FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB AP	PROVAL
OMB Number:	3235-028

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

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

Name and Address of Reporting Person* Sanofi					RE	2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS INC [REGN]									all app	p of Reporting plicable) ctor er (give title	g Pers	10% C	
(Last) (First) (Middle) 54 RUE LA BOETIE				3. Date of Earliest Transaction (Month/Day/Year) 06/08/2018									below)		below)				
(Street) PARIS (City)	I0		75008 Zip)		4. If	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 Person					
(City)	(51			lon-Deriv	ztive	tive Securities Acquired, Disposed of, or Beneficially Owned													
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y			ion	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Disposed Of			Acquire	d (A) or	5. Amount of		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount	(A) or (D)	Price		Trans	nsaction(s) etr. 3 and 4)			(111501.4)
Common Stock 06/08/2				018	18			S ⁽¹⁾		121,601	D	\$309.	3057	23,	23,758,936		I	See note ⁽²⁾	
	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)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any				nsaction of De Se Ac (A Di of		sed . 3, 4	Expiration I (Month/Day		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Inst		tive derivative ty Securities		0. Dwnership Form: Direct (D) or Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. Private sale to the Issuer pursuant to the letter agreement entered into with the Issuer on January 7, 2018 and filed on January 9, 2018 by the Reporting Person as Exhibit 99.4 to the Amendment No. 13 to its statement on Schedule 13D
- 2. Indirectly owned through (a) sanofi-aventis Amerique du Nord, a direct, wholly-owned subsidiary of Sanofi ("SAAN"), and (b) Aventisub LLC ("Aventis"), formerly known as Aventis Pharmaceuticals Inc., an indirect, wholly-owned subsidiary of SAAN. After giving effect to the dispositions reported on this Form 4, the number of shares beneficially owned directly by SAAN and Aventis was 20,959,384 shares and 2,799,552 shares, respectively. Pursuant to the Amended and Restated Investor Agreement, dated as of January 11, 2014, by and among Sanofi, SAAN, sanofi-aventis US LLC, Aventis (collectively, the "Sanofi Parties") and the Issuer, the Sanofi Parties have agreed to vote their respective shares of the Issuer, subject to specified exceptions, in accordance with the recommendation of the Issuer's Board of Directors

Remarks:

Exhibit 24 - Power of Attorney (incorporated herein by reference to Exhibit 24 to Form 4 filed by the Reporting Person with the SEC on February 3, 2016, with respect to Alnylam Pharmaceuticals, Inc.).

/s/ Alexandra Roger, Attorneyin-fact

06/11/2018

** 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.