FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person* <u>Artavanis-Tsakonas Spyridon</u>						2. Issuer Name and Ticker or Trading Symbol BIOGEN INC. [BIIB]										heck	all appli Directo	cable)	ıg Per	rson(s) to Is 10% O Other (wner	
(Last) BIOGEN	(First) (Middle) EN INC.					3. Date of Earliest Transaction (Month/Day/Year) 04/02/2015										X	below)			below)		
225 BINNEY STREET					4 If	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street)	IDGE N	ЛA			4. II Ameriament, Date of Original Filed (Month/Day/Year)										ie) X	Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(:	State)	(Zip)														Perso	11				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,		Co	Transaction Disposed Of (D) (Instr. 3, 4				15)	Securities Beneficially Owned Following		Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership							
					Cod	de V	-	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)					
Common Stock 04/02/2					2015		N			975		A	\$0		2,134.015			D				
Common Stock 04/02/					2015		F			460		D	\$412.44		1,674.015			D				
		Т	able II -	Derivat (e.g., p												y Ο\	vned					
1. Title of Derivative Security (Instr. 3)	erivative contesion of Exercise (Month/Day/Year) Price of Derivative Security Date (Month/Day/Year) If any (Month/Day/Year) Month/Day/Year) Execution Date, if any (Month/Day/Year) Month/Day/Year) 8)		Transac Code (Ir	nstr.	or of Equivative (I) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expira (Montl	Date Exercisable and xpiration Date Month/Day/Year) Tate Expiration Pate Syricisable Date			Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) Amo or Num			ount nber		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

Restricted

Stock Unit

1. The number of RSUs reported represents the maximum possible number of shares that are eligible for vesting, which is 150% of the number of shares at target payout. One-fourth of these RSUs are eligible to vest on each of the first four 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 average 60 calendar-day closing stock price ending on the vesting date divided by the average 60 calendar-day closing stock price on the grant date]).

(1)

04/02/2016

Matthew S. Gilman, Attorney

975

04/03/2015 in Fact for Spyros Artavanis-

Tsakonas

Stock

** 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).

04/02/2015

** 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.