ANTENGENE INVESTOR PRESENTATION

TREATING PATIENTS BEYOND BORDERS

NOVEMBER 2022

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ANTENGENE

I. COMPANY OVERVIEW

Realizing Our Vision of Treating Patients Beyond Borders

ANTENGENE

Commercialization in Multiple Markets

- **XPOVIO® approved** in Mainland China, Australia, Korea and Singapore
- Expecting approvals in **Hong Kong and Taiwan** markets in 2022
- **~190 person** commercial team in Greater China and APAC

Clinical and Regulatory Operations

- Multi-regional clinical trials with **26 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
CALITHERA
BeiGene
LCB LegoChemBio
celularity

15
Assets in Portfolio

德琪医药
ANTENGENE

400+ Employees Globally

17
Ongoing Trials in Mainland China, Taiwan, Australia, and the US

4
Ongoing Registrational Trials In Mainland China

Regions in Antengene Markets where XPOVIO® is Approved
Regions Expecting Selinexor Approval in 2022
Regions with Ongoing Clinical Trials

** Employee count as of 30th August, 2022*

Global Team of Industry Veterans

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

Bo Shan, Ph.D.
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

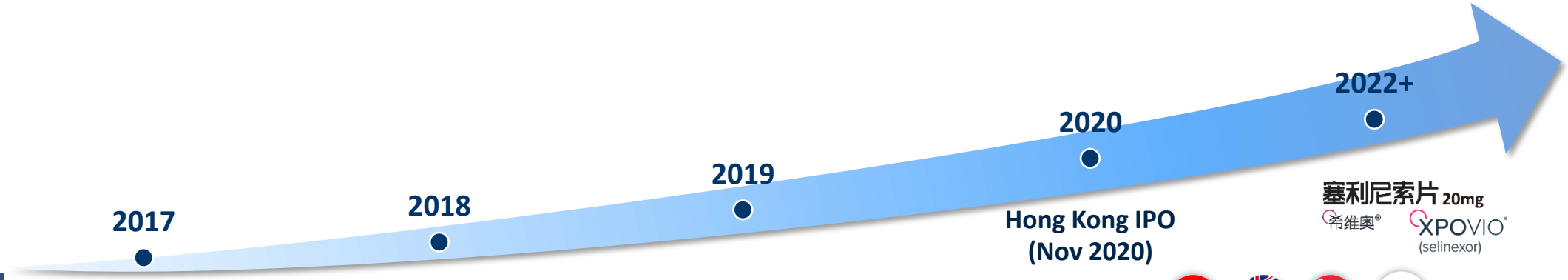
Track Record of Antengene Management Team

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

ANTENGENE

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



Approval(s)					Taiwan
NDA Submissions					Hong Kong Taiwan
INDs*		3 INDs	6 INDs	11 INDs	26 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 and Bank Balances of RMB 2,151mm
Selected Investors	Celgene | Bristol Myers Squibb Company Tigermed QIMING VENTURE PARTNERS		药明康德 WuXi AppTec 博裕资本 BOYU CAPITAL 方源資本 FountainVest Partners	Fidelity INVESTMENTS BlackRock GIC HILLHOUSE CORMORANT ASSET MANAGEMENT SEQUOIA	

* Total # of IND/CTA approvals obtained

Antengene Has Executed and Delivered on Significant Milestones Since IPO

		November 20th, 2020	November 20th, 2022
Commercialization	Product Approvals	0	塞利尼索片 希维奥® XPOVIO® (selinexor)  Taiwan
Registrational Trials	ATG-010 (Selinexor)	2 ongoing	4 ongoing; 1 completed
Registrational Path	ATG-008 (Onatasertib)	No	Yes (Relapsed/Metastatic Cervical Cancer)
Global Best-in-class Potential Assets in Clinical Stage		ATG-017 – ERK1/2 small molecule inhibitor	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 ATG-022 – Claudin 18.2 ADC (IND submitted)
Global First-in-class Potential Asset		0	ATG-031 – CD24 monoclonal antibody
Cash Reserve		RMB 918 mm (immediately prior to IPO)	RMB 2,151 mm*
Market Cap		USD 1,549 mm	USD 356 mm

** Cash and bank balances as of June 30th, 2022*

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

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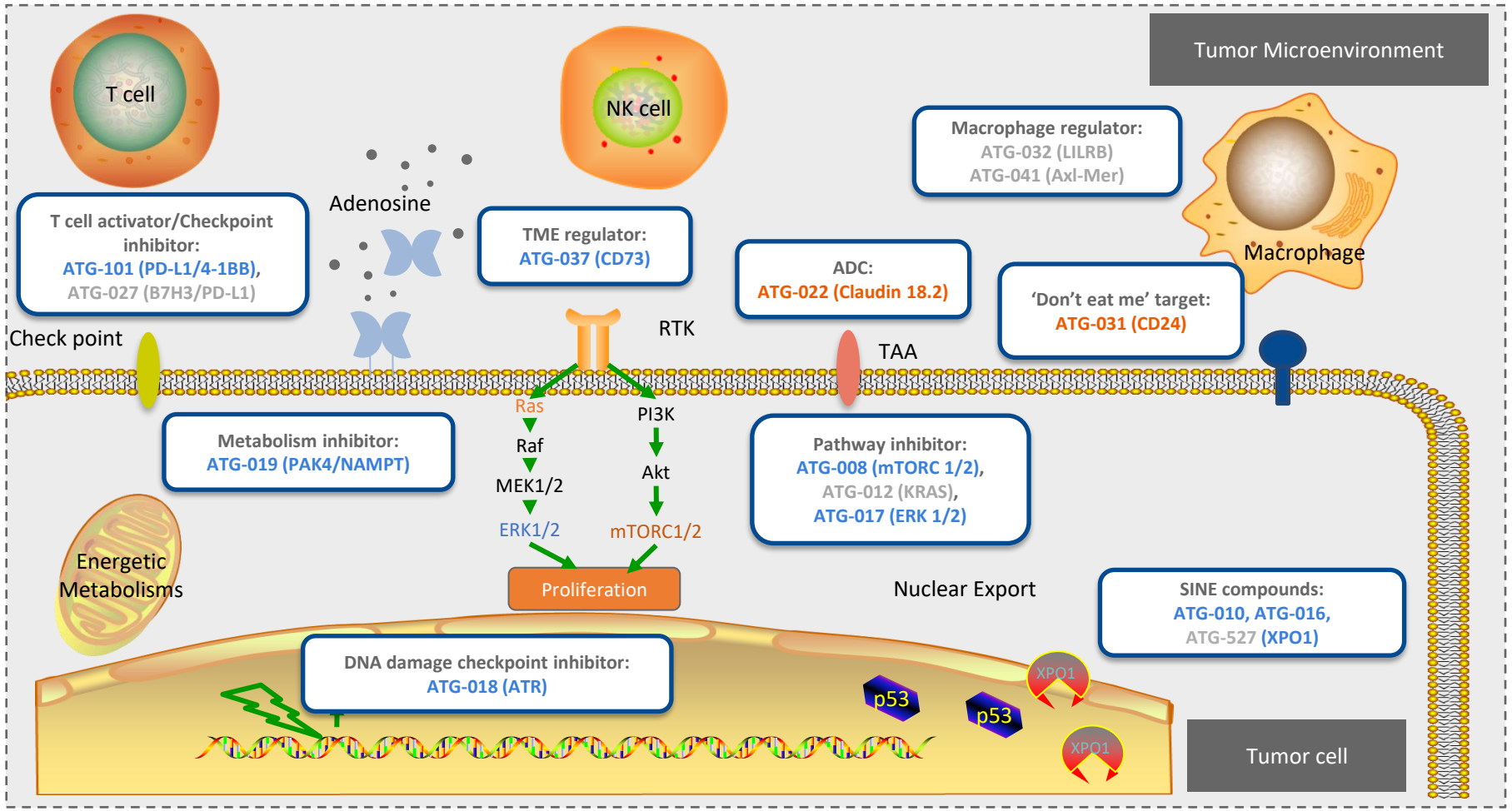
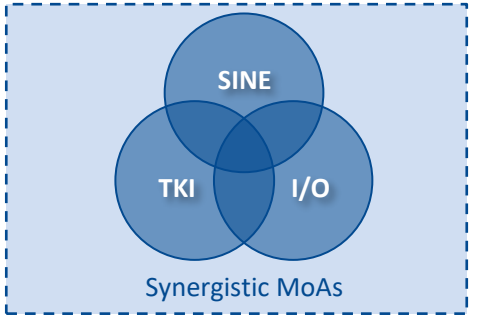
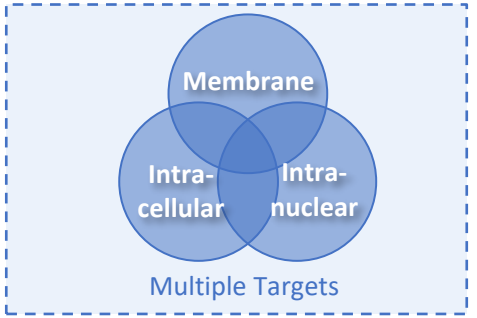
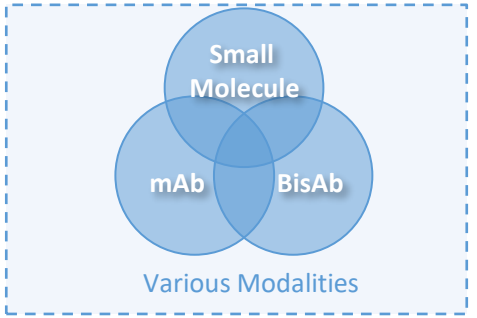
Mechanism of Action of Antengene's Pipeline



Combinatorial Possibilities







Denotes assets in Clinical Stage

Denotes Next Stage of Pre-clinical Assets to Enter Clinical Stage in 2022 / early 2023

Denotes Pre-Clinical Assets

H1 2022 Achievements and Recent Corporate Updates

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Cash and Bank Balances – RMB 2,151 mm

Commercial Launch of XPOVIO® across Asia

- ✓ H1 2022 Revenue of **RMB54.0 mm**, primarily contributed by sales generated in Mainland China
- ✓ Commercial launch of XPOVIO® in **Mainland China, Australia and Singapore** in **May 2022**
- ✓ Expansion of commercial team to **~190 members** across APAC
- ✓ **CSCO Diagnosis and Treatment Guidelines 2022 inclusion** for multiple selinexor regimens in multiple myeloma and lymphoma
- ✓ **CMDA and CMA Guidelines for the Diagnosis and Management of Multiple Myeloma 2022 inclusion** for multiple selinexor regimen

Late Stage Clinical Programs

- ✓ **ATG-010 Selinexor**
  - **4 registrational studies** on-going in Mainland China for ATG-010 (selinexor), including **2 global trials** in collaboration with Karyopharm
  - Data presented in **EHA 2022** and published in **BMC Medicine**
- ✓ **ATG-008 Onatasertib**
  - Data presented in **AACR 2022 and ASCO 2022**

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
  - **AACR Annual Meeting in Apr 2022**
    - ATG-037 (CD73 small molecule inhibitor)
    - ATG-018 (ATR small molecule inhibitor)
    - ATG-022 (Claudin 18.2 ADC)
  - **SITC Annual Meeting in Nov 2022**
    - ATG-101 (PD-L1/4-1BB bispecific antibody)
    - ATG-018 (ATR small molecule inhibitor)
    - ATG-031 (CD24 monoclonal antibody)*
    - ATG-027 (B7H3/PD-L1 bispecific antibody)
- ✓ **2 in-house discovered molecules** soon IND-ready
  - ATG-022 (Claudin 18.2 ADC)
  - ATG-031 (CD24 monoclonal antibody)

Business Development

- ✓ Announced clinical collaboration with **BeiGene** to evaluate ATG-010 (selinexor) in combination with **tislelizumab (PD-1 monoclonal antibody)** in T and NK-cell lymphoma
- ✓ Announced research collaboration with **Celularity** to evaluate synergy combining Antengene's bispecific antibody with their **cryopreserved human placental hematopoietic stem cell-derived NK-cell therapy platform**

Corporate Operations

- ✓ **Inauguration of our new drug discovery laboratory** in Hangzhou Qiantang New Area that focuses on novel antibody discovery
- ✓ **Construction of the drug discovery and manufacturing center for antibody biologics** in Hangzhou Qiantang New Area **commenced**

* Selected for oral presentation at SITC 2022

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II. CLINICAL UPDATE

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

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Assets	Target *(Modality)*	Indication	Pre-clinical / Phase I / Phase II / Phase III / NDA / Commercialization	Antengene Rights	Partner
ATG-010[1] (Selinexor)	XPO1 *(Small molecule)*	R/R Multiple Myeloma	Combo with dexamethasone *(MARCH)* — *Mainland China NDA approved*	APAC[2]	Karyopharm Therapeutics; ANTENGENE
			Combo with dexamethasone *(STORM) – Partner's Pivotal Trial in the US* — *US, EU, SK, SG, AU & TW NDA approved*		
			Combo with bortezomib and dexamethasone *(BENCH)* ★		
			Combo with bortezomib and dexamethasone *(BOSTON) – Partner's Pivotal Trial in the US* — *US, EU, SG, AU & TW sNDA approved*		
			Combo with IMID/PI/CD38 mAb and dexamethasone *(STOMP)*		
		R/R Diffuse Large B-cell Lymphoma	Monotherapy *(SEARCH)* ★		
			Monotherapy *(SADAL) – Partner's Pivotal Trial in the US* — *US , SG, SK & TW sNDA approved*		
			Combo with R-GDP *(DLBCL-030)* ★		
		R/R NHL	Combo with lenalidomide + rituximab *(SWATCH)*		
		R/R T-cell & NK-cell Lymphoma	Combo with ICE/GemOx/tislelizumab *(TOUCH)* with BeiGene		
		Myelofibrosis	Monotherapy *(MF 035)* ★		
ATG-016 (Eltanexor)	XPO1 *(Small molecule)*	R/R MDS	Monotherapy *(HATCH)*		
			Monotherapy *(KCP-8602-801)* ★		
		Advanced Solid Tumors	Monotherapy *(REACH)* — CRC PrC		
ATG-008 (Onatasertib)	mTORC1/2 *(Small molecule)*	2L+ HBV+ Hepatocellular Carcinoma	Monotherapy *(TORCH)*	APAC[3]	Celgene; Bristol Myers Squibb Company; ANTENGENE
		Advanced Solid Tumors and Hepatocellular Carcinoma	*Combo with toripalimab (TORCH-2)** with 君实生物 TopAlliance		
		R/R Diffuse Large B-cell Lymphoma	Combo with ATG-010 *(MATCH)*		

Antengene Trials[4] | Partner Trials[5] | Global Trials in Collaboration with Partner | ★ Registrational Trial in China

[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 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; R-GDP: Rituximab, Gemcitabine, Dexamethasone &Cisplatin;

AU: Australia; EU: Europe; SG: Singapore; SK: South Korea; TW: Taiwan; US: United States;

An Early-stage In-house Pipeline with Transformational Potential

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[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

Four Compounds in FIH Trials in Australia and China Expanding to USA This Year

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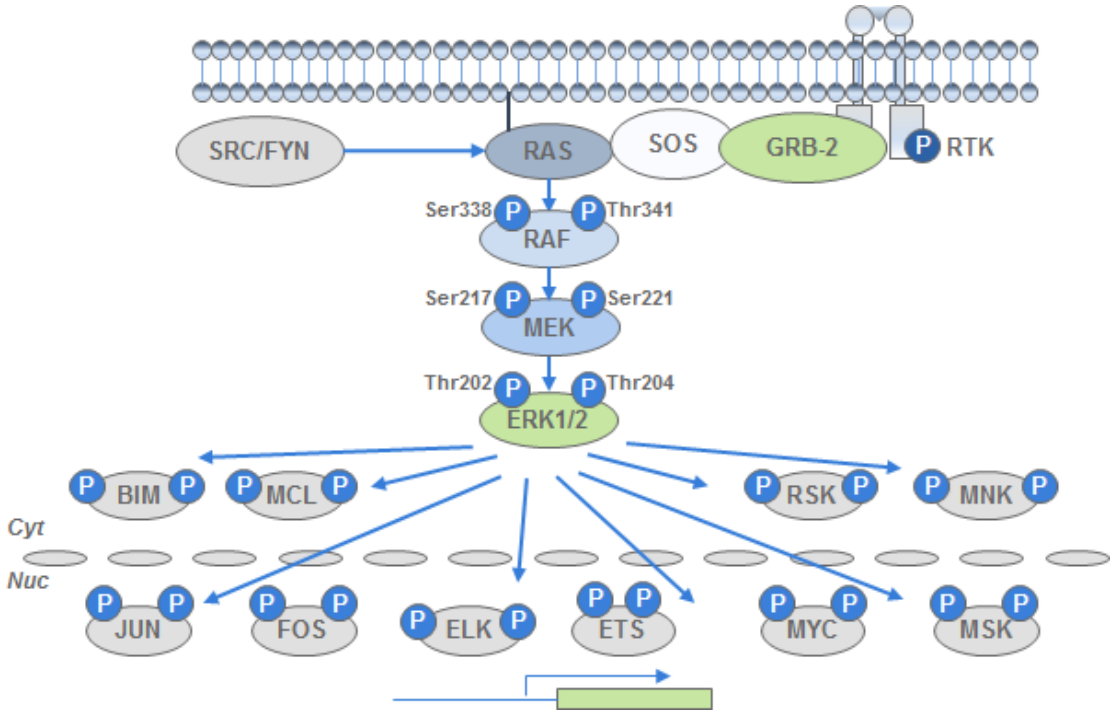
	ATG-017	ATG-101	ATG-037	ATG-018
Target	**ERK1/2 (Small molecule)**	**PD-L1/4-1BB (Bispecific Antibody)**	**CD73 (Small molecule)**	**ATR (Small molecule)**
Differentiation	✓ Higher potency and dual IoC and PoA activity with slow off-rate kinetics ✓ Lower efficacious dose with a higher max absorbable 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 (solid and liquid tumors) and strong potential synergy with Antengene pipeline candidates	✓ Orally bioavailable ✓ Better ATR downstream (CHK1) phosphorylation inhibition and cell anti-proliferation potency than benchmark ✓ Better in vivo efficacy compared with benchmark in pre-clinical CDX tumor model ✓ Minimum risk of DDI and hERG
Status	Currently in the 6th cohort in solid tumors of ERASER trial, dosing in BID; combo with nivolumab planned for late 2022	Phase 1 clinical trial PROBE ongoing in Australia and the US; PROBE-CN ongoing in China	Phase 1 clinical trial STAMINA ongoing in Australia	Phase 1 clinical trial ATRIUM ongoing in Australia
Potential Indications	**1. RASm NSCLC, melanoma, ovarian, other** **2. I/O combinations (nivolumab)**	**1. Resensitise 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** **3. Recent positive preclinical data in MM**	**1. Solid tumor and hematological malignancy carrying mutations associated with homologous recombination and DNA damage response**

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

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 Novel PD-L1/4-1BB Bispecific Antibody, Augments Anti-tumor Immunity via Immune Checkpoint Inhibition and PD-L1-directed 4-1BB Activation

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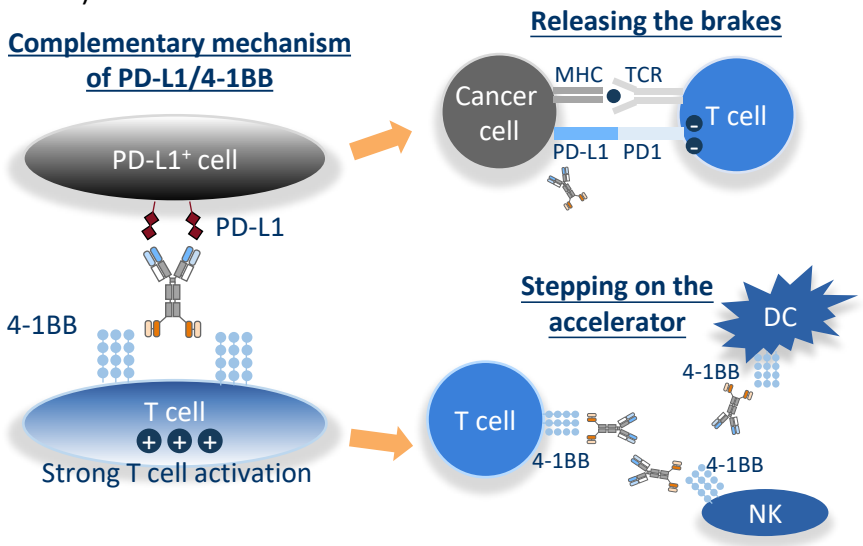
Summary of ATG-101

- 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, thus **reduced risk of 4-1BB related liver toxicity**
- Significant anti-tumor activity in animal models of resistant tumors as well as those that progressed on anti-PD1/L1 treatment
- 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)



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

Clinical Trial: PROBE

- **First in human trial** to investigate the MTD, OBD, safety of ATG-101 monotherapy in Australia and the US (Q3W)
- **Status:** First patient dosed in December 2021; Currently on dose level 3

Clinical Trial: PROBE-CN

- A **phase I trial** to investigate the MTD, OBD, safety of ATG-101 monotherapy in China (Q4W)
- **Status:** First patient dosed in August 2022

Dose Escalation

- Adv. Solid tumors (regardless of PD-L1 expression, not HCC)
- Exhausted available standard therapies

Dose Expansion

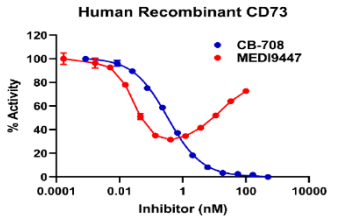
- Adv. Solid tumors of any histology (except HCC) and *CPI-exposed*:
  a. DP following prior response/SD for ≥6mths to anti-PD-1/PD-L1
  b. Best response of SD <6mths or DP after anti-PD-1/PD-L1

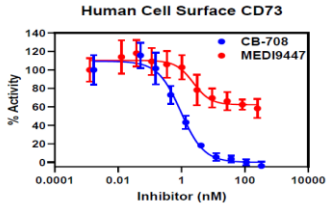
- Adv. Solid tumors / hematological malignancies with specific histologies below who have failed prior therapies but are *CPI naïve*:
  a. TNBC
  b. GBM
  c. Gastric cancer, GEJ, oesophageal cancer
  d. HPV+ HNSCC
  e. Cervical cancer
  f. B-NHL

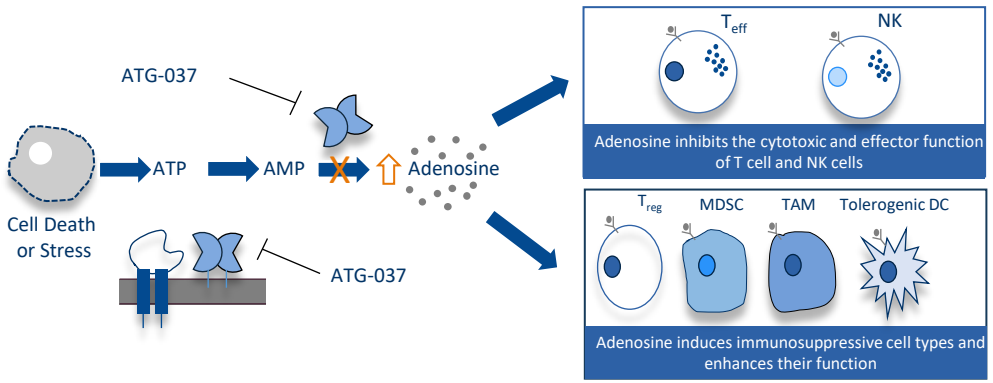
ATG-037: An Orally Available, Small Molecule CD73 Inhibitor with Best-In-Class Potential

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

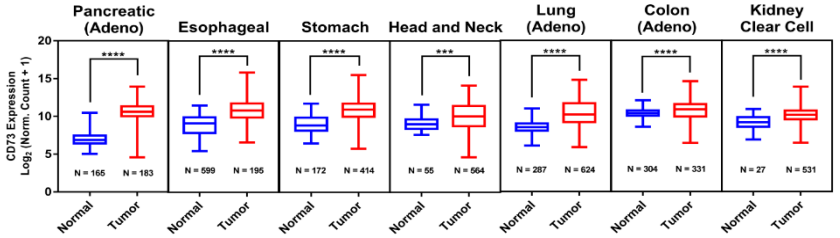






Broad Indication Potential

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

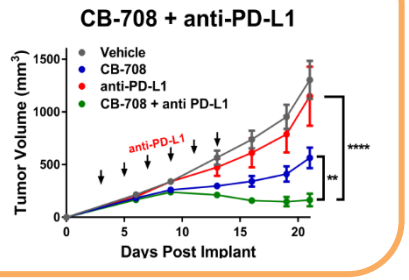


Advanced Drug Development

- GLP toxicology studies completed: well tolerated in rodent and dog
- Potential large therapeutic window observed
- Phase 1 clinical trial STAMINA ongoing in Australia

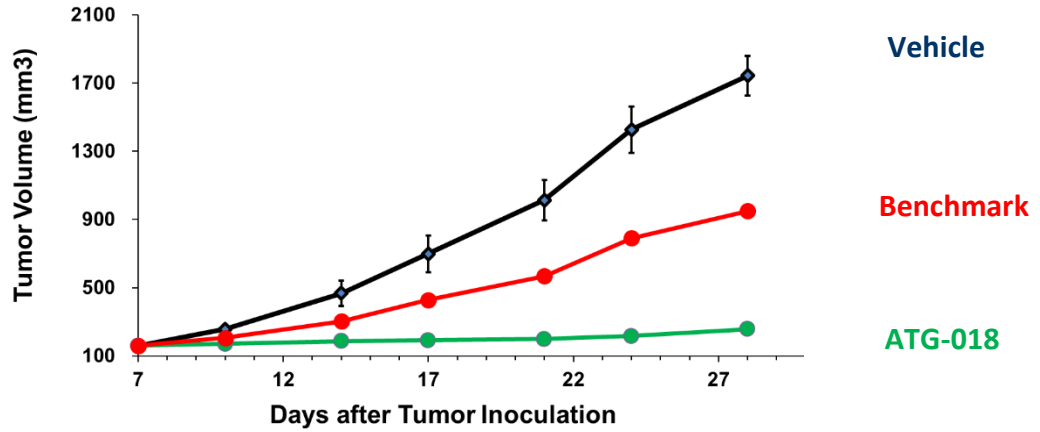
Synergy with Antengene Pipeline Assets

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

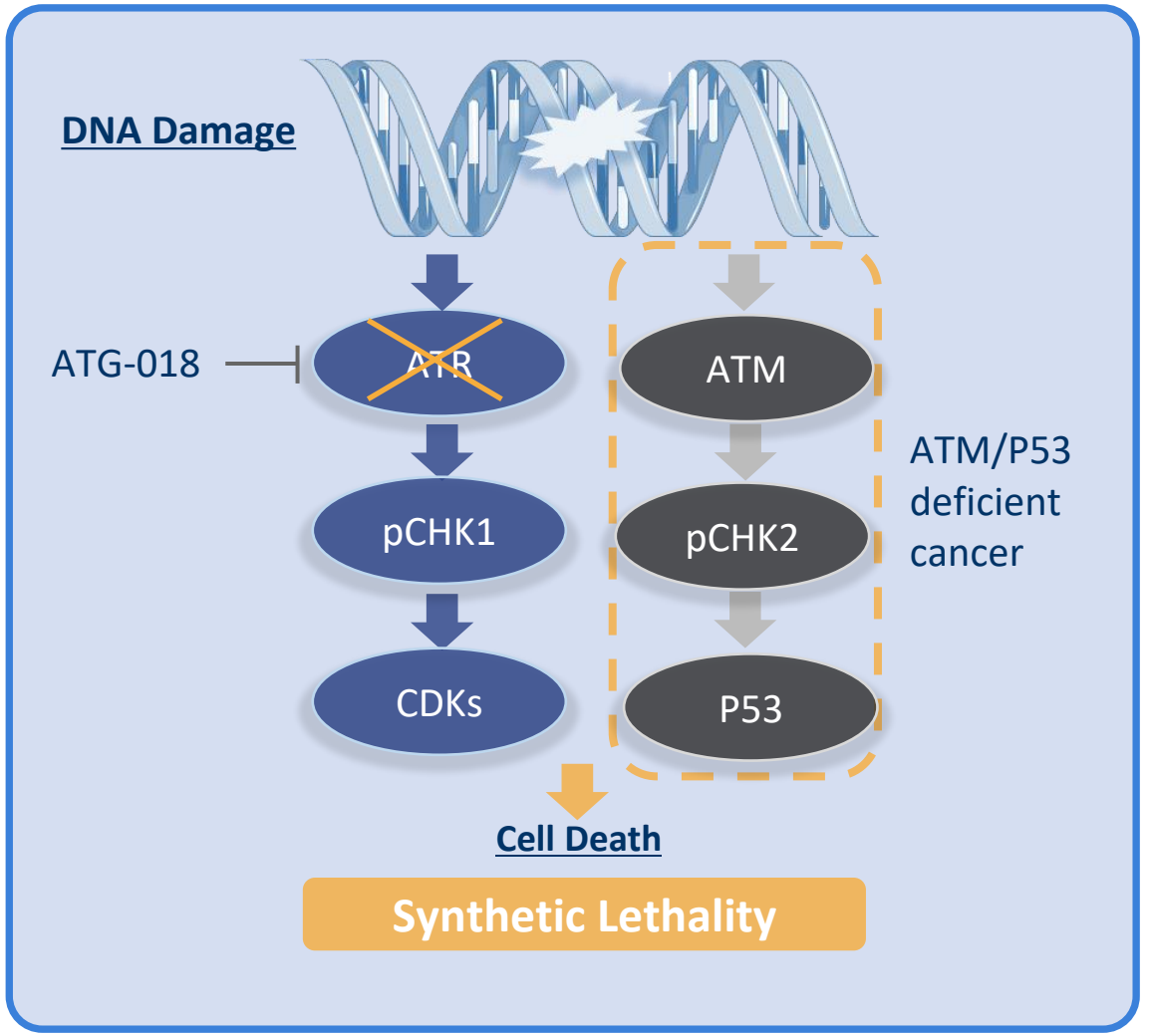


Source: C Lee et al. Calithera Biosciences 2019; SITC. CB-708, an orally bioavailable small molecule inhibitor of CD73 with immunostimulatory and anti-tumor activity.
Note: CB-708= Antengene's ATG-037, MEDI9447=Medimmune's CD73 antibody.

ATG-018 Is An Orally Available, Small Molecule ATR Inhibitor, with Superior In Vivo Efficacy Compared with Clinical Benchmarks



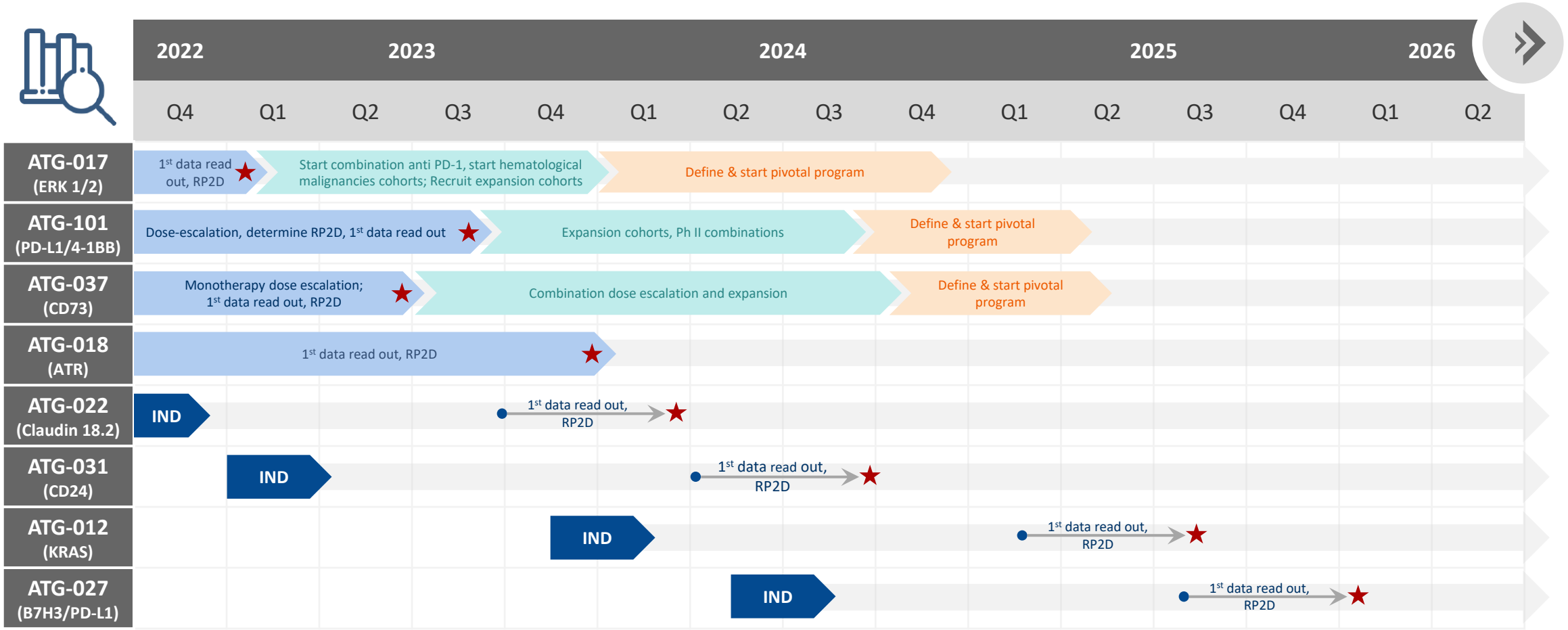
- By targeting ATR, ATG-018 inhibits DNA damage repair, releasing tumor cells from cell cycle arrest and inducing tumor cell death by synthetic lethality.
- ATG-018 demonstrates superior in vivo efficacy, compared with clinical benchmarks
- Biomarker strategies have been developed for ATG-018
- Phase 1 clinical trial ATRIUM ongoing in Australia



Clinical Development Timeline Spanning 2022 to 2025 Encompassing a Series of INDs, FIH studies and Data Readouts

ANTENGENE

Early data on safety, PK, PD through 2022 and 2023 with ATG-017, ATG-101 and ATG-037



Strong Progress Made and On Track with Clinical Development Goals for 2022

ANTENGENE

ATG-010 (XPO1, Selinexor)
- **BENCH:** Positive 1st DSMB review
- **SWATCH and MATCH**: Completed FPI Q2 and first SRC in July

ATG-016 (XPO1, Eltanexor)
- **KCP-8602-801:** IND cleared in Q1
- **REACH:** Completed 1st & 2nd SRC

ATG-017 (ERK 1/2, Tizaterkib)
- **ERASER:** Progressed on monotherapy dose-escalation Cohort 6; Developed combination module partnership with Bristol Myers Squibb

ATG-101 (PD-L1/4-1BB)
- **PROBE & PROBE-CN:** Progressed on dose-escalation Cohort 3; FPI in China in August

ATG-037 (CD73)
- **STAMINA:** Completed Australia FPI Q2; China IND submitted in July

ATG-018 (ATR)
- **ATRIUM:** Dosed the 1st patient in August

ATG-010 (XPO1, Selinexor)
- **SEARCH**: Complete patient enrolment in Q4 2022
- **BENCH:** Complete patient enrolment in Q4 2022
- **TOUCH:** selinexor + anti-PD-1 FPI in Q4 2022
- **MF035:** FPI Q3 2022
- **SWATCH and MATCH:** Complete dose-escalation and define RP2D by 2023 H1

ATG-016 (XPO1, Eltanexor)
- **HATCH:** Complete dose-escalation in Q4 2022
- **REACH:** Finish patient enrolment at the end of 2022

ATG-008 (mTORC 1/2, Onatasertib)
- **TORCH-2:** Complete expansion cohorts (CC) by Q3; CDE discussions and define pivotal program Q4 2022

ATG-017 (ERK 1/2, Tizaterkib)
- **ERASER:** Complete dose-escalation and agree RP2D; Start anti-PD-1 combination and hematology cohorts; Submit China IND Q4 2022

ATG-101 (PD-L1/4-1BB)
- **PROBE and PROBE-CN:** Progress dose-escalation through 2022; US FPI Q3 2022

ATG-037 (CD73)
- **STAMINA:** Start pembro combination

ATG-022 (Claudin 18.2)
- **CLINCH:** HREC/IND approval and start the study

ATG-031 (CD24)
- Complete IND preparation by year end

III. LATE IND-READY STAGE ASSETS

Two More HREC/IND Submissions in the Next 6 Months

ANTENGENE

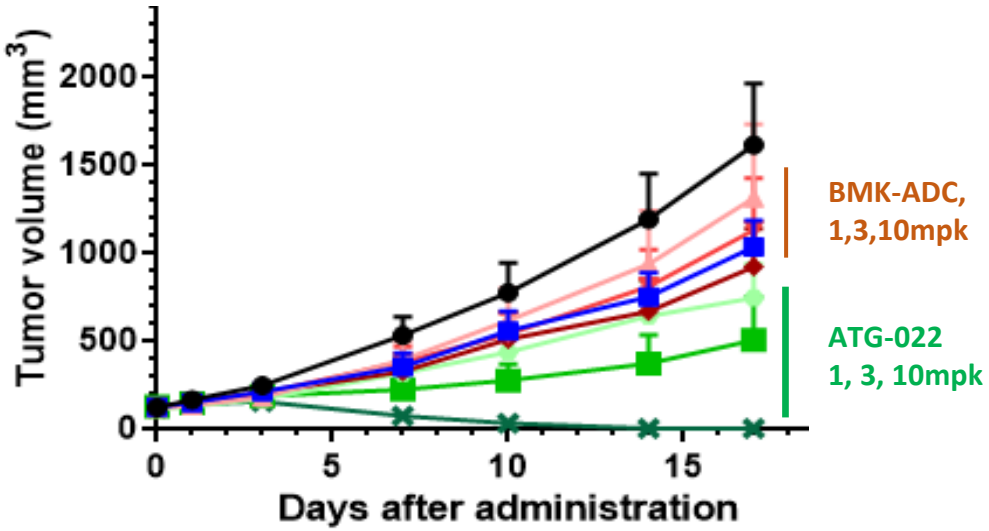
	ATG-022	ATG-031
Target	Claudin 18.2 (ADC)	CD24 (mAb)
Differentiation	✓ High affinity antibody (pM grade); Strong in vivo efficacy pre-clinically in Claudin 18.2 low expression PDX models ✓ Displayed high specificity in Retrogenix's Cell Microarray Technology Experiment ✓ Demonstrated an excellent safety profile in GLP toxicology studies ✓ Better in vivo efficacy compared with benchmark	✓ First in class target ✓ Compared to CD47, CD24 is not expressed in healthy erythrocytes ✓ Antengene developed the IHC antibodies for companion diagnostics ✓ ATG-031 showed mono-therapy in vitro/in vivo efficacy and synergy with chemotherapy, rituximab and CPI
Status	IND planned for YE 2022	IND planned for H1 2023
Potential Indications	1. **Gastrointestinal cancer** 2. **Pancreatic cancer** 3. Multiple combination opportunities	1. **Hematological malignancy:** B cell related malignancies including B cell lymphoma and B cell leukemia 2. **Solid tumors:** TNBC, small cell lung cancer, liver cancer and ovarian cancer 3. Potential to target cancer stem cell, increase chemotherapy sensitivity and reduce disease recurrence

ATG-022 Is An Anti-Claudin 18.2 ADC, with Potent in Vivo Efficacy in Claudin 18.2 Low-Expression Tumor Models

ANTENGENE

- Claudin 18.2 is a TAA overexpressed in gastric, esophageal and pancreatic cancers
- High affinity antibody of ATG-022 allows targeting of patients with low expression of Claudin 18.2
- ATG-022 showed potent anti-tumor efficacy in mouse bearing Claudin 18.2-low expression PDX
- ATG-022 demonstrated good safety profile in NHP
- IND is planned for H2 2022

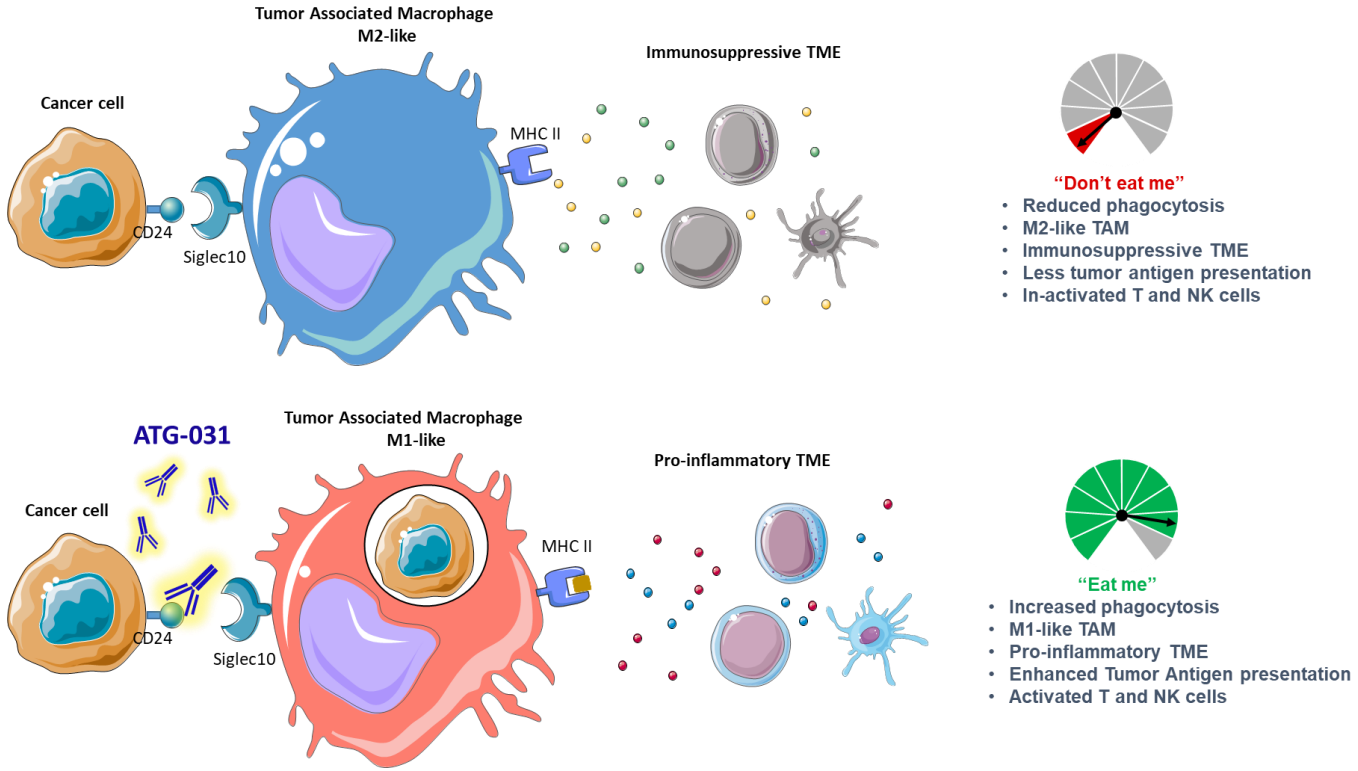
Claudin18.2 low PDX

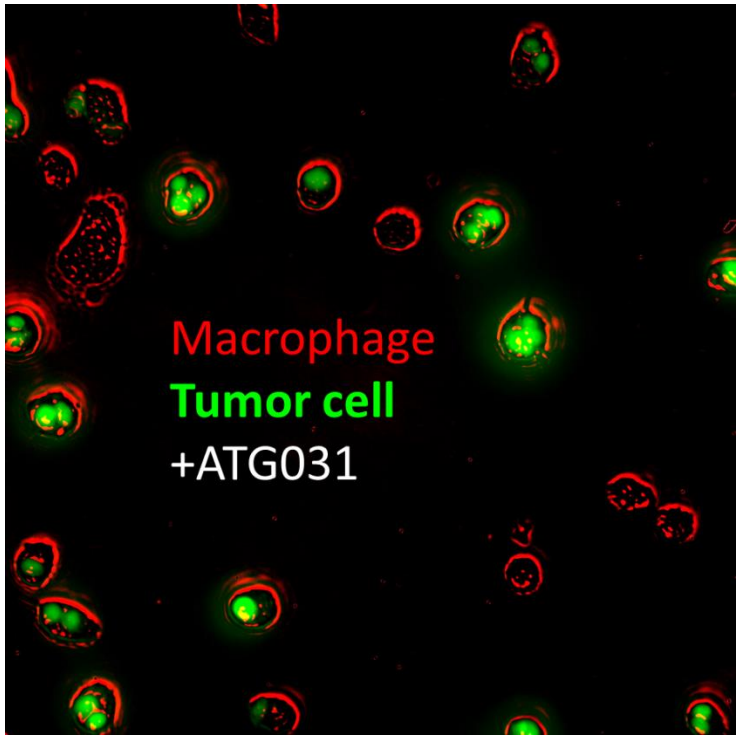


ATG-022 demonstrated better in vivo efficacy in 18.2-low expression PDX; inducing complete tumor regression (tumor-free) without affecting the body weight of the animals.

ATG-031: First-in-class CD24 Antibody to Inhibit “Don’t Eat Me” Signal

- CD24 is a novel “don’t eat me” target, a TAA for multiple solid tumor and B malignancies, and a marker for cancer stem cells
- ATG-031 showed potent single agent in vivo efficacy and synergy with chemotherapy or CPI
- A CDx antibody was successfully developed in house for patient selection
- Potentially the first molecule targeting CD24 to announce pre-clinical data – Data to be disclosed in SITC 2022, and the company’s R&D Day in November
- IND planned for H1 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

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

Commercial Launch
Dec 2021

Approved in Mainland China
December 14th, 2021

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

Commercial Launch
May 2022

Approved in Singapore
March 1st, 2022

- 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

Approved in Australia
March 9th, 2022

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

Commercial Launch
May 2022

Approved in Taiwan
October 21st, 2022

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

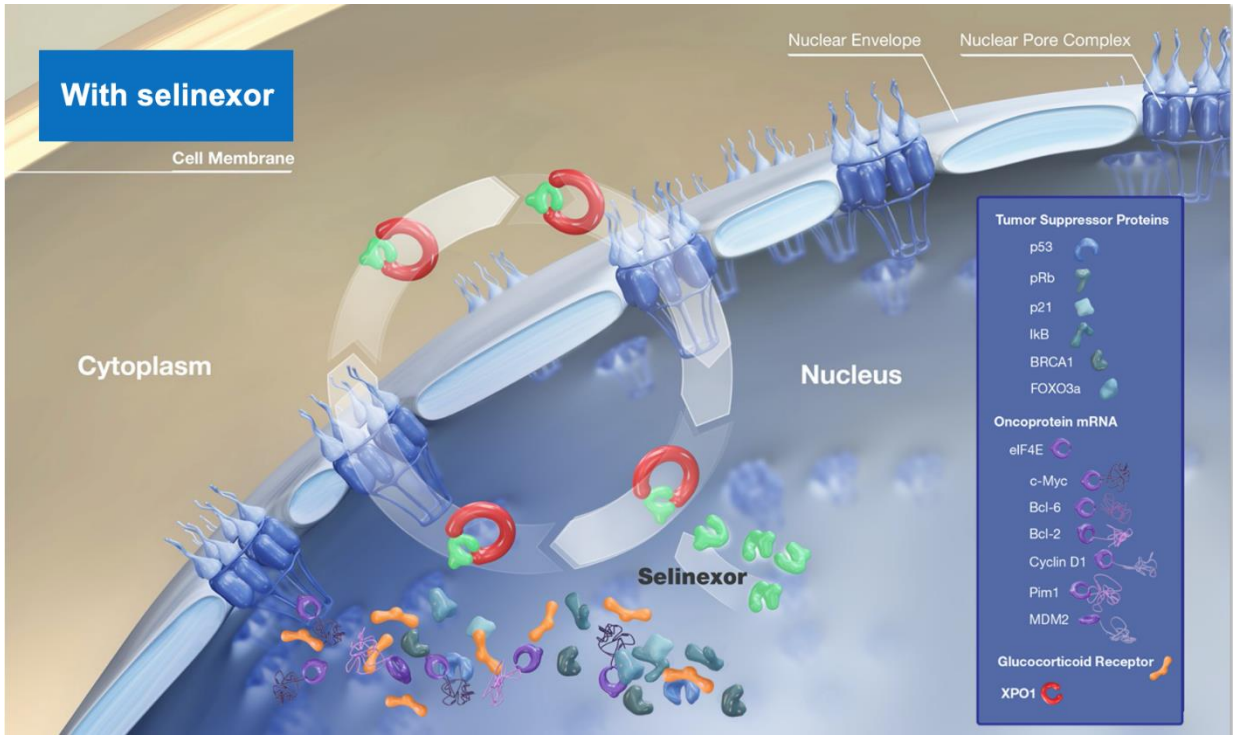
Expected Commercial Launch
YE 2022

Expected Approval in Hong Kong
2023

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

Expected Commercial Launch
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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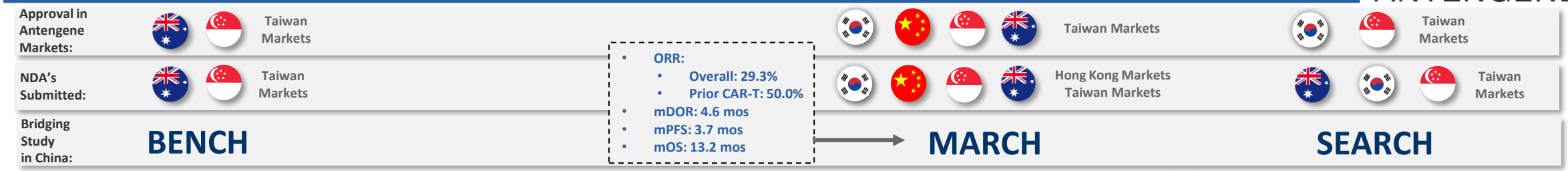

BOSTON
(SVd)

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-CMA 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 GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

European Society for Medical Oncology

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 — Upgraded to Level 1 Recommendation
- SPd
- SDd — New Inclusions
- SKd — New Inclusions

Diffuse Large B-cell Lymphoma

Relapsed/Refractory
- S monotherapy — Upgraded to Level 2 Recommendation

Chinese Medical Doctor Association

Chinese Medical Association

Multiple Myeloma

Relapsed/Refractory
- SVd — New Inclusions
- SPd
- SDd
- SKd

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*** Approved for RRMM by the US FDA, European EMA, Chinese NMPA, Korean MFDS, Singaporean HSA, Australian TGA, and Taiwan TFDA. Approved for RRDLBCL by the US FDA, Korean MFDS, Singaporean HSA, and Taiwan TFDA. As of Nov 14, 2022.*
**** Indications for Selinexor undergoing clinical trial / planned study include: PTCL, NKTL, AML, MDS, MF*

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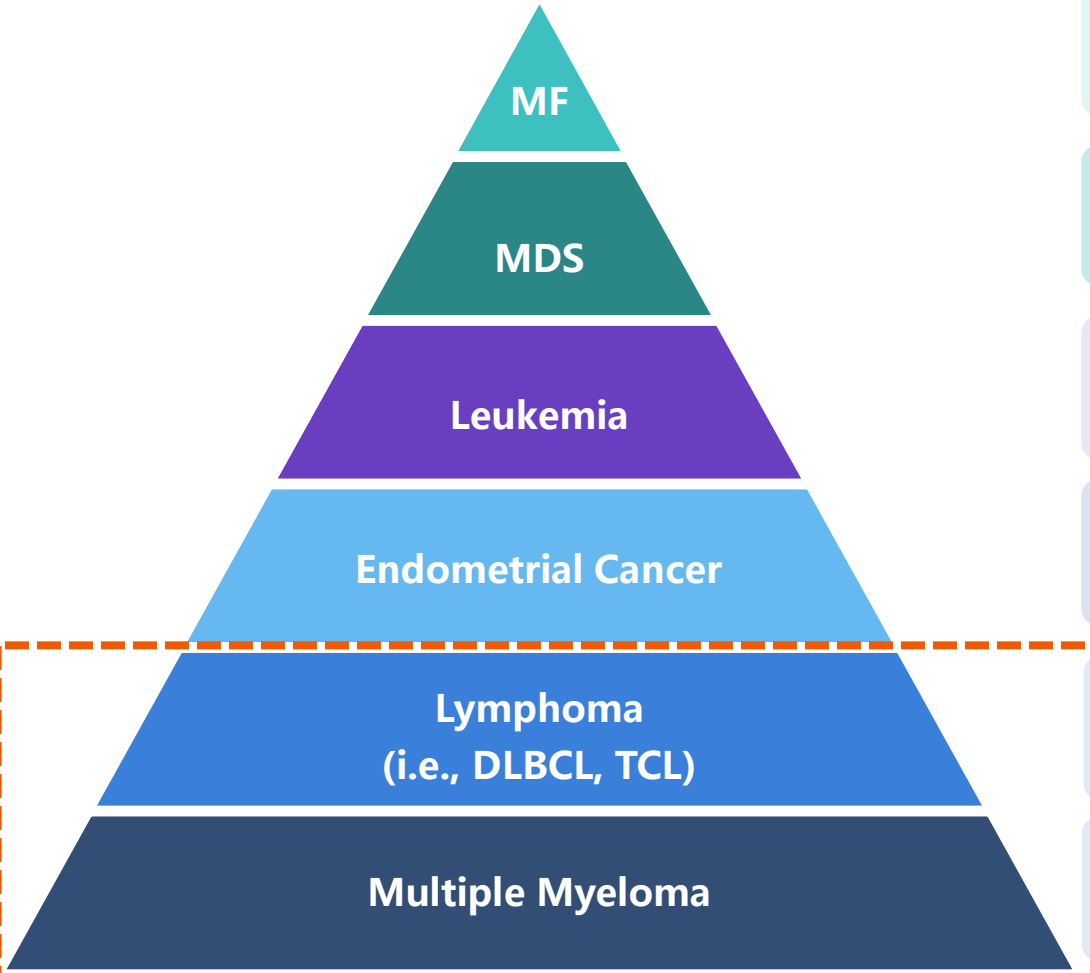
****** *Indications for Selinexor undergoing clinical trial / planned study include: PTCL, NKTL, AML, MDS, MF*

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, SWATCH, TOUCH, RWD)

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

Source: Antengene research

** Investigator Initiated Trials (IIT)*

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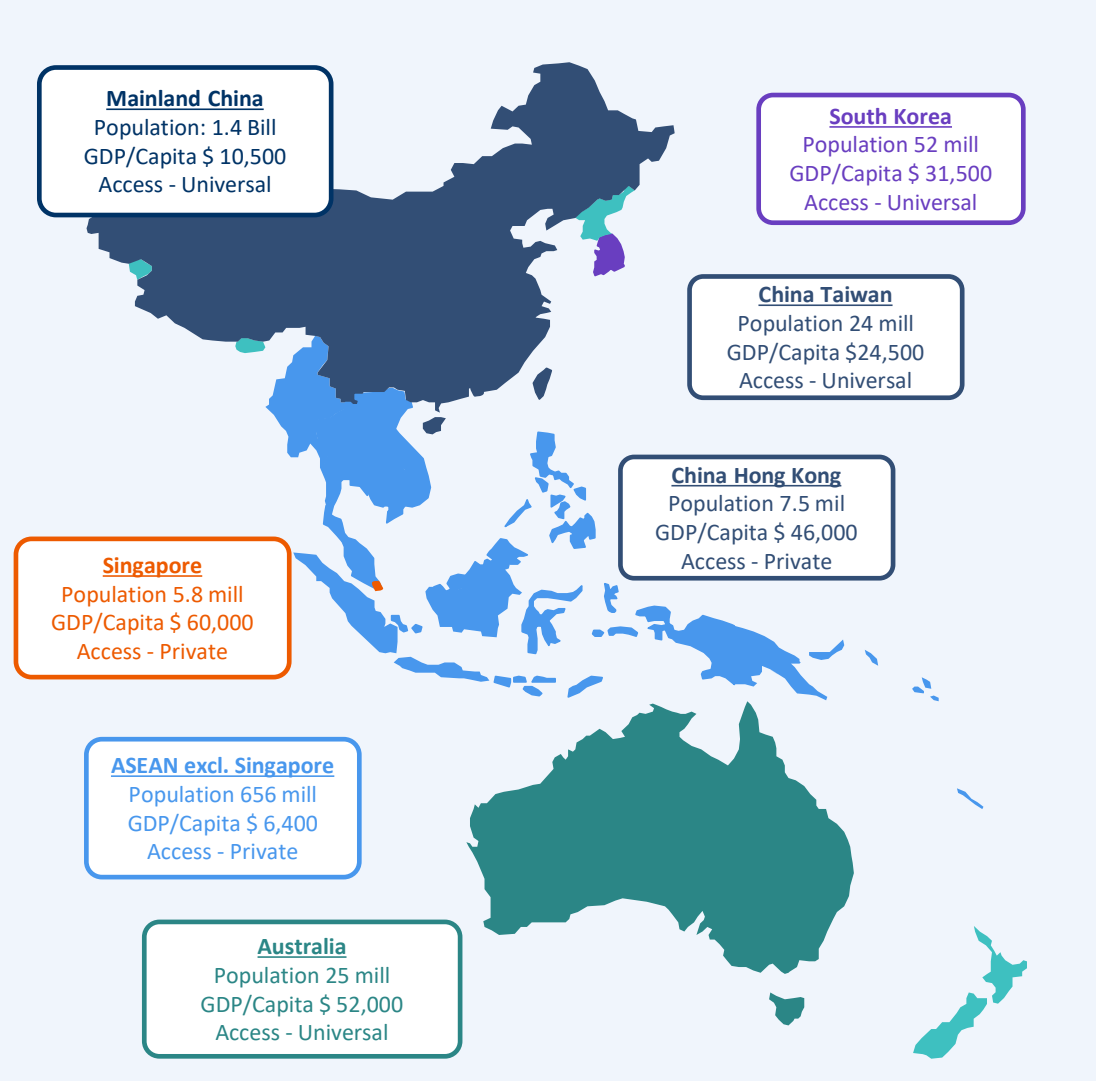
***** Indications for Selinexor undergoing clinical trial / planned study include: PTCL, NKTL, AML, MDS, MF*

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**
- 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

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

Michele Robbins

APAC Medical Affairs

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

Tamara Etto

GM of South Korea

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

Minyoung Kim

APAC Commercialization

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

Sathya Walisinghe

Fewer Myeloma Medicines Approved in China Compared to the US

Launching with less competition in China

ANTENGENE

Successful Commercial Launch of XPOVIO® in Mainland China

ANTENGENE

塞利尼索片 20mg

希维奥®

Approved Indication:

- XPOVIO® in combination with dexamethasone (Xd) in Relapsed / Refractory Multiple Myeloma (rrMM)

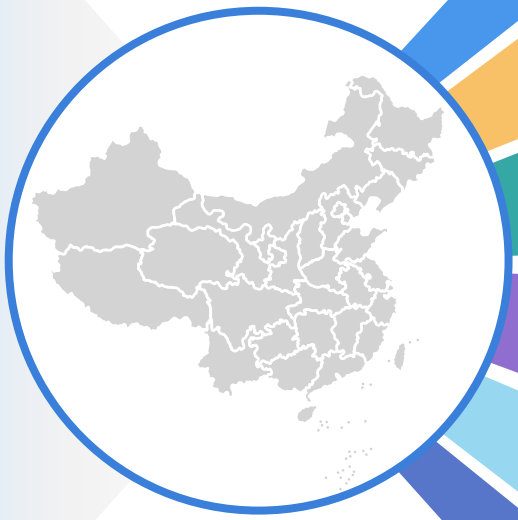
Treatment Guideline Recommendations in China

- **R/R Multiple Myeloma:**
  - **CSCO Guidelines** for the Diagnosis and Treatment of Hematologic Malignancies 2022
  - **CMDA & CMA Guidelines** for the Diagnosis and Management of Multiple Myeloma in China (2022 revision)
- **R/R Diffuse Large B-cell Lymphoma:**
  - **CSCO Guidelines** for the Diagnosis and Treatment of Lymphomas 2022

Mainland China

Official Commercial Launch

13th May, 2022



- 600 Hospitals
- 100+ DTP Pharmacies
- 30+ Provinces, Autonomous Regions & Municipalities
- 6 Selinexor Containing Regimens Recommended by Treatment Guidelines Globally
- Multiple Inclusions into Local Government Supported / Guided Commercial Insurance
- 170+ Staff Commercialization Team Across Mainland China

H1 2022 Revenue

RMB 54.0 million

** 2022 H1 revenue of RMB54.0 mm represents Antengene's revenue across all markets*

Asia Pacific Markets – Executing on XPOVIO® Launch Plans

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Excellent Launch Trajectory

- Commercial presence in **Australia, South Korea, Singapore, Hong Kong & Taiwan**
- **NDA approvals** in Australia, South Korea & Singapore. Approvals in Hong Kong & Taiwan expected in Q4 2022
- **ASEAN** markets expansion commencing with NDA submissions in Thailand, Malaysia & Indonesia in 2022
- Building of **KOL advocacy and experience**:
  - **>250 patients** treated with XPOVIO® via pre approval access program
  - Pre-reimbursement **Patient Familiarization Program** activated
  - Ongoing **IITs, advisory boards** and **medical education programs**
  - XPOVIO **Adherence & Duration** facilitated through nurse lead Patient Support Programs

Expanding Market Access

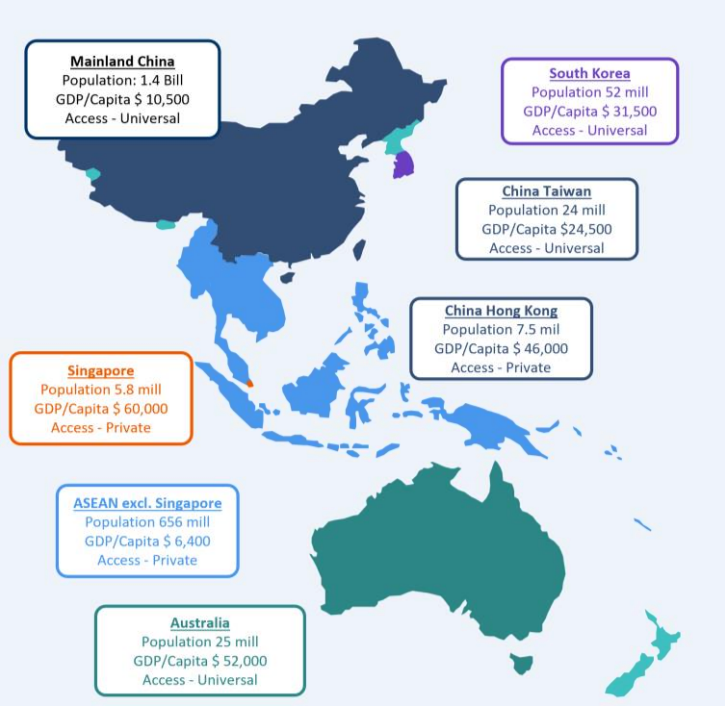
- **Australia** - First MM Xd indication included for reimbursement. Reimbursement of XVd anticipated in 2023
  - On average, oncology medicines are listed in 496 days, XPOVIO® achieved that in **180 days**
- **South Korea** - MM reimbursement submission with A7 market reference
- **Taiwan** - MM & DLBCL reimbursement submissions - Q4 2022
- **Singapore** - Cancer Drug List submission with planned inclusion- Q1 2023

Building APAC Organization & Capabilities

- Continuing to build **APAC Organization**
- **Supply Chain** established – Stage 1 APAC Markets
- **Medical Information & Pharmacovigilance** services supporting launch
- **Business Development** ongoing to support portfolio expansion

Limited Availability of Reimbursed Triplet Regimens in APAC Markets Compared to the US

Australia	3 Regimens	DVd, PVd and ERd
South Korea	2 Regimens	KRd and NRd
Taiwan Markets	3 Regimens	DVd, DRd and IRd



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V. INVESTMENT HIGHLIGHTS

2022 is a Transformational Year for Antengene

ANTENGENE

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

Selinexor Commercial Launch Across Asia Pacific

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

Clinical Development Progress

- ✓ **Progressing through dosing cohorts** in first-in-human studies of **ATG-017** (ERK 1/2), **ATG-101** (PD-L1/4-1BB), **ATG-037** (CD73) **and ATG-018** (ATR)
- **Preliminary data read out** in first-in-human studies of **ATG-017** (ERK1/2) (ERASER)
- **Interim data read out: ATG-016** (XPO1) (Phase II MDS trial)
- **Complete data set for expansion cohorts**: **ATG-008** (mTORC1/2) (TORCH-2 in combination with anti-PD-1)
- **IND submission**: **ATG-022** (Claudin 18.2)
- **Finalizing IND preparation: ATG-031** (CD24)

Multiple Regulatory Filings

- Selinexor (ATG-010) sNDA filing in **Australia** (DLBCL)
- Selinexor (ATG-010) NDA filing in **Indonesia, Thailand, Malaysia** (MM SVd & Sd; DLBCL)
- Selinexor (ATG-010) sNDA filing in **Hong Kong** (MM SVd)
- Selinexor (ATG-010) sNDA filing in **Mainland China** (DLBCL)
- Selinexor (ATG-010) sNDA filing in **South Korea** (MM SVd)

✓ Achieved

Steady Stream of Catalysts Continue to Drive Value for Investors

ANTENGENE

H1 2022 Revenue: RMB54.0 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

- RMB2,151mm of cash and bank balances as of 30th June 2022

ANTENGENE

ANTENGENE CORPORATION LIMITED
(SEHK: 6996.HK)

NOVEMBER 2022

THANK YOU

TREATING PATIENTS BEYOND BORDERS