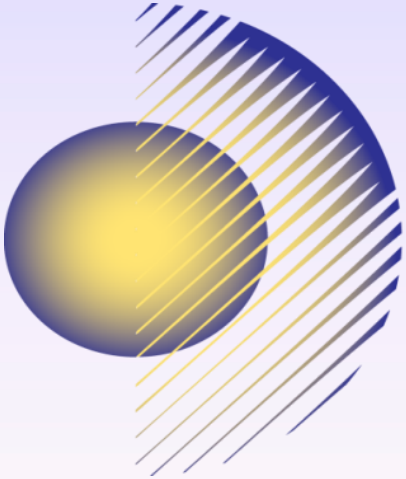


LIGAND®

Investor and Analyst Day

June 23, 2011
Nasdaq: LGND

Ligand Pharmaceuticals Incorporated

Investor and Analyst Day

June 23, 2011 - New York

John Higgins

President and Chief Executive Officer

Safe Harbor Statement

- The following presentation contains forward-looking statements regarding Ligand's prospects, plans and strategies, drug development programs and collaborations. Forward-looking statements include financial projections, expectations regarding research and development programs, and other statements including words such as "will," "should," "could," "plan," etc. Actual events or results may differ from Ligand's expectations. For example, expense reductions and drug development programs may not be realized. In addition there can be no assurance that Ligand will achieve its guidance in 2011.
- The forward-looking statements made in the presentation are subject to several risk factors, including, but not limited to, Ligand's reliance on collaborative partners for milestone and royalty payments, regulatory hurdles facing Ligand's, CyDex's and partner's product candidates, uncertainty regarding Ligand's, CyDex's and partner's product development costs, the possibility that Ligand's, CyDex's and partner's drug candidates might not be proved to be safe and efficacious and commercial performance of Ligand's and/or its partner's products. Additional risks may apply to forward-looking statements made in this presentation.
- The risk factors facing Ligand are explained in greater detail in Ligand's filings with the SEC, including the most recently filed annual reports on Form 10-K and quarterly reports on Form 10-Q, as well as other public filings.
- While forward-looking statements reflect our good faith beliefs (or those of the indicated third parties), they are not guarantees of future performance. We disclaim any obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise.

Investor and Analyst Day Agenda

Welcome and Company Overview	John Higgins
Captisol® Technology	Matt Foehr
Melphalan Program	Rick White
Promacta Highlights	Rob McKay
Thrombocytopenia in Hep C	Nezam H. Afdhal, M.D. Chief of Hepatology, Director of Liver Center, Beth Israel Deaconess Medical Center
Financial Highlights	John Sharp

Small Group Workshops

- Captisol – Powerful Enabling Technology
- “Shots on Goal” Portfolio

Questions and Answers / Reception

Small-Group Workshops

	Room
1. Captisol® – Powerful Enabling Technology	
Matt Foehr – Executive Vice President, Chief Operating Officer	3
JD Pipkin – Senior Director, New Product Development	
Vince Antle – Senior Director, Technical Operations and Quality Assurance	
2. "Shots-on-Goal" Portfolio	2
Rob McKay – Senior Director, Business Development and Investor Relations	
Syed Kazmi – VP, Business Development and Strategic Planning	
Rick White – VP, Business Development and Marketing	

Ligand’s Business Model

Ligand's focus is to build a large portfolio of high quality pharmaceutical assets that can drive substantial cash flow and profitability. We operate the business with an emphasis on focused drug development and partnerships, with a disciplined and highly selective cost structure.

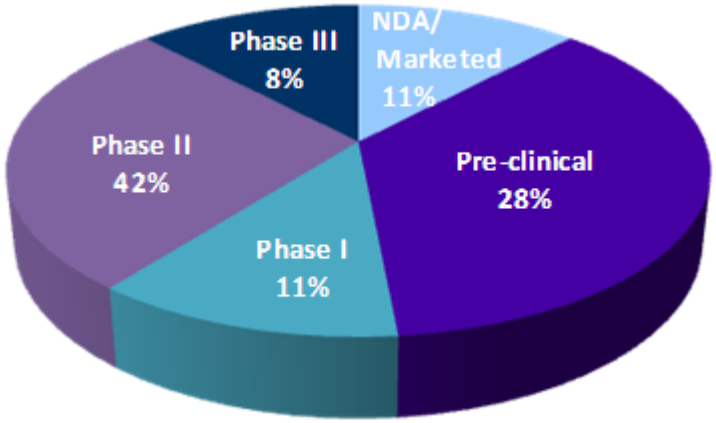
The Foundation of the Ligand Opportunity

Revenue Outlook

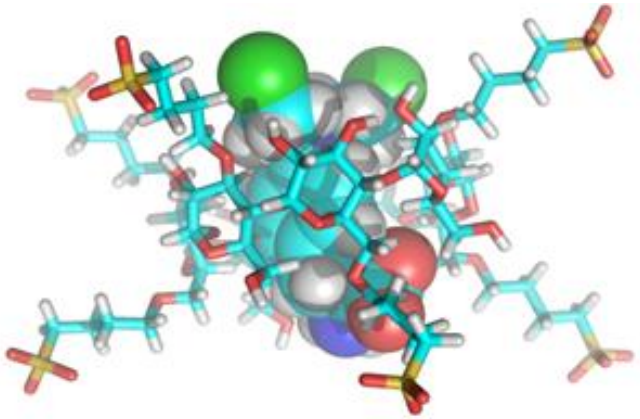
High Quality Partners

GlaxoSmithKline · Pfizer · The Medicines Company · Merck · Bristol-Myers Squibb · AstraZeneca · Celgene · Baxter

Robust Pipeline



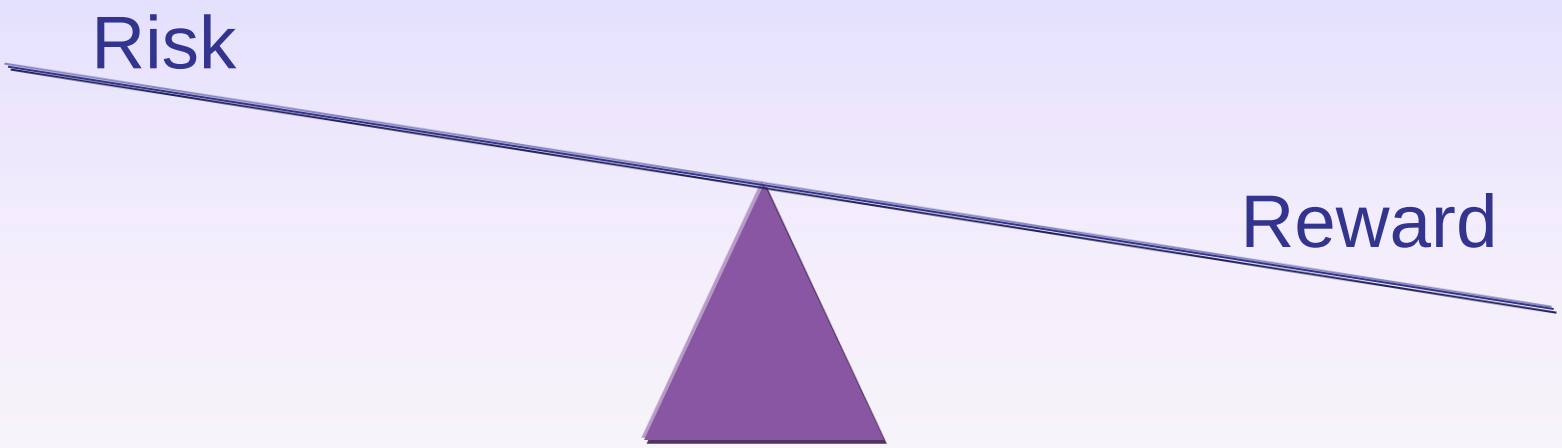
Captisol® – Enabling Technology



Ligand is Doing Great

- Significant expansion (doubling of portfolio to over 60 programs) in past 6 months as a result of Cydex acquisition
- A number of positive news events by partners in 2011
- Important new additions to senior management and Board of Directors
- Most revenue generating assets ever on lowest cost structure
- Positive clinical data announced in the past three months
- Promacta® is a “now” story
- Directors have personally purchased over $1.2 million of Ligand stock (131,125 shares) over the past 6 months. Directors now own 10% of Ligand.
- Over past year, daily trading volume has increased by ~30%

The Investment Proposition: Risk vs. Reward



Ligand's Potential Downside

- Individual project set-backs
- Slower growth
- Partners drop programs

Ligand's Potential Upside

- Potential blockbuster product approved/ in-development
- Near-term profitability
- Well funded/financially disciplined
- More royalty partnerships than any peer co
- Attractive fully-owned pipeline
- Substantial calendar of news flow
- Large NOLs

We believe the upside reward is substantially greater than the downside risk

Ligand's Potential Upside

List presented last summer (2010)	Updated Outlook
Potential blockbuster product approved/ in development	→ Data for Promacta® expected over next 6 months
Near-term profitability	→ Projected to turn profitable by year-end 2011
Well funded/financially disciplined	→ Lowest cost structure in company's history
More royalty partnerships than any peer co	→ Large portfolio of assets, doubled in over last 12 months
Attractive fully-owned pipeline	→ SARM, diabetes, JAK 3, and melphalan programs
Substantial calendar of news flow	→ Continued news flow
Large NOLs	→ Continue to be ready to use following profitability

Potential Significant Revenue Expansion Over Next Several Years

Illustrative Growth

2012

Promacta

Avinza

Conbriza

Nexterone

Carfilzomib

>$30 million revenue*

"Shots on Goal" Vision Turning into Reality

2015

Promacta

Avinza

Conbriza

Nexterone

Carfilzomib

Aprela

CXCR2

Clopidogrel

Melphalan

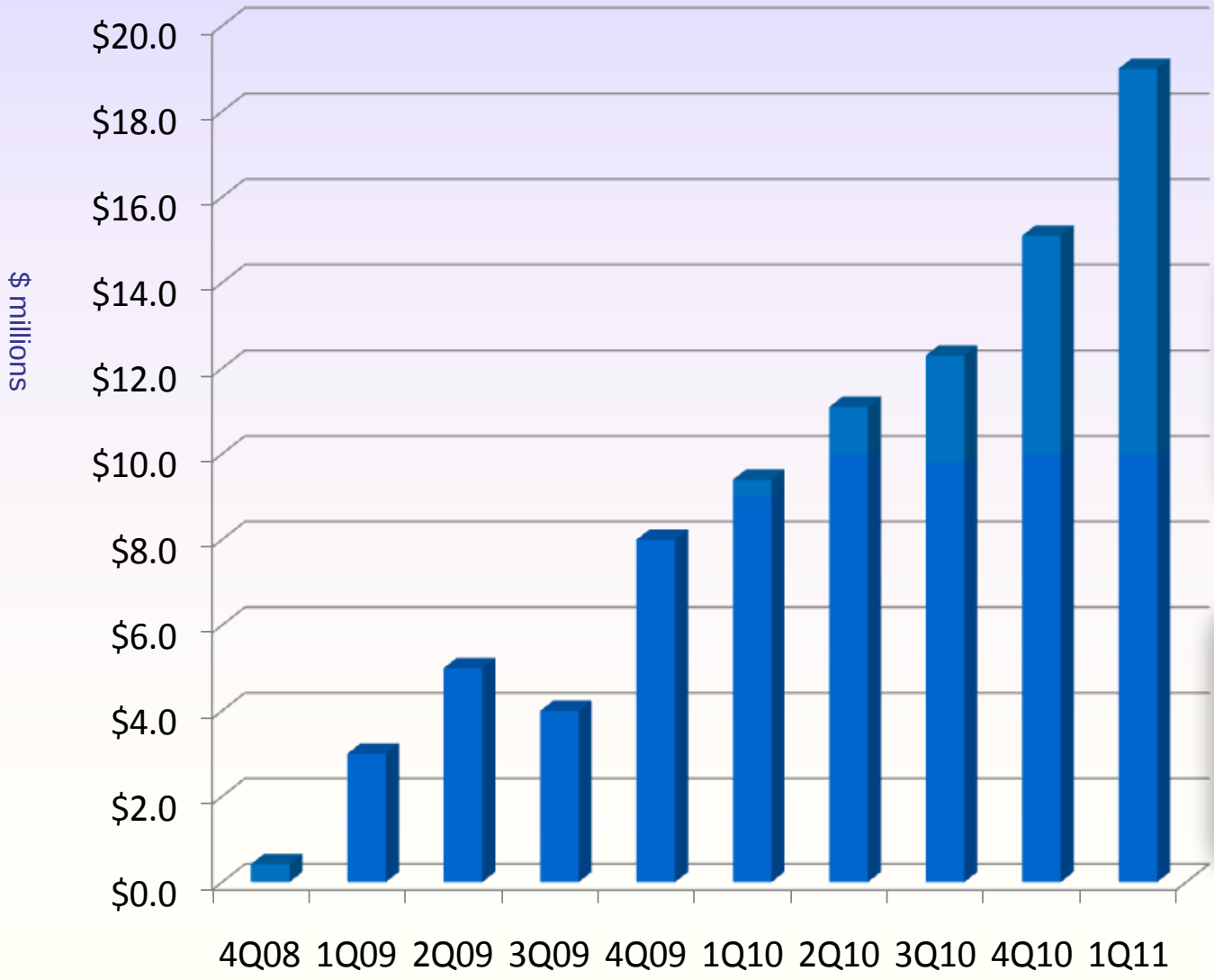
Carbamazepine

Merck Captisol® Program

>$200 million revenue*

*Plus license fees

Worldwide Quarterly Promacta® Revenue Growth

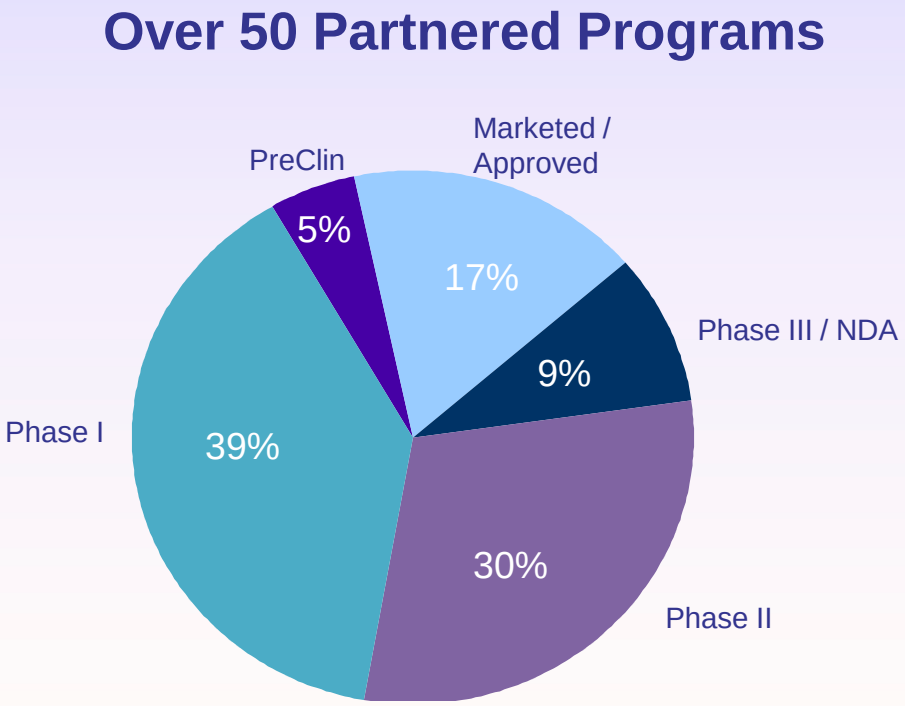


New markets and new indications should help accelerate revenue growth

Ligand expects to receive royalties for another 14 years

Ligand and GSK reports

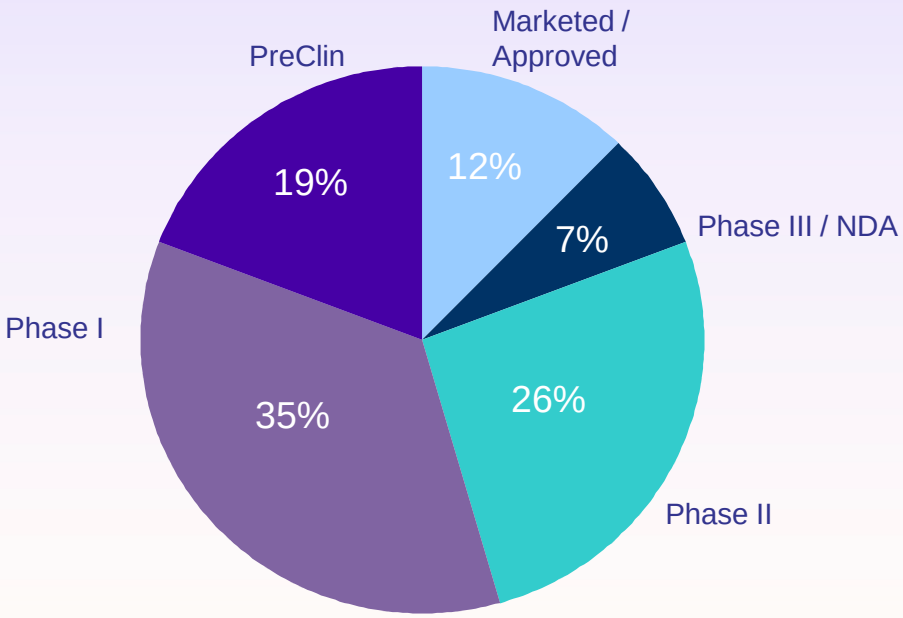
Ligand Portfolio: Partnered Programs



- Over half of the partnered portfolio is Phase II or later
- Portfolio is highly diversified across many partners, stages of development and therapeutic areas
- Merck, GSK and Pfizer are our partners with the most programs

Ligand Portfolio: Total Portfolio Snapshot

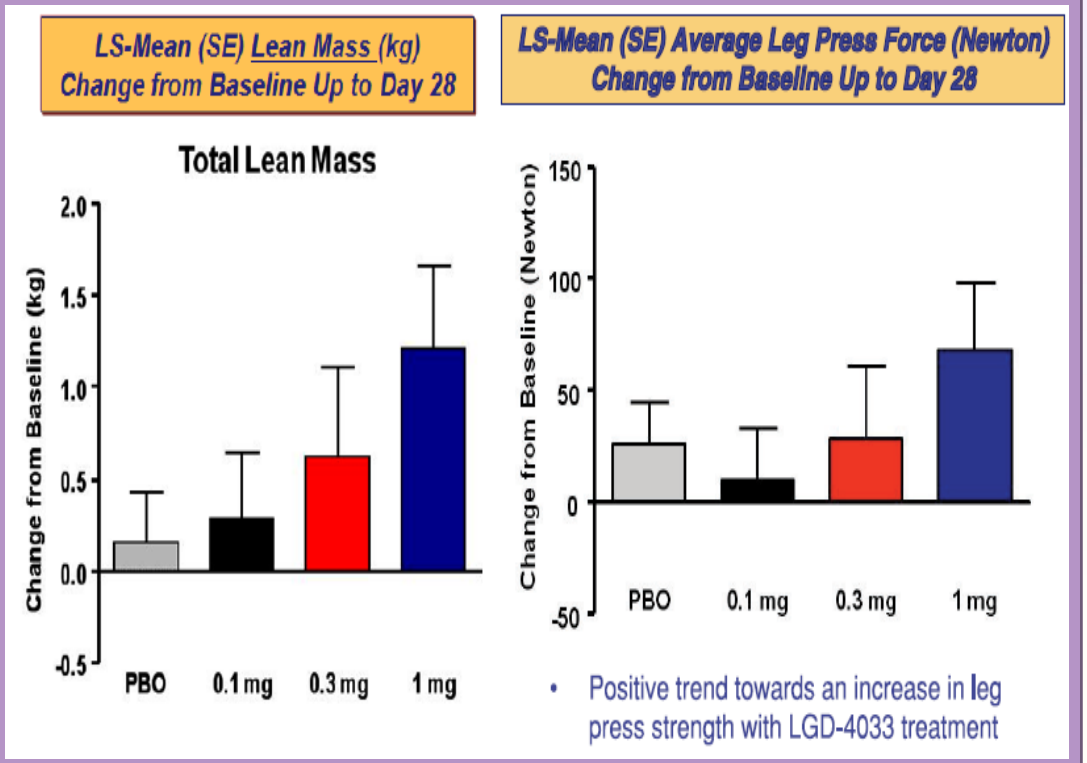
Total Portfolio (Over 60 programs)



- Programs are highly diversified across more than 10 therapeutic areas
- The therapeutic areas most represented in the portfolio are oncology, inflammation, neurology and metabolic disease

Ligand's Internal Pipeline Focus

SARM Program
– Successful Phase I results
– Promising dose-dependent data
– Targeting large muscle health field



Melphalan Program
– Phase II data by year-end
– Potential NDA track for 2013
– Targeting multiple myeloma

Topical JAK 3 Program
– Highly selective compounds
– Promising pre-clinical data
– Targeting dermatology and ophthalmology specialties

Diabetes Portfolio
– Four programs
– Discovery thru early clinical
– Large and growing market

Ligand Portfolio: Potential Upcoming News Flow

Timing*	Projected Event
3Q11	Carfilzomib NDA filing Platform Captisol Partnership
4Q11	Promacta PIII HepC Results Aprela NDA filing SARM program update
1Q12	Initiate pivotal Melphalan study Top Line IL-9 PII Results Clopidogrel 505(b)(2) study initiation
2Q12	Merck CXCR2/COPD Study Completion Carfilzomib NDA Approval Promacta sNDA filing for HepC

*Ligand internal estimates

Ligand Pharmaceuticals Incorporated

Captisol®

Powerful Enabling Technology

Matt Foehr

Chief Operating Officer

CyDex Acquisition: What has it brought to Ligand?

Captisol®: The Need

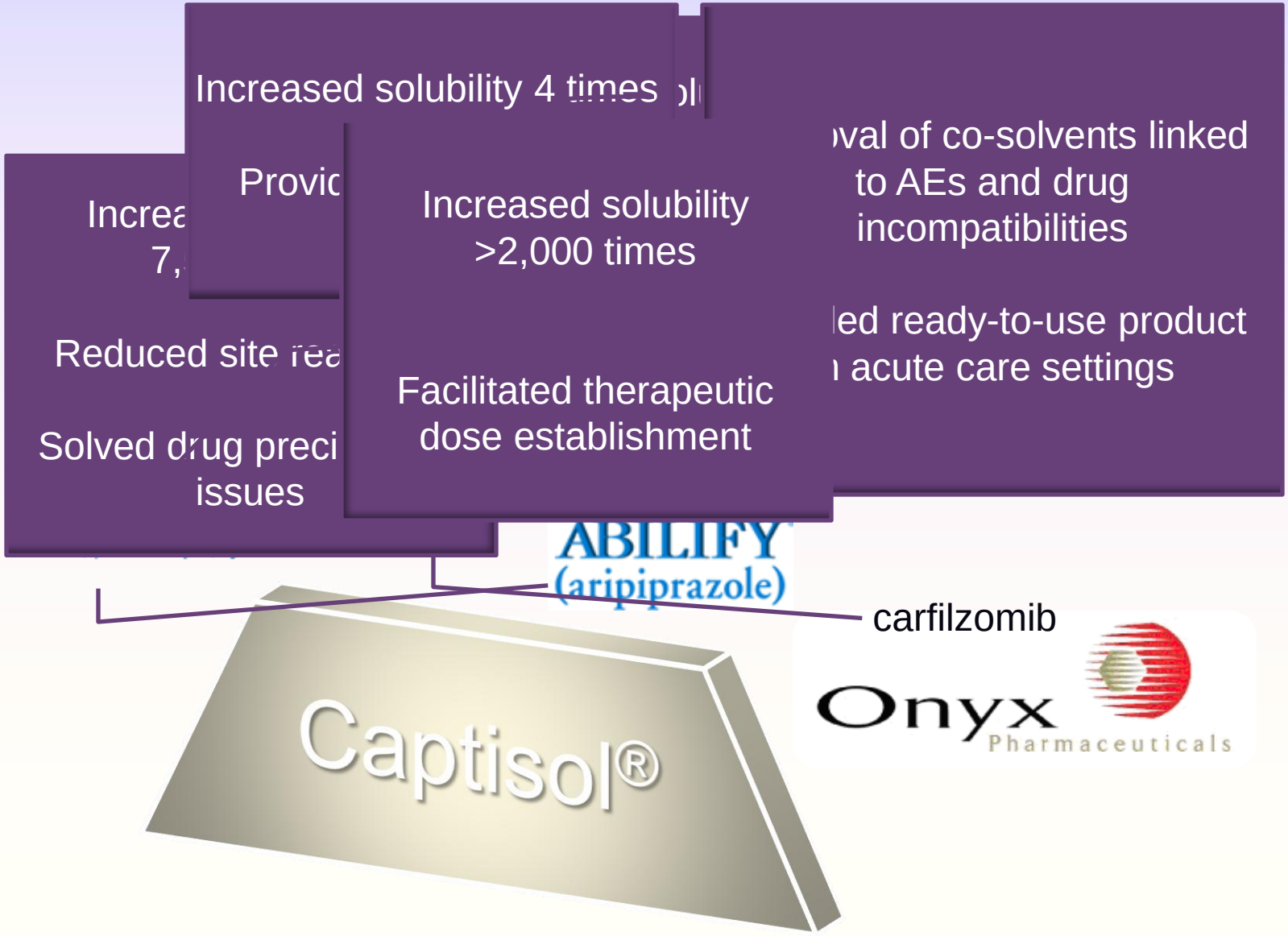
Captisol®: Enabling New Drugs

- Patented, chemically-modified cyclodextrin
- Increase drug solubility, reduce site reactions
- Versatile across molecule families and sizes
- Safe, inactive, inert
- Over 100 clinical studies
- Type V Drug Master File

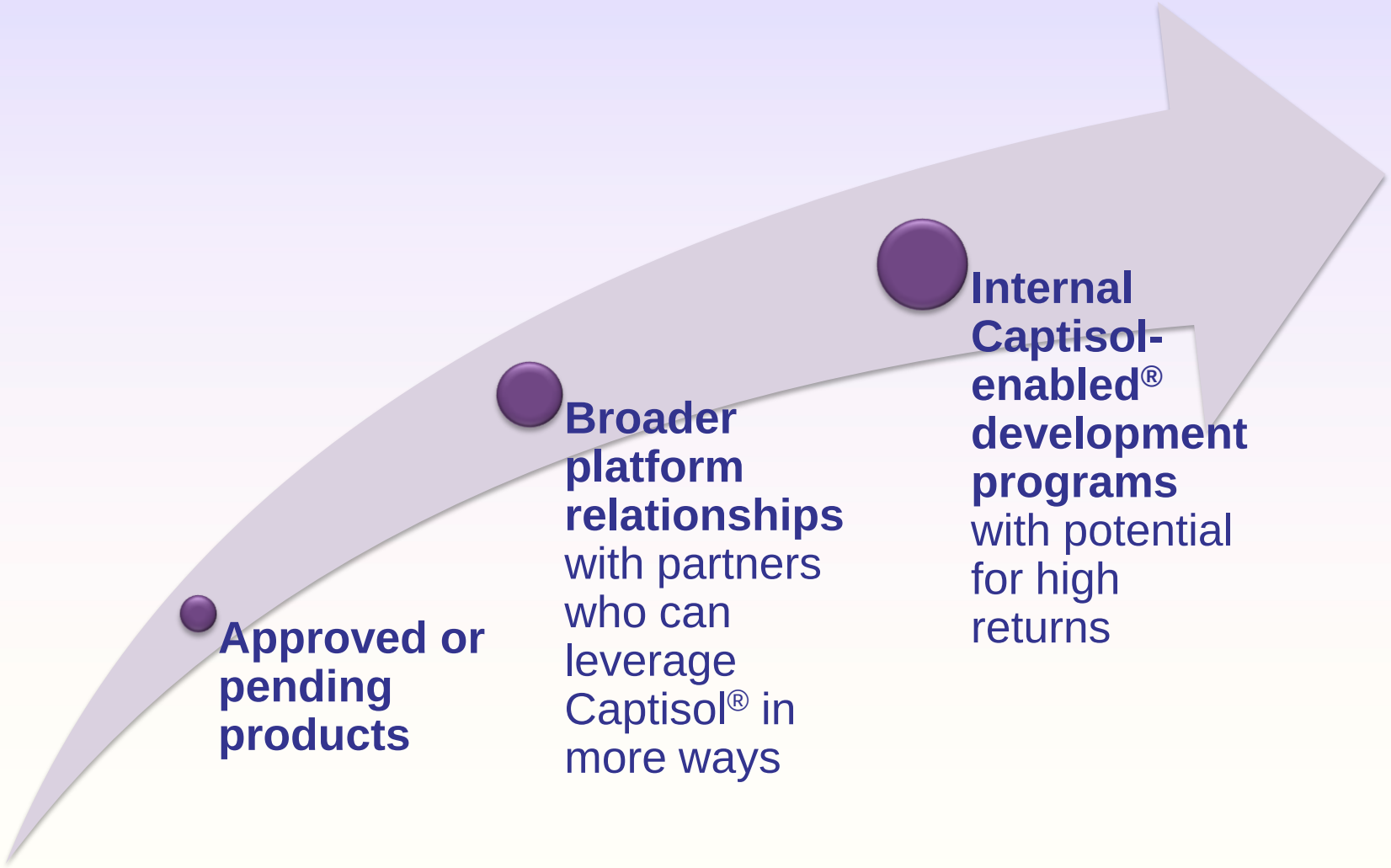
Captisol®: Enabling New Drugs

- Strong manufacturing technology and IP estate
- Hovione Partnership
  - 50 metric ton capacity for Captisol®, ability to double
  - Exclusive relationship with built-in site redundancy
- Intellectual Property
  - 8 patent families covering technology, 12 patent families for products
  - Formulation and process-based patent portfolio providing protection through 2029
  - Trade secrets, Drug Master File
  - Continuing internal innovation

Captisol®: The Value



Captisol®: The Value



Captisol-enabled® Internal Development Programs

- Reformulation can bring meaningful innovation to established medicines
- Late-stage internal development can create significant value in exchange for relatively modest investment
- 505(b)(2) pathway leverages existing data
  - Lower development costs
  - Shorter timelines
  - Smaller infrastructure requirements

Captisol-enabled® PG-Free Melphalan

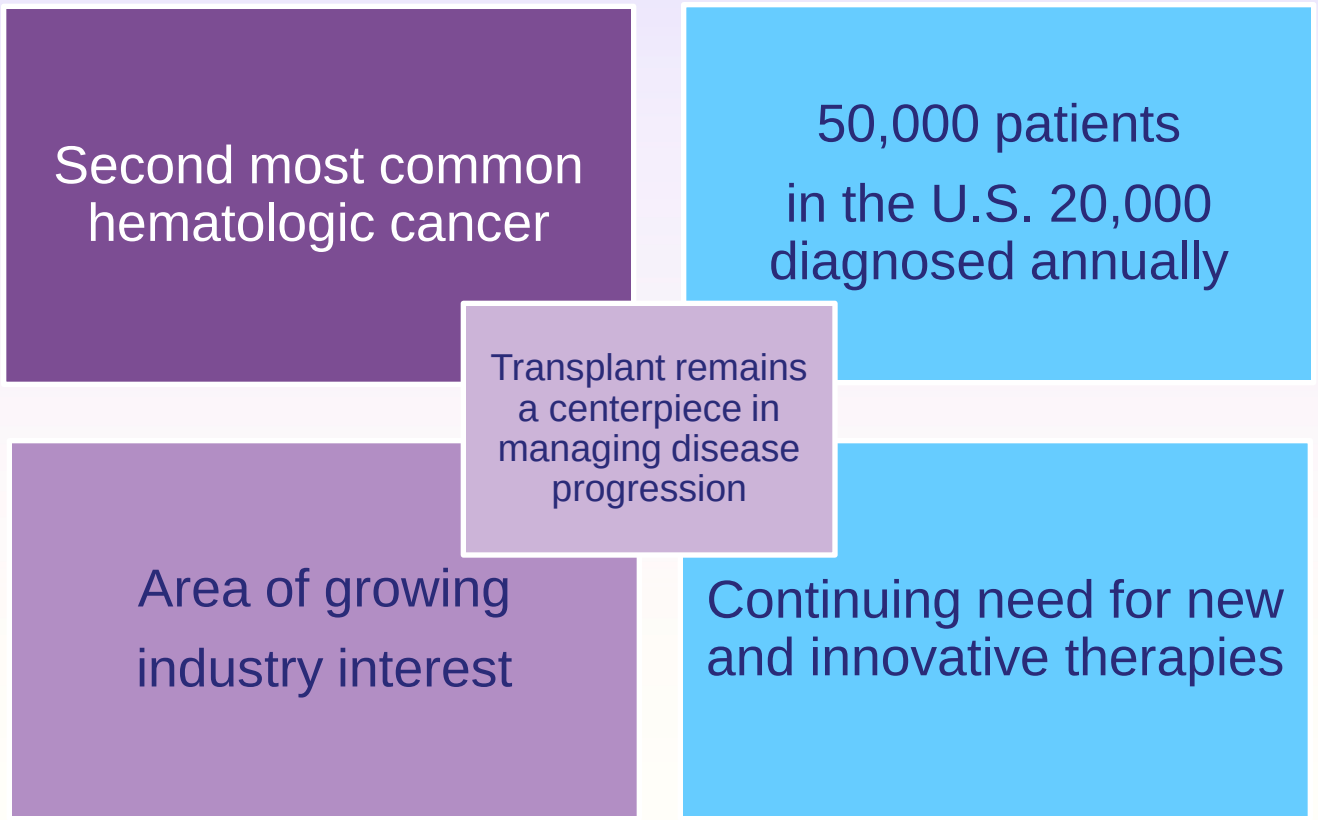
- High dose conditioning treatment prior to hematopoietic progenitor (stem) cell transplantation for multiple myeloma
- Orphan Drug Status
  - Market exclusivity, PDUFA fee waiver
- Phase II dosing now completed
  - Interim results presented at ASCO
- Pivotal trial projected to begin early 2012

Ligand Pharmaceuticals Incorporated

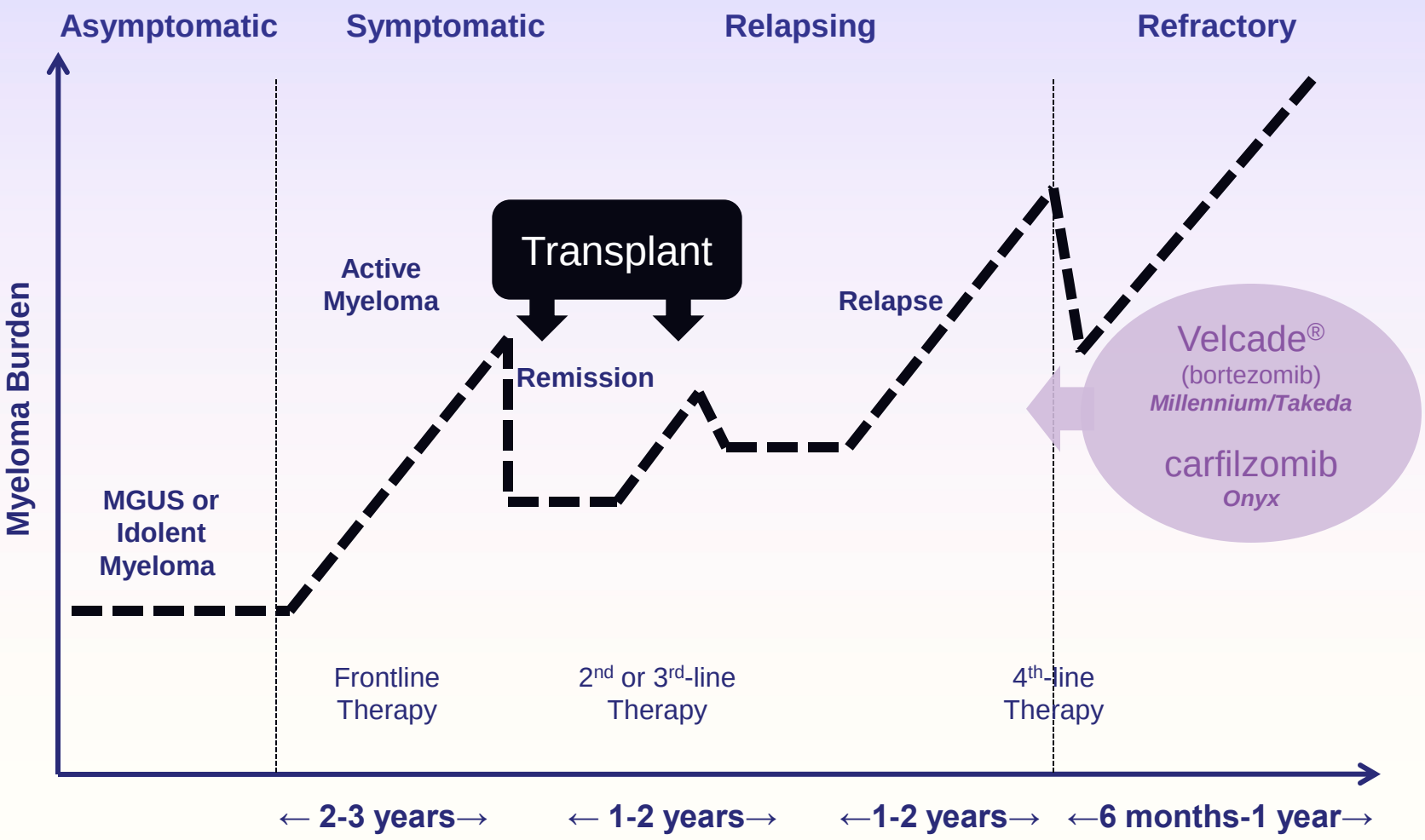
Captisol-enabled® PG-Free Melphalan:
Commercial Opportunity

Rick White
Vice President,
Business Development and Marketing

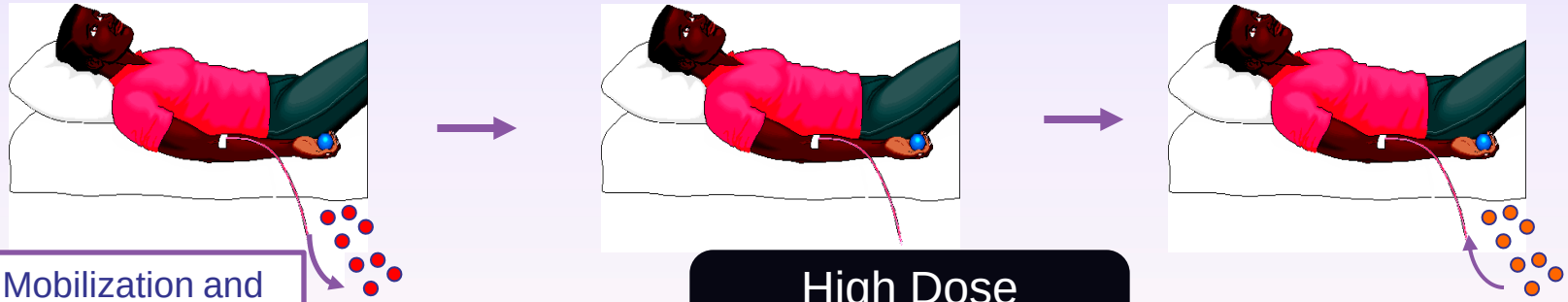
Multiple Myeloma



Multiple Myeloma: Disease Treatment and Progression



Multiple Myeloma: Stem Cell Transplantation



Mobilization and leukapheresis of patient stem cells

Autologous Stem Cells

Cryopreservation of patient stem cells

Autologous Stem Cells

Deep Freeze

High Dose Chemotherapy

Thawing and infusion of patient stem cells

Autologous Stem Cells

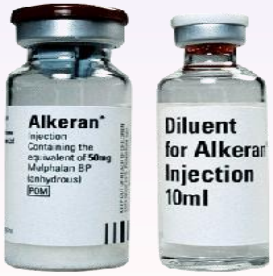
Melphalan Product Comparison

Alkeran®

Launched in 1993
GlaxoSmithKline

Two vial system
Propylene glycol diluent

60 min infusion window
Per label limitations



Captisol-enabled® Melphalan for Injection

Ligand
Internal Development Asset

One vial system
Propylene glycol-free

24 hr infusion window
Treatment Flexibility

Melphalan Product Comparison

Product Advantages:

- Improved stability and use time in an all aqueous formulation
- Longer administration durations, slower infusion rates
- Elimination of two-vial system

Physicians expected to:

- Safely achieve higher dose intensity
- Easily deliver concomitant meds in high-dose regimens
- Modulate dose to patient tolerability
- Higher dosage → potential for improved response rates

Captisol-enabled® Melphalan for Injection

Ligand
Internal Development Asset

One vial system
Propylene glycol-free

24 hr infusion window
Treatment Flexibility

Melphalan Market

- IMS Reports Sales of $85MM for Rolling 12 Month Period
- Majority of the Current Usage as a High Dose Conditioning Agent Prior to Autologous Stem Cell Transplant in Multiple Myeloma Patients (currently off label)
- Potential Label, and Orphan Designation, for Captisol-enabled® Propylene Glycol-Free Melphalan Addresses this Market
- Unmet Medical Need with the Current Standard of Care:
  - Stability following reconstitution (60 minutes)
  - Limits on Absolute Daily Dosing
  - Limits on Duration of Infusion
  - Potential Adverse Reactions Due to Co-Solvent (propylene glycol)

Captisol-enabled® Melphalan: Opportunity

A Marketing and Sales effort could be relatively lean and efficient

- Melphalan therapy is well understood and entrenched, with few influential bone-marrow-transplant hospitals
  - *"Ultra-niche"* call universe
- Benefits of Captisol-enabled® Melphalan formulation are easily positioned
- Effective promotion with lean sales organization achievable
- Orphan Indication has favorable payer landscape (public and private)
  - Compass/Defined Health survey, 2009

Captisol-enabled® Melphalan: Projected Timeline

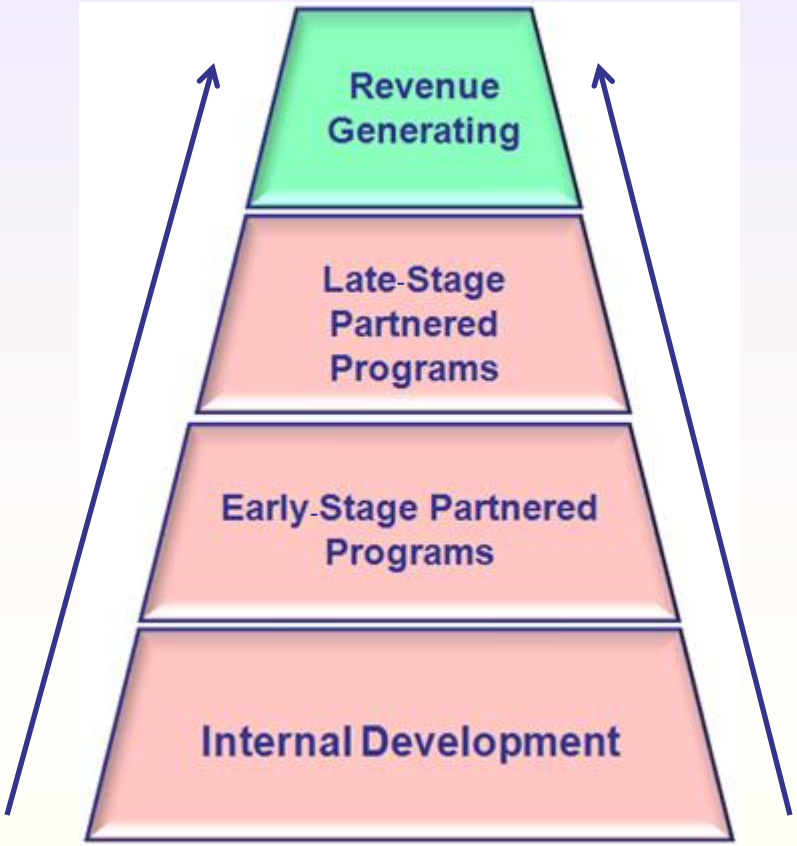
Ligand Pharmaceuticals Incorporated

Promacta Highlights

Rob McKay
Senior Director, Business Development
and Investor Relations

The “Shots on Goal Model”

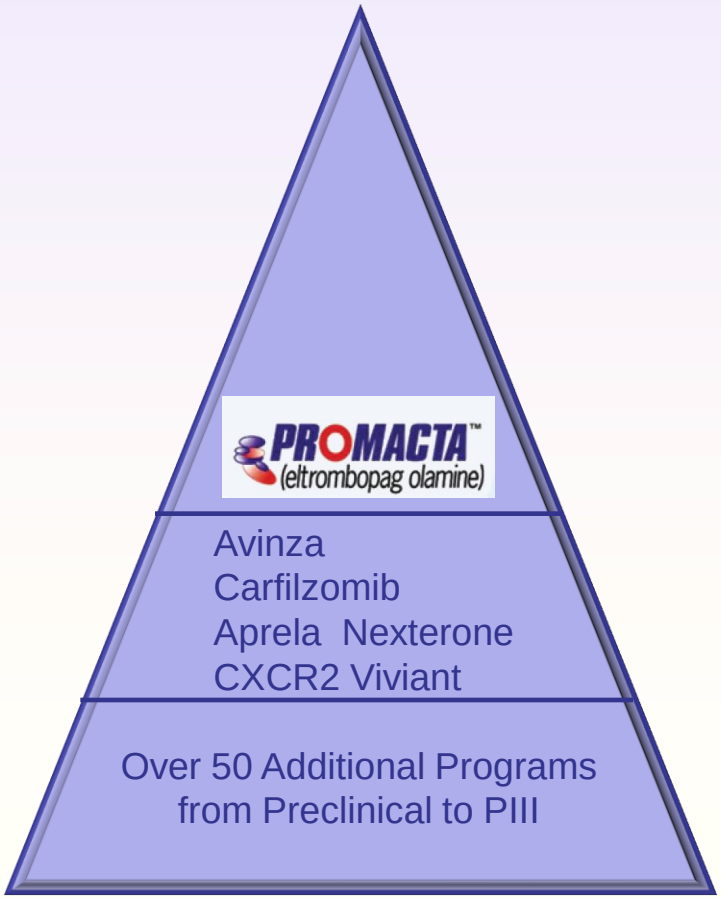
Minimizing Risk Through Portfolio Size and Diversification



- 8 Assets Currently Generating Commercial Revenue
- 10 Potential New Approvals in the Next 4 Years
- Over 60 Total Programs
- Over 50 Partnered Programs
- Over 25 Different Partners
- Over 10 Therapeutic Areas

The Value Pyramid For Ligand Assets

The Top of the Value Pyramid for Ligand is Promacta



- There are numerous programs in the Ligand portfolio today which add significant value to the business
- But, Ligand's royalty interest in the Promacta franchise at GSK is the most valuable single asset Ligand owns

Promacta Background

- What is Promacta
  - Promacta is a once-daily oral medicine that activates the thrombopoietin (TPO) receptor
  - Activation of the TPO receptor causes platelets to increase, relieving conditions of low platelets known as thrombocytopenia

- History
  - Ligand and GSK jointly discovered Promacta as part of a thrombopoietin (TPO) receptor agonist research collaboration started in 1995
  - GSK later licensed from Ligand the follow-on TPO receptor agonist LGD-4665 in 2008

Promacta®: The Foundation of the Ligand Growth Story

Aspects Of The Promacta Franchise Make It An Ideal Foundation For Ligand's Financial Growth Story

☑ An Approved Drug in All Major Markets	*Approved for ITP*
☑ Marketed by a Premier Pharma Company	*Marketed by GSK*
☑ Major Potential for Label Expansion	*ITP→HepC →Oncology →Others*
☑ Long Patent Protection	*Patented until July 2025*
☑ Significant Royalty Interest	*5-10%, blended 9% on $1B in Sales*
☑ Major Upcoming Catalyst Events	*PIII HepC Data Release in 3Q/4Q11*
☑ Life-Cycle Management Opportunity	*Promacta Follow-On : GSK-5921*

Promacta Program Recent Developments (1 of 2)

The Promacta ITP Franchise Has Continued To Generate Positive News In The Past Year

- New ITP Launches Around the World
  - EU, Japan, South America
- Increased ITP Sales
  - World-wide ITP sales in 1Q2011 increased 109% over 1Q2010

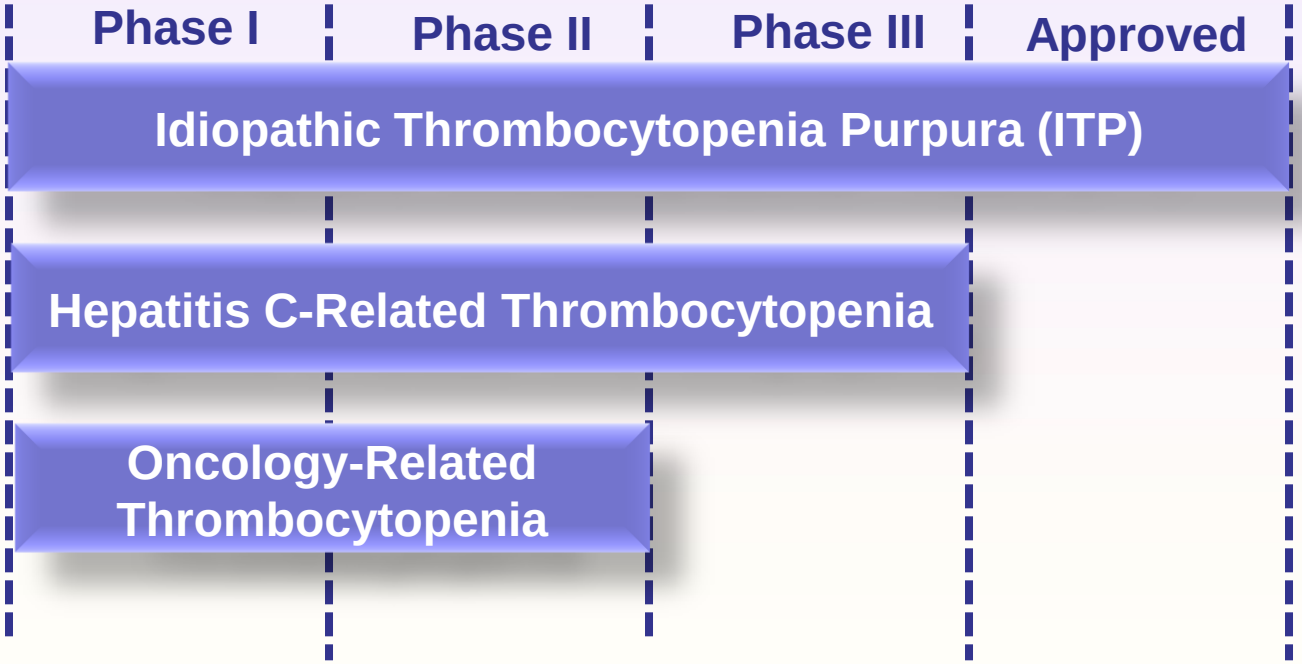
Promacta Program Recent Developments (2 of 2)

The Promacta ITP Franchise Has Continued To Generate Positive News In The Past Year

- Full ITP Approval Granted by FDA
  - GSK completed post-approval commitment of generating long-term safety data
  - Label now includes efficacy and safety data from RAISE, 6-month ITP study
  - Since 2008, GSK has been working with FDA. Studies submitted:
    - 6-month efficacy and safety data
    - 2-year safety data in chronic ITP
    - Updates from chronic liver disease (ELEVATE) trial

GSK Investment in Promacta Franchise Expansion

GSK Is Investing Significantly In The Growth Of The Promacta Franchise



Clinical Studies

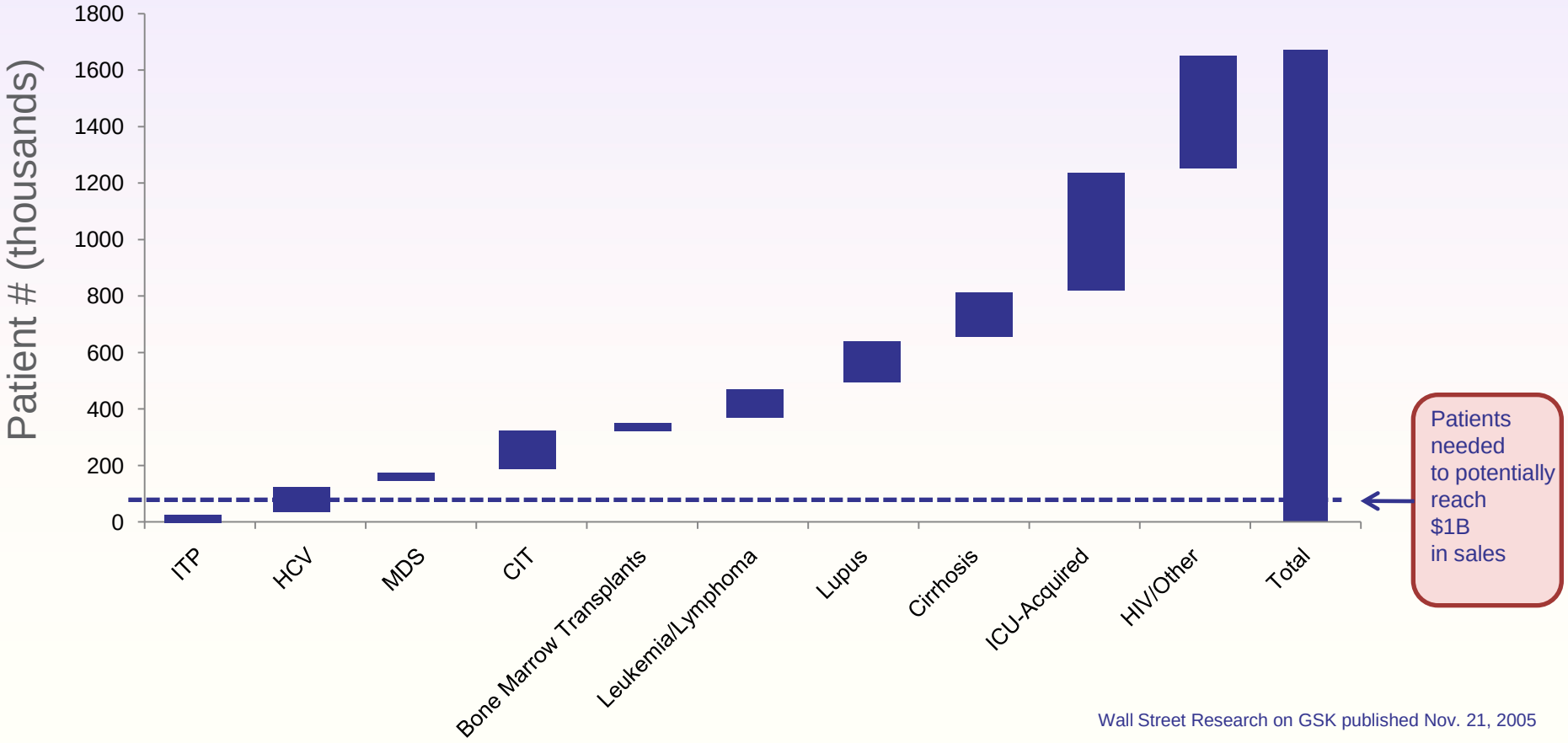
Approved
(Label Expansion Studies Ongoing)

2 P-III Studies

11 PI and PII Studies

Thrombocytopenia: A Multibillion Dollar Platelet Potential

Thrombocytopenia Is Comprised Of Multiple Sub-Markets of Thrombocytopenia-Inducing Diseases, Similar to Anemia and Neutropenia



Wall Street Research on GSK published Nov. 21, 2005

Significant Revenue Growth Potential for Ligand

Expansion of the Promacta Franchise

Territory Expansion

\+

Indication Expansion

- HepC
- Oncology
- Others

\+

Long IP Protection

2025

Translates Into Significant Revenue Growth for Ligand

Promacta Royalty

Annual Sales	Royalty
<$100M	4.70%
$100M-$200M	6.60%
$200M-$400M	7.5%
$400M-$1.5B	9.40%
>1.5B	9.30%

Illustrative Ligand Revenue

Annual Sales	Blended Royalty	Ligand Revenue
$500M	7.1%	$36M
$1B	8.3%	$83M
$1.5B	8.6%	$130M

Nezam Afdhal, M.D.

Beth Israel Deaconess Liver Center

Harvard Medical School

The Role for Eltrombopag (Promacta) in the Treatment of HepC-Related Thrombocytopenia

N. Afdhal M.D

Beth Israel Deaconess Liver Center

Harvard Medical School

Agenda

- Eltrombopag and thrombocytopenia
- Current status of HCV therapy
- The ENABLE 1 and ENABLE 2 P-III Studies
- ELEVATE Study – conclusions on Eltrombopag safety

The Unmet Medical Need for Thrombocytopenia

- Thrombocytopenia is a major factor in patients being unable to achieve a desired clinical outcome in dozens of diseases
- Currently estimated to be nearly two million patients annually in the US who need to be treated for thrombocytopenia
- Current non-drug techniques used to increase platelets (i.e. platelet transfusion, splenectomy) are costly, risky, and inconvenient.
- The need for a more convenient and effective method for combating thrombocytopenia is clear

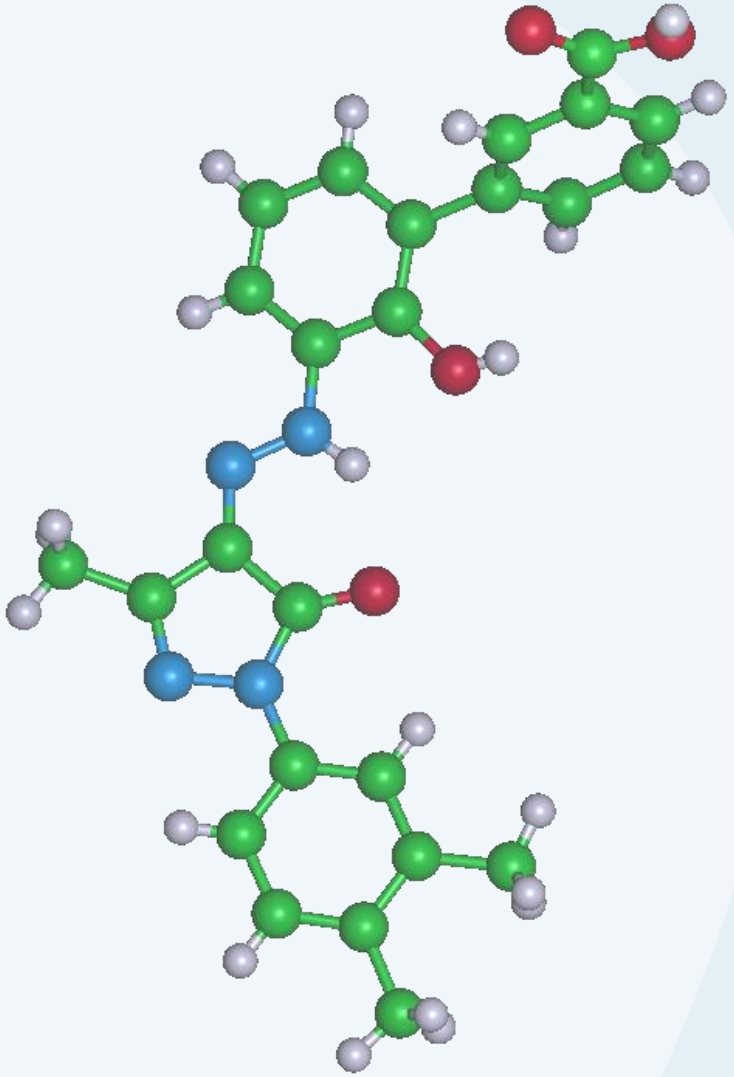
Liver Disease–Associated Thrombocytopenia

- Platelet counts may be as low as 20,000–40,000/μL
- Prevalence of thrombocytopenia increases with severity of liver disease
- Degree of thrombocytopenia correlated with severity of liver disease
- Thrombocytopenia predictive of reduced 5-year survival
- Thrombocytopenia may develop or worsen with interferon-based therapy
  4% in recent DAA trials

Degree of Liver Damage	Thrombocytopenia Prevalence
Normal liver	2.3%
Fatty liver	5.1%
Chronic hepatitis	20.3%
Advanced liver disease	31.8%

Eltrombopag

- Thrombopoietin receptor agonist
- Oral, once-daily tablet
- Induces megakaryocyte proliferation and differentiation
- Increases platelet counts in patients with HCV[1]



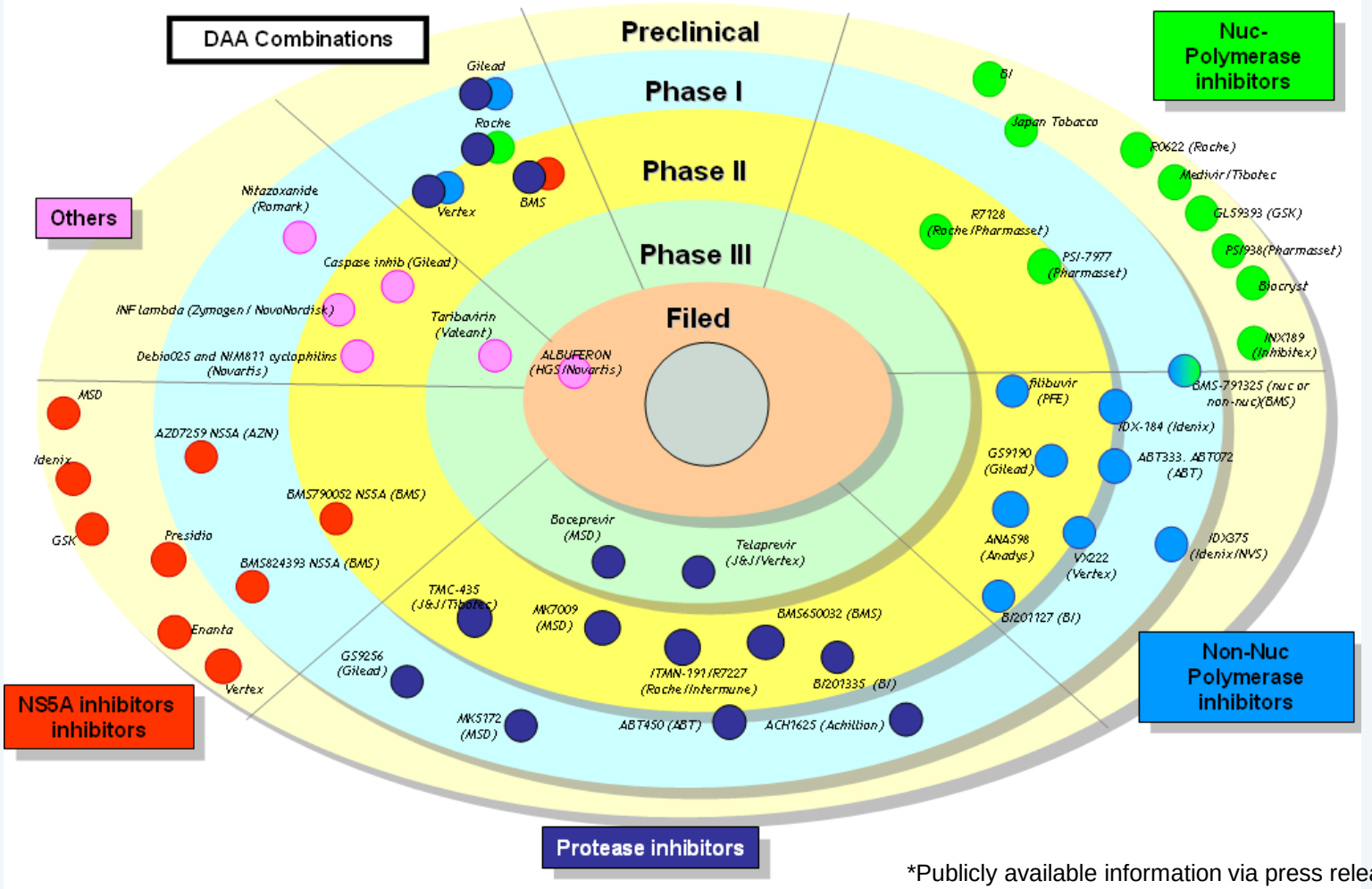
1. McHutchison J, *et al.N Engl J Med.* 2007;357:2227–2236.

Current Status of HCV therapy and the Role for Eltrombopag

Thrombocytopenia, HepC, and Eltrombopag

- Nearly 10% of HepC patients in the US suffer from treatment-limiting thrombocytopenia
- These patients have significantly worse outcomes due to their underlying liver disease and inability to complete antiviral therapies
- Eltrombopag PII data demonstrates that this drug may be useful for these patients to overcome thrombocytopenia limitations and complete antiviral therapy
- Key question arising around the eltrombopag HepC opportunity
  - How will new HepC therapies impact the need for eltrombopag?
  - Is there a long-term safety concern for eltrombopag because of the ELEVATE study results?

HCV Pipeline* by MOA and Stage of Development



3/2/2010 – selected compounds only.

*Publicly available information via press release, corporate presentations, and assumptions based on patent filings.

Target "Regimen" Outcomes

Today's Regimen

IFN + Ribavirin (R)

<u>G1-Naive</u>
- SVR = 40%
- Duration = 48 weeks

<u>G2-3 Naïve</u>
- SVR = 75%
- Duration = 24 weeks

<u>G1-Experienced</u>
- No meaningful option

- Frequent dosing and poor tolerability

1. IFN + R + DAA
2. IFN + DAA + DAA
3. IFN + R + DAA + DAA
4. DAA + DAA (+ DAA)

2015+ **Target**

New Triple / Quad Combo Regimens

- Highest possible SVR
- No / low resistance
- Better tolerability
- Shorter durations
- Simplified delivery

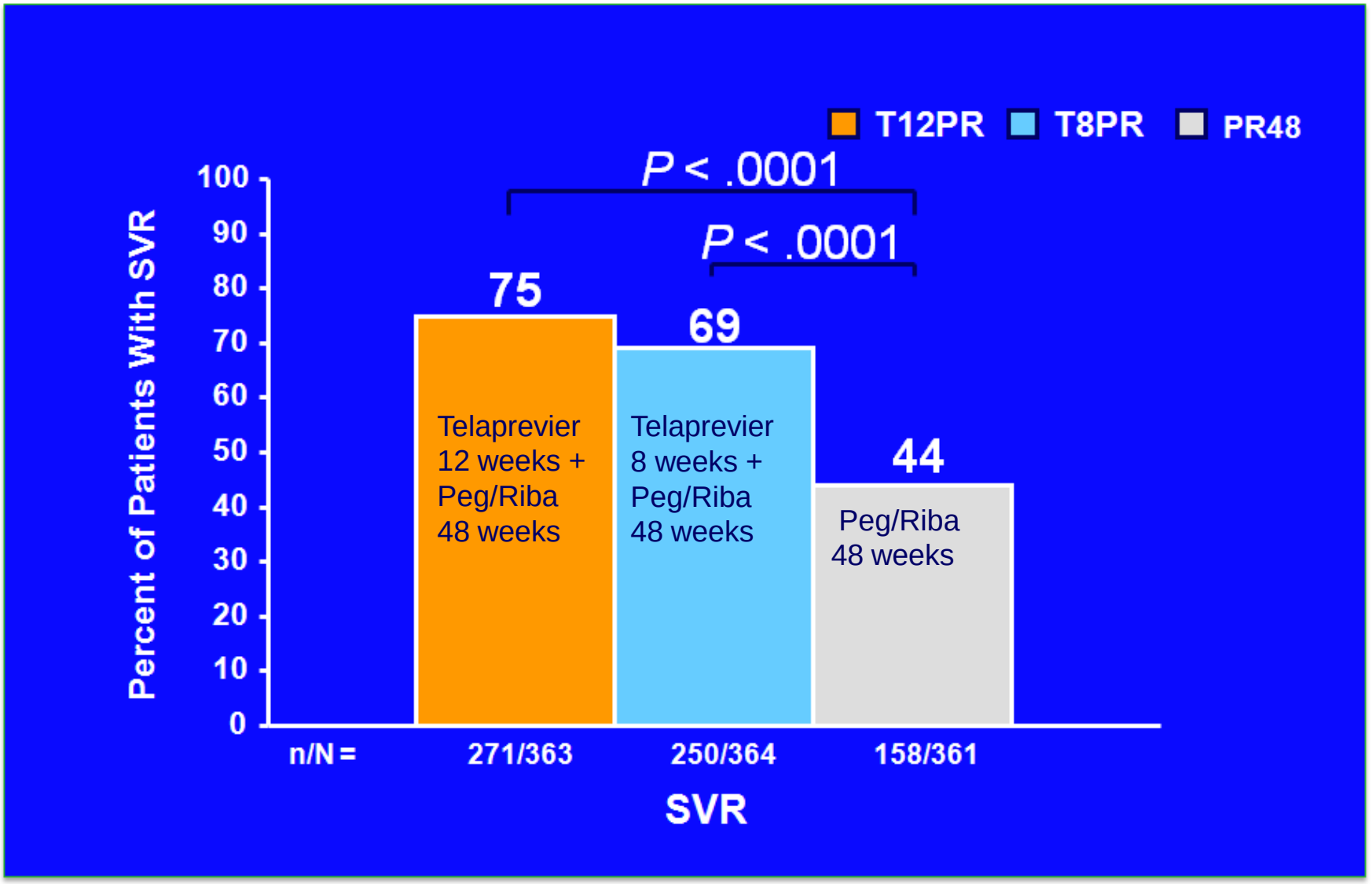
IFN = Interferon

R = Ribavirin

DAA = Novel Direct Acting Antiviral agents

Regimen 4. High risk / low probability / far away / no PoC

SVR Rates in Telaprevir-Treated Patients Compared with Peginterferon/Ribavirin Alone



Jacobson IM et al. *Hepatology.* 2010;52(Suppl 1):Abstract 211.

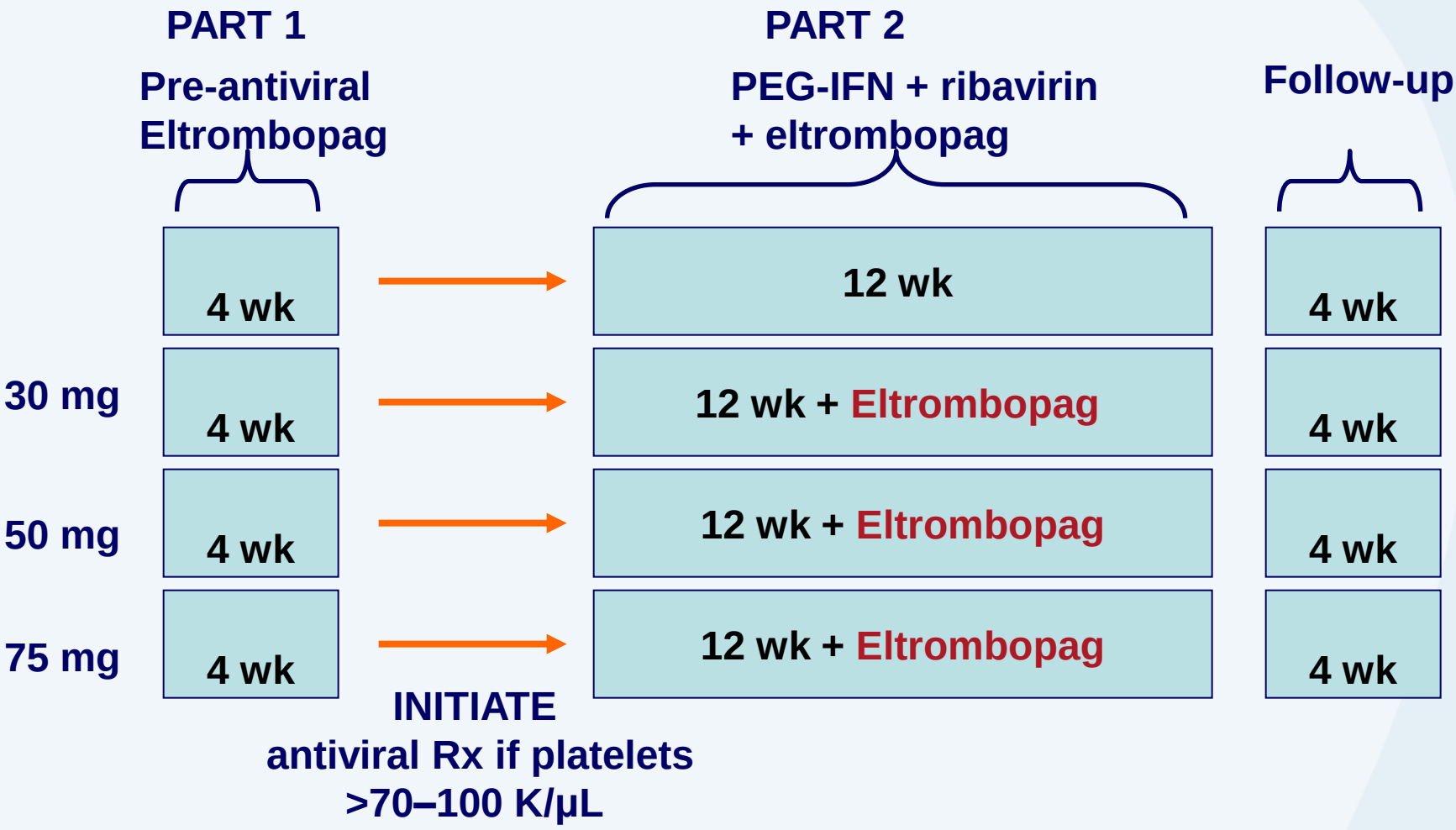
The Impact of New HepC Therapies on the Use of Eltrombopag in HepC

- Underlying thrombocytopenia is still an issue for many HepC patients
- The new protease inhibitors do not change that fact
  - New protease inhibitor therapies slightly increase the rate of thrombocytopenia
- Due to increased SVR seen with new cocktails, the need for eltrombopag should actually increase
  - Higher SVR rates may encourage doctors to treat more aggressively those patients with thrombocytopenia

Eltrombopag Clinical Studies

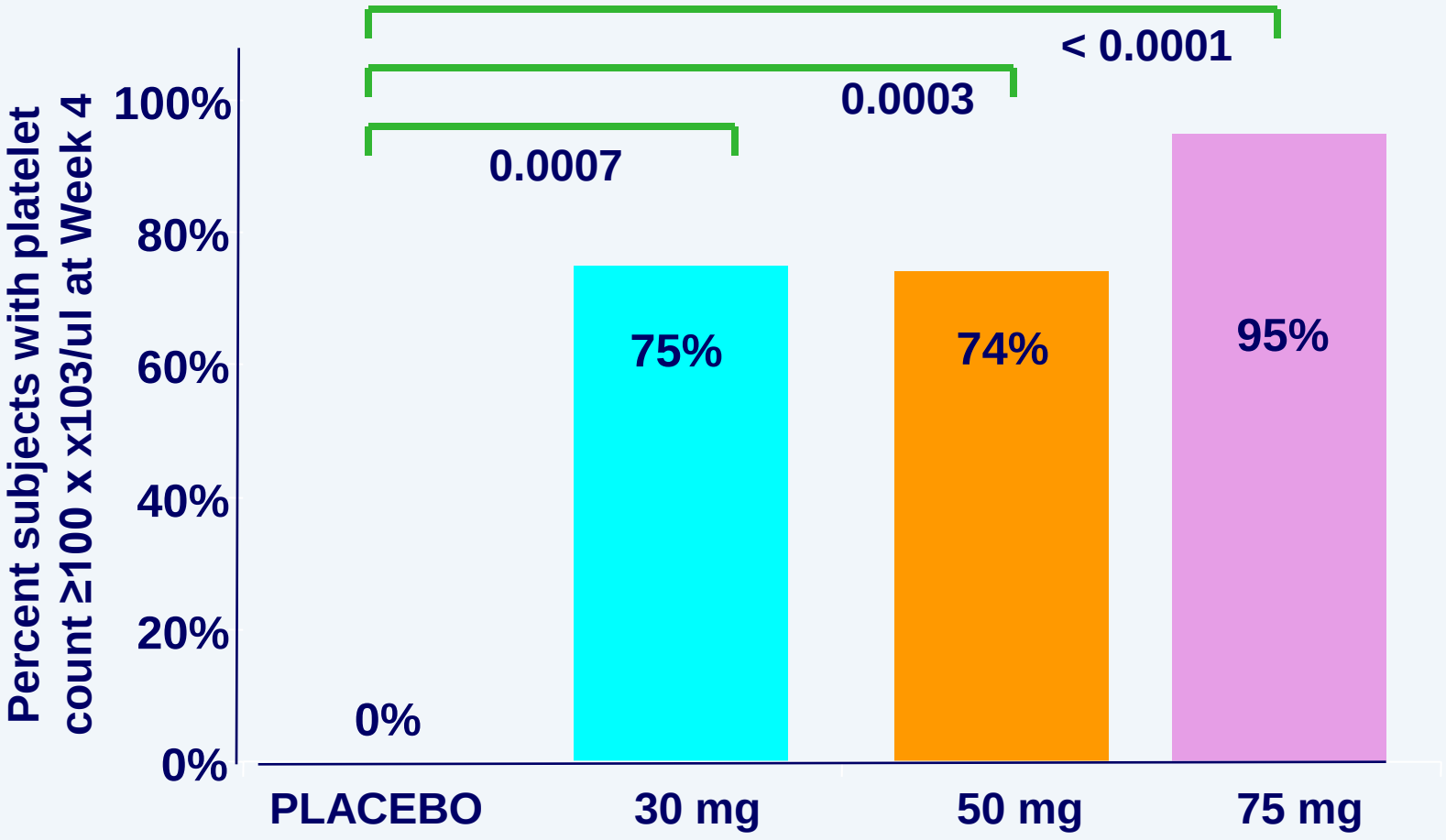
HepC Studies

Eltrombopag PII HepC Study Design



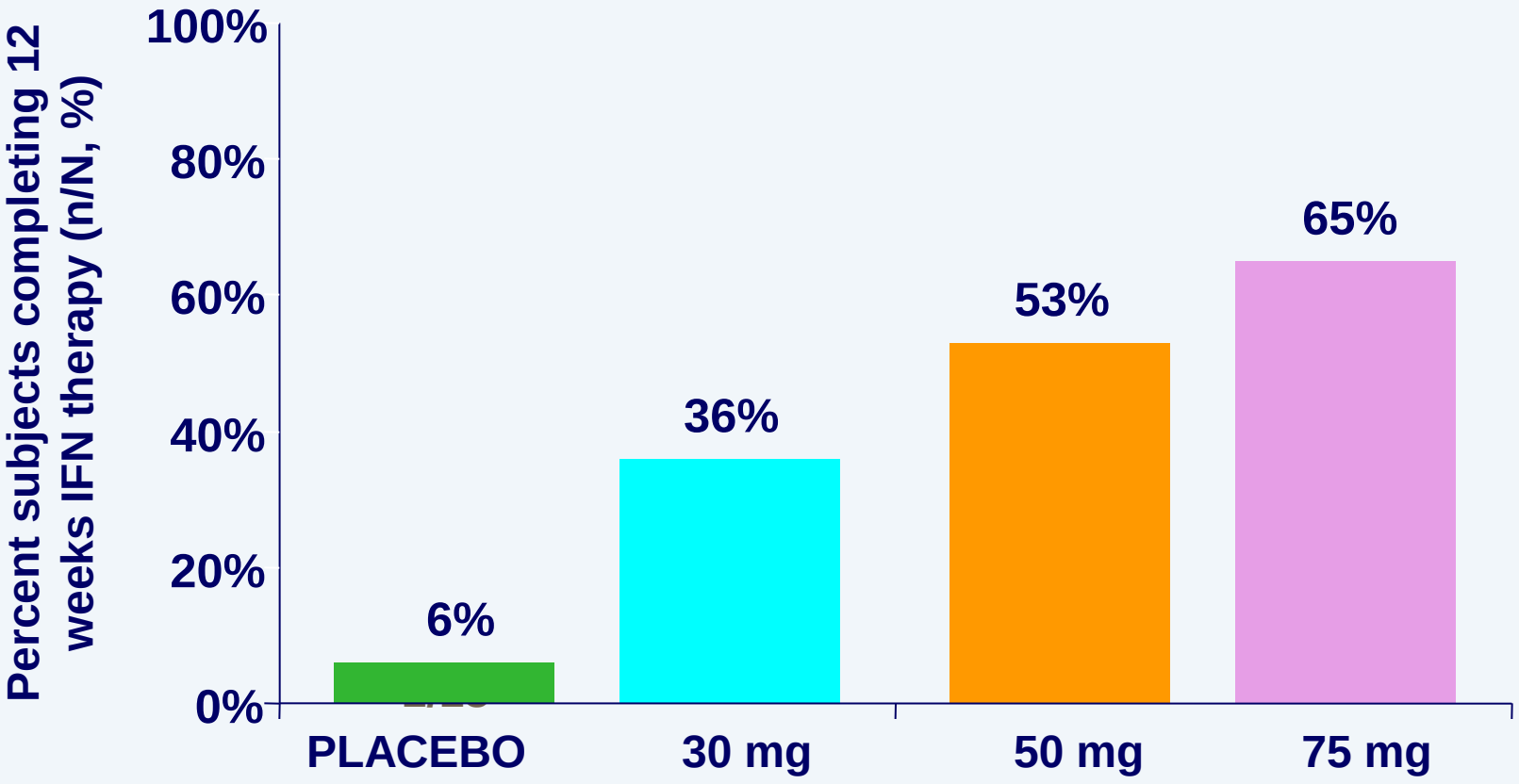
Phase II: Primary Efficacy Endpoint

Platelet count ≥ 100,000/uL at Week 4

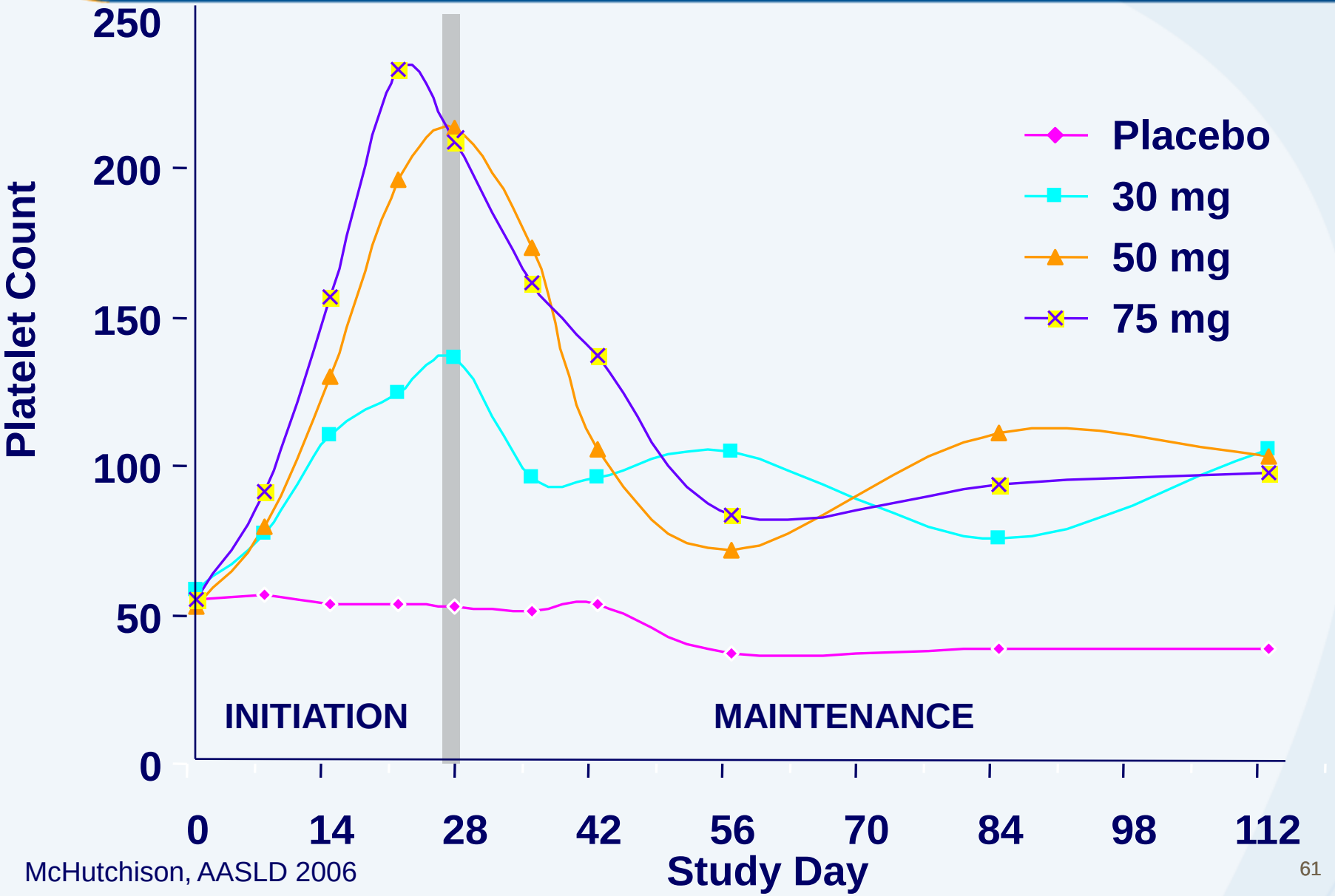


McHutchison, NEJM 2007

Phase II:
Subjects Completing 12 Weeks of PEG-IFN Therapy



Phase II:
Median Platelet Count > 200K without thrombotic events



McHutchison, AASLD 2006

Phase II: Adverse Events – Pre-Antiviral Phase

	Treatment Group, n (%)			
	PBO N=18	30mg N=14	50mg N=19	75mg N=23
Any AE	**10 (56)**	**11 (79)**	**10 (53)**	**13 (57)**
Headache	3 (17)	5 (36)	3 (16)	4 (17)
Dry mouth	1 (6)	2 (14)	2 (11)	2 (9)
Pruritus	0	0	0	2 (9)
Nausea	0	1 (7)	2 (11)	1 (4)
Fatigue	0	0	2 (11)	1 (4)
Upper abdominal pain	0	2 (14)	2 (11)	0
Insomnia	0	0	2 (11)	0
Arthralgia	0	2 (14)	1 (5)	0

No thromboembolic or elevated LFT events of concern

Phase II: Conclusions

- Eltrombopag increased platelet counts in subjects in all dose groups
- A significant number of subjects achieved the primary endpoint (Week 4) in all dose groups compared to placebo
- Eltrombopag enabled 45/56 subjects to initiate IFN therapy
  - 31 subjects completed 12 weeks of IFN therapy
- Preliminary PK findings in general indicate exposure increases with dose with wide variability
- No safety signals of concern in this initial short term study
- Safety and efficacy data supports further investigation of eltrombopag in this patient population

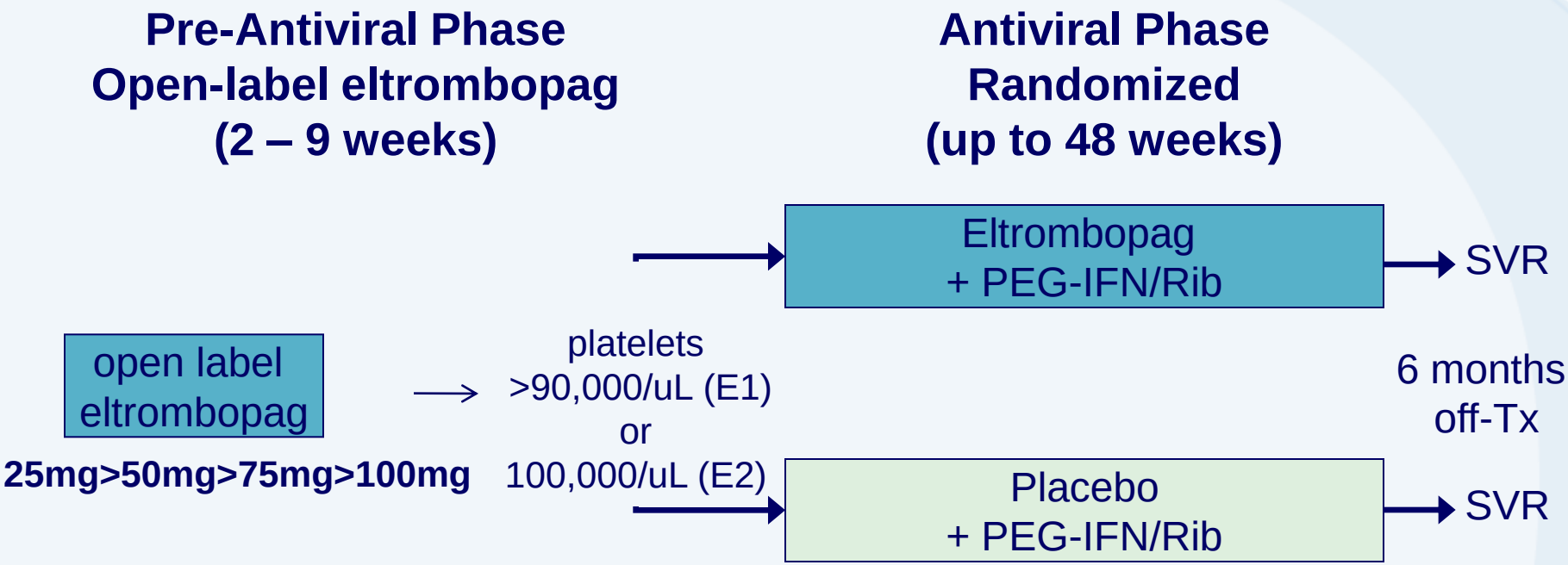
ENABLE 1 and 2

Two parallel global Phase III studies

Eltrombopag to I**N**itiate and Maintain Interferon **A**ntiviral Treatment to **B**enefit Subjects with Hepatitis C related **L**iver Diseas**E**

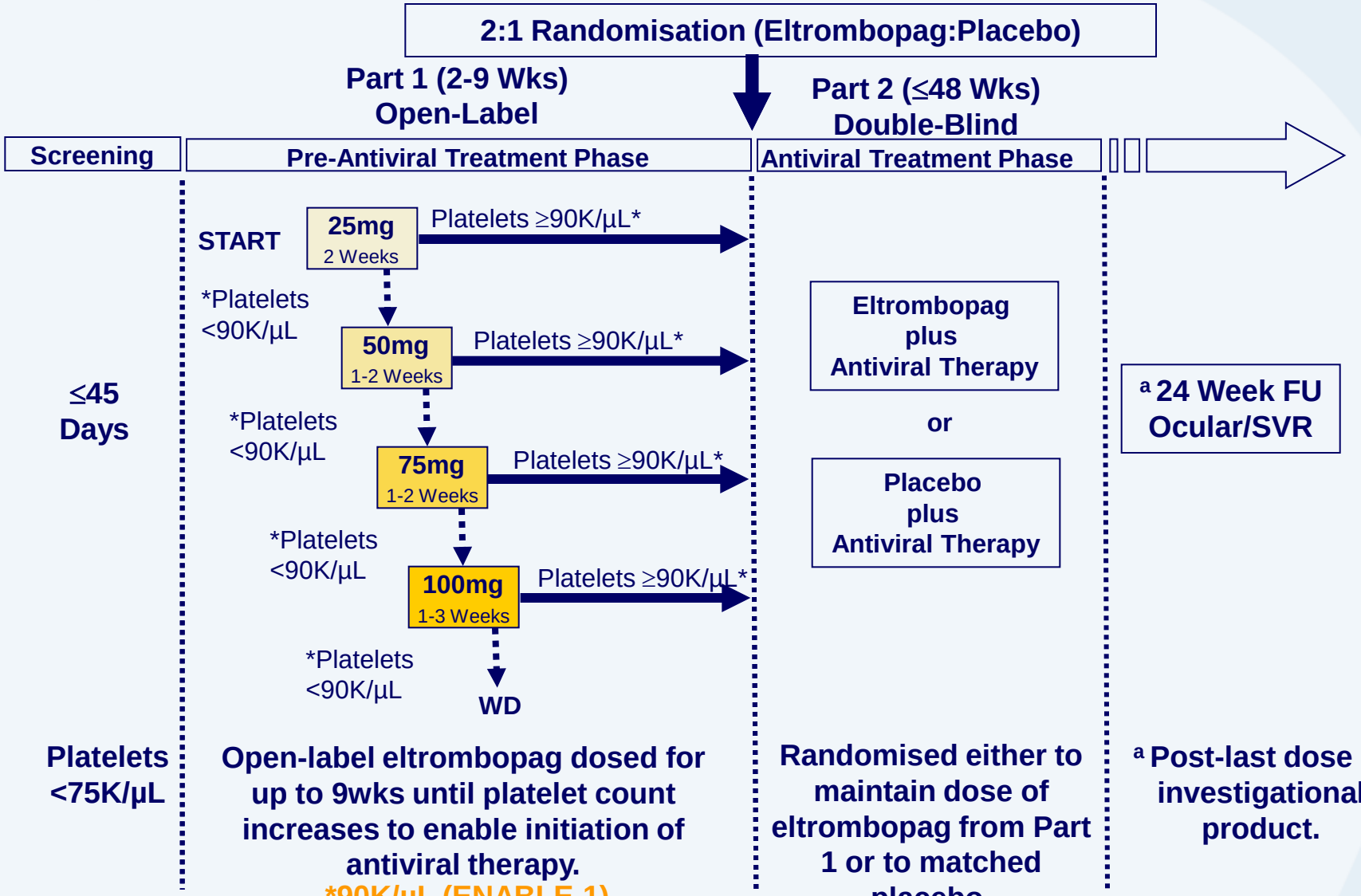
- peginterferon **alfa-2a (PEGASYS)** plus ribavirin – **ENABLE 1**
- peginterferon **alfa-2b (PEG-Intron)** plus ribavirin – **ENABLE 2**

Randomized Withdrawal Design



- 2:1 randomization eltrombopag:placebo
- Dose titration of eltrombopag allowed throughout
- Primary endpoint = proportion of patients achieving SVR (6M off –Tx)
- N=750 dosed/675 randomized study
- 3 regions, 26 countries, >250 centres

ENABLE 1 and 2 Study Design



Endpoints

- **SVR rate defined as percentage of subjects with non-detectable HCV-RNA at 24 weeks post-completion of the planned treatment period**

- Platelet count ≥90-100,000/μL in Part 1
- Dose modifications
- Safety and tolerability
- Platelet counts
- PK
- RVR, EVR and ETR
- Health-related quality of life
- Safety modified to include risk of thrombotic events – both studies completed without DSMB concerns

Eltrombopag Safety Summary

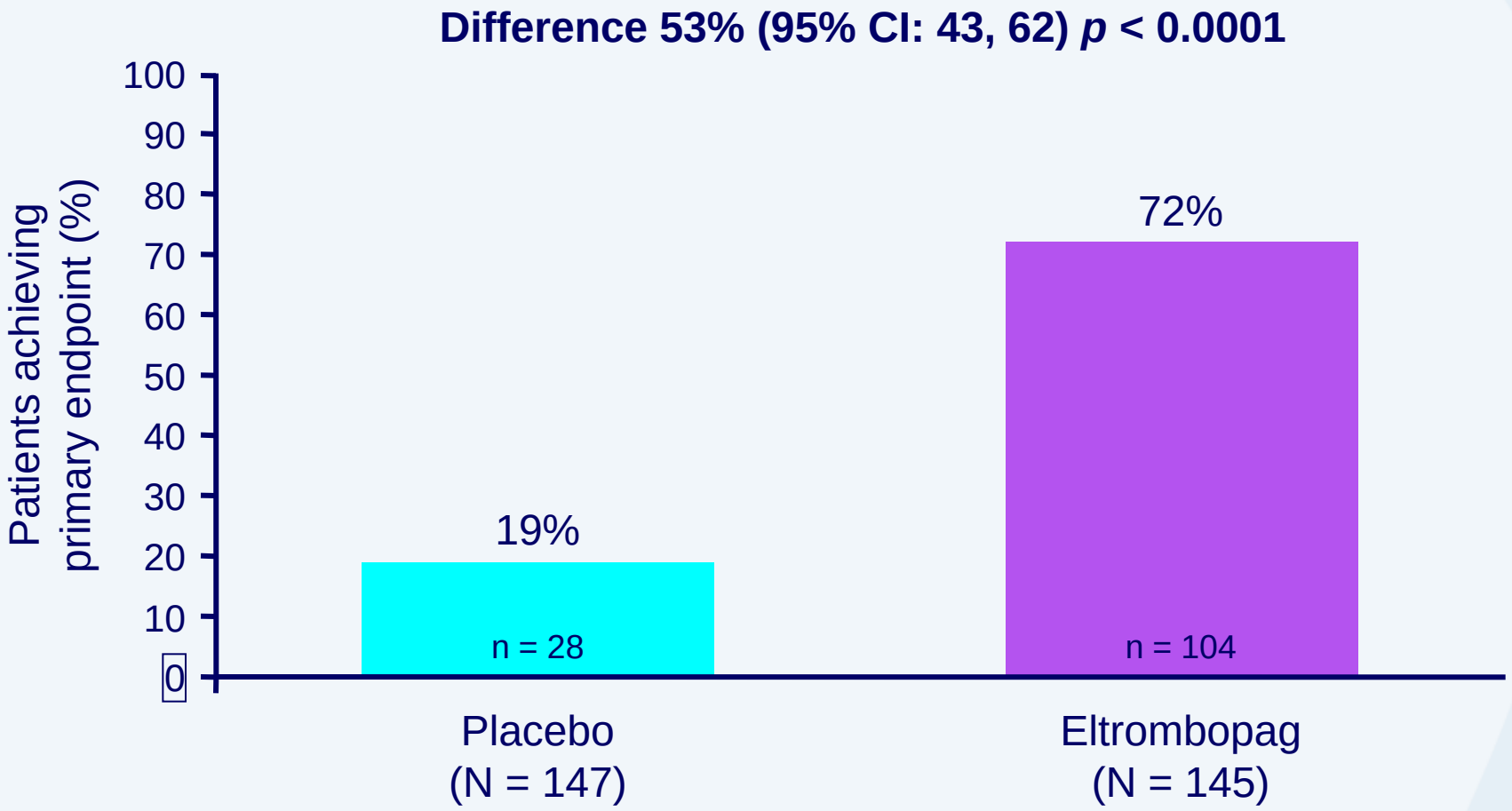
ELEVATE Study and Safety

Eltrombopag in Chronic Liver Disease Patients with Thrombocytopenia Undergoing an Elective Invasive Procedure: Results from ELEVATE, a Randomised Clinical Trial

N. Afdhal,[1] E. Giannini,[2] G.N. Tayyab,[3] A. Mohsin,[4] J-W. Lee,[5] A. Andriulli,[6] L. Jeffers,[7] J. McHutchison,[8] F. Campbell,[9] N. Blackman,[10] D. Hyde,[9] A. Brainsky,[11] D. Theodore[12]

1. Division of Gastroenterology/Liver Center, Beth Israel Deaconess Medical Center, Boston, MA, USA; 2. Gastroenterology Unit, Department of Internal Medicine, University of Genoa, Genoa, Italy; 3. Department of Medicine, Gastroenterology and Hepatology, Post Graduate Medical Institute, and Lahore General Hospital, Lahore, Pakistan; 4. Department of Gastroenterology, Services Hospital Lahore, Services Institute of Medical Sciences, Lahore, Pakistan; 5. Department of Internal Medicine, Inha University Hospital and School of Medicine, Incheon, Korea; 6. Department of Internal Medicine, Division of Gastroenterology, Casa Sollievo Sofferenza Hospital, San Giovanni Rotondo, Italy; 7. Center for Liver Diseases, University of Miami, Miller School of Medicine, Miami, FL, USA; 8. Division of Gastroenterology, Duke University Medical Center, Durham, NC, USA; 9. Clinical Development, GlaxoSmithKline, Stockley Park, Uxbridge, UK; 10. Biometrics and Epidemiology, GlaxoSmithKline, Collegeville, PA, USA; 11. Clinical Development, GlaxoSmithKline, Collegeville, PA, USA; 12. Clinical Development, GlaxoSmithKline, Research Triangle Park, NC, USA

Primary Endpoint: Avoiding Platelet Transfusions with Elective Invasive Procedure



Selected Adverse Events

	Placebo (N = 145)	Eltrombopag (N = 143)
	n (%)	n (%)
Bleeding	25 (17)	19 (13)
Thrombotic event	2 (1)	6 (4)
Ocular (focus on cataracts / visual acuity decrease)	6 (4)	6 (4)
Malignancies*	1 (<1)	1 (<1)

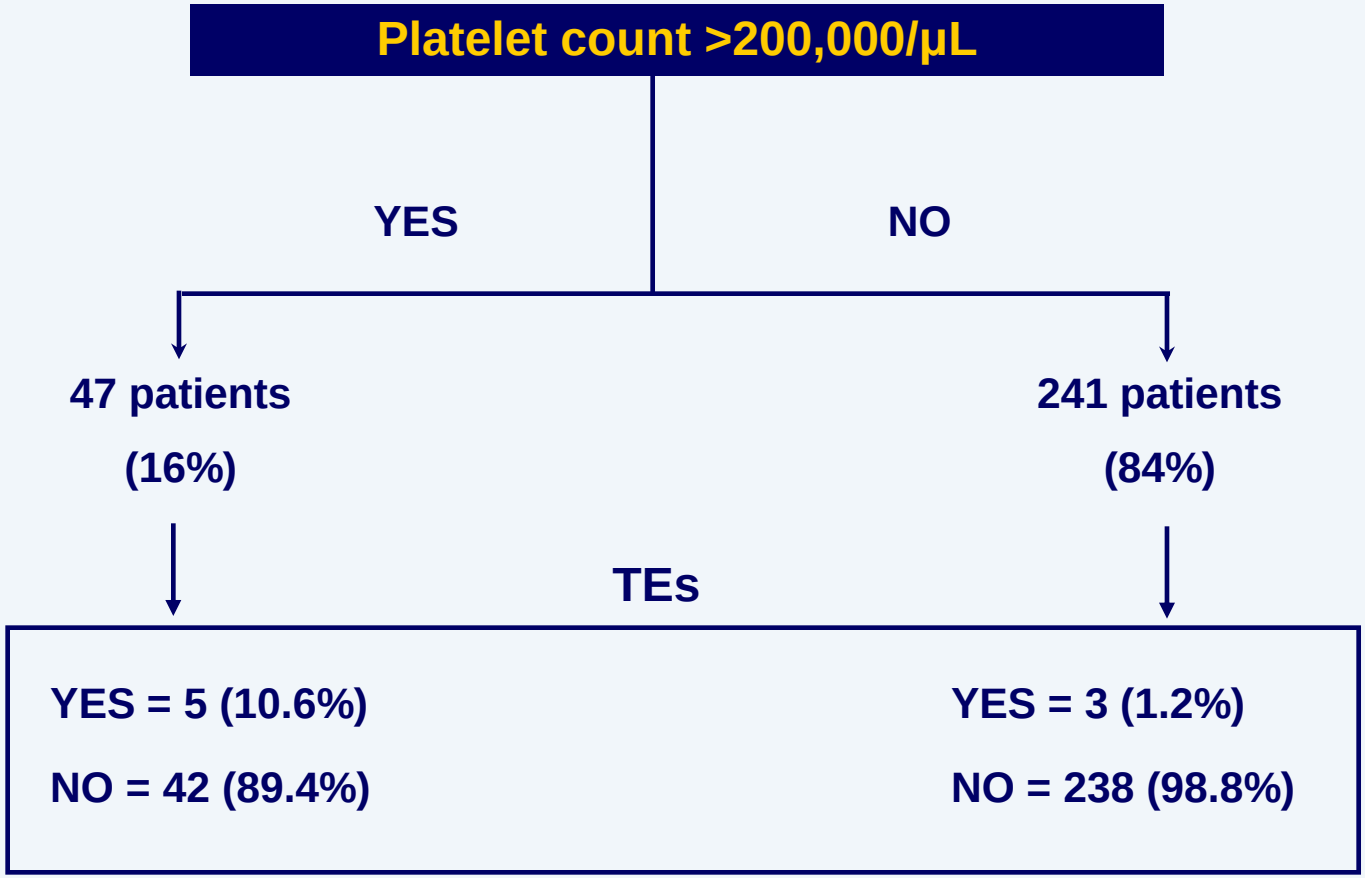
* Basal cell carcinoma (Grade 2) reported for one patient receiving placebo and B cell lymphoma (Grade 4) reported for one patient receiving eltrombopag; neither was considered to be related to treatment by the investigator.

Summary of Thrombotic Events

Thrombotic event	Temporal relationship to last dose	Temporal relationship to procedure	Platelet count at event (Gi/L)	Procedure
Eltrombopag				
PV / SMV thrombosis	+1	–6 days	417	Brain tumour resection
PV thrombosis	+5	+4 days	288	Oesophageal variceal ligation
SMV thrombosis	+8	+7 days	235	Dental extraction
SMV / mesenteric thrombosis	+9	+7 days	289	HCC ablation
SPV thrombosis	+14	+13 days	241	TACE
PV thrombosis	+38	+34 days	33	Oesophageal variceal ligation
Placebo				
Acute MI	+20	+19 days	83	Colon resection
Non-occlusive PV and mesenteric thrombosis	+128	+128 days	Unknown	Oesophagoduo-denoscopy

PV, portal vein; SMV, superior mesenteric vein; SPV, spleno-portal vein; MI, myocardial infarction

Thrombotic Events and Platelet Count



ELEVATE Conclusions

- Eltrombopag 75 mg for 14 days
  - Reduced the need for platelet transfusions in CLD patients with thrombocytopenia undergoing elective invasive procedures
  - Increased platelets during treatment period and up to 2 weeks following treatment
  - Similar incidence of adverse events and serious adverse events
  - More thrombotic events in the eltrombopag group
    - Relationship demonstrated for elevation of platelets
    - Procedure with endovascular inflammation essential feature

Eltrombopag Summary

- ENABLE studies are expected to confirm role of eltrombopag in HCV therapy in 2011
- Eltrombopag is expected to be more widely used in HCV – increased SVR – increased treatment
- Long term safety of eltrombopag continues to be better understood and continued expansion of the eltrombopag franchise is warranted

Ligand Pharmaceuticals Incorporated

Financial Highlights

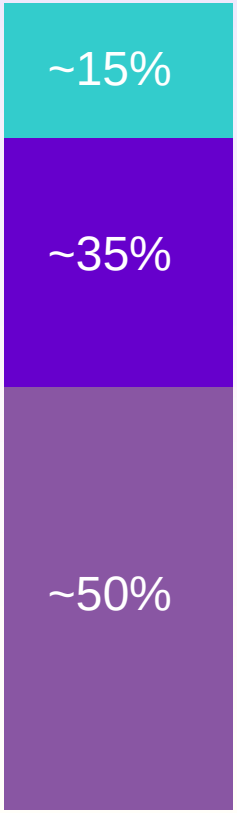
John Sharp

Vice President, Finance

and Chief Financial Officer

2011 Revenue Outlook

2011 Revenue Breakdown*



- Total 2011 revenue currently projected to be $22 - $24 million
  - $11 - $12 million from Captisol sales
  - $8 million from royalties
  - $3 - $4 million from license and other
- Potential for additional sources of revenue and cash in 2011 above these projections based on new license agreements

*Excludes revenue from new deals, if any

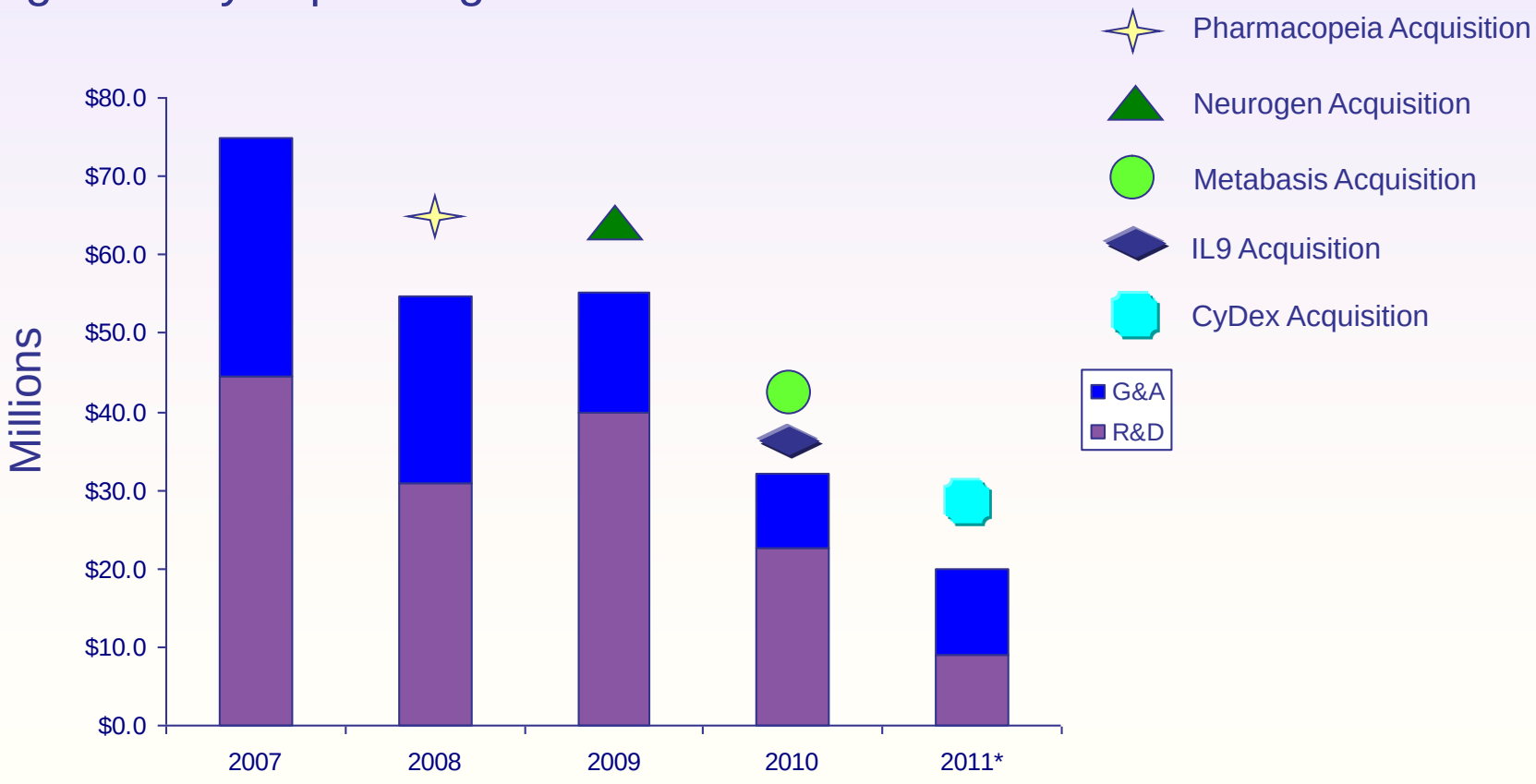
Financial Guidance

2011 Guidance:

- Revenue of $22 - $24 million
- Operating expenses projected to be ~$20 million
- Projecting turning profitable on an operating basis and having positive cash flow from operations by the 4th quarter of 2011
- Cash at year-end projected to be ~$20 million

Low Cost Structure

- Ligand has significantly reduced expenses over the last several years
- During the same period, the company closed 5 acquisitions while significantly expanding its asset base



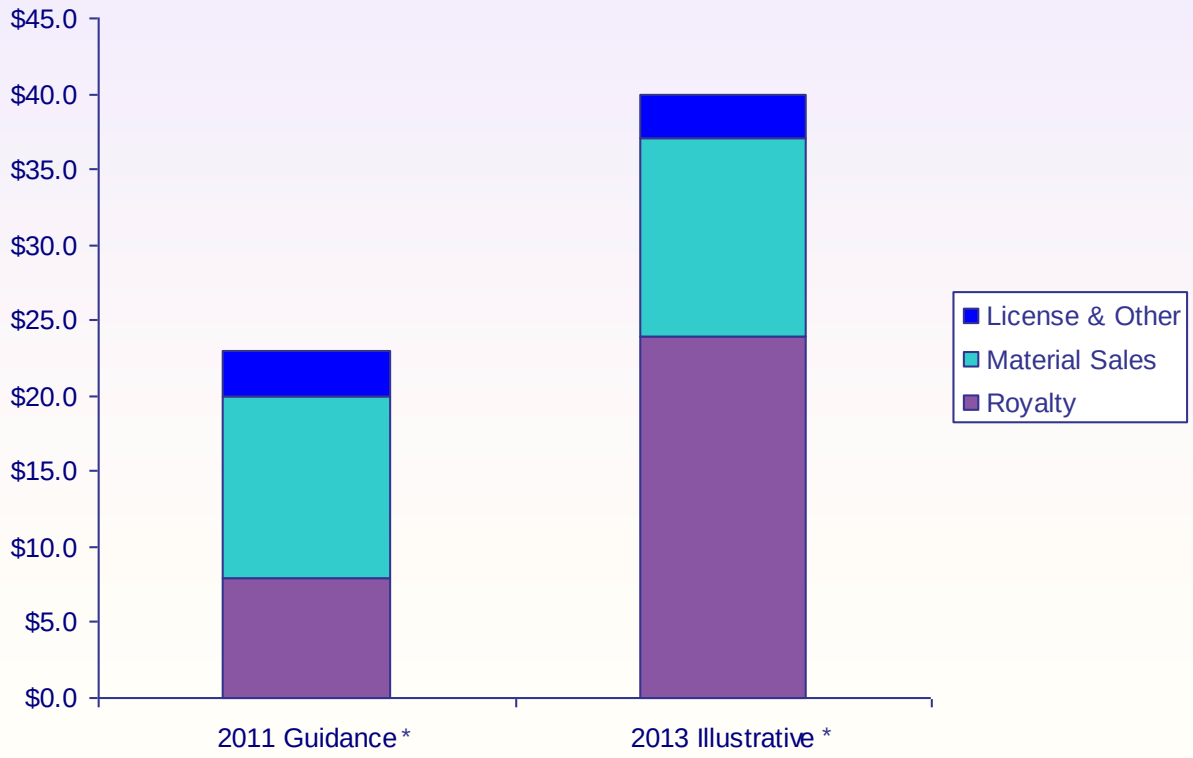
* High end of expense guidance range

Multiple Future Revenue Sources

- 8 programs currently generating royalty revenues
- Over 50 partnered programs
- Numerous internal programs
- Growing Captisol business

Expected Revenue Growth

- Revenue could potentially double within two years on similar cost structure
- Recurring and high-growth royalty revenue projected to drive the majority of revenue in 2013



*Excludes revenue from new deals, if any

High Quality Revenue

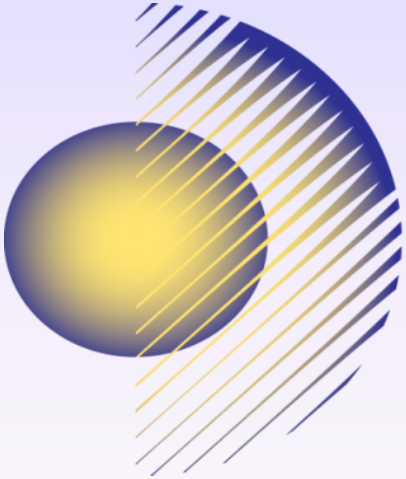
Future revenue drivers:

- Increased royalties from multiple commercial products (Promacta,Conbriza, Carfilzomib, Nexterone, etc…)
- Steadily increasing Captisol sales
- Less dependence on “one-time” license/milestone events

- Continued potential for additional sources of revenue and cash from new license agreements

Value of Net Operating Loss Carryforwards (NOL)

- Ligand has accumulated substantial NOL's through our operating history and acquisitions
- NOL's should provide significant relief on taxable income if the company turns profitable
- NOL's as of December 31, 2010 = $438 million
- Due to tax code, NOL's are limited in the quantity and the timing in which they can be used, so we do not expect to get a full offset on taxable income immediately
- Estimated net present value of NOL's = ~$100M
- In near-term, the NOL tax should reduce federal tax rate from 34% down to 2% (AMT)
- Additionally, Ligand has ~$16 million of federal R&D Tax Credits



LIGAND®