

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person * | | | | 2. | 2. Issuer Name and Ticker or Trading Symbol | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|-------------------|--------------------------------------|--|--|------------------|--------------------------------|--|---|--------------------|---|----------------------------------|------------|---|---|--|
| Yang Jianxi | in | | | В | eiG | ene, Lt | td. [BC | GNE] |] | | | (Check an app | onedoic) | | | |
| (Last) (First) (Middle) | | | | 3. | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | Y) | Director | | | % Owner | |
| , | , | , | , | | | | | | | | | X_Officer (g | • | | Other (speci | ify below) |
| C/O MOURANT OZANNE | | | | | 7/13/2016 | | | | | | | Sr. VP, Head | of Clinic | cai Dev. | | |
| CORPORA | TE SER | VICES, | 94 | | | | | | | | | | | | | |
| SOLARIS A | VENUE | 1 | | | | | | | | | | | | | | |
| | (Str | reet) | | 4. | If Aı | mendme | nt, Date | Origina | al Fi | led (MM/I | DD/YYYY) | 6. Individual | or Joint/G | roup Filing | (Check Appl | licable Line) |
| CAMANA I CAYMAN, | , | | | | | | | | | | | X Form filed by | | orting Person One Reporting F | erson | |
| 1 | | tate) (Z | in) | | | | | | | | | | | | | |
| | city) (St | (E | ·P) | | | | | | | | | | | | | |
| | | | Table I | - Non-Dei | rivat | tive Secu | ırities A | cquire | d, D | isposed | of, or Be | neficially Own | ed | | | |
| 1. Title of Security (Instr. 3) | | | 2. Trans. Date | is. Date 2A. De Executi Date, if | | ution (Instr. 8) | | ode 4. Securities A or Disposed o (Instr. 3, 4 and | | (i) | ollowing Reported Transaction(s) Ownership of Form: Ownership of Form: | | | Beneficial | | |
| | | | | | | | Code | v | Amo | (A) o | | | | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| | Tab | ole II - Der | ivative S | Securities 1 | Bene | eficially | | (e.g. , | puts | s, calls, w | varrants, | , options, conve | rtible sec | eurities) | , | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | 3. Trans. Date | 3A. Deem Execution Date, if ar | n Code | Derivative | | Securities (A) or of (D) | | Date Exercisable and expiration Date | | | Underlying Security | | 9. Number of derivative Securities Beneficially Owned | Ownership Form of Derivative Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Security | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | |
| Share Option (Right to Buy) | \$2.29 | 7/13/2016 | | A | | 825000 | | <u>(1</u> | 1) | 7/12/2026 | Ordinar Shares | y 825000 | \$0 | 825000 | D | |

Explanation of Responses:

(1) These securities vest over a four-year period as follows: 25% on the first anniversary of July 13, 2016 with the remaining shares vesting in 36 equal successive monthly installments thereafter.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|-------------------------------|-------|--|--|
| reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Yang Jianxin C/O MOURANT OZANNE CORPORATE SERVICES 94 SOLARIS AVENUE CAMANA BAY, GRAND CAYMAN, E9 KY1-1108 | | | Sr. VP, Head of Clinical Dev. | | | |

Signatures

| /s/ Jianxin Yan | 7/15/2016 |
|---------------------------------|-----------|
| **Signature of Reporting Person | Date |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.