FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, E | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| Name and Address of Reporting Person* Singhal Priya | | | | 2. Issuer Name and Ticker or Trading Symbol BIOGEN INC. [BIIB] | | | | | | | | | k all app Direc | tionship of Reporti all applicable) Director Officer (give title | | 10% O | | | | |
|--|---|--|--------------|--|------------------------------|--|---|--|--|-----|--------------------|---|--------------------|---|--|---|---|-----------|---------------------------------------|--|
| (Last) 225 BIN | (Fi | rst) (M | /liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2023 | | | | | | | | | below | below) Head of D | | below) | specify | |
| (Street) CAMBR (City) | | | 2142 Zip) | | 4. If <i>I</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquii Disposed Of (D) (In 5) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | | v | Amount | (A) or (D) | | Price | Transa | ction(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 01/25/2 | | | | 2023 | | | A | | 1,123(1) |) A | | \$ <mark>0</mark> | 2,652.3923 | | | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | med on Date, Day/Year) | 4. Transa Code (8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | vative irities ired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Str. | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Ownership | Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | of Shar | | | | | | | |

Explanation of Responses:

1. Represents shares earned upon satisfaction of certain performance conditions associated with performance stock units granted on March 2, 2020. The shares will vest on March 2, 2023.

/s/ Wendell Taylor, attorneyin-fact for Priya Singhal

01/27/2023

** 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.