# 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): **January 16, 2018**

# 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))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 or Rule 12b-2 of the Securities Exchange Act of 1934.

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

**Item 2.02 Results of Operations and Financial Condition.**

On January 16, 2018, BeiGene, Ltd. (the "Company") filed with the Securities and Exchange Commission ("SEC") a preliminary prospectus supplement (the "Preliminary Prospectus Supplement") pursuant to Rule 424(b)(5) under the Securities Act of 1933, as amended (the "Securities Act"), relating to a proposed underwritten public offering (the "Offering") of American Depositary Shares ("ADSs") of the Company, each representing 13 ordinary shares, par value $0.0001 per share, pursuant to the Company's effective shelf registration statement on Form S-3 (File No. 333-218301). The Company disclosed in the Preliminary Prospectus Supplement for the Offering that it expects that, as of December 31, 2017, the Company's cash and cash equivalents and short-term investments were between $835 million and $840 million. The Company's independent registered public accountants have not audited, reviewed or performed any procedures with respect to this financial data and accordingly do not express an opinion or any other form of assurance with respect thereto. This amount could change as a result of further review.

The information in Item 2.02 of this Current Report on Form 8-K is intended to be furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act or the Exchange Act, except as expressly set forth by specific reference in such filing.

**Item 8.01 Other Events.**

**Commencement of Underwritten Public Offering**

On January 16, 2018, the Company issued a press release announcing the commencement of the Offering. The Company intends to offer and sell $650 million of its ADSs, before underwriting discounts and commissions and estimated offering expenses. In addition, the Company also announced its intention to grant the underwriters a 30-day option to purchase up to an additional $50 million of the ADSs at the public offering price, less underwriting discounts and commissions. A copy of the press release is attached hereto as Exhibit 99.1 and incorporated herein by reference.

This Current Report on Form 8-K, including the exhibits hereto, shall not constitute an offer to sell or the solicitation of an offer to buy any securities of the Company, which is being made only by means of a written prospectus meeting the requirements of Section 10 of the Securities Act, nor shall there be any sale of the Company's securities in any state or jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of such jurisdiction.

**Business Updates**

The Preliminary Prospectus Supplement for the Offering contains an updated description of certain aspects of the Company's business as well as updated Company risk factor disclosure. Accordingly, the Company is filing this information for the purpose of supplementing and updating the business and risk factor disclosures contained in its prior public filings. The updated disclosures are filed herewith as Exhibit 99.2 to this Current Report on Form 8-K and are incorporated herein by reference.

The Company is providing a presentation to prospective investors in the Offering. A copy of the presentation is attached as Exhibit 99.3 to this Current Report on Form 8-K and incorporated herein by reference.

**Item 9.01 Financial Statements and Exhibits.**

(d) Exhibits.

| Exhibit No. | Description |
|---|---|
| 99.1 | Press release entitled "BeiGene Announces Proposed Public Offering" issued by BeiGene, Ltd. on January 16, 2018 |
| 99.2 | Updated Company Disclosure |
| 99.3 | BeiGene, Ltd. presentation dated January 16, 2018 |

**Forward Looking Statements**

This Current Report on Form 8-K and certain of the materials filed or furnished herewith contain forward-looking information about the Company within the meaning of the Private Securities Litigation Reform Act of 1995 and other federal securities laws. Any statements contained herein and therein which do not describe historical facts, including, among others, statements relating to the Company's expectations regarding its cash and cash equivalents and short-term investments as of December 31, 2017; the Company's expectations regarding the completion, timing and size of the Offering; the Company's expectations with respect to granting the underwriters a 30-day option to purchase additional ADSs or the underwriters' exercise of the same; and statements in the materials filed herewith identified by the words "expects," "anticipates," "believes," "intends," "estimates," "plans," "will," "outlook" and similar expressions are forward-looking statements which involve risks and uncertainties that could cause actual results to differ materially from those discussed in such forward-looking statements.

Such risks and uncertainties include, among others, (1) the possibility that the closing conditions will not be met and/or that the parties will be unable to consummate the proposed transaction on the anticipated terms or at all; (2) market conditions; (3) that the cost of the transaction to the Company will be more than planned; and (4) other risks identified in the Company's SEC filings, including its Annual Report on Form 10-K for the year ended December 31, 2016, its Quarterly Report on Form 10-Q for the quarter ended September 30, 2017 and subsequent filings with the SEC, including this Current Report on Form 8-K. The Company cautions you not to place undue reliance on any forward-looking statements, which speak only as of the date they are made. The Company disclaims any obligation to publicly update or revise any such statements to reflect any change in expectations or in events, conditions or circumstances on which any such statements may be based, or that may affect the likelihood that actual results will differ from those set forth in the forward-looking statements.

**Exhibit Index**

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**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.

Date: January 16, 2018

**BEIGENE, LTD.**

By: /s/ Scott A. Samuels
Name: Scott A. Samuels
Title: Senior Vice President, General Counsel

**Exhibit 99.1**


**BeiGene Announces Proposed Public Offering**

CAMBRIDGE, Mass. and BEIJING, China, January 16, 2018 (GLOBE NEWSWIRE) — BeiGene, Ltd. (NASDAQ:BGNE), a commercial-stage biopharmaceutical company focused on developing and commercializing innovative molecularly targeted and immuno-oncology drugs for the treatment of cancer, today announced a public offering of its American Depositary Shares (ADSs), each representing 13 of its ordinary shares, par value $0.0001 per share. BeiGene intends to offer and sell $650 million of its ADSs, before underwriting discounts and commissions and estimated offering expenses. In addition, BeiGene expects to grant the underwriters a 30-day option to purchase up to an additional $50 million of ADSs, less underwriting discounts and commissions. The offering is subject to market and other conditions, and there can be no assurance as to whether or when the offering may be completed, or as to the actual size or terms of the offering.

Goldman Sachs & Co. LLC, Morgan Stanley, Cowen, and Leerink Partners are acting as joint book-running managers.

The securities described above are being offered pursuant to an automatically effective shelf registration statement that was previously filed with the U.S. Securities and Exchange Commission (SEC). A preliminary prospectus supplement relating to and describing the terms of the offering will be filed with the SEC and will be available on the SEC's website at www.sec.gov. When available, copies of the preliminary prospectus supplement and the accompanying prospectus relating to these securities may also be obtained for free from the offices of Goldman Sachs & Co. LLC, Attention: Prospectus Department, 200 West Street, New York, NY 10282, telephone: 1-866-471-2526, or email: prospectus-ny@ny.email.gs.com; Morgan Stanley & Co. LLC, Attention: Prospectus Department, 180 Varick Street, 2nd Floor, New York, NY 10014; Cowen and Company, LLC, c/o Broadridge Financial Services, 1155 Long Island Avenue, Edgewood, NY, 11717, United States, Attn.: Prospectus Department or by calling 1-631-274-2806; or Leerink Partners LLC, Attention: Syndicate Department, One

Federal Street, 37th Floor, Boston, MA 02110, by telephone at 800-808-7525, ext. 6132 or by email at syndicate@leerink.com.

This press release shall not constitute an offer to sell or the solicitation of an offer to buy, nor shall there be any sale of, these securities in any state or jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of such state or jurisdiction.

**About BeiGene**

BeiGene is a global, commercial-stage, research-based biotechnology company focused on molecularly targeted and immuno-oncology cancer therapeutics. With a team of over 850 employees in China, the United States, and Australia, BeiGene is advancing a pipeline consisting of novel oral small molecules and monoclonal antibodies for cancer. BeiGene is also working to create combination solutions aimed to have both a meaningful and lasting impact on cancer patients. BeiGene markets ABRAXANE® (nanoparticle albumin—bound paclitaxel), REVLIMID® (lenalidomide), and VIDAZA® (azacitidine) in China under a license from Celgene Corporation. (1)

**Forward-Looking Statements**

Certain of the statements made in this press release are forward looking, such as those, among others, relating to BeiGene's expectations regarding the completion, timing and size of the public offering, and its expectations with respect to granting the underwriters a 30-day option to purchase additional ADSs. Actual results or developments may differ materially from those projected or implied in these forward-looking statements. Factors that may cause such a difference include risks and uncertainties related to completion of the public offering on the anticipated terms or at all, market conditions and the satisfaction of customary closing conditions related to the public offering. More information about the risks and uncertainties faced by BeiGene is contained or

(1) ABRAXANE ®, REVLIMID ®, and VIDAZA ® are registered trademarks of Celgene Corporation.

incorporated by reference in the preliminary prospectus supplement related to the public offering filed with the SEC. BeiGene disclaims any intention or obligation to update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise.


| **Investor Contact** | **Media Contact** |
| --- | --- |
| Lucy Li, Ph.D. | Liza Heapes |
| +1 781-801-1800 | + 1 857-302-5663 |
| ir@beigene.com | media@beigene.com |

**Exhibit 99.2**

## Company Overview

We are a commercial-stage biopharmaceutical company rooted in China that is dedicated to becoming a global leader in the discovery, development and commercialization of innovative, molecularly targeted and immuno-oncology drugs for the treatment of cancer.

We have three internally-developed late-stage clinical drug candidates:

- Zanubrutinib (BGB-3111) — an investigational small molecule inhibitor of Bruton's tyrosine kinase, or BTK, that is currently being evaluated in a broad registrational clinical program globally and in China as a monotherapy and in combination with other therapies to treat various lymphomas;

- Tislelizumab (BGB-A317) — an investigational humanized monoclonal antibody against the immune checkpoint receptor PD-1 that is currently being evaluated in a broad registrational clinical program globally and in China as a monotherapy and in combination with other therapies to treat various solid and hematological cancers; and

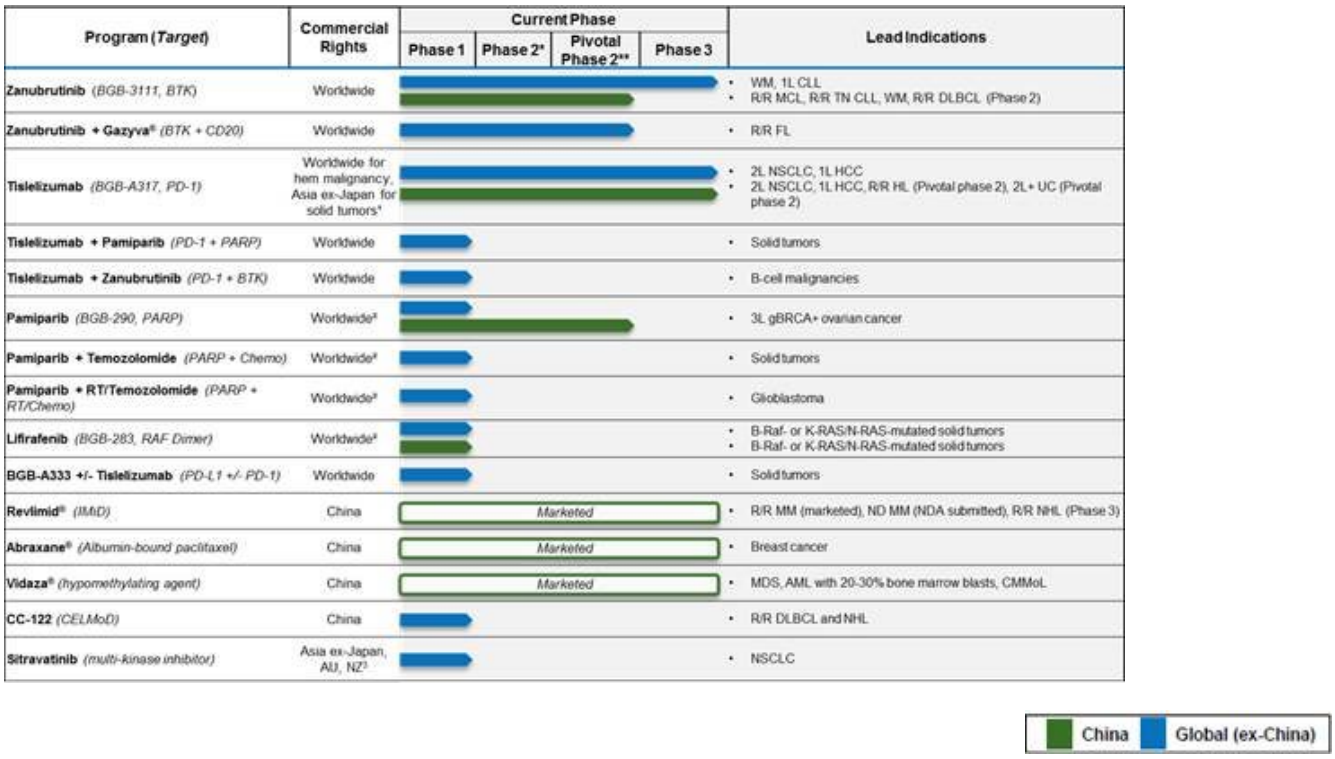
- Pamiparib (BGB-290) — an investigational small molecule inhibitor of PARP1 and PARP2 that is being evaluated as a potential monotherapy and in combination for various solid tumors. It is currently in a pivotal clinical trial in China and is expected to enter late-stage development globally in 2018.

In 2017, we entered into a strategic collaboration with Celgene Corporation, or Celgene, in which we granted Celgene exclusive rights to develop and commercialize tislelizumab for solid tumors in the United States, Europe, Japan, and the rest of the world outside of Asia. We retained rights to tislelizumab for solid tumors in Asia (ex-Japan) and for hematological malignancies and internal combinations globally.

In addition, Celgene granted us an exclusive license to market its approved cancer therapies ABRAXANE®, REVLIMID®, and VIDAZA® in China excluding Hong Kong, Macau and Taiwan and also transferred its commercial operations and personnel in China to us in connection with our acquisition of 100% of the equity interests of Celgene Pharmaceutical (Shanghai) Co., Ltd., which has allowed us to generate product revenue in China since September 2017 and which we expect to expand in preparation for the potential launch of our internally developed drug candidates and our other in-licensed drug candidates in China.

As of January 1, 2018, we have a global team of over 850 employees, including more than 400 scientists and clinicians, in China, the United States and Australia. Our offices are located in Beijing; Shanghai; Cambridge, MA; Fort Lee, NJ; and the San Francisco Bay Area, CA; including a research and development center in Beijing, manufacturing sites in Suzhou and Guangzhou, and commercial operations in Shanghai.

The following table summarizes the status of our product portfolio and pipeline as of the date of this prospectus supplement:




Abbreviations: WM = Waldenstrom's macroglobulinemia; CLL = chronic lymphocytic leukemia; MCL = mantle cell lymphoma; FL = follicular lymphoma; NSCLC = non-small cell lung cancer; HCC = hepatocellular carcinoma; MM = multiple myeloma; HL = Hodgkin's lymphoma; NHL = non-Hodgkin's lymphoma; DLBCL = diffuse large B-cell lymphoma; MDS = Myelodysplastic syndrome; AML = acute myeloid leukemia; UC = urothelial carcinoma; CMMoL = chronic myelomonocytic leukemia; 1L/2L/3L = first, second or third line; R/R = relapsed/refractory; ND = newly diagnosed.

* Some indications will not require a non-pivotal Phase 2 clinical trial prior to beginning pivotal Phase 2 or 3 clinical trials.
** Confirmatory clinical trials post-approval are required for accelerated approvals.
(1) Celgene has the right to develop and commercialize tislelizumab in solid tumors in the United States, European Union, Japan and the rest-of-world outside of Asia.
(2) Limited collaboration with Merck KGaA.
(3) Partnership with Mirati Therapeutics, Inc.

**Recent Developments**

On January 9, 2018, we announced that we had entered into a commercial supply agreement with Boehringer Ingelheim Biopharmaceuticals (China) Ltd., or BI, for tislelizumab, which will be manufactured at BI's facility in Shanghai.

On January 8, 2018, we announced that we had entered into an exclusive license agreement with Mirati Therapeutics, Inc., or Mirati, for the development, manufacturing and commercialization of Mirati's investigational tyrosine kinase inhibitor sitravatinib in Asia (excluding Japan), Australia, and New Zealand.

***We may be a passive foreign investment company in future taxable years, which may have adverse U.S. federal income tax consequences for U.S. shareholders.***

U.S. investors should be aware that we determined that we were a passive foreign investment company, within the meaning of Section 1297 of the Internal Revenue Code of 1986, as amended, or PFIC, for 2016. Based on the composition of our assets and income in 2017, we believe we were not a PFIC for 2017 and based on the expected composition of our assets and income, we do not expect to be a PFIC for 2018. However, as our PFIC status must be determined annually with respect to each taxable year and will depend on the composition and character of our assets and income and the value of our assets (which may be determined, in part, by reference to the market value of our ADSs, which may be volatile) over the course of such taxable year and as we currently hold and expect to continue to hold a substantial amount of cash and cash equivalents, we may be a PFIC in any taxable year. If we are a PFIC for any taxable year during a U.S. shareholder's holding period of the ADSs or ordinary shares, then, regardless of whether we cease to meet the threshold requirements for PFIC status, such U.S. shareholder generally will be required to treat any gain realized upon a disposition of the ADSs or ordinary shares, or any "excess distribution" received on the ADSs or ordinary shares, as ordinary income earned over the U.S. shareholder's holding period for the ADSs or ordinary shares, and to pay the applicable taxes on such ordinary income along with an interest charge at the rate applicable to underpayments of tax on a portion of the resulting tax liability. In addition, the U.S. shareholder would be subject to the same adverse U.S. federal income tax consequences on (i) certain distributions by any of our subsidiaries treated as PFICs ("lower-tier PFICs"), and (ii) a disposition of shares of a lower-tier PFIC, in each case as if the U.S. shareholder owned the shares of the relevant lower-tier PFIC directly, even though the U.S. shareholder has not received the proceeds of those distributions or dispositions. For further information, U.S. shareholders should read the discussion under "Taxation—Material United States Federal Income Tax Considerations—Passive Foreign Investment Company" in the accompanying prospectus. Each U.S. shareholder should consult its own tax advisors regarding the PFIC rules and the U.S. federal income tax consequences of the acquisition, ownership and disposition of the ADSs or ordinary shares.

**Risks Related to Obtaining Regulatory Approval for Our Drug Candidates**

***Our drug candidates may cause undesirable adverse events or have other properties that could interrupt, delay or halt clinical trials, delay or prevent regulatory approval, limit the commercial profile of an approved label, or result in significant negative consequences following any regulatory approval.***

Undesirable adverse events, or AEs, caused by our drug candidates could cause us or regulatory authorities to interrupt, delay or halt clinical trials and could result in a more restrictive label or the delay or denial of regulatory approval by the FDA, CFDA, EMA or other comparable regulatory authority. Results of our trials could reveal a high and unacceptable severity or prevalence of AEs. In such an event, our trials could be suspended or terminated and the FDA, CFDA, EMA or other comparable regulatory authorities could order us to cease further development of, or deny approval of, our drug candidates for any or all targeted indications.

Treatment-related serious adverse events, or SAEs, that have been reported in our monotherapy clinical trials include but not are limited to the following: (i) for BGB-3111, petechiae (spots that appear on the skin as a result of bleeding), purpura (subcutaneous bleeding), bruising, other serious hemorrhage (grade 3 hemorrhage or central nervous system, or CNS, hemorrhage of any grade), atrial fibrillation, diarrhea, haemothorax, colitis, febrile neutropenia, neutropenia, anemia, thrombocytopenia, pneumonia, renal hematoma, urinary tract infection, pneumonitis, leukocytosis, lymphocytosis, toxic epidermal necrolsysis, septic shock, cardiac arrest and headache; (ii) for BGB-A317, colitis, hypotension, diarrhea, diabetes mellitus, diabetic ketoacidosis, dyspnea, hypoxia, pneumonitis, fatigue, alanine aminotransferase, or ALT, increase, aspartate aminotransferase, or AST, increase, gamma-glutamyl transferase, or GGT, increase, autoimmune pancreatitis, back pain, dermatitis, hyperglycaemia, hyperthyroidism, nausea, proteinuria, stomatitis, bilirubin increase, leukopenia, neutropenia, pyrexia, mucosal inflammation and hepatitis; (iii) for BGB-290, anemia, neutropenia, nausea, vomiting, thrombocytopenia, diarrhea, fatigue, neutropenia and acute myeloid leukemia / myelodysplastic syndrome; and (iv) for BGB-283, thrombocytopenia, fatigue, nausea, anemia, neutropenia, vomiting, hepatitis, ALT increase, AST increase, GGT increase, pyrexia, decreased appetite, hypophosphataemia, hand-foot syndrome, hypertension, weight decrease, lymphopenia, leukopenia, and constipation. Some of these events have led to patient death.

In addition, treatment-related SAEs that have been reported in our combination clinical trials include the following: (i) for the BGB-3111 and obinutuzumab combination, neutropenia, thrombocytopenia, pneumonia, infusion-related reaction, and serious hemorrhage, including one report of a grade 3 intracranial hemorrhage SAE, which is possibly drug related, in one Diffuse Large B-Cell Lymphoma patient that caused the patient's treatment with BGB-3111 to be interrupted; (ii) for the BGB-3111 and BGB-A317 combination, haemolytic anaemia, pneumonia, pneumonitis, anemia, autoimmune encephalitis, dyspnea, ALT increase, GGT increase, infusion-related reaction, peripheral edema, pyrexia, thrombocytopenia, limb abscess, ulcerative keratitis, catheter site hemorrhage, hemolytic transfusion reaction, nausea, lymph gland infection and eczema; and (iii) for the BGB-290 and BGB-A317 combination, nausea, vomiting, hepatitis, ALT increase, AST increase, GGT increase, fatigue, anemia, liver injury, hypophysitis, and neutropenia. Some of these events have led to patient death.

Drug-related AEs or SAEs could affect patient recruitment or the ability of enrolled subjects to complete the trial, and could result in potential product liability claims. Any of these occurrences may harm our reputation, business, financial condition and prospects significantly.

Additionally, if we or others identify undesirable side effects caused by our drugs or any future approved drug candidates, a number of potentially significant negative consequences could result, including:

- we may suspend marketing of the drug;
- regulatory authorities may withdraw approvals or revoke licenses of the drug;
- regulatory authorities may require additional warnings on the label;
- we may be required to develop a REMS for the drug, as is the case with REVLIMID®, or, if a REMS is already in place, to incorporate additional requirements under the REMS, or to develop a similar strategy as required by a comparable regulatory authority;
- we may be required to conduct post-market studies;
- we could be sued and held liable for harm caused to subjects or patients; and
- our reputation may suffer.

Any of these events could prevent us from achieving or maintaining market acceptance of the particular drug or drug candidate, and could significantly harm our business, results of operations and prospects.

Further, combination therapy, such as using our wholly-owned drug candidates as well as third-party products, involves unique AEs that could be exacerbated compared to AEs from monotherapies. These types of AEs could be caused by our drug candidates and could also cause us or regulatory authorities to interrupt, delay or halt clinical trials and could result in a more restrictive label or the delay or denial of regulatory approval by the FDA, CFDA, EMA or other comparable regulatory authority. Results of our trials could reveal a high and unacceptable severity or prevalence of AEs.


# BeiGene

January 16, 2018

# Disclosures

- Certain statements contained in this presentation and in the accompanying oral 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 as those regarding continuing and further development and commercialization efforts and transactions with third parties. 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, the possibility of having to conduct additional clinical trials and BeiGene's reliance on third parties to conduct drug development, manufacturing and other services. 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 (SEC). The reader should not place undue reliance on any forward-looking statements included in this presentation or in the accompanying oral 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.
- Clinical data in this presentation relating to BeiGene's investigational drug candidates is from early phase, single-arm trials. When such data are presented in relation to other investigational or marketed drug products, the presentation and discussion are not based on head-to-head trials between BeiGene's investigational drug candidates and other products. BeiGene is still conducting clinical trials and, as additional patients are enrolled and evaluated, data on BeiGene's investigational drug candidates may change.
- This presentation and the accompanying oral presentation contains data and information obtained from third-party studies and internal company analysis of such data and information. BeiGene has not independently verified the data and information obtained from these sources. Forward-looking information obtained from these sources is subject to the same qualifications noted above.

# BeiGene Company Overview

- **Founded in 2010 in Beijing as an R&D organization focused on developing best-in-class oncology therapeutics**
  - Three proprietary programs: zanubrutinib (BTK inhibitor), tislelizumab (PD-1 antibody) and pamiparib (PARP inhibitor) have initially come from these efforts
- **In the past few years, BeiGene has evolved into fully-integrated biopharmaceutical company**
  - Global team with over 850 employees and a deep presence in both US and China
  - Full capabilities from R&D to manufacturing, with a commercial presence in China
- **Poised to realize two significant, program-based opportunities**
  - Globally commercialize zanubrutinib, a potentially best-in-class BTK inhibitor
    - Data to date supportive of BIC activity, supporting broad registrational program, including head-to-head comparisons with ibrutinib ongoing or planned in WM and CLL
    - Global development team with deep expertise in lymphoid malignancies
  - Develop and successfully commercialize tislelizumab, a PD-1 inhibitor, in a rapidly and favorably evolving China market
    - Experienced and dedicated China-based development team
    - Established commercial team (via Celgene deal)
    - Only China-developed PD-1 undertaking broad global development and likely to have global label
    - Large-scale biologics manufacturing capabilities under construction
- **Significant regulatory reforms in China provide access to over twice the cancer patients accessible for global development in EU and US**
  - Few multinational pharmaceutical companies have the ability to operate effectively in China
  - We believe BeiGene is well-positioned to take advantage of the opportunity
- **Celgene collaboration on tislelizumab leverages this China opportunity and BeiGene's strong China presence by integrating global and China development**
  - Nine global Phase 3 studies planned (including US and China), with additional studies ongoing
  - Potential NDA filing in China in 2018
  - Collaboration provides commercial infrastructure and marketed product portfolio in China, positioning BeiGene well for planned launches of internally developed product candidates and potential future commercialization of additional in-licensed compounds

# Broad Capabilities in China and Globally

**850+ person global biotech company poised in the near-term to potentially:**

- Bring a potentially best-in-class BTK inhibitor to the global market
- Develop and successfully commercialize a PD-1 inhibitor in a rapidly and favorably evolving China market
- Drive continued development and commercialization of novel cancer therapeutics for the global market

| Research | Development | Manufacturing | Commercial |
|---|---|---|---|
| ■ Proprietary cancer biology platform<br>■ World-renowned scientific advisory board<br>■ Working relationships with key Chinese cancer centers<br>■ Experienced leadership team driving R&D innovation engine<br>■ 150+ research team | ■ Over 40 clinical trials ongoing or planned for initiation with over 2,000 patients dosed (including 650+ in China)<br>■ Global clinical team (300+): US (150+), China (140+), AU (10+)<br>■ Strong relationships with leading KOLs in China and globally<br>■ Single clinical trials designed for both global and China registration | ■ Commercial-scale small molecule and pilot-scale biologics manufacturing facility in Suzhou<br>■ Building 24,000L state of the art commercial-scale biologics manufacturing facility in Guangzhou | ■ Integration of Celgene's China commercial organization that markets ABRAXANE®, REVLIMID®, and VIDAZA®<br>■ Growing team to bolster commercial infrastructure<br>■ Commercial organization supports potential launch of pipeline products in China |

# Experienced Leadership Team

**John V. Oyler**
Founder, CEO, and Chairman

BIODURO — *Founder & CEO*
Genta — *Co-CEO*
TELEPHIA — *Founder & President*
GALENEA — *Co-CEO*
McKinsey&Company — *Management Consultant*

**Xiaodong Wang,Ph.D**
Founder & Chairman SAB

NIBS — *Founding Director & Architect*
SOUTHWESTERN MEDICAL CENTER — *Professor in Biomedical Sciences*
hhmi Howard Hughes Medical Institute — *Investigator*
NATIONAL ACADEMY OF SCIENCES — *Member*

**Howard Liang, Ph.D.**
CFO and Chief Strategy Officer

LEERINK — *Managing Director and Head of Biotechnology Equity Research*
Abbott — *Senior Scientist*

**Eric Hedrick, M.D.**
Chief Advisor

Epizyme — *Chief Medical Officer*
pharmacyclics — *VP of Oncology Development*
Genentech — *Group Medical Director*

**Amy Peterson, M.D.**
Chief Medical Officer, Immuno-oncology

MEDIVATION — *Vice President of Clinical Development*
Genentech — *Associate Group Medical Director*
THE UNIVERSITY OF CHICAGO — *Instructor*

**Jane Huang, M.D.**
Chief Medical Officer, Hematology

Acerta — *Vice President and Head of Clinical Development*
Genentech — *Group Medical Director, Product Development-oncology*
Stanford University — *Adjunct Clinical Faculty*

**Wendy Yan**
SVP, Global Head Of Regulatory

BAYER — *Director, Head of Regulatory Affairs, Global Regulatory Strategist*
GlaxoSmithKline — Director, Head of Regulatory Affairs
AstraZeneca — *Senior Regulatory Affairs Manager*

**Lai Wang, Ph.D.**
SVP, Head of China Development

**Joyant Pharmaceuticals**
*Director of Research*

**June Yan**
SVP & GM of Commercial Operations, China

Celgene — *General Manager, Celgene China*
Lilly — *VP, Bio-medicines Business Unit Lilly China*

**Ji Li, Ph.D.**
**EVP,** Global Head of Business Development

MSD — *Vice President of Business Development and Licensing*
AMGEN — *Executive Licensing Director, External R&D*

# CFDA Reforms Expected to Make China Integral to Global Oncology Development and Commercialization

- **CFDA reforms expand China's role in global development**
  - Reforms expand clinical patient access by removing delays
  - CFDA joined ICH in June 2017 and set international quality standards for China trials
  - China agreed to recognize ex-China data
- **Ability to effectively operate in China can significantly enhance global development**
  - With patient access being a key limiting factor in development, adding China (more patients than EU and US combined) significantly accelerates enrollment of global clinical trials
  - Local KOL relationships critical
  - Few companies have capabilities to leverage this opportunity
  - May substantially reduce overall cost
- **China's commitment to national reimbursement makes China an increasingly critical market for leading oncology assets**
  - Fundamental shift, due to reimbursement, from a niche, high-priced market to a volume market
  - Change implies a need for large-scale, truly national distribution with medical expertise
- **We believe BeiGene's combination of a world-class clinical development team and an experienced commercial team in China is unique and differentiates us**
  - Over 300 person team supporting clinical trial design to regulatory approval in China and globally, with strong KOL relationships
  - Over 170 commercial person team (and growing) supporting China sales
  - Emphasis on quality has been focus for BeiGene from founding
  - BeiGene is an early mover in this new paradigm, as it has initiated or plans to initiate in collaboration with Celgene nine dual purpose trials designed for both China and global approvals


Source: CFDA; press research

# China Commercial Opportunity Expected to Expand Significantly

- **Second largest pharmaceutical market (measured by revenue), and growing dramatically**
  - Total drug sales of $115bn in 2015, historic oncology growth >20%, prior to recent reforms
  - Pharmaceutical market serves as one of China's "pillar industry sectors" to transform China into an innovation-focused economy redefining new or novel drugs
- **Expanding reimbursement coverage could significantly increase commercial opportunity**
  - Latest National Reimbursed Drug List (updated July 2017) includes premium, innovative drugs
  - Patient out-of-pocket pay has been reduced (30-60% of reimbursement listing price)
  - Provincial-level reimbursement is also expanding, e.g. Zhejiang just added a list of premium drugs to its critical illness program, such as Tagrisso, Sutent, Abraxane, and Zelboraf
- **Increasing patient affordability and willingness to pay**
  - Percentage of Chinese households with over $36,000 in annual income set to more than double by 2025E

**Selected Examples of Monthly NRDL Pricing for Oncology Drugs ($ in Thousands)**


BeiGene

* Monthly cost is based on NRDL price, PAP not included in calculation as only limited PAP were continued after NRDL inclusion; exchange rate: 1 RMB to 0.15062 dollars. Source: NDRL update, McKinsey Research (September 2017, October 2015), Wall Street research

# Near-Term Opportunities Through Collaborations

## Celgene

- **Broad development strategy leverages BeiGene's China capabilities, while addressing the market opportunity for PD-1, both in China and globally**
- **Nine pivotal, global clinical trials planned to run in conjunction with Celgene**
  - Focus on four highest incidence solid tumors in Asia (NSCLC, Gastric, Esophageal, HCC)
  - Two in-progress: 1L HCC (vs. sorafenib) and 2L NSCLC (vs. docetaxel)
  - Potential for first NDA filing for tislelizumab in China in 2018
- **BeiGene is leading six of the nine global trials, Celgene is funding some and can opt-in to others**
  - Upon an opt-in, BeiGene will be reimbursed for agreed-upon development costs based on an attractive multiple that varies according to stage of development
  - These six trials are first wave of dual purpose (China and Global) designed trials to be initiated
  - Strong economic and strategic synergy that makes this broad of a program highly attractive
- **BeiGene has begun marketing in-licensed products in China already, and is preparing for potential additional China product launches to form a commercial organization with critical mass to succeed**
  - Sales in China of in-licensed products in 2017 and expectation of additional sales in 2018 (ABRAXANE®, REVLIMID®, and VIDAZA®)
  - Integration of Celgene's China commercial team, combined with additional hires to form an expanding commercial organization

## Mirati

- **In-licensed Mirati's investigational tyrosine kinase inhibitor sitravatinib for $upfront, up to $123M milestone payments, and revenue royalty in Asia (ex-JP), Australia, and New Zealand10M**
- **Complements BeiGene's portfolio, combination with tislelizumab may have significant opportunity in NSCLC**
- **Leverage China capabilities to expand the evaluation of sitravatinib to patients with tumor types beyond NSCLC who are checkpoint inhibitor naïve or experienced**

# Overview of Zanubrutinib (BGB-3111)
## Potentially Best-in-Class BTK Inhibitor

| | |
|---|---|
| **Overview** | ■ **Potential pharmacologic advantages of zanubrutinib could allow for complete, sustained, and selective BTK inhibition in all tissue compartments**<br>— Development hypothesis: may translate into higher quality responses and tolerability advantages over ibrutinib |
| **Clinical Data** | ■ **Clinical experience to date supports best-in-class hypothesis**<br>— Strong suggestion of deeper responses in WM<br>— Favorable response rate, depth and durability in CLL<br>— Potentially differentiated activity in combination with CD20 antibodies – high overall and complete response rates in FL with obinutuzumab combination<br>■ **Paucity of treatment discontinuations for adverse events or progression** |
| **Development Plan** | ■ Broad global registrational program in multiple indications, including CLL, WM, and FL (potential for global first in class approval)<br>■ Accelerated approval trials in China for CLL, MCL, and WM<br>■ Head-to-head Phase 3 trial versus ibrutinib in WM ongoing, head-to-head Phase 3 trial in relapsed/refractory CLL planned |
| **Key Expected Catalysts in 2018** | ■ Present updated Phase I monotherapy or combination data at a medical conference<br>■ Present China pivotal trial data<br>■ Initiate head-to-head Phase 3 trial versus ibrutinib in R/R CLL<br>■ NDA submission in China<br>■ Completion of global WM registrational trial enrollment (Q3) |

# Zanubrutinib Clinical Program

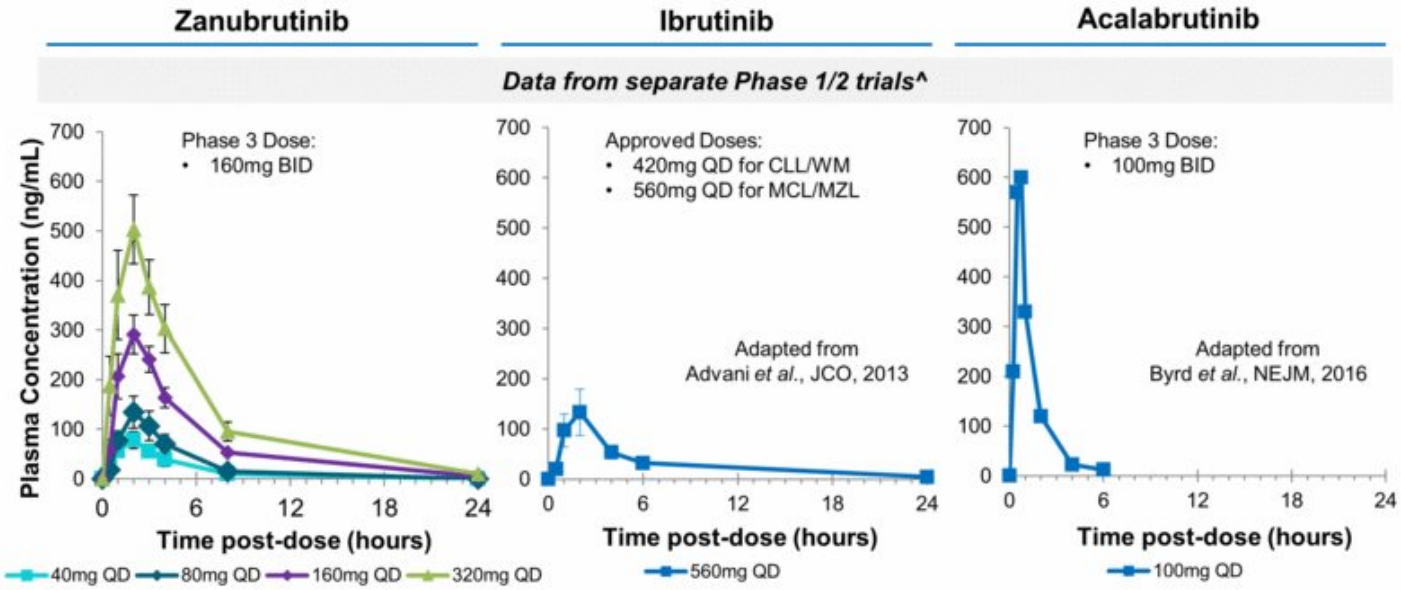
China | Global (ex-China)

| Program (Target) | Commercial Rights | Preclinical | Dose Escalation | Dose Expansion* | | Pivotal** | |
|---|---|---|---|---|---|---|---|
| | | | Phase 1a | Phase 1b | Phase 2 | Phase 2 | Phase 3 |
| **Zanubrutinib** *(BGB-3111)* *(BTK)* | Worldwide | | *Waldenstrom's macroglobulinemia (WM)* | | | | |
| | | | *WM* | | | | |
| | | | *Treatment-naïve chronic lymphocytic leukemia (CLL)* | | | | |
| | | | *Relapsed / Refractory (R/R) CLL* | | | | |
| | | | *R/R mantle cell lymphoma* | | | | |
| | | | *R/R diffuse large B-cell lymphoma* | | | | |
| | | | *B-cell malignancies* | | | | |
| **Zanubrutinib + Gazyva®** *(BTK + CD20)* | Worldwide | | *R/R follicular lymphoma* | | | | |
| | | | *B-cell malignancies* | | | | |

- **Over 800 patients and healthy adults' enrolled across zanubrutinib program, including combination trials**

*Some indications will not require a non-pivotal Phase 2 clinical trial prior to beginning pivotal Phase 2 or 3 clinical trials. **Confirmatory clinical trials post approval are required for accelerated approvals. 'As of December 1, 2017.

# Zanubrutinib
## Pharmacokinetics Profile



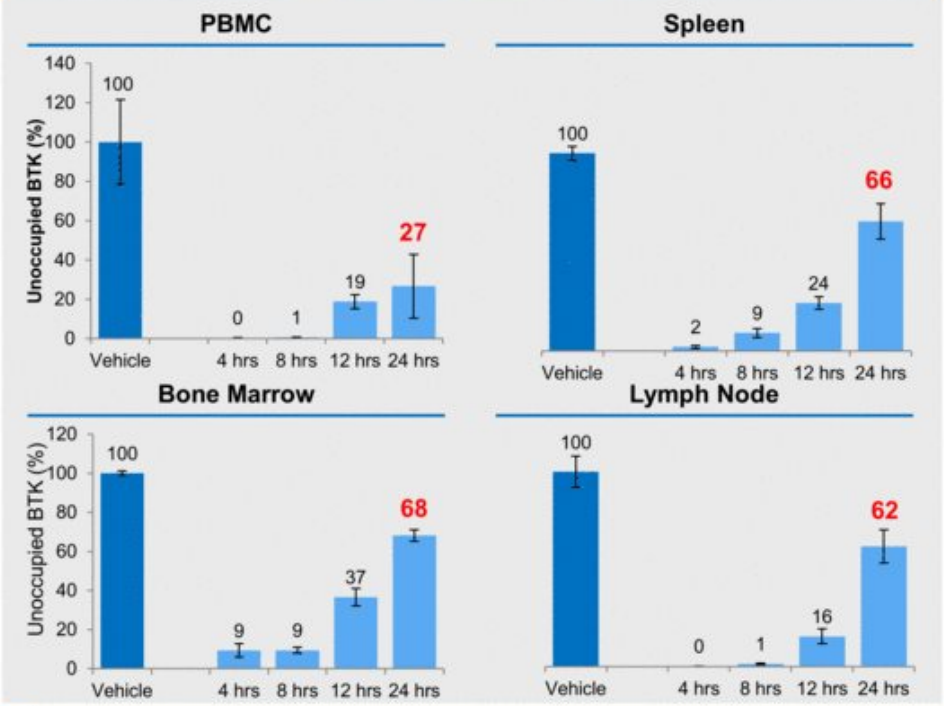

- $C_{max}$ and AUC of zanubrutinib at 80mg QD appear to be similar to those of ibrutinib at 560mg
- Free drug exposure of zanubrutinib at 40mg QD appears to be comparable to that of ibrutinib at 560mg
- Distinct profile compared to acalabrutinib which has a short half-life (1 hour)[2] and lower in vitro BTK inhibition IC50[1-4]
- In vitro BTK inhibition IC50 relative to ibrutinib: 1.1[1] (zanubrutinib) and 3.4[2]–7.2[3] (acalabrutinib)

BeiGene

^Cross-trial comparison
Source: [1]Tam *et al.*, ASH, 2015; [2]Byrd *et al.*, NEJM, 2016; [3]Lannutti *et al.*, AACR, 2015, [4]BeiGene data

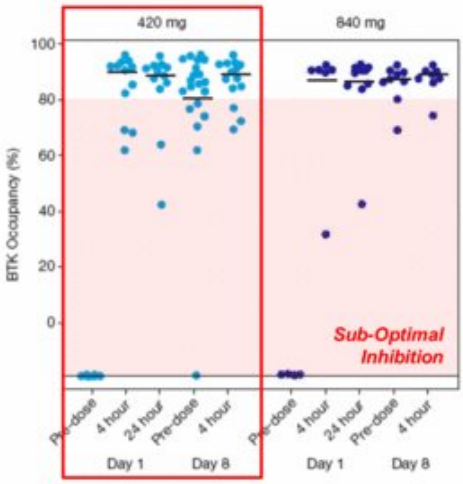
# BTK Occupancy Is Not Sustained With Ibrutinib

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




**Clinical data show borderline target inhibition by ibrutinib in the blood at approved dose**

**Ibrutinib Clinical Data in Blood**




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

Byrd *et al.*, NEJM, 2013

- Potentially better bioavailability and higher exposure of zanubrutinib may allow deeper target suppression in disease-relevant tissues

BeiGene

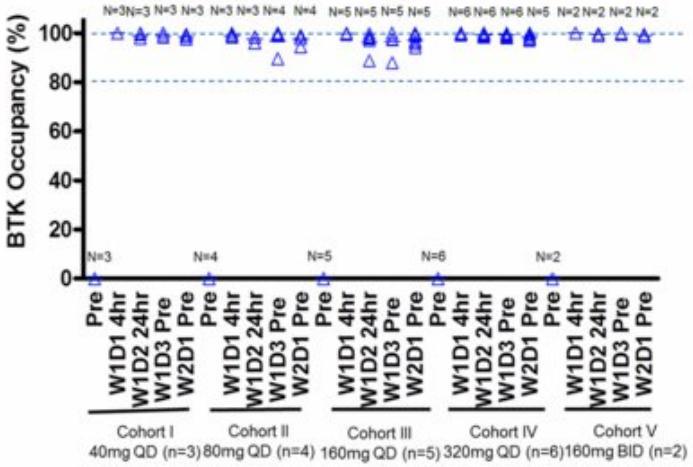
*Animal studies

Note: PBMC = Peripheral Blood Mononuclear Cell; Source: BeiGene data and Byrd et al, NEJM, 2013

# Zanubrutinib

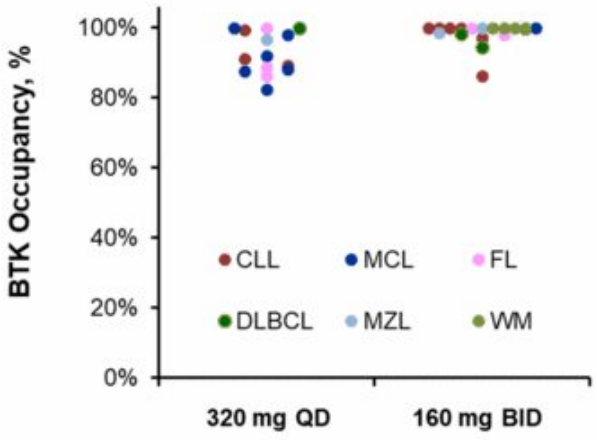
## Complete and Sustained BTK Occupancy to Date in Blood and Lymph Nodes

### PBMC*




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

### Lymph Node




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

BeiGene

* Data from 20 patients

Note: PBMC = Peripheral Blood Mononuclear Cell; Source: Tam *et al.* ASH 2016 (abstracts 642 and 1216)

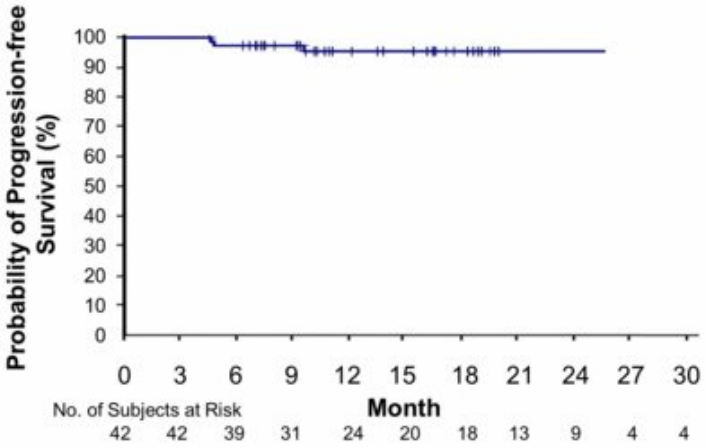
# Zanubrutinib Responses in WM

## Favorable Response to Date in Depth and Durability

### Zanubrutinib Responses in WM

| Zanubrutinib | WM |
|---|---|
| n | 42 |
| Median time-on-treatment | 12.3 months |
| Best Response | |
| CR | 0 |
| **VGPR** | **18 (43%)** |
| PR | 14 (33%) |
| MR | 6 (14%) |
| SD/PD | 4 (10%) |
| IgM reduction (median, %) | 32.7 g/L to 6.1 g/L (81%) |
| Hemoglobin change (median) | 104.5 g/L to 142 g/L |

### Zanubrutinib PFS in WM



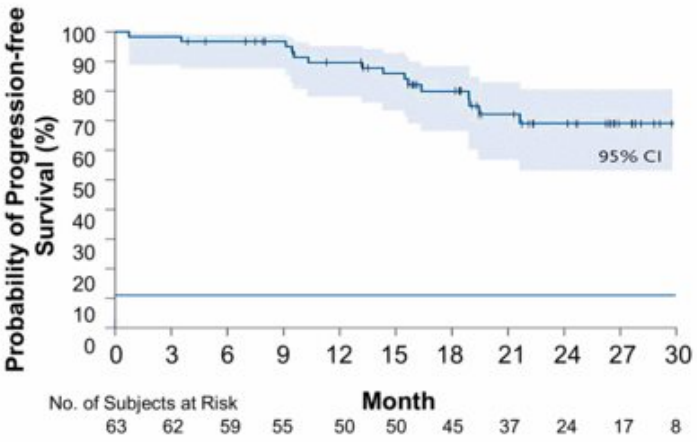

BeiGene Source: Trotman *et al.* 14-ICML (abstract 059)

# Ibrutinib Responses in WM

## Ibrutinib Responses in WM

| Ibrutinib | WM |
|---|---|
| n | 63 |
| Median time-on-treatment | 19.1 months |
| Best Response | |
| CR | 0 |
| **VGPR** | **10 (16%)** |
| PR | 36 (57%) |
| MR | 11 (17%) |
| SD/PD | 6 (10%) |
| IgM reduction (median, %) | 35.2 g/L to 8.8 g/L (75%) |
| Hemoglobin change (median) | 105 g/L to 138 g/L |

## Ibrutinib PFS in WM




BeiGene Source: Treon *et al.*, NEJM, 2015

# Zanubrutinib Responses in CLL

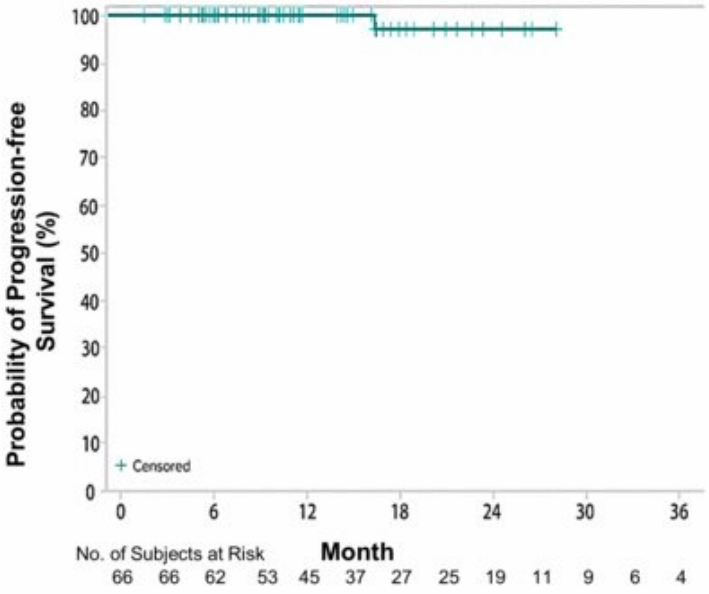
## Highly Active With Encouraging Response Durability

### Zanubrutinib Responses in CLL

| Zanubrutinib | TN CLL | R/R CLL | Total CLL |
|---|---|---|---|
| n | 16 | 50 | 66 |
| Median follow-up (mo) | 7.6 | 14.0 | 10.5 |
| Best Response | | | |
| **ORR** | **16 (100%)** | **46 (92%)** | **62 (94%)** |
| CR | 1 (6%) | 1 (2%) | 2 (3%) |
| PR | 13 (81%) | 41 (82%) | 54 (82%) |
| PR-L | 2 (13%) | 4 (8%) | 6 (9%) |
| SD | 0 | 3 (6%) | 3 (5%) |
| Non-evaluable* | 0 | 1 (2%) | 1 (2%) |

* D/C prior to first assessment

### Zanubrutinib PFS in CLL



# Ibrutinib Responses in CLL

***Data from separate trials^***

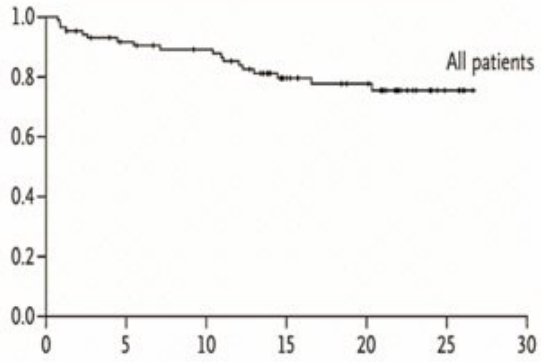
## Ibrutinib Responses in R/R CLL

| Ibrutinib | R/R CLL |
|---|---|
| n | 85 |
| Median FU (mo) | 20.9 |
| Best Response | |
| **ORR** | **75 (88%)** |
| CR | 2 (2%) |
| PR | 58 (68%) |
| PR-L | 15 (18%) |
| SD | NR |
| PD | NR |

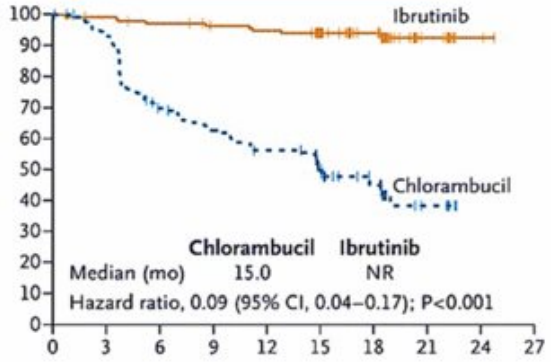
## Ibrutinib Responses in TN CLL

| Ibrutinib TN | TN CLL |
|---|---|
| n | 136 |
| Median FU (mo) | 18.4 |
| Best Response | |
| **ORR** | **117 (86%)** |
| CR | 5 (4%) |
| PR | 107 (79%) |
| PR-L | 5 (4%) |
| SD | NR |
| PD | NR |

## Ibrutinib PFS in R/R CLL




## Ibrutinib PFS in TN CLL




BeiGene

Source: For TN, Burger, et al New Engl J Med 2015;
For R/R, Byrd, et al New Engl J Med 2013

# Ibrutinib

## Discontinuation for Toxicity or Progression in CLL

| | Treatment-Naïve (n=80) | Relapsed/ Refractory (n=536) |
|---|---|---|
| Median Follow up | 14.5 months | |
| **Total Treatment D/C** | **19 (24%)** | **231 (43%)** |
| ***Toxicity/ Tolerability*** | ***12 (15%)*** | ***117 (22%)*** |
| ***CLL Progression*** | ***3 (4%)*** | ***49 (9%)*** |
| ***Transformation (RT or HD)*** | ***0 (0%)*** | ***10 (2%)*** |
| Death Unrelated to Treatment | 1 (1%) | 28 (5%) |
| Physician or Patient Decision | 2 (2%) | 15 (3%) |
| Transplant | 0 (0%) | 8 (1.5%) |
| Financial Concerns | 0 (0%) | 1 (0.2%) |
| Secondary Malignancy | 1 (1%) | 2 (0.5%) |

BeiGene

Source: Mato ASH 2016
Note: At med f/u 24.5 mos, 22% discontinuation rate with acalabrutinib in R/R CLL; 9% AE-related, 8% PD-related. Byrd ASH 2017.

# Zanubrutinib

## Discontinuation for Toxicity or Progression in CLL Is Uncommon

| | Treatment-Naïve (n=18) | Relapsed/ Refractory (n=51) |
|---|---|---|
| Median Follow up | 10.3 months | |
| **Total Treatment D/C** | **0 (0%)** | **2 (4%)** |
| ***Toxicity/ Tolerability*** | ***0 (0%)*** | ***1 (2%)*** |
| ***CLL Progression*** | ***0 (0%)*** | ***0 (0%)*** |
| ***Transformation (RT or HD)*** | ***0 (0%)*** | ***1 (2%)*** |

BeiGene Source: Seymour, ICML 2017

# Zanubrutinib
## Tolerability in Over 600 Patients to Date

### Adverse Events of Interest for BTK Inhibitors in Patients Treated with Zanubrutinib

| AE of Interest (All Causes) | Zanubrutinib (Including Patients Enrolled in Combo Studies) |
|---|---|
| Patient Number | N = 641 |
| Mean Exposure Time | 7.7 mo |
| **Atrial Fibrillation** | **1.7%** |
| **Serious Hemorrhage** | **1.9%** |

| AE of Interest (All Causes) | Zanubrutinib (Single Agent Only) |
|---|---|
| Patient Number | N = 424 |
| Mean Exposure Time | 8.1 mo |
| **Diarrhea (All Gr)** | **14.2%** |
| **Diarrhea (Gr 3-5)** | **0.7%** |

- No new safety or tolerability signals observed, such as headache and hypertension
- Concomitant use of vitamin K antagonists was allowed in these zanubrutinib trials
- Paucity of treatment discontinuations for adverse events


Source: pooled safety analysis of ongoing zanubrutinib clinical trials, data cut-off September 2017, n=641; Seymour, ICML 2017

# Zanubrutinib Plus Obinutuzumab Combination in Follicular Lymphoma

- Overall response rate and complete responses to date compare favorably to those achieved with respective single-agents and recently approved therapies

| FL^ | Zanubrutinib + Obinutuzumab[1] | Zanubrutinib[2] | Ibrutinib[3] | Obinutuzumab[4] | Idelalisib[5] |
|---|---|---|---|---|---|
| Source | **ASH17** | ASH17 | ASH16 | JCO2013 | NEJM2014 |
| n | **21** | 17 | 110 | 34 | 72 |
| Population | **Prior alkylator and CD20, mixed Rituxan-sensitive and –refractory** | Median 2 prior lines of therapy, range 1-8 | Prior alkylator and CD20, last response <12 months | Mixed Rituxan-sensitive and -refractory | Alkylator and Rituxan-refractory relapse |
| Follow-up (med) | **12.1 mo** | 7.8 mo | 27.7 mo | 33.7 mo | NR |
| ORR | **76%** | 41% | 21% | 50% | 54% |
| CR | **38%** | 18% | 11% | 18%* | 6% |

Notes: ^ cross-trial comparison; * 18% represent complete response rate in the 40 indolent lymphoma patient population that include 34 FL pts.
Source: 1 Tam *et al.*, ASH (abstract 1745), 2017; 2 Tam *et al.*, ASH (abstract 152), 2017; 3 Gopal, et al ASH 2016; 4 Salles, et al J Clin Oncol 2013; 5 Gopal, et al N Engl J Med 2014

# Zanubrutinib Responses Across Multiple B-Cell Malignancies

- Data on a total of 192 patients presented at 14-ICML and ASH 2017
- Despite relatively early follow-up, responses observed in multiple B-cell malignancies
- Consistency across tumor types suggests that zanubrutinib is a highly active BTK inhibitor

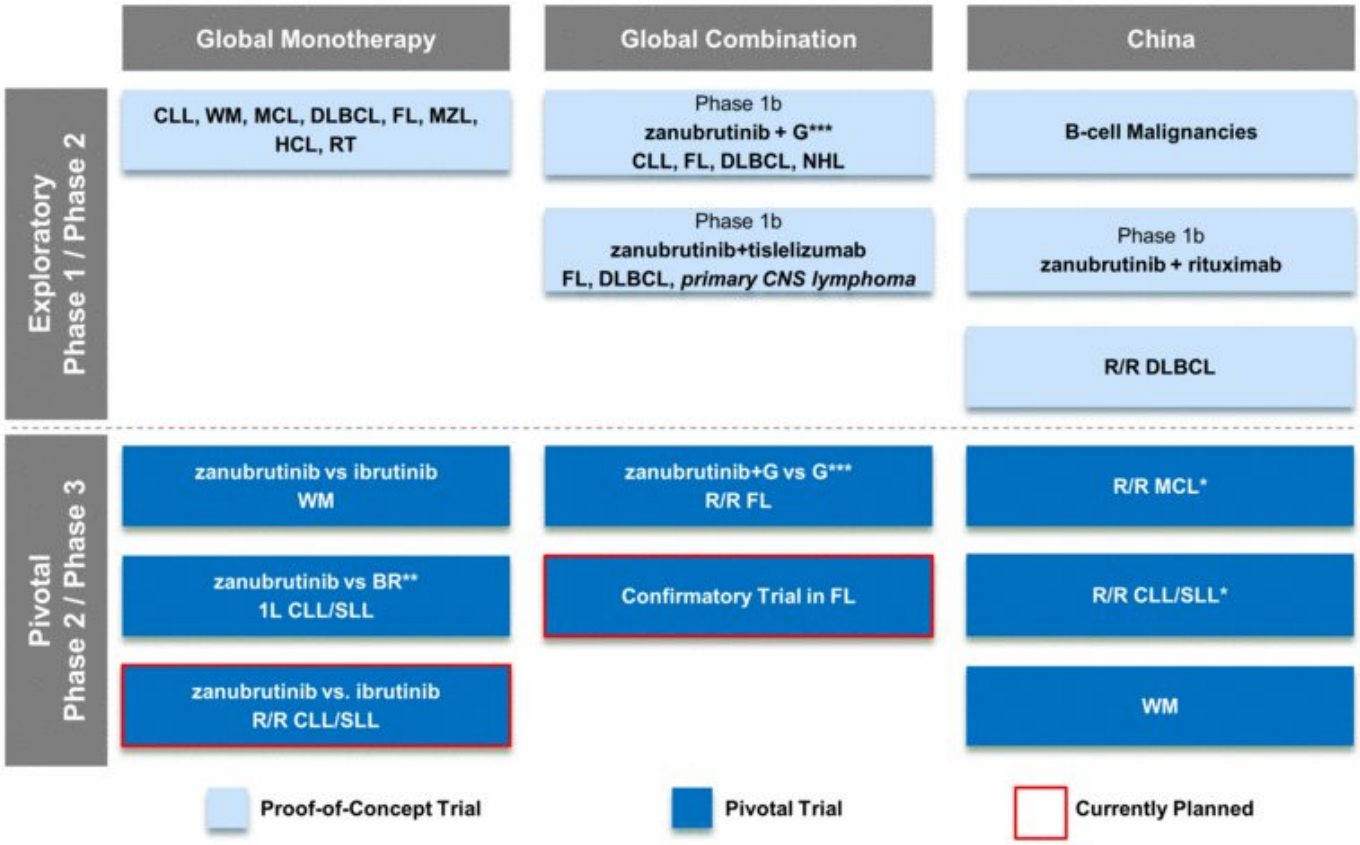
| Zanubrutinib | TN CLL | R/R CLL | WM | MZL | MCL | FL | DLBCL |
|---|---|---|---|---|---|---|---|
| Source | 14-ICML | 14-ICML | 14-ICML | ASH17 | ASH17 | ASH17 | ASH17 |
| n | 16 | 50 | 42 | 9 | 32 | 17 | 26 |
| Follow-up (med) | 7.6 mo | 14.0 mo | 12.3 mo | 7.0 mo | 9.5 mo | 7.8 mo | 4.2 mo |
| Prior Lines (med) | 0 | 2 (1-7) | 1 (1-8) | 2 (1-8) | 2 (1-10) | 2 (1-8) | 2 (1-10) |
| **ORR** | **100%** | **92%** | **90%** | **78%** | **88%** | **41%** | **31%** |
| **CR** | **6%** | **2%** | **0** | **0** | **25%** | **18%** | **15%** |
| **VGPR** | **--** | **--** | **43%** | **--** | **--** | **--** | **--** |
| PR/PR-L | 94% | 90% | 33% | 78% | 63% | 24% | 15% |
| MR | -- | -- | 14% | -- | -- | -- | -- |



Source: Trotman *et al.*, 14-ICML (abstract 059), 2017; Seymour *et al.*, 14-ICML (abstract 237), 2017; Tam *et al.*, ASH (abstract 152), 2017

# Broad Clinical Development Plan for Zanubrutinib

## First NDA Filing in China Expected in 2018




BeiGene

* R/R MCL completed enrollment in Sept 2017, R/R CLL/SLL completed enrollment in Dec 2017; ** BR = Bendamustine + rituxumab; *** G = Gazyva (obinutuzumab)

# Tislelizumab (BGB-A317)

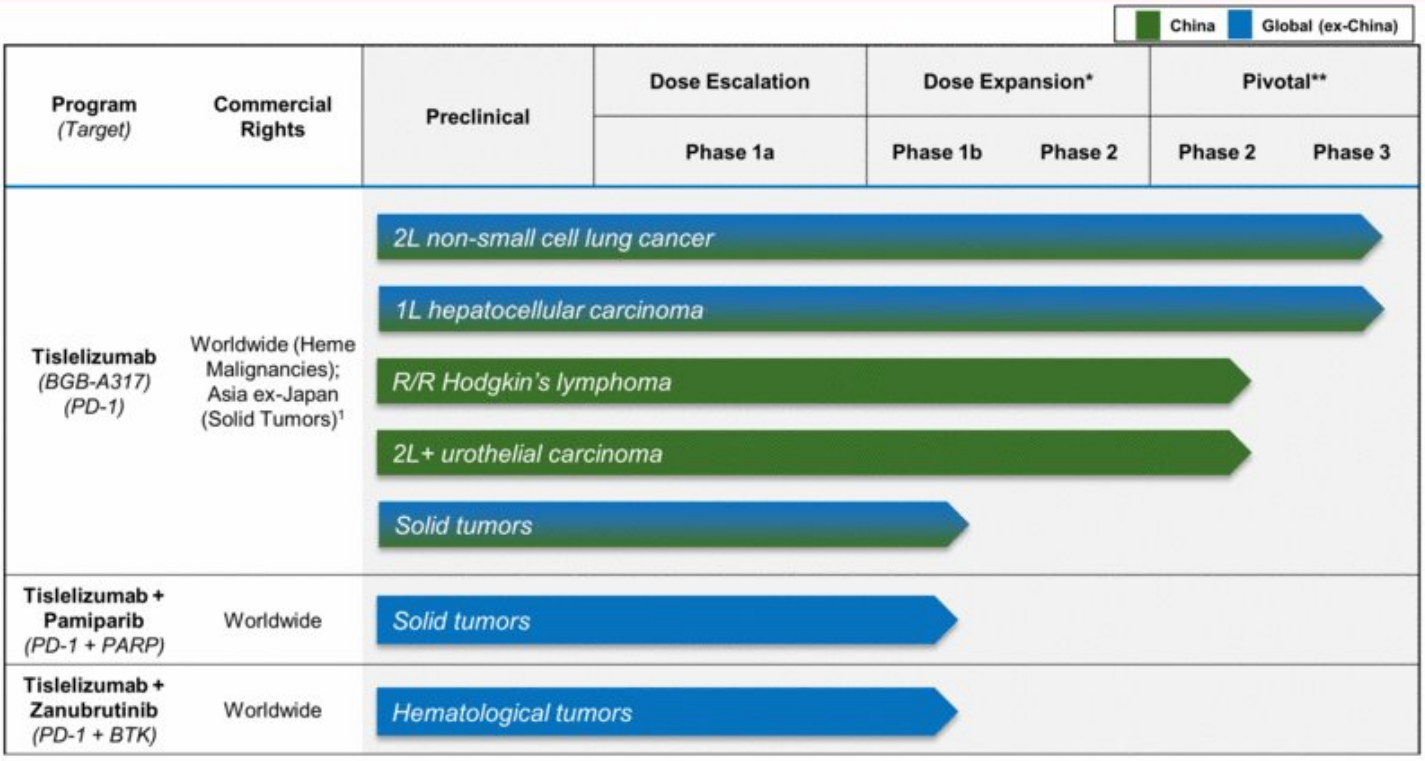
## Broad Global and China-Focused Development Program

| | |
|---|---|
| **Overview** | ■ **Tislelizumab is a PD-1 checkpoint inhibitor currently under development in a wide range of solid tumor indications**<br>— Potential differentiation from approved PD-1 antibodies in an engineered Fc region, which is believed to minimize potentially negative interactions with other immune cells[1]<br>■ **Anti-PD-1/PD-L1 antibody therapies represent a large commercial opportunity in China/Asia**<br>— BeiGene retains Asia ex-Japan rights for solid tumors plus global rights to hematological malignancies and internal combinations |
| **Development Plan** | ■ **Broad development program designed to capture worldwide commercial opportunity**<br>— Nine global pivotal studies across four tumor types with Celgene (NSCLC, gastric, esophageal, HCC)<br>— Two potential fast-to-market pivotal trials are ongoing in China<br>— Additional China-focused Phase 3 trials planned<br>— Combinations with BTK, PARP, and chemo underway |
| **Clinical Data** | ■ Clinical experience in more than 800 patients has demonstrated proof-of-principle and encouraging clinical activity |
| **Expected 2018 Catalysts** | ■ Present updated Phase 1 monotherapy or combination data at a medical conference<br>■ Present China pivotal trial data<br>■ NDA submission in China<br>■ Initiate additional Phase 3 trials |



Source: [1] Dahan et al., Cancer Cell, 2015; Arlauckas et al., Sci. Transl. Med., 2017

# Tislelizumab Clinical Program

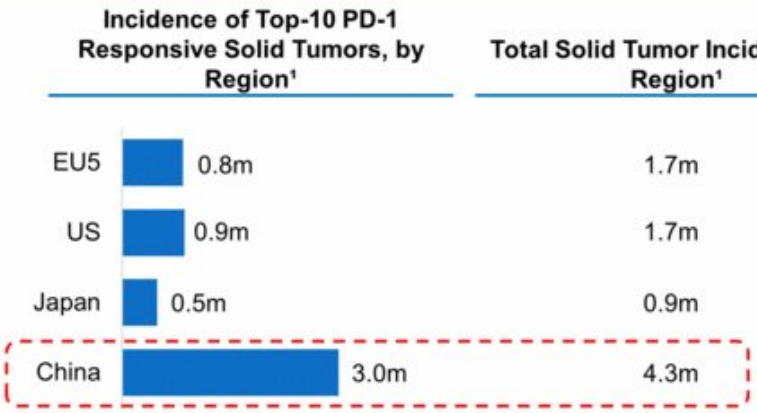



- **Over 800 patients[2] enrolled across tislelizumab program, including combination trials**

BeiGene

*Some indications will not require a non-pivotal Phase 2 clinical trial prior to beginning pivotal Phase 2 or 3 clinical trials. **Confirmatory clinical trials post approval are required for accelerated approvals. [1] Celgene has the right to develop and commercialize tislelizumab in solid tumors in the United States, European Union, Japan and the rest-of-world outside of Asia. [2] As of December 1, 2017.

# Anti-PD-1 Antibody Therapies Represent a Large Market Opportunity, Particularly in China




- China has a higher proportion of PD-1 responsive tumors
- Inclusive of PD-L1 and MSI-h selected tumors, China incidence could be as high as ~3.5m


- 2015 incidence of top four PD-1 responsive solid tumor types was 2.4m
- Additional upside when other PD-1 responsive tumor types included

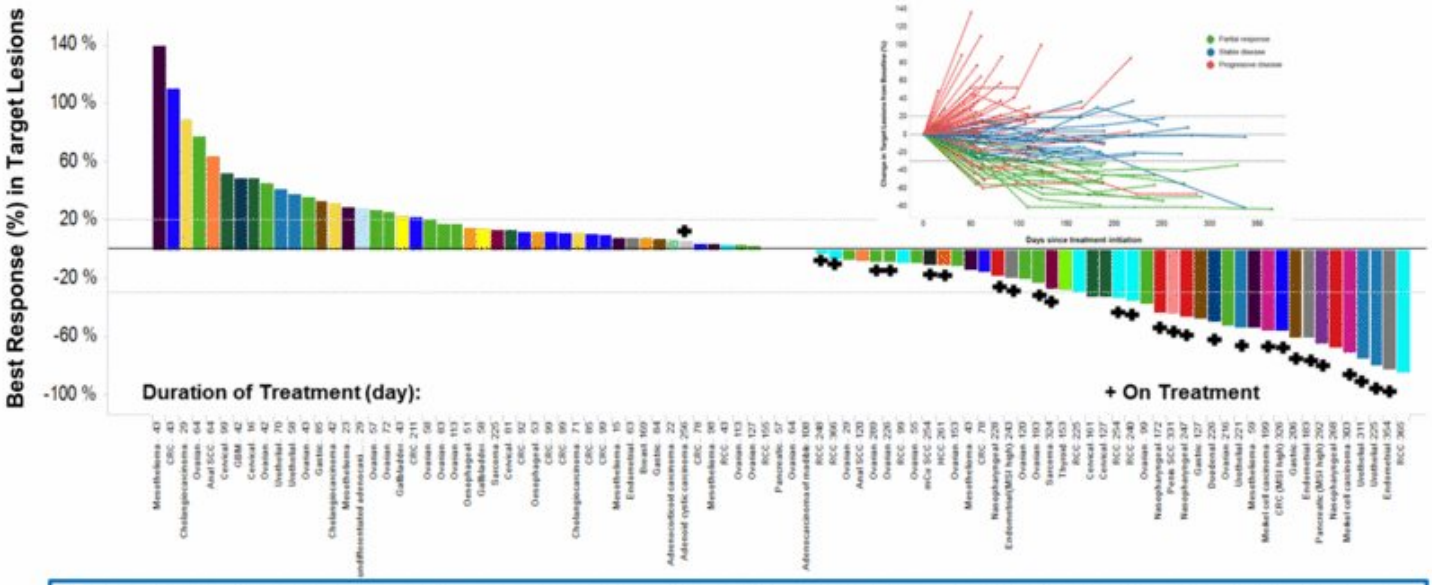
BeiGene

Source: LEK Analysis, Data from World Health Organization (2012); Chen et al., *CA Cancer J Clin*, 2016; SEER.cancer.gov
¹ China data is from 2015, U.S. data is from 2017, EU5 data is from 2012, Japan data is from ganjoho.jp in 2013

# Tislelizumab

## Phase 1 Data Demonstrated Proof of Principle and Clinical Activity

**Phase 1 Data at SITC 2016[1]**




- The dose escalation data presented at SITC$_1$ represented a mixed population with 27 tumor types which excluded melanoma, NSCLC or head and neck cancer; nearly 15% of the enrolled patients had RCC or urothelial carcinoma (UC)
- In the SITC[1] analysis, 99 patients were evaluable for efficacy 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, and 1/1 MSI-h pancreatic cancer patients
- In early data presented at ESMO WCGI 2017[2] from hepatocellular carcinoma patients enrolled in dose-escalation and dose-expansion portions of the Phase I trial, there were 3 PRs (1 confirmed, 2 unconfirmed) and 9 cases of SD in 27 efficacy-evaluable patients
- In early data presented from the China Phase 1 trial at CSCO 2017[3], the PK profile in Chinese patients was consistent with global trials. In 12 evaluable patients, there were 2 PRs (1 confirmed, 1 unconfirmed) and 3 cases of SD.

Note: 93 pts included in the chart, the remaining 6 pts were not evaluable for target lesion response based on imaging assessment at the cutoff time

Source: [1] Phase 1 data as of September 30, 2016, presented at the Society for Immunotherapy of Cancer (SITC) Annual Meeting, 2016 (Desai *et al*) [2] Phase 1 data as of April 28, 2017, presented at the ESMO World Congress on Gastrointestinal Cancer (WCGI), 2017 (Yen *et al*) [3]Phase 1 data as of June 16, 2017 presented at the Chinese Society of Clinical Oncology (CSCO) Annual Meeting, 2017 (Shen *et al*)

# Tislelizumab Response Data

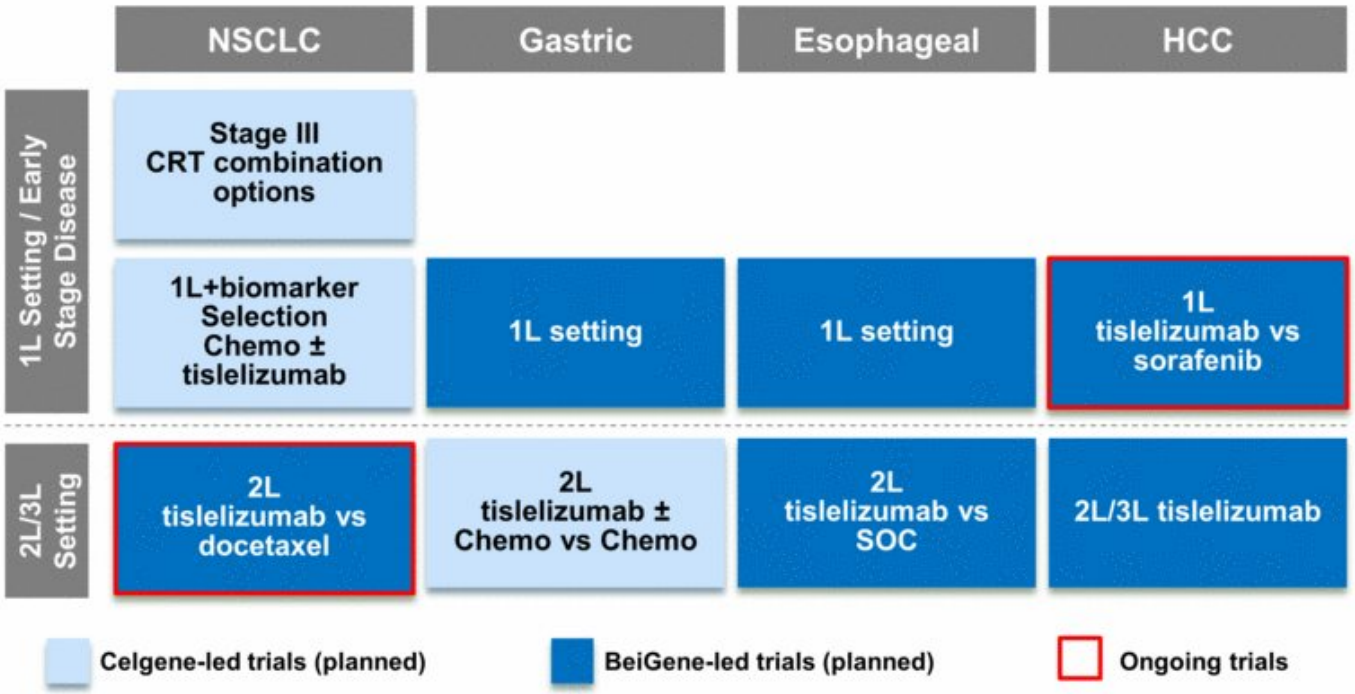
- Data on a total of 159 patients presented at ESMO 2017 and ESMO WCGI 2017
- Objective responses observed with limited follow-up in multiple disease-specific Phase 1 expansion cohorts

| Tumor Type | Gastric Cancer | Esophageal Cancer | Head & Neck SCC | Ovarian Cancer | Hepatocellular Carcinoma |
|---|---|---|---|---|---|
| Median Treatment Duration | 45 days (4-457) | 50 days (1-246) | 104 days (30-339) | 71 days (29-540) | 64 days (1-471) |
| Evaluable Patients | N=34 | N=31 | N=17 | N=50 | N=27 |
| PR<br>Confirmed<br>Unconfirmed | <br>4<br>-- | <br>2<br>3 | <br>3<br>-- | <br>2<br>-- | <br>1<br>2 |
| SD | 3 | 6 | 6 | 20 | 9 |
| Pts Remaining on Treatment* | 18 | 9 | 3 | 6 | 24 |
| Source | ESMO 2017[1] | ESMO 2017[1] | ESMO 2017[2] | ESMO 2017[3] | WCGI 2017[4] |

Note: For additional safety and efficacy data, see the BeiGene press releases issued June 29, 2017 and September 11, 2017

*At the time of the data cutoff.
Sources: [1]Phase 1 data as of June 8, 2017, presented at the ESMO 2017 Congress (Desai *et al*, Abstract 387P) [2]Phase 1 data as of June 8, 2017, presented at the ESMO 2017 Congress (Horvath *et al*, Abstract 389P) [3]Phase 1 data as of June 8, 2017, presented at the ESMO 2017 Congress (Meniawy *et al*, Abstract 388P) [4]Phase 1 data as of April 28, 2017, presented at the ESMO World Congress on Gastrointestinal Cancer (WCGI), 2017 (Yen *et al*).

# Tislelizumab – Broad, Global Clinical Trial Plan in Collaboration With Celgene for Multiple Solid Tumors




- In pivotal trials in China for R/R Hodgkin's lymphoma (enrollment completed) and R/R PD-L1+ urothelial carcinoma. Potential filing in China in 2018. Additional China-focused registration studies planned.
- Leveraging China prevalent cancers in the global clinical development, NSCLC, gastric cancer, esophageal cancer, and HCC

# Pamiparib (BGB-290)
## Selective Inhibitor of PARP1 and PARP2

| | |
|---|---|
| **Overview** | ■ **Highly selective PARP1 and PARP2 inhibitor with significant brain penetration and strong PARP trapping activity in preclinical studies** |
| **Development Plan** | ■ Two ongoing global Phase 1b/2 trials with chemotherapy: combination with radiation therapy and temozolomide (TMZ) in glioblastoma or combination with TMZ in advanced solid tumors<br>■ Initiated China pivotal Phase 2 trial in patients with gBRCA+ ovarian cancer<br>■ Expect to enter late-stage development globally<br>■ Internal combination with tislelizumab: Preliminary anti-tumor activity observed in multiple solid tumors |
| **Clinical Data** | ■ **Phase 1/2 data demonstrated pamiparib was generally well-tolerated and showed promising anti-tumor activity in ovarian cancer**<br>— Low incidence of hematological toxicities (e.g. thrombocytopenia), no liver toxicity |
| **Expected 2018 Catalysts** | ■ Present additional monotherapy and combination data<br>■ Initiate global pivotal trial (1H) |

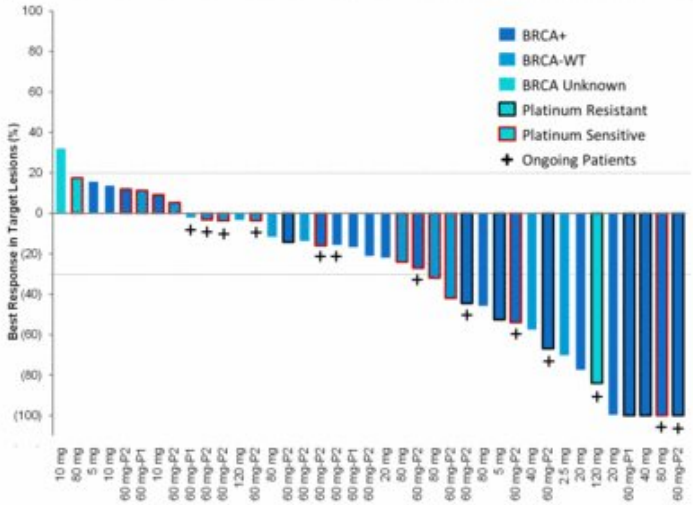


Source: Phase 1/2 data as of June 1, 2017, presented at the ESMO 2017 meeting (Lickliter et al)

# Pamiparib Monotherapy Phase 1/2 Data

## Promising Activity and Generally Well-Tolerated to Date

**Best Change from Baseline in Target Lesions in Epithelial Ovarian Cancer and Other Associated Tumors**




P1: Phase 1; P2: Phase 2.

| Best Overall Response, n (%) | Total (N=39) |
|---|---|
| **Overall Response rate per RECIST v1.1 (CR+PR)** | **13 (33.3%)** |
| Complete Response (CR) | 3 (7.7%) |
| Partial Response (PR) | 10 (25.6%) |
| Stable Disease (SD) | 21 (53.8%) |
| **Clinical Benefit Rate (CR+PR+SD with ≥24 Weeks Duration)** | **18 (46.2%)** |

- Overall response rates by BRCA status were 43.5% (n=10/23; BRCA+), 15.4% (n=2/13; BRCA-WT), and 33.3% (n=1/3; BRCA unknown)

**Summary of Adverse Events from Across the Phase 1/2 Trial**

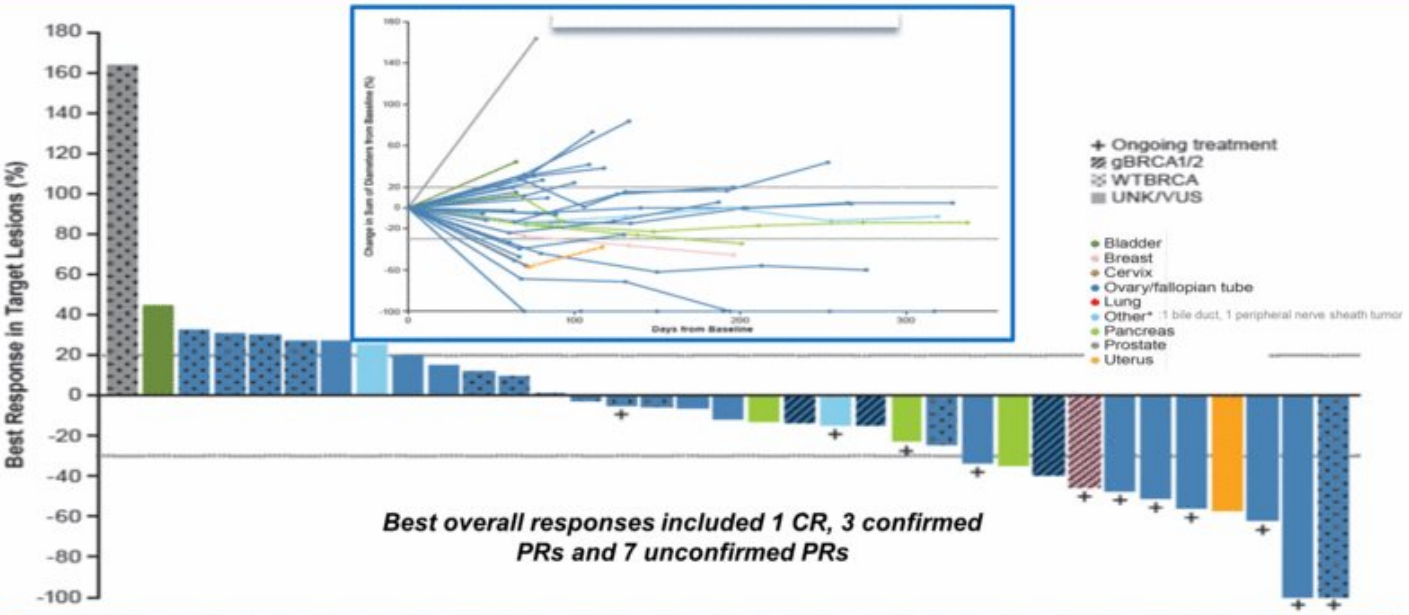
| | Phase 1 (n=45) | Phase 1 (n=23) | Total (N=68) |
|---|---|---|---|
| Patient Reporting ≥1 TEAE | 45 (100%) | 22 (95.7%) | 67 (98.5%) |
| Patients Reporting ≥1 Treatment-Related TEAE | 34 (75.6%) | 19 (82.6%) | 53 (77.9%) |
| Patients Reporting ≥1 Serious TEAE | 25 (55.6%) | 6 (26.1%) | 31 (45.6%) |
| Patients who Experienced ≥1 DLT | 4 (8.9%) | NA | 4 (5.9%) |
| TEAEs Leading to Discontinuation | 4 (8.9%) | 0 | 4 (5.9%) |
| **TRAEs Occurring in ≥10% of All Patients (N=68)** | **Grade 1 or 2** | **Grade ≥3** | **Total** |
| Nausea | 36 (52.9%) | 2 (2.9%) | 38 (55.9%) |
| Vomiting | 13 (9.1%) | 1 (1.5%) | 14 (20.6%) |
| Diarrhea | 12 (17.6%) | 2 (2.9%) | 14 (20.6%) |
| Fatigue | 25 (36.8%) | 2 (2.9%) | 27 (39.7%) |
| Anemia | 10 (14.7%) | 7 (10.3%) | 17 (25.0%) |
| Neutropenia/Neutrophil Count Decrease | 2 (92.9%) | 6 (8.8%) | 8 (11.8%) |
| Decreased Appetite | 10 (14.7%) | 0 | 10 (14.7%) |

All date are presented as n (%).
**Abbreviations:** DLT: dose-limiting toxicity; NA: not applicable; TEAE: treatment-emergent adverse event; TRAE: treatment-related adverse event.

BeiGene Source: Phase 1/2 data as of June 1, 2017, presented at the ESMO 2017 meeting (Lickliter *et al*)

# Tislelizumab/Pamiparib Combination Escalation Data

## Generally Well-Tolerated With Preliminary Anti-Tumor Activity in Multiple Tumor Types




***Best overall responses included 1 CR, 3 confirmed PRs and 7 unconfirmed PRs***

- Ovarian or fallopian tube cancer patients (n=29) had best responses of CR (1), PR (2 confirmed, 5 unconfirmed), and SD (7). Breast cancer patients (n=2) had 1 confirmed PR. Pancreatic cancer patients (n=3) had best responses of PR (1 unconfirmed) and SD (2). Uterine cancer patient (n=1) had an unconfirmed PR. SD was observed in 1 of 3 patients with prostate cancer and the 1 patient with bile duct cancer. Additional tumor types enrolled included bladder, cervical, lung, and peripheral nerve sheath cancer (n=1 each)
- Grade 3-4 AEs related to tislelizumab in >1 patients were AI hepatitis / hepatitis (12%) and ALT inc. (5%); related to pamiparib in >1 patients were anemia (14%), and ALT inc., AST inc., fatigue, and nausea (5% each)
- Liver-related AEs regardless of causality occurred in 12 patients (gr. 3-4 in 8 patients: 5 hepatitis, 3 including ALT and/or AST); all reversible with/without corticosteroids
- Treatment-related hepatic AEs have been reported in 1 of 300 patients treated with tislelizumab monotherapy and 0 of 65 patients treated with pamiparib monotherapy in separate ongoing trials



Source: Dose escalation data as of March 31, 2017, presented at ASCO 2017 (Friedlander *et al*)

# Summary Financial Position and Near-Term Milestones

**Estimated Cash, Cash Equivalents, and Short-term Investments (12/31/2017)**

**$835-840M**

Including funds held by the Guangzhou JV

(Unaudited)

| Event | Expected Timing |
|---|---|
| **Zanubrutinib (BTK Inhibitor)** | |
| Present updated Phase I monotherapy or combination data at a medical conference | 2018 |
| Present China pivotal trial data | 2018 |
| Initiate head-to-head Phase 3 trial versus ibrutinib in R/R CLL | 2018 |
| NDA submission in China | 2018 |
| Completion of global WM registrational trial enrollment | Q3 2018 |
| **Tislelizumab (PD-1 Antibody)** | |
| Present updated Phase I monotherapy or combination data at a medical conference | 2018 |
| Present China pivotal trial data | 2018 |
| NDA submission in China | 2018 |
| Initiate additional Phase 3 trials | 2018 |
| **Pamiparib (PARP inhibitor)** | |
| Present updated Phase 1 monotherapy or combination data at a medical conference | 2018 |
| Initiate global Phase 3 trial | 1H 2018 |
| **In-licensed Products** | |
| Vidaza launch in China | Q1 2018 |
| Revlimid NDMM approval and launch in China | Q1 2018 |
| Abraxane provincial reimbursement expansion | 2018 |

# BeiGene Product Portfolio and Pipeline

| Program (*Target*) | Commercial Rights | Current Phase | Lead Indications |
|---|---|---|---|
| | | Phase 1 / Phase 2* / Pivotal Phase 2** / Phase 3 | |
| **Zanubrutinib** (*BGB-3111, BTK*) | Worldwide | | • WM, 1L CLL<br>• R/R MCL, R/R CLL, WM |
| **Zanubrutinib + Gazyva®** (*BTK + CD20*) | Worldwide | | • R/R FL |
| **Tislelizumab** (*BGB-A317, PD-1*) | Worldwide for hem malignancy, Asia ex-Japan for solid tumors[1] | | • 2L NSCLC, 1L HCC<br>• 2L NSCLC, 1L HCC, R/R HL (Pivotal phase 2), 2L+ UC (Pivotal phase 2) |
| **Tislelizumab + Pamiparib** (*PD-1 + PARP*) | Worldwide | | • Solid tumors |
| **Tislelizumab + Zanubrutinib** (*PD-1 + BTK*) | Worldwide | | • B-cell malignancies |
| **Pamiparib** (*BGB-290, PARP*) | Worldwide[2] | | • 3L gBRCA+ ovarian cancer |
| **Pamiparib + Temozolomide** (*PARP + Chemo*) | Worldwide[2] | | • Solid tumors |
| **Pamiparib + RT/Temozolomide** (*PARP + RT/Chemo*) | Worldwide[2] | | • Glioblastoma |
| **Lifirafenib** (*BGB-283, RAF Dimer*) | Worldwide[2] | | • B-Raf- or K-RAS/N-RAS-mutated solid tumors<br>• B-Raf- or K-RAS/N-RAS-mutated solid tumors |
| **BGB-A333 +/- Tislelizumab** (*PD-L1 +/- PD-1*) | Worldwide | | • Solid tumors |
| **Revlimid®** (*IMiD*) | China | *Marketed* | • R/R MM (marketed), ND MM (NDA submitted), R/R NHL (Phase 3) |
| **Abraxane®** (*Albumin-bound paclitaxel*) | China | *Marketed* | • Breast cancer |
| **Vidaza®** (*hypomethylating agent*) | China | *Marketed* | • MDS, AML with 20-30% bone marrow blasts, CMMoL |
| **CC-122** (*CELMoD*) | China | | • R/R DLBCL and NHL |
| **Sitravatinib** (*multi-kinase inhibitor*) | Asia ex-Japan, AU, NZ[3] | | • NSCLC |

Abbreviations: WM=Waldenstrom's macroglobulinemia; CLL=chronic lymphocytic leukemia; MCL=mantle cell lymphoma; FL=follicular lymphoma; NSCLC=non-small cell lung cancer; HCC=hepatocellular carcinoma; MM=multiple myeloma; HL=Hodgkin's lymphoma; NHL=non-Hodgkin's lymphoma; DLBCL=diffuse large B-cell lymphoma; MDS=Myelodysplastic syndrome; AML=acute myeloid leukemia; UC=urothelial carcinoma; CMMoL=chronic myelomonocytic leukemia; 1L/2L/3L=first, second or third line; R/R=relapsed/refractory; ND=newly diagnosed

China | Global (ex-China)

*Some indications will not require a non-pivotal Phase 2 clinical trial prior to beginning pivotal Phase 2 or 3 clinical trials.
**Confirmatory clinical trials post approval are required for accelerated approvals. [1] Celgene has the right to develop and commercialize tislelizumab in solid tumors in the United States, European Union, Japan and the rest-of-world outside of Asia.
[2] Limited collaboration with Merck KGaA. [3] Partnership with Mirati Therapeutics, Inc.

# Conclusion – BeiGene Company Highlights

- 850+ person, global biotech company rooted in China with research, development, manufacturing, and commercial capabilities
- Ability to leverage regulatory changes in China as the country becomes an integral component of novel drug development and the oncology drug market continues to grow
- Plans to globally market potentially best-in-class BTK inhibitor zanubrutinib, with an expectation to file for marketing approval in China in 2018
- Collaborating with Celgene in the development and potential commercialization of PD-1 inhibitor tislelizumab globally and in China
- Continued development of proprietary pipeline assets
- Potential to further expand internal portfolio through future strategic relationships (as evidenced by the Celgene and Mirati collaborations)