ARRIVENT

A Late-Stage Company Building a Global Oncology Pipeline

Corporate Presentation – August 2024

NASDAQ Listed: AVBP

Forward Looking Statements

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ArriVent BioPharma:

A Late-Stage Company Building a Global Oncology Pipeline

Founded in 2021 to advance innovative medicines that address unmet needs worldwide

Lead program firmonertinib is in Phase 3 with potentially differentiated profile and FDA Breakthrough Therapy Designation

Global partnerships diversify pipeline including ADC candidates and beyond

Seasoned team of industry veterans with track record of success

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Experienced World Class Team Bringing Medicines to Market

Expert Management Team

Bing Yao, PhD
Chairman and CEO

VIELABIO · Aventis · AMGEN · Genentech · AstraZeneca · MedImmune

Stuart Lutzker, MD, PhD
President, R&D

Genentech

Winston Kung, MBA
Chief Financial Officer

PMVPharma · AMGEN · Celgene · Genentech · citi

Meghna Chowdary, MBA
SVP Commercial

Genentech · Olema ONCOLOGY · PORTOLA · relypsa A Viforpharma Group Company

Robin LaChapelle, MA
Chief Operating Officer

AstraZeneca · BANK OF AMERICA · CapitalOne · MedImmune

Yang Wang, PhD
Chief Tech Officer

VIELABIO · AMGEN · MedImmune · Pfizer

Jim Kastenmayer, JD, PhD
General Counsel

VIELABIO · AstraZeneca · aeglea · MedImmune

Board of Directors

Bing Yao, PhD
Co-founder, Chairman and CEO

Stuart Lutzker, MD, PhD
Co-founder, President, R&D

Carl Gordon, PhD
Managing Director, OrbiMed Advisors

James Healy, MD, PhD
Managing Partner, Sofinnova Investments

John Hohneker, MD
Former Anokion, President and CEO

Chris Nolet
Former Ernst & Young, Partner

Kristine Peterson
Former Valeritas, CEO

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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	Proof of Concept in September 2024
	Phase 1b	2L+ NSCLC EGFR Classical Mutations# *Combo with SHP2i*						Global-Ex China	INNOCARE	
ARR-002 *NME ADC*								Global	AARVIK THERAPEUTICS	Clinical candidate in Late 2024/Early 2025
NME ADC								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.

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Our Lead Program

Firmonertinib in NSCLC with EGFR Mutations

Firmonertinib: Differentiated Profile and Leading 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

Clinical anti-tumor activity against brain metastases

Clinical Proof of Concept in Exon 20 insertion mutations with forthcoming data in 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**

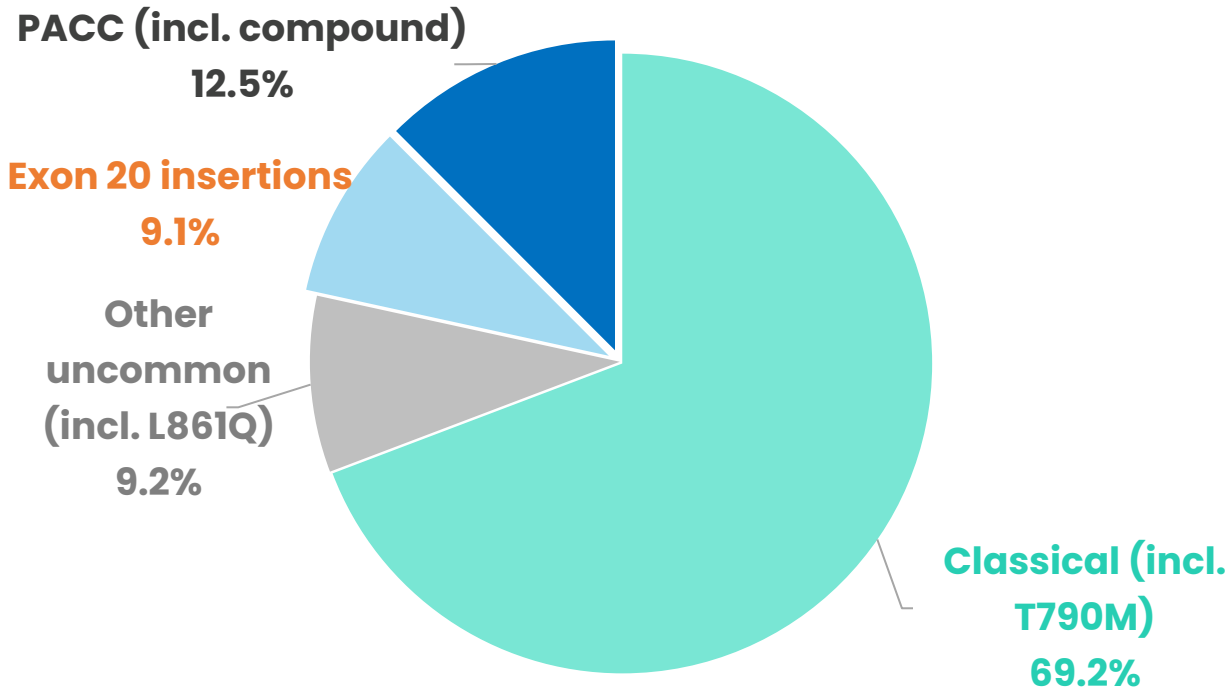
First prospectively designed and randomized global study in PACC mutations

Clinical combination study with SHP2i in classical mutations

Note: only approved in China for NSCLC EGFR classical mutations

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

EGFR NSCLC Mutations



Large established market

~1.9M new patients with NSCLC globally per year

~24% & **~40%** of patients with NSCLC in Americas and Asia have EGFR mutations

~131K new patients with EGFR NSCLC harboring Exon 20 insertion or PACC mutations globally

~25K new patients with EGFR NSCLC harboring Exon 20 insertion or PACC mutations in 7 major markets

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.
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	Uncommon EGFR Mutations	Classical 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	No approved or standard EGFR TKI for most NSCLC patients with uncommon 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

Firmonertinib Clinical Development Maximizes Potential Across EGFR

						EGFR Patient Population					
						Exon 20 Uncommon		PACC Uncommon		Classical	
Trial	**Phase**	**Trial Rationale**	**Status**	**Next Expected Milestone**	**Geography**	**1L**	**2L+**	**1L**	**2L+**	**1L**	**2L+**
FURVENT	*Phase 3*	Pivotal trial for Exon 20ins	Enrolling	Topline data in 2025	Global	✓					
FAVOUR	*Phase 1b*	PoC in Exon 20ins	Enrolled		China*	✓	✓				
FURTHER	*Phase 1b*	PoC in PACC	Enrolled	PoC data in Sept 2024	Global		✓	✓	✓		
SHP2i Combination	*Phase 1b*	PoC in Classical EGFR previously treated with TKI	Enrolling		China**					^	✓
FURLONG	*Phase 3*	Pivotal trial for Classical EGFR	Completed by Allist	N/A Approved in China in 2021	China					✓	

PoC: Proof of concept; * Allist sponsor; ** Pursuant to InnoCare clinical collaboration agreement; 1L: First-line therapy; 2L+: Second-line or greater therapy; ^ Future planned cohort in 1L dependent on positive proof of concept in the 2L+ cohort

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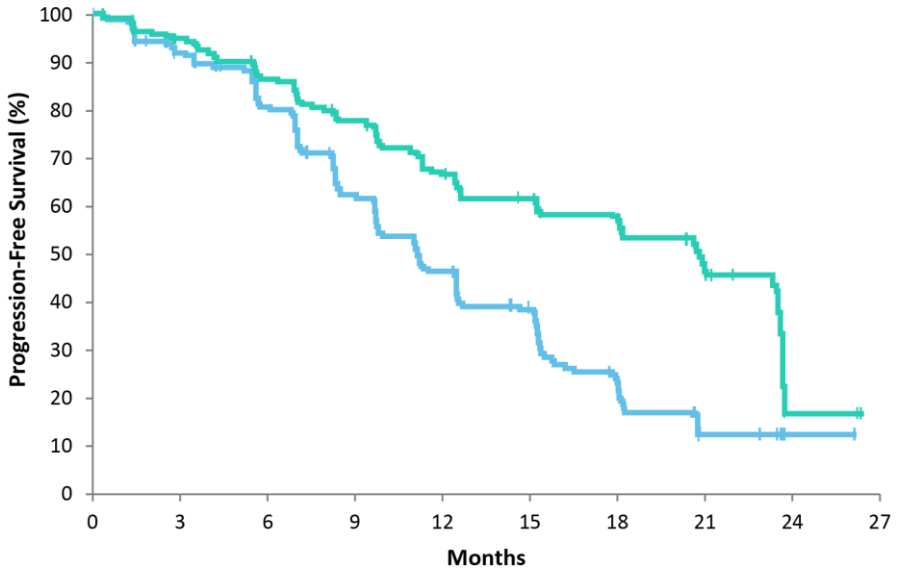
FURLONG: Firmonertinib Monotherapy Prolonged Progression Free Survival Overall and in the Brain in Patients with Classical EGFR mutant NSCLC

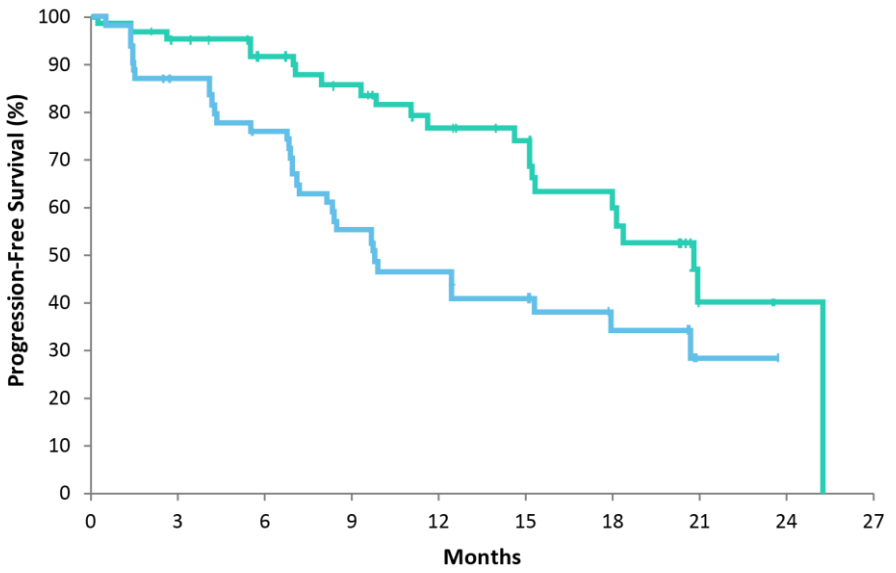
PFS



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****

CNS PFS



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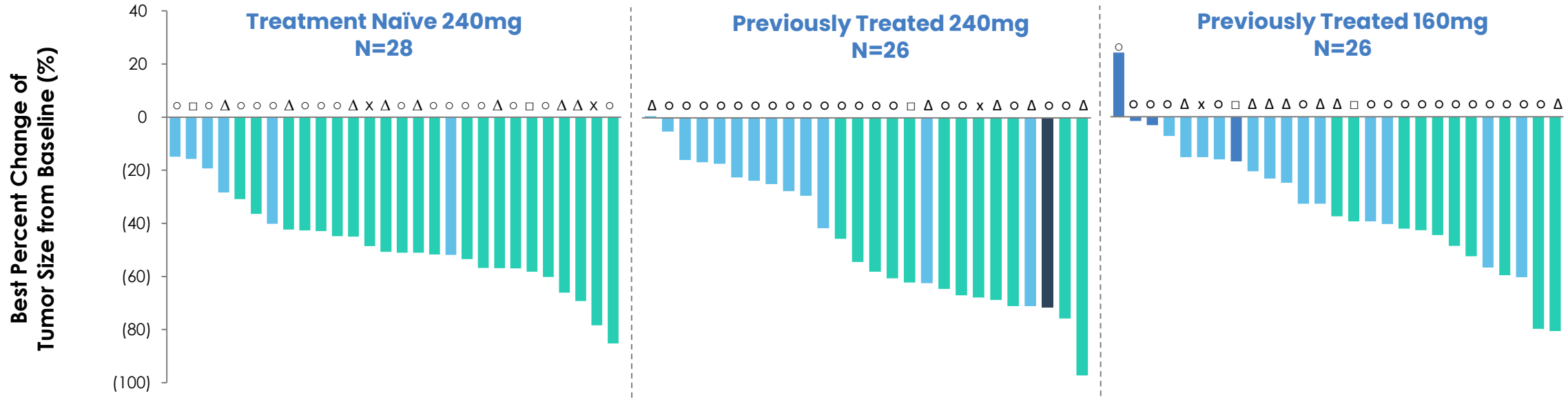
FAVOUR: Significant Responses to Firmonertinib Monotherapy in EGFR Exon 20 Insertion NSCLC Across All Mutation Subtypes



	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: Firmonertinib was Generally Well Tolerated Across Dose Levels

Treatment Related Adverse Event (TRAE) and Dose Intensity	240 mg QD (Treatment Naïve) N=30	240 mg QD (Pretreated) N=28	160 mg QD (Pretreated) N=28
TRAE All Grade	29 (96.7%)	28 (100.0%)	25 (89.3%)
TRAE Grade ≥ 3	4 (13.3%)	8 (28.6%)	5 (17.9%)
TRAE Leading to Dose Interruption	7 (23.3%)	9 (32.1%)	4 (14.3%)
TRAE Leading to Dose Reduction	4 (13.3%)	5 (17.9%)	3 (10.7%)
TRAE Leading to Treatment Discontinuation	0	1 (3.6%)	1 (3.6%)
Relative Dose Intensity %, mean (SD)	97.1 (8.0)	94.9 (13.5)	96.2 (9.4)

- Low rate of Grade ≥3 TRAE
- Low rates of dose interruption or reduction
- Low rate of discontinuation due to TRAE
- High dose intensity maintained across cohorts

TRAE: Treatment-related adverse event
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

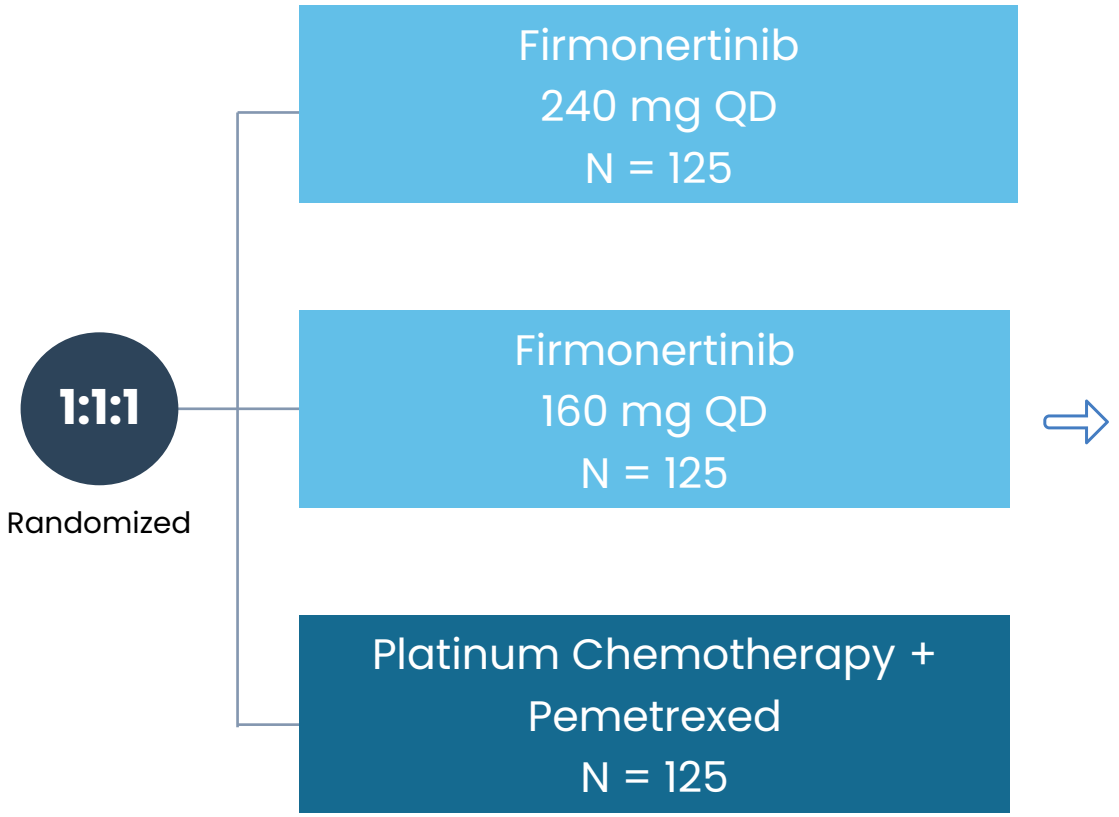
FURMO-004; NCT# 05607550

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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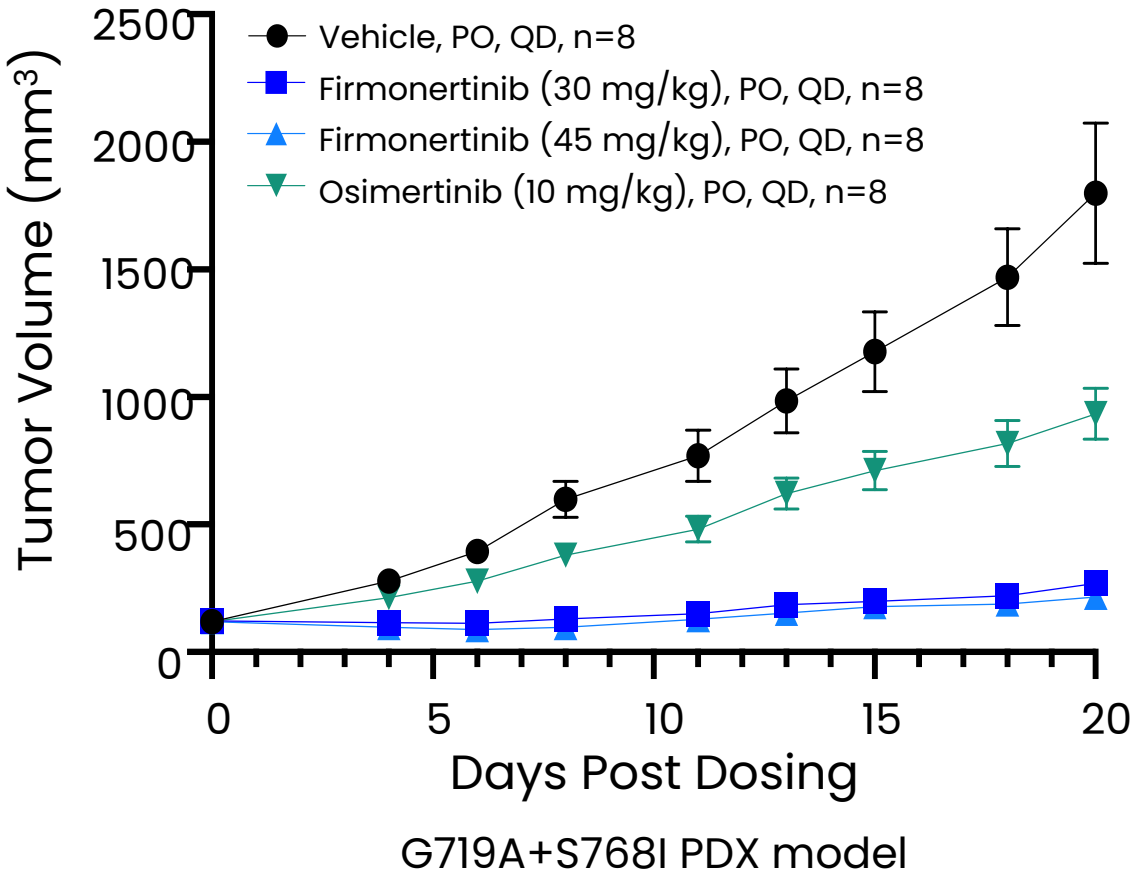
Firmonertinib in PACC Mutations

Robust Activity Against PACC Mutations in Preclinical Models



G719A+S768I PDX model

Firmonertinib doses of 30 and 45 mg/kg in mice are equivalent to approximately 160 mg and 240 mg clinical doses in humans, respectively, based on exposure

*The osimertinib dose of 10 mg/kg was chosen as clinically relevant based on previous reports (Jänne et al, 2015; Ballard et al, 2016;).

Source: Nilsson MB, Mounir Z, Musib L, et al. AACR 2024, Musib L, Kowanetz M, Li Q, et al., NACLC 2023

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FURTHER: Proof-of-Concept in PACC EGFR NSCLC from a Global Phase 1b Study Evaluating First-line Firmonertinib Monotherapy (NCT# 05607550)

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

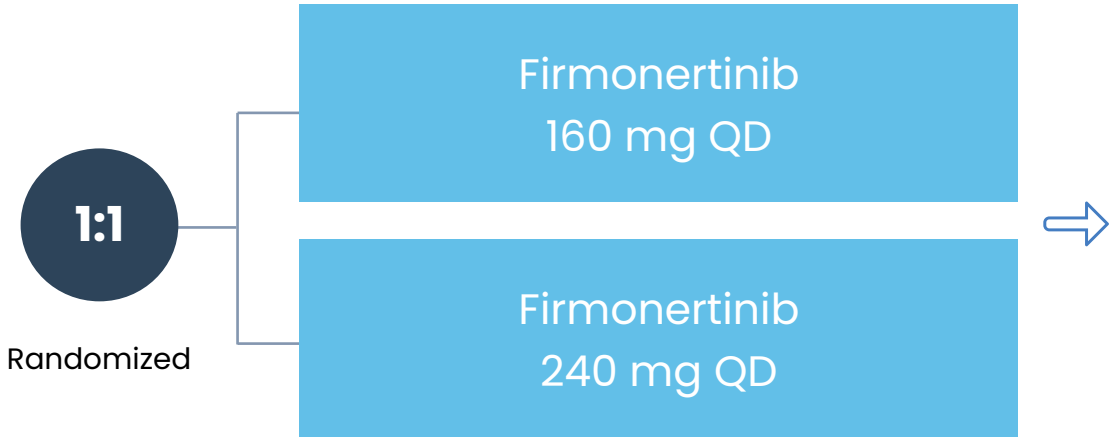
Stratification:

Prior Treatment (Y/N)

Contains G719X or S768I (Y/N)

N=60

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



Primary endpoints:

Overall Response Rate

ORR (by BICR)

Key secondary endpoints:

Duration of response, CNS ORR, PFS, OS

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Once Daily Firmonertinib Monotherapy has Potential to Change the Treatment of PACC EGFR Mutant NSCLC

First-line monotherapy data in PACC EGFR NSCLC (FURTHER Trial) selected as a late-breaker oral presentation in the **presidential session**

2024 World Conference on Lung Cancer

SEPTEMBER 7-10, 2024 | SAN DIEGO, CA USA

FURTHER will have the first prospectively designed randomized clinical dataset for an EGFR TKI in PACC mutant NSCLC

PACC EGFR NSCLC has no clear standard of care

- ~30-40% ORR with most frequently used TKI based on meta analyses

Firmonertinib is highly CNS penetrant which is beneficial for EGFR PACC mutant patients with brain metastases

Source: Data on file and Priantti et al. ASCO 2024 Abstract Number 8642.

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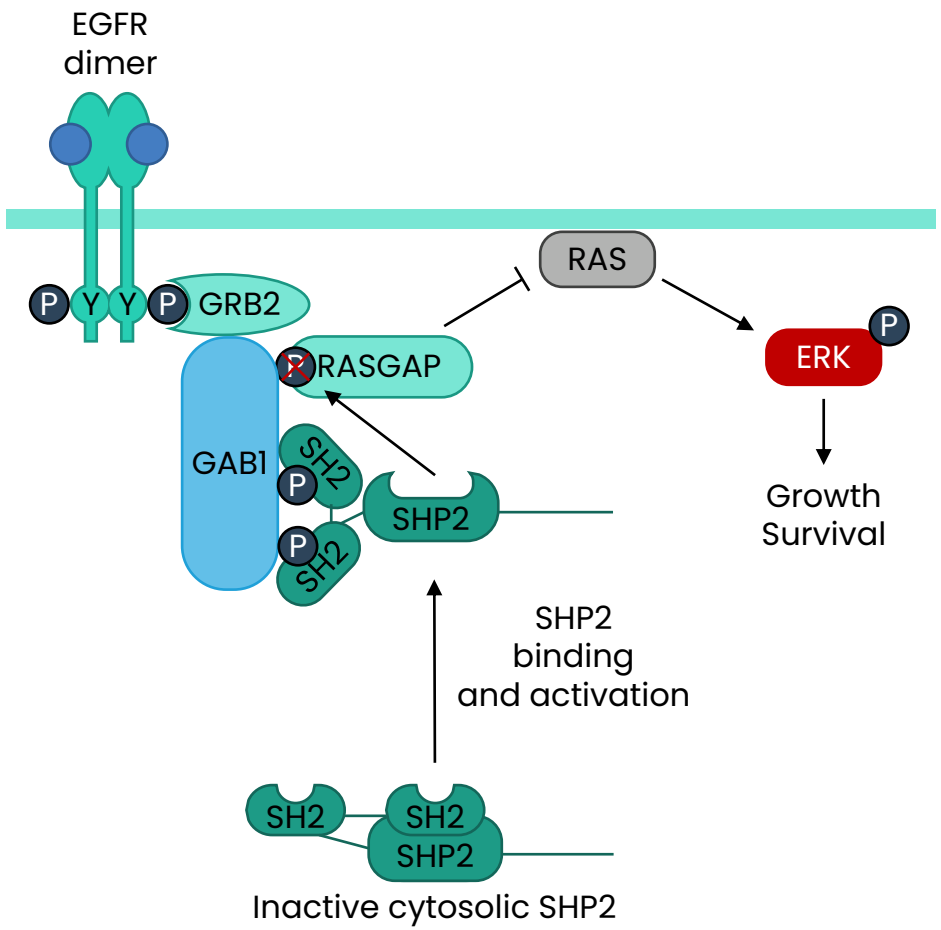
Phase 1b Firmonertinib + SHP2 Inhibitor to Address EGFR TKI Resistance



Combination rationale in classical EGFR NSCLC

- SHP2 is involved in EGFR signaling as well as other receptor tyrosine kinases that contribute to EGFR TKI resistance (example c-MET)
- Combining EGFR TKI with SHP2i may improve response and prevent resistance
- Phase 1b clinical trial initiated to evaluate combination of firmonertinib with SHP2i (ICP-189) by InnoCare

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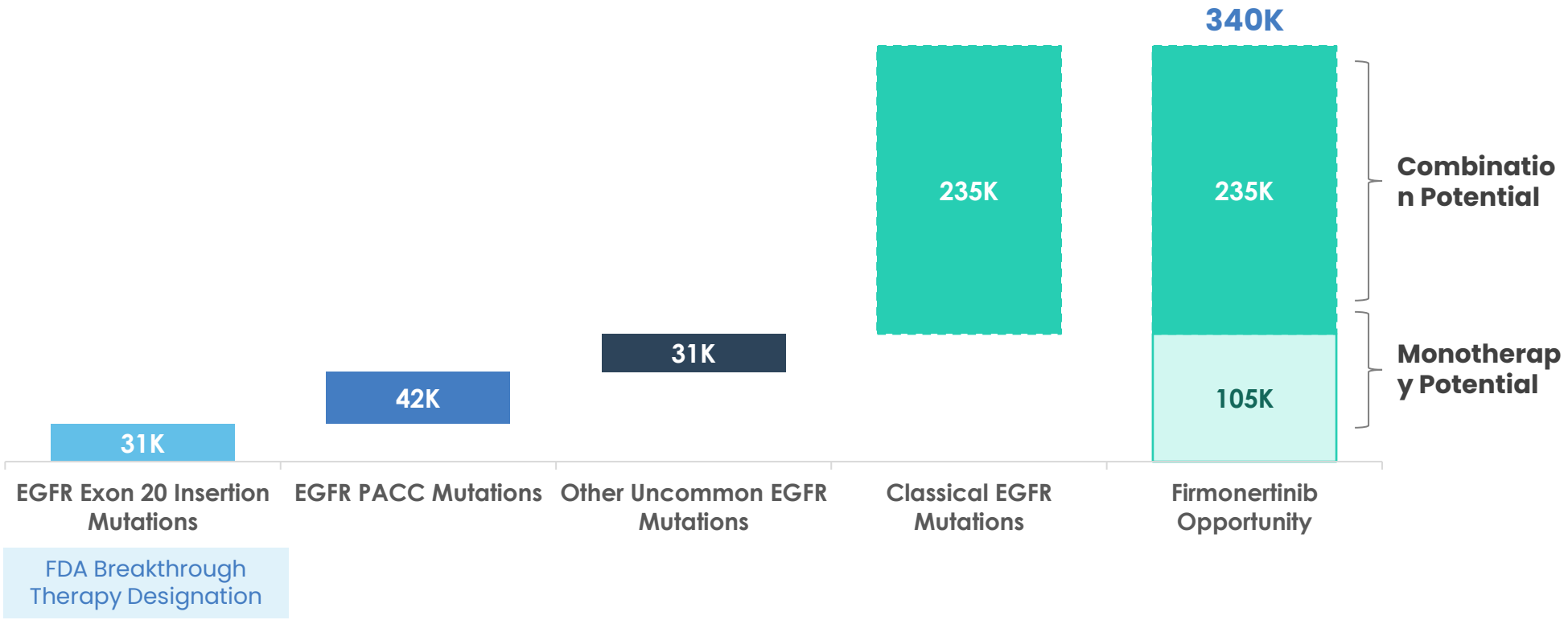
Firmonertinib Market Opportunity

Large Market Opportunities with Expansive Potential Across EGFR NSCLC



Patients with EGFR Mutant NSCLC globally excluding greater China

Source: Globocan, 2022. Data on file.

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Firmonertinib has Leadership Potential in EGFR Mutant NSCLC

Firmonertinib-eligible patients are identifiable with established EGFR lung cancer treatment testing

Suboptimal experience with current therapies in uncommon EGFR mutations highlights unmet need for more safe and effective therapies including treatment of brain metastases

Firmonertinib has high CNS penetration, well managed safety profile and convenient oral administration

Compelling therapeutic profile creates significant revenue potential

Reference: Data on file.

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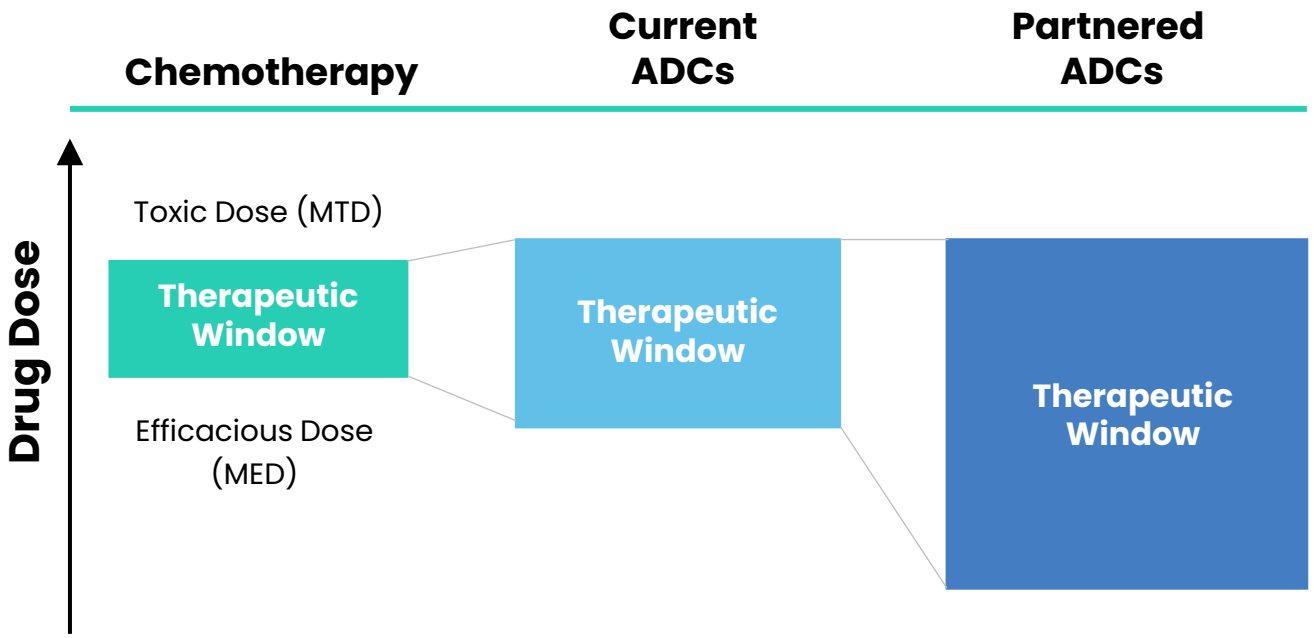
Our ADC Pipeline

Next-Generation ADCs Aim to Improve Efficacy and Reduce Toxicities



Diversified ADC Development Approaches, with the potential for:

- **Enhanced drug delivery –** using different antibody scaffolds that enable multi-target ADC development
- **Enhanced stability and therapeutic potential –** using multiple linkers and payloads
- **Improved manufacturing –** using alternative site-specific conjugation technologies

Through collaborations with Aarvik Therapeutics and with Jiangsu Alphamab Biopharmaceuticals Col., Ltd.
MTD: Maximum Tolerated Dose; MED: Minimum Effective Dose

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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
Discovery & Research Activities	Aarvik	Alphamab
Development & Commercialization Activities	ArriVent (Global)	ArriVent (ex-Greater China)
Milestone	Clinical candidate selection expected late 2024 or early 2025	

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Our Path Forward:

Key Upcoming Catalysts

Key Value Inflection Points Validate Approach and Drive Value Creation

Cash and Cash Equivalents as of June 30, 2024 of $298.7 million with cash runway into 2026

September 2024	**Firmonertinib** PACC Proof of Concept Global Phase 1b Interim Data
Late 2024 to early 2025	**ARR-002** ADC Lead Clinical Candidate Nomination
2025	**Firmonertinib** 1L Exon 20 insertions Topline Global Phase 3 Pivotal Data

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

Ongoing pivotal study in EGFR exon 20 insertion mutations in NSCLC

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

Broad market opportunity across EGFR mutant NSCLC

Growing ADC portfolio diversifies oncology pipeline

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