

Reason for report:  
**EARNINGS**

## ACCELERON PHARMA

### Catalyst-rich 2014 & Dalantercept Soon Moving into HCC; Reiterate OP

• **Bottom Line:** Reporting on core XLRN catalysts is rapidly approaching and will occur in almost every quarter of 2014. In addition too Sotatercept/ACE-536 MDS and  $\beta$ -Thalassemia Phase II readouts, we look forward to Sotatercept potential and data in End Stage Renal Disease (ESRD) hemodialysis patients experiencing bone mineral density and vascular calcification abnormalities. The 4Q13 call provided incremental updates on these programs. Future upside could be further driven by a soon to start Phase II trial of Dalantercept in combo with Sorafenib for Hepatocellular Carcinoma (HCC). Catalysts include: (1) 2Q14 Phase II Part-A Sotatercept ESRD data at NKF meeting (April 22-26); (2) 2Q14 (ASCO) Phase II dose escalation 2nd-line Renal Cell Carcinoma (RCC) Axitinib combo interim data; (3) 2Q14 (EHA), top-line Phase II Sotatercept/ACE-536 data in both MDS and  $\beta$ -Thalassemia and Phase II Part-1 ESRD data; (4) 4Q14 (ASH), full Phase II Sotatercept/ACE-536 data in both MDS and  $\beta$ -Thal. and likely potential Phase II Dalantercept-Sorafenib combo HCC data. We reiterate our OP rating and \$52 PT.

• **XLRN reported a net loss of ~\$18.1M for 4Q13 vs. our estimate of \$3.8M net income with the difference primarily due to expenses associated with the increase in warrant valuation of \$14.2M in 4Q13.** Revenue was \$11.5M vs. our \$18.0M estimate and R&D was \$10.2M vs. our \$9.5M estimate. XLRN has pro forma cash of ~\$242M (~\$7.81/sh).

• **Sotatercept potential in ESRD Hemodialysis will begin to be seen in a 2Q14 NKF Presentation.** Beyond improving anemia, Sotatercept's differentiation vs. Erythrocyte Stimulating Agents (ESA) rests in its positive impact on bone density that in turn could decrease vasculature calcification in ESRD patients. The NKF accepted abstract will provide new info detailing Sotatercept related hemoglobin increase in ESRD patients and some additional biomarker data. Previously, XLRN had only disclosed that Sotatercept leads to a dose-dependent increase in hemoglobin.

• **A Dalantercept-Sorafenib combo Phase II trial in HCC trial should potentially yield late 2H14 preliminary data and could drive further upside to our current valuation.** Near term and building upon the experience in RCC, XLRN plans to initiate this 1st-line combo trial in HCC. Sorafenib was approved based on a second interim analysis showing a statistically significant 2.8 month overall survival (OS) benefit (10.7mos) vs. placebo (7.9mos) and 2.7 month Time to Progression benefit (5.5mos) vs. placebo (2.8mos). Preliminary response data from the Dalantercept combo trial should be available by YE14 with maturing PFS data in 2015. We believe HCC could provide a further large market opportunity currently not in our model with foreseeable incremental and de-risking milestones.

#### Key Stats:

(NASDAQ:XLRN)

<b>S&amp;P 600 Health Care Index:</b>	<b>1,318.88</b>
<b>Price:</b>	<b>\$46.90</b>
Price Target:	\$52.00
Methodology:	DCF analysis
52 Week High:	\$57.89
52 Week Low:	\$15.00
Shares Outstanding (mil):	31.1
Market Capitalization (mil):	\$1,458.6
Book Value/Share:	\$1.29
Cash Per Share:	\$7.81
Dividend (ann):	\$0.00
Dividend Yield:	0.0%

*Cash Per Share: Cash per share is pro forma for Jan-2014 financing (~\$129M in net proceeds).*



Dec Yr	1Q	2Q	3Q	4Q	FY Rev	1Q	2Q	3Q	4Q	FY EPS	P/E
2013A	\$15.0	\$26.4	\$4.3	\$11.5	\$57.2	\$0.13	\$0.64	(\$0.66)	(\$0.64)	(\$4.15)	NM
2014E - New	0.0	0.0	\$30.0	0.0	\$30.0	(\$0.50)	(\$0.53)	\$0.40	(\$0.58)	(\$1.22)	NM
2014E - Old	--	--	--	--	\$40.0	--	--	--	--	(\$0.49)	NM
2015E	--	--	--	--	0.0	--	--	--	--	(\$2.20)	NM

Source: Company Information and Leerink Partners LLC Research  
 Revenue in MM.  
 GAAP EPS presented.

## INVESTMENT THESIS

**We rate XLRN Outperform.** We believe XLRN shares are poised to appreciate near/longer term driven by progress with CELG-partnered compounds Sotatercept/ACE-536 and proprietary Dalantercept (ACE-041). XLRN has multiple significant data read-out catalysts during almost every quarter until YE14. Pivotal catalysts through 2014: (1) Preliminary Dalantercept Phase II RCC data in 2Q14; (2) top-line Sotatercept and ACE-536 Phase II MDS and  $\beta$ -Thal. (4 trials) data at EHA in 2Q14; (3) final Sotatercept and ACE-536 Phase II MDS and  $\beta$ -Thal. (4 trials) data at ASH in 4Q14; (4) initiate pivotal MDS and/or  $\beta$ -Thal. trials by YE14. MEDACorp KOLs are very bullish and encouraged by emerging pipeline data and science. We assume probability of success in the low 30% for Sotatercept/ACE-536 in MDS, 40% for  $\beta$ -Thal., 20% in end-stage renal disease (ESRD) patients on hemodialysis, and low 30% for Dalantercept in 2nd-line RCC.

### Change in Estimates

We updated our model based on XLRN's earnings report today. As a result, our 2014 EPS changed from (\$0.49) to (\$1.22).

### Milestones

Product	Partner	Indication	Phase	Timing	Milestone			
ACE-536	CELG	MDS + β-Thal.	Ph. II	1Q14	Initiate Phase II Expansion Cohort for β-Thal.			
				2Q14	Phase II dose escalation data for MDS and β-Thal. at EHA-2014			
				4Q14	Final Phase II in MDS and β-Thal. data			
				YE14 or Beg-15	Initiate Phase III trial for MDS and/or β-Thal.			
				2018	Approval and launch			
Sotatercept (ACE-011)							1Q14	Initiate Phase II Expansion Cohort for β-Thal.
							2Q14	Phase II dose escalation MDS + β-Thal. data at EHA-2014
							4Q14	Final Phase II in MDS + β-Thal. data
							2018	Approval and launch
							YE14 or Beg-15	Initiate Phase III trial for MDS and/or β-Thal.
	CELG	ESRD	Ph. II				April-14	Additional Data on Dose dependent Hg Increase from Ongoing Phase IIa Study at National Kidney Foundation (NKF)
1H15				Part-2 top-line data				
Dalantercept (ACE-041)	Proprietary	Oncology	Ph. II	2Q14	Interim data from dose escalation Phase II RCC combo data trial (full at ASCO-2014)			
					GOG Ovarian Cancer single agent trial Go-No-Go to Part-2 of trial			
				1Q14	Initiate Phase II (Part-2, N=112) RCC randomized trial (PFS endpoint)			
				1H14	Initiate Phase II combo (sorafenib) trial in HCC			
				YE14	Preliminary Phase II combo (sorafenib) data in HCC			
				2014	Phase II data in SCCN			
				2018	Approval and launch in RCC			
New TGF-β Candidates			Muscle	PC	2014	Advance Muscle Loss candidate into clinic (ACE-083)		
			Fibrosis	PC	2015	Advance Fibrosis (i.e., PAH) candidate into clinic		

Source: Company reports, Leerink Partners estimates.

Phase II Sotatercept Intravenous (IV)/Subcutaneous (SC) End-Stage Kidney Disease Patients on Hemodialysis	
<b>Purpose:</b>	Determine optimal administration route, dose level, and safety of IV or SC sotatercept for maintaining hemoglobin levels in ESRD hemodialysis subjects
<b># Pts:</b>	<b>Part-1:</b> N=60 <b>Part-2:</b> N=230 19 international sites (as of 1.8.14)
<b>Design:</b>	Interventional, 2x Part, randomized, open label, treatment trial
<b>Trial Arms:</b>	<p><b>Note:</b> Patients in both parts of study must first be on stable dose of ESA to maintain Hg levels and switched to treatment with sotatercept after an ESA treatment free period of ~5 days</p> <p><b>Part-1:</b> Staggered dose group escalation</p> <ul style="list-style-type: none"> <li><b>Arm-1 (IV):</b> ACE-011 IV starting at <b>0.1mg/kg (gp-1)</b>, then <b>0.2mg/kg (gp-2)</b> and <b>0.3mg/kg (gp-3)</b> every 14 days for total of 8 doses and followed for 4 months after last dose</li> <li><b>Arm-2 (SC):</b> ACE-011 SC starting at <b>0.13mg/kg (gp-1)</b>, then <b>0.26mg/kg (gp-2)</b>, and <b>0.4mg/kg (gp-3)</b> every 14 days for total of 8 doses and followed for 4 months after last dose</li> </ul> <p><b>Part-2:</b> Parallel group, randomized vs. active control (ESA)</p>
<b>Primary Endpoint:</b>	<p><b>Part-1:</b></p> <ul style="list-style-type: none"> <li><b>Pharmacokinetics:</b> C-max, T-max, AUC 28days [Time Frame: 28 days] and T-1/2,z [211 days]</li> <li><b>Adverse Events:</b> [Time Frame: 211 days] [Designated as safety issue], TEAEs</li> </ul> <p><b>Part-2:</b></p> <ul style="list-style-type: none"> <li><b>Change in mean hemoglobin concentration from baseline</b></li> <li><b>Ability of sotatercept to maintain hemoglobin levels within target range after switching from ESA to sotatercept</b></li> </ul>
<b>Secondary Endpoints:</b>	<ul style="list-style-type: none"> <li>Efficacy [Time Frame: 113 days]</li> <li>Change in mean hemoglobin (Hg) concentration between baseline and day-113</li> <li>Bone Turnover biomarkers for remodeling and mineral metabolism for 211 days</li> <li>Change in serum bone biomarker concentrations between baseline and end of study (day-211)</li> </ul>
<b>Start:</b>	October-2013
<b>Data:</b>	October-2015
<b>Status:</b>	Recruiting (as of 1.8.14)
<b>Sponsors:</b>	CELG
<b>Clin.Trial.ID:</b>	NCT01999582, ACE-011-REN-002, 2012-003788-23

Source: Company reports, Leerink Partners estimates.

## VALUATION

Our \$52 12-month price target of XLRN shares reflects probability adjusted royalty revenue from ESRD patients on hemodialysis at 20%. Our valuation is based on a discounted cash flow analysis. XLRN shares are poised to appreciate near/longer term driven by progress with CELG-partnered compounds Sotatercept/ACE-536 and proprietary Dalantercept (ACE-041). We apply a discount rate of 10% and a terminal growth rate of 1%, which translates to an 11x terminal multiple, which we believe is comparable to biotechnology companies in a similar development stage.

## RISKS TO VALUATION

An investment in XLRN is fundamentally a high-risk, high-reward investment, in our opinion. XLRN may face significant clinical, regulatory, and commercial risks for pipeline products. Most important is clinical risk for Phase II Sotatercept and ACE-536 trials in MDS (Myelodysplastic Syndromes) and  $\beta$ -Thal. as well as Dalantercept/Axitinib in RCC. There is also competitive risk from emerging MDS,  $\beta$ -Thal. and RCC therapies. Finally, XLRN may face financing risk beyond 1H15.

	XLRN P&L (\$000s, except per share data)																					
	1Q13A	2Q13A	3Q13A	4Q13A	2013A	1Q14E	2Q14E	3Q14E	4Q14E	2014E	2015E	2016E	2017E	2018E	2019E	2020E	2021E	2022E	2023E	2024E	2025E	2026E
Revenues																						
Sotatercept/ACE-536 WW Revenue in MDS to CELG														\$66,089	\$141,589	\$227,505	\$324,937	\$435,091	\$559,283	\$698,955	\$855,680	#####
Probability of Success														32%	32%	32%	32%	32%	32%	32%	32%	32%
Risk Adjusted Sotatercept/ACE-536 WW Revenue														\$21,148	\$45,308	\$72,801	\$103,980	\$139,229	\$178,971	\$223,666	\$273,818	\$329,978
Risk Adjusted Sotatercept/ACE-536 WW Royalties in MDS														\$4,230	\$9,515	\$16,016	\$23,915	\$32,023	\$42,953	\$55,916	\$68,454	\$82,494
Sotatercept/ACE-536 WW Revenue in NTD β-Thal. to CELG														\$3,659	\$60,642	\$127,092	\$226,546	\$339,098	\$466,097	\$609,020	\$767,222	\$904,639
Probability of Success														40%	40%	40%	40%	40%	40%	40%	40%	40%
Risk Adjusted Sotatercept/ACE-536 WW Revenue in NTD β-Thal.														\$1,464	\$24,257	\$50,837	\$90,619	\$135,639	\$186,439	\$243,608	\$306,889	\$361,856
Risk Adjusted Sotatercept/ACE-536 WW Royalties in NTD β-Thal.														\$293	\$4,851	\$10,676	\$19,936	\$29,841	\$42,881	\$58,466	\$73,653	\$90,464
Dalantcept WW Revenue in 2nd-line RCC														\$68,061	\$131,647	\$210,325	\$298,864	\$398,173	\$509,233	\$633,101	\$770,918	\$877,863
Probability of Success														32%	32%	32%	32%	32%	32%	32%	32%	32%
Risk Adjusted Dalantcept WW Revenue in 2nd-line RCC														\$21,780	\$42,127	\$67,304	\$95,637	\$127,415	\$162,954	\$202,592	\$246,694	\$280,916
Sotatercept US Revenue in ESRD Patients on Hemodialysis																\$301,866	\$819,107	#####	#####	#####	#####	#####
Probability of Success																20%	20%	20%	20%	20%	20%	20%
Risk Adjusted Sotatercept US Revenue in ESRD Patients on Hemodialysis																\$60,373	\$163,821	\$283,756	\$383,076	\$412,840	\$444,045	\$476,751
Risk Adjusted Sotatercept US Royalties in ESRD Patients on Hemodialysis																\$12,075	\$36,041	\$65,264	\$91,938	\$103,210	\$111,011	\$119,188
Collaboration Revenue	\$15,012	\$26,428	\$4,270	\$11,521	\$57,231	-	-	\$30,000	-	\$30,000	-	\$40,000	\$30,000	\$22,400	\$8,000	-	\$8,000	-	\$8,000	\$8,000	\$8,000	\$8,000
Total Revenue	\$15,012	\$26,428	\$4,270	\$11,521	\$57,231	-	-	\$30,000	-	\$30,000	-	\$40,000	\$30,000	\$48,702	\$64,493	\$106,071	\$183,529	\$254,543	\$348,727	\$428,184	\$507,813	\$581,062
Costs and Expenses																						
Probability Adjusted Dalantcept COGS	-	-	-	-	-					-	-	-	-	\$3,267	\$6,319	\$10,096	\$9,564	\$12,742	\$16,295	\$20,259	\$24,669	\$28,092
Research and Development	\$8,780	\$8,911	\$8,143	\$10,216	\$36,051	\$10,350	\$11,200	\$12,100	\$12,780	\$46,430	\$51,073	\$56,180	\$61,798	\$27,809	\$29,200	\$30,660	\$32,193	\$33,802	\$35,492	\$37,267	\$39,130	\$41,087
SG&A (Risk Adjusted from Time of Dalantcept Launch)	\$3,096	\$3,365	\$3,011	\$4,756	\$14,227	\$4,800	\$5,000	\$5,100	\$5,200	\$20,100	\$22,110	\$24,321	\$26,753	\$33,153	\$36,468	\$39,386	\$41,355	\$43,423	\$45,594	\$47,874	\$50,267	\$52,781
Total Costs and Expenses	\$11,876	\$12,276	\$11,154	\$14,972	\$50,278	\$15,150	\$16,200	\$17,200	\$17,980	\$66,530	\$73,183	\$80,501	\$88,551	\$64,229	\$71,987	\$80,141	\$83,112	\$89,967	\$97,382	\$105,400	\$114,067	\$121,959
Operating Income (EBIT)	\$3,136	\$14,152	(\$6,884)	(\$3,451)	\$6,952	(\$15,150)	(\$16,200)	\$12,800	(\$17,980)	(\$36,530)	(\$73,183)	(\$40,501)	(\$58,551)	(\$15,527)	(\$7,494)	\$25,930	\$100,417	\$164,576	\$251,345	\$322,784	\$393,746	\$459,103
Y/Y growth																						
Other Income (Expenses)	(\$1,066)	(\$356)	(\$11,629)	(\$14,659)	(\$27,710)					-	-	-	-	-	-	-	-	-	-	-	-	-
Interest Income	\$12	\$8			\$20																	
Interest Expense	(\$435)	(\$726)	-	-	(\$1,161)	(\$457)	(\$378)	(\$298)	(\$219)	(\$1,352)	(\$521)											
Income Before Taxes	\$1,647	\$13,078	(\$18,513)	(\$18,110)	(\$21,898)	(\$15,607)	(\$16,578)	\$12,502	(\$18,199)	(\$37,882)	(\$73,704)	(\$40,501)	(\$58,551)	(\$15,527)	(\$7,494)	\$25,930	\$100,417	\$164,576	\$251,345	\$322,784	\$393,746	\$459,103
Provision for Taxes																						
Tax Rate										0%	0%	0%	0%	0%	0%	0%	0%	0%	40,225	109,747	133,873	156,095
Net income	\$1,647	\$13,078	(\$18,513)	(\$18,110)	(\$21,898)	(\$15,607)	(\$16,578)	\$12,502	(\$18,199)	(\$37,882)	(\$73,704)	(\$40,501)	(\$58,551)	(\$15,527)	(\$7,494)	\$25,930	\$100,417	\$164,576	\$211,119	\$213,038	\$259,872	\$303,008
Net income (loss) applicable to common stockholders—diluted	(\$2,344)	\$6,235	(\$24,785)	(\$18,110)	(\$39,003)	(\$15,607)	(\$16,578)	\$12,502	(\$18,199)	(\$37,882)	(\$73,704)	(\$40,501)	(\$58,551)	(\$15,527)	(\$7,494)	\$25,930	\$100,417	\$164,576	\$211,119	\$213,038	\$259,872	\$303,008
Change in fair value of warrants	\$1,067	\$433	-	-	\$1,500																	
EPS (LPS) Basic	\$0.13	\$0.64	(\$0.66)	(\$0.64)	(\$4,333.67)	(\$0.50)	(\$0.53)	\$0.40	(\$0.58)	(\$1.22)	(\$2.20)	(\$1.20)	(\$1.72)	(\$0.45)	(\$0.22)	\$0.74	\$2.83	\$4.59	\$5.83	\$5.82	\$7.03	\$8.12
Basic Shares (000)	20,954	20,954	28,100	28,123	9	31,109	31,140	31,171	31,202	31,147	33,458	33,793	34,130	34,472	34,817	35,165	35,516	35,871	36,230	36,593	36,958	37,328

Source: Leerink Partners estimates and company reports.  
NTD=non-transfusion dependent.

DCF Calculation	
Discount rate	10%
Terminal Growth Rate	1%
Valuation (\$M)	\$1,668
Valuation / Share	\$52

Source: Leerink Partners estimates.

XLRN DCF Valuation/Share Sensitivity Analysis					
Terminal Growth Rate	Discount Rate				
	8.0%	9.0%	10.0%	11.0%	12.0%
	\$68	\$57	\$48	\$41	\$35
	\$76	\$62	\$52	\$44	\$37
	\$85	\$68	\$56	\$47	\$40
	\$99	\$77	\$62	\$51	\$43
4.0%	\$119	\$89	\$70	\$56	\$46

Source: Leerink Partners estimates.

## Disclosures Appendix

### Analyst Certification

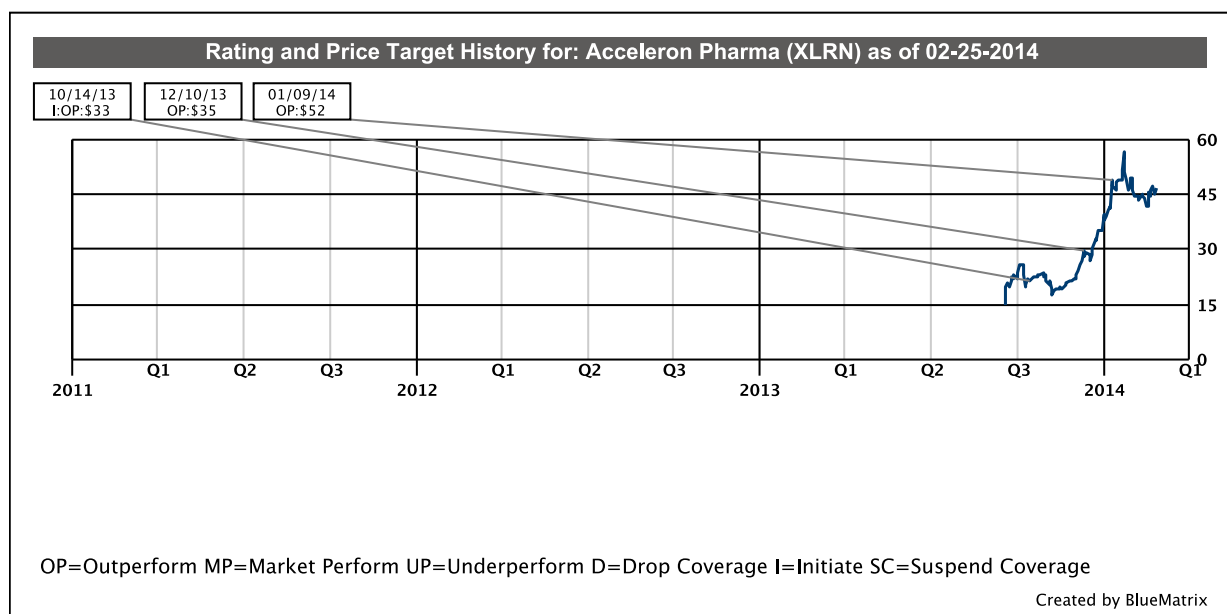
I, Marko Kozul, M.D., certify that the views expressed in this report accurately reflect my views and that no part of my compensation was, is, or will be directly related to the specific recommendation or views contained in this report.

### Valuation

Our \$52 12-month price target of XLRN shares reflects probability adjusted royalty revenue from ESRD patients on hemodialysis at 20%. Our valuation is based on a discounted cash flow analysis. XLRN shares are poised to appreciate near/longer term driven by progress with CELG-partnered compounds Sotatercept/ACE-536 and proprietary Dalantercept (ACE-041). We apply a discount rate of 10% and a terminal growth rate of 1%, which translates to an 11x terminal multiple, which we believe is comparable to biotechnology companies in a similar development stage.

### Risks to Valuation

An investment in XLRN is fundamentally a high-risk, high-reward investment, in our opinion. XLRN may face significant clinical, regulatory, and commercial risks for pipeline products. Most important is clinical risk for Phase II Sotatercept and ACE-536 trials in MDS (Myelodysplastic Syndromes) and  $\beta$ -Thal. as well as Dalantercept/Axitinib in RCC. There is also competitive risk from emerging MDS,  $\beta$ -Thal. and RCC therapies. Finally, XLRN may face financing risk beyond 1H15.

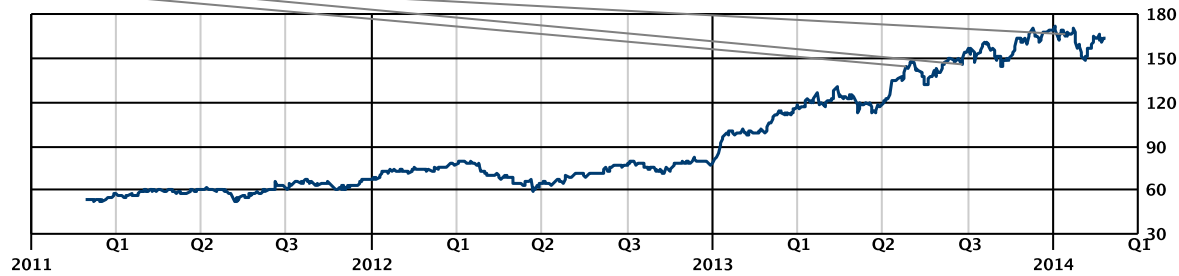


### Rating and Price Target History for: Celgene, Inc. (CELG) as of 02-25-2014

07/26/13  
OP:\$165

09/25/13  
OP:\$177

01/14/14  
OP:\$197



Leerink Swann initiated coverage of CELG with an Outperform rating on February 7, 2013. On June 11, 2013, Leerink Swann began a transition to specific price targets for the stocks under its coverage, replacing valuation ranges.

OP=Outperform MP=Market Perform UP=Underperform D=Drop Coverage I=Initiate SC=Suspend Coverage

Created by BlueMatrix

Distribution of Ratings/Investment Banking Services (IB) as of 12/31/13				
Rating	Count	Percent	IB Serv./Past 12 Mos.	
			Count	Percent
BUY [OP]	118	64.50	30	25.00
HOLD [MP]	65	35.50	2	3.00
SELL [UP]	0	0.00	0	0.00

## Explanation of Ratings

**Outperform (Buy):** We expect this stock to outperform its benchmark over the next 12 months.

**Market Perform (Hold/Neutral):** We expect this stock to perform in line with its benchmark over the next 12 months.

**Underperform (Sell):** We expect this stock to underperform its benchmark over the next 12 months. The degree of outperformance or underperformance required to warrant an Outperform or an Underperform rating should be commensurate with the risk profile of the company.

For the purposes of these definitions the relevant benchmark will be the S&P 600® Health Care Index for issuers with a market capitalization of less than \$2 billion and the S&P 500® Health Care Index for issuers with a market capitalization over \$2 billion.

## Important Disclosures

This information (including, but not limited to, prices, quotes and statistics) has been obtained from sources that we believe reliable, but we do not represent that it is accurate or complete and it should not be relied upon as such. All information is subject to change without notice. This is provided for information purposes only and should not be regarded as an offer to sell or as a solicitation of an offer to buy any product to which this information relates. The Firm, its officers, directors, employees, proprietary accounts and affiliates may have a position, long or short, in the securities referred to in this report, and/or other related securities, and from time to time may increase or decrease the position or express a view that is contrary to that contained in this report. The Firm's salespeople, traders and other professionals may provide oral or written market commentary or trading strategies that are contrary to opinions expressed in this report. The Firm's proprietary accounts may make investment decisions that are inconsistent with the opinions expressed in this report. The past performance of securities does not guarantee or predict future performance. Transaction strategies described herein may not be suitable for all investors. Additional information is available upon request by contacting the Editorial Department at One Federal Street, 37th Floor, Boston, MA 02110.

Like all Firm employees, analysts receive compensation that is impacted by, among other factors, overall firm profitability, which includes revenues from, among other business units, Institutional Equities, and Investment Banking. Analysts, however, are not compensated for a specific investment banking services transaction.

MEDACorp is a network of healthcare professionals, attorneys, physicians, key opinion leaders and other specialists accessed by Leerink and it provides information used by its analysts in preparing research.

Leerink Consulting LLC, an affiliate of Leerink Partners, is a provider of evidence-based strategy and consulting to the healthcare industry.

In the past 12 months, the Firm has received compensation for providing investment banking services to Acceleron Pharma .

Leerink Partners LLC makes a market in Acceleron Pharma and Celgene, Inc.

In the past 12 months, an affiliate of the Firm, Leerink Swann Consulting LLC, has received compensation for providing non-securities services to: Acceleron Pharma and Celgene, Inc.

Leerink Partners LLC has acted as the manager for a public offering of Acceleron Pharma in the past 12 months.

©2014 Leerink Partners LLC. All rights reserved. This document may not be reproduced or circulated without our written authority.



Leerink Partners LLC Equity Research			
<b>Director of Equity Research</b>	<b>John L. Sullivan, CFA</b>	(617) 918-4875	john.sullivan@leerink.com
<b>Associate Director of Research</b>	<b>Alice C. Avanian, CFA</b>	(617) 918-4544	alice.avanian@leerink.com
<b>Healthcare Strategy</b>	<b>John L. Sullivan, CFA</b>	(617) 918-4875	john.sullivan@leerink.com
	<b>Alice C. Avanian, CFA</b>	(617) 918-4544	alice.avanian@leerink.com
<b>Biotechnology</b>	<b>Howard Liang, Ph.D.</b>	(617) 918-4857	howard.liang@leerink.com
	<b>Joseph P. Schwartz</b>	(617) 918-4575	joseph.schwartz@leerink.com
	<b>Marko Kozul, M.D.</b>	(415) 905-7221	marko.kozul@leerink.com
	<b>Michael Schmidt, Ph.D.</b>	(617) 918-4588	michael.schmidt@leerink.com
	Jonathan Chang, Ph.D.	(617) 918-4015	jonathan.chang@leerink.com
	Irene Lau	(415) 905-7256	irene.lau@leerink.com
	Paul Matteis	(617) 918-4585	paul.matteis@leerink.com
	Gena Wang, Ph.D., CFA	(212) 277-6073	gena.wang@leerink.com
	Richard Goss	(617) 918-4059	richard.goss@leerink.com
<b>Life Science Tools and Diagnostics</b>	<b>Dan Leonard</b>	(212) 277-6116	dan.leonard@leerink.com
	Justin Bowers, CFA	(212) 277-6066	justin.bowers@leerink.com
<b>Pharmaceuticals/Major</b>	<b>Seamus Fernandez</b>	(617) 918-4011	seamus.fernandez@leerink.com
	Ario Arabi	(617) 918-4568	ario.arabi@leerink.com
<b>Specialty Pharmaceuticals, Generics</b>	<b>Jason M. Gerberry, JD</b>	(617) 918-4549	jason.gerberry@leerink.com
	Christopher W. Kuehnle, JD	(617) 918-4851	chris.kuehnle@leerink.com
<b>Medical Devices, Cardiology &amp; Orthopedics</b>	<b>Danielle Antalffy</b>	(212) 277-6044	danielle.antalffy@leerink.com
	<b>Richard Newitter</b>	(212) 277-6088	richard.newitter@leerink.com
	Robert Marcus, CFA	(212) 277-6084	robert.marcus@leerink.com
	Ravi Misra	(212) 277-6049	ravi.misra@leerink.com
<b>Healthcare Services</b>	<b>Ana Gupte, Ph.D.</b>	(212) 277-6040	ana.gupte@leerink.com
<b>Healthcare Technology &amp; Distribution</b>	<b>David Larsen, CFA</b>	(617) 918-4502	david.larsen@leerink.com
	Christopher Abbott	(617) 918-4010	chris.abbott@leerink.com
<b>Sr. Editor/Supervisory Analyst</b>	<b>Mary Ellen Eagan, CFA</b>	(617) 918-4837	maryellen.eagan@leerink.com
<b>Supervisory Analysts</b>	Robert Egan		bob.egan@leerink.com
	Amy N. Sonne		amy.sonne@leerink.com

**New York**  
299 Park Avenue, 21<sup>st</sup> floor  
New York, NY 10171  
(888) 778-1653

**Boston**  
**One Federal Street, 37<sup>th</sup> Floor**  
**Boston, MA 02110**  
**(800) 808-7525**

**San Francisco**  
201 Spear Street, 16<sup>th</sup> Floor  
San Francisco, CA 94105  
(800) 778-1164