Forward Looking Statements

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AGENDA

1. AXL inhibitors
2. Q1 and Recent Highlights
3. Bemcentinib clinical trial update:
   • COVID-19
   • Relapse Acute Myeloid Leukaemia (AML)
   • Refractory Non-Small Cell Lung Cancer (NSCLC)
4. Tilvestamab
5. Finance Report
6. 2021 Highlights & Outlook
AXL mediates aggressive disease

Very low expression under healthy physiological conditions

AXL signaling is upregulated by hostile cellular microenvironment and viral infection

Cancer
- Immune evasive
- Drug resistant
- Metastatic

Viral infection
- SARS-CoV-2
  - Ebola
  - Zika

Fibrosis
- Renal
- NASH
- IPF
- MF
- COPD

Elevated AXL signaling strongly associated with cancer progression, immune evasion, drug resistance and metastasis

AXL mediates viral entry to cells and dampening of viral immune response

Axl regulates cellular plasticity implicated in fibrotic pathologies e.g., EMT, EndMT, Macrophage polarity

First in class selective AXL inhibitors

Bemcentinib & Tilvestamab block AXL signaling

Transmembrane receptor tyrosine kinase
Two first-in-class, potent, highly selective AXL inhibitors in clinical development

**Bemcentinib***
- Oral, once a day
- Size 0 capsule
- Stable simple drug product
- Favorable Safety and tolerability confirmed >400 patients
- Combines well with other drugs
- Phase III ready

* In licensed from Rigel Pharmaceuticals Inc, 2011 – Global development and commercialization rights

**Tilvestamab**
- Fully humanized mAb, functionally blocking
- Biweekly infusion
- Robust manufacture and stable formulation
- High affinity, displaces GAS6
- Phase Ia complete
  - No DLTs, dose proportionate PK-PD
- Phase Ib/IIa ongoing
  - Serial biopsies to confirm PK-PD

** Developed by BerGenBio, wholly owned asset

- Nano-molar potency
- 50-100 selective for Axl
Pipeline of sponsored clinical trials

<table>
<thead>
<tr>
<th>Candidate</th>
<th>Targeted Indication</th>
<th>Preclinical</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Registrational</th>
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<td>Bemcentinib monotherapy</td>
<td>Hospital COVID-19 patients</td>
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<td>Bemcentinib monotherapy</td>
<td>&gt;2L AML</td>
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<td>Bemcentinib monotherapy</td>
<td>2L MDS</td>
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<td>Bemcentinib combination with LDAC</td>
<td>2L AML</td>
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<td>Bemcentinib combination with Pembrolizumab</td>
<td>2L NSCLC chemo refractory</td>
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<tr>
<td>Bemcentinib combination with Pembrolizumab</td>
<td>2L NSCLC CPI refractory</td>
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<tr>
<td>Bemcentinib combination with Pembrolizumab</td>
<td>2L NSCLC CPI+chemo refractory</td>
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<tr>
<td>Tilvestamab (BGB149)</td>
<td>Phase Ia / Ib</td>
<td>Part 1 recruitment completed</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Part 2</td>
<td></td>
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</tbody>
</table>

**Recruitment Status:**
- Recruitment ongoing
- Completed recruitment
Q1 and recent highlights

Jan 2021
- Updated data from Phase II bemcentinib combination study (BGBC008) in refractory non-small cell lung cancer (NSCLC) presented at World Conference on Lung Cancer

Feb 2021
- Recruitment closed and independent Data Monitoring Committees recommend continuation of BGBC020 trial assessing bemcentinib in COVID-19, with a total of 115 patients enrolled in the Phase II study

Mar 2021
- First patient dosed in Phase Ib trial of anti-AXL antibody tilvestamab (BGB149)
- Senior management presented at HC Wainwright, Sachs European Life Sciences and Carnegie investor conferences
- Preclinical bemcentinib COVID-19 data presented at Conference on Retroviruses and Opportunistic Infections (CROI)
- Completed enrolment of latest cohort in Phase II bemcentinib/pembrolizumab combination study in refractory NSCLC

Apr 2021
- Update from investigational Phase II trials assessing bemcentinib in hospitalised COVID-19 patients. Latest data from BGBC020 and ACCORD2 show bemcentinib was well tolerated, and survival benefit for bem treated patients

May 2021
- Pre-clinical COVID-19 data presented at Virtual Immunology 2021
- Top Line data from phase II trial assessing bemcentinib in hospitalised COVID-19 patients
Experienced Executive Leadership Team — welcome Nigel McCracken CSO

Richard Godfrey, MRPharmS, MBA
Chief Executive Officer

Professor Hani Gabra, MD, PhD, FRCPE, FRCP
Chief Medical Officer

Nigel McCracken, MSc, PhD,
Chief Scientific Officer

Rune Skeie
Chief Financial Officer

Alison Messon, PhD
Director of Clinical Operations

James Barnes, PhD
Director of Operations
PHASE II TRIAL ASSESSING BEMCENTINIB IN HOSPITALISED COVID-19 PATIENTS

Top Line Data, May 2021:

The trial BGBC020 shows that Bemcentinib has the potential to increase the rate of ventilator free survival in more than 50% of hospitalised COVID-19 patients, addressing the greatest challenge faced by hospitals worldwide fighting the pandemic.
Bemcentinib acts on two host pathways
Prevents viral infection and promotes innate immunity

Bemcentinib:
• Blocks AXL-dependent viral entry
• Enhances anti-viral interferon response
• Mode of action is independent of spike protein (or mutations)
Summary of bemcentinib as a COVID-19 therapy

• Bemcentinib acts on two host pathways
  • Prevents viral infection
  • Promotes innate immunity

• Bemcentinib inhibits viral entry by inhibiting AXL
  o AXL is independent of viral spike protein and should remain effective against current and future variants
  o Ongoing work will confirm viral genome sequencing of clinical trial samples
Bemcentinib studied in COVID-19 across 3 countries

<table>
<thead>
<tr>
<th>Patient Accrual 3/24</th>
<th>India</th>
<th>South Africa</th>
<th>UK</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bemcentinib</td>
<td>30</td>
<td>28</td>
<td>30</td>
<td>88</td>
</tr>
<tr>
<td>SoC</td>
<td>30</td>
<td>27</td>
<td>32</td>
<td>89</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>177</strong></td>
</tr>
</tbody>
</table>
WHO 9-point scale – graded increase in pulmonary support

0: Good health
1: Mild illness
2: Moderate illness
3: Pneumonia
4: Severe pneumonia
5: Respiratory failure
6: Multi-organ failure
7: Multi-organ failure in ICU
8: Death

The vast majority of SARS-CoV2 infected patients recover without need for hospital treatment.

Outside hospital
OXYGEN
Non-invasive ventilation
Intubation and mechanical ventilation
Multi-organ failure I.C.U.

Time after infection
Time after hospitalisation
Post-hoc exploratory analysis identified subset of patients affected by more severe disease, benefit from bemcentinib

PATIENT Subset: (Grade 4 & 5, CRP>30mg/L)

A. Grades 4 and 5 patients
   Grade 3 patients (not on oxygen)
   • Rarely admitted (not eligible in India)
   • Did not usually progress to require oxygen
   • Shorter stay in hospital (4-5 days)

B. C-reactive protein
   ▪ bemcentinib benefit is greater in patients with higher baseline inflammation
   ▪ CRP is an acute phase blood based biomarker in routine clinical use
   ▪ 30 mg/L threshold identified

VENTILATOR-FREE SURVIVAL (VFS)

GOALS of COVID19 therapy
1. Preventing death
2. Preventing progression to require ventilation
   1. Non-invasive
   2. Intubation and mechanical ventilation

Ventilator Free Survival is an endpoint derived from studies in Acute Respiratory Distress Syndrome
   ▪ Being alive at day 29
   AND
   ▪ not deteriorating to require ventilation

Clinically meaningful endpoint for:
1. Individual Patient health – both acute, and long-term
2. Healthcare system; resource constraints
Ventilator Free Survival
(Time to deterioration)
Grades 4, 5 with CRP>30mg/L

- Patients treated with bemcentinib appeared to be protected from an early deterioration, at day 2 or 3, compared to patients on SOC.
- This effect was maintained through 29 days.
- In sub-group of patients, ventilator free survival was higher (90%) with bemcentinib treatment compared to SOC only (72%).

For patients who are on oxygen at baseline (grade 4 and 5), this is the proportion who avoid needing any form of ventilation and survive to day 29.
Survival at day 29
BGBC020 + ACCORD2
Grades 4,5 with CRP≥30mg/L

- bemcentinib treated arm 96.5% (83 of 86) versus 91.0% (81 of 89) in SoC treated arm.

- Mortality rates in ACCORD2 SOC treated patients were higher than those in BGBC020 at day 29; (5 of 32 patients (16%) in ACCORD2, versus 3 of 57 (5%) in BGBC020.
Summary Bemcentinib potential treatment for COVID-19

Bemcentinib advantage

• Convenient, once-a-day oral pill, which combines with other treatments including steroids and/or remdesivir, and others

• Favorable safety profile, no safety signals of concern reported

• The novel mechanism of action is independent of the SARS-CoV2 spike protein and thus would be expected to retain its effect with the emergence of new, potentially vaccine-resistant, strains of the virus.

• Ventilator Free Survival observed to be 90% in bemcentinib treated patients vs 72% in SOC treated patients, in a sub-group of patients with increased disease severity

• Survival benefit was numerically greater in the bemcentinib treated patients (96.5%) vs SOC treated patients (91%)

Next steps include continued engagement with regulatory agencies, Governments and industry partners.
Bemcentinib clinical development in:

**Acute Myeloid Leukaemia**

- FDA granted Orphan status in AML
- FDA granted Fast Track Designation in AML

**Defining a new patient population: relapsed AML**

- Patients have failed HMA +/- BCL2, FLT3 or IDH inhibitors
- Encouraging Patient Benefit Reported
- Data update anticipated at EHA conference (June)
# Acute Myeloid Leukaemia (AML)

*Most common type of acute leukaemia in adults*¹

AML is a rare aggressive cancer of the blood and bone marrow characterised by difficult to treat malignancies.

| AML is a rare aggressive cancer of the blood and bone marrow characterised by difficult to treat malignancies |
| ~ 20,000 new cases diagnosed and >10,000 deaths in the US in 2018² |
| AML makes up 32% of all adult leukaemia cases |
| Occurs in a predominantly elderly, frail patient population; 68% of patients diagnosed with AML were aged >60 years⁶ |
| Standard of Care: 1L: 66% CR/CRi, mOS 14.7mo.⁸  
Relapse: mOS 4.7mo.⁹  
5-year survival rates of 3-8% in patients over 60 years old⁷ |

AML makes up 32% of all adult leukaemia cases.

AML makes up 25% of all adult leukaemia cases.

AML is estimated to affect 350,000 patients globally.

AML makes up 25% of all adult leukaemia cases.

70% of patients are not fit for intensive therapy.

### AML Market

<table>
<thead>
<tr>
<th>Year</th>
<th>Market Size</th>
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<tbody>
<tr>
<td>2019</td>
<td>$1.46bn</td>
</tr>
<tr>
<td>2027</td>
<td>$3.56 billion</td>
</tr>
</tbody>
</table>

*13% annual growth rate*
Relapse AML – the need for new treatment options

First Line Treatment
- Evolved to include venetoclax in combination with HMA or low-dose cytarabine
  - CR/CRi 65% rate and mOS of 14.7mo\(^1\)
  - Relapse patients mOS 4.7mo\(^2\)

1. VIALE-A NCT02993523
2. Leukemia Research Volume 90, March 2020, 106314
Phase I/II study in elderly AML patients unfit for intensive chemo and transplant

Phase 1 n=36
Single agent bemcentinib dose-finding in r/r AML/MDS

Established safety and recommended Phase 2 dose
sAXL biomarker potentially predictive of CR/CRi at 43%
Translational research confirmed immuno-therapy mechanism of action

Phase 2 Expansion Cohorts

Cohort B1 n=14
Monotherapy AML

Cohort B2 n=16
Combination with LDAC in newly diagnosed or relapsed AML

Cohort B3 n=14
Combination with decitabine in ND or relapsed AML

Cohort B4 n=14
Monotherapy MDS

Cohort B5 expansion
Combination with LDAC relapsed AML (ongoing)

LDAC = Low Dose Cytarabine
AML = Acute Myeloid Leukaemia
MDS = Myelodysplastic syndromes
Time on treatment in relapsed/refractory AML patients (bemcentinib + LDAC)
n=17 relapsed, n=7 refractory (16 evaluable) Ongoing study

- Target pts received ≥2 cycles of LDAC
- CR/CRi rate 36% (4/11)
- SD rate 45% (5/11)
- CBR 72% (8/11)
- mOS >7mo. immature

**Patient ID** | **Age** | **Lines prior Tx** | **Disease type** | **Cytogenetic profile**
---|---|---|---|---
202601 | 78 | 1 | De novo | Favorable
203602 | 78 | 2 | De novo | Adverse
202603 | 72 | 2 | De novo | Intermediate
202303 | 76 | 1 | De novo | Intermediate
204601 | 75 | 2 | De novo | Intermediate
101305 | 78 | 2 | De novo | Intermediate
204603 | 80 | 1 | De novo | Intermediate
203604 | 72 | 1 | De novo | Intermediate
101601 | 73 | 1 | De novo | Intermediate
202604 | 79 | 1 | Secondary | Adverse
301601 | 86 | 1 | De novo | Favorable
203605 | 81 | 1 | Secondary | Intermediate
101303 | 66 | 3 | Secondary | Intermediate
204602 | 74 | 2 | De novo | Adverse
203302 | 74 | 8 | De novo | Adverse
303601 | 75 | 2 | Secondary | Adverse
403301 | 71 | 2 | Secondary | Intermediate
101301 | 76 | 2 | De novo | Intermediate
203603 | 81 | 4 | De novo | Adverse
203601 | 74 | 3 | Secondary | Intermediate
202602 | 75 | 1 | De novo | Intermediate
301301 | 75 | 4 | De novo | Intermediate
303301 | 75 | 3 | De novo | Adverse

*PD reported at C2D1 (week 4) assessment; pt continued on study treatment and received 2 cycles LDAC + C4D1 (week 10) BM assessment Cut-off 22nd March 2021

- Ongoing
- Discontinued
- PR
- CR/CRi
- Progression
- DEATH

Months
Bemcentinib clinical development in:

Refractory NSCLC with bemcentinib/pembrolizumab combination
NSCLC causes more cancer related deaths than breast, colon, pancreas and prostate combined

The largest cancer killer, most patients depend on drug therapy

- 2.09 million new cases of lung cancer diagnosed/yr worldwide, making up 11.6% of all cancer cases\(^1\)
- 1.76 million lung cancer deaths/yr worldwide\(^1\)
- NSCLC market opportunity $39bn
- In the U.S, 5-year survival rate is approximately 18.6%, and 4.7% in patients with distant metastases\(^2\)

Non-small cell lung cancer is the most common type of lung cancer, making up 80-85% of lung cancers

---

\(^1\) Globocan 2018 \(^2\) SEER
Non-Small Cell Lung Cancer (NSCLC)
Rapidly evolving SoC creates opportunities for novel effective, chemo free regimens

<table>
<thead>
<tr>
<th>1&lt;sup&gt;st&lt;/sup&gt; Line</th>
<th>&lt;1% PD-L1 expression 39%</th>
<th>1-49 % PD-L1 expression 38%</th>
<th>&gt;50% PD-L1 23%</th>
<th>driver mutations*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Platinum chemotherapy +/- checkpoint inhibitor</strong></td>
<td><strong>Checkpoint inhibitor monotherapy</strong></td>
<td><strong>Targeted therapy</strong></td>
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</table>

<table>
<thead>
<tr>
<th>2&lt;sup&gt;nd&lt;/sup&gt; &amp; 3&lt;sup&gt;rd&lt;/sup&gt; Line</th>
<th>~220,000 pts</th>
<th><strong>Severe unmet medical need</strong></th>
<th><strong>Platinum chemotherapy</strong></th>
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</thead>
</table>

1<sup>st</sup> Line
~375,000 pts

**Opportunities**
- Deepening 1L responses, particularly PD-L1 negative/low
- Effective and well tolerated 2L therapies

2<sup>nd</sup> & 3<sup>rd</sup> Line
~220,000 pts

* Mutations / rearrangements with available targeted therapies such as EGFR and ALK
Summary Update: 2L ad. NSCLC Study with bemcentinib + pembrolizumab

Cohort A
- Previously treated with a platinum containing chemotherapy
- CPI-naïve
- Has PD at screening

Cohort B
- Previously treated with a mono therapy PD-L1 or PD-1 inhibitor
- Must have had disease control on most recent treatment
- Has PD at screening

Cohort C
- Previously treated 1st line with a combination of checkpoint inhibitor + platinum-containing chemotherapy
- Must have had disease control on 1st line therapy
- Has PD at screening

Interim Analysis
- Stage 1
- N=22 patients
- Encouraging mPFS in cAXL
- ORR and biomarker data pending

Final Analysis COMPLETE
- Stage 2
- N=48 patients
- Encouraging Survival in cAXL

Recruitment ONGOING
- Stage 2
- N=29 patients

Pending
- Stage 2
- N=29 patients
cAXL predicts response and survival benefit with Bemcentinib + Pembrolizumab in 2L NSCLC CPI naïve patients

### Change in Tumor Size

- **cAXL Positive**
  - 100,0%
  - 50,0%
  - 0,0%
  - -50,0%
  - -100,0%

- **cAXL Negative**
  - 100,0%
  - 50,0%
  - 0,0%
  - -50,0%

### Duration of Response

- **cAXL Positive**
  - 4 fold improvement in mPFS
  - 8.4 mo
  - 1.9 mo

- **cAXL Negative**
  - 8.4 mo
  - 1.9 mo

### Survival Benefit

<table>
<thead>
<tr>
<th>Cohort</th>
<th>mOS</th>
<th>12-mo OS</th>
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<tbody>
<tr>
<td>Cohort A – cAXL +ve pts**</td>
<td>17.3 mo*</td>
<td>79%</td>
</tr>
<tr>
<td>Cohort A – cAXL -ve pts**</td>
<td>12.4 mo*</td>
<td>60%</td>
</tr>
<tr>
<td>BGB Cohort A – all pts**</td>
<td>12.6 mo*</td>
<td>64%* (up to 67%)</td>
</tr>
<tr>
<td>CheckMate-057 (Opdivo)</td>
<td>12.2 mo</td>
<td>51%</td>
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<tr>
<td>KEYNOTE-010 (Keytruda)</td>
<td>10.4 mo</td>
<td>43.2%</td>
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</table>
cAXL predicts improved patient outcomes from Bemcentinib + Pembrolizumab in 2L NSCLC CPI refractory patients

Change in tumour size

2.5 fold improvement in median progression free survival

Duration of response

AXL+ve immune suppressive cells identified
Tilvestamab (BGB149) anti-AXL monoclonal antibody
TILVESTAMAB: Anti-AXL monoclonal antibody

- Functional blocking fully-humanised IgG1 monoclonal antibody
- Binds human AXL, blocks AXL signalling
- High affinity (KD: 500pM), displaces GAS6
- Anti-tumour efficacy demonstrated in vivo
- Robust manufacturing process established, 18 months stability
- Phase Ia healthy volunteer SAD study complete
  - Safety – no dose limiting toxicity seen up to 3mg/kg dose
  - Pharmacokinetics - exposure predictable with dose proportional Cmax increase
  - Confirmatory evidence of in vivo target engagement with sAXL -- stabilisation in circulation
- Phase I SAD trial complete
- Phase Ib/IIa MAD ongoing
Tilvestamab single dose pharmacokinetics was characterised in study BGB149-101 – Complete

Single ascending dose study in healthy volunteers

- Tilvestamab was generally well tolerated at all doses studied, up to 3.0 mg/kg IV.

Safety:
  - Adverse events, mild transient and comparable to placebo
  - No observed immunogenicity
  - No observed stimulation of cytokines or raised inflammatory markers - c-reactive protein (CRP)

Pharmacokinetics:
  - Above dose-proportional increase in overall plasma exposure with ascending dose
  - Detectable antibody at biologically relevant concentrations >18 day after single dose of 3 mg/kg
  - Potential for 3 weekly dose interval in later phase clinical studies
Tilvestamab development plan

2020

**Phase Ia safety study**
Complete
24 Healthy Volunteers

2021

**Ph Ib safety study** – ongoing
12-24 HGSOC\(^1\) patients
3 dose levels / serial biopsies
Primary End Pt: Safety and PK
Secondary: immunogenicity, PD, ORR, PFS, DCR, cAXL

**Ph IIa POC**

**Safety** – no dose limiting toxicity seen up to 3mg/kg dose
**Pharmacokinetics** - exposure predictable with dose proportional Cmax increase
Confirmatory evidence of *in vivo* target engagement with sAXL -- stabilisation in circulation

1. High Grade Serous Ovarian Cancer
Tilvestamab multiple ascending dose finding safety and pharmacokinetics study

BGB149-102

Study in platinum resistant ovarian cancer pts

- High AXL in 70% of available OC population
- Biopsy patients selected up front – high success rate
- Good experience across global centres of mandatory sequential biopsy
- MAD study will ensure PK/PD across dose range to facilitate phase II dose confirmation
- Strong probability of success for Proof of Mechanism
Key financial figures

<table>
<thead>
<tr>
<th>(NOK million)</th>
<th>Q1 2021</th>
<th>Q1 2020</th>
<th>FY 2020</th>
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<tbody>
<tr>
<td>Operating revenues</td>
<td>0.0</td>
<td>0.0</td>
<td>0.6</td>
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<tr>
<td>Operating expenses</td>
<td>83.4</td>
<td>56.2</td>
<td>261.7</td>
</tr>
<tr>
<td>Operating profit (-loss)</td>
<td>(83.4)</td>
<td>(56.2)</td>
<td>(261.1)</td>
</tr>
<tr>
<td>Profit (-loss) after tax</td>
<td>(81.2)</td>
<td>(48.6)</td>
<td>(257.0)</td>
</tr>
<tr>
<td>Basic and diluted earnings (loss) per share (NOK)</td>
<td>(0.93)</td>
<td>(0.73)</td>
<td>(3.43)</td>
</tr>
<tr>
<td>Net cash flow in the period</td>
<td>(62.7)</td>
<td>(158.9)</td>
<td>468.8</td>
</tr>
<tr>
<td>Cash position end of period</td>
<td>659.4</td>
<td>419.4</td>
<td>721.6</td>
</tr>
</tbody>
</table>

Operating profit (-loss) million NOK

- Q1 2021: -83.4
- Q4 2020: -71.8
- Q3 2020: -68.3
- Q2 2020: -64.7
- Q1 2020: -56.2

- Operating expenses Q1 2021 (FY 2020)
  - R&D: 14.66% (17.08%)
  - Administration: 85.34% (82.32%)

- Increased operating expenses in the first quarter 2021 compared to first quarter 2020 is attributed to new clinical studies and organisational expansion in preparation for late-stage development.
- Well managed overhead costs
- Over 85% of operating expenses is attributable to Research & Development activities
Cash flow and cash position

Cash flow (million NOK)

NOK million     USD million

Quarterly average cash burn (Q1 2020-Q1 2021)

70.8 / 8.3
NOK million     USD million

Cash burn operating activities Q1 2021

57.3 / 6.3
NOK million     USD million

Cash position Q1 2021

659.4 / 77.3
NOK million     USD million

Cash position (million NOK)
Analyst coverage

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Dr. Susie Jana
Telephone: +44 20 3077 5700
sjana@edisongroup.com

Financial Calendar 2021

19 May 2021: Quarterly Report Q1 2021
17 August 2021: Half-year report 2021
16 November 2021: Quarterly Report Q3 2021
15 February 2021: Quarterly Report Q4 2021
2021 Highlights & Outlook
<table>
<thead>
<tr>
<th>Value Driving Milestones</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bemcentinib in COVID-19</strong></td>
<td>🔄</td>
<td>🔄</td>
</tr>
<tr>
<td><strong>Ph II</strong> - UK</td>
<td>🔄</td>
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<tr>
<td>- India &amp; South Africa</td>
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<td><strong>2L NSCLC data</strong></td>
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<td><strong>Relapse AML and MDS data</strong></td>
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<td><strong>Tilvestamab Phase Ia/Ib</strong></td>
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<td><strong>Interim data</strong> - 2.5 x mPFS in cAXL patients</td>
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<td><strong>Preliminary data confirms a new significant patient population</strong></td>
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<td><strong>Phase Ia complete. Phase Ib PK-PD translational study initiated</strong></td>
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<tr>
<td><strong>Data COVID-19 Phase II</strong></td>
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<tr>
<td><strong>Top line data</strong></td>
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<tr>
<td><strong>Determine development &amp; regulatory options</strong></td>
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<tr>
<td><strong>Survival data</strong> - Regulatory alignment</td>
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<tr>
<td><strong>AML mOS data &amp; regulatory alignment</strong></td>
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<tr>
<td><strong>Prepare to Initiate Ph II</strong></td>
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Expected news flow at conferences in 2021

1H’21
- ASO: Bemcentinib + Erlotinib
- NSCLC: Bemcentinib + Erlotinib
- Tilvastamab; pre-clinical

2H’21
- ASCO: American Society of Clinical Oncology
  - 4th June: Bemcentinib + Erlotinib
- ASV: American Society for Virology
  - 19th July: COVID-19; Bemcentinib pre-clinical
- ECCMID: European Conference of Clinical Microbiology and Infectious Disease
  - 9th July: COVID-19; Bemcentinib clinical
- EHA: European Hematology Association
  - 9th July: Bemcentinib + LDAC
- ERA-EDTA: European Renal Association & European Dialysis and Transplant Association
  - 9th June: Bemcentinib + LDAC

SITC
- 10th November: ASV
- 19th July: COVID-19; Bemcentinib pre-clinical

2H’21
- NSCLC: Bemcentinib + Keytruda
- AML; Bemcentinib + LDAC

ASH
- December 2021: AML; Bemcentinib + LDAC

Additional conferences:
- ASCO: American Society of Clinical Oncology
- ERA-EDTA: European Renal Association & European Dialysis and Transplant Association
- EHA: European Hematology Association
- ECCMID: European Conference of Clinical Microbiology and Infectious Disease
- ASV: American Society for Virology
- SITC: Society for Immunotherapy of Cancer
- ASH: American Society of Hematology
BerGenBio – Investment highlights

**PhII COVID-19**
- Top line data:
  - Safety
  - Fewer deaths
  - Increased ventilator free survival
  - Patient sub-populations

**TWO first in class selective AXL inhibitors**
- Bemcentinib – oral once-a-day capsule
- Tilvestamab – humanised functionally blocking mAb

**Diversified Clinical Pipeline**
- AML
- MDS
- NSCLC
- Multiple ISTs
- Covid-19

**Near term clinical milestones**
- COVID-19 - AML & MDS
- Registration path
- NSCLC

**Pioneering biology**
- World leaders in understanding AXL biology, as a mediator of aggressive cancer, fibrosis and viral infections

**Well resourced organisation**
- Experienced Oxford based R&D team
- Industry & academic partnership and collaborations

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AML – Acute Myeloid Leukaemia
MDS – Myelodysplastic Syndrome
NSCLC – Non-Small Cell Lung Cancer
IST – Investigator Sponsored Trial
AXL – Receptor Tyrosine Kinase AXL