## Edgar Filing: REGENERON PHARMACEUTICALS INC - Form 4

### REGENERON PHARMACEUTICALS INC

Form 4

December 18, 2014

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB** 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations 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 \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading McCorkle Douglas S Issuer Symbol REGENERON (Check all applicable) PHARMACEUTICALS INC [REGN] Director 10% Owner Other (specify X\_ Officer (give title (Last) (First) (Middle) 3. Date of Earliest Transaction below) (Month/Day/Year) VP Controller and Asst Treasur 777 OLD SAW MILL RIVER 12/17/2014 ROAD (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting TARRYTOWN, NY 10591 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Transaction(A) or Disposed of (D) Form: Direct Indirect Security (Month/Day/Year) Execution Date, if Securities (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 8) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Amount (D) Price Code Common 12/17/2014 D M 2.800 7,481 30.63 Stock Common By 401(k) 4,098 Ι Stock Plan Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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information contained in this form are not

required to respond unless the form displays a currently valid OMB control

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**SEC 1474** 

(9-02)

**OMB APPROVAL** 

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

| 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<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |         | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                    | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) |  |
|---|---|---|---|---|---------|--|--------------------|---|--|
|   |   |   |   | Code V  | (A) (D) | Date<br>Exercisable                                      | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |
| Incentive<br>Stock<br>Option<br>(right to<br>buy)   | \$ 30.63  | 12/17/2014                              |   | M   | 2,800   | <u>(1)</u>   | 12/14/2020         | Common<br>Stock   | 2,800                                  |

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

McCorkle Douglas S 777 OLD SAW MILL RIVER ROAD TARRYTOWN, NY 10591

VP Controller and Asst Treasur

# **Signatures**

/s/\*\*Douglas S.
McCorkle

12/18/2014

\*\*Signature of Re

Date

\*\*Signature of Reporting
Person

## **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 (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.

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