Clovis Oncology Corporate Presentation

July 2017

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Forward-looking Statements

This presentation contains forward-looking statements, which express the current beliefs and expectations of management. Such statements are based on current expectations and involve a number of known and unknown risks and uncertainties that could cause Clovis Oncology's future results, performance or achievements to differ significantly from the results, performance or achievements expressed or implied by such forward-looking statements. Important factors that could cause or contribute to such differences are discussed in Clovis Oncology's filings with the U.S. Securities and Exchange Commission. Forward-looking statements speak only as of the date on which they are made, and Clovis Oncology undertakes no obligation to update publicly or revise any forward-looking statement, whether as a result of new information, future developments or otherwise.

Investment Highlights

- Positive ARIEL3 results in primary, secondary and exploratory efficacy analyses, including the all comers population
- Using ARIEL3 data, plan to file sNDA for a second-line and later maintenance treatment indication for all women with platinum-sensitive ovarian cancer who have responded to their most recent platinum therapy
- Rubraca (rucaparib) initial treatment NDA approved in U.S. on December 19, 2016
- Rubraca launch underway with $7 million in U.S. sales in initial launch quarter
- Robust rucaparib clinical development plan underway in a variety of solid tumor types as monotherapy and in combinations with IO as well as other targeted agents
- Global rights for rucaparib
- Seeking to license/acquire additional oncology assets for development
- $409M (unaudited) in cash, cash equivalents and available-for-sale securities as of March 31, 2017
  - Additional ~$325M in net proceeds from June 2017 equity offering

ARIEL3 Highlights

- The ARIEL3 study successfully achieved its primary endpoint of improved PFS by investigator review in all three primary efficacy analyses: tumor BRCA-mutant, HRD-positive and overall intent-to-treat populations
- The ARIEL3 study successfully achieved the key secondary endpoint of improved PFS by blinded, independent central review (BICR) in each of the tumor BRCA-mutant, HRD-positive and overall intent-to-treat populations
- The exploratory PFS endpoints were achieved by both investigator and independent review in the HRD-positive and HRD-negative subgroups of patients without a BRCA mutation
- ARIEL3 patients with residual disease at study entry who were treated with rucaparib showed further reduction in tumor burden, including complete responses
- The safety of rucaparib observed in ARIEL3 was consistent with the U.S. treatment label for Rubraca®
- The Company plans to submit a supplemental NDA within the next four months

PFS=Progression Free Survival; HRD=Homologous Recombination Deficient; NDA=New Drug Application

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 ovarian cancer cases are not diagnosed – and therefore not treated – until the disease has spread to other parts of the body[1]
- Ovarian cancer 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]

[1] American Cancer Society; [2] Pennington et al, *Clin Cancer Res*. 2014; 20(3):764-775

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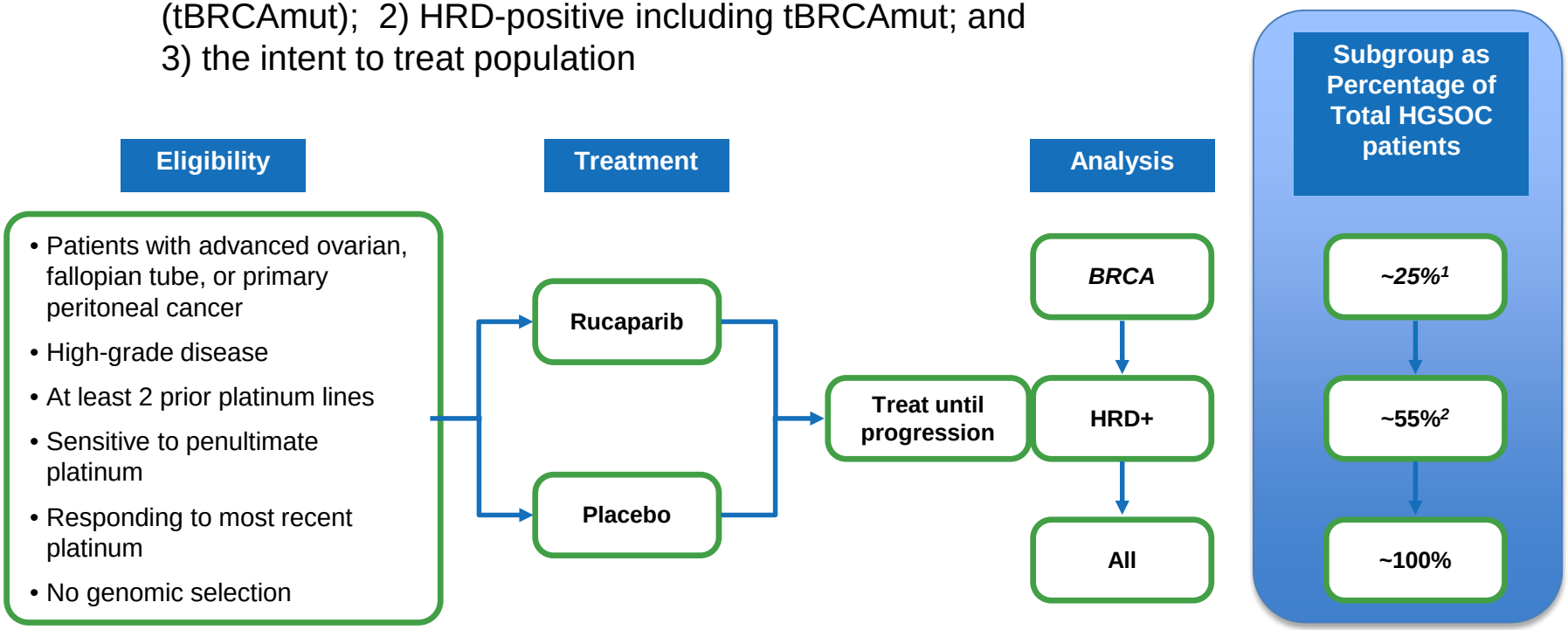
ARIEL3 Maintenance Treatment Study: Potential to Address A Meaningfully Larger Population of Advanced OC Patients

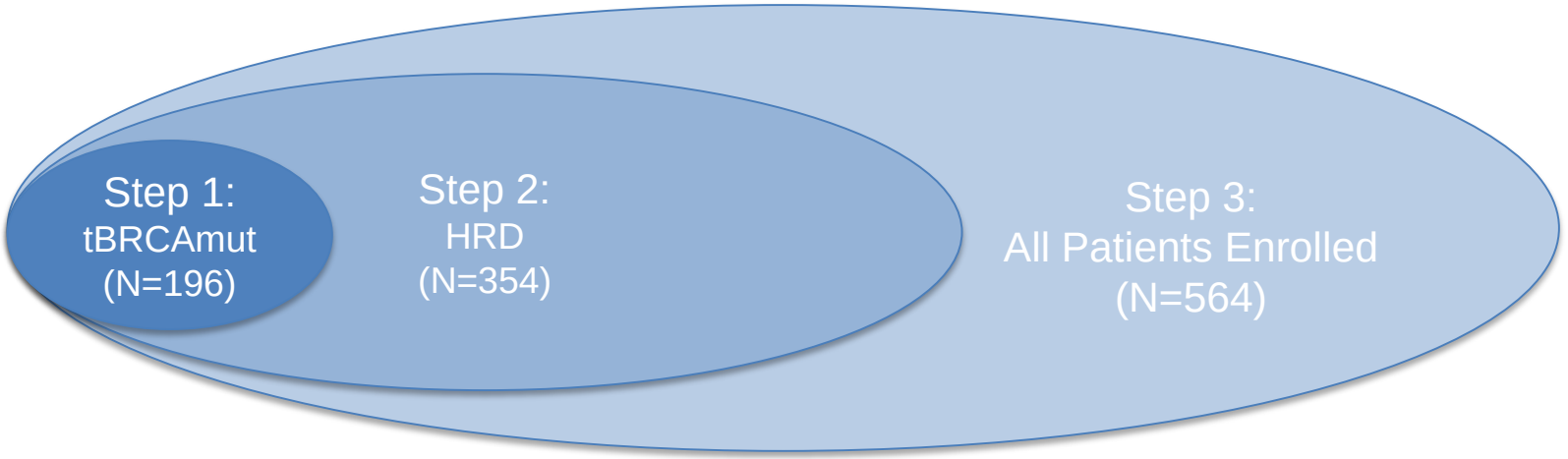
- ARIEL3 pivotal ovarian cancer (OC) maintenance treatment study of rucaparib versus placebo in 564 patients:
  - Primary endpoint is progression-free survival (PFS) by investigator review; secondary endpoints in PFS by blinded, independent central review (BICR), step-down statistical analysis will include three molecularly-defined HRD subgroups:1) tumor BRCA mutant (tBRCAmut); 2) HRD-positive including tBRCAmut; and 3) the intent to treat population



[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. HRD=Homologous recombinant deficiency, HGSOC=high grade serous ovarian cancer

ARIEL3 Statistical Analysis

- Patients randomized 2:1 to receive rucaparib or placebo
- 564 patients enrolled in total
- Three levels of step-down included in primary efficacy analysis:
    1. Tumor BRCA mutant (tBRCAmut), inclusive of gBRCA and sBRCA
    2. HRD (inclusive of tBRCAmut)
    3. All patients enrolled in study (intent-to-treat)



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Patient Demographics and Baseline Characteristics

	Rucaparib (N=375)	Placebo (N=189)	Overall (N=564)
Gender, n (%)			
Female	375 (100%)	189 (100%)	564 (100%)
Race, n (%)			
White	302 (80.5%)	149 (78.8%)	451 (80.0%)
Asian	14 (3.7%)	7 (3.7%)	21 (3.7%)
Black	6 (1.6%)	2 (1.1%)	8 (1.4%)
Other/Missing	53 (14.1%)	31 (16.4%)	84 (14.9%)
Age			
Median (range)	61 (39-84)	62 (36-85)	61 (36-85)
ECOG, n (%)			
0	280 (74.7%)	136 (72.0%)	416 (73.8%)
1	95 (25.3%)	53 (28.0%)	148 (26.2%)

Prior Anti-Cancer Treatment & Disease Burden

	Rucaparib (N=375)	Placebo (N=189)	Overall (N=564)
# of Prior Treatment Regimens, median (range)			
Any Anticancer	2 (2-6)	2 (2-7)	2 (2-7)
Platinum chemotherapy	2 (2-6)	2 (2-5)	2 (2-6)
Strata Best Response, n%			
CR	126 (33.6%)	64 (33.9%)	190 (33.7%)
PR	249 (66.4%)	125 (66.1%)	374 (66.3%)
Strata PFI to Penultimate Regimen, n%			
≥ 6 to 12 months	151 (40.3%)	76 (40.2%)	227 (40.2%)
> 12 months	224 (59.7%)	113 (59.8%)	337 (59.8%)
Measurable Disease at baseline	141 (37.6%)	66 (34.9%)	207 (36.7%)
Bulky Disease (Any lesion >20 mm) per IRR	71 (18.9%)	29 (15.3%)	100 (17.7%)

Strata=stratification at the time of randomization; IRR=Independent Radiology Review
PFI= Progression Free Interval after last dose of platinum

ARIEL3 Primary Efficacy Results

ARIEL3 Analysis Population	PFS by Investigator Review (Primary Endpoint)		PFS by Blinded Independent Central Review (Key Secondary Endpoint)	
Primary Analyses				
	Hazard Ratio	Median PFS (months) Rucaparib vs. Placebo	Hazard Ratio	Median PFS (months) Rucaparib vs. Placebo
tBRCAmut (n=196)	0.23; p<0.0001	16.6 vs. 5.4	0.20; p<0.0001	26.8 vs. 5.4
HRD+ (n=354)	0.32; p<0.0001	13.6 vs. 5.4	0.34; p<0.0001	22.9 vs. 5.5
Intent-to-Treat (n=564)	0.36; p<0.0001	10.8 vs. 5.4	0.35; p<0.0001	13.7 vs. 5.4
Exploratory Analyses				
$BRCA^{wt}$ / HRD+ (n=158)	0.44; p<0.0001	9.7 vs. 5.4	0.55; p=0.0135	11.1 vs. 5.6
$BRCA^{wt}$ / HRD- (n=161)	0.58; p=0.0049	6.7 vs. 5.4	0.47; p=0.0003	8.2 vs. 5.3

PFS: progression-free survival; tBRCAmut: tumor BRCA mutant; HRD: homologous recombination deficiency

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Confirmed Overall Response Rate in tBRCAmut Group

- Exploratory analysis of confirmed overall response rate by RECIST 1.1 in tBRCAmut patients with measurable disease at baseline by investigator review

Best response	Rucaparib	Placebo	P-value
ORR	15/40 (37.5%)	2/23 (8.7%)	0.0055
CR	7/40 (17.5%)	0/23 (0%)	
PR	8/40 (20.0%)	2/23 (8.7%)	
SD	19/40 (47.5%)	8/23 (34.8%)	
PD	5/40 (12.5%)	13/23 (56.5%)	
NE	1/40 (2.5%)	0/23 (0%)	

- RECIST responses were also observed in tBRCA wild type HRD-positive and tBRCA wild type HRD-negative subgroups

ORR=Overall Response Rate; CR=Complete Response; PR=Partial Response; SD=Stable Disease; PD=Progressive Disease; NE=Non-evaluable

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Summary of ARIEL3 Safety

Most common (≥5%) treatment-emergent grade 3/4 adverse events (TEAEs) among all patients treated with rucaparib vs. placebo:

	Rucaparib (N=372)*	Placebo (N=189)
Anemia	70 (18.8%)	1 (0.5%)
ALT/AST Increase	39 (10.5%)	0 (0%)
Asthenia/Fatigue	25 (6.7%)	5 (2.6%)
Neutropenia	25 (6.7%)	2 (1.1%)
Thrombocytopenia	19 (5.1%)	0 (0%)

- Discontinuation rate for TEAEs was 14% for rucaparib-treated patients and 2.6% for the placebo arm
- Rate of treatment-emergent MDS/AML in the rucaparib arm was <1% (3/372) and no patients on placebo arm developed treatment-emergent MDS/AML

*safety population: all patients who received ≥1 study drug dose

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US Launch Underway; On File in EU

- 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 who have been treated with two or more chemotherapies and selected for therapy based on an FDA-approved companion diagnostic
- Initial launch quarter for Rubraca in U.S. complete with $7M in reported net sales
- FDA has approved third tablet strength formulation for U.S. use
  - 300mg, 250mg, 200mg tablets now available; all doses priced equivalently
- European MAA filing for potential conditional approval in treatment indication submitted and accepted for filing in Q4 2016
  - Evaluating most rapid path for maintenance label in EU, may delay first European approval

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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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) % Grade 3-4*
Gastrointestinal Disorders	
Nausea	5
Vomiting	4
Constipation	2
Diarrhea	2
Abdominal Pain	3
General Disorders	
Asthenia/Fatigue	11
Blood and Lymphatic System Disorders	
Anemia	25
Thrombocytopenia	5
Nervous System Disorders	
Dysgeusia	0.3
Metabolism and Nutrition Disorders	
Decreased appetite	3
Respiratory, Thoracic, and Mediastinal Disorders	
Dyspnea	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) % Grade 3- 4
Clinical Chemistry	
Increase in creatinine	1
Increase in ALT[b]	13
Increase in AST[b]	5
Increase in cholesterol	2
Hematologic	
Decrease in hemoglobin	23
Decrease in lymphocytes	7
Decrease in platelets	6
Decrease in absolute neutrophil count	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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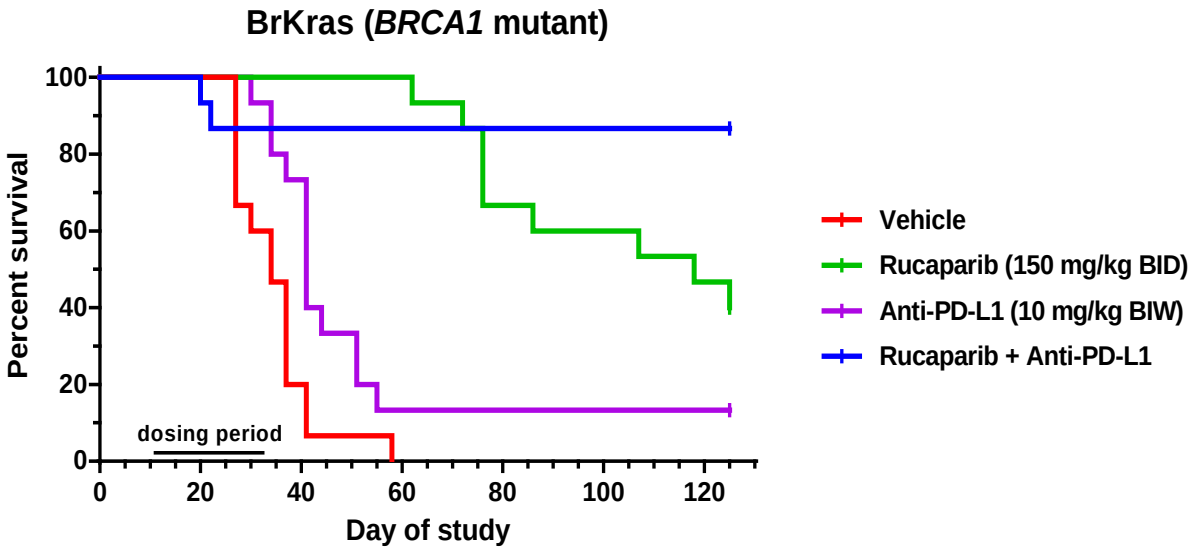
Preclinical Data Show Potential Immuno-Oncology (IO) Combination Opportunity

- Enhanced anti-tumor efficacy found with rucaparib and anti-PD-L1 in a syngeneic BRCA1 mutant ovarian model[1]
- 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 enrolled first patient in early May 2017
- Potential to explore indications beyond ovarian cancer



[1] Clovis internal data; BrKras syngeneic (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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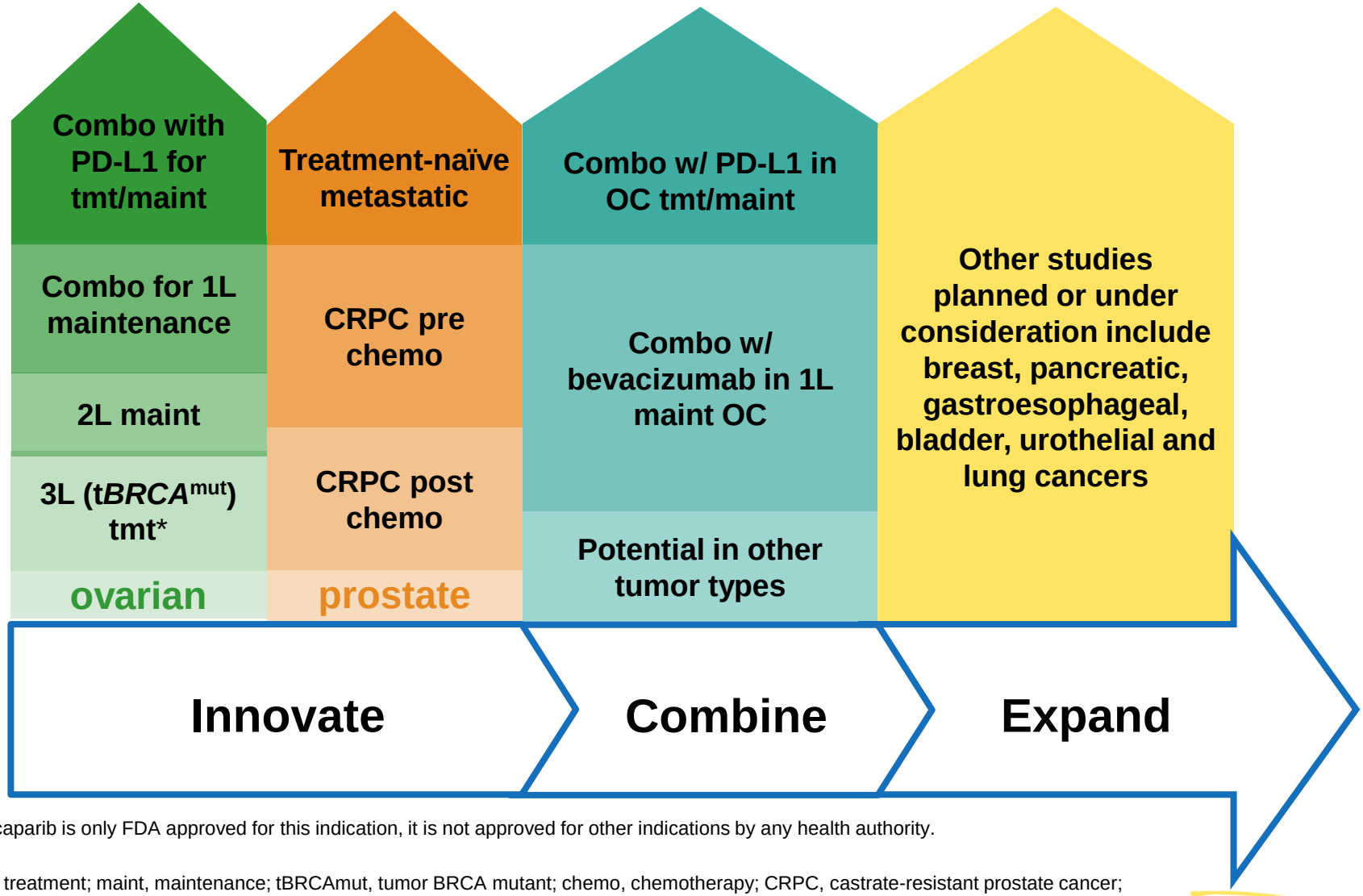
Rucaparib Development Areas of Interest



*Rucaparib is only FDA approved for this indication, it is not approved for other indications by any health authority.

Tmt, treatment; maint, maintenance; tBRCAmut, tumor BRCA mutant; chemo, chemotherapy; CRPC, castrate-resistant prostate cancer; combo, combination; PD-L1, programmed cell death ligand 1; OC, ovarian cancer; w/, with; 1L, first-line; 2L, second-line; 3L; third line.

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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
  - Currently enrolling 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 initiated Q1 2017
  - Currently enrolling 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
TRITON3	Ph 3 Clovis	prostate	Q1 2017
Rucaparib + Atezolizumab Combo	Ph 1b combo with atezolizumab (Genentech/Roche)	Solid tumors and gynecologic including ovarian	Q2 2017
STRAT-STAMPEDE	Biomarker IIT	prostate	Q2 2017
PLATFORM	Ph 2 IIT	gastroesophageal	Q3 2017
MITO-25	Ph 2 combo w bevacizumab IIT	ovarian – 1L maintenance	Q4 2017

IIT = investigator initiated trial; TNBC = triple negative breast cancer

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

Recent Milestones

Milestones	Timing
Rubraca U.S. Approval and Launch	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 ✓
Phase 3 TRITON3 study of rucaparib in prostate cancer open for enrollment	Q1 2017 ✓
Phase 1b combination study of rucaparib and atezolizumab in solid tumors including gynecologic cancers open for enrollment	Q2 2017 ✓
ARIEL3 ovarian maintenance treatment data (topline)	June 2017 ✓

Summary

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