## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
l	OMB Number:	3235-0287							
l	Estimated average burd	len							
l	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

Name and Address of Reporting Person*     Sanofi					RE	2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS, INC. [ REGN ]								5. Relationship of Reportin (Check all applicable) Director Officer (give title			X 10% (			
(Last) (First) (Middle) 54 RUE LA BOETIE						3. Date of Earliest Transaction (Month/Day/Year) 09/10/2019									belo	w)		below)	)	
(Street) PARIS (City)	10 (St		75008 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y						2A. Deemed Execution Date, if any (Month/Day/Year)				Acquired (A) or f (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Follow Reported		rities ficially ed Following	Form:	ndirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price		Trans	Transaction(s) (Instr. 3 and 4)			(11134114)		
Common Stock 09/10/202					019	19			S <sup>(1)</sup>		172,904	D	\$281.	1491	491 20,550,813		Г	(3)		
Common Stock															2,	799,552	I	(3)	See note <sup>(2)</sup>	
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)	rative Conversion Date Execution Date, Tra rity or Exercise (Month/Day/Year) if any Co				Transa Code (				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					Ow For Dire or I (I) (	nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	,	(Δ)	(D)	Date	isahle	Expiration	Title	Number of Shares							

## **Explanation of Responses:**

- 1. Private sale to the Issuer pursuant to the letter agreement entered into with the Issuer on January 7, 2018 and filed on January 9, 2018 by the Reporting Person as Exhibit 99.4 to Amendment No. 13 to Reporting Person's statement on Schedule 13D.
- 2. Directly owned by Aventisub LLC ("Aventisub"), formerly known as Aventis Pharmaceuticals Inc., an indirect, wholly-owned subsidiary of the Reporting Person.
- 3. 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, 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, Attorneyin-fact

\*\* Signature of Reporting Person Date

09/12/2019

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.