ANTENGENE INVESTOR PRESENTATION

TREATING PATIENTS BEYOND BORDERS

MARCH 2023

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ANTENGENE

I. COMPANY OVERVIEW

Antengene is Executing on Our Strategy to Bring Transformative Medicines to Patients Around the World

ANTENGENE

2017 — Began Operations

2018

2019

2020 — Hong Kong IPO

2021 — Transition into a Commercial Stage Company Across Asia (Hong Kong, Taiwan)

2022 — Multiple Global Rights Assets in Development

2023 – 2024

Key Priorities:
1. Commercial revenue growth across regions
2. Key data readouts of first/best-in-class global rights portfolio
3. Value creating partnerships or collaborations

2025 — Multi-product Biopharma

Partnerships/ Research Collaboration:
- Celgene
- Karyopharm Therapeutics
- AstraZeneca
- 君实生物 TopAlliance
- Bristol Myers Squibb
- BeiGene
- MERCK

8
Assets in Clinical Development

德琪医药 ANTENGENE

400+ Employees Globally

16
Ongoing Trials in Mainland China, Australia, and the US

4
Ongoing Registrational Trials In Mainland China

*Employee count as of 4th January, 2023

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

Amily Zhang
Chief Medical Officer
20+
Bayer · Novartis · Hengrui

Bo Shan, Ph.D.
Chief Scientific Officer
19+
ThermoFisher Scientific · ChemPartner · GE Healthcare

John F. Chin, MBA
Chief Business Officer
30+
Celgene · Aventis · Bristol Myers Squibb

Donald Lung, JD, MBA
Chief Financial Officer
16+
Goldman Sachs · BFAM Partners

Eitan Liu
Chief Operating Officer
10+
中信集团 CITIC Group · CBRE · Frost & Sullivan · Agilent Technologies

Yijun Yang, Ph.D., Sc.D
Corporate Vice President, Head of Clinical Enabling Functions & Operational Excellence
20+
Vertex · BainCapital · Alexion

Jasmine Sun, M.D., MPH
Corporate Vice President, Head of Clinical Operations
20+
Tigermed · Merck · Roche · Lilly

Thomas Karalis
Corporate Vice President, Head of Asia Pacific Markets
30+
Celgene · Lilly · Abbott · Bristol Myers Squibb

Zhinuan Yu, Ph.D.
Corporate Vice President, Biometrics & Regulatory Enabling Functions
20+
Celgene · Organon · Bristol Myers Squibb

Lixin Yu
Corporate Vice President, Head of Hematology Business Unit, China
30+
正大天晴 CHIA TAI TIANQING

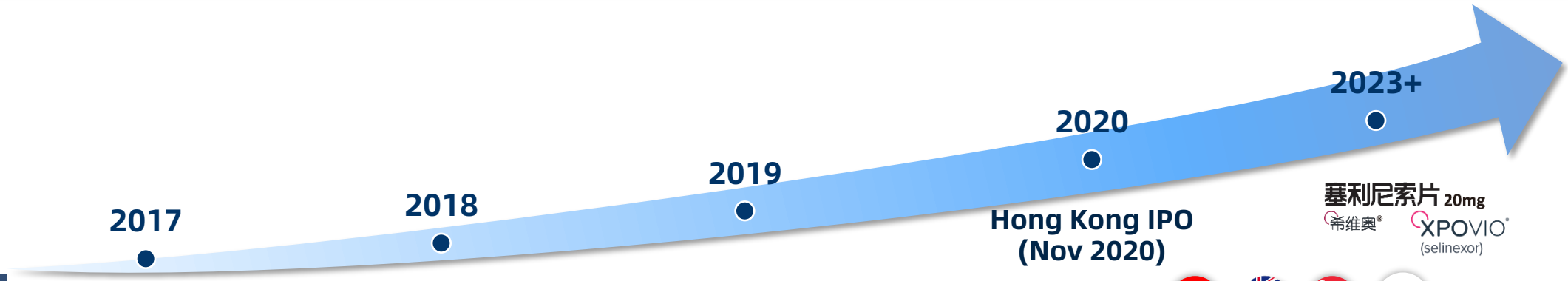
Track Record of Antengene Management Team

Revlimid (lenalidomide) · Vidaza (azacitidine) · Pomalyst (pomalidomide) · IDHIFA (enasidenib) · glivec · Tasigna (nilotinib) · Femara (letrozole) · INCIVEK (telaprevir) · TORISEL (temsirolimus) · Kanuma (sebelipase alfa) · THALOMID (thalidomide) · Herceptin (trastuzumab) · Abraxane (nanoparticle albumin-bound paclitaxel) · Stivarga (regorafenib) · Nexavar (sorafenib) · Xofigo (radium-223 dichloride) · EXJADE (deferasirox)

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 Macau
INDs*		3 INDs	6 INDs	11 INDs	27 INDs
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 IMING 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

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 Products – Allowing Broad Proprietary Combinations

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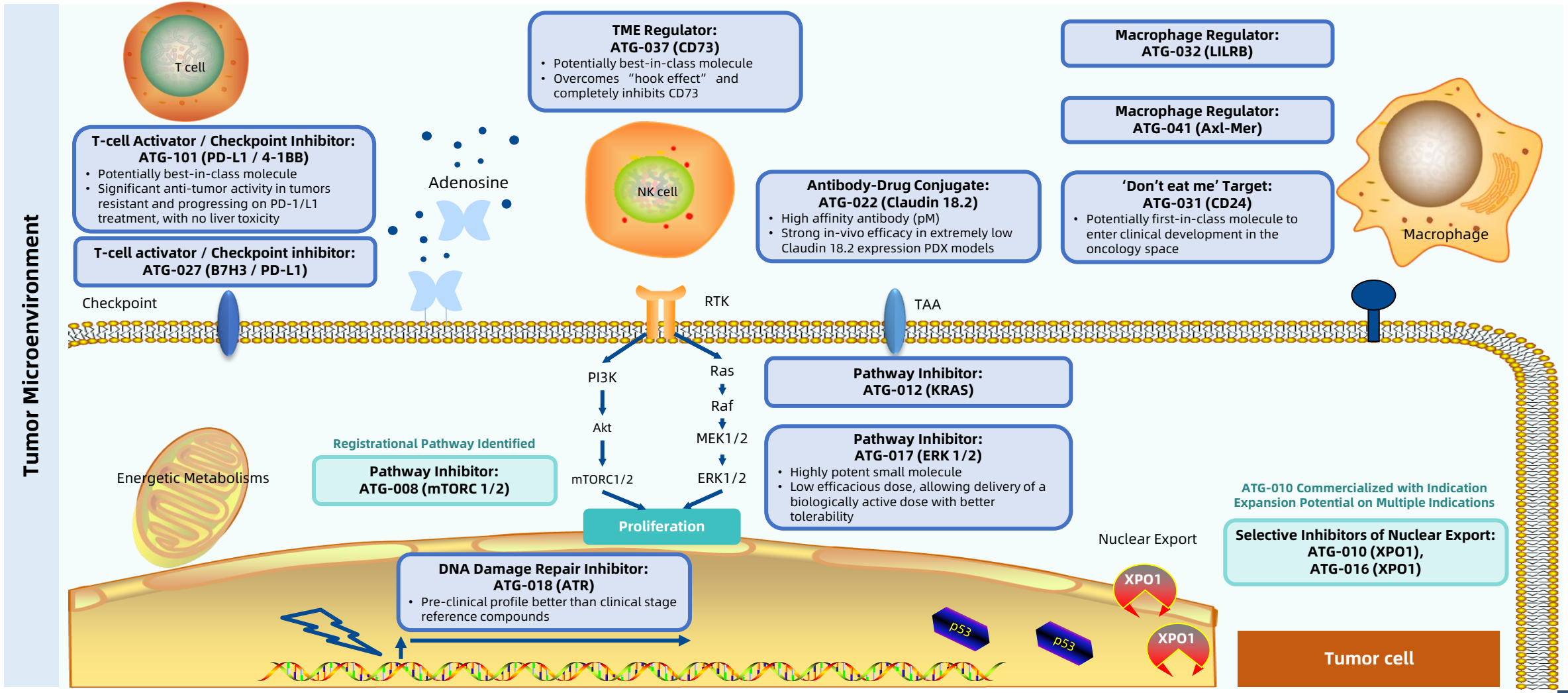
Multiple Targets | **Synergistic Mechanism of Actions** | **Multiple Modalities**



Assets with Global rights

Assets with APAC rights

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II. PIPELINE

Pipeline of Commercial or Near NDA Stage Drugs with First-in-Class/Best-in-Class Potentials

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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)*							
ATG-008 (Onatasertib)	mTORC1/2 *(Small molecule)*	Cervical Cancer and Other Advanced Solid Tumors	*Combo with toripalimab (TORCH-2)** with 君实生物 TopAlliance						APAC[3]	Celgene; Bristol Myers Squibb Company; ANTENGENE
		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, 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;

A Clinical Stage Pipeline with Transformational Potentials

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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 ± nivolumab for R/R Hem/Onc *(ERASER)***						**with Bristol Myers Squibb**	**Global**	**ANTENGENE**
ATG-101[2]	**PD-L1/4-1BB** *(Bispecific)*	**Monotherapy for Hem/Onc *(PROBE & PROBE-CN)***								
ATG-037[3]	**CD73** *(Small molecule)*	**Monotherapy ± pembrolizumab for Hem/Onc *(STAMINA)***						**with MERCK**		
ATG-018	**ATR** *(Small molecule)*	**Monotherapy for Hem/Onc *(ATRIUM)***								
ATG-022	**Claudin 18.2** *(ADC)*	**Monotherapy for Onc *(CLINCH)***								
ATG-031	**CD24** *(mAb)*	**Monotherapy for Hem/Onc *(PERFORM)***								

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*

Hem/Onc = hematological malignancies and solid tumors

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ATG-008 (mTORC 1/2 INHIBITOR)

ATG-008 (Onatasertib): A Novel Second Generation mTORC1/2 Inhibitor

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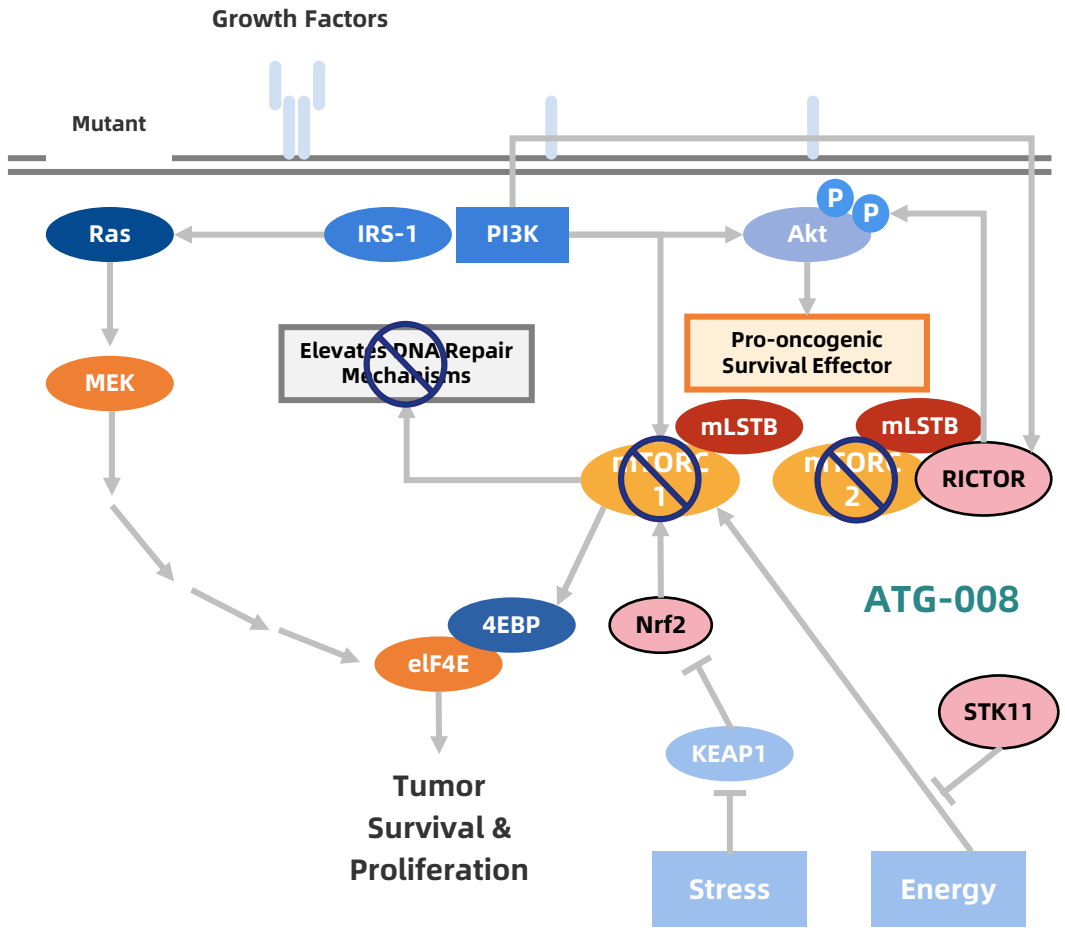
Summary of ATG-008 (Onatasertib)

- **Mammalian target of rapamycin (mTOR)**, a core component of two structurally distinct protein complexes (mTORC1 and mTORC2), **regulates different cellular processes and is upregulated in multiple types of tumors**
- When mTORC1 is inhibited, mTORC2 is upregulated. This increase in mTORC2 activity generates a surplus of phosphorylated PKB/AKT which, despite mTORC1 inhibition, inhibits apoptosis and promotes cell proliferation via alternative pathways
- mTORC1 and mTORC2 has to be **inhibited simultaneously** for good anti-tumor efficacy

First- and Best-in-Class Potential

- **Second generation mTOR inhibitor**, targeting both **TORC1 and TORC2**
- Demonstrated **comprehensive mTOR inhibition**, which could **minimize development of resistance due to mTORC2 upregulation**
- **Encouraging initial clinical data** in combination with anti-PD-1 mAb in the treatment of **relapsed or metastatic cervical cancer**



ATG-008 (Onatasertib) In Combination with Toripalimab

Potential Best-in-Class Treatment for 2L+ Cervical Cancer as Demonstrated in "TORCH-2"

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	ATG 008 + Toripalimab (Data from "TORCH-2")	Pembrolizumab (Global Standard of Care)	AK104 (Only CPI Approved by CDE)	Sintilimab + Anlotinib
Mechanism of Action (MoA)	mTORC 1/2i + PD-1 mAb	PD-1 mAb	PD-1/CTLA-4 BsAb	PD-1 mAb + VEGFRi
Number of Patients	21 (ITT)	98 (ITT)	100 (FAS, ITT 111)	39 (EE, ITT 42)
Prior Treatment Lines	≤2 (52.4%); **≥3 (47.6%)**	≤2 (69.4%); ≥3 (30.6%)	≤2 (100%)	≤2 (78.6%); ≥3 (21.4%)
PD-L1	N, TPS≥1% (42.8%)	N, CPS≥1 (83.7%)	N	Y, CPS≥1 (100%)
ORR	52.4%; **77.8% (TPS≥1%)**	12.2%	33%	59%
DCR	94.4%	30.6%	52%	94.9%
PFS (months)	5.45; 9.63 (15 mg cohort)	2.1	3.75	9.4
OS (months)	NE	9.4	17.5	NE
Response in CPI treated	1/2	N/A	N/A	N/A
Response in AdCa	1/2	1/5	NE	0/6

AdCa: Adenocarcinoma

Source: publications & primary research

Key Takeaways of ATG-008 (Onatasertib) Clinical Programs

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- **Encouraging initial data** observed in TORCH-2 study of ATG-008 **in combination with Toripalimab in treatment of relapsed or metastatic cervical cancer** subgroup-Including favorable tolerability with an **ORR of 52.4% (11/21), regardless of PD-L1 status**
- ATG-008 demonstrated **single agent activity in 2L+ HBV positive hepatocellular carcinoma**
- The **safety, efficacy and PK profiles** of ATG-008 monotherapy **are in line with prior results,** which **warrants further combination development**
- **Pre-IND consultation with CDE planned** for a **pivotal study** that will **define the regulatory path for ATG-008, with advanced cervical cancer as the lead indication**
- The **TORCH-2 trial is still enrolling patients** to further evaluate the role of ATG-008 & anti-PD-1 combination in patients who have failed prior CPI treatments

GLOBAL RIGHTS PROGRAMS

Global-Rights Pipeline Comprised of Clinical Stage and IND-Ready Assets with First and/or Best-in-Class Potential

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	ATG-017 (Tizaterkib)	ATG-101	ATG-037	ATG-018	ATG-022	ATG-031
Target	**ERK1/2**	**PD-L1/4-1BB**	**CD73**	**ATR**	**Claudin 18.2**	**CD24**
Modality	Small Molecule	Bispecific Antibody	Small Molecule	Small Molecule	ADC	Monoclonal Antibody
Indication	■ RASm NSCLC, Pancreatic cancer, CRC, and Melanoma ■ I/O combinations	■ Re-sensitize prior CPI responders (NSCLC, SCLC, GI, H/N SCC, melanoma) ■ Disease with previously limited CPI activity ■ Multiple combination opportunities	■ Monotherapy where immune suppressed TME is critical ■ Broad opportunities both as monotherapy and combination with existing / future I/O	Hematological Malignancies / Solid Tumors	Solid Tumors	Hematological Malignancies / Solid Tumors
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	✓ PD-L1 cross-linking dependent activation of 4-1BB to avoid unwanted 4-1BB signaling in normal tissue and minimize risk of hepatotoxicity ✓ 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 combination potential	✓ Better ***in vivo* efficacy** compared with benchmark in pre-clinical CDX tumor models ✓ Orally available	✓ **High affinity antibody (pM)**; Strong *in vivo* efficacy pre-clinically in Claudin 18.2 low expression PDX models ✓ Demonstrated an excellent safety profile in GLP toxicology studies	✓ **First in class target** ✓ No clinical competitor ✓ Showed **mono-therapy *in vivo* efficacy and synergy** with chemotherapy, rituximab and CPI
Status	Enrollment ongoing in Australia for continuous dosing and intermittent dosing cohorts; Combo with nivolumab to initiate enrollment in 2023	Phase 1 clinical trial "PROBE" ongoing in Australia (4th cohort), first patient to be dosed in the US; "PROBE-CN" ongoing in China (3rd cohort)	Phase 1 clinical trial "STAMINA" ongoing in Australia, currently enrolling for the 2nd cohort	Phase 1 clinical trial "ATRIUM" ongoing in Australia, currently enrolling for the 3rd cohort	Australian HREC approved in December 2022	IND planned for early Q1 2023

ATG-017 (Tizaterkib) May Enhance the Activity of Checkpoint Inhibitors or Reverse Resistance Mechanisms

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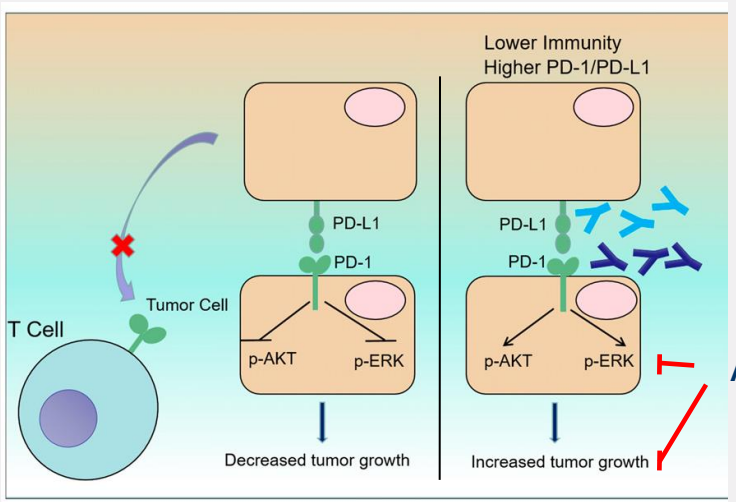
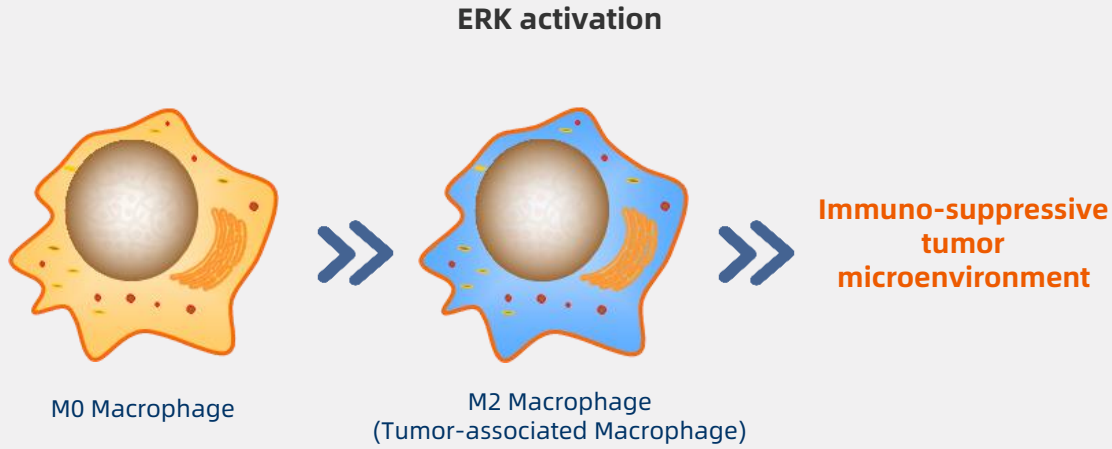
Through inhibiting ERK1/2 activity, ATG-017 may enhance the activity of checkpoint inhibitors or reverse resistance mechanisms

ERK activation contributes to hyper-progressive disease induced by anti-PD-1 therapy



- PD-1/PD-L1 expression on tumor cells inhibit tumor cell growth through deregulation of canonical signaling pathways, including the AKT and ERK1/2 pathways, and prevent the interaction with PD-1-expressing T cells
- Clinically available **antibodies targeting PD-1 (blue)** or **PD-L1 (cyan)** **enhance tumor cell growth via activation of AKT and ERK1/2** in the absence of adaptive immunity, which may be **associated with hyper-progressive and pseudo-progressive disease in the clinic.**

ERK activation contributes to M2 macrophage polarization and immuno-suppressive tumor microenvironment



- Multiple lines of research suggests that **ERK1/2 activation** contributes to:
  - **Tumor-associated macrophage infiltration and M2 macrophage polarization**, causing an immunosuppressive microenvironment and reduced efficacy of anti-PD-1 therapy

Enrollment Ongoing in Australia for Continuous Dosing and Intermittent Dosing Cohorts; Combo with Nivolumab to Initiate Enrollment in 2023

Source: Cheng et al., 2018; Lailler et al., 2019; Mu et al., 2018; Wang et al., 2020

Clinical Collaboration with Bristol Myers Squibb™

ATG-017 (Tizaterkib): Potentially Best-in-Class ERK1/2 Inhibitor

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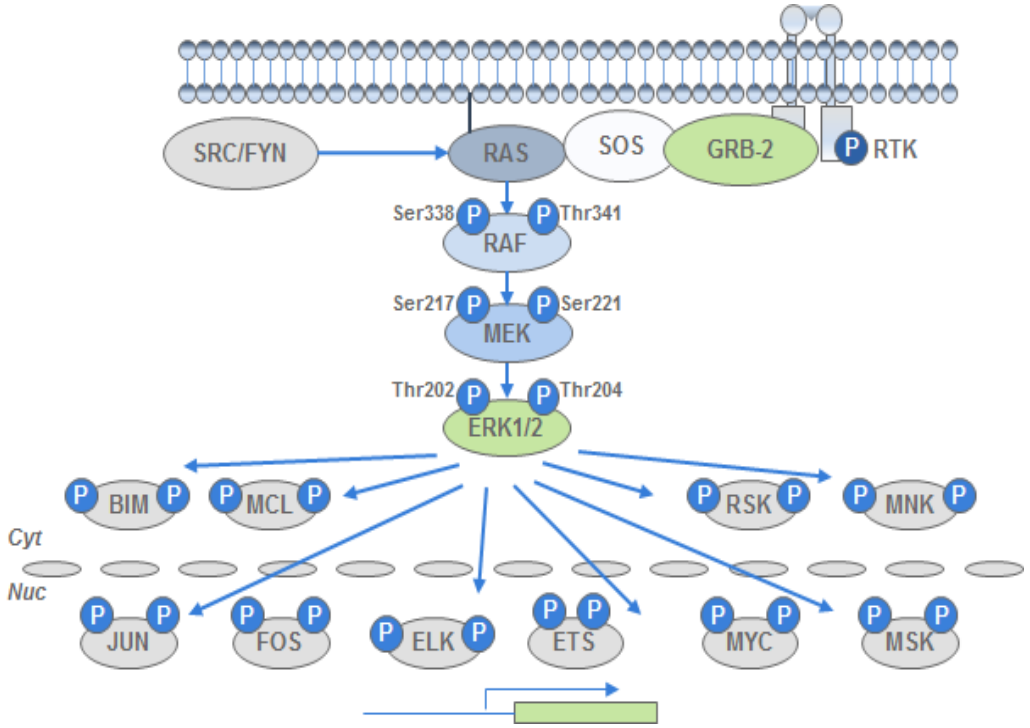
Summary of ATG-017 (Tizaterkib)

- ERK1/2: 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



Best-in-Class Potential

- **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
- Currently in the **6th cohort** of monotherapy continuous dosing in solid tumors of the Phase I "ERASER" trial
- Preliminary efficacy observed in current monotherapy dose escalation study
- Combo cohort with Nivolumab planned for early 2023

Broad Therapeutic Potential in Cancer

- Great clinical potential as a monotherapy or combination in multiple solid tumors and hematological malignancies that harbor activating alterations in the RAS-MAPK pathway
  - E.g. RASm NSCLC, Pancreatic, CRC, and Melanoma

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-101 Has the Potential to Optimize PD-L1 Antagonism and Tumor-specific 4-1BB Agonism

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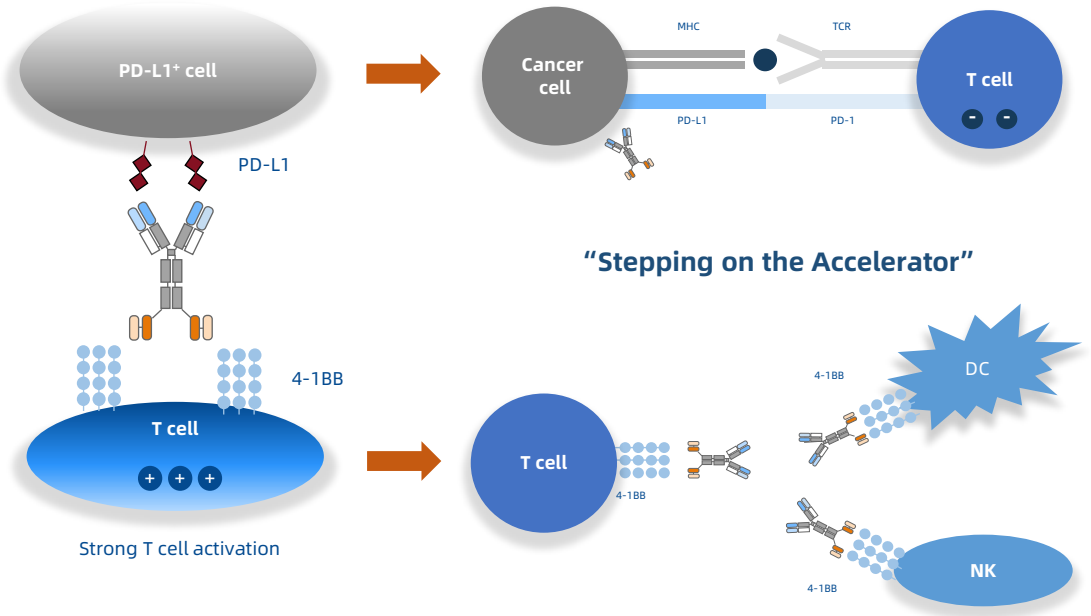
- Efficacy of PD-1/PD-L1 targeting is **well-demonstrated over the past decade**
- 4-1BB is a T cell co-stimulatory receptor, **the benefits of which have yet to be realized in the clinic**
- The concept of PD-L1×4-1BB bispecific antibody like ATG-101 has demonstrated **promising activity in early clinical 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**
- Biodistribution murine model confirms **PD-L1 drug localization**[1]

Complementary Mechanism of PD-L1/4-1BB



Enrollment Ongoing in Australia (4th Cohort) and China (3rd Cohort)

Excellent Safety Profile

- 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, **reducing risk of 4-1BB related liver toxicity**
  - **No liver toxicity observed** in GLP toxicology study in cynomolgus monkeys with **dose up to 100 mg/kg**

Broad Therapeutic Potential in Cancer

- Demonstrated **potent *in vivo* efficacy in anti-PD-1/PD-L1 resistant and relapsed** mouse tumor models
- Activates exhausted T cells *in vitro*, suggesting a potential in **reversing T cell dysfunction and exhaustion**
- Increases the infiltration, proliferation and activation of CD8+ T cells and the infiltration of Natural Killer T cells in the tumor microenvironment, thus **rendering "cold" tumors "hot"**

Source: 1. Prof Andrew Scott, ONJCRI, 2022

ATG-037 Can Reverse Adenosine-Mediated Immunosuppression

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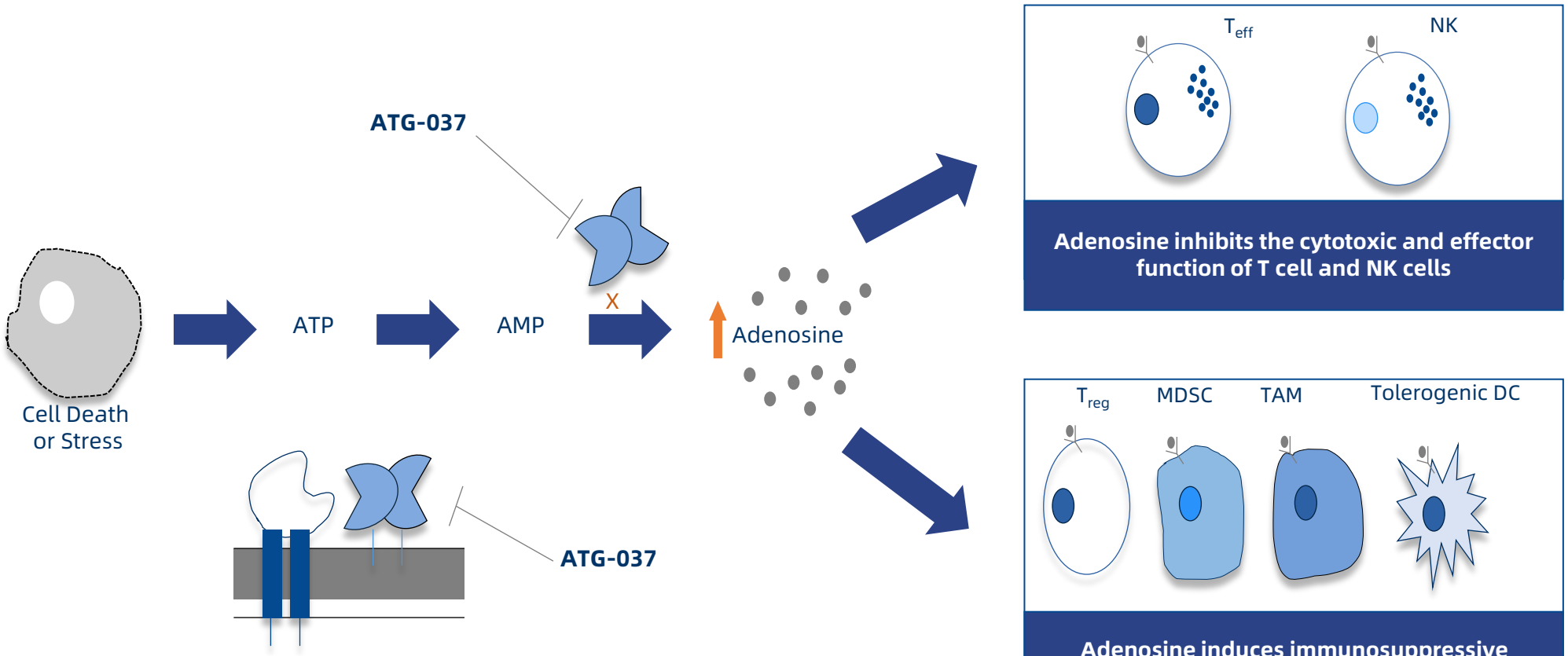
The adenosine axis plays a well-established and critical role in suppression of the immune response and ATG-037 can reverse adenosine-mediated immunosuppression



Enrollment ongoing in Australia (2nd Cohort)

Clinical Collaboration with MERCK

ATG-037: Orally Available Small Molecule Inhibitor of CD73 with Best-in-Class Potential

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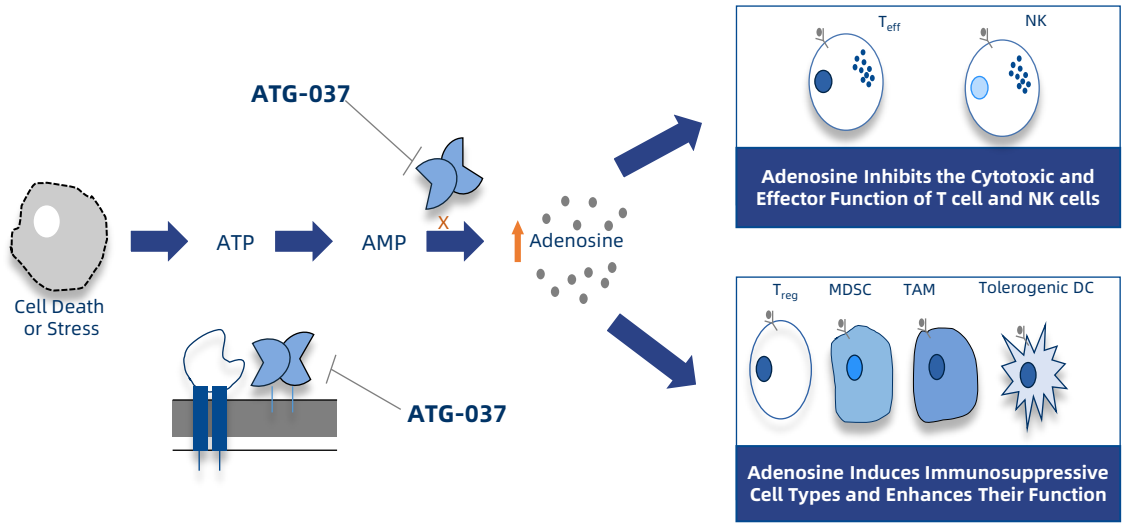
Summary of ATG-037

- Functions to **inhibit CD73** – the ecto-5'-nocleotidase that catalyzes the conversion of AMP to adenosine, a key immune suppressive molecule in the tumor microenvironment

Best-in-Class Potential

- **Completely** blocks CD73 activity and **overcomes "hook effect"** commonly seen in anti-CD73 antibodies
- Promising pre-clinical efficacy as **monotherapy or in combination with standard of care (SoC)** in both solid and liquid tumors
- Rescues T-cell functions in **high AMP conditions**

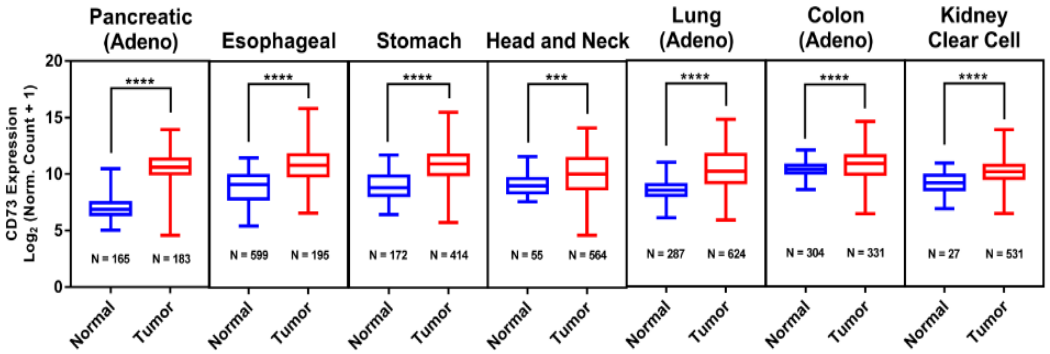


Excellent Safety Profile

- **No ATG-037 related toxicity** identified in GLP toxicology studies
  - Potential large therapeutic window
- **No inhibition** of CD39 and other related targets (up to 10 mM)

Broad Therapeutic Potential in Multiple Tumor Types

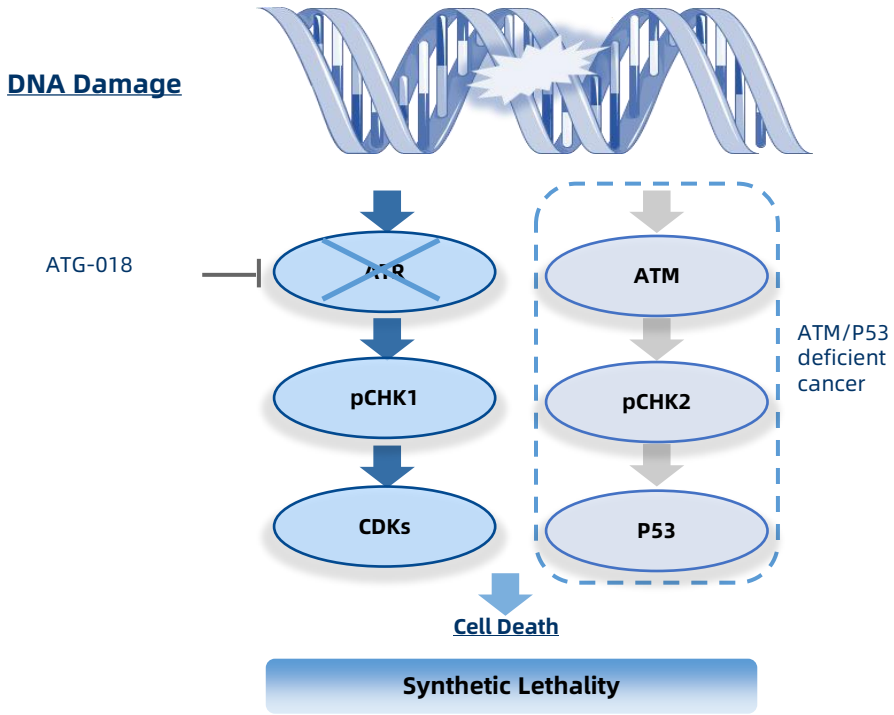
- Pancreatic, esophageal, gastric, non-small cell lung, colorectal, prostate, head and neck etc.



ATG-018 is an Oral and Highly Selective Small Molecule Inhibitor of ATR that may Improve on Benchmark ATR Inhibitors

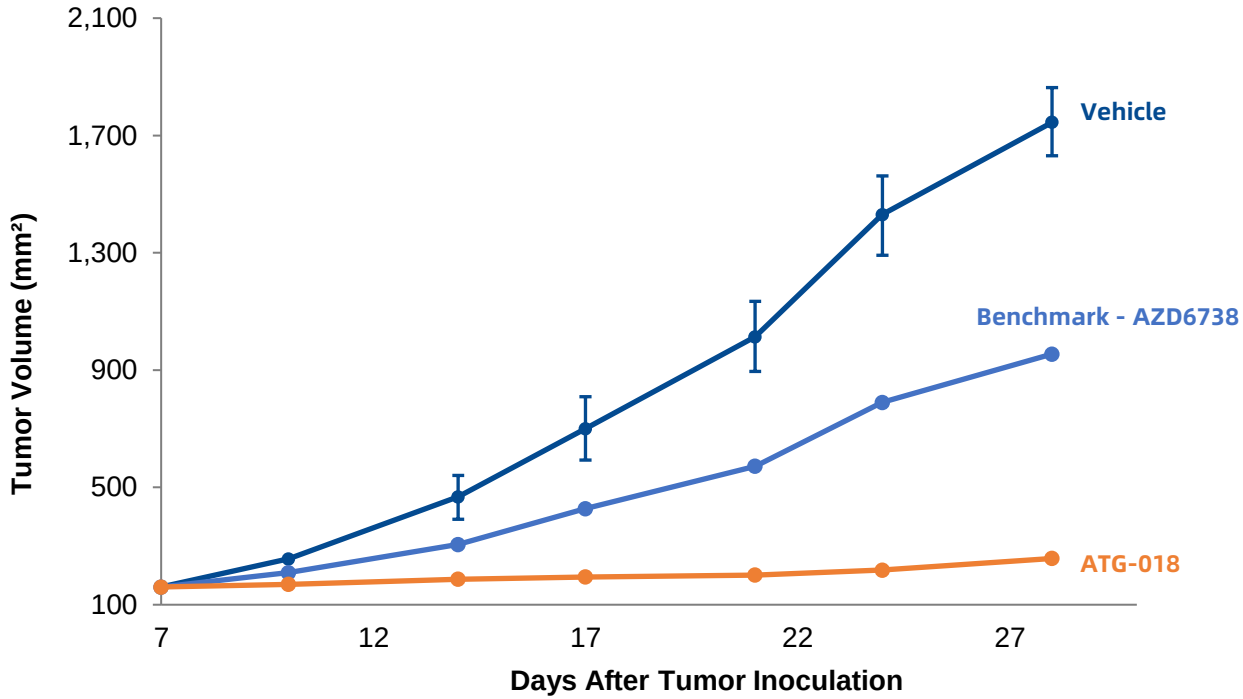
ANTENGENE

- Many patients with malignant tumors carry **genetic alternations** which correlate with **functional loss or deregulation of key DDR proteins**, most notably **p53** and **ATM**
- These tumors **extensively rely on ATR** for DNA repair
- ATG-018 can **inhibit DNA damage repair**, release tumor cells from cell cycle arrest and **induce synthetic lethality** in ATM/p53-deficient tumor cells
- ATG-018 Demonstrated **superior *in vivo* efficacy**, compared with clinical benchmark in pre-clinical CDX models



Enrollment Ongoing in Australia (3rd Cohort)

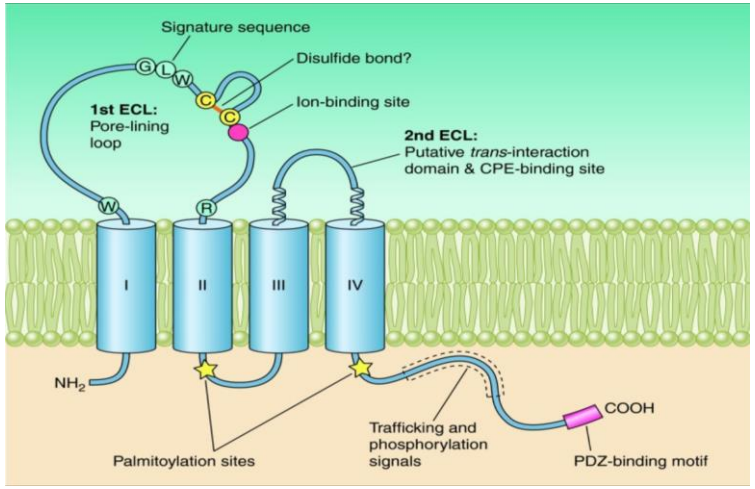
In Vivo Efficacy Comparison (LOVO CDX)

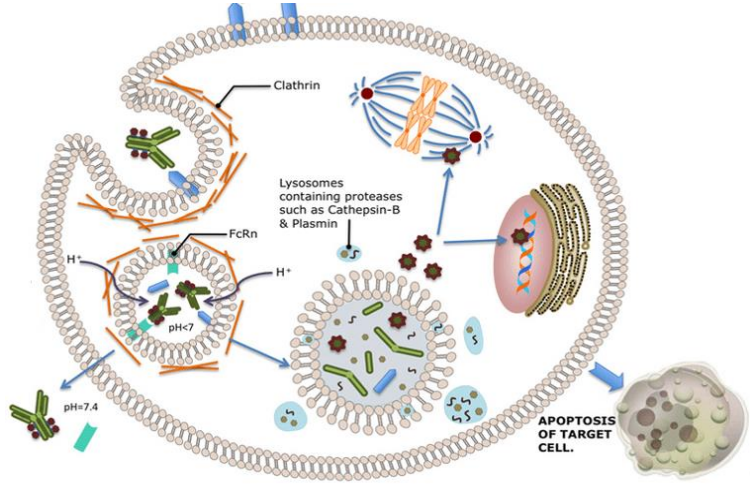


ATM: ataxia-telangiectasia mutated; CDKs: cyclin-dependent kinases; pCHK1: phosphor-checkpoint kinase 1; pCHK2: phosphor-checkpoint kinase 2.

ATG-022 is a High Affinity Anti-Claudin 18.2 ADC with Potential Activity Even in Tumors with Very Low Level Expression of the Target

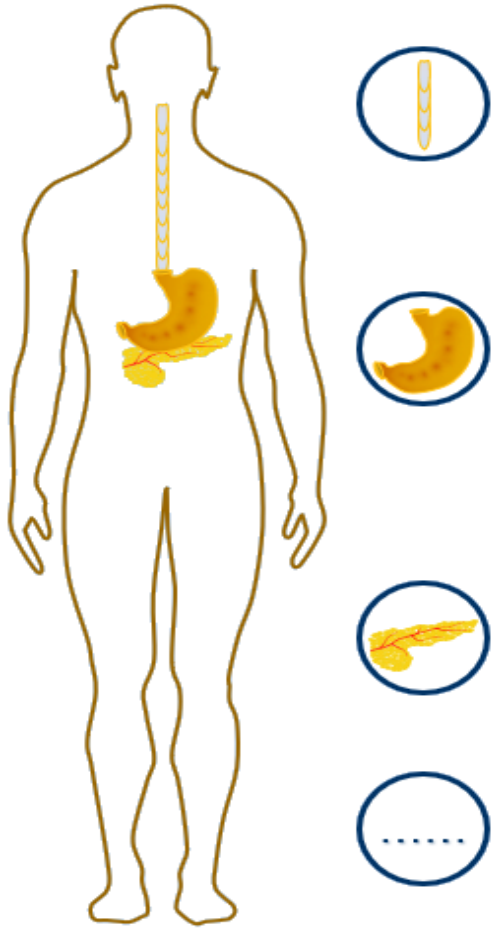
ANTENGENE





Australian HREC Approved in December 2022

Claudin 18.2 over-expressed in multiple tumor types



Esophagus Cancer

- Positive in **18.2%** primary adenocarcinoma
- Positive in **17.9%** regional lymph node metastasis

Gastric Cancer

- Positive in **87%** primary tumors
- Positive in **80%** lymph node metastasis
- Anti-Claudin 18.2 antibody, IMAB362 (zolbetuximab), demonstrated **promising efficacy** in human clinical trials

Pancreatic Cancer

- Positive in **45%-90%** ductal adenocarcinoma

Other Tumors

- Claudin 18.2 mRNA expression was detected in multiple tumor types including NSCLC, ovarian cancer, and colorectal cancer

Source: Gunzel & Yu, 2013; Moentenich, 2020; Peters & Brown, 2015; Rohde, 2019; Türeci, 2019; Zhu, 2019

ATG-022: An Anti-Claudin 18.2 ADC with Potent *In Vivo* Efficacy in Claudin 18.2 Very Low-Expression Tumors

ANTENGENE

Summary of ATG-022

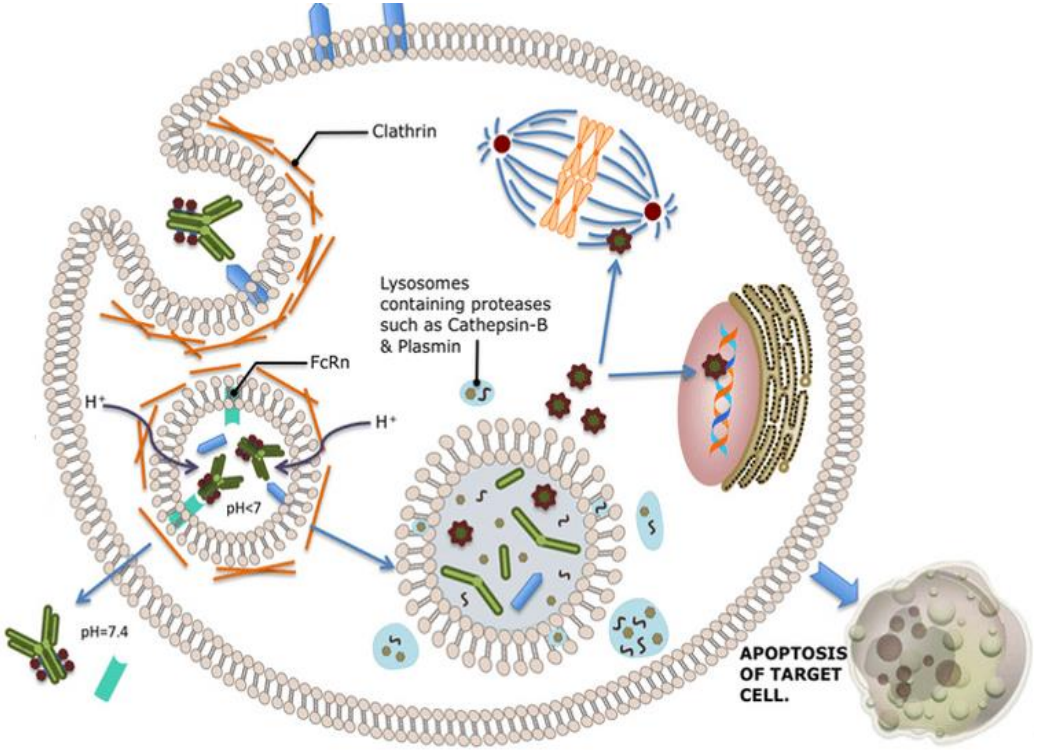
- Claudin 18.2 is a **tumor-associated antigen** overexpressed particularly in gastric, esophageal and pancreatic cancers, occasionally in other tumors including lung, ovarian, and head & neck malignancies
- Clinical ADC candidate with **vc-MMAE as linker payload (DAR4)**

Best-in-Class Potential

- High affinity antibody (pM grade) against Claudin 18.2 **allows targeting of patients with low expression of Claudin 18.2**
- Strong *in vivo* efficacy pre-clinically in PDX models with **various Claudin 18.2 expression levels, including in tumors with extremely low Claudin 18.2 expression**

Excellent Safety Profile

- Demonstrated an **excellent safety profile** in GLP toxicology studies
  - Induced complete tumor regression (tumor-free) in pre-clinical PDX model **without affecting the body weight of the animal**
- Displayed **high specificity** in Retrogenix's Cell Microarray Technology Experiment
  - ATG-022 mAb **specifically interacted with Claudin 18.2**, the primary target, on both fixed and live cells



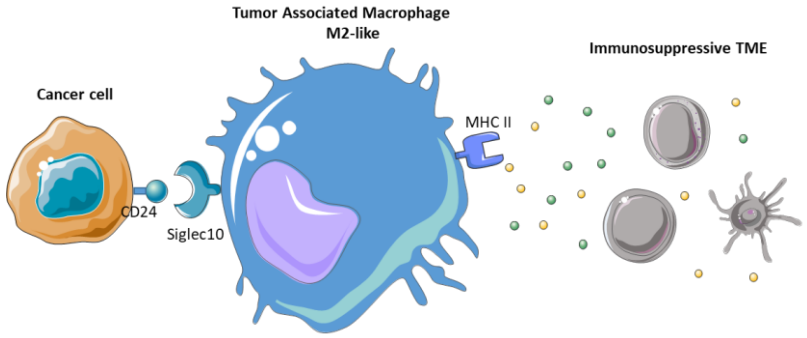
Christina Peters, Stuart Brown
Antibody-drug conjugates as novel anti-cancer chemotherapeutics

ATG-031: First-in-Class CD24 Antibody to Inhibit the "Don't Eat Me" Signal

ANTENGENE

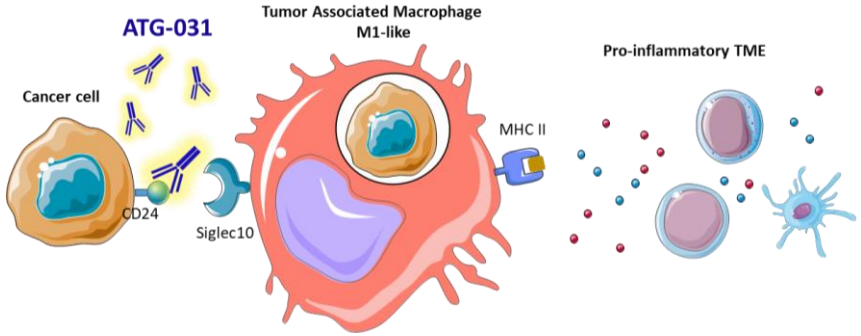
Summary of ATG-031

- CD24 is a novel "don't eat me" target not expressed in healthy erythrocytes, thus **potentially overcoming the anemia issues commonly seen in CD47**
- **First-in-class humanized CD24 mAb** inhibits the "don't eat me" signal by blocking CD24-Siglec10 pathway and enhances macrophage-mediated phagocytosis of cancer cells
- **CDx antibody successfully developed** in-house for patient selection
- Potent **single agent** *in vivo* efficacy and **synergy with chemotherapy or CPI**



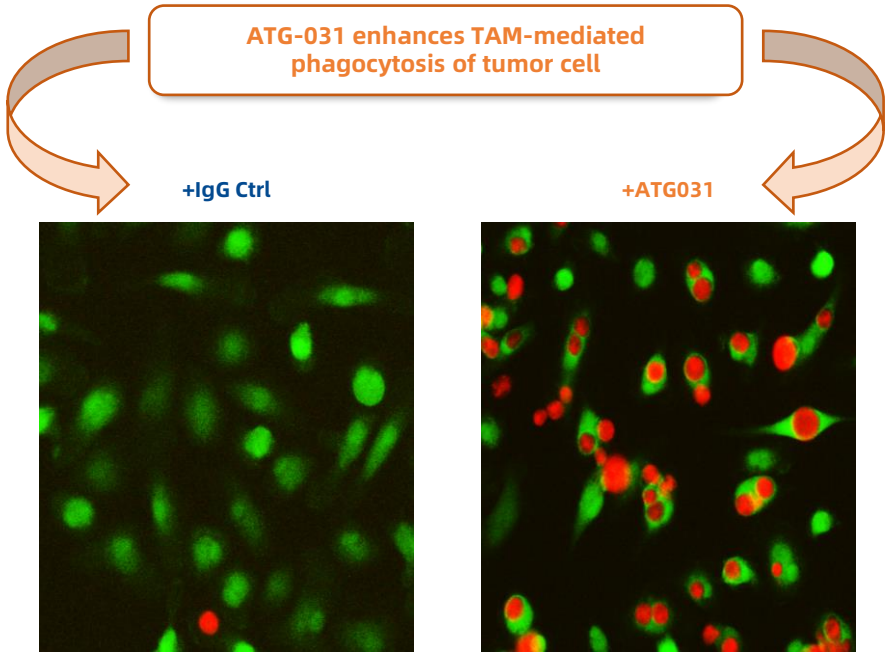
"Don't Eat Me"

- Reduced phagocytosis
- M2-like Tumor Associated Macrophage
- Immunosuppressive Tumor Microenvironment
- Less tumor antigen presentation
- In-activated T and NK cells



"Eat Me"

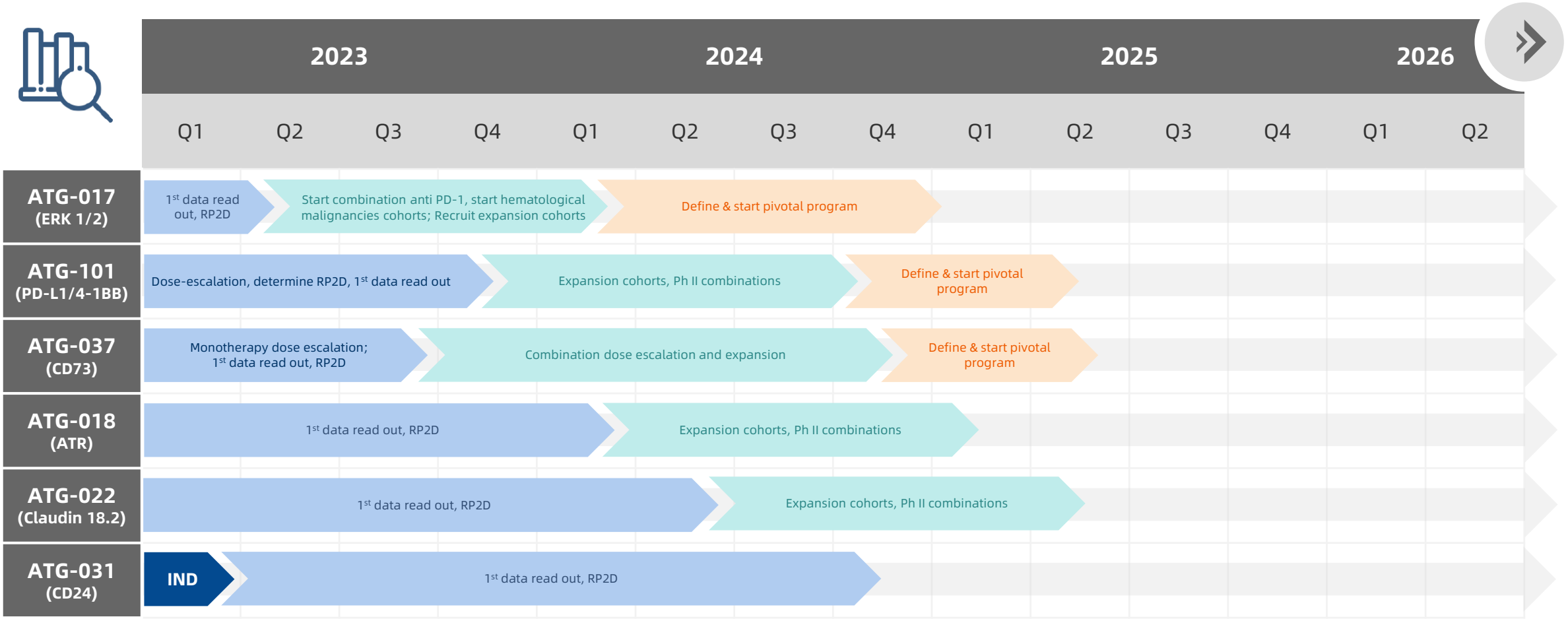
- Increased phagocytosis
- M1-like Tumor Associated Macrophage
- Pro-inflammatory Tumor Microenvironment
- Enhanced Tumor Antigen presentation
- Activated T and NK cells



Clinical Development Timeline Spanning 2023 to 2025 Encompassing a Series of Clinical Data Readouts

ANTENGENE

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



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III. 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
2023

Expected Approval in Hong Kong
2023

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

Expected Commercial Launch
2023

ASEAN NDA Schedule

ANTENGENE

XPOVIO®(selinexor)

Expected Approval in Malaysia
H2 2024

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

NDA Submission
Dec 2022

NDA Approval
H2 2024

Commercial Launch
H2 2024

Expected Approval in Thailand
H2 2024

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

NDA Submission
Dec 2022

NDA Approval
H2 2024

Commercial Launch
H2 2024

Expected Approval in Indonesia
H2 2024

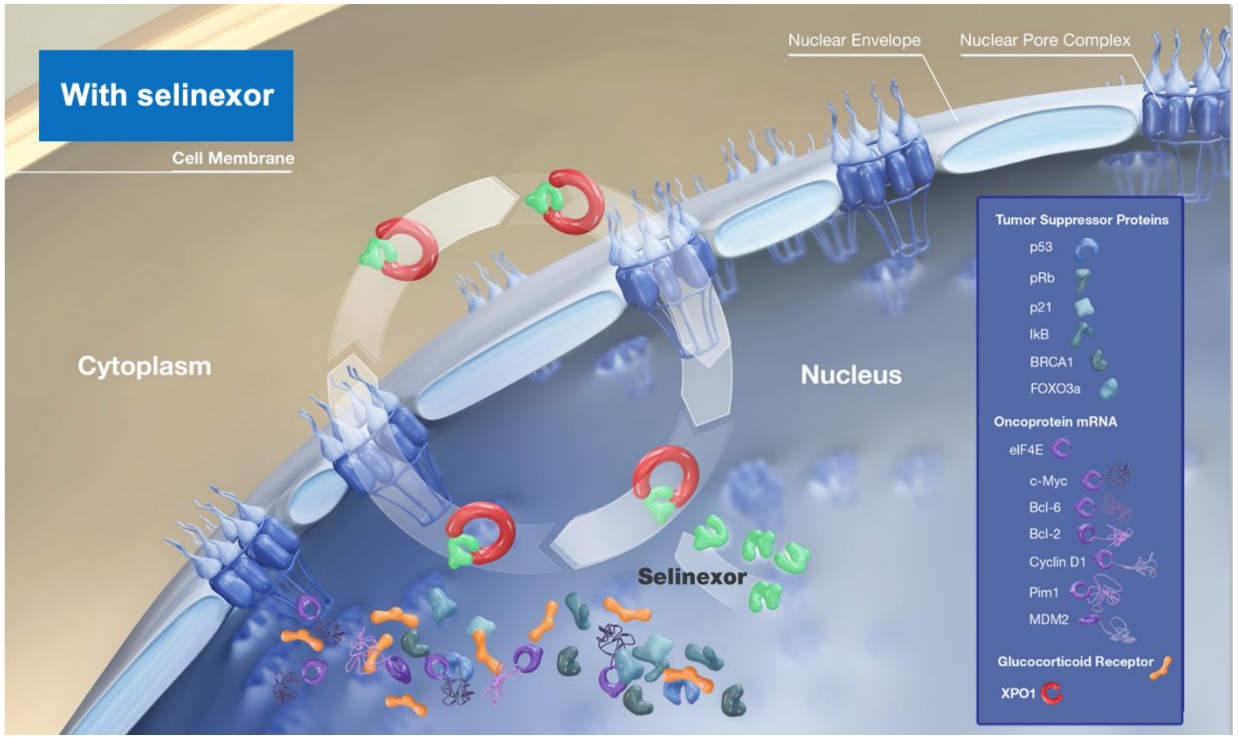
- rrMM – XPOVIO® in combination with bortezomib and dexamethasone **(XVd)**
- rrMM – XPOVIO® in combination with dexamethasone **(Xd)**
- rrDLBCL – XPOVIO® as monotherapy **(X)**

NDA Submission
H1 2023

NDA Approval
H2 2024

Commercial Launch
H2 2024

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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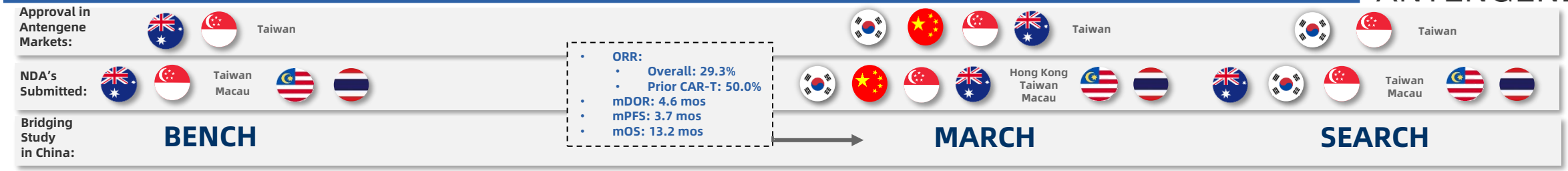

BOSTON
(SVd)

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

Diffuse Large B-cell Lymphoma

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

CMDA Chinese Medical Doctor Association / Chinese Medical Association

Multiple Myeloma

Relapsed/Refractory
- SVd
- SPd
- SDd
- SKd

New Inclusions

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

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
**** *Some of the information in this presentation is from third-party studies and only provided to medical research professionals for academic purpose. Antengene is not responsible for the contents published by such external sources.*
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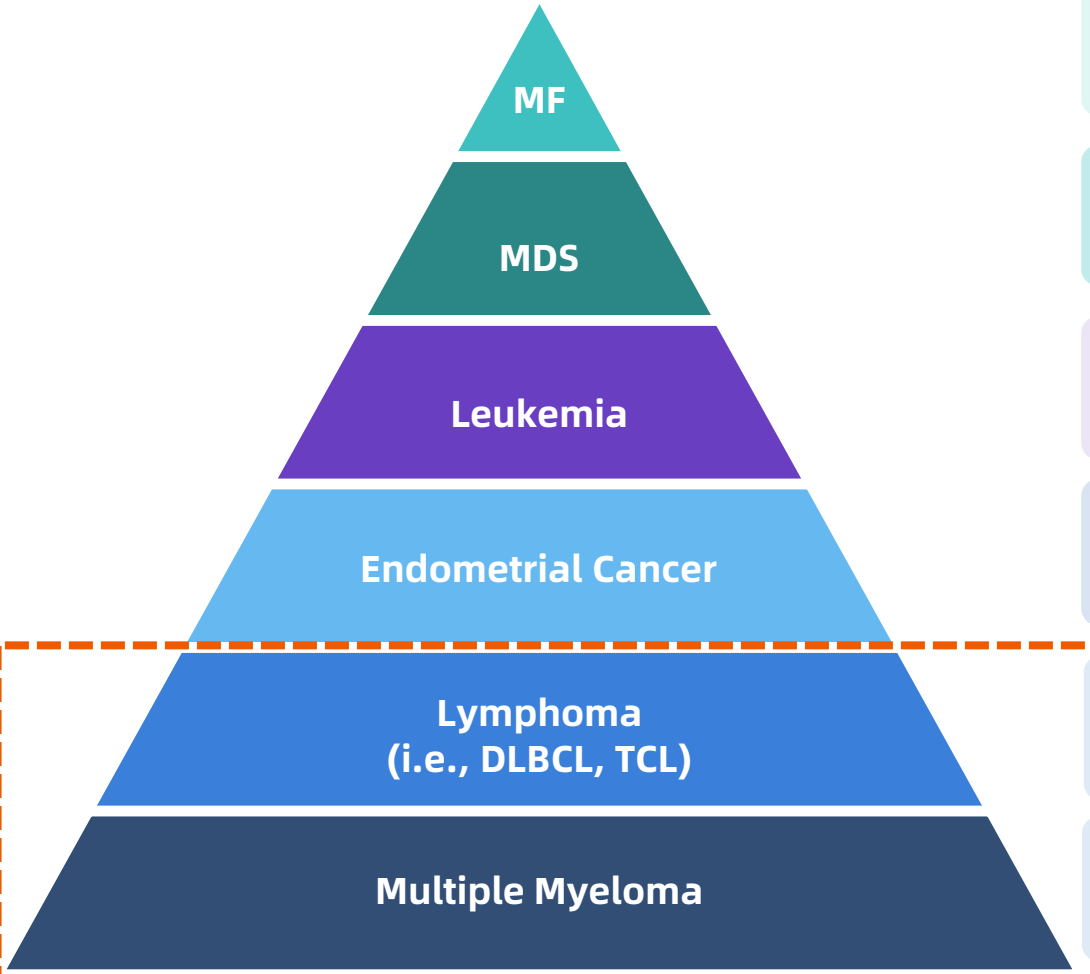
****** *Indications for Selinexor undergoing clinical trial / planned study include: PTCL, NKTL, AML, MDS, MF*

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) / 116,280 (3,520) (AML)	
86,000 (9,100) / 204,910 (53,000)	
50,585 (9,199) / 84,463 (34,658) (DLBCL + TCL)	
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

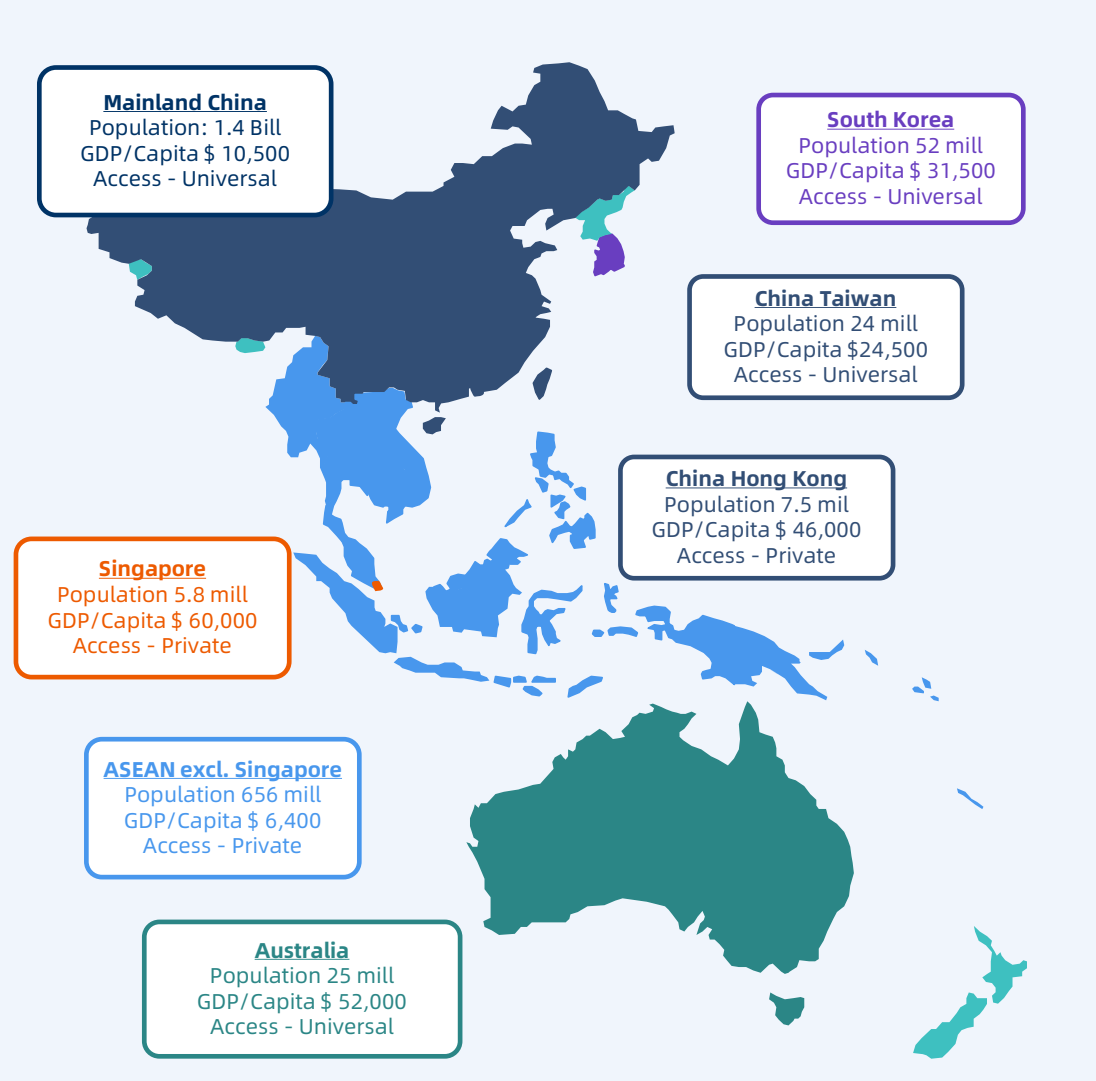
1. Global Study
2. Partner in the US announced top-line results in Phase III Study
3. Potentially first solid tumor indication for Selinexor

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

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:

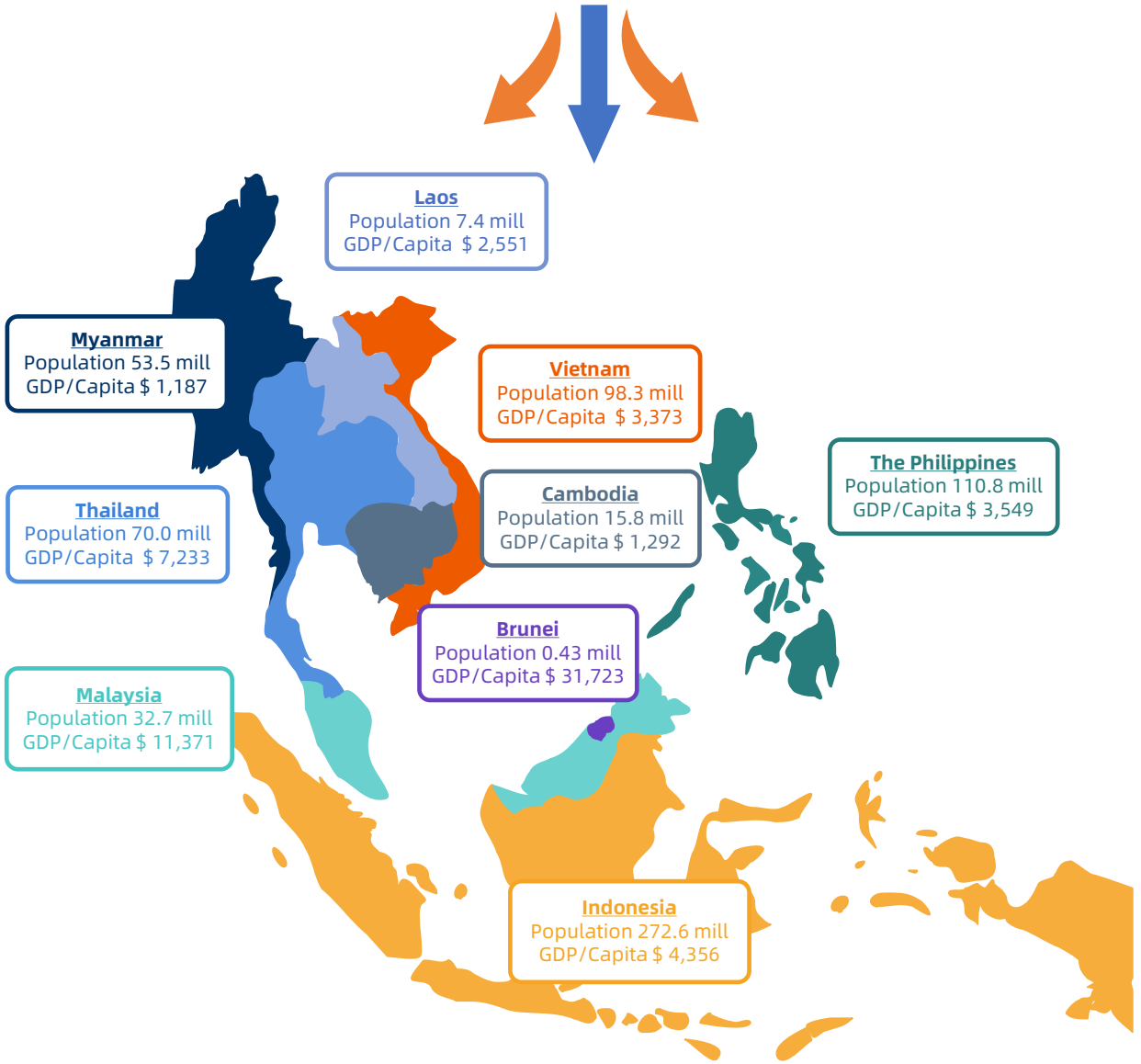
- High unmet need
- Reimbursed markets
- High GDP/capita

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

Antengene is Expanding into Stage 2 ASEAN Markets with Significant Future Commercialization Potential

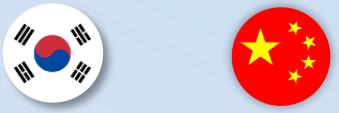


- Tiered commercialization strategy in ASEAN market expansion countries:
  Tier 1: Indonesia, Malaysia, Thailand
  Tier 2: Vietnam, The Philippines
- Already launched in high profile APAC markets such as Australia, South Korea, Singapore etc.
- Seasoned commercial team with strong track record in block buster drugs in APAC
- Strong growth pipeline with FIC and BIC potential assets

Building XPOVIO® Launch Momentum with Regulatory Approvals Across Core Markets

ANTENGENE

塞利尼索片 20mg
希维奥®
XPOVIO®
(selinexor)

Years	2021	2022	2023	2024+
NDA Approvals		 Taiwan Markets	Hong Kong Markets	
Projected Reimbursement	N/A		N/A	 Taiwan 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

Michele Robbins

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

APAC Medical Affairs

Tamara Etto

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

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

APAC Commercialization

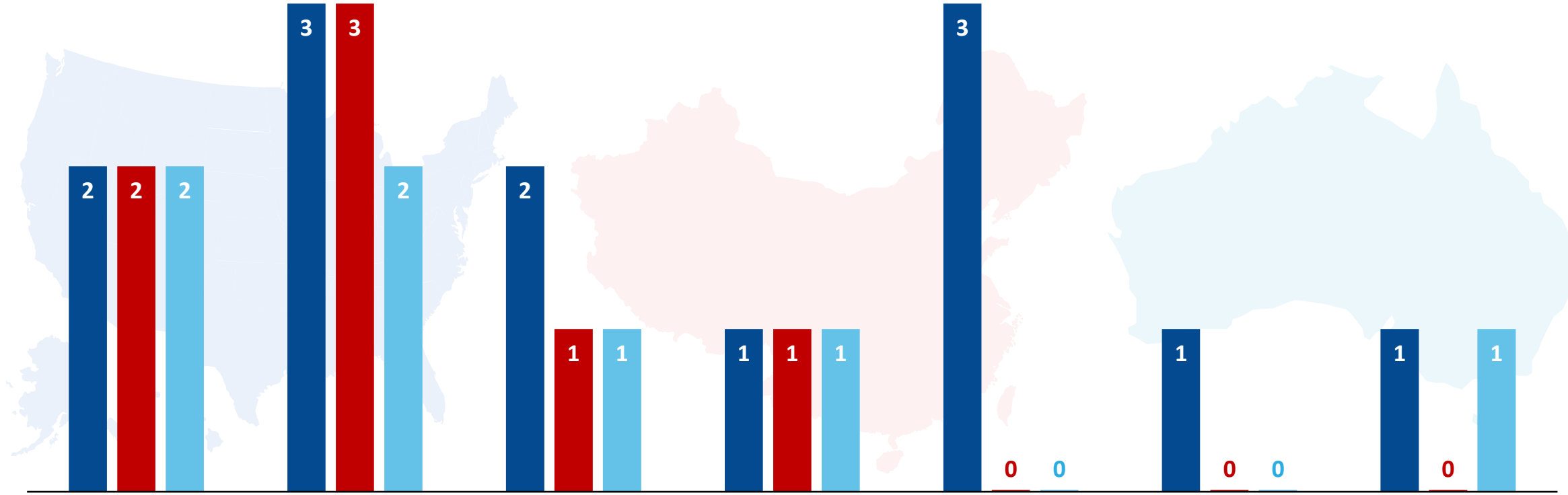
Sathya Walisinghe

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

Fewer Multiple Myeloma Medicines Approved in China/Reimbursed in Australia Compared to the US – Launching with Less Competition Outside the US

ANTENGENE

United States – 13 drugs | **China – 7 drugs** | **Australia – 7 drugs**



Source: Kantar Health Market Research Report, APAC July 2021, IQVIA Sales data

Successful Commercial Launch of XPOVIO® in Mainland China

塞利尼索片 20mg

希维奥®

Approved Indication:

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

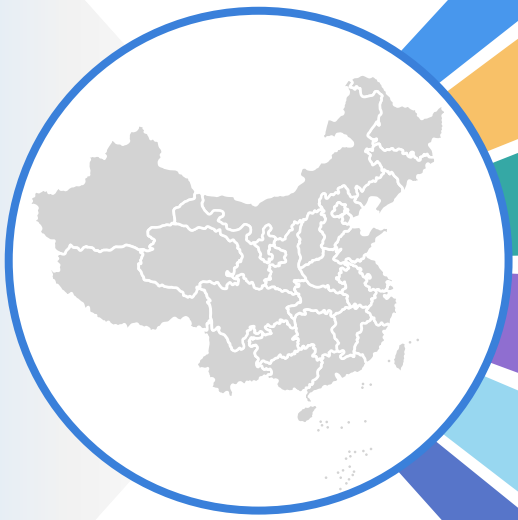
Treatment Guideline Recommendations in China

- **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

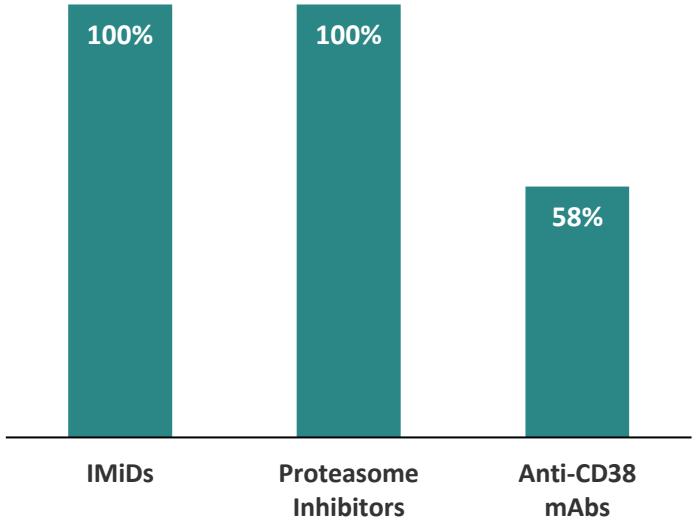
RMB 54.0 million

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

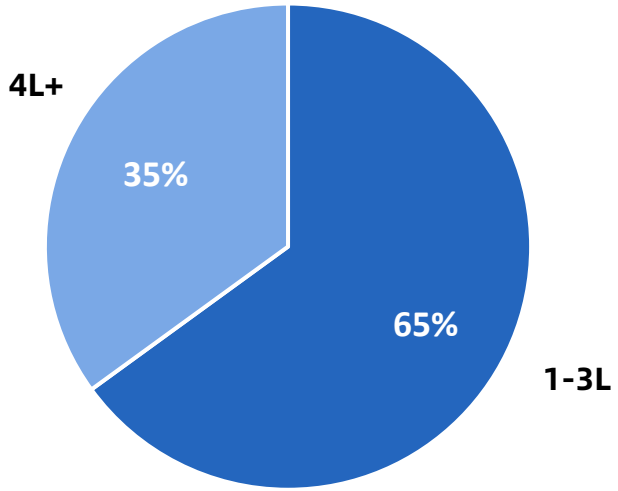
Initial Observations for XPOVIO® Launch in China Market – XPOVIO® Being Prescribed in Earlier Lines of Therapy in a Range of Combination Regimens

ANTENGENE

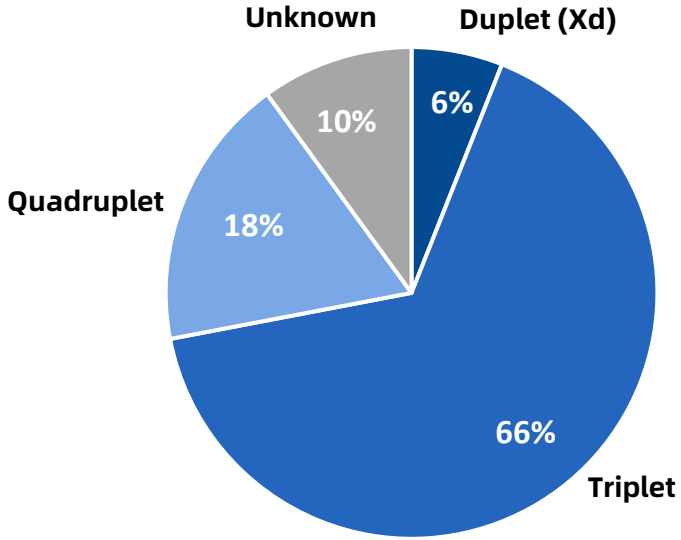
By 3L, Most Patients are Exposed to IMiDs, Proteasome Inhibitors, and anti-CD38 mAbs



Usage and Lines of Therapy Amongst XPOVIO® Patients



Treatment Regimen Among Prescribed Patients



Physician Testimonials Highlighting XPOVIO's Differentiated Profile

"**MARCH, BOSTON** trial data indicates that Selinexor combo regimens bring more innovative therapeutic options and better treatment outcomes for relapsed/refractory, multidrug resistance, metastasis and/or **high-risk MM** patients."

KOL, Dr. Jun Ma, Chief Supervisor of CSCO, Harbin Hematology and Oncology Institute

"Selinexor is more convenient and likely leads to higher compliance because it is an **oral regimen**. The efficacy of Selinexor is proven in a number of clinical trials. Besides being used as a monotherapy, Selinexor could also be **combined with a number of drugs such as chemo, target therapy, I/O, etc.**"

KOL, Dr. Zhiming Li, Sun Yat-sen University Cancer Center

Data cut off Sept 2022

Asia Pacific Markets – Executing on XPOVIO® Launch Plans

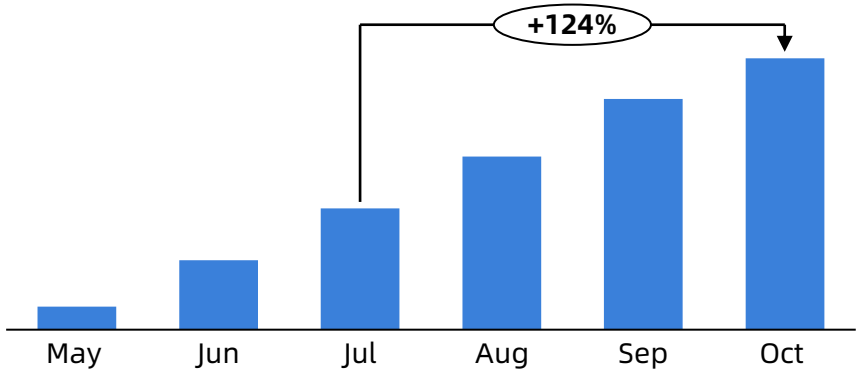
ANTENGENE

Reimbursement Timelines

Excellent Launch Trajectory

Australia

- Total number of XPOVIO® treated patients **doubled in 3 months** (between July to October)
- First multiple myeloma indication (Xd regimen) **included for reimbursement** on 1st September
  - XPOVIO® achieved that in **180 days** ; whereas oncology medicines are listed in **496 days** on average
- Xd achieved **>50% new patient share** of available penta-refractory patients
- Reimbursement of XVd regimen anticipated **in H1 2023**



Other Asia Pacific Markets

- Reimbursement anticipated in Taiwan and South Korea in **2024**
- Building of KOL advocacy and XPOVIO® experience:
  - **>250 patients** treated with XPOVIO® via pre approval access program
  - Pre-reimbursement **Patient Familiarization Program activated**
- ASEAN markets expansion commencing with **NDA submissions in Thailand and Malaysia in 2022, and Indonesia in H1 2023**

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

	3 Regimens	**DVd, PVd and ERd**
	2 Regimens	**KRd and NRd**
Taiwan Markets	3 Regimens	**DVd, DRd and IRd**

IV. INVESTMENT HIGHLIGHTS

Steady Stream of Catalysts Continue to Drive Value for Investors

ANTENGENE

Focused on Execution and Key Priorities to Drive Value for Investors in 2023

Continued Revenue Generation Across China and APAC markets

- Starting with 2 disease areas with multiple indication expansion / untapped 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

Forming Value Creating and Synergistic Partnerships

- Continued BD discussions on assets, clinical collaborations, in/out-licensing and value-creating partnerships

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)

MARCH 2023

THANK YOU

TREATING PATIENTS BEYOND BORDERS