FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* VAGELOS P ROY					RI	2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS INC [REGN]								Relationship of Reporting Person(s) to Issuer (Check all applicable) No Director 10% Owner				
(Last) 777 OLD	(Last) (First) (Middle) 777 OLD SAW MILL RIVER ROAD				3. [3. Date of Earliest Transaction (Month/Day/Year) 09/08/2014								X Officer (give title below) Chairman			Oth belo of the Board	<i>'</i>
(Street) TARRYTOWN NY 10591				4. 11	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					
(City)	(State) (Zip)					Person												
		Tabl	e I - N	lon-Deriv	ative	Sec	uritie	s Ac	quire	d, D	isposed o	f, or B	enefic	cially	Owne	ed		
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea		Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Transa	ction(s) 3 and 4)		(1130.4)
Common Stock				09/05/2014				G	V	1	D	\$0	\$0.0		0	I	by GRAT	
Common Stock				09/05/2014				G	V	3	D	\$0	\$0.0		0	I	by GRAT	
Common Stock				09/08/2014				S ⁽¹⁾		2	D	\$351		103,273		I	by Spouse as Trustee	
Common Stock				09/10/2014				S ⁽¹⁾		10,326	D	\$350	50.07 ⁽²⁾ 92,94		2,947	I	by Spouse as Trustee	
Common Stock															39	0,852	D	
Common Stock													2,270		2,270	I	By 401(k) Plan	
Common Stock													156,368		6,368	I	by CLAT	
Common Stock														10,961		0,961	I	by GRAT
Common Stock													1,203		I	by trust for grandch ⁽³⁾		
		Та	ble II								oosed of, convertib				wned			
Security or Exercise (Month/Day/Year) if any					5. Number of		6. Date Exer Expiration I (Month/Day)		cisable and Oate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. P Der Sec (Ins	rice of ivative curity tr. 5)	tive derivative ty Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	sable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

- 1. Disposition/acquisition made pursuant to a plan intended to comply with Rule 10b5-1(c).
- 2. Represents volume-weighted average price of sales of 10,326 shares of Company stock on September 10, 2014 at prices ranging from \$350.00 to \$350.64. Upon request by the Commission staff, the Company, or a security holder of the Company, the reporting person will provide full information regarding the number of shares sold by the reporting person on September 10, 2014 at each separate price.
- 3. By a trust for the benefit of certain grandchildren of the reporting person, of which the reporting person and/or the spouse of the reporting person is trustee.

/s/**P. Roy Vagelos

09/10/2014

** 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.