ARRIVENT

A Late-Stage Company With a Global Oncology Pipeline

Corporate Presentation – November 2024

NASDAQ Listed: AVBP

Forward Looking Statements

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ArriVent BioPharma: A Late-Stage Company With a Global Oncology Pipeline

- Founded in 2021 to advance innovative medicines that address unmet needs worldwide
- Seasoned team of industry veterans with track record of success
- Global partnerships diversify pipeline including ADC candidates and beyond
- Lead program firmonertinib is in a pivotal Phase 3 study and received FDA Breakthrough Therapy Designation in untreated, locally advanced or metastatic NSCLC with EGFR Exon 20 insertion mutations
- Firmonertinib demonstrated Proof of Concept Phase 1b in EGFR PACC mutations provides opportunity to expand into a large patient population of high unmet medical need

Robust Pipeline to Maximize Impact Across Indications and Geographies

Program	Trial	Target	Discovery	Preclinical	Phase 1	Phase 2	Phase 3	ArriVent Rights	Partner	Next Anticipated Milestone
Firmonertinib ***EGFR TKI***	BTD FURVENT NCT05607550	1L NSCLC EGFR Exon 20 Insertion Mutations*				*Monotherapy*		Global-Ex China	ALLIST	Topline data in 2025
	FURTHER NCT05364043	1L+ NSCLC EGFR PACC Mutations+			*Monotherapy*			Global-Ex China	ALLIST	Update in 1H 2025
	Phase 1b	2L+ NSCLC EGFR Classical Mutations#			*Combo with SHP2i*			Global-Ex China	INNOCARE	Initiation of Phase 1b dose expansion cohort
ARR-002 ***ADC***		Solid Tumors						Global	AARVIK THERAPEUTICS	Candidate for IND-enabling studies in Late 2024/Early 2025
NME 1 ***ADC***		Solid Tumors						Global-Ex China	康宁杰瑞 ALPHAMAB ONCOLOGY	
NME 2 ***ADC***		Solid Tumors						Global-Ex China	康宁杰瑞 ALPHAMAB ONCOLOGY	

NSCLC: non-small cell lung cancer; EGFR: epidermal growth factor receptor; PACC: P-loop alpha-c helix compressing Allist: Shanghai Allist Pharmaceuticals Company, Ltd.; InnoCare: Beijing InnoCare Pharma Tech Co., Ltd.; Aarvik: Aarvik Therapeutics, Inc.; 1L: First-line therapy; 1L+: Treatment naïve and previously treated with non-TKI therapies; 2L+: Second-line or greater therapy; SHP2i: SHP2 inhibitor. The investigation of firmonertinib for the first-line treatment of NSCLC EGFR exon 20 insertion mutations is based on the ongoing FAVOUR Phase 1b study conducted by Allist and the ongoing FURVENT Phase 3 study. These studies are not yet complete, and no Phase 2 study has been conducted for this indication. The ongoing FURTHER Phase 1b study investigating firmonertinib for the treatment of EGFRm NSCLC includes cohorts with PACC mutations (first-line or greater) and exon 20 insertion mutations (second-line or greater). The evaluation of firmonertinib in combination with SHP2i for the second-line or greater treatment of EGFRm NSCLC is based on the ongoing Phase 1b study in collaboration with InnoCare.
ArriVent has the right to develop and commercialize firmonertinib worldwide, with the exception of greater China, which includes mainland China, Hong Kong, Macau and Taiwan.

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Firmonertinib: Differentiated Profile and Broad Global Development

Differentiated Profile

Robust and broad clinical activity across EGFR mutations (classical, Exon 20 insertion, PACC and other uncommon)

Highly **brain penetrant;** a limitation of many currently available therapies

Once daily, oral dosing

Well-characterized Clinically

Approved in China for NSCLC EGFR classical mutations (based on FURLONG study)

Clinical anti-tumor activity against brain metastases

Clinical Proof of Concept in Exon 20 insertion mutations and PACC mutations

Generally well-tolerated in **1,000+ patients** in clinical trials

Broad Global Clinical Development

Ongoing global pivotal Phase 3 in 1L NSCLC Exon 20 insertion mutation with FDA **Breakthrough Therapy Designation**

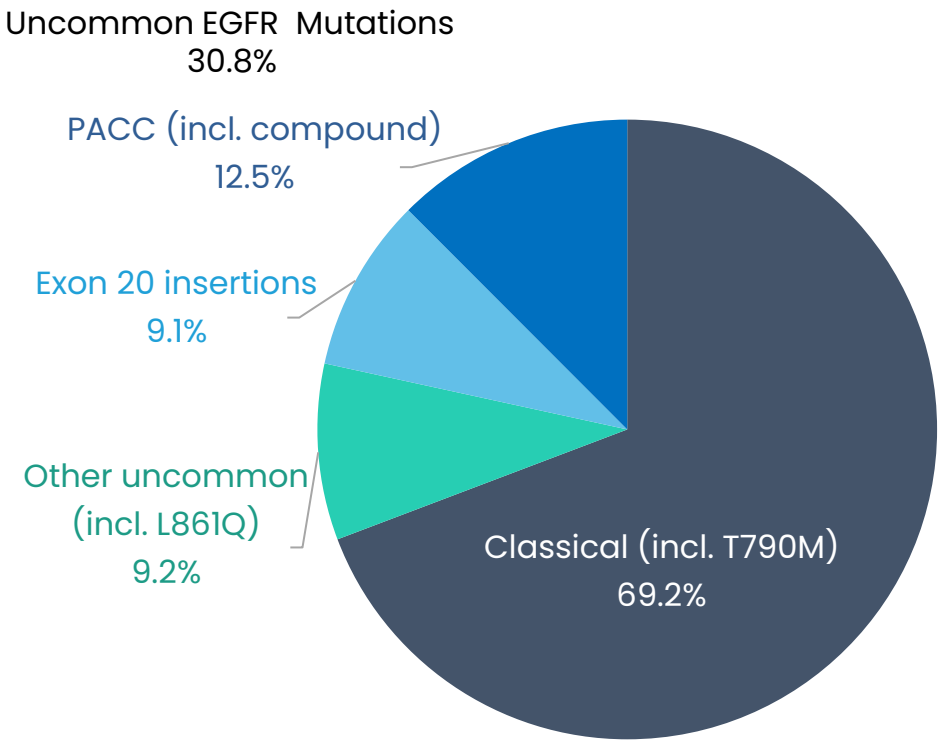
First prospectively designed and randomized global study in PACC mutations

Clinical combination study with SHP2i in classical mutations

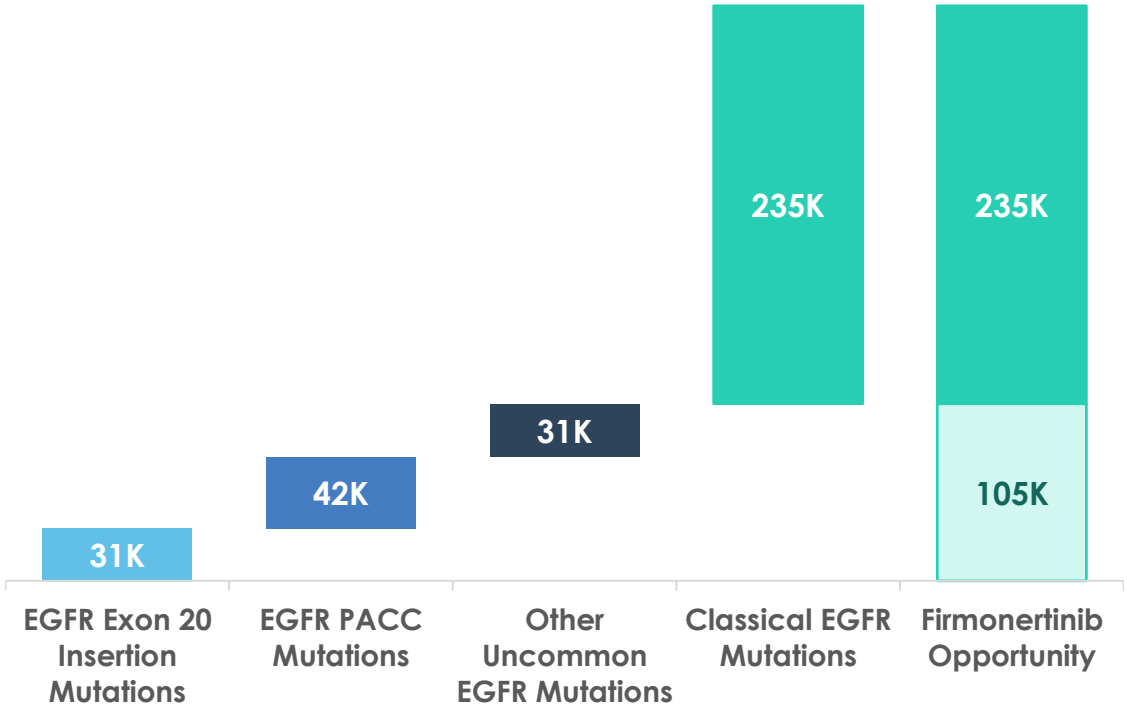
Note: only approved in China for NSCLC EGFR classical mutations based on FURLONG study conducted by Allist

EGFR Mutant NSCLC Is One of the Most Prevalent Types of Cancer

EGFR NSCLC Mutations



Large Market Opportunities



Source: Globocan 2020; Adapted from Robichaux et al, Nature, 2021; Zhang et al, Oncotarget, 2016. Nilsson MB, Mounir Z, Musib L, et al. AACR 2024.
PACC or P-loop αC-helix compression mutations. Major markets are defined as USA, France, Germany, Italy, Spain, UK, and Japan

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Patients with EGFR Mutant NSCLC Remain Underserved Despite Advances

All EGFR Mutations

~70% of patients will develop brain metastases and many current therapies lack effective brain penetrance

Immunotherapy drugs not indicated due to lack of benefit in clinical trials

Uncommon EGFR Mutations

No approved or standard EGFR TKI for frontline NSCLC patients with exon 20 insertion or PACC mutations

Classical EGFR Mutations

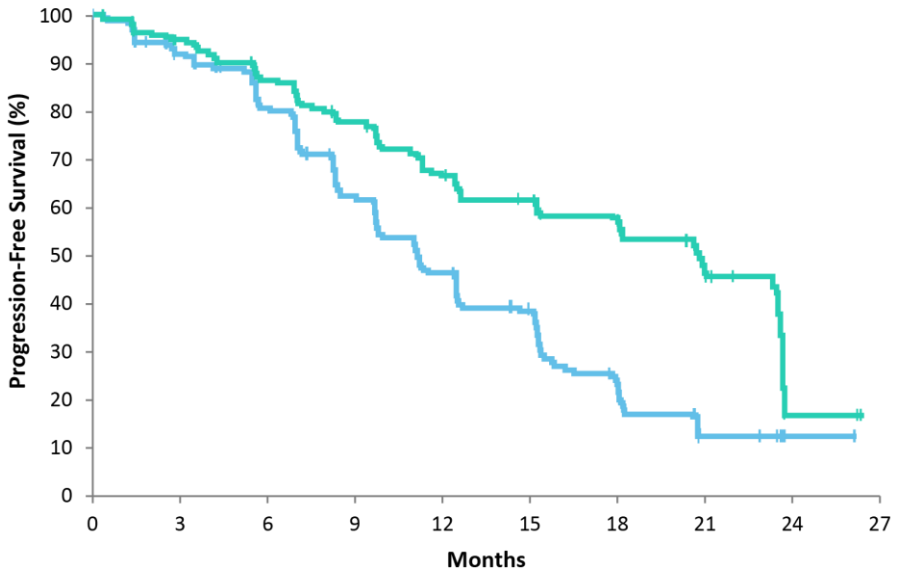
Most often treated with EGFR TKI osimertinib, but resistance develops in most patients in 17-19 months[1]

Potential opportunity for combination therapies to address resistance

1 Tagrisso USPI FLAURA and FLAURA-2 studies

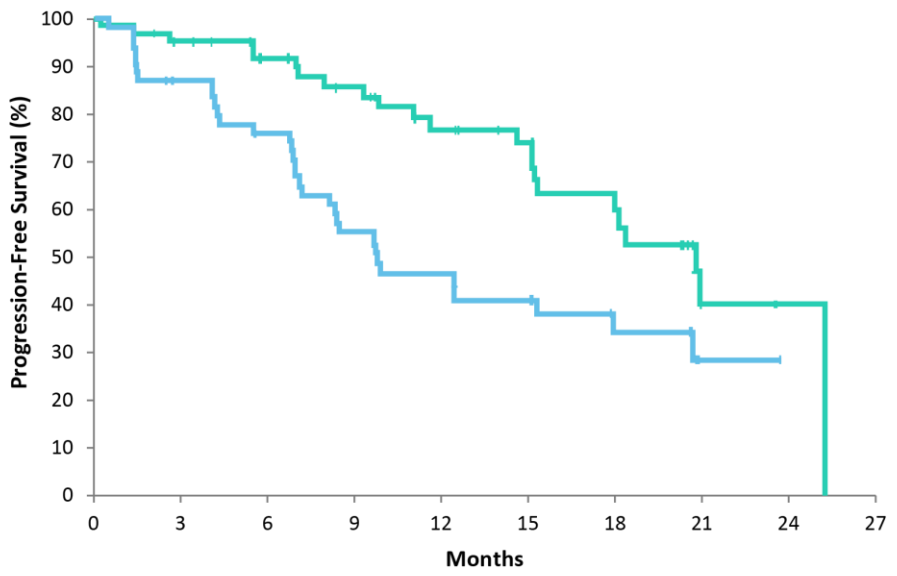
FURLONG: Firmonertinib Monotherapy Prolonged Progression Free Survival Overall and in the Brain in Patients with Classical EGFR mutant NSCLC

Median PFS, months (95%CI)



Firmonertinib (80 mg)	**20.8 (17.8-23.5)**
Gefitnib (250 mg)	**11.1** (9.7-12.5)
HR (95% CI)	**0.44** (0.34-0.58), ***p<0.0001****

Median CNS PFS, months (95%CI)



Firmonertinib (80 mg)	**20.8** (15.2 -25.3)
Gefitnib (250 mg)	**9.8** (7.2-18.0)
HR (95% CI)	**0.40** (0.23-0.71), ***p=0.0011***

A two-sided p-value of 0.049 was considered to be statistically significant after an interim analysis according to the Lan-DeMets approach.

Source: Shi Y, Chen G, Wang X, et al., ELCC 2022, Chen G, Wang X, Liu Y, et al., ASCO 2022

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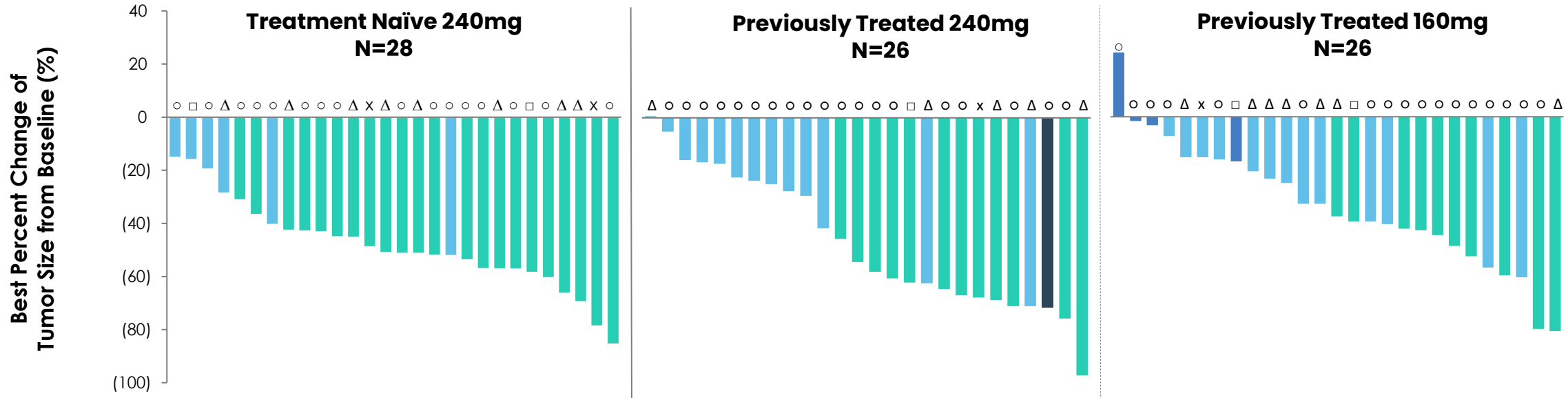
FAVOUR: Robust Responses to Firmonertinib Monotherapy in EGFR Exon 20 Insertion NSCLC Across All Mutation Subtypes



	Treatment Naïve 240mg N=28	Previously Treated 240mg N=26	Previously Treated 160mg N=26
Confirmed ORR, % (95% CI)	**78.6** (59.05, 91.70)	**46.2** (26.59, 66.63)	**38.5** (20.23, 59.43)
DoR, Median (Months) (95% CI)	15.2 (8.74, 24.84)	13.1 (5.62, 13.80)	9.7 (5.59, NA)

Data Cut: 15 Jun 2023

Confirmed Best Overall Response: Partial Response; Stable Disease; Progressive Disease; Not Evaluable

EGFR Exon 20 Insertion Subtype: ✖ Helical Mutations; ○ Near Loop Mutations; △ Far Loop Mutations; □ Exon20Ins Type Unknown

Source: Han B, Zhou C, Zheng W, et al., WCLC 2023

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FURVENT Phase 3 Global Trial in 1L EGFR Exon20ins NSCLC is Enrolling

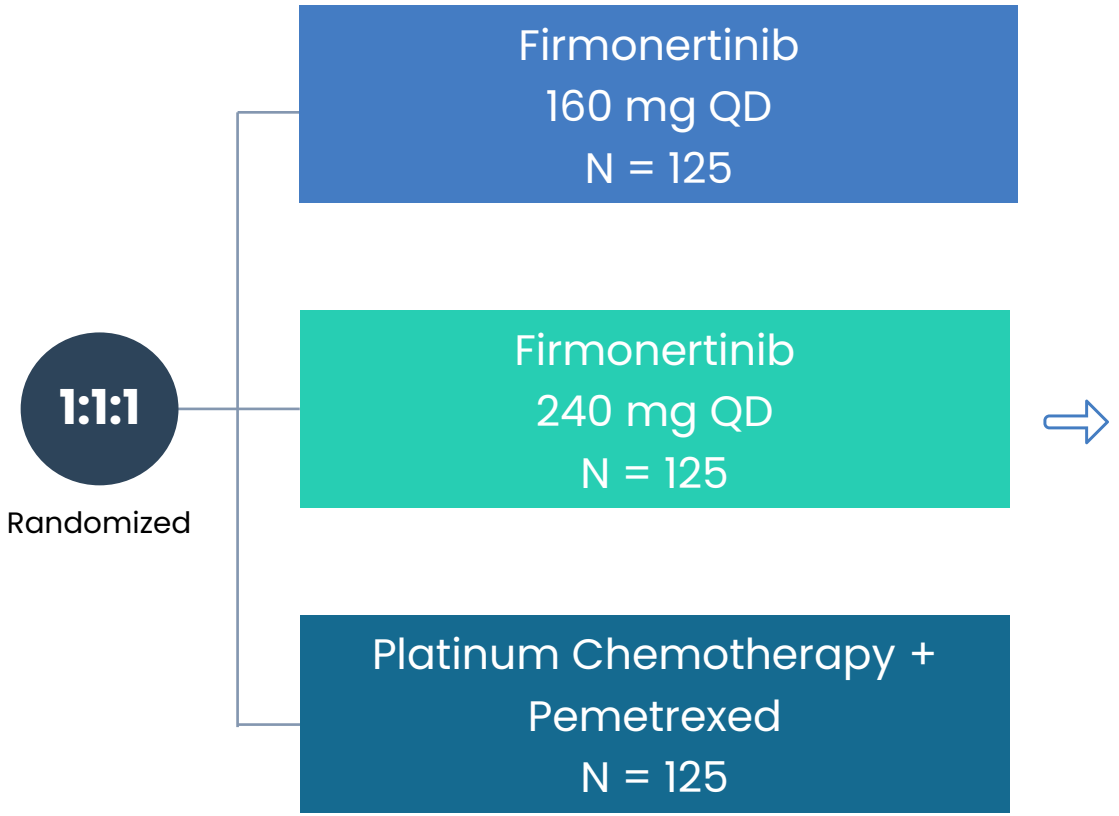
FURMO-004; NCT# 05607550

Key Inclusion Criteria:
Non-squamous locally advanced or metastatic NSCLC with EGFR exon 20 insertion mutation

No prior systemic anticancer therapy regimens

Patients with a history of treated CNS metastases or new asymptomatic CNS metastases are eligible

N=375



Primary endpoint:
PFS by BICR per RECIST v1.1

Secondary endpoint:
OS, ORR, DOR, PFS, CNS-PFS, PFS2, CNS-ORR, CNS-DOR, PRO, Safety, PK

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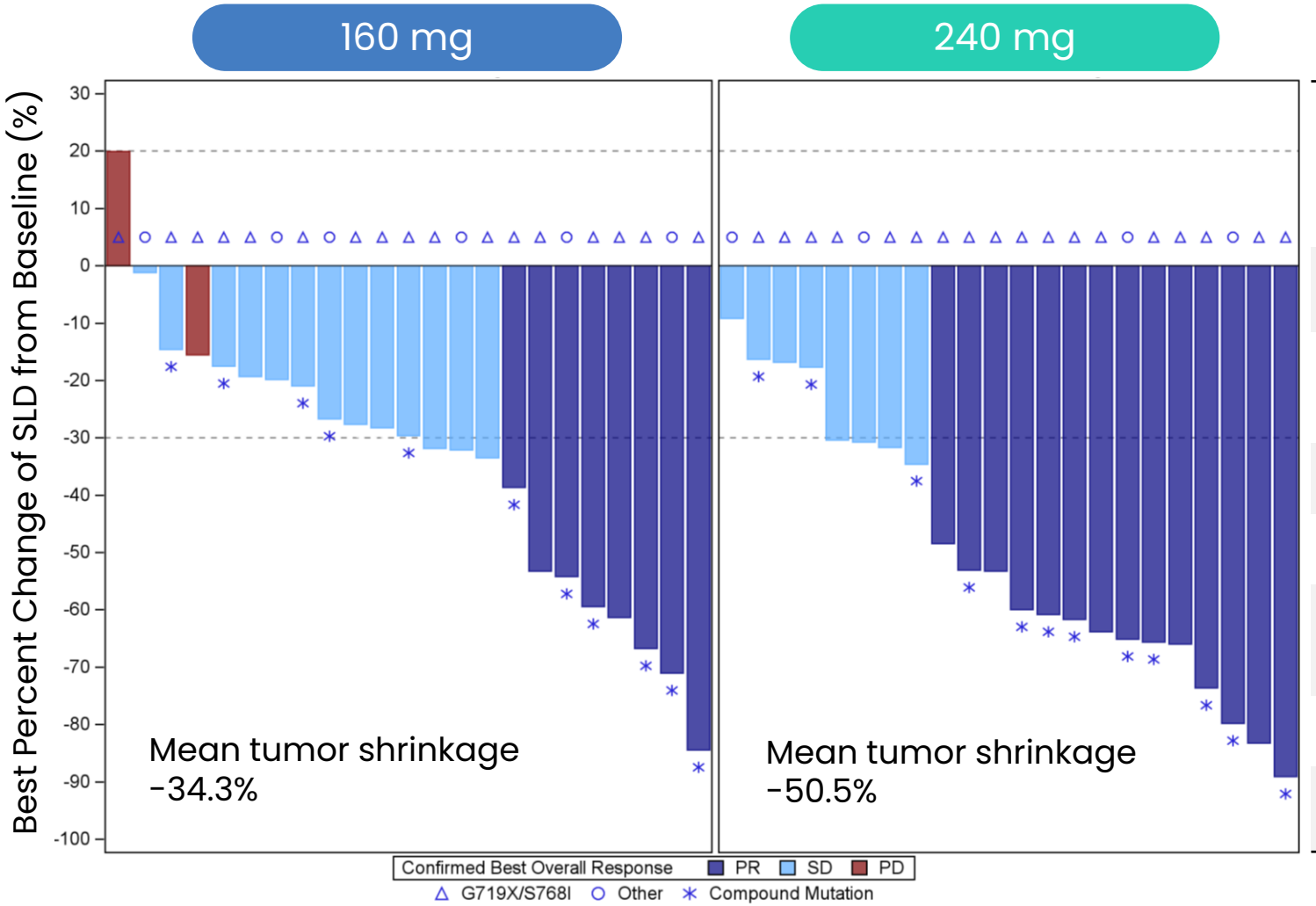
Confirmed Responses Observed in a Broad Range of EGFR PACC Mutations Including Single and Compound Mutations

Confirmed Responses by Blinded Independent Central Review



	Blinded, Independent Central Review (BICR)[1]		Investigator (INV)[1]	
	160 mg QD N=23	240 mg QD N= 22	160 mg QD N=25	240 mg QD N=22
Best ORR, % (95% CI)[2]	**47.8** (26.8-69.4)	**81.8** (59.7-94.8)	**52.0** (31.3 - 72.2)	**81.8** (59.7 - 94.8)
Confirmed ORR, % (95% CI)	**34.8** (16.4 - 57.3)	**63.6** (40.7 - 82.8)	**52.0** (31.3 - 72.2)	**68.2** (45.1 - 86.1)
Best Overall Response, n (%)				
Partial response (PR)	8 (34.8)	14 (63.6)	13 (52.0)	15 (68.2)
Stable disease (SD)	13 (56.5)	8 (36.4)	10 (40.0)	7 (31.8)
Progressive disease (PD)	2 (8.7)	0	1 (4.0)	0
Not Evaluable	0	0	1 (4.0)	0
DCR (CR+PR+SD), % (95% CI)	**91.3** (72.0 - 98.9)	**100** (84.6 - 100)	**92.0** (74.0 - 99.0)	**100** (84.6 - 100)

Data as of June 20, 2024

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Confirmed CNS Activity Observed at Both Doses

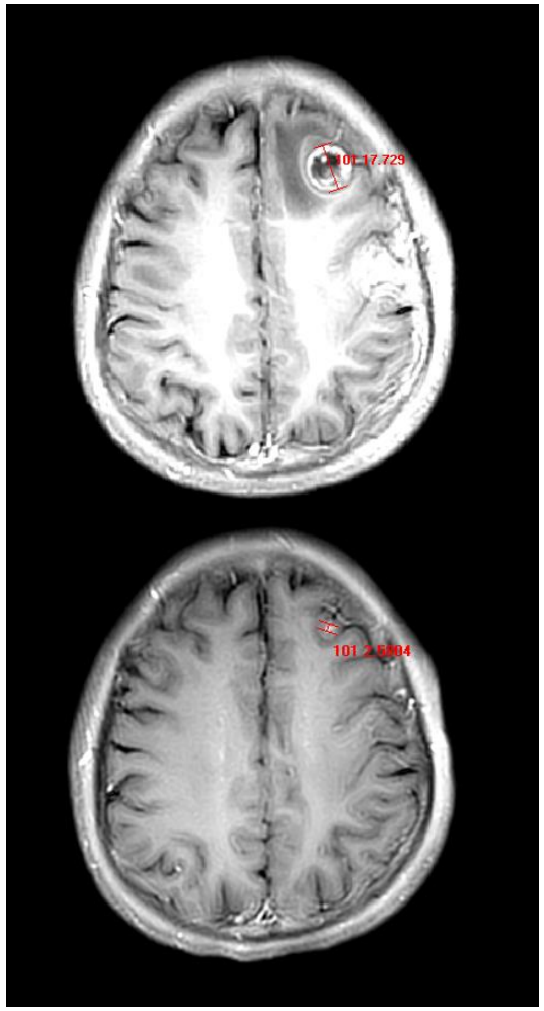
	160 mg N=9*	240 mg N=7*	1L Only (N=13)
Confirmed ORR, % (95% CI)	**55.6 (21.2 - 86.3)**	**42.9 (9.9 - 81.6)**	**46.2 (19.2 – 74.9)**
Best Overall Response, n (%)			
Complete response (CR)	4 (44.4)	3 (42.9)	5 (38.5)
Partial response (PR)	1 (11.1)	0	1 (7.7)
Stable disease (SD)	1 (11.1)	0	1 (7.7)
Non-CR/Non-PD**	2 (22.2)	3 (42.9)	4 (30.8)
Progressive disease (PD)	1 (11.1)	1 (14.3)	2 (15.4)
DCR (CR+PR+SD) % (95% CI)	**88.9 (51.8 - 99.7)**	**85.7 (42.1 - 99.6)**	**84.6 (54.6 – 98.1)**

Response Evaluable CNS Population: Received ≥ 1 dose; at least 2 post-baseline CNS tumor assessment by BICR (modified RECIST) or had PD or discontinued from the study.
* Combined 1L and 2L+ PACC patients
** Non-CR/Non-PD utilized for non-measurable CNS patients.

1L patient with no prior CNS radiotherapy
Treated with firmonertinib 160 mg QD

Screening MRI
CNS target lesion
17.7mm

Week 24 MRI
CNS target lesion
3.1mm
(-82.5% change
in size)



Data as of June 20, 2024
[1] Non-CR/Non-PD utilized for non-measurable CNS patients

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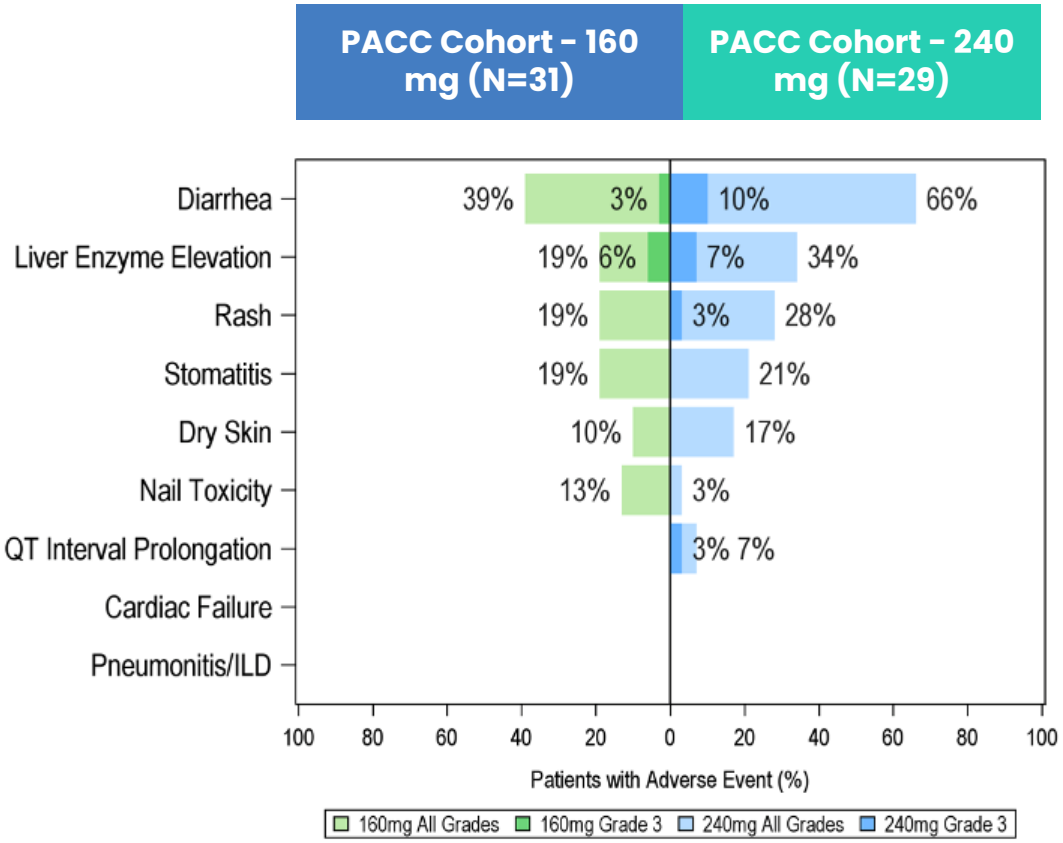
Firmonertinib Showed Manageable Safety Results

Overview of TRAEs (n, %)	PACC Cohort		All patients in FURTHER	
	160 mg (N=31)	240 mg (N=29)	160 mg (N=42)	240 mg (N= 116)
TRAEs any grade	26 (83.9)	25 (86.2)	34 (81.0)	95 (81.9)
TRAEs Grade ≥3	4 (12.9)	6 (20.7)	5 (11.9)	24 (20.7)
Treatment-related SAEs	1 (3.2)	1 (3.4)	2 (4.8)	11 (9.5)
Dose interruption	6 (19.4)	10 (34.5)	10 (23.8)	43 (37.1)
Dose reduction	4 (12.9)	7 (24.1)	5 (11.9)	24 (20.7)
Dose discontinuation	0	0	1 (2.4)	6 (5.2)

- Includes all patients who have received ≥1 dose
- No Grades 4-5 TRAEs observed

TRAE of Clinical Interest[1]



- Includes all patients who have received ≥1 dose
- No Grades 4-5 TRAEs observed

[1] Based on group search terms

Data as of July 5, 2024

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Phase 1b Firmonertinib + SHP2 Inhibitor to Address Classical EGFR Mutations

SHP2 is involved in EGFR and other pathway signaling; a rational combination between SHP2 inhibitor, Innocare's ICP-189 with firmonertinib may improve response and prevent resistance

Key Inclusion Criteria:

Locally advanced or metastatic EGFR mutation positive NSCLC not eligible for surgery or radiotherapy

Radiographic disease progression during or after previous standard of care

No access to, intolerant or ineligible for effective standard of care

Dose Finding

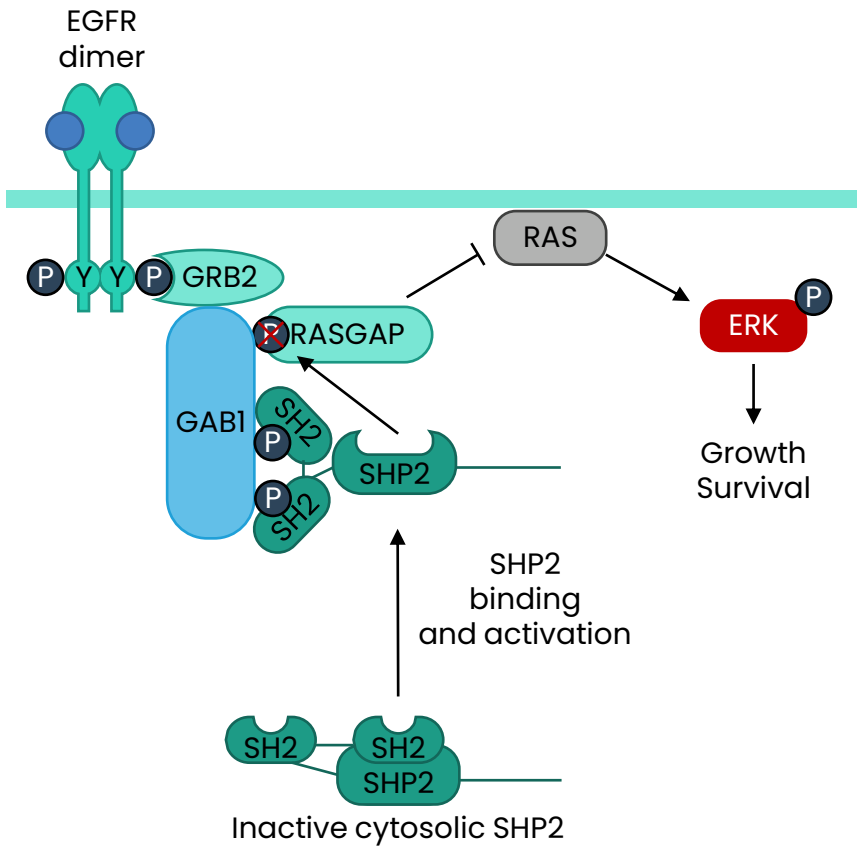
QD Firmonertinib + QD ICP-189

QD Firmonertinib + QD ICP-189

QD Firmonertinib + QD ICP-189

Dose Expansion

One or more dose expansion cohorts



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Global Strategic Partnerships Expand ADC Portfolio and Diversify Pipeline

	AARVIK Therapeutics	ALPHAMAB Oncology
Program	Undisclosed oncology-focused ADC	Multiple undisclosed oncology-focused ADC
Key Features	Multi-target ADC platform	Proprietary linker-payload (Alphatecan) and glycan-conjugation platforms
Discovery & Research Activities	Aarvik	Alphamab
Development & Commercialization Activities	ArriVent (Global)	ArriVent (ex-Greater China)
Milestone	Clinical candidate selection expected late 2024 or early 2025	

Near-Term Key Inflection Points Validate Approach & Drive Value Creation

Cash and Cash Equivalents as of September 30, 2024 of $282.9 million

		2024	2025	
		Q4	H1	H2
Firmonertinib *EGFR TKI*	1L NSCLC EGFR Exon 20		Topline data	
	1L+ NSCLC EGFR PACC		PACC update	
	2L+ NSCLC EGFR Classical *SHP2i Combo*	Expansion initiation		
ARR-002 *NME ADC*	Solid tumors	Candidate selection for IND-enabling studies		

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ArriVent: A Late-Stage Company With a Global Oncology Pipeline

Ongoing pivotal study in EGFR exon 20 insertion mutations in NSCLC

Positive Proof-of-concept data EGFR PACC mutations in NSCLC

Broad market opportunity across EGFR mutant NSCLC

Growing ADC portfolio diversifies oncology pipeline

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