FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

| 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

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* Powchik Peter | | | | | <u>R</u> 1 | 2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS INC [REGN] | | | | | | | | heck all | tionship of Reporting Po all applicable) Director Officer (give title | | | 10% Ow Other (sp | ner | |
|---|---|--|--|--|------------------|--|-------|------------------|-------------------|---|---------------------|---|--|------------------------|--|--|-----------------------------|--|--|--|
| (Last) | , | irst) LL RIVER ROA | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2011 SVP Clinical Development | | | | | | | | | | | below) | | | |
| (Street) TARRY | TOWN N | | 10591 (Zip) | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Noi | n-Deri | vativ | e Se | curit | ies Ac | quired, | Dis | posed o | f, or Be | neficia | lly Ov | vned | | | | | |
| Da | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | | | | 4 and Securiti Benefic Owned | | s Ily ollowing | Form: | Direct of Indirect Estr. 4) | . Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) oi (D) | Price | Tr | ported ansacti istr. 3 a | tion(s) | | " | Instr. 4) | |
| Common Stock 08/ | | | | 08/0 | 1/201 | /2011 | | M ⁽¹⁾ | | 15,14 | 4 A | \$15. | .64 15 | | 5,144 | | D | | | |
| Common | Stock | | | | | | | | | | | | | 1 ' 1 1 | | | | By H01(k) Plan | | |
| | | | Гable II - | | | | | | | | osed of, onverti | | | y Owr | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | | ansaction ode (Instr. | | of | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Own Ford Director II | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Incentive Stock Option (right to | \$15.64 | 08/01/2011 | | | M ⁽¹⁾ | | | 15,144 | (2) | 1 | 10/02/2016 | Common Stock | 15,144 | (3 | 3) | 10,428 | 3 | D | | |

Explanation of Responses:

- 1. Disposition/acquisition made pursuant to a plan intended to comply with Rule 10b5-1(c).
- 2. The stock option award (combined incentive stock option and non-qualified stock option) vests in four equal annual installments, commencing one year after the date of grant.
- 3. Exercisable date, exercise date, exercise price, purchase price, sales price, and/or expiration date is not applicable in this case.

Peter Powchik 08/

** Signature of Reporting Person

08/02/2011 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.