FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Kramer Robin						2. Issuer Name and Ticker or Trading Symbol BIOGEN INC. [BIIB]									ck all appli Directo	cable)	g Person(s) to Iss 10% O Other (s		wner
(Last) (First) (Middle) 225 BINNEY STREET						3. Date of Earliest Transaction (Month/Day/Year) 02/17/2023									below)		untin	below)	респу
(Street) CAMBRIDGE MA 02142 (City) (State) (Zip)					- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
1 Title of	Coourity (Inc		le I - No	n-Deriv			Curitie		quired	d, Dis	sposed (y Owned		6.0	vnership	7. Nature
Date					Day/Yea	r) E	Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) Securiti Benefici Owned	ies Forn cially (D) o Following (I) (Ir ed ction(s)		n: Direct or Indirect nstr. 4)	of Indirect Beneficial Ownership
											Amount	(A) (D)	or Pr	rice	Reporte Transac (Instr. 3				(Instr. 4)
Common Stock 02/17/2						023			М		512	A		\$ 0	3,84	3.7483		D	
Common Stock 02/17/2					/2023	023			F		238	Γ	\$2	278.38	3,33	1.7483		D	
		1	able II -								oosed of converti	•		-	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deen Executio if any (Month/D	n Date,	4. Transa Code (8)		n of		6. Date Exercisa Expiration Date (Month/Day/Yea		е	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or	ount mber ares					
Restricted Stock Unit	\$0	02/17/2023			M			512	(1)		02/18/2024	Commo Stock	ⁿ 5	12	\$0	1,422		D	
Restricted Stock Unit	\$0	02/17/2023			J (2)			454	(1)		02/18/2024	Commo	n 4	54	\$0	968		D	

Explanation of Responses:

1. This award was granted to the reporting person on February 18, 2021. The number of RSUs reported represented the maximum possible number of shares that were eligible for vesting, which is 200% of the 1. This award was grainted to the reporting person on February 16, 2021. The number of so2s reported the maximum possible number of shares at target payout. One-third of these RSUs are eligible to vest on each of the first three anniversaries of the grant date. The actual number of shares that will vest on each vesting date will be determined by comparing the price of Biogen common stock on such vesting date to the price on the grant date (i.e., number of vested shares = number of shares at target payout times [the 30-day average] closing stock price ending on the vesting date divided by the 30-day average closing stock price following and including the grant date]).

2. This represents the difference between the maximum possible number of shares that were eligible for vesting and the actual number that vested.

/s/ Wendell Taylor, attorney-infact for Robin Kramer

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.