FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden 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 ar | RE | Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS, INC. [REGN] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | ck all appli Directo | cable) or (give title | g Pers | 10% Ov | vner | | | | | | |
|---|---|--|--|-------------------------------|--------------------------------------|--------|--|----------------------------|------------------------------|---------|-------|-------------------------|--|-----------------|----------------------|--|---|-------|---|--|--|--|
| (Last) 777 ΟLΕ | ` | irst) LL RIVER ROA | (Middle) D | | | Date (| | iest Tran | saction | (Mon | nth/D | Day/Year) | | | | , | | mme | Filing (Check Applicable Reporting Person to than One Reporting Person to than One Reporting Prom: Direct (D) or Indirect (I) (Instr. 4) D D D By 401(k Plan of 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) I 11. No file Bent (Instr. 4) Ownership Form: Direct (D) or Indirect (I) (Instr. 4) Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| (Street) TARRYTOWN NY 10591 (City) (State) (Zip) | | | | | 4. If | f Ame | endme | nt, Date | of Origi | nal Fi | iled | (Month/Da | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | ative | e Se | curit | ies Ac | quire | d, D | isp | osed o | f, or B | enef | icially | Owned | i | | | | | |
| 1. Title of S | Security (Ins | tr. 3) | | 2. Transa Date (Month/D | | ur) E | any | med on Date, Day/Yea | Cod | saction | on | 4. Securiti Disposed | | | | Benefici Owned | es ally Following | | | | | |
| | | | | | | | | | Cod | e v | 7 | Amount | (A) 0 (D) | r Pr | rice | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| Common | Stock | | | 10/01 | /2021 | | | | M ⁽¹ |) | | 1,000 | A | \$ | 342.93 | 18 | ,038 | | D | | | |
| Common | Stock | | | 10/01 | /2021 | | | | S ⁽¹⁾ | | | 1,000 | D | \$ | 576.7 5 | 17 | ,038 |)38 D | | | | |
| Common | Stock | | | | | | | | | | | | | | | 1 | 16 | D E | | 401(k) | | |
| | | 7 | able II - | | | | | | | | | sed of, onverti | | | | Owned | | | , | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/E | n Date, | 4. Transactio Code (Inst 8) | | of Der Sec Acq (A) Dis of (I | posed D) str. 3, 4 | 6. Date Expirat (Month | ion D | ate | ble and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | | kpiration ate | Title | or Nur of | ount mber ares | | | | | | | |
| Non- Qualified Stock Option (right to | \$342.93 | 10/01/2021 | | | M ⁽¹⁾ | | | 1,000 | (2) | | 02 | 2/12/2028 | Common Stock | 1,0 | 000 | \$0.0 | 12,000 |) | D | | | |

Explanation of Responses:

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

10/04/2021 /s/**Marion McCourt

** 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.