Galápagos

VFB Happening 2019

Investor Presentation | 30 March 2019

Disclaimer

This presentation contains forward-looking statements, including (without limitation) statements concerning the progress of our clinical pipeline, the slides captioned "Thinking big got us here," "We discover novel targets," "Prolific late stage pipeline", "We build a filgotinib franchise," "We go step by step on commercial", "We are building an IPF portfolio," "Our Toledo development strategy", "Expected news in 2019", and "Filgotinib strongly differentiated", statements regarding the expected timing, design and readouts of ongoing and planned clinical trials (i) with filgotinib in RA, IBD, and other potential indications, (iii) with GLPG1690 and GLPG1205 in IPF/fibrosis, (iv) with GLPG1972 in OA, (v) with MOR106 in atopic dermatitis, (vi) Toledo in inflammation and other indications, and expectations regarding the commercial potential of our product candidates and our investment in our commercial capabilities. When used in this presentation, the words "anticipate," "believe," "can," "could," "estimate," "expect," "intend," "is designed to," "may," "might," "will," "plan," "potential," "possible," "predict," "objective," "should," and similar expressions are intended to identify forward-looking statements.

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Think big.

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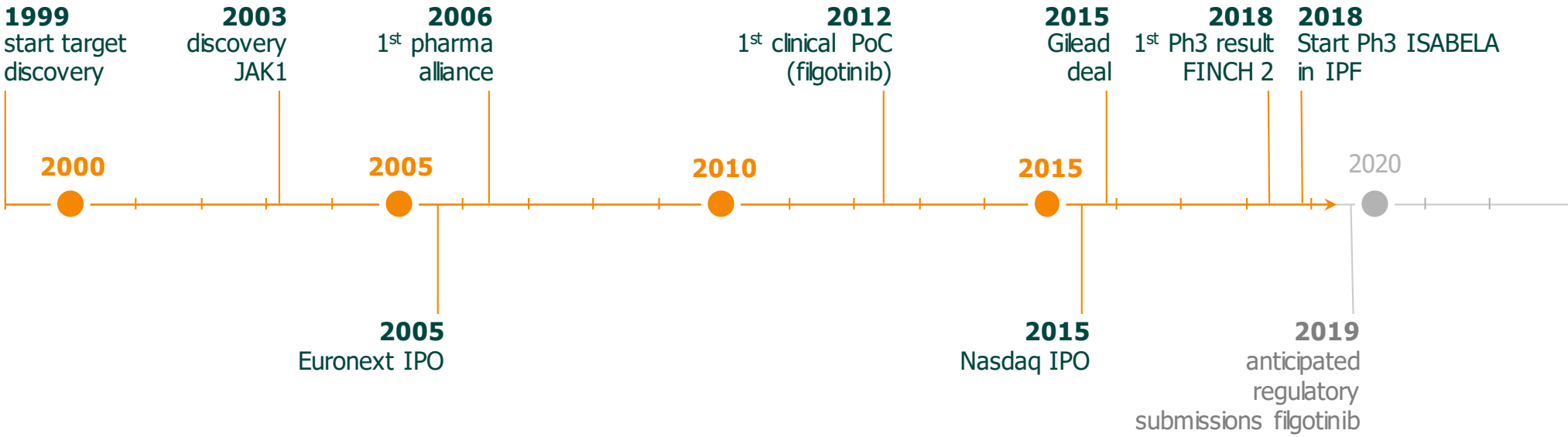
Thinking big got us here



Application for 1st commercial product planned in 20th anniversary year

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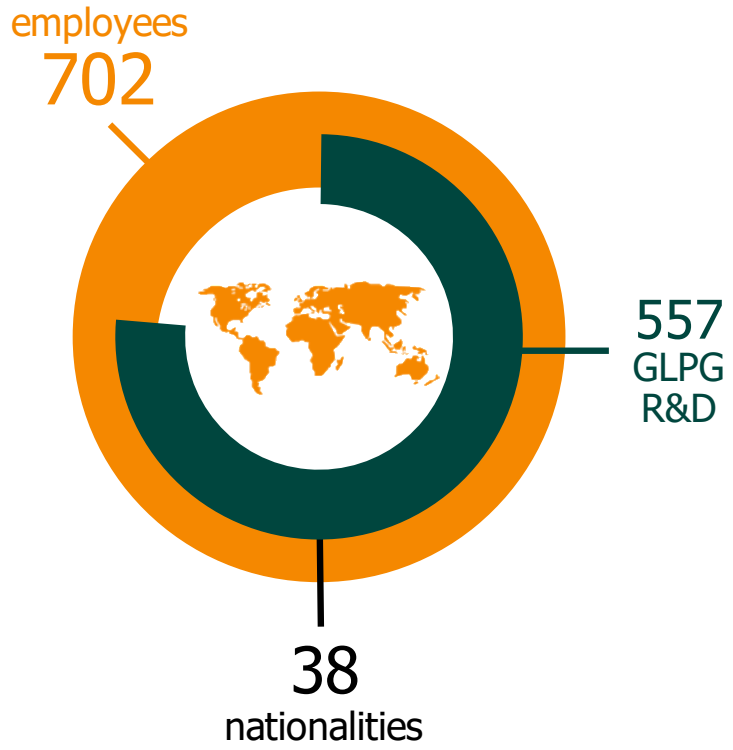
Galapagos operations

Founded
1999

Headquarters
Mechelen, Belgium

Galapagos R&D
Belgium, The Netherlands, France, Switzerland, USA



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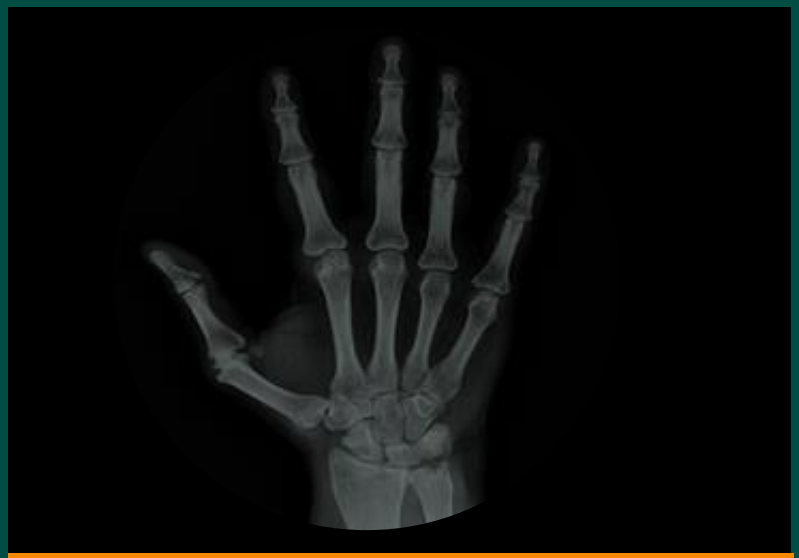
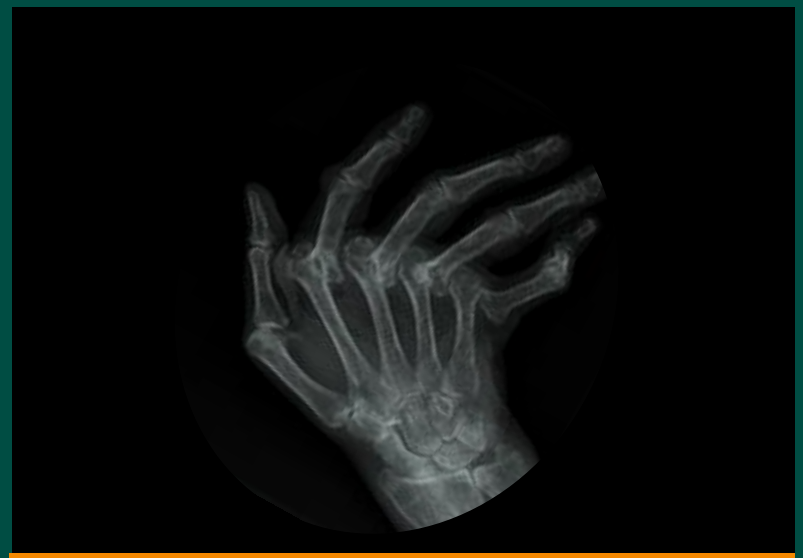
We discover novel targets



balanced



unbalanced

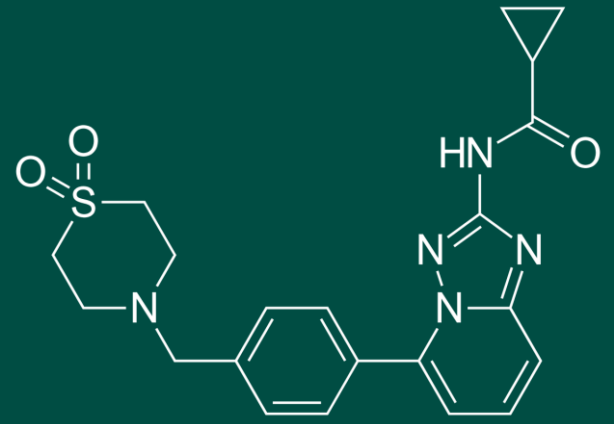
Prolific late stage pipeline

area	preclinical	phase 1	phase 2	phase 3
filgotinib	**10+ indications, more pivotal readouts in `19**			
IPF/fibrosis	**In Ph3 and Ph2, proprietary**			
OA	**Ph2b underway**			
AtD	**Ph2 underway**			
inflammation fibrosis	**>20 programs**			

>40 clinical trials planned in 2019

Filgotinib

Evaluated in 10+ inflammatory indications



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We build a filgotinib franchise

area	phase 1	phase 2	phase 3	status
rheumatoid arthritis				recruited
Crohn's disease				recruiting
ulcerative colitis				recruited
ankylosing spondylitis				study completed
psoriatic arthritis				study completed
small bowel CD				recruiting
fistulizing CD				recruiting
Sjögren's				recruited
cutaneous lupus				recruited
lupus nephropathy				recruited
uveitis				recruiting

Phase 3 FINCH program in RA

100 and 200 mg

FINCH 1: MTX - IR	1,759	52 weeks	ACR20 at W12 MTX add-on adalimumab control radiographic assessment
FINCH 2: biologic - IR	449	24 weeks	ACR20 at W12 cDMARD add-on
FINCH 3: MTX naive	1,252	52 weeks	ACR20 at W24 monotherapy, +MTX arms radiographic assessment

All primary and most secondary endpoints reached

JAK inhibitors – the competition

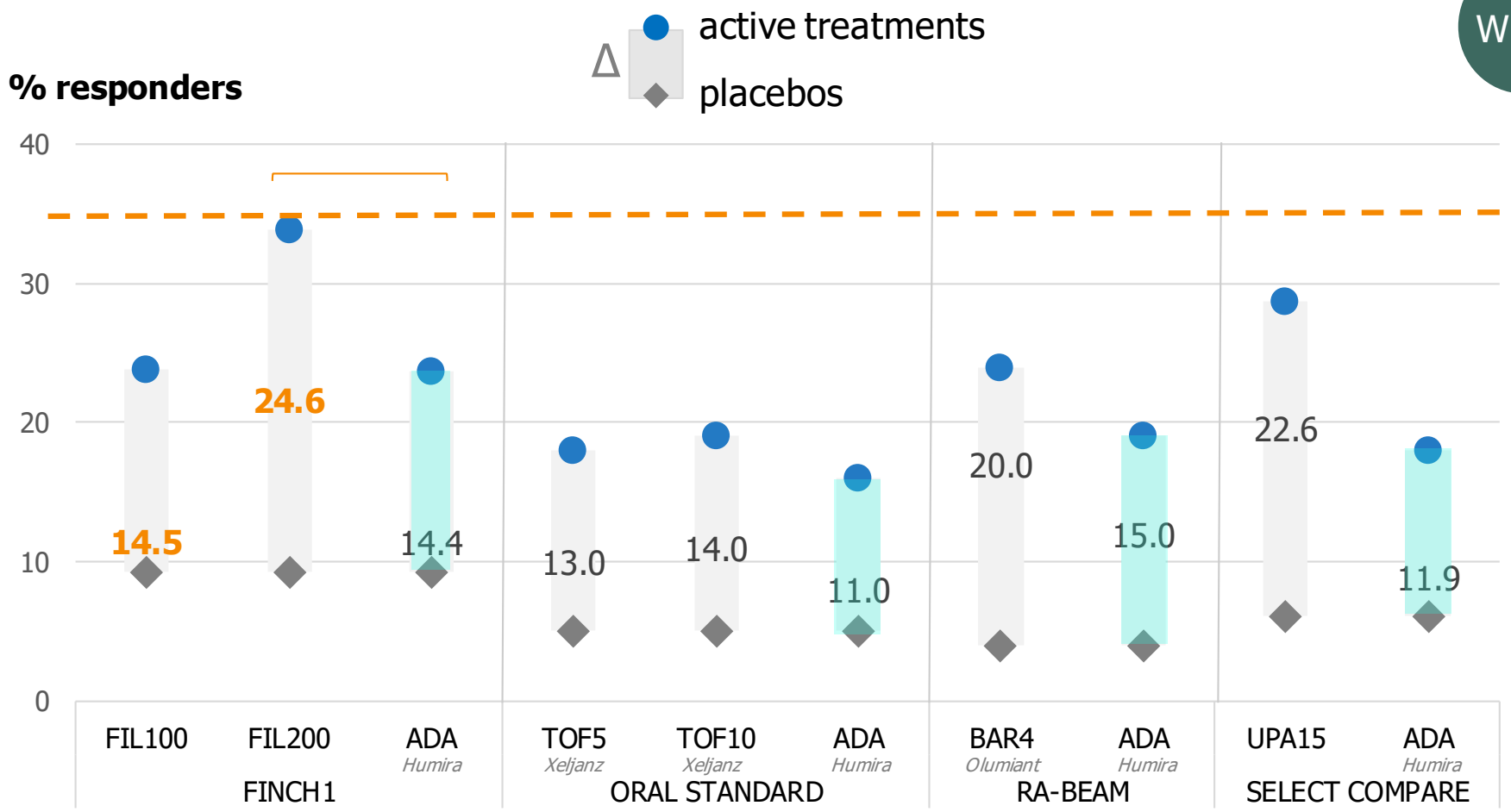
		selectivity
tofacitinib (on the market: *Xeljanz*)	Pfizer	JAK 1,2,3
baricitinib (on the market: *Olumiant*)	Lilly	JAK 1,2
upadacitinib	AbbVie	JAK 1,2,3

Filgotinib only JAK1 selective*

* Independently confirmed; McInnes *et al*, ACR 2017

Strong clinical remission vs Humira

DAS28 (CRP)<2.6



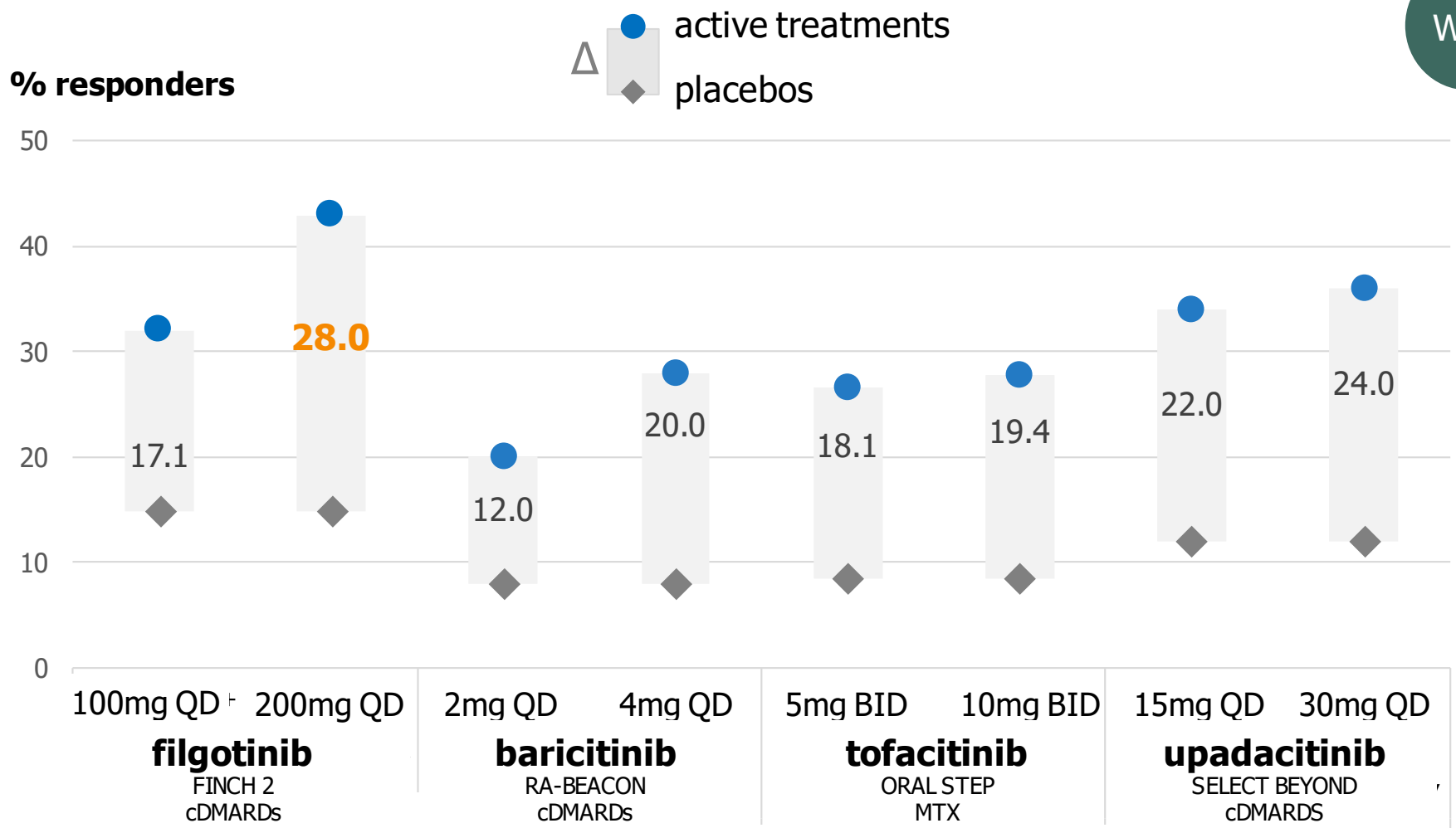
*W26 for SELECT COMPARE

Note: Data not from head-to-head studies, comparisons may be inaccurate.

Strong ACR50 scores

FINCH 2

W12



Note: Data not from head-to-head studies, comparisons may be inaccurate.

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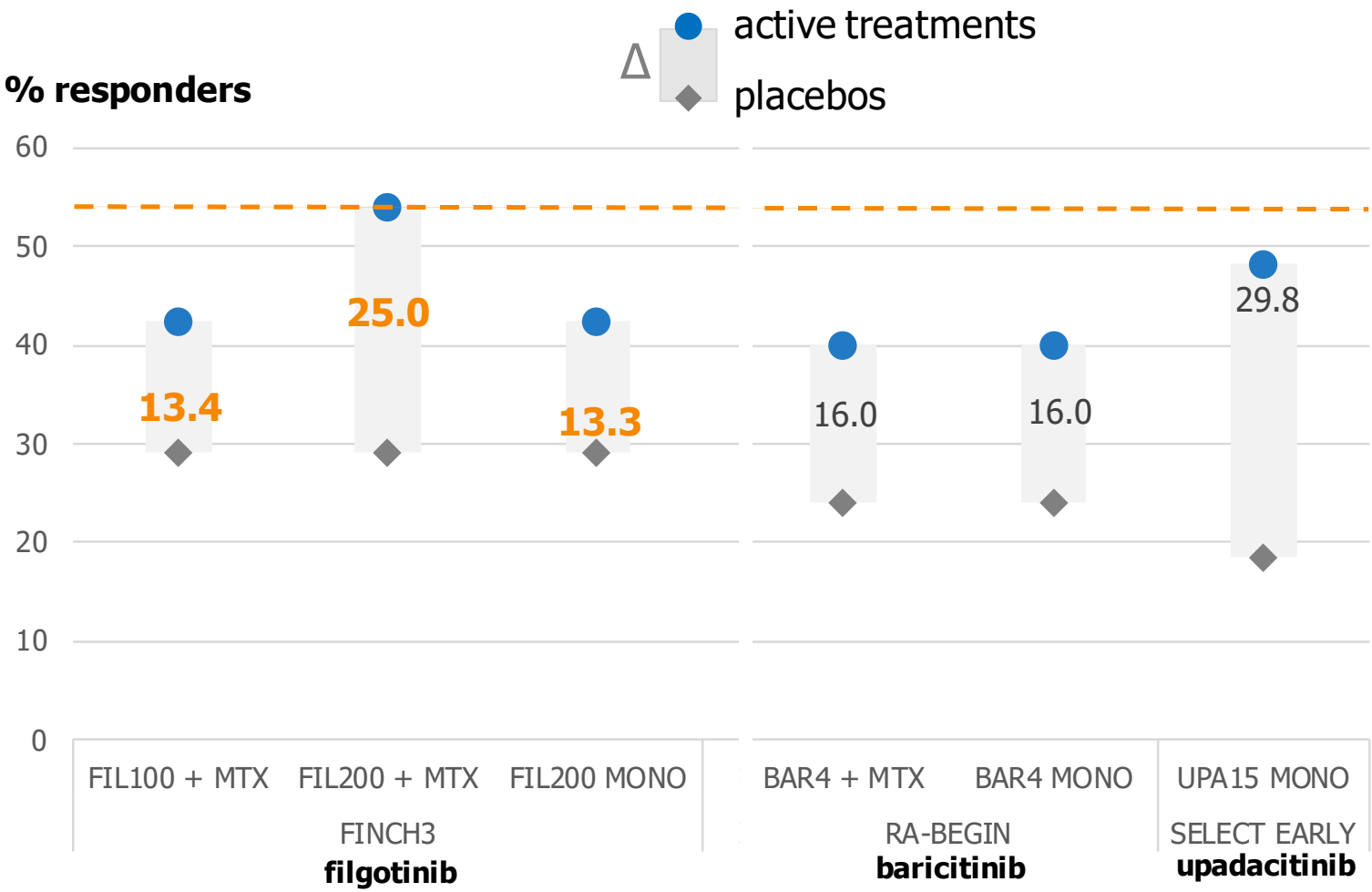
Strong remission in MTX-naïve patients

DAS28(CRP)<2.6

W24



Note: Data not from head-to-head studies, comparisons may be inaccurate.

FINCH safety data (week 24)
Low incidence of DVT & infections

N (%)	placebo/MTX	filgotinib total
	N=1039	N=2088
serious infection	10 (1.0)	29 (1.4)
herpes zoster	4 (0.4)	12 (0.6)
DVT/PE	3 (0.3)	1 (<0.1)[µ]
deaths	2 (0.2)	4 (0.2)
malignancy excl. NMSC	4 (0.4)	1 (<0.1)
MACE	5 (0.5)	5 (0.2)

[µ] *Excludes one retinal vein occlusion*

Note: Data not from head-to-head studies; comparisons may be inaccurate; based on aggregated & summarized data from FINCH trials; future safety data from ongoing studies may differ materially

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Filgotinib strongly differentiated

RA across all lines of treatment

SAFETY

most selective JAK1

>3,000 PYE

AE profile potentially best in class

EFFICACY

clinically meaningful responses

rapid onset

sustained response

strong in patient outcomes

CONVENIENCE

once-daily oral

2 doses flexibility

encouraging results in multiple indications

Note: potential indicated here is based on available Ph2 and Ph3 filgotinib data; no head to head comparison studies. Filgotinib is an investigational drug candidate and not approved anywhere globally. Its efficacy and safety have not been established

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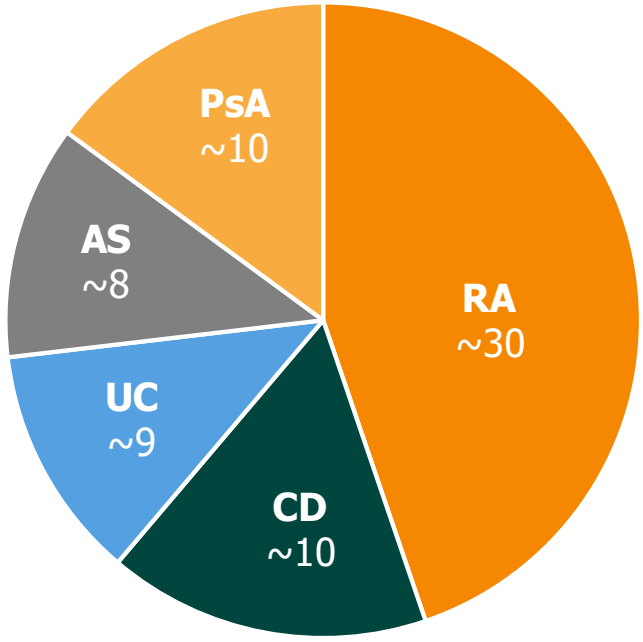
Inflammation market $65B by 2027

unmet needs

- oral and monotherapy
- rapid response
- higher, maintained efficacy

- differentiation vs. biologics

estimated market size, $B



Source: Goldman Sachs 2017, Leerink 2017, Stifel 2017, Global Data, Galapagos estimates

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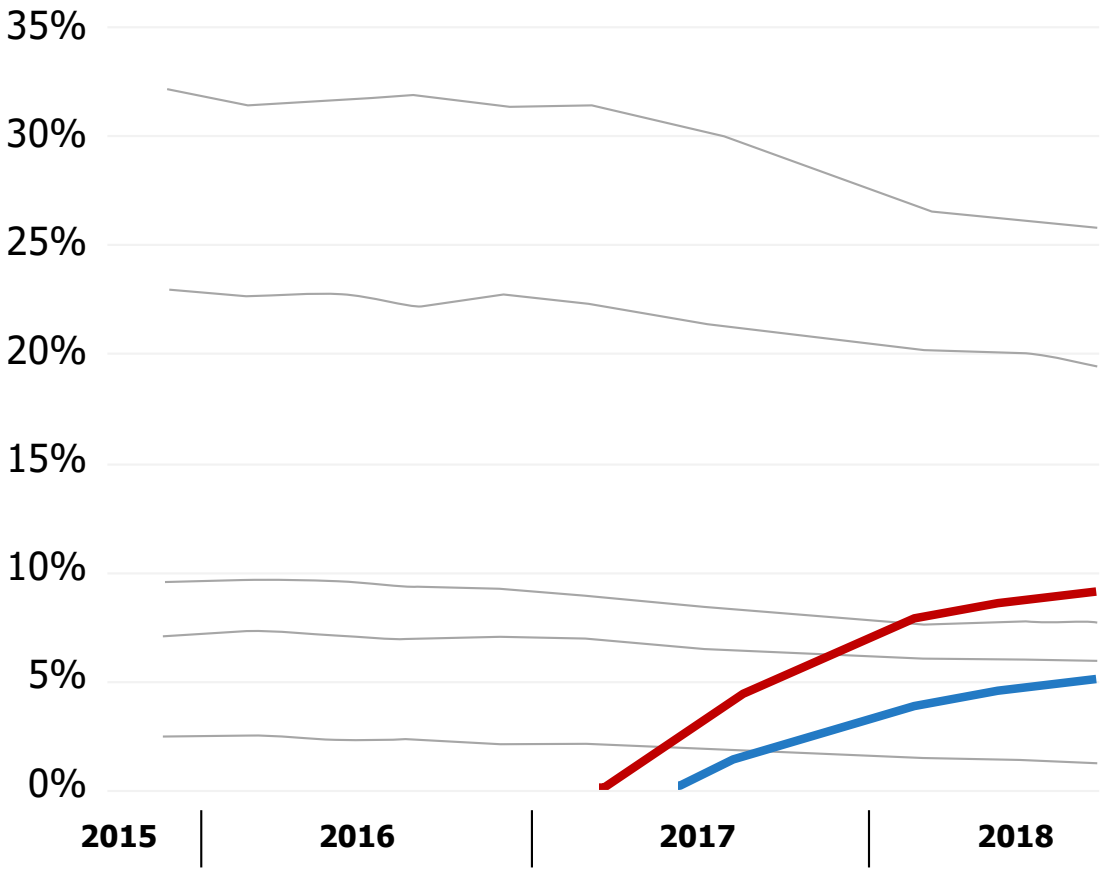
JAKi's rapidly taking market share

Germany – RA market



Enbrel & its biosimilars

Humira

Olumiant

Cimzia Simponi

Xeljanz

Remicade & its biosimilars

Source: IQVia

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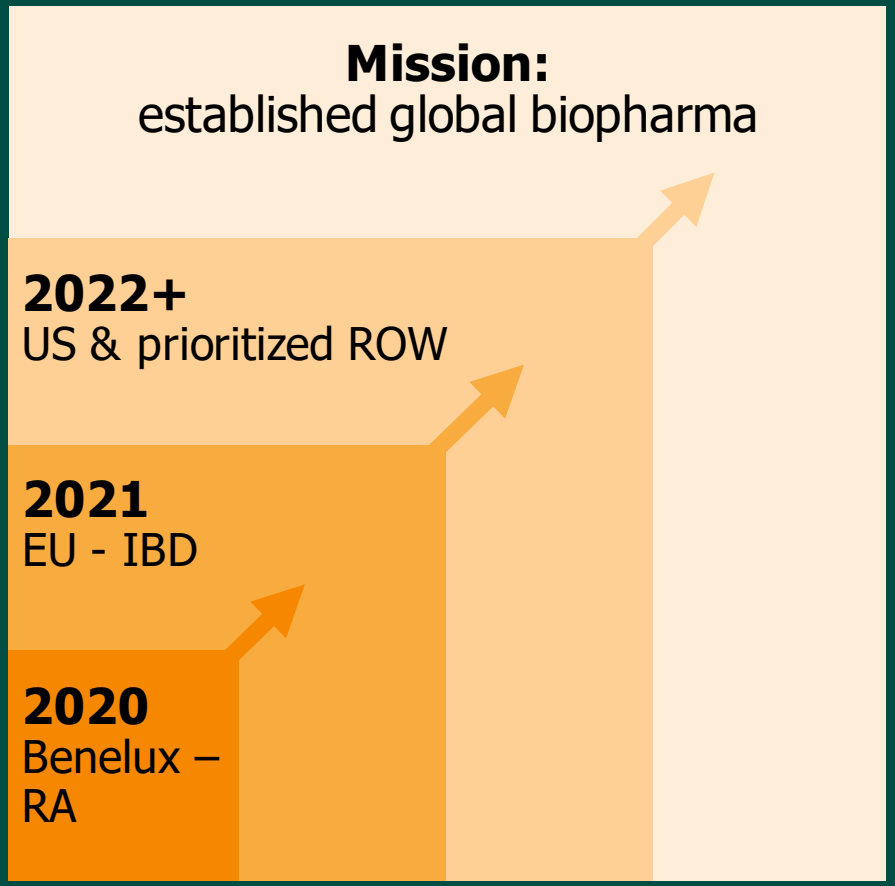
We go step by step on commercial

1690 IPF
global scale, independent launch
collaborations as opportunity

filgotinib
top EU markets
Gilead co-promotion

filgotinib
home territory
booking sales



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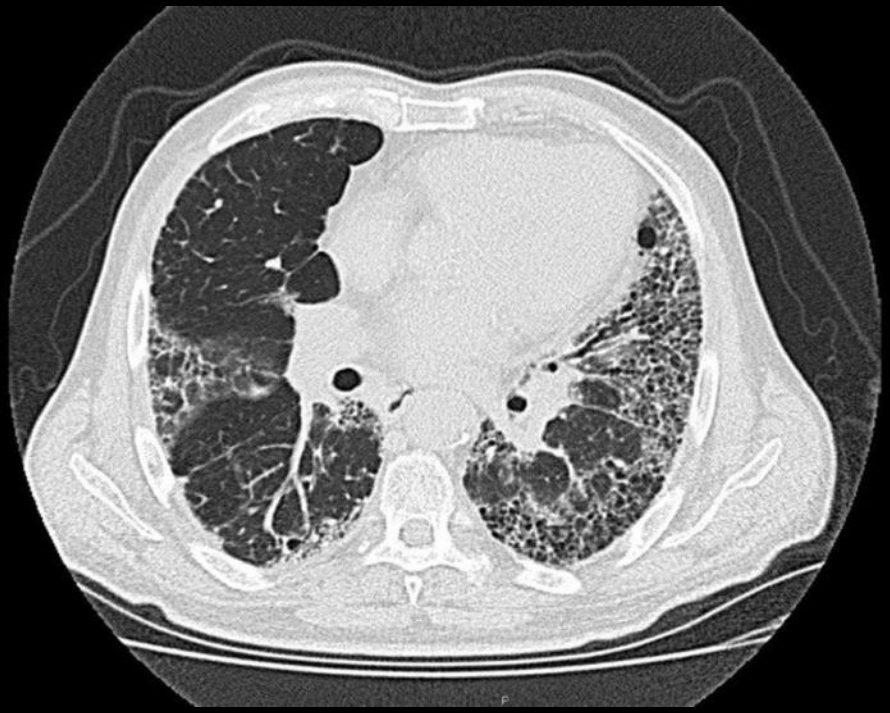
‘1690

for idiopathic pulmonary fibrosis (IPF)

Progressive lung fibrosis leading to death

- 200k cases in US & EU
- 75k new cases every year
- Median survival 2-5 years



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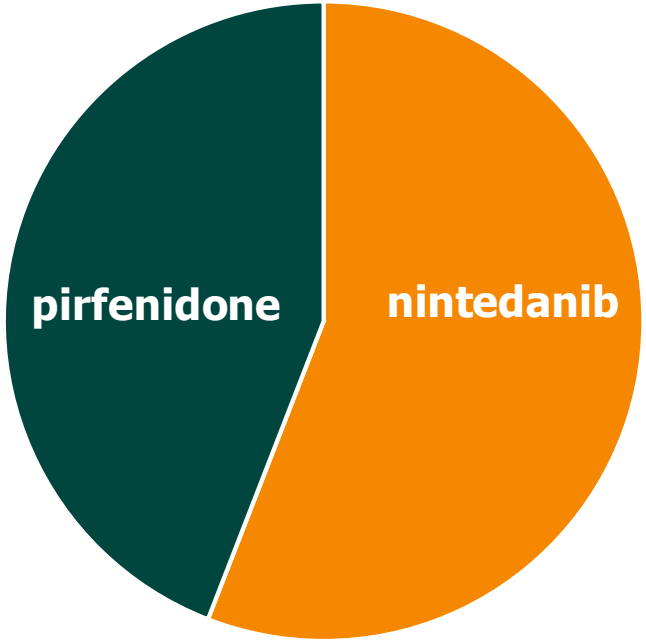
IPF $1.9B market with large unmet needs

2017 drug sales: $1.9B



nintedanib & pirfenidone have limitations

- slow FVC decline
- poor tolerability for patients
- ~25% annual discontinuations

Sources: Global Data, Maher et al. BMC Pulmonary Medicine (2017) 17:124, sales figures from Roche and Boehringer Ingelheim
Note: FVC = Forced vital capacity

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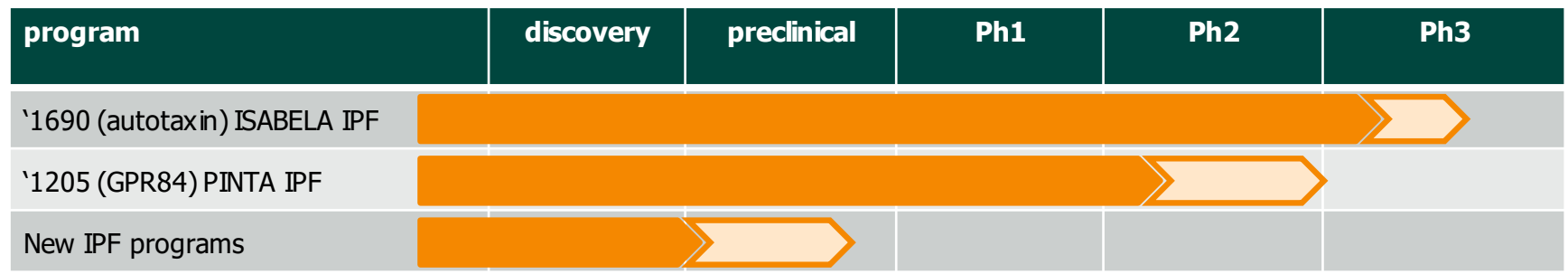
We are building an IPF portfolio



- Opportunity to combine
- Several programs in discovery

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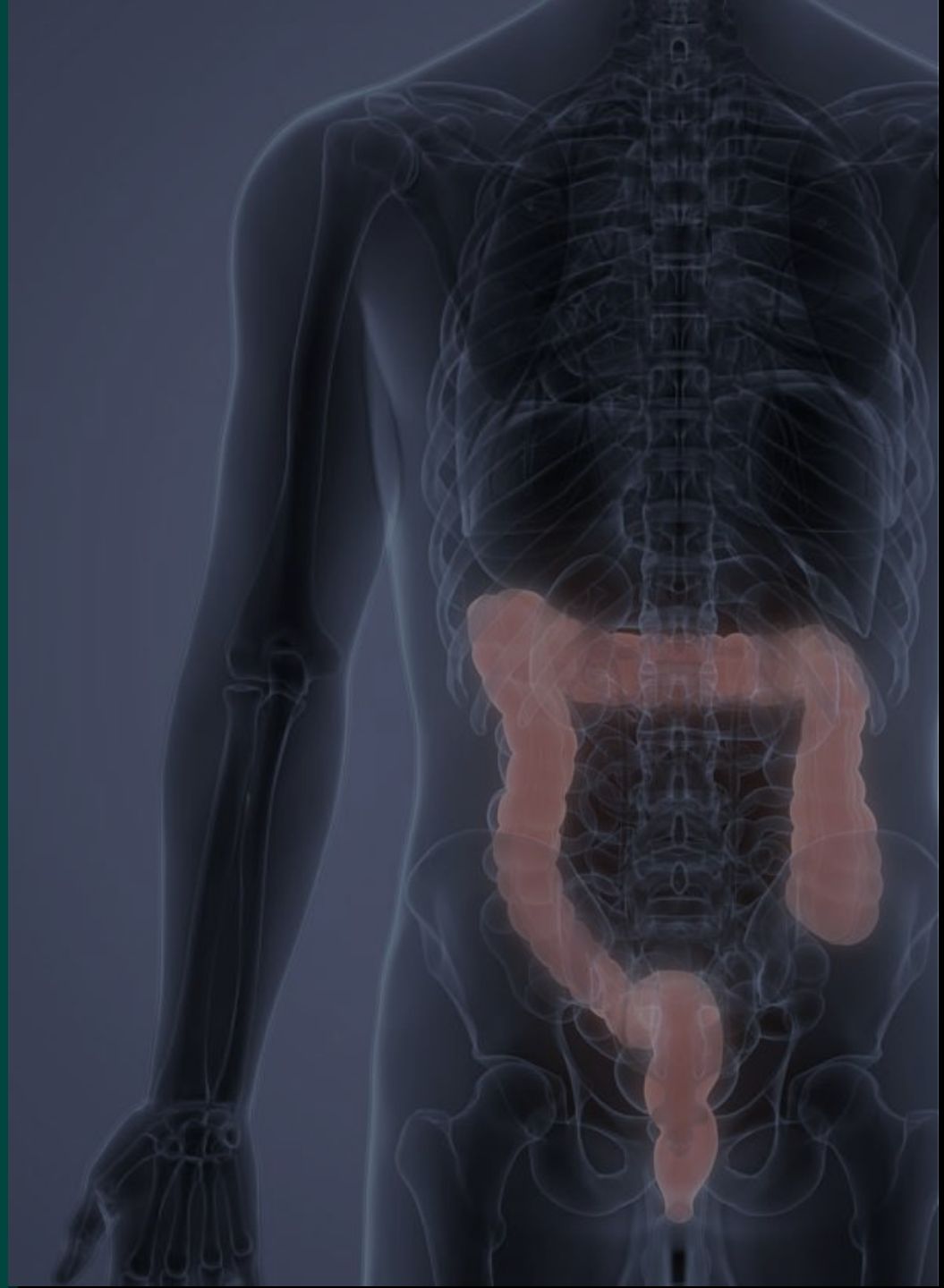
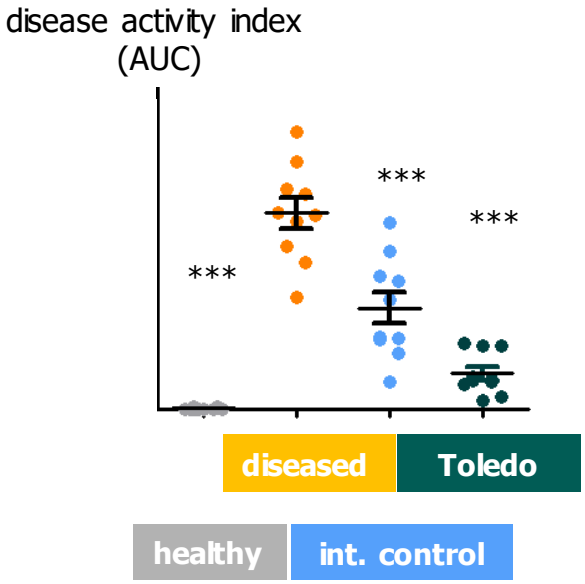
Toledo
in inflammation

- novel, undisclosed target
- dual action on inflammation
- ‘3312 Ph1 started
- ‘3970 Ph1 planned in H2

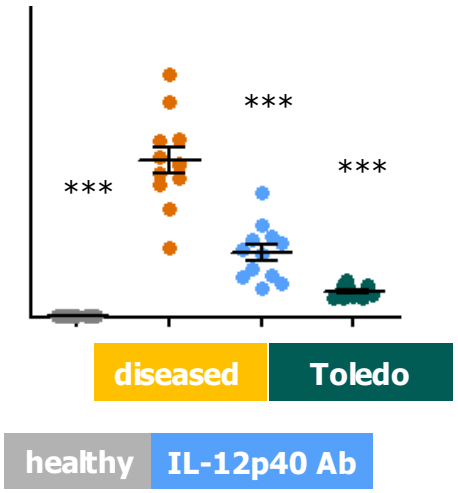


Promising preclinical results

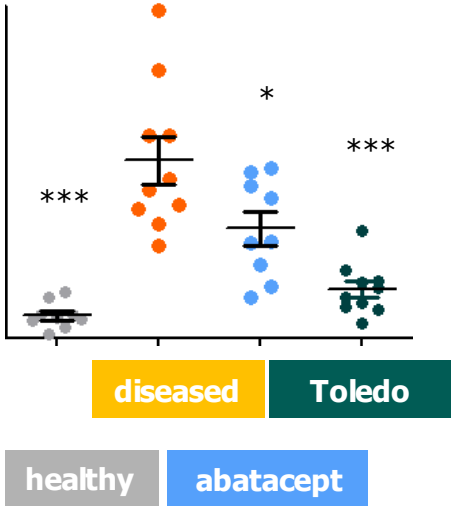
DSS model



T-cell transfer model



MDR1 model



*p < 0.05; ***p < 0.001

Impressive activity of Toledo in 3 IBD models with different mechanisms

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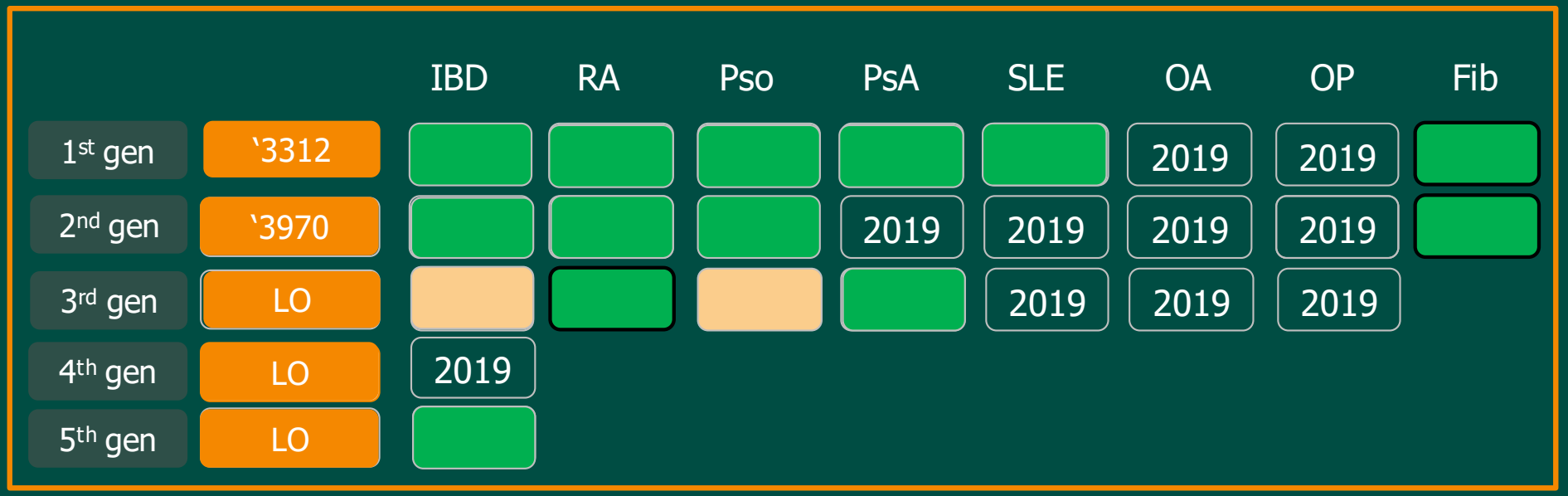
Our Toledo development strategy

- Develop multiple candidates across different profiles
- Test in broad panel of *in vivo* disease models
- Plan multiple PoC's in patients in parallel to maximize potential



Expected news in 2019

	H1	H2
filgotinib	SELECTION Ph3 recruited ✓ Sjögren's Ph2 recruited ✓ **FINCH 1 topline wk 24** ✓ **FINCH 3 topline wk 24** ✓ FINCH 2 manuscript publication	**Sjögren's PoC topline** **CLE PoC topline** Ph3 PsA start applications for approval in RA
fibrosis	1st dosing NOVESA Ph2 '1690 ✓	PINTA Ph2 recruited *ERS* *ACS (structure '1205)*
'1972	*OARSI symposium*	ROCCELLA Ph2b recruited
MOR106	GECKO Ph2 start/IND opening ✓ Japan study start	**IGUANA Ph2 primary analysis** **SQ bridging topline**
earlier programs	start Ph1 '3312 (1st gen Toledo) ✓ start Ph1 '2534, '3121	**topline '3312, '2534, '3121** start '3970 Ph1 (2nd gen Toledo) start PoC '3312 in IBD

Boldface = new data

Invest in GLPG

Rapid innovation to patients:

First-in-class candidates
for inflammation & fibrosis

Proven platform, deep pipeline

Moving toward commercial stage

Strong cash position for growth
with ~€1.3B

Think big.

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