The approval and introduction of Sovaldi® as a treatment for chronic hepatitis C virus (HCV) infection stands out among Gilead's 2013 accomplishments. For millions of people living with HCV, Sovaldi®-based therapy may offer a cure with a significantly shorter and less burdensome course of treatment. Gilead also advanced new HIV products and research during the past year and made significant progress in oncology, the company’s newest therapeutic area of focus. Fueled by strong commercial performance, Gilead’s financial position is stronger than ever, with record total revenues in 2013 of $11.2 billion.

Each of the milestones and accomplishments of the past year exemplify Gilead’s mission of developing and delivering medicines that redefine how serious diseases are treated. Our accomplishments also exemplify the dedication of Gilead’s 6,050 employees, who collaborate with the medical community, partners and each other to understand and to pursue what’s in the best interest of patients.

A New Era in Hepatitis C Treatment, Continued Focus on Liver Diseases

On December 6, Sovaldi, a once-daily nucleotide analog polymerase inhibitor for the treatment of chronic HCV infection, was approved by the U.S. Food and Drug Administration (FDA) as a component of a combination antiviral treatment regimen. This milestone is the culmination of many years of work—developing the molecule, designing clinical trials to best define its use across various genotypes and patient populations, and ensuring involvement of the medical community, which has long awaited a new treatment. In addition, Gilead worked quickly to build an experienced commercial and medical affairs organization prepared to support the introduction of Sovaldi around the world.

Sovaldi’s efficacy has been established in patients with HCV genotypes 1, 2, 3, and 4 infection. In certain Phase 3 studies in combination with other medicines, Sovaldi achieved cure rates as high as 90 percent, while shortening the duration of therapy from 24-48 weeks to 12 weeks in some patients and altogether eliminating the need for debilitating interferon injections in other patients.

The product was approved in Canada in mid-December and regulatory filings in Turkey, Switzerland, Australia and New Zealand set the stage for additional approvals in 2014. In the European Union, it received positive opinions from the Committee for Medicinal Products for Human Use in late November and full European Commission approval in January 2014. In Japan, an agreement with the Japanese regulatory agency (Pharmaceuticals and Medical Devices Agency) was established, and Phase 3 clinical trials of sofosbuvir in combination with other medicines were initiated and fully enrolled, with the goal of submitting a regulatory filing in the second half of 2014. Gilead’s operations in Japan were formally established in late 2013, and the commercial organization will be fully built and staffed over the course of 2014.

Sovaldi has the potential to become the cornerstone of interferon-free, all-oral treatment regimens that achieve higher cure rates more rapidly and with fewer side effects. On December 18, topline results were announced from three Phase 3 studies demonstrating that a single tablet regimen of sofosbuvir and the investigational NS5A inhibitor, ledipasvir, can provide high cure rates without the need for interferon or ribavirin in the treatment of patients with genotype 1 infection, which accounts for a majority of HCV cases in North America and Europe. The U.S. regulatory filing for this fixed-dose combination was completed in February 2014. Also underway is the clinical development of the pan-genotypic NS5A inhibitor, GS-5816, which may have the potential to simplify therapy for all HCV patients, irrespective of viral genotype.

In the area of chronic hepatitis B, Gilead initiated a Phase 3 program for tenofovir alafamid (TAF), a novel, low-dose prodrug of tenofovir that has the potential to optimize clinical efficacy, safety and tolerability relative to existing chronic hepatitis B virus (HBV) therapies. For most patients with chronic hepatitis B, lifelong antiviral therapy is required. Curing HBV infection is the ultimate goal and Gilead is pursuing novel therapies and approaches such as oral medicines and therapeutic vaccines that may provide finite treatment for patients.

Innovating in HIV Medicine

Gilead continues its efforts to improve treatment for HIV and expanding access to therapy for patients around the world. Stribild® became the leading prescribed regimen for treatment-naive HIV patients in the United States, received European Commission approval in May and was subsequently launched in the United Kingdom, Austria, Germany, Luxembourg, Ireland, Spain, Poland, Switzerland, the Netherlands and all the Nordic countries. Uptake of this product increased significantly throughout the year in the United States and Europe. Data characterizing the efficacy and safety of Stribild over three years were presented in October at the annual conference of the European AIDS Clinical Society. Gilead’s second single tablet regimen for HIV, Complera®, received a prescribing label expansion in the United States to include suppressed patients switching from a stable antiretroviral treatment regimen. In Europe, where it is marketed as EvEquin®, the product received a similar expanded indication.

Tybocept®, a boosting agent for certain protease inhibitor-based regimens, and Vitekta®, an integrase inhibitor, were approved in the European Union and Canada in the second half of 2013. Following receipt of a Complete Response Letter from FDA in April 2013, Gilead is working to resubmit applications for both of these products in the United States. In January 2013, a large-scale Phase 3 clinical program was initiated for Gilead’s newest single tablet regimen of TAF combined with elvitegravir, cobicistat and emtricitabine. Phase 2 data for the TAF-based single tablet regimen presented at the 53rd Interscience Conference on Antimicrobial Agents and Chemotherapy in September showed that it was similar to Stribild in efficacy, with what appears to be a more favorable safety profile in terms of renal and bone indicators. These data support the potential of TAF to become a key component of Gilead’s next-generation single tablet regimens. Initial results from the large-scale Phase 3 program are anticipated in early 2015.

To Our Stockholders, Employees and Friends:

In 2013, Gilead made major advances across our areas of therapeutic focus, significantly expanded the company’s global reach, delivered medicines to a record number of patients and announced the strongest revenues in the company’s history.
Significant Advances in Oncology

In late 2013, marketing applications were submitted in the United States and the European Union for Gilead’s lead oncology treatment, idelalisib, a first-in-class PI3K delta inhibitor, for patients with indolent non-Hodgkin’s lymphoma (iNHL) or chronic lymphocytic leukemia (CLL) who do not respond to or who can’t tolerate existing treatments. The filings were based on encouraging clinical study results, including results of a Phase 3 CLL study that was stopped early due to a statistically significant efficacy advantage in the idelalisib arm. The product was awarded “breakthrough designation” by the FDA for relapsed CLL and review is expected to be completed by early August 2014. Studies are ongoing to further characterize idelalisib’s clinical profile. iNHL and CLL are cancers of the lymphatic system and advancing new treatment options for these patients is critical.

A pivotal Phase 3 clinical trial was recently initiated for the novel Jak inhibitor momelotinib for the treatment of myelofibrosis, a life-threatening bone marrow disorder. Momelotinib came to Gilead with the acquisition of YM Biologics, Inc., which was completed in February 2013.

Progress in Cardiovascular and Respiratory Disease

Gilead’s commercial products for cardiovascular and respiratory diseases together exceeded $1 billion in annual revenues for the first time in 2013. In the area of cardiovascular disease, data from a Phase 4 trial of heartware demonstrated a reduced incidence of chest pain among chronic angina patients with type 2 diabetes. Phase 3 studies of fenofibrate in type 2 diabetes are ongoing and data should become available in 2014. In August 2013, Letairis®, an endothelin receptor antagonist (ERA) medicine for the treatment of pulmonary arterial hypertension (PAH), received a favorable change to the product’s Risk Evaluation and Mitigation Strategy (REMS). As a consequence of this new modification, only females of reproductive potential will have to enroll into and be monitored regularly through the Letairis REMS program, which greatly lessens the burden on prescribers and the majority of patients. Letairis is now the most frequently prescribed ERA therapy for newly diagnosed PAH patients.

During 2013, Cosyntropin™, an iodinated antibiotic used to improve respiratory symptoms in people with cystic fibrosis who have Pseudomonas aeruginosa, was added to pulmonary treatment guidelines. The product is now recommended for chronic use in people living with the disease. Also in the area of respiratory disease, simtuzumab continues to progress in Phase 2 clinical studies for idiopathic pulmonary fibrosis (IPF). IPF is a chronic disease characterized by a progressive scarring of the lungs. Simtuzumab is also being studied in various Phase 2 studies for idiopathic pulmonary fibrosis (IPF). IPF is a chronic disease characterized by a progressive scarring of the lungs. Simtuzumab is also being studied in various Phase 2 studies for idiopathic pulmonary fibrosis (IPF). IPF is a chronic disease characterized by a progressive scarring of the lungs.

Addressing Future Patient Needs

To support the progress Gilead made in drug development and commercialization in 2013, Gilead’s international presence expanded with measured growth in Asia-Pacific, Latin America and Eastern Europe, through the establishment of new affiliate operations in Argentina, Australia, Russia and the Czech Republic. Gilead’s growing global operations will allow the company to reach more patients than ever before.

I would like to thank our shareholders for their ongoing support, Board of Directors for its continued guidance and our employees, partners and stakeholders for their contributions.

All of us at Gilead look forward to further exciting developments in 2014, as we work to provide innovative therapeutic options for people with life-threatening diseases around the world.

John C. Martin, PhD
Chairman and Chief Executive Officer

Expanding Access for Patients

Across therapeutic areas, Gilead works to ensure access to the company’s medicines, regardless of patients’ ability to pay for healthcare or where they live in the world. 2013 marked the 10th anniversary of Gilead’s global HIV treatment access program. Today, the company’s antiretrovirals reach more than 4.7 million people in developing countries, representing nearly 50 percent of all patients on antiretroviral therapy in resource-limited settings. This accomplishment is the result of the voluntary licensing partnerships with multiple generic drug manufacturers in India and South Africa that have helped to expand supply and reduce the cost of therapy. In the area of chronic hepatitis C, Gilead is working to register Sovadda in a number of developing countries. Local clinical trials in certain countries—including Egypt, which has a high prevalence of the disease and a well-established healthcare infrastructure—also are underway.

In the United States, comprehensive patient assistance programs provide Gilead medicines for uninsured individuals, as well as for those who cannot afford health insurance co-pays.

Forward-Looking Statement

The Annual Report includes forward-looking statements regarding our clinical studies and product candidates, including the anticipated timing and achievement of certain development milestones. Regulatory filings and product launches. Such statements are predictions and involve risks and uncertainties such that actual results may differ materially. Please refer to Gilead’s Annual Report on Form 10-K for the year ended December 31, 2013 attached to this report for the risks and uncertainties affecting Gilead’s business. Gilead disclaims any obligation to update any forward-looking statements in this report.
### Oncology/Inflammation

**IDELALISIB** (PI3K Delta Inhibitor)
- **Potential Indication:** Indolent Non-Hodgkin’s Lymphoma

**IDELALISIB** (PI3K Delta Inhibitor)
- **Potential Indication:** Chronic Lymphocytic Leukemia

**PHASE 3**
- Single tablet regimen of IDELALISIB/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE
- Potential Indication: HIV/AIDS

**MOMELOTINIB** (JAK Inhibitor)
- **Potential Indication:** Myelofibrosis

**PHASE 2**
- Single tablet regimen of MOMELOTINIB/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE
- Potential Indication: HIV/AIDS

**SIMTUZUMAB** (Monoclonal Antibody)
- **Potential Indication:** Pancreatic Cancer

**SIMTUZUMAB** (Monoclonal Antibody)
- **Potential Indication:** Myelofibrosis

**SIMTUZUMAB** (Monoclonal Antibody)
- **Potential Indication:** Colorectal Cancer

**GS-9973** (SYK Inhibitor)
- **Potential Indication:** Hematological Malignancies

**PHASE 1**
- Single tablet regimen of GS-9973/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE
- Potential Indication: HIV/AIDS

**GS-9973** (SYK Inhibitor)
- **Potential Indication:** Chronic HCV Infection

**PHASE 2**
- Single tablet regimen of GS-9973/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE
- Potential Indication: Chronic HBV Infection

**PHASE 3**
- Single tablet regimen of GS-9973/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE
- Potential Indication: Chronic HCV Infection

**GS-5745** (MMP9 MAB Inhibitor)
- **Potential Indication:** Solid Tumors

**PHASE 3**
- Single tablet regimen of GS-5745/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE
- Potential Indication: HIV/AIDS

**PHASE 2**
- Single tablet regimen of GS-5745/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE
- Potential Indication: HIV/AIDS

### Liver Diseases

**CHRONIC HEPATITIS C**
- US Regulatory Submission
- Fixed-dose combination of Ledipasvir and Sofosbuvir
- Potential Indication: Chronic HCV Infection

**PHASE 2**
- Fixed-dose combination of Ledipasvir and GS-5816
- Potential Indication: Chronic HCV Infection

**GS-5816** (NS5B Inhibitors)
- Potential Indication: Chronic HCV Infection

**GS-4774** (Targeted Cell Immunity Stimulator)
- **Potential Indication:** Chronic HBV Infection

**PHASE 1**
- GS-5745 (TLR-7 Agonist)
- Potential Indication: Chronic HBV Infection

**GS-9620** (TLR-7 Agonist)
- **Potential Indication:** Chronic HBV Infection

### Cardiovascular Disease

**RANOLAZINE** (Late Sodium Current Inhibitor)
- **Potential Indication:** Incomplete Revascularization Post-PCI

**PHASE 3**
- Ranolazine/Dronedarone fixed-dose combination
- **Potential Indication:** Type 2 Diabetes

**PHASE 2**
- Ranolazine/Dronedarone fixed-dose combination
- **Potential Indication:** Paroxysmal Atrial Fibrillation

**GS-6615** (Late Sodium Current Inhibitor)
- **Potential Indication:** Long QT-3 Syndrome

**GS-6615** (Late Sodium Current Inhibitor)
- **Potential Indication:** Hypertrophic Cardiomyopathy

**GS-6615** (Late Sodium Current Inhibitor)
- **Potential Indication:** Ventricular Fibrillation

**GS-6615** (Late Sodium Current Inhibitor)
- **Potential Indication:** Ventricular Tachycardia/Ventricular Fibrillation

**GS-4997** (ASK-1 Inhibitor)
- **Potential Indication:** Diabetic Nephropathy

### Respiratory Disease

**PHASE 2**
- GS-5806 (Fusion Inhibitor)
- **Potential Indication:** Respiratory Syncytial Virus

**PHASE 2**
- GS-5806 (Fusion Inhibitor)
- **Potential Indication:** Respiratory Syncytial Virus

**GS-5806** (Fusion Inhibitor)
- **Potential Indication:** Respiratory Syncytial Virus

**GS-5806** (Fusion Inhibitor)
- **Potential Indication:** Respiratory Syncytial Virus
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Director, Scripps Translational Science Institute,
Professor of Medicine,
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University of California, San Diego

CORPORATE INFORMATION
Gilead Sciences is a biopharmaceutical company that discovers, develops and commercializes innovative therapeutic products in areas of unmet medical need. The company’s mission is to advance the care of patients suffering from life-threatening diseases worldwide.

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Fax: (650) 574-3100
www.gilead.com

STOCK LISTING
Gilead common stock is traded on the Nasdaq Global Select Market, under the symbol GILD.

ANNUAL MEETING
The annual meeting of stockholders will be held at 10:00 a.m. on
Wednesday, May 7, 2014, at the
Westin San Francisco Airport Hotel.

TRANSFER AGENT AND REGISTRAR
Computershare
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www.computershare.com/investor

EQUITY OPPORTUNITY EMPLOYER
Gilead Sciences is proud to be an equal opportunity employer and
extends employment to men and
women from culturally diverse backgrounds.
Our environment recognizes individual differences and respects each employee as an
integral member of our company.
Our workforce reflects these values
and celebrates the individuals who
make up our growing team.

INDEPENDENT REGISTERED PUBLIC ACCOUNTANTS
Ernst & Young LLP
Palo Alto, California

FINANCIAL CONTACTS
John C. Martin, PhD
Chief Financial Officer
(650) 574-3000

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Foster City, CA 94404 USA
Phone: (650) 574-3285 or (800) 574-3300
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STOCKHOLDER INQUIRIES
Inquiries from our stockholders and potential investors regarding our company are always welcome and
will receive a prompt response. Please direct your requests for information to:
Investor Relations
Gilead Sciences, Inc.
333 Lakeside Drive
Foster City, CA 94404 USA
Phone: (650) 574-3285 or (800) 574-3300

Information regarding Gilead also is

Gilead Sciences, Inc.
Headquartered in Foster City, California, Gilead has operations in North and South America, Europe and Asia Pacific.

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