## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
notruction 1/h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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*     Sandrock Alfred						2. Issuer Name and Ticker or Trading Symbol BIOGEN INC. [ BIIB ]									k all appli Direct	or r (give title	g Per	son(s) to Iss 10% Ov Other (s below)	vner		
(Last) (First) (Middle) BIOGEN INC. 225 BINNEY STREET							3. Date of Earliest Transaction (Month/Day/Year) 02/23/2016									EVP CMO Neuro & Neurodegenerat					
(Street) CAMBR (City)			02142 (Zip)		4. If										dividual or Joint/Group Filing (Check Applicable )  K Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	le I - No	n-Deriv	ative	e Se	curiti	es Ac	quired	, Dis	posed	of, or Be	enefic	ially	Owne	d					
Date							2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and 5) Securit Benefic Owned		es ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 02/23				02/23/	2016	2016			М		347	347 A		\$ <mark>0</mark>	8,337		D				
Common	Stock			02/23/	2016				F		164	D	\$25	8.99	99 8,173			D			
		Т	able II -									, or Ben ble sec			wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	Date,	4. Transactior Code (Instr. 8)		n of		6. Date E: Expiratio (Month/D	n Date	!	Amount of Securities Underlying Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of erivative ecurity astr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		expiration Date	Title	Amou or Numb of Share	er							
Restricted Stock Unit	\$0	02/23/2016			M			347	(1)	0	2/23/2018	Common Stock	347	,	\$0	2,763		D			
Restricted Stock Unit	\$0	02/23/2016			<b>J</b> (2)			689	(1)	0	2/23/2018	Common	689		\$0	2,074	1	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 Idec 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.

Matthew S. Gilman, Attorney in Fact for Alfred W. Sandrock 02/25/2016

<u>Jr.</u>

\*\* 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.