Filgotinib's greater selectivity could translate into long-term advantages however, without comprehensive data the jury is still out. Ability to increase hemoglobin could be a major advantage and a significant consideration in irritable bowel disorders, which include Crohn's and ulcerative colitis.

Exhibit 9: Significant decrease in hemoglobin with Xeljanz

Drug	Xeljnaz		Adalimumab	Pbo then Xeljanz		Xeljanz	
Source	ORAL Standard, Phase 3			Phase 3, inadequate responders to TNFi			
Dose, # of patients	5 mg , 186	10 mg, 183	40 mg, 187	5 mg , 66	10 mg, 66	5 mg , 133	10 mg, 134
Hb decrease between 1 to 3 g/dL	8.10%	8.20%	5.30%	8.00%	8.30%	5%	14.70%

Source: Xeljanz prescribing information

Exhibit 10: Comparative safety profile of emerging oral JAK's

Safety profile of various JAK inhibitors in MTX-refractory patients								
	Xeljanz, Phase 3, 24-weeks		**Filgotinib, DARWIN 1, 24-weeks**		ABT-494, BALANCE-1, 12-weeks		Baricitinib, RA-BEAM, 24-weeks	
Dose	Placebo	5 mg, Xelganz	**Placebo**	**Across all doses**	Placebo	18 mg, Xelganz	Placebo	4 mg
Total AE's	54.9%	51%	**57.1%**	**52.6%**	45%	71%	60%	71%
Serious infections	0%	0.4%	**1.8%**	**0.9%**	2%	2%	1.4%	1%
	7serious infections in the drug arm		**0.4% MACE, deemed not drug-related**		Low-dose (6mg, had two malignancies)		3 malignancies in the placebo cohort and 2 in the baricitinib arm	

Source: Xeljanz PI, DARWIN1, BALANCE1, and RA-BEAM data slides

DARWIN 1 AND DARWIN 2 – SETS THE STAGE FOR THE PHASE 3 PROGRAM

Exhibit 11: Darwin 1 eligibility and patient baseline characteristics

DARWIN 1 – MTX + Filgotinib
Key eligibility criteria

- Inclusion:
  - diagnosis of RA since at least 6 months (2010 ACR/EULAR criteria of RA & ACR functional class I-III)
  - ≥6 SJC (66 joint count) and ≥8 TJC (68 joint count)
  - screening serum CRP ≥0.7 x ULN*
  - MTX for ≥6 months on stable dose (15 – 25 mg/week)
- Exclusion:
  - current therapy with any DMARD other than MTX
  - current or previous RA treatment with a biologic DMARD

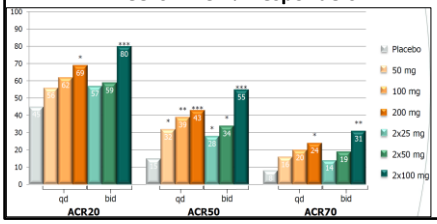
DARWIN 1 – MTX + Filgotinib
Patient baseline characteristics

		qd groups			bid groups		
	Placebo	50 mg	100 mg	200 mg	2 x 25 mg	2 x 50 mg	2 x 100 mg
Age, mean, years	52	53	52	55	52	55	54
Female	81%	84%	76%	86%	79%	76%	83%
Duration of RA, mean, years	8	7	8	9	9	8	10
DAS28(CRP), mean	6.0	6.1	6.1	6.2	6.1	6.1	6.1
CRP, mean, mg/L	16	28	25	27	26	25	27
TJC68, mean	25	25	25	29	25	27	26
SJC66, mean	16	17	16	17	16	18	16

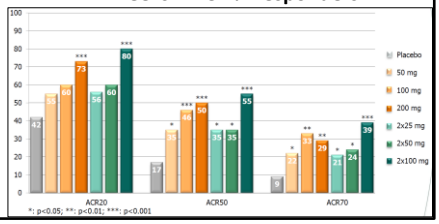
Source: GLPG DARWIN 1 week-12 and week-24 data presentations and Janney Montgomery Scott LLC

Exhibit 12: Darwin 1 week-12 and week-24 ACR rates

DARWIN 1 – MTX + Filgotinib
12-weeks – ACR % responders

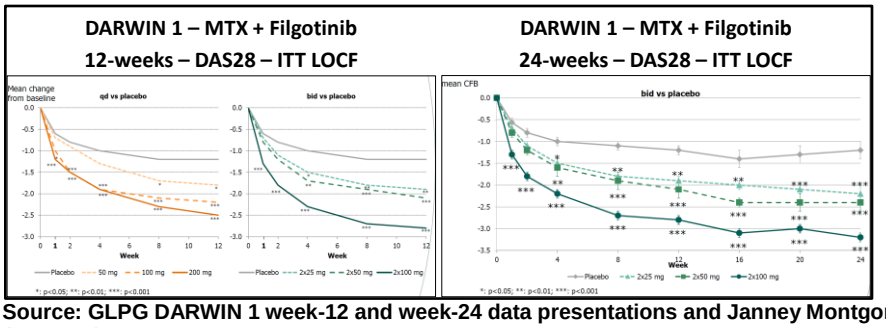


DARWIN 1 – MTX + Filgotinib
24-weeks – ACR % responders



Source: GLPG DARWIN 1 week-12 and week-24 data presentations and Janney Montgomery Scott LLC

Exhibit 13: Darwin 1 week-12 and week-24 DAS28 scores



Source: GLPG DARWIN 1 week-12 and week-24 data presentations and Janney Montgomery Scott LLC

Exhibit 14: Darwin 1 week-12 and week-24 TAEA's and safety profile

DARWIN 1 – MTX + Filgotinib
24-weeks – TAEA's

Subjects with:	placebo only (N=56)	filgotinib exposed (N=538)
All infections	17.9%	25.5%
All serious infections	1.8%	0.9%
Herpes zoster	1.8%	0.7%
Urinary tract infections	1.8%	3.7%
Upper RTI	1.8%	3.7%
Pneumonia	0.0%	0.4%
MACE*	0.0%	0.4%

DARWIN 1 – MTX + Filgotinib
24-weeks – Safety

Parameter	Measure
Hemoglobin	increase up to 4%
Platelets	decrease towards mid normal value
Lymphocytes	no effect
Neutrophils	decrease towards mid normal value
Creatinine	increase up to 11%
ALT	no CTCAE gr 3-4
Lipids	increase of HDL (up to 23%) > LDL (up to 13%)
Male reproductive hormones	no clinically meaningful changes; no discontinuations

Source: GLPG DARWIN 1 week-12 and week-24 data presentations and Janney Montgomery Scott LLC

DARWIN 1 – Key Takeaways: EFFICACY

- Fast onset of action
- Clear dose response
- No difference between bid and qd regimens
- Sustained high level of ACR20 and ACR50 response
- Further increase in efficacy over 24 weeks:
- ACR70 response
- DAS28 CRP remission
- DAS28 CRP low disease activity

DARWIN 1 – Key Takeaways: SAFETY

- Low dropout rate
- Similar incidence in TEAEs, SAEs and serious infections between filgotinib and placebo
- No dose dependent increase of infections
- Stabilization of decrease in neutrophils, increase in creatinine
- Safety profile consistent with data at week 12
- Confirmation of differentiated safety profile versus other JAKs in RA:
- Increase in Hb
- HDL>LDL
- No clinically significant effect on lymphocytes

Exhibit 15: Darwin 2 eligibility and patient baseline characteristics

DARWIN 2 – Filgotinib monotherapy
Key eligibility criteria

- Inclusion:
  - diagnosis of RA for at least 6 months (2010 ACR/EULAR criteria of RA and ACR functional class I-III)
  - ≥6 SJC (66 joint count) and ≥8 TJC (68 joint count)
  - screening serum CRP ≥0.7 x ULN*
  - inadequate response to MTX, MTX wash-out at least 4 weeks prior to enrolment
- Exclusion:
  - current therapy with any conventional DMARD, except anti-malarials
  - current or previous RA treatment with a biologic DMARD

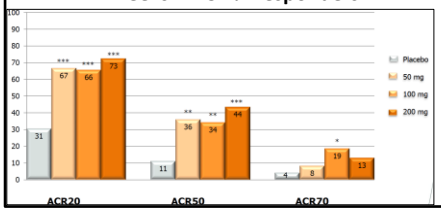
DARWIN 2 – Filgotinib monotherapy
Patient baseline characteristics

	Placebo	50 mg	100 mg	200 mg	Total
Age, mean, years	52	52	53	52	52
Female	78%	86%	76%	87%	82%
Duration of RA, mean, years	9	9	9	9	9
DAS28(CRP), mean	6.2	6.0	6.2	6.1	6.1
CRP, mean, mg/L	35	25	26	23	27
TJC68, mean	25	25	27	26	26
SJC66, mean	16	17	18	16	17

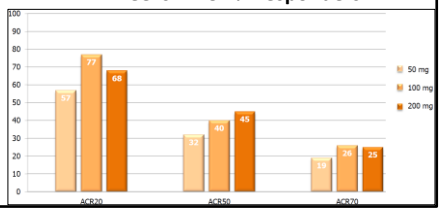
Source: GLPG DARWIN 2 week-12 and week-24 data presentations and Janney Montgomery Scott LLC

Exhibit 16: Darwin 2 week-12 and week-24 ACR responders

DARWIN 2 – Filgotinib monotherapy
12-weeks – ACR % responders



DARWIN 2 – Filgotinib monotherapy
24-weeks – ACR % responders



Source: GLPG DARWIN 2 week-12 and week-24 data presentations and Janney Montgomery Scott LLC

DARWIN 2 – Key Takeaways: EFFICACY

- Fast onset of action
- Dose response
- Sustained high level of ACR20 and ACR50 response
- Further increase in efficacy over 24 weeks:
  - ACR70 response
  - DAS28 CRP remission
  - DAS28 CRP low disease activity

DARWIN 2 – Key Takeaways: SAFETY

- Safety profile consistent with previous data
- Low drop out, SAE and serious infection rates
- Similar incidence in TEAEs and SAEs between filgotinib and placebo
- Higher incidence in infections on filgotinib, no dose dependency
- Stabilization of initial decrease in neutrophils and initial increase in creatinine, HDL & LDL
- Confirmation of differentiated safety profile in RA:
  - Increase in hemoglobin, no drop in lymphocytes
  - No increase in liver function tests