BeiGene Corporate Presentation

March 8, 2024

Disclosures

Certain statements contained in this presentation and in the accompanying oral presentation, other than statements of fact that are independently verifiable at the date hereof, may constitute forward-looking statements. Examples of such forward-looking statements include statements regarding BeiGene's research, discovery, and pre-clinical and early-stage clinical programs and plans; recent clinical data for BeiGene's product candidates and approvals of its medicines; the conduct of late-stage clinical trials and expected data readouts; additional planned commercial product launches; and the advancement of and anticipated clinical development, regulatory milestones and commercialization of BeiGene's medicines and drug candidates. Actual results may differ materially from those indicated in the forward-looking statements as a result of various important factors, including BeiGene's ability to demonstrate the efficacy and safety of its drug candidates; the clinical results for its drug candidates, which may not support further development or marketing approval; actions of regulatory agencies, which may affect the initiation, timing and progress of clinical trials and marketing approval; BeiGene's ability to achieve commercial success for its marketed medicines and drug candidates, if approved; BeiGene's ability to obtain and maintain protection of intellectual property for its technology and medicines; BeiGene's reliance on third parties to conduct drug development, manufacturing and other services; BeiGene's limited experience in obtaining regulatory approvals and commercializing pharmaceutical products and its ability to obtain additional funding for operations and to complete the development and commercialization of its drug candidates and achieve and maintain profitability; the impact of the COVID-19 pandemic on BeiGene's clinical development, commercial, regulatory and other operations, as well as those risks more fully discussed in the section entitled "Risk Factors" in BeiGene's most recent periodic report filed with the SEC, as well as discussions of potential risks, uncertainties, and other important factors in BeiGene's subsequent filings with the SEC. All information in this presentation is as of the date of this presentation, and BeiGene undertakes no duty to update such information unless required by law.

Some of the clinical data in this presentation relating to BeiGene's investigational drug candidates is from pre-clinical studies or early phase, single-arm clinical trials. When such data or data from later stage trials are presented in relation to other investigational or marketed drug products, the presentation and discussion are not based on head-to-head trials between BeiGene's investigational drug candidates and other products unless specified in the trial protocol. BeiGene is still conducting pre-clinical studies and clinical trials and, as additional patients are enrolled and evaluated, data on BeiGene's investigational drug candidates may change.

This presentation and the accompanying oral presentation contain data and information obtained from third-party studies and internal company analysis of such data and information. BeiGene has not independently verified the data and information obtained from these sources. Forward-looking information obtained from these sources is subject to the same qualifications noted above.

BeiGene Today

A global oncology company discovering and developing innovative treatments that are more accessible and affordable to cancer patients worldwide

$2.5B
FY 2023 total revenue

74%
FY 2023 revenue growth vs. prior year

17
Commercial products

$3.2B
Q4 2023 ending cash balance

Global Clinical Development Speed and Cost Advantaged 3,000+ Global Clinical Team

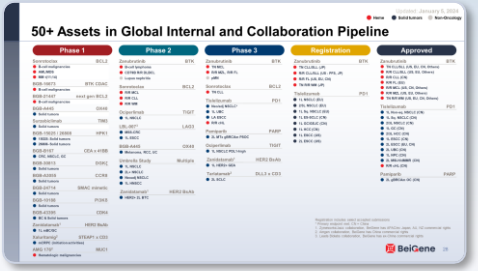
22,000+
Patients enrolled in 130+ trials in approximately 45+ countries and regions

Top Global Talent
10,000+
Colleagues worldwide

Global Scale Manufacturing
Princeton Innovation Center, NJ – Biologics
Guangzhou, China – Biologics and ADC
Suzhou, China – Small molecule drug product

50+

Potential Medicines in Pipeline*



Why Is BeiGene Unique?

Premise

- Built to address affordability and ensure a sustainable, profitable company in an increasingly price-challenged world
- Define our patients as 4/6 of the world – 4X that traditionally reached by industry

Approach

- Focused from inception on reducing major cost – ***clinical costs*** – through:
  - Broadening local and global inclusion
  - Building CRO-free internal team
  - Enabling technology
- Invested internally to also meaningfully reduce:
  - Research costs
  - Manufacturing costs

Implication

- Reducing costs of clinical trials and increasing speed ***requires you to be truly global***

Our Unique Model Has Enabled Fast Rise to Global Oncology Leadership

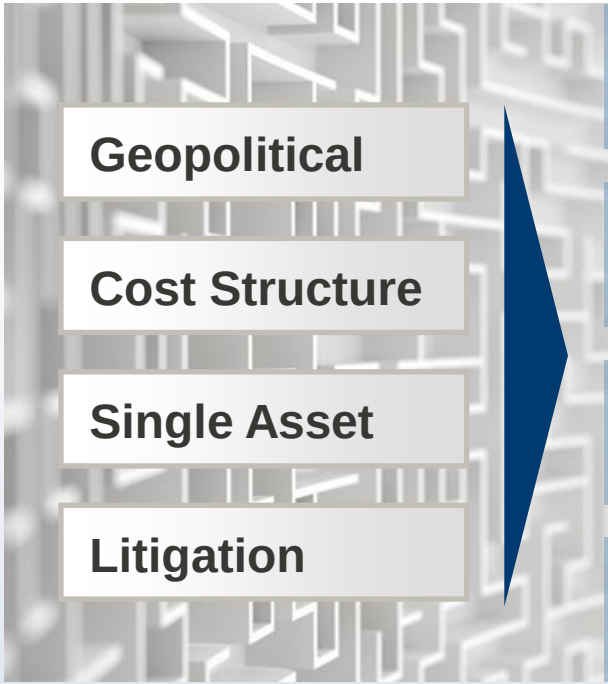
Global Oncology Leadership

- **Top 10** — Global revenue – and rising – for innovative therapies in heme malignancies
- **Top 5** — Company for completing phase 3 oncology trials in the industry since 2017
- **Top 5** — Company with number of oncology molecules advanced into the clinic in the industry since 2017
- One of the largest oncology-focused R&D teams in the industry
- **Top 3** — Revenue for innovative oncology therapies in China

Source: Evaluate Pharma Competitor Analyzer accessed 12/18/23 for cancer, blood & blood forming malignancies, excluding generics and biosimilars; Citeline through competitor trial and IND data; Company filings, IQVIA, analyst reports.

Misperceptions Exist

Our Strengths



- Increasingly diverse global revenue mix across regions and products
- Manufacturing supply chain diversified

- R&D investments generated 70% more value*
- Research and manufacturing cost advantaged
- Clear path to transitioning to cash generation

- Multiple commercial assets
- Pipeline of 50+ potential medicines
- 1,100+ research team

- Strong intellectual property
- Filed post grant review to invalidate overreaching patent

*Source and Methodology: EvaluatePharma NPV of pipelines and launches since 2017 vs. cumulative 2017-2022 R&D spend demonstrates that BeiGene NPV per R&D spend is ~70% greater than average of 24 oncology and hematology/oncology leaders

Global Internal and Collaboration Pipeline

Phase 1

Sonrotoclax — BCL2
- B-cell malignancies
- AML/MDS
- MM t(11;14)

BGB-16673 — BTK CDAC
- B-cell malignancies

BGB-21447 — next gen BCL2
- B-cell malignancies

BGB-A445 — OX40
- Solid tumors

Surzebiclimab — TIM3
- Solid tumors

BGB-15025 / 26808 — HPK1
- 15025- Solid tumors
- 26808- Solid tumors

BGB-30813 — DGKζ
- Solid tumors

BGB-A3055 — CCR8
- Solid tumors

BGB-24714 — SMAC mimetic
- Solid tumors

BGB-10188 — PI3Kδ
- Solid tumors

BGB-43395 — CDK4
- BC & Solid tumors

Zanidatamab[1] — HER2 BsAb
- 1L mBC/GC

Xaluritamig[2] — STEAP1 x CD3
- 20180146 mCRPC (initiation activities)

Phase 2

Zanubrutinib — BTK
- B-cell lymphoma
- CD79B R/R DLBCL
- Lupus nephritis

Sonrotoclax — BCL2
- R/R MCL
- R/R CLL
- R/R WM

Ociperlimab — TIGIT
- 1L NSCLC

LBL-007[3] — LAG3
- MSS-CRC
- 1L ESCC

BGB-A445 — OX40
- Melanoma, RCC, UC

Umbrella Studies — Multiple
- 1L NSCLC
- 2L+ NSCLC
- Neoadj NSCLC
- 1L HNSCC

Zanidatamab[1] — HER2 BsAb
- HER2+ 2L BTC

Phase 3

Zanubrutinib — BTK
- TN MCL
- R/R MZL, R/R FL
- pMN

Sonrotoclax — BCL2
- TN CLL

Tislelizumab — PD1
- Neo/adj NSCLC*
- 1L UBC
- LA ESCC
- R/R cHL

Pamiparib — PARP
- 2L MTx gBRCAm PSOC

Ociperlimab — TIGIT
- 1L NSCLC PDL1-high

Zanidatamab[1] — HER2 BsAb
- 1L HER2+ GEA

Tarlatamab[2] — DLL3 x CD3
- 20210004 2L SCLC

Registration

Zanubrutinib — BTK
- TN CLL/SLL (JP)
- R/R CLL/SLL (JP)
- R/R FL (CN)
- TN R/R WM (JP)

Tislelizumab — PD1
- 1L NSCLC (EU)
- 2/3L NSCLC (EU)
- 1L Sq. NSCLC (EU)
- 1L ES-SCLC (CN)
- 1L GC/GEJC (ITT-US, CN)
- 1L ESCC (US, EU)
- 2L ESCC (US)

Approved

Zanubrutinib — BTK
- TN CLL/SLL (US, EU, CN, Others)
- R/R CLL/SLL (US, EU, Others)
- R/R CLL (CN)
- R/R MCL (US, CN, Others)
- R/R FL (US, EU, Others)
- R/R MZL (US, EU, Others)
- TN R/R WM (US, EU, CN, Others)

Tislelizumab — PD1
- 1L Non-sq. NSCLC (CN)
- 1L Sq. NSCLC (CN)
- 2/3L NSCLC (CN)
- 1L GC (CN)
- 1L HCC (CN)
- 2/3L HCC (CN)
- 1L ESCC (CN)
- 2L ESCC (EU, CN)
- 2L UBC (CN)
- 1L NPC (CN)
- 2L MSI-H/dMMR (CN)
- R/R cHL (CN)

Pamiparib — PARP
- 2L gBRCAm OC (CN)

Heme · Solid tumors · Non-Oncology

Registration includes select accepted submissions
* Primary endpoint met; CN = China
1. Zymeworks/Jazz collaboration, BeiGene has APAC/ex Japan, AU, NZ commercial rights
2. Amgen collaboration, BeiGene will have China commercial rights and tiered mid-single digit royalties on net sales outside of China. "Initiation activities" refers to clinical activities, approval is obtained to initiate the study in China.
3. Leads Biolabs collaboration, BeiGene has ex-China commercial rights

Leader in Hematology

Compelling and Leading Hematology Portfolio

BTK inhibitor

BRUKINSA

- Best-in-class BTKi
- Only BTKi demonstrating head-to-head superiority
- Broadest label

BCL2 inhibitor

Sonrotoclax

- Differentiated efficacy and safety
- 750+ patients enrolled
- Already in pivotal stage
- Best in class potential and broader usability by all physicians

$4B BCL2i class projected in 2028*

BTK CDAC

BGB-16673

- Clinically meaningful efficacy and favorable safety data
- 150+ patients enrolled
- Distinct MOA, agnostic of mutations
- Most advanced BTK degrader addressing BTKi resistant patients

PD-1 inhibitor

TEVIMBRA

- Compelling data in Richter's transformation with TEVIMBRA + BRUKINSA

nature medicine

25 abstracts presented at ASH 2023

*Source: Evaluate Pharma
CDAC – Chimeric Degradation Activating Compound

BRUKINSA

Foundational asset in hematology portfolio, only BTKi to demonstrate superiority in safety and efficacy

BTK inhibitor

Brukinsa® zanubrutinib

Best-in-Class BTKi

- Engineered to have sustained/complete target coverage; substantially longer exposure than acalabrutinib and ibrutinib
- **Sustained superiority of PFS in H2H R/R CLL vs ibrutinib[1] while acalabrutinib showed non-inferiority**
- **Favorable ORR/CR/PFS across indications among BTKis**

Favorable Safety

- Superior safety including cardiac profile in two H2H studies vs. ibrutinib
- Well-tolerated in acalabrutinib intolerant patients[2] and deepening of response and improved safety in those who switched from ibrutinib[3]
- **Minimal treatment-related infections, A-fib, GI symptoms, headache, cough and fatigue compared with acalabrutinib[4]**

Broadest Label

- **5 approved indications**
- Only BTKi approved in follicular lymphoma

Combination of Choice

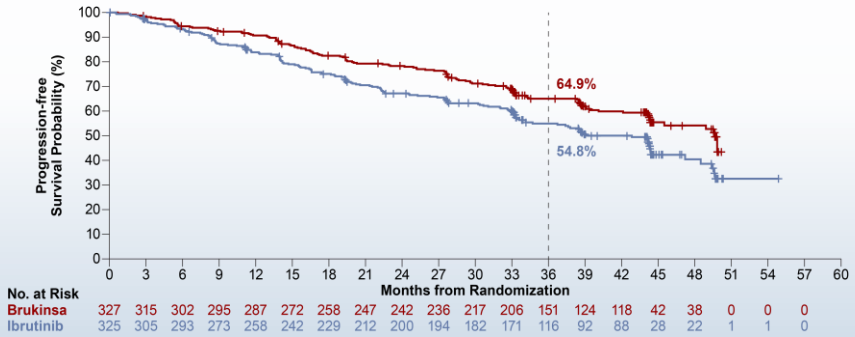
Combination partner with sonrotoclax, TEVIMBRA, and external assets to maximize lifecycle value

[1] Brown et al. Extended Follow-up of ALPINE Randomized Phase 3 Study Confirms Sustained Superior Progression-Free Survival of Zanubrutinib Vs. Ibrutinib for Treatment of R/R CLL/SLL. ASH 2023
[2] Shadman et al. Zanubrutinib in Acalabrutinib-Intolerant Patients with B-Cell Malignancies. ASH 2023
[3] Garcia – Sanz et al. Clinical Outcomes in Patients with Waldenström Macroglobulinemia Receiving Ibrutinib on the Phase 3 ASPEN Study ≥1 Year After Transitioning to Zanubrutinib. ASH 2023
[4] Hwang el al. Comparison of Treatment-Emergent Adverse Events of Acalabrutinib and Zanubrutinib: Meta-Analysis by Mayo Clinic. EHA 2023

BRUKINSA December 2023 U.S. Label Update

Includes PFS superiority in R/R CLL (HR 0.65, p=0.0024)[1]; sustained with extended follow-up[2]

PFS superiority sustained at 39 months

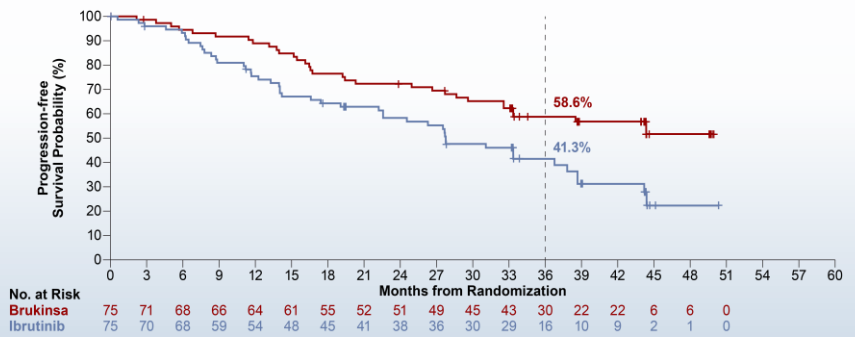


Separation of PFS curves continues at median **39 months** follow-up **where acalabrutinib curves crossed in ELEVATE-RR and showed non-inferiority (HR=1)**

	PFS events, n (%)
BRUKINSA	130 (39.8)
Ibrutinib	159 (48.9)

HR (95% CI) 0.68 (0.53-0.86)
***P*=0.0011**

PFS superiority in patients with del(17p)/TP53



PFS superior benefit over ibrutinib demonstrated in patients with **del(17p)/*TP53*mut; in this subset acalabrutinib was only non-inferior to ibrutinib also with HR =1**

	PFS events, n (%)
BRUKINSA	31 (41.3)
Ibrutinib	46 (61.3)

HR (95% CI) 0.52 (0.33-0.83)
***P*=0.0047**

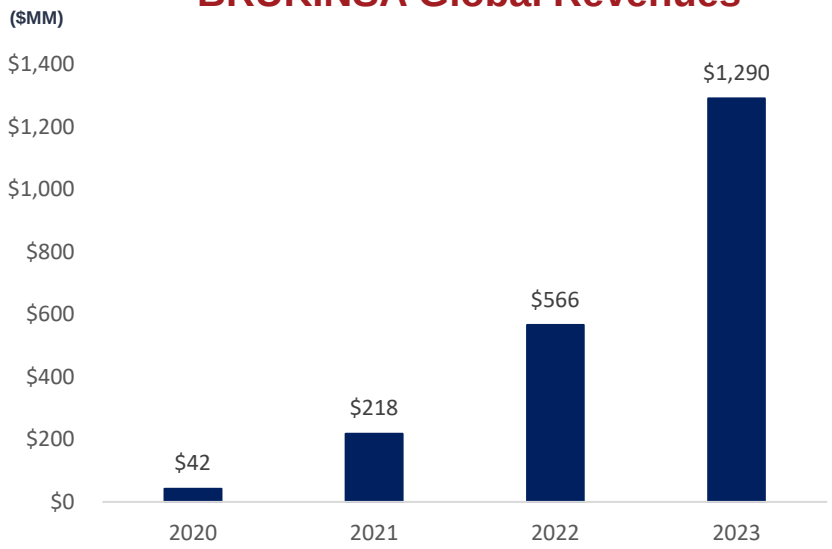
[1] USPI label for superiority based on median follow-up of 29.6 months ASH 2022

[2] Brown et al. Extended Follow-up of ALPINE Randomized Phase 3 Study Confirms Sustained Superior Progression-Free Survival of Zanubrutinib Vs. Ibrutinib for Treatment of R/R CLL/SLL ASH 2023

Establishing BTKi Leadership

Successful launches in CLL are unlocking BRUKINSA's value globally and driving revenue growth

BRUKINSA Global Revenues



- BTKi is the cornerstone therapy and the standard of care for non-Hodgkin's lymphoma
- Global BTKi market was $8.8bn in 2023
- CLL is the largest indication for BTKi, accounting for 80% of the market
- Given its best-in-class profile, as demonstrated in head-to-head clinical trials for CLL, BRUKINSA is well positioned to become the leading BTKi

Sonrotoclax

Best-in-class potential with data from 750+ patients to solidify hematology leadership

BCL2 inhibitor

Best-in-Class Potential in Efficacy

- More potent BCL2i compared with venetoclax
- Best combination data of a BCL2i and BTKi in TN CLL[1]
- Encouraging efficacy in other indications compared with venetoclax
  - Deep and durable responses in MZL[2], t(11;14) MM[3]
  - Deep response in AML

Best-in-Class Potential in Safety and Convenience

- More selective with favorable safety profile vs. venetoclax and improved combinability across indications in **750+ patients**
- Shorter half-life and no accumulation
  - No clinical TLS observed
  - Can lead to less monitoring and better utilization in all practices
  - Improved overall safety

Multiple Registrational Opportunities

- Initiated phase 3 in combination with BRUKINSA in TN CLL based on strong efficacy[1]
- Multiple fast to market trials ongoing
- Planned registration enabling trials in earlier line settings and AML
- Major opportunity in multiple myeloma after recent failure of venetoclax in t(11;14) MM (CANOVA)

Hematology Leadership

- Best-in-disease combinations
- Fixed duration treatment
- Opportunity to expand our footprint into new indications

[1] Tam et al. Combination Treatment with Second-Generation BCL2i/Bruton Tyrosine Kinase Inhibitors Sonrotoclax (BGB-11417) and Zanubrutinib is Well Tolerated and Achieves Deep Responses in Patients With Treatment-Naïve CLLL/SLL. ASH 2023

[2] Tedeschi et al. Monotherapy With Second-Generation BCL2 Inhibitor Sonrotoclax (BGB-11417) is Well Tolerated with High Response Rates in Patients with Relapsed/Refractory Marginal Zone Lymphoma. ASH 2023

[3] Quach et. al Sonrotoclax (BGB-11417) in Combination With Dexamethasone for the Treatment of Relapsed/Refractory Multiple Myeloma With t(11;14): Safety, Efficacy, and Determination of Recommended Phase 2 Dose. ASH 2023

BTK Degrader (BGB-16673)

Most advanced in the clinic with CDAC platform developed by BeiGene

BTK CDAC

Clinically Meaningful Efficacy Data

- BTK degradation starting at lowest dose including patients with BTK mutations[1]
- Clinical responses observed in prior cBTKi and ncBTKi (e.g. pirtobrutinib) treated patients[1]
- Short time to response

Favorable Safety Profile

- Lack of IMiD activity vs. competitors allows improved safety
- Safe and tolerable in **150+ patients treated**
- No atrial fibrillation and/or hypertension; low grade 3/4 neutropenia in heavily pre-treated patients

Robust Registration Plan

- Expansion cohort in RR MCL initiated with fast-to-market potential
- Initiation of phase 3 studies in MCL and CLL as well as other combinations in 2024

Growing Our Hematology Leadership

- Become backbone therapy for patients progressing after BTKi
- Potential to move to earlier lines of therapy
- Degradation may expand in additional disease areas (LBCL, Richter's, Follicular)

[1] Seymour et al. First Results from a Phase 1, First-in-Human Study of the Bruton's Tyrosine Kinase (BTK) Degrader BGB-16673 in Patients (Pts) with Relapsed or Refractory (R/R) B-Cell Malignancies. ASH 2023

TEVIMBRA + BRUKINSA

Demonstrated best-in-disease combination data in patients with Richter's Transformation

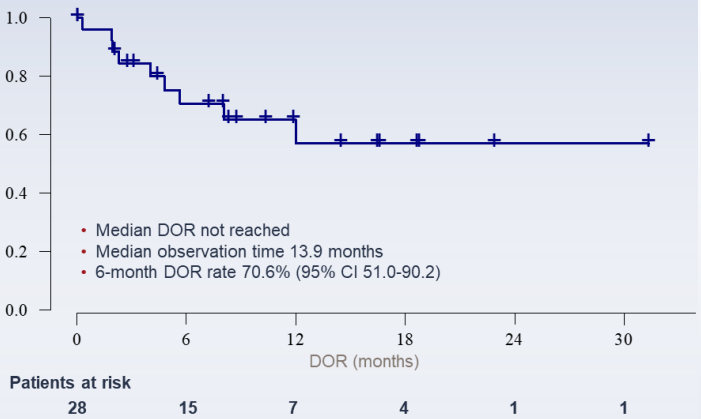
PD-1 inhibitor

nature medicine

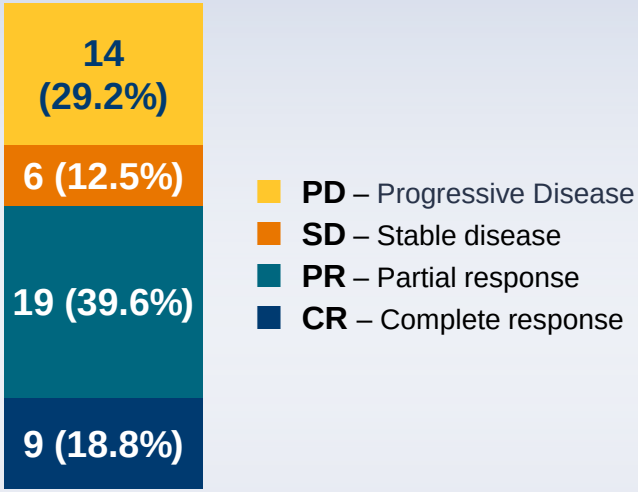
UNIKLINIK KÖLN | Department I of Internal Medicine University Hospital of Cologne

DEUTSCHE STUDIENGRUPPE

Duration of Response
70.6% at 6 months



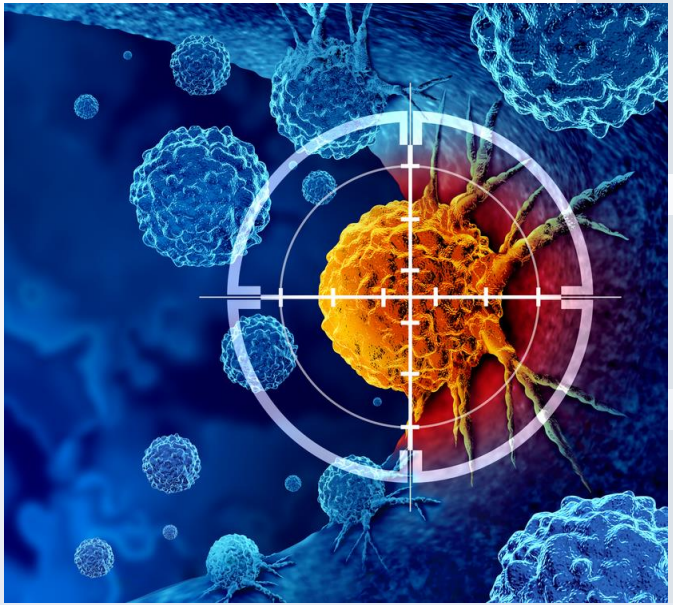
Primary Endpoint Met
ORR of 58.3%



1-year PFS 47% and 1-year OS 75%
Limited cardiotoxicity and immune-related adverse events

Diverse Solid Tumor Portfolio

Driving Towards Solid Tumor Leadership to Improve Patient Outcomes Across Broad Range of Cancers



Growing TEVIMBRA through expansion in China, EU, U.S. (pending approval) and globally and combinations

Advancing one of the most exciting early solid tumor portfolios in the industry

Progressing 50+ other assets* with numerous readouts, decision points

*Includes Research and Development assets

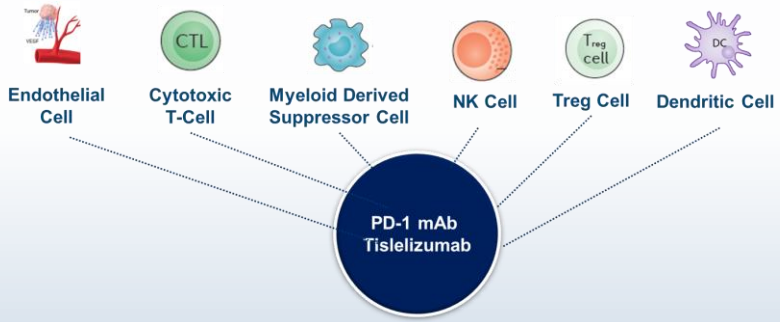
TEVIMBRA-Centered Pan Tumor Pipeline Poised for Global Patient Impact

TEVIMBRA (tislelizumab)

TEVIMBRA accomplishments

- More than 950,000 patients treated globally
- $128 million in Q4 and $537 million in FY 2023 revenue
- Positive phase 3 datasets in various solid tumors including NSCLC, SCLC and gastric cancer
- Preparing to launch in multiple indications on 5 continents
- 12 indications approved in China, approved in EU and South Korea, and multiple global approvals expected in 2024
- COGS reduction to 20% of initial value due to internal optimizations including scale up to 5,000L

TEVIMBRA is an optimal combination partner



- Strong data in broad set of indications
- >40 internal and external combination studies ongoing
- Diverse pipeline combinations enable multiple immune-modulating approaches

Solid Tumors Portfolio: Clinical Stage Assets

Next Wave of immuno-oncology programs will synergize in combination with TEVIMBRA

Next Wave of IO Assets

TIGIT

- Phase 3 NSCLC PD-L1+ to complete enrollment end of 1Q24
- Five Phase 2 studies inform data-driven development decisions

LAG-3

- Phase 2 in 1L NSCLC, neoadjuvant NSCLC, 1L HNSCC, 1L ESCC, and 1L CRC MTx
- Monotherapy, tisle combination, and tisle/TIM3 triplet dose escalation complete

TIM3

- Phase 2 in 1L HNSCC; Phase 1b in 2L+ NSCLC and HNSCC
- Monotherapy, tisle combination, and tisle/TIM3 triplet dose escalation complete

OX40

- Non-ligand blocking OX40 agonist; Phase 2 dose established
- Phase 2 in 1L NSCLC, 2L+ NSCLC, UBC, RCC, and melanoma

HPK1

26808 15025

- Phase 2 dose established with expansions enrolling in 1L NSCLC, GC and 2L+ ESCC
- Phase 2 in 1L NSCLC (15025)

CCR8

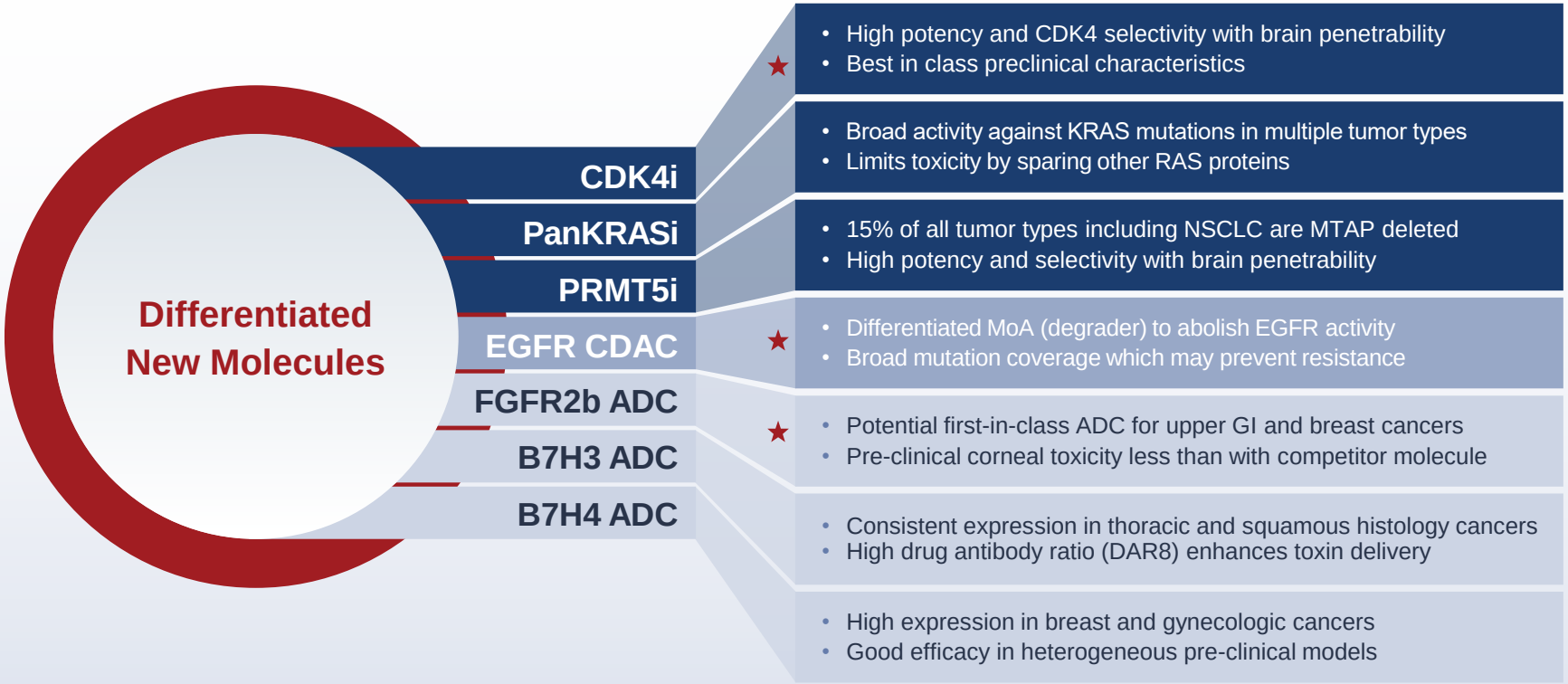
- BIC potential – unique binding epitope, which may facilitate more potent ADCC effect
- IND submitted with FSE achieved in 3Q23

DGKζ

- FIC potential – activator of T and NK cells
- IND submitted with FSE achieved in 3Q23

ADCC=antibody-dependenT cellular cytotoxicity, BIC=best in class, CRC=colorectal cancer, DGK=diacylglycerol kinase, ESCC=esophageal squamous cell carcinoma, FIH=first-in-human, HNSCC=head and neck squamous cell carcinoma, IND=investigational new drug application, IO=immuno-oncology, L=line of therapy, LAG-3=Lymphocyte-activation gene 3, NK=natural killer, NSCLC=non-small cell lung cancer, PD-L1=programmed death-ligand 1, PoC=proof of concept, RCC=renal cell carcinoma, TIGIT=T-cell immunoglobulin and ITIM domain, TIM-3=T cell membrane protein 3, UBC=urothelial bladder carcinoma, FSE = first subject enrolled

Exciting Early Solid Tumor Programs to Deliver FIC/BIC Molecules



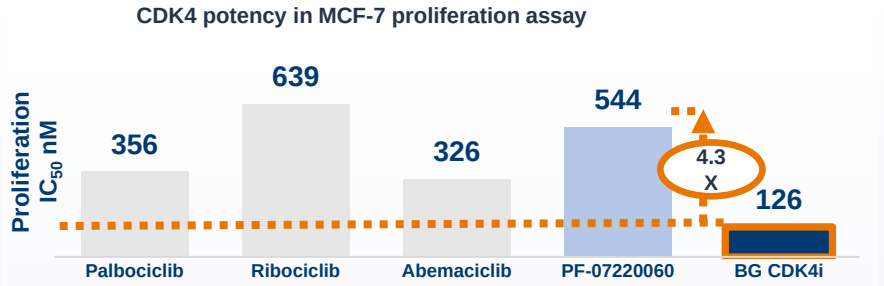
★ *Detailed description in following slides*

CDK4 Inhibitor

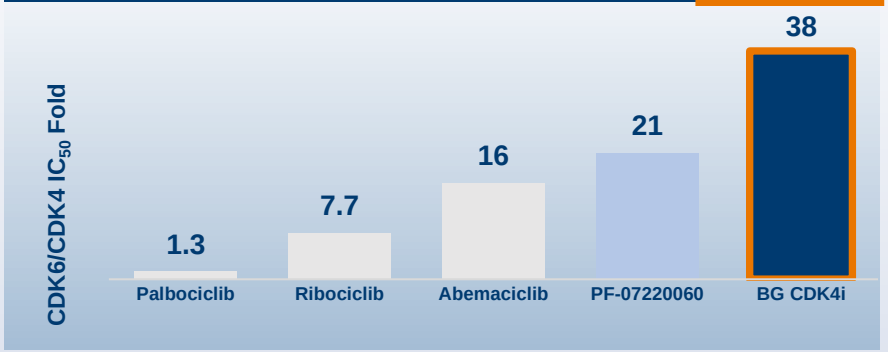
Next-generation CDK4 inhibitor aiming for better efficacy and less toxicity

- CDK4/6 inhibitor class had huge commercial success in HR+/HER2- breast cancer with **peak sales over $18B worldwide**
  - 3 CDK4/6 inhibitors approved by FDA, yet all with toxicity issues
- **Selective CDK4 inhibitor (CDK4i) s**pares CDK6-mediated and off-target toxicities
- **Key competitor: PF-0722006; recently initiated phase 3 study in 2L+ HR+ advanced breast cancer**
- **Currently in phase 1 development**
  - Highly potent and selective compared with all approved and investigational CDK4/(6)i agents
  - Well tolerated in GLP TOX study w/o concerning neutropenia or GI toxicity issues
  - Cohort 1 complete with PK as expected

Strongest CDK4i Potency — **BG CDK4i**



Greatest CDK4i to CDK6i selectivity* — **BG CDK4i**



PF-07220060 is CDK4 inhibitor from Pfizer; * CDK4 cellular IC50 measured through pRB in Jeko-1; CDK6 cellular IC50 measured through pRB in Pfeiffer with CDK4 KO

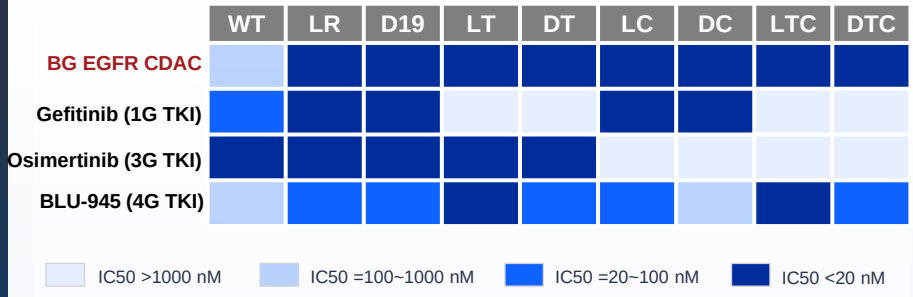
Partnered with Ensem Therapeutics to advance CDK2i: $30M upfront and $1.85M ancillary expenses in 2023, with $10M milestone upon U.S. IND clearance anticipated in Q1 2024

EGFR CDAC

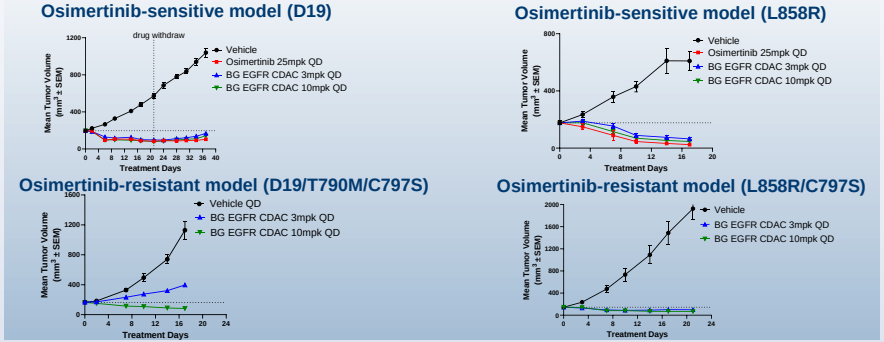
Truly differentiated MoA to completely abolish EGFR signaling

- **EGFR mutant NSCLC is a large oncogene-driven subgroup with estimated class peak sales of $12B**
  - ~50% lung adenocarcinoma in Asian and 15% in Caucasian*
- **Novel, potentially best-in-class strategy - degradation**
  - Broad coverage of EGFR mutations and destruction of EGFR scaffold function yields sustained signaling inhibition
  - Non-redundant mechanisms may prevent emergence of resistance when used in early lines of therapy
- **Promising preclinical candidate profile**
  - Highly potent across osimertinib-sensitive and resistant EGFR mutations
  - Spares WT EGFR and good proteome selectivity
  - Strong efficacy with oral, daily dosing
- **Projected to enter clinic in 2024**

Broadest EGFR^{mut} Coverage and the Best WT Selectivity



Robust Efficacy in Different EGFRm Tumor Models



WT: wild-type; LR: L858R; D19: exon 19 deletion; DT: exon 19 deletion/T790M; LT: L858R/T790M; DC: exon 19 deletion/C797S; LC: L858R/C797S; DTC: exon 19 deletion/T790M/C797S; LTC: L858R /T790M/C797S

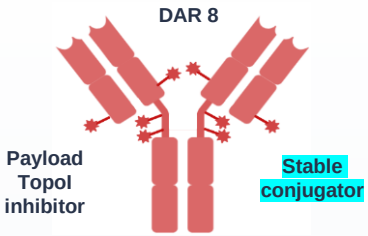
* 2020 Globocan; Wang P, et al. J ThoracDis. 2017, 9(7): 1973-1979; Wen S, et al. Oncologist. 2019, 24(11):e1070-e1081; J Clin Oncol . 2022 Feb 20;40(6):611-625.

FGFR2b ADC

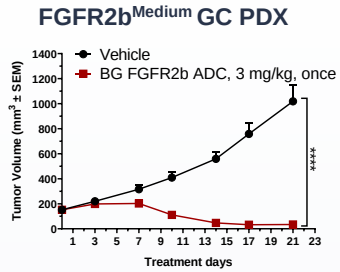
Differentiated modality to pursue best-in-class opportunity

- **Clinically validated target in upper GI cancers with additional opportunity in breast cancer**
  - FGFR2b positive (IHC 2+/3+) in ~ 24% gastric cancer (GC)[1]
  - Bemarituzumab combo with chemo has shown good efficacy
  - Opportunity to improve efficacy and reduce ocular toxicity*
- **Potential first-in-class ADC with differentiated antibody backbone to reduce toxicity**
  - Tumor directed toxin delivery
  - Bystander effect to address tumor heterogeneity
  - Spares on-target corneal toxicity via weaker ligand blockade
- **On track to enter clinic in 2024**

BG FGFR2b ADC Generates Strong Efficacy

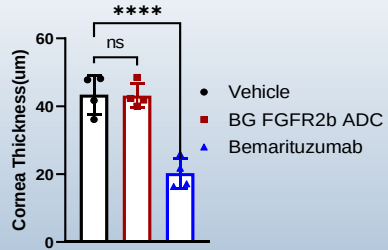


TopoI, Topoisomerase I



BG FGFR2b ADC Spares Corneal Toxicity In Mouse

Antibody	FGF7-FGFR2b	FGF10-FGFR2b
BG FGFR2b ADC	Weaker blocker	Non blocker
Bemarituzumab	Strong blocker	Strong blocker



BG FGFR2b ADC, 10 mg/kg, Q2W x 2
Bemarituzumab, 10 mg/kg, BIW x 8

[1] Lancet Oncol 2022; 23: 1430–40

* Bemarituzumab only benefits a subset of patients with relatively higher FGFR2b expression

* Bemarituzumab led to 26% treatment discontinuation caused by on-target corneal toxicity

Innovative Solid Tumor Portfolio

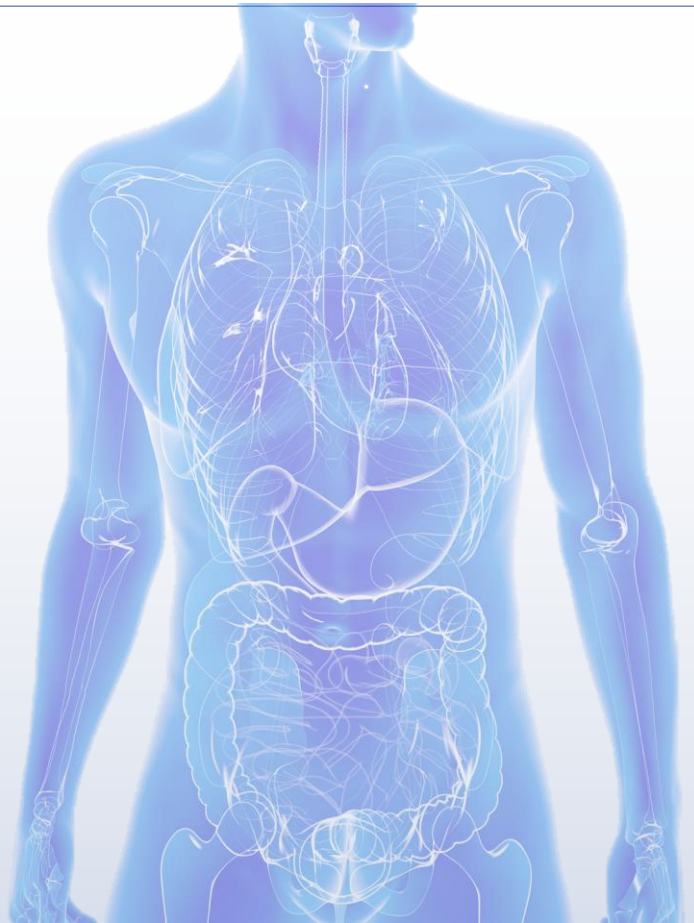
Accelerating programs in priority tumor types

NSCLC

EGFR-CDAC
panKRAS
MTA-Cooperative PRMT5
B7H3-ADC
CEA-ADC
MUC1xCD16
Claudin6xCD3

GI

panKRAS
MTA-Cooperative PRMT5
CEA-ADC
B7H3-ADC
FGFR2b-ADC
GPC3 x 4-1BB



Breast and Gynecology

CDK4*
BCL2i*
B7H4-ADC**
CDK2i***
MUC1xCD16
Claudin6xCD3

Head and Neck

SMAC Mimetic*
B7H3-ADC

*In the clinic
** Exclusive global option from Duality
*** Exclusive global licensing from Ensem

Amgen Development Collaboration Progress

Two priority programs in Amgen's oncology pipeline

Tiered mid-single digit royalties on net sales of potential blockbuster products globally; developing these assets with commercial rights in China

Tarlatamab, first-in-class (DLL3 x CD3)

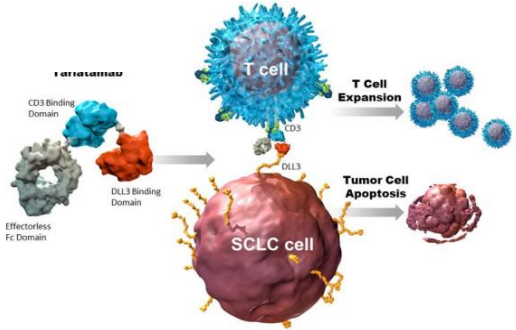
First T-cell engager to demonstrate activity in small cell lung cancer. U.S. drug-treated population of ~35K across all lines of disease

- **PDUFA of June 2024** with priority review in advanced SCLC
- Durable ORR of 40% at 10mg dose and est. OS at 9 mos. was 68%[1] in SCLC
- Global phase 3 trial in 1L ES-SCLC to be initiated in 2024; enrollment of 2L SCLC global phase 3 is ongoing; a phase 3 study comparing tarlatamab with placebo in limited-stage SCLC, was initiated
- BGNE joining global phase 3 trials

Xaluritamig, first-in-class (STEAP1 x CD3)

Enrolling phase 1 dose expansion in prostate cancer. STEAP1 is expressed in >80% of prostate cancer patients

- January 2024 data[2] provides compelling proof-of-concept
- Dose-exploration data from patients with mCRPC with the majority of participants having received 3 or more prior lines[2]
- RECIST ORR of 41% at doses ≥0.75 mg[2]
- BGNE running China cohort in phase 1 with plans to join global pivotal trials



1 N Engl J Med 2023; 389:2063-2075, DOI: 10.1056/NEJMoa2307980
2 Cancer Discov. 2024 Jan 12;14(1):76-89. doi: 10.1158/2159-8290.CD-23-0964.
SCLC = small cell lung cancer, ES = extensive stage,
LS = limited stage, mCRPC = metastatic castration-resistant prostate cancer

Growing Commercial Portfolio
With 17 approved assets

Product	Lead Indications	Mechanism of Action	Regulatory Status	Our Commercial Rights	Partner
Brukinsa® zanubrutinib	U.S.: CLL,R/R MCL[1], WM & R/R MZL[1], R/R FL[1]; China: R/R MCL[2], R/R CLL/SLL, TN CLL/SLL, R/R WM & TN WM; EU[3]: FL, CLL, WM & MZL	BTK inhibitor	Approved in more than 65 markets, incl. U.S., China, EU and other markets	Global	BeiGene
Tislelizumab	China:1L Squamous and Non-Squamous NSCLC, 2/3 L NSCLC, R/R classical Hodgkin's lymphoma[2], 2/3 L HCC[2], R/R PD-L1+ UC[2], 2L ESCC, MSI-H or dMMR solid tumors[2], 1L NPC, 1L G/GEJ, 1L ESCC (+chemo) ;1L HCC; EU:2L ESCC	Anti-PD-1 antibody	Approved in China, BLA Accepted in U.S.[4] Approved in EU[4] and 3 other markets	Global	BeiGene
pamiparib	3L BRCA-mutated ovarian cancer[2]	PARP Inhibitor	Approved in China	Global	BeiGene
XGEVA® (denosumab)	Giant cell tumor of bone[8], and Skeletal Related Events (SREs) [5]	Anti-RANK ligand antibody	Approved, and Conditionally Approved in China	Mainland China	AMGEN®
BLINCYTO® (blinatumomab)	R/R Adult Acute lymphocytic leukemia (ALL), and Pediatric ALL[5]	Anti-CD19 x anti-CD3 bispecific T-cell engager (BiTE®)	Approved, and Conditionally Approved in China	Mainland China	AMGEN®
Kyprolis® (carfilzomib)	R/R Multiple myeloma[5]	Proteasome inhibitor	Conditionally Approved in China	Mainland China	AMGEN®
Revlimid® (lenalidomide)	R/R adult multiple myeloma, newly diagnosed multiple myeloma, previously treated follicular lymphoma	Anti-angiogenesis, immuno-modulation	Approved in China	Mainland China[6]	Bristol Myers Squibb™
Vidaza® (azacitidine)	Myelodysplastic syndromes, acute myeloid leukemia, chronic myelomonocytic leukemia	DNA hypomethylation	Approved in China	Mainland China[6]	Bristol Myers Squibb™
sylvant® (siltuximab)	Idiopathic multicentric Castleman disease[2]	IL-6 antagonist	Approved in China	Greater China	RECORDATI RARE DISEASES *EUSA Acquired by Recordati (2021)*
Qarziba®	High-risk neuroblastoma[2]	Anti-GD2 antibody	Approved in China	Mainland China	RECORDATI RARE DISEASES *EUSA Acquired by Recordati (2021)*

1. Approved under accelerated approval. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial. 2. Conditionally approved. Full approval for these indications is contingent upon results from ongoing randomized, controlled confirmatory clinical trials. 3. The approval is applicable to all 27 EU member states, plus Iceland, Lichtenstein and Norway. 4. U.S.: For patients with unresectable recurrent locally advanced or metastatic ESCC after prior systemic therapy, and as a first-line treatment for patients with unresectable, recurrent, locally advanced, or metastatic ESCC. EU: Accepted for review for patients with NSCLC including: locally advanced or metastatic NSCLC after prior chemo, in combination with chemotherapy for 1L advanced or metastatic squamous NSCLC, and in combination with chemotherapy for 1L locally advanced or metastatic non-squamous NSCLC with no EGFR or ALK positive mutations. 5. Conditionally approved. Full approval of any particular indication will depend on the results of required post-marketing study(ies) in China. 6. As part of the settlement agreement with BMS, the license and supply agreement covering REVLIMID and VIDAZA was terminated as of December 31, 2023, subject to our right to continuing selling inventory until it is sold out or December 31, 2024

Growing Commercial Portfolio
With 17 approved assets

Product	Lead Indications	Mechanism of Action	Regulatory Status	Our commercial rights	Partner
POBEVCY® (Avastin biosimilar)	Colorectal, lung, glioblastoma, ovarian, and cervical cancers	Anti-VEGF antibody	Approved in China	Greater China	百奥泰 BIO-THERA
TAFINLAR® (dabrafenib)	Melanoma and BRAF V600 Mutation NSCLC[7]	BRAF inhibitor	Approved in China	China Broad Markets[9]	NOVARTIS
MEKINIST® (trametinib)	Melanoma and BRAF V600 Mutation NSCLC[7]	MEK inhibitor	Approved in China	China Broad Markets[9]	NOVARTIS
VOTRIENT® (pazopanib)	Advance renal cell carcinoma	VEGFR inhibitor	Approved in China	China Broad Markets[9]	NOVARTIS
AFINITOR® (everolimus)	Advance renal cell carcinoma[8], NET, SEGA and Breast cancer	mTOR inhibitor	Approved in China	China Broad Markets[9]	NOVARTIS
ZYKADIA® (ceritinib)	ALK + NSCLC	ALK inhibitor	Approved in China	China Broad Markets[9]	NOVARTIS
BAITUOWEI® (Goserelin Microspheres for Injection)	Prostate cancer for patients requiring androgen deprivation therapy (ADT)	Gonadotropin-releasing hormone (GnRH) agonist	Approved in China	Mainland China	Luye Pharma

7. TAFINLAR, in combination with MEKINIST, is indicated for the treatment of patients with metastatic NSCLC with BRAF V600E mutation as detected by an FDA-approved test. 8. Following progression on or after vascular endothelial growth factor (VEGF)-targeted therapy. 9. Rights to promote and market in China's broad markets pursuant to a Market Development Agreement with an affiliate of Novartis Pharma AG.

Abbreviations: ALK = anaplastic lymphoma kinase; BLA = Biologics License Application; BRAF = B-rapidly accelerated fibrosarcoma; CLL = chronic lymphocytic leukemia; EGFR = epidermal growth factor receptor; ESCC = esophageal squamous cell carcinoma; GC = gastric cancer; GEJC = gastroesophageal junction cancer; HCC = hepatocellular carcinoma; MAA = marketing authorization application; MCL = mantle cell lymphoma; MEK = mitogen-activated protein kinase (MAPK) / Extracellular-signal regulated kinase (ERK); mTOR = Mammalian target of rapamycin; MZL = marginal zone lymphoma; NPC = nasopharyngeal cancer; NSCLC = non-small cell lung cancer; R/R = relapsed / refractory; SLL = small lymphocytic lymphoma; UC = urothelial carcinoma; VEGFR = vascular endothelial growth factor receptor; WM = Waldenström's macroglobulinemia

Significant investment to build state-of-the-art manufacturing capabilities to support global growth and broad portfolio

State-of-the-art Biologics Manufacturing Facility in Guangzhou

- Current total capacity of 65,000L, building towards 200,000L
- Guangzhou South Campus for Grand Opening in 1H 2024

Multi-Functional Manufacturing Facility in Suzhou

- Commercial-scale small molecule drug products facility
- Aligned with the design criteria of U.S., EU, and China
- Diamond Site to increase capacity by more than 5 times
- Pilot-scale biologics facility

Future U.S. Manufacturing Facility at the Princeton West Innovation Center, NJ

- Construction underway, expected to be operational in July 2024
- 1 million+ sq ft of space for future expansion

Experienced, High-Quality Manufacturing Partners

Boehringer Ingelheim

Catalent

- Manufacturing collaborations with leading manufacturers in biologics and small molecules

BeiGene was the first company to successfully have two sites approved in China for a biologic product (TEVIMBRA®)

Key Catalysts

Approved Products

BRUKINSA

- US submission of tablet formulation in 2H24
- EU submission of tablet formulation in 1H24
- CN approval of R/R FL in June 2024

TEVIMBRA

- US approval of 2L ESCC in 1H24
- US approval of 1L ESCC, July 2024 PDUFA
- EU approval for 1/2L NSCLC in 1H24
- EU submission of 1L G/GEJC in 1Q24
- CN approval ES-SCLC in 3Q24
- CN approval of 1L G/GEJC in 2Q24
- JP submission of 1L and 2L ESCC in 1H24

Pipeline

Sonrotoclax

- Ongoing phase 3 in TN CLL
- Initiate phase 3 in R/R CLL
- Complete enrollment in phase 2 R/R MCL trial with potential for registration in 2Q24
- Additional data read outs in B-cell malignancies, MM, MDS and AML

BTK CDAC

- Initiate phase 3 programs in R/R MCL
- Ongoing expansion cohort for R/R MCL (pivotal intent) and R/R CLL
- Additional data read out in B-cell malignancies

Tislelizumab Combinations

- Randomized phase 2 data with OX40, HPK1, and LAG3 in NSCLC
- Randomized phase 2 data with LAG3 and TIM3 in H&N cancer

Zanidatamab[1]

- CN submission for 2L HER2+ BTC in 2H24

Early Clinical Development

- Phase 2 dose identification for SMAC mimetic, CCR8, DGKζ, CDK4
- Bring 10 NMEs into the clinic including EGFR CDAC, PRMT5, pan-KRAS, 4 ADC programs, and bispecific antibodies
- Clinical validation of internal ADC platform – payload, linker and targets

[1] Jazz/Zymeworks collaboration; BeiGene has commercial rights in APAC (excluding Japan), Australia, New Zealand

Financial Highlights

Foundation Set for Growth and Financial Inflection

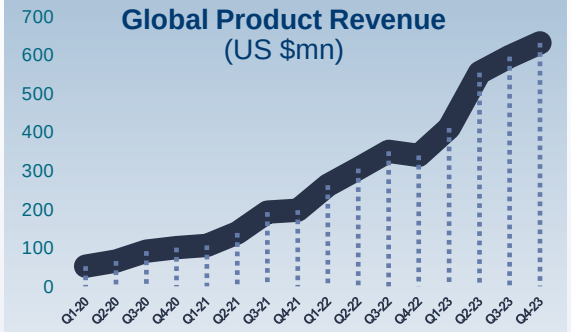
Market acceptance of BRUKINSA driving impressive product revenue growth resulting in a diversified geographic and product mix

Having built significant capabilities in commercial, R&D, and manufacturing, operating expense growth has moderated and operating margins are improving

Moving into 2024, we will continue advancing our next wave of 50+ potentially first- and best-in-class medicines

Significant Growth in Product Revenue and Diversified Mix in Geographies and Products

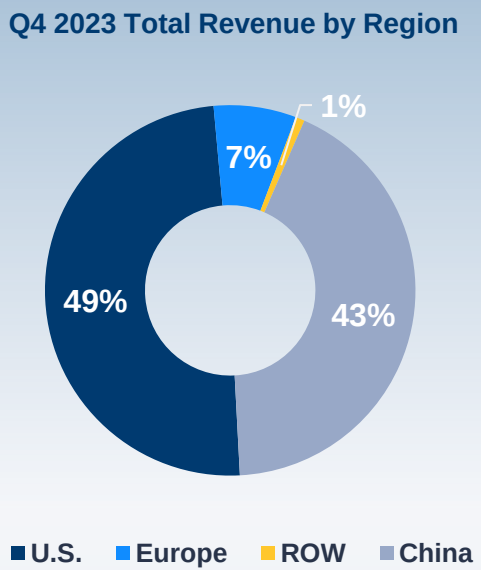
Revenue Growth



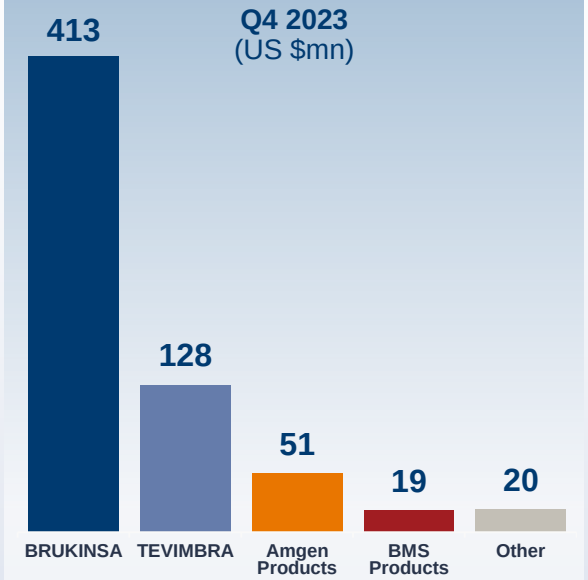
Significant global product revenue growth[1]

- 1-year CAGR of 75%
- 3-year CAGR of 92%

Global Revenue Mix



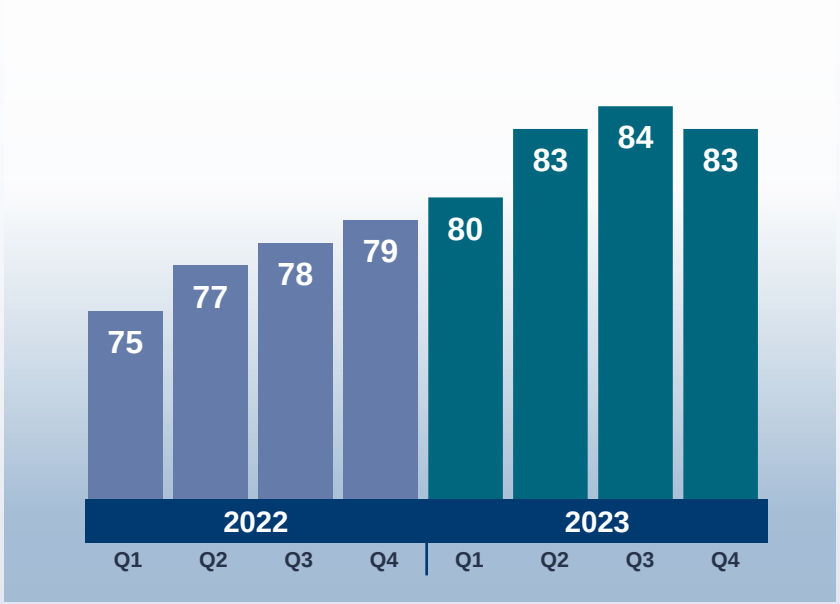
Revenue by Product



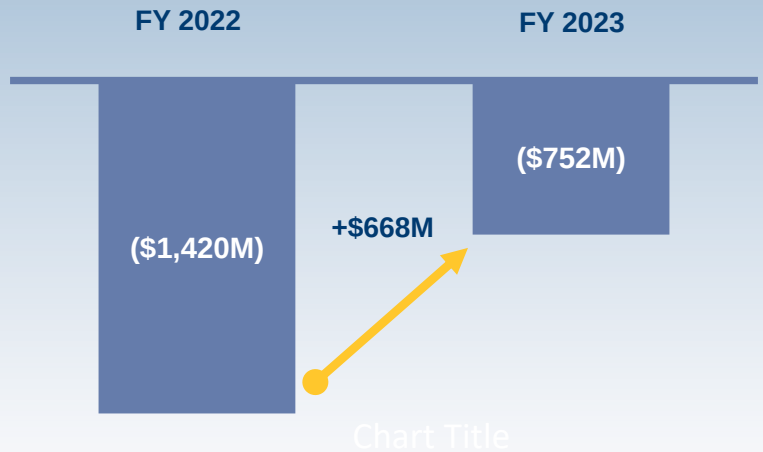
Note: Amgen collaboration includes China rights and global royalties to tarlatamab (DLL3) and xaluritamig (STEAP1)
1. On a full year basis.

Making Substantial Progress Toward Cash Generation

Gross Margin (%)



Adjusted Loss from Operations[1]



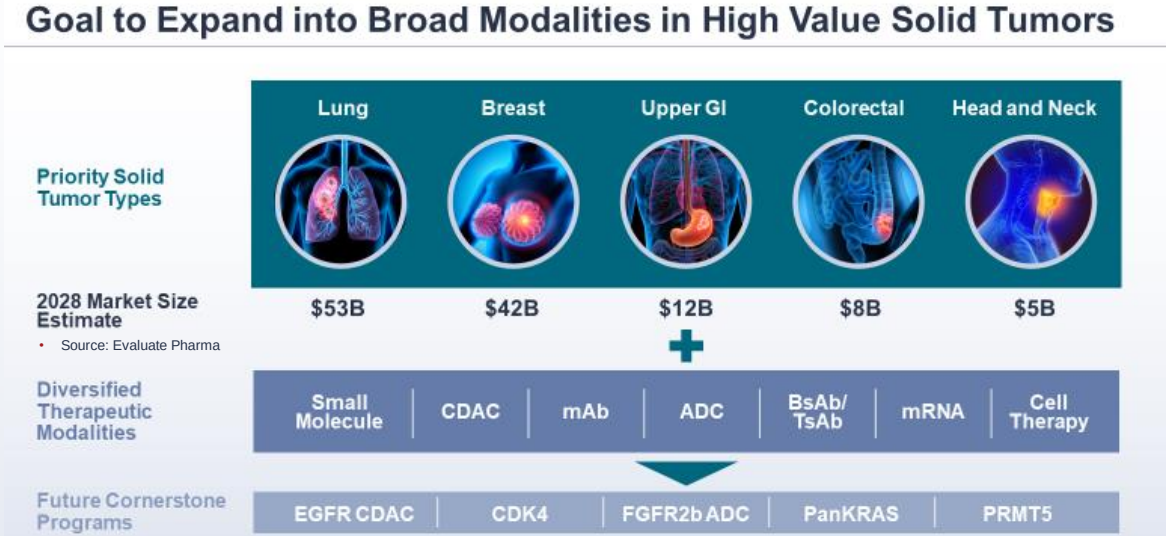
(1) Adjusted Loss from Operations is a non-GAAP financial measure that excludes from the corresponding GAAP measure costs related to share-based compensation, depreciation and amortization expense. A reconciliation of this non-GAAP measure to the comparable GAAP measure is included in the Appendix to this presentation.

By 2025, We Expect To Have Transformed Into A Very Different Company, A Clear Leader, And Clarified Our Path To Profitability And Strategic Advantages

Today

- Cost and speed advantage
- Clear path to transition to cash generating
- 50+ potential medicines in pipeline
- Diverse global revenue mix
- Currently trading at a discount

2025-2030



Reconciliation and Calculation of Non-GAAP Financial Measurements

Reconciliation to adjusted loss from operations

($ in thousands)	FY 2023	FY 2022
GAAP loss from operations	**(1,207,736)**	**(1,789,665)**
Plus: Share based compensation	367,588	303,162
Plus: Depreciation	80,436	62,302
Plus: Amortization of intangibles	7,239	3,976
Adjusted loss from operations	**(752,473)**	**(1,420,225)**

BeiGene

1. Built differently to deliver impactful medicines, while addressing affordability through strategic cost and time advantages
2. Leading oncology innovator with proven track record and differentiated portfolio across heme and solid tumors
3. Exciting and transformational 2024

Thank you

Appendix slides follow