

KIMBERLY CLARK CORP  
Form 10-Q  
November 06, 2009

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

FORM 10-Q

(Mark One)

QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the quarterly period ended September 30, 2009

OR

TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from.....to.....

Commission file number 1-225

KIMBERLY-CLARK CORPORATION  
(Exact name of registrant as specified in its charter)

Delaware (State or other jurisdiction of incorporation or organization)	39-0394230 (I.R.S. Employer Identification No.)
---	---

P. O. Box 619100  
Dallas, Texas  
75261-9100  
(Address of principal executive offices)  
(Zip Code)

(972) 281-1200  
(Registrant's telephone number, including area code)

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes  No

Edgar Filing: KIMBERLY CLARK CORP - Form 10-Q

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate Web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files).

Yes  No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	<input checked="" type="checkbox"/>	Accelerated filer	<input type="checkbox"/>
Non-accelerated filer (Do not check if a smaller reporting company)	<input type="checkbox"/>	Smaller reporting company	<input type="checkbox"/>

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act).

Yes  No

As of October 30, 2009, there were 415,379,458 shares of the Corporation's common stock outstanding.

---

## PART I – FINANCIAL INFORMATION

## Item 1. Financial Statements.

KIMBERLY-CLARK CORPORATION AND SUBSIDIARIES  
CONSOLIDATED INCOME STATEMENT  
(Unaudited)

(Millions of dollars, except per share amounts)	Three Months Ended September 30			Nine Months Ended September 30
	2009	2008	2009	2008
Net Sales	\$ 4,913	\$ 4,998	\$ 14,133	\$
Cost of products sold	3,186	3,535	9,379	
Gross Profit	1,727	1,463	4,754	
Marketing, research and general expenses	852	848	2,524	
Other (income) and expense, net	4	5	122	
Operating Profit	871	610	2,108	
Interest income	7	15	21	
Interest expense	(67)	(76)	(211)	
Income Before Income Taxes, Equity Interests and Extraordinary Loss	811	549	1,918	
Provision for income taxes	(240)	(154)	(562)	
Income Before Equity Interests and Extraordinary Loss	571	395	1,356	
Share of net income of equity companies	40	53	116	
	-	-	-	

Extraordinary  
loss, net of  
income taxes,  
attributable to

Kimberly-Clark  
Corporation

Net Income	611	448	1,472
Net income attributable to noncontrolling interests	( )	( )	( )
	(29)	(35)	(80)

Net Income Attributable to Kimberly-Clark Corporation	\$ 582	\$ 413	\$ 1,392
--	--------	--------	----------

Per Share Basis:

Basic Before extraordinary loss	\$ 1.40	\$ .99	\$ 3.35
Extraordinary loss	-	-	-
Net Income Attributable to Kimberly-Clark Corporation	\$ 1.40	\$ .99	\$ 3.35

Diluted Before extraordinary loss	\$ 1.40	\$ .99	\$ 3.35
Extraordinary loss	-	-	-
Net Income Attributable to Kimberly-Clark Corporation	\$ 1.40	\$ .99	\$ 3.35

Cash Dividends Declared	\$ .60	\$ .58	\$ 1.80
----------------------------	--------	--------	---------

Given our expertise in ion channel drug discovery, our efforts are concentrated on targets of ion channel targets where we believe novel modulators might represent significant advances, with a particular focus on CNS-related orphan indications. We intend to advance our pipeline from our internal research efforts and through the acquisition or in-licensing of product candidates.

Our Partnered Programs

### Selective Inhibitors of Nav1.7 for the Treatment of Pain

In December 2011, we entered into a collaborative research and license agreement and its affiliate, F. Hoffman-La Roche Ltd, or Roche, to discover and develop selective inhibitors of Nav1.7 for the treatment of pain. For a more detailed description of the agreement with Genentech, see “—Collaborations, Commercial and License Agreements” on our discovery of Nav1.7 deficiency underlying the rare human disease called congenital indifference to pain, or CIP, where individuals with CIP are unable to feel pain, we believe Nav1.7 is a highly-validated target for the treatment of pain. Our Genentech collaboration is focused on discovering and developing oral drugs that selectively target Nav1.7.

Chronic pain conditions, such as severe cancer pain and neuropathic pain, are generally considered as unmet medical needs providing potential commercial opportunities for a new oral drug. Currently available pain drugs often have either a lack of meaningful pain relief or significant side effects for many patients. An orally administered, selective Nav1.7 inhibitor could provide a new mechanism for the treatment of moderate to severe pain as a single agent or in combination with existing analgesics that work through different mechanisms. We believe that the selective inhibition of Nav1.7 may lower the potential for dose-limiting central nervous system side-effects, while allowing for an improved side-effect profile for oral administration of such an inhibitor, which could potentially allow for the treatment of pain that has a central or deep tissue component, such as cancer pain and neuropathic pain.

Genentech had been focused on the development of GDC-0310, but after completing additional pre-clinical studies with GDC-0310 and reviewing the totality of data available, Genentech decided to discontinue further clinical development of GDC-0310 and refocus its future Nav1.7 development efforts on back-up molecules.

### Additional Collaborative Work with Genentech

We formed a second collaboration with Genentech in March 2014 for pain genetics research on rare phenotypes where individuals have an inability to perceive pain or where individuals experience non-precipitated spontaneous severe pain. We believe these phenotypes may unlock novel molecular regulators of pain signaling in humans, which we will seek to validate as potential targets for pain drugs. In March 2017, the research term for this second collaboration agreement expired until March 2018. Under that agreement, Genentech has paid us a \$1.5 million upfront payment and two \$0.25 million milestone payments related to the identification of novel pain targets in March 2015 and July 2017. For a more detailed description of the terms of our collaboration with Genentech, see “—Collaborations, Commercial and License Agreements” below.

### Selective Small-Molecule Inhibitors of Targets for the Treatment of Cardiovascular Disease

We entered into a collaborative research and option agreement with Merck in June 2011 to discover and develop novel targets and compounds for the treatment of cardiovascular disease. For a more detailed description of the terms of our agreement with Merck, see “—Collaborations, Commercial and License Agreements” below. In 2012, Merck exercised its option to obtain an exclusive license to develop and commercialize cardiovascular disease and compound inhibitors that were discovered during the research collaboration. The target, when inhibited, is predicted to provide a beneficial lipid profile, a primary goal of protecting from cardiovascular disease.

### Collaborations, Commercial and License Agreements

#### Asset Purchase Agreement with 1st Order Pharmaceuticals, Inc.

In April 2017, we entered into an asset purchase agreement with 1st Order Pharmaceuticals, Inc. (“1st Order”), pursuant to which we acquired all rights with respect to XEN1101 (previously 1OP2198). 1st Order previously acquired 1OP2198 from Valeant Pharmaceuticals North America, Inc. (“Valeant”), S.a.r.l., an indirect subsidiary of Bausch Health Companies Inc., together with Valeant Pharmaceuticals Ireland Limited, Bausch Health, and assumed certain obligations, including certain potential milestone and royalty payments. Under the terms of the asset purchase agreement, we paid 1st Order an upfront fee of approximately \$0.4 million and a \$0.7 million milestone payment upon achieving a clinical development milestone.

In September 2018, we signed an agreement with Bausch Health to buy out all future potential milestone payments and royalties owed to Bausch Health with respect to XEN1101, including approximately \$1.5 million in potential clinical development, regulatory and sales-based milestones and a single digit percentage royalty on commercial sales in exchange for a one-time payment of \$1.5 million. We remain responsible for future potential payments to 1st Order of \$0.5 million in clinical development milestones, up to \$6.0 million in regulatory milestones for multiple indications and up to \$1.5 million in other milestones, which may be payable pre-commercially. There are no other obligations to 1st Order.

#### Agreements with Genentech for Selective Inhibitors of Nav1.7 and Pain Genetics

In December 2011, we entered into a collaborative research and license agreement with Genentech and its affiliate, Roche, to discover and develop small and large molecules that selectively inhibit Nav1.7 sodium channel and companion diagnostics for the potential treatment of pain. Under this agreement, we granted Genentech a worldwide exclusive license to develop and commercialize compounds directed to Nav1.7 and products incorporating such compounds for all indications. We also granted Genentech a worldwide non-exclusive license to diagnostic products for the development or commercializing such compounds.

Under the terms of the agreement, Genentech paid us an upfront fee of \$10.0 million and a \$10.0 million milestone payment for the selection of a compound for development and an \$8.0 million milestone payment upon the approval by Health Canada of a CTA. Genentech provided funding for the research collaboration, including certain of our full-time equivalents, or FTEs, performing the research collaboration. The collaboration concluded in December 2016. We are eligible to receive pre-commercial and commercial milestone payments with respect to the licensed products totaling up to an additional \$613.0 million. We are also eligible to receive payments comprised of up to \$45.5 million in pre-clinical and clinical milestone payments, up to

\$387.5 million in regulatory milestone payments, and up to \$180.0 million in sales payments for multiple products and indications. In addition, we are eligible to receive royalties based on net sales of the licensed products, which range from a mid single-digit percentage for small-molecule inhibitors for the timeframe that such products are covered by our licensed patents and a low single-digit percentage thereafter until the date that is ten years from first commercial sale on a country-by-country basis, plus a low single-digit percentage for biologics and inhibitors of Nav1.7 for a period of ten years from first commercial sale on a country-by-country basis. Our pre-commercial and commercial milestone payments and royalties may be subject to reductions based on the period in which the compound that is selected for development and commercialization was initially conceived.

Our agreement with Genentech expires on the date of the expiration of all payment obligations under the agreement. Genentech may terminate the agreement with three months' notice at any time on or after the third anniversary of the effective date of the agreement, and we may terminate the agreement in the event of a material breach by the other party that remains uncured after 90 days. In the event that Genentech terminates the agreement due to our breach, we retain its licenses and its payment obligations to us are reduced. In the event that we terminate the agreement due to Genentech's breach, the rights and licenses granted to Genentech are terminated, subject to certain rights to make and use certain large-molecule product candidates developed by Genentech, and Genentech is obligated to assign certain regulatory approvals and licenses to us to enable us to develop and commercialize certain terminated product candidates from our collaboration.

Our collaborative research and license agreement with Genentech has been amended in May 2015, November 2015, March 2016, May 2017, July 2018 and September 2018 to extend the term of the research program or to provide us with greater flexibility in our research on compounds that target Nav1.6. Pursuant to the current amendment, we have obtained a non-exclusive, irrevocable, perpetual, world-wide, sublicensable license under the terms of the agreement forming part of the Genentech intellectual property developed under the Nav1.7 collaboration. We are permitted to make, use, sell, offer for sale, and import compounds from our research program that are above a certain potency threshold on Nav1.7 and products containing those compounds. Our license from Genentech includes commercialization rights but we are prohibited from developing or commercializing our Nav1.6 compounds below a certain potency threshold in the field of epilepsy and any of our Nav1.6 compounds, regardless of their potency threshold in the field of pain. In exchange for the rights granted to us under this amendment, Genentech will receive a low single-digit percentage, tiered royalty on net sales of our Nav1.6 compounds, including XEN901, for a period of ten years from first commercial sale on a country-by-country basis. Pursuant to the amendment, we granted Genentech a royalty-free, non-exclusive license under our Nav1.6 intellectual property to make, use, sell, offer for sale and import compounds below a certain potency on Nav1.7 and products containing those compounds for all uses and indications except epilepsy.

In March 2014, we entered into an additional agreement with Genentech for pain research focused on identifying genetic targets associated with rare phenotypes where individuals have a congenital inability to perceive pain or where individuals have non-precipitated spontaneous pain. Pursuant to the terms of this agreement, any intellectual property arising out of the collaboration will be jointly owned by us and Genentech. We also granted Genentech a time-limited, exclusive right of first negotiation on a target-by-target basis to form joint drug discovery collaborations. Pursuant to the terms of this agreement, Genentech paid us an upfront payment of \$1.5 million and three \$1.5 million milestone payments related to the identification of novel pain targets in September 2014, July 2015, and July 2017. Genentech's time-limited, exclusive right of first negotiation, which was in effect throughout the research term, expired at the same time as the agreement in March 2018. Upon such termination, we remain eligible for up to an additional \$1.5 million in milestone payments.

#### Agreement with Merck for Cardiovascular Disease

In June 2009, we entered into an exclusive collaborative research and option agreement with Merck pursuant to which the parties conducted a research program to discover and develop small-molecule candidates for the potential treatment of cardiovascular disease. Merck made milestone payments to us for our FTEs who performed our activities pursuant to the research program conducted under the Merck agreement. The Merck collaborative research program terminated in December 2012.

Under the terms of the agreement, Merck had the option to obtain an exclusive license to our intellectual property controlled by us to develop and commercialize compounds and products directed to targets in the research program, which has now expired. In June 2012, Merck exercised its option and paid us \$2.0 million to obtain such a worldwide exclusive license to develop and commercialize compound inhibitors of a target that was identified using our discovery program. Through December 31, 2018, we have received milestone payments and an option exercise payment of \$2.0 million, and we are eligible for further research, development and regulatory milestone payments of up to \$64.0 million, comprised of \$21.0 million in pre-clinical and clinical milestone payments and up to \$43.0 million in regulatory milestone payments for products directed to the target.



well as royalties from the mid to high single-digit range in countries where such products are covered by a valid composition or method of use claim of a Xenon or Merck patent. In countries not covered by such claims, royalties in the mid single-digit range for ten years after first commercial sale of such products.

We have an option to co-fund the Phase 1 and first Phase 2 clinical trials of products licensed by Merck by paying Merck 50% of such development costs. Such co-funding is not available at the IND-filing stage for the applicable product candidate. If we exercise this option then the maximum eligible milestone amounts due to us increase to \$86.5 million and royalties increase to the high single-digit to the low double-digit range.

Our agreement with Merck expires on the date of the expiration of all royalty payment obligations due to us under the agreement. Merck has the right to terminate the agreement upon providing written notices to us. Each party may terminate the agreement in the event of a material breach by the other party that remains uncured for 90 days after notice of such breach. In the event that Merck terminates the agreement due to our breach, the licenses granted to Merck survive and all amounts due to Merck are paid up. In the event that we terminate the agreement due to Merck's breach, the licenses granted to us by Merck terminate.

### Termination Agreement with Teva

On March 7, 2018, we and Teva Pharmaceuticals International GmbH and Teva Canada together Teva, entered into a termination agreement terminating by mutual agreement our collaborative development and license agreement dated December 7, 2012, as amended, which was subsequently closed on March 27, 2018. In connection with the termination, Teva cancelled 1,000,000 of our common shares that were owned by Teva. Pursuant to the termination agreement, Teva has also returned, licensed or assigned to us certain intellectual property, including certain patent rights and transferred regulatory filings related to TV-45070. The termination agreement requires us to pay a low single digit percentage royalty to Teva on the sales of approved products, if any, resulting from any continued development and commercialization of TV-45070 by us or a sublicensee during the period that assigned or licensed patent rights to us. To date, no such sales have occurred.

### Intellectual Property

As part of our business strategy, we generally file patent applications disclosing our drug targets and their novel uses, novel compositions that modulate such targets, methods of making and using such compositions and various therapeutic formulations of such compositions for our product candidates. In some cases, we also file claims on screening assays as well as diagnostic tests and methods for use in diagnosing certain diseases. We generally file applications in the United States, Canada, the European Union, or EU, and other commercially significant foreign jurisdictions. We also rely on trade secrets, internal know-how, technological innovations and agreements with third parties to develop, maintain and protect our competitive position. Our ability to be successful may depend on the success of this strategy.

As of December 31, 2018, we owned, co-owned or licensed 30 issued U.S. patents and approximately 18 pending U.S. patent applications, including provisional and non-provisional filings. We also owned, co-owned or licensed an additional 106 pending and granted patent applications worldwide, including 24 country-specific validations of four European patents.

As of December 31, 2018, we owned two issued U.S. patents and one U.S. provisional patent application related to XEN1101, and methods of making and using XEN1101 and certain related compounds. The issued patents are expected to expire between 2028 and 2029 (absent any extensions of term). In addition, we have 13 foreign issued patents (exclusive of European national validations) and have six pending corresponding applications in various foreign jurisdictions relating to XEN1101 and certain related compounds.

As of December 31, 2018, we have filed a PCT international patent application and one U.S. non-provisional patent application directed to XEN901 and methods of making and using XEN901 and certain related compounds. Any patents issuing from these applications are expected to expire in 2037 (absent any extensions of term).

As of December 31, 2018, we have filed a PCT international patent application, a U.S. non-provisional patent application and three U.S. provisional patent applications directed to our selective inhibitors of Nav1.6 (exclusive of XEN901), as well as methods of making and using the same. Any patents issuing from these applications are expected to expire between 2037 and 2039 (absent any extensions of term).

As of December 31, 2018, we, together with Genentech, co-owned four issued U.S. patents, two pending U.S. patent applications, two foreign issued patents (exclusive of European validations) and have filed 43 pending counterpart patent applications in various jurisdictions directed to Nav1.7 inhibitors, as well as methods of making and using the same. The patents, as well as any patents issuing from these applications are expected to expire between 2026 and 2033 (absent any extensions of term).

As provided for in our termination agreement with Teva, Teva assigned to us one issued U.S. patent, two pending U.S. patent applications (one of which has since issued as a U.S. patent), two pending PCT international patent applications related to TV-45070 (one of which has entered national phase in Australia, Canada, China, Europe, Japan, Israel and New Zealand), and one issued U.S. patent assigned to us is expected to expire in 2036 (absent any extensions of term). Any patents issuing from the assigned applications are expected to expire in 2037 (absent any extensions of term). For a more detailed description of the terms of our termination agreement with Teva, see “—Collaborations, Commercial and License Agreements” above. Excluded from the agreement included in the terms of the termination agreement, as of December 31, 2018, we own one issued U.S. patent related to TV-45070, and methods of making and using TV-45070 and related compounds. The issued patents are expected to expire between 2026 and 2033 (absent any extensions of term). In addition, we have nine foreign issued patents (exclusive of international validations) and have filed two pending corresponding foreign applications related to TV-45070 and certain related compounds.

## Competition

The biotechnology and pharmaceutical industries are highly competitive and are characterized by rapidly advancing technologies and a strong emphasis on proprietary products. While our technology, development experience, scientific knowledge and drug discovery capabilities provide us with certain advantages, we face potential competition in our discovery and development efforts from many different approaches and sources, including pharmaceutical companies, biotechnology companies, academic institutions and governmental agencies and public and private research institutions. Any product candidates or products that we or our collaborators develop and commercialize will compete with existing products and new products that may become available in the future.

Many of the companies against which we are competing or against which we may compete in the future have significantly greater financial resources and expertise in research and development, manufacturing, pre-clinical testing, conducting clinical trials, obtaining regulatory approvals, and marketing approved products than we, or our collaborators, do. Mergers and acquisitions in the pharmaceutical and biotechnology industries may result in even more resources being concentrated among a smaller number of our competitors. Smaller or early stage companies may become significant competitors, particularly through collaboration arrangements with large pharmaceutical companies.

Our commercial opportunities could be reduced or eliminated if our competitors develop and commercialize products or therapies that are safer, more effective, have fewer or less severe side effects, are more convenient or are less expensive than any products that we may develop. Our competitors also may obtain FDA, European Medicines Agency, or EMA, Health Canada, or other regulatory approval for their products more rapidly than we may obtain approval for our products, which could result in our competitors establishing a strong market position before we are able to enter the market. In addition, our ability to compete may be affected in many cases by insurance coverage and third party payers.

Aside from the product marketplace, our competitors also compete with us in recruiting and retaining qualified scientific and management personnel, establishing clinical trial sites, recruiting patients for clinical trials, and by acquiring technologies complementary to, or needed for, our programs.

The key competitive factors affecting the success of all of our product candidates, including XEN496, XEN1101, and XEN901, are likely to be their efficacy, safety, convenience, price, the effectiveness of alternative therapies, the level of competition and the availability of coverage, and adequate reimbursement by government payers and other third party payers. Our product candidates that are in clinical development will compete with various therapies and drugs, both in the marketplace and currently under development.

### XEN496, XEN1101, and XEN901 for the Treatment of Epilepsy

If more than one of XEN496, XEN1101, or XEN901 were approved for the treatment of epilepsy, we anticipate that they could potentially compete with each other and other AEDs, which can be categorized into four classes by AED mechanism: modulation of voltage-gated calcium channels, enhancement of GABA-mediated inhibitory neurotransmission, reduction of glutamate release, and reduction of excitatory neurotransmission, and SV2A modulation. Commonly used AEDs include carbamazepine, levetiracetam, carbamazepine, clobazam, lamotrigine, valproate, oxcarbazepine, topiramate, and zonisamide.

lacosamide, perampanel and cannabidiol. There are currently no FDA-approved treatments specifically indicated for the early infantile epileptic encephalopathies KCNQ2-EE however, a number of different AEDs are currently used in these patient populations. We are aware of other companies that are developing selective Nav1.6 inhibitors for the treatment of epilepsy. There are other AEDs in development that could potentially compete with XEN1101 or XEN901, including products in development from UCB, Inc., Zogenix Therapeutics, Marinus Pharmaceuticals, Inc., Inc., Knopp Biosciences LLC, Upsher-King Laboratories, Inc., Insys Therapeutics Inc., Supernus Pharmaceuticals Inc., Eisai Company, Therapeutics Inc., Sunovion Pharmaceuticals Inc., and Takeda Pharmaceutical Company.

#### Selective Inhibitors of Nav1.7 for the Treatment of Pain

Drug discovery and development for various pain applications is intensely competitive. There is a large number of approved products for neuropathic pain, inflammatory pain and other pain indications. These approved products include capsaicin, celecoxib, lidocaine, narcotics, gabapentin, and pregabalin. We are also aware of development programs at several pharmaceutical and biotechnology companies that are developing Nav1.7 inhibitors or other sodium channel inhibitors for the treatment of pain, including Amgen Inc., AstraZeneca PLC, Biogen, Bristol-Myers Squibb Company, Dainippon Sumitomo Co., Ltd., Eli Lilly and Company, NeuroQuest Inc., Newron Pharmaceuticals SpA, Vertex Pharmaceuticals Inc., Voyager Therapeutics, Inc. and Chromocell Corporation in collaboration with its partner AstraZeneca. Moreover, we are aware of various other product candidates in development that target different mechanisms of action to treat various pain indications, including calcium channel inhibitors, growth factor inhibitors, and Nav1.8 inhibitors.

## Government Regulation

We are developing small-molecule product candidates, which are regulated as drugs by equivalent regulatory authorities outside the U.S. Within the FDA, the Center for Drug Evaluation and Research, or CDER, regulates drugs. Drugs are subject to regulation under the Federal Food, Drug, and Cosmetic Act, or FD&C Act, and other federal, provincial, state, local and foreign laws and regulations. The FD&C Act and corresponding regulations govern, among other things, the testing, manufacturing, safety, efficacy, labeling, packaging, storage, record keeping, distribution, import, export, reporting, advertising and other promotional practices involving drugs. Regulatory approval must be obtained before clinical testing of drugs is initiated, and each clinical trial protocol for such product candidates is reviewed by the FDA prior to initiation in the U.S. Regulatory approval also must be obtained before marketing of drugs in the U.S. The process of obtaining regulatory approvals and the subsequent compliance with appropriate federal, provincial, state, local and foreign statutes and regulations require the expenditure of substantial time and resources and we may not be able to obtain the required regulatory approvals.

## U.S. Drug Development Process

The process required by the FDA before a drug product may be marketed in the U.S. involves the following:

- completion of nonclinical laboratory tests and animal studies according to good laboratory practices, or GLPs, and applicable requirements for the humane use of laboratory animals and applicable regulations;
- submission to the FDA of an application for an IND, which must become effective before human clinical studies may begin;
- performance of adequate and well-controlled human clinical studies according to the regulations commonly referred to as good clinical practices, or GCPs, and any additional requirements for the protection of human research subjects and their health information, to demonstrate the safety and efficacy of the proposed product for its intended use;
- submission to the FDA of an NDA for drug products for marketing approval that includes substantial evidence of safety and efficacy based on large scale phase 3 clinical studies, including:
  - satisfactory completion of an FDA inspection of the manufacturing facilities where the product is produced to assess compliance with good manufacturing practices, or GMP, to assure that the facilities, methods and controls are adequate to consistently manufacture the product pursuant to regulatory requirements;
- potential FDA audit of the nonclinical and clinical study sites that generated the data supporting the NDA; and
- FDA review and approval of the NDA.

Human clinical studies are typically conducted in three sequential phases that may be combined:

- Phase 1. The drug is initially introduced into healthy human subjects and tested for safety. In the case of some products for severe or life-threatening diseases, especially when the drug is too inherently toxic to ethically administer to healthy volunteers, the initial human testing is conducted in patients that have the condition or disease being studied.
  - Phase 2. The drug is evaluated in a limited patient population to identify potential side effects and safety risks, to preliminarily evaluate the efficacy of the product for one or more targeted diseases and to determine a dose range and dosing schedule.

- Phase 3. Clinical studies are undertaken to further evaluate dosing and clinical efficacy, and safety in an expanded patient population at geographically dispersed clinical study sites. These clinical studies are intended to establish the risk/benefit ratio of the product and provide an adequate basis for product

Post-approval clinical studies, sometimes referred to as Phase 4 clinical studies, may be conducted after initial marketing approval. These clinical studies are used to gain additional experience with the treatment of patients in the intended therapeutic indication, particularly for long-term follow-up. During all phases of clinical development, regulatory agencies require extensive monitoring and auditing of all clinical activities, clinical data, and clinical study information.

Concurrent with clinical studies, companies usually complete additional animal studies and also develop additional information about the physical characteristics of the drug and the process for manufacturing the product in commercial quantities in accordance with regulatory requirements. The manufacturing process must be capable of consistently producing the product candidate and, among other requirements, the sponsor must develop procedures for ensuring the quality of the final drug. Additionally, appropriate packaging must be tested and stability studies must be conducted to demonstrate that the drug candidate does not undergo unacceptable deterioration over its labeled shelf life.

## U.S. Review and Approval Processes

After the completion of clinical studies of a drug, FDA approval of an NDA must be obtained before the commercial marketing of the drug. The NDA must include results of product development, laboratory and animal studies, human studies, information on the manufacture and control of the product, proposed labeling and other relevant information. In addition, under the Prescription Drug Research Equity Act, or PREA, an NDA or supplement to an NDA must contain data demonstrating the safety and effectiveness of the product for the claimed indications in all relevant pediatric subpopulations and to support dosing and administration for each pediatric subpopulation for which the product is safe and effective. The FDA may grant deferrals for submission of data and partial waivers. Unless otherwise required by regulation, PREA does not apply to a supplement for an indication for which orphan designation has been granted. The testing and approval processes can require substantial time and effort and there can be no assurance that the FDA will approve an application for filing and, even if filed, that any approval will be granted on a timely basis, if at all.

Under the Prescription Drug User Fee Act, or PDUFA, as amended, each NDA must be accompanied by a substantial user fee. PDUFA also imposes an annual product fee and an annual establishment fee on facilities used to manufacture prescription drugs. Fee reductions are available in certain circumstances, including a waiver of the application fee for the first application filed by a small business. Additionally, no user fees are assessed on applications for products designated as orphan drugs, unless the product also includes a non-orphan drug.

Within 60 days following submission of the application, the FDA reviews the NDA to determine if it is substantially complete before the agency accepts it for filing. The FDA may refuse to accept a marketing application that it deems incomplete or not properly reviewable at the time of submission and may request additional information, including additional clinical data. In this event, the application must be resubmitted with the additional information. The resubmitted application must be reviewed before the FDA accepts it for filing. Once the submission is accepted for filing, the FDA begins an in-depth substantive review of the NDA. The FDA reviews the application, among other things, whether the proposed product is safe and effective for its intended use, whether the product is being manufactured in accordance with GMPs. The FDA may convene an advisory committee for applications for novel products or products that present difficult questions of safety or efficacy. An advisory committee, typically a panel that includes clinicians and other experts, provides an advisory evaluation and a recommendation as to whether the application should be approved, subject to certain conditions. The FDA is not bound by the recommendations of an advisory committee but carefully considers such recommendations when making decisions. During the review process, the FDA also will determine whether a Risk Evaluation and Mitigation Strategy (REMS) is necessary to assure the safe use of the product. If the FDA concludes a REMS is necessary, the sponsor of the NDA must submit a proposed REMS; the FDA will not approve the application without a REMS, if required.

Notwithstanding the submission of relevant data and information, the FDA may ultimately determine that the NDA does not satisfy its regulatory criteria for approval and deny approval. The data from clinical studies are not always conclusive and the FDA may interpret data differently. If the agency decides not to approve the marketing application, the FDA may issue a Complete Response letter that usually describes all of the specific deficiencies identified by the FDA. The deficiencies identified may be minor, for example, requiring labeling changes, or major, for example, requiring additional clinical studies. A Complete Response letter may include recommended actions that the applicant may take to address the deficiencies.



the application in a condition for approval. If a Complete Response letter is issued, may either resubmit the NDA, addressing all of the deficiencies identified in the letter, or the application.

If a product receives regulatory approval, the approval will be limited to the specific dosages studied in clinical trials or the indications for use may otherwise be limited. The FDA may restrict the commercial value of the product. Further, the FDA may require that certain contraindications, warnings or precautions be included in the product labeling. The FDA may also impose restrictions and conditions on product distribution, prescribing, or dispensing. A REMS request, or otherwise limit the scope of any approval.

One of the performance goals agreed to by the FDA under the PDUFA is to complete 90% of standard NDAs within ten months from filing and 90% of priority NDAs within eight months from filing, whereupon a review decision is to be made. The FDA does not always meet these goal dates and its review goals are subject to change from time to time. The review goals under the PDUFA goal date may be extended by three months if the FDA requests or the applicant otherwise provides additional information or clarification regarding information submitted with the application within the last three months before the PDUFA goal date.

### Fast Track Designation

The FDA has various programs, including Fast Track, which are intended to expedite the development and review of drugs. Even if a drug qualifies for one or more of these programs, the FDA may later decide that the drug no longer meets the conditions for qualification. Drugs that are eligible for these programs are those for serious or life-threatening conditions with the potential to address unmet medical needs, and those that offer meaningful improvements over existing treatments. For example, Fast Track is a process designed to expedite the review of drugs that treat serious or life-threatening diseases or conditions and fill unmet medical needs. Under the Fast Track process, drugs that offer major advances in treatment or provide a treatment where no adequate therapy exists, may also receive priority review by the FDA, or review with accelerated approval. The time of the filing of an NDA compared to a traditional review time of ten months. Although accelerated and priority review do not affect the standards for approval of a drug, and may not result in earlier approval, if approval is granted, for Fast Track designated drugs, the FDA will also facilitate early and frequent meetings with a sponsor of a Fast Track designated drug to expedite such drug's review and development.

### Orphan Drug Designation

Under the Orphan Drug Act, the FDA may grant orphan designation to a drug intended to treat a rare disease or condition, which is generally a disease or condition that affects fewer than 200,000 individuals in the U.S., or more than 200,000 individuals in the U.S. and for which there is a reasonable expectation that the cost of developing and making a drug available in this type of disease or condition will be recovered from sales of the product. We have received orphan drug designation from the FDA for XEN007 (active ingredient flunarizine), a drug intended to be used internally for the potential treatment of HM and AHC. Orphan product designation is requested before submitting an NDA. After the FDA grants orphan product designation, the identity of the therapeutic agent and its potential orphan use are disclosed publicly by the FDA. Orphan product designation does not convey any advantage in or shorten the duration of the review and approval process.

Orphan drug products may also be eligible for RPD designation if greater than 50% of the population living with the disease are under age 19 and the condition affects fewer than 200,000 individuals in the U.S. A priority review voucher will be given to the sponsor of a product with orphan drug designation at the time of product approval that is transferable to another company. We have received RPD designation from the FDA for XEN007 for the treatment of AHC. There is no assurance we will receive a RPD priority review voucher or that it will result in a faster review process, review or approval for a subsequent marketing application. Further, it is possible that if we obtain approval for XEN007 and qualify for such a priority review voucher, the voucher will no longer be in effect at the time of approval. Although priority review vouchers may be transferred to third parties, there is no guaranty that we will be able to realize any value from the sale of a priority review voucher.

If a product that has orphan designation subsequently receives the first FDA approval for the disease or condition for which it has such designation, the product is entitled to orphan product exclusivity, which means that the FDA may not approve any other application for the same drug for the same indication for seven years, except in limited circumstances showing of clinical superiority to the product with orphan exclusivity. Competitors may receive approval of different products for the indication for which the orphan product

or obtain approval for the same product but for a different indication for which the has exclusivity. Orphan product exclusivity also could block the approval of one of seven years if a competitor obtains approval of the same product as defined by the product candidate is determined to be contained within the competitor's product for indication or disease. If a drug designated as an orphan product receives marketing indication broader than what is designated, it may not be entitled to orphan product Orphan drug status in the EU has similar, but not identical, benefits, including up to exclusivity.

#### Post-Approval Requirements

Rigorous and extensive FDA regulation of drug continues after approval, particularly GMP. We will rely, and expect to continue to rely, on third parties for the production of commercial quantities of any products that we may commercialize. Manufacturers are required to comply with applicable requirements in the GMP regulations, including control and quality assurance and maintenance of records and documentation. Other requirements applicable to drug manufacturers, include reporting of GMP deviations, the safety, efficacy or quality of a distributed product, record-keeping requirements, adverse effects, reporting updated safety and efficacy information, and complying with record and signature requirements.

We also must comply with the FDA's advertising and promotion requirements, such as restrictions on direct-to-consumer advertising, the prohibition on promoting products for uses or populations that are not described in the product's approved labeling (known as "off-label" use), and industry-sponsored scientific and educational activities. Discovery of previously unapproved uses or the failure to comply with the applicable regulatory requirements may result in restrictions on the marketing of a product or withdrawal of the product from the market as well as possible civil or criminal sanctions. Failure to comply with the applicable U.S. requirements at any stage of the product development process, approval process or after approval, may subject an applicant or manufacturer to administrative or judicial civil or criminal sanctions and adverse publicity. Such sanctions could include refusal to approve pending applications, withdrawal of an approved application, suspension, hold, warning or untitled letters, product recalls, product seizures, total or partial suspension of production or distribution, injunctions, fines, refusals of government contracts, mandatory corrective advertising or communications with doctors, debarment, restitution, disgorgement of profits, or criminal penalties. Any agency or judicial enforcement action could have a material adverse effect on us.

Drug manufacturers and other entities involved in the manufacture and distribution of prescription drugs are required to register their establishments with the FDA and certain state agencies and are subject to periodic unannounced inspections by the FDA and certain state agencies to ensure compliance with GMPs and other laws. Accordingly, manufacturers must continue to expend time, money, and effort in the area of production and quality control to maintain GMP compliance. Discovery of problems with a product after approval may result in restrictions on a product, suspension of the manufacturer's approval, withdrawal of an approved NDA, including withdrawal of the product from the market. Changes to the manufacturing process or facility generally require prior FDA approval. Changes to the approved product, such as adding new indications and additional labeling claims, are also subject to further FDA review and approval.

#### U.S. Patent Term Restoration and Marketing Exclusivity

Depending upon the timing, duration and specifics of the FDA approval of the use of our drug candidates, some of our U.S. patents may be eligible for limited patent term extensions under the Drug Price Competition and Patent Term Restoration Act of 1984, commonly referred to as the Hatch-Waxman Amendments. The Hatch-Waxman Amendments permit a patent term extension of up to five years as compensation for patent term lost during product development and regulatory review process. However, patent term restoration cannot extend the remaining term of a patent beyond a total of 14 years from the product's approval date. Only one patent per approved product is eligible for the extension and the application for the extension must be submitted prior to the expiration of the patent. The U.S. Patent and Trademark Office conducts consultation with the FDA, reviews and approves the application for any patent term restoration.

Under the Hatch-Waxman Amendments, a drug product containing a new chemical entity active ingredient is entitled to five years of market exclusivity, and a product whose active ingredient was previously FDA approved, and for which the sponsor is required to submit clinical data is entitled to three years of market exclusivity. A drug can also obtain a six-month exclusivity in the U.S. and, if granted, adds six months to existing exclusivity period terms. This six-month exclusivity, which runs from the end of other exclusivity period term, may be granted based on the timely, voluntary, and as-agreed upon completion of a clinical study in accordance with an FDA-issued "Written Request" for such a study.

#### Additional Regulation

In addition to the foregoing, provincial, state and federal U.S. and Canadian laws relating to environmental protection and hazardous substances affect our business. These and our use, handling and disposal of various biological, chemical and radioactive substances and wastes generated by, our operations. If our operations result in contamination of the environment or expose individuals to hazardous substances, we could be liable for substantial governmental fines. We believe that we are in material compliance with applicable laws and that continued compliance therewith will not have a material adverse effect on our business. We cannot predict, however, how changes in these laws may affect our future business.

### Global Anti-Corruption Laws

The U.S. Foreign Corrupt Practices Act and the Canadian Corruption of Foreign Public Officials Act, the U.S. Travel Act, the OECD Anti-Bribery Convention, Title 18 United States Code, the FCPA, and any other applicable domestic or foreign anti-corruption or anti-bribery laws are subject prohibit corporations and individuals from engaging in certain activities to obtain or retain business or to influence a person working in an official capacity. It is illegal to pay or authorize the payment of anything of value to any foreign government official, employee, staff member, political party or political candidate in an attempt to obtain or retain business or to otherwise influence a person working in an official capacity. We may also be held liable for the actions of our third party agents under the U.S. Foreign Corrupt Practices Act, Canadian Corruption of Foreign Public Officials Act, and other applicable anti-corruption and anti-bribery laws. Noncompliance with these laws could subject us to investigations, sanctions, settlements, civil prosecution, other enforcement actions, disgorgement of profits, significant fines, damages, civil and criminal penalties or injunctions, suspension or debarment from contracting with government persons, the loss of export privileges, whistleblower complaints, reputational harm, decreased market coverage, and other collateral consequences. Any investigations, actions or sanctions resulting from the previously mentioned harm could have a material negative effect on our business, operations, and financial condition.

### Government Regulation Outside of the U.S.

In addition to regulations in the U.S., we will be subject to a variety of regulations in other jurisdictions governing, among other things, research, development, testing, manufacturing, distribution, control, approval, labeling, packaging, storage, record-keeping, promotion, advertising, post-approval monitoring and reporting, marketing and export and import of drugs, reimbursement requirements. Generally, before a new drug can be marketed, considerable data demonstrating its quality, safety and efficacy must be obtained, organized into a form and submitted to each regulatory authority, submitted for review and approved by the regulatory authority. Before we or not we obtain FDA approval for a product, we must obtain the requisite approval from the regulatory authorities in foreign countries prior to the commencement of clinical studies or marketing of the product in those countries. Certain countries outside of the U.S. have a similar process to the submission of a clinical study application much like the IND prior to the commencement of human clinical studies. In the EU, for example, a CTA must be submitted to each country's health authority and an independent ethics committee, much like the FDA and the IRB. Once the CTA is approved in accordance with a country's requirements, clinical studies may proceed. Similar requirements regarding a CTA and ethics approval exist in Canada.

The requirements and process governing the conduct of clinical studies, product pricing and reimbursement vary from country to country. In all cases, the clinical studies must be conducted in accordance with GCP and the applicable regulatory requirements and ethical principles that have their origin in the Declaration of Helsinki. The EU clinical trial regulation is currently undergoing a transition process mainly aimed at harmonizing and streamlining clinical-trial authorization, simplifying adverse-event reporting procedures, improving the supervision of clinical trials and increasing their transparency. Recently enacted EU Clinical Trials Regulation EU No 536/2014 is intended to ensure that the rules for conducting clinical trials in the EU are identical; however, it has not yet been fully implemented.

To obtain regulatory approval of an investigational drug under EU regulatory systems, a company must submit a marketing authorization application, or MAA. The application used to file in the U.S. is similar to that required in the EU, with the exception of, among other things, certain document requirements. Reimbursement approval for the drug by regulatory authorities is required before a drug may be commercialized. The EU also provides opportunities for market exclusivity. For example, in the EU, upon receiving marketing authorization, new drugs generally receive eight years of data exclusivity and an additional two years of market exclusivity. During this period, data exclusivity prevents regulatory authorities in the EU from referencing the innovator's data to assess a generic application. During the additional two-year period of market exclusivity, generic marketing authorization can be submitted, and the innovator's data may be used to support a generic product can be marketed until the expiration of the market exclusivity. However, there is no guarantee that a product will be considered by the EU's regulatory authorities to be a new active substance, and products may not qualify for data exclusivity. Products receiving orphan drug status in the EU can receive ten years of market exclusivity, during which time no similar medicinal products for the same indication may be placed on the market. An orphan product can also receive an additional two years of market exclusivity in the EU for pediatric studies. No extended data protection or supplementary protection certificate can be granted on the basis of pediatric studies in the EU for orphan indications.

The criteria for designating an “orphan medicinal product” in the EU are similar in the U.S. Under Article 3 of Regulation (EC) 141/2000, a medicinal product may be orphan if (1) it is intended for the diagnosis, prevention or treatment of a life-threatening or chronically debilitating condition; (2) either (a) such condition affects no more than a small number of persons in the EU when the application is made, or (b) the product, without the benefit of orphan status, would not generate sufficient return in the EU to justify investment; (3) there exists no satisfactory method of diagnosis, prevention or treatment of such condition authorized for marketing in the EU, or if such a method exists, the product will be of significant benefit to those affected by the condition, as defined in Regulation (EC) 847/2000. Orphan medicinal products are eligible for financial incentives such as reduction of fees or tax breaks, and are, upon grant of a marketing authorization, entitled to ten years of market exclusivity for the approved therapeutic indication. The application for orphan drug designation must be submitted before the application for marketing authorization. The applicant will receive a fee waiver for the marketing authorization application if the orphan drug designation has been granted. Orphan drug designation is still pending at the time the marketing authorization is submitted. Orphan drug designation does not convey any advantage in, or shorten the duration of, the regulatory approval process.

The 10-year market exclusivity may be reduced to six years if, at the end of the fifth year, it is established that the product no longer meets the criteria for orphan designation, for example, if the product is sufficiently profitable not to justify maintenance of market exclusivity. A marketing authorization may be granted to a similar product for the same indication

- the second applicant can establish that its product, although similar, is safer, more effective or otherwise clinically superior;
- the applicant consents to a second orphan medicinal product application; or
- the applicant cannot supply enough orphan medicinal product.

For other countries outside of the EU, such as Canada and countries in Eastern Europe, Latin America or Asia, the requirements governing the conduct of clinical studies, product registration, establishment licensing, coverage, data protection, pricing and reimbursement vary by country. In all cases, again, the clinical studies are conducted in accordance with GCP and applicable regulatory requirements and the ethical principles that have their origin in the Declaration of Helsinki.

If we fail to comply with applicable foreign regulatory requirements, we may be subject to, among other things, fines, suspension or withdrawal of regulatory approvals, product recall, restriction of import or export, seizure of products, operating restrictions and criminal prosecution.

#### Pharmaceutical Coverage, Pricing and Reimbursement

Significant uncertainty exists as to the coverage and reimbursement status of any product for which we obtain regulatory approval. In the U.S. and markets in other countries, the availability of products for which we receive regulatory approval for commercial sale will depend on the availability of coverage and adequate reimbursement from third-party payers. Third-party payers include government programs such as Medicare or Medicaid, managed care plans, health maintenance organizations, insurers, and other organizations. These third-party payers may deny coverage or reimbursement for a product or therapy in whole or in part if they determine that the product or therapy is not medically appropriate or necessary. Third-party payers may attempt to control costs



coverage to specific drug products on an approved list, or formulary, which might limit the FDA-approved drug products for a particular indication, and by limiting the amount of reimbursement for particular procedures or drug treatments.

The cost of pharmaceuticals continues to generate substantial governmental and third-party payer interest. We expect that the pharmaceutical industry will experience pricing pressure from the trend toward managed healthcare, the increasing influence of managed care organizations, and additional legislative proposals. Third-party payers are increasingly challenging the medical necessity of our products by examining the medical necessity and cost-effectiveness of medical products and services. We may need to conduct expensive pharmacoeconomic studies to demonstrate the medical necessity and cost-effectiveness of our products, in addition to the studies required to obtain the FDA approvals. Our product candidates may not be considered medically necessary or cost-effective. A payer's decision to provide coverage for a drug product may depend on whether that an adequate reimbursement rate will be approved. Adequate third-party reimbursement may not be available to enable us to maintain price levels sufficient to realize an appropriate return on our investment in product development.

Some third-party payers also require pre-approval or prior authorization of coverage for innovative drug therapies before they will reimburse healthcare providers who use them. While we cannot predict whether any proposed cost-containment measures will be implemented in the future, these requirements or any announcement or implementation of such proposals could have a material adverse effect on our ability to obtain adequate pricing for our product candidates and to operate profitably.

In international markets, reimbursement and healthcare payment systems vary significantly by country, and many countries have instituted price ceilings on specific products and there can be no assurance that our products will be considered medically reasonable and appropriate for a specific indication, that our products will be considered cost-effective by third-party payors, that coverage or an adequate level of reimbursement will be available or that the third-party payor's reimbursement policies will not adversely affect our ability to sell our products in those markets.

In addition, in many foreign countries, the proposed pricing for a drug must be approved by the government before it may be lawfully marketed. The requirements governing drug pricing and reimbursement vary significantly from country to country. For example, the EU provides options for its member states to regulate a wide range of medicinal products for which their national health insurance systems provide reimbursement and to control the prices of medicinal products for human use. A member state may approve a specific price for the medicinal product or it may instead adopt a system of indirect controls on the profitability of the company placing the medicinal product on the market. There can be no assurance that any country that has price controls or reimbursement controls will allow favorable reimbursement and pricing arrangements for our pharmaceutical products. Historically, products launched in the EU do not follow the price structure of the United States and generally prices tend to be significantly lower.

#### Healthcare Reform

In the U.S. and foreign jurisdictions, there have been a number of legislative and regulatory changes to the healthcare system that could affect our future results of operations. In particular, there have been and continue to be a number of initiatives at the U.S. federal and state levels that could increase healthcare costs.

In the U.S., the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, also known as the Medicare Modernization Act, changed the way Medicare covers and pays for pharmaceutical products. The Medicare Modernization Act expanded Medicare coverage for drug costs for the elderly by establishing Medicare Part D and introduced a new reimbursement method based on average sales prices for physician administered drugs under Medicare Part B. In addition, the legislation provided authority for limiting the number of drugs that will be covered under each therapeutic class under the new Medicare Part D program. Cost reduction initiative provisions of this legislation could decrease the coverage and reimbursement rate that we receive for any of our approved products. While the Medicare Modernization Act expanded drug benefits for Medicare beneficiaries, private payers often follow Medicare coverage rules and payment limitations in setting their own reimbursement rates. Therefore, any reduction in Medicare reimbursement that results from the Medicare Modernization Act may result in a similar reduction in payments from private payers.

Enacted in March 2010, the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010, is a sweeping law intended to broaden access to health insurance, reduce or constrain overall healthcare spending, enhance remedies against healthcare fraud and abuse, add new requirements for healthcare and health insurance industries, impose new taxes and fees on pharmaceutical and medical device manufacturers and impose additional health policy requirements. Among other things, PPACA revises the definition of "average manufacturer price" for purposes of Medicaid drug rebates to states. Furthermore, PPACA imposes a significant annual fee on companies that manufacture or import branded pharmaceutical products. Substantial new provisions affecting compliance have also been enacted,

our business practices with healthcare practitioners and a significant number of products have not been approved, or are not yet, or have only recently become, effective. PPACA may continue to place downward pressure on pharmaceutical pricing, especially under the Medicare program, and may also increase regulatory burdens and operating costs.

In addition, other legislative changes have been proposed and adopted since PPACA. These new laws may result in reductions in Medicare and other healthcare funding, which may have a material adverse effect on our customers and accordingly, our financial operations.

We expect that PPACA, as well as other healthcare reform measures that have been proposed and adopted in the future, may result in more rigorous coverage criteria and in addition, increased downward pressure on the price that we receive for any approved product, and could seriously impact our revenue. Any reduction in reimbursement from Medicare or other government programs may result in a similar reduction in payments from private payers. The implementation of cost containment measures or other healthcare reforms may prevent us from being able to generate sufficient revenue to maintain profitability, or commercialize our products.

The Trump administration and Congress have made changes to current health care laws. We continue to attempt broad sweeping changes to existing health care laws. We face uncertainty that might result from modification or repeal of any of the provisions of the PPACA, in addition to the result of current and future executive orders and legislative actions. The impact of these changes on us and the pharmaceutical industry as a whole is currently unknown. Any changes to the law are likely to have an impact on our results of operations, and may have a material adverse effect on our results of operations. We cannot predict what other healthcare programs and regulations will ultimately be implemented at the federal or state level or the effect of any future legislative or regulatory changes. Regulation in the United States may have on our business.

In addition, different pricing and reimbursement schemes exist in other countries. In many countries, governments influence the price of pharmaceutical products through their reimbursement rules and control of national healthcare systems that fund a large portion of the cost of those products to consumers. Some jurisdictions operate positive and negative list systems, under which products may be marketed only once a reimbursement price has been agreed upon. Some of these countries may require, as condition of obtaining reimbursement or pricing approval, the completion of clinical trials that compare the cost-effectiveness of a particular product to currently available therapies. Other member states allow companies to fix their own prices for their medicines, but monitor and control company profits. The downward pressure on health care costs, in general, particularly prescription drugs, has become very intense. As a result, increasing regulatory barriers are being erected to the entry of new products. In addition, in some countries, the ability to import from low-priced markets exert a commercial pressure on pricing within a country.

#### Other Healthcare Laws and Compliance Requirements

In the U.S., the research, manufacturing, distribution, sale and promotion of drug products and devices are subject to regulation by various federal, state and local authorities. In the U.S., the FDA, including the Centers for Medicare & Medicaid Services, other divisions of the FDA, the Department of Health and Human Services (e.g., the Office of Inspector General), the Department of Justice, state Attorneys General, and other state and local governments regulate, among other things, example, sales, marketing and scientific/educational grant programs must comply with various laws, including abuse laws such as the federal Anti-Kickback Statute, as amended, the federal False Claims Act, as amended, and similar state laws. Pricing and rebate programs must comply with the anti-rebate Rebate Program requirements of the Omnibus Budget Reconciliation Act of 1990, the Veterans Health Care Act of 1992, as amended. If products are made available to the Federal Supply Schedule of the General Services Administration, additional requirements apply. All of these activities are also potentially subject to federal and state consumer protection and unfair competition laws.

The federal Anti-Kickback Statute prohibits any person, including a prescription drug manufacturer (or a party acting on its behalf), from knowingly and willfully soliciting, receiving, offering or providing remuneration, directly or indirectly, to induce or reward either the referral of business to an individual, or the furnishing, recommending, or arranging for a good or service, for which payment may be made under a federal healthcare program such as the Medicare and Medicaid programs. The statute has been interpreted to apply to arrangements between pharmaceutical manufacturers on the one hand and prescribers, purchasers, and formulary managers on the other. The term “remuneration” is not defined in the federal Anti-Kickback Statute and has been broadly interpreted to include anything of value, including for example, gifts, discounts, the furnishing of supplies, consulting or advisory credit arrangements, payments of cash, waivers of payments, ownership interests and

anything at less than its fair market value. Although there are a number of statutory regulatory safe harbors protecting certain business arrangements from prosecution, and safe harbors are drawn narrowly, and practices that involve remuneration intended to induce prescribing, purchasing or recommending may be subject to scrutiny if they do not fall within an exemption or safe harbor. Our practices may not in all cases meet all of the criteria for protection from federal Anti-Kickback Statute liability. The reach of the Anti-Kickback Statute has been broadened by PPACA, which, among other things, amends the intent requirement of the Anti-Kickback Statute such that a person or entity no longer needs to have actual knowledge of the statute or specific intent to violate it in order to have committed a violation. In addition, the statute provides that the government may assert that a claim including items or services resulting from a violation of the federal Anti-Kickback Statute constitutes a false or fraudulent claim under the federal False Claims Act (discussed below) or the civil monetary penalties statute. The statute imposes fines against any person who is determined to have presented or caused to be presented claims to a federal healthcare program that the person knows or should know is for items or services that were not provided as claimed or is false or fraudulent. Additionally, many states have adopted laws similar to the federal Anti-Kickback Statute, and some of these state laws apply to referral of patients for healthcare items or services reimbursed by any third-party payer, including the Medicare and Medicaid programs in at least some cases, and do not contain safe

The federal False Claims Act imposes liability on any person or entity that, among other things, knowingly presents, or causes to be presented, a false or fraudulent claim for payment under a federal healthcare program. The qui tam provisions of the False Claims Act allow a private individual to bring civil actions on behalf of the federal government alleging that the defendant has submitted a false claim to the federal government, and to share in any monetary recovery. In recent years, the number of suits brought by private individuals has increased dramatically. In addition, many states have enacted false claims laws analogous to the False Claims Act. Many of these laws apply where a claim is submitted to any third-party payer and not merely a federal healthcare program. There are many potential bases for liability under the False Claims Act. Liability can be imposed when an entity knowingly submits, or causes another to submit, a false claim for payment to the federal government. The False Claims Act has been used to assert liability on the basis of inadequate care, kickbacks and other improper referrals, improperly reported government program metrics such as Best Price or Average Manufacturer Price, improper use of Medicare and Medicaid, detailing the provider of services, improper promotion of off-label uses (i.e., uses not specifically approved by FDA in a drug's label), and allegations as to misrepresentations with respect to services rendered. Our future activities relating to the reporting of discount and rebate information and other information affecting federal, provincial, state and third party reimbursement for our products, and the sale and marketing of our products and our service arrangements, including our purchases, among other activities, may be subject to scrutiny under these laws. We cannot predict whether we would be subject to actions under the False Claims Act or a similar law, or the impact of such actions. However, the cost of defending such claims, as well as any damages imposed, could adversely affect our financial performance. Also, the Health Insurance Portability and Accountability Act of 1996, or HIPAA, created several new federal crimes, including healthcare fraud, and false statements relating to healthcare matters. The healthcare fraud statute prohibits knowingly and willfully executing a scheme to defraud any healthcare benefit program, including private third-party payers. The false statements statute prohibits knowingly and willfully making, or causing to be made, a false or fraudulent statement in connection with the delivery of or payment for healthcare benefits, items, or services.

In addition, we may be subject to, or our marketing activities may be limited by, data privacy and security regulation in the U.S. and foreign jurisdictions in which we conduct our business. HIPAA and its implementing regulations established uniform federal standards for certain "covered entities" (health plans, health care providers, and healthcare clearinghouses) governing the conduct of certain electronic transactions and protecting the security and privacy of protected health information. The Health Information Technology for Economic and Clinical Health Act of 2009, or HITECH, included expansion of HIPAA's privacy and security standards called the Health Information Technology for Economic and Clinical Health Act, or HITECH. Among other things, HITECH makes HIPAA's privacy and security standards applicable to "business associates"—independent contractors or agents of covered entities who receive, maintain, or transmit protected health information in connection with providing or on behalf of a covered entity. HITECH also increased the civil and criminal penalties imposed against covered entities, business associates and possibly other persons, and gave attorneys general new authority to file civil actions for damages or injunctions in federal court to enforce the federal HIPAA laws and seek attorney's fees and costs associated with such civil actions. In addition, in May 2016, the EU formally adopted the General Data Protection Regulation, or GDPR, which applies to all EU member states from May 25, 2018 and is based on the European Union Data Protection Directive. The GDPR has imposed many new or amended requirements including, but not limited to, obtaining consent of the individuals to whom the data relates, the nature and scope of notifications provided to the individuals, the security of

confidentiality of the personal data, data breach notification and using third party processors in connection with the processing of the personal data. Failure to comply with the GDPR could result in us to regulatory sanctions, delays in clinical trials, criminal prosecution and/or civil litigation penalties. Additionally, GDPR creates a direct cause of action by individual data subjects. GDPR is a complex law and the regulatory guidance is still evolving, including with respect to when the GDPR should be applied in the context of clinical trials or other transactions from which we gain access to personal data. These changes in the law will increase our costs of compliance and result in greater legal risks. Other countries maintain different privacy laws that we

There are also an increasing number of federal, state and provincial “sunshine” laws that require pharmaceutical manufacturers to make reports to states on pricing and marketing information. Several states have enacted legislation requiring pharmaceutical companies to, among other things, establish internal compliance programs, file periodic reports with the state, make periodic public disclosures regarding marketing, pricing, clinical trials and other activities, and/or register their sales representatives, as well as to prohibit pharmacies and other healthcare entities from providing certain information, such as prescribing data to pharmaceutical companies for use in sales and marketing, and to prohibit other sales and marketing practices. In addition, pursuant to a similar federal requirement, pharmaceutical manufacturers must track and report to the federal government certain payments and gifts of value made to physicians and other healthcare professionals and teaching hospitals, as well as or investment interests held by physicians and their immediate family members. The federal government discloses the reported information on a publicly available website. These laws could affect our sales, marketing, and other promotional activities by imposing administrative and regulatory compliance burdens on us. If we fail to track and report as required by these laws or do not comply with these laws, we could be subject to the penalty provisions of the pertinent laws and federal authorities.

Because of the breadth of these laws and the narrowness of available statutory and exemptions, it is possible that some of our business activities could be subject to one or more of such laws. If our operations are found to be in violation of any of the state laws described above or any other governmental regulations that apply to us, we could be subject to penalties, including criminal and significant civil monetary penalties, damages, imprisonment, exclusion from participation in government healthcare programs, injunctions or seizure of products, total or partial suspension of production, denial or withdrawal of pre-marketing product approvals, private qui tam actions brought by individual whistleblowers in the name of the government or refusal to allow us to enter into supply contracts, inability to obtain government contracts, and the curtailment or restructuring of our operations, any of which could adversely affect our ability to operate our business and our results of operations. To the extent any of our products are sold in a foreign country, we may be subject to similar foreign regulations, which may include, for instance, applicable post-approval requirements, safety surveillance, anti-fraud and abuse laws, and implementation of corporate compliance programs and reporting of payments or transfers of value to healthcare professionals.

#### Environmental Matters

Our operations require the use of hazardous materials (including biological materials) and subject us to a variety of federal, provincial and local environmental and safety laws and regulations. Many of the regulations under the current regulatory structure provide for strict liability, making us potentially liable without regard to fault or negligence. We could be held liable for environmental damages or fines as a result of our, or someone else's, business operations should contamination of the environment or individual exposure to hazardous substances occur. We cannot predict how changes in laws or development of new regulations will affect our business operations or our ability to achieve compliance.

#### Employees

As of December 31, 2018, we had 92 employees, including 89 full-time employees and 3 part-time employees, 57 were primarily engaged in research and development, 24 of whom held a Ph.D. or M.D. (or equivalent) degree. None of our employees are represented by a labor union, and we have not experienced any work stoppages, and we consider our relations with our employees to be good.

#### Research and Development

We have committed, and expect to continue to commit, significant resources to develop and evaluate product candidates. We have assembled an experienced research and development team consisting of scientific and clinical development personnel. Our research and development expenses for the periods ended December 31, 2018 and 2017 were \$23.6 million and \$25.6 million, respectively.

#### Manufacturing

We currently rely, and expect to continue to rely, on third parties and our collaborators for the manufacture of our product candidates for pre-clinical and clinical testing, as well as for the manufacture of our product candidates if our product candidates receive marketing approval. Accordingly, we do not internally develop any manufacturing facilities or hire related personnel.



To date, we have obtained materials for our product candidates from multiple third manufacturers. We believe that all of the materials required for the manufacture of candidates can be obtained from more than one source. However, the manufacturing each of our product candidates vary and sourcing adequate supplies may be made depending on the type of product candidate involved. Our product candidates generally manufactured in reliable and reproducible synthetic processes from readily available materials. This chemistry generally is amenable to scale-up and does not require un in the manufacturing process.

#### Corporate Information

We were incorporated in the Province of British Columbia on November 5, 1996 u predecessor to the Business Corporations Act (British Columbia) under the name “ Inc.” We continued from British Columbia to the federal jurisdiction pursuant to S Canada Business Corporations Act, or the CBCA, on May 17, 2000 and concurrent name to “Xenon Genetics Inc.” We registered as an extra-provincial company in B July 10, 2000 and changed our name to “Xenon Pharmaceuticals Inc.” on August 2 one wholly-owned subsidiary as at December 31, 2018, Xenon Pharmaceuticals US was incorporated in Delaware on December 2, 2016. Our principal executive office 200 – 3650 Gilmore Way, Burnaby, British Columbia, Canada V5G 4W8, and our is (604) 484-3300. We are a reporting issuer in British Columbia, Alberta and Onta shares are not listed on any recognized Canadian stock exchange. Our common sha NASDAQ Global Market under the symbol “XENE.”

### Where You Can Find Additional Information

We make available free of charge through our investor relations website, <http://investor.xenon-pharma.com>, our annual reports, quarterly reports, current reports and all amendments to those reports as soon as reasonably practicable after they are electronically filed or furnished with the U.S. Securities and Exchange Commission. These reports may also be obtained without charge by contacting Investor Relations, Xenon Pharmaceuticals Inc., 200 – 3650 Gilmore Way, Burnaby, British Columbia, Canada. E-mail: [investors@xenon-pharma.com](mailto:investors@xenon-pharma.com). Our website and the information contained on it are not intended to be incorporated into this Annual Report on Form 10-Q. In addition, the public may read and copy any materials we file or furnish with the SEC at the Public Reference Room at 100 F Street, N.E., Washington, D.C. 20549 or may obtain copies of such materials on the operation of the Public Reference Room by calling the SEC at 1-800-SEC-0330. The SEC maintains a website that contains reports, proxy and information statements and other information regarding reports that we file or furnish electronically with them at [www.sec.gov](http://www.sec.gov). Additional information related to Xenon is also available on SEDAR at [www.sedar.com](http://www.sedar.com).

### Item 1A. Risk Factors

You should carefully consider the following risk factors, in addition to the other information contained in this report, including the section of this report captioned “Management Discussion and Analysis of Financial Condition and Results of Operations” and our financial statements and notes. If any of the events described in the following risk factors and the risks described in this report occurs, our business, operating results and financial condition could be significantly affected. This report on Form 10-K also contains forward-looking statements that involve risks and uncertainties. Our actual results could differ materially from those anticipated in these forward-looking statements as a result of factors that are described below and elsewhere in this report.

### Risks Related to Our Financial Condition and Capital Requirements

We have incurred significant losses since our inception and anticipate that we will continue to incur significant losses for the foreseeable future.

We are a clinical stage biotechnology company and, other than the years ended December 31, 2012 and 2013, we have recorded net losses in each annual reporting period since inception. We do not expect to have sustained profitability for the foreseeable future. We had net losses of \$34.5 million for the year ended December 31, 2018 and an accumulated deficit of \$100.0 million as of December 31, 2018, which were driven by expenses incurred in connection with our research and development programs and from general and administrative costs associated with our operations.

We have devoted most of our financial resources to research and development, including clinical and pre-clinical development activities. To date, we have financed our operations through the sale of equity securities, funding received from our licensees and collaborators, debt financing and, to a lesser extent, government funding. We have not generated any significant revenue from product sales and our product candidates will require substantial additional investment before they can provide us with any revenue.

We expect to incur significant expenses and increasing operating losses for the foreseeable future. We expect to incur the following expenses:

- continue our research and pre-clinical and clinical development of our product candidates;
- expand the scope of our clinical studies for our current and prospective product candidates;
- initiate additional pre-clinical, clinical or other studies for our product candidates;
- change or add additional manufacturers or suppliers and manufacture drug supply for clinical trials and commercialization;
- seek regulatory and marketing approvals for any of our product candidates that successfully complete clinical studies;
- seek to identify and validate additional product candidates;
- acquire or in-license other product candidates and technologies;
- make milestone or other payments under our in-license or other agreements, including, without limitation, payments to Memorial University of Newfoundland, 1st Order Pharmaceuticals, and other third parties;
- maintain, protect and expand our intellectual property portfolio;
  - establish a sales, marketing and distribution infrastructure to commercialize our product candidates for which we may obtain marketing approval;

- create additional infrastructure to support our operations and our product development and future commercialization efforts; and
- experience any delays or encounter issues with any of the above.

Our expenses could increase beyond expectations for a variety of reasons, including those required by the U.S. Food and Drug Administration, or FDA, the European Medicines Agency, EMA, Health Canada, or other regulatory agencies, domestic or foreign, to perform clinical and other studies in addition to those that we currently anticipate. Our prior losses, compared to expected future losses, have had and will continue to have an adverse effect on our stock price and equity.

We have not generated any significant royalty revenue from product sales and may not become profitable on a U.S. GAAP basis.

Our ability to generate meaningful revenue and achieve profitability on a U.S. GAAP basis depends on our ability, alone or with strategic collaborators, to successfully complete the development of our product candidates and obtain the regulatory approvals necessary to commercialize our product candidates. Substantially all of our revenue since inception has consisted of upfront and milestone payments associated with our collaboration and license agreements. Revenue from these agreements is dependent on successful development of our product candidates by us or our collaborators. We have not generated any significant royalty revenue from product sales, and do not otherwise generate revenue from product sales for the foreseeable future, if ever. If any of our product candidates fail in clinical trials or do not gain regulatory approval, or if any of our product candidates, once approved, fail to achieve market acceptance or adequate market share, we will not become profitable. Although we were profitable for the years ended December 31, 2019 and 2020, we have not been profitable since that time and may not become profitable in subsequent periods. Our ability to generate future revenue from product sales depends heavily on our success and the success of our collaborators, in:

- completing research, pre-clinical and clinical development of our product candidates;
- seeking and obtaining regulatory and marketing approvals for product candidates;
- completing clinical studies;
- commercializing products for which we obtain regulatory and marketing approval, either as a collaborator or, if launched independently, by establishing sales, marketing and distribution infrastructure;
- negotiating favorable terms in any collaboration, licensing or other arrangements that we may enter;
- obtaining market acceptance of products for which we obtain regulatory and marketing approval, including therapies;
- addressing any competing technological and market developments;
- establishing and maintaining supply and manufacturing relationships with third parties to provide adequate (in amount and quality) products and services to support clinical studies and the market demand for any approved products in the future;
- developing sustainable, scalable, reproducible, and transferable manufacturing processes for our products approved in the future;
- maintaining, protecting, expanding and enforcing our portfolio of intellectual property, including patents, trade secrets and know-how;
- implementing additional internal systems and infrastructure, as needed; and
- attracting, hiring and retaining qualified personnel.

The scope of our future revenue will also depend upon the size of any markets in which our candidates receive approval and the availability of insurance coverage and the available amount of reimbursement from third-party payers for future products, if any. If we do not achieve sufficient revenue to become profitable and remain so, our financial condition and results will be negatively impacted, and the market price of our common shares may be negatively impacted.

We will likely need to raise additional funding, which may not be available on acceptable terms. Failure to obtain this necessary capital when needed may force us to delay, limit or discontinue product development efforts or other operations.

Since our inception, we have dedicated most of our resources to the discovery and development of our proprietary pre-clinical and clinical product candidates, and we expect to continue to devote substantial resources doing so for the foreseeable future. These expenditures will include, but are not limited to, those associated with research and development, potential milestone payments and royalties to research and development parties, manufacturing of product candidates and products approved for sale, conducting pre-clinical experiments and clinical trials and obtaining and maintaining regulatory approvals, and commercializing any products later approved for sale. During the year ended December 31, 2013, we incurred approximately \$23.6 million of costs associated with research and development, exclusive of costs incurred by our collaborators in developing our product candidates.

Our current cash and cash equivalents and marketable securities are not expected to be sufficient to complete clinical development of any of our product candidates and prepare for commercial launch of any product candidate which receives regulatory approval. Accordingly, we will likely require substantial additional capital to continue our clinical development and potential commercialization activities. Our future capital requirements depend on many factors, including but not limited to:

- the number and characteristics of the future product candidates we pursue either through our own research efforts or through acquiring or in-licensing other product candidates or technologies;
  - the scope, progress, results and costs of independently researching and developing our own product candidates, including conducting pre-clinical research and clinical trials;
  - whether our existing collaborations continue to generate substantial milestone payments and royalties; ultimately, royalties on future approved products for us;
  - the timing of, and the costs involved in, obtaining regulatory approvals for any future product candidates we develop independently;
  - the timing and magnitude of potential milestone payments and royalties under our existing and future acquisition and in-license agreements;
  - the cost of commercializing any future products we develop independently that are approved for sale;
  - the cost of manufacturing our future product candidates and products, if any;
  - our ability to maintain existing collaborations and to establish new collaborations, joint ventures, other arrangements and the financial terms of such agreements;
  - the costs involved in preparing, filing, prosecuting, maintaining, defending and enforcing intellectual property rights, including litigation costs and the outcome of such litigation; and
  - the timing, receipt and amount of sales of, or royalties on, our future products, if any.
- We are unable to estimate the funds we will actually require to complete research and development of our product candidates or the funds required to commercialize any resulting products.

Based on our research and development plans and our timing expectations related to our programs, we expect that our existing cash and cash equivalents and marketable securities as of the date of this report will enable us to fund our operating expenses and capital expenditures for at least the next 12 months.

Our operating plan may change as a result of many factors currently unknown to us, including the need to seek additional funds sooner than planned, through public or private equity offerings, financings, government or other third-party funding, marketing and distribution arrangements,

other collaborations, strategic alliances and licensing arrangements or a combination of these approaches. Raising funds in the future may present additional challenges and future funding may not be available in sufficient amounts or on terms acceptable to us, if at all.

We may allocate our limited resources to pursue a particular drug candidate or indication and may not be able to capitalize on other drug candidates or indications that may be more profitable or have a greater likelihood of success.

Because we have limited financial and management resources, we focus on a limited number of research programs and drug candidates. As a result, we may forgo or delay pursuit of other drug candidates or for other indications that later prove to have greater commercial potential. Our resource allocation decisions may cause us to fail to capitalize on viable drug candidates or profitable market opportunities. Our spend on current and future research and development programs and drug candidates for specific indications may not yield any commercial products. If we do not accurately evaluate the commercial potential or target market for a particular drug candidate, we may relinquish valuable rights to that drug candidate through collaboration, license or other arrangements in cases in which it would have been more advantageous for us to develop and commercialize the drug candidate on our own.

We are party to a loan and security agreement that contains operating and financial covenants that may restrict our business and financing activities and we may be required to repay our indebtedness in an event of default, which could have a materially adverse effect on our business.

In December 2017, we entered into a loan and security agreement with Silicon Valley Bank ("SVB") to which we borrowed an aggregate principal amount of \$12 million. In August 2018, we entered into an amended and restated loan and security agreement with Silicon Valley Bank ("SVB") for a term loan to us with an aggregate principal amount of \$15.5 million, which amount includes the \$12 million borrowed under the December 2017 loan and security agreement. Proceeds from the principal amount borrowed in August 2018 were used to refinance the amounts borrowed under the December 2017 loan and security agreement and to pay a \$0.5 million final payment fee to Silicon Valley Bank in connection with the refinancing of the December 2017 loan and security agreement.

Borrowings under our amended and restated loan and security agreement are secured by a lien on substantially all of our assets except intellectual property and subject to certain other restrictions. The loan and security agreement restricts our ability, among other things, to:

- sell, transfer or otherwise dispose of any of our business assets or property, subject to certain exceptions;
- make material changes to our business;
- enter into transactions resulting in significant changes to the voting control of our company;
- make certain changes to our organizational structure;
- consolidate or merge with other entities or acquire other entities;
- incur additional indebtedness or create encumbrances on our assets;
- pay dividends, other than dividends paid solely in our common shares, or make distributions, and, in certain cases, repurchase our capital stock;
- enter into certain transactions with our affiliates;
- repay subordinated indebtedness; or
- make certain investments.

In addition, we are required under our amended and restated loan agreement and security agreement to comply with various affirmative covenants. The covenants and restrictions and other terms of our amended and restated loan and security agreement, as well as any future financing agreements we may enter into, may restrict our ability to finance our operations, engage in business development, expand or fully pursue our business strategies. Our ability to comply with these covenants



affected by events beyond our control, and we may not be able to meet those covenants. If any of these covenants could result in a default under the amended and restated loan agreement, which could cause all of the outstanding indebtedness under the facility to become immediately due and payable.

If we are unable to generate sufficient cash available to repay our debt obligations when they become due and payable, either when they mature, or in the event of a default, we may not be able to obtain additional debt or equity financing on favorable terms, if at all, which may negatively impact our business operations and financial condition.

Raising additional capital may cause dilution to our existing shareholders, restrict our operations, and require us to relinquish rights to our technologies or product candidates.

The terms of any financing arrangements we enter into may adversely affect the holdings and voting rights of our shareholders and the issuance of additional securities, whether equity or debt. The possibility of such issuance, may cause the market price of our common shares to decline. The sale of additional equity or convertible securities also would dilute all of our shareholders. For example, in May 2018, we entered into a sales agreement with Stifel, Nicolaus & Company, Incorporated, or Stifel, to sell up to \$30.0 million of our common shares, from time to time, through an “at-the-market” equity offering program under which Stifel would act as sales agent for an aggregate of 3,440,000 common shares under the May 2018 sales agreement for proceeds of approximately \$29.2 million, net of commissions paid, but excluding estimated transaction expenses, before its termination by mutual agreement between us and Stifel in July 2018 in connection with our entry into the July 2018 sales agreement with Jefferies LLC, or Jefferies, and Stifel on the same date. Pursuant to the July 2018 sales agreement, Jefferies and Stifel acted as sales agents to sell our common shares having aggregate gross proceeds of up to \$50.0 million. We sold an aggregate of 1,600,000 common shares under the July 2018 sales agreement for proceeds of approximately \$14.8 million, net of commissions paid, but excluding estimated transaction expenses, before its termination by mutual agreement between us, Jefferies and Stifel in July 2018. In September 2018, we completed an underwritten public offering of 4,500,000 common shares at a public offering price of \$14.00 per share for net proceeds of \$52.5 million, net of underwriting discounts and commissions, but before other offering expenses. We entered into an amended and restated loan and security agreement with Silicon Valley Bank pursuant to which we have borrowed an aggregate principal amount of \$15.5 million. Our loan pursuant to the amended and restated loan and security agreement is secured by substantially all of our intellectual property and the agreement requires us to comply with various affirmative covenants. The incurrence of additional indebtedness would result in increased fixed obligations and, potentially, the imposition of additional restrictive covenants. Such restrictive covenants could include limitations on our ability to incur additional debt, limitations on our ability to acquire, sell or license intellectual property rights and other operating restrictions that could adversely impact our ability to conduct our business. We could also be required to enter into licensing arrangements through arrangements with collaborators or otherwise at an earlier stage than otherwise might be desirable resulting in the loss of rights to some of our product candidates or other intellectual property, any of which may have a material adverse effect on our business, operating results and financial condition. In addition, any additional fundraising efforts may divert our management from their other duties and activities, which may adversely affect our ability to develop and commercialize our product candidates.

Unstable market and economic conditions may have serious adverse consequences on our operations and financial condition.

Global credit and financial markets experienced extreme disruptions at various points during the past decade, characterized by diminished liquidity and credit availability, declines in confidence, declines in economic growth, increases in unemployment rates, and uncertainty in economic stability. If another such disruption in credit and financial markets and declines in confidence in economic conditions occurs, our business may be adversely affected. If global credit markets were to deteriorate significantly in the future, it may make any necessary equity financing more difficult to complete, more costly, and more dilutive. Failure to obtain necessary financing in a timely manner and on favorable terms could have a material

on our growth strategy, financial performance and the market price of our common require us to delay or abandon development or commercialization plans. In addition that one or more of our current collaborators, service providers, manufacturers and would not survive or be able to meet their commitments to us under such circumstances could directly affect our ability to attain our operating goals on schedule and on budget.

We are subject to risks associated with currency fluctuations which could impact our operations.

As of December 31, 2018, approximately 7% of our cash and cash equivalents and securities were denominated in Canadian dollars. We incur significant expenses in connection with our operations in Canada. We do not currently engage in foreign currency hedging arrangements for our Canadian dollar expenditures, and, consequently, foreign currency fluctuations may adversely affect our earnings; however, in the future, we may engage in foreign currency rate hedging activities in an effort to mitigate the impact of exchange rate fluctuations. The hedging technique we implement may fail to be effective. If our hedging activities are not effective, fluctuations in currency exchange rates may have a more significant impact on the market price of our common shares.

### Risks Related to Our Business

We, or our collaborators, may fail to successfully develop our product candidates.

Our clinical product candidates, which include XEN1101 and XEN901, along with other product candidates we expect to enter clinical development, which include XEN496 and XEN901, and other pre-clinical compounds, are in varying stages of development and will require substantial development, testing and regulatory approval prior to commercialization. It may be several years before these product candidates or any of our other product candidates receive regulatory approval, if ever. If any of our product candidates fail to become approved products, our growth prospects, operating results and financial condition may be adversely affected and a decline in the market price of our common shares could result.

We and our collaborators face substantial competition in the markets for our products, which may result in others discovering, developing or commercializing products before we or so more successfully than we or our collaborators do.

The biotechnology and pharmaceutical industries are characterized by rapidly advancing technologies, intense competition and a strong emphasis on proprietary products. We face competition in target discovery and product development from many different approaches and sources, including major pharmaceutical, specialty pharmaceutical and biotechnology companies, academic institutions, governmental agencies, as well as public and private research organizations. Any product candidates that we or our collaborators successfully develop and commercialize will have to compete with existing products and any new products that may become available in the future.

The key competitive factors affecting the success of all of our product candidates, including ours, are likely to be their efficacy, safety, convenience and price; the effectiveness and safety of our products; the level of generic competition; and the availability of coverage and adequate reimbursement from government and other third-party payers.

Many of the companies against which we are competing or against which we may compete in the future have significantly greater financial resources and expertise in research and development, manufacturing, pre-clinical testing, conducting clinical trials, obtaining regulatory approvals and marketing approved products than we, or our collaborators, do. Mergers and acquisitions in the pharmaceutical and biotechnology industries may result in even more resources being concentrated among a smaller number of our competitors. Smaller or early stage companies may become significant competitors, particularly through collaboration arrangements with large pharmaceutical companies.

Our commercial opportunities could be reduced or eliminated if our competitors develop and commercialize products or therapies that are safer, more effective, have fewer or less severe side effects, are more convenient or are less expensive than any products that we may develop. Our competitors also may obtain FDA, EMA, Health Canada or other regulatory approvals for their products more rapidly than we may obtain approval for ours, which could result in our competitors establishing a strong market position before we are able to enter the market. In addition, our ability to compete may be affected by decisions made by insurers or other third-party payers.

To the extent that we are unable to compete effectively against one or more of our competitors in these areas, our business will not grow and our financial condition, results of operations and

market price of our common shares may suffer.

If XEN496, XEN1101 or XEN901 were approved for the treatment of epilepsy, we they could potentially compete with each other and other anti-epileptic drugs, or AEDs. Currently used AEDs include phenytoin, levetiracetam, carbamazepine, clobazam, lamotrigine, oxcarbazepine, topiramate, lacosamide, perampanel and cannabidiol, among others. Currently, there are no FDA-approved treatments indicated for KCNQ2 epileptic encephalopathy (otherwise known as KCNQ2-EE or EIEE7) or for SCN8A epileptic encephalopathy (otherwise known as SCN8A-EE or EIEE13), an early infantile epileptic encephalopathy due to gain-of-function mutations in the SCN8A gene that encodes the Nav1.6 sodium channel. We are not aware of any other companies that are developing selective Nav1.6 inhibitors for the treatment of epilepsy. Other AEDs in development that could potentially compete with XEN496, XEN1101 and XEN901 include products in development from UCB, Inc., Zogenix, Inc., Sage Therapeutics, Inc., Pharmaceutics, Inc., SciFluor Lifesciences, Inc., Knopp Biosciences LLC, and UCB Biopharmaceuticals, Inc.

Drug discovery and development for various pain applications is intensely competitive. There is a large number of approved products for neuropathic pain, inflammatory pain and other indications. These approved products include capsaicin, celecoxib, lidocaine, narcotic analgesics, gabapentin, and pregabalin. We are also aware of development programs at several pharmaceutical and biotechnology companies that are developing Nav1.7 inhibitors or other sodium channel inhibitors for the treatment of pain, including Amgen Inc., AstraZeneca PLC, Biogen, Bristol-Myers Squibb Company, Dainippon Sumitomo Co., Ltd., Eli Lilly and Company, NeuroQuest Inc., Newron Pharmaceuticals SpA, Vertex Pharmaceuticals Inc., Voyager Therapeutics, Inc. and Chromocell Corporation in collaboration with its partner AstraZeneca. Moreover, we are aware of various other product candidates in development that target different mechanisms of action to treat various pain indications, including calcium channel inhibitors, growth factor inhibitors, and Nav1.8 inhibitors.

We have no marketed proprietary products and have not yet advanced a product candidate into Phase 2 clinical trials, which makes it difficult to assess our ability to develop our future product candidates and commercialize any resulting products independently.

As a company, we have no experience in Phase 3 and later stage clinical development, meeting regulatory requirements or the commercialization of products. We have not yet demonstrated our ability to independently and repeatedly conduct clinical development after Phase 2, to conduct an international multi-center clinical trial, conduct a pivotal clinical trial, obtain regulatory approval, manufacture drug product on a commercial scale or arrange for a third party to do so on our behalf, and commercialize therapeutic products. We will need to develop such capabilities to execute on our business strategy to develop and independently commercialize products for orphan and niche indications. To execute on our business plan for the development of our independent programs, we will need to successfully:

- execute our clinical development plans for later-stage product candidates;
  - obtain required regulatory approvals in each jurisdiction in which we wish to commercialize products;
- build and maintain appropriate sales, distribution and marketing capabilities;
- gain market acceptance for our future products, if any; and
- manage our spending as costs and expenses increase due to clinical trials, regulatory requirements and commercialization activities.

If we are unsuccessful in accomplishing these objectives, we will not be able to develop and commercialize any future product candidates independently and could fail to realize the advantages of doing so.

If we are not successful in discovering, acquiring or in-licensing product candidates, our ability to expand our business and achieve our strategic objectives may be impaired.

We have built a product development pipeline by identifying product candidates either through our internal research efforts or through acquiring or in-licensing other product candidates. Our internal discovery efforts have yielded multiple development candidates, including those from our internal discovery efforts and our assessment of potential acquisition or in-licensing opportunities require substantial technical, financial and human resources, regardless of whether we identify any viable product candidates.

If we are unable to identify additional product candidates suitable for clinical development and commercialization either from our internal research efforts or through acquiring or in-licensing product candidates or technologies, we may not be able to obtain product revenue in the future, which likely would result in significant harm to our financial position and adversely affect the market price of our common shares.

Our approach to drug discovery is unproven, and we do not know whether we will be able to develop any products of commercial value.

Our approach to drug discovery may not reproducibly or cost-effectively result in the identification of product candidates and development of commercially viable products that safely and effectively treat human disease.

Our drug discovery efforts may initially show promise in identifying additional potential product candidates yet fail to yield viable product candidates for clinical development or commercialization. Such failure may occur for many reasons, including the following: any product candidate may require further study, be shown to have serious or unexpected side effects or other characteristics that indicate it is unlikely to be safe or otherwise does not meet applicable regulatory criteria; a product candidate may not be capable of being produced in commercial quantities at a reasonable cost, or at all.

If our discovery activities fail to identify novel targets for drug discovery, or such targets are unsuitable for treating human disease, or we are unable to develop product candidates with sufficient specificity and selectivity for such targets, we will fail to develop viable products. If we are unable to develop and commercialize viable products, we will not achieve commercial success.

If we fail to attract and retain senior management and key personnel, we may be unable to successfully develop our product candidates, perform our obligations under our collaboration agreements, conduct our clinical trials and commercialize our product candidates.

Our success depends in part on our continued ability to attract, retain and motivate senior management, clinical and scientific personnel.

We could experience difficulties attracting and retaining qualified employees as competition for qualified personnel in the biotechnology and pharmaceutical field is intense. We are heavily dependent upon our senior management, particularly Dr. Simon Pimstone, our Chief Executive Officer, and Mr. Ian Mortimer, our President and Chief Financial Officer, as well as other key employees. The loss of services of either of these individuals or one or more of our other key employees of senior management could materially delay or even prevent the successful development and commercialization of our product candidates.

In addition, we will need to hire additional personnel as we expand our clinical development activities and develop commercial capabilities, including a sales infrastructure to support our independent commercialization efforts. We may not be able to attract and retain personnel on acceptable terms given the competition among numerous pharmaceutical and biotechnology companies for individuals with similar skill sets. The inability to recruit or loss of any executive or key employee may impede the progress of our research, development and commercialization objectives.

Our employees, collaborators and other personnel may engage in misconduct or other illegal activities, including non-compliance with regulatory standards and requirements and

We are exposed to the risk of fraud or other misconduct by our employees, collaborators, principal investigators, consultants and commercial partners. Misconduct by these parties may include intentional failures to comply with the regulations of the FDA, EMA, Health Canada and other regulators, provide accurate information to the FDA, EMA, Health Canada and other regulators, comply with data privacy and security and healthcare fraud and abuse laws and regulations in the U.S. and abroad, report financial information or data accurately or engage in unauthorized activities to us. In particular, sales, marketing and business arrangements in the healthcare industry are subject to extensive laws and regulations intended to prevent and detect fraud, kickbacks, self-dealing and other abusive practices. Additionally, laws and regulations regarding privacy and security, including the federal Health Insurance Portability and Accountability Act of 1996, or HIPAA, as amended by the Health Information Technology for Economic and Clinical Health Act of 2009, or HITECH, the General Data Protection Regulation (EU) 2016/679, or GDPR, and the Personal Information Protection and Electronic Documents Act, or PIPEDA, and comparable laws in other jurisdictions, may impose obligations with respect to safe storage, use, security and transmission of individually identifiable health information. Our direct-to-patient approach for identifying patients with rare or extreme phenotypes or patients identified in our clinical trials.



Various laws and regulations may restrict or prohibit a wide range of pricing, discounts and promotion, sales commission, customer incentive programs and other business practices. Any misconduct could also involve the improper use of information obtained in the clinical studies, which could result in regulatory sanctions and cause serious harm to our business. We have adopted a code of conduct applicable to all of our employees, officers, directors and representatives, including consultants, but it is not always possible to identify and control all risks and the precautions we take to detect and prevent misconduct may not be effective. There are many unknown or unmanaged risks or losses or in protecting us from governmental investigations or lawsuits stemming from a failure to comply with these laws and regulations. If actions are instituted against us, and we are not successful in defending ourselves or our rights, those actions could have a significant impact on our business, including the payment of significant fines or other sanctions, exclusion from participation in government health care programs or the curtailment or restructuring of our operations.

We may encounter difficulties in managing our growth, including headcount, and ensuring our operations successfully.

Our business strategy involves continued development and, where development is not possible, the commercialization of select product candidates for orphan and niche indications. In pursuing this strategy, we will need to build out a regulatory, sales, manufacturing, distribution and marketing infrastructure and expand our development capabilities or contract with third parties to provide these capabilities and infrastructure for us. To achieve this, we will need to integrate personnel who have not worked together as a group previously.

As our operations expand, we expect that we will need to manage additional relationships with various strategic collaborators, suppliers and other third parties.

Dr. Simon Pimstone devotes a small amount of his time to clinical work outside of the company, conducting, generally, one outpatient clinic per week on average. Future growth may impose significant added responsibilities on members of management, and our management may need to divert a disproportionate amount of its attention away from our day-to-day operations to devote a substantial amount of time to managing these growth activities.

If we are unable to effectively manage our growth, our expenses may increase more rapidly than our ability to generate and grow revenue could be reduced, and we may not be able to execute our business strategy. Our future financial performance and our ability to commercialize our product candidates and compete effectively will depend, in part, on our ability to effectively manage our future growth.

Our business and operations could suffer in the event of system failures.

Computer system, network or telecommunications failures due to events such as data breaches, malware, unauthorized access, terrorism, war, or natural disasters could interrupt our operations and partner operations. For example, the loss of pre-clinical trial data, data from completed clinical trials for our product candidates or other confidential information could result in delays in our regulatory filings and development efforts, significantly increase our costs and have other adverse impacts to our business. To the extent that any disruption or cybersecurity incident could result in a loss of or damage to our data, or inappropriate disclosure of confidential information, we could incur liability and other remediation costs, and the development of our product candidates could be delayed. While we have implemented security measures, we have not detected a cybersecurity breach of our systems nor experienced a material loss of data from our internal computer systems and the external systems and services used by our third-party manufacturers, or CMOs, third-party contract research organizations, or CROs, or our consultants, directors and partners remain potentially vulnerable to damage from third parties.

A variety of risks associated with international operations could materially adversely affect our business.

If we engage in significant cross-border and international activities, we will be subject to risks related to international operations, including:

- different regulatory requirements for initiating clinical trials and maintaining approvals in foreign countries;
- reduced protection for intellectual property rights in certain countries;
- unexpected changes in tariffs, trade barriers and regulatory requirements;
- economic weakness, including inflation, political instability or open conflict in particular economies and markets;
  - differing and multiple payor reimbursement regimes, government payor and self-pay systems;
- compliance with tax, employment, immigration and labor laws for employees living and working abroad;

- foreign currency fluctuations, which could result in increased operating expenses, reduced revenue, and other obligations of doing business in another country;
  - workforce uncertainty in countries where labor unrest is more common than in North America;
  - likelihood of potential or actual violations of domestic and international laws, such as the U.S. Foreign Corrupt Practices Act and the U.K. Bribery Act; U.S. and international import, export and re-export control and sanction regulations, which likelihood may increase with an increase of operations in other jurisdictions;
  - tighter restrictions on privacy and the collection and use of data, including clinical trial data, may apply in jurisdictions outside of North America; and
  - business interruptions resulting from geopolitical actions, including war and terrorism, and natural disasters including earthquakes, typhoons, floods and fires.
- If any of these issues were to occur, our business could be materially harmed.

U.S. holders of our common shares may suffer adverse tax consequences if we are a passive foreign investment company.

Generally, for any taxable year in which 75% or more of our gross income is passive income and at least 50% of the average quarterly value of our assets (which may be determined in terms of the market value of our common shares, which is subject to change) are held for the production of passive income, we would be characterized as a passive foreign investment company and a PFIC, for U.S. federal income tax purposes. Based on the price of our common shares and the composition of our gross income and gross assets, we believe that we may be deemed a PFIC for taxable years ended December 31, 2018 and 2017, and we could be a PFIC in subsequent taxable years. PFIC status as a PFIC is a fact-intensive determination made on an annual basis, and we cannot provide any assurance regarding our PFIC status for the taxable years ending December 31, 2019 or for future taxable years.

If we are a PFIC for any year, U.S. holders of our common shares may suffer adverse tax consequences. Gains realized by non-corporate U.S. holders on the sale of our common shares would be taxed as ordinary income, rather than as capital gain, and the preferential tax rates applicable to dividends received on our common shares would be lost. Interest charges would be added to taxes on gains and dividends realized by all U.S. holders. U.S. holders should consult their own tax advisors with respect to their particular circumstances.

A U.S. holder may avoid these adverse tax consequences by timely making a qualified electing fund election. For each year that we would meet the PFIC gross income or asset test, an individual U.S. holder would be required to include in gross income its pro rata share of our net ordinary income and net capital gains, if any. A U.S. holder may make a qualified electing fund election if it does not commit to provide U.S. holders with their pro rata share of our net ordinary income and net capital gains. We will provide upon request, our U.S. holders with the information that is necessary for them to make a qualified electing fund election and to report their common share earnings and net capital gains for each year for which we may be a PFIC. U.S. holders should consult their own tax advisors with respect to making this election and the related reporting requirements.

A U.S. holder may also mitigate the adverse tax consequences by timely making a mark-to-market election. Generally, for each year that we meet the PFIC gross income or asset test, a U.S. holder would include in gross income the increase in the value of its common shares during its taxable years and deduct from gross income the decrease in the value of such shares during its taxable years. A mark-to-market election may be made and maintained only if our common shares are regularly traded on a qualified exchange, including The Nasdaq Global Market and Nasdaq. Whether our common shares are regularly traded on a qualified exchange is a fact-intensive determination based on facts that, in part, are beyond our control. Accordingly, a U.S. holder may not be eligible to make a mark-to-market election to mitigate the adverse tax consequences if we are characterized as a PFIC. U.S. holders should consult their own tax advisors with respect to the possibility of making this election. In addition, our PFIC status may deter certain U.S. holders from purchasing our common shares, which could have an adverse impact on the price of our common shares.

We may become subject to income tax in jurisdictions in which we are organized or have operations, which would reduce our future earnings.

There is a risk that we may become subject to income tax in jurisdictions outside of the United States, if under the laws of any such jurisdiction, we are considered to be carrying on a trade or business there or earn income that is considered to be sourced there and we do not qualify for an exemption. In jurisdictions where we do not believe we are subject to tax, we can provide no certainty that tax authorities in those jurisdictions will not subject one or more tax years to an examination. Tax examinations are often complex as tax authorities may disagree with our reporting of items reported by us, the result of which could have a material adverse effect on our operating results and financial condition.

Acquisitions or joint ventures could disrupt our business, cause dilution to our shareholders and otherwise harm our business.

We actively evaluate various strategic transactions on an ongoing basis and may acquire or divest businesses, products or technologies as well as pursue strategic alliances, joint ventures and investments in complementary businesses. Any of these transactions could be material to our financial condition and operating results and expose us to many risks, including:

- disruption in our relationships with collaborators or suppliers as a result of such a transaction;
- unanticipated liabilities related to acquired companies;
- difficulties integrating acquired personnel, technologies and operations into our existing business;
- retention of key employees;

- diversion of management time and focus from operating our business to strategic alliances or joint ventures or acquisition integration challenges; increases in our expenses and reductions in our cash available for operations and possible write-offs or impairment charges relating to acquired businesses.
- Foreign acquisitions involve unique risks in addition to those mentioned above, including risks related to integration of operations across different cultures and languages, currency fluctuations, and particular economic, political and regulatory risks associated with specific countries.

Also, the anticipated benefit of any strategic alliance, joint venture or acquisition may not materialize. Future acquisitions or dispositions could result in potentially dilutive issuances of equity securities, the incurrence of debt, contingent liabilities or amortization expenses related to goodwill, any of which could harm our financial condition. We cannot predict the timing or size of future joint ventures or acquisitions, or the effect that any such transactions will have on our operating results.

#### Risks Related to Development, Clinical Testing and Regulatory Approval of Our Product Candidates

The regulatory approval processes of the FDA, EMA, Health Canada and regulatory authorities in other jurisdictions are lengthy, time-consuming and inherently unpredictable. If we, or our collaborators, are unable to obtain regulatory approval for our product candidates in a timely manner, our business will be substantially harmed.

The regulatory approval process is expensive and the time required to obtain approval from the FDA, EMA, Health Canada or other regulatory authorities in other jurisdictions to market our product candidates is uncertain and may take years. Whether regulatory approval will be granted is unpredictable and depends upon numerous factors, including the substantial discretion of the regulatory authorities. Approval policies, regulations, or the type and amount of pre-clinical and clinical data required to gain approval may change during the course of a product candidate's clinical development. Requirements may vary among jurisdictions. Moreover, pre-clinical and clinical data are often susceptible to different interpretations and analyses, and even if the pre-clinical studies show promising results, if clinical trials are successfully completed, we cannot guarantee that the FDA, EMA, Health Canada or other regulatory authorities in other jurisdictions will interpret the results as we do, and that manufacturing-related studies or non-clinical studies could be required before we submit our product candidates for approval. Many companies that have believed their product candidates were supported satisfactorily in pre-clinical studies and clinical trials have nonetheless failed to obtain regulatory approval of their products. To the extent that the results of our studies and trials are inconsistent with those reported to the FDA, EMA, Health Canada or other regulatory authorities in other jurisdictions, we may be required to expend significant additional resources, which may not be available to us, to conduct additional trials in support of potential approval of our product candidates. It is also possible that none of our existing product candidates or any of our future product candidates will obtain regulatory approval, even if we expend substantial time and resources seeking such approval.

Our product candidates could fail to receive regulatory approval for many reasons, including the following:

- the FDA, EMA, Health Canada or other regulatory authorities may disagree with our interpretation of the implementation of our or our collaborators' clinical trials;

• we or our collaborators may be unable to demonstrate to the satisfaction of the FDA, Health Canada or other regulatory authorities that a product candidate is safe and effective for the intended indication;

- the results of clinical trials may not meet the level of statistical significance required by the FDA, EMA, Health Canada or other regulatory authorities for approval;

• we, or our collaborators, may be unable to demonstrate that a product candidate's benefits outweigh its safety risks;

• the FDA, EMA, Health Canada or other regulatory authorities may disagree with our or our collaborators' interpretation of data from pre-clinical studies or clinical trials;

- the data collected from clinical trials of our product candidates may not be sufficient to support the submission of a New Drug Application, or NDA, or other submission required to obtain regulatory approval in the U.S. or elsewhere;

• the FDA, EMA, Health Canada or other regulatory authorities may fail to approve our or our collaborators' manufacturing processes, controls or facilities of third-party manufacturers with whom we or our collaborators contract for clinical and commercial supplies; and

• the approval policies or regulations of the FDA, EMA, Health Canada or other regulatory authorities may significantly change in a manner rendering our or our collaborators' data insufficient for approval.

Even if we, or our collaborators, obtain approval for a particular product, regulatory approval may be granted contingent on the performance of costly post-approval clinical trials. We may not be able to obtain approval for a product with a label that does not include the labeling claims necessary or desirable for the successful commercialization of that product.

In addition, because there may be approved treatments for some of the diseases for which we seek approval, in order to receive regulatory approval, we may need to demonstrate that the product candidates we develop to treat those diseases are not only safe and effective but also may need to be compared to existing products, which may make it more difficult for our product candidates to receive regulatory approval or adequate reimbursement.

Clinical drug development involves a lengthy and expensive process with uncertain and uncertain outcomes. If clinical trials are prolonged, delayed or not completed, we, our collaborators, may be unable to commercialize our product candidates on a timely basis.

Clinical testing of product candidates is expensive and, depending on the stage of development, may take a substantial period of time to complete. Clinical trial outcomes are inherently uncertain and failure can occur at any time during the clinical development process.

Clinical trials can be halted or delayed for a variety of reasons, including those related to:

- side effects or adverse events in study participants presenting an unacceptable safety profile;
  - inability to reach agreement with prospective CROs and clinical trial sites, or the terms of the agreements;
  - failure of third-party contractors, such as CROs, or investigators to comply with regulatory requirements, including GCPs;
    - delay or failure in obtaining the necessary approvals from regulators or institutional review boards, or IRBs, in order to commence a clinical trial at a prospective site or their suspension or termination of a clinical trial once commenced;
  - a requirement to undertake and complete additional pre-clinical studies to generate data to support the continued clinical development of a product candidate or submission of a marketing application;
  - inability to enroll sufficient patients to complete a protocol, particularly in orphan diseases;
  - difficulty in having patients complete a trial or return for post-treatment follow-up;
    - clinical sites deviating from trial protocol or dropping out of a clinical trial;
  - problems with drug product or drug substance storage, stability and distribution;
  - our inability to add new or additional clinical trial sites;
  - our inability to manufacture, or obtain from third parties, adequate supply of drug product sufficient to complete our pre-clinical studies and clinical trials; and
  - governmental or regulatory delays and changes in regulatory requirements, policy or procedure.
- The results of any Phase 3 or other pivotal clinical trial may not be adequate to support regulatory approval. These clinical trials are lengthy and, with respect to non-orphan indications, may involve many hundreds to thousands of patients. In addition, if the FDA, EMA, Health Canada or another regulator disagrees with our or our collaborator's choice of the key testing primary endpoint, the results for the primary endpoint are not robust or significant compared to the control group of patients not receiving the experimental therapy, or our statistical analysis is inconclusive, such regulator may refuse to approve our product candidate in the region where it has jurisdiction. The FDA, EMA, Health Canada or other regulators also may require completion of clinical trials as a condition for approving any of these product candidates.



We could also encounter delays if a clinical trial is suspended or terminated by us, collaborators, by the IRBs of the institutions in which such trial is being conducted Safety Monitoring Board for such trial, or by the FDA, EMA, Health Canada or other authorities. Such authorities may impose such a suspension or termination due to a variety of factors, including failure to conduct the clinical trial in accordance with regulatory requirements, our clinical protocols, inspection of the clinical trial operations or trial site by the FDA, Health Canada or other regulatory authorities resulting in the imposition of a clinical trial suspension, candidate manufacturing problems, unforeseen safety issues or adverse side effects that prevent us from demonstrating a benefit from using a drug, changes in governmental regulations or actions or lack of adequate funding to continue the clinical trial. In addition, delays could also result from safety concerns arising from trials or other clinical data regarding another company's clinical candidate in the same compound class as one of ours.

Additionally, changes in applicable regulatory requirements and guidance may occur that may require us to need to amend clinical trial protocols to reflect these changes or to include additional information. Such amendments could yield important scientific information critical to our overall development strategy. The clinical trial protocol amendment process often requires review and approval by several review bodies, including regulatory agencies and scientific, regulatory and ethics boards and IRBs. These protocol amendments may not be accepted by the review bodies in the form submitted, or at all, which could impact costs, timing or successful completion of a clinical trial.

If we or our collaborators experience delays in the completion of, or termination of, or withdrawal of one of our product candidates, the commercial prospects of the product candidate could be harmed, which could shorten the period during which we may have the exclusive right to commercialize our product candidates under patent protection, and our or our collaborators' ability to commence clinical trials and generate product revenue from the product will be delayed. In addition, any delays in the completion of clinical trials will increase our costs and slow down our product candidate development and regulatory approval process. Any of these occurrences may harm our business, financial condition and operating performance and prospects significantly. In addition, many of the factors that cause, or lead to, a delay in the commencement or completion of clinical trials may also ultimately lead to the denial of regulatory approval of our product candidates.

XEN496 targets an ultra-orphan indication of KCNQ-EE and the FDA has indicated that a small, non-pivotal trial in approximately 20 patients may be sufficient to demonstrate effectiveness for XEN496 in KCNQ2-EE provided that no new or unexpected safety issues arise during drug development. Even though we believe the safety and efficacy profile of ezogabine, the active ingredient of XEN496, in pediatric patients with KCNQ-EE generated to date by others appears promising, based on published clinical case reports, the clinical development of XEN496 may not be sufficient for the FDA or other regulatory authorities may require additional data in more patients. We may not be able to generate sufficient data for approval in this patient population.

Our clinical trials may fail to demonstrate adequately the safety and efficacy of our product candidates, which could prevent or delay regulatory approval and commercialization of our product candidates.

Before obtaining regulatory approvals for the commercial sale of our products, we must demonstrate through lengthy, complex and expensive pre-clinical testing and clinical trials that our product candidate is both safe and effective for use in each target indication. Clinical trials that do not demonstrate safety and efficacy of the product candidate studied for the target indication may result in product candidates that commence clinical trials are never approved as products.

In the case of some of our product candidates, we are seeking to develop treatments for indications in which there is relatively limited clinical experience, and our clinical trials may use novel endpoints and measurement methodologies or subjective patient feedback, which adds a layer of uncertainty to our clinical trials and may delay regulatory approval. In addition, our focus on orphan drug markets may cause us to select target indications that are in more challenging therapeutic areas. Related to our collaboration with Genentech, clinical trials for pain are inherently difficult to conduct. The primary measure of pain is based on subjective patient feedback, which is highly variable and influenced by factors outside of our control and can vary widely from day to day for a given patient, from patient to patient, and from site to site within a clinical study. The placebo effect tends to have a more significant impact in pain trials.

If our product candidates are not shown to be both safe and effective in clinical trials, we may not be able to obtain regulatory approval or commercialize these product candidates and, in some cases, we would need to develop other compounds and conduct associated pre-clinical and clinical trials, as well as potentially seek additional financing, all of which would have an adverse effect on our business, growth prospects, operating results, financial condition and operations.

We may find it difficult to enroll patients in our clinical studies, including for ultra-orphan or niche indications, which could delay or prevent clinical studies of our product candidates.

We may not be able to identify, recruit and enroll a sufficient number of patients, or patients with the required or desired characteristics to achieve diversity in a study, to complete our clinical studies in a timely manner. Patient enrollment for clinical trials for ultra-orphan, orphan and rare diseases and for more prevalent conditions is affected by factors including:

- severity of the disease under investigation;
- design of the study protocol;
- size of the patient population;
- eligibility criteria for the study in question;
- perceived risks and benefits of the product candidate under study;
- proximity and availability of clinical study sites for prospective patients;

- availability of competing therapies and clinical studies;
- efforts to facilitate timely enrollment in clinical studies; and
- patient referral practices of physicians.

The limited patient populations in ultra-orphan, orphan and niche indications, such as SCN8A-EE, other early infantile epileptic encephalopathies, or EIEEs, AHC and H, present significant recruitment challenges for clinical trials and a full understanding of the patient populations is still relatively unknown. Many of these patients may not be suitable to participate in our clinical trials. This means that we or our collaborators generally will conduct multi-site and potentially multi-national trials, which can be expensive and require significant coordination and supervision. If we experience delays in completing our clinical trials, this could result in increased costs, delays in advancing our product development, delay in the effectiveness of our product candidates or termination of the clinical studies altogether. Even if we are successful in receiving regulatory approval, the limited patient populations in ultra-orphan and niche indications may impact the successful commercialization of our products and reimbursement rates, which could impact revenue and our ability to achieve profitability.

ACH, KCNQ2-EE and SCN8A-EE have no FDA-approved treatments, and the clinical endpoints required to obtain approval are not well defined.

Given the nature of some of the rare diseases we are seeking to treat, we may have limited clinical endpoints to be tested in our studies, which can lead to some subjectivity in our study results and could result in regulatory agencies not agreeing with the validity of our study or our interpretation of the clinical data, and therefore denying approval. In post-Phase III studies, the illness of the subjects in our studies and the nature of their rare diseases, we may elect to conduct certain studies on an open-label basis. Additionally, we may elect to collect interim clinical data at multiple time points during the studies, which could introduce bias in our study results, or result in statistical penalties being applied to the data, and potential denial of approval.

If we fail to obtain or maintain orphan drug designation or other regulatory exclusivity for our product candidates, our competitive position would be harmed.

Although we may file new intellectual property to protect XEN496 and XEN007, these product candidates are not currently covered by any patent and we may have to rely solely on orphan drug designation to gain market exclusivity for these drug candidates. Currently, this designation provides market exclusivity in the U.S. and the EU for seven years and ten years, respectively, for the first such product approved for such orphan indication. This market exclusivity does not, however, pertain to indications other than those for which the drug was specifically approved, nor does it prevent other types of drugs from receiving orphan designation for these same indications. Further, even after an orphan drug is approved, the FDA can still approve a drug with similar chemical structure for the same condition if the FDA can determine that the new drug is clinically superior to the orphan product or a market shortage occurs.

In the EU, orphan exclusivity may be reduced to six years if the drug no longer satisfies the orphan designation criteria or can be lost altogether if the marketing authorization holder cannot supply enough drug, or when a second orphan drug application is approved or cannot supply enough drug, or when a second orphan drug demonstrates its drug is “clinically superior” to the original orphan drug. XEN007, which is currently evaluating for the potential treatment of HM or AHC, has received orphan drug designation from the FDA for each indication we are developing. We have also received orphan drug designation

the FDA for XEN496, a drug we are evaluating for the treatment of KCNQ2-EE. If we receive orphan drug designations for other indications or in other jurisdictions, we may fail to receive orphan drug designations and, even if we succeed, such orphan drug designations may fail to allow us to maintain orphan drug exclusivity upon approval, which would harm our competitive position. Further, not all jurisdictions, such as Canada, have orphan drug designations. Neither orphan drug designation, nor rare pediatric disease, or RPD, designation gives the drug any advantage in the regulatory review or approval process.

The FDA has granted RPD designation to XEN007 for treatment of AHC; however, we are not yet able to realize any value from such designation.

Our product candidate XEN007 has received RPD designation from the FDA for treatment of AHC. The FDA defines a "rare pediatric disease" as a disease that affects fewer than 200 individuals in the U.S. primarily under the age of 18 years old. Under the FDA's RPD priority review voucher program, upon the approval of a new drug application, NDA, or a biologics license application, BLA, for the treatment of an RPD, the sponsor of such application would receive a priority review voucher that can be used to obtain priority review for a subsequent application. There is no assurance we will receive a RPD priority review voucher or that use of a priority review voucher will result in a faster review or approval for a subsequent marketing application. Further, this program has been subject to criticism, including by the FDA, and it is not clear how long it will even if we obtain approval for XEN007 and qualify for such a priority review voucher. The program may no longer be in effect at the time of XEN007 approval. Also, although priority review vouchers may be freely sold or transferred to third parties, there is no guarantee that we will realize any value if we were to sell a priority review voucher to a third party.

Results of pre-clinical studies may not be predictive of clinical trial results and results from clinical trials may not be predictive of the results of later-stage clinical trials and the results of clinical trials may not satisfy the requirements of the FDA, EMA, Health Canada or other regulatory authorities.

The results of pre-clinical studies, either generated by us, such as for XEN901, or by other third parties from which we have in-licensed or acquired a drug candidate, such as XEN1101, may not be predictive of results in clinical testing. Moreover, pre-clinical studies are often difficult to compare across different studies for a variety of reasons, including differences in experimental protocols and techniques, personnel, equipment and other factors, which may make pre-clinical results less reliable and predictive of clinical trial results. In addition, pre-clinical data or case reports from third parties or early clinical trial data of our product candidates may not be predictive of the results of later-stage clinical trials. Interpretation of results from early-stage, smaller, studies that suggest a clinically meaningful response in some patients, requires caution. Results from later stages of clinical trials enrolling more patients may fail to show the same safety and efficacy results or otherwise fail to be consistent with the results of earlier trials of the same product candidate. Later clinical trial results may not replicate earlier clinical trial results for a variety of reasons, including differences in trial design, different trial endpoints (or lack of trial endpoints in exploratory studies), patient population, number of patients, patient selection criteria, drug dosage and formulation and lack of statistical power in the earlier studies. These limitations are enhanced where the diseases under study lack established clinical endpoints, where there is a lack of efficacy, as is often the case with orphan diseases for which no drugs have been approved previously and where the product candidates target novel mechanisms. For example, based on our knowledge, XEN901 is the first selective Nav1.6 sodium channel inhibitor being developed for the treatment of epilepsy and therefore standard pre-clinical studies may not be adequate to predict efficacy in a clinical trial due to its novel molecular mechanism.

Further, our product candidates may not be approved even if they achieve their primary endpoints in our Phase 3 clinical trials. The FDA, EMA, Health Canada or foreign regulatory authorities may disagree with our trial design and our interpretation of data from pre-clinical studies or clinical trials. In addition, any of these regulatory authorities may change its requirements for approval of a product candidate even after reviewing and providing comments or advice on a

pivotal clinical trial that, if successful, would potentially form the basis for an application for approval by the FDA, EMA, Health Canada or another regulatory authority. Furthermore, these regulatory authorities may also approve our product candidates for a narrower indication than we request or may grant approval contingent on the performance of costly post-market clinical trials.

Changes in methods of product candidate manufacturing or formulation may result in increased costs or delay.

As product candidates are developed through pre-clinical to late stage clinical trials through regulatory approval and commercialization, it is common that various aspects of the development process, such as manufacturing methods and formulation, are altered along the way in an effort to optimize products, processes and results. Such changes carry the risk that they will not achieve their intended objectives. Any of these changes could cause our product candidates to perform differently than expected, affect the results of planned clinical trials or other future clinical trials conducted with different materials. This could delay completion of clinical trials, require the conduct of bridging studies or the repetition of one or more clinical trials, increase clinical trial costs, delay the commercialization of product candidates and/or jeopardize our or our collaborators' ability to commence commercial sales and generate revenue.

Even if we obtain and maintain approval for our product candidates from one jurisdiction, we may never obtain approval for our product candidates in other jurisdictions, which would limit our market opportunities and adversely affect our business.

Sales of our approved products, if any, will be subject to the regulatory requirements for marketing approval in the countries in which we obtain regulatory approval, and we may need regulatory approval to commercialize our product candidates in North America, the U.S., and additional foreign countries. Clinical trials conducted in one country may not be accepted by regulatory authorities in other countries and regulatory approval in one country does not ensure approval in any other country, while a failure or delay in obtaining regulatory approval in one country may have a negative effect on the regulatory approval process in others. For example, approval in the U.S. by the FDA does not ensure approval by regulatory authorities in other countries or jurisdictions, and approval by one foreign regulatory authority does not ensure approval by the FDA, EMA, Health Canada or regulatory authorities in other countries. Approvals may vary among jurisdictions and can be lengthy and expensive, and involve requirements for regulatory and administrative review periods different from, and greater than, those in the U.S., including pre-clinical studies or clinical trials. Even if our product candidates are approved, regulatory approval for any product may be withdrawn by the regulatory authorities in a particular jurisdiction.

Even if a product is approved, the FDA, EMA, Health Canada, or another applicable regulatory authority, as the case may be, may limit the indications for which the product may be marketed, require extensive warnings on the product labeling or require expensive and time-consuming post-market surveillance trials or reporting as conditions of approval. In many countries outside the U.S., a product must be approved for reimbursement before it can be approved for sale in that country. In certain cases, the price that we intend to charge for a product is also subject to approval.

Regulatory authorities in countries outside of the U.S. and the EU also have their own requirements for approval of product candidates with which we must comply prior to marketing our products. Obtaining foreign regulatory approvals and compliance with such foreign regulatory requirements could result in significant delays, difficulties and costs for us and could delay or prevent the introduction of our current and any future products, in certain countries.

If we fail to receive applicable marketing approvals or comply with the regulatory requirements in international markets, our target market will be reduced and our ability to realize the full potential of our product candidates will be harmed and our business will be adversely affected.

We work with outside scientists and their institutions in executing our business strategy and in developing product candidates. These scientists may have other commitments or conflicts of interest which could limit our access to their expertise and harm our ability to develop viable product candidates.

We work with scientific advisors and collaborators at academic institutions and other research institutions. These scientists and collaborators are not our employees; rather, they are either independent contractors or the primary investigators under research collaboration agreements that we have with their sponsoring academic or research institution. Such scientists and collaborators may have other commitments that would limit their availability to us. Although our scientific advisors generally agree not to do competing work, if an actual or potential conflict of interest arises between their work for us and their work for another entity, we may lose their services. It is also possible that some of our valuable proprietary knowledge may become public.



these scientific advisors if they breach their confidentiality agreements with us, which could cause competitive harm to our business.

#### Risks Related to Commercialization

If, in the future, we are unable to establish our own sales, marketing and distribution capabilities, and we enter into licensing or collaboration agreements for these purposes, we may not be able to independently commercialize any future products.

We do not have a sales or marketing infrastructure and, as a company, have no sales or distribution experience. Our strategy involves, in part, building our own commercialization capabilities to selectively commercialize future products in niche or orphan indications. Where our involvement would advance our business, we seek to retain the right to participate in the development and commercialization of such products.

To develop internal sales, distribution and marketing capabilities, we will have to invest significant amounts of financial and management resources, some of which will need to be committed before we receive any confirmation that any of our proprietary product candidates will be approved. For products for which we decide to perform sales, marketing and distribution functions, we could face a number of additional risks, including:

- our inability to recruit and retain adequate numbers of qualified sales and marketing personnel;
- our inability to develop alternative sales channels;

- the inability of sales personnel to obtain access to physicians or an inadequate number of physicians to prescribe any future products;
- the lack of complementary products to be offered by sales personnel, which may present a competitive disadvantage relative to companies with more extensive product lines.
  - unforeseen costs and expenses associated with creating and maintaining sales and marketing organization.

Where and when appropriate, we may elect to utilize contract sales forces or distributors to assist in the commercialization of our product candidates. If we enter into arrangements with third parties to perform sales, marketing and distribution services for a product, the results on the profitability from this revenue to us is likely to be lower than if we had sold, marketed or distributed that product ourselves. In addition, we may not be successful in entering into such arrangements with third parties to sell, market, and distribute our product candidates, or we may be unable to do so on terms that are favorable to us. We likely will have little control over such third parties, and any of these third parties may fail to devote the necessary resources and effort to market, and distribute our current or any future products effectively.

Even if we receive regulatory approval to commercialize any of the product candidates, if we develop independently, we will be subject to ongoing regulatory obligations and continue to be subject to regulatory review, which may result in significant additional expense.

Any regulatory approvals that we receive for our product candidates we commercialize will be subject to limitations on the approved indicated uses for which the product may be marketed and subject to certain conditions of approval and may contain requirements for potential post-approval trials, including Phase 4 clinical trials, and surveillance to monitor the safety and efficacy of the marketed product.

For any approved product, we will need to ensure continued compliance with external regulatory requirements and requirements regarding the manufacturing processes, labeling, packaging, distribution, adverse event reporting, storage, advertising, promotion and recordkeeping for the product. Such regulatory requirements include submissions of safety and other post-approval information and continued compliance with current good manufacturing practices, or cGMP, and current good clinical practices, or cGCP, for any clinical trials that we or our collaborators are required to conduct post-approval. Later discovery of previously unknown problems with a product, including adverse events of unanticipated severity or frequency, or with third-party manufacturers or suppliers, or processes, or failure to comply with regulatory requirements, may result in, among

- restrictions on the marketing or manufacturing of the product, withdrawal of the product from the market or voluntary or mandatory product recalls;
- fines, warning letters or holds on any post-approval clinical trials;
- refusal by the FDA, EMA, Health Canada or another applicable regulatory authority to approve pending applications or supplements to approved applications filed by us or our collaborators;
- suspension or revocation of product license approvals;
  - product seizure or detention, or refusal to permit the import or export of product;
  - and
- injunctions or the imposition of civil or criminal penalties.

Occurrence of any of the foregoing could have a material and adverse effect on our financial results of operations.



If the market opportunities for our product candidates are smaller than we believe to be, our revenue may be adversely affected, and our business may suffer. Because the target patient populations for some of our product candidates are small, we must be able to successfully identify patients and acquire a significant market share to achieve profitability and growth.

Some of our product candidates focus on treatments for rare and ultra-rare diseases. Because the number of patients who have some of the diseases that we are targeting, our profitability and success will depend on successfully identifying patients with these rare and ultra-rare diseases. Our reported estimates of the prevalence of these diseases are based on studies of small patient populations in specific geographic areas, which are then extrapolated to estimate the prevalence of the diseases in the U.S. or elsewhere. Our projections of both the number of people with these diseases, as well as the subset of people with these diseases who have the potential to benefit from treatment with our product candidates, are based on our internal estimates. These estimates have been derived from a variety of sources, including scientific literature, surveys of clinicians, clinical trial data, foundations, and market research, and may prove to be incorrect. Further, new studies may change the estimated incidence or prevalence of these diseases, and, as a result, the number of patients with these diseases may turn out to be lower than expected. Our effort to identify patients with the disease we seek to treat is in early stages, and we cannot accurately predict the number of patients who will be treated or the treatment that might be possible. Additionally, the potentially addressable patient population for our product candidates may be limited or may not be amenable to treatment with our product candidates, and new patients may become increasingly difficult to identify or gain access to. This would adversely affect our results of operations and our business. Finally, even if we obtain a significant market share for our product candidates, because the potential target population is small, we may never achieve profitability despite obtaining such significant market share.

Even if we or our collaborators receive approval to commercialize our products, our business may be affected by government regulations and challenging third-party coverage and reimbursement practices could adversely affect our business.

Our or any collaborators' ability to commercialize any products successfully will depend on the extent to which coverage and reimbursement for these products and related treatments are available from government healthcare programs, private health insurers, managed care organizations, and other organizations. Government authorities and third-party payers, such as private health insurers and health maintenance organizations, decide which medications they will pay for and at what reimbursement levels. A primary trend in the U.S. healthcare industry is cost containment. Government authorities and third-party payers have attempted to control costs by limiting the amount of reimbursement for particular medications. Increasingly, third-party payers are requiring that drug companies provide them with predetermined discounts from list prices, and are challenging the prices charged for medical products. We cannot be sure that coverage and reimbursement will be available for any product that we or any collaborator commercialize. If coverage and reimbursement is available, the level of reimbursement. In addition, coverage and reimbursement may impact the demand for, or the price of, any product candidate for which we or our collaborators obtain marketing approval. If coverage and reimbursement are not available or reimbursement is available only to limited levels, we or our collaborators may not be able to successfully commercialize any product candidate for which marketing approval is obtained.

There may be significant delays in obtaining coverage and reimbursement for new products, and coverage may be more limited than the purposes for which the drug is approved. We may also face delays from the FDA, EMA, Health Canada or other regulatory authorities. Moreover, eligibility for coverage

reimbursement does not imply that a drug will be paid for in all cases or at a rate that covers all costs, including research, development, manufacture, sale and distribution expenses. Reimbursement levels for new drugs, if applicable, may also be insufficient to cover a collaborator's costs and may not be made permanent. Reimbursement rates may vary by drug, use of the drug and the clinical setting in which it is used, may be based on reimbursement levels already set for lower cost drugs and may be incorporated into existing payments for other drugs. Net prices for drugs may be reduced by mandatory discounts or rebates required by government or private healthcare programs or private payers and by any future relaxation of laws that restrict the importation of drugs from countries where they may be sold at lower prices than in the United States. Payers often rely upon Medicare coverage policy and payment limitations in setting reimbursement policies. Our or any collaborator's inability to promptly obtain coverage or reimbursement at profitable payment rates from both government-funded and private payers for any drug that we or our collaborators develop could have a material adverse effect on our operations and our ability to raise capital needed to commercialize products and our overall financial performance.

Our target patient populations in orphan and niche indications, such as KCNQ2-EEA1-related epilepsy (RGE) and AHC, are relatively small. In order for therapies that are designed to treat smaller populations to be commercially viable, the pricing, coverage and reimbursement for such therapies may need to be higher, on a relative basis, to account for the lack of volume. Accordingly, we will implement pricing, coverage and reimbursement strategies for any approved products that are designed for the smaller potential market size. If we are unable to establish or sustain coverage or reimbursement for our current and any future products from third party payers or the adoption of those products and sales revenue will be adversely affected, which, in turn, may adversely affect the ability to market or sell those products.

Recently enacted and future legislation may increase the difficulty and cost for us to obtain marketing approval for any products that we or our collaborators develop and affect the prices we may obtain for such products.

The U.S. and some foreign jurisdictions are considering or have enacted a number of regulatory proposals to change the healthcare system in ways that could affect our ability to sell our products profitably, once such products are approved for sale. Among policy makers and third-party payers in the U.S. and elsewhere, there is significant interest in promoting changes to the healthcare system with the stated goals of containing healthcare costs, improving quality and access. In the U.S., the pharmaceutical industry has been a particular focus of these efforts and has been significantly affected by major legislative initiatives.

For example, in 2010, the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010, collectively, the PPACA, was enacted. The PPACA includes measures that have significantly changed, or will significantly change, the way healthcare is financed by both governmental and private insurers. The Trump administration and Congress, through legislation, executive orders and other measures, has taken action to repeal certain provisions of the PPACA. The impact of any such changes on us and the pharmaceutical industry as a whole is currently unknown. In addition, there has been heightened government scrutiny over the manner in which manufacturers set prices for their marketed products. This scrutiny has resulted in several Congressional inquiries and proposed and enacted federal and state legislation designed to, among other things, bring more transparency to product pricing, review the relationship between pricing and manufacturer patient programs, and reform government program reimbursement methodologies for pharmaceutical products. Congress and the Trump administration have each indicated that it will continue to seek new legislative and/or administrative measures to control drug costs. These and other health reform measures that are implemented may have a material adverse effect on our result of operations.

In the EU, similar political, economic and regulatory developments may affect our ability to profitably commercialize our current or any future products. In addition to continuing efforts to control prices and cost containment measures, legislative developments at the EU or member state level may result in significant additional requirements or obstacles that may increase our operating costs in international markets, reimbursement and healthcare payment systems vary significantly between countries and many countries have instituted price ceilings on specific products and therapies. Such price ceilings, if any, might not be considered medically reasonable and necessary for a particular indication or cost-effective by third-party payers. An adequate level of reimbursement may not be available for such products and third-party payers' reimbursement policies might affect our or our collaborators' ability to sell any future products profitably.

Legislative and regulatory proposals have been made to expand post-approval requirements and to restrict sales and promotional activities for pharmaceutical products. We cannot predict whether additional legislative changes will be enacted, or whether the FDA regulations, guidelines and regulatory interpretations will be changed, or what the impact of such changes on the marketing of our product candidates, if any, may be. In addition, increased scrutiny by the U.S. Congress and the FDA's approval process may significantly delay or prevent marketing approval, as well as result in more stringent product labeling and post-approval testing and other requirements.

We cannot predict the likelihood, nature or extent of government regulation that may be imposed by future legislation or administrative action, either in the U.S. or abroad. If we or our collaborators are slow or unable to adapt to changes in existing requirements or the adoption of new

policies, or if we or our collaborators are not able to maintain regulatory compliance, our product candidates may lose any marketing approval that may have been obtained and we may not be able to or sustain profitability, which would adversely affect our business.

Foreign governments tend to impose strict price controls, which may adversely affect our profitability.

In most foreign countries, particularly those in the EU, prescription drug pricing and reimbursement is subject to governmental control. In those countries that impose price controls, pricing negotiations with governmental authorities can take considerable time after we obtain marketing approval for a product. To obtain reimbursement or pricing approval in some countries, we or our collaborators may be required to conduct a clinical trial that compares the cost-effectiveness of our product candidate to other available therapies.

Some countries require approval of the sale price of a drug before it can be marketed. In some countries, the pricing review period begins after marketing or product licensing approval. In some foreign markets, prescription pharmaceutical pricing remains subject to governmental control even after initial approval is granted. As a result, we or our collaborators might obtain marketing approval for a product in a particular country, but then be subject to regulations that delay commercial launch of the product, possibly for lengthy time periods, which could negatively impact the revenue that is generated from the sale of the product in that country. Additionally, reimbursement of such products is unavailable or limited in scope or amount, or if reimbursement is at unsatisfactory levels, or if there is competition from lower priced cross-border sales, our profitability will be negatively affected.

### Risks Related to Our Dependence on Third Parties

Our prospects for successful development and commercialization of our partnered product candidates are dependent upon the research, development and marketing efforts of our collaborators.

We have no control over the resources, time and effort that our collaborators may devote to our programs and limited access to information regarding or resulting from such programs. We are dependent on our collaborators, including Genentech and Merck, to fund and conduct research, development and any clinical development of product candidates under our collaboration with each of them for the successful regulatory approval, marketing and commercialization of one or more of our products or product candidates. Such success will be subject to significant uncertainty.

Our ability to recognize revenue from successful collaborations may be impaired by various factors, including:

- a collaborator may shift its priorities and resources away from our programs due to changes in its business strategies, or a merger, acquisition, sale or downsizing of its company or other business activities;
- a collaborator may cease development in therapeutic areas which are the subject of our collaborations;
- a collaborator may change the success criteria for a particular program or product candidate, thereby delaying or ceasing development of such program or candidate;
- a significant delay in initiation of certain development activities by a collaborator or non-payment of milestones tied to such activities, thereby impacting our ability to fund our development activities;
- a collaborator could develop a product that competes, either directly or indirectly, with our current or future products, if any;
  - a collaborator with commercialization obligations may not commit sufficient capital or human resources to the marketing, distribution or sale of a product;
- a collaborator with manufacturing responsibilities may encounter regulatory, resource or other issues and be unable to meet demand requirements;
- a collaborator may exercise its rights under the agreement to terminate our collaboration;
- a dispute may arise between us and a collaborator concerning the research or development of a product candidate, commercialization of a product or payment of royalties or milestones, any of which could result in a delay in milestones, royalty payments or termination of the collaboration and possibly resulting in costly litigation or arbitration which may divert management and financial resources;
- a collaborator may not adequately protect the intellectual property rights associated with our product or product candidate; and
- a collaborator may use our proprietary information or intellectual property in such a manner as to invite litigation from a third party.

If our collaborators do not perform in the manner we expect or fulfill their responsibilities in a timely manner, or at all, the clinical development, regulatory approval and commercialization of our product candidates could be delayed, terminated or be commercially unsuccessful. Conflicts between us and our collaborators may arise. In the event of termination of one or more of our collaborations, it may become necessary for us to assume the responsibility of any terminated product candidates at our own expense or seek new collaborators. In that event, we would likely be required to limit the size and scope of one or more of our independent programs or increase our funding and seek additional funding which may not be available on acceptable terms or at all.



business would be materially and adversely affected.

40

---

We may not be successful in establishing new collaborations or maintaining our existing collaborations, which could adversely affect our ability to develop future product candidates and commercialize our future products.

In the ordinary course, we engage with other biotechnology and pharmaceutical companies to discuss potential in-licensing, out-licensing, alliances and other strategic transactions. We may enter into these types of transactions to enhance and accelerate the development of our product candidates and the commercialization of any resulting products. We face significant competition in seeking appropriate collaborators and the negotiation process is time-consuming and complex. Moreover, we may not be successful in our efforts to establish other collaborations or other alternative arrangements for any future product candidates because our research and development pipeline may be insufficient, our product candidates may be deemed to be at an early stage of a stage of development for collaboration effort and/or third parties may view our product candidates as lacking the requisite potential to demonstrate safety and efficacy. Even if we are successful in our efforts to establish collaborations, the terms that we agree upon may not be as favorable to us and we may not be able to maintain such collaborations if, for example, regulatory approval of a product candidate is delayed or sales of an approved product are delayed.

If any of our existing collaboration agreements is terminated, or if we determine that pursuing other product collaborations is in our best interest but we either fail to enter into, delay entering into or fail to maintain such collaborations:

- the development of certain of our current or future product candidates may be terminated or delayed;
- our cash expenditures related to development of our product candidates would increase significantly and we may need to seek additional financing sooner than expected;
- we may be required to hire additional employees or otherwise develop expertise, such as regulatory, sales and marketing expertise, which we do not currently have;
- we will bear all of the risk related to the development of any such product candidates;
- the competitiveness of any product that is commercialized could be reduced.

We intend to rely on third-party manufacturers to produce our clinical product candidates. Any failure by a third-party manufacturer to produce acceptable supplies for us may impair our ability to initiate or complete our clinical trials or commercialize approved products.

We do not currently own or operate any manufacturing facilities nor do we have significant manufacturing experience or personnel. We rely on our collaborators to manufacture our product candidates licensed to them or work with multiple CMOs to produce sufficient quantities of raw materials required for the manufacture of our product candidates for pre-clinical testing, clinical trials and intend to do so for the commercial manufacture of our products. If we are unable to arrange for such third-party manufacturing sources, or fail to do so on commercially reasonable terms, we may not be able to successfully produce sufficient supply of product candidates and our development may be delayed in doing so. Such failure or substantial delay could materially harm our business.

Reliance on third-party manufacturers entails risks to which we would not be subjected if we manufactured product candidates ourselves, including reliance on the third party for regulatory compliance and quality control and assurance, volume production, the possibility of termination of manufacturing agreement by the third party because of factors beyond our control (including our failure to synthesize and manufacture our product candidates in accordance with our specifications) and the possibility of termination or nonrenewal of the agreement by the third party.

at a time that is costly or damaging to us. In addition, the FDA, EMA, Health Canada and other regulatory authorities require that our product candidates be manufactured according to similar foreign standards. Pharmaceutical manufacturers and their subcontractors are required to register their facilities and/or products manufactured at the time of submission of their application and then annually thereafter with the FDA, EMA, Health Canada and other regulatory agencies. They are also subject to periodic unannounced inspections by the FDA, EMA, Health Canada and other regulatory agencies. Any subsequent discovery of problems with the manufacturing or laboratory facility used by us or our collaborators, may result in a suspension of the product or on the manufacturing or laboratory facility, including product recall, suspension of manufacturing, product seizure or a voluntary withdrawal of the drug from the market. Any failure by our third-party manufacturers to comply with cGMP or any failure to deliver sufficient quantities of product candidates in a timely manner, could lead to a delay in, or failure to obtain regulatory approval of any of our product candidates.

We rely on third parties to monitor, support, conduct, and/or oversee pre-clinical studies and clinical trials of the product candidates that we are developing independently and, in some cases, to file regulatory files for those product candidates. We may not be able to obtain regulatory approval for our product candidates or commercialize any products that may result from our development if we are not able to maintain or secure agreements with such third parties on acceptable terms, if these third parties do not perform their services as required, or if these third parties disclose or transfer any regulatory information held by them to us.

We rely on entities outside of our control, which may include academic institutions, research hospitals, clinics and other third-party collaborators, to monitor, support, conduct and coordinate pre-clinical and clinical studies of our current and future product candidates. As a result, we have less control over the timing and cost of these studies and the ability to recruit trial subjects than if we conducted these trials with our own personnel.

If we are unable to maintain or enter into agreements with these third parties on acceptable terms, if any such engagement is terminated prematurely, we may be unable to enroll patients on a timely basis or otherwise conduct our trials in the manner we anticipate. In addition, there is no guarantee that these third parties will devote adequate time and resources to our studies or perform their obligations by our contract or in accordance with regulatory requirements, including maintaining and providing accurate trial information regarding our product candidates. If these third parties fail to meet their contractual deadlines, fail to transfer to us any regulatory information in a timely manner, fail to follow our protocols or fail to act in accordance with regulatory requirements or our agreements, or if they otherwise perform in a substandard manner or in a way that compromises the accuracy of their activities or the data they obtain, then clinical trials of our future product candidates may be extended or delayed with additional costs incurred, or our data may be rejected by the FDA, EMA, Health Canada or other regulatory agencies.

Ultimately, we are responsible for ensuring that each of our clinical trials is conducted in accordance with the applicable protocol, legal, regulatory and scientific standards, and our reliance on third parties does not relieve us of our regulatory responsibilities.

We and our CROs are required to comply with current good laboratory practices, good manufacturing practices, and cGMP regulations and guidelines enforced by the FDA, Health Canada, the competent authorities of the member states of the European Economic Area and comparable foreign regulatory authorities for products in clinical development. Regulatory authorities enforce these requirements through periodic inspections of clinical trial sponsors, principal investigators, clinical trial sites, manufacturing facilities, nonclinical testing facilities and other contractors. If we or our CROs fail to comply with these applicable regulations, the clinical data generated in our pre-clinical studies and clinical trials may be deemed unreliable and our submission of marketing applications may be delayed or the FDA, EMA, Health Canada or another regulatory authority may require us to perform additional clinical trials before approving our marketing applications. Upon inspection, the FDA, EMA, Health Canada or another regulatory authority could determine that our clinical trials fail or have failed to comply with applicable cGCP regulations. In addition, our clinical trials must be conducted with product produced under the cGMP regulations enforced by the FDA, EMA, Health Canada and other regulatory authorities, and our clinical trials may require a large number of test subjects. Our failure to comply with cGLP, cGCP and cGMP regulations may require us to repeat clinical trials, which would delay the regulatory approval process and increase our costs. Moreover, our business may be implicated if any of our CROs violates federal or state laws, including abuse or false claims laws and regulations or healthcare privacy and security laws.

If any of our clinical trial sites terminates for any reason, we may experience the loss of information on patients enrolled in our ongoing clinical trials unless we are able to transfer information of those patients to another qualified clinical trial site. Further, if our relationship with our CROs is terminated, we may be unable to enter into arrangements with alternative CROs on commercially reasonable terms, or at all.

Switching or adding CROs or other suppliers can involve substantial cost and require significant management time and focus. In addition, there is a natural transition period when a new supplier commences work. As a result, delays may occur, which can materially impact our ability to meet our desired clinical development timelines. If we are required to seek alternative arrangements, the resulting delays and potential inability to find a suitable replacement supplier may materially and adversely impact our business.

### Risks Related to Intellectual Property

We could be unsuccessful in obtaining or maintaining adequate patent protection for our products or product candidates.

Our commercial success will depend, in large part, on our ability to obtain and maintain other intellectual property protection with respect to our product candidates. We evaluate our patent portfolio in the ordinary course of business to enhance patent protection in areas of strategic focus and in key markets for our potential products and abandon existing patent applications related to terminated development programs or areas of low strategic importance. Patents might not be issued or granted with respect to our patent applications that are currently pending, and issued or granted patents might later be found to be invalid or unenforceable or interpreted in a manner that does not adequately protect our current product or any future product or fail to otherwise provide us with any competitive advantage. The patent position in the pharmaceutical industry is generally uncertain because it involves complex legal and factual considerations. The standards applied by the U.S. Patent and Trademark Office, or the U.S. Patent Office, and foreign patent offices in granting patents are not always applied uniformly or predictably. For example, there is no uniform worldwide policy regarding patentable subject matter or the types of claims allowable in biotechnology and pharmaceutical patents. Consequently, we cannot be certain of the success of our pending patent applications. As such, we do not know the degree of future patent protection we will have on our proprietary products and technology, if any, and a failure to obtain adequate intellectual property protection with respect to our product candidates and proprietary technology could have a material adverse impact on our business.

Periodic maintenance fees, renewal fees, annuity fees and various other governmental fees for patents and/or applications will be due to be paid to the USPTO and various governmental agencies outside of the U.S. in several stages over the lifetime of the patents and/or applications. The USPTO and various non-US governmental patent agencies require compliance with various procedural, documentary, fee payment and other similar provisions during the patent prosecution process. We employ reputable law firms and other professionals to help us comply with the requirements of the patents and patent applications that we own, and we rely upon our licensors or collaborators to effect compliance with respect to the patents and patent applications that we do not own. In many cases, an inadvertent lapse can be cured by payment of a late fee or by other means in accordance with the applicable rules. However, there are situations in which noncompliance with the applicable rules result in abandonment or lapse of the patent or patent application, resulting in partial or complete loss of patent rights in the relevant jurisdiction. In such an event, our competitors may enter the market and this circumstance would have a material adverse effect on our business.

Our intellectual property rights will not necessarily provide us with competitive advantage.

The degree of future protection afforded by our intellectual property rights is uncertain. Intellectual property rights have limitations, and may not adequately protect our business or enable us to maintain our competitive advantage.

The following examples are illustrative:

- Others may be able to make compounds that are similar to our product candidates that are not covered by the claims of the patents that we or our collaborators own or have exclusive rights to.

others may independently develop similar or alternative technologies without infringing our intellectual property rights;

- issued patents that we own or have exclusively licensed may not provide us with the same advantages, or may be held invalid or unenforceable, as a result of legal challenges by our competitors;
- we may obtain patents for certain compounds many years before we obtain marketable products containing such compounds, and because patents have a limited life, which may run out prior to the commercial sale of the related product, the commercial value of such patents may be limited;
- our competitors might conduct research and development activities in countries where we do not have patent rights and then use the information learned from such activities to develop competing products for sale in our major commercial markets;
- we may fail to develop additional proprietary technologies that are patentable;
- the laws of certain foreign countries may not protect our intellectual property rights to the same extent as the laws of the U.S., or we may fail to apply for or obtain adequate intellectual property protection in all the jurisdictions in which we operate; and
- the patents of others may have an adverse effect on our business, for example by preventing us from marketing one or more of our product candidates for one or more indications.

Any of the aforementioned threats to our competitive advantage could have a material impact on our business.

We may not be able to protect our intellectual property rights throughout the world.

Filing, prosecuting and defending patents on product candidates in all countries throughout the world would be prohibitively expensive, and our intellectual property rights in some countries outside the U.S. can be less extensive than those in the U.S. In addition, the laws of some countries do not protect intellectual property rights to the same extent as federal and state laws in the U.S. Consequently, we may not be able to prevent third parties from practicing our intellectual property rights in countries outside the U.S., or from selling or importing products made using our intellectual property into the U.S. or other jurisdictions. Competitors may use our technologies in jurisdictions where we have not obtained patent protection to develop their own products and further, may sell or import infringing products to territories where we have patent protection, but enforcement of our patents as that in the U.S. These products may compete with our current or future products and our patents or other intellectual property rights may not be effective or sufficient to prevent them from competing.

Many companies have encountered significant problems in protecting and defending their intellectual property rights in foreign jurisdictions. The legal systems of certain countries, particularly in developing countries, do not favor the enforcement of patents, trade secrets and other intellectual property protection, particularly those relating to biotechnology products, which could make it difficult for us to stop the infringement of our patents or marketing of competing products or the violation of our proprietary rights generally. Proceedings to enforce our patent rights in some jurisdictions could result in substantial costs and divert our efforts and attention from other aspects of our business, could put our patents at risk of being invalidated or interpreted narrowly, could render our patent applications at risk of not issuing and could provoke third parties to assert claims against us. We may not prevail in any lawsuits that we initiate and the damages or other remedies available, if any, may not be commercially meaningful. Accordingly, our efforts to enforce our intellectual property rights around the world may be inadequate to obtain a significant commercial return from the intellectual property that we develop or license.

Our patents covering one or more of our products or product candidates could be found to be unenforceable if challenged.

Any of our intellectual property rights could be challenged or invalidated despite our efforts to obtain patent and other intellectual property protection with respect to our products and proprietary technology. For example, if we were to initiate legal proceedings against a third party to enforce a patent covering one of our product candidates, the defendant could counterclaim that the patent is invalid and/or unenforceable. In patent litigation in the U.S. and in some other countries, defendant counterclaims alleging invalidity and/or unenforceability are commonplace. Grounds for a validity challenge could be an alleged failure to meet any of several statutory requirements, for example, lack of novelty, obviousness or non-enablement. Grounds for an unenforceability challenge could be an allegation that someone connected with prosecution of the patent withheld material information from the USPTO or the applicable foreign counterpart, or made a misleading statement during prosecution. A litigant or the USPTO itself could challenge our patents on the basis of inequitable conduct, which we believe that we have conducted our patent prosecution in accordance with the law and in good faith. The outcome following such a challenge is unpredictable.



With respect to challenges to the validity of our patents, for example, there might be prior art, of which we and the patent examiner were unaware during prosecution. If we fail to prevail on a legal assertion of invalidity and/or unenforceability, we would lose a portion, perhaps all, of the patent protection on a product candidate. Even if a defendant does prevail on a legal assertion of invalidity and/or unenforceability, our patent claims may be construed in a way that would limit our ability to enforce such claims against the defendant and others. The costs of defending such a challenge, particularly in a foreign jurisdiction, and any resulting loss of patent protection could have a material adverse impact on one or more of our product candidates and our business.

Enforcing our intellectual property rights against third parties may also cause such parties to file other counterclaims against us, which could be costly to defend, particularly in a foreign jurisdiction, and could require us to pay substantial damages, cease the sale of certain products, or enter into a license agreement and pay royalties (which may not be possible on commercial or reasonable terms or at all). Any efforts to enforce our intellectual property rights are costly and may divert the efforts of our scientific and management personnel.

Patent protection and patent prosecution for some of our product candidates is dependent on our ability to assert patents and defend them against claims of invalidity is maintained.

There have been and may be times in the future when certain patents that relate to our product candidates or any approved products are controlled by our licensees or licensors. As a result, we, under such arrangements, have rights to consult with our collaborators on actions to take. In order to secure back-up rights of prosecution and enforcement, we have in the past and may in the future have rights to prosecute and maintain patents and patent applications within our portfolio. Our ability to assert such patents against infringers. For example, currently some of the patents in the patent portfolio for novel Nav1.7 inhibitors are held by Genentech.

If any current or future licensee or licensor with rights to prosecute, assert or defend to our product candidates fails to appropriately prosecute and maintain patent protection covering any of our product candidates, or if patents covering any of our product candidates asserted against infringers or defended against claims of invalidity or unenforceability, which adversely affects such coverage, our ability to develop and commercialize any candidate may be adversely affected and we may not be able to prevent competitors from using and selling competing products.

We may be involved in lawsuits to protect or enforce our patents or the patents of our licensors, which could be expensive, time consuming and unsuccessful.

Competitors may infringe our patents or the patents of our licensors. To counter unauthorized use, we may be required to file infringement claims, which can be expensive and time-consuming. In addition, in an infringement proceeding, a court may decide that our patent or one of our licensors is not valid or is unenforceable or may refuse to stop the other party from using the technology at issue on the grounds that our patents do not cover the technology in question. An adverse result in any litigation or defense proceeding could put one or more of our patents at risk of being invalidated, held unenforceable or interpreted narrowly, and could put any of our patent applications at risk of not yielding an issued patent.

Interference proceedings, derivation proceedings, entitlement proceedings, ex parte reexamination, inter partes reexamination, inter partes review, post-grant review, and opposition proceedings provoked by third parties or brought by the USPTO or any foreign patent authority could challenge inventorship, ownership, claim scope, or validity of our patent applications. An unfavorable outcome could require us to cease using the related technology or to attain a license to it from the prevailing party. Our business could be harmed if the prevailing party does not offer us a license on commercially reasonable terms, if any license is offered at all. Interference proceedings may fail and, even if successful, may result in substantial costs to our management and other employees.

We may not be able to prevent, alone or with our licensors, misappropriation of our confidential information, particularly in countries where the laws may not protect trade secrets as fully as in the U.S. Furthermore, because of the substantial amount of discovery required in connection with intellectual property litigation, there is a risk that some of our confidential information could be compromised by disclosure during this type of litigation. In addition, there could be public announcements of the results of hearings, motions or other interim developments. If securities analysts or investors perceive these results to be negative, it could have a substantial adverse effect on the market price of our common shares.

Claims that our product candidates or the sale or use of our future products infringe the intellectual property rights of other intellectual property rights of third parties could result in costly litigation or other substantial time and money to resolve, even if litigation is avoided.

Our commercial success depends upon our ability to develop product candidates and commercialize products that may be approved in the future, using our proprietary technology without infringing the intellectual property rights of others. Our product or product candidates or any uses thereof may now and in the future infringe third-party patents or other intellectual property rights. Third parties might allege that we or our collaborators are infringing their patent rights or that we have misappropriated their trade secrets, or that we are otherwise violating their intellectual property rights.

rights, whether with respect to the manner in which we have conducted our research, development, composition, use or manufacture of the compounds we have developed or are developing, or the activities of our collaborators. Such third parties might resort to litigation against us or other parties to indemnify, which litigation could be based on either existing intellectual property or intellectual property that arises in the future.

It is possible that relevant patents or patent applications held by third parties will cover our product candidates at the time of launch and we may also fail to identify, relevant patents or patent applications held by third parties that cover our product candidates. For example, a patent application filed before November 29, 2000, and certain applications filed after that date that will not be published in the U.S. remain confidential until patents issue. Other patent applications in the U.S. and in other jurisdictions are published approximately 18 months after the earliest filing date for which a claim is claimed, with such earliest filing date being commonly referred to as the priority date. Furthermore, publication of discoveries in the scientific or patent literature often lags behind actual discoveries. Therefore, we cannot be certain that we or our collaborators were the first to file patent applications on, our product candidates or for their uses, or that our product candidates will not infringe patents that are currently issued or that are issued in the future. In the event that a third party has also filed a patent application covering one of our product candidates or a similar invention, we may have to participate in an adversarial proceeding, known as an interference proceeding, declared by the USPTO or its foreign counterpart to determine priority of invention. Such proceedings involving pending patent applications and patents which have been published can, subject to certain legal limitations, be later amended in a manner that could cover our current or future product candidates or their use.

Defending against claims of patent infringement, misappropriation of trade secrets or violations of intellectual property rights could be costly and time consuming, regardless of the outcome. Thus, even if we were to ultimately prevail, or to settle at an early stage, we could burden us with substantial unanticipated costs. In addition, litigation or threatened litigation could result in significant demands on the time and attention of our management to divert them from the pursuit of other company business. Claims that our product candidates or the use of our future products infringe, misappropriate or otherwise violate third-party intellectual property rights could therefore have a material adverse impact on our business.

Most of our competitors are larger than we are and have substantially greater financial resources. They are, therefore, likely to be able to sustain the costs of complex intellectual property litigation longer than we could. In addition, the uncertainties associated with litigation could have an adverse effect on our ability to raise the funds necessary to conduct our clinical trials, fund our internal research programs, in-license needed technology, or enter into strategic collaborations that would help us bring our product candidates to market.

In addition, any future intellectual property litigation, interference or other administrative proceedings will result in additional expense and distraction of our personnel. An unfavorable outcome in such litigation or proceedings may expose us or any future strategic collaborator to a loss of our proprietary position, expose us to significant liabilities, or require us to seek licenses for technology not available on commercially acceptable terms, if at all, each of which could have a material adverse effect on our business.

Unfavorable outcomes in intellectual property litigation could limit our research and development activities and/or our ability to commercialize certain products.

If third parties successfully assert their intellectual property rights against us, we may be prohibited from using certain aspects of our technology or barred from developing and commercializing certain products. Prohibitions against using certain technologies, or prohibitions against commercializing certain products, could be imposed by a court or by a settlement agreement between us and a third party or plaintiff. In addition, if we are unsuccessful in defending against allegations that we have misappropriated or otherwise violated patent or other intellectual property rights of a third party, we may be forced to pay substantial damage awards to the plaintiff. There is inevitable uncertainty in intellectual property litigation and we could lose, even if the case against us is weak. If intellectual property litigation leads to an outcome unfavorable to us, we may be required to obtain a license from the intellectual property owner in order to continue our research and development programs and to commercialize any resulting product. It is possible that the necessary license will not be available to us on commercially acceptable terms, or at all. Alternatively, we may be required to modify our current or future products, if any, in order to avoid infringing or otherwise violating the intellectual property rights. This may not be technically or commercially feasible, resulting in our products less competitive, or may delay or prevent the entry of those products to the market. The foregoing could limit our research and development activities, our ability to commercialize one or more product candidates, or both.

In order to avoid or settle potential claims with respect to any patent or other intellectual property rights of third parties, we may choose or be required to seek a license from a third party. We may be required to pay license fees or royalties or both, which could be substantial. These licenses may not be available on acceptable terms, or at all. Even if we or any future collaborators were to obtain a license, the rights may be nonexclusive, which could result in our competitors gaining

same intellectual property. Ultimately, we could be prevented from commercializing our intellectual property, or we could be forced, by court order or otherwise, to cease some or all aspects of our business operations. As a result of actual or threatened patent or other intellectual property claims, we are unable to obtain or maintain licenses on acceptable terms. Further, we could be found liable for significant monetary damages as a result of claims of intellectual property infringement. In the future, we may receive unfavorable court judgments, license and demands to license from third parties claiming that we are infringing their intellectual property or owe license fees and, even if such claims are without merit, we could face significant costs to avoid or settle such claims.

If Genentech, Merck or other collaborators license or otherwise acquire rights to our intellectual property controlled by a third party in various circumstances, for example, where a product cannot be legally developed or commercialized in a country without the third-party intellectual property right or, where it is decided that it would be useful to acquire such third-party intellectual property rights to commercialize the product, they are eligible under our collaboration agreements to receive significant milestone payments payable to us on a product-by-product basis and, in certain cases, on a co-commercialization basis. Any of the foregoing events could harm our business significantly.

If we breach any of the agreements under which we license the use, development and commercialization rights to our product candidates or technology from third parties, we could lose license rights that are important to our business.

Under our existing license and other agreements, including those associated with our XEN007 programs, we are subject to various obligations, including diligence obligations, development and commercialization obligations, as well as potential milestone payment obligations. If we fail to comply with any of these obligations or otherwise breach our agreements, our licensing partners may have the right to terminate the applicable license agreements in part. Generally, the loss of any one of our current licenses, or any other license we may obtain in the future, could materially harm our business, prospects, financial condition and research and development operations.

Confidentiality agreements with employees and third parties may not prevent unauthorized disclosure of trade secrets and other proprietary information, which would harm our competitive position.

In addition to patents, we rely on trade secrets, technical know-how and proprietary information concerning our discovery platform, business strategy and product candidates in order to maintain our competitive position, which are difficult to protect. In the course of our research and development activities and our business activities, we often rely on confidentiality agreements to protect our proprietary information. Such confidentiality agreements are used, for example, with vendors of laboratory, manufacturing or clinical development services or potential collaborators. In addition, each of our employees and consultants is required to sign a confidentiality agreement and invention assignment agreement upon joining our company. Our employees, consultants, contractors, business partners or outside scientific collaborators might inadvertently disclose our trade secret information in breach of these confidentiality agreements, and our trade secrets may otherwise be misappropriated. Our collaborators might also have the ability to publish data and we might fail to apply for patent protection prior to such publication, which could result in a competitor will make use of such information, and that our competitive position could be compromised. In addition, to the extent that our employees, consultants or contractors use or disclose intellectual property owned by others in their work for us, disputes may arise as to ownership of related or resulting know-how and inventions. Enforcing a claim that a third party is using our trade secret information and is using any of our trade secrets is expensive and time consuming, and the outcome is unpredictable. In addition, courts outside the U.S. sometimes are less willing than U.S. courts to protect trade secrets. Moreover, our competitors may independently develop equivalent methods and know-how. If we cannot maintain the confidentiality of our proprietary information or other confidential information, then our ability to obtain patent protection or to protect our trade secret information would be jeopardized, which would adversely affect our competitive position.

Recent court decisions could increase the uncertainties and costs surrounding the prosecution of our patent applications and the enforcement or defense of our issued patents.

On June 13, 2013, the U.S. Supreme Court decision in *Association for Molecular Pathology v. Myriad Genetics, Inc.*, held that isolated DNA sequences are not patentable. In December 2013, the USPTO issued its Interim Guidance on Patent Subject Matter Eligibility, in which it adopted Myriad's "marked difference" standard for patent subject matter eligibility to all products. This standard applies to patent claims that recite not only nucleic acids (such as those claimed by Myriad), but also other subject matter that could be considered a natural product, such as proteins, extracts, organisms, antibodies, chemicals, and minerals. As a consequence of the Supreme Court decision and the USPTO's Interim Guidance, if any of our future product candidates are isolated DNA, peptides, proteins or the like, we will not be able to obtain patents in the U.S. on such novel gene targets that we discover, which could limit our ability to prevent third parties from developing drugs directed against such targets.

If we do not obtain protection under the Hatch-Waxman Act and similar legislation in the U.S. by extending the patent terms for our product candidates, our business may be adversely affected and harmed.

Depending upon the timing, duration and specifics of FDA marketing approval of our product candidates, if any, one or more U.S. patents may be eligible for limited patent term extensions under the Hatch-Waxman Act. The Hatch-Waxman Act permits a patent restoration term

years as compensation for patent term lost during clinical testing of the product and FDA regulatory review process. However, we may not be granted an extension because, for example, failing to apply within applicable deadlines, failing to apply prior to expiration of patents or otherwise failing to satisfy applicable requirements. Moreover, the application of patent protection or the scope of patent protection afforded could be less than we request.

If we are unable to obtain patent term extension or restoration or the term of any such extension is less than we request, the period during which we will have the right to exclusively market our product will be shortened and our competitors may obtain approval of competing products prior to our patent expiration, and our revenue could be reduced, possibly materially.

We have not registered our corporate name as a trademark in all of our potential markets. Failure to secure those registrations could adversely affect our business.

Our corporate name, Xenon, has not been trademarked in each market where we operate. Our trademark applications for our corporate name or the name of our products are not always allowed for registration, and our registered trademarks may not be maintained or enforced. In trademark registration proceedings, we may receive rejections, which we may be unable to overcome in our responses. Third parties may also attempt to register trademarks using our corporate name on their products, and we may not be successful in preventing such usage. In the USPTO and in comparable agencies in many foreign jurisdictions, third parties are given an opportunity to oppose pending trademark applications and to seek to cancel registered trademarks. Opposition or cancellation proceedings may be filed against our trademarks, and our trademarks may not survive such proceedings. If we do not secure registrations for our trademarks, we may encounter more difficulty in enforcing them against third parties than we otherwise

Intellectual property litigation may lead to unfavorable publicity that harms our reputation and causes the market price of our common shares to decline.

During the course of any intellectual property litigation, there could be public announcement of the initiation of the litigation as well as results of hearings, rulings on motions, and other proceedings in the litigation. If securities analysts or investors regard these announcements negatively, the perceived value of our existing products, programs or intellectual property could be diminished. Accordingly, the market price of our common shares may decline. Such a decline could also harm our reputation or the market for our future products, which could have an adverse effect on our business.

#### Risks Related to Our Industry

If product liability lawsuits are brought against us, we may incur substantial liabilities and costs required to limit commercialization of our current and any future products.

We face an inherent risk of product liability as a result of the clinical testing of our product candidates, and we will face an even greater risk if we commercialize any product candidate. For example, we may be sued if any of our product candidates, including any that are developed in combination with other therapies, allegedly causes injury or is found to be otherwise defective during product testing, manufacturing, marketing or sale. Any such product liability claims could include allegations of defects in manufacturing, defects in design, a failure to warn, negligence, strict liability and a breach of warranties. Claims may also be asserted under state consumer protection acts. If we cannot successfully defend our product liability claims, we may incur substantial liabilities or be required to limit commercialization of our product candidates. Even successful defense would require significant financial and management resources. There is also risk that third parties we have agreed to indemnify could incur liability. Regardless of the merits or eventual outcome, liability claims could result in:

- decreased demand for our product candidates or any resulting products;
- injury to our reputation;
- withdrawal of clinical trial participants;
- costs to defend the related litigation;
- a diversion of management's time and our resources;
- substantial monetary awards to trial participants or patients;
- product recalls, withdrawals or labeling, marketing or promotional restrictions;
- loss of revenue;
- the inability to commercialize our product candidates; and
- a decline in the market price of our common shares.

We currently carry product liability insurance of \$10,000,000 per occurrence and \$10,000,000 aggregate limit. We believe our product liability insurance coverage is appropriate for our current clinical programs; however, we may not be able to maintain insurance coverage at a reasonable cost or in sufficient amounts to protect us against losses due to liability. In order to obtain marketing approval for product candidates, we intend to expand our insurance coverage to include the sale of commercial products; however, we may then be unable to obtain insurance on commercially reasonable terms or in adequate amounts. On occasion, we have been awarded in class action lawsuits based on drugs or medical treatments that caused unanticipated adverse effects. A successful product liability claim or series of claims



us could cause the market price of our common shares to decline and, if judgments insurance coverage, could adversely affect our future results of operations and busi

Patients with certain of the diseases targeted by our product candidates are often al and advanced stages of disease and have both known and unknown significant pre-potentially life-threatening conditions. During the course of treatment, patients may events, including death, for reasons that may be related to our product candidates. S subject us to costly litigation, require us to pay substantial amounts of money to inj delay, negatively impact or end our opportunity to receive or maintain regulatory a those product candidates, or require us to suspend or abandon our commercializatio a circumstance in which we do not believe that an adverse event is related to our pr investigation into the circumstance may be time-consuming or inconclusive. These may interrupt our sales efforts, delay our regulatory approval process in other coun and limit the type of regulatory approvals our product candidates receive or mainta these factors, a product liability claim, even if successfully defended, could have a effect on our business, financial condition or results of operations.

Our current and future operations in the U.S. and elsewhere will be subject, directly or indirectly, to applicable federal and state anti-kickback, fraud and abuse, false claims, transparency, information privacy and security, and other healthcare laws and regulations, which may result in criminal sanctions, civil penalties, contractual damages, reputational harm, administrative burdens, and diminished profits and future earnings.

Healthcare providers, physicians and third-party payers in the U.S. and elsewhere play a key role in the recommendation and prescription of any product candidates for which we seek marketing approval. Our current arrangements with health care providers and our future arrangements with third-party payers and customers may expose us to broadly applicable anti-kickback, fraud and abuse and other healthcare laws and regulations, including, without limitation, the federal Anti-Kickback Statute and the federal False Claims Act, that may constrain the business arrangements and relationships through which we market, sell and distribute any product for which we obtain marketing approval. In addition, we may be subject to transparency laws, information privacy regulation by the federal government and by the U.S. states and foreign jurisdictions in which we conduct our business. The applicable federal, state and foreign healthcare laws and regulations that may affect our ability to operate include the following:

- the federal Anti-Kickback Statute, which prohibits, among other things, persons from knowingly and willfully soliciting, offering, receiving or providing remuneration, directly or indirectly, in cash or in kind, to induce or reward either the referral of an individual for, or the purchase or arrangement for, the recommendation of, any good or service for which payment may be made under federal healthcare programs such as Medicare and Medicaid;
- federal civil and criminal false claims laws and civil monetary penalty laws, including the federal False Claims Act, which impose criminal and civil penalties, including civil whistleblower and other actions, against individuals or entities for knowingly presenting, or causing to be presented, to the federal government, including the Medicare and Medicaid programs, or other payor, claims for payment that are false or fraudulent or making a false statement to avoid, decrease or conceal an obligation to pay money to the federal government;
- HIPAA, which imposes criminal and civil liability for executing a scheme or artifice to defraud a healthcare benefit program and making false statements relating to healthcare;

• the federal Open Payments program; and

- analogous state and foreign laws and regulations, such as state anti-kickback and fraud laws, which may apply to sales or marketing arrangements and claims involving healthcare products and services reimbursed by non-governmental third-party payers, including private insurers; and various foreign laws that require pharmaceutical companies to comply with the pharmaceutical industry's voluntary compliance guidelines and the relevant compliance guidance promulgated by the federal government or otherwise restrict payments that may be made to healthcare providers; foreign laws that require drug manufacturers to report information related to payments to and gifts from physicians and other healthcare providers or marketing expenditures; state and local laws that require the registration of pharmaceutical sales representatives; and state and foreign laws that govern the collection, export, privacy, use and security of biological materials and health information. In certain circumstances, many of which differ from each other in significant ways and may have the same effect, thus complicating compliance efforts.

Efforts to ensure that our business arrangements with third parties will comply with applicable healthcare laws and regulations may involve substantial costs. It is possible that government authorities will conclude that our business practices may not comply with current or future laws or regulations or case law involving applicable fraud and abuse or other healthcare laws and regulations. If our operations are found to be in violation of any of these laws or an

governmental regulations that may apply to us, we may be subject to significant civil and administrative penalties, including, without limitation, damages, fines, imprisonment, and exclusion from participation in government healthcare programs, such as Medicare and Medicaid. Non-compliance with oversight and reporting obligations, and the curtailment or restructuring of our operations, could have a material adverse effect on our business. If any of the physicians or other entities with whom we expect to do business, including our collaborators, is found to be in non-compliance with applicable laws, it may be subject to criminal, civil or administrative penalties, including exclusions from participation in government healthcare programs, which could materially affect our business.

If we fail to comply with environmental, health and safety laws and regulations, we may be subject to fines or penalties or incur costs that could have a material adverse effect on our business.

Our research and development activities involve the controlled use of potentially hazardous materials as well as hazardous materials, chemicals, and various radioactive compounds employed in molecular and cellular biology. For example, we routinely use cells in culture and employ small amounts of radioisotopes. We cannot completely eliminate the risk of contamination or injury from the use, storage, handling, or disposal of these materials, and the maintenance of up-to-date licensing and training programs. In the event of contamination, we could be held liable for damages that result, and any liability could exceed our resources. We currently carry insurance covering certain claims arising from our use of these materials, but if we are unable to maintain our insurance coverage at a reasonable cost and with adequate limits, our insurance may not cover any liability that may arise. We are subject to U.S. and foreign federal, provincial, and local laws and regulations governing the use, storage, handling, and disposal of these materials and specified waste products. Complying with regulations regarding these materials could be costly, and if we fail to comply with these regulations, it could have a material adverse effect on our operations and profitability.

We or the third parties upon whom we depend may be adversely affected by earthquakes and other natural disasters and our business continuity and disaster recovery plans may not adequately protect us from serious disaster.

Our headquarters are located in Burnaby, British Columbia, Canada. We are vulnerable to natural disasters such as earthquakes that could disrupt our operations. If a natural disaster, such as a fire or other event occurred that prevented us from using all or a significant portion of our headquarters, that damaged critical infrastructure, such as the manufacturing facilities, or that otherwise disrupted operations, it may be difficult or, in certain cases, impossible for us to continue our business for a substantial period of time. Although we carry insurance covering earthquakes and other natural disasters, we may not carry sufficient business interruption insurance to fully compensate us for all losses that may occur. The disaster recovery and business continuity plans we have in place may not be adequate in the event of a serious disaster or similar event. Such a disaster could result in substantial expenses as a result of a natural disaster or earthquake, which could have a material adverse effect on our business. In addition, we may lose samples or other valuable information. The occurrence of any of the foregoing could have a material adverse effect on our business.

#### Risks Related to the Securities Markets and Ownership of Our Common Shares

The market price of our common shares may be volatile, and purchasers of our common shares could incur substantial losses.

The market price of our common shares has fluctuated in the past and is likely to be volatile in the future. As a result of this volatility, investors may experience losses on their investments in our common shares. The market price for our common shares may be influenced by many factors, including the following:

- announcements by us or our competitors of new products, product candidates or new indications for existing products, significant contracts, commercial relationships or capital commitments;
- timing of these introductions or announcements;

actions by any of our collaborators regarding our product candidates they are developing;  
announcements regarding clinical or regulatory decisions or developments or our  
unanticipated serious safety concerns related to the use of any of our products and  
candidates;  
results from or delays of clinical trials of our product candidates;  
failure to obtain or delays in obtaining or maintaining product approvals or clearance  
regulatory authorities;  
adverse regulatory or reimbursement announcements;  
announcements by us or our competitors of significant acquisitions, strategic collaborations,  
ventures or capital commitments;  
the results of our efforts to discover or develop additional product candidates;  
our dependence on third parties, including our collaborators, CROs, clinical trial sites,  
clinical investigators;  
regulatory or legal developments in Canada, the U.S. or other countries;  
developments or disputes concerning patent applications, issued patents or other intellectual  
property;  
the recruitment or departure of key scientific or management personnel;  
our ability to successfully commercialize our future product candidates we develop  
if approved;

- the level of expenses related to any of our product candidates or clinical development;
- actual or anticipated changes in estimates as to financial results, development time or other factors that may be unrelated to our operating performance or the operation of our competitors, including changes in market valuations of similar companies; recommendations by securities analysts;
- actual or anticipated quarterly variations in our financial results or those of our competitors;
- any change to the composition of the board of directors or key personnel;
- sales of common shares by us or our shareholders in the future, as well as the overall volume of our common shares;
- failure to comply with covenants or make required payments under loan agreements;
- changes in the structure of healthcare payment systems;
- commencement of, or our involvement in, litigation;
- general economic, industry and market conditions in the pharmaceutical and biotechnology sectors and other factors that may be unrelated to our operating performance or the operation of our competitors, including changes in market valuations of similar companies;
- the other factors described in this “Risk Factors” section.

In addition, the stock market in general, and Nasdaq and the biopharmaceutical industry in particular, have from time to time experienced volatility that often has been unrelated to the operating performance of the underlying companies. These broad market and industry conditions may adversely affect the market price of our common shares, regardless of our operating performance. In several recent situations where the market price of a stock has been depressed, investors of that stock have instituted securities class action litigation against the company that owns the stock. If any of our shareholders were to bring a lawsuit against us, the defense and settlement of the lawsuit could be costly and divert the time and attention of our management and our board of directors from our operating results.

Future sales of our common shares in the public market could cause the market price of our common shares to fall.

The market price of our common shares could decline as a result of sales of a large number of our common shares or the perception that these sales could occur. These sales, or the perception that these sales may occur, also might make it more difficult for us to sell equity securities in the future at a time and at a price that we deem appropriate.

In addition, in the future, we may issue additional common shares, preferred shares or debt securities convertible into common shares in connection with a financing, a litigation settlement, employee arrangements or otherwise. Any such issuance could result in substantial dilution to our existing shareholders and could cause the market price of our common shares to decline.

Provisions in our corporate charter documents and Canadian law could make an acquisition of our common shares, which may be beneficial to our shareholders, more difficult and may prevent attempts by our shareholders to replace or remove our current management and/or limit the market price of our common shares.

Provisions in our articles and our by-laws, as well as certain provisions under the Canadian Securities Act, or CSA, or the Securities Act, or S.A., and applicable Canadian securities laws, may discourage or prevent a merger, acquisition, tender offer or other change in control of us that our shareholders might consider favorable, including transactions in which they might otherwise receive a premium for their common shares. These provisions could also limit the price that investors might be willing to pay for our common shares in the future for our common shares, thereby depressing the market price of our common shares.

addition, because our board of directors is responsible for appointing the members of our management team, these provisions may frustrate or prevent any attempts by our shareholders to replace or remove our current management by making it more difficult for shareholders to elect new members of our board of directors. Among other things, these provisions include the following:

- shareholders cannot amend our articles unless such amendment is approved by shareholders holding at least two-thirds of the shares entitled to vote on such approval;
- shareholders must give advance notice to nominate directors or to submit proposals for consideration at shareholders' meetings; and
- applicable Canadian securities laws generally require, subject to certain exceptions, that a securities offering to remain open for 105 days and that more than 50% of the outstanding securities of the offeror be tendered before the offeror may take up the securities.

Any provision in our articles, by-laws, under the CBCA or under any applicable Canadian law that has the effect of delaying or deterring a change in control could limit the ability of our shareholders to receive a premium for their common shares, and could also affect the price that investors are willing to pay for our common shares.

U.S. civil liabilities may not be enforceable against us, our directors, or our officers.

We are governed by the CBCA and our principal place of business is in Canada. Most of our directors and officers reside outside of the U.S., and all or a substantial portion of the assets of the company, as all or a substantial portion of our assets are located outside the U.S. As a result, it may be difficult for investors to effect service of process within the U.S. upon us and certain of our directors and officers or to enforce judgments obtained against us or such persons, in U.S. court action, including actions predicated upon the civil liability provisions of U.S. federal securities laws or any other laws of the U.S. Additionally, rights predicated solely upon civil liability provisions of U.S. federal securities laws or any other laws of the U.S. may not be enforceable in U.S. courts or actions to enforce judgments obtained in U.S. courts, brought in Canadian courts, or in the Province of British Columbia.

We are governed by the corporate and securities laws of Canada which in some cases may have a different effect on shareholders than the corporate laws of Delaware, U.S. and U.S.

We are governed by the CBCA and other relevant laws, which may affect the rights of our shareholders differently than those of a company governed by the laws of a U.S. jurisdiction, and our articles, together with our charter documents, have the effect of delaying, deferring or discouraging our shareholders from acquiring control of our company by means of a tender offer, a proxy contest or otherwise. Such differences may affect the price an acquiring party would be willing to offer in such an instance. The greatest differences between the CBCA and Delaware General Corporation Law, or DGCL, include, but are not limited to, the following: (i) for material transactions (such as mergers and amalgamations, other extraordinary corporate transactions and amendments to our articles) the CBCA generally requires a two-thirds majority vote of our shareholders, whereas DGCL generally only requires a majority vote; and (ii) under the CBCA, shareholders of 5% or more of our shares that carry the right to vote at a meeting of shareholders may requisition a special meeting of shareholders, whereas such right does not exist under the DGCL.

An active trading market for our common shares may not be maintained.

Our common shares are currently traded on Nasdaq, but we can provide no assurance that we will be able to maintain an active trading market on Nasdaq or any other exchange in the future. If an active trading market for our common shares is not maintained, it may be difficult for our shareholders to sell their common shares they have purchased without depressing the market price for the common shares, if at all. Further, an inactive market may also impair our ability to raise capital by selling our common shares and may impair our ability to enter into strategic collaborations or other transactions with other companies or products by using our common shares as consideration.

We are an emerging growth company and a smaller reporting company, and any decision by the SEC to comply only with certain reduced reporting and disclosure requirements applicable to such companies could make our common shares less attractive to investors.



We are an “emerging growth company,” as defined in the Jumpstart Our Business Startups Act of 2012, or the JOBS Act and a “smaller reporting company,” as defined under the Securities Exchange Act of 1934, as amended, or the Exchange Act. For as long as we continue to be an emerging growth company or smaller reporting company, we may choose to take advantage of exemptions from various reporting requirements applicable to other public companies that are not emerging growth companies or smaller reporting companies, including, but not limited to, reduced disclosure obligations regarding executive compensation in our periodic reports and proxy statements, and exemptions from the requirements of holding a nonbinding advisory vote on executive compensation and shareholder approval of any golden parachute payments not previously approved. As an emerging growth company, the JOBS Act allows us to delay adoption of new or revised accounting pronouncements applicable to public companies until such pronouncements are mandatory for private companies. However, we previously decided to “opt out” of such extended transition periods and as a result, we will comply with new or revised accounting standards on the release date on which adoption of such standards is required for non-emerging growth companies. Under the JOBS Act provides that our decision to opt out of the extended transition period for compliance with new or revised accounting standards is irrevocable. In addition, as a smaller reporting company, we are only required to include two years of audited financial statements in our annual reports. As an emerging growth company, we are not required to have our independent registered public accounting firm audit our internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act.

We expect to lose our status as an emerging growth company five years following our initial public offering, or on December 31, 2019. We will remain a smaller reporting company so long as, as of June 30 of the preceding year, (i) the market value of our common stock held by non-affiliates, or our public float, is less than \$250 million; or (ii) we have annual revenue less than \$100 million and either we have no public float or our public float is less than \$700 million.

Investors could find our common shares less attractive if we choose to rely on these exemptions. If some investors find our common shares less attractive as a result of our reliance on these exemptions, there may be a less active trading market for our common shares and the market price of our common shares may be more volatile.

Complying with the laws and regulations affecting public companies will increase the demands on management and could harm our operating results and our ability to achieve our financial condition, results of operations or cash flows, which may adversely affect our confidence in us and, as a result, the value of our common shares.

As a public company, and particularly after we cease to be an emerging growth company, we will incur significant legal, accounting and other expenses. In addition, the Sarbanes-Oxley Act, or the Sarbanes-Oxley Act, and the related rules and regulations subsequently implemented by the SEC, the applicable Canadian securities regulators and Nasdaq impose numerous requirements on public companies, including requiring changes in corporate governance practices. The Exchange Act requires, among other things, that we file annual, quarterly and current reports with respect to our business and operating results. Our management and other personnel will continue to devote a substantial amount of time to compliance with these laws and regulations. These requirements have increased and will continue to increase our legal, accounting and compliance costs and have made and will continue to make some activities more time-consuming and costly. For example, these rules and regulations make it difficult and expensive for us to maintain director and officer liability insurance and we may be required to accept reduced policy limits and coverage or to incur substantial costs to maintain the same or similar coverage. These rules and regulations could also make it more difficult for us to attract and retain qualified individuals to serve on our board of directors or our board committees or as executive officers.

The Sarbanes-Oxley Act requires, among other things, that we assess the effectiveness of our internal control over financial reporting annually and the effectiveness of our disclosure controls and procedures quarterly. In particular, Section 404 of the Sarbanes-Oxley Act, or Section 404, requires us to perform system and process evaluation and testing of our internal control over financial reporting to allow management to report on, and our independent registered public accounting firm to potentially attest to, the effectiveness of our internal control over financial reporting. As an emerging growth company we expect to avail ourselves of the exemption from the requirements of Section 404 that our independent registered public accounting firm attest to the effectiveness of our internal control over financial reporting under Section 404. However, we may no longer avail ourselves of this exemption when we cease to be an emerging growth company, which we expect to occur on or before December 31, 2019. When our independent registered public accounting firm is required to undertake an assessment of our internal control over financial reporting, the cost of compliance with Section 404 will correspondingly increase. Our compliance with applicable provisions of Section 404 will require that we incur substantial accounting expense and expend significant management time on compliance-related issues as we implement additional corporate governance practices and comply with reporting requirements. Moreover, if we are not able to meet the requirements of Section 404 applicable to us in a timely manner, or if we or our independent

registered public accounting firm identifies deficiencies in our internal control over reporting that are deemed to be material weaknesses, the market price of our common shares could decline and we could be subject to sanctions or investigations by the SEC or other regulatory authorities, which would require additional financial and management resources.

Furthermore, investor perceptions of our company may suffer if deficiencies are found. This could cause a decline in the market price of our common shares. Irrespective of our compliance with Section 404, any failure of our internal control over financial reporting could have a negative effect on our stated operating results and harm our reputation. If we are unable to meet our reporting requirements effectively or efficiently, it could harm our operations, financial reporting, and operating results and could result in an adverse opinion on our internal controls from our independent registered public accounting firm.

If we fail to maintain an effective system of internal control over financial reporting, we may not be able to accurately report our financial results or prevent fraud. As a result, shareholder confidence in our financial and other public reporting, which would harm our business, could decline and the market price of our common shares could decline.

Effective internal controls over financial reporting are necessary for us to provide reliable financial reports and, together with adequate disclosure controls and procedures, are designed to prevent and detect fraud. Any failure to implement required new or improved controls, or difficulties with their implementation could cause us to fail to meet our reporting obligations. In addition, any testing by us conducted in connection with Section 404 or any subsequent testing by our independent registered public accounting firm, may reveal deficiencies in our internal controls over financial reporting that are deemed to be material weaknesses or that may require prospective adjustments to our financial statements or identify other areas for further attention or improvement. Inferior internal controls could also cause investors to lose confidence in our reported financial information, which could have a negative effect on the market price of our common shares.

We are required to disclose changes made in our internal controls and procedures on a quarterly basis and our management is required to assess the effectiveness of these controls and procedures. However, for as long as we are an emerging growth company under the JOBS Act, our independent registered public accounting firm will not be required to attest to the effectiveness of our internal controls over financial reporting pursuant to Section 404. An independent assessment of the effectiveness of our internal controls could detect problems that our management's internal controls might not. As of December 31, 2018 and 2017, our independent registered public accounting firm did not perform an evaluation of our internal control over financial reporting in accordance with the provisions of the Sarbanes-Oxley Act. Had our independent registered public accounting firm performed such an evaluation, control deficiencies may have been identified, and those deficiencies could have also represented one or more material weaknesses. Undetected material weaknesses in our internal controls could lead to financial statement restatements and we could incur the expense of remediation.

Future sales and issuances of our common shares, preferred shares, or rights to purchase our common shares, including warrants or pursuant to our equity incentive plans, could cause you to experience dilution and could cause the market price of our common shares to fall.

As of December 31, 2018, stock options to purchase 2,671,906 of our common shares with a weighted-average exercise price of \$6.96 per common share were outstanding and 1,852,000 Series 1 Preferred Shares were outstanding, which are convertible into our common shares on a one-for-one basis at the option of the holder, subject to certain ownership limitations and the holder's requested conversion. During the year ended December 31, 2018, certain funds affiliated with our former Partners L.P. exercised their conversion rights to convert 1,852,000 Series 1 Preferred Shares into the same number of common shares. The exercise of any of these stock options or the conversion of the remaining Series 1 Preferred Shares would result in dilution to current shareholders because we will need to raise additional capital to fund our clinical development program. If we in the future sell substantial amounts of common shares, preferred shares, or other securities convertible into or exchangeable for common shares. Pursuant to our equity incentive plans, our compensation committee (or a subset or delegate thereof) is authorized to grant equity awards, including incentive awards to our employees, directors and consultants. Future stock option grants and issuances of common shares under our share-based compensation plans may have a dilutive effect on the market price of our common shares.

Any future issuances of common shares, preferred shares, or securities such as warrants or convertible preferred shares that are convertible into, exercisable or exchangeable for, our common shares would have a dilutive effect on the voting and economic interests of our existing shareholders.

We are at risk of securities class action litigation.

In the past, securities class action litigation has often been brought against a company following a decline in the market price of its securities. This risk is especially relevant for us because biotechnology companies have experienced significant stock price volatility in recent years. If we face such litigation, it could result in substantial costs and a diversion of management's attention and resources, which could harm our business.

Nasdaq may delist our securities from its exchange, which could limit investors' ability to sell their securities and subject us to additional trading restrictions.

Our common shares are listed on Nasdaq under the trading symbol “XENE.” Our shares do not meet the continued listing requirements to be listed on Nasdaq. If Nasdaq delists our shares from trading on its exchange, we could face significant material adverse consequences, including:

- significant impairment of the liquidity for our common shares, which may substantially reduce the market price of our common shares;
- limited availability of market quotations for our securities;
- a determination that our common shares qualify as a “penny stock” which will require investors in our common shares to adhere to more stringent rules and possibly resulting in a reduction in trading activity in the secondary trading market for our common shares;
- limited amount of news and analyst coverage for our company; and
- decreased ability to issue additional securities or obtain additional financing in the future.

If securities or industry analysts do not publish research reports about our business, an adverse opinion about our business, the market price of our common shares and volume of our common shares could decline.

The trading market for our common shares is influenced by the research and reports industry analysts publish about us or our business. If too few securities or industry analysts cover our company, the market price of our common shares would likely be negatively impacted. If securities and industry analysts who cover us downgrade our common shares or publish or unfavorable research about our business, the market price of our common shares could decline. If one or more of these analysts cease coverage of our company or fail to publish reports about us regularly, demand for our common shares could decrease, which might cause the market price of our common shares and the trading volume of our common shares to decline.

Our management team has broad discretion as to the use of the net proceeds from public and private equity and debt financings and the investment of these proceeds may not result in a favorable return. We may invest the proceeds in ways with which our shareholders may not agree.

We have broad discretion in the application of the net proceeds to us from previous financings including the net proceeds we have received pursuant to our May 2018 equity offering program with Stifel; the net proceeds we have received pursuant to our “at-the-market” equity offering program with Jefferies and Stifel; the net proceeds from our 2018 amended and restated loan and security agreement, pursuant to which we have received an aggregate of \$15.5 million of principal; and the net proceeds from our September 2018 offering of common shares. You may not agree with our decisions, and our use of the net proceeds, our existing cash and cash equivalents and marketable securities may not improve our operating performance or enhance the value of our common shares. The results and effectiveness of our use of the net proceeds are uncertain, and we could spend the proceeds in ways that you do not agree with that do not improve our results of operations or enhance the value of our common shares. Our failure to apply these funds effectively could have a material adverse effect on our business, our ability to develop our product candidates and cause the market price of our common shares to decline. In addition, until the net proceeds are used, they may be placed in investments that do not produce significant income or that may lose value.

We do not anticipate paying any cash dividends on our common shares in the foreseeable future.

We do not currently intend to pay any cash dividends on our common shares in the foreseeable future. We currently intend to retain all of our future earnings, if any, to finance the development of our business. In addition, the terms of any future debt agreements may restrict us from paying dividends. As a result, capital appreciation, if any, of our common shares may be our investors’ sole source of gain for the foreseeable future.

#### Item 1B. Unresolved Staff Comments

None.

#### Item 2. Properties

Our headquarters are located in Burnaby, British Columbia, where we occupy approximately 100,000 square feet of office and laboratory space. The term of the lease expires in March 2021.

currently pay an aggregate of approximately \$102,388 per month in base rent, property area maintenance fees and management fees, and the landlord holds a security deposit of approximately \$67,637.

Our U.S. office is located in Boston, Massachusetts, where we occupy on a month-to-month basis approximately 215 square feet.

We believe that our existing facilities are adequate to meet our business requirements in the near-term and that additional space will be available on commercially reasonable terms.

#### Item 3. Legal Proceedings

From time to time, we may become involved in legal proceedings or be subject to litigation in the ordinary course of our business. We are not presently a party to any legal proceedings. In the opinion of our management, would reasonably be expected to have a material adverse effect on our business, financial condition, operating results or cash flows if determined adversely. Regardless of the outcome, litigation can have an adverse impact on us because of legal fees, settlement costs, diversion of management resources and other factors.

#### Item 4. Mine Safety Disclosures

Not applicable.

## PART II

Item 5. Market for Registrant's Common Equity, Related Shareholder Matters and  
of Equity Securities

## Market Information

Our common shares have been traded on The NASDAQ Global Market since November 2018 under the symbol "XENE." Prior to such time, there was no public market for our common shares. The following table sets forth the high and low sales prices per common share as reported on The NASDAQ Global Market for the periods indicated.

	High	Low
Year Ended December 31, 2019		
First Quarter (through March 1, 2019)	\$9.43	\$6.17
Year Ended December 31, 2018		
Fourth Quarter	\$13.49	\$5.41
Third Quarter	\$15.92	\$8.85
Second Quarter	\$11.00	\$4.50
First Quarter	\$5.05	\$2.70
Year Ended December 31, 2017		
Fourth Quarter	\$3.50	\$2.10
Third Quarter	\$3.50	\$2.25
Second Quarter	\$4.45	\$2.85
First Quarter	\$9.95	\$3.95

On March 1, 2019, the last reported sale price of our common shares was \$8.94 per share.

## Holders

As of March 1, 2019, there were approximately 147 holders of record of our common shares. The actual number of shareholders is greater than this number of record holders and includes holders of common shares who are beneficial owners but whose common shares are held in street name by brokers and other nominees.

## Dividends

We have never declared or paid any cash dividends on our common shares or any other securities. We currently anticipate that we will retain all available funds and any future earnings for the foreseeable future for use in the operation of our business and do not currently anticipate paying cash dividends in the foreseeable future. Payment of future cash dividends, if any, will be at the discretion of the board of directors, subject to applicable law and will depend on various factors, including our financial condition, operating results, current and anticipated cash needs, and the requirements of current or then-existing debt instruments and other factors the board of directors deems relevant.

Canadian withholding tax at a rate of 25% (subject to reduction under the provisions of an applicable income tax treaty or convention to which Canada is a signatory) will be withheld from the gross amount of a dividend on our common shares paid or credited, or deemed to be paid or credited.



to a holder of our common shares who, for purposes of the Income Tax Act (Canada not deemed to be) resident in Canada, or a Non-Resident of Canada Holder. The Canadian withholding tax will be deducted directly by us or our paying agent from the amount otherwise payable and remitted to the Receiver General of Canada. The rate of withholding tax applicable to a dividend paid on our common shares to a Non-Resident of Canada who is a resident of the U.S. for purposes of the Canada-U.S. Tax Convention (1980), or the beneficial owner of the dividend and qualifies for the full benefits of the Convention, will generally be reduced to 15% or, if such a Non-Resident of Canada Holder is a company (or, for purposes of the Convention, is considered to own) at least 10% of our voting shares, will be reduced to 5%. Not all persons who are residents of the U.S. for purposes of the Convention will qualify for the full benefits of the Convention. A Non-Resident of Canada Holder who is a resident of the U.S. should be advised to consult his or her tax advisor in this regard. The rate of withholding tax may also be reduced under other bilateral income tax treaties to which Canada is a signatory.

#### Securities Authorized for Issuance under Equity Compensation Plans

The information concerning our equity compensation plans is incorporated by reference to our Proxy Statement for the 2019 Annual Meeting of Shareholders to be filed with the SEC within 120 days after the end of our fiscal year ended December 31, 2018.

#### Performance Graph

As a smaller reporting company, we are not required to provide the information required by Item 201(e) of Regulation S-K.

#### Recent Sales of Unregistered Securities

On October 24, 2018 and December 21, 2018, we issued an aggregate of 52,000 and 500,000 common shares, respectively to certain funds affiliated with BVF Partners L.P. upon conversion of 52,000 and 500,000 Series 1 Preferred Shares held by such funds. The conversions were made in accordance with the terms of our Series 1 Preferred Shares. These issuances were exempt from registration under the Securities Act of 1933, as amended, pursuant to Section 3(a)(9) of the Securities Act of 1933, as amended, in exchange with an existing security holder where no commission or other remuneration was given for soliciting such exchange.

#### Issuer Repurchases of Equity Securities

None.

#### Item 6. Selected Financial Data

As a smaller reporting company, we are not required to provide the information required by Item 301 of Regulation S-K.

Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations  
You should read the following discussion and analysis together with Part II, Item 6 "Financial Data" and our consolidated financial statements and notes included elsewhere in our Annual Report. The following discussion contains forward-looking statements that involve risks and uncertainties. Our actual results could differ from those expressed or implied in any forward-looking statements as a result of various factors, including those set forth under the caption "Risk Factors." Throughout this discussion, unless the context specifies or implies otherwise, "Xenon," "we," "us," and "our" refer to Xenon Pharmaceuticals Inc. and its subsidiaries.

## Overview

We are a clinical stage biopharmaceutical company committed to developing innovative therapies to improve the lives of patients with neurological disorders, including rare central nervous system (CNS), conditions. We are advancing a novel product pipeline of neurology-focused therapies to address areas of high unmet medical need, with a focus on epilepsy. Our clinical development pipeline includes:

- XEN496 (active ingredient ezogabine) is a Kv7 potassium channel modulator being developed for the treatment of KCNQ2 epileptic encephalopathy, or KCNQ2-EE. Ezogabine was previously approved by the U.S. Food and Drug Administration, or FDA, as an anti-epileptic adjunctive treatment for adults with focal seizures with or without secondary generalization. XEN496 received orphan drug designation, or ODD, from the FDA for XEN496 as a treatment for KCNQ2-EE. A steering committee made up of key opinion leaders in the KCNQ2-EE and epilepsy fields has been established to help guide the clinical development of XEN496. Following our pre-IND briefing package submission, the FDA indicated that it was acceptable to proceed with XEN496 in infants and children up to 4 years old, and that a single pivotal trial in children may be considered adequate in order to demonstrate XEN496's efficacy in this population. We are currently finalizing a pediatric-specific formulation to complete pre-clinical development and with a final drug product expected in the second quarter of 2019. We expect to file an Investigational New Drug application in the third quarter of 2019, and, based on regulatory feedback, expect to initiate a Phase 3 clinical trial thereafter. This timeline is based on the assumption that the testing of our new XEN496 pediatric formulation in healthy adults will not be a regulatory requirement prior to initiating a Phase 3 clinical trial;
- XEN1101 is a differentiated Kv7 potassium channel modulator being developed for the treatment of epilepsy and potentially other neurological disorders. We announced final data from our Phase 1 clinical trial and the related transcranial magnetic stimulation, or TMS, study at the American Epilepsy Society, or AES, Annual Meeting in December 2018. Based on our Phase 1 and Phase 1b TMS data, we have initiated a Phase 2b clinical trial in adult patients with focal epilepsy. The Phase 2b clinical trial is designed as a randomized, double-blind, placebo-controlled, multicenter study to evaluate the clinical efficacy, safety and tolerability of XEN1101 administered as adjunctive treatment in adult patients with focal epilepsy. Approximately 300 patients will be randomized in a blinded manner to one of three treatment groups or placebo in a 2:1:1:2 fashion (XEN1101 25 mg : 20 mg : 10 mg : placebo). The primary endpoint is the median percent change in monthly focal seizure frequency compared to treatment period of active versus placebo. An IND application for XEN1101 was accepted by the FDA, and site selection and patient enrollment are now underway. We expect to initiate our Phase 2b clinical trial in the United States, Canada and Europe. Depending upon the timing of patient enrollment, top-line results from the XEN1101 Phase 2b clinical trial are anticipated in the second half of 2020;

XEN901 is a potent, highly selective Nav1.6 sodium channel inhibitor being developed for the treatment of epilepsy. We announced results from a XEN901 Phase 1 clinical trial and a pilot TMS study at the AES Annual Meeting in December 2018. The next steps for XEN901 include continued planning for Phase 2 or later clinical development to evaluate XEN901 as treatment for adult focal seizures or for rare, pediatric forms of epilepsy, including Epileptic Encephalopathy, or SCN8A-EE, patients, depending on feedback from pre-clinical discussions with regulatory agencies. We expect to receive feedback on the requirements to advance XEN901 into pediatric SCN8A-EE patients in the second quarter of 2019. Formulation development and juvenile toxicology studies are underway to support XEN901 development activities; and

XEN007 (active ingredient flunarizine) is a CNS-acting calcium channel modulator that modulates Cav2.1 and T-type calcium channels. Other reported mechanisms include dopamine and serotonin inhibition. Flunarizine is available in certain countries outside of the United States and has been reported to have clinical benefit in treating migraine and other neurological conditions, including hemiplegic migraine, or HM, alternating hemiplegia of childhood, or AHC, as adjunctive treatment in certain epilepsies. The FDA has granted a rare pediatric marketing designation for the treatment of AHC with XEN007. We previously received ODT approval for XEN007 for the treatment of both AHC and HM. In addition, we have entered into exclusive licensing agreements in order to access regulatory files and drug product information, both of which may enable advanced clinical development of XEN007. Various development strategies for XEN007 are under consideration, including the support of at least one (or a later stage) clinical trial in an orphan neurological indication, with initiation anticipated in 2019.

We have funded our operations through the sale of equity securities, funding received from licensees and collaborators, debt financing and, to a lesser extent, government funding. In 2017, we did not recognize significant revenue from our collaboration agreements. We do not expect to have sustained profitability for the foreseeable future. We had net losses of \$34.5 million for the year ended December 31, 2018 and an accumulated deficit of \$207.9 million as of December 31, 2018, from expenses incurred in connection with our research programs and from general and administrative costs associated with our operations.

We have not generated any significant royalty revenue from product sales, and do not otherwise anticipate generating revenue from product sales for the foreseeable future, if ever. Our revenue in the near term will be substantially dependent on our collaboration agreements. Due to the uncertain nature of clinical development of our current and future product candidates and the commercialization of current and future products, we cannot predict when or whether we will receive further milestone payments under our current or future collaboration agreements. We will be able to report either revenue or net income in future years.

We expect to continue to incur significant expenses and operating losses for at least the next 12 months. We anticipate that our expenses will increase as we:

- continue our research and pre-clinical and clinical development of our product candidates from our internal research efforts or through acquiring or in-licensing other product candidates and technologies;
- seek regulatory and marketing approvals for any of our product candidates that successfully complete clinical trials;
- make milestone and other payments under our in-license or other agreements;
- maintain, protect and expand our intellectual property portfolio;
- attract, hire and retain skilled personnel; and
- create additional infrastructure to support our operations and otherwise.

## Financial Operations Overview

### Revenue

To date, our revenue has been primarily derived from collaboration and licensing agreements, as, to a lesser extent, government funding. We have not generated any significant revenue from product sales, and do not otherwise anticipate generating revenue from product sales for the foreseeable future, if ever.

For the year ended December 31, 2018, we did not recognize any revenue from our collaboration agreements.

As our other internal and partnered products are in various stages of clinical and pre-clinical development, we do not expect to generate any revenue from product sales for at least the next several years. We expect that any revenue for the next several years will be derived from milestone payments under our current collaboration agreements and any additional collaboration agreements that we may enter into in the future. We cannot provide any assurance as to the extent of

future milestone payments or royalty payments or that we will receive any future p

We expect that any revenue we generate will fluctuate quarter to quarter as a functi  
and amount of milestones and other payments from our existing collaborations and  
collaborations.

As of December 31, 2018, we have recognized all deferred revenue from upfront p  
under our existing collaboration and licensing agreements.

#### Operating Expenses

The following table summarizes our operating expenses for the years ended Decem  
2017 (in thousands):

	Year Ended December 31,	
	2018	2017
Research and development	\$23,634	\$25,573
General and administrative	8,382	7,313
Buy-out of future milestones and royalties	6,000	—
Total operating expenses	\$38,016	\$32,886

### Research and Development Expenses

Research and development expenses represent costs incurred to conduct research and development of our proprietary product candidates, including any acquired or in-licensed product candidates and related technology.

Research and development expenses consist of costs incurred in performing research and development activities, including salary, related benefits and stock-based compensation for employees engaged in scientific research and development, third-party contract costs for research, formulation, manufacturing, pre-clinical studies and clinical trial activities, third-party acquisition, license and collaboration fees, laboratory consumables and allocated facility and information technology costs.

Project-specific expenses reflect costs directly attributable to our clinical development of our pre-clinical candidates once nominated and selected for further development, including pre-clinical and discovery costs supporting a development candidate. All remaining research and development expenses are reflected in pre-clinical, discovery and other program expenses. At any given time, we have several active early-stage research and drug discovery programs. Facilities and infrastructure are typically deployed over multiple projects and are not directly attributable to any individual internal early-stage research or drug discovery program. Therefore, we do not allocate financial information for our internal early-stage research and internal drug discovery programs on a project-specific basis.

We expense all research and development costs as incurred. We expect that our research and development expenses will increase in the future as we advance our proprietary products through clinical development, advance our internal drug discovery programs into pre-clinical development and continue our early-stage research. The increase in expense will likely be due to additional personnel and third-party contracts related to research, formulation, manufacturing, pre-clinical studies and clinical trial activities as well as third-party acquisition, license and collaboration fees and laboratory consumables.

Clinical development timelines, likelihood of regulatory approval, and commercial success of our product candidates and associated costs are uncertain, difficult to estimate, and can vary significantly. We are currently determining which research and development projects to pursue as well as the level of investment available for each project based on the scientific research and pre-clinical and clinical data for each product candidate and related regulatory action. We expect our research and development expenses to continue to represent our largest category of operating expense for at least the next 12 months.

### General and Administrative Expenses

General and administrative expenses consist primarily of salary, related benefits and stock-based compensation of our executive, finance, legal, business development and administrative personnel, travel expenses, allocated facility-related and information technology costs not otherwise included in research and development expenses, director compensation, director's and officer's life insurance premiums, investor relations costs and professional fees for auditing, tax and legal services, including legal expenses for intellectual property protection. General and administrative expenses also include fair value adjustments of certain liability classified stock option awards.

We expect that general and administrative expenses will increase in the future as we expand our operating activities to support increased research and development activities.

#### Buy-out of future milestones and royalties

In September 2018, we entered into a milestone and royalty buy-out agreement with Pharmaceutics Luxembourg S.a.r.l. and Valeant Pharmaceuticals Ireland Limited Bausch Health, under which all potential clinical development, regulatory and sales milestones and royalties on commercial sales with respect to XEN1101 that may be earned by Bausch Health were terminated in exchange for a one-time payment of \$6.0 million, which was expensed in the period.

#### Other Income (Expense)

**Interest Income.** Interest income consists of income earned on our cash and investments. We anticipate that our interest income will continue to fluctuate depending on our cash balances and interest rates.

**Interest Expense.** Interest expense consists of accrual of the final payment fee, amortization discounts, and interest charged on our borrowings with Silicon Valley Bank, or the Bank, which accrue interest at a floating per annum rate of 0.5% above the prime rate. During the period ended December 31, 2018, we also recorded a charge of \$0.3 million related to the unaccrued portion of the final payment fee due in connection with entering into our amended and restated security agreement. For additional information regarding our amended and restated security agreement with the Bank, see “—Contractual Obligations and Commitments—Term



Foreign Exchange Gain (Loss). Net foreign exchange gains and losses consisted of from the impact of foreign exchange fluctuations on our monetary assets and liabilities denominated in currencies other than the U.S. dollar (principally the Canadian dollar) continue to incur substantial expenses in Canadian dollars and will remain subject to with foreign currency fluctuations.

Gain on Termination of Collaboration Agreement. In March 2018, we entered into an agreement terminating by mutual agreement the collaborative development and license dated December 7, 2012, as amended, with Teva Pharmaceuticals International GmbH Canada Limited, or together Teva, that included the cancellation of 1,000,000 of our common shares owned by Teva. We recorded a one-time gain of \$4.4 million on the termination of the agreement, net of direct costs incurred in connection with the termination and cancellation of common shares.

### Critical Accounting Policies and Significant Judgments and Estimates

Our management's discussion and analysis of our financial condition and results of operations is based on our consolidated financial statements, which have been prepared in conformity with generally accepted accounting principles in the U.S., or U.S. GAAP. The preparation of our consolidated financial statements requires us to make estimates and assumptions that affect the reported amounts of assets and liabilities and the revenue and expenses incurred during the reporting periods. We base estimates on our historical experience, known trends and various other factors we believe are reasonable under the circumstances, the results of which form the basis of our judgments about the carrying value of assets and liabilities that are not apparent from an inspection of the balance sheet. Actual results may differ from these estimates under different assumptions or conditions.

The significant accounting policies that we believe to be most critical in fully understanding and evaluating our financial results are revenue recognition, research and development expense, and stock-based compensation. For additional information, see note 3 of the consolidated financial statements included in Part II, Item 8 of this report.

#### Revenue recognition:

Revenue recognition is a critical accounting estimate due to the magnitude and nature of the revenues we receive.

Our primary sources of historical revenue have been derived from non-refundable milestone payments, funding for research and development services, milestone payments, and royalties from collaboration agreements.

In contracts where we have more than one performance obligation to provide our customers with goods or services, each performance obligation is evaluated to determine whether it represents a distinct good or service. Consideration under the contract is then allocated between the distinct performance obligations on their respective relative stand-alone selling prices. The estimated stand-alone selling price of a deliverable reflects our best estimate of what the selling price would be if the deliverable were regularly sold on a stand-alone basis and is determined by reference to market rates for the service when sold to others or by using an adjusted market assessment approach if the stand-alone selling price is not available. We generally recognize revenue from non-refundable milestone payments ratably over the estimated term of the performance obligation or period of

underlying benefit is transferred to the customer. We evaluate the measure of progress at the end of each reporting period and, if necessary, adjust the measure of performance and related revenue recognition.

The consideration allocated to each distinct performance obligation is recognized as revenue when control is transferred to our customer for the related goods or services. Consideration allocated to at-risk substantive performance milestones, including sales-based milestones, is recognized as revenue when we determine it is probable that a significant reversal of the cumulative amount of revenue recognized will not occur. At the end of each subsequent reporting period, we re-evaluate the probability of achievement of such milestones, and if necessary, adjust our estimate of the transaction price. Sales-based royalties received in connection with licenses of intellectual property are subject to a specific exception in the revenue standards, whereby the consideration allocated is included in the transaction price and recognized in revenue until the customer's substantial uses occur.

61

---

Research and development costs:

Research and development costs is a critical accounting estimate due to the magnitude of many assumptions that are required to calculate third-party accrued and prepaid research and development expenses.

We incur development activity costs, such as pre-clinical costs, manufacturing costs, and costs paid to contract research organizations, investigators and other vendors who conduct product development activities on our behalf. The amount of expenses recognized in accordance with service agreements is based on estimates of the work performed using an accrual accounting. These estimates are based on patient enrollment, services provided and contractual terms and experience with similar contracts. We monitor these factors and adjust our estimates accordingly.

Stock-based compensation:

Stock-based compensation is a critical accounting estimate due to the magnitude of many assumptions that are required to calculate stock-based compensation expense.

We grant stock options to employees, directors and officers pursuant to our stock option plan. Compensation expense is recorded using the fair value method. We calculate the fair value of stock options using the Black-Scholes option-pricing model which requires that certain assumptions be made, including the expected life of the option and expected volatility of the stock, before the options are granted.

Prior to our initial public offering, our shares did not have a readily available market and we lacked company-specific historical and implied volatility information. Consequently, to determine the expected volatility of our stock options, we base our estimate on a combination of our historical volatility information and a historical volatility analysis of peers that are similar to us with respect to industry, stage of development, size, and financial leverage. The expected volatility of our stock options has been determined utilizing our available historical data and we recognize the expense as they occur. We amortize the fair value of stock options using the straight-line method over the vesting period of the options.

Results of Operations

Comparison of Years Ended December 31, 2018 and 2017

The following table summarizes the results of our operations for the years ended December 31, 2018 and 2017 together with changes in those items (in thousands):

	Year Ended December 31,	2018	2017	Change

Collaboration revenue	\$ —	\$ 311	\$
Research and development expenses	23,634	25,573	
General and administrative expenses	8,382	7,313	
Buy-out of future milestones and royalties	6,000	—	
Other:			
Interest income	1,216	477	
Interest expense	(1,394 )	—	
Foreign exchange gain (loss)	(701 )	1,394	
Gain on termination of collaboration agreement	4,398	—	
Net loss	\$ (34,497 )	\$ (30,704 )	\$
Revenue			

We did not recognize any revenue for the year ended December 31, 2018, compared to \$0.25 million for the year ended December 31, 2017. The decrease was primarily due to a \$0.25 million payment recognized in July 2017 under the March 2014 genetics collaborative agreement with Genentech.

## Research and Development Expenses

The following table summarizes research and development expenses for the years ended December 31, 2018 and 2017 together with changes in those items (in thousands):

	Year Ended December 31,		Change
	2018	2017	
XEN496 expenses	\$ 1,469	\$ —	\$ 1,469
XEN801 expenses	5	1,353	(1,348)
XEN901 and Nav1.6 pre-clinical and discovery expenses	11,392	10,157	1,235
XEN1101 expenses	7,883	5,885	1,998
Pre-clinical, discovery and other program expenses	2,885	8,178	(5,293)
Total research and development expenses	\$ 23,634	\$ 25,573	\$ (1,939)

Research and development expenses were \$23.6 million for the year ended December 31, 2018 compared to \$25.6 million for the year ended December 31, 2017. The decrease of \$2.0 million was primarily attributable to decreased spending on pre-clinical, discovery and other program expenses, and XEN801, a product candidate which is no longer being developed. These decreases were partially offset by increased spending on our XEN1101 product candidate, which was announced in April 2017, our XEN496 product candidate which was announced in September 2017, and XEN901 and Nav1.6 pre-clinical and discovery expenses.

## General and Administrative Expenses

The following table summarizes general and administrative expenses for the years ended December 31, 2018 and 2017 together with changes in those items (in thousands):

	Year Ended December 31,		Change
	2018	2017	
General and administrative expenses	\$ 8,382	\$ 7,313	\$ 1,069

General and administrative expenses were \$8.4 million for the year ended December 31, 2018 compared to \$7.3 million for the year ended December 31, 2017. The increase of \$1.1 million was primarily attributable to increased stock-based compensation expense, salaries and benefits, and recruitment fees.

## Other Operating Expenses

The following table summarizes other operating expenses for the years ended December 31, 2018 and 2017 together with changes in those items (in thousands):

	Year Ended December 31, 2018	2017	Change Increase/(Decrease)
Buy-out of future milestones and royalties	\$ 6,000	\$ —	\$ 6,000

Other operating expenses increased by \$6.0 million for the year ended December 31, 2018 compared to the year ended December 31, 2017. The increase is due to a one-time expense of \$6.0 million to Bausch Health for the buy-out of all future milestone payments and royalties payable to Bausch Health with respect to our XEN1101 program.

#### Other Income

The following table summarizes our other income for the years ended December 31, 2018 and 2017 together with changes in those items (in thousands):

	Year Ended December 31, 2018	2017	Change 2018 vs. 2017 Increase/(Decrease)
Other income:	\$ 3,519	\$ 1,871	\$ 1,648

63

Other income increased by \$1.6 million for the year ended December 31, 2018, as compared to the year ended December 31, 2017. The increase in other income was primarily driven by a gain on the termination of the collaboration agreement with Teva, partially offset by a decrease in foreign exchange gains and losses and interest expense incurred on our term loan. We also recorded a foreign exchange loss of \$0.7 million for the year ended December 31, 2018 as compared to a \$0.7 million foreign exchange gain for the same period in 2017, largely due to an 8% decrease in the value of the Canadian dollar compared to a 7% increase in the value of the Canadian dollar, respectively.

#### Liquidity and Capital Resources

To date, we have financed our operations primarily through funding received from our license agreements, private placements of our common and preferred shares, public offerings of common shares, debt financing and government funding. As of December 31, 2018, we had cash and cash equivalents and marketable securities of \$119.3 million. In December 2017, we entered into a loan and security agreement with the Bank pursuant to which we borrowed a principal amount of \$12.0 million. In August 2018, we entered into an amended and restated loan and security agreement with the Bank providing for a term loan to us with an aggregate principal amount of \$15.5 million, proceeds from which were used in part to refinance the amount outstanding under the December 2017 loan and security agreement. For additional information regarding our amended and restated loan and security agreement with the Bank, see “—Contractual Obligations and Commitments—Term Loan” below.

We have incurred significant operating losses since inception. We had a \$34.5 million net loss for the year ended December 31, 2018 and an accumulated deficit of \$207.9 million from inception through December 31, 2018. We expect to continue to incur significant expenses in excess of revenue and expect to incur operating losses over the next several years. Our net losses are expected to fluctuate significantly from quarter to quarter and year to year. We expect to continue to incur significant expenses and operating losses for the foreseeable future as we continue to fund the pre-clinical and clinical development of our product candidates; expand the scope of our clinical studies for our product candidates; initiate additional pre-clinical, clinical or other studies for our product candidates, including under our collaboration agreements; change or add manufacturing suppliers and manufacture drug supply and drug products for clinical trials and commercialization; seek regulatory and marketing approvals for any of our product candidates that successfully complete clinical studies; seek to identify, evaluate and validate additional product candidates; acquire or in-license other product candidates and technologies; make milestone or royalty payments under our product acquisition and in-license agreements, including, without limitation, to the Memorial University of Newfoundland, 1st Order Pharmaceuticals, Inc., and other collaborators; maintain, protect and expand our intellectual property portfolio; attract and retain scientific and commercial personnel; establish a sales, marketing and distribution infrastructure to commercialize any product that we or one of our collaborators may obtain marketing approval, and maintain commercial infrastructure to create additional infrastructure to support our operations and our product development and commercialization efforts; and experience any delays or encounter issues with our product development above.

Until such time as we can generate substantial product revenue, if ever, we expect to meet our cash needs through a combination of collaboration agreements and equity or debt financings. For example, during the year ended December 31, 2018, we raised \$103.2 million, net of

paid, but excluding estimated transaction expenses through a combination of “at-the-market” offerings and an underwritten public offering, selling an aggregate of 9,540,000 common shares.

Except for any obligations of our collaborators to make milestone payments under our collaboration agreements with them, we do not have any committed external sources of capital. To the extent we raise additional capital through the future sale of equity or debt, the ownership interest of our existing shareholders will be diluted, and the terms of these securities may include liquidation or other preferences that may adversely affect the rights of our existing shareholders. If we raise additional funds through equity or debt offerings in the future, we may have to relinquish valuable rights to our intellectual property, technologies, future revenue streams or product candidates or grant licenses on terms that may not be favorable to us. If we are unable to raise additional funds through equity or debt offerings when needed, we may be required to delay, limit, reduce or terminate our product development and commercialization efforts or grant rights to develop and market product candidates to our collaborators, which we otherwise prefer to develop and market ourselves.

Our future capital requirements are difficult to forecast and will depend on many factors, including:

- the number and characteristics of the future product candidates we pursue either through our own research efforts or through acquiring or in-licensing other product candidates or technologies;
- the scope, progress, results and costs of independently researching and developing our own product candidates, including conducting pre-clinical research and clinical trials;
- whether our existing collaborations continue to generate substantial milestone payments and, ultimately, royalties on future approved products for us;

64

---



- the timing of, and the costs involved in, obtaining regulatory approvals for any future product candidates we develop independently;
- the timing and magnitude of potential milestone payments and royalties under our license, acquisition and in-license agreements;
- the cost of commercializing any future products we develop independently that are sold or licensed for sale;
- the cost of manufacturing our future product candidates and products, if any;
- our ability to maintain existing collaborations and to establish new collaborations, joint ventures, other arrangements and the financial terms of such arrangements;
- the costs of preparing, filing, prosecuting, maintaining, defending and enforcing patents and other litigation costs and the outcome of such litigation; and
- the timing, receipt and amount of sales of, or royalties on our future products, if any.

Based on our research and development plans and our timing expectations related to our programs, we expect that our existing cash and cash equivalents and marketable securities as of the date of this report will enable us to fund our operating expenses and capital expenditures for at least the next 12 months. We have based this estimate on assumptions that may prove to be wrong, and we could use our capital resources sooner than we expect. As a result, the process of testing drug candidates in clinical trials is costly, and the timing of program completion remains uncertain.

#### Cash Flows

The following table shows a summary of our cash flows for the years ended December 31, 2018 and 2017 (in thousands):

	Year Ended December 31,	
	2018	2017
Net cash used in operating activities	\$(34,724 )	\$(28,987 )
Net cash provided by (used in) investing activities	(28,987 )	24,200
Net cash provided by financing activities	111,591	7,070

#### Operating Activities

Net cash used in operating activities totaled \$34.7 million in 2018 as compared to \$28.9 million in 2017. The increase in cash used in operating activities was primarily related to a one-time payment to Bausch Health of \$6.0 million for the buy-out of all future milestone payments and royalties to Bausch Health with respect to our XEN1101 program, interest paid on our term loans, and an increase in general and administrative expenses. The increase in cash used in operating activities was partially offset by a decrease in research and development expenses and an increase in other income.

#### Investing Activities

Net cash used in investing activities totaled \$29.0 million in 2018 as compared to net cash provided by investing activities of \$24.3 million in 2017. The change in cash provided by (used in) investing activities was primarily related to the purchase of property and equipment and the

activities was driven by an increase in purchases of marketable securities, net of re

#### Financing Activities

Net cash provided by financing activities totaled \$111.6 million in 2018 as compared to \$102.9 million in 2017. The increase in cash provided by financing activities was primarily related to \$102.9 million of net proceeds from the issuance of common shares as well as net proceeds of \$8.7 million under the second tranche of our December 2017 loan and security agreement and subsequent refinancing in August 2018.

65

---

## Contractual Obligations and Commitments

The following summarizes our significant contractual obligations as of December 31, 2018 (in thousands):

Contractual Obligations	Total	Less Than		
		1 Year	1 To 3 Years	3 To 5 Years
Operating lease <sup>(1)</sup>	\$3,583	\$1,128	\$2,199	\$256
Term loan <sup>(2)</sup>	\$15,500	\$—	\$11,367	\$4,133
<b>Total contractual obligations</b>	<b>\$19,083</b>	<b>\$1,128</b>	<b>\$13,566</b>	<b>\$4,389</b>

(1) Represents future minimum lease payments under an operating lease in effect as of December 31, 2018 for our current facility in Burnaby, British Columbia, Canada.

(2) Excluding expected interest payments of \$0.9 million (less than one year), \$1.3 million (one to three years), \$0.1 million (three to five years) based on the prime rate plus 0.5% as of December 31, 2018. Also excluded is the final payment fee of \$1.0 million which is 6.5% of the principal amount.

## Term Loan

In December 2017, we entered into a Loan and Security Agreement, or Loan Agreement, with the Bank under which we were funded an initial tranche of \$7.0 million. In June 2018, we entered into a First Loan Modification Agreement, or Modification, to the Loan Agreement, together with the Loan Agreement, pursuant to which the Bank accelerated the availability of a second tranche of \$7.0 million which was funded in June 2018. Amounts funded under the Modified Loan Agreement are interest-only until September 30, 2018 or, subject to the achievement of certain clinical milestones or the Interest-Only Milestone, March 31, 2019. Following the expiration of the interest-only period, the first tranche was payable in 30 equal monthly installments or, if the Interest-Only Milestone was achieved, 24 equal monthly installments of principal plus interest, maturing on March 31, 2019. The second tranche was payable in 24 equal monthly installments or, if the Interest-Only Milestone was achieved, 18 equal monthly installments of principal plus interest, maturing on September 30, 2019. The interest and payment terms of the third and final tranche, if borrowed, remained the same as those from the Loan Agreement. The Modification did not amend the Loan Agreement's terms and provisions.

On August 3, 2018, we entered into Amended and Restated Loan Agreement with the Bank pursuant to which the Bank extended a term loan to us with a principal amount of \$12.0 million. The Term Loan, which was used to repay in full outstanding borrowings of \$12.0 million under the Modified Loan Agreement and a payment of \$0.5 million, which represented the cure of the final payment fee due under the Modified Loan Agreement, as well as for working capital and other general corporate purposes, including the advancement of our clinical development activities.

The Term Loan accrues interest at a floating per annum rate of 0.5% above the prime rate, which is payable monthly commencing in September 2018. The Term Loan is interest-only

2020, followed by 30 equal monthly installments of principal plus interest, maturing on 1, 2022. In addition, we are required to pay a final payment fee of 6.5% of the Term Loan balance on the date on which the term loan is prepaid, paid or becomes due and payable in full.

We may prepay all, but not less than all, of the Term Loan subject to a prepayment penalty of \$10 million, which represents the deferred portion of the final payment fee due under the Loan Agreement, plus 3.0% if prepaid prior to the first anniversary of the effective date of the Amended and Restated Loan Agreement, 2.0% if prepaid on or after the first anniversary, but prior to the second anniversary, or 1.0%, if prepaid on or after the second anniversary but prior to the third anniversary. As security for its obligations under the Amended and Restated Loan Agreement, we granted the Bank a first priority security interest on substantially all of our assets except for certain real property and subject to certain other exceptions.

The Amended and Restated Loan Agreement contains customary representations and warranties and events of default (including an event of default upon the occurrence of a material adverse change in our business, a material adverse change in our credit rating, a material adverse change in our Bank's security interest over the collateral, and a material adverse change in our control), as well as affirmative and negative covenants, including, among others, covenants that limit our ability to incur indebtedness, grant liens, merge or consolidate, dispose of assets, make acquisitions, enter into certain transactions with affiliates, engage in any new business, pay dividends or make distributions, or repurchase stock, in each case subject to certain exceptions. Upon the occurrence and during the continuance of an event of default, a default interest rate will apply that is 5.0% above the otherwise applicable interest rate.

In connection with the Amended and Restated Loan Agreement, we issued a warrant to purchase 40,000 of our common shares at a price per common share of \$9.79. The warrant is immediately exercisable, has a 10-year term and contains a cashless exercise provision.

### Other Commitments

The contractual obligations table above excludes the following material contractual

In August 2015, we entered into a priority access agreement with Medpace for the certain clinical development services. Under the terms of the agreement, we committed to Medpace non-exclusively for clinical development services over the five year term of the agreement. In consideration for priority access to Medpace resources and preferred pricing, we committed to \$7.0 million of services over the term of the agreement, \$1.7 million of which was prepaid upon signing of the agreement and an additional \$1.3 million was paid in December 2015. If we do not meet the commitment to retain Medpace for \$7.0 million of services during the term of the agreement, we agreed to give Medpace the exclusive right to perform all of our currently outsourced clinical development work until such \$7.0 million commitment has been met. If we decide not to retain Medpace for the provision of clinical development services, we will satisfy our obligations under the priority access agreement by paying Medpace an amount equal to the unsatisfied portion of the \$7.0 million minimum commitment.

In March 2017, we entered into a license, manufacture and supply agreement with a contract manufacturing organization for the access and use of certain regulatory documents as well as for the manufacture and supply of clinical and commercial drug product to support the development of XEN007. Under the terms of the agreement, we paid an upfront fee of \$1.0 million CAD and will be required to pay a low single-digit percentage royalty on net sales of products developed and commercialized under the agreement.

In April 2017, we acquired XEN1101 (previously known as 1OP2198) from 1st Order through an asset purchase agreement. 1st Order previously acquired 1OP2198 from an affiliate of Bausch Health, and assumed certain financial responsibilities under that agreement. Under the terms of the agreement, we paid an upfront fee of approximately \$0.4 million and milestone payments totaling \$0.7 million, which we expensed as research and development. In September 2017, we entered into a milestone and royalty buy-out agreement with Bausch Health under which we satisfied all potential clinical development, regulatory and sales-based milestones and royalties owed to Bausch Health on sales with respect to XEN1101 that may become owed to Bausch Health under the terms of the agreement were terminated in exchange for a one-time payment of \$6.0 million which was paid in the period. Future potential payments to 1st Order include \$0.5 million in clinical development milestones, up to \$6.0 million in regulatory milestones, and \$1.5 million in other milestones which may be payable pre-commercially. There are no royalty obligations to 1st Order.

In July 2017, we entered into a license agreement with a pharmaceutical company for the use of certain regulatory documents to support the development of XEN007. Under the terms of the agreement, we paid an upfront fee of \$1.0 million, which we expensed as research and development. Future potential payments include \$2.0 million in clinical development milestones, \$1.0 million in regulatory milestones, plus a low-to-mid single-digit percentage royalty on net sales of any products developed and commercialized under the agreement.

In July 2018, we amended our collaborative research and license agreement with Genentech to provide us with greater flexibility in developing additional compounds that target Nucleoside Phosphate to the amendment, we obtained a non-exclusive, irrevocable, perpetual, world-wide license under the know-how forming part of the Genentech intellectual property de

Nav1.7 collaboration that is necessary or useful to make, use, sell, offer for sale, and commercialize compounds from our Nav1.6 program that are above a certain potency threshold on Nav1.7 in the field of epilepsy and any of our Nav1.6 products containing those compounds. Our license from Genentech includes commercialization rights but we are restricted from developing or commercializing our Nav1.6 compounds below a certain potency threshold on Nav1.7 in the field of epilepsy and any of our Nav1.6 products regardless of their potency on Nav1.7, in the field of pain. In exchange for the rights granted under this amendment, Genentech is eligible to receive a low single-digit percentage royalty on net sales of our Nav1.6 compounds, including XEN901, for a period of ten years from the first commercial sale on a country-by-country basis. Pursuant to the amendment, we granted Genentech a royalty-free, non-exclusive, world-wide license under our Nav1.6 intellectual property to make, use, sell, offer for sale and import compounds below a certain potency threshold on Nav1.7 in the field of epilepsy and any of our Nav1.6 products containing those compounds for all uses and indications except epilepsy.

#### Inflation

We do not believe that inflation has had a material effect on our business, financial condition, or results of operations in the last three fiscal years.

67

---

### Off-Balance Sheet Arrangements

We do not engage in any off-balance sheet financing activities. We do not have any entities referred to as variable interest entities, which include special purposes entities or structured finance entities.

### Related Party Transactions

For a description of our related party transactions, see “Certain Relationships and Related Transactions, and Director Independence.”

### Outstanding Share Data

As of March 1, 2019, we had 25,751,266 common shares issued and outstanding and stock options to purchase an additional 2,688,345 common shares. In addition, as of March 1, 2019, we had 1,016,000 Series 1 Preferred Shares issued and outstanding. The Series 1 Preferred Shares are convertible into common shares on a one-for-one basis subject to the holder, together with its affiliates, beneficially owning no more than 9.99% of the total number of common shares outstanding immediately after giving effect to such conversion, or the Beneficial Ownership Limitation. The holder may reset the Beneficial Ownership Limitation to a higher ownership percentage not to exceed 19.99% of the total number of common shares issued and outstanding immediately after giving effect to such conversion, upon providing written notice to us which will become effective 30 days after delivery of such notice. The holders of the Series 1 Preferred Shares are treated together with the common shares on an as-converted basis and as a single class, subject to the Beneficial Ownership Limitation of each holder of the Series 1 Preferred Shares to the Beneficial Ownership Limitation. The Series 1 Preferred Shares may be “restricted securities” as such term is defined under applicable securities laws, as any Series 1 Preferred Shares that are ineligible to be converted into common shares due to the Beneficial Ownership Limitation, measured as of a given record date, shall be deemed to be restricted securities for a shareholder meeting or ability to act by written consent, shall be deemed to be restricted securities. For additional information regarding our Series 1 Preferred Shares, see our consolidated financial statements included in Part II, Item 8 of this report.

### Recent Accounting Pronouncements

In February 2016, the Financial Accounting Standards Board, or FASB, issued Accounting Standards Update, or ASU, 2016-02, Leases (Topic 842): Recognition and Measurement of Financial Assets and Financial Liabilities. The update requires the recognition of lease liabilities by lessees for those leases classified as operating leases under previous guidance. The new guidance retains a distinction between finance leases and operating leases and requires lease payments from operating leases classified within operating activities in the statement of cash flows. These amendments will be effective for public entities for fiscal years and interim periods within those years, beginning after December 15, 2018. We adopted the standard on January 1, 2019, and we can elect to record a cumulative-effect adjustment as of the beginning of the year or apply a modified retrospective transition approach. We have identified one operating lease premises which will be subject to the new guidance and will be recognized as an operating lease liability and right-of-use asset upon adoption.

In November 2018, the FASB issued ASU 2018-18, Collaborative Arrangements (Topic 808) Clarifying the Interaction between Topic 808 and Topic 606. These amendments modify the

improvements to accounting for collaborative arrangements by clarifying that certain collaborative arrangements should be accounted for as revenue when the collaborative arrangement participant is a customer in the context of a unit of account. In those situations, all the guidance in Topic 606 should be applied, including recognition, measurement, presentation, and disclosure requirements. In addition, unit-of-account guidance in Topic 808 was aligned with the guidance in Topic 606 (that is, a distinct good or service). An entity is assessing whether the collaborative arrangement or a part of the arrangement is within the scope of Topic 606. These amendments will be effective for fiscal years and interim periods within those fiscal years, beginning after December 15, 2019 and should be applied retrospectively from the date of initial application of Topic 606. We are currently evaluating the new guidance and the impact it will have on our consolidated financial statements.

**Item 7A. Quantitative and Qualitative Disclosures About Market Risk**

As a smaller reporting company, we are not required to provide the information required by this item pursuant to Item 301 of Regulation S-K.



Item 8. Financial Statements and Supplementary Data  
XENON PHARMACEUTICALS INC.

Index to Consolidated Financial Statements

Year ended December 31, 2018

Report of Independent Registered Public Accounting Firm

Consolidated Balance Sheets as of December 31, 2018 and 2017

Consolidated Statements of Operations and Comprehensive Loss for the years ended  
December 31, 2018 and 2017

Consolidated Statements of Shareholders' Equity for the years ended December 31,  
2017

Consolidated Statements of Cash Flows for the years ended December 31, 2018, and

Notes to Consolidated Financial Statements

Report of Independent Registered Public Accounting Firm

To the Shareholders and Board of Directors  
Xenon Pharmaceuticals Inc.:

Opinion on the Consolidated Financial Statements

We have audited the accompanying consolidated balance sheets of Xenon Pharmaceuticals Inc. and its wholly owned subsidiary (the Company) as of December 31, 2018 and 2017, the related consolidated statements of operations and comprehensive loss, shareholders' equity, and cash flows for each of the two year periods ended December 31, 2018, and the related notes (collectively, the consolidated financial statements). In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Company as of December 31, 2018 and 2017, and the results of its operations and its cash flows for each of the years in the two year periods ended December 31, 2018, in conformity with U.S. generally accepted accounting principles.

Basis for Opinion

These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We are a public accounting firm registered with the Public Company Accounting Board (United States) (PCAOB) and are required to be independent with respect to the Company in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audits in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement, whether due to error or fraud. An audit is not required to have, nor were we engaged to perform, an audit of its internal control over financial reporting. As part of our audits, we are required to obtain an understanding of the Company's internal control over financial reporting but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over financial reporting. Accordingly, we express no opinion on the Company's internal control over financial reporting.

Our audits included performing procedures to assess the risks of material misstatement of the consolidated financial statements, whether due to error or fraud, and performing procedures that respond to those risks. Such procedures included examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements. Our audits also included evaluating the accounting principles used and significant estimates made by management, and evaluating the overall presentation of the consolidated financial statements. We believe our audits provide a reasonable basis for our opinion.

/s/ KPMG LLP

Chartered Professional Accountants

We have served as the Company's auditor since 1999.

Vancouver, British Columbia  
March 6, 2019



## XENON PHARMACEUTICALS INC.

## Consolidated Balance Sheets

(Expressed in thousands of U.S. dollars except share amounts)

	Decem 31, 2018
<b>Assets</b>	
Current assets:	
Cash and cash equivalents	\$67,730
Marketable securities	51,500
Accounts receivable	256
Prepaid expenses and other current assets	1,873
	121,400
Prepaid expenses, long-term	—
Property, plant and equipment, net (note 7)	991
Total assets	\$122,400
<b>Liabilities and shareholders' equity</b>	
Current liabilities:	
Accounts payable and accrued expenses (note 8)	4,115
Loan payable, current portion (note 9)	—
	4,115
Loan payable, long-term (note 9)	15,000
	\$19,130
<b>Shareholders' equity:</b>	
Preferred shares, without par value; unlimited shares authorized; issued and	
outstanding: 1,016,000 (December 31, 2017 - nil) (note 10)	\$7,730
Common shares, without par value; unlimited shares authorized; issued and	
outstanding: 25,750,721 (December 31, 2017 - 17,998,420) (note 10)	265,900
Additional paid-in capital	38,500
Accumulated deficit	(207,000)
Accumulated other comprehensive loss	(990)
	\$103,140
Total liabilities and shareholders' equity	\$122,400
Collaboration agreements (note 12)	
Commitments and contingencies (note 13)	

The accompanying notes are an integral part of these consolidated financial statements



## XENON PHARMACEUTICALS INC.

## Consolidated Statements of Operations and Comprehensive Loss

(Expressed in thousands of U.S. dollars except share and per share amounts)

	Year Ended Dec	20
	2018	20
<b>Revenue:</b>		
Collaboration revenue (note 12)	\$—	\$—
	—	—
<b>Operating expenses:</b>		
Research and development	23,634	23,634
General and administrative	8,382	8,382
Buy-out of future milestones and royalties (note 13d)	6,000	6,000
	38,016	38,016
Loss from operations	(38,016 )	(38,016 )
<b>Other income (expense):</b>		
Interest income	1,216	1,216
Interest expense	(1,394 )	(1,394 )
Foreign exchange gain (loss)	(701 )	(701 )
Gain on termination of collaboration agreement (note 12a)	4,398	4,398
Net loss and comprehensive loss	(34,497 )	(34,497 )
Net loss attributable to preferred shareholders	(2,881 )	(2,881 )
Net loss attributable to common shareholders	(31,616 )	(31,616 )
<b>Net loss per common share (note 6):</b>		
Basic	\$(1.63 )	\$(1.63 )
Diluted	\$(1.63 )	\$(1.63 )
<b>Weighted-average common shares outstanding (note 6):</b>		
Basic	19,425,711	19,425,711
Diluted	19,425,711	19,425,711

The accompanying notes are an integral part of these consolidated financial statements.

XENON pharmaceuticals INC.

Consolidated Statement of Shareholders' Equity

(Expressed in thousands of U.S. dollars except share amounts)

	Convertible preferred		Common shares		Additional	
	Shares	Amount	Shares	Amount	paid-in capital	Accumulated deficit
Balance as of December 31,						
2016	—	\$—	17,930,590	\$173,246	\$34,326	\$(142,680)
Net loss for the year						(30,704)
Stock-based compensation expense					2,460	
Issued pursuant to exercise of stock options			67,830	595	(415 )	(3 )
Issuance of warrants					100	
Balance as of December 31,						
2017	—	\$—	17,998,420	\$173,841	\$36,471	\$(173,380)
Net loss for the year						(34,497)
Issuance of common shares, net of issuance costs (note 10a)			9,540,000	102,850		
Issued (cancelled)	2,868,000	21,825	(2,868,000 )	(21,825 )		

pursuant						
to exchange						
agreement						
(note 10d)						
Conversion of						
preferred						
shares to						
common						
shares (note						
10d)	(1,852,000)	(14,093)	1,852,000	14,093		
Cancelled						
pursuant to						
termination						
of						
collaboration						
agreement						
(note 12a)			(1,000,000)	(4,470)		
Stock-based						
compensation						
expense					2,652	
Issued						
pursuant to						
exercise						
of stock						
options and						
warrants			228,301	1,434	(1,146)	
Issuance of						
warrants					538	
Balance as of						
December 31,						
2018	1,016,000	\$7,732	25,750,721	\$265,923	\$38,515	\$(207,883)

(1) Our accumulated other comprehensive loss is entirely related to historical cumulative adjustments from the application of U.S. dollar reporting when the functional currency of the Company was the Canadian dollar.

The accompanying notes are an integral part of these consolidated financial statements.





## XENON PHARMACEUTICALS INC.

## Consolidated Statements of Cash Flows

(Expressed in thousands of U.S. dollars)

	Year ended December 31, 2018
<b>Operating activities:</b>	
Net loss	\$(34,300)
<b>Items not involving cash:</b>	
Depreciation	586
Amortization of discount on term loan	284
Stock-based compensation	2,600
Unrealized foreign exchange (gain) loss	646
Gain on termination of collaboration agreement (note 12a)	(4,300)
<b>Changes in operating assets and liabilities:</b>	
Accounts receivable	175
Prepaid expenses, and other current assets	(92)
Prepaid expenses, long term	—
Accounts payable and accrued expenses	783
Net cash used in operating activities	(34,300)
<b>Investing activities:</b>	
Purchases of property, plant and equipment	(50,000)
Purchase of marketable securities	(77,000)
Proceeds from marketable securities	48,000
Net cash provided by (used in) investing activities	(28,000)
<b>Financing activities:</b>	
Proceeds from issuance of refinanced term loan, net of issuance costs (note 9)	8,400
Issuance of common shares, net of issuance costs (note 10a)	102,000
Issuance of common shares pursuant to exercise of stock options	288,000
Net cash provided by financing activities	111,000
Effect of exchange rate changes on cash and cash equivalents	(61,000)
Increase in cash and cash equivalents	47,000
Cash and cash equivalents, beginning of year	20,000
Cash and cash equivalents, end of year	\$67,000
<b>Supplemental disclosures:</b>	
Interest paid	\$561,000
Interest received	1,000
<b>Supplemental disclosures of non-cash transactions:</b>	

Fair value of stock options and warrants exercised on a cashless basis	1,12
Issuance of preferred shares in exchange for common shares (note 10d)	21,5
Conversion of preferred shares to common shares (note 10d)	14,6
Termination of Teva agreement through cancellation of common shares (note 12a)	4,4

The accompanying notes are an integral part of these consolidated financial statements.

74

---

XENON PHARMACEUTICALS INC.

Notes to Consolidated Financial Statements

(Expressed in thousands of U.S. dollars except share and per share amounts)

1. Nature of the business:

Xenon Pharmaceuticals Inc. (the “Company”), incorporated in 1996 under the British Columbia Business Corporations Act and continued federally in 2000 under the Canada Business Corporations Act, is a clinical stage biopharmaceutical company focused on developing innovative therapies to improve the lives of patients with neurological disorders. Building upon its extensive knowledge of human genetics and diseases caused by mutations in ion channels, known as channelopathies, the Company is advancing a novel product pipeline of neurology-focused therapies to address a high unmet medical need, with a focus on epilepsy.

The Company has incurred significant operating losses since inception. As of December 31, 2018, the Company had an accumulated deficit of \$207,885 and a \$34,497 net loss for the year ended December 31, 2018. Management expects to continue to incur significant expenses in excess of revenue and to incur operating losses for the foreseeable future. To date, the Company has financed its operations primarily through funding received from collaboration and license agreements, placements of common and preferred shares, public offerings of common shares, debt financings, and government funding.

Until such time as the Company can generate substantial product revenue, if ever, management expects to finance the Company’s cash needs through a combination of collaborative agreements, equity and debt financings. The continuation of research and development activities and the commercialization of its products are dependent on the Company’s ability to successfully raise additional funds when needed. It is not possible to predict either the outcome of future fundraising efforts or development programs or the Company’s ability to continue to fund these programs.

2. Basis of presentation:

These consolidated financial statements are presented in U.S. dollars and have been prepared in accordance with United States generally accepted accounting principles (“U.S. GAAP”).

The Company has one wholly-owned subsidiary as at December 31, 2018, Xenon Pharmaceuticals USA Inc., which was incorporated in Delaware on December 2, 2016.

These consolidated financial statements include the accounts of the Company and its wholly-owned subsidiary. All intercompany transactions and balances have been eliminated on consolidation.

3. Significant accounting policies:

(a) Use of estimates:

The preparation of the consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Significant estimates include, but are not limited to, the timing of revenue recognition, the determination of stock-based compensation and the amounts recorded as accrued liabilities. Actual results may differ materially from those estimates. Estimates and assumptions are reviewed quarterly and any revisions to accounting estimates are recognized in the period in which the estimates are revised or in any future periods affected.

(b) Cash and cash equivalents:

Cash equivalents are highly liquid investments that are readily convertible into cash with a maturity of three months or less when acquired. Cash equivalents are recorded at cost plus accrued interest. The carrying value of these cash equivalents approximates their fair value.

(c) Marketable securities:

Marketable securities are investments with original maturities exceeding three months and remaining maturities of less than one year. Marketable securities accrue interest based on the current interest rate for the term. The carrying value of marketable securities is recorded at cost plus accrued interest, which approximates their fair value.

(d) Intellectual Property

The costs incurred in establishing and maintaining patents for intellectual property internally are expensed in the period incurred.

(e) Property, plant and equipment:

Property, plant and equipment are stated at cost less accumulated depreciation and impairment losses, if any. Repairs and maintenance costs are expensed in the period

Property, plant and equipment are amortized over their estimated useful lives using method based on the following rates:

Asset	Rate
Research equipment	5 years
Office furniture and equipment	5 years
Computer equipment	3 years
Leasehold improvements	Over the lesser of lease term or estimated useful life

(f) Impairment of long-lived assets:

The Company monitors its long-lived assets for indicators of impairment. If such indicators are present, the Company assesses the recoverability of affected assets by determining whether the carrying value of such assets is less than the sum of the undiscounted future cash flows. If such assets are found not to be recoverable, the Company measures the amount of impairment by comparing the carrying value of the assets to the fair value of the assets. Fair value generally determined based on the present value of the expected future cash flows with the assets. No impairment of long-lived assets was noted during the years ended 2018 and 2017.

(g) Concentration of credit risk and of significant customers:

Financial instruments that potentially subject the Company to significant concentration of credit risk consist primarily of cash and cash equivalents. Cash and cash equivalents were deposited at financial institutions in Canada and the United States. Such deposits may be in excess of insured limits in the event of non-performance by the institutions; however, the Company does not expect non-performance.

(h) Financial instruments and fair value:

We measure certain financial instruments and other items at fair value.

To determine the fair value, we use the fair value hierarchy for inputs used to measure the fair value of financial assets and liabilities. This hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three levels: Level 1 (highest priority), Level 2, and Level 3 (lowest priority).

Level 1 - Unadjusted quoted prices in active markets for identical instruments.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs include quoted prices for similar assets or liabilities in active markets.

liabilities in active markets, quoted prices for identical or similar assets or liabilities that are not active, inputs other than quoted prices that are observable for the asset or liability (e.g., interest rates, yield curves, etc.), and inputs that are derived principally from or corroborated by observable market data by correlation or other means (market corroborated inputs).  
Level 3 - Inputs are unobservable and reflect the Company's assumptions as to what market participants would use in pricing the asset or liability. The Company develops the best estimate of the best information available.

Assets and liabilities are classified based on the lowest level of input that is significant to their fair value measurements. Changes in the observability of valuation inputs may result in movement of assets and liabilities between levels for certain securities within the fair value hierarchy.

The Company's Level 1 assets include cash and cash equivalents and marketable securities with quoted prices in active markets. The carrying amount of accounts receivables, accounts payable, and accrued expenses approximates fair value due to the nature and short-term of those assets and liabilities. The Company's term loan bears interest at a rate that approximates prevailing market rates for similar instruments with similar characteristics and, accordingly, the carrying value of the term loan approximates fair value.

(i) Revenue recognition:

The Company recognizes the amount of revenue to which it expects to be entitled, promised goods or services to customers under a five-step model: (i) identify contract customer; (ii) identify the performance obligations in the contract; (iii) determine the price; (iv) allocate the transaction price to the performance obligations in the contract; and (v) recognize revenue when or as a performance obligation is satisfied.

The Company generates revenue primarily through collaboration agreements. Such agreements require the Company to deliver various rights and/or services, including intellectual property or licenses and research and development services. Under such collaboration agreements, the Company is generally eligible to receive non-refundable upfront payments, funding for development services, milestone payments, and royalties.

In contracts where the Company has more than one performance obligation to provide goods or services, each performance obligation is evaluated to determine whether it is based on whether (i) the customer can benefit from the good or service either on its own or with other resources that are readily available and (ii) the good or service is separable from other promises in the contract. The consideration under the contract is then allocated to the distinct performance obligations based on their respective relative stand-alone selling prices. The estimated stand-alone selling price of each deliverable reflects the Company's best estimate of the selling price would be if the deliverable was regularly sold on a stand-alone basis. The selling price is determined by reference to market rates for the good or service when sold to others on an adjusted market assessment approach if selling price on a stand-alone basis is not available.

The consideration allocated to each distinct performance obligation is recognized as revenue when control is transferred to the customer for the related goods or services. Consideration is recognized at-risk substantive performance milestones, including sales-based milestones, is recognized as revenue when it is probable that a significant reversal of the cumulative revenue recognized will not occur. Sales-based royalties received in connection with licenses of intellectual property are recognized to a specific exception in the revenue standards, whereby the consideration is not included in the transaction price and recognized in revenue until the customer's subsequent sales occur.

(j) Research and development costs:

Research and development costs are expensed in the period incurred.

Certain development activity costs, such as pre-clinical costs, manufacturing costs, and regulatory costs, are a component of research and development costs and include fees paid to third-party organizations, investigators and other vendors who conduct certain product development activities on behalf of the Company. The amount of expenses recognized in a period related to these agreements is based on estimates of the work performed using the accrual basis of accounting. These estimates are based on patient enrollment, services provided and goods delivered, costs incurred, and experience with similar contracts. The Company monitors these factors and adjusts its estimates accordingly. Payments made to third parties under these arrangements in advance of the related services are recorded as prepaid expenses until the services are rendered.

(k) Stock-based compensation:

The Company grants stock options to employees, directors and officers pursuant to the stock option plan described in note 10c.



Employee stock-based compensation expense is measured at the grant date, based on the fair value of the award, and is recognized as an expense, net of actual forfeitures, over the service period with a corresponding increase in additional paid-in capital. Stock-based compensation expense is amortized on a straight-line basis over the requisite service period for the award, which is generally the vesting period of the award. Any consideration received on the exercise of stock options is credited to share capital.

(1) Foreign currency translation:

The functional and reporting currency of the Company and its subsidiary is the U.S. dollar. Monetary assets and liabilities denominated in a currency other than the U.S. dollar are re-measured into U.S. dollars at the exchange rate prevailing as at the balance sheet date. Non-monetary assets and liabilities acquired in a currency other than U.S. dollars are measured at historical exchange rates prevailing at each transaction date.

77

---

Revenue and expense transactions are translated at the exchange rates prevailing at the date. Exchange gains and losses on translation are included in the consolidated statement of operations and comprehensive income (loss) as foreign exchange gain (loss).

(m) Income taxes:

Deferred income taxes are recognized for the future tax consequences attributable to differences between the carrying amounts of assets and liabilities and their respective tax bases and operating loss and credit carryforwards. Deferred income tax assets and liabilities are measured using enacted rates expected to apply to taxable income in the years in which those temporary differences and carryforwards are expected to be recovered or settled. The effect on deferred income tax assets and liabilities of a change in tax rates is recognized in the consolidated statement of operations and comprehensive income (loss) in the period that includes the enactment date. A valuation allowance is provided when realization of deferred income tax assets does not meet the more-likely-than-not criterion for recognition.

(n) Deferred tenant inducements:

Deferred tenant inducements, which include leasehold improvements paid for by the tenant in lieu of free rent, are included in the consolidated balance sheet as accounts payable and accrued liabilities and recognized as a reduction of rent expense on a straight-line basis over the term of the lease.

(o) Segment and geographic information:

Operating segments are defined as components of an enterprise about which separate financial information is available for evaluation by the chief operating decision maker, or decision-making group, in deciding how to allocate resources and in assessing performance. The Company operates and manages its business in one operating segment.

4. Changes in significant accounting policies:

The Company adopted the new revenue standard (Accounting Standards Codification 606) effective January 1, 2018, using the modified retrospective method under which prior period presented financial statements are not restated and the cumulative effect of adopting the new standard on contracts in process is recognized by an adjustment to retained earnings as of the adoption date. The adoption of the new revenue standard did not change the Company's recognition of revenue under its one ongoing significant collaborative research and license agreement with a member of the Roche Group, described in note 12b and no cumulative effect adjustment was required. Refer to the Company's Revenue Recognition policy described in note 3i for further details.

5. Future changes in accounting policies:

In February 2016, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2016-02, Leases (Topic 842): Recognition and Measurement of Financial Liabilities. The update requires the recognition of lease assets and lease liabilities by lessees for those leases classified as operating leases under previous U.S. GAAP. The update retains a distinction between finance leases and operating leases, with cash payments for operating leases classified within operating activities in the statement of cash flows. These amendments are effective for public entities for fiscal years and interim periods within those years beginning on or after December 15, 2018. The Company adopted the standard on January 1, 2019 and carried over the lease assets and liabilities from the previous period.

cumulative-effect adjustment as of the beginning of the year of adoption or apply a retrospective transition approach. The Company has identified one operating lease which will be subject to the new guidance and will be recognized as an operating lease right-of-use asset upon adoption.

In November 2018, the FASB issued ASU 2018-18, Collaborative Arrangements (Clarifying the Interaction between Topic 808 and Topic 606). These amendments made improvements to accounting for collaborative arrangements by clarifying that certain arrangements between collaborative arrangement participants should be accounted for as revenue when the collaborative arrangement participant is a customer in the context of a unit-of-account. In those situations, all the guidance in Topic 606 should be applied, including recognition, measurement, presentation, and disclosure requirements. In addition, unit-of-account guidance in Topic 808 was aligned with the guidance in Topic 606 (that is, a distinct good or service). An entity is assessing whether the collaborative arrangement or a part of the arrangement is within the scope of Topic 606. These amendments will be effective for fiscal years and interim periods within those fiscal years, beginning after December 15, 2019 and should be applied retrospectively from the date of initial application of Topic 606. The Company is currently evaluating the amendments to determine the impact it will have on the Company's consolidated financial statements.

## 6. Net income (loss) per common share and preferred share:

Basic net income (loss) per common share is calculated using the two-class method for participating securities which includes the convertible preferred shares as a separate class. The convertible preferred shares entitle the holders to participate in dividends and in earnings and losses of the Company on an equivalent basis as common shares. Accordingly, undistributed earnings are allocated to common shares and participating preferred shares based on the weight of each class outstanding during the period.

The treasury stock method is used to compute the dilutive effect of the Company's convertible preferred shares and warrants. Under this method, the incremental number of common shares used in computing net income (loss) per common share is the difference between the number of common shares assumed issued and purchased using assumed proceeds.

The if-converted method is used to compute the dilutive effect of the Company's convertible preferred shares. Under the if-converted method, dividends on the preferred shares are added back to earnings attributable to common shareholders, and the preferred shares of each kind dividends are assumed to have been converted at the share price applicable at the end of the period. The if-converted method is applied only if the effect is dilutive.

For the year ended December 31, 2018, all stock options, warrants and convertible preferred shares were anti-dilutive and were excluded from the diluted weighted average common shares for the period. For the year ended December 31, 2017, 2,172,034 stock options and warrants were excluded from the calculation of diluted net loss per common share as their inclusion would have been anti-dilutive. No convertible preferred shares were outstanding for the year ended December 31, 2017.

The following is a reconciliation of the numerators and denominators of basic and diluted net loss per common share and preferred share:

	Year Ended December 31,		
	2018	2017	2016
	Common	Preferred	Common
Numerator:	Shares	Shares	Shares
Allocation of loss used attributed to shareholders:			
Basic	\$ (31,616 )	\$ (2,881 )	\$ (30,735 )
Adjustment for change in fair value of liability classified stock options	—	—	(187 )
Diluted	\$ (31,616 )	\$ (2,881 )	\$ (30,922 )
Denominator:			
Weighted average number of shares:			
Basic	19,425,711	1,769,900	17,900,000
Adjustment for dilutive effect of stock options	—	—	16,600,000
Diluted	19,425,711	1,769,900	18,066,000
Net loss attributable to shareholders per share - basic	\$ (1.63 )	\$ (1.63 )	\$ (1.71 )

Net loss attributable to shareholders per share - diluted	\$ (1.63	)	\$ (1.63	)	\$ (1.72
---	----------	---	----------	---	----------

7. Property, plant and equipment:

Property, plant and equipment consisted of the following:

	December 31,	
	2018	2017
Research equipment	\$7,313	\$6,984
Office furniture and equipment	1,046	1,043
Computer equipment	2,461	2,311
Leasehold improvements	6,370	6,370
Less: accumulated depreciation and amortization	(16,199)	(15,600)
Net book value	\$991	\$1,070

## 8. Accounts payable and accrued expenses:

Accounts payable and accrued expenses consisted of the following:

	December 31	
	2018	2017
Trade payables	\$665	\$1,000
Employee compensation, benefits, and related accruals	1,728	1,000
Consulting and contracted research	1,404	810
Professional fees	237	250
Other	85	440
Total	\$4,119	\$3,500

## 9. Term Loan:

In December 2017, the Company entered into a Loan and Security Agreement (the "Loan Agreement") with Silicon Valley Bank (the "Bank") under which the Company was funded an interest-free term loan of \$7,000. In June 2018, the Company entered into a First Loan Modification Amendment ("Modification") to the Loan Agreement (together, the "Modified Loan Agreement"). Pursuant to the Modification, the Bank accelerated the availability of a second tranche of \$5,000 which was funded in July 2018. Amounts funded under the Modified Loan Agreement were interest-free until September 30, 2018 or, subject to the achievement of certain clinical milestones (the "Interest-Only Milestone"), March 31, 2019. Following the expiration of the interest-only period, the first tranche was payable in 30 equal monthly installments or, if the Interest-Only Milestone was achieved, 18 equal monthly installments of principal plus interest, maturing on March 31, 2021. The second tranche was payable in 24 equal monthly installments or, if the Interest-Only Milestone was achieved, 18 equal monthly installments of principal plus interest, maturing on September 30, 2021. The interest and payment terms of the third and final tranche, if borrowed, remained the same as the first tranche from the Loan Agreement. The Modification did not amend the Loan Agreement's other provisions.

In August 2018, the Company entered into an Amended and Restated Loan and Security Agreement (the "Amended and Restated Loan Agreement") with the Bank, pursuant to which the Company extended a term loan to the Company with a principal amount of \$15,500 (the "Term Loan"). The Term Loan was used to repay in full outstanding borrowings of \$12,000 under the Modified Loan Agreement and a payment of \$485, which represented the current portion of the final payment due under the Modified Loan Agreement, as well as for working capital and other general corporate purposes, including the advancement of the Company's clinical development program. The Term Loan accrues interest at a floating per annum rate of 0.5% above the prime rate, which commenced in September 2018. The Term Loan is interest-only until March 31, 2022, followed by 30 equal monthly installments of principal plus interest, maturing on September 30, 2022. In addition, the Company is required to pay a final payment fee of 6.5% of the principal amount of the term loan on the date on which the term loan is prepaid, paid or becomes due and payable in full.

The Company may prepay all, but not less than all, of the Term Loan subject to a prepayment penalty of \$295, which represents the deferred portion of the final payment fee due under the Amended and Restated Loan Agreement, plus 3.0% if prepaid prior to the first anniversary of the effective date of the Amended and Restated Loan Agreement, 2.0% if prepaid on or after the first anniversary, but

second anniversary, or 1.0%, if prepaid on or after the second anniversary but prior to the second anniversary. As security for its obligations under the Amended and Restated Loan Agreement, the Company granted the Bank a first priority security interest on substantially all of the Company's intellectual property and subject to certain other exceptions.

In connection with the Modification, the number of common shares exercisable pursuant to the December 2017 Warrant issued to the Bank in December 2017 under the Loan Agreement (the "December 2017 Warrant") increased by 36,008 common shares. The relative fair value of the additional common shares exercisable pursuant to the December 2017 Warrant was \$247 and was classified in equity. With this increase, the December 2017 Warrant allowed the Bank to purchase a total of 72,325 common shares of the Company's common shares at a price per common share of \$2.43. The December 2017 Warrant was immediately exercisable, had a 10-year term, and contained a cashless exercise provision. In connection with the entry into the Amended and Restated Loan Agreement, the maximum number of common shares exercisable pursuant to the December 2017 Warrant was fixed at 80,000 common shares per common share of \$2.43. In September 2018, the Company issued 72,325 common shares pursuant to the cashless exercise of the December 2017 Warrant.

In connection with the Amended and Restated Loan Agreement, the Company issued a warrant to the Bank to purchase 40,000 of the Company's common shares at a price per common share of \$9.79. The relative fair value of the common shares exercisable pursuant to this warrant was \$391,600 and was classified in equity. The warrant is immediately exercisable, has a 10-year term, and contains a cashless exercise provision. This warrant remains outstanding at December 31, 2018.

The debt proceeds were allocated based on the relative fair values of the debt instrument and the warrant instrument. The fair value of the warrant and the closing costs were recorded as discounts and are being amortized using the effective interest rate method over the term of the debt. At December 31, 2018, the Company determined the effective interest rate on the Amended and Restated Loan Agreement with the Bank to be 9.53% (2017 - 9.25%). Amortization of the debt discount and accretion of the final payment fee was \$284 for the year ended December 31, 2018 (2017 - \$11). Interest payments are made monthly.

Interest expense was \$1,394 for the year ended December 31, 2018 (2017 - \$24).

The outstanding loan and unamortized debt discount balances as of December 31, 2018, are in accordance with the repayment terms under Amended and Restated Loan Agreement.

	December 31,	
	2018	2017
Term loan	\$ 15,500	\$ 7,000
Less: unamortized discount on loan	(600 )	(203 )
Less: current portion	—	(700 )
Accrued portion of final payment fee	114	7
Loan payable, long-term	\$ 15,014	\$ 6,104

Scheduled principal payments on outstanding debt as of December 31, 2018, excluding the final payment fee of \$1,008, are as follows:

2019	\$—
2020	5,167
2021	6,200
2022	4,133
Total	\$15,500

The Amended and Restated Loan Agreement contains customary representations and covenants, including events of default (including an event of default upon the occurrence of a material adverse change of the Company's security interest over the collateral, and a material adverse change of the Company's credit rating), affirmative and negative covenants, including, among others, covenants that limit the Company's ability to incur indebtedness, grant liens, merge or consolidate, dispose of assets, make investments, make acquisitions, enter into certain transactions with affiliates, engage in certain lines of business, pay dividends or make distributions, or repurchase stock, in each case subject to certain exceptions. Upon the occurrence and during the continuance of an event of default, the interest rate will apply that is 5.0% above the otherwise applicable interest rate. The Company is in compliance with these covenants at December 31, 2018.



10. Share capital:

(a) Financing:

In May 2018, the Company entered into an at-the-market equity offering sales agreement with Nicolaus & Company, Incorporated (“Stifel”) to sell common shares of the Company having a maximum gross proceeds of up to \$30,000, from time to time, through an “at-the-market” equity offering program under which Stifel would act as sales agent. The Company sold 3,440,000 shares under the sales agreement for proceeds of approximately \$29,200, net of commissions and fees, excluding estimated transaction expenses.

In July 2018, the Company entered into an at-the-market equity offering sales agreement with Jefferies LLC (“Jefferies”) and Stifel, to sell common shares of the Company having a maximum gross proceeds of up to \$50,000, from time to time, through an “at-the-market” equity offering program under which Jefferies and Stifel would act as sales agent. The Company sold 1,600,000 shares under the sales agreement for proceeds of approximately \$14,820, net of commissions and fees, but excluding estimated transaction expenses. In connection with the Company’s entry into the July 2018 sales agreement with Jefferies and Stifel, the May 2018 sales agreement was terminated by the Company and Stifel.

In September 2018, the Company entered into an underwriting agreement with Jefferies relating to an underwritten public offering of 4,500,000 common shares sold by the Company at a public offering price of \$14.00 per common share. The Company received net proceeds of \$63.0 million, net of underwriting discounts and commissions, but before offering expenses. In connection with the Company's entry into the September 2018 underwriting agreement with Jefferies and Stifel, the Company's 2018 sales agreement was mutually terminated by the Company, Jefferies and Stifel.

(b) Authorized share capital:

The Company's authorized share capital consists of an unlimited number of common shares without par value.

(c) Stock-based compensation:

On June 25, 2014, the shareholders of the Company approved the 2014 Equity Incentive Plan ("2014 Plan") which permits the grant of stock-based compensation awards to directors, officers, employees and consultants of the Company. The Company's pre-existing stock option plan ("Amended and Restated Stock Option Plan") was limited to the granting of stock option awards whereas the 2014 Plan also allows for the issuance of restricted stock units, share appreciation rights and performance shares. The 2014 Plan replaced the Amended and Restated Stock Option Plan. No further options will be granted under the Amended and Restated Stock Option Plan.

The Amended and Restated Stock Option Plan provided for the grant of options for common shares to directors, officers, employees and consultants prior to the Company's initial public offering ("IPO"). The options granted under the Amended and Restated Stock Option Plan vest on a graduated basis over a four-year period or less and each option's maximum term is ten years. The Amended and Restated Stock Option Plan will continue to govern the options granted under the Amended and Restated Stock Option Plan.

Under the 2014 Plan, options granted generally vest on a graduated basis over a four-year period or less. The exercise price of the options is determined by the Board but must at least equal the fair market value of the common shares on the date of grant. Options may be exercised over a maximum term of ten years. As of December 31, 2018, a total of 153,209 stock options were granted under the 2014 Plan. The number of common shares available for issuance under the 2014 Plan was increased by 900,000, effective January 1, 2019, as approved by the Board of Directors with the terms of the 2014 Plan.

Summary of stock option activity is as follows:

	Number of Options	Weighted Average Exercise Price CAD \$	U.S. \$
Outstanding, December 31, 2016	1,910,823	9.84	7.32
Granted	620,950	8.69	6.69
Exercised <sup>(1)</sup>	(71,006 )	3.72	2.86
Forfeited, cancelled or expired	(120,862 )	9.06	6.98
Outstanding, December 31, 2017	2,339,905	9.32	7.41
Granted	706,600	6.73	5.19
Exercised <sup>(1)</sup>	(251,163 )	4.57	3.53
Forfeited, cancelled or expired	(123,436 )	13.61	10.50

Outstanding, December 31, 2018	2,671,906	9.49	6.96
Exercisable, December 31, 2018	1,566,435	10.70	7.84

- (1) During the year ended December 31, 2018, 49,502 (2017 – 63,425) stock options were exercised for the same number of common shares in exchange for cash. During the same period, the Company issued 106,474 (2017 – 4,405) common shares for the exercise of 201,661 (2017 – 7,581) stock options.

The following table summarizes the stock options outstanding and exercisable at December 31, 2018:

Range of Exercise Prices U.S. \$	Options Outstanding		Options Exercisable	
	Number of Options	Weighted Average Contractual Life (years)	Number of Options	Weighted Average Contractual Life (years)
\$1.96 - \$2.74	529,675	2.34	529,675	2.34
\$2.75 - \$4.70	237,188	8.84	59,589	8.84
\$4.71 - \$5.35	508,050	9.19	—	9.19
\$5.36 - \$7.59	391,469	7.61	209,664	7.61
\$7.60 - \$8.35	269,354	6.13	232,869	6.13
\$8.36 - \$8.98	365,052	8.17	184,322	8.17
\$8.99 - \$18.70	371,118	6.39	350,316	6.39
	2,671,906	6.73	1,566,435	6.73

At December 31, 2018, there were 1,566,435 options exercisable with a weighted average contractual life of 5.25 years.

A summary of the Company's non-vested stock option activity and related information for the year ended December 31, 2018 is as follows:

	Number of Options	Weighted Average Grant Date Exercise Price
		CAD \$ / U.S. \$
Non-vested, January 1, 2018	900,604	7.12
Granted	706,600	4.84
Vested	(437,771)	8.47
Forfeited or cancelled	(63,962)	6.70
Non-vested, December 31, 2018	1,105,471	5.61

The aggregate fair value of options vested during the year ended December 31, 2018 was \$2,047 (2017 – \$2,047).

The fair value of stock options at the date of grant is estimated using the Black-Scholes option-pricing model which requires multiple subjective inputs. The risk-free interest rate for the options is based on the U.S. Treasury yield curve in effect at the date of grant for a term equal to the expected term of the option. Prior to the Company's IPO in November 2014, the

shares did not have a readily available market; therefore, the Company lacked complete historical and implied volatility information. Consequently, the expected volatility was estimated based on a combination of the Company's available historical volatility and historical volatility analysis of peers that were similar to the Company with respect to stage of life cycle, size, and financial leverage. Expected life assumptions are based on the Company's historical data. The dividend yield is based on the fact that the Company has not paid cash dividends and has no present intention to pay cash dividends. Forfeitures are not expected to occur.

The weighted-average option pricing assumptions are as follows:

	Years ended	
	December 31	
	2018	2017
Average risk-free interest rate	2.79%	2.35%
Expected volatility	75 %	80 %
Average expected term (in years)	7.38	7.37
Expected dividend yield	0.00%	0.00%
Weighted average fair value of options granted	\$3.74	\$5.02

Stock-based compensation expense is classified in the consolidated statements of operations and comprehensive income (loss) as follows:

	Years ended December 31,	
	2018	2017
Research and development	\$988	\$985
General and administrative	1,772	1,251
	\$2,760	\$2,236

As of December 31, 2018, the unrecognized stock-based compensation cost related to stock options was \$3,919, which is expected to be recognized over a weighted-average term of 2.41 years.

(d) Exchange agreement with certain funds affiliated with BVF Partners L.P. (collectively, "BVF"). In March 2018, the Company and BVF entered into an exchange agreement pursuant to which the Company issued to BVF 2,868,000 Series 1 Preferred Shares in exchange for 2,868,000 common shares which were subsequently cancelled by the Company.

The Company filed articles of amendment creating an unlimited number of Series 1 Preferred Shares. The Series 1 Preferred Shares are convertible into common shares on a one-for-one basis, subject to the holder, together with its affiliates, beneficially owning no more than 19.99% of the total number of common shares issued and outstanding immediately after giving effect to such conversion (the "Beneficial Ownership Limitation"). The holder may reset the Beneficial Ownership Limitation to a higher or lower number, not to exceed 19.99% of the total number of common shares issued and outstanding immediately after giving effect to such conversion, upon providing written notice to the Company which will be effective 61 days after delivery of such notice. Each Series 1 Preferred Share is also convertible into one common share at any time at the Company's option, without the payment of additional consideration, provided that prior to any such conversion, the holder, together with its affiliates, beneficially owns less than 5.00% of the total number of common shares issued and outstanding and such conversion will not result in the holder, together with its affiliates, beneficially holding more than 5.00% of the total number of common shares issued and outstanding immediately after giving effect to such conversion. In the event of a change of control, the holder of Series 1 Preferred Shares shall be issued one common share for each outstanding Series 1 Preferred Share held immediately prior to the change of control (without regard to the Beneficial Ownership Limitation), and following such conversion, will be entitled to receive the same kind and amount of securities, cash or property that a holder of common shares is entitled to receive in connection with such change of control.

The Series 1 Preferred Shares rank equally to the common shares in the event of liquidation, dissolution or winding up or other distribution of the assets of the Company among the holders of the Series 1 Preferred Shares and the holders of the Series 1 Preferred Shares are entitled to vote together with the common shares on an as-converted basis and as a single class, subject in the case of each holder of Series 1 Preferred Shares to the Beneficial Ownership Limitation. Any Series 1 Preferred Share that is ineligible to be converted into common shares due to the Beneficial Ownership Limitation shall be measured as of a given record date that applies for a shareholder meeting or ability

consent, shall be deemed to be non-voting securities of the Company. Holders of Series 1 Preferred Shares are entitled to receive dividends (without regard to the Beneficial Ownership) on the same basis as the holders of common shares. The Company may not redeem the Series 1 Preferred Shares.

The Company recorded the issuance of Series 1 Preferred Shares and corresponding common shares at \$7.61 per share, the estimated weighted average cost at which the Company issued common shares. The Series 1 Preferred Shares are recorded wholly as equity under the host contract, with no bifurcation of conversion feature from the host contract, given that the Series 1 Preferred Shares cannot be cash settled and have no redemption features.

During the year ended December 31, 2018, BVF converted 1,852,000 Series 1 Preferred Shares in exchange for an equal number of common shares of the Company.

#### 11. Concentrations of market risk:

##### (a) Foreign currency risk:

At December 31, 2018, the Company had U.S. dollar denominated cash and cash equivalents and marketable securities of \$110,771 (2017 - \$28,028) and Canadian denominated cash and cash equivalents and marketable securities of CAD\$11,644 (2017 - CAD\$19,619).

The Company faces foreign currency exchange rate risk in part, as a result of entering into transactions denominated in currencies other than U.S. dollars, particularly those denominated in Canadian dollars. The Company also holds non-U.S. dollar denominated cash and cash equivalents, marketable securities, accounts receivable and accounts payable, which are denominated in Canadian dollars.

Changes in foreign currency exchange rates can create significant foreign exchange gains or losses to the Company. The Company's current foreign currency risk is with the Canadian dollar. A majority of non-U.S. dollar denominated expenses are denominated in Canadian dollars. A portion of cash and cash equivalents and marketable securities are held in Canadian dollars. The Company does not currently hedge its exposure and thus assumes the risk of future fluctuations in the amounts of Canadian dollars held.

(b) Interest Rate Risk:

At December 31, 2018, the Company had cash and cash equivalents and marketable securities of \$119,306. The Company's interest rate risk is primarily attributable to its cash and cash equivalents and marketable securities. The Company believes that it does not have any material interest rate risk changes in the fair value of these assets as a result of changes in interest rates due to the nature of cash and cash equivalents and marketable securities. The Company does not have any investments for trading or speculative purposes and has not used any derivative financial instruments to manage interest rate exposure.

The Company had a total outstanding loan balance of \$15,500 as of December 31, 2018. \$nil was due within 12 months. The interest rate on borrowings under the Amended Loan Agreement with the Bank accrues at a floating per annum rate of 0.5% above the prime rate.

12. Collaboration agreements:

The Company has entered into a number of collaboration agreements under which the Company has received non-refundable upfront payments. Each arrangement is assessed in accordance with ASC 606 under the five-step model as described in note 3i. The Company generally recognizes revenue from non-refundable upfront payments ratably over the estimated term of the performance obligation or period in which the underlying benefit is transferred to the customer. If non-refundable upfront fees have values to the customer on a standalone basis, separate from the undelivered obligations, they are recognized upon delivery. The Company evaluates the measure of performance each reporting period and, if necessary, adjusts the measure of performance and revenue recognition.

Research and development milestones in the Company's collaboration agreements are triggered by the following types of events:

- completion of pre-clinical research and development work leading to selection of clinical candidates;
- initiation of Phase 1, Phase 2 or Phase 3 clinical trials; and
- achievement of certain other scientific or development events.

Regulatory milestone payments may include the following types of events:

-



filing of regulatory applications for marketing approval in the U.S., Europe or Japan; filing of investigational new drug applications and new drug applications; and filing of marketing approval in a major market, such as the U.S., Europe or Japan. Commercialization milestone payments may include payments triggered by annual sales milestones that are not achieved or by the Company fail to achieve pre-specified thresholds.

The Company evaluates each arrangement that includes research and development milestones and milestone payments to determine whether the milestones are considered probable of being achieved and estimates the amount to be included in the transaction price using the most likely amount method. If it is probable that a significant revenue reversal would not occur, the amount of the milestone value is included in the transaction price. Milestone payments that are not under the control of the Company are not considered probable of being achieved and the transaction price is then allocated to each performance obligation on a relative stand-alone selling price basis. The Company recognizes revenue as or when the performance obligations under the arrangement are satisfied. At the end of each subsequent reporting period, the Company re-evaluates the probability of achievement of such milestones, and if necessary, adjusts its estimate of the overall transaction price.

(a) Teva Pharmaceutical Industries Ltd. (“Teva Pharmaceutical”) collaborative development and license agreement:

In December 2012, the Company entered into a collaborative development and license agreement with Teva Pharmaceutical, through its subsidiary, Ivax International GmbH, pursuant to which the Company granted Teva Pharmaceutical an exclusive worldwide license to develop, manufacture and commercialize certain products, including TV-45070 (formerly XEN402). In the year ended December 31, 2018, no revenue has been recognized with respect to this agreement. In March 2018, the Company and Teva Pharmaceuticals International GmbH and Teva Pharmaceutical (together, “Teva”), entered into a termination agreement terminating by mutual agreement the collaborative development and license agreement. In connection with the termination of the agreement and the Company cancelled 1,000,000 common shares that were owned by Teva. Pursuant to the terms of the termination agreement, Teva has also returned, licensed or assigned to the Company certain intellectual property, including certain patent rights and transferred regulatory filings related to TV-45070 to the Company. The termination agreement requires the Company to pay a single-digit percentage royalty to Teva based on net sales of approved products, if any, derived from any continued development and commercialization of TV-45070 by the Company or any sublicensee during the period that assigned or licensed patents cover such products, if any, and sales have occurred. The Company recorded a gain on the termination of the collaborative development and license agreement of \$4,398, net of direct costs incurred in connection with the termination of 1,000,000 common shares, based on the estimated fair value represented by the market price of the common shares prior to the closing of the transaction.

(b) Genentech collaborative research and license agreement:

In December 2011, the Company entered into a collaborative research and license agreement with Genentech and its affiliate, F. Hoffman-La Roche Ltd. to discover and develop selective Nav1.7 inhibitors of Nav1.7 for the treatment of pain. Pursuant to this agreement, the Company granted Genentech a worldwide exclusive license to develop and commercialize compounds that inhibit Nav1.7 and products incorporating such compounds for all uses. The Company also granted Genentech a worldwide non-exclusive license to diagnostic products for the purpose of research or commercializing such compounds.

Under the terms of the agreement, Genentech paid the Company an upfront fee of \$5,000. Genentech also provided funding to the Company for certain of the Company’s full-time employees performing the research collaboration plan, which concluded in December 2016.

The Company received and recorded a \$5,000 milestone payment in 2013 for the successful development of a compound for development and an \$8,000 payment in 2014 upon the approval by FDA of the clinical trial application. No additional milestone payments or royalties have been received to date.

The Company is eligible to receive pre-commercial and commercial milestone payments with respect to the licensed products totaling up to an additional \$613,000, comprised of up to \$387,500 in pre-clinical and clinical milestone payments, up to \$387,500 in regulatory milestone payments, up to \$180,000 in sales-based milestone payments for multiple products and indications. In addition, the Company is eligible to receive royalties based on net sales of the licensed products. For small-molecule inhibitors, the Company is eligible to receive royalties based on net sales of the licensed products from a mid single-digit percentage to ten percent for small-molecule inhibitors for which such products are covered by the licensed patents and a low single-digit percentage for large-molecule inhibitors of Nav1.7 for a period of ten years from the date that is ten years after first commercial sale on a country-by-country basis, plus a single-digit percentage for large-molecule inhibitors of Nav1.7 for a period of ten years.

commercial sale on a country-by-country basis. The pre-commercial and commercial payments and royalties may be subject to reductions based on the period in which the product is selected for development and commercialization was initially conceived.

At execution of the collaborative research and license agreement with Genentech, the transaction price included only the \$10,000 upfront consideration received. None of the at-risk performance milestones, including research and development and sales-based milestones, were included in the transaction price, as all milestone amounts are outside the control of the Company and contingent upon Genentech's efforts and success in future clinical trials. Consideration associated with at-risk substantive performance milestones is recognized when it is probable that a significant reversal of the cumulative revenue recognized will not occur. Any consideration related to sales-based royalties will be recognized when the related sales occur as they relate predominantly to the license granted to Genentech and therefore have also been included in the transaction price. The Company will re-evaluate the transaction price in each reporting period and as uncertain events are resolved or other changes in circumstances occur.

The collaborative research and license agreement with Genentech was amended in May 2015, November 2015, March 2016, May 2017, July 2018 and September 2018 to extend the term of the research program or to provide the Company with greater flexibility in developing compounds that target Nav1.6. Pursuant to the current amendment, the Company has obtained a non-exclusive, irrevocable, perpetual, world-wide, sublicenseable license to the know-how forming part of the Genentech intellectual property developed under the collaboration that is necessary or useful to make, use, sell, offer for sale, and import from the Company's Nav1.6 program that are above a certain potency threshold on Nav1.6 products containing those compounds. The Company's license from Genentech includes all commercialization rights but we are restricted from developing or commercializing Nav1.6 compounds below a certain potency threshold on Nav1.7 in the field of epilepsy. The Company's Nav1.6 compounds, regardless of their potency on Nav1.7, in the field of epilepsy, in exchange for the rights granted to the Company under this amendment, Genentech will receive a low single-digit percentage, tiered royalty on net sales of the Company's Nav1.6 compounds, including XEN901, for a period of ten years from first commercial sale on a country-by-country basis. Pursuant to the amendment, Genentech was granted a royalty-free, non-exclusive, world-wide license under the Company's Nav1.6 intellectual property to make, sell, offer for sale and import compounds below a certain potency threshold on Nav1.6 containing those compounds for all uses and indications except epilepsy.

In March 2014, the Company entered into a new agreement with Genentech for pain research focused on identifying genetic targets associated with rare phenotypes where individuals have an inability to perceive pain or where individuals have non-precipitated spontaneous pain. Pursuant to the terms of this agreement, any intellectual property arising out of the collaboration is jointly owned by the Company and Genentech. The Company also granted Genentech a time-limited, exclusive right of first negotiation on a target-by-target basis to form research and discovery collaborations. Under the terms of this agreement, Genentech paid an upfront payment of \$1,500 and two \$250 milestone payments related to the identification of novel pain targets in September 2015 and July 2017. Genentech's time-limited, exclusive right of first negotiation was exercisable throughout the research term, expired at the same time as the agreement in September 2018. Despite such termination, the Company remains eligible for up to an additional \$250 milestone payments.

Pursuant to the terms of the Company's agreement with the Memorial University of Newfoundland, the Company must pay to the Memorial University of Newfoundland certain milestone payments and a single-digit percentage of net sales for pain products the Company sells directly and a low single-digit percentage of royalties received for sales of pain products by Genentech.

### 13. Commitments and contingencies:

#### (a) Lease commitments:

The Company entered into an amended lease agreement for research laboratories at 4500 Kingsway, Burnaby, British Columbia, Canada for a 120-month term from April 1, 2012 to March 31, 2022, which included an element of free rent and tenant inducement that is amortized over the term of the lease.

Lease expense for the year ended December 31, 2018 was \$1,194 (2017 – \$1,079 ). Annual lease payments under existing operating lease commitments are as follows:

Year ending December 31:	
2019	1,128
2020	1,130
2021	1,069
2022	256
Total	\$3,583

(b) Priority access agreement with Medpace Inc. (“Medpace”):

In August 2015, the Company entered into a priority access agreement with Medpace Inc. for the provision of certain clinical development services. Under the terms of the agreement, the Company has committed to using Medpace non-exclusively for clinical development services over a one-year term of the agreement. In consideration for priority access to Medpace resources and competitive service rates, the Company has committed to \$7,000 of services over the term of the agreement, of which \$3,000 of which was paid in the year ended December 31, 2015.

87

---

(c) License, manufacture and supply agreement:

In March 2017, the Company entered into a license, manufacture and supply agreement with a pharmaceutical contract manufacturing organization for the access and use of certain regulatory documents as well as for the manufacture and supply of clinical and commercial drug products to support the development of XEN007. Under the terms of the agreement, the Company paid an upfront fee of \$500 CAD and will be required to pay a low single-digit percentage of net sales of any products developed and commercialized under the agreement.

(d) Asset purchase agreement with 1st Order Pharmaceuticals, Inc. (“1st Order”):

In April 2017, the Company acquired (previously known as 1OP2198) from 1st Order Pharmaceuticals, Inc. an asset purchase agreement. 1st Order previously acquired 1OP2198 from Valeant Pharmaceuticals Luxembourg S.a.r.l., an indirect subsidiary of Bausch Health Companies Inc. (together with Bausch Health Pharmaceuticals Ireland Limited, “Bausch Health”) and the Company has assumed all liabilities and responsibilities under that agreement. Under the terms of the agreement, the Company paid an upfront fee of \$350 and milestone payments in 2017 totaling \$700, which were expensed for clinical development and development.

In September 2018, the Company entered into a milestone and royalty buy-out agreement with Bausch Health under which all potential clinical development, regulatory and sales milestones and royalties on commercial sales with respect to XEN1101 that may become owed to Bausch Health under the asset purchase agreement were terminated in exchange for a one-time payment of \$6,000 which was expensed in the period.

Future potential payments to 1st Order include \$500 in clinical development milestones, \$6,000 in regulatory milestones, and \$1,500 in other milestones, which may be payable pre-commercially. There are no royalty obligations to 1st Order.

(e) License agreement:

In July 2017, the Company entered into a license agreement with a pharmaceutical company for access and use of certain regulatory documents to support the development of XEN007. Under the terms of the agreement, the Company paid an upfront fee of \$1,000, which was expensed for clinical development and development. Future potential payments include \$2,000 in clinical development milestones, up to \$7,000 in regulatory milestones, plus a low-to-mid single-digit percentage royalty on net sales of any products developed and commercialized under the agreement.

(f) Guarantees and indemnifications:

The Company has entered into license and research agreements with third parties that contain indemnification provisions that are customary in the industry. These indemnification provisions generally require the Company to compensate the other party for certain damages and losses as a result of third party claims or damages arising from these transactions.

The maximum amount of potential future indemnification is unlimited; however, the Company currently holds commercial and product liability insurance. This insurance limits the Company's exposure and may enable it to recover a portion of any future amounts paid. Historically, the Company has not made any indemnification payments under such agreements and does not believe that the fair value of these indemnification obligations is minimal. Accordingly, the Company has not recognized any liabilities relating to these obligations for any period.

## 14. Income taxes:

Income tax (recovery) expense varies from the amounts that would be computed by expected Canadian and provincial statutory income tax rate of 27% (2017 – 27% ) income taxes as shown in the following table:

	2018	2017
Computed recoveries at Canadian federal and provincial tax rates	\$(9,273 )	\$(8,000 )
Change in valuation allowance	10,472	9,210
Investment tax credits earned	(1,567 )	(1,393 )
Tax attributes expired/utilized	911	683
Non-deductible expenditures	(473 )	594
Effect of tax rate increases	—	(1,444 )
Other	(70 )	350
Income tax (recovery) expense	\$—	\$—

Deferred income tax assets and liabilities result from the temporary differences between the book value of assets and liabilities recognized for financial statement and income tax purposes. The components of the Company's net deferred income tax assets are as follows:

	2018	2017
Deferred income tax assets		
Scientific research and experimental development pool	\$26,572	\$25,799
Investment tax credits	23,808	22,066
Non-capital losses	22,035	13,536
Depreciable assets	5,710	5,710
Deferred financing fees	1,303	571
Other	98	111
Less - valuation allowance	(79,526)	(66,350)
Net deferred income tax assets	\$—	\$—

The realization of deferred income tax assets is dependent upon the generation of sufficient taxable income during future periods in which the temporary differences are expected to reverse. The valuation allowance is reviewed on a quarterly basis and if the assessment of the "more likely than not" criteria changes, the valuation allowance is adjusted accordingly. A full valuation allowance continues to be applied against deferred income tax assets as the Company has assessed that the realization of such assets does not meet the "more likely than not" criteria.

At December 31, 2018, the Company has unclaimed tax deductions for scientific research and experimental development expenditures of \$98,412 (2017 – \$92,799) with no expiration date.

At December 31, 2018, the Company has \$22,253 (2017 – \$21,066) of investment tax credits available to offset federal taxes payable and \$7,640 (2017 – \$7,560) of provincial tax credits available to offset provincial taxes payable in the future.

At December 31, 2018, the Company has non-capital losses, net of uncertain tax positions, carried forward for tax purposes, which are available to reduce taxable income of future years by approximately \$81,611 (2017 – \$50,536).

The investment tax credits and loss carry forwards expire over various years to 2038.

As of December 31, 2018, the total amount of the Company's unrecognized tax benefits from uncertain tax positions were \$6,350 (2017 – \$6,350). If recognized in future periods, the unrecognized tax benefits would affect the Company's effective tax rate. The Company recognizes penalties and interest related to unrecognized tax benefits within the income tax provision. Penalties and interest have not been accrued at December 31, 2018 as none would be owing on unrecognized tax benefits due to the availability of non-capital losses to shelter any taxable income arising thereon.

The Company does not currently expect any significant increases or decreases to the unrecognized tax benefits within 12 months of the reporting date.



The Company files income tax returns in Canada and the United States, the jurisdictions in which the Company believes that it is subject to tax. In jurisdictions in which the Company does not believe it is subject to tax and therefore does not file income tax returns, the Company has no certainty that tax authorities in those jurisdictions will not subject one or more tax returns (from the inception of the Company) to examination. Further, while the statute of limitations in most jurisdictions where an income tax return has been filed generally limits the examination period to a certain number of years after the loss carry-forwards are utilized. Other than routine audits by tax authorities for tax credits and tax refunds that the Company claims, the Company is not aware of any material income tax examination currently in progress by any taxing jurisdiction. Tax returns from 2002 to 2017 remain subject to Canadian income tax examinations.

15. Related Parties:

(a) Exchange agreement with BVF:

In March 2018, the Company and BVF entered into an exchange agreement pursuant to which the Company issued 2,868,000 Series 1 Preferred Shares in exchange for 2,868,000 common shares which were subsequently cancelled by the Company. Prior to the closing of the transaction contemplated in the exchange agreement, BVF held a number of common shares representing approximately 19.9% of the Company's then outstanding common shares. For additional information regarding the Series 1 Preferred Shares, refer to note 10d.

(b) Termination of collaboration agreement with Teva:

In March 2018, the Company and Teva, entered into a termination agreement terminating the collaborative development and license agreement dated December 7, 2015, as amended. In connection with the termination, the Company cancelled 1,000,000 common shares owned by Teva. Prior to the share cancellation, Teva owned more than 5% of the Company's outstanding common shares. For additional information regarding the termination and share cancellation, refer to note 12a.

Item 9. Changes in and Disagreements With Accountants on Accounting and Financial Reporting. None.

Item 9A. Controls and Procedures

Evaluation of disclosure controls and procedures. Our management, with the participation of our Chief Executive Officer and our Chief Financial Officer, evaluated the effectiveness of our disclosure controls and procedures as of December 31, 2018. The term "disclosure controls and procedures," as defined in Rules 13a-15(e) and 15d-15(e) under the Exchange Act, and other procedures of a company that are designed to ensure that information required to be disclosed by a company in the reports that it files or submits under the Exchange Act is accumulated, processed, summarized and reported, within the time periods specified in the SEC's rules, and that such information is disclosed in the reports that it files or submits under the Exchange Act is accumulated and communicated to the company's management, including its principal executive and principal financial officers, as appropriate to allow timely and accurate disclosure regarding required disclosure.

Management recognizes that any controls and procedures, no matter how well designed and operated, can provide only reasonable assurance of achieving their objectives and management necessarily applies its judgment in evaluating the cost-benefit relationship of possible disclosure controls and procedures. Based on the evaluation of our disclosure controls and procedures as of December 31, 2018, our Chief Executive Officer and our Chief Financial Officer concluded that, as of the end of the period covered by this report, our disclosure controls and procedures were, in design and operation, effective at the reasonable assurance level.

Management's Annual Report on Internal Control over Financial Reporting. Our management, with the participation of our Chief Executive Officer and our Chief Financial Officer, is responsible for establishing and maintaining adequate internal control over our financial reporting, as defined in Rule 13a-15(f) and Rule 15d-15(f) of the Securities Exchange Act of 1934. Internal control over financial reporting is a process to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. Our internal control over financial reporting includes those policies and procedures that:

- (i) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of our assets;
- (ii)

- provide reasonable assurance that transactions are recorded as necessary to prepare financial statements in accordance with generally accepted accounting principles; receipts and expenditures are being made only in accordance with authorization of management and directors; and
- (iii) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use or disposition of our assets that could have a material effect on our financial statements.

90

---

The effectiveness of any system of internal control over financial reporting, including but not limited to, the design and implementation of such controls, is subject to inherent limitations, including the exercise of judgment in designing, implementing, and evaluating the controls and procedures, and the inability to eliminate all errors. Accordingly, any system of internal control over financial reporting, no matter how well designed and operated, can only provide reasonable, not absolute, assurance that the financial statements are free of material misstatements. Projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions or that the degree of compliance with the policies or procedures may deteriorate. Management has assessed the effectiveness of our internal control over financial reporting as at December 31, 2018. In making its assessment, management used the criteria set forth by the Committee of Sponsoring Organizations of the Treadwell Commission (COSO) in Internal Control – Integrated Framework (2013) to evaluate the effectiveness of our internal control over financial reporting. Based on this assessment using those criteria, management has concluded that our internal control over financial reporting was effective as of December 31, 2018.

Changes in internal control over financial reporting. There was no change in our internal control over financial reporting identified in connection with the evaluation required by Rule 15d-15(d) of the Exchange Act that occurred during the three months ended December 31, 2018, that has materially affected, or is reasonably likely to materially affect, our internal control over financial reporting.

#### Item 9B. Other Information

We have a written code of conduct that applies to all of our directors, officers and employees. A copy of the most up-to-date version of our code of conduct is available within the “Investor Relations” section on our company website located at <http://www.xenon-pharma.com> and on SEDAR at [www.sedar.com](http://www.sedar.com).

### PART III

#### Item 10. Directors, Executive Officers and Corporate Governance

The information required by Item 10 of Form 10-K is incorporated by reference to Statement for the 2019 Annual Meeting of Shareholders to be filed with the SEC w after the end of the fiscal year ended December 31, 2018.

#### Item 11. Executive Compensation

The information required by Item 11 of Form 10-K is incorporated by reference to Statement for the 2019 Annual Meeting of Shareholders to be filed with the SEC w after the end of the fiscal year ended December 31, 2018.

#### Item 12. Security Ownership of Certain Beneficial Owners and Management and R Shareholder Matters

The information required by Item 12 of Form 10-K is incorporated by reference to Statement for the 2019 Annual Meeting of Shareholders to be filed with the SEC w after the end of the fiscal year ended December 31, 2018.

#### Item 13. Certain Relationships and Related Transactions, and Director Independenc

The information required by Item 13 of Form 10-K is incorporated by reference to Statement for the 2019 Annual Meeting of Shareholders to be filed with the SEC w after the end of the fiscal year ended December 31, 2018.

#### Item 14. Principal Accounting Fees and Services

The information required by Item 14 of Form 10-K is incorporated by reference to Statement for the 2019 Annual Meeting of Shareholders to be filed with the SEC w after the end of the fiscal year ended December 31, 2018.

PART IV

Item 15. Exhibits, Financial Statement Schedules

(a)(1) Financial Statements — The financial statements included in Item 8 are filed Annual Report on Form 10-K.

(a)(2) Financial Statement Schedules — All schedules have been omitted because t applicable or required, or the information required to be set forth therein is included consolidated Financial Statements or notes thereto included in Item 8 of this Annual Form 10-K.

(a)(3) Exhibits — The exhibits required by Item 601 of Regulation S-K are listed in (b) below.

(b) Exhibits — The exhibits listed on the Exhibit Index (following the Signatures s are filed herewith or are incorporated by reference to exhibits previously filed with

Item 16. Form 10-K Summary

Not applicable.

EXHIBIT INDEX

Exhibit Number	Description of Document	Incorporated by Reference		
		Form	File No.	E
3.1	<u>Articles of the Company.</u>	10-Q	001-36687	3.
3.1A	<u>Articles of Amendment to the Articles of the Company, creating the Series 1 Preferred Shares.</u>	8-K	001-36687	3.
3.2	<u>Amended and Restated By-laws of the Company.</u>	10-Q	001-36687	3.
4.1	<u>Form of Common Share Certificate.</u>	S-1/A	333-198666	4.
4.2	<u>Specimen Series 1 Preferred Share Certificate.</u>	8-K	001-36687	4.
4.3	<u>Warrant to Purchase Shares, dated August 3, 2018, by and between Xenon Pharmaceuticals Inc. and Silicon Valley Bank.</u>	8-K	001-36687	4.

10.1†	<u>Exclusive Collaborative Research and Option Agreement, dated June 10, 2009, by and between the Company and Merck Sharp &amp; Dohme Research Ltd. as amended.</u>	S-1/A 333-198666 10
10.2†	<u>Collaborative Research and License Agreement, dated December 22, 2011, by and among the Company, Genentech, Inc. and F. Hoffmann-La Roche Ltd. as amended.</u>	S-1/A 333-198666 10
10.3#	<u>Stock Option Plan, as amended, and form of option agreement thereunder.</u>	S-1/A 333-198666 10
10.4#	<u>2014 Equity Incentive Plan.</u>	S-1 333-198666 10
10.5#	<u>Form of Share Option Agreement, as amended, under the 2014 Equity Incentive Plan.</u>	10-K 001-36687 10
10.6#	<u>Offer Letter, dated October 3, 2014, by and between the Company and Simon Pimstone.</u>	S-1/A 333-198666 10
10.7#	<u>Offer Letter, dated October 3, 2014, by and between the Company and Ian Mortimer.</u>	S-1/A 333-198666 10
10.8#	<u>Offer Letter, dated October 3, 2014, by and between the Company and Robin Sherrington.</u>	S-1/A 333-198666 10

Exhibit Number	Description of Document	Incorporated by Reference Form	File No.	Ex
10.9	<u>Lease, dated as of 2001, by and between the Company and Discovery Parks Incorporated, as amended through July 1, 2014.</u>	S-1	333-198666	10
10.10#	<u>Form of Director and Executive Officer Indemnification Agreement.</u>	S-1/A	333-198666	10
10.11†	<u>Amendment #4, dated May 13, 2015, to the Collaborative Research and License Agreement, dated December 22, 2011, by and among the Company, Genentech, Inc. and F. Hoffman-La Roche Ltd, as amended.</u>	10-Q	001-36687	10
10.12	<u>Lease Modification Agreement, effective July 1, 2015, by and between the Company and Redstone Enterprises Ltd.</u>	10-Q	001-36687	10
10.13	<u>Lease Modification Agreement, effective December 1, 2015, by and between the Company and Redstone Enterprises Ltd.</u>	10-K	001-36687	10
10.14†	<u>Amendment #5, dated November 19, 2015, to the Collaborative Research and License Agreement, dated December 22, 2011, by and among the Company, Genentech, Inc. and F. Hoffman-La Roche Ltd, as amended.</u>	10-K	001-36687	10
10.15†	<u>Amendment #6, dated March 9, 2016, to the Collaborative Research and License Agreement, dated December 22, 2011, by and among the Company, Genentech, Inc. and F. Hoffman-La Roche Ltd, as amended.</u>	10-Q	001-36687	10
10.16#	<u>Offer letter, effective January 1, 2017, by and between Xenon Pharmaceuticals USA Inc. and James Empfield.</u>	10-K	001-36687	10
10.17†	<u>Letter Agreement to Amendment #4, dated May 8, 2017, to the Collaborative Research and License Agreement, dated December 22, 2011, by and among the Company, Genentech, Inc. and F. Hoffman-La Roche Ltd, as amended.</u>	10-Q	001-36687	10
10.18†	<u>Asset Purchase Agreement, dated April 25, 2017, by and between the Company and 1<sup>st</sup> Order Pharmaceuticals, Inc.</u>	10-Q	001-36687	10



10.19	<u>Loan and Security Agreement, dated December 18, 2017, by and among Xenon Pharmaceuticals Inc., Xenon Pharmaceuticals USA Inc. and Silicon Valley Bank.</u>	8-K	001-36687	10
10.20†	<u>Termination Agreement by and among Xenon Pharmaceuticals Inc., Teva Pharmaceuticals International GmbH and Teva Canada Limited dated March 7, 2018.</u>	8-K	001-36687	10
10.21	<u>Exchange Agreement, dated March 23, 2018, by and among the Company and the shareholders listed in Schedule B thereto.</u>	8-K	001-36687	10
10.22	<u>At-the-Market Equity Offering Sales Agreement, dated as of May 8, 2018, between Xenon Pharmaceuticals Inc. and Stifel, Nicolaus &amp; Company, Incorporated.</u>	8-K	001-36687	1.1
10.23	<u>First Loan Modification to Loan and Security Agreement, dated June 12, 2018, by and among Xenon Pharmaceuticals Inc., Xenon Pharmaceuticals USA Inc. and Silicon Valley Bank.</u>	8-K	001-36687	10
10.24†	<u>Letter Amendment #7, dated July 25, 2018, to the Collaborative Research and License Agreement, dated December 22, 2011, by and among the Company, Genentech, Inc. and F. Hoffmann-La Roche Ltd, as amended.</u>	10-Q	001-36687	10

Exhibit Number	Description of Document	Incorporated by Reference Form	File No.	Ex
10.25	<u>At-the-Market Equity Offering Sales Agreement, dated as of July 11, 2018, by and among Xenon Pharmaceuticals Inc., Jefferies LLC and Stifel, Nicolaus &amp; Company, Incorporated.</u>	8-K	001-36687	1.1
10.26	<u>Amended and Restated Loan and Security Agreement, dated August 3, 2018, by and among Xenon Pharmaceuticals Inc., Xenon Pharmaceuticals USA Inc. and Silicon Valley Bank.</u>	8-K	001-36687	10
10.27	<u>Milestone and Royalty Buy-Out Agreement, dated September 7, 2018, by and among Xenon Pharmaceuticals Inc., Valeant Pharmaceuticals Ireland Limited and Valeant Pharmaceuticals Luxembourg S.a.r.l.</u>	8-K	001-36687	10
10.28†	<u>Amended and Restated Amendment #7, dated September 27, 2018, to the Collaborative Research and License Agreement, dated December 22, 2011, by and among the Company, Genentech, Inc. and F. Hoffmann-La Roche Ltd, as amended.</u>	10-Q	001-36687	10
21.1	<u>List of Subsidiaries of the Company.</u>	10-K	001-36687	21
23.1	<u>Consent of KPMG LLP, Independent Registered Public Accounting Firm.</u>			
24.1	<u>Powers of Attorney (contained on signature page).</u>			
31.1	<u>Rule 13a-14(a) / 15d-14(a) Certification of Principal Executive Officer</u>			
31.2	<u>Rule 13a-14(a) / 15d-14(a) Certification of Principal Financial Officer</u>			
32.1*	<u>Section 1350 Certification of Principal Executive Officer</u>			
32.2*	<u>Section 1350 Certification of Principal Financial Officer</u>			
101.INS	XBRL Instance Document			

101.SCH XBRL Taxonomy Extension Schema Document

101.CAL XBRL Taxonomy Extension Calculation Linkbase Document

101.DEF XBRL Taxonomy Extension Definition Linkbase Document

101.LAB XBRL Taxonomy Extension Label Linkbase Document

101.PRE XBRL Taxonomy Extension Presentation Linkbase Document

¶Confidential treatment has been requested with respect to certain portions of this exhibit. The portions have been filed separately with the Securities and Exchange Commission.

#Indicates management contract or compensatory plan.

\*The Certifications attached as Exhibits 32.1 and 32.2 that accompany this Annual Report on Form 10-K are not deemed filed with the Securities and Exchange Commission and are not incorporated by reference into any filing of Xenon Pharmaceuticals Inc. under the Securities Act of 1933, as amended, or the Securities Exchange Act of 1934, as amended, whether made before or after the date of this Form 10-K, irrespective of any general incorporation language that may appear in such filing.

Item 16. Form 10-K Summary

Not applicable.

SIGNATURES

Pursuant to the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned person who is duly authorized.

Dated: March 6, 2019 XENON  
PHARMACEUTICALS  
INC.

By: /s/ Simon Pimstone  
Simon Pimstone  
Chief Executive Officer

POWER OF ATTORNEY

Each person whose signature appears below hereby constitutes and appoints Simon Pimstone and Ian Mortimer, and each of them severally, as his or her true and lawful attorneys-in-fact, with full power to act without the other and with full power of substitution and resubstitution, in and in his or her name, place and stead, in any and all capacities (including in his or her capacity as a director and/or officer of Xenon Pharmaceuticals Inc.) to sign any and all reports and supplements to this report, and any and all other instruments necessary or incident to the preparation and filing of this report in connection herewith, and to file the same, with all exhibits thereto, and all other documents in connection therewith, with the Commission.

Pursuant to the requirements of the Securities Exchange Act of 1934, this report has been signed below by the following persons on behalf of the Registrant and in the capacities and for the periods indicated.

Signature	Title
/s/ Simon Pimstone	
Simon Pimstone	Chief Executive Officer (Principal Executive Officer)
/s/ Ian Mortimer	
Ian Mortimer	President and Chief Financial Officer (Principal Financial and Accounting Officer)

/s/ Michael  
Tarnow

Michael Tarnow      Chair of the Board of Directors

/s/ Mohammad  
Azab

Mohammad Azab      Director

/s/ Steven Gannon

Steven Gannon      Director

/s/ Michael  
Hayden

Michael Hayden      Director

/s/ Frank Holler

Frank Holler      Director

/s/ Gary Patou

Gary Patou      Director  
Director

/s/ Richard  
Scheller

Richard Scheller

/s/ Dawn Svoronos

Dawn Svoronos     Director

96