FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington,	D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per respense	. 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

1. Name and Address of Reporting Person* BROWN MICHAEL S					RI	2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS, INC. [REGN]								eck all appli X Directo	cable) or	Person(s) to Iss		vner
(Last)	`	irst)	(Middle)			Date of 21/20		est Tran	saction (N	donth	/Day/Year)		Officer below)	(give title	Other (below)		specity	
(Street) TARRY	ΓOWN N	Y	10591		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				n
(City)	(S	tate)	(Zip)		Ru	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												ed to
		Tab	le I - No	n-Deriv	<i>r</i> ative	Sec	urit	ies Ac	quired	, Dis	sposed o	of, or Be	neficial	ly Owne	t			
Dat			Date	e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Benefic Owned	es ially Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			Instr. 4)
Common	Common Stock		04/21	/21/2023				M ⁽¹⁾		3,070) A	\$520.0	01 4,	4,317				
Common	Stock			04/21	/2023				S ⁽¹⁾		3,070	D	\$798.4	12 1,	,247 D			
Common	Stock													1 5,000 1 1 1			- 1	oy SLAT ⁽²⁾
Common	Stock													6,162 I by Ti				y Trust
		Т	able II -						,	•	osed of	•	,	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)		4. Transaction Code (Instr 8)		5. Number on of		6. Date E: Expiratio (Month/D	xercis n Dat	sable and e	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indirect) (I) (Insti	n: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Non- Qualified Stock Option (right to	\$520.01	04/21/2023			M ⁽¹⁾			3,070	(3)		01/04/2026	Common Stock	3,070	\$0.0	0		D	

Explanation of Responses:

- 1. Disposition/acquisition made pursuant to a plan intended to comply with Rule 10b5-1(c) adopted on February 22, 2023.
- 2. These shares are held in a trust for the benefit of the reporting person's immediate family members. The reporting person's spouse is trustee of the trust. The reporting person disclaims beneficial ownership of these securities, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.
- 3. The stock option becomes exercisable in three equal annual installments, commencing one year after the date of grant.

/s/**Michael S. Brown

04/24/2023

** 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.