R&D UPDATE

August 25, 2021

DISCLOSURES

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

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

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

TODAY'S AGENDA

- Welcome and Introduction: Creating an Ecosystem of Innovation
  John V. Oyler
- Our Scientific Ecosystem of Excellence
  Xiaodong Wang
- R&D Capability and Portfolio Overview
  Lai Wang, Ph.D.
- Hematology Oncology Clinical Program Update
  William Novotny, M.D.
- Solid Tumor Clinical Program Update
  Yong (Ben) Ben, M.D.
- New Modalities and Future Pipeline
  Lai Wang, Ph.D.
- The Road Ahead
  John V. Oyler
- Questions and Answers

CREATING AN ECOSYSTEM OF INNOVATION

John V. Oyler
Co-Founder, Chairman and CEO

OUR MISSION:
PATIENTS FIRST THROUGH SCIENCE AND AFFORDABILITY

Help ***transform*** the biotechnology industry, creating impactful medicines that will be ***affordable and accessible*** to far more cancer patients around the world through ***science and business innovation***

WE SAW THE ONCE-IN-A-LIFETIME OPPORTUNITY TO ACCELERATE GLOBAL DEVELOPMENT 10+ YEARS AGO…

Internal, global, and modernized efficiency of clinical science to create time and cost advantages and broaden patient access

BE1GENE

BUILDING A GLOBAL ECOSYSTEM OF COST AND SPEED COMPETITIVE ADVANTAGES

Innovation with speed and lower cost to better serve patients around the world

FULLY INTEGRATED END-TO-END
~7,000 COLLEAGUES - 5 CONTINENTS - 17 GEOGRAPHIES

Research

- One of world's largest oncology teams (650+) with 50+ preclinical programs
- Passionate, entrepreneurial science-based culture
- Internal team (not CROs)

Development

- 1,700+ internal clinical development colleagues, predominately CRO-free
- More inclusive development (e.g., Australia, China, Poland) enabling ~ 1/3 cost & time savings
- ~50 assets in clinical & commercialization stage

Manufacturing

- In-house capabilities bring cost, agility, and flexibility to internal and external programs
- Built to state-of-the-art standards & technologies (e.g., 1st paperless facility in China)
- Building toward 200,000 L of biologics capacity in Guangzhou

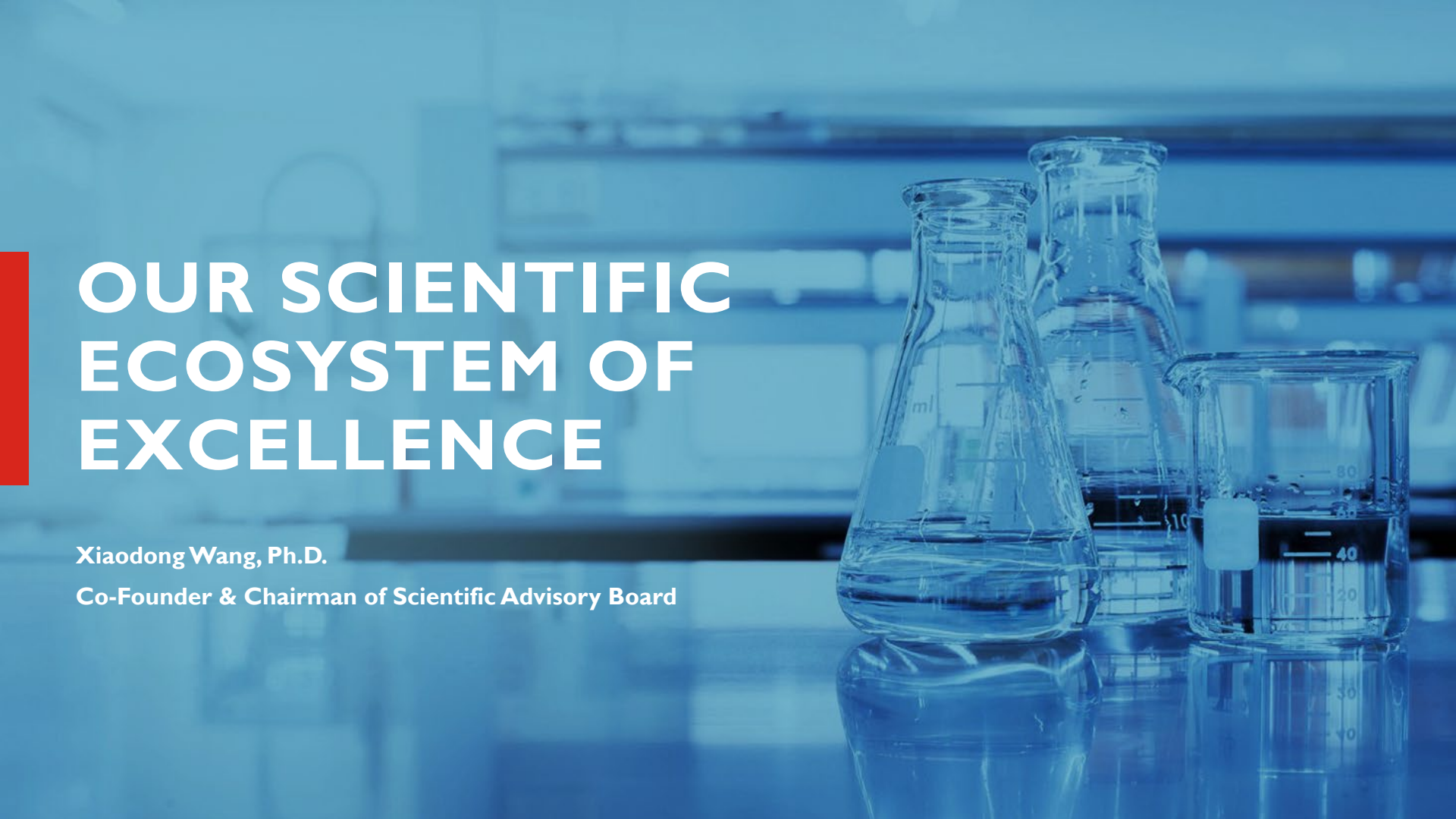
Commercial

- 2,900+ in China, competitively positioned, science-based leadership
- 150+ competitive footprint in U.S.
- Expanding presence in multiple countries/regions, including underserved areas

OUR SCIENTIFIC ECOSYSTEM OF EXCELLENCE

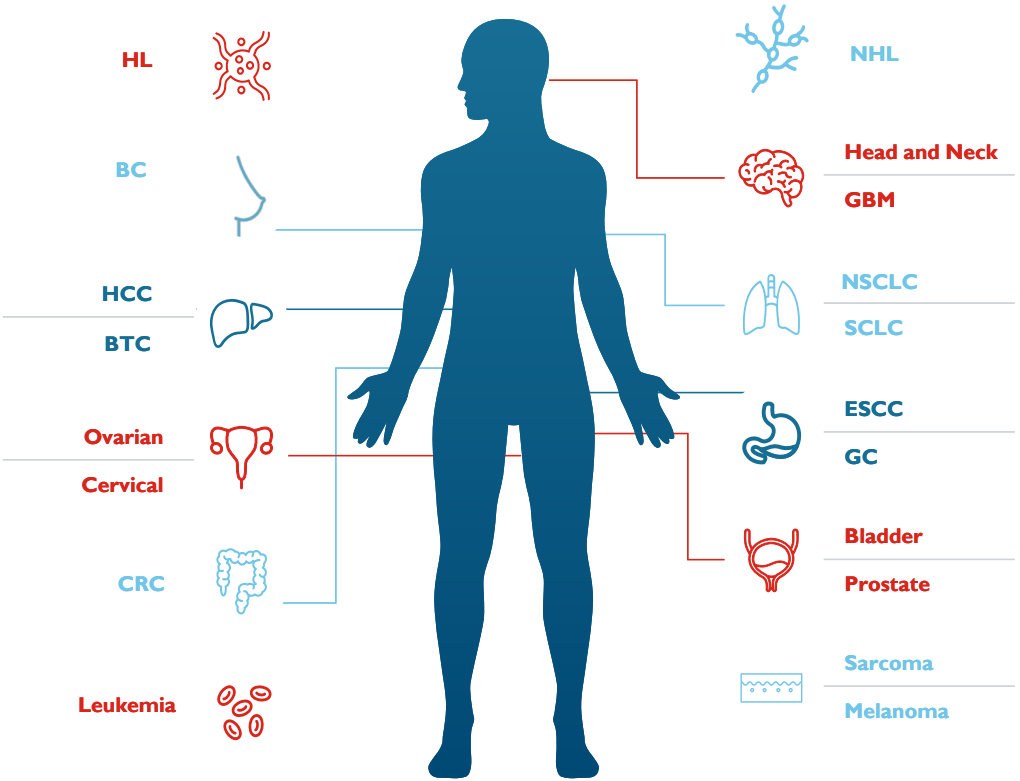
Xiaodong Wang, Ph.D.

Co-Founder & Chairman of Scientific Advisory Board



RESPONDING TO GREATEST PATIENT NEED

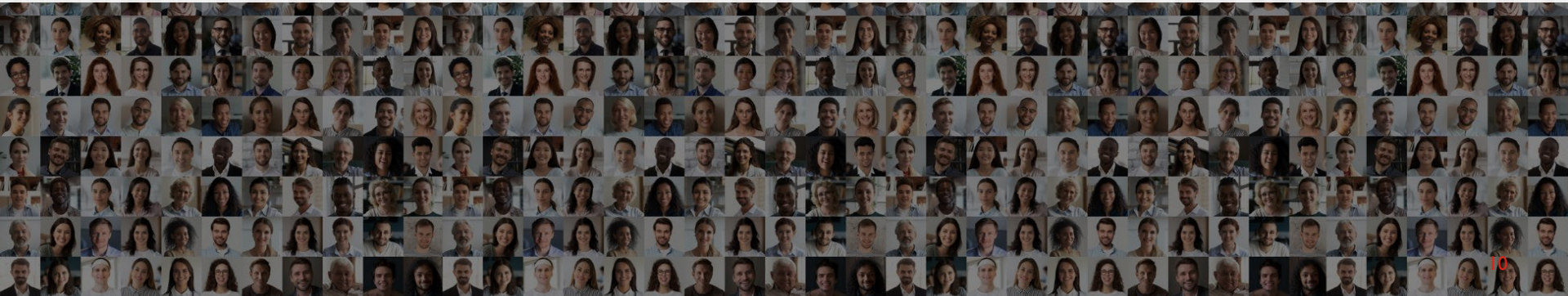
Estimated 19.3 million new cancer cases and almost 10.0 million cancer deaths in 2020 worldwide



Our broad pipeline covers 80% of the world's cancers by incidence

Source: ASC Journals

TO REACH **BILLIONS** OF PATIENTS WORLDWIDE



R&D CAPABILITY AND PORTFOLIO OVERVIEW

Lai Wang, Ph.D.
Global Head of R&D

R&D HIGHLIGHTS

R&D Engine Built at Scale to Fuel Innovation with Efficiency and Quality

- Highly productive preclinical research team with proven track record experienced major expansion recently
- Clinical development is largely CRO-free, with unique global operating model

Robust Innovative Pipeline Focusing on Internal Combinations

- Close to 100 programs, including 50+ at preclinical stage, 30+ at clinical stage and 10+ at commercial stage
- Strong heme and solid tumor franchise anchored on BTK and PD-1 programs

SCIENCE-DRIVEN PRECLINICAL CAPABILITIES EXPERIENCED MAJOR EXPANSION RECENTLY

Evolution Through Two Stages

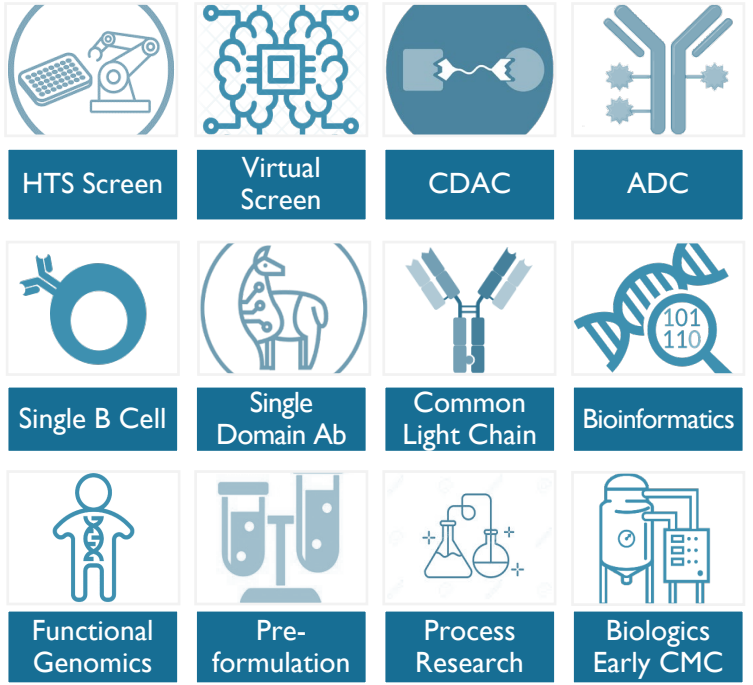
Stage 1: Establishing Core Capabilities and Talent for Early Success (2011-2018)

- 150-200 scientists
- Proven track-record with 3 internally discovered, commercially available medicines
- Small scale, only 1-2 clinical candidates a year

Stage 2: Expanding New Capabilities and Talent for Future Success (2019 – Present)

- 650+ scientists now growing to 800 by end of 2021
- Investing in new platforms and capabilities and driving efficiencies through portfolio management
- 50+ preclinical programs, ~50% with first-in-class potential
- A burst of new clinical molecules expected in the next few years

New Platforms/Capabilities



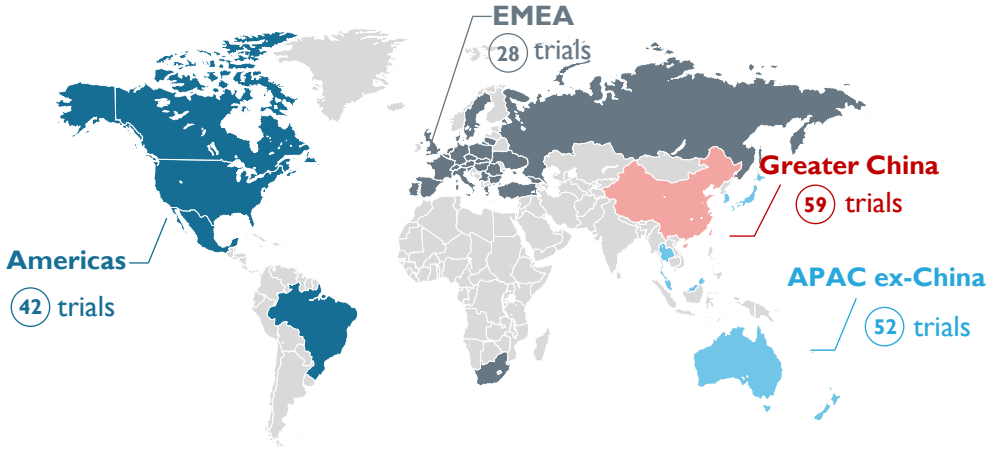
CDAC, Chimeric Degradation Activating Compound; ADC, Antibody Drug Conjugate.

AN INTERNAL CLINICAL DEVELOPMENT TEAM EQUIPPED TO RUN GLOBAL DEVELOPMENT AT SCALE

Strong Internal Global Development Capabilities

- Through the extensive internalization effort in the last few years, we are now largely **CRO-free,** allowing better control over quality, speed, cost and site / PI engagement
- Currently **1,700+** global clinical development colleagues, close to **700** outside of China, growing to **2,000+** by end of 2021
- **Internal training academy** allows for continuous growth of the team and promotes quality and efficiency

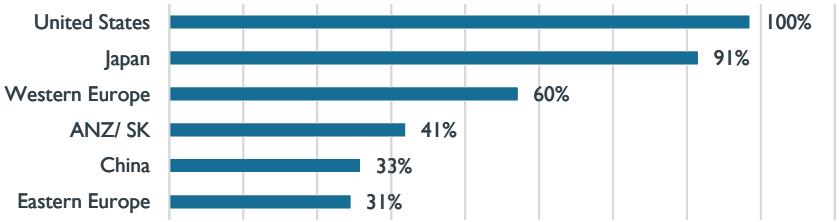
BeiGene's Global Clinical Trial Footprint



- **95+** clinical trials initiated since 2013 in **40+** geographies
- **13,000+** patients and healthy volunteers enrolled, close to half outside of China

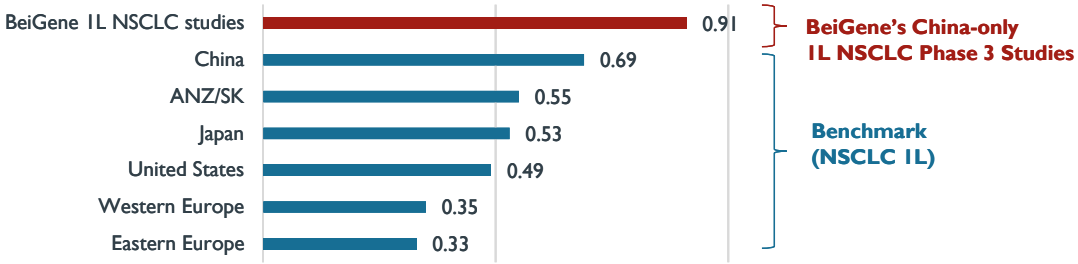
UNIQUE OPERATING MODEL TO DRIVE SPEED & COST ADVANTAGE

Investigator Fee Per Patient

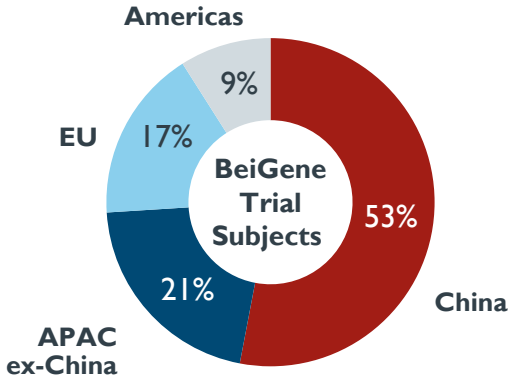


Source: Grants Manager median benchmark data for those countries in which BeiGene has enrolled at least one patient. Each region/country is weighted for the number patients enrolled to date.

Clinical Trial Enrollment Rate (Pts/Site/Month)



Source: Internal data on file; Benchmark from Citeline, filtered for NSCLC 1L studies. Includes data only from the same countries that BeiGene has run clinical studies. Data exported on 9 Aug 2021
ANZ/ SK, Australia and New Zealand/ Slovakia

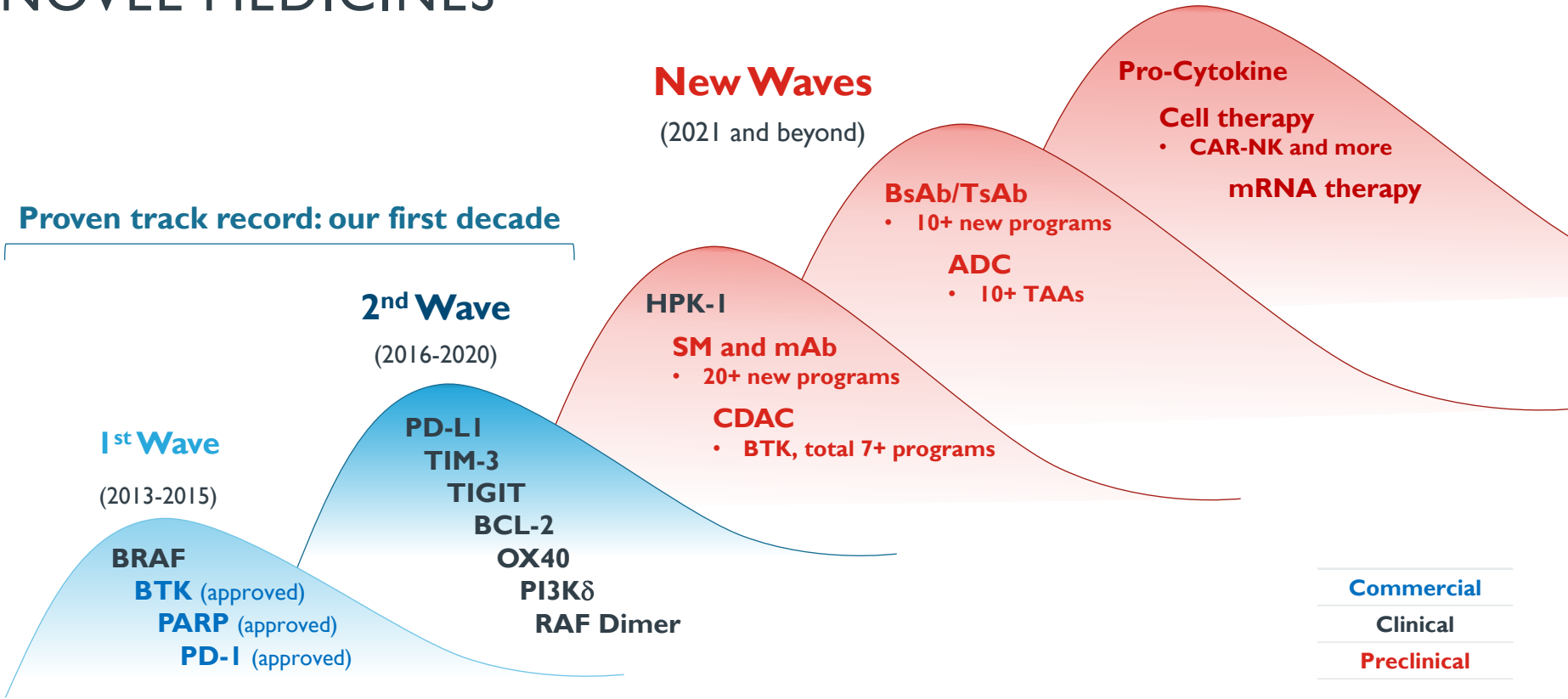


Source: Internal tracking. Inclusive of all subjects ever enrolled in BeiGene studies as of 30 June 2021

China-inclusive, fully integrated, global development capabilities

- **Speed**
- **Cost efficiency**
- **Global vision**
- **High quality**

TRANSLATING SCIENCE INTO BETTER AND NOVEL MEDICINES



SM, Small Molecule; mAb, Monoclonal Antibody; ADC, Antibody Drug Conjugate; TAA, Tumor Associated Antigen; CDAC, Chimeric Degradation Activating Compound; BsAb, Bispecific Antibody; TsAb, Trispecific Antibody; CAR-NK, Chimeric Antigen Receptor-Natural Killer Cell

ENHANCING INNOVATION AND ACCESS THROUGH COLLABORATION

We follow the science virtually anywhere that leads to innovation – independently and via collaboration

NOVEL COMBINATIONS	Extend our existing franchise in large indications tisle combinations: +sitra; +zanidatamab; +Leap asset
NEXT-GEN TECHNOLOGIES	ADC mRNA CAR-NK Bispecifics

EUSAPharma · 百奥泰 BIO-THERA · Ambrx · assemblybio · Seagen · leaptherapeutics · Singlomics 丹序生物 · SHORELINE · STRAND THERAPEUTICS · bioatla · BITT · HUTCHMED · MIRATI THERAPEUTICS · zymeworks · Celgene | Bristol Myers Squibb Company · AMGEN · NOVARTIS

"BeiGene is evaluating sitravatinib in patients with a variety of tumor types with the goal of accelerating development of treatment options for more patients. Our collaboration with BeiGene has supported the expansion of our world-wide development capabilities by leveraging their clinical expertise in China."

CHARLES M. BAUM, M.D., Ph.D.
President and CEO of Mirati Therapeutics

"Partnering with BeiGene was a key component of our development and commercialization strategy for ZW25 and ZW49. This collaboration allows Zymeworks to leverage BeiGene's resources and expertise to accelerate the development of our most advance product candidates and broaden our reach globally including in a key region of the world."

ALI TEHRANI
President and CEO of Zymeworks

ADC, Antibody Drug Conjugate; CAR-NK, Chimeric Antigen Receptor-Natural Killer Cell

BE1GENE

DEEP CLINICAL AND COMMERCIAL PIPELINE

COMPOUND	DOSE ESC.	DOSE EXPANSION		PIVOTAL		FILED / MARKETED	COMMERCIAL RIGHTS	PARTNER
	PH1a	PH1b	PH2*	PH2**	PH3			
Zanubrutinib *(BTK)*	MCL, WM, CLL/SLL, MZL, FL (Phase 2), Lupus (Phase 2), DLBCL (Phase 1)						Global	
Tislelizumab *(PD-1)*	MSI-H or dMMR solid tumors, ESCC, HCC, NSCLC, cHL, UC, NK/T-cell lymphoma (Phase 2), solid tumors, B-cell malignancies (combo; Phase 1)						Global ex-NVS territory‡	Novartis
Pamiparib *(PARP)*	gBRCA+ OC, PSOC (Phase 3), HER2- BRCA+ BC (Phase 2), Glioblastoma (Phase 2), Solid tumors (Phase 1)						Global	
BGB-A1217 *(TIGIT)*	NSCLC, Cervical Cancer (Phase 2), ESCC (Phase 2), Solid tumors (Phase 1)						Global	
BGB-A445 *(OX40)*	Solid tumors						Global	
BGB-A425 *(TIM-3)*	Solid tumors						Global	
BGB-A333 *(PD-L1)*	Solid tumors						Global	
BGB-11417 *(BCL-2)*	B-cell malignancies						Global	
BGB-15025 *(HPKI)*	Advanced solid tumors						Global	
BGB-10188 *(PI3Kδ)*	B-cell malignancies, Solid tumors						Global	
Lifirafenib *(RAF dimer)*	B-RAF/K-RAS/N-RAS mut. Solid tumors						Global	
REVLIMID	MM						China	Bristol Myers Squibb
ABRAXANE††	BC, NSCLC, Pancreas adenocarcinoma							
VIDAZA	Myelodysplastic Syndromes							
SYLVANT	Multicentric Castleman's disease						China	EUSA Pharma
QARZIBA	Neuroblastoma							
BAT1706	Metastatic colorectal cancer						China	BIO-THERA
Sitravatinib††† *(multi-kinase inhibitor)*	NSCLC, RCC, OC, MEL, HCC, GC/GEJC						Asia ex-Japan, AU, NZ	Mirati Therapeutics
Zanidatamab†††† *(HER2, bispecific antibody)*	BC, GEA, Biliary track (Phase 3)						Asia ex-Japan, AU, NZ	Zymeworks
ZW49 *(HER2, bispecific ADC)*	HER2+ cancers						Asia ex-Japan, AU, NZ	Zymeworks
BGB-3245 *(B-RAF)*	Solid tumors						Asia ex-Japan	SpringWorks†
SEA-CD70 *(CD70)*	MDS, AML						Asia ex-Japan, AU, NZ	Seattle Genetics
DKN-01 *(DKK1)*	GC/GEJC						Asia ex-Japan, AU, NZ	Leap Therapeutics
ABI-H0731 *(HBV core inhibitor)*	Chronic Hepatitis B Virus						China	Assembly Bio
ABI-H2158 *(HBV core inhibitor)*	Chronic Hepatitis B Virus							
ABI-H3733 *(HBV core inhibitor)*	Chronic Hepatitis B Virus							

COMPOUND	DOSE ESC.	DOSE EXPANSION		PIVOTAL		FILED / MARKETED	COMMERCIAL RIGHTS	PARTNER
	PH1a	PH1b	PH2*	PH2**	PH3			
BLINCYTO®	ALL							
KYPROLIS®	MM							
XGEVA®	MM, Solid tumors							
LUMAKRAS *(KRAS G12C)*	Solid tumors, NSCLC, CRC							
Pavurutamab^^ *(BCMA x CD3)*	MM							
AMG 176 *(MCL-1)*	Myeloid malignancies							
AMG 330^ *(CD33 x CD3)*	Myeloid malignancies							
AMG 673^^ *(CD33 x CD3)*	AML							
AMG 427^^ *(FLT3 x CD3)*	AML							
Tarlatamab^^ *(DLL3 x CD3)*	SCLC, Neuroendocrine Prostate Cancer							
Acapatamab^^ *(PSMA x CD3)*	Prostate Cancer, NSCLC						China	Amgen
AMG 509 *(STEAP1 XmAb® antibody)*	mCRPC							
AMG 506 *(FAP x 4-1BB, DARPin®)*	Solid tumors							
AMG 256 *(PD1 x IL12 mutein)*	Solid tumors							
AMG 650 *(KIF18A)*	Solid tumors							
AMG 910^^ *(CLDN18.2 x CD3)*	GC/GEJC							
AMG 199^^ *(MUC17 x CD3)*	GC/GEJC							
AMG 994	Solid tumors							
AMG 397 *(MCL-1)*	Myeloid malignancies							

*Selected assets and indications are presented. **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 or conditional approvals. ^ BiTE, ^^ HLE BiTE, † Novartis owns commercial rights in United States, Canada, Mexico, the European Union, United Kingdom, Norway, Switzerland, Iceland, Liechtenstein, Russia, and Japan. †† ABX is suspended in China. ††† Mirati is also conducting its own clinical studies with sitravatinib, including the Phase 3 SAPPHIRE trial in non-Sq NSCLC. †††† ZW25, AML: acute myeloid leukemia, HLE BiTE: Half-life extended Bi-specific T-cell engagers, BC: breast cancer, 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.

HEMATOLOGY ONCOLOGY CLINICAL PROGRAM UPDATE

William Novotny, M.D.

Head of Clinical Development, Hematology

SUMMARY OF HEMATOLOGY CLINICAL AND COMMERCIAL PORTFOLIO

Lymphoma/CLL

- Zanubrutinib (BTK) Brukinsa zanubrutinib
- Tislelizumab (PD-1) Tislelizumab
- Ociperlimab (TIGIT)
- BGB-11417 (BCL-2)
- BGB-10188 (PI3Kδ)
- REVLIMID Revlimid (lenalidomide)
- SYLVANT (IL-6) sylvant siltuximab

AML/MDS/ALL

- BGB-11417 (BCL-2)
- BGB-A425 (TIM-3)
- VIDAZA vidaza
- BLINCYTO(R) (CD19 x CD3) BLINCYTO (blinatumomab)
- AMG 330/673 (CD33 x CD3)
- AMG 427 (FLT3 x CD3)
- AMG 176/397 (MCL-1)
- SEA-CD70 (CD70)

Myeloma

- BGB-11417 (BCL-2)
- REVLIMID Revlimid (lenalidomide)
- XGEVA(R) (RANKL) XGEVA (denosumab) injection
- KYPROLIS(R) Kyprolis (carfilzomib)
- AMG 701 (BCMA x CD3)
- AMG 176/397 (MCL-1)

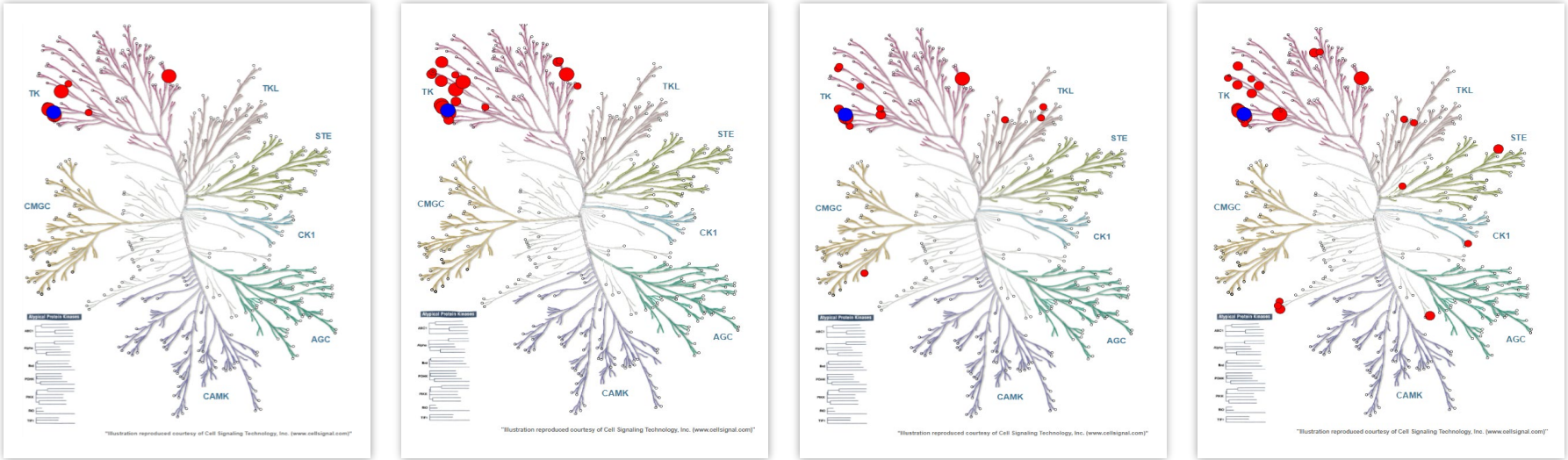
Global Rights Regional Rights

BEST-IN-CLASS BTK INHIBITOR

Designed to Overcome Shortcomings of Other BTK Inhibitors	Superiority Over Ibrutinib in Clinic	Broad Indications Approved/In Development
▸ Reduced off-target toxicity ▸ Achieved sustained target inhibition in disease originating tissues	▸ Better efficacy ▸ Better safety ▸ More convenient	▸ CLL ▸ MCL ▸ WM ▸ MZL ▸ FL

BETTER KINASE SELECTIVITY THAN IBRUTINIB, ACALABRUTINIB AND ITS METABOLITE M27

Zanubrutinib	Ibrutinib	Acalabrutinib	M27 – Acala's Metabolite



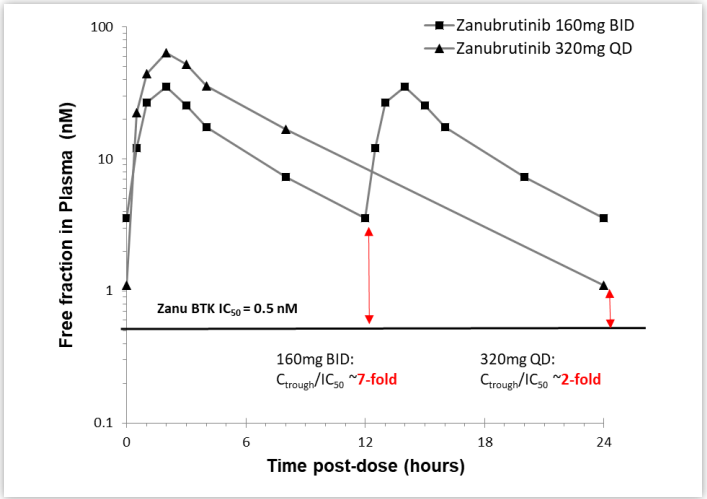
- Kinome analysis (370 kinases panel) at concentrations of 100 times of each molecule's IC50 for BTK (not at 1 μM which is not adjusted for BTK potency); acalabrutinib and its metabolite M27 are much weaker BTK inhibitors
- Zanubrutinib demonstrated better kinase selectivity (7 off-target kinases with >50% inhibition) compared to ibrutinib (17), acalabrutinib (15), and M27 (23) at 100X IC50

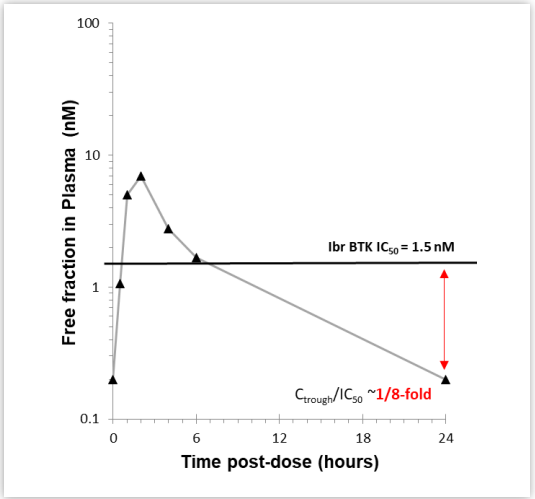
BTK IC50 was generated by RBC (Reaction Biology Corp.)

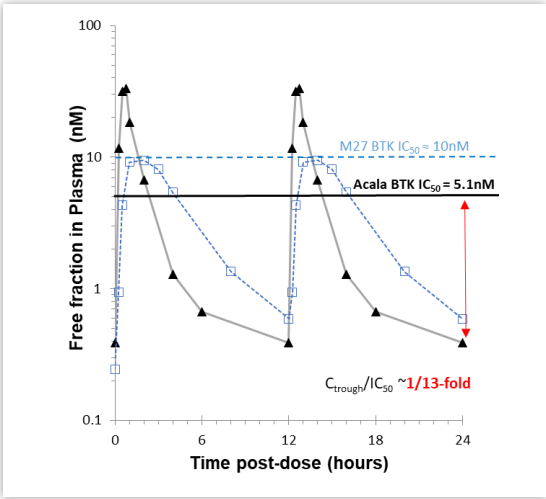
FAVORABLE PHARMACOKINETIC PROFILE COMPARED TO ACALABRUTINIB AND IBRUTINIB

FREE DRUG CONCENTRATION TIME PROFILES RELATIVE TO IC50

Zanubrutinib	Ibrutinib 560 mg QD	Acalabrutinib 100 mg BID







Note: These data are from separate analyses. Limitations of cross-trial comparisons apply.
Source: 1. Kaptein, et al. *Blood.* 2018;132:1871. 2. Ou, et al. *Leuk Lymphoma.* In press. 3. Marostica, et al. *Cancer Chemother Pharmacol.* 2015;75:111-121.0
QD, Once a Day; BID, Twice a Day

BROAD CLINICAL DEVELOPMENT PROGRAMS ACROSS MULTIPLE HEMATOLOGIC MALIGNANCIES AND BEYOND ONCOLOGY

Brukinsa® zanubrutinib 80mg capsules

PHASE 1 | PHASE 2 | PHASE 3 | Vs. Ibrutinib

	CLL/SLL	WM	MCL	MZL	DLBCL	FL	Mixed heme malignancies	Non-oncology
Zanubrutinib Patients	> 1,100	> 300	>175	>100	>125	>250		
Company Sponsored	P3 P3 P2 P2	P3 P2 P2	P3 P2	P3 P2	P2 P2 P1	P2 P1	P2 P2 P1 P1 P1	P2
Investigator	P2 P2 P2 P2 P2 P2			P2	P2		P2 P2 P2 P2 P2	P2 P2 P2 P2 P1 P1

Note: Countries with approvals, filings and trials on-going are included.

SEQUOIA
Phase 3 Treatment-Naïve CLL/SLL

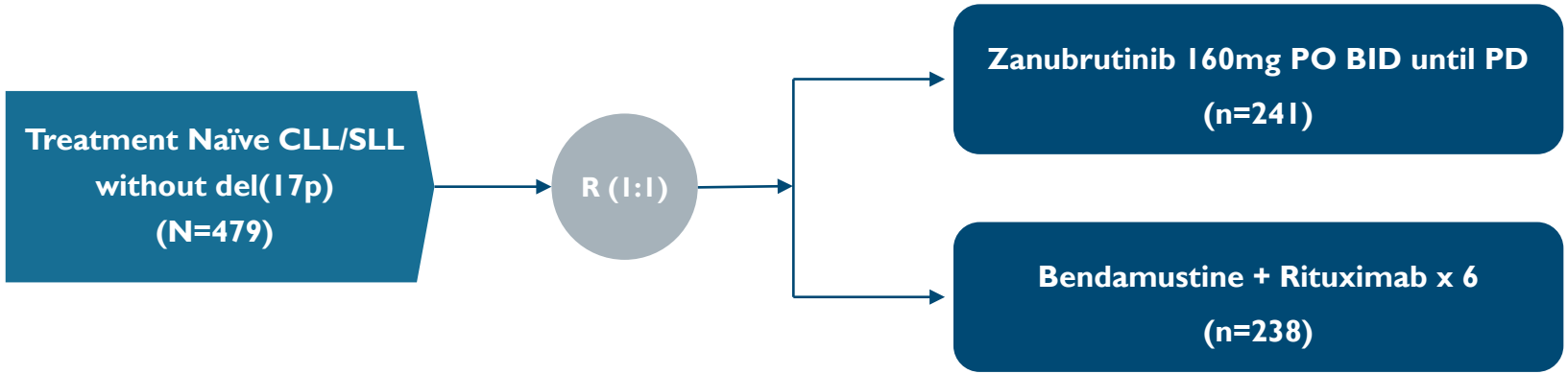
Brukinsa® zanubrutinib 80mg capsules
for CLL/SLL Patients

ZANUBRUTINIB VS. BENDAMUSTINE + RITUXIMAB: STATISTICALLY SIGNIFICANT IMPROVEMENT IN PFS DEMONSTRATED IN TREATMENT-NAÏVE CLL/SLL PATIENTS

Study Identifier:
BGB-3111-304, NCT03336333

Primary Endpoints: PFS by IRC in Cohort 1

Key Secondary Endpoints: Cohort 1 – ORR, OS, DOR, safety



Source: BeiGene press release on 2021 June (https://ir.beigene.com/news-details/?id=cbcd1204-96c4-44f3-a956-0a6d55b821b8).
PO, Oral; BID, Twice a Day; PD, Disease Progression

ALPINE
Phase 3 Relapsed/Refractory CLL/SLL

Brukinsa® zanubrutinib 80mg capsules
for CLL/SLL Patients

ZANUBRUTINIB VS. IBRUTINIB:
SUPERIORITY IN OVERALL RESPONSE RATE BY INVESTIGATOR ASSESSMENT DEMONSTRATED IN RELAPSED OR REFRACTORY CLL/SLL PATIENTS

Study Identifier:
BGB-3111-305, NCT03734016

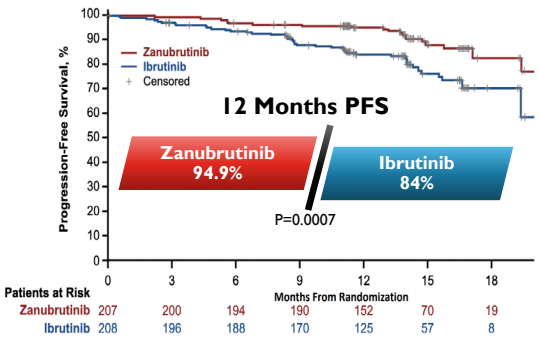
Primary Endpoints: ORR by Investigator Assessment

Key Secondary Endpoints: PFS, OS, safety

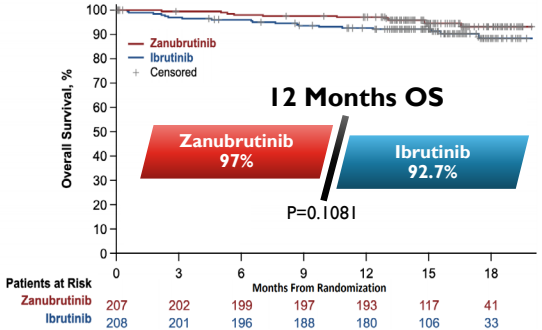
ORR by Investigator Assessment

	Zanubrutinib (n=207)	Ibrutinib (n=208)
Primary endpoint: ORR (PR+CR)	**78.3%**	**62.5%**
	P<0.001	
CR/CRi	1.9%	1.4%
PR	75.8%	61.1%
ORR (PR-L+PR+CR)	88.4%	81.3%

PFS by Investigator Assessment



Overall Survival



The PFS and OS analyses were not pre-specified.
More results including safety data were presented at *EHA 2021*. Hillmen P et al. Abstract LB1900.
ORR, Overall Response Rate; CR, Complete Response; PR, Partial Response; PFS, Progression-Free Survival; OS, Overall Survival

Phase 1 B-Cell Malignancies

BGB-3111-AU003

Brukinsa® zanubrutinib 80mg capsules

for CLL/SLL Patients

ZANUBRUTINIB LONG-TERM FOLLOW-UP: DEEP AND DURABLE RESPONSES IN PATIENTS WITH RELAPSED OR REFRACTORY CLL/SLL

Study Identifier:
BGB-3111-AU-003, NCT02343120

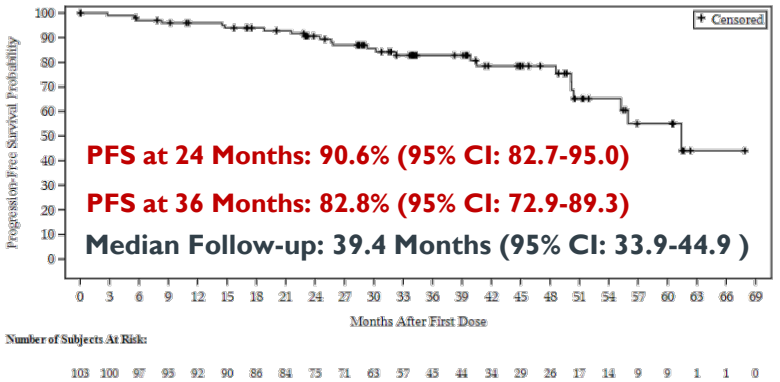
Primary Endpoints: safety, RP2D

Key Secondary Endpoints: ORR, CR rate, PR rate, PFS, OS, DOR

Best Overall Response

Investigator-Assessed Response	N = 103
ORR (PR + CR)	90.3%
ORR (PR-L or better)	94.2%

PFS



Source: Internal data on file
PR2D, Recommended Phase 2 Dose; DOR, Duration of Response

Phase 2 Relapsed/Refractory MCL

BGB-3111-206

Brukinsa® zanubrutinib 80mg capsules

for MCL Patients

ZANUBRUTINIB LONG-TERM FOLLOW-UP: DEEP AND DURABLE RESPONSES IN PATIENTS WITH RELAPSED OR REFRACTORY MCL

Study Identifier:
BGB-3111-206, NCT03206970

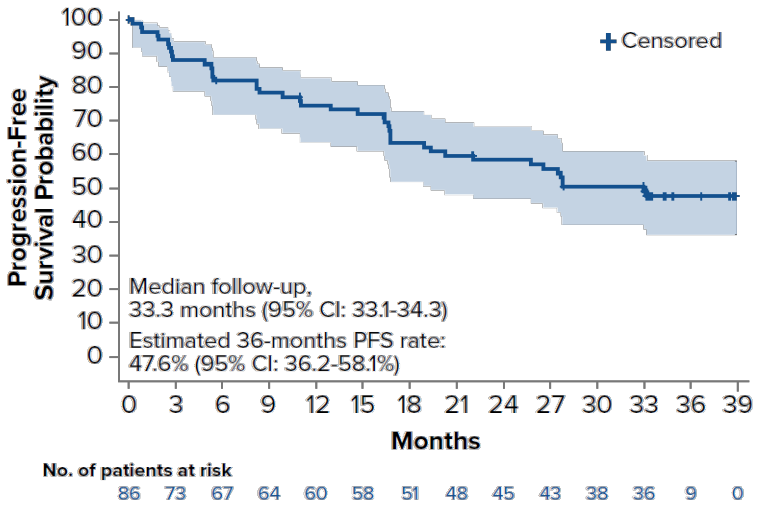
Primary endpoint: ORR by IRC

Secondary endpoints: PFS, DOR, TTR

Best Overall Response by IRC

Response by IRC	N=86
ORR (CR+PR)	**83.7%**
Best Response	
CR	77.9%
PR	5.8%

Median PFS = 33 month (95% CI: 19.4, NE)



More results including safety data were presented at *EHA 2021*. Song Y, et al. Abstract EP789.

ASPEN
Phase 3 Waldenström Macroglobulinemia

Brukinsa® zanubrutinib 80mg capsules
for WM Patients

ZANUBRUTINIB VS. IBRUTINIB:
DIRECTIONALLY FAVORABLE VGRP+CR RATE AND PFS/OS OBSERVED IN *MYD88*^{MUT} WALDENSTRÖM MACROGLOBULINEMIA PATIENTS

Study Identifier:
BGB-3111-302, NCT03053440

Primary Endpoints: CR and VGPR by IRC

Key Secondary Endpoints: MRR(CR+VGPR+PR), DOR, PFS, Safety

CR+VGPR

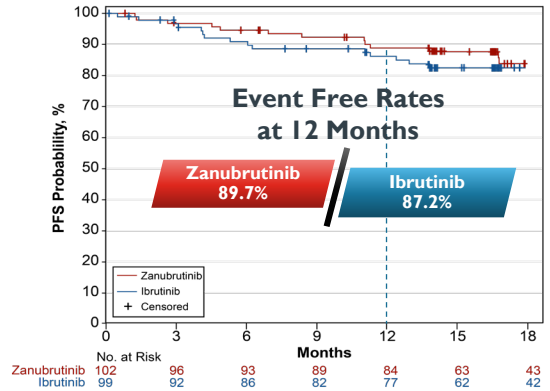
IRC

Zanubrutinib	Ibrutinib
28.4%	19.2%
CR+VGPR Rate difference = 10.2† (-1.5, 22.0)	
p-value = 0.0921	

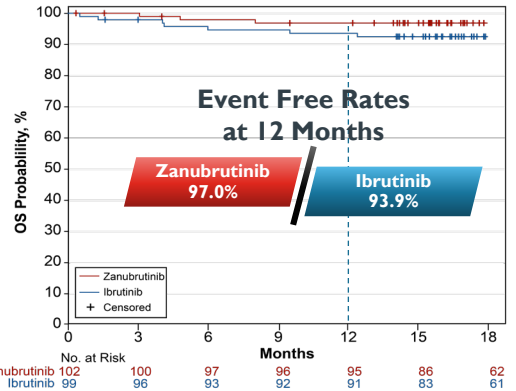
INVESTIGATOR

Zanubrutinib	Ibrutinib
28.4%	17.2%
CR+VGPR Rate difference = 12.1 †† (0.5, 23.7)	
p-value = 0.0437	

PFS by IRC



OS



†Adjusted for stratification factors and age group. †† Adjusted for stratification factors and age group. p-value is for descriptive purpose only.
More results including safety data were presented at: 1) *ASCO 2020.* Tam CS et. al. Abstract S225. 2) *EHA 2020.* Dimopoulos M et al. Abstract EP1180. VGPR, Very Good Partial Response

ZANUBRUTINIB VS. IBRUTINIB:
IMPROVED TOLERABILITY OF ZANUBRUTINIB COMPARED TO IBRUTINIB

ALPINE

Category, n(%)	Zanubrutinib (n=204)	Ibrutinib (n=207)
Any AE	195 (95.6)	205 (99.0)
Grade ≥3 AE	114 (55.9)	106 (51.2)
Serious AE	56 (27.5)	67 (32.4)
AE leading to death	8 (3.9)	12 (5.8)
AE leading to dose reduction	23 (11.3)	25 (12.1)
AE leading to dose interruption	81 (39.7)	84 (40.6)
AE leading to treatment discontinuation	16 (7.8)	27 (13.0)

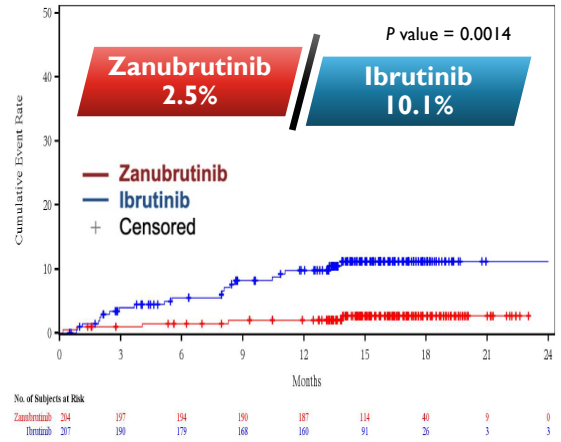
ASPEN

Category, n(%)	Zanubrutinib (n=101)	Ibrutinib (n=98)
Patients with ≥1 AE	98 (97.0)	97 (99.0)
Grade ≥3 AE	59 (58.4)	62 (63.3)
Serious AE	40 (39.6)	40 (40.8)
AE leading to death	1 (1.0)	4 (4.1)
AE leading to dose reduction	14 (13.9)	23 (23.5)
AE leading to dose interruption	47 (46.5)	55 (56.1)
AE leading to treatment discontinuation	4 (4.0)	9 (9.2)

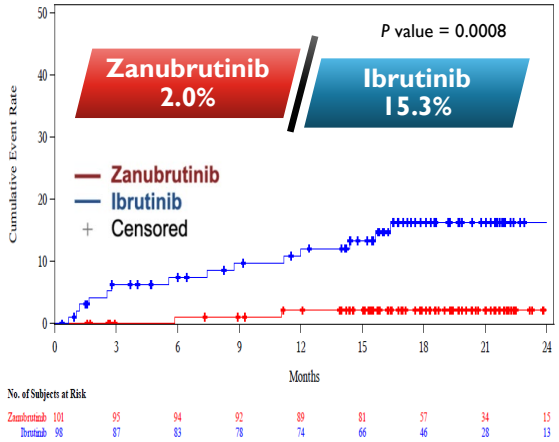
1) *EHA 2021*. Hillmen P et al. Abstract LB1900. *2) EHA 2020*. Dimopoulos M et al. Abstract S225.

ZANUBRUTINIB VS. IBRUTINIB: FAVORABLE AFIB/FLUTTER OUTCOMES

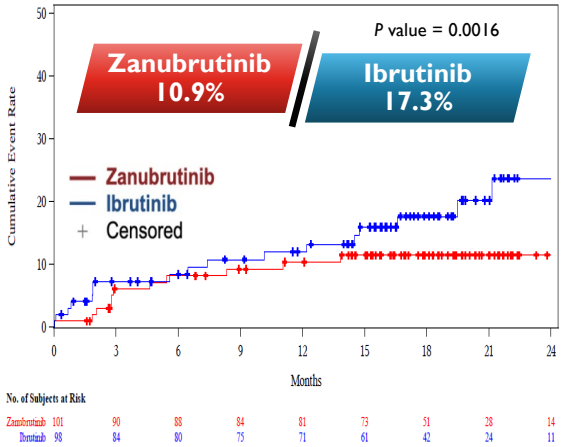
ALPINE Atrial Fibrillation/Flutter



ASPEN Atrial Fibrillation/Flutter



ASPEN Hypertension



More results including safety data were presented at: *1) EHA 2021*. Hillmen P et al. Abstract LB1900. *2) EHA 2020*. Dimopoulos M et al. Abstract S225.

FAVORABLE CLINICAL PHARMACOLOGY PROFILE PROVIDES CLINICAL CONVENIENCE FOR PATIENTS

Flexible dosing regimen

- Can be administered as QD or BID (1, 2)
- Can be administered with or without food (1)

Less drug-drug interactions (DDI); ability to be safely and effectively co-administered with a broader variety of concomitant medicines

- Can be co-administered with strong or moderate CYP3A inhibitors at a reduced dose (1, 3, 4)
- Can be co-administered with acid-reducing agents (including PPIs) (3, 5)

Improved safety for organ -dysfunctional patients (1, 5, 7)

- No dose modification needed for patients with renal impairment or mild-moderate hepatic impairment.
- Can be used for patients with severe hepatic impairment at a reduced dose

1. Brukinsa USPI 2019.
2. Ying C Ou et al. Rationale for once-daily or twice-daily dosing of zanubrutinib in patients with mantle cell lymphoma, *Leuk Lymphoma*. 2021
3. Kun Wang et al. Comprehensive PBPK model to predict drug interaction potential of Zanubrutinib as a victim or perpetrator, *CPT Pharmacometrics Syst Pharmacol*. 2021
4. Song Mu et al. Effect of rifampin and itraconazole on the pharmacokinetics of zanubrutinib (a Bruton's tyrosine kinase inhibitor) in Asian and non-Asian healthy subjects, *Cancer Chemother Pharmacol*. 2019
5. Ying C Ou et al. Population Pharmacokinetic Analysis of the BTK Inhibitor Zanubrutinib in Healthy Volunteers and Patients With B-Cell Malignancies, *Clin Transl Sci*. 2021
6. Ying C Ou et al. Evaluation of drug interaction potential of zanubrutinib with cocktail probes representative of CYP3A4, CYP2C9, CYP2C19, P-gp and BCRP, *Br J Clin Pharmacol*. 2020
7. Ying C Ou et al. A phase 1, open-label, single-dose study of the pharmacokinetics of zanubrutinib in subjects with varying degrees of hepatic impairment, *Leuk Lymphoma*. 2020

GLOBAL FOOTPRINT CONTINUES TO EXPAND TO **70+ COUNTRIES***

2019

3 submissions

- MCL and CLL in CN
- MCL – US approval

2020

22 submissions

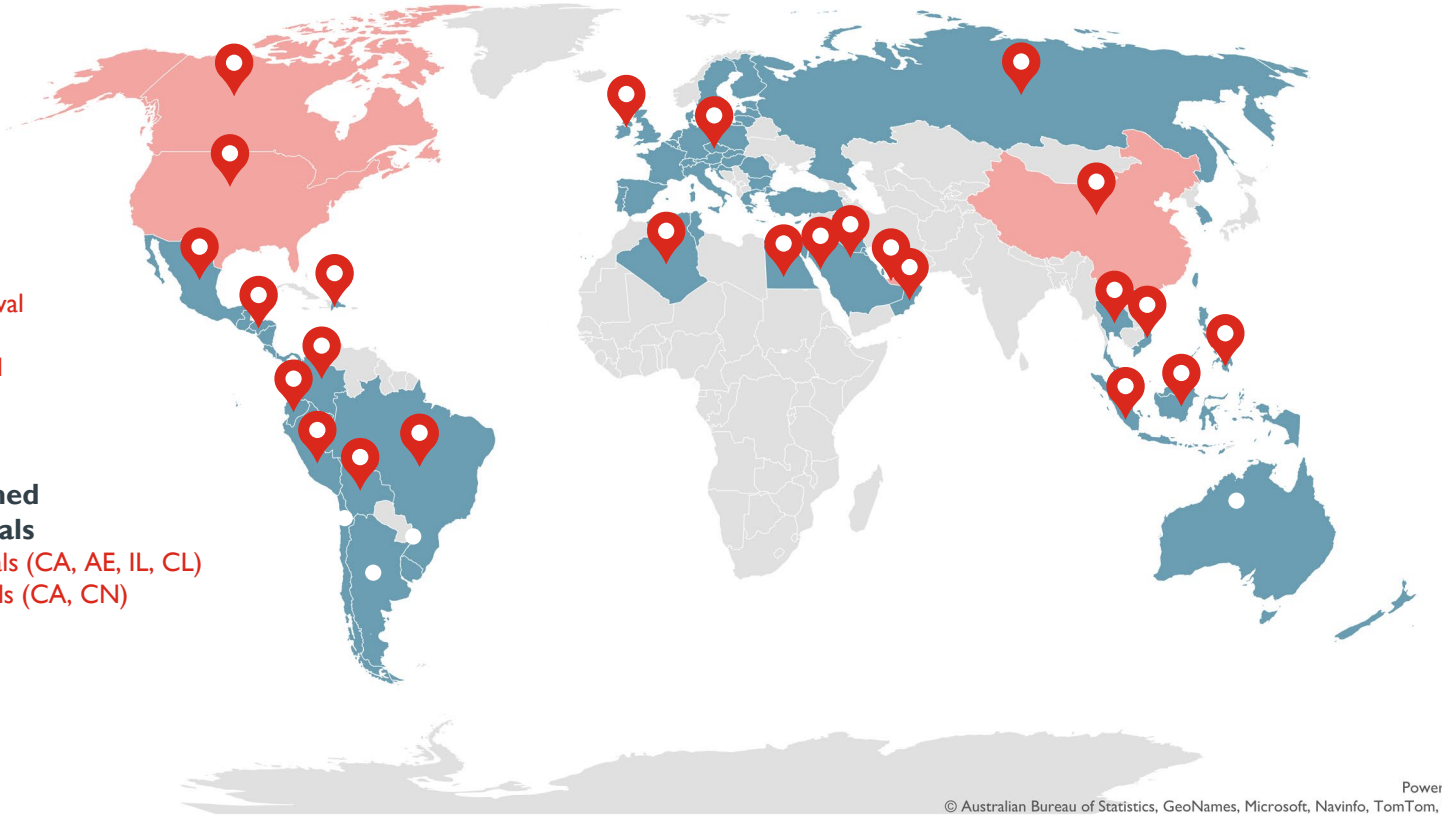
- 15 for MCL – CN approval
- 7 for WM
- 1 for CLL – CN approval

2021

40+ submissions planned

9-12 expected approvals

- 22 for MCL – 4 approvals (CA, AE, IL, CL)
- 13 for WM – 2 approvals (CA, CN)
- 8 for MZL
- 3 for CLL



*EU = 27 countries

BGB-11417 (BCL-2)

AN INVESTIGATIONAL BCL-2 INHIBITOR WITH POTENTIAL BEST-IN-CLASS PROPERTIES

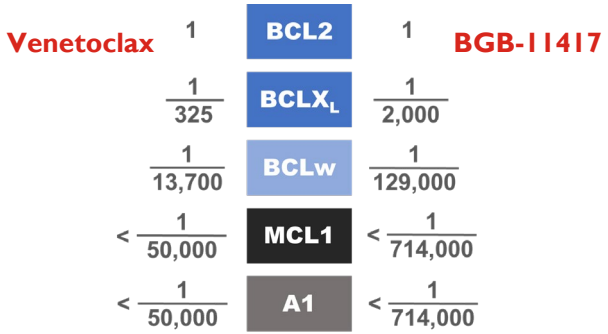
- Better selectivity and more potent than venetoclax, potentially translating to deeper target inhibition and better safety
- Potential to overcome resistance to venetoclax (G101V mutant)
- A key molecule in heme portfolio
  - Monotherapy or in combination with zanubrutinib for CLL/NHL
  - Potential new entry to AML/MDS/MM space

Highly Potent

Protein	BGB-11417 IC_{50} (nM)	Venetoclax IC_{50} (nM)
Bcl-2	**0.014** ± 0.0021	**0.20** ± 0.015
Bcl-2-G101V	**0.59** ± 0.08	**34** ± 3.8

Highly Selective

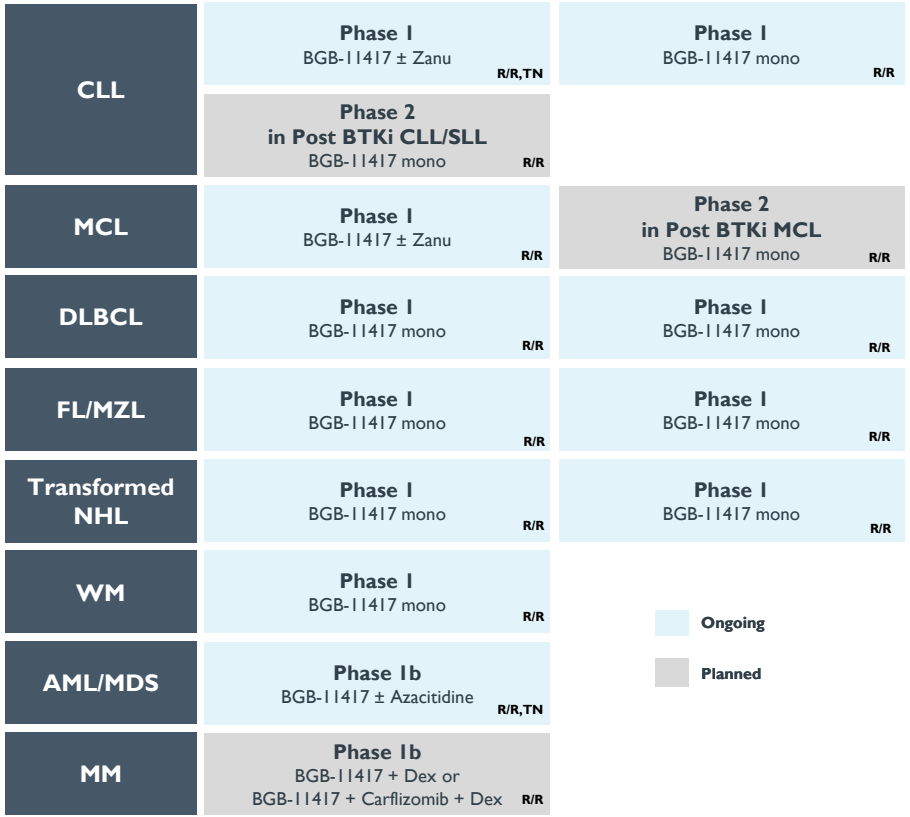
(Inhibition Relative to BCL-2)



Source: 1. Hu N et al. Presented at *AACR 2021*. Abstract 3077.

BCL-2 PROGRAM CLINICAL PROGRESS UPDATE

- Dose escalation ongoing for monotherapy, combination with zanubrutinib, and combination with azacitidine
- Clinical activity observed at the first dose level 40 mg
- Currently at 320 mg dose level, PK exposure at 80 mg equivalent to that of venetoclax at 400 mg, its approved dose for CLL
- Pivotal studies expected to be initiated in 2022



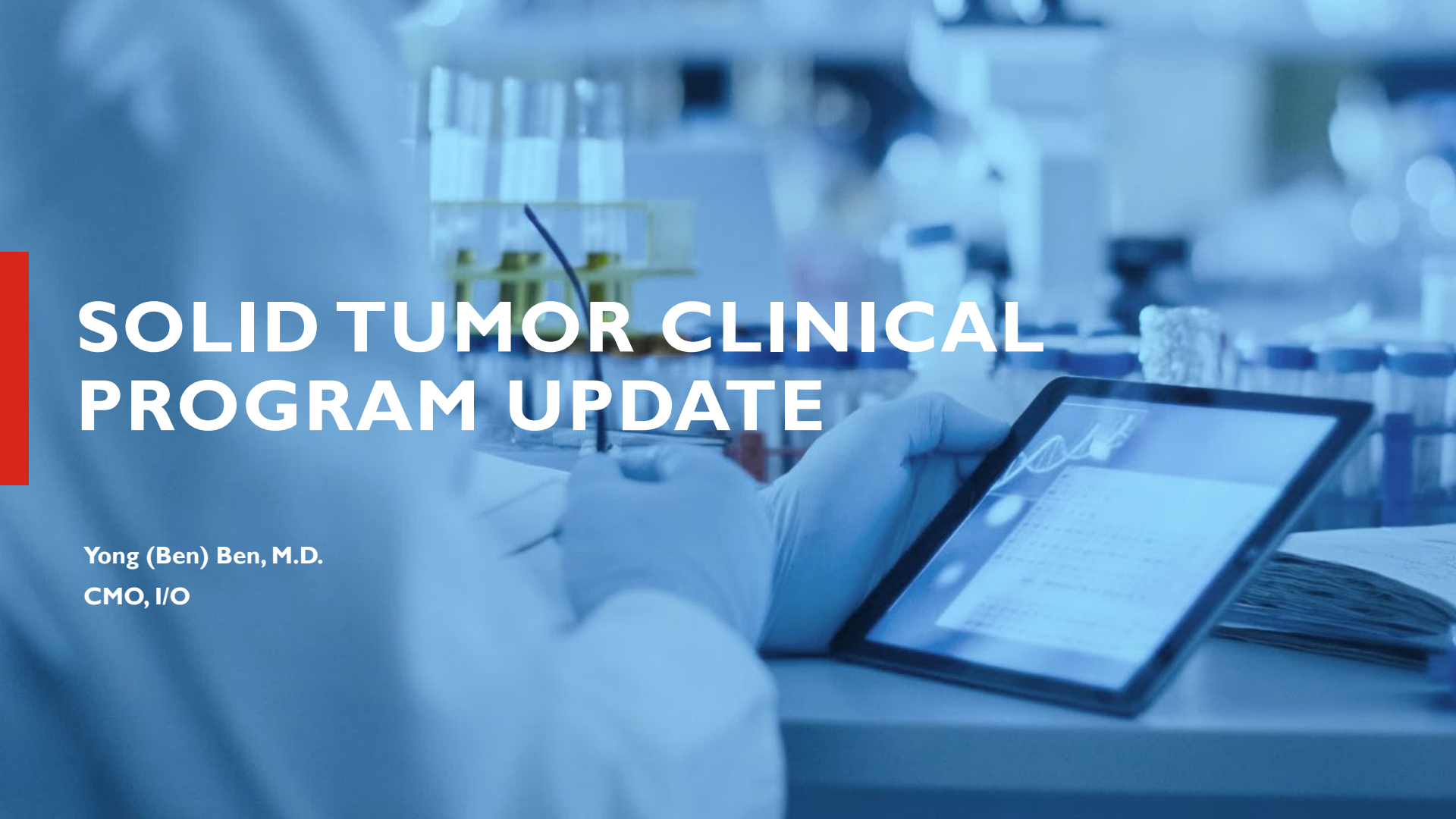
Source: 1. Hu N et al. Presented at *AACR 2021*. Abstract 3077.

ZANUBRUTINIB, OUR BEST-IN-CLASS BTK INHIBITOR, IS THE CORNERSTONE MOLECULE FOR TREATING B CELL MALIGNANCIES

- More efficacious in ALPINE, safer in ALPINE and ASPEN, and more convenient than ibrutinib in clinic
- Great combination opportunities with Bcl-2, PI3-Kδ, Revlimid, etc.
- Additional new molecules in the pipeline
  - BTK-CDAC to overcome resistance
  - CAR-NK, bispecifics, ADC, etc.

Growing AML/MDS portfolio

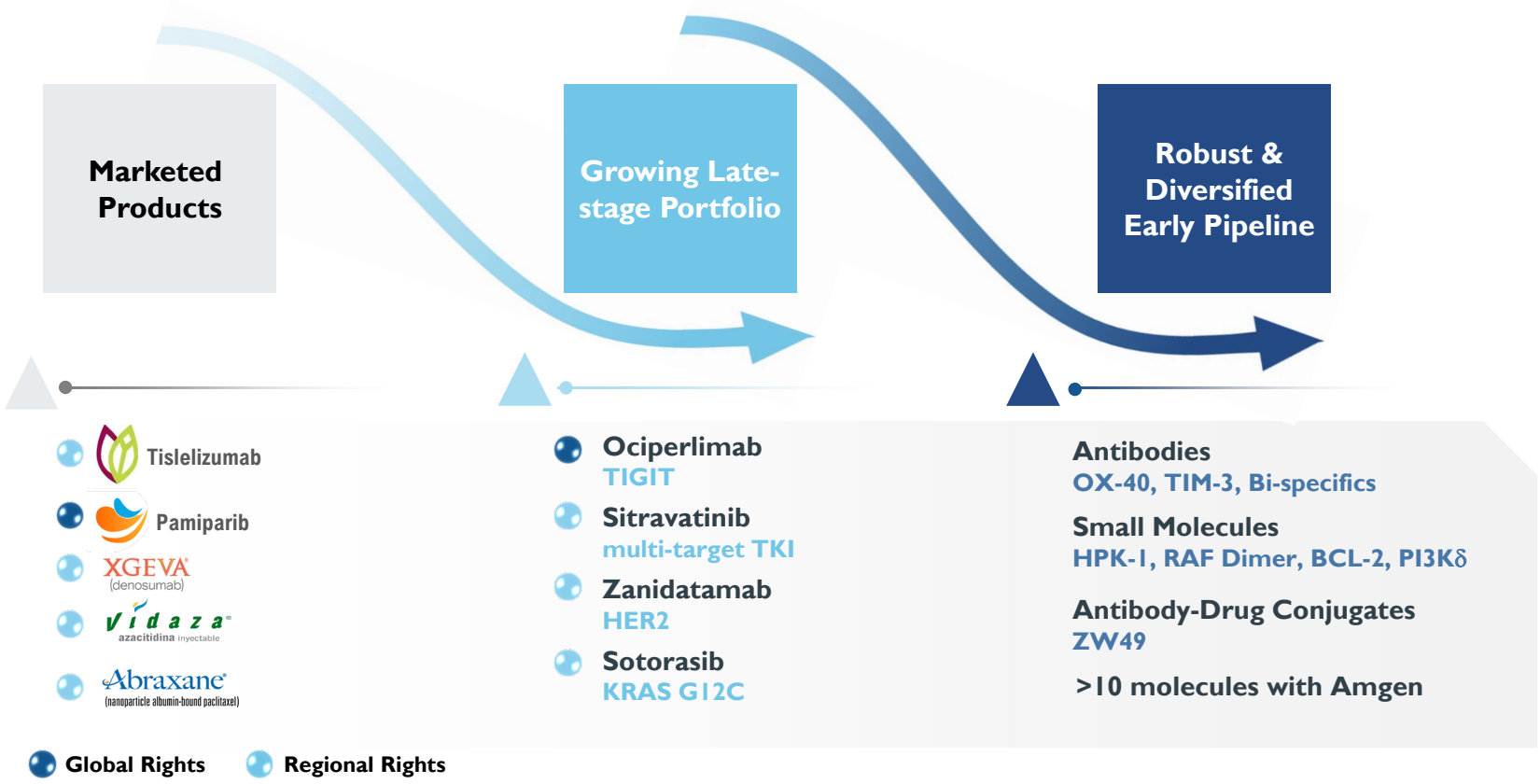
- Our investigational Bcl-2 inhibitor, BGB-11417, has better pharmacological properties than venetoclax, similar story as ZANUBRUTINIB
- Interesting new molecules targeting CD70, TIM3, CD33, FLT3, & MCL-1



SOLID TUMOR CLINICAL PROGRAM UPDATE

Yong (Ben) Ben, M.D.
CMO, I/O

SUMMARY OF SOLID-TUMOR CLINICAL PORTFOLIO

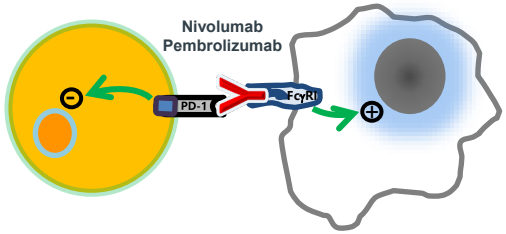


Note: All marketed products are in China. The NMPA has suspended the importation, sales and use of Abraxane in China.

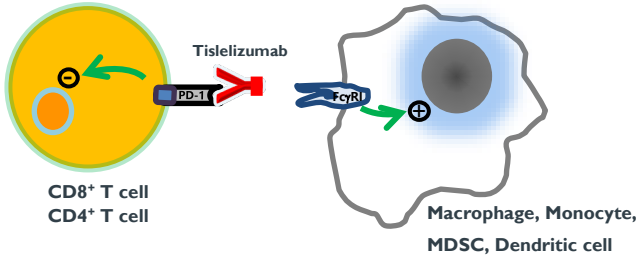
Tislelizumab

DIFFERENTIATED PD-1 ANTIBODY WITH ENGINEERED FC TO AVOID ADCP

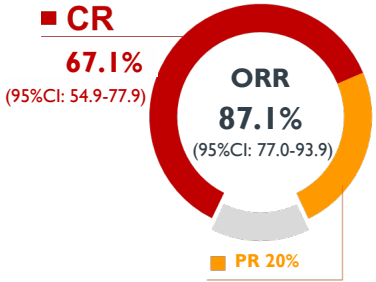
Nivo/Pembro with FcγRI-binding



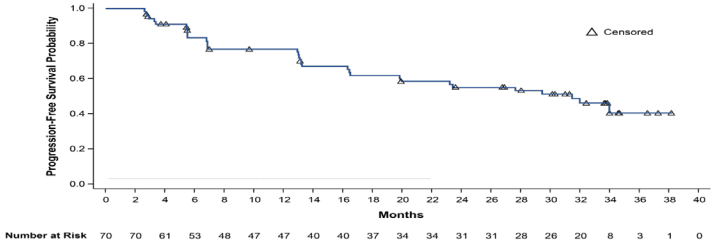
Tislelizumab without FcγRI-binding



Tislelizumab for cHL Patients



Median PFS: 31.5 months (95% CI: 16.53, NE)



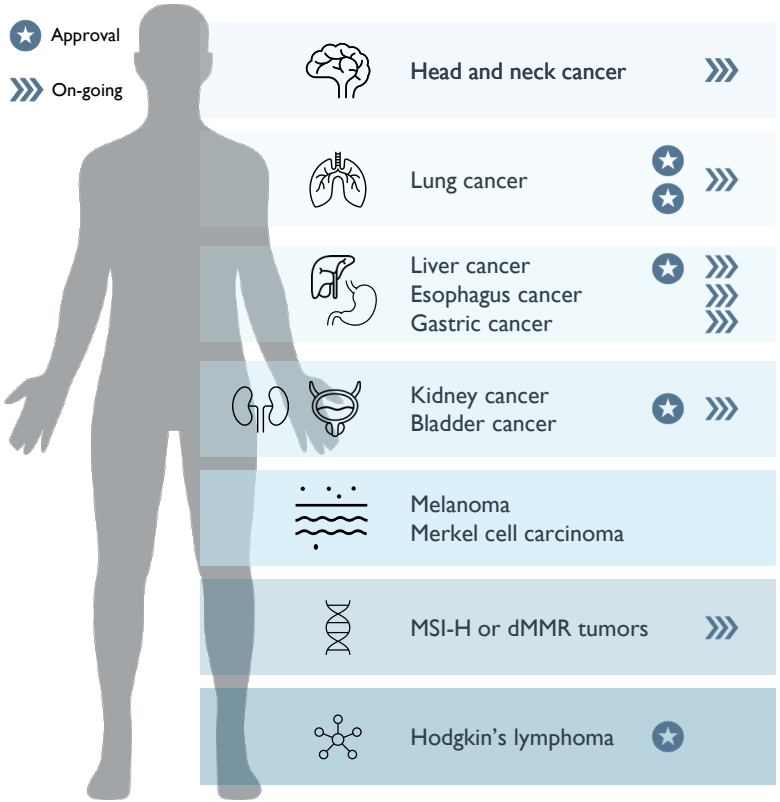
Competitor Data for Trials with Similar Patient Population

	ORR	CR	mPFS
Camrelizumab	76.0% (95%CI: 64.7-85.1)	26.7%	22.5m (95%CI: 14.7-NR)
Sintilimab	85.4% (95%CI: 76.7-91.8)	29.2%	18.6m (95%CI: 14.4-22.3)

Long-term results including safety data were presented at EHA 2021:
1. Song Y et al. Abstract S207.

Cross trial comparison; competitor data from EHA Library. Wu J. 06/09/21; 324614; S206 / Journal of Clinical Oncology 37, no. 15_suppl (May 20, 2019) 7533-7533 / Journal of Clinical Oncology 38, no. 15_suppl (May 20, 2020) 8034-8034.

CLINICAL DEVELOPMENT PROGRAM



5 Approvals and 4 sBLAs under Review in China

- Approved: 1L non-sq NSCLC, 1L sq-NSCLC, 2/3L HCC, 2/3L UBC and R/R cHL
- Under review: 1L NPC, 2/3L NSCLC, 2L ESCC and 2/3L MSI-High

11 Additional Registrational Trials On-going/Planned

- 7 as monotherapy or in combo with SOC expected to readout in next 36 months
- 4 combination registration trials ongoing/planned to be initiated with ociperlimab, zanidatamab or sitravatinib

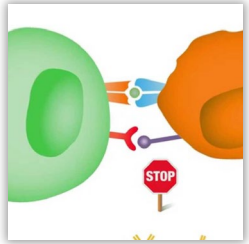
Collaboration with Novartis

- For N. America, Europe and Japan filing and marketing opportunities
- Explore therapeutic potential of tislelizumab in combination strategies

Global Program Positioned for Global Access

- 5,300+ pts treated with tislelizumab on BeiGene clinical trials, 1,700+ pts from ex-mainland China
- Collaboration with Boehringer Ingelheim, one of the world's leading biologics manufacturers

STRONG SOLID TUMOR PORTFOLIO CENTERED AROUND **PD-1**

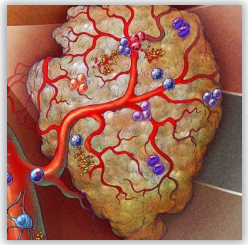


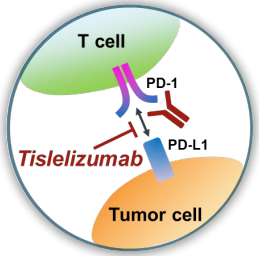
Enhance PD-1 response via releasing other immune checkpoint inhibition

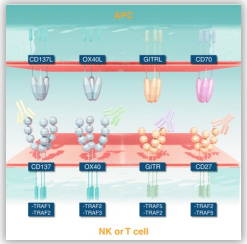
TIGIT, HPK1

Overcome PD-1 Ab resistance via TME re-modeling

Sitravatinib, TIM3, PI3Kδ, DKK1





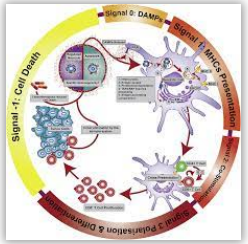


Activate T cell via stimulation agonists

OX40, bispecific T cell engager

Sensitize tumors to PD-1 Ab via immunogenic cell death

Zanidatamab, ZW49

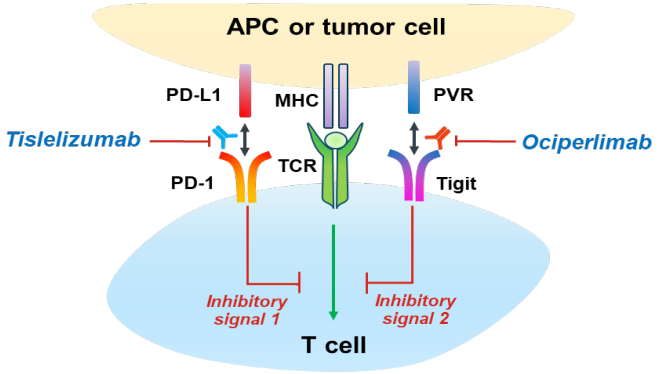


OCIPERLIMAB (TIGIT)

AUGMENTING PD-1'S ANTI-TUMOR ACTIVITY IN PD-1 SENSITIVE TUMORS

- Positioned to be combined with tislelizumab in PD-1 sensitive tumors
  - Mechanistically synergize with PD-1
- Highly potent, with intact Fc function
  - Fc function shown to be critical to activity preclinically
- One of the most advanced anti-TIGIT antibodies
  - 200+ pts have been dosed with oci/tisle combination
    - Early efficacy observed
    - Generally well-tolerated, no additional safety signals detected
  - Two Phase 3s initiated earlier this year, broad clinical programs ongoing

MoA



Phase 3 Molecules	Company	# of On-going Ph3 Trials	Fc Function	Phase 3 Indications
Tiragolumab	Roche	5	Intact	NSCLC; ES-SCLC; ESCC
Ociperlimab	**BeiGene**	**2**	Intact	NSCLC
Vibostolimab	Merck	1	Intact	NSCLC
Domvanalimab	Arcus/ (Gilead)	1	Null	NSCLC

Source: 1. Frentzas S et al. Presented at: ASCO 2021. Abstract 2583.

OCIPERLIMAB (TIGIT)

CURRENT CLINICAL DEVELOPMENT PROGRAM

	Phase 1a	Phase 1b	Phase 2	Phase 3
Untreated, locally advanced, unresectable NSCLC	***AdvanTIG-301***, *Ociperlimab + Tislelizumab + CRT*			**Global**
1L PD-L1+ NSCLC	***AdvanTIG-302***, *Ociperlimab + Tislelizumab*			**Global**
1L All-Comer NSCLC	***AdvanTIG-205***, *Ociperlimab + Tislelizumab + Chemo (planned 2H 2021)*		**Global**	
1L LS-SCLC	***AdvanTIG-204***, *Ociperlimab + Tislelizumab + CRT*		**Global**	
2/3L CC	***AdvanTIG-202***, *Ociperlimab + Tislelizumab*		**Global**	
2/3L ESCC	***AdvanTIG-203***, *Ociperlimab + Tislelizumab*		**Global**	
1L HCC	***AdvanTIG-206***, *Ociperlimab + Tislelizumab + bevacizumab biosimilar*		**China**	
NSCLC (sq, non-sq, PD-L1+, CPI), ES-SCLC, ESCC, EAC, HNC, GC	***BGB-900-105***, *Ociperlimab +Tislelizumab ± chemo*	**Global**		

SITRAVATINIB

REVERSE PD-1 RESISTANCE BY CHANGING TUMOR MICROENVIRONMENT

- A potent inhibitor of VEGFR and tumor-associated macrophage (TAM) family kinases (Axl, Tyro3, & Mer) to reverse immune resistance
  - Inhibit TAM activities (polarization and efferocytosis) that appear to be critical in establishment of an immuno-tolerant state
  - Block angiogenesis
- Clinical activity in combination with PD-1
  - OS in PD-1 failed NSCLC: 15.6 months
  - ORR in PD-1 failed bladder cancer: 27.3%
  - ORR in PD-1 failed melanoma: 24.0%
  - ORR in immune-cold PROC: 26.4%
- Pivotal studies in NSCLC initiated

Clinical Development Plan

In collaboration with Mirati for Asia (ex-Japan), Australia and New Zealand

	Phase 1a	Phase 1b	Phase 2	Phase 3
Sq. & Non-sq. NSCLC, RCC, OC, Melanoma	***BGB-900-103***, *+Tislelizumab*			BeiGene
HCC, GC	***BGB-900-104***, *+Tislelizumab*			BeiGene
Sq. & Non-sq. NSCLC	***BGB-A317-sitravatinib-301***, *+Tislelizumab*			BeiGene

Mirati conducting other studies, including the Phase 3 SAPPHIRE study in NSCLC

Source: 1. Mirati. 2. He K et al. Presented at *SITC 2018*. Abstract P385. 3. Msaouel P et al. Presented at *SITC 2019*. Abstract O23. 4. Cui C et al. Presented at: *AACR 2021*. Abstract CT035. 5. Goh J et al. Presented at: *AACR 2021*. Abstract CT013.

BROAD REGISTRATION PROGRAMS IN NSCLC

On-going | Approval | Filing

NSCLC	Tislelizumab		Ociperlimab	Sitravatinib
Neoadjuvant/ Adjuvant	***Tisle (PD-1) + Chemo*** *RATIONALE-315*			
Untreated, Locally Advanced, Unresectable			***Oci (TIGIT) + Tisle + CRT*** *AdvanTIG-301*	
1st Line	***Tisle (PD-1) + Chemo (SQ)*** *RATIONALE-307*	***Tisle (PD-1) + Chemo (Non-SQ)*** *RATIONALE-304*	***Oci (TIGIT) + Tisle (PD-L1+)*** *AdvanTIG-302*	
2nd or 3rd Line	***Tisle (PD-1 naïve)*** *RATIONALE-303*			***Sitra + Tisle (PD-1 R/R)*** *BGB-A317-sitravatinib-301*

Filings and approvals listed are in China
SQ, Squamous Non-small Cell Lung Cancer; Non-SQ, None Squamous Non-small Cell Lung Cancer; CRT, Concurrent Radiochemotherapy

ZANIDATAMAB (ZW25)

HER2XHER2 BISPECIFIC HER2 ANTIBODY TARGETING HER2 EXPRESSING TUMORS

- Target two distinct HER2 epitopes, ECD2 (trastuzumab binding domain) and ECD4 (pertuzumab binding domain)
  - Increased tumor cell binding and enhanced HER2 internalization compared with trastuzumab
  - Superior to trastuzumab and pertuzumab in preclinical studies
- Encouraging anti-tumor activity as monotherapy across multiple HER2-expressing tumor types
  - 33% ORR in heavily-pretreated HER2 breast cancer
  - 33% ORR in late-line HER2 gastric cancer
  - 40% ORR in refractory HER2 biliary tract cancer
- Pivotal studies ongoing/planned
  - Phase 2 single arm study in 2L+ BTC initiated Oct 2020
  - Phase 3 in 1L GC planned to be initiated in H2 2021

Clinical Development Plan

HERIZON

In collaboration with Zymeworks for Asia (ex-Japan), Australia and New Zealand

	Phase 1a	Phase 1b	Phase 2	Phase 3
BC,GEA,OC BTC,CRC	***ZWI-ZW25-101,*** *± Chemo*			zymeworks
GC	***ZWI-ZW25-201,*** *+ Chemo*			zymeworks
BC	***ZW1-ZW25-202,*** *+ Palbociclib, Fulvestrant*			zymeworks
BTC	***ZWI-ZW25-203,*** *Mono*			zymeworks, BeiGene
GC	***ZWI-ZW25-301,*** *+ Chemo, Tislelizumab (to be initiated)*			zymeworks, BeiGene
GC, BC	***BGB-A317-ZW25-101,*** *+ Chemo, Tislelizumab*			BeiGene

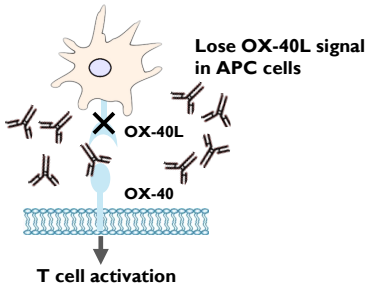
Source: 1. Weisser N et al. Presented at *AACR 2021*. Abstract 1005

BGB-445 (OX-40)

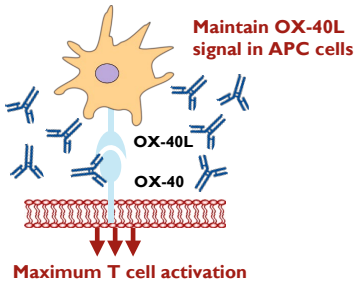
UNIQUE OX-40 AGONIST ANTIBODY THAT DOES NOT BLOCK LIGAND-BINDING

- Distinguished MOA vs. other OX-40 antibodies in the clinic
  - Non-ligand blocking to retain OX-40 ligand signaling in APC cells
  - Maximize OX-40 signaling in T cells
- Clinical progress
  - Dose escalation on-going as monotherapy and in combination with tislelizumab
  - No DLT to date
  - Clinical activity observed in both monotherapy and combination-therapy cohorts
  - Plan to start dose expansion/Phase 2 later this year or early next year

Other OX40 antibodies in clinic are ligand-blocking, which lose OX-40L signal in APC cells



BGB-445 is a non-ligand-blocking OX40 Ab which retains OX-40L signal on APC cells and maximizes T cell activation



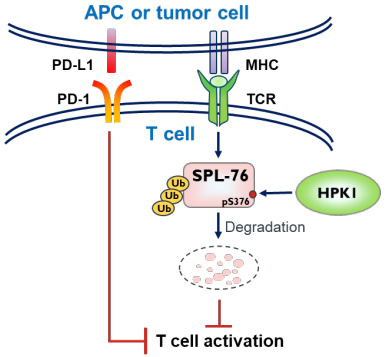
Source: Internal data.

BGB-15025 (HPK1)

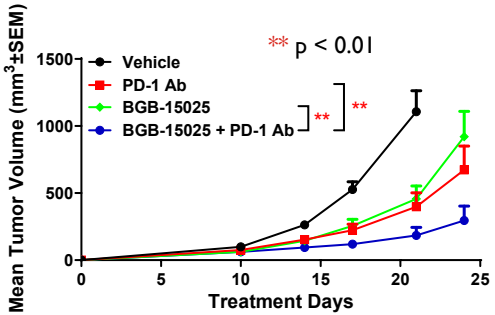
POTENTIAL FIRST-IN-CLASS HPK1 INHIBITOR

- Positioned to be combined with tislelizumab in PD-1 sensitive tumors
  - HPK1, an intracellular immune checkpoint to negatively regulate T cell activity
  - Based on MOA, HPK1 inhibitor will synergize with anti-PD-1 antibody
- HPK1 is a hard-to-hit target
  - Challenging to achieve good potency and selectivity due to very low ATP Km
- BGB-15025 has good pharmacological properties
  - Good kinome selectivity
  - Robust anti-tumor efficacy
  - Well-tolerated in animal studies
- Clinical progress
  - Phase 1 dose escalation on-going

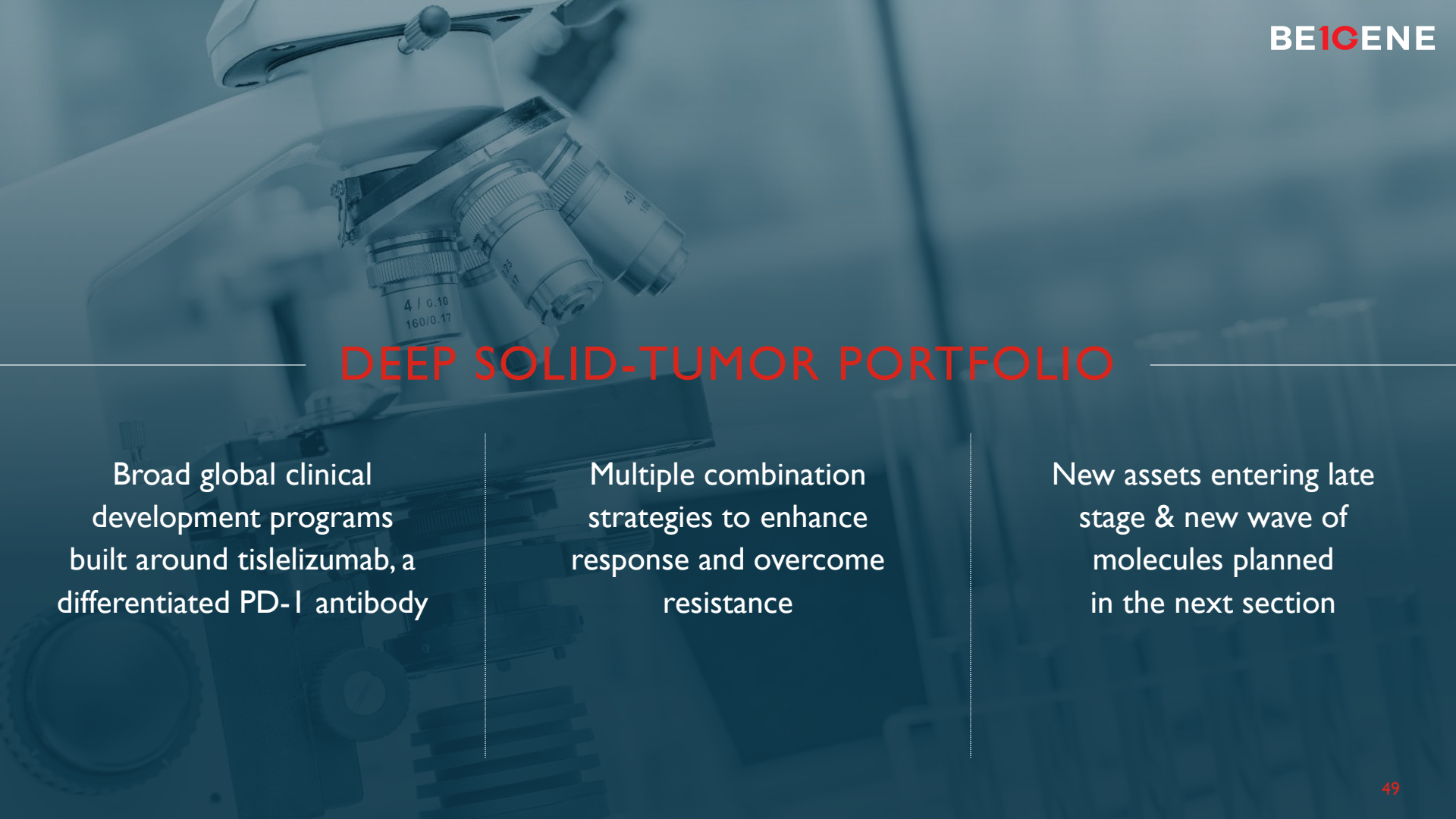
MoA



Efficacious when Combined with PD-1 Inhibitor in Animal Models



Source: Internal data.



DEEP SOLID-TUMOR PORTFOLIO

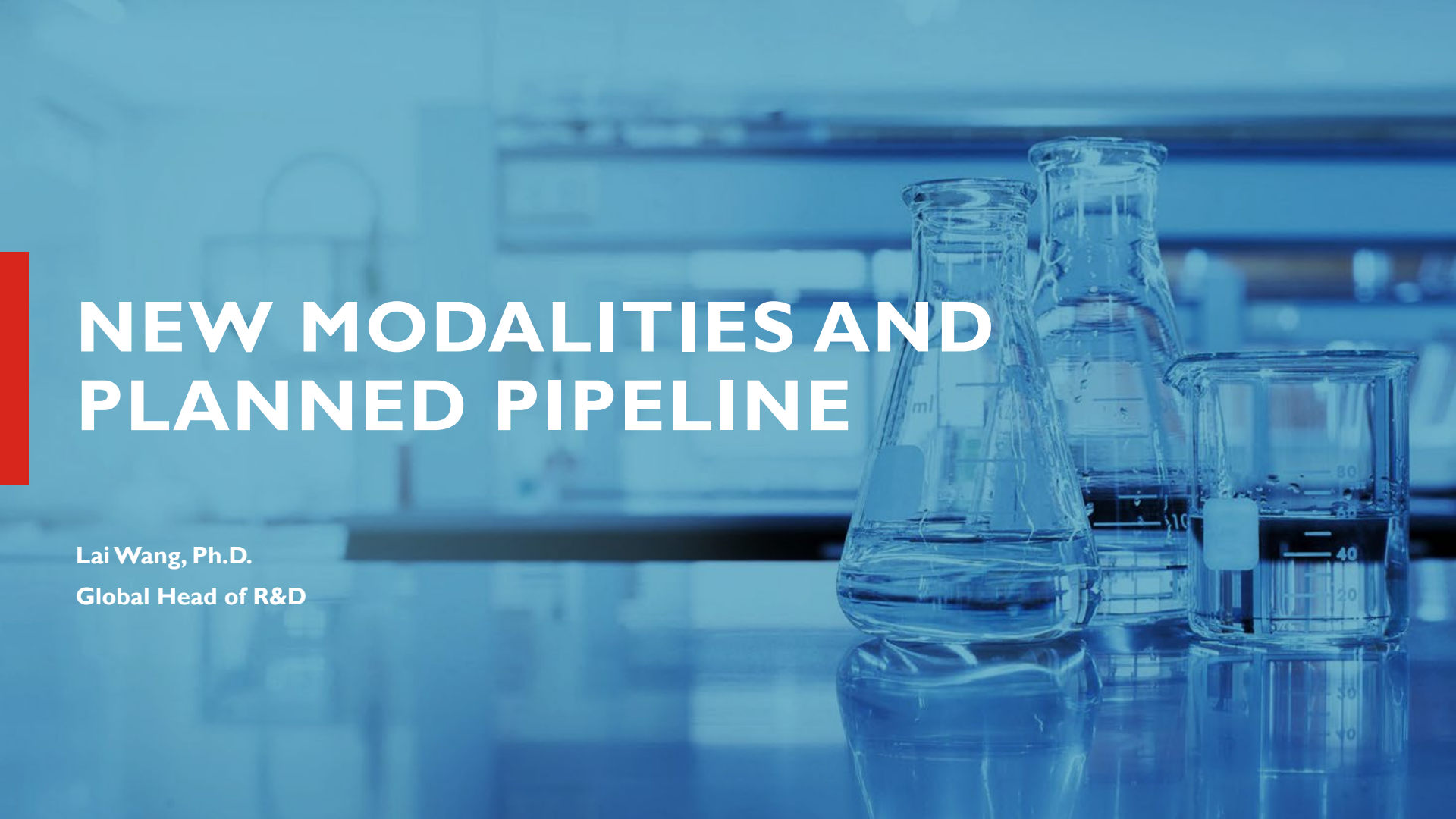
Broad global clinical development programs built around tislelizumab, a differentiated PD-1 antibody

Multiple combination strategies to enhance response and overcome resistance

New assets entering late stage & new wave of molecules planned in the next section

NEW MODALITIES AND PLANNED PIPELINE

Lai Wang, Ph.D.
Global Head of R&D



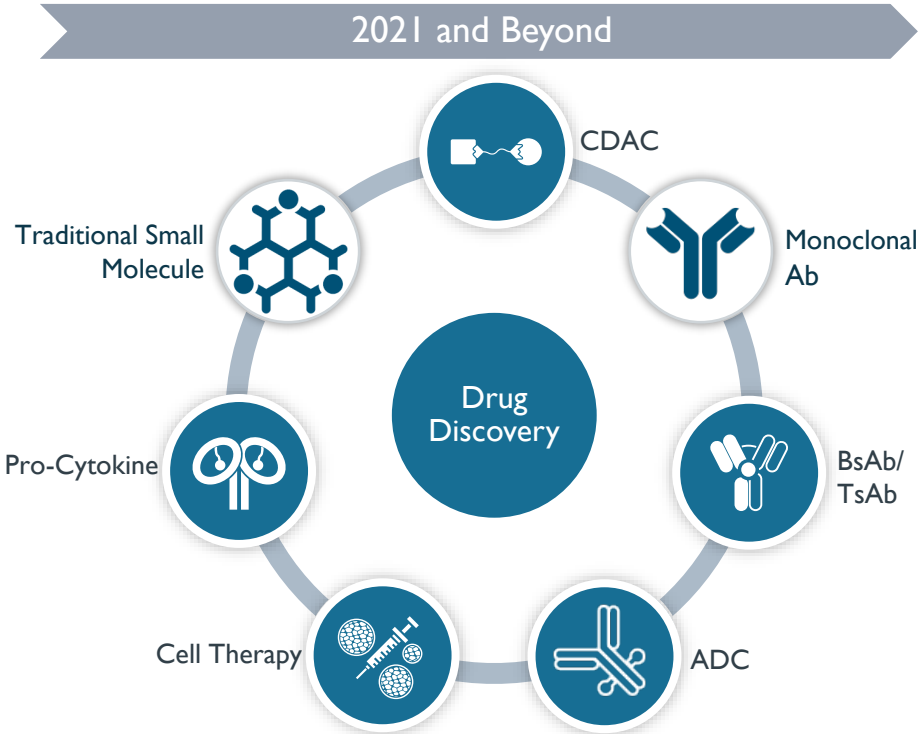
ENHANCE THE NEXT WAVE OF DRUG DISCOVERY BY INVESTING IN NEW MODALITIES

2011-2020

Traditional Small Molecule

Monoclonal Ab

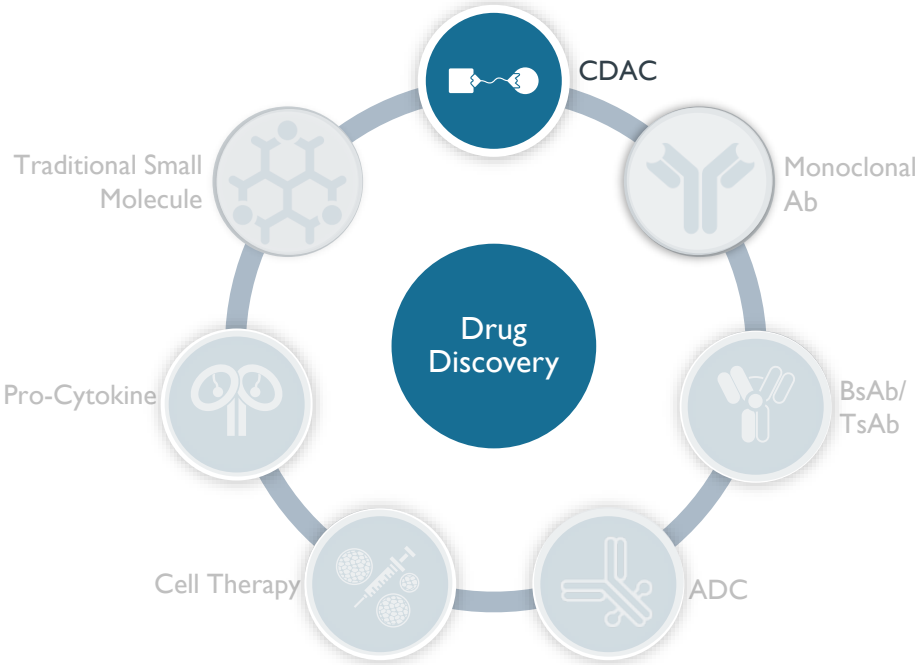
ENHANCE THE NEXT WAVE OF DRUG DISCOVERY BY INVESTING IN NEW MODALITIES



Power of New Platforms

- Drugging the undruggable
- Precise tumor targeting

CDAC, Chimeric Degradation Activating Compound; ADC, Antibody Drug Conjugate; BsAb, Bispecific Antibody; TsAb, Trispecific Antibody



Power of New Platforms

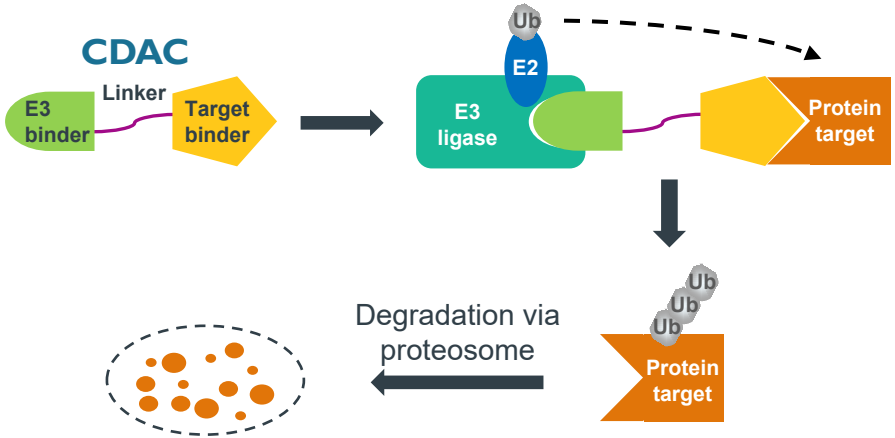
- Drugging the undruggable
- Precise tumor targeting

CDAC, Chimeric Degradation Activating Compound; ADC, Antibody Drug Conjugate; BsAb, Bispecific Antibody; TsAb, Trispecific Antibody

DRUGGING THE UNDRUGGABLE

CHIMERIC DEGRADATION ACTIVATING COMPOUND (CDAC) PLATFORM

MoA



Advantage

Differentiated from traditional small molecules by inducing target degradation

- Ability to target proteins with or without enzymatic activity
- Does not require strong and sustained target binding
- Eliminate the scaffolding function of the target

BE1GENE

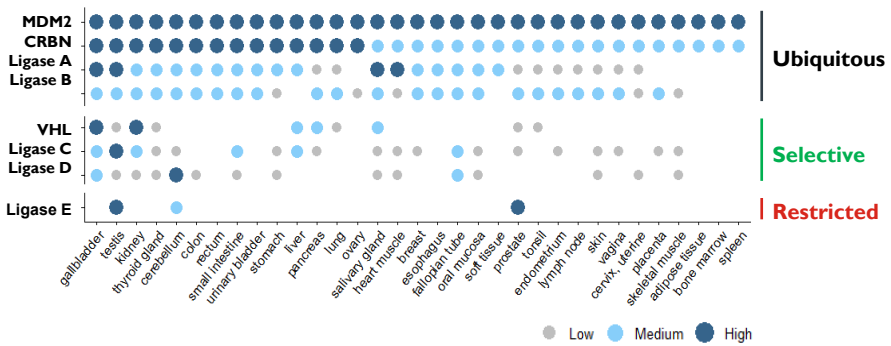
CDAC

OUR DIFFERENTIATION

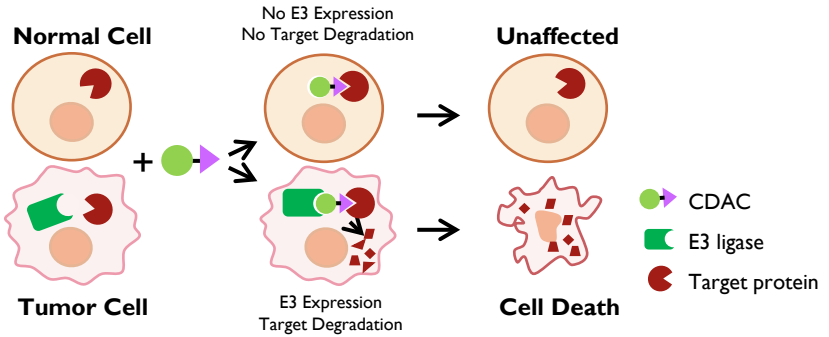
Build strong capability to leverage a wider spectrum of E3 ligases: **ubiquitous** and **tissue specific**

- Reduce dose-limiting toxicities
- Overcome E3-relevant drug resistance
- Broaden substrate spectrum

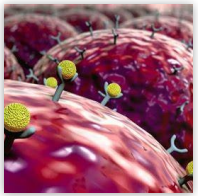
Normal Tissue Expression of Selected E3 Ligases



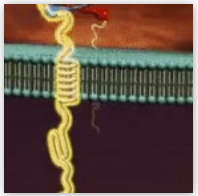
Tumor Selective Target Degradation



BROAD CDAC PROGRAMS

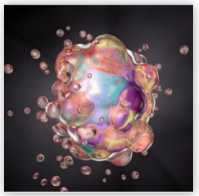


BCR Signaling
BTK CDAC to target BTK **scaffolding function**

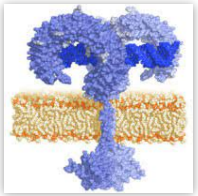


Receptor Tyrosine Kinase
CDAC *A* to treat lung cancer

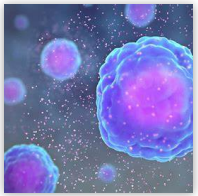
Cell Cycle
CDAC *B*
applicable in heme



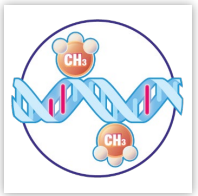
Apoptosis
CDAC *C*
applicable in heme and solid tumors



TLR signaling
CDAC *D*
applicable in heme and I-O therapies



Cytokine signaling
CDAC *E*
applicable in heme and I-O therapies



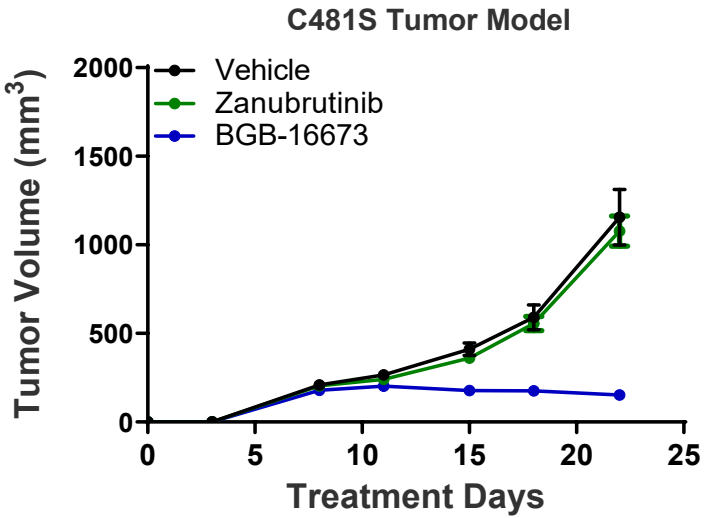
Transcription/ epi-genetics
CDAC *F*
applicable in heme

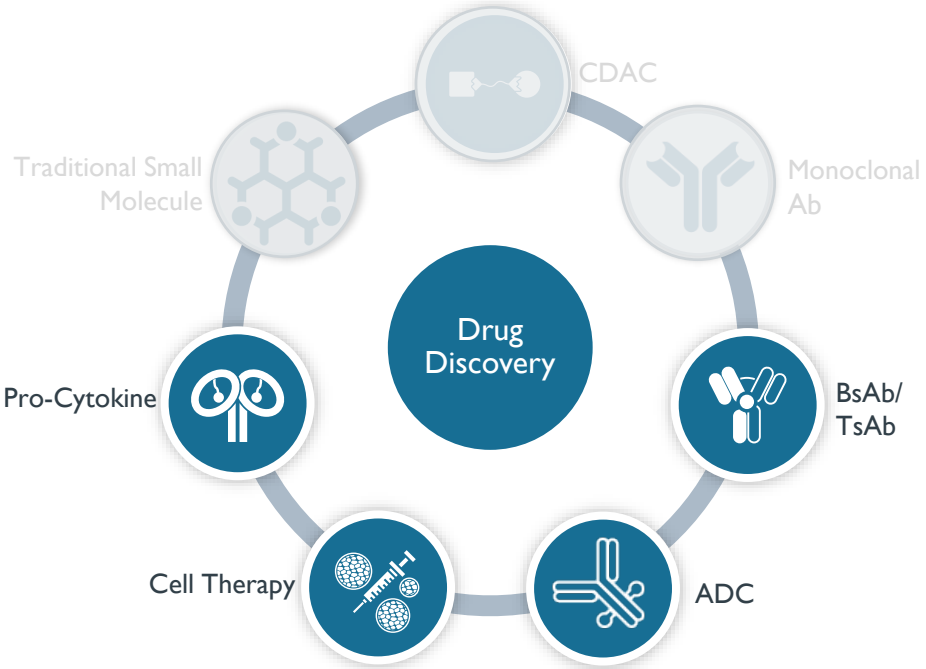
Heme, hematological malignancies; I-O, Immuno-oncology

BTK CDAC PROGRAM FOR B CELL MALIGNANCES

- **Next generation** BTK inhibitor to enhance BTK franchise
  - To overcome zanubrutinib and other BTKi resistance
  - **To destroy non-kinase (scaffolding) function**
- **BGB-16673**, BeiGene's first CDAC molecule planned for clinic
  - Good pharmacological properties
    - Highly potent and selective
    - Good oral bioavailability
    - Long $t_{1/2}$
  - Well-tolerated in animal studies
  - First patient expected to be dosed in **2H2021**

BGB-16673 Can Overcome C481S Resistance

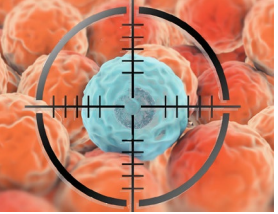




Power of New Platforms

- Drugging the undruggable
- Precise tumor targeting

CDAC, Chimeric Degradation Activating Compound; ADC, Antibody Drug Conjugate; BsAb, Bispecific Antibody; TsAb, Trispecific Antibody



TUMOR SELECTIVE TARGETING APPROACH

Tumor Associated Antigen (TAA) Toolbox

10+ TAAs are being developed, many associated with multiple tumor types

- Lung Cancer (11 TAAs)
- Breast Cancer (10 TAAs)
- Gastric Cancer (6 TAAs)
- Esophageal Cancer (5 TAAs)
- Colon Cancer (5 TAAs)
- Ovarian Cancer (8 TAAs)
- Kidney Cancer (2 TAAs)
- Liver Cancer (1 TAAs)
- Lymphoma (2 TAAs)
- Leukemia (1 TAAs)

Tumor Selective Immune Cell Activation

- Bi/Tri-specific TAA-Immune cell engager
- CAR-NK
- Immune stimulating-ADC

Tumor Targeted Cell Killing

- Toxin delivering-ADC

Inactive Pro-Cytokine

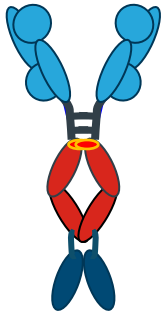
Tumor Selective Cytokine Release

ACTIVATING INTRA-TUMOR IMMUNE CELLS

Tumor Selective Immune Cell Activation via TAA-oriented Engagement of T/NK Receptors

BsAb/TsAb

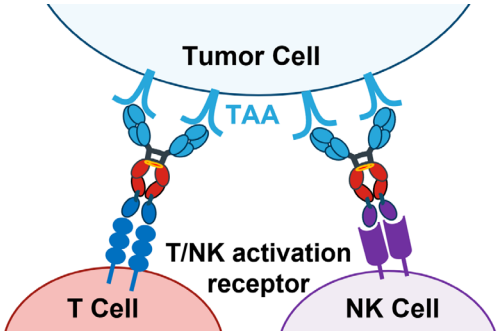
Anti-TAA



Anti-immune cell activation receptor

TAA-targeting

- Mono-specific or dual targeting



T cell engager

- CD3
- 4-1BB

NK cell engager

- CD16

Comprehensive BsAb/TsAb Discovery Platforms to Fulfil Diverse Formats and MoAs

Llama SdAb platform
Small Ab unit to be easily used in diverse formats

Human SdAb phage library
Bypass humanization

Common light chain platform
IgG-like w/o additional engineering on Fab

ScFv engineering platform
Convert Fab to good-behave ScFv

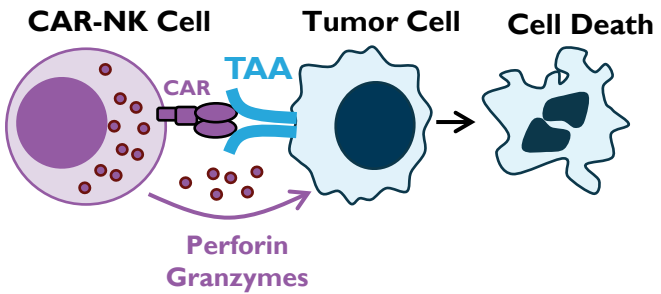
SdAb, Single domain Antibody

OFF-THE-SHELF TUMOR TARGETING NK CELLS

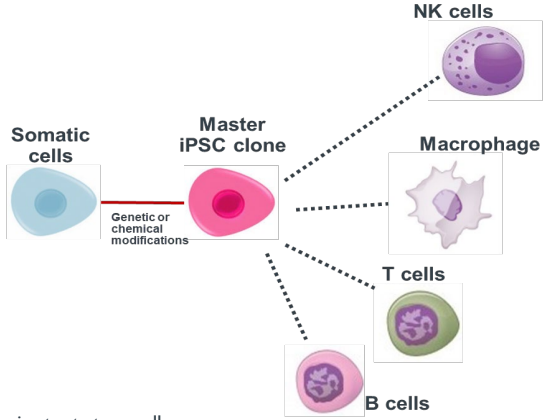
BEIGENE

Cell Therapy

MoA of CAR-NK



iPSC



Collaboration

SHORELINE biosciences + BeiGene

iPSC differentiation
NK function enhancement
Unique CAR platforms
GMP capability readiness

ScFv generation
IND-enabling studies
Global clinical development & commercialization

Positioning

- ***Shoreline Biosciences collaboration:*** fast-track first wave products to development
- ***Internal capability build-up:*** enable Shoreline Biosciences collaboration and pipeline expansion

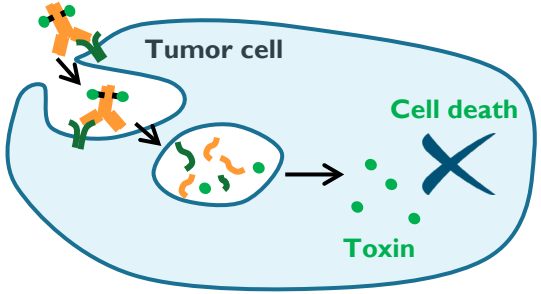
Planned Portfolio

- Start with iPSC-derived, allogeneic CAR-NK cell therapies
- Expand therapeutic cell types and utilities as appropriate

iPSC, Induced pluripotent stem cells

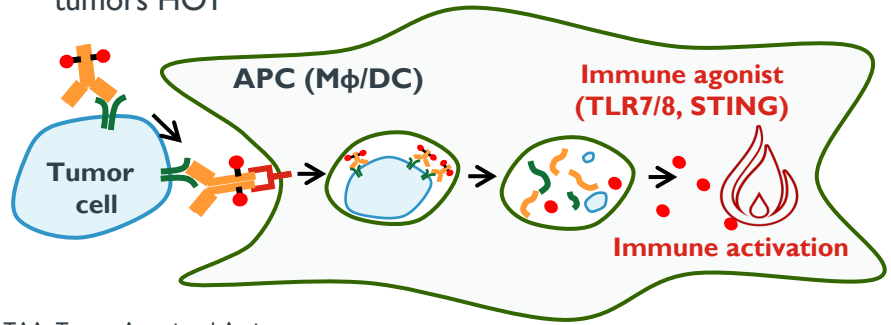
TAA DIRECTED MISSILE

Toxin-based ADC as Targeted Bomb



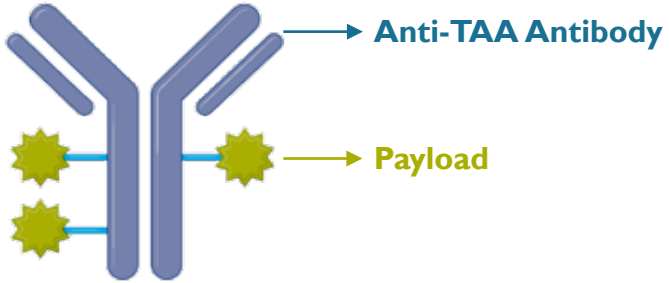
Immune-Stimulating Antibody Conjugate (ISAC)

- Tumor-targeted delivery of immune agonists to turn COLD tumors HOT



NEXT GENERATION ADC designed to have superior efficacy and safety

- Site specific conjugation via Ambrx technology to achieve homogeneous drug antibody ratio (DAR)
- Innovative linker design to improve ADC biophysical property and stability, and to enhance tumor-selective cleavage



TAA, Tumor Associated Antigen

TUMOR SELECTIVE CYTOKINE ACTIVATION

BE1GENE

Pro-cytokine

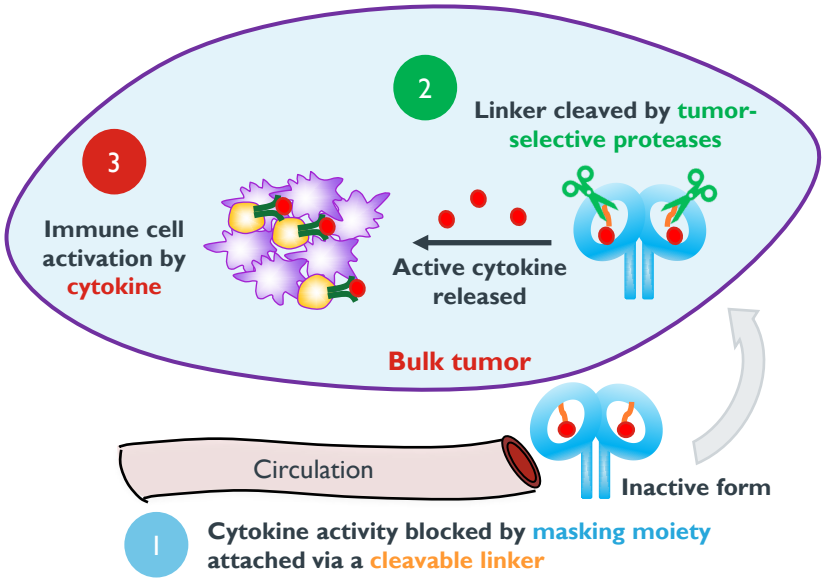
Scientific rationale

- Cytokine therapy to activate the immune system has been an attractive treatment modality in clinical cancer research
- **Severe systemic toxicity** hinders the broad application of immune-stimulating cytokines

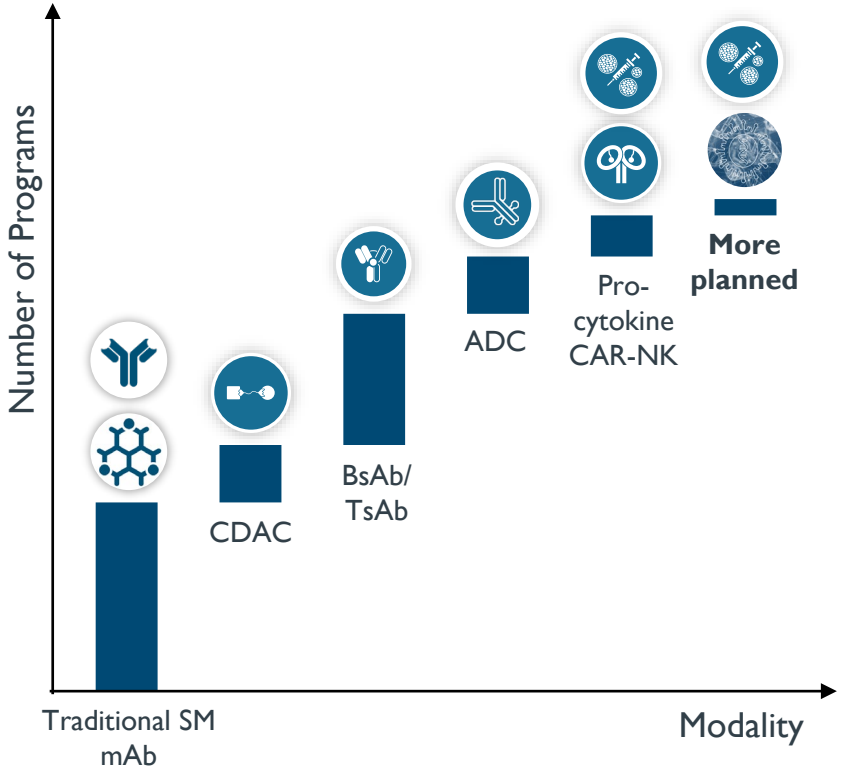
BeiGene's pro-cytokine design for tumor-specific cytokine-mediated immune cell activation with minimized peripheral adverse events

- **Complete** masking in circulation
- **Full** recovery of cytokine activity once cleaved
- **Prolonged half life** of the pro-cytokine form
- **Plug-and-play format** applicable to broad cytokine spectrum

MoA of pro-cytokine



PRECLINICAL PIPELINE



- **50+** programs ongoing, close to half with first-in-class potential
- **10+** planned to clinic in the next 24 months
- **Going beyond oncology**
  - First immunology/inflammation asset planned to enter clinic later this year
- **BeiGene institute** to focus on early technology and translational science

CDAC, Chimeric Degradation Activating Compound; ADC, Antibody Drug Conjugate; BsAb, Bispecific Antibody; TsAb, Trispecific Antibody

BE1GENE

CANCER-ATTACKING IMMUNE MODULATING STRATEGIES

TAA DRIVEN THERAPEUTICS NOT INCLUDED

CDAC

Pro-cytokine

SM, mAb

Sitravatinib (TAM)
PI3Kδ
DKK1

Macrophage activation and re-polarization
Novel target A (SM)

MDSC

Sitravatinib
PI3Kδ
OX40
TIGIT

Treg cell depletion
Novel target E (mAb)
Treg cell inhibition
Novel target A (SM)

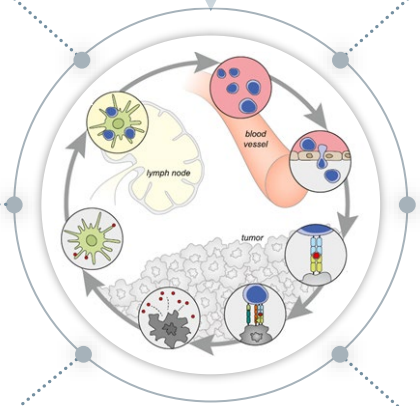
Treg Cell

TIM-3
OX40

DC expansion and activation
Novel target F, G (recombinant protein)
Novel target B (CDAC)

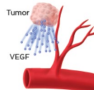
DC

Lenalidomide



Biologics

Small Molecule (SM)



Sitravatinib (VEGFR)

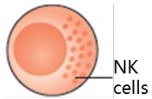
Stroma

Stroma cell depletion
Novel target H (mAb)

Cytotoxic T Cell

Checkpoint blockade
Novel target I, J (mAb)
Novel target C, D (SM)
Cytokine
Pro-cytokine K

PD-1/L1
OX-40
TIM-3
TIGIT
FAP-4-1BB
HPK1
PD-1/L1-IL21



NK Cell

Checkpoint blockade
Novel target I, J (mAb)
Novel target C, D (SM)
Cytokine
Pro-cytokine K

TIGIT
TIM-3

ONLY THE BEGINNING

Productive first decade establishes scientific track record

- Zanubrutinib and tislelizumab – set stage for leading franchises
- Deep portfolio built around these cornerstone assets – many moving into pivotal stage

BeiGene's R&D model stands to deliver significant innovation in the next decade

- Discovery engine has flourished and diversified
- Clinical pipeline expected to accelerate
- Poised to develop novel, science-based combinations
- Unique clinical development model and truly global, in-house capabilities at scale, speed and cost advantages

CLOSING REMARKS

OUR TRUE NORTH IS PATIENTS

Continued innovation and expansive growth planned in next 10 years

1. Amazing research across number of platforms with scale and talent
2. Future innovation requires deep portfolio with breadth of modalities (combinations)
3. One of the largest research organizations with executional and cost focus
4. Speed, cost advantage to accelerate combination strategy

Q&A PARTICIPANTS

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

John V. Oyler
Co-founder, Chairman and CEO

Lai Wang, Ph.D.
Global Head of R&D

William Novotny, M.D.
Head of Clinical Development, Hematology

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

Xiaobin Wu, Ph.D.
President, Chief Operating Officer

Julia Wang
Chief Financial Officer

Angus Grant, Ph.D.
Chief Business Executive

Josh Neiman
Chief Commercial Officer, North America and Europe


THANK YOU

ABBREVIATIONS

Ab	Antibody
Acala	Acalabrutinib
ADC	Antibody drug conjugate
ADCP	Antibody-dependent cellular phagocytosis
AE	Adverse Event
AE/UAE	United Arab Emirates
AFIB	Atrial fibrillation
ALL	Acute lymphocytic leukemia
ALT	Alanine aminotransferase
AML	Acute myeloid leukemia
ANZ	Australia and New Zealand
APAC	Asia Pacific
APC	Antigen-presenting cells
APC	Acute pancreatic cancer
AST	Aspartate aminotransferase
BC	Breast cancer
BCL-2	B-cell lymphoma-2
BCRP	Breast cancer resistance protein
BI	Boehringer Ingelheim
BIC	Bayesian Information Criterion
BIC	Best-in-Class
BID	Twice a Day
BLA	Biologics License Application
BMS	Bristol Myers Squibb
BR	Bendamustine and Rituximab
BsAb	Bispecific Antibody
BTC	Biliary tract cancer
BTK	Bruton's Tyrosine Kinase
BTK-CDAC	Bruton tyrosine kinase-Chimeric Degradation Activating Compound
CA	California
CA	Canada
CAR	Chimeric antigen receptor
CAR-NK	Chimeric antigen receptor-Natural Killer cell
CC/CRC	Colorectal Cancer
CCRCC	Clear cell renal cell carcinoma
CDAC	Chimeric Degradation Activating Compound
Chemo	Chemotherapy
cHL	Classical Hodgkin's Lymphoma
CHO	Chinese hamster ovary
CI	Confidence interval
CL	Chile
CLD	Chronic liver disease
CLL	Chronic lymphocytic leukemia
CMC	Chemistry, Manufacturing and Controls
CN	China
COVID-19	Coronavirus disease 2019
CR	Complete Response
CRBN	Cereblon
CRO	Contract Research Organization
CRT	Conformal Radiation Therapy
CRT	Concurrent Radiochemotherapy
CT	Computed tomography
CTC	Circulating tumor cell
CTL	Cutaneous T-cell lymphoma
DAR	Drug to antibody ratio
DC	Discontinuation from study treatment
DCP	Decision Check Point
DDI	Drug-drug interaction
del(17p)	Deletion of 17p

ABBREVIATIONS (CONT'D)

DKK1	Dickkopf-1
DLBCL	Diffuse large B-cell lymphoma
DLT	Dose limiting toxicity
dMMR	Deficient Mismatch Repair
DOR	Duration of Response
EAC	Esophageal adenocarcinoma
ECD2	Extracellular domain 2
ECD4	Extracellular domain 4
EHA	European Hematology Association
EMEA	European Medicines Evaluation Agency
EMEA	Europe Middle East Africa
Er+	Oestrogen receptor positive
ESCC	Esophageal Squamous-Cell Carcinoma
ES-SCLC	Extensive-stage small cell lung cancer
EU	European Union
Fab	Fragment of antigen binding
FCR treatment	Fludarabine, cyclophosphamide and rituximab treatment
FcγR	Fcγ receptor
FDA	US Food and Drug Administration
FIC	Fractional inhibitory concentration
FIC	First-in-Class
FIH	First-in-human
FL	Follicular lymphoma
GBM	Glioblastoma
gBRCAm	Germline Breast Cancer mutation
GC	Gastric cancer
GC/GRJC	Gastric cancer/Gastroesophageal Junction Cancer
GCTB	Giant cell tumor of bone
GEA	Gastroesophageal Adenocarcinoma
GMP	Good Manufacturing Practice

HC	Headcount
HCC	Hepatocellular Carcinoma
Heme	Hematological malignancies
HER2	Human Epidermal Growth Factor Receptor 2
HL	Hepatic lipase
HL	Hodgkin lymphoma
HLE BiTE	Half-life extended Bi-specific T-cell engagers
HNC	Head and neck cancer
HNSCC	Head and Neck Squamous Cell Carcinoma
HPK-1	Hematopoietic progenitor kinase 1
HR	Hazard ratio
HRD	Homologous recombination deficiencies
HTH	Head to Head
HTS	High-throughput sequencing
I/I	Immunology/Inflammation
IgG-like BsAb	IgG-like bispecific antibodies
IGHV	Immunoglobulin heavy chain variable region
IL	Israel
IL	Interleukin
IND	Investigational new drug
I-O	Immuno-oncology
IPD	Integrated Product Development
iPSC	Induced pluripotent stem cells
IRC	Independent Review Committee
ISAC	Immune Stimulating Antibody Conjugate
ISR	Incurred sample reanalysis
JP	Japan
KOL	Key Opinion Leader
KRAS	Kirsten Rat Sarcoma Viral Oncogene Homolog
LN	Lupus Nephritis

ABBREVIATIONS (CONT'D)

MA	Massachusetts
mAb	Monoclonal Antibody
MCL	Mantel Cell Lymphoma
Mcl-1	Myeloid cell leukemia 1
mCRPC	Metastatic Castration-Resistant Prostate Cancer
MDM2 gene	Murine double minute 2 gene
MDS	Myelodysplastic syndromes
MDSC	Myeloid-derived suppressor cell
MEL	Melanoma
MM	Multiple Myeloma
MoA	Mechanism of Action
mPFS	Median Progression-free survival
Mpfs	Progression-free survival duration in months
MPN	Myeloproliferative neoplasm
MRD	Minimal Residual Disease
MRI	Magnetic resonance imaging
mRNA	Messenger RNA
MRR (CR+VGPR+PR)	Major response rate
MSI-H	Microsatellite Instability High
MZL	Marginal zone lymphoma
Mϕ/DC	Macrophages (MΦ) /dendritic cells (DC)
N/SCLC	Non-/small cell lung cancer
NA	Not applicable
NALA	North America Latin America
NCT	National Clinical Trial Network
NDA	New Drug Application
NE	Not Evaluable
NHL	Non-Hodgkin's lymphoma
NJ	New Jersey

NK cell	Natural killer cells
NMPA	National Medical Products Administration
Non-sq. NSCLC	Non-squamous non-small cell lung cancer
NPC	Nasopharyngeal carcinoma
NR	Not reached
N-RAS	Neuroblastoma RAS Viral Oncogene Homolog
NRDL	National Reimbursement Drug List
NSCLC	Non-small-cell lung cancer
Obin	Obinutuzumab
OC	Ovarian Cancer
oci	Ociperlimab
ORR	Overall Response Rate
OS	Overall Survival
OX-40 Ab	OX-40 Antibody
OX-40 L	OX-40 Ligand
PARP	Poly ADP-Ribose Polymerase
Pca	Prostate Cancer
PD	Disease Progression
PD-1	Programmed Cell Death protein 1
PD-L1	Programmed Cell Death Ligand 1
Pembro	Pembrolizumab
PFS	Progression-Free Survival
P-Gp	P-glycoprotein
PI3Kδ	Phosphoinositide 3-kinase delta
PO	Oral
PPI	Proton Pump Inhibitor
PR	Partial Response
PROC	Platinum-resistant Ovarian Cancer
PSOC	Platinum-sensitive Ovarian Cancer
pt	Patient

ABBREVIATIONS (CONT'D)

QD	Once a Day
R&D	Research and Development
R/R	Relapsed / Refractory
R/R cHL	Relapsed/refractory Classical Hodgkin Lymphoma
RCC	Renal Cell Carcinoma
RP2D	Recommended Phase 2 Dose
sBLA	Supplemental Biologics License Application
ScFv	Single-Chain Fragment Variable
SCLC	Small Cell Lung Cancer
SD	Stable Disease
SEC	Securities and Exchange Commission
Sitra	Sitravatinib
SK	South Korea
SLL	Small Lymphocytic Lymphoma
SM	Small Molecule
SOC	Standard of Care
SPD	Solution Program Development
Sq. NSCLC	Squamous Non-small Cell Lung Cancer
SVP	Subvirus Particle
TAA	Tumor associated antigen
TAM	Tamoxifen
TCR	T cell receptor
TIGIT	T cell immunoreceptor with Ig and ITIM domain
TIM-3	T-cell immunoglobulin and mucin-domain containing-3
Tisle	Tislelizumab
TKI	Tyrosine kinase inhibitor
TLR	Toll-like receptor
TME	Tumor Microenvironment
TN	Treatment-naïve
TPD	Technology Platform Development
TR	Technical Review
TsAb	Trispecific Antibody
TTR	Time to response
Ub	Ubiquitin
UBC	Urinary bladder cancer
UC	Urothelial carcinoma
US	United States
VEGF	Antivascular endothelial growth factor
VEGFR	Vascular endothelial growth factor receptor
VGPR	Very Good Partial Response
w/o	without
WM	Waldenström's Macroglobulinemia
YTD	Year to Date