FORM 4

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

Washington, D.C. 20549

OMB APPROVAL

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## 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

1. Name and Address of Reporting Person* SCHLEIFER LEONARD S								e <b>and</b> Ti						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SCHLI	EIFER LE	EONARD S		REGENERON PHARMACEUTICALS INC [ REGN ]										Director			10% Ow	ner		
			Ľ	[ ittori ]										Officer (give title			Other (s	pecify		
(Last)	•	irst)				liest Trar	nsacti	on (Moi	nth/D	ay/Year)		below)	below) President & CEO							
777 OLI	SAW MIL	L RIVER ROA	11	1/16/2	2012								rresider	n & C	LO					
			- 4.	If Ame	endme	ent, Date	of Or	riginal F	iled	(Month/D	6. Ind	6. Individual or Joint/Group Filing (Check Applicable								
(Street)													Line)	·						
TARRYTOWN NY 10591														X Form filed by One Reporting Person						
(City)	(City) (State) (Zip)													Form filed by More than One Reporting Person						
		Та	ble I - No	n-Deri	vati	ve S	ecur	ities A	cqu	ired,	Dis	posed	of, or	Bei	neficially	Owned				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/		- 1	2A. Deemed Execution Date, if any (Month/Day/Year)		e,   1	3. Transac Code (Ir 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				5. Amount Securities Beneficial Owned Fo	s Illy	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
							<b>(</b>		Ė	<del>-</del>	v	Amount		(A) or (D)	Price	Reported Transaction (Instr. 3 ar	on(s)	(,, (		(Instr. 4)
Common	Stock	10/25	0/25/2012					G	V	75,9	38	D	\$0.00	C	)	I		by GRAT		
Common													5,560				by 401(k) Plan			
Common	11/10	6/201	12				M <sup>(1)</sup>		43,7	57	A	\$111.01	338,	920		D				
Common Stock 11/16										F <sup>(1)</sup>		32,2	72	D	\$150.51	306,648			D	
Common Stock 11/1						/2012				<b>F</b> <sup>(1)</sup>		5,29	00	D	\$150.51	301,358			D	
			Table II -							,		osed o	,		•	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate, Ti	ransa Code (I	ansaction de (Instr.		umber vative urities uired or oosed o) (Instr.	Expir	ate Exer ration D nth/Day/	ate		7. Title and Amou Securities Underl Derivative Securit (Instr. 3 and 4)		nderlying ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				С	Code	ode V		(D)	Date Exer	rcisable	Ex Da	piration te	Title	1	Amount or lumber of Shares					
Non- Qualified Stock Option	\$111.01	11/16/2012		N	M <sup>(1)</sup>			43,757	08/1	14/2012	12/	/20/2012	Comm Stoc		43,757	(2)	0		D	
Class A Stock	\$0									(2)		(2)	Common Stock <sup>(3)</sup>		1,710,790		1,710,790		D	
Class A Stock	\$0									(2)		(2)	Comm	on (3)	22,275		22,27	75	I	by Trust for Son

## **Explanation of Responses:**

- $1.\ Disposition/acquisition\ made\ pursuant\ to\ a\ plan\ intended\ to\ comply\ with\ Rule\ 10b5-1(c).$
- 2. Exercisable date, exercise date, exercise price, purchase price, sales price, and/or expiration date is/are not applicable in this case.
- 3. Class A Stock of Regeneron Pharmaceuticals, Inc. ("Regeneron") converts to Common Stock of Regeneron on a one-to-one basis upon certain events.

/s/\*\*Leonard S. Schleifer 11/19/2012

\*\* 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.