## FORM 4

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

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

# 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. 1	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Wang Julia Aijun				Be	BeiGene, Ltd. [ BGNE ]									,			
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							-	Director10% Owner Specify below) Other (specify below)				
C/O MOURANT GOVERNANCE					2/29/2024							(	Chief Financi	al Office	r		
SERVICES ( AVENUE	CAYMA	N), 94 S	OLAR														
	(Stree	et)		4. I	4. If Amendment, Date Original Filed (MM/DD/YYYY)						Y)	6. Individual or Joint/Group Filing (Check Applicable Line)					
CAMANA BAY, GRAND CAYMAN, E9 KY1-1108											_X _ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Ci	ity) (Stat	e) (Zip	p)														
			Table I -	- Non-Der	ivati	ive Secu	ırities Aco	quire	ed, Dis	posed o	f, or I	Bene	eficially Owne	d			
1. Title of Security (Instr. 3) 2. Trans. D			Trans. Date			3. Trans. Co (Instr. 8)	de	4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5)			Fo	Amount of Securit bllowing Reported (nstr. 3 and 4)	1 Transaction(s)		Ownership of Indire Form: Benefic Direct (D) Owners	Beneficial Ownership	
							Code	V	Amount	(A) or (D)	Price	e				or Indirect (I) (Instr. 4)	(Instr. 4)
Ordinary Shares															320,086	D	
American Depositary Shares (1). 2/29/202				2/29/2024			S <sup>(2)</sup>		397	D	\$167.0	08			0	D	
	Tab	le II - Der	ivative S	ecurities l	Bene	eficially	Owned (	e.g.,	puts, c	alls, wa	rrant	ts, op	ptions, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Trans. Date Execution Date, if any		(Instr. 8)	Code 5. Numb Derivativ Acquired Disposed (Instr. 3,		ve Securities I (A) or I of (D)	6. Date Exercisable and Expiration Date		7. Title and Securities Derivative (Instr. 3 an		Jnderlying Security	Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form of	Beneficial			
				Code	v	(A)	(D)	Date Exe	e rcisable	Expiration Date		Amou Share	unt or Number of es		Transaction(s) (Instr. 4)		

### **Explanation of Responses:**

- (1) Each American Depositary Share represents 13 Ordinary Shares.
- (2) The sale was effected pursuant to a mandatory tax withholding provision in the Reporting Person's restricted share unit award agreement in connection with the vesting of a restricted share unit award previously granted to the Reporting Person. 1/4th of the securities will vest on each anniversary of February 28, 2022, subject to continued service. Unvested securities are subject to accelerated vesting upon certain termination events following a change in control.

#### Reporting Owners

Reporting Owners					
Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Wang Julia Aijun					
C/O MOURANT GOVERNANCE SERVICES (CAYMAN)		Chief Finance	Chief Financial Officer		
94 SOLARIS AVENUE			Chief Financial Officer		
CAMANA BAY, GRAND CAYMAN, E9 KY1-1108					

### **Signatures**

**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.