BeyondSpring

Corporate Presentation

APRIL 2021 | NASDAQ: BYSI

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Investment Highlights

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

Partnerships	Research subsidiary, SEED Therapeutics, with $800 million partnership with Eli Lilly (Proprietary TPD Platform)
Cash position	$109.5 million on 12/31/2020
Headquarters	New York
Nasdaq Ticker Symbol	BYSI

Lead Asset Plinabulin: a Pipeline in a drug - upcoming milestones

CIN

- Breakthrough Designation (BTD);
- NDA filed in the U.S. and China based on superior data vs. SOC;
- Preparing for commercialization

NSCLC

- Fully enrolled Phase 3 DUBLIN-3
- Topline OS data expected in mid-2021

IO

- Triple I/O combo in multiple cancer indications in early development, including 7 cancers at MD Anderson
- Efficacy data for SCLC at ASCO 2021

Two Near-Term NDAs & Robust Drug Development Pipeline

	Indication / Target	Program	Trial Name / Collaborator	Preclinical	Phase 1	Phase 2	Phase 3	Commercial Rights[1]	Status/Next Milestone
Late stage	CIN (All cancer, all chemo)	Plinabulin + pegfilgrastim	PROTECTIVE-1 & PROTECTIVE-2	Phase 3 primary endpoint met in pivotal data announced November 2020				Global	China and U.S. NDA submission in **March 2021;** currently under regulatory review
	NSCLC (2^{nd}/3^{rd} line)	Plinabulin + docetaxel	DUBLIN-3	Phase 3 second interim analysis completed				Global	Global Final topline Phase 3 data Mid **2021**
Triple Combo IO (IIT)	SCLC	Plinabulin + nivolumab + ipilimumab	10 US sites, including Rutgers University as lead site					Global	Phase 1 completed
	Multi-cancer (2^{nd}/3^{rd} line)	Plinabulin + PD-1/PD-L1 + radiation/chemo	MD Anderson					Global	Initiate Phase 1 in 7 cancers **Q2 2021**
Investigator-initiated IO	Oral T cell co-stimulator	BPI-002						Global	
	IKK inhibitor	BPI-003						Global	
	Oral neo-antigen generator	BPI-004						Global	
SEED Therapeutics	KRAS and additional targets	Targeted Protein degradation (TPD, molecule glue platform)	SEED THERAPEUTICS					Global	Potential additional partnerships
	Multiple		Lilly						$800M collaboration

[1]Global rights to Plinabulin ex-China. 58% ownership of Chinese subsidiary, Dalian Wanchunbulin Pharmaceuticals Ltd., which owns Chinese rights to Plinabulin. BeyondSpring owns 100% of global rights to Plinabulin. SEED Therapeutics is a ~60%-owned BeyondSpring subsidiary.

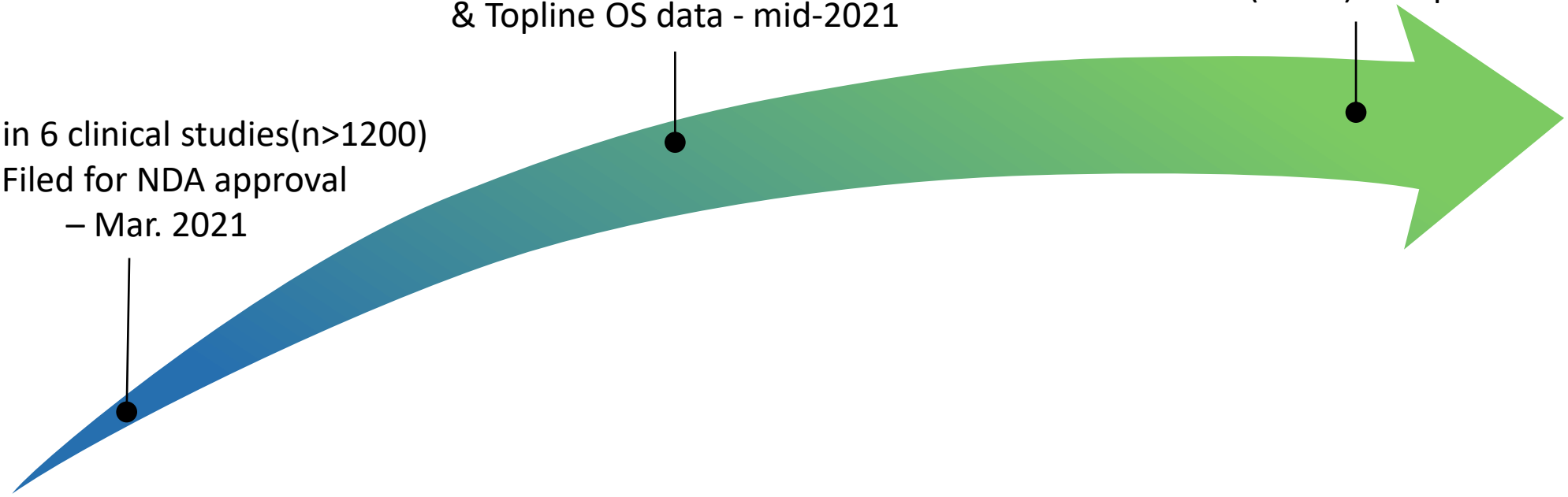
Plinabulin Value Generation Roadmap

Execute | **Evaluate** | **Grow**

Proven in 6 clinical studies(n>1200)
& Filed for NDA approval
– Mar. 2021

Phase 3 study fully enrolled (n=559)
& Topline OS data - mid-2021

Promising early clinical efficacy data
– Jun. 2021 (ASCO) & Expected in 2022



CIN (BTD)
Superior Regimen vs. SOC &
NDA Filingn in the US and China

NSCLC
Strong MOA Rationale &
Promising Preliminary Clinical Data

Multiple Cancers (I/O Combo)
Synergistic MOA with Checkpoint Inhibitors & Promising Preclinical & Early Clinical Efficacy Data

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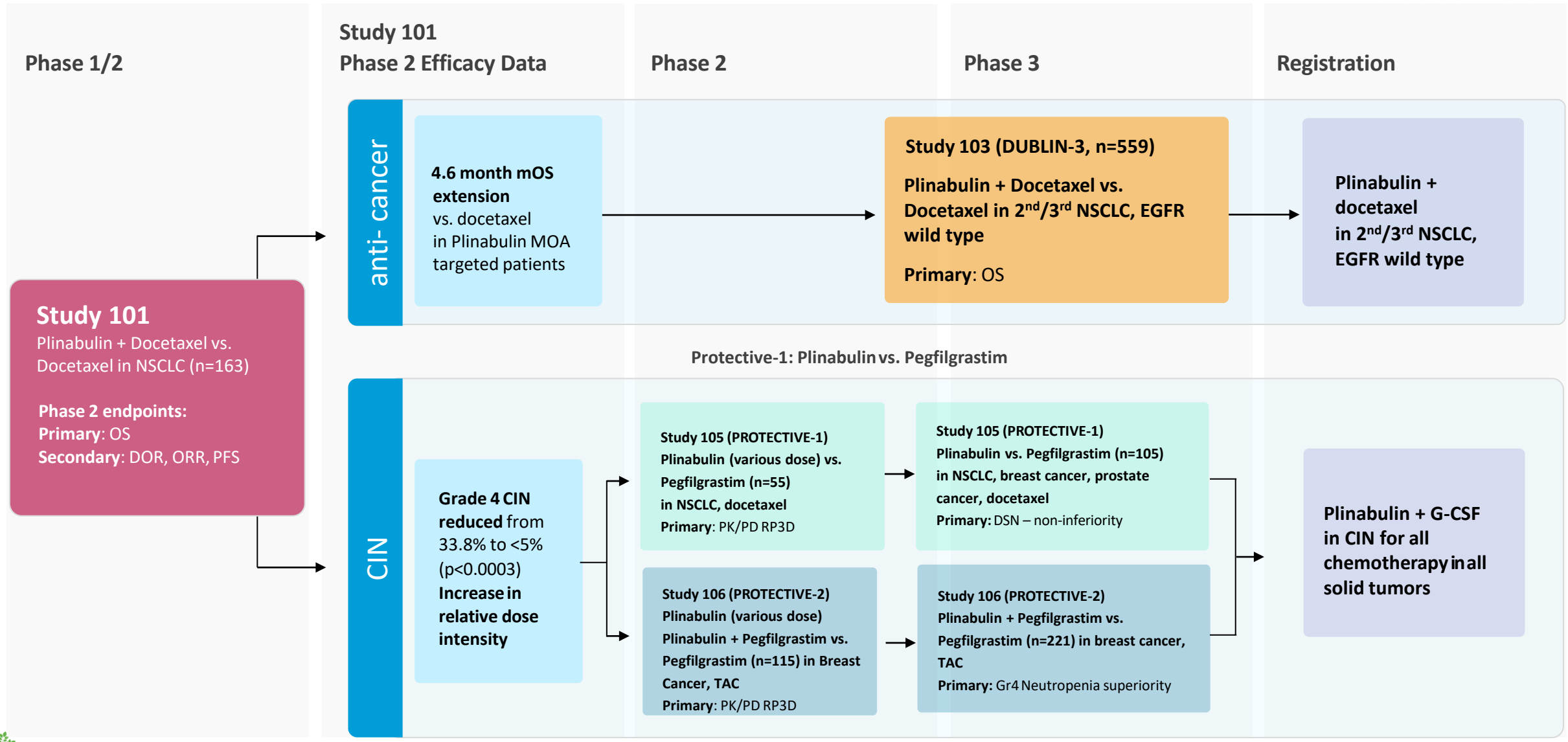
Plinabulin: “Pipeline in a Drug”

- First-in-Class, Selective Immunomodulating Microtubule Binding Agent (SIMBA)

Building the Plinabulin Franchise

CIN	Anti-Cancer with Chemotherapy	Anti-Cancer with Immuno-Oncology
Raise the Standard of Care	Improve survival and quality of life	Potential APC cornerstone of emerging regimens

Plinabulin Registration Studies

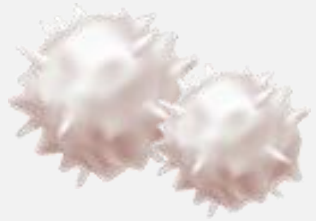


Severe Unmet Medical Need is Basis for "Breakthrough Designation" for Plinabulin + G-CSF Regimen in CIN Prevention

Despite widespread G-CSF use, CIN #1 reason for FN, ER visits, hospitalization, sepsis, mortality, and chemotherapy disruption[1]

Short-term Outcome Benefit

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



Long-term Outcome Benefit

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

15% Reduction in Relative Dose Intensity

=

50% Reduction in Overall Survival[2]

The Unmet Medical Need: Week 1 "Neutropenia Vulnerability Gap (NVP)"

- >75% clinical complications occur in week 1 after chemo, which G-CSF cannot protect

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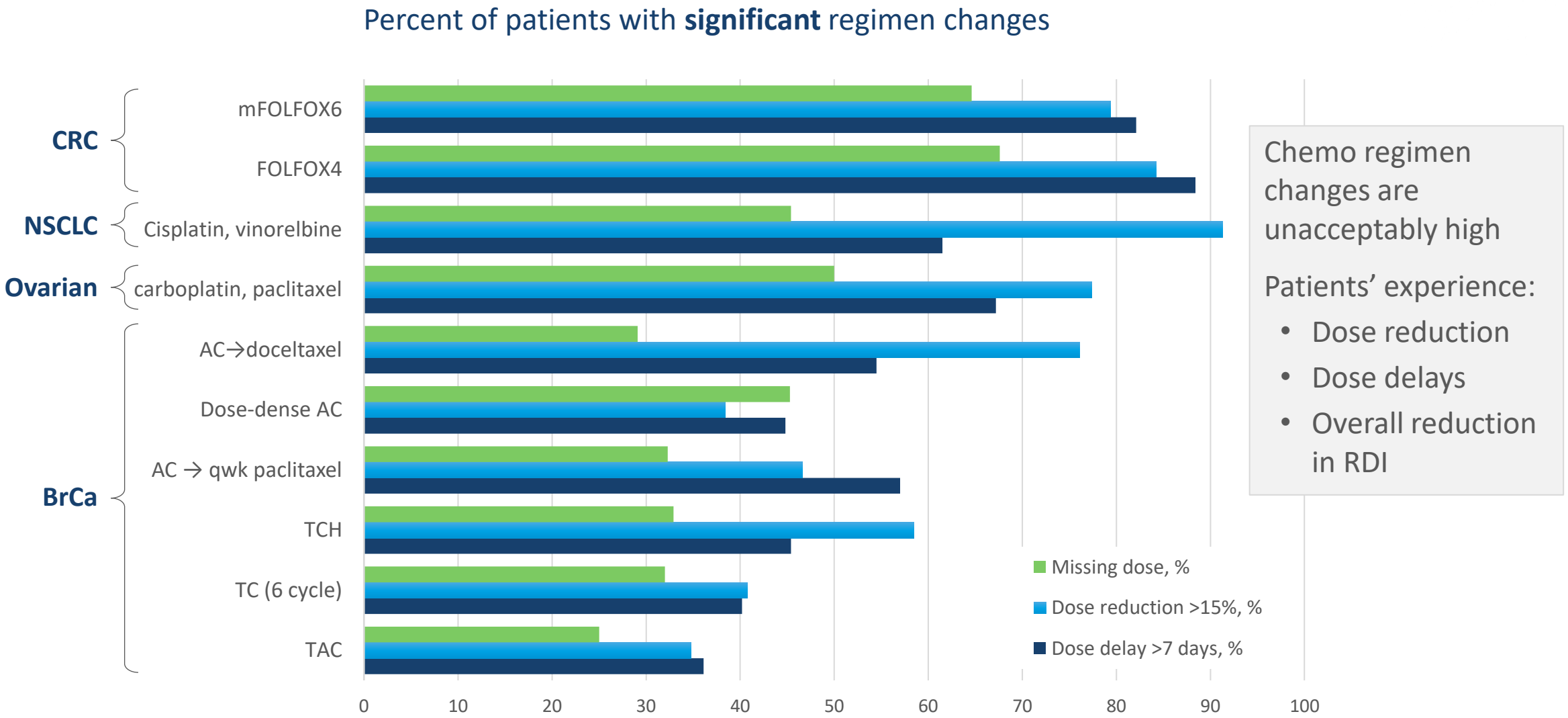
Source: 1 Lalami Y, Klastersky J.. Crit. Rev Oncol Hematol. 2017; 120:163-179. 2 Bonadonna G, Valagussa P, Moliterni A et al. Adjuvant cyclophosphamide, methotrexate, and fluorouracil in node-positive breast cancer. N Engl J Med 1995;332:901-906.

Monotherapy G-CSF Fails to Prevent Chemo Regimen Changes



Chemo regimen changes are unacceptably high

Patients' experience:

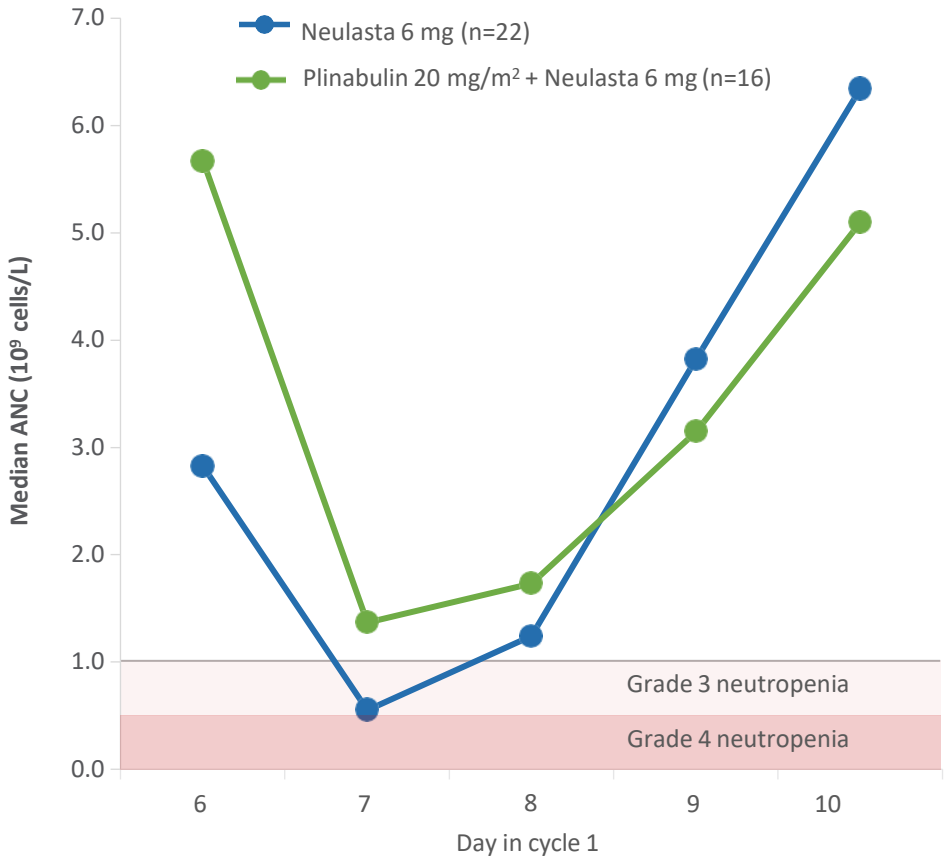
- Dose reduction
- Dose delays
- Overall reduction in RDI

[1]Published, 2015. Per EMR review of 16,233 patients with 6 different tumor types 2007-2011. JNCCN—Journal of the National Comprehensive Cancer Network Volume 13 Number 11 November 2015, [2]Denduluri et al.

Abbreviations: 5-FU, 5-fluorouracil; ABVD, doxorubicin, bleomycin, vinblastine, dacarbazine; AC, doxorubicin, cyclophosphamide; CRC, colorectal cancer; FOLFOX4/mFOLFOX6, folinic acid, 5-fluorouracil, oxaliplatin; NHL, non-Hodgkin lymphoma; NSCLC, non–small cell lung cancer; R-CHOP/CHOP, cyclophosphamide, doxorubicin, vincristine, prednisone ± rituximab; RCVP/CVP, cyclophosphamide, vincristine, prednisone ± rituximab; RDI, relative dose intensity; TAC, docetaxel, doxorubicin, cyclophosphamide; TC, docetaxel, cyclophosphamide; TCH, docetaxel, carboplatin, trastuzumab.

Plinabulin + G-CSF Combination Addresses Unmet Medical Need

Plinabulin is the only product – in development –
that has demonstrated the potential to elevate the standard of care (SOC) to prevent CIN



Median ANC in cycle 1 after TAC for breast cancer

- Breakthrough Therapy Designation: Unmet need, and potential superior regimen vs. SOC recognized by FDA and NMPA
- Plinabulin prevents CIN in week 1; and G-CSF prevents CIN in week 2
- Combination maximizes the prevention of CIN for the full cycle

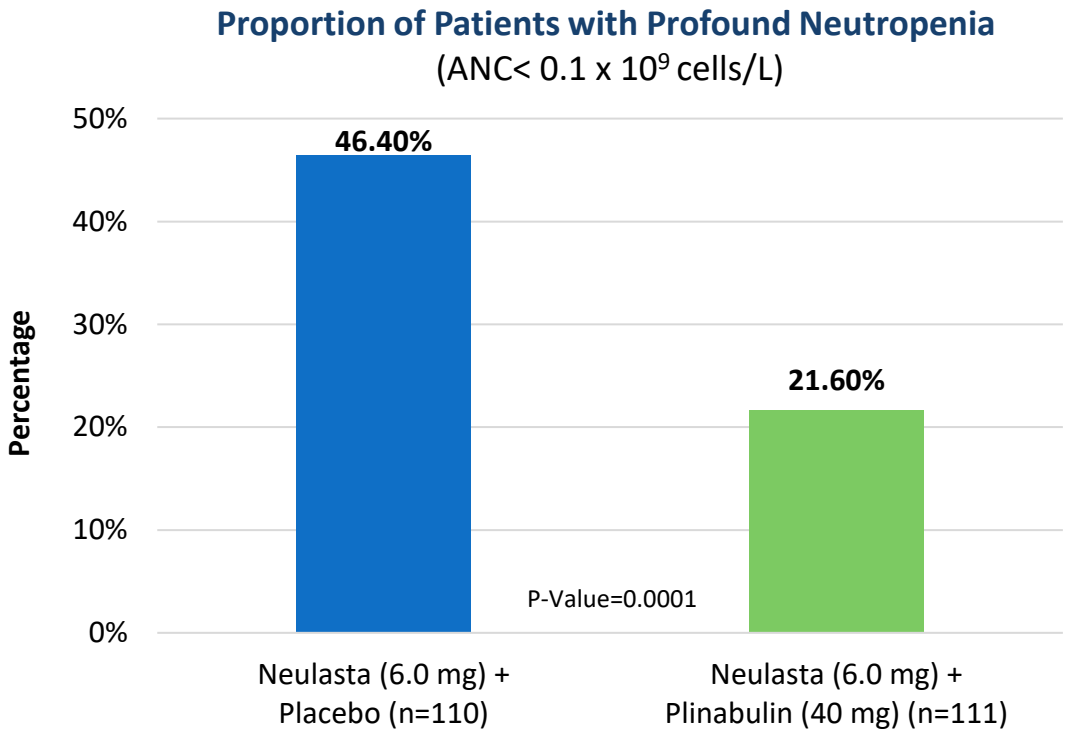
PROTECTIVE-2 (Phase 2) study: Plinabulin + Neulasta vs Neulasta monotherapy

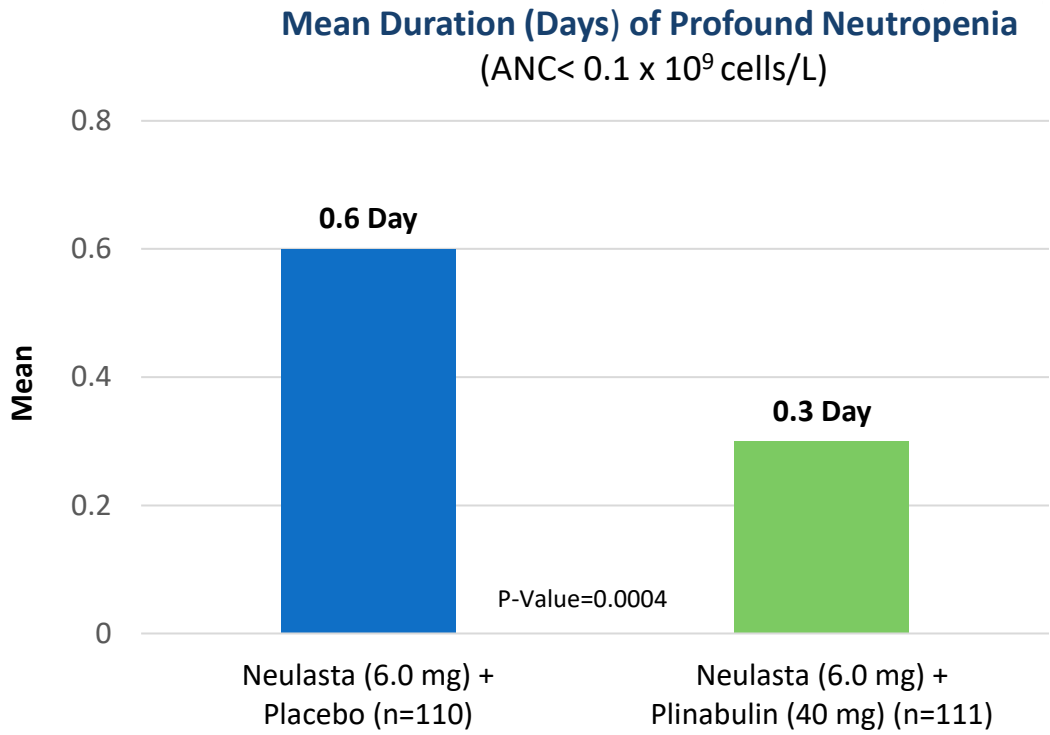
PROTECTIVE-2 (Phase 3, Double-blind, Global Study)
- Met Primary and All Key Secondary Endpoints with Statistical Significance

Endpoint	Benefit / Importance
Efficacy	
Primary: *Grade 4 neutropenia Prevention in Cycle 1:* **31.5% vs. 13.6%, p=0.0015**	Enables optimal regimen – Grade 4 neutropenia is the #1 reason for chemo 4Ds, which compromises chemo anti-cancer efficacy in patients' survival[1]
Key Secondary: *Lowered the Mean DSN in Cycle 1, Day 1-8*	Fast onset to address NVG unmet need in Week 1
Decreased the Mean DSN in Cycle 1	Maximized CIN prevention in the combo vs. G-CSF alone in cycle 1
Improved the Mean ANC Nadir	Critical to avoid grade 4 danger zone (FN, Hospitalization risk)
Exploratory: *Protected patients from Profound Neutropenia in Cycle 1*	Avoids Profound Neutropenia which is linked to: • 80% of deaths in first week of infection[2], 48% of FN[3] , and 50% of infection[3]
Safety	
Well tolerated	>20% less grade 4 AEs in the combination (58.6%), vs. pegfilgrastim alone (80.0%)
Dosing	
First day dosing, 30 mins after chemo (1 dose per cycle)	Easy to use and fits the flow of current practice

1 Lalami Y, Klastersky J.. Crit. Rev Oncol Hematol. 120:163-179 (2017); 2. Bodey et al. Ann Intern Med 64(2): 328 (1966); 3 Bodey et al. Cancer 41(4): 1610 (1978)

Protective-2 (Phase 3): Superior Prevention of Profound Neutropenia





The combination reduces the incidence of Profound Neutropenia by >50% compared to G-CSF alone, which correlates to >40% FN risk reduction

Plinabulin's Regulatory strategy for CIN, NDA Submission in March 2021: Superior Profile in a Broad Label

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

Supporting Studies

Plinabulin vs. placebo (Study 101, Dublin-3)

- 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, phase 3)

- Superior CIN prevention in primary and key secondary endpoints

MOA support from 5 additional studies:

Plinabulin early onset in Week 1, G-CSF effect in Week 2

Supporting Studies

Plinabulin vs. G-CSF (Protective-1, phase 2 +3)

- 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)

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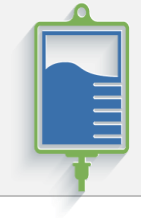
Plinabulin + G-CSF Combination

- Commercial Plan in CIN Prevention

Chemotherapy Without Compromise: Turning the **4 Ds** into the **4 Ss**



DECREASED
recommended dose

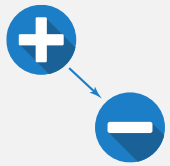
STABLE DOSE
maintaining ≥85%

DELAYED
cycles

SUSTAINED CYCLES
cycles on time

DISCONTINUED
chemotherapy

STAY THE COURSE
complete all cycles



DOWNGRADE
chemotherapy regimen

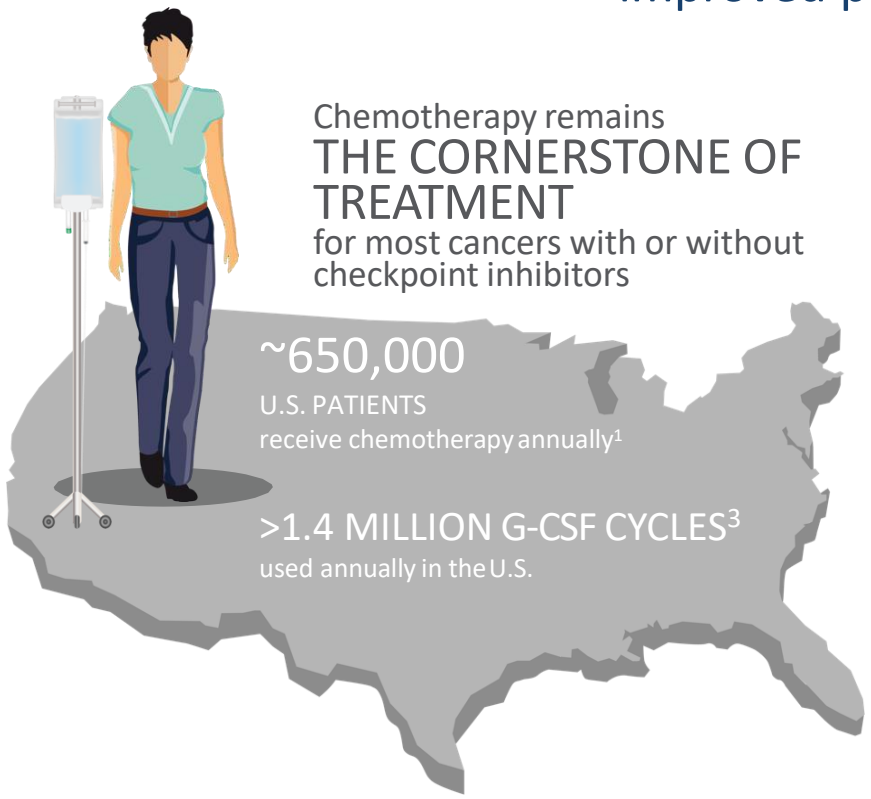
STRONGEST REGIMEN
of chemotherapy

Plinabulin + G-CSF

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

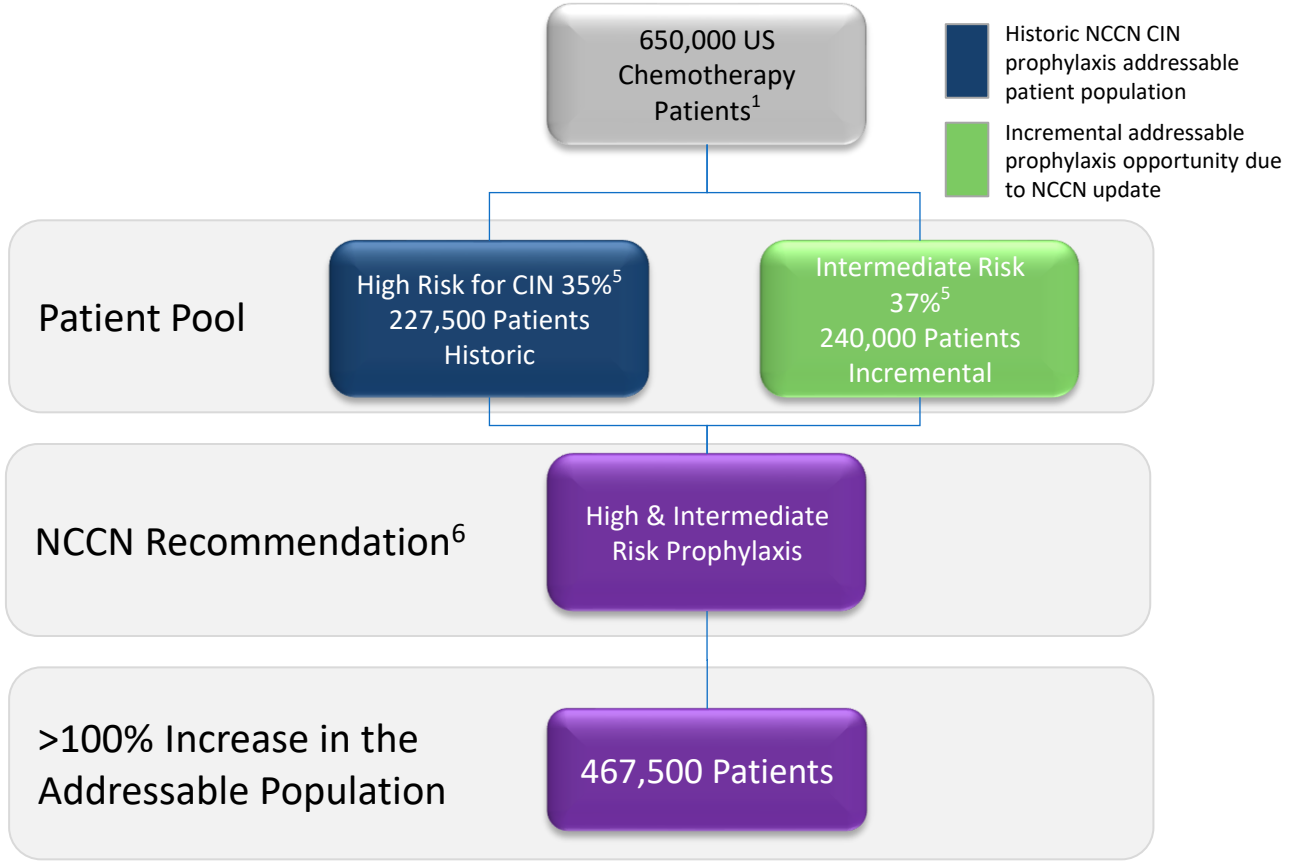
CIN: Large and Expanding Market Potential

Plinabulin can be used with each cycle of G-CSF in non-myeloid cancers to provide improved protection from neutropenia



Global:[3,4]
- 4 million cycles of G-CSF per year
- $7 billion in sales

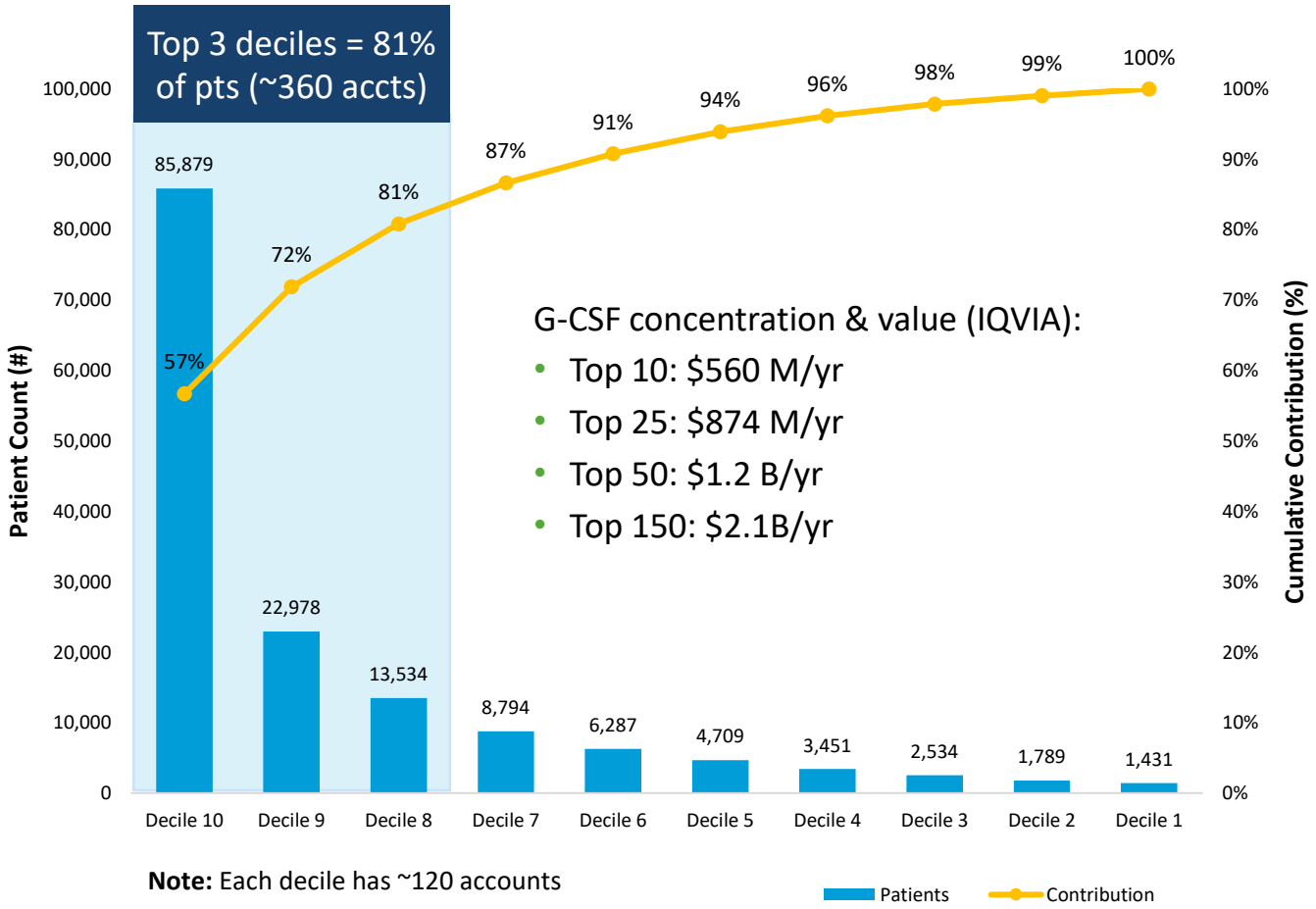
NCCN Guidelines Doubled the US Market for CIN



Note 1 Centers for Disease Control and Prevention: www.cdc.gov/cancer/preventinfections/providers.htm. accessed April 3, 2021; [2] NSP IQVIA Dec '20; [3]G-CSF market size based on IQVIA data; 4 MIDAS for ex-U.S. and DDM MD for U.S.; Q3 '16 to Q2 '18. Standardized G-CSF units; 5 BYSI market research, Aug – Oct '20; 6 NCCN.org

Prioritize on Large and Rapid Adopters at Launch

Pegfilgrastim Patient Distribution[1] – Top 1200 Centers

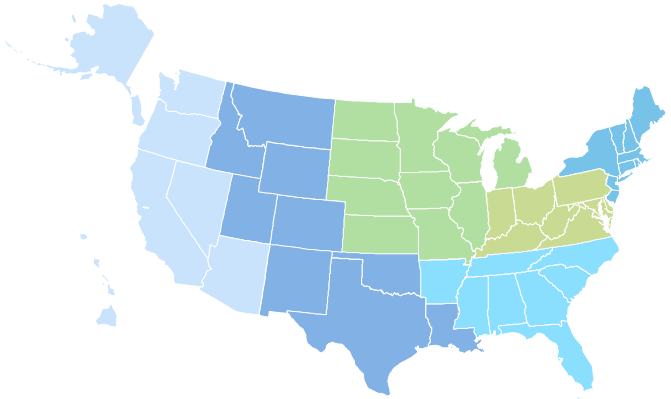


G-CSF concentration & value (IQVIA):

- Top 10: $560 M/yr
- Top 25: $874 M/yr
- Top 50: $1.2 B/yr
- Top 150: $2.1B/yr

Note: Each decile has ~120 accounts

US Regional Coverage



Top 360 multi-location oncology accounts identified and prioritized

Field Team of 83, covering 6 regions:

- 6 Medical Science Liaisons
- 6 Regional Business Directors
- 60 Oncology Account Specialists
- 4 National/Regional Account Directors
- 1 Group Purchasing Director
- 6 Regional Reimbursement Specialists

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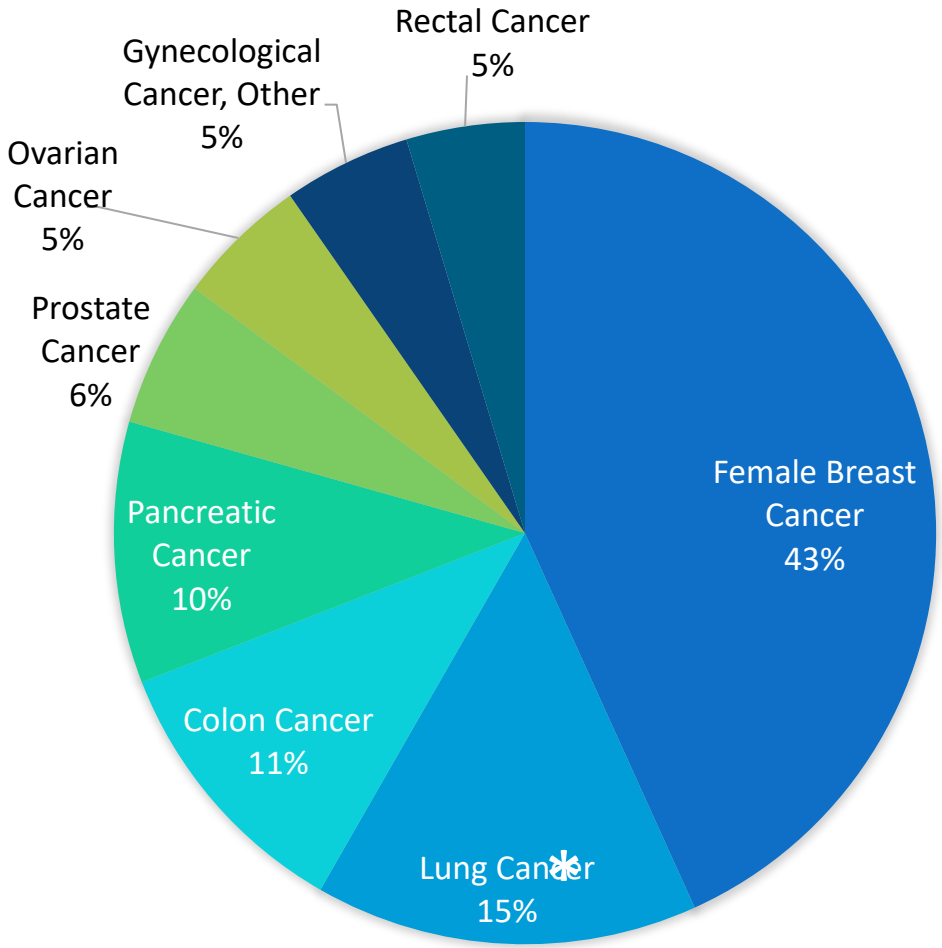
Plinabulin: Potential for Use Across the Spectrum of Solid Tumors

G-CSF Administrations: Solid Tumor



G-CSF use by cancer type:

- Improved control of CIN with Plinabulin can prove important in cancers with more aggressive therapeutic approaches
- Plinabulin's broad label has potential applicability in a broad array of cancer types and with a wide variety of chemotherapies

* SCLC ~15% of all lung cancer diagnoses

Source: IQVIA G-CSF Tumor Analysis; 7/19 – 6/20

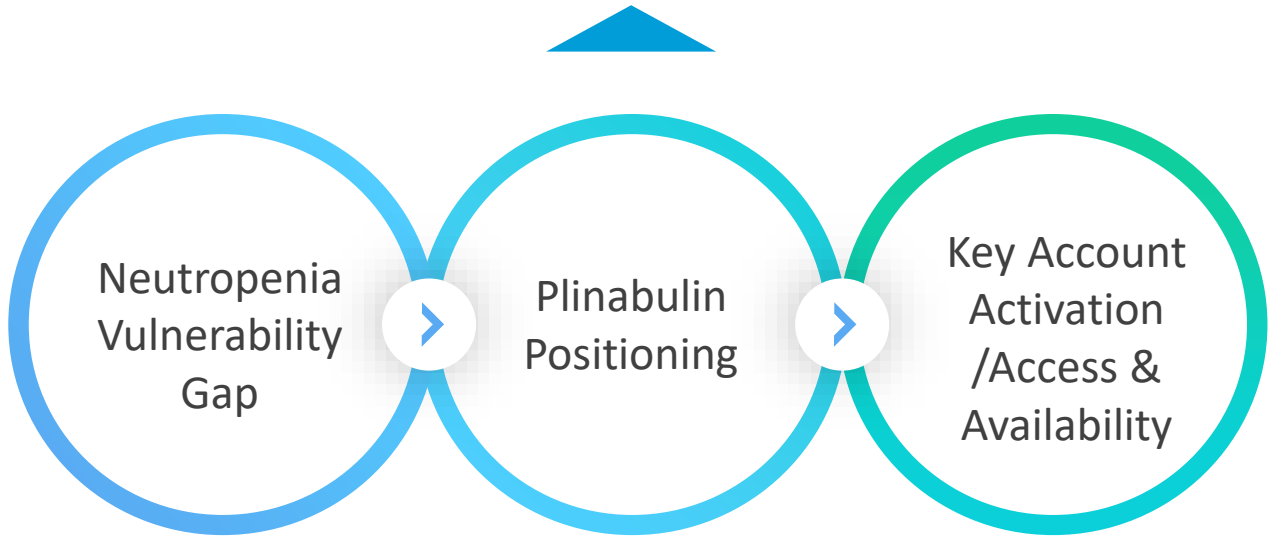
Targeted Commercialization Plan

01 Drive awareness of the "Neutropenia Vulnerability Gap" and unmet need

02 Position Plinabulin with key decision makers

03 Activate key accounts and ensure broad access and availability

FOCUS: ELEVATING THE SOC IN CHEMOTHERAPY



Detailed Commercialization Plan

1

Neutropenia Vulnerability Gap and Unmet Need Awareness

KOLs:

- Major health care congresses:
  - ASCO, SABCC. Chemo Foundation
  - Publications/abstracts, booth
  - KOLs to lead all education efforts
  - MSL outreach

Market dynamics:

- Disease awareness:
  - CME sponsorship
  - CINRisk.com: >1M hits to date
- Advisory boards with HCPs, payers, practice managers
- > 700 market research interactions with U.S. oncologists, RNs and practice managers
- Payer interactions:
  - >40 with National, regional payers
  - Representing >130M unique lives
- Targeting the top 360 accounts (80%+ of the market) at launch

2

Positioning Plinabulin with Key Decision Makers

- Advocacy and Expert network partnerships:
  - Guidelines:
    - Targeting NCCN, ASCO, Key IDNs
    - Apply immediately upon approval
  - Clinical Pathway adoption for broad use across large accounts
  - Targeted contracting with GPOs and high control payers to drive share

Provider and Payer focus:

- Dedicated field teams
  - National/Regional Account Managers
  - Group Purchasing/Government
  - MSL team clinical support
- J Code to secure reimbursement

Education Programs:

- CME programs
- Top 400 oncology KOLs and key community-based HCPs
- Peer-to-peer; virtual/in-person

3

Activating Key accounts and Ensuring Broad Patient Access

State of the art promotion programs:

- Dedicated team of Oncology Account Specialists
- Virtual Teach-ins and sales calls
- In person sales calls and programs
- Commercial focus:
  - High-volume/rapid adopting G-CSF oncologists
  - Top clinics/hospitals

Plinabulin Plus – patient assistance:

- Dedicated Field Reimbursement Specialists
- Benefits investigation and adjudication
- Prior authorization support
- Co-pay assistance & Patient assistance programs*
- Educational support for patients

*Medicare, Medicaid and Federal/state program patients will not be eligible for the commercial co-pay program. The Patient Assistance Program will not cover the costs related to Plinabulin infusion

“Breakthrough Therapy” with Potential to Elevate SOC for CIN Prevention

Opportunity

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

Unmet need

- ✓ Grade 4 neutropenia complications
- ✓ CIN: #1 reason for therapy change (4Ds)
- ✓ G-CSF – excellent drug; can’t cover early cycle challenges
- ✓ 4Ds result in reduced OS

Product differentiation

Plinabulin + G-CSF addresses 3 oncologist needs:

- ✓ Keeps ANC out of the danger zone and thus ***less*** Grade 3/4 CIN, FN, ER visits and hospitalization
- ✓ Significantly reduces bone pain
- ✓ Maintains chemo regimen

Plinabulin+ G-CSF has the potential to:

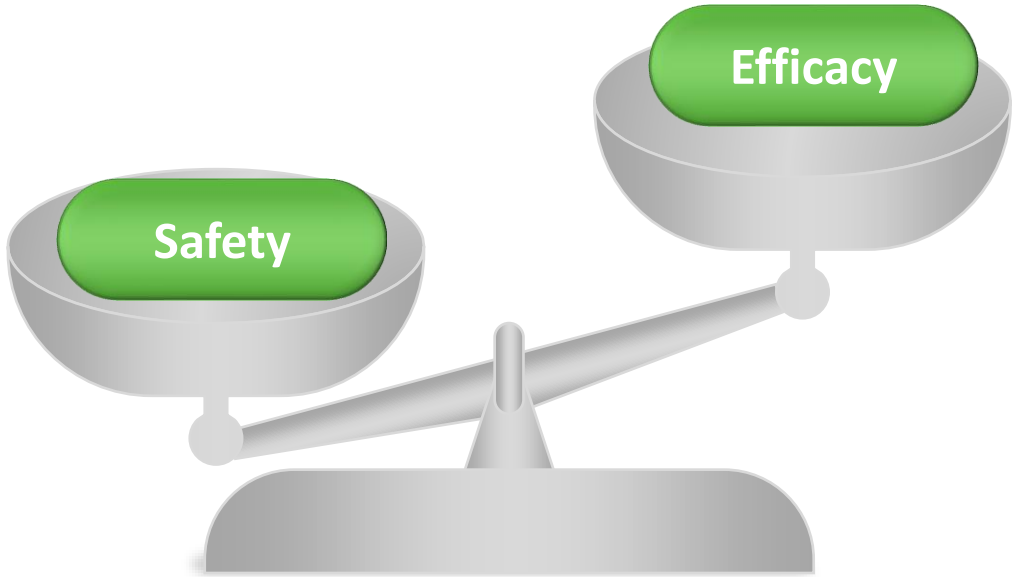
- Address the oncologist’s desire for increased control
- Reduce patient anxiety and fears associated with interrupted therapy and adverse events
- Deliver improved chemotherapy care with the potential for improved long-term outcomes
- Clear differentiation from G-CSF provides rationale for superior pricing vs G-CSF in CIN

Anti-cancer potential – opportunity for premium pricing and deeper market penetration

Building the Plinabulin Franchise

CIN	Anti-Cancer with Chemotherapy	Anti-Cancer with Immuno-Oncology
Raise the Standard of Care	Improve survival and quality of life	Potential APC cornerstone of emerging regimens

Unmet Medical Need – 2nd/3rd Line NSCLC, EGFR Wild Type



- Large patient population with Limited treatment options
  - EGFR wild type: ~85% western NSCLC and ~70% of Asian NSCLC patients
  - only four therapies approved
  - TKI is worse than docetaxel[1]
- Limited efficacy
- Severe side effects, including severe neutropenia

Factors such as the Efficacy and Safety tradeoff cause significant % of patients to forego their next round of chemotherapy for NSCLC

[1] Lancet Oncol. 2013 Sep;14(10):981-8.

Limited Options

- Four therapies Approved in NSCLC (2nd/3rd line, EGFR wild type)
- SOC Docetaxel: Limited overall survival with CIN severe neutropenia ~40%

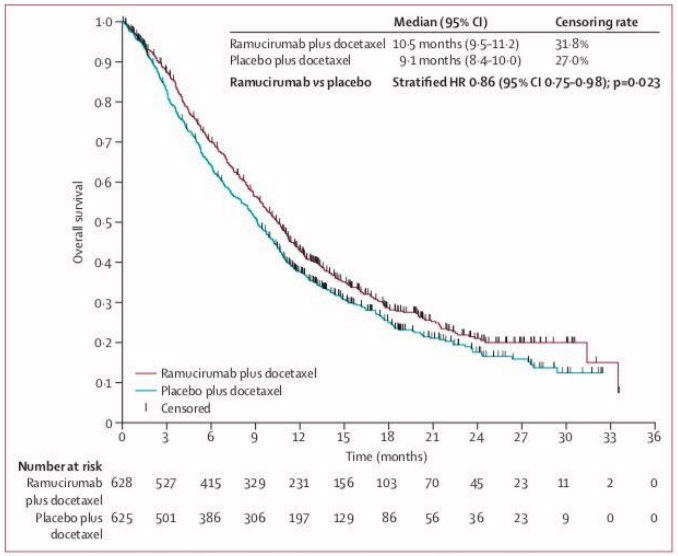
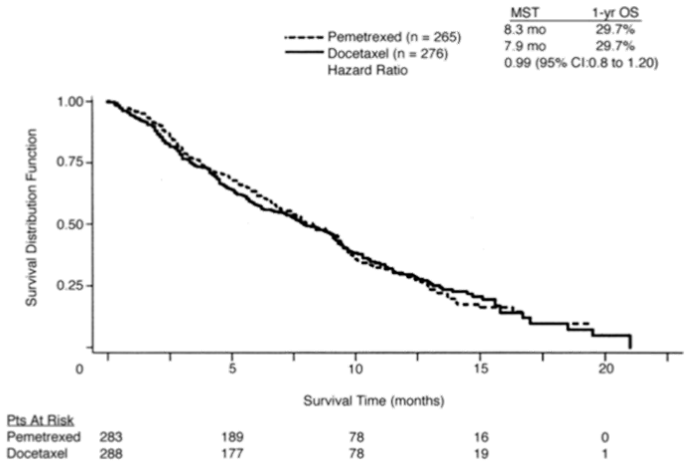
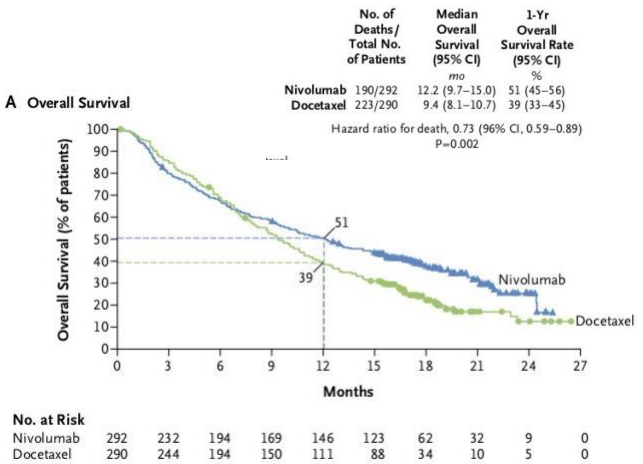


Figure 2: Kaplan-Meier estimates of overall survival in the intention-to-treat population
HR=hazard ratio.

Pemetrexed and PD-1/PD-L1 Moved To First Line





Treatment	Ramuciramab + Docetaxel vs. Docetaxel[1]	Pemetrexed vs Docetaxel[2]	Nivolumab (PD-1 Ab) vs. Docetaxel[3]
Pros	Limited efficacy; HR for mOS: 0.86 (1.4 M mOS benefit vs. Docetaxel)	Low CIN risk	Improved efficacy; HR for OS: 0.73 (2.8 M mOS benefit vs. Docetaxel)
Cons	High CIN risk (49% severe neutropenia)	Low Efficacy, HR for mOS: 0.99 (no survival benefit vs. Docetaxel)	potential cytokine storm, Moved to 1st line, thus PD-1 failed 1st line pts cannot use this in 2nd line.

Ideal regimen would improve efficacy (survival) without compromising on CIN

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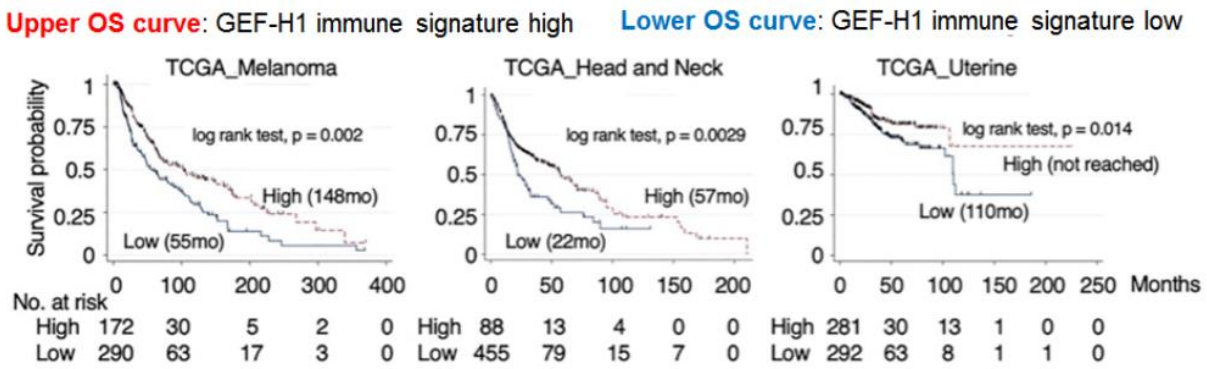
[1] Lancet 384 (9944): 665-673 (2014). [2] JCO 22(9): 1589-1597 (2004)。 [3] NEJM 373: 1627-1639 (2015)。

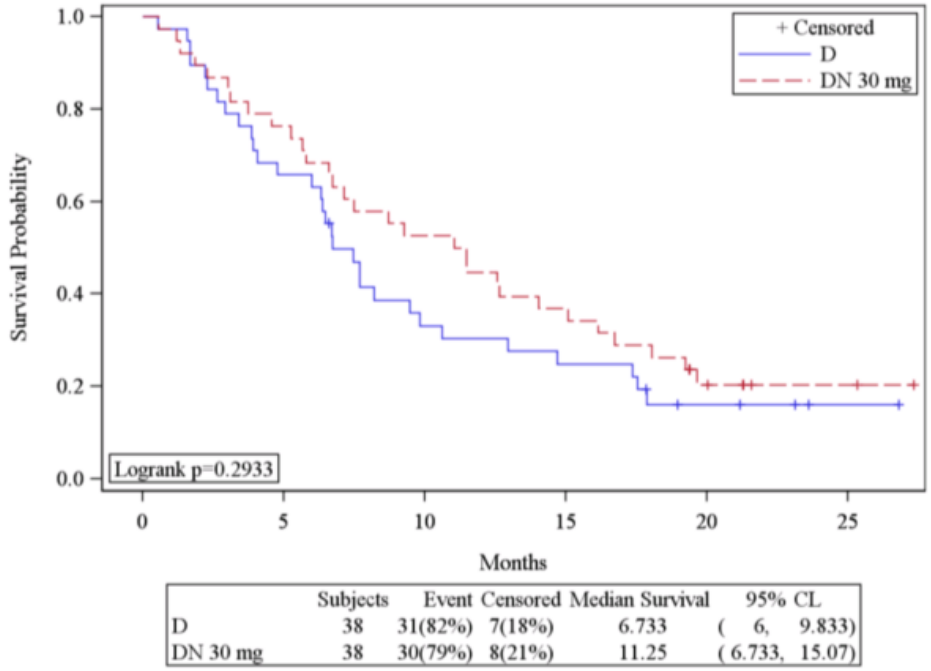
Rationale for Advancing Plinabulin in NSCLC Study

Mode of Action Rationale

Higher GEF-H1 immune signatures associated with longer OS in cancer [1]



Preliminary Clinical Evidence (Phase 2)



	Subjects	Event	Censored	Median Survival	95% CL
D	38	31(82%)	7(18%)	6.733	(6, 9.833)
DN 30 mg	38	30(79%)	8(21%)	11.25	(6.733, 15.07)

- Post-Hoc Ph2 data from Plinabulin in NSCLC in mechanism targeted patients (measurable lung lesion) shows overall survival benefit[2]
- **Informs Ph3 patient selection and study design**

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[1] Kashyap et al.,Cell Reports 28(13): 3367-80 (2019.

[2] ASCO-SITC 2017 meeting oral presentation

DUBLIN-3 (Study 103): Phase 3 in 2nd/3rd NSCLC, EGFR Wild Type

Design

EGFR wild-type NSCLC (Pre-specified MOA target patients: Measurable lung lesion)

- Plinabulin + docetaxel vs docetaxel, 1:1 randomization, n=559 (fully enrolled)
- Approval possible with a single, qualified study
- Final analysis: at least 439 patient death events; study succeeds if $p < 0.046$ for Overall Survival, Expected Mid-Year 2021

Endpoints

Primary Endpoint: Overall Survival

Secondary Endpoints:

- ORR, PFS
- Percent of patients without severe neutropenia on Day 8 of Cycle 1
- Month 24 OS rate, Month 36 OS rate
- DoR
- Q-TWiST
- QoL
- Proportion of patients who received docetaxel >8 cycles, >10 cycles, and >12 cycles

- Secondary Endpoints go beyond OS
- Provide opportunity to demonstrate important benefits and address a range of unmet medical needs

Preliminary Data

- 2 successful interim analyses: DSMB recommended trial to continue without modification

Target Product Profile

Current Standard of Care	Plinabulin - Docetaxel Combination
• Modest survival benefit	• Potential survival benefit, with more long survivals due to GEF-H1 IO MOA
• Severe safety concerns, e.g. CIN	• Potential superior safety profile, including CIN reduction
• Poor Quality of Life	• Potential superior quality of life

Building the Plinabulin Franchise

CIN	Anti-Cancer with Chemotherapy	Anti-Cancer with Immuno-Oncology
Raise the Standard of Care	Improve survival and quality of life	Potential APC cornerstone of emerging regimens

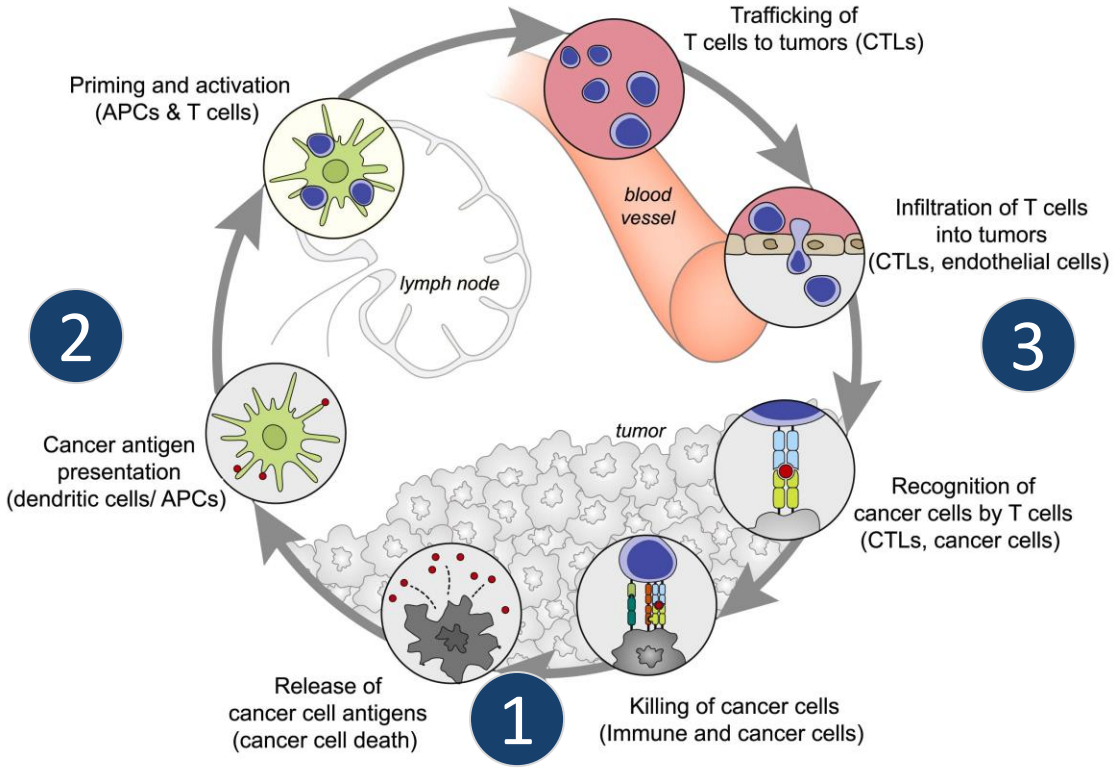
Plinabulin Induces Dendritic Cell Maturation, a Key Step in Initiating Anti-cancer Durable Response in IO Combo

2 Pinabulin

Hit the Gas

Stimulate maturation of dendritic cells to increase antigen presentation

Dendritic cells are the most important antigen-presenting cells



3 Checkpoint Inhibitors

Release the Brakes

Optimize T cell response

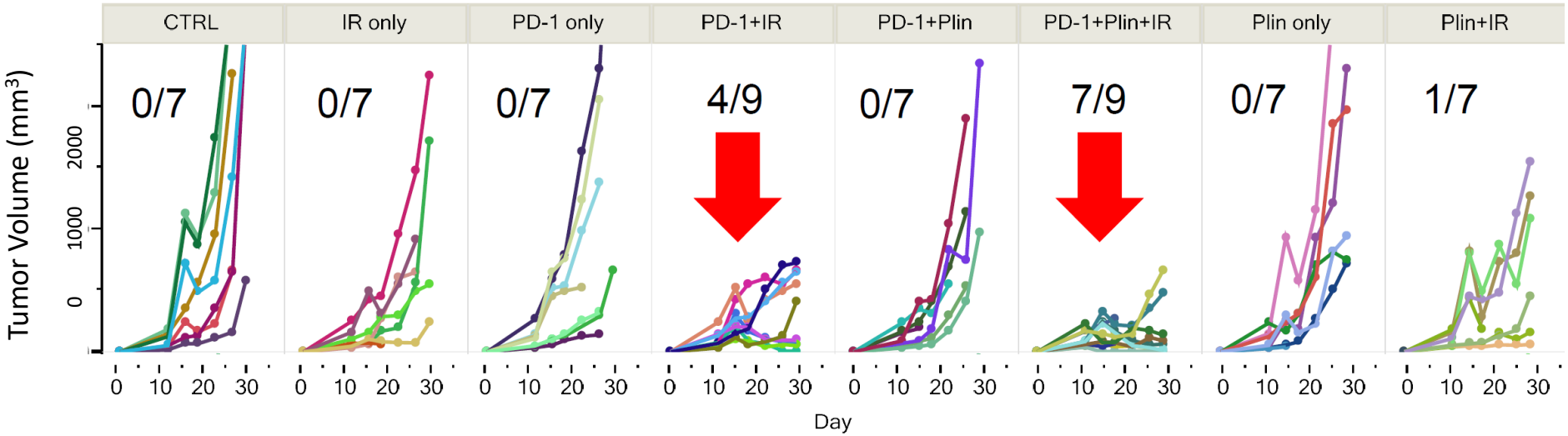
1 Radiation/Chemotherapy

Release Tumor Antigens

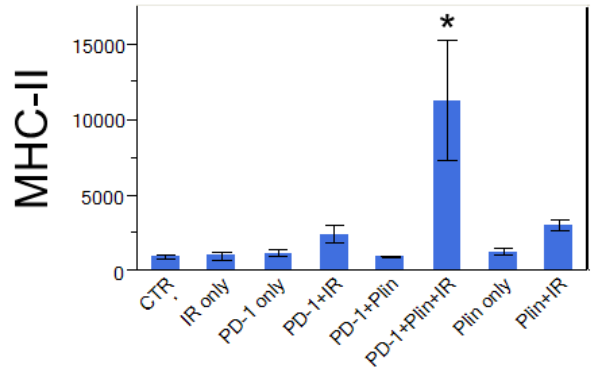
For more potent anti-cancer effect

1 + 2 + 3 → Optimal Immuno-Oncology Response

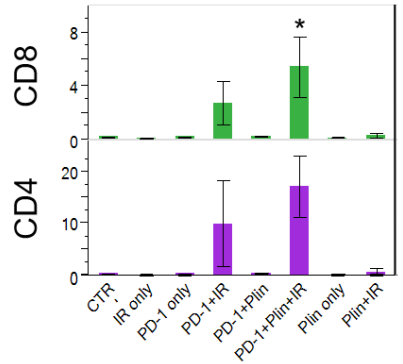
Triple I/O Combo: Plinabulin + PD-1 + Radiation (IR), Best Tumor Response in PD-1 Non-Responsive Tumor Model (MD Anderson)



DC activation is most dramatic in triple I/O combination



T cell doubles in triple I/O Combination vs. PD1 + IR



Biomarker data in tumor 30 days after drug intake

Doubled the Anti-cancer Benefit in Tumor Reduction in Triple I/O Combo vs. PD-1+IR

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*Neri S. et al. Plinabulin, a microtubule destabilizing agent, improves tumor control by enhancing dendritic cell maturation and CD8 T cell infiltration in combination with immunoradiotherapy, AACR June 2020

Triple I/O Combo Development for Multiple Cancer Indications

	Indication / Target	Program	Trial name / collaborator	Commercial rights	Status
Triple Combo IO (IIT)	Recurrent SCLC Checkpoint naïve and checkpoint refractory patients	Plinabulin + Nivolumab (PD-1) + Ipilimumab (CTLA-4)	10 US sites, including Rutgers University as lead center	Global	Phase 1 completed, present at ASCO in June 2021
	Recurrent SCLC Checkpoint refractory patients			Global	Initiate Phase 2
	PD-1/PDL1 failed pts in 7 cancers*	Plinabulin + PD-1/PD-L1 + radiation/chemo	MD Anderson	Global	Initiate Phase 1 in 7 cancers in **Q2 2021**

*NSCLC, SCLC, Renal Cell, Bladder, Merckle Cell, Melanoma, Cancers with high levels of microsatellite instability

Recent Goals Achieved, Near Term Milestones for Value Creation

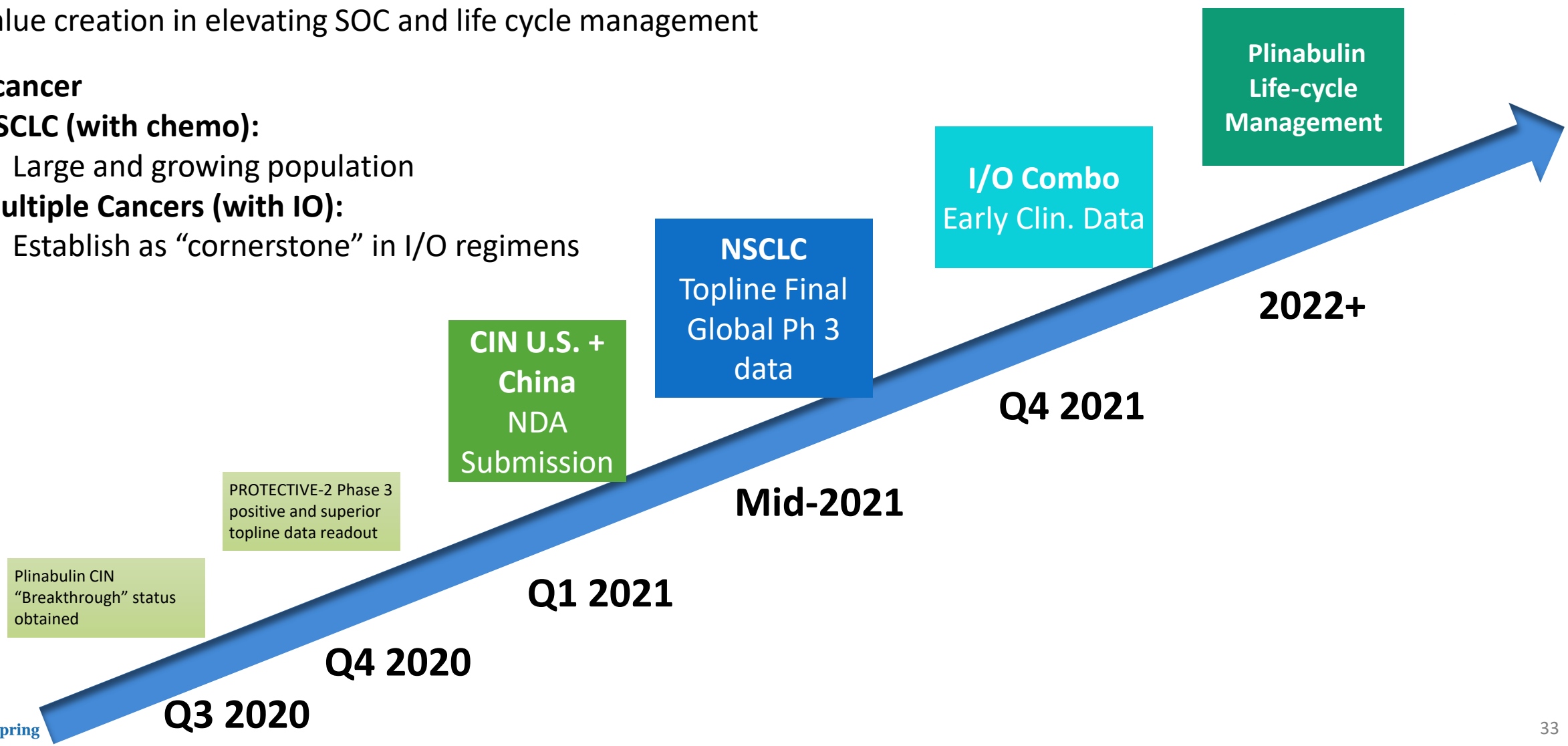
CIN (Target broad range of cancer and chemotherapy)

✓ Value creation in elevating SOC and life cycle management

Anti-cancer

✓ **NSCLC (with chemo):**
- Large and growing population

✓ **Multiple Cancers (with IO):**
- Establish as "cornerstone" in I/O regimens



Corporate Highlights

SEED Therapeutics Subsidiary – Pipeline Potential

SEED: subsidiary pursuing "Molecular Glue" targeted protein degradation to degrade disease-causing proteins previously believed to be undruggable

- $800M collaboration with Lilly on three targets
- Own targets (e.g., KRAS)
- Structure conducive to having additional collaborations

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

Near-term Global Market Opportunities

Plinabulin: Raising SOC in CIN & NSCLC

- ✓ First-in-Class Selective Immunomodulating Microtubule-Binding Agent (SIMBA)
- ✓ IP through 2036 in 36 jurisdictions

CIN: Combo with G-CSF (superior efficacy vs. SOC)

- ✓ US and China NDA submission March 2021
- ✓ Breakthrough Designation (US, China)
- ✓ Global Market: $7 B

NSCLC: Combo with docetaxel

- ✓ Final Topline Ph 3 data mid-year 2021
- ✓ Potential NDA submission in 2022
- ✓ $30B+ global market

Broad Pipeline

Plinabulin: A pipeline in a drug

- ✓ Triple combo w/IO agents and radiation/chemo
  - 2 Phase 1/2 trials underway
- ✓ Expansion to additional solid tumors

Three Pre-Clinical IO Agents

Targeted Protein Degradation Platform

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

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

Attractive COGS - Simple manufacturing process, work with leading global CMOs

Commercialization Planning Underway

Cash position at $109.5M yr end 2020 to enable execution on our vision

thank you!

www.beyondspringpharma.com