FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

4 None	A - I - I	Describes Describes			2 1	eeller	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer					
Name and Address of Reporting Person*     LAROSA JOSEPH J							REGENERON PHARMACEUTICALS,							(Check all applicable)						
LAKOSA JOSEFII J							INC. [ REGN ]								Director  Officer (give title			ner pecify		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)							X Officer (give title Other (specify below)				·		
777 OLD SAW MILL RIVER ROAD							03/23/2023							EVP General Counsel and Secret						
							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
(Street)															Line) X Form filed by One Reporting Person					
TARRYTOWN NY 10591													Form filed by More than One Reporting							
							Person													
(City) (State) (Zip)					R	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														
											ons of Rule 1				ii oi wiilleii	pianti	at is interided			
		Tak	ole I - No	n-Deriv	vativ	e Se	curit	ies Ac	quired	, Dis	sposed o	of, or Be	neficiall	v Owned						
1. Title of	Security (Ins			2. Trans		tion 2A. Deemed			<del>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </del>			ies Acquire		5. Amount of			vnership	7. Nature		
	•	,		Date (Month/I	Day/Yea				Transaction Code (Instr.		Disposed	Of (D) (Inst	r. 3, 4 and 8	Benefici	ally (D)	(D) o	or Indirect	of Indirect Beneficial		
								(Month/Day/Year)		8)		1	1	- Reported	Owned Following Reported			Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	(Instr. 3	ction(s) and 4)					
Common	03/23	03/23/2023				М		10,000	) A	\$270.4	34	34,213		D						
Common Stock 03/23						2023			F		6,742	D	\$801.5	59 27	27,471		D			
Common Stock														5	320		ı	2022		
Common Stock														3,	320		1	GRAT		
																	Ву			
Common Stock														335				401(k) Plan		
						ve Securities Acquired, Disposed of, or Beneficially 0														
		•	Table II -								osed of, converti		-	Owned						
1. Title of	2.	3. Transaction	3A. Deem	<del>` • · ·</del>	4.	- Cuii	·	umber			sable and	7. Title an		8. Price of	9. Numbe	r of	10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any		Transa Code (		of	vative	Expiration Date (Month/Day/Ye		te	of Securit	ies	Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of Derivative	(,	(Month/Da		8)		Securities Acquired		(		Derivative Se		Security	(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
	Security	ırity (A) or Disposed					osed					·		Following Reported		(I) (Instr. 4)				
						of (D) (In 3, 4 and									Transaction(s) (Instr. 4)	on(s)				
				Ī									Amount	1						
									Date		Expiration		Number							
					Code	v	(A)	(D)	Exercisa		Date	Title	Shares							
Non- Qualified																				
Stock Option	\$270.43	03/23/2023			M			10,000	(1)		12/13/2023	Common Stock	10,000	\$0.0	0		D			
(right to buy)																				

## Explanation of Responses:

1. The stock option award vests in four equal annual installments, commencing one year after the date of grant.

/s/\*\* Joseph LaRosa

03/27/2023

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

\*\* Signature of Reporting Person Date

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

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