FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	
vasimigton,	D.O.	20040	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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

4 Name and Address of Demontries Demon*			2 159	2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer								
1. Name and Address of Reporting Person					REGENERON PHARMACEUTICALS,									(Check all applicable)							
Bassler Bonnie L						INC. [REGN]								X	Direct	or		10% Ov	vner		
														-	Office below	(give title		Other (s below)	specify		
(Last) (First) (Middle) 777 OLD SAW MILL RIVER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 08/10/2023									below)		below)			
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)																X Form filed by One Reporting Person					
TARRYTOWN NY 10591																Form filed by More than One Reporting Person					
(City) (State) (Zip)					Ru	Rule 10b5-1(c) Transaction Indication															
Check this box to indicate that a transaction was made pursuant to a cor satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruct																					
		Tab	le I - No	n-Deriv	ative	Sec	uriti	es Ac	quired,	Dis	sposed	of, or B	enef	icially	/ Owne	d					
1. Title of	Security (In	str. 3)		2. Transa	ction						4. Securi	ities Acqu	red (A)) or 5. Amount of					7. Nature		
Date (Month/Day					ay/Year)	Execution Date, if any			Transaction Disposed Of (D) (Code (Instr. 5)		a Of (D) (II	ıstr. 3,	4 and	Beneficially		(D) o	r Indirect	of Indirect Beneficial			
						(Month/Day/Y			8)	8)		 		Report		ed			Ownership (Instr. 4)		
								Code	v	Amount	(A) ((D)	Pri	ice		action(s) 3 and 4)						
Common Stock 08/10/2					2023	.023		M ⁽¹⁾		853	853 A S		391.92	2,100			D				
Common Stock 08/10/20				2023		S ⁽¹⁾		853 D S		\$789	9 1,247			D							
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
			_		uts, c	alis	_	rrants		_							_				
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		Number		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title a Amount Securitie Underlyi Derivativ (Instr. 3 a	of es ng e Secu and 4)	urity D S	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amo or Num of Sha								
Non- Qualified Stock Option (right to	\$391.92	08/10/2023			M ⁽¹⁾			853	(2)	(09/09/2026	Common Stock	85	53	\$0.0	1,707		D			

Explanation of Responses:

- $1.\ Disposition/acquisition\ made\ pursuant\ to\ a\ plan\ intended\ to\ comply\ with\ Rule\ 10b5-1 (c)\ adopted\ on\ May\ 11,\ 2023.$
- 2. The stock option becomes exercisable in three equal annual installments, commencing one year after the date of grant.

/s/**Bonnie L. Bassler 08/10/2023

** Signature of Reporting Person

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.