FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Machinaton	D C 20549		

ONB APPROVAL											
OMB Number:	3235-0287										
Estimated average I	hurden										

	Check this box if no longer subject to
ī	Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1/h)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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

See Ins	struction 10.																		
1. Name and Address of Reporting Person* McCourt Marion					RI	2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS, INC. [REGN]								5. Relationship of Reporting Person(s) to Issu (Check all applicable) Director 10% Own Officer (give title Other (sp				vner	
(Last)	,	(First) (Middle) V MILL RIVER ROAD				3. Date of Earliest Transaction (Month/Day/Year) 09/03/2024									Officer (give title Other (specify below) EVP Commercial				
(Street) TARRYTOWN NY 10591 (City) (State) (Zip)			4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
		Tab	le I - N	on-Deriv	ative	Sec	urit	ies Ac	auire	d. Di	sposed o	of, or Be	enefici	allv	Owned	<u> </u>			
1. Title of Security (Instr. 3) 2. Tra			2. Transac	t. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, ar) if any		3. 4. Securities		es Acquired (A) or Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			Instr. 4)
Common Stock 09/0:			09/03/2	2024	024		M ⁽¹⁾		1,000	A	\$38	1.4	13	3,931		D			
Common Stock 09		09/03/2	/2024				S ⁽¹⁾		1,000	D	\$1,17	8.73	73 12,931		D				
Common Stock													1	.74		I 4	By 401(k) Plan		
		•	Table II								posed of converti				wned				
Security or E Pric Deri	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executi if any	3A. Deemed Execution Date, if any (Month/Day/Year) Code 8			of Deri Sec Acq (A) (Disp of (I	oosed D) tr. 3, 4	6. Date Exerci Expiration Dat (Month/Day/Ye		ite	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	11. Natu of Indire Benefici Owners (Instr. 4)
						v ((D)	Date Exercis	able	Expiration Date	Title	Amour or Number of Shares	er					
Non- Qualified Stock Option	\$381.4	09/03/2024			M ⁽¹⁾			1,000	(2)		12/12/2028	Common Stock	1,000	0	\$0.0	8,000		D	

Explanation of Responses:

Option (right to buy)

- 1. Disposition/acquisition made pursuant to a plan intended to comply with Rule 10b5-1(c) adopted on February 13, 2024.
- 2. The stock option award vests in four equal annual installments, commencing one year after the date of grant.

/s/**Marion McCourt

09/05/2024

** Signature of Reporting Person

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.