FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). Se	ee Instruction	10.																		
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol BIOGEN INC. [BIIB]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ALEXANDER SUSAN H										-					ector icer (give t	itlo		Owner		
(Loot)		2 Date of Farlicat Transaction (Marth/Day/Mart)									ow)	ille	Other (specify below)							
(Last) BIOGEN	,	irst) (Middle)	l	3. Date of Earliest Transaction (Month/Day/Year) 11/05/2024									EVP Chief Legal Officer						
	NEY STR	EET																		
					4. If /	Amend	ment,	Date (of Origin	nal File	ed (Month/Da	ıy/Year)	6.	Individua	or Joint/G	roup Fili	ng (Chec	k Applicab	e	
(Street)	mar v												Li	ne) V Fo	rm filed by	One Re	porting P	erson		
CAMBR	IDGE M	IA ()2142											Fo	rm filed by					
(City)	(S	tate) (Zip)											Pe	rson					
		Table	1 - No	on-Deriva	tive	Secu	rities	Acc	quirec	d, Dis	sposed of	, or B	enefic	ally Ov	ned					
1. Title of Security (Instr. 3)			Date (Month/Day/Year) i		2A. Deemed Execution Date, r) if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie Disposed C				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) or (D)	Price	Transa	nsaction(s) etr. 3 and 4)			(Instr. 4)				
Common	Stock			11/05/20	024				G ⁽¹⁾		20,082	2 D \$0 31,601 D								
																		Susan H		
G 94 1			11/05/20	124			$G^{(1)}$ 20,082		20.082	١,	\$0	20.082		I		Alexand	er			
Common Stock			11/05/2024				Ger		20,082 A \$		Ψ0	20,082		1		Irrevocal	ole			
																	Trust			
		Та	ble II								osed of,				ed	,	<u> </u>			
				(e.g., pu	ıts, ca	alls, v	warra	ants,	optio	ons,	convertib	le se	curities	5)						
Derivative Conversion Date Exe Security or Exercise (Month/Day/Year) if ar						action (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)	e derivati Securit Benefic Owned Followi Reporte Transae	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		11. Na of Ind Benet Owne (Instr.	irect icial rship		
			Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares									

Explanation of Responses:

1. This transaction involved a gift of securities by the reporting person to an irrevocable trust for the benefit of the reporting person's children on November 5, 2024. The reporting person's spouse is the trustee of the trust.

> /s/ Wendell Taylor, attorneyin-fact for Susan Alexander

11/07/2024

** 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.