Edgar Filing: REGENERON PHARMACEUTICALS INC - Form 4

REGENERON PHARMACEUTICALS INC

Form 4

Stock

November 04, 2014

FORM	ЛД								OMB AF	PROVAL		
	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check to if no lor	200								Expires:	January 31		
subject		MENT OF	CHAN			ICIA	AL OWN	NERSHIP OF	Estimated a	2005 verage		
	Section 16. Form 4 or				RITIES				burden hours per response			
Form 5 obligation may con See Inst 1(b).	ons ntinue. Section 170	(a) of the I	Public U		ding Co	npan	y Act of	e Act of 1934, 1935 or Section 0	·	3.0		
(Print or Type	Responses)											
1. Name and Address of Reporting Person * SCHLEIFER LEONARD S			2. Issuer Name and Ticker or Trading Symbol REGENERON PHARMACEUTICALS INC [REGN]					5. Relationship of Reporting Person(s) to Issuer				
								(Check all applicable) _X_ Director 10% Owner				
(Last)				of Earliest Transaction /Day/Year)				X Officer (give title Other (specify below) President & CEO				
777 OLD S ROAD	SAW MILL RIVE	ER	10/31/2	014				1100	ident & CEO			
	(Street)	` '			nendment, Date Original (onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
TARRYTO	OWN, NY 10591							Form filed by M Person				
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secu	rities Acq	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A)			d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	10/31/2014			S(1)	3,453	D	400.11 (2)	87,904	D			
Common								5 (50	T	By 401(k)		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control

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5,650

Plan

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number.

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	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Da	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	TC:41	or		
						Exercisable	Date		Number		
				G 1 17	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
SCHLEIFER LEONARD S						
777 OLD SAW MILL RIVER ROAD	X		President & CEO			

Signatures

/s/**Leonard S. 11/04/2014 Schleifer Date

**Signature of Reporting Person

TARRYTOWN, NY 10591

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) Disposition/acquisition made pursuant to a plan intended to comply with Rule 10b5-1(c).
- Represents volume-weighted average price of sales of 3,453 shares of Company stock on October 31, 2014 at prices ranging from (2) \$400.00 to \$400.59. Upon request by the Commission staff, the Company, or a security holder of the Company, the reporting person will provide full information regarding the number of shares sold by the reporting person on October 31, 2014 at each separate price.

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.

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