BeiGene

ASH 2018 Investor Meeting

December 3, 2018

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CFO AND CHIEF STRATEGY OFFICER

Dr. Howard Liang

BeiGene

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- 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.

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Agenda

- Welcome and Introduction, John Oyler, CEO, Dr. Jane Huang, CMO of Hematology, BeiGene
- ASH 2018 Data Reviewed by Professor Yuqin Song:
  - Abstract: 148: Safety and Activity of the Investigational Bruton Tyrosine Kinase Inhibitor Zanubrutinib (BGB-3111) in Patients with Mantle Cell Lymphoma from a Phase 2 Trial
  - Abstract: 1592: Updated Safety and Activity of the Investigational Bruton Tyrosine Kinase Inhibitor Zanubrutinib (BGB-3111) in Patients with Mantle Cell Lymphoma
  - Abstract: 682: Tislelizumab (BGB-A317) for Relapsed/Refractory Classical Hodgkin Lymphoma: Preliminary Efficacy and Safety Results from a Phase 2 Study
- Zanubrutinib and Tislelizumab Development Program, Dr. Eric Hedrick, Chief Advisor, BeiGene
- Q&A with Professor Yuqin Song, Dr. Jane Huang, and Dr. Eric Hedrick

FOUNDER, CHAIRMAN, AND CEO

John V. Oyler

BeiGene

Building a Leading Global Innovative Biotech Company From China

With the Utmost Commitment to Patients, Quality, and Science

Realize two large near-term commercial opportunities: **BTK globally and PD-1 in Asia (ex-Japan)**

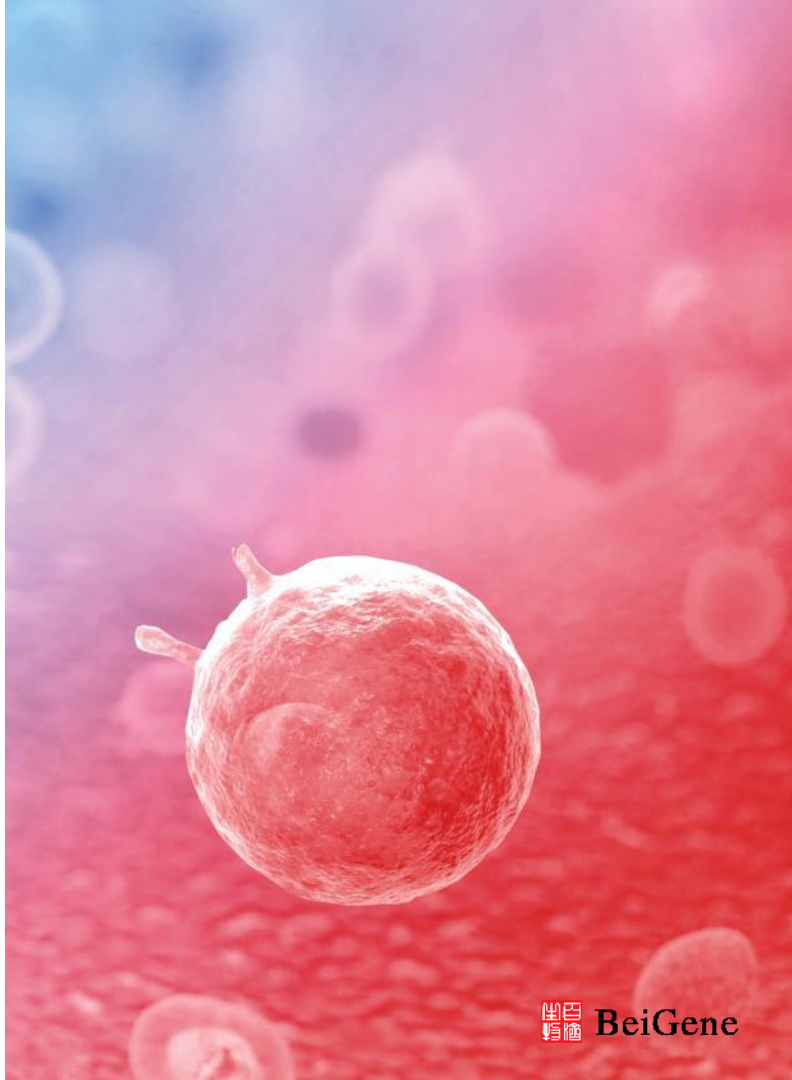
NMPA

Leverage opportunities created by **regulatory reforms in China**

- 1.4 billion people reimbursed
- Changes enabling truly global trials

Strengthen unique strategic capabilities – global clinical development and China commercial

Build global leadership through broad capabilities, robust pipeline, commitment to quality



Fully-Integrated Biotech Company, Dedicated to Becoming Global Leader

1,700+ People*

BROAD INTERNAL CAPABILITIES IN CHINA AND GLOBALLY

R&D Center in Beijing

- In-house drug discovery with proven track record of generating clinical candidates
- Proprietary cancer biology platform
- **200+** research team

RESEARCH

Global Clinical Development Team*

- **650+** global clinical team
- **300+** China clinical team
- **3,000+** patients and healthy subjects enrolled
- **17** pivotal trials or potentially registration-enabling trials

50+

Ongoing or Planned Clinical Trials in China and Globally

DEVELOPMENT

Commercial

China Commercial

- Developing top innovative oncology team with **500+** people covering **800+** hospitals

Revlimid® (lenalidomide)
Abraxane® (nanoparticle albumin-bound paclitaxel)
Vidaza® azacitidina inyectable

Ex-China Commercial

- Building ex-China commercial team in hematology
- Smaller sales team required for hematology than general oncology

COMMERCIAL

World-Class Manufacturing Facilities

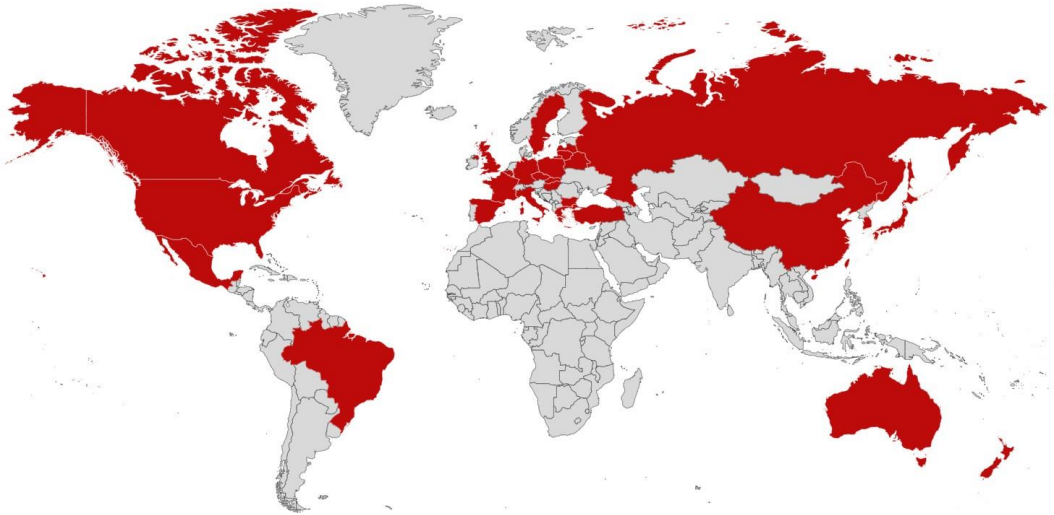
- manufacturing collaborations with: Boehringer Ingelheim, Catalent
- Commercial-scale small molecule and pilot biologics manufacturing facility in Suzhou
- **24,000L** biologics facility under construction through strategic collaboration with GDD(1)

MANUFACTURING

(1) GDD = Guangzhou Development District. *As of September 30, 2018

Leverage China to Pursue Global Clinical Excellence

BeiGene Is Becoming a Leader in China-Global Clinical Development



- **Pursue a true global model for growth by leveraging China**

- Clinical team of over **650** with **~50%** in China and remainder in US, EU, AU
- **Largest oncology-focused** clinical development team in China
- Initiated **4** of the first global/China pivotal studies
- **17** pivotal trials or potentially registration-enabling trials
- **50+** ongoing or planned clinical trials in China and globally with **3,000+** subjects enrolled
- Regulatory interactions and monitoring from **20+** countries

Countries where BeiGene is conducting clinical trials account for **~3 billion** of the global population

BeiGene

Two Late-Stage Assets Represent Significant Commercial Opportunities

	zanubrutinib Potentially Best-in-Class BTK Inhibitor	**tislelizumab** PD-1 Inhibitor Targeting Asia-Prevalent Tumors
STRATEGY	Capture significant global market share by demonstrating differentiation	Capture large China opportunity with a broad development program
KEY TARGET INDICATIONS	WM, CLL, MCL (China), FL	Lung, liver, gastric, and esophageal cancers, classical Hodgkin's lymphoma (China), urothelial cancer (China)
FILING PROGRESS	▪ NDAs for R/R MCL and R/R CLL/SLL accepted by NMPA ▪ **Priority review** status granted to NDA in R/R MCL ▪ **Fast Track Designation granted by FDA**	▪ NDA for cHL in China accepted by NMPA ▪ **Priority review** status granted to NDA
PRELIMINARY FILING DATA IN CHINA*	**86-patient R/R MCL[1]** ▪ **84% ORR** ▪ **59% CR** (8.3mo f/u) **73-patient WM[2]** ▪ **92% ORR, 82% MRR** ▪ **41% VGPR** (22.5m f/u) **91-patient R/R CLL/SLL[3]** ▪ **80% ORR** ▪ **2% CR** (9.1mo f/u)	**70-patient China pivotal Ph2 R/R cHL[4]** ▪ **86% ORR** ▪ **61% CR** (7.85mo f/u)
COMMERCIAL	▪ Establish a global hematology commercial team	▪ Leverage growing commercial capabilities in China ▪ 24,000L biologics manufacturing facility under construction
CLASS REVENUE & FORECAST**	▪ **2017 Global: $3.2 billion** ▪ **2025E Global: $13.8 billion** ▪ **2025E China: $1.3 billion**	▪ **2017 Global^: $10.1 billion** ▪ **2025E Global^: $57.4 billion** ▪ **2025E China^: $12.1 billion**

1. ASH 2018 Song et al., [Abstract 148]; 2. IWWM 2018 Tam et al.,3. Pivotal trial, BeiGene press release 10/24/18; 4. ASH 2018 Song et al., [Abstract 682]; *All data are from independent review committee (IRC) assessment. Median follow up time. **Frost & Sullivan analysis; RMB:USD conversion: 6.5:1. ^For PD-1 & PD-L1 class

CMO, HEMATOLOGY

Dr. Jane Huang

BeiGene

Overview of Zanubrutinib (BGB-3111)

Potentially Best-in-Class BTK Inhibitor

OVERVIEW

- **Bruton's tyrosine kinase (BTK) plays a critical role in B-cell receptor signaling, which mediates B-cell proliferation, migration, and adhesion[1-3]**
- **Optimized pharmacologic properties relative to ibrutinib: superior bioavailability and higher selectivity**
- **Development hypothesis: more complete target inhibition, deeper responses, and favorable safety profile**

CLINICAL DATA

- More than 1,200 patients enrolled across trials, including combinations
- **Clinical experience to date supports best-in-class hypothesis**
  - Strong suggestion of deeper responses in WM and MCL
  - Favorable response rate, depth, and durability in CLL/SLL
  - High overall and complete response rates in FL with obinutuzumab combination
  - Low rate of toxicity/tolerability-related discontinuation

1. Rickert RC. *Nat Rev Immunol.* 2013;13:578-591. 2. Choe H, Ruan J. *Oncology (Williston Park)*. 2016;30:847-858.
3. Aalipour A, Advani RH. *Br J Haematol.* 2013;163:436-443.

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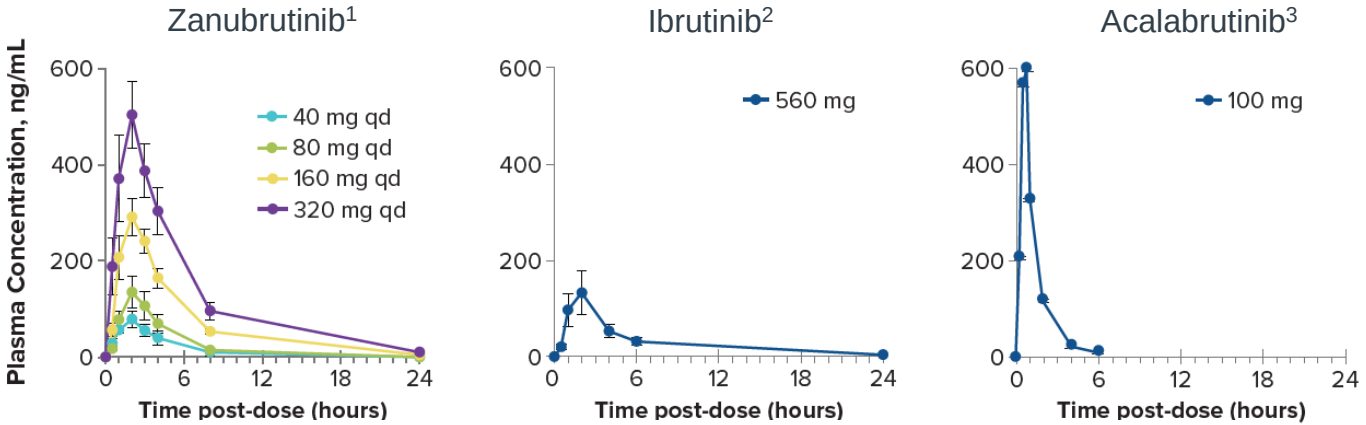
Human PK of Zanubrutinib, Ibrutinib, and Acalabrutinib



Note: data are from 3 trials and differences in studies should be considered.

1. Tam CS, et al. *Blood*. 2015;126:832 [oral presentation].
2. Advani RH, et al. *J Clin Oncol.* 2013;31:88-94.
3. Byrd JC, et al. *N Engl J Med*. 2015;374:323-332.

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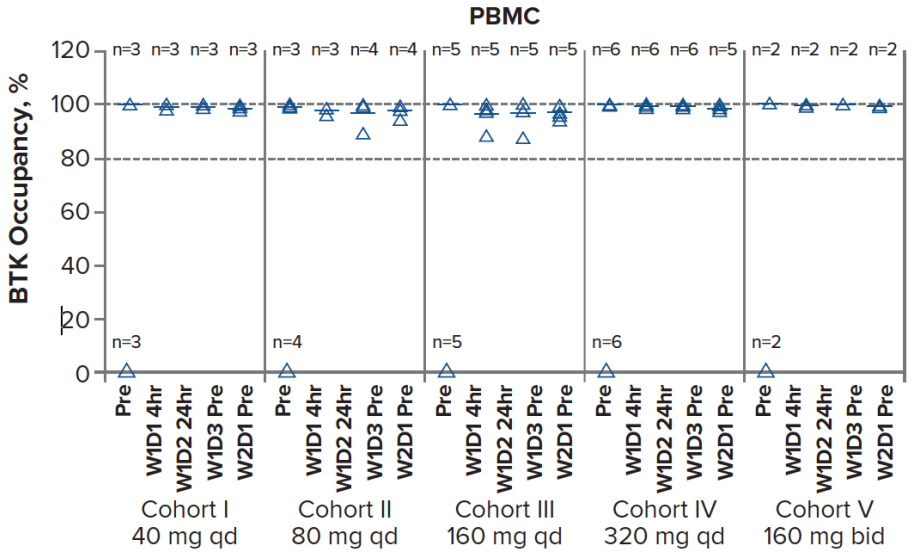
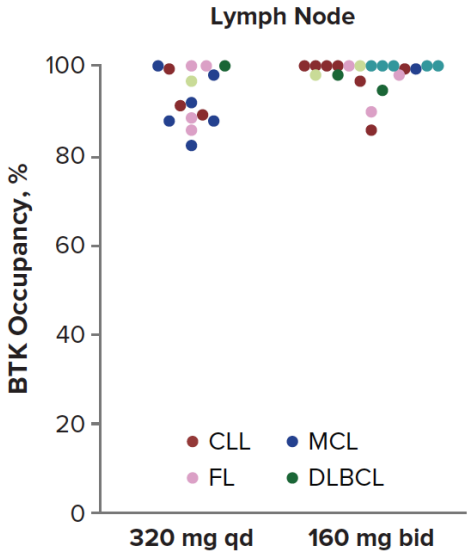
Sustained BTK Inhibition in Peripheral Blood and Lymph Nodes





- Complete and sustained BTK occupancy is seen in paired PBMC following doses as low as 40 mg (left figure) and lymph node biopsy samples (right figure) collected pre-dose on day 3
- 100% median occupancy at trough plasma concentrations (pre-dose, day 3) at a dose of 160 mg bid; 94% of patients had >90% occupancy in lymph nodes as measured in patients with various B-cell malignancies

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Overview of Tislelizumab (BGB-A317)

Differentiated Anti-PD-1 Antibody

OVERVIEW

- **Tislelizumab is a PD-1 checkpoint inhibitor with distinct molecular structure and an engineered Fc region; believed to minimize potentially negative interactions with other immune cells[1]**
- **Broad development in Asia-prevalent cancers**
  - Including: lung cancer, liver cancer, esophageal cancer, and gastric cancer
  - Also in bladder cancer and Hodgkin's lymphoma
  - Aimed to support broad label and label-based reimbursement
- **Strong manufacturing capabilities with emphasis on quality**
  - Manufacturing process and initial capacity developed by Boehringer Ingelheim
  - BeiGene's state-of-the-art 24,000L facility in Guangzhou expected to become operational in 2019

CLINICAL DATA

- **Clinical experience in more than 1,500 patients[2] enrolled over 3 years has demonstrated encouraging clinical activity and generally well-tolerated safety profile**

Source: 1. Dahan et al., Cancer Cell, 2015; Arlauckas et al., Sci. Transl. Med., 2017; 2. as of July 5, 2018

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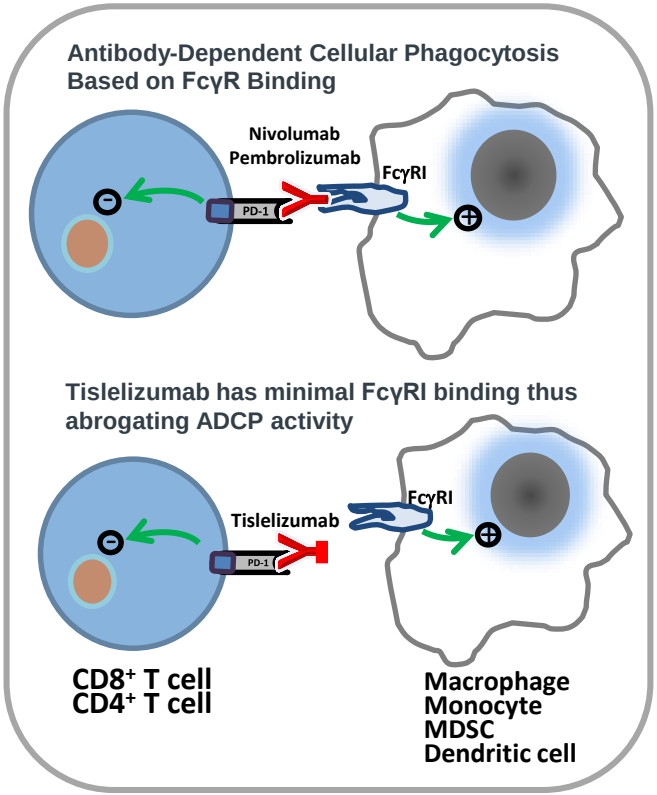
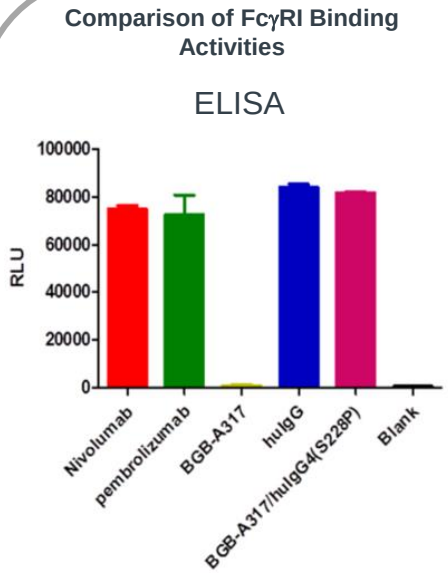
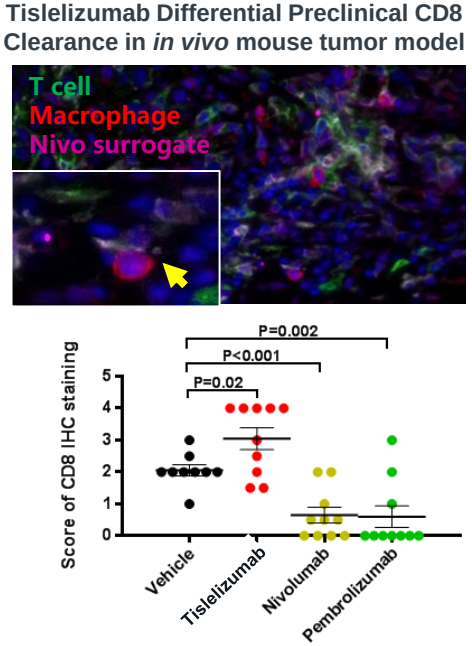
Tislelizumab's Lack of FcγR Binding Is Designed to Prevent Macrophage-Mediated T-Cell Clearance







FcγRI=Fc gamma receptor-1, MDSC=myeloid-derived suppressor cell; Source: Dahan et al., Cancer Cell, 2015; Arlauckas et al., Sci. Transl. Med., 2017

- ***Hypothesis supported by literature:*** Dahan et al. reported that FcγR engagement compromises the anti-tumor activity of anti-PD-1 Abs; Arlauckas et al. showed in a mouse model that anti-PD-1 Abs could be transferred from PD-1+ T cells to macrophages in FcγR-dependent manner

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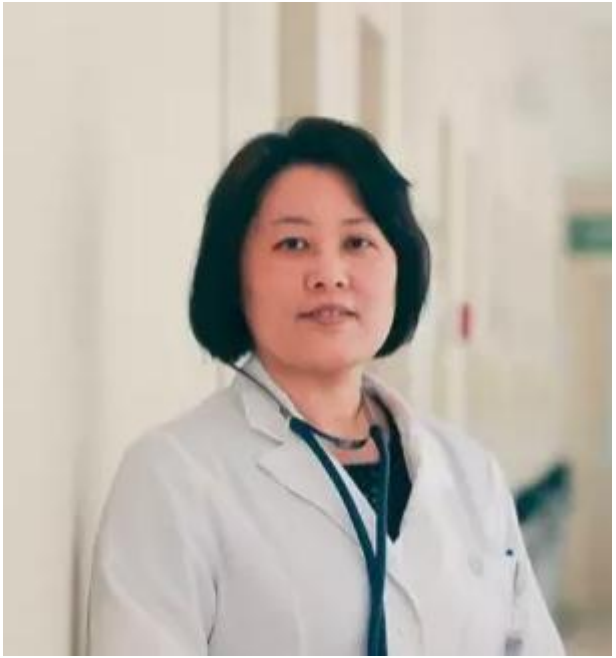
PEKING UNIVERSITY CANCER HOSPITAL, BEIJING, CHINA

Professor Yuqin Song, MD, PhD

Professor Yuqin Song, MD, PhD

- Associate Professor of Medical Oncology, Deputy Director of the Lymphoma Department of Peking University Cancer Hospital (PUCH)
- Specialist in diagnosis and treatment of lymphoma, focusing on novel therapies
- Leading PI of lymphoma clinical trials at PUCH
- PUCH: 790 beds, 26 departments, 1,100 employees
  - Member of the national base of clinical pharmacology



Results of Zanubrutinib Monotherapy in Chinese Patients with Relapsed or Refractory Mantle Cell Lymphoma: A Single Arm, Multicenter, Pivotal Phase 2 Study

YUQIN SONG, MD, PHD,[1] KESHU ZHOU, MD,[2] DEHUI ZOU, MD,[3] JIANFENG ZHOU, PHD,[4] JIANDA HU, PHD,[5] HAIYAN YANG, PHD,[6] HUILAI ZHANG, MD, PHD,[7] JIE JI, MD,[8] WEI XU, MD, PHD,[9] JIE JIN, PHD,[10] FANGFANG LV, MD,[11] RU FENG, MD,[12] SUJUN GAO, PHD,[13] DAOBIN ZHOU, MD,[14] HAIYI GUO, MD,[15] AIHUA WANG, PHD,[15] REBECCA ELSTROM MD,[15] JANE HUANG, MD,[15] WILLIAM NOVOTNY, MD,[15] MUHTAR OSMAN, PHD[15] JUN ZHU, MD[1]

[1]Peking University Cancer Hospital & Institute (Beijing Cancer Hospital), Beijing, China. [2]Affiliated Cancer Hospital of Zhengzhou University, Henan Cancer Hospital, Zhengzhou, China. [3]Institute of Hematology & Blood Diseases Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Tianjin, China. [4]Tongji Hospital, Tongji Medical College, Wuhan, China. [5]Fujian Medical University Union Hospital, Fuzhou, China. [6]Zhejiang Cancer Hospital, Hangzhou, China. [7]Tianjin Medical University Cancer Institute and Hospital, Tianjin, China. [8] West China Hospital of Sichuan University, Chengdu, China. [9]The First Affiliated Hospital of Nanjing Medical University, Jiangsu Province Hospital, Nanjing, China. [10]The First Affiliated Hospital, Zhejiang University College of Medicine, Hangzhou, China. [11]Fudan University Shanghai Cancer Center, Shanghai, China. [12]Nanfang Hospital of Southern Medical University, Guangzhou, China. [13]The First Hospital of Jilin University, Changchun, China. [14]Peking Union Medical College Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, Beijing, China. [15]BeiGene (Beijing) Co., Ltd., Beijing, China and BeiGene USA, Inc., San Mateo, CA, USA

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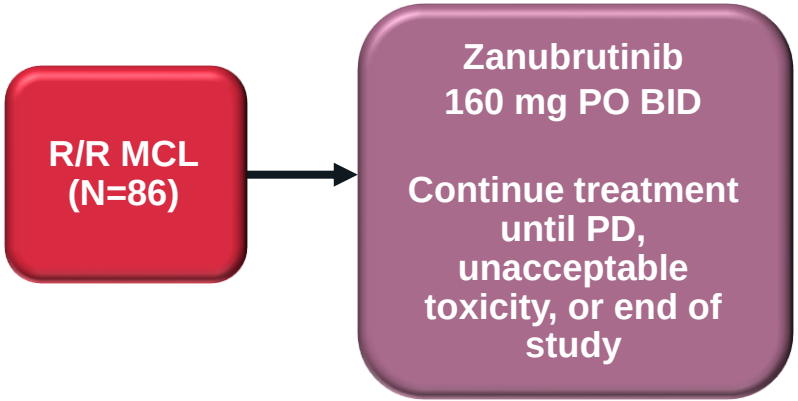
BGB-3111-206: Multicenter, Open-Label, Single-Arm Trial



Primary endpoint:

- ORR assessed by IRC per the Lugano criteria

Key Secondary endpoints:

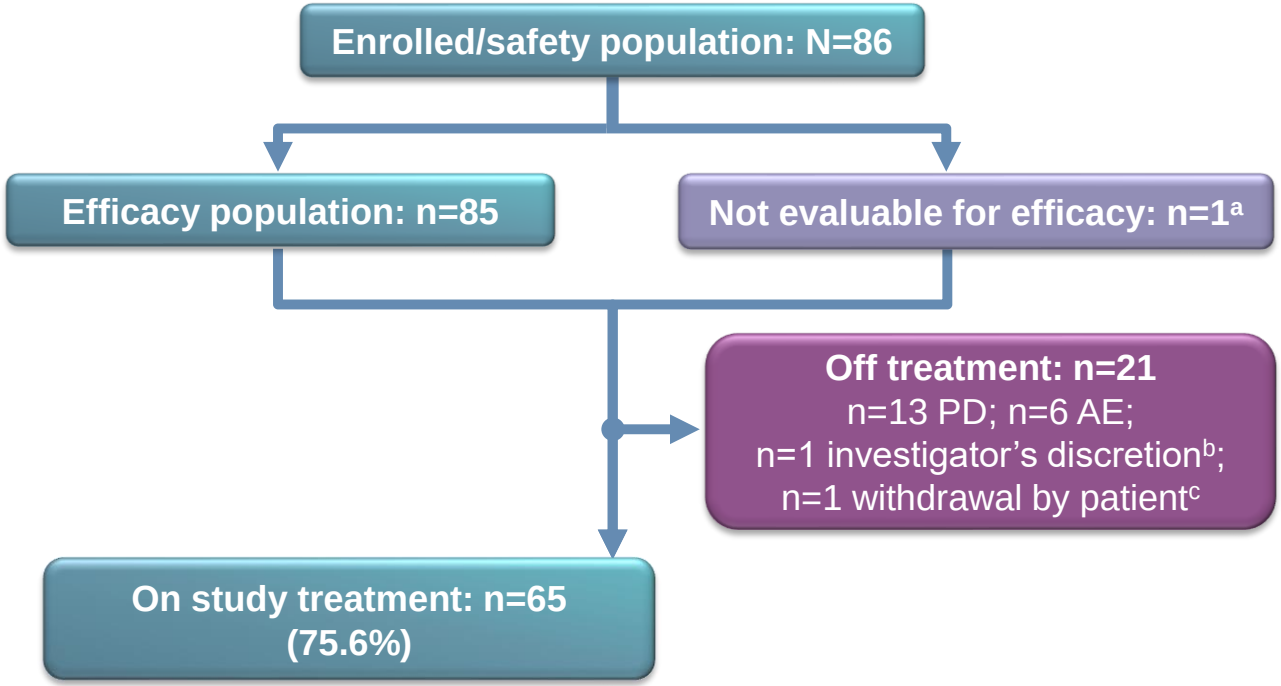
- PFS, DOR, TTR

Response assessments:

- Response assessments were assessed by IRC using PET-based imaging according to the Lugano Classification (Cheson 2014)

BID, twice daily; DOR, duration of response; IRC, independent review committee; ORR, overall response rate; OS, overall survival; PK, pharmacokinetics; PO, oral; TTR, time to response.

Patient Disposition



- Median follow up: 35.9 weeks (range, 1.1-55.9)

[a]One subject was excluded due to lack of central pathology confirmation. [b]The subject was discontinued per the investigator's discretion 1 month after starting study drug. [c]The subject achieved CR and withdrew consent.

Patient and Disease Characteristics

Characteristic	Total (N=86)
Age, years, median (range)	60.5 (34-75)
Sex, n (%)	
Male	67 (77.9)
Female	19 (22.1)
ECOG performance status, n (%)	
0/1	82 (95.3)
2	4 (4.7)
Disease status, n (%)	
Relapse	41 (47.7)
Refractory	45 (52.3)
Prior lines of systemic therapy, No., median (range)	2 (1-4)
Stage III/IV disease, n (%)	78 (90.7)
MIPI-b intermediate/high risk, n (%)	72 (83.7)
Bulky disease, n (%)	
> 10cm	7 (8.1)
> 5cm	37 (43)
Blastoid variant of MCL, n (%)	12 (14.0)

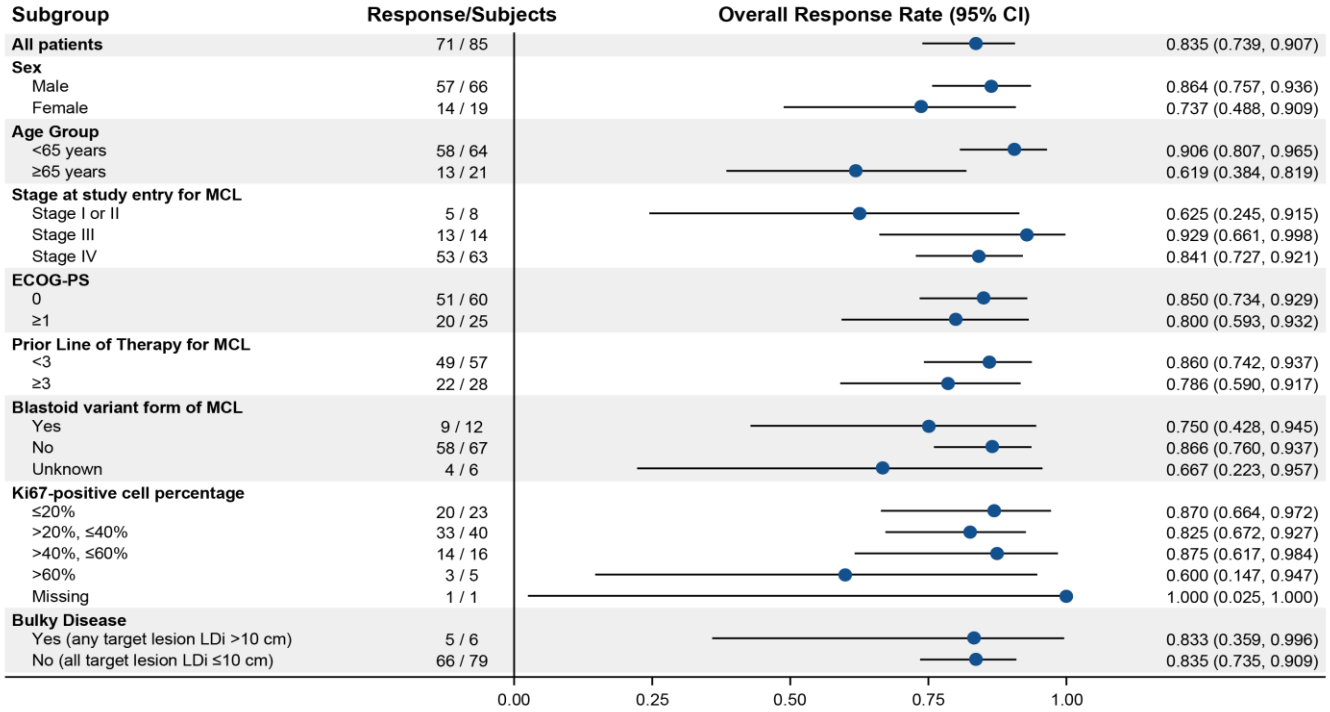
MIPI-b, Mantle Cell Lymphoma International Prognostic index Combined Biologic Index.

Efficacy: Best Overall Response by IRC

Best response‡, n (%)	N=85
ORR (CR or PR), n (%)	71 (83.5)
Complete response	50 (58.8)
Partial response	21 (24.7)
Stable disease	2 (2.4)
Progressive disease	6 (7.1)
Discontinued prior to first assessment[a]	5 (5.9)
No evidence of disease[b]	1 (1.2)

[a] Patients discontinued prior to first disease assessment.
[b] One subject was assessed at Screening by investigator as having one measurable lesion; however, the IRC was unable to identify any measurable disease at baseline.
‡ Response Criteria: Lugano 2014

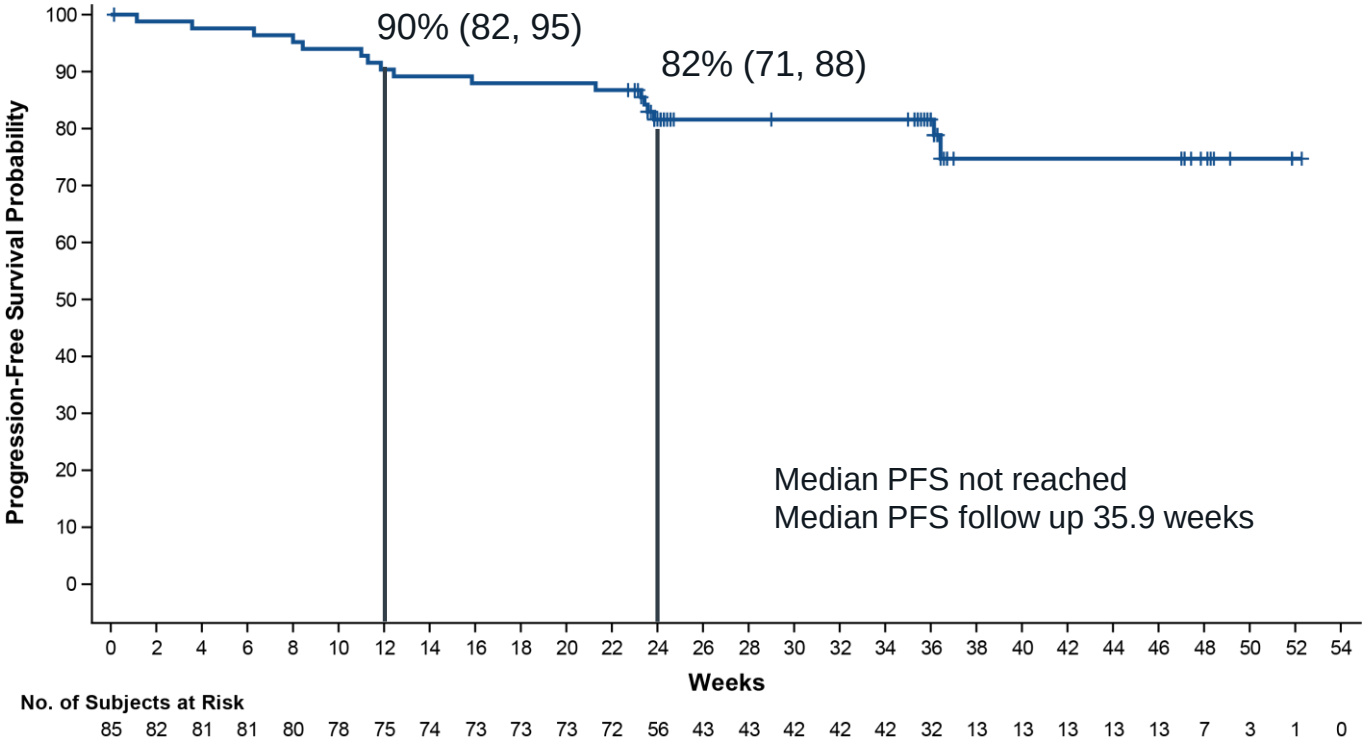
Forest Plot of ORR Based on IRC by Subgroup



- Subgroup analysis revealed that the treatment benefit of zanubrutinib was generally consistent across all subgroups analyzed

LDi, longest diameter; MCL, mantle cell lymphoma.

Progression-Free Survival



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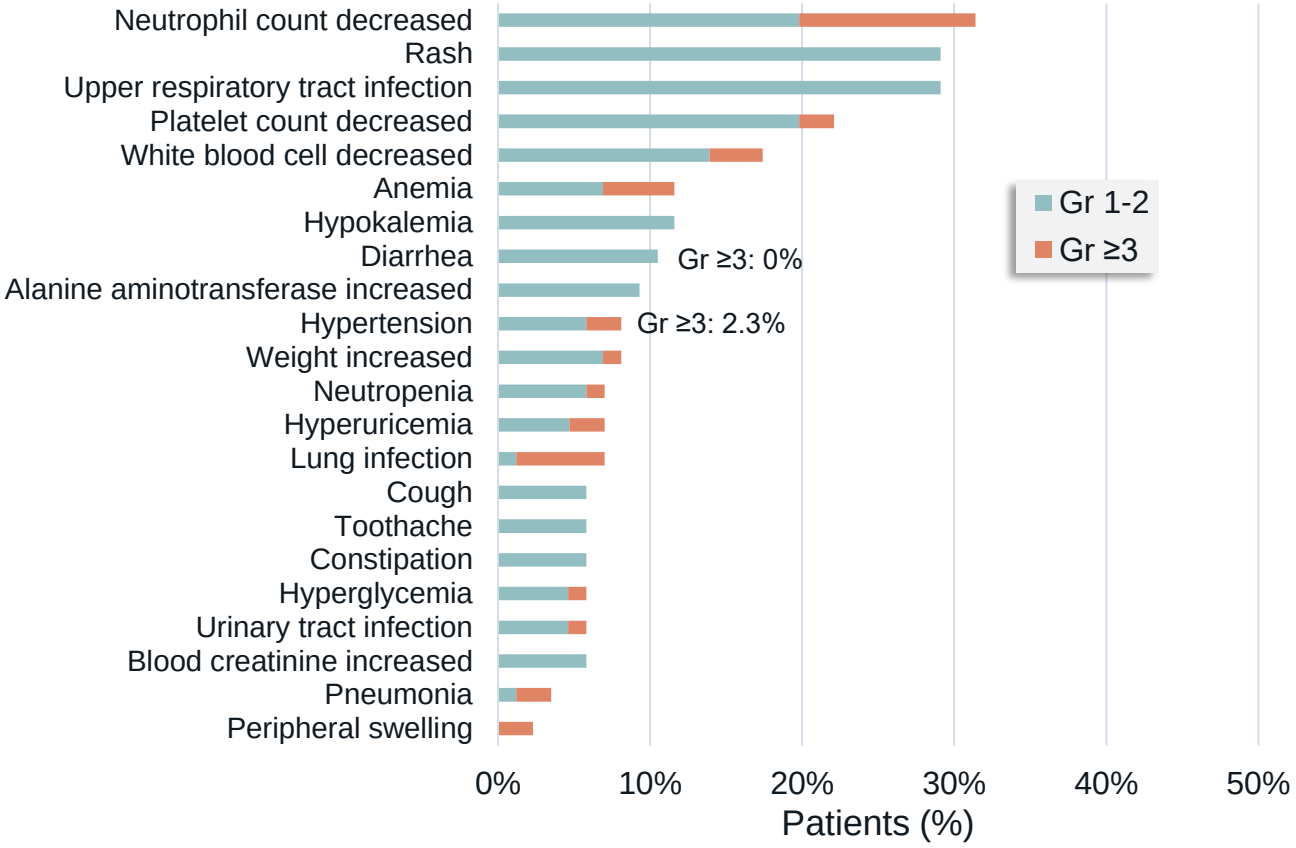
Summary of Treatment-Emergent Adverse Events (TEAE) Regardless of Causality

Event, n (%)	N = 86
Grade ≥3 TEAE	28 (32.6)
Serious TEAE	14 (16.3)
TEAE leading to study drug discontinuation	6 (7.0)
TEAE leading to death*	4 (4.7)
TEAE of special interest	
Diarrhea	9 (10.5)
Hypertension	7 (8.1)
Petechiae/purpura/contusion	4 (4.7)
Major hemorrhage†	1 (1.2)
Atrial fibrillation/flutter	0

*Pneumonia, cerebral hemorrhage, traffic accident, death in the setting of infection.
†Cerebral hemorrhage.

TEAEs in ≥5% of Patients and Grade ≥3 TEAEs in ≥2 Patients Regardless of Causality



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Summary

- Zanubrutinib was shown to be highly active in patients with R/R MCL, as demonstrated by:
  - High ORR and CR rate documented by PET-based imaging, (ORR: 84%; CR: 59%)
  - The responses achieved by zanubrutinib treatment appear durable although longer follow-up is needed (median DOR and PFS were not reached)
- Zanubrutinib tolerability was generally consistent with previous reports of zanubrutinib treatment in patients with various B-cell malignancies
- Data from this phase 2 study was included in the NDA submission to Chinese NMPA for zanubrutinib in patients with R/R MCL
- Updated results from a separate ongoing phase 1 study of zanubrutinib in patients with R/R MCL presented as a poster (Tam et al, #1592)

Results of Tislelizumab Monotherapy in Chinese Patients With Relapsed or Refractory Classical Hodgkin Lymphoma:
A Single Arm, Multicentre, Pivotal Phase 2 Study

YUQIN SONG, MD, PHD,[1] QUANLI GAO, MD,[2] HUILAI ZHANG, MD, PHD,[3] LEI FAN, MD, PHD,[4] JIANFENG ZHOU, PHD,[5] DEHUI ZOU, MD,[6] WEI LI, MD,[7] HAIYAN YANG, PHD,[8] TING LIU, MD, PHD,[9] QUANSHUN WANG, MD, PHD,[10] FANGFANG LV, MD,[11] YU YANG, MD,[12] HAIYI GUO, MD,[13] LIUDI YANG, MD,[13] REBECCA ELSTROM, MD,[13] JANE HUANG, MD,[13] WILLIAM NOVOTNY, MD,[13] VIVIAN WEI, PHD,[13] AND JUN ZHU, MD[1]

[1]Key laboratory of Carcinogenesis and Translational Research (Ministry of Education), Department of Lymphoma, Peking University Cancer Hospital & Institute; [2]Department of Immunotherapy, Affiliated Cancer Hospital of Zhengzhou University, Henan Cancer Hospital, Zhengzhou, China; [3]Tianjin Medical University Cancer Institute and Hospital, National Clinical Research Center for Cancer, Key Laboratory of Cancer Prevention and Therapy, Tianjin, Tianjin's Clinical Research Center for Cancer, Tianjin, China; [4]Department of Hematology, the First Affiliated Hospital of Nanjing Medical University, Jiangsu Province Hospital, Collaborative Innovation Center for Cancer Personalized Medicine, Nanjing, China; [5]Department of Hematology, Tongji Hospital, Tongji Medical College, Wuhan, China; [6]State Key Laboratory of Experimental Hematology, Institute of Hematology & Blood Diseases Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Tianjin, China; [7]Department of Hematology, Cancer Center, The First Hospital of Jilin University, Changchun, China; [8]Department of Oncology, Zhejiang Cancer Hospital, Hangzhou, China; [9]Department of Hematology, West China Hospital of Sichuan University, Chengdu, China; [10]Department of Hematology, Chinese PLA General Hospital, Beijing, China; [11]Department of Medical Oncology, Fudan University Shanghai Cancer Center, Shanghai, China; [12]Department of Lymphoma and HNC, Fujian Cancer Hospital, Fujian, China; [13]BeiGene (Beijing) Co., Ltd., Beijing, China and BeiGene USA, Inc., San Mateo, CA, USA

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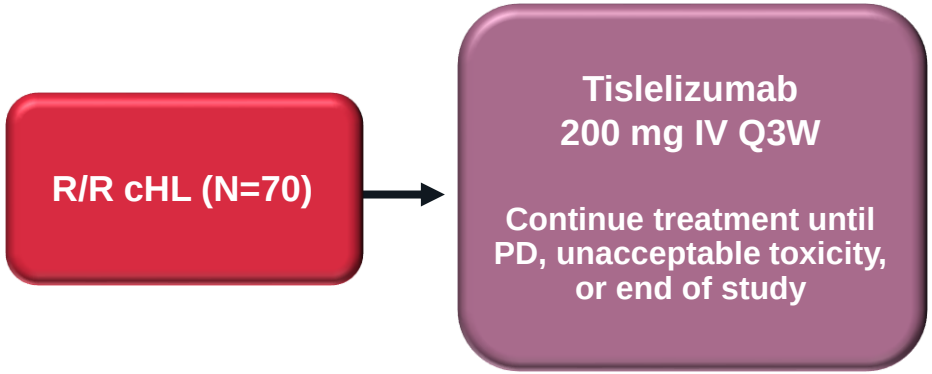
BGB-A317-203: Multicenter, Open-Label, Single-Arm Trial



Primary endpoint:

- ORR assessed by IRC

Key Secondary endpoints:

- DOR, PFS, CR rate, TTR

Patients with R/R HL

- Failed to achieve a response or progressed after ASCT

  or

- Received ≥ 2 prior lines of systemic therapy for cHL and was not an ASCT candidate

Response assessments:

- Response assessments were assessed by IRC using PET-based imaging according to the Lugano Classification (Cheson 2014)

Patient and Disease Characteristics

Baseline Characteristics	Total (N=70)
Age (years), median (range)	32.5 (18, 69)
Age group <65 / 65-74 years, n (%)	66 (94.3) / 4 (5.7)
Sex, male / female, n (%)	40 (57.1) / 30 (42.9)
Time since first diagnosis of cHL (months), median (range)	25.33 (4.6, 262.3)
Stage IV at study entry, n (%)	42 (60.0)
Bulky disease*, n (%)	8 (11.4)
Bone marrow involvement, n (%)	22 (31.4)
B-symptom(s), n (%)	26 (37.1)
Ineligible for prior ASCT†, n (%)	
Failure to achieve an objective response to salvage chemotherapy	53 (75.7)
Inadequate stem cell collection or unable to collect stem cells	2 (2.9)
Co-morbidities	2 (2.9)
Prior lines of systemic therapy, median (range)	3 (2-11)
Type of prior therapy, n (%)	
Chemotherapy	70 (100.0)
Radiotherapy	21 (30.0)
ASCT	13 (18.6)
Immunotherapy‡	15 (21.4)
Brentuximab vedotin	4 (5.7)

*Mediastinal mass ratio of 0.33 or size of any single node/nodal mass ≥10 cm in diameter.
†All received ≥ 2 prior regimens.
‡Immunotherapy included brentuximab vedotin, rituximab, cytokine-induced killer cell transfusion, thalidomide, and lenalidomide.

30

Efficacy: Best Overall Response by IRC

Best response*, n (%)	N=70
ORR (CR+PR), n (%) [95% CI]†	60 (85.7) [75.3,92.9]
Complete response	43 (61.4)
Partial response	17 (24.3)
Stable disease	4 (5.7)
Progressive disease	5 (7.1)
Died before any postbaseline tumor assessment‡	1 (1.4)

*Response Criteria: Lugano 2014
†1-sided Clopper-Pearson 95% CI.
‡Died due to disease progression, not related to study drug.

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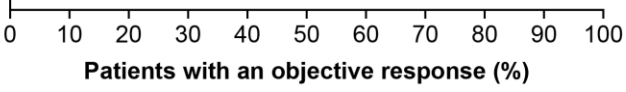
31

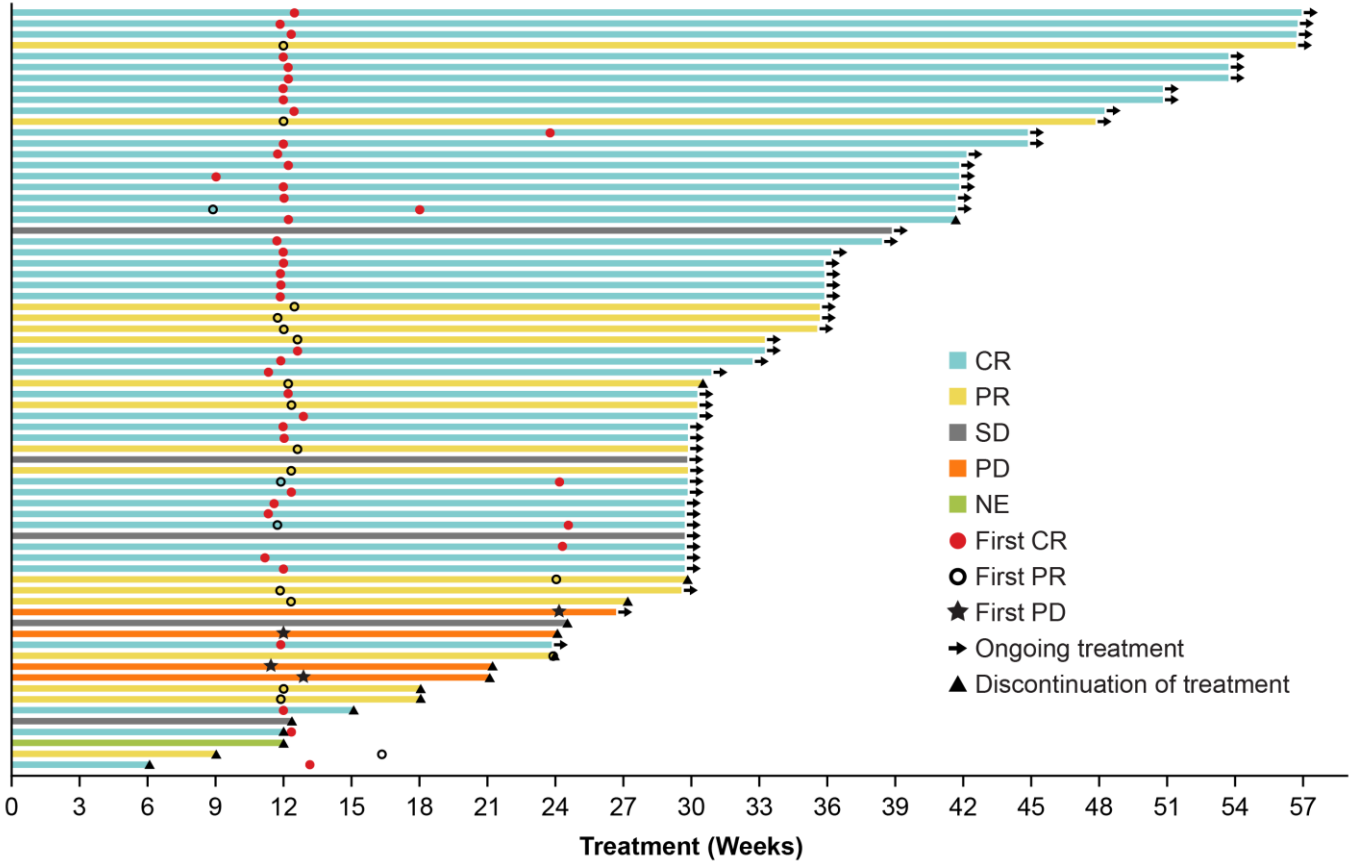
Forest Plot of ORR Based on IRC by Subgroup

Subgroup	Response/Patients	ORR,% (95% CI)*
All patients	60/70	85.7 (75.3, 92.9)
Age group		
Age < 65	57/66	86.4 (75.7, 93.6)
Age ≥ 65	3/4	75.0 (19.4, 99.4)
Sex		
Male	33/40	82.5 (67.2, 92.7)
Female	27/30	90.0 (73.5, 97.9)
Primary refractory		
Yes	20/25	80.0 (59.3, 93.2)
No	40/45	88.9 (75.9, 96.3)
Prior line of therapy for cHL		
< 3	25/28	89.3 (71.8, 97.7)
≥ 3	35/42	83.3 (68.6, 93.0)
Bulky disease		
Yes	6/8	75.0 (34.9, 96.8)
No	54/62	87.1 (76.1, 94.3)
Prior ASCT		
Yes	12/13	92.3 (64.0, 99.8)
No	48/57	84.2 (72.1, 92.5)
Prior Brentuximab		
Yes	4/4	100.0 (39.8, 100.0)
No	56/66	84.8 (73.9, 92.5)



*2-side Clopper-Pearson 95% CIs.

Duration of Treatment and Time to Response



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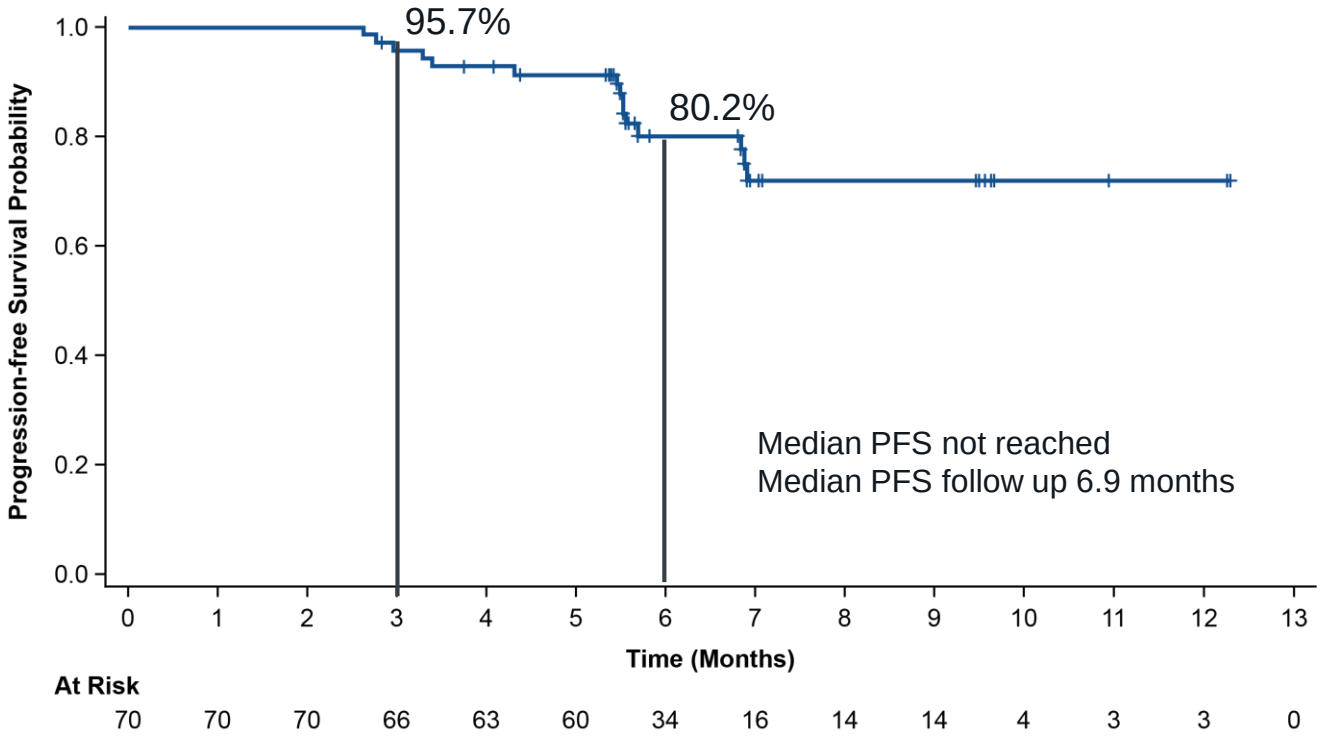
Progression-Free Survival



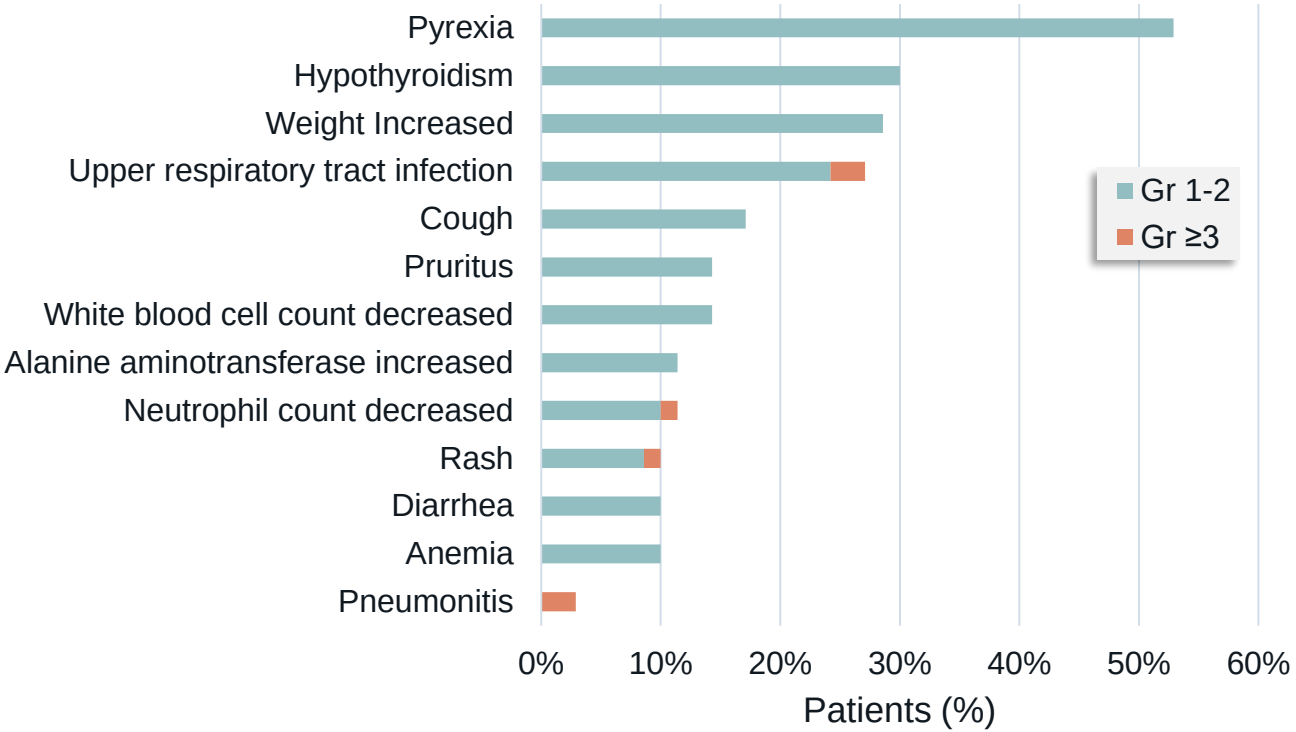
*Kaplan-Meier estimate.

Summary of Treatment-Emergent Adverse Events

Event, n (%)	N=70
Grade ≥3 TEAE	15 (21.4)
Serious TEAE[1]	11* (15.7)
TEAE leading to treatment discontinuation	4† (5.7)
TEAE leading to death	0 (0.0)
Immune-related (ir) TEAEs (by aggregate category)	
≥1 irTEAE	24 (34.3)
Thyroid disorder	13 (18.6)
Pneumonitis	4 (5.7)
Skin adverse reactions	4 (5.7)
Musculoskeletal‡	2 (2.9)
Hepatitis	1 (1.4)
Nephritis and renal dysfunction	1 (1.4)

*SAEs in all 11 patients determined to be possibly related to tislelizumab.
†Pneumonitis (n=2), focal segmental glomerulosclerosis (n=1), organizing pneumonia (n=1)
‡Blood creatine phosphokinase increased, osteoarthritis

TEAEs in ≥10% of Patients and Grade ≥3 TEAEs in ≥2 Patients Regardless of Causality



TEAE, treatment-emergent adverse events by individual preferred term.

Summary

- Tislelizumab is an investigational anti-PD-1 mAb specifically designed to minimize binding to FcγR on macrophages
- Tislelizumab was generally well-tolerated, and the safety profile was similar to that of other anti-PD1 antibodies for the treatment of cHL
- Tislelizumab was shown to be highly active in patients with R/R cHL who failed or were ineligible for ASCT, as demonstrated by:
  - High ORR and rate of CR (86% and 61%, respectively)
  - Median duration of response not reached

Acknowledgements

- We would like to thank the investigators, site support staff and especially the patients for participating in this study
- This study was sponsored by BeiGene; editorial support was provided by Bio Connections LLC and funded by BeiGene

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CHIEF ADVISOR

Dr. Eric Hedrick

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Tislelizumab: Clinical Development Summary

- Solid tumor indications (joint development with Celgene)
  - Seven global (China and rest-of-world inclusive) Phase 3 or potentially registration-enabling trials ongoing or to initiate in the near term
    - Hepatocellular Cancer: Phase 2 2L/3L trial, 1L Phase 3 tislelizumab vs sorafenib
    - Gastric Cancer: 1L chemotherapy +/- tislelizumab
    - Esophageal cancer (squamous): 2L Phase 3 tislelizumab vs chemotherapy, 1L Phase 3 chemotherapy +/- tislelizumab
    - Non-small cell lung cancer: 2L Phase 3 tislelizumab vs chemotherapy, Phase 3 locally advanced NSCLC (tislelzumab in combination with radiation)
  - Three ongoing pivotal trials in China:
    - Non-small cell lung cancer: 1L Phase 3 in squamous histology
    - Non-small cell lung cancer: 1L Phase 3 in non-squamous histology
    - Bladder cancer: pivotal Phase 2
- Hematologic malignancy indications (BeiGene retains global rights)
  - Hodgkin Lymphoma
    - NDA filed in China based on Pivotal Phase 2 study under priority review
    - Global development strategy in discussion
  - NK/T cell lymphomas: global Phase 2 trial is enrolling

Reported PD-1 Inhibitor Data in R/R cHL*

Evaluated in patients who had failed brentuximab vedotin and/or ASCT

	Keytruda[1]		Opdivo[2]
N	210		258
Prior Lines (med)	4 (1-12)		4 (2-15)
Follow-up (med)	15.9 mo		NA
Response Criteria	Cheson 2007	Lugano 2014	Cheson 2007
ORR	**71%**	**73%[a]**	**69%**
CR	**25%**	**31%[b]**	**14%**
PR	47%	42%	55%
SD	12%	8%	-

[a] 2-yr follow-up for response durability (Zinzani, ASH 2018): med DOR 11.1 mo (ASCT-ineligible) vs 22.1 mo (ASCT failure followed by BV) vs 24.4 mo (ASCT failure)

[b] 2-yr follow-up for response durability (Zinzani, ASH 2018): med DOR NR (CR pts) vs 10.9 mo (PR pts)

* Cross trial comparisons

Sources: [1] Blood 2017 130:4085; [2] Prescribing Information

Reported PD-1 Inhibitor Data in R/R cHL (China Studies)*

Patient population: Primarily ASCT-ineligible

	sintilimab[1]	camrelizumab[2]
Company	Innovent	Hengrui
N	96	66
Prior Lines (med)	3 (1-13)	3 (2-10)
Follow-up (med)	>6 months	>6 months
Response Criteria	Cheson 2007	Lugano 2014
ORR	**79%**	**85%**
CR	**18%**	**30%**
PR	62%	54%
SD	19%	12%

* Cross trial comparisons
Sources: [1] ASCO 2018 (Poster 7536); [2] CSCO 2018

Tislelizumab in Refractory cHL

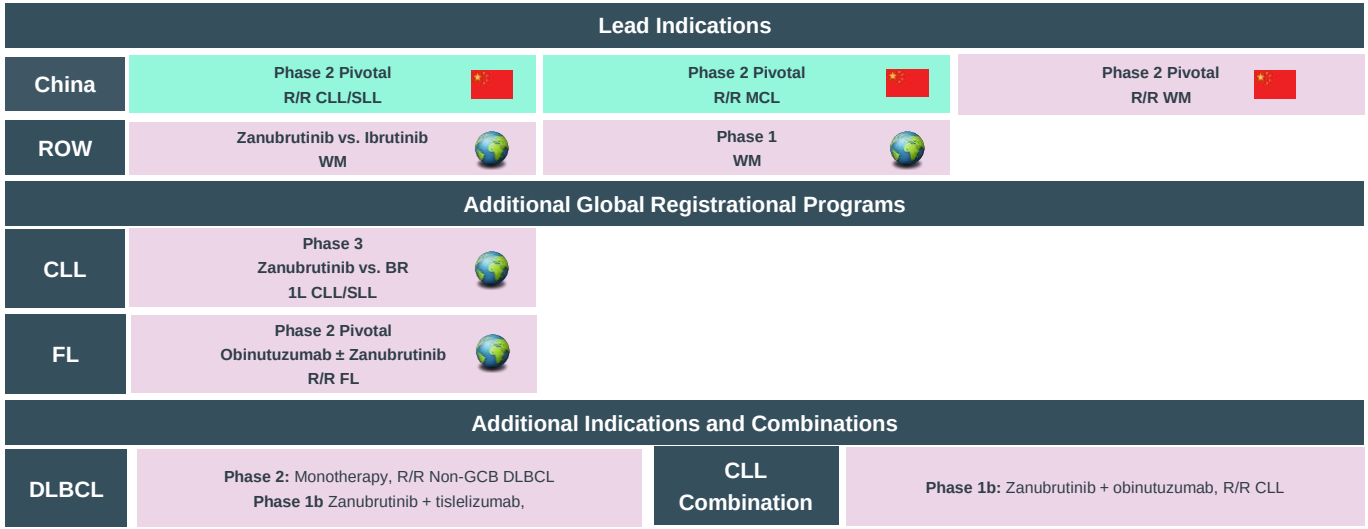
N	70
Prior Lines of therapy (median; range)	3 (2-11)
Follow-up (median)	7 months
Response Criteria	Lugano 2014
ORR	**86%**
CR	**61%**
PR	24%
SD	6%
PD or d/c prior to first assessment	9%

Source: Song, ASH 2018

Zanubrutinib: Clinical Development Summary

- Single-arm data continues to support potential clinical benefits of sustained BTK occupancy and high BTK selectivity:
  - Depth of response:
    - Favorable VGPR rate in Phase 1 WM trial (77 patients enrolled)
    - Majority of MCL patients in pivotal Phase 2 MCL trial achieved CR
  - Low rates of toxicity-related treatment discontinuation and off-target tolerability issues
- China NDA filings for CLL and MCL (MCL under priority review)
- Phase 3 trial to support rest-of-world filing in WM has completed enrollment
- Global registrational program has expanded to seek at least 5 additional indications
- Development program objectives:
  - Pursuit of global (China, US, EU) registration in multiple B cell malignancies
  - Evaluation of potential clinical distinctions between zanubrutinib and ibrutinib
    - Focus on aspects compatible with sustained therapy

Zanubrutinib Clinical Development Status December 2017



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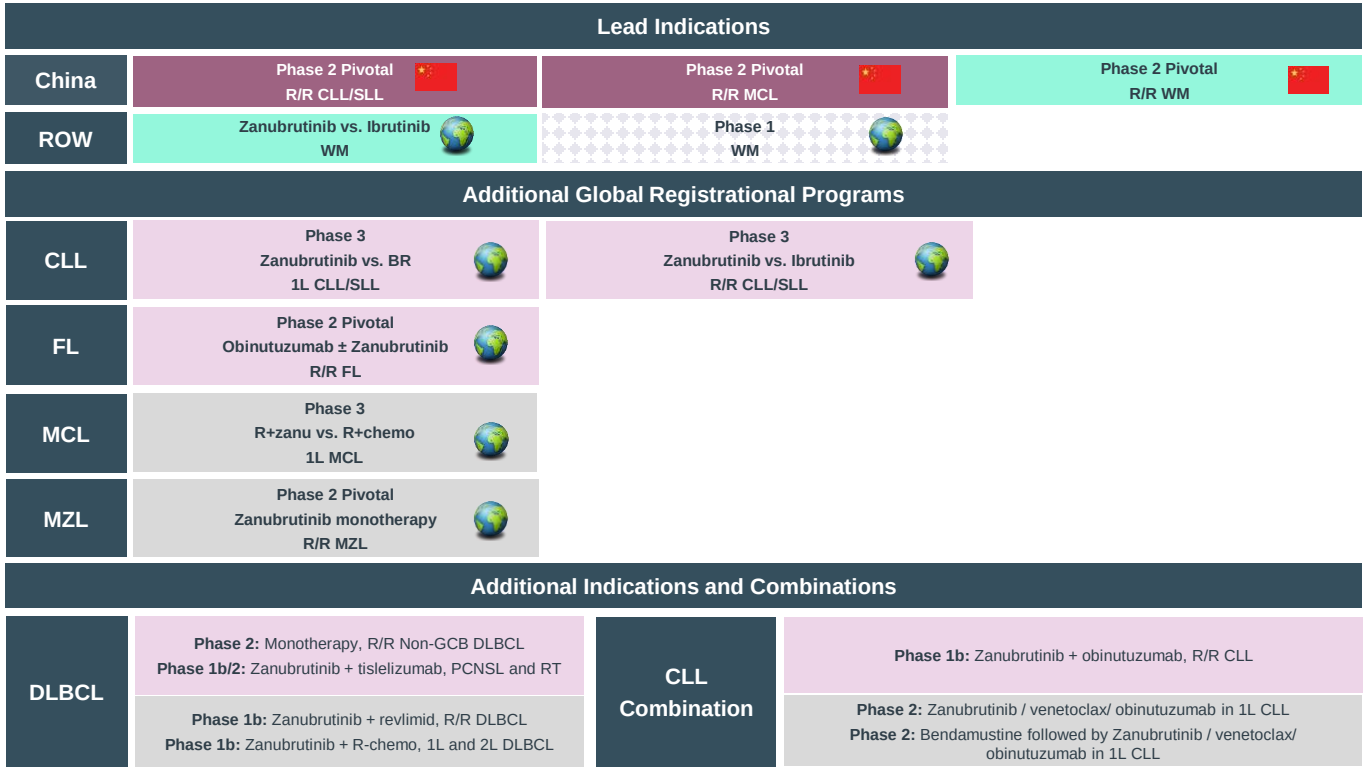
Zanubrutinib Clinical Development Status December 2018



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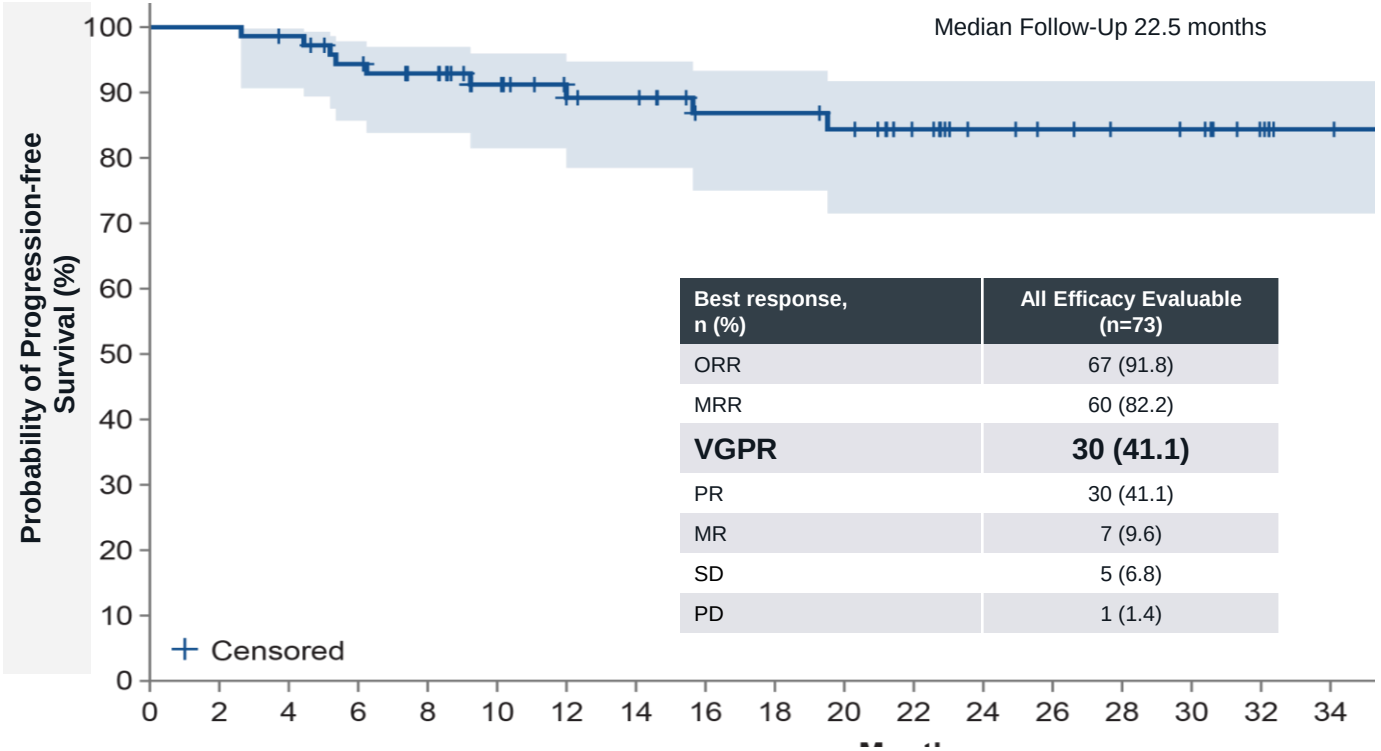
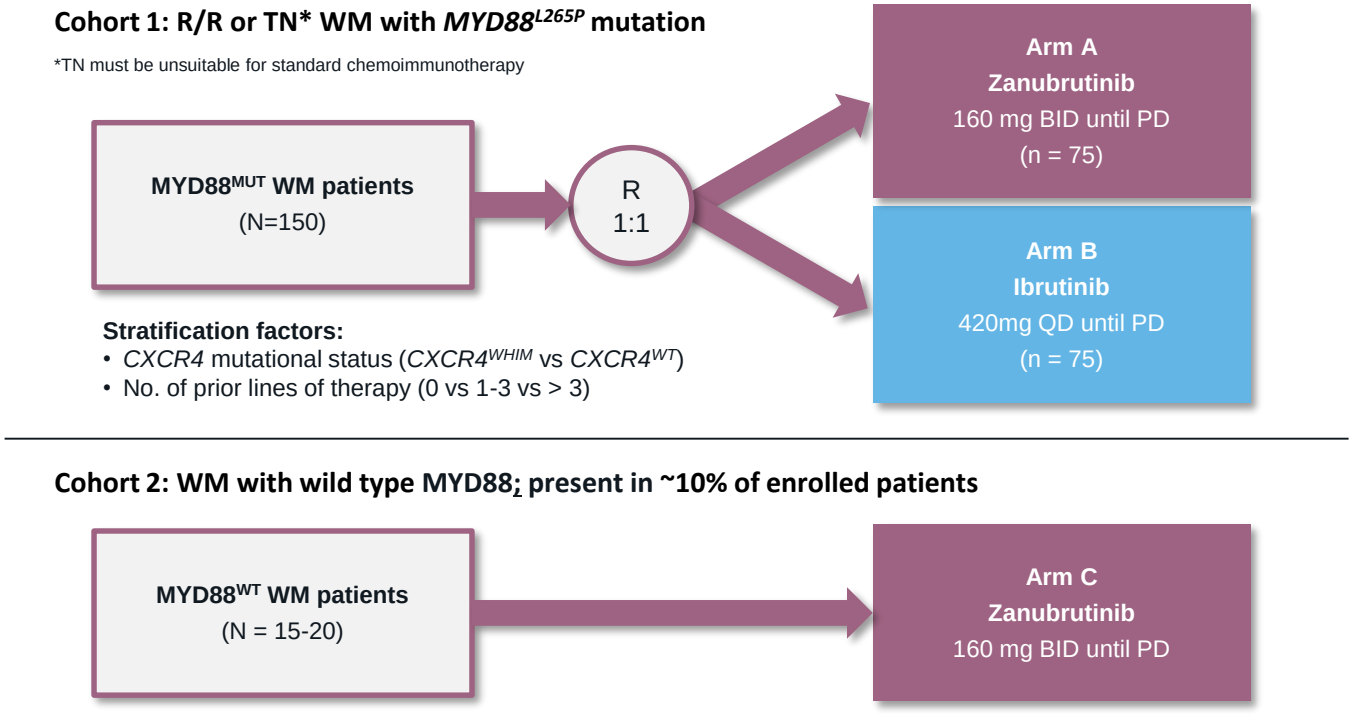
Zanubrutinib in WM



Best response, n (%)	All Efficacy Evaluable (n=73)
ORR	67 (91.8)
MRR	60 (82.2)
VGPR	**30 (41.1)**
PR	30 (41.1)
MR	7 (9.6)
SD	5 (6.8)
PD	1 (1.4)

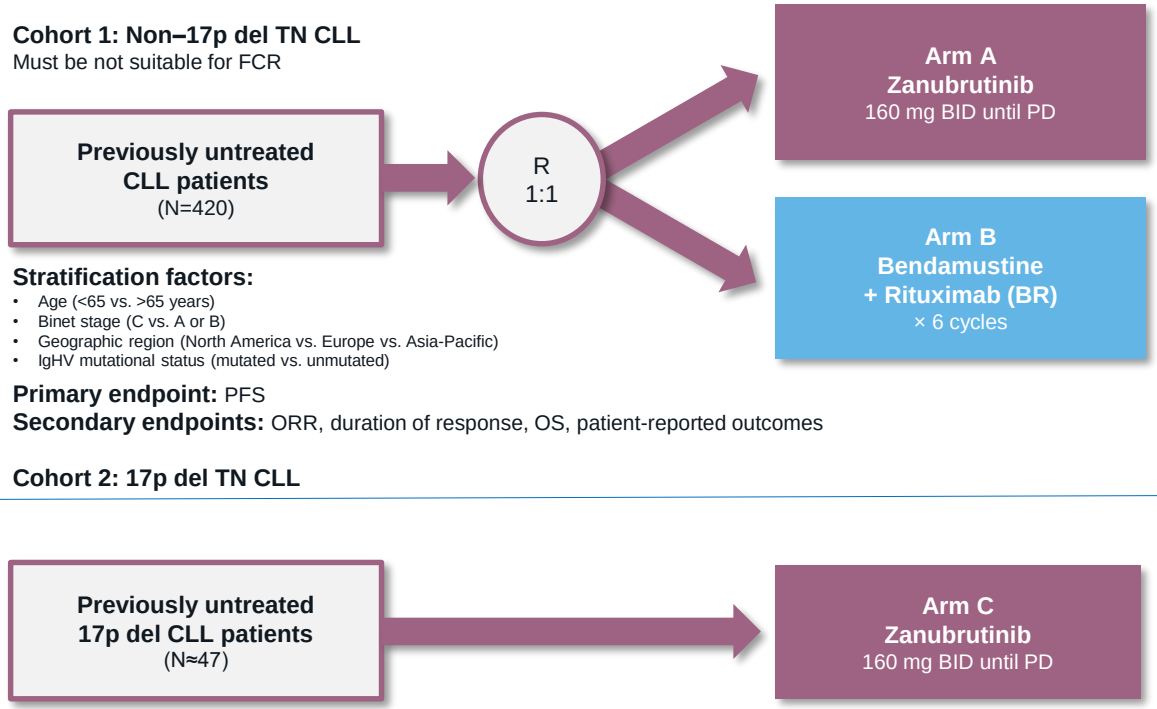
Source: Tam *et al.* IWWM 2018 (presentation based on data cutoff of July 24, 2018)

Phase 3 Study: Zanubrutinib vs. Ibrutinib in WM



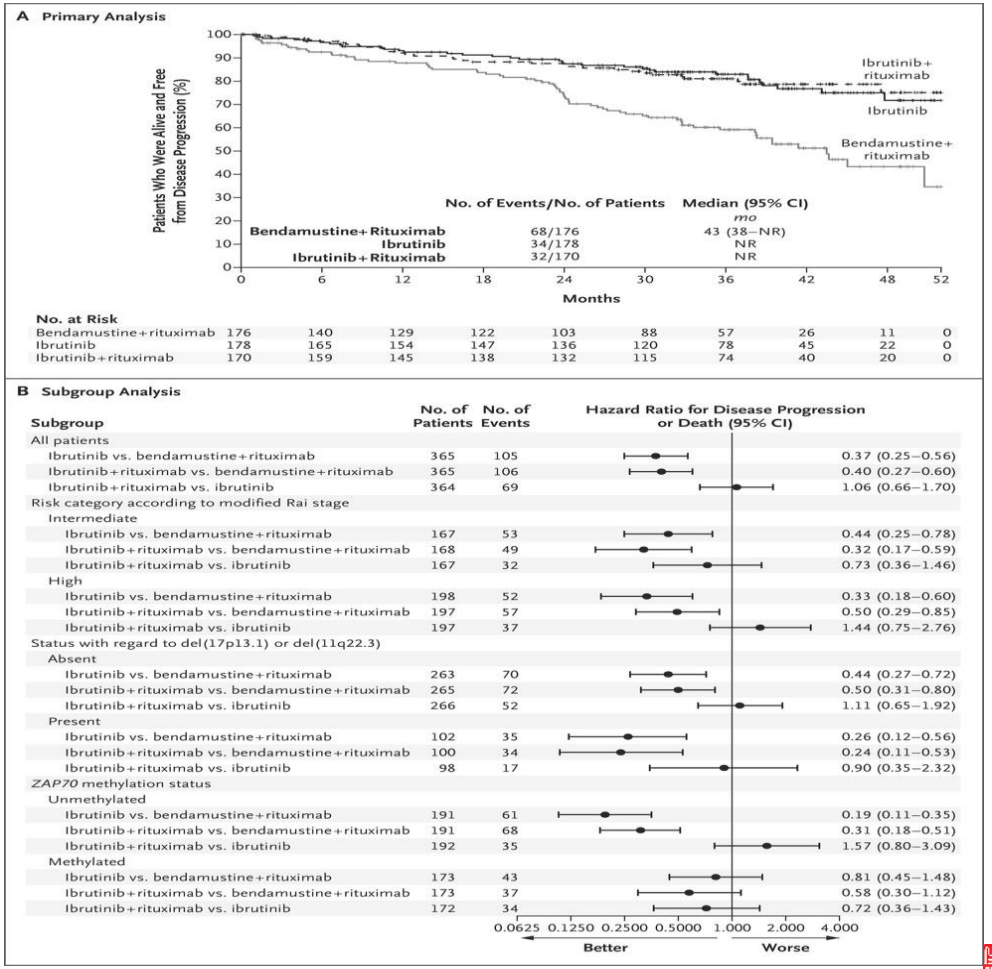
This study is registered at ClinicalTrials.gov (NCT03053440)

Phase 3 Study of Zanubrutinib vs. BR in 1L CLL/SLL



1L=first-line treatment for CLL/SLL; BID=twice daily, CLL=chronic lymphocytic leukemia, FCR=fludarabine, cyclophosphamide, and rituximab, ORR=overall response rate, OS=overall survival, PD=progressive disease, PFS=progression-free survival, R=randomization, SLL=small lymphocytic lymphoma, TN=treatment naive
This study is registered at ClinicalTrials.gov (NCT03336333).

Single-Agent Ibrutinib Significantly Prolongs PFS Compared to Bendamustine/ Rituximab



Source: Woyach, et al, NEJM, December 2018

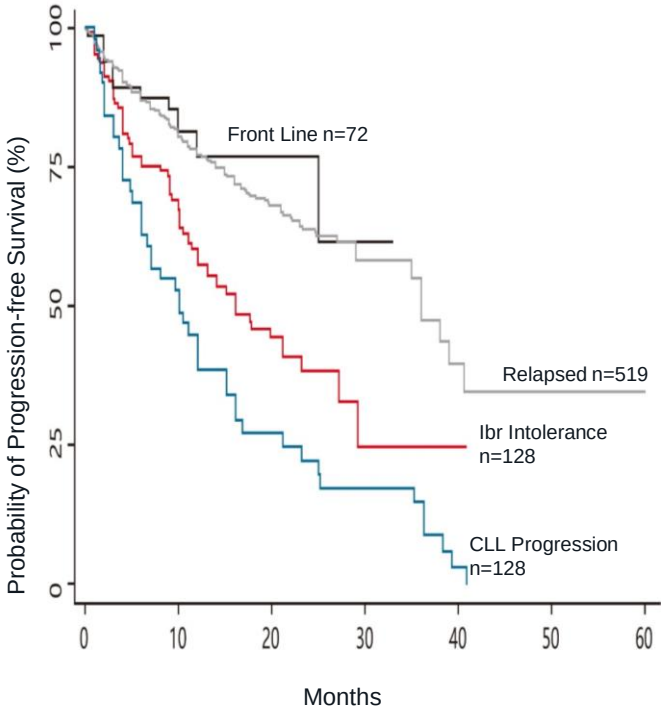
Tolerability Issues With Long-Term Ibrutinib Use in CLL

<u>Single-agent BTKi treatment in CLL requires prolonged use:</u>

- Discontinuation for all reasons compromises PFS[3]

<u>Tolerability or toxicity concerns with long-term ibrutinib use:</u>

- Musculoskeletal events (myalgia/ arthralgia)[1]
  - 38% cumulative incidence
  - Mean time to onset: 349 days
- Hypertension[2]
  - 70% new onset, 84% worsening in patients with pre-existing HTN
- Overall toxicity/ tolerability-related treatment discontinuation
  - AE-related discontinuation reported as high as 22% within first 2 years of therapy[3]



Source: Mato, Blood, 2016

Sources: [1] Rhodes, ASH 2017 [2] Dickerson, EHA 2018 [3] Mato, Hematologica 2018

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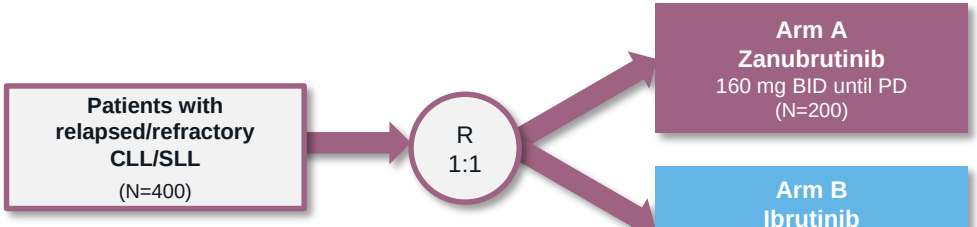
Phase 3 Study of Zanubrutinib vs. Ibrutinib in R/R CLL/SLL

R/R CLL/SLL

- Refractory no objective response to or disease progression within 6 months after last treatment
- Relapsed <6 months from end of last treatment and subsequently progressed



Stratification factors:

- Age (<65 vs. >65 years)
- Geographic region (China vs. non-China)
- Refractory status
- del[17p]/TP53 mutation status

Primary Endpoint: ORR

Secondary Endpoints: PFS, duration of response, OS, patient-reported outcomes

1L=first-line treatment for CLL/SLL; BID=twice daily, CLL=chronic lymphocytic leukemia, ORR=overall response rate, OS=overall survival, PD=progressive disease, PFS=progression-free survival, R=randomization, SLL=small lymphocytic lymphoma. This study is not yet registered at ClinicalTrials.gov.

Key Upcoming Milestones

- Approval and launch of zanubrutinib in China in 2019
  - Zanubrutinib MCL and CLL
  - Tislelizumab cHL
- Phase 3 zanubrutinib vs. ibrutinib data in WM anticipated in 2H 2019
- NDA filing for zanubrutinib in WM in the US in 2019 or early 2020


Thank You

Supporting Information

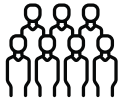
BeiGene Presentations at ASH 2018

1. Oral Presentation: **Safety and Activity of the Investigational Bruton Tyrosine Kinase Inhibitor Zanubrutinib (BGB-3111) in Patients with Mantle Cell Lymphoma from a Phase 2 Trial**
   Publication Number: 148
   Saturday, December 1, 2018

2. Poster: **Updated Safety and Activity of the Investigational Bruton Tyrosine Kinase Inhibitor Zanubrutinib (BGB-3111) in Patients with Mantle Cell Lymphoma**
   Publication Number: 1592
   Saturday, December 1, 2018

3. Oral Presentation: **Tislelizumab (BGB-A317) for Relapsed/Refractory Classical Hodgkin Lymphoma: Preliminary Efficacy and Safety Results from a Phase 2 Study**
   Publication Number: 682
   Monday, December 3, 2018

2018 Accomplishments



700+ in clinical development
500+ in commercial
1,700+ total employees
85%+ growth of organization since Jan 2018

JAN
- ✓ **Commercial supply agreement with Boehringer Ingelheim for tislelizumab**
- ✓ Exclusive license agreement with Mirati Therapeutics for sitravatinib in APAC
- ✓ Closed $800 million public offering
- ✓ Initiated global Ph3 trials of tislelizumab in HCC and ESCC
- ✓ ABRAXANE inclusion in critical illness insurance in Zhejiang

FEB
- ✓ Reported first full quarter product revenues of $15.6M
- ✓ VIDAZA commercial launch in China
- ✓ REVLIMID approval for newly diagnosed multiple myeloma in China

APR
- ✓ Appointed Yifei Zhu as Co Chief Commercial Officer, Sales and Market Access
- ✓ Initiated global Ph2 trial of tislelizumab in 2L/3L HCC
- ✓ Initiated global P2 trial of tislelizumab in r/r NK/T-cell lymphoma
- ✓ Presented data on pamiparib in Chinese TNBC patients at AACR

MAY
- ✓ **Appointed Dr. Xiaobin Wu as General Manager of China and President**
- ✓ Appointed Vivian Bian as Co Chief Commercial Officer, Sales and Market Access
- ✓ Completed enrollment in Ph2 pivotal trial in China in WM
- ✓ Initiated China P3 trial of pamiparib as maintenance therapy in OC
- ✓ Reported 1Q18 product revenues of $23.3M, 49% QoQ growth
- ✓ ABRAXANE inclusion in the PRDL in Jiangsu
- ✓ Opened office in Basel, Switzerland

JUN
- ✓ Presented updated zanubrutinib in WM and pooled safety data at EHA
- ✓ Pooled safety data from 476 patients
  - **Low rate of A-fib (2%, only 1 Gr3)**
  - **Low rate of severe hemorrhage (2%)**
- ✓ **86-patient China pivotal Ph2 in R/R MCL (8.3mo follow up)**
  - **84% ORR, 59% CR**

JUL
- ✓ **Fast track designation by FDA for WM**
- ✓ Enrollment completed in global Ph3 trial in WM
- ✓ **70-patient China pivotal Ph2 in R/R cHL (7.85 mo flw up)**
  - **73% ORR, 50% CR**
- ✓ Initiated China Ph3 trial of tislelizumab in 1L non-sq NSCLC
- ✓ Initiated global Ph3 trial of pamiparib in gastric cancer

AUG
- ✓ Successful HK IPO and dual-listing on HKEx; $900M proceeds
- ✓ **Zanubrutinib China NDA R/R MCL acceptance by NMPA**
- ✓ **Tislelizumab China NDA cHL acceptance by NMPA**
  - **86% ORR, 61% CR**
- ✓ Initiated China Ph3 trial of tislelizumab in 1L sq NSCLC
- ✓ Reported 2Q18 product revenues of $31.4M, 35% QoQ growth
- ✓ Commenced KUBio installation in Guangzhou manufacturing facility

SEP
- ✓ Global clinical collaboration with SpringWorks Therapeutics
- ✓ Appointed Jonathan Liu as SVP, Bio-Manufacturing
- ✓ Appointed Diana Francis as Global Head, Quality and GxP Compliance
- ✓ Presented tislelizumab in Chinese NSCLC data at WCLC
- ✓ Presented tislelizumab in MSI-high solid tumors and Chinese lung cancer data at CSCO
- ✓ Presented zanubrutinib in Chinese B-cell lymphoma at CSCO

OCT
- ✓ **Zanubrutinib China NDA R/R CLL/SLL acceptance by NMPA**
- ✓ **Topline China pivotal Ph2 in CLL/SLL (9.1 mo follow up)**
  - **80% ORR**
- ✓ **Presented zanubrutinib in WM global Ph1 data at IWWM**
  - **82% MRR, 41% VGPR**

OCT
- ✓ VIDAZA inclusion in NRDL
- ✓ Presented preliminary data on pamiparib+TMZ in solid tumors at ESMO
- ✓ Clinical collaboration with MEI Pharma in B-cell malignancies
- ✓ Launched REVLIMID Patient Assistance Program (PAP)

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