FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

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*  Voyantage Michael						2. Issuer Name and Ticker or Trading Symbol BIOGEN INC. [BIIB]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Vounatsos Michel</u>					-								X Directo	or	10% Owne		vner		
(Last) (First) (Middle)				3. [	Date of Earliest Transaction (Month/Day/Year)									Officer (give title below)		Other (s	specify		
BIOGEN INC.						/15/2	2020						C	Chief Executive Officer					
225 BINNEY ST.																			
					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)												- 1	Line) X Form filed by One Reporting Person						
CAMBRIDGE MA 02142												Form filed by More than One Reporting							
(City) (State) (Zip)												Person							
		Tal	ble I - Non	ı-Deriv	vativ	e Se	curi	ties Ac	quired,	Dis	posed o	f, or Be	neficial	ly Owned					
Dat					. Transaction pate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispos				ed (A) or str. 3, 4 and	Benefici Owned F	es ally Following	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o	Price	Reported Transact (Instr. 3	on(s)			(Instr. 4)	
Common Stock 02/15					5/202	/2020		M		4,847	4,847 A		33,77	33,775.321		D			
Common Stock 02/15/					5/202	/2020		F		2,150 D		\$333	31,625.321			D			
			Table II - I (								osed of, onvertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion or Exercise (Month/Day/Year) Exec if any (Month/Day/Year) (Month/Day/Year)		ate, T	4. Transaction Code (Instr. 8)				6. Date E Expiratio (Month/I	n Dat			of s ng e Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(a)			
Restricted Stock Unit	\$0	02/15/2020			M			4,847	(1)		02/15/2020	Commor Stock	4,847	\$0	3,65	7	D		
Restricted Stock Unit	\$0	02/15/2020			J		П	3,657 <sup>(2)</sup>	(1)		02/15/2020	Commor Stock	3,657	\$0	0		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 Michel Vounatsos

02/19/2020

\*\* 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.