BeyondSpring
PHARMACEUTICALS

Turning the Tide in Cancer Therapy

Plinabulin - Redefining Oncology Efficacy and Tolerability

NASDAQ: BYSI

October 2026

Non-Confidential

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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 10-K filed on March 25, 2026 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,” “expects,” “plans,” “anticipates,” “believes,” “estimates,” “predicts,” “potential,” “intends,” 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.

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.

Company Highlights

BYSI: Oncology-focused Global Biotech

- **Company Overview**
  Founded 2010 | New Jersey-based, Nasdaq-listed since 2017
- **Late-Stage Clinical Asset**
  First-in-Class anti-cancer agent Plinabulin
- **Equity owner of SEED Therapeutics**
  Clinical-Stage Molecular Glue Co. with investments from Eli Lilly & Eisai

Plinabulin: Durable Anti-cancer Efficacy and Bone Marrow Protection

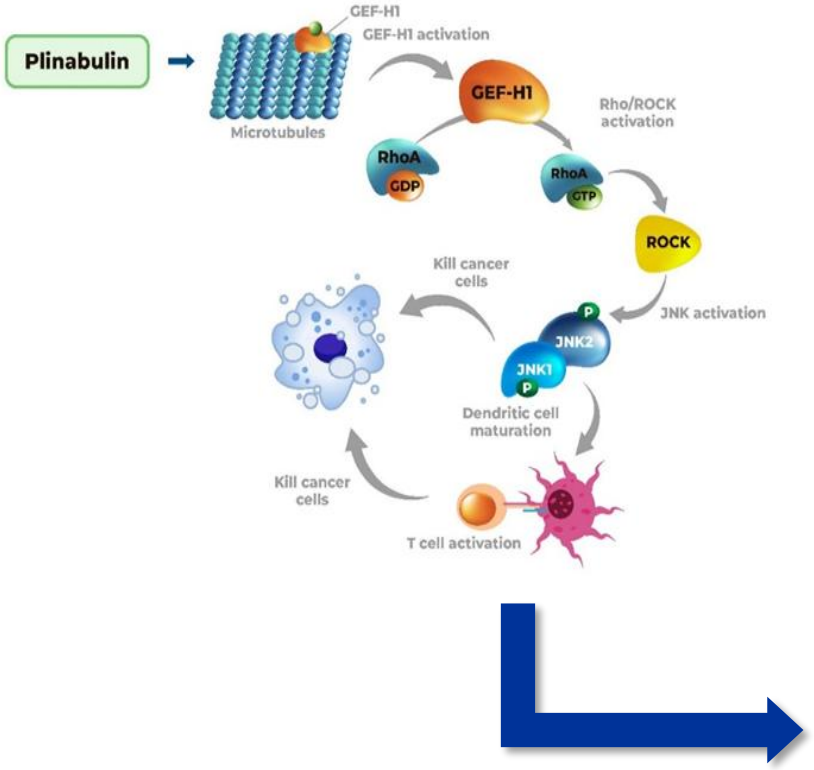
- **Unique MoA**
  GEF-H1–mediated dendritic-cell (DC) maturation and chemotherapy-induced neutropenia (CIN) mitigation
- **Clinical Efficacy & Safety**
  700+ cancer patients treated; Phase 3 OS benefit in 2L/3L EGFR WT NSCLC
- **Long-Term IP Protection**
  Composition-of-matter protection through 2036 (potentially extendable through 2041)

DUBLIN-4: Confirmatory Global Phase 3 in Post-ICI NSCLC

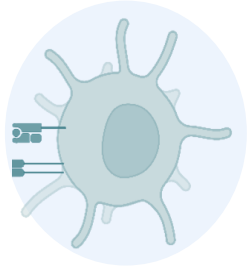
- **Mechanism-based Population**
  Post-ICI, non-squamous NSCLC with no actionable driver alternations
- **Clear Regulatory Pathway**
  442-patient confirmatory Phase 3; OS primary endpoint
- **Experienced Team & Partners**
  Proven global execution and successful NDA experience

Plinabulin: Dual Immunomodulatory and Neutropenia-Mitigating Activity

Plinabulin releases GEF-H1 from microtubules, promoting dendritic-cell maturation and reducing CIN [1-6]

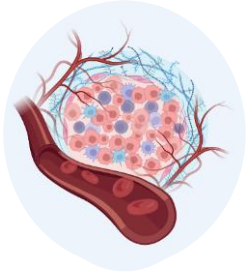


DC Maturation & APC Activation



Targets Acquired Resistance from ICI

Tumor Vasculature Modulation



Targets Non-squamous NSCLC

Increase Chemotherapy Treatment Cycles & Maintain Dose Intensity

Reduces Chemotherapy-induced Neutropenia

1. La Sala et al., ***Chem*** 5(11): 2969-2986 (2019); 2. Kashyap et al., ***Cell Reports*** 28(13): 3367-3380 (2019); 3. Choi et al. ***Cell*** 189 (2): 461-477 (2026); 4. Tonra JR (2020) ***Cancer Chemother Pharmacol*** 85:461; 5. Blayney DW (2020) ***JAMA Oncol*** 6(11):e204429; 6. Chan DCH (2021) ***Blood Advances*** 5(16):3120

DUBLIN-4 Targets a Large, Underserved Post-ICI NSCLC Population

Despite strong first-line success, treatment options after progression remain limited

ICI annual sales at ~$60 billion; Post-ICI Unmet Need

Plinabulin overcomes ICI resistance via DC maturation & APC activation

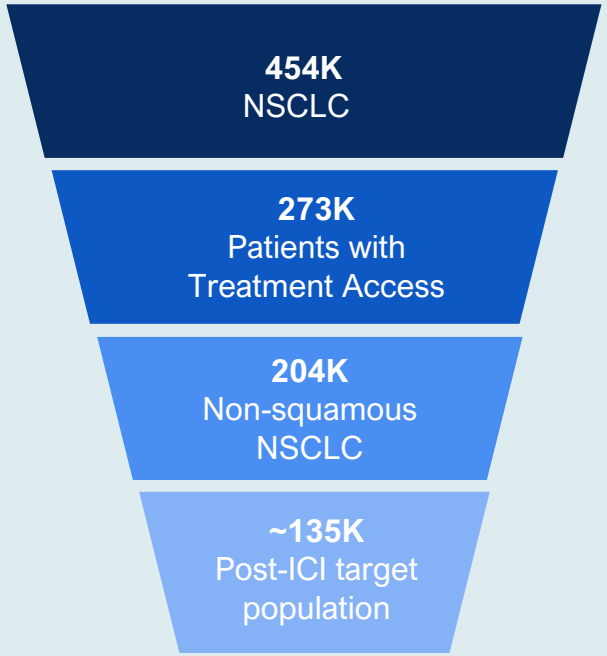
Limited Treatment Options for Post-ICI NSCLC without Driver Alteration

- Median OS: **~9-11 months**
- **40%** experience severe neutropenia

12 Phase 3 Studies with no OS Benefit vs. Docetaxel

- **8 global trials** including anti-PD-(L)1 combos **did not improve OS vs. docetaxel** [1, 2]
- **4 global trials** including ADC drugs **did not improve OS vs. docetaxel**

Projected NSCLC Patient Pool (US + EU5[3])



Potential patient pool ~135K (2037 estimated[4])

1. Malinou J et al., ASCO 2024; 2. Dragnev KH et al. ASCO 2025;
3. EU5 represents Germany, France, United Kingdom, Italy and Spain; 4.2037E represents the estimated patient pool at projected peak sales, assumed seven years post-launch.

12 Phase 3 Studies with No OS Benefit vs. Docetaxel in Post-ICI EGFR WT NSCLC

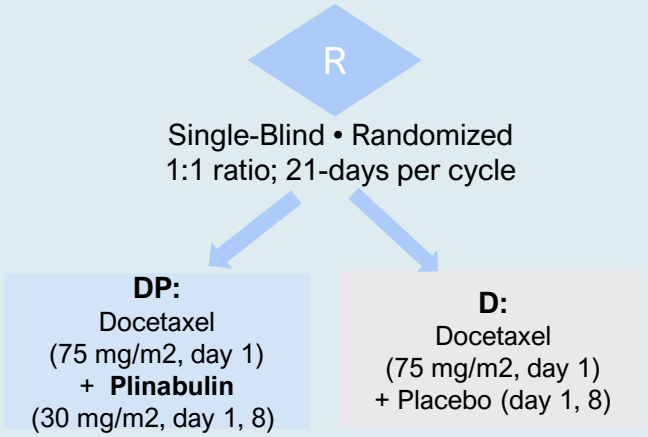
Phase 3 study	Patient Population	Study Design	median OS (M)	OS HR	P value
SAPPHIRE	2/3L, non-squamous	Sitravatinib (TKI) + Opdivo (PD-1) vs. docetaxel	12.2 vs. 10.6	Non-squamous HR=0.86	p=0.144
LEAP-008[1]	2L, non-squamous and squamous	Lenvima (TKI) + pembrozulimab (PD-1) vs. docetaxel	11.3 vs. 12.0	HR=0.98 Non-squamous: HR=0.96	p=0.434
CONTACT-01	2L, non-squamous and squamous	Cabozantinib (TKI) + Atezolizumab (PD-L1) vs. docetaxel	10.7 vs. 10.5	HR=0.88	p=0.3668
EVOKE-01	3L, non-squamous and squamous	Sacituzumab govitecan (ADC) vs. docetaxel	11.1 vs. 9.8	HR=0.84	p=0.0534
CARMEN-LC03	2L, non-squamous	Tusamitamab Ravtansine (ADC) vs. docetaxel	12.8 vs. 11.5	Non-squamous HR=0.85	p=0.112
CANOPY-2	2L, non-squamous and squamous	Canakinumab(IL-1b Ab)+docetaxel vs. docetaxel	10.6 vs. 11.3	HR=1.06	p=0.633
TROPION-Lung01	2L, non-squamous and squamous	Dato-DXd (ADC) vs. docetaxel	12.9 vs. 11.8 Non-squamous：14.6 vs. 12.3	HR=0.94 Non-squamous: HR=0.84	p=0.530
PRAGMATICA-LUNG[2]	2L, non-squamous and squamous	Ramuciramab (VEGFR Ab)+pembrozulimab (PD-1) vs. SOC	10.1 vs. 9.3	HR=0.99	p=0.46
COSTAR[3]	2L, non-squamous and squamous	TIM-3+PD-1+docetaxel vs. PD-1+docetaxel vs. docetaxel	11.9 vs. 11.8 vs. 11.3	HR=0.85 (triple vs. D); HR=0.96 (double vs. D)	p=0.08; p=0.37
LATIFY[4]	2L, non-squamous and squamous	Durvalumab (PD-L1) +Ceralasertib (ATR inhibitor) vs. docetaxel	11.1 vs. 10.0	HR=0.90	p=0.287
ABBIL1TY	2L, non-squamous and squamous	Acasunlimab (Biospecific PD-L1x4-1BB)+pembrozulimab (PD-1) vs. docetaxel	Program Discontinued	-	-
SigVie-002	2L/3L, non-squamous	Sigvotatug vedotin (ADC) vs. docetaxel	No OS benefit vs. Docetaxel	ESMO2026 (#LBA68)	-

1. Malinou J et al., ASCO 2024; 2. Dragnev KH etal. ASCO 2025; 3. ESMO IO and Technology 2025; 4. ELCC 2026

DUBLIN-3: Phase 3 Foundation for DUBLIN-4

DUBLIN-3 Study: 2L/3L EGFR WT NSCLC after progression on platinum therapy

N=559



- **Geography**

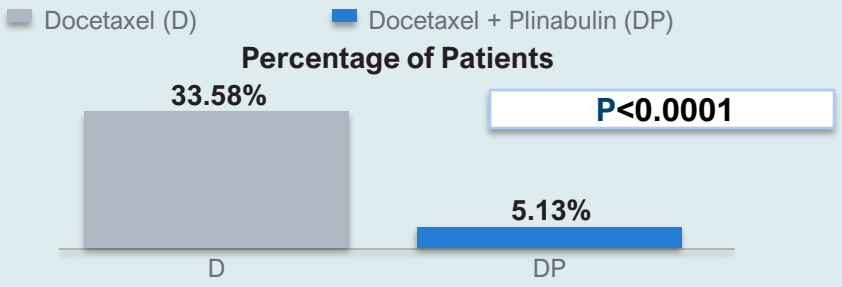
  ~87% China / ~13% U.S. & Australia
- **Limited Prior PD-(L)1 Exposure**
- **Primary Endpoint**

  Overall Survival — Met

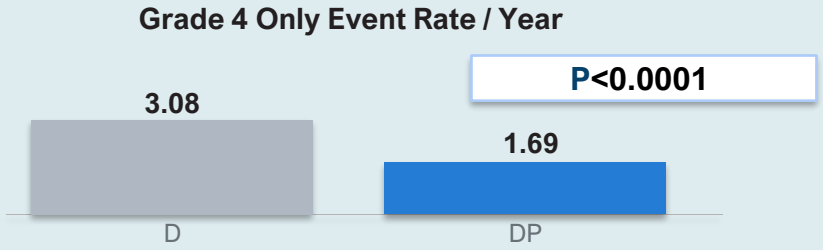
Established Safety Benefit

DP with significantly lower Grade 4 Neutropenia

- All Cycles Day 8 - Day 8 is ANC nadir for docetaxel



DP has more cycles of treatment;
DP with significantly lower exposure-adjusted Grade 4 AEs



Lancet Respir Med 12(10): 775-786 (2024)

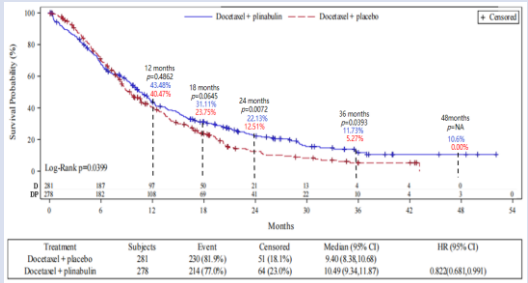
Clinical Efficacy Supports DUBLIN-4 Plinabulin-Mechanism Patient Selection

DUBLIN-3 efficacy in post-ICI subgroup signal and Study 303 prospective study data provide the clinical rationale for DUBLIN-4 in a Plinabulin-mechanism targeted population:

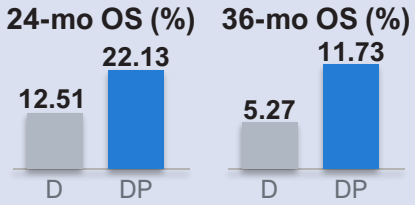
- **Non-squamous NSCLC + Progressed on ICI**

DUBLIN-3 Phase 3 (ITT)

- Global randomized study
- EGFR WT 2L/3L NSCLC (N=559)
- OS HR=0.82, log rank p=0.0399



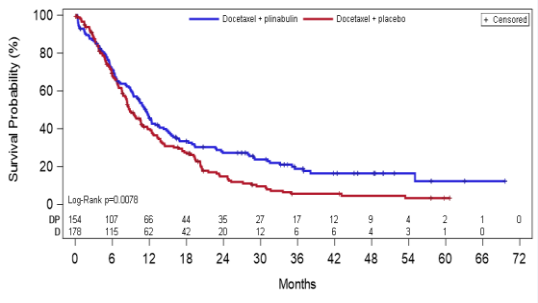
Docetaxel Docetaxel + Plinabulin



Phase 3 long-term OS benefit

DUBLIN-3 Non-squamous

- Non-squamous (N=332)



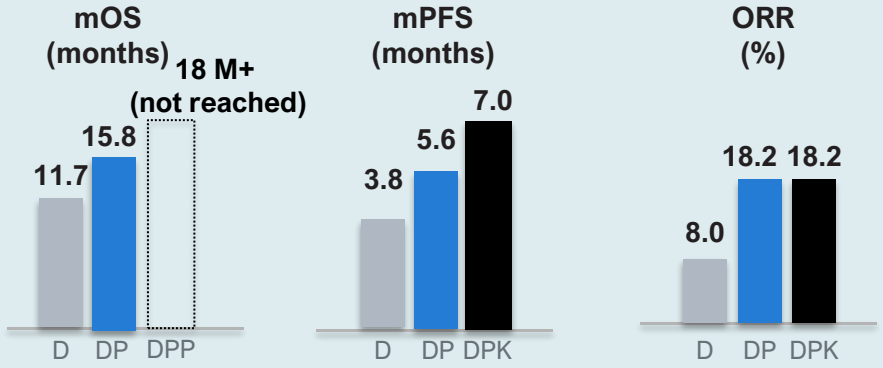
- mOS: 11.37 vs. 8.81 mo
- OS HR 0.72
- Log rank p=0.0078

mOS extension of 2.5 months

DUBLIN-3 Post Hoc[1] + Study 303 Prospective[2] in NSCLC Post-ICI

1. **DUBLIN-3 Post-hoc:** Non-squamous, post-ICI EGFR WT NSCLC (D: n=25; DP n=22)
2. **Study 303 Prospective:** post-ICI NSCLC (n=47)

Docetaxel (D) Docetaxel + Plinabulin (DP) Docetaxel + Plinabulin + PD-1 Keytruda (DPK)



DUBLIN-3 (DP vs. D)
OS HR 0.55; PFS HR 0.67;
ORR 18.2% vs 8.0%.

Study 303 (DPK)
2-year OS 58%; DCR 80%;
mPFS 7.0 M, ORR 18.2%.

Data from both studies showed superior OS, PFS, and ORR vs. historical data of SOC docetaxel in a similar population
(Docetaxel: mOS 11.8 M, mPFS 3.8 M, ORR 12.8%[3])

1. DUBLIN-3: *Lancet Respir Med 2024*

2. 303 Study: ASCO 2026; 3. Thoracic Oncology 43(3): 260-272 (2024)

DUBLIN-4 at a Glance: Confirmatory Global Phase 3 Study, FDA Fast Track Designation

Docetaxel + Plinabulin vs. Docetaxel in Post-ICI, Driver-Negative Non-Squamous NSCLC

Target Population

Post-ICI Non-Squamous NSCLC

- EGFR / ALK / ROS1 / RET WT
- Prior ICI PFS ≥3 months
- ECOG 0–1

Planned Enrollment

~50% China/

~50% Western Regions

N=442

R

Double-Blind • Randomized
1:1 ratio; 21-day per cycle

DP:
Docetaxel
(75 mg/m2, day 1)
+ **Plinabulin**
(30 mg/m2, day 1, 8)

D:
Docetaxel
(75 mg/m2, day 1)
+ Placebo (day 1, 8)

Start
2026-2027

Interim Analysis: 221 PFS Events
2028E

Endpoints

Primary

Overall Survival (OS)

Key Secondary

- PFS • ORR
- Grade 4 Neutropenia
- 2-/3-Year OS
- DoR • DCR • PROs

Why We Can Deliver DUBLIN-4

Experienced Team
Global oncology & regulatory experience

Phase 3 Track Record
2 completed Phase 3 programs

Established Clinical Network
Sites, investigators & CRO partners

DUBLIN-3 Know-How
Directly informs DUBLIN-4 execution

Plinabulin: One Drug, Multiple Clinical Pipelines

700+ patients treated with Plinabulin

Indication/ Target	Program	Preclinical	Phase 1	Phase 2	Phase 3	Registration	Trial Name
NSCLC (2nd/3rd line)	Plinabulin + Docetaxel						Study 103 (DUBLIN-3)
CIN Prevention	Plinabulin alone or + Pegfilgrastim						Studies 105 & 106 (PROTECTIVE-1 & PROTECTIVE-2
NSCLC (2L/3L) progressed on PD-1/L1 Inhibitor	Plinabulin + Pembrolizumab + Docetaxel						Study 303
ES-SCLC (1L)	Plinabulin + Pembrolizumab + Etoposide / Platinum						Study 302
Eight types of cancers Failed PD-1/L1 Inhibitor	Plinabulin + PD-1/PD-L1 + Radiation			**DCR 54%** Plinabulin combination across ICI-failed cancers	**DC Maturation** Rapid DC maturation marker upregulation		
Breast Cancer, NSCLC	Plinabulin + ADC with topoisomerase inhibitors (TOP1-ADC) +/- PD-1 inhibitor			**Tolerability ↑** Improve tolerability in ADC combo	**CR + Survival ↑** Improved survival in ADC combo	**CD8/Treg ↑** Immune-active TME signal	

Plinabulin: Clear Path to Value Creation in NSCLC & Beyond

From Clinical Evidence to DUBLIN-4 and Commercial Potential

DIFFERENTIATED ASSET

Clinical & Safety Evidence

- Novel GEF-H1 mechanism
- >700 pts treated; Positive Phase 3 OS
- Increased chemotherapy treatment cycles and significant reduction in CIN

PHASE 3 OPPORTUNITY

DUBLIN-4 – MoA targeted NSCLC post-ICI

- 442-patient global confirmatory study with OS as primary endpoint
- Interim analysis expected 2028

VALUE CREATION

Market & Commercial Path

- Large post-ICI patient population
- Long-term commercial potential

Experienced Leadership and SAB Support to Drive Successful Clinical Execution

Min Qiu
Chief Executive Officer

Biopharma leader with 10+ years in strategy, financing, business development at public traded companies and China Merchants Bank.

June Lu, PhD
Chief Scientific Officer

R&D leader with 26 years of experience at Endocyte/ Novartis. Areas include cancer, autoimmunity, drug resistance, CAR-T and RLT.

Na Li
Chief Financial Officer

Executive with 20+ years in FP&A, treasury, financing at BeyondSpring and public companies.

John Mao, PhD
SVP, Development

Biopharma leader with 30+ years in global development and regulatory strategy at Foresee and Cytokinetics.

Helein Li, MD
VP, Clinical Science

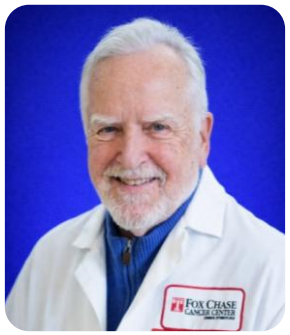
Clinical development leader with 20+ years in trials, regulatory strategy, and safety at BeyondSpring, Sanofi, Roche.

Hao Zhang
Senior Director, CMC

CMC leader with nearly 10 years in manufacturing, supply chain, and regulatory execution.

Joy Jia
VP, Finance

Finance leader with 10+ years of expertise in SEC reporting, SOX, FP&A, audits, capital markets, and controls.



John Ruckdeschel, MD
FOX Chase Cancer Center

Oncology leader with 30+ years of experience. Prior CEO at Moffitt, Karmanos, Mississippi cancer centers.

Adam Grippin, MD
MD Anderson Cancer Center

Physician-scientist advancing therapeutics, immunotherapy, and dendritic cell activation strategies.

Stephen Lin, MD
MD Anderson Cancer Center

Thoracic oncology physician-scientist advancing radiotherapy, immunotherapy, and biomarker-driven research in lung cancer.

Trevor Feinstein, MD
Piedmont Cancer Institute

Thoracic oncologist and research leader with expertise in lung cancer. Head of Lung at OneOncology in the US.

Alfred Zippelius, MD
University Hospital Basel

Translational oncology leader in cancer immunotherapy, checkpoint resistance, ADC, and cellular therapies.

Michel Steinmetz, PhD
Paul Scherrer Institute

Structural biology leader with 20+ years in microtubule research, cryo-EM, biophysics, and drug discovery.

William Decker, PhD
Baylor College of Medicine

Immunotherapy expert with 20+ years in dendritic cell biology and cellular therapies.

Complementary Board with Finance, Strategic and Business Excellence

Brendon Delaney

Director

Seasoned commercial leader with 25+ years' experience, leading global oncology product launches at Constellation, Immunomedics, Celgene, Novartis, and Genentech.

Jen Majeti, PhD, MBA

Vice Chairman

Biotech investor and pharma/biotech executive with 20+ years' research and business experience, leading global collaborations at Erasca, Roche, BioDuro, and Amgen.

Lan Huang, PhD

Co-Founder & Chairman

Biotech entrepreneur with 20+ years across U.S. and China; founder of multiple companies, MSKCC-trained scientist with *Science*/*Nature* publications, inventor with multiple patents.

Mathew Kirkby, MA

Director

Seasoned finance leader with over 20 years of global banking experience, with senior roles at HSBC, CIMB, RBS, and ABN AMRO across Asia and Europe.

Patrick Fabbio

Director

Seasoned CFO with 25+ years of financial leadership across public and private life science companies, including Protara, Progenics, Catalent, WindMIL, and Sanofi.

Sihai Xu, MBA

Director

Finance leader with nearly 30 years' experience in China, CFO and board member of public traded companies. Advisor for pre-IPO, IPO, and restructuring transactions across China and Hong Kong.

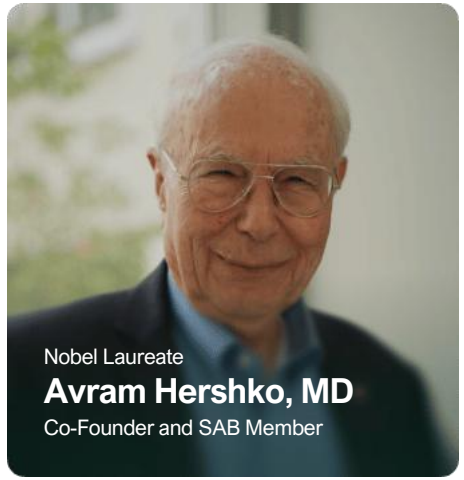
BeyondSpring Inc.

Create The Glue
Capture The Protein
Eliminate The Disease

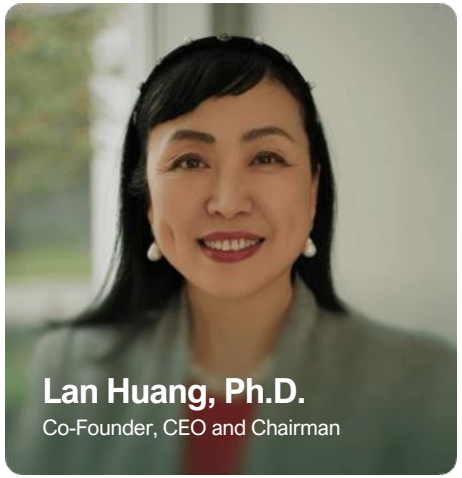
De Novo Molecular Glues for Protein Targets Beyond the Reach of Traditional Therapies

SEED Was Co-founded By Pioneers in Targeted Protein Degradation and Eli Lilly

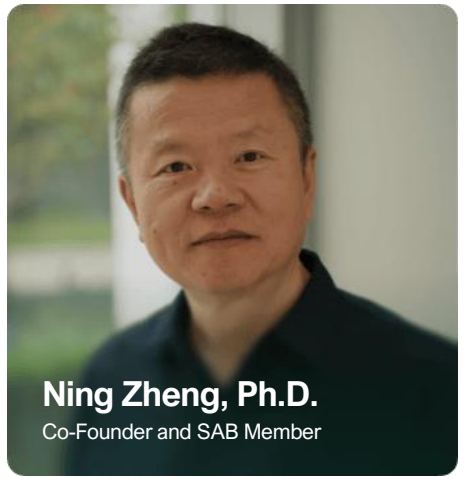
- SEED's differentiation with Target-centric approach to use novel E3s to degrade undruggable targets
  - Scientific capability to use >600 E3 ligases, which consists only 2 structural classes of HECT and RING, solved first by co-founders.
  - Novel E3s or RITE3 use can increase tissue selectivity and scale to reach full therapeutic potential of molecular glues.
- Combined leadership record of 40 INDs and 12 NDAs
- Balanced by an experienced board across finance, risk, legal, and drug development



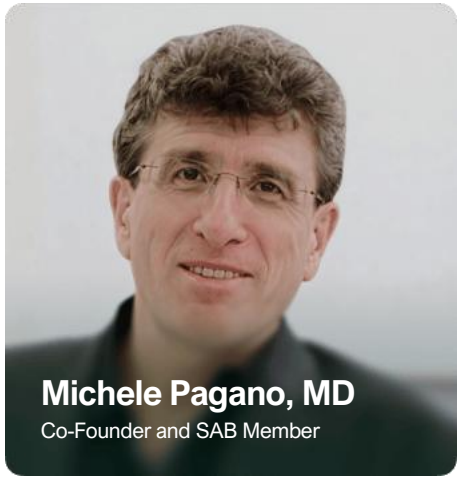
Nobel Laureate who discovered the ubiquitin–proteasome system



Solved the first HECT E3 ligase structure; 20+ years in therapeutic dev.



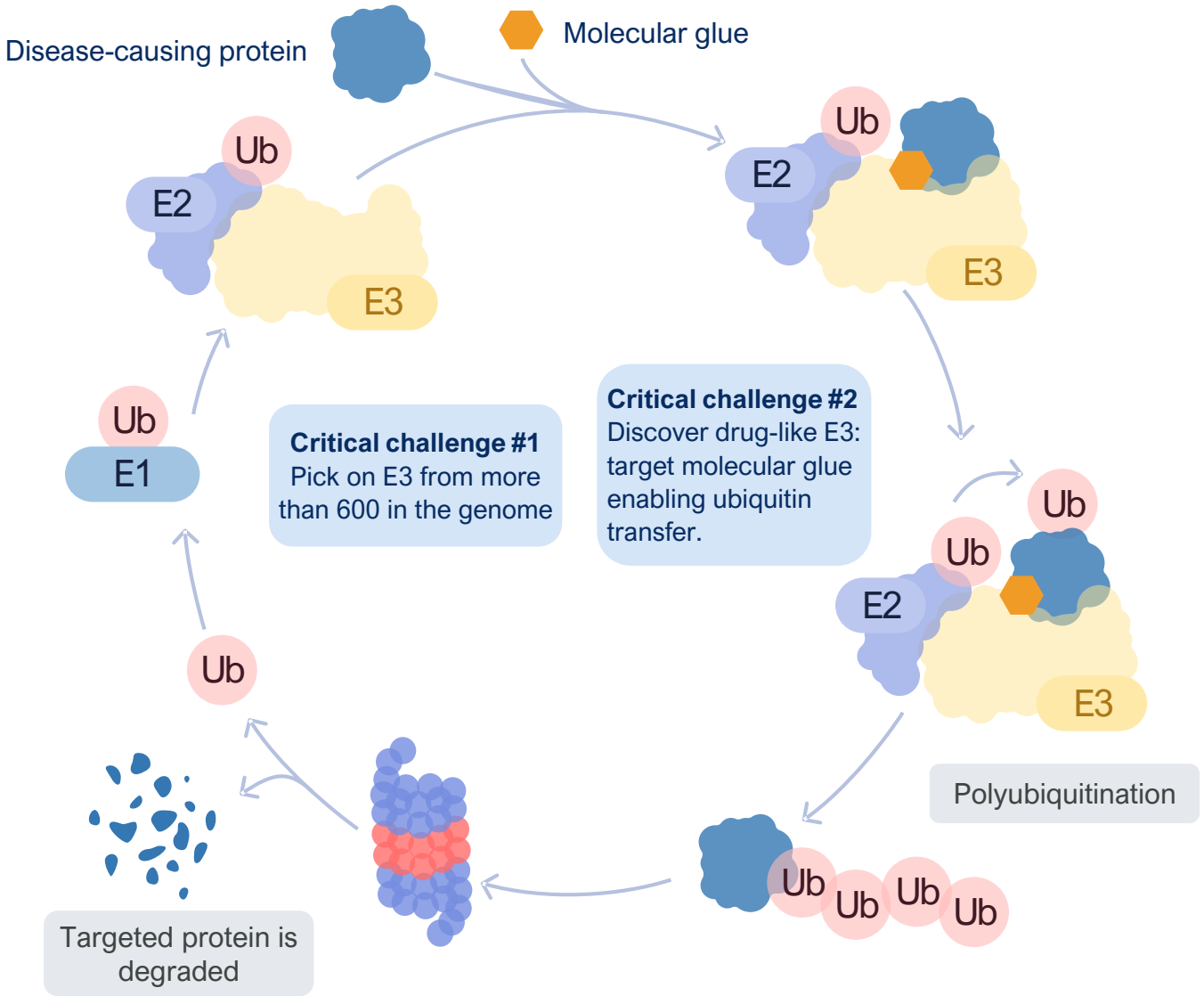
Solved the first RING E3 ligase and coined the term "molecular glue"



Defined SCF ubiquitin ligase and core cell-cycle ubiquitin biology

Elimination, Not Inhibition, Is The Next Therapeutic Paradigm

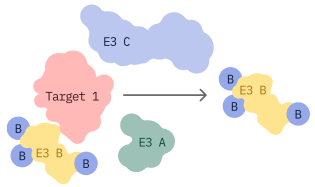
The ubiquitin-proteasome system (UPS) evolved to tag and destroy aberrant proteins with exquisite selectivity, compounded by molecular glues for precision



SEED Built The TPD 2.0 Engine To Find The Optimal Ligase and Degrade Any Disease-causing Protein

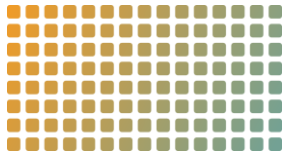
SEED's RITE3™ platform unlocks access to more than 600 ligases encoded in the human genome. Then designs custom molecular glues to bind them. More ligases. Better matches. Higher hit rates.

Pathogenic Protein

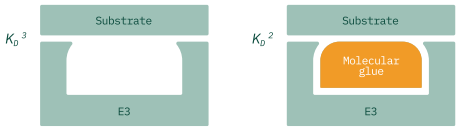


LumID™ Live-cell assays

Functional Degradation

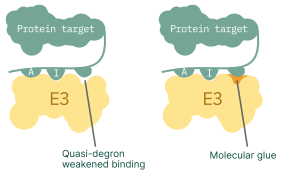


Screen and select across 600+ human ligases



Proteomics

proximity and tissue relevance



Structural Biology

ligase-target complementarity

Design the Glue

>1% Hit Rate

Eliminate Disease

SEED’s Internal Pipeline Spans Three Therapeutic Areas

SEED Therapeutics is advancing 5 wholly-owned programs in oncology, neurodegeneration, and immunology, powered by novel E3 ligases discovered on our proprietary platform.

ONCOLOGY

RBM39

Current: Phase 1

ONCOLOGY

C-RAF

Current: Lead ID

NEURODEGENERATION

Tau

Current: Lead ID

NEURODEGENERATION

mHTT

Current: Lead ID

IMMUNOLOGY

I&I target

Current: Lead ID

5

novel E3 ligases discovered on our platform

5

wholly-owned internal programs advancing

2027

target for our 2nd IND candidate nomination

RBM39 is a Master Regulator of Oncogenic Splicing

BIOLOGY

Why it matters

- Master regulator of oncogenic RNA splicing programs essential for tumor survival
- Splicing machinery is non-enzymatic and historically undruggable

MECHANISM

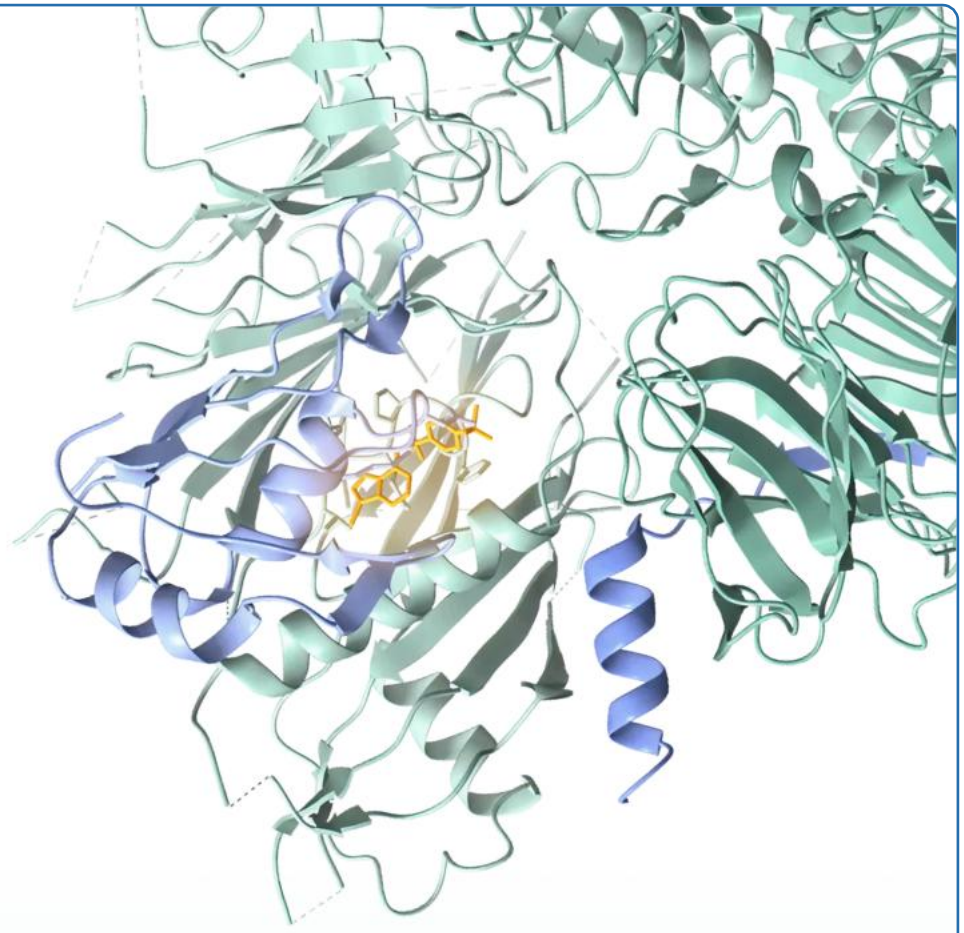
Why it works

- Molecular glue-mediated degradation via DCAF15 selectively eliminates RBM39
- Induces lethal mis-splicing in tumors while sparing normal cells via redundancy

VALIDATION

Why it's de-risked

- Genetic + pharmacologic degradation drives strong anti-tumor effects
- Broad dependency across Ewing sarcoma and multiple solid tumors



RBM39–DCAF15 complex structurally solved → enables next-gen precision degraders

*Structure of DCAF15-RBM39 complex solved by Prof. Zheng

Clinical Success Path for ST-01156: Validated Target, Differentiated Molecule, Proven Team

Three independent layers of evidence (target, molecule, team) support a high probability of clinical success.

1 VALIDATED TARGET

RBM39

Biology, structure, and genetics all confirm RBM39 as a tractable oncology target.

- **Mechanism:** RNA splicing regulator
- **Structural proof:** DCAF15 E3 ligase resolved
- **Genetics:** depletion slows tumor progression and improves survival in vivo
- **Disease relevance:** overexpressed across multiple cancers, linked to poor survival
- **Clinical derisking:** Recursion's REC-1245 shows linear PK and on-target engagement

2 DIFFERENTIATED MOLECULE

ST-01156

Best-in-class profile vs. E7820 and REC-1245, with brain penetrance unique to the class.

- **Optimized chemistry:** improved potency and metabolic stability, no hERG inhibition
- **Tumor-selective:** degrades RBM39 in tumor, not in normal tissue
- **Wide therapeutic window:** favorable PK profile and target engagement.
- **Tolerability-oriented dosing schedule:** 5 days on / 2 days off schedule supports normal tissue recovery and sustained activity
- **CNS-penetrant:** engineered for brain penetrance

3 PROVEN TEAM

Execution

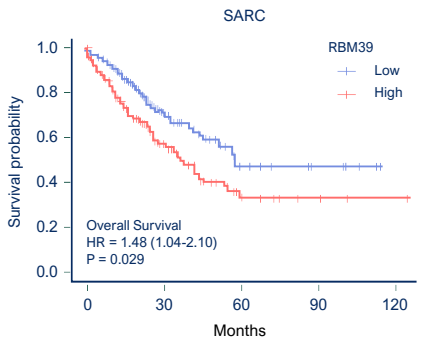
Approval-experienced leaders running the program at the top U.S. and China cancer centers.

- Dana-Farber
- MD Anderson
- Memorial Sloan Kettering
- Mass General
- City of Hope
- Hoag
- Wuhan Union Hospital, China

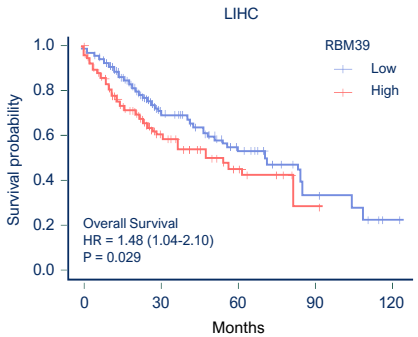
10+ **targeted-oncology approvals**
across the senior development team

ST-01156: RBM39 Opportunity Across >1 Million Addressable Patients And Supported by Complete Tumor Regression and FDA Designations

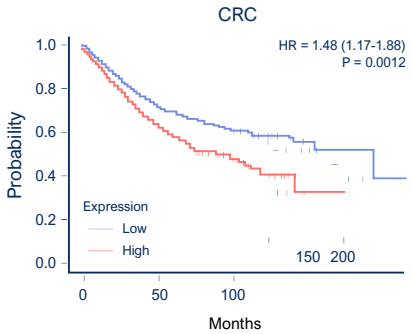
Sarcoma



Hepatocellular Carcinoma



Colorectal Cancer

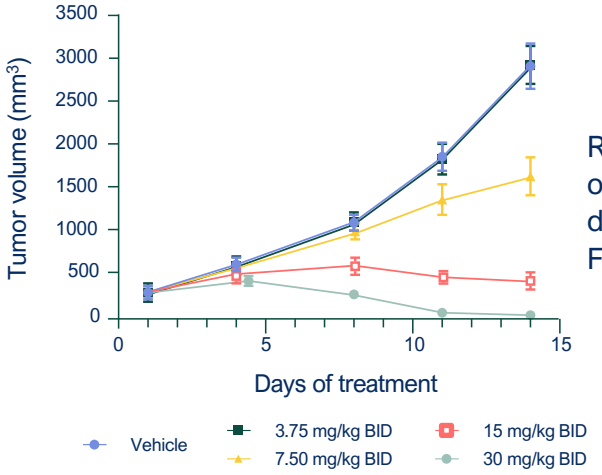


RBM39 overexpression leads to poor patient survival

- Pediatric tumors
- High prevalence tumors

J Cell Mol Med. 2022;26:4859–4871.
J Cancer. 2025; 16(7): 2233-2249.

Complete tumor regression in Ewing Sarcoma



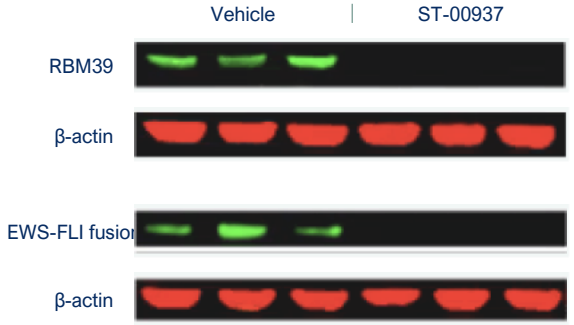
Rare pediatric and orphan cancer designation by US FDA

Precise target engagement

Total elimination of RBM39 and EWS-FLI fusion which causes 90% of Ewing Sarcoma

Ewing Sarcoma Mice Model

Tumor Protein on Day 3 of Treatment



ST-00937 is the non-deuterated form of ST-01156

Highly Experienced Board of Directors

Lan Huang, PhD
Co-Founder, CEO and Chairman

Pioneer in E3 structure; Serial biotech entrepreneur with 20+ years of drug development experience, including NDA-ready assets

James Tonra, PhD
President, CSO and Director

20+ years of drug discovery experience that led to 5 NDAs; Ex leadership role in Regeneron, Millennium, ImClone, Kadmon, and BYSI

Linus Lin, PhD
Director

AVP of Molecular Discovery Capabilities at Lilly Global; Ex leadership role in Lilly Chorus, Lilly China R&D Center, WuXi AppTec, and Merck

Yoshiharu Mizui, PhD
Director

Founder and President of Eisai Innovations, Inc.; former Global Business Development and Strategy Head in Eisai's Oncology Business Group

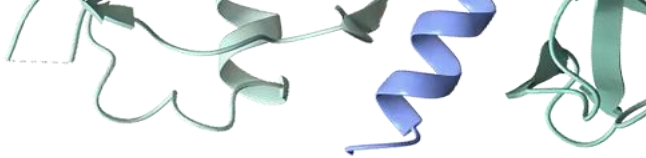
Jackson Tai
Director

Retired board member for Lilly, HSBC Holdings, Mastercard; Former DBS Bank CEO, former J.P. Morgan & Co. investment banker; Expert in finance and risk

Ko-Yung Tung, JD
Director

Former Eisai director, World Bank General Counsel, and lecturer at Harvard and Yale Law School; Expert in law and international business

World-Class Scientific Advisory Board



Founding Science: TPD & Ubiquitin Biology

Avram Hershko, MD
Co-Founder

Godfather' of TPD; 2004 Nobel Laureate; Distinguished Professor at the Technion; co-discoverer of ubiquitin-mediated protein degradation.

Ning Zheng, PhD
Co-Founder

HHMI Investigator; Professor of Pharmacology, **University of Washington**. Pioneered RING Finger E3 structure; coined 'molecular glue' (2007).

Michele Pagano, MD
Co-Founder

HHMI Investigator; Chair of Biochemistry, **NYU Medical School**. Global thought leader in TPD biology, ubiquitin-proteolysis, and cancer therapeutics.

Clinical Development & Oncology

George Demetri, MD
SAB Chair, Clinician with Track Record for NDA

Harvard Medical School Professor; Director, Sarcoma & Bone Oncology at **Dana-Farber** and Brigham and Women's Hospital. Led Gleevec's development; co-founded IDRX ($1B GSK acquisition).

Baohui Han, MD
Lung Cancer Expert

Professor & Honorary Director of Respiratory Medicine at **Shanghai Chest Hospital**; former VP & Executive Dean at Chinese Academy of Lung Cancer. 300+ publications in targeted therapy and immunotherapy.

Emerging Technology: AI & Neuroscience

Pranam Chatterjee, PhD
AI Expert

Assistant Professor at **University of Pennsylvania**; **AI-driven molecular design** pioneer developing generative models for functional biologics. Co-founded ventures spanning fertility, RNA medicine, and oncology.

Mansuo Shannon, PhD
Neuroscience Expert

Pharmaceutical executive with 18+ years at Bayer, Eli Lilly, Roche/Chugai, and Merck; **AskBio Chief Scientific Officer. Developed CNS drugs**, including Lilly's approved Alzheimer's drug.

Business & Corporate Leadership

Alan Roemer, MBA, MPH
Business

Life sciences executive and board leader: launched multibillion-dollar biotechs, **enabled 9 drug approvals, raised ~$2B,** and led 5 IPOs.

Breakthrough Investments Highlight the Value of Molecular Glues and Degraders

Discovery stage TPD assets

Upfront payments of $35M - $60M and $500M - $5B in potential milestones.

BioSpace

Novartis Sticks With Orionis in Second Deal: $40M upfront with total value up to $1.4B

Pre-IND / IND stage TPD assets

$100- $300M in upfront payments and up to $2B potential milestones.

Pharmaceutical Technology

Gilead eyes Kymera's 'adhesive' cancer drug in up to $750M deal and $85M upfront

Clinical stage TPD assets (Phases I & II)

$150M - $650M in upfront payments, $350M investment and $2.1B in potential milestones.

BioSpace

Nurix and Roche deal: $700 M upfront for Nurix's BTK degrader with total value up to $2.3B

SEED Therapeutics – Category-defining Molecular Glue Company

1 Molecular glue field with clinical validation + value recognition

Molecular glue and TPD validation keeps building: Revolution Medicines (~$38B market cap), the Orionis–Novartis collaboration at discovery stage ($40M upfront, up to $1.4B), and the Nurix–Roche transaction for clinical stage BTK degrader ($700M upfront, up to $2.3B).

2 Best-in-class RITE3™ platform for multiple molecular glues

Validated by global pharma collaborations and investments following multi-year diligence. Beyond ST-01156, the RITE3™ platform has already produced additional clinic-bound programs, the wholly-owned Tau degrader and a second oncology program, creating multiple future value inflections.

3 Experienced team with NDA and M&A track record

Founders are pioneers in targeted protein degradation, and the development team has a track record of 40 INDs and 12 NDAs. A deep board and advisory bench add finance, legal, drug-development, M&A, and commercialization expertise. Global clinical synergies across the U.S. and China to accelerate development with cost efficiency.

4 Clinical proof of mechanism in RBM39 target engagement

ST-01156, novel RBM39 degrader: Rapid enrollment with leading U.S. institutions, such as Dana-Farber, MSK and MD Anderson. Enrolling the third ST-01156 dose cohort, with target engagement already confirmed below the dose range where anti-tumor activity is expected. Tumor responses are anticipated in cohort 4 and are possible in the current cohort.

5 Efficient path to speedy approval + commercial upside

ST-01156's Ewing sarcoma or neuroblastoma offers an efficient route to human proof of concept and a potential Priority Review Voucher, while colorectal, hepatocellular, and endometrial cancers represent large long-term markets.

The model echoes Parabilis' record $670M biotech IPO: a rare-disease beachhead with parallel large-indication development.

6 Upcoming value-Inflection catalysts

ST-01156 Phase 1b completion potentially supporting accelerated NDA in orphan indications in 2029, and Phase 2 pivotal study of larger indications, and a second IND candidate in 2027 and its preclinical development.

BeyondSpring
PHARMACEUTICALS

Thank You

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