35th Annual J.P. Morgan Healthcare Conference

January 10, 2017

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Forward-looking Statements

To the extent that statements contained in this presentation are not descriptions of historical facts regarding Clovis Oncology, they are forward-looking statements reflecting the current beliefs and expectations of management made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. Such forward-looking statements involve substantial risks and uncertainties that could cause our future results, performance or achievements to differ significantly from that expressed or implied by the forward-looking statements. Such risks and uncertainties include, among others, the uncertainties inherent in the market potential of our approved drug, including the performance of our sales and marketing efforts and the success of competing drugs, the performance of our third-party manufacturers, our clinical development programs for our drug candidates, the corresponding development pathways of our companion diagnostics, actions by the FDA, the EMA or other regulatory authorities regarding whether to approve drug applications that may be filed, as well as their decisions regarding drug labeling, and other matters that could affect the availability or commercial potential of our drug candidates or companion diagnostics. Clovis Oncology does not undertake to update or revise any forward-looking statements. A further description of risks and uncertainties can be found in Clovis Oncology's filings with the Securities and Exchange Commission, including its Annual Report on Form 10-K and its reports on Form 10-Q and Form 8-K.

Overview

- Rubraca™ (rucaparib) approved in the U.S. for initial indication on December 19, 2016
- Rucaparib is a PARP inhibitor (PARPi) also being developed in patients with mutant BRCA tumors and other DNA repair deficiencies beyond *BRCA* – commonly referred to as homologous recombination deficiencies, or HRD
  - ARIEL3 pivotal maintenance study data in ovarian cancer expected mid-2017; with potential to address broad population of ovarian cancer patients
  - Robust rucaparib clinical development plan underway in a variety of solid tumor types
- IP protection through 2031 and potentially through 2035
- Clovis maintains global rights to rucaparib
- Seeking to license/acquire additional oncology assets for development
- Consistent with previous cash guidance, Clovis expects to report $466-$476 million in pro forma cash, cash equivalents and available-for-sale securities as of December 31, 2016

Now Approved in the U.S.

- Rubraca (rucaparib) approved on December 19, 2016
  - Indicated as monotherapy for the treatment of patients with deleterious *BRCA* mutation (germline and/or somatic) associated advanced ovarian cancer (AOC) who have been treated with two or more chemotherapies and selected for therapy based on an FDA approved companion diagnostic
  - Approved under the FDA's accelerated approval program based on objective response rate and duration of response
  - ARIEL3 maintenance confirmatory study completed enrollment; ARIEL4 treatment confirmatory study open for enrollment
- FoundationFocus™ CDx_{BRCA} also approved to select patients for Rubraca treatment
- European MAA filing for potential conditional approval submitted and accepted for filing for comparable indication Q4 2016

MAA = Marketing Authorization Application

Rubraca: Overall Response and Duration of Response in Patients with *BRCA*-mutant Ovarian Cancer Who Received Two or More Chemotherapies

	Investigator-assessed N=106
Objective Response Rate (95% CI)	54% (44, 64)
Complete Response	9%
Partial Response	45%
Median DOR in months (95% CI)	9.2 (6.6, 11.6)

Response assessment by independent radiology review was 42% (95% CI [32, 52]), with a median DOR of 6.7 months (95% CI [5.5, 11.1]). Investigator-assessed ORR was 66% (52/79; 95% CI [54,76]) in platinum-sensitive patients, 25% (5/20; 95% CI [9, 49]) in platinum-resistant patients, and 0% (0/7; 95% CI [0, 41]) in platinum-refractory patients. ORR was similar for patients with a *BRCA*1 gene mutation or *BRCA*2 gene mutation.

Confidence Interval (CI) Duration of Response (DOR) Objective Response Rate (ORR)

Source: Rubraca U.S. Prescribing Information

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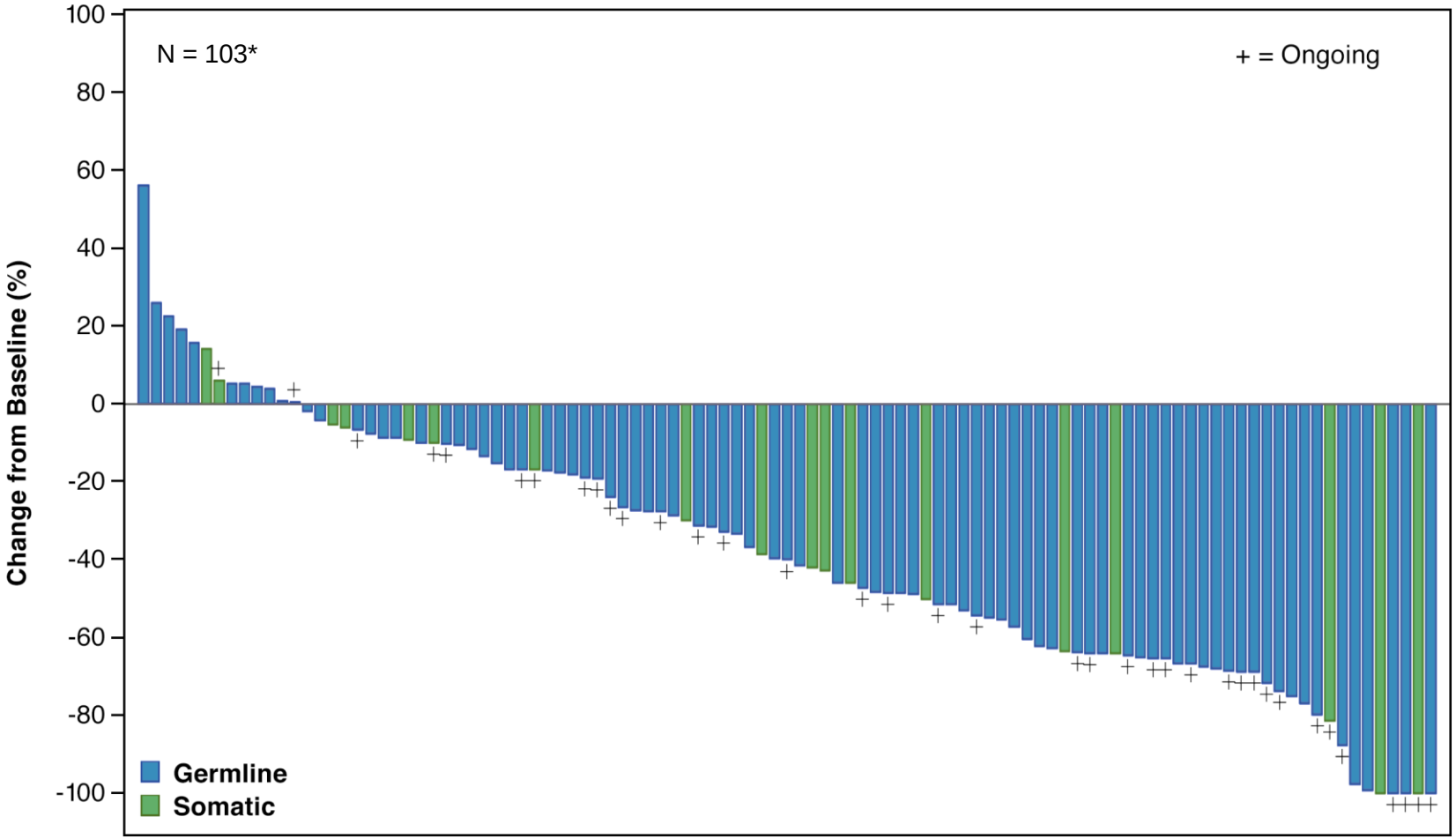
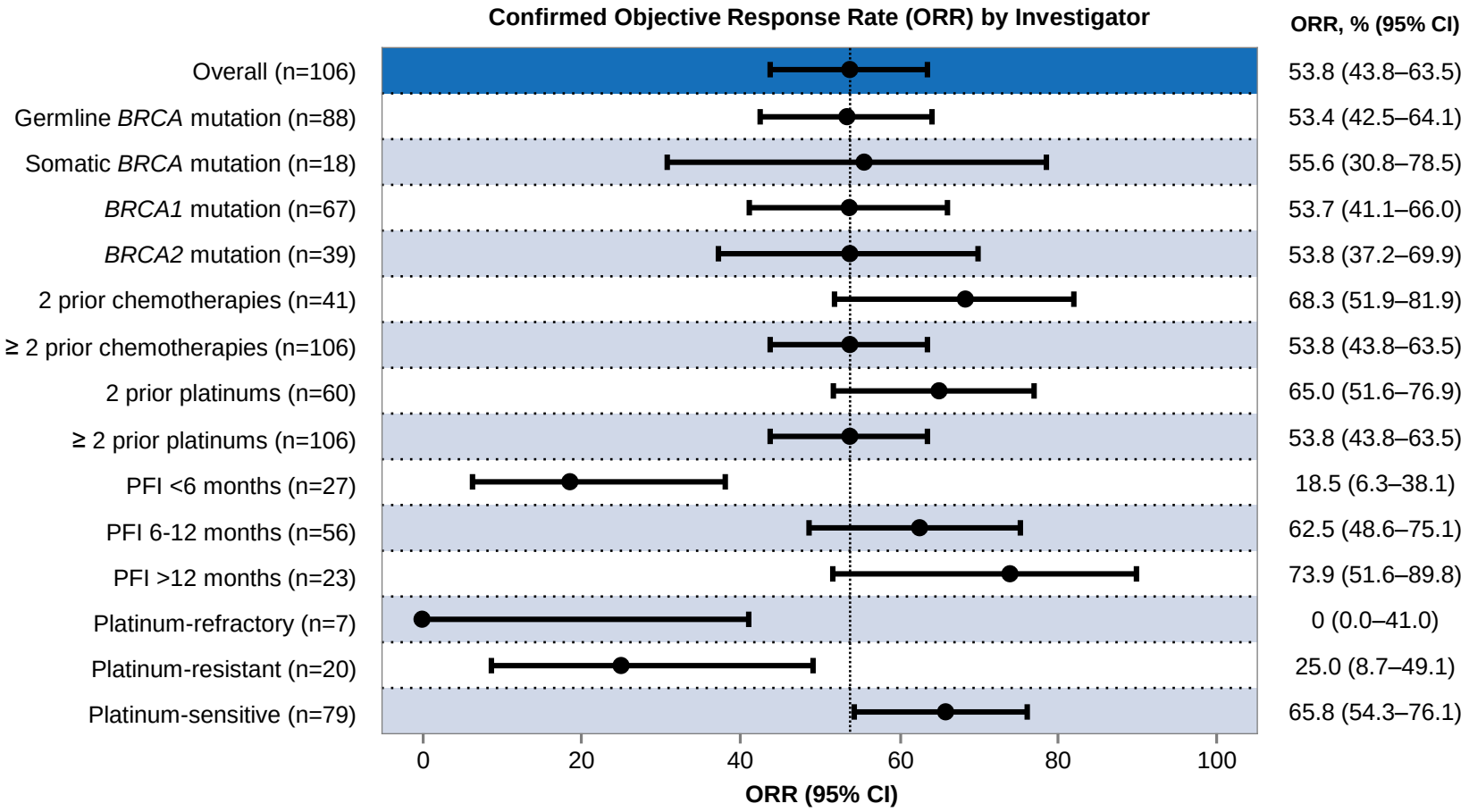
Maximum Change in Sum of Target Lesion Diameters: Rucaparib U.S. NDA Efficacy Population



*Three patients did not have a post baseline scan
Source: Clovis Oncology data on file, investigator-assessed results
Chart illustrates change in size of target lesions only. It does not provide information on non-target lesions or new lesions. It does not provide information on response rate.

Confirmed ORR by Subgroups in Rucaparib U.S. NDA Efficacy Dataset



Source: Clovis Oncology data on file
PFI = progression-free interval

Rubraca Adverse Reactions and Laboratory Abnormalities

The overall safety evaluation of Rubraca 600mg twice daily as monotherapy is based on data from 377 patients with ovarian cancer

Most common adverse reactions (≥ 20% of patients)

Adverse Reaction	All Ovarian Cancer Patients (N = 377) %	
	Grade1-4[a]	Grade 3-4
Gastrointestinal Disorders		
Nausea	77	5
Vomiting	46	4
Constipation	40	2
Diarrhea	34	2
Abdominal Pain	32	3
General Disorders		
Asthenia/Fatigue	77	11
Blood and Lymphatic System Disorders		
Anemia	44	25
Thrombocytopenia	21	5
Nervous System Disorders		
Dysgeusia	39	0.3
Metabolism and Nutrition Disorders		
Decreased appetite	39	3
Respiratory, Thoracic, and Mediastinal Disorders		
Dyspnea	21	0.5

[a]National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE version 4.03)

Most common laboratory abnormalities (≥ 35% of patients)

Laboratory Parameter	All Patients with Ovarian Cancer (N = 377) %	
	Grade1-4[a]	Grade 3- 4
Clinical Chemistry		
Increase in creatinine	92	1
Increase in ALT[b]	74	13
Increase in AST[b]	73	5
Increase in cholesterol	40	2
Hematologic		
Decrease in hemoglobin	67	23
Decrease in lymphocytes	45	7
Decrease in platelets	39	6
Decrease in absolute neutrophil count	35	10

[a]At least one worsening shift in CTCAE grade and by maximum shift from baseline
[b] Increase in ALT/AST led to treatment discontinuation in 0.3% of patients (1/377)

Please see the U.S. Prescribing Information for more information or visit www.Rubraca.com

Source: Rubraca U.S. Prescribing Information

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Ovarian Cancer and the Role of Rucaparib Therapy

- More than 22,000 women in the U.S. diagnosed each year[1]
- There are often no clearly identifiable initial symptoms and ~80-85% of OC cases are not diagnosed – and therefore not treated – until the disease has spread to other parts of the body[1]
- OC ranks fifth in cancer deaths and causes more deaths than any other cancer of the female reproductive system[1]
- An estimated one in four women with epithelial ovarian cancer have a mutation of the *BRCA1* or *BRCA2* gene[2]
  - Inclusive of both germline and somatic (~18% and ~7% respectively)[2]
- Approximately 30% of women with AOC have tumors with HRD-like features suggesting potential sensitivity to rucaparib[3]

[1] American Cancer Society; [2] Pennington et al, *Clin Cancer Res*. 2014; 20(3):764-775; [3] Cancer Genome Atlas Research Network. Integrated genomic analyses of ovarian carcinoma. *Nature*. 2011;474(7353):609-615.

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Rubraca Commercial Advantages in the U.S. Treatment Setting

- Rubraca (rucaparib) approved in the U.S. for initial treatment indication on December 19, 2016 in AOC:
  - First and only PARPi in the U.S. indicated to treat AOC patients after only two chemotherapies
  - First and only PARPi in the U.S. indicated to treat AOC patients who have deleterious BRCA mutations (inclusive of both germline and somatic)
  - ORR of 54%, including 9% complete response (CR) rate
  - Median duration of response of 9.2 months
  - Only four tablets per day (2 tablets, twice a day)

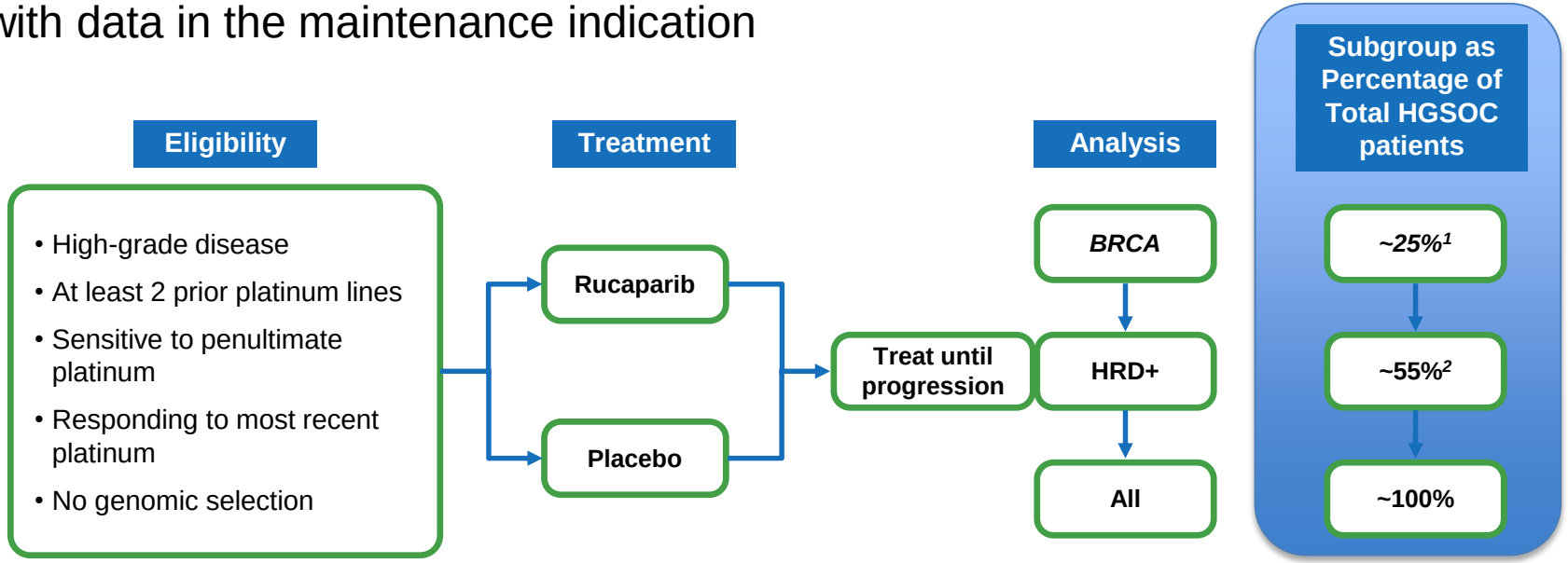
SOURCE: Rubraca U.S. Prescribing Information

Initial Launch Metrics

- Rubraca field organization is experienced, fully trained and deployed
  - 85 sales representatives
  - 14 MSLs
  - KOL engagement team and National Accounts team
- Marketing programs initiated at time of approval
  - All branded websites and links were active within two hours of approval; online advertising went live on Day 1
  - Rubraca approval notifications to HCPs were completed Day 1: e-blasts, phone outreach, mailers
  - Commercial Operations infrastructure fully operational and providing real-time analytics for customer-facing teams
- Market access efforts well underway in support of launch
  - All Specialty Pharmacy and Specialty Distributor arrangements in place prior to FDA approval
  - Drug supply was QC'd and in the channel within hours of approval; distribution channel was fully stocked Week 1
  - Payer outreach is underway; no coverage concerns anticipated

ARIEL3 Maintenance Study: Potential Beyond BRCA Mutant Patients

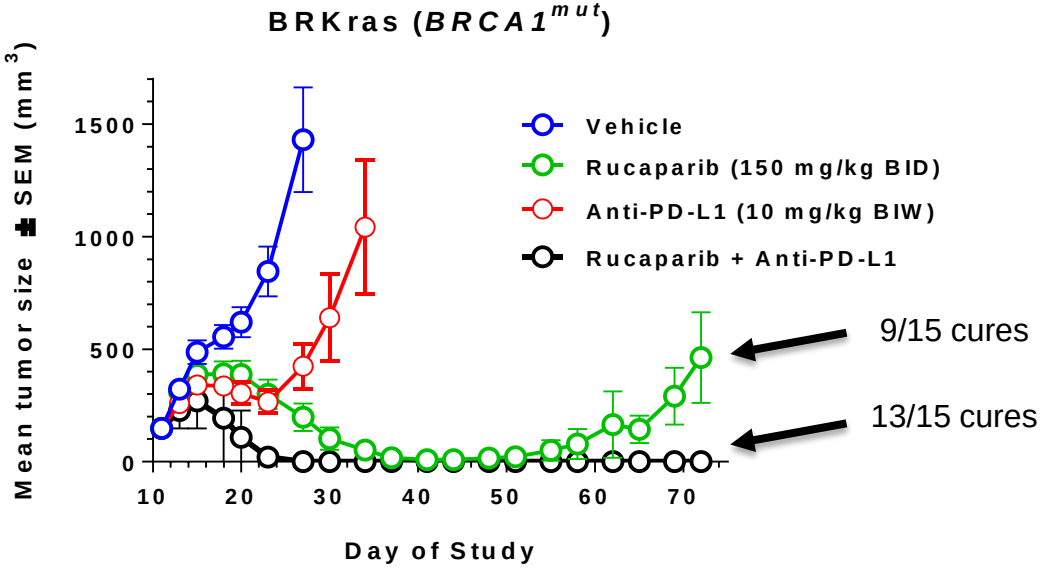
- ARIEL3 pivotal ovarian cancer maintenance study of rucaparib versus placebo in over 550 patients:
  - Target enrollment completed Q2 2016; data anticipated mid-2017
  - Primary endpoint is progression-free survival (PFS); step-down statistical analysis will include three molecularly-defined HRD subgroups: 1) mutant BRCA; 2) HRD-positive including mBRCA; and 3) all patients
- Potential to reach a meaningfully larger population of ovarian cancer patients with data in the maintenance indication



[1] Pennington et al, *Clin Cancer Res*. 2014; 20(3):764-775; [2] Cancer Genome Atlas Research Network. Integrated genomic analyses of ovarian carcinoma. *Nature*. 2011;474(7353):609-615.

Preclinical Data Show Potential IO Combination Opportunity

- Enhanced anti-tumor efficacy found with rucaparib and anti-PD-L1 in a syngeneic BRCA1 mutant ovarian model[1]
- Similar activity observed in anti-CTLA-4 combinations
- A Phase 1b combination study of rucaparib with Genentech's cancer immunotherapy, Tecentriq (atezolizumab; anti-PD-L1) in solid tumors and gynecologic cancers with focus on ovarian cancer to begin enrolling patients in Q1 2017
- Potential to explore indications beyond ovarian cancer



A cure is defined as mice with no palpable tumors on Day 72 of study.

[1] Clovis internal data; BRKras (BRCA$^{-/-}$; *P53*$^{-/-}$; *myc; Kras-G12D; Akt-myr*) model performed at Crown Biosciences. Animals were dosed on days 11-32. Anti-PD-L1 clone 10F.9G2 was used.
IO = Immuno-oncology

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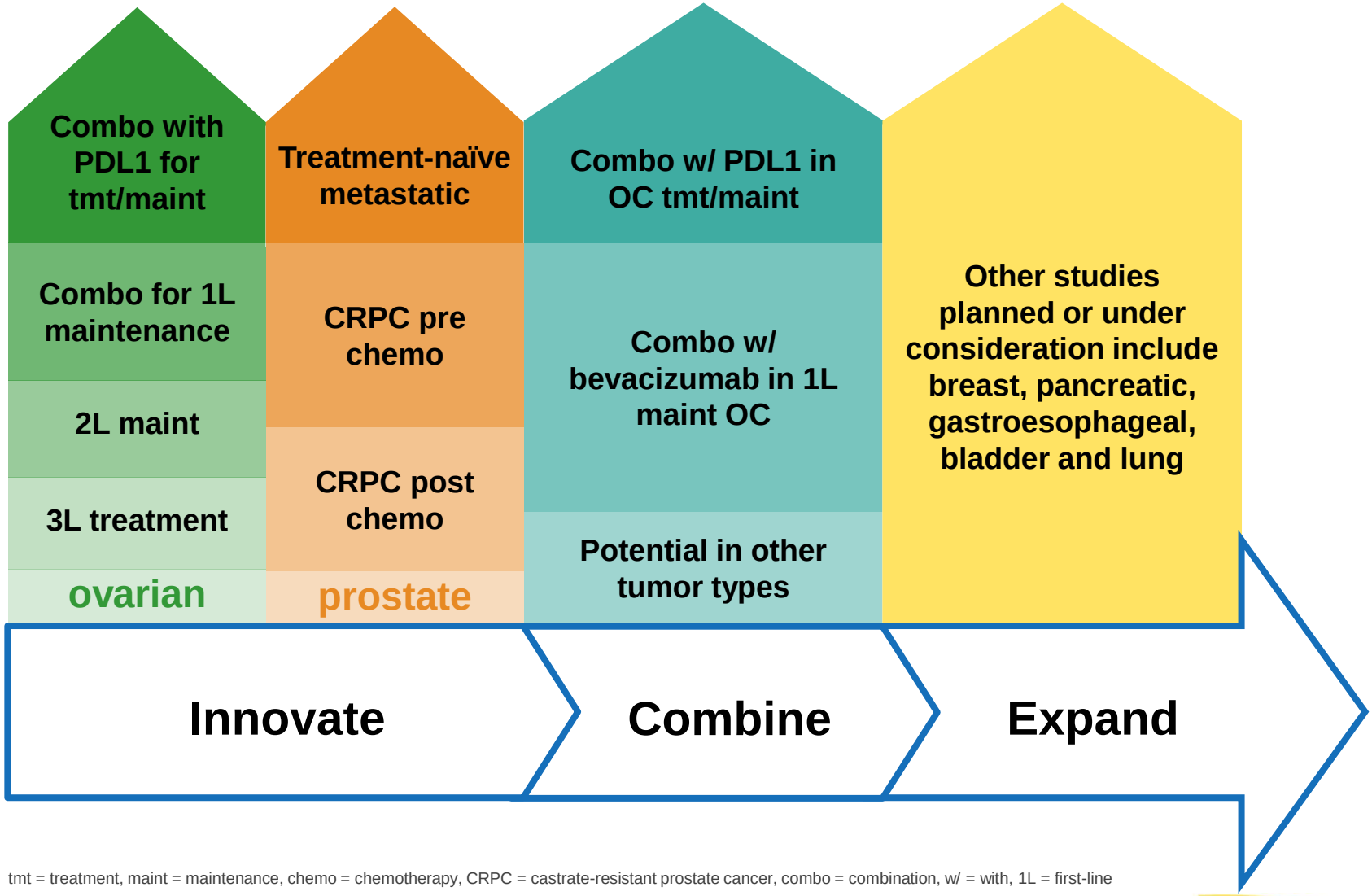
A Broad Rucaparib Development Program



tmt = treatment, maint = maintenance, chemo = chemotherapy, CRPC = castrate-resistant prostate cancer, combo = combination, w/ = with, 1L = first-line

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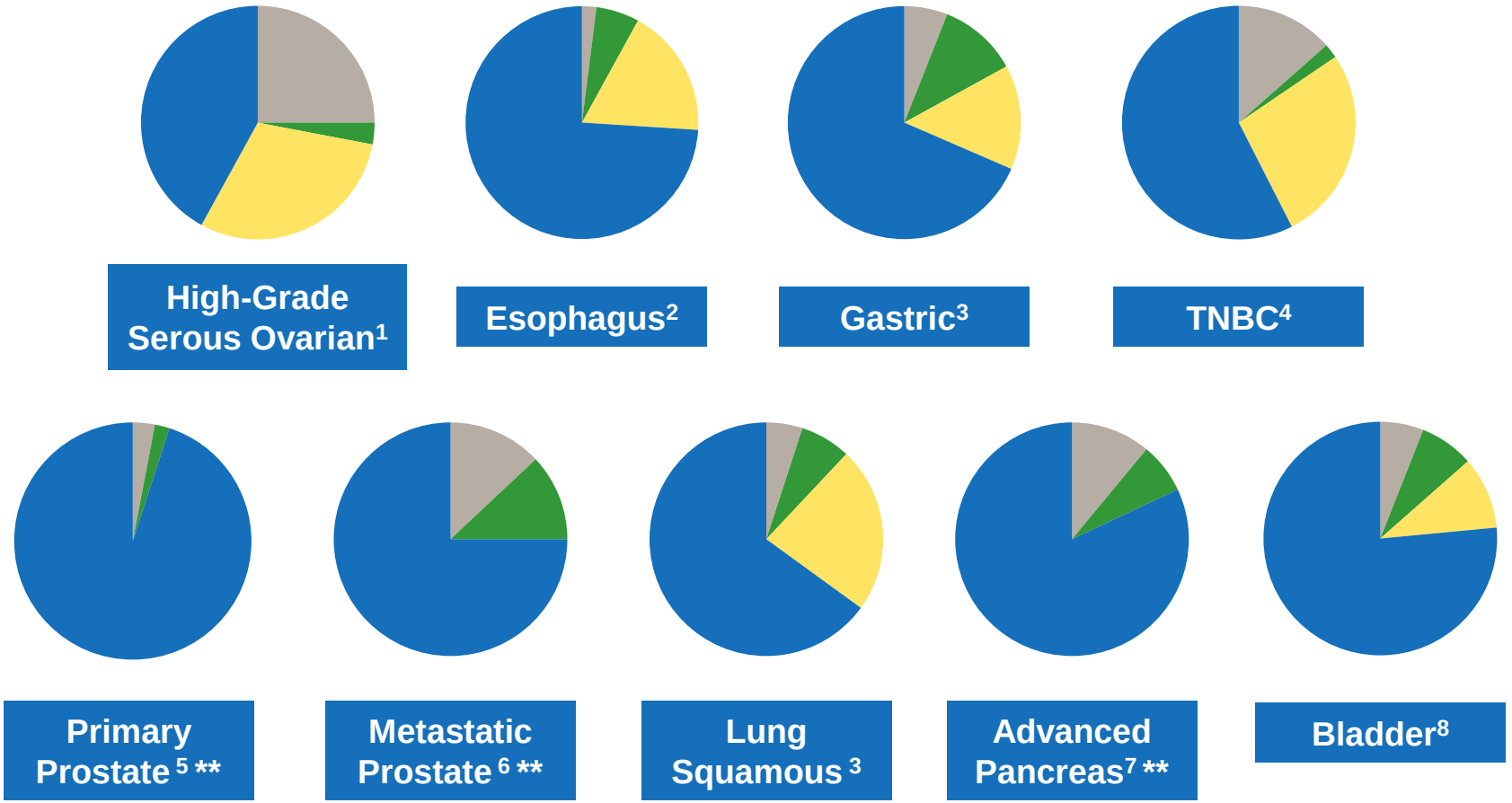
Current Data Show Other Solid Tumors Have Substantial Populations with Mutant BRCA and Other HR Deficiencies*



* HR = homologous recombination ** LOH-high still to determined in this population

[1] Pennington et al, *Clin Cancer Res*. 2014; 20(3):764-775; TCGA. [2] TCGA. [3] Lu et al, *Nature Comm* 2015; TCGA. [4] Young et al, *BMC Cancer* 2009, 9:86; Fostira et al, *JCO* 2010, TCGA. [5] Pritchard et al, *N ENGL J MED* 375;5 Aug 2016; TCGA. [6] Robinson et al, *Cell* 2015, Pritchard et al, *NEJM* 2016. [7] Waddell et al, *Nature* 2015. [8] Nickerson et al, *Clin Cancer Res* 2014; TCGA.

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Prostate Cancer: Two Potential Registration Studies Initiating

TRITON
TRIAL OF RUCAPARIB IN PROSTATE INDICATIONS

- TRITON2: A Phase 2 single-arm study initiated Q4 2016
  - Expected to enroll patients with tumor BRCA mutations and ATM mutations (both inclusive of germline and somatic) or other deleterious mutations in other HR repair genes
  - All patients will have progressed after receiving one line of taxane-based chemo and one or two lines of AR-targeted therapy in the castrate-resistant setting
  - Planned primary endpoints are radiologic ORR in patients with measurable disease and PSA response rate in patients without measurable disease
- TRITON3: A Phase 3 comparative study expected to initiate Q1 2017
  - Expected to enroll patients with tumor BRCA mutations and ATM mutations (both inclusive of germline and somatic) who have progressed on AR-targeted therapy and who have not yet received chemo in the castrate-resistant setting
  - The study will compare rucaparib to physician's choice of AR-targeted therapy or chemotherapy in these patients
  - Planned primary endpoint is radiologic PFS

ATM = ataxia telangiectasia mutated, AR = androgen receptor, PSA = prostate-specific antigen, PFS = progression free survival

Near-Term Rucaparib Clinical Development Plan

Program	Phase/Sponsor	Tumor Type	Initiation
RIO	Ph 2 IIT	TNBC	Q3 2015
RUBY	Ph 2 IIT	breast cancer	Q3 2016
TRITON2	Ph 2 Clovis	prostate	Q4 2016
ARIEL4	Ph 3 Clovis	ovarian	Q4 2016
PLATFORM	Ph 2 IIT	gastroesophageal	Q1 2017
MITO-25	Ph 2 combo w bevacizumab IIT	ovarian – 1L maintenance	Q1 2017
TRITON3	Ph 3 Clovis	prostate	Q1 2017
Rucaparib + Atezolizumab Combo	Ph 1b combo with atezolizumab (Genentech/Roche)	Solid tumors and gynecologic including ovarian	Q1 2017
STRAT-STAMPEDE	Ph 2 IIT	prostate	1H 2017

IIT = investigator initiated trial

Rucaparib Patent Exclusivity Anticipated through at least 2031

- Initial composition of matter (COM) expires in 2020
  - In U.S., Hatch-Waxman patent term extension to Q4 2023
  - In Europe, patent term extension under a supplementary protection certificate could extend to 2025
  - COM patent issued in 48 countries
- Rucaparib camsylate salt/polymorph COM patent expires 2031
  - Issued in 47 countries to date, (including U.S. and Europe) 11 applications pending
- Rucaparib high-dosage strength formulation patent-if issued-would expire 2035
- Other patents and patent applications with expirations between 2020-2035

Upcoming Milestones

Anticipated Milestones	Timing
Rubraca U.S. Approval and Launch	Q4 2016 ✓
EU MAA submission for rucaparib	Q4 2016 ✓
Confirmatory ARIEL4 study of rucaparib in ovarian cancer open for enrollment	Q4 2016 ✓
Phase 2 TRITON2 study of rucaparib in prostate cancer open for enrollment	Q4 2016 ✓
Initiate Phase 3 TRITON3 study of rucaparib in prostate cancer	Q1 2017
ARIEL3 ovarian maintenance data expected (topline)	Mid-2017

Summary

- Rubraca (rucaparib) NDA approved in U.S. on December 19, 2016
- U.S. commercial and medical affairs organizations in place; Rubraca launch underway
- EU MAA submission for the treatment of ovarian cancer completed Q4 2016
- ARIEL3 pivotal maintenance data readout expected mid-2017
  - Potential to address broad population of ovarian cancer patients
- Robust rucaparib clinical development plan underway in a variety of solid tumor types
- Global rights for rucaparib
- Seeking to license/acquire additional oncology assets for development
- Consistent with previous cash guidance, Clovis expects to report $466-$476 million in pro forma cash, cash equivalents and available-for-sale securities as of December 31, 2016