



August 28, 2024

HBM HOLDINGS-B 2142-HK



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HBM Holdings: Innovation Value Leads to High-Quality Sustainable Growth

HBM Holdings: 24H1 Business Highlights Fuel Sustainable Growth



Advance Innovative Pipeline and Platform

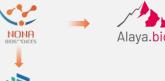
Rapidly advance differentiated assets and leverage innovative platform to expand global collaboration opportunities

Assets/Platform Progress

- Multiple clinical-stage assets milestones
 - 1 IND approvals from FDA: HBM9027
 - Batoclimab BLA re-submission

Nona Platform Upgrading and Collaborations:

- HBICE® mRNA-Encoding Engagers
- HBICA®
 H2L2/HCAb- ADC Toolbox
- · Blood-Brain Barrier Shuttle BsAb





Therapies



ADC against BOOSTIMMUNE Novel Targets



Global Collaboration Ecosystem Expansion

Strategize Global connections to build a diversified collaboration ecosystem, linking with lead pharma and biotech

Collaboration Ecosystem Expansion

Global License and Option Agreement with AstraZeneca, total \$604 million including upfront \$19 million, nearterm milestone \$10 million



2022: CLDN18.2xCD3

2024: Pre-clinical mAb

Consecutive Net Profit Validates Business Model

24H1 revenue ~\$23.7 million (~RMB 168 million), further enhance financials and strongly support company business and strategic operation

High Quality financial Efficiency

- 3rd Consecutive Interim Net Profit
- Cash Position +30.3% vs. 12/31/23
- Improved operating efficiency, total cost down by -38.7% vs. 1H23



Revenue Growth of Core Business Doubled vs 1H23



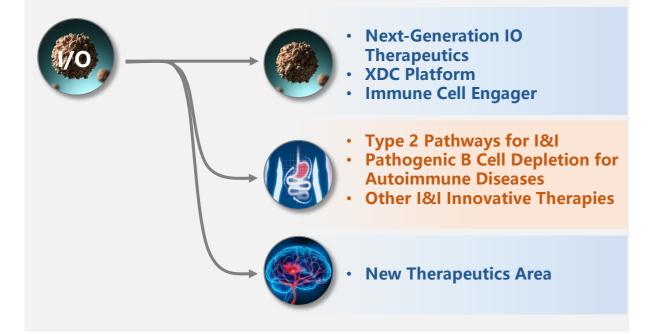


HBM Holdings: Focus on Oncology and Immunology, With Support from Technology Innovation

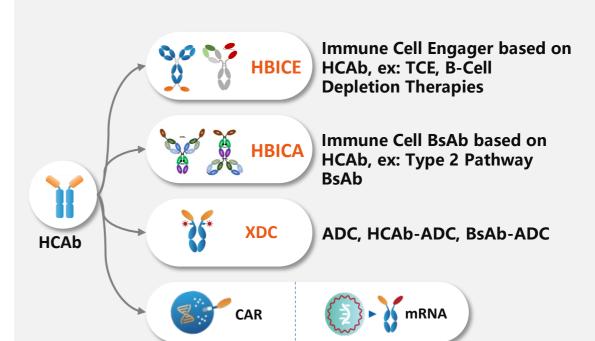


Therapeutics Area: From I/O to I&I

Pipelines focus on IO and I&I, expanding to new therapeutics area through strong R&D capabilities and experience









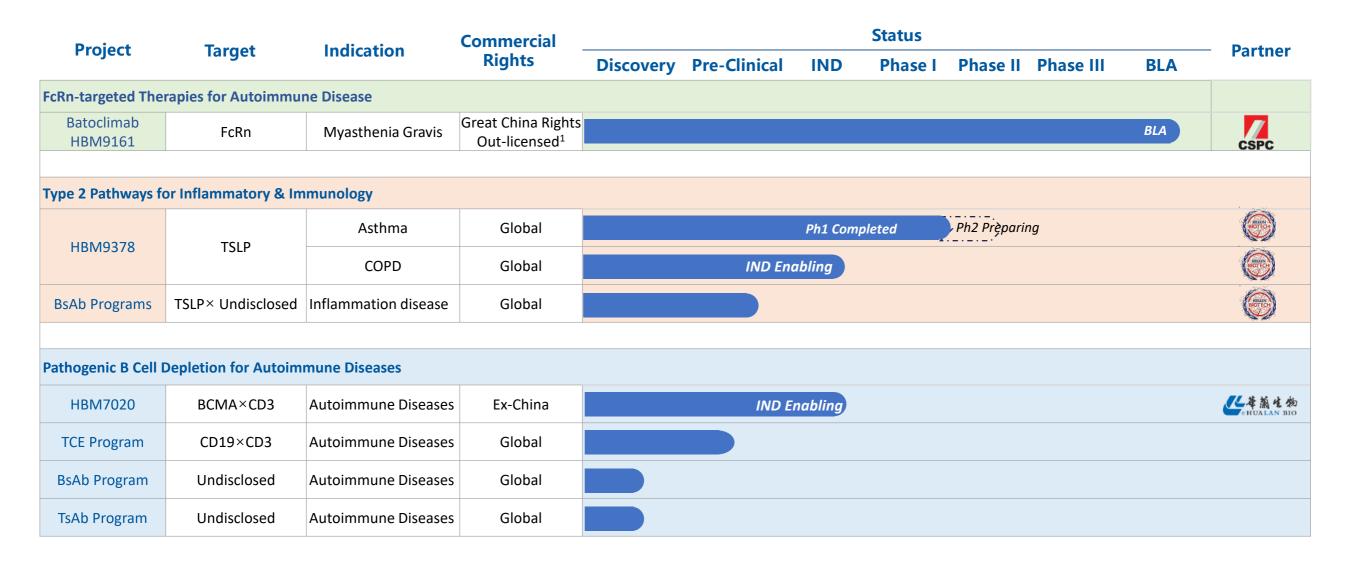


Harbour Therapeutics: Accelerate Innovative Pipeline Expansion

Leverage Leading Harbour Mice and XDC Platforms to Advance Novel and Highly Differentiated Potential Assets

	Ductors	Target	Indication	Commercial Rights	Status					
	Project				Discovery Pre-Clinical IND Phase I Phase II Phase III	- Partner				
mAb for Next- gen IO Therapeutics	Porustobart HBM4003	CTLA-4 ¹	Melanoma		Combo with PD-1 Ph 1b/2 Ph3 Preparing >					
			CRC	Global	Combo with PD-1 Ph 1b/2					
			НСС		Combo with PD-1 Ph 1b/2					
			NEN		Combo with PD-1 Ph 1b/2					
	HBM1020	B7H7/HHLA2	Solid Tumors	Global						
	HBM1022	CCR8	Solid Tumors	Global	US IND clearance					
	HBM9014	LIFR	Solid Tumors	Global		Yinuoke				
	HBM7022	CLDN18.2xCD3	Solid Tumors	Global Out-license	As	straZeneca				
Immune Cell Engager for Oncology	HBM7008	B7H4×4-1BB	Solid Tumors	Global						
	HBM7020	BCMA×CD3	Hematologic carcinoma	Ex-China	CN IND clearance	世春萬生物 ® HUALAN BIO				
	HBM9027	PD-L1xCD40	Solid Tumors	Global	US/CN IND clearance					
	HBM7004	B7H4×CD3	Solid Tumors	Global						
						_				
XDC Platform	HBM9033	MSLN ADC	Solid Tumors	Global Out-license		Pfizer				
	ADC Program	Undisclosed	Solid Tumors	Global						
	RDC Program	Undisclosed	Solid Tumors	Global						

Innovation in Inflammatory & Immunology Driven by Differentiated Biological Pathways and Molecular Properties







Porustobart (HBM4003): Next-Gen Anti-CTLA-4 Antibody with Potential to Be the Mainstream of IO Therapeutics

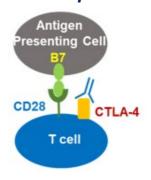


Highlights

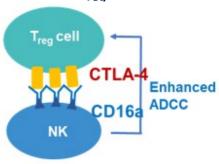
- Deplete intra-tumoral Treg cells via enhanced ADCC strategy
- Great safety profile resulted from the reduced systemic drug exposure
- Huge potential for combination therapies



MOA1: Checkpoint Inhibit



MOA2: T_{rea} Depletion



Brianna M Lax., et al., Both intratumoral regulatory T cell depletion and CTLA-4 antagonism are required for maximum efficacy of anti-CTLA-4 antibodies. **PNAS.** 2023 Aug;120(31)

Encourage efficacy observed for HBM4003 + Tislelizumab in Late-Line MSS CRC

Best Overall Response by RECIST 1.1, N (%)

Pts with tumor assessments	9 (100%)		
ORR (CR + PR)	2 (22.2%)1		
DCR (CR + PR +SD)	5 (55.6%)		



Encouraging efficacy observed for HBM4003 combo with Tislelizumab in later line MSS CRC



Continue to enroll Late-line MSS CRC patients



Explore other combination opportunities, ex: combo with Toripalimab on 1L mucosal melanoma

BIOMED 1. 2 PR (including 1 unconfirmed)



HBM1020 (B7H7): An Alternative Immune Escape Mechanism Beyond PD-L1, Potential Therapy for PD-L1 Negative/Refractory Patients



Highlights

- T cell and NK cell activation activity and excellent in vivo efficacy in humanized tumor models
- Widely Expressed in Various Solid Tumors & Reciprocal to the Expression of PD-L1
- Huge potential to treat PD-L1 negative or anti-PD1/PD-L1 refractory cancer patients
- HBM1020 is the first and only mAb entering clinical development worldwide
- Ph1 ongoing multiple patients dosed in collaboration with top-tier US cancer centers



B7H7: Widely Expressed in Various Solid Tumors & Reciprocal to the Expression of PD-L1



Dose escalation of Ph1 study had been completed



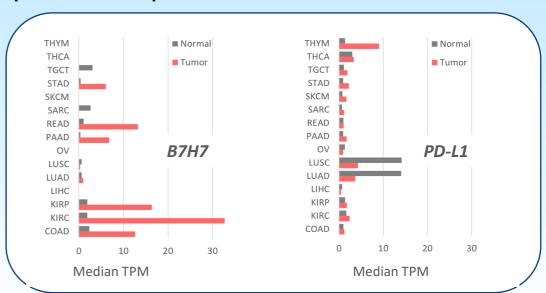
Excellent safety profile with no DLT or MTD identified



Preliminary PK demonstrated typical IgG behavior



The latest clinical data will be released at the ESMO Congress 2024







HBM7008 (B7H4x4-1BB): First-in-Class Bispecific Antibody from HBICE® Platform



Highlights

- Fully human bispecific antibody from the HBICE[®] platform
- Novel immune escape pathway First-in-class target (B7H4x4-1BB)
- **Excellent safety profile**, potential to avoid 4-1BB liver toxicity with the benefit of its innovative mechanisms and bispecific design
- May 2022, first patient dosed in AU. Oct 2022, first patient dosed in US

Fc domain: LALA mutation to reduce systematic immune response by crosslinking with Fc and ADCC effect

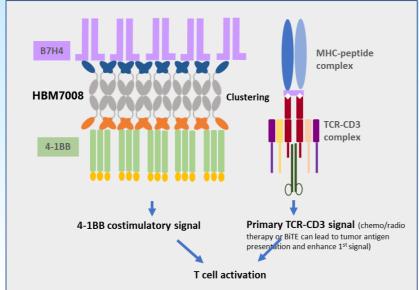
B7H4 arm: Human B7H4 H2L2 antagonist mAb

4-1BB arm:

~175 KDa

- VH from HCAb,
- B7H4-dependent T activation

Primary MoA





Monotherapy dose escalation had been completed.



Preliminary PK of HBM7008 is generally linear across all tested doses.



Acceptable safety/tolerability with no DLT, no G3+ TRAE observed, no treatment related discontinuations.



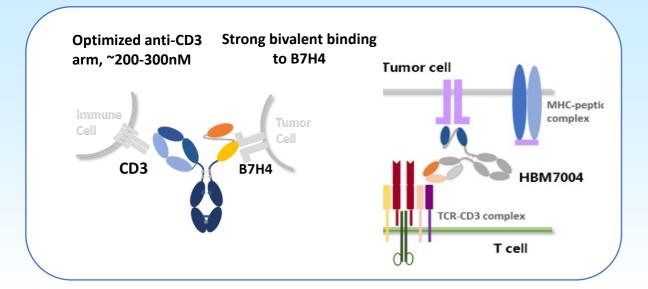




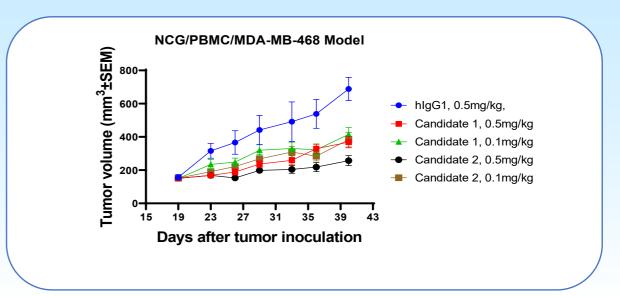
Highlights

- HBICE® technology grants asymmetric structure but less light chain mispairings
- TAA is mainly expressed in low PD-L1 tumors, particularly in gynecological cancers and squamous cell lung cancer
- In the Dose-Range-Finding toxicity study in cynomolgus monkeys, well tolerated up to 30mg/kg
- Potentially combine with ADC or in-house assets to overcome unmet medical need beyond PD-1

Molecule Design and MOA



Strong Anti-tumor Activity in Mouse Tumor Model



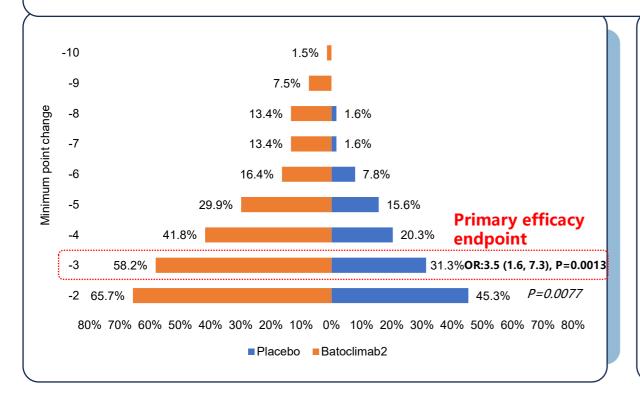


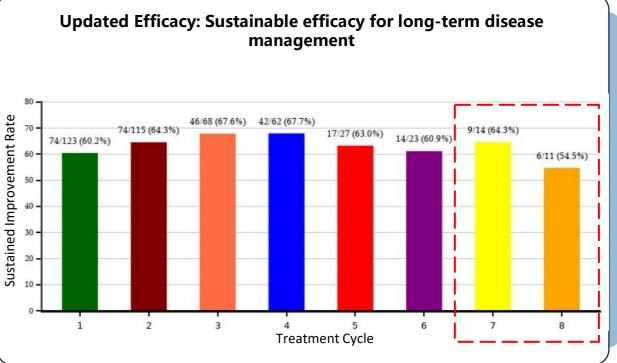
Batoclimab (HBM9161) Demonstrates Remarkable Therapeutic Benefits in gMG Patients

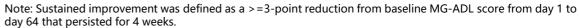


Highlights

- First and only innovative drug targeting FcRn that has completed phase I,II and III clinical trials in China
- First and only innovative drug that has achieved outstanding phase III positive results in China gMG patients
- Updated clinical data supports sustainable efficacy for long-term disease management, and has the potential to be a breakthrough treatment option for a wide range of autoimmune diseases











HBM9378 (TSLP mAb): Fully Human Anti-TSLP mAb with Extended Half-life

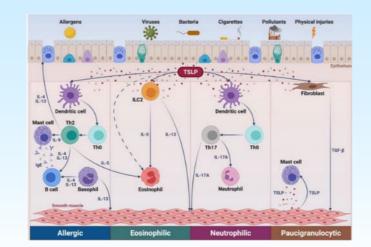


Highlights

- 2nd fully human anti-TSLP mAb in the world;
- The half-life of HBM9378 is 2-3 times more than Tezepelumab in monkey and human, which reduces the dosing frequency;
- Impressive pharmacological characteristics: strong stability at high concentration, desirable druggability, increased convenience of patient dosing through s.c. administration.
- High production: 7.7g/L

TSLP: A Target of Great Potential In Asthma Treatment

- TSLP gets produced mainly by epithelial cells at barrier surfaces (such as lung and gut), and will be upregulated when tissue injury is triggered by environmental insults (such as allergens).
- TSLP acts as a pro-inflammatory cytokine in various type of asthma:



The Clinical Trial of HBM9378 in China Proceed Smoothly

2022 - Phase I IND

2023 - Completed Phase I

2024 – Plan to initiate Phase II Asthma patient enrollment; 2nd indication (COPD) IND in preparation





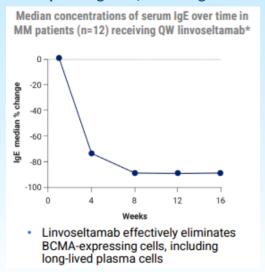
HBM7020 (BCMAxCD3): Great Potential in Autoimmune Disease



Highlights

- HBICE® technology grants asymmetric structure but less light chain mispairings
- Good monkey safety profile and druggability
- Clinical data from third party support, have great potential in autoimmune disease
- CN IND clearance in 2023.07, Ph1 in preparation

BCMA/CD3 effectively eliminates BCMAexpressing cells, including LLPC



Source: Regeneron deck in Jan 2024

BCMA CAR T had also achieved first POC in autoimmune disease

	All participants who completed treatment in part 2 (n=9)	By treatment group		By myasthenia gravis type					
		Group 1 (n=2)	Group 2 (n=7)	AChR antibody- positive (n=6)	MuSK antibody- positive (n=2)	Seronegative (n=1)			
Mean score change (95% CI)*									
MG-ADL	-5·9 (-9 to -2·8)	-6, -8	-6 (-15 to 3)	-6 (-11 to -1)	-3, -4	-8			
QMG	-7 (-11 to -3)	-5, -3	-8 (-20 to 4)	-5 (-10 to 0)	-9, -5	-17			
MGC	-14 (-19 to -9)	-7, -11	-15 (-29 to -1)	-14 (-21 to -7)	-14, -7	-22			
MG-QoL-15r	-9 (-15 to -3)	-8, 4	-11 (-23 to 1)	-8 (-17 to 1)	-10, -6	-14			
Number of participants with improvement (%)									
MG-ADL decrease ≥2 points	8 (89%)	2 (100%)	6 (86%)	5 (83%)	2 (100%)	1 (100%)			
MGC decrease ≥3 points	9 (100%)	2 (100%)	7 (100%)	6 (100%)	2 (100%)	1 (100%)			
QMG decrease ≥3 points†	8 (89%)	2 (100%)	6 (86%)	5 (83%)	2 (100%)	1 (100%)			
MG-ADL decrease ≥6 points‡	5 (56%)	2 (100%)	3 (43%)	4 (67%)	0	1 (100%)			
Data are for participants in groups 1 and 2 of part 2 who completed all six infusions and 12-week follow-up. One group 1 participant withdrew from the study before the first assessment after treatment. Clinical efficacy outcomes for the single group 3 participant are shown in figure 1. AChR-acetylcholine receptor. *Individual values are presented for groups of s/2 participants. †All participants who had the prespecified s/2-point improvement in QMG also had a s/3-point improvement. ‡Post-hoc analysis of depth of response.									
Table 3: Measures of disease severity at week 12									

Granit V. et al. Lancet Neurol 2023.

Molecule Design based on HBICE Technology



BCMA: KD ~0.02 nM CD3: KD ~950 nM

- High binding with BCMA, low binding with CD3.
- Design with improved safety profile.
- Great Potential with deeply Plasma Cell depletion.





Nona Biosciences: Platform Linking Global Ecosystem

Cutting-edge Innovation and Technology Platform Continue to Power Global Ecosystem, Fuel High-quality Business Growth

Deepen Global Innovation Collaboration Ecosystem

1H24 Total Revenue >\$23 Million

1H24 Total Net Profit >\$13 Million





2nd Collaboration on innovative asset with MNC AstraZeneca

Total \$604 Million



Continuous global business expansion and collaboration stickiness

Net profit margin of core business increased 13%

Platform-based collaboration with

2 MNCs

Global Collaboration Accelerating expansion, up 25% VS. 1H23



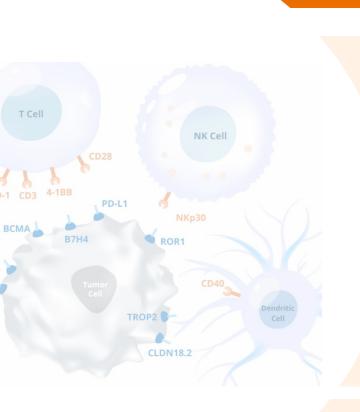


Leading BsAb Platform Creates Innovation Engine of Nona

HBICE® Immune Cell Engager Platforms



Explore New Application Opportunities



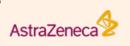


B7H4×4-1BB HBICE® HBM7008 Phase I





CLDN18.2×CD3 HBICE® HBM7022(AZD5863) Phase I





BCMA×CD3 HBICE® HBM7020(HL17) CN IND





PDL1×CD40 HBICE® HBM9027 US&CN IND

HARBOUR

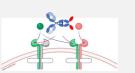


B7H4×CD3 HBICE® HBM7004 IND-enabling

HARBOUR BIOMED



HCAb based Bispecific Immune Cell Antagonist



CNS Diseases

Blood-Brain Barrier Shuttle BsAb

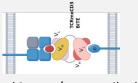


New Modalities mRNA-Encoding Engagers



https://nonabio.com/mrna

Tumor Antigen TCRm BsAb Engagers



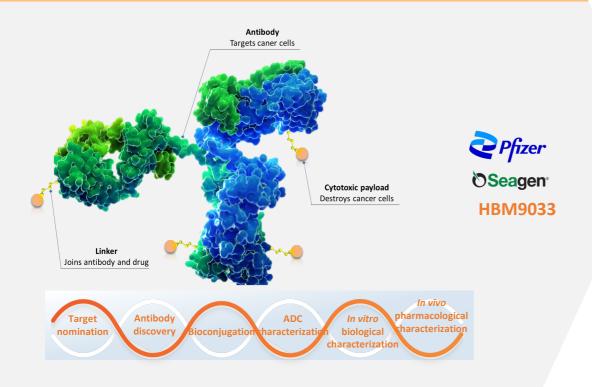
https://nonabio.com/tcrm-antibody





ADC Technology Platform Continue to Upgrade

Support from ADC Target Nomination to IND



ADC 2.0 Platform

Linker Payload

- Self-developed linker and payload from Nona
- ADC design based on target biology

Site Specific Conjugation

IP-protected site-specific conjugation technology

New Target/Dual Target

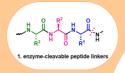
- Fully human antibody toolbox for tumor targets
- Universal bispecific ADC platform

Next-generation ADC innovation

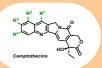


Validation of Self-innovation ADC Linker and Payload Technology

Carefully designed enzymatic cleavable linker allowing specific release of payloads only in tumor environment



Novel CPT derivatives with optimized potency and properties to adapted with extracellular releasing MoA



Improved efficacy with great safety: Superior efficacy comparing with competitors



Internalizationindependent **LDs**



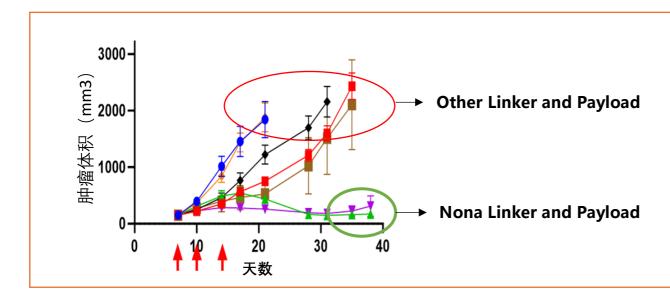
Free payload diffusion allow the better tumor penetration/ enrichment of drugs



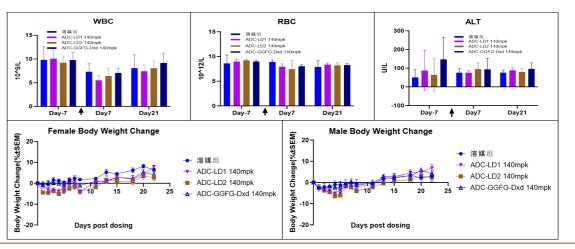
Tumor killing without requirements of internalization, better efficacy for heterogenous tumors



Targets on stroma or ECM, or even soluble targets could also be selected for some unreachable tumor











Financials: Continue Net Profits with Strong Growth of Core Business

Continue Reporting Net Profits, Strong Growth of Nona Core Business Strengthens Financial Position

Diversified Revenue Resource with Core Business Revenue Doubled

168.4

147.8

16.3

4.3

2024 H1

Unit: RMB Million / USD/RMB = 7.1 ■ Molecule License ■ Research Service 291.4 ■ Technology License

280.7

6.4

2023 H1



263.0

201.9

61.1

2023 H1





■ R&D Expense

■ Admin Expense

■ Selling Expense

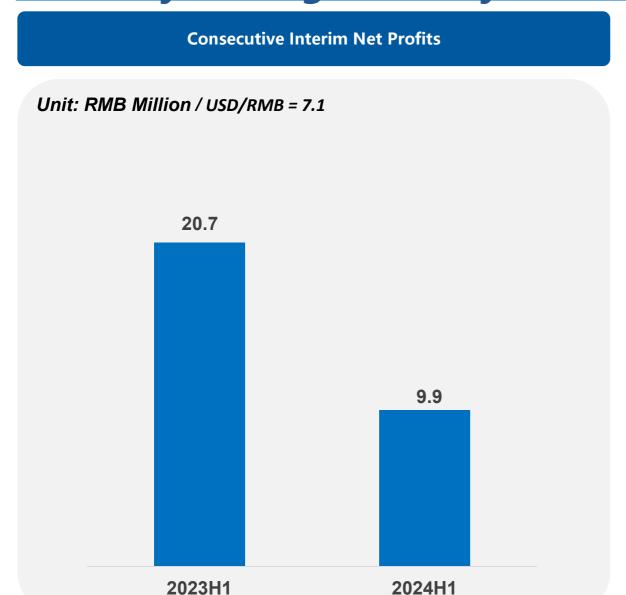
161.3

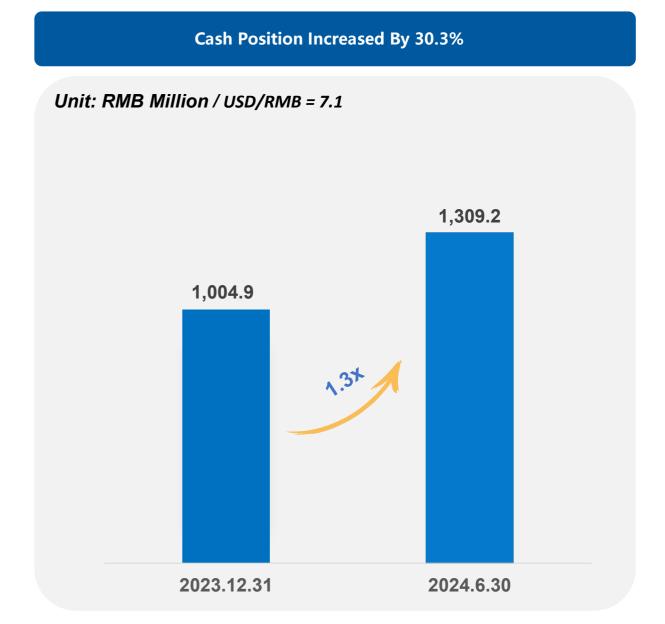
93.1

56.1

2024 H1

R&D Strategic Optimization to Improve Operating Efficiency, Pave the Way for High-Quality Growth









Corporate Development: Innovation Validated By Global Collaboration

Outlook of 2H24 and Beyond: Continue to Motivate Innovation and Expand Global Collaboration Footprint



Harbour BioMed

Global Collaborations Continue to Validate Innovative Pipeline



R&D strength transforming into differentiated pipeline, with innovative therapies on IO and I&I



Deepen diversification and global collaboration ecosystem, explore new pathways for asset value realization



Nona Biosciences



Unique Growth Model Validated by Robust Cash Inflow



Actively expand global business, to fuel sustainable growth through strong connection with ecosystem



Take full advantage of unique platform as innovation engine, improve application for multiple areas



Q&A

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