

[] 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

## 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 <b>and</b> Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Huang Jane	Huang Jane				BeiGene, Ltd. [ BGNE ]								,				
(Las	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)						Director10% Owner  X Officer (give title below) Other (specify below)						
C/O MOUF	RANT OZ	ZANNES	S		9/2/2016							CMO, Hematology					
CORPORA	TE SER	VICES,	94														
SOLARIS A	AVENUE	2															
	(Str	reet)		4.	If A	Amendme	nt, Date	Origi	nal Fi	iled (MM/	/DD/YY	YYY)	6. Individual o	or Joint/G	roup Filing	Check Appl	licable Line)
CAMANA BAY, GRAND CAYMAN, E9 KY1-1108										X_Form filed by One Reporting Person Form filed by More than One Reporting Person							
(	City) (S	tate) (2	Zip)														
1.Title of Security				I - Non-De			arities A		_				neficially Own		ally Owned	6.	7. Nature
(Instr. 3)	ш			2. Italis. Date	Execution Date, if any		(Instr. 8)		or Di	or Disposed of (D)		. Amount of Securities Beneficially Owned ollowing Reported Transaction(s) (nstr. 3 and 4)		Ownership Form: of Indire Benefici	of Indirect Beneficial		
							Code	V	Amo	ount (A)		rice				Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Ordinary Shares 9/2/2010				9/2/2016	A 300000 A \$0 300000				D								
	Tal	ble II - De	rivative	Securities	Ber	neficially	Owned	( e.g.	, put	s, calls,	warra	ınts,	options, conve				
	Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deeme Execution Date, if any	n (Instr. 8)	. Code 5. Number Derivative Acquired Disposed (Instr. 3, 4		Securities (A) or of (D)		6. Date Exercisable and Expiration Date		Secur Deriv	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			9. Number of derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	Beneficial
	Security			Code	V	(A)	(D)		cisable	Expiration Date	Title		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Share Option	\$2.27	9/2/2016		A	1	1400000	.   -		(1)	9/2/2016	Ord	linary	y 1400000	\$0	1400000	D	

#### **Explanation of Responses:**

(1) These securities vest over a four-year period as follows: 25% on the first anniversary of September 2, 2016 with the remaining shares vesting in 36 equal successive monthly installments thereafter, subject to continued service. All unvested shares subject to this option are subject to accelerated vesting upon certain termination events.

### **Reporting Owners**

Paparting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Huang Jane C/O MOURANT OZANNES CORPORATE SERVICES 94 SOLARIS AVENUE CAMANA BAY, GRAND CAYMAN, E9 KY1-1108			CMO, Hematology				

#### **Signatures**

/s/ Jane Huang	9/6/2010
** 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.