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							
l	Estimated average burden								
l	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*							2. Issuer Name and Ticker or Trading Symbol BIOGEN IDEC INC [ BIIB ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
MULLEN JAMES C						DIOCERTIDEO IITO [ DIID ]										X	Directo	or		10% Ov	vner		
(Last)	Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)										Officer (give title below)		Other (s below)		specify		
14 CAM		09/27/2004											CEO & President										
(Street)	4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable Line)										
CAMBRIDGE MA 02142																	X Form filed by One Reporting Person						
(City) (State) (Zip)																Form filed by More than One Reporting Person					rting		
(City)	(3		(Zip)		ļ																		
		Tab	le I - No	n-Deriv	ative	Se	curit	ies Ac	qui	red, I	Disp	osed c	of, or	r Ben	eficia	lly C	Owned	t c					
Da					2. Transaction Date Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr.						5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
						С	ode	v	Amount		(A) or (D)	Price			nsaction(s) tr. 3 and 4)			(Instr. 4)					
Common	09/27	7/2004					M		5,500		A	\$11.	73	12	12,675		D						
Common	09/27	7/2004				1	S <sup>(1)</sup>		4,500	)	D	\$59	.5	8,	8,175		D						
Common Stock 09/27										S <sup>(1)</sup>		1,000		D	\$60		7,175		D				
Common	Stock													94	,252		D						
		T	able II -														vned						
				(e.g., p	uts,	call	s, wa	ırrants	s, op	otion	s, c	onverti	ble s	secui	rities)								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Fransactior Code (Instr 3)				6. Date Exercisa Expiration Date (Month/Day/Year				7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			Dei	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				c	Code	v	(A)	(D)	Date Exer	cisable		Expiration Date	Title		Amount or Number of Shares	er							
Stock Option (right-to-	\$11.73	09/27/2004			M			5,500		(3)	09	9/22/2005	Com		5,500		(2)	7,175		D			

## **Explanation of Responses:**

- 1. Sale pursuant to a trading plan intended to comply with Rule 10b5-1 of the Securities Exchange Act of 1934.
- $2. \ Granted \ under \ one \ of \ the \ Issuer's \ stock \ option \ plans, \ in \ an \ exempt \ transaction \ under \ SEC \ rule \ 16(b)-3(d).$
- 3. The stock option became exercisable in six (6) equal annual installments, commencing one year after the grant date of 09/22/95.

## Remarks:

By: Benjamin S. Harshbarger; For: James C. Mullen

\*\* 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.