-	rm 5500-SF	Short Form Annu		urn/Report nefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service		ed under s	ections 104 and 4			2017
	epartment of Labor enefits Security Administration	Income Security Act of 1974				Internal	This Form is Open to
Pension Be	enefit Guaranty Corporation			ice with the instru	uctions to the Form 5	500-SF.	
Part I							
For calenda	ar plan year 2017 or fis		_	ICala a secolar canala			
A This ret	turn/report is for:		list o	of participating em			•
		a one-participant plan		eign plan			
	urn/report is	the first return/report	the fi	nal return/report			
		an amended return/report	a sho	ort plan year return	1210-0089 1210-0089 1210-0089 2017 This Form is Open to Public Inspection structions to the Form 5500-SF. and ending 1231/2017 plan (not multiemployer) (Filers checking this box must attach a employer information in accordance with the form instructions.) nt DFVC program 002 1c Effective date of plan 01/01/2003 2b Employer Identification Number (EIN) 1b Three-digit plan number 01/01/2003 2b Employer Identification Number (EIN) 12:379-6400 2c 2c Sponsor's telephone number 212-739-6400 2d Business code (see instructions) 523900 3b Administrator's EIN 3c Administrator's telephone number 212-739-6400 2d 2d Business code (see instructions) 523900 3b Administrator's telephone number 4d PN de contribution plans 5c 5b 98 6d(1) 71 5d(2) 66 benefits that were less 5e		
C Check	box if filing under:	X Form 5558	auto	matic extension		DFVC p	program
		special extension (enter descr	cription)				
Part II	Basic Plan Info	rmation—enter all requested inf	nformation				
1a Name	•						0
ORBIMED A	DVISORS, L.L.C. 401(K) RETIREMENT PLAN				•	
						. ,	ctive date of plan
						2b Emp	
City or	town, state or province			f foreign, see instru	uctions)		/
ORBIMED A	DVISORS, L.L.C.						212-739-6400
						2d Busi	ness code (see instructions)
NEW YORK,		LUOR					523900
3a Plan a	dministrator's name an	d address X Same as Plan Spor	onsor.			3b Adm	inistrator's EIN
						3c Adm	inistrator's telephone number
						4b EIN	
a Spons	or's name		ana ne pr			4d PN	
C Plan N	lame						
5a Total r	number of participants	at the beginning of the plan year				5a	104
b Total r	number of participants	at the end of the plan year				5b	98
C Numb	er of participants with a	account balances as of the end of	f the plan y	ear (only defined	contribution plans	5c	98
•	,					5d(1)	71
d(2) Tot	al number of active par	ticipants at the end of the plan yea	ear			5d(2)	66
						5e	5
Caution: A	penalty for the late of	or incomplete filing of this return	n/report v	will be assessed u	unless reasonable ca	use is esta	blished.
Under pena SB or Sche	alties of perjury and oth edule MB completed an	ner penalties set forth in the instructed actuary, a	ictions, I d	eclare that I have	examined this return/re	port, includ	ing, if applicable, a Schedule
belief, it is t			0	9/13/2018	KIRSTEN KFARNS		
HERE							oo plan administrates
01011	The Form is Open to Public haspection The Form is Open to Public haspection Point accordance with the instructions to the Form 5500-SF. Annual Report Identification Information ar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 ar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 ar one-participant plan a foreign plan and rending mplayer information in accordance with the form instructions.) and ending 12/31/2017 and ending a one-participant plan a foreign plan and rending mplayer information in accordance with the form instructions.) and ending an amended return/report a short plan year return/report a short plan year return/report (less than 12 months) post if fling under: Form 5558 automatic extension DFVC program gescial extension (enter description) Basic Plan Information—enter all requested information for the plan number post after or privince, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identifications Number post of state or privince, country, and ZIP or foreign postal code (if foreign, see instructions) s22.9000 2d Business code (see instructions						
SIGN HERE		<i>.</i>					
	Signature of employ	yer/plan sponsor	[Date	Enter name of individ	ual signing	as employer or plan sponsor

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Form 5500-SF (2017) v.170203

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a			
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility			
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must instead use F	Form 5500.
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 4021)?	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	23311137	29737182
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	23311137	29737182
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	1245030	
	(2) Participants	8a(2)	1088442	
	(3) Others (including rollovers)	8a(3)	785797	
b	Other income (loss)	8b	4497279	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		7616548
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1188497	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	1901	
g	Other expenses	8g	105	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1190503
i	Net income (loss) (subtract line 8h from line 8c)	8i		6426045
j	Transfers to (from) the plan (see instructions)	8j	0	
	rt IV Plan Characteristics			

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3B 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	Х		1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
е	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	x		758
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		44533
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d				
е	Will	the 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?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	1 ×	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	:(3) P	'N(s)

					-		MB Nos, 1210-0110			
	m 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Empl	oyee		1210-0089			
	ment of the Treasury al Revenue Service	This form is required to be filed under	er sections 104 and 4				2017			
	partment of Labor nefits Security Administration	Income Security Act of 1974 (ERIS	A), and sections 605 nue Code (the Code)		This Form is Open t					
	nefit Guaranty Corporation	Complete all entries in accord			500-SE	Publi	c Inspection			
Part I	Annual Report	dentification Information			500-51.					
	r plan year 2017 or fisc	cal plan year beginning 01/01/2017		and ending 12/3	1/2017					
_		X a single-employer plan		In (not multiemployer) (
A This retu	urn/report is for:		foreign plan	ployer information in ac	coruance w		rinsuucions.)			
B This retu	rn/report is	the first return/report [] th	e final return/report							
		an amended return/report	short plan year returr	/report (less than 12 m	onths)					
C Check b	oox if filing under:	X Form 5558 a	utomatic extension		DFVC p	rogram				
		special extension (enter description)								
Part II	Basic Plan Infor	mation—enter all requested informat	on							
1a Name o	•				1b Three	- 1				
ORBIMED A	DVISORS, L.L.C. 401(K) RETIREMENT PLAN			(PN)	number	002			
	×					tive date of 1/2003	plan			
		er, if for a single-employer plan) n, apt., suite no. and street, or P.O. Box)				loyer Identif 13-397687	ication Number			
City or	town, state or province	, country, and ZIP or foreign postal code	e (if foreign, see instru	uctions)			hone number			
ORBIMED A	DVISORS, L.L.C.						739-6400			
					2d Busir	ness code (see instructions)			
601 LEXING	TON AVENUE 54TH F	LOOR			5239	00				
	10000									
3a Plan ac		d address 🗙 Same as Plan Sponsor.			3b Admi	inistrator's E	EIN			
		0			20 Admi	inistrator's t	elephone number			
					JC Aum	แกรแลเบาร เ				
				11 I.						
		plan sponsor or the plan name has cha sor's name, EIN, the plan name and the			4b EIN					
a Sponse	or's name				4d PN					
C Plan N	ame				2					
5a Total r	number of participants a	at the beginning of the plan year			5a		104			
b Total r	number of participants a	at the end of the plan year			5b		98			
	· ·	ccount balances as of the end of the pla			5c		98			
d(1) Tota	al number of active part	ticipants at the beginning of the plan yea	ır		5d(1)		71			
		ticipants at the end of the plan year			5d(2)		66			
		terminated employment during the plan			5e		5			
Caution: A	penalty for the late o	r incomplete filing of this return/repo	rt will be assessed	unless reasonable ca	use is estal	blished.				
SB or Sche	dule MB completed an	er penalties set forth in the instructions, d signed by an enrolled actuary, as well late								
SIGN	rue, correct, and comp Kinsten	Kenns	09-13-201P	KIRSTEN KEARNS						
HERE	Signature of plan ac	Iministrator	Date	Enter name of individ	ual signing	as plan adn	ninistrator			
SIGN										
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	ual signing	as employe	r or plan sponsor			

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2018-00-13103-40-01-426-05-00

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6a Were all of the plan's assets during the plan year invested in el	igible assets? (See instructions.)				<u>N</u>	Yes I NO		
b Are you claiming a waiver of the annual examination and report	of an independ	lent qualified public a	ccounta	nt (IQ	PA)	X	Yes 🗌 No		
under 29 CFR 2520.104-46? (See instructions on waiver eligibil	ity and conditio	ns.) n 5500-SE and must	t instear	d use	Form 550(
							ot determined		
If Yes is checked, enter the My PAA commation number not	in the PDGC pre	armann ning for this pr	un your_						
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Yea	ar		
a Total plan assets	7a	2	3311137	7		29	737182		
b Total plan liabilities	sets and Liabilities (a) Beginning of Year (b) End of Year in assets 7a 23311137 29737182 in labilities 7b 0 0 0 assets (subtract line 7b from line 7a) 7c 23311137 29737182 Expenses, and Transfers for this Plan Year (a) Amount (b) Total itions received or receivable from: 8a(1) 1245030								
C Net plan assets (subtract line 7b from line 7a)	7c	2	3311137	7		29	737182		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
a Contributions received or receivable from: (1) Employers	8a(1)		1245030				-		
(2) Participants	8a(2)		1088442	2					
(3) Others (including rollovers)	8a(3)		78579	7					
b Other income (loss)			4497279	9					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	able of the annual examination and report of an independent qualified public accountant (10PA)								
d Benefits paid (including direct rollovers and insurance premium to provide benefits)	s	+	1188497	7		Carlos a			
e Certain deemed and/or corrective distributions (see instructions	i) 8e		(2	A				
f Administrative service providers (salaries, fees, commissions)	8f		1901	1	1.2				
g Other expenses	8g		105	5	Y		R. 1. 1.		
h Total expenses (add lines 8d, 8e, 8f, and 8g)		a de la caractería				190503			
			1.1		6426045				
Transfers to (from) the plan (see instructions)			(0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pens	sion feature cod	les from the List of Pl	an Char	acteri	stic Codes	in the instructior	15:		
	ire feature code	es from the List of Pla	n Chara	cterist	ic Codes ir	the instructions	5:		
Part V Compliance Questions							9.		
10 During the plan year:				Yes	No	Amou	nt		
a Was there a failure to transmit to the plan any participant conductor bed in 29 CFR 2510.3-102? (See instructions and DOL)	's Voluntary Fi	duciary Correction	10a		x				
b Were there any nonexempt transactions with any party-in-inte	erest? (Do not in	nclude transactions	10b		x				
C Was the plan covered by a fidelity bond?			10c	х			100000		
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	an's fidelity bon	id, that was caused	10d		x				
e Were any fees or commissions paid to any brokers, agents, o carrier, insurance service, or other organization that provides	r other persons some or all of t	by an insurance he benefits under	10e	x		8	758		
f Has the plan failed to provide any benefit when due under the	e plan?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	int as of year-e	nd.)	10g	Х			44533		
	ed on line 10a.) the plan covered by a fidelity bond? e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was of ud or dishonesty? any fees or commissions paid to any brokers, agents, or other persons by an insur- r, insurance service, or other organization that provides some or all of the benefits of an? (See instructions.) he plan failed to provide any benefit when due under the plan? e plan have any participant loans? (If "Yes," enter amount as of year-end.) is an individual account plan, was there a blackout period? (See instructions and 2)						1		

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.... i 10i Form 5500-SF 2017

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Part \	/I Pension Funding Compliance					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)			_] Yes	X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 (of	. _C] Yes	K N
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver	d enter Da		of the le Yea		ling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b E	Enter the minimum required contribution for this plan year	12b				
CE	Inter the amount contributed by the employer to the plan for this plan year	12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No No		N/A
Part V	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s 🕅	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes		10
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to				
	3c(1) Name of plan(s): 13c(2) EIN(s	`	13	c(3) P	N(s)