FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

asnington, D.C. 20549

OMB APPROVAL

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## X

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

Name and Address of Reporting Person*     Sanofi						2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS, INC. [ REGN ]									all app Direc	,	ng Pe	. ,	wner
(Last) (First) (Middle) 54 RUE LA BOETIE					3. Date of Earliest Transaction (Month/Day/Year) 06/09/2020										below			below)	specify
(Street) PARIS 10 75008  (City) (State) (Zip)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indivine)	vidual 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																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date,			3. 4. Securities Ac Disposed Of (D) Code (Instr. 8)					and 5)   Securiti Benefic		ties cially I Following	Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price	Tuo maa asi a m/a		ction(s)			(111511. 4)
Common Stock 06/09/20.					020	20			S <sup>(1)</sup>		120,234	D	\$59	\$597.48		279,766		(3)	See note <sup>(2)</sup>
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)			tion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secul Acqui (A) or Dispo of (D) (Instrand 5	rities ired r osed ) : 3, 4	6. Date	ation D h/Day/	Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amoun or Numbe of Title Shares		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **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 Amendment No. 13 to Reporting Person's statement on Schedule 13D.
- 2. Directly owned by Aventisub LLC ("Aventisub"), formerly known as Aventis Pharmaceuticals Inc., an indirect, wholly-owned subsidiary of the Reporting Person.
- 3. Pursuant to the Amended and Restated Investor Agreement, dated as of January 11, 2014, by and among the Reporting Person, sanofi-aventis US LLC, Aventis, sanofi-aventis Amerique du Nord (collectively, the "Sanofi Parties") and the Issuer, as amended, 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 Name:

Alexandra Roger Title: 06/11/2020

Attorney-in-fact

\*\* Signature of Reporting Person 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.