FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL
OMB Number:	3235-0287
Estimated average burd	en
hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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

1. Name and Address of Reporting Person* McKenzie Paul						2. Issuer Name and Ticker or Trading Symbol BIOGEN INC. [BIIB]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) BIOGEN	INC.	rst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/01/2018									X Officer (give title Other (spec below) below) EVP Pharmaceutical Oper & Tech						
225 BINNEY ST.							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)	IDGE M	A	02142		_									X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Si	tate)	(Zip)											1 01301						
		Tab	le I - No	n-Deriv	/ative	e Se	curit	ies Ac	quired	, Dis	posed o	f, or Be	neficia	lly Owned	k					
				2. Transa Date (Month/E		Execution Date (/Year) if any		xecution Date, any		Transaction Dispose Code (Instr.		rities Acquired (A) ed Of (D) (Instr. 3, 4		Benefic Owned	es ially Following	Form:	Direct Indirect Str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 03.					/2018	3			F		405	D	\$282.	35 4,00	5 4,006.819		D			
Common Stock 03					/2018	/2018					532	A	\$0	4,53	4,538.819		D			
Common Stock 03/					/2018	/2018		F		237	D	\$282.	35 4,30)1.819		D				
		1	Table II -								osed of, converti			/ Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/Da	n Date,	4. Transa Code (8)				6. Date Exercis Expiration Date (Month/Day/Yea		е	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e C s Ily D o (I	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	Amount or Number of Shares							
Restricted Stock Unit	\$0	03/01/2018			M			532	(1)		03/01/2019	Common Stock	532	\$0	1,160		D			
Restricted Stock Unit	\$0	03/01/2018			J			312 ⁽²⁾	(1)		03/01/2019	Common Stock	312	\$0	848		D			

Explanation of Responses:

- 1. The number of RSUs reported represents the maximum possible number of shares that are eligible for vesting, which is 200% of the 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 on 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/ Suzanne Murray, Attorney in Fact for Paul McKenzie

03/05/2018

** 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.