April 2023 | NASDAQ: BYSI

BeyondSpring

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This presentation and any accompanying oral commentary contain forward-looking statements about BeyondSpring Inc. ("BeyondSpring" or the "Company"). Forward- looking statements are based on our management's beliefs and assumptions and on information currently available to our management, including those described in the forward-looking statements and risk factors sections of the Company's 20-F filed on April 18, 2023 and other filings with the United States Securities and Exchange Commission (SEC).

Such statements are subject to known and unknown risks, uncertainties, and other factors that may cause our or our industry's actual results, levels of activity, performance, or achievements to be materially different from those anticipated by such statements. In some cases, you can identify forward-looking statements by terminology such as "may," "will," "should," "expect," "plan," "anticipate," "believe," "design," "future," "estimate," "predict," "objective," "goal," "potential," "intend," or "continue," or the negative of these terms or other comparable terminology. Forward-looking statements contained in this presentation include, but are not limited to, (i) statements regarding the timing of anticipated clinical trials for our product candidates and our research and development programs; (ii) the timing of receipt of clinical data for our product candidates; (iii) our expectations regarding the potential safety, efficacy, or clinical utility of our product candidates; (iv) the size of patient populations targeted by our product candidates and market adoption of our product candidates by physicians and patients; and (v) the timing or likelihood of regulatory filings and approvals. Actual results and the timing of events could differ materially from those anticipated in these forward-looking statements as a result of several factors including, but not limited to, our ability to continue as a going concern, difficulties raising the anticipated amount needed to finance the Company's future operations on terms acceptable to the Company, if at all, unexpected results of clinical trials, delays or denial in regulatory approval process, results that do not meet the Company's expectations regarding the potential safety, the ultimate efficacy or clinical utility of the Company's product candidates, increased competition in the market, the Company's ability to meet Nasdaq's continued listing requirements, and other risks described in BeyondSpring's most recent Form 20-F on file with the U.S. Securities and Exchange Commission.

Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to update the reasons why actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future.

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.

Highlights

SEED: Novel TPD Platform& Pipeline	Subsidiary SEED: Target Protein Degradation (TPD) Company with Eli Lilly R&D Collaboration
Plinabulin: Phase 3 Clinical Asset	Positive Phase 3 data in 2 indications with Lead Asset - Plinabulin
Global Regulatory Strategy	Plinabulin: Target US, China, and EU Regulatory Agencies
Intellectual Property	Strong IP and technology protection
Premier Partnerships	Key commercial partnership in China for Plinabulin

Pipeline

	Indication/Target	Program	Preclinical	Phase 1	Phase 2	Phase 3	Registration	Trial Name / Collaborator
Late stage	**NSCLC (2nd/3rd line)**	Plinabulin + Docetaxel						DUBLIN-3
Late stage	**CIN Prevention**	Plinabulin; Plinabulin + Pegfilgrastim						PROTECTIVE-1 & PROTECTIVE-2
Investigator Initiated Trials	**SCLC (2nd/3rd line)**	Plinabulin + PD-1 + CTLA-4						Bristol Myers Squibb; Rutgers
Investigator Initiated Trials	**7 cancers (PD-1/PD-L1 failed)**	Plinabulin + PD-1/PD-L1 + Radiation						The University of Texas MD Anderson Cancer Center
Investigator Initiated Trials	**AHCT (hematopoietic stem cell transplantation) in Multiple myeloma**	Plinabulin + Pegfilgrastim						Memorial Sloan Kettering Cancer Center
Early Stage	**Preclinical assets**	BPI-002, BPI-003, BPI-004						
SEED Therapeutics	**KRAS and additional targets**	Targeted Protein Degradation (TPD) Molecule Glue Platform						SEED Therapeutics
SEED Therapeutics	**Multiple Targets**	TPD (Molecular Glue)						Lilly

Dalian Wanchunbulin Pharmaceuticals Ltd., which owns Chinese rights to Plinabulin, and Seed Therapeutics, a target protein degradation company are subsidiaries of BeyondSpring.

SEED Overview

SEED is a Molecular Glue company overcoming the critical hurdle for E3 selection to target any Disease-Causing Protein

Since Lilly partnership in Nov. 2020, SEED has developed and applied its breakthrough target-centric MG discovery platform to internal and partnered projects

Develop a novel MG E3 ligase platform with significant potential to exceed the success of VHL and cereblon in TPD

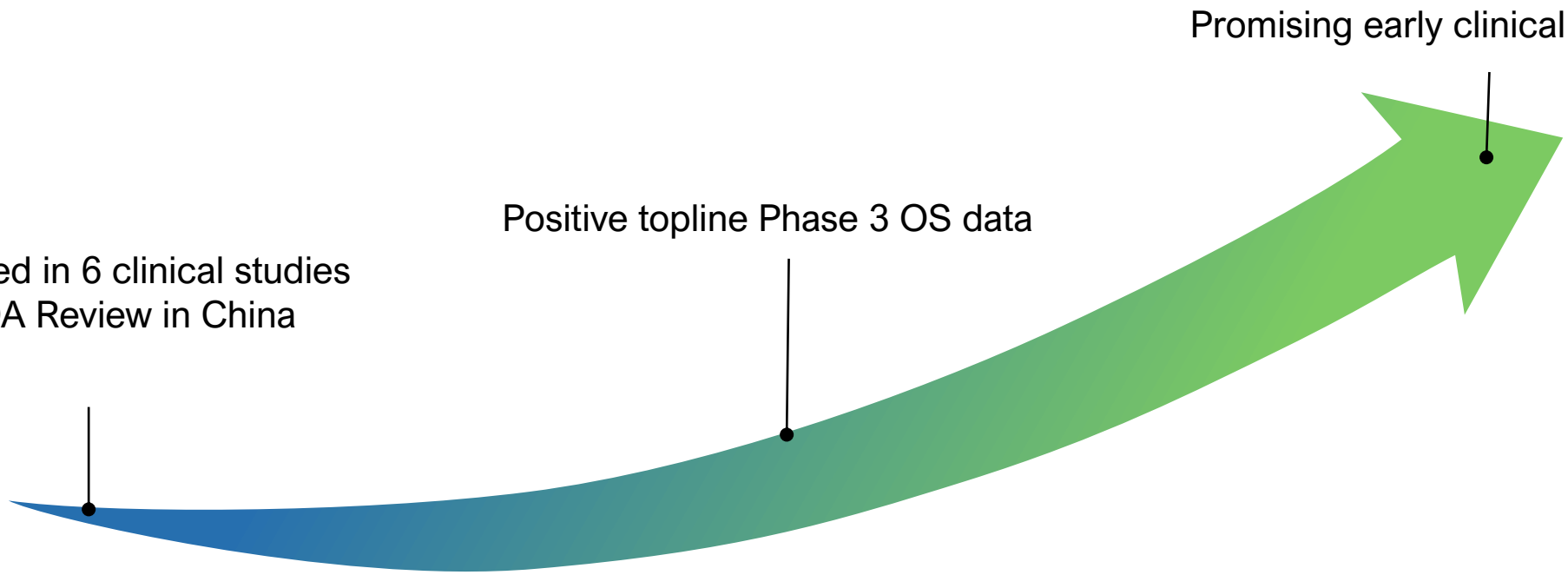
Utilize basal E3:target interaction and cell-based proximity platforms to increase the likelihood of drug development success

Future Plan: advancing a lead asset to IND in 2024, with 1 IND per year goal thereafter

Utilize unique capabilities in CNS disease target for de novo discovered MGs

Plinabulin Franchise

Clinical Confirmation → **Expand** → **Transform**



CIN	NSCLC	Multiple Cancers (I/O Combo)

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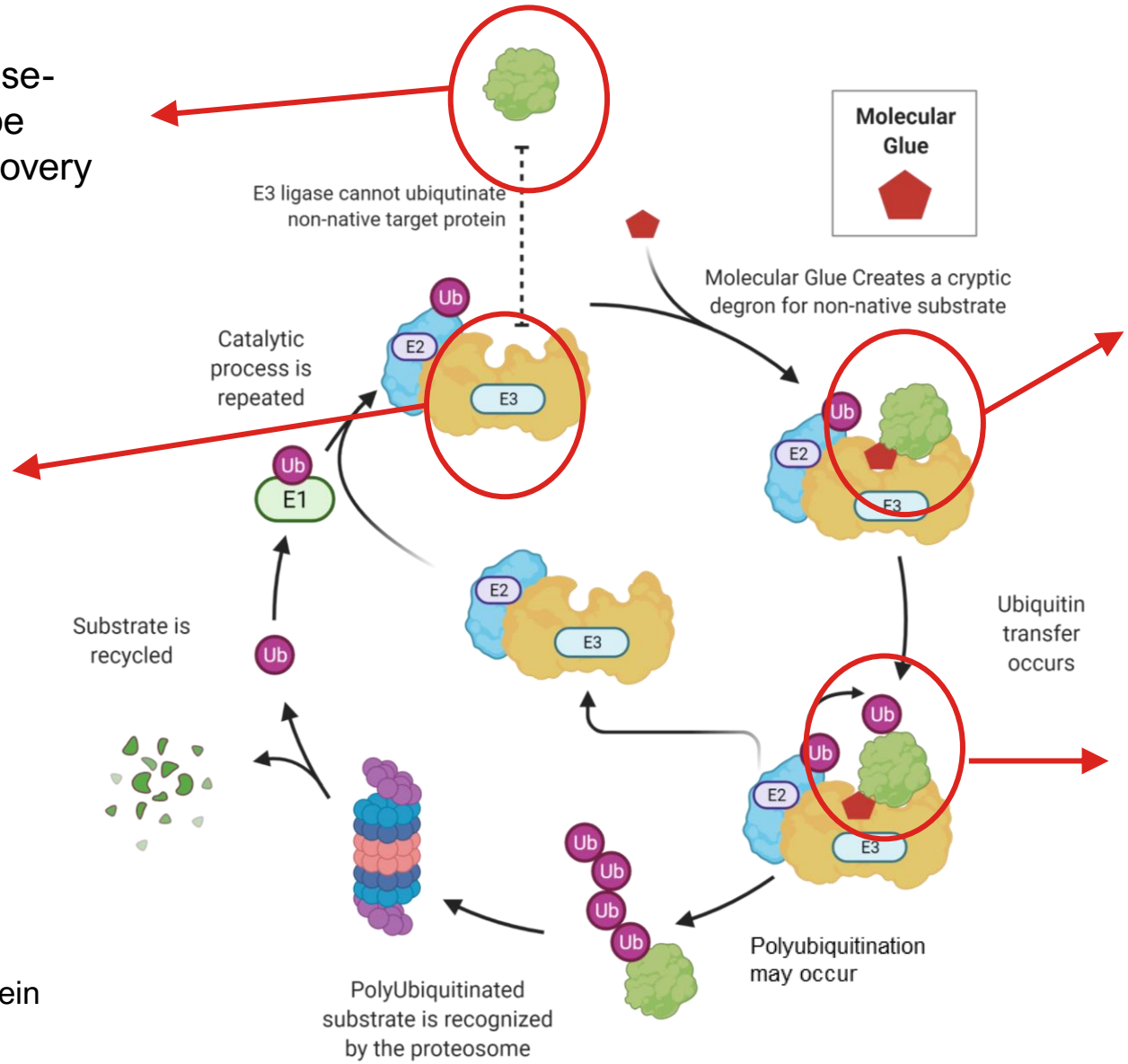
SEED Therapeutics: TPD Company

Impossible Task of Identifying the Right E3 Ligase by HTS

Which of the thousands of disease-causing protein targets should be selected for molecular glue discovery and development?

Critical Challenge:
Which of the >600 E3 ligases should be selected to target the disease-causing protein?

Must only one E3 ligase be selected for HTS for molecular glue Hit ID?



Which protein-protein interaction (PPI) assay platform should be developed for HTS?

Which chemical library should be utilized for screening?

What strategies will limit the dropout of PPI-inducing Hits for lack of induction of target protein (K48) polyubiquitination?

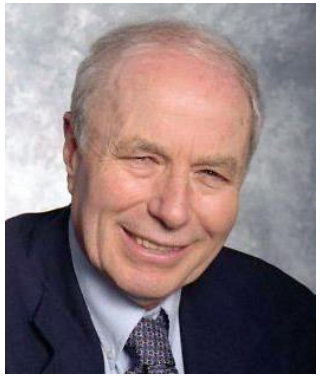
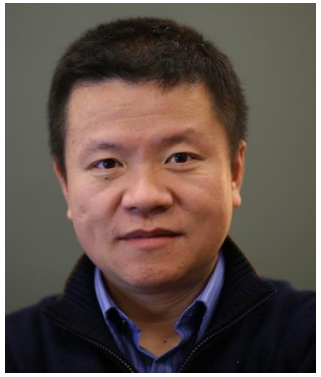
**Basic science underlying targeted protein degradation covered in Appendix

SEED's Unique Platform to Identify Novel E3 for Protein of Interest (POI)

- **Selection of E3 based on structure complementarity with POI**
- **Selection of E3 in cell-based LumID platform**
- **Biochemical assays to confirm baseline interaction of selected E3 and POI**

Ideas and Support from World-Leading Experts

Translate at SEED to Future Medicine

Avram Hershko MD, PhD	Ning Zheng, PhD	Michele Pagano, MD	James Tonra, PhD	Lan Huang, PhD
				
Pioneer in the ubiquitin proteasome system **Nobel Prize Recipient**	Pioneer in Molecular Glue discovery and scientific structural rationale	World leader in the discovery and application of ubiquitin ligase biology and cancer biology	Expert in bench-to-bedside translation in multiple disease areas	Ubiquitin ligase expert and proven biotech entrepreneur at BYSI and SEED
SEED co-Founder and SAB Member	SEED co-Founder and SAB Member	SEED co-Founder and SAB Member	President and CSO	CEO, SAB Member and co-Founder

R&D Expertise and Infrastructure

Discovery Labs, City of Science, King of Prussia, PA

- Occupied 10,000 ft^2 in June 2022
- 7000 ft^2 lab space

SEED: Combined R&D Team Experience

- >100 years combined in small molecule hit-to-lead and lead optimization work
- >60 years Medicinal Chemistry and SBDD work
- >60 years DMPK work
- >60 years nonclinical development/safety work.
- >40 IND filings
- >12 drug approvals, including multiple biologics and the small molecules Paritaprevir, Glecaprevir, XERMELO, REZUROCK, GV-971 and Modafinil

Partnership with Eli Lilly Provides Early Validation and Funding

- **On November 13, 2020, SEED Therapeutics announced it has entered into a research collaboration and license agreement with Eli Lilly on targeted protein degradation.**

- Under the terms of the agreement, SEED Therapeutics will
  - Receive a $10 million upfront cash payment to fund research
  - Eligible to receive up to $780 million in potential pre-clinical and clinical development, regulatory and commercial milestones
  - Eligible to receive tiered royalties on net sales of products that result from the collaboration

- In addition, Lilly has made a $10 million equity investment into SEED Therapeutics

The collaboration leverages SEED Therapeutics' strong expertise in TPD and Lilly's capabilities and resources in drug development and commercialization

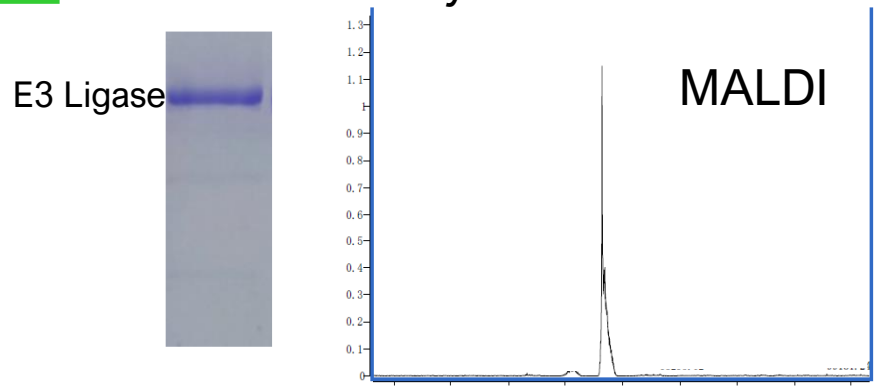
Success with Eli Lilly Project 1: High Value Disease-Causing Target

1. Lilly
Target rationale

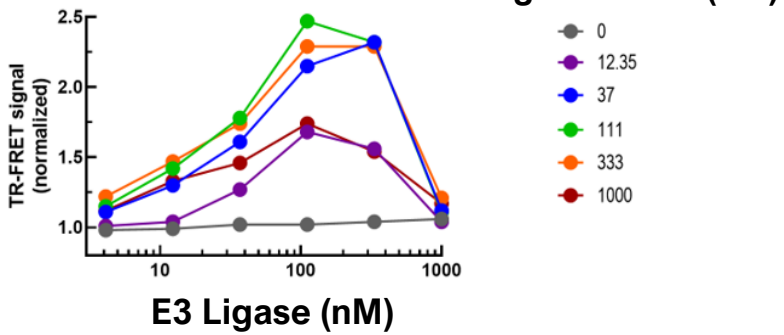
2. SEED
Potential E3 Ligase
Identification

3. SEED / Lilly
Workflow Development
Joint Steering Committee Approval

4. SEED
Protein Synthesis

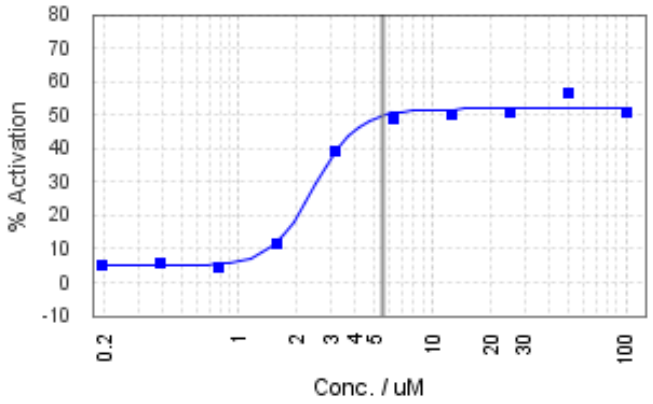


5. SEED
HTS TR-FRET Assay
Development



6. SEED / Lilly
HTS

Example Hit



Multiple chemotypes with tractable SAR identified for strengthening E3:Target PPI

Ongoing

- Medicinal chemistry to optimize small molecule glues
- Cellular activity evaluation
- Biophysics of ternary complex

* **Project 2 underway

Molecular Glue Nonclinical R&D Flow to Success

Molecular Glue Disease-Causing Protein Target(s)

In Partnership, Partner Nominates a single target based on SEED analysis and recommended prioritization*

1 month

Structure-based drug design (SBDD) from known chemical matter, combined with key screening assays (e.g. SEED's Project X)

For Partners, SEED delivers Molecular Glue Leads against Nominated Targets, with activity in cells and disease models.

Partner typically takes over these Lead molecules for more traditional advancement to IND and through clinical testing

E3 Candidate Selection

1. UPS expertise
2. Basal Interaction
   - In Silico prediction/ Structural biology
   - E3: target baseline interaction
   - LumID™

HTS Active*

1. Assay development
2. Library screening
3. Confirmation testing

Hit ID*

1. MedChem
2. SBDD
3. Cell activity

Lead ID*

1. MedChem
2. SBDD
3. Disease model activity

IND Filing*

Lead Optimization
IND-enabling efforts

One SEED IND/year, beginning in 2024

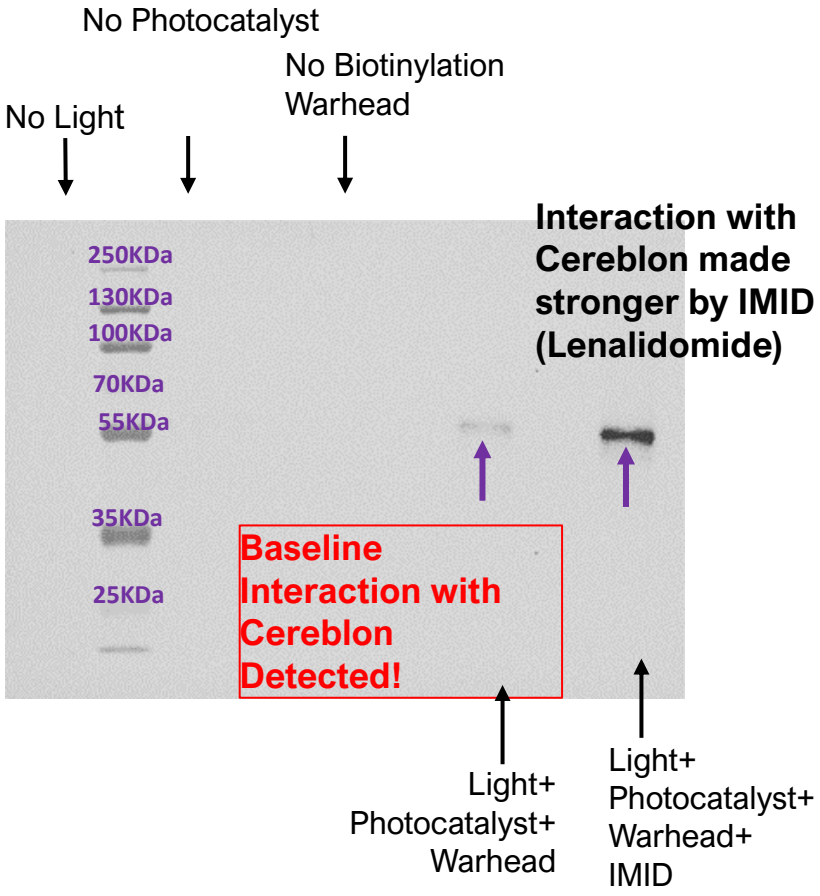
Timeline

~4-6 months | **~4-6 months** | **~6 months** | **~6-8 months** | **~12-18 months**

***typical R&D and Partnership milestones**

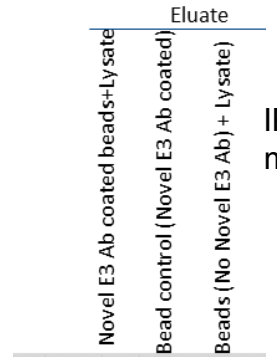
SEED's Breakthrough and Exclusive Molecular Glue Discovery Advantage: Discovery and Use of Basal Interaction

LumID: identify nearby E3 in a cell

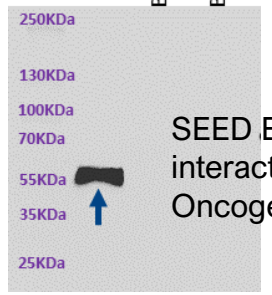


Novel E3 Discovery

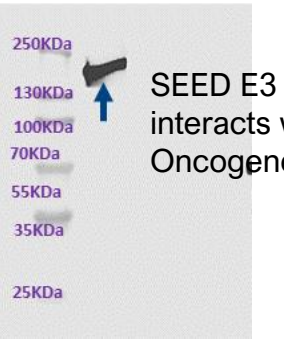
E3 ligase/ subunit	Number of records
CRBN	309
VHL	207
MDM2	189
SCF	86
RNF	63
SKP	55
cIAP	50
DDB1	47
KEAP1	31
FBXO	23
UBR2	19
βTRCP	9
DCAF	8
SIAH1	4
STUB1	4
ASB6	2
CDC34A	1
UBE4A	1



IP/Western from KRAS mutant CRC cell lysates



SEED E3 Ligase interacts with Oncogene #1

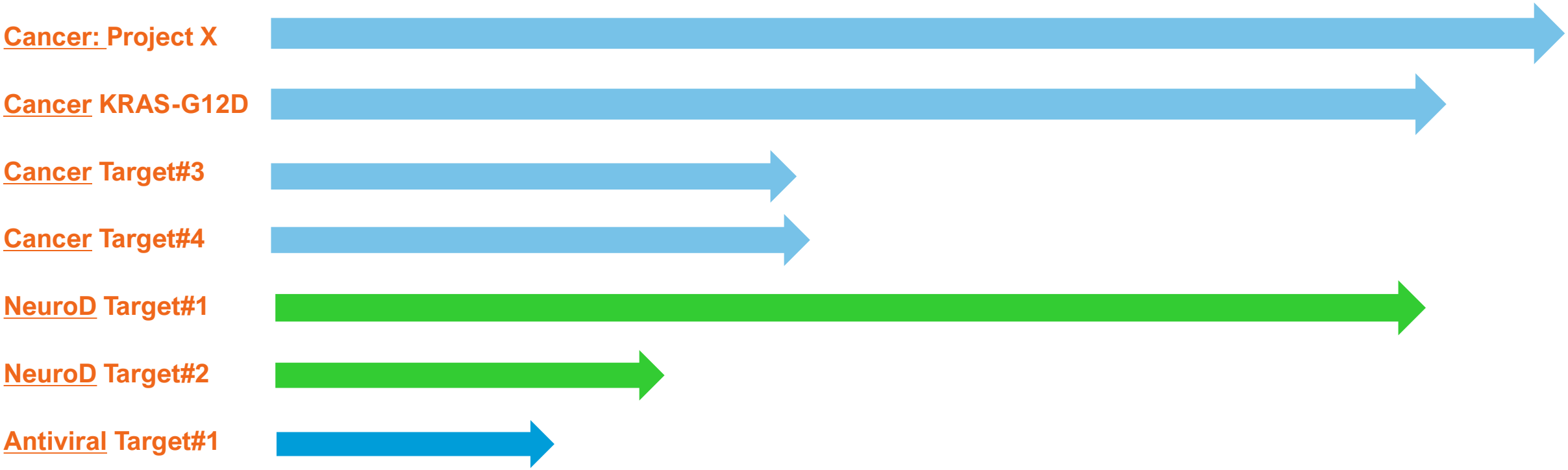


SEED E3 Ligase interacts with Oncogene #2

Source: CAS Content Collection; Sasso et al., *Biochemistry* 2022

SEED Drug R&D Pipeline in Various Important Disease Areas

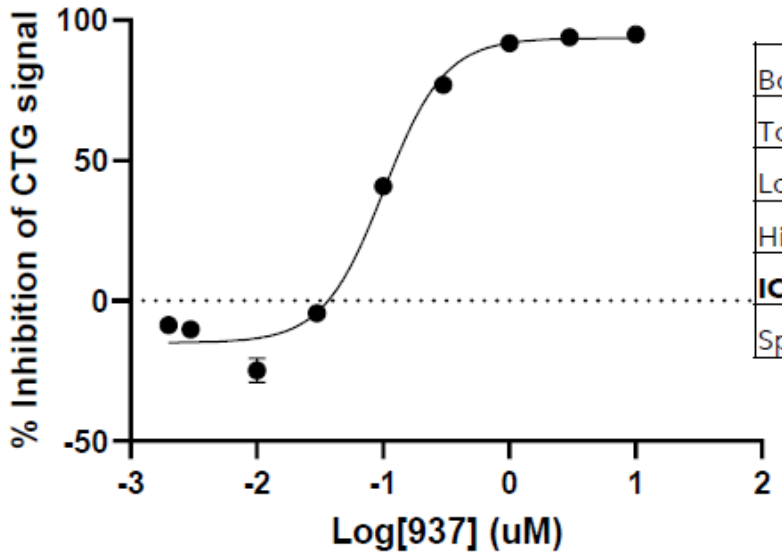
Target Protein Initiative



6 of 7 Targets Unpartnered

Project X: Lead ST-00937 is Active To Degrade Target Protein in Cell

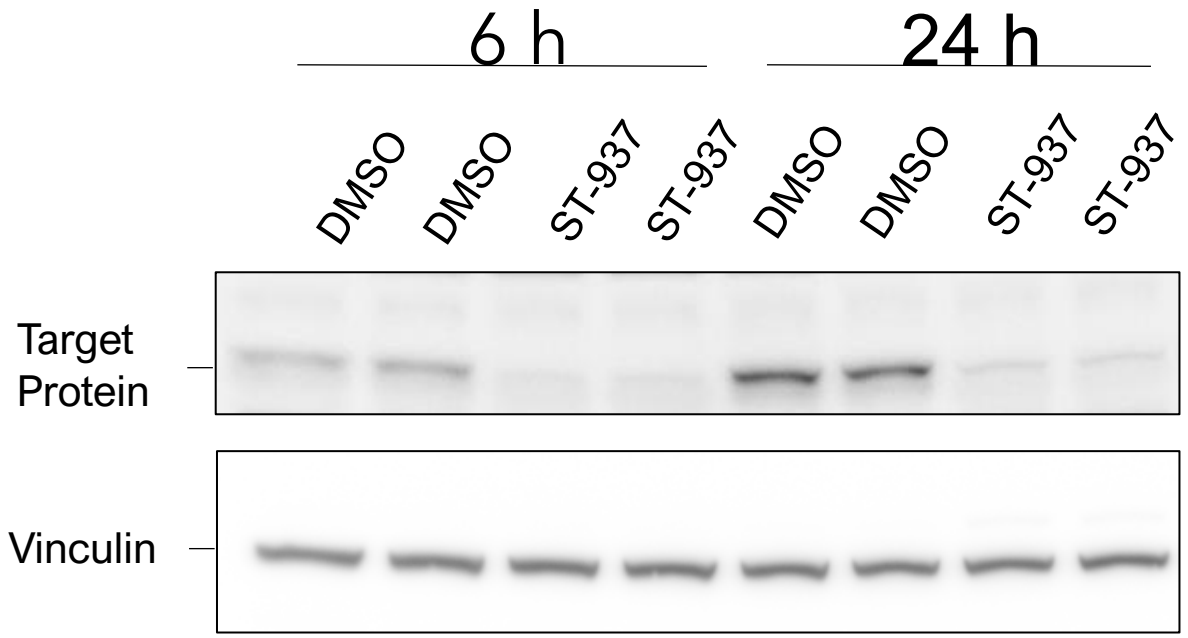
Potent Cancer Cell Killing



Bottom	-15
Top	93.6
LogIC50	-0.9943
HillSlope	1.804
IC50	**0.1013**
Span	108.6

CTG: CellTiter-Glo®

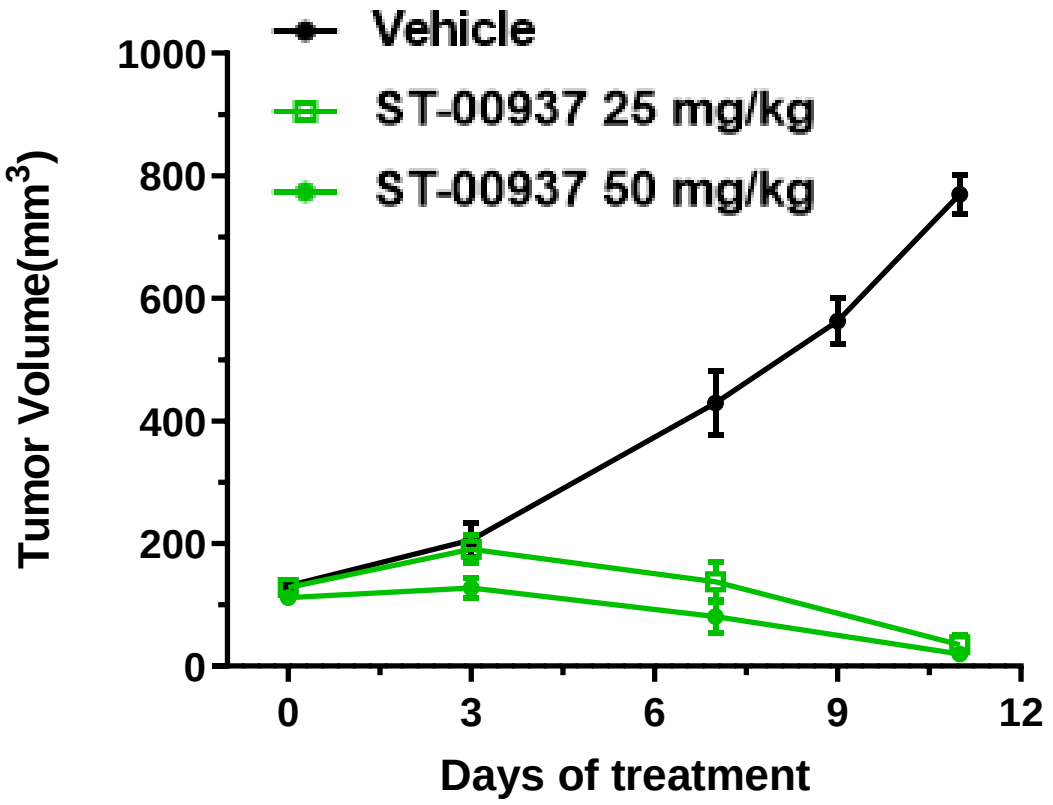
Disease-Causing Protein Degradation



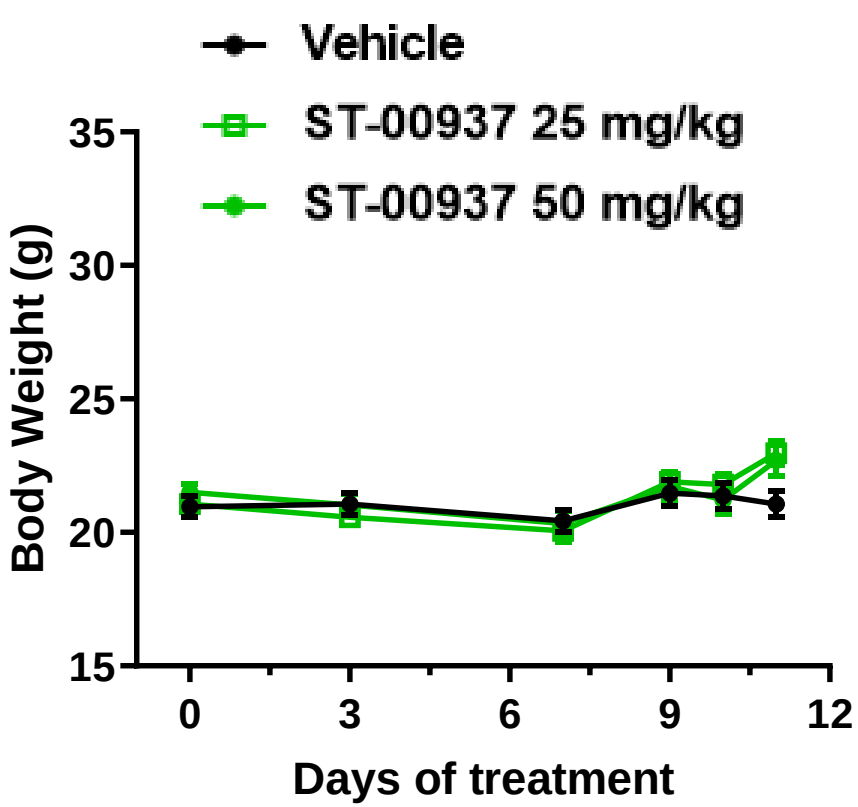
Project X: Lead ST-00937 Regresses Tumors Growing in Mice

Human colorectal cancer xenograft in immunodeficient mice; Oral dose, twice daily

Superb In Vivo Efficacy:
Complete Tumor Regression



Good Safety:
No Weight Loss



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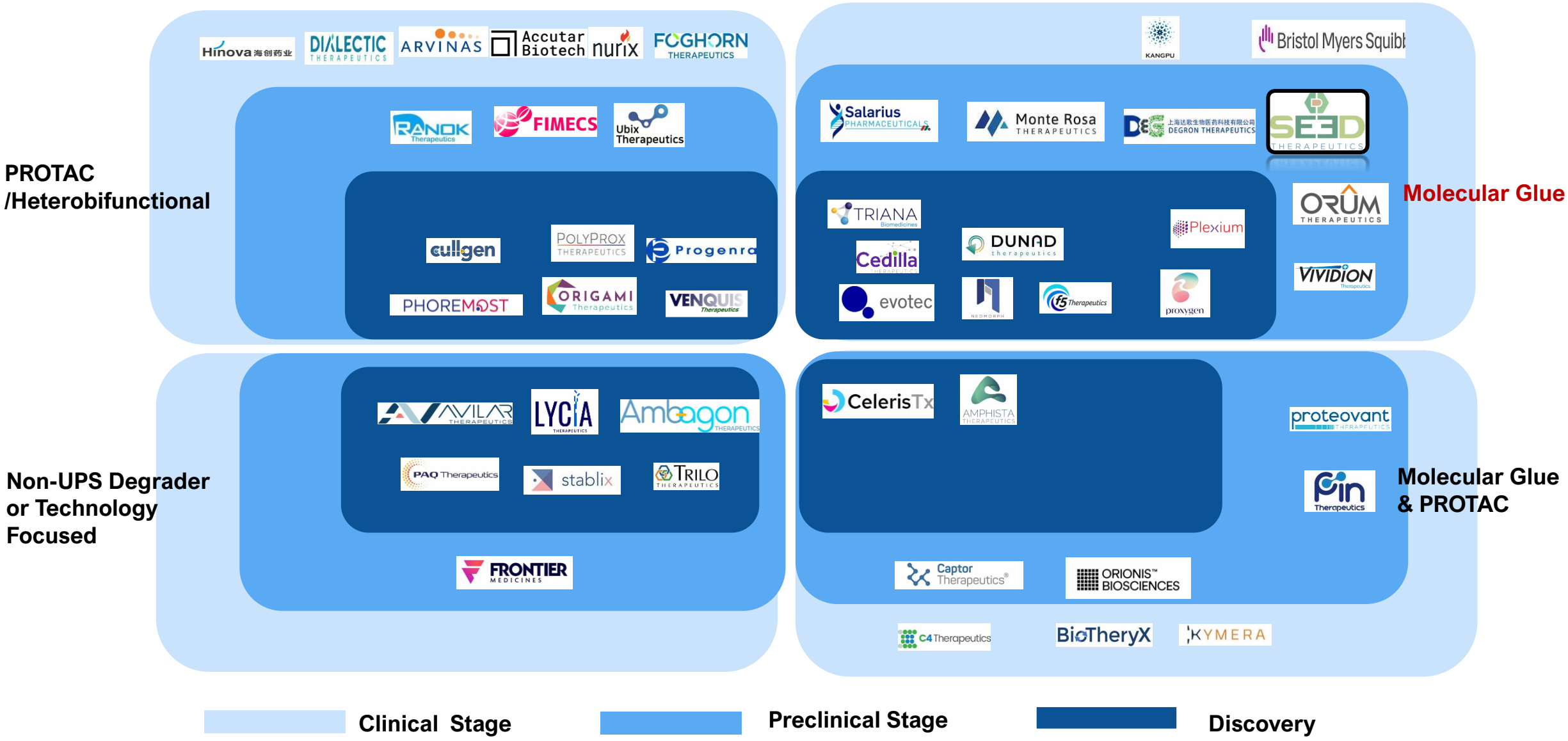
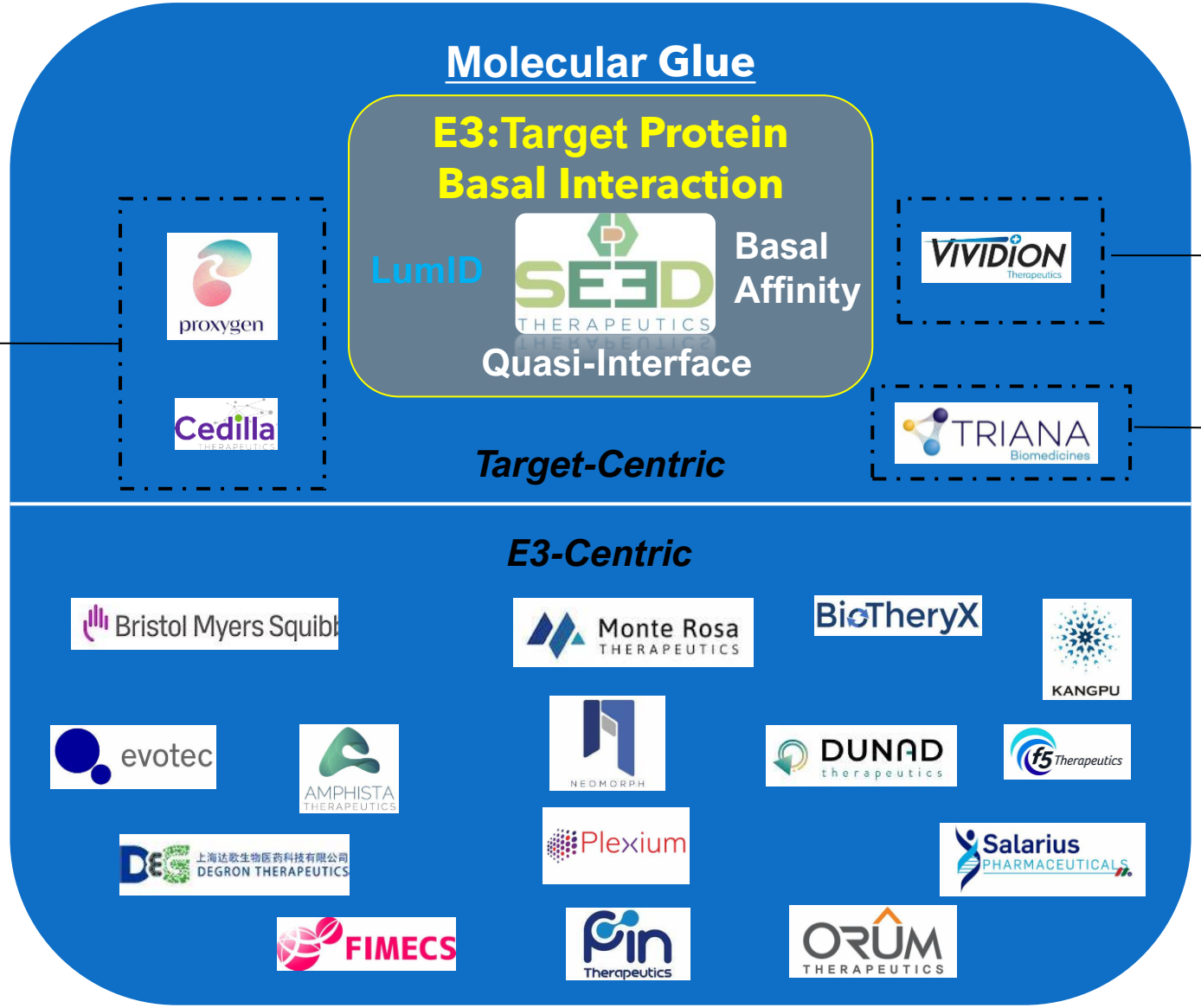
TPD Growth Opportunities in TPD Biotechs



Differentiation by TPD Strategies

Cell-based HTS assays
- May not be MG selective
- Difficult to screen at higher compound concentrations that may be required



Covalent binder libraries
- Lack of evidence of target specificity
- No consideration for importance of Basal Interaction

AI-based approach
- Lack of evidence for applicability to Molecular Glue discovery from scratch and E3 selection

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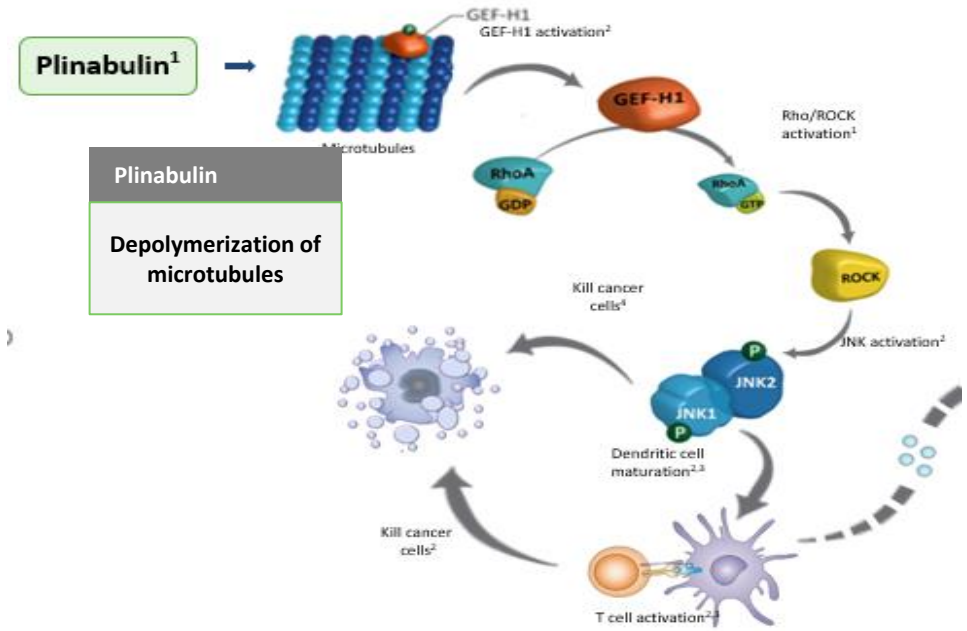
Plinabulin: First-in-class Agent for Multiple Cancer Indications

Plinabulin: First-in-class MOA and Novel Chemical Entity

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

- Plinabulin Induces Dendritic Cell Maturation (the most potent APC), a Key Step in Initiating Anti-Cancer Durable Response

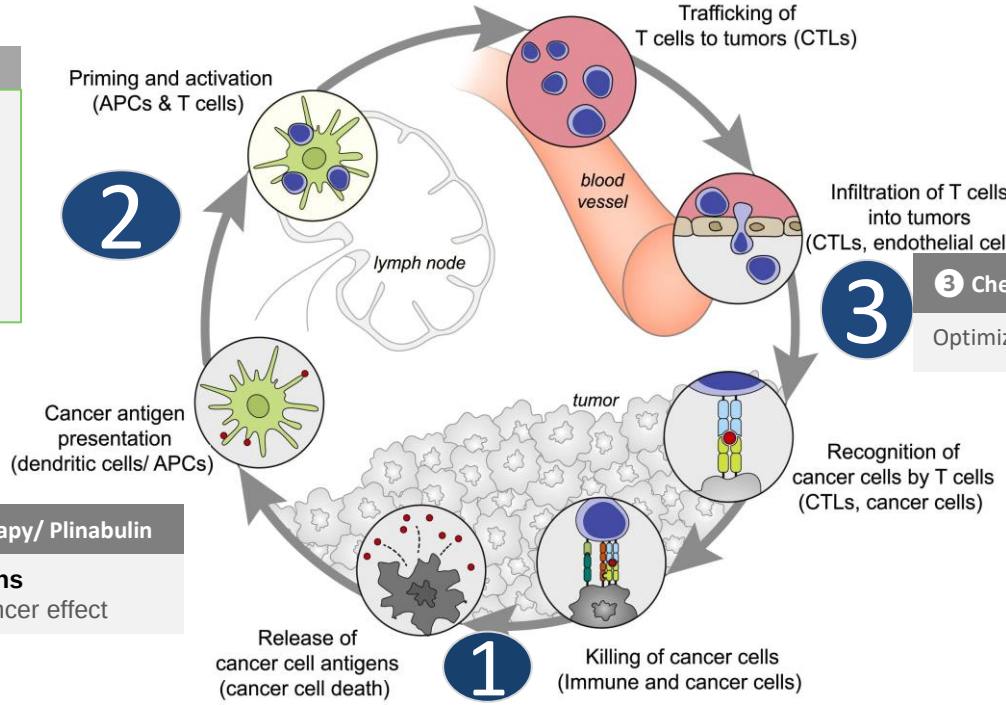


Plinabulin

Depolymerization of microtubules

2 Plinabulin

Stimulate maturation of dendritic cells to increase antigen presentation. Dendritic cells are the most important antigen-presenting cells



3 Checkpoint Inhibitors

Optimize T cell response

1 Radiation/Chemotherapy/ Plinabulin

Release Tumor Antigens
For more potent anti-cancer effect

Plinabulin Novel Target: Immune Defense Protein GEF-H1

1 + 2 + 3 → Optimal Immuno-Oncology Response

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.

Plinabulin Overview

1. **Favorable Safety Profile**
   1. >700 patients have been treated with plinabulin
   2. Ease of Use: 1 or 2 doses per cycle given by 30~60 minutes IV infusion
2. **CIN Prevention Benefit**
   1. Single Agent Plinabulin
   2. Combination Plinabulin + Pegfilgrastim
3. **Dual Anti-Cancer Mechanism of Action**
   1. Immune-enhancing effect
   2. Direct anti-cancer effect
4. **Trials Demonstrating Anti-Cancer Effects**
   1. 101: Phase 2 study in NSCLC
   2. 103 (DUBLIN-3): Phase 3 in NSCLC
   3. Big Ten Trial: Phase 1/2 in SCLC

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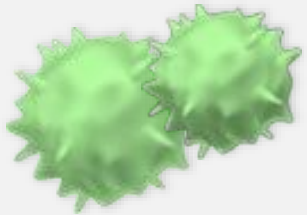
Chemotherapy-Induced Neutropenia (CIN) Prevention Indication

CIN Is an Unmet Medical Need in Week 1 After Chemotherapy

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

Short-term

G-CSF is more effective in week 2 after chemo in raising neutrophil, which leaves a significant clinical gap in week 1



Patients less Protected in week 1 after Chemotherapy with G-CSF

Long-term

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

Reduction in Relative Dose Intensity (RDI) of Chemotherapy

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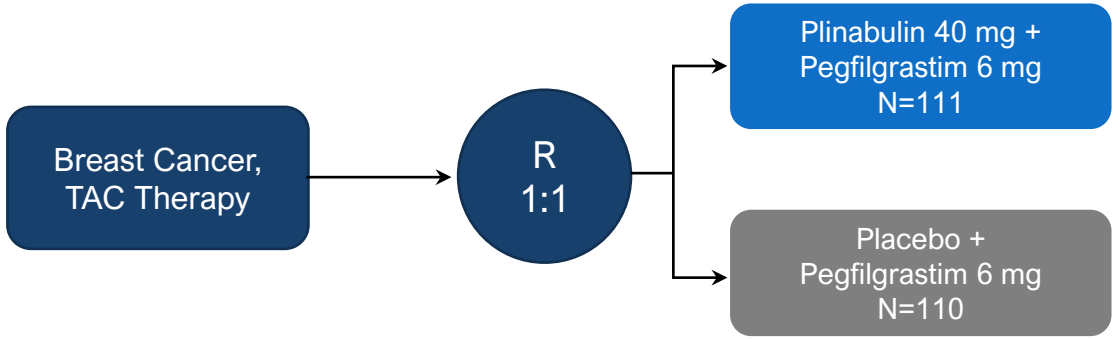
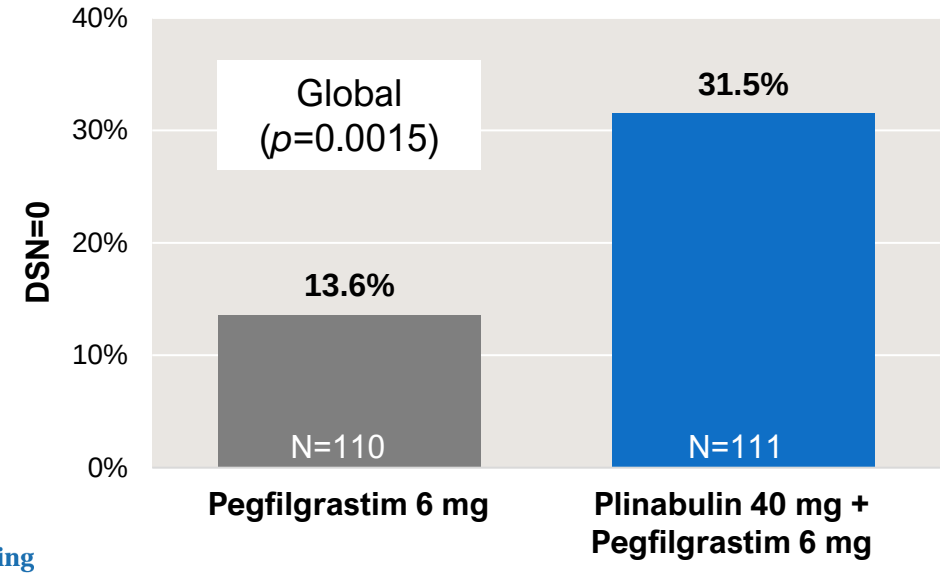
Source: 1 Lalami Y, Klastersky J.. Crit. Rev Oncol Hematol. 2017; 120:163-179. 2 Bonadonna G, Valagussa P, Moliterni A et al. Adjuvant cyclophosphamide, methotrexate, and fluorouracil in node-positive breast cancer. N Engl J Med 1995;332:901-906.

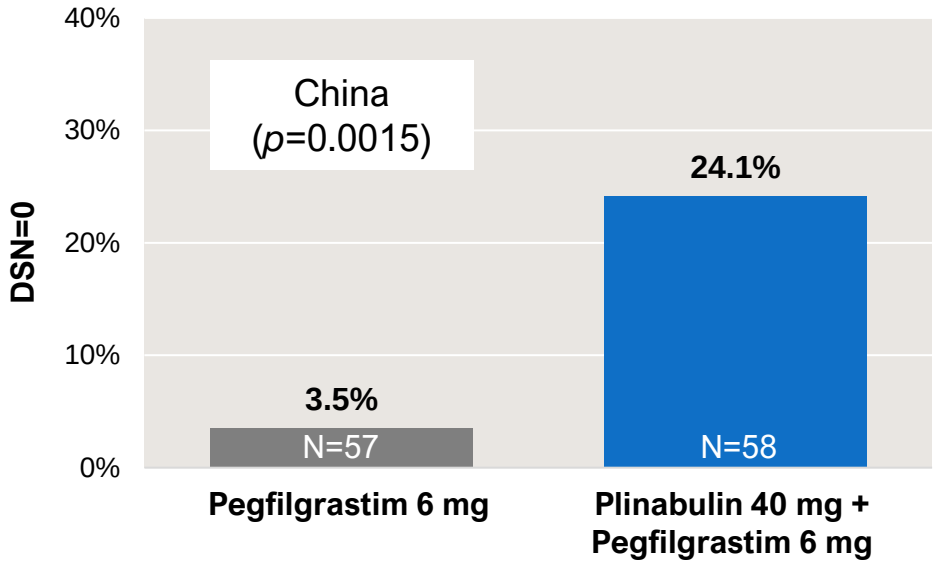
Met Primary Endpoint in PROTECTIVE-2 Phase 3 Study

Design: Double blind, global study (19 centers); 4 cycles



Results: Proportion of Patients with NO Grade 4 Neutropenia (or DSN= 0 Days) in Cycle 1





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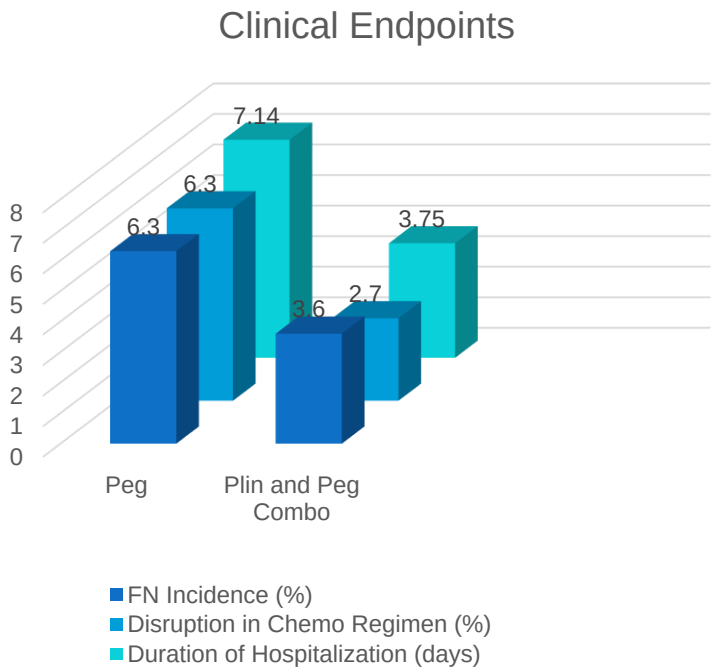
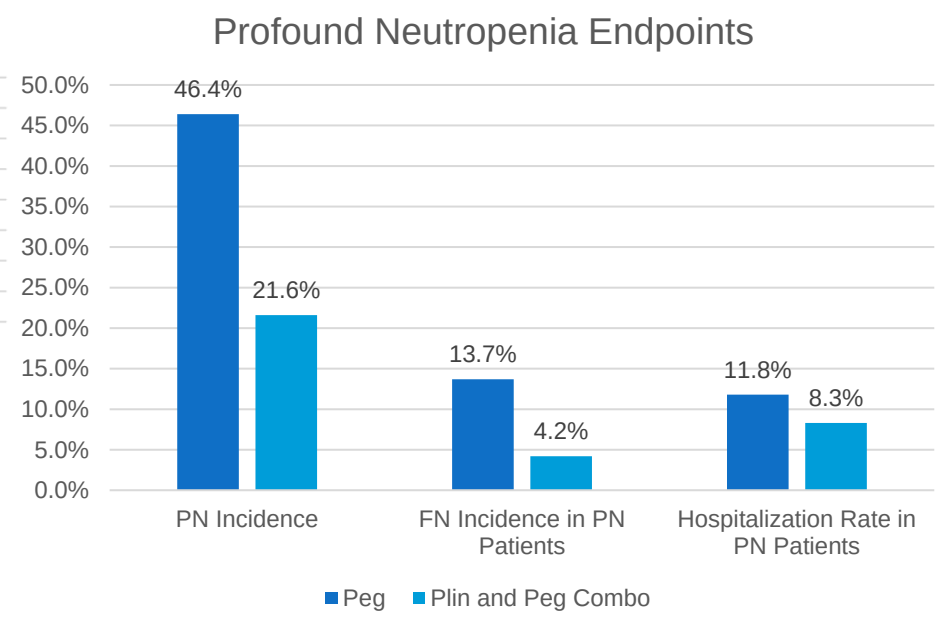
The Combination with Superior Improvement in Clinically Meaningful Endpoints Compared to Pegfilgrastim Alone

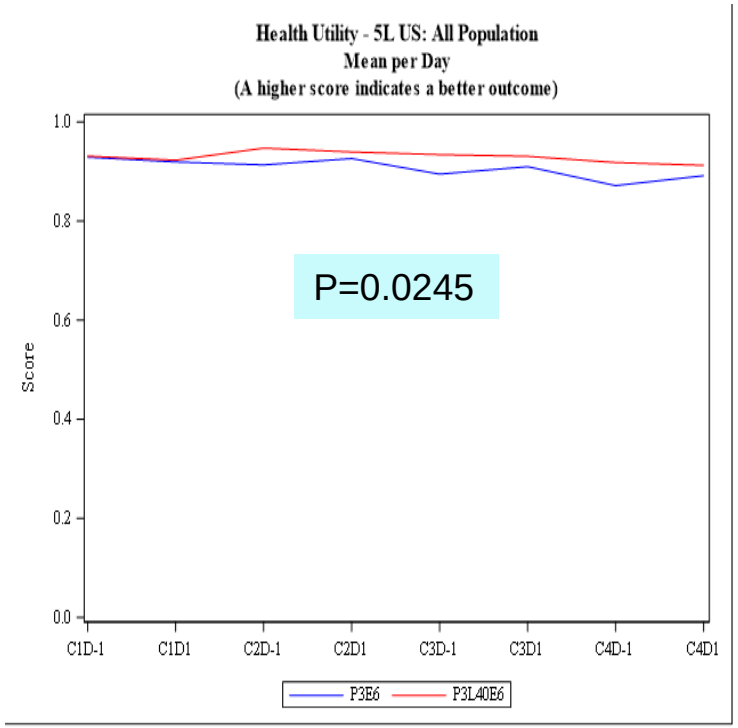
Reduction of Incidence and Severity of FN and Hospitalization



Reduction of Profound Neutropenia (PN) Related Benefits



Improvement of Quality of Life



June 2021 ASCO Presentations

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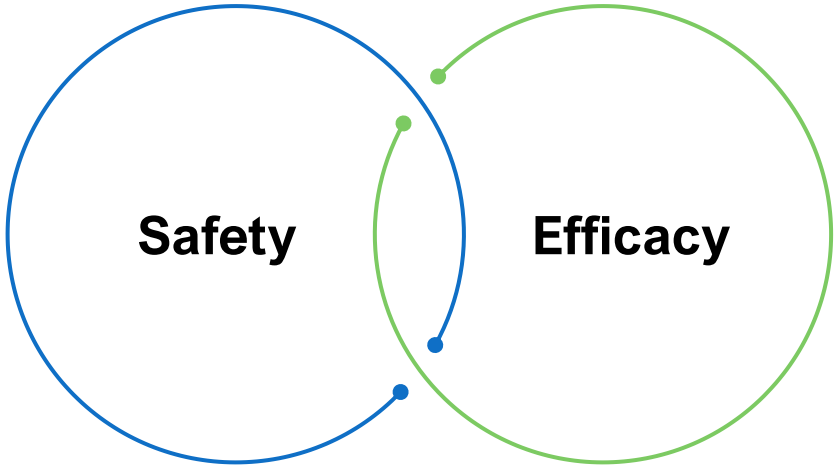
2nd/3rd Line NSCLC Indication

Severe Unmet Medical Needs – 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
  - With immunotherapies moved to first line, Docetaxel-based therapies are the mainstay therapy
  - TKIs are worse than docetaxel[1]
- Docetaxel-based Therapies (SOC)
  - Limited efficacy
  - >40% severe neutropenia



Since Nivolumab's approval 6 years ago, no new agent with a novel mechanism has been approved in this indication.

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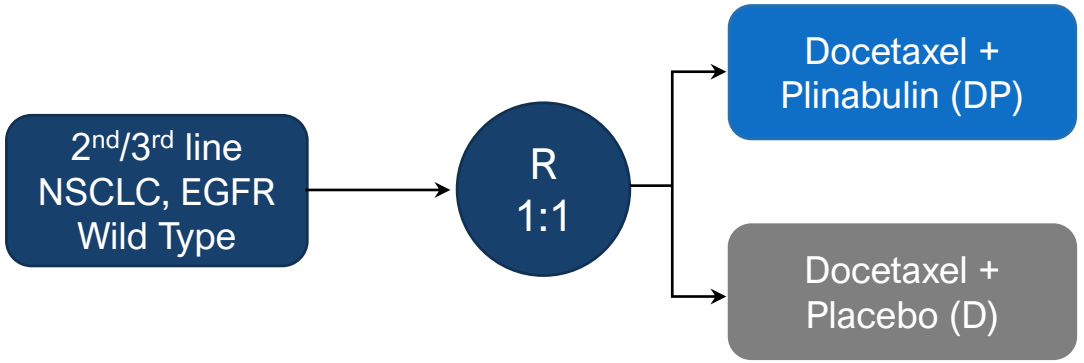
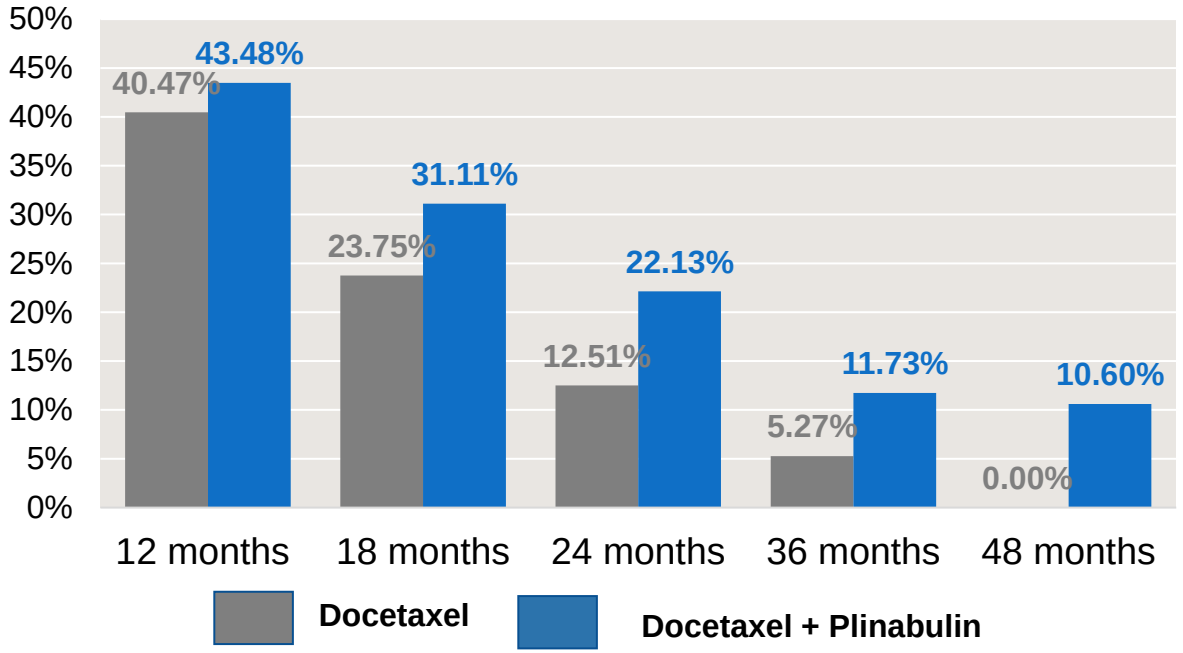
1 Lancet Oncol. 2013 Sep;14(10):981-8.

Met Primary Endpoint of OS in DUBLIN-3 Phase 3 Trial

Design: Single-Blinded (blinding for patients only), global study, around 60 sites

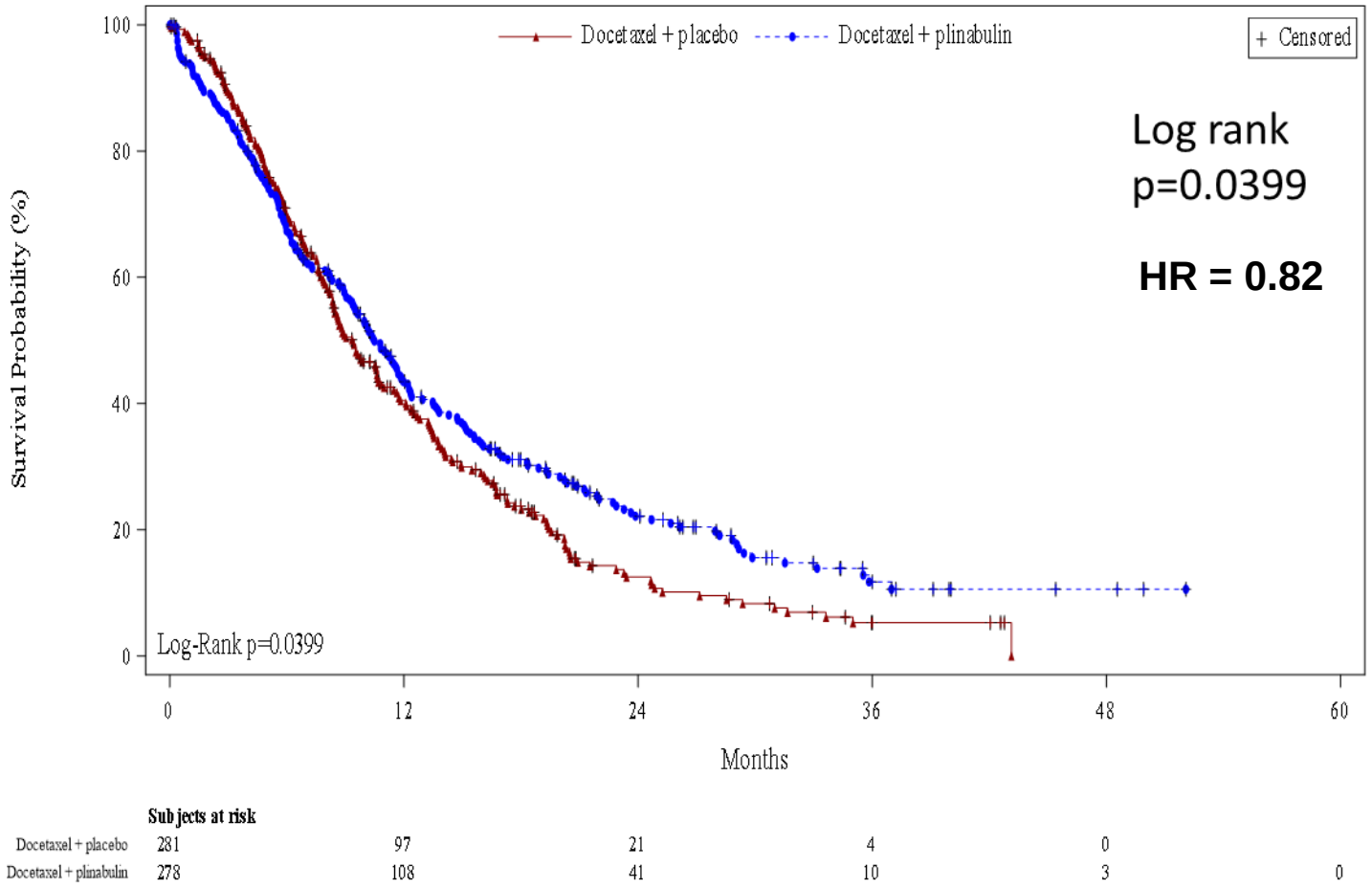




Results:

- Significantly increased OS rate;
- Doubling of OS rate in 24M, 36M, and 48M OS rate in DP (10.6%) vs D (0%).

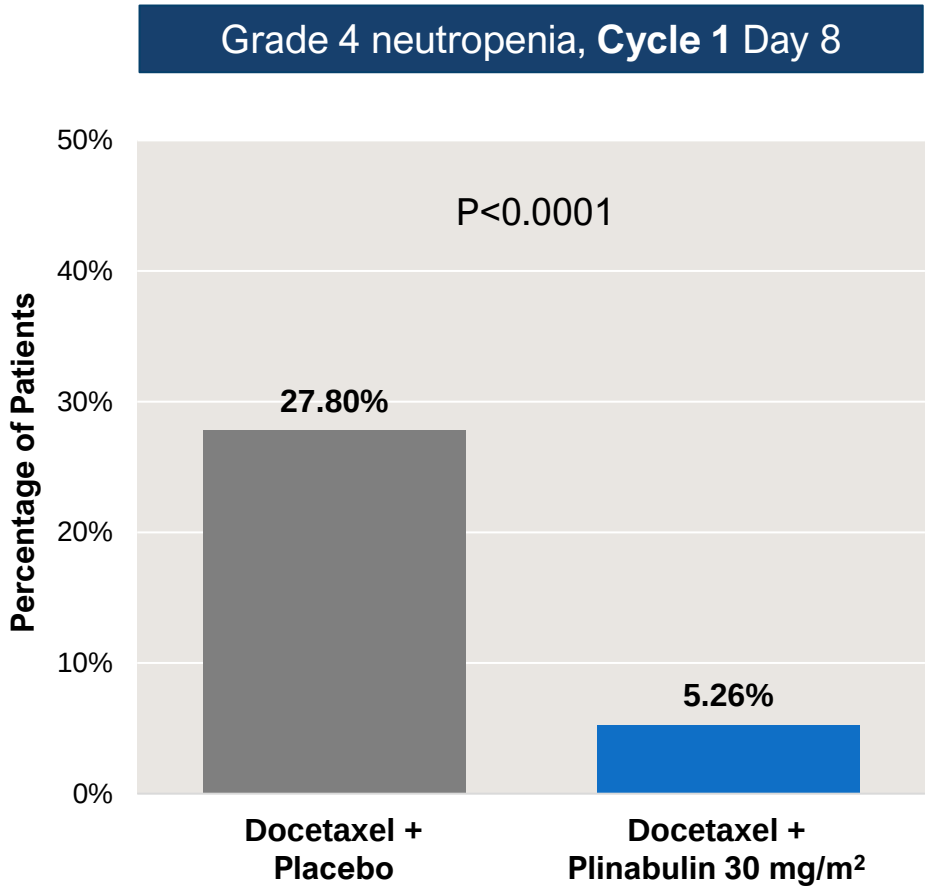
Met Primary Objective in Overall Survival (OS)

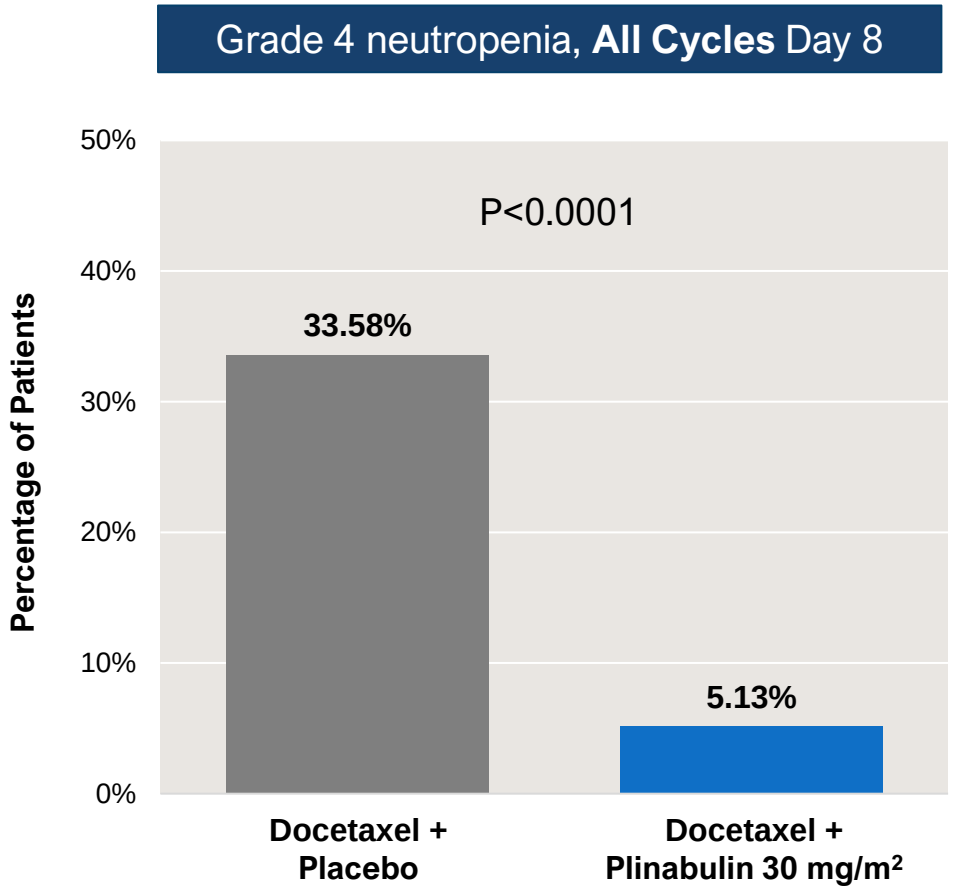


ITT population	Docetaxel (75 mg/m2) N=281	Plinabulin (30 mg/m2) + Docetaxel (75 mg/m2) N=278
OS (Months)	Mean OS (SE): 12.77 (0.676) Median OS (95% CI): 9.4 (8.4, 10.7)	Mean OS (SE): 15.08 (0.848), p=0.0332 Median OS (95% CI): 10.5 (9.3, 11.9) Log-rank p=0.0399; HR = 0.82 (0.68,0.99)

Significant Reduction in Grade 4 Neutropenia

Cycle 1 Day 8 and All Cycles Day 8





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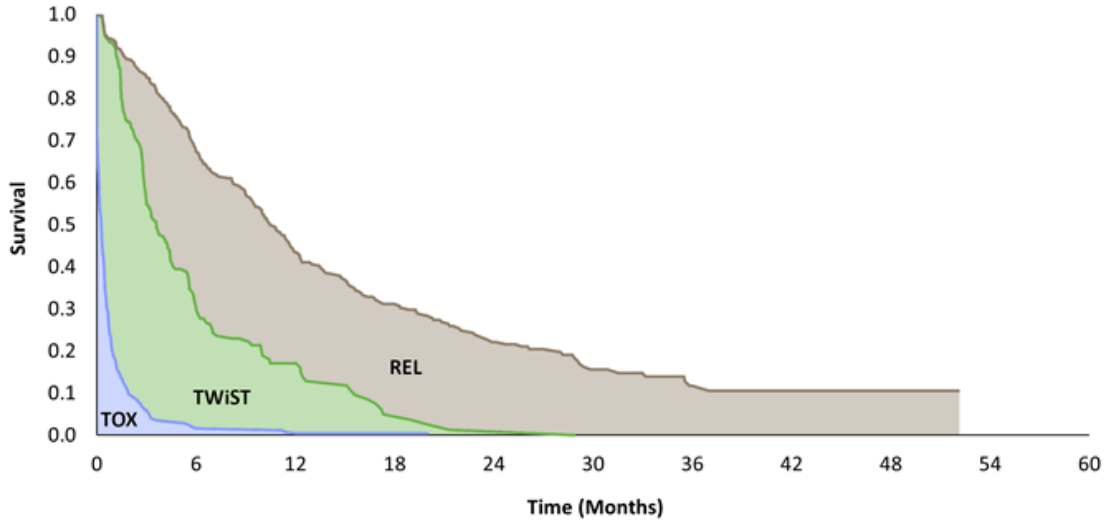
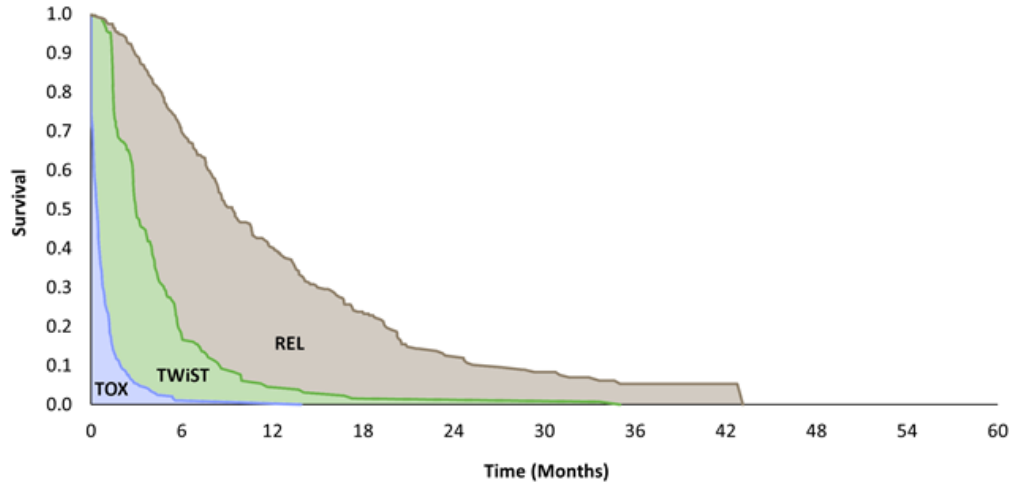
Significant Improvement in Quality of Life

- Q-TWiST (Quality-Adjusted Time Without Symptoms of Disease and Toxicity)

Plinabulin + Docetaxel



Docetaxel alone



Q-TWiST Gain	Relative Gain to OS Restricted Mean	Relative Gain to Q-TWiST
1.93	15.11%	18.43%
	(1.72% to 30.63%)	(2.07% to 37.20%)
	p-value=0.0396	p-value=0.0393

Clinically Meaningful Improvement of >18% in Q-TWiST.

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Potential Benefit of Plinabulin + Docetaxel in NSCLC (2nd/3rd line)

With PD-1/PD-L1 moving to 1st line NSCLC, plinabulin + docetaxel could be the potential choice, with benefits vs. Docetaxel.

- **Significant survival benefit, with more pronounced survival benefit in non-squamous NSCLC population;**
- **Significant neutropenia reduction;**
- **Significant QoL benefit.**

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Immuno-Oncology Combinations

Plinabulin as Potential Cornerstone Add-on Therapy to Current I/O Regimens to Address Severe Unmet Medical Needs

PD-1/PD-L1 Inhibitors
- $30B global annual sales

→ Potential to greatly expand the addressable market

Current Severe Unmet Medical Needs

- **2/3rd Line**: PD-1/PD-L1 resistant patients
- **1st Line**: PD-1 + chemo double efficacy of PD-1, but with CIN risk
- **High immune-related SAE**: PD-1 or PD-1+CTLA-4
- **"Cold" Tumor**: PD-1/PD-L1 non-responsive tumor

Plinabulin:
APC Inducer
with easy
administration →

Plinabulin Clinical Development

- Plinabulin + I/O + chemo/radiation
- Plinabulin is developed as a CIN prevention agent (pan cancer, pan chemo)
- Plinabulin+PD-1+CTLA-4 in SCLC
- • Plinabulin+ I/O + chemo/radiation
  • Plinabulin + chemo

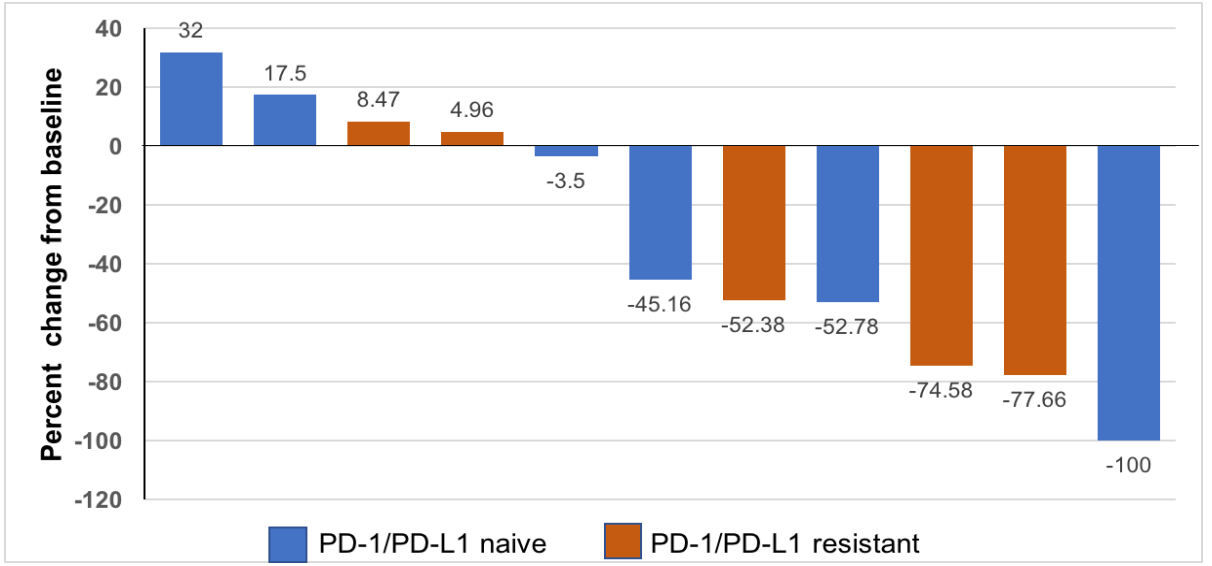
Promising Efficacy (Phase I) Plinabulin + PD-1 + CTLA-4 Inhibitors in 2nd/3rd line SCLC

Efficacy Analysis (ASCO 2021 Presentation)

Efficacy Analysis	PD-1/PD-L1 therapy naïve (n= 6)	PD-1/PD-L1 resistant (n=7)
Number of patients with PR* (ORR)	3 (50%)	3 (43%)

***PR –Partial Response - RESIST 1.1 : At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.**

Waterfall plot of best overall response in target lesions compared to baseline



Treatment Regimen:

- First 4 cycles with Plinabulin + PD-1 + CTLA-4 inhibitors;
- Cycle 5 and later cycles: Plinabulin + PD-1 inhibitor.

13 patients were evaluable for efficacy, with 6 patients had PR (ORR 46%).

- There were 3 PRs in PD-1/PD-L1 therapy naïve patients (3/6; 50%).
- There were 3 PRs in PD-1/PD-L1 resistant patients (3/7; 43%).
- These 3 patients continued treatment for 3 months, 10 months and 42 months (still ongoing).

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Regulatory Pathway & Commercial Plan

Regulatory Pathway

Near-Term

CIN: Resubmit NDA to NMPA in China;

NSCLC: Submit for NDA approval in China.

Long-Term

Seek regulatory clarity and additional approvals in the US and EU, and countries around the world.

Hengrui is the Ideal Partner for Plinabulin in Greater China

Exceptional synergy between plinabulin and Hengrui pipeline

➢ Hengrui is the leader in oncology product R&D and commercialization in China

- Established in 1970; Listed on Shanghai Stock Exchange in 2000 (Shanghai stock exchange ticker: 600276)
- 24,000 employees globally, primarily in Greater China; with >10,000 people in sales and marketing in China

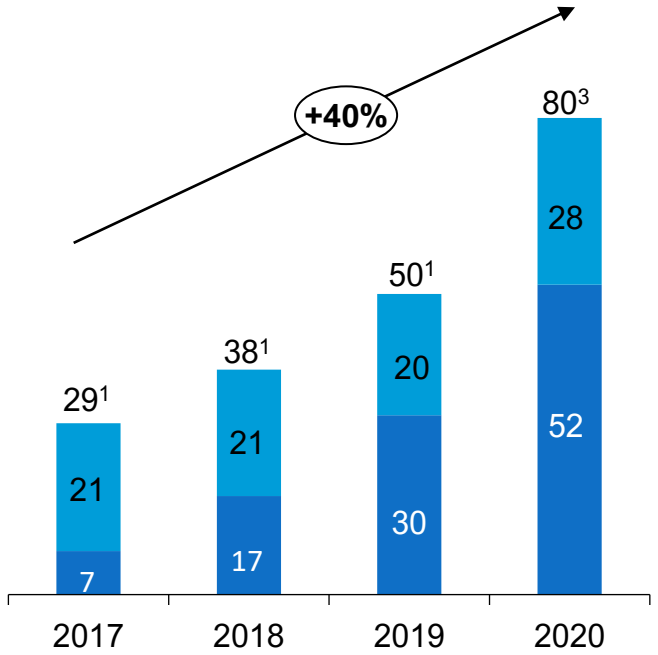
➢ Superior pipeline synergy with plinabulin in Greater China, allowing for faster market penetration and product combinations in new cancer indications

- Hengrui's top selling oncology products in China (sales in 2020) include:
  - ✓ **Ranks in top 3 sales in long-lasting G-CSF's[1]** – (CIN indication: plinabulin + G-CSF – NDA priority review in China)
  - ✓ **#1 sales in Docetaxel[1]** – (NSCLC indication: plinabulin + docetaxel – phase 3 completed meeting OS endpoint, plan for NDA filing in 1H 2022)
  - ✓ **#1 sales in PD-1 inhibitor[2]** – (Multiple tumor indications: plinabulin + PD-1 + chemo/radiation; plinabulin + PD-1 + CTLA-4 – phase 1/2 development)

1. Evaluate Pharma, sales in 2020 2. Hengrui's PD-1 inhibitor sales in 2020 at 5 B RMB (est. $770 M USD): https://mp.weixin.qq.com/s/FUv_PpyowKW0ijZW3-eMLQ

Commercial Potential in CIN Prevention Market in China

G-CSF product sales in China
(¥100,000,000)



Short-lasting G-CSF

Long-lasting G-CSF

Overview of marketed long-acting G-CSF products in China[2]

Product	Company	Availability	Cost per cycle (Original)	Cost per cycle (Latest winning bid)	Medical Insurance
津优力	CSPC 石药集团	2012	¥ 7,810	¥ 1,620	2017
新瑞白	齐鲁制药	2015	¥ 3,450	¥ 1,620	2017
艾多	恒瑞	2018	¥ 6,800	¥ 3,080	2019
申力达	豪森	2021	-	¥ 1,537	-

- Three long-lasting G-CSF were approved in China, with the current cost per cycle is 3,300-3,700 RMB; assuming an average of four cycles of chemotherapy per patient, the annual treatment cost is 13,000-15,000 RMB (or approximately $2000-2400 USD).
- **G-CSF sales in 2019 is at 5 billion RMB ($790 M USD) with annual growth of >30%.**

Source: 1 IQVIA MIDAS, 2 Yaozh.com, 3 TF Securities

Summary

SEED: Novel TPD Platform& Pipeline	Subsidiary SEED: Target Protein Degradation (TPD) Company with Eli Lilly R&D Collaboration
Plinabulin: Phase 3 Clinical Asset	Positive Phase 3 data in 2 indications with Lead Asset - Plinabulin
Global Regulatory Strategy	Plinabulin: Target US, China, and EU Regulatory Agencies
Intellectual Property	Strong IP and technology protection
Premier Partnerships	Key commercial partnership in China for Plinabulin

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