| SEC F | Form 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average I | ourden | | | | | | | |

| Estimated average burden hours per response: 0.1 | | 3233-0201 |
|---|-------------------------|-----------|
| hours per response: 0. | Estimated average burde | en |
| | hours per response: | 0.5 |

| | 1011 I(b). | | | 1 11 | | | | | Investment C | | | 1004 | | | | | |
|---|--|------------|----------------------------|---|--|--|--------|--|---------------------|---|--|--|--|---|---|---|--|
| 1. Name and Address of Reporting Person [*] <u>Powchik Peter</u> | | | | <u>R</u> | 2. Issuer Name and Ticker or Trading Symbol <u>REGENERON PHARMACEUTICALS</u> <u>INC</u> [REGN] | | | | | | (Ch | 5. Relationship of Reporting Per (Check all applicable) Director | | | erson(s) to Issuer 10% Owner Other (specify | | |
| (Last) (First) (Middle) 777 OLD SAW MILL RIVER ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/02/2006 | | | | | | | X Onler (give line of below) below) SVP, Clinical Development | | | | | |
| (Street) TARRY (City) | | | 10591 (Zip) | | - 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Lin | e) X Form f Form f | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Da | | | 2. Trans Date (Month | Day/Year) if any | | xecution Date, Transaction Dispose | | ities Acquired (A) or d Of (D) (Instr. 3, 4 and | | Beneficially Owned Following Reported | | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code V | Amount | (A) o (D) | r Price | Transact (Instr. 3 | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, T ecurity or Exercise (Month/Day/Year) if any | | | ransaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Incentive Stock Option (right to buy) | \$15.64 | 10/02/2006 | | | Α | | 25,572 | | (1) | 10/02/2016 | Common Stock | 25,572 | \$0 | 25,572 | | D | |

Explanation of Responses:

\$15.64

Non-Qualified Stock Option

(right to buy)

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.

74,428

(1)

10/03/2006

74,428

D

/s/**Peter Powchik

74,428

\$<mark>0</mark>

Common

Stock

10/02/2016

** 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).

10/02/2006

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

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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.