TR-1: NOTIFICATION OF MAJOR INTERESTS IN SHARES

1. Identity of the issuer or the underlying issuer **HUTCHISON CHINA MEDITECH LTD** of existing shares to which voting rights are attached: 2. Reason for the notification (please tick the appropriate box or boxes) An acquisition or disposal of voting rights Yes An acquisition or disposal of financial instruments which may result in the No acquisition of shares already issued to which voting rights are attached An event changing the breakdown of voting rights No Other (please specify): No 3. Full name of person(s) subject to the **UBS Investment Bank** notification obligation: **4. Full name of shareholder(s)** (if different from 3.): **UBS AG London Branch 5. Date of the transaction** (and date on which the 17 March 2009

19 March 2009

7.97%

threshold is crossed or reached if different):

7. Threshold(s) that is/are crossed or reached:

6. Date on which issuer notified:

8. Notified details: A: Voting rights attached to shares Situation previous to the Triggering transaction Class/type of Resulting situation after the triggering transaction shares if possible using the ISIN CODE Number of Number of Number Number of voting rights % of voting rights Shares Voting of shares Rights Direct Direct Indirect Direct Indirect KYG4672N1016 2,682,223 2,682,223 4,082,223 4,082,223 7.97%

| B: Financial Instruments | | | | | | | |
|--|-----------------|--------------------------------------|---|--------------------|--|--|--|
| Resulting situation after the triggering transaction | | | | | | | |
| Type of financial instrument | Expiration date | Exercise/ Conversion Period/ Date | Number of voting rights that may be acquired if the instrument is exercised/ converted. | % of voting rights | | | |
| - | - | - | - | - | | | |

| Total (A+B) | | | | |
|-------------------------|--------------------|--|--|--|
| Number of voting rights | % of voting rights | | | |
| 4,082,223 | 7.97% | | | |

| 9. Chain of controlled undertakings through which the voting rights and/or the financial instruments are effectively held, if applicable: | | | | |
|---|---|------------|--|--|
| - | | | | |
| | | | | |
| | | | | |
| | | | | |
| Proxy Voting: | | | | |
| 10. Name of the proxy holder: | - | | | |
| 11. Number of voting rights proxy cease to hold: | - | | | |
| 12. Date on which proxy holder w voting rights: | - | | | |
| | | | | |
| 13. Additional information: | | | | |
| 14. Contact name: Cintia Goertz / Loui | | e Robinson | | |
| 15. Contact telephone number: 0207 568 4981 | | | | |

For notes on how to complete form TR-1 please see the FSA website.