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This document may contain certain statements, including forward-looking statements, such as statements concerning the safety and efficacy of filgotinib following the topline 24-week results from the DARWIN 1 and/or DARWIN 2 trials and expectations regarding the commercial potential of our product candidates, which involve certain uncertainties and risks.

Forward-looking statements are often, but are not always, made through the use of words or phrases such as "believes," "anticipates," "expects," "intends," "plans," "seeks," "estimates," "may," "will," "could," "stands to," "continues," "we believe," "we intend," as well as similar expressions. Such forward-looking statements may involve known and unknown risks, uncertainties and other factors which might cause the actual results, performance or achievements of Galapagos, or industry results, to be materially different from any historic or future results, performance or achievements expressed or implied by such forward-looking statements.

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Galapagos at a glance
5 key aspects

1. Filgotinib: first-in-class oral in RA
2. Transformational CF therapies
3. Fully-owned Ph2 programs in IBD/IPF
4. Platform to fill pipeline
5. Strong financials & partnerships
What are patients looking for in RA treatment?

- Oral administration
- Highly efficacious on patient relevant parameters (ACR50, ACR70, DAS28 remission)
- Rapid onset of action
- Safe & well tolerated
Filgotinib, a new mode of action
JAK1 discovered by us as target for bone & joint disease

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>JAK1 discovered using SilenceSelect®</td>
</tr>
<tr>
<td>2006</td>
<td>PCC nomination</td>
</tr>
<tr>
<td>2007</td>
<td>Start PoC</td>
</tr>
<tr>
<td>2008</td>
<td>Start Phase I trial</td>
</tr>
<tr>
<td>2009</td>
<td>PoC results</td>
</tr>
<tr>
<td>2010</td>
<td>Start Ph2A</td>
</tr>
<tr>
<td>2011</td>
<td>Deal with AbbVie</td>
</tr>
<tr>
<td>2012</td>
<td>Start Ph2B</td>
</tr>
<tr>
<td>2013</td>
<td>DARWIN final Ph2B results</td>
</tr>
</tbody>
</table>

lead optimization
compound screening
development
Selectivity matters
Filgotinib is the selective JAK1 inhibitor

Ratio JAK1/JAK2 in human whole blood assay

Hb recovery
anemia

baricitinib
tofacitinib
filgotinib (GLPG0634)

• High response rates
  ➢ clear dose response, consistent across read-outs
  ➢ fast onset of action (ACR response & subscores)
  ➢ high ACR50 & ACR70 responses

• Safety (AEs): no dose effect, low AE/SAE rate
  ➢ increased hemoglobin of particular interest in population
  ➢ lipids: higher percentage increase in HDL than LDL
Competitor data
ACR responses at week 24

Note: data reported in listed publications, not resulting from head-to-head studies.
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

* ULN = 9 mg/L
Patient disposition

Screened
N=1276

Randomized
N=599

Not eligible at screening
N=677

Not exposed
N=5

Randomized & exposed
N=594

W0-12

Placebo  N=86

50 mg  N=82

100 mg  N=85

200 mg  N=86

2x50 mg  N=84

100 mg  N=15

2x50 mg  N=15

50 mg  N=57

100 mg  N=19

2x25 mg  N=60

2x50 mg  N=17

W13-24

Placebo  N=53

100 mg  N=15

2x50 mg  N=15

100 mg  N=78

200 mg  N=80

2x50 mg  N=80

2x100 mg  N=83
## Baseline characteristics
### Demographics & disease

<table>
<thead>
<tr>
<th></th>
<th>Placebo</th>
<th>50 mg</th>
<th>100 mg</th>
<th>200 mg</th>
<th>2 x 25 mg</th>
<th>2 x 50 mg</th>
<th>2 x 100 mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean, years</td>
<td>52</td>
<td>53</td>
<td>52</td>
<td>55</td>
<td>52</td>
<td>55</td>
<td>54</td>
</tr>
<tr>
<td>Female</td>
<td>81%</td>
<td>84%</td>
<td>76%</td>
<td>86%</td>
<td>79%</td>
<td>76%</td>
<td>83%</td>
</tr>
<tr>
<td>Duration of RA, mean, years</td>
<td>8</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>9</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>DAS28(CRP), mean</td>
<td>6.0</td>
<td>6.1</td>
<td>6.1</td>
<td>6.2</td>
<td>6.1</td>
<td>6.1</td>
<td>6.1</td>
</tr>
<tr>
<td>CRP, mean, mg/L</td>
<td>16</td>
<td>28</td>
<td>25</td>
<td>27</td>
<td>26</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>TJC68, mean</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>29</td>
<td>25</td>
<td>27</td>
<td>26</td>
</tr>
<tr>
<td>SJC66, mean</td>
<td>16</td>
<td>17</td>
<td>16</td>
<td>17</td>
<td>16</td>
<td>18</td>
<td>16</td>
</tr>
</tbody>
</table>
Early discontinuations
Week 0-24

<table>
<thead>
<tr>
<th>Categories</th>
<th>placebo only (N=56)</th>
<th>filgotinib exposed (N=538)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>3.6%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Efficacy</td>
<td>0.0%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Other</td>
<td>7.1%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Total</td>
<td>10.7%</td>
<td>10.2%</td>
</tr>
</tbody>
</table>

Low discontinuation rate, equally distributed across groups

Categories are not mutually exclusive
Subjects who switch treatment at week 12 are handled as if they discontinued at week 12.

*: p<0.05; **: p<0.01; ***: p<0.001
Subjects who switch treatment at week 12 are handled as if they discontinued at week 12.
Subjects who switch treatment at week 12 are handled as if they discontinued at week 12.
ACR70 at week 24

% responders

Note: data reported in listed publications, not resulting from head-to-head studies. Ph3/marketed dose (competitors) vs best Ph2 dose (filgotinib)
ACR responses
ITT-NRI, at week 24

% responders

ACR20
ACR50
ACR70

*: p<0.05; **: p<0.01; ***: p<0.001

Subjects who switch treatment at week 12 are handled as if they discontinued at week 12.
Subjects who switch treatment at week 12 are handled as if they discontinued at week 12.
DAS28(CRP)

Non-responders at week 12 switching to 100 mg/day

mean CFB

Week

- Placebo to 100 mg
- Placebo to 2x50 mg
- 50 mg to 100 mg
- 2x25 mg to 2x50 mg
DAS28(CRP)

ITT-LOCF, at week 24: remission rate & low disease activity

Subjects who switch treatment at week 12 are handled as if they discontinued at week 12.

*: p<0.05; **: p<0.01; ***: p<0.001
DAS28(CRP)
ITT-LOCF, at week 24: remission rate & low disease activity

% responders

Note: data reported in listed publications, not resulting from head-to-head studies.
Ph3 dose (competitors) vs best Ph2 dose (filgotinib)
Overview safety endpoints
Week 0-24

<table>
<thead>
<tr>
<th>Subjects with:</th>
<th>placebo only (N=56)</th>
<th>filgotinib exposed (N=538)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TE AE</td>
<td>57.1%</td>
<td>52.6%</td>
</tr>
<tr>
<td>Serious TE AE</td>
<td>7.1%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Serious TE infection</td>
<td>1.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>SAE leading to death</td>
<td>0.0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>TE AE leading to stop</td>
<td>3.6%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>
# TEAEs of special interest

## Week 0-24

<table>
<thead>
<tr>
<th>Subjects with:</th>
<th>placebo only (N=56)</th>
<th>filgotinib exposed (N=538)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All infections</td>
<td>17.9%</td>
<td>25.5%</td>
</tr>
<tr>
<td>All serious infections</td>
<td>1.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Herpes zoster</td>
<td>1.8%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Urinary tract infections</td>
<td>1.8%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Upper RTI</td>
<td>1.8%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>0.0%</td>
<td>0.4%</td>
</tr>
<tr>
<td>MACE*</td>
<td>0.0%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

* non fatal and not considered drug related

No cases of opportunistic infections, tuberculosis, malignancies or lymphoma
# Safety

Week 0-24, change versus baseline

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin</td>
<td>increase up to 4%</td>
</tr>
<tr>
<td>Platelets</td>
<td>decrease towards mid normal value</td>
</tr>
<tr>
<td>Lymphocytes</td>
<td>no effect</td>
</tr>
<tr>
<td>Neutrophils</td>
<td>decrease towards mid normal value</td>
</tr>
<tr>
<td>Creatinine</td>
<td>increase up to 11%</td>
</tr>
<tr>
<td>ALT</td>
<td>no CTCAE gr 3-4</td>
</tr>
<tr>
<td>Lipids</td>
<td>increase of HDL (up to 23%) &gt; LDL (up to 13%)</td>
</tr>
<tr>
<td>Male reproductive hormones</td>
<td>no clinically meaningful changes; no discontinuations</td>
</tr>
</tbody>
</table>
Hemoglobin
Data up to W24

Responder: at least 20% drop in TJC68 and SJC66 versus baseline

Continued groups (qd vs placebo)

mean % CFB

Week
0 4 8 12 16 20 24

Placebo in resp. 50 mg in resp. 100 mg 200 mg

Responder: at least 20% drop in TJC68 and SJC66 versus baseline
Conclusions – efficacy
Week 0-24

- 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
Conclusions – safety
Week 0-24

- Low drop out 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 effect on lymphocytes
Thank you

- Patients
- Investigators
- Team
- AbbVie
Filgotinib: DARWIN 2, license decision, FITZROY

Triple combo CF program on track to deliver

Fully owned programs in IBD/IPF

Proprietary target discovery to feed pipeline

Strong balance sheet to support R&D