BeyondSpring

PROTECTIVE-2 Phase 3 Registration Trial Topline Data Plinabulin + Pegfilgrastim vs. Pegfilgrastim

November 2020 | Nasdaq: BYSI

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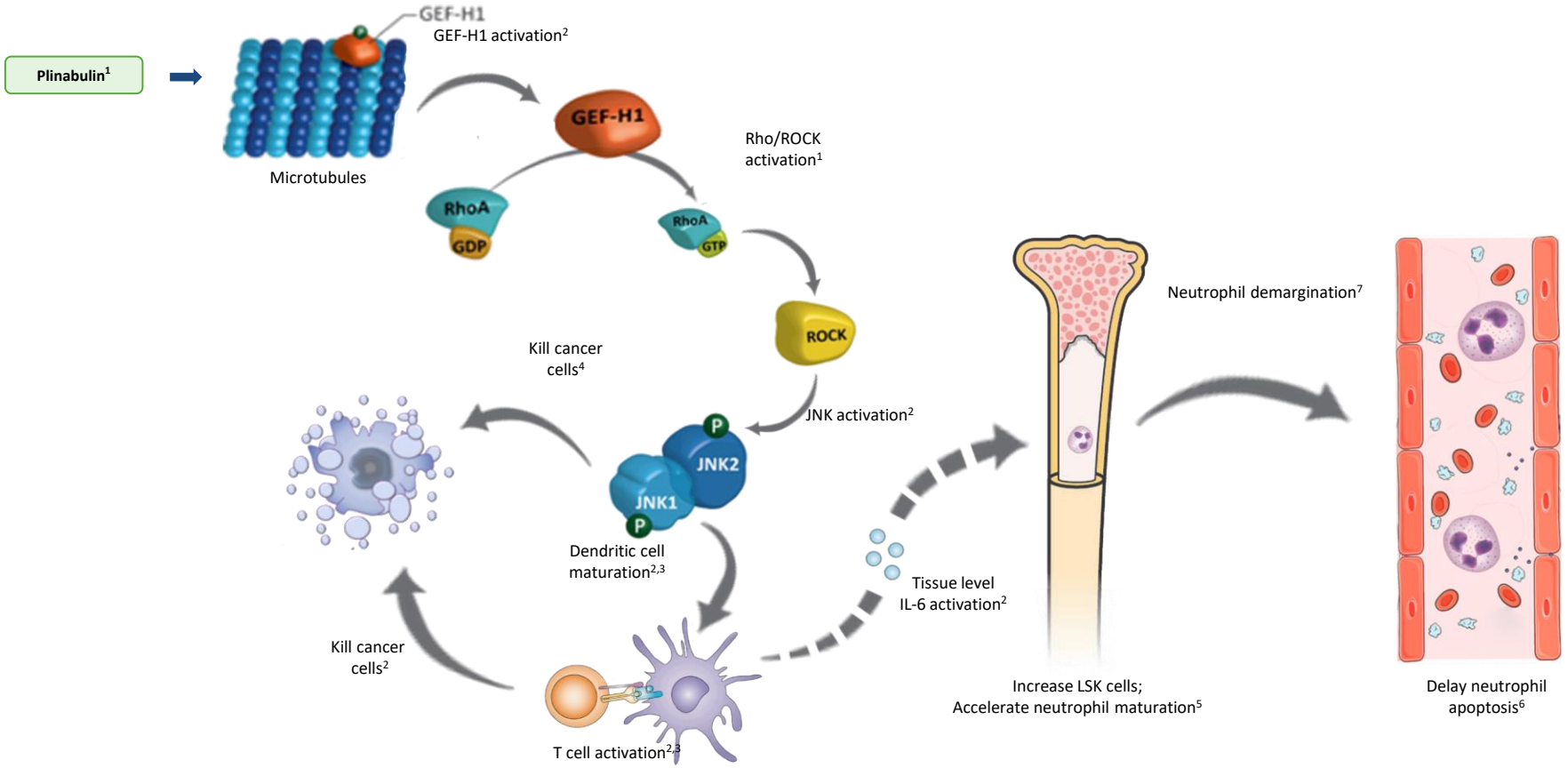
- The market data and certain other statistical information used throughout this presentation are based on independent industry publications, governmental publications, reports by market research firms or other independent sources. Some data are also based on our good faith estimates. Although we believe these third-party sources are reliable, we have not independently verified the information attributed to these third-party sources and cannot guarantee its accuracy and completeness. Similarly, our estimates have not been verified by any independent source.

- By attending this presentation, you acknowledge that you will be solely responsible for your own assessment of the market and our market position and that you will conduct your own analysis and be solely responsible for forming your own view of the potential future performance of our business。

Plinabulin: first-in-class agent, stimulating innate and adaptive immune system



Plinabulin's immune mechanism designed to enable its effects in multiple cancer indications:

- **Chemotherapy Induced Neutropenia (CIN):** Designed to protect progenitor cells from chemo assault in bone marrow with week 1 benefit, which compliments G-CSF week 2 benefit for improved benefit potential
- **NSCLC:** Chemo (e.g. docetaxel) introduces real time tumor antigen, Plinabulin is designed to mature DC, leading to T cell activation, and durable anti-cancer benefit
- **Multiple Cancer Indications:** Triple combo combines "tumor antigen generation" from chemo/radiation, plinabulin "adding T cell gas", and PD-1/PD-L1 "release the brake" for potential maximum durable anti-cancer benefit

Note: [1] La Sala et al., 2019 Chem. [2] Kashyap et al., 2019 Cell Reports. [3] Zhang et al., 2005 Mol Cell Biol. [4] Singh et al., 2011 Blood. [5] Suwa et al., 2000 Am J Physiol Heart Circ Physiol; Ghosh et al., 2018 ACR Annual Conference; Blayney et al., Society of Leukocyte Biology. [6] Asensi et al., 2004 Infection and Immunity.

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Breakthrough Therapy Designation

Plinabulin + G-CSF

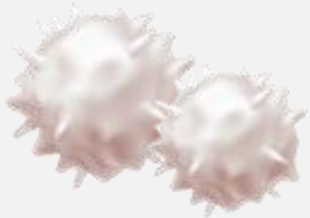
in Chemotherapy-Induced Neutropenia (CIN)

High unmet medical need even with SOC G-CSF

CIN is a dangerous decrease in a patient's white blood cell count.
If Grade 4 neutropenia (ANC < 0.5x109 cells/L) is not treated, patients could die in first cycle of chemotherapy

Short-term Outcome Benefit

G-CSF monotherapy is suboptimal and leaves a significant clinical gap



CIN

#1 reason for FN, hospitalization, sepsis, mortality and chemotherapy disruption[2]

Long-term Outcome Benefit

Chemotherapy's anti-cancer effectiveness is linear to its dose

Slight Changes in Dosing or Delivery Can Have A Devastating Impact on Survival[4]

15% = 50%

Reduction in Relative Dose Intensity

Reduction in Overall Survival

More than 75% of negative clinical consequences occur in Week 1 after chemo, which G-CSF cannot prevent
Plinabulin + G-CSF has the potential to address this important unmet clinical need

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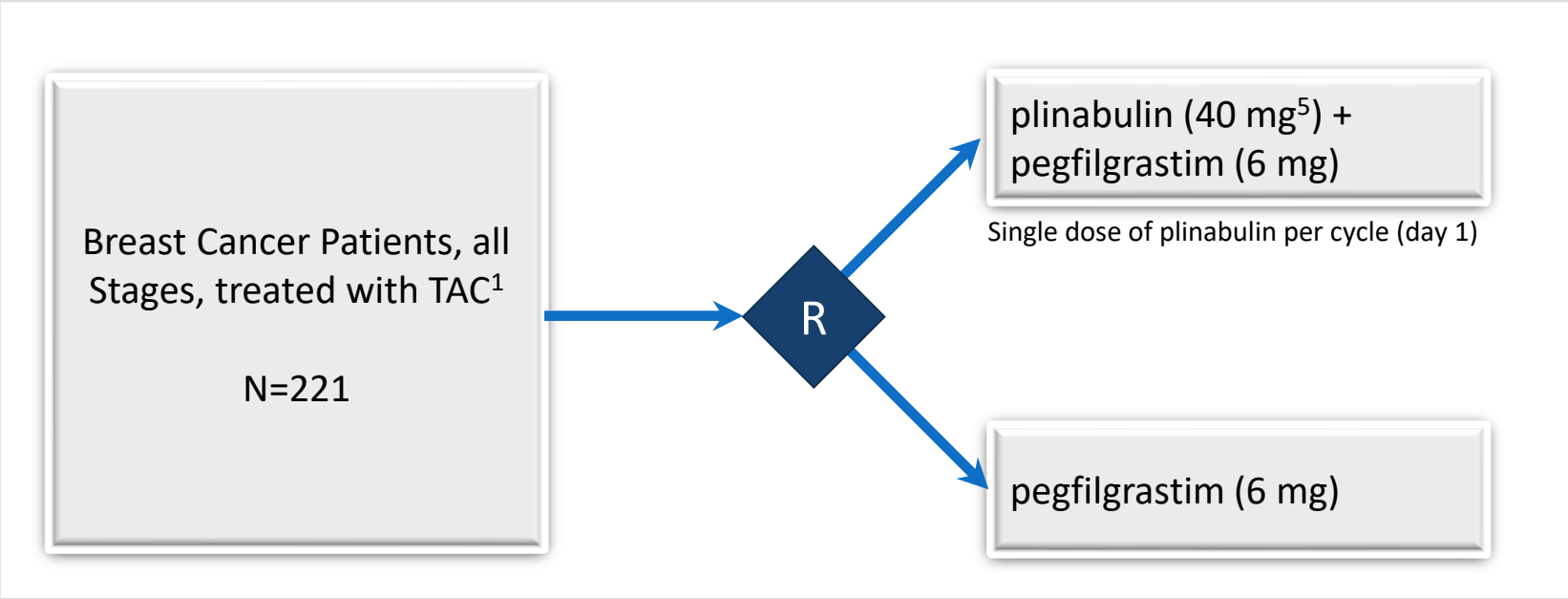
Source: [1] [2] Lee J et al., Annals of Surgical Treatment and Research 94(5): 223-238 (2018).. [2] Lalami Y, Klastersky J.. Crit. Rev Oncol Hematol. 2017; 120:163-179
[3] Xu et al., Support Care Cancer 24:723-730 (2016) [4] Bonadonna G, Valagussa P, Moliterni A et al. Adjuvant cyclophosphamide, methotrexate, and fluorouracil in node-positive breast cancer. N Engl J Med 1995;332:901-906

Plinabulin trials designed to maximize broad potential: Plinabulin + G-CSF for all chemo in non-myeloid cancers

Protective-2 Phase 3 Design



Double blinded, active controlled, global trial (CRO & central lab: Covance)

Primary Endpoint:

- % prevent Grade 4 neutropenia (Cycle 1)

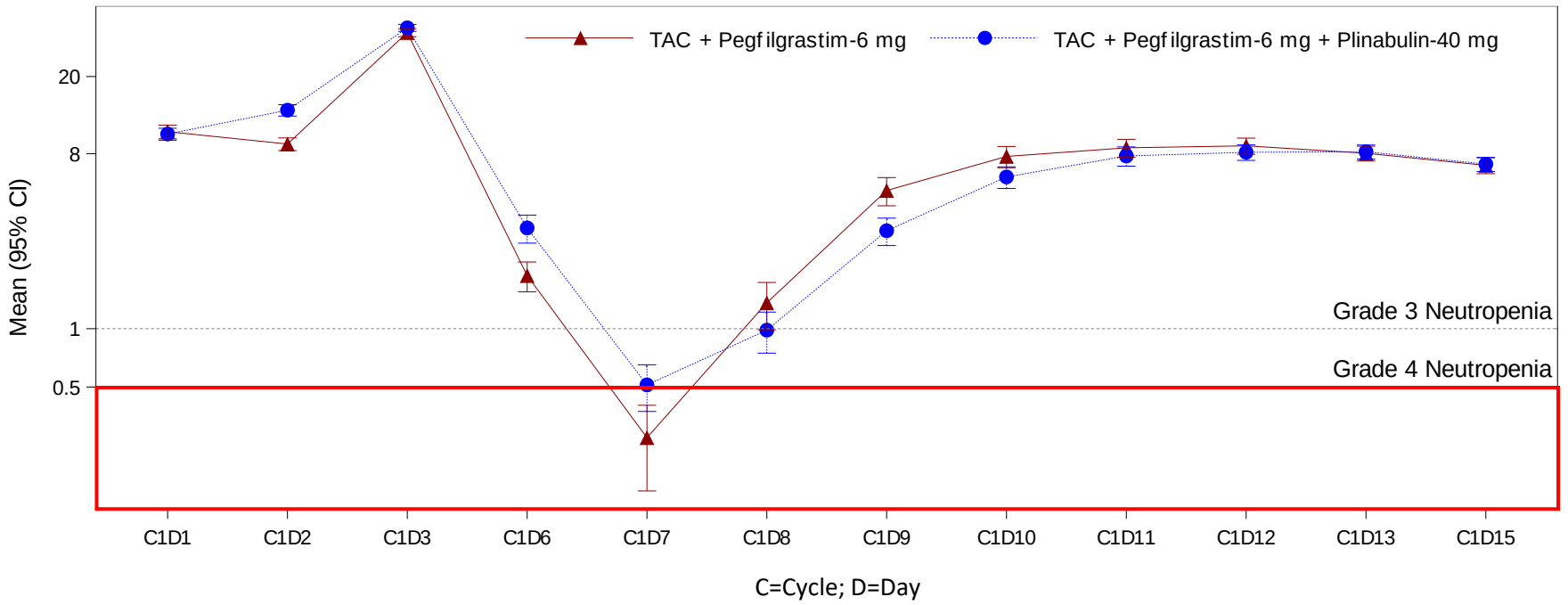
Secondary Endpoints:

- Mean DSN[2] (Cycle 1, Day 1-8)
- Mean ANC[3] nadir (Cycle 1)
- % of prevention of grade 3 and 4 neutropenia (Cycle 1)
- DSN (Cycle 1)
- % of bone pain (Cycle 1)
- Composite risk
- % of RDI[4] < 85%

[1]TAC=Docetaxel, doxorubicin and cyclophosphamide.
[2]Duration of Severe (Grade 4) Neutropenia
[3]Absolute Neutrophil Count
[4]Relative Dose Intensity
[5]Fixed dose, equivalent to 20 mg/m^2

PROTECTIVE-2 Phase 3 data: Plinabulin + G-CSF synergy kept patients out of the “red zone” for Grade 4 risk

Critical to keep patients from crossing “red line” to Grade 4 (0.5 on graph)



Plinabulin + G-CSF:

- Plinabulin offered protection during **Week 1** in combination with G-CSF
- >75% of all CIN complications – infection, FN, hospitalizations, death – occurs during week 1
- Potential to Prevent chemo dose reduction or downgrade of regimen vs. G-CSF alone, which potentially prolongs patients’ overall survival

PROTECTIVE-2 Phase 3 data: positive topline results with statistical significance favoring the combination

Key Efficacy Endpoints	Results (combo n=111, pegfilgrastim n=110)
Primary endpoint:	
Rate of prevention of grade 4 neutropenia in Cycle 1	• 31.5% vs. 13.6%, p=0.0015 • **>100% better prevention rate** in combination of plinabulin + G-CSF
Key secondary endpoints (based on ANC):	
DSN in Cycle 1, Day 1-8	• P = 0.0065 • Plinabulin's MoA of early onset in Week 1
DSN in Cycle 1 (severe neutropenia: ANC < 0.5 x 10^9 cells/L)	• P = 0.0324 • Combination is better in CIN benefit vs. G-CSF in cycle 1
Mean ANC Nadir (x 10^9 cells/L)	• 0.538 vs. 0.308, p = 0.0002 • The combination helps to lift patients away from grade 4 danger zone
Duration of Profound Neutropenia in cycle 1 (Profound Neutropenia: ANC < 0.1 x 10^9 cells/L)	• P = 0.0004 • Combo better than G-CSF alone in CIN benefit

Better safety profile in the combination vs. SoC

- **>20% less grade 4 AEs** in the combination (**58.6%**), compared to pegfilgrastim alone **(80.0%)**

Profound Neutropenia leads to 80% death in first week of infection[1], 48% FN and 50% Infection[2].

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1. Bodey et al. Ann Intern Med 64(2): 328 (1966); 2. Bodey et al. Cancer 41(4): 1610 (1978)

Plinabulin's regulatory strategy for CIN, Submission in Q1 2021: Superior profile in a broad label

Plinabulin shown to statistically reduce Grade 4 neutropenia in 6 clinical trials (1,200+ patients)

Supporting Study

Plinabulin vs. placebo

- Grade 4 reduction highly statistically significant (Study 101 and DUBLIN-3, $p<0.0003$ and $p<0.0001$ respectively)

Registration Study

Plinabulin + G-CSF combo vs. G-CSF mono (Protective-2)

- Superior response in primary and key secondary endpoints with statistical significance

MOA support from 5 studies: Plinabulin early onset in Week 1, G-CSF effect in Week 2

Supporting Study

Plinabulin vs. G-CSF (Protective-1)

- Non-inferior CIN activity
- Superior adverse event profile: limited bone pain, limited platelet reduction, and limited immune suppression[1]

700+ cancer patients treated with Plinabulin (various doses)

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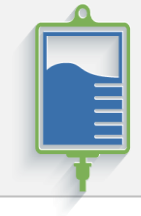
1. Blayney et al. JAMA Oncology 6(11): e204429 (2020)

Chemotherapy without compromise: Turning the **4 Ds** into the **4 Ss**



DECREASED
recommended dose

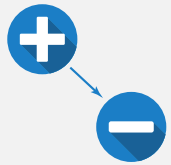
STABLE DOSE
maintaining ≥85%

DELAYED
cycles

SUSTAINED CYCLES
cycles on time

DISCONTINUED
chemotherapy

STAY THE COURSE
complete all cycles



DOWNGRADE
chemotherapy regimen

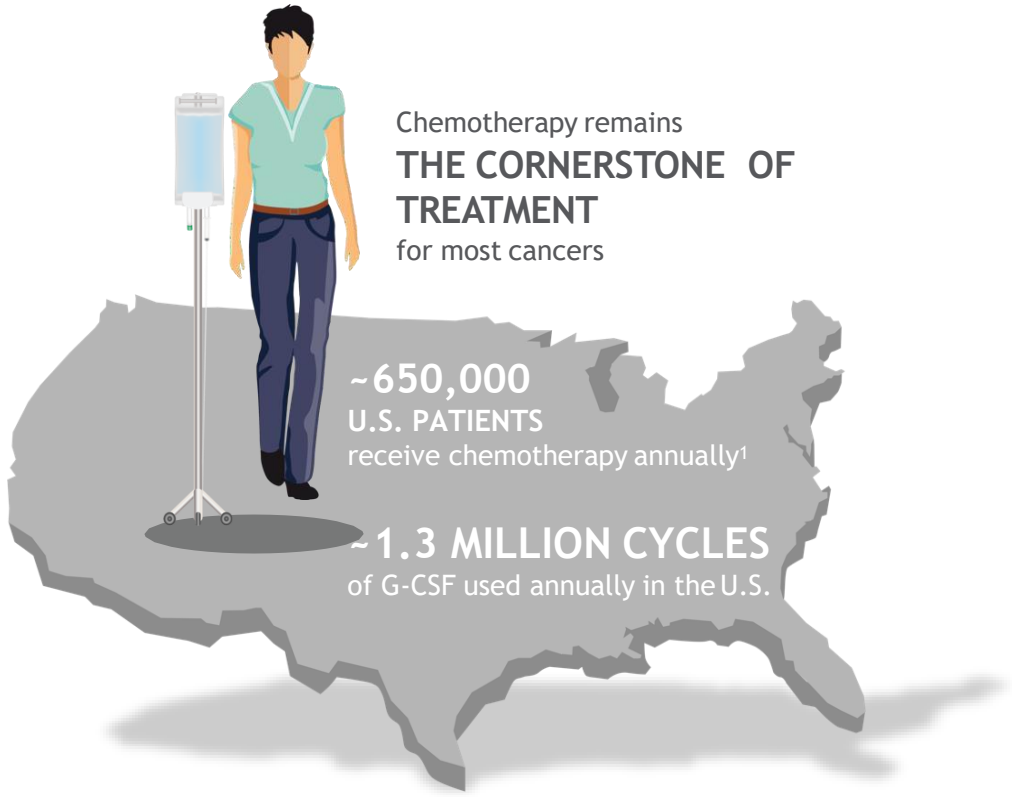
STRONGEST REGIMEN
of chemotherapy

Plinabulin + G-CSF

- Differentiated clinical profile, potential to improve SOC
- Greater clinical control
- Improved outcomes

Plinabulin will add value to a large and growing CIN market

Plinabulin + G-CSF in each cycle of chemo in non-myeloid cancers prevented or reduced the severity of neutropenia



U.S. Sales -- $4.5 Billion[2]

As a combination therapy Plinabulin's base of business is G-CSF units

G-CSF cycles/year:

- U.S.: 1.3 million[2]
- Global: 4 million[3]

Unit growth (U.S.):[2]

- MAT Aug '19: 6.8%
- MAT Aug '20: 1.1%*

Note: [1] Centers for Disease Control and Prevention. Information for Health Care Providers. Available at: www.cdc.gov/cancer/preventinfections/providers.htm. Accessed February 21, 2020; [2] NSP IQVIA July '20; [3]G-CSF market size based on IQVIA data (MIDAS for ex-U.S. and DDM MD for U.S.; Q3 '16 to Q2 '18. Standardized G-CSF units.

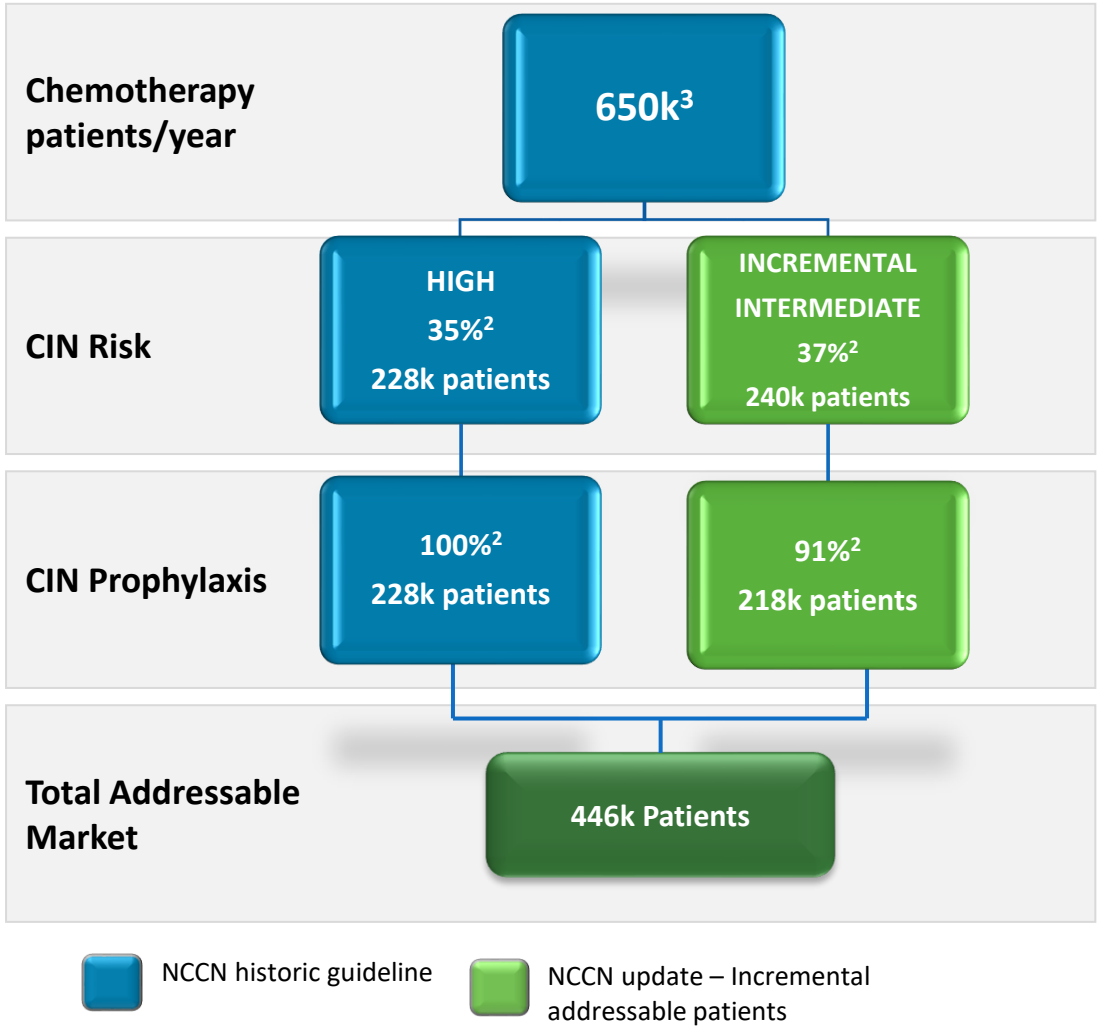
* Growth despite a 20% decline in chemotherapy cycles nationwide from March – June '20 due to the pandemic.

New CIN guidelines double the Addressable Market

- **CIN guidelines modified in early 2020:**
  - COVID-19 recognized as a universal risk factor
  - Prophylaxis now recommended for both high and intermediate risk patients

- **The addressable population increased by 100%:**
  - **2019:** 30% of intermediate risk patients received prophylaxis for CIN[1]
  - **2020**: 90% - dramatic jump in approach to preventing CIN[2]

CIN Prophylaxis Market dynamics post-guideline update



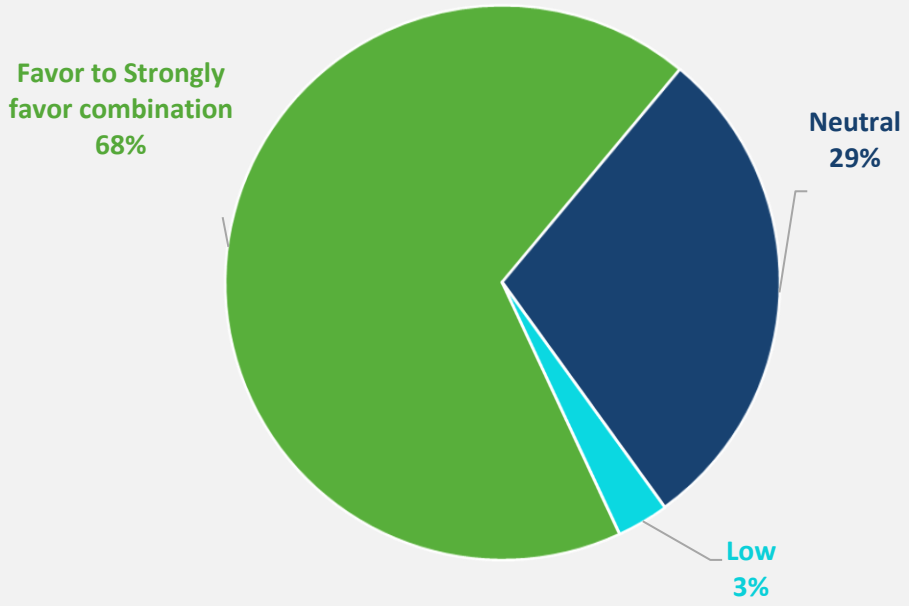
1 BYSI qual market research Sept 2019, 2 BYSI qual Market research Aug 2020, 3 Symphony data https://www.cdc.gov/cancer/preventinfections/providers.htm,

Oncologists understand Plinabulin's potential to raise the SoC in CIN

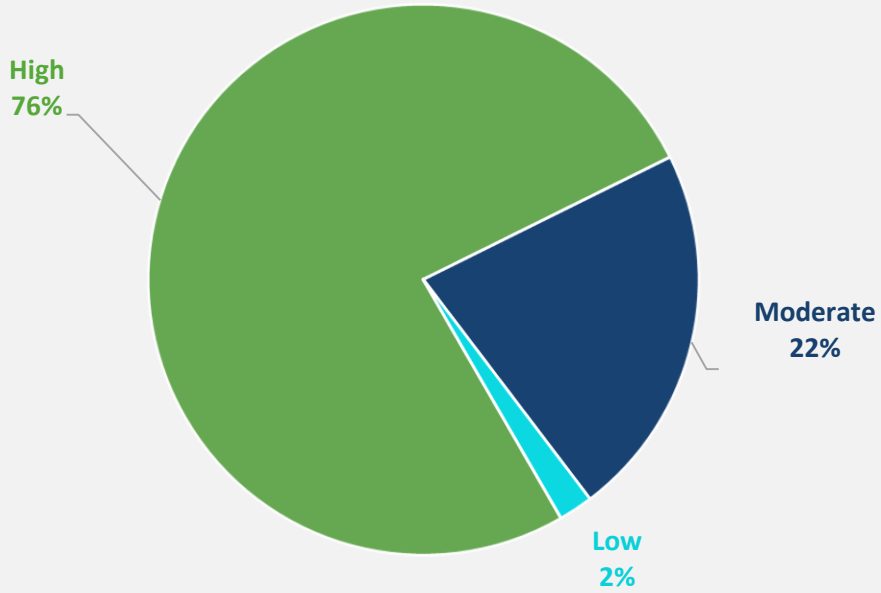
Survey of 102 Board-certified U.S. Oncologists

- Understanding of combination therapy: **High**
- Likelihood to prescribe: **High**

Comfort with COMBINATION THERAPY



Likelihood to use plinabulin + G-CSF COMBINATION THERAPY



Market research conducted Sep '20; n = 102 board certified U.S. oncologists; data on file BeyondSpring
C01 Based on the product information you have just seen, how likely are you to prescribe the Product N + G-CSF combo for CIN in non-myeloid malignancies?
C02 How would you rate your comfort with using a combination treatment (e.g. Product N + G-CSF combo) for CIN in non-myeloid malignancies

Plinabulin's Commercial pillars
Maximizing value of Breakthrough Therapy Designation

Address the unmet need

- Achieve short-term benefits:
  - Mitigate G-CSF's lack of effect in week one
  - Reduce hospital stays and emergency room visits due to fever
- Achieve long-term benefits:
  - Maintaining optimum chemo dose/regimen for long-term survival benefit

Establish a New, Improved Standard of Care

- Superior label
- Guideline adoption

Targeted Physician & Account Strategy

- Clinical pathway inclusion
- Insurance coverage/access
- Reimbursement
- After market support: HCPs/patients

Plinabulin + G-CSF: “Breakthrough Therapy” with potential to set a new SOC for CIN

Opportunity

- ✓ Market size
- ✓ Market growth
- ✓ NCCN guideline change
- ✓ Managed care coverage

Unmet need

- ✓ Grade 4 neutropenia complications
- ✓ CIN: #1 reason for therapy change (4Ds)
- ✓ Monotherapy G-CSF not effective
- ✓ 4Ds result in reduced OS

Product differentiation

Plinablulin + G-CSF addresses 3 oncologist needs:

- ✓ Maintains chemo regimen
- ✓ Keeps ANC out of the danger zone and thus less FN and less hospitalization
- ✓ Significantly reduces bone pain

Plinabulin+ G-CSF has the potential to:

- Address the oncologist’s desire for increased control
- Reduce patient anxiety and fears associated with interrupted therapy and adverse events
- Deliver improved chemotherapy care

BeyondSpring: Key Highlights

Mission

Committed to raising the standard of care for cancer patients in the largest global markets with first-in-class treatments that improve lives and clinical outcomes for millions of patients in need

Late-Stage Assets Global Market Opportunities

PLINABULIN: Raising SOC in CIN & NSCLC

- ✓ First-in-Class
- ✓ New Chemical Entity
- ✓ IP through 2036 in 36 jurisdictions

CIN: Combo with G-CSF

- ✓ Final Ph 3 data Nov 2020
- ✓ NDA submission early 1Q 2021
- ✓ Market: $4.5B (US);
- ✓ Breakthrough Designation (US, China)

NSCLC: Combo with docetaxel

- ✓ Final Ph3 data 1H2021
- ✓ Early 2022 NDA submission
- ✓ $30B+ global market

Broad Pipeline

PLINABULIN: A pipeline in a drug

- ✓ Triple combo w/IO agents and radiation/chemo
- ✓ Expansion to additional solid tumors

Targeted Protein Degradation Platform:

- ✓ Seed Therapeutics (Subsidiary)
- ✓ Collaboration with Eli Lilly

Three Pre-Clinical IO Agents

Global Capabilities Continuous Innovation

Strong clinical development

- ✓ Enrolled 1,000+ patients to final filing stage for CIN and NSCLC
- ✓ Dual U.S. and China development strategy
- ✓ Strong clinical investigator network

Deep Regulatory Expertise

Commercialization Planning Underway

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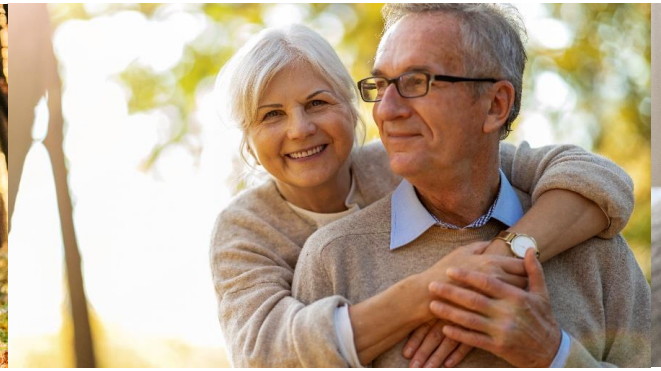

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