UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 13, 2015 (January 13, 2015)

REGENERON PHARMACEUTICALS, INC.
(Exact name of registrant as specified in its charter)

New York		
(State or other jurisdiction of incorporation)		
000-19034		**13-3444607**
(Commission File Number)		**(I.R.S. Employer Identification No.)**
777 Old Saw Mill River Road, Tarrytown, New York		**10591-6707**
(Address of principal executive offices)		**(Zip Code)**

Registrant's telephone number, including area code: (914) 847-7000

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instructions A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 2.02. Results of Operations and Financial Condition.

On January 13, 2015, at the 33rd Annual J.P. Morgan Healthcare Conference in San Francisco, California, Leonard S. Schleifer, M.D., Ph.D., President and Chief Executive Officer of Regeneron Pharmaceuticals, Inc., is providing a corporate update. Dr. Schleifer's presentation includes on page 26 information regarding the Company's preliminary U.S. net sales of EYLEA® (aflibercept) Injection for the full year 2014. A copy of the presentation is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated by reference herein.

The information included or incorporated in this Item 2.02, including Exhibit 99.1, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, nor shall such information and exhibit be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, except as shall be expressly set forth by specific reference in such a filing.

Item 9.01. Financial Statements and Exhibits

(d) Exhibits.

99.1 Presentation by Leonard S. Schleifer, M.D., Ph.D., President and Chief Executive Officer of Regeneron Pharmaceuticals, Inc., at the 33rd Annual J.P. Morgan Healthcare Conference.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned thereunto duly authorized.

REGENERON PHARMACEUTICALS, INC.

/s/ Joseph J. LaRosa
Joseph J. LaRosa
Senior Vice President, General Counsel and Secretary

Date: January 13, 2015

EXHIBIT INDEX

Number	Description
99.1	Presentation by Leonard S. Schleifer, M.D., Ph.D., President and Chief Executive Officer of Regeneron Pharmaceuticals, Inc., at the 33rd Annual J.P. Morgan Healthcare Conference.

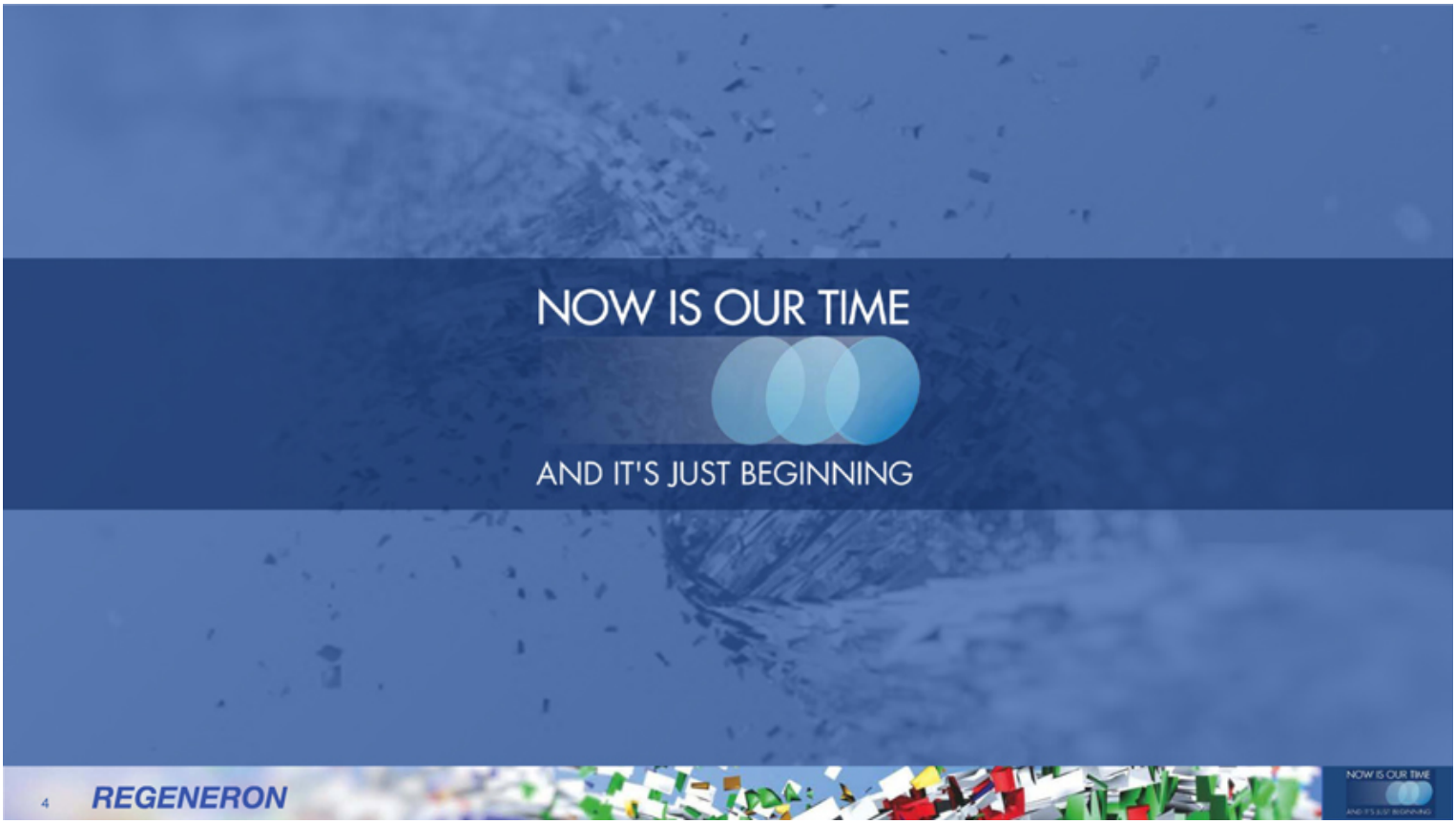

JP Morgan
Healthcare
Conference
January 13, 2015
Leonard S. Schleifer, M.D., Ph.D.
President and Chief Executive Officer
NOW IS OUR TIME
AND IT'S JUST BEGINNING
REGENERON

NOTE REGARDING FORWARD-LOOKING STATEMENTS AND NON-GAAP FINANCIAL MEASURES

This presentation includes forward-looking statements that involve risks and uncertainties relating to future events and the future performance of Regeneron Pharmaceuticals, Inc. ("Regeneron" or the "Company"), and actual events or results may differ materially from these forward-looking statements. Words such as "anticipate," "expect," "intend," "plan," "believe," "seek," "estimate," variations of such words and similar expressions are intended to identify such forward-looking statements, although not all forward-looking statements contain these identifying words. These statements concern, and these risks and uncertainties include, among others, the nature, timing, and possible success and therapeutic applications of Regeneron's products, product candidates, and research and clinical programs now underway or planned, including without limitation EYLEA®, Praluent™ (alirocumab), sarilumab, and dupilumab; unforeseen safety issues resulting from the administration of products and product candidates in patients, including serious complications or side effects in connection with the use of Regeneron's product candidates in clinical trials; the likelihood and timing of possible regulatory approval and commercial launch of Regeneron's late-stage product candidates and new indications for marketed products, including without limitation EYLEA®, Praluent™ (alirocumab), sarilumab, and dupilumab; ongoing regulatory obligations and oversight impacting Regeneron's research and clinical programs and business, including those relating to patient privacy; determinations by regulatory and administrative governmental authorities which may delay or restrict Regeneron's ability to continue to develop or commercialize Regeneron's products and product candidates; competing drugs and product candidates that may be superior to Regeneron's products and product candidates; uncertainty of market acceptance and commercial success of Regeneron's products and product candidates; the ability of Regeneron to manufacture and manage supply chains for multiple products and product candidates; coverage and reimbursement determinations by third-party payers, including Medicare and Medicaid; unanticipated expenses; the costs of developing, producing, and selling products; the ability of Regeneron to meet any of its sales or other financial projections or guidance and changes to the assumptions underlying those projections or guidance, including without limitation those relating to EYLEA U.S. net sales and the Company's expectations regarding non-GAAP unreimbursed R&D, non-GAAP SG&A, cash tax payments, non-GAAP pre-tax income, and capital expenditures; the potential for any license or collaboration agreement, including Regeneron's agreements with Sanofi and Bayer HealthCare LLC, to be cancelled or terminated without any further product success; and risks associated with third party intellectual property and pending or future litigation relating thereto. A more complete description of these and other material risks can be found in Regeneron's filings with the U.S. Securities and Exchange Commission, including its Form 10-K for the fiscal year ended December 31, 2013 and its Form 10-Q for the quarterly period ended September 30, 2014, in each case including in the sections thereof captioned "Item 1A. Risk Factors." Any forward-looking statements are made based on management's current beliefs and judgment, and the reader is cautioned not to rely on any forward-looking statements made by Regeneron. Regeneron does not undertake any obligation to update publicly any forward-looking statement, including without limitation any financial projection or guidance, whether as a result of new information, future events, or otherwise.

This presentation uses non-GAAP unreimbursed R&D, non-GAAP SG&A, cash tax, and non-GAAP pre-tax income, which are financial measures that are not calculated in accordance with the U.S. Generally Accepted Accounting Principles ("GAAP"). Regeneron believes that the presentation of these non-GAAP measures is useful to investors because they exclude, as applicable, (i) non-cash share-based compensation expense which fluctuates from period to period based on factors that are not within the Company's control, such as the Company's stock price on the dates share-based grants are issued, (ii) non-cash interest expense related to the Company's convertible senior notes since this is not deemed useful in evaluating the Company's operating performance, (iii) estimate of income tax expense that is not payable in cash, as there is a significant difference between the Company's effective tax rate and actual cash income taxes paid/payable due primarily to the utilization of net operating loss and tax credit carry-forwards, and (iv) a non-cash tax benefit as a result of releasing substantially all of the valuation allowance associated with the Company's deferred tax assets. Non-GAAP unreimbursed R&D represents non-GAAP R&D expense reduced by R&D expense reimbursements from the Company's collaboration partners. Non-GAAP pre-tax income represents GAAP pre-tax income less non-GAAP adjustments. Management uses these non-GAAP measures for planning, budgeting, forecasting, assessing historical performance, and making financial and operational decisions, and also provides forecasts to investors on this basis. However, there are limitations in the use of these and other non-GAAP financial measures as they exclude certain expenses that are recurring in nature. Furthermore, the Company's non-GAAP financial measures may not be comparable with non-GAAP information provided by other companies. Any non-GAAP financial measure presented by Regeneron should be considered supplemental to, and not a substitute for, measures of financial performance prepared in accordance with GAAP.

For over 25 years, Regeneron's vision has been to build an innovative company that consistently brings new medicines to patients with serious diseases.


NOW IS OUR TIME
AND IT'S JUST BEGINNING

A CLEAR PATH FORWARD

NOW IS OUR TIME

AND IT'S JUST BEGINNING

GENERATE
MAJOR SUBMISSIONS AND/OR APPROVALS YEAR AFTER YEAR

TRANSFORM
THE MANAGEMENT OF SERIOUS DISEASES: HEART DISEASE, RA, ATOPIC DERMATITIS, ASTHMA AND OTHERS

SUPPORT
EYLEA AS THE RETINAL THERAPY OF CHOICE & MAINTAIN LEADERSHIP IN RETINAL DISEASE

INVEST
IN THE NEXT WAVES OF INNOVATION FOR PATIENTS IN NEED

AND THE ENGINE TO MAKE IT A REALITY…

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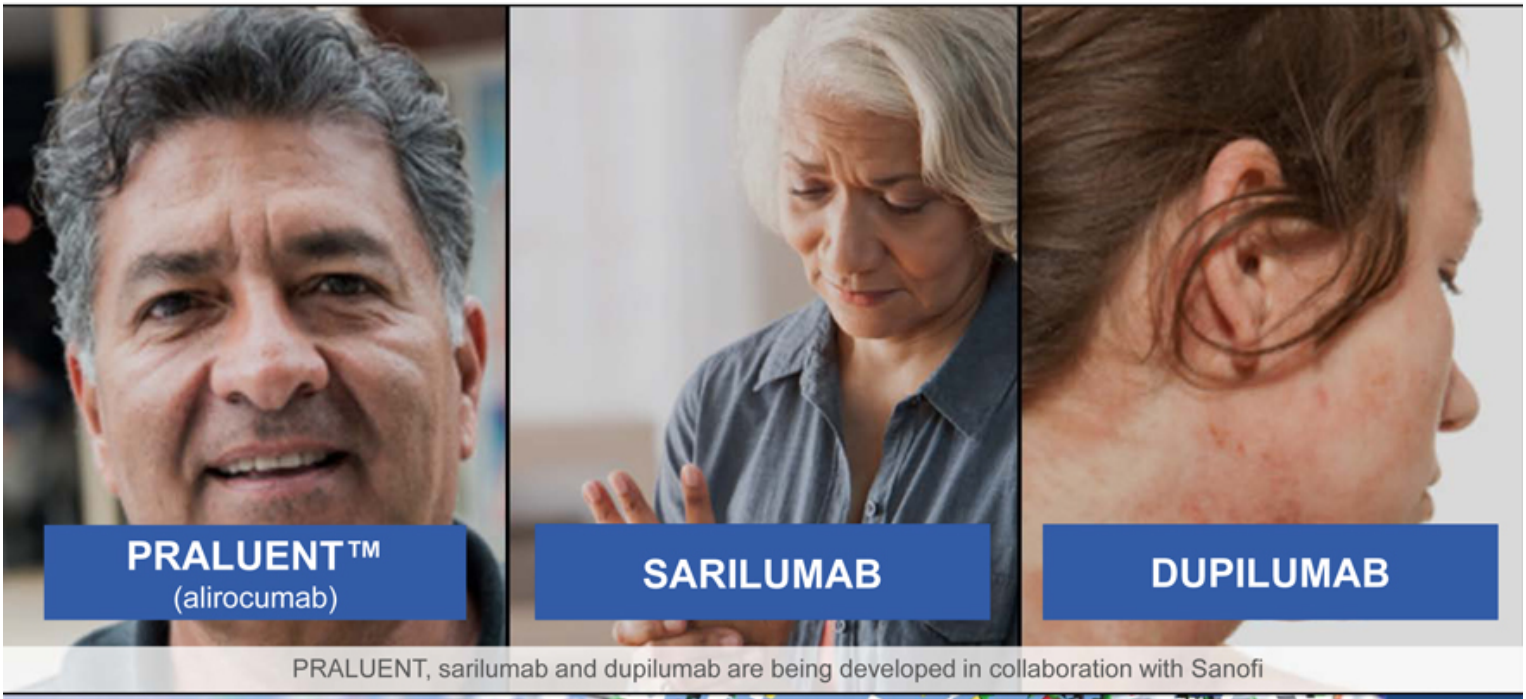
LATE STAGE PIPELINE: MULTIPLE POTENTIAL REGULATORY SUBMISSIONS/APPROVALS ADDRESSING SERIOUS DISEASES



PRALUENT, sarilumab and dupilumab are being developed in collaboration with Sanofi

UNMET NEED REMAINS HIGH IN CV DISEASE

CV disease causes 17.3M deaths per year[1]	17.3M
Significant driver of U.S. economic costs[2]	$315B
LDL-C contributes to 60% of coronary heart disease and 40% of all ischemic stroke[3]	60%
24M high-risk patients fail to reach LDL-C goals[4]	24M

(1) WHO. http://who.int/mediacentre/factsheets/fs317/en/ (EU, East Mediterranean, the Americas, SE Asia, West Pacific, Africa).
(2) NHLBI. http://www.nhlbi.nih.gov/about/documents/factbook/2012/chapter4.htm.
(3) WHO. http://www.who.int/whr/2002/en/whr02_en.pdf?ua=1.
(4) U.S. NHANES, Market Scan, IMS and Sanofi estimates.

PRALUENT™: SIGNIFICANT AND CONSISTENT LDL-C REDUCTION ACROSS ALL 10 PIVOTAL TRIALS

	Study	Dosing Q2W	Mean Baseline LDL-C (mg/dL)	LDL-C Change from Baseline at 24 Weeks			
				alirocumab	Comparator		
HeFH	HIGH FH	150 mg	198	↓ 46%	↓ 7%	placebo	On top of max tolerated statin doses
	FH I	75/150 mg(1)	145	↓ 49%	↑ 9%	placebo	
	FH II	75/150 mg(1)	134	↓ 49%	↑ 3%	placebo	
High CV Risk	LONG TERM	150 mg	122	↓ 61%	↑ 1%	placebo	
	COMBO I	75/150 mg(1)	102	↓ 48%	↓ 2%	placebo	
	COMBO II	75/150 mg(1)	108	↓ 51%	↓ 21%	ezetimibe	
	OPTION I	75/150 mg(1)	105	↓ 44-54%	↓ 21-23% ↓ 5% ↓ 21%	ezetimibe statin x2 statin switch	On top of regular statin doses
	OPTION II	75/150 mg(1)	111	↓ 36-51%	↓ 11-14% ↓ 16%	ezetimibe statin switch	
Statin Intolerant	ALTERNATIVE	75/150 mg(1)	191	↓ 45%	↓ 15%	ezetimibe	Not receiving statins
Moderate CV Risk	MONO	75/150 mg(1)	140	↓ 48%	↓ 16%	ezetimibe	

(1) Per protocol dose increase to 150 mg possible based on pre-specified LDL-C levels.

Primary efficacy endpoint met in all 10 reported trials

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- Largest registration program to date
- 14 trials with >23,500 patients
- Primary endpoint evaluated at 24 weeks
- Double-blind design (6, 12, 18 and 24 months)
- Evaluation of 75mg and 150mg Q2W as well as monthly options
- Post-hoc data on lower rate of adjudicated major CV events in LONG TERM trial
- ≥4,500 patient years exposure

(1) Per protocol dose increase to 150 mg possible based on pre-specified LDL-C levels.

Primary efficacy endpoint met in all 10 reported trials

PRALUENT™: SAFETY PROFILE FROM ODYSSEY LONG TERM

% of Patients with Treatment Emergent Adverse Events of Interest

	alirocumab (n=1550)	Placebo (n=788)
General allergic reaction events	9.0	9.0
Treatment emergent local injection site reactions	5.8	4.3
Myalgia	4.9	3.0
Neurological events[2]	4.2	3.9
All cardiovascular events[1]	4.0	4.4
Ophthalmological events[2]	2.5	1.9
Neurocognitive disorders[2]	1.2	0.5
ALT increase	1.1	0.5
CPK increase	0.5	0.5
AST increase	0.2	0

All patients on background of maximally tolerated statin ± other lipid-lowering therapy Safety Analysis (at least 52 weeks for all patients continuing treatment, including 607 patients overall who completed W78 visit)
(1) Confirmed by adjudication. Adjudicated CV events include all CV AEs positively adjudicated. The adjudication categories are the following: CHD death, non-fatal MI, fatal and non-fatal ischemic stroke, unstable angina requiring hospitalization, congestive heart failure requiring hospitalization, ischemia driven coronary revascularization procedure [PCI, CABG].
(2) Company MedDRA Queries (CMQ).

PRALUENT™: CRITICAL LAUNCH PREPAREDNESS UNDERWAY

2015 PRIORITIES

U.S. & EU Regulatory Review
FDA Priority Review expected

Invest for Successful Launch in 2H15
Manufacturing scale-up; commercial/ field force expansion

Present Monthly Dosing Results
CHOICE I and CHOICE II data

SARILUMAB IN RHEUMATOID ARTHRITIS: GROWING OPPORTUNITY; BROAD DEVELOPMENT PROGRAM

RA affects up to 70M people worldwide[1]

Unmet need exists as patients cycle through multiple treatments

Biologic monotherapy is an important and growing market segment[2]

sarilRA ~2,500 RA patients targeted in SARIL-RA program

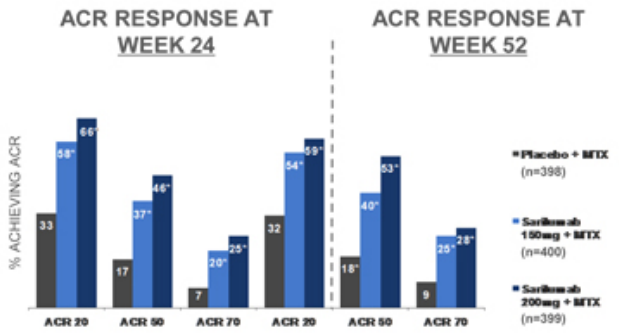
STUDY	DESIGN	n
MOBILITY	sarilumab + MTX, MTX IR patients	1,197
TARGET	sarilumab + DMARD, Anti-TNFα IR patients	546
ASCERTAIN	sarilumab + MTX, Anti-TNFα IR patients Safety calibrator vs. Actemra®	200
ONE	sarilumab monotherapy, DMARD-IR/inappropriate patients (open-label)	120
EASY	sarilumab + DMARD, Auto-injector real-life use	200
MONARCH	sarilumab monotherapy vs. Humira®, MTX-IR or MTX- inappropriate patients	340
EXTEND	sarilumab + DMARD or monotherapy long-term extension study (open-label)*	2,000

*Patients must have been in a previous sarilumab study

(1)World Health Organization. http://www.who.int/chp/topics/rheumatic/en/.
(2) *Ann Rheum Dis. 2013* Dec;72(12):1897-904.

SARILUMAB: PHASE 3 RESULTS SHOW STRONG EFFICACY AT BOTH DOSES

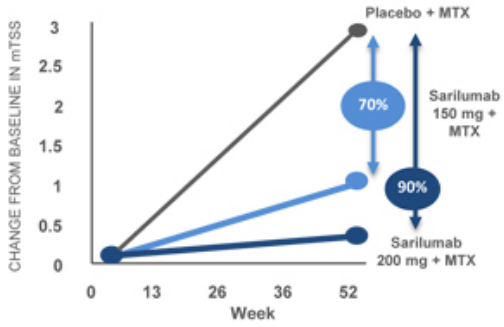
sarilRA MOBILITY



* p<0.0001 vs. placebo

SARIL-RA-MOBILITY
Change from Baseline in mTSS

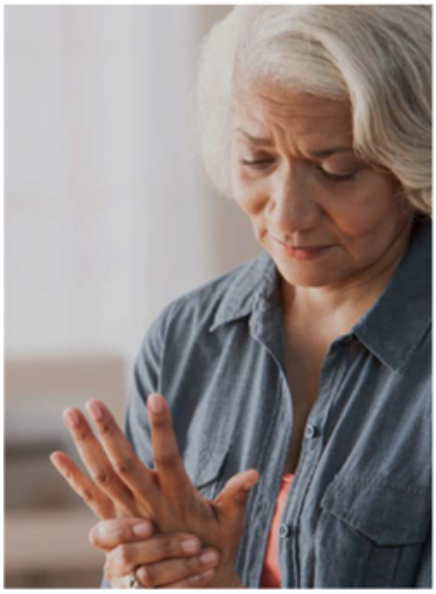
mTSS: Modified Total Sharp Score



* p<0.0001 vs. placebo

Sarilumab had a higher incidence of AEs leading to withdrawal; the most frequent AEs occurring more often in the sarilumab groups included neutropenia, upper respiratory tract infection, increased alanine aminotransferase, injection site erythema, urinary tract infection and nasopharyngitis. An increase in mean LDL-C and transaminases was observed.

SARILUMAB: CRITICAL YEAR WITH MAJOR PHASE 3 READOUTS



2015 PRIORITIES

Report Results from 3 Phase 3 Trials
TNF-IR and monotherapy populations

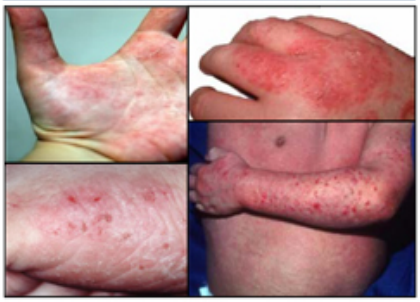
Complete U.S. Submission by Year End

DUPILUMAB: A FIRST-IN-CLASS IL4/IL13 INHIBITOR WITH POTENTIAL FOR IMPORTANT ALLERGIC DISEASES

Moderate-to-Severe Asthma

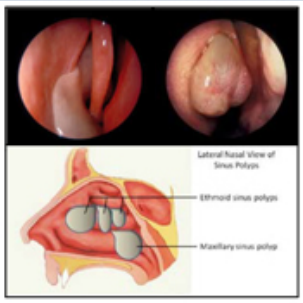
- Up to 300M WW affected[1]
- 10-20% uncontrolled despite existing therapies[2]

Moderate-to-Severe Atopic Dermatitis (AD)



- >5M affected in U.S. & EU[3]
- Widespread lesions; intense itching
- Sleep & other lifestyle disturbance
- 40% uncontrolled w/ topicals[4]

Chronic Sinusitis with Nasal Polyps (CSwNP)



- Long-term nasal symptoms
- Loss of sense of smell
- Facial pain
- Approx. 200K U.S. patients have sinus surgery annually for nasal polyps[5]

(1) WHO. http://www.who.int/gard/publications/chronic_respiratory_diseases.pdf.
(2) *Am J Respir Crit Care Med.* 2004 Oct;170(8):836-844.6.

(3) Adapted from White Book on Allergy. http://www.worldallergy.org/UserFiles/file/WAO-White-Book-on-Allergy.pdf.
(4) *Allergy Asthma Proc.* 2012 May-Jun;33(3):227-34.

(5) MEDSTAT and IHCIS Database, and Internal Analysis.

DUPILUMAB: A FIRST-IN-CLASS IL4/IL13 INHIBITOR WITH POTENTIAL FOR IMPORTANT ALLERGIC DISEASES

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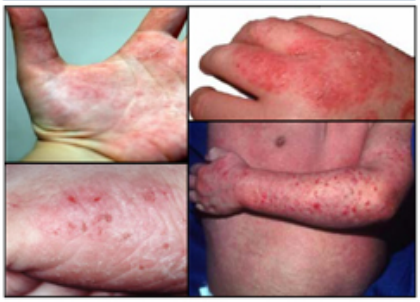
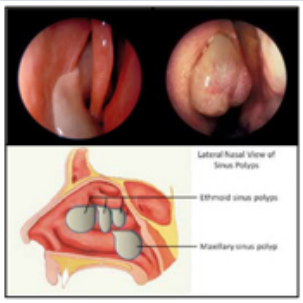


FDA Breakthrough Therapy Designation

Chronic Sinusitis with Nasal Polyps (CSwNP)



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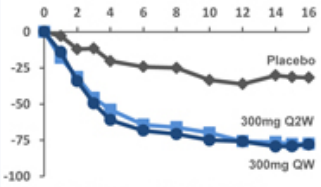
DUPILUMAB: POSITIVE PHASE 2 RESULTS ACROSS 3 KEY DISEASES

ATOPIC DERMATITIS PHASE 2B (n=380): MEAN PERCENT CHANGE IN EASI/ITCHING

EASI SCORE OVER 16 WEEKS



p<0.0001 vs. placebo at Week 16
All other time points p<0.05 vs. placebo

REDUCTION IN ITCHING AT 16 WEEKS

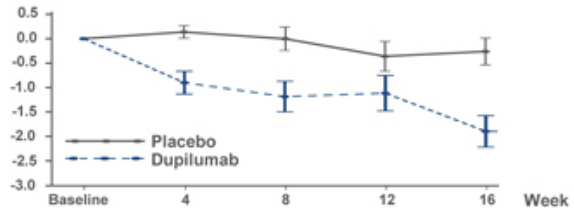
	Pbo (n=61)	300mg Q2W (n=64)	300mg QW (n=63)
Pruritus NRS	11%	53%	60%
5-D Pruritus Score	9%	35%	44%

p<0.0001 vs. placebo for all parameters

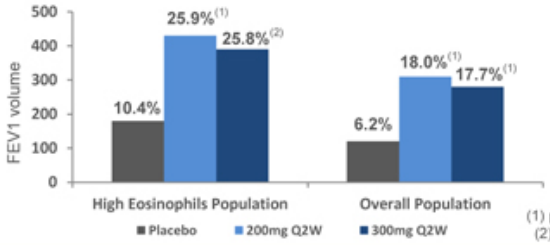
CSwNP PHASE 2A STUDY (n=60): REDUCTION IN NASAL POLYPS

Mean change +/- SE

NASAL POLYP SCORE (NPS)



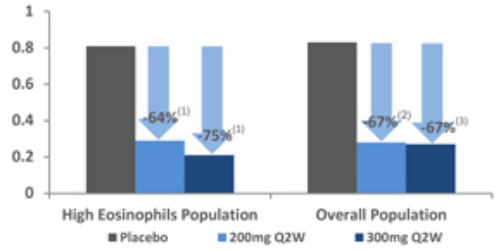
ASTHMA PHASE 2B (n=776): MEAN IMPROVEMENT IN LUNG FUNCTION (FEV1)



FEV1=forced expiratory volume over one second

(1) p<0.001 vs. placebo
(2) p<0.01 vs. placebo

ASTHMA PHASE 2B (n=776): ANNUALIZED RATE OF SEVERE EXACERBATION EVENTS



(1) p<0.05 vs. placebo
(2) p<0.01 vs. placebo
(3) p<0.001 vs. placebo

DUPILUMAB: BALANCED ADVERSE EVENT PROFILE IN PHASE 2 STUDIES TO DATE

ATOPIC DERMATITIS PHASE 2B:
MOST COMMON AEs

- **Nasopharyngitis:** 18-23% vs. 21% placebo
- **Headache:** 12-15% vs. 8% placebo
- **Injection site reaction:** 5-10% vs. 3% placebo

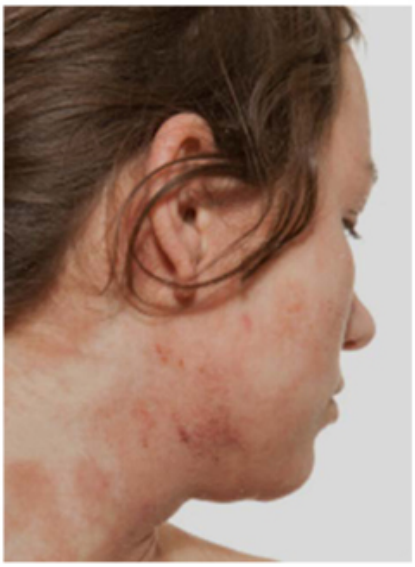
ASTHMA PHASE 2B:
MOST COMMON AEs

- **Injection site reaction:** 13-25% vs. 12% placebo
- **Upper respiratory infection:** 10-13% vs. 13% placebo
- **Headache:** 5-10% vs. 8% placebo
- **Nasopharyngitis:** 3-10% vs. 6% placebo
- **Bronchitis:** 5-8% vs. 8% placebo

PHASE 2A CSwNP:
TOP-LINE COMMON AEs

- Injection site reactions, nasopharyngitis, oropharyngeal pain, epistaxis, headache and dizziness

DUPILUMAB: ADVANCE BROAD DEVELOPMENT PROGRAM



2015 PRIORITIES

- Execute Phase 3 Adult AD Program; Initiate Pediatric AD Program
- Launch Phase 3 in Asthma
- Plan Phase 3 in Chronic Sinusitis with Nasal Polyps
- Launch Eosinophilic Esophagitis Development Program

SUPPORT EYLEA® AS THE RETINAL THERAPY OF CHOICE; MAINTAIN LEADERSHIP IN RETINAL DISEASE

EYLEA®
(aflibercept) Injection
For Intravitreal Injection

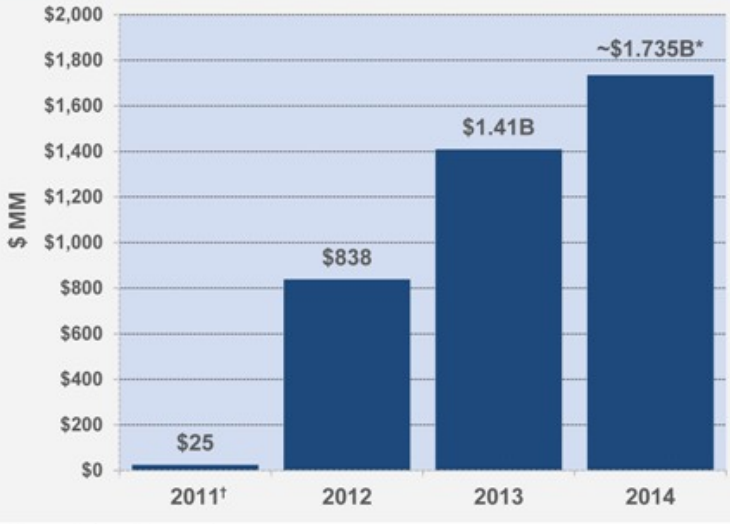
EYLEA will continue to drive top-line growth, supported by a growing body of clinical evidence

EYLEA®: POSITIONED FOR CONTINUED GROWTH

EYLEA® CONTINUED GROWTH

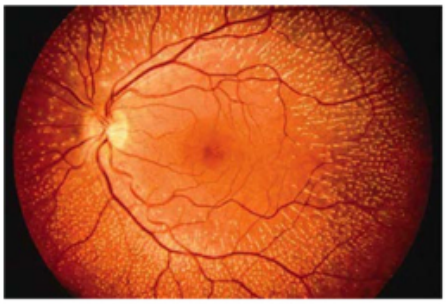
- Now approved for major retinal diseases in U.S. & EU
- NIH-sponsored PROTOCOL T study should support DME growth
- Granted Breakthrough Therapy designation by U.S. FDA for treatment of diabetic retinopathy in patients with DME

U.S. NET SALES



*2014 unaudited, preliminary numbers
†EYLEA approved in November 2011

ADVANCING NEXT-GENERATION RETINAL THERAPIES



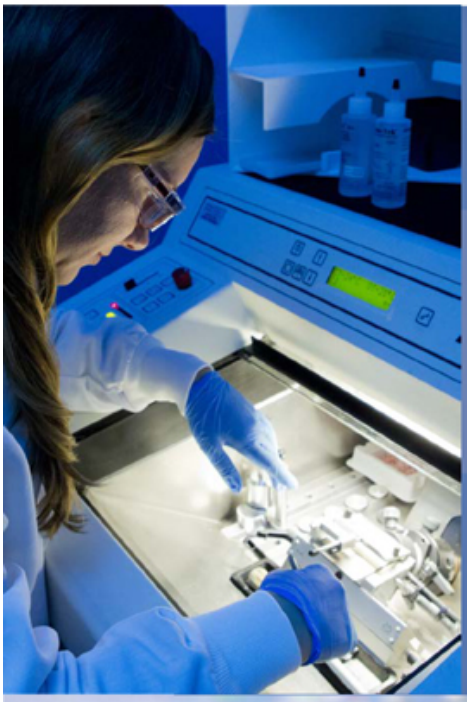
PDGFR-B inhibitor/EYLEA co-formulation moving to Phase 2 in 2015

- Regeneron owns 100% U.S. commercial rights

ANG2 inhibitor/EYLEA co-formulation in Phase 1

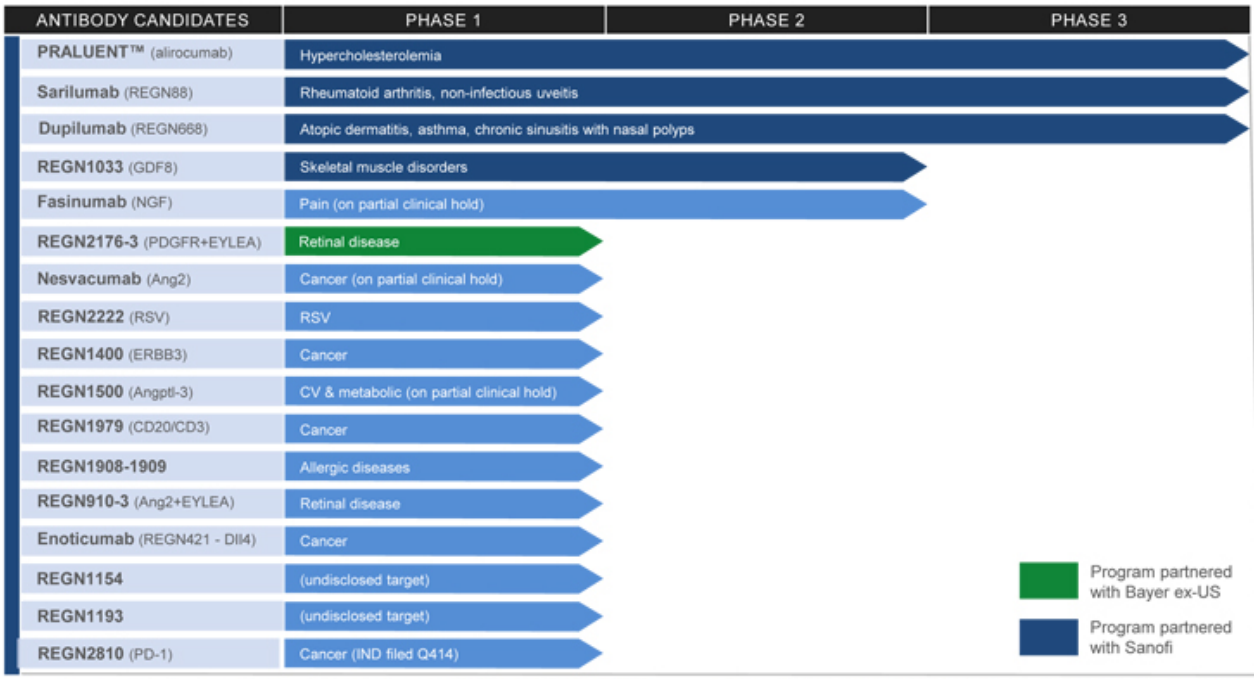
AVALANCHE Biotech collaboration

INVEST IN NEXT WAVES OF INNOVATION



To realize our vision, we must continually refuel the pipeline and advance science and technology innovation

A BROAD AND SUSTAINABLE PIPELINE



ACCELERATING CLINICAL PROGRAMS: RSV, NGF

RSV ANTIBODY (PHASE 1)

MOST COMMON CAUSE OF BRONCHIOLITIS AND PNEUMONIA IN U.S. CHILDREN <1[1]

- Leading cause of infant hospitalization
- Phase 1 results expected in 2015
- Potential for less frequent dosing

EXPECT TO MOVE TO PHASE 3 in 2015

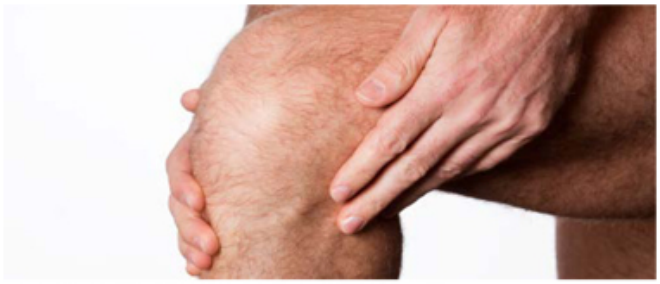
(1) Pediatrics 2010 Feb;125(2):342-9.

FASINUMAB, NGF ANTIBODY (PHASE 2)

A NOVEL NON-OPIOID APPROACH TO ADDRESSING CHRONIC PAIN

- Full clinical hold lifted in osteoarthritis (OA) based on positive pre-clinical data shared with FDA*
- Partnering efforts underway

HUMAN TRIALS EXPECTED TO RESUME in 2015



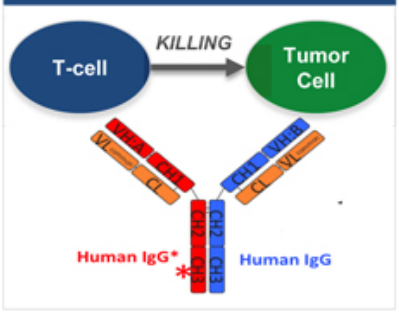
**Program on Partial Clinical Hold limiting duration of trials in OA to 16 weeks pending submission of further preclinical data in 1H15.*

ADVANCING MULTIPLE APPROACHES IN IMMUNO-ONCOLOGY

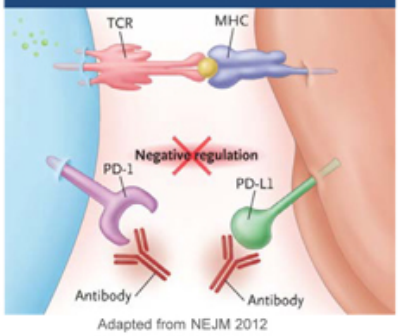
IMMUNO-ONCOLOGY

- Deep research and early development focus: bi-specifics, checkpoint inhibitors and ADCs
- Phase 1: CD20/CD3 bi-specific antibody for blood cancers
- IND Filed in Q414: anti-PD1 for cancer

BI-SPECIFICS



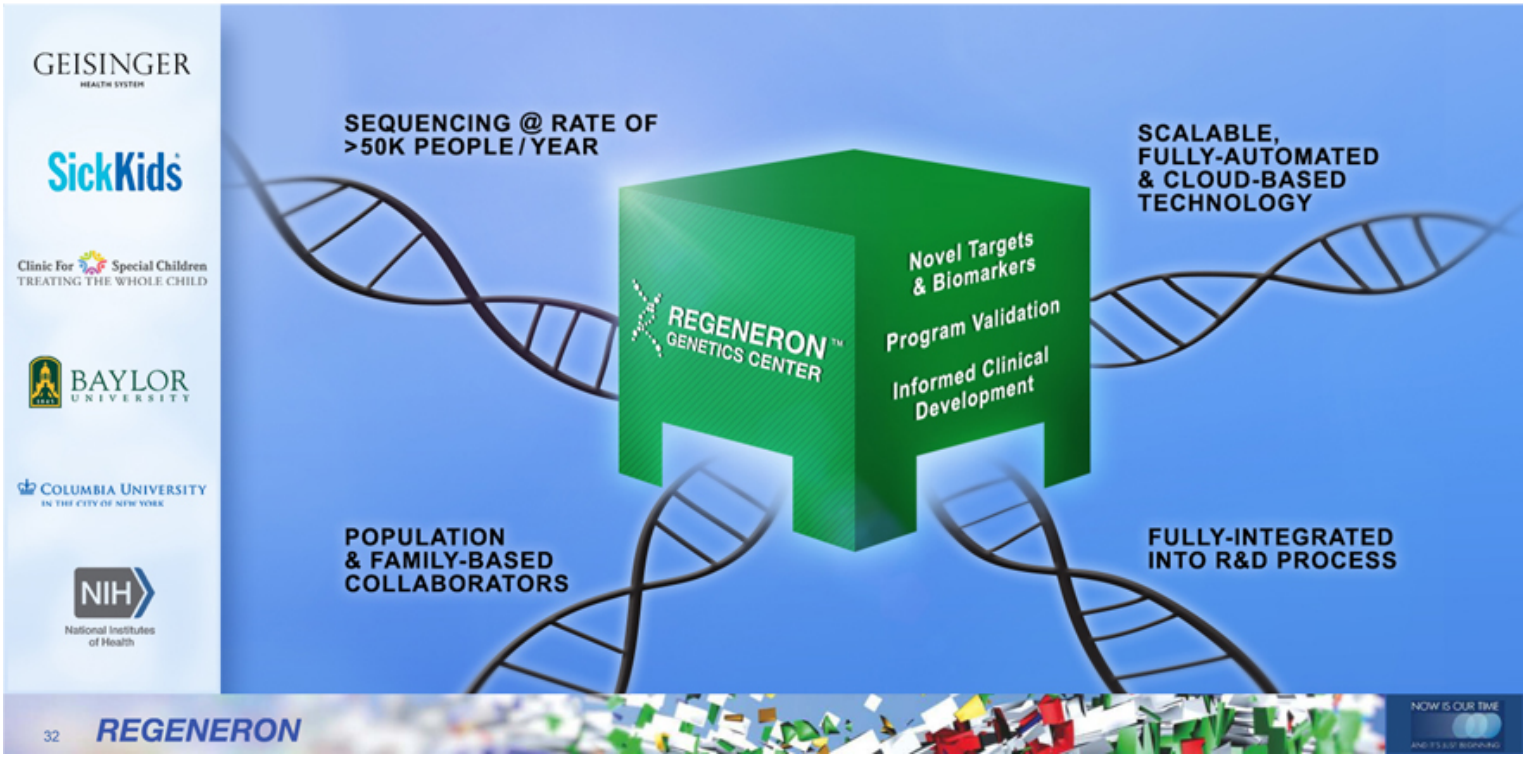
CHECKPOINT INHIBITORS



Adapted from NEJM 2012

RAPID PROGRESS WITH REGENERON GENETICS CENTER

Unprecedented Speed, Scale and Integration in Genetic Research



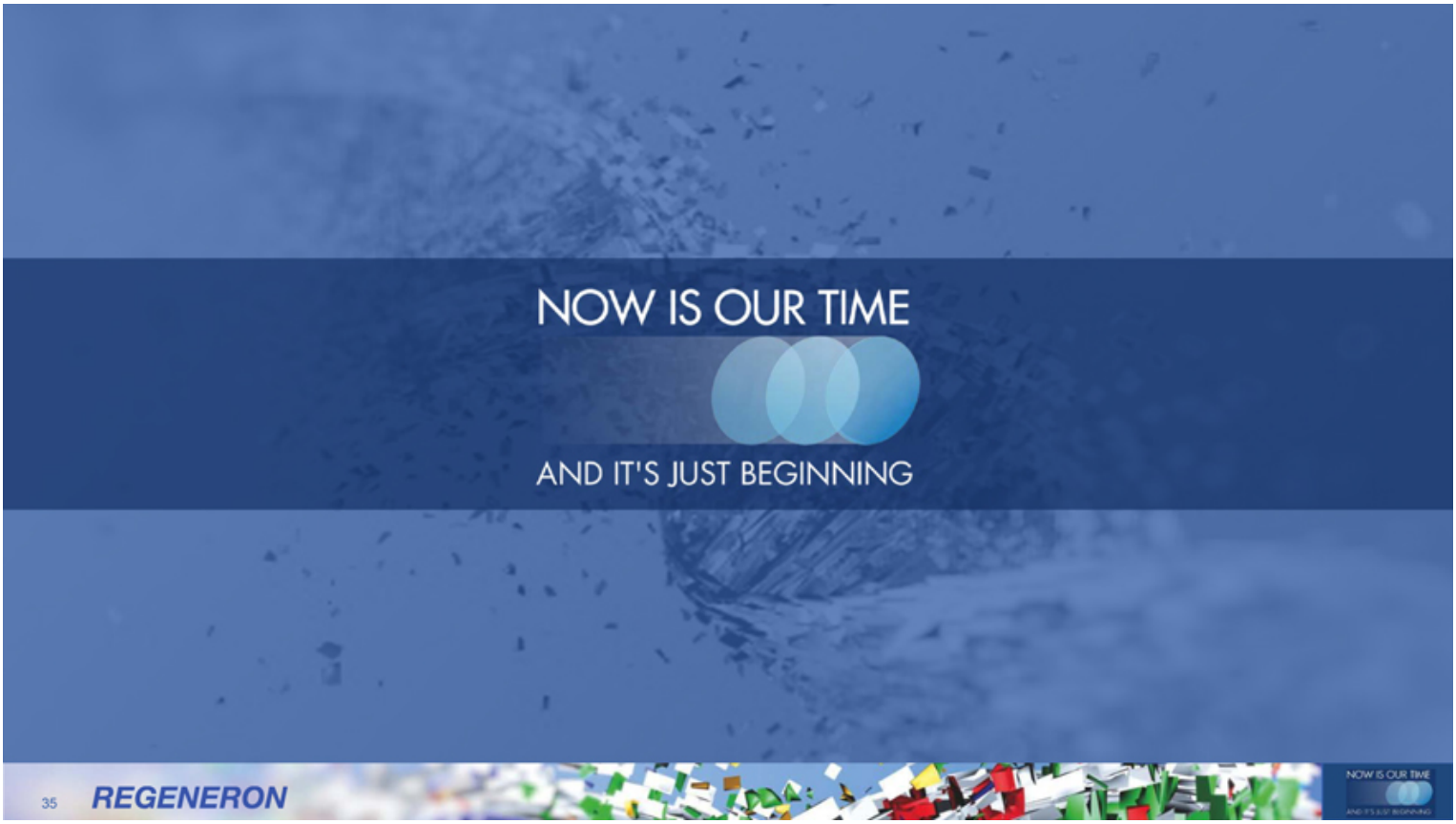
2015 FINANCIAL GUIDANCE[1]

Non-GAAP Unreimbursed R&D:	**$525MM - $575MM**
Non-GAAP SG&A: *This includes REGN incurred commercial-related expenses for Sanofi collaboration antibodies*	**$650MM - $725MM**
Cash Tax[2] as a % of Non-GAAP Pre-tax Income:	**10% - 20%**
Capital Expenditures:	**$650MM - $800MM**

1) The 2015 guidance does not assume the completion of any significant business development transactions not completed as of December 31, 2014.
2) Represents estimated income taxes that are payable in cash for the relevant period.

IMPORTANT DATA, REGULATORY AND OPERATIONAL MILESTONES THROUGHOUT 2015

- PRALUENT™ U.S. & EU regulatory review & launch
- Sarilumab Phase 3 readouts & U.S. submission
- Expansion of dupilumab Phase 3 program
- RSV, NGF, GDF8 antibodies clinical progress
- Protocol T DME publication; EYLEA® WW growth
- Continued operational expansion in U.S. and Ireland


NOW IS OUR TIME
AND IT'S JUST BEGINNING


END