Fenimore Christopher R. Form 4

January 18, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

burden hours per

response...

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005 Estimated average

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Fenimore Christopher R.			2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS INC	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) 777 OLD SA' ROAD	(First) W MILL R	(Middle)	[REGN] 3. Date of Earliest Transaction (Month/Day/Year) 01/18/2019	Director 10% Owner _X Officer (give title Other (specify below) VP Controller		
TARRYTOW	(Street)	591	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acc	quired, Disposed of, or Beneficially Owner		

(Ci	ty)	(State) ((Zip) Table	e I - No	n-D	erivative S	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3	y	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		4. Securi n(A) or Di (Instr. 3,	spose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Comm	non	01/18/2019		Code	V	Amount 150	(D)	\$ 21.25	7,246	D	
Comm Stock	non	01/18/2019		G	V	150	D	\$ 0	7,096	D	
Comm Stock	non	01/18/2019		G	V	150	A	\$ 0	1,547	I	By Trust
Comm Stock	non								1,349	I	By 401(k) Plan
									1,424	I	

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	Persons who respond to the coll	ection of	SEC 1474
Reminder: Report on a separate line for each class of securities benefit	cially owned directly or indirectly.		
Common Stock	2,950	I	by 2018 GRAT
Common Stock			by 2017 GRAT

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(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.		6. Date Exer		7. Title and A		
Derivative Security	Conversion or Exercise	(Month/Day/Year)	Execution Date, if any	Transacti Code	onof Derivative	Expiration D (Month/Day)		Underlying S (Instr. 3 and		Deri Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities	(Monuil/Day/	(Car)	(msu. 5 and	")	(Inst
	Derivative		•		Acquired					
	Security				(A) or					
					Disposed of (D)					
					(Instr. 3, 4					
					and 5)					
									Amount	
						Date	Expiration	Title	or Number	
						Exercisable	Date	Title	of	
				Code V	(A) (D)				Shares	
Incentive										
Stock								~		
Option	\$ 21.25	01/18/2019		M	150	(2)	12/18/2019	Common	150	9
(right to						_		Stock		

Reporting Owners

Relationships					
Director	10% Owner	Officer	Other		
		VP Controller			
	Director		Director 10% Owner Officer		

Signatures

buy)

/s/**Christopher R. 01/18/2019 Fenimore

**Signature of Reporting Person Date

Reporting Owners 2

Explanation of Responses:

- * 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).
- (1) These shares are held in a trust for the benefit of the reporting person's spouse. The reporting person and the reporting person's spouse are trustees of the trust.
- (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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.