SEC Form 4 FORM 4	UNITED STAT						
		Washington, D.C. 20549		OMB AF	PPROVA		
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 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 Perso <u>POON CHRISTINE A</u>	n [*]	2. Issuer Name and Ticker or Trading Symbol <u>REGENERON PHARMACEUTICALS</u> , <u>INC.</u> [REGN]	5. Relationship of (Check all applical X Director		(s) to Issuer 10% Owner		

,			iii			Other (areait.
(Last) 777 OLD SAW	(First) MILL RIVEI	(Middle) R ROAD	3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024		Officer (give title below)	Other (specify below)
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Fil	ing (Check Applicable
(Street)				X	Form filed by One Re	eporting Person
TARRYTOWN	NY	10591			Form filed by More th Person	nan One Reporting
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication			
			Check this box to indicate that a transaction was made pursuan satisfy the affirmative defense conditions of Rule 10b5-1(c). See			n that is intended to

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130. 4)			
Common Stock	01/02/2024		A ⁽¹⁾		135	A	\$0.0	2,172	D				

	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)	tive ties red sed 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- Qualified Stock Option (right to buy)	\$ 888.34	01/02/2024		A		1,607		(2)	01/02/2034	Common Stock	1,607	\$0.0	1,607	D	

Explanation of Responses:

1. Reflects an acquisition of time-based vesting restricted stock units each representing a contingent right to receive one share of the Issuer's common stock.

2. On the date of the Issuer's first annual meeting of shareholders following the date of grant, a portion of these stock options equal to the portion of one year that has passed from the date of grant shall then become exercisable, and the remainder shall become exercisable on the first anniversary of the date of grant.

/s/**Christine A. Poon

01/04/2024

3235-0287

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** 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 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.