BeiGene Corporate Presentation

May 8, 2024

Disclosures

Certain statements contained in this presentation and in any accompanying oral presentation, other than statements of fact that are independently verifiable at the date hereof, may constitute forward-looking statements. Examples of such forward-looking statements include statements regarding the projected size of certain oncology market sectors; BeiGene's future revenue growth; BeiGene's research, discovery, and pre-clinical and early-stage clinical programs and plans; recent clinical data for BeiGene's product candidates and approvals of its medicines; the conduct of late-stage clinical trials and expected data readouts; additional planned commercial product launches; the advancement of and anticipated clinical development, regulatory milestones and commercialization of BeiGene's medicines and drug candidates; and BeiGene's path and progress towards cash generation. Actual results may differ materially from those indicated in the forward-looking statements as a result of various important factors, including BeiGene's ability to demonstrate the efficacy and safety of its drug candidates; the clinical results for its drug candidates, which may not support further development or marketing approval; actions of regulatory agencies, which may affect the initiation, timing and progress of clinical trials and marketing approval; BeiGene's ability to achieve commercial success for its marketed medicines and drug candidates, if approved; BeiGene's ability to obtain and maintain protection of intellectual property for its technology and medicines; BeiGene's reliance on third parties to conduct drug development, manufacturing, commercialization, and other services; BeiGene's limited experience in obtaining regulatory approvals and commercializing pharmaceutical products and its ability to obtain additional funding for operations and to complete the development of its drug candidates and achieve and maintain profitability; and those risks more fully discussed in the section entitled "Risk Factors" in BeiGene's most recent periodic report filed with the SEC, as well as discussions of potential risks, uncertainties, and other important factors in BeiGene's subsequent filings with the SEC. All information in this presentation is as of the date of this presentation, and BeiGene undertakes no duty to update such information unless required by law.

Some of the clinical data in this presentation relating to BeiGene's investigational drug candidates is from pre-clinical studies or early phase, single-arm clinical trials. When such data or data from later stage trials are presented in relation to other investigational or marketed drug products, the presentation and discussion are not based on head-to-head trials between BeiGene's investigational drug candidates and other products unless specified in the trial protocol. BeiGene is still conducting pre-clinical studies and clinical trials and, as additional patients are enrolled and evaluated, data on BeiGene's investigational drug candidates may change.

This presentation and any accompanying oral presentation contain data and information obtained from third-party studies and internal company analysis of such data and information. BeiGene has not independently verified the data and information obtained from these sources. Forward-looking information obtained from these sources is subject to the same qualifications noted above.

BeiGene Today

A global oncology company discovering and developing innovative treatments that are more accessible and affordable to cancer patients worldwide

$752M
Q1 24 total revenue

82%
Q1 24 product revenue growth vs. Q1 prior year

$1.3B/$489M
FY 23 / Q1 24 Brukinsa Global Revenues

$2.8B
Q1 24 ending cash balance

Global Clinical Development Speed and Cost Advantaged 3,000+ Global Clinical Team

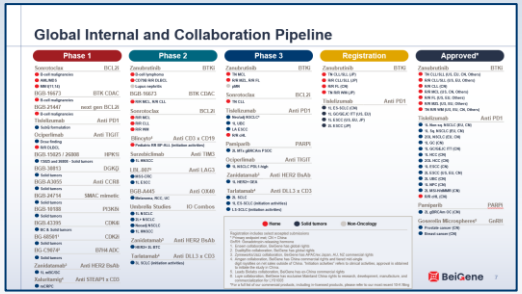
24,000+*
Patients enrolled in 130+ trials in 45+** countries and regions

Top Global Talent
10,000+
Colleagues worldwide

Region-Specific Supply Chain and Global Scale Manufacturing

60+

Potential Medicines in Pipeline^



*Includes investigator initiated trials (IITs)
**Includes countries and regions in which trials are planned to enroll
^Includes preclinical assets

Why Is BeiGene Unique?

Premise

- Built to address affordability and ensure a sustainable, profitable company in an increasingly price-challenged world
- Define our patients as 4/6 of the world – 4X that traditionally reached by industry

Approach

- Focused from inception on reducing major cost – ***clinical costs*** – through:
  - Broadening local and global inclusion
  - Building CRO-free internal team
  - Enabling technology
- Invested internally to also meaningfully reduce:
  - Research costs
  - Manufacturing costs

Implication

- Reducing costs of clinical trials and increasing speed ***requires you to be truly global***

Our Unique Model Has Enabled Fast Rise to Global Oncology Leadership

Global Oncology Leadership

- **Top 10** — Global revenue – and rising – for innovative therapies in heme malignancies
- **Top 5** — Company for completing phase 3 oncology trials in the industry between 2017 and 2023
- **Top 5** — Company with number of oncology molecules advanced into the clinic in the industry in the last four years
- One of the largest oncology-focused R&D teams in the industry
- **Top 3** — Revenue for innovative oncology therapies in China

Source: Evaluate Pharma Competitor Analyzer accessed 12/18/23 for cancer, blood & blood forming malignancies, excluding generics and biosimilars; and IND data; Company filings, IQVIA, analyst reports. Citeline through competitor trial. Data analysis is as of January 2024.

Misperceptions Exist

Our Strengths

Geopolitical

- Increasingly diverse global revenue mix across regions and products
- Manufacturing supply chain diversified

Cost Structure

- R&D investments generated 70% more value*
- Research and manufacturing cost advantaged
- Clear path to transitioning to cash generation

Single Asset

- Multiple commercial assets
- Pipeline of 60+ potential medicines**
- 1,100+ research team

Litigation

- Strong intellectual property
- Post grant review granted^ to invalidate overreaching patent

*Source and Methodology: EvaluatePharma NPV of pipelines and launches since 2017 vs. cumulative 2017-2022 R&D spend demonstrates that BeiGene NPV per R&D spend is ~70% greater than average of 24 oncology and hematology/oncology leaders. Data analysis is as of January 2024.

**Includes preclinical assets

^The U.S. Patent and Trademark Office (USPTO) granted the Company's petition for post-grant review of the Pharmacyclics' patent asserted against the Company in a patent infringement suit, stating that the Company has shown that it is more likely than not that the patent is invalid; The USPTO is expected to issue a final decision on the validity of the patent within 12 months

Global Internal and Collaboration Pipeline

Phase 1

Sonrotoclax — BCL2i
- B-cell malignancies
- AML/MDS
- MM t(11;14)

BGB-16673 — BTK CDAC
- B-cell malignancies

BGB-21447 — next gen BCL2i
- B-cell malignancies

Tislelizumab — Anti PD1
- SubQ formulation

Ociperlimab — Anti TIGIT
- Dose finding
- R/R DLBCL

BGB-15025 / 26808 — HPK1i
- 15025 and 26808 - Solid tumors

BGB-30813 — DGKζi
- Solid tumors

BGB-A3055 — Anti CCR8
- Solid tumors

BGB-24714 — SMAC mimetic
- Solid tumors

BGB-10188 — PI3Kδi
- Solid tumors

BGB-43395 — CDK4i
- BC & Solid tumors

BG-68501[1] — CDK2i
- Solid tumors

BG-C9074[2] — B7H4 ADC
- Solid tumors

Zanidatamab[3] — Anti HER2 BsAb
- 1L mBC/GC

Xaluritamig[4] — Anti STEAP1 x CD3
- mCRPC

Phase 2

Zanubrutinib — BTKi
- B-cell lymphoma
- CD79B R/R DLBCL
- Lupus nephritis

BGB-16673 — BTK CDAC
- R/R MCL, R/R CLL

Sonrotoclax — BCL2i
- R/R MCL
- R/R CLL
- R/R WM

Blincyto[4] — Anti CD3 x CD19
- Pediatric RR BP-ALL (initiation activities)

Surzebiclimab — Anti TIM3
- 1L HNSCC

LBL-007[5] — Anti LAG3
- MSS-CRC
- 1L ESCC

BGB-A445 — Anti OX40
- Melanoma, RCC, UC

Umbrella Studies — IO Combos
- 1L NSCLC
- 2L+ NSCLC
- Neoadj NSCLC
- 1L HNSCC

Zanidatamab[3] — Anti HER2 BsAb
- HER2+ 2L BTC

Tarlatamab[4] — Anti DLL3 x CD3
- 3L SCLC (initiation activities)

Phase 3

Zanubrutinib — BTKi
- TN MCL
- R/R MZL, R/R FL
- pMN

Sonrotoclax — BCL2i
- TN CLL

Tislelizumab — Anti PD1
- Neo/adj NSCLC*
- 1L UBC
- LA ESCC
- R/R cHL

Pamiparib — PARPi
- 2L MTx gBRCAm PSOC

Ociperlimab — Anti TIGIT
- 1L NSCLC PDL1-high

Zanidatamab[3] — Anti HER2 BsAb
- 1L HER2+ GEA

Tarlatamab[4] — Anti DLL3 x CD3
- 2L SCLC
- 1L ES-SCLC (initiation activities)
- LS-SCLC (initiation activities)

Registration

Zanubrutinib — BTKi
- TN CLL/SLL (JP)
- R/R CLL/SLL (JP)
- TN WM (JP)

Tislelizumab — Anti PD1
- 1L ES-SCLC (CN)
- 1L GC/GEJC (US, EU)
- 1L ESCC (US, EU, JP)
- 2L ESCC (JP)

Approved*

Zanubrutinib — BTKi
- TN CLL/SLL (US, EU, CN, Others)
- R/R CLL/SLL (US, EU, Others)
- R/R CLL (CN)
- R/R MCL (US, CN, Others)
- R/R FL (US, EU, CN, Others)
- R/R MZL (US, EU, Others)
- TN WM (US, EU, CN, Others)

Tislelizumab — Anti PD1
- 1L Non-sq. NSCLC (EU, CN)
- 1L Sq. NSCLC (EU, CN)
- 2/3L NSCLC (EU, CN)
- 1L GC/GEJC (CN)
- 1L HCC (CN)
- 2/3L HCC (CN)
- 1L ESCC (CN)
- 2L ESCC (US, EU, CN)
- 2L UBC (CN)
- 1L NPC (CN)
- 2L MSI-H/dMMR (CN)
- R/R cHL (CN)

Pamiparib — PARPi
- 2L gBRCAm OC (CN)

Goserelin Microspheres[6] — GnRH
- Prostate cancer (CN)
- Breast cancer (CN)

Heme | Solid tumors | Non-Oncology

Registration includes select accepted submissions
* Primary endpoint met; CN = China
GnRH: Gonadotropin-releasing hormone

1. Ensem collaboration, BeiGene has global rights
2. DualityBio collaboration, BeiGene has global rights
3. Zymeworks/Jazz collaboration, BeiGene has APAC/ex Japan, AU, NZ commercial rights
4. Amgen collaboration, BeiGene has China commercial rights and tiered mid-single digit royalties on net sales outside of China. "Initiation activities" refers to clinical activities, approval is obtained to initiate the study in China.
5. Leads Biolabs collaboration, BeiGene has ex-China commercial rights
6. Luye collaboration, BeiGene has exclusive Mainland China rights to research, development, manufacture, and commercialization for LY01005

*For a full list of our commercial products, including in-licensed products, please refer to our most recent 10-K filing

Leader in Hematology

Compelling and Leading Hematology Portfolio

BTK inhibitor

BRUKINSA

Best-in-class BTKi

Only BTKi demonstrating H2H superiority

Broadest label

$15B BTKi class projected in 2028*

BCL2 inhibitor

Sonrotoclax

Differentiated efficacy and safety

850+ patients enrolled

Already in pivotal stage

Best-in-class potential and broader usability by all physicians

$4B BCL2i class projected in 2028*

BTK CDAC

BGB-16673

Clinically meaningful efficacy and favorable safety data

220+ patients enrolled

Distinct MOA, agnostic of mutations

Most advanced BTK degrader addressing BTKi resistant patients

PD-1 inhibitor

TEVIMBRA

Compelling data in Richter's transformation with TEVIMBRA + BRUKINSA

nature medicine^

25 abstracts presented at ASH 2023

*Source: Evaluate Pharma
CDAC – Chimeric Degradation Activation Compound
^Al-Sawaf *et al.*; Tislelizumab plus zanubrutinib for Richter transformation: the phase 2 RT1 trial. Nat Med 30, 240–248 (2024).

BRUKINSA

Foundational asset in hematology portfolio, only BTKi to demonstrate superiority in safety and efficacy

BTK inhibitor

Brukinsa® zanubrutinib

Best-in-Class BTKi

- Engineered to have sustained/complete target coverage; substantially longer exposure than acalabrutinib and ibrutinib
- Sustained superiority of PFS in H2H R/R CLL vs ibrutinib[1] while acalabrutinib showed non-inferiority
- Favorable ORR/CR/PFS across indications among BTKis

Favorable Safety

- Superior safety including cardiac profile in two H2H studies vs. ibrutinib
- Well-tolerated in acalabrutinib intolerant patients[2] and deepening of response and improved safety in those who switched from ibrutinib[3]
- Minimal treatment-related infections, A-fib, GI symptoms, headache, cough and fatigue compared with acalabrutinib[4]

Broadest Label

- 5 approved indications
- Only BTKi approved in FL

Combination of Choice

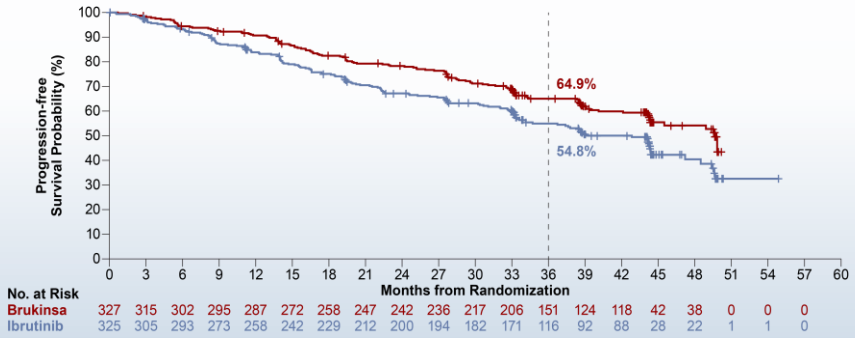
Combination partner with sonrotoclax, TEVIMBRA, and external assets to maximize lifecycle value

[1] Brown et al. Extended Follow-up of ALPINE Randomized Phase 3 Study Confirms Sustained Superior Progression-Free Survival of Zanubrutinib Vs. Ibrutinib for Treatment of R/R CLL/SLL. ASH 2023
[2] Shadman et al. Zanubrutinib in Acalabrutinib-Intolerant Patients with B-Cell Malignancies. ASH 2023
[3] Garcia – Sanz et al. Clinical Outcomes in Patients with Waldenström Macroglobulinemia Receiving Ibrutinib on the Phase 3 ASPEN Study ≥1 Year After Transitioning to Zanubrutinib. ASH 2023
[4] Hwang el al. Comparison of Treatment-Emergent Adverse Events of Acalabrutinib and Zanubrutinib: Meta-Analysis by Mayo Clinic. EHA 2023

BRUKINSA December 2023 U.S. Label Update

Includes PFS superiority in R/R CLL (HR 0.65, p=0.0024)[1]; sustained with extended follow-up[2]

PFS superiority sustained at 39 months

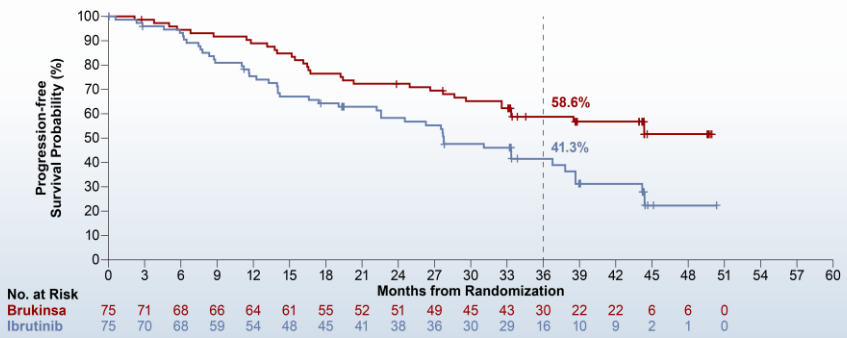


Separation of PFS curves continues at median **39 months** follow-up **where acalabrutinib curves crossed in ELEVATE-RR and showed non-inferiority (HR=1)**

	PFS events, n (%)
BRUKINSA	130 (39.8)
Ibrutinib	159 (48.9)

HR (95% CI) 0.68 (0.53-0.86)
***P*=0.0011**

PFS superiority in patients with del(17p)/*TP53*



PFS superior benefit over ibrutinib demonstrated in patients with **del(17p)/*TP53*mut; in this subset acalabrutinib was only non-inferior to ibrutinib also with HR =1**

	PFS events, n (%)
BRUKINSA	31 (41.3)
Ibrutinib	46 (61.3)

HR (95% CI) 0.52 (0.33-0.83)
***P*=0.0047**

[1] USPI label for superiority based on median follow-up of 29.6 months ASH 2022

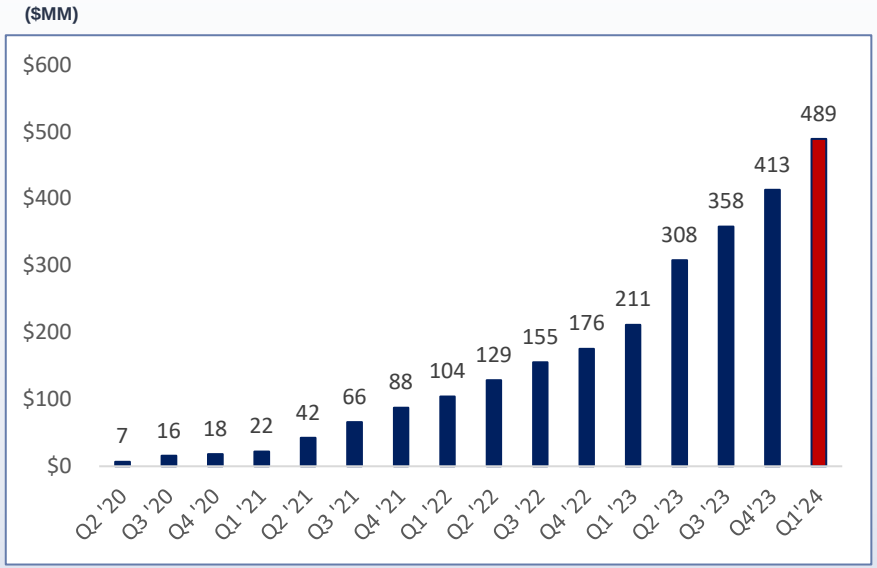
[2] Brown et al. Extended Follow-up of ALPINE Randomized Phase 3 Study Confirms Sustained Superior Progression-Free Survival of Zanubrutinib Vs. Ibrutinib for Treatment of R/R CLL/SLL ASH 2023

Establishing BTKi Leadership

Brukinsa® 80mg zanubrutinib capsules

Successful launches in CLL are unlocking BRUKINSA's value globally and driving revenue growth

BRUKINSA Global Revenues



- BTKi is the cornerstone therapy and the standard of care for non-Hodgkin's lymphoma
- Global BTKi market was $8.8bn in 2023
- CLL is the largest indication for BTKi, accounting for 80% of the market
- Given its best-in-class profile, as demonstrated in head-to-head clinical trials for CLL, BRUKINSA is well positioned to become the leading BTKi

Sonrotoclax

Potential best-in-class BCL2 inhibitor with differentiated profile

BCL2 inhibitor

More potent and specific BCL2i

- **Greater potency** vs. venetoclax in preclinical models
- **Active against mutated G101V BCL2** (known resistance mechanism to venetoclax)*
- **Higher selectivity** towards BCL2 believed to translate to **improved tolerability**

Enables broader clinical use

- Shorter **half-life** vs. venetoclax and **no drug accumulation** leading to a **better safety profile**
- **Easier ramp-up and eliminating monitoring** unlocks use **by all physicians**

Improved clinical profile

- **With 850+ patients treated,** clinical experience **reinforces pre-clinical data** and supports the potential to be **best-in-class**
- Safe and tolerable in combination with BRUKINSA; **deep and durable responses in TN CLL** are **better than reported venetoclax combos** V+O and V+I at same timepoints

Broad development plan

- **Initiated Phase 3 registrational study in TN CLL** with potential to be best in disease **fixed duration combination and SOC** globally
- **Monotherapy** potential in post-BTKi setting with **early registration options** in CLL, WM and MCL in key countries

Extends our footprint in other heme malignancies

- Compelling efficacy and safety data in **AML/MDS** in combination with azacytidine
- Encouraging data with potential to be first BCL2i approved in **MM with t(11,14)**

*Liu et al.; Sonrotoclax overcomes BCL2 G101V mutation–induced venetoclax resistance in preclinical models of hematologic malignancy. Blood 2024; 143 (18): 1825–1836.

BeiGene

BTK Degrader (BGB-16673)

Most advanced in the clinic with CDAC platform developed by BeiGene

BTK CDAC

Clinically Meaningful Efficacy Data

- BTK degradation starting at lowest dose including patients with BTK mutations in clinical trial and pre-clinical studies[1]
- Can penetrate the blood brain barrier*
- Clinical responses observed across histologies including in prior cBTKi and ncBTKi (e.g. pirtobrutinib) treated patients[1]
- Short time to response

Favorable Safety Profile

- Lack of IMiD activity vs. competitors allows improved safety. Low grade 3/4 neutropenia in heavily pre-treated patients
- Safe and tolerable in **220+ patients treated**

Robust Registration Plan

- Expansion cohorts in R/R CLL and R/R MCL are currently enrolling
- Expect to initiate Phase 3 clinical trial in R/R CLL by the end of 2024

Growing Our Hematology Leadership

- Become backbone therapy for patients progressing after BTKi
- Potential to move to earlier lines of therapy
- Degradation may expand in additional disease areas (LBCL, Richter's, Follicular

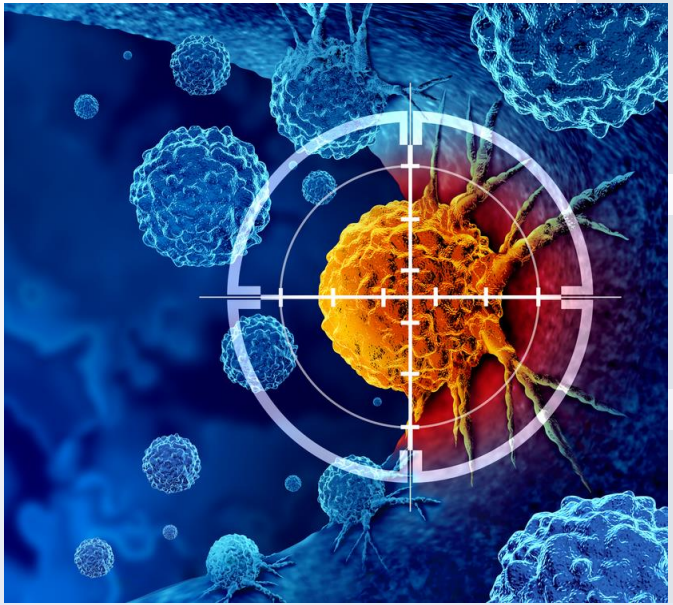
[1] Seymour et al. First Results from a Phase 1, First-in-Human Study of the Bruton's Tyrosine Kinase (BTK) Degrader BGB-16673 in Patients (Pts) with Relapsed or Refractory (R/R) B-Cell Malignancies. ASH 2023

*based on internal preclinical data

BeiGene

Diverse Solid Tumor Portfolio

Driving Towards Solid Tumor Leadership to Improve Patient Outcomes Across Broad Range of Cancers



Expanding TEVIMBRA through global regulatory approvals including US and EU, and in combination with innovative pipeline assets

Advancing one of the most exciting early solid tumor portfolios in the industry

Progressing multiple assets and modalities with numerous readouts, decision points

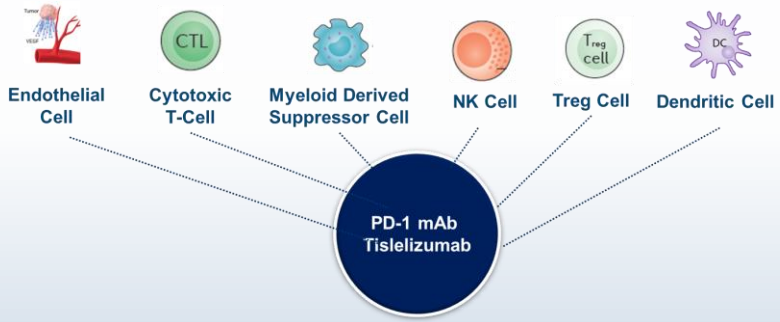
TEVIMBRA-Centered Pan Tumor Pipeline Poised for Global Patient Impact

TEVIMBRA (tislelizumab)

TEVIMBRA accomplishments

- 12 indications approved in China including recent 1L GC ITT approval
- Recent global approvals include 1L/2L NSCLC in EU and 2L ESCC in US. Multiple global approvals expected in 2024
- 1L ESCC and 1L GC BLAs under review in the US and EU. BLA reviews ongoing in AUS, Japan and Brazil
- More than 1.1 million patients treated worldwide
- $145 million in Q1 2024 revenue
- Preparing to launch in multiple indications on 5 continents

TEVIMBRA is an optimal combination partner



- Strong data in broad set of indications
- >40 internal and external combination studies ongoing
- Diverse pipeline combinations enable multiple immune-modulating approaches

Innovative Solid Tumor NME Early Pipeline

Differentiated molecules with multiple modalities in priority tumor types

Lung

- PanKRASi
- MTA Cooperative PRMT5i
- EGFR CDAC
- CEA ADC
- B7H3 ADC
- EGFR x MET Tsp
- MUC1 x CD16A

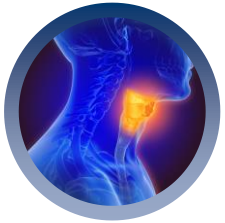
Breast/Gynecological

- CDK4i*
- CDK2i*
- Next-gen BCL2i*
- B7H4 ADC*
- Claudin6 x CD3

GI

- PanKRASi
- FGFR2b ADC
- CEA ADC
- GPC3 x 4-1BB
- MUC1 x CD16A

Head & Neck



- SMAC Mimetics*
- MTA Cooperative PRMT5i
- B7H3 ADC

Pan Tumor

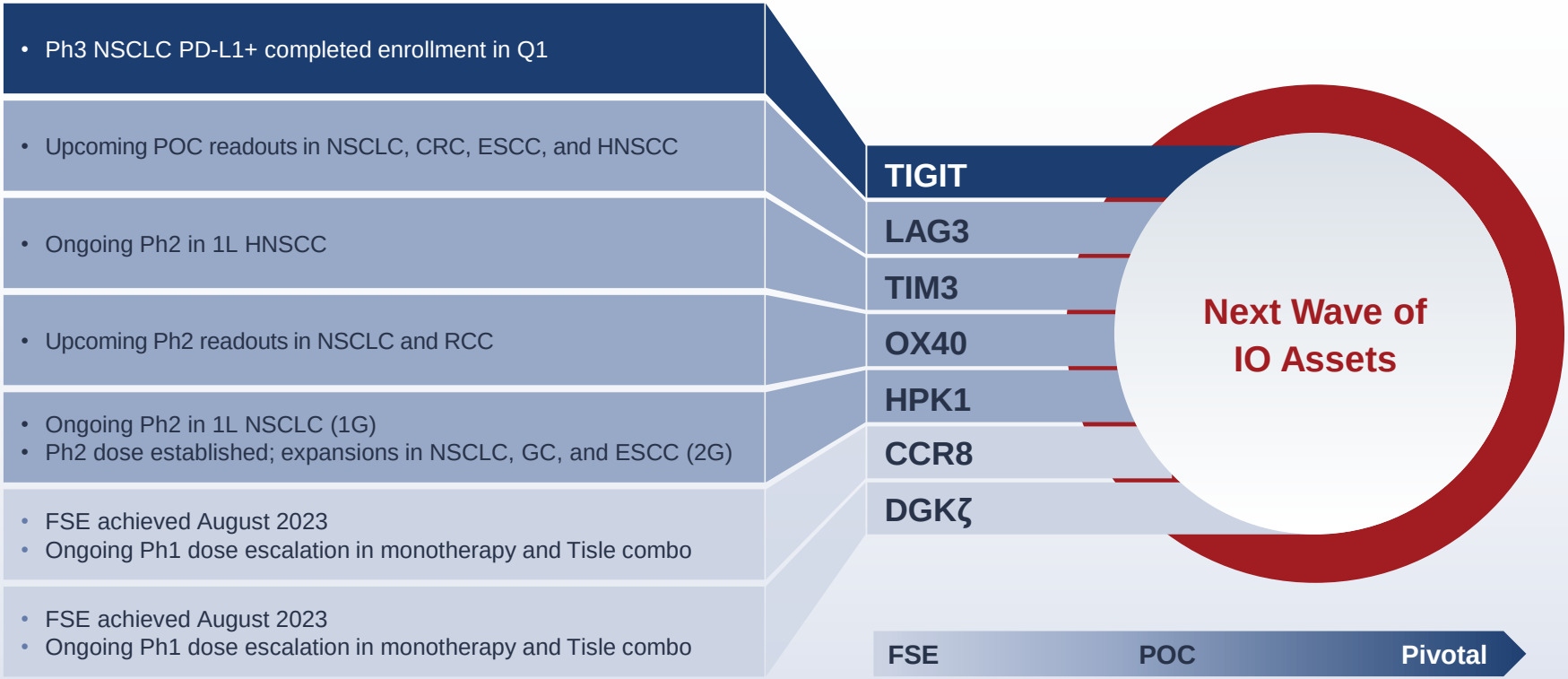
- DGKζi*
- HPK1i*
- CCR8*
- Pro-IL15

Small molecule | Protein degrader | Bi/Tri-specific
mAb | ADC | Cytokine therapy

BeiGene has global rights for CDK2 (Ensem partnership) and B7H4 ADC (DualityBio partnership)
* In the clinic

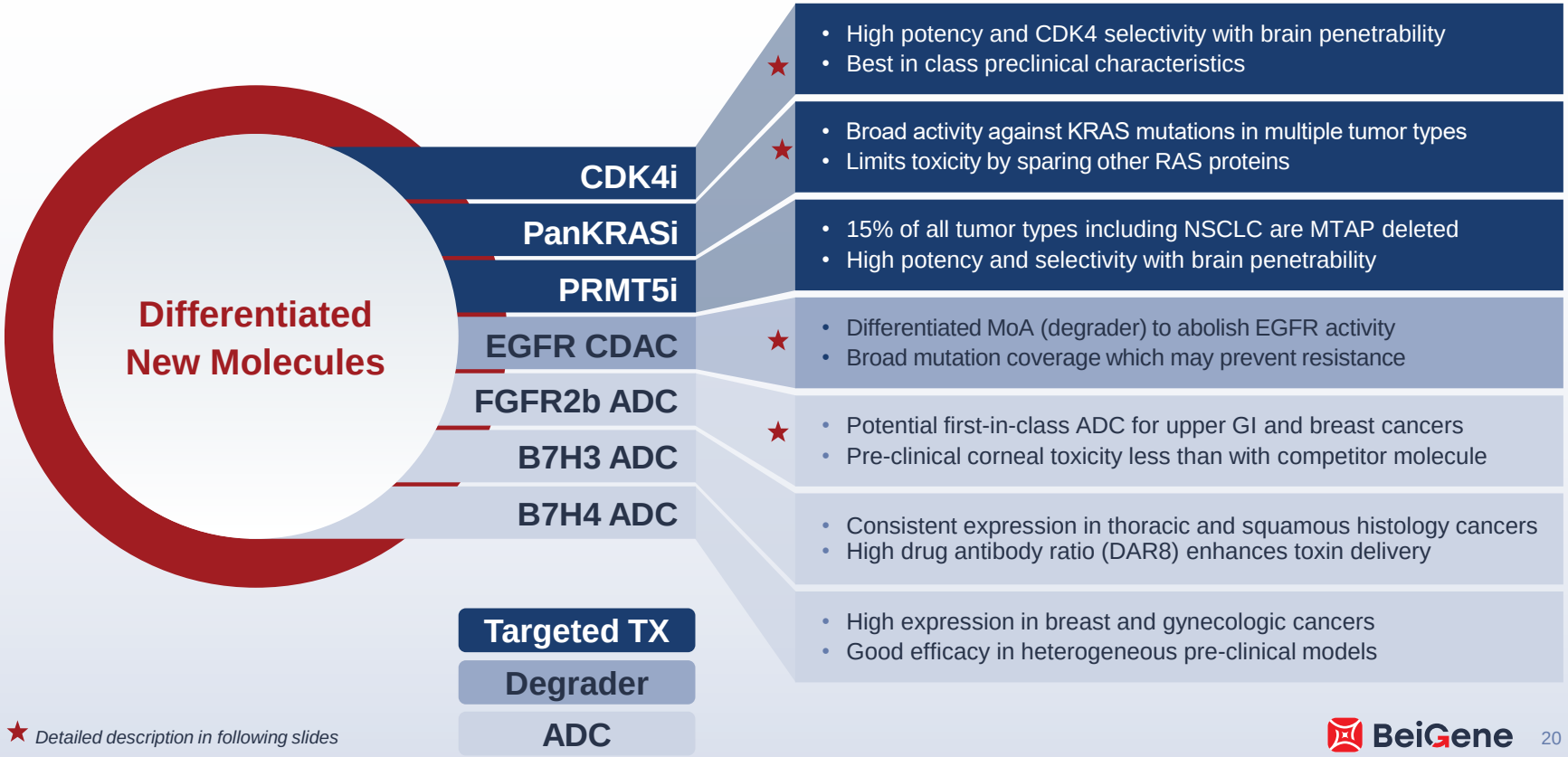
Solid Tumor Portfolio: Clinical Stage Assets

Next wave of immuno-oncology programs will synergize in combination with TEVIMBRA



CRC=colorectal cancer, DGK=diacylglycerol kinase, ESCC=esophageal squamous cell carcinoma, HNSCC=head and neck squamous cell carcinoma, L=line of therapy, LAG3=Lymphocyte-activation gene 3, NSCLC=non-small cell lung cancer, PD-L1=programmed death-ligand 1, POC=proof of concept, RCC=renal cell carcinoma, TIGIT=T-cell immunoglobulin and ITIM domain, TIM3=T cell membrane protein 3, FSE = first subject enrolled

Exciting Early Solid Tumor Programs to Deliver FIC/BIC Molecules



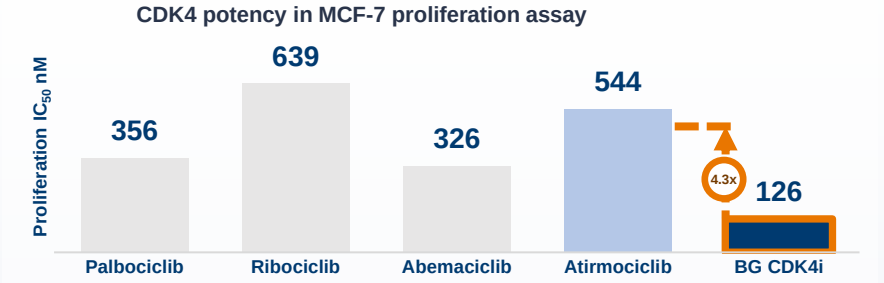
★ *Detailed description in following slides*

CDK4 Inhibitor

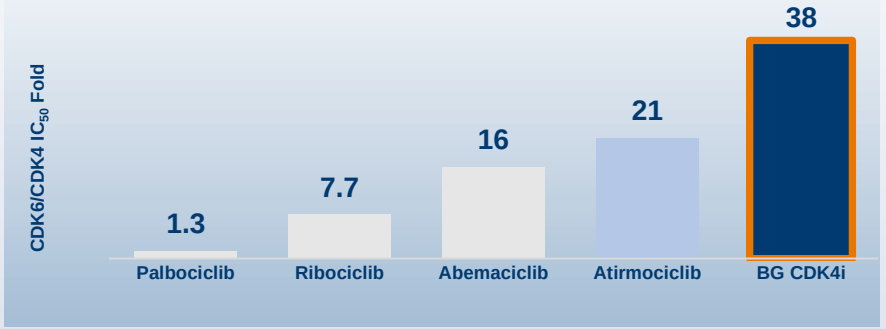
Next-generation CDK4 inhibitor aiming for better efficacy and less toxicity

- **Despite CDK4/6 inhibitor class success (estimated peak sales over $18B), unmet medical need still exists** as all have been associated with dose limiting toxicities and development of resistance mutations
- **BGB-43395 is a potential best-in-class CDK4 inhibitor** spares CDK-6 mediated and off-target toxicities
- **Currently in phase 1 development**
  - Highly potent and selective compared with all approved and investigational CDK4/(6)i agents
  - Well tolerated in GLP TOX study w/o concerning neutropenia or GI toxicity issues
  - Cohort 1 complete with PK as expected
- **Potential first-in-class in other tumor types** including lung, prostate, ovarian, and endometrial cancer

Strongest CDK4i Potency — **BG CDK4i**



Greatest CDK4i to CDK6i selectivity* — **BG CDK4i**



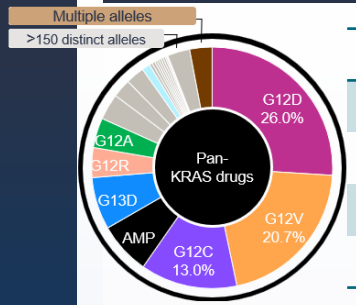
Atirmociclib (PF-07220060) is CDK4 inhibitor from Pfizer; * CDK4 cellular IC50 measured through pRB in Jeko-1; CDK6 cellular IC50 measured through pRB in Pfeiffer with CDK4 KO

PanKRAS Inhibitor

Differentiated to address broad range of KRAS mutations in multiple tumor types

- **KRAS mutations found in ~19% of all tumor types***
  - KRASmut shows the most robust cancer cell dependencies
  - So far no effective therapy for non-G12C KRASmut tumors
- **PanKRAS inhibitor is differentiated** from mutation selective KRAS inhibitor
  - Address broader KRAS mutations
  - Minimal impact on normal tissues due to N/HRAS compensation
- **BGB-53038 demonstrates good potential in preclinical studies**
  - Highly potent across different KRAS mutations
  - High selectivity of KRAS sparing N/HRAS
  - Robust efficacy in multiple KRAS driven models
- **On track to enter clinic in 2024**

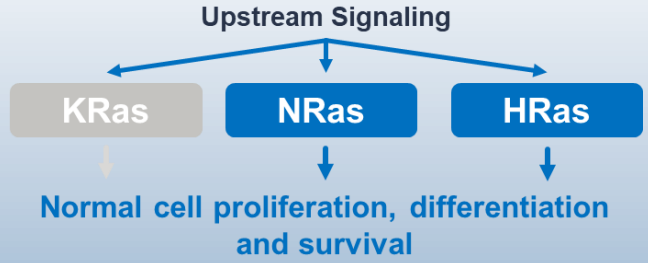
KRAS^{mut} prevalence in all cancers



New cancer patients with KRAS^{mut} /year in US

Indication	Non-G12C	G12C
PDAC	**50,658**	659
CRC	**70,486**	4,065
LUAD	**19,291**	12,492

Compensation Role of N/HRAS in Normal Tissue



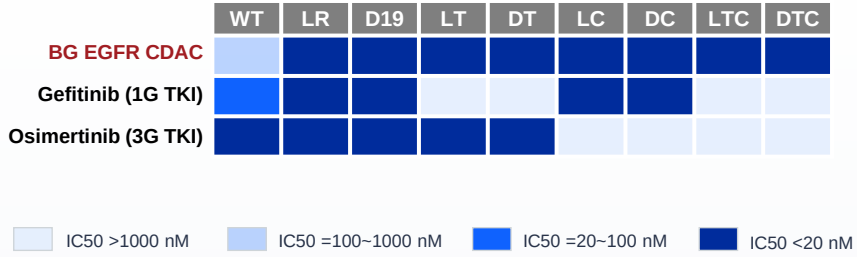
* Pharmacol Res. 2019 Jan;139:503-511.; Zhu, C.et al. Mol Cancer 21, 159 (2022); J Thorac Dis 2020;12(7):3776-3784

EGFR CDAC

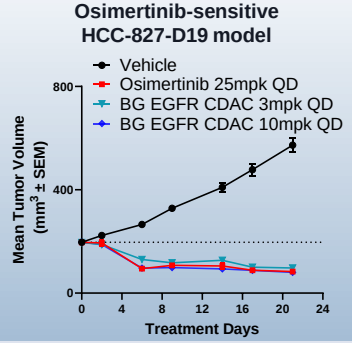
Truly differentiated MoA to completely abolish EGFR signaling

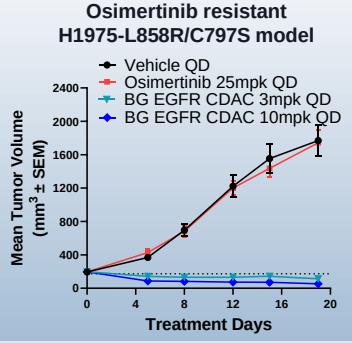
- **EGFR mutant NSCLC is a large oncogene-driven subgroup with estimated class peak sales of $12B**
  - ~50% lung adenocarcinoma in Asian and 15% in Caucasian*
- **BG-60366 is a novel, potentially best-in-class EGFR degrader**
  - Broad coverage of EGFR mutations and destruction of EGFR scaffold function yields sustained signaling inhibition
  - Non-redundant mechanisms may prevent emergence of resistance when used in early lines of therapy
- **Promising preclinical candidate profile**
  - Highly potent across osimertinib-sensitive and resistant EGFR mutations
  - Spares WT EGFR and good proteome selectivity
  - Strong efficacy with oral, daily dosing
- **On track to enter clinic in 2024**

Broadest EGFRmut coverage while sparing WT EGFR



Robust efficacy in both osimertinib-sensitive and resistant xenograft models





WT: wild-type; LR: L858R; D19: exon 19 deletion; DT: exon 19 deletion/T790M; LT: L858R/T790M; DC: exon 19 deletion/C797S; LC: L858R/C797S; DTC: exon 19 deletion/T790M/C797S; LTC: L858R /T790M/C797S

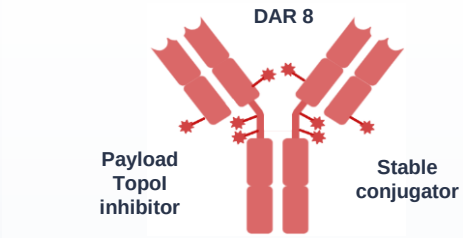
* 2020 Globocan; Wang P, et al. J ThoracDis. 2017, 9(7): 1973-1979; Wen S, et al. Oncologist. 2019, 24(11):e1070-e1081; J Clin Oncol . 2022 Feb 20;40(6):611-625.

FGFR2b ADC

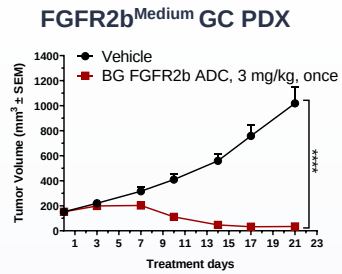
Differentiated modality to pursue best-in-class opportunity

- **Clinically validated target in upper GI cancers with additional opportunity in breast cancer**
  - FGFR2b positive (IHC 2+/3+) in ~ 24% gastric cancer (GC)[1]
  - Bemarituzumab combo with chemo has shown good efficacy
  - Opportunity to improve efficacy and reduce ocular toxicity*
- **Potential first-in-class ADC with differentiated antibody backbone to reduce toxicity**
  - Tumor directed toxin delivery
  - Bystander effect to address tumor heterogeneity
  - Spares on-target corneal toxicity via weaker ligand blockade
- **On track to enter clinic in 2024**

BG FGFR2b ADC Generates Strong Efficacy

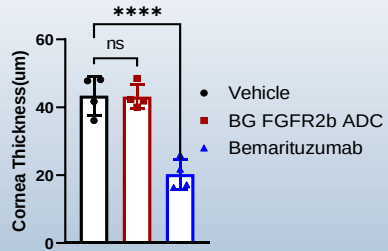


Topoi, Topoisomerase I



BG FGFR2b ADC Spares Corneal Toxicity In Mouse

Antibody	FGF7-FGFR2b	FGF10-FGFR2b
BG FGFR2b ADC	Weaker blocker	Non blocker
Bemarituzumab	Strong blocker	Strong blocker



BG FGFR2b ADC, 10 mg/kg, Q2W x 2
Bemarituzumab, 10 mg/kg, BIW x 8

[1] Lancet Oncol 2022; 23: 1430–40

* Bemarituzumab only benefits a subset of patients with relatively higher FGFR2b expression

* Bemarituzumab led to 26% treatment discontinuation caused by on-target corneal toxicity

Amgen Development Collaboration Progress

Two priority programs in Amgen's oncology pipeline

Tiered mid-single digit royalties on net sales of potential blockbuster products globally; developing these assets with commercial rights in China

Tarlatamab, first-in-class (DLL3 x CD3)

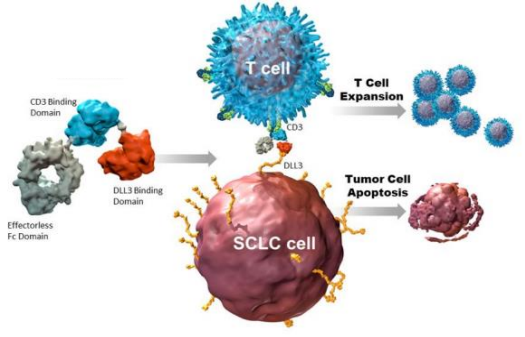
First T-cell engager to demonstrate activity in small cell lung cancer. U.S. drug-treated population of ~35K across all lines of disease

- **PDUFA of June 2024** with priority review in advanced SCLC
- Durable ORR of 40% at 10mg dose and est. OS at 9 mos. was 68%[1] in SCLC
- Global phase 3 trial in 1L ES-SCLC was initiated; enrollment of global phase 3 trials in 2L SCLC and limited-stage SCLC is ongoing
- BGNE joining global phase 3 trials

Xaluritamig, first-in-class (STEAP1 x CD3)

Enrolling phase 1 dose expansion in prostate cancer. STEAP1 is expressed in >80% of prostate cancer patients

- January 2024 data[2] provides compelling proof-of-concept
- Dose-exploration data from patients with mCRPC with the majority of participants having received 3 or more prior lines[2]
- RECIST ORR of 41% at doses ≥0.75 mg[2]
- BGNE running China cohort in phase 1 with plans to join global pivotal trials



1 N Engl J Med 2023; 389:2063-2075, DOI: 10.1056/NEJMoa2307980

2 Cancer Discov. 2024 Jan 12;14(1):76-89. doi: 10.1158/2159-8290.CD-23-0964.

SCLC = small cell lung cancer, ES = extensive stage,

LS = limited stage, mCRPC = metastatic castration-resistant prostate cancer

Significant Investment to Build State-of-the-Art Manufacturing Capabilities to Support Global Growth and Broad Portfolio

State-of-the-Art Biologics Manufacturing Facility in Guangzhou

- Current total capacity of 64,000L
- Guangzhou South Campus for ADC production opened in April 2024

Multi-Functional Manufacturing Facility in Suzhou

- Commercial-scale small molecule drug products facility
- Aligned with the design criteria of U.S., EU, and China
- Diamond Site opened in November 2023 that increased capacity by more than 5 times
- Pilot-scale biologics facility

Future U.S. Manufacturing Facility at the Princeton West Innovation Center, NJ

- 42-acre of state-of-the-art biologics manufacturing site
- Grand opening in July 2024
- 1 million+ sq ft of space for future expansion

Experienced, High-Quality Manufacturing Partners

Boehringer Ingelheim

Catalent

- Manufacturing collaborations with leading manufacturers in biologics and small molecules

Key Catalysts

Approved Products

BRUKINSA

- U.S. approval of R/R FL in March 2024 ✓
- JP approval WM and CLL/SLL 2H24
- U.S./EU submission of tablet formulation in 2H24

TEVIMBRA

- EU submission of 1L Gastric in 1Q24 ✓
- EU submission of 1L ESCC in 1Q24✓
- JP submission of 1L and 2L ESCC in 1H24 ✓
- U.S. approval of 2L ESCC in 1Q24 ✓
- EU approval of 1/2L NSCLC in 2Q24 ✓
- AUS approval of 2L ESCC in 2H24
- U.S. approval of 1L ESCC in 2H24*
- U.S. approval of 1L Gastric in 2H24
- Brazil approval of 2L ESCC
- Brazil approval of 2L NSCLC
- AUS approval of 1L ESCC 2H24

Pipeline

Sonrotoclax

- Ongoing phase 3 in TN CLL
- Initiate phase 3 in R/R CLL
- Complete enrollment in phase 2 R/R MCL trial, with potential for registration, in 2024
- Additional data read outs in B-cell malignancies, MM, MDS and AML

BTK CDAC

- Initiate phase 3 clinical trial in R/R CLL by the end of 2024
- Ongoing expansion cohort for R/R MCL (pivotal intent) and R/R CLL
- Additional data read out in B-cell malignancies

Tislelizumab Combinations

- Multiple lung cancer combination cohorts with BGB-A445 (anti-OX40), LBL-007 (anti-LAG3) and BGB-15025 (HPK1 inhibitor) expected to read out in 2024
- Multiple GI combination cohorts with LBL-007 (anti-LAG3) and BGB-A445 (anti-OX40) reading out in 2024

Zanidatamab[1]

- CN submission for 2L HER2+ BTC in 2H24

Early Clinical Development

- Phase 2 dose identification for SMAC mimetic, CCR8, DGKζ, CDK4i
- Bring 10 NMEs into the clinic including EGFR CDAC, PRMT5, pan-KRAS, 4 ADC programs, and bispecific antibodies
- Clinical validation of internal ADC platform – payload, linker and targets

[1] Jazz/Zymeworks collaboration; BeiGene has commercial rights in APAC (excluding Japan), Australia, New Zealand

*Due to a potential delay in scheduling clinical site inspections, the target PDUFA date of July 2024 may be deferred

Financial Highlights

Foundation Set for Growth and Financial Inflection

Market acceptance of BRUKINSA driving impressive product revenue growth resulting in a diversified geographic and product mix

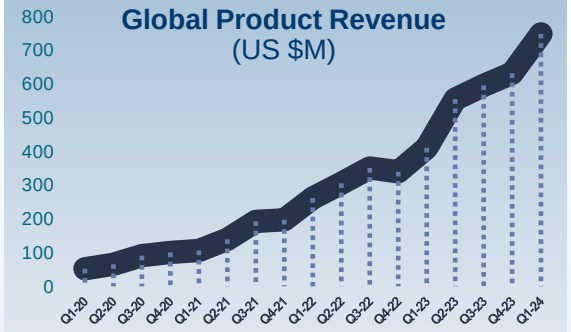
Having built significant capabilities in commercial, R&D, and manufacturing, operating expense growth has moderated and operating margins are improving

This year we will continue advancing our next wave of 60+* potentially first- and best-in-class medicines

*Includes preclinical assets

Significant Growth in Product Revenue and Diversified Mix in Geographies and Products

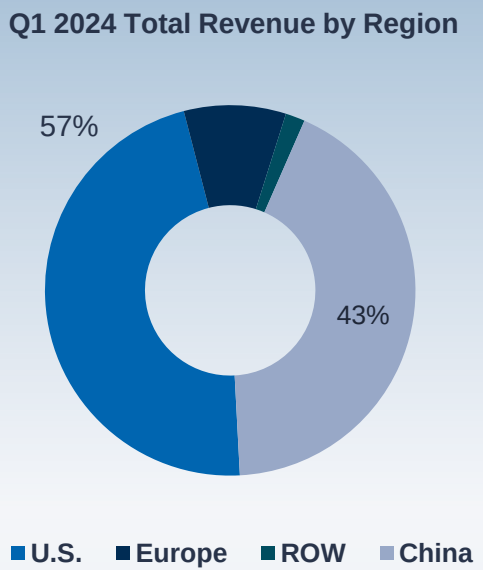
Revenue Growth



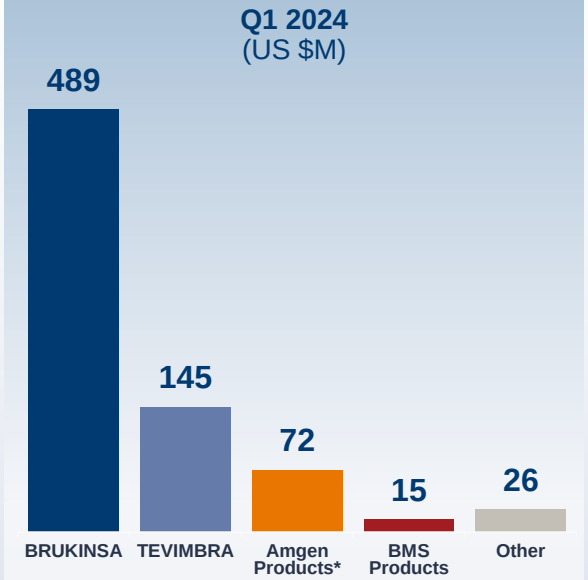
Significant global product revenue growth

- 1-year CAGR of 82%
- 3-year CAGR of 92%

Global Revenue Mix



Revenue by Product

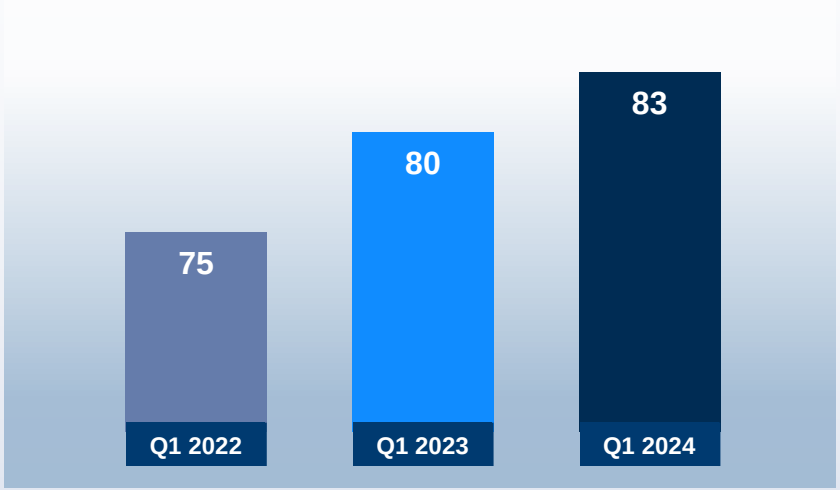


*Amgen collaboration includes China rights and future global royalties to tarlatamab (DLL3) and xaluritamig (STEAP1)

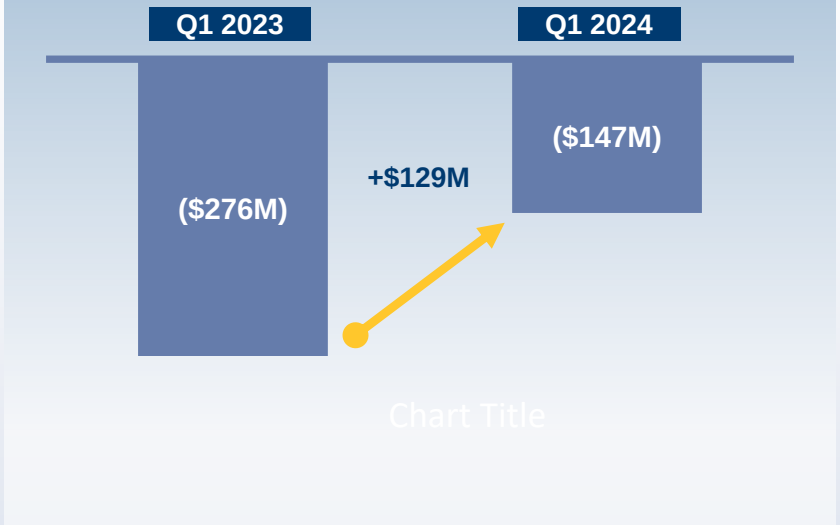
Making Substantial Progress Toward Cash Generation

Gross Margin (%)

Now among the highest across global oncology companies [1] with sales mix shift toward internally developed products



Adjusted Loss from Operations[2]



(1) Defined as companies deriving 40% or more of sales from oncology and 15% or more of sales outside of the U.S.

(2) Adjusted Loss from Operations is a non-GAAP financial measure that excludes from the corresponding GAAP measure costs related to share-based compensation, depreciation and amortization expense. A reconciliation of this non-GAAP measure to the comparable GAAP measure is included in the Appendix to this presentation.

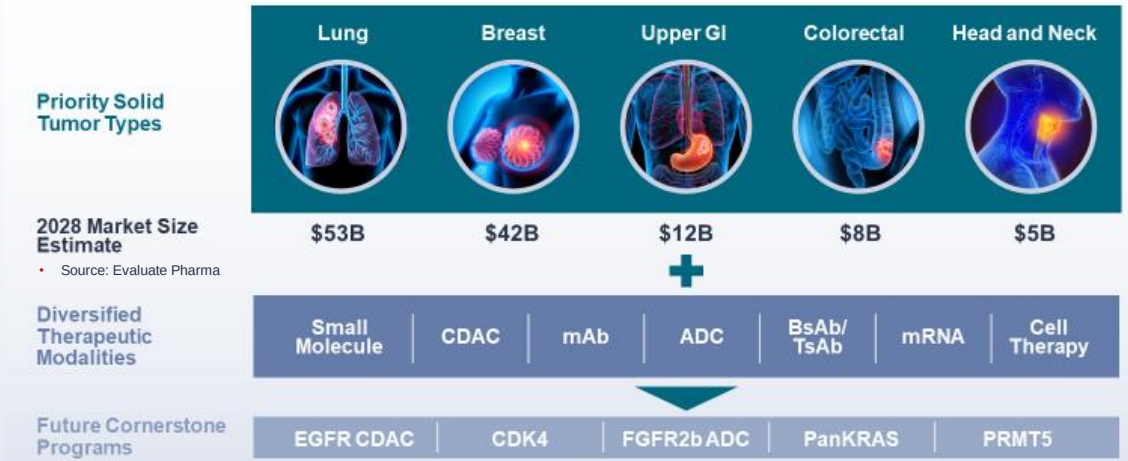
By 2025, We Expect To Have Transformed Into A Very Different Company, A Clear Leader With A Path To Profitability And Strategic Advantages

Today

- Cost and speed advantage
- Clear path to transition to cash generating
- 60+* potential medicines in pipeline
- Diverse global revenue mix
- Currently trading at a discount

2025-2030

Goal to Expand into Broad Modalities in High Value Solid Tumors



*Includes preclinical assets

Reconciliation and Calculation of Non-GAAP Financial Measurements

Reconciliation to adjusted loss from operations

($ in thousands)	Q1 2024	Q1 2023
GAAP loss from operations	**(261,348)**	**(371,258)**
Plus: Share based compensation	88,714	75,388
Plus: Depreciation	24,110	19,025
Plus: Amortization of intangibles	1,183	986
Adjusted loss from operations	**(147,341)**	**(275,859)**

Our Commitment to Responsible Business & Sustainability

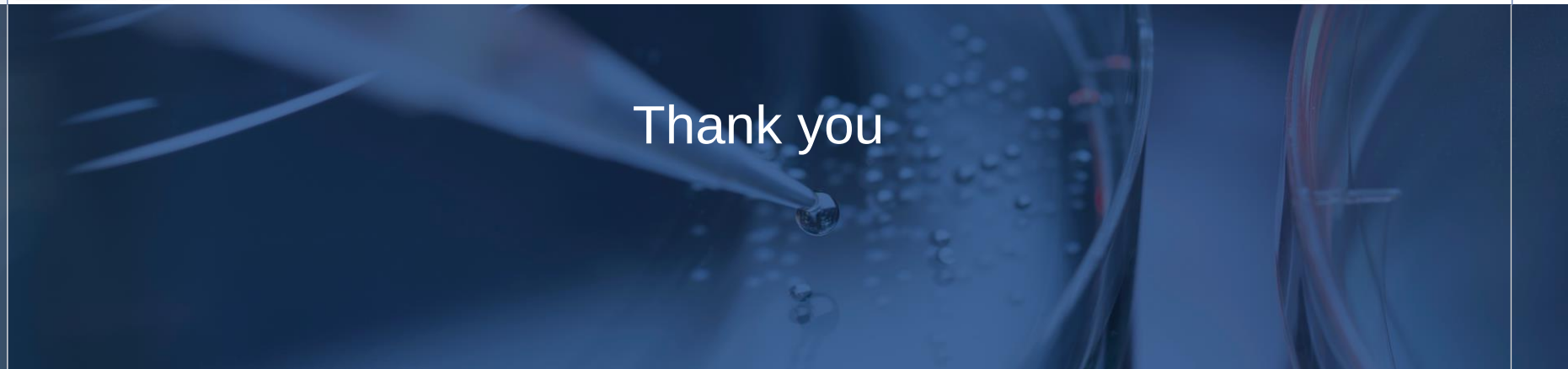
Our ambition is to be a leading corporate citizen, acting with courage, creativity, and discipline to provide equitable benefit to our patients, business, and society. Our strategy for the coming years focuses on four areas aligned with BeiGene's mission, vision and values. These focus areas are supported by key strategic priorities.

Our 2023 Responsible Business & Sustainability Report, published in April 2024, details our efforts in each of these areas and describes recent progress.

BeiGene

1. Built differently to deliver impactful medicines, while addressing affordability through strategic cost and time advantages
2. Leading oncology innovator with proven track record and differentiated portfolio across heme and solid tumors
3. Exciting and transformational 2024

BeiGene



Thank you