UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 8, 2018

FibroGen, Inc.
(Exact name of registrant as specified in its charter)

Delaware	**001-36740**	**77-0357827**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

FibroGen, Inc.
409 Illinois Street
San Francisco, CA 94158
(Address of principal executive offices, including zip code)

(415) 978-1200
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure

Beginning January 8, 2018, FibroGen, Inc. (the Company) intends to conduct meetings with existing and prospective investors and analysts in which its corporate slide presentation will be presented. A copy of the presentation materials, including a slide setting forth certain cautionary statements intended to qualify the forward-looking statements therein, is attached as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

The information in this Item 7.01 is being furnished, not filed, pursuant to Regulation FD. Accordingly, the information in Item 7.01 of this report will not be incorporated by reference into any registration statement filed by the Company under the Securities Act of 1933, as amended, unless specifically identified therein as being incorporated therein by reference. The furnishing of the information in this report is not intended to, and does not, constitute a determination or admission by the Company that the information in this report is material or complete, or that investors should consider this information before making an investment decision with respect to any security of the Company.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	FibroGen, Inc. Presentation Materials dated January 8, 2018.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

FIBROGEN, INC.

Dated: January 8, 2018

By: /s/ Michael Lowenstein
Michael Lowenstein
Chief Legal Counsel

Exhibit 99.1

FIBROGEN

Corporate Presentation

January 2018

Forward-Looking Statements

FIBROGEN

This presentation, the accompanying modules, and in each case the oral commentary contain “forward-looking” statements that involve substantial risks and uncertainties. All statements other than statements of historical facts contained in this presentation, the accompanying modules, and in each case the oral commentary, including statements regarding our future financial condition, business strategy and plans and objectives of management for future operations, are forward looking statements. These forward-looking statements can generally be identified by terminology such as “believe,” “will,” “may,” “estimate,” “continue,” “anticipate,” “contemplate,” “intend,” “target,” “project,” “should,” “plan,” “expect,” “predict,” “could,” “or potentially,” or by the negative of these terms or other similar expressions. Forward looking statements appear in a number of places throughout this presentation, the accompanying modules, and in each case the accompanying oral commentary and include statements regarding our intentions, beliefs, projections, outlook, analyses, or current expectations concerning, among other things, our ongoing and planned preclinical development and clinical trials, the timing of and our ability to make regulatory filings and obtain and maintain regulatory approvals for roxadustat, pamrevlumab, and our other product candidates, our intellectual property position, the potential safety, efficacy, reimbursement, convenience, or clinical and pharmaco-economic benefits of our product candidates, including in China, the potential markets for any of our product candidates, our ability to develop commercial functions, or our ability to operate in China, expectations regarding clinical trial data, our results of operations, cash needs, spending of proceeds from our public offerings, financial condition, liquidity, prospects, growth, and strategies, the industry in which we operate and the trends that may affect the industry or us.

Forward-looking statements involve known and unknown risks, uncertainties, assumptions, and other factors that may cause our actual results, performance, or achievements to be materially different from any future results, performance, or achievements expressed or implied by the forward-looking statements. Forward-looking statements represent our management’s beliefs and assumptions only as of the date of this presentation, the accompanying modules, and in each case the oral commentary. Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to update the reasons why actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future.

2017: A Great Year

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Pamrevlumab

- Idiopathic Pulmonary Fibrosis
  - ⇨ Positive topline Phase 2b data reported, and presented at ERS
- Pancreatic Cancer
  - ⇨ Promising interim topline Phase 2 data

Roxadustat

- Anemia in CKD (dialysis-dependent and non-dialysis dependent)
  - ⇨ Positive Phase 3 results reported from two Phase 3 trials in China
  - ⇨ NDA accepted by China FDA
  - ⇨ U.S. NDA filing on track for 2018

2017: A Great Year

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Corporate and Financial

- Strong and well-managed cash position
- Reported $762.7M cash balance as of September 30, 2017
  - ⇨ Two successful financings
    - $115.1M in net proceeds in April, supporting expansion of roxadustat beyond CKD in China
    - $356.2M in net proceeds in August, supporting pamrevlumab Phase 3 studies
  - ⇨ Received $15M milestone payment upon completion of roxadustat NDA submission to CFDA (China)

Science, Pipeline, Partners

- Two late-stage, first-in-class programs with multiple indications
  - Multi-billion dollar anemia, cancer, and fibrotic disease markets
- Roxadustat is the leader in HIF-PHI therapeutics
  - Significant clinical and regulatory catalysts anticipated for 2018
  - Partnerships with AstraZeneca and Astellas for global anemia markets
- Pamrevlumab is the leader in anti-CTGF therapeutics
  - Significant clinical and regulatory catalysts anticipated for 2018
  - Wholly owned commercial rights

Product Portfolio

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[1]CTA Approved for Phase 2/3 Study
[2]Five-year POC study in 10 patients completed; filed as device in China

Partnered | Wholly Owned | Wholly Owned Medical Device

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Pamrevlumab

Fibrosis and Cancer

Pamrevlumab — Innovative Treatment for Fibroproliferative Diseases in Fibrosis and Cancer

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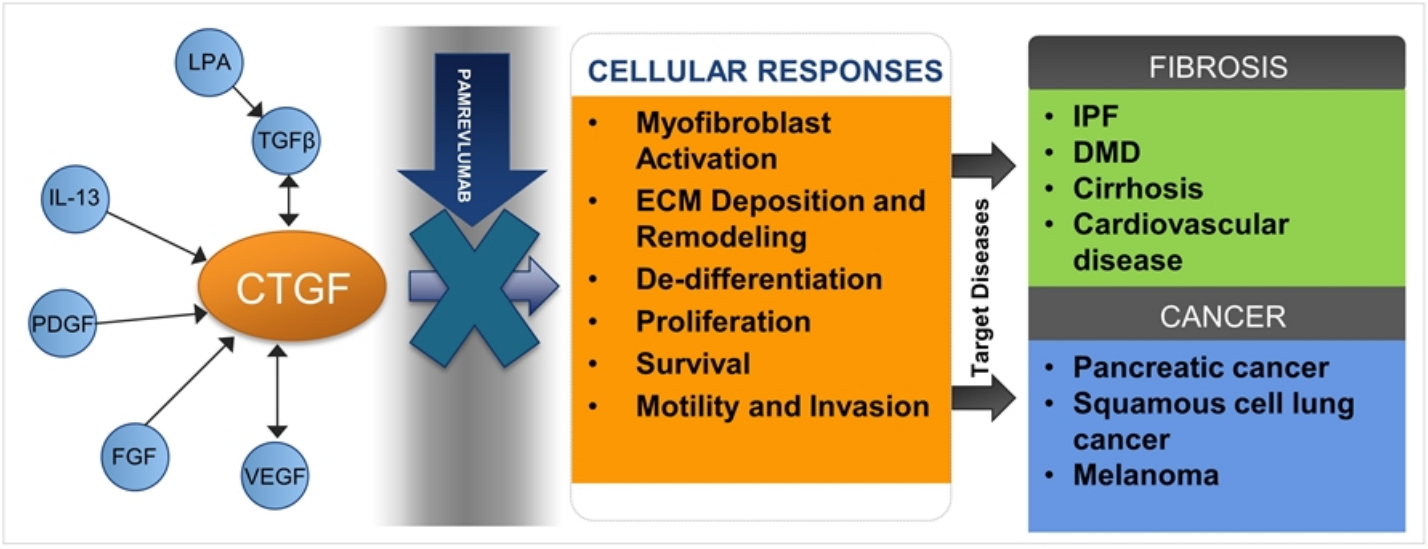

Strong Phase 2 Clinical Data: PoC for both disease categories
Poised for Pivotal Trials in IPF and Pancreatic Cancer

Pamrevlumab: Pursuing Three Indications With Unmet Medical Needs

IPF & Pancreatic Cancer: Preparing for Phase 3

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IPF

- **Completed open-label Phase 2 (n=89)**
  - Reversal of fibrosis, stable or improved fibrosis by HRCT, correlating to FVC data; observed in extension study beyond 48 weeks
  - Well tolerated
- **Completed double-blind Phase 2, topline data reported Aug, 2017**
  - Randomized placebo-controlled trial (48 weeks), n=103
    - Met primary endpoints of change in FVC % predicted from baseline to week 48
  - Subgroup Analysis (N=90)
    - Significant attenuation at 24 weeks of % change in fibrosis by HRCT compared to placebo, *p=.048*; treatment effect relative to placebo > 3X reported in nintedanib Phase 3b study at 24 weeks
    - Significant improvement in SGRQ relative to placebo, *p<0.02*, larger treatment effect than reported in nintedanib Phase 3 studies.
- **Phase 3 Study design in progress**

PANCREATIC CANCER

- **Completed Phase 2 in advanced disease (n=75)**
  - Positive exposure response relationship
  - Blood level Cmin≥150 µg/mL: 2X median and 3X one-year survival
- **Ongoing Phase 2 locally advanced inoperable disease- completing**
  - Randomized (pamrevlumab + gemcitabine + nab-paclitaxel) vs.(gemcitabine + nab-paclitaxel)
  - Treatment duration 6 months, enrolled 37
  - Endpoints: conversion rate to resectable, successful resection, and survival
  - Results encouraging: Pivotal study design in progress

DMD

- **Ongoing open-label study in non-ambulatory patients**
  - Treatment duration 52 weeks, n=22
  - Endpoints: change in FVC (% predicted), and other measures of pulmonary and upper body muscle function, and cardiac MRI

IPF Phase 2b Placebo-Controlled Study (067)
Promising Results

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- Study Design
  - Double-blind, placebo-controlled
  - 103 patients randomized (1:1) to receive pamrevlumab or placebo for 48 weeks
- Phase 2 Positive Results – Phase 3 Enabling
  - Magnitudes of treatment effects larger than published results on approved agents (pirfenidone or nintedanib) on 4 efficacy measures
    1. Difference in FVC change from baseline versus placebo
    2. Proportion of patients with FVC %-declined $\geq$ 10% or death
    3. % Change in fibrosis (by HRCT) from baseline at 24 weeks (*New Analysis)*
    4. St. George's Respiratory Questionnaire score (SGRQ) (*New Analysis)*
  - Consistency of efficacy & safety results
    - PRAISE (067) consistent with earlier single-arm Phase 2 study 049

PRAISE (067) IPF Phase 2b Met Primary Endpoint;
Significantly Less Decline in FVC% Predicted Change From BL at Week 48

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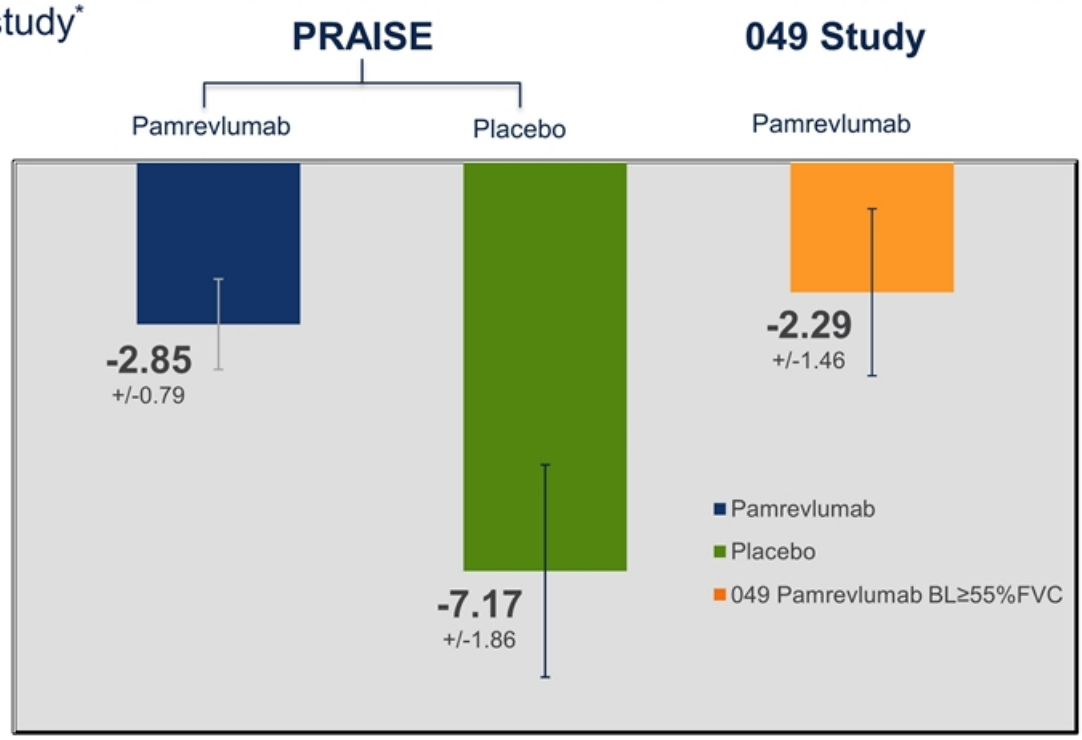
Treatment effect with pamrevlumab consistent with results from prior 049 Phase 2 Open-Label study*



*Both studies analyzed using the Linear Slope method

PRAISE (067) IPF Phase 2b
Pamrevlumab Attenuated FVC Decline

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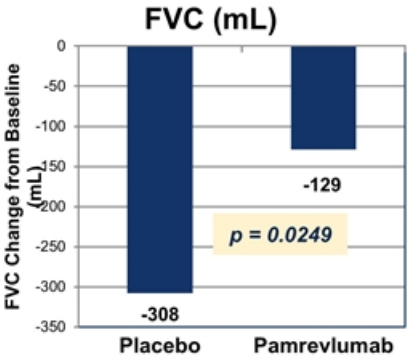
Pamrevlumab significantly attenuated FVC decline from Baseline to Week 48.



	Pamrevlumab Ph 2 PRAISE Study (067)				Nintedanib INPULSIS Ph 3- 52 Weeks				Pirfenidone ASCEND Ph 3- 52 wks	
	ITT 48- week Result		Projected 52 wks		Study 32 (N=513)		Study 34 (N=548)		Linear Slope, N=555	
	Pamrevlumab	Placebo	Pamrevlumab	Placebo	Nintedanib	Placebo	Nintedanib	Placebo	Pirfenidone	Placebo
ΔFVC (mL)	-129	-308	-138	-332	-115	-240	-113.6	-207.3	-164	-280
LS mean diff	178		195		125		93.7		116	
p-value	0.0249		0.024		<0.001		<0.001		<0.001	
Relative difference	*57.9%*		*58.5%*		*52.1%*		*45.2%*		*41.4%*	
					Richeldi, NEJM 2014, 370: 22; 2071-2082				King, NEJM 2014; 370: 2083-92 Suppl	

48 Weeks	Subgroup Analysis (N=90)	
	Pamrevlumab	Placebo
ΔFVC (mL)	-143	-341
LS mean diff	198	
P-value	*0.0212*	

In separate studies, pamrevlumab has larger treatment difference from placebo than nintedanib and pirfenidone in preservation of FVC.

PRAISE (067) IPF Phase 2b

Pamrevlumab Reduces The Proportion of Subjects with FVC % Predicted Decline ≥10% or Death

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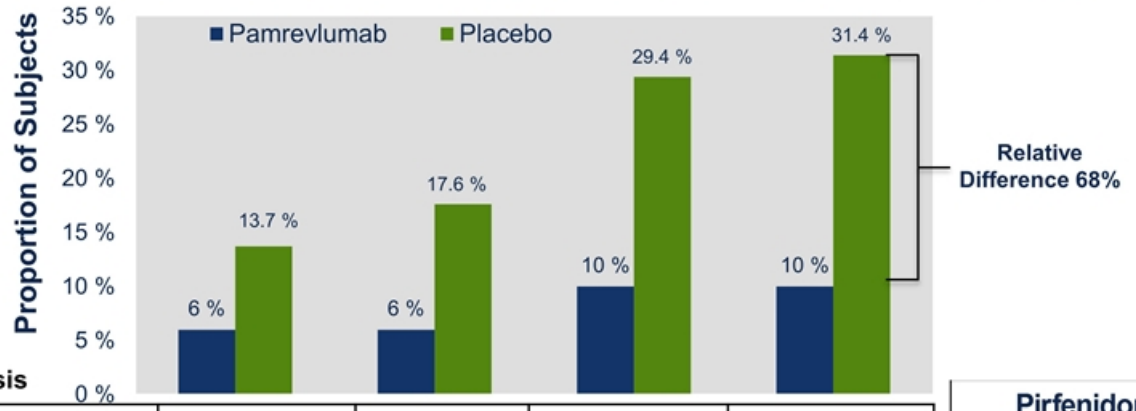

ITT Analysis

Visit (Weeks)	12w	24w	36w	48w
P-Value*	0.1235	0.0527	0.0172	0.0103
Pamrevlumab, n (%)	3 (6.0%)	3 (6.0%)	5 (10.0%)	5 (10.0%)
Placebo, n (%)	7 (13.7%)	9 (17.6%)	15 (29.4%)	16 (31.4%)
Difference (%)		-11.6%		- 21.4%
Relative Difference	-56%	-66%	-66%	-68%

PRAISE Subgroup Analysis of N=90		
	Treatment Δ48 wk	-24.7%
	p- value	*0.0076*

Pirfenidone Phase 3 ASCEND (52 Wks)	
P-Value	*<0.001*
pirfenidone	6.5%
Placebo	17.7%
Difference	-11.2%
Relative Difference	-43%

Both ITT and subgroup analyses of PRAISE show larger reduction in IPF progression (FVC % predicted decline >=10%) or death than pirfenidone in ASCEND (ph 3 study).

PRAISE (067) IPF Phase 2b
Pamrevlumab Attenuates Fibrosis Progression (HRCT)

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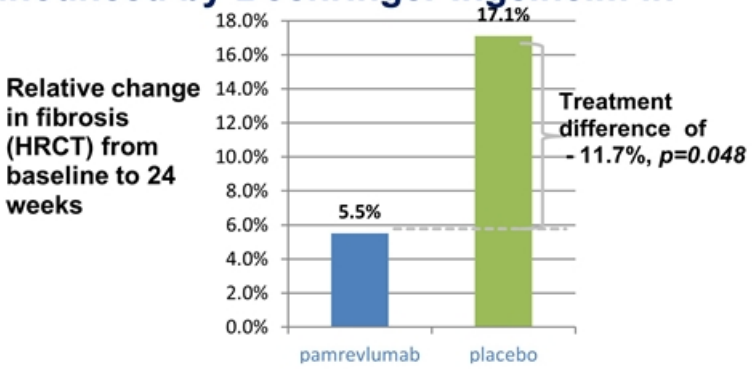
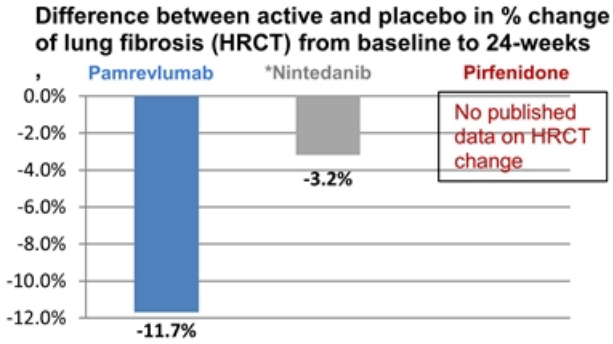
- **Preliminary ITT and subgroup analyses of HRCT data show evidence for pamrevlumab to attenuate lung fibrosis. Full analysis coming soon.**
- **Pamrevlumab subgroup analysis of relative change in HRCT compared to nintedanib Phase 3b 24-week result announced by Boehringer Ingelheim in 11/2017***
  - Pamrevlumab significantly attenuated fibrosis in comparison to placebo in % change in fibrosis (HRCT) from baseline to 24 weeks, *p=0.048.*
    - Preliminary HRCT analysis suggests placebo arm has greater increase in fibrosis than pamrevlumab from baseline to 48 weeks
  - Comparison to Boehringer Ingelheim – 24 week analysis: % change HRCT score v baseline
    - Pamrevlumab favorably compares in treatment difference vs placebo control in relative changes in lung fibrosis (HRCT) from baseline to 24-weeks across the two separate studies





*Ref: Nintedanib Ph 3b study: Lancaster, at Pulmonary Fibrosis Foundation (PFF) conference Nov. 2017

PRAISE (067) IPF Phase 2b
Pamrevlumab Improves HRQoL (Lowers SGRQ Score)

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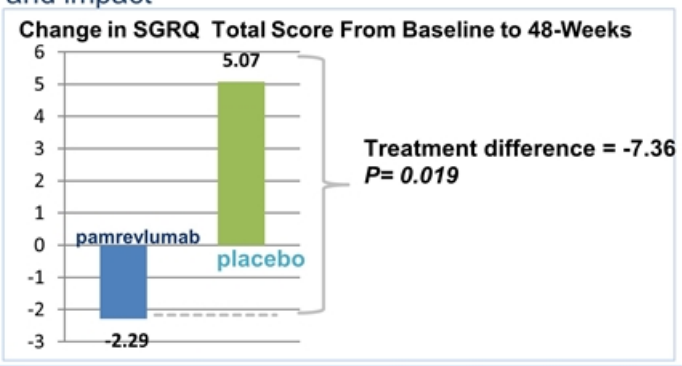
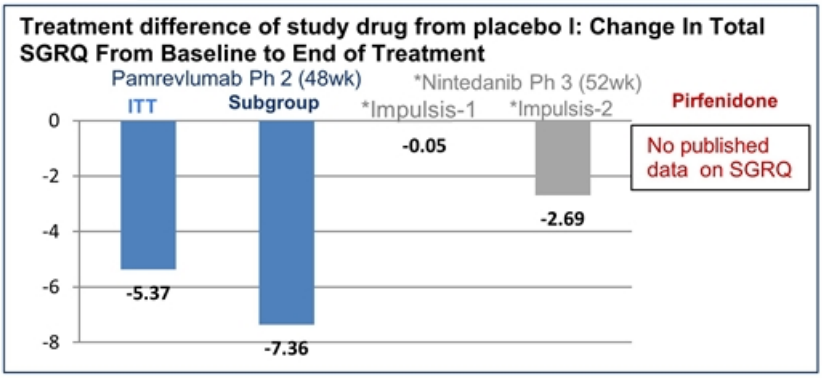
- **St. Georges Respiratory Questionnaire (SGRQ)**
  - Respiratory-specific questionnaire developed to assess HRQoL in patients with lung disease (originally in obstructive lung disease), used in a number of IPF trials, including nintedanib Phase 3 studies & PRAISE
  - 50 items grouped into 3 domains: symptoms, activity, and impact



- Pamrevlumab achieved improvement (reduction) in total SGRQ Score from baseline to 48 weeks, whereas placebo resulted in decline (increase), significant difference with *p= 0.019* in subgroup analysis.



- Pamrevlumab achieved substantially larger magnitude in difference than placebo in SGRQ change than nintedanib.

* Ref : Richeldi, NEJM 2014, 370: 22; 2071-2082

PRAISE (067) IPF Phase 2b
Pamrevlumab Safety Profile

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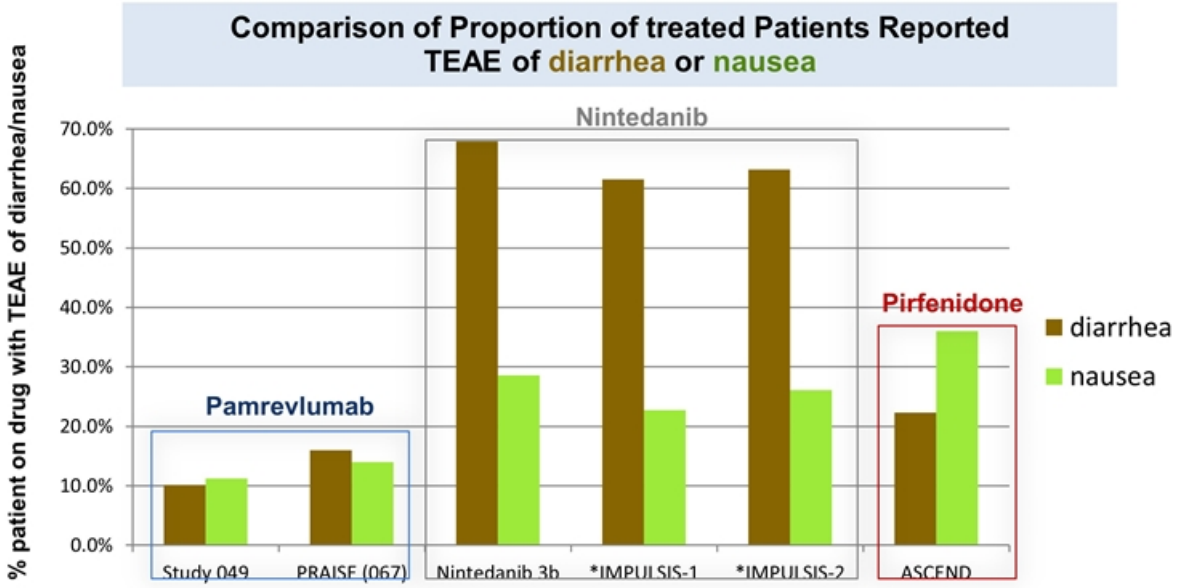
- Pamrevlumab was well-tolerated, no safety signals; favorable relative to placebo in key safety variables in PRAISE study 067
  - Deaths: 3 (pamrevlumab) vs. 6 (placebo)
  - TESAE (treatment-emergent serious adverse events) leading to discontinuation: 3 (pamrevlumab) vs. 7 (placebo)
- Pamrevlumab has potential for a better GI safety profile than current drugs



*Ref: Ragu, ERJ 2016; Lancaster, poster at PFF 2017; Richeldi, NEJM 2014, 370: 22; 2071-2082; King, NEJM 2014

Market Opportunity for New IPF Therapy

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- Orphan disease
  - U.S. prevalence ~44,000 to 135,000[1]
  - U.S. incidence ~21,000 to 52,000[1] cases per year
- Progressive disease can result in irreversible loss of lung function with high morbidity and mortality rates
  - Median survival of 3-5 years following diagnosis
- Current treatments, pirfenidone and nintedanib
  - Annualized sales rate of $1.4B
  - Slow pulmonary function loss
  - Modest effect on slowing disease progression
  - No demonstration of reversal
  - Require management of side effects

[1]Raghu 2006 and United Nations Population Division

Completed Ph 2 for Treatment of Advanced Pancreatic CA (included patients with metastasis): Dose Response and Exposure/Survival Response

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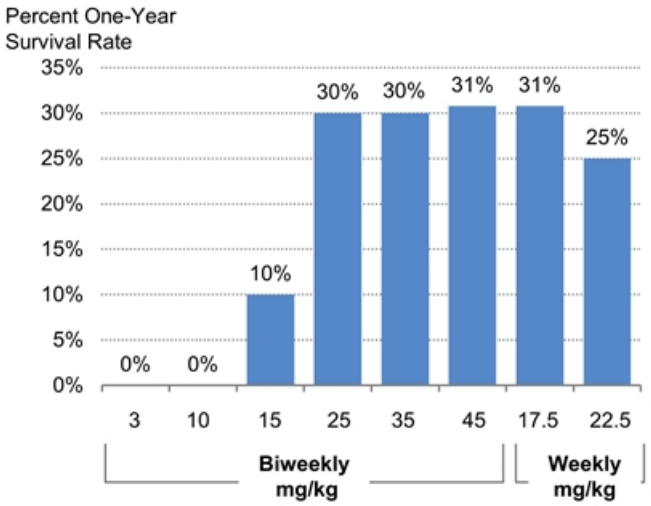
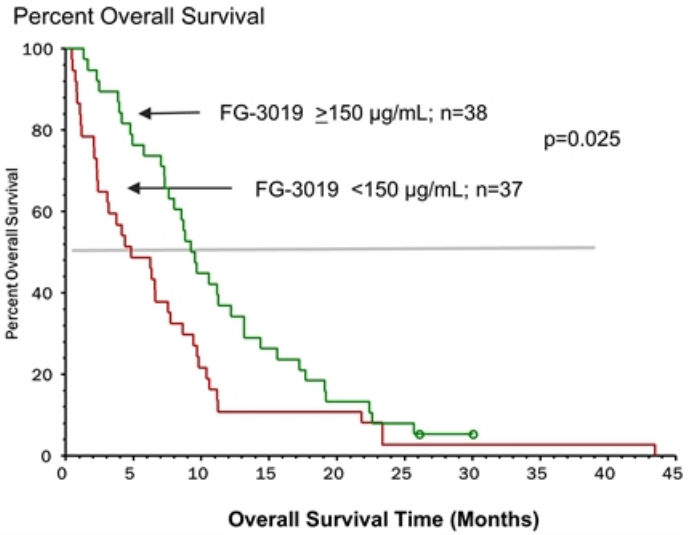
Pamrevlumab in Combination with Gemcitabine and Erlotinib (N=75)

Relationship of One-Year Survival to Dose



Relationship of Survival to Pamrevlumab Day 15 Plasma Levels



KEY FINDINGS

- Dose-related increase in survival
- Day 15 minimum pamrevlumab plasma level ≥150 µg/mL
  - 2x median survival (9.4 vs. 4.8 months) (p=0.025)
  - 3x one-year survival (37% vs.11%) (p=0.01)

Pamrevlumab: A New Approach to Non-Surgical Pancreatic Cancer

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- May improve resection rate of locally advanced pancreatic tumors, potential for substantial survival benefit
  - Median survival in pancreatic cancer patients with locally advanced non-resected tumors is 8-12 months
  - Median survival in pancreatic cancer patients with resected tumors is 17-27 months
- Study 069: ongoing open-label trial in locally advanced unresectable pancreatic cancer
  - Differences in overall survival between subjects treated with and without pamrevlumab look encouraging
  - Interim results continue to indicate that six-month treatment with pamrevlumab plus chemotherapy alters tumor sufficiently to enhance eligibility of a patient for surgical exploration and surgical resection
- With consistent & encouraging results from both Phase 2 pancreatic cancer studies, pivotal study design is ongoing.

Opportunities in Pancreatic Cancer

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- Locally advanced pancreatic cancer (LAPC) population
  - 53,000 new cases per year in U.S.[1]
  - ~26,500 (50%) patients present with no detectable metastases
  - ~8,000 (15-20%) classified as resectable
  - ~18,500 (30-35%) with pancreatic cancer that precludes resection
- Differential outcomes and clinical significance of resection
  - Non-resectable
    - 50% survive 8-12 months post-diagnosis
    - Few report five-year survival
    - Similar to metastatic cases
  - Resectable
    - 50% survive 17-27 months post diagnosis
    - ~20% report five-year survival

[1]U.S. National Cancer Institute Cancer, 2016

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Roxadustat

Anemia

Activates RBC Production via Natural Pathway

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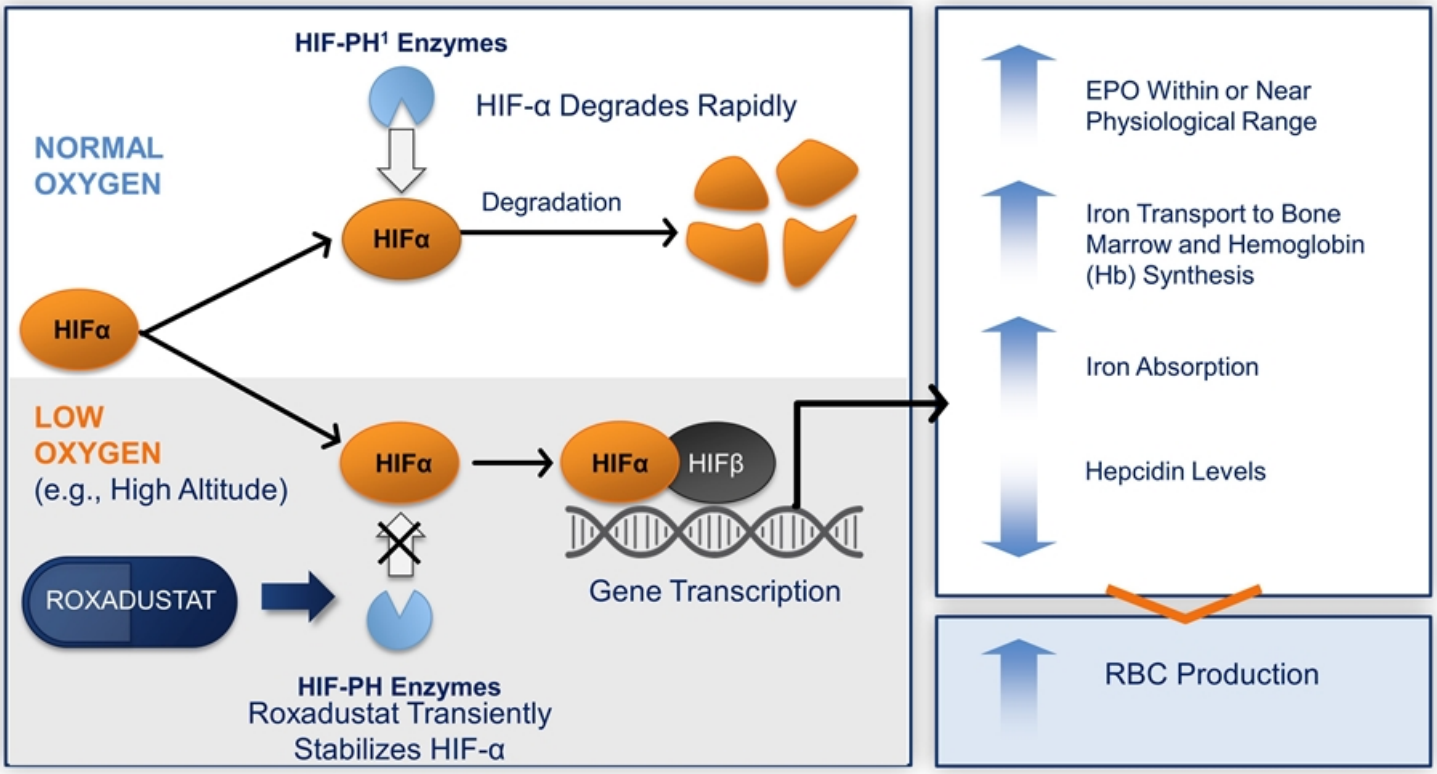

[1]Hypoxia-inducible factor prolyl hydroxylase (HIF-PH)

Roxadustat: Innovation In Anemia Therapy

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- Leading HIF-PHI candidate in development for anemia
- More than just a potential oral alternative to injectable ESAs for anemia therapy in CKD patients - clinical data indicates:
  - Overcomes suppressive effects of inflammation on erythropoiesis, including in ESA-hyporesponsive patients
  - Does not require co-treatment with IV iron
  - Potential for safety differentiation from ESAs
- FibroGen: advancement from discovery to late stage clinical development
  - CKD Dialysis-dependent
  - CKD Non-dialysis-dependent
  - Expansion to oncology-related anemia indications
- Global partnerships for development & global commercialization coverage
  - Four independent regulatory pathways: US, EU, China, Japan
  - Commercial partners
    - AstraZeneca for US/ROW; China
    - Astellas for EU & Middle East, Japan

Global Anemia Partnerships

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astellas AstraZeneca

$ Millions	Japan, EU, etc.	U.S., China, ROW	Payments Received to Date
Equity Investment in FibroGen	$81	$20	$101
PAYMENTS TO FIBROGEN: Upfront, Non-Contingent	$360	$402	$762
Development and Reg. Milestones	$543	$571	$143
Commercial Milestones	$15	$653	$0
POTENTIAL TOTAL	$918M	$1,626M	$890M of $2,544M

Low 20% (Astellas) – Low-Mid 20% (AZ)
Transfer Price (AST) – Net Sales Royalty/Transfer Price (AZ)

DEVELOPMENT FUNDING	All FibroGen R&D Costs Reimbursed, ex-China
LAUNCH FUNDING	All Commercial Costs Covered by Partners, ex-China
	CHINA PARTNERSHIP 50% Profit Sharing 50% Development and Launch Costs

Roxadustat for CKD Anemia
Robust Phase 2 Results

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- Anemia correction in NDD-CKD and DD-CKD
- Anemia correction in incident dialysis patients
- Maintains Hb levels upon conversion from ESA, or correction with roxadustat

- Aspects of roxadustat as potential anemia therapy
  - Correction in presence of inflammation
  - No IV iron required
  - Potential to avoid high-dose ESA risk
- Favorable safety vs. ESAs
  - No hypertensive effect
  - No thrombocytosis
- Additional favorable effects
  - Reduced hepcidin
  - Reduced cholesterol

Large Global Phase 3 Program in Anemia

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Four Regulatory Pathways In Parallel

- U.S./EU Global Phase 3 with target program completion in 2018, to prepare for NDA & MAA submissions, subject to accrual of sufficient MACE events

DD		Target Enroll-ment	Enrollment Status
Himalayas – FG Incident Dialysis	063	900	Ongoing (N exceeded target)
Sierras – FG Stable Dialysis	064	820	Ongoing (N exceeded initial target)
Rockies – AZ Dialysis	002	2100	Ongoing (N exceeded initial target)
Pyrenees – AST Stable dialysis	CL-613	838	Completed enrollment
Dialysis Total		**~4,700**	

Non-Dialysis Studies		Target Enroll-ment	Enrollment Status
Andes – FG	060	900	N exceeded target
Olympus – AZ	001	2700	N exceeded target
Alps – AST	CL-608	597	Completed enrollment
Non-Dialysis Total		**~4,200**	

- Astellas Japan Phase 3 (4 DD-CKD; 2 NDD-CKD)
  - First Phase 3 DD-CKD study completed in 2017
- FibroGen China Phase 3 (1 DD-CKD; 1 NDD-CKD) completed; NDA (submitted 10/2017)
- Astellas Phase 3 study ongoing: CL-610 Dolomites (NDD-CKD), darbepoetin comparator study for EU reimbursement

Roxadustat for CKD Anemia in China NDA In Review

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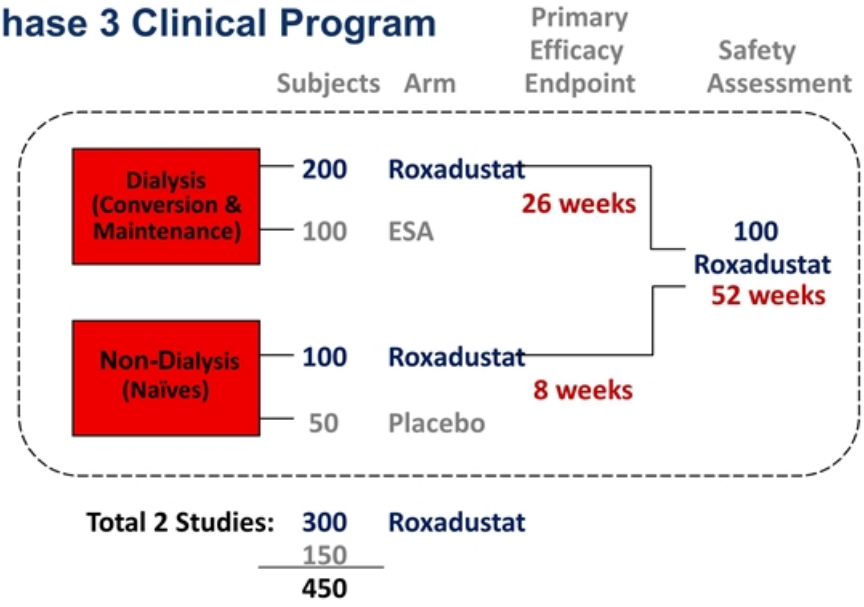
Phase 3 Clinical Program



Timelines

- Primary endpoint met in both Phase 3 trials
- NDA submission as Class 1 domestic applicant
  - Rolling submission, completed 10/2017
  - Expedited Review Status

FIBROGENCHINA
珐博进(中国)医药技术开发有限公司

Commercial Opportunity

- Dialysis: ~400,000 patients; > U.S.; double-digit Y/Y growth rate since 2011
- CKD-NDD: large patient population, severe anemia, limited treatment
- CKD anemia: "severe disease" reimbursement classification
- AZ with strong presence in China; will lead marketing, sales, and distribution
- First launch anticipated in China

Study 806 China Phase 3 CKD-Dialysis

Roxadustat Efficacy & Potency Not Affected by Inflammation in Contrast to EPO

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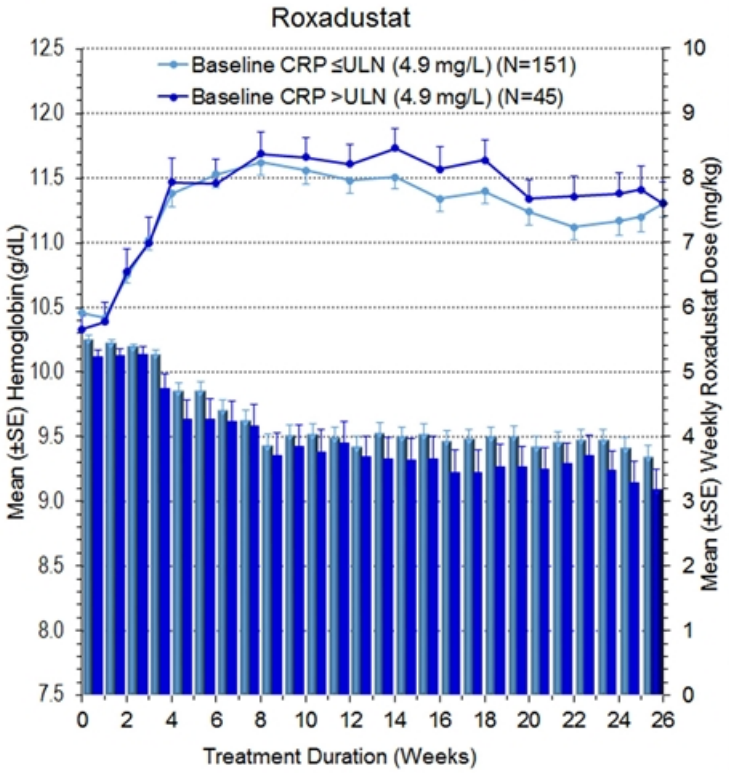
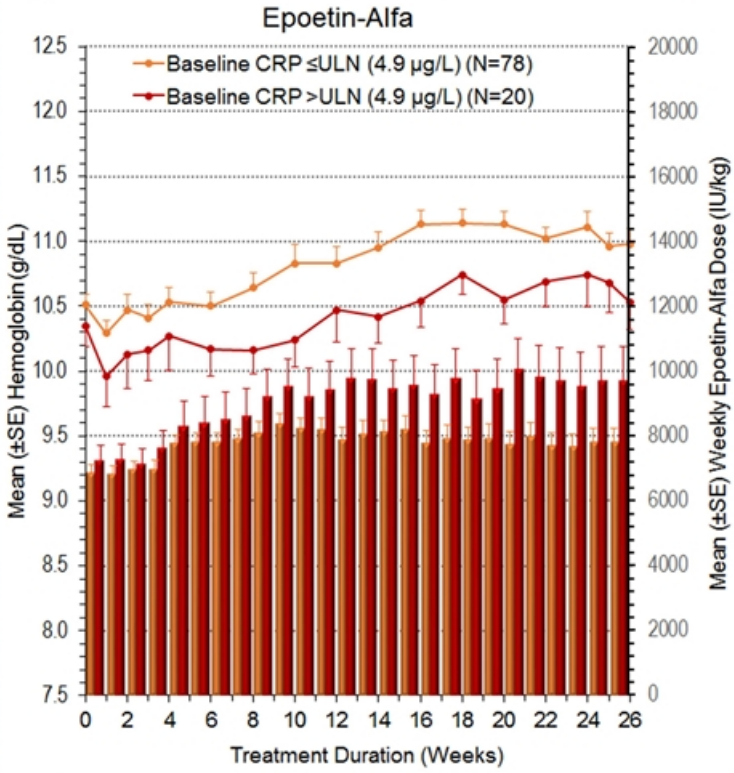
Roxadustat
Inflammation (High CRP)
No impact on Hb or dose requirement



EPO
Inflammation (High CRP)
Lower Hb despite higher doses



Roxadustat Phase 3 program Updates

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- US/EU Program: Ongoing periodic safety review by DSMB
  - Most recent meeting in 4Q, 2017: continue studies without protocol change
- First Japan Phase 3 Study completed (CL-302): peritoneal dialysis
  - 92.3% of ESA-naïve patients and 74.4% of ESA-conversion patients maintained average Hb within target range of 10-12g/dL during weeks 18 to 24
  - Roxadustat was well tolerated, and preliminary safety result was consistent with safety profile reported in previous clinical trials

CKD Anemia Market Opportunity

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U.S.

- Prevalence
  - >35 million patients
  - 475,000 patients on dialysis
  - 17 million stage 3-5 patients not on dialysis
- Diabetes and hypertension are primary causes of CKD
- Broader CKD anemia population opportunities where hepcidin modulation may be beneficial
- AZ has strong presence in diabetes and hypertension markets

China

- Population
  - ~400,000 dialysis patients with double-digit Y/Y growth rate
  - Large non-dialysis anemia population with limited options
- CKD dialysis has “severe disease” reimbursement classification
- AZ leading marketing, sales, and distribution with strong and established presence

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Financial Highlights

Financial Highlights

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- Cash balance of $762.7M as of September 30, 2017
  - Earned $15M milestone from AstraZeneca for roxadustat filing in China during October, 2017
  - Closed an equity financing that raised net proceeds of $115.1M on April 11, 2017
  - Closed an equity financing that raised net proceeds of $356.2M on August 24, 2017
- Currently projecting year-end cash balance in range of $750M to $760M

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2018 Milestones

Upcoming Milestones In 2018

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- Roxadustat CKD Anemia U.S./ROW
  - Multiple global Phase 3 studies are expected to complete in 2018 to support U.S. NDA & EU MAA submissions
  - Expect data disclosure from these phase 3 studies
- Roxadustat CKD Anemia Japan
  - A number of phase 3 studies to complete in 1H
  - Japan dialysis NDA submission target in 2H, 2018
- Roxadustat NDA review in China- ongoing
  - NDA submitted; decision expected in 2H 2018
- Anemia associated with MDS
  - U.S. Phase 3 and China Phase 2/3 clinical trials to initiate in Q1 2018

Upcoming Milestones In 2018 (cont.)

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- **Pamrevlumab for IPF**
  - Phase 2 IPF PRAISE (067) HRCT data – 1Q 2018
  - IPF Phase 3 plan and EOP2 meeting

- **Pamrevlumab for pancreatic CA**
  - Ph 2 Locally Advanced Pancreatic CA (069) study results
  - Pancreatic CA Phase 3 plan and EOP2 meeting

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Thank you