BeiGene

2018 Annual Results Review and Investor Presentation

February 27-28, 2019

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, NMPA (formerly CFDA/CDA) 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

Agenda

- **Welcome and Introduction**
  - John Oyler, Founder, CEO and Chairman
- **Commercial Operations Highlights**
  - Dr. Xiaobin Wu, General Manager of China and President of BeiGene
- **Clinical Programs Updates**
  - Dr. Lai Wang, SVP, Asia Pacific Clinical Development, Global Clinical Operations, and Biometrics
- **Financial Results**
  - Dr. Howard Liang, CFO and Chief Strategy Officer
- **Q&A**

FOUNDER, CHAIRMAN AND CEO

John V. Oyler

BeiGene

2018 Highlights and 2019 Outlook

- Established leadership in **China-inclusive global development** to leverage the historic opportunity that China represents
- Broad clinical programs advancing with compelling data readouts and significant trial and regulatory progress
- Expanded the BeiGene team to **over 2,200 people** and made key hires in Dr. Xiaobin Wu, our China GM, and Dr. Yong Ben, our CMO of Immuno-oncology
- Significantly **expanded commercial** capabilities and demonstrated success with existing portfolio
- Strengthened our manufacturing team with key additions and continued buildout of our Guangzhou facility
- Well positioned for 2019, a potentially **transformational year** for BeiGene with key launches, data readouts and potential filings

2018 Business Highlights and Accomplishments

Assets

	Compelling Data Readouts	Significant Trial and Regulatory Progress
BTK	✓ MCL China[1] • **84% ORR** • **59% CR** ✓ CLL/SLL China[5] • **80% ORR** • **2% CR** ✓ WM global Ph1[2] • **82% MRR** • **41% VGPR** ✓ Pooled safety data from 476 patients[3] • **Low rate of A-fib (2%, only 1 Gr3)** • **Low rate of severe hemorrhage (2%)**	✓ China NDAs R/R MCL and R/R CLL/SLL announced acceptance 8/26 and 10/24 ✓ Priority review status granted to NDA in R/R MCL 11/15 and R/R CLL/SLL 1/14/19 ✓ Fast Track WM; Breakthrough Therapy MCL ✓ First global Ph3 trial (H2H vs. ibrutinib in WM) completed enrollment 7/22 ✓ Initiated second Ph.3 trial in CLL (vs. ibrutinib); global pivotal Ph2 trial in MZL; all 3 pivotal trials in China completed enrollment
PD-1	✓ cHL China pivotal[4] • **86% ORR** • **61% CR**	✓ China NDA cHL announced acceptance 8/31; priority review granted 11/15 ✓ 7 late-stage trials initiated, total of 11 ongoing*
PARP		✓ Initiated China Ph3 in OC ✓ Initiated global Ph3 in GC

Capabilities

COMMERCIAL

- ✓ **Product revenues grew 2.5x from 4Q17 to 4Q18**
- ✓ Launched VIDAZA and REVLIMID in NDMM in China
- ✓ Vidaza added to NRDL, expanded reimbursement for ABRAXANE into Jiangsu and Hunan (PRDL) and Shandong (CII)

CLINICAL

- ✓ **800+ clinical development team**
- ✓ Running 21 pivotal or potentially registrational trials
- ✓ **2000+ subjects** enrolled across all clinical programs during 2018[6]
- ✓ Over 50 ongoing or planned clinical trials

1. ASH 2018 Song et al.; 2. Tam et al. IWWM 2018; 3. Tam et al. EHA 2018 [Abstract PF445]; 4. ASH 2018 Song et al., Safety data below; 5. Pivotal trial, BeiGene press release 10/24/18; 6. as of Dec 31, 2018; *Tislelizumab global Ph3 in 1L GC and 1L ESCC, 2L ESCC, Ph2 in HCC, Ph2 in NK/T lymphoma, and 2 China Ph3's in NSCLC initiated (squamous, non-squamous). Other ongoing include 2 global Ph3 in NSCLC and HCC, 2 China pivotal in cHL and urothelial carcinoma. PRDL = Provincial Reimbursement Drug List, CII = Critical Illness Insurance

BeiGene

Developing Strong Manufacturing Capabilities

Multi-Functional Manufacturing Facility in Suzhou

- Aligned with the design criteria of **US, EU and China**
- Total area of 9,000m²
- **Commercial-scale small molecule drug products facility**, ~100M pills annual capacity
- **Pilot-scale biologic facility** at 500L scale

Experienced High-Quality Manufacturing Partners

Boehringer Ingelheim

- Manufacturing collaborations with leading high-quality manufacturers in **biologics** and **small molecules**
- **BI collaboration** established 2013; cell line and CMC process for tislelizumab developed by BI
- Commercial scale 2,000L at BI's Shanghai **expandable** facility

Biologics Manufacturing Facility in Guangzhou (under construction)

- Joint venture with **Guangzhou Development District**
- Investment of **$300+ million --** mostly from external funding but BeiGene retains majority equity ownership
- **100,000 square meter** manufacturing site; **24,000-liter** commercial-scale biologics manufacturing facility
- First phase of the manufacturing plant planned to be completed in 2019

William Novotny, Advisor, Technical Operations

- BMS, VP and Global Lead in Supply Chain
- Merck, AVP in Global Supply Chain Management and Product Operations

Zhengming Du, Ph.D. Head of Chemistry Manufacturing & Control (CMC)

- Roche China, Head of Process and Synthesis, Deputy Head of CMC

Jonathan Liu, Ph.D. SVP, Bio-Manufacturing

- J&J, Head of China Pharmaceutical Development and Manufacturing Sciences

Michael Garvey VP, Head of Guangzhou Biologics Manufacturing

- Samsung Biologics, VP of Manufacturing

BeiGene

Our Strategy

Building a Leading Global Biotech Company From China with the Utmost Commitment to Patients Globally, Through Quality, and Science

Realize two large near-term commercial opportunities: **BTK and PD-1**

Strengthen and deepen key strategic capabilities including **global clinical development, commercial** footprint, and manufacturing …

… to capture opportunities created by **regulatory reforms in China (reimbursement and clinical)** and continue to **expand our portfolio**

Pursue a different, truly **global model** by leveraging our strengths in China and clinically

Leveraging China Strengths to Pursue Global Clinical Excellence

BeiGene Is Becoming a Leader in China-Global Clinical Development

Countries with BeiGene clinical trial sites

- **Leader in global China-inclusive clinical development** (initiated **6** of the first wave);
- Clinical team of over **800**, with **over 50%** in China and remainder in US, EU, AU
- **Largest oncology-focused** clinical development team in China
- **21** pivotal trials or potentially registration-enabling trials ongoing
- **50+** ongoing or planned clinical trials in China and globally with **4,000+** patients and healthy subjects enrolled
- Regulatory interactions and monitoring from **20+** countries

BeiGene

Establishing Collaborations to Leverage Unique Clinical Capabilities to Expand Our Portfolio

Agreement: Jan. 2018
sitravatinib
(multi-kinase inhibitor including TAM receptors (TYRO3, Axl, MER), split receptors (VEGFR2, KIT) and RET)

- **In-licensed sitravatinib** in Asia (ex-JP) and AU/NZ
- Leverage China capabilities to expedite and expand global development program
- Encouraging results -- 16 PRs and CRs (9 confirmed) in 56 patients -- reported by Mirati in an ongoing Ph2 trial in combination with nivolumab in NSCLC patients who have progressed on checkpoint inhibitor therapy[1]

Agreement: Nov. 2018
ZW25 HER2-targeted bispecific antibody and **ZW49** bispecific antibody drug conjugate (ADC)**; Azymetric™ and EFECT™ platforms**

- **In-licensed ZW25 and ZW49** in Asia (ex-JP) and AU/NZ; global research and license agreement for **Azymetric™ and EFECT™** platforms
- Leverage China capabilities to expand pipeline in areas of high interest (breast and gastric cancers)
- Complements existing portfolio; broadens biologic pipeline
- Access to bispecific antibody discovery platform

Agreement: Sept. 2018
MEK inhibitor PD-0325901
(MEK inhibitor synergistic with RAF inhibition in RAS-mutant solid tumors)

- **Global clinical collaboration** to evaluate in RAS-mutant advanced solid tumors in combination with BeiGene's RAF dimer inhibitor lifirafenib.
- Leverage China capabilities to expedite and expand global development program
- Phase 1b clinical study is expected in 1Q19

Agreement: Oct. 2018
ME 401
(oral phosphatidylinositol 3-kinase , PI3K, delta inhibitor)

- **Global clinical collaboration** to evaluate safety and efficacy in B-cell malignancies in combination with zanubrutinib.
- MEI will amend its ongoing Phase 1b trial to include evaluation of ME-401 and zanubrutinib combination therapy in patients with B-cell malignancies

1. ESMO 2018 Ticiana et al.

China Enables a Model to Succeed in an Evolving Global Environment

- **Dramatic changes to biopharma industry occurring – *China increasingly key focal point for future***
- **Changes enable an alternative model, for which BeiGene was specifically built**
- **Expand global access to medicines to 3-4B people (~3x historic pharma model)**
- **Pursue different, truly global model without sacrificing quality, innovation, or science**

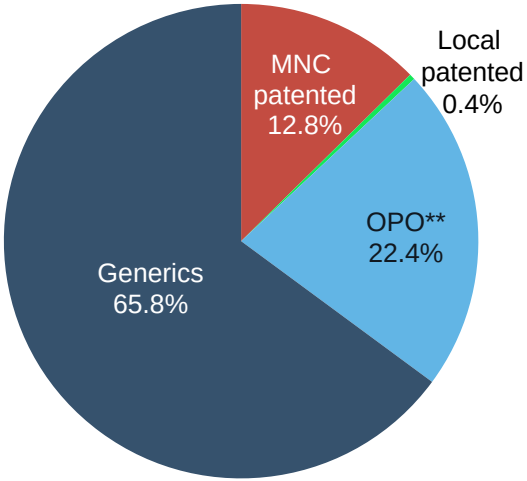
GENERAL MANAGER OF CHINA AND PRESIDENT OF BEIGENE, LTD.

Xiaobin Wu, Ph.D.

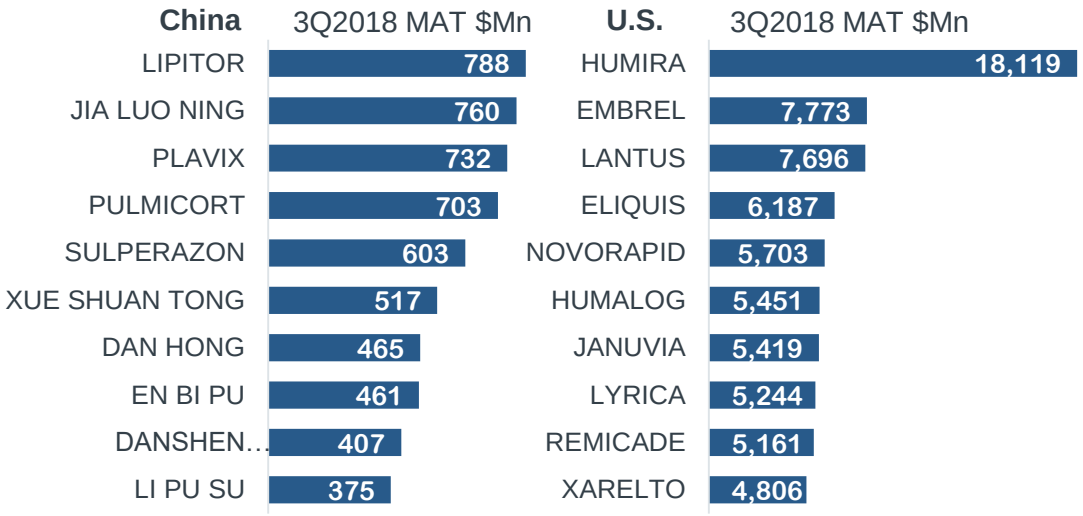
BeiGene

China's Overall Pharmaceutical Market Is Still Dominated by Generics

2017 China Western Medicine Market



Top 10 brands in China vs. the U.S.*

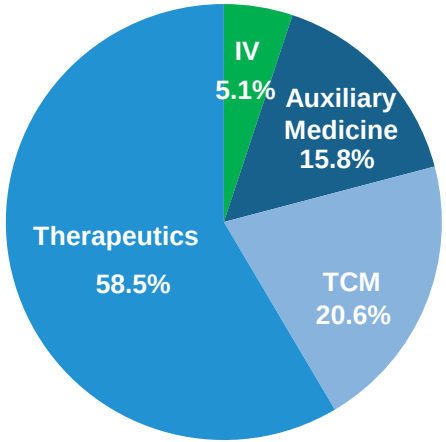


Source: IQVIA data (hospital channel) and McKinsey Report. *IQVIA 3Q2018 MAT USD / RMB=6.7812 :1. OPO: Off Patent Originator; MNC: Multi-national Corporations

Market Growth Is Shifting Towards Therapeutics

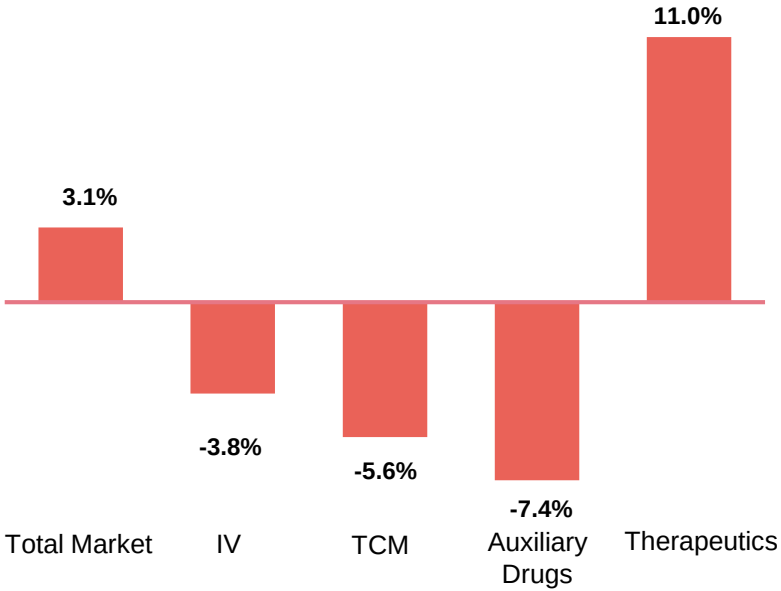
Value Share by Category

Nov. 2018 YTD



Growth Trend by Category

Nov. 2018 YTD

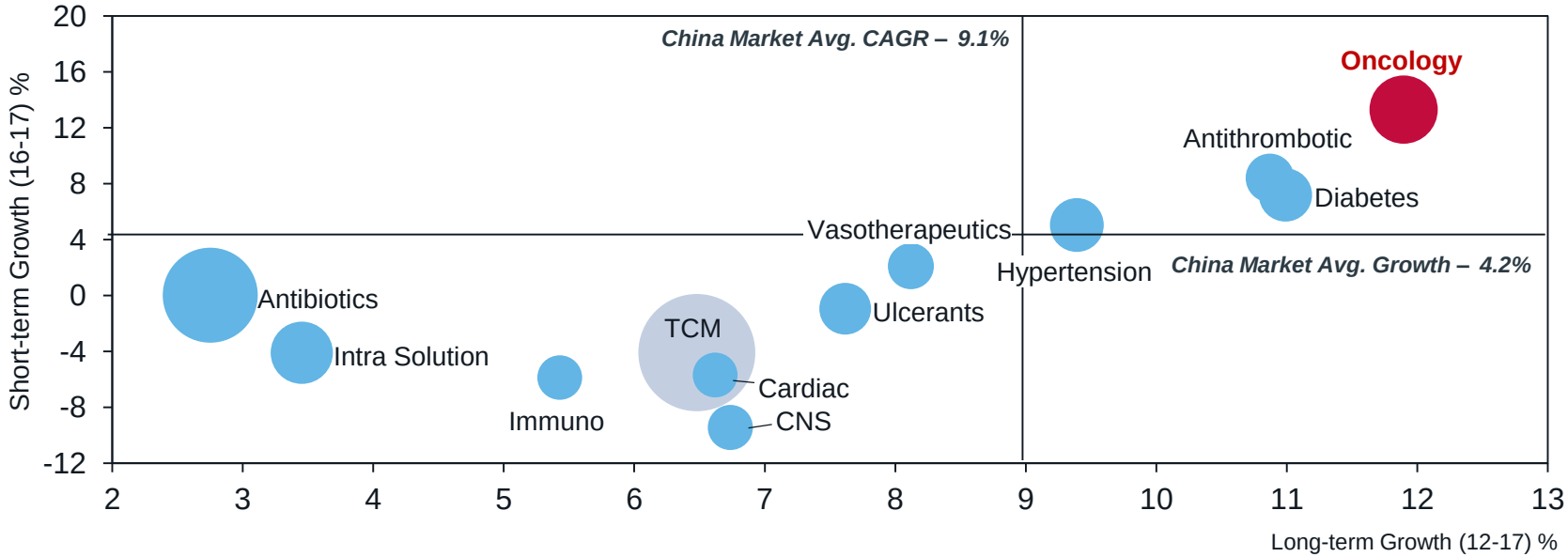


Source: IQVIA. TCM: Traditional Chinese Medicine; IV: Intravenous-used Solution; Therapeutics: all other products excluding IV, TCM and Auxiliary Drugs.

Oncology Is the Fastest Growing and One of the Largest Therapeutic Areas in China

China Key Therapeutic Areas Value Growth Dynamics, 2012 - 2017

- Billion USD, based on ex-factory price, include hospital (bed size over 100) and retail channels



Source: IQVIA Midas database; IQVIA analysis.
Bubble size represents therapeutic area value.

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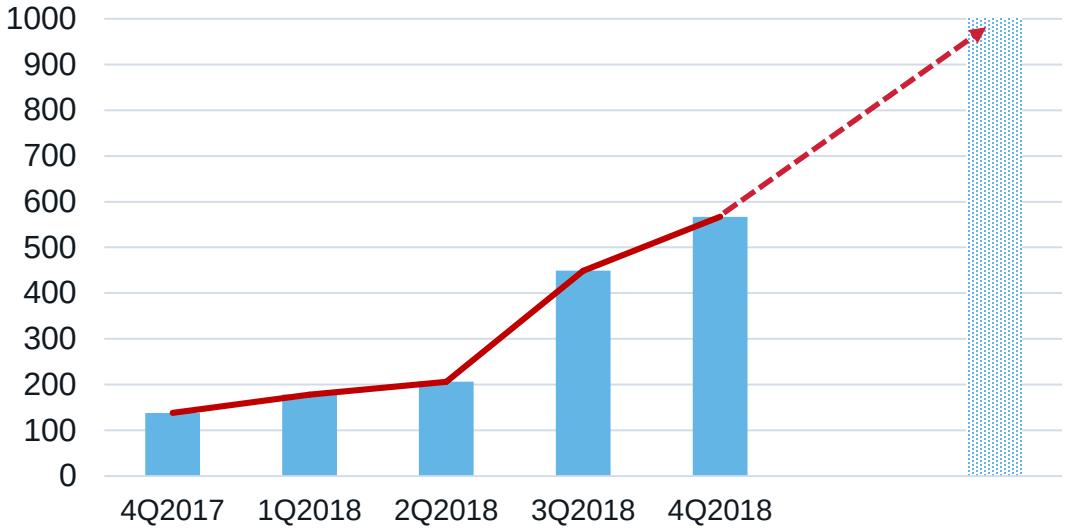
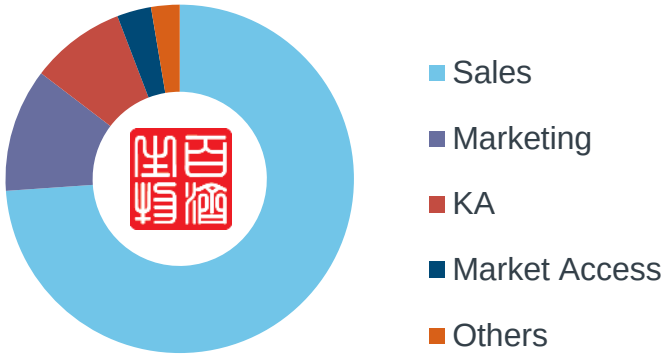
BeiGene's 2018 Commercial Organization Growth

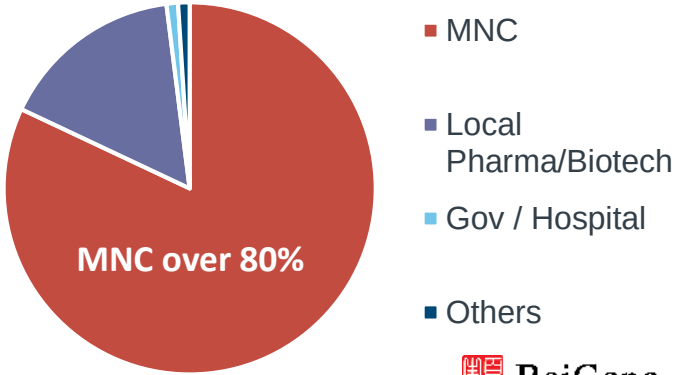
A growing 600+ top innovative oncology commercial team targeting to cover 800 – 1,000 hospitals in China[1]



Commercial Team Sub Groups



Commercial Team Background



1. As of December 31, 2018

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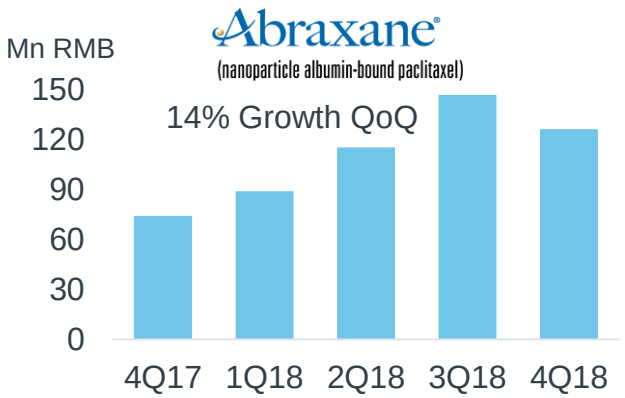
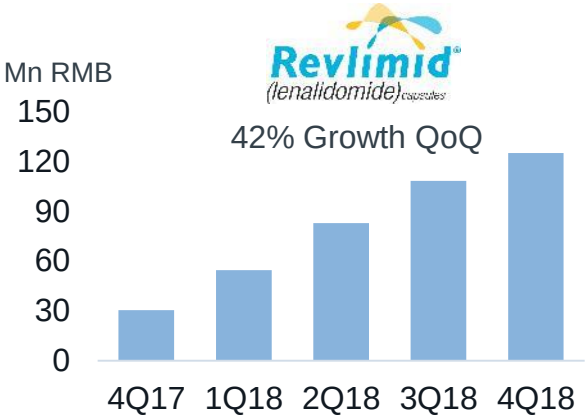
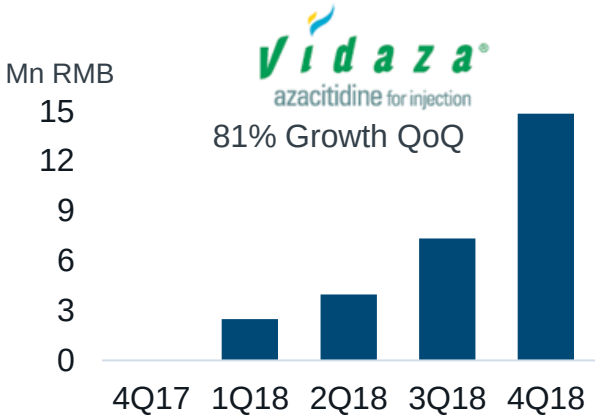
Strong Core Product Growth Under BeiGene







*REVLIMID® approved as a combination therapy with dexamethasone; ABRAXANE® is included in PRDL of Fujian, Hubei, Ningxia, Jiangsu, Hunan; CII of Zhejiang and Shandong as of December 25, 2018. VIDAZA® is approved in MDS, CMML and AML and first commercial availability and inclusion on NRDL in 2018. NRDL = National Reimbursement Drug List, PRDL = Provincial Reimbursement Drug List, CII = Critical Illness Insurance.

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Existing Portfolio Provides Market Presence for Launch of Internally Developed Assets

2018 BeiGene Hematology Forum

March 2018

2018 BeiGene Oncology Forum

May 2018

2018 Annual Meeting of China Society of Clinical Oncology

September 2018

The 15th Congress of China Society of Hematology

(Launched Revlimid Patient Assistance Program)

October 2018

2018 BeiGene 2nd Hematology Forum

December 2018

Preparing to Launch Zanubrutinib and Tislelizumab

Vision
Establish as the Gold Standard Treatment for Approved Indications

DRIVE INTERNAL STRENGTHS AND EXTERNAL ENGAGEMENTS

- Trials designed to show differentiated competitive clinical data
- Broad indications under development
- Global ongoing trials in large indications to support potentially broad label
- Focus on quality manufacturing in small molecule and biologics

- Expand and accelerate market access
- Hospital and key accounts coverage
- Government engagement with central and regional authorities
- Medical affairs, KOL engagement and patient education

CONTINUE TO BUILD MARKETED PRODUCTS

Abraxane® (nanoparticle albumin-bound paclitaxel)

Revlimid® (lenalidomide) capsules

Vidaza® azacitidine for injection

LEVERAGE EXISTING INFRASTRUCTURE

- Gov. Affairs
- Medical Affairs
- Market Access
- Sales and Marketing

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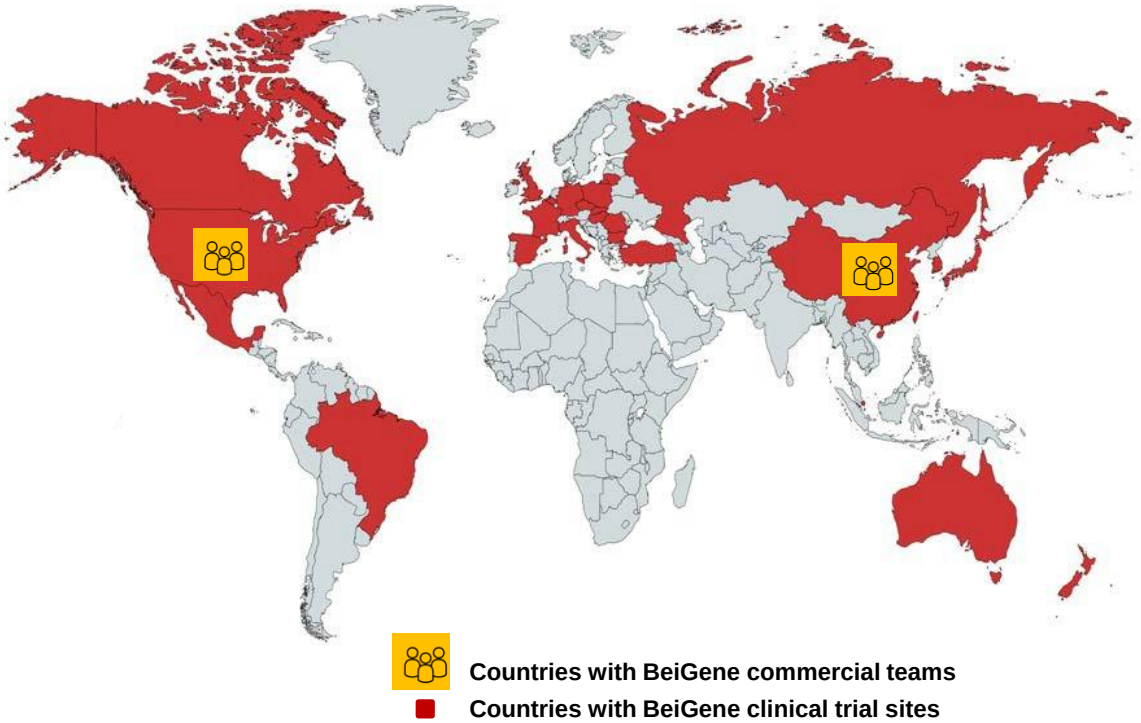
Building Commercial Presence Outside of China

- **U.S.**
  - Preparing for potential launch of zanubrutinib, planned filing in 2019 or early 2020
  - Hired senior management for key commercial functions
  - Planning to build a hematology salesforce
- **EU**
  - Evaluating commercialization strategy including potential collaborations
- **New Markets**
  - Planning to pursue a true global model for growth by leveraging China



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SVP, ASIA PACIFIC CLINICAL DEVELOPMENT, GLOBAL CLINICAL OPERATIONS, AND BIOMETRICS

Lai Wang, Ph.D.

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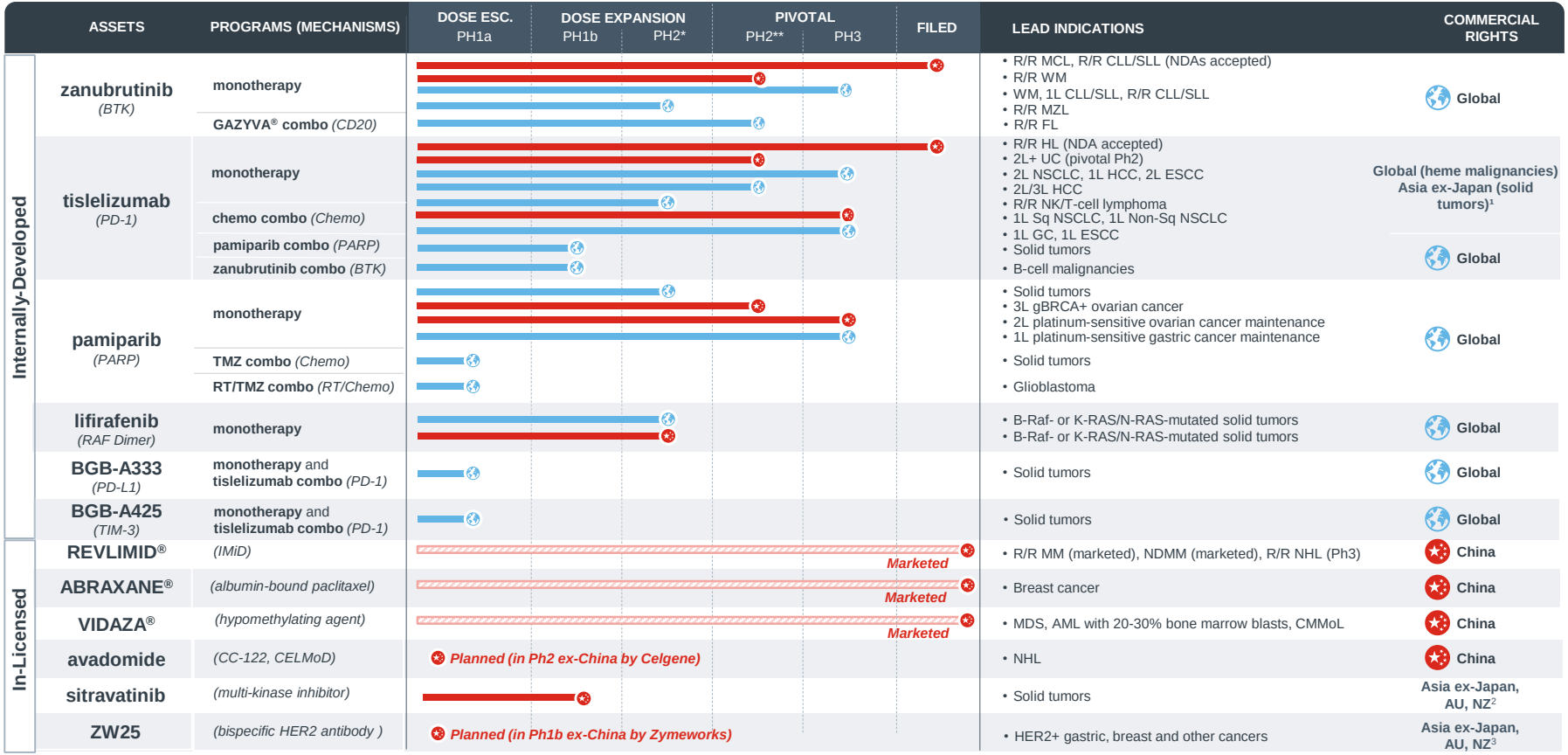
BeiGene Product Portfolio and Pipeline

Three Marketed Products in China, Three Late-Stage Assets, and Six Early-Stage Clinical Assets

Global
China



*Some indications will not require a non-pivotal Ph2 clinical trial prior to beginning pivotal Ph2 or Ph3 clinical trials. **Confirmatory clinical trials post approval are required for accelerated approvals. ***REVLIMID® approved as a combination therapy with dexamethasone. 1. Celgene has the right to develop and commercialize tislelizumab in solid tumors in the U.S., EU, Japan and the rest-of-world outside of Asia. 2.Collaboration with Mirati Therapeutics, Inc; APAC study. 3. Collaboration with Zymeworks.

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Zanubrutinib Clinical Program

Broad Clinical Development Plan

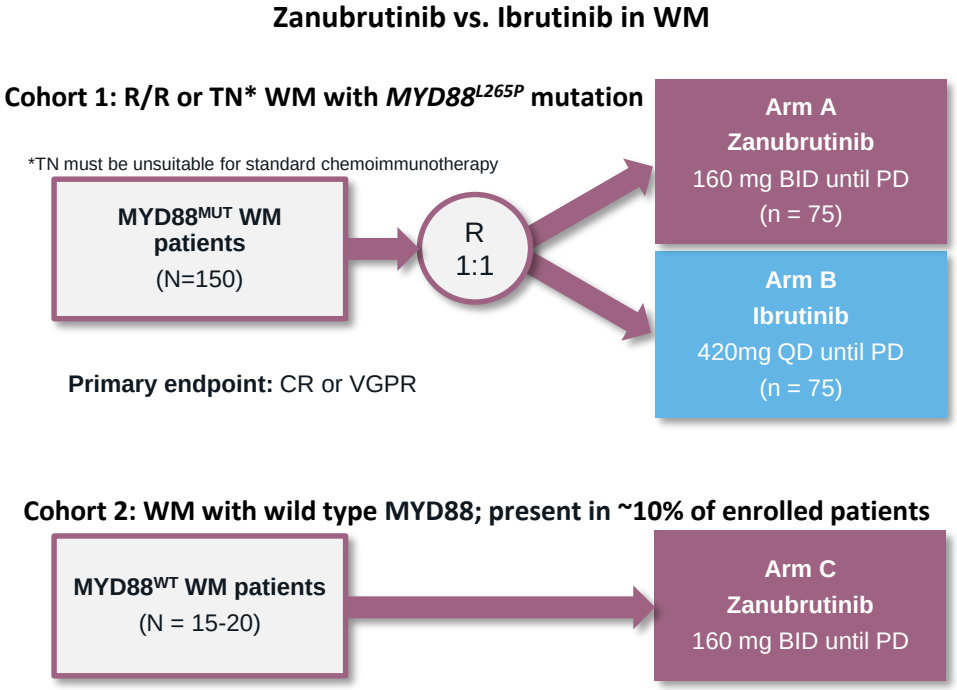
Global China

PROGRAM *(TARGET)*	COMMERCIAL RIGHTS	DOSE ESC. PH1a	DOSE EXPANSION PH1b	DOSE EXPANSION PH2[1]	PIVOTAL PH2[2]	PIVOTAL PH3	FILED
zanubrutinib *(BGB-3111, BTK)*	Worldwide	*Relapsed / Refractory (R/R) chronic lymphocytic leukemia / small lymphocytic leukemia (CLL/SLL) (NDA Accepted)*					
		R/R mantle cell lymphoma (MCL) (NDA accepted)					
		Waldenstrom's macroglobulinemia (WM): zanubrutinib vs. ibrutinib					
		Treatment-naïve CLL/SLL: zanubrutinib vs. BR					
		R/R CLL/SLL: zanubrutinib vs. ibrutinib					
		R/R marginal zone lymphoma (MZL)					
		WM					
		R/R diffuse large B-cell lymphoma					
		B-cell malignancies					
zanubrutinib + GAZYVA® *(BTK + CD20)*	Worldwide	*R/R follicular lymphoma: zanubrutinib + GAZYVA® vs. GAZYVA®*					
		B-cell malignancies					
tislelizumab + zanubrutinib *(PD-1 + BTK)*	Worldwide	*Hematological tumors*					

- More than 1,300 patients[3] treated with zanubrutinib across the program, including combination trials

1. Some indications will not require a non-pivotal Ph2 clinical trial prior to beginning pivotal Ph2 or Ph3 clinical trials. 2. Confirmatory clinical trials post approval are required for accelerated approvals. 3. as of December 31, 2018

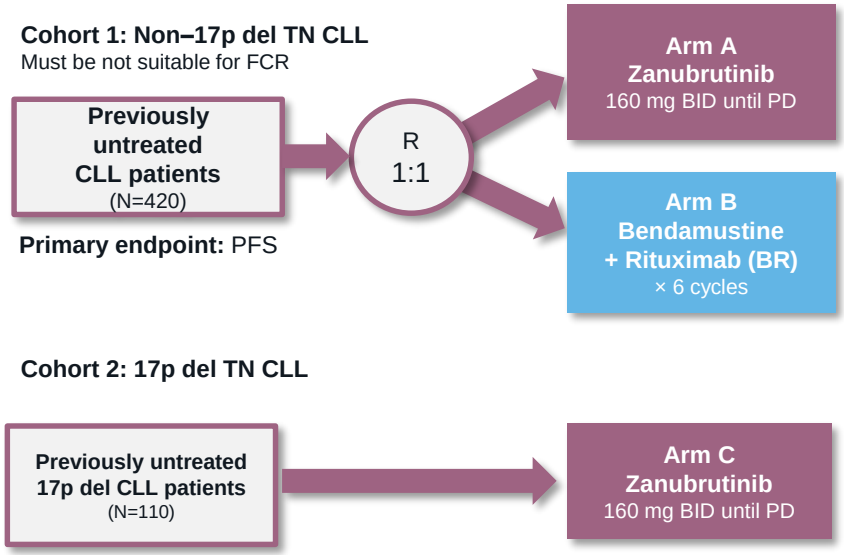
Ongoing Global Phase 3 Studies



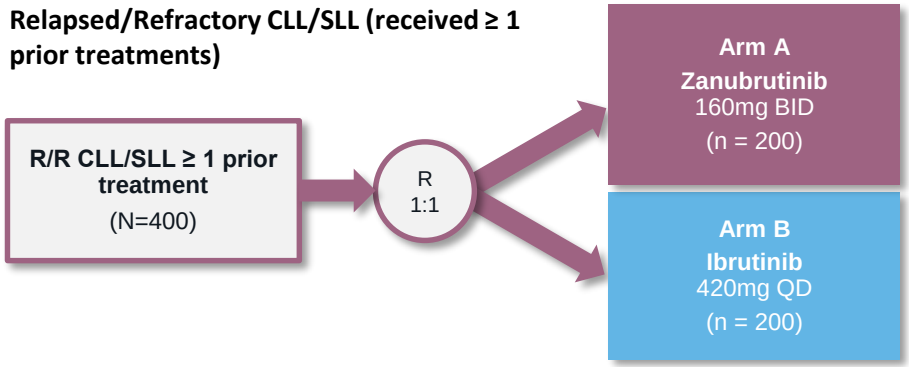
WM=Waldenstrom's macroglobulinemia, BID=twice daily, CR=complete response, MUT=mutation, PD=progressive disease, QD=once daily, R=randomization, R/R=relapsed/refractory, TN=treatment naïve, VGPR=very good partial response, WT=wild type. This study is registered at ClinicalTrials.gov (NCT03053440)

Ongoing Global Phase 3 Studies

Zanubrutinib vs. BR in 1L CLL/SLL



Phase 3 Zanubrutinib Vs Ibrutinib in R/R CLL/SLL



Primary Endpoint: ORR (non-inferiority and superiority)

1L=first-line treatment, BID=twice daily, CLL=chronic lymphocytic leukemia, del=deleted, FCR=fludarabine, cyclophosphamide, and rituximab, ORR=overall response rate, PD=progressive disease, PFS=progression-free survival, QD=once daily, R=randomized, SLL=small lymphocytic lymphoma, TN=treatment naïve. These studies are registered at ClinicalTrials.gov (NCT03734016) and (NCT03336333).

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Ongoing Global Phase 3 Studies

Zanubrutinib vs. BR in 1L CLL/SLL

Cohort 1: Non–17p del TN CLL
Must be not suitable for FCR

Previously untreated CLL patients
(N=420)

R
1:1

Arm A
Zanubrutinib
160 mg BID until PD

Arm B
Bendamustine + Rituximab (BR)
× 6 cycles

Primary endpoint: PFS

Cohort 2: 17p del TN CLL

Previously untreated 17p del CLL patients
(N=110)

Arm C
Zanubrutinib
160 mg BID until PD

Cohort 2 enrollment completed

Phase 3 Zanubrutinib Vs Ibrutinib in R/R CLL/SLL

Relapsed/Refractory CLL/SLL (received ≥ 1 prior treatments)

R/R CLL/SLL ≥ 1 prior treatment
(N=400)

R
1:1

Arm A
Zanubrutinib
160mg BID
(n = 200)

Arm B
Ibrutinib
420mg QD
(n = 200)

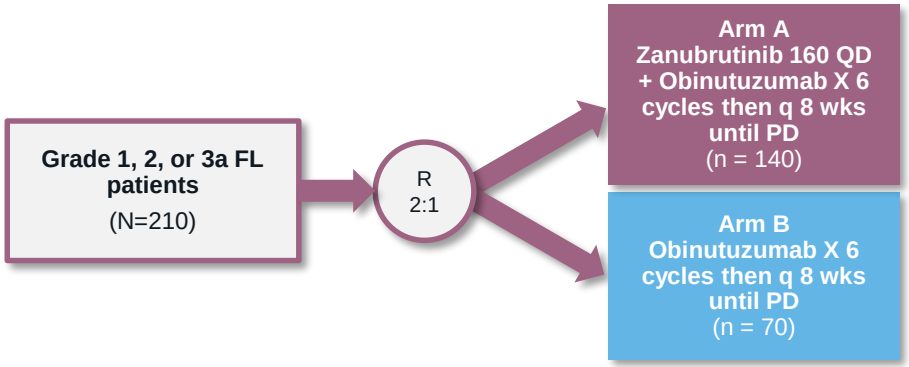
Primary Endpoint: ORR (non-inferiority and superiority)

1L=first-line treatment, BID=twice daily, CLL=chronic lymphocytic leukemia, del=deleted, FCR=fludarabine, cyclophosphamide, and rituximab, ORR=overall response rate, PD=progressive disease, PFS=progression-free survival, QD=once daily, R=randomized, SLL=small lymphocytic lymphoma, TN=treatment naïve. These studies are registered at ClinicalTrials.gov (NCT03734016) and (NCT03336333).

Ongoing Pivotal Study

Phase 2 Zanubrutinib + Obinutuzumab vs Obinutuzumab in R/R FL

Relapsed/Refractory FL (received ≥2 prior treatments*)



Primary Endpoint: ORR

CLL/SLL=chronic lymphocytic leukemia/small lymphocytic lymphoma, FL=follicular lymphoma, ORR=overall response rate, PD=progressive disease, PFS=progression-free survival, QD=once daily, R=randomization. *Must have received prior treatment with rituximab and an alkylator; relapsed <12 months from end of last treatment OR refractory to last treatment. This study is registered at ClinicalTrials.gov (NCT03332017).

Zanubrutinib Potentially Addresses Areas of Need for Patients Treated with BTK Inhibitors

- **Efficacy**
  - Complete and sustained target inhibition may result in better response quality
    - We are testing this hypothesis in Phase 3 head-to-head trials against ibrutinib in WM and CLL
- **Tolerability**
  - In “real-world” ibrutinib use in CLL, not only acute/ serious toxicities (atrial fibrillation, serious bleeding), but cumulative tolerability issues (myalgia, arthralgia, hypertension) are frequently treatment-limiting
  - Zanubrutinib to date has been associated with low rates of toxicity-related discontinuations and cumulative “off-target” toxicities
- **Drug-Drug Interactions**
  - Based on drug interaction studies, co-administration with strong CYP3A inhibitors is permitted
    - Includes important agents in management of leukemia/ lymphoma patients, such as azole anti-fungals
  - Co-administration of proton pump inhibitor (PPIs) or other Acid-Reducing Agents (ARA) does not affect zanubrutinib exposure
  - Patients have been allowed to receive warfarin and aspirin on zanubrutinib trials

Tislelizumab Clinical Program

Broad Development for Asia-Prevalent Cancers

Global China

PROGRAM *(TARGET)*	COMMERCIAL RIGHTS[1]	DOSE ESC. PH1a	DOSE EXPANSION PH1b / PH2*	PIVOTAL PH2** / PH3	FILED
tislelizumab *(BGB-A317, PD-1)*	Worldwide (Heme Malignancies); Asia ex-Japan (Solid Tumors)			*Relapsed / Refractory (R/R) Hodgkin's lymphoma (NDA accepted)*	
				2L non-small cell lung cancer	
				1L hepatocellular carcinoma	
				2L esophageal squamous cell carcinoma	
				1L gastric cancer	
				1L esophageal squamous cell carcinoma	
				Stage III non-small cell lung cancer	
				2L/3L hepatocellular carcinoma	
				R/R NK/T-cell lymphomas	
				1L non-squamous non-small cell lung cancer	
				1L squamous non-small cell lung cancer	
				2L+ urothelial carcinoma	
				MSI-H or dMMR solid tumors	
				Solid tumors	
tislelizumab + pamiparib *(PD-1 + PARP)*	Worldwide			*Solid tumors*	
tislelizumab + zanubrutinib *(PD-1 + BTK)*	Worldwide			*Hematological tumors*	

- More than 2,200 patients[2] enrolled over 3 years across tislelizumab program, including combination trials
- Broad development global program in collaboration with Celgene with additional Ph3/potential registration-enabling trials planned in lung, gastric, liver, and esophageal cancers

*Some indications will not require a non-pivotal Ph2 clinical trial prior to beginning pivotal Ph2 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; BeiGene retains rights to internal combinations. 2. As of December 31, 2018

BeiGene

Tislelizumab Broad Late-stage Development Program

Eleven ongoing potentially registration-enabling trials

Global Trials (China and ROW)

NSCLC	Phase 3 (n=800) in 2L NSCLC tislelizumab vs. docetaxel Primary endpoint: OS Initiated in Nov. 2017	Phase 3 (n=840) in Stage III NSCLC Tislelizumab + cCRT followed by tislelizumab vs. cCRT followed by tislelizumab vs cCRT alone Primary endpoint: PFS Open for enrollment
HCC	Phase 3 (n=640) in 1L HCC tislelizumab vs. sorafenib Primary endpoint: OS Initiated in Jan. 2018	Phase 2 (n=225) in 2L/3L HCC tislelizumab monotherapy Primary endpoint: ORR by IRC Initiated in Apr. 2018
ESCC	Phase 3 (n=450) in 2L ESCC tislelizumab vs. single-agent chemo (paclitaxel, docetaxel, or irinotecan) Primary endpoint: OS Initiated in Jan. 2018	Phase 3 (n=480) in 1L advanced ESCC tislelizumab or placebo + platinum- and fluoropyrimidine-based chemo Co-primary endpoints: PFS and OS Initiated in Dec. 2018
GC	Phase 3 (n=720) in 1L advanced GC tislelizumab or placebo + platinum- and fluoropyrimidine-based chemo Co-primary endpoints: PFS and OS Initiated in Dec. 2018	**R/R NK/T-cell lympho mas** Phase 2 (n=90) in 1L R/R Mature T- and NK- Neoplasms tislelizumab monotherapy Primary endpoints: ORR Initiated in Apr. 2018

China Trials

NSCLC	Phase 3 (n=320) in 1L Stage IIIB or IV non-squamous NSCLC Tislelizumab+ chemo (platinum-pemetrexed) vs. chemo Primary endpoint: PFS Initiated in Jul. 2018	Phase 3 (n=340) in 1L Stage IIIB or IV squamous NSCLC Tislelizumab+ paclitaxel and carboplatin combo or nab-paclitaxel and carboplatin combo vs. paclitaxel and carboplatin combo Primary endpoint: PFS Initiated in Aug. 2018
UC	Pivotal phase 2 (n=110) in 2L UC tislelizumab monotherapy Primary endpoint: ORR Initiated in Jul. 2017, enrollment completed in 3Q:18	**cHL** Pivotal phase 2 (n=70) in R/R cHL tislelizumab monotherapy Primary endpoint: ORR Initiated in Apr. 2017, enrollment completed in 4Q:17, NDA accepted in Aug 2018
MSI-H or dMMR solid tumors	Phase 2 (n=60) in MSI-H or dMMR solid tumors tislelizumab monotherapy Primary endpoint: ORR Initiated in Sept. 2018	

Potential registration-enabling trials based on regulatory feedback

Under NMPA review

Other late-stage studies

BeiGene

*Tislelizumab dosage 200mg every three weeks, Q3W. Global Ph3 trial in Stage III NSCLC is run by Celgene; global Ph2 in R/R/ NK/T-cell lymphoma and Ph2 trial in MSI-H or dMMR solid tumors in China are potentially registrational-enabling trials. OS: Overall survival; ORR: Overall response rate; PFS: Progression-free survival; cCRT: concurrent chemoradiotherapy; IRC: Independent Review Committee; ITT: Intent-to-treat

Tislelizumab Broad Late-stage Development Program

Eleven ongoing potentially registration-enabling trials

Global Trials (China and ROW)

NSCLC	Phase 3 (n=800) in 2L NSCLC tislelizumab vs. docetaxel Primary endpoint: OS Initiated in Nov. 2017	Phase 3 (n=840) in Stage III NSCLC Tislelizumab + cCRT followed by tislelizumab vs. cCRT followed by tislelizumab vs cCRT alone Primary endpoint: PFS Open for enrollment
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China Trials

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Potential registration-enabling trials based on regulatory feedback

Under NMPA review

Other late-stage studies

2L/3L HCC completed enrollment

BeiGene

*Tislelizumab dosage 200mg every three weeks, Q3W. Global Ph3 trial in Stage III NSCLC is run by Celgene; global Ph2 in R/R/ NK/T-cell lymphoma and Ph2 trial in MSI-H or dMMR solid tumors in China are potentially registrational-enabling trials. OS: Overall survival; ORR: Overall response rate; PFS: Progression-free survival; cCRT: concurrent chemoradiotherapy; IRC: Independent Review Committee; ITT: Intent-to-treat

Pamiparib Clinical Program

Global China

PROGRAM *(TARGET)*	COMMERCIAL RIGHTS	DOSE ESC. PH1a	DOSE EXPANSION PH1b	DOSE EXPANSION PH2*	PIVOTAL PH2**	PIVOTAL PH3
pamiparib *(BGB-290, PARP)*	Worldwide	*3L gBRCA+ ovarian cancer*				
		2L plat-sensitive ovarian cancer maintenance				
		1L plat-sensitive gastric cancer maintenance				
		Solid tumors				
pamiparib + TMZ *(PARP + Chemo)*	Worldwide	*Solid tumors*				
pamiparib + RT/TMZ *(PARP + RT/Chemo)*	Worldwide	*Glioblastoma*				

- Two ongoing global Ph1b/2 trials with chemotherapy: combination with radiation therapy and temozolomide (TMZ) in glioblastoma or combination with TMZ in advanced solid tumors
- Internal combination with tislelizumab: preliminary anti-tumor activity observed in multiple solid tumors

*Some indications will not require a non-pivotal Ph2 clinical trial prior to beginning pivotal Ph2 or 3 clinical trials. **Confirmatory clinical trials post-approval are required for accelerated approvals.

Other Clinical-Stage Drug Candidates and Internal Combinations

Robust Pipeline Beyond BTK and PD-1

sitravatinib[1]
Multi-Kinase Inhibitor
- Combination with tislelizumab initiated
- In-licensed from Mirati, rights in Asia ex-Japan, AU, NZ

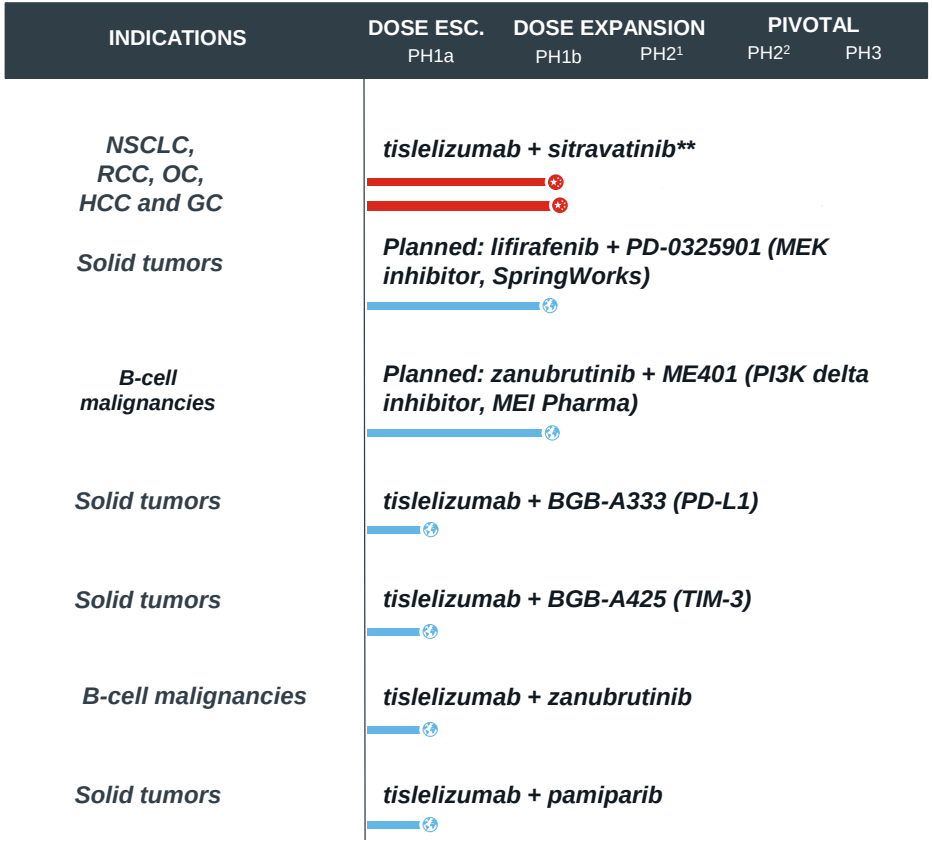
lifirafenib
Raf Dimer Inhibitor
- Clinical activity observed in RAS-mutated cancers including NSCLC and endometrial cancer
- Global clinical trial collaboration with SpringWorks' for combination with MEK inhibitor

ZW25[2]
Bispecific HER2 Antibody
- In-licensed from Zymeworks, rights in Asia ex-Japan, AU, NZ
- Designed to provide dual HER2 signaling blockade by binding to epitopes for Herceptin and Perjeta

BGB-A333
PD-L1 Antibody
- Ph1 trial testing the monotherapy and the combination with tislelizumab

BGB-A425
TIM-3 Antibody
- Ph1 testing the combination with tislelizumab

avadomide[3]
CELMoD (CC-122)
- Plan to test in NHL in China
- In-licensed from Celgene, Rights in China



BeiGene

*1.Collaboration with Mirati Therapeutics, Inc. 2. Collaboration with Zymeworks, 3. Collaboration with Celgene. ** Clinical trials in Asia Pacific regions

CFO AND CHIEF STRATEGY OFFICER

Howard Liang, PhD

BeiGene

Financial Summary

- **Cash balance:** $1,809M of cash and short-term investments at 12/31/18 vs. $2,101M at 9/30/2018, and $838M at 12/31/17

- Total cash decrease of $292M in 4Q:18 consists primarily of
  - Operating cash burn of $194M
  - Licensing payment of $60M to Zymeworks
  - CAPEX[1] of $54M, for Guangzhou manufacturing facility construction and Beijing research facility purchase

- Excluding proceeds from financing/equity issuance, outbound licensing and debt proceeds, cash burn totaled $736M[2] in 2018 vs. $296M[3] in 2017 and included
  - Cash used in operations of $548M in 2018 vs $237M in 2017
  - Payments for in-licensing and business development of $70M vs. 0 in 2017
  - CAPEX[1] of $109M in 2018 vs $59M in 2017
  - Repayment of loan for constructing Suzhou manufacturing facility of $9M in 2018 vs 0 in 2017

1 CAPEX includes purchases of property plant and equipment and payments to acquire long-lived assets; 2 Comprised of cash use from operations of $548M; payments for in-licensed BD of $70M and capital expenditures of $109M and cash payments for LT debt of $9M; 3 Comprised of cash provided from operations of $13M, excluding $250M in license fees from Celgene, and capital expenditures of $59M.

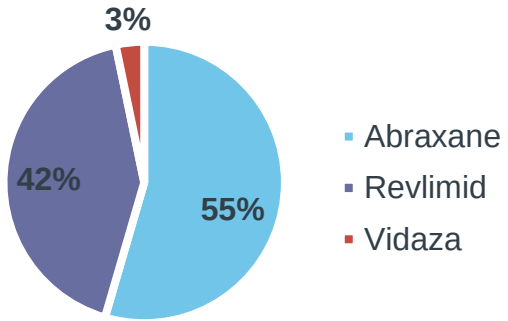
Financial Summary, continued

- **Revenue:** Total revenue of $198M in 2018 ($131M in product revenue and $67M in collaboration revenue --primarily R&D reimbursement from Celgene), compared to $238M in 2017 --$24M in product revenue and $214M in collaboration revenue (primarily upfront payment of the Celgene collaboration)
  - 4Q:18 product revenue was relatively flat compared to 3Q:18 (+1.5% in RMB; -1.8% in USD), impacted by seasonal pattern in 4Q. Year over year, 4Q:18 product revenue was ~2.5x of the prior year.
- **Expenses:**
- R&D expense was $679M in 2018 vs. $269M in 2017
  - $257M in 4Q:18, sequential growth of $110M over 3Q:18 contributed by expenses related to business development activities, Zymeworks ($60M), and Merck KGaA ($19M)
- SG&A expense was $195M in 2018 vs. $63M in 2017, and $72M in 4Q:18 vs. $49M in 3Q:18
  - Increase primarily relates to the expansion of commercial organization in China to support the growth of the current portfolio and prepare for upcoming launches, establishment of commercial organization in the US and expanded global operations
- Include $87M of stock-based compensation expense, compared to $43M in prior year
- **Net Loss** of $674M for 2018, compared to $93M in 2017
  - 2017 included benefit from recognition of upfront payment received from Celgene

Product revenue growth

Marketed Brand Revenue
Since Transition to BeiGene (in USD and RMB)

Marketed Brands Composition in Total 2018 Product Revenue



Patterns of slower sales in 4Q have been observed for oncology brands in China and for Abraxane and Revlimid historically

*REVLIMID® approved as a combination therapy with dexamethasone; ABRAXANE® is included in PRDL of Fujian, Hubei, Ningxia, Jiangsu, Hunan; CII of Zhejiang and Shandong as of December 25, 2018. VIDAZA® is approved in MDS, CMML and AML and first commercial availability and inclusion on NRDL in 2018. NRDL = National Reimbursement Drug List, PRDL = Provincial Reimbursement Drug List, CII = Critical Illness Insurance.

2019 Milestones and Catalysts

Zanubrutinib (BTK Inhibitor)	Timing
▪ Approval in China for MCL and CLL	▪ 2019
▪ China pivotal Phase 2 data and NDA filing for WM in China	▪ 2019
▪ Phase 3 data of zanubrutinib vs. ibrutinib in WM	▪ 2H 2019
▪ NDA filing in the U.S.	▪ 2019 or early 2020
▪ Updated data from global Ph.1 in WM and MCL, pivotal data from China Ph.2 studies in CLL and MCL (12 month update), Ph.1 obinutuzumab combination data in CLL, Ph.3 data from the MYD88WT cohort of the WM trial	▪ 1H:19
▪ Updated Ph.1 obinutuzumab combination data in NHL, updated CLL data from global Ph.1 trial	▪ 2H:19
Tislelizumab (PD-1 Antibody)	
▪ Approval in China for cHL	▪ 2019
▪ China pivotal Phase 2 data in UBC and NDA filing for UBC in China	▪ 1H:19
▪ Global Phase 2 data in HCC and regulatory filing discussions	▪ 2019
▪ Updated China pivotal Ph.2 data in cHL	▪ 1H:19
▪ Chemotherapy combination data in gastric, esophageal and lung cancers from China Ph.2 trials, NPC, HCC cohort data from China Ph.1	▪ 1H:19
▪ Complete or close to completing enrollment in all four ongoing Phase 3 trials in lung and liver cancers	▪ 2019
Pamiparib (PARP inhibitor)	
▪ China pivotal Phase 2 data in 3L+ ovarian cancer	▪ Late ‘19 or early ‘20
▪ Ovarian expansion cohort data including (including QD cohort) from global Ph.1 trial presented at a medical conference	▪ 1H:19
▪ Updated Ph.1 combination data with chemotherapy in solid tumors, and chemotherapy with or without radiation in GBM presented at medical conferences	▪ 2H:19
Early-stage Assets	
▪ Advance at least one additional preclinical compound from internal pipeline into clinic	▪ 2019
In-licensed Products	
▪ File at least one sNDA for REVLIMID® or ABRAXANE® in China	▪ 2019
Manufacturing	
▪ Complete construction of Guangzhou manufacturing facility	▪ 2019


Q&A