FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

illington, D.C. 20549	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

		1																				
Name and Address of Reporting Person*     McCorkle Douglas S							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 (specify					
(Last) (First) (Middle) 777 OLD SAW MILL RIVER ROAD							3. Date of Earliest Transaction (Month/Day/Year) 02/02/2010										X Officer (give title Officer (specify below)  VP Controller and Asst Treasur					
(Street) TARRYTOWN NY 10591						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)	(S	tate)	(Zip)											Person								
		Tab	le I - Noi	n-Deriv	/ative	Se	curit	ies Ad	cqu	uired, I	Dis	posed c	of, o	r Ber	eficial	ly Owned	i					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Y		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		·	3. Transaction Code (Instr. r) 8)					Benefici Owned I	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
										Code V		Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock				02/02	02/02/2010							4,000		A	\$11.6	54 4,	4,000		D			
Common Stock			02/02	02/02/2010					S <sup>(1)</sup>		4,000		D	\$28		0		D				
Common Stock				02/02	02/02/2010					M <sup>(1)</sup>		1,875		A	\$9.4	9 1,	.875		D			
Common	Stock			02/02	2/2010	)				S <sup>(1)</sup>		1,875	5	D	\$28		0	D				
Common	Common Stock														3,	3,424		I 4	By 401(k) Plan			
		Т							•	,		osed of onverti	,		•	Owned						
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, Transaction urity or Exercise (Month/Day/Year) if any Code (Instr.				n of Ex			o. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	٧	(A)	(D)	Da Ex	ate kercisable		xpiration ate	Title		Amount or Number of Shares							
Incentive Stock Option (right to buy)	\$9.49	02/02/2010			M <sup>(1)</sup>			1,875		(2)	1	2/15/2014		nmon cock	1,875	(3)	0		D			
Incentive																						

## **Explanation of Responses:**

\$11.64

Stock

Option

(right to buy)

1. Disposition/acquisition made pursuant to a plan intended to comply with Rule 10b5-1(c).

02/02/2010

2. 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.

4.000

- 3. Exercisable date, exercise date, exercise price, purchase price, sales price, and/or expiration date is not applicable in this case.
- 4. The stock option award vests in four equal annual installments, commencing one year after the date of grant.

/s/\*\*Douglas S. McCorkle 02/03/2010

4,000

Stock

12/19/2015

\*\* Signature of Reporting Person

Date

D

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.