BEIGENE

J.P. Morgan 39th Annual Healthcare Conference

January 14, 2021

Disclosure

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; BeiGene's plans and expectations for the further development and commercialization of tislelizumab under collaboration with Novartis, the parties' commitments to and the potential benefits of the collaboration, and the expected timing for the closing of the transaction. 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 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.

Key Messages

Our industry is undergoing a once-in-a-lifetime transformation dramatically changing its Key Success Factors and creating new leadership opportunities

BeiGene has been building sustainable competitive advantages since our inception that meet the Key Success Factors for the future

Industry transformation will be fast and furious, and we are aggressively investing and working relentlessly at the forefront of these changes to become one of the most impactful oncology companies in the world

BeiGene – Built Fit-For-Purpose

We think differently

We are not:

- Asset-based biotech
- Platform-based biotech
- Traditional multinational pharma
- Chinese biotech company
- Chinese pharma
- Services company

We are:

- A global, headquarter-less biotech
- Research capable team of 500+, growing by year-end to 700+, with track record of success, and every program differentiated or first-in-class
- Commercializing internally developed medicines in the world's two largest markets
- Fully-integrated 5,200+ team
- Not reliant on CROs
- Leading science/medicine-based, oncology commercial team in China with scale, approved medicines, and deep, promising pipeline

Still Early in Our Journey

Our mission is to build the first next-generation biotech company — one **that expands the highest quality therapies to billions more people**

We are proud of what we have accomplished, but we are not complacent — the time is now

We are investing in a promising pipeline, unique strategic advantages, and realizing opportunities as the industry rapidly transitions

Our aspirations for 2025 are:

- Recognized for strength of research pipeline and internally developed medicines
- Top-3 oncology company in China
- Best global clinical organization in the world
- Strong commercial presence in U.S.
- Global commercialization including often neglected parts of the world
- Partner of choice to biotech, pharma, and scientists/entrepreneurs

Biotech Industry Is More Impactful Than Ever, Yet…

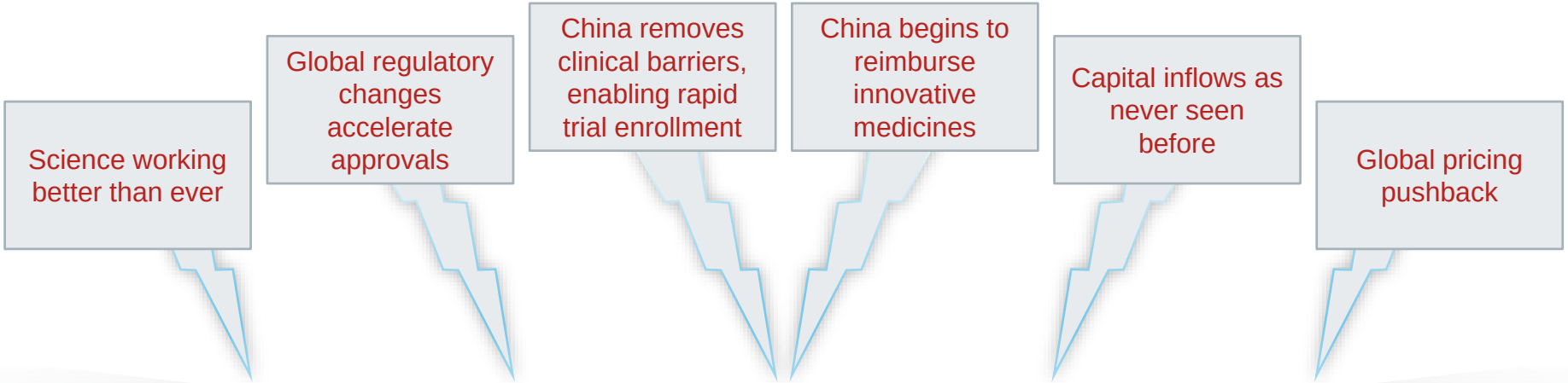
It takes ~10 years
on average to bring a new medicine to market

3 in 10
Americans struggle to afford needed medicines

~8 in 10
Patients worldwide cannot afford needed medicines

~10M people
worldwide die from cancer annually

Transformative Shocks to Global Biotech

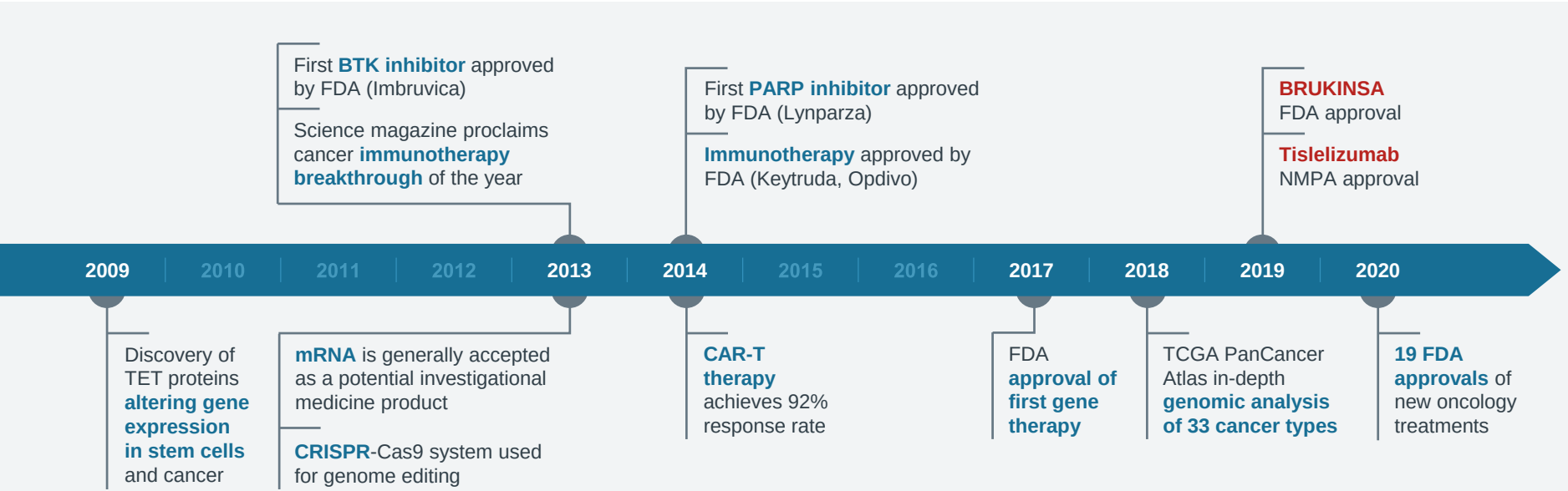


Just 10 Years Ago, the Biotech Industry

- Scarce capital
- View that science was not working
- U.S. price-centric
- Value predominantly from top-10 markets

- High prices and annual price increases
- China largely absent in research, clinical science, and commercial
- Clinical science predominantly outsourced
- Fragmented regulatory processes worldwide

Science Is Working Better Than Ever



Implication: Abundance of attractive research opportunities

Global Regulatory Changes Accelerate Approvals

Removes barriers, accelerates, and harmonizes

United States

- Accelerated approval, fast track, and break-through designations
- Project Orbis
- Acceptance of international data

China

- Policies to accelerate approvals
- Reduced regulatory hurdles

EU

- Regulatory burden reductions

Orbis Countries

- Orbis enables joint review and accelerates simultaneous approval

Implication: Reduction in time, cost, and duplicate effort, resulting in medicines helping patients sooner

China Removed Clinical Barriers, Enabling Rapid Trial Enrollment

Accelerates and lowers the cost of development

- Clinical trials account for vast majority of time and cost
- Clinical timeline (often requiring 1-2 years for enrollment) can be meaningfully shortened with access to China clinical centers
  - 4.6 million new cancer incidences in China
  - Roughly equivalent to U.S., EU5, and Japan combined
  - Clinical participation rate in China is several times that of the U.S.
- Costs can be substantially reduced
  - By shortening trials – not just in China, but at all sites
  - Because behemoth centers in China can dramatically reduce number of sites required
  - But qualified talent is highly constrained for the next five years
  - Strong relationship with KOLs at major centers in China is critical

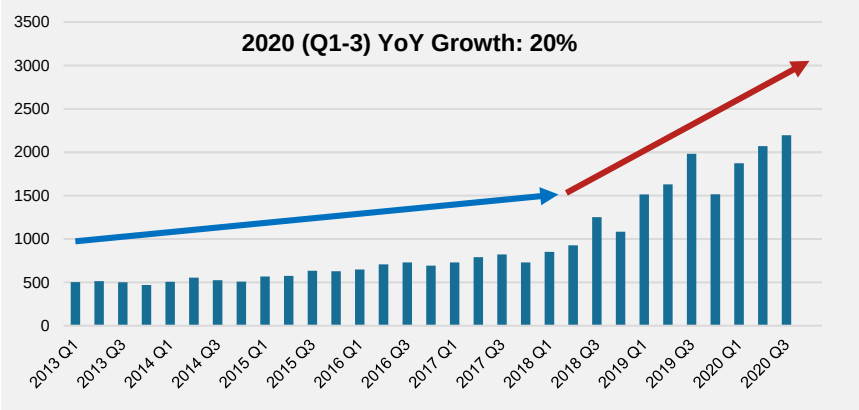
Implication: Opportunity to reduce time and cost through China-inclusive trials

China Began to Reimburse Innovative Medicine

Becomes #2 market, but at much lower price point

- Innovative medicine use skyrocketed and revenue expanded dramatically post NRDL
- Lower price point vs U.S. bifurcates the pricing center of the industry between its two largest markets
- Growth is nascent and will continue from low penetration and short duration of treatment
- Need for commercial scale in China to cover small markets

MNC Oncology Product Sales in China ($M)[1]

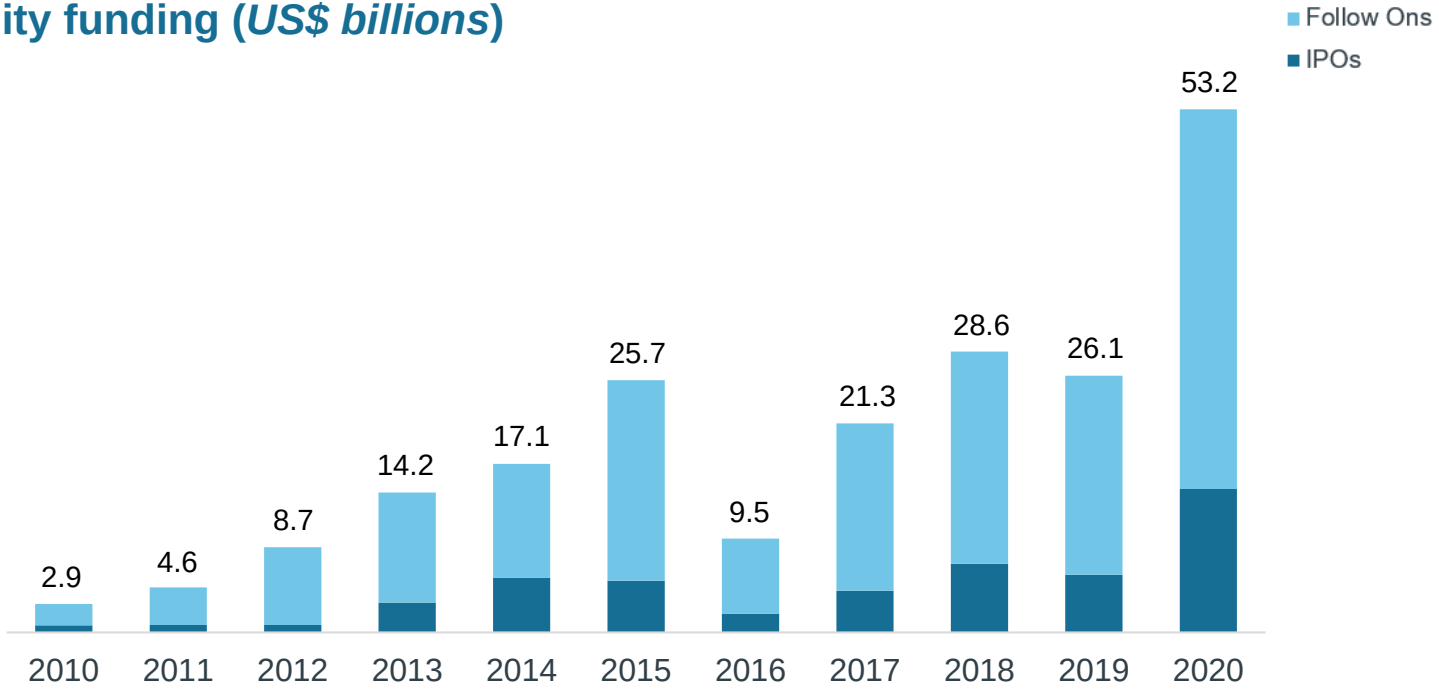


Implication: China #2 market, but at much lower price point that enables affordability to billions more people globally changing fundamentals of industry

Source: 1. BeiGene analysis

Capital Inflows As Never Seen Before

Biotech equity funding (*US$ billions*)



Implication: Many companies, extreme competition, speed matters

Source: ECM Analytics as of December 18,2020. Includes Follow-Ons > $20mm, IPOs > $30mm in proceeds.

Global Pricing Pushback

Implication: Global price sustainability threatened

Implications of Shocks

- Highly inclusive China clinical trials enable profound speed and cost advantages (but talent pool is constrained to ensure quality)
- Bifurcation of pricing in two largest commercial markets presents challenge for industry leaders to meet China NRDL pricing without jeopardizing U.S. pricing
- Abundant funding creating tremendous competition
- Increasing pricing pressure globally

Keys To Success

1. Internal research excellence

2. Clinical excellence (vast majority of time and money)

- China-inclusive global trials (but talent pool is constrained to ensure quality)
- In-sourced clinical to enable operational excellence

3. Global market access (no longer sufficient to be regional player)

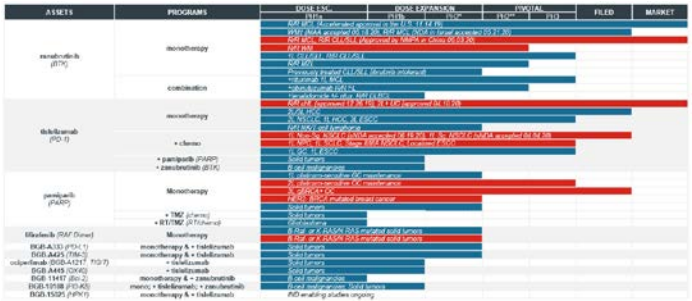
- Science/medicine-based China commercial team at ***scale***
- Commercial presence in traditional markets
- Commercial capabilities in remaining 70% of world

4. Speed and scale

- Internal capabilities (research, clinical, manufacturing)
- Appropriate culture (agile decision-making, cross functional/regional communication, trust)

BeiGene: One of Largest Oncology Research Teams Globally

- 500+ team growing to 700+ by year-end and capacity to run 24 programs
- 10+ molecules into clinic in first 10 years
- 2 internally developed potential blockbusters (BRUKINSA and tisle) and third medicine expected to be approved soon
- Promising internally developed clinical pipeline:
  - Ociperlimab (TIGIT Antibody)
  - BGB-11417 (Bcl-2 Inhibitor)
  - BGB-A445 (Non-Ligand-Competing OX40 Antibody)
  - BGB-15025 (HPK1 Inhibitor)
- Cutting-edge platforms (PROTAC, bispecific Ab, ADC)
- Expanding beyond oncology to areas such as I/I
- Internal capabilities – not a CRO, enabling speed and cost advantages



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.

Clinical Development Differentiation: Global China Inclusive Leadership and Internalization, Supported by Scale…

1,600+ in global clinical development team, highly internalized

12,000+ subjects enrolled by BeiGene

5,700+ subjects ex-China

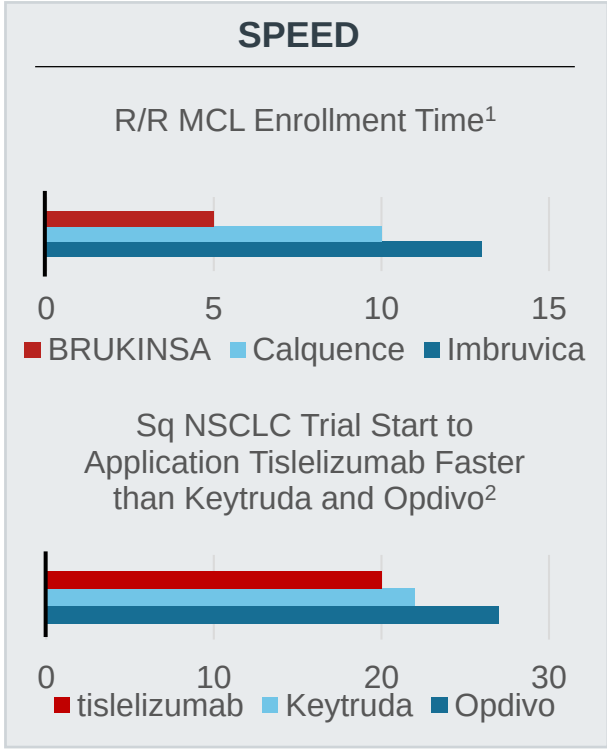
60+ clinical trials in 35+ geographies

Zanubrutinib a global success story: approved in two countries, filed in 19 covering 43 countries

Tislelizumab on a similar path

… With Realized Quality, Speed, and Cost Advantages

- **Quality validated**
  - BRUKINSA U.S. approval
  - Amgen and Novartis collaborations
- **Speed proven**
  - Zanubrutinib MCL fully enrolled in China within five months
  - Tislelizumab Sq NSCLC in China from start to application within 20 months
  - OX40 submission to first patient dosed in five weeks
- **Savings realized**
  - Although highly variable, China-inclusive studies have reduced clinical investment up to 10-70%
- Also, enables studies challenging in the U.S. (e.g., earlier stage, alternative comparators)



1. BRUKINSA R/R MCL China study (NCT03206970) compared to acalabrutinib study ACE-LY-004. 2. Comparison to Checkmate-017 and Keynote-407 times of study start to estimated submission.

BRUKINSA (Zanubrutinib) Overview

Potentially best-in-class BTK inhibitor

ADVANTAGES

- **Second generation, maximize BTK occupancy, minimize off-target binding**
- **Advantageous label in R/R MCL (dose flexibility-QD/BID, 100% BTK occupancy, PPI/H2RA)**
- **Randomized Phase 3 data demonstrated improved safety / tolerability and suggested improved efficacy**
- **Priced more affordably than competitors in U.S. (8.7% v acalabrutinib, 7.4% v ibrutinib)**

KEY TARGET INDICATIONS

Chronic lymphocytic leukemia/small lymphocytic lymphoma, Waldenström's macroglobulinemia, mantle cell lymphoma, follicular lymphoma, marginal zone lymphoma

CLINICAL DATA

86-patient R/R MCL[1]	83-patient R/R WM[2]	101-patient R/R CLL/SLL[3]	109-patient 1L CLL/SLL Del17p[4]
▪ 84% ORR ▪ 59% CR	▪ 94% ORR ▪ 28% VGPR	▪ 95% ORR ▪ 14% CR	▪ 93% ORR ▪ 2% CR

REGULATORY STATUS

- **U.S. FDA accelerated approval in R/R MCL on November 14, 2019**
- **NMPA approval in China for R/R MCL and R/R CLL/SLL on June 3, 2020**
- Filings accepted: WM: Australia, Canada, China, and EU; MCL: Canada, Australia, Israel

BREADTH OF PROGRAM

- **Over 3,100[5] subjects enrolled in clinical trials, safety data on over 600 patients in FDA label**
- Over 25 clinical trials in eight indications
- Over 40 presentations of zanubrutinib clinical data
- Potential internal Bcl-2 inhibitor combination

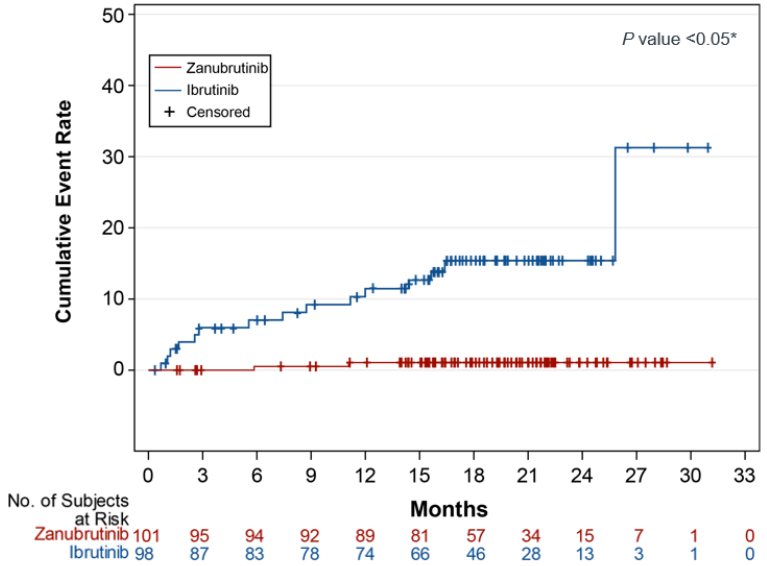
Sources: 1. ICML 2019 Song et. al.; 2. ASCO 2020 Tam et. al.; 3. Cull et. al. ASH 2019; 4. Tam et. al. ASH 2019; 5. As of October 16, 2020. BTK: Bruton's tyrosine kinase; CLL/SLL: chronic lymphocytic leukemia/small lymphocytic lymphoma; CR: complete response; FL: follicular lymphoma; MCL: mantle cell lymphoma; MZL: marginal zone lymphoma; MRR: major response rate; NDA: new drug application; ORR: overall response rate; R/R: relapsed/refractory; RT: Richter's transformation; VGPR: very good partial response; WM: Waldenström's macroglobulinemia.

BRUKINSA ASPEN Head-to-Head Data Summary

Response and Landmark PFS and OS^

	Relapsed or Refractory	
	Zanubrutinib (N = 83)	Ibrutinib (N = 81)
VGPR+CR rate, % (primary endpoint)	**28.9[1]**	**19.8[1]**
12-month PFS, %	92.4	85.9
12-month OS, %	98.8	92.5

Time to Atrial Fibrillation / Flutter^^



^ Source: IRC Data, data cutoff August 31, 2019. Groups were generally well-balanced for number of prior therapies, IPSS score, baseline IgM, and baseline hematologic parameters. Overall CXCR4 mutation was 10.9%.
[1.] 2-sided p=0.1160. ^^ Source: Tam et. al., ASCO 2020. * Descriptive purposes only.

BRUKINSA ASPEN Head-to-Head Safety

Category, n (%)	Overall	
	Ibrutinib (n = 98)	Zanubrutinib (n = 101)
Patients with ≥ 1 AE	97 (99.0)	98 (97.0)
Grade ≥3	62 (63.3)	59 (58.4)
Serious	40 (40.8)	40 (39.6)
AE leading to death	4 (4.1) [a]	1 (1.0) [b]
AE leading to treatment discontinuation	9 (9.2) [c]	4 (4.0) [d]
AE leading to dose reduction	23 (23.5)	14 (13.9)
AE leading to dose held	55 (56.1)	47 (46.5)
Patients with ≥ 1 treatment-related AE	84 (85.7)	80 (79.2)
Patients with ≥ 1 AE of interest	81 (82.7)	86 (85.1)

Source: Tam et. al., ASCO 2020. AE, adverse event (treatment-emergent); G, grade.
[a] cardiac failure acute; sepsis (n=2); unexplained death.
[b] cardiac arrest after plasmapheresis
[c] G5 sepsis (n=2); G5 unexplained death; G3 acute myocardial infarction; G3 hepatitis ; G3 pneumonia; G2 drug-induced liver injury; G2 pneumonitis; G1 pneumonitis.
[d] G5 cardiac arrest after plasmapheresis; G4 neutropenia; G4 subdural hemorrhage ; G2 plasma cell myeloma.

Tislelizumab Overview

Globally developed PD-1 inhibitor

ADVANTAGES

- **Differentiated mechanism: minimized binding to FcγR, attractive binding epitope**
- **Differentiated Hodgkin's data with high CR rate; strong clinical data in lung cancer with three Phase 3 trials having read out positively at interim analyses in first- and second-line settings**
- **To enable broad reimbursement, aggressively pursuing label in most common cancers in Asia**
- **World-class manufacturing partner with BI, 35 years of experience, >35 molecules brought to market**

KEY TARGET INDICATIONS

Breadth wins in China's label-based reimbursement: Lung, liver, gastric, and esophageal cancers, classical Hodgkin's lymphoma, urothelial carcinoma, nasopharyngeal, MSI-High

CLINICAL DATA

360-patient 1L Sq NSCLC[1]

- **Tisle+PC mPFS 7.6mo HR 0.52[a]**
- **Tisle+nPC mPFS 7.6mo HR 0.48[b]**
- **PC mPFS 5.5mo**

334-patient 1L Nsq NSCLC[2]

- **Tisle+PP: mPFS 9.7mo HR 0.65[c]**
- **PP: mPFS 7.6mo**

65-patient China label data R/R cHL[3]

- **77% ORR**
- **62% CR**

101-patient China label 2L+ PD-L1+ UC[4]

- **25% ORR**
- **10% CR**

REGULATORY STATUS

- **China NMPA approval of tislelizumab in 1L Sq NSCLC on January 13, 2021**
- **China NMPA approval of tislelizumab in R/R cHL on December 26, 2019, in R/R PD-L1+ UC on April 10, 2020**
- NMPA accepted sNDAs for 1L Non-sq-NSCLC, 2L/3L HCC, June 19 and July 1, 2020

BREADTH OF PROGRAM

- **Over 7,700[5] subjects enrolled in tislelizumab studies with 2,500 subjects outside of China**
- Over 25 clinical trials in a dozen indications
- Over 30 presentations of tislelizumab clinical data

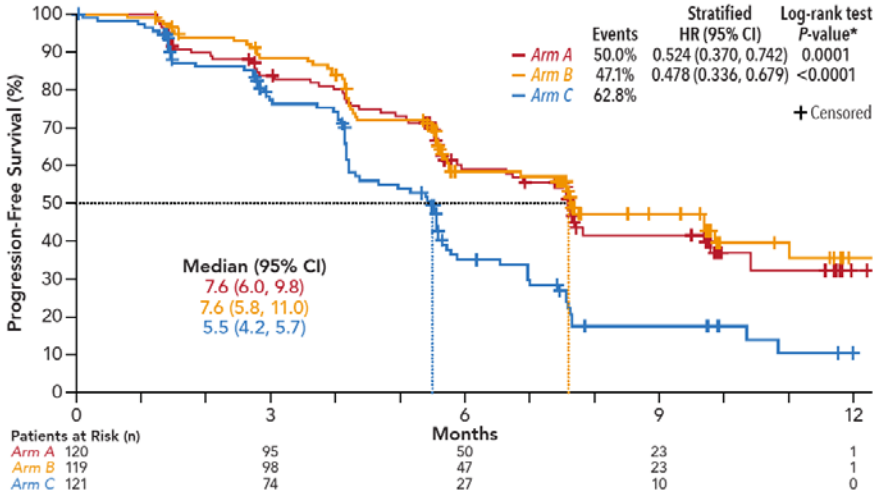
Sources: 1. Wang et. al., ASCO 2020; 2. Lu et. al., ESMO 2020; 3. Chinese cHL label; 3. Chinese UC label; 5. As of October 16, 2020. a. p-value=0.0001, b. p-value<0.0001, c. p-value=0.0044. cHL: classical Hodgkin's lymphoma; CR: complete response; HR: hazard ratio; MSI: microsatellite instability; NDA: new drug application; NMPA: National Medical Products Administration; nPC: *nab*-paclitaxel; NSCLC: non small cell lung cancer; ORR: overall response rate; PC: paclitaxel; PD-L1: programmed death ligand-1; PP: pemetrexed+platinum (carboplatin or cisplatin); R/R: relapsed/refractory; Sq: squamous; Tisle: tislelizumab; UC: urothelial carcinoma.

Tislelizumab Squamous NSCLC Data Summary

Response^

BOR, n(%)	Arm A Tislelizumab + PC (n=120)	Arm B Tislelizumab + *nab*-PC (n=119)	Arm C PC (n=121)
CR	5 (4)	3 (3)	1 (< 1)
PR	82 (68)	86 (72)	59 (49)
SD	18 (15)	19 (16)	36 (30)
Non-CR/non-PD	0	0	1 (< 1)
PD	12 (10)	5 (4)	11 (9)
NE/missing	3(3)	6 (5)	13 (11)
ORR, %	73	75	50
DCR, %	88	91	80
CBR, %*	81	80	56
Median DoR, months (95% CI)	8.2	8.6	4.2

PFS by IRC^^



^Source: Wang et. al., ASCO 2020; DCR=CR+PR+SD. *Includes patients with BOR in CR or PR or ≥24 weeks SD. ^^Source: Wang et. al., ESMO 2020; Abbreviations.
Abbreviations: BOR, best overall response; CBR, clinical benefit rate; CI, confidence interval; CR, complete response; DCR, disease control rate; IRC, Independent Review Committee; ITT, intent-to-treat; nab, nanoparticle albumin-bound; NE, not evaluable; ORR, objective response rate; PC, paclitaxel and carboplatin; PD, progressive disease; PFS, progression-free survival, PR, partial response; RECIST, Response Evaluation Criteria in Solid Tumors; SD, stable disease.

Tislelizumab Squamous NSCLC Safety

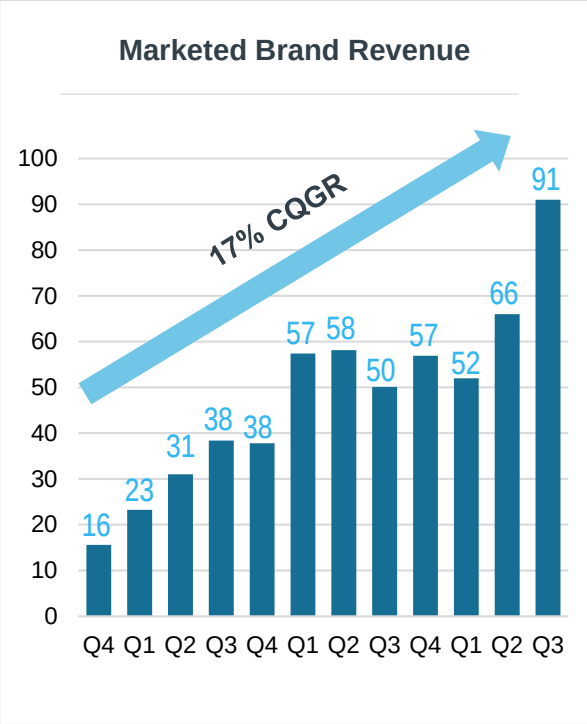
	Arm A Tislelizumab + PC (n=120)	**Arm B** Tislelizumab + *nab*-PC (n=119)	**Arm C** PC (n=121)
Patients with ≥ 1 TEAE	120 (100.0)	117 (99.2)	117 (100.0)
Serious TEAE	44 (36.7)	45 (38.1)	29 (24.8)
TEAE leading to permanent discontinuation of any study treatment component	15 (12.5)	35 (29.7)	18 (15.4)
TEAE leading to death	4 (3.3)	5 (4.2)	5 (4.3)

- Investigator-assessed TEAEs related to any study treatment were reported in 99.2%, 99.2%, and 100% of patients in Arms A, B, and C, respectively
- The most commonly reported treatment-related AEs (TRAEs) associated with any study component were mainly hematologic in nature

Source: Wang et. al., ASCO 2020.
Abbreviations: ALT, alanine aminotransferase; AST, aspartate aminotransferase; nab, nanoparticle albumin-bound; PC, paclitaxel and carboplatin; TEAE, treatment-emergent adverse event, TRAE, treatment-related adverse event.

Robust Science/Medicine-Based China Commercial Team

Five successful launches and counting; up to 12 products by year end



Brukinsa™ zanubrutinib 80mg capsules

tislelizumab 百泽安®

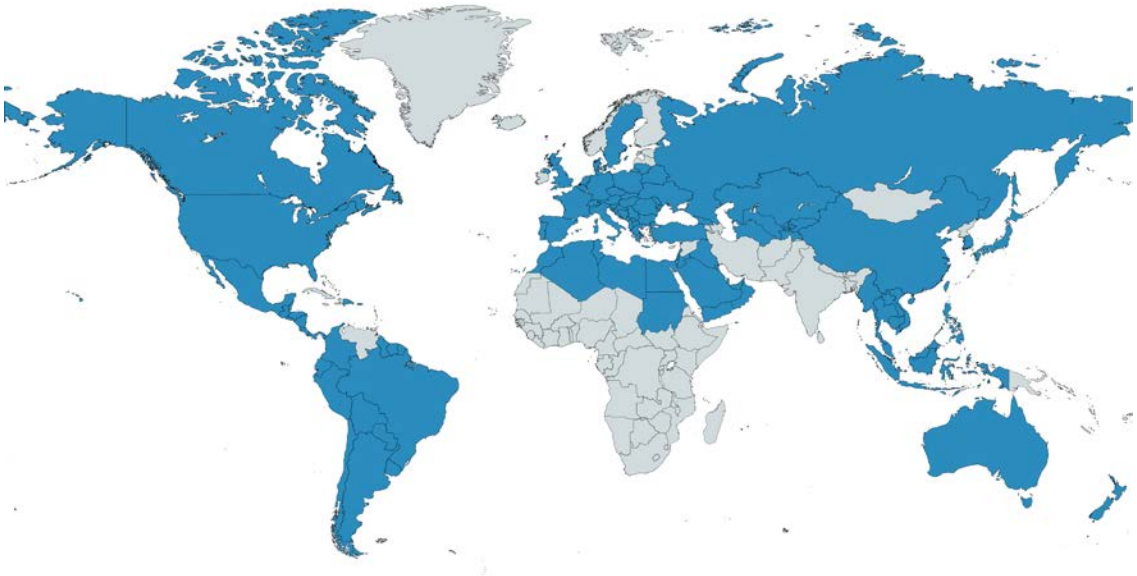
XGEVA® (denosumab)

Revlimid® (lenalidomide) capsules

Vidaza® azacitidine for injection

- Scale (1,800+) and portfolio to be China oncology leader
  - Complimented by global R&D team of 2,100
- Science/medicine-based sales team sets us apart
- Five successful launches in four years
- Record setting BRUKINSA launch (12 days after approval)
- Despite launch during COVID-19, tislelizumab exceeding expectations

BeiGene's Mission to Provide Greater Access to Patients



Countries and regions BeiGene is marketing or intends to provide therapeutics

- **23** offices in **5** countries
- Team of over **5,200+** in **14** countries
- Running clinical trials in **28** countries with over **12,000** patients enrolled with nearly **half** of those outside of China
- BRUKINSA approved in U.S. and China with an additional **19** filings covering **43** countries

Rapidly Expanding Large State-of-the-Art Manufacturing Base

Planned GZ capacity 120,000 - 200,000L with 54,000L in place today

Biologics Guangzhou

Multi-functional Suzhou

Existing and Planned Capabilities:

- Antibodies
- Cell/Gene therapies
- ADCs
- Small molecules
- Lyophilization and liquid fill
- 10 Fill/finish lines planned
- Three packaging lines

Experienced, Top-Quality Manufacturing Partners

- Collaborations with leading high-quality manufacturers in **biologics** and **small molecules**
- Boehringer Ingelheim, Catalent, and other parties
- Catalent 15mm doses, expansion to ~50mm in process
- Multiple supply source strategy for key assets

Partner of Choice
With Hard-to-Replicate Expertise and Scale

- Accelerating global trials with China-inclusive development
- Leader in innovative science-based commercial sales
- Global teams structured to accommodate additional collaborations

Novartis Tislelizumab Collaboration

Rationale	Deal Structure	Tislelizumab
• Combine • Accelerate • Validate • Learn & build	• Novartis Territory: North America, Japan, the EU, and six other European countries • BeiGene retains Australasia ex-Japan, South America, Middle East, Africa and ROW • Upfront payment of $650M • Eligible for up to $1.55B in potential regulatory and sales milestones • Product sale royalties	• Attractive epitope binding, Fc gamma receptor sparing • 15 registration enabling trials in over 20 countries and 7,700+ patients, including 2,500+ outside China • First ex-China regulatory filing expected in 2021 • Dual manufacturing between Boehringer Ingelheim and BeiGene

Note: Closing of the transaction is subject to the expiration or early termination of the waiting period under the Hart-Scott-Rodino Antitrust Improvements Act

BeiGene's Impactful 10th Year and Upcoming Milestones

Past 15 Months (From 4Q19 – YTD)

4 Preclinical Assets Advanced into Clinic	5 Trials Enrolled	3 Phase 3 Data Readouts	9 NDA Filings	9 Approvals or Launches	25+ Assets Added Through Collaborations	Organizational Progress
Global BGB-10188 Pi3k-δi BGB-A445 anti OX40 BGB-3245 B-RAFi BGB-11417 Bcl-2i	Tisle 1L HCC BRUKINSA MZL Tisle 2/3L NSCLC Tisle 2L ESCC Pami Breast cancer	BRUKINSA HTH in WM	BRUKINSA WM (EU) BRUKINSA WM (Canada) BRUKINSA MCL (Israel)	BRUKINSA R/R MCL	AMGEN Seagen leaptherapeutics EUSA Pharma assemblybio 百奥泰 BIO-THERA	$4.7 billion in cash as of Sept 30, 2020 Biologics manufacturing in process validation & expanded Amgen transitional activities progressing Substantial expansion of management ranks and their teams
China		Tisle 1L Sq NSCLC Tisle 1L Nsq NSCLC Tisle 2L/3L NSCLC	Tisle 1L Sq NSCLC Tisle 1L Nsq NSCLC Tisle 2/3L HCC BRUKINSA WM Pami 3L gBRCA+ OC QARZIBA neuroblastoma	**Tisle 1L Sq NSCLC** Tisle cHL Tisle UC BRUKINSA R/R MCL BRUKINSA R/R CLL/SLL XGEVA GCTB XGEVA SRE BLINCYTO ALL		

Expected Milestones Over Next 12 Months

4 Early Data Readouts	7 Potential Phase 3* Readouts and Potential Filings	4 Potential NDA Filings or Regulatory Discussion	12 Up to - Commercial Portfolio
OX40 and tisle +OX40 Bcl-2i, and BRUKINSA + Bcl-2i Tisle + sitra Data ociperlimab, and Tisle + ociperlimab	BRUKINSA 1L CLL/SLL BRUKINSA R/R MZL BRUKINSA HTH CLL/SLL Tisle 2L ESCC Tisle 1L NPC Tisle dMMR / MSI-H Pami Plt-sensitive OC	Tisle 2/3L HCC BRUKINSA WM (USA) SYLVANT Castleman Pami OC Maintenance	Brukinsa 百泽安 tislelizumab pamiparib XGEVA (denosumab) Kyprolis BLINCYTO Abraxane[1] Vidaza Revlimid QARZIBA (dinutuximab beta) sylvant BAT1706

1. As announced previously, the NMPA suspended the importation, sales and use of ABRAXANE® (nanoparticle albumin-bound paclitaxel) in China supplied to BeiGene by Celgene Corporation, a Bristol Myers Squibb (BMS) company. * Phase 3 or registrational enabling trials. MCL: Mantle Cell Lymphoma; CLL/SLL: Chronic Lymphocytic Leukemia/Small Cell Lymphoma; GC/GEJ: Gastric Cancer/Gastroesophageal Junction; HCC: Hepatocellular Carcinoma; MM: Multiple Myeloma; OC: Ovarian Cancer; RCC: Renal Cell Carcinoma; WM: Waldenström's Macroglobulinemia; cHL: Classical Hodgkin's Lymphoma; ESCC: Esophageal Squamous-Cell Carcinoma; GC: Gastric Cancer; MSI-H or dMMR: Microsatellite Instability High or Deficient Mismatch Repair; NDA: New Drug Application; NSCLC: Non-Small Cell Lung Cancer; R/R: Relapsed / Refractory.

Beyond the Pipeline: BeiGene's Value Proposition

Executing our vision across the key success factors for the future

Key Success Factors	BeiGene's Strategic Competitive Advantages
Internal Research	• Internal research team planning to grow to 700+
Clinical Excellence	• Leader in China-inclusive global trials • Predominantly internalized 1,600 plus team
Global Market Access	• Leader in science/medicine-based China commercial oncology 1,800+ team • Presence in two largest markets • Expanding across ROW
Speed	• Internalized clinical and manufacturing teams • Culture (next generation communication, agile decision-making, trust across geographies and functional areas)

Financial Summary

Selected Financials Amounts in millions of U.S. dollars	Three Months Ended Sept 30, 2020 (unaudited)	 Sept 30, 2019 (unaudited)	Nine Months Ended Sept 30, 2020 (unaudited)	 Sept 30, 2019 (unaudited)
Total Revenue	$ 91	$ 50	$ 209	$ 371
Product revenue, net	91	55	209	166
Collaboration revenue	--	--	--	206
Total Expenses	(531)	(362)	(1,382)	(943)
Cost of sales – products	(21)	(20)	(50)	(53)
Research and development	(349)	(237)	(939)	(644)
Selling, general and administrative	(161)	(105)	(392)	(245)
Net loss attributable to BeiGene, Ltd.	$ (425)	$ (307)	$ (1,124)	(561)
Cash, cash equivalents, restricted cash and short-term investments	$ 4,724	$ 1,277	$ 4,724	$ 1,277

Strong cash position of $4,724 million at Q3 2020, not inclusive of:

- **$650 million anticipated upfront from collaboration with Novartis, subject to closing**
- **Capital from Shanghai's STAR Market offering and listing, subject to successful completion**

Key Takeaways

1. BeiGene's transformational strategic model which anticipated the once-in-a-lifetime opportunities being created by worldwide industry changes.

2. We have built – and will continue to build – strategic competitive advantages that map to key success factors required by our evolving industry.

3. We fight for life against cancer internally and with partners, striving for exceptional science, quality, and impact, by driving affordability through operational excellence and efficiency.

4. We are striving to bring better medicines to more patients, more affordably.

BEIGENE

Thank You