BeiGene Corporate Presentation

November 12, 2024

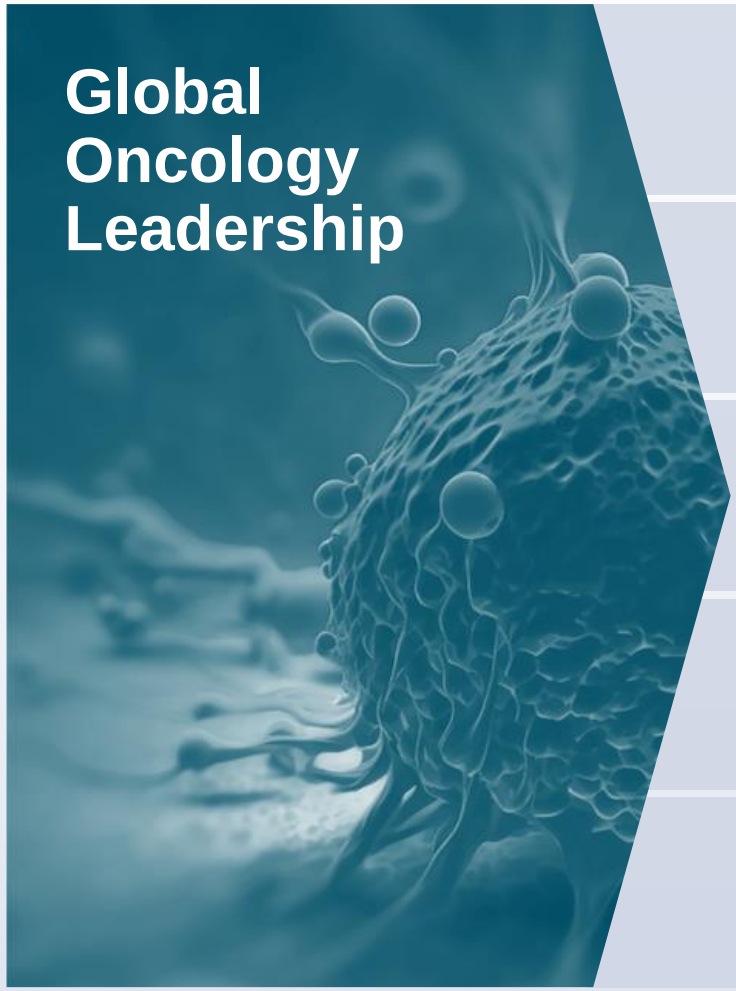
Disclosures

Certain statements contained in this presentation and in any 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 the progress of BeiGene's solid tumor pipeline and future molecules to enter the clinic; speed of BeiGene's future growth and projected leadership in oncology; projected size of certain oncology market sectors; global impact of Tevimbra; 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; 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, commercialization, and other services; BeiGene's limited experience in obtaining regulatory approvals and commercializing pharmaceutical products; BeiGene's ability to obtain additional funding for operations and to complete the development of its drug candidates and achieve and maintain profitability; and 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 any 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.

Our Unique Model Has Enabled Fast Rise to Global Oncology Leadership



Top 15 — Global oncology company by revenue – and rising – for innovative therapies[1]

Top 5 — Company for completing Phase 3 oncology trials in the industry between 2017 and 2023

Top 5 — Company with number of oncology molecules advanced into the clinic in the industry in the last four years

One of the largest oncology-focused R&D teams in the industry

More than 1.4M patients treated worldwide[2]

Source: Evaluate Pharma Competitor Analyzer accessed 12/18/23 for cancer, blood & blood forming malignancies, excluding generics and biosimilars; and IND data; Company filings, IQVIA, analyst reports. Citeline through competitor trial. Data analysis is as of January 2024.

[1] Based on Evaluate Pharma data assessed 08/05/24.

[2] BRUKINSA and TEVIMBRA (tislelizumab) commercial patients only

Q3, 2024: Delivering on our Key Priorities

Strong Financial Performance

- **$1B** in total revenue
- **67%** product revenue YoY growth
- **Improved** operating loss
- Non-GAAP operating **income** of **$66M**
- Generated **positive cash flow**
- Q3 24 ending cash of **$2.7B**

CLL Franchise Leadership

- In the U.S., **BRUKINSA,** with the **broadest label** of any BTKi, is the leader in **new patient starts** in both **1L** and **R/R CLL**[1] in addition to all other approved B-cell malignancies
- **Global BRUKINSA** sales of **$690M**, growth of **90+%** YoY
- 5-year follow up from Phase 3 **SEQUOIA** study shows **sustained PFS benefit** in **TN CLL**
- **Flagship** franchise potential in **CLL** with rapid development of **Sonrotoclax** and **BTK degrader BGB-16673**

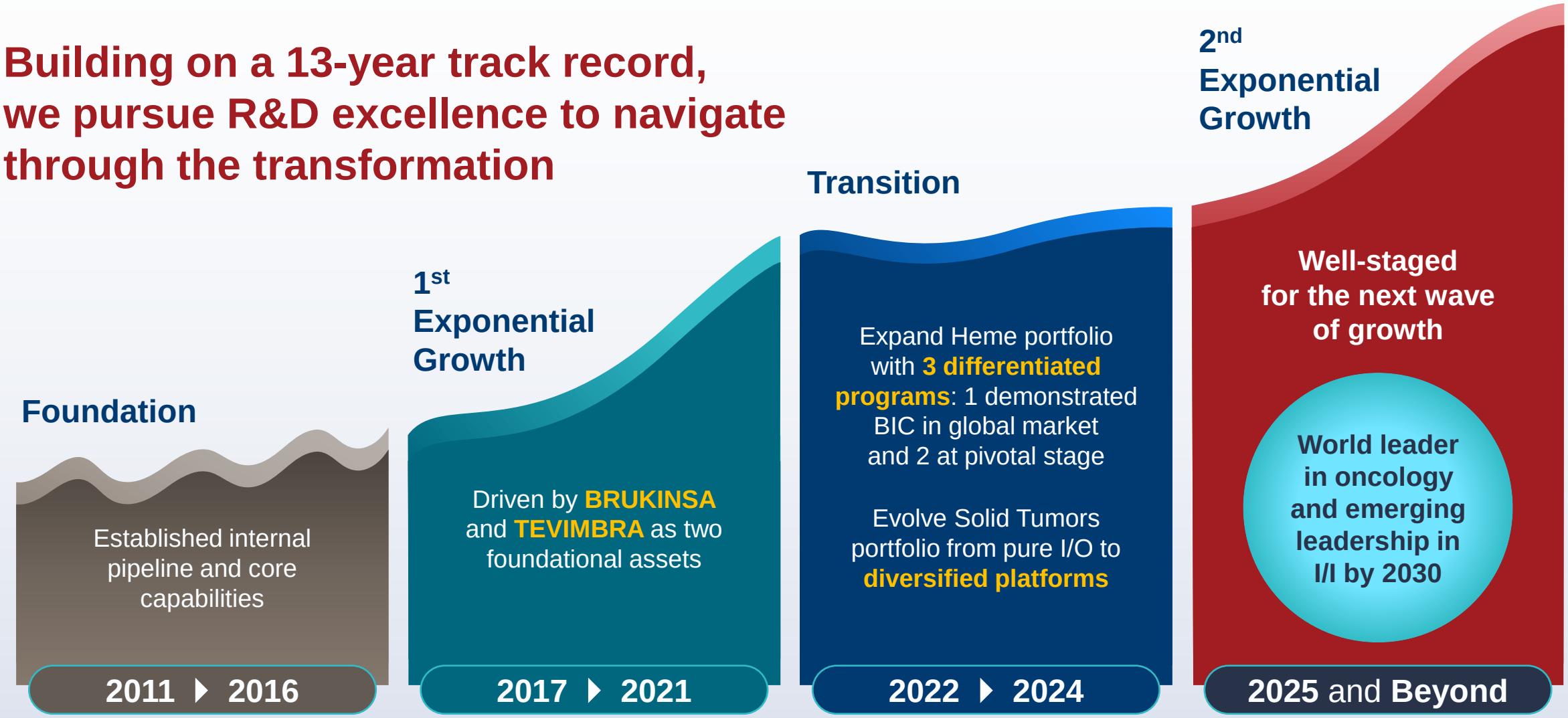
Rapidly Progressing Solid Tumor Pipeline

- **Unprecedented delivery** of innovative NMEs, with **4** entering the clinic in Q3 utilizing "Fast to PoC" strategy
- **8** solid tumor **NMEs** so far this year, on track to meet goal of **10+** by YE
- Laying the ground for future franchises in **breast**, **lung** and **gastrointestinal cancers** across **three signature platforms**, including multi-specific antibodies, protein degraders and ADCs

[1]Source: Based on Sep 2024 U.S. New Patient Starts claims data from IQVIA LAAD, SHA PTD, and Careset.

BeiGene R&D Evolution

Building on a 13-year track record, we pursue R&D excellence to navigate through the transformation



Global Clinical Development Pipeline

Phase 1

Sonrotoclax — BCL2i
- 101/102 B-cell malignancies
- 103 AML/MDS
- 105 MM t(11;14)

BGB-16673 — BTK CDAC
- 102 B-cell malignancies
- 104 B-cell malignancies†

BGB-21447 — next gen BCL2i
- 101 B-cell malignancies

Tislelizumab — PD1 mAb
- 103 SubQ formulation

Ociperlimab — TIGIT mAb
- 900-105 NSCLC dose confirmation
- 101 R/R DLBCL

BGB-15025 — HPK1i
- 101 Solid tumors

BGB-26808 — HPK1i
- 101 Solid tumors

BGB-30813 — DGKζi
- 101 Solid tumors

BGB-A3055 — CCR8 mAb
- 101 Solid tumors

BGB-24714 — SMAC mimetic
- 101 Solid tumors

BGB-43395 — CDK4i
- 101/102 BC & Solid tumors

BG-68501[1] — CDK2i
- 101 BC & Solid tumors

BG-C9074[2] — B7H4 ADC
- 101 BC & Solid tumors

Xaluritamig[3] — STEAP1 x CD3 BsAb
- 20180146 mCRPC

BGB-45035 — IRAK4 CDAC
- 101 Immunology & Inflammation

BGB-C354 — B7H3 ADC
- 101 Solid tumors

BGB-R046 — IL-15 prodrug
- 101 Solid tumors

BGB-B2033 — GPC3 x 4-1BB BsAb
- 101 Solid tumors

BGB-B3227 — MUC1 x CD16A BsAb
- 101 Solid tumors

BG-C477 — CEA ADC
- 101 Solid tumors

BG-T187 — EGFR x MET TsAb
- 101 Solid tumors

BG-C137 — FGFR2b ADC
- 101 Solid tumors†

BGB-53038 — PanKRASi
- 101 Solid tumors†

BG-58067 — MTA Coop. PRMT5i
- 101 Solid tumors†

Phase 2

Zanubrutinib — BTKi
- 215 B-cell malignancies
- 218 CD79B R/R DLBCL
- 217 Lupus nephritis

BGB-16673 — BTK CDAC
- 101 R/R MCL, R/R CLL

Sonrotoclax — BCL2i
- 201 R/R MCL
- 202 R/R CLL
- 203 R/R WM
- 204 TN CLL/SLL†

Blinatumomab[3] — CD3 x CD19 BsAb
- 20190359 Pediatric R/R BP-ALL

LBL-007[4] — LAG3 mAb
- 201 MSS-CRC
- 202 1L ESCC

BGB-A445 — OX40 mAb
- 201 Melanoma, UC

Umbrella Studies — IO Combos
- LC-201 1L NSCLC
- LC-203 2L+ NSCLC
- LC-202 Neoadj NSCLC
- HNSCC-201 1L HNSCC

Tarlatamab[3] — DLL3 x CD3 BsAb
- 20230273 3L SCLC

Phase 3

Zanubrutinib — BTKi
- 306 TN MCL
- 308 R/R MZL, R/R FL
- 309 pMN

Sonrotoclax — BCL2i
- 301 TN CLL

Tislelizumab — PD1 mAb
- 310 1L UBC
- 311 LA ESCC
- 314 R/R cHL

Pamiparib — PARPi
- 302 2L MTx gBRCAm PSOC

Ociperlimab — TIGIT mAb
- 302 1L NSCLC PDL1-high

Zanidatamab[5] — HER2 BsAb
- 301 1L HER2+ GEA

Tarlatamab[3] — DLL3 x CD3 BsAb
- 20210004 2L SCLC
- 20200041 1L ES-SCLC
- 20230016 LS-SCLC

Registration

Zanubrutinib — BTKi
- 114 Tablet formulation (US, EU, Others)
- 304 TN CLL/SLL (JP)
- 305 R/R CLL/SLL (JP)
- 302 TN WM (JP)

Tislelizumab — PD1 mAb
- 305 1L GC/GEJC ITT (US, EU)
- 306 1L ESCC (US, EU, JP)
- 302 2L ESCC (JP)
- 302 2L ESCC alt dosing (US)

Zanidatamab[5] — HER2 BsAb
- 203 HER2+ 2L BTC (CN)

Heme · Lung · GI · Breast/Gyn · Pan-Tumor/Other · Non-Oncology

Registration includes select accepted submissions in major markets.
† Trial is listed on clinicaltrials.gov but may not have subjects enrolled.
[1]Ensem collaboration, [2] DualityBio collaboration, [3] Amgen collaboration, [4] Leads Biolabs collaboration, [5] Zymeworks/Jazz collaboration.
Please refer to our most recent 10-K filing for a full list of our commercial products, including in-licensed products, as well as commercial rights and collaboration details.

Accelerating Next Wave of Innovation

With diverse modalities and differentiated molecules

2013–2020
1–2 per year

2021
2

2022
3

2023
CDK4i
BCL-2i (2nd Gen)
DGKζi
HPK1 (2nd Gen)

CCR8 mAb

5

2024
MUC1 x CD16a BsAb
GPC3 x 4-1BB BsAb

EGFRxMET TsAb

CEA ADC
B7H3 ADC
FGFR2b ADC
B7H4 ADC

CDK2i
IL-15 prodrug

10+
per year

2025–beyond
Undisclosed with diverse modalities

1st cell therapy

1st mRNA

10+
per year

15+
molecules planned to enter the clinic from July 2023 through December 2024

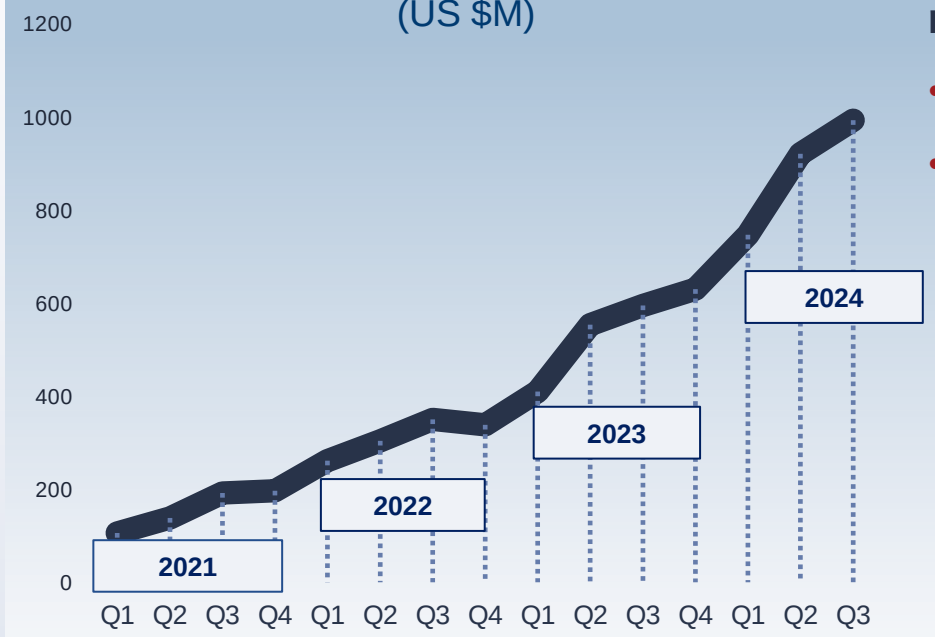
BeiGene

Financial Highlights

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

Rapid Revenue Growth

Global Product Revenue
(US $M)

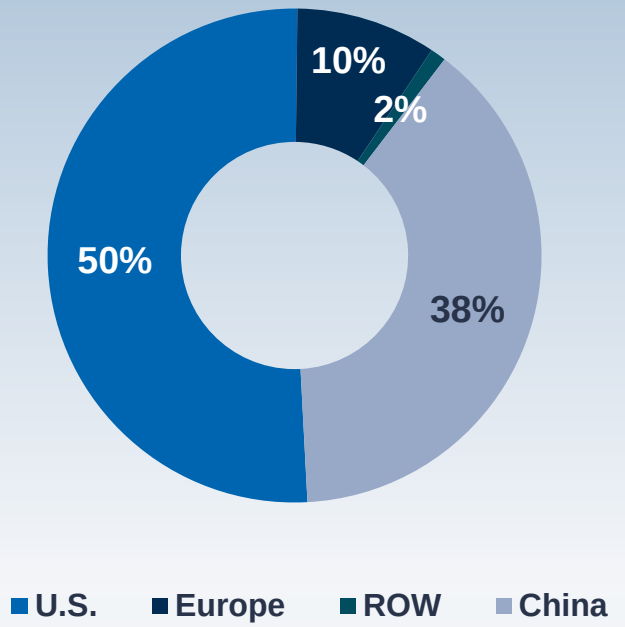


Significant global product revenue growth

- 1-year growth of 67%
- 3-year CAGR of 73%

Global Revenue Mix

Q3 2024 Total Revenue by Region

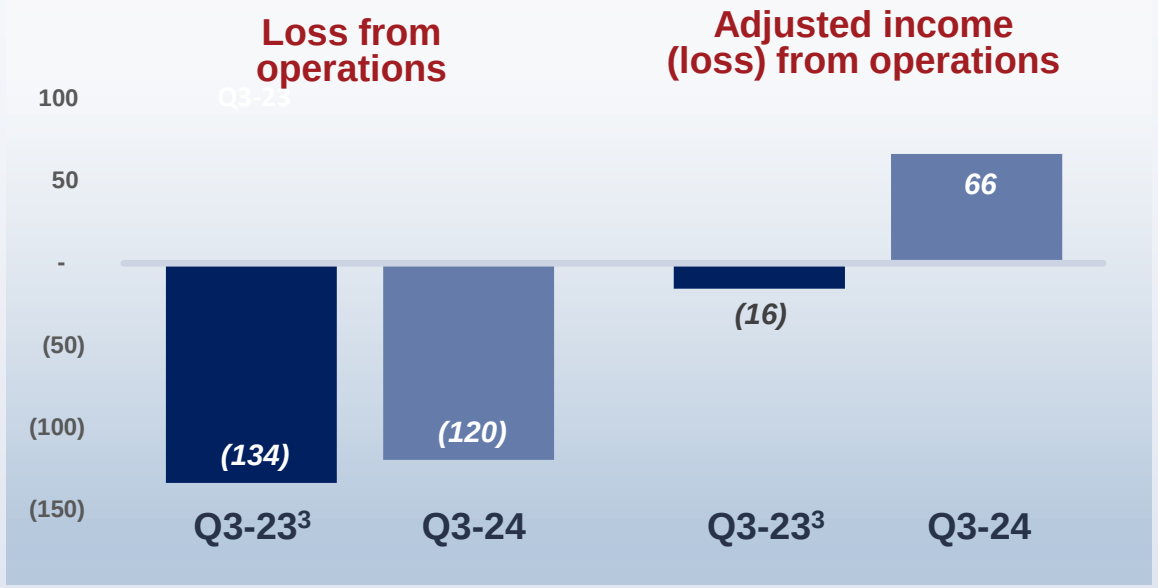


Significant Progress on Profitability and Cash Flows

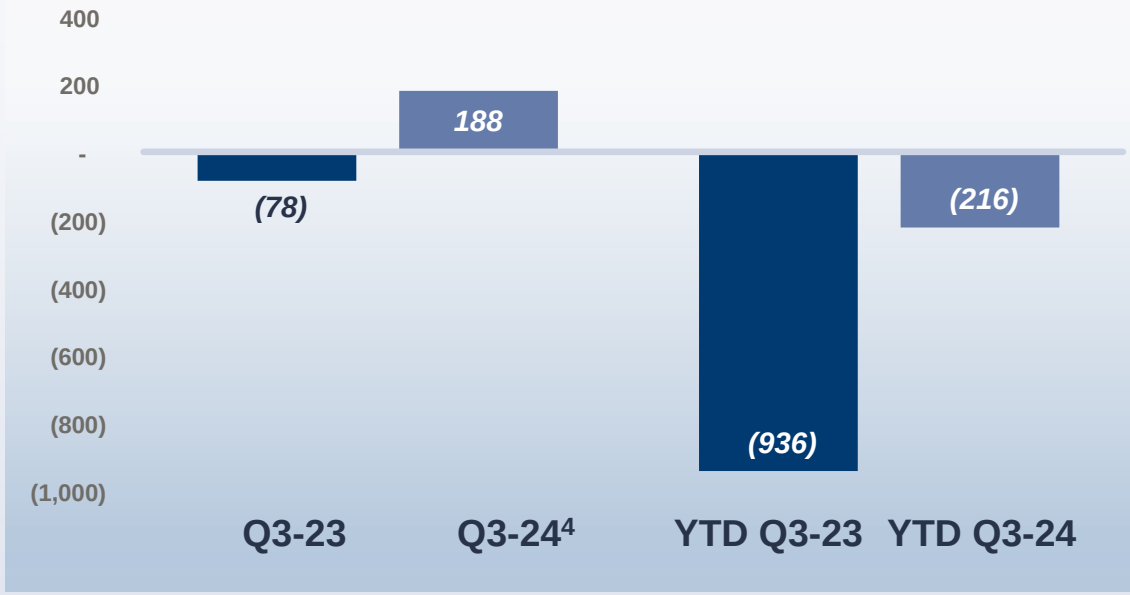
Gross Margin (%)

Amongst the highest across global oncology companies[1] with sales mix shift toward internally developed products

Reduced loss from operations and generated adjusted income from operations[2] (US $M)



Significant trend of improvement in cash flows from operations (US $M)

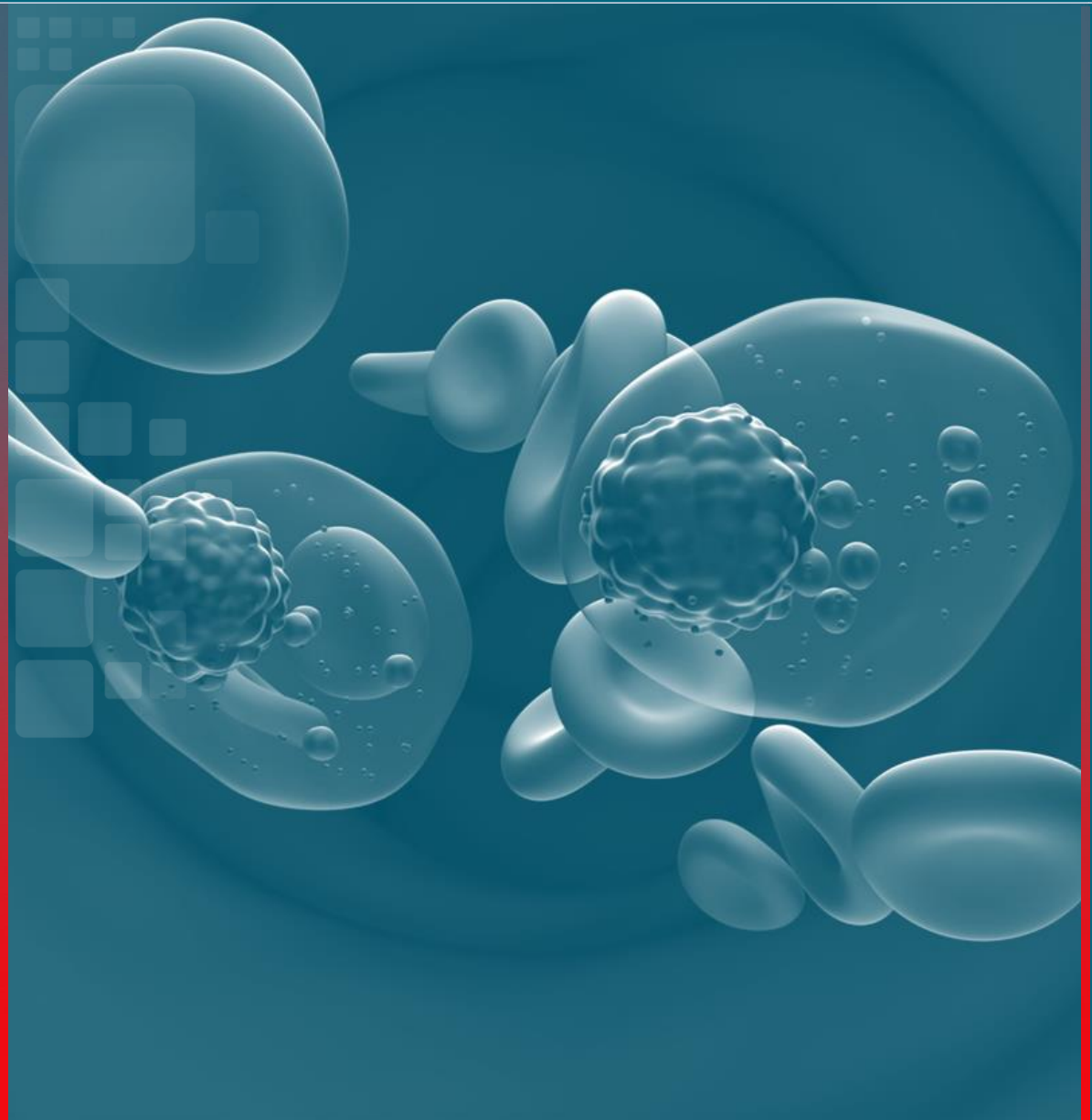


[1] Defined as companies deriving 40% or more of sales from oncology and 15% or more of sales outside of the U.S.

[2] Adjusted Income (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.

[3] Q3 2023 benefitted from acceleration of $183 million of deferred revenue from the Novartis collaborations.

[4] Q3 2024 cash flow from operations driven by improved operating leverage and working capital.



Leader in Hematology

Compelling and Leading Hematology Portfolio

BTK inhibitor

BRUKINSA

Best-in-class BTKi

Only BTKi to show H2H superiority vs. ibrutinib in R/R CLL

Broadest label

$15B BTKi class
projected in 2028[1]

BCL2 inhibitor

Sonrotoclax

Differentiated efficacy and safety in early-stage trials

1300+ patients enrolled

Already in pivotal stage

Best-in-class potential and broader usability by all physicians

$4B BCL2i class
projected in 2028[1]

BTK CDAC

BGB-16673

Clinically meaningful efficacy in early-stage trials and favourable safety data in FIH trials

350+ patients enrolled

Distinct MOA, agnostic of mutations

Most advanced BTK degrader addressing unmet needs in BTK driven B-cell malignancies

[1] Source: Evaluate Pharma
Detailed descriptions included in appendix slides.

Establishing BTKi Leadership

In the U.S., BRUKINSA, with the broadest label of any BTKi, is the leader in new patient starts in both 1L and R/R CLL[1] in addition to all other approved B-cell malignancies

- Global BTKi market was $8.8B in 2023
- CLL is the largest indication for BTKi, accounting for 80% of the market
- CLL market is expected to reach $12B in 2030[2]
- BRUKINSA Q3 U.S. revenue increased 87% and sales in Europe grew 217% from the prior-year period
- BRUKINSA is approved in more than 70 markets, and more than 100,000 patients have been treated globally

[1] Source: Based on Sep 2024 U.S. New Patient Starts claims data from IQVIA LAAD, SHA PTD, and Careset.
[2] Source: Evaluate Pharma July 2024

BRUKINSA

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

BTK inhibitor

Brukinsa® zanubrutinib

Best-in-Class BTKi

- Designed to have **sustained/complete target coverage**; substantially longer exposure than acalabrutinib and ibrutinib
- Specifically **designed to succeed where other BTKi's have not**
- Sustained **superiority of PFS** in H2H R/R CLL vs. ibrutinib[1]
- Deep and durable responses in all patients, **regardless of risk status**, across indications (del(17p)/IGHV status)

Favorable Safety

- **Improved safety profile vs ibrutinib** including cardiac profile in two H2H studies vs. ibrutinib
- **Well-tolerated in ibrutinib/acalabrutinib intolerant patients**[2] who switched to zanubrutinib[3]
- **Distinct safety profile** with low treatment-related infections, A-fib, GI symptoms, headache, cough and fatigue compared with acalabrutinib[4]

Broadest Label

- **5 B-cell malignancies approved** in the U.S.
- Only BTKi approved in FL/MZL
- Only BTKi with **flexible dosing** schedule (QD or BID)
- USA, EU and Canada **tablet submissions under review**, with approvals anticipated in 2025

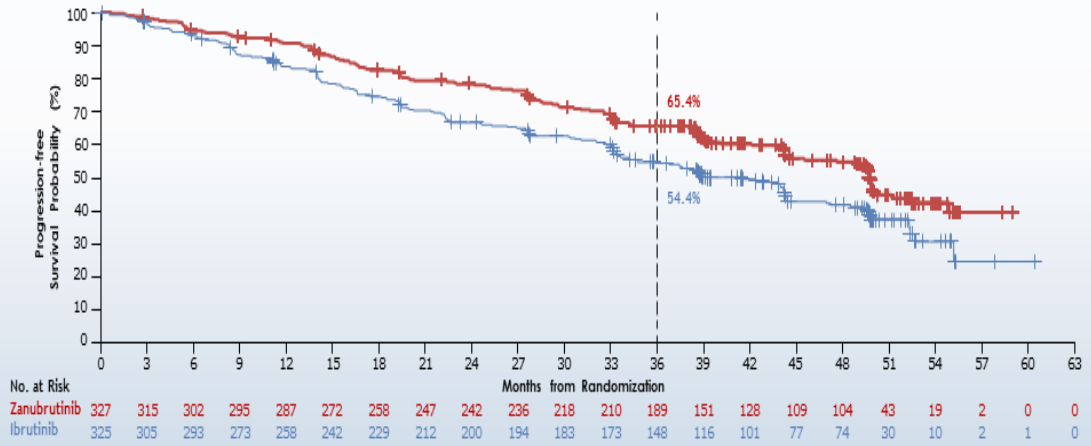
Combination of Choice

- **Combination partner with sonrotoclax** and external assets to maximize lifecycle value
- CELESTIAL-TN CLL Phase 3 trial of sonro+zanu is the **only fixed-duration BCL2i+cBTKi trial designed to show superiority against V+O**
- Ongoing IITs with ven / sonro and obin [5]

[1] Brown et al. Sustained Benefit of Zanubrutinib vs Ibrutinib in Patients With R/R CLL/SLL: Final Comparative Analysis of ALPINE. Blood. 2024.
[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
[5] IITs – Investigator Initiated Trials

BRUKINSA Demonstrates Sustained Superiority Benefit over Ibrutinib in R/R CLL

PFS superiority sustained at 42.5 months[1]

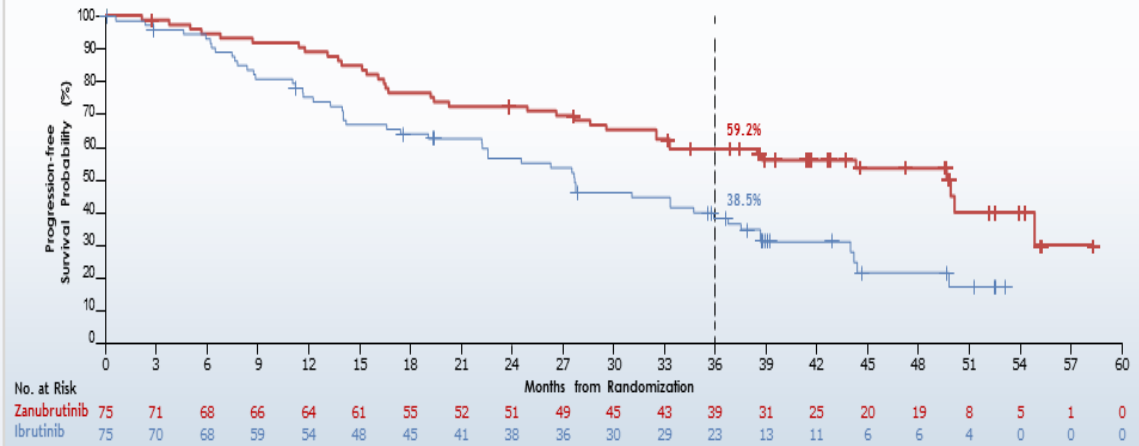


Separation of PFS curves continues at median **42.5 months** follow-up **where acalabrutinib curves crossed in ELEVATE-RR and showed non-inferiority (HR=1)**

	PFS events, n (%)
BRUKINSA	150 (45.9)
Ibrutinib	177 (54.4)

HR (95% CI) 0.68 (0.54-0.84)
***P*=0.0005**

PFS in del(17p)/TP53 subset consistent with IIT patient population



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	36 (48.0)
Ibrutinib	51 (68.0)

HR (95% CI) 0.51 (0.33-0.78)
***P*=.0047**

[1]Brown et al. Sustained Benefit of Zanubrutinib vs Ibrutinib in Patients With R/R CLL/SLL: Final Comparative Analysis of ALPINE. Blood, 2024

Sonrotoclax

Potential best-in-class BCL2 inhibitor with differentiated profile

BCL2 inhibitor

More potent and specific BCL2i

- **Greater potency** vs. venetoclax in preclinical models
- **Active against mutated G101V BCL2** (known resistance mechanism to venetoclax)[1]
- **Higher selectivity** towards BCL2 believed to translate to **improved tolerability**

Potential Best-in-Class Profile

- **With 1300+ patients treated**, early clinical experience **reinforces pre-clinical data** and best-in-class hypothesis
- **Deep and durable responses** in monotherapy and combinations including with **BRUKINSA**
- **Shorter half-life** vs. venetoclax and **no drug accumulation** leading to improved safety and TLS profile

Multiple Registration Pathways

- **Phase 3 registrational study ongoing in TN CLL** with potential to be best in disease **fixed duration combination and SOC** globally
- **Monotherapy** potential in post-BTKi setting with early **registration options in CLL, WM and MCL**
- **Two Phase 3 studies in R/R CLL and MCL starting in 1H 25**

Broad Clinical Relevance

- Pivotal trials designed to show **Head-to-Head superiority** against relevant commercial comparators
- **Easier ramp-up and eliminating TLS monitoring unlocks use by all physicians;** Aligned plan with the FDA based on **no TLS**
- **Further ramp-up optimization ongoing**

Extends our footprint in heme malignancies

- **Important MOA in CLL** as well as other B-cell malignancies
- Compelling efficacy and safety data in **AML/MDS** in combination with azacytidine
- Encouraging data with potential to be first BCL2i approved in **MM with t(11,14)**

[1] Liu et al.; Sonrotoclax overcomes BCL2 G101V mutation–induced venetoclax resistance in preclinical models of hematologic malignancy. Blood 2024; 143 (18): 1825–1836.

BTK Degrader (BGB-16673)

CDAC platform developed by BeiGene is the most advanced BTK degrader in the clinic

BTK CDAC

Designed to be Best-in-Class

- Clinical responses observed across several B-cell histologies including patients who received prior cBTKi and ncBTKi[1]
- Responses deepening with longer follow-up. **CRs[2] /VGPRs**[3] observed in heavily pretreated patients
- Activity against both **wild type and mutant** versions of BTK[2]
- Can **penetrate the blood brain barrier**[4]

Differentiated Safety Profile

- Lack of IMiD activity vs. competitors allows **improved safety**
- Low grade 3/4 neutropenia in heavily pre-treated patients
- Safe and tolerable in **350+ patients treated**

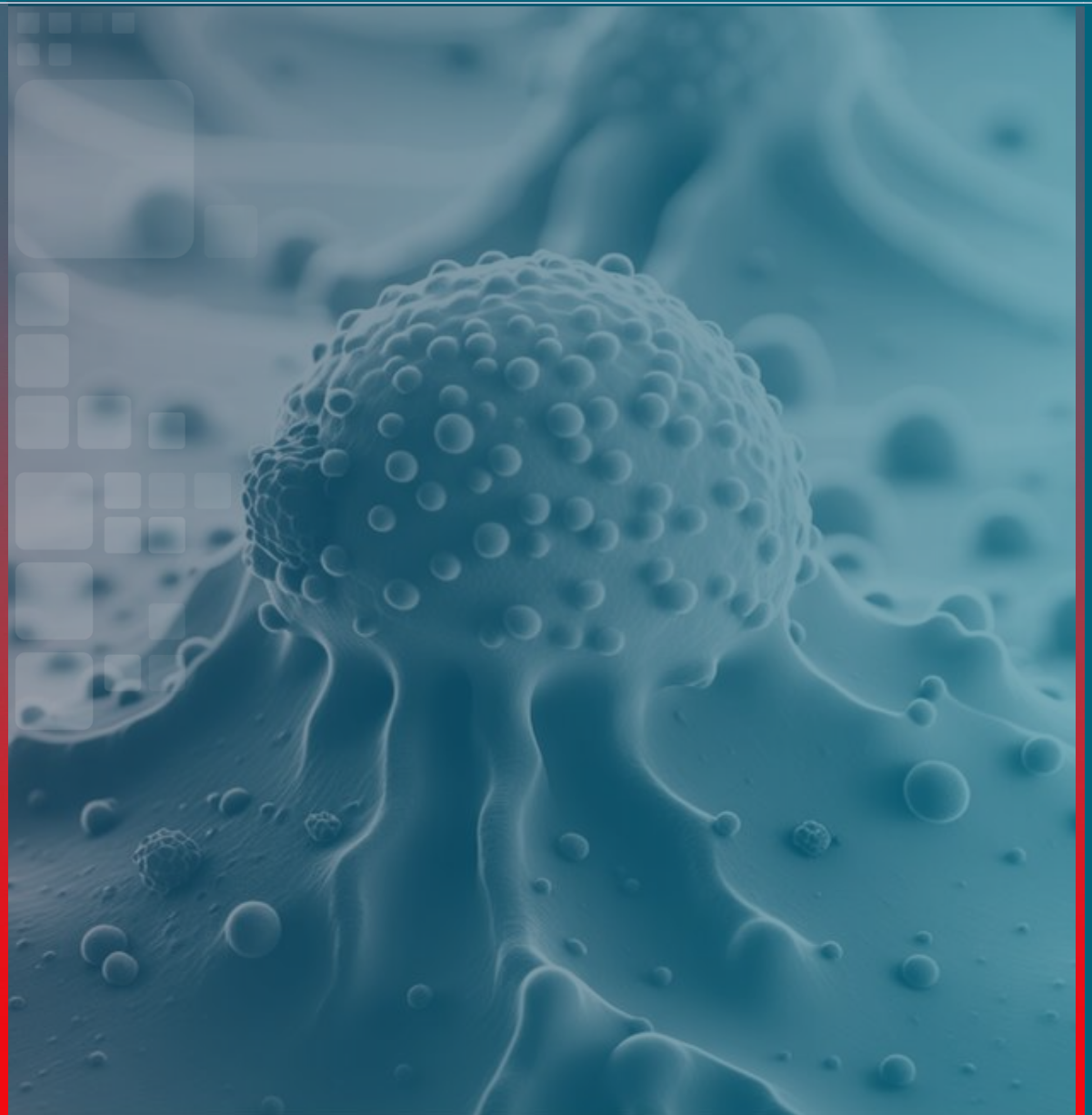
Robust Development Plan

- Expansion cohorts in both R/R and BTKi naïve B-cell malignancies
- Platform study in B-cell malignancies evaluating **BGB-16673 in novel combinations**
- Anticipate initiation of **Phase 3 in R/R CLL in 1H 25**
- **FDA Fast Track Designation in R/R CLL/SLL**

Growing Our Hematology Leadership

- Initially become SOC therapy for patients progressing after BTKi
- Move to earlier lines of therapy as monotherapy and combinations
- Ability to combine with other agents as a backbone therapy
- Degradation MOA may **expand into additional disease areas** (DLBCL, 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
2. Presented at the EHA2024 Congress; June 13-16, Preliminary Efficacy and Safety of the Bruton Tyrosine Kinase Degrader BGB-16673 in patients with R/R CLL: Results from the Phase 1 BGB-16673-101 Study; Ricardo D. Parrando et. Al
3. IWWM October 2024; Preliminary Efficacy and Safety of the Bruton Tyrosine Kinase Degrader BGB-16673 in Patients With Relapsed or Refractory Waldenström Macroglobulinemia: Results From the Phase 1 CaDAnCe-101 Study; John F. Seymour et. al
4. Based on internal preclinical data



Diverse Solid Tumor Portfolio

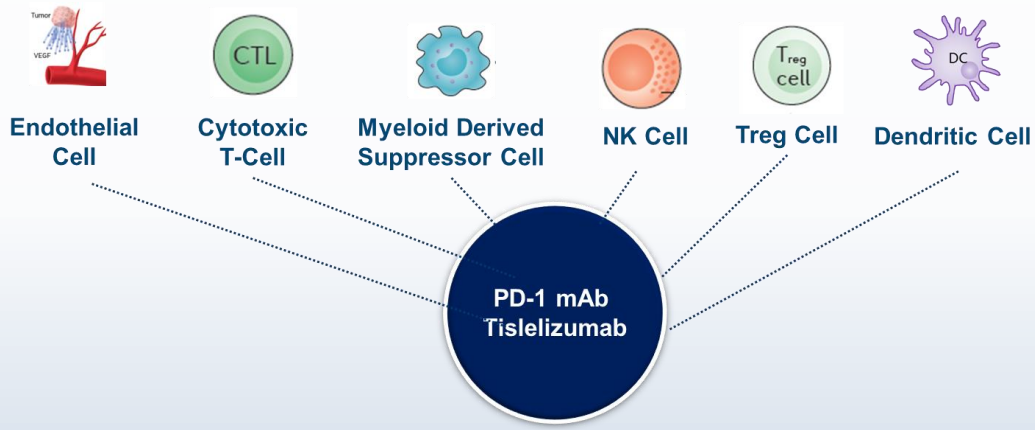
TEVIMBRA-Centered Pan Tumor Pipeline Poised for Global Patient Impact

TEVIMBRA (tislelizumab)

TEVIMBRA accomplishments

- TEVIMBRA (tislelizumab) has generated sales in China, Austria, Germany, Norway, Switzerland, S. Korea, and the U.S.
- TEVIMBRA was included in a PD-1 inhibitors ODAC for 1LGC and 1L ESCC which recommended a harmonized PD-L1 expression level cut-off
- Positive CHMP opinion received for 1L ESCC and 1L GC BLAs
- Global approvals including Neo adj/adj NSCLC in CN, 2L NSCLC in BR, SG, TH , 1L/2L NSCLC in UK, and 2L ESCC in HK, BR, SG, IL, TH have been achieved.
- 14 indications approved in China; 1L GC, 1L SCLC and 1L HCC are pending NRDL
- More than 1.3 million patients treated worldwide, including the first European patient treated with TEVIMBRA following launch in Austria
- Sales totaled $163 million in Q3 2024, representing growth of 13% compared to the prior-year period

TEVIMBRA is an optimal combination partner

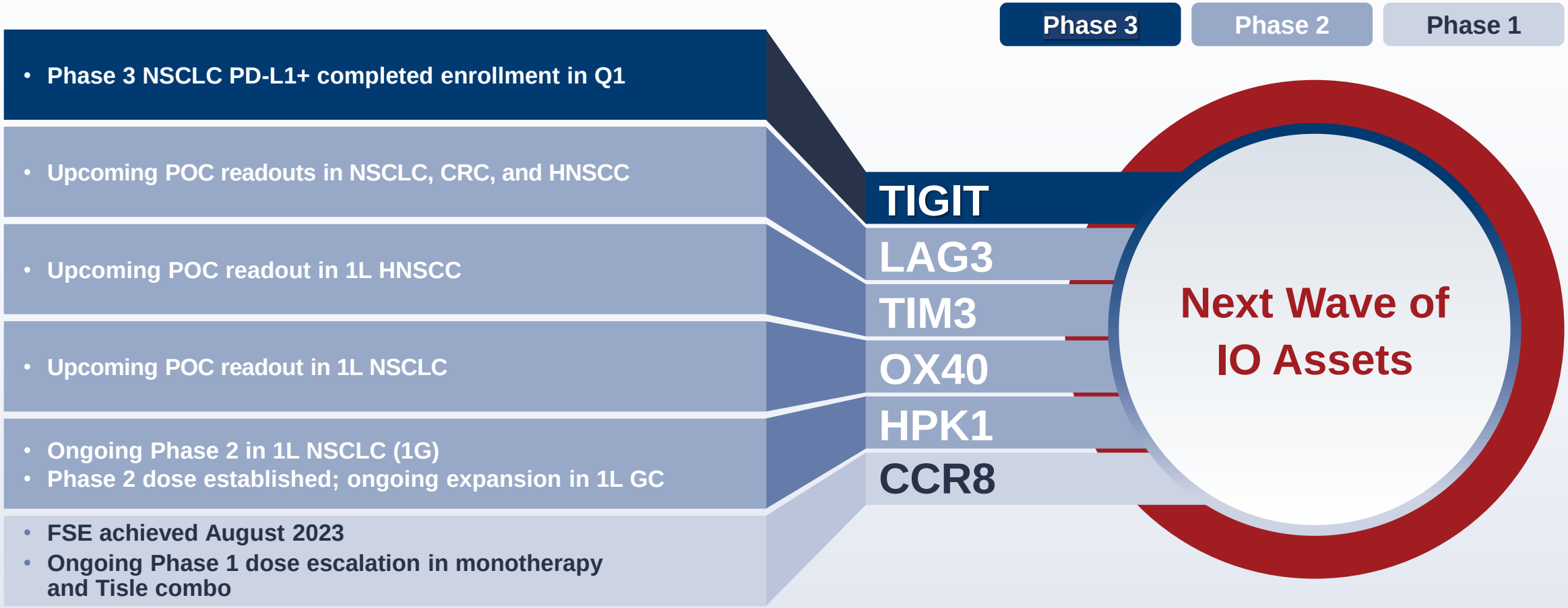


- Strong data in broad set of indications
- >20 internal and >25 external* combination studies ongoing
- Diverse pipeline combinations enable multiple immune-modulating approaches

* Excludes investigator-initiated trials
Detailed descriptions included in appendix slides

Solid Tumor Portfolio: Clinical Stage Assets

Next wave of immuno-oncology programs in combination with TEVIMBRA



Detailed descriptions included in appendix slides

Innovative Solid Tumor NME Early Pipeline

Differentiated molecules with multiple modalities in priority tumor types

Lung

- PanKRASi
- MTA Cooperative PRMT5i
- SMAC Mimetic*
- CEA ADC*
- B7H3 ADC*
- EGFR CDAC
- EGFR x MET Tsp*

Breast/Gynecologic

- CDK4i*
- CDK2i*
- Next-gen BCL2i*
- SMAC Mimetic*
- B7H4 ADC*
- Claudin6 x CD3

GI

- PanKRASi
- FGFR2b ADC
- CEA ADC*
- GPC3 x 4-1BB*
- MUC1 x CD16A*

Pan-Tumor

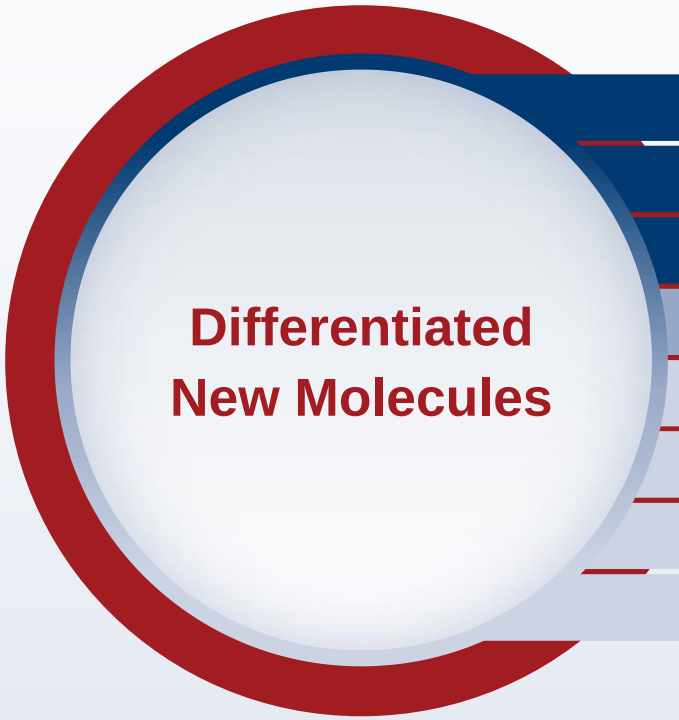
- DGKζi*
- HPK1i*
- CCR8*
- IL-15 prodrug*

Small molecule | Protein degrader | Bi/Tri-specific | mAb | ADC | Cytokine therapy

BeiGene has global rights for CDK2 (Ensem partnership) and B7H4 ADC (DualityBio partnership)
* In the clinic

Exciting Early Programs Aim to Deliver FIC/BIC Molecules

Targeted TX | **Degrader** | **ADC**



CDK4i	• High potency and CDK4 selectivity compared with all approved and investigational CDK4/(6)i agents • Spares CDK-6 mediated and off-target toxicities
PanKRASi	• Broad activity against KRAS mutations in multiple tumor types • Limits toxicity by sparing other RAS proteins
PRMT5i	• Selectively kills MTAP-deletion tumor cells (~15% of all tumors) • High potency and selectivity with brain penetrability; Avoids toxicity of 1st generation inhibitors
EGFR CDAC	• Differentiated MoA (degrader) to abolish EGFR activity • Broad mutation coverage which may prevent resistance
FGFR2b ADC	• Potential first-in-class ADC for upper GI and breast cancers • Pre-clinical corneal toxicity less than with competitor molecule
B7H3 ADC	• Consistent expression in thoracic and squamous histology cancers • Higher drug antibody ratio (DAR8), stronger bystander effect, and better stability compared to competition
B7H4 ADC	• High expression in breast and gynecologic cancers • Differentiated ADC design- good efficacy in heterogeneous (low and high expression) pre-clinical models
CEA ADC	• Highly expressed in multiple cancer types • Potent activity in CRC, GC, and NSCLC pre-clinical models

Detailed descriptions included in appendix slides

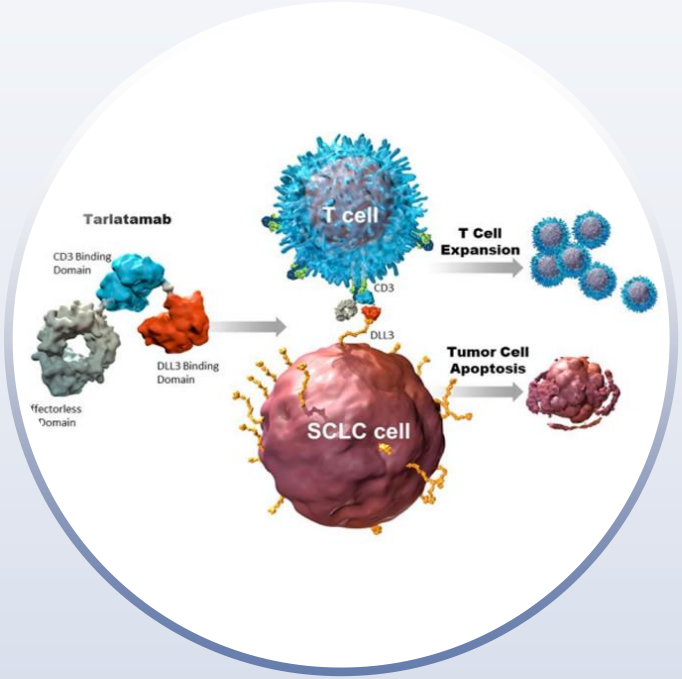
Amgen Development Collaboration Progress

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

IMDELLTRA™ (tarlatamab-dlle) 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

- **FDA approved[1] in May 2024 for the treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC)**
- Durable ORR of 40% at 10mg dose and est. OS at 9 mos. was 68%[2] in SCLC
- Global Phase 3 trial in 1L ES-SCLC was initiated; enrollment of global Phase 3 trials in 2L SCLC and limited-stage SCLC is ongoing



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[3] 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[3]

[1] Accelerated approval. Continued approval may depend on confirmatory trials
[2] N Engl J Med 2023; 389:2063-2075, DOI: 10.1056/NEJMoa2307980
[3] 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,
mCRPC = metastatic castration-resistant prostate cancer

Completed Our Capital Investment in 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
- Guangzhou South Campus for ADC production opened in April 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 opened in November 2023 that increased capacity by more than 5 times

U.S. manufacturing facility at the Princeton West Innovation Center, NJ

- 42-acres of state-of-the-art biologics manufacturing site
- Site opened 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

Overview of State-of-the-Art Manufacturing Facility – Hopewell, NJ

First U.S. Manufacturing Facility

- Opened in **July 2024**
- **42-acre green-field site** (1,800,000 ft^2) at Princeton Innovation Center
- **Phase I** with 150,000 ft^2 built
- **Expandable** to Small Molecule and ADC
- Platform standardization allowing efficient tech transfer and shared world-wide resources

DS | Drug Substance
DP | Drug Product
CUB | Central Utility Building

Key Catalysts

Approved Products ✓

BRUKINSA

- 2H24: WM and CLL/SLL JP approval
- 2H24: Tablet formulation U.S./EU submission ✓
- 1H25: Tablet formulation U.S. approval
- 2H25: Tablet formulation EU approval

TEVIMBRA

- 1H24: 1L ES-SCLC CN approval ✓
- 2H24: Q2W 2L ESCC U.S. submission ✓
- 2H24: Neo/adj NSCLC CN approval ✓
- 2H24: 1L ES-SCLC EU submission ✓
- 2H24: 1L NPC EU submission ✓
- 2H24: Neo/adj NSCLC EU submission
- 2H24: 1L ESCC U.S. approval*
- 2H24: 1L Gastric U.S. approval
- 1H25: 2L ESCC Q2W U.S. approval
- 1H25: 1L Gastric EU approval
- 1H25: 1L ESCC EU approval
- 1H25: 1L and 2L ESCC JP approval

Pipeline ▶ ▶ ▶

Sonrotoclax

- Ongoing Phase 3 in TN CLL
- Initiate Phase 3 in R/R CLL in 1H25
- Initiate Phase 3 in R/R MCL in 1H25
- Additional data read outs in B-cell malignancies, MM, MDS, and AML

BTK CDAC

- Initiate Phase 3 in R/R CLL in 1H25
- Ongoing expansion cohort (potential registration intent) for R/R CLL
- Additional data read outs in B-cell malignancies

Tislelizumab Combinations

- Lung cancer combination cohorts with BGB-A445 (OX40 mAb) and LBL-007 (LAG3 mAb) expected to read out in 1Q25 and expected publication in 1H25
- Multiple GI combination cohorts with LBL-007 (LAG3 mAb) expected to read out in 2025

Zanidatamab[1]

- 2L HER2+ Biliary Tract Cancer, CN approval projected in 2H25

Early Clinical Development

- Phase 2 dose identification for CCR8, CDK4i
- Bring 10+ NMEs[2] into the clinic including EGFR CDAC, PRMT5, pan-KRAS, ADC programs, and bispecific antibodies
- Clinical validation of internal ADC platform – payload, linker and targets

* Due to a delay in scheduling clinical inspections, the target PDUFA date of July 2024 was deferred

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

[2] 9 NMEs brought into the clinic YTD 2024, including CDK2i, B7H4 ADC, IRAK4 CDAC, B7H3 ADC, IL-15 prodrug, GPC3 x 4-1BB, MUC1 x CD16A, CEA ADC, EGFRxMET TsAb

Our Commitment to Responsible Business and Sustainability

Advancing Global Health

- Innovative products
- Patient access, engagement and advocacy

Empowering Our Colleagues

- Diversity, equity, inclusion and belonging
- Engagement, well-being and volunteerism

Innovating Sustainably

- Climate and environmental impact
- Product stewardship

Operating Responsibly

- Integrity, governance and risk management
- Responsible sourcing

Our ambition is to be a leading corporate citizen, acting with courage, creativity, and discipline to provide equitable benefit to our patients, business, and society. Our strategy for the coming years focuses on four areas aligned with BeiGene's mission, vision and values. These focus areas are supported by key strategic priorities.

Our **2023 Responsible Business and Sustainability Report**, published in April 2024, details our efforts in each of these areas and describes recent progress.

BeiGene

Thank you

Appendix

CDK4 Inhibitor

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

Despite CDK4/6 inhibitor success (estimated peak sales over $18B), unmet medical need still exists as all have been associated with dose-limiting toxicities and development of resistance mutations

BGB-43395 is a potential best-in-class CDK4 inhibitor spares CDK-6 mediated and off-target toxicities

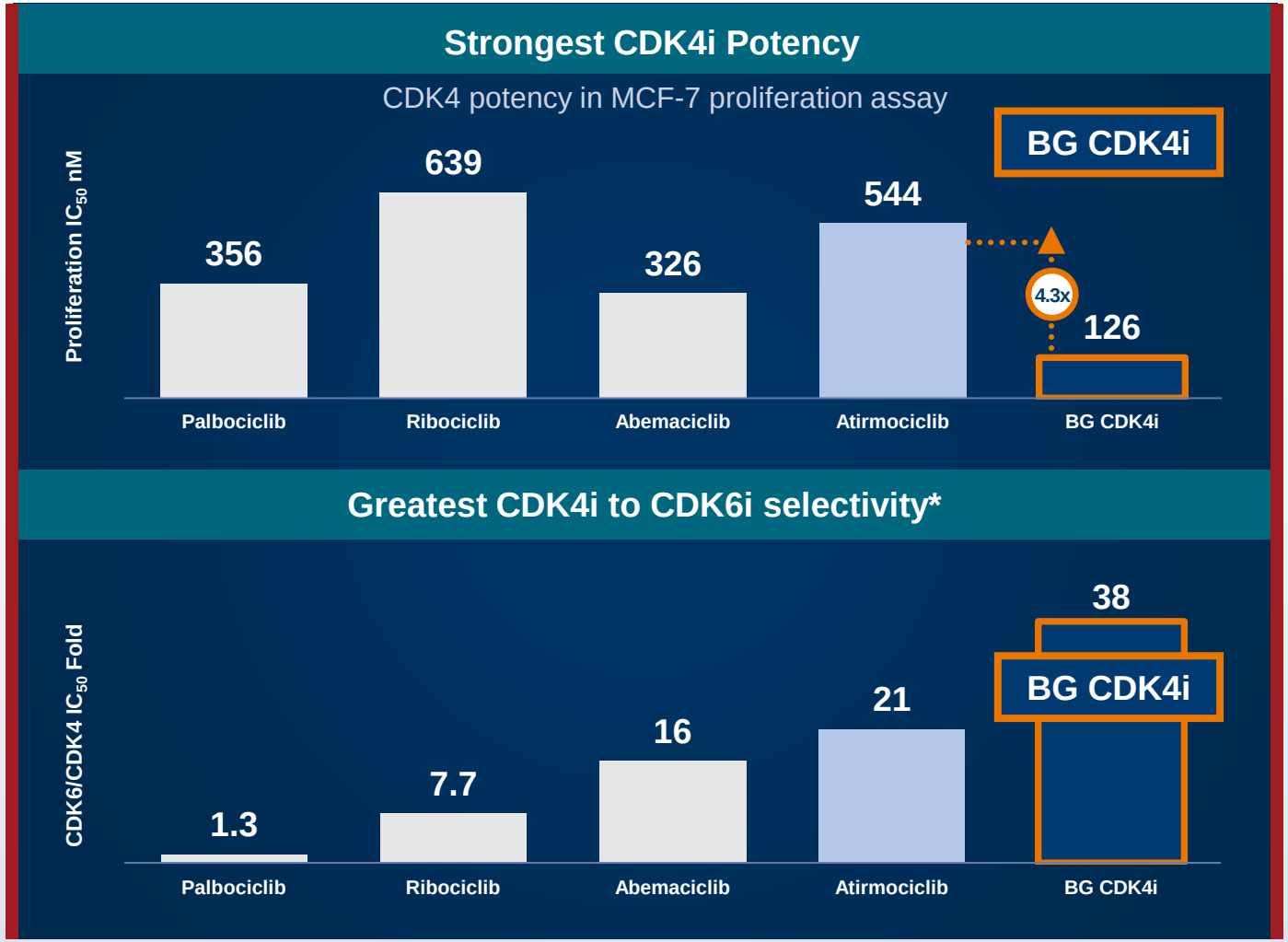
- Highly potent and selective compared with all approved and investigational CDK4/(6)i agents
- Well tolerated in GLP TOX study w/o concerning neutropenia or GI toxicity issues

Potential first-in-class in other tumor types including ovarian, endometrial cancer, lung, and prostate

Currently in Phase 1 development

- 100+ subjects enrolled
- 7 mono and 3 fulvestrant/letrozole combo dose escalation cohorts completed with PK as expected
- First clinical data at SABCS 2024

CDK4 cellular IC50 measured through pRB in Jeko-1
CDK6 cellular IC50 measured through pRB in Pfeiffer with CDK4 KO



PanKRAS Inhibitor

Differentiated to address broad range of KRAS mutations in multiple tumor types

KRAS mutations found in ~19% of all tumor types*

- KRASmut shows the most robust cancer cell dependencies
- So far, no effective therapy for non-G12C KRASmut tumors

PanKRAS inhibitor is differentiated from mutation selective KRAS inhibitor

- Address broader KRAS mutations
- Minimal impact on normal tissues due to N/HRAS compensation

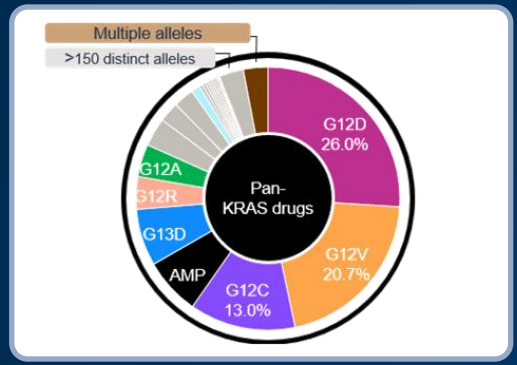
BGB-53038 demonstrates good potential in preclinical studies

- Highly potent across different KRAS mutations
- High selectivity of KRAS sparing N/HRAS
- Robust efficacy in multiple KRAS-driven models

On track to enter the clinic in 4Q 2024

Pharmacol Res. 2019 Jan; 139:503-511
Zhu, C.et al. Mol Cancer 21, 159 (2022)
J Thorac Dis 2020;12(7):3776-3784

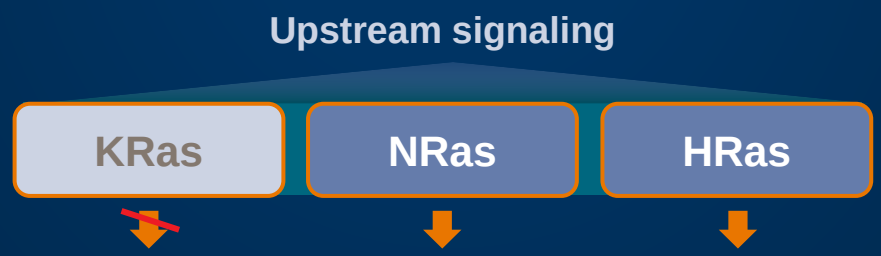
KRASmut prevalence in all cancers



New cancer patients with $KRAS^{mut}$ /year in US

Indication	Non-G12C	G12C
PDAC	**50,658**	659
CRC	**70,486**	4,065
LUAD	**19,291**	12,492

BGB-53038 has no N/HRAS activity hence sparing normal tissue



MTA-Cooperative PRMT5 Inhibitor

Next-generation PRMT5 inhibitor avoiding hematological toxicity

BGB-58067 is 2nd generation, MTA-cooperative PRMT5 inhibitor selectively kills MTAP-deletion tumor cells, yet spares normal hematological cells

MTAP-deletion is found in 15% of all tumor types*

- 8% in lung adenocarcinoma and 19% in lung squamous cell carcinoma
- 10% in gastric adenocarcinoma and 28% in esophageal adenocarcinoma

Compelling pharmacological properties

- Highly potent and selective on MTAP-deletion cells
- Brain penetrative and good intracranial efficacy
- Desirable half-life supports daily dosing

On track to enter clinic in 4Q 2024

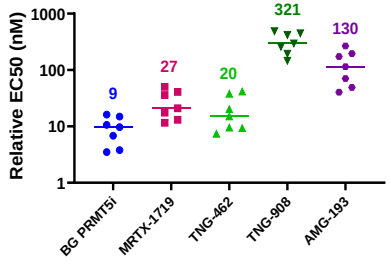
PRMT5: protein arginine methyltransferases 5
MTA: methylthioadenosine
MTAP: methylthioadenosine phosphorylase

*2020 Globocan; Konstantinos. M et al. Science. 2016, 351(6278): 1208-1213.

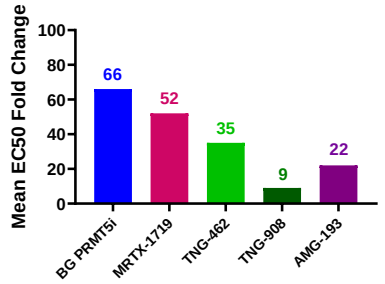
Stronger potency than leading competitors in MTAP^{DEL} cells

MTA-cooperative PRMT5i killing activity

Different dots in the "Tumor Cells" panel indicate different tumor cell lines. Del, deletion.



MTA-cooperative PRMT5i killing selectivity



Mean EC50 fold change of cell killing in 7 MTAP^{DEL} and 2 MTAP^{WT} cell lines

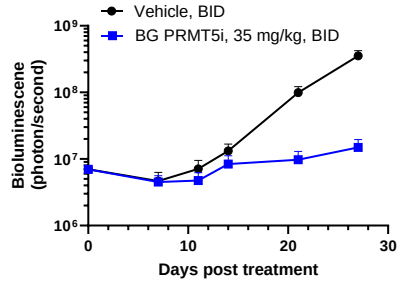
Higher brain penetration than leading competitors and good intracranial efficacy may address brain metastasis & GBM

	Kpuu,brain (mouse)
BG PRMT5i	**18%**
AMG-193	**17.1%**
TNG-908	**6.8%**

MRTX-1719 and TNG-462 are reported as **non-brain penetrative**

PRMT5i, PRMT5 inhibitor; DEL, deletion

U87-luc2 orthotopic MTAP^{DEL} model



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*

BG-60366 is a novel, potentially best-in-class EGFR degrader

- Broad coverage of EGFR mutations and destruction of EGFR scaffold function yields sustained signaling inhibition
- Non-redundant mechanisms may prevent the emergence of resistance when used in early lines of therapy

Promising preclinical candidate profile

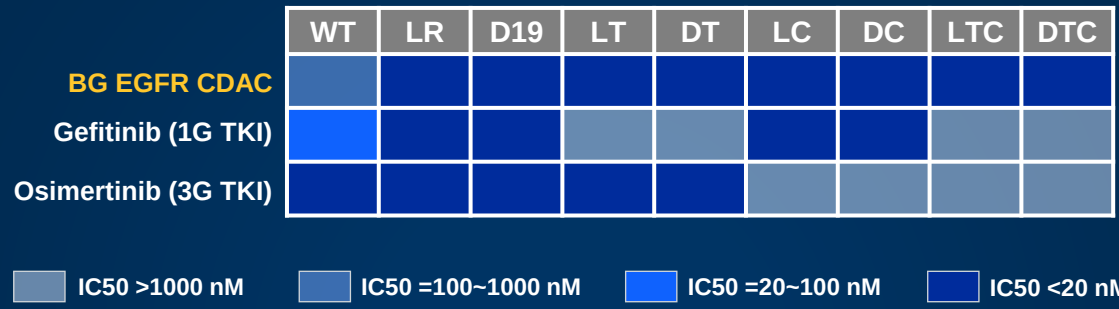
- Highly potent across Osimertinib-sensitive and resistant EGFR mutations
- Spares WT EGFR and good proteome selectivity
- Strong efficacy with oral, daily dosing

On track to enter the clinic in 4Q 2024

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

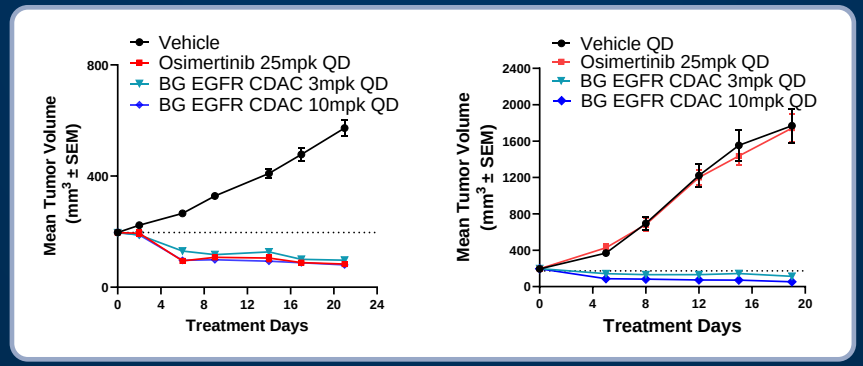
* 2020 Globocan; Wang P, et al. J ThoracDis. 2017, 9(7): 1973-1979; Wen S, et al. Oncologist. 2019, 24(11):e1070-e1081; J Clin Oncol . 2022 Feb 20;40(6):611-625.

Broadest EGFRmut coverage while sparing WT EGFR



Robust efficacy in both osimertinib-sensitive and resistant xenograft models

Osimertinib-sensitive HCC-827-D19 model



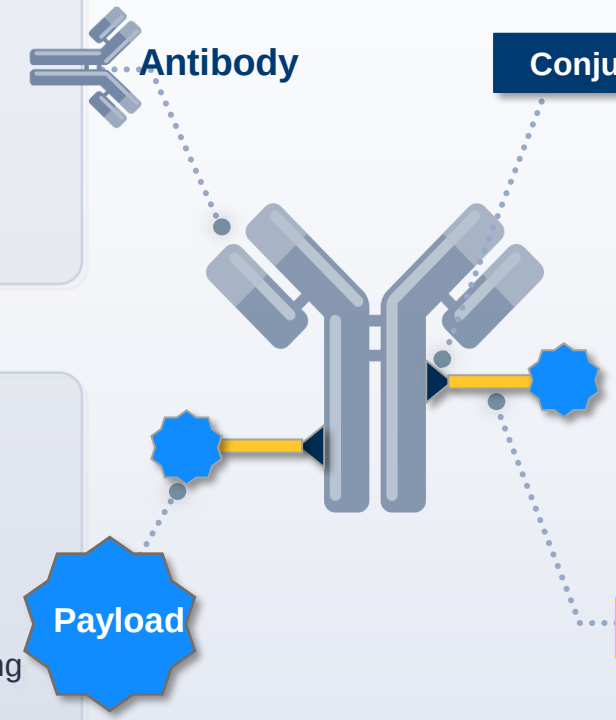
Osimertinib resistant H1975-L858R/C797S model

BeiGene's ADC Platform

Integrate innovations across essential ADC components to obtain BIC/FIC ADCs

Powerful discovery engine generating fit-for-purpose Abs with high quality and efficiency

- Monoclonal Ab
- Multi-specific Ab



Homogenous and stable conjugation to create uniform DAR/better stability

- Stable conjugator
- Site specific conjugation
- Flexibility on DAR optimization

Diverse payload MoA to unleash the full potential of ADC technology

- Current portfolio focus: capitalize on near term opportunities with proprietary and differentiated Topo1i platform
- Sustained investment on novel concepts covering diverse MoAs and modalities (small molecule inhibitors, degraders, immune modulators, etc)

Proprietary hydrophilic linker platform

- Fine-tuned hydrophilicity to reduce aggregation
- High stability to minimize premature warhead release in circulation

Topo1i, Topoisomerase I inhibitor

CEA ADC

Differentiated ADC design aiming for better efficacy in CEA+ lung and GI cancers

CEACAM5 (CEA) is a well-established TAA highly expressed in lung and GI cancer*

Cancer type	High CEA expression	Medium to low CEA expression
Lung adenocarcinoma	7%	31%
Gastric	26%	22%
Colorectal	51%	36%

SAR701 demonstrated clinical activity in CEAHigh lung cancer (20% ORR), yet with significant room to improve

BG-C477 is differentiated to enhance efficacy benefit

- Different payload strategy: topoisomerase I inhibitor
- High DAR (8), stable conjugator and hydrophilic linker design

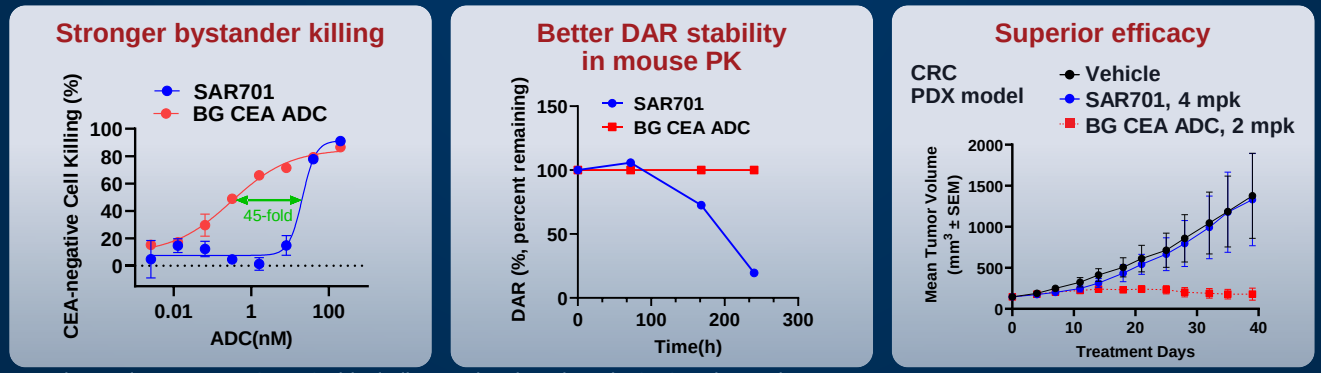
FSE achieved October 2024

* Stéphanie Decary et al., Clin Cancer Res, 2020 Dec 15;26(24): 6589-6599
SAR701 is in short for SAR408701, CEA ADC from Sanofi

BG CEA ADC with differentiated ADC design

Attribute	Tusamitumab	BG CEA ADC	BeiGene advantage
Payload	DM4	Proprietary TopoI inhibitor	• Payload MoA is better fit for target indications • Stronger bystander effect
DAR	4	8	• Higher DAR
Linker	SPDB disulfide	Hydrophilic	• Better ADC stability
Conjugation	Lysine	Cysteine (w/ stable conjugator)	• Better ADC homogeneity and stability

Superior ADC- bystander effect, stability and efficacy



Topol, Topoisomerase I; SAR701 biosimilar used as benchmark; CRC: colorectal cancer

B7-H3 ADC

BIC potential with stable DAR8 and strong bystander effect

Highly expressed in multiple tumor types, including lung, GI, head and neck and gynecological cancers[1]

B7-H3 Expression	LUSC	LUAD	ESCC	CPRC	HNSCC	EC	OC
Medium/ High (H-score 101-300)	84%	39%	80%	74%	74%	89%	25%

Clinical validation by ifinatamab deruxtecan in small cell lung cancer

BGB-C354 is differentiated with BIC potential

- **High DAR (DAR8)** to enhance payload delivery
- **Proprietary drug-linker with strong bystander effect** to address tumor heterogeneity
- **Stable conjugator** to improve stability and tumor presence

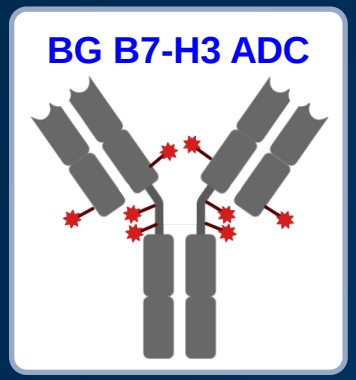
Currently enrolling monotherapy dose escalation

[1] Michiko Yamato et al., Mol Cancer Ther, 2022

LUSC: lung squamous cell carcinoma; LUAD: lung adenocarcinoma; ESCC: Esophageal squamous cell carcinoma; CPRC: castration-resistant prostate cancer; HNSCC, Head and neck squamous cell carcinoma; EC: endometrial cancer; OC: ovarian cancer

DS-7300 is B7-H3 ADC lead competitor from Daiichi Sankyo

BG B7-H3 ADC: differentiated molecular design

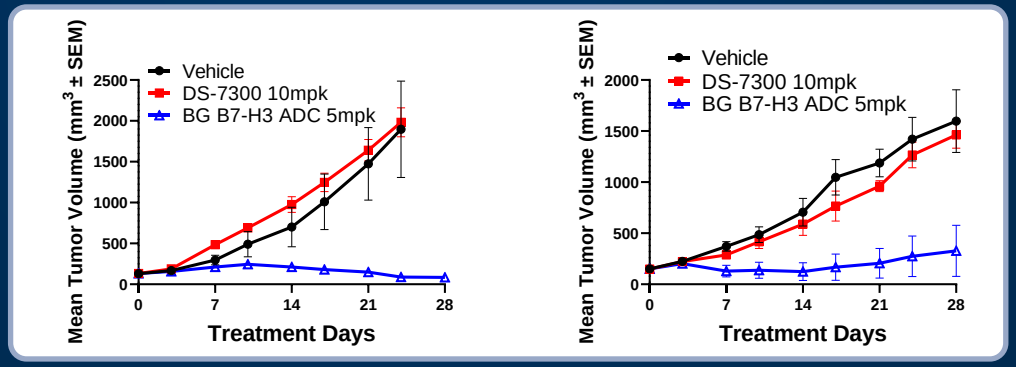


Attribute	DS-7300	BG B7H3 ADC	BeiGene advantage
DAR	4	8	**Higher DAR**
Payload-Linker	DXd-GGFG	TopoI inhibitor-hydrophilic linker	**Stronger bystander effect**
Conjugation	Traditional Cysteine conjugation	Stable conjugator	**Better stability**

TopoI, Topoisomerase I

Robust efficacy in DS-7300 resistant PDX models

Lead competitor biosimilar used as benchmark



B7-H4 ADC

Asset to potentially boost ADC pipeline in breast and gynecologic cancers

ADC target with broad expression in breast and gynecologic cancers

- ~45% in triple-negative breast cancer
- ~60% in endometrial carcinomas
- ~50% in ovarian cancer

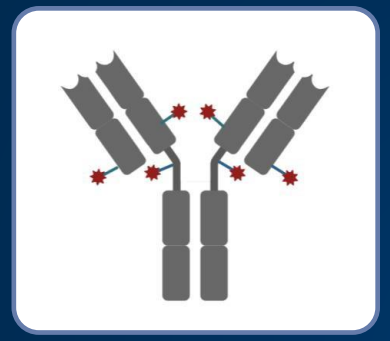
BG-C9074 has enhanced probability of success

- Early clinical proof of concept by HS-20089 and SGN-B7H4V in breast cancer
- Robust ADC design leveraging technology from Duality Bio, a clinically validated ADC platform
- Robust efficacy in PDX models

Currently enrolling monotherapy dose escalation and safety expansion

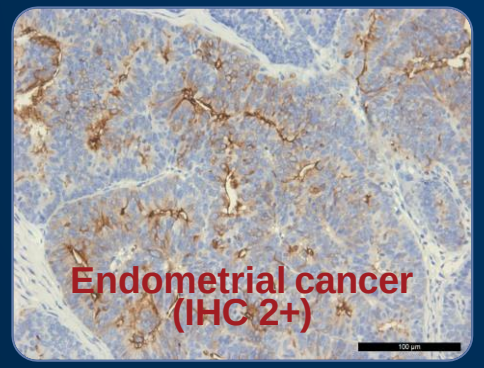
HS-20089 and SGN-B7H4V are B7-H4 ADC from GSK/Hansoh and Pfizer/Seagen, respectively
DAR = drug-to-antibody ratio
IHC = immunohistochemistry
PDX = patient-derived xenograft
* P-glycoprotein (P-gp) is a protein that can cause multidrug resistance (MDR) in cancer cells by preventing the uptake of many drugs (substrates), including anticancer drugs. Not being a P-gp substrate reduces drug resistance
42nd Annual J.P. Morgan Healthcare Conference. 8Jan24.
Available at: https://ir.beigene.com/ Accessed 15Jan24

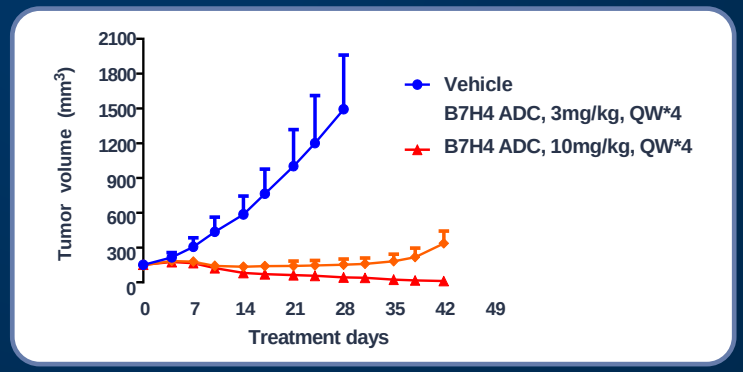
BG B7-H4 ADC molecular design



- Clinically validated drug linker design
- Non-Pgp substrate payload*
- Strong bystander effect
- DAR6 to balance efficacy and toxicity

Robust efficacy in B7-H4 low/heterogeneous PDX model





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[2]

Potential first-in-class ADC with differentiated antibody backbone to reduce toxicity

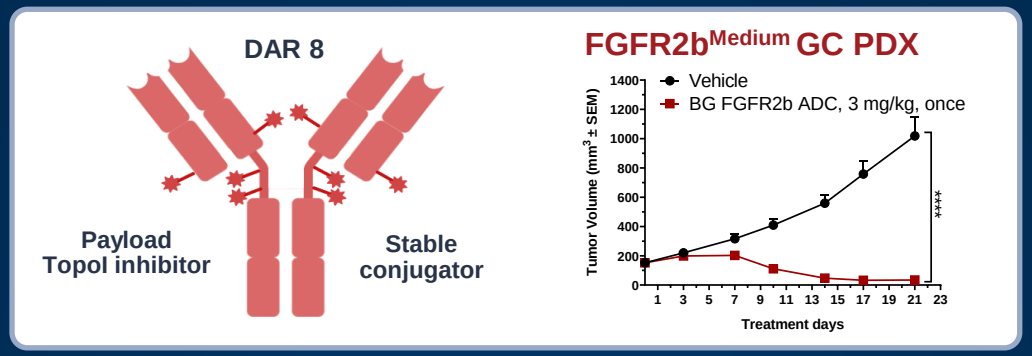
- Tumor-directed toxin delivery
- Bystander effect to address tumor heterogeneity
- Spares on-target corneal toxicity via weaker ligand blockade

On track to enter the clinic in Q4 2024

[1] Lancet Oncol 2022; 23: 1430–40

[2] Bemarituzumab only benefits a subset of patients with relatively higher FGFR2b expression. Bemarituzumab led to 26% treatment discontinuation caused by on-target corneal toxicity

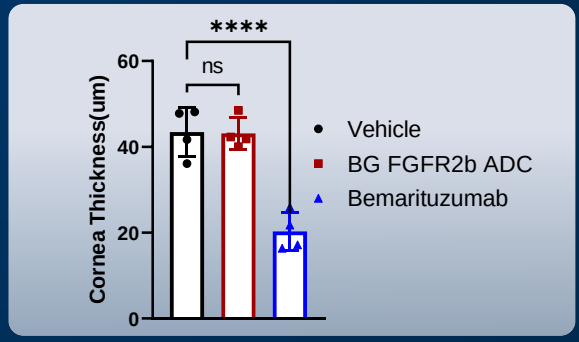
BG FGFR2b ADC Generates Strong Efficacy in preclinical models



Topol - 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

Reconciliation and Calculation of Non-GAAP Financial Measurements

Reconciliation to adjusted loss from operations

($ in thousands)	Q3, 2024	Q3, 2023
GAAP loss from operations	**(120,265)**	**(133,968)**
Plus: Share based compensation	114,603	96,119
Plus: Depreciation	70,028	19,242
Plus: Amortization of intangibles	1,264	2,268
Adjusted income (loss) from operations	**65,630**	**(16,339)**

Glossary

Disease abbreviations

AML	Acute myeloid leukemia
BP-ALL	B-precursor acute lymphocytic leukemia
BTC	Biliary tract cancer
CHL	Classic Hodgkin's lymphoma
CLL	Chronic lymphocytic leukemia
dMMR	Deficient DNA mismatch repair
DLBCL	Diffuse large B-cell lymphoma
ES-SCLC	Extensive stage small cell lung cancer
ESCC	Esophageal squamous cell carcinoma
FL	Follicular lymphoma
GEA	Gastroesophageal adenocarcinoma
GC	Gastric cancer
HCC	Hepatocellular cancer
HNSCC	Head and neck squamous cell carcinoma
LS-SCLC	Limited stage small cell lung cancer
MCL	Mantle cell lymphoma
mCRPC	Metastatic castration resistant prostate cancer
MDS	Myelodysplastic syndromes
MM	Multiple myeloma
MSI-H	Microsatellite stability high
MSS CRC	Microsatellite stable colorectal cancer
MZL	Marginal zone lymphoma
Neo/adj	Neoadjuvant/adjuvant
NSCLC	Non-small cell lung cancer
NPC	Nasopharyngeal carcinoma
OC	Ovarian cancer
PMN	Primary membranous nephropathy
R/R	Relapsed or refractory
SCLC	Small cell lung cancer
SLL	Small lymphocytic lymphoma
UC / UBC	Urinary / bladder cancer
WM	Waldenström's macroglobulinemia

Other abbreviations

ADC	Antibody drug conjugate
AE	Adverse events
CDAC	Chimeric degradation activation compound
CR	Complete response
DCR	Disease control rate
DLT	Dose-limiting toxicity
DOR	Duration of response
EFS	Event free survival
LCM	Lifecycle management
LTE	Long-term extension
mAb	Monoclonal antibody
mOR	Modified overall response
MPR	Major pathological response
MTD	Maximum tolerated dose
MTx	Maintenance
ORR	Objective response rate
OS	Overall survival
PCR	Pathologic complete response
PFS	Progression-free survival
RDFE	Recommended dose for expansion
RP2D	Recommended phase 2 dose
SAE	Severe adverse events
TEAE	Treatment emergent adverse events
TN	Treatment naïve
Tsp	Tri-specific antibody
VGPR	Very good partial response