## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Section obligati	this box if no lo 16. Form 4 or ons may contir tion 1(b).		STAT		NT OI d pursua or Se	nt to Sec	ction 16(a		Securi	ties Ex	xchang	je Act	of 193		SHIP	Estim	Number: ated average burd per response:	3235-0287 len 0.5	
1. Name and Address of Reporting Person*  KOLINSKI STUART					2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS INC [ REGN ]								(CI	heck all app Dired	olicable) ctor er (give title	ng Person(s) to I 10% ( Other below	Owner (specify		
(Last) (First) (Middle) 777 OLD SAW MILL RIVER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 08/17/2006										,	Counsel & Secretary		
(Street) TARRYT	OWN N		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)	(3)		zip) e I - Nor	-Deriv	ative S	Securi	ties Ac	quired	, Dis	spos	ed of	f, or	Bene	ficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					action 2A. Deemed Execution Date, if any (Month/Day/Year)			Code	Transaction Dispose Code (Instr. 5)			rities Acquired (A) o ed Of (D) (Instr. 3, 4			d Securi Benefi	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									v	Am	nount	(A (E	N) or D)	Price	Transa	action(s) 3 and 4)		(111511.4)	
Common	Stock	7/2006			S			2,000	00 D		\$15	5 1	2,805	D					
		Та	able II - E )		ive Sec uts, cal										Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Day	Date,	4. Transacti Code (Ins 8)	ion of str. De Se Ac (A Di of (In			Exerci on Da Day/Y	te	A Si U D		7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Date Exercisable

Expiration

**Explanation of Responses:** 

/s/\*\*Stuart Kolinski

Title

08/17/2006

\*\* Signature of Reporting Person

or Number

of Shares

Date

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

- $^{\star}$  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.

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