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): **August 9, 2017**

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 August 9, 2017, BeiGene, Ltd. (the "Company") announced its financial results for the three and six months ended June 30, 2017. A copy of the press release is furnished as Exhibit 99.1 to this Current Report on Form 8-K.

The information set forth under this Item 2.02 in this Current Report on Form 8-K and Exhibit 99.1 attached hereto 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 of 1933, as amended (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 August 9, 2017, the Company issued a press release announcing the commencement of an underwritten public 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 intends to offer and sell $125,000,000 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 $18,750,000 of the ADSs, less underwriting discounts and commissions. A copy of the press release is attached hereto as Exhibit 99.2 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 Company is providing certain business updates in connection with the offering described above in the materials attached as Exhibits 99.3 and 99.4 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	Press release entitled "BeiGene Reports Second Quarter 2017 Financial Results" issued by BeiGene, Ltd. on August 9, 2017, furnished herewith
99.2	Press release entitled "BeiGene Announces Proposed Public Offering" issued by BeiGene, Ltd. on August 9, 2017
99.3	BeiGene, Ltd. materials dated August 2017
99.4	BeiGene, Ltd. materials dated August 2017

Forward Looking Statements

This Current Report on Form 8-K and certain of the materials filed or furnished or filed 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 the completion, timing and size of the public 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 those statements in the materials filed or furnished herewith that are designated as "forward-looking statements" 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 U.S. Securities and Exchange Commission ("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 June 30, 2017 and subsequent filings with the SEC. 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.

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: August 9, 2017

BEIGENE, LTD.

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

Exhibit Index

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Exhibit 99.1

BeiGene Reports Second Quarter 2017 Financial Results

CAMBRIDGE, Mass. and BEIJING, China, August 9, 2017 (GLOBE NEWSWIRE) — BeiGene, Ltd. (NASDAQ: BGNE), a clinical-stage biopharmaceutical company developing innovative molecularly targeted and immuno-oncology drugs for the treatment of cancer, today reported business highlights and financial results for the second quarter and first six months of 2017.

"This quarter has been transformative for BeiGene. Our announced strategic collaboration with Celgene, which is expected to close in the third quarter, is an important step in the buildout of our internal capabilities from a research organization into a fully integrated biopharmaceutical company with clinical development, manufacturing, and soon a commercial platform. The planned addition of Celgene's China commercial team and three commercial-stage drugs in China positions us well ahead of the potential launches of our own internally developed drug candidates in China. Importantly, we also expect that the Celgene collaboration will maximize the value of our PD-1 antibody BGB-A317 globally. In addition, during the quarter we announced late-stage development plans for BGB-3111, including two additional global registrational trials, supported by our data updates at the 14 th International Conference on Malignant Lymphoma. Our other clinical programs remain on track with the initiation of several new trials, including two registrational trials of BGB-A317 in China," said John V. Oyler, Founder, Chief Executive Officer, and Chairman of BeiGene.

"We expect to continue our momentum through the second half of the year. In the near-term, we will present updated Phase 1 monotherapy data on BGB-A317 and BGB-290 at the European Society of Medical Oncology 2017 Congress. We also expect to initiate additional registrational trials before the end of the year," commented Mr. Oyler.

Second Quarter 2017 and Recent Business Highlights

Clinical Programs:

BGB-3111 , *a potent and highly selective small molecule inhibitor of Bruton's tyrosine kinase (BTK)*

- Presented updated Phase 1 data on BGB-3111 in chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) and Waldenström's macroglobulinemia (WM), as well as initial data from the combination trial of BGB-3111 and obinutuzumab, an anti-CD20 antibody, in CLL/SLL and follicular lymphoma (FL) at the 14 th International Conference on Malignant Lymphoma.
- Initiated a Phase 2 trial of BGB-3111 in Chinese patients with non-germinal center B-cell-like diffuse large B-cell lymphoma.
- Continued enrollment in the following trials:
    - Global Phase 3 trial of BGB-3111 compared with ibrutinib in WM
    - Registrational trial of BGB-3111 in Chinese patients with relapsed/refractory mantle cell lymphoma
    - Registrational trial of BGB-3111 in Chinese patients with relapsed/refractory CLL/SLL
    - Dose-expansion phase of the global BGB-3111 Phase 1 monotherapy trial in B-cell malignancies
    - Dose-expansion phase of the global Phase 1 combination trial of BGB-3111 and obinutuzumab in B-cell malignancies
    - Phase 1 combination trial of BGB-3111 and BGB-A317 in B-cell malignancies in Australia
- Continued follow-up on patients enrolled in the Phase 1 monotherapy trial of BGB-3111 in Chinese patients with B-cell lymphoma.

BGB-A317 , *an investigational humanized monoclonal antibody against the immune checkpoint receptor PD-1*

- Presented initial data from the Phase 1 trial of BGB-A317 in combination with BGB-290 in advanced solid tumors at the 2017 American Society of Clinical Oncology (ASCO) Annual Meeting.
- Presented preliminary Phase 1 data on BGB-A317 in hepatocellular carcinoma at the European Society for Medical Oncology (ESMO) 19 th World Congress on Gastrointestinal Cancer.

- Initiated registrational trials of BGB-A317 in China: one in relapsed/refractory classical Hodgkin lymphoma and another in previously treated, PD-L1-positive, locally advanced or metastatic urothelial cancer.
- Initiated a Phase 2 trial of BGB-A317 in combination with chemotherapy for the first-line treatment of Chinese patients with locally advanced or metastatic esophageal, gastric, or gastroesophageal junction carcinoma.
- Continued enrollment in the following trials:
    - Dose-expansion phase of the global BGB-A317 Phase 1 monotherapy trial in advanced solid tumors
    - Phase 1 trial of BGB-A317 in Chinese patients with advanced solid tumors
    - Phase 1 combination trial of BGB-A317 and BGB-290 in advanced solid tumors in Australia
    - Phase 1 combination trial of BGB-A317 and BGB-3111 in B-cell malignancies in Australia

BGB-290 , *a potent and highly selective PARP inhibitor*

- Presented initial data from the Phase 1 trial of BGB-290 in combination with BGB-A317 in advanced solid tumors at the 2017 ASCO Annual Meeting.
- Initiated a global Phase 1 trial of BGB-290 in combination with temozolomide in locally advanced or metastatic solid tumors.
- Initiated a global Phase 1b/2 trial of BGB-290 in combination with radiation therapy and/or temozolomide in glioblastoma.
- Continued enrollment in the following trials:
    - Dose-expansion phase of the BGB-290 Phase 1 monotherapy trial in advanced solid tumors in Australia
    - Phase 1 trial of BGB-290 in Chinese patients with advanced solid

tumors

- Phase 1 combination trial of BGB-290 and BGB-A317 in advanced solid tumors in Australia.

Corporate Development:

- Entered into a strategic collaboration with Celgene Corporation. Upon closing, BeiGene will acquire Celgene's commercial operations in China and assume commercial responsibility for Celgene's approved therapies in China (Abraxane ®, Revlimid ®, and Vidaza ®) and pipeline agent CC-122. Celgene will gain exclusive rights to develop and commercialize BGB-A317 for solid tumors in the United States, the European Union, Japan, and the rest of the world outside of Asia. BeiGene will retain rights for solid tumors in Asia (ex-Japan) and for hematological malignancies and internal combinations globally. Subject to closing, BeiGene will receive $413 million from Celgene in upfront licensing fees and an equity investment and will be eligible for up to $980 million in development, regulatory, and sales milestones, as well as royalties on future sales of BGB-A317. The transaction is expected to close in the third quarter of 2017.

Expected Upcoming Milestones

BGB-3111 (BTK Inhibitor)

- Present data from the Phase 1 combination trial of BGB-3111 with BGB-A317 in 2017.
- Present additional data from the dose-expansion phase of the Phase 1 monotherapy trial.
- Present additional data from the Phase 1 combination trial of BGB-3111 with obinutuzumab.
- Initiate global Phase 3 trial of BGB-3111 in comparison with bendamustine and rituximab in treatment naïve CLL/SLL
- Initiate global registrational Phase 2 trial of BGB-3111 and obinutuzumab in comparison with obinutuzumab alone in relapsed/refractory FL

BGB-A317 (PD-1 Antibody)

- Present updated Phase 1 monotherapy data at the ESMO 2017 Congress in Madrid, Spain, September 8-12, 2017.
- Present data from the Phase 1 combination trial of BGB-A317 and BGB-3111 in 2017.
- Present data from the Phase 1 trial in Chinese patients with advanced solid tumors in 2017.

BGB-290 (PARP Inhibitor)

- Present updated Phase 1 monotherapy data at the ESMO 2017 Congress in Madrid, Spain, September 8-12, 2017.

Second Quarter 2017 Financial Results

Cash, Cash Equivalents, and Short-term Investments were $407.43 million as of June 30, 2017, compared to $368.17 million as of December 31, 2016. The increase was due primarily to proceeds from an equity investment in and a shareholder loan to BeiGene Biologics by Guangzhou GET Technology Development Co., Ltd (GET) to build a commercial-scale biologics plant in Guangzhou, China, and to fund research and development of biologics drug candidates in China. These proceeds were partially offset by cash used in operating activities and for capital expenditures during the three months ended June 30, 2017. The Company consolidates the BeiGene Biologics joint venture and recognizes GET's equity interest as a noncontrolling interest in its consolidated financial statements. As of June 30, 2017, cash and cash equivalents included $155.24 million of cash held by BeiGene Biologics.

Cash used in operations for the three months ended June 30, 2017 was $51.89 million, compared to $19.26 million for the same period in 2016. The increase was primarily attributable to higher research and development (R&D) and general and administrative (G&A) expenses in support of our clinical trials and the expansion of our workforce, as further detailed below. Capital expenditures for the quarter ended June 30, 2017 were $13.62 million, compared to $5.46 million for the same period in 2016. The increase was primarily attributable to increased investment in our manufacturing capabilities.

Revenue for the three months ended June 30, 2017 was nil, compared to $0.39 million in the same period in 2016. The decrease in revenue in the period was due to the completion of R&D service deliverables under our collaboration agreement for BGB-283.

R&D Expenses for the three months ended June 30, 2017 were $47.25 million, compared to $21.12 million in the same period in 2016. The increase in R&D expenses was primarily attributable to increased spending on clinical activities for BGB-3111, BGB-A317, and BGB-290 due to expansion of ongoing clinical programs, start-up activities for registrational trials and increased employee compensation-related expenses as a result of increased headcount to support growing clinical trials. Increased costs were also incurred related to activities for our preclinical assets. In addition, R&D-associated share-based compensation expense was $4.75 million for the three months ended June 30, 2017, compared to $0.74 million for the same period in 2016.

G&A Expenses for the three months ended June 30, 2017 were $10.78 million compared to $3.90 million in the same period in 2016. The increase in G&A expenses was primarily attributable to increased employee compensation-related expenses as a result of increased headcount and higher professional service fees to support our growing operations. In addition, G&A-associated share-based compensation expense was $2.33 million for the three months ended June 30, 2017, compared to $0.54 million for the same period in 2016.

Net Loss Attributable to BeiGene, Ltd. for the three months ended June 30, 2017 was $60.55 million compared to $24.12 million in the same period in 2016.

BeiGene

Financial Summary

Select Consolidated Balance Sheet Data (U.S. GAAP)
(Amounts in thousands of U.S. Dollars)

	June 30, 2017 (unaudited)	December 31, 2016 (audited)
Cash, cash equivalents and short-term investments	$ 407,430	$ 368,174
Prepaid expenses and other current assets	11,261	6,225
Property and equipment, net	33,770	25,977
Total assets	473,975	405,813
Accounts payable	24,419	11,957
Long-term bank loan	17,701	17,284
Shareholder loan	135,027	—
Noncontrolling interest	14,419	—
Total equity	$ 270,172	$ 352,907

Consolidated Statements of Operations (U.S. GAAP)
(Amounts in thousands of U.S. Dollars, except for number of American Depositary Shares (ADSs) and per ADS data) (unaudited)

	Three Months Ended June 30,		Six Months Ended June 30,	
	2017	2016	2017	2016
Collaboration revenue	$ —	$ 393	$ —	$ 1,070
Operating expenses:				
Research and development	(47,245)	(21,117)	(90,018)	(38,994)
General and administrative	(10,777)	(3,904)	(19,546)	(7,038)
Total operating expenses	(58,022)	(25,021)	(109,564)	(46,032)
Loss from operations	(58,022)	(24,628)	(109,564)	(44,962)
Interest (expense) income, net	(1,982)	121	(1,796)	411
Changes in fair value of financial instruments	—	—	—	(1,514)
Gain (loss) on sale of available-for-sale securities	2	(228)	10	(940)
Other (expense) income, net	(477)	746	428	1,059
Loss before income tax expense	(60,479)	(23,989)	(110,922)	(45,946)
Income tax expense	(201)	(135)	(381)	(179)
Net loss	$ (60,680)	$ (24,124)	$ (111,303)	(46,125)
Less: Net loss attributable to noncontrolling interest	(135)	—	(135)	—
Net loss attributable to BeiGene, Ltd.	$ (60,545)	$ (24,124)	$ (111,168)	(46,125)
Net loss attributable to common shareholders per ADS, basic and diluted	$ (1.52)	$ (0.73)	$ (2.80)	(1.66)
Weighted-average number of ADS used in net loss per ADS calculation - basic and diluted	39,820,287	32,903,593	39,773,393	27,761,107

Consolidated Statements of Comprehensive Loss (U.S. GAAP)
(Amounts in thousands of U.S. Dollars) (unaudited)

	Three Months Ended June 30,		Six Months Ended June 30,	
	2017	2016	2017	2016
Net loss	$ (60,680)	$ (24,124)	$ (111,303)	$ (46,125)
Other comprehensive loss, net of tax of nil:				
Foreign currency translation adjustments	554	(486)	644	(390)
Unrealized holding gain, net	19	275	7	736
Comprehensive loss	(60,107)	(24,335)	(110,652)	(45,779)
Less: Comprehensive loss attributable to noncontrolling interests	(108)	—	(108)	—
Comprehensive loss attributable to BeiGene, Ltd.	$ (59,999)	$ (24,335)	$ (110,544)	$ (45,779)

About BeiGene

BeiGene is a global, clinical-stage, research-based biotechnology company focused on molecularly targeted and immuno-oncology cancer therapeutics. With a team of over 400 employees in China, the United States, and Australia, BeiGene is advancing a pipeline consisting of novel oral small molecules and monoclonal antibodies for the treatment of cancer. BeiGene is working to create combination solutions aimed at having both a meaningful and lasting impact on cancer patients.

Forward-Looking Statements

This press release contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 and other federal securities laws, including statements regarding BeiGene's financial condition; results of operations and business outlook; the expected closing of the strategic transaction with Celgene and the benefits of that transaction; the sufficiency of its cash, cash equivalents and short-term investments; plans for its manufacturing joint venture; and momentum of its business, as well as the advancement of, and anticipated clinical development and regulatory milestones and plans related to BeiGene's drug candidates and clinical trials, including commencing registrational and combination trials and providing data readouts and updates for its drug candidates. Actual results may differ

materially from those indicated in the forward-looking statements as a result of various important factors, including risks related to the proposed strategic transaction with Celgene; BeiGene's ability to demonstrate the efficacy and safety of its drug candidates; the clinical results for its drug candidates, which may not support further development; actions of regulatory agencies, which may affect the initiation, timing and progress of clinical trials; BeiGene's ability to achieve market acceptance in the medical community necessary for commercial success; BeiGene's ability to obtain and maintain protection of intellectual property for its technology and drugs; BeiGene's reliance on third parties to conduct preclinical studies and clinical trials and to manufacture its product candidates; BeiGene's limited operating history and BeiGene's ability to obtain additional funding for operations and to complete the development and commercialization of its drug candidates, as well as those risks more fully discussed in the section entitled "Risk Factors" in BeiGene's most recent quarterly report on Form 10-Q, as well as discussions of potential risks, uncertainties, and other important factors in BeiGene's subsequent filings with the U.S. Securities and Exchange Commission. All information in this press release is as of the date of this press release, and BeiGene undertakes no duty to update such information unless required by law.

Investor/Media Contact

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media@beigene.com

Exhibit 99.2

BeiGene Announces Proposed Public Offering

CAMBRIDGE, Mass. and BEIJING, China, August 9, 2017 (GLOBE NEWSWIRE) — BeiGene, Ltd. (NASDAQ:BGNE), a clinical-stage biopharmaceutical company developing 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 $125,000,000 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 $18,750,000 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.

Morgan Stanley, Goldman Sachs & Co. LLC, and Cowen 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 Morgan Stanley & Co. LLC, Attention: Prospectus Department, 180 Varick Street, 2nd Floor, New York, NY 10014; 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; or 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.

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, clinical-stage, research-based biotechnology company focused on molecularly targeted and immuno-oncology cancer therapeutics. With a team of over 400 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 working to create combination solutions aimed to have both a meaningful and lasting impact on cancer patients.

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 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/Media Contact

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Exhibit 99.3

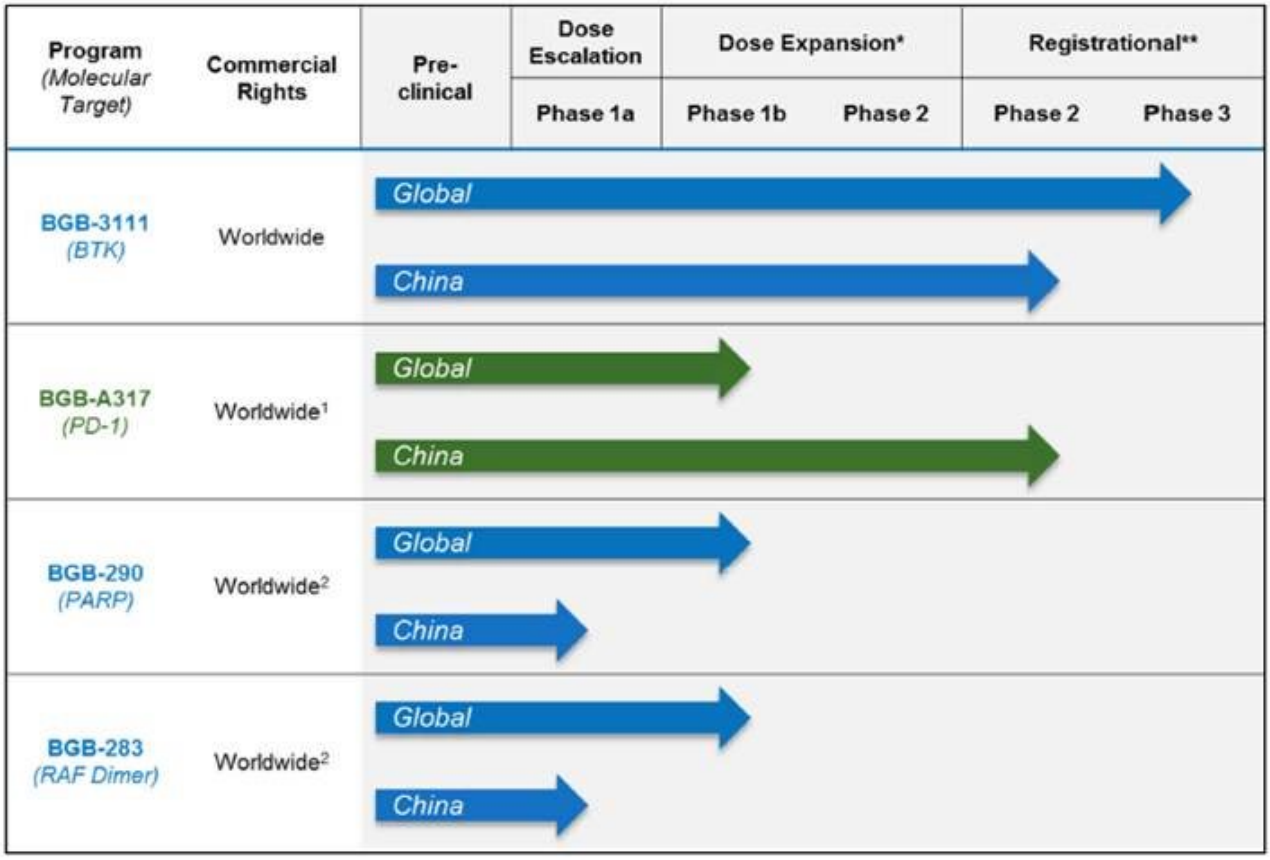
Company Overview

We are a globally focused, clinical-stage biopharmaceutical company dedicated to becoming a leader in the discovery, development and commercialization of innovative, molecularly targeted and immuno-oncology drugs for the treatment of cancer. We believe the next generation of cancer treatment will utilize therapeutics both as monotherapies and in combination to attack multiple underlying mechanisms of cancer cell growth and survival. We further believe that discovery of next-generation cancer therapies requires new research tools. To that end, we have developed a proprietary cancer biology platform that addresses the importance of tumor-immune system interactions and the value of primary biopsies in developing new models to support our drug discovery effort.

Our strategy is to develop a pipeline of drug candidates with the potential to be best-in-class monotherapies and also important components of multiple-agent combination regimens. Over the last six years, using our cancer biology platform, we have developed clinical-stage drug candidates that inhibit the important oncology targets Bruton's tyrosine kinase, or BTK, RAF dimer protein complex and PARP family of proteins, and an immuno-oncology agent that inhibits the immune checkpoint protein receptor PD-1. For each of our molecularly targeted drug candidates, we have achieved proof-of-concept by observing objective responses in defined patient populations. Globally outside China, our BTK inhibitor is currently in a pivotal clinical trial in the United States, Europe, and Australia. Our PD-1, PARP and RAF dimer inhibitors are currently in the dose-expansion phases of their respective clinical trials. In China, our BTK inhibitor and our PD-1 inhibitor have each entered two pivotal clinical trials. As of July 26, 2017, trials of our four clinical-stage drug candidates, as monotherapies and in combination, have enrolled a total of over 1,400 patients and healthy adults. We have Investigational New Drug, or IND, applications in effect for our BTK, PD-1 and PARP inhibitors with the U.S. Food and Drug Administration, or FDA. All four of our drug candidates are in the clinic in China. We believe that each of our clinical-stage drug candidates is the first in their respective classes being developed in China under the Category 1.1 domestic regulatory pathway to enter into human testing and to present clinical data.

Our research operations are in China, which we believe confers several advantages including access to a deep scientific talent pool and proximity to extensive preclinical study and clinical trial resources through collaborations with leading cancer hospitals in China. Beyond the substantial market opportunities we expect to have globally, we believe our location in China provides us the opportunity to bring best-in-class and/or first-in-class monotherapies and combination therapeutics to our home market where many global standard-of-care therapies are not currently approved or available. In addition to research and development operations, we are also building small molecule and biologic manufacturing facilities by taking advantage of local funding sources available in China. We have established global clinical development capabilities with a significant presence in the United States and Australia that allow us to advance our clinical candidates globally as well as provide us with access to the global talent pool. We have assembled a team of over 400 employees in China, the United States, and Australia with deep scientific talent and extensive global pharmaceutical experience who are deeply committed to advancing our mission to become a global leader in next-generation cancer therapies.

The following table summarizes the status of our clinical pipeline globally and in China as of the date hereof:



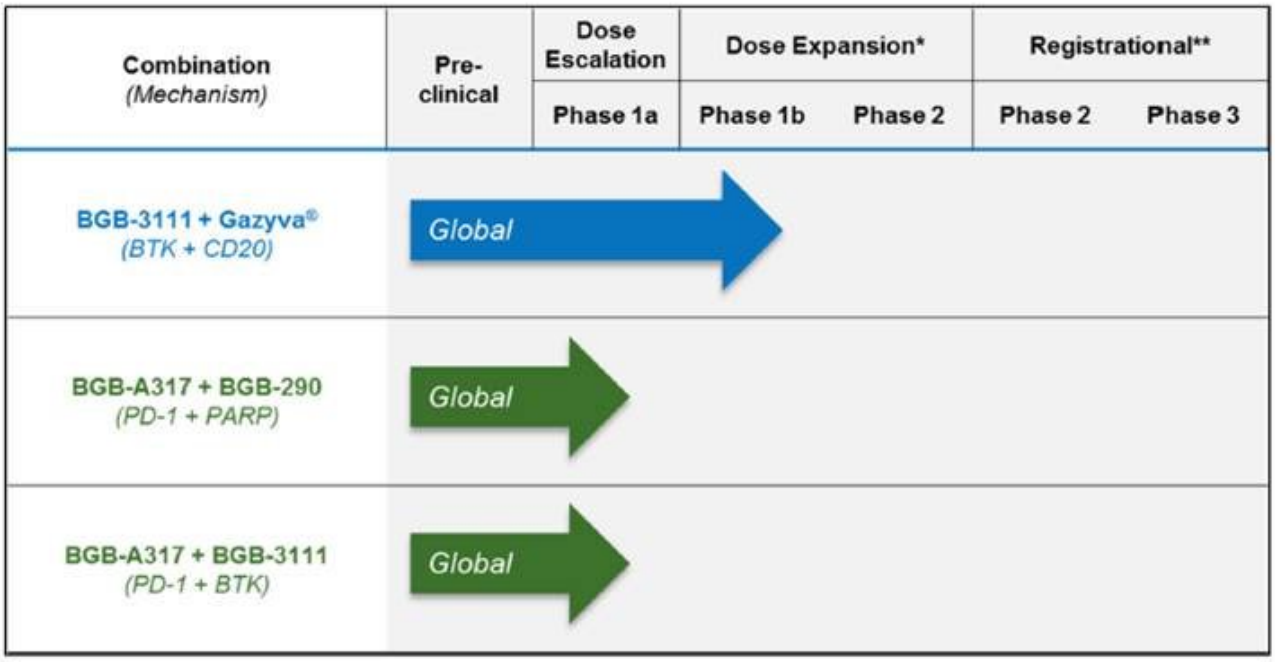
*Some indications will not require a non-registrational Phase 2 clinical trial prior to beginning registrational Phase 2 or 3 clinical trials.

**Confirmatory clinical trials post approval are required for accelerated approvals.

(1) Entered into a collaboration with Celgene, that has not yet closed, to grant Celgene the rights to develop and commercialize in solid tumors in the United States, European Union, Japan and the rest-of-world outside of Asia. See "—Recent Developments—Strategic Collaboration with Celgene."

(2) Limited collaboration with Merck KGaA.

The following table summarizes the status of our combination therapy pipeline as of the date hereof:



*Some indications will not require a non-registrational Phase 2 clinical trial prior to beginning registrational Phase 2 or 3 clinical trials.

**Confirmatory clinical trials post approval are required for accelerated approvals.

Recent Developments

Strategic Collaboration with Celgene

On July 5, 2017, we announced a strategic collaboration with Celgene pursuant to which Celgene will have the exclusive right to develop and commercialize our investigational PD-1 inhibitor, BGB-A317, in patients with solid tumor cancers in the United States, Europe, Japan and the rest of world outside Asia. We will retain exclusive rights for the development and commercialization of BGB-A317 for hematological cancers globally and for solid tumors in China and the rest of Asia, other than Japan. In addition, we retain the right to develop BGB-A317 in combination therapies with our portfolio compounds, and Celgene has a right of first negotiation for any proposed license, grant or other transfer of rights relating to BGB-A317, including development and commercialization rights, in our territory and in the hematology field in Celgene's territory, subject to certain conditions. Upon closing, we will receive $263 million in upfront license fees and issue and sell to Celgene Switzerland LLC $150 million of our ordinary shares, consisting of 32,746,416 ordinary shares, or approximately 5.9% of our outstanding shares as of July 5, 2017, at a price per share equal to $4.58, or $59.55 per ADS, which represents a 35% premium over the 11-day volume weighted average price of our ADSs on The NASDAQ Global Select Market during the period from June 16, 2017 through June 30, 2017. We will also be eligible to receive up to $980 million in development, regulatory and sales milestone payments and royalties in the low-double digit to mid-twenty percentages on any future sales of BGB-A317, based on specified terms.

In connection with the BGB-A317 collaboration, we also announced that we will acquire Celgene's commercial operations and sales force in China, excluding Hong Kong, Macau and Taiwan, and gain an exclusive license in that territory to commercialize Celgene's approved cancer therapies, ABRAXANE ®, REVLIMID ®, and VIDAZA ®, and its investigational agent CC-122 in clinical development.

The transactions have been approved by the boards of directors of both companies and are expected to close in the third quarter of 2017, subject to the expiration or termination of applicable waiting periods under all applicable

antitrust laws and satisfaction of other customary closing conditions. The principal agreements for the transactions are further summarized in our Current Report on Form 8-K filed with the U.S. Securities and Exchange Commission on July 6, 2017.

Exhibit 99.4

BeiGene

August 2017

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 those regarding continuing and further development 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, 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 (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.

Investment Highlights

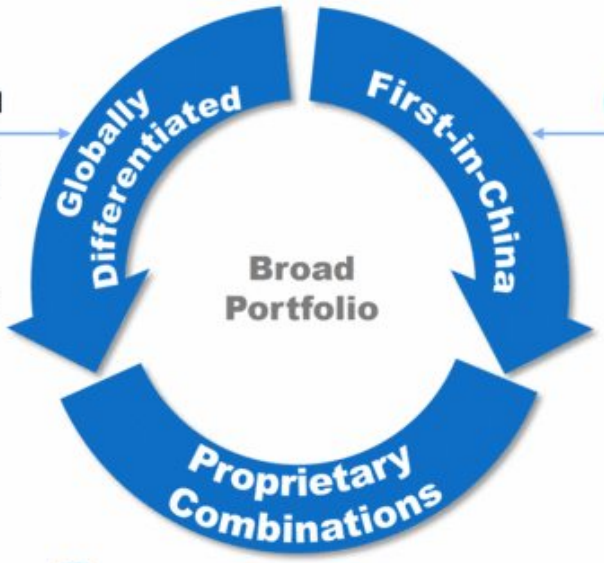
- Global oncology company with four internally developed assets, each with demonstrated proof-of-concept and a potentially differentiated profile
- Lead asset BGB-3111, a potentially best-in-class BTK inhibitor, is in registrational trials both globally and in China; PD-1 mAb in registrational trials in China and recently partnered with Celgene to expand global development; third asset PARP inhibitor also expected to enter late-stage development
- Strategic collaboration with Celgene transforms BeiGene into commercial-stage company in China in advance of potential future commercialization of internally developed compounds
- Structural advantages as a local player in China, the world's second largest pharma market
- We believe all of our clinical-stage assets are the first in their classes to be developed under the domestic regulatory pathway in China to enter clinical testing and present data
- Productive drug discovery engine, expanding global development capabilities, and world-renowned scientific advisory board

Our Business Model

Multiple Sources of Value Creation

1 Globally Differentiated

- Each program is supported by clinical or preclinical data that suggest potential for meaningful differentiation
- Discovery and development is supported by our proprietary cancer biology platform



2 First-in-China

- We believe our clinical assets are the first in their respective classes to employ the domestic registration pathway in China to enter the clinic and present data

3 Proprietary Combinations

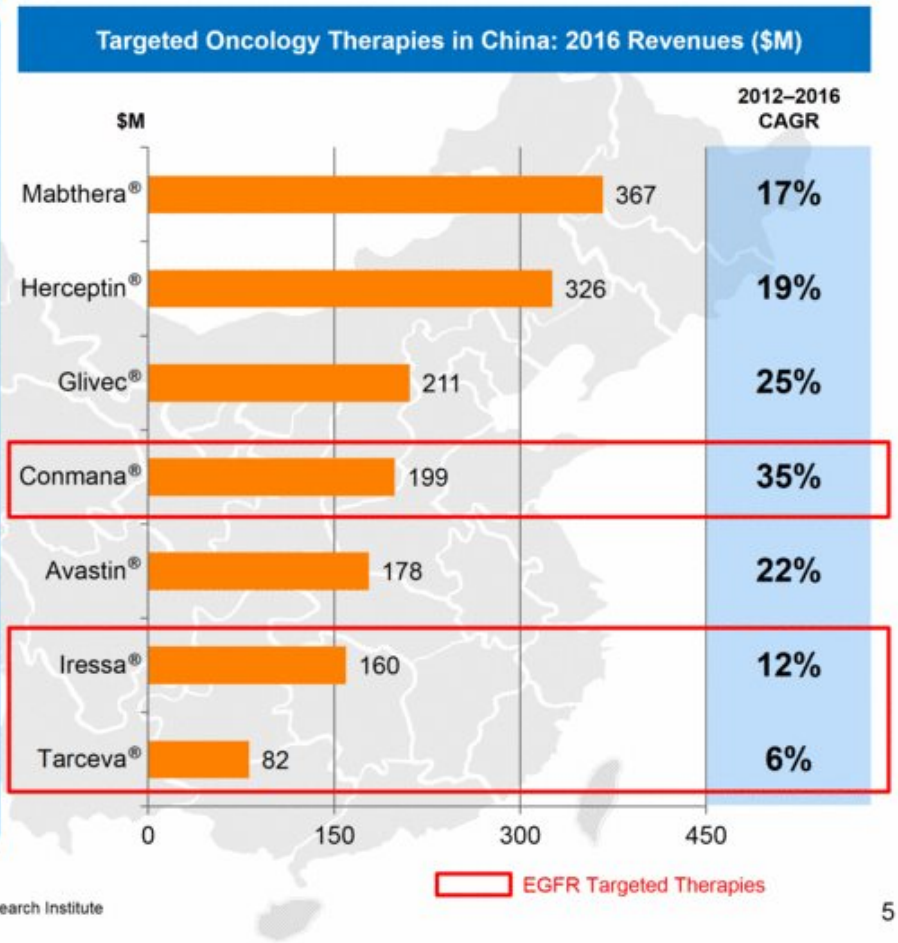
- Broad portfolio supports internal combinations
- We believe owning both components of a combination provides advantages in clinical development and commercialization

Goal	Become a ***global*** leader in the discovery and development of innovative, molecularly targeted and immuno-oncology drugs for the treatment of cancer

China Oncology Market

Already Large and Growing Rapidly; Structural Advantages as a Local Player

- **Already the second largest pharmaceutical market**
  - Three EGFR inhibitors combined had a revenue of $441M in 2016
- **Expanding reimbursement coverage could significantly increase commercial opportunity**
  - The latest National Reimbursed Drug List includes premium, innovative drugs
- **China-based R&D / manufacturing allows us to take advantage of the category 1 registration pathway for locally developed drug candidates**
- **Recent new regulatory developments could accelerate development of innovative oncology agents**



Source: CFDA Southern Medicine Economic Research Institute

Company Growth and Expanding Capabilities

2011-2012 Foundation and Research *~100 Employees*	2013-2015 Entering the Clinic *~150 Employees*	2016-2017 Late-stage Development *400+ Employees*
Establishment of Key Capabilities		
• Founding of company • Research buildout	• Clinical development buildout initiated in China	• Established global clinical development organization headquartered in US and expanded China and APAC clinical capabilities • Commercial-scale small molecule and pilot-scale biologics manufacturing facility built in Suzhou • Commercial-scale biologics manufacturing facility in Guangzhou breaks ground • Acquiring Celgene's commercial organization in China
Pipeline Progress		

• Preclinical research	• First-in-human trials for all four compounds initiated in Australia in 2013-2015
	  ○ BGB-283 (RAF dimer) in 2013
	  ○ BGB-3111 (BTK) and BGB-290 (PARP) in 2014
	  ○ BGB-A317 (PD-1) in 2015
	• Trial of BGB-283 initiated in China in 2015
		• First BGB-3111, BGB-A317, and BGB-290 trials initiated in China in 2016
		• BGB-3111 global Phase 3 trial initiated in 2017
		• BGB-3111 and BGB-A317 registrational trials initiated in China in 2017

Strategic Collaboration With Celgene

BGNE to Acquire China Commercial Ops; CELG to License A317 in Major Markets ex-China

- **Collaboration transforms BeiGene into commercial-stage company**
  - — BeiGene to acquire Celgene's operations in China
  - — BeiGene to license and assume commercial responsibility for Celgene's approved therapies in China (ABRAXANE®, REVLIMID®, and VIDAZA®), and pipeline agent CC-122
- **Collaboration leverages both companies' geographical strengths to maximize BGB-A317's value**
  - — Celgene to gain exclusive rights to develop and commercialize BGB-A317 for solid tumors in the US, Europe, Japan, and rest of the world outside Asia
  - — BeiGene to retain exclusive rights for solid tumors in Asia (ex-Japan), and for hematological malignancies and combinations with its portfolio products globally
- **Initial payments and investments to exceed $400M; potential milestones of nearly $1B**
  - — Upon closing, BeiGene to receive $263M in upfront licensing fees
  - — Celgene to invest $150M in BeiGene by purchasing 32.7 million (5.9%*) of BeiGene's ordinary shares at $4.58 per share ($59.55 per ADS), a 35% premium**
  - — BeiGene eligible for up to $980M in development, regulatory, and sales milestones, as well as royalties
- **Collaboration prepares BeiGene for the potential future commercialization of internally developed compounds in China**

*Based on the shares outstanding as of July 5, 2017
**Premium calculated relative to an 11-day VWAP of BeiGene's ADS ending June 30, 2017

Building Manufacturing Capacity

Partnership with Guangzhou Development District for Biologics Manufacturing

- **Joint venture (JV), BeiGene Biologics, formed with Guangzhou Development District (GDD)**
  - Between BeiGene Hong Kong and Guangzhou GET Technology Development, an affiliate of GDD
  - To build a biologics manufacturing facility located in Guangzhou, Guangdong Province, China
  - JV also provides funding for research and clinical development in China
- **Expected direct investments total RMB2.2 billion ($330M)**
  - BeiGene HK's cash contribution totals RMB200 million ($30M)
  - GET contributes RMB1 billion ($150M) including a small equity investment and a shareholder loan to the JV
  - Shareholder loan from GET will have an annual interest rate of 8% and may be convertible to a minority equity interest in the JV subject to conditions and after the conversion GET is expected to remain a small minority holder of the JV
  - Manufacturing factory (a subsidiary of the JV) expected to secure a commercial loan of RMB1 billion ($150M) and will receive an interest subsidy (subject to a certain limit)
- **Provides increased funding for clinical trials**
  - BeiGene cash infusion to JV more than offset by clinical trial funding by JV
  - No cash interest payment expected near-term
- **Debt will be held at the subsidiary level of BeiGene with no recourse to the parent company**
- **Important strategic asset for the long-term growth of the Company**

The BeiGene Team

Management

John V. Oyler
Founder & CEO

BIODURO · GALENEA · Genta · TELEPHIA · McKinsey&Company

Xiaodong Wang, Ph.D.
Founder & Chairman SAB

National Institute of Biological Sciences in Beijing (NIBS) · UT SOUTHWESTERN MEDICAL CENTER · hhmi Howard Hughes Medical Institute · NATIONAL ACADEMY OF SCIENCES

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

LEERINK · Abbott

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

MEDIVATION · Genentech

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

Acerta · Genentech

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

AMGEN · MSD

Eric Hedrick, M.D.
Chief Advisor

pharmacyclics · Genentech · Epizyme

Scientific Advisory Board

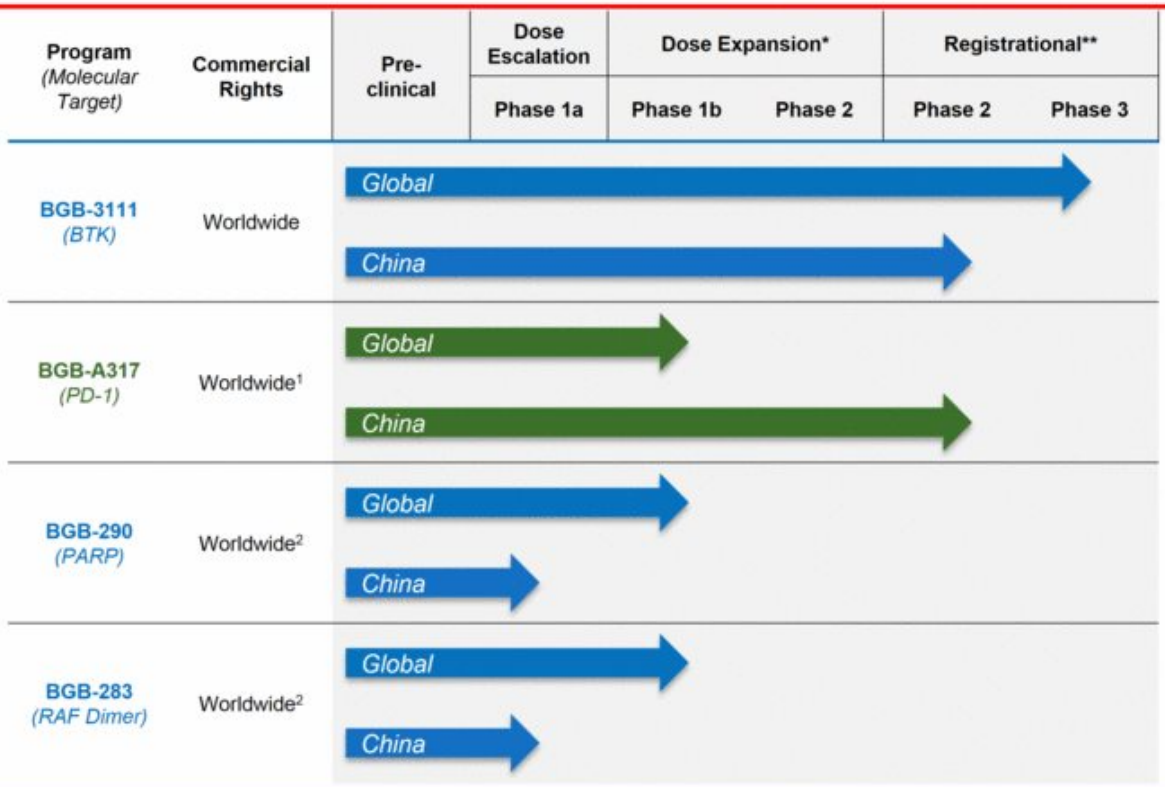
Charles Sawyers, M.D. *Past President of AACR. NCI Board of Scientific Councilors*	**Ron Levy, M.D.** *Stanford, former Chief of Oncology*	**David Schenkein, M.D** *CEO of Agios; adjunct attending physician in hematology at Tufts Medical Center*
Neal Rosen, M.D., Ph.D. *Memorial Sloan-Kettering Cancer Center, Member in the Department of Medicine*	**Jedd Wolchok, M.D., Ph.D.** *Memorial Sloan-Kettering Cancer Center, Chief, Melanoma and Immunotherapeutics Service*	**Steve Young, Ph.D.** *Former Head of Medicinal Chemistry at Merck's West Point lab*

BeiGene

Team of 400+ in China, US, and Australia

Clinical Pipeline: Lead Asset in Global Phase 3

Additional Registrational Programs Expected to Start in 2017



- **In total, over 1,400 patients and healthy adults[3] enrolled across four programs, including combination trials**

Small Molecule Antibody

*Some indications will not require a non-registrational Phase 2 clinical trial prior to beginning registrational Phase 2 or 3 clinical trials.
**Confirmatory clinical trials post approval are required for accelerated approvals.
[1] Entered into a collaboration with Celgene, that has not yet closed, to grant Celgene the rights to develop and commercialize 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] As of July 26, 2017.

Combinations in Development

Broad Internal Portfolio Provides Advantages in Combination Therapy

Combination *(Mechanism)*	Pre-clinical	Dose Escalation	Dose Expansion*		Registrational**	
		Phase 1a	Phase 1b	Phase 2	Phase 2	Phase 3
BGB-3111 + Gazyva® *(BTK + CD20)*	Global					
BGB-A317 + BGB-290 *(PD-1 + PARP)*	Global					
BGB-A317 + BGB-3111 *(PD-1 + BTK)*	Global					

Combination Potential

- We believe we have the only internally developed PD-1 and BTK inhibitor combination in clinical testing
- We believe we are one of a small number of companies with an internal PD-1 + PARP combination
- Potential for RAF dimer / PD-1 inhibitor combination based on internal data
- In Celgene collaboration for BGB-A317, BeiGene retains rights to internal combinations globally
- Broad preclinical programs target multiple points in the immunity cycle

External Combo Internal Combo

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*Some indications will not require a non-registrational Phase 2 clinical trial prior to beginning registrational Phase 2 or 3 clinical trials.
**Confirmatory clinical trials post approval are required for accelerated approvals.

BGB-3111: Summary

Potentially Best-In-Class BTK Inhibitor

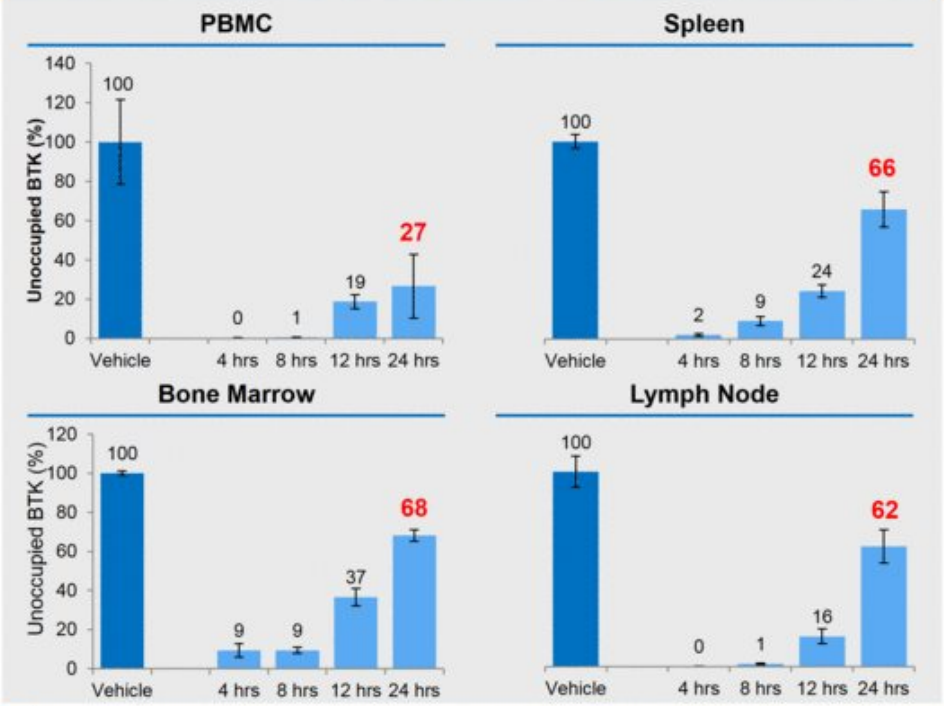
Overview	■ Selective and potent BTK inhibitor (BTKi) — Preclinical studies indicate higher selectivity against BTK than ibrutinib* — Phase 1 data suggest higher drug exposure than ibrutinib** ■ We believe BGB-3111 is the only BTKi that has demonstrated sustained target inhibition in disease originating tissues — Deep and sustained target inhibition in the blood starting at 1/8 of the Phase 3 dose and in lymph nodes demonstrated by paired biopsy studies ■ Strong clinical activity and well-tolerated, as a monotherapy — Latest data reported at the 14th International Conference on Malignant Lymphoma (14-ICML) in June 2017; included 42 WM[1] patients and 66 CLL/SLL[2] patients evaluable for efficacy[3] ■ Promising initial clinical combination data with obinutuzumab (CD20 antibody) — Data reported at 14-ICML, including 43 CLL/SLL and 15 FL patients evaluable for efficacy[3,4] ■ Promising preclinical combination data with PD-1 and CD20 antibodies
Clinical Status	■ Ongoing global Phase 3 trial in WM comparing BGB-3111 vs. ibrutinib ■ Additional registrational trials planned, incl. Phase 3 trial in TN CLL and Phase 2 trial in R/R FL ■ Ongoing registrational Phase 2 trials in China in patients with R/R MCL and R/R CLL/SLL ■ Initiated Phase 2 trial in China in patients with non-GCB DLBCL ■ Multi-cohort expansion ongoing in both global Phase 1 (AU, NZ, US, KR) and China Phase 1 ■ Combination trials ongoing with CD20 antibody obinutuzumab in dose-expansion, and with our PD-1 antibody BGB-A317 in hematologic malignancies ■ Over 570 patients enrolled in trials of BGB-3111 as of July 26, 2017

*Based on *in vitro* study comparing BGB-3111 to ibrutinib
**Based on a cross-trial comparison
Source: [1] Trotman *et al.*, 14-ICML (abstract 059), 2017 [2] Seymour *et al.*, 14-ICML (abstract 237), 2017 [3] As of March 31, 2017 [4] Tam *et al.*, 14-ICML (abstract 103), 2017

BGB-3111

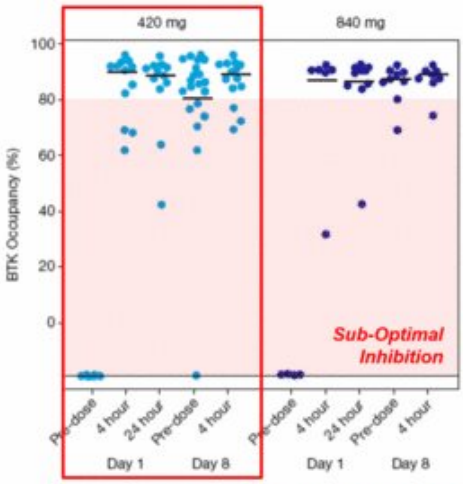
Target Inhibition by Ibrutinib Appears Sub-Optimal

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 BGB-3111 may allow deeper target suppression in disease-relevant tissues

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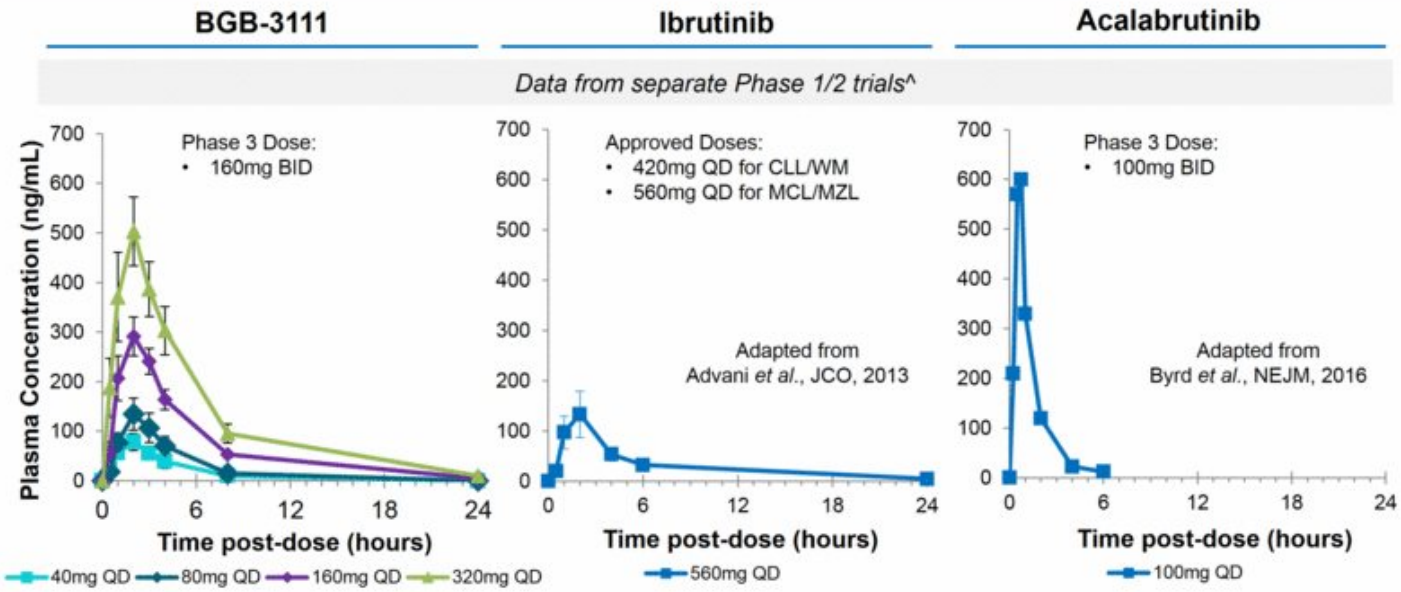
*Animal studies

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

BGB-3111

Pharmacokinetic Profiles of Lead BTK Inhibitors



- C_{max} and AUC of BGB-3111 at 80mg QD appear to be similar to those of ibrutinib at 560mg
- Free drug exposure of BGB-3111 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] (BGB-3111) to 3.4[2]–7.2[3] (acalabrutinib)

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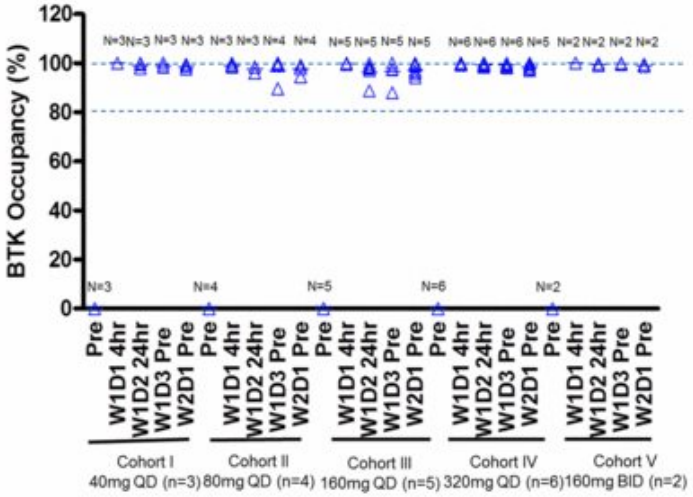
^Cross-trial comparison
Source: [1]Tam *et al.*, ASH, 2015; [2]Byrd *et al.*, NEJM, 2016; [3]Lannutti *et al.*, AACR, 2015, [4]BeiGene data

BGB-3111

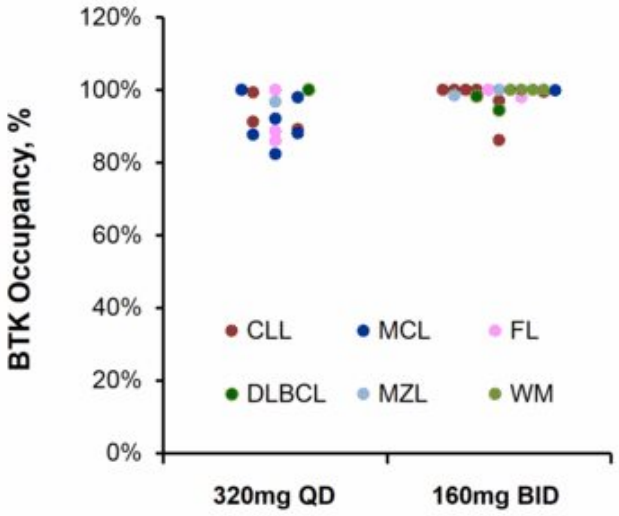
Deep and Sustained BTK Inhibition Observed in Phase 1

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

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* Data from 20 patients

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

BGB-3111

Phase 1 Data Suggest Deep Response in WM with a VGPR Rate of 43%

	Treatment-naive[1] N=9	Relapsed/refractory[1] N=33	Total[1] N=42
Median follow-up (range)	9.3 months (6.1-11.7)	15.5 months (4.4-30.5)	12.3 months (4.4-30.5)
Best Response			
CR	0	0	0
VGPR	2 (22%)	16 (49%)	18 (43%)
PR	5 (56%)	9 (27%)	14 (33%)
MR	2 (22%)	4 (12%)	6 (14%)
SD	0	4 (12%)	4 (10%)

76% MRR* **90% ORR†**

* Major response rate † Overall response rate

Cross-Trial Comparison	BGB-3111[2] (IWWM 2016)	BGB-3111[3] (ASH 2016)	BGB-3111[1] (14-ICML)	Ibrutinib[4] (Treon)	Ibrutinib[5] (PCYC-1127)
Trial Phase	Phase 1	Phase 1	Phase 1	Phase 2	Phase 3 sub-study
Patient Number	24	32	**42**	63	31
Follow-up (med)	8.0 mo	9.6 mo	**12.3 mo**	19.1 mo*	17.1 mo
VGPR	33%	34%	**43%**	16%	13%

Responses for BGB-3111 were determined according to the modified Sixth International Workshop on WM (IWWM) criteria

- BGB-3111 shows a VGPR rate of 43% at a median follow-up time of 12.3 months
- As a reference, historical data showed a VGPR rate of 13-16% for ibrutinib with longer follow up
- With BGB-3111, responses were seen across mutation status including a VGPR, a PR (along with two minor responses) among 5 patients with the difficult-to-treat MYD88 wild-type status

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Source: [1]Trotman *et al.* 14-ICML (abstract 059) presentation based on data cutoff of Mar 31, 2017. [2]Tam et al., IWWM, 2016; [3]Tam et al., ASH, 2016; [4]Treon et al., NEJM, 2015; [5]Dimopoulos et al., EHA, 2016
Notes: *Median treatment duration

BGB-3111

Phase 1 Results Suggest High Activity in CLL/SLL with an ORR of 94%

	Treatment Naive (n = 16)	Relapsed/ Refractory (n = 50)	Total (n = 66)
Median follow-up (range)	7.6 (3.7-11.6)	14.0 (2.2-26.8)	10.5 (2.2-26.8)
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%)
D/C prior to assessment	0	1 (2%)	1 (2%)

- Highly active in CLL/SLL with an ORR of 94% at a median follow-up of 10.5 months
- ORR in patients with del17p and/or 11q- (n=22) was 96%

Source: Seymour *et al.* 14-ICML 2017 (abstract 237) poster based on data cutoff of Mar 31, 2017

BGB-3111

Well-Tolerated in Phase 1 Trials in CLL/SLL and WM: Adverse Events Independent of Causality

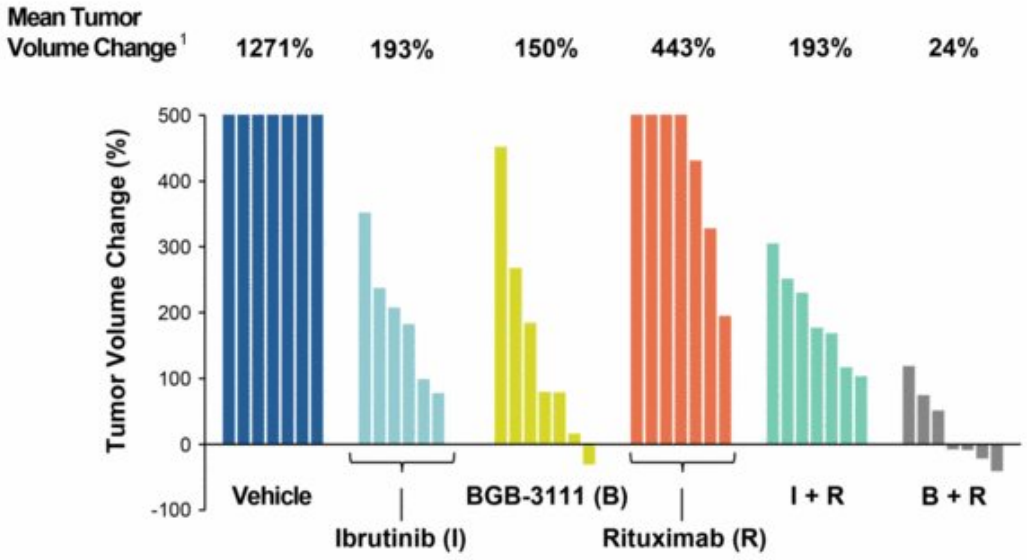
Most Frequent Adverse Events (>10%) Independent of Causality					
CLL (n=69)[1]			WM (n=48)[2]		
AE, n (%)	All Grade	Grade 3-4	AE, n (%)	All Grade	Grade 3-4
Petechiae/purpura/contusion	32 (46%)	1 (1%)	Petechiae/purpura/contusion	17 (35%)	0 (0%)
Fatigue	20 (29%)	0 (0%)	Upper respiratory tract infection	15 (31%)	0 (0%)
Upper respiratory tract infection	19 (28%)	0 (0%)	Constipation	12 (25%)	0 (0%)
Cough	16 (23%)	0 (0%)	Diarrhea	9 (19%)	1 (2%)
Diarrhea	15 (22%)	0 (0%)	Epistaxis	9 (19%)	0 (0%)
Headache	13 (19%)	0 (0%)	Nausea	8 (17%)	0 (0%)
Hematuria	10 (15%)	0 (0%)	Cough	7 (15%)	0 (0%)
Nausea	9 (13%)	0 (0%)	Anemia	7 (15%)	4 (8%)
Rash	9 (13%)	0 (0%)	Headache	7 (15%)	1 (2%)
Arthralgia	8 (12%)	0 (0%)	Neutropenia	6 (13%)	4 (8%)
Muscle spasms	8 (12%)	0 (0%)	Rash	6 (13%)	0 (0%)
Urinary tract infection	8 (12%)	0 (0%)			

- Very low rate of treatment discontinuation for progression or adverse events
  - In CLL, discontinuation rate for BGB-3111 is 3% (1.5% due to PD, 1.5% due to AE) at mF/U of 10.5 months

Sources: [1]Seymour *et al.* 14-ICML 2017 (abstract 237) poster based on data cutoff of Mar 31, 2017; [2]Trotman *et al.* 14-ICML (abstract 059) presentation based on data cutoff of Mar 31, 2017

BGB-3111 + Obinutuzumab

BGB-3111 Does Not Appear to Impair Rituximab-Induced ADCC



- Published preclinical data suggest that off-target effects of ibrutinib may be detrimental to CD20 mAb-induced ADCC and the activity of the combination
- In a human MCL xenograft model, the combination of BGB-3111 and CD20 antibody demonstrated improved anti-tumor activity as compared to monotherapies and combination of ibrutinib and CD20 antibody

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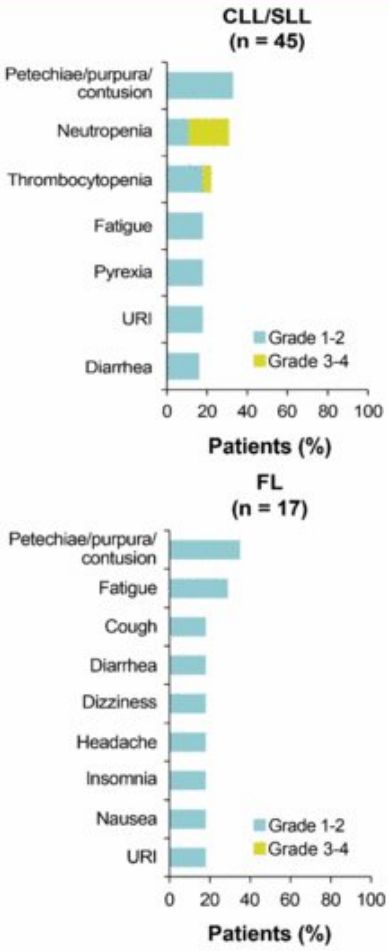
[1] Data are from preclinical studies
Source: Li N, et al. Cancer Res. 2015;75:2597

BGB-3111 + Obinutuzumab

Initial Data Show CRs and High ORR in CLL/SLL and FL After a Short Follow-Up

Follow-up and Response	TN CLL/SLL (n = 18)	R/R CLL/SLL (n = 25)	FL (n = 15)
Median follow-up, mo. (range)	7.0 (2.8-11.8)	8.0 (3.8-14.0)	6.2 (1.2-10.7)
Best Response			
ORR	**16 (89%)**	**23 (92%)**	**11 (73%)**
CR	4 (22%)	4 (16%)	5 (33%)
PR	12 (67%)	19 (76%)	6 (40%)
PR-L	0	0	N/A
SD	2 (11%)	1 (4%)	2 (13%)
PD	0	1 (4%)	2 (13%)

- Initial Phase 1 data demonstrate that combination is well tolerated
- One serious adverse event of grade 3 intracranial bleeding was reported after the data cutoff[1]
- In CLL/SLL, ORR was 89% including CRs in 22% of TN patients, and ORR was 92% with CRs in 16% of R/R patients
- In FL, ORR was 73% with CRs in 33% of R/R FL patients
- As of March 31, 2017, all responses (CLL and FL) are ongoing (range 3-23 months)



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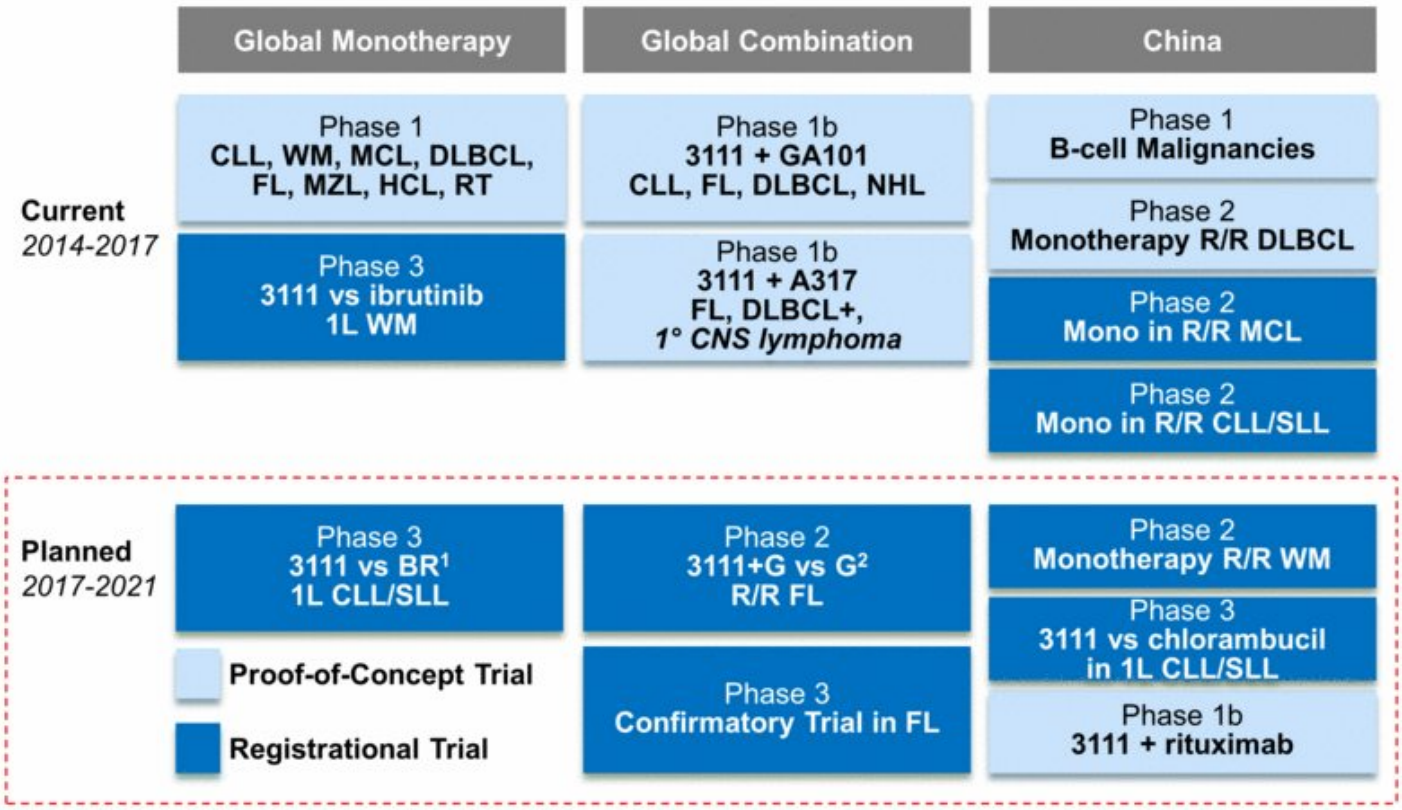
[1]Occurred on July 20, 2017

Source: Tam *et al.*, 14-ICML (abstract 103), 2017, presentation based on data cutoff of March 31, 2017

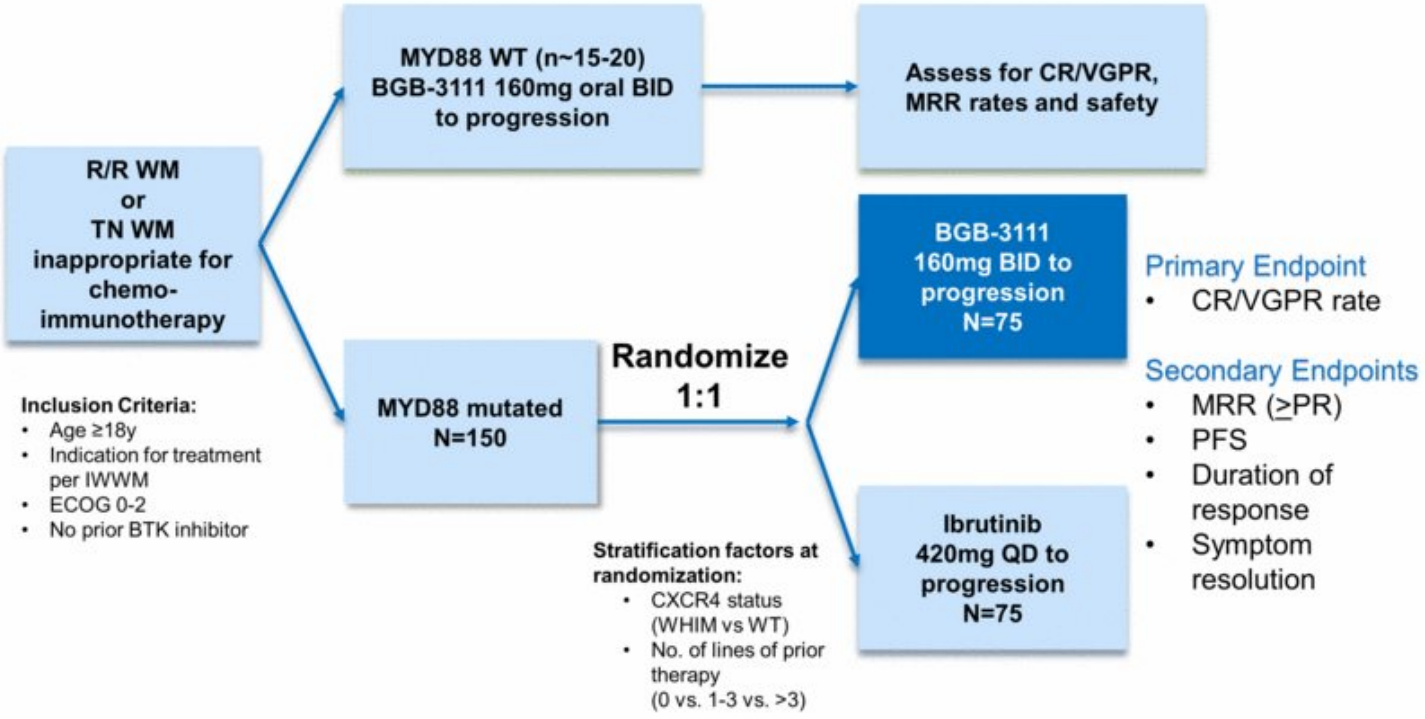
BGB-3111 Near-Term Development Plan



BeiGene Key: [1] BR = Bendamustine + rituxumab; [2] G = Gazyva (obinutuzumab)

BGB-3111

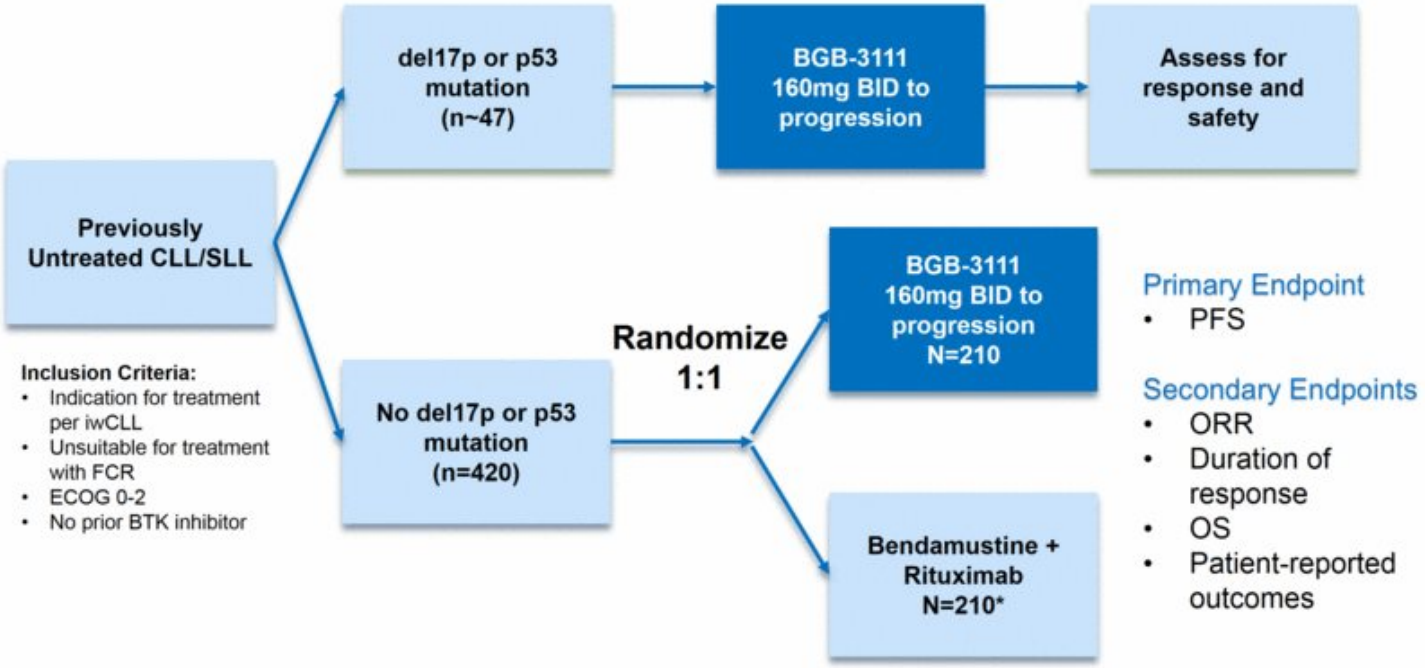
Phase 3 Trial Design in WM



- Head-to-head comparative trial ongoing with the aim of establishing superior depth of response (CR/VGPR), which is associated with improved outcome in historic trials in WM

BGB-3111

Phase 3 Trial Design in Treatment-Naïve CLL

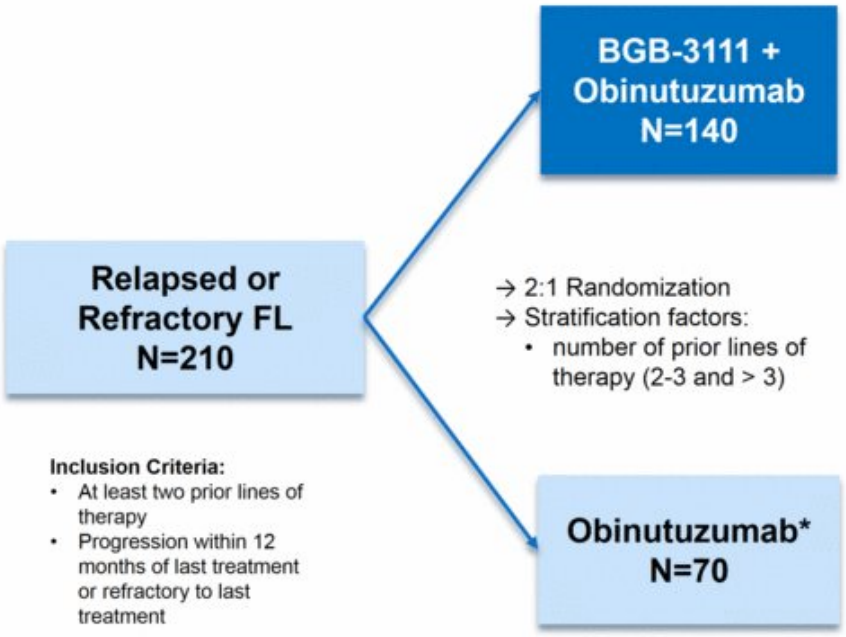


- Planned first-line CLL trial targets broad population of patients who are not eligible for intensive chemo-immunotherapy (FCR)

BeiGene *Crossover allowed at progression

BGB-3111

Phase 2 Registrational Trial Design in Relapsed or Refractory Follicular Lymphoma



Inclusion Criteria:

- At least two prior lines of therapy
- Progression within 12 months of last treatment or refractory to last treatment

Primary Endpoint

- ORR

Secondary Endpoints

- Duration of Response
- PFS
- OS
- Time-to-response

- Expedited development in FL where there is an unmet need as well as a large opportunity
- No BTK inhibitor has currently been approved for this indication

*Option to add BGB-3111 after 12 months if no response

BGB-A317: Summary

PD-1 Checkpoint Inhibitor

Overview

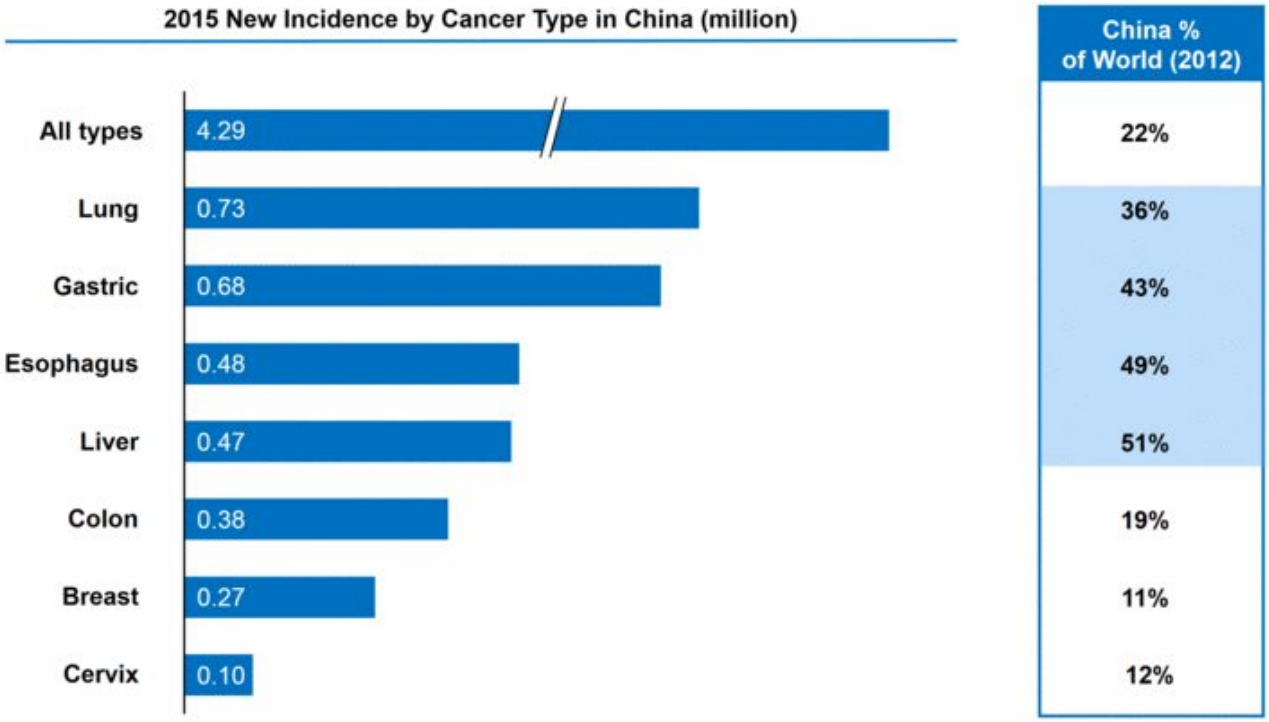
- Potential differentiation vs. currently approved PD-1 antibodies
  - Potential cell biology differentiation in lack of Fc receptor binding, which may have a negative effect on the activity of other PD-1 antibodies based on our preclinical data and recent publications[1]
  - Superior PD-1 inhibition and functional activities in human immune cells
  - Differentiation in CDR sequences and key binding epitopes on PD-1
- Several of the anti-PD-1-responsive tumors, e.g. lung, gastric, liver, and esophageal cancers, are highly prevalent in Asia
  - Over one-third to half of worldwide incidences of these cancers are in China
  - Provides us with trial enrollment and commercial advantages
- Enabling wholly owned combinations within our portfolio
  - Strong preclinical and biological rationale to combine with BTK, PARP, or RAF dimer inhibitors
- Strategic collaboration gives Celgene exclusive development and commercial rights for solid tumors in the US, Europe, Japan, and rest of world outside Asia; BeiGene retains exclusive rights for solid tumors in Asia (ex-Japan), and for hematological malignancies and combinations with its portfolio products globally

Clinical Status

- Initiated registrational Phase 2 trials in China in patients with R/R cHL and previously treated, PD-L1-positive UC
- Initiated a Phase 2 combination trial in China with chemotherapy in first line locally advanced or metastatic esophageal, gastric, or GEJ carcinoma
- Ongoing global Phase 1 trial in multi-indication expansion and China Phase 1 trial in advanced solid tumors
- Combination trials are ongoing with each of BGB-290 (PARP) and BGB-3111 (BTK)
- Nearly 600 patients treated as of July 26, 2017

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

Tumor Types That Have Shown Activity to PD-1 Antibodies Are Among the Most Common Cancers in China



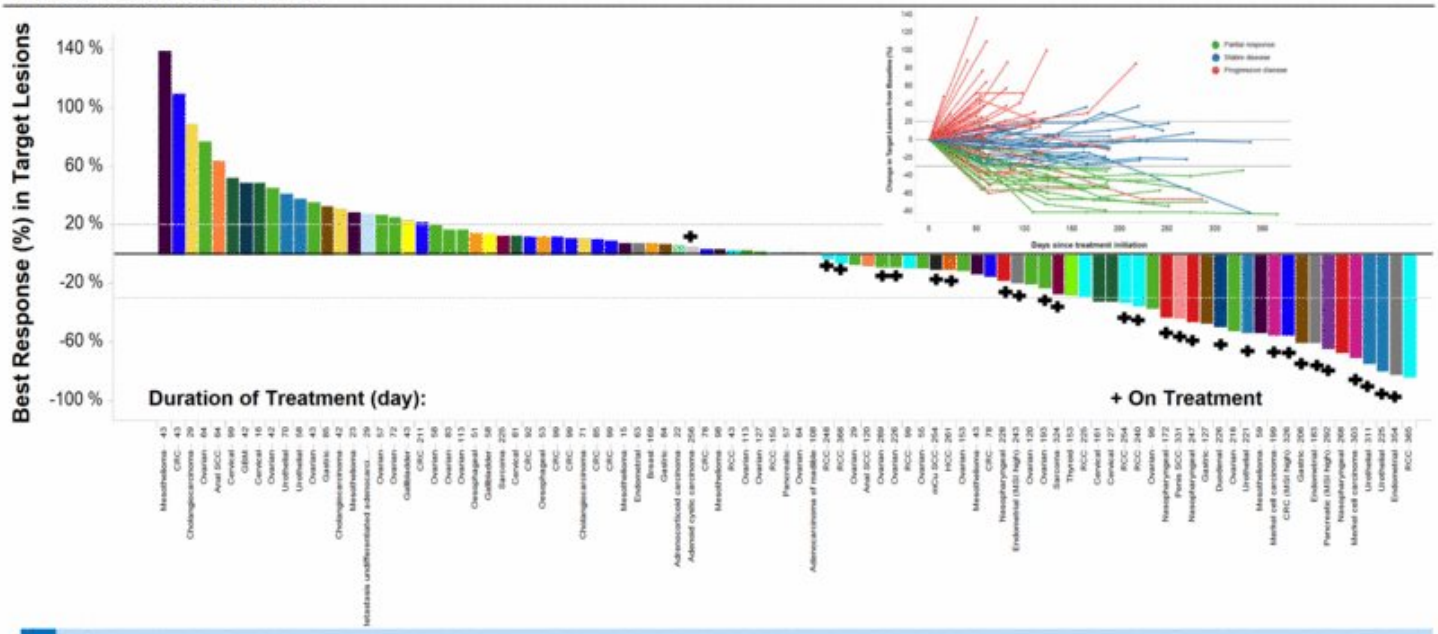
- China has nearly a quarter of the world's cancer patient population, and one-third to half of cancer patients with certain tumor types are in China, including lung, gastric, esophageal and liver cancers, all of which have shown objective responses to PD-1 antibodies

Source: Data from World Health Organization (2012); Chen et al., *CA Cancer J Clin*, 2016

BGB-A317

Phase 1 Data Show Proof of Principle and Encouraging 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

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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*)

BGB-290: Summary

Highly Selective Inhibitor of PARP1 and PARP2

Overview

- Highly selective PARP1 and PARP2 inhibitor with strong PARP trapping activity
  - Significant brain penetration in preclinical studies, potential for treating brain tumors and metastases
- Well-tolerated in monotherapy dose escalation data[1] with significant anti-tumor activity:
  - Few AEs of myelosuppression, few drug-related grade 3/4 adverse events
  - Most common AEs were grade 1 and 2 nausea (38%) and fatigue (28%)
  - Drug-related SAEs were 3 cases of grade 3 anemia and 1 case of shortness of breath in 29 enrolled patients[2]
  - Wide therapeutic window with partial response observed at lowest tested dose of 2.5mg (compared to MTD of 80mg)
  - Among 14 evaluable ovarian cancer patients, 7 had an objective response (6 PR and 1 CR)
  - Of the 10 ovarian cancer patients with germ-line BRCA mutation, 5 had an objective response; of the 3 ovarian cancer patients with germ-line BRCA wild-type, 2 had an objective response
- Wholly owned combination with BGB-A317 with strong rationale
  - Tolerability profile of BGB-290 supports combination use
  - BRCA-mutated tumors sensitive to PARP inhibition are likely to be immunogenic and PD-1/PD-L1 antibody responsive
  - Platinum sensitivity in ovarian cancer is associated with better response to anti-PD-1 therapy

Clinical Status

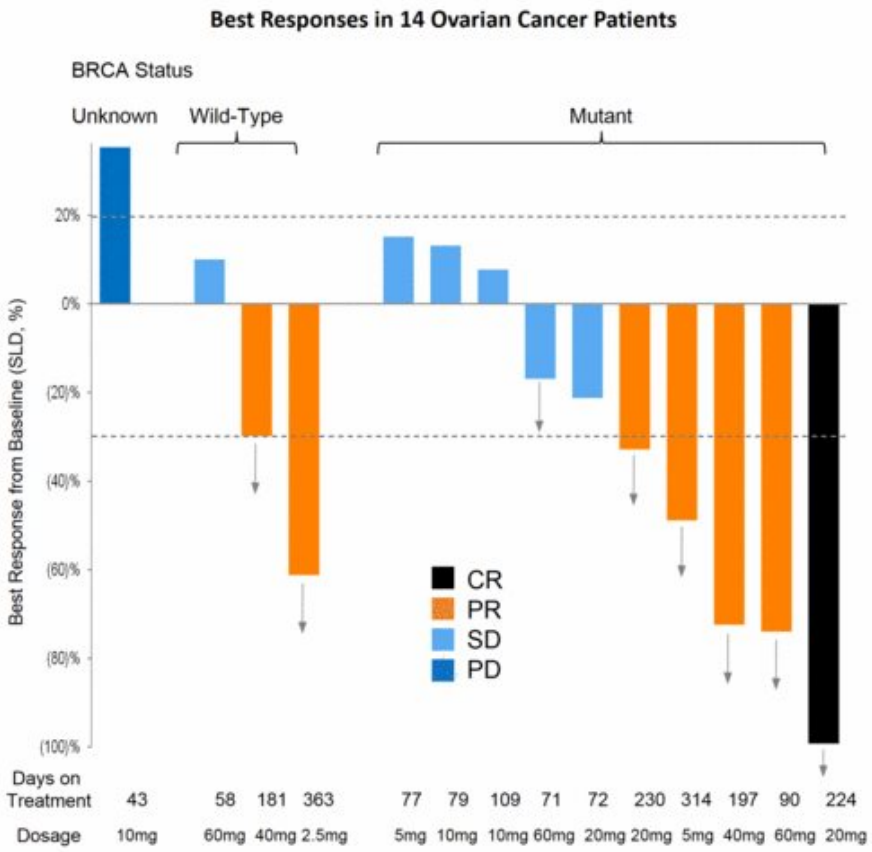
- Initiated a global Phase 1b/2 trial in combination with radiation therapy and/or temozolomide (TMZ) in glioblastoma
- Initiated a global Phase 1 trial in combination with TMZ in locally advanced or metastatic solid tumors
- Ongoing global Phase 1 multi-indication dose-expansion trial and China Phase 1 trial in patients with ovarian, breast, prostate and other cancers
- Combination trial with PD-1 antibody BGB-A317 ongoing
- Over 130 patients treated as of July 26, 2017

Source: [1] Dose escalation data as of June 30, 2015, presented at AACR-NCI-EORTC 2015 meeting (Lickliter *et al*) [2] As of January 19, 2016

BGB-290 Monotherapy Dose Escalation Data

Well Tolerated with Minimal Drug-related Adverse Events; Significant Activity in Ovarian Cancer Patients

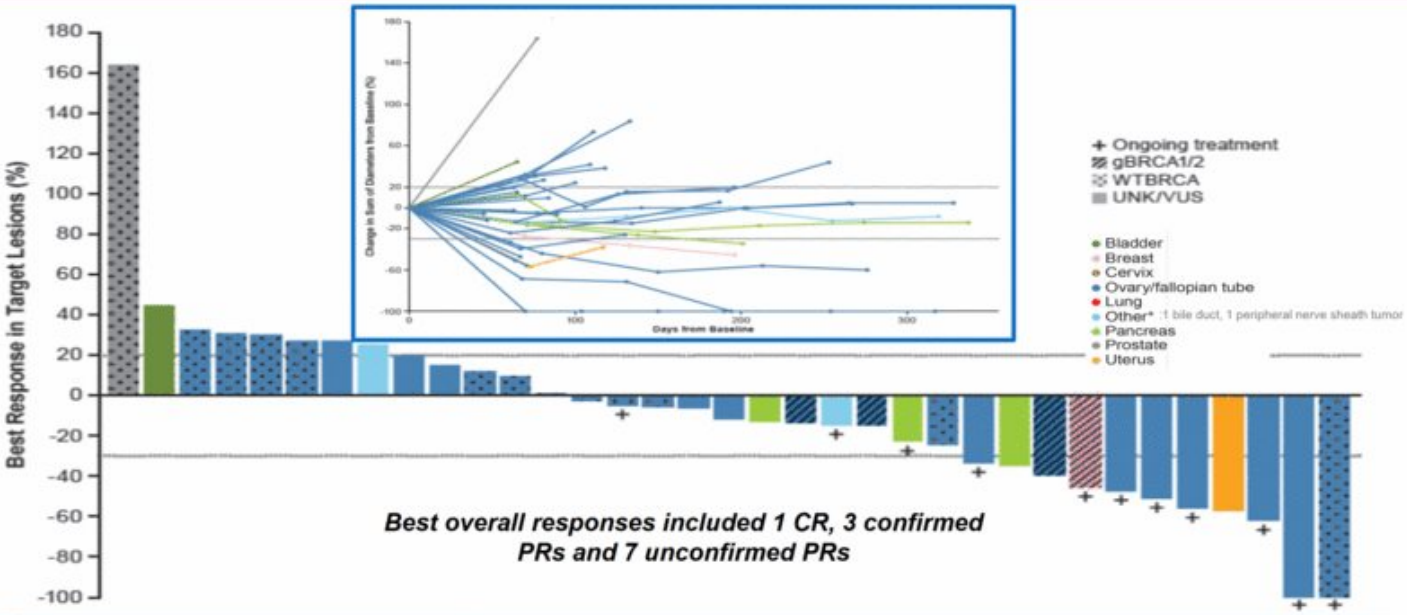
	All Grade		Grade 3-4	
	N = 29			
Description	n (pts)	%	n (pts)	%
Gastrointestinal Disorders				
Nausea	11	38%	0	
Vomiting	4	14%	0	
Diarrhea	3	10%	0	
Dry Mouth	1	3%	0	
General Disorders and Administration Site Conditions				
Fatigue	8	28%	0	
Nervous System Disorders				
Lethargy	2	7%	0	
Dysgeusia	1	3%	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	



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

BGB-A317 + BGB-290 Dose 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 pts (n=29) had best responses of CR (1), PR (2 confirmed, 5 unconfirmed), and SD (7). Breast cancer pts (n=2) had 1 confirmed PR. Pancreatic cancer pts (n=3) had best responses of PR (1 unconfirmed) and SD (2). Uterine cancer pt (n=1) had an unconfirmed PR. SD was observed in 1 of 3 pts with prostate cancer and the 1 pt with bile duct cancer. Additional tumor types enrolled included bladder, cervical, lung, and peripheral nerve sheath cancer (n=1 each)
- Gr. 3-4 AEs related to BGB-A317 in >1 pt were AI hepatitis / hepatitis (12%) and ALT inc. (5%); related to BGB-290 in >1 pt were anemia (14%), and ALT inc., AST inc., fatigue, and nausea (5% each)
- Liver-related AEs regardless of causality occurred in 12 pts (gr. 3-4 in 8 pts: 5 hepatitis, 3 inc. ALT and/or AST); all reversible with/without corticosteroids
- Treatment-related hepatic AEs have been reported in 1 of 300 patients treated with BGB-A317 monotherapy and 0 of 65 patients treated with BGB-290 monotherapy in separate ongoing trials

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

BGB-283: Summary

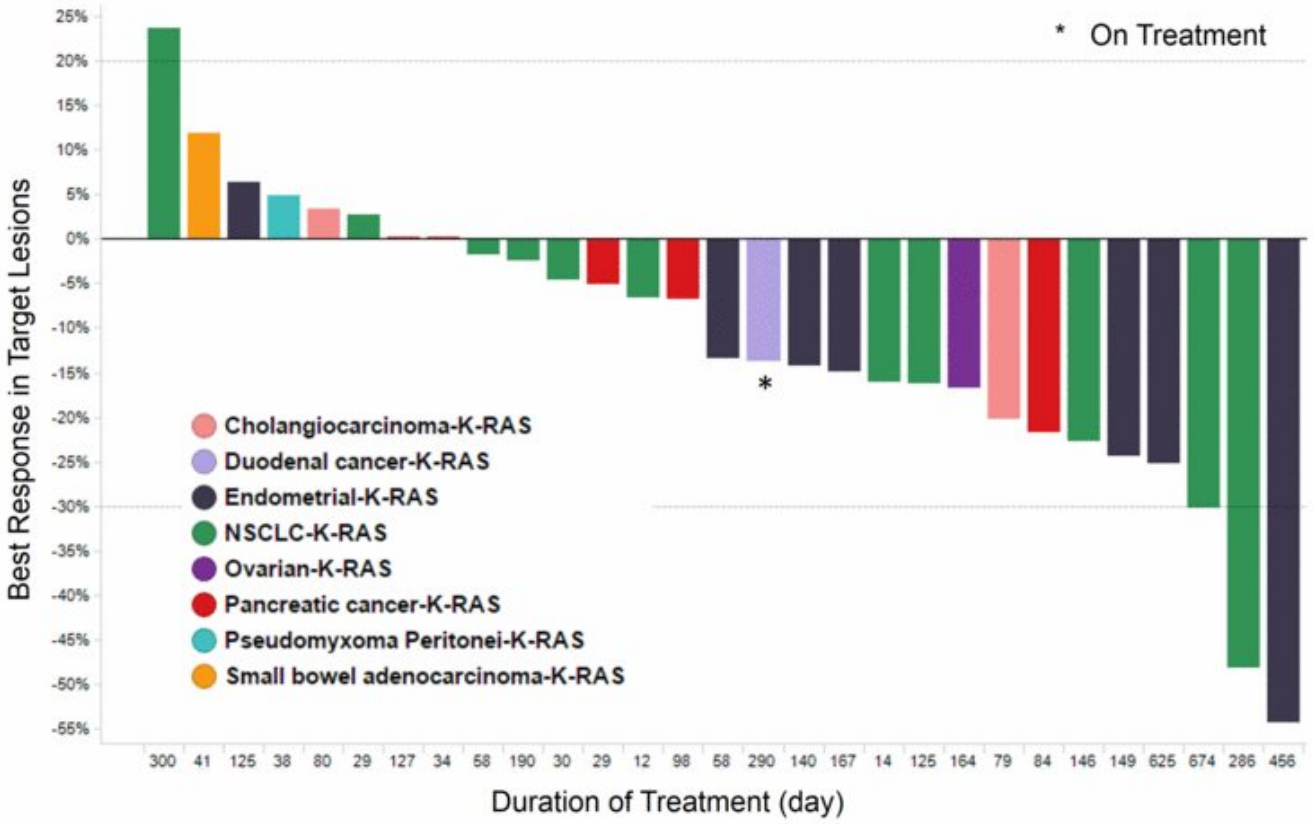
Potentially First-in-Class RAF Dimer Inhibitor

Overview	■ Potential to be a first-in-class RAF dimer inhibitor globally — Vemurafenib and dabrafenib are only active against the BRAF monomer ■ Potentially addresses several limitations of current BRAF inhibitors, including: — Large unmet need in RAS-mutated tumors — Rapid development of resistance ■ Proof-of-concept established from dose escalation[1] and dose expansion[2] trials with durable complete and partial responses in patients with KRAS or BRAF mutations ■ Well-tolerated in dose-expansion — Most common drug-related AEs (≥10%) of any grade were fatigue, dysphonia, decreased appetite, palmar-plantar erythrodysaesthesia syndrome, thrombocytopenia, dermatitis acneiform, diarrhea, rash, nausea, hypertension, and glossodynia ■ Combination potential with PD-1 antibody as an inhibitor of the MAPK pathway — Combination with BGB-A317 supported by preclinical data[3]
Clinical Status	■ Nearly 180 patients treated in Australia, New Zealand, and China ■ Dose-escalation completed; completed dose-expansion enrollment in patients with solid tumors with KRAS, NRAS, or BRAF mutations in Australia and New Zealand in April 2016 ■ Clinical trial in China initiated — More frequent observations of grade 3/4 thrombocytopenia in China trial (7 out of 24 patients) compared to the AU/NZ trial (8 out of 105 patients) — Trial ongoing to evaluate pharmacokinetics, safety and efficacy

Source: [1]Dose escalation data as of January 31, 2016, presented at AACR 2016 (Desai *et al*); [2]Dose expansion data as of September 2016, presented at AACR 2017 (Desai *et al*); [3]BeiGene data on file

BGB-283

Phase 1a/1b: Durable Responses in K-RAS-Mutated Cancers



Source: Dose escalation / expansion data as of September 17, 2016, presented at AACR 2017 (Desai *et al*)

Financial Position and Investor Base

Strong Balance Sheet Position

Cash, Cash Equivalents, and Short-term Investments (6/30/2017)

$407M
(including $155M held by the Guangzhou JV)
(Unaudited)

Celgene Transaction Expected to Provide $413M in Upfront Cash

Stable and Established Investor Base

Investor Base Established Through Private and Subsequent Public Offerings

Private Round Investors

- Baker Brothers
- Fidelity
- Millennium Capital
- Rock Springs Capital
- Tavistock Group
- T. Rowe Price

Select New Public Investors

- Brown Advisory
- INVUS
- OrbiMed
- RA Capital
- Temasek
- Wellington Management

Near-term Milestones and Plans

Event	Expected Timing
BGB-3111 (BTK Inhibitor)	
■ Present data from the combination trial with BGB-A317 at a medical conference	■ 2017
■ Present additional data from the dose-expansion phase of the Phase 1 monotherapy trial	■ 2017
■ Present additional data from the Phase 1 combination trial with obinutuzumab	■ 2017
■ Initiate global Phase 3 trial of BGB-3111 in treatment naïve CLL/SLL and global registrational Phase 2 trial of BGB-3111 and obinutuzumab in relapsed/refractory FL	■ 2017
BGB-A317 (PD-1 Antibody)	
■ Present updated Phase 1 monotherapy data at the European Society for Medical Oncology (ESMO) 2017 Congress	■ Sept. 8-12, 2017
■ Present data from the Phase 1 combination trial with BGB-3111	■ 2017
■ Present data from the Phase 1 monotherapy trial in China	■ 2017
BGB-290 (PARP Inhibitor)	
■ Present updated Phase 1 monotherapy data at the ESMO 2017 Congress	■ 2017

Plan to initiate additional registrational trials globally and in China in 2017