### Edgar Filing: STAHL NEIL - Form 4

STAHL NEI	L									
Form 4										
December 14	4, 2018									
<b>FORM</b>	FORM 4 LINUTED STATES SECURITIES AND EXCHANCE COMMISSION							PPROVAL		
. •	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OND	3235-0287		
Check the	is box		vva	snington	, D.C. 20	1549		Number: Expires:	January 31,	
if no longer				IANGES IN BENEFICIAL OWNERSHIP OF					2005	
subject to	)			SECURITIES				Estimated		
Section 16. Form 4 or				bleer			burden hours per response 0.!			
Form 5						nge Act of 1934,	•	. 0.0		
obligation may cont	ns Section 17(						of 1935 or Secti			
See Instru		30(h)	of the In	nvestment	t Compar	ny Act of 1	940			
1(b).										
(Print or Type I	Responses)									
1 Name and A	ddress of Reporting	Person *	2 Loon	n Nama an	d Tieker or	Trading	5. Relationship	of Reporting Per	son(s) to	
1. Name and Address of Reporting Person *       2.         STAHL NEIL       Sym				er Name <b>an</b> o	u Tickei oi	Traunig	Issuer			
F			REGENERON							
			PHARMACEUTICALS INC				(Check all applicable)			
			[REGN	1]			Director	109	% Owner	
(Last)	(First) (	Middle)	3. Date of	of Earliest T	ransaction		Officer (gi	ve title Oth	ner (specify	
			(Month/	Day/Year)			below) EVP Rese	below) earch and Devel	opment	
	AW MILL RIVE	R	12/12/2	2018					-1	
ROAD										
(Street) 4. ]			4. If Am	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
			Filed(Mo	onth/Day/Yea	r)		Applicable Line)			
	W/NT NIX/ 10501						_X_ Form filed by Form filed by	More than One R		
TAKKTIO	WN, NY 10591						Person		1 0	
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date	2A. Deem	ed	3.	4. Securit	ies	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)		TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)		Securities	Form: Direct	Indirect		
(Instr. 3)							Beneficially Owned	(D) or Indirect		
				(Instr. 8)	(Instr. 5, 2	+ and 3)	Following	(I) (Instr. 4)	Ownership (Instr. 4)	
						(A)	Reported	. ,	. ,	
						or	Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D) Price	(insu: 5 allu 4)			
Reminder: Rep	ort on a separate line	for each cl	ass of sec	urities benet	ficially ow	ned directly o	or indirectly.			

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	rcise any Code of (Month/Day/Year) (Inst ative			5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 381.4	12/12/2018		А	20,000	<u>(1)</u>	12/12/2028	Common Stock	20,0

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
STAHL NEIL 777 OLD SAW MILL RIVER ROAD TARRYTOWN, NY 10591			EVP Research and Development			

### Signatures

/s/\*\*Neil Stahl 12/13/2018

<u>\*\*</u>Signature of Reporting Person Date

# **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) The stock option award 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.