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
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours por rosponso:									

	ction 1(b).	iuc. See		Filed							ties Exchang mpany Act o		f 1934		nours	s per re	esponse:	0.5
Name and Address of Reporting Person*     McCourt Marion					2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS, INC. [ REGN ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specif				wner specify
(Last) (First) (Middle) 777 OLD SAW MILL RIVER ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/12/2023									below) below)  EVP Commercial				
(Street) TARRY	TOWN NY		0591 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)								ine) X Forn Forn	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Table	I - No	n-Deriva	tive	Secu	rities	Acc	uired	, Dis	posed of	, or B	enefic	ially Own	ed			
Date			2. Transact Date (Month/Day		Exec if any	2A. Deemed Execution Date, if any (Month/Day/Year)				Disposed O	es Acquired (A) Of (D) (Instr. 3, 4		nd Secur Benef	icially d Following	Forn (D) (	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) o (D)	Price	Trans	action(s) 3 and 4)			(111501. 4)	
Common	Stock			02/12/2	023				F		1,276	D	\$751	.78 20,803 D				
Common	Stock													138 I				By 401(k) Plan
		Tal	ble II								osed of, convertib				d			
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		Transaction Of Code (Instr. 8) Se Ac (A) Discontinuous of (Instr. 8)		of Deriv Secu Acqu (A) o Dispo of (D (Instr and §	r osed ) r. 3, 4	6. Date Expira (Month	tion D.	ete Amo Sect Undu Deri Sect 3 an		lying ative ity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

**Explanation of Responses:** 

/s/\*\* Marion McCourt

02/13/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).