UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K
CURRENT REPORT

Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): September 26, 2011 (September 25, 2011)

REGENERON PHARMACEUTICALS, INC.
(Exact Name of Registrant as Specified in Charter)

New York	**000-19034**	**13-3444607**
(State or other jurisdiction of Incorporation)	(Commission File No.)	(IRS Employer Identification No.)

777 Old Saw Mill River Road, Tarrytown, New York 10591-6707
(Address of principal executive offices, including zip code)

(914) 347-7000
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

o Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01 Regulation FD Disclosure.

On September 25, 2011, at the European Multidisciplinary Cancer Congress in Stockholm, Sweden, data from the Phase 3 VELOUR trial evaluating the investigational agent ZALTRAP™ (aflibercept), also known as VEGF Trap, in combination with the FOLFIRI chemotherapy regimen [folinic acid (leucovorin), 5-fluorouracil, and irinotecan], versus a regimen of FOLFIRI plus placebo, were presented by Prof. Josep Tabernero. A copy of the slides that were presented is furnished as Exhibit 99.1 to this Current Report on Form 8-K.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

99.1 Presentation entitled Results from VELOUR, a Phase 3 Study of Aflibercept Versus Placebo in Combination with FOLFIRI for the Treatment of Patients with Previously Treated Metastatic Colorectal Cancer: Results from Prespecified Subgroup Analyses.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: September 26, 2011

REGENERON PHARMACEUTICALS, INC.

By: /s/ Joseph J. LaRosa
Name: Joseph J. LaRosa
Title: Senior Vice President, General Counsel and Secretary

Exhibit Index

Number	Description
99.1	Presentation entitled Results from VELOUR, a Phase 3 Study of Aflibercept Versus Placebo in Combination with FOLFIRI for the Treatment of Patients with Previously Treated Metastatic Colorectal Cancer: Results from Prespecified Subgroup Analyses.

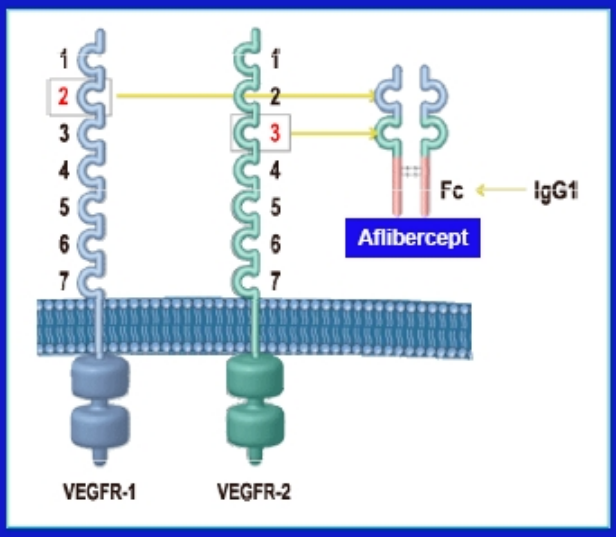
Results from VELOUR, a Phase 3 Study Of Aflibercept Versus Placebo In Combination With FOLFIRI For The Treatment Of Patients With Previously Treated Metastatic Colorectal Cancer

Results from Prespecified Subgroup Analyses

Josep Tabernero*,
E. Van Cutsem, R. Lakomy, J. Prausova, P. Ruff, G. Van Hazel, V. Moiseyenko, D. Ferry, J. Mckendrick, K. Soussan-Lazard, E. Boelle, C. Allegra, on the behalf of the VELOUR investigators

* Vall d'Hebron University Hospital / Barcelona/ Spain

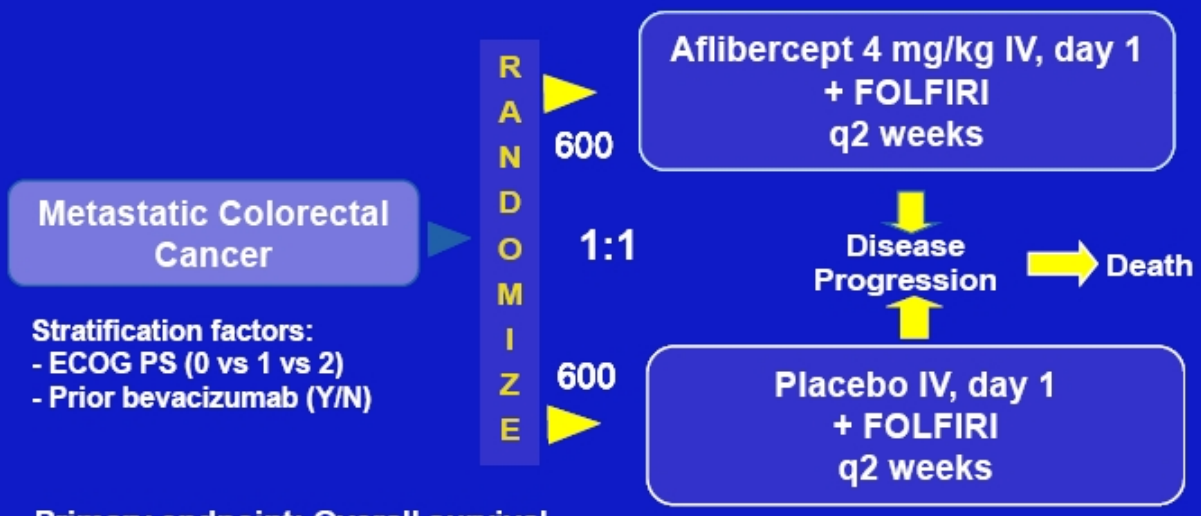
Aflibercept



- Fusion protein of key domains from human VEGF receptors 1 and 2 with human IgG Fc[1]
- Blocks all human VEGF-A isoforms, VEGF-B and placental growth factor (PlGF)[2]
- High affinity—binds VEGF-A and PlGF more tightly than native receptors
- Contains human amino acid sequences[1]

1. Adapted from Holash. Proc Natl Acad Sci. 2002;99:11393–11398. 2. Adapted from Tew. Clin Cancer Res. 2010;16:358–366.

VELOUR Study Design

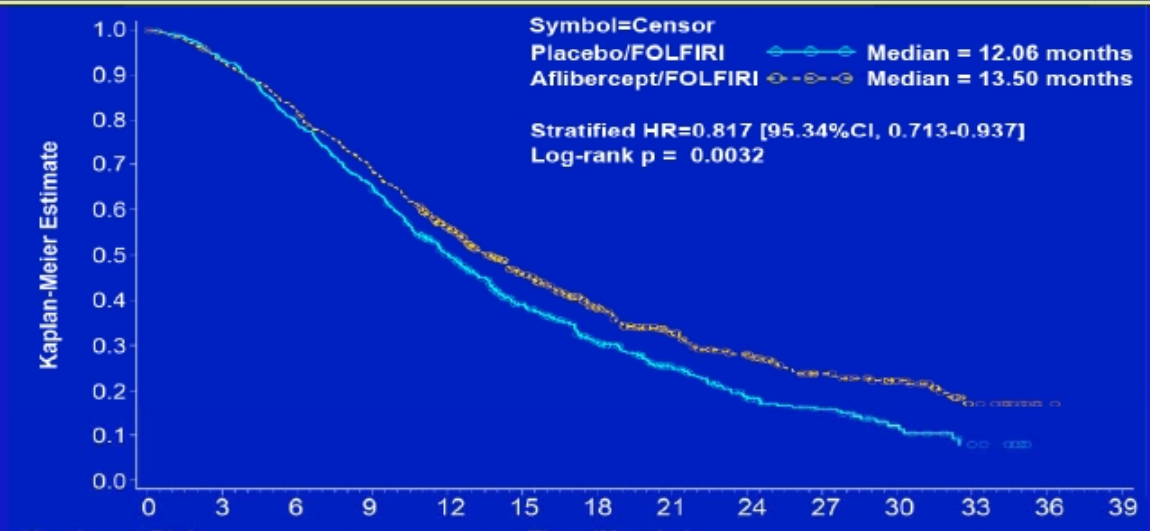


Primary endpoint: Overall survival

Sample size determination: Sized to demonstrate a HR of 0.8 with 90% power and a 2-sided type I error of 0.05.

Final analysis of OS: Analyzed at 863th death event using a 2-sided nominal significance level of 0.0466 (α spending function)

Overall Survival, ITT Population



Number at Risk											
Placebo	614	573	485	401	286	193	131	87	51	31	14
AFLI	612	566	498	416	311	216	148	104	75	49	33

Survival probability (%)					
Placebo	79.1	50.3	30.9	18.7	12.0
AFLI	81.9	56.1	38.5	28.0	22.3

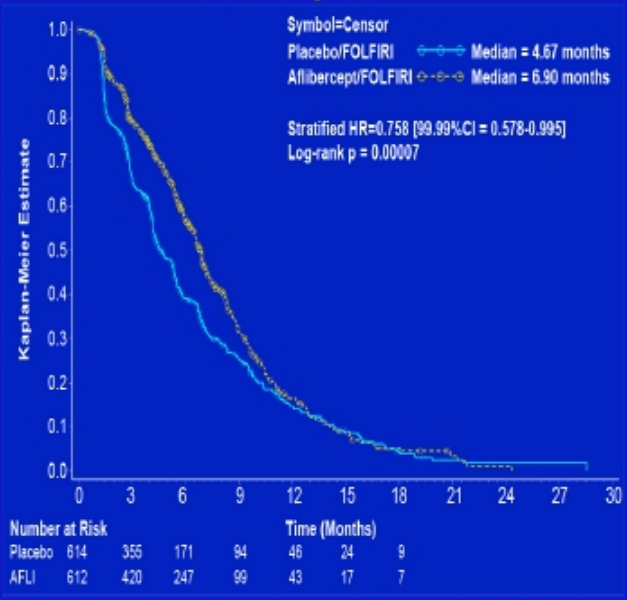
Cut-off date = February 7, 2011; Median follow-up = 22.28 months

Presented at ESMO/WCGC meeting 2011, Barcelona: Abstract O-0024

Secondary Endpoints

Progression Free Survival

ITT Population



Overall Response Rate

Evaluable Population

	Placebo N = 530	Aflibercept N = 531
ORR (%)	11.1	19.8
95% CI	8.5 to 13.8	16.4 to 23.2
	p= 0.0001	

Presented at ESMO/WCGC meeting 2011, Barcelona: Abstract O-0024

Pre-specified Subgroup Analyses

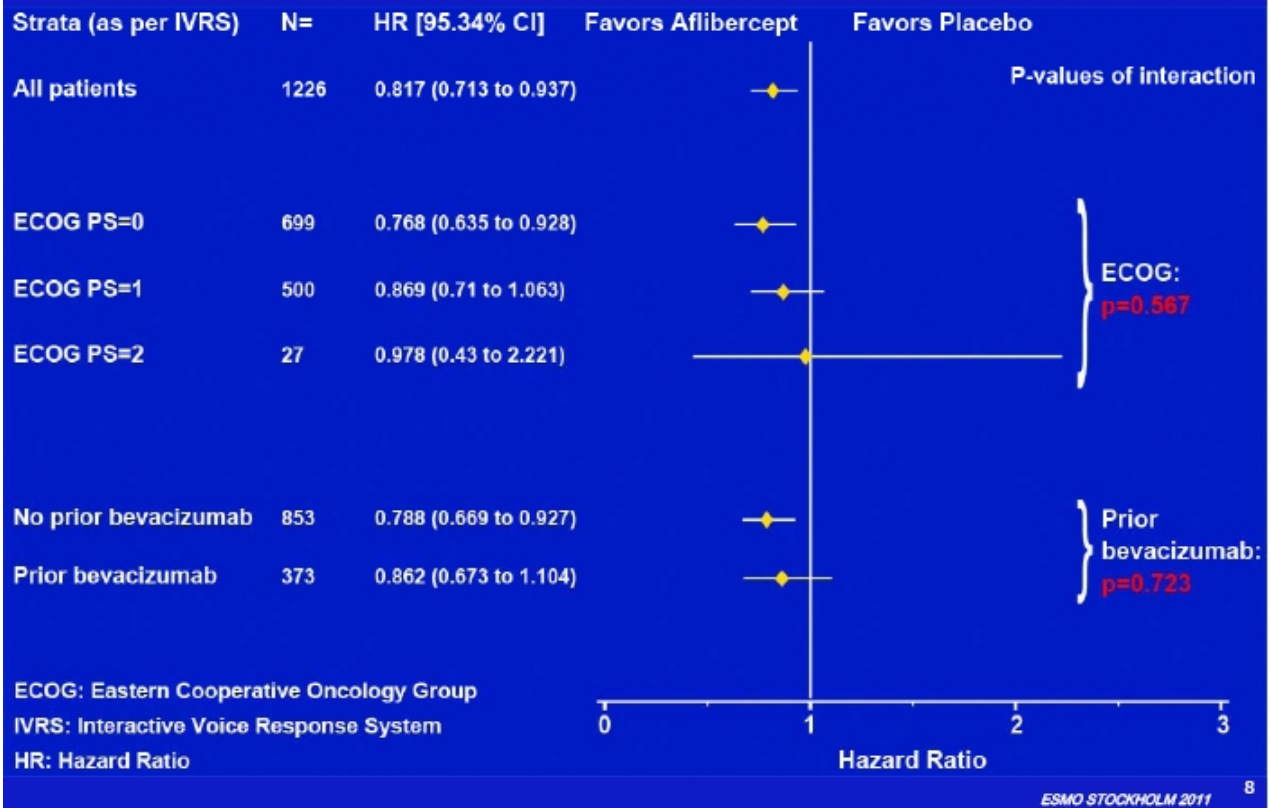
- Goal: to confirm consistency of the effect of aflibercept on OS and PFS

- Methodology: impact assessment on pre-specified subgroups:
  - Stratification factors
    - ECOG PS, Prior bevacizumab
  - Baseline characteristics
    - Age, gender, geographic region
    - Prior hypertension, number of metastatic sites, disease confined to liver, location of primary tumor

Methodology for Prespecified Subgroups Analyses

- For each parameter, a Cox Proportional Hazard Model was used for the overall population, including the parameter, the treatment effect and the treatment by parameter interaction.
- Interactions between treatment and each subgroup were tested at the 2-sided 10% level
  - ie, a p-value > 0.1 indicates no evidence of heterogeneity of treatment effect across the subgroups for each factor.
- Within each subgroup, the treatment effect hazard ratio and its (1-α)% confidence intervals were estimated using a Cox Proportional Hazard model on patients of this subgroup.
- Safety was analyzed according to prior treatment with bevacizumab

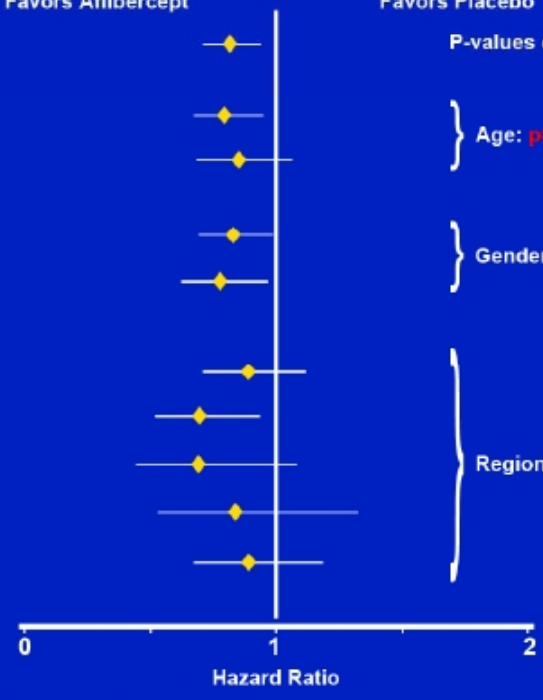
Overall Survival
by Stratification Factors – ITT Population



ECOG: Eastern Cooperative Oncology Group
IVRS: Interactive Voice Response System
HR: Hazard Ratio

Overall Survival
by Demographic Characteristics – ITT Population

Subgroups	N=	HR [95.34% CI]
All patients	1226	0.817 (0.713 to 0.937)
Age <65	783	0.796 (0.67 to 0.945)
Age >=65	443	0.853 (0.682 to 1.066)
Male	718	0.83 (0.696 to 0.989)
Female	508	0.776 (0.625 to 0.963)
Western Europe	425	0.891 (0.712 to 1.114)
Eastern Europe	297	0.697 (0.519 to 0.934)
North America	138	0.691 (0.442 to 1.079)
South America	118	0.838 (0.53 to 1.324)
Other countries	248	0.891 (0.67 to 1.186)

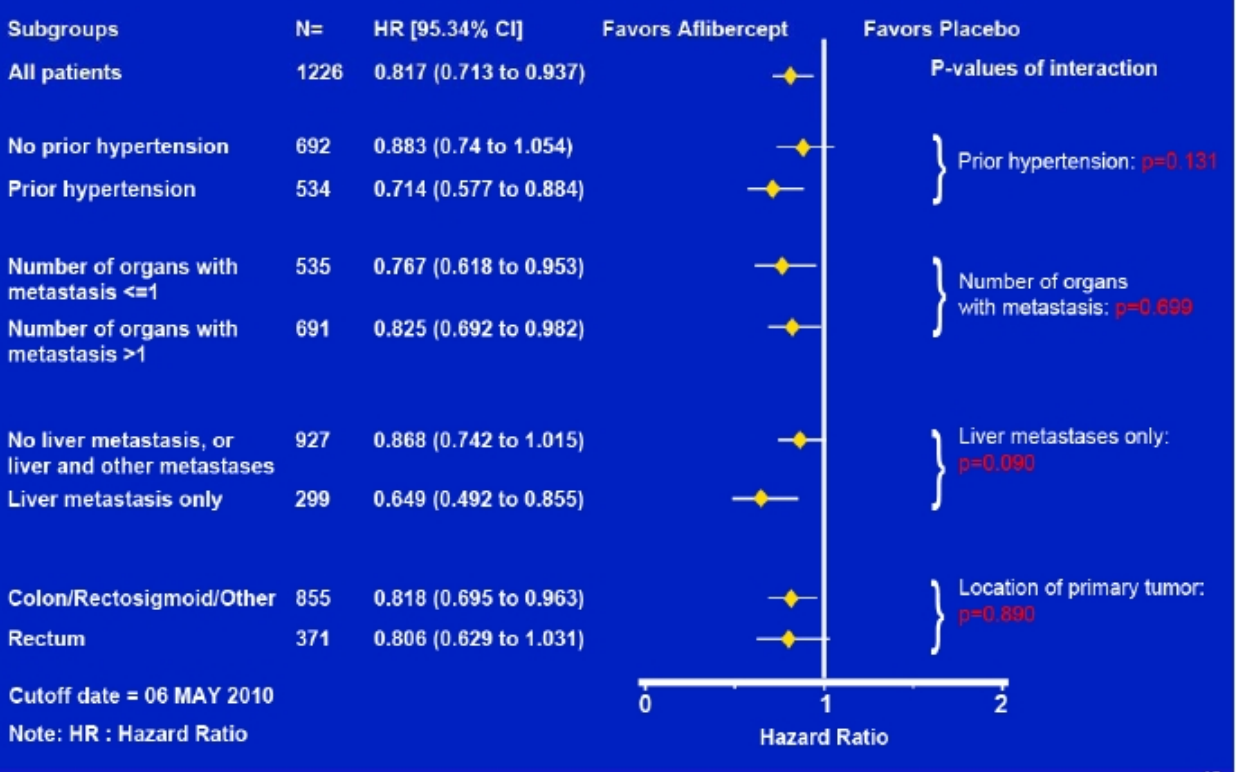


Cutoff date = 7 FEBRUARY 2011

Note: HR : Hazard Ratio

Other countries = Australia, New Zealand, South Africa and Korea

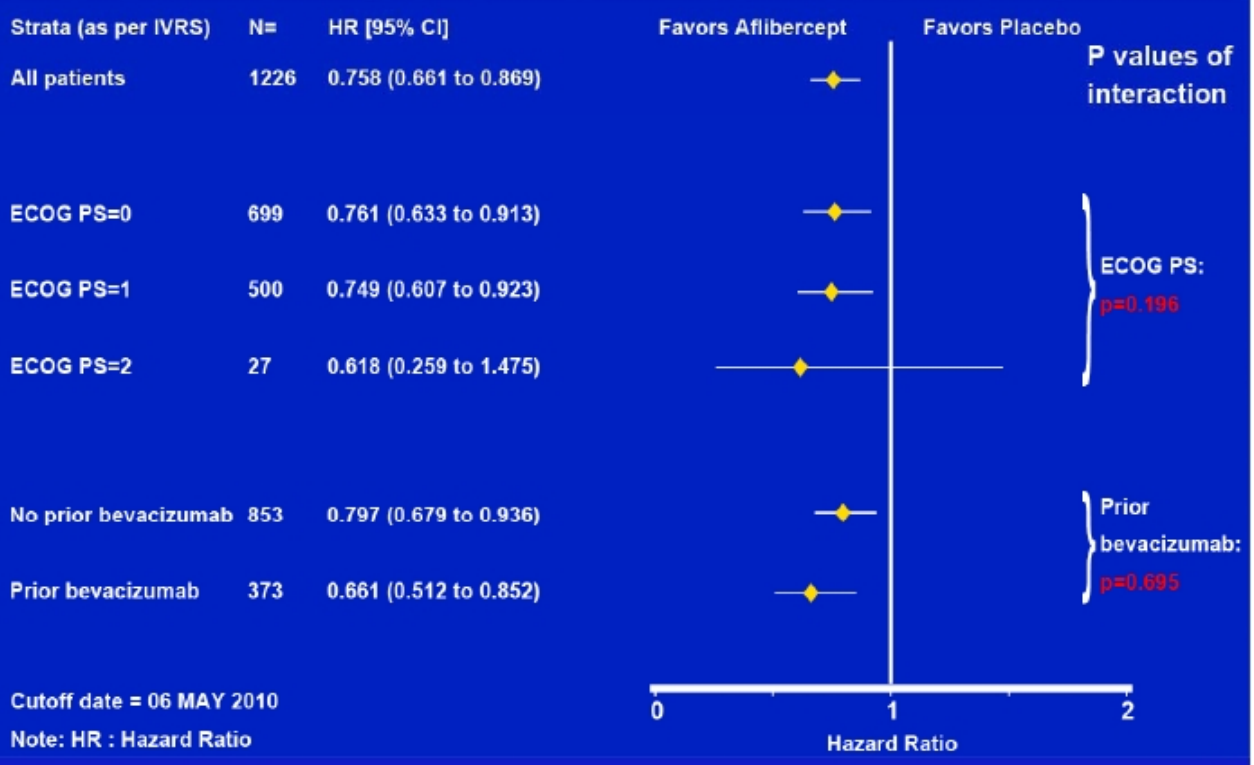
Overall Survival
by Baseline Characteristics – ITT Population



Cutoff date = 06 MAY 2010

Note: HR : Hazard Ratio

Progression Free Survival
by Stratification Factors – ITT Population

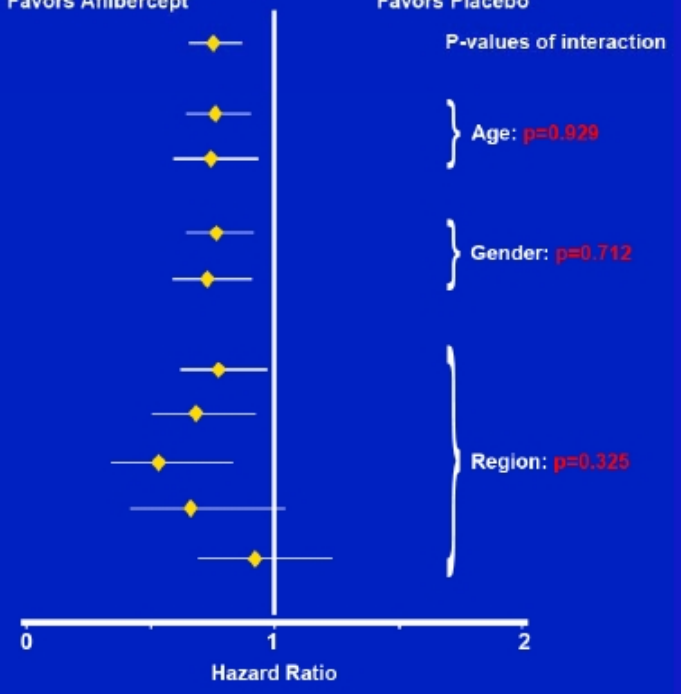


Cutoff date = 06 MAY 2010

Note: HR : Hazard Ratio

Progression Free Survival
by Demographic Characteristics – ITT Population

Subgroups	N=	HR [95% CI]
All patients	1226	0.758 (0.661 to 0.869)
Age <65	783	0.765 (0.645 to 0.909)
Age >=65	443	0.748 (0.598 to 0.936)
Male	718	0.769 (0.645 to 0.917)
Female	508	0.733 (0.593 to 0.908)
Western Europe	425	0.778 (0.624 to 0.97)
Eastern Europe	297	0.688 (0.51 to 0.929)
North America	138	0.536 (0.344 to 0.837)
South America	118	0.666 (0.424 to 1.045)
Other countries	248	0.926 (0.695 to 1.235)

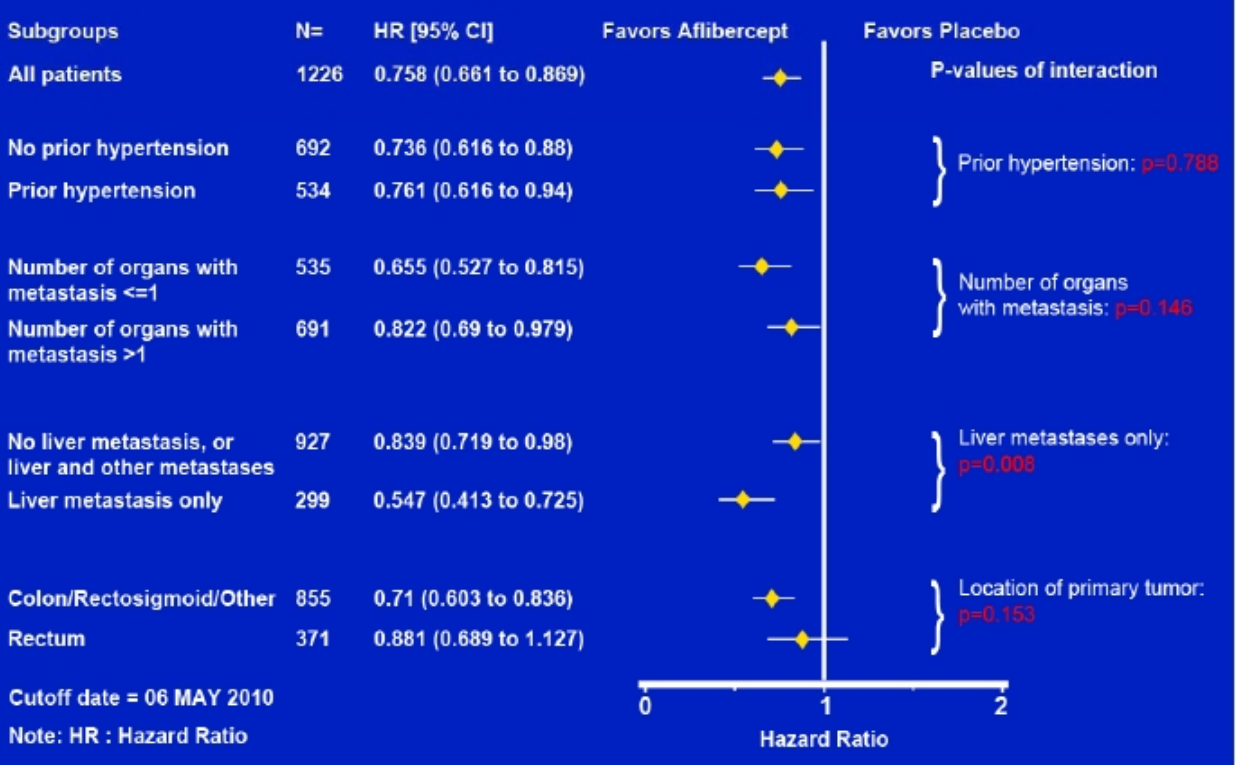


Cutoff date = 06 MAY 2010

Note: HR : Hazard Ratio

Other countries = Australia, New Zealand, South Africa and Korea

Progression Free Survival
by Baseline Characteristics – ITT Population



Cutoff date = 06 MAY 2010

Note: HR : Hazard Ratio

Prior Treatment with Bevacizumab
Number of Patients

	Placebo/FOLFIRI N=614	Aflibercept/FOLFIRI N = 612
Yes	187 (30.5%)	186 (30.4)
No	427 (69.5%)	426 (69.6%)

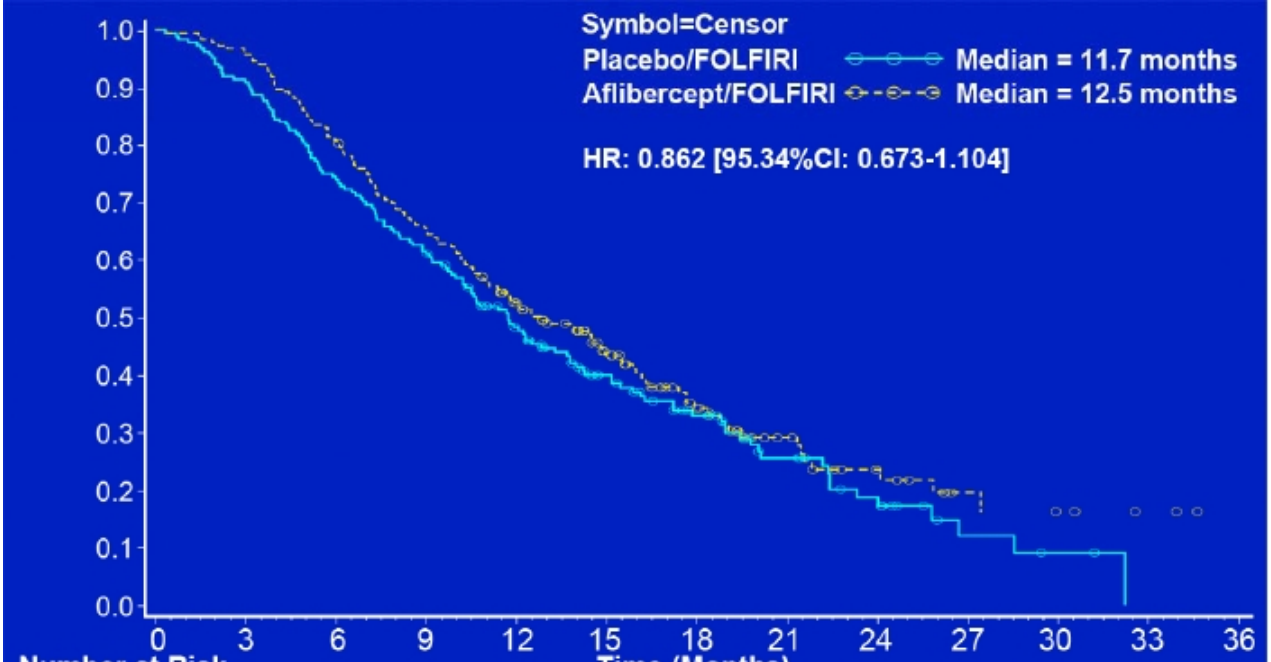
Overall Survival: Patients with or without Prior Treatment with Bevacizumab - ITT Population

	Placebo/ FOLFIRI Median (mos) N = 614	Aflibercept/FOLFIRI Median (mos) N = 612	P-value for interaction
All Patients	12.1	13.5	All Patients
Prior BEV			
No	12.4	13.9	0.7231
Yes	11.7	12.5	

Interaction between "treatment arm" and "prior bevacizumab" factor was **not** significant at the 2-sided 10% level (p = 0.7231).

Improvement in OS was consistent regardless of prior treatment with bevacizumab

Overall Survival, Patients with Prior Treatment with Bevacizumab - ITT Population



Number at Risk									
Placebo	187	170	138	115	81	54	37	22	13
AFLI	186	178	150	121	89	59	36	22	13

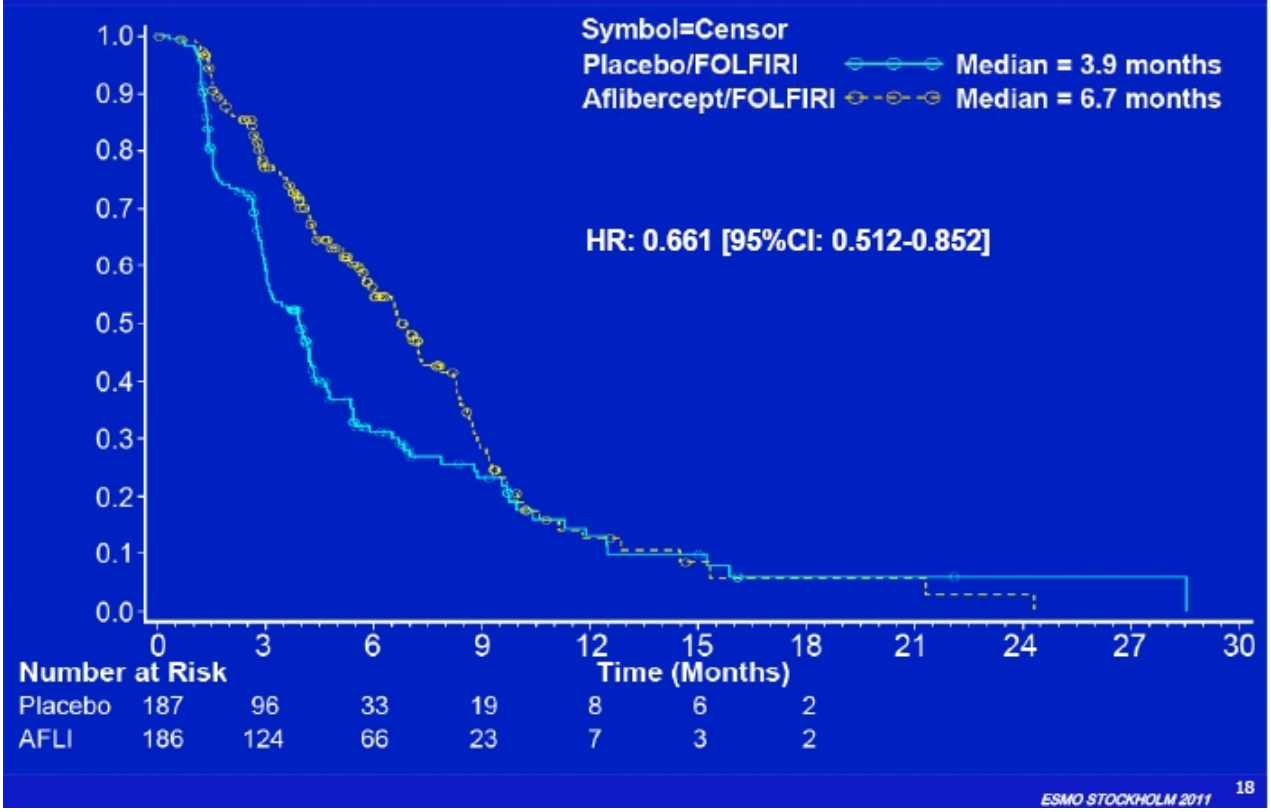
Progression Free Survival, Patients with or without Prior Treatment with Bevacizumab - ITT Population

	Placebo/ FOLFIRI Median (mos) N = 614	Aflibercept/FOLFIRI Median (mos) N = 612	P value for interaction
All Patients	4.7	6.9	
Prior BEV			
No	5.4	6.9	
Yes	3.9	6.7	0.6954

Interaction between "treatment arm" and "prior bevacizumab" factor was **not** significant at the 2-sided 10% level (p = 0.6954).

Improvement in PFS was consistent regardless of prior treatment with bevacizumab

Progression Free Survival, Patients with Prior Treatment with Bevacizumab - ITT Population



Number at Risk

Placebo	187	96	33	19	8	6	2
AFLI	186	124	66	23	7	3	2

Safety – Anti-VEGF Associated Events Overall Population

Safety population, % of patients	Placebo/FOLFIRI N = 605		Aflibercept/FOLFIRI N = 611	
Grouped Term, PT	All Grade	Grade 3/4	All Grade	Grade 3/4
Proteinuria*	40.7	1.2	62.2	7.9
Hypertension	10.7	1.5	41.4	19.3
Haemorrhage	19.0	1.7	37.8	2.9
Epistaxis	7.4	0	27.7	0.2
GI origin	5.1	1.0	10.0	2.0
Dysphonia (PT)	3.3	0	25.4	0.5
Headache (PT)	8.8	0.3	22.3	1.6
Venous thromboembolic event	7.3	6.3	9.3	7.9
Pulmonary embolism	3.5	3.5	4.7	4.7
Arterial thromboembolic event	1.5	0.5	2.6	1.8
Fistula	0.5	0.2	1.5	0.3
Compromized wound healing	0.8	0	0.5	0.3
GI perforation	0.5	0.3	0.5	0.5

*Systematic pre-dosing urine spot urinalysis

Safety – Anti-VEGF Associated Events By Prior Treatment with Bevacizumab

	Patients Receiving Aflibercept			
Safety population, % of patients	No prior bevacizumab N =424		Prior bevacizumab N =187	
Grouped Term, PT	All Grade	Grade 3/4	All Grade	Grade 3/4
Proteinuria*	62.5		61.5	
Hypertension	42.2	20.5	39.6	19.9
Haemorrhage	37.3	2.8	39.0	3.2
Epistaxis	26.4	0.2	30.5	0
GI origin	9.9	1.7	10.2	2.7
Dysphonia (PT)	27.8	0.5	19.8	0.5
Headache (PT)	23.1	1.9	20.3	1.1
Venous thromboembolic event	9.0	7.8	10.2	8.0
Pulmonary embolism	5.4	5.4	2.7	2.7
Arterial thromboembolic event	2.4	1.7	3.2	2.1
Fistula	1.9	0.5	0.5	0
Compromized wound healing	0.2	0.2	1.1	0.5
GI perforation	0.7	0.7	0	0

*Systematic pre-dosing urine spot urinalysis

Conclusions

Adding aflibercept to FOLFIRI in mCRC patients previously treated with oxaliplatin based regimen resulted in OS and PFS benefits that are both statistically significant and clinically meaningful (ESMO/WCGC 2011, Barcelona, Abstract O-0024) **:**

- OS: HR=0.817 [95.34%CI, 0.713-0.937], p = 0.0032
- PFS: HR=0.758 [99.99%CI, 0.578-0.995], p=0.00007

Pre-planned subgroup analyses supported consistency and robustness of the efficacy results across all domains, including prior treatment with bevacizumab.

Prior treatment with bevacizumab does not appear to significantly impact the safety profile of aflibercept

Acknowledgements

Thank you to all patients, their families and all the investigators who participated:

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Italy
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* Birhiray R
* Stella P
* Wallmark J

United States (cont'd)

* Gousse R
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* Van Veldhuizen P
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Disclosure

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