FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-028									

37 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 Sect	tion 30(n)	of the	e investment C	ompany Act	of 1940						
1. Name and Address of Reporting Person* <u>Terifay Robert J</u>					2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS INC [REGN]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify				
(Last) 777 OLD	`	First) LL RIVER ROA	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/16/2011							X below)			below)	
(Street) TARRYTOWN NY 10591					4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(;	State)	(Zip)									Persor				
		Tal	ble I - Non-D	erivati	ve Se	curitie	s Ad	cquired, Di	sposed o	f, or Ber	neficial	ly Owned				
Date			Transacti ite onth/Day	Execution Date		e, Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 an		Beneficia Owned F	s Fo Illy (D ollowing (I)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)		
			Table II - De (e.ç					quired, Dis s, options,				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code	saction e (Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code	e v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Incentive Stock Option (right to buy)	\$52.03	12/16/2011		A		1,921		(1)	12/16/2021	Common Stock	1,921	(2)	1,921	D		
Non- Qualified Stock Option (right to buy)	\$16.8	12/16/2011		A		48,750		12/31/2011 ⁽³⁾	12/17/2018	Common Stock	48,750	(2)	75,298	D		
Non- Qualified Stock Option	\$52.03	12/16/2011		A		30,579		(1)	12/16/2021	Common Stock	30,579	(2)	30,579	D		

Explanation of Responses:

- 1. The stock option award (combined incentive stock option and non-qualified stock option) vests in four equal annual installments, commencing one year after the date of grant.
- 2. Exercisable date, exercise date, exercise price, purchase price, sales price, and/or expiration date is/are not applicable in this case.
- 3. On December 17, 2008, the reporting person was granted an option to purchase 48,750 shares of Common Stock. The option vests, partially or in full, on December 31, 2011, based on the extent to which the company satisfies certain performance criteria during the period ending December 31, 2011. The performance criteria have been met and the option will vest as to all 48,750 shares on December 31, 2011.

/s/**Robert J. Terifay

12/20/2011

** 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.