FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burden | | | | | | | |
| l | hours per response: | 0.5 | | | | | | |

Check this box if no longer subject to 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

| 1. Name and Address of Reporting Person* Terifay Robert J (Last) (First) (Middle) | | | | | | 2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS INC [REGN] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | | licable) tor er (give title v) | g Person(s) to Issu 10% Ow Other (s _i below) | | ner |
|---|---|--|--|------------------------------|------------------------------|--|---|----------|------------|----------------------------------|-------|--|-----------------------------------|--|--|---|---|--|--|--|
| 777 OLD SAW MILL RIVER ROAD (Street) TARRYTOWN NY 10591 (City) (State) (Zip) | | | | | | | 011 ndmei | nt, Date | of C | Original | Filed | (Month/Da | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - No | n-Deriv | ative/ | Se | curit | ies Ad | cqu | ired, | Dis | posed c | of, or | Ben | eficial | y Owne | d | | | |
| Date | | | | 2. Trans Date (Month/I | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transac Code (li 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | Benefi Owned | ties cially I Following | Form (D) o | n: Direct r Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | Code | v | Amount | (A (C |) or)) | Price | | eu ction(s) 3 and 4) | | | Instr. 4) |
| Common | Stock | 4/2011 | 2011 | | | | M ⁽¹⁾ | | 6,099 |) | A | \$21.9 | 2 (| 5,099 | | D | | | | |
| Common | Stock | 4/2011 | 1 | | | | S ⁽¹⁾ | | 6,099 |) | D | \$38 | | 0 | | D | | | | |
| Common | Stock | | | | | | | | | | | | | | | 1 | ,387 I By 401(k) Plan | | | 401(k) |
| | | 7 | able II - | | | | | | | | | osed of, onverti | | | | Owned | | • | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeming Execution if any (Month/Da | Date, | 4. Transa Code (8) | | n of l | | | Date Exe piration onth/Day | Date | | Amou Securi Under Deriva | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | Owi Fori Dire or li (I) (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisabl | | xpiration ate | Title | 1 | Amount or Number of Shares | | | | | |
| Non- Qualified Stock Option (right to | \$21.92 | 03/04/2011 | | | M ⁽¹⁾ | | | 6,099 | | (2) | 1 | 2/17/2017 | Comm Stock | | 6,099 | (3) | 37,500 | 0 | 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 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.

<u>Robert J. Terifay</u> 03/07/2011

** Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.