Code (Instr. 8) Security Option 1 Code (Instr. 8) Disp of (I. (Instr. 1) Code (Instr. 1) Code (Instr. 1) Code (Instr. 1) Derivative Security Option 1 Code (Instr. 1) Code (Instr.				of Deriv Secu Acqu (A) o Dispe of (D	r osed) r. 3, 4	Expiration Date (Month/Day/Year) Amount of Securities Underlying Derivative Securities (Instr. 3 and 4)					curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exerci	sable		xpiration ate	Title	or Nu of	umber	r						
Non- Qualified Stock Option (right to	\$378.98	01/04/2024			M			500	(1)	12	2/12/2027	Common Stock		500	\$0.0	15,487	7	D			

Explanation of Responses:

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

/s/**Robert E. Landry 01/05/2024

** 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.