ARRIVENT

A Late-Stage Company With a Global Oncology Portfolio

May 2026

Corporate Presentation

Forward Looking Statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 and other federal securities laws. These statements include, but are not limited to, implied and express statements about our strategy, business plans and objectives for our programs; plans and timelines for the preclinical and clinical development of our product candidates, including the therapeutic potential, clinical benefits and safety profiles of such product candidates; expectations regarding timing, success and data announcements of ongoing and planned preclinical studies and clinical trials, statements regarding our future results of operations or financial condition, business strategy and plans, cash runway, estimates of the commercial market and revenue potential for our current and future product candidates in current and planned indications, including the potential market opportunity of firmonertinib as monotherapy or in combination, activity of firmonertinib and our other product candidates compared to available therapies, including the anti-tumor activity of firmonertinib in the central nervous system, the adverse event profile of firmonertinib, anticipated timing and success of potential milestones, including the timing of, and results of, topline pivotal Phase 3 data for firmonertinib in previously untreated NSCLC patients whose tumors contain EGFR exon 20 insertion mutations, the timing of our planned enrollment of the global pivotal Phase 3 study of firmonertinib in previously untreated NSCLC patients whose tumors contain EGFR PACC mutations, the advancement of the Phase 1 study for ARR-217 in gastrointestinal tumors, the timing of U.S. IND filing for ARR-002, and the initiation of clinical studies for our other ADC candidates; our plans to develop and commercialize firmonertinib and any other current or future product candidates, the testing rate of patients with EGFR exon 20 insertion mutations, the pricing of firmonertinib, physician preferences, and the implementation of our business model and strategic plans for our business, current and any future product candidates. All statements other than statements of historical facts contained in this presentation, including express or implied statements regarding our strategy, future financial condition, expected cash runway, future operations, projected costs, prospects, plans, objectives of management and expected market growth, are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as “anticipate,” “assume,” “believe,” “could,” “estimate,” “expect,” “goal,” “intend,” “may,” “milestones,” “objective,” “plan,” “predict,” “potential,” “seek,” “should,” “target,” “will,” “would” and other similar expressions that are predictions of or indicate future events and future trends, or the negative of these terms or other comparable terminology. Forward-looking statements are based on ArriVent’s current expectations and are subject to inherent uncertainties, risks and assumptions that are difficult to predict. Factors that could cause actual results to differ include, but are not limited to, risks and uncertainties that are described more fully in the section titled “Risk Factors” in our annual report on Form 10-K for the fiscal year ended December 31, 2025, filed with the Securities and Exchange Commission on March 5, 2026, and our other filings with the Securities and Exchange Commission. You should not rely upon forward-looking statements as predictions of future events. In addition, statements that “we believe” and similar statements reflect our beliefs and opinions on the relevant subject and are based on information available to us as of the date of this presentation. Although we believe such information forms a reasonable basis for the expectations reflected in the forward-looking statements, such information may be limited or incomplete, and we cannot guarantee that the future results, levels of activity, performance or events and circumstances reflected in the forward-looking statements will be achieved or occur. We undertake no obligation to update publicly any forward-looking statements for any reason after the date of this presentation to conform these statements to new information, actual results or to changes in our expectations, except as required by law.

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ArriVent BioPharma: A Late-Stage Company With Multiple Assets in Clinical Development

- Accelerating a differentiated oncology pipeline built through strategic partnerships with innovative companies globally
- Lead program firmonertinib with Breakthrough Therapy and Orphan designation in 1L EGFR exon 20 insertion mutant NSCLC
- Firmonertinib near-term catalysts include topline results in a global registrational 1L EGFR exon 20 insertion mutant NSCLC study expected in mid-2026
- Global registrational trial for 1L EGFR PACC mutant NSCLC
- Next-generation ADC portfolio advancing with ARR-217, a CDH-17 targeting ADC, in Phase 1 and US IND clearance for ARR-002, a NaPi2b x MUC16 tetravalent ADC, with plans to enter Phase 1 in 2H 2026

Firmonertinib: Broad-spectrum EGFR Inhibitor Structurally Differentiated to Address Underserved Uncommon EGFRm NSCLC

Potentially Best-In-Class First Line Option

- Active against both classical and uncommon EGFR mutations
- Highly brain penetrant
- Orally bioavailable with pharmacokinetic properties to support convenient once a day dosing

Clinically Well-Characterized

- Approved in China for patients with classical EGFR mutations and second line exon 20 insertion mutations
- Proof of concept in patients with EGFR exon 20 insertion and PACC mutations
- FDA Breakthrough Therapy Designation in 1L NSCLC with EGFR exon 20 insertion mutations
- Anti-tumor activity against brain metastases observed across multiple clinical trials

Broad Clinical Development

- Completed enrollment of global pivotal Phase 3 in 1L NSCLC exon 20 insertion mutation as a monotherapy
- Global pivotal Phase 3 in 1L NSCLC PACC mutations ongoing
- Adjuvant study in EGFR uncommon mutations initiated in China

Note: firmonertnib only approved in China for NSCLC EGFR classical mutations and 2L NSCLC EGFRm exon 20 insertion

Robust Pipeline to Maximize Impact Across Indications & Geographies

Program	Target Indication	Discovery	Preclinical	Phase 1	Phase 2	Phase 3	ArriVent Rights	Partner
Firmonertinib *EGFR TKI*	1L NSCLC EGFR exon 20 Insertion Mutations BTD					*Monotherapy*	Global-Ex China	ALLIST
	1L NSCLC EGFR PACC Mutations				*Monotherapy*		Global-Ex China	ALLIST
	Adjuvant EGFR Uncommon Mutations				*Monotherapy*		Global-Ex China	ALLIST
ARR-217 *CDH17 ADC*	GI Tumors			*Monotherapy*			Global-Ex China	乐普生物 LEPU BIOPHARMA
ARR-002 *NaPi2b x MUC16 ADC*	Solid Tumors			*Monotherapy*			Global	AARVIK THERAPEUTICS
ARR-421 ADC	Solid Tumors						Global-Ex China	康宁杰瑞 ALPHAMAB ONCOLOGY
ARR-173 *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 and alpha-c helix compressing; Allist: Shanghai Allist Pharmaceuticals Company, Ltd.; Aarvik: Aarvik Therapeutics, Inc.; Lepu Biopharma: Lepu Biopharma Co., Ltd.; Alphamab Oncology: Jiangsu Alphamab Biopharmaceuticals, Co., LTD; 1L: First-line therapy; 1L+: Treatment naïve and previously treated with non-TKI therapies; BTD: FDA Breakthrough Therapy Designation. Firmonertnib only approved in China for NSCLC EGFR mutations and 2L NSCLC EGFRm exon 20 insertion. ARR-217, ARR-002, ARR-421, and ARR-173 are investigational products have not been approved by any regulatory authority. Global Ex-China = all countries and regions except mainland China, Hong Kong, Macau and Taiwan. Adjuvant EGFR in uncommon mutations initiated in China.

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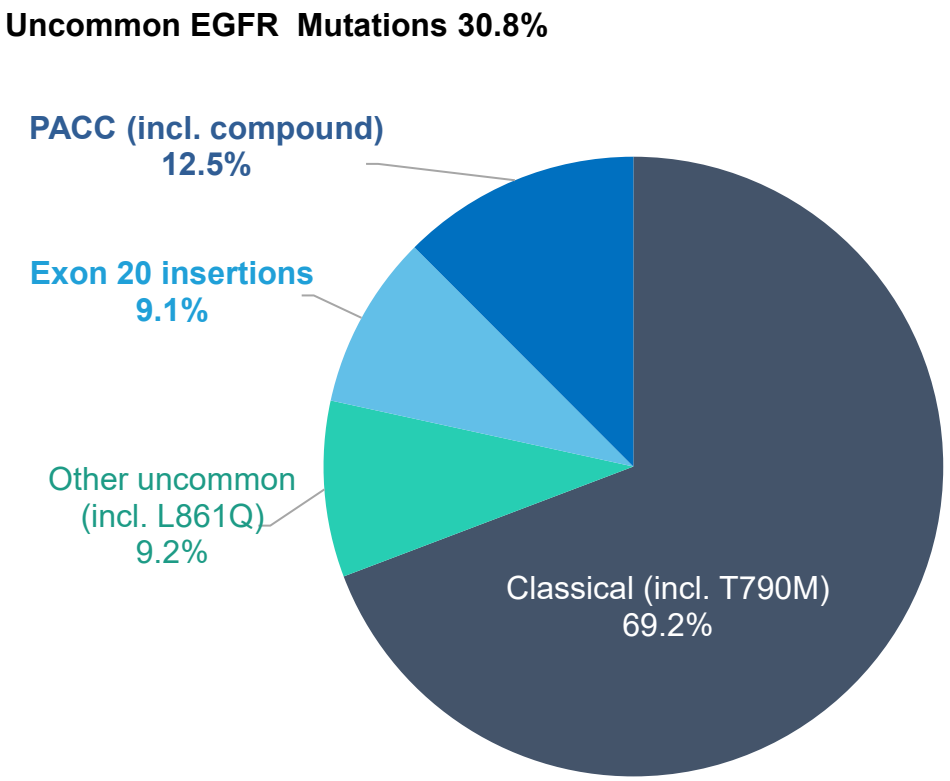
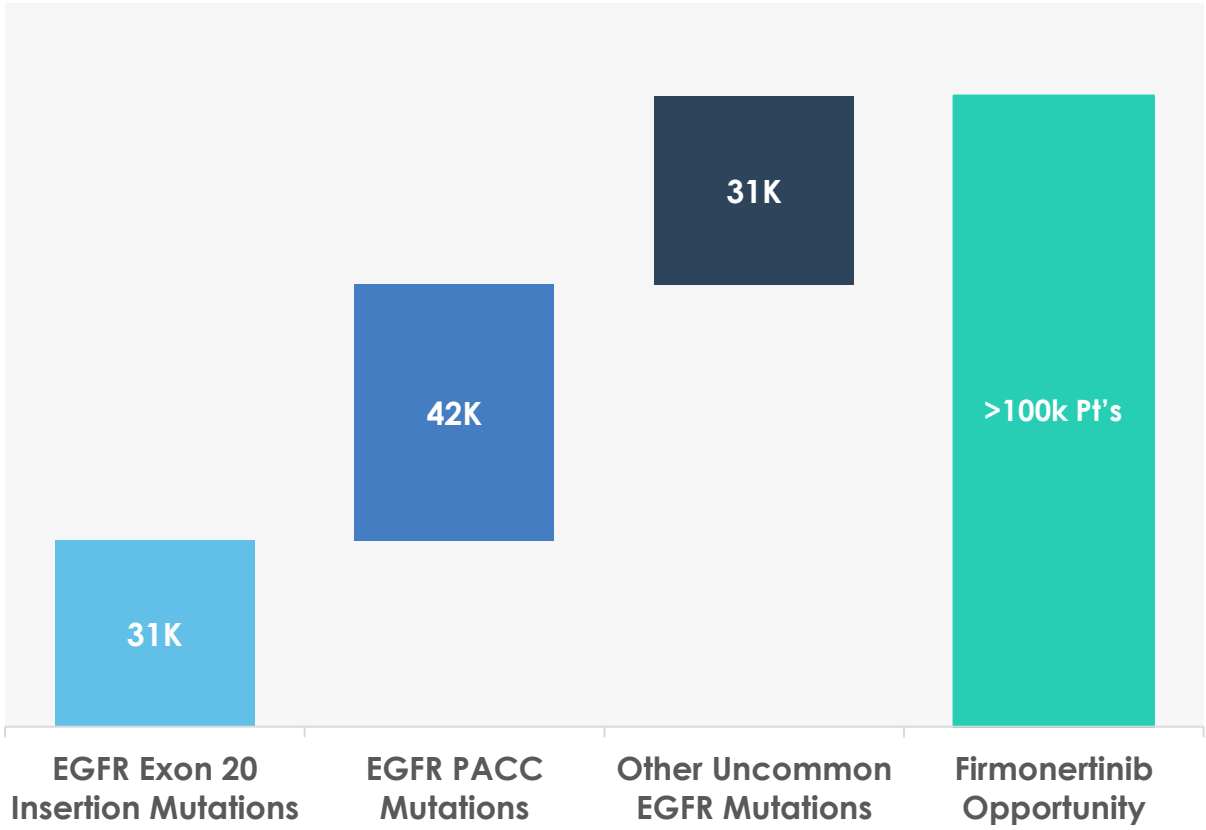
EGFR Mutant NSCLC Is One of the Most Prevalent Types of Cancer

EGFR NSCLC Mutations



NSCLC Uncommon EGFR Mutations
Global Incidence (Excluding Greater China) > 100K



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 = P-loop and αC-helix compressing mutations.

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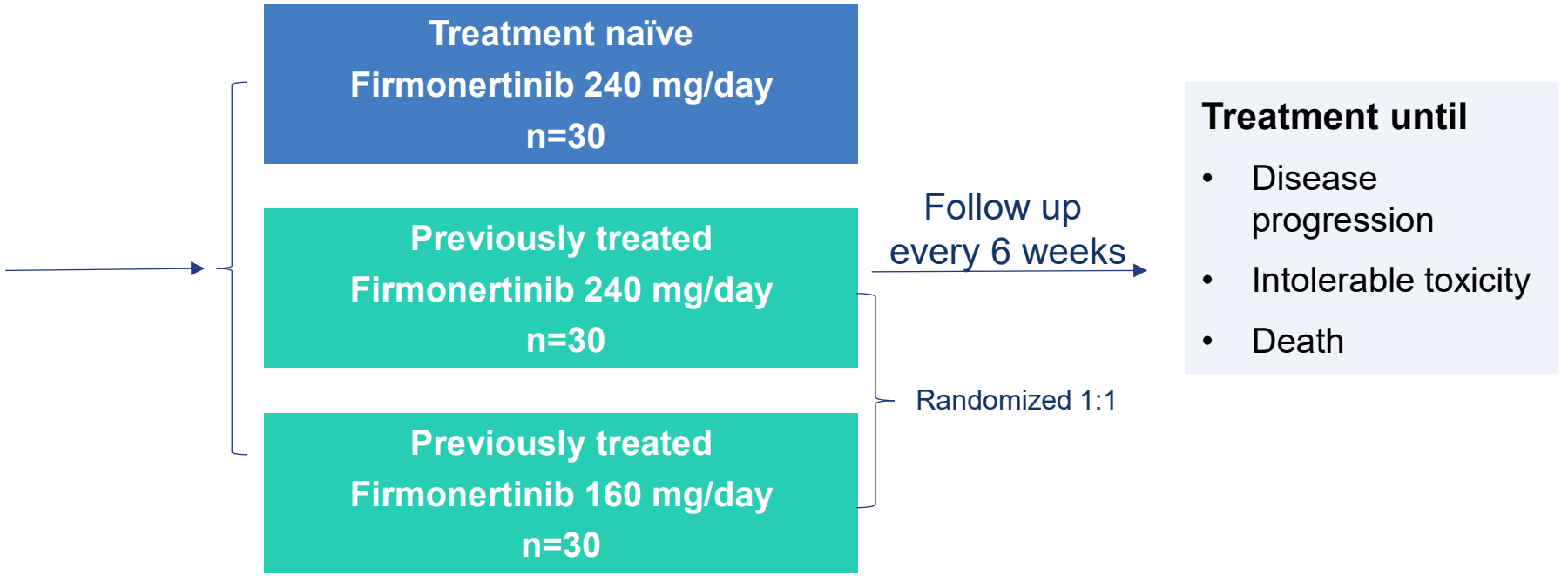
FAVOUR Study Design: EGFR exon 20 Insertion Mutant NSCLC (NCT: 04858958)

Key Inclusion Criteria

- Locally advanced or metastatic NSCLC
- Presence of EGFR exon 20 insertion mutation
- Measurable disease
- Asymptomatic stable CNS metastases are allowed
- ECOG 0-1



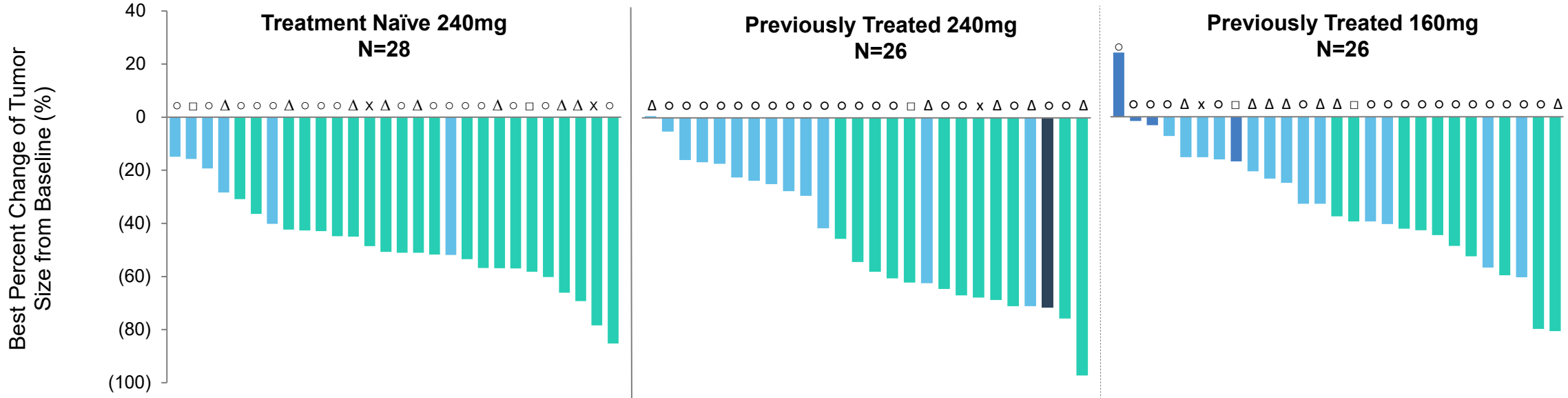
Treatment until

- Disease progression
- Intolerable toxicity
- Death

- Primary Endpoint: ORR by IRC assessment; Secondary Endpoint: DoR, DCR, PFS, OS, Depth of response, safety, quality of life

ORR: Objective Response Rate; IRC: Independent Review Committee; DoR: Duration of Response; DCR: Disease Control Rate; PFS: Progression-free survival; OS: overall survival

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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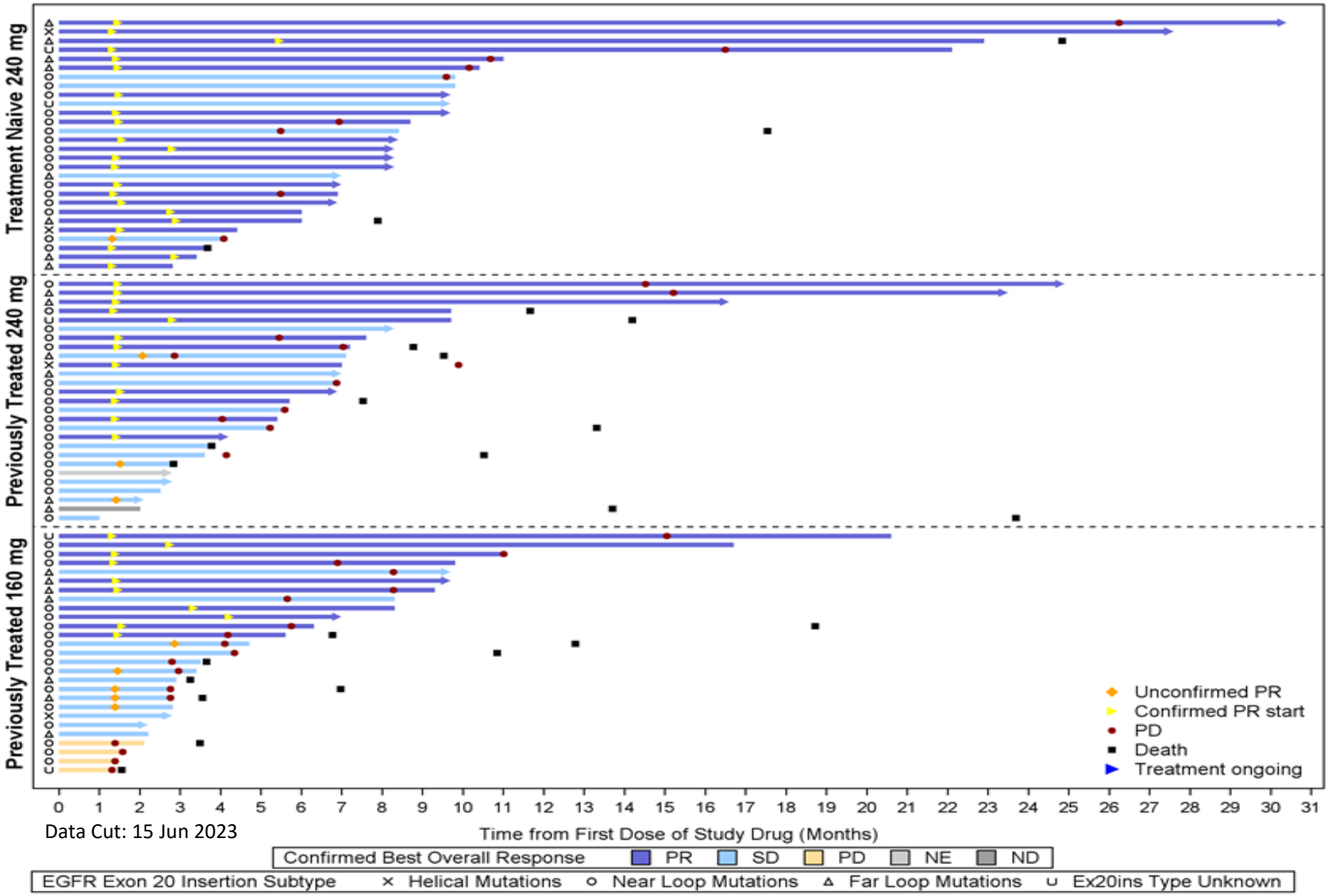
FAVOUR: Responses Were Observed to be Rapid and Durable



Data Cut: 15 Jun 2023

The length of each bar represents the duration of the treatment for each subject.

- Most responses occur at the first tumor assessment (6 weeks)
- The longest DoR is beyond 26 months with treatment ongoing

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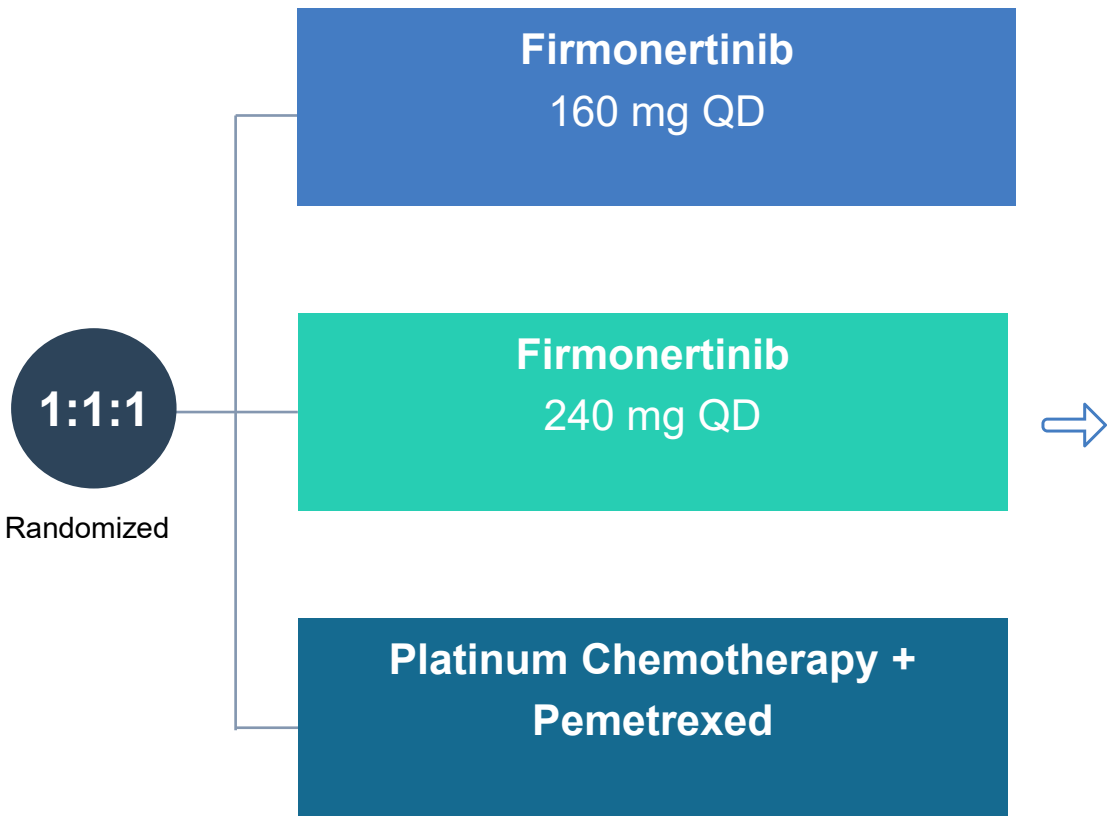
FURVENT: Phase 3 Global Trial in 1L EGFR exon 20 Insertion NSCLC Exceeded Target Enrollment (NCT: 05607550)

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 (target enrollment; enrolled **398**)



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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FURTHER: A Global Phase 1b Study Evaluating Firmonertinib Monotherapy in NSCLC EGFR PACC Mutations (NCT: 05364073)

Stage 2 Cohort 4 Dose Expansion

Key Eligibility Criteria:

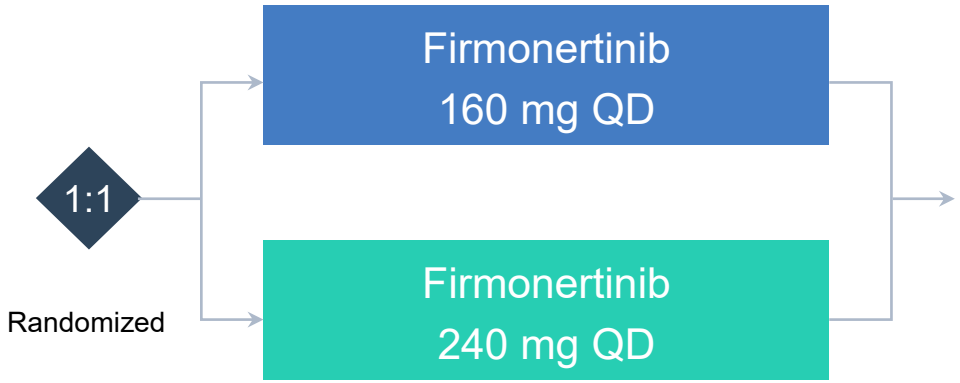
- Locally advanced or metastatic NSCLC with *EGFR PACC* mutations
- No prior EGFR TKI treatment
- Asymptomatic brain metastases without prior radiation therapy allowed

Stratification:

Prior Treatment (Y/N)

Contains G719X or S768I (Y/N)

N=60



Endpoints

Primary endpoints:

Overall Response Rate
ORR (by BICR)

Key secondary endpoints:

Duration of response, CNS ORR, PFS, OS

Global study in 40 sites in 10 countries: Australia, Canada, China, France, Japan, Korea, Netherlands, Spain, UK, USA

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FURTHER: Firmonertinib Showed Strong Confirmed Overall Responses (BICR) for 1L PACC

	160 mg QD n=23	240 mg QD n=22
Best ORR, % (95% CI)[a]	**52.2%** (30.6–73.2)	**81.8%** (59.7–94.8)
Confirmed ORR, % (95% CI)	**43.5%** (23.2–65.5)	**68.2%** (45.1–86.1)
Best overall response, n (%)		
Complete response (CR)	1 (4.3%)	0 (0%)
Partial response (PR)	9 (39.1%)	15 (68.2%)
Stable disease (SD)	11 (47.8%)	7 (31.8%)
Progressive disease (PD)	2 (8.7%)	0 (0%)
Median Duration of Response, months	NA	14.6
DCR (CR+PR+SD), % (95% CI)	**91.3%** (72.0% – 98.9%)	**100%** (84.6% – 100%)

[a] includes confirmed and unconfirmed responses
Final data cut date of Jun 3, 2025

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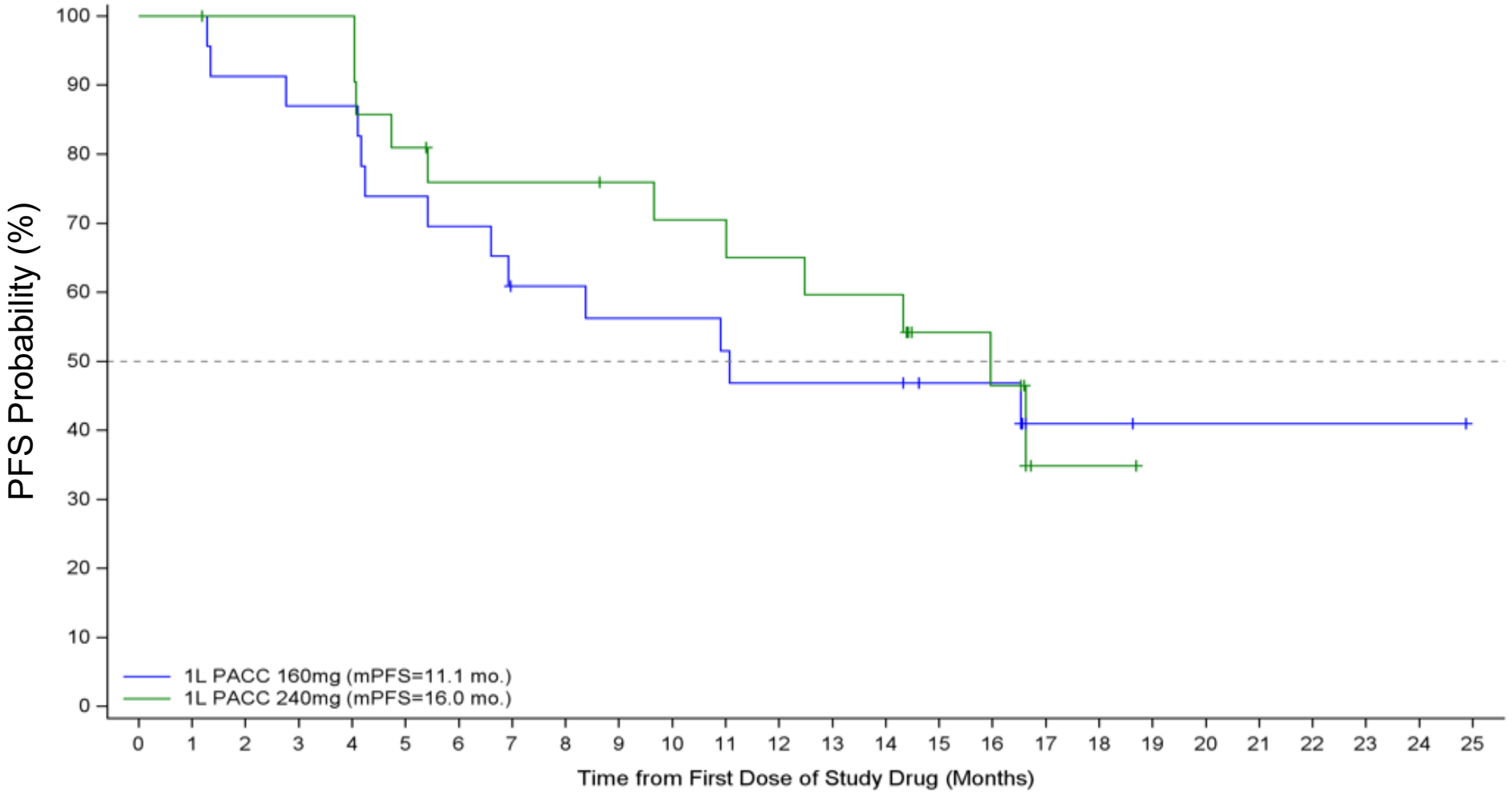
Median PFS is Clinically Meaningful in 1L EGFR PACC Mutant NSCLC

PFS HR favors 240mg as the optimal dose for Phase 3



160 mg QD

11.1 months (6.6, NR)

240 mg QD

16.0 months (11.0, NA)

HR (95% CI)

0.834 (0.373 – 1.863), *p* = 0.6524

Final data cut as of June 3, 2025 for BICR
Median duration of follow up 16.5 months (95% CI 14.6, 16.6 months)

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CNS Activity Including Complete CNS Responses in PACC Cohort

Confirmed CNS activity (CNS ORR and CNS CR by BICR) may be beneficial in delaying need for brain radiation

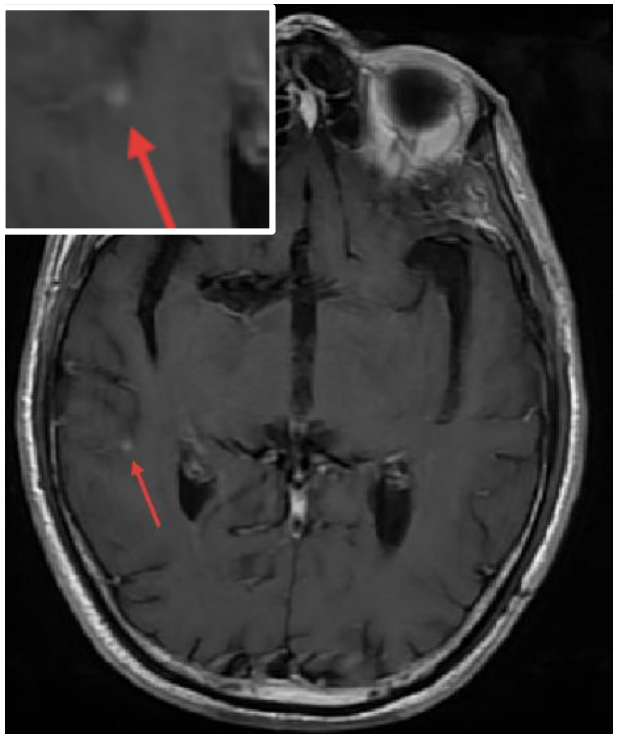
CNS ORR	CNS CR
47% (8/17)	41% (7/17)

In CNS evaluable disease patients from PACC cohort[1]

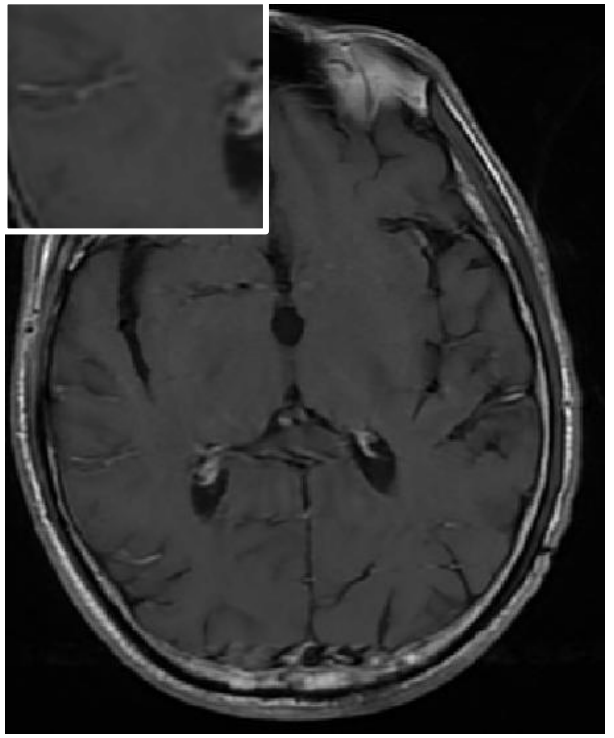
Case Study

- 68 yo male with newly diagnosed EGFR PACC mutant[2] metastatic NSCLC
- Multiple asymptomatic non-target (<1 cm) CNS metastases detected on baseline MRI
- Randomized to firmonertinib 240 mg QD
- Achieved a CNS CR by BICR at cycle 4
- Remains on study at cycle 18 (54 weeks) without CNS progression[3]

Baseline MRI
Non-Target CNS Lesion



Week 12 MRI
CNS lesion not detected



[1]BICR data; includes 1L and 2L at 160 mg and 240 doses
[2]V774M + H773L
[3]Data as of Apr 22, 2025

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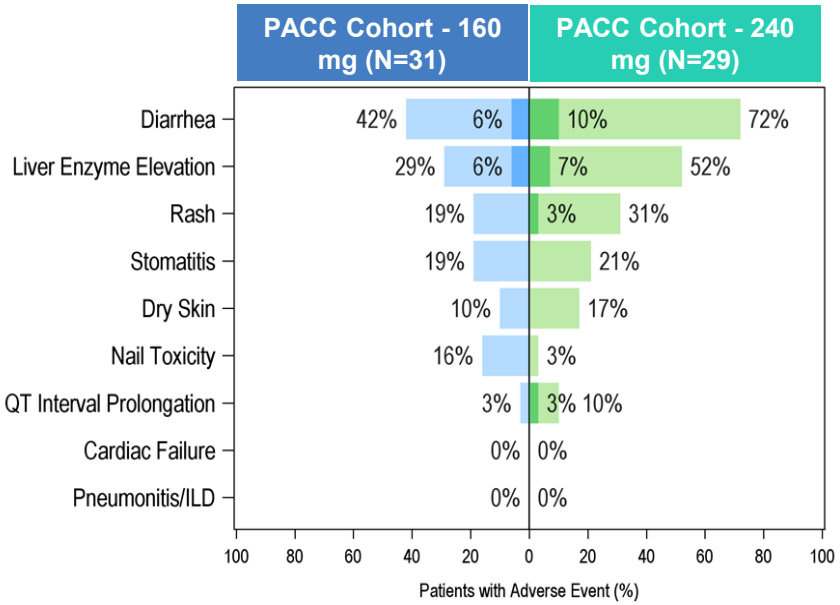
Firmonertinib Shows a Manageable Safety Profile in PACC Patients

Treatment-related adverse events (TRAEs), n (%)	All PACC Patients		All Patients in FURTHER	
	160 mg (N=31)	240 mg (N=29)	160 mg (N=42)	240 mg (N= 116)
TRAEs any grade	28 (90.3)	28 (96.6)	36 (85.7)	101 (87.1)
TRAEs Grade ≥3	8 (25.8)	6 (20.7)	9 (21.4)	25 (21.6)
Treatment-related serious AEs (SAEs)	2 (6.5)	1 (3.4)	3 (7.1)	11 (9.5)
Dose interruption	9 (29.0)	11 (37.9)	13 (31.0)	45 (38.8)
Dose reduction	6 (19.4)	7 (24.1)	7 (16.7)	24 (20.7)
Dose discontinuation	1 (3.2)	0	2 (4.8)	8 (6.9)

No Grades 4-5 TRAEs observed

TRAE of Clinical Interest[1] for 1L PACC Patients



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

Final data cut as of Jun 3, 2025

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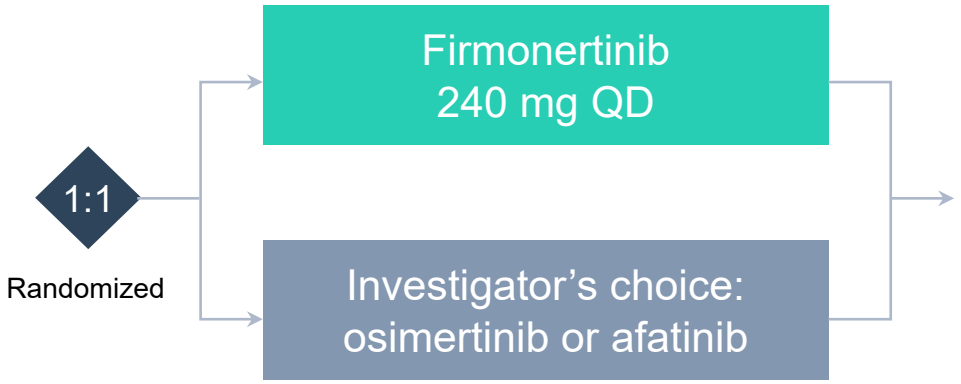
ALPACCA (FURMO-006): First Randomized Global Phase 3 Study in 1L PACC Mutations (NCT07185997)

Key Eligibility Criteria:

- PACC mutation*
- No prior therapy for metastatic disease and no prior EGFR-TKI
- Allows untreated brain metastases if clinically stable
- N=480

*Excludes Classical-like (ex. L861Q) unless compound with PACC



Endpoints:

Primary endpoints:

ORR (Interim Analysis) and PFS (Final Analysis) by BICR with RECIST v1.1

- Enrolls PACC mutant patients as a distinct patient group
- Control arm based on real-world EGFR-TKI usage
- FDA Project FrontRunner design provides for an opportunity for accelerated approval

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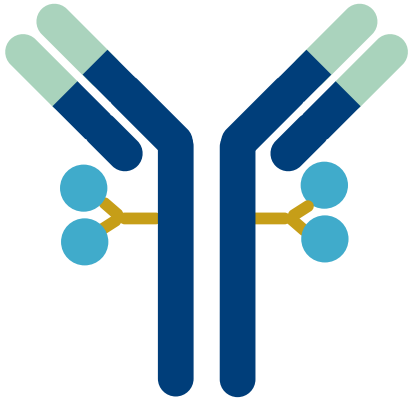
Our Next-Generation ADC Pipeline Advancing In Clinical Development

ARR-217 (MRG007)



Novel glyco-engineered exatecan ADC

Zeng et al., AACR 2025 Cancer Res (2025) 85 (8_Supplement_1): 2877

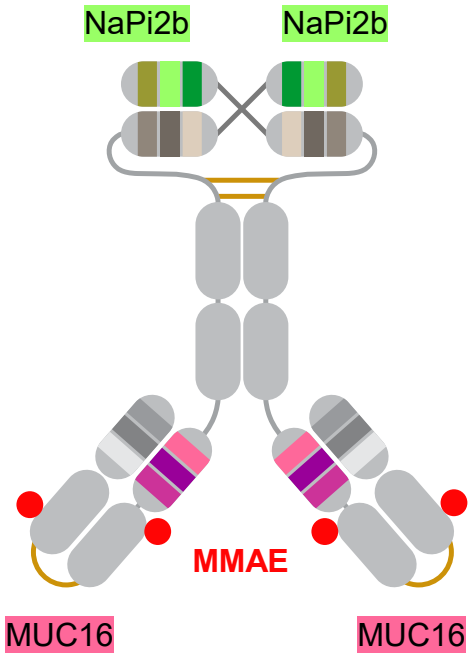
Improved linker-drug and conjugation technology

- ARR-217 targets CDH17 which is broadly over-expressed in GI malignancies (i.e., colorectal, gastric, pancreatic)
- Superior preclinical activity over conventional CDH17-DXd ADC
- Phase 1 study ongoing in China and US[1]
- Plan to complete Phase 1 dose escalation in 2H 2026

[1] Collaboration with Lepu Biopharma Co., Ltd.

Our Second ADC Pipeline Program Also Advancing In Clinical Development

ARR-002



Novel tetravalent dual targeting ADC

AACR 2026 Poster #2660

Novel Tetravalent, Dual-Targeting Antibody Drug Conjugates

- ARR-002 targets NaPi2b and MUC16, which are highly expressed in ovarian and endometrial cancers, among other solid tumors including lung
- First in class, tetravalent, dual-targeted ADC against these targets
- US IND cleared and plan to initiate Phase 1 dose escalation in 2H 2026

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Our Additional Dual-Targeting ADCs are Advancing Toward the Clinic

Novel Tetravalent, Dual-Targeting Antibody Drug Conjugates

- Creating a pipeline of first-in-class tetravalent, dual-targeting ADCs
- Designed to overcome tumor target heterogeneity and target escape
- Engineered to be superior to single target ADCs and bivalent ADCs

- **ARR-421 & ARR-173 –** Additional tetravalent ADC programs advancing through research partnership to provide a diversified portfolio of high value ADCs through our partnership with Jiangsu Alphamab Biopharmaceuticals, Co. LTD

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

Cash and Cash Equivalents as of March 31, 2026 of $326.4 million

Firmonertinib Oral, highly CNS-penetrant TKI with broad activity and selectivity across EGFR mutations	**Topline Pivotal Global Phase 3 Data** In 1L NSCLC EGFR exon 20	**Mid 2026**
ARR-217 (MRG007) Potential best-in-class CDH17 targeting ADC	**Complete Phase 1 dose escalation** In GI tumors	**2H 2026**
ARR-002 Novel tetravalent, dual-targeting NaPi2b x MUC16 ADC	**Initiate Phase 1 Study** In solid tumors	**2H 2026**

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ArriVent: A Late-Stage Company With Multiple Clinical Assets in Development

Completed enrollment for pivotal study of firmonertinib in EGFR exon 20 insertion mutations in NSCLC (FURVENT)

Initiated a global Phase 3 pivotal study of firmonertinib in EGFR PACC mutations in NSCLC (ALPACCA)

ARR-217, a CDH-17 targeted ADC, currently in Phase 1, has best-in-class potential for GI cancers

ARR-002, a NaPi2b and MUC16 targeting ADC plans to enter Phase 1 in 2H 2026