FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| 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 |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Powchik Peter | | | | | RE | 2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS INC [REGN] | | | | | | | | | all app Dired Offic | olicable) ctor er (give title | Othe | Owner (specify |
|---|--|--|---------|---|---|--|--|---------------------------------|-----------------------------|--|--------------------|---|--------------------------------|------------------------|--|---|---|--|
| (Last) (First) (Middle) 777 OLD SAW MILL RIVER ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/08/2012 | | | | | | | | SVP Clinical Development & Reg | | | | | |
| (Street) TARRYT (City) | ARRYTOWN NY 10591 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - N | on-Deriv | /ative | Seci | uritie | s Ac | quire | d, Di | sposed o | f, or E | Benefic | ially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Execution Date, | | | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar | | | Beneficia | | ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | (5 4) |
| Common Stock | | | | 11/08/2012 | | | | S | | 14,244 | D | \$138 | \$138.59 ⁽¹⁾ | | 15,890 | D | | |
| Common Stock | | | | 11/08/2012 | | | | S | | 900 | D | \$139 | \$139.05 ⁽²⁾ | | 14,990 | D | ļ | |
| Common Stock | | | | | | | | | | | | | | | 1,532 | I | By 401(k) Plan | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed 4. Trans (Code (Day/Year) | | | 5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instr | ative rities ired osed | 6. Date Expira (Month | tion D | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Seci (Inst | | derivative Securities | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | or Number of Shares | | | | | |

Explanation of Responses:

- 1. Represents volume-weighted average price of sales of 14,244 shares of Company stock on November 8, 2012 at prices ranging from \$138.47 to \$138.98. Upon request by the Commission staff, the Company, or a security holder of the Company, the reporting person will provide full information regarding the number of shares sold by the reporting person on November 8, 2012 at each separate price.
- 2. Represents volume-weighted average price of sales of 900 shares of Company stock on November 8, 2012 at prices ranging from \$139.00 to \$139.27. Upon request by the Commission staff, the Company, or a security holder of the Company, the reporting person will provide full information regarding the number of shares sold by the reporting person on November 8, 2012 at each separate price.

** 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.