### Edgar Filing: REGENERON PHARMACEUTICALS INC - Form 4

#### REGENERON PHARMACEUTICALS INC

Form 4

August 15, 2008

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

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if no longer subject to Section 16. Form 4 or

Check this box

**SECURITIES** Form 5 obligations

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

GOLDSTEIN JOSEPH L

Symbol REGENERON

PHARMACEUTICALS INC

[REGN]

(Last)

(First)

(Middle)

3. Date of Earliest Transaction

X\_ Director Officer (give title

10% Owner Other (specify

777 OLD SAW MILL RIVER

ROAD

(Street) 4. If Amendment, Date Original

(Zip)

Filed(Month/Day/Year)

(Month/Day/Year)

08/11/2008

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

D

TARRYTOWN, NY 10591

(City) (State)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Month/Day/Year)

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

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A)

Reported Transaction(s)

(Instr. 3 and 4) Price

3,000

Common Stock

08/11/2008

Code V Amount (D)  $\mathbf{C}$ \$0 3,000

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SEC 1474 (9-02)

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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5. Number out Derivation Securities Acquired (A) or Disposed (D) (Instr. 3, 4 and 5) | ive Ex (N | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |  | 8. Price<br>Deriva<br>Securit<br>(Instr. |
|---|---|--------------------------------------|---|--|--|-----------|--|--------------------|---|--|--|
|   |   |                                      |   | Code V                                 | (A) (D   | E         | Date<br>Exercisable  | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |  |
| Class A<br>Stock                                    | \$ 0 (1)  | 08/11/2008                           |   | C                                      | 3,00   | 00        | <u>(1)</u>   | <u>(1)</u>         | Common<br>Stock   | 3,000                                  | <u>(1)</u>                               |

# **Reporting Owners**

Relationships Reporting Owner Name / Address 10% Owner Officer Other Director

GOLDSTEIN JOSEPH L 777 OLD SAW MILL RIVER ROAD X TARRYTOWN, NY 10591

# **Signatures**

By: /s/\*\*Stuart Kolinski For: /s/\*\*Joseph L. 08/15/2008 Goldstein

> \*\*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) Exercisable date, exercise date, exercise price, purchase price, sales price, and/or expiration date is not applicable in this case.

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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