2024 INTERIM RESULTS CONFERENCE CALL

TREATING PATIENTS BEYOND BORDERS

AUGUST 2024

Antengene's Speakers Today

Jay Mei, M.D., Ph.D. – Founder, Chairman and Chief Executive Officer

Amily Zhang, M.D. – Chief Medical Officer

Donald Lung, J.D., MBA – Chief Financial Officer

Thomas Karalis – Corporate Vice President, Head of Asia Pacific Regions

Bing Hou, Ph.D. – Vice President, Head of Discovery Science & Translational Medicine

Kavin Cao, CFA – Executive Director, Board Secretary and Corporate Finance & Investor Relations Director

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2024 1H OVERVIEW

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Antengene Priorities Today

Antengene (6996.HK)

2 Asia Pacific Rights Assets

Commercialized Product

ATG-010 XPOVIO®
(selinexor; XPO1 Inhibitor)

Pan-APAC Commercialization

Reimbursements Obtained:
- Mainland China
- Australia
- South Korea
- (Under negotiations in Taiwan)

Commercially Launched:
Singapore, Hong Kong and Macau

NDA Approved in 2024:
Malaysia

NDA To-be-approved in 2024:
Thailand and Indonesia

NDA To-be-submitted in 2024:
Philippines and Vietnam

Mid-to-late Stage Program

ATG-008
(Onatasertib; mTORC1/2 Inhibitor)

Phase II in Advanced Cervical Cancer*:
- ORR (CPI-naïve): 53.3%
- DCR (CPI-naïve): 86.7%
- ORR (CPI-pretreated): 22.2%
- DCR (CPI-pretreated): 92.6%

In Communication with the CDE on a **Registrational Pathway** in Advanced Cervical Cancer (in combination with anti-PD-1 antibody)

4 Global Clinical Stage Programs

ATG-022
(Claudin 18.2 ADC)

Dose Expansion in Gastric Cancer (GC) = 41.7% ORR (5/12) & **100% DCR**
1 responder has **ultra-low Claudin 18.2 expression (IHC2+ ≤5%)****
Phase II Dose Expansion (CLDN18.2 +ve GC + Other Solid Tumors)

ATG-037
(CD73 Small Molecule)

Completed Dose Escalation with an **Excellent Safety Profile** and demonstrated efficacy in **CPI-resistant NSCLC & Melanoma**
Entering **Phase II Dose Expansion in Q3-2024;**
Clinical Collaboration with Merck

ATG-101
(Xirestomig; PD-L1/4-1BB BsAb)

Reaching final cohorts of **Phase I Dose Escalation with Efficacy and No Liver Toxicity**
Entering Phase II Dose Expansion in 2025 1H

ATG-031
(CD24 mAb)

Globally First-in-class
Phase I Dose Escalation in the US

Technology Platform and Pre-clinical Programs

AnTenGager™ T Cell Engager (TCE) Platform

Autoimmune Program:
- ATG-201 (CD19 x CD3)

Hematology/Oncology Programs:
- ATG-021 (GPRC5D x CD3)
- ATG-102 (LILRB4 x CD3)
- ATG-107 (FLT3 x CD3)
- ATG-106 (CDH6 x CD3)
- ATG-110 (LY6G6D x CD3)
- ATG-112 (ALPPL2 x CD3)
- ATG-105 (DLL3 x CD3)

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

Cash and Bank Balances of RMB1,024mm to Advance Pipeline Development and Initiatives

** Data for ATG-008 as of August 20th, 2024; ** Data for ATG-022 is as of August 21st, 2024*

APAC Commercial Business and R&D: Catalyzing Growth with XPOVIO® Commercial Progress and ATG-008 Advancements

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2 Asia Pacific Rights Assets

Commercialized Product - XPOVIO® (Selinexor; ATG-010)

塞利尼索片 20mg
希维奥®

XPOVIO® (selinexor) 20 mg tablet

2024 1H Revenue: RMB60.8 Million

8 Approved Markets:

China | Australia | S. Korea | TW Taiwan | HK Hong Kong | MC Macau | Singapore | Malaysia

Achievements in 2024 YTD

- ✓ sNDA approval for **"SEARCH" study in R/R DLBCL** in the Mainland of China
- ✓ Reimbursement approval in **South Korea** (MM Xd)
- ✓ NDA approval in **Malaysia** (MM XVd & Xd)
- ✓ Reimbursement submission in **Taiwan** (MM XVd)

Upcoming Catalysts

- ✓ sNDA submission for **"BENCH" study in 2L+ MM** in the Mainland of China
- ✓ sNDA approval in **South Korea** (MM SVd) and **Hong Kong** (MM SVd; DLBCL)
- ✓ NDA approval in **Indonesia and Thailand** (MM SVd & Sd; DLBCL)
- ✓ NDA submissions in the **Philippines and Vietnam**

Mid-to-late Stage Program - ATG-008 (Onatasertib)

Updated Encouraging Preliminary Data in the Cervical Cancer Cohort **(Data as of August 20th, 2024)**

	Overall Response Rate	Disease Control Rate
CPI-naïve R/R Cervical Cancer	**53.3%** Efficacy Evaluable Population (16/30)	**86.7%** Efficacy Evaluable Population (26/30)
CPI-Pretreated R/R Cervical Cancer	**22.2%** Efficacy Evaluable Population (6/27)	**92.6%** Efficacy Evaluable Population (25/27)

Global R&D: Portfolio of Globally First-/Best-in-Class Pipeline Poised to Deliver on Multiple Value Creating Milestones in the Next 12 to 24 Months

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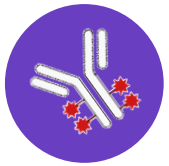
4 Global Clinical Stage Programs



ATG-022

Claudin 18.2 ADC

Phase II Dose Expansion Ongoing

- ✓ **Preliminary Data from Phase I Dose Escalation (Efficacious Dose Range of 1.8-2.4 mg/kg):**
  - **ORR of 40% (2/5; 1 CR [Claudin 18.2 ultra-low expression]** and **1 PR** among 5 gastric cancer patients)
- ✓ **Preliminary Data from On-going Phase II Dose Expansion (As of August 21st, 2024):**
  - **ORR of 41.7% (5/12)** and **DCR of 100% (12/12)** in **gastric cancer** patients who at least underwent their first tumor assessment after study treatment among 21 patients enrolled)
  - 1 responder is a patient with **ultra-low CLDN18.2 expression (IHC - 2+ ≤5%)**

ATG-037

CD73 Small Molecule Inhibitor

Phase I Dose Escalation Completed;
Proceeding to Dose Optimization/Expansion

- ✓ **4 PRs** observed in **CPI-pretreated patients** (2 **melanoma patients,** 2 **non-small cell lung cancer patient)**, demonstrating the **potential to reverse CPI resistance**
- ✓ Demonstrated an **excellent safety profile** in dose escalation

ATG-101

PD-L1/4-1BB Bispecific Antibody

Phase I Dose Escalation Ongoing

- ✓ **Durable responses** at starting doses; **No liver toxicities** observed
- ✓ Observed a PR in a patient with **metastatic colon adenocarcinoma** (microsatellite stability biomarker **(MSS; classified as cold tumors)**, liver metastasis, and three prior lines of therapy)

ATG-031

CD24 Monoclonal Antibody

Phase I Dose Escalation Ongoing

- ✓ A total of **19 late stage cancer patients** have been treated
- ✓ To date, **no dose-limiting toxicities (DLTs)** have been observed
- ✓ **Stable disease (SD),** with **objective tumor shrinkage,** and **clinical improvement** have been observed

Technology Platform and Pre-clinical Innovations: Advancing with the AnTenGager™ TCE Platform, ATG-201 (CD19/CD3 TCE), and ATG-042 (PRMT5-MTA)

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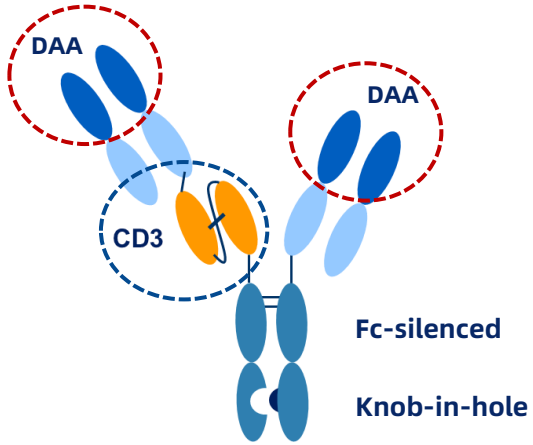
Technology Platform and Pre-clinical Programs

AnTenGager™ T Cell Engager (TCE) Platform



- ✓ **Reduced risk of CRS**
- ✓ **Bivalent binding** of disease-associated antigen (DAA) **enables targeting of low-expressing targets**
- ✓ Achieves masking & target-dependent activity via **steric effect**, allowing use in **both oncology and autoimmune indications**

AnTenGager™ DAA Tool Boxes Enables Quick Development of Novel T Cell Engagers

- **Autoimmune Diseases:** CD19, CD20
- **Hematological Malignancies:** GPRC5D, LILRB4, FLT3...
- **Solid tumor:** CLDN18.2, CDH6, GD2, LY6G6D, B7H7, B7H3, DLL3, ALPPL2, undisclosed TAA...

Lead AnTenGager™ Program:

ATG-201
CD19/CD3 T Cell Engager

- ✓ **Enhanced naïve B cell depletion** and **reduced cytokine release** compared to clinical benchmarks
- ✓ IND enabling study is ongoing, with **IND targeting Q3 2025**

ATG-042

MTAP^{null} Selective PRMT5 Inhibitor

- ✓ **Better DMPK/ADME profile, brain penetrability** and ***in vivo*** **efficacy** compared with clinical benchmark
- ✓ IND enabling study is ongoing, with **IND targeting H1 2025**

CLINICAL PIPELINE OVERVIEW

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GLOBAL RIGHTS ASSETS

Global Rights Pipeline with Transformational Potentials

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Assets	Target *(Modality)*	Pre-clinical	Phase I	Phase II	Antengene Rights	Partner
ATG-022	Claudin 18.2 *(ADC)*	Monotherapy for Onc *(CLINCH)*			Global	ANTENGENE
ATG-037	CD73 *(Small Molecule)*	Monotherapy ± pembrolizumab for Onc/Hem *(STAMINA)*		with MERCK Clinical Collaboration		
ATG-101	PD-L1/4-1BB *(Bispecific Antibody)*	Monotherapy for Onc/Hem *(PROBE & PROBE-CN)*				
ATG-031	CD24 *(Monoclonal Antibody)*	Monotherapy for Onc/Hem *(PERFORM)*				
ATG-042	PRMT5-MTA *(Small Molecule)*	Onc/Hem				
ATG-201	CD19/CD3 *(Bispecific Antibody)*	B Cell Related Autoimmune Diseases				

Antengene Trials

Onc/Hem = Solid Tumors and Hematological Malignancies

ATG-022 Differentiated Anti-Claudin 18.2 ADC – Efficacy at Low Expression Levels

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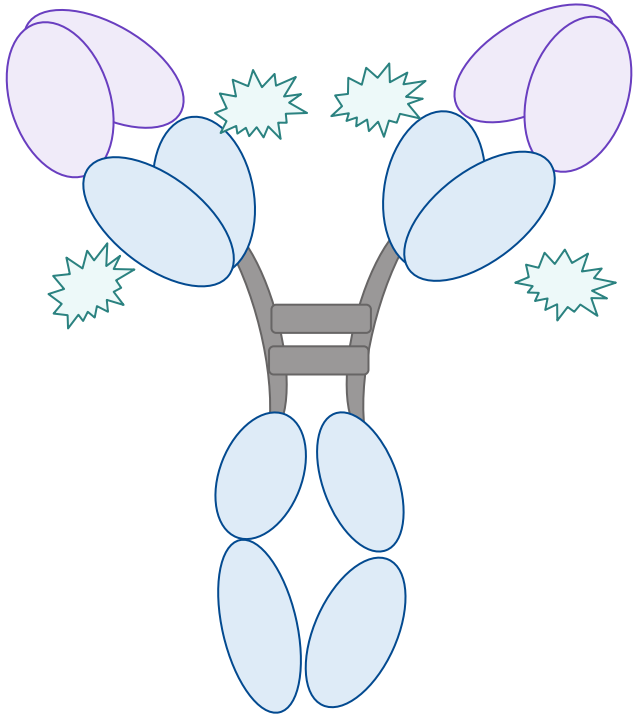
Claudin 18.2

- Tumor-associated antigen overexpressed in **esophageal, gastric, pancreatic cancers**
- To less extent in **NSCLC, ovarian and colorectal cancers, head and neck carcinomas,** etc.

Differentiated Potency

- **Phase I Dose Escalation ORR of 40% (1 CR and 1 PR** among 5 patients in efficacious dose range of 1.8-2.4 mg/kg) in Claudin 18.2 **ultra-low** expressing gastric cancer **(IHC Staining - 2+ ≤5%)**
- **Ongoing Phase II Dose Expansion ORR of 41.7% (5 PRs** among 12 patients who had underwent at least their first tumor assessment after study treatment; One responder is a patient with ultra-low CLDN18.2 expression) and **100% DCR**

ATG-022: A Potent Antibody-Drug Conjugate (ADC)



= vc-MMAE

Cys based conjugation
Mean DAR=4
Specific DAR4>70%

Source: Christina Peters, Stuart Brown Antibody-drug conjugates as novel anti-cancer chemotherapeutics.
NSCLC = non-small cell lung cancer,

ATG-022 Outperforms Competitor Molecules with Unprecedented Efficacy in Claudin 18.2 Ultra-Low Gastric Cancer, Maximizing Commercial Potential

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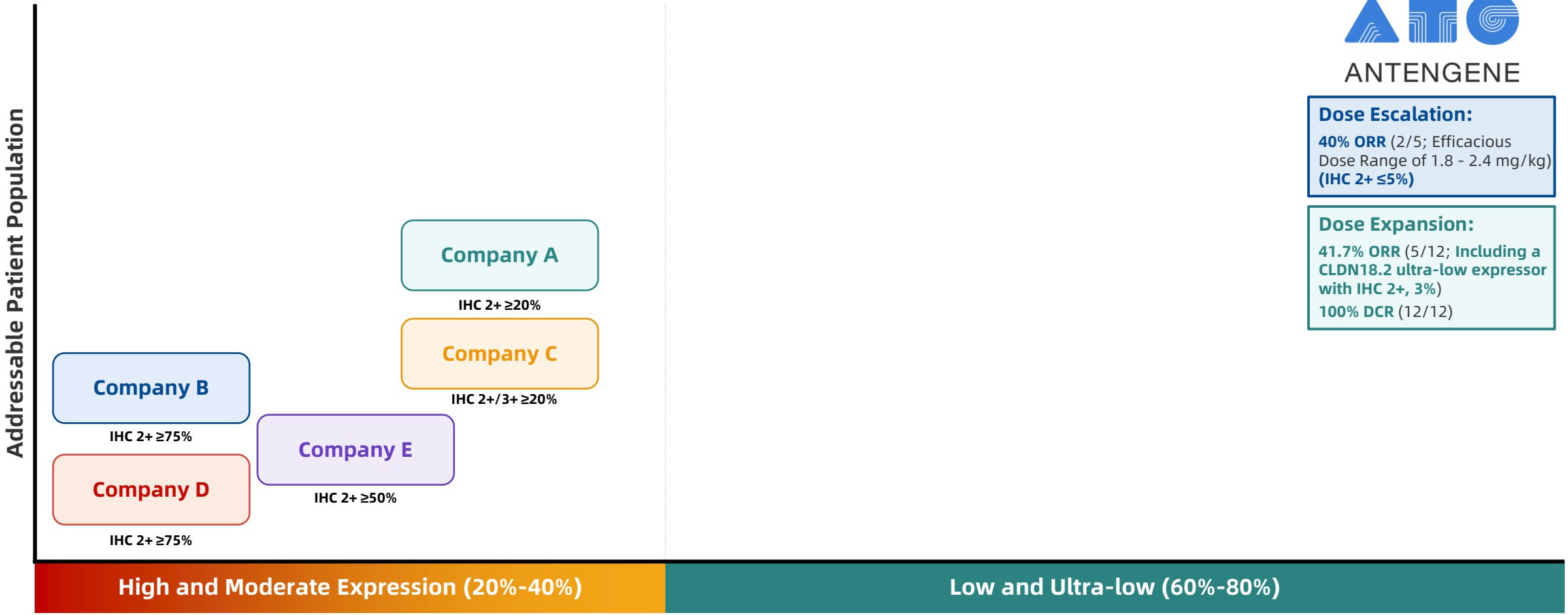
1,415,000+ Claudin 18.2+ Gastric Cancer Patients Globally (5-year Prevalence)



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Dose Escalation:

40% ORR (2/5; Efficacious Dose Range of 1.8 - 2.4 mg/kg) **(IHC 2+ ≤5%)**

Dose Expansion:

41.7% ORR (5/12; **Including a CLDN18.2 ultra-low expressor with IHC 2+, 3%**)

100% DCR (12/12)

Claudin 18.2 Expression Level Target Patient Population - Gastric Cancer (% of Patients)

*Source: GLOBOCAN; Cao W, Xing H, Li Y, et al. Claudin18.2 is a novel molecular biomarker for tumor-targeted immunotherapy. Biomark Res. 2022 May 31,10(1):38; Baek, J. H., Park, D. J., Kim, G. Y., Cheon, J., Kang, B. W., Cha, H. J., & Kim, J. G. (2019). Clinical Implications of Claudin18.2 Expression in Patients With Gastric Cancer. *Anticancer Research, 39*(12), 6973-6979. https://doi.org/10.21873/anticanres.13919;*

ATG-022: Advancing Global Phase I/II "CLINCH" Trial in a Broad Spectrum of Solid Tumors

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Phase II Dose Expansion Study Ongoing with Multiple Centers in Australia and the Mainland of China

Phase I: Dose Escalation

(Multiple Tumor Types without Pre-screening for Claudin 18.2 Expression Levels)

Primary Objectives:

Safety, tolerability. Define MTD and RP2D

Secondary Objectives:

Evaluate preliminary efficacy (RECIST 1.1), measure ADA, CLDN18.2 expression

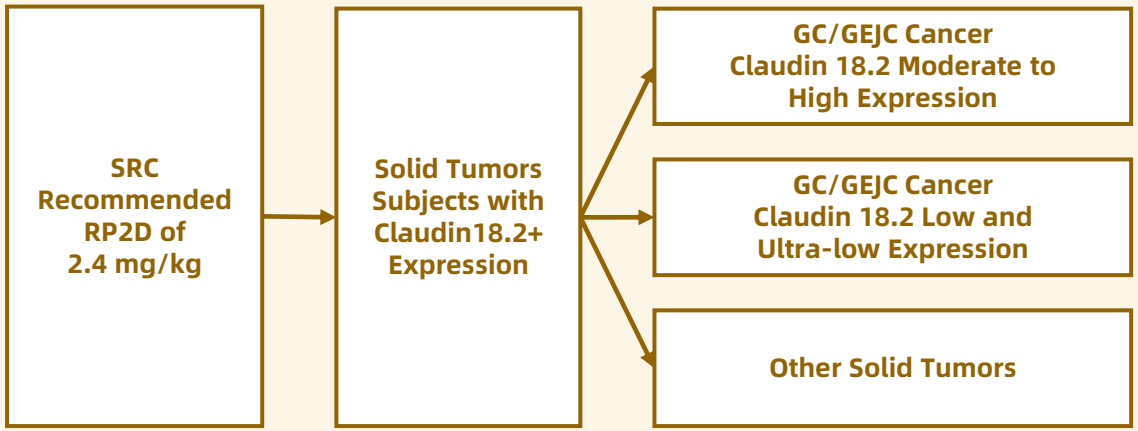
All solid tumors allowed to be enrolled, no requirement for Claudin 18.2 expression as enrollment criteria

Key Observations:

- **1 CR from 2.4mg/kg dose level** (Ultra-low CLDN 18.2 expression)
- **1 PR from 1.8mg/kg dose level** (CLDN 18.2 expression unknown)

Phase II: Dose Expansion

RP2D (2.4 mg/kg) — **Up to 20 Subjects in Each Tumor Type / Cohort**



Approximately 120 subjects, depending on the number of cohorts to be expanded.
CLDN18.2+ tumors only. No prior CLDN18.2 agents

Complete Response (CR) and Partial Response (PR) Detected in Dose Escalation Phase;
Currently Enrolling Patients for the Dose Expansion Phase (21 Patients Enrolled)

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

ATG-022: Efficacy in All Claudin 18.2 Expression Levels Including From High to Ultra-low Expressors

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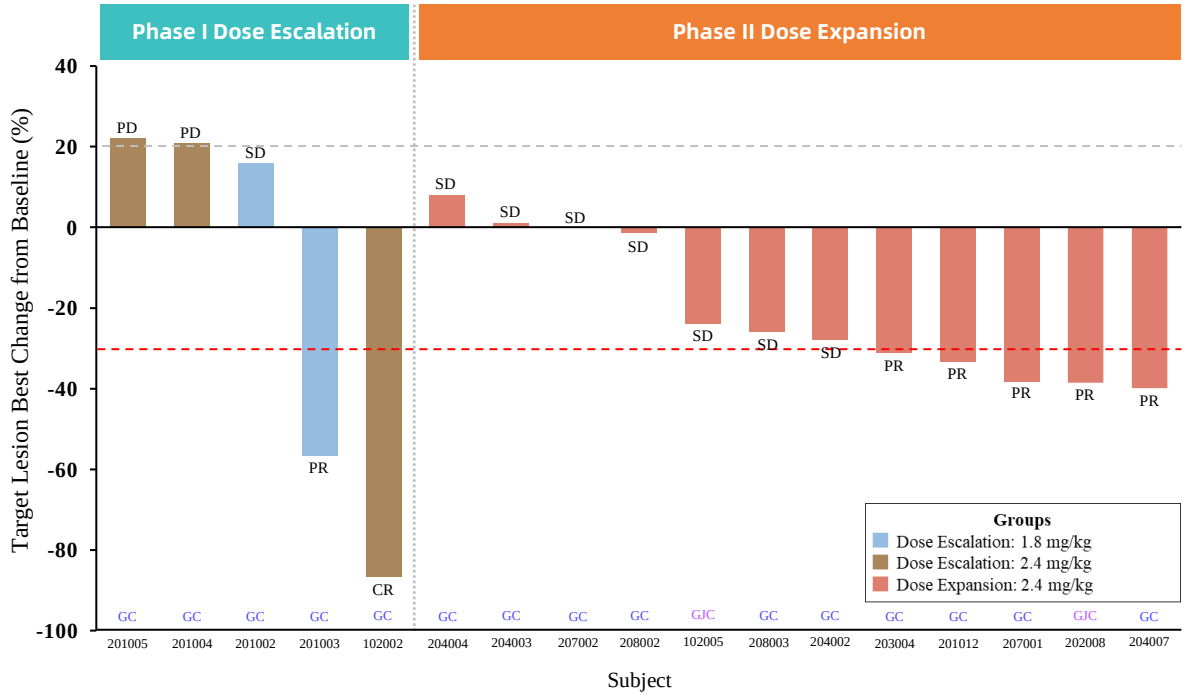
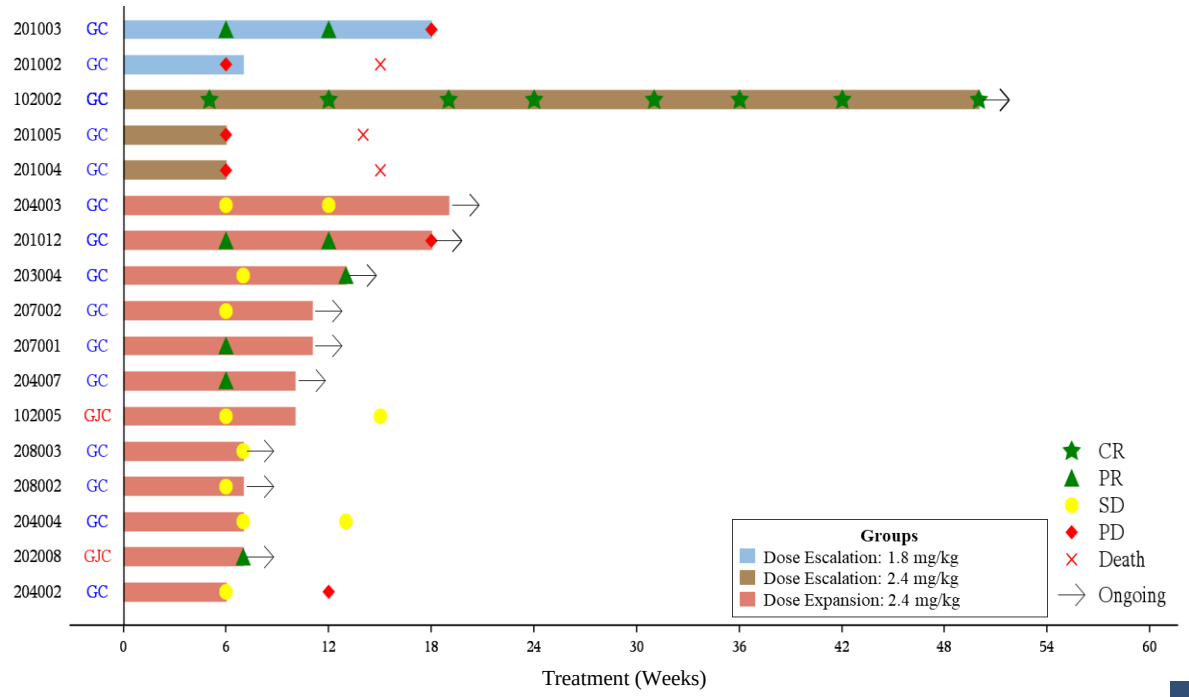
Preliminary Efficacy (as of August 21st, 2024)

- **Phase I (Multiple Tumor Types Without Pre-screening for CLDN18.2 Expression Levels)**: Dose escalation stage completed; **RP2D at 2.4 mg/kg** confirmed with SRC
  - **2 responders among 5 gastric cancer patients** in the 1.8 mg/kg and 2.4 mg/kg cohorts (**ORR of 40%**; without pre-screening patients' Claudin 18.2 expression levels)
  - **1 CR from 2.4mg/kg dose level observed** (ultra-low CLDN 18.2 expression) and **1 PR from 1.8mg/kg dose level observed** (CLDN 18.2 expression unknown)*
- **Phase II (Claudin 18.2 Expression Required)**: Enrollment is ongoing, 21 gastric cancer patients enrolled
  - **5 PRs out of 12 patients who at least underwent their first tumor assessment** (including a patient with ultra-low CLDN18.2 expression)
  - **100% DCR** (3 SDs with 28%, 26.5%, and 24% tumor shrinkages respectively)

Efficacy Summary – Waterfall Plot



Efficacy Summary – Swimmer Plot

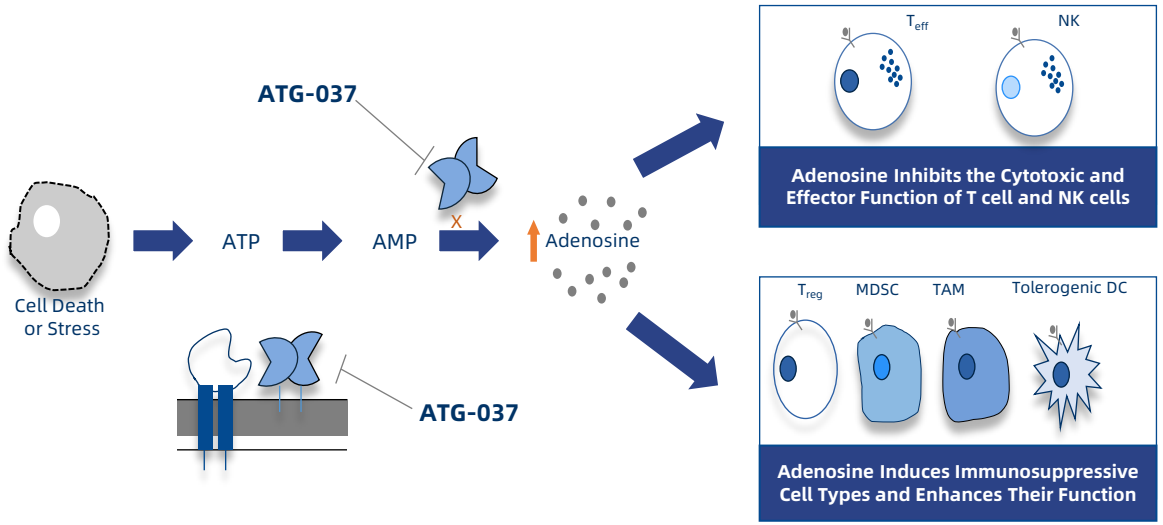


** The sample obtained via punch biopsy from the patient's tumor was of insufficient quality due to significant areas of necrosis or contamination within the tissue. As a result, the pathologist was unable to accurately assess Claudin 18.2 expression levels*

ATG-037: Potentially Best-in-Class CD73 Small Molecule Inhibitor

Best-in-Class Potential

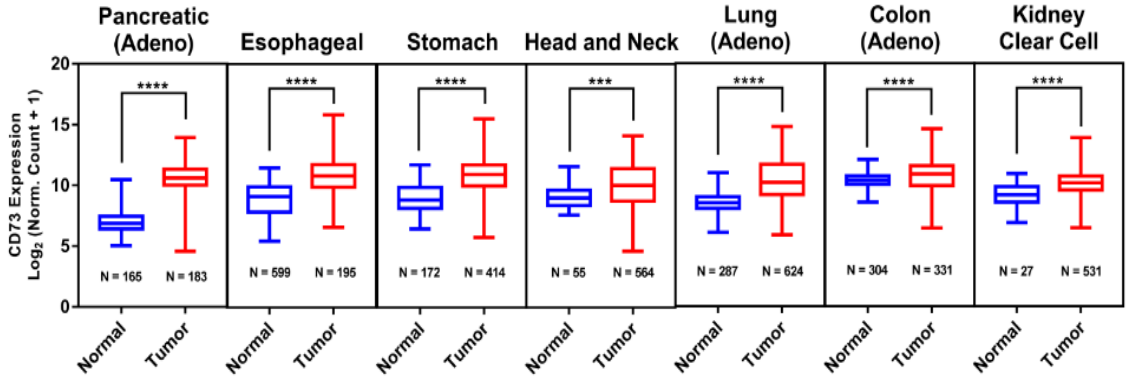
- **Completely** blocks CD73 activity and **overcomes "hook effect"** commonly seen in anti-CD73 antibodies
- Rescues T-cell functions in **high AMP conditions**
- **Demonstrated potential to reverse CPI-resistance in Phase I dose escalation study**



Excellent Safety Profile

- **No ATG-037 related toxicity** identified in GLP toxicology studies
- Demonstrated a **very clean safety profile during dose escalation**
  - Most TEAEs are Grade 1-2 and did not require any dose modification
- **No inhibition** of CD39 and other related targets (up to 10 mM)

Broad Therapeutic Potential in Multiple Tumor Types



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

Monotherapy and Combination with Anti-PD-1, Pembrolizumab

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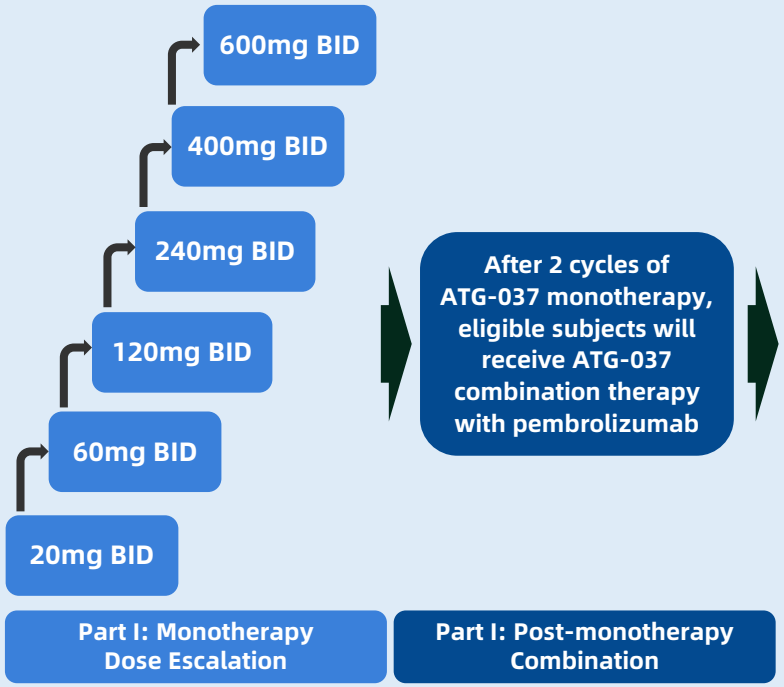
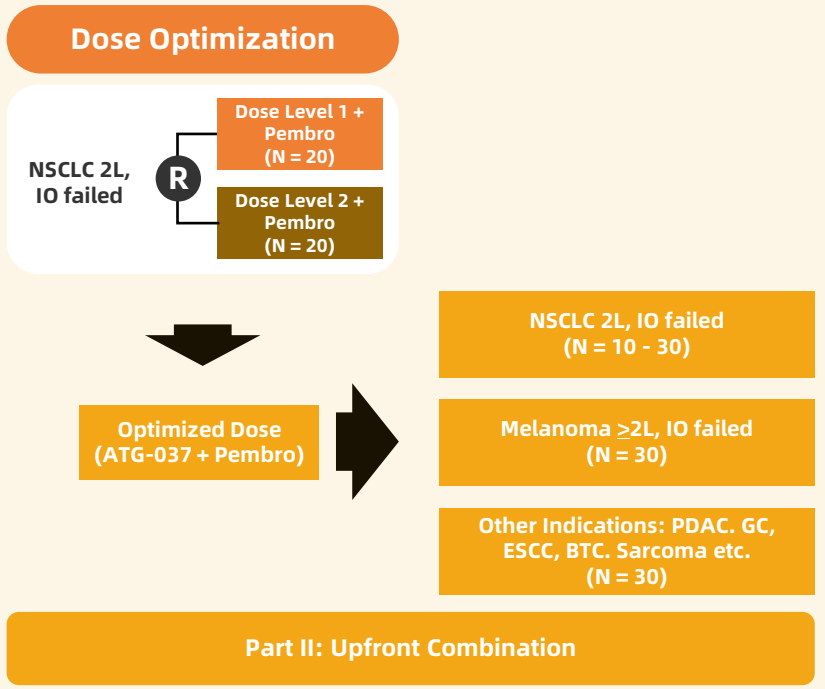
Phase I/II, Multi-center, Open Label Study Ongoing in Australia and China

Phase I: Dose Escalation



Phase II: Dose Expansion



Objectives of the Study

Primary Objectives:

Safety, tolerability of monotherapy and pembrolizumab combination therapy. RP2D definition

Secondary Objectives:

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

Completed Phase I Dose Escalation; Proceeding to Phase II Dose Expansion Phase in Q3 2024

Clinical Collaboration with MERCK

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

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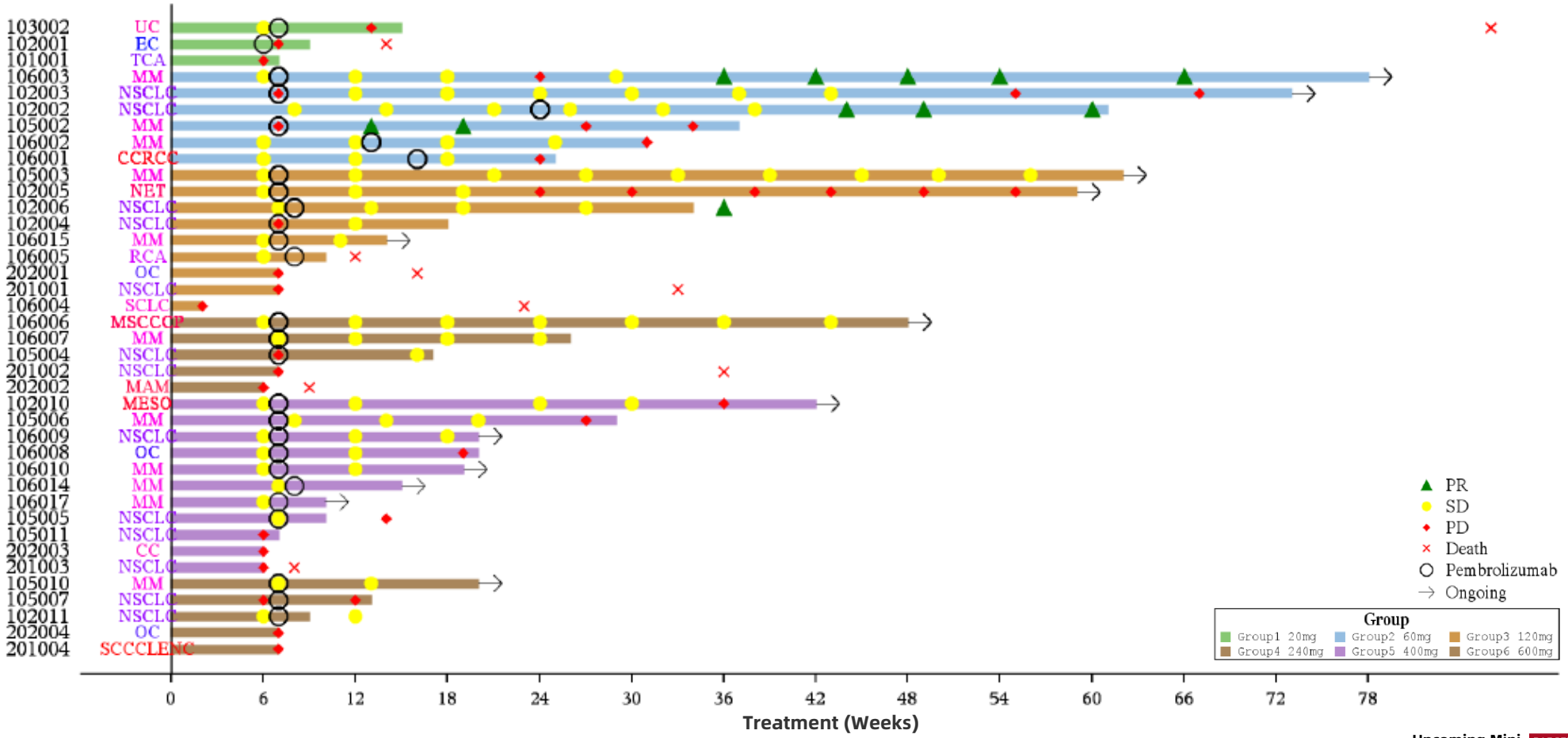
Preliminary Data (as of July 26th, 2024)

- **4 PRs observed in patients previously treated with a checkpoint inhibitor** (CPI; 2 melanoma patients, 2 non-small cell lung cancer patient), **demonstrating the potential to reverse CPI resistance**
- ATG-037 demonstrated **excellent safety profile** in dose escalation stage and will proceed to dose expansion in Q3 2024



CC = Cervical Cancer; CCRCC = Clear Renal Cell Carcinoma; EC = Esophageal Carcinoma; MAM = Metastatic Adenocarcinoma; MESO = Mesothelioma; MM = Melanoma; MSCCCP = Metastatic Squamous Cell Carcinoma of Cutaneous Primary; NET = Neuroendocrine Tumor; NSCLC = Non-small cell lung cancer; OC = Ovarian Cancer; RCA = Renal Cell Carcinoma; SCLC = Small Cell Lung Cancer; TCA = Thymic Carcinoma; UC = Uterine Cancer

Upcoming Mini Oral Presentation: BARCELONA 2024 ESMO congress

ATG-101 (Xirestomig), a Potentially Best-in-class PD-L1/4-1BB Bispecific Antibody Offers Potential to Overcome PD-(L)1 Resistance

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How can ATG-101 Overcome PD-(L)1 Resistance?

Add a T Cell Booster

By combining with a 4-1BB agonist

Creating an "On-switch"

By using a bi-specific antibody to create a "trimer-induced-on-switch" to reduce 4-1BB driven liver tox

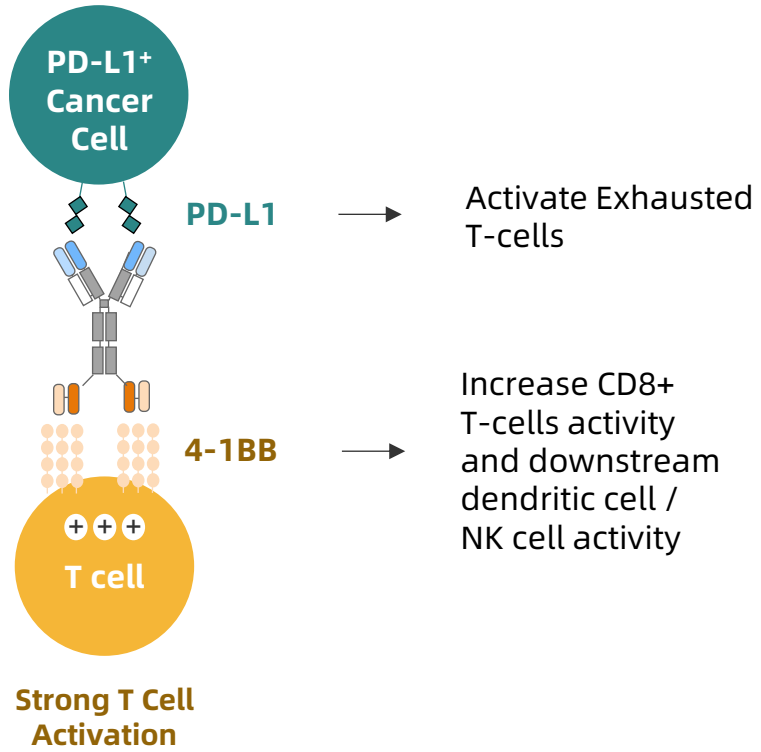
Maximize PD-L1 Binding

ATG-101's PD-L1/4-1BB arm affinity ratio of 65 ensures high PD-L1 receptor occupancy

To Render Tumors "Hot"

By increase CD8+ T-cell activity and downstream dendritic cell and NK cell activity

Complementary Mechanism of PD-L1/4-1BB to render "Cold" tumors "Hot"



CPI = checkpoint inhibitor; mAb = monoclonal antibody, NK cell = Natural Killer cell

ATG-101 (PD-L1/4-1BB): Phase I "PROBE" Study Underway

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

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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

Planning to evaluate efficacy and safety in multiple cohorts including CPI-resistant populations as well as "cold tumors"

- CPI-exposed patients: 2 cohorts
- CPI-naive patients: 6 solid tumor cohorts

No Liver Toxicities Observed in the Dose Escalation Studies**,** with **Partial Response (PR)** and **Durable Stable Diseases (SDs)** Noted**; Dose Escalation to be Completed in 1H 2025**

*PROBE-CN is underway in China;
ADA: anti-drug antibody; CPI: checkpoint inhibitor; RP2D: Recommended Phase II Dose

ATG-031 (Anti-CD24 mAb): Novel Macrophage Activating Approach via Blocking CD24-Siglec10 and Enhancing Macrophage-Mediated Phagocytosis (MMP)

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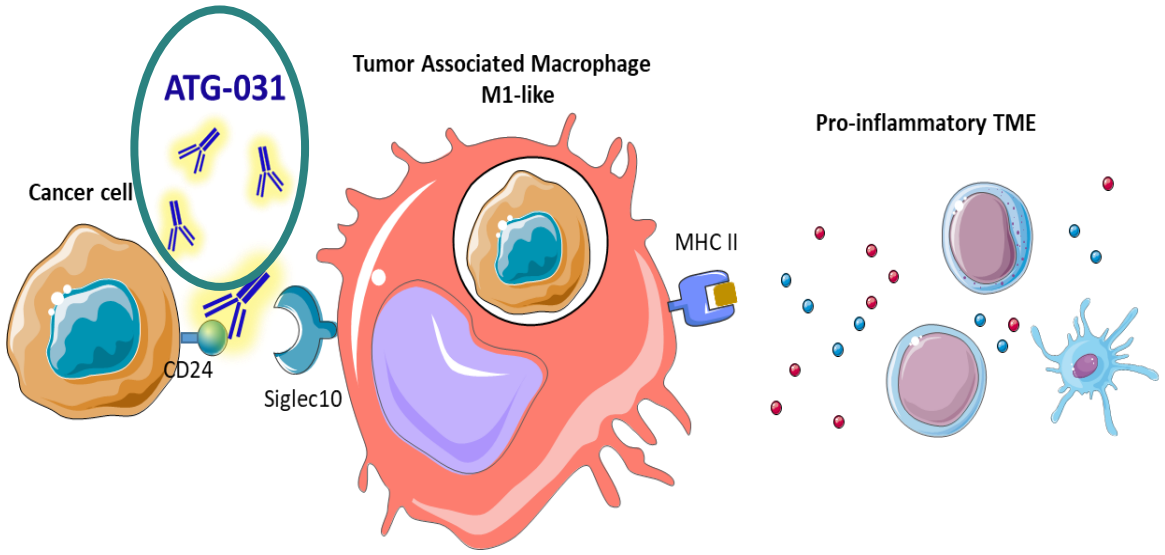
How Does the Pathway Work?

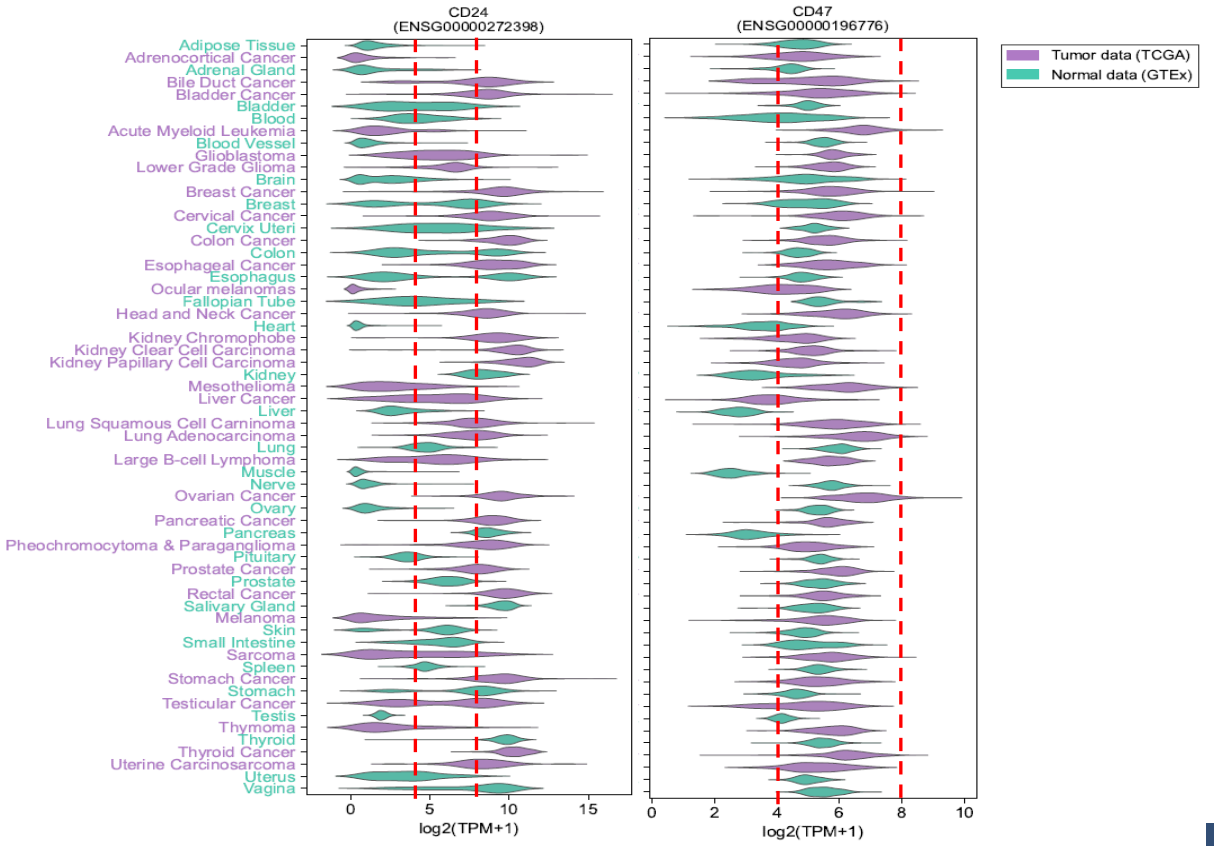
Blocking CD24-Siglec10 Enhances TAM-dependent Phagocytosis, Shifting TAM to Anti-tumor M1 Subtype, and Boosting Anti-tumor Immunity



TAM = tumor associated macrophage;

CD24 is a Clean Therapeutic Target for Oncology

CD24 has Higher Tumor Expression and Narrower Normal Tissue Distribution



ATG-031: Advancing Through Phase I "PERFORM" with Key Milestones Ahead

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Multi-center, Open Label, Ongoing in the U.S.*

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

19 Late-Stage Cancer Patients Have Been Treated in the Phase I Dose Escalation of "PERFORM" Trial with **No Dose-Limiting Toxicities (DLTs) Observed; Stable Disease (SD), Objective Tumor Shrinkage, and Clinical Improvement** Have Been Noted; **Targeting Phase I Data Readout in 1H 2025**

** Key study sites include: The University of Texas MD Anderson Cancer Center, the University of California San Francisco, the University of Colorado, and Yale University Cancer Center*

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

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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 Potential

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Assets	Target *(Modality)*	Indication	Pre-clinical / Phase I / Phase II / Phase III/Pivotal / NDA / Commercialization	Antengene Rights	Partner
ATG-010 (Selinexor)	XPO1 *(Small molecule)*	R/R Multiple Myeloma	Combo with dexamethasone *(MARCH)* — *The Mainland of China NDA Approved*	APAC[1]	Karyopharm Therapeutics
			Combo with dexamethasone *(STORM)* - *Partner's Pivotal Trial in the US* — *US, EU, UK, IL, SK, SG, AU, TW, HK & MY NDA Approved*		
			Combo with bortezomib and dexamethasone *(BENCH)* ★ — In Preparation for sNDA Submission		
			Combo with bortezomib and dexamethasone *(BOSTON)* - *Partner's Pivotal Trial in the US* — *US, EU, UK, IL, CA, SG, AU, TW & MY sNDA Approved*		
		R/R Diffuse Large B-cell Lymphoma	Monotherapy *(SEARCH)* — *sNDA Approved in The Mainland of China on June 28th, 2024*		
			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)* ★		
		Maintenance Therapy for Endometrial Cancer	Monotherapy *(SIENDO)*		
			Monotherapy *(EC-042)* - *Partner's Pivotal Trial in the US* ★		
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 Clinical Collaboration	APAC[2]	Celgene, Bristol Myers Squibb Company

Antengene Trials[3] | Partner Trials[4] | Partner Global Trials in Antengene Region | ★ Registrational Trial

[1] Antengene has rights for Greater China (The Mainland of China, Hong Kong, Taiwan, Macau), Australia, New Zealand, South Korea, and the ASEAN Countries;
[2] Antengene has rights for Greater China, South Korea, Singapore, Malaysia, Indonesia, Vietnam, Laos, Cambodia, the Philippines, Thailand and Mongolia;
[3] Most advanced trial status in Antengene territories and the trials are responsible by Antengene;
[4] 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; 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; MY: Malaysia; SG: Singapore; SK: South Korea; TW: Taiwan; UK: United Kingdom; US: United States;

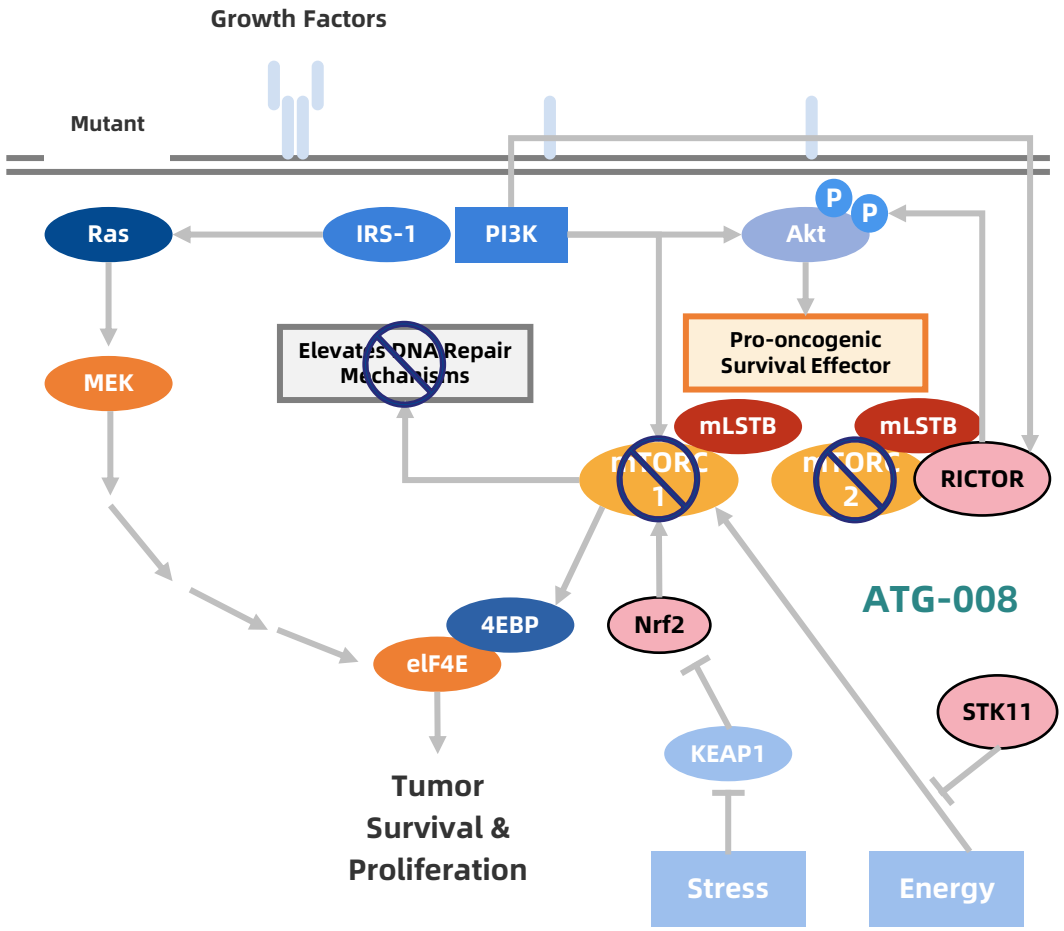
ATG-008 (Onatasertib): A Novel Second Generation mTORC1/2 Inhibitor

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 Preliminary Data of ATG-008 (Onatasertib) in "TORCH-2" Trial

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

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

Overall Response Rate (ORR)

53.3%

Efficacy Evaluable Population
2L+ CPI-naïve Cervical Cancer (16/30)

Disease Control Rate (DCR)

86.7%

Efficacy Evaluable Population
2L+ CPI-naïve Cervical Cancer (26/30)

Overall Response Rate (ORR)

22.2%

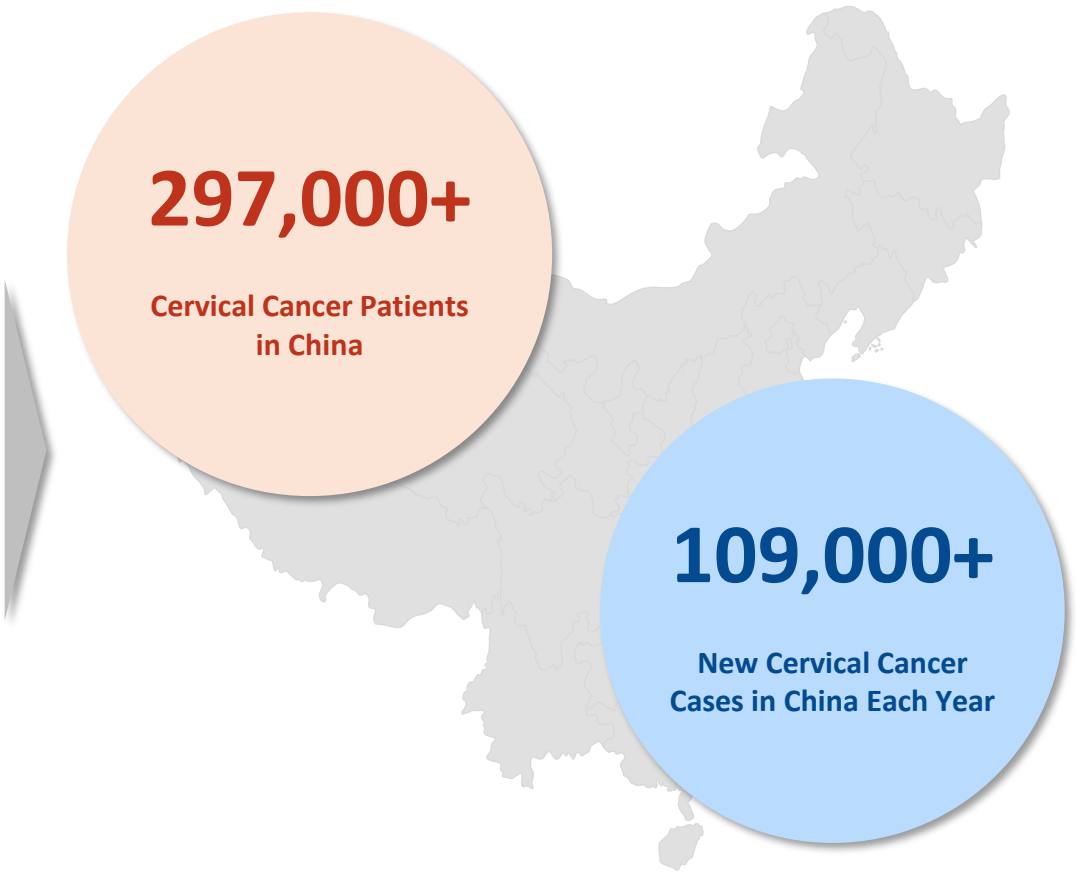
Efficacy Evaluable Population
2L+ CPI-treated Cervical Cancer (6/27)

Disease Control Rate (DCR)

92.6%

Efficacy Evaluable Population
2L+ CPI-treated Cervical Cancer (25/27)

Huge Unmet Medical Needs in Advanced Cervical Cancer



In Communication with the Regulators on a Registrational Pathway in Advanced Cervical Cancer

Enrollment is ongoing for "TORCH-2" trial, preliminary data as of August 20th, 2024

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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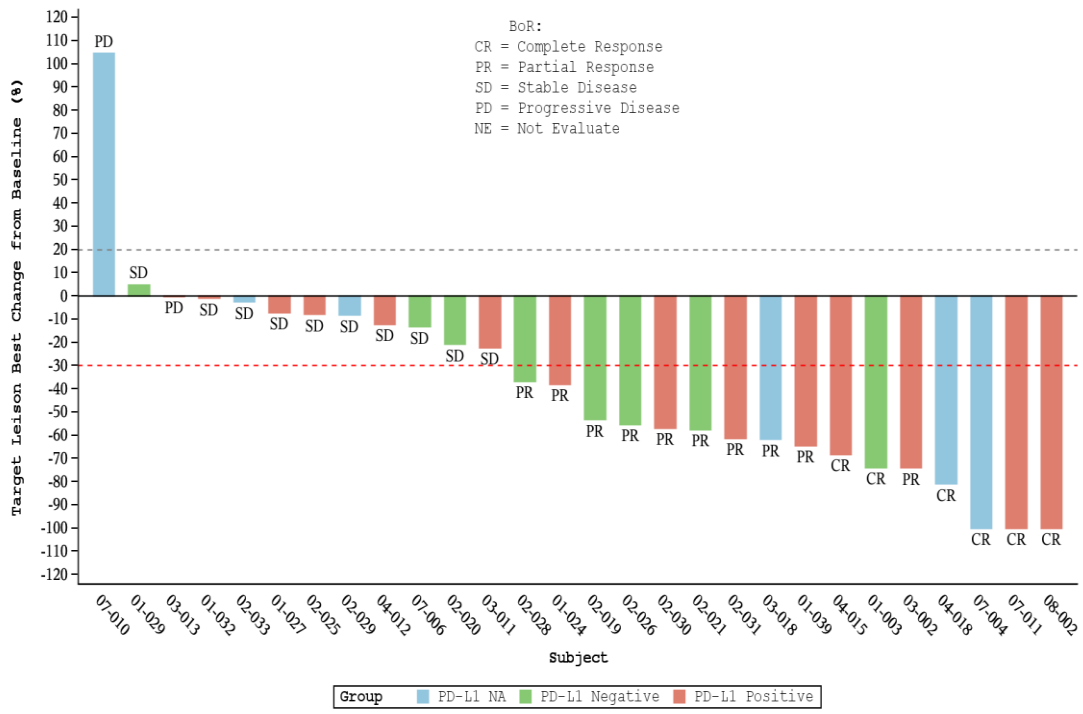
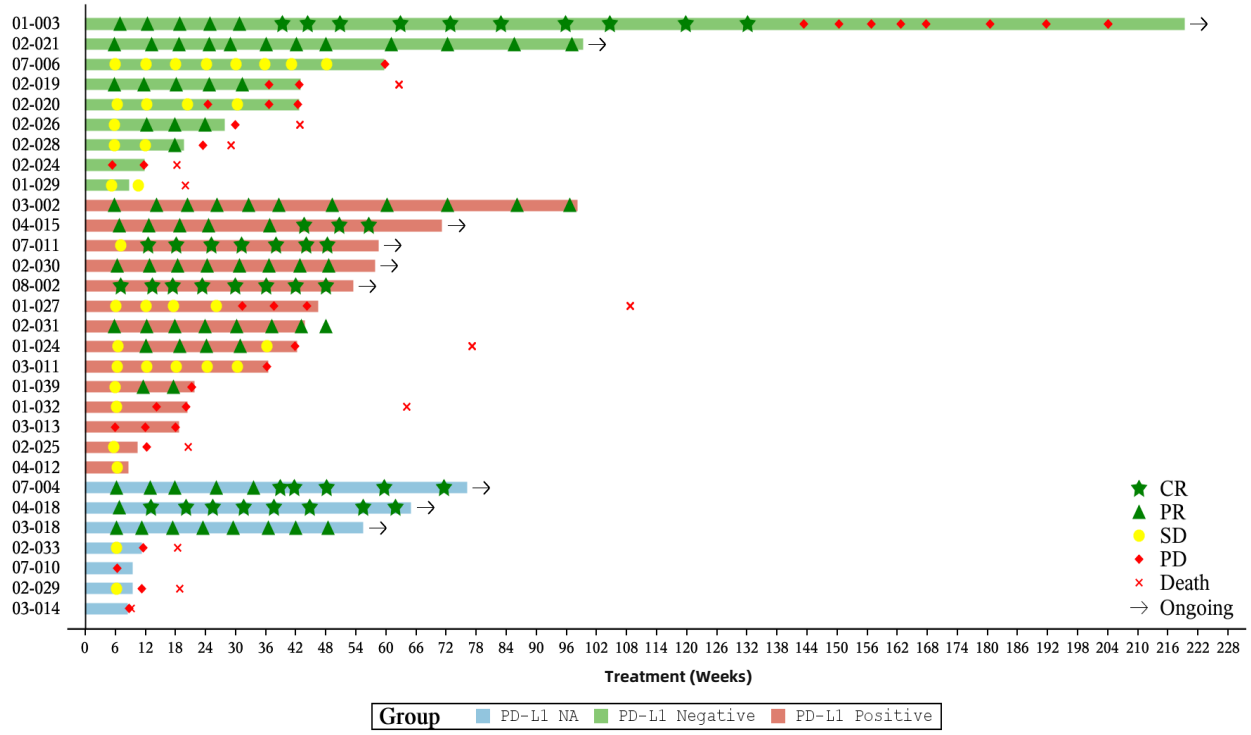
- As of August 20th, 2024, 30 2L+ CPI-naïve advanced cervical cancer patients who received ATG-008 at RP2D in combination with toripalimab had undergone at least one tumor assessment after study treatment
- The best overall response (BOR) was **6 complete responses (CR), 10 partial responses (PR), 11 stable diseases (SD), and 4 progressive diseases (PD)**
- The overall response rate **(ORR) was 53.3%**, disease control rate **(DCR) was 86.7%**
- 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 August 20th, 2024

The ORR data presented on this slide for ATG-008 in combination with toripalimab in CPI-naïve cervical cancer patients represents the Unconfirmed Best Overall Response

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

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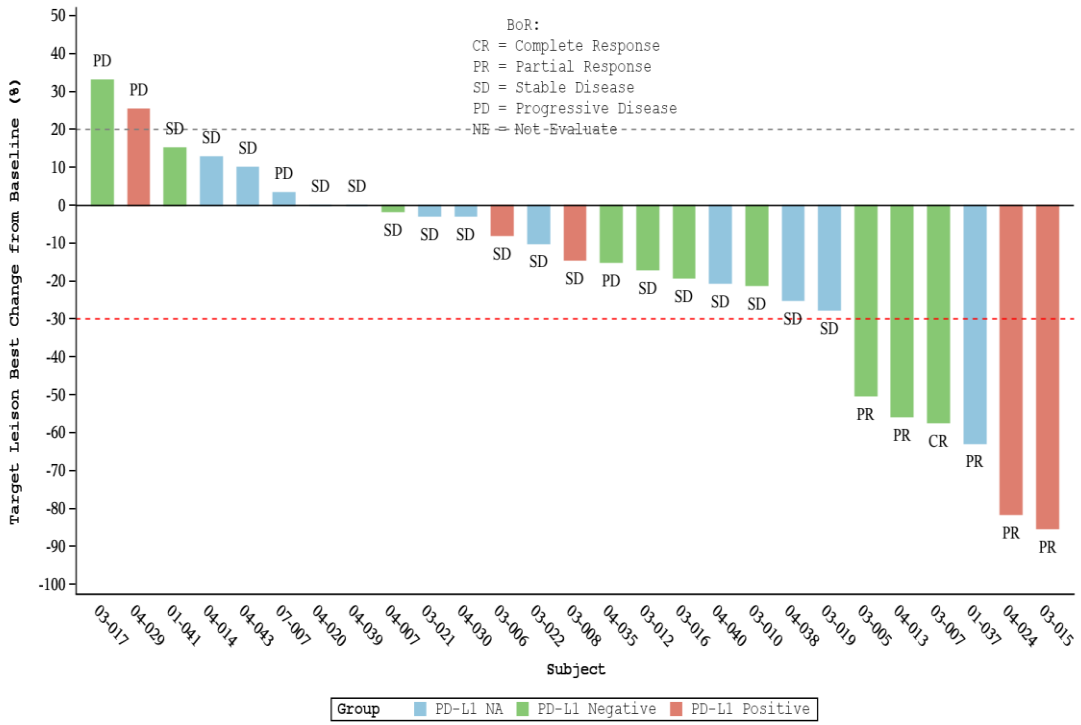
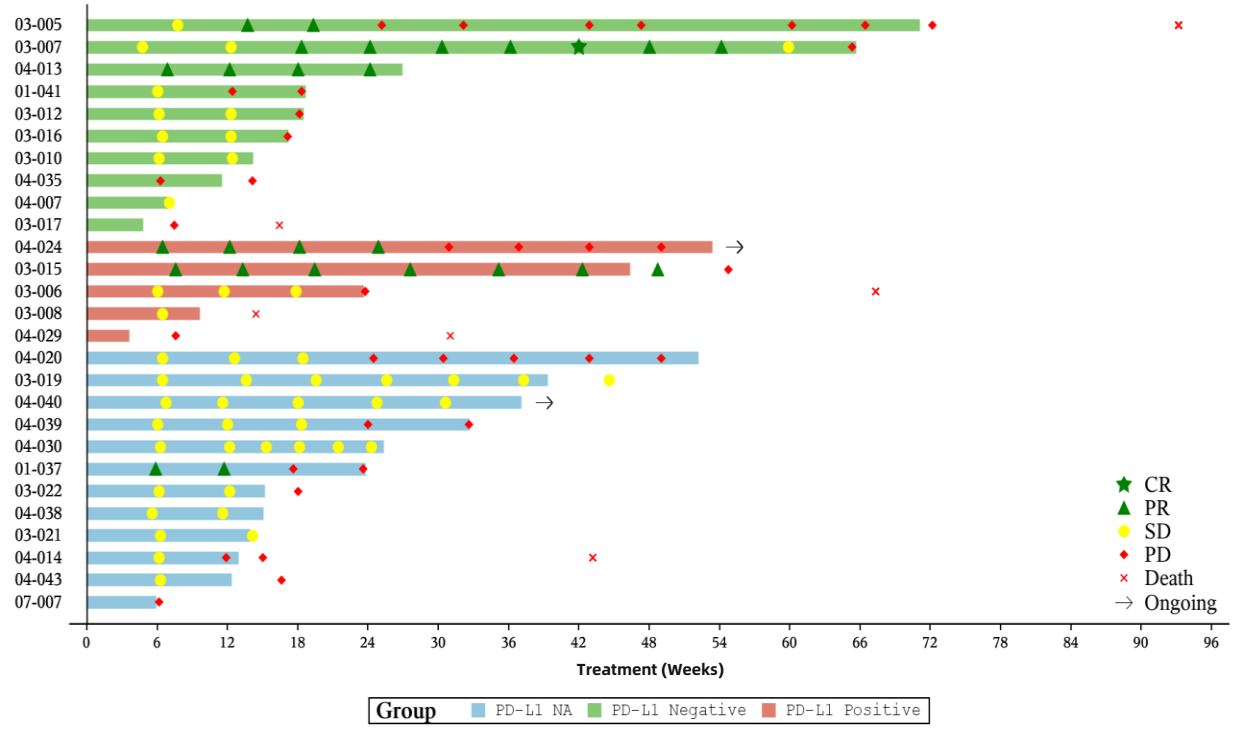
- As of August 20th, 2024, 27 2L+ CPI pre-treated advanced cervical cancer patients who received ATG-008 at RP2D in combination with toripalimab had undergone at least one tumor assessment after study treatment
- The best overall response (BOR) included **1 complete response (CR), 5 partial responses (PR), 17 stable diseases (SD), and 4 progressive diseases (PD)**
- The overall response rate **(ORR) was 22.2%**, the disease control rate **(DCR) was 92.6%**
- Consistent safety profile with no new safety signals

Efficacy Summary – Waterfall Plot



Efficacy Summary – Swimmer Plot



Preliminary data as of August 20th, 2024

The ORR data presented on this slide for ATG-008 in combination with toripalimab in CPI-naïve cervical cancer patients represents the Unconfirmed Best Overall Response

PRE-CLINICAL PIPELINE OVERVIEW

ANTENGENE

Research and Development Focusing on New Drug Modalities: T Cell Engager

AnTenGager™, a Novel "2+1" T Cell Engager Platform Enabling the Creation of TCEs with Enhanced Therapeutic Effect and Safety

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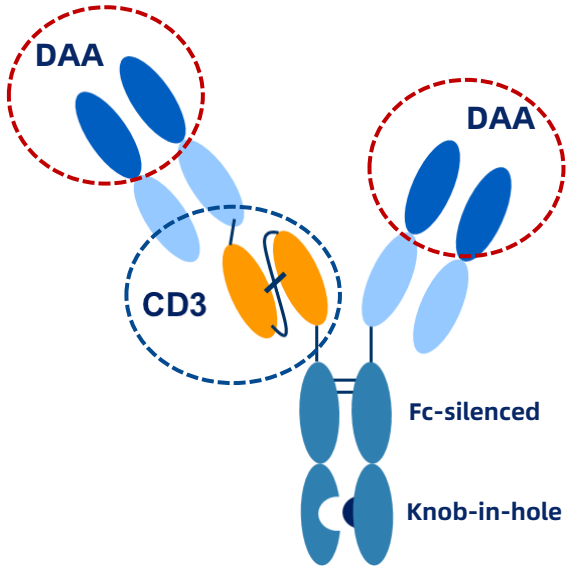
Features of AnTenGager™ TCEs



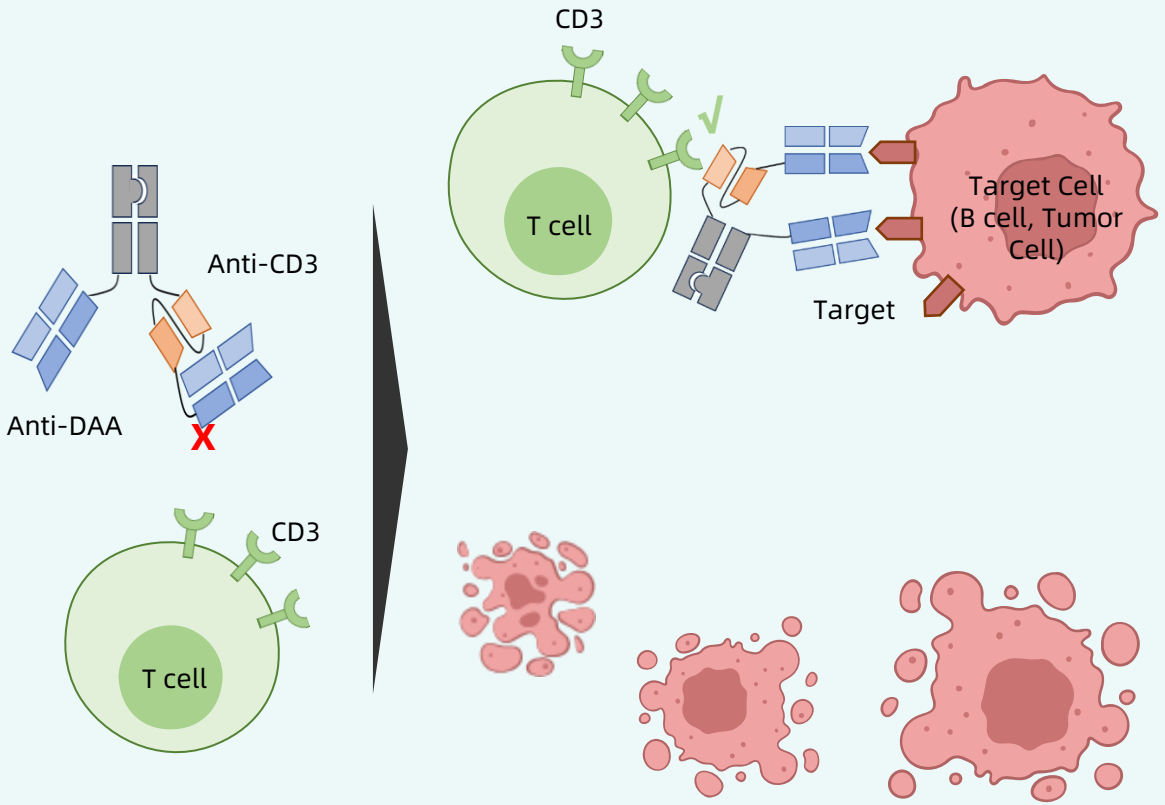
- **Bivalent binding** of disease-associated antigen (DAA) **enables the targeting of low-expressing target**

- In-house developed CD3 sequences with a **broad range of affinities,** binding to **unique conformational epitope**
- **Reduced CD3 binding in the absence of DAA-crosslinking**
- **Reduced risk of hook effect**

Advantages of the AnTenGager™ Platform

- **Proprietary CD3 sequences** binding to a **unique epitope of CD3**
- **Reduced binding** of CD3+ T cells **before disease-associated antigen (DAA) crosslinking**
- **Reduced risk of cytokine release syndrome and hook effect with enhanced efficacy**
- **Good developability** (high expression yield, good thermostability and high stability/purity under different stress conditions)

MoA – Target-Dependent CD3 Binding and Cytotoxicity



The AnTenGager™ Platform is Designed to Address the Limitations of First Generation "1+1" T Cell Engagers (TCEs)

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First Generation "1+1" TCEs	VS	AnTenGager™ Platform "2+1" TCEs
High risk of inducing CRS remains a challenge	**Risk of Cytokine Release Syndrome**	Unique design of AnTenGager™ TCE enables high potency with **reduced risk of CRS**
Affinity of **monovalent binding is not strong enough** to target low expressing targets	**Ability to Target Low Expressors**	**Bivalent binding** of disease-associated antigen (DAA) **enables targeting of low-expressing targets**
Commonly use **protease-based masking strategies** which **works in established tumor microenvironments** but challenging in autoimmune diseases	**Masking Technology**	Achieves masking & target-dependent activity via **steric effect**, allowing use in **both oncology and autoimmune indications**
Most TCE platforms are using **off-patent CD3 sequences like SP34 & OKT3**	**Patent of CD3 Antibody**	AnTenGager™ TCEs uses **proprietary CD3 sequences (patented)**

A Series of AnTenGager™ TCEs with Transformational Potential

Programs	Target	Target Indications	mAb Discovery	*In vitro* efficacy	*In vivo* efficacy	Developability	CMC/Tox	IND
ATG-201	CD19/CD3	B Cell Related Autoimmune Diseases						Expected in 2025 Q3
ATG-021	GPRC5D/CD3	Multiple Myeloma						
ATG-102	LILRB4/CD3	Acute Myeloid Leukemia (AML) & Chronic Myelomonocytic Leukemia (CMML)						
ATG-107	FLT3/CD3	Acute Myeloid Leukemia (AML)						
ATG-106	CDH6/CD3	Ovarian Cancer & Kidney Cancer						
ATG-110	LY6G6D/CD3	Microsatellite Stable (MSS) Colorectal Cancer						
ATG-112	ALPPL2/CD3	Solid Tumors						
ATG-105	DLL3/CD3	Small Cell Lung Cancer & Neuroendocrine Tumors						

ATG-201 is a Novel "2+1" CD19/CD3 AnTenGager™ TCE With Ability to Deeply Deplete B Cells for the Treatment of Autoimmune Diseases

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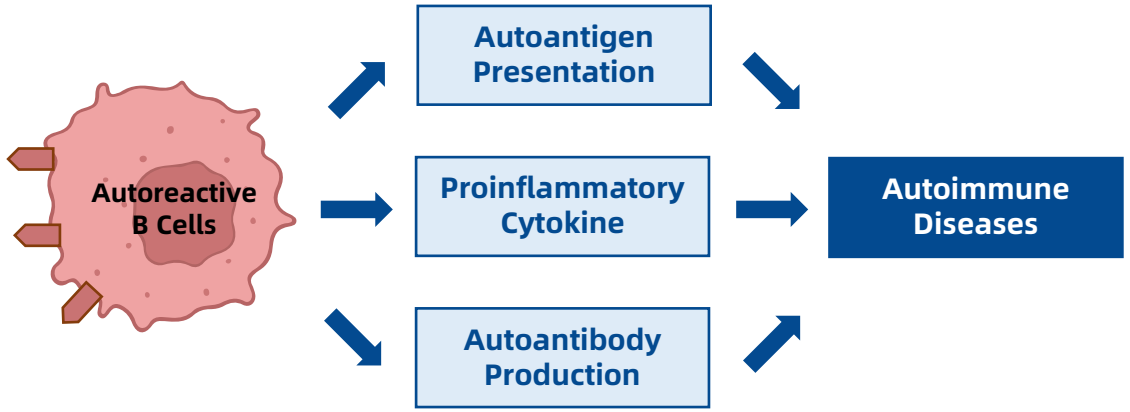
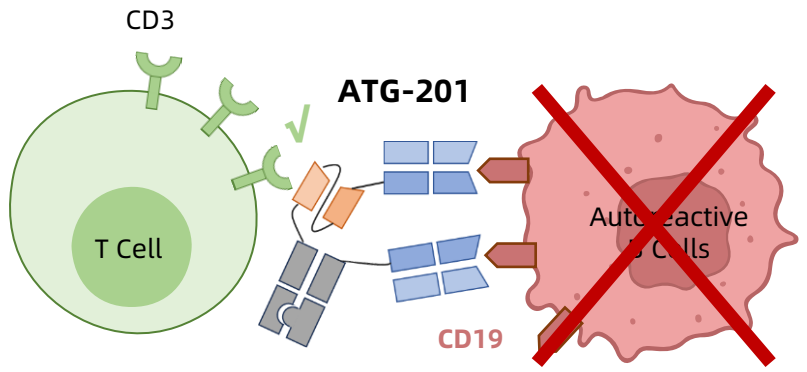
Development of Autoimmune Diseases



B Cell Depletion Therapy with ATG-201 to Treat Autoimmune Diseases

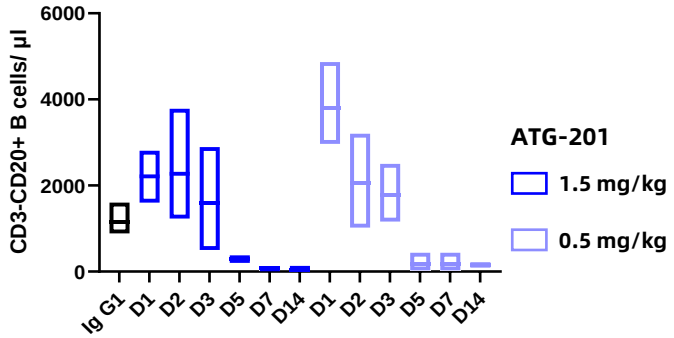


B Cell Depletion Leads to the Remission of Autoimmune Diseases

Summary and Developmental Progress

- **Pre-clinical candidate (PCC) was nominated** for ATG-201, a potential best-in-class "2+1" CD19/CD3 AnTenGager TCE for the treatment of autoimmune diseases
- ATG-201 induced **deep *ex-vivo* and *in vivo* B cell depletion** with **low risk of inducing CRS**
- Potent efficacy was observed in **systemic lupus erythematosus (SLE)** and **multiple sclerosis (MS)** animal models
- ATG-201 demonstrated **good developability**
- IND-enabling study and CMC work is ongoing for ATG-201, with **IND targeting Q3 2025**

B Cell in Lymph Nodes



ATG-201 (CD19/CD3 AnTenGager™ TCE) Shows Comparable or Enhanced Naïve B Cell Depletion and Reduced Cytokine Release vs. Clinical Benchmarks

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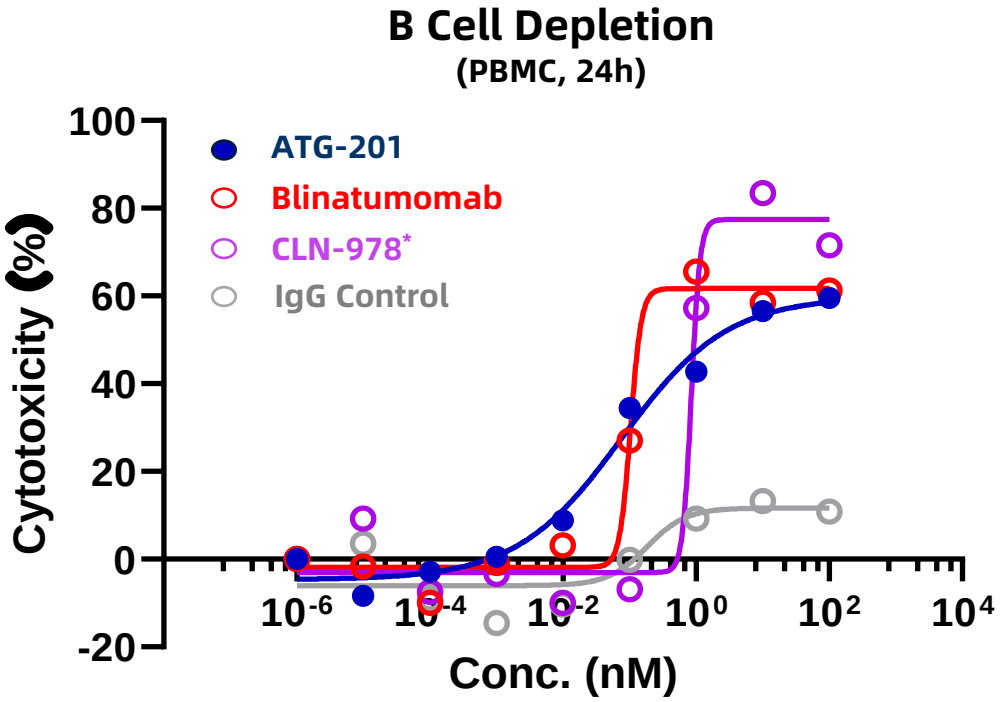
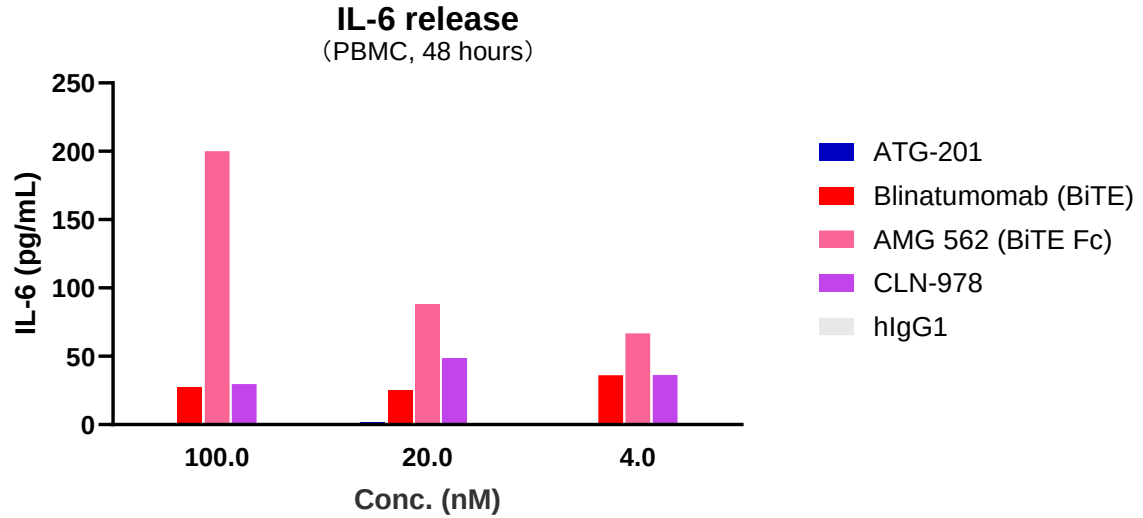
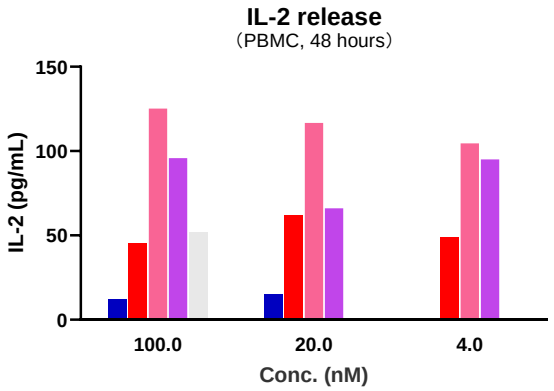
Comparable or Enhanced Naïve B Cell Depletion vs. Benchmarks

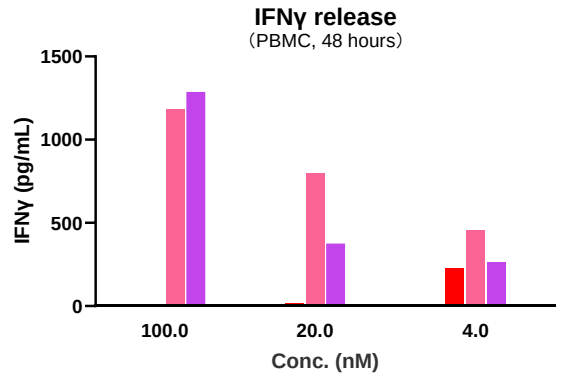


Antibody	IC50 (nM)
ATG-201	0.076
Blinatumomab	0.1035
CLN-978	0.8475

Reduced Cytokine Release vs. Benchmarks

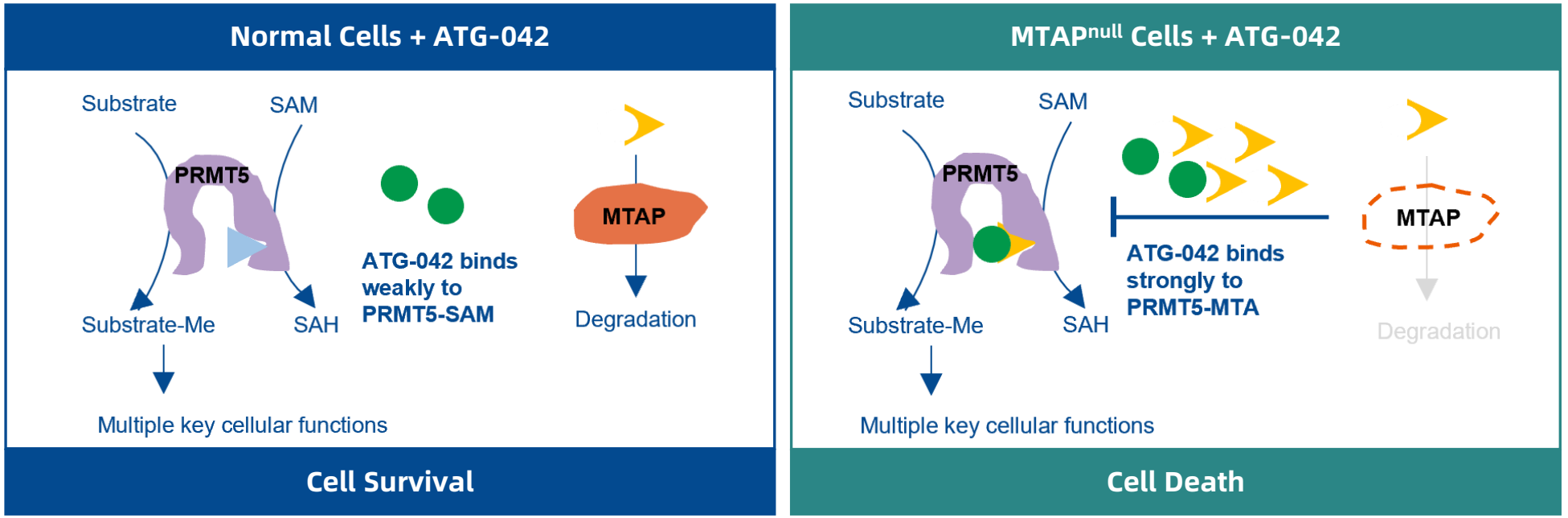






Benchmarks used in our pre-clinical study are analogue antibodies produced in-house

ATG-042, a Novel MTAP^{null}-Selective PRMT5 Inhibitor



PRMT5: Protein arginine methyltransferase 5

SAM: S-adenosylmethionine

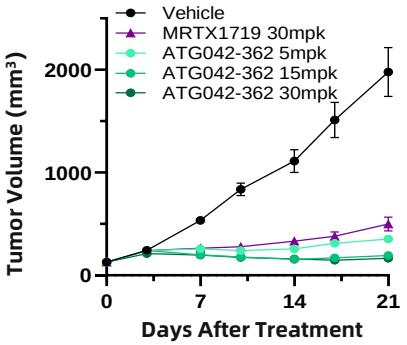
SAH: S-adenosylhomocysteine

MTA: Methylthioadenosine

MTAP: Methylthioadenosine phosphorylase

Summary and Developmental Progress

- **Pre-clinical candidate (PCC) was nominated** for ATG-042, a potential best-in-class MTAP^{null} selective PRMT5 inhibitor
- ATG-042 **preferably binds to the PRMT5-MTA over PRMT5-SAM complex, creates a synthetically lethal MTAP^{null} cancer-specific target,** and **leads to tumor cell death while sparing healthy cells**
- ATG-042 demonstrated **better DMPK/ADME profile, brain penetrability** and **in vivo efficacy** compared with clinical benchmark, MRTX1719
- IND enabling study is ongoing for ATG-042, with **IND targeting H1 2025**



COMMERCIAL OVERVIEW

ANTENGENE

NRDL Inclusion and Commercialization Partnership with Hansoh Drives Growth Momentum for XPOVIO® in the Mainland of China

ANTENGENE

Reimbursements and Commercialization Partnership with Hansoh Provide a Foundation for Profitability of XPOVIO® in China

XPOVIO® National Reimbursement Drug List (NRDL) Negotiations and Approval in 2023 for 2024 Reimbursement

For the treatment of adult patients with **relapsed or refractory multiple myeloma** (R/R MM) whose disease is **refractory to at least one proteasome inhibitors (PIs), one immunomodulatory agent (IMiD), and an anti-CD38 monoclonal antibody (mAb)**

sNDA Approval for XPOVIO® as a Monotherapy for the Treatment of Adult Patients with **R/R Diffuse Large B Cell Lymphoma**

Upcoming sNDA Submission for **2L+ Multiple Myeloma**

Commercialization Partnership with Hansoh Pharma

Thousands
Of Sales Professionals in the Mainland of China

Extensive
Hospital Coverage Across the Mainland of China

Continuously Expanding
DTP Pharmacy Coverage

Multiple Treatment Guidelines Recommendation

✓ **NCCN/ESMO/CSCO/CMDA/CMA/CACA/IMWG Myeloma Guidelines Recommendation:**

- the **X-based regimen** is **recommended** for first and multiple relapsed multiple myeloma patients

✓ **NCCN/CSCO Lymphoma Guidelines Recommendation:**

- the **X-based regimen** is **recommended** for 2L+ rrDLBCL patients

Indication Expansion Potential

Myelofibrosis (MF)
- **"XPORT-MF-034"** Study – Karyopharm initiated this Global Registrational Trial for 1L MF

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

Accelerating Commercial Growth in APAC – Reimbursement and NDA Approvals Driving Strong Market Trajectory Across Key Markets

ANTENGENE

Approved Markets

Australia

- ✓ **Xd Regimen**: Reimbursement Listing in September 2022; **41% new patient share in penta-refractory late stage patients**
- ✓ **XVd Regimen**: Reimbursement Listing in June 2023; **Increased share in early relapse patients**
- ✓ **Efficacy Message**: Continued strong resonance across physicians

S. Korea

- ✓ **Xd Regimen**: **Reimbursement** effective starting July 2024
- ✓ **XVd Regimen**: Anticipating **sNDA Approval** in Q4 2024

Taiwan

- ✓ **XVd Regimen**: Anticipating **Reimbursement Approval in Q1 2025**

Malaysia

- ✓ Achieved **NDA Approval** for Multiple Myeloma on **August 5th, 2024**

In Progress

Thailand

Indonesia

- ➢ Anticipating **NDA Approval** in Q4 2024

Philippines

Vietnam

- ➢ Next Wave of **Regulatory Submissions**

FINANCIAL OVERVIEW

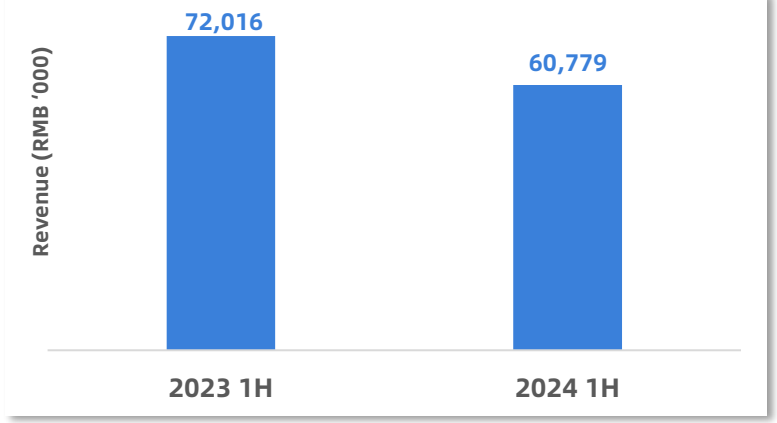
ANTENGENE

2024 1H Financial Highlights (For the Six Months Ended June 30th, 2024)

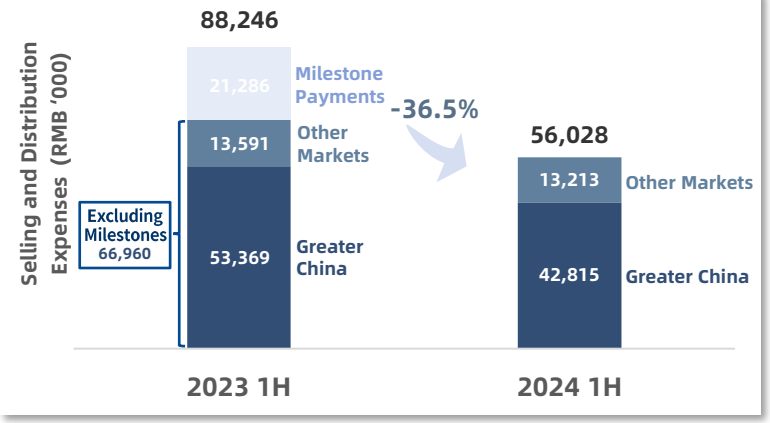
ANTENGENE

Cash and Bank Balances of RMB1,024mm to Advance Pipeline Development and Initiatives

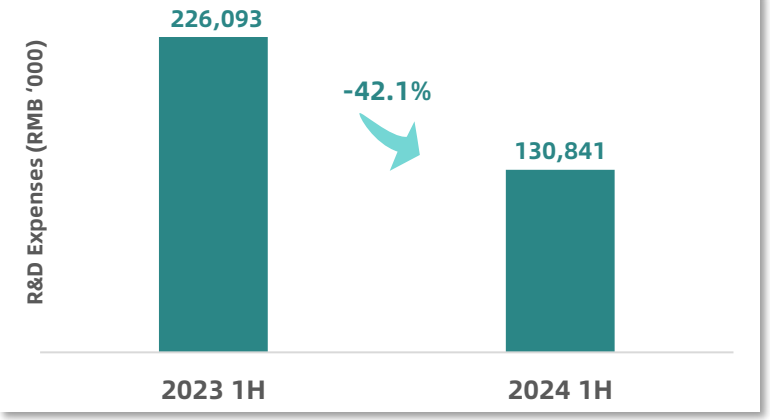
Revenue



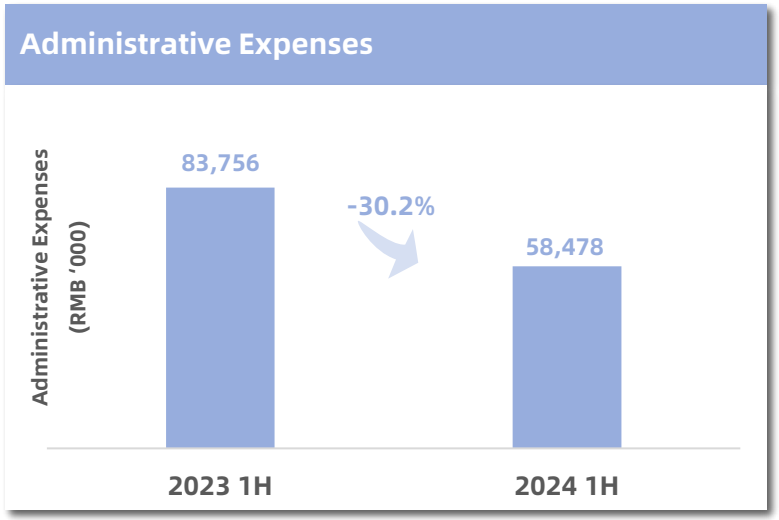
Selling and Distribution Expenses



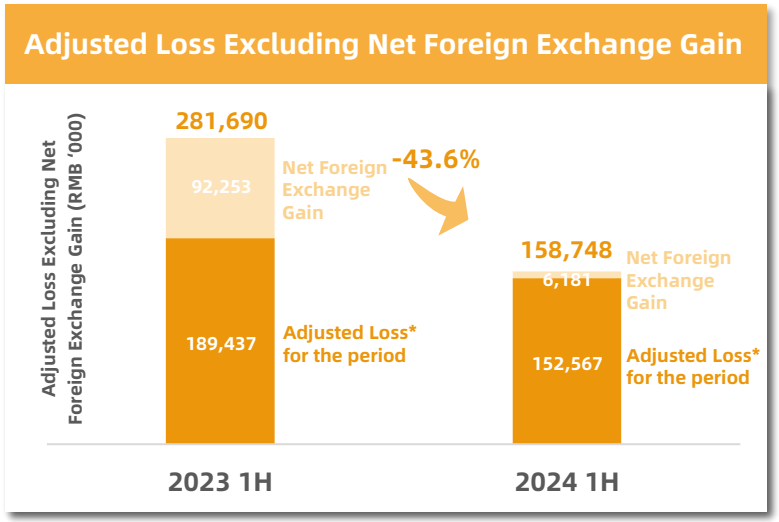
Research & Development Expenses



Administrative Expenses



Adjusted Loss Excluding Net Foreign Exchange Gain



*Adjusted loss for the period is not defined under the IFRS, it represents the loss for the period excluding the effect brought by equity-settled share-based payment expense

CLOSING REMARKS

ANTENGENE

2024 Marks a Year Full of Catalysts for Antengene

ANTENGENE

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

Clinical Development Progress

- **Confirm regulatory pathway** of **ATG-008** (mTORC1/2i) in advanced cervical cancer
- **Completion of dose escalation and start dose expansion** of **ATG-037** (CD73i)
- **Completion of dose escalation and start dose expansion** of **ATG-101** (PD-L1/4-1BB BsAb)
- **Complete Phase II dose expansion** of **ATG-022** (Claudin 18.2 ADC) in **gastric cancer**
- **Preliminary data read out** of **ATG-031** (CD24 mAb) "PERFORM" trial

Selinexor Commercial Launch Across Asia Pacific

- ✓ Selinexor (ATG-010) sNDA approval in **China** (DLBCL)
- ✓ Reimbursement approval: **South Korea** (MM Xd)
- ✓ Selinexor (ATG-010) NDA approval in **Malaysia** (MM SVd & Sd)
- Selinexor (ATG-010) sNDA approval in **Hong Kong** (MM SVd; DLBCL)
- Selinexor (ATG-010) sNDA approval in **South Korea** (MM SVd)
- Selinexor (ATG-010) NDA approval in **Indonesia, Thailand** (MM SVd & Sd; DLBCL)

Multiple Regulatory Filings

- ✓ Selinexor (ATG-010) sNDA filing in **South Korea** (MM SVd)
- ✓ Reimbursement submission: **Taiwan** (MM XVd)
- Selinexor (ATG-010) sNDA filing in **the Mainland of China** (SVd in MM)
- Selinexor (ATG-010) NDA filing in **the Philippines & Vietnam**

✓ = Achieved

ANTENGENE

ANTENGENE CORPORATION LIMITED
(SEHK: 6996.HK)

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THANK YOU

TREATING PATIENTS BEYOND BORDERS