FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   | OMB APPROVAL |
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## 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*  ROBERTS WILLIAM  |   |  |                  |         |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol REGENERON PHARMACEUTICALS INC [ REGN ] |         |                   |                             |                             |  |                    |       |                              |  | all app<br>Direc       | olicable)   | g Perso                      | Person(s) to Issuer  10% Owner Other (specify                     |  |
|--|---|--|------------------|---------|--|---|---------|-------------------|-----------------------------|-----------------------------|--|--------------------|-------|------------------------------|--|------------------------|---|------------------------------|---|--|
| (Last)   | `   | (First) (Middle)  7 MILL RIVER ROAD        |                  |         |  | 3. Date of Earliest Transaction (Month/Day/Year) 09/22/2008                               |         |                   |                             |                             |  |                    |       |                              |  | belov                  | N) .  | below) el & Med Safety       |   |  |
| (Street) TARRYTOWN NY 10591  (City) (State) (Zip)  |   |  |                  | 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 |                        |   |                              |   |  |
|  |   | Tab  | le I - No        | n-Deriv | ative  | Se  | curitie | s Acc             | quired,                     | Dis                         | posed o  | f, o               | r Ber | efic                         | ially  | Owne                   | ed  |                              |   |  |
| 1. Title of Security (Instr. 3)  2. Trans Date (Month//  |   |  |                  |         | r)   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                               |         | Code (            | Transaction<br>Code (Instr. |                             | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |                    |       | 4 and Secur<br>Benef<br>Owne |  | icially<br>d Following | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                               |                              | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership               |  |
|  |   |  |                  |         |  |   |         | Code              | v                           | Amount                      | Amount   |                    | Pric  |                              |  | action(s)<br>3 and 4)  |   |                              | (Instr. 4)  |  |
| Common Stock 09/2  |   |  |                  |         | /2008  |   |         |                   | S                           |                             | 9,692  | ,692 D \$          |       | \$2                          | 2.84   | 6                      | 69,356  |                              | D   |  |
| Common Stock   |   |  |                  |         |  |   |         |                   |                             |                             |  |                    |       |                              |  | ;                      | 3,127   |                              | Ι   | By<br>401(k)<br>Plan   |
| Common Stock   |   |  |                  |         |  |   |         |                   |                             |                             |  |                    |       | 8,106                        |  |                        | Ι   | by<br>Spouse                 |   |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |                  |         |  |   |         |                   |                             |                             |  |                    |       |                              |  |                        |   |                              |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | Execution if any |         |  | ransaction<br>code (Instr.  |         | n of E            |                             | exercis<br>on Dat<br>Day/Ye |  | Amount of          |       | I<br>nstr. 3                 |  |                        | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ov<br>Fo<br>Dir<br>or<br>(I) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |                  | Code V  |  | (A)   | (D)     | Date<br>Exercisal | Date E<br>Exercisable D     |                             | Titl   | or<br>Number<br>of |       |                              |  |                        |   |                              |   |  |

**Explanation of Responses:** 

/s/\*\*William G. Roberts

09/22/2008

\*\* 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.