FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | |
|---|------------------------|-----------|--|--|--|
| | OMB Number: | 3235-0287 | | | |
| l | Estimated average burd | en | | | |
| 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* SCHENK LYNN | | | | | | 2. Issuer Name and Ticker or Trading Symbol BIOGEN IDEC INC [BIIB] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|--|------|---|----------|---|--|---|--------|--|--------|---|---|-----------------------|---|---|---|---|--|
| | | | | | | | | | | | | | | X | Direc | ctor | 10% | Owner |
| (Last) 14 CAM | (I BRIDGE (| | 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2006 | | | | | | | | | Offic belov | er (give title w) | Othe belov | r (specify v) | | | |
| | | / If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| | | | | | | 01/27/2006 | | | | | | | | Line) | | | | |
| (Street) | | | | - | | | | | | | | | X | Forn | Form filed by One Reporting Person | | | |
| CAMBRIDGE MA 01242 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | on-Deriv | ative | Sec | uritie | s Ac | quired | l, Di | sposed o | f, or B | enefi | cially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3) | | | ed (A) o str. 3, 4 | r and 5) | Secur Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | (A) or (D) | Pric | e | Trans | action(s) 3 and 4) | | (111501.4) | | | |
| Common | Stock | 2006 |)06 | | M | | 2,000 | A | \$3 | 1.0833 | 2 | ,000(1) | 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) | ivative Conversion Date Execution Date (Month/Day/Year) if any | | | on Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Seci (Inst | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Shares | : | | | | |

Explanation of Responses:

1. In the original Form 4, we incorrectly overstated the amount of securities beneficially owned following the reported transaction. This error was repeated in subsequent Form 4s relating to transactions in the same stock options.

Remarks:

By: Daniel Char; For: Lynn Schenk 11/08/2006

** 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.