Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2016 This Form is Open to

Public Inspection

OMB Nos. 1210-0110

1210-0089

Complete all entries in accordance with the instructions to the Form 5500-SF.

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit ORBIMED ADVISORS, L.L.C. 401(K) RETIREMENT PLAN plan number 002 (PN) • 1c Effective date of plan 01/01/2003 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 13-3976876 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number ORBIMED ADVISORS, L.L.C. 212-739-6400 2d Business code (see instructions) 601 LEXINGTON AVENUE 54TH FLOOR 523900 NEW YORK, NY 10022 **3a** Plan administrator's name and address |X| Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 91 5a Total number of participants at the beginning of the plan year 5b 100 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 100 5c complete this item)..... 68 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 68 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete **SVEN BORHO** Filed with authorized/valid electronic signature. 09/26/2017 SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2016)

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 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can 	f an indepen and condition	dent qualified public a	ccount	ant (IC	PA)			X Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC					_	-	_	Not determ	ined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a Total plan assets	7a	19	297806					23311137	
b Total plan liabilities	7b		0)				0	
C Net plan assets (subtract line 7b from line 7a)	7c	19.	297806					23311137	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal	
a Contributions received or receivable from:	2 (1)	1	271360						
(1) Employers	8a(1)		126719						
(2) Participants	· ` '	'	52898						
(3) Others (including rollovers)		1	748679						
b Other income (loss)		•		-				4199656	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							710000	
to provide benefits)	8d		185932						
e Certain deemed and/or corrective distributions (see instructions).	8e	198							
f Administrative service providers (salaries, fees, commissions)	8f	180							
g Other expenses	g Other expenses 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							186325	
i Net income (loss) (subtract line 8h from line 8c)	8i							4013331	
Transfers to (from) the plan (see instructions))					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pensio 2A 2E 2F 2G 2J 2K 2T 3B 3D	n feature cod	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	ctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X				10	00000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	•		10d		X				
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of t	he benefits under	10e	X					13171
f Has the plan failed to provide any benefit when due under the p	lan?	<u></u>	10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	nd.)	10g	X					0
h If this is an individual account plan, was there a blackout period' 2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i						

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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No	
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
		ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo	
	If "Y€	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c	Name	of trustee or custodian					s or custod ne number	ian's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP	
				"Curre	ent year test	<u>"</u>	N/A		
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

> Complete all entries in accordance with the instructions to the Form 5500-SF.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

	t identification imormation							
For calendar plan year 2016 or	fiscal plan year beginning 01/01/20		and ending 12/3					
A This return/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer) ployer information in a					
	a one-participant plan	a foreign plan	, , , , , , , , , , , , , , , , , , ,					
B This return/report is	the first return/report	the final return/report	•					
	an amended return/report	a short plan year return	/report (less than 12 m	nonths)	•			
C Check box if filing under:	X Form 5558	automatic extension		DFVC program	m			
·	special extension (enter description)	ription)		·				
Part II Basic Plan Inf	formation—enter all requested in	formation						
1a Name of plan				1b Three-digit				
ORBIMED ADVISORS, L.L.C. 40)1(K) RETIREMENT PLAN			plan numb (PN) ▶	002			
				1c Effective d 01/01/200				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)				2b Employer I (EIN) 13-3	Identification Number			
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)			2c Sponsor's	telephone number			
				`	(212) 739-6400			
CONTRACTOR AND ALLER CATA					code (see instructions)			
601 LEXINGTON AVENUE 54TH	I FLOOR			523900				
NEW YORK, NY 10022		•						
3a -Plan administrator's name	and address X Same as Plan Spor	nsor.		3b Administra	tor's EIN			
				3c Administra	itor's telephone number			
		•		1				
	he plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN				
a Sponsor's name	umber from the last return/report.			4c PN				
	to at the healthning of the plan year	N		<u> </u>				
	ts at the beginning of the plan year			1	91			
	ts at the end of the plan year			. 5b	100			
	h account balances as of the end of			5c	100			
d(1) Total number of active p	participants at the beginning of the pl	lan year		5d(1)	68			
d(2) Total number of active p	participants at the end of the plan yea	ar		5d(2)	68			
e Number of participants that than 100% vested	at terminated employment during the	e plan year with accrued ben	nefits that were less	5e	6			
Caution: A penalty for the late	e or incomplete filing of this return	n/report will be assessed u	unless reasonable ca	use is establishe	ed.			
Under penalties of perjury and of SB or Schedule MB completed a belief, it is true, correct, and con	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I have e as well as the electronic vers	examined this return/re sion of this return/repor	port, including, if and to the best	applicable, a Schedule of my knowledge and			
SIGN	XII		SVEN BORHO	· · · · · · · · · · · · · · · · · · ·				
HERE Signature of plan	administrator	Date 09-26-17	Enter name of individ	lual signing as pla	n administrator			
SIGN								
HERE	loyer/plan sponsor	Date	Enter name of individ	lual signing as em	nployer or plan sponsor			
	name, if applicable) and address (in		()	Preparer's telep				
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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a continued to the plan cannot be under the plan cannot be under the plan cannot be under the plan's assets during the plan you cannot be under the plan's assets during the plan year invested in eligible.	an indepe and condi not use Fo	endent qualified public a tions.) orm 5500-SF and mus	ccount t inste	ant (IC	PA) Form	n 5500.	X Yes No		
	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance	program (see ERISA se	ection 4	021)?	L	Yes	No Not determined		
Pa	rt III Financial Information	F1.69.2530						4. = 1.6.4		
	Plan Assets and Liabilities		(a) Beginning	92978				(b) End of Year		
a	Total plan assets	. 7a		92910	0			23311137		
<u>b</u>	Total plan liabilities	. 7b	1	92978	- 			23311137		
	Net plan assets (subtract line 7b from line 7a)	. 7c			-					
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	6.430 sector	(a) Amoun	ıt			THE WAY	(b) Total		
	(1) Employers	. 8a(1)		127136	30 E					
	(2) Participants	8a(2)		11267	19			2 19 mm		
	(3) Others (including rollovers)	8a(3)		528	98	\$ (\$)				
b	Other income (loss)	. 8b		17486	79			Way Again The Armer		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	gree State of the state of the					4199656		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		18593	32					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		. 19	98					
f	Administrative service providers (salaries, fees, commissions)	. 8f		18	30	を表現しています。 12 日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日				
g	Other expenses	. 8g		15						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						186325		
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i						4013331		
j	Transfers to (from) the plan (see instructions)	8j	0							
Pa	rt IV Plan Characteristics				•					
9a		feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in	the instructions:		
b	2A 2E 2F 2G 2J 2K 2T 3B 3D If the plan provides welfare benefits, enter the applicable welfare	feature cod	des from the List of Pla	n Chara	acterist	ic Co	des in t	he instructions:		
	t V Compliance Questions	•				N1-	LAUA	·		
10	During the plan year:	utiono with	in the time neried		Yes	No	N/A	Amount		
ê	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary I	Fiduciary Correction	10a		х				
k	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		Х				
_				··	×		87.61.31	1000000		
				10c	^			100000		
	by fraud or dishonesty?			10d		X				
	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e	х		10 120 30 100 30 641	13171		
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х				
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	Х			0		
	2520.101-3.)	•••••	•••••	10h		Х	57 pr (59) 27 pr 40	····		
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance							
11	ls th (For	is a defined benefit plan subject to minìmum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)	complete	Sch	edule S	В		Yes	X No
		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.							
12	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or s	ectio	n 302 of	F	ΙП	Yes	X No
	(If "	SA?Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	•••••	•••••			<u>'</u>		
a	If a v	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ting the waiver.	structions Month	s, and	d enter t Day		e of the let Year		ing
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				-		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b				
c	Enter	the amount contributed by the employer to the plan for this plan year			12c				
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)	left of a		12d				
- PARTICIPATION	11,51241.F \$1111X0	the minimum funding amount reported on line 12d be met by the funding deadline?			<u> </u>	Yes	☐ No	1′ 📗	N/A
Part	VII	Plan Terminations and Transfers of Assets							
_13a	Has	a resolution to terminate the plan been adopted in any plan year?				Ye	s X	No	
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	cont	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bround in the PBGC?					Yes	X No)
	lf, du whic	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden h assets or liabilities were transferred. (See instructions.)	tify the pl	an(s)	to				
1	13c(1)	Name of plan(s):	1;	3c(2)	EIN(s)		13c	(3) PN	(s)
	Mark The Court of the								
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊤	rust's l	ΞIN		
14c	Name	of trustee or custodian					s or custo ne numbe		
Part	:IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		⁄es			No		
15b	How (401(k)	did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	⊔ s	afe h	n-based arbor	L	"Prior y test	/ear" A	\DP
				Jurre DP to	nt year" est		N/A		
		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce	ntage		verage enefit test		N/A
	for the	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	es/			☐ No		
17a	If the the le	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS tter and the serial number	opinion I			-	•		•
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, ε	enter the o	late o	of the m	ost rece	ent determ	inatio	n
	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sep e?	arated fro	om	Yes		No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	. [No		