HUTCHISON CHINA MEDITECH

(AIM: HCM)

March 2015

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The Presentation should be read in conjunction with Chi-Med's final results for the year ended 31 December 2014, copies of which are available on Chi-Med's website (www.chi-med.com).

Vision & strategy

Two main platforms converging towards vision

To become a large-scale China-based pharmaceutical company

the leader in China oncology; & a big player in targeted therapies ex-China

Innovation Platform

the leading China-based innovator in oncology & immunology

- ✓ 7 clinical drug candidates in 16 studies worldwide.
- ✓ All global and/or Breakthrough Therapy potential.
- ✓ ›250-person R&D team producing 1-2 novel drug INDs per year.

China Commercial Platform

a powerful commercial network in China pharma

- ✓ 3,000-person China sales team.
- ✓ Existing pharma China sales of ›$500m in 2014.
- ✓ Ready to rapidly commercialise Innovation Platform drugs once approved in China.

Innovation Platform

Near term: Driving for first product launches

Mid-longer term: Building a pipeline for future growth

Experienced pharma management team

POSITION	EXPERIENCE (yrs) Industry/Chi-Med	ROLE / BACKGROUND
CHRISTIAN HOGG, BSc, MBA *Chief Executive Officer*	26 / 15	Led all aspects of the creation, implementation & management of Chi-Med's strategy, business & IPO since 2000 start - incl. AZ, Lilly, Nestlé deals & est. of pharma business.
WEIGUO SU, PHD *EVP, Chief Scientific Officer*	25 / 10	Created Chi-Med's R&D strategy, innovation platform & led all pipeline discovery; Director of Med Chem at Pfizer; Harvard Ph.D./post-doc under Nobel Laureate E. J. Corey.
JOHNNY CHENG, BEc, CA *Chief Financial Officer*	26 / 7	Former VP, Finance at BMS China; 8 years with Nestlé China heading finance & control in multiple businesses; KPMG & PWC in Australia & Beijing.
YE HUA, MD, MPH *SVP, Clinical & Regulatory Affairs*	16 / 1	Led Revlimid & Pomalyst global development in multiple myeloma; 15 yrs of global registrations incl. Humira, Zometa, Reclast, Femara, Cardioxane, Proleukin.
ZHENPING WU, PHD, MBA *SVP, Pharmaceutical Sciences*	25 / 7	Leads all CMC development & manufacturing for Chi-Med's pipeline; Sr Director of PS at Phenomix; Director of Pharmaceutical Development at Pfizer San Diego.
MAY WANG, PHD *SVP, Bus. Dev. & Strategic Alliances*	21 / 5	Leads alliance mgmt & BD for Chi-Med; long career in research, primarily biology, strategic alliance management, partnering & business development with Eli Lilly.
MARK LEE, BEng, MBA *SVP, Corp. Finance & Development*	16 / 6	Focuses on strategic management, overall corporate operations & alliance support; Former US/UK banker advising & raising capital for major pharma & biotech.

- *Management team comprised mainly of returnees* with average 20 years in multinational pharma & biotech.
- All scientific leadership have *participated in the discovery & development of global blockbusters*.

HUMIRA adalimumab · INCIVEK (telaprevir) 375 mg Tablets · Revlimid (lenalidomide) capsules · SUTENT capsules sunitinib malate · ZITHROMAX AZITHROMYCIN · ZOMETA zoledronic acid for injection

Research & development strategy

13 years, 250 scientists and staff, with approx.$255m invested

Small molecule drugs

- *Focus on oncology & immunology* - area that targeted therapies have totally changed treatment landscape in past 15 years.
- *Go after both novel and validated targets* - majority of the kinome (›500 kinases) yet to be effectively drugged.
- *Focus on kinase selectivity* - design compounds that inhibit only the specific target, with minimal or no, off-target kinase inhibition. Higher potency, better target coverage, less toxicity, & combinability.
- *Fragment based design of Novel Chemical Entities* - use world-class in-house chemistry group/know-how to design all drug candidates.
- *Proceed with candidates only if they have global first-in-class or best-in-class potential* - PoC in China then globalise with partners.

Botanical drugs

- *New source for drugs* - depth of industry know-how in China.
- *Following FDA's Botanical Drug Guidance* - JV with Nestlé[1].

Our advantages:

- ✓ *Large-scale fully integrated in house platform* - chemistry, biology, pharmacology, DMPK, tox., CMC, C&R, translational science organisations working together seamlessly and continuously.
- ✓ *China clinical speed* - major unmet medical needs, rapid development and regulatory support. Allows for study of multiple indications, PoC in China.
- ✓ *Competitive costs* - overall estimate clinical costs, particularly pre-PoC, at a fraction of US or Europe.
- ✓ *Constancy of purpose* - 13 years with continuous financial support.

the leading China-based innovator in oncology & immunology

[1] Nestlé Health Science

16 clinical studies in progress

7 clinical candidates -10 possible Breakthrough Therapy indications

Program	Target	Partner	Indication	Target Population / Study Details	Preclin	Phase I	Ph Ib	Phase II	Phase III
HMPL-004	Anti-TNFα	Nestlé Health Science	Ulcerative Colitis (Mild-Mod.)	8 wk Induction -- US/EU -- on hold			n/a		
			Ulcerative Colitis (Mild-Mod.)	52 wk Maintenance -- US/EU -- on hold			n/a		
			Crohn's Disease	8 wk Induction -- US -- on hold			n/a		
Fruquintinib	VEGF 1/2/3	Lilly	Colorectal Cancer	3rd Line all comers (2 studies) -- China					
			Non-small cell lung Cancer	3rd Line all comers -- China			n/a		
			Gastric Cancer	2nd Line combo w/ paclitaxel -- China					
Sulfatinib	VEGFR/FGFR		Neuroendocrine Tumours	Pancreatic, lung, gastric -- China	BT				
Epitinib	EGFRm+		Non-small cell lung cancer	EGFRm +ve w/ brain mets. -- China	BT				
Theliatinib	EGFR WT		Osoephageal, solid tumours	China					
AZD6094 (savolitinib / volitinib)	c-Met	AstraZeneca	Papillary renal cell carcinoma	1st line -- US/Canada/EU	BT		n/a		
			Non-small cell lung cancer	EGFRm +ve combo. w/ AZD9291 -- Global	BT				
			Non-small cell lung cancer	EGFRm +ve combo. w/ gefitinib -- China	BT				
			Non-small cell lung cancer	EGFRwt + c-Met O/E monotherapy -- China	BT				
			Gastric cancer	c-Met +ve monotherapy -- China	BT				
			Gastric cancer	c-Met O/E monotherapy -- China	BT				
			Gastric cancer	c-Met +ve combo. w/ docetaxel -- China	BT				
			Gastric cancer	c-Met O/E combo. w/ docetaxel -- China	BT				
HMPL-523	Syk		RA, MS, lupus	Australia					
			Hematolgical cancers	Australia					
HMPL-689	PI3Kδ		Hematolgical cancers	Lymphoma, leukemia					
HMPL-453	FGFR		Solid tumours	Global					Oncology
Collaboration	Novel	Janssen	Inflammation	Global					Immunology

Notes: BT = possible Breakthrough Therapy indication; combo = in combination with; brain mets. = brain metastasis; EGFRm = epidermal growth factor receptor mutant; EGFRwt = epidermal growth factor receptor wild type; +ve = tested positive; O/E = over expression; MS = Multiple Sclerosis; RA = Rheumatoid Arthritis; CLL = Chronic Lymphocytic Leukaemia.

AZD6094 (savolitinib)

Highest ever response rate seen in c-Met+ patients[1]

AstraZeneca

CHI-MED

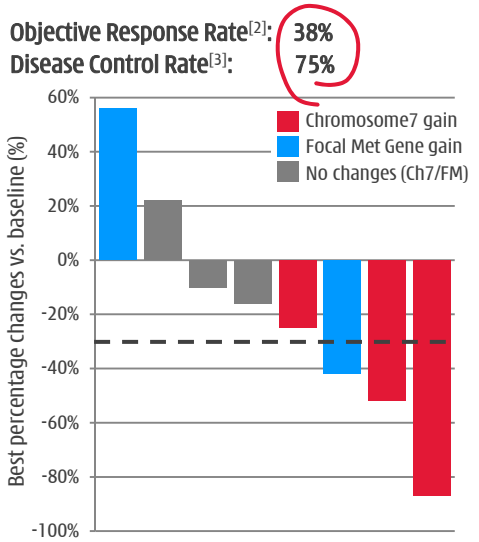
1. Summary:

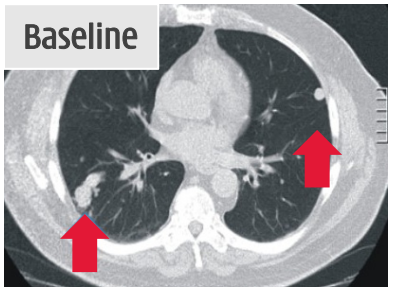
- *AZD6094 has both global first-in-class and best-in-class potential.*
- *Highest ever response rate in PRCC/Phase I/II (ORR 38%)* compared to previous high of 13.5% for foretinib (GSK) in PRCC Phase II 2012.
- Currently *testing in 8 potential "Breakthrough Therapy" indications* to provide accelerated pathway to approval.

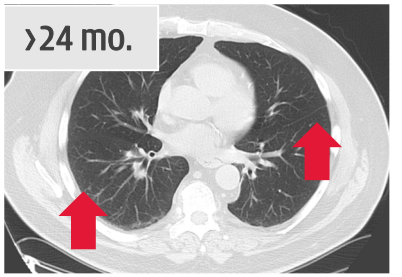
2. c-Met is aberrant in many tumour settings.

Indication	c-Met			New Cases (2008)	
	Amplification	Mutation	Over-Expression	Global	China
Gastric (Stomach)	10%	1%	41%	989,598	464,439
Lung	4%	8%	67%	1,608,823	522,050
Head & Neck	11%	27%	46%	653,199	76,370
Melanoma				197,402	3,825
Colon	10%		65%	1,233,711	221,313
Multiple Myeloma				102,762	5,909
Ovarian	4%	4%	33%	225,484	28,739
Kidney (PRCC)[5]	40-75%	100%		30,150	3,612
Kidney (Others)		13%	79%	271,348	32,508
Esophagus	4%		92%	482,239	259,235
Total				5,794,716	1,618,000

3. Kidney -- Papillary Renal Cell Carcinoma (PRCC)[4].







- PRCC represents 10-15% of the ~270,000 new renal cell carcinoma (kidney cancer) patients worldwide annually.
- There are *no current approved treatments for PRCC.*
- Global Phase II PRCC study started May 2014. Enrolment target to complete mid 2015, *report end 2015.*
- US *submission for approval target 2016*, possible Breakthrough Therapy designation. PRCC *market potential est. ›$500 million.*

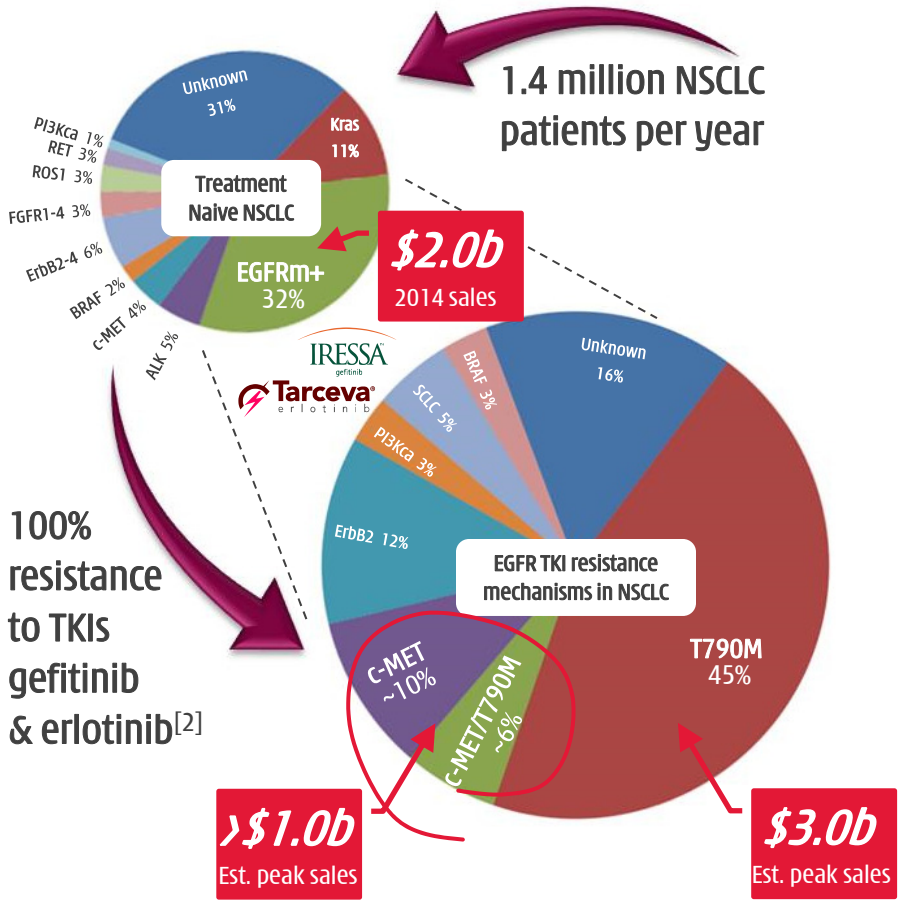
[1] c-Met+ = c-Met amplification; [2] ORR = percent of patients with ›30% tumour diameter shrinkage; [3] DCR = percent of patients with tumour diameter growth ‹20%; [4] PRCC = Papillary renal cell carcinoma (10-15% of kidney cancers); [5] 220 frozen samples catalogued in French RCC Network indicated 55-60% of PRCC patients with gains in Chr7 (c-Met Amplification) - AACR 2014.

AZD6094 (savolitinib)

Submit for US approval in 2016

AstraZeneca CHI-MED

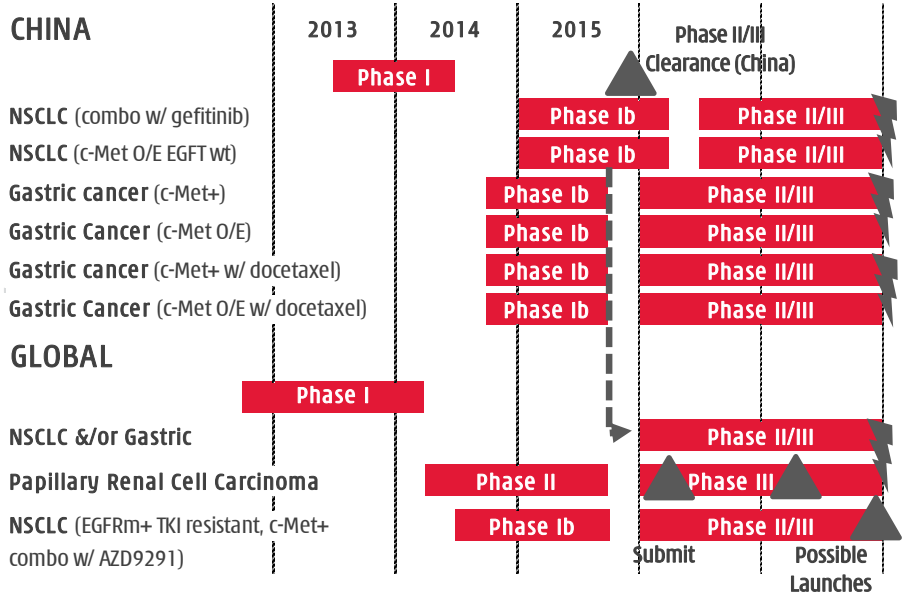
4. EGFRm+ TKI resistant non-small cell lung cancer[1].



5. Major market potential in NSCLC:

- The market potential of the ***EGFRm+ TKI resistant NSCLC patient population c-Met amplification may be >$1 billion*** (ref. ~$3bn market potential of T790M market). Phase Ib/II ongoing.
- AZD6094 active in many MET+/O/E settings. Phase Ib/II ongoing in gastric & lung cancer either as mono. or combo. with chemo/TKIs.

Development Plan:

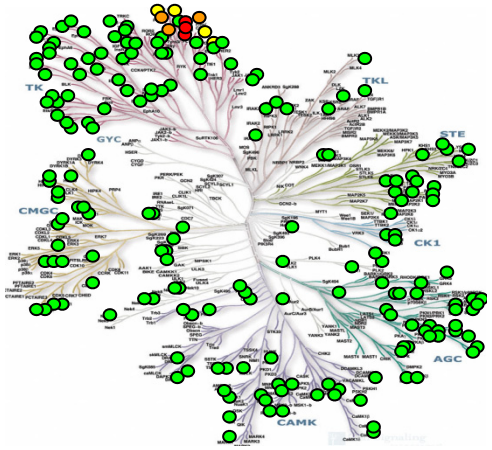


[1] NSCLC = Non-small cell lung cancer (~86% of all lung cancer); [2] TKIs = Tyrosine Kinase Inhibitors including gefitinib = Iressa®; and erlotinib = Tarceva®.

Fruquintinib

The most selective VEGFR inhibitor in clinical trials globally[1]

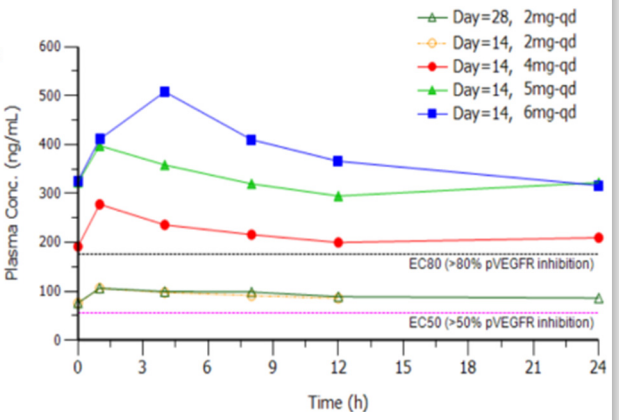
Designed to only inhibit VEGFR 1,2, 3...



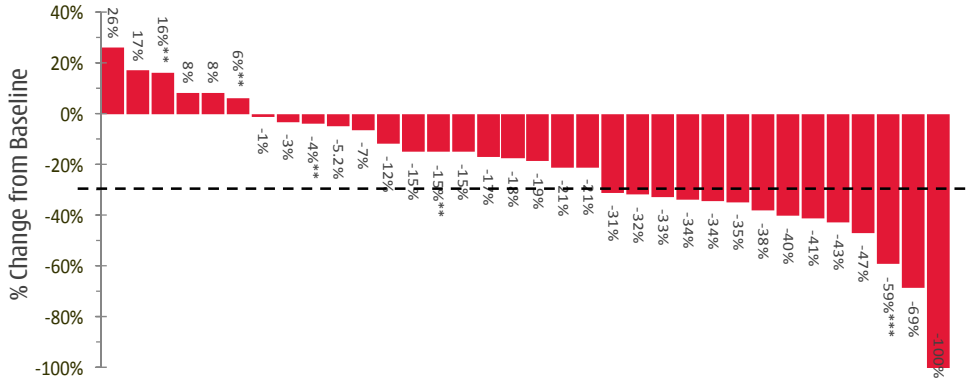
Screening at 1µM against 253 Kinases

....limits off-target toxicity & allows for full & sustained target inhibition.

	Sunitinib	Sorafenib	Regor-afenib	Fruquin-tinib
Kinase profile	VEGFR1,2,3, PDGFRb, FLT3, CSF-1R, c-Kit, Ret	RAF, VEGFR2, PDGFRb, Flt3, c-Kit, FGFR1	VEGFR1,2,3 Raf, Ret, c-Kit, PDGFR	VEGFR1,2,3
AUC at ED50/ED60 in mouse (ng/mL*hr)	2,058	25,473	na	898
MTD in human (mg/day)	50, qd	400, bid	160, qd	4, qd; 6, 3wk/1wk
$AUC_{0\sim24h}$ at Steady state MTD (ng/mL*hr)	592	47,780 x2 (D28)	58,270 (D21)	5,000~6,000 (D28)
Efficacy in Phase I: Partial Response (PR); Disease ControlRate (DCR)	22 pts PR: 4 (18%) DCR: 27%	45 pts (≥100 mg bid) PR: 1 (2%) DCR: 58%	53 pts PR: 3 (6%) DCR: 66%	34 eval. pts PR: 13 (38%) DCR: 82%



....leading to outstanding Phase Ia tumour response.....



.....across multiple solid tumour types.

Population	Patients No. (pts.)	PR (pts.)	SD (pts.)	ORR[2]	DCR[3]
Intent to Treat population (ITT)	40	13	15	33%	70%
Evaluable patients	34	13	15	38%	82%
Colorectal cancer	10	3	6	30%	90%
Non-small cell lung cancer	6	4	1	67%	83%
Breast cancer	7	2	5	29%	100%
Gastric cancer	2	1	0	50%	50%
Other	9	3	3	33%	67%

[1] among small molecule tyrosine kinase inhibitors and to the best of Chi-Med's knowledge; [2] Objective Response Rate ("ORR") = patients with ›30% tumour diameter shrinkage; [3] Disease Control Rate ("DCR") = % patients with ‹20% tumour diameter growth.

Fruquintinib

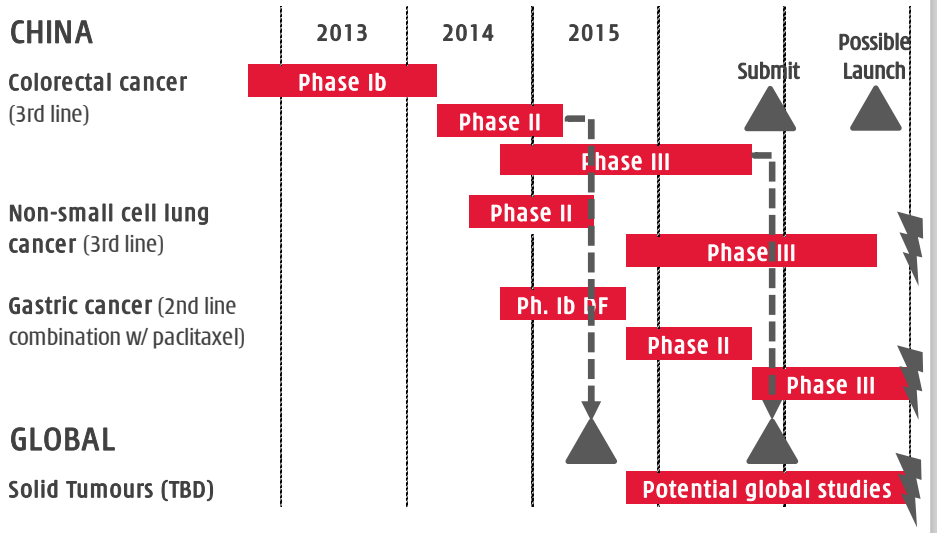
Best-in-class VEGFR inhibitor - submit for approval in 2016

Led to fast development in China....

- Partnered with Lilly (Oct-2013) to provide resource for PoC[2] in multiple tumour types.
- Proceeded to Phase Ib CRC[3] study while we waited for Phase II/III CTA[5] approval in China.
- China PoC driving global development plan.

Colorectal Cancer Phase Ib Study[1]	Regimen	Objective Response Rate	Disease Control Rate	≥16-wk Progression Free Survival	≥9-mo Overall Survival
Fruquintinib — Phase Ib (China) 3rd Line colorectal cancer	5mg 3/1 wk (N = 42)	10.3%	82.1%	66.7%	62%
Regorafenib (Bayer's Stivarga®) — Phase III (Asia) 3rd Line colorectal cancer	160mg 3/1 wk (N = 136)	4.4%	51.5%	~38%	~46%
	Placebo (N = 68)	0%	7.4%	~3%	~24%

Development Plan:



.....Latest status.....

- **Colorectal cancer (3rd line):**
  - ✓ Phase II PoC study (71 pts.) *enroled in ~4 months* (April-Aug 2014). Read-out in H1-2015. *Highly probable to meet success criteria*.
  - ✓ Phase III registration study (~420 pts.) started enrolment in Dec 2014. 26 centres in China. *Expect to complete early 2016*.
- **Non-small cell lung cancer (3rd line):**
  - ✓ Phase II PoC study (91pts.) *enroled in ~9 months* (Jun 2014-Mar 2015). Read-out in mid-2015.
- **Gastric cancer (2nd line):**
  - ✓ Phase Ib dose finding study (w/paclitaxel) started late-2014. First cohort complete (at dose ›EC50 24hr. inhibition). *Combinability key to maximise market potential*.

[1] Objective Response Rate ("ORR") = patients with ›30% tumour diameter shrinkage; Disease Control Rate ("DCR") = % patients with ‹20% tumour diameter growth; Progression Free Survival ("PFS") = % of patients with ‹20% tumour diameter growth at 16 weeks; Overall Survival ("OS") = % patients alive at 9 months; [2] PoC = proof of concept; [3] CRC = colorectal cancer; [4] NSCLC = Non-small cell lung cancer; [5] CTA = Clinical Trial Application.

Sulfatinib

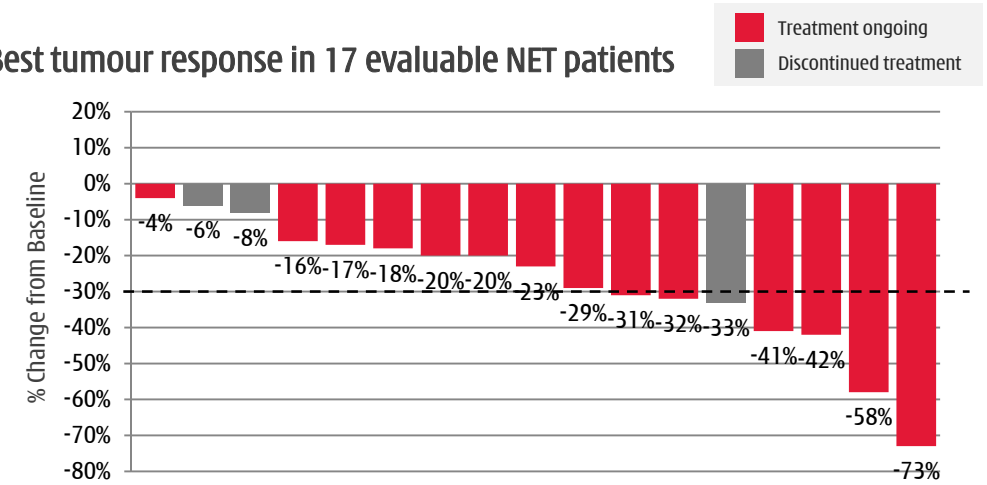
VEGFR/FGFR1 – Highest ORR ever seen in neuroendocrine tumours ("NET")

1. High NET prevalence & no broadly effective drugs.

	UNITED STATES				CHINA	
	Incidence (new cases /year)	Survival (% patients)	Prevalence (Est. patients)	Prevalence (Est. % of all NET)	Incidence (Est. new cases /year)	Prevalence (Est. patients)
Stomach	823	63%	6,567	5.9%	3,553	28,359
Small intestine	2,786	69%	24,462	22.1%	12,030	105,632
Rectum	2,216	88%	24,643	22.3%	9,568	106,413
Colon	1,135	54%	7,806	7.1%	4,900	33,709
Pancreas	596	34%	2,564	2.3%	2,576	11,071
Appendix	402	78%	3,965	3.6%	1,735	17,121
Total GI NET	**7,958**	**69%**	**70,006**	**63.3%**	**34,363**	**302,305**
Lung & Bronchus	4,388	46%	25,781	23.3%	18,948	111,328
Other	2,634	25%	8,319	7.5%	11,373	35,926
All NET	**14,979**	**58%**	**110,635**	**100.0%**	**64,683**	**477,750**

- 5-fold increase in incidence of NET in US over past 30 years.
- Second most common gastrointestinal (GI) malignancy.

2. Sulfatinib's unprecedented efficacy in NET patients.



3. Expanding to US for Phase II.

- *US IND submitted Feb-15*. Phase I bridging mid-15, Phase II US NET study start H2-15. Breakthrough Therapy potential to accelerate US approvals.
- China Phase Ib ongoing. CTA[3] submitted & *Phase III registration study starts end-15*.

	octreotide /Placebo	everolimus /Placebo	sunitinib /Placebo	lanreotide /Placebo	sulfatinib
NET Approval	Mid-gut	Pancreatic	Pancreatic	Gastrointestinal (Antigen Ki67‹10%)	All NET efficacy
median PFS (months)	15.6 / 5.9	11.0 / 4.6	11.4 / 5.5	NR / 18.0	No Progression yet in 17 evaluable patients (median time on drug 7.5 mo.)
Hazard Ratio	0.33	0.35	0.42	0.47	
p-value	0.000017	‹0.001	‹0.001	‹0.001	
Objective Response Rate[1]	2% / 2%	5% / 2%	9% / 0%	NR	32%
Disease Control Rate[2]	67% / 37%	73% / 51%	63% / 60%	NR	100%

[1] ORR = percent of patients with ›30% tumour diameter shrinkage (Note: Intent to Treat ITT population = 22; patients evaluable for efficacy = 17; 5 patients withdrawn/lost to follow-up/AE); [2] DCR = percent of patients with tumour diameter growth ‹20%; [3] CTA = Clinical Trial Application (for Phase II/III in China).

HMPL-523

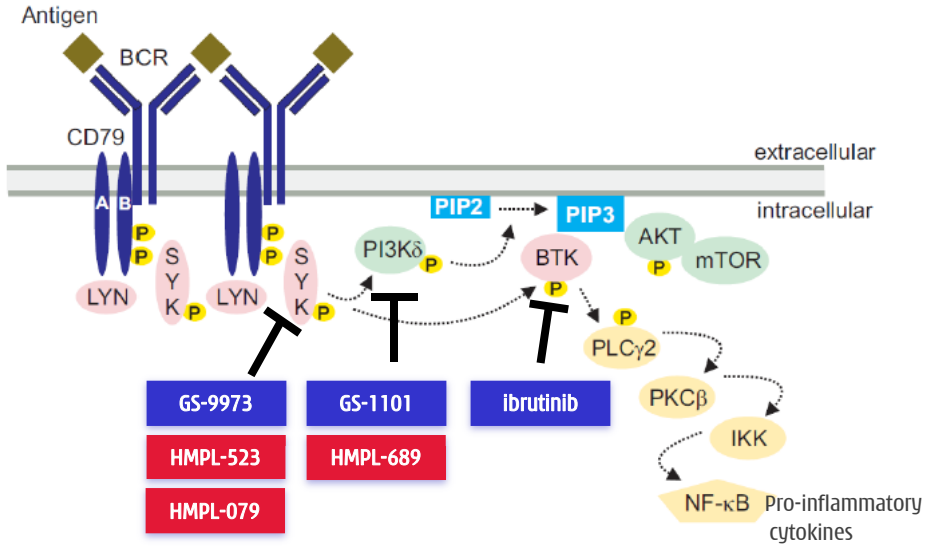
Possible global first-in-class Syk inhibitor - Phase I complete mid-2015

1. HMPL-523 could be global first-in-class

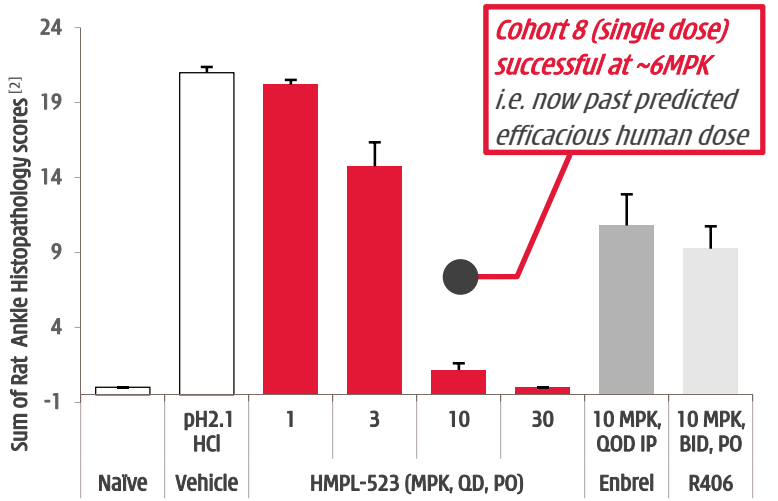
- Highly selective Syk inhibitor with clear *in vivo* efficacy in RA/Lupus -- Syk pathway/B-cell activation. Strong potency *in vivo* vs. Enbrel (Amgen) $4.6b/yr. RA sales.
- Oral form TKI a major advantage over MAbs.
- Phase I in Australia - *9 cohorts completed* (single dose). On completion, license globally for co-development.

Compound/ Company		*in vitro* Activity IC_{50} (nM)*	Selectivity	*in vivo* Activity Min Efficacious Dose	Phase of Development
R788, R406	Rigel/AZ	• Enzyme: 54 nM • Cell: 54 nM	Syk, FLT-3, KDR, Src, Lyn, JAK	• rCIA: 10 mg/kg BID • mSLE: 10 mg/kg BID • CLL: 80 mg/kg/day	**Phase III** for RA complete: 100 mg BID; & 150 mg QD **Phase II**: ITP
GS-9973	Gilead	• Enzyme: 55 nM*	Selective for Syk		**Phase I**: oncology (NHL, CLL)
HMPL-523	HMP	• Enzyme: 25 nM • Cell: 51 nM • HWB: 250 nM	Selective for Syk	rCIA (QD) • ED_{min} = 0.7-1 mg/kg • ED_{50} = 1.4-2 mg/kg	**Phase I** Immunology, oncology

2. Syk inhibition field is wide-open and valuable.



3. Rheumatoid Arthritis ("RA"): $38.5b market[1].



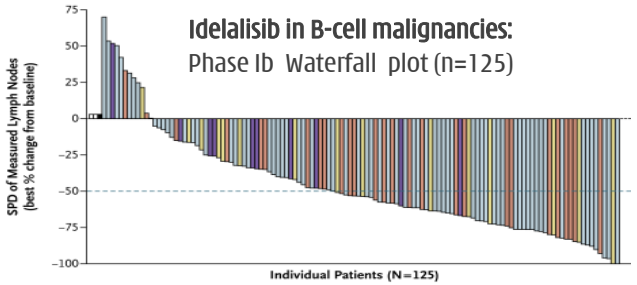
[1] Visiongain 2017 forecast; [2] Aggregate of scores for Bone resorption; Structure (cartilage damage); Cartilage cells Inflammatory cell infiltration in periarticular tissue; and Synovial inflammation & hyperplasia; MPK = milligrams per kilogram of body weight.; QD = one dose per day; BID = two doses per day; QOD = one dose every other day; PO = by mouth (i.e. orally); IP = by Intraperitoneal injection; Naïve = model score without induced arthritis; Notes: Fostamatinib is a prodrug of the SYK inhibitor R406; Enbrel (Amgen/Pfizer) monoclonal antibody anti-TNF for RA - 2013 RA global sales $4.6 billion.

HMPL-689

Designed to be a best-in-class inhibitor of PI3Kδ - Phase I late-2015

1. PI3Kδ now a proven target

- PI3Kδ activation associated with allergy, inflammation & oncology.
- Evidence that PI3Kδ inhibitors effective in ibrutinib-resistant mutant population.



2. PI3Kδ inhibitors being developed in a very broad range of indications

Compound		Indication	Status	Issue
Idelalisib (GS-1101) PI3Kδ	Gilead Sciences	chronic lymphocytic leukaemia, non-Hodgkin's lymphoma Hodgkin's lymphoma Waldenstrom`s hypergammaglobulinaemia	Registered Phase II Trial Preclinical	High incidence of liver toxicity seen with idelalisib (150mg bid)
AMG-319 PI3Kδ	Amgen	B-cell lymphoma, non-Hodgkin`s lymphoma, T-cell lymphoma, chronic lymphocytic leukaemia	Phase I Trial	
Duvelisib[1] (IPI-145) PI3Kγ,δ	AbbVie/ Infinity	B-cell lymphoma, non-Hodgkin`s lymphoma, chronic lymphocytic leukaemia asthma, rheumatoid arthritis COPD, SLE, psoriasis, MS transplant rejection, allergy, acute lymphocytic leukaemia, T-cell lymphoma	Phase III Trial Phase II Trial Phase I Trial	Need to spare PI3Kγ -- serious infection seen with duvelisib due to strong immune surpression

3. HMPL-689 -- Important asset

- HMPL-689 designed to improve on existing PI3Kδ inhibitors: (1) *improved isoform selectivity* (sparing PI3Kγ); (2) *improved potency at whole blood level* (›5x more potent than idelalisib) to cut compound related toxicity; (3) *improved PK properties* particularly efflux and drug/drug interaction due to CYP inhibition/induction.

4. HMPL-689 more potent and more selective than idelalisib & duvelisib

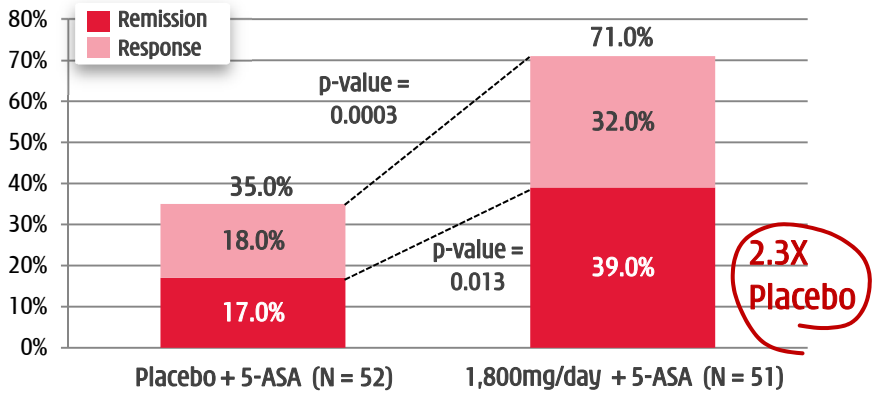
IC50 (μM)		HMPL-689	idelalisib	duvelisib
Enzyme	PI3Kδ	0.0008 (n = 3)	0.002	0.001
	PI3Kγ (fold vs. PI3Kδ)	0.114 (142X)	0.104 (52X)	0.002 (2X)
	PI3Kα (fold vs. PI3Kδ)	›1 (›1,250X)	0.866 (433X)	0.143 (143X)
	PI3Kβ (fold vs. PI3Kδ)	0.087 (109X)	0.293 (147X)	0.008 (8X)

[1] COPD = Chronic obstructive pulmonary disease; SLE = Systemic lupus erythematosus; MS = Multiple Sclerosis.

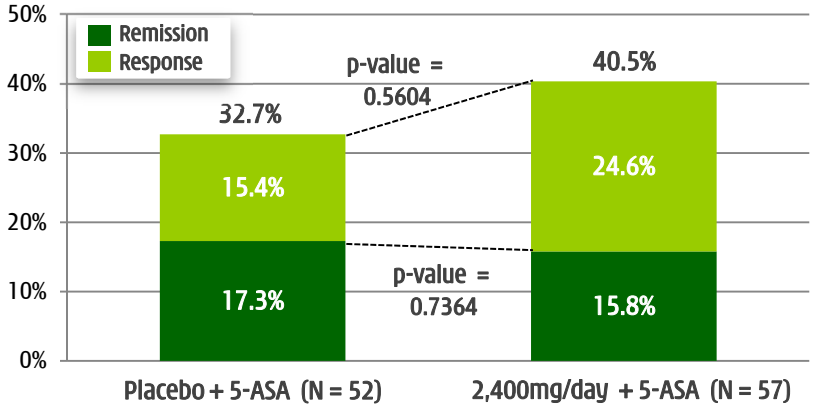
HMPL-004 – Post-hoc analysis of NATRUL-3 IA[4]

Working with Nestlé Health Science to agree next steps

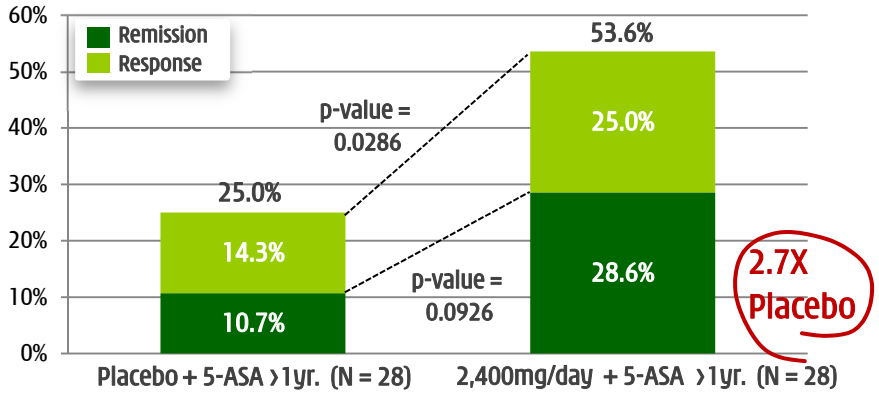
Strong Phase IIb data in UC (co-treat w/ 5-ASA)[2][3]....



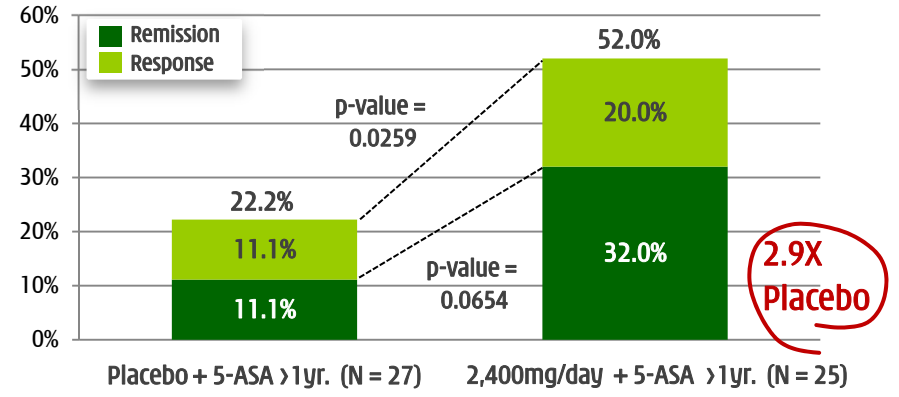
...but surprised by overall NATRUL-3 IA[4] result...



...but HMPL-004 works well in 5-ASA failure patients...



...particularly if difficult to treat patients stratified.



[1] Post-hoc analysis of IA: sub-group base sizes in these analyses are small and should be viewed for general indication purposes only; [2] UC = Ulcerative colitis; [3] 1,800mg/day HMPL-004 plus Mesalamine (5-ASA) versus Mesalamine (5-ASA) alone (Placebo-arm); [4] IA = Phase III Interim Analysis conducted at ~1/3rd patient enrolment.

Four collaborations have major aggregate financial impact

AstraZeneca

Janssen Pharmaceutical Companies of Johnson & Johnson

Lilly

Nestlé Health Science

~$1.3 billion in Partner payments to HMP/NSP[1]:

- **$77 million** in upfront /milestone payments and equity injections as at 31 December, 2014.
- **up to $471 million** in further development and approvals milestones
- **up to $145 million** in option payments.
- **up to $560 million** in commercial milestones.
- customary tiered royalties on net sales.

Clinical trial spending[2]:

- clinical costs estimated at several hundred million US dollars.
- **Partners to fund the vast majority of these clinical costs.**

Possible payment events in 2015:

- **Fruquintinib:** Phase II PoC[3] read in CRC[4] (H1-15) and NSCLC[5] (H2-15).
- **AZD6094:** (Phase Ib) PoC read in NSCLC (2015).
- **Other possible:** Janssen compound Phase I start; & HMPL-523 deal.

[1] Nutrition Science Partners Limited ("NSP") is the 50/50 joint venture between Nestlé Health Science ("Nestlé ") and Chi-Med; [2] includes clinical and direct non-clinical costs. [3] PoC = proof-of-concept; [4] CRC = Third line colorectal cancer; [5] NSCLC = Third line non-small cell lung cancer.

(US$ millions)

Multiple growth drivers anticipated during next 18 months

H1 2015

Savolitinib/AZD6094 (c-Met)

- ○ Phase II PoC interim data - Global papillary renal cell carcinoma ("PRCC")

Fruquintinib (VEGFR 1, 2, 3)

- ✓ Phase II PoC enrolment complete - China 3L non small-cell lung cancer ("NSCLC")
- ○ Phase II PoC data & potential milestone - China 3L colorectal cancer

Sulfatinib (VEGFR/FGFR)

- ✓ US IND submission
- ○ Phase I PK bridging initiation - US neuroendocrine cancer

HMPL-523 (Syk)

- ✓ China rheumatoid arthritis ("RA") IND submission
- ○ Phase I completion (multiple-dose) - Australia (RA)
- ○ China oncology IND submission

H2 2015 & H1 2016

Savolitinib/AZD6094 (c-Met)

- ○ Phase II PoC initiation & pot. milestone - AZD6094/AZD9291 combo. NSCLC
- ○ Phase II PoC initiation - AZD6094/gefitinib combo. 1L/2L NSCLC
- ○ Phase IIb initiation - China single agent c-Met+/ O/E Gastric cancer/NSCLC
- ○ Phase II PoC initiation - China docetaxel combo. Gastric cancer/NSCLC
- ○ Phase II PoC data - Global PRCC
- ○ Potential Breakthrough Therapy application - US PRCC

Fruquintinib (VEGFR 1, 2, 3)

- ○ Phase II PoC data & potential milestone - China 3L NSCLC
- ○ Pivotal Phase III initiation - China 3L NSCLC
- ○ Pivotal Phase III enrolment complete - China 3L colorectal cancer
- ○ Phase II/III initiation & potential milestone - China 2L Gastric cancer

Sulfatinib (VEGFR/FGFR)

- ○ Pivotal Phase III initiation - China neuroendocrine cancer
- ○ Phase II initiation - US neuroendocrine cancer
- ○ Phase Ib initiation - China thyroid cancer

HMPL-523 (Syk)

- ○ Phase I dose escalation - Australia (oncology CLL/NHL)
- ○ Potential global licensing for co-development & Phase II PoC RA initiation

HMPL-689 (PI3Kδ) & HMPL-453 (Selective FGFR)

- ○ Phase I initiation - Australia (oncology)

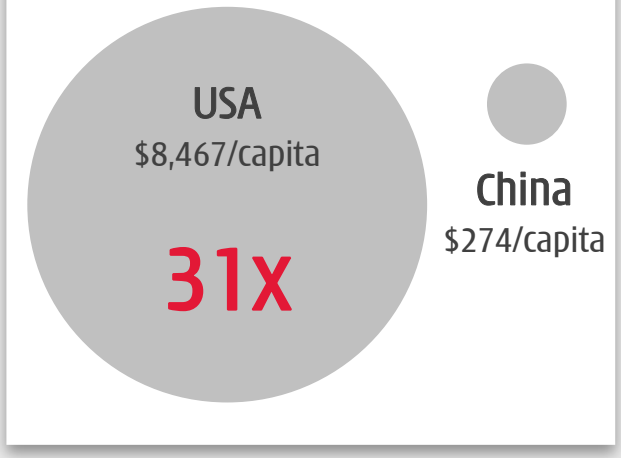
China Commercial Platform

Established high-performance pan-China pharma sales organisation

Profitable, fast growth & cash generating – to fund drug R&D

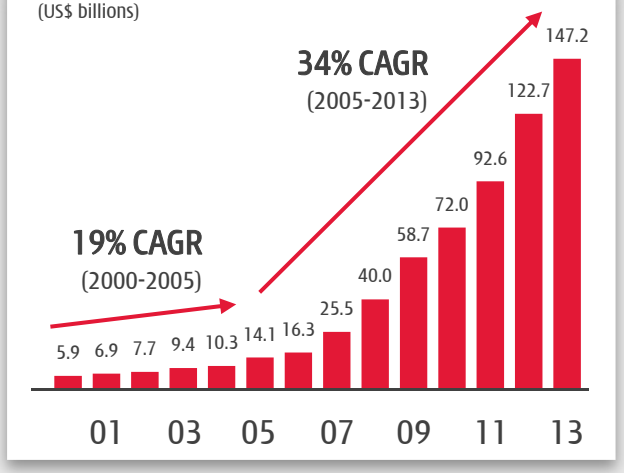
China pharma market set to become the second largest globally by 2020

Per capita Healthcare Spending



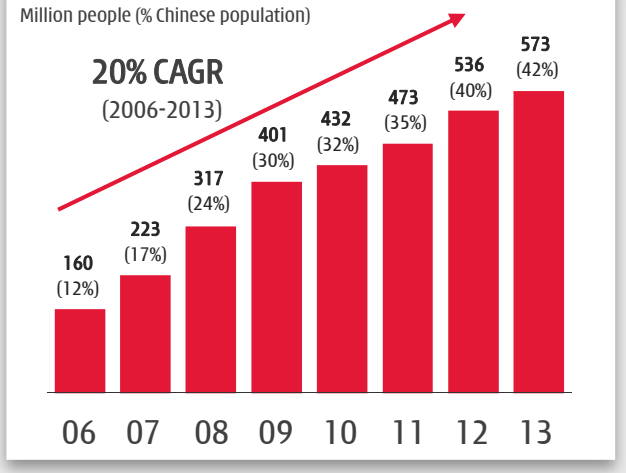
Source: WHO 2014 report (2011 data)

Government Healthcare Spending



Source: Deutsche Bank, CEIC, Ministry of Health

Medical Insurance Enrollment[2]



Source: National Bureau of Statistics

- China pharmaceutical industry growth 20% CAGR[1] from 2005-2013 - one of the highest rated industries in China with average P/E ratio of 43 for the 65 listed companies (appendix p30).
- Government healthcare spending continues to increase rapidly - Strategic priority.
- Expansion of State Medical Insurance Schemes[2] - Link to increased drug reimbursement & sales.

[1] Compound annual growth rate; [2] The Basic Medical Insurance Scheme for Urban Employees Residents plus Rural Cooperative Medical Schemes.

Chi-Med's China Healthcare Division

Long track record of commercial success – important source of cash

2 National house-hold name brands

Focus on largest disease categories

Most common disease diagnosed/treated in rural hospitals[3]:

Cold/Flu:	86%
Cardiovascular:	78%
Diabetes:	46%
GI:	45%

Major commercial & production scale

~3,000 Rx & OTC sales people in about 600 cities & towns in China.

Drugs in ~13,500 hospitals detailing ~80,000 doctors.

Produced ~4.2 billion doses of medicine in 2014.

Leadership market shares

Market leader in the sub-categories/markets in which we compete[4][5]:

SXBXP:[6] Rx Cardiovascular TCM	>40%
Banlangen:[7] OTC Anti-viral TCM	~46%
FFDS:[8] OTC Angina TCM	~30%

JVs with 3 of top 5 China Pharmas

SPH 上海医药 SHANGHAI PHARMA

GPO

SINOPHARM

China Healthcare Division Performance – 2003-2014[1][2]

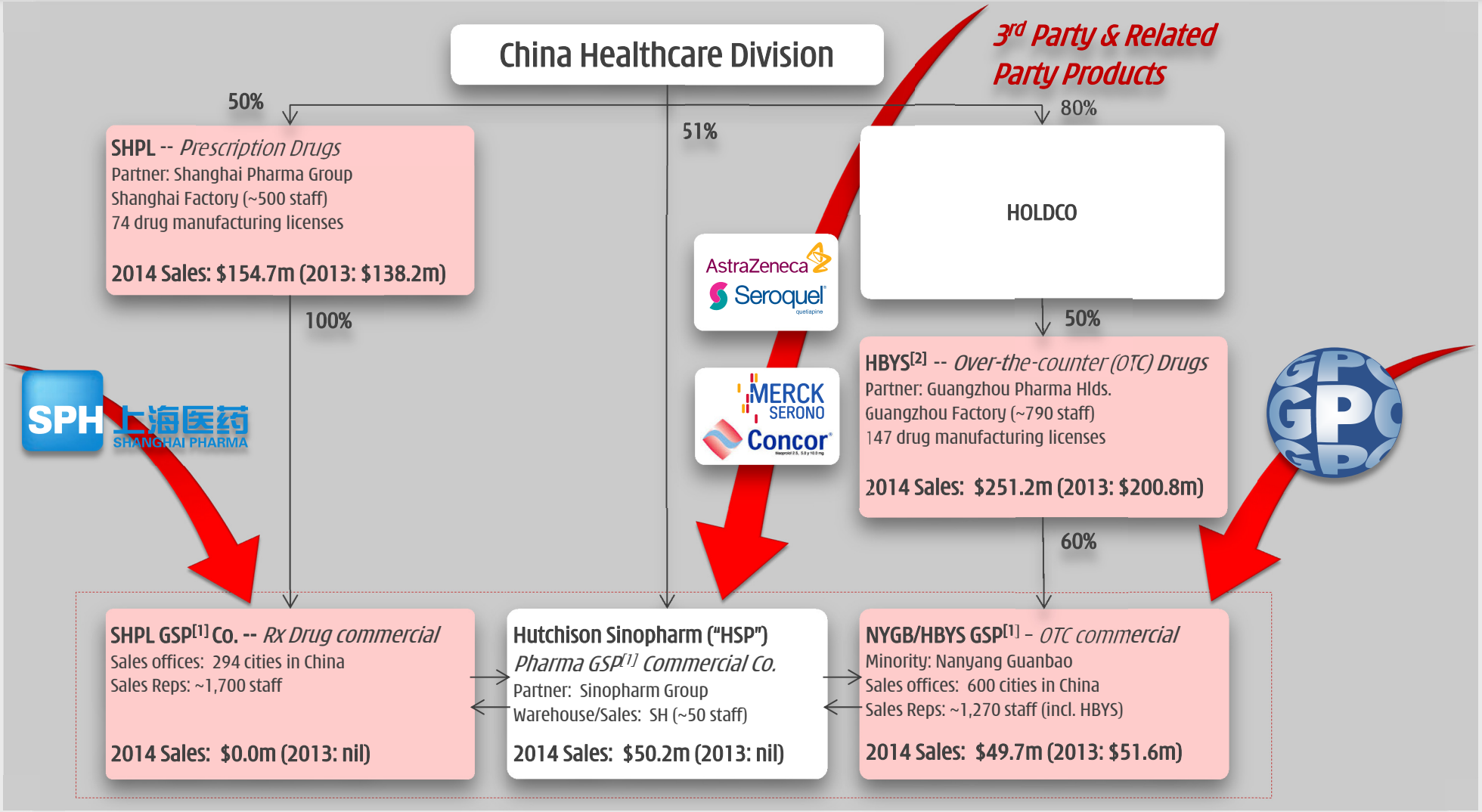
(US$ millions)	03	04	05	06	07	08	09	10	11	12	13	14	CAGR 5 years 2009-14 (%)
Sales	21.9	27.9	65.1	101.4	119.0	155.8	197.0	231.2	271.0	350.5	394.6	509.4	21%
Own business	*21.9*	*27.9*	*65.1*	*101.4*	*119.0*	*155.8*	*197.0*	*231.2*	*259.8*	*300.0*	*343.0*	*409.5*	
Third-party business	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*11.2*	*50.5*	*51.6*	*99.9*	
Total Sales Growth		*27%*	*133%*	*56%*	*17%*	*31%*	*26%*	*17%*	*17%*	*29%*	*13%*	*29%*	
Operating Profit	(10.1)	(2.7)	3.7	7.5	13.4	18.0	25.1	32.5	36.2	40.9	48.1	57.2	
Operating Profit Margin	*-46.1%*	*-9.7%*	*5.6%*	*7.4%*	*11.3%*	*11.6%*	*12.8%*	*14.1%*	*13.3%*	*11.7%*	*12.2%*	*11.2%*	
Net Profit After Tax	(10.7)	(3.6)	2.2	6.7	11.2	14.7	21.5	28.0	30.9	34.4	40.2	48.3	
Net Profit Margin	*-48.9%*	*-12.9%*	*3.4%*	*6.6%*	*9.4%*	*9.4%*	*10.9%*	*12.1%*	*11.4%*	*9.8%*	*10.2%*	*9.5%*	
NPAT Attrib. to Chi-Med	(5.7)	(3.7)	(0.5)	1.2	4.5	5.9	9.3	12.7	14.0	15.5	18.6	22.6	19%
NPAT Growth		*-35%*	*-86%*	*340%*	*275%*	*31%*	*58%*	*37%*	*10%*	*11%*	*20%*	*21%*	

[1] 2003-2006 incl. disco. operation; [2] Sales/profit of subsidiaries and JVs (HBYS, SHPL, HHL, HSP) not incl. Hain JV; [3] Citigroup Research; [4] IMS Health data for five reference markets 2009; [5] SXBXP Shanghai hospital market; [6] She Xiang Bao Xin Pill ("SXBXP"); [7] Banlangen Granules ("BLG") - OTC Antiviral; [8] Fu Fang Dan Shen tablets ("FFDS").

(US$ millions)

A powerful commercial platform in China

Ready-made to launch/maximise sales of our innovative drugs



[1] GSP = Good Supply Practice Certification (license to sell and distribute third party drug products); [2] including HBYS 100% subsidiary - Hutchison Whampoa Guangzhou Baiyunshan Health & Wellness Co. Ltd.

(US$ millions)

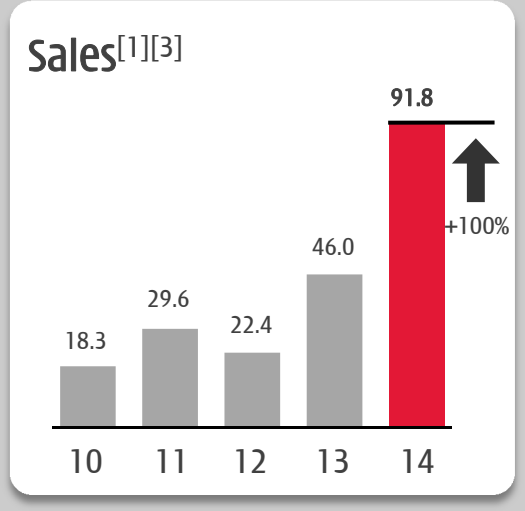
2014 Financial Results

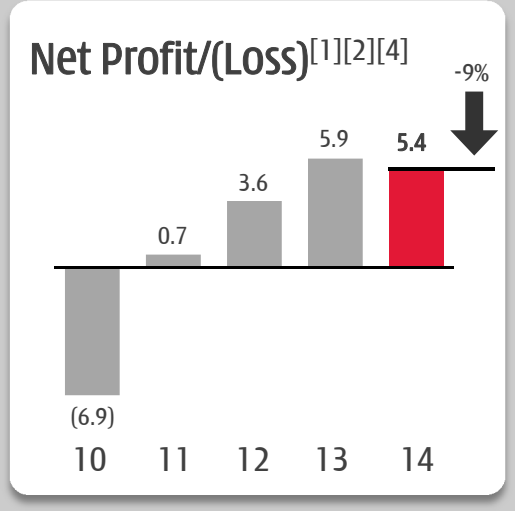
Maintaining balance between profit & investment

Group Results:

	2014	2013	Change
IFRS11 Revenue	**91.8**	**46.0**	**+100%**
Unconsolidated Revenue of our 50/50 JVs	*455.5*	*390.6*	*+17%*
Net Profit/(Loss):[2]			
Innovation Platform	**(9.7)**	**(2.4)**	**-299%**
Base HMP R&D Operation	*(2.3)*	*5.4*	
50% share of Nestlé JV (NSP[5])	*(7.4)*	*(7.8)*	
Commercial Platform	**23.9**	**16.7**	**+43%**
China Healthcare	*22.6*	*18.6*	
Consumer Products	*1.3*	*(1.9)*	
Chi-Med Group Costs	**(8.8)**	**(8.4)**	**-6%**
Head office overheads/expenses	*(6.3)*	*(6.1)*	
Interest/Tax	*(2.5)*	*(2.3)*	
NPAT Attrib. to Chi-Med Holders[4]	**5.4**	**5.9**	**-9%**
Earnings per share	10.2 ¢	11.4 ¢	-10%

5-Year Trend:





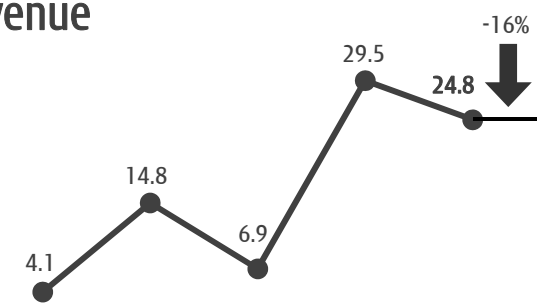
[1] IFRS11 equity accounting; [2] Net Profit/(Loss) = Net Profit/(Loss) attributable to Chi-Med equity holders; [3] only on continuing operations; [4] including expenses/income from discontinued operations; [5] NSP = Nutrition Science Partners Limited.

(US$ millions)

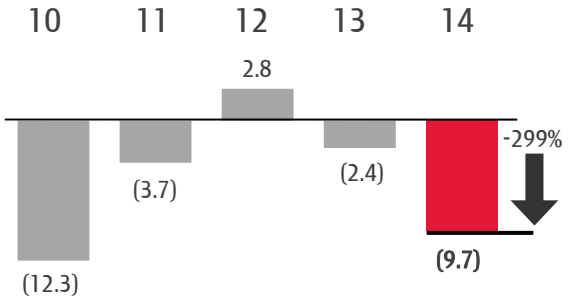
$44.8m invested during 2014 in clinical trials

Innovation Platform

Revenue

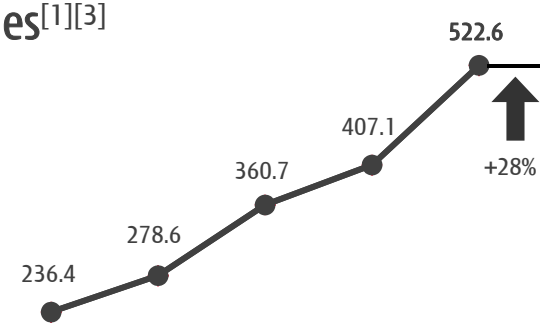


Net Profit/(Loss)[2]

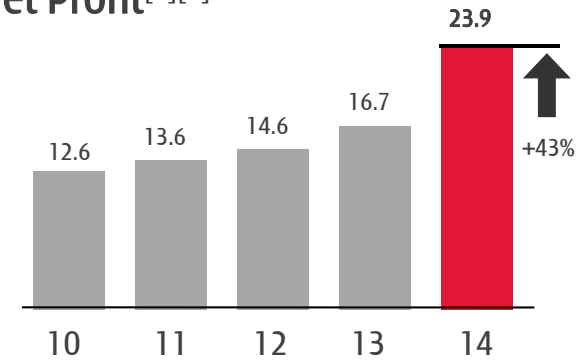


China Commercial Platform

Sales[1][3]



Net Profit[2][3]



[1] Sales of Subsidiaries and Joint Ventures including both China Healthcare Division and Consumer Products Division; [2] Net Profit/(Loss) = Net Profit/(Loss) attributable to Chi-Med equity holders; [3] Includes infant formula in both 2013 and 2014.

(US$ millions)

Summary

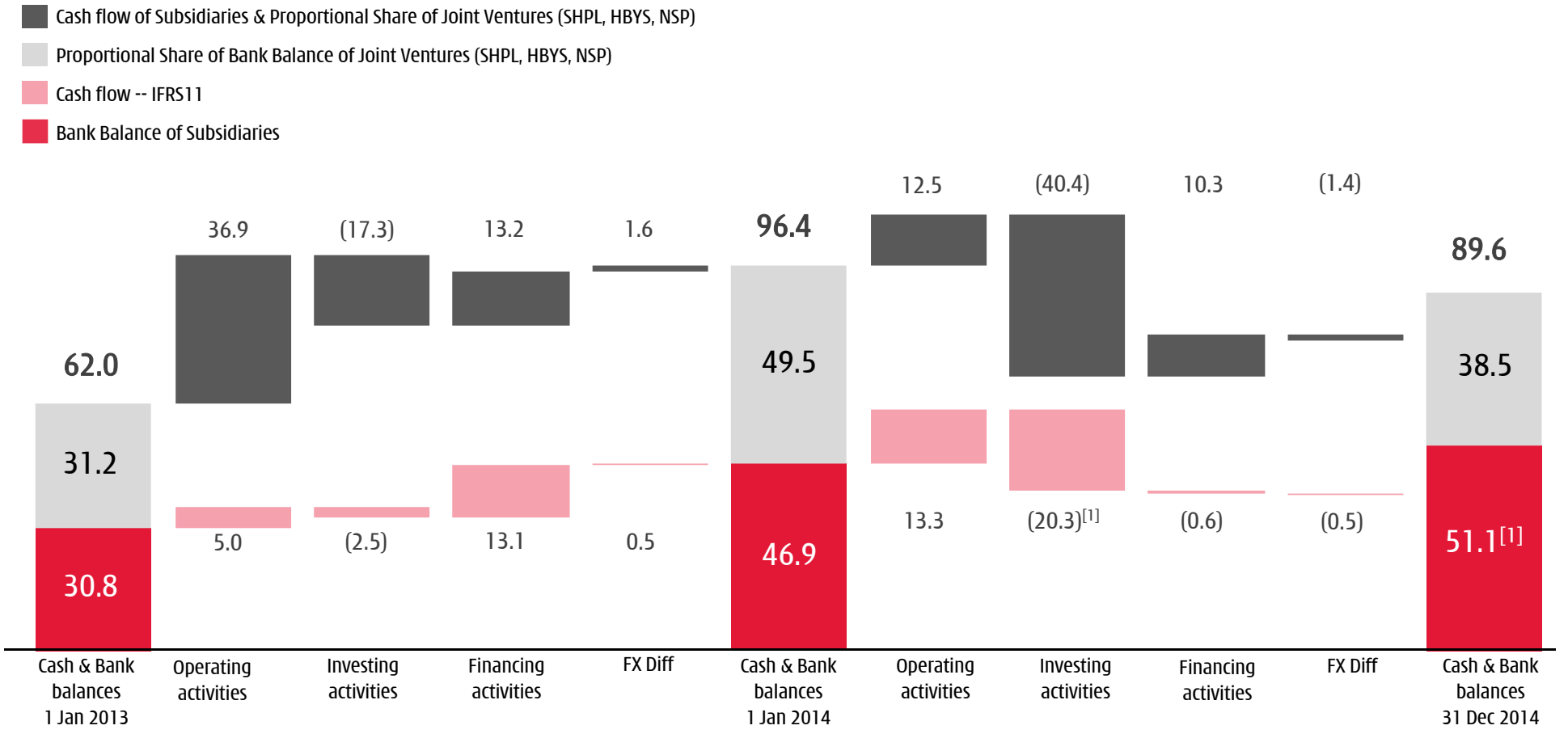
Chi-Med investment case

- **High-potential clinical pipeline – first candidates nearing NDA submissions.**
  - ✓ *Savolitinib (AZD6094) – potential first-in-class c-Met inhibitor – submit for US approval 2016.* Highest ever ORR in c-Met+ patients; possible Breakthrough Therapy application in PRCC late 2015/early 2016.
  - ✓ *Fruquintinib – most selective VEGFR inhibitor in clinic – submit for China approval 2016.* Potential for best-in-class; Phase III studies (mono) in colorectal and lung and Phase II (combo) in gastric by end 2015.
  - ✓ *Sulfatinib – Breakthrough Therapy potential in neuroendocrine tumors ("NET").* Highest ever ORR in NET for a tolerable therapy; starting US Phase II & China Phase III NET studies in 2015.
  - ✓ *HMPL-523 – potential first-in-class Syk inhibitor.* Phase I RA[1] complete & Phase I CLL[2] start mid-2015.
  - ✓ *HMPL-689 – >5x more potent than idelalisib and dramatically more selective than duvelisib.* Phase I start 2015.
- **Productive/efficient & established discovery platform – focus on selectivity & producing 1-2 novel drug INDs per year.**
- **Powerful, profitable & high growth China commercial platform – from which to launch new drug innovations.**

[1] RA = Rheumatoid Arthritis; [2] CLL = Chronic Lymphocytic Leukaemia.

Appendices

Financing - Stable at both Group & JV levels



[1] Bank deposits of $12.2m maturing over three months are classified as investing activities per annual report, resulting in total investing activities in 2014 amounting to $20.3m. These deposits are included in the $51.1m cash and bank balances at 31 Dec 2014.

(US$ millions)

Chi-Med Group structure - major entities

Joint Ventures

Chi-Med Subsidiaries

Chi-Med Group Level

Revenue: $91.8 million (2013: $46.0m)
Net Profit Attributable to Chi-Med Equity Holders: $5.4 million (2013: $5.9m)
Cash & Bank Balances[1]: $51.1m at 31 December 2014 (end-2013: $46.9m)

Shanghai Hutchison Pharmaceuticals ("SHPL") — 50%
Prescription Drugs
Partner: Shanghai Pharma Group
Sales: $154.7m (2013: $138.2m)

Shanghai Shang Yao Hutchison GSP Co. Limited — 100%
Rx Drug Distribution Co.
Sales $0.0m (2013: nil)

Hutchison Sinopharm ("HSP") — 51%
Rx Drug Commercialisation
Partner: Sinopharm Group
Sales: $50.2m (2013: nil)

HOLDCO — 80%

Hutchison Baiyunshan Chinese Medicine Co. ("HBYS")[4] — 50%
Over-the-counter Drugs ("OTC")
Partner: Guangzhou Pharma Hlds,
Sales: $251.2m (2013: $200.8m)

Nanyang Baiyunshan Guanbao Pharma ("NBHG") — 60%
OTC Drug Distribution Co.
Minority: Nanyang Guanbao
Sales $49.7m (2013: $51.6m)

Hutchison Healthcare ("HHL") — 100%
Nutritional Supplements
Partner: None
Sales: $3.6m (2013: $4.0m)

Hutchison Hain Organic ("HHO") — 50%
Health Related Consumer Prods.
Partner: Hain Celestial Group
Sales: $11.5m (2013: $10.2m)

Hutchison MediPharma ("HMP") — 88%
Oncology/Immunology Drug R&D
Minority: Mitsui
Revenue: $15.0m (2013: $29.5m)

Nutrition Science Partners ("NSP"): — 50%
Botanical Drug /GI Disease R&D
Partner: Nestlé Health Science
Revenue: $0.0m (2013: nil)

Commercial Platform

Sales of Subsidiaries and JVs ("SSJV"): $522.6 million (2013: $407.1m)
Net Profit Attributable to Chi-Med Equity Holders"("NPAT"): $23.9 million (2013: $16.7m)
JV Cash & Bank Balances ("JV C&BB"): $70.8 million at 31 December 2014 (end-2013: $82.0m)

Innovation Platform

SSJV: $24.8 million (2013: $29.5m)
NPAT[2]: -$9.7 million (2013: -$2.4m)
JV C&BB: $6.2 million (end-13:$17.0m)

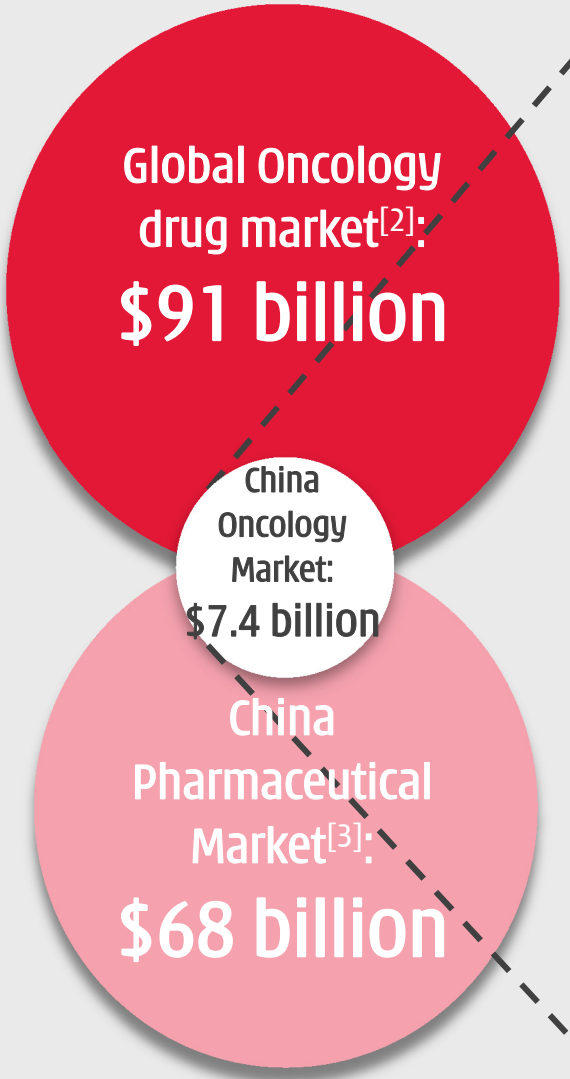
[1] Does not include any cash held at the JV level; [2] NPAT = Net Profit/(Loss) attributable to Chi-Med equity holders; [3] Includes infant formula which was discontinued in 2013 but will re-launch in 2015; [4] including HBYS 100% subsidiary - Hutchison Whampoa Guangzhou Baiyunshan Health & Wellness Co. Ltd.

(US$ millions)

Targeted therapies – fastest growth & largest[1]

Pricing beyond reach of the 3.8 million new cancer patients/year in China

CHI-MED



% of Oncology Market	Sub-Category	Share of Sub-category	Product	Company	Est. Market Sales ($m)	Approx. patient cost/month ($)	12 mo. treatment (Est. # patients)
23.0%	Targeted Therapies	19.5%	rituximab	Roche	333	16,780	1,654
		14.9%	trastuzumab	Roche	254	5,130	4,133
		14.2%	imatinib	Novartis	243	6,323	3,196
		9.5%	gefitinib	AstraZeneca	162	2,730	4,952
		8.2%	bevacizumab	Roche	140	6,251	1,867
		7.4%	erlotinib	Roche	126	3,108	3,388
		5.3%	cetuximab	BMS/BI	91	14,146	533
		4.6%	sorafenib	Bayer	79	8,329	786
		4.0%	bortezomib	Janssen	68	8,133	700
		12.4%	Other		212		
			Total Targeted Therapies		**1,708**		**21,210**
20.4%	Anti-metabolites	29.1%	pemextred	Lilly/Hansoh	441		
		21.5%	capecitabine	Roche	326		
		20.4%	TS-1	Taiho/Qilu	309		
		16.6%	gemcitabine	Lilly/Hansoh	251		
		12.4%	Other		188		
			Total Anti-Metabolites		**1,515**		
19.7%	Plant Alkaloids	49.3%	paclitaxel	BMS/Luye	721		
		42.4%	docetaxel	Sanofi/Hengrui	619		
		8.4%	Other		122		
			Total Plant Alkaloids		**1,463**		
10.5%	DNA Damaging agents	46.5%	oxaplatin	Sanofi/Hengrui	363		
		21.3%	temzolomide	Merck/Tasly	166		
		13.1%	nedaplatin		102		
		4.3%	carboplatin		34		
		14.8%	Other		115		
			Total DNA Damaging Agents		**780**		
6.1%	Hormones	29.8%	letrozole	Novartis/Hengrui	135		
		23.0%	bicalutamide	AstraZeneca	104		
		19.5%	anastrozole	AstraZeneca	88		
		17.1%	exemestane	Pfizer/Qilu	77		
		10.6%	Other		48		
			Total Hormones		**453**		

[1] Source: Citi Research; [2] 2013 global oncology market; [3] 2014 China pharmaceutical market.

China Commercial Platform has substantial value

- Chi-Med's China Healthcare Division continues to perform well relative to our peer group.
- The Division's real market value, based on peer group/industry multiples is approximately $1.5-2.1 billion[3], of which Chi-Med owns approximately 50% or between $680-970 million.

		NET SALES			NET PROFIT				VALUATION METRICS	
	Code	H1 2013	H1 2014	Growth	H1 2013	H1 2014	Growth	H1 2013 Margin	Market Cap.	P/E[2]
CHI-MED China Healthcare Division -- Total PRC Domestic[1]		**227.5**	**261.7**	**15%**	**32.2**	**37.8**	**17%**	**14.4%**	**na**	**na**
Tianjin Zhong Xin Pharma	600329	497.3	534.4	7%	31.3	33.7	8%	6.3%	1,585	32
Li Zhu Pharma	000513	349.3	421.2	21%	43.6	49.9	14%	11.8%	2,150	28
Kunming Pharma	600422	286.4	312.9	9%	20.0	25.2	26%	8.0%	1,525	35
Shandong Dong EE Jiao	000423	283.2	276.7	-2%	88.9	99.4	12%	35.9%	4,103	20
Zhejiang Kang En Bai Pharma	600572	224.7	269.1	20%	36.2	56.1	55%	20.8%	2,150	26
Jiang Zhong Pharma	600750	209.2	222.6	6%	18.8	15.6	-17%	7.0%	1,211	42
Jin Ling Pharma	000919	206.6	221.4	7%	15.7	20.4	30%	9.2%	1,141	36
Guizhou Yi Bai Pharma	600594	167.2	200.5	20%	21.5	26.7	24%	13.3%	2,349	28
Jiangsu Kang Yuan	600557	169.2	198.0	17%	21.9	26.0	19%	13.1%	1,993	38
Zhuzhou Qian Jin Pharma	600479	138.9	164.4	18%	7.5	6.2	-18%	3.7%	749	40
Peer Group -- Weight Avg. (10 Comps. excl. Chi-Med)		**253.2**	**282.1**	**11%**	**30.5**	**35.9**	**18%**	**12.7%**	**1,896**	**30**
65 Listed China Pharma. Companies -- Weight Average		**413.6**	**454.1**	**10%**	**31.9**	**36.6**	**15%**	**8.1%**	**2,113**	**43**

Peer Group: 10 companies (excl. Chi-Med) selected as ALL listed and profitable mainland Chinese OTC/RX pharma manufacturing companies, with a focus on TCM, and estimated 2014 Net Sales in the ~$400-1,000 million range.

[1] Total aggregate PRC domestic results of Chi-Med's 4 China Healthcare Division companies (HBYS, SHPL, Hutchison Sinopharm, & HHL); [2] Price Earnings Ratio: Trailing Twelve Month PE weight averaged based on market capitalisation); [3] 30-43 x $48.3 million -- Reported 2014 NPAT).

(US$ millions unless otherwise stated)

HUTCHISON CHINA MEDITECH

Thank you