UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT
PURSUANT TO SECTION 13 OR 15(d) OF
THE SECURITIES EXCHANGE ACT OF 1934

Date of Report (Date of earliest event reported): **November 17, 2016**

BEIGENE, LTD.
(Exact name of registrant as specified in its charter)

Cayman Islands	**001-37686**	**98-1209416**
(State or other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

c/o Mourant Ozannes Corporate Services (Cayman) Limited
94 Solaris Avenue, Camana Bay
Grand Cayman KY1-1108
Cayman Islands
(Address of principal executive offices) (Zip Code)

+1 (345) 949 4123
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 8.01 Other Events.

BeiGene, Ltd. (the "Company") is providing certain business updates in the materials attached as Exhibit 99.1 to this Current Report on Form 8-K and incorporated by reference herein.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	BeiGene, Ltd. materials dated November 2016

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

BEIGENE, LTD.

Date: November 17, 2016

By: /s/ Howard Liang
Name: Howard Liang
Title: Chief Financial Officer and Chief Strategy Officer

Exhibit Index

Exhibit No.	Description
99.1	BeiGene, Ltd. materials dated November 2016

Exhibit 99.1

BeiGene

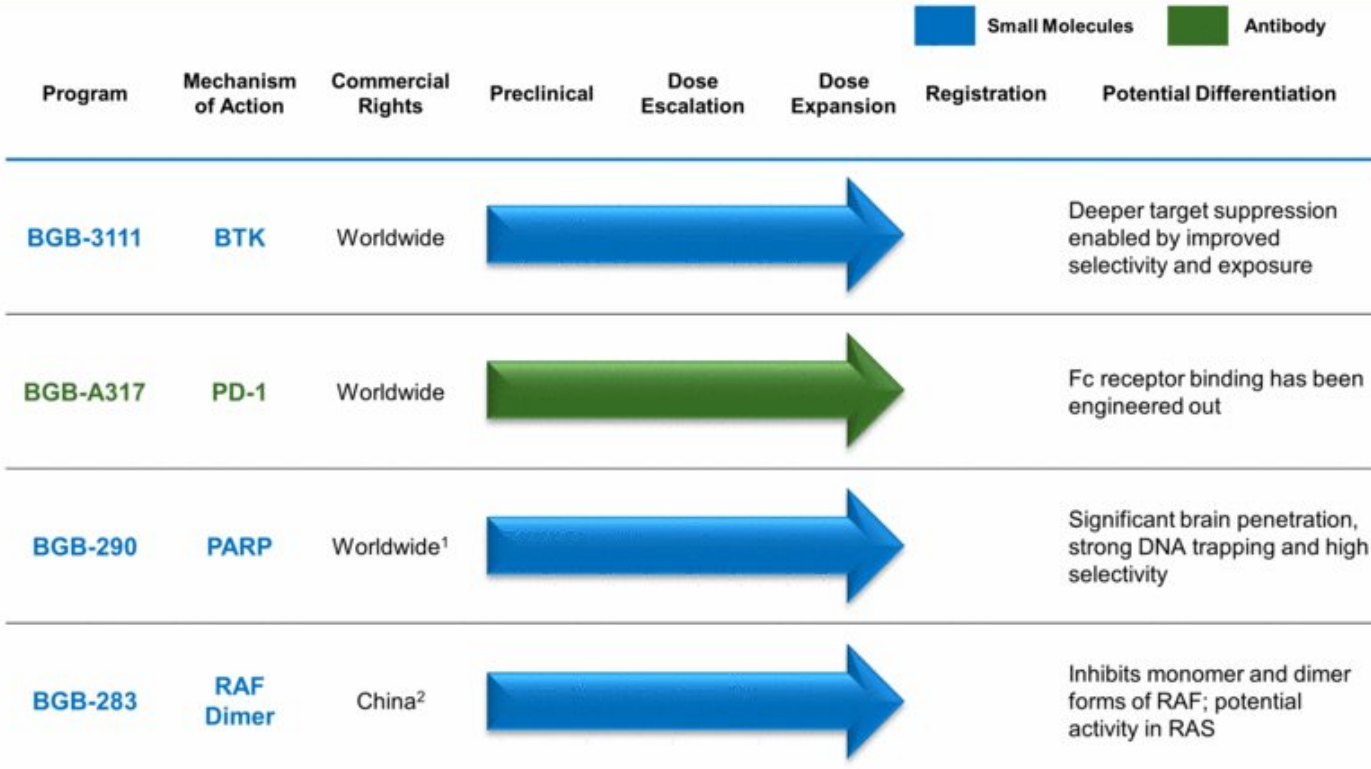
November 2016

Forward Looking Statements

Certain statements contained in this presentation, other than statements of fact that are independently verifiable at the date hereof, may constitute forward-looking statements. Examples of such forward-looking statements include those regarding investigational drug candidates and clinical trials and the status and related results thereto, as well those regarding continuing and further development efforts. Such statements, based as they are on the current analysis and expectations of management, inherently involve numerous risks and uncertainties, known and unknown, many of which are beyond BeiGene's control. Such risks include but are not limited to: the impact of general economic conditions, general conditions in the pharmaceutical industries, changes in the global and regional regulatory environments in the jurisdictions in which BeiGene does business, market volatility, fluctuations in costs and changes to the competitive environment. Consequently, actual future results may differ materially from the anticipated results expressed in the forward-looking statements. In the case of forward-looking statements regarding investigational drug candidates and continuing further development efforts, specific risks which could cause actual results to differ materially from BeiGene's current analysis and expectations include: failure to demonstrate the safety, tolerability and efficacy of our drug candidates, final and quality controlled verification of data and the related analyses, the expense and uncertainty of obtaining regulatory approval, including from the FDA, CFDA and EMA, and the possibility of having to conduct additional clinical trials. Further, even if regulatory approval is obtained, pharmaceutical products are generally subject to: stringent on-going governmental regulation, challenges in gaining market acceptance and competition. These statements are also subject to a number of material risks and uncertainties that are described in BeiGene's filings with the Securities and Exchange Commission. The reader should not place undue reliance on any forward-looking statements included in this presentation. These statements speak only as of the date made, and BeiGene is under no obligation and disavows any obligation to update or revise such statements as a result of any event, circumstances or otherwise, unless required by applicable legislation or regulation.

Broad Pipeline of Internally Discovered Agents

Potentially Differentiated and Rationally Designed Pipeline



In total, over **800** patients and healthy adults[3] treated across 4 programs including combination trials

BeiGene

Note: [1] Limited collaboration with Merck KGaA; [2] Partnered with Merck KGaA outside China; [3] As of November 7, 2016

Combinations in Development

Broad Internal Portfolio Provides Advantages in Combination Therapy

External Combo | Internal Combo

Combination	Mechanism of Action	Planning for Combination	Dose Escalation	Dose Expansion	Registration	Differentiation
BGB-3111 + Gazyva	BTK + CD20					No interference with CD20 antibody activity due to BTK selectivity
BGB-A317 + BGB-290	PD-1 + PARP					Good tolerability due to PARP selectivity; internal combination
BGB-A317 + BGB-3111	PD-1 + BTK					Good tolerability due to BTK selectivity; internal combination

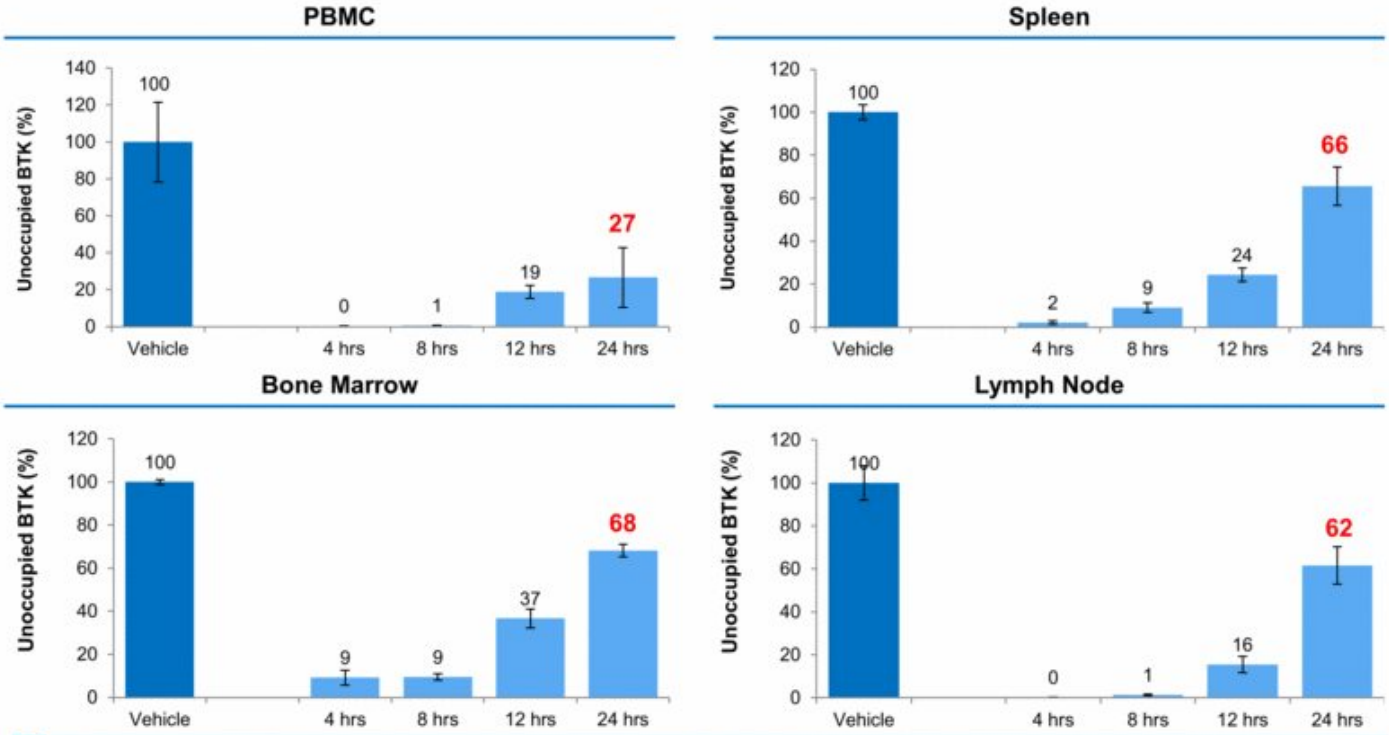
Combination Potential

- We believe we are one of two companies with wholly owned, clinical-stage PD-1 and BTK inhibitors
- We believe we are one of a small number of companies with internal combinations of PD-1 + PARP inhibitors
- Potential for RAF dimer / PD-1 inhibitor combination based on internal data
- Broad preclinical programs target multiple points in the immunity cycle

BGB-3111

Target Inhibition by Ibrutinib in Disease-Relevant Tissues Is Not Sustained

Preclinical models showed significant recovery of target occupancy in disease relevant tissues for ibrutinib



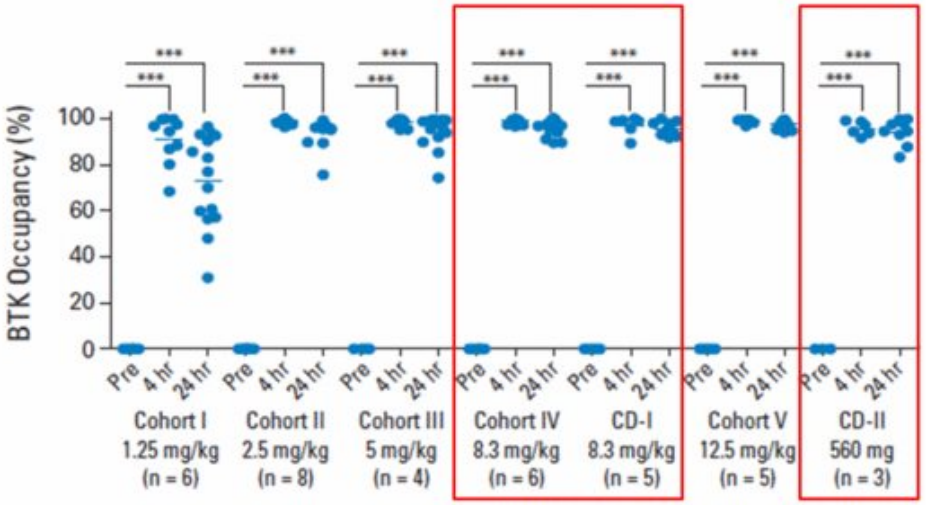
- Better bioavailability and higher exposure of BGB-3111 may allow deeper target suppression in disease-relevant tissues and potentially impact efficacy

Note: PBMC = Peripheral Blood Mononuclear Cell; Source: BeiGene data on file

BGB-3111

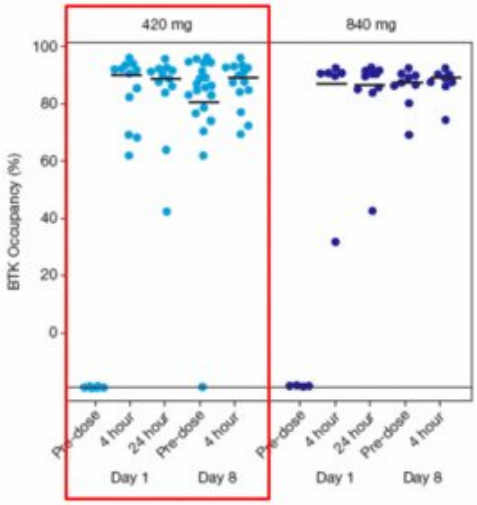
Ibrutinib's Target Inhibition in the Blood Is Borderline at Approved Doses

Ibrutinib in the Blood



Advani *et al.*, JCO, 2013

Ibrutinib in the Blood



Byrd *et al.*, NEJM, 2013

Approved Ibrutinib Doses: 560 mg for MCL; 420 mg for CLL and WM

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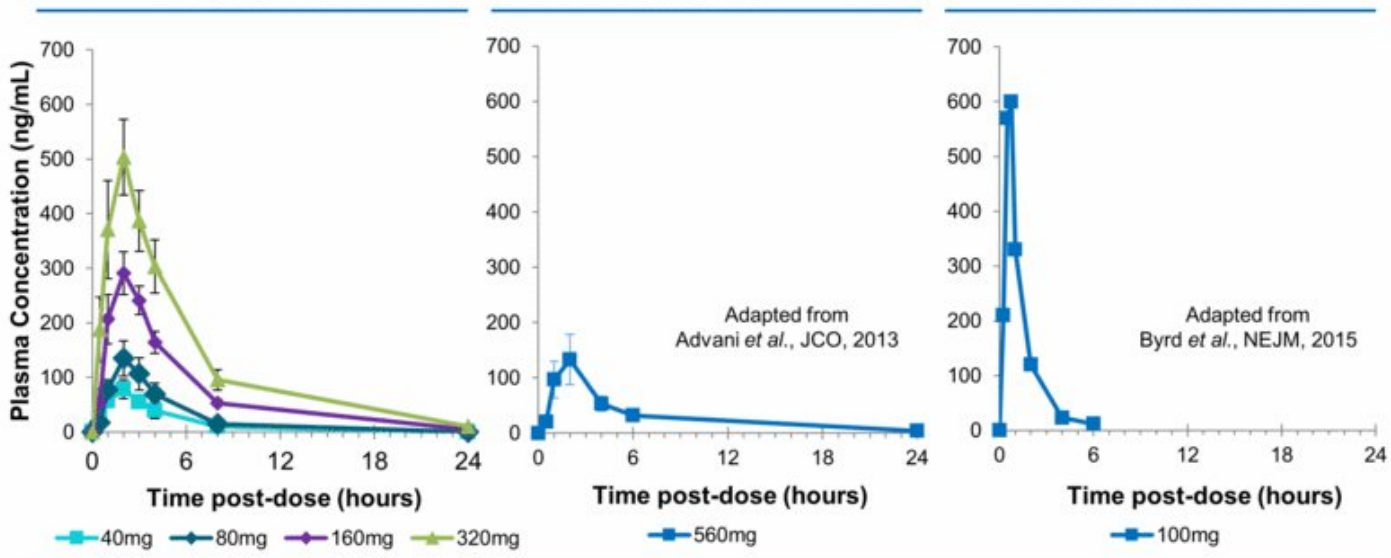
BGB-3111

Greater Drug Exposure in Humans Seen When Compared with Ibrutinib, and Longer Half-life and Greater In Vitro Potency Compared with Acalabrutinib



In Vitro BTK Inhibition IC50 Relative to Ibrutinib		
BGB-3111	**Ibrutinib**	**Acalabrutinib**
1.1[1]	1	3.4[2]–7.2[3]

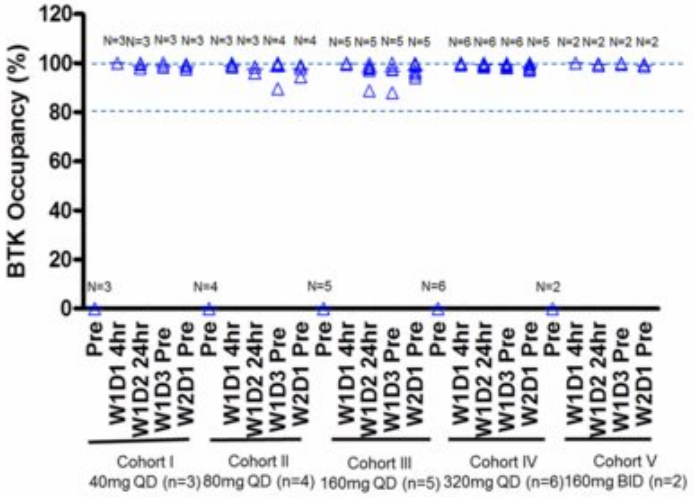
- C_{max} and AUC of BGB-3111 at 80 mg is similar to those of ibrutinib at 560 mg
- Free drug exposure of BGB-3111 at 40 mg is comparable to that of ibrutinib at 560 mg
- Distinct profile compared to acalabrutinib which has a short half-life (1 hour)[2] and lower in vitro potency[1-4]

BeiGene Source: [1] Tam *et al.*, ASH, 2015; [2] Byrd *et al.*, NEJM, 2015; [3] Lannutti *et al.*, AACR, 2015, [4]BeiGene data on file

BGB-3111

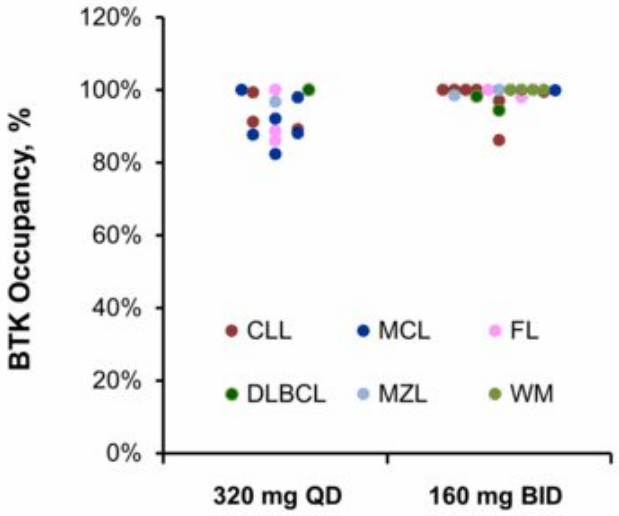
Complete and Sustained BTK Inhibition in Tissues as a Result of High Exposure

PBMC



- Complete BTK inhibition in PBMCs at the starting dose (40 mg)

Lymph Node



- Paired lymph node biopsies were collected during screening or pre-dose on day 3
- Median trough occupancy: 100% (160 mg BID) vs 94% (320 mg QD), p=0.002
- Proportion ≥90% trough occupancy: 94% (160 mg BID) vs 58% (320 mg QD), p=0.027

BeiGene Note: PBMC = Peripheral Blood Mononuclear Cell; Source: Tam *et al.* ASH 2015 and Tam *et al.* 9th IWWM 2016

BGB-3111

Well-Tolerated and Highly Active in R/R CLL/SLL: Phase I Data in CLL

- As of June 10, 2016, 45 patients with chronic lymphocytic leukemia (CLL) / small lymphocytic lymphoma (SLL) have been enrolled in the BGB-3111 first-in-human phase I trial; 29 patients were evaluable
- BGB-3111 was well tolerated:
  - 69% subjects reporting no dose related AE>Gr 1 severity within the first 12 weeks of therapy
  - The most common AEs of any attribution were petechiae / bruising (38%), upper respiratory infection (31%, all Gr 1/2), diarrhea (28%, all Gr 1/2), fatigue (24%, all Gr 1/2), and cough (21%, all Gr 1/2)
  - There are three SAEs (Gr2 cardiac failure, Gr2 pleural effusion and Gr3 purpura) assessed as possibly related to the drug by investigators: Gr3 purpura is the only major bleeding event reported. Three patients had temporary dose interruption for AE, and one discontinued BGB-3111 for AE
- After a median follow-up of 7.5 months (2.9-17.3 months), the response rate is 90% (26/29), with PR in 79% (23/29) and, PR-L in 10% (3/29), SD in 7% (2/29), and non-evaluable response in one patient who discontinued treatment prior to week 12; no instances of disease progression or Richter transformation have occurred
- An updated analysis is currently being conducted for presentation at ASH meeting in December based on data cutoff date of October 3, 2016 and includes an additional 17 patients (all with less than 6 months follow-up). Based on a provisional analysis, which is subject to ongoing data validation, the objective response rate is 93% (43 out of 46 patients). Compared to the analysis for ASH abstract publication, no additional patients have discontinued study treatment for adverse event or progressive disease, and, based on serious adverse event reporting, no new safety signals have been identified.

 Source: Tam *et al.*, ASH 2016 Abstract

BGB-3111

Phase I Data in Waldenström's Macroglobulinemia

- As of September 9, 2016, 41 patients with Waldenström's Macroglobulinemia (WM) have been enrolled in the BGB-3111 first-in–human phase 1
- 24 WM patients are included in this analysis
  - At least 12 weeks follow-up as of June 10, 2016, the data cut-off date
- Median follow-up for evaluable patients= 8.0 months (3.3–21 months)
- MYD88 and CXCR4 sequencing was not included in the original protocol; samples were requested with additional consenting and this analysis is underway
- Only 1 patient has discontinued BGB-3111 (exacerbation of underlying bronchiectasis while in VGPR); remainder of patients remain on study treatment

BGB-3111

Favorable Safety Profile: Adverse Events Independent of Causality in Phase I Trial in WM

BGB-3111 (n=24)	Grade 1-2		Grade 3-4*		All Grade	
	n	%	n	%	n	%
Upper Respiratory Tract Infection	6	25%	0	0%	6	25%
Diarrhoea	6	25%	0	0%	6	25%
Petechiae/ contusion/ bruising	5	21%	0	0%	5	21%
Nausea	5	21%	0	0%	5	21%
Rash	4	17%	0	0%	4	17%
Neutropenia	3	13%	1	4%	4	17%
Constipation	3	13%	0	0%	3	13%
Events of Special Interest						
Atrial Fibrillation	1	4%	0	0%	1	4%
Serious Hemorrhage	0	0%	0	0%	0	0%

*Additional ≥Gr3 events: anemia (n=2), foot fracture, renal artery thrombosis, bronchiectasis, thrombocytopenia, hypertension, cryptococcal meningitis (all n=1)

- The most common AEs in WM pts were Gr1-2 upper respiratory infection (25%), diarrhea (25%), and nausea (21%)
- Two SAEs (Gr2 AF and Gr3 cryptococcal meningitis) were assessed as possibly related to the drug by investigators; in both cases, BGB-3111 was temporarily held but safely resumed
- No serious hemorrhage (≥Gr3 or CNS hemorrhage of any grade) was reported

BGB-3111

Deep Responses in WM: Phase I Trial Efficacy Summary in WM

Measurements	Total
Median follow-up (range)	8.0 months (3.3–21 months)
Best Response*	N = 24
CR	0
VGPR**	8 (33%)
PR	12 (50%)
MR	2 (8%)
SD	2 (8%)
Major Response (≥PR)	20 (83%)
Overall Response (including MR)	22 (92%)
Median IgM reduction (%)	29.9 g/L to 3.0 g/L (90%)
Median Hemoglobin Change	10.1 g/dl to 13.5 g/dl
Lymphadenopathy Reduction by CT (#pts, range)	8/8 (27–100%)

* *Modified Sixth International Workshop on WM (IWWM) criteria*

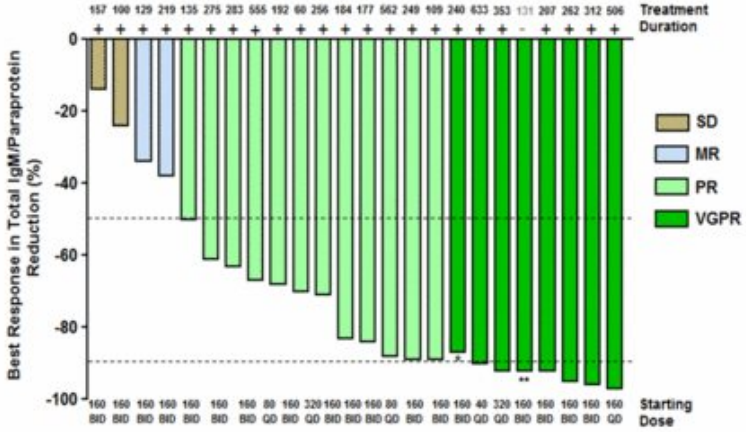
** *≥90% IgM reduction (or normal IgM level) and reduction in extramedullary disease (if present at baseline)*

- The preliminary clinical data demonstrate that BGB-3111 is highly active in WM, with an overall response rate of 92%, including major response in 83% and VGPR in 33%, at a median follow-up time of 8.0 months
- At median follow-up of 8 months (up to 21 months), no disease progression has been observed
- An updated analysis is currently being conducted for presentation at ASH meeting in December based on data cutoff date of October 3, 2016 and includes an additional 8 patients (all with less than 6 months follow-up, median 3.8 months). Based on a provisional analysis, which is subject to ongoing data validation, the major response rate is 78% (25 out of 32 patients), with 34% (11 out of 32 patients) of patients achieving VGPR. Compared to the data presented at the IWWM conference, no additional patients have discontinued study treatment for adverse event or progressive disease, and, based on serious adverse event reporting, no new safety signals have been identified.

BGB-3111

Rapid and Deep Responses in WM and in More Difficult-to-Treat Patients: Phase I Trial in WM

Post-Treatment IgM Reduction (vs. Baseline)*



** IgM level normalized; ** Discontinued due to exacerbation of pre-existing bronchiectasis*

**The degree of reduction in serum IgM level is the basis of response assessment in Waldenstrom's Macroglobulinemia: ≥25% –<50% = minor response; ≥50% –<90% = partial response ; ≥90% –<100% = very good partial response; and absence of clonal IgM = complete response.*

Response by Mutation Status

Genotype*	Best Response				
	CR	VGPR	PR	MR	SD
MYD88^{L265P} (n=12)	0	6 (50%)	5 (42%)	0	1
MYD88^{WT} (n=3)	0	0	1	1	1

** CXCR4 status is available for seven patients (all CXCR4^{wt})*

- Preliminary sequencing data suggest high VGPR rate in patients with the MYD88^{L265P} genotype (6/12) as well as documented response in more difficult-to-treat patients with MYD88^{WT}

BGB-3111

Favorable Response Rate and Depth vs. Ibrutinib^ in WM: Comparison of Response Rates to Historical Data on Ibrutinib with Comparable Follow-Up Time

Molecule (Trial)	BGB-3111 (Phase I)	Ibrutinib (Treon)	Ibrutinib (PCYC-1127)
Trial Size	**24**	63	31
Median Follow-Up	**8.0 months**	6.0 months	7.7 months
Major Response (VGPR)	**83% (33% VGPR)**	57%* (6% VGPR)	65%# (VGPR NR)
MR	**8%**	24%	19%
SD	**8%**	17%	16%
Median IgM Reduction	**90%**	63%	NR

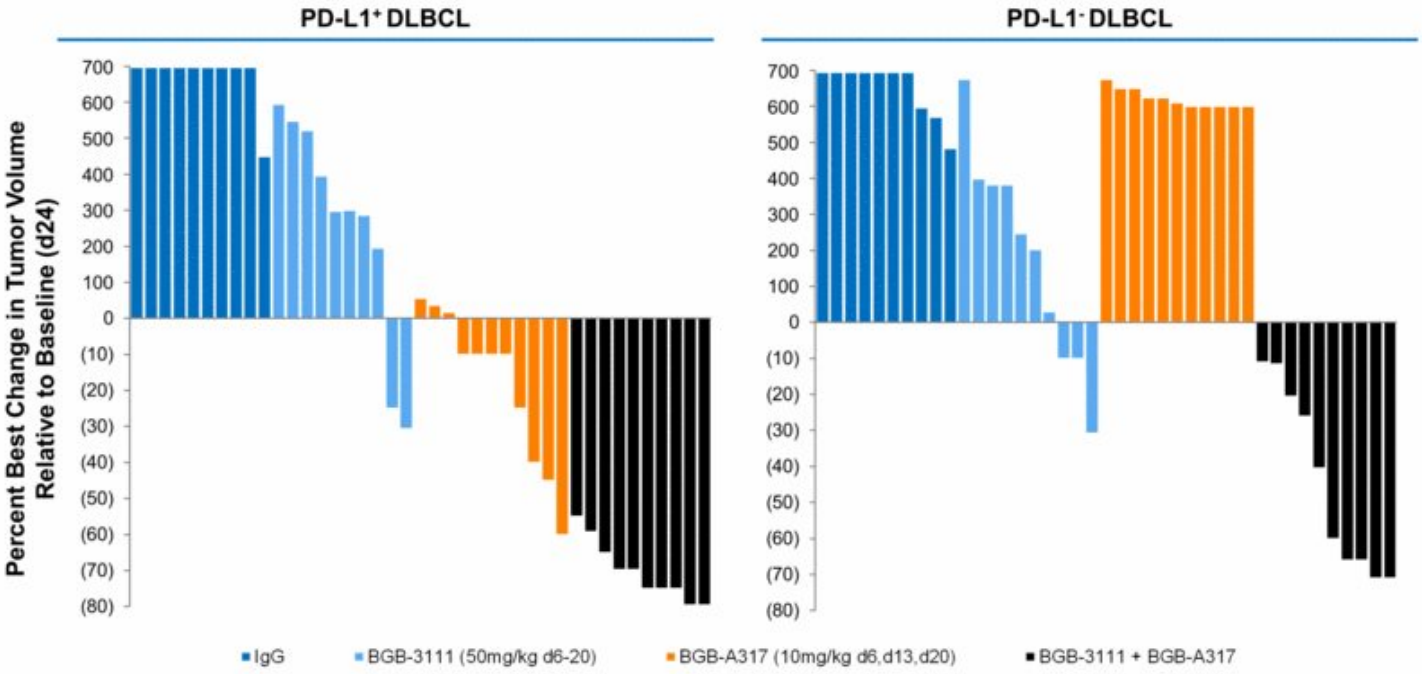
^ Cross-trial comparisons
** Long-term follow-up (median treatment duration 19.1 months): Major RR 73%, VGPR (IgM only) 16%*
 # Long-term follow-up (median follow-up 17.1 months): Major RR 71%, VGPR 13% (modified IWWM-6)
NR = Not Reported

BeiGene Source: Tam *et al*, IWWM, 2016; Treon *et al*, ASH, 2013; Dimopoulos *et al*, Blood, 2015; Treon *et al*, NEJM, 2015; Dimopoulos *et al.*, EHA, 2016

BGB-3111

Strong Rationale to Combine Our BTK and PD-1 Inhibitors

In Primary DLBCL Tumor Models, the Combination of Our BTK and PD-1 Inhibitors Shows Synergistic Effect



- Enhancement of PD-1 antibody activity by a selective BTK inhibitor in both PD-L1-positive and especially in PD-L1-negative DLBCL models

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BGB-A317

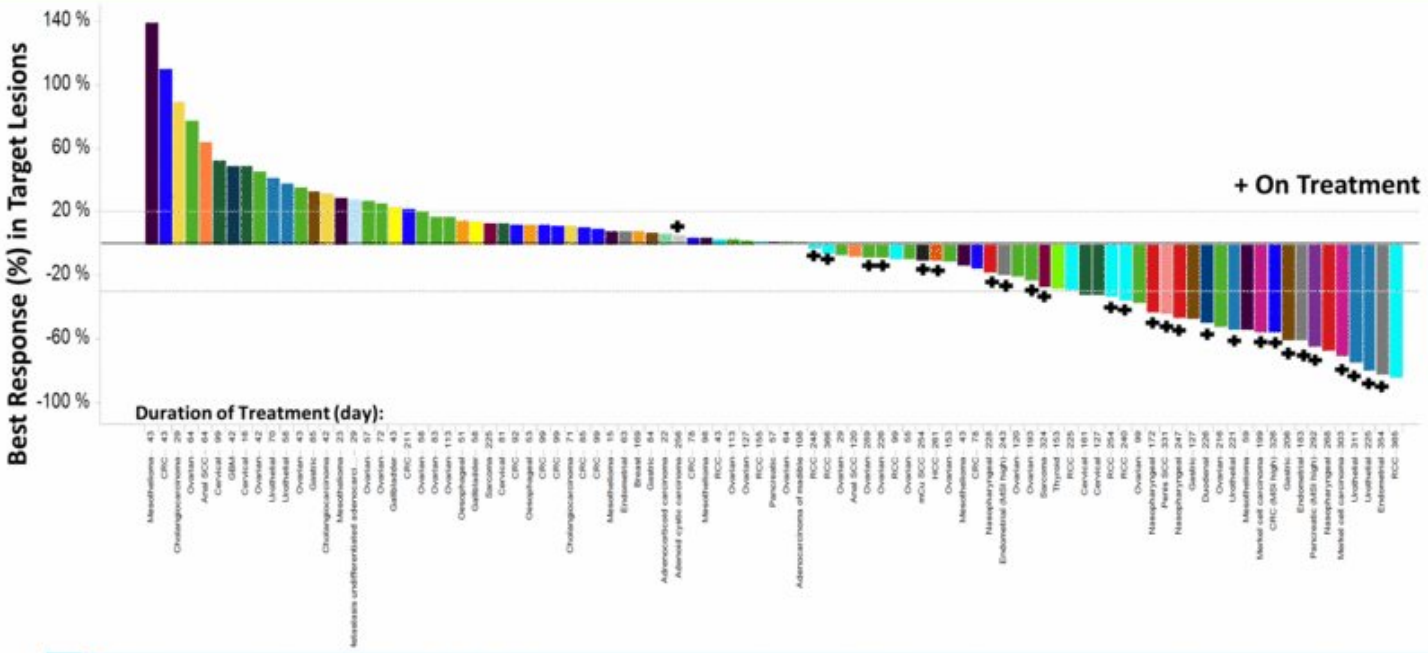
Most Common Treatment-Related Adverse Events

System organ class/Events (≥1%)	All Grade		Grade 3-4	
	n	% (N=103)	n	% (N=103)
General disorders and administration site conditions				
Fatigue	20	19.4%	2	1.9%
Gastrointestinal disorders				
Diarrhea	13	12.6%	0	0%
Nausea	8	7.8%	0	0%
Colitis	4	3.9%	1	1.0%
Skin and subcutaneous tissue disorders				
Pruritus	11	10.7%	0	0%
Rash	11	10.7%	0	0%
Endocrine disorders				
Hypothyroidism	7	6.8%	0	0%
Injury, poisoning and procedural complications				
Infusion related reaction	6	5.8%	0	0%
Investigations				
ALT increased	5	4.9%	1	1.0%
GGT increased	1	1.0%	1	1.0%
Vascular disorders				
Hypotension	2	1.9%	2	1.9%
Metabolism and nutrition disorders				
Hyperglycaemia	2	1.9%	2	1.9%
Diabetes mellitus	2	1.9%	1	1.0%
Diabetic ketoacidosis	1	1.0%	1	1.0%
Respiratory, thoracic and mediastinal disorders				
Pneumonitis	2	1.9%	1	1.0%
Dyspnoea	1	1.0%	1	1.0%
Hypoxia	1	1.0%	1	1.0%
Musculoskeletal and connective tissue disorders				
Back pain	2	1.9%	1	1.0%

BeiGene Source: Phase I data as of September 30, 2016, presented at SITC 2016 (Desai *et al*)

BGB-A317

Best Response in Target Lesions from Baseline



- A mixed patient population of 27 different tumor types was included in this data analyses, in which patients with melanoma, NSCLC or head and neck cancer were not enrolled, and patients with RCC and urothelial carcinoma together represented close to 15% of the enrolled patients
- Ninety-nine patients were evaluable for efficacy assessment as of September 30, 2016, and 15 patients achieved confirmed PRs including 3/9 RCC, 3/6 urothelial carcinoma, 2/4 gastric cancer, 2/2 Merkel cell carcinoma, 1/4 NPC, 1/1 penis squamous cell carcinoma, 1/1 duodenal carcinoma, 1/1 evaluable MSI-h CRC, 1/1 MSI-h pancreatic cancer

BeiGene

Note: Ninety-three pts included in the analyses, the remainder 6 pts were not evaluable for target lesion response
Source: Phase I data as of September 30, 2016, presented at SITC 2016 (Desai *et al*)

BGB-290

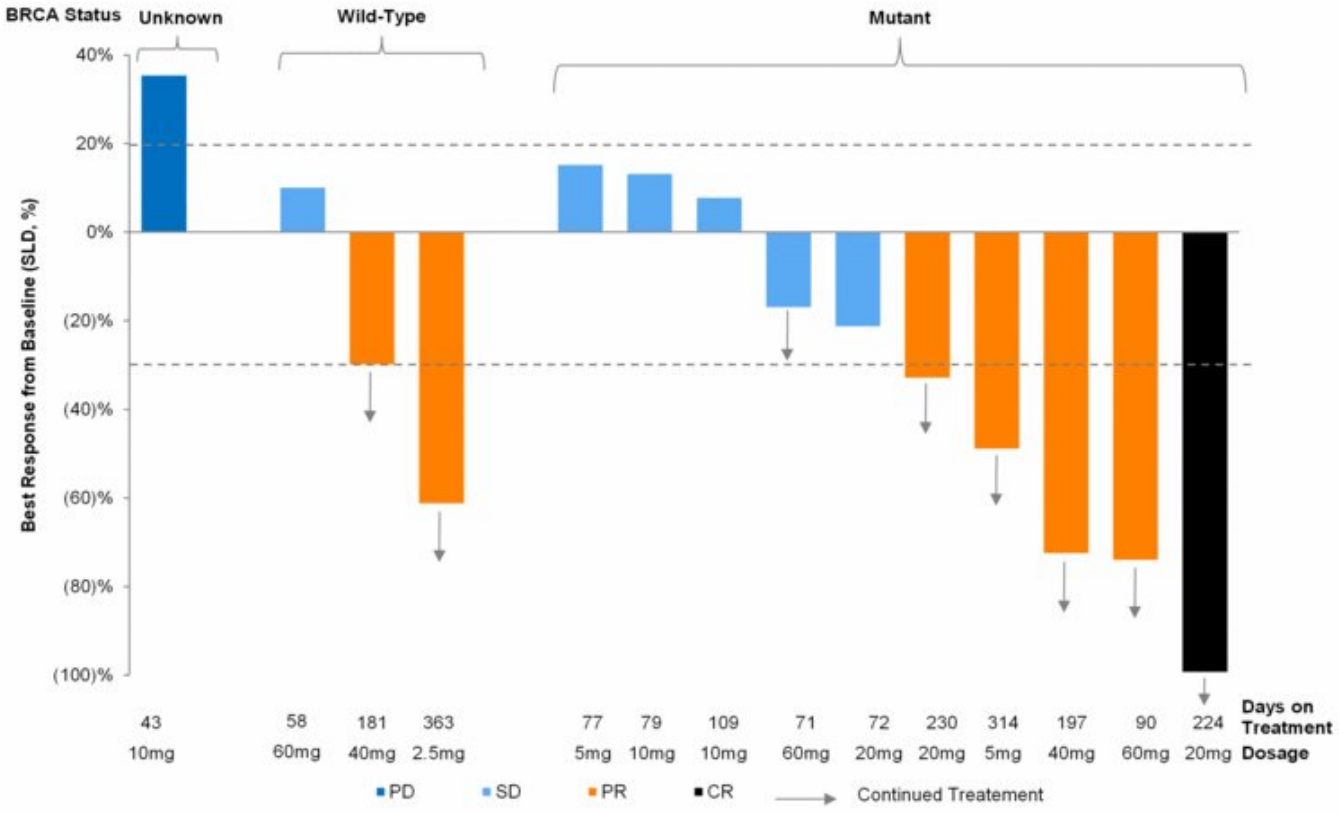
Well Tolerated to Date, with Minimal Drug-related Adverse Events from Dose Escalation Study

	All Grade		Grade 3-4	
Description	**N(pts)**	**%(n=29)**	**N(pts)**	**%(n=29)**
Gastrointestinal Disorders				
Nausea	11	38%	0	
Vomiting	4	14%	0	
Diarrhea	3	10%	0	
Dry Mouth	1	3%	0	
General Disorders and Administration Site Conditions				
Fatigue	8	28%	0	
Nervous System Disorders				
Lethargy	2	7%	0	
Dysgeusia	1	3%	0	
Hypoesthesia	1	3%	0	
Blood and Lymphatic System Disorders				
Neutropenia	2	7%	1	3%
Anaemia	1	3%	1	3%
Thrombocytopenia	1	3%	0	
Metabolism and Nutrition Disorders				
Hypophosphatemia	1	3%	1	3%
Hypokalemia	1	3%	1	3%
Decreased Appetite	1	3%	0	
Vascular Disorders				
Hot Flush	1	3%	0	

 Source: Dose escalation data as of June 30, 2015, presented at AACR-NCI-EORTC 2015 meeting (Lickliter *et al*)

BGB-290

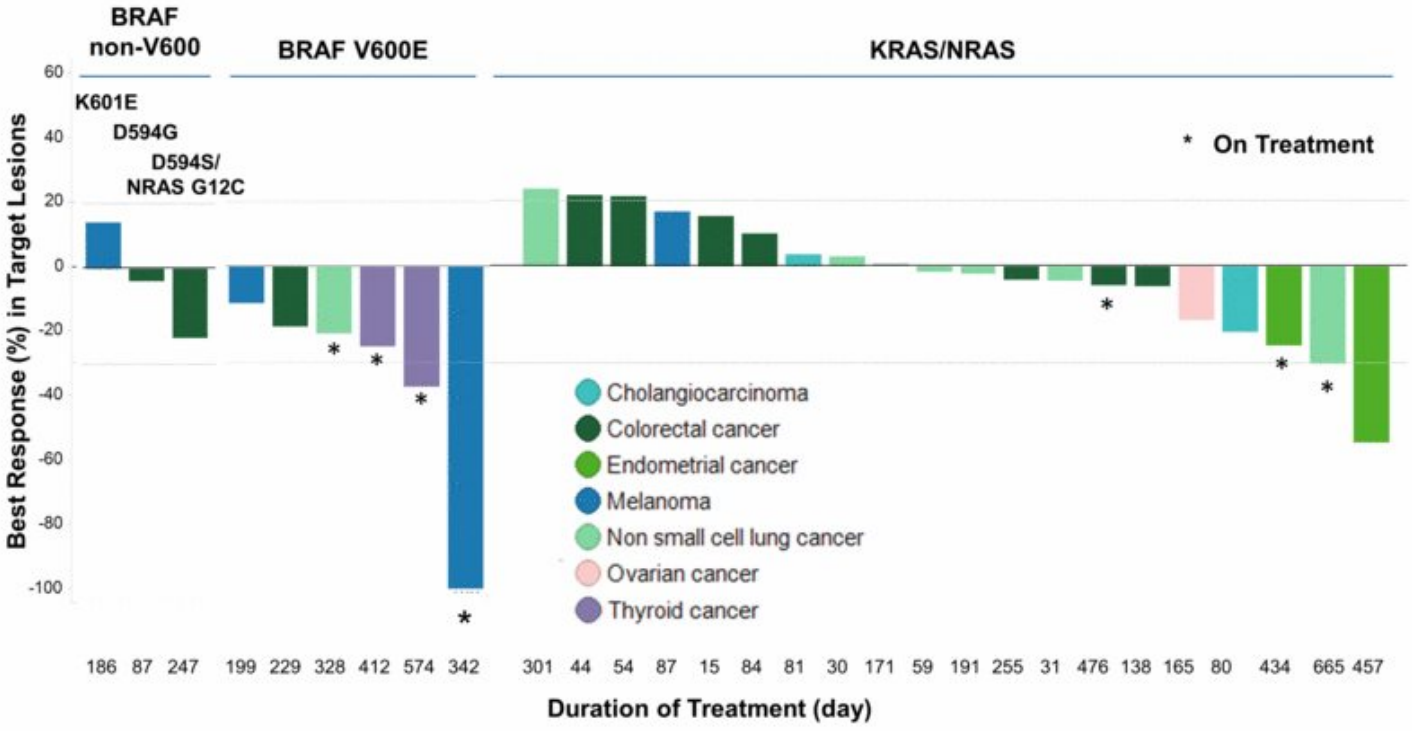
Significant Activity Seen in Ovarian Cancer Patients



BeiGene Source: Dose escalation data as of June 30, 2015, presented at AACR-NCI-EORTC 2015 meeting (Lickliter *et al*)

BGB-283

Best Objective Response in Target Lesions from Baseline



BeiGene Source: Dose escalation data as of January 31, 2016, presented at AACR 2016 (Desai *et al*)