BeiGene

BeiGene Early Development Pipeline and Research

Thursday, July 9, 2020 – 9:00 a.m. ET

Today's Participants

Xiaodong Wang, Ph.D.
Chairman of Scientific Advisory Board & Co-Founder

John V. Oyler
Chairman, Co-Founder, & CEO

Lai Wang, Ph.D.
SVP, Head of Global Research & APAC Clinical Development

Eric Hedrick, M.D.
Chief Advisor

Jane Huang, M.D.
Chief Medical Officer, Hematology

Yong (Ben) Ben, M.D.
Chief Medical Officer, Immuno-Oncology

Howard Liang, Ph.D.
CFO & Chief Strategy Officer

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Agenda

Howard Liang, Ph.D.
CFO and Chief Strategy Officer

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 products; the conduct of late-stage clinical trials and expected data readouts; additional planned commercial product launches; the advancement of and anticipated clinical development, regulatory milestones and commercialization of BeiGene's products 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 products and drug candidates, if approved; BeiGene's ability to obtain and maintain protection of intellectual property for its technology and drugs; BeiGene's reliance on third parties to conduct drug development, manufacturing and other services; BeiGene's limited operating history and BeiGene's ability to obtain additional funding for operations and to complete the development and commercialization of its drug candidates; the impact of the COVID-19 pandemic on the Company's clinical development, commercial and other operations, as well as those risks more fully discussed in the section entitled "Risk Factors" in BeiGene's most recent quarterly report on Form 10-Q, as well as discussions of potential risks, uncertainties, and other important factors in BeiGene's subsequent filings with the U.S. Securities and Exchange Commission. All information in this press release is as of the date of this press release, 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.

Agenda

- **Introduction** – Howard Liang
- **Opening Remarks** – Xiaodong Wang
  BeiGene's research foundation
- **BeiGene's Drug Discovery Engine** – Video Presentation
  People, capabilities, and facilities
- **Research and Internally Developed Assets** – Lai Wang
  TIGIT, Bcl-2, OX40, and HPK1
- **In-Licensed Programs** – Eric Hedrick
  Sotorasib (AMG 510), Sitravatinib, and Zanidatamab (ZW25)
- **Concluding Remarks** – John V. Oyler
- **Q&A**

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Opening Remarks

Xiaodong Wang, Ph.D.
Chairman of Scientific Advisory Board, Co-Founder and Member of Board of Directors

Founded with the Goal of the Best Medicine for the Most People

The founding of a science-based company 10 years ago in China

- Why in China?

Our philosophy: BeiGene believes the path to the best medicine is following the science

- Believe in a core research principle to follow the science: evidence and logic, not hearsay or portfolio decoration
- Pursue programs with best-in-class differentiation
- Be unafraid to terminate subpar programs at any time

BeiGene's research team is productive and has delivered

- **Two** drugs approved and a **third** one at the filing stage, all with clinically differentiated properties
- **11** internally developed molecules advanced into the clinic, all with pre-clinically differentiated properties

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BeiGene's Drug Discovery Engine Video Presentation

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The Discovery Engine

Lai Wang, Ph.D.
SVP, Head of Global Research and APAC Clinical Development

Executive Summary

BeiGene has built an exceptional research organization with broad capabilities & scope

- Strong organization built over last decade and attracted outstanding talent
- Broad capabilities exist in this team to attack cancer through many modalities and targets

This team has shown proven internal research track record of success

- 11 molecules delivered to the clinic in the first 10 years
- Two of these approved and one at the filing stage
  - ➢ Outstanding clinical data demonstrated for each

We have created a robust early clinical pipeline

- Potentially differentiated compounds against TIGIT, Bcl-2, OX40
- Potentially first-in-class program in HPK1
- Compelling internal combination opportunities
- Planning to accelerate TIGIT program into Phase 3

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The Discovery Engine

- **Research Organization, Capabilities**
- Proven Internal Research Track Record
- Robust Promising Pipeline

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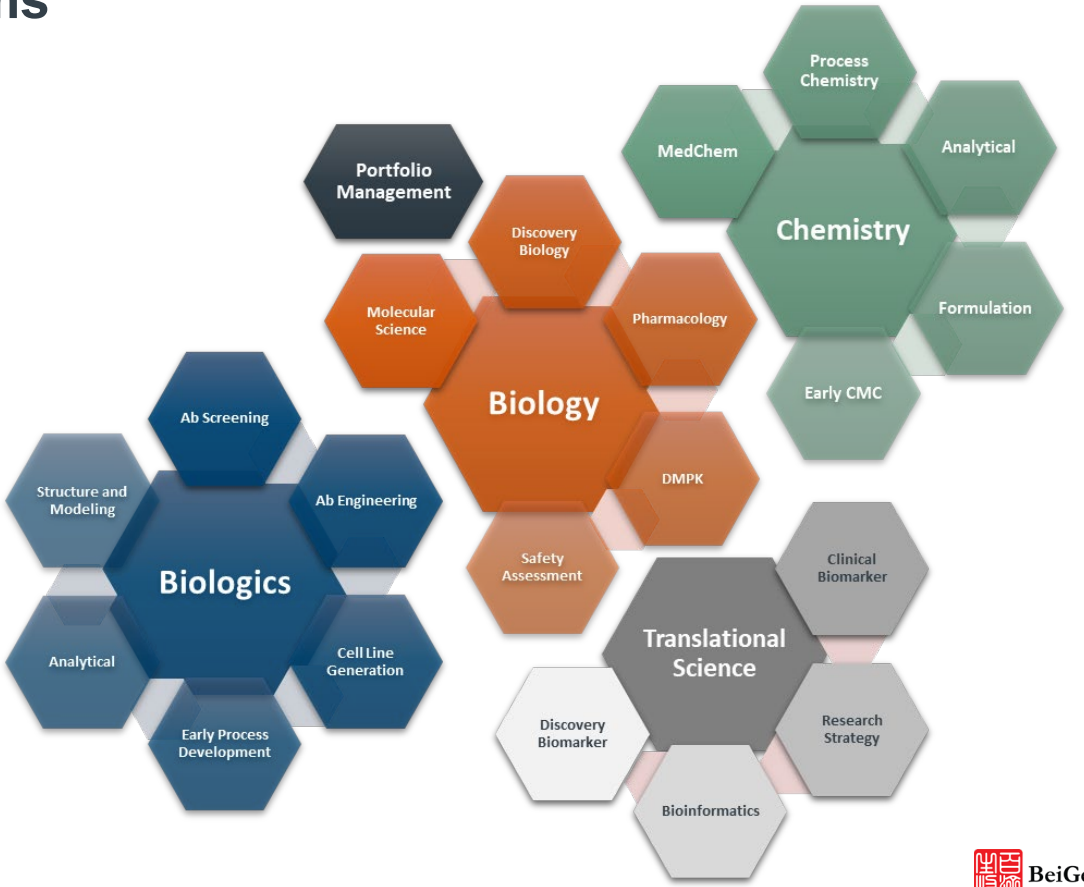
Integrated Research Capabilities Offer Opportunities to Address Wide Range of Biological Problems

- Comprehensive small molecule and biologics discovery engine
- Efficient portfolio management
- Striving for seamless transition to manufacturing and clinical development



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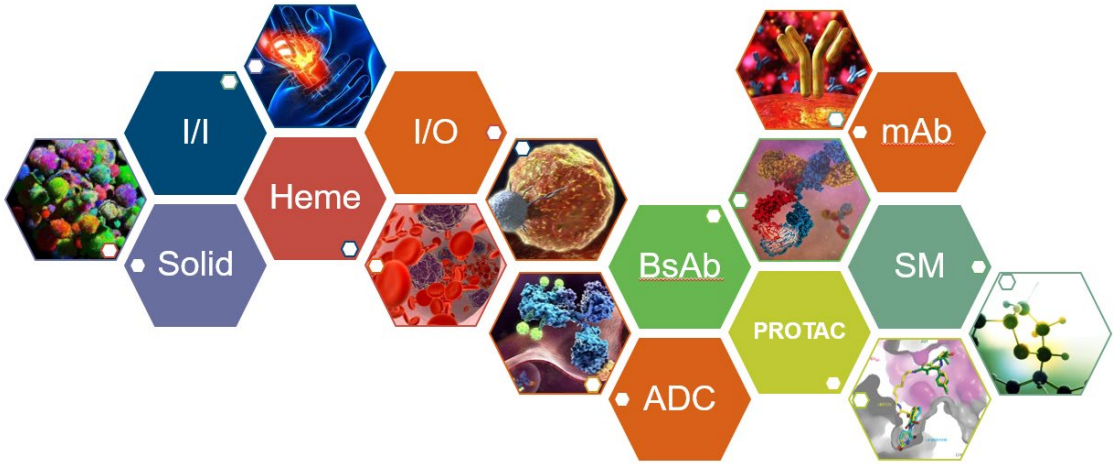
Full Suite of Tools Applied Across Oncology and Beyond

- Moving beyond oncology to areas such as I/I
- Cutting-edge tools such as PROTAC, bispecific Ab, and ADC
- Pursuing 10+ potentially best-in-class and first-in-class projects with the plan to double that in one year



ADC; Antibody Drug Conjugate; BsAb, Bispecific Antibody; Hematologic malignancy; I/O, Immuno-Oncology; I/I, Inflammation/Immunology; mAb, monoclonal Antibody; PROTAC, Proteolysis-targeting chimera; SM, Small Molecule; Solid, Solid tumor; Heme.

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Expansion of BeiGene Research

2011–2018

Beijing Research Center
(ONLY 1ST AND 2ND FLOOR)

- Team size <200
- **6-8 preclinical programs**

TODAY

Beijing Research Center

- Team size 350+
- **~12 preclinical programs**

PLANNED IN ONE YEAR

Beijing Research Center
Shanghai Research Center

- Team size 650+
- **Capability for ~24 preclinical programs**

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The Discovery Engine

- Research Organization, Capabilities
- **Proven Internal Research Track Record**
- Robust Promising Pipeline

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Proven Internal Research Track Record

Two approved **products,** with a **third** at **filing stage**

- BRUKINSA (zanubrutinib) approved in US and China
  - First China-discovered compound to be approved by the FDA and granted Breakthrough Therapy Designation
  - Highly selective, complete and sustained target inhibition in tumor tissue
  - Improved safety profile shown in Phase 3 head to head trial despite missing the primary efficacy endpoint
- Tislelizumab approved in China for 2 indications, with 3 additional indications under review
  - Differentiated MOA by completely removing Fc function, thus avoiding macrophage mediated T-cell elimination
  - High complete response rate in lead indication cHL
- Pamiparib at filing stage in China
  - Demonstrated brain penetration in preclinical models, potential for treating brain tumor and brain metastasis
  - Not a drug pump substrate, preventing a potential resistance mechanism that has been reported for other PARPi in clinic

11 molecules discovered in-house and advanced into clinic in the last 10 years

- Broad range of I/O programs including differentiated OX-40, TIGIT
- Compelling and challenging Bcl-2 program

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The Discovery Engine

- Research Organization, Capabilities
- Proven Internal Research Track Record
- **Robust Promising Pipeline**

Internal Capabilities and Collaborations Create Robust Pipeline

25+ assets, 8 with global rights

COMPOUND	(TARGET) / PROGRAM	DOSE ESC.	DOSE EXPANSION		PIVOTAL		COMMERCIAL RIGHTS	PARTNER
		PH1a	PH1b	PH2*	PH2**	PH3		
BGB-A1217	(TIGIT) + tislelizumab	Solid tumors					Global	
BGB-A445	(OX40) + tislelizumab	Solid tumors					Global	
BGB-A425	(TIM-3) Mono, + tislelizumab	Solid tumors					Global	
BGB-A333	(PD-L1) Mono, + tislelizumab	Solid tumors					Global	
BGB-11417	(Bcl-2) Mono, + zanubrutinib	B-cell malignancies		Phase 1 study startup ongoing			Global	
BGB-15025	(HPK1) Mono, + tislelizumab	IND Enabling studies ongoing					Global	
BGB-10188	(PI3Kδ) Mono, + tislelizumab, + zanubrutinib	B-cell + solid malignancies					Global	
lifirafenib	(RAF dimer)	B-Raf/K-RAS/N-RAS mut. solid tumors					Global	
BA3017	(CTLA4) Mono, + tislelizumab	Phase 1 study startup ongoing					Global	BioAtla
AMG 510	(KRAS G12C)	Solid Tumors, NSCLC, CRC						
AMG 701^^	(BCMA)	MM						
AMG 176	(Mcl-1, SM (i.v.))	Hematologic malignancies						
AMG 397	(Mcl-1, SM (oral))	Hematologic malignancies						
AMG 330^	(CD33)	Myeloid malignancies						
AMG 673^^	(CD33)	AML						
AMG 427^^	(FLT3)	AML					China	Amgen
AMG 562^^	(CD19)	NHL						
AMG 596^	(EGFRvIII)	Glioblastoma						
AMG 757^^	(DLL3)	SCLC						
AMG 160^^	(PSMA)	Prostate cancer						
AMG 506	(FAP x 4-1BB, DARPin®)	Solid Tumors						
AMG 199^^	(MUC17)	GC/GEJC						
Sitravatinib	(multi-kinase inhibitor) + tislelizumab	NSCLC, RCC, OC, MEL					Asia ex-Japan, AU, NZ	Mirati
	Mono, + tislelizumab	HCC, GC/GEJC						
Zanidatamab†	(HER2, bispecific antibody)	Breast cancer, GEA					Asia ex-Japan, AU, NZ	Zymeworks
ZW49	(HER2, bispecific ADC)	Planned (in Ph1 ex-China by Zymeworks)					Asia ex-Japan, AU, NZ	Zymeworks
BGB-3245	(B-RAF)	Solid tumors					Asia ex-Japan	SpringWorks[1]
SEA-CD70	(anti-CD70)	Planned (starting Ph.1 ex-Asia by Seattle Genetics)					Asia ex-Japan, AU, NZ	Seattle Genetics
DKN-01	(DKK1) + tislelizumab ± chemo	Trials in GC/GEJ planned					Asia ex-Japan, AU,NZ	Leap Therapeutics

†Addition compounds from Amgen collaboration not yet disclosed

* Some indications will not require a non-pivotal Ph2 clinical trial prior to beginning pivotal Ph2 or Ph3 clinical trials. **Confirmatory clinical trials post approval are required for accelerated approvals. ^ BiTE, ^^ HLE BiTE, † ZW25, AML: acute myeloid leukemia, HLE BiTE: Half-life extended Bi-specific T-cell engagers, GC/GEJ: gastric cancer/gastroesophageal junction, HCC: hepatocellular carcinoma, IND: Investigational New Drug, MEL: melanoma, MM: multiple myeloma, NHL: non-Hodgkin's lymphoma, N/SCLC: non-/small cell lung cancer, OC: ovarian cancer, RCC: renal cell carcinoma, SM: small molecule; 1. By MapKure, a JV with SpringWorks

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Cancer Immunotherapy

Small Molecule
Biologics

Lenalidomide

Sitravatinib (TAM)

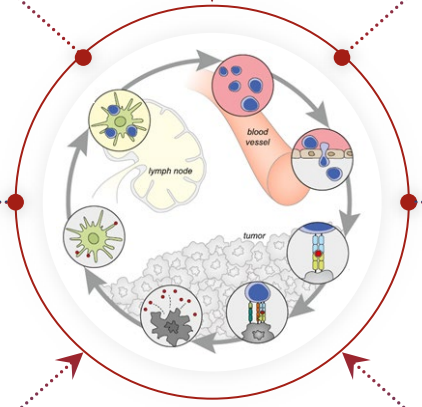
MDSC

Sitravatinib
CAB-CTLA4
OX40
TIGIT

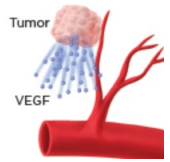
Treg

TIM-3
OX40

Dendritic Cell



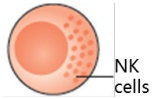
Sitravatinib (VEGFR)



PD-1/L1
OX-40
TIM-3
TIGIT
FAP-4-1BB

Cytotoxic T Cell

TIGIT
TIM-3



Natural Killer Cell

Source: *Modified from Daniel S. Chen, Immunity, 2013;* CAB=Conditional Active Biologics

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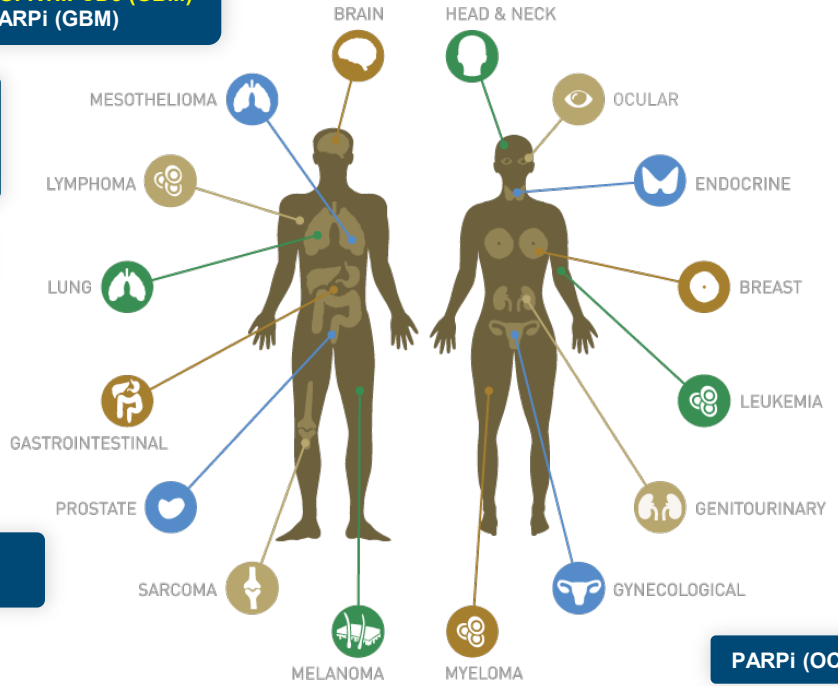
Tumor-Targeted Therapy

Small Molecule
Biologics



EGFRvIII-CD3 (GBM)
PARPi (GBM)

BTKi (NHL)
Revlimid (NHL)
Blincyto (NHL)
CD19-CD3 (NHL)

KrasG12Ci (NSCLC)
DLL3-CD3 (SCLC)

HER2 BsAB/BsAB-ADC
(HER2+ GC, BTC, CRC)
MUC17-CD3 (GC)
PARPi (GC)
KrasG12Ci (CRC, PC)
BRAFi (CRC)

PSMA-CD3 (Prostate)
PARPi (Prostate)

BRAFi (Melanoma)

PARPi (BC)
HER2 BsAB/BsAB-ADC (HER2+ BC)

Blincyto (ALL)
Vidaza (AML/MDS)
Mcl1i (AML)
CD33-CD3 (AML)
FLT3-CD3 (AML)
CD70 (AML)
BTKi (CLL)

PARPi (OC)

Revlimid (MM)
Kyprolis (MM)
Mcl1i (MM)
BCMA-CD3 (MM)

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Robust Promising Pipeline

- **BGB-A1217 (TIGIT Antibody)**
- BGB-11417 (Bcl-2 Inhibitor)
- BGB-A445 (Non Ligand-Competing OX40 Antibody)
- BGB-15025 (HPK1 Inhibitor)

Executive Summary: TIGIT Program

Encouraging POC data on tiragolumab/atezolizumab (Roche) at ASCO 2020

BGB-A1217 (TIGIT mAb) is one of the three most advanced TIGIT antibodies with full Fc function and RP2D for PD-(L)1 combination

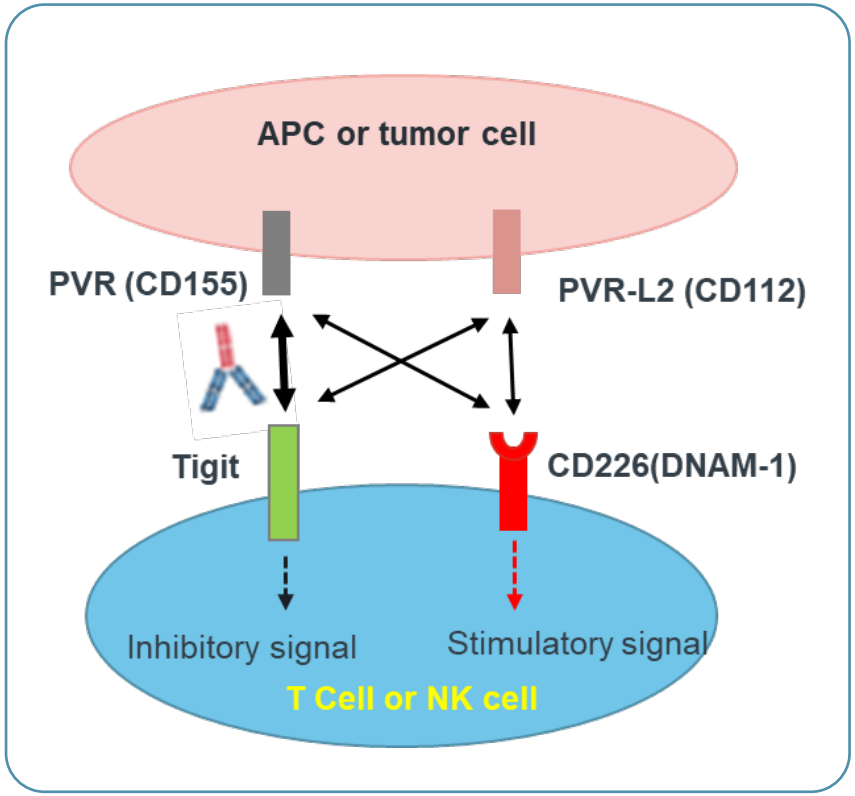
- ~4x more potent than tiragolumab in preclinical studies
- Competent Fc required for efficacy based on preclinical data
- Combination with tislelizumab generally well-tolerated, no DLT, recommended Phase 2 dose (RP2D) identified[1]

Potential to compete globally, possibly transformative

- Registrational program being planned

Source: 1. Internal Data

TIGIT Ab Activates T/NK Cells by Blocking TIGIT and Ligand Interaction



- TIGIT shares its ligand PVR (CD155) and PVR-L2 (CD112) with the activating receptor CD226 (DNAM-1)
- BGB-A1217 blocks the binding of PVR/PVR-L2 to TIGIT and reactivates T effector cells and NK cells by:
  - Suppressing TIGIT-mediated inhibitory signaling
  - Increasing ligand availability for CD226 co-stimulatory receptor

Sources: Iguchi-Manaka et al., PLoS One, 2016; Johnston RJ et al., Cancer Cell, 2014

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ASCO Update: Roche's TIGIT (Tiragolumab) plus PD-L1 (Atezolizumab) Combo Demonstrated Promising Activity in 1L PD-L1+ NSCLC

Study Design (CITYSCAPE)

1L Stage IV NSCLC
- *EGFR/ALK* wild-type
- Tumor PD-L1 TPS ≥ 1% by 22C3 IHC by local or central assay

N=135

R 1:1

- Tiragolumab 600 mg IV q3w + Atezolizumab 1200 mg IV q3w
- Placebo 600 mg IV q3w + Atezolizumab 1200 mg IV q3w

No crossover

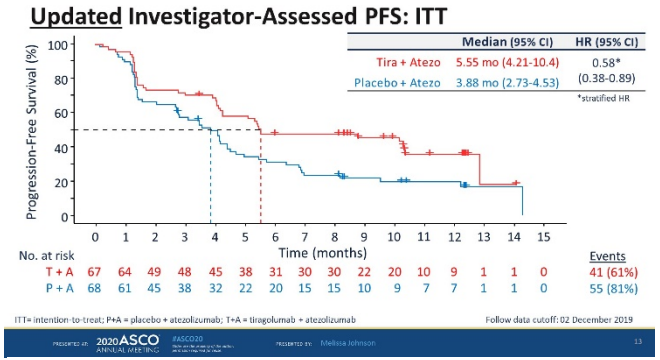
PD or loss of clinical benefit

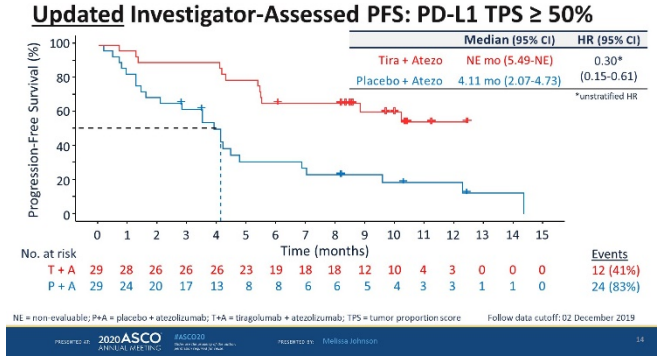
Stratification Factors:
- PD-L1 TPS (1-49% vs ≥ 50%)
- Histology (Non-Squamous vs Squamous)
- Tobacco use (yes vs no)

- **Co-Primary Endpoints: ORR** and **PFS**
- **Key Secondary Endpoints: Safety,** DOR, OS, Patient-reported outcomes (PROs)
- **Exploratory Endpoints:** Efficacy analysis by PD-L1 status

Results:

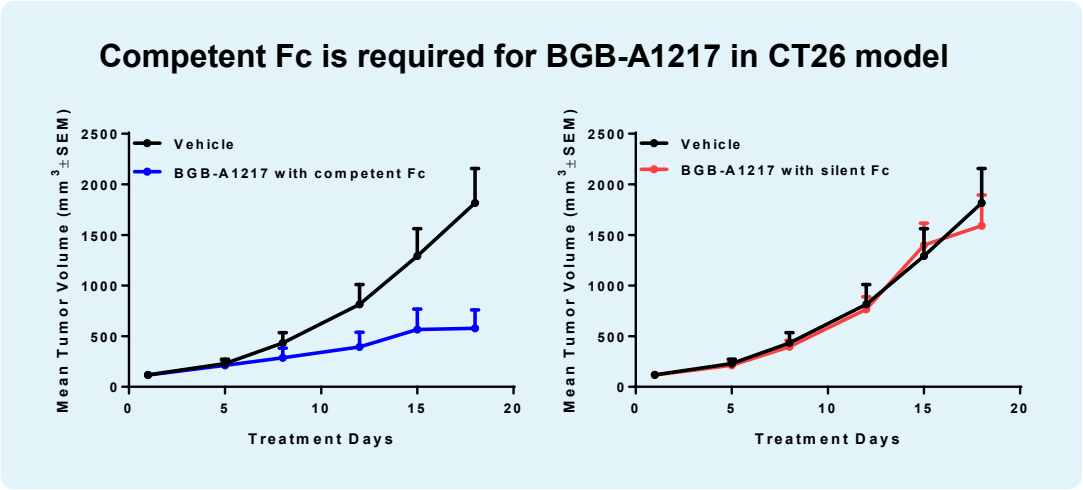
	ITT (TPS≥1%) N=135		PD-L1 high (TPS≥50%) n=58		PD-L1 low (TPS≥1-49%) n=77	
	Tiragolumab +Tecentriq	Placebo +Tecentriq	Tiragolumab +Tecentriq	Placebo +Tecentriq	Tiragolumab +Tecentriq	Placebo +Tecentriq
ORR % (Follow-up 10.9 months)	37	21	66	24	16	18
mPFS, months (Follow-up 10.9 months)	5.55	3.88	NE	4.11	4.04	3.58
	0.58 (0.38-0.89)		0.3 (0.15-0.61)		0.89 (0.53,1.49)	

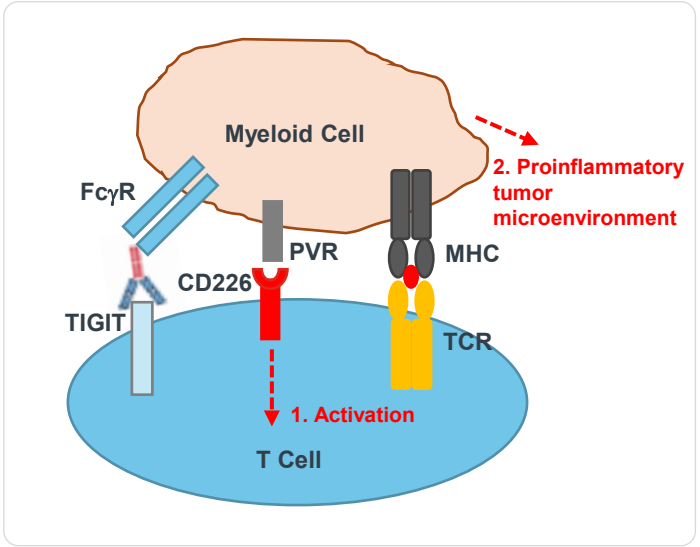




Source: Rodriguez-Abreu, D et al., ASCO 2020; NE, Not evaluable.

Fc Effector Function Appears Critical for Anti-Tumor Activity of TIGIT Ab





Multiple MOA may exist for competent Fc

1. Fc/FcγR co-engagement enhances T cell responsiveness by enhancing the quality of immune synapse
2. Fc/FcγR engagement on myeloid cell creates proinflammatory TME by activating myeloid cells

Sources: Internal data; Adopted and modified from Dahan R. et al, Cancer Cell 2015; Jeremy D. Waight et al., Cancer Cell, 2019

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TIGIT Competitive Landscape

FORMAT	HYPOTHESIS	DRUG NAME	COMPANY	COMBO DOSE	STATUS
WT IgG1	WT IgG1 required for maximal efficacy based on preclinical studies	Tiragolumab	Roche	600 mg Q3W	Ph1 initiated in May 2016 Ph2 in cervical cancer planned in Jun 2020 Ph3 in SCLC initiated in Feb 2020 Ph3 in NSCLC initiated in Mar 2020
		Vibostolimab	Merck	Not disclosed	Ph1 initiated in Dec 2016 Ph1/2 in melanoma planned in Apr 2020 Ph2 in NSCLC initiated in Jan 2020
		Etigilimab	OncoMed/Mereo	NA	Ph1 initiated in May 2017
		BGB-A1217	BeiGene	Not disclosed	Ph1 initiated in Aug 2019 with combo escalation from beginning
		TSGN-TG	Seattle Genetics	NA	Ph1 initiated in Apr 2020
		EOS-884448	iTeos	NA	Ph1 initiated in Feb 2020
Mutant IgG1	Less effective	AB-154	Arcus/Gilead	NA	Ph1 initiated in Aug 2018 Ph2 in NSCLC initiated in Jan 2020
		BMS-986207	BMS	NA	Ph1 initiated in Nov 2016
WT IgG4	Less effective	ASP-8374	Astellas/Potenza	NA	Ph1 initiated in Sep 2017
		COM902	Compugen	NA	Ph1 initiated in Mar 2020
Not Disclosed		IBI-939	Innovent	NA	Ph1 planned in May 2020

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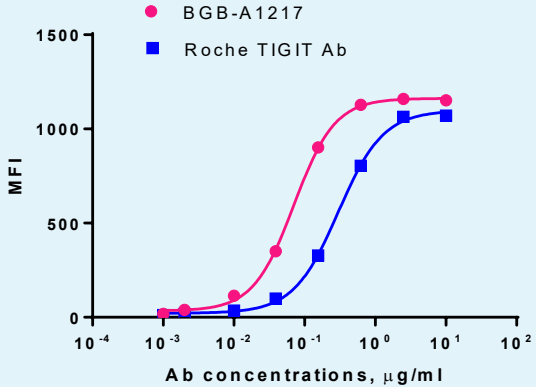
BGB-A1217 Program Moving Aggressively Towards Registration Trial

- Four-fold more potent than tiragolumab (Roche)[1]
- BGB-A1217 Phase 1 combination with tislelizumab ongoing in advanced solid tumors
- Generally well-tolerated, no DLT, **combination recommended phase 2 dose has been determined**
- Full target occupancy was observed in PBMCs at lowest dose level
- Moving aggressively towards registration trial



	IC50
BGB-A1217	0.037 nM
Roche TIGIT Ab	0.16 nM

Source: 1. Internal Data; DLT: does limiting toxicities; PBMCs: peripheral blood mononuclear cells.

Robust Promising Pipeline

- BGB-A1217 (TIGIT Antibody)
- **BGB-11417 (Bcl-2 Inhibitor)**
- BGB-A445 (Non Ligand-Competing OX40 Antibody)
- BGB-15025 (HPK1 Inhibitor)

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Executive Summary: Bcl-2 Program

BGB-11417 is a potential best-in-class Bcl-2 inhibitor

- **Potent Bcl-2 inhibitor, with potential to overcome resistance to venetoclax**
- Ability to be dosed high if needed, e.g. for solid tumor indications
- More selective than venetoclax for Bcl-2 relative to Bcl-xL
- NOAEL in animal GLP tox studies with exposure close to 30-fold higher than predicted human therapeutic exposure[1]
- Well-positioned to be combined with zanubrutinib, BeiGene's potentially best-in-class BTK inhibitor

BGB-11417 FIH study ongoing

- Dose escalation initiated early this year, currently at 80 mg QD, which is predicted to be equivalent to 400 mg of venetoclax
- Combination trial with zanubrutinib planned to be initiated H2 2020

Source: 1. Internal Data

BGB-11417 Was More Potent and Selective than Venetoclax in Biochemical and Cellular Assays

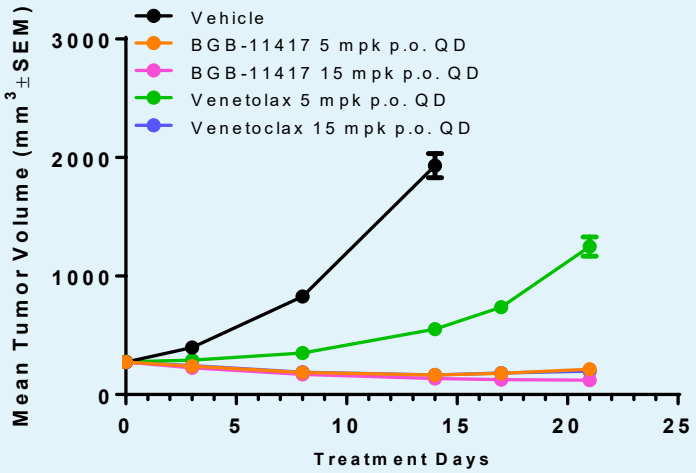
	BGB-11417	Venetoclax	Potency Improvement (Fold, BGB-11417/Venetoclax)
Bcl-2 WT (Biochemical IC50, nM)	0.035	1.3	37
Bcl-2 G101V (Biochemical IC50, nM)	0.28	34	121
Bcl-2 WT (Cell Proliferation IC50, nM)	0.42	3.4	8.1
Bcl-2 G101V (Cell Proliferation IC50, nM)	4.6	75	16.3
Fold selectivity (TF-FRET assay) Bcl-xL; Mcl-1; Bcl-w; Bcl-2A1	>1000; >1000; >1000; >1000	325; >1000; >1000; >1000	

Bcl-2 G101V mutation emerged as resistance to Venetoclax in clinic

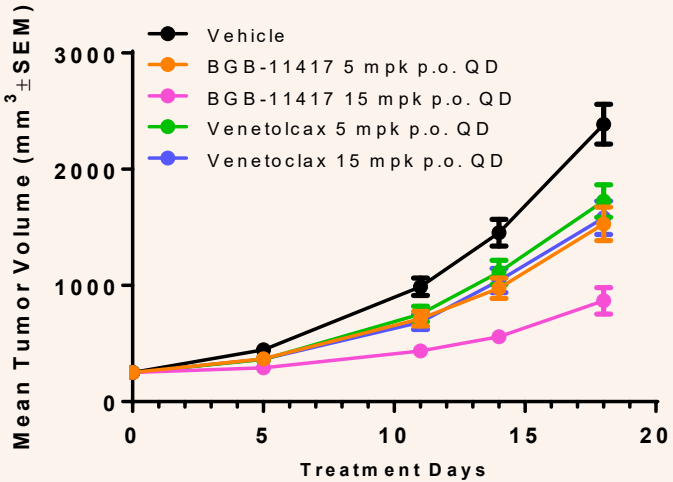
Source: Internal data, Blombery et. al., Cancer Discovery AACR Journals Dec 2018

BGB-11417 Was More Efficacious than Venetoclax in Both Wild-Type and Bcl-2-G101V Xenograft Models

BGB-11417 is more efficacious in RS4:11 model



BGB-11417 is efficacious in RS4:11-G101V model



Source: Internal Data

Bcl-2 Inhibitors Demonstrated Activity in Solid Tumors

Breast cancer

- Bcl-2 is overexpressed in approximately 80% of primary ER+ breast cancer[1, 2]. Bcl-2 is often expressed at high levels in poorer-prognosis luminal B tumors, as well as good-prognosis luminal A tumors[3].
- Combining venetoclax with endocrine therapy had a tolerable safety profile and elicited notable activity in ER and Bcl-2-positive metastatic breast cancer. For 24 patients treated at the RP2D, the confirmed radiologic response rate was 54% and the clinical benefit rate was 75%[4].
- Venetoclax 800 mg/day was selected as the RP2D in combination with tamoxifen; no higher doses were explored due to the potential “pill burden”, while BGB-11417 may not have this issue.
- Dual targeting of CDK4/6 and Bcl-2 pathways augmented tumor response in ER+ breast cancer. The effect was associated with increased apoptosis[5].

SCLC

- Dual Bcl-2 and Bcl-xL inhibitor, navitoclax (ABT-263) showed preliminary clinical benefit in SCLC[6].
- Preclinical cell line screen and PDX experiments showed high Bcl-2 expression conferred sensitivity of SCLC to venetoclax[7].

Sources: 1. Oncogene 2016;35:1877–87; 2. PNAS 2012;109:2766–71; 3. Cancer Discovery 2019 Mar;9(3):354-369; 4. Lindeman et al, San Antonio Breast Cancer Symposium Dec 2018; 5. Clin Cancer Res. 2020 Apr 3;clincanres.1872. 6. Clin Cancer Res. 2012;18(11):3163–9; 7. Clin Cancer Res. 2018 Jan 15; 24(2): 360–369

Robust Promising Pipeline

- BGB-A1217 (TIGIT Antibody)
- BGB-11417 (Bcl-2 Inhibitor)
- **BGB-A445 (Non Ligand-Competing OX40 Antibody)**
- BGB-15025 (HPK1 Inhibitor)

Executive Summary: OX40 Program

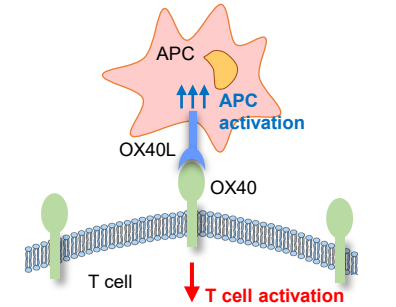
BGB-A445 (OX40 agonist antibody) is differentiated from all other OX40 Abs in the clinic

- **Does not disrupt OX40-OX40L engagement**
  - ➢ Retains OX40L signaling on antigen presenting cells
  - ➢ Achieves maximal OX40 activation by keeping natural ligand stimulation
- Widely efficacious as monotherapy in preclinical models, including PD-1 resistant models
- Has shown combo effect with PD-1 Ab, TLR9 agonist, PI3Kδ inhibitor, sitravatinib and chemo in preclinical models

Phase 1 clinical trial ongoing

- Monotherapy dose escalation ongoing
- Combination dose escalation trial with tislelizumab is planned to start in H2 2020

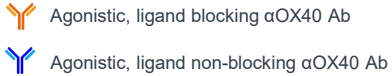
BGB-A445 Is a Non-ligand Blocking OX40 Antibody, Differentiated from Other Clinical OX40 Antibodies

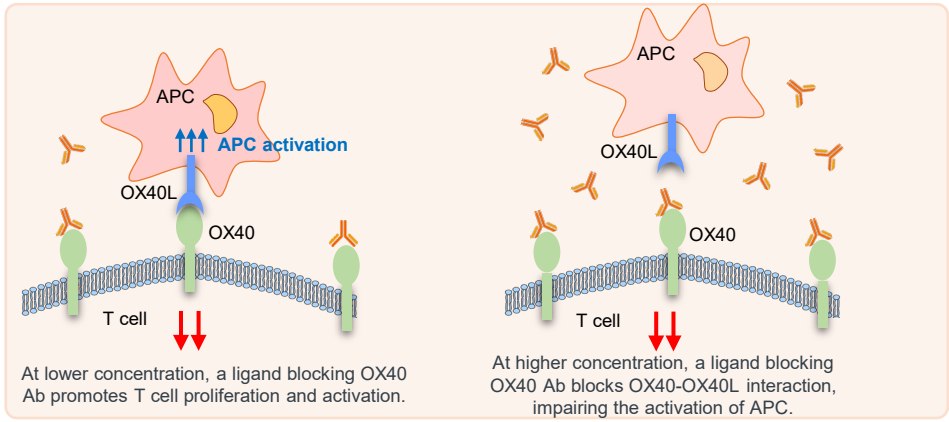


OX40-OX40L interaction promotes T cell proliferation and activation.
OX40L ligation also promotes APC activation.

Ligand blocking Ab
e.g. MOXR0916

Non-ligand blocking Ab
e.g. BGB-A445





APC = antigen presenting cell

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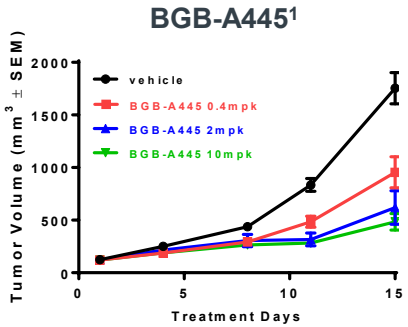
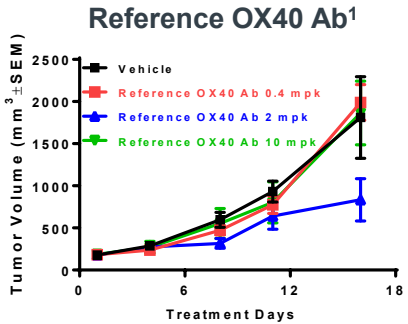
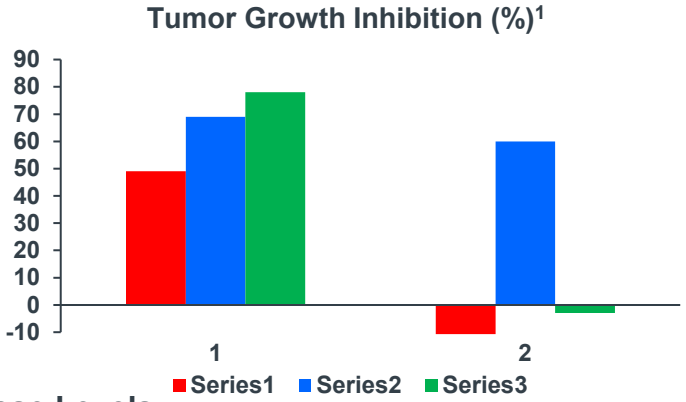
BGB-445 Showed Dose-Response, While Competitor's OX40 Ab Showed Hook Effect in MC38 OX40 Humanized Mice Model







Competitor OX40 Abs Showed Limited Efficacy in Clinic, Mainly at Low Dose Levels

Name	MEDI0562	MOXR0916	PF-04518600	BMS-986178	ABBV-368	GSK3174998
Company	AstraZeneca	Genentech	Pfizer	BMS	Abbvie	GSK
Dose Range	0.03-10 mg/kg (mono) 0.04-0.4 mg/kg (combo)	0.01-20 mg/kg	0.01–10 mg/kg (mono) 0.1-3 mg/kg (combo)	0.3-5 mg/kg	0.01 to 3.0mg/kg	0.003-10 mg/kg
Dose Level of Objective Responses	**Mono (50 pts):** 1 PR@0.03 mg/kg 1 PR@3 mg/kg **Combo with Durva (26 pts):** 2 PR@0.1mg/kg 1 PR@0.4 mg/kg	**Mono expansion** @ 5mpk (17 pts): 2 PR **Combo with Atezo (51 pts):** 1 PR@0.01 mg/kg 1 PR@0.2 mg/kg	**Mono (49 pts):** 1 PR@0.1 mg/kg 1 PR@0.3 mg/kg **Combo with α4-1BB (37 pts):** 2 PR@0.3 mg/kg	**Combo with Nivo (16 pts):** 3 PR, 1 PR@5mg/kg; other two unknown	**Mono (36 pts):** 1 PR@0.01 mg/kg	**Mono (45 pts):** 1 PR@0.3 mg/kg **Combo with Pembro (96 pts):** 3 CR, 5 PR; 1 CR at 0.1 mg/kg, others unknown

Sources: 1. Internal data 2. Glisson *et al*. ESMO 2018 (abstract 1152P). Goldman *et al*. ASCO 2020 (abstract 3003). Hansen *et al*. AACR 2016 (abstract CT097). Infante *et al*. ASCO 2016 (abstract 101). El-Khoueiry *et al*. ASCO 2017 (abstract 3027). Hamid *et al*. ESMO 2018 (abstract 1184P). Olszanski *et al*. SITC 2017 (abstract O17). Spira *et al*. ESMO 2018 (abstract 1149P). Postel-Vinay *et al*. AACR 2020 (abstract CT150).

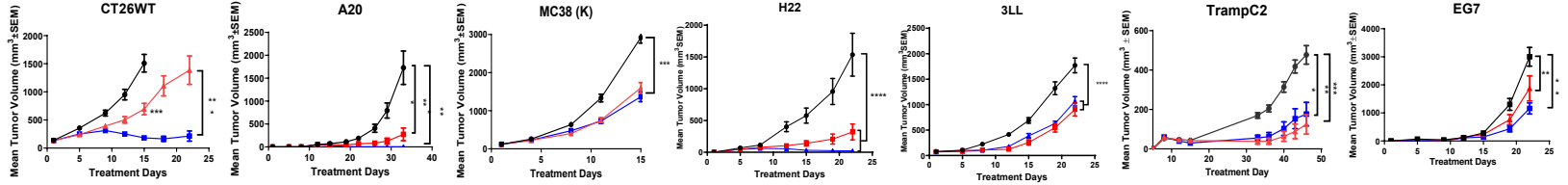
OX40 Competitive Landscape

DRUG NAME	DESCRIPTION	COMPANY	DISEASE	STATUS
MOXR-0916	IgG1 OX40 agonist Block OX40L	Roche	Solid tumors	Ph1 initiated in Aug 2014 Development discontinued in 2017
MEDI-0562	IgG1 OX40 agonist Block OX40L	MedImmune/AZ	Solid tumors	Ph1 initiated in Mar 2016 Ph1b in HNSCC/melanoma initiated in Jul 2018 Ph2 in OC initiated in Jun 2018 Development discontinued in 2019
PF-04518600	IgG2 OX40 agonist Block OX40L	Pfizer	Solid tumors	Ph1 initiated in Apr 2015 Ph2 in RCC initiated in Sep 2017 Ph2 in TNBC initiated in Jul 2019 Development discontinued in 2019
GSK-3174998	IgG1 OX40 agonist Block OX40L	GSK	Solid tumors MM	Ph1 initiated in Sep 2015 Ph1 in MM initiated in Oct 2019
BMS-986178	IgG1 OX40 agonist Block OX40L	BMS	Solid tumors	Ph1 initiated in Jun 2016
INCAGN-1949	IgG1 OX40 agonist Block OX40L	Agenus/Incyte	Solid tumors	Ph1 initiated in Oct 2016
ABBV-368	IgG1 OX40 agonist Block OX40L	Abbvie	Solid tumors	Ph1 initiated in May 2017 Ph1b in HNSCC initiated in Jan 2020
IBI-101	IgG1 OX40 agonist Block OX40L	Innovent	Solid tumors	Ph1 initiated in Dec 2018
INBRX-106	OX40 agonist	Inhibrx/Elpiscience	Solid tumors	Ph1 initiated in Dec 2019
BGB-A445	IgG1 OX40 agonist **Does NOT block OX40L**	BeiGene	Solid tumors	Ph1 initiated in early 2020

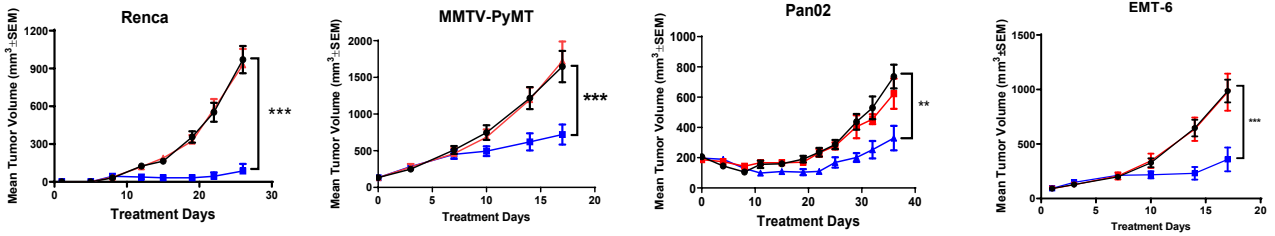
BeiGene

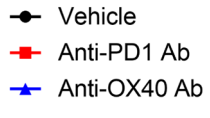
OX40 Ab Was More Efficacious than PD-1 in Mouse Syngeneic Models

Responded to both αOX40 and αPD-1



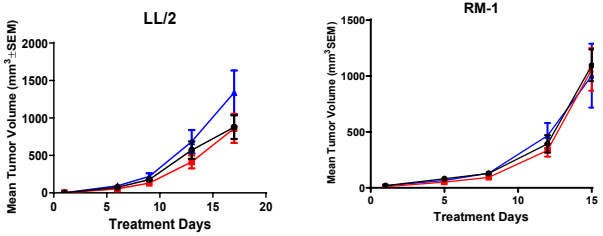
Responded to αOX40 Ab only





*P<0.05; ** P<0.01, *** P<0.001

Responded to neither αOX40 nor αPD-1



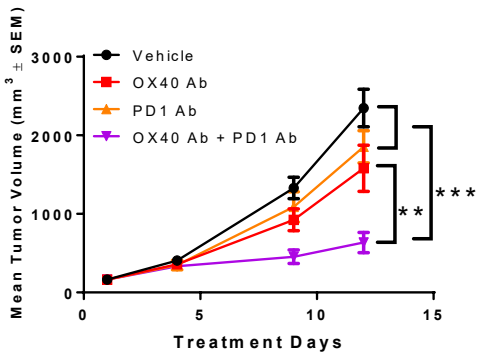
- OX40 Ab was active in 11/13 models while PD-1 Ab was only active in 7/13 models
- In most models where both agents were active, OX40 Ab showed stronger anti-tumor activity.

Source: Internal Data

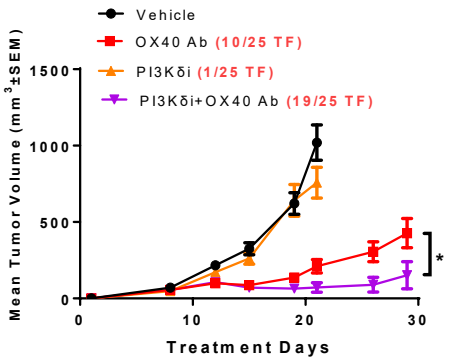
BeiGene

OX40 Ab Has Shown Combination Activity with PD-1 Ab, PI3Kδ Inhibitor, Sitravatinib, TLR9 Agonist, and Chemo

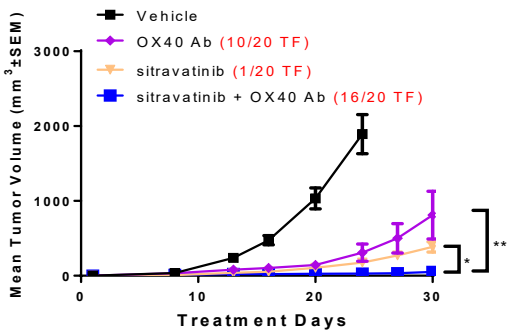
MC38 model



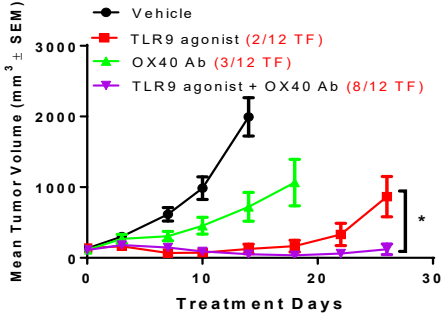
EMT6 model



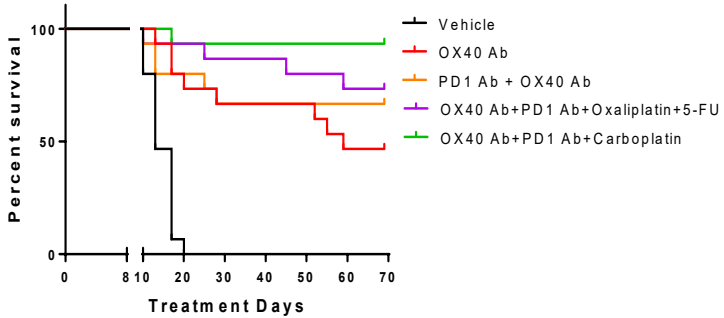
CT26 model



A20 model



CT26 model

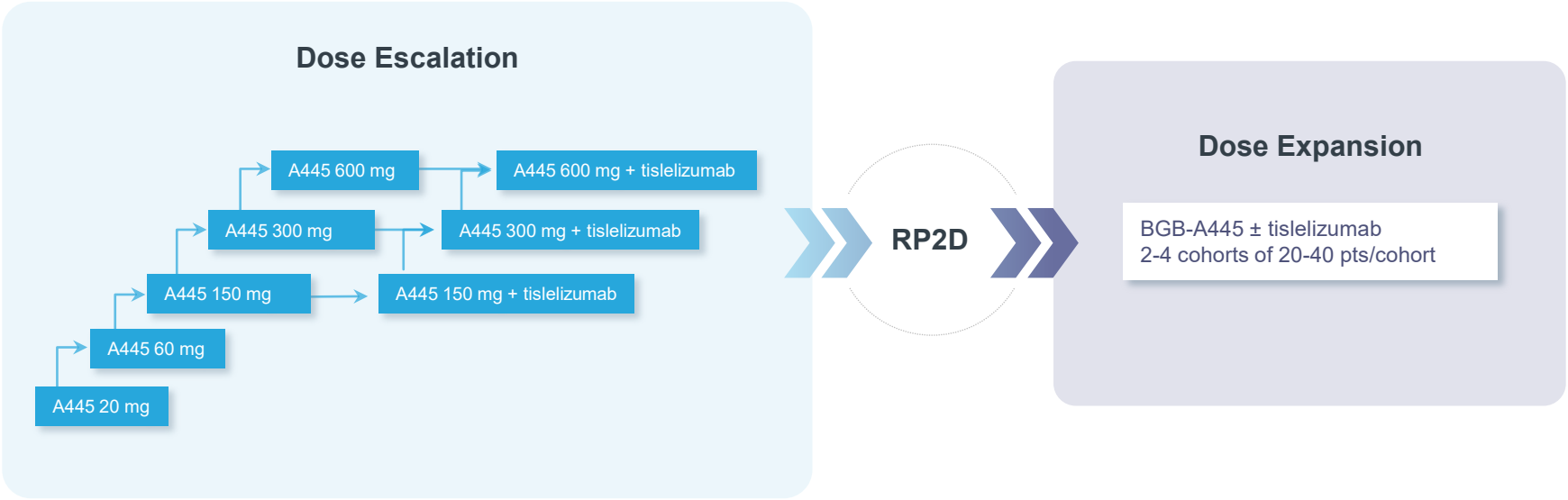


*P<0.05, **P<0.001,***P<0.0001

Source: Internal Data

BeiGene

Ph1 Study Design and Current Status of BGB-A445 (OX40 Antibody)



- Dose escalation schedule is BGB-A445 Q3W ± tislelizumab Q3W.

Abbreviations: RP2D, recommended Phase 2 dose.

Robust Promising Pipeline

- BGB-A1217 (TIGIT Antibody)
- BGB-11417 (Bcl-2 Inhibitor)
- BGB-A445 (Non Ligand-Competing OX40 Antibody)
- **BGB-15025 (HPK1 Inhibitor)**

Executive Summary: HPK1 Program

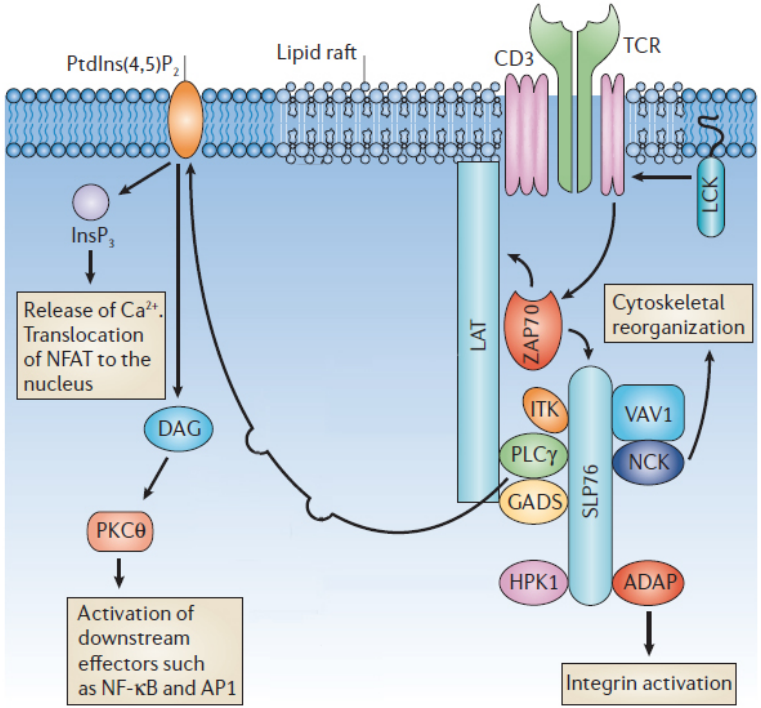
BGB-15025 is a potentially first-in-class HPK1 inhibitor

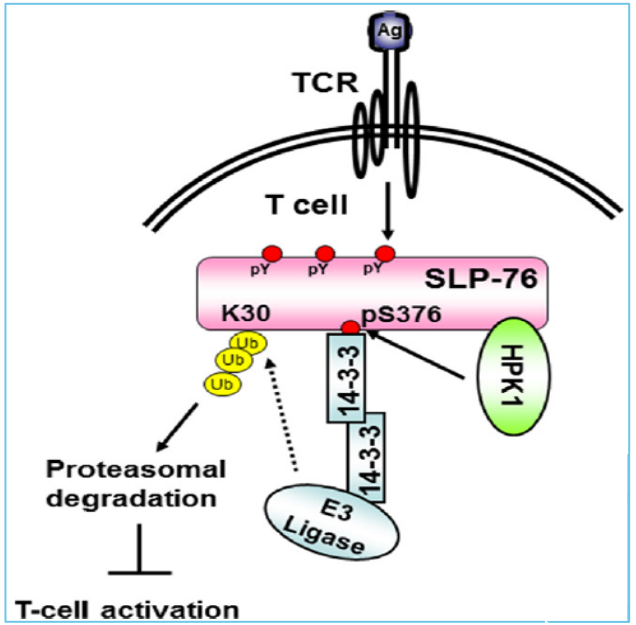
- HPK1 is a key negative feedback regulator of TCR signaling; inhibition of HPK1 enhances T cell activation
- Robust combination anti-tumor activity with PD-1 Ab in preclinical animal models[1]
- Preliminary tox study suggests wide therapeutic window (~20-50 fold)

IND submission expected Q4 2020

Source: 1. Internal Data

HPK1 Negatively Regulates T-cell Receptor Signaling





Sairy Hernandez et al, Cell Reports 25, 80–94, 2018

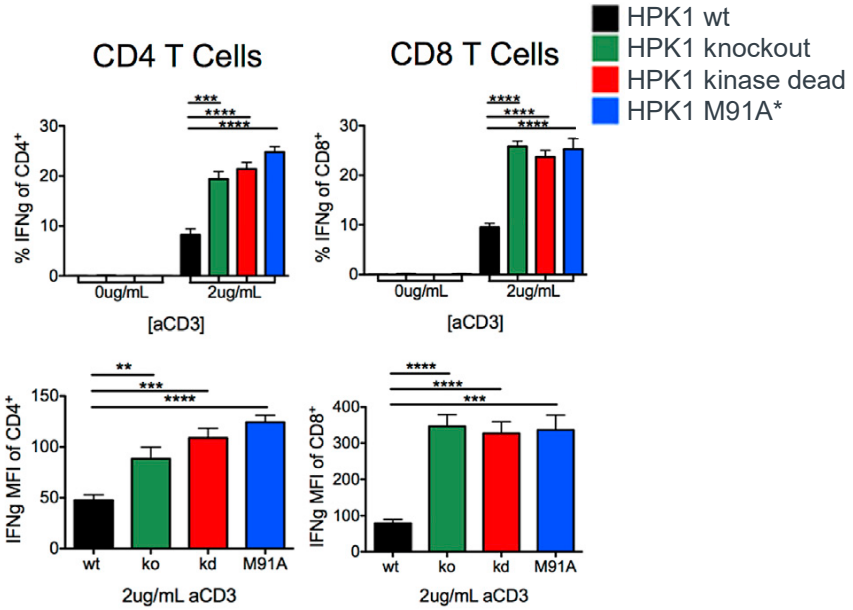
Phosphorylation of the adaptor SLP-76 by HPK1 leads to degradation of SLP-76 which is crucial for T-cell activation.

Sources: Adopted and modified from Koretzky G. et al Nature Review Immunology 2006; Hernandez et S. et al, Cell Reports 25, 80–94, 2018

BeiGene

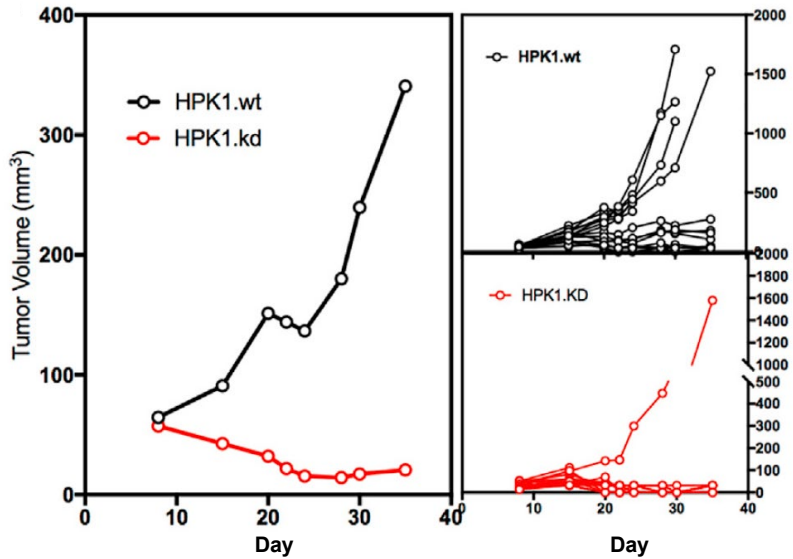
Strong Scientific Evidence Supports Critical Role for HPK1 in T-Cell Activation and Anti-Tumor Immunity

T-cells with reduced HPK1 catalytic activity show enhanced activation upon αCD3 treatment



*M91A mutation reduces HPK1 kinase activity by ~50% in T cells.
*P<0.05; ** P<0.01, *** P<0.001, **** P<0.001

Tumor rejection in GL261 model in HPK1 kinase dead mice

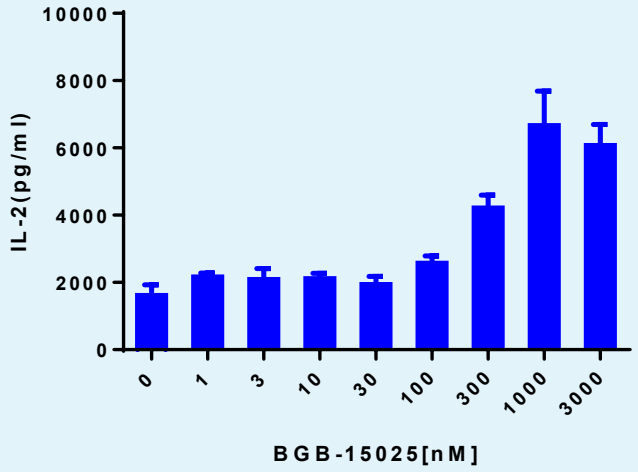


Sources: Sairy Hernandez et al, Cell Reports 25, 80–94, 2018

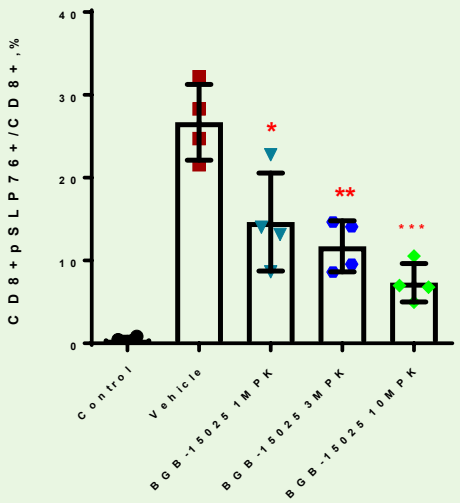
BeiGene

BGB-15025 Demonstrated Significant *in Vitro and in Vivo* PD Effect

BGB-15025 increased IL2 production in PBMC



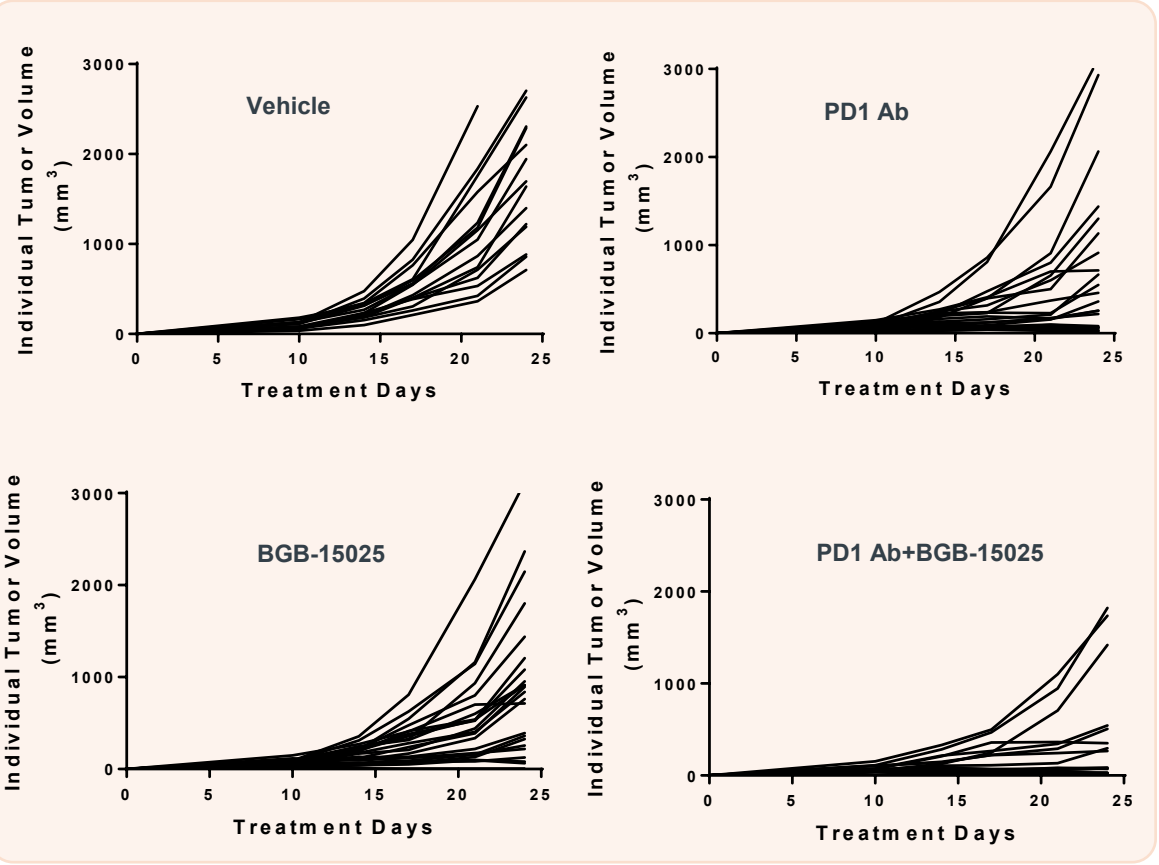
Splenic pSLP76 PD (6hr post treatment)



*P<0.05; ** P<0.01, *** P<0.001 vs. Vehicle

Source: Internal Data

BGB-15025 Showed Significant Combo Efficacy with PD-1 Antibody



Group	Dosage	Tumor-free	TV<50 mm^3	TV<100 mm^3
Vehicle (n=15)	-	0	0	0
PD-1 Ab (n=25)	1mpk	4%	20%	40%
BGB-15025 (n=15)	1mpk	13%	13%	13%
PD-1 Ab + BGB-15025 (n=25)	1mpk + 1mpk	**28%**	**52%**	**68%**

BGB-15025 demonstrated significant combo effects with PD-1 Ab at as low as 1 mg/kg in CT26WT syngeneic model.

Source: Internal Data

BeiGene

Productive Discovery Engine

Always science driven, proven record in target selection

Full internal capabilities, efficient portfolio management

Cutting edge technologies such as PROTAC, ADC, bsAb

Robust early pipeline (25+ in clinical stage and 10+ in preclinical), including:

- BGB-A1217 (TIGIT): One of three most advanced programs, Fc effector function competent, accelerating to registration trials
- BGB-11417 (Bcl-2): Potent Bcl-2 inhibitor, potentially overcomes venetoclax resistance
- BGB-A445 (OX40): The only endogenous ligand non-competing agent
- BGB-15025 (HPK1): Potentially first-in-class, prevents T-cell exhaustion

BeiGene

In-Licensed Programs

Eric Hedrick, M.D.
Chief Advisor

Executive Summary

External collaborations contribute significantly to our clinical pipeline:

- 25+ molecules across 9 collaborations
- Complementary with existing internal clinical and research programs
- Diversification of therapeutic modalities (e.g. Amgen BiTE platforms)
- Expansion of IO tislelizumab-based combination opportunities

Added focus on key disease indications:

- PD-1 sensitive Asia-prevalent tumor types (lung, liver, gastric) sitravatinib, zanidatamab (ZW-25), etc.
- NSCLC: Sotorasib (AMG 510)
- HER2-expressing cancers (breast, gastric) zanidatamab/ZW49

Anticipate several programs entering late-stage development within the next 6-18 months

BeiGene

Internal Capabilities and Collaborations Create Robust Pipeline

25+ assets, 8 with global rights

COMPOUND	(TARGET) / PROGRAM	DOSE ESC.	DOSE EXPANSION		PIVOTAL		COMMERCIAL RIGHTS	PARTNER
		PH1a	PH1b	PH2*	PH2**	PH3		
BGB-A1217	(TIGIT) + tislelizumab	Solid tumors					Global	
BGB-A445	(OX40) + tislelizumab	Solid tumors					Global	
BGB-A425	(TIM-3) Mono, + tislelizumab	Solid tumors					Global	
BGB-A333	(PD-L1) Mono, + tislelizumab	Solid tumors					Global	
BGB-11417	(Bcl-2) Mono, + zanubrutinib	B-cell malignancies		Phase 1 study startup ongoing			Global	
BGB-15025	(HPK1) Mono, + tislelizumab	IND Enabling studies ongoing					Global	
BGB-10188	(PI3Kδ) Mono, + tislelizumab, + zanubrutinib	B-cell + solid malignancies					Global	
lifirafenib	(RAF dimer)	B-Raf/K-RAS/N-RAS mut. solid tumors					Global	
BA3017	(CTLA4) Mono, + tislelizumab	Phase 1 study startup ongoing					Global	BioAtla
AMG 510	(KRAS G12C)	Solid Tumors, NSCLC, CRC						
AMG 701^^	(BCMA)	MM						
AMG 176	(Mcl-1, SM (i.v.))	Hematologic malignancies						
AMG 397	(Mcl-1, SM (oral))	Hematologic malignancies						
AMG 330^	(CD33)	Myeloid malignancies						
AMG 673^^	(CD33)	AML						
AMG 427^^	(FLT3)	AML					China	Amgen
AMG 562^^	(CD19)	NHL						
AMG 596^	(EGFRvIII)	Glioblastoma						
AMG 757^^	(DLL3)	SCLC						
AMG 160^^	(PSMA)	Prostate cancer						
AMG 506	(FAP x 4-1BB, DARPin®)	Solid Tumors						
AMG 199^^	(MUC17)	GC/GEJC						
Sitravatinib	(multi-kinase inhibitor) + tislelizumab	NSCLC, RCC, OC, MEL					Asia ex-Japan, AU, NZ	Mirati
	Mono, + tislelizumab	HCC, GC/GEJC						
Zanidatamab†	(HER2, bispecific antibody)	Breast cancer, GEA					Asia ex-Japan, AU, NZ	Zymeworks
ZW49	(HER2, bispecific ADC)	Planned (in Ph1 ex-China by Zymeworks)					Asia ex-Japan, AU, NZ	Zymeworks
BGB-3245	(B-RAF)	Solid tumors					Asia ex-Japan	SpringWorks[1]
SEA-CD70	(anti-CD70)	Planned (starting Ph.1 ex-Asia by Seattle Genetics)					Asia ex-Japan, AU, NZ	Seattle Genetics
DKN-01	(DKK1) + tislelizumab ± chemo	Trials in GC/GEJ planned					Asia ex-Japan, AU,NZ	Leap Therapeutics

†Addition compounds from Amgen collaboration not yet disclosed

* Some indications will not require a non-pivotal Ph2 clinical trial prior to beginning pivotal Ph2 or Ph3 clinical trials. **Confirmatory clinical trials post approval are required for accelerated approvals. ^ BiTE, ^^ HLE BiTE, † ZW25, AML: acute myeloid leukemia, HLE BiTE: Half-life extended Bi-specific T-cell engagers, GC/GEJ: gastric cancer/gastroesophageal junction, HCC: hepatocellular carcinoma, IND: Investigational New Drug, MEL: melanoma, MM: multiple myeloma, NHL: non-Hodgkin's lymphoma, N/SCLC: non-/small cell lung cancer, OC: ovarian cancer, RCC: renal cell carcinoma, SM: small molecule; 1. By MapKure, a JV with SpringWorks

BeiGene

In-Licensed Programs

- **Sotorasib* (AMG 510)**
- Sitravatinib
- Zanidatamab (ZW25) (HER-2 Bispecific Antibody)

* AMG 510 (proposed INN Sotorasib)

Executive Summary – Sotorasib* (AMG 510) Program

Small molecule covalent KRAS^{G12C} inhibitor

- Historically difficult drug target; Amgen's key discovery was a surface groove on KRAS^{G12C} exploited to optimize potency and advance into clinic
- Estimated incidence of KRAS^{G12C} lung cancer in Chinese patients roughly equivalent to U.S.
- Encouraging clinical activity in Phase 1; Phase 2 fully enrolled in both NSCLC and CRC

BeiGene entered collaboration with Amgen in October 2019 and is responsible for China clinical development of sotorasib (both China-specific development and China operations within Amgen global trials)

Clinical Program Status

- China participation in clinical trials expected to start 4Q 2020
- Global, potentially registrational Phase 2 trial in KRAS^{G12C} NSCLC (CodeBreaK 100) is ongoing[1]
- Global Phase 3 trial in KRAS^{G12C} NSCLC (sotorasib vs docetaxel) initiated in June 2020[2]

* AMG 510 (proposed INN Sotorasib) Source: 1. NCT03600883 2. NCT04303780

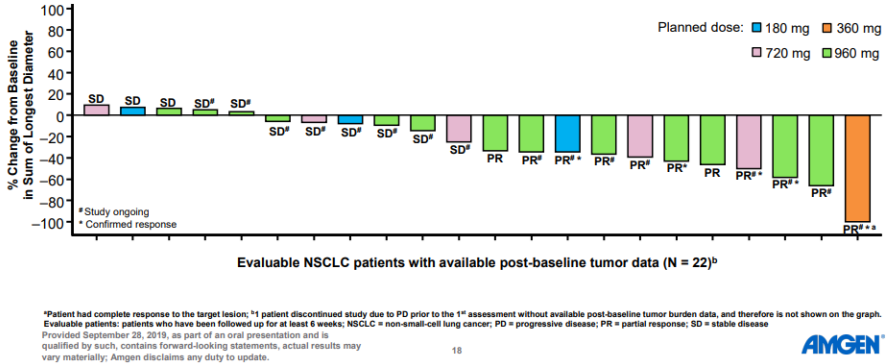
Sotorasib (AMG 510) in NSCLC

Phase 1 data from ESMO 2019

Phase 1 Study of AMG 510, a Novel KRAS^{G12C} Inhibitor, in Advanced Solid Tumors With *KRAS p. G12C* Mutation: ESMO 2019

EFFICACY IN NSCLC

Change in Tumor Burden From Baseline



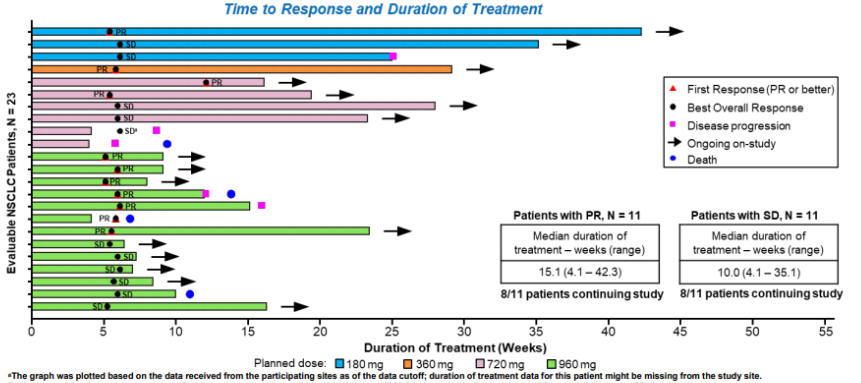
[a]Patient had complete response to the target lesion; [b]1 patient discontinued study due to PD prior to the 1st assessment without available post-baseline tumor burden data, and therefore is not shown on the graph.
Evaluable patients: patients who have been followed up for at least 6 weeks; NSCLC = non-small-cell lung cancer; PD = progressive disease; PR = partial response; SD = stable disease

AMGEN

Phase 1 Study of AMG 510, a Novel KRAS^{G12C} Inhibitor, in Advanced Solid Tumors With *KRAS p. G12C* Mutation: ESMO 2019

TIME TO RESPONSE AND TREATMENT OVER TIME

Time to Response and Duration of Treatment



*The graph was plotted based on the data received from the participating sites as of the data cutoff; duration of treatment data for this patient might be missing from the study site.
Evaluable patients: patients who had the first 6-week scan or early progressive disease; NSCLC = non-small cell lung cancer; PR = partial response; SD = stable disease

AMGEN

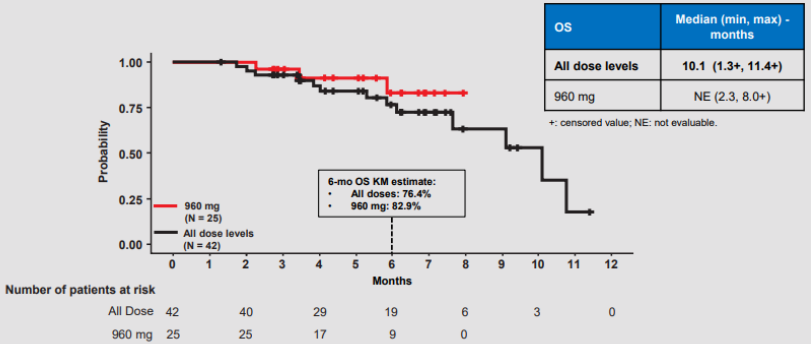
At 960mg RP2D N=13, PR 7 (54%), SD 6 (46), ORR 54%; Data cutoff: July 17, 2019

BeiGene AMGEN

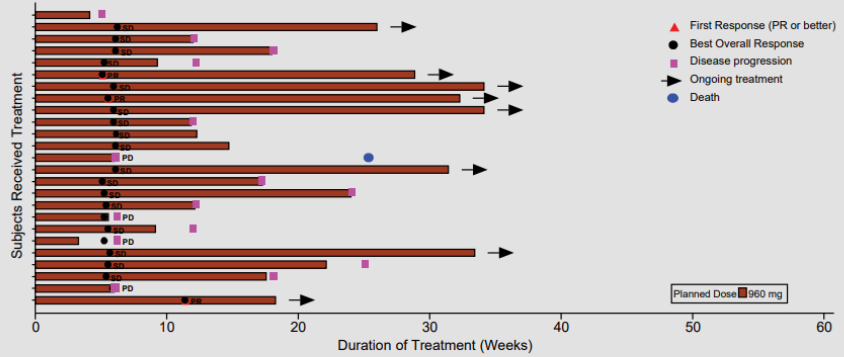
Sotorasib (AMG 510) in CRC

Data from ASCO 2020

CRC: OVERALL SURVIVAL



CRC: TIME TO RESPONSE AND TREATMENT OVER TIME



At 960mg RP2D N=12, PR 1 (8%), SD 10 (83), ORR 8%; Data cutoff: July 17, 2019

In-Licensed Programs

- Sotorasib* (AMG 510)
- **Sitravatinib**
- Zanidatamab (ZW25) (HER-2 Bispecific Antibody)

MIRATI THERAPEUTICS BeiGene

Executive Summary - Sitravatinib Program*

Sitravatinib: small molecule multi-kinase inhibitor

- In addition to being a potent inhibitor of VEGFR, sitravatinib is also a potent inhibitor of: Axl, Tyro3, and MerTK
- These kinases are involved in tumor-associated macrophage activities (polarization and efferocytosis) that appear to be critical in establishment of an immuno-tolerant state
- Proof-of-concept when combined with PD-1 in PD-1 R/R NSCLC[1] and UC[2]

BeiGene is responsible for China development activities, including China-specific trials and China participation in global trials

Clinical Program Status

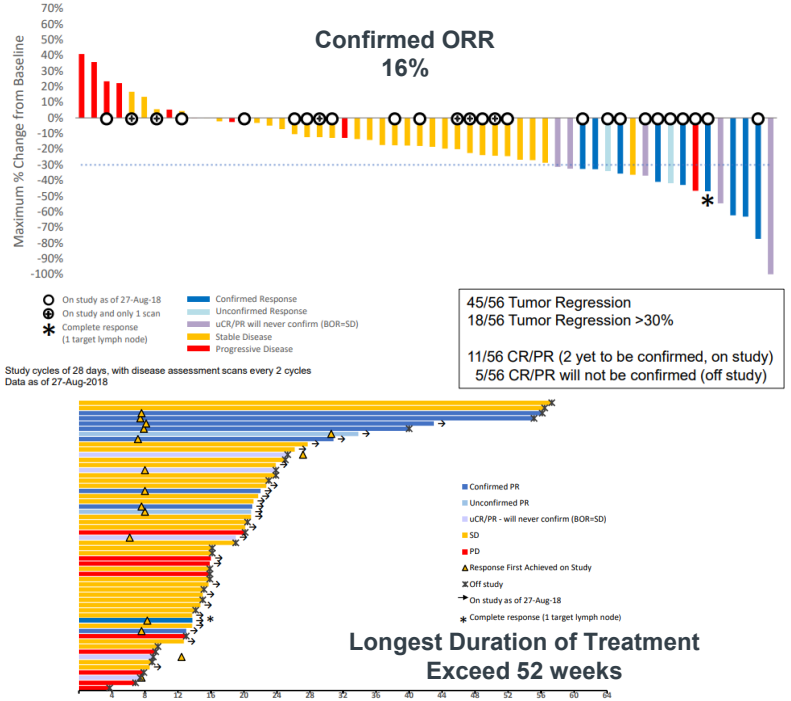
- BeiGene initiated multi-indication Phase 1b sitravatinib + tislelizumab studies in Nov 2018 in both PD-1 sensitive and insensitive tumor types (e.g. platinum resistant ovarian cancer)[3]
- Phase 3 registration trial in NSCLC patients with sitravatinib in combination with a PD-1 on-going

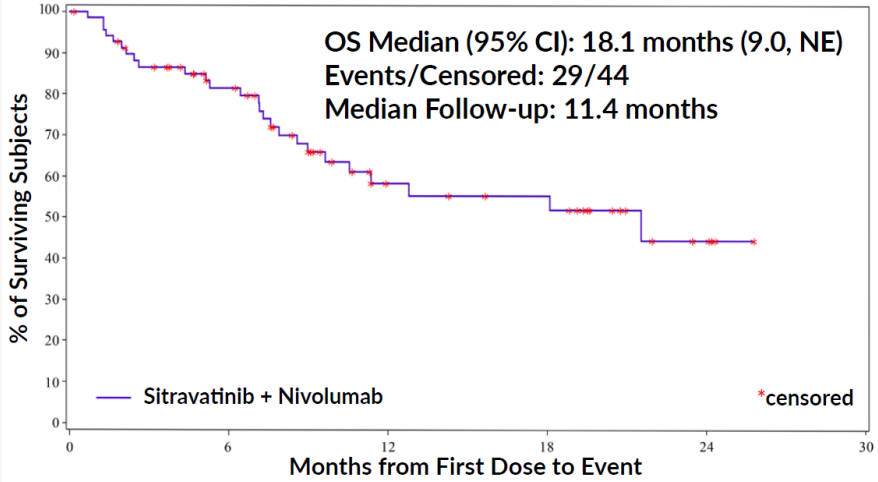
Source: 1. Leal et. al., ESMO 2018; 2. Msaouel et. al., SITC 2019; 3. Gao et. al., ESMO IO 2019; R/R: relapsed/refractory, NSCLC: non-small cell lung cancer, UC: urothelial carcinoma. * The collaboration with BeiGene is an exclusive license agreement for the clinical development, manufacturing and commercialization of Mirati's sitravatinib in Asia (excluding Japan), Australia, and New Zealand. Mirati retains exclusive rights for the development, manufacturing and commercialization of sitravatinib for the rest of world.

MIRATI THERAPEUTICS BeiGene

Sitravatinib/Nivolumab Combination Has Significant Clinical Activity in Patients with PD(L)-1 Refractory Tumors

Non-squamous NSCLC





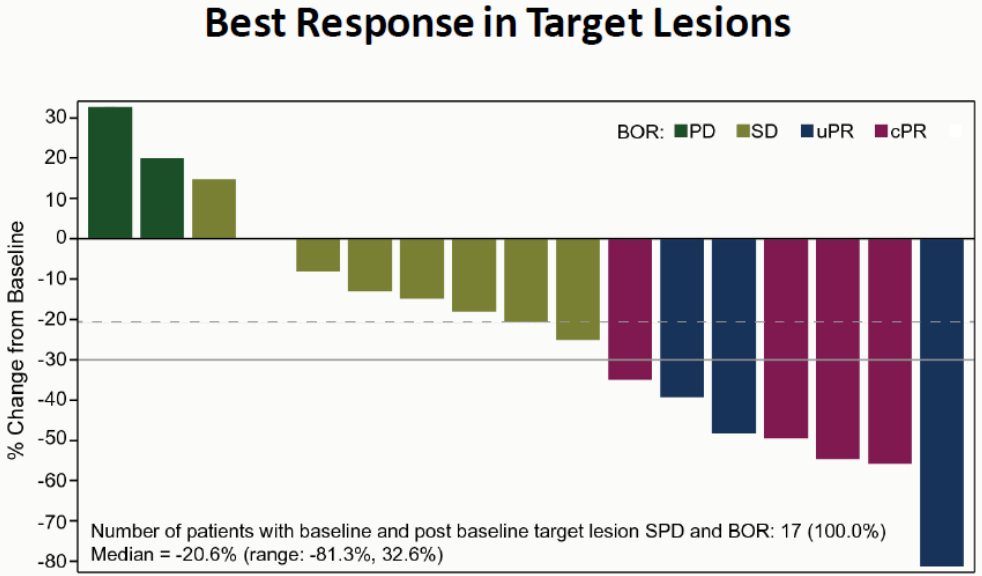
MRTX-500: Overall Survival, PCB Cohort: 1 or 2 Prior Lines of Treatment, N=73, Data as of January 30, 2020

PCB - Prior Clinical benefit (i.e., RECIST defined partial, complete response or stable disease for at least 12 weeks [-2-week window permitted for radiograph scheduling]) followed by radiographic progression of disease.

Source: 1 ESMO 2018; 2. ASCO 2020

Sitravatinib/Tislelizumab Combination Preliminary Antitumor Activity in Platinum Resistant Ovarian Cancer

	Total (N=17)
Best Response Confirmed PR, n Unconfirmed PR, n SD, n PD, n	 4 3 8 2
Confirmed ORR, % (95% CI)	23.5 (6.8–49.9)
Median DOR, weeks (95% CI)	NR (12.29, NR)
DCR, % (95% CI)	88.2 (63.6–98.5)
Median PFS, weeks (95% CI)	18 (12.29, NR)
3-month PFS rate, % (95% CI)	88.2 (60.6–96.9)
6-month PFS rate, % (95% CI)	35.3 (9.0–63.8)



- Of 17 efficacy-evaluable patients, 7 had PR (4 confirmed PR), 8 had SD, and 2 had PD

BOR=best overall response, CI=confidence interval, cPR=confirmed partial response, DCR= disease control rate, DOR=duration ofresponse, NR=not reached, ORR=objective response rate, PD=progressive disease, PFS=progressionfree survival, PR=partial response, PROC= platinum-resistant ovarian cancer, SD=stable disease, SPD=sum of the products of perpendicular dimensions, uPR=unconfirmed partial response

Source: ESMO IO 2019

In-Licensed Programs

- Sotorasib* (AMG 510)
- Sitravatinib
- **Zanidatamab (ZW25) (HER-2 Bispecific Antibody)**

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Executive Summary – Zanidatamab (ZW25) Program

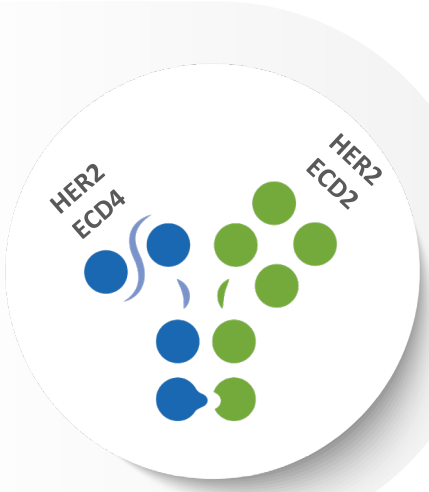
Zanidatamab: bispecific antibody targeting two distinct HER2 epitopes[1]

- Zanidatamab biparatopic – targets extracellular domain 2: ECD2 (trastuzumab binding domain) and ECD4 (pertuzumab binding domain)
- Unique binding geometries of zanidatamab promoted increased tumor cell binding and enhanced HER2 internalization compared with trastuzumab
- Stronger anti-tumor activity compared to trastuzumab is observed in preclinical studies
- Zanidatamab, as single agent, has shown encouraging anti-tumor activity across multiple HER2-expressing tumor types (Part 1 and 2, ZWI-ZW25-101 Ph1 Study)[2]

BeiGene is responsible for China development activities, including China-specific trials and China participation in global trials

Clinical Program Status

- Registration-enabling trial initiated in 2L HER2+ biliary tract cancer
- Ph2 combination studies are ongoing to support pivotal trials
- One registration-enabling studies are planned:
  - 1st line HER2+ gastroesophageal cancer



Zanidatamab

Source: 1. Zymeworks March 2020 corporate presentation; 2. Internal Data

Collaborations Are a Central Part of Our Comprehensive Pipeline

Broad set of ongoing clinical collaborations that significantly augment our internal discovery, ongoing clinical development programs, and commercial products (tislelizumab and zanubrutinib)

Many programs planned to go to pivotal/late-stage in next 6-18 months

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Concluding Remarks

John V. Oyler
Chairman, Co-Founder & CEO

Summary: Research and Early Development

Internal R&D platform generating robust, sustainable pipeline

- **Proven:** Two approved medicines (and another at the filing stage) with excellent clinical profiles
- **Cutting Edge:** Utilizing cutting edge technologies to address a wide range of biological problems
- **Impactful:** All programs potentially best-in-class or first-in-class assets such as HPK1
- **Broad and Growing:** 350+ team growing to 650+

Built unique, sustainable competitive advantages

- **Clinical acceleration & lower cost:** 1,350+ team for China-inclusive global trials
- **Combinability with internal platform assets:** PD-1, BTK, PARP and growing
- **Science & medicine-based commercial team:** ~1,300; 6 commercial products; excellent pipeline
- **Internal manufacturing & preclinical capabilities:** Includes biologics, formulation, preclinical

Past collaborations successful, leverage our competitive advantages, & expand our portfolio … *and capacity exists for this to continue to be a major source of growth*

- Deep, promising collaboration pipeline
- Each competitive advantage has been demonstrated in collaborations
- Amgen collaboration provides further validation

Well positioned to act quickly & capture future internal & external breakthroughs

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Recent Accomplishments and Upcoming Milestones

China
Global

Past 10 Months (From 4Q19 – YTD)

Preclinical Assets Advanced into Clinic	Trials Enrolled	Phase 3 Data Readouts	NDA Filings	Approvals or Launches	Assets Added Through Collaborations	Organizational Progress
4	5		4	6	25+	
BGB-10188 Pi3k-δi	Tisle 1L HCC			BRUKINSA R/R CLL/SLL	AMGEN	Biologics manufacturing in process validation & expanded
BGB-A445 anti OX40	BRUKINSA MZL	3	Tisle 2/3L HCC	BRUKINSA R/R MCL	SeattleGenetics	
BGB-3245 B-RAFi	Tisle 2/3L NSCLC	BRUKINSA HTH in WM	Tisle 1L Nsq NSCLC	XGEVA GCTB	leaptherapeutics	Amgen transitional activities progressing
BGB-11417 Bcl-2i	Tisle 2L ESCC	Tisle 1L Sq NSCLC	Tisle 1L Sq NSCLC	BRUKINSA R/R MCL	EUSAPharma	
	Pami Breast cancer	Tisle 1L Nsq NSCLC	BRUKINSA WM (EU)	Tisle cHL		Angus Grant as Chief Business Executive
				Tisle UBC		

Disclosed Milestones Over Next 18 Months

Early Data Readouts	Potential Phase 3* Readouts and Potential Filings	Potential NDA Filings or Regulatory Discussion	Commercial Portfolio
4	9	7	11
OX40 and tisle +OX40	Tisle 1L NPC	Pami 3L gBRCA+ OC	Brukinsa zanubrutinib
Bcl-2i, and BRUKINSA + Bcl-2i	Tisle 1L ESCC	Tisle 2/3L HCC	tislelizumab
TIGIT, and Tisle + TIGIT	BRUKINSA R/R MZL	BRUKINSA WM (USA)	百泽安 pamiparib
Tisle + sitra Data	BRUKINSA HTH CLL/SLL	BRUKINSA WM	XGEVA (denosumab)
	Tisle 2/3L NSCLC	Pami OC Maintenance	Kyprolis (carfilzomib)
	Tisle 2L ESCC	SYLVANT Castleman	BLINCYTO (blinatumomab)
	Tisle dMMR / MSI-H	QARZIBA neuroblastoma	Abraxane nanoparticle albumin bound paclitaxel
	Pami Plt-sensitive OC		Vidaza azacitidine
	BRUKINSA 1L CLL/SLL		Revlimid (lenalidomide)
			QARZIBA (dinutuximab beta)
			sylvant siltuximab

* Phase 3 or registrational enabling trials

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Future Vision

Once in a lifetime period of transformation in our industry, which creates opportunities for smaller players to become leaders

BeiGene is one of the best positioned companies for this opportunity

On this journey, BeiGene is striving to

- Become an oncology and scientific leader
- Expand beyond oncology into other areas of need
- Continue to build sustainable competitive advantages
- Become the best global clinical organization – addressing the biggest issue of the industry
- Transform the industry to bring better medicine to more patients more affordably

Thank You!

BeiGene

Q&A

Participants:

- Xiaodong Wang, Ph.D.
- John V. Oyler
- Howard Liang, Ph.D.
- Lai Wang, Ph.D.
- Eric Hedrick, M.D.
- Yong (Ben) Ben, M.D.
- Jane Huang, M.D.

BeiGene

Thank You