BeiGene Corporate Presentation

August 7, 2024

Disclosures

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

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

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

Delivering On Our Key Priorities

A global oncology company discovering and developing innovative treatments that are more accessible and affordable to cancer patients worldwide

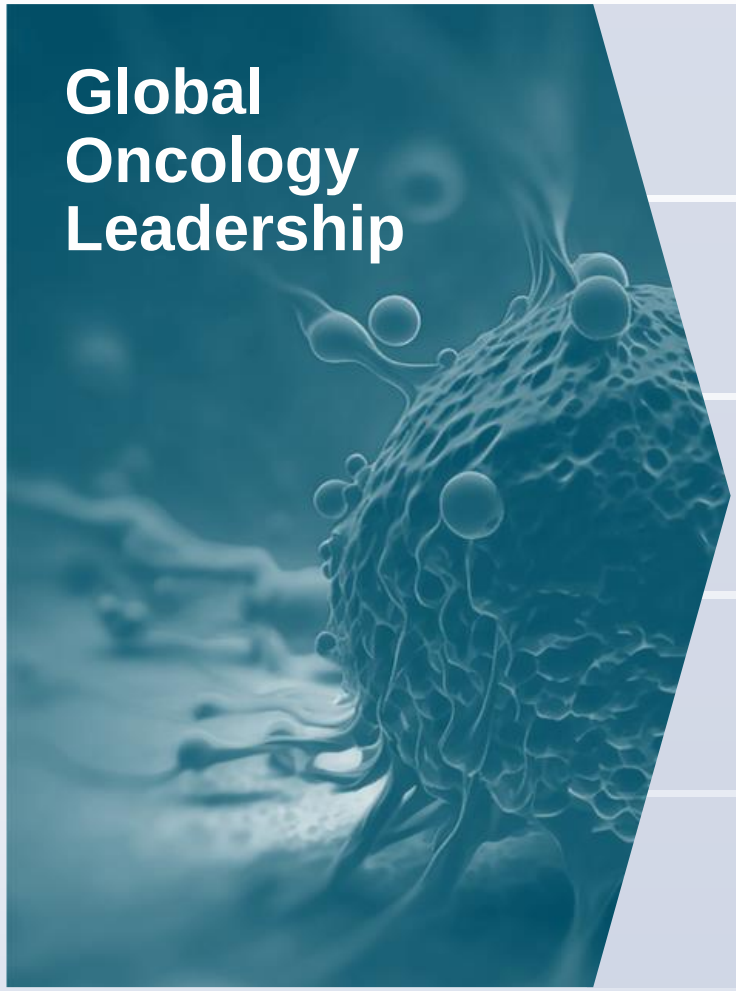
Strong revenue growth	Strong cash position	Achieved	Diversified global revenue	Opened	Global speed and cost advantaged	Enrolled
$929M / 56%	**$2.6B**	**Q2 2024**	**60%+**	**$800M**	**3,000+**	**24,000+***
Q2 24 total revenue / % growth over prior year	Q2 24 ending cash balance	reduction in GAAP operating loss; Non-GAAP income from operations (1)	from the U.S. and Europe	flagship U.S. Biologics manufacturing and clinical R&D facility	Clinical Development Team	patients in 140+ trials in 45+** countries and regions

(1) Non-GAAP income from operations is a non-GAAP financial measure that excludes from the corresponding GAAP measure costs related to share-based compensation, depreciation and amortization expense. A reconciliation of this non-GAAP measure to the comparable GAAP measure is included in the Appendix to this presentation.

*Includes investigator initiated trials (IITs)

**Includes countries and regions in which trials are planned to enroll

Our Unique Model Has Enabled Fast Rise to Global Oncology Leadership



Top 15 — Global oncology company by revenue – and rising – for innovative therapies*

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

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

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

More than 1.3M patients treated worldwide

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

*Based on Evaluate Pharma data assessed 08/05/24.

Global Clinical Development Pipeline

Phase 1

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

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

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

Tislelizumab — Anti PD1
- 103 SubQ formulation

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

BGB-15025 — HPK1i
- 101 Solid tumors

BGB-26808 — HPK1i
- 101 Solid tumors

BGB-30813 — DGKζi
- 101 Solid tumors

BGB-A3055 — Anti CCR8
- 101 Solid tumors

BGB-24714 — SMAC mimetic
- 101 Solid tumors

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

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

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

BGB-45035 — IRAK4 CDAC
- 101 Immunology & Inflammation

BGB-C354 — B7H3 ADC
- 101 Solid tumors

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

Xaluritamig[4] — Anti STEAP1xCD3
- 20180146 mCRPC

Phase 2

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

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

Sonrotoclax — BCL2i
- 201 R/R MCL
- 202 R/R CLL
- 203 R/R WM

Blinatumomab[4] — Anti CD3xCD19
- 20190359 Ped. R/R BP-ALL (initiation act.)

LBL-007[5] — Anti LAG3
- 201 MSS-CRC
- 202 1L ESCC

BGB-A445 — Anti OX40
- 201 Melanoma, UC

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

Tarlatamab[4] — Anti DLL3xCD3
- 20230273 3L SCLC (initiation activities)

Phase 3

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

Sonrotoclax — BCL2i
- 301 TN CLL

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

Pamiparib — PARPi
- 302 2L MTx gBRCAm PSOC

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

Zanidatamab[3] — Anti HER2 BsAb
- 301 1L HER2+ GEA

Tarlatamab[4] — Anti DLL3xCD3
- 20210004 2L SCLC
- 20200041 1L ES-SCLC
- 20230016 LS-SCLC

Registration

Zanubrutinib — BTKi
- 304 TN CLL/SLL (JP)
- 305 R/R CLL/SLL (JP)
- 302 TN WM (JP)

Tislelizumab — Anti PD1
- 315 Neo/adj NSCLC (CN)
- 305 1L GC/GEJC ITT (US, EU)
- 306 1L ESCC (US, EU, JP)
- 302 2L ESCC (JP)

Zanidatamab[3] — Anti HER2 BsAb
- 203 HER2+ 2L BTC (CN)

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

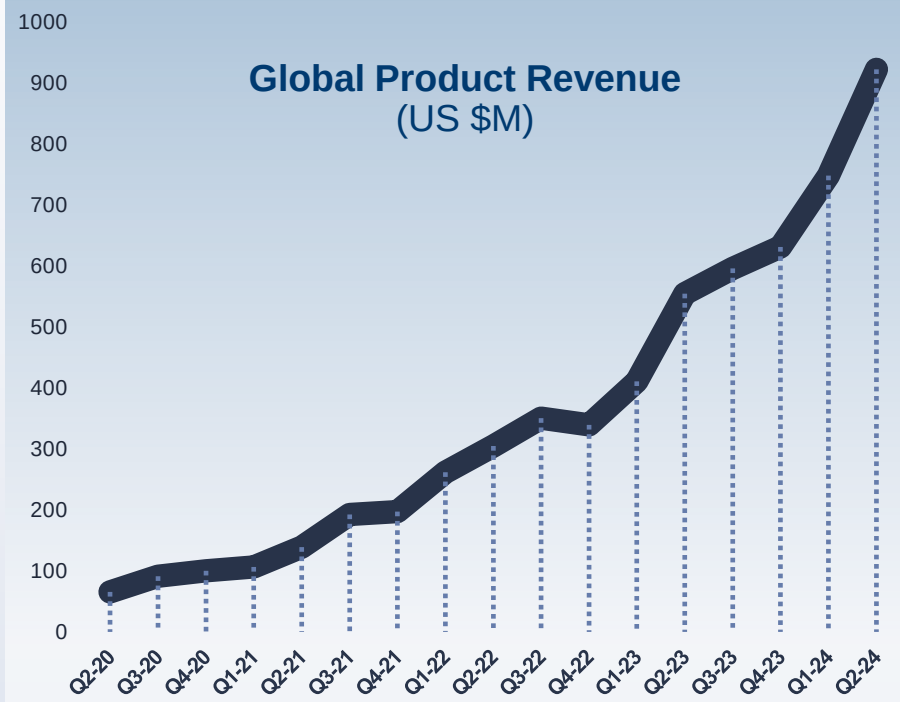
Please see clinical trials details in a "BeiGene Q2 Clinical Trials Portfolio" presentation found on https://ir.beigene.com

Registration includes select accepted submissions
1) Ensem collaboration
2) DualityBio collaboration
3) Zymeworks/Jazz collaboration
4) Amgen collaboration
5) Leads Biolabs collaboration
Please refer to our most recent 10-K filing for a full list of our commercial products, including in-licensed products, as well as commercial rights and collaboration details.

Financial Highlights

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

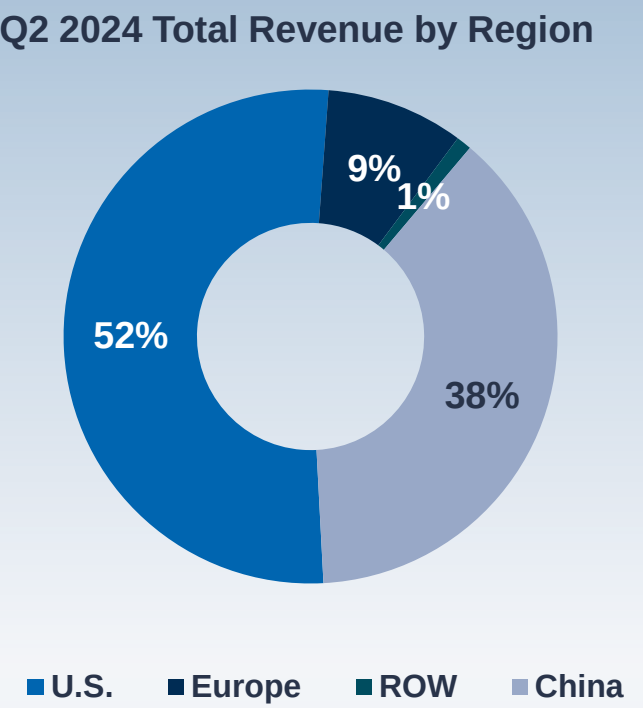
Revenue Growth



Significant global product revenue growth

- 1-year CAGR of 66%
- 3-year CAGR of 88%

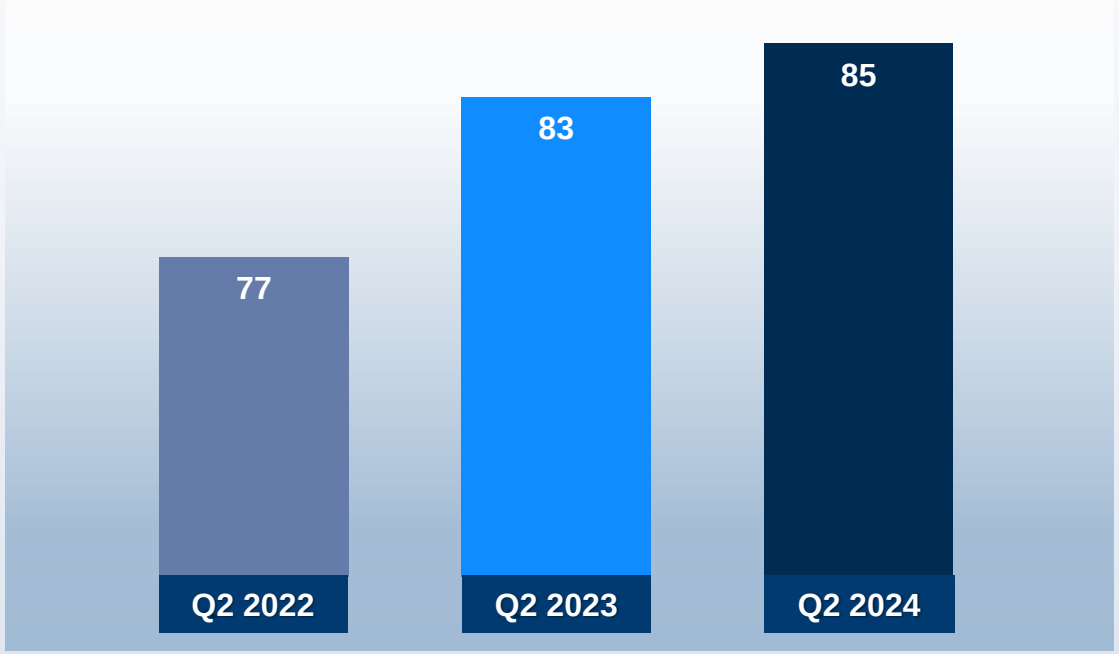
Global Revenue Mix



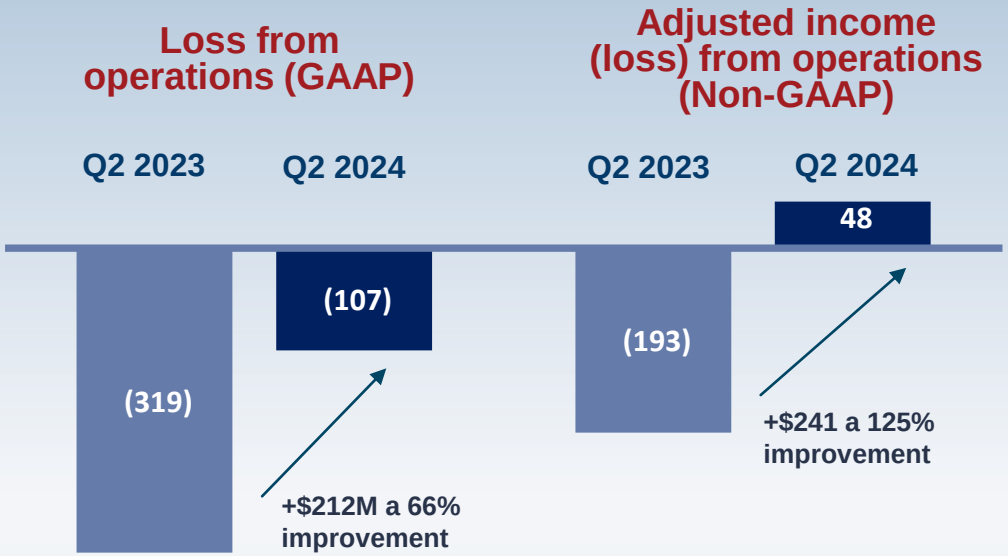
Significant Progress Toward Income Generation

Gross Margin (%)

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

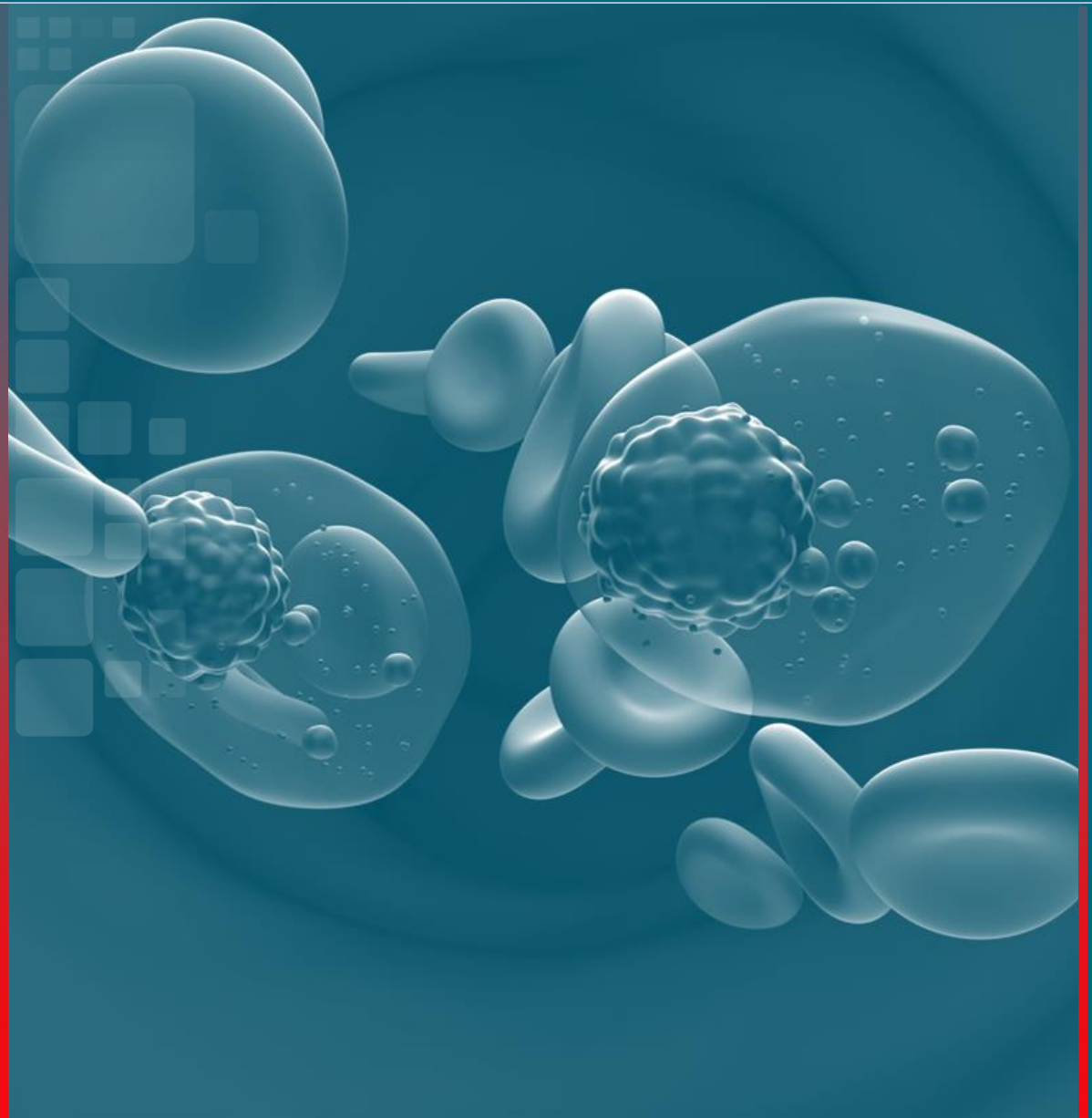


Reduced loss from operations and achieved adjusted income from operations [2] (US $M)



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

(2) Adjusted Income (Loss) from Operations is a non-GAAP financial measure that excludes from the corresponding GAAP measure costs related to share-based compensation, depreciation and amortization expense. A reconciliation of this non-GAAP measure to the comparable GAAP measure is included in the Appendix to this presentation.



Leader in Hematology

Compelling and Leading Hematology Portfolio

BTK inhibitor

BRUKINSA

- Best-in-class BTKi
- Only BTKi demonstrating H2H superiority
- Broadest label

$15B BTKi class
projected in 2028*

BCL2 inhibitor

Sonrotoclax

- Differentiated efficacy and safety
- 1000+ patients enrolled
- Already in pivotal stage
- Best-in-class potential and broader usability by all physicians

$4B BCL2i class
projected in 2028*

BTK CDAC

BGB-16673

- Clinically meaningful efficacy and favorable safety data
- 300+ patients enrolled
- Distinct MOA, agnostic of mutations
- Most advanced BTK degrader addressing BTKi resistant patients

*Source: Evaluate Pharma
CDAC – Chimeric Degradation Activation Compound

Establishing BTKi Leadership

BRUKINSA is emerging as the BTKi class leader in the U.S. in new patient starts across all approved indications

- BTKi is the cornerstone therapy and the standard of care for non-Hodgkin's lymphoma
- Global BTKi market was $8.8B in 2023
- CLL is the largest indication for BTKi, accounting for 80% of the market
- CLL market is expected to reach $12B in 2030*
- BRUKINSA Q2 global revenue increased 107% from the prior-year period
- Given its best-in-class profile, as demonstrated in head-to-head clinical trials for CLL, BRUKINSA is well positioned to become the leading BTKi

*Source: Evaluate Pharma July 2024

BRUKINSA

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

BTK inhibitor

Brukinsa® zanubrutinib

Best-in-Class BTKi

- Engineered to have sustained/complete target coverage; substantially longer exposure than acalabrutinib and ibrutinib
- Sustained superiority of PFS in H2H R/R CLL vs ibrutinib[1] while acalabrutinib showed non-inferiority
- Strong efficacy across indications among BTKis
- Deep and durable responses across indications

Favorable Safety

- Superior safety including cardiac profile in two H2H studies vs. ibrutinib
- Well-tolerated in acalabrutinib intolerant patients[2] and improved safety in those who switched from ibrutinib[3]
- Low treatment-related infections, A-fib, GI symptoms, headache, cough and fatigue compared with acalabrutinib[4]

Broadest Label

- 5 approved indications in the USA
- Only BTKi approved in FL
- Only BTKi with flexible dosing schedule (QD or BID)

Combination of Choice

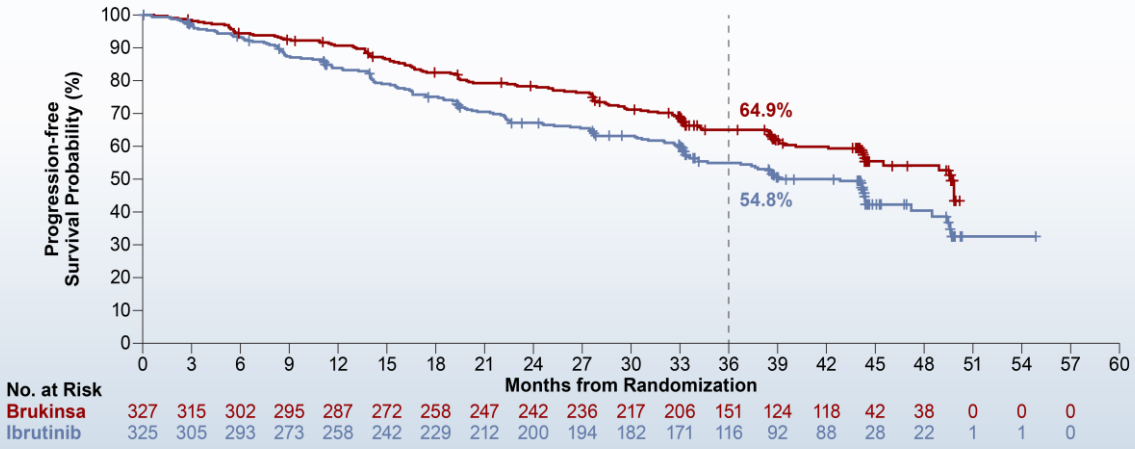
Combination partner with sonrotoclax, TEVIMBRA, and external assets to maximize lifecycle value

[1] Brown et al. Extended Follow-up of ALPINE Randomized Phase 3 Study Confirms Sustained Superior Progression-Free Survival of Zanubrutinib Vs. Ibrutinib for Treatment of R/R CLL/SLL. ASH 2023
[2] Shadman et al. Zanubrutinib in Acalabrutinib-Intolerant Patients with B-Cell Malignancies. ASH 2023
[3] Garcia – Sanz et al. Clinical Outcomes in Patients with Waldenström Macroglobulinemia Receiving Ibrutinib on the Phase 3 ASPEN Study ≥1 Year After Transitioning to Zanubrutinib. ASH 2023
[4] Hwang el al. Comparison of Treatment-Emergent Adverse Events of Acalabrutinib and Zanubrutinib: Meta-Analysis by Mayo Clinic. EHA 2023

BRUKINSA December 2023 U.S. Label Update

ALPINE PFS superiority in R/R CLL (HR 0.65, p=0.0024)[1]; sustained with extended follow-up[2]

PFS superiority sustained at 39 months

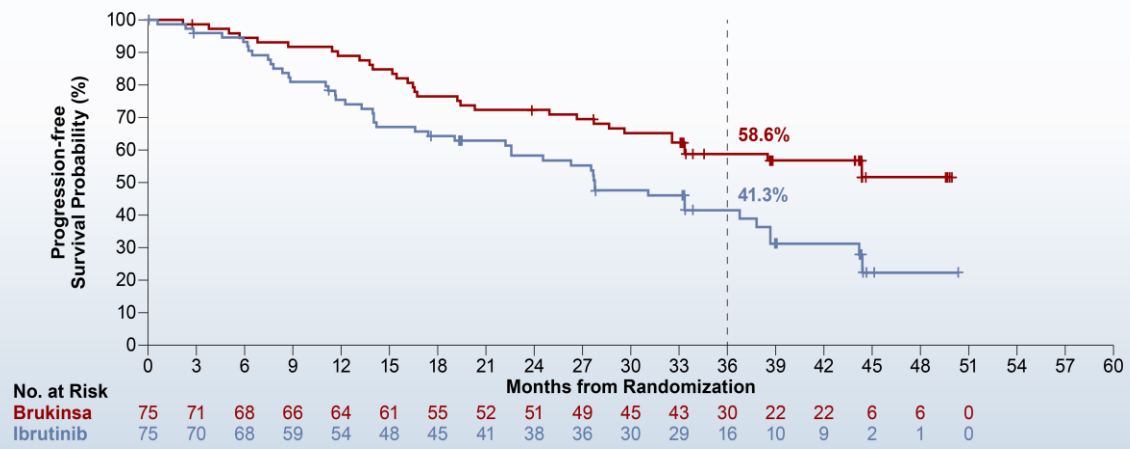


Separation of PFS curves continues at median **39 months** follow-up **where acalabrutinib curves crossed in ELEVATE-RR and showed non-inferiority (HR=1)**

	PFS events, n (%)
BRUKINSA	130 (39.8)
Ibrutinib	159 (48.9)

HR (95% CI) 0.68 (0.53-0.86)
***P*=0.0011**

PFS superiority in patients with del(17p)/*TP53*



PFS superior benefit over ibrutinib demonstrated in patients with **del(17p)/*TP53*mut; in this subset acalabrutinib was only non-inferior to ibrutinib also with HR =1**

	PFS events, n (%)
BRUKINSA	31 (41.3)
Ibrutinib	46 (61.3)

HR (95% CI) 0.52 (0.33-0.83)
***P*=0.0047**

[1] USPI label for superiority based on median follow-up of 29.6 months ASH 2022

[2] Brown et al. Extended Follow-up of **ALPINE** Randomized Phase 3 Study Confirms Sustained Superior Progression-Free Survival of Zanubrutinib Vs. Ibrutinib for Treatment of R/R CLL/SLL ASH 2023

Sonrotoclax

Potential best-in-class BCL2 inhibitor with differentiated profile

BCL2 inhibitor

More potent and specific BCL2i

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

Enables broader clinical use

- Shorter **half-life** vs. venetoclax and **no drug accumulation** leading to a **better safety profile**
- **Easier ramp-up and eliminating monitoring** unlocks use **by all physicians**

Improved clinical profile

- **With 1000+ patients treated,** clinical experience **reinforces pre-clinical data** and supports the potential to be **best-in-class**
- Safe and tolerable in combination with BRUKINSA; **deep and durable responses in TN CLL** are **better than reported venetoclax combos** at same timepoints

Broad development plan

- **Initiated Phase 3 registrational study in TN CLL** with potential to be best in disease **fixed duration combination and SOC** globally
- **Monotherapy** potential in post-BTKi setting with **early registration options** in CLL, WM and MCL in key countries

Extends our footprint in other heme malignancies

- Compelling efficacy and safety data in **AML/MDS** in combination with azacytidine
- Encouraging data with potential to be first BCL2i approved in **MM with t(11,14)**

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

BTK Degrader (BGB-16673)

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

BTK CDAC

Clinically Meaningful Efficacy Data

- BTK degradation observed at lowest dose in patients with BTK mutations[1]
- Clinical responses observed across several B-cell histologies and in patients who received prior cBTKi and ncBTKi[1]
- Shorter time to response than BTKis
- Can penetrate the blood brain barrier*

Favorable Safety Profile

- Lack of IMiD activity vs. competitors allows improved safety. Low grade 3/4 neutropenia in heavily pre-treated patients
- Safe and tolerable in **300+ patients treated**

Robust Registration Plan

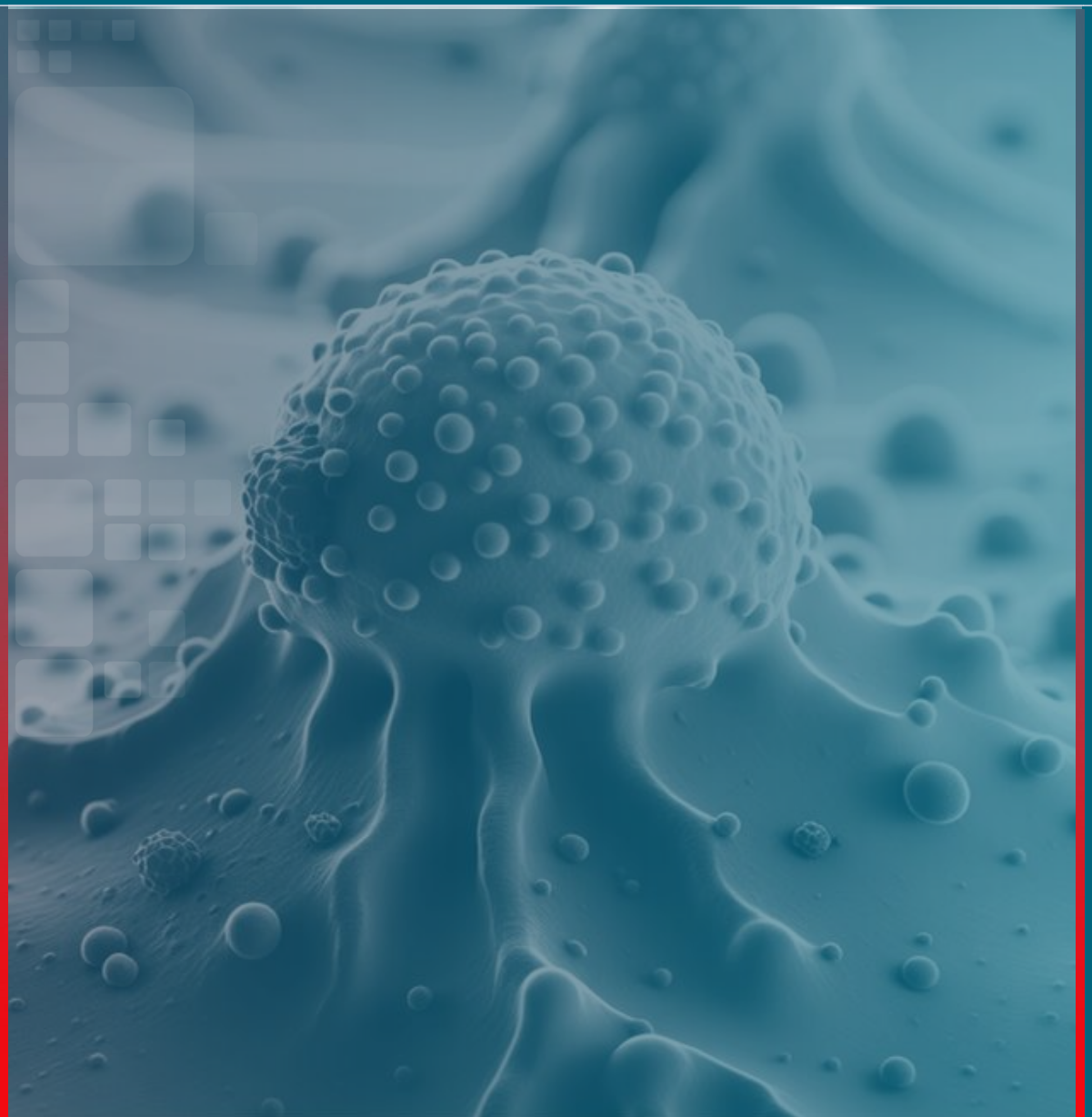
- Expansion cohorts in R/R CLL and R/R MCL are currently enrolling
- Expect to initiate Phase 3 clinical trial in R/R CLL in 4Q24/1Q25

Growing Our Hematology Leadership

- Become SOC therapy for patients progressing after BTKi
- Potential to move to earlier lines of therapy
- Degradation may expand into additional disease areas (LBCL, Richter's, Follicular)
- Potential to be combined with other novel agents and become a backbone

[1] Seymour et al. First Results from a Phase 1, First-in-Human Study of the Bruton's Tyrosine Kinase (BTK) Degrader BGB-16673 in Patients (Pts) with Relapsed or Refractory (R/R) B-Cell Malignancies. ASH 2023

*based on internal preclinical data



Diverse Solid Tumor Portfolio

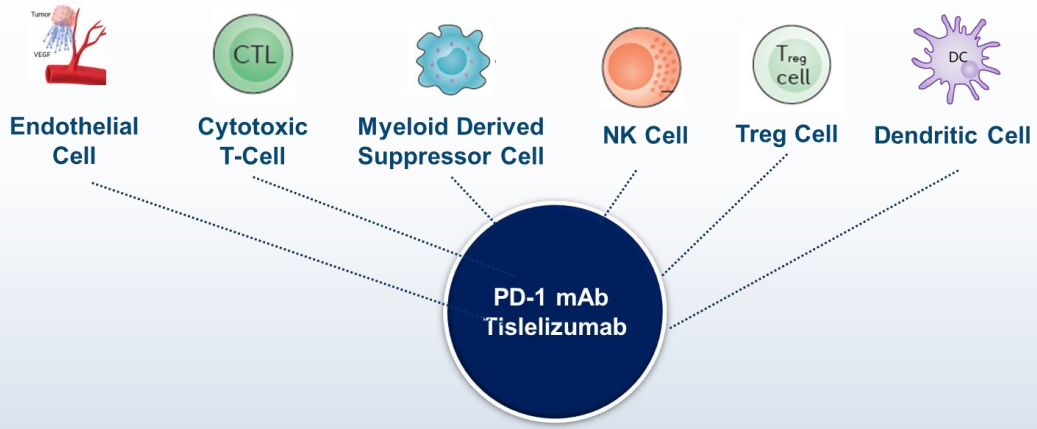
TEVIMBRA-Centered Pan Tumor Pipeline Poised for Global Patient Impact

TEVIMBRA (tislelizumab)

TEVIMBRA accomplishments

- 13 indications approved in China including recent 1L ES-SCLC approval
- Global approvals including 1L/2L NSCLC in EU, AUS and 2L ESCC in US, AUS have been achieved. Multiple global approvals expected in 2024.
- 1L ESCC and 1L GC BLAs under review in the US and EU. BLA reviews ongoing in AUS, Japan and Brazil.
- More than 1.2 million patients treated worldwide, including the first European patient treated with TEVIMBRA following launch in Austria
- Preparing to launch in multiple indications on 5 continents
- $158 million in Q2 2024 revenue

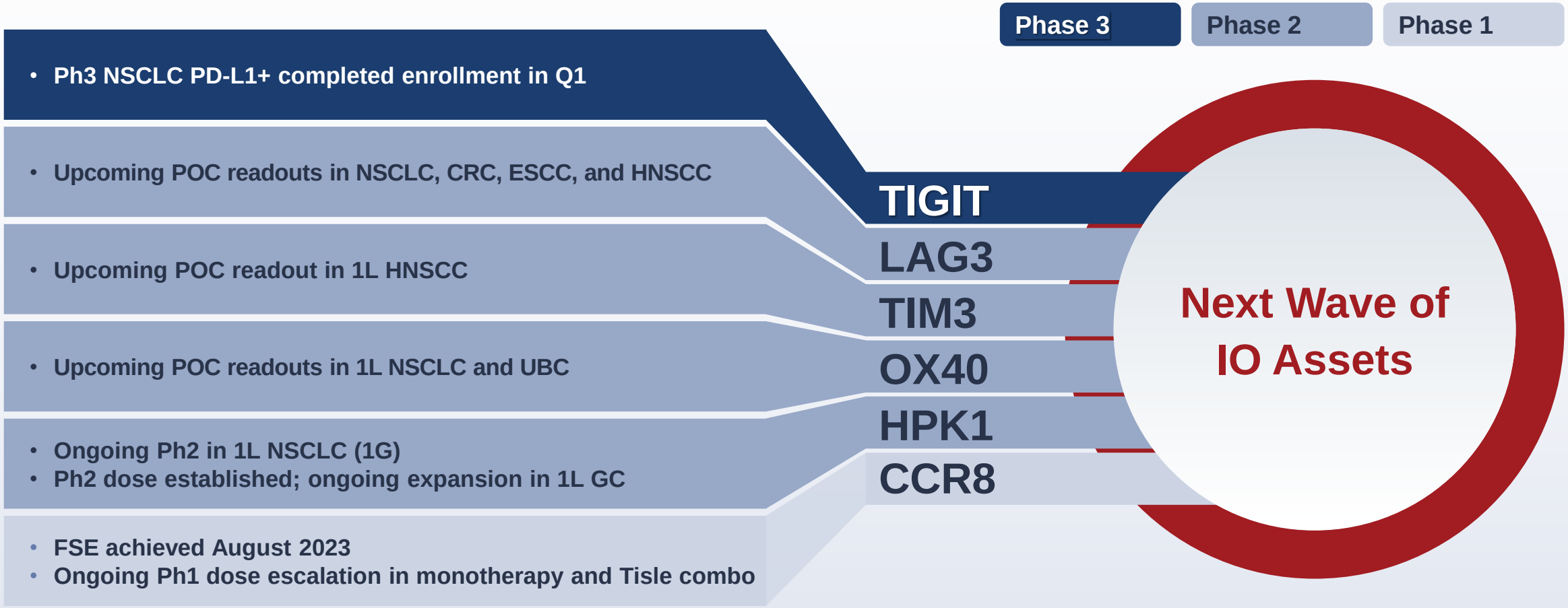
TEVIMBRA is an optimal combination partner



- Strong data in broad set of indications
- >40 internal and external combination studies ongoing
- Diverse pipeline combinations enable multiple immune-modulating approaches

Solid Tumor Portfolio: Clinical Stage Assets

Next wave of immuno-oncology programs in combination with TEVIMBRA



CRC = colorectal cancer
ESCC = esophageal squamous cell carcinoma
HNSCC = head and neck squamous cell carcinoma
L = line of therapy
LAG3 = Lymphocyte-activation gene 3
NSCLC = non-small cell lung cancer
UBC = urinary bladder cancer

PD-L1 = programmed death-ligand 1
POC = proof of concept
RCC = renal cell carcinoma
TIGIT = T-cell immunoglobulin and ITIM domain
TIM3 = T-cell membrane protein 3
FSE = first subject enrolled

Innovative Solid Tumor NME Early Pipeline

Differentiated molecules with multiple modalities in priority tumor types

Lung

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

Breast/Gynecologic

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

GI

- PanKRASi
- FGFR2b ADC
- CEA ADC
- GPC3 x 4-1BB

Pan-Tumor

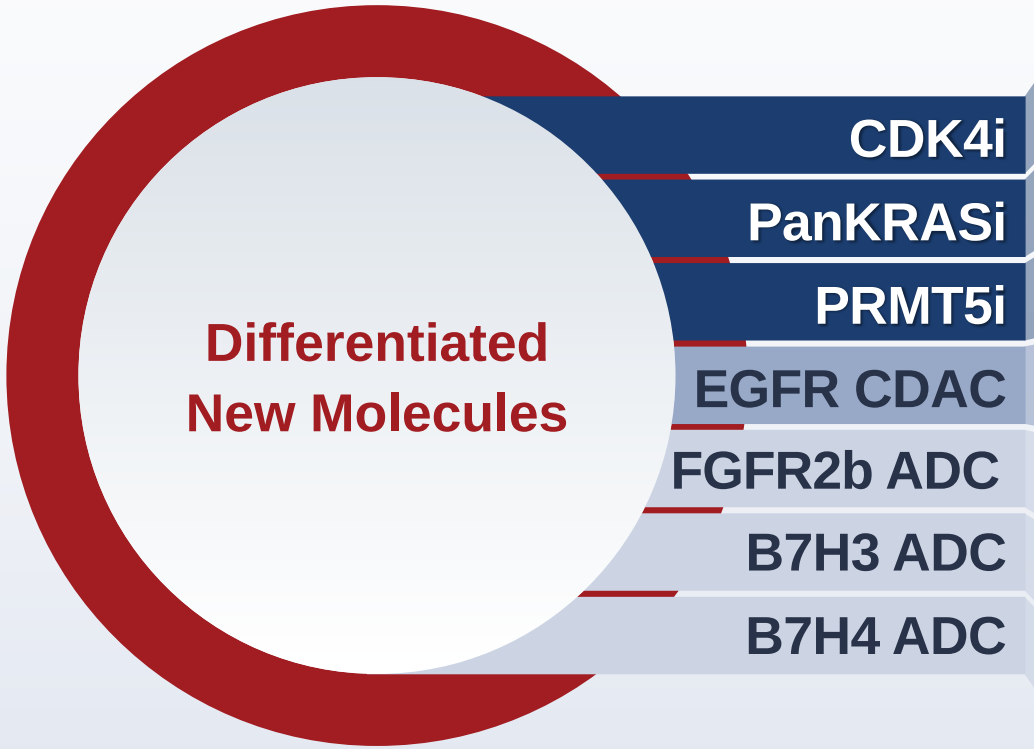
- SMAC Mimetics*
- DGKζi*
- HPK1i*
- CCR8*
- IL-15 prodrug*
- MUC1 x CD16A

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

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

Exciting Early Solid Tumor Programs to Deliver FIC/BIC Molecules

Targeted TX | Degrader | ADC



CDK4i ★	• High potency and CDK4 selectivity with brain penetrability • Best in class preclinical characteristics
PanKRASi	• Broad activity against KRAS mutations in multiple tumor types • Limits toxicity by sparing other RAS proteins
PRMT5i	• 15% of all tumor types including NSCLC are MTAP deleted • High potency and selectivity with brain penetrability
EGFR CDAC	• Differentiated MoA (degrader) to abolish EGFR activity • Broad mutation coverage which may prevent resistance
FGFR2b ADC	• Potential first-in-class ADC for upper GI and breast cancers • Pre-clinical corneal toxicity less than with competitor molecule
B7H3 ADC	• Consistent expression in thoracic and squamous histology cancers • High drug antibody ratio (DAR8) enhances toxin delivery
B7H4 ADC	• High expression in breast and gynecologic cancers • Good efficacy in heterogeneous pre-clinical models

★ Slide to follow
Detailed descriptions included in appendix slides

CDK4 Inhibitor

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

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

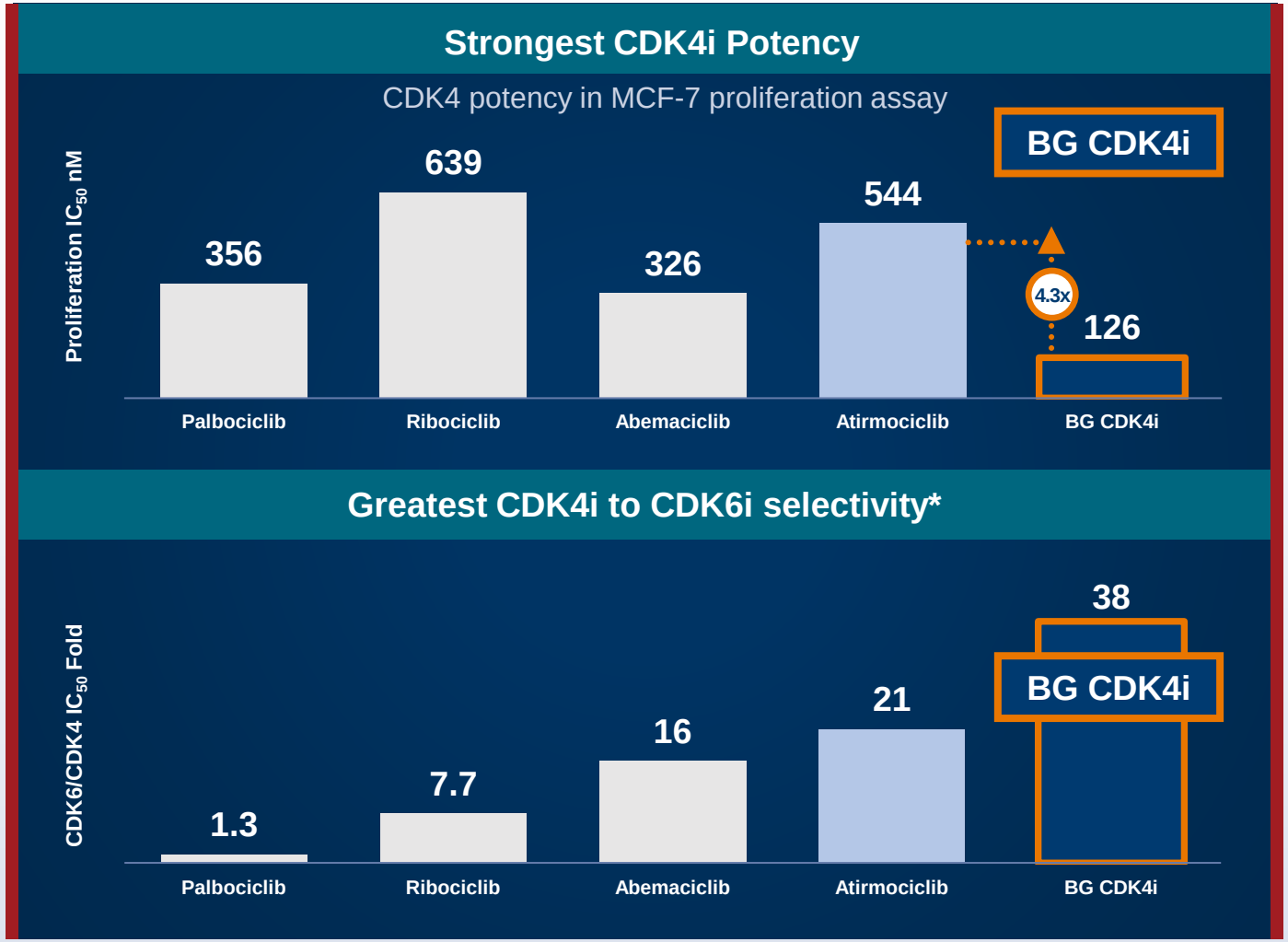
BGB-43395 is a potential best-in-class CDK4 inhibitor spares CDK-6 mediated and off-target toxicities

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

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

Currently in phase 1 development

- Dose escalation in monotherapy (dose level 5) and in combination with fulvestrant and letrozole (dose level 2) is ongoing towards the predicted efficacious dose range with PK as expected
- No dose limiting toxicities observed
- First clinical data abstract submitted to SABCS 2024



Atirmociclib (PF-07220060) is CDK4 inhibitor from Pfizer
CDK4 cellular IC50 measured through pRB in Jeko-1
CDK6 cellular IC50 measured through pRB in Pfeiffer with CDK4 KO

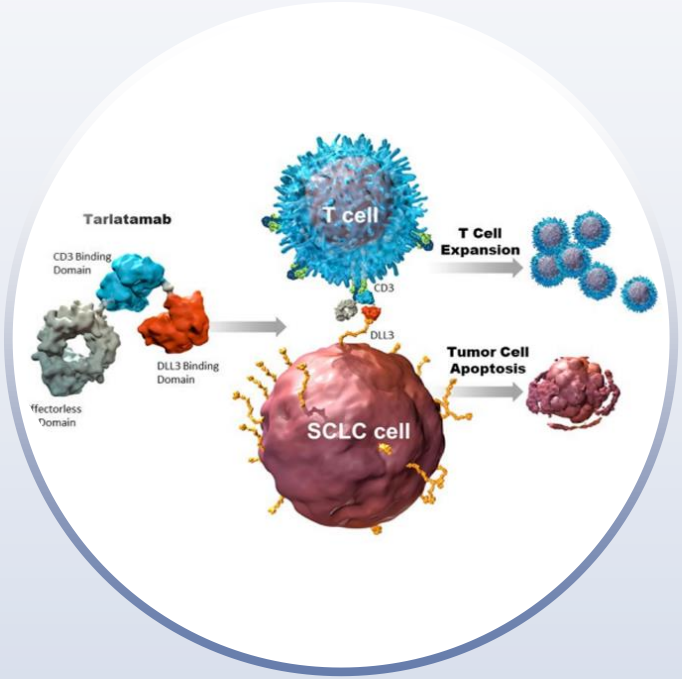
Amgen Development Collaboration Progress

Two priority programs in Amgen's oncology pipeline

Tiered mid-single digit royalties on net sales of potential blockbuster products globally; developing these assets with commercial rights in China

IMDELLTRA™ (tarlatamab-dlle) first-in-class (DLL3 x CD3) First T-cell engager to demonstrate activity in small cell lung cancer. U.S. drug-treated population of ~35K across all lines of disease

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



Xaluritamig, first-in-class (STEAP1 x CD3) Enrolling phase 1 dose expansion in prostate cancer. STEAP1 is expressed in >80% of prostate cancer patients

- January 2024 data[3] provides compelling proof-of-concept
- Dose-exploration data from patients with mCRPC with the majority of participants having received 3 or more prior lines[2]
- RECIST ORR of 41% at doses ≥0.75 mg[3]

1 Accelerated approval. Continued approval may depend on confirmatory trials.
2 N Engl J Med 2023; 389:2063-2075, DOI: 10.1056/NEJMoa2307980
3 Cancer Discov. 2024 Jan 12;14(1):76-89. doi: 10.1158/2159-8290.CD-23-0964.
SCLC = small cell lung cancer, ES = extensive stage,
LS = limited stage, mCRPC = metastatic castration-resistant prostate cancer

Key Catalysts

Approved Products ✓

BRUKINSA

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

TEVIMBRA

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

Pipeline ▶ ▶ ▶

Sonrotoclax

- Ongoing phase 3 in TN CLL
- Initiate phase 3 in R/R CLL in 4Q24/1Q25
- Initiate phase 3 in R/R MCL in 4Q24/1Q25
- Additional data read outs in B-cell malignancies, MM, MDS and AML

BTK CDAC

- Initiate phase 3 in R/R CLL in 4Q24/1Q25
- Ongoing expansion cohorts (potential registration intent) for R/R MCL and R/R CLL
- Additional data read out in B-cell malignancies

Tislelizumab Combinations

- Multiple lung cancer combination cohorts with BGB-A445 (anti-OX40), LBL-007 (anti-LAG3) and BGB-15025 (HPK1 inhibitor) expected to read out in 2024 and expected publication in 1H 2025
- Multiple GI combination cohorts with LBL-007 (anti-LAG3) expected to read out in 2024

Zanidatamab[1]

- 2L HER2+ BTC CN submission in May 2024 ✓, CN approval projected in 2H 2025

Early Clinical Development

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

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

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

[2] 5 NMEs brought into the clinic YTD 2024, including CDK2i, B7H4 ADC, IRAK4 CDAC, B7H3 ADC, IL-15 prodrug

Completed Our Capital Investment in State-of-the-Art Manufacturing Capabilities to Support Global Growth and Broad Portfolio

State-of-the-Art Biologics Manufacturing Facility in Guangzhou

- Current total capacity of 65,000L
- Guangzhou South Campus for ADC production opened in April 2024

Multi-Functional Manufacturing Facility in Suzhou

- Commercial-scale small molecule drug products facility
- Aligned with the design criteria of U.S., EU, and China
- Diamond Site opened in November 2023 that increased capacity by more than 5 times

U.S. Manufacturing Facility at the Princeton West Innovation Center, NJ

- 42-acre of state-of-the-art biologics manufacturing site
- The site opened in July 2024
- 1 million+ sq ft of space for future expansion

Experienced, High-Quality Manufacturing Partners

Boehringer Ingelheim

Catalent

Manufacturing collaborations with leading manufacturers in biologics and small molecules

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

First U.S Manufacturing Facility

- Groundbreaking in April 2022
- **42-acre green-field site** (1,800,000 ft^2) at Princeton Innovation Center
- **Phase I** with 150,000 ft^2 built
- Expandable to Small Molecule and ADC

Platform standardization allowing efficient tech transfer and shared world-wide resources

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

By 2025, We Expect to Have Transformed Into a Clear Leader With a Path to Profitability and Strategic Advantages

Today ▼

- Cost and speed advantages
- Well positioned with diverse modalities
- Clear path to transition to cash producing global enterprise
- Diverse global revenue mix for long term growth

2025-2030 ▶ Priority Solid Tumor Types and 2030 Market Size Estimate

Lung
$69B

Breast/Gynecologic
$66B

GI
$29B

Pan-Tumor
--

Diversified Therapeutic Modalities

Small Molecule	CDAC	mAb	ADC	BsAb/ TsAb	mRNA	Cell Therapy

Future Cornerstone Programs

EGFR CDAC	CDK4	FGFR2b ADC	PanKRAS	PRMT5

2030 market size estimates from EvaluatePharma: Lung includes non small cell and small cell, Gynecologic includes ovarian and cervical, GI includes colorectal, esophageal, gastric, liver, pancreatic, and stomach

Our Commitment to Responsible Business and Sustainability

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

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

BeiGene

Thank you

Appendix

PanKRAS Inhibitor

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

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

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

PanKRAS inhibitor is differentiated from mutation selective KRAS inhibitor

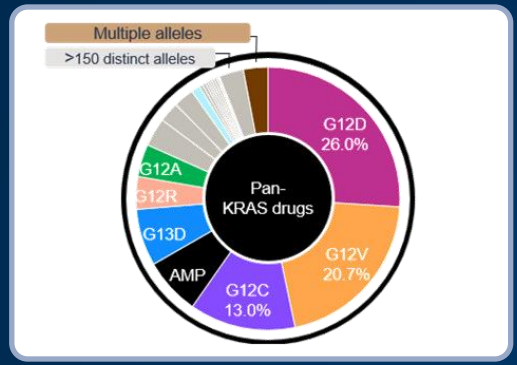
- Address broader KRAS mutations
- Minimal impact on normal tissues due to N/HRAS compensation

BGB-53038 demonstrates good potential in preclinical studies

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

On track to enter the clinic in 4Q, 2024

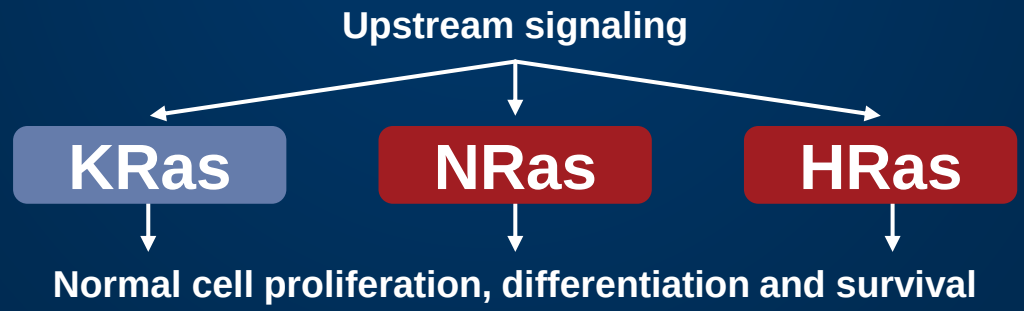
KRASmut prevalence in all cancers



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

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

Compensation Role of N/HRAS in Normal Tissue



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

MTA-Cooperative PRMT5 Inhibitor

Next-generation PRMT5 inhibitor avoiding hematological toxicity

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

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

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

Compelling pharmacological properties

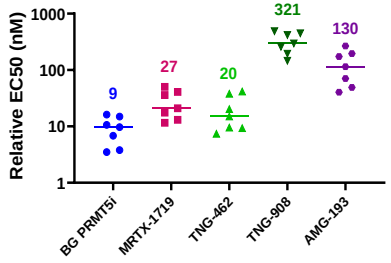
- Highly potent and selective on MTAP-deletion cells
- Brain penetrative and good intracranial efficacy
- Desirable half-life supports daily dosing

On track to enter clinic in 4Q 2024

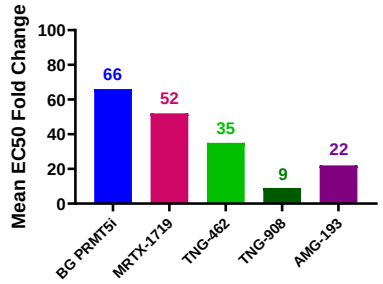
Stronger potency than leading competitors in MTAP^{DEL} cells

MTA-cooperative PRMT5i killing activity

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



MTA-cooperative PRMT5i killing selectivity



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

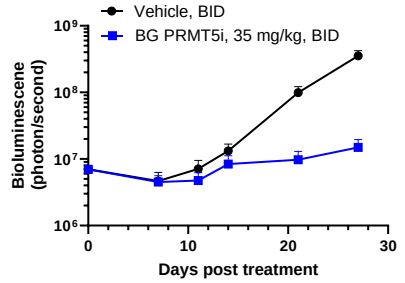
Higher brain penetration than most leading competitors and good intracranial efficacy

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

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

PRMT5i, PRMT5 inhibitor; DEL, deletion

U87-luc2 orthotopic MTAP^{DEL} model



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

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

EGFR CDAC

Truly differentiated MoA to completely abolish EGFR signaling

EGFR mutant NSCLC is a large oncogene-driven subgroup with estimated class peak sales of $12B

~50% lung adenocarcinoma in Asian and 15% in Caucasian*

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

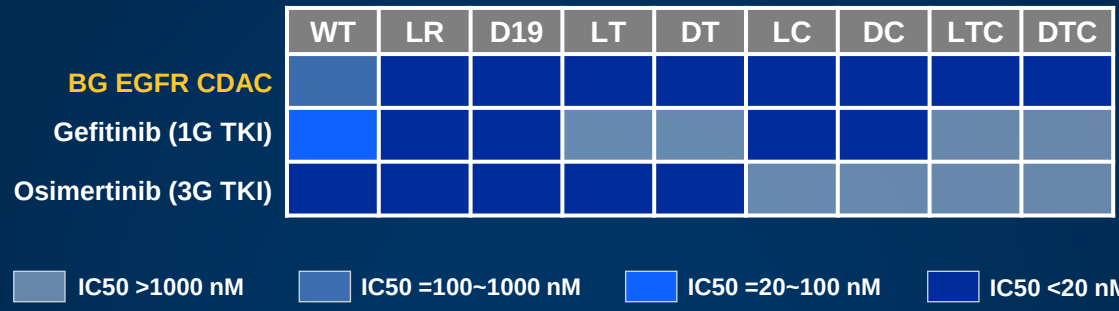
- Broad coverage of EGFR mutations and destruction of EGFR scaffold function yields sustained signaling inhibition
- Non-redundant mechanisms may prevent the emergence of resistance when used in early lines of therapy

Promising preclinical candidate profile

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

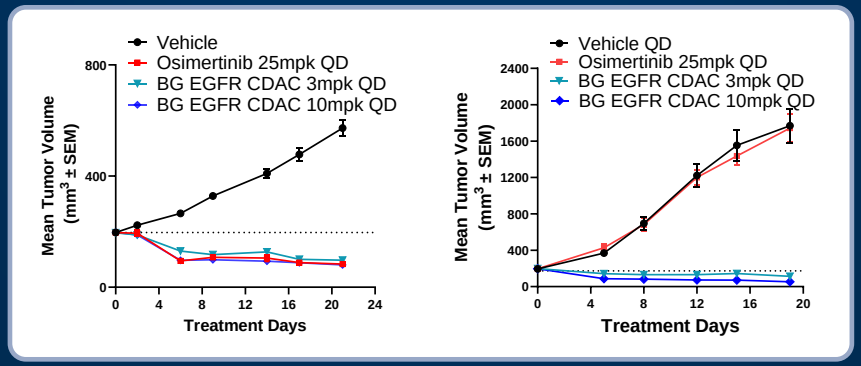
On track to enter the clinic in 4Q, 2024

Broadest EGFRmut coverage while sparing WT EGFR



Robust efficacy in both osimertinib-sensitive and resistant xenograft models

Osimertinib-sensitive HCC-827-D19 model



Osimertinib resistant H1975-L858R/C797S model

WT: wild-type; LR: L858R; D19: exon 19 deletion; DT: exon 19 deletion/T790M; LT: L858R/T790M; DC: exon 19 deletion/C797S; LC: L858R/C797S; DTC: exon 19 deletion/T790M/C797S; LTC: L858R /T790M/C797S

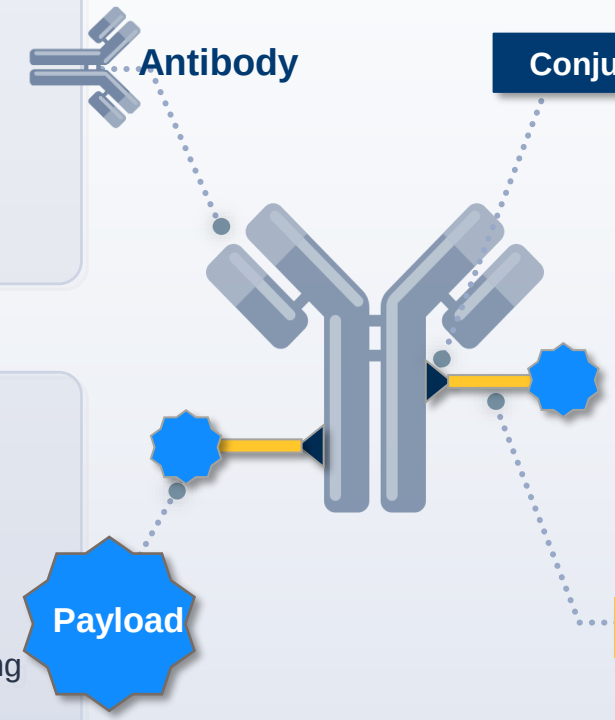
* 2020 Globocan; Wang P, et al. J ThoracDis. 2017, 9(7): 1973-1979; Wen S, et al. Oncologist. 2019, 24(11):e1070-e1081; J Clin Oncol . 2022 Feb 20;40(6):611-625.

BeiGene's ADC Platform

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

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

- Monoclonal Ab
- Multi-specific Ab



Homogenous and stable conjugation to create uniform DAR/better stability

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

Diverse payload MoA to unleash the full potential of ADC technology

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

Proprietary hydrophilic linker platform

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

Topo1i, Topoisomerase I inhibitor

FGFR2b ADC

Differentiated modality to pursue best-in-class opportunity

Clinically validated target in upper GI cancers with additional opportunity in breast cancer

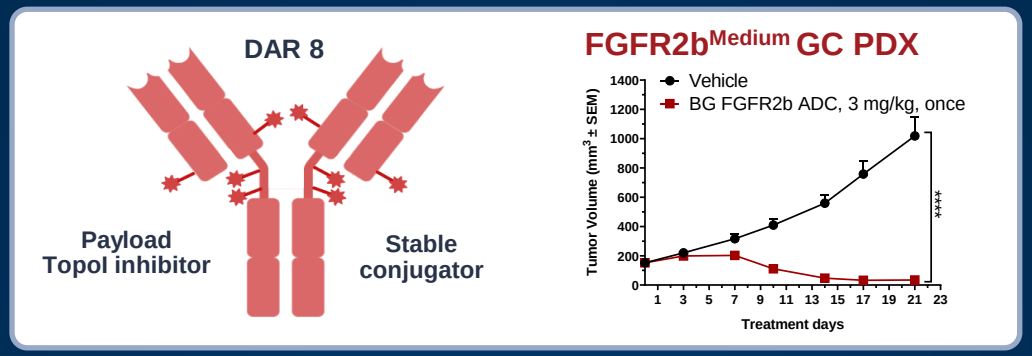
- FGFR2b positive (IHC 2+/3+) in ~ 24% gastric cancer (GC)[1]
- Bemarituzumab combo with chemo has shown good efficacy
- Opportunity to improve efficacy and reduce ocular toxicity*

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

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

On track to enter the clinic in 2H 2024

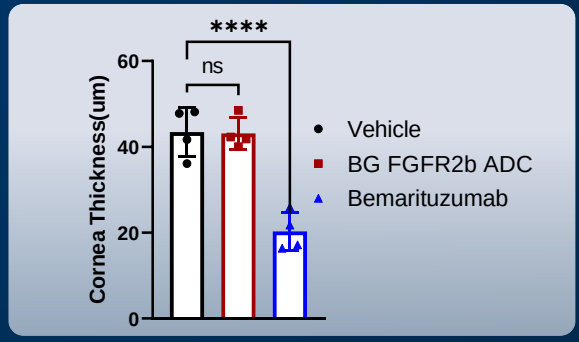
BG FGFR2b ADC Generates Strong Efficacy



Topol - Topoisomerase I

BG FGFR2b ADC Spares Corneal Toxicity In Mouse

Antibody	FGF7-FGFR2b	FGF10-FGFR2b
BG FGFR2b ADC	Weaker blocker	Non blocker
Bemarituzumab	Strong blocker	Strong blocker



BG FGFR2b ADC, 10 mg/kg, Q2W x 2 / Bemarituzumab, 10 mg/kg, BIW x 8

[1] Lancet Oncol 2022; 23: 1430–40

* Bemarituzumab only benefits a subset of patients with relatively higher FGFR2b expression

* Bemarituzumab led to 26% treatment discontinuation caused by on-target corneal toxicity

B7-H3 ADC

BIC potential with stable DAR8 and strong bystander effect

Highly expressed in multiple tumor types, including lung, GI, head and neck and gynecological cancers*

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

Clinical validation by DS-7300 in small cell lung cancer

Differentiated drug design with BIC potential

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

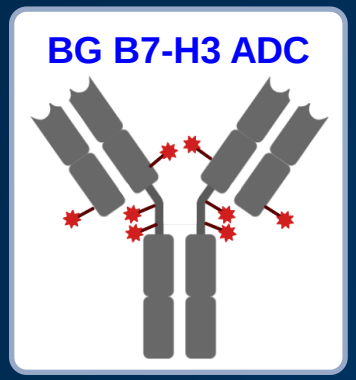
FSD achieved July 24

Michiko Yamato et al., Mol Cancer Ther, 2022

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

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

BG B7-H3 ADC: differentiated molecular design

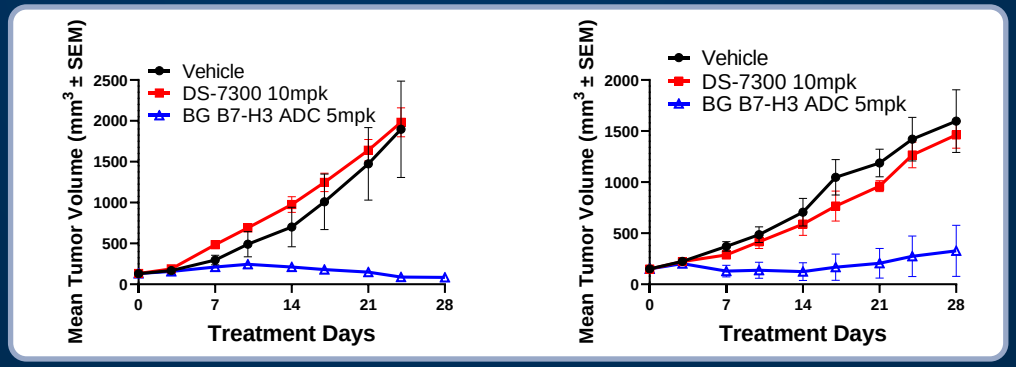


Attribute	DS-7300	BG B7H3 ADC	BeiGene advantage
DAR	4	8	Higher DAR
Payload-Linker	DXd-GGFG	TopoI inhibitor-hydrophilic linker	Stronger bystander effect
Conjugation	Traditional Cysteine conjugation	Stable conjugator	Better stability

TopoI, Topoisomerase I

Robust efficacy in DS-7300 resistant PDX models

Lead competitor biosimilar used as benchmark



B7-H4 ADC

Asset to potentially boost ADC pipeline in breast and gynecologic cancers

ADC target with broad expression in breast and gynecologic cancers

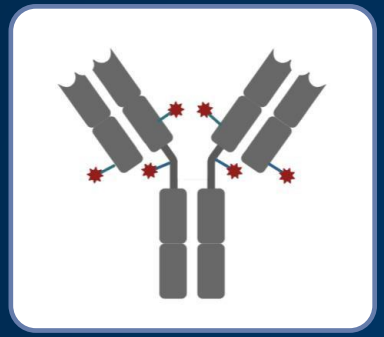
- ~45% in triple-negative breast cancer
- ~60% in endometrial carcinomas
- ~50% in ovarian cancer

BG-C9074 has enhanced probability of success

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

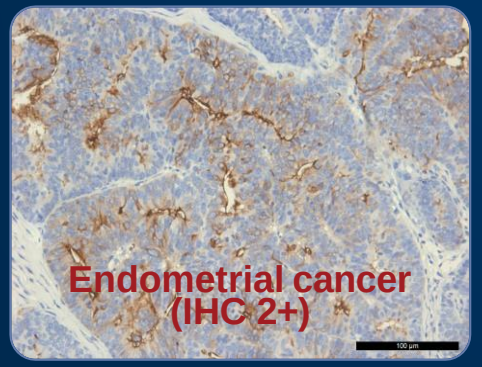
Currently enrolling monotherapy dose level 2 with PK as expected

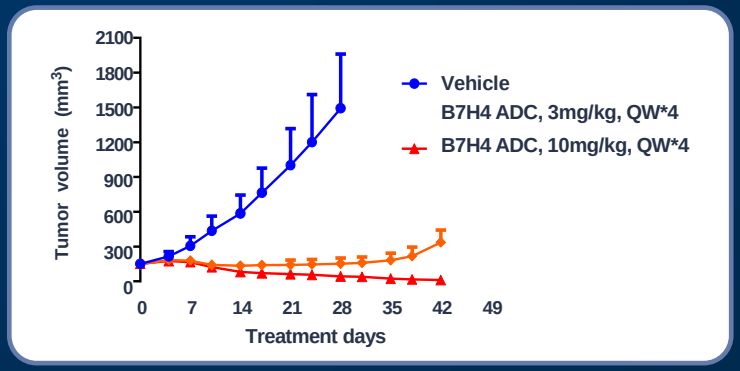
BG B7-H4 ADC molecular design



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

Robust efficacy in B7-H4 low/heterogeneous PDX model





HS-20089 and SGN-B7H4V are B7H4 ADC from GSK/Hansoh and Pfizer/Seagen, respectively
ADC = antibody-drug conjugate
DAR = drug-to-antibody ratio
IHC = immunohistochemistry
PDX = patient-derived xenograft
42nd Annual J.P. Morgan Healthcare Conference. 8Jan24.
Available at: https://ir.beigene.com/ Accessed 15Jan24

CEA ADC

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

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

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

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

Differentiated ADC design to enhance efficacy benefit

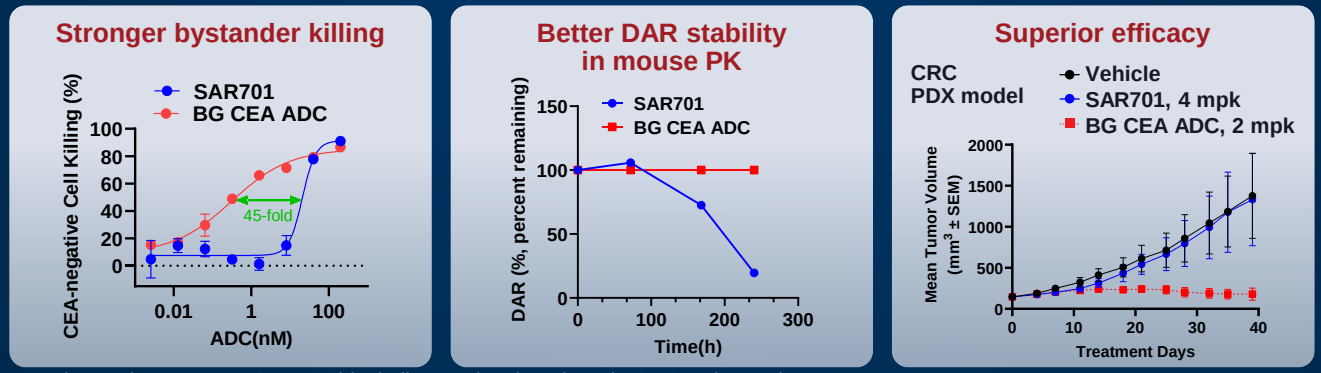
- Different payload strategy: topoisomerase I inhibitor
- High DAR (8), stable conjugator and hydrophilic linker design

On track to enter clinic in 4Q, 2024

BG CEA ADC with differentiated ADC design

Attribute	SAR701	BG CEA ADC	BeiGene advantage
Payload	DM4	Proprietary TopoI inhibitor	• Payload MoA is better fit for target indications • Stronger bystander effect
DAR	4	8	• Higher DAR
Linker	SPDB disulfide	Hydrophilic	• Better ADC stability
Conjugation	Lysine	Cysteine (w/ stable conjugator)	• Better ADC homogeneity and stability

Superior ADC- bystander effect, stability and efficacy



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

* Stéphanie Decary et al., Clin Cancer Res, 2020 Dec 15;26(24): 6589-6599

SAR701 is in short for SAR408701, CEA ADC from Sanofi

Reconciliation and Calculation of Non-GAAP Financial Measurements

Reconciliation to adjusted loss from operations

($ in thousands)	Q2 2024	Q2 2023
GAAP loss from operations	**(107,161)**	**(318,715)**
Plus: Share based compensation	130,694	103,329
Plus: Depreciation	23,754	21,307
Plus: Amortization of intangibles	1,177	1,028
Adjusted income (loss) from operations	**48,464**	**(193,051)**