2021 Interim Results Conference Call Presentation

HBM HOLDINGS-B

02142.HK

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Agenda

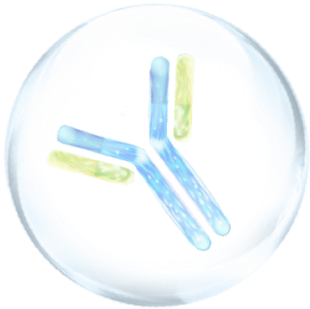
01 **Company Overview**

02 Differentiated Innovative Portfolio

03 Financial Results

04 Outlook

05 Q&A



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Leading the Next Wave of Antibody Therapeutics in Immunology and Oncology

Differentiated Innovative Portfolio

Robust Product Portfolio

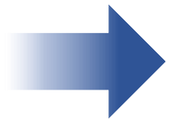
2 near-term commercialization assets

7 ongoing clinical trials

8 significant preclinical assets

Unique Market Position

first-in-class, T cell engager, bispecific antibodies



HARBOUR BIOMED

Leading the Next Wave of Antibody Therapeutics in Immunology and Oncology

Highly Effective and Disruptive Engine

Leading Discovery Platforms

3 fully human antibody platforms

1 single B cell technology

World Class Research Team

105+ discovery scientists, **60+** PhD

3 global research centers

10+ in-house late-stage preclinical/clinical products within **4** years

Global Collaboration

45+ global partners, **license-out**

abbvie · Dana-Farber Cancer Institute · Lilly · Mount Sinai · VIR · BioMap 百图生科

Manufacturing Commercialization

8500 m^2 pilot factory in Suzhou
Fast building core commercial team

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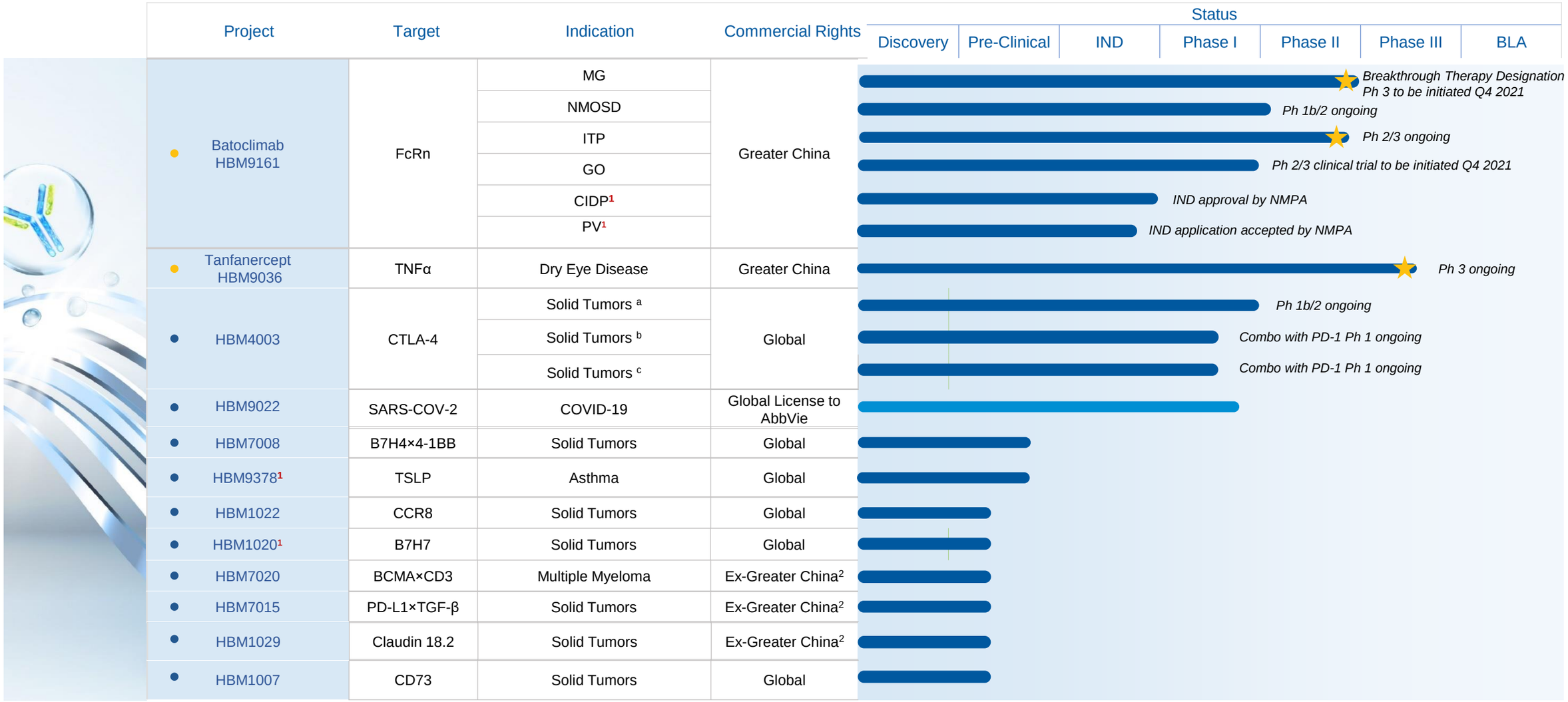
Robust Pipeline Combining Advanced Clinical Programs Addressing Highly Unmet Needs and Novel Molecules Leveraging HBM Antibody Platforms

Project	Target	Indication	Commercial Rights
Batoclimab HBM9161	FcRn	MG	Greater China
		NMOSD	
		ITP	
		GO	
		CIDP[1]	
		PV[1]	
Tanfanercept HBM9036	TNFα	Dry Eye Disease	Greater China
HBM4003	CTLA-4	Solid Tumors [a]	Global
		Solid Tumors [b]	
		Solid Tumors [c]	
HBM9022	SARS-COV-2	COVID-19	Global License to AbbVie
HBM7008	B7H4×4-1BB	Solid Tumors	Global
HBM9378[1]	TSLP	Asthma	Global
HBM1022	CCR8	Solid Tumors	Global
HBM1020[1]	B7H7	Solid Tumors	Global
HBM7020	BCMA×CD3	Multiple Myeloma	Ex-Greater China[2]
HBM7015	PD-L1×TGF-β	Solid Tumors	Ex-Greater China[2]
HBM1029	Claudin 18.2	Solid Tumors	Ex-Greater China[2]
HBM1007	CD73	Solid Tumors	Global



1. New indications and assets in H1 2021
2. Greater China rights out-licensed to Hualan Genetics

a. Melanoma, HCC, RCC and Other Advanced Solid Tumors
b. Melanoma, HCC, NEN and Other Advanced Solid Tumors
c. NSCLC and Other Advanced Solid Tumors

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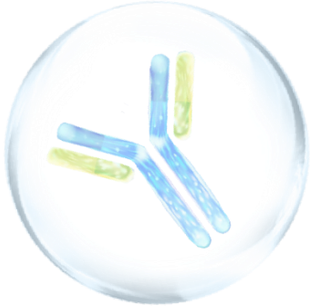

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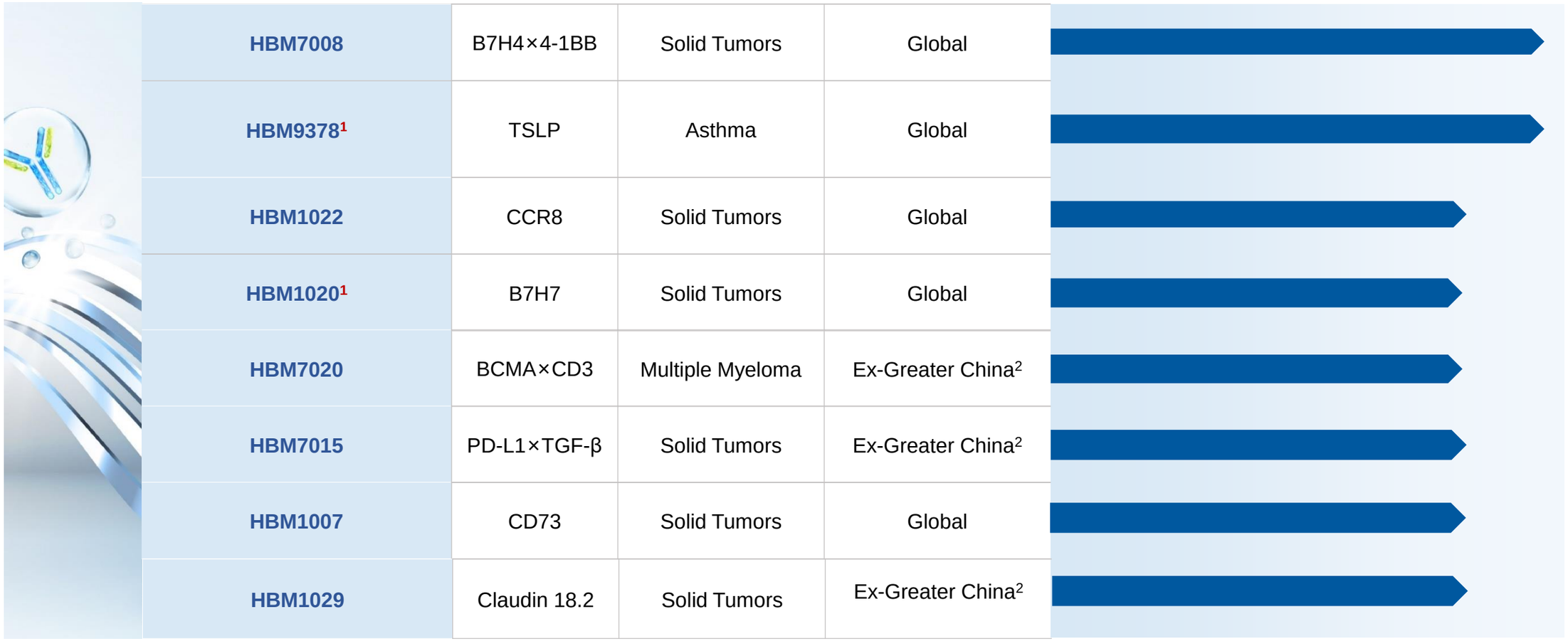
First-in-class and Best-in-class Preclinical Assets

Project	Target	Indication	Commercial Rights	Status
				Discovery / Pre-Clinical
HBM7008	B7H4×4-1BB	Solid Tumors	Global	
HBM9378[1]	TSLP	Asthma	Global	
HBM1022	CCR8	Solid Tumors	Global	
HBM1020[1]	B7H7	Solid Tumors	Global	
HBM7020	BCMA×CD3	Multiple Myeloma	Ex-Greater China[2]	
HBM7015	PD-L1×TGF-β	Solid Tumors	Ex-Greater China[2]	
HBM1007	CD73	Solid Tumors	Global	
HBM1029	Claudin 18.2	Solid Tumors	Ex-Greater China[2]	



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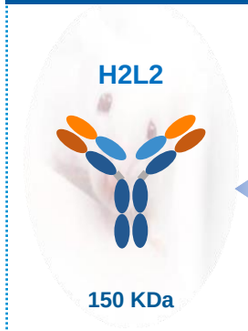
Integrated Platforms Enable Sustainable Invention of Novel Molecules

Harbour Antibody Platforms Combined with Single B Cell Cloning Offers A Complete and Advanced Technology Solution for Consistently Discovering Next-Gen Fully Human Antibody Therapeutics

H2L2 —Full IgG Antibody Discovery Platform



HBM1007

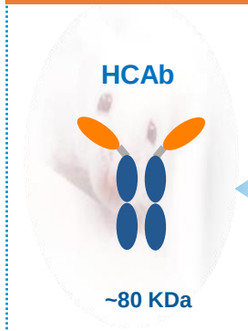
A allosteric fully human antibody against CD73 for the treatment of solid tumors

HBM7015

A bifunctional fusion protein for the treatment of solid tumors

Robust and highly efficient, global IP and clinically validated

HCAb —Next-Generation Heavy-Chain-Only Antibody Discovery Platform



HBICE™

A Unique, HCAb-Based Platform For Immune Cell Engagers

HBM4003

A next generation anti-CTLA4 antibody

Unique fully human HCAb, versatile for broad applications

HBICE™ — HCAb-Based Platform for Immune Cell Engagers

HBM7020

A BCMAxCD3 bispecific antibody

HBM7008

A B7H4×4-1BB bispecific antibody

Self-developed, unique geometric flexibility, promising bispecific biology

Antibody generation with Single B Cell cloning method in 3-5 months*

Animal Immunization	SBC	SC Sequence	Recombinant Antibody	Lead Characterization
1-2 months	1 -2 weeks	(1-2 weeks)	(4-5 weeks)	1-2 weeks

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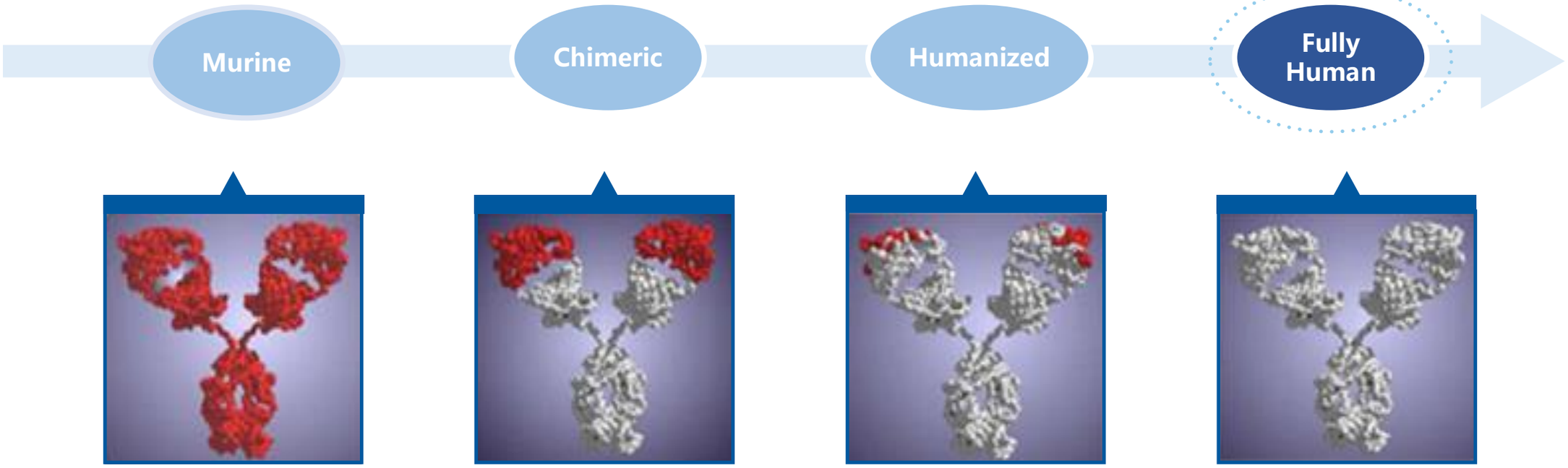
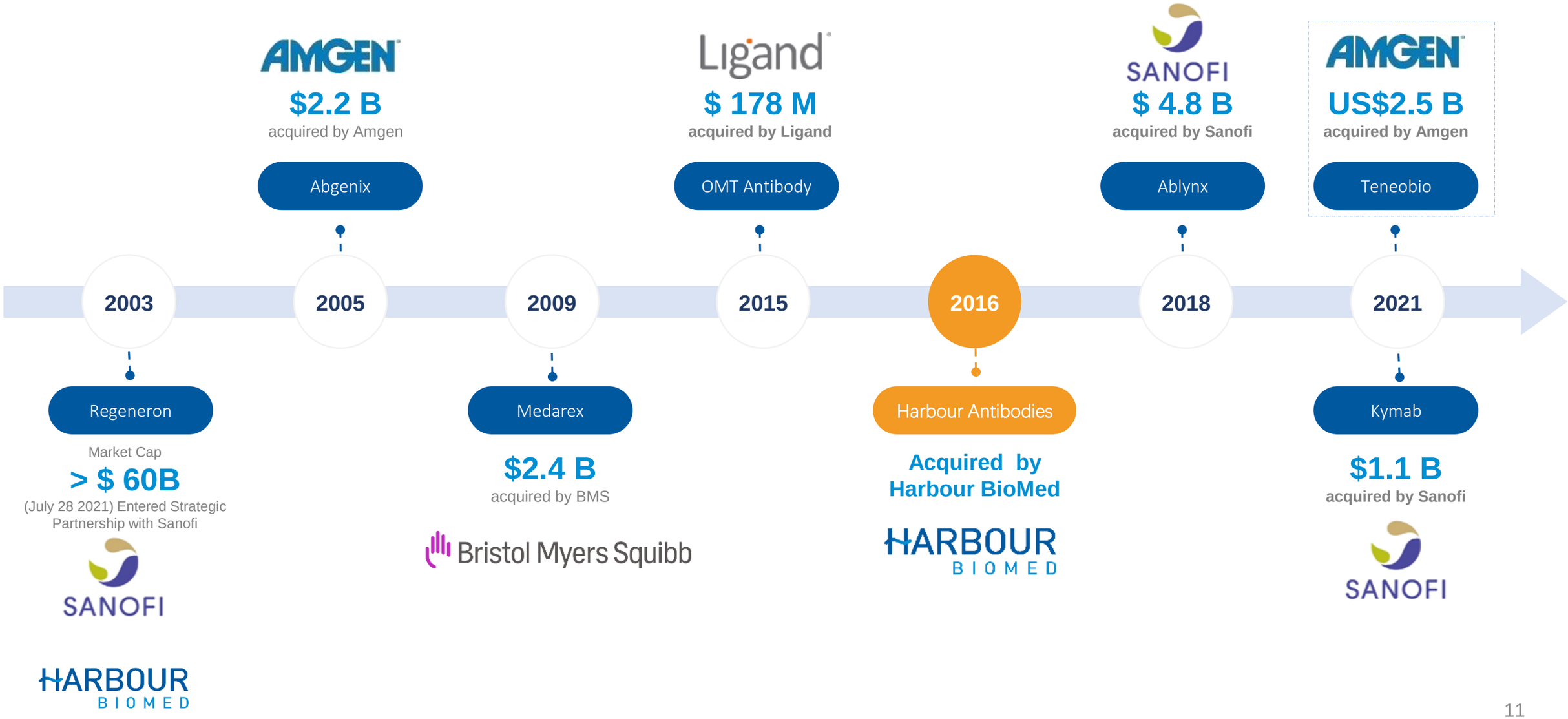
** Traditional hybridoma method need 7-9 months with an additional 3-6 months of humanization*

70% FDA Firstly Approved “Fully Human” mAbs Were Generated from Transgenic Mice

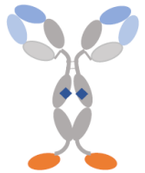
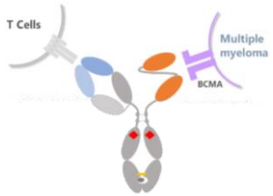


Transgenic Mouse Platforms Have Created Significant Value

Major Events Centered Around mAb Platforms



Next-Gen Bispecific Antibody Therapies

	HBM7008 (B7H4 x 4-1BB)	HBM7020 (BCMA x CD3)	HBM7015 (PD-L1 x TGF-β)
Highlights	• B7H4 x 4-1BB HBICE™-based bispecific T cell engager • **First-in-class bispecific** based on HBICE platform • Activate T cell activation Signal 2 **specifically in tumor microenvironment,** and potentially translate to **better safety**	• BCMA x CD3 HBICE™-based bispecific T cell engager • New generation BCMAxCD3 bispecific with **2+1 format** and **optimized anti-CD3 activity** • High tumor killing specificity **with less cytokine storm risk**	• Bifunctional fusion protein, consisting of a fully human PD-L1 mAb and TGF-βRII extracellular domain • **Better** PD-L1 activity and TGF-β blocking potency than competitor drug • **No-linker design** and **fully human** derived sequence shows **superior druggability**
Indication	**Solid Tumors**	**Multiple Myeloma**	**Solid Tumors**
IND Plan	**2021**	**2022**	**2022**
	HCAb-based symmetric format	**HCAb-based "2+1" format**	**Fully human bifunctional protein**
			

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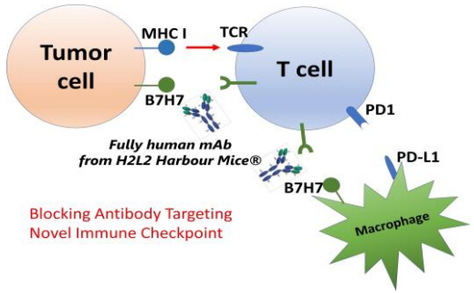
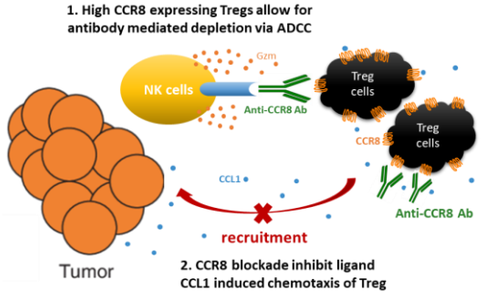
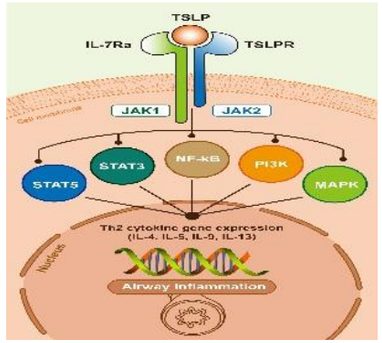
Next-Gen Monoclonal Antibody Therapies

	HBM1020 (B7H7)	HBM1022 (CCR8)	HBM9378 (TSLP)
Highlights	• **First fully human** H2L2 mAb against a novel B7 family member checkpoint target • **A novel** immune checkpoint inhibitor potentially complementary to PD1/PD-L1 pathway • Targeting **PD1/PD-L1 therapy refractory patients** and can combine with anti-PD-L1	• Potently antagonizes CCL1-CCR8 signaling and depletes CCR8-expressing cells • **First** reported antibody binding to human & cyno CCR8 with **antagonistic function** • **The only** mAb shown anti-tumor efficacy in animal models instead of using surrogate antibody	• **Fully human** H2L2 mAb against TSLP, suppresses type 2 inflammation severe asthma • Silenced ADCC/CDC effect; fully human mAb with less immunogenicity risk • **Long half-life** attributed to antibody engineering
Indication	**Solid Tumors**	**Solid Tumors**	**Severe Asthma**
IND Plan	**2022**	**2022**	**2021**







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Next-Gen Monoclonal Antibody Therapies—HBM9378

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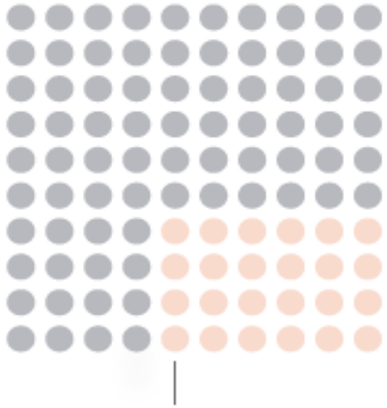
HBM9378

IND in 2021



- 17.8B global market by 2028
- biologics > 40%

Diagnosed patient number (million)	Asthma patients >=12	Severe asthma	Type 2 severe asthma
US	24	1.6	0.8
EU	32	2.0	1.0
CN	19	1.2	0.6

Significant clinical unmet needs for severe asthma

- Severe asthma is life-threatening disease, around 1.2 million in China
- Conventional therapies including ICS, SABA, LABA are not effective for moderate to severe asthma
- Biologics including anti-IgE, anti-IL3/5R, anti-IL4R can improve efficacy in some moderate to severe asthma

HBM9378 is for a broad population of severe asthma patients regardless of their type of inflammation

- HBM9378 targets TSLP signal which is upstream of asthma T2 inflammation, while current biologics target downstream signals
- Tezepelumab phase 2 & 3 clinical results show significant decrease of asthma exacerbation without IgE, eosinophil count or FeNO limitation
- These latest results underscore the potential of TSLP antagonist to transform several asthma treatment

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First-in-class and Best-in-class Clinical Assets

Project	Target	Indication	Commercial Rights	Status
Batoclimab HBM9161	FcRn	MG	Greater China	Breakthrough Therapy Designation; Ph 3 to be initiated Q4 2021
		NMOSD		Ph 1b/2 ongoing
		ITP		Ph 2/3 ongoing
		GO		Ph 2/3 clinical trial to be initiated Q4 2021
		CIDP[1]		IND approval by NMPA
		PV[1]		IND application accepted by NMPA
Tanfanercept HBM9036	TNFα	Dry Eye Disease	Greater China	Ph 3 ongoing
HBM4003	CTLA-4	Solid Tumors [a]	Global	Ph 1b/2 ongoing
		Solid Tumors [b]		Combo with PD-1 Ph 1 ongoing
		Solid Tumors [c]		Combo with PD-1 Ph 1 ongoing
HBM9022	SARS-COV-2	COVID-19	Global License to AbbVie	

Discovery | Pre-Clinical | IND | Phase I | Phase II | Phase III | BLA

HBM | Partner | Registrational Clinical Trial | In-license Program | Program from Harbour Discovery Platforms

1. New indications and assets in H1 2021

a. Melanoma, HCC, RCC and Other Advanced Solid Tumors
b. Melanoma, HCC, NEN and Other Advanced Solid Tumors
c. NSCLC and Other Advanced Solid Tumors

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Batoclimab (HBM9161): A Breakthrough Therapy for IgG Mediated Autoimmune Diseases with a Portfolio-in-a-product Approach

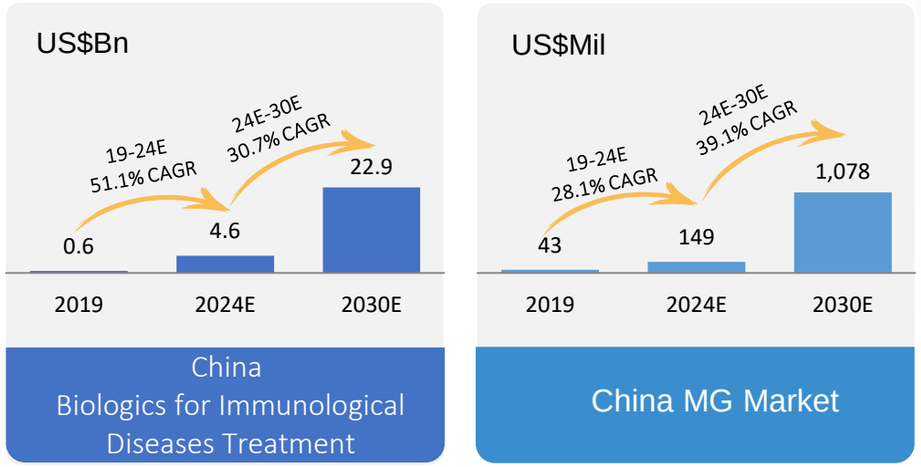
A Pipeline-in-a-product:

60~70

pathogenic IgG mediated autoimmune diseases

- Myasthenia Gravis
- Neuromyelitis optical spectrum disorders
- Immune Thrombocytopenia
- Graves' Ophthalmopathy
- Chronic Inflammatory Demyelinating Polyneuropathy
- Pemphigus Vulgaris
- ……

China's Fast-Growing Market Opportunity in Autoimmune Diseases



Source: Frost & Sullivan

Current Standard of Care

Current treatments for patients with serious autoimmune diseases primarily include plasmapheresis and intravenous immunoglobulin ("IVIg")

Plasmapheresis: A process that separates blood cells from the plasma, removing antibodies, and returning them back into the body

IVIg: A process that intravenously injects antibodies collected from more than 1,000 blood donors to interfere with autoantibodies and relieve symptoms

Competitive Advantages

A more effective and differentiated treatment for autoimmune diseases

Strong Efficacy	• Potent & dose-dependent IgG reduction • Clinical POC established across indications
Safety	• Full human IgG with low immunogenicity risk • Less likely to lead to inflammation with reduced effector function • Well tolerated, majority of AEs are mild and/or moderate
Convenient Treatment	• Fixed-dose subcutaneous injection • Possible for patient self-administration • Improved patient compliance

Batoclimab (HBM9161): A Breakthrough Therapy for IgG Mediated Autoimmune Diseases with a Portfolio-in-a-product Approach

HBM Strategy and Plan

2021

- MG
  Ph2 completion and data readout
  Ph3 initiation in Q4
  1 Breakthrough Therapy Designation achieved
- NMOSD
  Ph1b/2a completion for patient recruitment in July
  Plans to have Ph1b/2a data readout in H2, regulatory discussion on pivotal trial
- ITP Ph2 data analysis in H2
- GO Ph2/3 initiation
- CIDP IND approval in Aug
- PV IND application in Aug

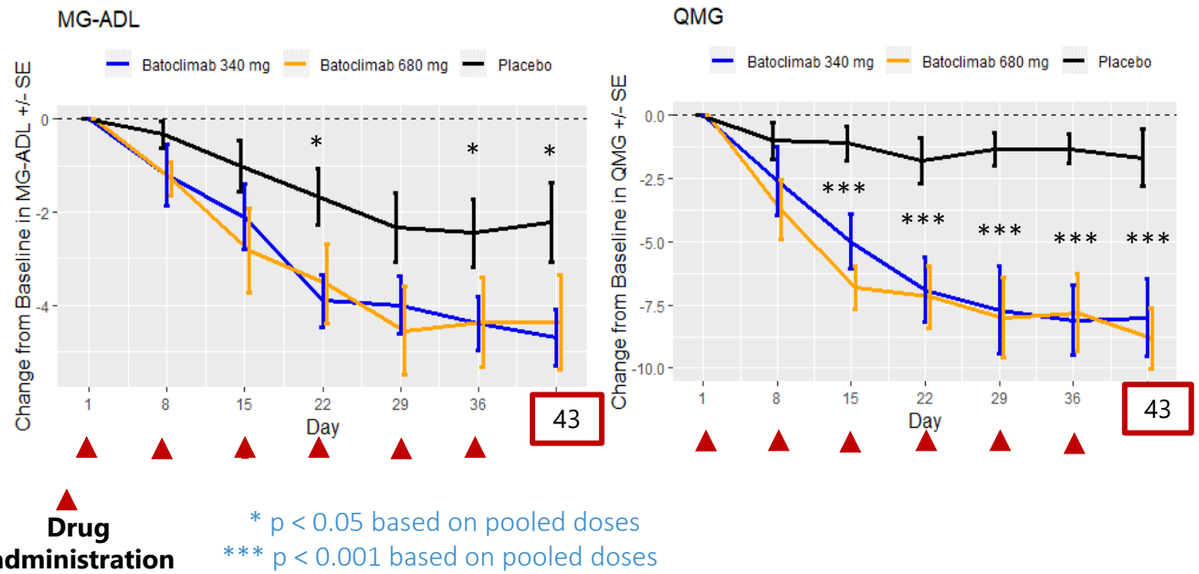
2022-2023

- BLA for treatments of MG, NMOSD, ITP, GO
- Commercial launches
- Further indications expansion

Positive Results of Phase 2 Trial of Batoclimab Treatment for MG

- Fast, Substantial, persist clinical improvements, 57% vs 33% (MG-ADL), 76% vs 11% (QMG)
- Robust IgG reduction, 57% (340mg) and 74% (680mg)
- All patients on treatments showed favorable safety profile

MG-ADL | **QMG**



Drug administration

* $p < 0.05$ based on pooled doses
*** $p < 0.001$ based on pooled doses

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Batoclimab (HBM9161): Next Wave of Indications with Huge Unmet Medical Needs

Batoclimab is a fully humanized recombinant IgG1 monoclonal antibody with Fc segment engineered that binds to FcRn with high affinity, making it unable to participate in IgG recycling, including pathogenic IgG

PV

Life-threatening autoimmune disease, causes blisters and erosions on the skin and mucous membranes

- **60K -70K** people in China affected
- **70%** high mortality
- **Limitation of Current Therapy**: Serious AEs caused by steroids and rituximab

Limited efficacy with available treatments - huge unmet medical needs

HBM 9161

- Identified autoantibodies-DSG1, DSG2
- Early onset of efficacy, no impact on B cell functions
- More flexible use-self subcutaneous injection

CIDP

A immune-mediated inflammatory disorder requiring long-term immune therapy

- around **90K** people in China affected
- **13%** severe disabilities after 5 years treatment
- **Limitation of Current Therapy**
  - Lack of options
  - **25%** not respond to 1st line
  - **39%** require IVIG for maintenance therapy

Limited efficacy with available treatments - huge unmet medical needs

HBM 9161

- 40% anti-myelinated peripheral nerve IgGs
- Early onset of act, durable response
- More flexible use-self subcutaneous injection

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HBM4003: Next-Gen HCAb Anti-CTLA4 Antibody with Potential to Become the Cornerstone of Immuno-Oncology Therapy

Current Treatment and Limitation

Yervoy (ipilimumab) is the only marketed anti-CTLA-4 drug and has many limitations, and there remains significant unmet medical needs for the next generation anti-CTLA-4 antibodies

Significant Toxicity in Combotherapy

Limited Efficacy and Applications

Potential advantages of HBM4003 over competing anti-CTLA-4 molecules

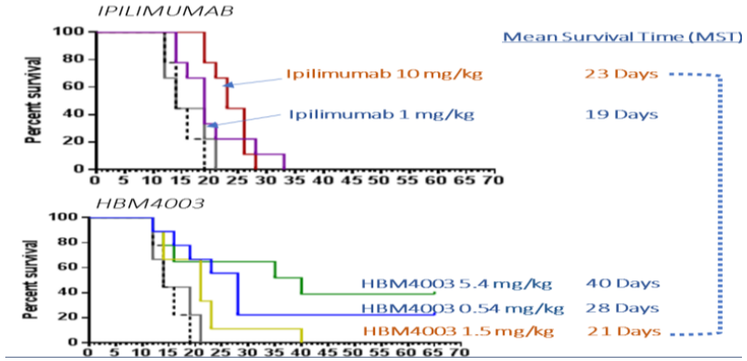
Increased potential to deplete intra-tumoral Treg cells via **enhanced ADCC strategy** to break the significant immune-suppressive barrier of anti-cancer immunotherapies in solid tumors

Promising safety profile resulting from the reduced drug exposure in the serum

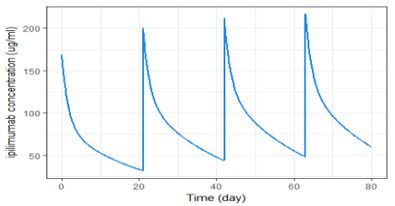
Extensive combination potential with other anti-tumor or immunomodulatory antibodies, vaccines, and targeted therapies

1/6 Of Dose Compared to Ipilimumab, and with Much Lower Predicted Human Exposure (~1/35 of AUC)

Survival Prolongation (Mean Survival Time)

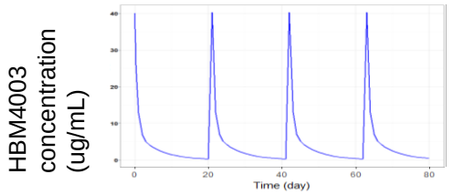


Ipilimumab (10mg/kg q3w)



$AUC_{(0\text{-}tau)}$ μg*day/ml	Cmax μg/ml	Cmin μg/ml
1942.7	744.9	576.3

HBM4003 (1.5mg/kg q3w)



$AUC_{(0\text{-}tau)}$ μg*day/ml	Cmax μg/ml	Cmin μg/ml
54.27	40.26	2.50

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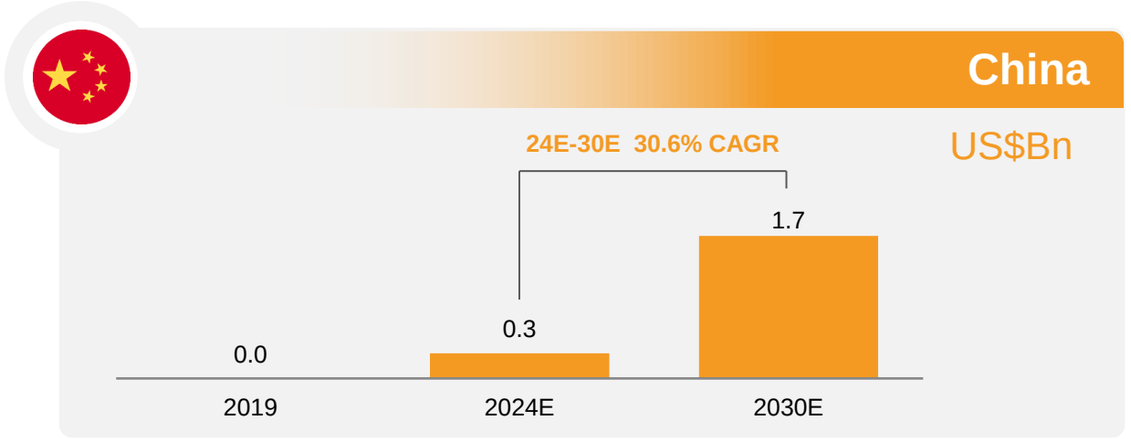
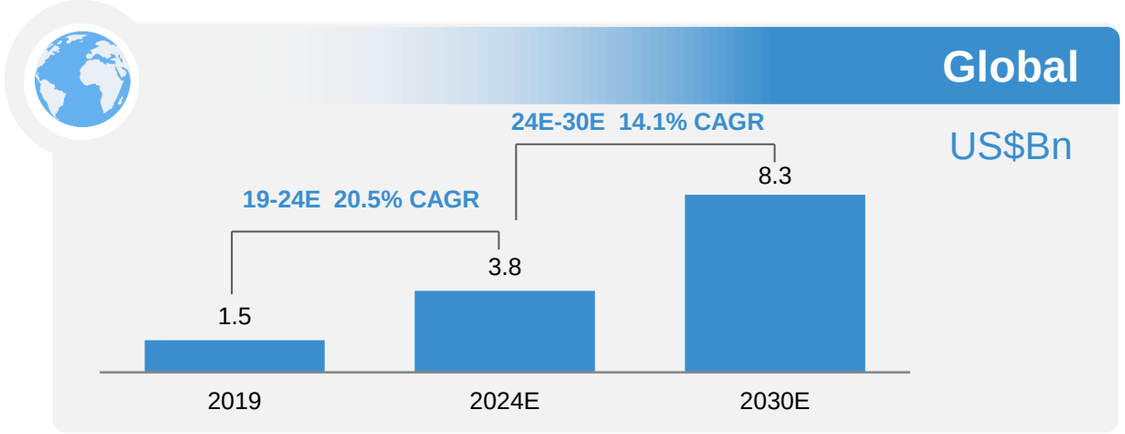
HBM4003: Next-Gen Anti-CTLA4 Antibody with Potential to Become the Cornerstone of Immuno-Oncology Therapy

Market Opportunities for HBM4003:

The launch of innovative CTLA-4 antibodies with higher safety and better efficacy and targeting more indications will drive the growth of the CTLA-4 market globally





Source: Frost & Sullivan

HBM4003 Development Achievements

2020

- ✓ IND approval in US and China (mono therapy)
- ✓ IND approvals in China (combo with PD-1 for advanced solid tumors)
- ✓ Ph 1a trial ongoing in AUS (mono therapy)

2021

- **Completed** the phase 1a trial in Australia for mono therapy, the data will be published on ESMO in September 2021
- **Achieved** the first dosing in phase Ib/II trial for mono therapy in Australia in May
- **Obtained** IND approval of combination therapy with PD-1 for NSCLC in China in February and **achieved** the first dosing in phase 1a study in June
- **Achieved** the first dosing in phase 1a for combination therapy with PD-1 for melanoma and other advanced solid tumors in China in March
- **IND Submission** for two new indications, HCC and NEN, with PD-1 combination therapy

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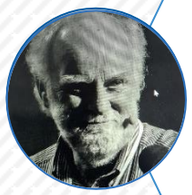
HBM4003: Next-Gen Anti-CTLA4 Antibody with Potential to Become the Cornerstone of Immuno-Oncology Therapy

HBM4003 is endorsed by global leading experts in IO therapy aiming to transform the global IO landscape with breakthrough innovation



Dr. Frank Grosveld

Fellow of Royal Society and Member of Royal Netherlands Academy of Arts and Sciences

Professor and former Head of Department of Cell Biology & Department of Clinical Genetics at Erasmus University Medical Center

Dr. Robert Kamen

Venture Partner at Third Rock Ventures

Former President & Unit Head of Abbott Bioresearch Centre

Dr. Jon Wigginton

Chief Medical Officer, Cullinan Oncology; Advisos of MPM Capital

Former Therapeutic Area Head of Immuno-Oncology, Early Clinical Research at BMS

Former President of the Society for Immunotherapy of Cancer

Dr. Shivaani Kummar

Director, Phase 1 Clinical Research Program, Division of Oncology Stanford School of Medicine

Professor of Medicine & Radiology at Stanford University Medical Centre

Specialty Sarcoma

Dr. John M Kirkwood

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Specialty Global Melanoma and Skin Cancer

Phase I Clinical Data Demonstrates Promising Efficacy and Safety

- **Safety profile** is confirmed, differentiated from the 1st generation of CTLA-4
- Preliminary data on **clinical efficacy** are encouraging
- PK/PD profile are consistent with Pre-clinical findings, confirmed innovative molecule design with **minimal immunogenicity**
- 20 patients were enrolled in 3 dose cohorts, 0.45m/kg is decided as RP2D, shows **favorable safety profile** and encouraging anti-tumor efficacy

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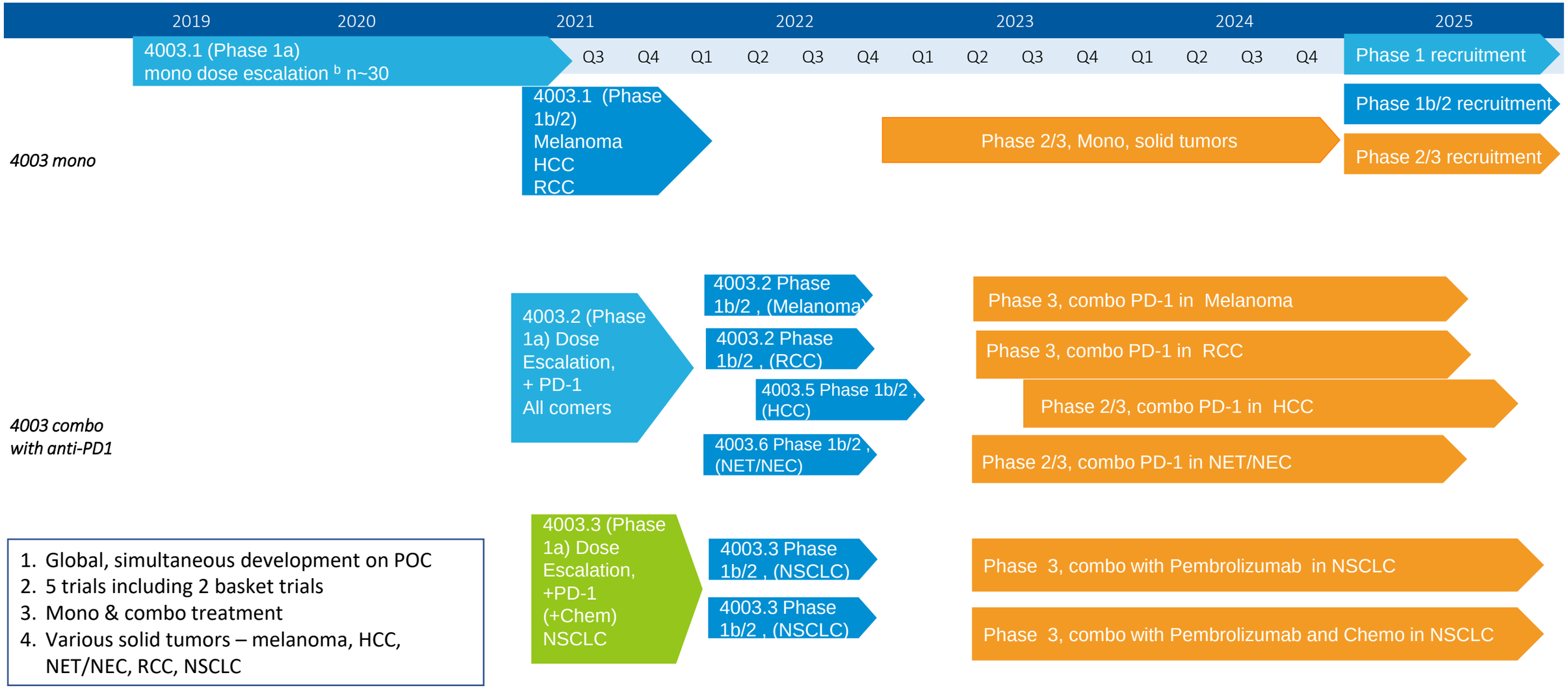
Global Development Roadmap for HBM4003 Aiming to Unlock Potential of Broad Tumor Setting

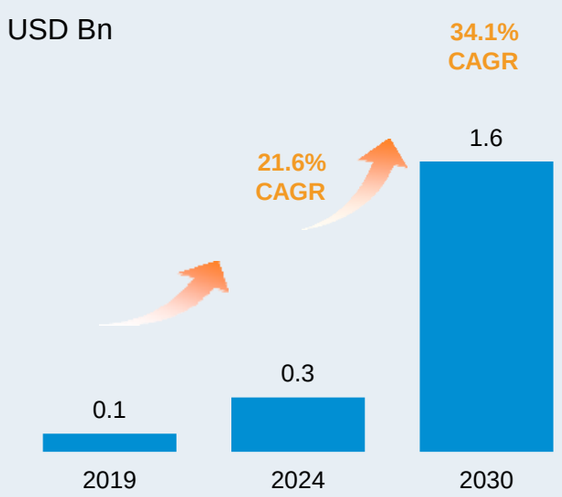


1. Global, simultaneous development on POC
2. 5 trials including 2 basket trials
3. Mono & combo treatment
4. Various solid tumors – melanoma, HCC, NET/NEC, RCC, NSCLC

Tanfanercept (HBM9036):A Differentiated Therapy to Treat Moderate to Severe Dry Eye Disease with Growing Prevalence

Huge Unmet Medical Needs in China

DED Market Size in China



- **Aging Population**
- **Deteriorating environmental pollution**
- **Increase in autoimmune diseases**
- **Contact lens wear**
- **Digital Screen Usage**

Current Available Therapies

- Limited treatment options with only one approved anti-inflammatory DED drugs in China - Cyclosporin
- Artificial tear for lubrication
- Autologous serum/ secretagogue/ systemic anti-inflammatory

Note: above market data are from Frost & Sullivan

190.4MM

adults impacted by DED

16.8%

of total China adult population

Competitive Advantages

Special TNF-α target with clearly demonstrated effectiveness

Excellent Safety Profile

Comfortable

similar drop comfortable score with placebo

Rapid Onset

4 weeks vs. 3-6 months

From initiation of treatment show reduction in clinical signs (Tranfanercept vs. Competitors)

Tanfanercept (HBM9036):A Differentiated Therapy to Treat Moderate to Severe Dry Eye Disease with Growing Prevalence

HBM Strategy and Plan

2020

- Published Ph2 trial data of China at “Annual Conference of Chinese Ophthalmological Society”
- Received approval from the NMPA on registrational Ph 3 trial design and BLA strategy

2021

- Achieved first dosing of Ph 3 clinical trial in March 2021
- Ph 3 trials ongoing, target to recruit around 640 patients at 30+ sites

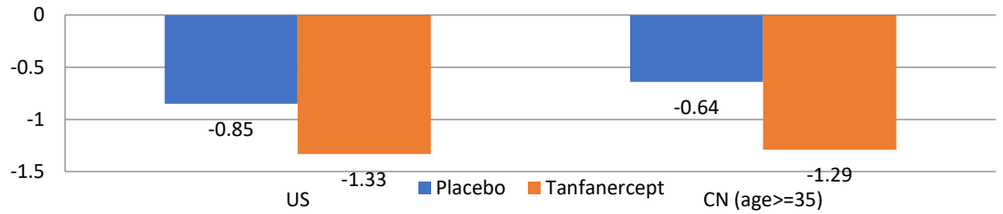
2022

BLA submission

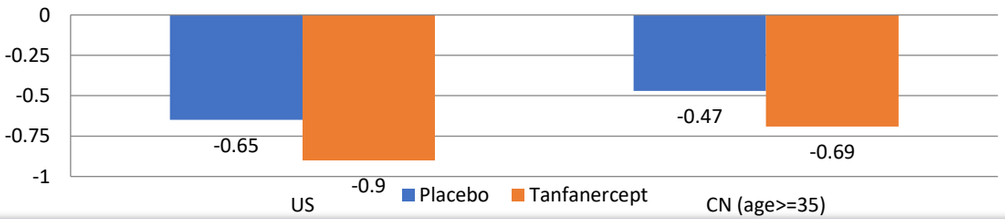
Positive Results of HBM9036 Phase 2 Clinical Data

Efficacy

TCSS (Total Corneal Staining Score) Pre-to-Post Change from Baseline (Week 8)



ICSS (Inferior Corneal Staining Score) Pre-to-Post Change from Baseline (Week 8)



Tanfanercept showed consistent and strong treatment benefits in signs

Safety

Except for one non-drug related moderate adverse event (“AE”), all the AEs were mild. Most commonly reported AEs are conjunctivitis (6%) and conjunctival redness (6%).

	Tanfanercept (n=50)	Placebo (n=50)
Number of Subjects with TEAE	13 (26.0%)	13 (26.0%)
Number of Subjects with ocular TEAE	7 (14.0%)	4 (8.0%)
Number of Subjects with non-ocular TEAE	9 (18.0%)	10 (20.0%)
Number of Subjects with serious AE	0 (0.0%)	0 (0.0%)

	Tanfanercept (n=50)	Placebo (n=50)
Drop Comfort Scale (0-10 scale, higher is worse), mean (standard deviation)		
Upon Instillation	3.7 (2.26)	3.8 (1.98)
1 Minute Post-Instillation	3.4 (2.18)	3.5 (2.12)
2 Minutes Post-Instillation	3.1 (2.20)	3.5 (2.10)

Important for long-term patient compliance with topical treatments

Tanfanercept was well-tolerated without serious treatment emergent adverse events (“TEAEs”) or serious AEs (“SAEs”)

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Agenda

01 Company Overview

02 Differentiated Innovative Portfolio

03 **Financial Results**

04 Outlook

05 Q&A

Consolidated Statement of Profit or Loss

USD'000	Six months ended 30 June, 2021	2020
Revenue	**2,212**	**6,070**
Cost of sales	-	(287)
Gross profit	**2,212**	**5,783**
Other income and gains	2,681	349
Administrative expenses	(25,268)	(5,306)
Research and development costs	(41,183)	(15,198)
Loss on fair value change of convertible redeemable preferred shares	-	(33,162)
Other expenses	-	(667)
Finance costs	(39)	(235)
Loss before tax	**(61,597)**	**(48,436)**
Income tax (expense)/credit	(18)	54
Loss for the period	**(61,615)**	**(48,382)**

Revenue

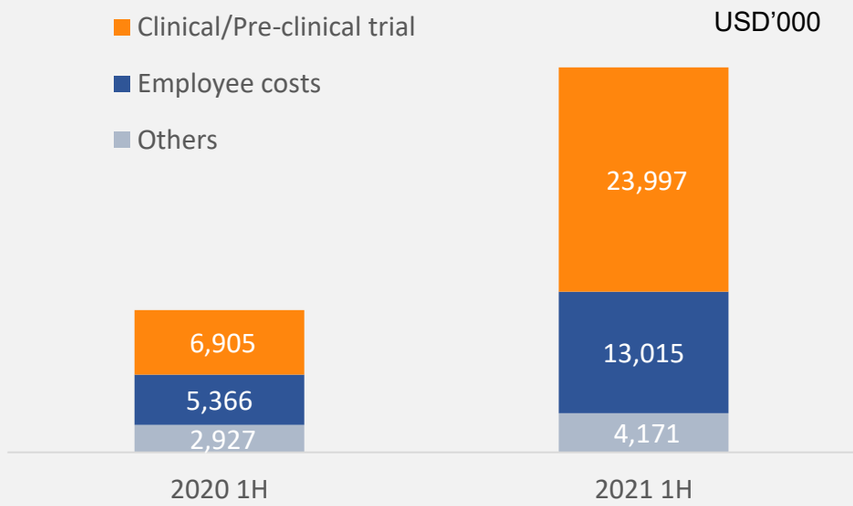
Total revenue decreased from US$6.1 million for the six months ended 30 June 2020 to US$2.2 million for the six months ended 30 June 2021, primarily due to a major molecule license fee realized in first half of 2020.

Other income and gains

The increase was primarily due to an increase of bank deposit interest, as well as increase of government subsidy and grants.

Research and development costs

R&D costs was US$41.2 million, the increase was primarily attributable to the combined impact of (i) increased investments in our key clinical programs; (ii) increased investments in our molecule assets in discovery and pre-clinical stages; and (iii) employee cost caused by an increase of research scientist and development clinician headcount to support driving R&D programs, as well as share-based compensation expense.



Administrative expenses

Administrative expenses increased to US$25.3 million. The significant increase was caused by (i) hiring of new commercial staff to support future commercial launches of our key clinical stage products; (ii)) hiring of new administrative staff to support operations of the Group as the Company listed on the Hong Kong Stock Exchange in December 2020; and (iii) certain one-time compensation expense.

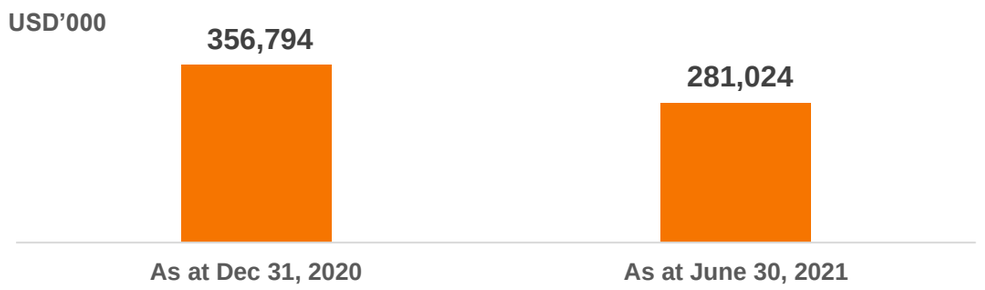
Consolidated Statement of Financial Position

Summary of Consolidated Statements of Financial Position

USD'000	As at 30 June,	As at 31 December,
	2021	2020
Non-current assets	27,156	19,442
Current assets	300,086	369,296
Include: Cash and bank balances	281,024	356,794
Current liabilities	17,335	25,552
Net current assets	282,751	343,744
Non-current liabilities	5,812	2,178
Net assets	304,095	361,008

Cash and bank balances

Cash and bank balances decreased from US$357 million to US$281 million, it was primarily as a result of R&D and administrative expenses, as well as pay-down of current liabilities.



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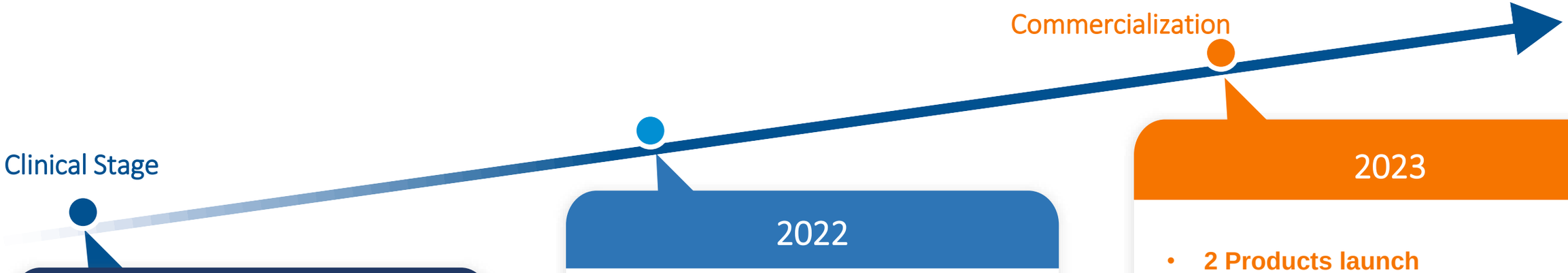
04 **Outlook**

05 Q&A

Rapid Progress for Key Assets Towards a Fully Integrated Biopharma Company



2021

- **2 Assets**
  in pivotal phase 3 trials
  HBM9161 & HBM9036
- **Multiple ongoing**
  clinical trials in Phase 1&2
- **2 New assets**
  IND submissions from pre-clinical stage
- **Manufacturing & Commercialization**
  8500 m^2 pilot facility set-up in Suzhou
  fast building core commercial team

2022

- **3 BLA submissions**
  HBM9161 for MG, NMOSD
  HBM9036
- **3 Assets**
  in pivotal phase 3 trials
  HBM4003 HBM9161 HBM9036
- **Multiple ongoing**
  clinical trials in Phase 1&2
- **5 New assets**
  IND submissions from pre-clinical stage
- **Manufacturing & Commercialization**
  Suzhou pilot facility enters into production readiness commercial team

2023

- **2 Products launch**
  HBM9161 HBM9036
- **2 BLA submissions**
  HBM9161 for GO
  HBM9161 for ITP
- **1 Asset**
  in registrational trial stage
  HBM 4003
- **Multiple ongoing**
  clinical trials in Phase 1&2
- **Multiple new assets**
  IND submissions from pre-clinical stage

Q&A

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THANK YOU

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