Advancing a Next-Generation Global Biotech

JP Morgan 40th Annual Healthcare Conference
January 11, 2022

BeiGene

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 medicines and technology; 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, regulatory, commercial, 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 U.S. Securities and Exchange Commission, as well as discussions of potential risks, uncertainties, and other important factors in BeiGene's subsequent filings with the U.S. Securities and Exchange Commission. All information in this presentation is as of the date of this presentation, and BeiGene undertakes no duty to update such information unless required by law.

Some of the clinical data in this presentation relating to BeiGene's investigational drug candidates is from pre-clinical studies or early phase, single-arm clinical trials. When such data or data from later stage trials are presented in relation to other investigational or marketed medicines, the presentation and discussion are not based on head-to-head trials between BeiGene's investigational drug candidates and other medicines 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.

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TRANSLATING SCIENCE TO IMPROVE ACCESS AND AFFORDABILITY BY CHALLENGING THE STATUS QUO

2021: A YEAR OF TRANSFORMATIVE GROWTH

KEY MILESTONES

$7.6B
Includes 3Q21 cash balance + STAR net proceeds + Novartis TIGIT upfront payment

$962M
Q3 YTD revenue (product and collaboration)

11 (+5 in '21)
Approved products

43 (+41 in '21)
BRUKINSA approved markets including EU

UNIQUE CLINICAL DEVELOPMENT MODEL

~50	Assets in clinical and commercial stage
100+	Clinical trials initiated in 45 markets to date
14,500+	Subjects enrolled

ATTRACTING THE BEST TALENT GLOBALLY

8,000+	Global headcount
3,400+	Commercial
2,900+	R&D and Medical Affairs

GLOBAL SCALE MANUFACTURING

Princeton Innovation Center, NJ
42 acres - planned

Biologics capacity 64,000L* in process, growing to 200,000L

10x increase in small molecule capacity being constructed

*1 million square feet of space at Guangzhou facility with 64,000 liters of capacity currently in the ground

TRULY UNIQUE WITH HARD TO REPLICATE COMPETITIVE ADVANTAGES

- One of the **world's largest oncology research teams (700+),** validated by clinical results, global approvals, and major global pharma/biotech collaborations
- **Cost and time advantaged clinical development** due to unique approach
- **Strong portfolio** with cornerstone assets that are just beginning to become **major sources of revenue**, and that are **key combination medicines for future treatment paradigms**
- **Truly global commercial footprint (3,400+)** driving broader access to medicines, with expected rapidly **growing revenue and near-term potential milestones**
- Financial strength, disciplined investments, and operational efficiencies to generate **long-term value**

DEEP ONCOLOGY EXPERTISE WITH PROVEN TRACK RECORD OF INNOVATION

Science-driven culture from inception

One of the largest **oncology research teams and portfolios**

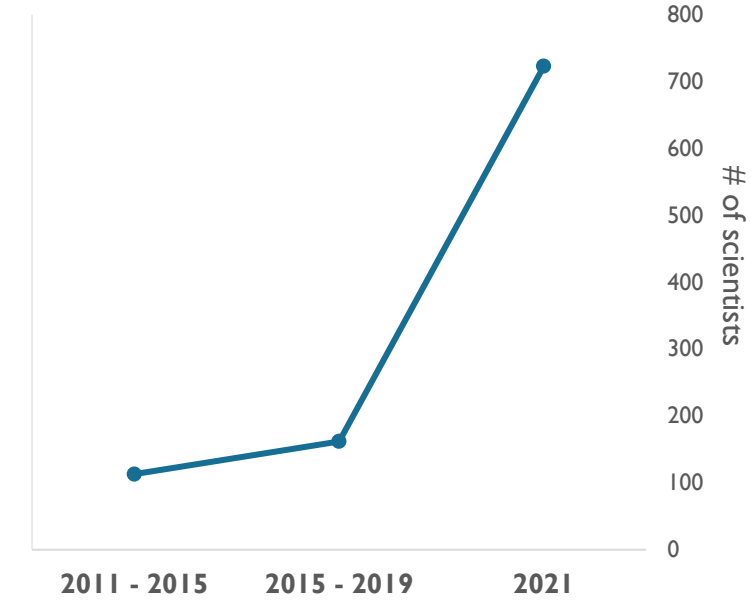
- 700+ passionate scientists
- Internal team enables lower cost and higher efficiency

Quality validated by major pharma/biotech collaborations

Prolific in first decade and expected to be more productive in the years ahead

- 50+ ongoing preclinical programs
- 50% potentially first-in-class
- 10+ INDs per year expected starting in 2024

Global Research Headcount



DIFFERENTIATED BIOLOGICAL HYPOTHESES DRIVE TRACK RECORD OF SUCCESS

BTK
Higher exposure, better selectivity

PD-1
Fc function silenced

PARP
Blood-brain-barrier penetration, not a drug pump substrate

TIGIT
Intact Fc function

OX-40
Only OX-40 Ab not interfering with OX-40 ligand binding

Bcl-2
Most potent Bcl2 inhibitor in the clinic

HPK-1
Potentially first-in-class

NOVARTIS COLLABORATIONS VALIDATE PD-1 AND TIGIT PROGRAMS

NOVARTIS + BeiGene

- PD-1 and TIGIT collaborations validate the **strength of our internal research**
- Nearly **$1B in upfront payments**
- Provide important **IO building blocks for many treatment combinations**
- Joint oncology portfolios represent one of the broadest opportunities to develop next-generation **IO combinations**

OUR PATH TO GLOBAL ONCOLOGY LEADERSHIP

PROLIFIC FIRST DECADE | ENTERING A NEW ERA OF DISCOVERY

2013-2015

BRAF
BTK*
PARP*
PD-1*

2016-2020

TIM-3
TIGIT
BCL-2
OX40
PI3Kd
RAF Dimer

2021+

HPK-1 SM and mAb
20+ new programs

CDAC
(Chimeric Degradation Activating Compound)
BTK, total 7+ programs

BsAb/TsAb
10 new programs

ADC
10+ TAAs

Pro-Cytokine Cell therapy
CAR-NK and more

mRNA therapy

2022–2023

10 new molecules in the clinic planned

2024+

10 new molecules in the clinic expected annually

***Approved 2019-2021**

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

INTERNAL CLINICAL DEVELOPMENT ENABLES BEIGENE TO BUILD UNIQUE COMPETITIVE ADVANTAGES

Predominantly Internal

- ~2,200 Development and Medical Affairs colleagues
- Largely CRO-free
- Inherent cost advantage

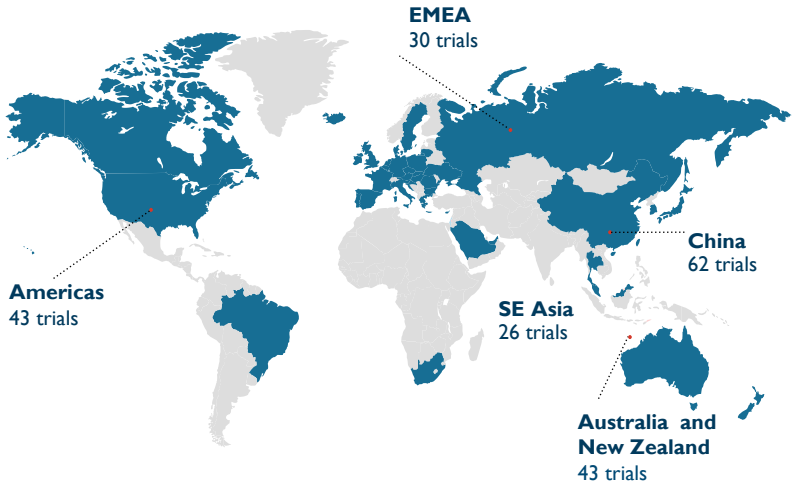
Broader Globally

- 45 countries and growing
- 100+ clinical trials initiated since 2013
- 30+ filed or potentially registration-enabling trials ongoing
- 14,500+ subjects enrolled
- Operating at sites and in geographies where CROs are not strong

Advanced Technology and Operational Excellence

- Building advantage through technology investment and operational excellence

Internally-Run Clinical Trials Across Geographies



UNIQUE MODEL DRIVES SPEED, COST AND QUALITY ADVANTAGES

BeiGene's Strategy Is to Dramatically Reduce the Cost and Time of Clinical Trials, Which Account for Over 75% of the Cost and Time of Delivering Medicines to Patients

Speed

- Ociperlimab (TIGIT) 2 Phase 3 and 5 Phase 2 proof of concept studies initiated within 2 years of entering clinic
- Faster enrollment due to geographic reach (45+ countries)

Cost

Achieved ~30% cost savings through:

- Enrolling in countries with lower cost per patient
- Finishing trials more quickly lowers cost across all sites
- Lower cost internally vs CROs

Quality

- Best-in-class clinical and quality management systems
- 19 satisfactory inspections by FDA, Swissmedic, China NMPA, Russia MOH and global partners

PROLIFIC PIPELINE FROM INTERNAL DISCOVERY

FOUR LATE-STAGE AND EIGHT EARLY-STAGE CLINICAL ASSETS

China Global

ASSETS	PROGRAMS	DOSE ESC. PH1a	DOSE EXPANSION PH1b	DOSE EXPANSION PH2*	PIVOTAL PH2**	PIVOTAL PH3	FILED	MARKET
zanubrutinib *(BTK)*	**monotherapy**	*R/R MCL (approved in multiple geographies)*						
		WM (approved by FDA in the U.S. 09.01.21)						
		R/R MZL (accelerated approval by FDA in the U.S. 09.15.21)						
		WM† (approved in Canada 03.01.21; Australia 10.07.21; EU (27 member states) plus Iceland and Norway 11.23.21; UK 12.14.21)						
		R/R MCL, R/R CLL/SLL (conditionally approved by NMPA in China 06.03.20)						
		R/R WM (conditionally approved by NMPA in China 06.18.21)						
		1L CLL/SLL, R/R CLL/SLL						
		Lupus nephritis						
		Previously treated CLL/SLL (ibrutinib acalbrutinib intolerant)						
	combination	*+rituximab 1L MCL*						
		+obinutuzumab R/R FL						
		+lenalidomide +/- ritux. R/R DLBCL						
tislelizumab *(PD-1)*	**monotherapy**	*R/R cHL (approved 12.26.19), 2L+ UC (approved 04.10.20), 2L/3L HCC (approved 06.23.21)*						
		2L/3L NSCLC (approved by NMPA in China 06.06.21), MSI-H or dMMR solid tumors (filings accepted 06.07.2021), 2L ESCC (filings accepted 07.07.2021)						
		2L ESCC (filing accepted by the FDA in the U.S. 09.13.2021)						
		1L HCC						
		R/R NK/T-cell lymphoma						
	+ chemo	*1L Sq. NSCLC (approved 01.13.21), 1L non-Sq. NSCLC (approved 06.23.21)*						
		1L NPC (filings accepted in China 08.22.21)						
		1L SCLC, Stage IIIIIIA NSCLC, Localized ESCC, 1L UC						
		1L GC, 1L ESCC						
	+ pamiparib *(PARP)* **+ zanubrutinib** *(BTK)*	*Solid tumors*						
		B-cell malignancies						
pamiparib *(PARP)*	**monotherapy**	*3L gBRCA+ OC (approved 05.07.21)*						
		2L platinum-sensitive OC maintenance						
		1L platinum-sensitive GC maintenance						
		HER2- BRCA mutated breast cancer						
		Solid tumors						
	+ TMZ *(chemo)*	*Solid tumors*						
	+ RT/TMZ *(RT/chemo)*	*Glioblastoma*						
ociperlimab *(TIGIT)*	**+ tislelizumab**	*1L NSCLC*						
		*R/M Cervical Cancer, R/M ESCC^*						
		Solid tumors						
	+ tislelizumab + cCRT	*1L SCLC*						
		Stage III unresectable NSCLC						
	+ tislelizumab + chemo	*1L NSCLC*						
	+ tislelizumab + BAT1706	*1L HCC*						
lifirafenib ***(BRAF Dimer)***	**+ mirdametinib**	*B-Raf- or K-RAS/N-RAS-mutated solid tumors*						
BGB-A425 ***(TIM-3)***	**monotherapy & + tislelizumab**	*Solid tumors*						
BGB-A333 ***(PD-L1)***	**monotherapy & + tislelizumab**	*Solid tumors*						
BGB-A445 ***(OX40)***	**+ tislelizumab**	*Solid tumors*						
BGB-11417 ***(BCL-2)***	**monotherapy & + zanubrutinib**	*B-cell malignancies*						
	+ dexamethasone & + carfilzomib	*R/R Multiple Myeloma*						
	+ azacytidine	*AML, MDS*						
BGB-10188 ***(PI3-Kδ)***	**monotherapy; + tislelizumab; + zanubrutinib**	*B-cell malignancies; Solid tumors*						
BGB-15025 ***(HPK1)***	**monotherapy & + tislelizumab**	*Advanced solid tumors*						
BGB-23339 ***(TYK2)***	**monotherapy**	*Inflammation and Immunity*						

*Some indications will not require a non-pivotal Ph2 clinical trial prior to beginning pivotal Ph2 or Ph3 clinical trials. **Confirmatory clinical trials post approval are required for accelerated approvals. † R/R or not suitable for chemo-immunotherapy; ^R/M: Recurrent / Metastatic;

PIPELINE FROM COLLABORATIONS

BeiGene

China Global

COMPOUND	(TARGET) / PROGRAM	DOSE ESC.	DOSE EXPANSION		PIVOTAL		COMMERCIAL RIGHTS	PARTNER
		PH1a	PH1b	PH2*	PH2**	PH3		
sotorasib	*(KRAS G12C)*	*Solid Tumors, NSCLC, CRC*						
pavurutamab^^	*(BCMA)*	*MM*						
AMG 176	*(Mcl-1, SM)*	*Hematologic malignancies*						
AMG 330^	*(CD33)*	*Myeloid malignancies*						
AMG 427^^	*(FLT3)*	*AML*						
tarlatamab^^	*(DLL3)*	*SCLC*						
acapatamab^^	*(PSMA)*	*Prostate cancer*					*China*	Amgen
AMG 509^	*(STEAP1 XmAb)*	*Prostate cancer*						
AMG 199^^	*(MUC17)*	*GC/GEJC*						
AMG 650	*(oral small molecule)*	*Solid tumors*						
AMG 506	*(FAP x 4-1BB, DARPin®)*	*Solid tumors*						
AMG 994	*Bispecific antibody*	*Solid tumors*						
AMG 256	*(Anti-PD-1 x IL21 mutein)*	*Solid tumors*						
sitravatinib†	*(multi-kinase inhibitor) + tislelizumab*	*NSCLC, RCC, OC, MEL*					*Asia ex-Japan, AU, NZ*	Mirati
	Monotherapy, + tislelizumab	*HCC, GC/GEJC*						
zanidatamab††	*(HER2, bispecific antibody) + chemo, + tislelizumab*	*GEA*					*Asia ex-Japan, AU, NZ*	Zymeworks
	Monotherapy	*Biliary tract cancers*						
	+ chemo, +/- tislelizumab	*Breast cancer, GC, GEA*						
ZW49	*(HER2, bispecific ADC)*	*HER2-expressing cancers*					*Asia ex-Japan, AU, NZ*	Zymeworks
BGB-3245[1]	*(B-RAF)*	*Solid tumors*					*Asia ex-Japan*	SpringWorks[1]
SEA-CD70	*(anti-CD70)*	*MDS, AML*					*Asia ex-Japan, AU, NZ*	Seagen
DKN-01	*(DKK1) + tislelizumab ± chemo*	*GC/GEJC*					*Asia ex-Japan, AU,NZ*	Leap Therapeutics
LBL-007	*(LAG-3) + tislelizumab*	*Advanced solid tumors*					*ex-China*	Leads Biolabs
vebicorvir (ABI-H0731)*	*(HBV core inhibitor)*	*Chronic Hepatitis B Virus*					*China*	Assembly Bio
ABI-H3733	*(HBV core inhibitor)*	*Chronic Hepatitis B Virus*						

* 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, † Mirati is also conducting its own clinical studies with sitravatinib, including the Phase 3 SAPPHIRE trial in non-Sq NSCLC. †† ZW25, *Assembly is conducting Phase 2 triple combination studies with VBR and a Phase 1 study of ABI-H3733 AML: acute myeloid leukemia, HLE BiTE: Half-life extended Bi-specific T-cell engagers, GC/GEJ: gastric cancer/gastroesophageal junction, HCC: hepatocellular carcinoma, IND: Investigational New Drug, MEL: melanoma, MM: multiple myeloma, NHL: non-Hodgkin's lymphoma, N/SCLC: non-/small cell lung cancer, OC: ovarian cancer, RCC: renal cell carcinoma, SM: small molecule; 1. By MapKure, a JV with SpringWorks

POTENTIALLY BEST-IN-CLASS BTK INHIBITOR FUNDAMENTAL TO HEMATOLOGY FRANCHISE

$15B BTKi Class Global Market by 2026*

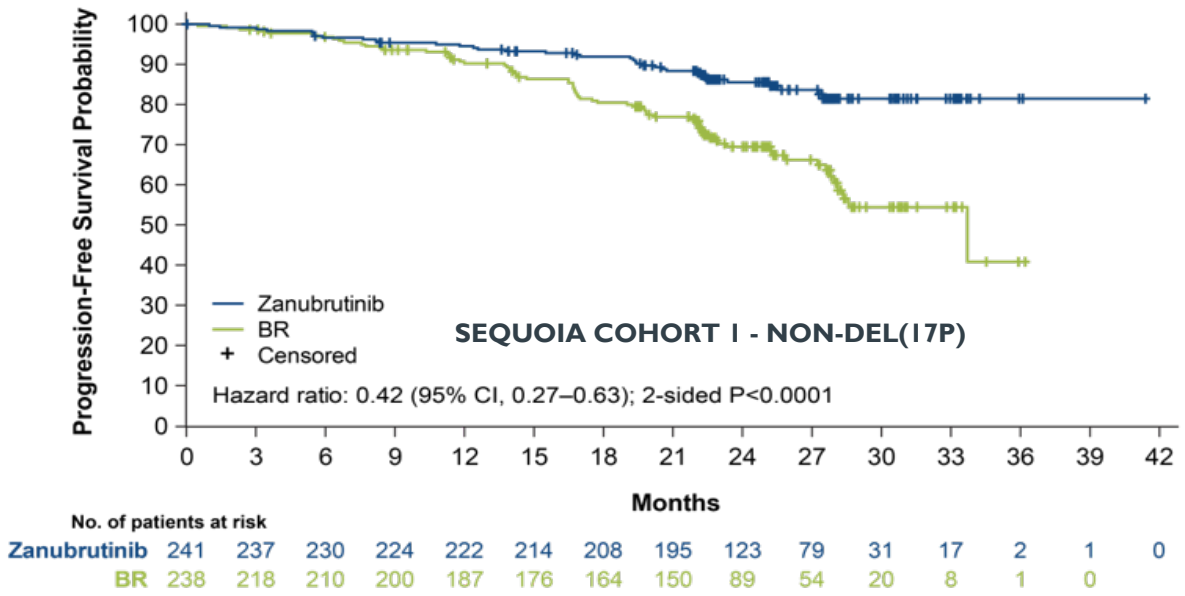
Brukinsa® zanubrutinib 80mg capsules

Best-in-Class Hypothesis	Broad Global Clinical Program 3,900+ Subjects	Demonstrating Clinical Advantages
• Equally or more selective than any approved BTKi • Complete and sustained target inhibition in disease originating tissues • Maintains therapeutic concentrations over 24 hours	• 35 trials across 28 markets • Two head-to-head studies versus ibrutinib – **800+** subjects • Positioned to have most comprehensive label of any next gen BTKi (CLL**, MCL, WM, MZL)	• Only BTKi to demonstrate superior efficacy versus ibrutinib – ORR*** • Favorable safety versus ibrutinib with improved cardiac profile - Afib • Dosing flexibility – QD / BID • Less drug-drug interactions

*Source: Morgan Stanley global BTKi market estimate. **CLL approved in China, FDA and EMA filings planned in 2022
*** ALPINE study, Hillmen et al. LB1900 EHA, June 2021. Clinical advantages as assessed by investigator

SEQUOIA: PHASE 3 STUDY OF ZANUBRUTINIB VS. BENDAMUSTINE + RITUXIMAB IN 1L CLL

Primary endpoint of **PFS superiority met with statistical significance**, providing a basis for 1L CLL filing
24-mo PFS for zanubrutinib vs BR was **85.5% vs 69.5%**



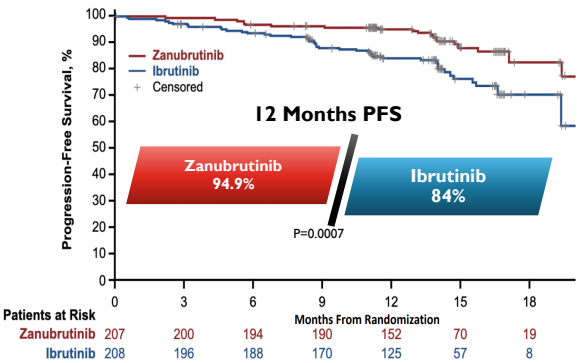
SEQUOIA (BGB-3111-304), Presented at ASH, *Tam et al.* Abstract 396. December 12, 2021

ALPINE: INTERIM ANALYSIS OF PHASE 3 STUDY OF ZANUBRUTINIB VS IBRUTINIB IN R/R CLL/SLL

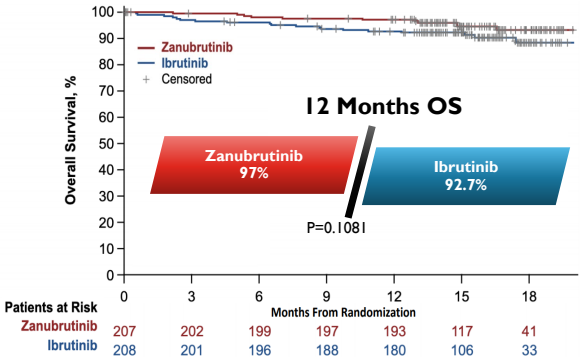
ORR by Investigator Assessment

	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

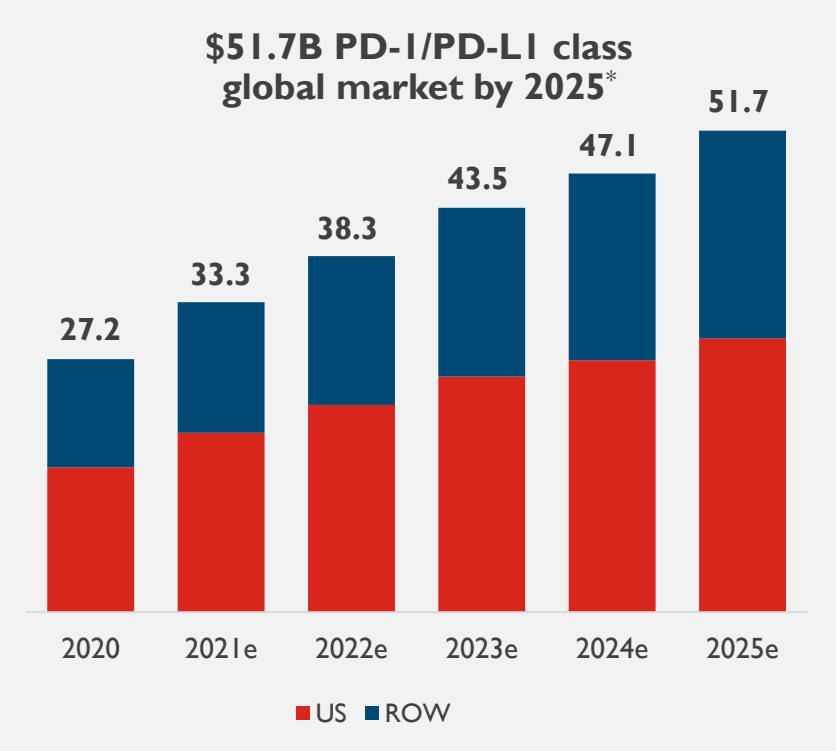


Overall Survival



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

KEY SUCCESS FACTORS IN PD-1
THE LARGEST AND GROWING ONCOLOGY CLASS



Key Success Factors

2014 - 2025

- Clinical execution
- Achieving broad labels across numerous indications / settings
- Strong commercial capabilities in U.S., EU and Japan

2025 Onward

- Clinical execution to deliver broad labels efficiently
- Substantial time and cost advantages if you have base label, enabling faster and more efficient iteration on combinations
- Global commercial capabilities

*Source: Cowen global PD-1/PD-L1 market estimate, April 2021

TISLELIZUMAB WELL POSITIONED FOR GLOBAL SUCCESS

Clinical Execution to Deliver Broad Global Labels Efficiently

- Dosed 9,000+ subjects, including **2,800+ ex-China**
- **11 out of 21 pivotal trials are global** – 2L ESCC FDA filing, PDUFA in July 2022
- Multiple global pivotal trials in lung, liver, gastric, and esophageal cancers

Cornerstone for Combinations with Novartis and BeiGene Pipelines

- Enhance value through combination with TIGIT and other most-pursued MoAs
- Shared vision in oncology combination strategy with Novartis, who owns comprehensive therapeutic modalities, platforms, and technologies

Strong Global Commercial Capabilities

- North America, Europe and Japan, commercialized by Novartis
- China and other markets commercialized by BeiGene
- Eligible for up to $1.55 billion milestone payments and royalties from net sales in Novartis territories
- BeiGene retains access to 6.6 billion people in our territories*

*Source: population.un.org

ACCELERATING ONE OF THE MOST ADVANCED TIGIT ASSETS (OCIPERLIMAB)

Collaboration Broadens and Expedites Ociperlimab Globally

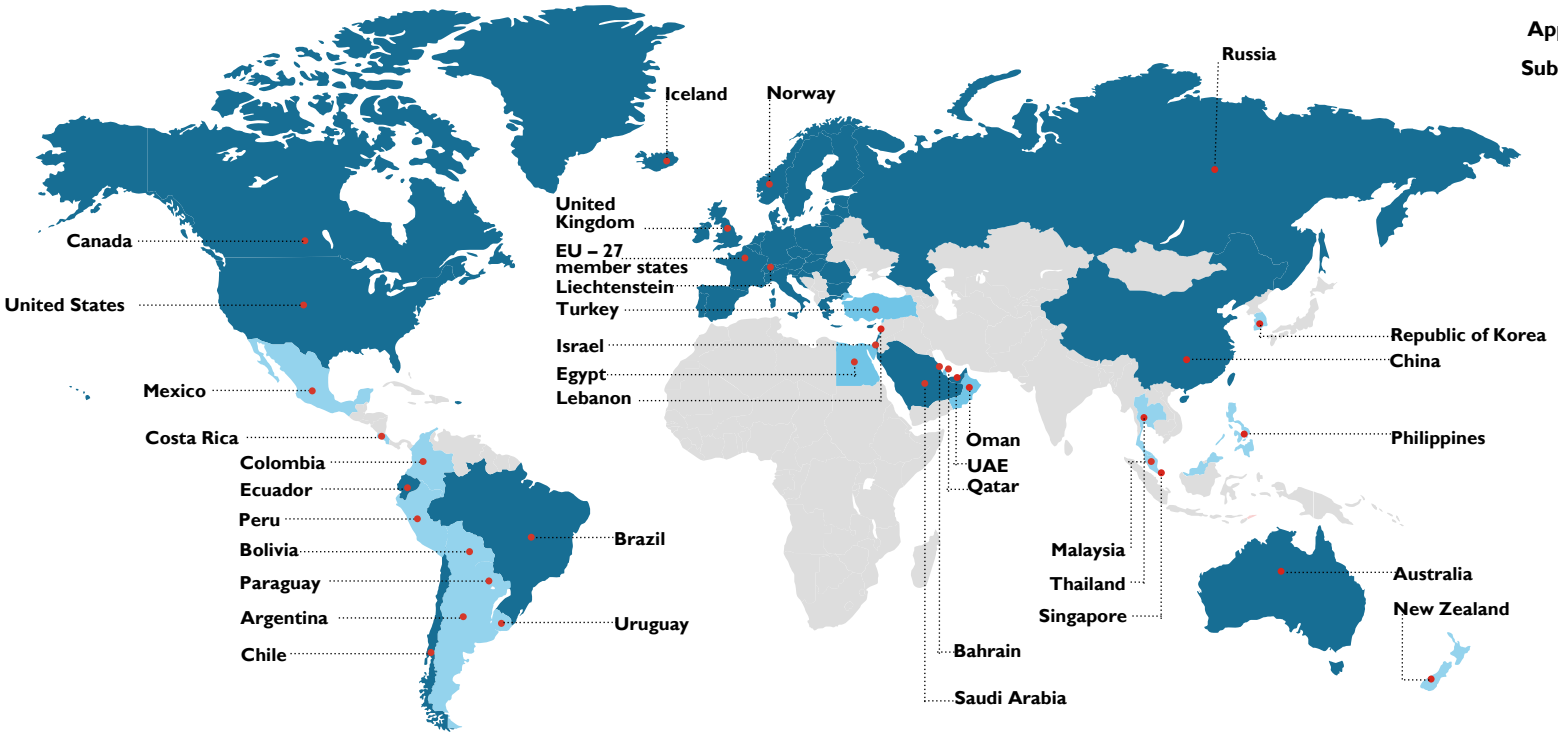
- One of most advanced TIGIT antibodies: early efficacy observed; generally well-tolerated
- Positioned to be combined with tislelizumab in PD-1 sensitive tumors; has potential to transform treatment of lung cancer
- Broad clinical program; 700+ subjects already enrolled; 2 Phase 3 trials underway

Untreated, locally advanced, unresectable NSCLC	Ociperlimab + Tislelizumab + CRT	**Phase 3**
1L PD-L1+ NSCLC	Ociperlimab + Tislelizumab	**Phase 3**
1L All-Comer NSCLC	Ociperlimab + Tislelizumab + Chemo (planned 2H 2021)	**Phase 2**
1L LS-SCLC	Ociperlimab + Tislelizumab + CRT	**Phase 2**
2/3L CC	Ociperlimab + Tislelizumab	**Phase 2**
2L ESCC	Ociperlimab + Tislelizumab	**Phase 2**
1L HCC	Ociperlimab + Tislelizumab + bevacizumab biosimilar	**Phase 2**
NSCLC (sq, non-sq, PD-L1+, CPI), ES-SCLC, ESCC, EAC, HNC, GC	Ociperlimab +Tislelizumab ± chemo	**Phase 1**

Phase 3 Molecules	Company	Ongoing Phase 3 Trials	Fc Function	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

EXPANDING ACCESS TO MEDICINES GLOBALLY

Approvals in **43** Markets and **21** **Additional** Regulatory Submissions*



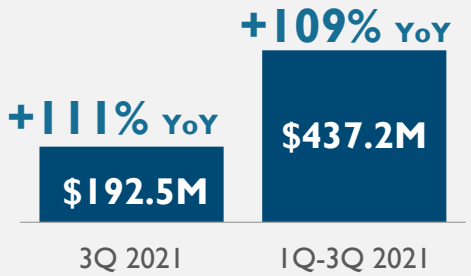
*BRUKINSA approved in 43 markets by 16 regulatory authorities. 11 total products. approved in China

GLOBAL COMMERCIAL TEAM OF 3,400+ POSITIONED FOR SUCCESS IN LARGEST MARKETS

Established and growing presence in North America, China, Europe and beyond

- North America – established in heme with opportunity to efficiently expand into solid tumor via Novartis co-detail
- China – uniquely positioned in both hematology and solid tumors
- Europe – foundational heme team onboarded as BRUKINSA launches across the continent in 2022
- APAC – building team in Australia/New Zealand, Singapore, South Korea
- New Markets – building unique distribution capabilities with colleagues already in 7 countries

Product Revenue Growth In 2021



Substantial product revenue growth expected in 2022 as pace of global launches accelerates

We have begun collaborations that **leverage our commercial infrastructure globally** and provide opportunities to **expand revenue**

COMPLEMENTARY STRENGTHS ACCELERATE PD-1 AND TIGIT PROGRAMS

NOVARTIS + BeiGene

More Resources to Go Faster, With Bigger and Broader Programs and Widespread Distribution

Key Benefits	• Access to both portfolios for potential combination therapies • Shared spending on development • Combined resources to fast-track key pivotal trials in competitive PD-1 and TIGIT space • BeiGene retains rights to PD-1 and TIGIT to drive broad access for 6.6B people in our territories • Leverages capabilities of both companies for commercial launches globally
TIGIT Deal Terms	• $300M upfront; $600-700M option in 2023; up to $1.9B milestone payments • During option period, collaborate on development of tislelizumab and ociperlimab, including initiating new pivotal studies • 50% of co-detailing in U.S. with option to co-detail 25% in Canada and Mexico

Novartis has rights in North America, Europe and Japan, BeiGene maintains rights in Asia (ex-Japan) and rest of world
BeiGene secures rights to market and detail 5 Novartis approved and nationally reimbursed medicines in China broad markets

IN-LICENSING AGREEMENTS COMPLEMENT COMMERCIAL PORTFOLIO

BeiGene continues to look for opportunities that are complementary and additive to our portfolio on a worldwide basis. 2021 example deal types:

Leads Biolabs	Licensing agreement for exciting LAG-3 antibody, including worldwide ex-China development, manufacturing and commercialization rights, adding to our IO franchise and combination strategies
SHORELINE biosciences	Development and commercialization collaboration brings together Shoreline's iPSC NK-CAR platform with BeiGene's protein engineering and target capabilities, giving us worldwide rights on selected programs
STRAND THERAPEUTICS	Option to license for APAC (ex-Japan) and equity investment in Strand Therapeutics provides access to novel and innovative approaches using mRNA therapies targeting tumor microenvironment

FINANCIAL STRENGTH, DISCIPLINE, AND GLOBAL CAPABILITIES TO ACCELERATE GROWTH

Strong Cash Position	**$7.6B*** **cash pro forma in an environment with rising cost of capital**
Rigorous Financial Discipline	**Committed to diligent financial investments and operational efficiencies to drive long term value creation**
Substantial and Rapid Revenue Growth	**Competitively positioned to accelerate global revenue growth** • Poised for significant product revenue growth in large and growing treatment classes • Potential for up to $4.1B additional collaboration revenue including regulatory and sales milestones and option exercise from TIGIT [up to $700M by end of 2023] • Attractive downstream royalties on net sales

* Includes 3Q21 cash balance + STAR net proceeds + Novartis TIGIT upfront payment

2022 MILESTONES AND CATALYSTS

BRUKINSA® (zanubrutinib, BTK Inhibitor)	Updated topline results for Phase 3 ALPINE global head-to-head trial in R/R CLL/SLL	Q2 2022
	CLL filings with FDA and EMA	2022
	Launch BRUKINSA in 10+ markets	2022
Tislelizumab (PD-1 Antibody)	Potential FDA approval in 2L ESCC [Novartis]	July 2022 PDUFA
	Multiple filings in U.S./EU, including NSCLC [Novartis]	2022
	Topline results in 1L HCC global trial	Q2 2022
	Potential approvals for 1L NPC, 2L ESCC, and 2/3L MSI-High solid tumors in China	Q1-Q3 2022
Ociperlimab (TIGIT Antibody)	Initiate additional pivotal trials	2022
	Data from expansion cohorts	H2 2022
Early Assets	Initiate dose expansion for BGB-A445 (OX-40)	H1 2022
	Initiate enrollment for BGB-11417 (BCL2) in pivotal trials	H2 2022
	Initiate dose expansion for BGB-15025 (HPK1)	H2 2022
Collaborations	Initiate Phase 2 global combination trials for Leads' LBL-007 (LAG3) with tislelizumab	H2 2022
	Continue enrollment in the Phase 3 trial of Mirati's sitravatinib in combination with tislelizumab in 2/3L squamous and non-squamous NSCLC	2022
	Complete/continue enrollment on 2 joint global registrational studies with Zymeworks' zanidatamab in 2L biliary tract cancer and 1L gastric cancer, respectively	2022

OUR STRATEGIC COMPETITIVE ADVANTAGES

- One of the **world's largest oncology research teams (700+),** validated by clinical results, global approvals, and major global pharma/biotech collaborations
- **Cost and time advantaged clinical development** due to unique approach
- **Strong portfolio** with cornerstone assets that are just beginning to become **major sources of revenue**, and that are **key combination medicines for future treatment paradigms**
- **Truly global commercial footprint (3,400+)** driving broader access to medicines, with expected rapidly **growing revenue and near-term potential milestones**
- Financial strength, disciplined investments, and operational efficiencies to generate **long-term value**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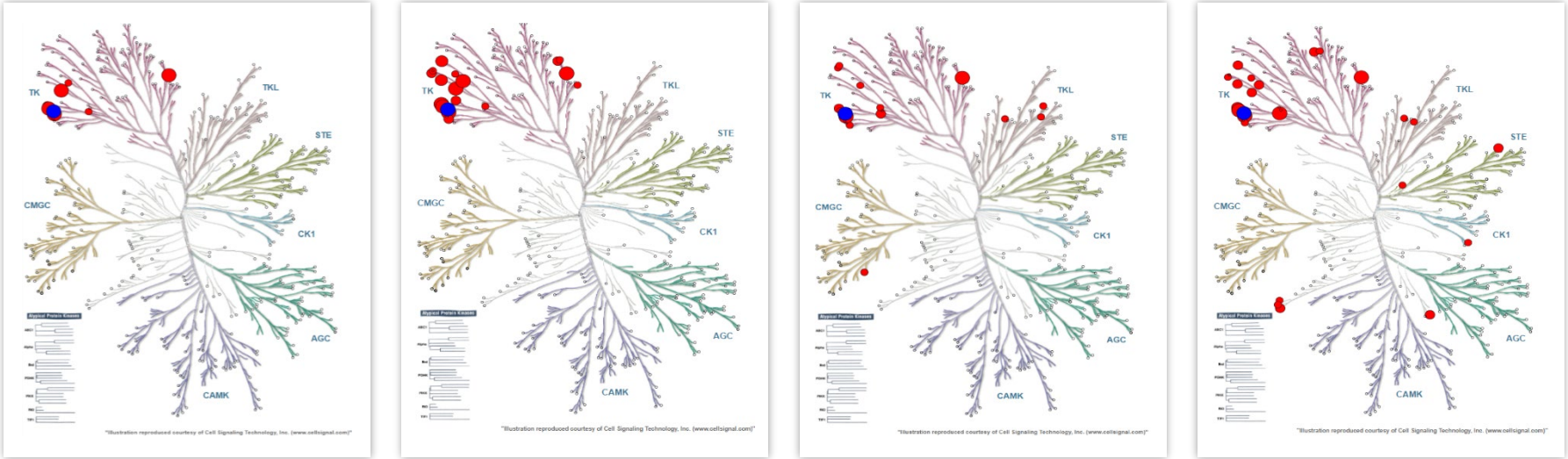
Appendix

BETTER KINASE SELECTIVITY THAN IBRUTINIB, ACALABRUTINIB AND ITS METABOLITE M27

Zanubrutinib	Ibrutinib	Acalabrutinib	M27 – Acala's Metabolite



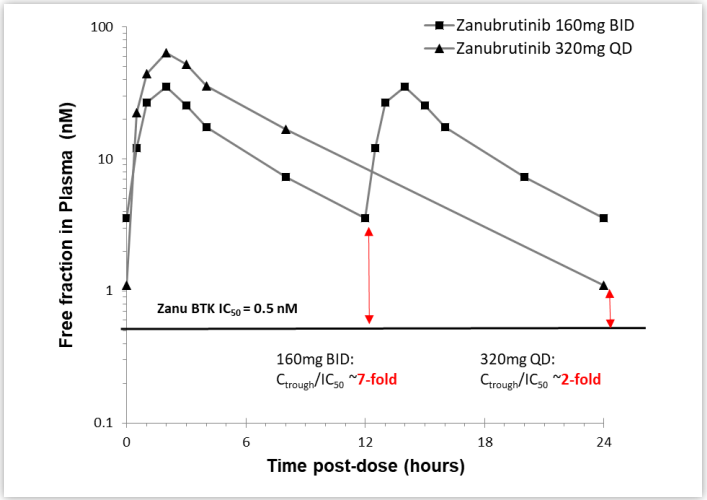
- Kinome analysis (370 kinases panel) at concentrations of 100 times of each molecule's IC50 for BTK (not at 1 μM which is not adjusted for BTK potency); acalabrutinib and its metabolite M27 are much weaker BTK inhibitors
- Zanubrutinib demonstrated better kinase selectivity (7 off-target kinases with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

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

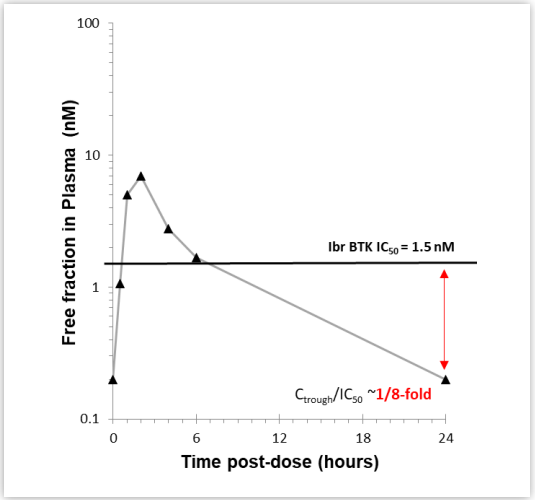
FAVORABLE PHARMACOKINETIC PROFILE COMPARED TO ACALABRUTINIB AND IBRUTINIB

FREE DRUG CONCENTRATION TIME PROFILES RELATIVE TO IC50

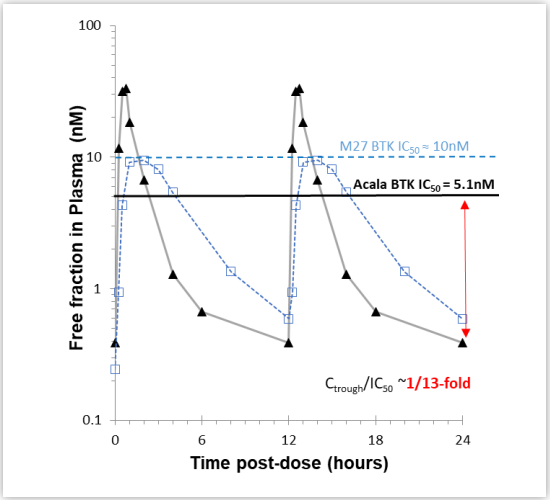
Zanubrutinib



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, Quaque Die; BID, Bis in die