ANTENGENE INVESTOR PRESENTATION

TREATING PATIENTS BEYOND BORDERS

JULY 2022

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ANTENGENE

I. COMPANY OVERVIEW

Realizing Our Vision of Treating Patients Beyond Borders

Commercialization in Multiple Markets

- **XPOVIO® approved** in mainland China, Australia, Korea and Singapore
- Expecting approvals in **Hong Kong and Taiwan** markets in 2022
- **~188 person** commercial team in Greater China and APAC

Clinical and Regulatory Operations

- Multi-regional clinical trials with **24 INDs** obtained across regions including mainland China, Australia, and US
- **Studies ongoing in China, Australia and US** including programs with wholly owned global rights

Global Partnerships

Bristol Myers Squibb
AstraZeneca
Karyopharm Therapeutics
LCB LegoChemBio
CALITHERA

Global Team of Industry Veterans

ANTENGENE

Global Management Team with Deep Local Experience and Insights Working Seamlessly Across Regions

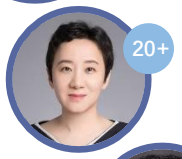
Jay Mei, M.D., Ph.D.
Founder / Chairman / Chief Executive Officer
Celgene · Johnson & Johnson · NIH National Cancer Institute · Novartis

Kevin Lynch, M.D.
Chief Medical Officer
Celgene · Novartis

John F. Chin, MBA
Chief Business Officer
Celgene · Aventis · Bristol Myers Squibb

Eitan Liu
Chief Operating Officer
中信集团 CITIC Group · CBRE · Frost & Sullivan · Agilent Technologies

Yiqiang Zhao, M.D., Ph.D.
Executive Director, Clinical Development
I-Mab Biopharma · Shengen Pharma Group · Novo Nordisk · NIH National Cancer Institute



Jasmine Sun, M.D., MPH
Corporate Vice President, Head of Clinical Operations
Tigermed · Merck · Roche · Lilly

Zhinuan Yu, Ph.D.
Corporate Vice President, Biometrics & Regulatory Enabling Functions
Celgene · Organon · Bristol Myers Squibb

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Chief Scientific Officer
ThermoFisher Scientific · ChemPartner · GE Healthcare

Donald Lung, JD, MBA
Chief Financial Officer
Goldman Sachs · BFAM Partners

Yijun Yang, Ph.D., Sc.D
Corporate Vice President, Head of Clinical Enabling Functions & Operational Excellence
Vertex · BainCapital · Alexion

Godfrey Guo, M.D.
Executive Director, Medical
Roche · Novartis

Thomas Karalis
Corporate Vice President, Head of Asia Pacific Markets
Celgene · Lilly · Abbott · Bristol Myers Squibb

Lixin Yu
Head of Hematology Business Unit, China
正大天晴 CHIA TAI TIANQING

Track Record of Antengene Management Team

Revlimid (lenalidomide) capsules · Vidaza azacitidine for injection · Pomalyst (pomalidomide) capsules 1 · 2 · 3 · 4 mg · IDHIFA (enasidenib) tablets · glivec imatinib · Tasigna (nilotinib) 50mg, 200mg capsules · Femara (letrozole) 2.5mg tablets · INCIVEK (telaprevir) 375 mg Tablets · TORISEL (temsirolimus) injection · Kanuma sebelipase alfa intravenous infusion · THALOMID (thalidomide) Capsules 50 · 100 · 150 · 200 mg · Herceptin trastuzumab · Abraxane (nanoparticle albumin-bound paclitaxel)

Dual Engine of Growth Through Value-adding Partnerships and In-house Discovery

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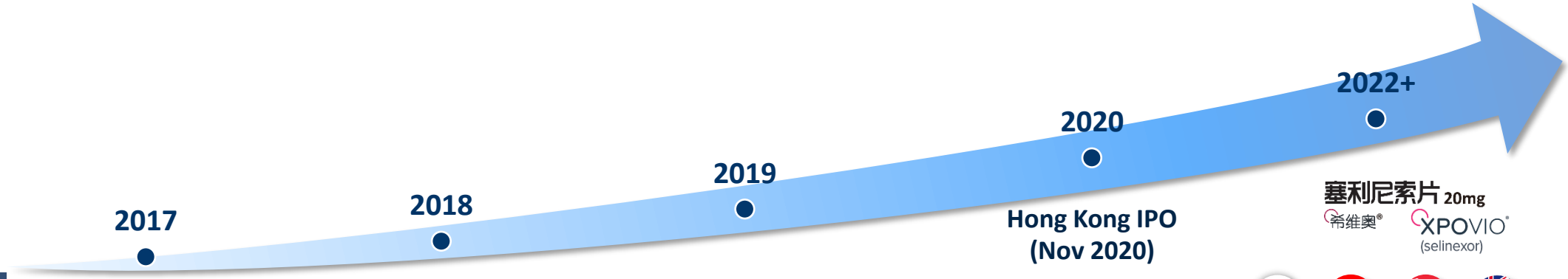
Rich Pipeline with Commercialization Across Multiple Markets, Driven by Strong Execution Capabilities



	2017	2018	2019	2020	2022+
Approval(s)					
NDA Submissions					Hong Kong, Taiwan
INDs*		3 INDs	6 INDs	11 INDs	24 INDs
Pipeline Assets	1 asset	5 assets	9 assets (including 3 in-house)	12 assets (including 6 in-house)	15 assets (including 8 in-house)
Funds Raised	US$21mm Series A		US$120mm Series B	US$97mm Series C US$367mm HK IPO	Cash, Bank Balances and Cash Management Products of US$ 373mm (RMB 2,370mm)**
Selected Investors	Celgene | Bristol Myers Squibb Company Tigermed QIMING VENTURE PARTNERS		药明康德 WuXi AppTec 博裕資本 BOYU CAPITAL 方源資本 FOUNTAINVEST PARTNERS	Fidelity INVESTMENTS BlackRock GIC HILLHOUSE CORMORANT ASSET MANAGEMENT SEQUOIA	

* Total # of IND/CTA approvals obtained

** As of 31st December 2021; USD/RMB exchange rate of 1/6.35 as of 17th March 2022

The Antengene Pipeline Includes Multiple Novel Immuno-oncology and Targeted Assets – Allowing Broad Proprietary Combinations

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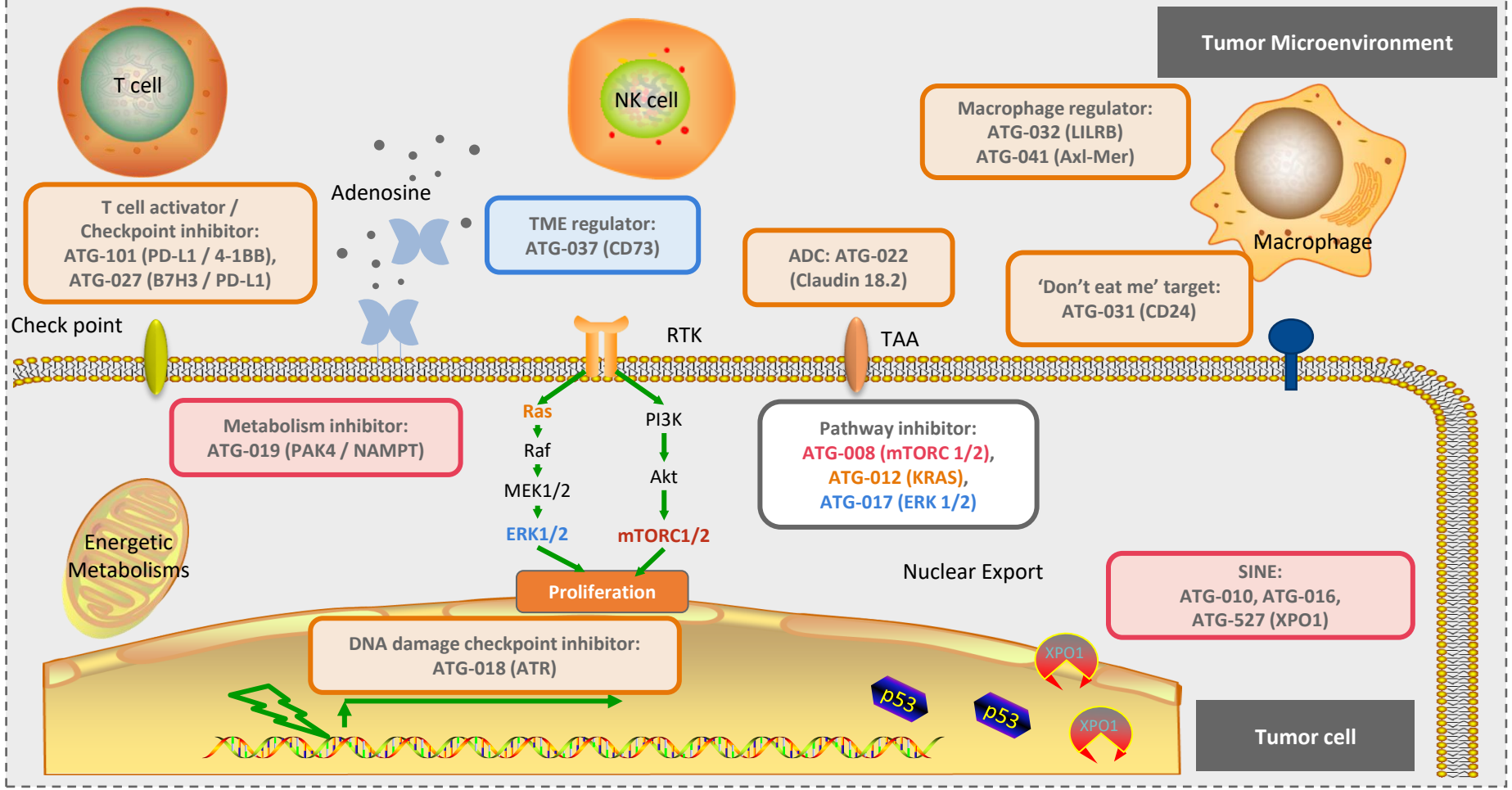
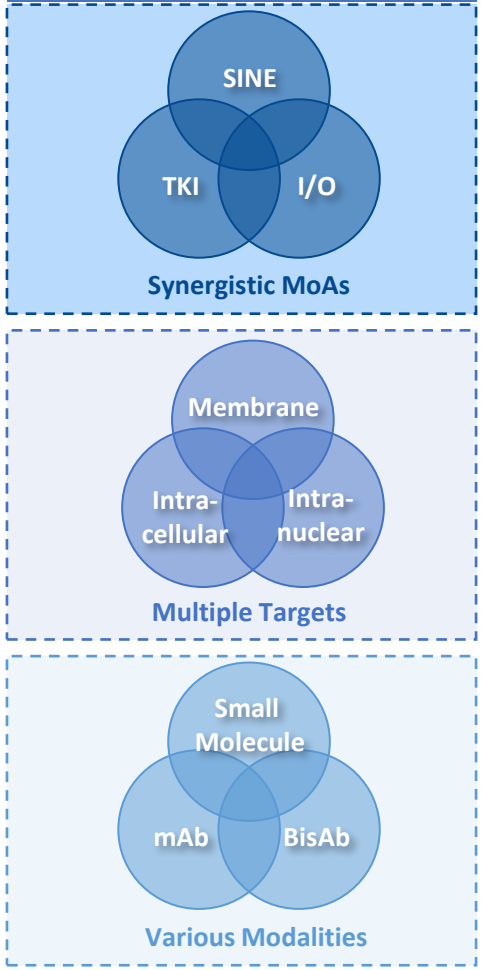
Mechanism of Action of Antengene's Pipeline



Antengene's Pipeline



Denotes assets with APAC rights

Denotes assets with Global rights

Denotes internally discovered / developed targets with global rights

2021 Achievements and Recent Corporate Updates

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Cash, Bank Balances and Cash Management Products – US$ 373mm (RMB 2,370mm)

Commercial Launch of XPOVIO® across Asia

- ✓ 2021 Revenue of **RMB28.8 mm**, primarily contributed by NPP Program
- ✓ NDA Approval by **China's NMPA** in Dec 2021
- ✓ NDA Approval by **Australia's TGA** and **Singapore's HSA** in Mar 2022
- ✓ NDA Approval by **South Korea's MFDS** in Jul 2021
- ✓ Expansion of commercial team to **188 members** across APAC
- ✓ **CSCO Diagnosis and Treatment Guidelines 2021 inclusion** for multiple selinexor regimens in multiple myeloma and lymphoma

Late Stage Clinical Programs

- ✓ **ATG-010 Selinexor**
  - **5 registrational studies** on-going in mainland China for ATG-010 (selinexor), including **3 global trials** in collaboration with Karyopharm
  - Data presentation in **ASCO 2021** and **ASH 2021**

Global Rights Assets

- ✓ **4 Global rights assets** in clinical development
  - ATG-017 (ERK1/2 small molecule inhibitor)
  - ATG-101 (PD-L1/4-1BB bispecific antibody)
  - ATG-037 (CD73 small molecule inhibitor)
  - ATG-018 (ATR small molecule inhibitor)
- ✓ **Research data presentation in multiple medical conferences**
  - **SITC Annual Meeting Nov 2021**
    - ATG-017 (ERK1/2 small molecule inhibitor)
    - ATG-101 (PD-L1/4-1BB bispecific antibody)
  - **AACR Annual Meeting Apr 2022**
    - ATG-037 (CD73 small molecule inhibitor)
    - ATG-018 (ATR small molecule inhibitor)
    - ATG-022 (Claudin 18.2 ADC)
    - ATG-012 (KRAS G12C small molecule inhibitor)
- ✓ **3 in-house discovered molecules** with novel targets in the macrophage space disclosed
  - ATG-031 (CD24 monoclonal antibody)
  - ATG-032 (LILRB monoclonal antibody)
  - ATG-041 (Axl-Mer small molecule inhibitor)

Business Development

- ✓ Announced global clinical collaboration with **Bristol Myers Squibb** to evaluate ATG-017 (ERK1/2 inhibitor) in combination with nivolumab
- ✓ In-licensed worldwide rights of a CD73 small molecule inhibitor from **Calithera Biosciences**
- ✓ Announced research collaboration with **Legochem Biosciences**

Corporate Operations

- ✓ Inauguration of **our manufacturing center** at the Binhai Life Science and Healthcare Industrial Zone in Shaoxing
- ✓ Entered into a framework agreement for the **construction of a drug discovery and manufacturing center for antibody biologics** in Hangzhou Qiantang area

* USD/RMB exchange rate of 1/6.35 as of 17th March 2022
** Cash and bank balances of US$ 358mm (RMB 2,275mm) and Cash Management Products of US$ 15.1mm (RMB 95.7mm) as of 31st December 2021

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II. CLINICAL UPDATE

Pipeline of Near-to-midterm Drug Candidates with First-in-class / Best-in-class Potential

# of APAC Rights Assets:	5	# of Antengene-Sponsored Trials for APAC Rights Assets:	16	# of Registrational Trials:	5

[1] (s)NDA approved by US FDA, China NMPA, Australia TGA, South Korea MFDS and Singapore HSA; China Hong Kong and China Taiwan NDA submissions are completed;
[2] Antengene has rights for Greater China (mainland China, Hong Kong, Taiwan, Macau), Australia, New Zealand, South Korea, and the ASEAN Countries;
[3] Antengene has rights for Greater China, South Korea, Singapore, Malaysia, Indonesia, Vietnam, Laos, Cambodia, the Philippines, Thailand and Mongolia;
[4] Most advanced trial status in Antengene territories and the trials are responsible by Antengene;
[5] Most advanced trial status in partner territories in the rest of the world and the trials are conducted by our licensing partners

* Investigator-initiated trials; R/R = relapsed/refractory; ND = newly diagnosed; MDS = myelodysplastic syndrome; CRC = colorectal cancer; PrC = prostate cancer; CAEBV = chronic active Epstein-Barr virus; NHL = non-Hodgkin lymphoma; Hem/Onc = hematological malignancies and solid tumors; SK= South Korea; R-GDP: Rituximab, Gemcitabine, Dexamethasone &Cisplatin; in GBM-029 trial, the combination regimen is with standard of care (SoC) therapy for newly diagnosed glioblastoma or recurrent glioblastoma, including radiation therapy, temozolomide, lomustine, bevacizumab, tumor treating fields, or carmustine

An Early-stage In-house Pipeline with Transformational Potential

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# of Global Rights Assets:	10	# of Global Rights Assets in Clinical Stage:	4

Assets	Target *(Modality)*	Hits Discovery	Lead Nomination	In vitro efficacy	In vivo efficacy	CMC/Tox	IND	Phase I	Antengene Rights	Partner
ATG-017 (Tizaterkib)[1]	ERK1/2 *(Small molecule)*	Monotherapy ± IO for R/R Hem/Onc *(ERASER)*							Global	ANTENGENE
ATG-101[2]	PD-L1/4-1BB *(Bispecific)*	Monotherapy for Hem/Onc *(PROBE)*								
ATG-037[3]	CD73 *(Small molecule)*	Monotherapy ± IO for Hem/Onc *(STAMINA)*								
ATG-018	ATR *(Small molecule)*	Monotherapy for Hem/Onc *(ATRIUM)*								
ATG-022	Claudin 18.2 *(ADC)*	Monotherapy for Onc					IND submission 2022			
ATG-031	CD24 *(mAb)*	Monotherapy for Hem/Onc					IND submission 2023			
ATG-012	KRAS *(Small molecule)*	Monotherapy for Onc					IND submission 2023			
ATG-027	B7H3/PD-L1 *(Bispecific)*	Monotherapy for Hem/Onc					IND submission 2023			
ATG-032	LILRB *(mAb)*	Monotherapy for Hem/Onc								
ATG-041	Axl-Mer *(Small molecule)*	Monotherapy for Hem/Onc								

Antengene Trials

[1] *Licensed from AstraZeneca and Antengene has obtained exclusive global rights to develop, commercialize and manufacture ATG-017;*
[2] *Licensed from Origincell and Antengene has obtained exclusive global rights to develop, commercialize and manufacture ATG-101;*
[3] *Licensed from Calithera Biosciences and Antengene has obtained exclusive global rights to develop, commercialize and manufacture ATG-037*
** ATG-037 IND equivalent in Australia = institutional scientific and ethics review before governmental notification*
Hem/Onc = hematological malignancies and solid tumors

These Exciting Assets are in Clinical Stage Now …. with Worldwide Rights

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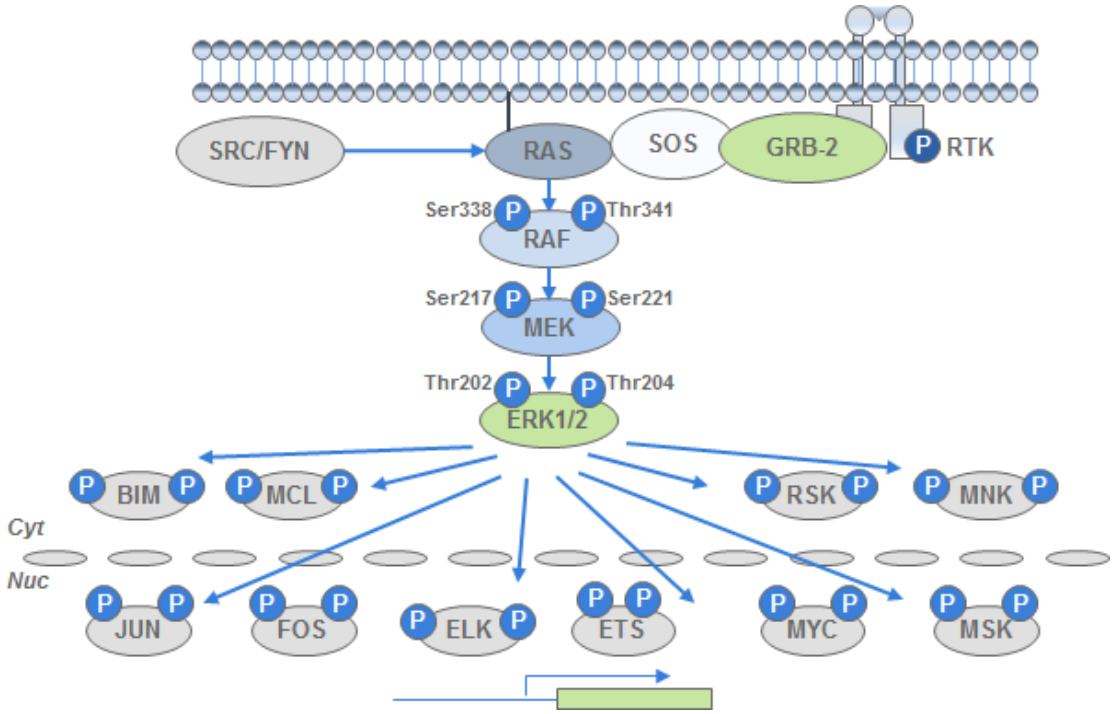
	ATG-017	ATG-101	ATG-037
Target	**ERK1/2 (Small molecule)**	**PD-L1/4-1BB (Bispecific Antibody)**	**CD73 (Small molecule)**
Differentiation	✓ Higher potency and dual IoC and PoA activity with slow off-rate kinetics ✓ Lower efficacious dose with a higher max absorbable dose/dose ratio ✓ Broad therapeutic potential (targeting RAS/MAPK pathway) ✓ Multiple combination opportunities	✓ Shown potent PD-L1 crosslinking-dependent 4-1BB agonist activity, with the potential for delivery of enhanced therapeutic efficacy, whilst mitigating risk of hepatoxicity ✓ Demonstrated significant anti-tumor activity in animal models of resistant tumors as well as those that progressed on anti-PD-1/L1 treatment. ✓ Displayed an excellent safety profile in GLP toxicology studies	✓ Orally bioavailable small molecule that completely overcomes 'hook effect' common in other anti-CD73 antibodies ✓ Tissue penetrance not achievable with mAbs ✓ Promising preclinical efficacy as a monotherapy and strong potential synergy with Antengene pipeline candidates
Status	Completed 5 cohorts in solid tumors of ERASER trial, expanded cohort at 20 mg bid with potential escalation to 30 mg bid, first combination module agreed (nivolumab), hematology cohorts to commence post MTD	Phase 1 clinical trial application for solid tumors and B-NHL approved by Bellberry HREC in Australia, US IND completed, cohort 2 commenced, China IND approved	Phase 1 STAMINA-001 Trial in-progress in Australia
Potential Indications	**1. RASm NSCLC, Pancreatic, CRC, and Melanoma** **2. I/O combinations**	**1. Resensitize prior CPI responders (NSCLC, SCLC, GI, H/N SCC, melanoma)** 2. Efficacy in disease with previously limited CPI activity 3. Multiple combination opportunities	**1. Monotherapy opportunity where immune suppressed TME is critical** **2. Extremely broad opportunities both as monotherapy and combination with existing and future I/O**

ATG-017: A Small Molecule ERK1 / 2 Inhibitor with Best-In-Class Potential



Key Highlights

- RAS / MAPK signaling pathway drives cell survival and proliferation
- Dysfunction in the signaling pathway is a major trigger for the development of most cancer types

Synergy with Antengene Pipeline Assets

- **ERKi + KRASi**
  ATG-017 + ATG-012 in solid tumors
- **ERKi + I/O**:
  ATG-017 + ATG-101 in solid tumors

Source: F Liu et al. Acta Pharmaceutica Sinica B2018; 8(4); 552-652. Targeting ERK, an Achilles' Heel of the MAPK pathway, in cancer therapy.
Note: RAS= renin-angiotensin system, SOS=son of sevenless; GRB-2=growth factor receptor bound protein 2; RTK=receptor tyrosine kinase; RAF=renin-angiotensin system; MEK=MAPK/ERK kinase; MRK=mantle cell lymphoma; RSK=ribosomal S6 kinase; MNK=MAPK-interacting kinase; MSK=mitogen-activated and stress-activated protein kinase.

ATG-017: A Small Molecule ERK1 / 2 Inhibitor with Best-In-Class Potential

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Clinical Trial Overview

Trial	Indication	Details
ERASER	Advanced solid tumors and hematologic malignancies with RAS / MAPK alternations	• Phase I, open-label, multi-center dose finding study to investigate the safety, PK and preliminary efficacy of ATG-017 monotherapy • Completed the first 5 cohorts in solid tumors

Competitive Advantages

Best-in-class potential

- ATG-017 is a potent and selective small molecule extracellular signal-regulated kinases 1 and 2 (ERK1/2) inhibitor with best-in-class potential

Leading in Clinical Development

- First-in-human Phase I trial investigating safety and preliminary efficacy among patients with solid tumors and hematological malignancies; proceeding smoothly through dose escalation

Broad Therapeutic Potential

- ATG-017 has great clinical potential as a monotherapy or combination in multiple solid tumors and hematological malignancies that harbor activating alterations in the RAS-MAPK pathway

Note: RAS= renin-angiotensin system, SOS=son of sevenless; GRB-2=growth factor receptor bound protein 2; RTK=receptor tyrosine kinase; RAF=renin-angiotensin system; MEK=MAPK/ERK kinase; MRK=mantle cell lymphoma; RSK=ribosomal S6 kinase; MNK=MAPK-interacting kinase; MSK=mitogen-activated and stress-activated protein kinase.

ATG-017: A Small Molecule ERK1 / 2 Inhibitor with Best-In-Class Potential

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		ATG-017	GDC0994	BVD523	LY3214996	Differentiation
Potent ERK inhibitor with activity in relevant MAPK models	**ERK potency and kinetics:** • A375 Cell pRSK / pERK IC_{50} (uM) • Mechanism of Action • Cell proliferation Calu 6 / A375 GI_{50} (uM) • $T^{1/2}$ (non-phosphorylated/ phosphorylated ERK)	0.006 / 0.002 IoC and PoA 0.2 / 0.06 194 / 277 mins	0.09 / 0.03 IoC and PoA 2.3 / 0.15 1.2 / 0.8 mins	0.16 / 3 IoC 0.5 / 0.19 2.8 / 26 mins	0.32 / NT IoC + PoA (tbc) 1.1 / NT 2.44 / 10.2 mins	ATG-017 **more potent** in vitro and has **dual IoC and PoA** activity with **slow off rate kinetics**
	Efficacy Calu6 @ 50 mg/Kg >100%	>100% TGI (regression)	>100% TGI (100mg/kg QD)	93% TGI	~15 hrs cover at >1 x pRSK IC50 @ 50 mg/Kg; planning PD/efficacy	ATG-017 shows regression at **50 mg/Kg**
Flexibility to allow optimal pathway inhibition	Predicted Dose to Man <100 mg Max absorbable dose/Dose ratio >10 Human half life	20 mg BID 233 8 hrs (predicted)	200-400 mg BID*/** 0.5 23 hrs*	600 mg BID* 0.2 15 hrs (predicted)	ND	ATG-017 is a **lower dose** compound with a **higher MAD:Dose ratio**

**clinical data from publications*
***dependent on dosing regimen*
IoC = Inhibitor of catalysis; PoA = Prevention of Activation (as defined by A375 cell mode of action assay)

ATG-101: A Unique Bispecific Antibody Targeting PD-L1 and 4-1BB with Best-In-Class Potential

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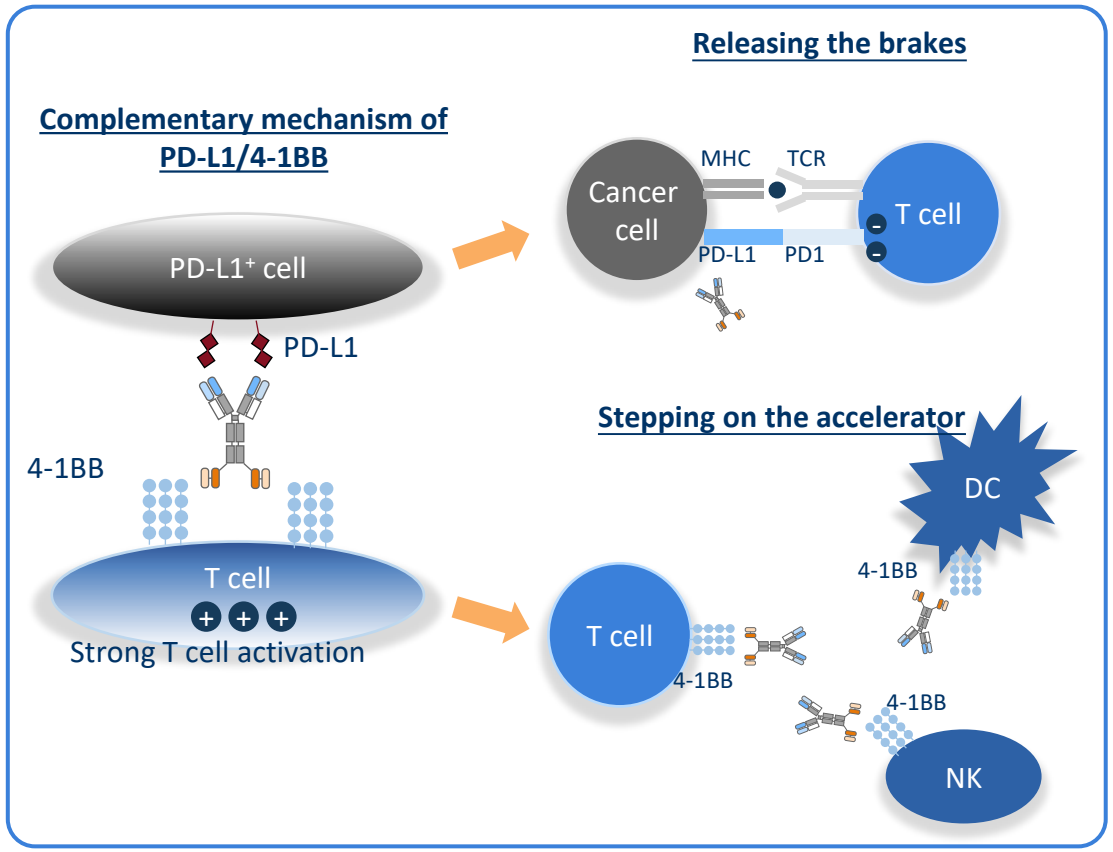
ATG-101: Complementary Mechanism of PD-L1 and 4-1BB Binding

mAbs of PD-L1 and 4-1BB both active, clinical potential for 1+1>2

- Efficacy of PD-1/PD-L1 targeting well-demonstrated over the past decade
- 4-1BB is a T cell co-stimulatory receptor, the benefits of which have yet to be realized in the clinic
- The concept of PD-L1×4-1BB bispecific antibody like ATG-101 has demonstrated promising activity in early clinical trials with an acceptable safety profile (GEN1046, NCT03917381)
- Novel design of ATG-101: high affinity of PD-L1 and conditional activation of 4-1BB, results in 4-1BB agonist activity only when crosslinked by PD-L1-positive tumor cells → reduced risk of 4-1BB related liver toxicity



Synergy with Antengene Pipeline Assets

- **SINE + I/O**: Selinexor + ATG-101 in solid tumors and lymphoma
- **ERKi + I/O**: ATG-017 + ATG-101 in solid tumors
- **CD73 + I/O**: ATG-037 + ATG-101 in solid tumors
- **mTORi + I/O**: ATG-008 + ATG-101 in solid tumors

ATG-101: A Unique Bispecific Antibody Targeting PD-L1 and 4-1BB with Best-In-Class Potential

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Clinical Trial Overview

Trial	Indication	Details
PROBE	Metastatic / advanced solid tumors and non-Hodgkin lymphoma	• Phase I, first in human trial • Belberry Human Research Ethics Committee in Australia has approved our clinical trial application in July • First patient dosed in January 2022

Dose Escalation

- Adv. Solid tumors (regardless of PD-L1 expression, not HCC) OR R/R B-NHL
- Exhausted available standard therapies

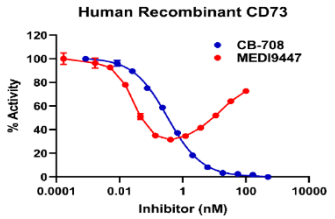
Dose Expansion

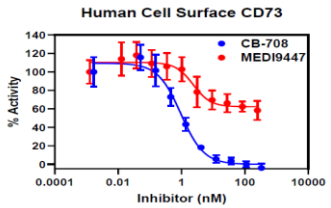
- Adv. Solid tumors of any histology (except HCC) and *CPI-exposed*:
  a. DP following prior response/SD for ≥6mths to anti-PD-1/PD-L1
  b. Best response of SD <6mths or DP after anti-PD-1/PD-L1
- Adv. Solid tumors / hematological malignancies with specific histologies below who have failed prior therapies but are *CPI naïve*:
  a. TNBC
  b. GBM
  c. Gastric cancer, GEJ, oesophageal cancer
  d. HPV+ HNSCC
  e. Cervical cancer
  f. B-NHL

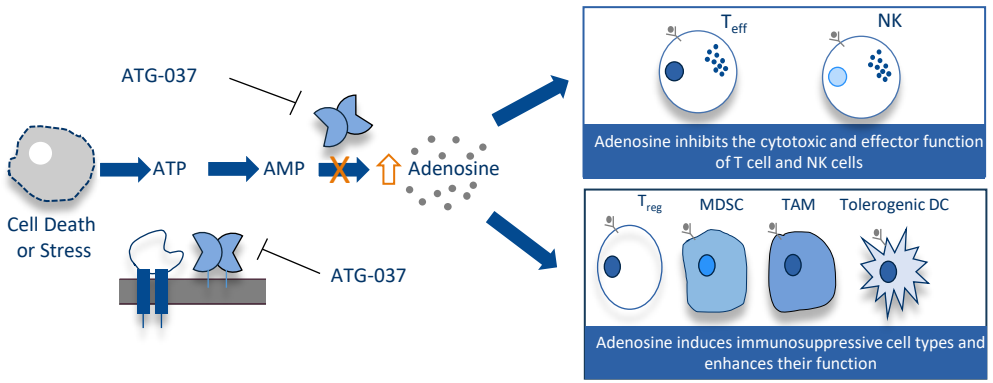
ATG-037: An Orally Available, Small Molecule CD73 Inhibitor with Best-In-Class Potential

Differentiated Small Molecule Inhibitor of CD73

- CD73 is the ecto-5'-nucleotidase, catalyzing the conversion of AMP to adenosine, a key immune suppressive molecule in the tumor microenvironment
- An orally available small molecule CD73 inhibitor in development
- Completely blocks CD73 activity, and **overcome the "hook effect"** commonly seen in anti-CD73 antibodies

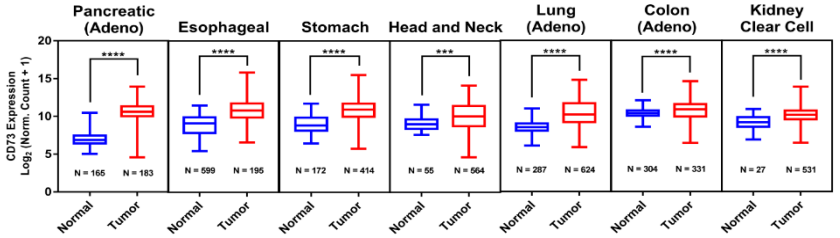






Broad Indication Potential

- Pancreatic, esophageal, gastric, NSCLC, CRC, ovarian, prostate, head and neck, etc.

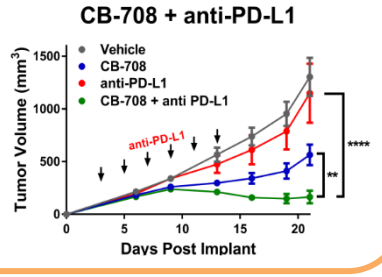


Advanced Drug Development

- GLP toxicology studies completed: well tolerated in rodent and dog
- Potential large therapeutic window observed
- IND by end of year/ early next year

Synergy with Antengene Pipeline Assets

- **CD73 + I/O**: ATG-037 + ATG-101 in Solid Tumors



Source: C Lee et al. Calithera Biosciences 2019; SITC. CB-708, an orally bioavailable small molecule inhibitor of CD73 with immunostimulatory and anti-tumor activity.
Note: CB-708= Antengene's ATG-037, MEDI9447=Medimmune's CD73 antibody.

A Series of INDs, FIH studies and Data Readouts Spanning 2022 to 2025

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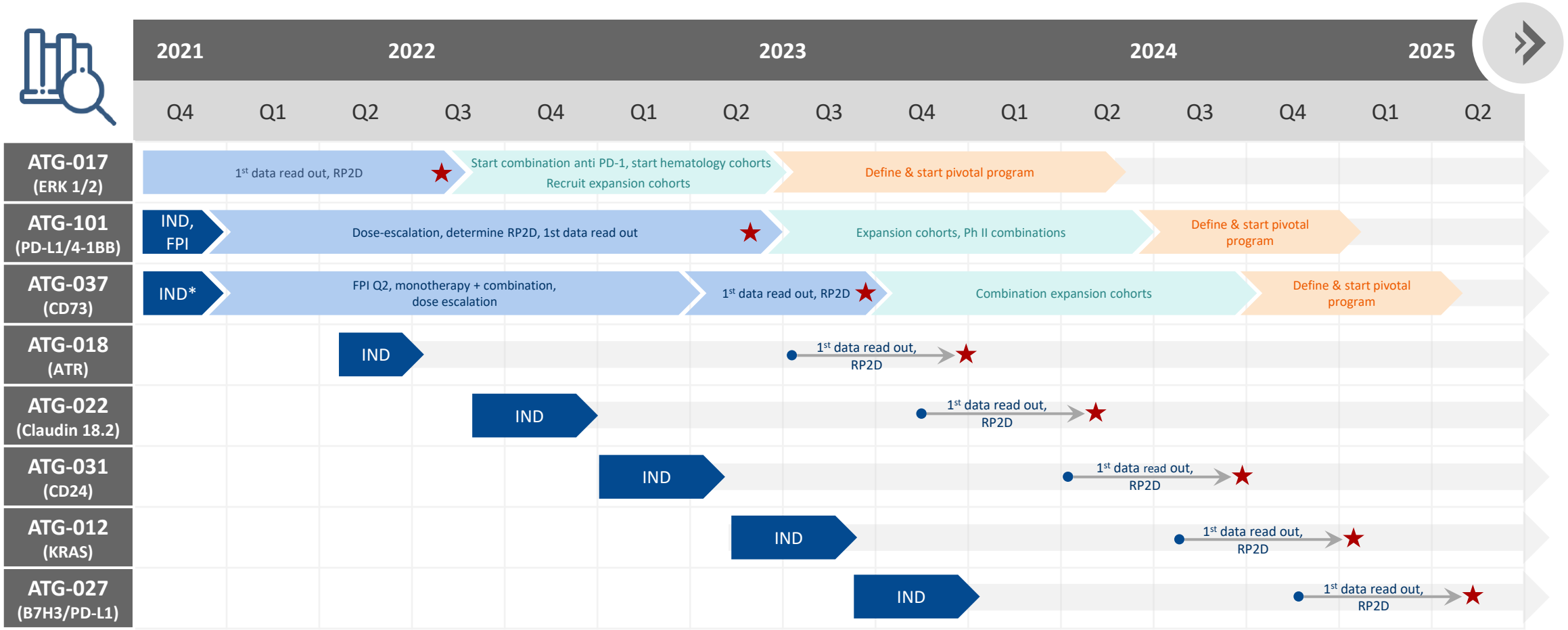
Early data on safety, PK, PD through 2022 with ATG-017, ATG-101 and ATG-037



** Australian IND Equivalent / HREC Approval*

Strong Progress with Clinical Development Objectives for 2021/22

ANTENGENE

1. Execute China selinexor bridging studies in MM
2. NDA submissions in Mainland China, Hong Kong, Taiwan, Singapore, South Korea, Australia
3. Define priority indication expansion for selinexor (endometrial cancer, myelofibrosis)
4. Critical data readouts with selinexor MM
5. Progress ATG-008 monotherapy and combination studies, define RP2D for ATG-008 and define potential registration path in combination with anti-PD-1
6. ATG-017 dose-escalation well-advanced and next steps defined (monotherapy expansion, combination with nivolumab, commence hematology cohorts)
7. Commence Phase II program ATG-016
8. Define Phase Ib signal seeking approach with ATG-527
9. Commence Clinical Activities in the USA
10. Complete IND and HREC submission for Phase I ATG-101, first patients enrolled
11. ATG-037 define FIH study design, secure HREC approval Q1, first patients enrolled Q2
12. ATG-018 define FIH study design, HREC submissions Q2

1. Execute key Selinexor trial programs (SEARCH, BENCH, DLBCL 030, MATCH, SWATCH, SIENDO)
2. Complete extension of TORCH-2 program with ATG-008 combination with ICI and design pivotal regulatory path program
3. Define RP2D with ATG-017 monotherapy, RP2D combination with nivolumab, assess hematology program, progress through expansion cohorts, commence program in US and China
4. Progress through dose cohorts with ATG-101, early clinical, PK and PD data, commence program in US and China
5. Execute first dose cohorts with ATG-037, early monotherapy safety/PK/PD data, complete China IND
6. Secure Australian HREC approval for ATG-018 and commence FIH study
7. Complete 1-2 additional INDs within 2022

III. LATE IND-READY STAGE ASSETS

And Next a Series of In-house Discovered, Best or First-in class Assets IND-ready within 6-18 Months

ANTENGENE

	ATG-018	ATG-022	ATG-012	ATG-031	ATG-027
Target	ATR	Claudin 18.2	KRAS G12C	CD24	B7H3/PD-L1
Indication	Hematology/solid tumors	Solid tumors	Solid tumors	Hematology/solid tumors	Hematology/solid tumors
Modality	Small molecule	ADC	Small molecule	Monoclonal antibody	Bispecific antibody
Differentiation	✓ Orally available ✓ Promising therapeutic agent for patients with recombination deficiencies/genetic alterations ✓ Better in vivo efficacy compared with benchmark	✓ High affinity antibody (sub-nanomolar grade) to enable treatment of patients with a broad range of Claudin 18.2 expression levels ✓ Better in vivo efficacy compared with benchmark ADC	✓ Good cell potency ✓ Strong in vivo synergism when used with in-house combination regimens ✓ Better TDI and hERG profile compared with benchmark ✓ Better in vivo efficacy compared with benchmark	✓ First in class target ✓ No clinical competitor ✓ ATG-031 showed mono-therapy in vivo efficacy and synergy with chemotherapy, rituximab and CPI	✓ ADCC/CDC effect to kill tumor ✓ In vivo POC completed
Status	IND Approved in Australia **Data presented in April 2022 in:** AACR American Association for Cancer Research	IND planned for 2022 **Data presented in April 2022 in:** AACR American Association for Cancer Research	IND planned for 2023 **Data presented in April 2022 in:** AACR American Association for Cancer Research	IND planned for 2023	IND planned for 2023

IV. COMMERCIAL STAGE ASSET UPDATE

塞利尼索片 20mg

希维奥®

XPOVIO® (selinexor) 20 mg tablet

ANTENGENE

Approved in South Korea
July 30th, 2021

Indications:
- rrMM – XPOVIO® in combination with dexamethasone **(Xd)**
- rrDLBCL – XPOVIO® as monotherapy **(X)**

Commercial Launch
Dec 2021

Target National Reimbursement
2023

Approved in Mainland China
December 14th, 2021

Indications:
- rrMM – XPOVIO® in combination with dexamethasone **(Xd)**

Commercial Launch
May 2022

Target National Reimbursement
2024

Approved in Singapore
March 1st, 2022

Indications:
- rrMM – XPOVIO® in combination with bortezomib and dexamethasone **(XVd)**
- rrMM – XPOVIO® in combination with dexamethasone **(Xd)**
- rrDLBCL – XPOVIO® as monotherapy **(X)**

Commercial Launch
May 2022

Self-pay Market

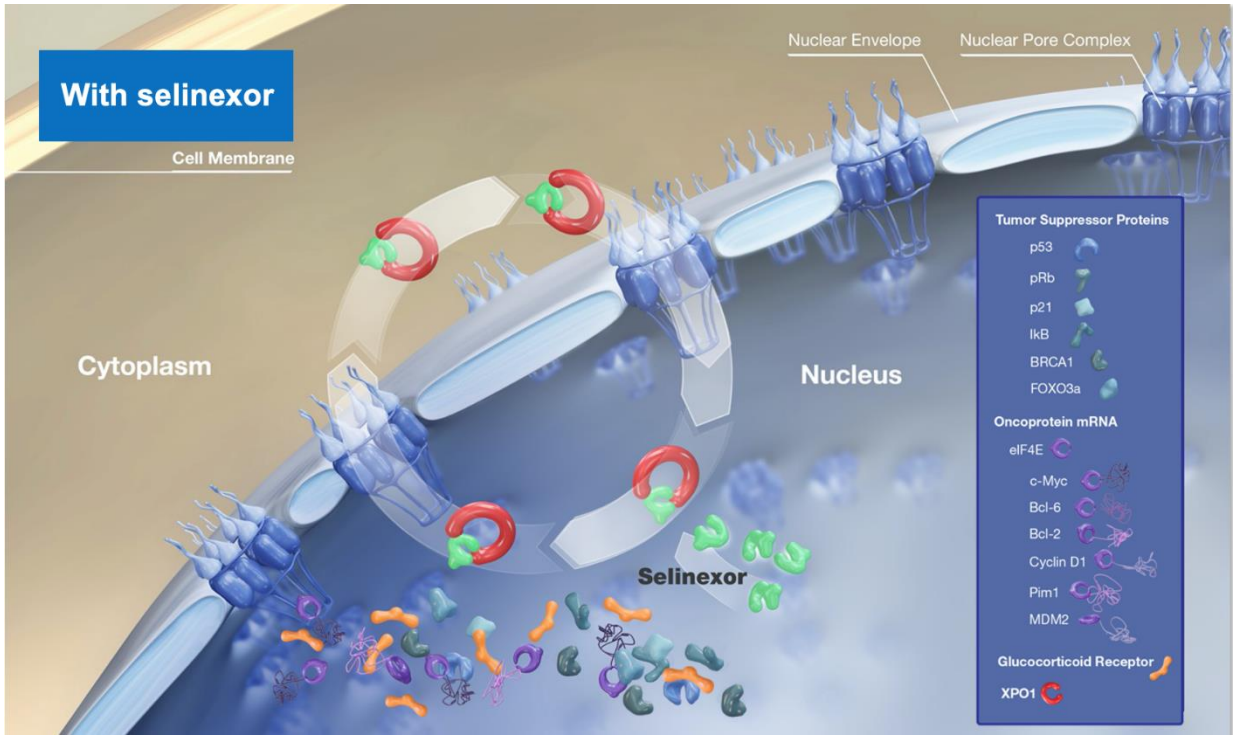
Approved in Australia
March 9th, 2022

Indications:
- rrMM – XPOVIO® in combination with bortezomib and dexamethasone **(XVd)**
- rrMM – XPOVIO® in combination with dexamethasone **(Xd)**

Commercial Launch
May 2022

Target National Reimbursement
2022 – Early 2023

ATG-010 (Selinexor) - First-in-class and Only-in-class SINE Compound with Unique MoA and Differentiated Profile



Key Highlights

- **1st and only** XPO1 inhibitor approved by FDA for treating R/R MM and R/R DLBCL
- **1st and only** FDA-approved drug for the treatment of both R/R MM and R/R DLBCL
- **Only single-agent**, oral therapy approved by the FDA to treat R/R DLBCL
- **Recommended by NCCN and CSCO guidelines** for R/R MM and R/R DLBCL treatment

Synergy with Antengene Pipeline Assets

- **SINE + mTORi**

  Selinexor + ATG-008 in diffuse large B-cell lymphoma (MATCH)

- **SINE + I/O**:

  Selinexor + ATG-101 in solid tumors and lymphoma

Clinical Benefits Validated by Selinexor's Completed and Ongoing Studies in Multiple Myeloma and DLBCL

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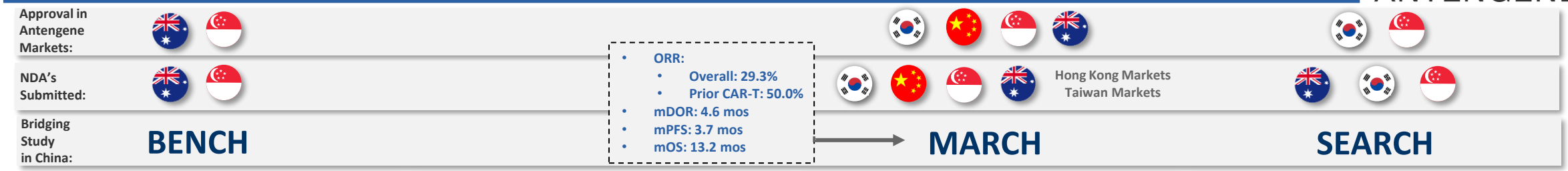

BOSTON
(SVd)

Selinexor Dosage: 100mg QW

- 1-3 prior therapies
- ORR: **76%** (SVd) vs. 62% (Vd)
- CR rate: **17%** (SVd) vs. 10% (Vd)
- mPFS: **13.93 mos** (SVd) vs. 9.46 mos (Vd)
- mDOR: **20.3 mos** (SVd) vs. 12.9 mos (Vd)
- Improved efficacy achieved when receiving 40% less bortezomib and 25% less dexamethasone

FDA Approved

STOMP
(SVd/SPd/SRd/SKd/etc.)

- **11** combinations
- ORR (study arm vs, benchmark data):
  - SKd: **78%** vs. 23% (Kd)
  - SDd: **73%** vs. 29% (D)
  - SPd: **65%** (pts dosed at RP2D) vs. 29% (Pd)
  - SRd: **92%** vs. 67% (Rd)

STORM
(Sd)

Selinexor Dosage: 80mg BIW

- mOS (≥MR): **15.6 mos**
- Penta refractory (median # of prior therapies: 8)
  - ORR: **25%**
- mPFS: 3.7 mos
- mOS: 8.6 mos

FDA Approved

SADAL
(S)

Selinexor Dosage: 60mg BIW

- 2-5 prior lines
- ORR: **29%**
- CR rate: **13%**
- mDOR: **9.3 mos**
- mOS: 9.0 mos
- mOS (≥MR): **Not reached**
- mOS (SD): **18.3 mos**

FDA Approved

Multiple Myeloma | **Diffuse Large B-cell Lymphoma**

Source: Dimopoulos M, et al. ASCO 2020. Abstract 8501; Gasparetto C, et al. ASH 2020. Abstract 1366.; Gasparetto C, et al. ASCO 2020. Abstract 8510.; Chen C, et al. ASH 2020. Abstract 726.; White D, et al. ASH 2020. Abstract 1393.; Kyprolis Package Insert; Study PX-171-003 A1; Lonial et al. Lancet 2016.; Pomalyst Package Insert.; Stewart et al. NEJM 2015.; Revlimid® (lenalidomide), Pomalyst® (pomalidomide), Velcade® (bortezomib), Kyprolis® (carfilzomib) or Darzalex® (daratumumab).; Chari A, Vogi DT, Dimopoulos M, et al. Results of the Pivotal STORM Study (Part 2) in Penta-Refractory Multiple Myeloma (MM): Deep and Durable Responses with Oral Selinexor Plus Low Dose Dexamethasorne in Patients with PentaMM. Blood 2018; FDA label for XPOVIO® (selinexor); Kalakonda N, et al. ICML 2019. Abstract 031. Kalakonda N et al. is currently in press and publication expected in the near term (Lancet Haematology 2020).

**Some of the information in this presentation is from third-party medical professionals and for academic purposes only. Antengene is not responsible for the contents published by such external sources.*

***Data shown for SDd and SPd in STOMP are from patients not previously exposed to D and patients dosed at RP2D respectively.*

Multiple Selinexor Containing Regimens Recommended by NCCN, ESMO, CSCO, and CMDA Guidelines

ANTENGENE

NCCN National Comprehensive Cancer Network®

Multiple Myeloma

1-3 Prior Therapies
- SVd QW
- SDd
- SPd
- SKd

> 3 Prior Therapies (whose disease is refractory to at Least Two PIs, IMIDs, and an anti-CD38 mAb)
- Sd

Diffuse Large B-cell Lymphoma

3L+ (including patients with disease progression after transplant or CAR T-cell therapy)
- S monotherapy

ESMO European Society for Medical Oncology

GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

Multiple Myeloma

2L Option After VRD
- R sensitive (SVd)
- R refractory (SVd)
- V sensitive (SVd)

2L Option After DaraRD
- R sensitive (SVd)
- R refractory (SVd)

2L Option After DaraVMP or DaraVTD
- V sensitive (SVd)

Second or Subsequent Relapse
- R refractory and PI sensitive (SVd)
- Triple-class refractory (Sd)

CSCO

Multiple Myeloma

Relapsed/Refractory
- SVd
- SPd
- SDd
- SKd

Diffuse Large B-cell Lymphoma

Relapsed/Refractory
- S monotherapy

中華醫學會 CHINESE MEDICAL ASSOCIATION

Multiple Myeloma

Relapsed/Refractory
- SVd
- SPd
- SDd
- SKd

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*** Approved for RRMM by the US FDA, European EMA, Chinese NMPA, Korean MFDS, Singaporean HSA and Australian TGA. Approved for RRDLBCL by the US FDA, Korean MFDS and Singaporean HSA. As of Mar 9, 2022.*
**** Indications for Selinexor undergoing clinical trial / planned study include: PTCL, NKTL, AML, MDS, MF, Endometrial Cancer*

Dose Reduction can be Used to Manage Patients, while Optimizing Outcomes with PFS of 16.6 Months

ANTENGENE

The median dosage of XPOVIO in the BOSTON trial was 80 mg (range: 30-137 mg) taken once weekly[1]

Key efficacy endpoints for patients (N=195) with and without XPOVIO dose restrictions in the BOSTON trial[2]

	ITT Patient Population	Patients with Dose Reduction
Patient population	N = 195	n=126
% of ITT arm	100	65
mPFS, mo	13.9 (95% CI: 11.7, NE)	16.6 (95% CI: 12.9, NE)
ORR, %	76.4	81.7
≥VGPR, %	44.6	51.6
mDOR, mo	20.3 months (95% CI: 12.6, NE)	Not evaluable (95% CI: 13.8, NE)

Limitation of Subgroup Analyses:

- This post hoc analysis was exploratory in nature, not included in the study objectives, and does not control for type 1 error
- This post hoc analysis was not powered or adjusted for multiplicity to assess PFS across other prespecified subgroups
- This post hoc analysis was underpowered to detect clinically meaningful differences in treatment effect

65% of patients in the XVd arm had an XPOVIO dose reduction (126/195 patients) vs 35% of those without a dose reduction (65/195 patients)[2]

Source: Karyopharm Investor Presentation dated December 8th, 2021
1. XPOVIO. Prescribing information. Karyopharm Therapeutics Inc; 2021. 2. Jagganath, et al. ASH 2021

* Response was evaluable in 125 of 126 patients receiving a dose modification for selinexor and 66 of the 69 patients who did not receive a dose modification for selinexor. Overall response rate is the proportion of patients who achieve a partial response or better, before IRC-confirmed progressive disease or initiating a new MM treatment or crossover. CI=confidence interval, IRC=independent review committee; ITT=intent to treat; mDOR=median duration of response; mo=month; mPFS=median progression-free survival; NE=not evaluable; ORR=overall response rate; VGPR=very good partial response.
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XPOVIO Evolving into a Standard of Care with Dose and Schedule Redefined Over Time to Improve Efficacy and Patient Experience

ANTENGENE

From the STORM trial to the BOSTON trial to the STOMP trial, XPOVIO dosing has been continually refined to help optimize the patient experience

US FDA Approval Date: July 2019	US FDA Approval Date: Dec 2020	Ongoing/Completed
1st approval in MM Dose: 160mg (80 mg, twice weekly)	2nd approval in MM Dose: 100mg, once weekly	Phase 1/2 study in MM Dose Range: 60-100mg, once weekly
Xd STORM	**XVd** BOSTON	**SPd, SKd, SDd** STOMP
Phase 2b, single-arm, open-label, multi-center study Patients with penta-refractory RRMM	**Phase 3, 2-arm, active comparator-controlled, open-label, multi-center study** After at least 1 prior therapy in MM	**Phase 1/2, open-label, multi-center study** Patients with RRMM (dose escalation/expansion)

Once Weekly *(previously twice weekly)*

Lower Dose *(previously a higher dose)*

XPOVIO-based Triplets *(previously a doublet)*

Earlier Lines *(previously only in later lines)*

Supportive Care *(active symptom management)*

Source: Karyopharm Investor Presentation dated February 8th, 2022

* STOMP was designed to study selinexor in combination with other MOAs across multiple triplet and quadruplet regimens, including XVd. MM=multiple myeloma; MOA=mechanism of action; RRMM=relapsed or refractory multiple myeloma.
** Combinations other than XVd and Xd are not promoted by Karyopharm, but may be considered for future indication updates.
*** Combinations other than Xd are not promoted by Antengene, but may be considered for future indication updates
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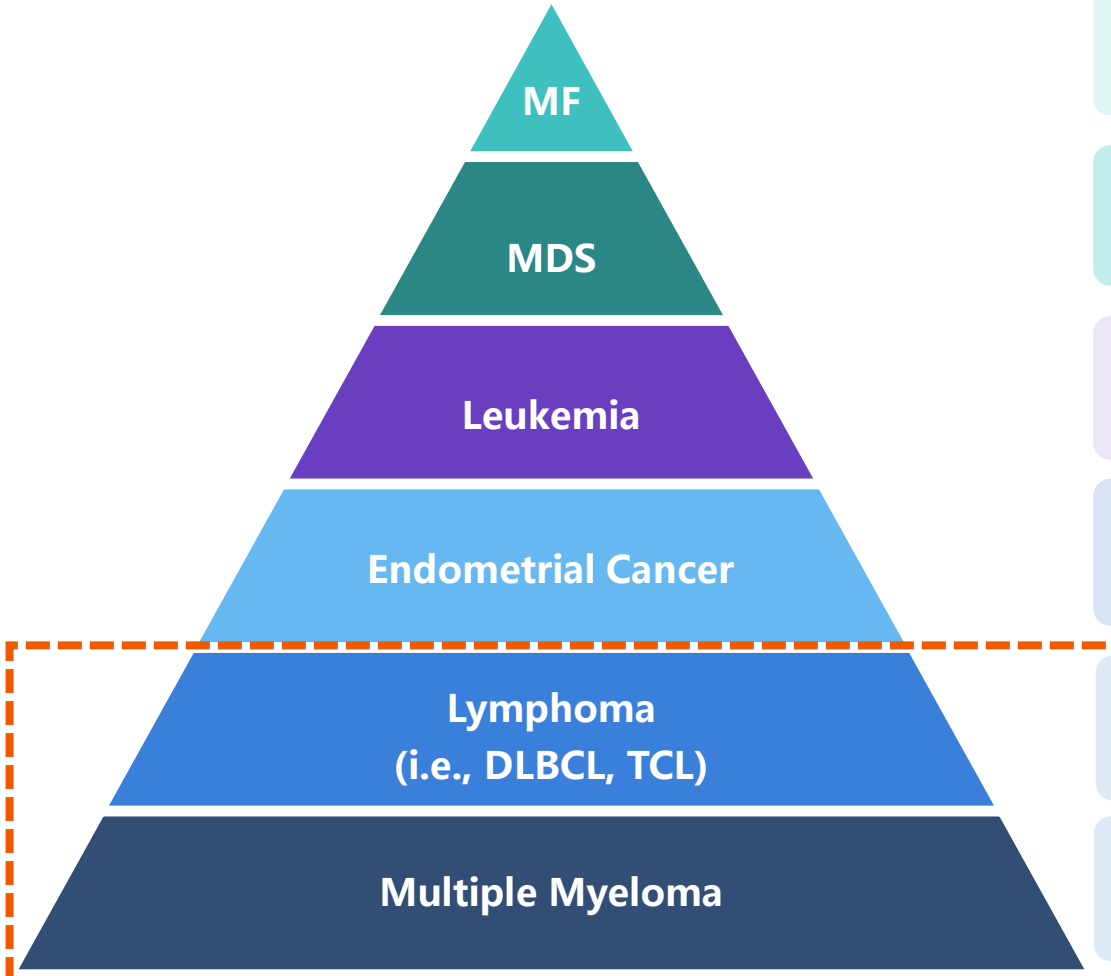
****** *Indications for Selinexor undergoing clinical trial / planned study include: PTCL, NKTL, AML, MDS, MF, Endometrial Cancer*

Broad and Deep Potential for Selinexor / SINE Beyond Multiple Myeloma

ANTENGENE

Incidence / Prevalence China (APAC)	
19,600 (1,900)	68,600 (8,740)
49,000 (3,100)	57,937 (9,300)
84,000 (3,200) (AML)	116,280 (3,520)
86,000 (9,100)	204,910 (53,000)
50,585 (9,199) (DLBCL + TCL)	84,463 (34,658)
21,000 (6,000)	54,800 (23,500)
Total: 310,185 (32,499)	Total: 586,990 (132,718)



Global Pivotal Study Ongoing

Signal Detection Studies/IITs in Preparation in China

Signal Detection Studies/IITs in Preparation in China

1. Global Study
2. Partner in the US announced top-line results in Phase III Study
3. Potentially first solid tumor indication for Selinexor

1. Approved in the US for 3L DLBCL; pivotal study ongoing in China
2. Recommended by NCCN and CSCO guidelines
3. Multiple studies (SADAL, SEARCH, XPORT-030, TOUCH, RWD)

1. Approved in the US for 2L+ MM and approved in China for rrMM
2. Recommended by NCCN, CSCO, ESMO, CPA guidelines as 2L+ therapy
3. Multiple studies (BOSTON, BENCH, STORM, STOMP, MARCH, RWD)

Source: Antengene research

** Investigator Initiated Trials (IIT)*

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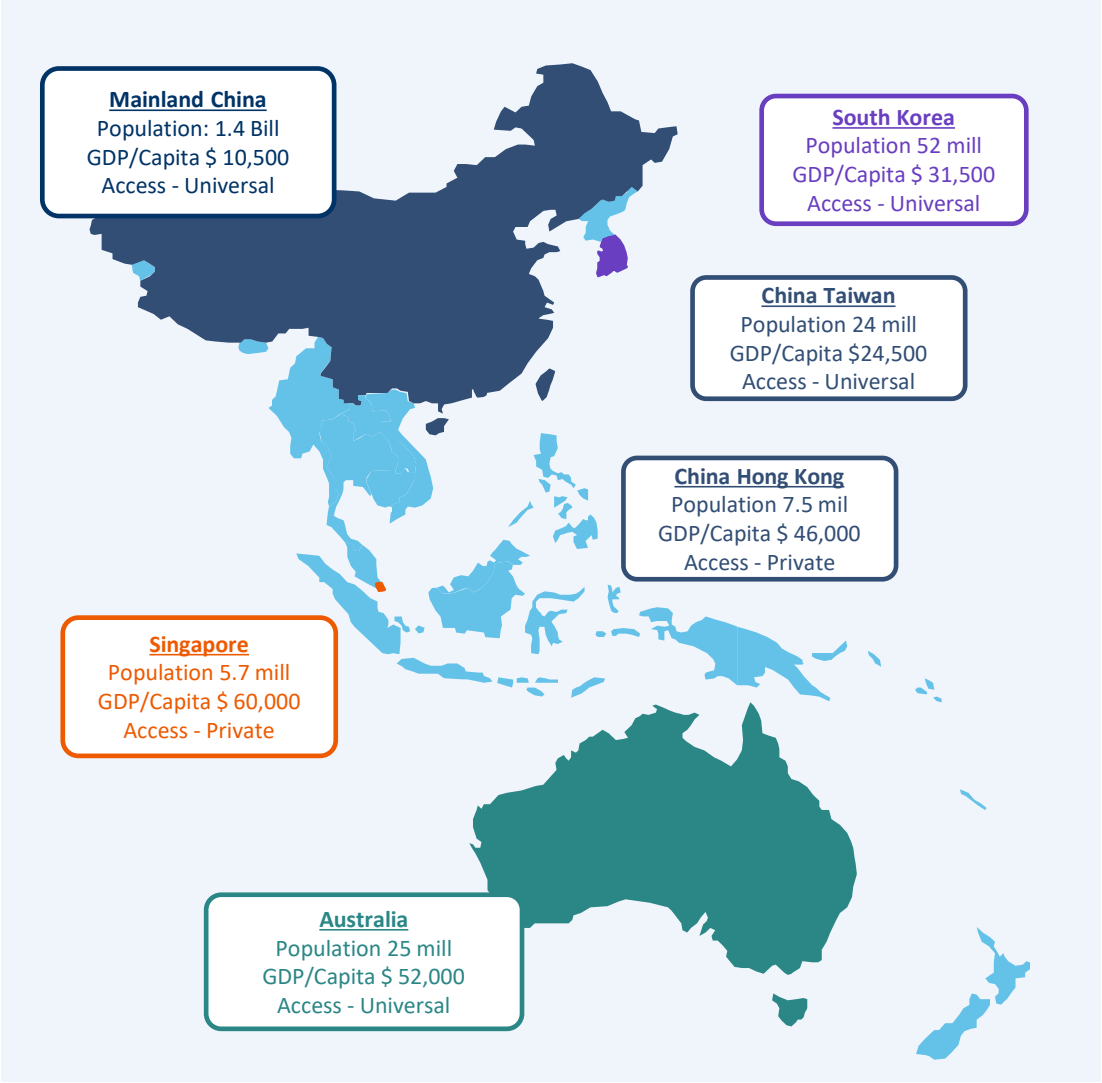
***** Indications for Selinexor undergoing clinical trial / planned study include: PTCL, NKTL, AML, MDS, MF, Endometrial Cancer*

Antengene is Focused on Markets with Greatest Commercialization Potential



Commercialization strategy focuses on selection of 6 core stage 1 markets defined by 3 parameters for success:

- High unmet need
- Reimbursed markets
- High GDP/capita

Initial focus is to build Antengene presence in the core markets

Ensure successful commercial launch of Xpovio®

Expand portfolio in core markets and expand Antengene presence to other stage 2 ASEAN markets

Commercial Team with a Proven Track Record of Success

ANTENGENE

Commercialization Strategy

John F. Chin

- **30+ years of experience in the pharmaceutical industry, instrumental involvement in the commercial launch and lifecycle management of REVLIMID®, one of the industry's most successful oncology products globally**

Commercialization in China

Lixin Yu

- **30+ years of experience in commercialization for Oncological Products in China**
- Successful launch cases in hematological, global-local products in Multiple Myeloma, Lymphoma and Leukemia

Commercialization in APAC

Thomas Karalis

- **30+ years of experience in the pharmaceutical industry, achieved multiple regulatory and reimbursement milestones in APAC**
- Lead to successful launches of REVLIMID®, POMALYST® and ABRAXANE® in APAC markets

Track record of Antengene commercial team in hematology:

Revlimid (lenalidomide) capsules · Vidaza azacitidine for injection · Pomalyst (pomalidomide) capsules 1·2·3·4 mg · IDHIFA (enasidenib) tablets · Champion 千平 注射用硼替佐米 · 安显 来那度胺胶囊

China Marketing

Frank Sun
Director, Marketing and Commercial Channels, Hematology BU China
Deep industry experience in hematology product launch in mainland China, market development and team management

China Sales

Chen Wei
National Director, Hematology BU China
Deep industry experience in commercializing hematology products in mainland China

China Medical Affairs

Godfrey Guo
Executive Director, Medical, China
Seasoned experience in Hematology & Skin Cancer, proven track record for the launch of a series of novel medicines, including Zelboraf, Hemlibra, Gazyva and Polivy, as well as the expansion of new indications

Austin Wang
Associate Director, MSL, China
Extensive experience in working with key KOLs, deep medical insights in CN Hema. market and landscape

AU/NZ Commercialization

Michele Robbins
AU, US and EU Commercial, Govt Affairs and Market Access leadership roles in Hematology, Oncology and Specialty Therapeutics

GM of South Korea

Minyoung Kim
Former Country GM at ISPEN KR.30+ years of industry experience in new product launch, market development and team management

HK/SG Commercialization

Wendy Lau
ASEAN, Central East Asia Marketing Lead in Hematology Oncology and Specialty Care Business Unit Management

APAC Medical Affairs

Tamara Etto
AU, US and Global Medical Affairs leadership roles. Extensive clinical/translational research background in Hematology and Oncology

APAC Commercialization

Sathya Walisinghe
Extensive ANZ, US and APAC commercial experience including Global Marketing CAR T Launch and strong background in Hematology & Oncology

Antengene's Commercial Ready Infrastructure Across Asia Pacific

ANTENGENE

Pan APAC Team with Proven Track Record

Commercial team of ~200 by the end of 2021 with experience in successfully launching multiple products across the APAC region

Track Record of Antengene Commercial Team in Hematology

- Revlimid (lenalidomide) capsules
- Vidaza azacitidine for injection
- Pomalyst (pomalidomide) capsules 1 · 2 · 3 · 4 mg
- IDHIFA (enasidenib) tablets
- Champion 注射用硼替佐米
- 安显 来那度胺胶囊

Pre-approval KOL Engagement

Patient Experience
- Selinexor patient experience gained in APAC markets through Early Access Programs

Clinical Trial Participation
- Australian participation in BOSTON and SADAL registrational studies

Investigator Initiated Trials

Advisory Boards

Market Research

Disease Symposia

Limited Availability of Reimbursed Triplet Regimens in Early RRMM in APAC Reimbursed Markets

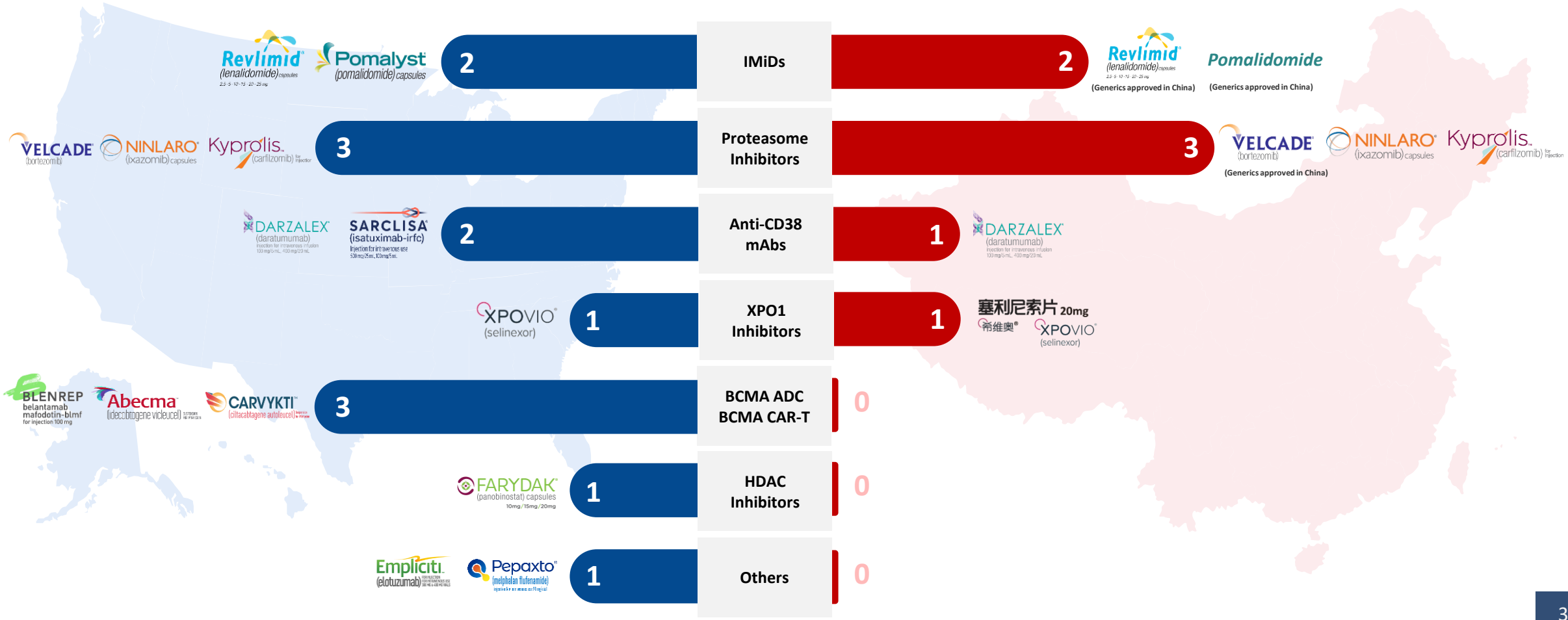
	1 Regimen	DVd		
	2 Regimens	KRd and NRd	V.S.	**8** Triplet Regimens Commonly Used in the US 2L & 3L Therapies
Taiwan Markets	3 Regimens	DVd, DRd and IRd		

Fewer Myeloma Medicines Approved in China Compared to the US

Launching with less competition in China

ANTENGENE

United States V.S. **Mainland China**



Strong KOL Support and Engagement Paving the Way for a Successful Launch in China

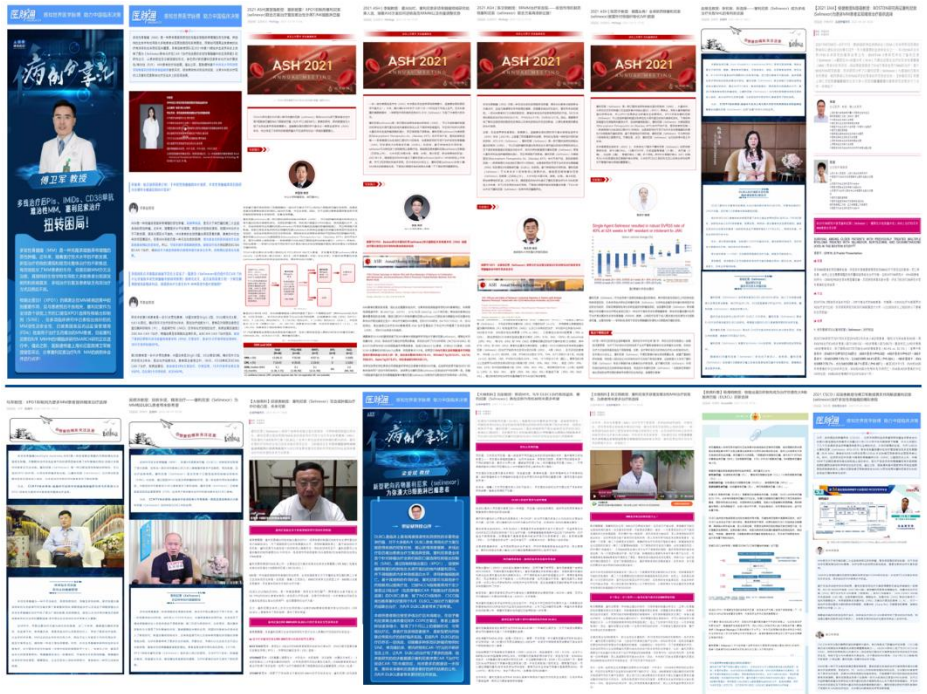
ANTENGENE

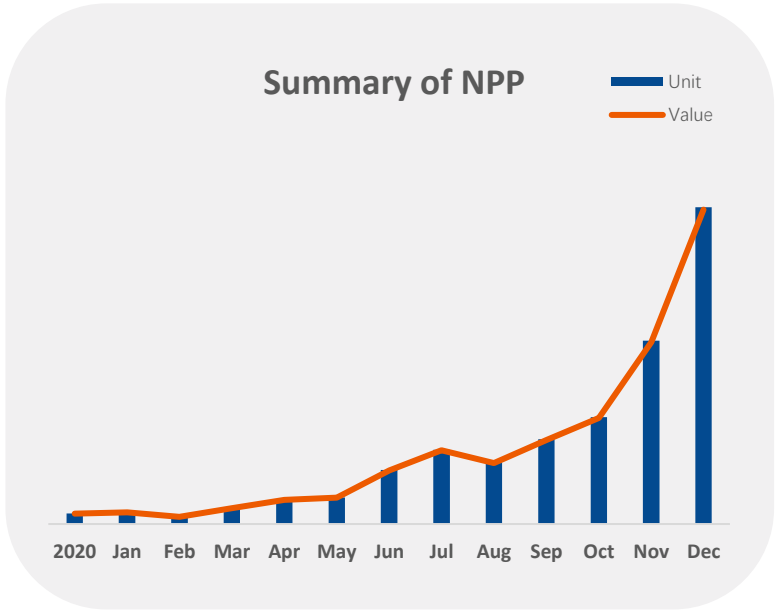
Jan 2021	24 Feb	Apr	May	Dec 2021	2Q2022
NDA submissions	Priority Review Obtained	Hainan Boao NPP Program Launched	CSCO Guidelines Inclusion	Approved	China Launch

塞利尼索片 20mg

希维奥®

		Ⅰ级推荐	Ⅱ级推荐
复发骨髓瘤	治疗方案	伊沙佐米＋来那度胺＋地塞米松（1类） 硼替佐米＋泊马度胺＋地塞米松（2B类） 卡非佐米＋地塞米松（1类） 达雷妥尤单抗+硼替佐米+来那度胺+地塞米松（1类） 达雷妥尤单抗＋来那度胺＋地塞米松（1类） 达雷妥尤单抗＋硼替佐米＋地塞米松（1类） 卡非佐米＋来那度胺＋地塞米松（1类） Selinexor+地塞米松（1类） 硼替佐米＋来那度胺＋地塞米松（2B类）	卡非佐米＋泊马度胺＋地塞米松（2A类） 泊马度胺+地塞米松（2A类） 苯达莫斯丁＋泊马度胺＋地塞米松（2B类） Selinexor+地塞米松＋硼替佐米（2类） Selinexor+地塞米松＋泊马度胺（2类）





2022 Target Hospitals Coverage: 600

China Launch Readiness

- Advancing Healthcare Professional (HCP) / Key Opinion Leader (KOL) advocacy
  - **600+** HCP experience
  - **1300+** Patient Experience
- **Named Patient Program (NPP)** patient access in mainland China / Hong Kong markets
- A number of **Investigator Initiated Trials** in planning / ongoing in China in a broad range of indications, expanding the breadth of selinexor in China
- **Publication plan** in academic journals on NPP real world study data
- Encouraging signs of **KOL support and usage** in China:
  - Multiple combinations (triplets and quadruplets) being used by physicians in China
  - Large proportion of lymphoma usage
  - Gathered real world data and feedback

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Asia Pacific Markets – Accelerating and Executing on XPOVIO® Launch Plans

ANTENGENE

Launch Readiness

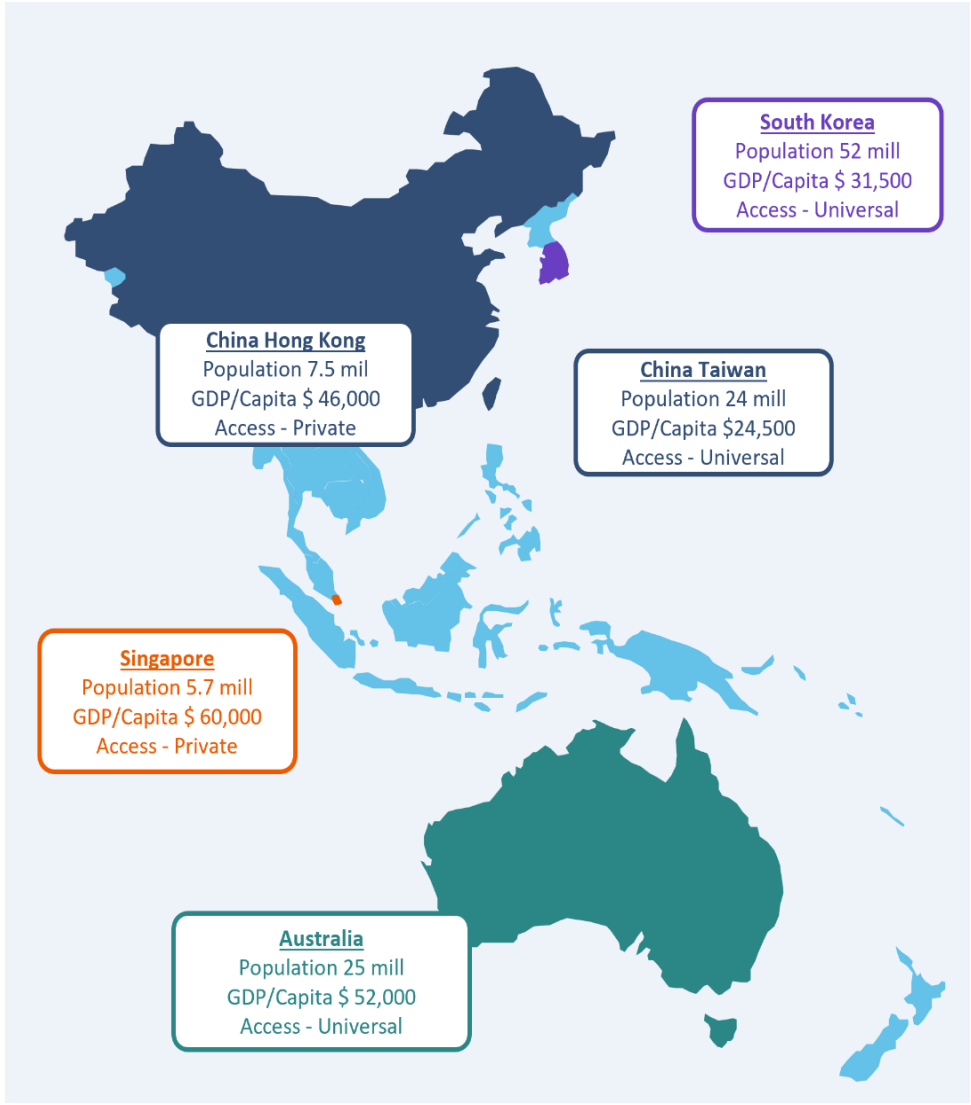
- Commercial presence in **Australia, South Korea, Singapore , Hong Kong & Taiwan**
- **NDA regulatory approvals** in Australia, South Korea & Singapore
- Advancing **National Reimbursement** in Australia and South Korea
- Building **KOL advocacy and experience**:
  - **>250 patients** treated with XPOVIO® via access program
  - Ongoing **advisory boards** and **medical education programs**
  - **2 IITs advancing**

South Korea – 2022

- Pre – reimbursement **launch** – Dec 21
- **Patient Access Programs** Initiated
- **Hospital Formulary submissions**
- XPOVIO® patient case **study sharing**
- Nurse led **patient support programs**

Australia – 2022

- Local & International **KOL led medical education**
- **MSAG Guideline inclusion**
- Broaden physician experience with **Patient familiarization Program**
- Myeloma Australia/ALLG integrated patient support



Strong Foundation for Successful Launches Across China and Asia Pacific Markets

ANTENGENE

2022 Revenue Target: RMB180 to 200 mm

Progressing through regulatory and reimbursement approvals

- 6 NDAs Submissions
- 4 Approvals
- 6 Reimbursement Submissions

Physician experience with XPOVIO®

- >1500 Patients on Access programs

Best in class team established

- >170 Commercial and Medical Personnel

Rapid engagement with KOLs across the region

- >800 Individual HCP Targets

ANTENGENE

V. INVESTMENT HIGHLIGHTS

2022 Will Be a Transformational Year for Antengene

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Commercialization across China and APAC, with multiple data read outs of FIH studies of global rights assets

Selinexor Commercial Launch across APAC

- Commercial launch: **South Korea** (MM Sd; DLBCL)
- Commercial launch: **Mainland China**
- Commercial launch: **Australia** (MM SVd & Sd)
- Commercial launch : **Singapore** (MM SVd & Sd; DLBCL)
- Commercial launch : **Hong Kong** (MM Sd)
- Commercial launch : **Taiwan** (MM SVd & Sd; DLBCL)
- Reimbursement submission: **South Korea** (MM Sd; DLBCL)
- Reimbursement approval: **Australia** (MM SVd & Sd)

Clinical Development Progress

- **Interim data read out on pivotal trial: ATG-016** (XPO1) (MDS)
- **Interim data read out**: **ATG-008** (mTORC1/2) (TORCH-2 in combination with PD-1)
- **Preliminary data read out** in First-in-human (FIH) studies of global rights assets:
  - **ATG-017** (ERK1/2) (ERASER)
  - **ATG-101** (PDL1/41BB bispecific) (PROBE)
- **IND submission**: **ATG-018** (ATR) and **ATG-022** (Claudin 18.2 ADC)
- **Progressing through dosing cohorts** in First-in-human (FIH) studies of **ATG-037** (CD73) **and ATG-018** (ATR)

Multiple Regulatory Filings

- Selinexor (ATG-010) sNDA filing in **South Korea** (MM SVd)
- Selinexor (ATG-010) sNDA filing in **Australia** (DLBCL)
- Selinexor (ATG-010) sNDA filing in **mainland China** (DLBCL)
- **Supplementary NDA filing** of selinexor (ATG-010) packaging at **Shaoxing manufacturing site**

Advancing Pipeline & Discovery Programs

- Attain **IND-readiness** in-house developed program: **ATG-031** (CD24)
- Multiple novel **ADC PCC nominations**
- Initiate 2-3 new discovery projects
- Continuous BD efforts will bring in innovative assets

Steady Stream of Catalysts Continue to Drive Value for Investors

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2021 Revenue: RMB28.8 mm; 2022 Revenue Target: RMB180 to 200 mm

De-risked Biotech with Revenue Generation Capabilities

- Starting with 2 disease areas with multiple indication expansion / blue ocean opportunities with an only-in-class asset in unique markets

Broad and Deep Pipeline of Differentiated Global Rights Assets

- 10 global rights assets with highly-differentiated, combinational and synergistic mechanism of action with series of upcoming data read outs

Following the Science and Pursuit of Synergistic Partnerships

- Continued BD discussions on new assets, clinical collaborations and technology platforms to power internal discovery efforts

Efficiently Utilizing Cash Provided by Our Strong Base of Global Shareholders

- US$373 mm (RMB2,370mm) of cash, bank balances and cash management products as of 31st December 2021

* USD/RMB exchange rate of 1/6.35 as of 17th March 2022

ANTENGENE

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THANK YOU

TREATING PATIENTS BEYOND BORDERS