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

Form 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934
Date of Report (Date of earliest event reported): May 7, 2019

Array BioPharma Inc.

(Exact name of registrant as specified in its charter)

Delaware	**001-16633**	**84-1460811**
(State or other jurisdiction of incorporation)	*(Commission File Number)*	*(I.R.S. Employer Identification No.)*

3200 Walnut Street, Boulder, Colorado 80301
(Address of principal executive offices, including Zip Code)

303 381-6600
(Registrant's telephone number, including area code)

(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.001 per share	ARRY	Nasdaq Global Market

In this report, "Array BioPharma," "Array," "we," "us" and "our" refer to Array BioPharma Inc., unless the context otherwise provides.

Item 2.02 Results of Operations and Financial Condition.

On May 7, 2019, Array BioPharma Inc. issued a press release reporting results for the third quarter of fiscal year ending March 31, 2019, the full text of which is attached hereto as Exhibit 99.1. The information in Item 2.02 of this Form 8-K and the exhibit attached hereto shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Press release dated May 7, 2019 entitled "Array BioPharma Reports Financial Results for the Third Quarter of Fiscal 2019"

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: May 7, 2019

Array BioPharma Inc.

By: /s/ JASON HADDOCK

Jason Haddock

Chief Financial Officer

News Release

Array BioPharma Reports Financial Results for the Third Quarter of Fiscal 2019

- *Net product sales of BRAFTOVI® (encorafenib) + MEKTOVI® (binimetinib) in U.S. were $35.1 million in the third quarter –*
- *BEACON CRC Phase 3 trial interim analysis remains on track to report out this quarter –*
- *BRAFTOVI in combination with MEKTOVI and an anti-EGFR antibody recommended by the National Comprehensive Cancer Network® (NCCN®) guidelines as a treatment option for patients with advanced $BRAF^{V600E}$-mutant colorectal cancer –*
- *Cash, Cash Equivalents and Marketable Securities as of March 31, 2019 were $479 million –*

Boulder, Colo., *(May 7, 2019)* – Array BioPharma Inc. (Nasdaq: ARRY) today reported results for its third quarter of fiscal 2019 and provided an update on the progress of its key commercial products and clinical development programs.

"U.S. demand for BRAFTOVI + MEKTOVI for patients with *BRAF*-mutant metastatic melanoma continues to be strong with over $35 million in net product sales during the third commercial quarter," said Ron Squarer, Chief Executive Officer. "We are also pleased the combination of BRAFTOVI, MEKTOVI and cetuximab or panitumumab was recommended by NCCN guidelines as a treatment option for patients with advanced $BRAF^{V600E}$-mutant colorectal cancer. We look forward to reporting topline results from the BEACON CRC interim analysis this quarter."

MELANOMA

U.S. Sales

BRAFTOVI + MEKTOVI net product sales for the third quarter were $35.1 million.

Japanese Launch

On February 26, 2019, BRAFTOVI + MEKTOVI was launched in Japan and is indicated for unresectable melanoma with a *BRAF* mutation.

COLORECTAL CANCER (CRC)

BEACON CRC PHASE 3 TRIAL

National Comprehensive Cancer Network (NCCN) Recommendation

On March 18, 2019, Array announced that the National Comprehensive Cancer Network (NCCN) updated their Clinical Practice Guidelines in Oncology for Colon and Rectal Cancer to include BRAFTOVI in combination with MEKTOVI and ERBITUX® (cetuximab) or panitumumab as a Category 2A treatment for patients with $BRAF^{V600E}$-mutant metastatic colorectal cancer (mCRC), after one or two prior lines of therapy for metastatic disease. The NCCN based their recommendation on data from the safety lead-in of the

BEACON CRC trial evaluating the triplet combination of BRAFTOVI in combination with MEKTOVI and ERBITUX (cetuximab) in 29 patients with *BRAF*^{V600E}-mutant mCRC.

Safety Lead-in Median Overall Survival (OS) Data Presented at ASCO 2019 Gastrointestinal Cancers Symposium
Array announced updated safety and efficacy results from the safety lead-in of the Phase 3 BEACON CRC trial evaluating the triplet combination of BRAFTOVI, MEKTOVI, and ERBITUX in patients with *BRAF*^{V600E}-mutant mCRC.

- Mature median OS was 15.3 months (95% CI, 9.6–not reached) for patients treated with the triplet.
- Updated median progression-fee survival (mPFS) and updated confirmed overall response rate (ORR) results for patients treated with the triplet in the safety lead-in remain the same, as previously reported, with 8 months mPFS (95% CI, 5.6-9.3) and a 48% ORR (95% CI, 29.4–67.5). ORR by central assessment, 41% (95% CI 24%–61%), was consistent with local assessment.

- The triplet combination was generally well-tolerated with no unexpected toxicities. The most common grade 3 or 4 adverse events seen in at least 10% of patients were fatigue (13%), anemia (10%), increased creatine phosphokinase (10%), increased aspartate aminotransferase (10%) and urinary tract infections (10%). The rate of grade 3 or 4 skin toxicities continued to be lower than generally observed with ERBITUX in mCRC.

Regulatory Update
Following consultation with the FDA and European Medicines Agency, Array initiated an amendment to the BEACON CRC protocol to allow for an interim analysis of trial endpoints. Should a planned analysis based primarily on confirmed ORR and durability of response be supportive, the Company plans to use it to seek accelerated approval in the U.S. The interim analysis may also support regulatory submissions in other regions. The Company anticipates topline results from this analysis this quarter. This timing allows for the subset of patients required for the interim analysis of ORR to achieve a response and for the durability of responses to be appropriately evaluated. The BEACON CRC trial has completed enrollment.

ANCHOR CRC TRIAL
ANCHOR CRC, an international trial designed to assess the efficacy and safety of the combination of BRAFTOVI, MEKTOVI, and ERBITUX in patients with *BRAF*^{V600E}-mutant mCRC in the first-line setting, is advancing. This trial was designed in partnership with top global key opinion leaders and Array is excited by the potential of this combination therapy to benefit patients in the first-line setting. The ANCHOR CRC trial is being conducted in collaboration with Pierre Fabre and Ono Pharmaceutical Co., Ltd., and with support from Merck KGaA, Darmstadt, Germany for sites outside of North America.

IMMUNO-ONCOLOGY COLLABORATIONS
Array is investigating MEKTOVI in combination with PD-1/PD-L1 checkpoint inhibitors and previously announced separate, strategic collaborations with Bristol-Myers Squibb, Merck and Pfizer. Each collaboration is pursuing a different rationally designed clinical approach in several solid tumor populations including mCRC patients with microsatellite stable tumors (BMS and Merck), and patients with non-small cell lung cancer and pancreatic cancer (Pfizer).

BRAFTOVI + MEKTOVI LIFE-CYCLE TRIAL MANAGEMENT
POLARIS (NCT03911869), an open-label Phase 2 trial designed to assess the efficacy and safety of the combination of BRAFTOVI + MEKTOVI in patients with *BRAF*^{V600}-mutant melanoma brain metastasis, has been active since April 2019.

PHAROS (NCT03915951), an open-label Phase 2 trial designed to assess the efficacy and safety of the combination of BRAFTOVI + MEKTOVI in patients with *BRAF*^{V600E}-mutant metastatic non-small cell lung cancer, has been active since April 2019.

FINANCIAL HIGHLIGHTS

Third Quarter of Fiscal 2019 Compared to Second Quarter of Fiscal 2019

- **Net Product Sales** for BRAFTOVI + MEKTOVI for the third quarter of fiscal 2019 were $35.1 million, compared to $22.7 million for the second quarter of fiscal 2019.
- **Total Revenue** for the third quarter of fiscal 2019 was $64.7 million, compared to $82.5 million for the prior quarter. The decrease was primarily due to the recognition of the Vitrakvi® milestones in the prior quarter.
- **Research and Development Expense** for the third quarter of fiscal 2019 was $65.5 million, compared to $62.1 million for the prior quarter. The increase was primarily driven by proprietary trial activities including the BEACON CRC trial, as well as other BRAFTOVI + MEKTOVI life-cycle trials initiated in the quarter, POLARIS and PHAROS.
- **Selling, General and Administrative** for the third quarter of fiscal 2019 was $35.5 million, compared to $30.5 million for the prior quarter. The increase was mostly driven by costs associated with BRAFTOVI + MEKTOVI commercial and sales activities, as well as general corporate expenses.
- **Net loss** for the third quarter of fiscal 2019 was ($37.5 million), or ($0.17) per share, compared to ($11.4 million), or ($0.05) per share, for the prior quarter.
- **Cash, cash equivalents and marketable securities** as of March 31, 2019 were $479 million.

CONFERENCE CALL INFORMATION

Array will hold a conference call on Tuesday, May 7, 2019, at 9:00 a.m. Eastern Time to discuss these results and provide an update on the progress of its key commercial products and clinical development programs. Ron Squarer, Chief Executive Officer, will lead the call.

Date: Tuesday, May 7, 2019
Time: 9:00 a.m. Eastern Time
Toll-Free: (844) 464-3927
Toll: (765) 507-2598
Pass Code: 3638409

Webcast, including Replay and Conference Call Slides: https://edge.media-server.com/m6/p/bt2tyqof

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About *BRAF*-mutant Metastatic Melanoma

Melanoma develops when unrepaired DNA damage to skin cells triggers mutations that may lead them to multiply and form malignant tumors. Metastatic melanoma is the most serious and life-threatening type of skin cancer and is associated with low survival rates. [1,2] There are a variety of gene mutations that can lead to metastatic melanoma. The most common genetic mutation in metastatic melanoma is *BRAF*. There are about 200,000 new cases of melanoma diagnosed worldwide each year, approximately half of which have *BRAF* mutations, a key target in the treatment of metastatic melanoma. [1-5]

About BRAFTOVI + MEKTOVI

BRAFTOVI is an oral small molecule BRAF kinase inhibitor and MEKTOVI is an oral small molecule MEK inhibitor which target key enzymes in the MAPK signaling pathway (RAS-RAF-MEK-ERK). Inappropriate activation of proteins in this pathway has been shown to occur in many cancers including melanoma, colorectal cancer, non-small cell lung cancer and others. In the U.S., BRAFTOVI + MEKTOVI are approved for the treatment of unresectable or metastatic melanoma with a $BRAF^{V600E}$ or $BRAF^{V600K}$ mutation, as detected by an FDA-approved test. BRAFTOVI is not indicated for treatment of patients with wild-type *BRAF* melanoma. In Europe, the combination is approved for adult patients with unresectable or metastatic melanoma with a $BRAF^{V600}$ mutation, as detected by a validated test. In Japan, the combination is approved for unresectable melanoma with a *BRAF* mutation.

Array has exclusive rights to BRAFTOVI and MEKTOVI in the U.S. and Canada. Array has granted Ono Pharmaceutical Co. Ltd., exclusive rights to commercialize both products in Japan and South Korea, Medison

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Pharma Ltd. exclusive rights to commercialize both products in Israel and Pierre Fabre Médicament exclusive rights to commercialize both products in all other countries, including Europe, Latin American and Asia (excluding Japan and South Korea).

BRAFTOVI + MEKTOVI have received regulatory approval in the United States, European Union, Australia and Japan. The Swiss Medicines Agency (Swissmedic) is currently reviewing the Marketing Authorization Applications for BRAFTOVI and MEKTOVI submitted by Pierre Fabre.

Indications and Usage
BRAFTOVI® (encorafenib) and MEKTOVI® (binimetinib) are kinase inhibitors indicated for use in combination for the treatment of patients with unresectable or metastatic melanoma with a *BRAF*^{V600E} or *BRAF*^{V600K} mutation, as detected by an FDA-approved test.

Limitations of Use: BRAFTOVI is not indicated for the treatment of patients with wild-type *BRAF* melanoma.

BRAFTOVI + MEKTOVI Important Safety Information
The information below applies to the safety of the combination of BRAFTOVI and MEKTOVI unless otherwise noted. See full Prescribing Information for BRAFTOVI and for MEKTOVI for dose modifications for adverse reactions.

Warnings and Precautions
New Primary Malignancies: Cutaneous and non-cutaneous malignancies can occur. In the COLUMBUS trial, cutaneous squamous cell carcinoma, including keratoacanthoma, occurred in 2.6% and basal cell carcinoma occurred in 1.6% of patients. Perform dermatologic evaluations prior to initiating treatment, every 2 months during treatment, and for up to 6 months following discontinuation of treatment. Manage suspicious skin lesions with excision and dermatopathologic evaluation. Dose modification is not recommended for new primary cutaneous malignancies. Based on its mechanism of action, BRAFTOVI may promote malignancies associated with activation of RAS through mutation or other mechanisms. Monitor patients receiving BRAFTOVI for signs and symptoms of non-cutaneous malignancies. Discontinue BRAFTOVI for RAS mutation-positive non-cutaneous malignancies.

Tumor Promotion in *BRAF* Wild-Type Tumors: Confirm evidence of *BRAF*^{V600E} or ^{V600K} mutation prior to initiating BRAFTOVI.

Cardiomyopathy, manifesting as left ventricular dysfunction associated with symptomatic or asymptomatic decreases in ejection fraction, has been reported in patients. In the COLUMBUS trial, cardiomyopathy occurred in 7% and Grade 3 left ventricular dysfunction occurred in 1.6% of patients. Cardiomyopathy resolved in 87% of patients. Assess left ventricular ejection fraction by echocardiogram or MUGA scan prior to initiating treatment, 1 month after initiating treatment, and then every 2 to 3 months during treatment. Safety has not been established in patients with a baseline ejection fraction that is either below 50% or below the institutional lower limit of normal. Patients with cardiovascular risk factors should be monitored closely.

Venous Thromboembolism (VTE): In the COLUMBUS trial, VTE occurred in 6% of patients, including 3.1% of patients who developed pulmonary embolism.

Hemorrhage: In the COLUMBUS trial, hemorrhage occurred in 19% of patients and ≥ Grade 3 hemorrhage occurred in 3.2% of patients. Fatal intracranial hemorrhage in the setting of new or progressive brain metastases occurred in 1.6% of patients. The most frequent hemorrhagic events were gastrointestinal, including rectal hemorrhage (4.2%), hematochezia (3.1%), and hemorrhoidal hemorrhage (1%).

Ocular Toxicities: In the COLUMBUS trial, serous retinopathy occurred in 20% of patients; 8% were retinal detachment and 6% were macular edema. Symptomatic serous retinopathy occurred in 8% of patients with no cases of blindness. RVO is a known class-related adverse reaction of MEK inhibitors and may occur in patients treated with MEKTOVI in combination with encorafenib. In patients with *BRAF* mutation-positive

melanoma across multiple clinical trials, 0.1% of patients experienced retinal vein occlusion (RVO). The safety of MEKTOVI has not been established in patients with a history of RVO or current risk factors for RVO including uncontrolled glaucoma or a history of hyperviscosity or hypercoagulability syndromes. Perform ophthalmological evaluation for patient-reported acute vision loss or other visual disturbance within 24 hours. Permanently discontinue MEKTOVI in patients with documented RVO. In COLUMBUS, uveitis, including iritis and iridocyclitis was reported in 4% of patients. Assess for visual symptoms at each visit. Perform ophthalmological evaluation at regular intervals and for any visual disturbances, and to follow new or persistent ophthalmologic findings.

Interstitial Lung Disease (ILD): ILD, including pneumonitis occurred in 0.3% of patients with *BRAF* mutation-positive melanoma across multiple clinical trials. Assess new or progressive unexplained pulmonary symptoms or findings for possible ILD.

Hepatotoxicity: In the COLUMBUS trial, the incidence of Grade 3 or 4 increases in liver function laboratory tests was 6% for alanine aminotransferase (ALT) and 2.6% for aspartate aminotransferase (AST), and 0.5% for alkaline phosphatase. Monitor liver laboratory tests before and during treatment and as clinically indicated.

Rhabdomyolysis: In the COLUMBUS trial, elevation of laboratory values of serum creatine phosphokinase (CPK) occurred in 58% of patients. Rhabdomyolysis was reported in 0.1% of patients with *BRAF* mutation-positive melanoma across multiple clinical trials. Monitor CPK and creatinine levels prior to initiating MEKTOVI, periodically during treatment, and as clinically indicated.

QTc Prolongation: BRAFTOVI is associated with dose-dependent QTc interval prolongation in some patients. In the COLUMBUS trial, an increase in QTcF to > 500 ms was measured in 0.5% (1/192) of patients. Monitor patients who already have or who are at significant risk of developing QTc prolongation. Correct hypokalemia and hypomagnesemia prior to and during BRAFTOVI administration. Withhold, reduce dose, or permanently discontinue for QTc > 500 ms.

Embryo-Fetal Toxicity: BRAFTOVI or MEKTOVI can cause fetal harm when administered to pregnant women. BRAFTOVI can render hormonal contraceptives ineffective. Non-hormonal contraceptives should be used during treatment and for at least 30 days after the final dose for patients taking BRAFTOVI + MEKTOVI.

Adverse Reactions
The most common adverse reactions (≥20%, all Grades, in the COLUMBUS trial): were fatigue, nausea, diarrhea, vomiting, abdominal pain, arthralgia, myopathy, hyperkeratosis, rash, headache, constipation, visual impairment, serous retinopathy.

In the COLUMBUS trial, the most common laboratory abnormalities (≥20%, all Grades): included increased creatinine, increased CPK, increased gamma glutamyl transferase, anemia, increased ALT, hyperglycemia, increased AST, and increased alkaline phosphatase.

Drug Interactions
Avoid concomitant use of strong or moderate CYP3A4 inhibitors or inducers and sensitive CYP3A4 substrates with BRAFTOVI. Modify BRAFTOVI dose if concomitant use of strong or moderate CYP3A4 inhibitors cannot be avoided. Avoid co-administration of BRAFTOVI with medicinal products with a known potential to prolong QT/QTc interval.

Please see full Prescribing Information for BRAFTOVI and full Prescribing Information for MEKTOVI for additional information. [6-7] You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Array at 1-844-Rx-Array (1-844-792-7729).

About Colorectal Cancer

Worldwide, colorectal cancer is the third most common type of cancer in men and the second most common in women, with approximately 1.4 million new diagnoses in 2012. Globally in 2012, approximately 694,000 deaths were attributed to colorectal cancer. [8] In the U.S. alone, an estimated 140,250 patients were diagnosed with cancer of the colon or rectum in 2018, and approximately 50,000 are estimated to die of their disease each year. [9] *BRAF* mutations are estimated to occur in up to 15% of patients with mCRC and represent a poor prognosis for these patients. [10-14] The V600 mutation is the most common *BRAF* mutation and the risk of mortality in CRC patients with the *BRAF*^{V600E} mutation is more than two times higher than for those with wild-type *BRAF*. [10,15] Several irinotecan and cetuximab-containing regimens, similar to the BEACON CRC control arm, have established observed historical published benchmarks in *BRAF*^{V600E}-mutant mCRC patients, whose disease has progressed after one or two prior lines of therapy. These benchmarks include ORR of 4% to 8%, mPFS of 2 to 3 months and median OS of 4 to 6 months. [12-14,16-20] *BRAF*^{V600E}-mutant mCRC is an area of high unmet need as there are currently no FDA-approved therapies specifically indicated for patients with *BRAF*-mutant mCRC, and these patients derive limited benefit from available chemotherapy regimens. [21-23] For more information about *BRAF*^{V600E}-mutant mCRC visit www.brafmcrc.com.

About BEACON CRC
BEACON CRC is a randomized, open-label, global trial evaluating the efficacy and safety of BRAFTOVI, MEKTOVI and ERBITUX in patients with *BRAF*^{V600E}-mutant mCRC whose disease has progressed after one or two prior regimens. BEACON CRC is the first and only Phase 3 trial designed to test a BRAF/MEK combo targeted therapy in *BRAF*^{V600E}-mutant mCRC. Thirty patients were treated in the safety lead-in and received the triplet combination (BRAFTOVI 300 mg daily, MEKTOVI 45 mg twice daily and ERBITUX per label). Of the 30 patients, 29 had a *BRAF*^{V600} mutation. Microsatellite instability high, resulting from defective DNA mismatch repair, was detected in only 1 patient. As previously announced, the triplet combination demonstrated good tolerability, supporting initiation of the randomized portion of the trial. The randomized portion of the BEACON CRC trial is designed to assess the efficacy of BRAFTOVI in combination with ERBITUX with or without MEKTOVI compared to ERBITUX and irinotecan-based therapy. Approximately 615 patients are expected to be randomized 1:1:1 to receive triplet combination, doublet combination (BRAFTOVI and ERBITUX) or the control arm (irinotecan-based therapy and ERBITUX). The study has been amended to include an interim analysis of endpoints including ORR. The primary overall survival endpoint is a comparison of the triplet combination to the control arm. Secondary endpoints address efficacy of the doublet combination compared to the control arm, and the triplet combination compared to the doublet therapy. Other secondary endpoints include PFS, duration of response, safety and tolerability. Health related quality of life data will also be assessed. The trial is being conducted at over 200 investigational sites in North America, South America, Europe and the Asia Pacific region. The BEACON CRC trial is being conducted with support from Ono Pharmaceutical Co. Ltd., Pierre Fabre and Merck KGaA, Darmstadt, Germany for sites outside of North America.

The triplet combination of BRAFTOVI, MEKTOVI and ERBITUX for the treatment of patients with *BRAF*^{V600E}-mutant mCRC is investigational and not approved by the FDA.

About Array BioPharma
Array BioPharma Inc. is a fully integrated biopharmaceutical company focused on the discovery, development and commercialization of transformative and well-tolerated targeted small molecule drugs to treat patients afflicted with cancer and other high-burden diseases. Array markets BRAFTOVI® (encorafenib) capsules in combination with MEKTOVI® (binimetinib) tablets for the treatment of patients with unresectable or metastatic melanoma with a *BRAF*^{V600E} or *BRAF*^{V600K} mutation in the United States and with partners in other major worldwide markets. Array's lead clinical programs, encorafenib and binimetinib, are being investigated in over 30 clinical trials across a number of solid tumor indications, including a Phase 3 trial in *BRAF*-mutant metastatic colorectal cancer. Array's pipeline includes several additional programs being advanced by Array or current license-holders, including the following programs currently in registration trials: selumetinib (partnered with AstraZeneca), LOXO-292 (partnered with Eli Lilly), ipatasertib (partnered with Genentech), tucatinib (partnered with Seattle Genetics) and ARRY-797. Vitrakvi® (larotrectinib, partnered with Bayer AG)

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is approved in the United States and Ganovo® (danoprevir, partnered with Roche) is approved in China. For more information on Array, please visit www.arraybiopharma.com or follow @arraybiopharma on Twitter and LinkedIn.

References

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[3] Globocan 2012: Estimated Cancer Incidence, Mortality and Prevalence Worldwide in 2012. http://globocan.iarc.fr/Pages/fact_sheets_population.aspx. Accessed January 2018.
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[21] NCCN Clinical Practice Guidelines in Oncology for Colon Cancer. Version 4.2018. National Comprehensive Cancer Network.
[22] Van Cutsem, et al., Annals of Oncology. 2016.
[23] Ursem, et al., Gastrointest Cancer, 2018.

Forward-Looking Statement

This press release contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, including, among others, statements about the future development plans of encorafenib and binimetinib; expectations that events will occur that will create greater value for Array; and the potential for the results of current and future clinical trials to support regulatory approval or the marketing success of

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encorafenib and binimetinib. Because these statements reflect our current expectations concerning future events and involve significant risks and uncertainties, our actual results could differ materially from those anticipated in these forward-looking statements as a result of many factors. These factors include, but are not limited to, the potential that the FDA, EMA or other regulatory agencies determine results from clinical trials are not sufficient to support registration or marketing approval as part of an accelerated or regular review process of the triplet combination of encorafenib, binimetinib and cetuximab; our ability to effectively and timely conduct clinical trials in light of increasing costs and difficulties in locating appropriate trial sites and in enrolling patients who meet the criteria for certain clinical trials; risks associated with our dependence on third-party service providers to successfully conduct clinical trials and to manufacture drug substance and product within and outside the U.S.; our ability to grow and successfully develop commercialization capabilities; our ability to achieve and maintain profitability and maintain sufficient cash resources; and our ability to attract and retain experienced scientists and management. Additional information concerning these and other risk factors can be found in our most recent annual report filed on Form 10-K, in our quarterly reports filed on Form 10-Q, and in other reports filed by Array with the Securities and Exchange Commission. We are providing this information as of May 7, 2019. We undertake no duty to update any forward-looking statements to reflect the occurrence of events or circumstances after the date of such statements or of anticipated or unanticipated events that alter any assumptions underlying such statements.

Array BioPharma Inc.
Consolidated Statements of Operations
(Unaudited)
(in thousands, except per share amounts)

	Three Months Ended March 31,		Nine Months Ende March 31,	
	2019	**2018**	**2019**	**2018**
Revenue				
Product sales, net	$ 35,078	$ -	$ 71,784	$ -
Product royalties	937	-	1,261	-
Collaboration and license revenue	19,493	41,616	101,121	72,99
Reimbursement revenue	9,169	24,751	29,970	65,33
Total revenue	64,677	66,367	204,136	138,33
Operating expenses				
Cost of goods sold	1,042	-	2,023	-
Research and development	65,541	71,348	183,211	180,88
Selling, general and administrative	35,548	16,773	90,911	40,42
Total operating expenses	102,131	88,121	276,145	221,30
Loss from operations	(37,454)	(21,754)	(72,009)	(82,97
Other income (expense)				
Interest income	2,912	1,295	6,722	3,07
Interest expense	(2,863)	(2,361)	(8,261)	(8,40
Other, net	(89)	(31)	(119)	(6,58
Total other income (expense), net	(40)	(1,097)	(1,658)	(11,92
Net loss	$ (37,494)	$ (22,851)	$ (73,667)	$ (94,89
Net loss per share - basic and diluted	$ (0.17)	$ (0.11)	$ (0.34)	$ (0.49
Weighted average shares outstanding - basic and diluted	219,03	208,994	215,964	194,43

Summary Consolidated Balance Sheet Data
(Unaudited)
(in thousands)

	March 31, 2019	**June 30, 2018**
Cash, cash equivalents and marketable securities	$ 479,096	$ 413,406
Working capital	$ 407,254	$ 355,612
Total assets	$ 567,004	$ 460,364
Long-term debt, net and notes payable at fair value	$ 134,245	$ 111,775
Total stockholders' equity	$ 301,625	$ 219,743

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CONTACT:
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