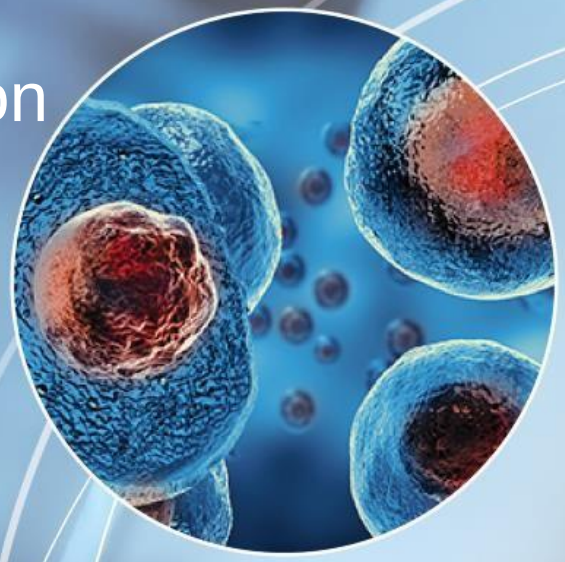
2021 Annual Results Presentation

March 2022



GENOR BIOPHARMA

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Agenda

1. Business Review
2. Pipeline Introduction
3. Upcoming Milestones
4. Financial Overview

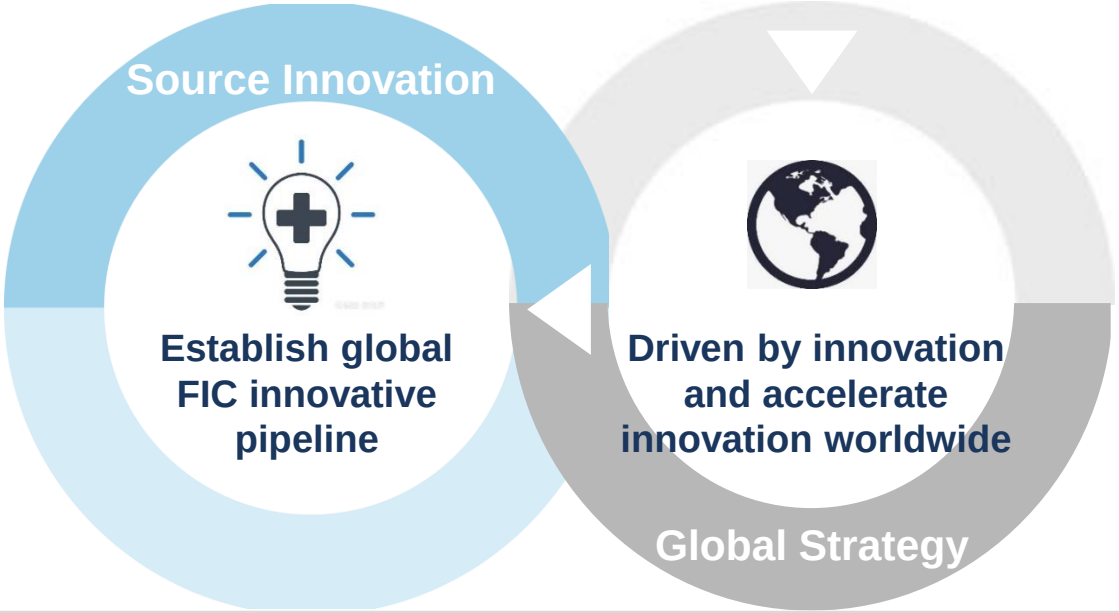
01

Business Review

GENOR BIOPHARMA

Vision – Global Innovative Biotech Company

- Adjusted the priorities of original product pipelines
- Focus on the product pipelines with higher added values
- Create more innovative products with higher values



- Established FIC / BIC potential drug discovery platform focusing on IO bi/multi-specific antibodies
- World-renowned experts in oncology and immuno-oncology joined our Scientific Advisory Board

Discovery and Research | **CMC** | **Clinical Development** | **Commercial-ization** | **Business Development**

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

Business Highlights from 2021

- **1 BLA approved by NMPA**
  - GB242 (Infliximab Biosimilar) NDA approval
- **1 NDA under review by NMPA**
  - GB226 (PD-1) Priority Review for PTCL by NMPA

- **First-patient-dosed for 4 clinical trials**
  - 2 PH3 trials for GB491(CDK4/6)
  - 1 Ph1/2a trial for GB492 (STING)
  - 1 FIH trial for GB261 (CD3/CD20)

- **INDs/CTNs** achieved **8** approvals
- **GB263T (EGFR/c-Met/c-Met)** FIH EC approved in Australia and China IND accepted by NMPA

- Chief Scientific Officer-Shuhua Han, Ph.D. on board in Jan. 2021
  - Swiftly built team with 30 members and established IO Bs/MsAb FIC/BIC potential drug **discovery platform**
- Initiated over **5 FIC/BIC potential projects**, the first **1** entered **PCC**(1) stage in 2022, and **1** FIC/BIC potential IND per year from 2023

- **Scientific Advisory Board** of Genor
  - Worldwide-renowned experts in oncology and immunology joined
  - Advancing new drug development and early-stage clinical research, accelerating the pace of global innovation

- Research and development expenses were **RMB 612.7 million** for the Reporting Period
- Cash and cash equivalents Balance as of Dec 31,2021: **RMB 2.2 billion**

(1) PCC: Pre-clinical Candidate

Key Milestones in Late-stage Pipeline from 2021

1 NDA approval, 1NDA under technical review and advancing 2 Ph3 clinical trials

Product	Description	Trials / Indication	Commercial Rights	Stage	Key Milestones
GB491 Lerociclib	a novel, potent, selective oral bioavailable **CDK4/6 inhibitor** co-developed by the Company and G1 Therapeutics	CDK4/6+AI (combo w/ letrozole): 1L HR+/HER2- BC(1)	APAC ex-JP	Phase 3	FPD(2)
		CDK4/6+SERD (combo w/ fulvestrant): 2L HR+/HER2- BC		Phase 3	FPD
GB242 Jiayoujian 佳佑健®	Infliximab, biosimilar to Remicade (**TNF-α**)	RA, AS, Ps, CD, UC(3)	Worldwide	NDA(4) Approved	NDA Approved
GB226 Geptanolimab, Aibining 艾比宁®	a novel **PD-1** mAb drug candidate	Pivotal: r/r PTCL(5)	China	NDA under technical review	NDA under technical review

(1) BC: Breast Cancer
(2) FPD: First Patient Dosed
(3) RA,AS,Ps,CD,UC: Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriasis, Adult Ulcerative Colitis, Adult and Pediatric Crohn's Disease and Fistulising Crohn's Disease
(4) NDA: New Drug Application
(5) r/r PTCL: relapsed and refractory peripheral T-cell lymphoma

Commercial Operation and Manufacturing for Late-stage Pipeline

Commercial Operation Foundation

Hybrid model for product commercialization

- **Core market:** Small, capable, well-rounded commercial team of our own for core market to manage branding, market access, pricing, channels and supply chain
- **Non-core market:** Collaboration with CSO of high quality

Market warming up

- Covered over 70% doctors in lymphoma by daily bases as well as other Oncologist e.g. GYN
- Participated domestic or regional hematology or lymphoma conferences
- Held presentations with GB226 PTCL study data
- Covered over 350 core hospitals and a wide range of experts offline and online
- Received greater and higher expectations from doctors and patients for the launch of GB226

Yuxi Commercial Manufacturing Site

Clinical and commercial supply

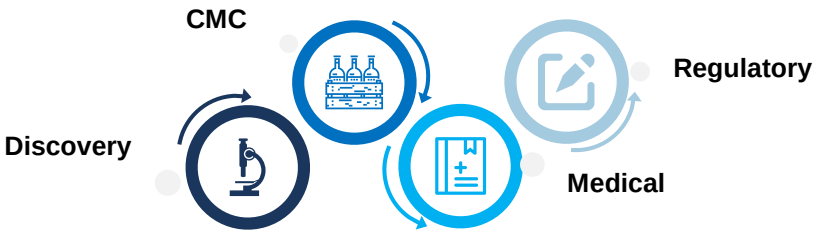
- Supply drugs in Ph3 clinical trial and commercial manufacturing of our product like PD-1

Advanced Technology

- Concentrated fed-batch (CFB) and continuous perfusion technologies
- Bioreactors：3x200L，4x500L
- Higher cost efficiency
- Industry leading yield

Key Milestones in Early-clinical-stage Pipeline from 2021

Product	Description	Trials / Indication	Commercial Rights	1Q	2Q	3Q	4Q	1Q22
GB492	a stimulator of interferon genes (**STING**) agonist expected to exert synergistic effects in combination with GB226	Solid Tumors	APAC ex-JP	Ph1 IND Mono or Combo		Ph1/2a FPD	400μg group finished	
GB261	**CD20/CD3**, bi-specific antibody	NHL	Worldwide	FIH AUS CTA Submission		FIH FPD		
GB263T	**EGFR/cMET/cMET**, tri-specific antibody	NSCLC	Worldwide				FIH AUS EC Approved	CN IND Accepted



- Differentiated design
- Fast execution with cross-function cooperation, could finish all IND-enabling work in 12 months
- Experienced in-house CMC, made these hard-to-develop candidates into clinical drugs with high productivity and quality
- Science-based clinical development plans and strategic regulatory pathway design

New Discovery-stage Pipeline from 2021: Focusing on IO FIC/BIC Potential Antibodies While Exploring Cutting-edge Technology

Discovery-stage pipeline in 2021

pipeline		Indications	Lead discovery
Bi/multi-specific antibody / fusion protein	GBD201	NSCLC, ESCC,other solid tumors	
	GBD202	NSCLC, GC, other solid tumors	
	GBD209	NSCLC, pancreatic cancer, other solid tumors	
	GBD211	NSCLC, HCC, other solid tumors	
	GBD212	NSCLC, HNSCC, other solid tumors	
	GBD208	NSCLC, pancreatic cancer, other solid tumors	
	GBD204	SCLC and other solid tumors	
mRNA	GBD401	Solid tumors	

***mRNA anti-cancer drug discovery collaboration : signed term sheet in Mar 2022**

Novel discovery from 2022

FIC / BIC potential

- Comprehensive assessment before entering into next stage.
- Advance only FIC/BIC potential candidates

IO Focus

- Immune Check Point Inhibitor
- T-Cell Engager for solid tumour
- Cytokines Drug Conjugates

The first one in PCC

- By showing outstanding results in mouse tumor model, the FIC potential candidate **GBD202** has entered into PCC stage in 2022

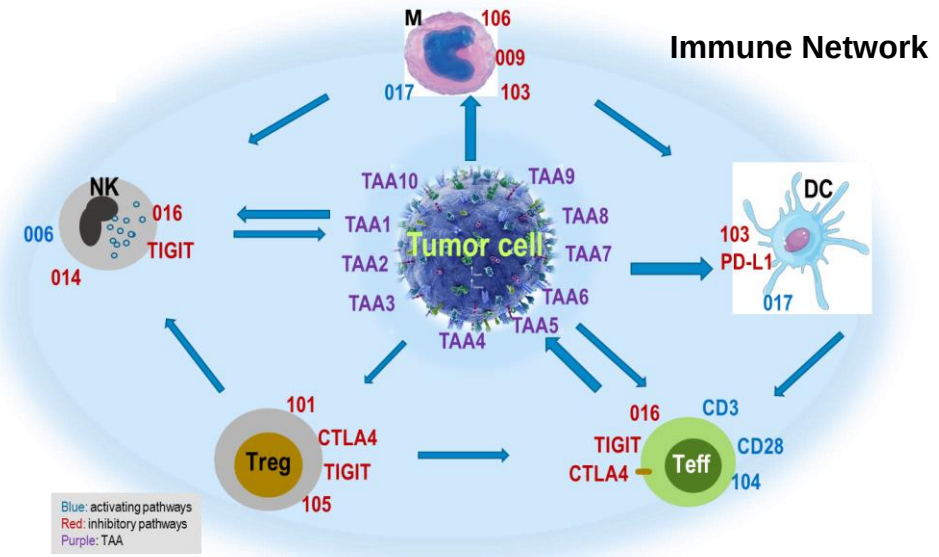
IND

- E: 1 IND per year from 2023

FIC/BIC Potential Drug Design Strategy and Integrated Development Platform

FIC/BIC Potential Drug Design Strategy

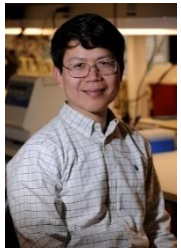
1. Focus on frontier IO targets
2. Various mechanism and targets to co-regulate the core pathways of the immune network
3. Specifically target to tumor microenvironment regulatory immune cells



FIC/BIC Potential Drug Design Platform

New Target Identification	Antibody Discovery	Modalities	Lead Screen & Characterization	Translational Medicine	Preclinical PK / PD / Tox	Information/ intelligence
Biology driven	mAb development	Immune check point inhibition BsAb/MsAb	Binding / blocking Specificity / epitope	*In vitro* / *ex vivo* analysis of human samples	PK / PD	
Unmet medical needs	BsAb / tri-specific Ab development	T-Cell Engager for solid tumors	Cross-species reactivity	Biomarker analysis (cellular, protein, gene levels)	Pre-tox GLP-tox	
Optimal format	VHH (Alpaca) phage display Yeast display	Cytokines drug conjugates	Biochemical assays Cellular assays			
Innovative molecular design		mRNA	*In vivo* models			

Scientific Advisory Board, Accelerating Global Innovation



Dr. Zhijian CHEN

Professor at the University of Texas Southwestern Medical Center

- investigator at the Howard Hughes Medical Institute
- elected to the National Academy of Sciences
- Breakthrough Prize in Life Sciences

Dr. David Kerr

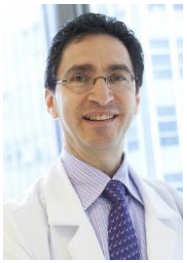
Professor of Cancer Medicine at the University of Oxford

- former President of the European Society of Oncology (ESMO)
- fellow of the British Academy of Medical Sciences
- Harvard Medal of Global Health: Distinguished Leadership Award

Dr.Alex A. Adjei

Professor of Oncology and Pharmacology at the Mayo Clinic

- Leader of the Thoracic Oncology Program and Head of Mayo Clinic's Early Cancer Therapeutics Program
- member of the National Cancer Institute's Board of Scientific Counsellors



Dr. Leonard Saltz

Professor, Weill Cornell Medical

- Executive Director for Clinical Value & Sustainability
- One of the leading physicians in colorectal cancers in the United States

Dr. John R. Zalcberg OAM

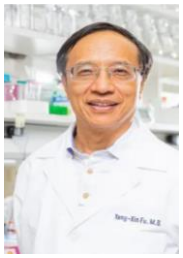
Professor of Medicine at Monash University

- Co-Chair of the Cancer Drugs Alliance and immediate past Chair of the Australian Clinical Trials Alliance
- Medal of the Order of Australia Award
- Cancer Achievement Award

Dr. John F. Seymour

Professor at the Peter MacCallum Cancer Centre & Royal Melbourne Hospital

- Director of the Department of Hematology of the Peter MacCallum Cancer Centre & the Royal Melbourne Hospital
- co-chair of the federal ministerial Blood Cancer Taskforce



Dr. Yangxin FU

Professor at Tsinghua University

- an internationally renowned cancer immunologist
- has pioneered novel immunotherapeutic approaches against cancer including methods to potentiate conventional cancer treatments.

Seasoned Management Team with Proven Track Records

Dr. Feng GUO

Chairman of the Board, CEO

- MERCK
- Pfizer
- 轩竹医药 XuanZhu Pharma

Dr. Shuhua HAN

Chief Scientific Officer, CSO

- 药明康德 WuXi AppTec
- Baylor College of Medicine
- 中国生物 CNBG

Dr. Joe ZHOU

President

- AMGEN
- Peking University Press 1902
- 蛋白药物质量联盟 CPDQA
- CMBA

Ms. Tong LI

Chief Medical Officer, CMO

- Janssen Pharmaceutical Companies of Johnson & Johnson
- MERCK
- OICR Ontario Institute for Cancer Research
- Pfizer
- 轩竹医药 XuanZhu Pharma

Mr. Wende CHEN

Chief Operation Officer, COO

- Roche
- Pfizer
- AstraZeneca
- EVEREST MEDICINES

Mr. Qibin Liang

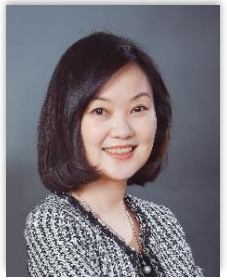
Chief Technology Officer, CTO

- CMAB
- MabPlex
- WuXi Biologics Global Solution Provider
- Progenics Pharmaceuticals
- Genentech A Member of the Roche Group
- BAYER

Mr. Mark F. KUBIK

Chief Business Officer，CBO

- AMGEN
- MACROGENICS
- OncoImmune



Ms. Yao CHEN

Head of Regulatory Affairs

- abbvie
- Abbott A Promise for Life
- Alcon

End-to-end Integrated Platform

Discovery

- IO bi/multi-specific antibody
- FIC/BIC potential drug design platform
- Immune check point inhibitor
- T-Cell Engager for solid tumors
- Cytokines drug conjugates

CMC

- Proven CMC capability
- Continuous-flow cell culture technology
- Bi/tri-specific antibody with higher titer and yield
- Titer: 5-6g/L

Manufacturing

- Compliance with GMP operations and NMPA, FDA, and ICH guidelines
- Concentrated fed-batch (CFB) and continuous perfusion technologies
- Large bioreactors：3x200L，4x500L
- Higher cost efficiency
- Industry leading yield: 20g/L of PD-1

Clinical and Regulatory

- Cross-department cooperation
- Strategically design clinical trials
- Communicate with drug regulatory authorities and drug review agencies to advance IND and NDA

Commercialization

- Search for GB242 partners
- Established commercialization foundation
- Hybrid model: in-house team for core market and cooperative CSOs for non-core market

Business Development

- A proven track record of collaborating with biopharmaceutical and biotechnology companies globally
- Potential license-out and co-development projects
- mRNA collaboration

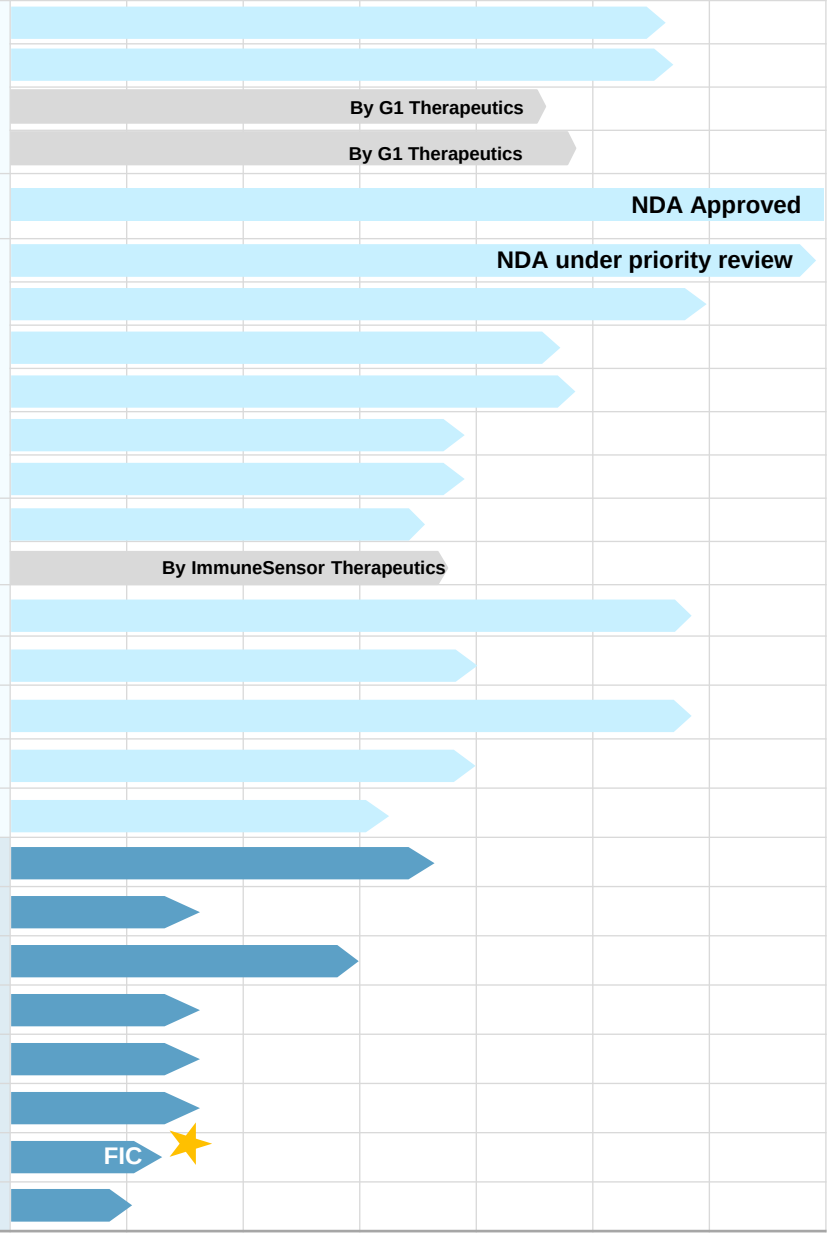
02

Pipeline Introduction

GENOR BIOPHARMA

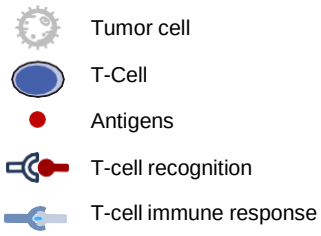
A Robust Pipeline- Development Stage Assets Focusing on Global Opportunities

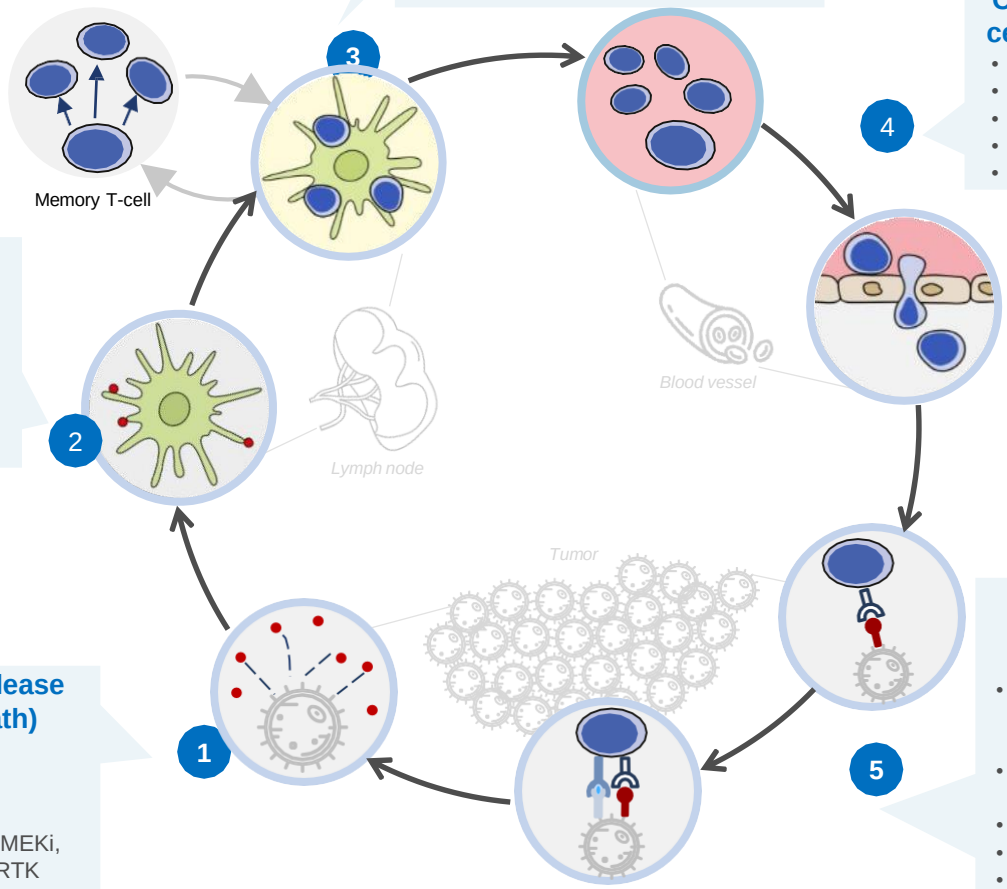
Product	Target/MoA (reference drug)	Indication	Classification	Commercial Rights
GB491	CDK4/6+AI (combo w/ letrozole)	1L HR+/HER2- BC	Novel (In-license)	APAC ex-JP(1)
	CDK4/6+SERD (combo w/ fulvestrant)	2L HR+/HER2- BC		
	CDK4/6+ EGFR (combo w/ osimertinib)	EGFR-Mutant NSCLC		
GB242	TNF-α (infliximab)	RA, AS, Ps, CD, UC	Biosimilar (In-house)	Worldwid
GB226	PD-1	r/r PTCL	Novel (In-license)	China
		2L+ Cervical Cancer		
		ASPS		
		r/r PMBCL		
	PD-1+VEGFR (combo w/ fruquintinib)	2L/3L+ EGFR+ NSCLC		
		2L+ mCRC		
GB492	PD-1 (combo w/ GB226*^)+STING	Solid Tumours	Novel (In-license)	APAC ex-JP(2)
GB221	HER2	HER2+ 1L/2L+ mBC	Novel (In-house)	Worldwide
GB223	RANKL	GCTB, PMO	Novel (Co-develop)	Worldwide
GB241	CD20 (rituximab)	1L DLBCL	Biosimilar (In-house)	Co-development
GB224	IL-6	Inflammatory Disease	Novel (In-license)	China
GB251	HER2 ADC	HER2+ 1L/2L+ mBC	Novel (Co-develop)	Worldwide
GB261	CD20×CD3	NHL	Novel (In-house)	Worldwide
GB262	PD-L1×CD55	Cancers	Novel (In-house)	Worldwide
GB263T	EGFR×c-Met×c-Met	NSCLC	Novel (In-house)	Worldwide
GB264	Claudin 18.2×CD3	GI Cancers	Novel (In-house)	Worldwide
GB265	PD-L1xTIGIT	Cancers	Novel (In-house)	Worldwide
GB266	PD-L1xL.AG3xLAG3	Cancers	Novel (In-house)	Worldwide
GB267	Undisclosed	Cancers	Novel (In-house)	Worldwide
***	Undisclosed	Cancers	Novel (In-house)	Worldwide



*Notes: (1) Clinical trials are sponsored by G1 Therapeutics. (2) Clinical trial is sponsored by ImmuneSensor Therapeutics; * **four undisclosed candidates in discovery stage***

Portfolio Strategy Centered Around the Cancer-Immunity Cycle





Priming and activation (APCs & T-cells)

- Engineered cytokines
- TGF-β trap
- T-cell agonists
- 4-1BB, CD27, GITR, ICOS, OX-40, CD40, CD80

GB265 (PD-L1/TIGIT)
GB266 (PD-L1/LAG3/LAG3)

Cell-based therapies and T-cell recognition of the tumor

- TIL
- CAR-T
- TCR
- CD3 bispecific
- Claudin 18.2xCD3

GB261 (CD20/CD3)
GB264 (Claudin 18.2/CD3)

GB492 (STING)

Cancer antigen presentation (APCs)

- Oncolytic viruses
- Cancer vaccines
- TLR, STING, RIG-I agonists

GB226 (PD-1)
GB265 (PD-L1/TIGIT)
GB266 (PD-L1/LAG3/LAG3)

GB491 (CDK 4/6)

Cancer antigen release (Cancer cell death)

- Chemotherapy
- Radiation
- Targeted agents
- EGFRi, EGFR TsAB, MEKi, PARPi, VEGFi, multi-RTK

Killing of cancer cells (Immune and cancer cells)

- Novel checkpoint inhibitors: B7-H3, B7-H4, LAG-3, TIGIT, TIM-3, VISTA, PVRIG, Siglec-15
- Metabolic IO – IDO, Adenosine, Arginase, Glutaminase
- Targeting TAMs (CSF-1R)
- Targeting MDSCs
- CD47, KIR, NKG2A

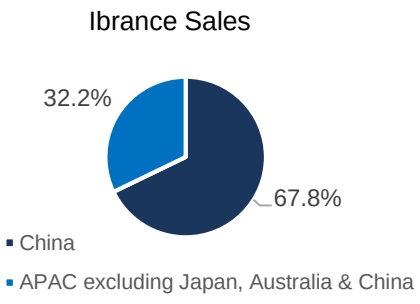
GB221 (HER2)
GB263T (EGFR/c-Met/c-Met)

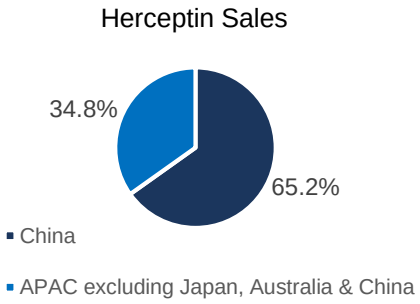
GB491 (Lerociclib) – Well-positioned to Capture the Huge Breast Cancer (eBC & mBC) and HNSCC Markets in APAC

FPD for 2L HR+/HER2- BC Ph3 trial in Oct 2021, FPD for 1L HR+/HER2- BC Ph3 trial in Jan 2022

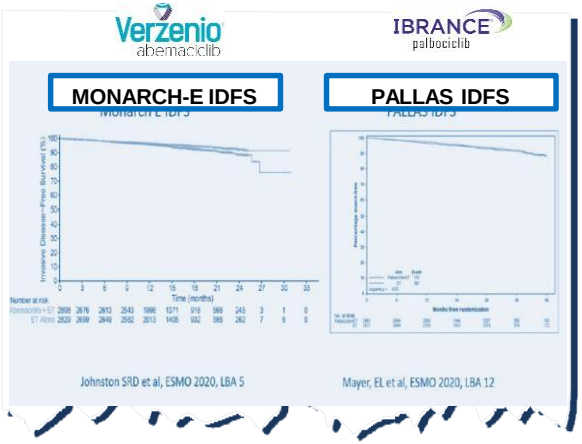
- We hold development and commercial rights in APAC excluding Japan
- We are the second domestic company to obtain the IND approval for phase 3 clinical trial for CDK4/6 inhibitor.

≥1.5x Opportunities in APAC* vs. in China only





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



ESMO

- **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%)

Company	Drug	China Status	Setting	Registry / Approval Date	Patent Expiry
Pfizer	Ibrance	Launched	1L	Aug-18	Jan-23
Eli Lilly	Verzenio	Launched	1L	Dec-20	Nov-29
Hengrui	SHR6390	Launched	2L	Dec-21	
Novartis	Kisqali	NDA Submission	1L	Oct-21	Aug-29
Hengrui	SHR6390	Phase 3	1L	Oct-19	
Genor	**Lerociclib**	**Phase 3**	**1L / 2L+**	**Jul-21**	
Sihuan	XZP-3287	Phase 3	2L	Aug-21	
Sihuan	XZP-3287	Phase 3	1L	Dec-21	
Fosun	FCN-437	Phase 3	1L / 2L+	Sep-21	
BeBetter	BEBT-209	Phase 3	2L+	Dec-21	
Sino Biopharma	TQB3616	Phase 3	2L	Dec-21	
Sino Biopharma	TQB3616	Phase 2	1L	Feb-21	
Beta	BPI-1178	Phase 1/2a	1L	Nov-19	
BeBetter	BEBT-209	Phase 1b	1L	Nov-20	
Betta	BPI-16350	Phase 1	-	Jun-18	

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; * 2018 APAC Sales Data excluded Japan and Australia*

GENOR BIOPHARMA

GB491 (Lerociclib) – Potentially Best-in-Class CDK4/6 Inhibitor

Superior Efficacy Profile & Better Tolerability

Higher ORR vs. Palbociclib in Paloma-3 Trial

	Lerociclib Phase 1/2a (ongoing) [1]	Eli Lilly Monarch-2	Pfizer Paloma-3	Novartis Monaleesa-3
Line setting	Median 2L+	1/2L	1L+ (2L 40%, 3L 25%)	1/2L
Treatment	Lerociclib + fulvestrant	Abemaciclib + fulvestrant	Palbociclib + fulvestrant	Ribociclib + fulvestrant
ORR	**31.6%**	**48.1% vs. 21.3%**	**24.6% vs. 10.9%**	**32.4% vs. 21.5%**
CR	0	3.5% vs. 0	NA	1.7% vs. 0
PR	31.6%	44.7% vs. 21.3%	NA	30.8% vs. 21.5%
SD	47.4%	34.3% vs. 51.2%	NA	33.3% vs. 34.3%
DCR [2]	**79.0%**	**82.4% vs. 72.6%**	**NA**	**65.7% vs. 55.8%**
mPFS	**28.6 mo**	**16.4 vs. 9.3 mo**	**9.5 vs. 4.6 mo**	**20.5 vs. 12.8 mo**

Source: G1 Therapeutics; CIC; ESMO 2020; Bisi 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.

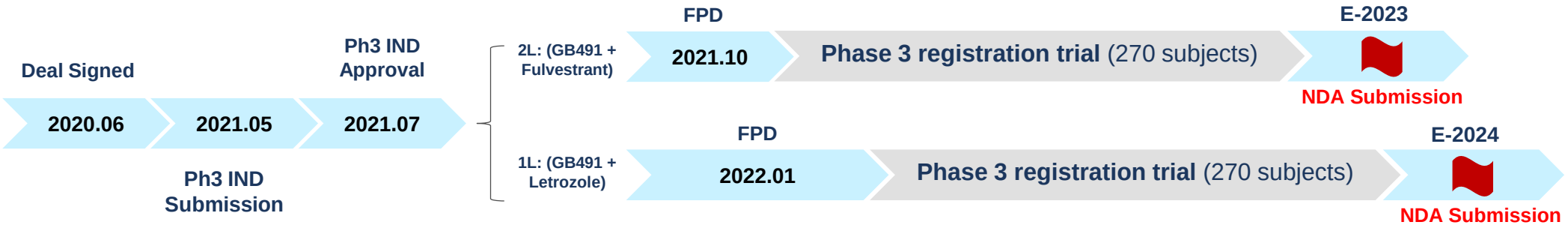
Longer treatment duration requires therapeutics with better tolerability

Potentially best safety profile across the CDK4/6 drug class

	Lerociclib [1]		Abemaciclib		Palbociclib		Ribociclib	
Trial	**NCT02983071**		**MONARCH-2**		**PALOMA-3**		**MONALEESA-3**	
Phase	I/IIa		III		III		III	
Line setting	Median 2L+		1/2L		1L+ (2L 40%, 3L 25%)		1/2L	
Treatment	Lerociclib + fulvestrant		Abemaciclib + fulvestrant		Palbociclib + fulvestrant		Ribociclib + fulvestrant	
AE (%)	**All**	**Gr3/4**	**All**	**Gr3/4**	**All**	**Gr3/4**	**All**	**Gr3/4**
Neutropenia	55%	**35%**	46%	**27%**	79%	**62%**	70%	**53%**
Leukopenia	40%	**15%**	28%	**9%**	46%	**25%**	28%	**14%**
Nausea	15%	**0%**	45%	**3%**	29%	0%	45%	1%
Diarrhea	25%	**0%**	86%	**13%**	19%	0%	29%	1%

Source: G1 Therapeutics, FDA, ESMO 2020 poster; data cutoff: 17 Apr 2020
Note [1]: for 150mg BID dosing group

GB491 – Advancing Phase 3 Clinical trials



Clinical and Regulatory Progress in 2021:

- Completed all the activities required for Ph3 IND **in 12 months**
- 2L Study: **Waived Phase 1b bridging study**, *NDA is expected to be advanced for 1 year.*
- 1L Study: **Safety lead-in study** shorten the trial time for half year.
- **Wider range of patients**, **optimized sample size and mid-term analysis cut-off.** *The full analysis is expected to be advanced for 1 year.*

CMC Achievements

- **Cooperated with 4 CDMOs in China, Europe and the United States.** *Solved technology, communication, laws and regulations problems in various countries(regions).*
- **Produced APIs, clinical trial drug and placebo supply within one year**. *Guaranteed the high advancement of the project.*

Other key Late Stage Candidates GB242 and GB226

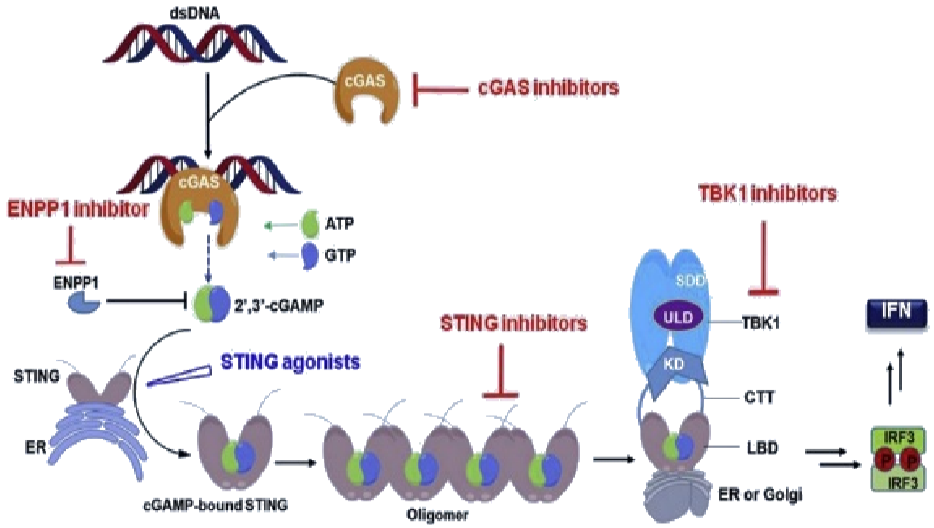
	GB242 – Infliximab biosimilar	GB226 – PD-1
Introduction	▪ Biosimilar product candidate to Infliximab. ▪ Indications: Rheumatoid Arthritis (RA), Ankylosing Spondylitis (AS), Psoriasis (PsO), Crohn's Disease (CD), pediatric Crohn's Disease (pCD) and Ulcerative Colitis (UC).	▪ Humanized, IgG4 mAb targeting the PD-1 receptor on immune cells. ▪ Selectively blocks dual ligands (PD-L1 and PD-L2), and restores the ability of the immune system to recognize and kill tumor cells.
Latest Progress	▪ NDA approval in Feb 2022 佳佑健 注射用英夫利西单抗	▪ NDA for r/r PTCL is under technical review

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*

GB492 – A Potentially First-in-class STING Agonist in China

Ph1/2 FPD in Sep 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)
- Multiple studies show that STING agonist may be used as a new immune stimulatory therapy

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

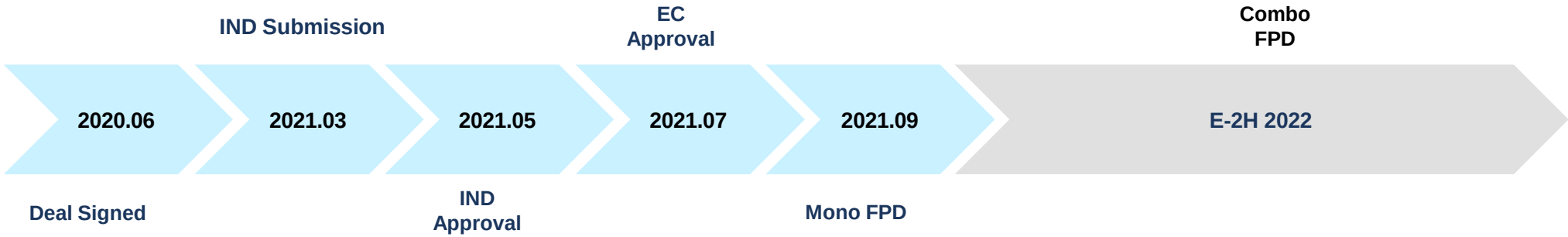
- Preliminary data from Merck's Phase 1 clinical trial for a STING agonist as monotherapy and in combination with Keytruda, in patients with advanced solid tumors or lymphomas
  - The **combination arm had partial responses of 43%** (three out of the seven patients) in HNSCC
  - By contrast, **Keytruda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

Source: CIC, ESMO

GB492 – Advancing Clinical Development



Progress achieved in 2021:

- **IND Approval** for an innovative FIH trial Design combining 2 dose escalation in one study
  - GB492 mono
  - GB492 + PD-1 combo
- GB492 Mono Initial clinical data: 400 μg Chinese pts safety well tolerated, comparable to US safety data
- **Waive Mono Escalation** in China and directly start 800 μg GB492 + GB226 (PD-1) combo escalation , thus advance 3-6 months than regular method

Clinical Development Strategy

GB492 + PD-1

Pivotal Studies in multiple tumor types

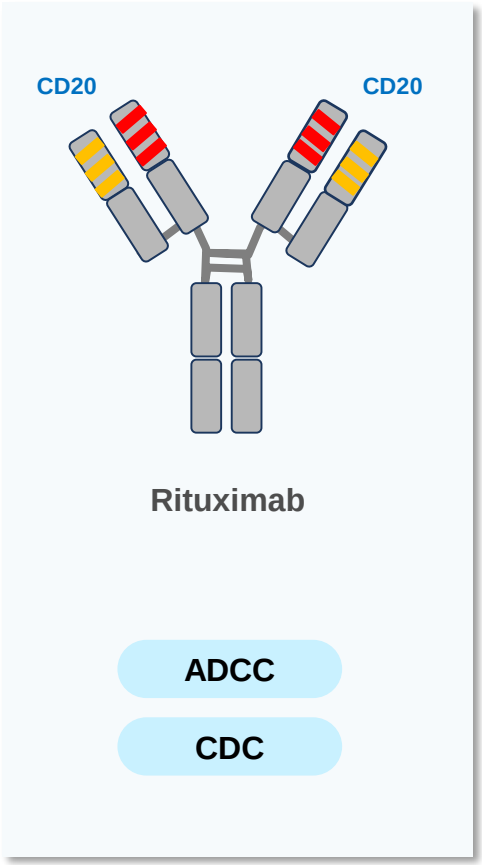
- HNSCC
- HCC
- TNBC
- Other Solid Tumors

GB261 – A Highly Differentiated CD20/CD3 BsAb for B-cell Lymphoma

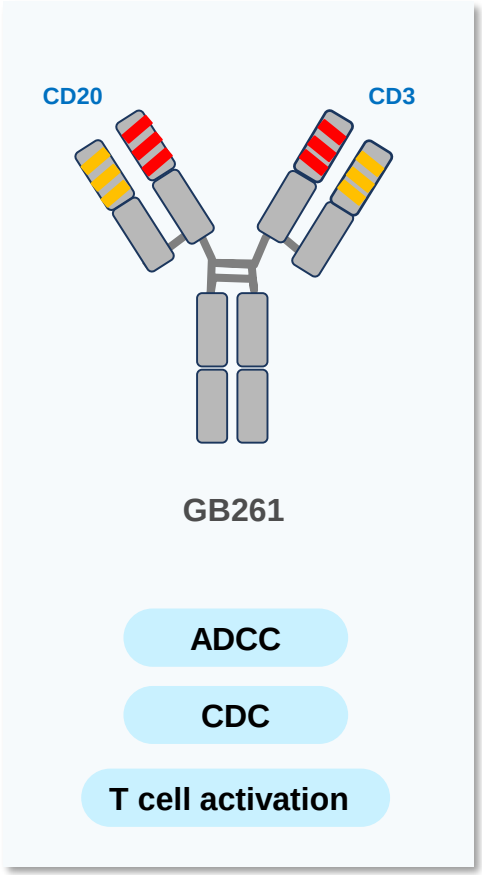
FIH FPD in AUS in Oct 2021

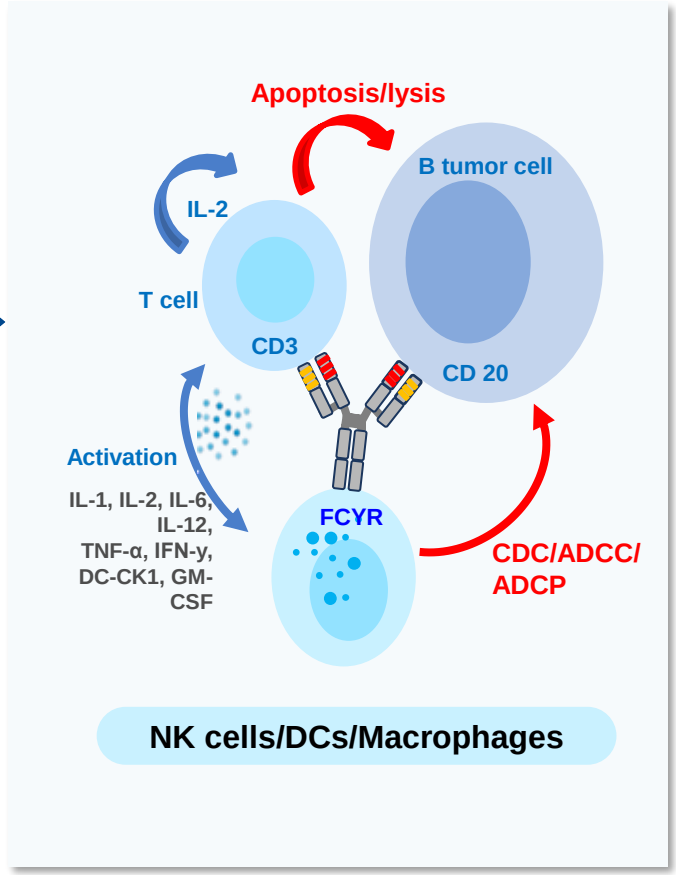
The first T-cell engager with super low CD3 binding affinity and maintaining Fc effector functions (ADCC and CDC) , rendering better safety and multiple mechanisms to better kill cancer cells.

CDR grafting and backmutation



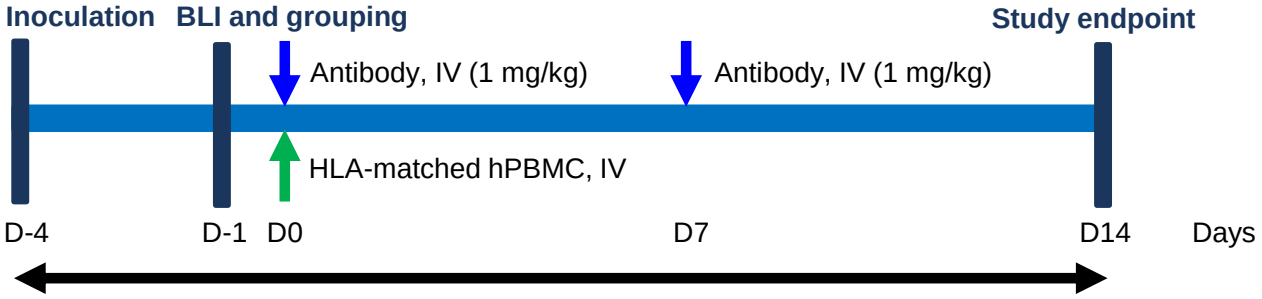
Computer aided antibody design



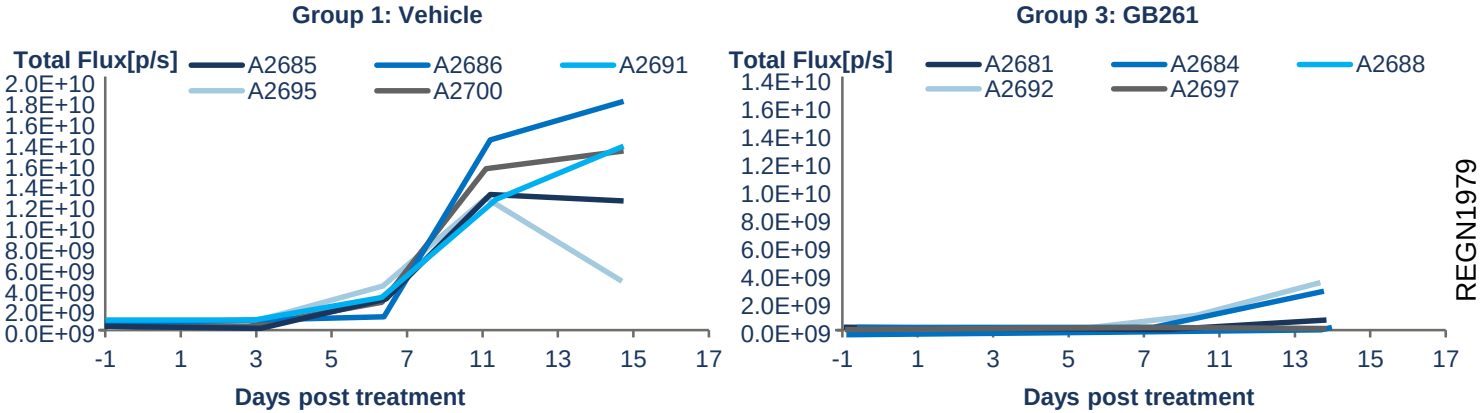


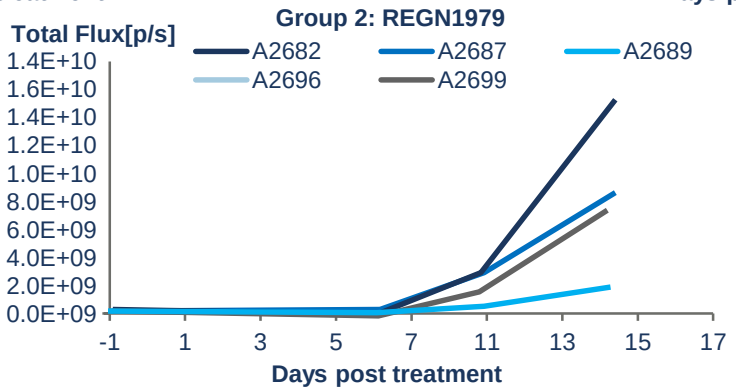
GB261 Significantly Inhibits Rituximab-resistant Tumor Growth (in vivo)

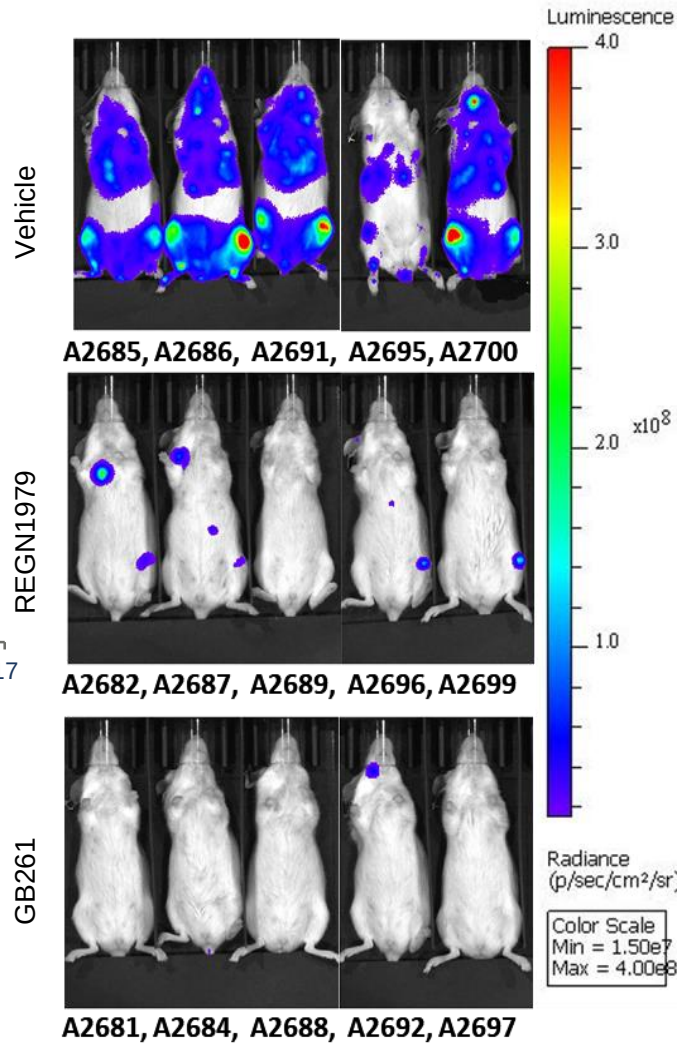
GB261 induces more Rituxan-resistant Raji cell killing in PMBC-engrafted B-NDG mice than REGN1979 analog.



Monitor tumor load (BLI) and bodyweight every three days

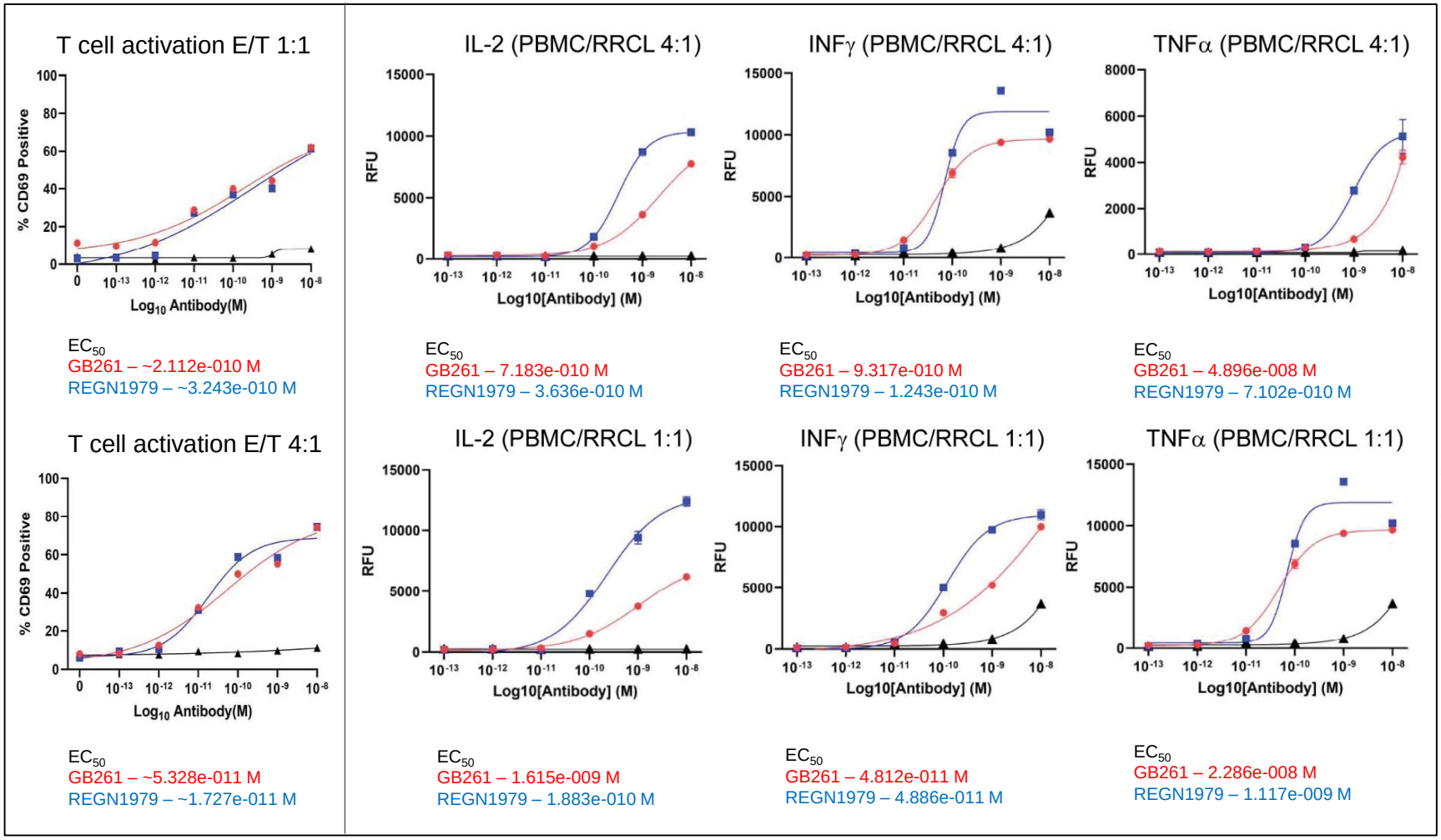






GB261 Induces T cell Activation with Less Cytokine Releases

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

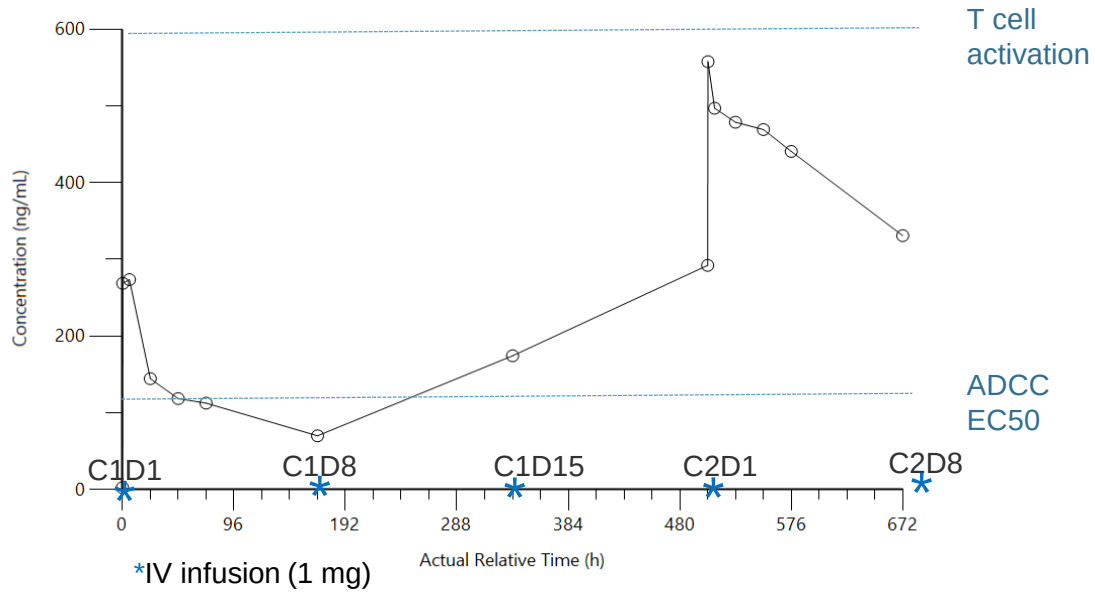


GB261 Clinical Data Conforms to MOA and Pre-clinical Discovery

Preliminarily showed better safety at 20-200 times of starting dose

Drug Candidate	GB261	Mosunetuzumab (RG7828)	Odronextamab (REGN1979)	Glofitamab (RG6026)
Starting Dose	1mg	50μg	30 μg	5 μg

PK and cytokine data from 1mg dosed group conforms to MOA and pre-clinical discovery



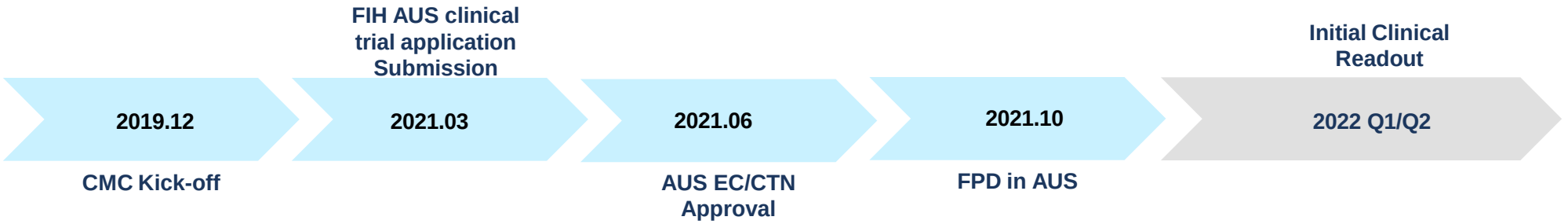
Drug accumulation observed in IV dosing of 1 mg QW; Drug trough concentration has not reached steady state after 4 weeks of dosing

- The terminal half-life of GB261 is estimated to be around 1 week or more
- Based on preclinical data, clinical efficacy may be observed at 10-30mg, and more robust clinical efficacy is expected at 100-300mg

No cytokine release observed in 1mg group

- Based on preclinical data, cytokine release may occur in the 3-10 mg dosing group

GB261 – Advancing Clinical Development



Clinical and Regulatory Progress in 2021:

- **Optimized Dose Escalation and Expansion in Ph1 trial.**
  - Starting dose from 1mg
  - Accelerated titration + standard titration
  - Less undertreated patient number
  - Speed up to effective dose range
  - Close monitoring and careful management of safety
- Initial clinical data at 1mg revealed PK and safety, no CRS

CMC Achievements

- **Within 12 months**, completing the process from sequence determination to global multi-center clinical drug delivery
- **Expression level of 5-6g/L and purity of 99.5%**

Clinical Development Plan:

Fast to Market Strategy (Preliminary)

Single-Arm Trials in CN/US/AUS

- R/R FL
- R/R DLBCL
- R/R MCL

Large Indication Strategy

1L DLBCL & Other Indications

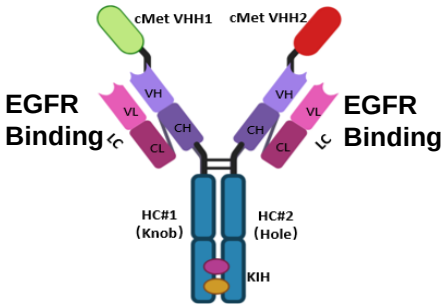
- GB261 + PD-1 + SOC
- GB261 + SOC

GB263T – the First EGFR/cMET/cMET Tri-specific Antibody for NSCLC

Global rights, global innovation, blockbuster potential

In comparison with JNJ-61186372，GB263T is differentiated in design

GB263T



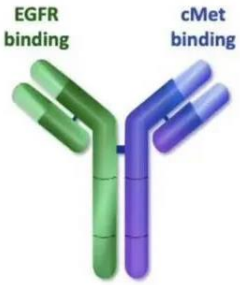
Multiple MOAs

- Inhibit EGFR/c-MET relevant signaling
- Mediate receptor endocytosis
- ADCC

- 2 : 2，asymmetric structure
- Binding to two “c-Met” with different epitopes
- IgG1，ADCC enhanced through AAs mutation

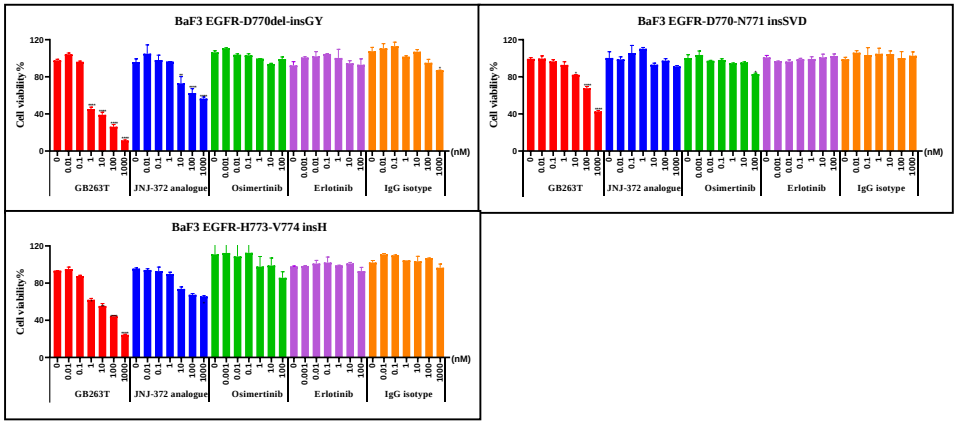
VS

JNJ-61186372 (Amivantamab)



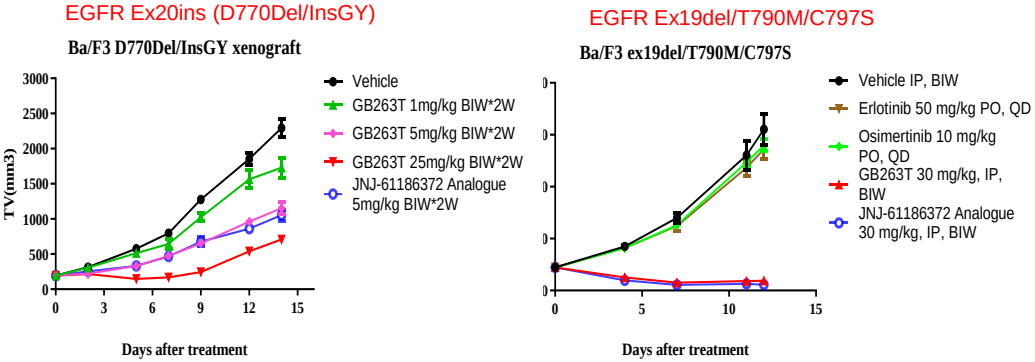
- 1 : 1, asymmetric structure
- Binding to one “c-Met”
- IgG1，ADCC enhanced through high afucosylation

GB263T inhibits activity of cells with EGFR ex20ins mutations



GB263T showed a dose-dependent inhibition of the viability of cells containing 3 different EGFR exon 20 insertion mutations（including D770del-insGY，D770-N771 insSVD, and H773-V774 insH）

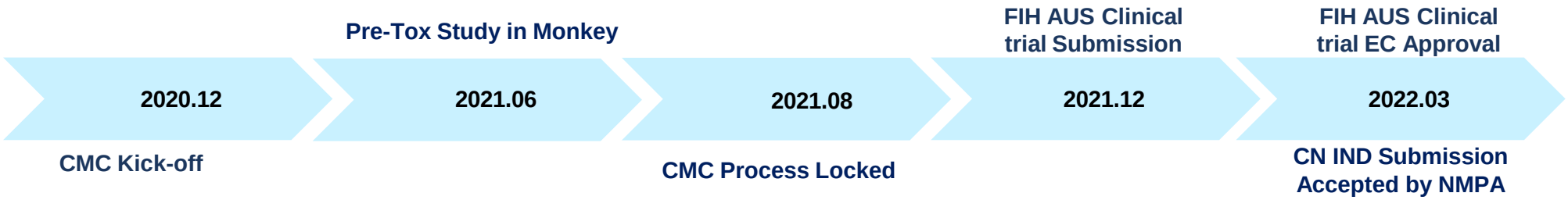
GB263T induces tumor killing in EGFR mutations CDX models



GB263T inhibits tumor growth in EGFR ex20ins models with three different mutations: EGFR D770Del/InsGY, EGFR D770_D770_N771insSVD, and EGFR Ex19del/T790M/C797S

GB263T – Advancing FIH IND and Clinical Trials

EC approved for FIH AUS clinical trial and China IND submission accepted by NMPA in Mar 2022



Cross-Department Cooperation

- **Cooperated with world famous PI** to design clinical trial
- Finalized the clinical trial scheme within one day while the Tox data readout
- From CMC initiation to FIH submission in Australia **within 12 months**. Better than industry average
- **Expression level of 5-6g/L and purity of 99.5%**

Clinical Development Plan

Combo GB263T + Third generation of EGFR-TKI → 1L NSCLC with EGFR mutation

03

Upcoming Events

GENOR BIOPHARMA

Upcoming Milestones

Key Events	Timing
GB242 (TNF-α) – Commercial Launch	2022
GB226 (PD-1) – NDA approval for 2L r/r PTCL	2022
GB492 (STING) – FPD combined with GB226	2H2022
GB261 (CD20/CD3) – IND approval in China	2H2022
GB261 (CD20/CD3) – Initial POC readout	2H2022
GB263T (EGFR/cMet/cMet) – IND approval in China	2H2022
GB263T (EGFR/cMet/cMet) – FPD in Australia	2H2022
GB491 (CDK4/6) – NDA for 1L/2L HR+/HER2- mBC	2L: 2023 / 1L: 2024
GB492 (STING) – Initial POC readout combined with GB226	2023
GB263T (EGFR/cMet/cMet) – Initial POC readout	2023
GB267– Clinical application / IND in Australia and China	2023
Achieve mRNA anti-cancer drug discovery collaboration	2H2022
1 FIC / BIC potential drug candidate entering IND enabling stage	From 2022
1 IND for FIC / BIC potential candidate every year	From 2023

04

Financial Overview

GENOR BIOPHARMA

Financial Overview – Income Statement

RMB' mn	Year Ended 31 December 2021	2020
Revenue	-	10.3
Cost of revenue	-	(2.6)
Gross profit	**-**	**7.7**
Selling expenses	(98.6)	-
Administration expenses	(207.4)	(241.4)
Research and development expenses	(612.7)	(696.6)
Other income-net	44.8	(4.4)
Other gains/(losses)-net	14.8	(1,968.3)
Operating loss	**(859.1)**	**(2,903.0)**
Finance income	23.7	3.7
Finance costs	(30.9)	(137.0)
Finance costs-net	(7.2)	(133.3)
Loss before income tax	(866.3)	(3,036.3)
Income tax credit	0.9	5.8
Loss for the year	**(865.4)**	**(3,030.5)**

** All numbers are rounded to one decimal place*

Expenses

- R&D expenses decreased, mainly due to the decrease of employee share-based payment expenses.
- The decrease in administration expenses was mainly due to the decrease of listing expenses.
- The selling expenses was due to the set up of commercial team.

Net loss for the year

- Net loss for the year was RMB 865.4mn.

Financial Overview – Balance Sheet

RMB' mn	Dec-21	Dec-20
Cash and cash equivalents	2,200.6	2,929.7
Restricted bank deposits	2.0	2.0
Inventories	49.7	31.5
Contract cost	1.8	1.8
Other receivables, deposits and prepayments	132.5	108.7
Amounts due from related parties	0.0	27.7
Total Current Assets	**2,386.6**	**3,101.4**
Property, plant and equipment	200.0	200.3
Right-of-use assets	23.3	28.9
Intangible assets	171.1	156.9
Other receivables, deposits and prepayments	76.1	80.3
Deferred income tax assets	5.7	5.6
Total Non-Current Assets	**476.2**	**472.0**
Total Assets	**2,862.8**	**3,573.4**
Trade payables	129.7	91.7
Contract liabilities	5.6	4.9
Other payables and accruals	124.9	116.3
Short-term borrowings	29.7	0.0
Lease liabilities	7.6	15.1
Amounts due to related parties	4.1	17.0
Provision	7.9	0.0
Deferred income	3.7	3.7
Total Current Liabilities	**313.2**	**248.7**
Contract liabilities	0.0	0.8
Lease liabilities	20.1	16.0
Amounts due to related parties	5.0	34.8
Deferred income	18.1	21.9
Deferred income tax liabilities	13.3	14.1
Total Non-Current Liabilities	**56.5**	**87.6**
Total Liabilities	**369.7**	**336.3**
Total Equities	**2,493.1**	**3,237.1**

** All numbers are rounded to one decimal place*

Cash Balance

- As at December 31, 2021, our total cash and cash equivalents were RMB 2,200.6mn.

Intention to Conduct On-market Share Repurchase

up to HK$50,000,000 in value of the Shares

The board announced that it intends to exercise its authority under the general mandate (the "Repurchase Mandate") to repurchase shares of the Company (the "Shares") granted by the Shareholders at the annual general meeting of the Company held on 11 June 2021 (the "AGM") to repurchase up to **HK$50,000,000** in value of the Shares from the open market from time to time, subject to market conditions (the "Proposed Share Repurchase").

Finance by its internal resources

The Company intends to finance the Proposed Share Repurchase **by its internal resources** (**other than proceeds from its global offering and listing of Shares**).

Up to 10% of the total No. of shares in issue on the date of AGM and the timeline

the Directors are authorised to repurchase up to 10% of the total number of Shares in issue on the date of the AGM, with such mandate to expire upon the earliest of: (a) the conclusion of the next annual general meeting of the Company; (b) the expiration of the period within which the next annual general meeting of the Company is required by the articles of association of the Company (the "Articles") or any applicable laws to be held; and (c) the date on which the authority given under the ordinary resolution approving the Repurchase Mandate is revoked or varied by an ordinary resolution of the Shareholders in general meeting. Under the Rules Governing the Listing of Securities on The Stock Exchange of Hong Kong Limited (the "Listing Rules"), the repurchase price of each Share shall be no more than 5% higher than the average closing market price for the Shares over the five (5) trading days immediately preceding each repurchase. Shares repurchased (if any) by the Company will be cancelled.

Company's confidence in own business

The Board believes that a share repurchase in the present conditions will demonstrate the Company's confidence in its own business outlook and prospects and would, ultimately, benefit the Company and create value to the Shareholders. The Board believes that the current financial resources of the Company would enable it to implement the Proposed Share Repurchase while maintaining a solid financial position. The Board considers that the Proposed Share Repurchase is in the best interest of the Company and its Shareholders as a whole.

Shareholders and potential investors should note that any purchase of Shares made by the Directors under the Proposed Share Repurchase will be subject to market conditions and will be at absolute discretion of the Directors. There is no assurance of the timing, quantity or price of any share repurchases or whether or not the Company will make any repurchases. Shareholders and potential investors should therefore exercise caution when dealing in the securities of the Company.

Q&A

GENOR BIOPHARMA