ANTENGENE INVESTOR PRESENTATION

TREATING PATIENTS BEYOND BORDERS

DECEMBER 2023

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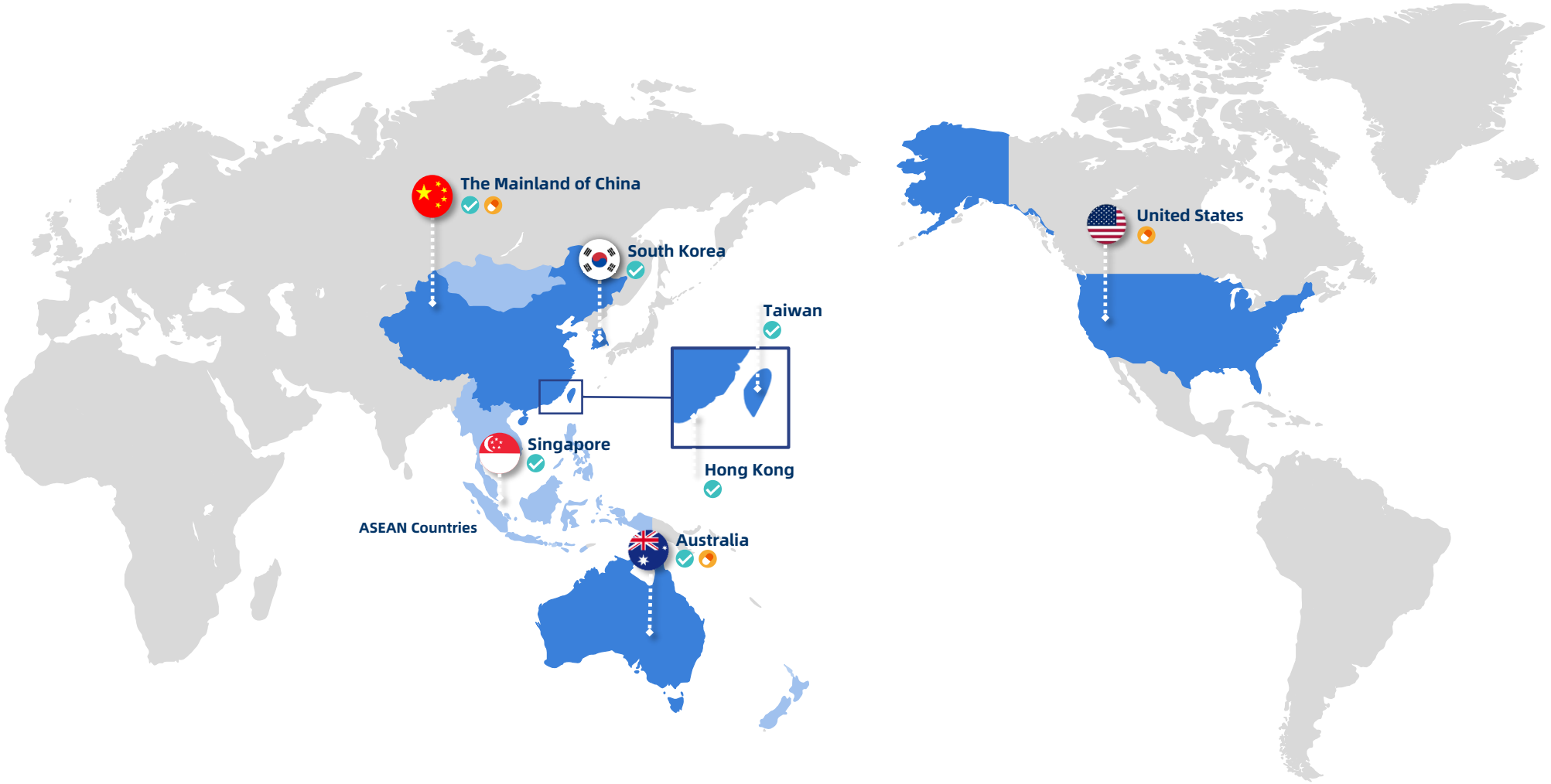
COMPANY OVERVIEW

ANTENGENE

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



Commercialization in

6 APAC Markets

9 Clinical Stage Assets

14 Ongoing Trials

in China, Australia and the US

Regions in Antengene Markets where XPOVIO® is Approved

Regions with Ongoing Clinical Trials

Navigating Forward: Milestones Achieved in 2023 YTD, Shaping a Pivotal Transition Year for Our R&D Pipeline

ANTENGENE

Research and Development

9 Clinical Stage Assets

4 Clinical Development Partnerships

Bristol Myers Squibb · MERCK · BeiGene · 君实生物 TopAlliance

6 Research Data Publications

2023 ASCO ANNUAL MEETING · AACR American Association for Cancer Research ANNUAL MEETING 2023 Orlando

APAC R&D

ATG-008 (Onatasertib) – mTORC1/2 Inhibitor

Achievements To Date

- ✓ **Data presentation** of "TORCH-2" trial cervical cancer data at **ASCO 2023** *(based on a previous data cut)*
- ✓ Progressing smoothly in the "TORCH-2" trial with **updated encouraging periodic data*** in the cervical cancer cohort **(Data as of October 20th, 2023)**
  - **ORR** of **53.3%** (16/30) in **CPI-naïve** R/R cervical cancer
  - **ORR** of **29.4%** (5/17) in **CPI-treated** R/R cervical cancer
  - **mPFS** of **8.41 months** among **efficacy-evaluable population** in **CPI-naïve** R/R cervical cancer

2023 Catalysts

- ○ Confirm the **regulatory pathway** for ATG-008 in combination anti-PD-1 monoclonal antibody in **relapsed/metastatic cervical cancer**
- ○ **Full data readout for the CPI-naïve cervical cancer cohort of "TORCH-2" trial** during the Antengene **R&D Day** in **November**

GLOBAL R&D

Achievements To Date

- ✓ Received **US FDA IND clearance** for the first-in-class **anti-CD24 mAb** ATG-031, and the **first patient has been dosed** in **MD Anderson Cancer Center** in Houston, Texas, US - the lead center of the Phase I study
- ✓ **Initiated the Phase I trial** for ATG-022 (**Claudin 18.2** ADC) and **a partial response** and **a complete response has already been observed**
- ✓ ATG-101 (**PD-L1/4-1BB** BsAb) is approaching **biologically active dose** with **good tolerability, partial response, and durable stable disease**
- ✓ ATG-018 (**ATR** inhibitor) is making smooth progress through dose escalation; **7 out of 12** efficacy evaluable patients at **low dose levels** are with **stable disease**
- ✓ Reached **RP2D for monotherapy** and dosed the first patient in the United States in the **nivolumab combination portion** of the clinical study evaluating ATG-017 Tizaterkib (**ERK1/2** inhibitor) in patients with advanced solid tumors
- ✓ In the Phase I trial evaluating ATG-037 (**CD73** inhibitor) in patients with advanced solid tumors, **15 patients** received the optional **combination dose escalation with pembrolizumab** (3 partial responses observed)

2023 Catalysts

- ○ **Updated clinical data** presented during the Antengene **R&D Day** in **November**

XPOVIO® R&D and Pan-APAC Commercialization

2023 1H Revenue: RMB72.0 Million

(+33.5% vs 2022 1H Revenue of RMB 54.0 mm)

6 Approved Markets:  Hong Kong Taiwan

Entered into a Commercialization Partnership with

翰森製藥 HANSOH PHARMA **in the Mainland of China on August 11th**

Achievements To Date

- ✓ **XVd regimen** in 2L+ MM achieving reimbursement listing in Australia
- ✓ **XVd regimen** in 2L+ MM and **Xd regimen** in R/R MM included in the Singaporean Cancer Drug List
- ✓ **Complete patient enrollment** for **"BENCH"** study in 2L+ MM
- ✓ NDA approval in **Hong Kong**
- ✓ **sNDA filing in Hong Kong** for SVd regimen in MM and S monotherapy in DLBCL
- ✓ **NDA filing in Indonesia** for SVd and Sd regimen in MM and S monotherapy in DLBCL

2023 Catalysts

- ○ **sNDA submission** in **the Mainland of China** for **"SEARCH" study** in **R/R DLBCL**
- ○ **Xd regimen** in R/R MM achieving reimbursement listing in South Korea

Global Team of Industry Veterans

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

Amily Zhang
Chief Medical Officer
BAYER · NOVARTIS · HENGRUI

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

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

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

Eitan Liu
Chief Operating Officer
中信集团 CITIC Group · CBRE · FROST & SULLIVAN · Agilent Technologies

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

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

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

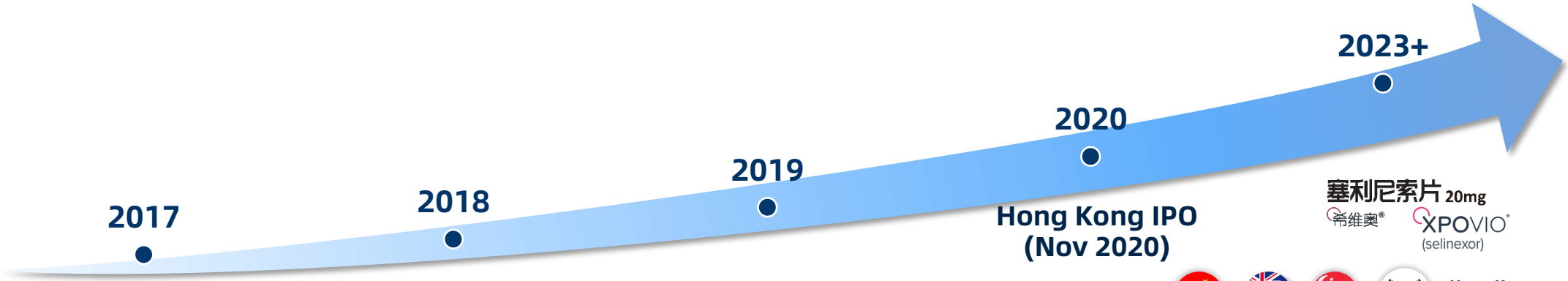
Track Record of Antengene Management Team

Revlimid (lenalidomide) capsules · Vidaza azacitidine for injection · Pomalyst (pomalidomide) capsules 1·2·3·4 mg · IDHIFA (enasidenib) tablets · glivec · Tasigna (nilotinib) capsules · Femara (letrozole) 2.5mg tablets · INCIVEK (telaprevir) tablets · TORISEL (temsirolimus) injection · Kanuma sebelipase alfa intravenous infusion · THALOMID (thalidomide) Capsules · Herceptin trastuzumab · Abraxane (nanoparticle albumin-bound paclitaxel) · Stivarga (regorafenib) tablets · Nexavar (sorafenib) tablets · Xofigo radium Ra 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)					Hong Kong Taiwan
NDA Submissions					Hong Kong Taiwan Macau
INDs*		3 INDs	6 INDs	11 INDs	29 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 1,322mm
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

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**

Tumor Microenvironment

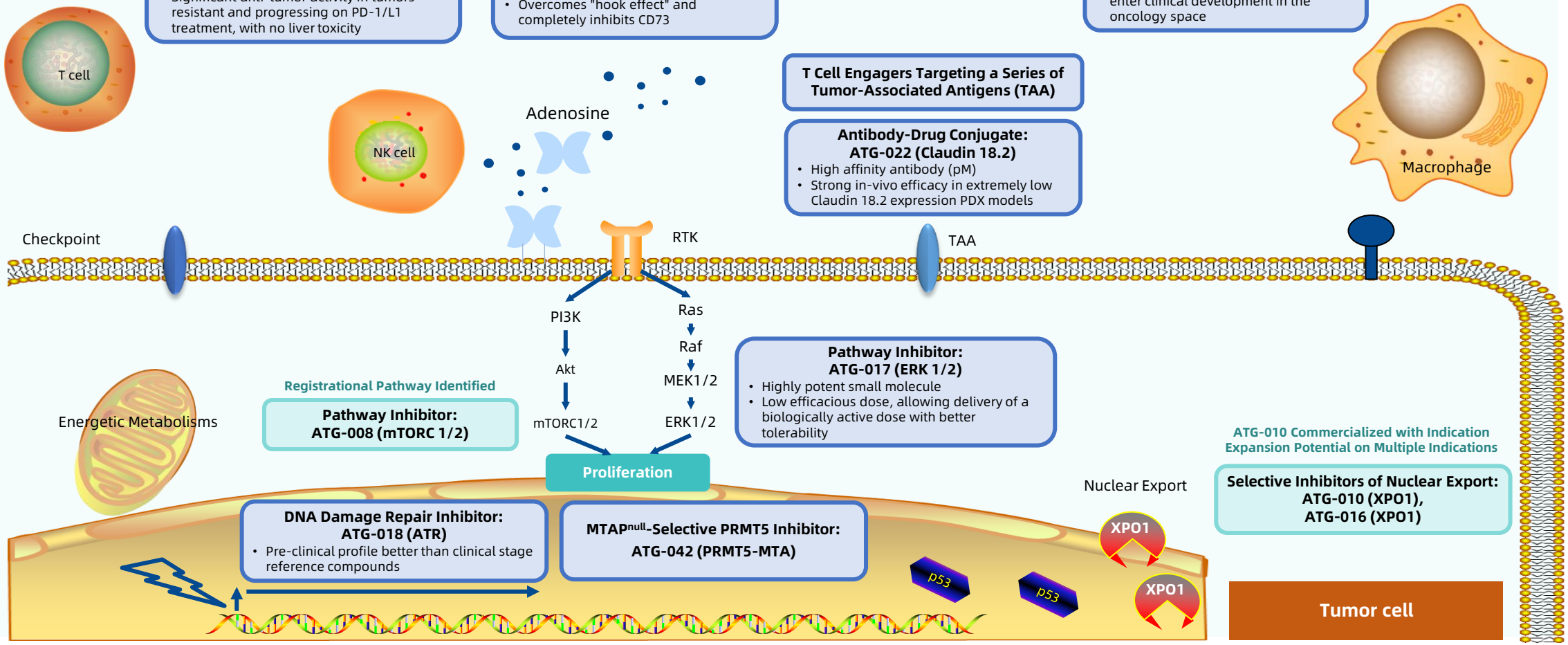
T-cell Activator / Checkpoint Inhibitor: ATG-101 (PD-L1 / 4-1BB)
- Potentially best-in-class molecule
- Significant anti-tumor activity in tumors resistant and progressing on PD-1/L1 treatment, with no liver toxicity

TME Regulator: ATG-037 (CD73)
- Potentially best-in-class molecule
- Overcomes "hook effect" and completely inhibits CD73

'Don't eat me' Target: ATG-031 (CD24)
- Potentially first-in-class molecule to enter clinical development in the oncology space

T Cell Engagers Targeting a Series of Tumor-Associated Antigens (TAA)

Antibody-Drug Conjugate: ATG-022 (Claudin 18.2)
- High affinity antibody (pM)
- Strong in-vivo efficacy in extremely low Claudin 18.2 expression PDX models



Pathway Inhibitor: ATG-017 (ERK 1/2)
- Highly potent small molecule
- Low efficacious dose, allowing delivery of a biologically active dose with better tolerability

Registrational Pathway Identified

Pathway Inhibitor: ATG-008 (mTORC 1/2)

ATG-010 Commercialized with Indication Expansion Potential on Multiple Indications

Selective Inhibitors of Nuclear Export: ATG-010 (XPO1), ATG-016 (XPO1)

DNA Damage Repair Inhibitor: ATG-018 (ATR)
- Pre-clinical profile better than clinical stage reference compounds

MTAP^{null}-Selective PRMT5 Inhibitor: ATG-042 (PRMT5-MTA)

Assets with Global rights

Assets with APAC rights

PIPELINE

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APAC RIGHTS ASSETS

APAC Rights Assets: 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/Pivotal / NDA / Commercialization	Antengene Rights	Partner
ATG-010[1] (Selinexor)	XPO1 *(Small molecule)*	R/R Multiple Myeloma	Combo with dexamethasone *(MARCH)* — *The Mainland of China NDA approved*	APAC[2]	Karyopharm Therapeutics
			Combo with dexamethasone *(STORM) - Partner's Pivotal Trial in the US* — *US, EU, UK, IL, SK, SG, AU, TW & HK NDA approved*		
			Combo with bortezomib and dexamethasone *(BENCH)* ★ — Enrollment Completed		
			Combo with bortezomib and dexamethasone *(BOSTON) - Partner's Pivotal Trial in the US* — *US, EU, UK, IL, CA, SG, AU & TW sNDA approved*		
			Combo with IMID/PI/CD38 mAb and dexamethasone *(STOMP)*		
		R/R Diffuse Large B-cell Lymphoma	Monotherapy *(SEARCH)* ★ — sNDA Accepted, Priority Review Granted		
			Monotherapy *(SADAL) - Partner's Pivotal Trial in the US** — *US , IL, SG, SK & TW sNDA approved*		
			Combo with R-GDP *(DLBCL-030)* ★		
		Myelofibrosis	Combo with ruxolitinib *(MF-034)* ★		
		R/R Non-Hodgkin's Lymphoma	Combo with lenalidomide + rituximab *(SWATCH)*		
		R/R T-cell & NK-cell Lymphoma	Combo with ICE/GemOx/tislelizumab *(TOUCH)* with BeiGene Clinical Collaboration		
		Maintenance Therapy for Endometrial Cancer	Monotherapy *(SIENDO)*		
			Monotherapy *(EC-042) - Partner's Pivotal Trial in the US* ★		
ATG-016 (Eltanexor)	XPO1 *(Small molecule)*	R/R Myelodysplastic Syndromes	Monotherapy *(KCP-8602-801)*		
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 Trials[4] | Partner Trials[5] | Partner Global Trials in Antengene Region | ★ Registrational Trial

[1] (s)NDA approved by US FDA, European Commission, China NMPA, Australia TGA, South Korea MFDS, Singapore HSA, China Hong Kong DoH and China Taiwan TFDA;
[2] Antengene has rights for Greater China (The Mainland of 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

* SADAL Study (DLBCL US Trial) approval is under the accelerated approval pathway; ** 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; GemOx: Gemcitabine, Oxaliplatin; ICE: Ifosfamide, Carboplatin, Etoposide

AU: Australia; CA: Canada; EU: Europe; IL: Israel; SG: Singapore; SK: South Korea; TW: Taiwan; UK: United Kingdom; US: United States;

Encouraging Preliminary Data of ATG-010 (Selinexor) In Combination with Ruxolitinib in Treatment-Naïve Myelofibrosis Patients

Encouraging Preliminary Data in Treatment-Naïve Myelofibrosis

Global Phase I Study Evaluating the Efficacy and Safety of Selinexor

Karyopharm Therapeutics

ATG-010 (selinexor) in combination with **ruxolitinib (JAK1/2 inhibitor)**

2023 ASCO ANNUAL MEETING · EHA EUROPEAN HEMATOLOGY ASSOCIATION

Spleen Responses (SVR35)

Selinexor 60 mg + Ruxolitinib

Efficacy Evaluable Patients	**Week 12:** ▪ **83.3%** achieved SVR35 **(10/12)*** **Week 24:** ▪ **91.7%** achieved SVR35 **(11/12)**
Intent-to-Treat Patients	**Week 12:** ▪ **71.4%** achieved SVR35 **(10/14)** **Week 24:** ▪ **78.6%** achieved SVR35 **(11/14)**

Reduction in Total Symptom Scores (TSS50)

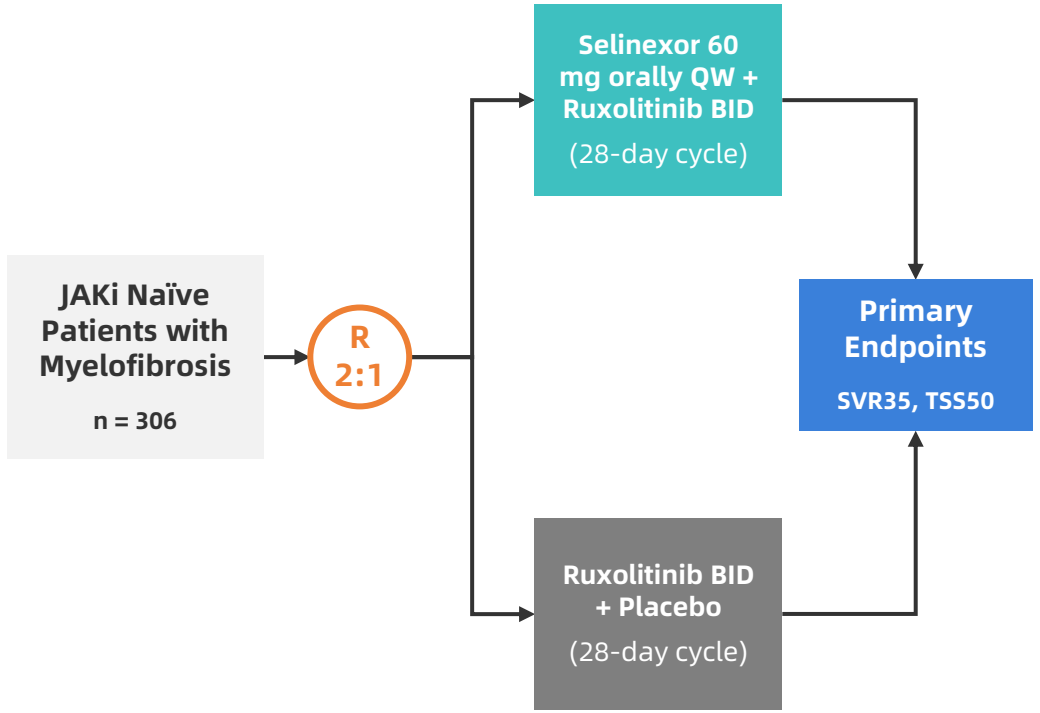
Selinexor 60 mg + Ruxolitinib

Efficacy Evaluable Patients	**Week 12:** ▪ **80.0%** achieved TSS50 **(8/10)**** **Week 24:** ▪ **77.8%** achieved TSS50 **(7/9)*****
Intent-to-treat Patients	**Week 12:** ▪ **66.7%** achieved TSS50 **(8/12)** **Week 24:** ▪ **58.3%** achieved TSS50 **(7/12)**

Karyopharm initiated Phase III trial in June 2023 with 60 mg selinexor as the Recommended Dose in combination with ruxolitinib

**Two patients discontinued prior to Week 24*
*** One patient discontinued prior to week 12; one patient with missing data at week 12, who subsequently discontinued prior to week 24.*
**** Two patients discontinued prior to Week 24 and one had missing data.*

Global Registrational Phase I/III Trial – "XPORT-MF-034" Study



Status:
- Topline data expected in 2025
- Currently in IND process across Antengene territories

NCT04562389
Sponsor: Karyopharm

Encouraging Exploratory Data of ATG-010 (Selinexor) As a Monotherapy in the Maintenance Therapy for TP53 Wild-type Endometrial Cancer Patients

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Encouraging Updated Exploratory Subgroup Analyses in the "SIENDO" Study*

Global Phase III Study Evaluating the Efficacy and Safety of Selinexor

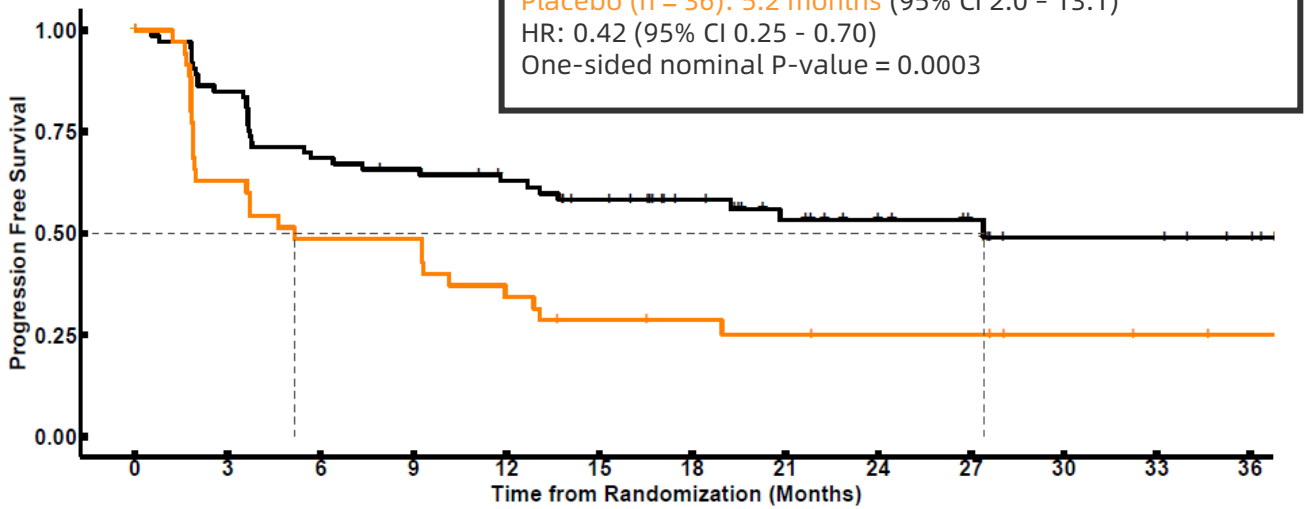
Karyopharm Therapeutics

ATG-010 (selinexor) as a monotherapy maintenance in **TP53 Wild-type Endometrial Cancer**

ASCO Plenary Series

Median Progression-free Survival (mPFS):

Selinexor (n = 77): 27.4 months (95% CI 13.1 - NR)
Placebo (n = 36): 5.2 months (95% CI 2.0 - 13.1)
HR: 0.42 (95% CI 0.25 - 0.70)
One-sided nominal P-value = 0.0003



Numbers at Risk

Selinexor	77	62	50	47	41	35	27	20	15	12	7	7	4
Placebo	36	22	17	17	12	9	8	7	6	6	4	3	2

Karyopharm's Pivotal Trial- "XPORT-EC-042" Study

TP53 Wild-type Endometrial Cancer

- Primary stage IV or recurrent endometrial cancer
- Received at least 12 weeks of platinum-based therapy +/- immunotherapy
- In partial response (PR) or complete response (CR) to chemotherapy

R 1:1

Selinexor 60 mg orally QW until PD
n = 110

Placebo Weekly
n = 110

Primary Analysis
PFS

Top-line Data Expected in Late 2024 - 2025

Source: Karyopharm Investor Presentation dated August 2nd, 2023
**The "SIENDO" study evaluates selinexor as maintenance therapy for all patients with advanced or recurrent endometrial cancer, and the data being shown is for TP53 wild-type only*

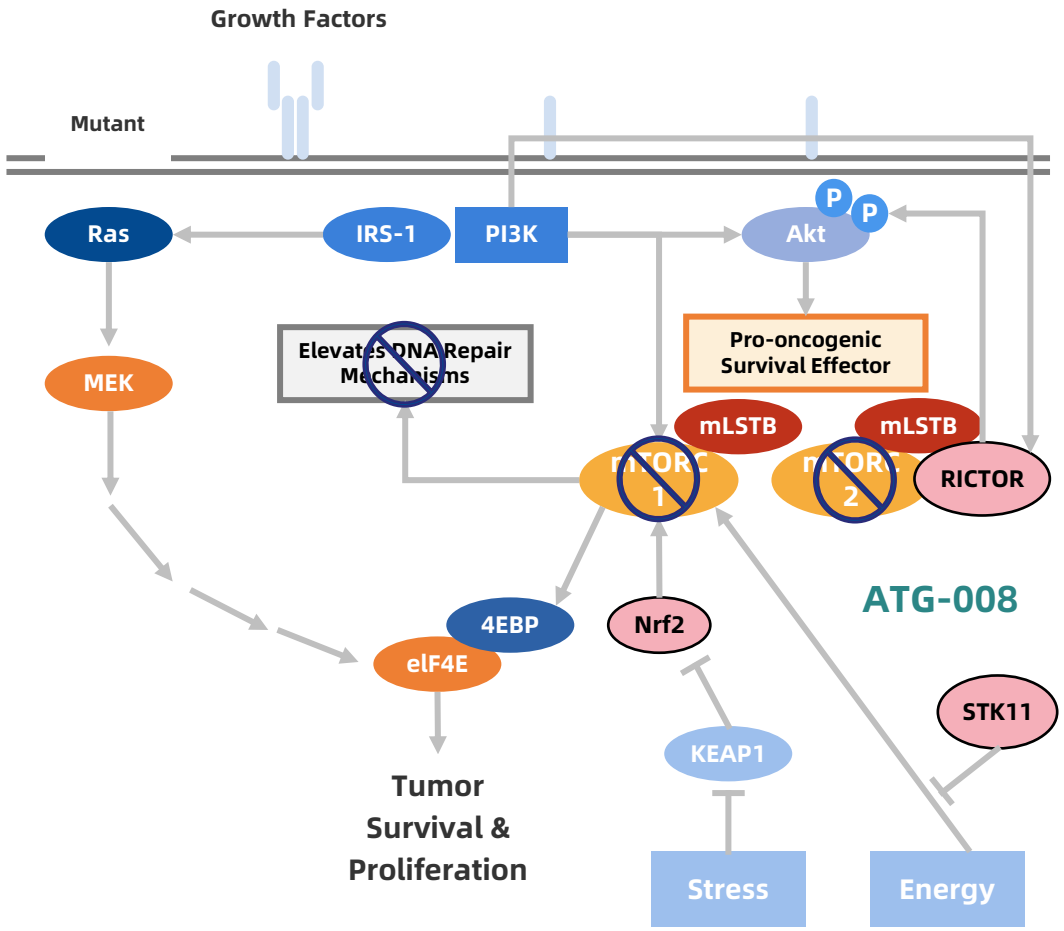
ATG-008 (Onatasertib): A Novel Second Generation mTORC1/2 Inhibitor

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**



Updated Encouraging Periodic Data of ATG-008 (Onatasertib) in "TORCH-2" Trial

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Encouraging Periodic Data of ATG-008 (Onatasertib) in Both CPI-naïve and CPI-pre-treated Advanced Cervical Cancer Patient Cohorts

ATG-008 (mTORC1/2i) 15 mg in combination with **toripalimab (Anti-PD-1 mAb)**

Overall Response Rate (ORR)

53.3%

Efficacy evaluable population
CPI-Naïve (16/30)

Overall Response Rate (ORR)

29.4%

efficacy evaluable population
CPI-treated (5/17)

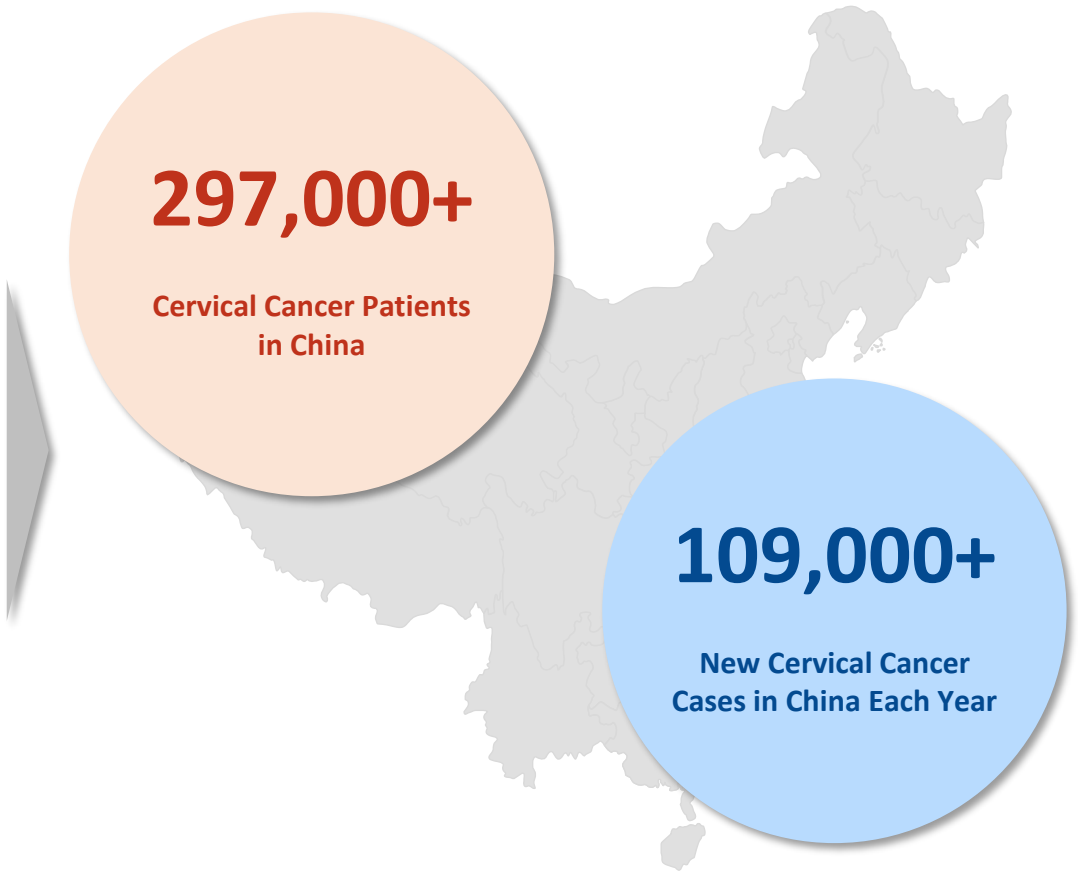
Median Progress Free Survival

8.41 mths

Efficacy evaluable population
CPI-Naïve

Generally Well Tolerated

Huge Unmet Medical Needs in Advanced Cervical Cancer



Confirm Regulatory Pathway in 2023

Enrollment is ongoing for "TORCH-2" trial, periodic data as of October 20th, 2023

Promising Data from "TORCH-2" Study in CPI-Naïve Cervical Cancer Patients

Deep and Durable Responses Were Observed Regardless of PD-L1 Expression Status

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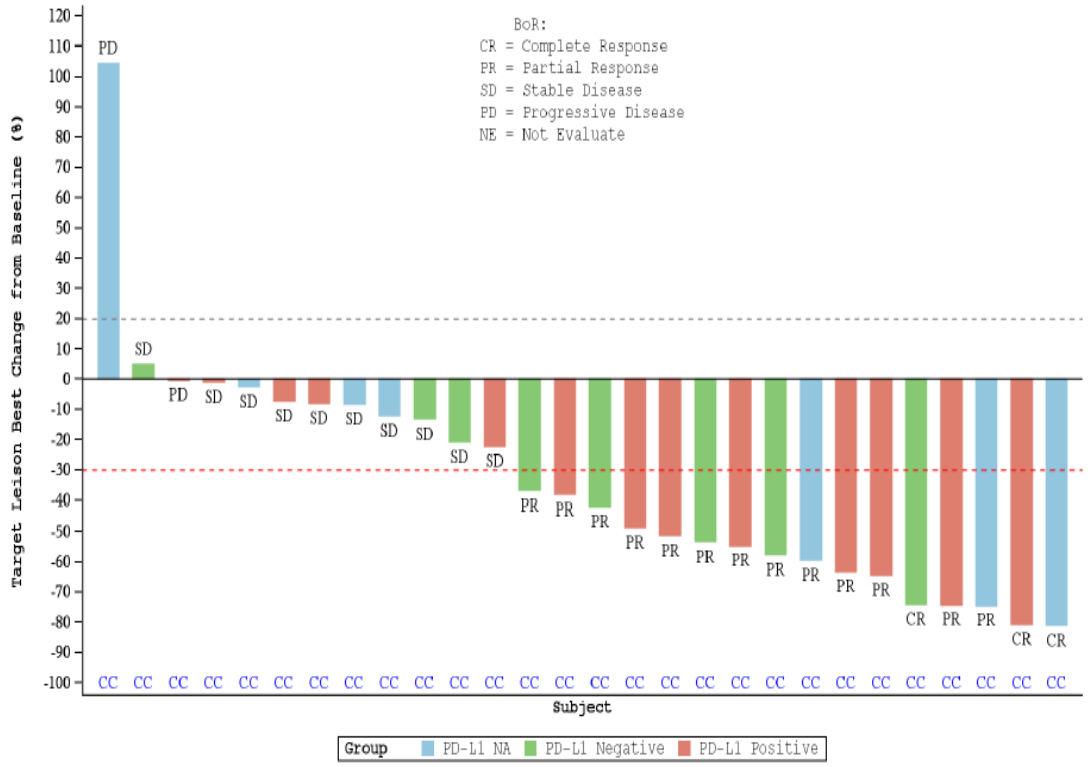
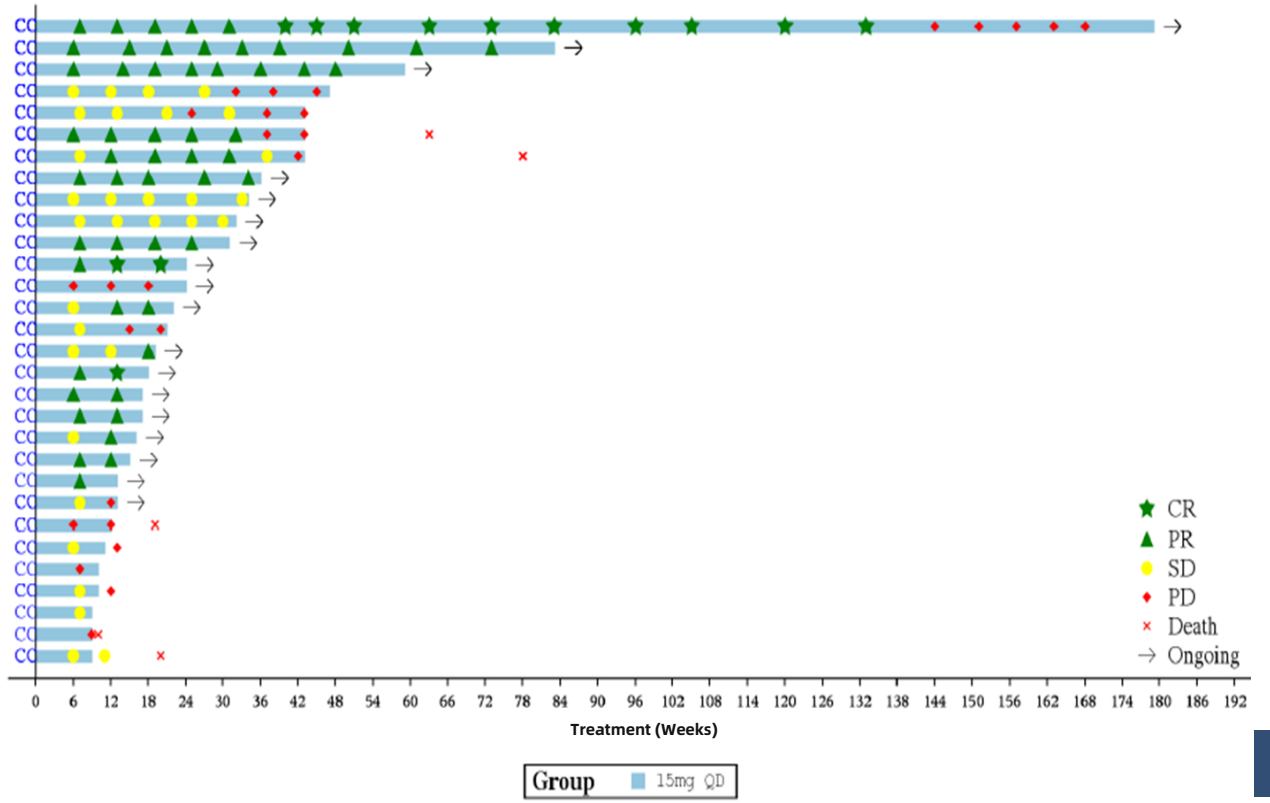
- In total, 30 efficacy-evaluated CPI-naïve patients were included in the RP2D dose level (ATG-008 15mg Qd in combination with Toripalimab 240mg Q3W). The best overall response (BOR) was **4 complete responses (CR), 12 partial responses (PR), 10 stable diseases (SD), and 4 progressive diseases (PD)**
  - 2 patients with non-target lesions progressed, and target lesions were not evaluable
- The overall response rate **(ORR) was 53.3%**, disease control rate **(DCR) was 86.7%**, and median progression-free survival **(mPFS) was 8.41 (3.25, NE) months**
- The **ORR** was **61.5% (8/13), 55.6% (5/9), and 37.5% (3/8)** in **PD-L1 positive, PD-L1 negative, and PD-L1 status not available (NA) patients**, respectively

Efficacy Summary – Waterfall Plot



Efficacy Summary – Swimmer Plot



Preliminary data as of October 20th, 2023

Encouraging Preliminary Results from "TORCH-2" Study in CPI-Pretreated Cervical Cancer Patients

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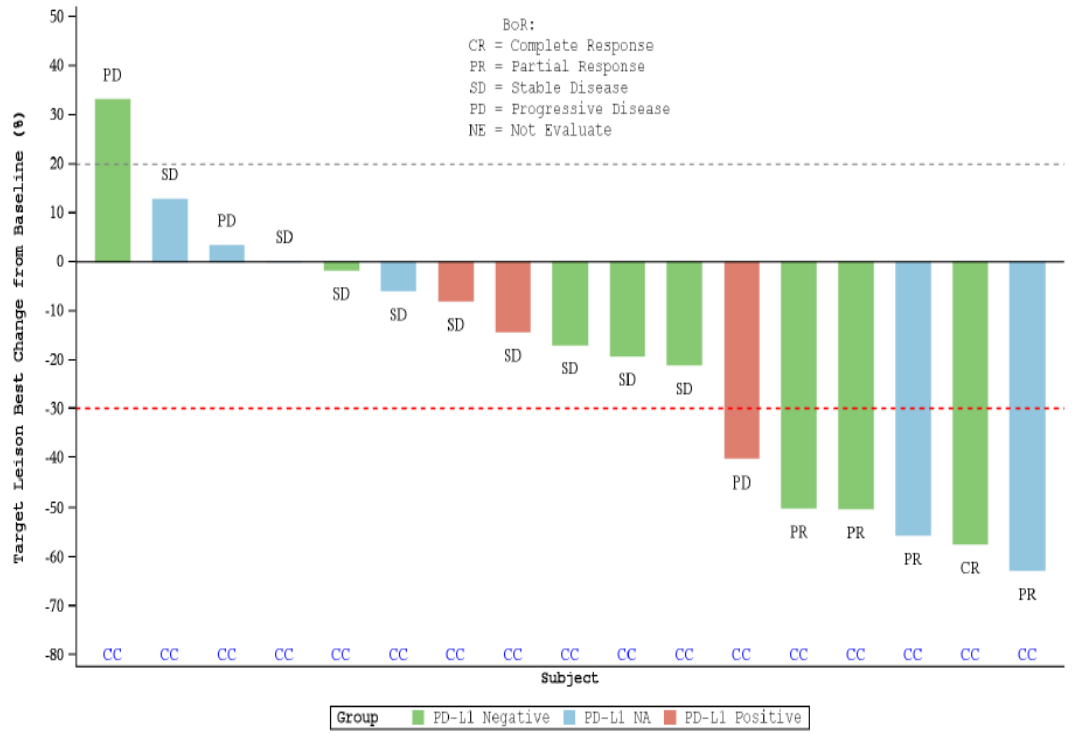
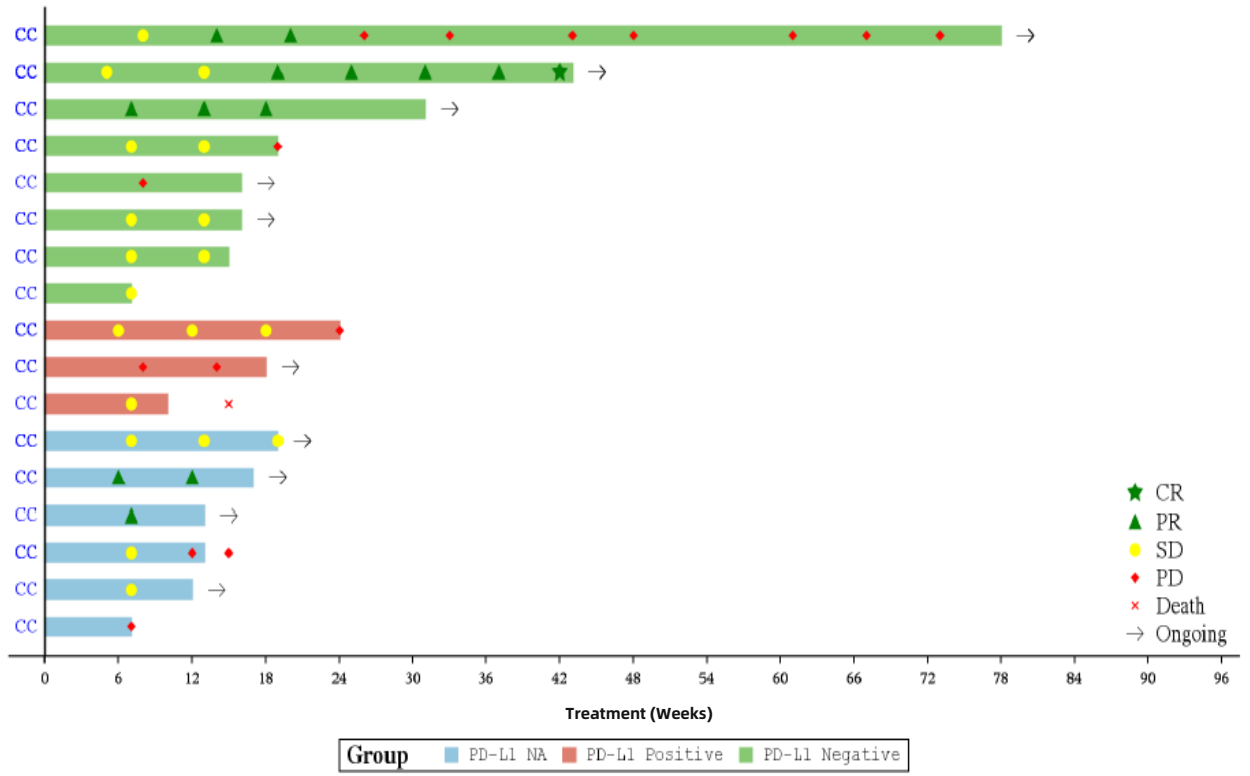
- As of October 20th, 2023, 17 patients treated with CPI were evaluated for efficacy at the recommended phase 2 dose (RP2D) level of 15mg; The best overall response (BOR) included **1 complete response (CR), 4 partial responses (PR), 9 stable diseases (SD), and 3 progressive diseases (PD)**
- The overall response rate **(ORR) was 29.4%**, the disease control rate **(DCR) was 82.4%**, and the median progression-free survival **(mPFS) was 4.17 (1.71, 5.78) months**
- Of the 17 patients, **13 (76.5%) demonstrated tumor shrinkage**, indicating **a positive response in these heavily treated individuals**

Efficacy Summary – Waterfall Plot



Efficacy Summary – Swimmer Plot



Preliminary data as of October 20th, 2023

ATG-008 (Onatasertib) In Combination with Toripalimab (Anti-PD-1 mAb)

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 (1st CPI Approved for Cervical cancer in CN)	Tisotumab Vedotin (US Standard of Care)
Mechanism of Action (MoA)	mTORC 1/2i + Anti-PD-1 mAb	Anti-PD-1 mAb	PD-1/CTLA-4 BsAb	TF ADC
Number of Patients	30 (EE) (CPI naive)	98 (ITT)	99 (EE, ITT 111)	502 (Tiso 253)
Prior Treatment Lines	≥1	≥1	≤2	≤2
PD-L1	TPS≥1% (43.3%)	CPS≥1 (83.7%)	CPS≥1 (63.6%)	NA
ORR	**53.3%** PD-L1+: 61.5% PD-L1-: 55.6% PD-L1 NA: 37.5%	**12.2%** PD-L1+:14.6% PD-L1-: 0% PD-L1 NA: 0%	**32.3%** PD-L1+: 42.8% PD-L1-: 16.7% PD-L1 NA: 11.1%	**17.8%** NA NA NA
DCR	86.7%	30.6%	51.5%	75.9%
PFS (months)	8.41	2.1	3.7	4.2
OS (months)	Not reached (NR)	9.4	NR (18m OS 51.2%)	11.5

Source: publications & primary research

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GLOBAL RIGHTS ASSETS

Global Rights Assets: A Clinical Stage Pipeline with Transformational Potentials

Assets	Target *(Modality)*	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 Clinical Collaboration	Global	ANTENGENE
ATG-101[2]	**PD-L1/4-1BB** *(Bispecific Antibody)*	Monotherapy for Hem/Onc *(PROBE & PROBE-CN)*			
ATG-037[3]	**CD73** *(Small molecule)*	Monotherapy ± pembrolizumab for Hem/Onc *(STAMINA)*	with MERCK Clinical Collaboration		
ATG-018	**ATR** *(Small molecule)*	Monotherapy for Hem/Onc *(ATRIUM)*			
ATG-022	**Claudin 18.2** *(ADC)*	Monotherapy for Onc *(CLINCH)*			
ATG-031	**CD24** *(Monoclonal Antibody)*	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 (Tizaterkib);*
[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

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

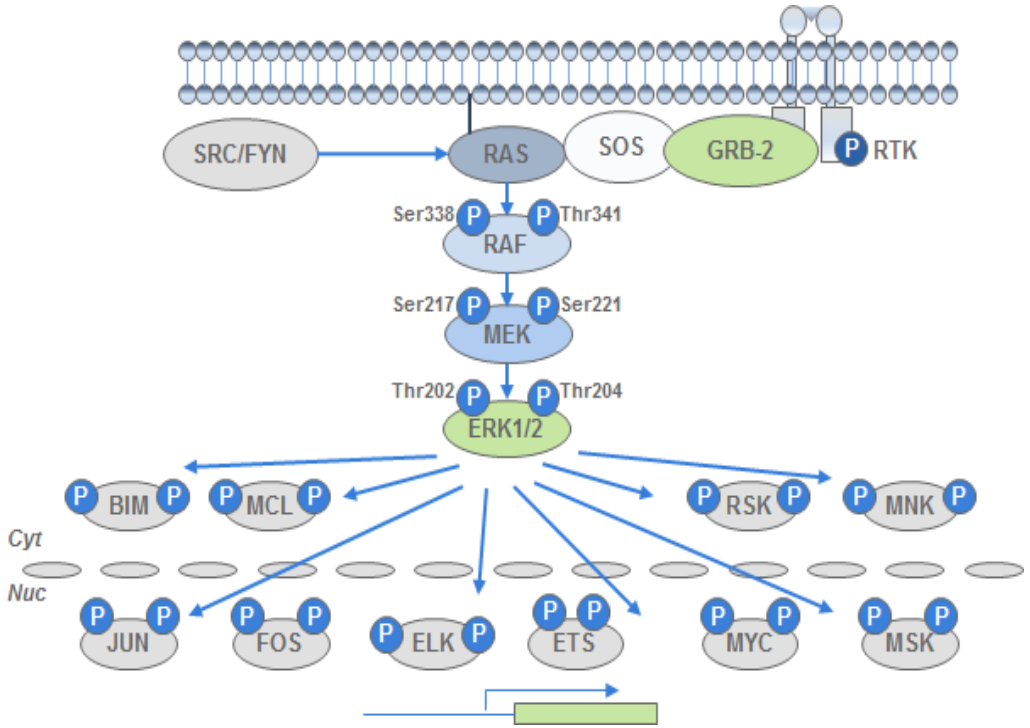
ANTENGENE

	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
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	➢ Phase I clinical trial **"ERASER"** ongoing in Australia and US ➢ Monotherapy RP2D achieved ➢ Monotherapy dose expansion and **combo dose escalation with nivolumab initiated enrollment in July 2023**	➢ Phase I clinical trial **"PROBE"** (Q3W) ongoing in Australia and US, currently enrolling patients in the 7th cohort ➢ Phase I clinical trial **"PROBE-CN"** (Q4W) ongoing in China, currently enrolling patients in the 7th cohort ➢ Reported **partial response** and **durable stable diseases** in patients treated at **low dose levels** ➢ US FDA granted an orphan drug designation for the treatment of pancreatic cancer in September 2022	➢ Phase I clinical trial **"STAMINA"** ongoing in Australia, and China for monotherapy and combo with pembrolizumab; currently in dose escalation stage, enrolling for patients in the 4th cohort ➢ **25 patients** enrolled, 20 have had at least one tumor assessment ➢ **Partial response detected** in 3 patients previously treated with an immune checkpoint inhibitor, at a low dose of 60 mg BID	➢ Phase I clinical trial **"ATRIUM"** ongoing in Australia, currently enrolling patients in middle of the dose escalation stage	➢ Phase I clinical trial **"CLINCH"** ongoing in Australia and China, enrolling patients in the 5th cohort ➢ **Partial response detected** at a dose lower than the expected efficacious dose range ➢ **Complete response detected** in a Claudin 18.2 negative (low-expression) patient ➢ US FDA granted two consecutive orphan drug designations for the treatment of pancreatic cancer and gastric cancer in May 2023	➢ Phase I clinical trial **"PERFORM"** received IND clearance from the US FDA in May 2023 ➢ The **MD Anderson Cancer Center** will be the leading site for this clinical trial; the trial has been **approved by the Institutional Review Board (IRB)** and the **first patient has been dosed** in the Phase I trial conducted in patients with advanced solid tumors or B-NHL

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

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
- Phase I clinical trial **"ERASER"** ongoing in Australia and US
- Monotherapy **RP2D** achieved
- Monotherapy dose expansion and **combo dose escalation with nivolumab** initiated enrollment in July 2023

Broad Therapeutic Potential in Cancer

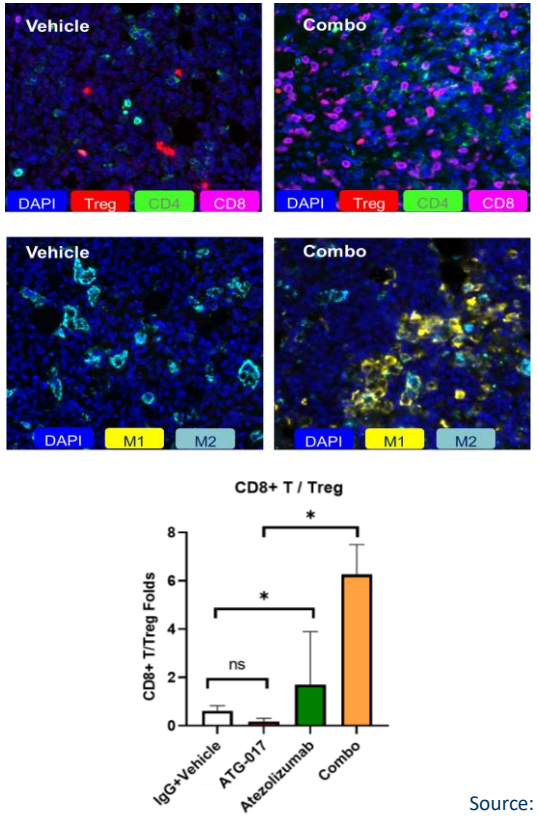
- Great clinical potential as a monotherapy or combination in multiple solid tumors and hematological malignancies that harbor activating alterations in the RAS-MAPK pathway
  - E.g. RASm NSCLC, Pancreatic, CRC, and Melanoma

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-017 (Tizaterkib) Has Broad Combinational Potential With Various IO Agents and Target Therapies

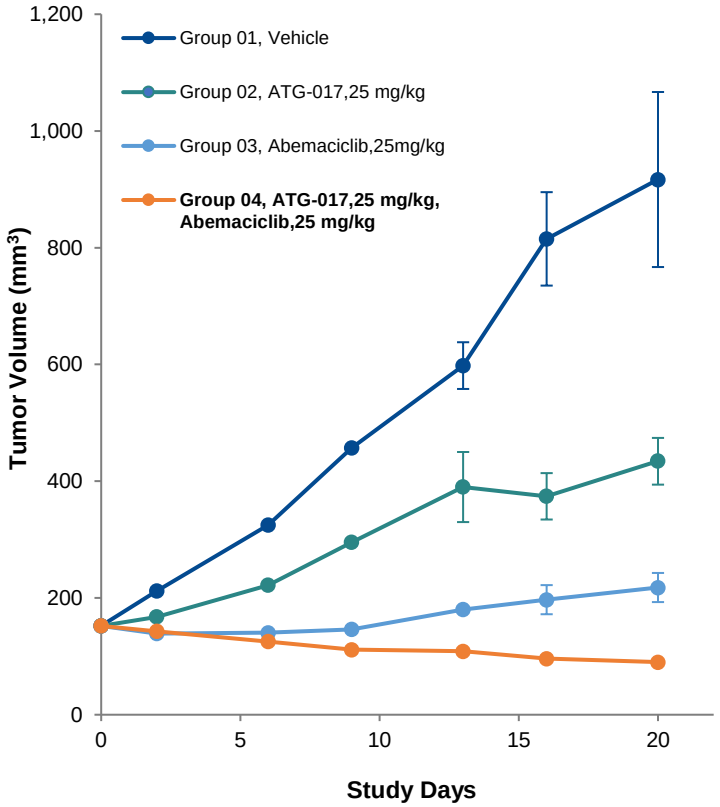
- ATG-017 showed *in vivo* synergism with inhibitors of MEK, EGFR, CDK4/6 and KRAS G12C
- ATG-017 modulates the tumor microenvironment and demonstrated synergism with immune checkpoint inhibitor
- Clinical trials evaluating ATG-017 in combination with other agents are being developed

In Vivo Synergy with Anti-PD-L1 in EL4 Syngeneic T cell Lymphoma CDX

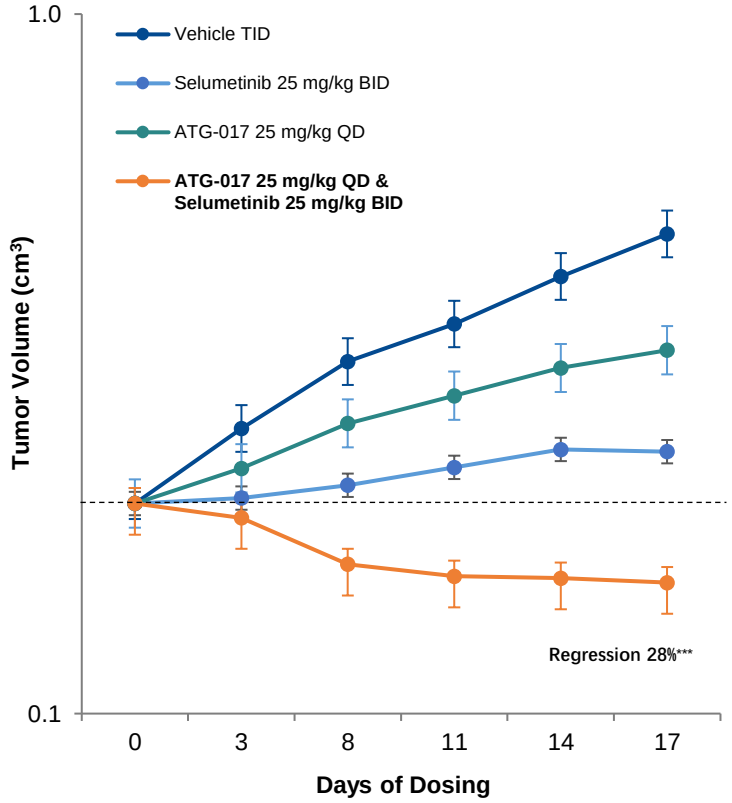


Source: SITC 2021

In Vivo Synergy with CDK4/6 Inhibitor in NCI-H358 NSCLC CDX



In Vivo Synergy with MEK Inhibitor in A549 ($KRAS^{G12S}$) NSCLC CDX



ATG-017 (ERK1/2): Phase I "ERASER" Study Underway

Monotherapy or Combination with Anti-PD-1, Nivolumab

ANTENGENE

Phase I, Multi-center, Open Label, Dose-finding Study Ongoing in Australia, China, and the U.S.

Phase I/Ib: Dose Escalation and Dose Expansion

Multi-center, open label study, starting in Australia, China, and the U.S.

Evaluating monotherapy and combination therapy with nivolumab (fixed dosing, 480 mg, Q4W)

Patients and Dosing

Patients with locally advanced or metastatic solid tumors that are RAS-MAPK mutation positive and without prior ERK1/2 inhibitor exposure and PD-(L)1 inhibitor refractoriness

Dose Escalation:
5 mg QD, 5 , 10, 20 mg, BID

Objectives of the Study

Primary Objectives:
Safety, Pharmacokinetics, RP2D and Preliminary Efficacy

Secondary Objectives:
PK profile, ORR, DOR, PFS, OS plus exploratory endpoints (PDx biomarkers and FDG-PET)

Monotherapy RP2D achieved (20 mg BID); Monotherapy dose expansion and combo dose escalation with nivolumab initiated enrollment in July 2023; First Read out 2024

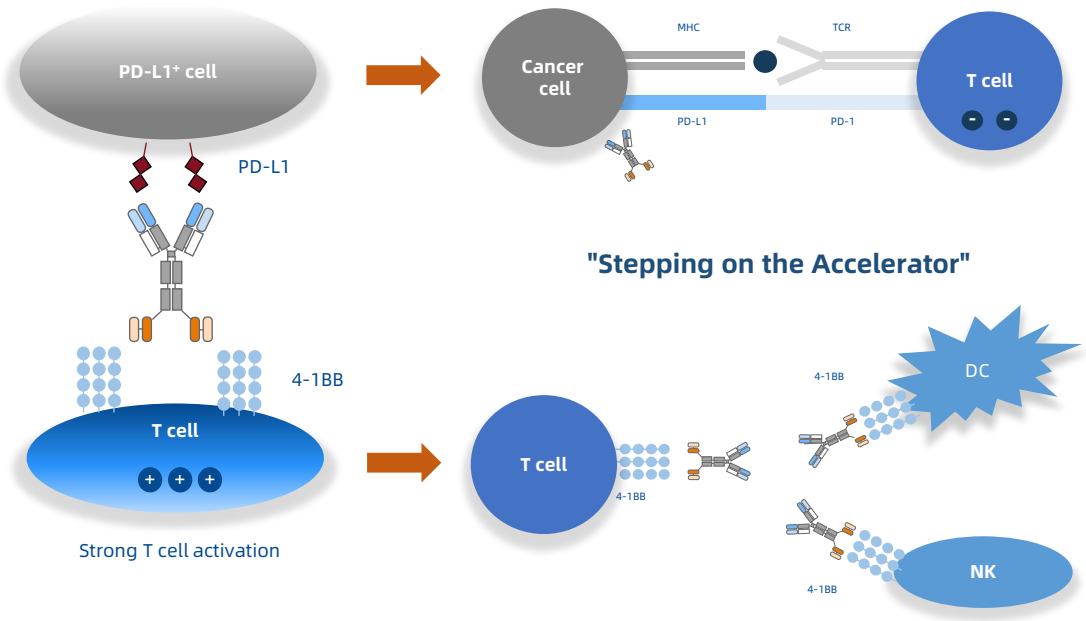
Dose Escalation; Australia, Dose Expansion: Australia, United States, Mainland China. CPI = checkpoint inhibitor; ORR: overall response rate; PD: progressive disease; PDx: pharmacodynamics; PFS: progression free survival; PK: pharmacokinetics; RP2D: recommended phase II dose; SD: stable disease

Clinical Collaboration with Bristol Myers Squibb

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

- 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



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-101 Induces Maximum Trimer Formation and >90% PD-L1 Receptor Occupancy at 2 mg/kg in Humans

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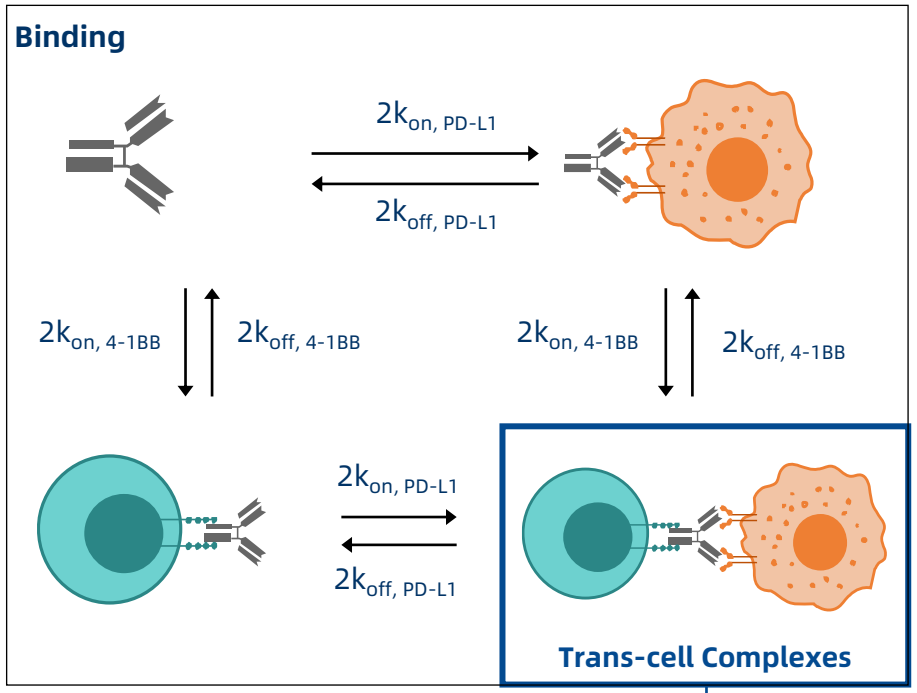
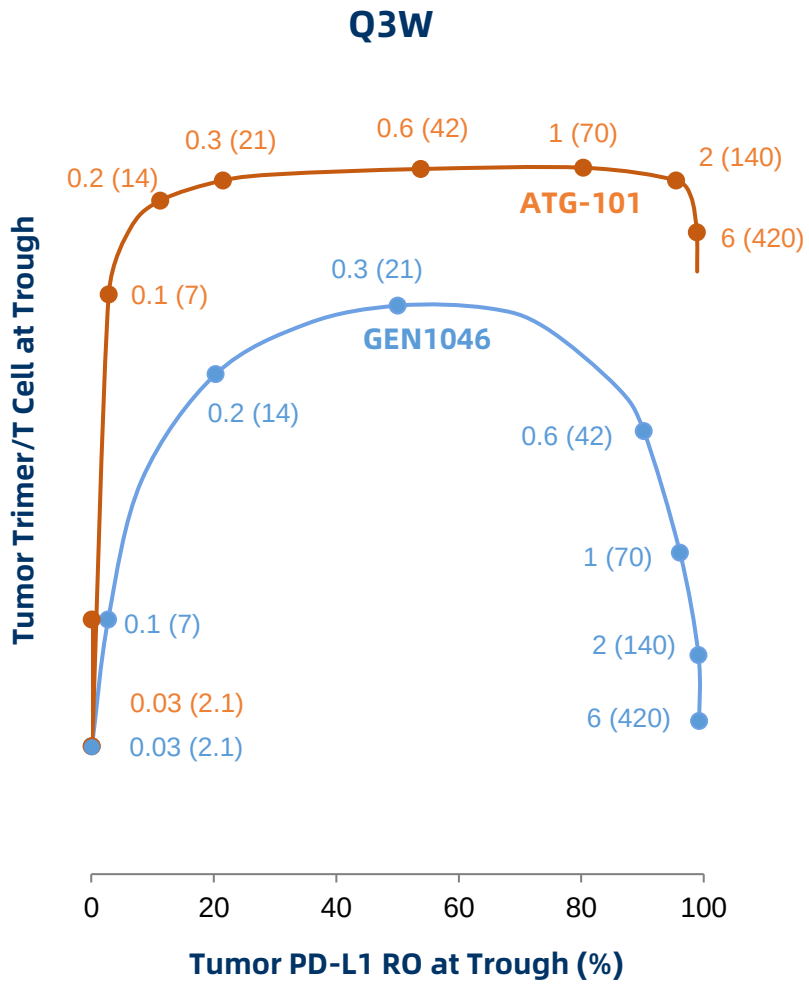
A Computational Semi-mechanistic Pharmacology Model Predicts that ATG-101 Induces Max Trimer Formation and >90% PD-L1 RO at 2mg/kg in Humans

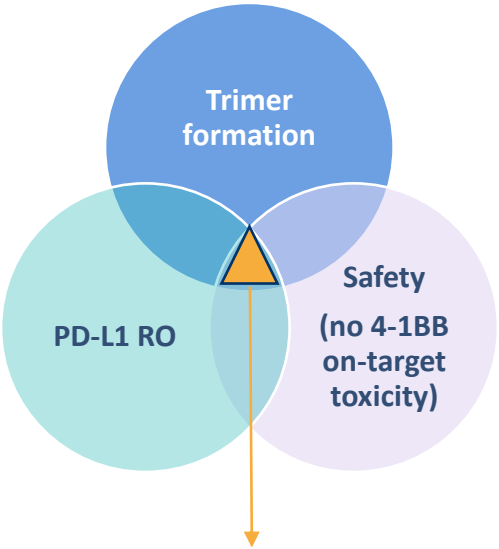
Model Structure and Strategy



Trans-cell complexes (i.e., trimers) are assumed to drive the **pharmacological activity of ATG-101**

Activation of Cytokine Release Cytotoxicity





Sweet Spot

The avidities of each arm of ATG-101 allows a dose level at which drug induces max trimer formation, >90% PD-L1 RO, with no 4-1BB on target toxicity

Source: SITC 2021

ATG-101 is Effective in Treating Anti-PD(L)1 Relapsed Tumor Models

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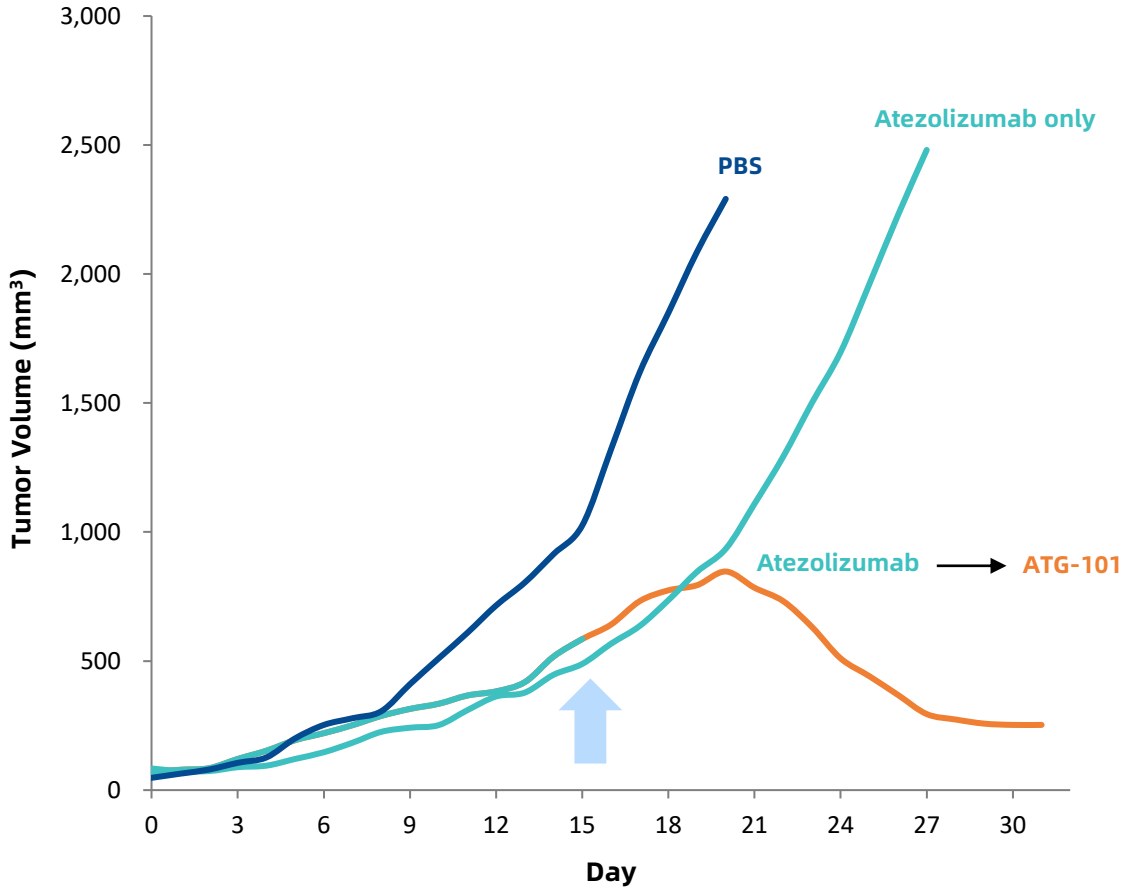
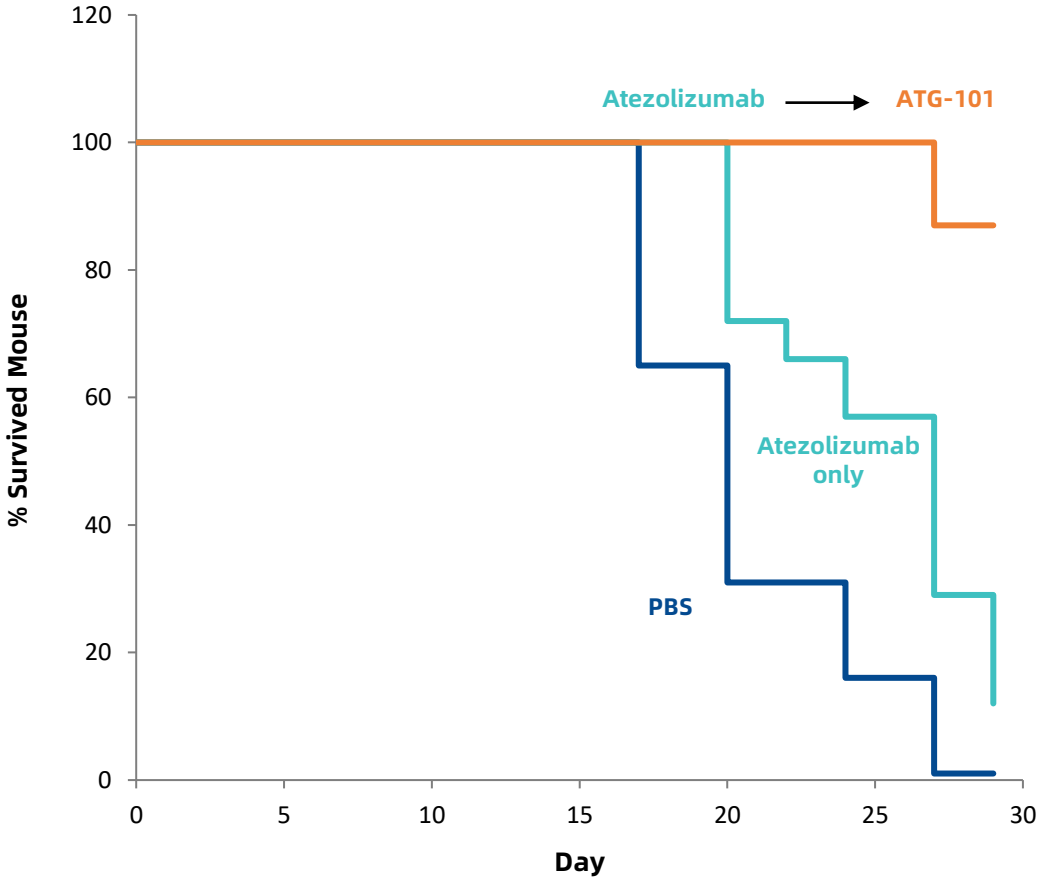
Anti-tumor Efficacy in Primary Anti-PD(L)1 Relapsed Tumor Models

Tumor Volume of Different Treatment Regimen Against Time



Survival Rate of Mouse (%) Against Time



ATG-101 (PD-L1/4-1BB): Phase I "PROBE" Study Underway, ODD in Pancreatic Cancer

Enrolling Patients with Advanced Solid Tumors and B-cell Non-Hodgkin's Lymphoma

ANTENGENE

Phase I, Multi-center, Open Label, Dose-finding Study Ongoing in Multiple Centers in the U.S., Australia and China*

Phase Ia: Dose Escalation

Primary Objectives:
Safety, tolerability RP2D definition (60 subjects)

Secondary Objectives:
Evaluate standard efficacy, pharmacology, immunology, biomarkers, exploratory measurements (ADA, TME, biodistribution)

Phase Ib: Dose Expansion

Evaluate results at 6 months in 8 solid tumor cohorts (12-40 subjects each)

- CPI-exposed patients: 2 cohorts
- CPI-naive patients: 6 solid tumor cohorts (TNBC, GBM, gastric cancers, HPV+HNSCC, cervical, NHL)

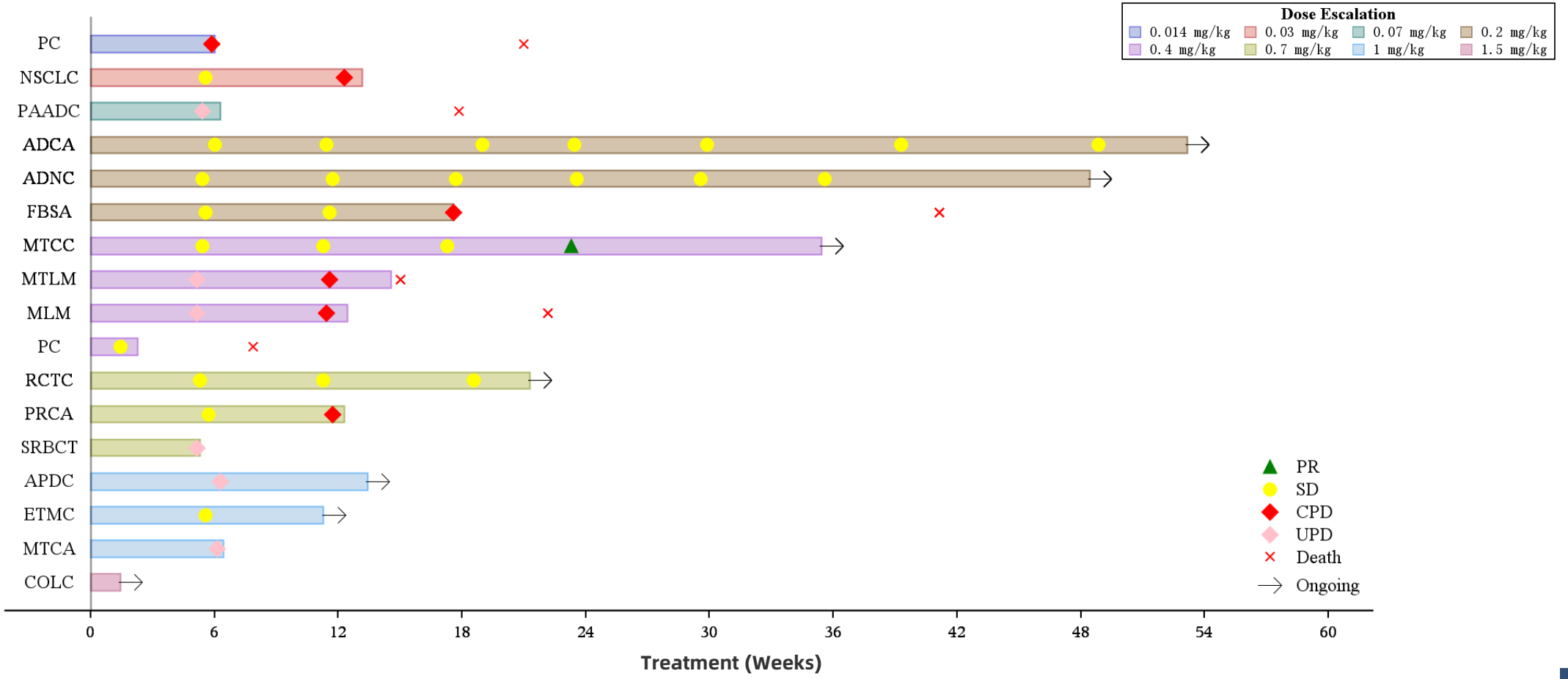
Dose Escalation Studies **Approaching Biologically Active Dose** with **Good Tolerability,** and has already **Reported Partial Response (PR)** and **Durable Stable diseases (SDs)** in Patients Treated at **Low Doses Levels;**
First Read out H1 2024

*PROBE-CN is underway in China; ADA: anti-drug antibody; BOIN: Bayesian optimal interval designs in higher dosing cohorts, CPI: checkpoint inhibitor; GBM: glioblastoma multiforme; HNSCC: head and neck squamous cell carcinoma; HPV: human papilloma virus;

ATG-101 (PD-L1/4-1BB): Durable Responses Observed in the "PROBE" Study for Patients with Advanced Solid Tumors and B-cell Non-Hodgkin Lymphoma

Preliminary Data (as of October 25th, 2023)

- Currently in dose escalation stage, enrolment ongoing
- Started to see durable stable disease (SD) from the 2nd dose level; the longest treatment duration is **over 12 months**



Preliminary data as of October 25th, 2023

Adenoid Cystic Carcinoma = ADCA; Adenocarcinoma Of The Cervix = ADNC; Appendiceal Cancer = APDC; Colon Cancer = COLC; Extraskeletal Myxoid Chondrosarcoma = ETMC; Fibrosarcoma = FBSA; Melanoma = MLM; Metastatic Colon Adenocarcinoma = MTCA; Metastatic Colon Cancer = MTCC; Metastatic Melanoma = MTLM; Non-Small Cell Lung Cancer (Squamous) = NSCLC; Pancreatic Adenocarcinoma = PAADC; Pancreatic Cancer = PC; Papillary Renal Cell Carcinoma = PRCA; Rectal Cancer = RCTC; Small Round Blue Cell Tumors = SRBCT

ATG-101 (PD-L1/4-1BB): Case Study of 53 y/o Female Metastatic Colon Adenocarcinoma Patient Achieving Partial Response in Cohort 5 (0.4 mg/kg) During Dose Escalation Study

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Summary of Patient

Patient	53 y/o, Female,
Diagnosis	Metastatic Colon Adenocarcinoma, initial diagnosis on Sep 16th, 2020; Tumor gene profile: MSS, KRAS mutated
ECOG Performance Status	Score 0
PROBE Study (ATG-101)	ICF - Feb 7th, 2023 Treatment - 0.4mg/kg Q3W (Cohort 5) C1D1 - Feb 20th, 2023 DLT Period Completion - Apr 2nd, 2023

Prior Anti-Cancer Therapies

Regimen	Start Date	End Date	Best Response	Discontinue Reason	PD After Therapy
Fluorouracil + Leucovorin + Oxaliplatin	Oct 23rd, 2020	Apr 20th, 2021	N/A	Unknow	Yes, Oct 12th, 2021
Fluorouracil + Leucovorin + Irinotecan + Bevacizumab	Oct 26th, 2021	Mar 1st, 2022	N/A	Complete Therapy	Yes, Aug 19th, 2022
Fluorouracil + Leucovorin + Irinotecan + Bevacizumab	Sep 21st, 2022	Jan 17th, 2023	N/A	Poor Tolerance (Fatigue)	Yes

Preliminary data as of October 25th, 2023

Medical/Surgical History & Medications

Medical History

▪ Anxiety	2020-
▪ Arthralgia	2020-
▪ Insomnia	2020-
▪ Gastroesophageal Reflux Disease (GERD)	2017-

Surgical History

▪ Liver Resection	Jun 1st, 2021
▪ Colectomy	Sep 17th, 2020
▪ Cholecystectomy	2007
▪ Gastric Bypass	2007

Medications (& indications)

▪ Gabapentin	(Neuropathy)	2021-
▪ Zolpidem	(Insomnia)	2020-
▪ Escitalopram Oxalate	(Anxiety)	2020-
▪ Acetaminophen	(Arthralgia)	2020-
▪ Ondansetron ▪ Prochlorperazine	(Nausea)	2020-

ATG-101 (PD-L1/4-1BB): Case Study of 53 y/o Female Metastatic Colon Adenocarcinoma Patient Achieving Partial Response in Cohort 5 (0.4 mg/kg) During Dose Escalation Study

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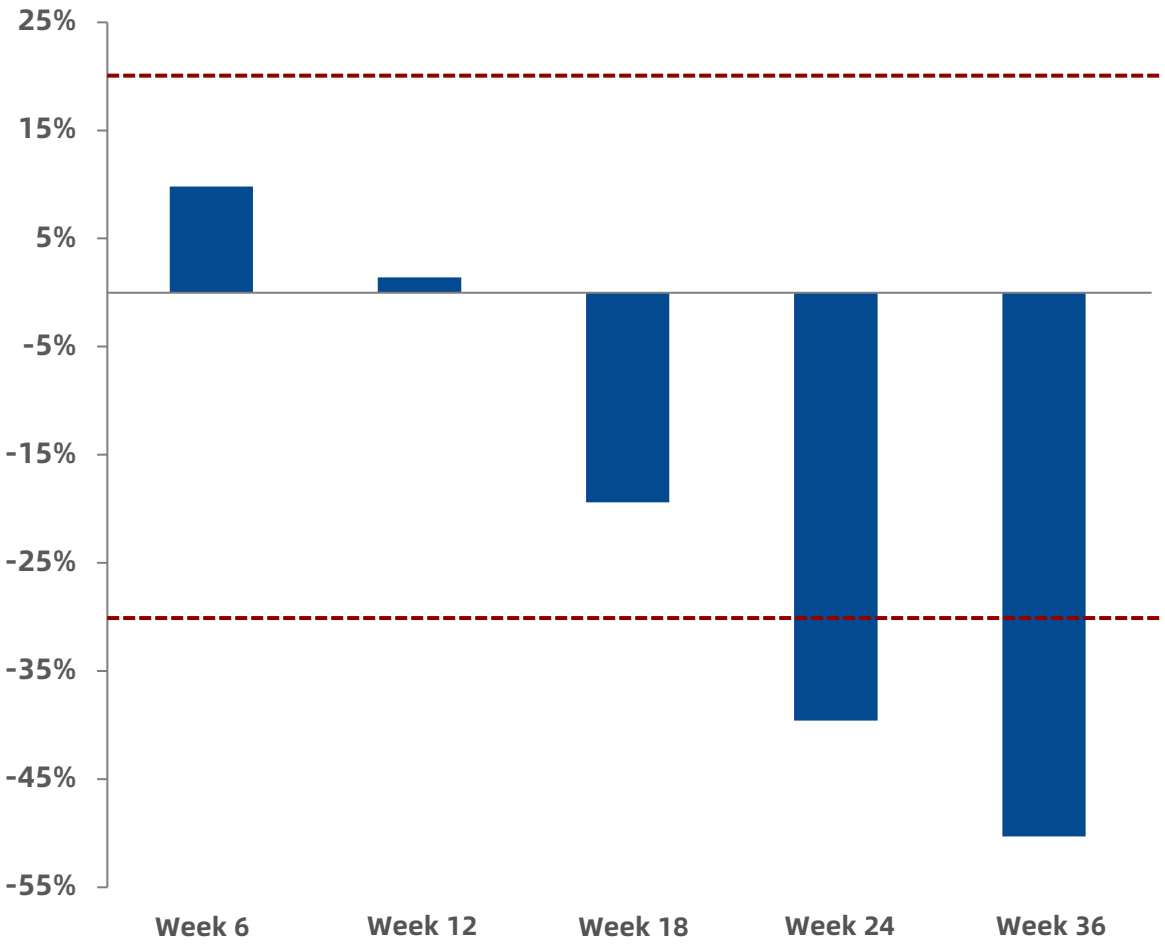
Tumor Evaluation – Target Lesion Change from Baseline



Preliminary data as of October 27th, 2023

Safety Profile

	NCI CTCAE Grade	Relationship to ATG-101	Action Taken with ATG-101
Constipation	Grade 1	Not Related	Dose Not Changed
Back pain	Grade 1	Not Related	Dose Not Changed
Fatigue	Grade 1	Not Related	Dose Not Changed
Chills	Grade 1	Not Related	Dose Not Changed
Constipation	Grade 1	Not Related	Dose Not Changed
Abdominal pain lower	Grade 1	Not Related	Dose Not Changed
Urinary tract infection	Grade 2	Not Related	Dose Not Changed
Ankle fracture	Grade 2	Not Related	Dose Not Changed
Joint injury	Grade 2	Not Related	Dose Not Changed
Blood thyroid stimulating hormone increased	Grade 1	Related	Dose Not Changed
Hypothyroidism	Grade 2	Related	Dose Not Changed
Contusion	Grade 1	Not Related	Dose Not Changed
Anemia	Grade 2	Not Related	Dose Not Changed

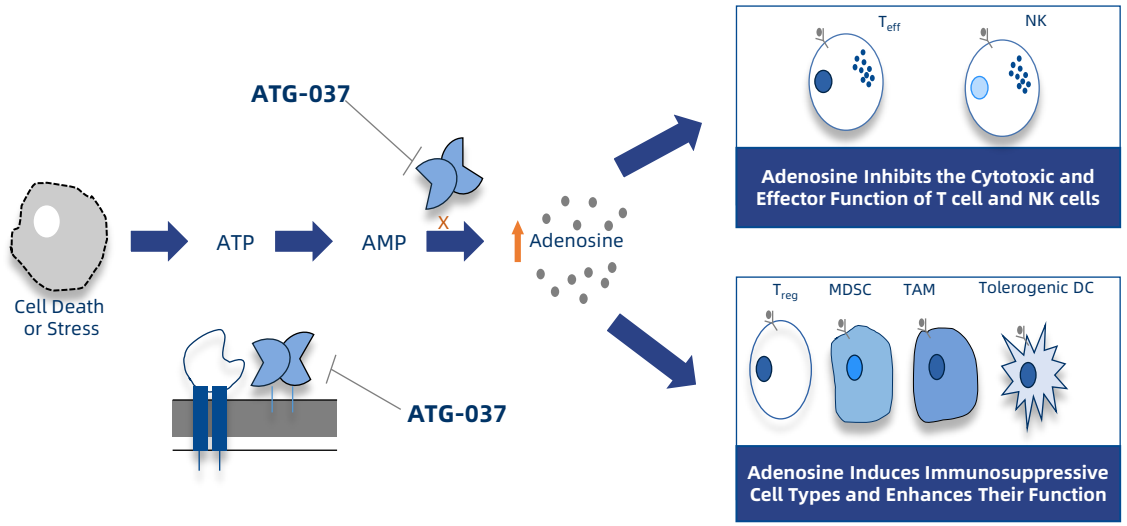
ATG-037: Orally Available Small Molecule Inhibitor of CD73 with Best-in-Class Potential

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**

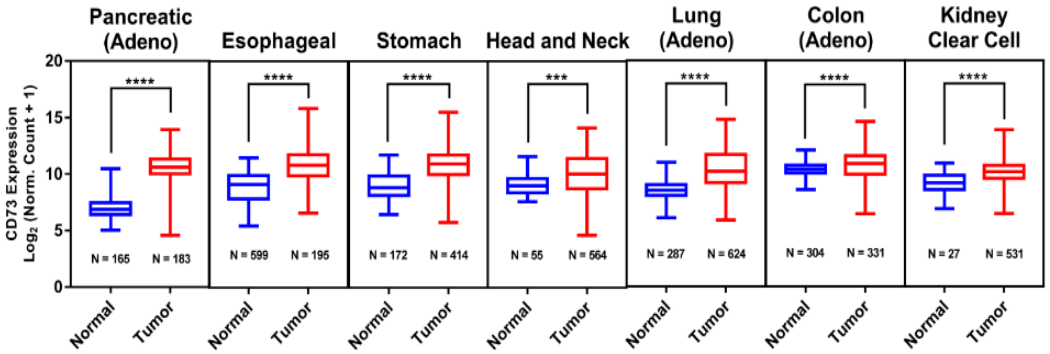


Excellent Safety Profile

- **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-037 Demonstrates *In Vivo* Synergy with Chemotherapy, Checkpoint Inhibitors and ATG-010 (Selinexor)

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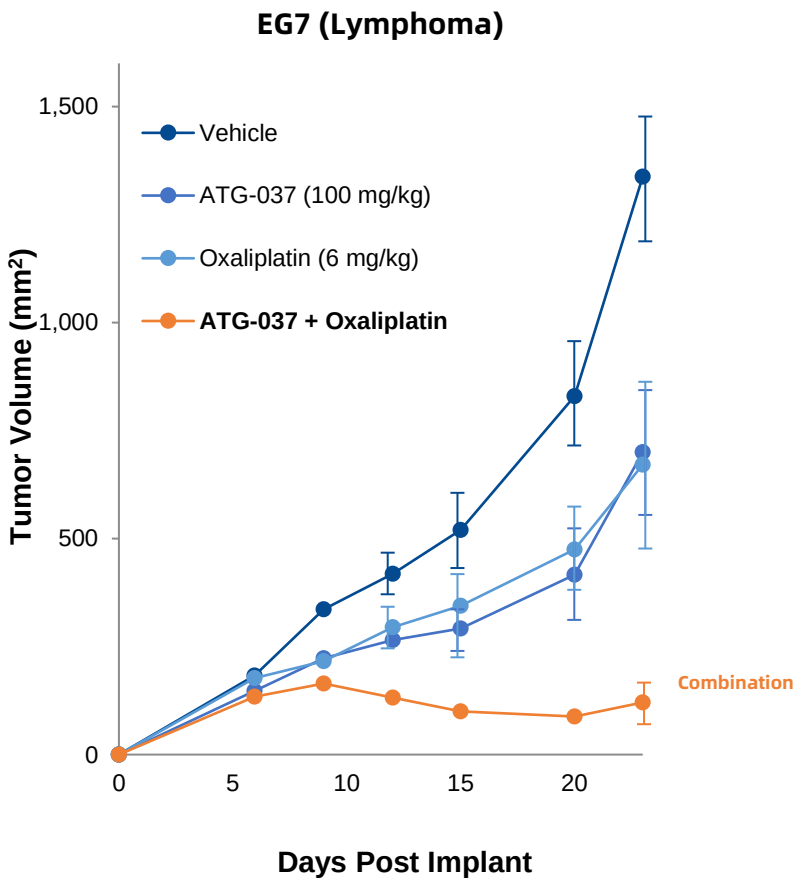
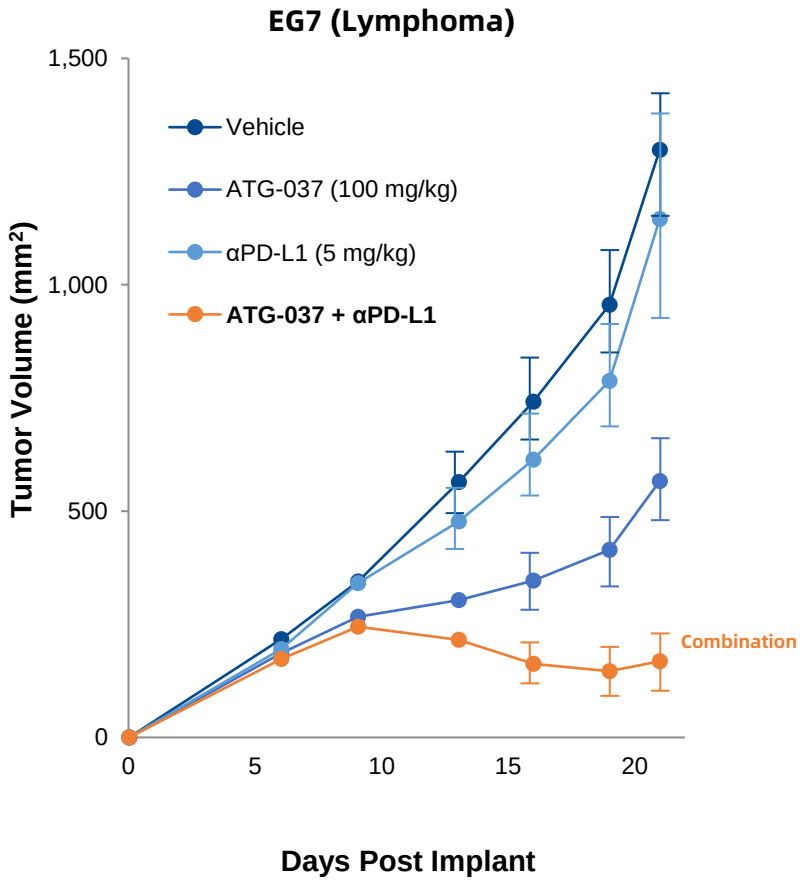
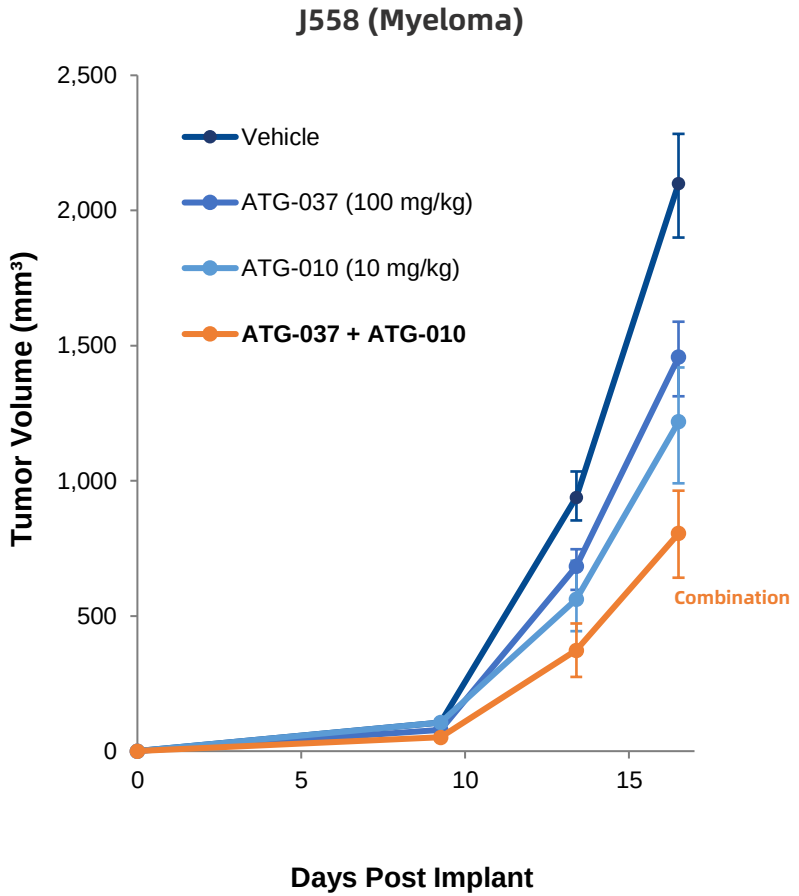
In Vivo Synergy with Chemotherapy in Mouse EG7 Lymphoma



In Vivo Synergy with Anti-PD-L1 in Mouse EG7 Lymphoma Model



In Vivo Synergy with ATG-010 (Selinexor) in Mouse J558 Myeloma Model



ATG-037 (CD73): Phase I "STAMINA" Study Underway

Monotherapy and Combination with Anti-PD-1, Pembrolizumab

ANTENGENE

Phase I, Multi-center, Open Label, Dose-finding Study Ongoing in Australia and China

Phase I/Ib: Dose Escalation and Dose Expansion

Multi-center, open label study, starting in Australia and China

Evaluating monotherapy and combination therapy with pembrolizumab

Combination plan: 2 cycles of ATG-037 monotherapy, followed by combination with pembrolizumab

Patients and Dosing

Patients with locally advanced or metastatic solid tumors: Dose Expansion: CPI-naïve (CRPC, CRC, ovarian) and CPI-resistant (NSCLC, SCCHN, etc.)

Dose Escalation:
20, 60, 120, 240, 400, 600 mg, BID

Objectives of the Study

Primary Objectives:
Safety, tolerability monotherapy and pembrolizumab combination therapy. RP2D definition

Secondary Objectives:
Evaluate preliminary efficacy, characterize pharmacology (PK/PDx profile)

16 Patients Treated in the Optional Combination Dose Escalation with Pembrolizumab; First Read out H1 2024

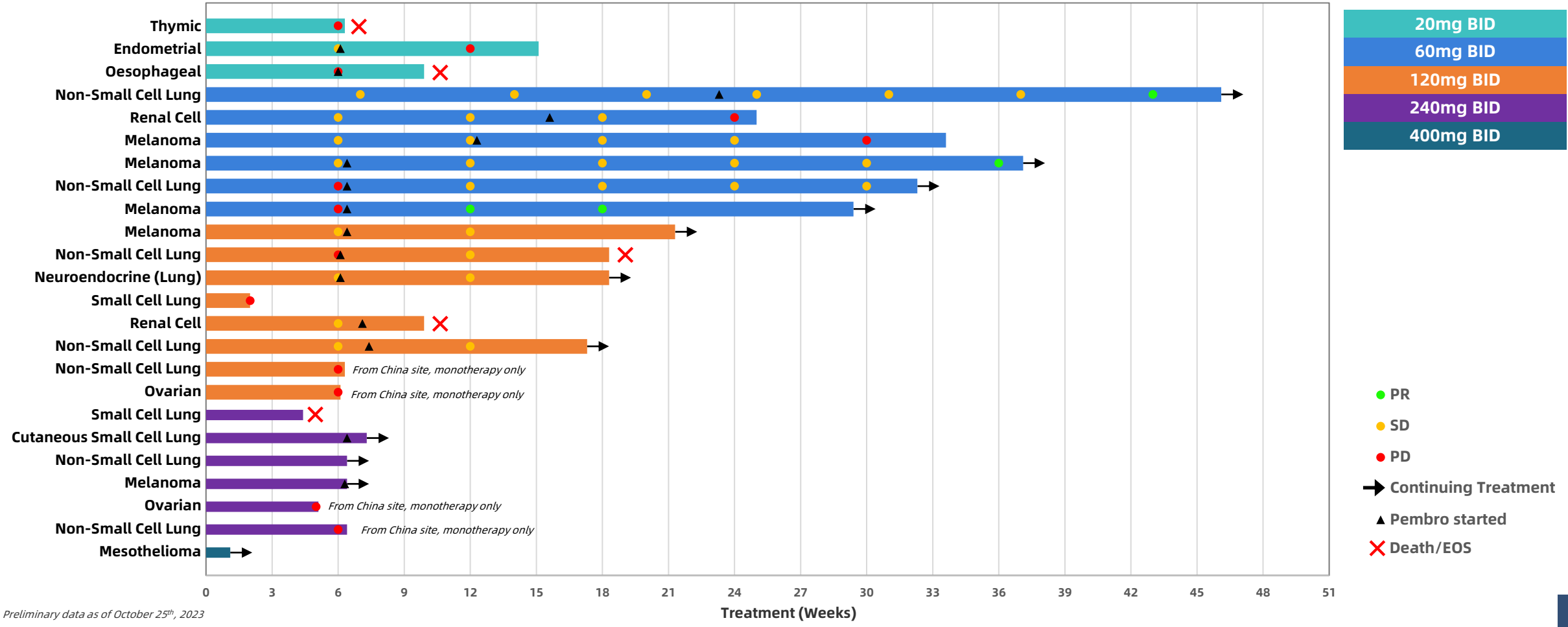
CPI= Checkpoint inhibitor, CRPC = castration-resistant prostate cancer, CRC = colorectal cancer, NSCLC = non-small cell lung cancer, SCCHN = Squamous cell carcinoma of the Head and Neck, RP2D = recommended Phase 2 dose, PK = pharmacology, PD = pharmacodynamics

Clinical Collaboration with MERCK

ATG-037 (CD73): Swimmer's Plot in the Phase I "STAMINA" Trial

Preliminary Data (as of October 25th, 2023)

- Currently in dose escalation stage, enrolment ongoing
- 25 patients enrolled, 20 have had at least one tumor assessment after C1D1, a total of **3 patients have achieved partial response (PR)**



Preliminary data as of October 25th, 2023

ATG-037 (CD73): Case Study of 83 y/o Male Melanoma Patient Achieving Partial Response in the Optional Combination Dose Escalation with Pembrolizumab

ANTENGENE

Summary of Patient

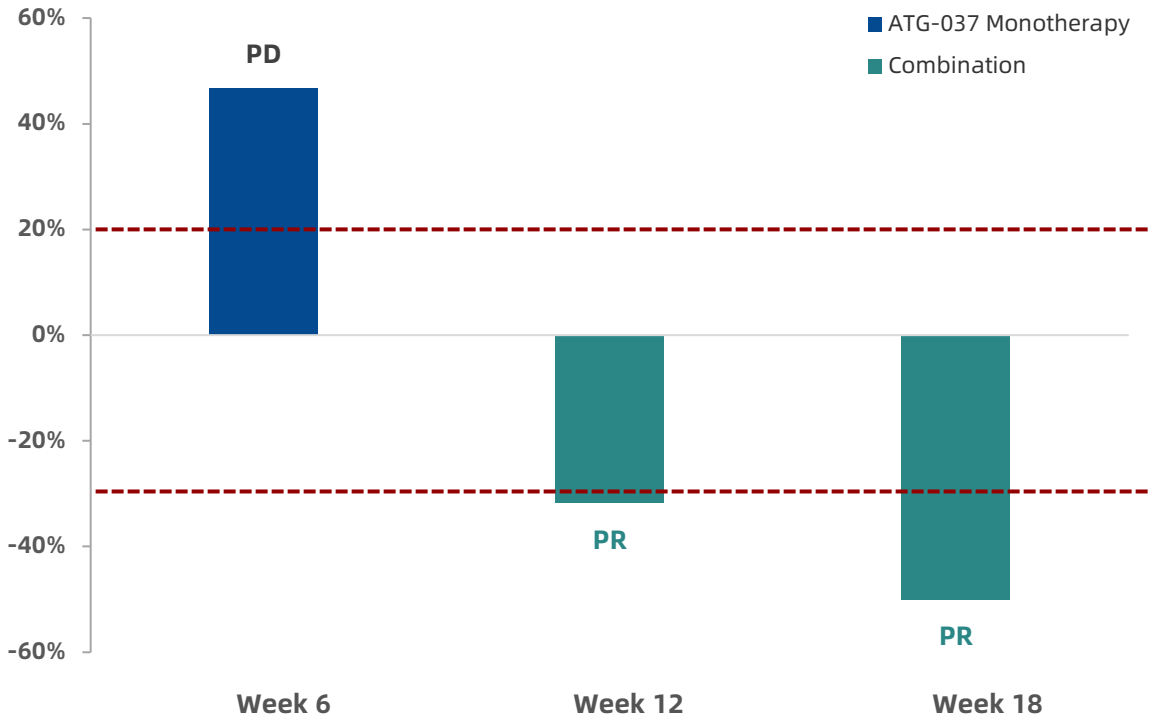
Patient	83 y/o, Male, Metastatic Melanoma
Initial Diagnosis	Apr 12th, 2021; T4N2M1
ECOG PS	1
PD-L1/CD73 Expression	N/A
STAMINA Study Treatment	ATG-037 60 mg BID, C1D1 - Apr 5th, 2023; DLT Period Completion - Apr 25th, 2023 Pembrolizumab 200 mg Q3W, dosed from Cycle 3 (May 17th, 2023)

Prior Systemic Anti-Cancer Therapy

Regimen	Start Date	End Date	Best Response	Discontinue Reason
Bempegaldesleukin (IL-2) + Nivolumab	Jul, 2021	Oct, 2021	Unknown	Progressive Disease
Ipilimumab + Nivolumab	Oct, 2021	Oct, 2022	Complete Response	Progressive Disease

Preliminary data as of October 25th, 2023
* Per RECIST1.1, this is a confirmed PR

Tumor Evaluation – Target Lesion Change from Baseline



Safety Profile

- No TEAE was reported thus far

ATG-037 (CD73): Case Study of 66 y/o Male Non-Small Cell Lung Cancer Patient Achieving Partial Response in the Optional Combination Dose Escalation with Pembrolizumab

ANTENGENE

Summary of Patient

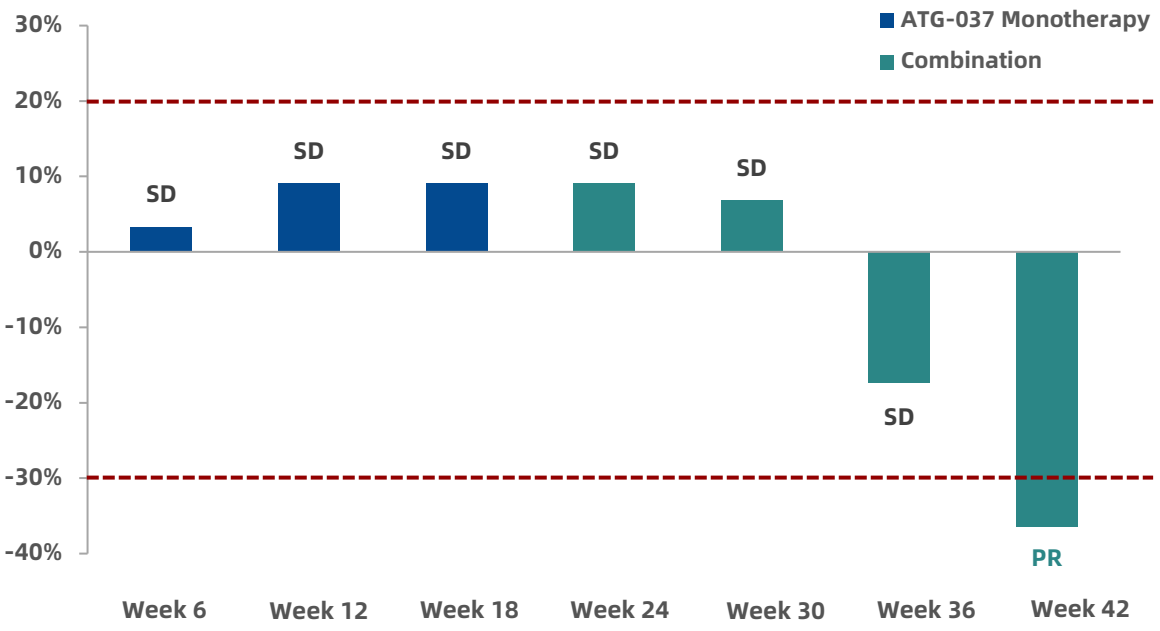
Patient	66 y/o, Male, Metastatic Non-small Cell Lung Cancer (Adenocarcinoma)
Initial Diagnosis	Jul 2nd, 2019; T3NxM1
ECOG PS	1
PD-L1/CD73 Expression	PD-L1 (22C3) TPS 85%; TAICs 10%; CD73: CD73+ Tumor cell 85%; TAICs 50%
STAMINA Study Treatment	ATG-037 60 mg BID, C1D1 - Dec 9th, 2022; DLT Period Completion - Jan 8th, 2023 Pembrolizumab 200 mg Q3W, dosed from Cycle 8 (May 18th, 2023)

Prior Systemic Anti-Cancer Therapy

Regimen	Start Date	End Date	Best Response	Discontinue Reason
Pemetrexed + Carboplatin	Jul, 2019	Sep, 2019	CR	Addition of IO
Pemetrexed + Pembrolizumab	Aug 15th, 2019	Dec 18th, 2019	PR	Toxicity
Pembrolizumab	Feb 26th, 2020	Apr 21st, 2022	PR	Progressive Disease

Preliminary data as of October 25th, 2023
* Per RECIST1.1, this is a confirmed PR

Tumor Evaluation – Target Lesion Change from Baseline



Safety Profile

TEAE	NCI CTCAE Grade	Relationship to ATG-037	Action Taken with ATG-037
Left Leg Tingling	Grade 1	Unrelated	Dose Not Changed
Pancreatitis (Biochemical, not clinical, not symptomatic)	Grade 1	Related	Drug Interrupted

ATG-037 (CD73): Case Study of 54 y/o Male Melanoma Patient Achieving Partial Response in the Optional Combination Dose Escalation with Pembrolizumab

ANTENGENE

Summary of Patient

Patient	54 y/o, Male, Metastatic Melanoma
Initial Diagnosis	Oct 19th, 2021; T4N3M1
ECOG PS	1
PD-L1/CD73 Expression	PD-L1 (22C3): TPS 0%; TAICs 1%; CD73: CD73+ Tumor cell 30%; TAICs 100%
STAMINA Study Treatment	ATG-037 60 mg BID, C1D1 - Feb 10th, 2023; DLT Period Completion - Mar 2nd, 2023 Pembrolizumab 200 mg Q3W, dosed from Cycle 3 (Mar 24th,2023)

Prior Systemic Anti-Cancer Therapy

Regimen	Start Date	End Date	Best Response	Discontinue Reason
Nivolumab + Investigative Drug (Target Unknown)	Feb 1st, 2022	Jul 19th, 2022	Progressive Disease	Progressive Disease
Investigative Drug (Interleukin based drug)	Sep 6th, 2022	Jan 10th, 2023	Stable Disease	Toxicity

Preliminary data as of October 25th, 2023
* Per RECIST1.1, this is a confirmed PR

Tumor Evaluation – Target Lesion Change from Baseline

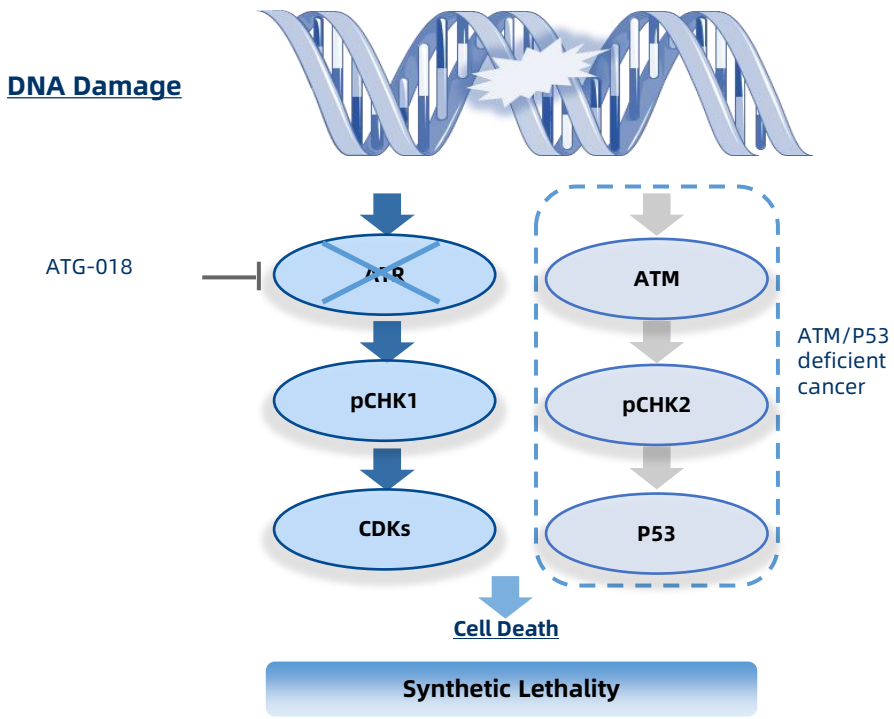
Safety Profile

TEAE	NCI CTCAE Grade	Relationship to ATG-037	Action Taken with ATG-037
Productive Cough	Grade 1	Unrelated	Dose Not Changed
Joint Pain	Grade 1	Unrelated	Dose Not Changed
Dry Mouth	Grade 1	Unrelated	Dose Not Changed
Pruritis	Grade 1	Unrelated	Dose Not Changed
Soft tissue injury	Grade 1	Unrelated	Dose Not Changed

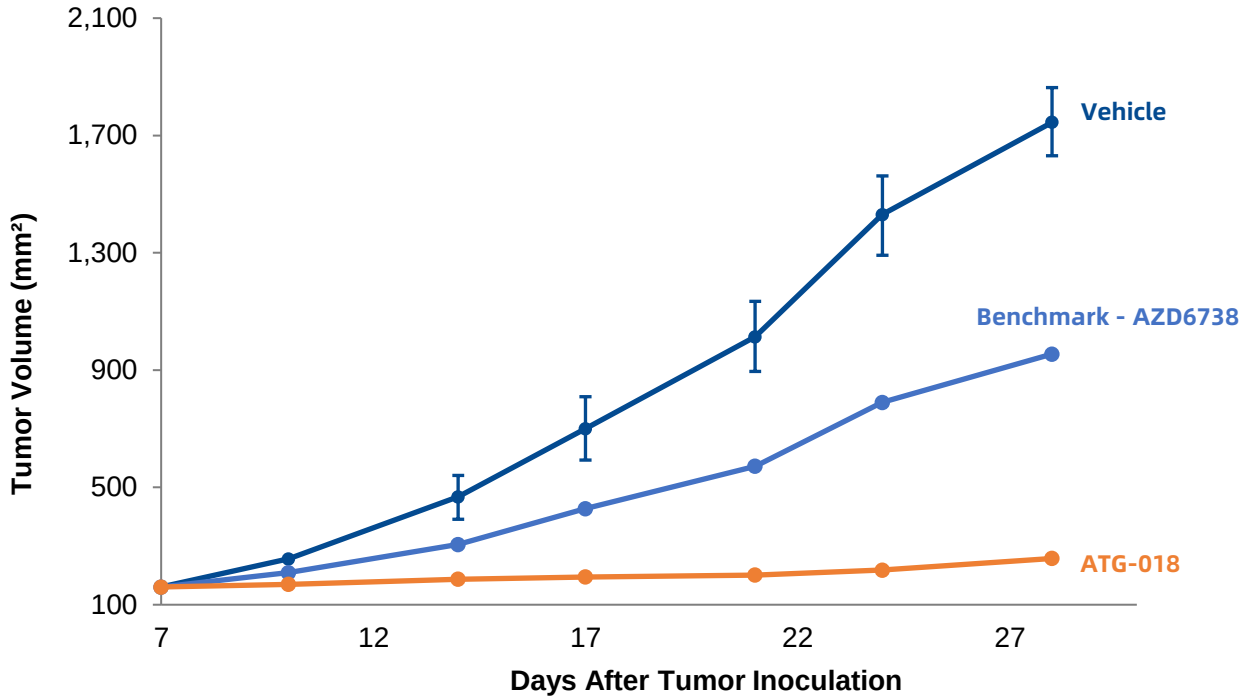
ATG-018 is an Oral and Highly Selective Small Molecule Inhibitor of ATR that may Improve on Benchmark ATR Inhibitors

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



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-018 (ATR): Phase I "ATRIUM" Trial Underway

Enrolling Patients with Advanced Solid Tumors and Hematological Malignancies

ANTENGENE

Phase I, Multi-center, Open Label, Dose-finding Study Ongoing in Australia

Phase Ia: Dose Escalation

Primary objectives:

Safety, tolerability. Define MTD and RP2D

Secondary objectives:

Evaluate preliminary efficacy and pharmacology

Phase Ib: Dose Expansion

RP2D dose evaluation as a monotherapy

Currently Enrolling Patients in the Middle of the Dose Escalation Stage

MTD = maximally tolerated dose, RP2D = recommended Phase 2 dose

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

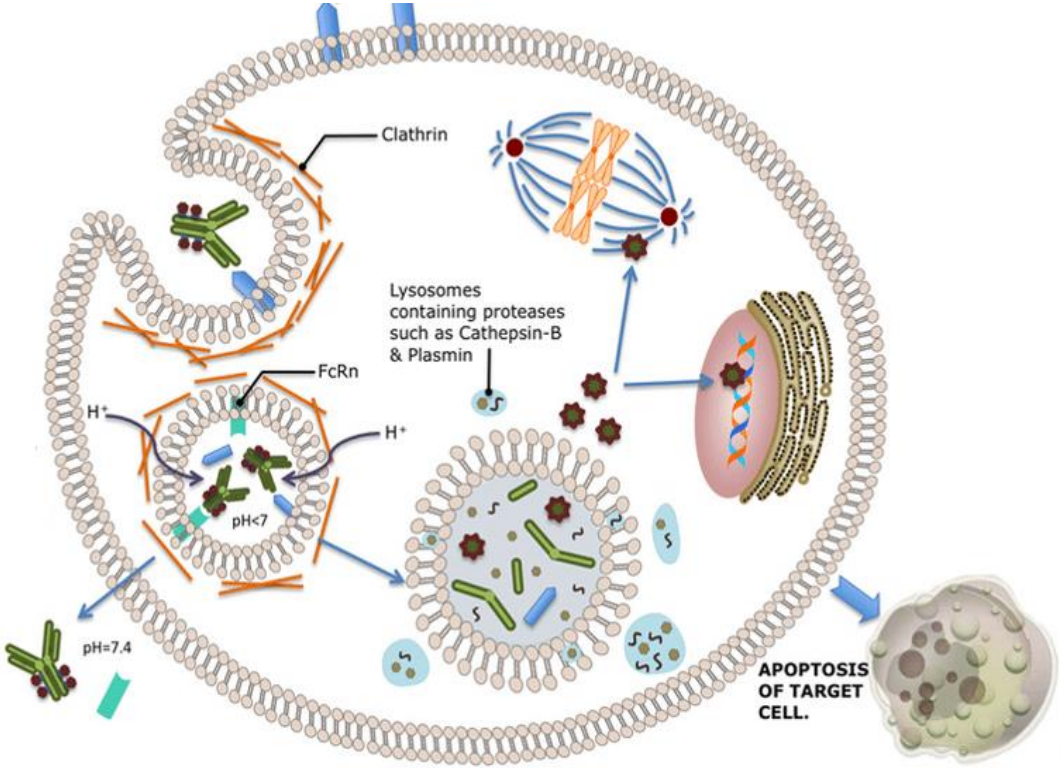
- Claudin 18.2 is a **tumor-associated antigen** overexpressed particularly in gastric, esophageal and pancreatic cancers, occasionally in other tumors including lung, ovarian, and head & neck malignancies
- Clinical ADC candidate with **vc-MMAE as linker payload (DAR4)**

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



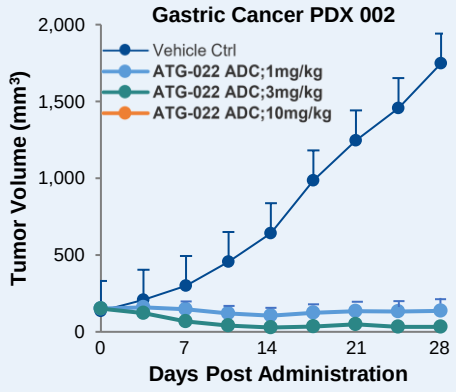
Christina Peters, Stuart Brown
Antibody-drug conjugates as novel anti-cancer chemotherapeutics

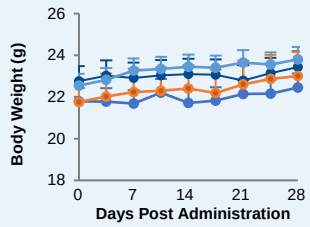
ATG-022 Demonstrated Strong *In Vivo* Efficacy in Various Claudin 18.2 Level PDX Models

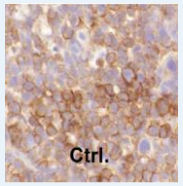
ANTENGENE

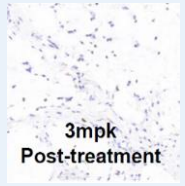
High Expression Level of Claudin 18.2

ATG-022 Induced Tumor Regression (TR) or Complete Remission (CR)

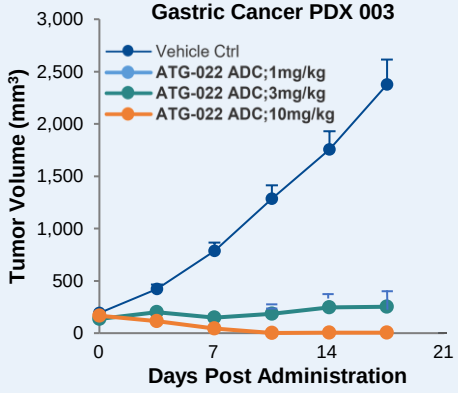


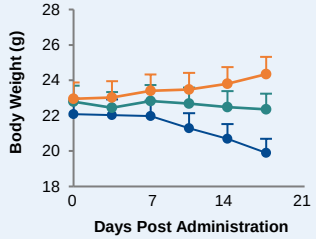


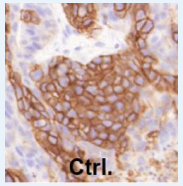


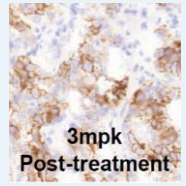


Model	CLDN18.2 Expression		TGI%		
	Positive%	IHC Intensity	1mpk	3mpk	10mpk
PDX002	90%	1+~2+	TR	TR	CR





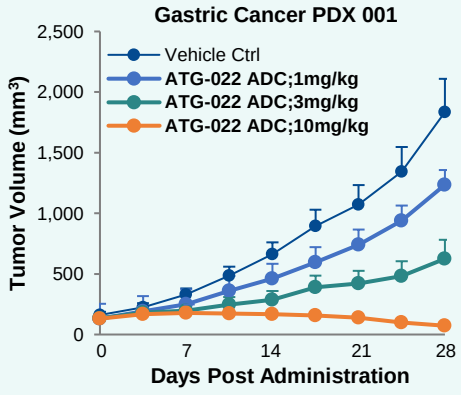


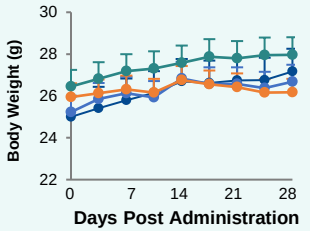


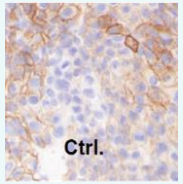
Model	CLDN18.2 Expression		TGI%	
	Positive%	IHC Intensity	3mpk	10mpk
PDX003	70%	2+~3+	94%	CR

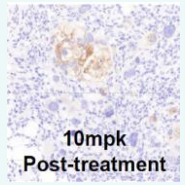
Moderate Expression Level of Claudin 18.2

ATG-022 Induced Tumor Regression (TR) or Complete Remission (CR)





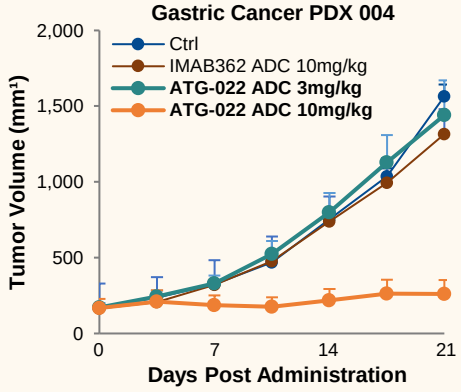


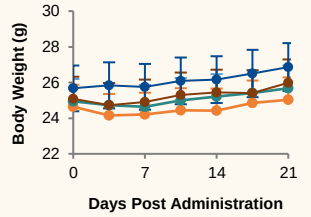


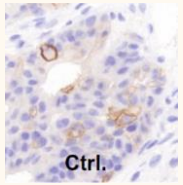
Model	CLDN18.2 Expression		TGI%		
	Positive%	IHC Intensity	1mpk	3mpk	10mpk
PDX001	60%	1+	35%	72%	TR

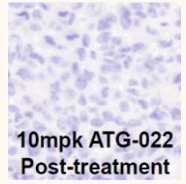
Extremely Low Expression Level of Claudin 18.2

ATG-022 Inhibited Tumor Growth









Model	CLDN18.2 Expression		TGI%		
	Positive%	IHC Intensity	BMK	3mpk	10mpk
PDX004	<5%	0~1+	NS	NS	93

Source: AACR 2022.

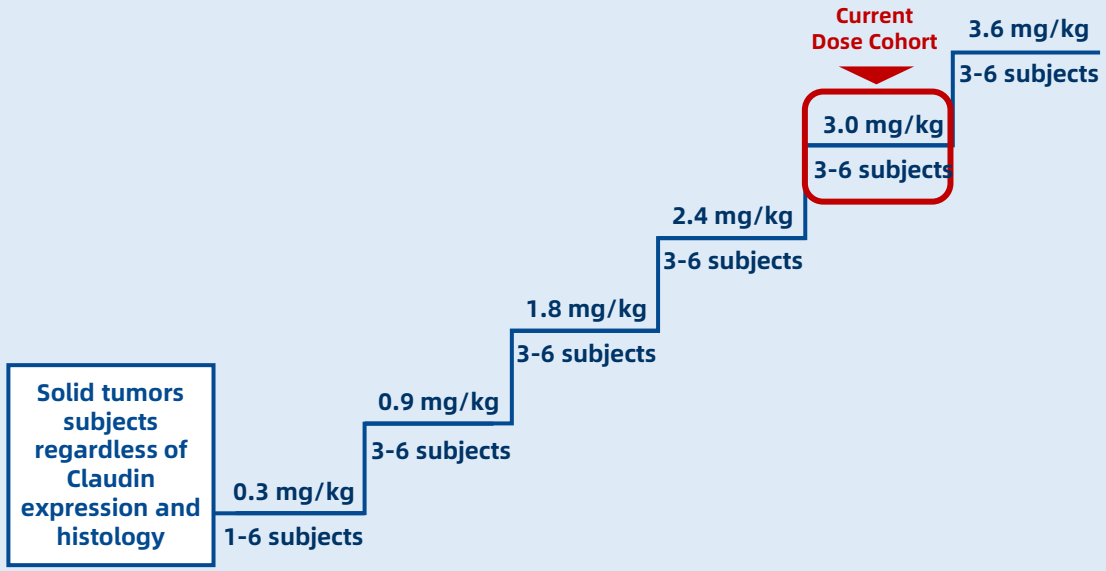
ATG-022 (Claudin 18.2 ADC): Phase I "CLINCH" Trial Enrollment Underway

Enrolling Patients with Advanced/Metastatic Solid Tumors

ANTENGENE

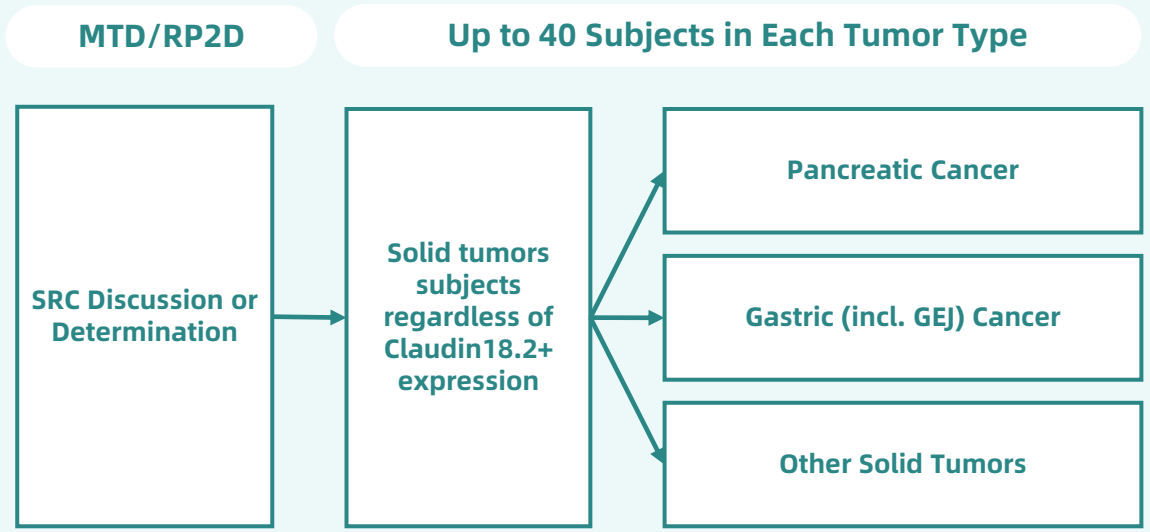
Phase I, Open-label, Multi-center, Dose-finding Study Ongoing with Multiple Centers in Australia and the Mainland of China

Phase Ia: Dose Escalation



Primary Objectives: Safety, tolerability. Define MTD and RP2D
Secondary Objectives: Evaluate preliminary efficacy (RECIST 1.1), measure ADA, CLDN18.2 expression
CLDN18.2 Status: No expression requirements

Phase Ib: Dose Expansion



Approximately 120 subjects, depending on the number of cohorts to be expanded.
3 cohorts (pancreatic, gastric, advanced solid tumors)
CLDN18.2+ tumors only. No prior CLDN18.2 agents

First Read out H1 2024

ADA: anti-drug antibody; MTD = maximally tolerated dose, RP2D = recommended Phase 2 dose

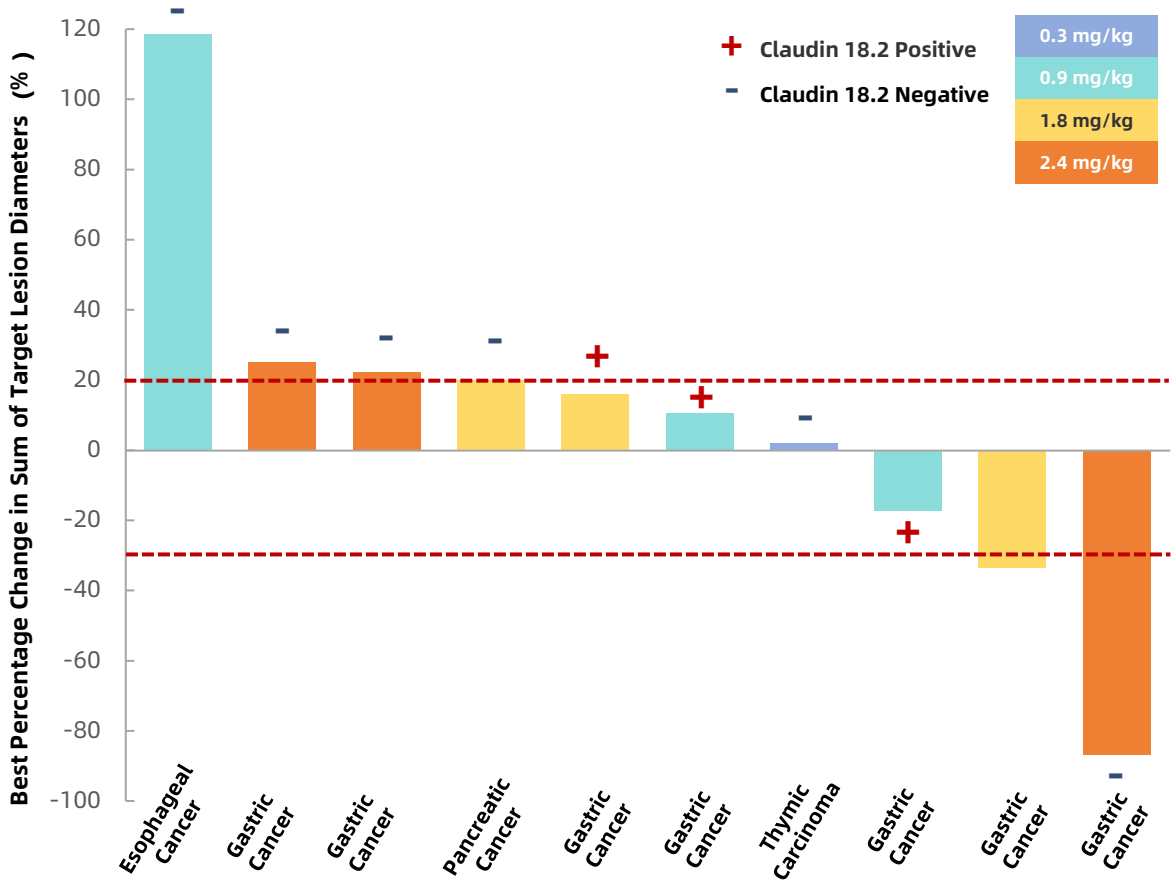
ATG-022 (Claudin 18.2 ADC): Preliminary Efficacy in the Phase I "CLINCH" Trial

ANTENGENE

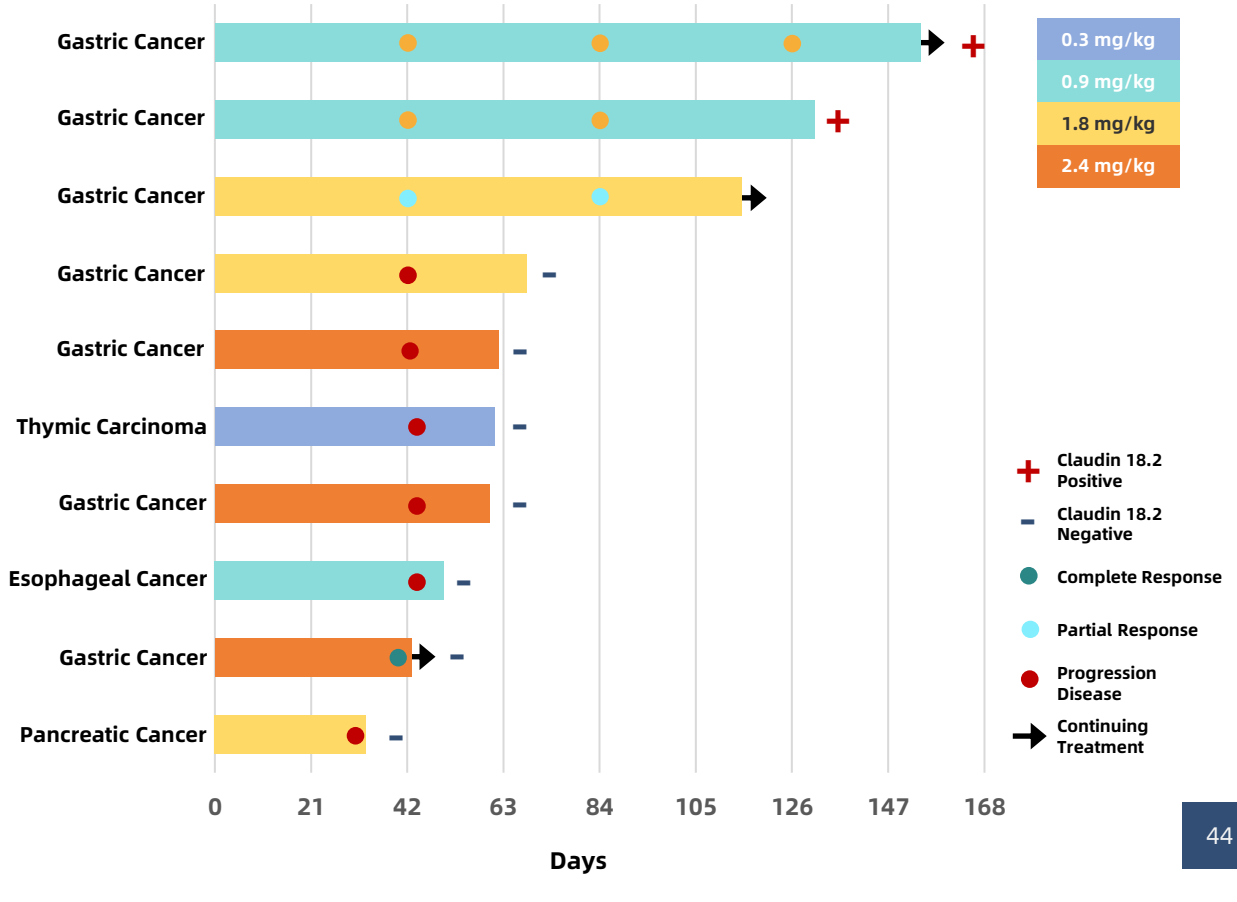
Preliminary Efficacy (as of October 18th, 2023)

- Currently in dose escalation stage, enrolment ongoing
- **10 patients** had at least the first tumor assessment data
- **1 PR from 1.8mg/kg dose level observed** and **1 CR from 2.4mg/kg dose level observed**

Efficacy Summary - Waterfall Plot



Efficacy Summary - Swimmer Plot



ATG-022 (Claudin 18.2): Case Study of 54 y/o Female Gastric Cancer Patient Achieving Partial Response in Cohort 3 (1.8 mg/kg) During Dose Escalation Study

ANTENGENE

Summary of Patient	
Patient	54 y/o, Female, Gastric Cancer (date of initial diagnosis: Sep 21st, 2022)
Cohort (Dose of ATG-022)	Cohort 3 (1.8 mg/kg)
Claudin 18.2 Expression	To be examined
Prior Systematic Anti-cancer Therapy	• Research drug SHR-1701/Placebo + Oxaliplatin + Capecitabine (Sep 30th, 2022 to Feb 21st, 2023) • Jintuximab + Paclitaxel (Mar 29th, 2023 to Jun 9th, 2023)

Tumor Evaluation	Baseline	Week 6
T1: Stomach	51.3 mm	28.8 mm
T2: Abdominal Wall	54.9 mm	41.9 mm
Sum	106.2 mm	70.7 mm
RECIST 1.1	N/A	**Partial Response**

Reported TEAEs During DLT Period (Completed on Aug 1st, 2023)	NCI CTCAE (Toxicity) Grade	Relationship to ATG-022	Action Taken with ATG-022
Headache	Grade 1	Related	Dose Not Changed
Pruritus	Grade 1	Not related	Dose Not Changed
Nausea	Grade 2	Related	Dose Not Changed
Vomiting	Grade 2	Related	Dose Not Changed
Upper Abdominal Pain	Grade 2	Related	Dose Not Changed

ATG-022 (Claudin 18.2): Case Study of 68 y/o Male Gastric Cancer Patient Achieving Complete Response in Cohort 4 (2.4 mg/kg) During Dose Escalation Study

ANTENGENE

Summary of Patient	
Patient	68 y/o, Male, Gastric Cancer (date of initial diagnosis: Sep 15th, 2021)
Cohort (Dose of ATG-022)	Cohort 4 (2.4 mg/kg)
Claudin 18.2 Expression	Negative
Prior Systematic Anti-cancer Therapy	• Nivolumab + FOLFOX 6 M (Oct 6th, 2021 to Apr 6th, 2022) • LM108 + Pembrolizumab (Mar 27th, 2023 to Jul, 2023)

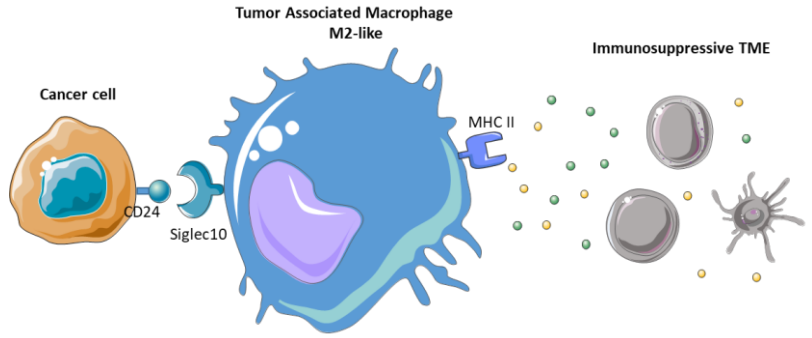
Tumor Evaluation		
	Baseline	**Week 6**
T1: Lymph Node	17 mm	4 mm
T2: Stomach	13 mm	0 mm
Sum	30 mm	4 mm
RECIST 1.1	N/A	**Complete Response**

Reported TEAEs During DLT Period (Completed on Aug 1st, 2023)			
	NCI CTCAE (Toxicity) Grade	**Relationship to ATG-022**	**Action Taken with ATG-022**
Fatigue	Grade 1	Related	Dose Not Changed
Poor Appetite	Grade 1/2	Related	Dose Not Changed
Diarrhoea	Grade 2	Related	Dose Not Changed
Vomiting	Grade 2/3	Related	Dose Not Changed
Nausea	Grade 2/3	Related	Dose Not Changed

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

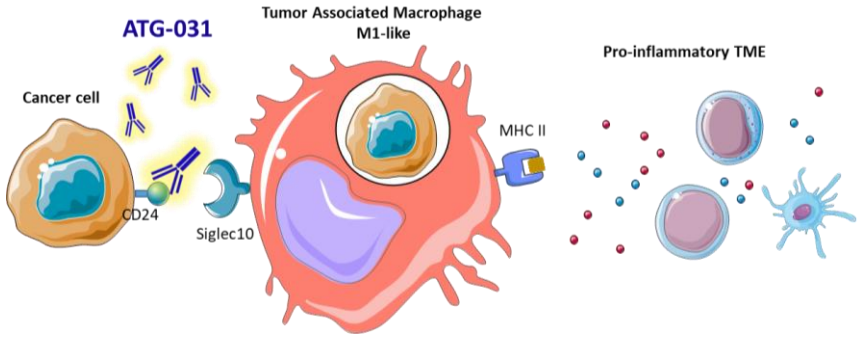
Summary of ATG-031

- CD24 is a novel "don't eat me" target not expressed in healthy erythrocytes, thus **potentially overcoming the pharmacological issues and red cell toxicity commonly seen with CD47 antibodies**
- **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**
- **First-in-human, multi-center, open-label, Phase I clinical study of ATG-031 is on-going in the United States, led by MD Anderson Cancer Center**



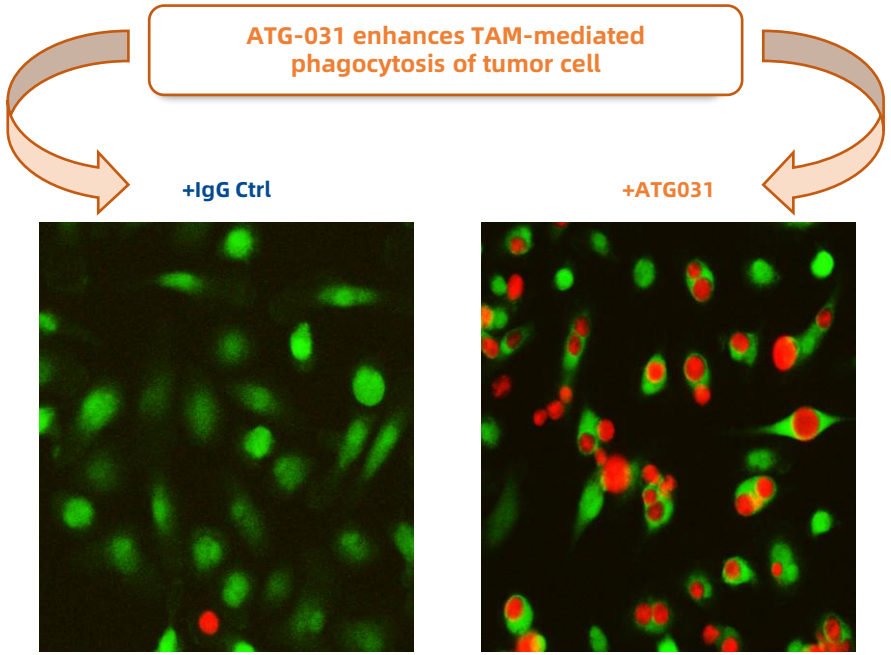
"Don't Eat Me"

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



"Eat Me"

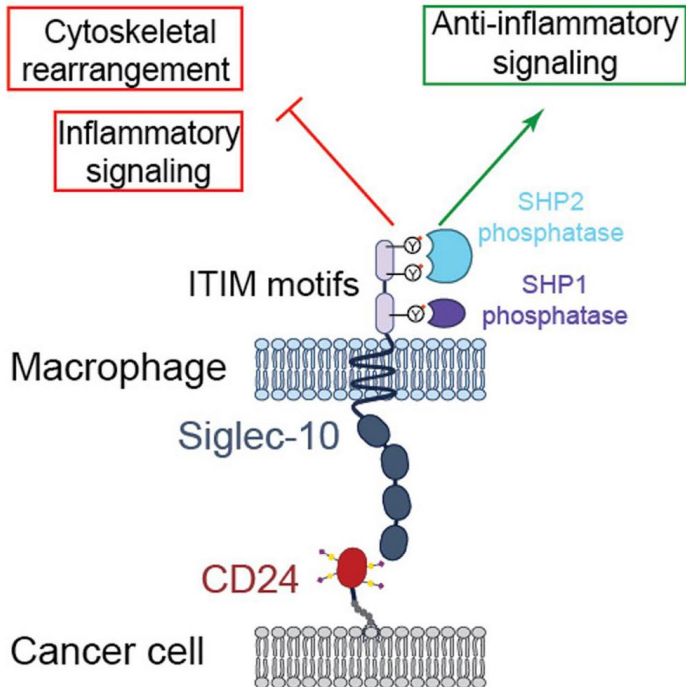
- Increased phagocytosis
- M1-like Tumor Associated Macrophage
- Pro-inflammatory Tumor Microenvironment
- Enhanced Tumor Antigen presentation
- Activated T and NK cells



Rationale for Targeting CD24 in Cancer

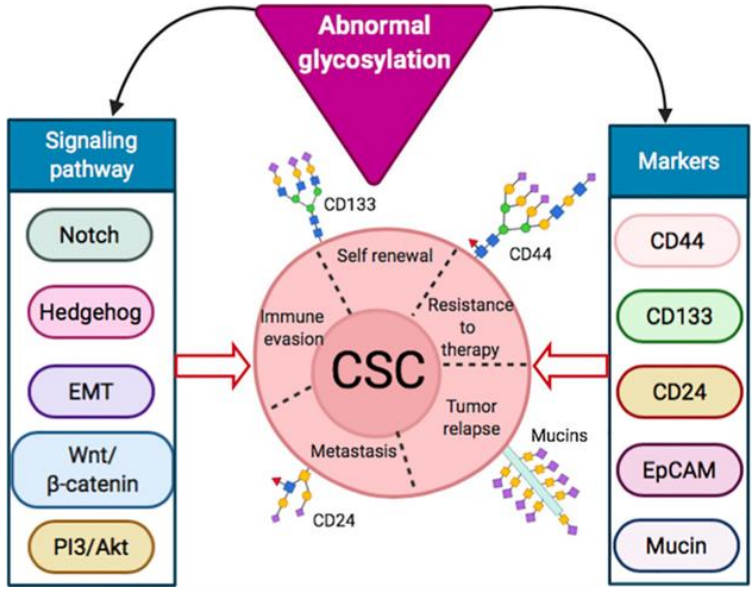
ANTENGENE

CD24 is a "Don't eat me" Protein on Cancer Cell and Triggers Anti-inflammatory Signaling in the TME



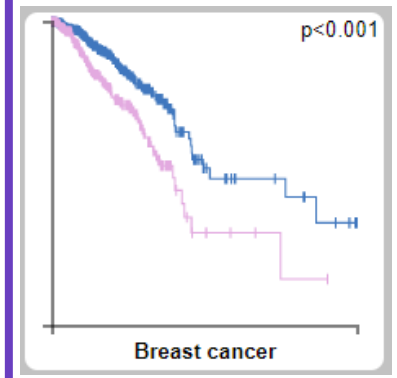
Nature. 2019; 572(7769): 392–396.

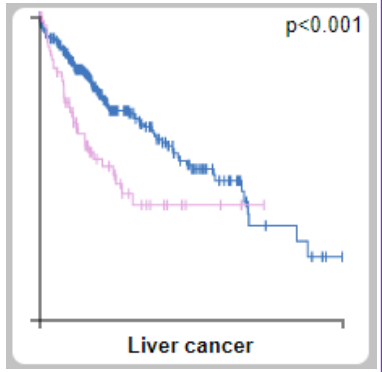
CD24 is a Marker of Cancer Stem Cells for Multiple Tumor Types, Such as Ovarian, Liver, Stomach and Pancreatic Cancer



Front Oncol. 2021; 11: 649338.

High Expression of CD24 is a Poor Prognostic Marker for Multiple Tumor Types



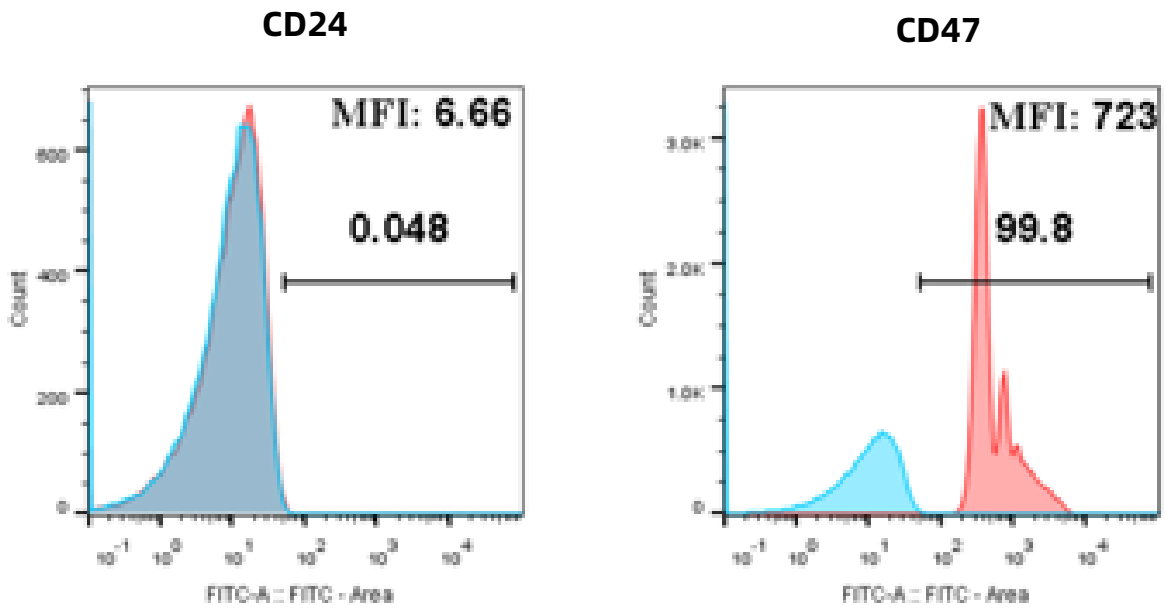


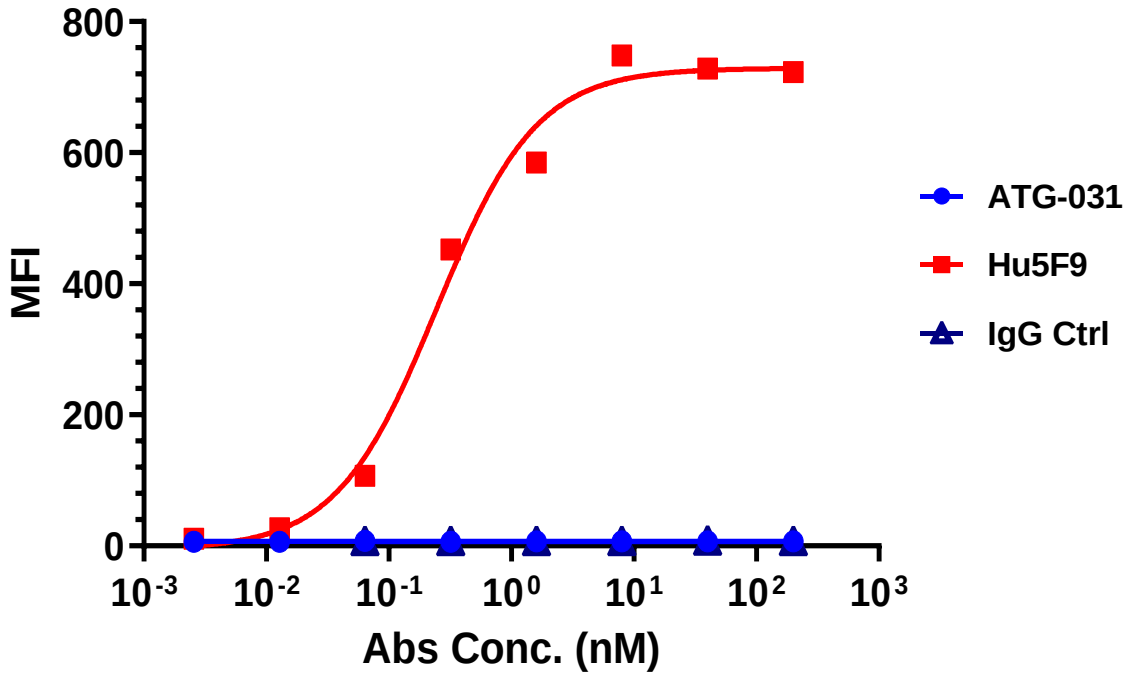
Human Protein Atlas

CD24 is Not Expressed on Human Red Blood Cells, Unlike CD47

- Unlike CD47, CD24 is **not expressed on human red blood cells**
- The tumor specific expression pattern of CD24 **allows using of IgG1 subtype for blocking antibodies**

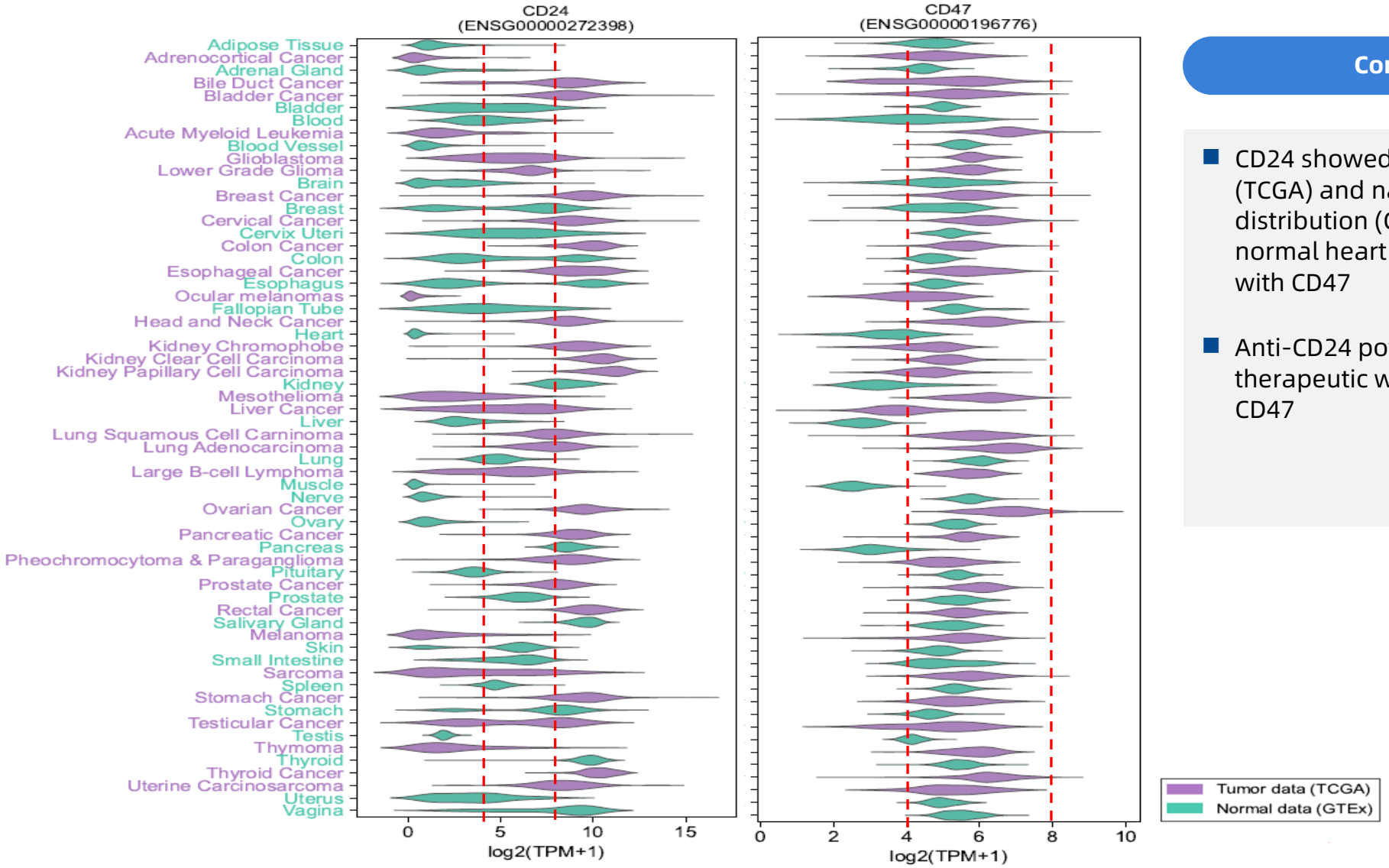
Human Red Blood Cells Expresses CD47 But Not CD24





Source: SITC 2022

CD24 Has Higher Tumor Expression Compared to CD47



Comparison Analysis

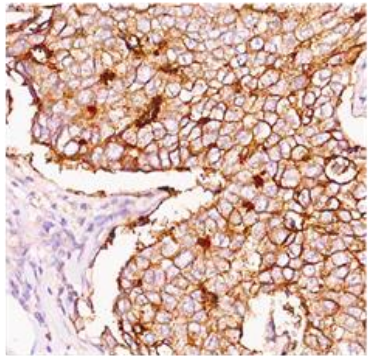
- CD24 showed much higher tumor expression (TCGA) and narrower normal tissue distribution (GTEx), with significantly lower normal heart and CNS expression, compared with CD47
- Anti-CD24 potentially has a larger therapeutic window compared with anti-CD47

CD24 is Over-expressed in Multiple Tumor Types

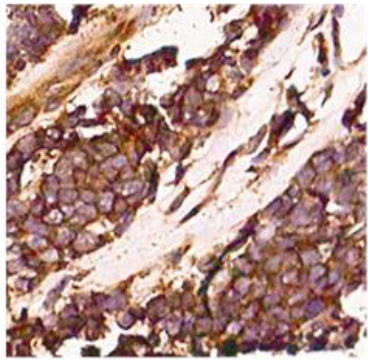
ANTENGENE

- A highly selective CDx antibody for IHC was developed in-house
- IHC staining on tumor tissue microarray revealed that 50-80% of patients with lung, breast, bladder, ovarian, or liver cancer have CD24 expression on tumor cell surface
- CD24 over expression was also detected in other solid tumor types and hematological malignancies

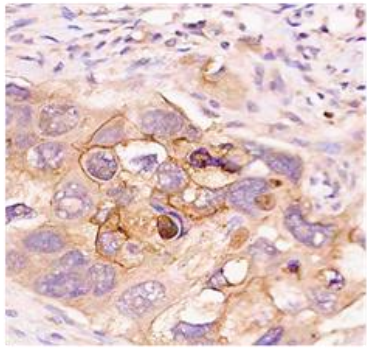
Breast Cancer



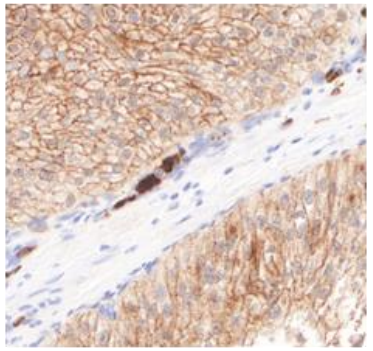
Small Cell Lung Cancer



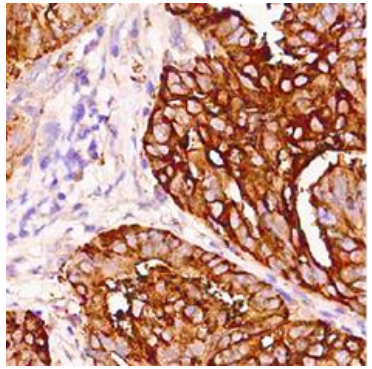
NSCLC-Sq



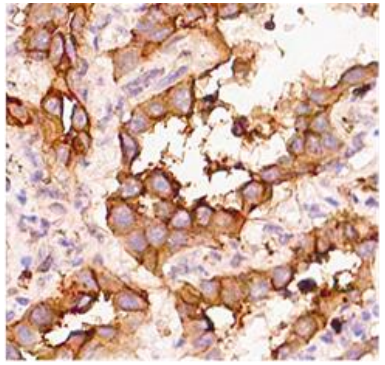
Bladder Cancer



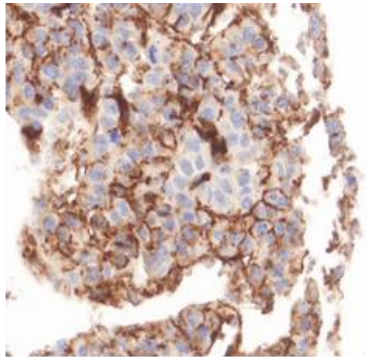
Ovarian Cancer



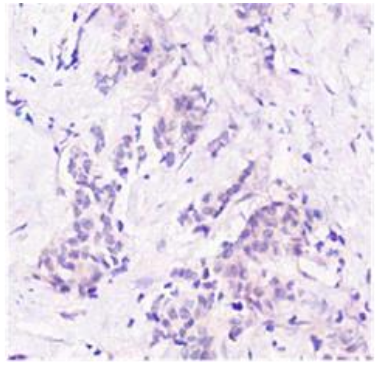
NSCLC-Adeno



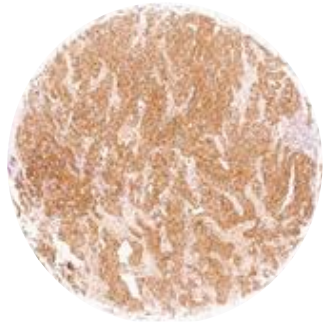
Liver Cancer



Negative Stained Tumor



CD24 Expression in Cancerous Tissue and Para-cancerous Normal Tissue



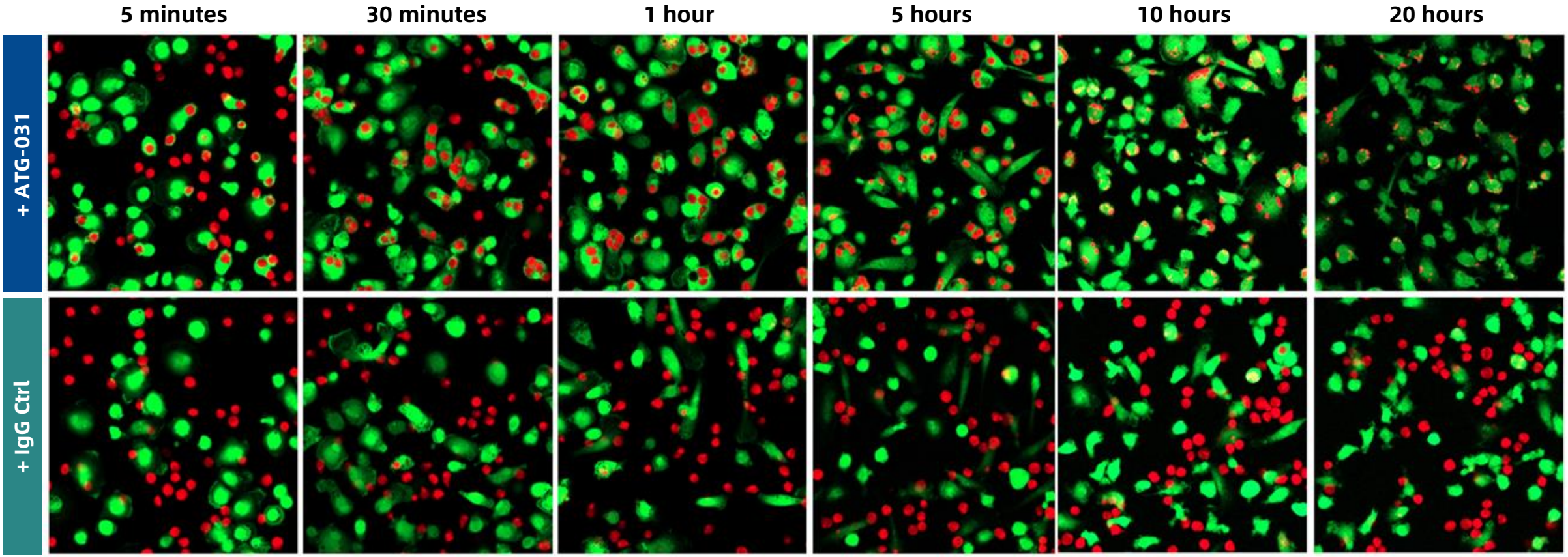
Breast Cancer Tissue

Para-cancerous Normal Tissue

A 20-hour Time-Lapse Imaging of ATG-031-Induced Phagocytosis

ANTENGENE

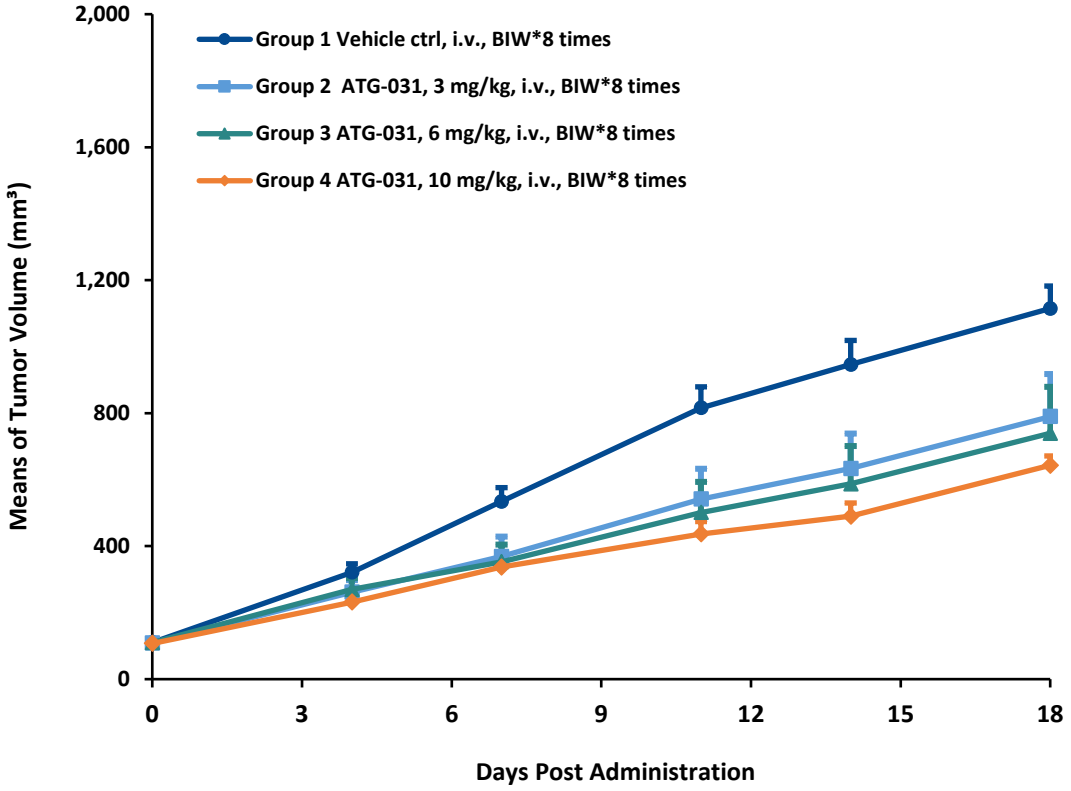
- Phagocytosis occurred **within 5 minutes** after the addition of ATG-031
- Leukemia cells were **completely digested within 10 hours**

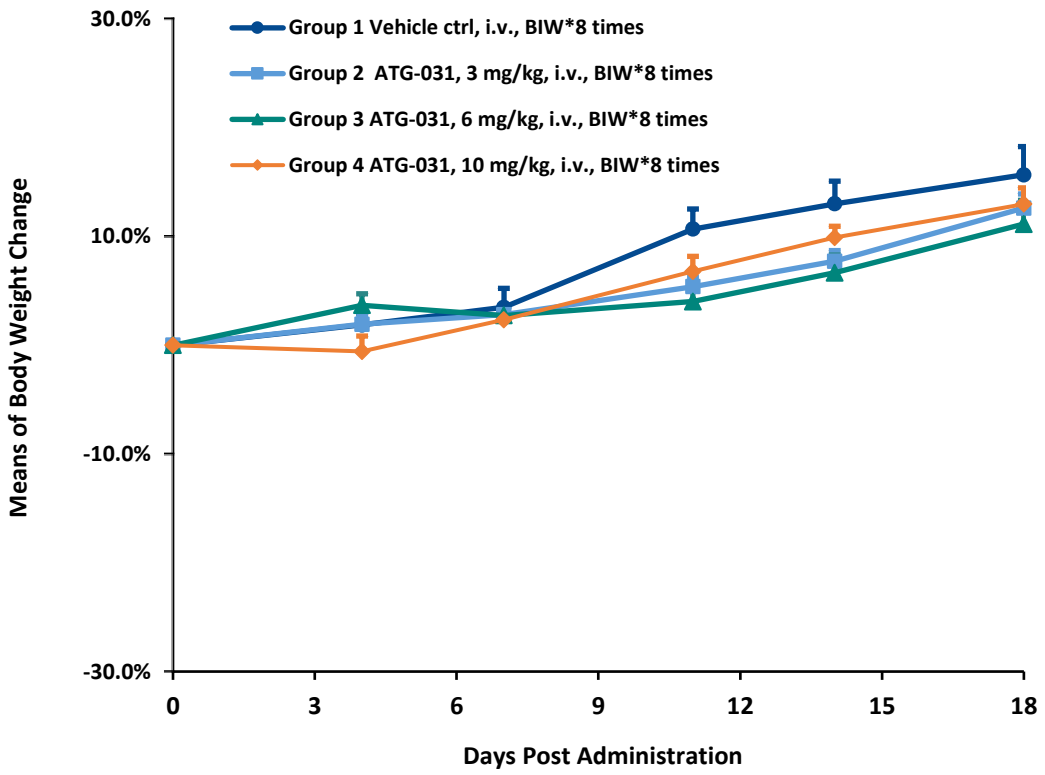


ATG-031 Demonstrates Potent *In Vivo* Efficacy in Mouse Syngeneic Triple-Negative Breast Cancer Model

- CD24 is **highly expressed** in triple-negative breast cancer (TNBC)
- ATG-031 demonstrated **potent *in vivo* efficacy** in mouse syngeneic TNBC 4T1-hCD24 model

Single Agent Activity in Mouse Syngeneic 4T-1-hCD24 Triple-Negative Breast Cancer Model





ATG-031 Demonstrates *In Vivo* Single Agent Efficacy As Well As Synergism with Chemotherapy or Checkpoint Inhibitor

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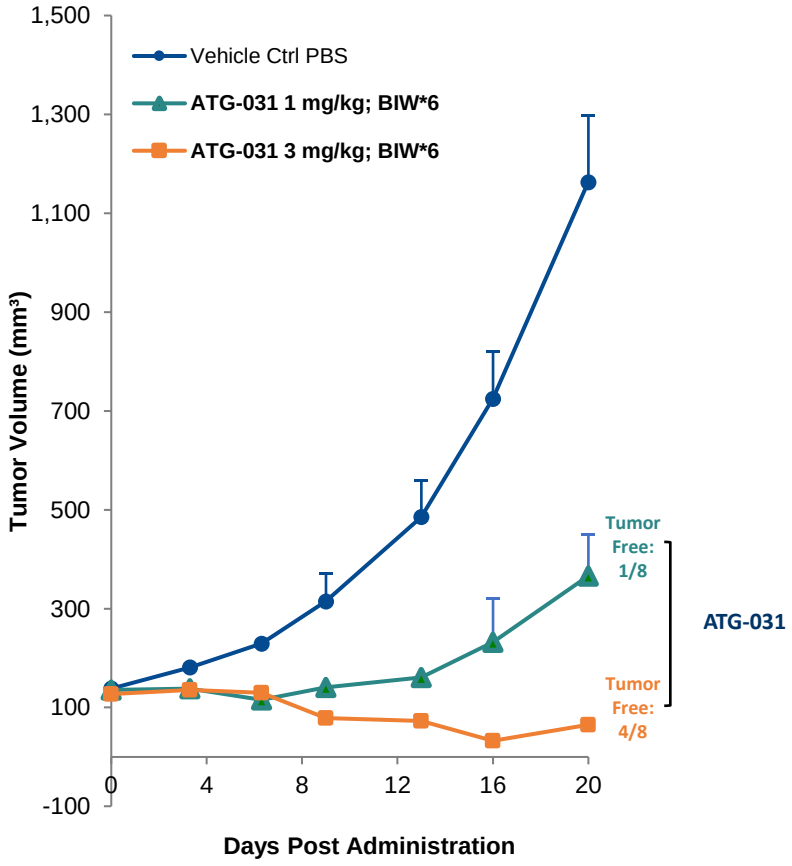
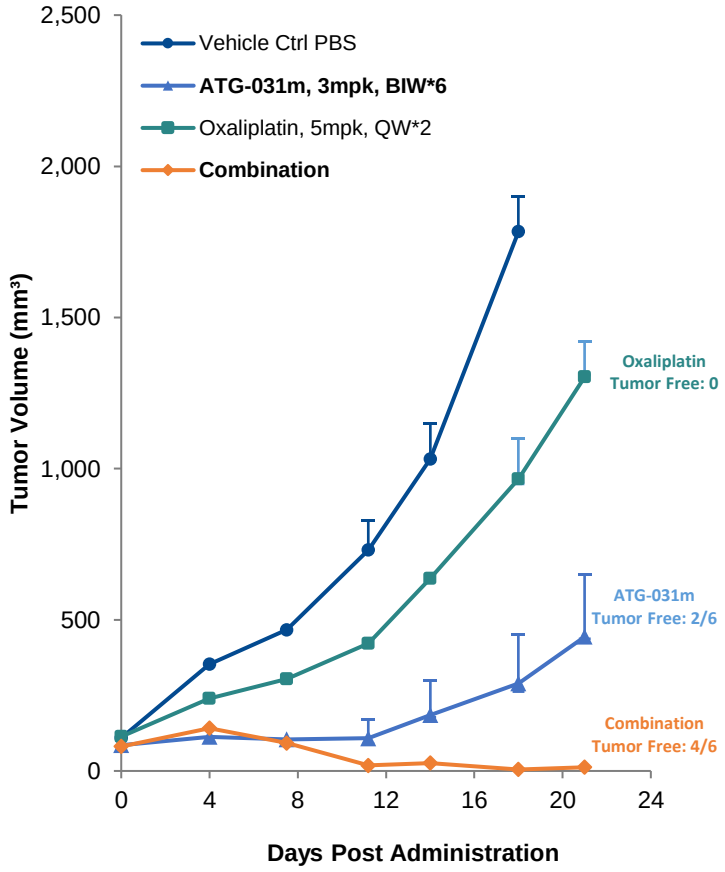
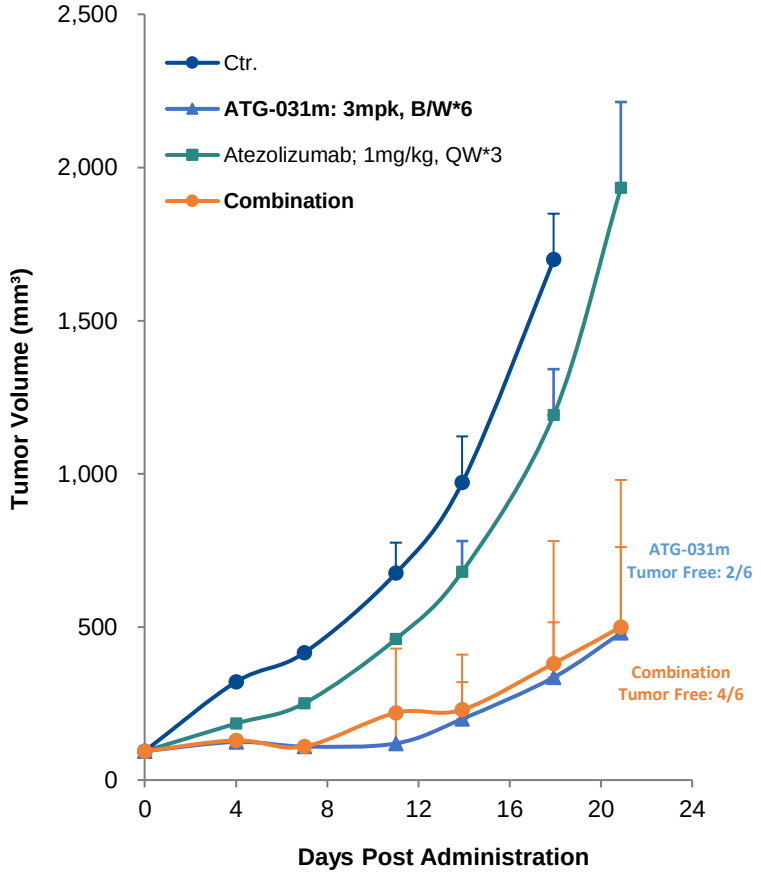
Single Agent Activity in MC38-hCD24 Mouse Tumor Model



In Vivo Synergy with Oxaliplatin in MC38-hCD24 Mouse Tumor Model



In Vivo Synergy with Anti-PD-L1 mAb in MC38-hCD24 Mouse Tumor Model



ATG-031 (CD24 mAb): Phase I "PERFORM" Trial Expected to Begin in Q4 2023

To Enroll Patients with Advanced Solid Tumors or B-cell Lymphomas

ANTENGENE

Received US FDA IND Clearance in May; Phase I Open Label, Multi-center, Dose-finding Study Starting in the United States

Phase Ia: Dose Escalation

Primary objectives:

Safety, tolerability. Define MTD and RP2D

Secondary objectives:

Evaluate preliminary efficacy and pharmacology

Phase Ib: Dose Expansion

RP2D dose evaluation as monotherapy or combo with chemotherapy or immunotherapy

Completed First Patient Dosing in the MD Anderson Cancer Center in December 2023

ADA: anti-drug antibody; MTD = maximally tolerated dose, RP2D = recommended Phase 2 dose

Key Takeaways of ATG-031

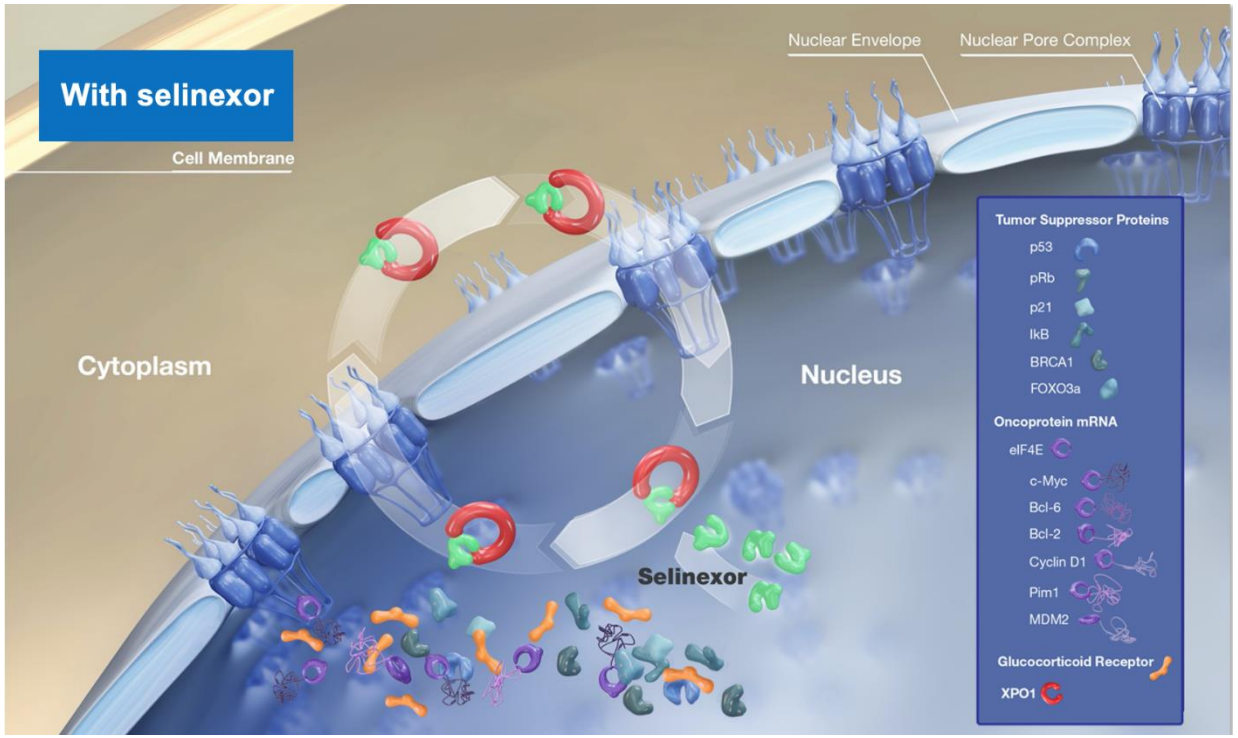
ANTENGENE

- **First-in-class humanized CD24 antibody**, which Inhibits the "Don't eat me" signal by **blocking the CD24-Siglec10 pathway**
- **Enhances macrophage-mediated phagocytosis of cancer cells**, and polarized M2 macrophages towards **anti-tumor M1 phenotype**
- Demonstrated **potent single agent efficacy** as well as **synergy** with Oxaliplatin or ICI in Mouse Tumor Models
- A companion diagnostic antibody has been developed for patient selection, **indicating potential priority evaluation in breast, lung, ovarian, liver and bladder cancers, as well as B-cell malignancies**
- **Well tolerated** in non-human Primates
- Phase I clinical trial "PERFORM" received **IND clearance from the US FDA in May 2023**, **approved by the Institutional Review Board (IRB) of the MD Anderson Cancer Center in September 2023, and dosed the first patient in December 2023**

COMMERCIAL STAGE ASSET UPDATE

ANTENGENE

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

XPOVIO® Commercialization in the Mainland of China and the APAC Regions

ANTENGENE

Regulatory Achievements

Approved in the Mainland of China
December 14th, 2021

Commercial Launch
May 2022

Approved in Australia
March 9th, 2022

Xd Regimen Reimbursement Listing
September 2022

XVd Regimen Reimbursement Listing
June 2023

Approved in South Korea
July 30th, 2021

Expected Reimbursement Listing
Q4 2023

Approved in Taiwan
October 21st, 2022

Expected Reimbursement Listing
Q1 2024

Approved in Singapore
March 1st, 2022

Cancer Drug List Inclusion
August 2023

Approved in Hong Kong
July 17th, 2023

Commercial Launch
August 2023

Expansion into Stage II ASEAN Markets

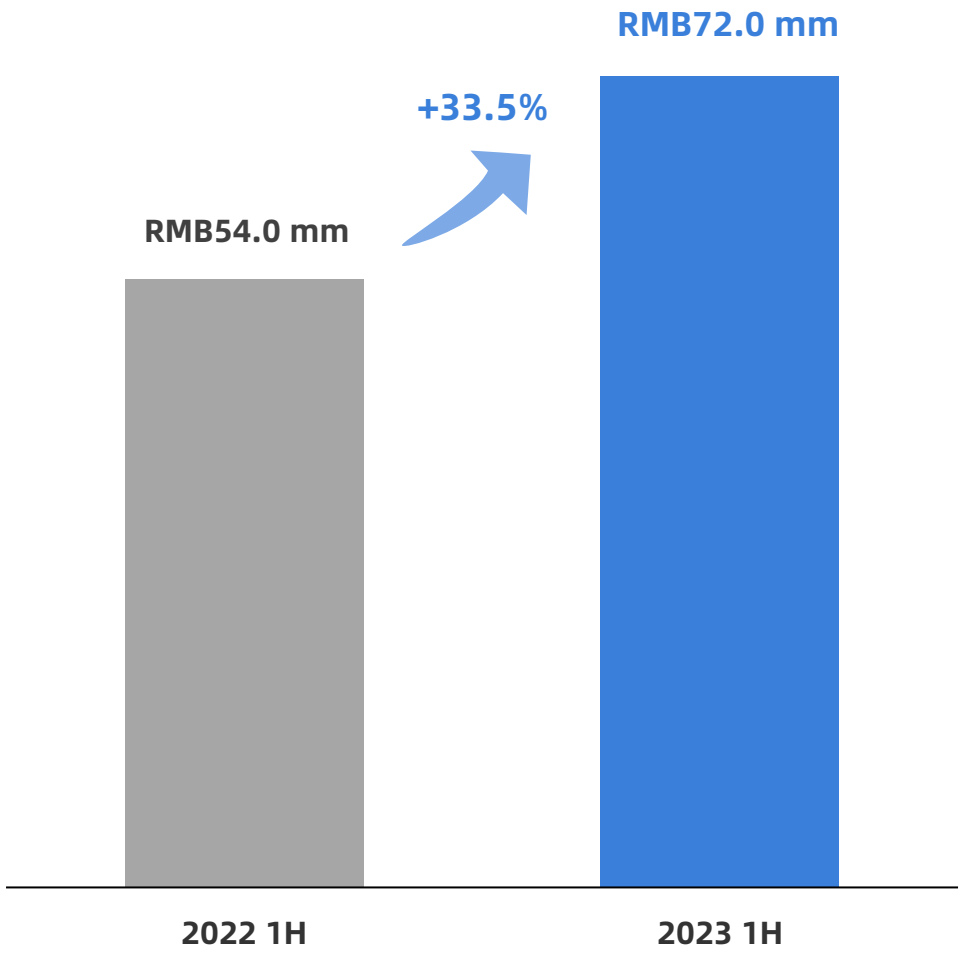
NDA Submissions

Malaysia, Thailand, Indonesia

Next Wave of Markets

Philippines, Vietnam

XPOVIO® Commercialization



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
May 2023

NDA Approval
H2 2024

Commercial Launch
H2 2024

Summary of Key Clinical Data for Selinexor In Diseases with Indication Expansion Potential

ANTENGENE

Multiple Myeloma

"BENCH" Study – China Bridging Study for 2L MM (SVd Regimen)

- Patient enrollment completed in July 2023
- sNDA submission expected in 2024

Clinical Data of "BOSTON" Study – Karyopharm's Registrational Trial in the US

SVd	76.4%	13.9mos	20.3mos
as Treatment Regimen	Overall Response Rate (ORR)	Median Progression-Free Survival (mPFS)	Median Duration of Response (mDOR)

Diffuse Large B-cell Lymphoma

"SEARCH" Study – China Bridging Study for R/R DLBCL

- Pre-NDA submission in June 2023; sNDA submission expected in August 2023

Clinical Data of "SADAL" Study – Karyopharm's Registrational Trial in the US

S	29.1%	9.3mos	9.0mos
as Treatment Regimen	Overall Response Rate (ORR)	Median Duration of Response (mDOR)	Median Overall Survival (mOS)

"DLBCL-030" Study – Global Registrational Study for 2L DLBCL

- On-going trial in collaboration with partner Karyopharm

Myelofibrosis

"MF-034" Study – Global Registrational Trial for 1L MF

- Karyopharm initiated Phase III trial in **June 2023** with **60 mg selinexor** as the recommended dose **in combination with ruxolitinib**

Encouraging Data Karyopharm Announced in AACR2023

91.7%	78.6%	77.8%	58.3%
Efficacy evaluable patients (11/12) achieved SVR35 at week 24	Intent-to-treat patients (11/14) achieved SVR35 at week 24	Efficacy evaluable patients (7/9) achieved TSS50 at week 24	Intent-to-treat patients (7/12) achieved TSS50 at week 24

Endometrial Cancer

"SIENDO" & "EC-042" Study – Global Phase III Trials for Maintenance Therapy of Endometrial Cancer

Encouraging Data of "SIENDO" Study

S	27.4mos
80 mg QW as Treatment Regimen	*vs. 5.2mos (Placebo)* Median Progression-Free Survival (mPFS)

Other Lymphomas

"SWATCH" Study – R/R NHL

- On-going trial in Mainland China
- Selinexor in combination with lenalidomide and rituximab

"TOUCH" Study – T/NK-cell Lymphoma

- On-going trial in Mainland China
- Selinexor in combination with GemOx/ICE/tislelizumab
- Clinical collaboration with BeiGene

Source: Dimopoulos, Meletios & Delimpasi, Sosana & Simonova, Maryana & Spicka, Ivan & Pour, Ludek & Kryachok, Irina & Gavriatopoulou, Maria & Pylypenko, Halyna & Auner, Holger & Leleu, Xavier & Doronin, Vadim & Kaplan, Polina & Hajek, Roman & Reuben, Benjamin & Dolai, Tuphan & Sinha, Dinesh & Arazy, Melina & Richardson, Paul & Bahlis, Nizar & Grosicki, Sebastian. (2020). Weekly selinexor, bortezomib, and dexamethasone (SVd) versus twice weekly bortezomib and dexamethasone (Vd) in patients with multiple myeloma (MM) after one to three prior therapies: Initial results of the phase III BOSTON study.. Journal of Clinical Oncology. 38. 8501-8501. 10.1200/JCO.2020.38.15_suppl.8501. Maerevoet M, Zijlstra JM, Follows G, Casasnovas RO, Vermaat JSP, Kalakonda N, Goy A, Choquet S, Van Den Neste E, Hill B, Thieblemont C, Cavallo F, De la Cruz F, Kuruvilla J, Hamad N, Jaeger U, Caimi P, Gurion R, Warzocha K, Bakhshi S, Sancho JM, Schuster M, Egyed M, Offner F, Vassilakopoulos TP, Samal P, Ku M, Ma X, Corona K, Chamoun K, Shah J, Shacham S, Kauffman MG, Canales M. Survival among patients with relapsed/refractory diffuse large B cell lymphoma treated with single-agent selinexor in the SADAL study. J Hematol Oncol. 2021 Jul 16;14(1):111. doi: 10.1186/s13045-021-01122-1. PMID: 34271963; PMCID: PMC8283921. AACR 2023. ASCO Plenary Series 2023.

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

ANTENGENE

National Comprehensive Cancer Network®

Multiple Myeloma

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

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

Diffuse Large B-cell Lymphoma

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

ESMO — European Society for Medical Oncology

GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

Multiple Myeloma

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

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

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

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

CSCO®

Multiple Myeloma

Relapsed/Refractory
- SVd
- SPd
- SDd
- SKd

Diffuse Large B-cell Lymphoma

Relapsed/Refractory
- S monotherapy

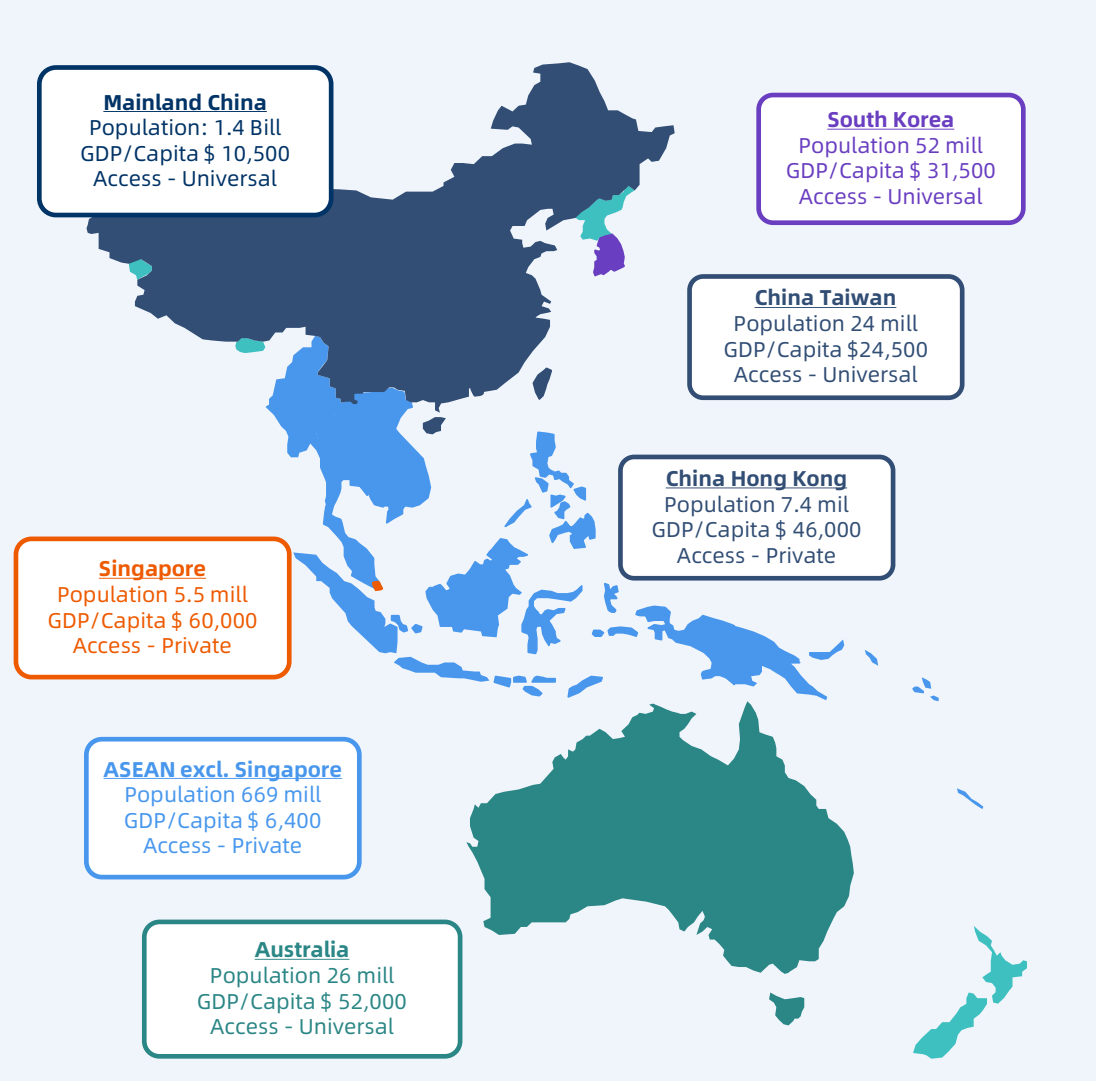
Chinese Medical Doctor Association
Chinese Medical Association

Multiple Myeloma

Relapsed/Refractory
- SVd
- SPd
- SDd
- SKd

** 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, Taiwan TFDA, and Hong Kong DoH. Approved for RRDLBCL by the US FDA, Korean MFDS, Singaporean HSA, and Taiwan TFDA. As of Aug 11th, 2023.*

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:

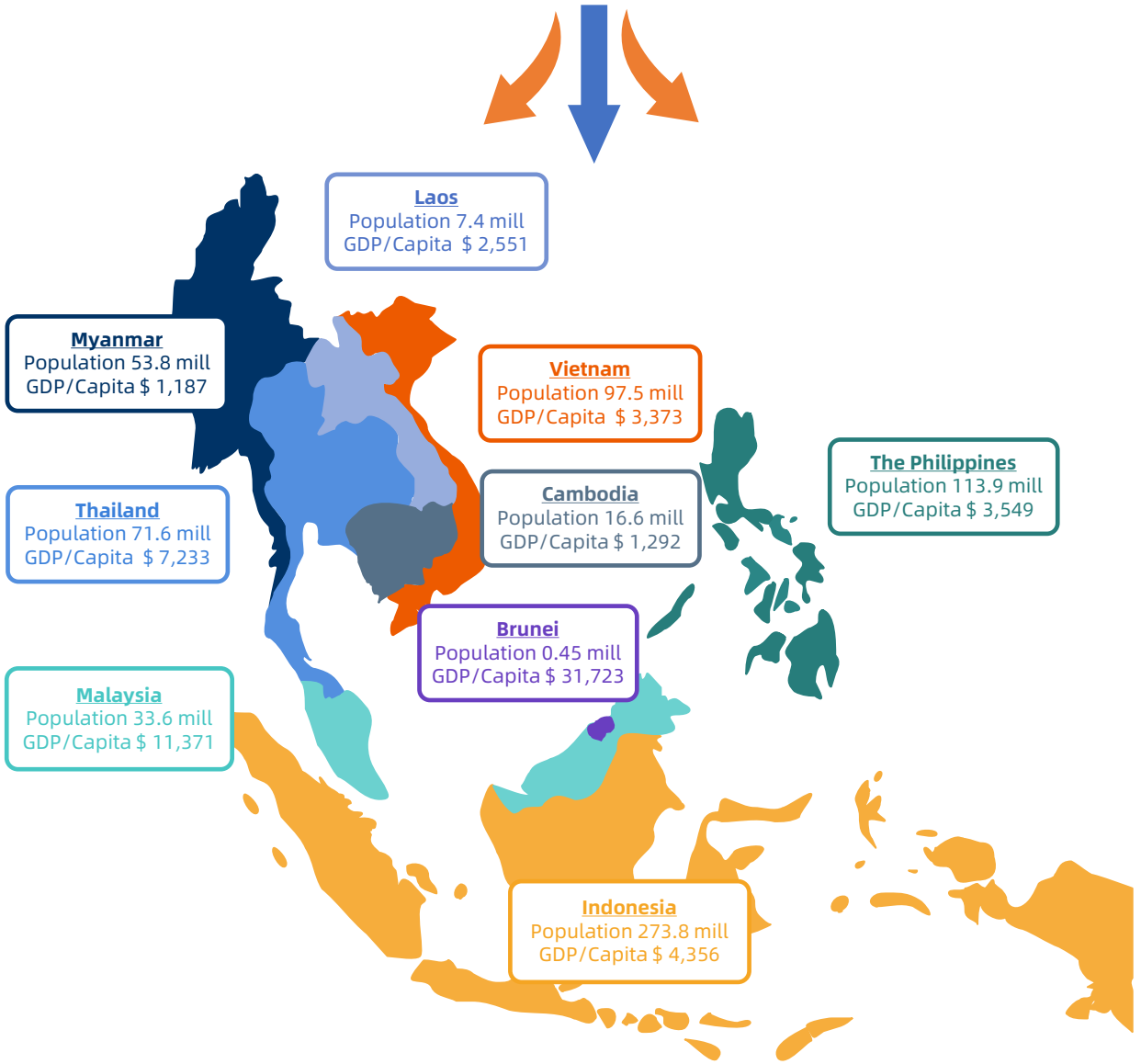
- High unmet need
- Reimbursed markets
- High GDP/capita

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

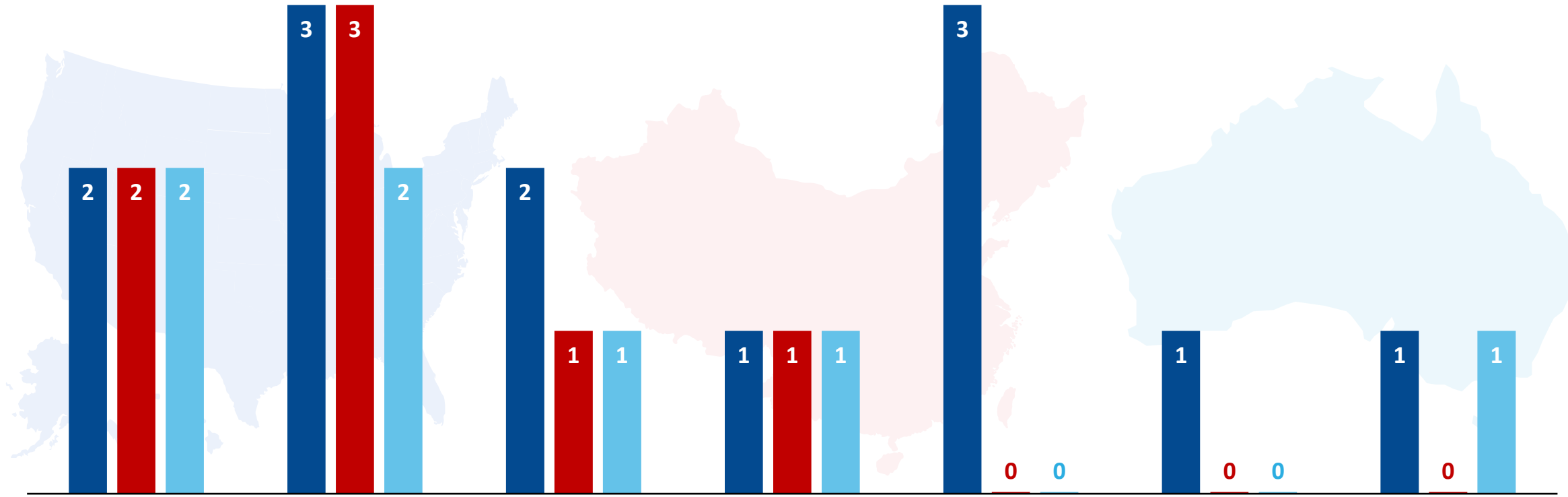


- Tiered commercialization strategy in ASEAN market expansion countries:
  Tier 1: Indonesia, Malaysia, Thailand
  Tier 2: Vietnam, The Philippines
- Already launched in high profile APAC markets such as Australia, South Korea, Singapore etc.
- Seasoned commercial team with strong track record in block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

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

ANTENGENE

COMMERCIALIZATION IN THE MAINLAND OF CHINA

Progress of XPOVIO® in the Mainland of China to Date

ANTENGENE

Laying a Strong Foundation in Preparation for Future Indication Expansion and Commercial Success

Rapid Growth in Revenue Since Commercial Launch

塞利尼索片 20mg
希维奥®

Accumulated Revenue: RMB222.1 Million

(From Commercial Launch in May 2022 to June 30th, 2023)

Treatment Guidelines Recommendation

- ✓ **CSCO/CMDA/CMA/CACA Myeloma Guidelines Recommendation:**
  - the **X-base regimen** is **recommended** for first and multiple relapsed patients
- ✓ **CSCO Lymphoma Guidelines Recommendation:**
  - the **X-base regimen** is **recommended** for 2L+ rrDLBCL patients

Selinexor China Data Publications and Submissions

50+* Selinexor China Data Publications/Submissions in Major Medical Conferences and Medical Journals

Well Established Business Channels**

80+ distributors across the Mainland of China

SPH 上海医药 SHANGHAI PHARMA | 国药集团 SINOPHARM | 华润医药商业 CR PHARMA COMM

Covered **130 DTP pharmacies** across the Mainland of China

上药云健康 | SPS 专业药房 | Link Pharmacy 邻客·智慧药房 | MEDOFFER 思派大药房 | 德信行大药房 | 圆心大药房

Achieved **60 hospital listings** in **19 provinces**

中国医学科学院血液病医院 INSTITUTE OF HEMATOLOGY & BLOOD DISEASES HOSPITAL, CHINESE ACADEMY OF MEDICAL SCIENCES & PEKING UNION MEDICAL COLLEGE | 西京医院 XIJING HOSPITAL

Attained **46 urban-customized commercial health insurance listings (Huiminbao)** covering over **55 million people**

** Includes data generated from real world studies and investigator initiated trials (IITs) in multiple myeloma, lymphoma, acute myeloid leukemia, myelodysplastic syndromes, myelofibrosis, and T-cell acute lymphoblastic leukemia*
*** As of August 11th, 2023*

Antengene Entering into a Commercialization Partnership with Hansoh Pharma on XPOVIO® in the Mainland of China

ANTENGENE

Financial Terms	
Upfront Payment	Antengene will receive **up to RMB200 million** of upfront payments
Milestone Payments	Antengene is eligible to receive **up to RMB535 million** of milestone payments
Recording Revenue	Antengene will continue to **record revenues** from sales of XPOVIO® in the mainland of China
Service Fee	Hansoh Pharma will charge a **service fee** to Antengene

ANTENGENE

Antengene will be responsible for:

1. **Clinical Development**
2. **Regulatory Approvals and Affairs**
3. **Product Supply and Distribution**

翰森製藥 HANSOH PHARMA

Hansoh Pharma will be **exclusively** responsible for **commercialization**

**RMB100 million of upfront payment shall be received upon signing, and pursuant to the Agreement and subject to the terms and conditions thereof, Antengene shall be eligible to receive up to RMB100 million of the remaining upfront payments*

Commercialization Partnership with Hansoh Pharma Aligns with Antengene's Strategic Goals

ANTENGENE

Significance of Collaboration

Recognition on the **commercial potential of XPOVIO®** in the Mainland of China

Maximizes the commercial potential of XPOVIO®, a first/only-in-class XPO1 inhibitor in the Mainland of China by **leveraging Hansoh Pharma's commercial infrastructure**

Improve access of XPOVIO® in the Mainland of China **in preparation for potential NRDL listing** and **expansion of indications**

Ensuring Commercial Success of XPOVIO® in the Mainland of China

Hansoh Pharma Has a Mature Commercialization Platform and Deep Experience in the Commercialzation of Oncology Products in the Mainland of China

ANTENGENE

Mature Commercialization Platform

Thousands
Of Sales Professionals in the Mainland of China

Extensive
Hospital Coverage Across the Mainland of China

翰森製藥 HANSOH PHARMA

Continuously Expanding
DTP Pharmacy Coverage

Proven Oncology Commercial Capability

10+ Oncology Products in Pipeline including;
2 Blockbuster Innovative Drugs and
5+ Hematology Products

阿美乐 甲磺酸阿美替尼

双向优化 豪森昕福 甲磺酸氟马替尼

Oncology Products Account for **>50%** of Hansoh Pharma's Total Revenue

Innovative Drugs Account for **>50%** of Hansoh Pharma's Total Revenue

Extensive Experience in NRDL Negotiations:
6 Innovative Drugs included in the China National Reimbursement Drug List

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COMMERCIALIZATION IN THE APAC MARKETS

Antengene's APAC Infrastructure Offers a Revenue Generating, Pan-APAC Commercialization Platform Scalable for Growth

ANTENGENE

Scalable Business

Pipeline Assets

Approved and Pan-APAC Commercialized Asset

XPOVIO® (selinexor) 20 mg tablet

Approved in APAC for:

- Multiple Myeloma
- Diffuse Large B-cell Lymphoma

Indication Expansion Opportunity in:

- Myelofibrosis
- Endometrial Cancer

Next Wave of Candidates in the Pipeline

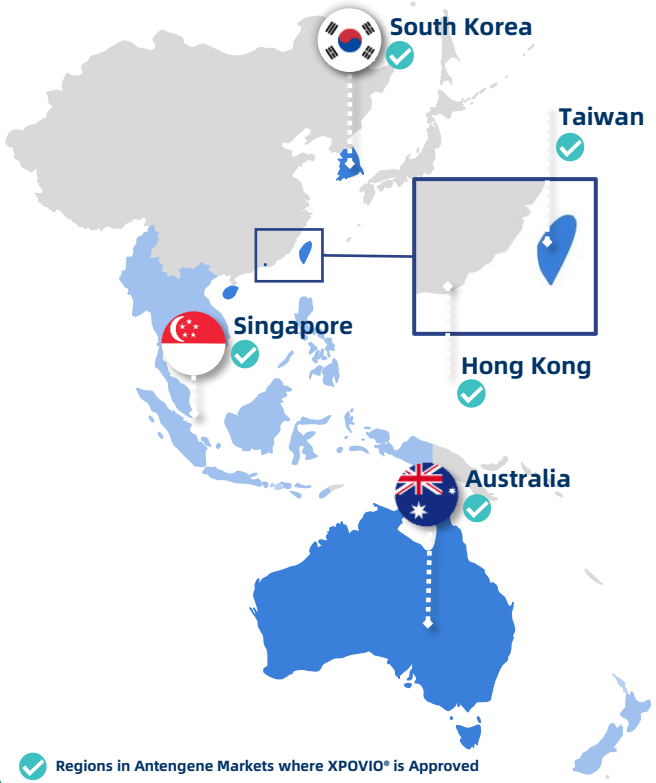
- **ATG-016** (Eltanexor; XPO1i)
- **ATG-008** (Onatasertib; mTORC1/2i)

Multiple In-licensing and CSO Opportunities

- **Multi-sourced platform sourcing opportunities from the US, Europe, China, and APAC**

Geographical Coverage

Stage I Markets



Stage II Markets

NDA Submissions

- Indonesia
- Malaysia
- Thailand

Next Wave of Markets

- Philippines
- Vietnam

Experienced Team

Thomas Karalis
Antengene Head of APAC Regions

Celgene · Bristol Myers Squibb · Lilly · Abbott

30+ Employees Across Functions and Geographies

Strong Track Record of APAC Dedicated Team

Revlimid (lenalidomide) capsules · Vidaza azacitidine for injection · Pomalyst (pomalidomide) capsules 1 · 2 · 3 · 4 mg · IDHIFA (enasidenib) tablets

Future Business Model

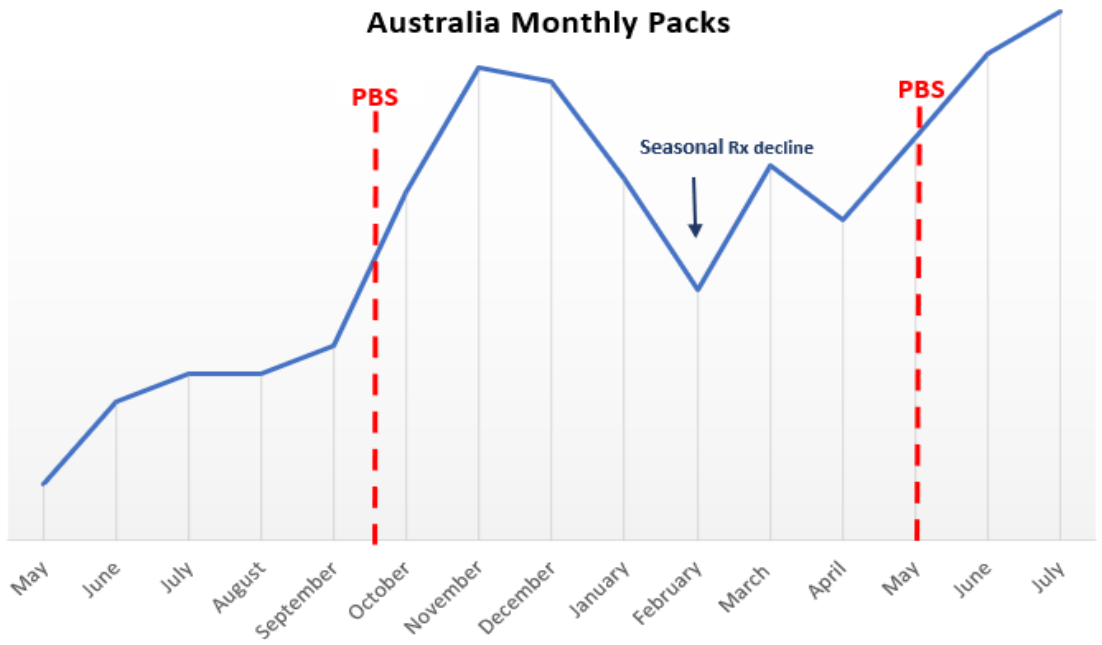
- Portfolio Expansion – Product In-licensing
- Geographic Expansion

Asia Pacific Markets – Executing on XPOVIO® Launch Plans

Excellent Launch Trajectory

Australia

- First multiple myeloma indication (Xd regimen) **reimbursed** on September 1st, 2022
  - XPOVIO® PBS listing achieved in **180 days**
  - Oncology medicines average is **496 days**
- Xd captured **~50% new patient share** of treated penta-refractory multiple myeloma patients
- Reimbursement of XVd regimen secured on **June 1st, 2023**
- Accelerated patient uptake with reimbursement expansion



Other Asia Pacific Markets

- XPOVIO® regulatory approvals in South Korea, Taiwan, Singapore, and Hong Kong
- 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, Malaysia & Indonesia Q4 2022**

Asia Pacific Markets 2023 Catalysts

	XVd in MM reimbursement and PBS listing June 1st
	Xd in MM reimbursement Q4 2023 through PE exemption pathway
Taiwan	**XVd** in MM and **X** in DLBCL reimbursement in Q1 2024
Hong Kong	**Xd** in MM regulatory approval - Achieved in July 17th, 2023
	XVd & Xd in MM Cancer Drug List Inclusion: August 1st, 2023

INVESTMENT HIGHLIGHTS

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2023 is a Catalyst-Rich Year for Antengene

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Commercialization across China and APAC, with multiple data read outs of clinical stage programs

Selinexor Commercial Launch Across Asia Pacific

- ✓ Reimbursement approval: **Australia** (MM XVd)
- ✓ Reimbursement submission: **South Korea** (MM Xd)
- ✓ Reimbursement submissions: **Taiwan** (MM XVd; DLBCL)
- ✓ XPOVIO® inclusion in the **Singapore Cancer Drug List**
- ✓ Commercial launch: **Hong Kong** (MM Xd)

Clinical Development Progress

- **Confirm regulatory pathway** of **ATG-008** (mTORC1/2i) in advanced cervical cancer
- ✓ **Complete patient enrollment** for **"BENCH" study of ATG-010** (XPO1i) in 2L+ multiple myeloma
- ✓ **Updated Data read out** of **ATG-008** (mTORC1/2i) "TORCH-2" trial CPI-naïve advanced cervical cancer cohort
- ✓ **Preliminary data read out** of **ATG-101** (PD-L1/4-1BB BsAb) "PROBE" trial and "PROBE-CN" trial
- ✓ **Preliminary data read out** of **ATG-037** (CD73i) "STAMINA" trial
- ✓ **Preliminary data read out** of **ATG-022** (Claudin 18.2 ADC) "CLINCH" trial
- ✓ **First patient dosing: ATG-022** (Claudin 18.2 ADC)
- ✓ **First patient dosing: ATG-031** (CD24 mAb)

Multiple Regulatory Filings

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

✓ = Achieved

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

- 6 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

- RMB 1,322mm of cash and bank balances as of 30th June 2023

ANTENGENE

ANTENGENE CORPORATION LIMITED
(SEHK: 6996.HK)

DECEMBER 2023

THANK YOU

TREATING PATIENTS BEYOND BORDERS