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 | | | | |
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| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| ı | 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

| 1. Name and Address of Reporting Person* DORSA CAROLINE | | | | | | 2. Issuer Name and Ticker or Trading Symbol BIOGEN IDEC INC. [BIIB] | | | | | | | | | | p of Reporting blicable) ctor | | S Owner | |
|--|---|--|---------------|--|---|---|---|---|------------------|--|--------------------|-----------------------|--|---|--|--|--|---|--|
| BIOGEN IDEC INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/18/2010 | | | | | | | | | Office | er (give title w) | Oth belo | er (specify w) | |
| 14 CAMBRIDGE CENTER | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) CAMBRIDGE MA 0214 | | |)2142 | 2 | | | | | | | | | | | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Yea | | i, T | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Di Of (D) (Instr. 3, 4 and 5) | | | Secur Benef Owne | | ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership | | |
| | | | | | | | | c | Code V | | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 06/18/201 | | | | | 10 |) | | | P ⁽²⁾ | | 203 | A | \$49.145 | 9.1459(1)(3) | | 7,493 | 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) | Exec if an | Deemed uution Date, y hth/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exp | Date Exe Diration I Onth/Day | | Secu Unde Deriv | unt of rities rlying ative rity (Instr. 3) | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exe | e ercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- 1. Full information regarding the number of shares purchased at each separate price will be provided upon request by the SEC staff, the issuer, or a security holder of the issuer.
- $2.\ Purchase\ pursuant\ to\ a\ trading\ plan\ intended\ to\ comply\ with\ Rule\ 10b5-1\ of\ the\ Securities\ Exchange\ Act\ of\ 1934.$
- 3. This represents the weighted average price for shares purchased at a range between \$49.10 (low) and \$49.72 (high).

<u>Aras Lapinskas, Attorney in</u> <u>Fact for Caroline D. Dorsa</u>

06/21/2010

** 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.