

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
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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* <u>SANOFI-AVENTIS</u> <hr/> (Last) (First) (Middle) <u>174, AVENUE DE FRANCE</u> <hr/> (Street) <u>PARIS IO 75013</u> <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>12/20/2007</u>	3. Issuer Name and Ticker or Trading Symbol <u>REGENERON PHARMACEUTICALS INC [ REGN ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, \$.001 par value	14,799,552 <sup>(1)</sup>	D	

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>SANOFI-AVENTIS</u> <hr/> (Last) (First) (Middle) <u>174, AVENUE DE FRANCE</u> <hr/> (Street) <u>PARIS IO 75013</u> <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>Sanofi-Aventis Amerique du Nord S.N.C.</u> <hr/> (Last) (First) (Middle) <u>174, AVENUE DE FRANCE</u> <hr/> (Street) <u>PARIS IO 75013</u> <hr/> (City) (State) (Zip)		
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**Explanation of Responses:**

1. 12,000,000 shares are held directly by sanofi-aventis Amerique du Nord and 2,799,552 of the shares are held directly by Aventis Pharmaceuticals Inc. Sanofi-aventis Amerique du Nord is indirectly wholly owned by sanofi-aventis and Aventis Pharmaceuticals Inc., an indirectly wholly-owned subsidiary of sanofi-aventis, is controlled by sanofi-aventis Amerique du Nord. Accordingly, sanofi-aventis can be deemed to share voting and dispositive power over the shares held directly by sanofi-aventis Amerique du Nord and Aventis Pharmaceuticals Inc. Similarly, sanofi-aventis Amerique du Nord can be deemed to share voting and dispositive power over the shares held directly by Aventis Pharmaceuticals Inc.

/s/ Laurence Debroux

12/21/2007

\*\* 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 5 (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.