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Two NDA/BLA have been filed and currently under review by NMPA
- **GB226 (PD-1)** Priority Review for PTCL
- **GB242 (Infliximab Biosimilar)** Under Review

Three registrational pivotal trials completed
- **GB491 (CDK 4/6)** for 1L and 2L phase 1b HR+/HER2- breast cancer bridging studies EC approved
- **GB261** first in human (FIH) trial EC submitted in Australia in March-21

Eight IND applications approved and two under reviews
- Three Bispecific assets entering into IND enabling stage

Key commercial personnel on board preparing for the new drug launch
- Participated in 2020 annual conference of CCPTL to promote Genor and GB226
- Investment agreement with China (Shanghai) Pilot Free Trade Zone Lin-Gang Special Area Administration

In-licensed **GB491 (CDK4/6)** for the treatment of HR+/HER2- breast cancer from G1 Therapeutics
- In-licensed **GB492 (STING agonist)** from ImmuneSensor Therapeutics

Received B-round financing of US$160mn in May
- Successfully raised US$400mn and listed on the main board of HKEX in October
## A Broad Pipeline Targeting Large Therapeutic Areas

<table>
<thead>
<tr>
<th>Product</th>
<th>Target/MoA (reference drug)</th>
<th>Indication</th>
<th>Classification</th>
<th>Commercial Rights</th>
<th>Pre – Clinical</th>
<th>IND</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>NDA Filing</th>
</tr>
</thead>
<tbody>
<tr>
<td>GB491</td>
<td>CDK4/6+AI/SERD (combo w/ letrozole / fulvestrant)</td>
<td>1L HR+/HER2- BC</td>
<td>Novel (In-license)</td>
<td>APAC ex-JP(1)</td>
<td>IND Approval</td>
<td>By G1 Therapeutics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CDK4/6+SERD (combo w/ fulvestrant)</td>
<td>2L HR+/HER2- BC</td>
<td>Novel (In-license)</td>
<td>By G1 Therapeutics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CDK4/6+ EGFR (combo w/ osimertinib)</td>
<td>EGFR-Mutant NSCLC</td>
<td>By G1 Therapeutics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GB242</td>
<td>TNF-α (infliximab)</td>
<td>RA, AS, Ps, CD, UC</td>
<td>Biosimilar (In-house)</td>
<td>Worldwide</td>
<td>NDA under review</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>PD-1</td>
<td>r/r PTCL</td>
<td>Novel (In-license)</td>
<td>China</td>
<td>Pivotal</td>
<td>By G1 Therapeutics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PD-1+VEGFR (combo w/ fruquintinib)</td>
<td>2L/3L+ EGFR+ NSCLC</td>
<td>APAC ex-JP(2)</td>
<td>By ImmuneSensor Therapeutics</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GB492</td>
<td>PD-1 (combo w/ GB226**)+STING</td>
<td>Solid Tumours</td>
<td>Novel (In-license)</td>
<td>IND Accepted</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GB221</td>
<td>HER2</td>
<td>HER2+ 2L+ mBC</td>
<td>Novel (In-house)</td>
<td>Worldwide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GB223</td>
<td>RANKL</td>
<td>GCTB, PMO</td>
<td>Novel (Co-develop)</td>
<td>Worldwide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GB241</td>
<td>CD20 (rituximab)</td>
<td>1L DLBCL</td>
<td>Biosimilar (In-house)</td>
<td>Co-development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GB224</td>
<td>IL-6</td>
<td>Inflammatory Disease</td>
<td>Novel (In-license)</td>
<td>China</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GB251</td>
<td>HER2 ADC</td>
<td>HER2+ 1L/2L+ mBC</td>
<td>Novel (Co-develop)</td>
<td>Worldwide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GB261</td>
<td>CD20×CD3</td>
<td>NHL</td>
<td>Novel (In-house)</td>
<td>Worldwide</td>
<td>CTA submitted in Australia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>GB262</td>
<td>PD-L1×CD55</td>
<td>Cancers</td>
<td>Novel (In-house)</td>
<td>Worldwide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GB263T</td>
<td>EGFR×c-Met×c-Met</td>
<td>NSCLC</td>
<td>Novel (In-house)</td>
<td>Worldwide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GB264</td>
<td>Claudin 18.2×CD3</td>
<td>GI Cancers</td>
<td>Novel (In-house)</td>
<td>Worldwide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- **GB221 2L NDA expected to be filed in 2021.**
- (1) Clinical trials are sponsored by G1 Therapeutics.
- (2) Clinical trial is sponsored by ImmuneSensor Therapeutics.
Portfolio Strategy Centered Around the Cancer-Immunity Cycle

**Tumor cell**
- T-Cell
- Antigens
- T-cell recognition
- T-cell immune response

**Cell-based therapies and T-cell recognition of the tumor**
- TIL
- CAR-T
- TCR
- CD3 bispecific
- Claudin 18.2xCD3

**Cancer antigen release (Cancer cell death)**
- Chemotherapy
- Radiation
- Targeted agents
  - EGFRi, EGFR TsAB, MEKi, PARPi, VEGFi, multi-RTK

**Cancer antigen presentation (APCs)**
- Oncolytic viruses
- Cancer vaccines
- TLR, STING, RIG-I agonists

**Killing of cancer cells (Immune and cancer cells)**
- Metabolic IO – IDO, Adenosine, Arginase, Glutaminase
- Targeting TAMs (CSF-1R)
- Targeting MDSCs
- CD47, KIR, NKG2A

** priming and activation (APCs & T-cells)**
- Engineered cytokines
- TGF-β trap
- T-cell agonists
- 4-1BB, CD27, GITR, ICOS, OX-40, CD40, CD80

**GB264 (Claudin 18.2xCD3)**
GB261 (CD20xCD3)

**GB226 (PD-1)**

**GB492 (STING)**
GB491 (CDK 4/6)
GB21 (HER2)
GB263T (EGFRxc-Metxc-Met)
GB226 aims at 5~6% market share in China in next 5~10 years
GB242 – Substantial Market Expansion for Autoimmune Diseases

NDA under review in November 2020

**GB242 – Infliximab biosimilar**

Phase 3 Study completed, NDA under review

R 1:1

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**Remicade has the most extensive indications approved in China among TNF-α**

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Company</th>
<th>Approval**</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yisaipu</td>
<td>Etanercept</td>
<td>3SBio</td>
<td>2005</td>
<td>RA, AS, Ps</td>
</tr>
<tr>
<td>Remicade</td>
<td>Infliximab</td>
<td>JNJ</td>
<td>2006</td>
<td>RA, AS, Ps, CD, UC</td>
</tr>
<tr>
<td>Humira</td>
<td>Adalimumab</td>
<td>Abbvie</td>
<td>2010</td>
<td>RA, AS, Ps, CD, UV</td>
</tr>
<tr>
<td>Enbrel</td>
<td>Etanercept</td>
<td>Pfizer</td>
<td>2010</td>
<td>RA, AS</td>
</tr>
<tr>
<td>Anbainuo</td>
<td>Etanercept</td>
<td>Hisun</td>
<td>2015</td>
<td>RA, AS, Ps</td>
</tr>
<tr>
<td>Simponi</td>
<td>Golimumab</td>
<td>Janssen Biologicals</td>
<td>2017</td>
<td>RA, AS</td>
</tr>
<tr>
<td>Cimzia</td>
<td>Certolizumab</td>
<td>UCB</td>
<td>2019</td>
<td>RA</td>
</tr>
<tr>
<td>BAT1406</td>
<td>Adalimumab</td>
<td>Bio-Thera</td>
<td>2019</td>
<td>RA, AS, Ps, CD, UV</td>
</tr>
<tr>
<td>HS016</td>
<td>Adalimumab</td>
<td>Hisun</td>
<td>2019</td>
<td>RA, AS, Ps, CD, UV</td>
</tr>
</tbody>
</table>

**Assets to address autoimmune market**

<table>
<thead>
<tr>
<th>Product</th>
<th>Target indication</th>
<th>Target</th>
<th>Patient Size</th>
<th>Recruitment Status</th>
<th>Type of Therapy</th>
<th>Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>GB242</td>
<td>RA, AS, Ps, CD, UC</td>
<td>TNFα</td>
<td>568</td>
<td>Enrollment completed</td>
<td>With MTX</td>
<td>3</td>
</tr>
</tbody>
</table>

---

**Significant market expansion expected**

**US$ m**

<table>
<thead>
<tr>
<th>Year</th>
<th>Global</th>
<th>China</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>33,833</td>
<td>8,070</td>
</tr>
<tr>
<td>2017</td>
<td>34,315</td>
<td>7,172</td>
</tr>
<tr>
<td>2018</td>
<td>33,921</td>
<td>6,002</td>
</tr>
<tr>
<td>2019</td>
<td>31,958</td>
<td>5,028</td>
</tr>
</tbody>
</table>

**Humira's sales distribution in China**

- Ps 10.0%
- Others, incl. CD 10.0%
- AS 15.0%
- RA 15.0%
- TNFα 65.0%

**Remicade's sales distribution in China**

- Others, incl. Ps 10.0%
- CD/UC 60.0%
- RA 15.0%
- AS 15.0%

**Abbreviations:** RA=Rheumatoid Arthritis, AS=Ankylosing spondylitis, Ps=Psoriasis, CD=Crohn's disease; UC=Ulcerative Colitis

Source: Evaluate pharma, annual reports, CDE, China Insights Consultancy, public filings; *Aggregate sales for Yisaipu, Remicade, Humira and Enbrel; **CFDA/NMPA approval
GB491 (Lerociclib) – Potentially Best-in-Class CDK4/6 Inhibitor

Well-positioned to capture the huge Breast Cancer (eBC & mBC) and HNSCC markets with unmet medical needs

- Currently completing phase 2a trial in combo with fulvestrant conducted by G1 Therapeutics in the US

HR+/HER2- mBC RMB10.5 bn
HR+/HER2- eBC RMB12.2 bn
HR+/HER2+ RMB5.9 bn
HPV- HNSCC RMB1.7 bn

- We plan to rapidly develop GB491 in HR+/HER2- BC, with subsequent plans to expand our clinical programs to include multiple other indications with novel combinations

RMB30.3bn by 2030

- 7 Landmark Studies Incl. MONARCH-1/2/3, PALOMA-2/3, MONALEESA-2/3

Lancet Oncol 2019; 20: 1295–305 (NCT02101034)

We will be ahead of most of the competitors

<table>
<thead>
<tr>
<th>Company</th>
<th>Drug</th>
<th>China Status</th>
<th>Setting</th>
<th>Registry / Approval Date</th>
<th>Patent Expiry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer</td>
<td>Ibrance</td>
<td>Launched</td>
<td>1L</td>
<td>Aug-18</td>
<td>Jan-23</td>
</tr>
<tr>
<td>Eli Lilly</td>
<td>Verzenio</td>
<td>Launched</td>
<td>1L / Adjuvant</td>
<td>Dec-20</td>
<td>Nov-29</td>
</tr>
<tr>
<td>Novartis</td>
<td>Kisqali</td>
<td>Phase 3</td>
<td>1L / Adjuvant</td>
<td>Aug-18</td>
<td>Aug-29</td>
</tr>
<tr>
<td>Hengrui</td>
<td>SHR6390</td>
<td>Phase 3</td>
<td>1L / 2L</td>
<td>Apr-19</td>
<td></td>
</tr>
<tr>
<td>Genor</td>
<td>Lerociclib</td>
<td>Bridging Studies</td>
<td>1 / 2L</td>
<td>March-21</td>
<td></td>
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<tr>
<td>Fosun</td>
<td>FCN-437</td>
<td>Phase 2</td>
<td>1L</td>
<td>Aug-20</td>
<td></td>
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<tr>
<td>Beta</td>
<td>BPI-1178</td>
<td>Phase 1/2a</td>
<td>1 / 2L</td>
<td>Feb-20</td>
<td></td>
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<tr>
<td>Sihuan</td>
<td>XZP-3287</td>
<td>Phase 1</td>
<td>2 / 3L</td>
<td>Feb-18</td>
<td></td>
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<tr>
<td>Betta</td>
<td>BPI-16350</td>
<td>Phase 1</td>
<td></td>
<td>Jan-19</td>
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<tr>
<td>BeBetter</td>
<td>BEBT-209</td>
<td>Phase 1</td>
<td></td>
<td>Sep-19</td>
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</tr>
</tbody>
</table>

CDK4/6 is already an established treatment for HR+/HER2- mBC

Global Sales of Approved CDK4/6 Inhibitors

- Continuous dosing contributed to the success of MONARCH-E compared with intermittent therapy in PALLAS study
- Different relative effects on CDK4/6
- Fewer drug discontinuations in MONARCH-E compared with PALLAS (16.6% vs 42.2%)

Verzenio (Eli Lilly)'s successful MONARCH-E study in adjuvant setting eBC

Global Sales of Approved CDK4/6 Inhibitors (US$mm)

- Ibrance
- Kisqali
- Verzenio

<table>
<thead>
<tr>
<th>Year</th>
<th>Ibrance</th>
<th>Kisqali</th>
<th>Verzenio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>723</td>
<td>2,135</td>
<td>3,126</td>
</tr>
<tr>
<td>2016</td>
<td>2,135</td>
<td>3,126</td>
<td>76</td>
</tr>
<tr>
<td>2017</td>
<td>3,126</td>
<td>76</td>
<td>21</td>
</tr>
<tr>
<td>2018</td>
<td>4,118</td>
<td>235</td>
<td>255</td>
</tr>
<tr>
<td>2019</td>
<td>4,961</td>
<td>480</td>
<td>580</td>
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</tbody>
</table>

GBM1.7bn market is calculated based on roughly 100k HNSCC patients in China in 2030, 70% are HPV-unrelated, 20% penetration rate of CDK4/6 drugs, and roughly RMB120k annual price

Source: G1 Therapeutics, FDA, ESMO 2020, PubMed, CIC

1 RMB1.7bn market is calculated based on roughly 100k HNSCC patients in China in 2030, 70% are HPV-unrelated, 20% penetration rate of CDK4/6 drugs, and roughly RMB120k annual price

2 Potential extension to 2028
GB491 (Lerociclib) – Superior Efficacy Profile vs. Other CDK4/6i

Higher ORR vs. Palbociclib in Paloma-3 Trial

<table>
<thead>
<tr>
<th>Line setting</th>
<th>Treatment</th>
<th>ORR</th>
<th>CR</th>
<th>PR</th>
<th>SD</th>
<th>DCR</th>
<th>mPFS</th>
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</thead>
<tbody>
<tr>
<td>Median 2L+</td>
<td>Lerociclib + fulvestrant</td>
<td>31.6%</td>
<td>0</td>
<td>31.6%</td>
<td>47.4%</td>
<td>79.0%</td>
<td>28.6 mo</td>
</tr>
</tbody>
</table>

Eli Lilly Monarch-2 | Pfizer Paloma-3 | Novartis Monaleesa-3

<table>
<thead>
<tr>
<th>1/2L</th>
<th>1L+ (2L 40%, 3L 25%)</th>
<th>1/2L</th>
</tr>
</thead>
<tbody>
<tr>
<td>48.1% vs. 21.3%</td>
<td>24.6% vs. 10.9%</td>
<td>32.4% vs. 21.5%</td>
</tr>
<tr>
<td>3.5% vs. 0</td>
<td>NA</td>
<td>1.7% vs. 0</td>
</tr>
<tr>
<td>44.7% vs. 21.3%</td>
<td>NA</td>
<td>30.8% vs. 21.5%</td>
</tr>
<tr>
<td>34.3% vs. 51.2%</td>
<td>NA</td>
<td>33.3% vs. 34.3%</td>
</tr>
<tr>
<td>82.4% vs. 72.6%</td>
<td>NA</td>
<td>65.7% vs. 55.8%</td>
</tr>
<tr>
<td>16.4 vs. 9.3 mo</td>
<td>9.5 vs. 4.6 mo</td>
<td>20.5 vs. 12.8 mo</td>
</tr>
</tbody>
</table>

Strong efficacy data from POC study

Source: G1 Therapeutics; CIC; ESMO 2020; Bisri J. E., Sorrentino J. A., et al; Oncotarget; 2017; 8: 42343-42358; Ping Chen, Nathan V. Lee, et al; Mol Cancer Therapeutics. October 1 2016 (15) (10) 2273-2281; DOI: 10.1158/1535-7163.MCT-16-0300; Dickler et al, Clin Cancer Res; 2017; Notes: 1 150mg BID group; 2 DCR=CR+PR+SD.
GB491 (Lerociclib) – Better Tolerability vs. Other CDK4/6i

**Favorable safety and tolerability profile**

<table>
<thead>
<tr>
<th></th>
<th>Dose-Limiting Neutropenia</th>
<th>Monitoring Requirement</th>
<th>Dosing Holiday</th>
<th>QT Prolongation</th>
<th>DILI</th>
<th>Grade 3/4 Diarrhea</th>
<th>VTE</th>
</tr>
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<tbody>
<tr>
<td>Ibrance®</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Kisqali®</td>
<td>✗</td>
<td></td>
<td></td>
<td>✗</td>
<td>✗</td>
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<tr>
<td>Verzenio®</td>
<td>✗</td>
<td></td>
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<tr>
<td>Lerociclib</td>
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</tr>
</tbody>
</table>

Note: QT Prolongation: a heart rhythm disorder; DILI=drug-induced liver injury; VTE=venous thromboembolism; ✗=inferior to lerociclib

**Longer treatment duration requires therapeutics with better tolerability**

- ~30 months
- ~60 months
- 24-60 months

mBC: Low to moderate risk eBC

**No drug holiday required**

**Less dose-limiting neutropenia**

**Less gastrointestinal toxicity**

**No serious liver toxicity**

(FDA warned on this point in Abemaciclib and Ribociclib’s labels)

**Potential less monitoring**

**Potentially best safety profile across the CDK4/6 drug class**

- **Lerociclib**: NCT02983071
  - Trial
  - Phase: I/IIa
  - Line setting: Median 2L+
  - Treatment: Lerociclib + fulvestrant
  - AE (%):
    - Neutropenia: 55%
    - Leukopenia: 40%
    - Nausea: 15%
    - Diarrhea: 25%

- **Abemaciclib**: MONARCH-2
  - Trial
  - Phase: III
  - Line setting: 1/2L
  - Treatment: Abemaciclib + fulvestrant
  - AE (%):
    - Neutropenia: 46%
    - Leukopenia: 28%
    - Nausea: 45%
    - Diarrhea: 86%

- **Palbociclib**: PALOMA-3
  - Trial
  - Phase: III
  - Line setting: 1L+ (2L 40%, 3L 25%)
  - Treatment: Palbociclib + fulvestrant
  - AE (%):
    - Neutropenia: 79%
    - Leukopenia: 46%
    - Nausea: 29%
    - Diarrhea: 19%

- **Ribociclib**: MONALEESA-3
  - Trial
  - Phase: III
  - Line setting: 1/2L
  - Treatment: Ribociclib + fulvestrant
  - AE (%):
    - Neutropenia: 62%
    - Leukopenia: 25%
    - Nausea: 0%
    - Diarrhea: 0%

Source: G1 Therapeutics, FDA, ESMO 2020 poster; data cutoff: 17 Apr 2020

Note 1: for 150mg BID dosing group
**GB491 (Lerociclib) – Clinical & Regulatory Pathway in China**

### 1L Advanced Breast Cancer

- **IND**
- **Phase 1b bridging study** (about 10 subjects)
  - GB491 + Letrozole
- **Phase 3 registration trial** (312 subjects)
  - GB491 + Letrozole/or Fulvestrant
- **NDA**

### 2L Advanced Breast Cancer

- **IND**
- **Phase 1b bridging study** (about 10 subjects)
  - GB491 + Fulvestrant
- **Phase 3 registration trial** (276 subjects)
  - GB491 + Fulvestrant
- **NDA**
GB491 (Lerociclib) – Clinical Trial Design in China

**Phase III GB491-004 Trial Design for 2L Advanced Breast Cancer**

**Key Eligibility Criteria:**
- HR+ /HER2- Advanced Breast Cancer
- Pre/Perimenopausal or Postmenopausal
- Relapsed on or within 1 year from completion of adjuvant ET with no subsequent ET received
- Relapsed >1 year from completion of adjuvant ET and then subsequently relapsed after receiving first-line ET
- Presented de novo disease and progressed on first-line ET
- No more than one line of chemotherapy for advanced disease

**Primary Endpoint:**
- Investigator-assessed PFS

**Secondary Endpoints:**
- BIRC-assessed PFS
- OS
- ORR, DOR, CBR
- AE/SAE
- PK

**Trial Design Diagram:**
- GB491 150mg BID PO + Fulvestrant 500mg Q4W IM b
- Placebo BID PO + Fulvestrant 500mg Q4W IM b
- Note: a. Goserelin should be administered Q4W only for pre/perimenopausal subjects.
  b. Fulvestrant should be administered on C1D1 & C1D15, then Q4W from C2D1.

**Phase III GB491-005 Trial Design for 1L Advanced Breast Cancer**

**Key Eligibility Criteria:**
- HR+ /HER2- Advanced Breast Cancer
- Pre/Perimenopausal or Postmenopausal
- No prior systemic therapy for advanced disease
- Relapsed >1 year from completion of adjuvant ET with no subsequent ET received
- Presented de novo disease and no prior ET

**Primary Endpoint:**
- Investigator-assessed PFS

**Secondary Endpoints:**
- BIRC-assessed PFS
- OS
- ORR, DOR, CBR
- AE/SAE
- PK

**Trial Design Diagram:**
- GB491 150mg BID PO + Letrozole 2.5mg QD PO or Fulvestrant 500mg Q4W IM b
- Placebo BID PO + Letrozole 2.5mg QD PO or Fulvestrant 500mg Q4W IM b

**Note:**
- a. Goserelin should be administered Q4W only for pre/perimenopausal subjects.
- b. Fulvestrant should be administered on C1D1 & C1D15, then Q4W from C2D1.
**GB491 (Lerociclib) – Preliminary Timeline**

### 1L mBC

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deal Signed</td>
<td>2020.06.30</td>
</tr>
<tr>
<td>IND/EC Approval</td>
<td>2021.03</td>
</tr>
<tr>
<td>Ph3 Initiation</td>
<td>2021 Q4</td>
</tr>
<tr>
<td>Interim Analysis</td>
<td>2023 Q4</td>
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<tr>
<td>Interim Analysis</td>
<td>2023 Q4</td>
</tr>
<tr>
<td>NDA submission in CN</td>
<td>2024 Q2</td>
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</table>

### 2L mBC

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Deal Signed</td>
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<tr>
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<td>2023 Q2</td>
</tr>
<tr>
<td>1st NDA submission in CN</td>
<td>2023 Q4</td>
</tr>
</tbody>
</table>

**8.5 months**
- CMC Development
- Pre-clinical and Clinical Supply
- CTA Submission and Approval
GB492 – A Potentially First-in-class STING Agonist in China  
IND accepted by CDE in March 2021

Mechanism of Action

- STING is the major mediator of innate immune sensing of cancerous cells
- STING agonists can activate the cGAS-STING signaling and significantly enhance the efficacy of cancer immunity cycle when using in combo with other immune checkpoint inhibitors (ICI)

STING agonist, as an immune stimulatory therapy, may further increase the response of immune checkpoint inhibitors for patients

Merck’s trial demonstrated robust efficacy of PD-1 + STING combination therapy comparing to single agent

- Preliminary data from Merck’s Phase 1 clinical trial for a STING agonist as monotherapy and in combination with Keytruda, in patients with advanced solid tumors or lymphomas
  - The combination arm had partial responses of 43% (three out of the seven patients) in HNSCC
  - By contrast, Keytruda monotherapy showed ORR of 18% in KEYNOTE 012 trial in platinum-refractory HNSCC

GB492 in combo with GB226 (PD-1) is potentially the first-in-class therapy in China

- ImmuneSensor Therapeutics, our licensor, is currently conducting a Phase 1/2 trial for STING alone or in combo with ICI in the US for solid tumors
- We plan to develop GB492 in combination with GB226 as a first-in-class therapy for solid tumors in China

Multiple studies show that STING agonist may be used as a new immune stimulatory therapy

<table>
<thead>
<tr>
<th>Date</th>
<th>Percent Change from baseline in target injected (Enestic) vs. Non-injected (Anenestic) lesions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Monotherapy</td>
<td></td>
</tr>
<tr>
<td>B. Combination Therapy</td>
<td></td>
</tr>
</tbody>
</table>

Maximum percentage change from baseline in target injected (Enestic) vs. Non-injected (Anenestic) lesions

Source: CIC, ESMO
GB492 – Preliminary Timeline

Deal Signed: 2020.06.24

IND Submission: 2021.03.05

Clinical Readout: 2022 Q3/Q4

1st NDA Submission in CN: 2024

Pivotal Studies in multiple tumor types:
- HNSCC
- HCC
- TNBC
- Other Solid Tumors

GB492 + PD-1
- HNSCC
- Other Solid Tumors

Combo with PD-1
GB221 – Potentially First-Three-to-Market HER2-Targeting mAb in China

A complete set of HER2-targeting drugs covering all treatment lines

- Neoadjuvant (~10%):
  - Trastuzumab + Pertuzumab + Taxane
  - CDK 4/6 + trastuzumab + fulvestrant could be a potential treatment for HR+ and HER2+ subset, if a more tolerable CDK4/6 can be introduced as a combo agent to trastuzumab

- Adjuvant (~65%):
  - Trastuzumab + Pertuzumab + Taxane (stage 1)
  - Trastuzumab + Pertuzumab + Taxane (stage 2/3)

- 1L (~15%):
  - Trastuzumab + Pertuzumab + Taxane

- 2L (~10%):
  - T-DM1 (HER2 ADC)
  - Pyrotinib + Capecitabine

Herceptin: Accelerated sales growth driven by NRDL inclusion¹

- Sales (RMB bn)
  - 2014: 0.9
  - 2015: 1.7
  - 2016: 1.9
  - 2017: 2.5
  - 2018: 3.2
  - 2019: 5.2

- NRDL Inclusion: July 2017

- +40.6%
- +44.0%
- +77.5%
- +386.4%

- Volume (k vial)
  - 2014: 36.7
  - 2015: 67.3
  - 2016: 76.5
  - 2017: 109.6
  - 2018: 533.3
  - 2019: 946.7

NDA filing for 2L HER2+ mBC in 2021

GB221 is potentially first-three-to-market

<table>
<thead>
<tr>
<th>Company</th>
<th>Drug</th>
<th>Clinical stage</th>
<th>Registry time</th>
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</thead>
<tbody>
<tr>
<td>Roche</td>
<td>Herceptin</td>
<td>Approved</td>
<td>Sep 2002</td>
</tr>
<tr>
<td>3SBio</td>
<td>Cipterbin (inetetamab)</td>
<td>Approved</td>
<td>Jun 2020</td>
</tr>
<tr>
<td>Henlius</td>
<td>Hanquyou/Zercepac</td>
<td>Approved</td>
<td>Aug 2020</td>
</tr>
<tr>
<td>Genor</td>
<td>GB221</td>
<td>Phase 3</td>
<td>Sep 2016</td>
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<tr>
<td>Hisun</td>
<td>HS022</td>
<td>Phase 3</td>
<td>Apr 2018</td>
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<tr>
<td>CTTQ</td>
<td>TQ-B211</td>
<td>Phase 3</td>
<td>Oct 2018</td>
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<tr>
<td>Hualan</td>
<td>HL02</td>
<td>Phase 3</td>
<td>Apr 2019</td>
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<tr>
<td>Anke Bio</td>
<td>AK-HER2</td>
<td>Phase 3</td>
<td>May 2019</td>
</tr>
</tbody>
</table>

Source: NMPA, CDE, public filings, CIC.
Notes:¹ Only includes Herceptin usage in HER2 positive breast cancer patients.

GB221 - GB221-003 Study
- HER2+ mBC patients (N=336)
  - GB221 capecitabine (n=224)
  - Completed
  - R: 2:1

GB221 - GB221-004 Study
- HER2+ mBC patients (N=412)
  - GB221 docetaxel (n=206)
  - GB221-004 Study
  - R: 1:1
  - GB221 docetaxel (n=206)
  - GB221 capcitabine (n=112)
  - Placebo capcitabine (n=224)

Completed
The first T-cell engager with super low CD3 binding affinity and maintaining Fc effector functions (ADCC and CDC), rendering better safety and multiple mechanisms to better kill cancer cells.
GB261 significantly inhibited rituximab-resistant tumor growth (in vivo)

Study Purpose: Compare GB261 and REGN1979 analog for efficiency in treating Rituxan resistant NHL

GB261 induced more Rituxan-resistant Raji cell killing in PMBC-engrafted B-NDG mice than REGN1979 analog.
GB261 induces T cell activation with less cytokine releases

GB261 stimulates less cytokine release compared to that of REGN1979 analog.

- ABS (GB261)
- REGN1979
- Control

**Target cells**: Rituxan resistant Raji cells

**Effector cells**: human PBMC

<table>
<thead>
<tr>
<th>Target cells</th>
<th>Effector cells</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rituxan resistant Raji cells</td>
<td>human PBMC</td>
</tr>
</tbody>
</table>

**EC₅₀ Values**

- **GB261**
  - T cell activation E/T 1:1: ~2.112e-010 M
  - T cell activation E/T 4:1: ~5.328e-011 M

- **REGN1979**
  - T cell activation E/T 1:1: ~3.243e-010 M
  - T cell activation E/T 4:1: 1.727e-011 M
GB261 – Preliminary Timeline

- CMC Kick-off
  - 2019.12
- CMC Kick-off
  - 2020.03.17
- FIH AUS CTA Submission
  - 2021 Q4
- CN/US IND Submission
  - 2021 Q4
- Clinical Readout for ASCO
  - 2022 Q1/Q2
- Initiation of pivotal study
  - 2023
- 1st NDA Submission in CN/US
  - 2024

16 months

- CMC Development (~6g/L; AB>80%)
- GLP Toxicity Study
- FIH Study Design

Fast to Market Strategy (Preliminary)

- R/R FL
- R/R DLBCL
- MCL
- R/R B-NHL

Large Indication Strategy

- 1L DLBCL* & Other Indications
  - GB261 + PD-1+SOC
  - GB261+SOC

*Target NDA approval in 2025/2026
GB262 – the first BsAb induces both T cell activation and CDC

**MOA Introduction**

- Maintain PD-L1 binding affinity and lower CD55 binding affinity (CD55 is a cancer associated antigen needs extra design for safety/efficacy balance)
- Maintain PD-L1/PD-1 blocking function, enable PD-L1 co-internalization and down-regulation
- Maintain CD55 internalization, downregulation and CD55/CD97 blocking function
- Enable the designed drug candidate to have the best developability

**Project Highlights**

- GB262 induces significant better complement-dependent cytotoxicity (CDC) on NIA-piCa-2 cell compared to parental mAb.
- GB262 inhibits pancreatic cancer growth similar to the parental PD-L1 mAb in human PBMC engrafted NOD mice model (CDC is not applicable in this model).

**Market Analysis**

First BsAb designed to induce co-internalization of PD-L1 and CD55 thus release cancer’s repression on both T cell activation and on CDC. No competitor on the market.

**Summary**

- GB262 induces PD-L1 internalization and downregulation, thus inhibits pancreatic cancer growth in vivo
- Targeting CD55 by GB262 leads to induction of CDC in cell-based assay
- GB262-ADC kills pancreatic cancer cell but not human PBMC in cell-based assay
GB263T – the First TsAb of EGFR/cMET/cMET Targeting NSCLC

MOA Introduction

- Project Mission: Best in class therapeutic Ab targeting both EGFR & cMET pathways
- Promote therapeutic efficacy on TKI resistant NSCLC
- Expanding therapeutic objective window on NSCLC by co-targeting EGFR (both wild-type and mutant EGFR) and C-Met expressing tumor cells
- Design the multi-specific antibody with great safety, efficacy and manufacturability balance
- Built-in new internalizing MOA for better targeting signal transduction pathways involving EGFR/EGF and C-Met/HGF

Project Highlights

Fig 1. A) GB263 tri induces enhanced internalization of cMET/EGFR receptors (fluorescence red signal). B) Enhanced internalization for GB263 tri leads to increased reduction of cMET/EGFR and their phosphorylated proteins (all wells have equal protein content).

Fig 2 A) GB263 tri is more effective in cancer cell killing through ADCC. B) Schematic showing differences of cMET binding between GB263 and GB263 tri.

Market Analysis

First TsAb designed which binds to two different epitopes on cMET and one on EGFR resulting in enhanced internalization of the receptors and suppression of cancer cell proliferation. TsAb also shows enhanced cancer cell death

Summary

- GB263 tri has shown enhanced potential in internalizing into cancer cells that express cMET/EGFR.
- Internalization of GB263 tri leads to increased reduction in the levels of phospho EGFR and phospho cMET, and suppression of cancer cell proliferation
- GB263 tri also leads to enhanced cancer cell killing through ADCC

3rd generation TKIs: osimertinib (TAGRISSO) and rociletinib
In addition to secondary EGFR mutations, bypass mechanisms such as MET or ERBB2 amplification, Hippo pathway inhibition, and insulinlike growth factor 1 receptor (IGF1R) activation also contribute to resistance to EGFR-TKIs

1st generation TKIs: gefitinib and erlotinib
2nd generation TKIs: afatinib and dacomitinib

First TsAb designed which binds to two different epitopes on cMET and one on EGFR resulting in enhanced internalization of the receptors and suppression of cancer cell proliferation. TsAb also shows enhanced cancer cell death
GB264 – A Highly Differentiated Claudin 18.2xCD3 for GI Cancers

### Background
- Claudins are important components of the tight junctions that control flow of molecules in the intercellular space between epithelial cells
- Claudin18.2 is highly expressed in gastric and pancreatic adenocarcinoma
- Its restricted expression makes Claudin18.2 a potential target for the treatment of gastric and pancreatic cancer

### Project Highlights

#### Differentiation
- Better safety/efficacy balance
  - Lower T cell binding [Solve Safety Issue]
  - Enabled cancer specific Fc effector function (ADCC/CDC) [Benchmark does not]

#### Results

**Fig 1.** GB264 has similar binding ability to Claudin18.2+ cells compared to that of benchmark (A) and significantly lower binding ability to CD3+ cells compared to BM (B).
**Fig 2.** GB264 specifically induces ADCC (A) and CDC (B) on Claudin18.2+ target cells.

#### Project Rationale
Designing a T cell engaging Bispecific antibody that targets Claudin18.2 expressing cancer cells with great safety, efficacy and manufacturability balance

### Market Analysis
Approximately one million new cases of Gastric (stomach) cancer are diagnosed worldwide each year with five-year survival is ~5–20%

GB264 with two hlgG arms binding to CD3 to recruit T cell for activation and two VHHs targeting Claudin18.2 expressing cancer cells

---

**Fig 3.** At E/T 5 to 1, GB264 has comparable cancer killing, T activation and less cytokine release compared to that of BM
Transforming Pipeline – Licensing and Co-development

Team Structure: 70%+ staffs with Ph.D degree; 5+ consults; 3-5 in-depth analytical reports per quarter

By topic
- Other: 5%
- Out-licensing: 15%
- In-licensing: 80%

By asset
- Pre-clinical: ~20%
- Pre-NDA: ~5%
- Phase 1/2: ~75%

2020-Present
- 2 in-licensing deals
- 1 co-development deal
- CDA/ leads: 90+
- Term Sheet: 15+
- Contract: 3+

3~5 more deals by December 2021
End-to-end Fully-integrated Biopharmaceutical Platform

Fully-integrated, end-to-end biological platform encompasses all the key biologic drug development functionalities

- Strong CMC capabilities with extensive international experiences and **one decade of antibody technology development** in China
- ~8,000 m² commercial-ready GMP manufacturing facility for both pivotal trial supplies and product launches, allowing us to meeting regulatory expectations smoothly
- **Commercial-ready continuous-flow cell culture technologies**, enabling us to manufacture product with **low costs**

- **Proactive and systematic approach** to evaluate assets for in-licensing opportunities
- A **proven track record** of collaborating with biopharmaceutical and biotechnology companies across the globe
- Benefitting from the global network and industry resources of our shareholders

- **Strategically identify and select targets with proven or highly potential clinical benefits**
- Leveraged our research hubs in **Shanghai** and **San Francisco** to develop **majority of drug candidates in-house**, especially focusing on **differentiated bi/tri-specific Abs innovative drug discovery technologies**

  - Research hubs in Shanghai and San Francisco

- At their prior positions in China, our **core clinical team members** played key roles in the submission of more than 60 IND applications, 22 NDAs and the successful approvals and launches of 16 products
- Strategically design clinical trials and select optimal regulatory pathways toward commercialization in China with **maximum efficiency** and speed
Commercialization-ready Manufacturing Capabilities

Yuxi, Yunnan Phase 3 and Future Commercial Manufacturing Site

Cutting-edge Continuous-flow Manufacturing Technologies
- With quality excellence and enhanced cost efficiencies, boasting state-of-the-art concentrated fed-batch (CFB) and perfusion technologies that allow us to generate higher titer and yield with smaller bioreactors than the conventional technologies, driving the high-end of the industry range (lower CapEx, OpEx and COGm)
- Designed to operate under GMP requirements, inherited from ~15yrs of Walvax commercial vaccine production

Bioreactors: 3 x 200L, 4 x 500L (~8,000 m² Floor Space)
- Supporting both pivotal trials and product launch (regulatory advantage), and avoid CMC Post-approval Manufacturing Changes
- Supporting our commercial manufacturing needs in the near future for, including but not limited to, our first three products (GB226, GB242 and GB22).

Shanghai R&D Center with Pilot Plant for IND and Clinical Supplies
- Strong late-stage CMC capabilities with approximately one decade of technology precipitations since 2007. 20+ IND applications and most phase 1/2 clinical trials supported
- Process development: ATF-CFB and ATF-PER continuous-flow cell culture technology development for higher titer and yield; Antibody purification platform for DSP PD
- Quality: state-of-art, GMP-designed analytical and quality control platform for extensive product characterization, comparability study, QC method development and qualification, and product releases; QMS system designed to be compliant with GMP operations and NMPA, FDA, and ICH guidelines
- New facility with over 43,000 sqm to be built in Lin-Gang Special Area
**Genor Commercial Strategy and Future Outlook**

**GENOR commercial aims:**
- To launch new product successfully in short-middle term
- To be a leading commercial team in long term in Asia and China

**2020**
- Organization construction & market warm-up
- Launch 1st Onco brand w/ *rrPTCL by Q3
- GB226 negotiation

**2021**
- Ongoing Org readiness and market warm-up
- 1st brand launches
- Launch 1st Autoimmune brand

**2022**
- Multi-brand launches
- Launch 2nd Onco brand w/ Her2+ mBC

**2023**
- Multi-brand portfolio shaped
- Launch 2nd Onco brand w/ Her2+ mBC

**2024 afterward**
- More to come

- Build up comprehensive commercializing capability
- Ensure brand launch success and maximize their market value

* *rrPTCL refractory and relapsed peripheral T cell lymphoma, **rrCC refractory and relapsed cervical cancer*
Innovative Commercial Model to Maximize Market Opportunity

(Build up in-house capable commercial team with CSO co-promotion, a hybrid sales model, to support the launch of late-stage candidates including GB226)

- GB226 with 1st indication PTCL expects to be launched in China by Q3, 2021
- In-house sales team set-up will be fully ready with configuring full commercial functions before GB226 launch
- Covers core lymphoma market and other defined segments while launch GB226, and will continue to expand sales force with GB226 NRDL entry in 2022 and other new indication approval in the future
- Select capable CSO and partners to increase market coverage, extend DoT and accelerate patient access

<table>
<thead>
<tr>
<th>Commercial functions</th>
<th>Core market</th>
<th>Non core market</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales</td>
<td>Genor in-house team</td>
<td>CSO</td>
</tr>
<tr>
<td>Marketing/medical</td>
<td>Genor team</td>
<td>CSO collaborates for activity</td>
</tr>
<tr>
<td>Supply/channel</td>
<td>Genor team</td>
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<tr>
<td>Access strategy</td>
<td>Genor team e.g. NRDL, pricing</td>
<td></td>
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<tr>
<td>Access execution</td>
<td>Genor team</td>
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</tr>
<tr>
<td>CRM/data/training</td>
<td>Genor team</td>
<td></td>
</tr>
</tbody>
</table>

In-house sales and CSO joint effort for GB226 launch

Target to cover 80-90% PD1/L1 market by hybrid sales model

* NRDL national reimbursement drug list in China
Seasoned Management Team with Proven Track Records

Dr. Feng GUO  Chief Executive Officer
Dr. Jack HU  Chief Strategy Officer, CFO
Dr. Shuhua HAN  Chief Scientific Officer, CSO
Dr. Joe ZHOU  President Executive Officer
Ms. Tong LI  Chief Medical Officer, CMO
Mr. Wende CHEN  Chief Operation Officer, COO
Dr. Steven KAN  Chief Technology Officer, CTO

Merck
Investor
No.1 for All-China Healthcare Research
Pfizer
Deutsche Bank
Oppenheimer
Baylor College of Medicine
Amgen
Janssen
Merck
Roche
Pfizer
AstraZeneca
IONIS
Monsanto
Zhejiang Yusheng Medical
Wyeth
CNBG

Seasoned Management Team with Proven Track Records
Beneficiary of a Robust Ecosystem
Unparalleled KOL Network Strengthened by Broad Clinical Trial Offerings

Hillhouse ecosystem

- Strategic relationship with Mayo Clinic and Tigermed
- Reputable domestic KOLs coverage
- Global expert network for large indications

Leading clinical development hub

Organized full chain service/consultation

- Clinical and regulatory
- Data analytics and project management
- Quality and risk assurance
- Global and China trial management

Seasoned clinical leadership
- Experienced clinical program management
- Smooth regulatory execution
- Proven track record of application

Dec 2018
- Introduction of SF bispecific platform

During 2019
- Numerous partnership opportunities
- Insightful advisory for corporate operation

May 2020
- Equity Financing with additional renowned investors

Oct 2020
- Successful listing backed by 12 reputable cornerstone investors

Beneficiary of a Robust Ecosystem
Unparalleled KOL Network Strengthened by Broad Clinical Trial Offerings

Hillhouse ecosystem

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- Reputable domestic KOLs coverage
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Leading clinical development hub

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Upcoming Events
## Upcoming Milestones

<table>
<thead>
<tr>
<th>Key Events</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>GB242 (TNF-α) – Manufacturing on-site inspection</td>
<td>2Q21</td>
</tr>
<tr>
<td>GB261 (CD20/CD3) – First Patient Enrollment in Australia</td>
<td>3Q21</td>
</tr>
<tr>
<td>GB491 (CDK4/6) – Toxicology Topline data</td>
<td>3Q21</td>
</tr>
<tr>
<td>GB491 (CDK4/6) – File IND for Phase 3 trial for 1L/2L HR+/HER2- mBC</td>
<td>3Q21</td>
</tr>
<tr>
<td><strong>GB226 (PD-1) – NDA approval for r/r PTCL</strong></td>
<td>3Q21</td>
</tr>
<tr>
<td>GB226 (PD-1) – Commercial Launch with 1st indication of r/r PTCL</td>
<td>3Q21</td>
</tr>
<tr>
<td>GB226 (PD-1) – Last Patient Enrollment for 2L Cervical Cancer</td>
<td>3Q21</td>
</tr>
<tr>
<td><strong>GB221 (HER2) – NDA submission for 2L HER+ mBC</strong></td>
<td>4Q21</td>
</tr>
<tr>
<td>GB491 (CDK4/6) – IND approval for Phase 3 trial for 1L /2L HR+/HER2- mBC</td>
<td>4Q21</td>
</tr>
<tr>
<td>GB491 (CDK4/6) – First Patient Enrollment for Phase 3 trial for 1L /2L HR+/HER2- mBC</td>
<td>4Q21</td>
</tr>
<tr>
<td>GB492 (STING) – First Patient Enrollment for solid tumor</td>
<td>4Q21</td>
</tr>
<tr>
<td>GB242 (TNF-α) – NDA approval</td>
<td>1H22</td>
</tr>
<tr>
<td>GB261 (CD20/CD3) – Initial POC Data</td>
<td>1H22</td>
</tr>
<tr>
<td>GB491 (CDK4/6) – Interim Data for 2L HR+/HER2- mBC</td>
<td>2Q23</td>
</tr>
</tbody>
</table>
Financial Overview
## Financial Overview – Income Statement

<table>
<thead>
<tr>
<th></th>
<th>RMB' million</th>
<th>Year ended 31 December</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2020</td>
<td>2019</td>
</tr>
<tr>
<td>Revenue</td>
<td>10.3</td>
<td>13.0</td>
</tr>
<tr>
<td>Cost of revenue</td>
<td>(2.6)</td>
<td>(9.6)</td>
</tr>
<tr>
<td><strong>Gross Profit</strong></td>
<td>7.7</td>
<td>3.5</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>(241.4)</td>
<td>(89.4)</td>
</tr>
<tr>
<td>Research and Development expenses</td>
<td>(696.6)</td>
<td>(438.8)</td>
</tr>
<tr>
<td>Other (expenses)/income-net</td>
<td>(4.4)</td>
<td>4.1</td>
</tr>
<tr>
<td>Other (losses)/gains-net*</td>
<td>(1,968.3)</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Operating loss</strong></td>
<td>(2,903.0)</td>
<td>(520.6)</td>
</tr>
<tr>
<td>Finance Income</td>
<td>3.7</td>
<td>0.6</td>
</tr>
<tr>
<td>Finance Costs</td>
<td>(137.0)</td>
<td>(3.7)</td>
</tr>
<tr>
<td>Finance costs-net</td>
<td>(133.3)</td>
<td>(3.1)</td>
</tr>
<tr>
<td>Loss before income tax</td>
<td>(3,036.3)</td>
<td>(523.6)</td>
</tr>
<tr>
<td>Income tax credit</td>
<td>5.8</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Loss for the year</strong></td>
<td>(3,030.5)</td>
<td>(522.7)</td>
</tr>
</tbody>
</table>

---

**Revenue**
- In 2020, we generated revenue of RMB 10.3mn

**Expenses**
- R&D expenses was mainly due to (i) increases of our ongoing clinical trials expenses and (ii) our employee salary and related benefit costs
- The increase in Administration Expenses was due to i) the increases of listing expenses and (ii) our employee salary and related benefit costs

**Net loss for the year**
- Net loss for the year was RMB 3,030.5mn

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*Other losses mainly due to net fair value losses on preferred shares of Rmb 1,933.8mn
*All numbers are rounded to one decimal place
Cash Balance

- As of December 31, 2020, our total cash and cash equivalents increased to Rmb 2,929.7mn.

<table>
<thead>
<tr>
<th></th>
<th>Year ended 31 December</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>2,929.7</td>
</tr>
<tr>
<td>Restricted bank deposits</td>
<td>2.0</td>
</tr>
<tr>
<td>Inventories</td>
<td>31.5</td>
</tr>
<tr>
<td>Contract cost</td>
<td>1.8</td>
</tr>
<tr>
<td>Other receivables, deposits and prepayments</td>
<td>108.7</td>
</tr>
<tr>
<td>Amounts due from related parties</td>
<td>27.8</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>3,101.4</strong></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>200.3</td>
</tr>
<tr>
<td>Right-of-use assets</td>
<td>28.9</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>156.9</td>
</tr>
<tr>
<td>Other receivables, deposits and prepayments</td>
<td>80.3</td>
</tr>
<tr>
<td>Deferred income tax assets</td>
<td>5.6</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td><strong>472.0</strong></td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>3,573.4</strong></td>
</tr>
<tr>
<td>Trade payables</td>
<td>91.7</td>
</tr>
<tr>
<td>Contract liabilities</td>
<td>4.9</td>
</tr>
<tr>
<td>Other payables and accruals</td>
<td>116.3</td>
</tr>
<tr>
<td>Lease liabilities</td>
<td>15.0</td>
</tr>
<tr>
<td>Amounts due to related parties</td>
<td>17.0</td>
</tr>
<tr>
<td>Deferred income</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>248.7</strong></td>
</tr>
<tr>
<td>Contract liabilities</td>
<td>0.8</td>
</tr>
<tr>
<td>Lease liabilities</td>
<td>16.0</td>
</tr>
<tr>
<td>Amounts due to related parties</td>
<td>34.8</td>
</tr>
<tr>
<td>Deferred income</td>
<td>21.9</td>
</tr>
<tr>
<td>Deferred income tax liabilities</td>
<td>14.1</td>
</tr>
<tr>
<td>Other non-current liabilities</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Non-Current Liabilities</strong></td>
<td><strong>87.6</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>336.3</strong></td>
</tr>
<tr>
<td><strong>Total Equities</strong></td>
<td><strong>3,237.1</strong></td>
</tr>
</tbody>
</table>

* All numbers are rounded to one decimal place