

Cautionary Statement Regarding Forward-Looking Statements



This presentation includes statements that constitute "forward-looking statements" within the meaning of the federal securities laws, including Section 27A of the Securities Act of 1933, as amended (the "Securities Act"), and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), All statements, other than statements of present or historical fact included in this press release, regarding the Company's future financial performance, as well as the Company's strategy, future operations, revenue guidance, projected costs, prospects, plans and objectives of management are forward-looking statements. When used in this press release, the words "could," "should," "will," "may," "believe," "anticipate," "intend," "estimate," "expect," "project," the negative of such terms and other similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain such identifying words. These forward-looking statements are based on management's current expectations and assumptions about future events and are based on currently available information as to the outcome and timing of future events. Apollomics cautions you that these forward-looking statements are subject to numerous risks and uncertainties, most of which are difficult to predict and many of which are beyond the control of Apollomics. In addition, Apollomics cautions you that the forward-looking statements contained in this press release are subject to unknown risks, uncertainties and other factors, including; (i) the impact of any current or new government regulations in the United States and China affecting Apollomics' operations and the continued listing of Apollomics' securities; (ii) the inability to achieve successful clinical results or to obtain licensing of third-party intellectual property rights for future discovery and development of Apollomics' oncology projects; (iii) the failure to commercialize product candidates and achieve market acceptance of such product candidates; (iv) the failure to protect Apollomics' intellectual property; (v) breaches in data security; (vi) risks related to the ongoing COVID-19 pandemic and response; (vii) the risk that Apollomics may not be able to develop and maintain effective internal controls; (viii) unfavorable changes to the regulatory environment; and those risks and uncertainties discussed in the Form F-4 (as amended) filed by Apollomics, Inc. with the U.S. Securities and Exchange Commission ("SEC") under the heading "Risk Factors" and the other documents filed, or to be filed, by the Company with the SEC. Other unknown or unpredictable factors also could have material adverse effects on the Company's future results and/or could cause our actual results and financial condition to differ materially from those indicated in the forward-looking statements. Should one or more of the risks or uncertainties described in this press release materialize or should underlying assumptions prove incorrect, actual results and plans could differ materially from those expressed in any forward-looking statements. New risk factors that may affect actual results or outcomes emerge from time to time and it is not possible to predict all such risk factors, nor can Apollomics assess the impact of all such risk factors on its business, or the extent to which any factor or combination of factors may cause actual results to differ materially from those contained in any forward-looking statements. Forward-looking statements are not guarantees of performance. You should not put undue reliance on these statements, which speak only as of the date hereof. Additional information concerning these and other factors that may impact the operations and projections discussed herein can be found in the reports that Apollomics has filed and will file from time to time with the SEC. These SEC filings are available publicly on the SEC's website at www.sec.gov. Apollomics undertakes no obligation to update publicly any of these forward-looking statements to reflect actual results, new information or future events, changes in assumptions or changes in other factors affecting forward-looking statements, except to the extent required by applicable laws. If Apollomics updates one or more forward-looking statements, no inference should be drawn that Apollomics will make additional updates with respect to those or other forward-looking statements.

This presentation contains discussions of investigational products that are under preclinical or clinical investigation and which have not yet been approved for marketing by the U.S. Food and Drug Administration (FDA). Investigational products are currently limited by Federal law to investigated.

Apollomics: Innovative biopharma company



dedicated to leaving no cancer patient behind



Precision Medicine

Targeting difficult to treat cancers



Vebreltinib

Highly specific c-Met inhibitor with 3 near term NDA/sNDA opportunities



Uproleselan

E-selectin antagonist in late-stage trials in acute myeloid leukemia

Growth: From Discovery to Clinical towards Commercial

2016 - 2018

Foundation Established

Series A OrbiMed

Clinical team in US

Phase 1 for Vebreltinib

Phase 1 for APL- 501 (PD-1)



2019 - 2022

- Series B and Series C
- Vebreltinib
 - Phase 1 completed
 - Global Phase 2 SPARTA
 - Registration path in US
- > Uproleselan
 - Phase 1 initiated in China

Gained Momentum

- - Phase 3 initiated in China
- > APL-122, APL-102 FPI

2023 - 2025

Transformative Goals

- > Vebreltinib (US-Global)*:
 - > NDA NSCLC ex14 skip
 - sNDA NSCLC c-MET amp
 - > sNDA GBM c-MET fusion
- Uproleselan (China)**:
 - > NDA r/r AML
 - > sNDA in t/n AML
- Commercial partnerships
- Expand discovery group in Hangzhou

^{*}Assuming successful APL-101 Phase II clinical trials and/or results of Phase III clinical trials available and supportive for the anticipated

^{**}Assuming results of APL-106 Phase III clinical trials available and supportive for an NDA/sNDA

Seasoned Executives at Apollomics





Guo-Liang Yu
PhD
Co-founder
Chairman and CEO

Serial Entrepreneur —

- Founder of Epitomics;
 Executive Chairman of Crown
 Bioscience
- 30+ years experience
- 300+ patents; 30+ publications
- U.C. Berkeley, Harvard, Human Genome Sciences



Sanjeev Redkar PhD, MBA President & Co-founder

- 28 years in oncology drug development
- 5 NDAs, 5 NCEs and 15 INDs/CTAs in previous roles
- Matrix Pharmaceuticals, SuperGen, Astex, Otsukaa



Kin-Hung
Peony Yu
MD,
Chief Medical Officer

- 20+ years in global clinical development leadership: IND, Phase 1, 2, 3, and 4 studies
- Multiple successful NDAs in US, China, Japan, and MAAs in EU in prior roles - Stanford, FibroGen, Anesiva, J&J, Elan



Jane Wang PhD Chief Scientific Officer

- 20 years in drug discovery
- Focus in oncology, inflammation, and CNS
- 60 patents and 29 publications in prior roles
- Pfizer, NIH, Schering Plough, Wuxi



Brianna MacDonald JD SVP & General Counsel

- 15 years' experience
- Stanford University, BA
- Harvard Law School, JD
- Covington & Burling LLP, Google LLC, Verily Life Sciences LLC



Raymond Low CPA, VP Finance, Corporate Controller

- 22 years' experience
- B Com University of South Africa, CMA England
- Rstar, Therasense, AXT, Sciclone Pharmaceuticals

CNS – Central Nervous System NIH – National Institutes of Health NCE – New Chemical Entity

MAA - Marketing Authorization Application

NDA – New Drug Application IND – Investigational New Drug Application CTA – Clinical Trial Application

Our Pipeline



	Drug Candidate	Target	Category	IP Rights	Mono / Combo	Indications	Status Discovery Preclinical IND Phase 1 Phase 2 Phase 3 NDA
Tumor Inhibitors	★APL-101 Vebreltinib	c-Met	Small molecule	Global ¹	Mono	NSCLC, GBM, other solid tumors	Phase 2 SPARTA Global Study in cMet Dysregulated Cancers
	APL-122	ErbB1/2/4	Small molecule	Global ²	Mono	ErbB1/2/4 positive cancers	Phase 1 Dose Escalation and Expansion Study
	APL-102	Multiple Kinases	Small molecule	Global	Mono	Solid tumors	Phase 1 Dose Escalation and Expansion Study
Anti-Cancer Enhancers	★APL-106 Uproleselan	E-Selectin	Small molecule	China	+ Chemo	r/r AML, newly diagnosed AML	Phase 1 PK and tolerability study Phase 3 Bridging Study in r/r AML
	APL-108	E-Selectin	Small molecule	China	+ Chemo	ММ	
Immuno- oncology Drugs	APL-501	PD-1	Biologic	Global ³	Mono	Solid tumors	Phase 1 Dose Escalation Study
	APL-502	PD-L1	Biologic	Global ³	Mono	Multiple tumor types	
	APL-810	G17-neutralization	Biologic	US, China	Mono	Gastrointestinal (GI) cancers	
	APL-801	CD40 and PD-L1	Biologic	Global	Mono	Multiple tumor types	

[★] Core Programs

IP – Intellectual Property GBM – Glioblastoma Multiforme r/r AML – Relapsed or Refractory Acute Myeloid Leukemia
NSCLC – Non-Small Cell Lung Cancer
MM – Multiple Myeloma

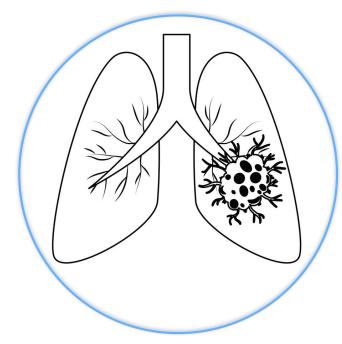
¹ excluding China, Hong Kong and Macau ² excluding China, Hong Kong and Taiwan ³ excluding China

Vebreltinib (APL-101) c-Met TKI



~ \$10B market opportunity in NSCLC With c-MET Dysregulation

NSCLC



188,000 US incidence*
1.8 million worldwide*

\$3B market opportunity**

c-Met dysregulated Non-Small Cell Lung Cancer ("NSCLC") population

- Exon-14 skip mutation (1L, 2L)
- c-Met amplifications, denovo
- c-Met amplifications, resistance driven

- ~ 6,300 patients*
- ~ 2,500 patients***
- ~ 3,100 patients***

\$7B market opportunity**

Epidermal Growth Factor Receptor (EGFR) mutated NSCLC population

1L EGFR+ in combination with osimertinib ~ 20,700 patients*

Source:

^{*} Biomedtracker

^{**} Management estimates for the US market for 2022 calculated by multiplying number of patients with an estimated drug price

^{***} Management estimates based on prevalence from Drillon et al 2016 - Targeting MET in Lung Cancer mentions and prevalence of NSCLC from Biomedtracker

Regulatory Landscape of c-MET inhibitors TKI

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Approved c-MET inhibitor TKIs

Agent*	Manufacturer(s)	MOA	Line of Therapy*	Biomarker (NGS)	U.S. FDA Approval	EU5 EMA Approval	JP MHLW Approval	CN NMPA Approval
Patients with MET mutations								
Orpathys ® (savolitinib)	HutchMed and AstraZeneca (CN)	MET inhibitor	Relapsed / refractory or 1L, chemotherapy ineligible	NSCLC w/ MET Ex14 skipping	None	None	None	Jun-21 (conditional)
Tabrecta® (capmatinib)	Novartis (U.S., EU5, JP)	MET inhibitor	1L	NSCLC w/ MET Ex14 skipping	May-20 (accel) Aug-22 (full)	June-22	Jun-20	None
Tepmetko ® (tepotinib)	Merck KGaA (U.S., JP)	J.S., JP) MET inhibitor Unresectable advanced / recurre		NSCLC w/ MET Ex14 skipping	Feb-21 (accel)	Dec-21	Mar-20 (conditional)	None

Estimated US Pricing**:

Tabrecta 400mg BID 150mg, 200mg/ 56 tabs (\$11K) \$22K/mo

Tepmetko 450mg QD 225mg/ 30 tabs (\$11k) \$22k/mo

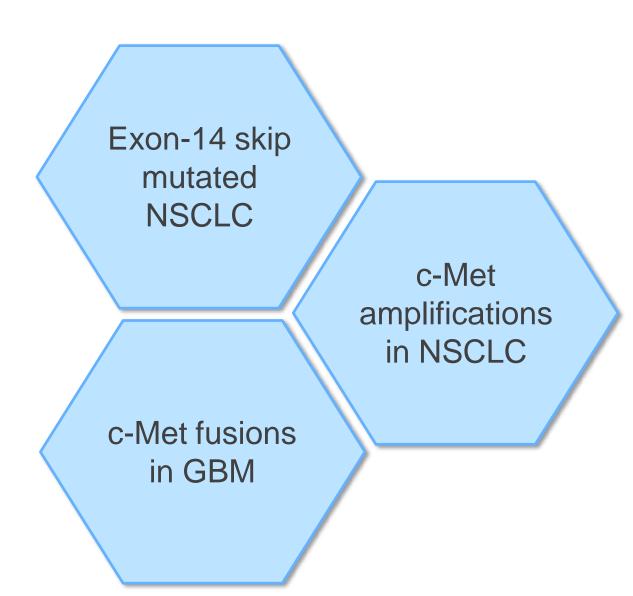
[•] mAb = monoclonal antibody; mono = monotherapy; + = combination with; accel = accelerated approval; cond = conditional approval.

*These approvals are current as of the date of publication of this report and stated line of therapy is an approximation if not explicitly stated in the regulatory label; please refer to official product labels for most current approval status and nuanced description of the approved indications by market.

^{**} Management's estimates based on public information on Drugs.com

Vebreltinib: 3 Indications for near term NDA/sNDA submissions





Vebreltinib



Global Multicohort Phase 2 – Non-Small Cell Lung cancer, Glioblastoma ("GBM"), various solid tumors with c-Met dysregulation

- ✓ Highly specific c-Met inhibitor
- **✓** Brain penetration
- **✓** Safety data available from over 370 patients worldwide
- ✓ Biomarkers to target c-Met patients
- ✓ Strong IP
- ✓ Orphan drug designation by FDA
- √ ~ 140 patients treated in Apollomics SPARTA trial ongoing
 in 13 countries and 90+ sites
- ✓ Registrational Phase 2 study in NSCLC with exon 14 skip or c-Met amplification (China)
- ✓ Phase 2/3 GBM with PTPRZ1-MET fusion (China)
- Potential combo therapy w/EGFR inhibitors, etc., with huge potential
- ✓ Potential other tumors: Gastrointestinal, renal, thyroid, etc.





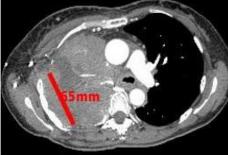
Lung

Lesion 1

NSCLC with c-Met amplification



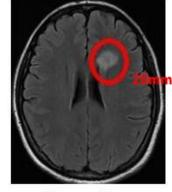
Lung Lesion 2

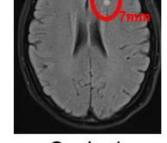






Brain Lesion







Baseline

Cycle 1 Partial Response

Cycle 3 Partial Response

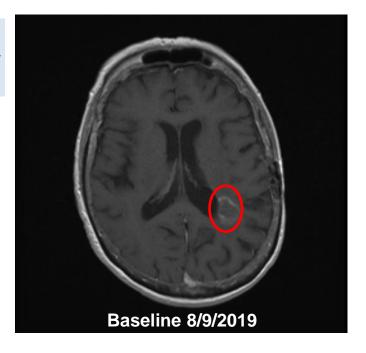
Activity in a Glioblastoma Patient with c-MET Amplification

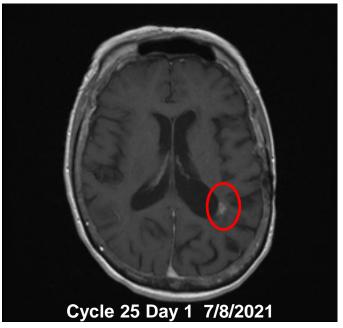


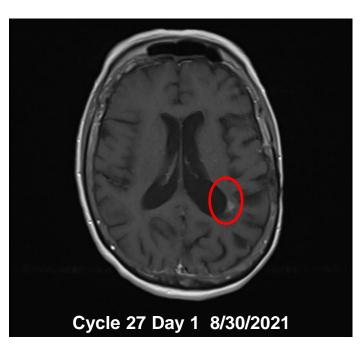
On treatment for 2+Years

- 78-yr old female, GBM since May 2015, c-Met Amplification, target lesion Lt Subependymal
- Received 3 prior lines of therapies (Temodar 2015-2017, Avastin 2017-2018, Nivolumab 2018-2019)
- C1D1: 04Sep2019; 2+ yr treatment, durable response

Visit	Product of Perpendicular Diameters		
Screening	285		
Cycle 3 Day 1	285		
Cycle 5 Day 1	300		
Cycle 7 Day 1	252		
Cycle 9 Day 1	119		
Cycle 11 Day 1	96		
Cycle 13 Day 1	98		
Cycle 15 Day 1	96		
Cycle 17 Day 1	75		
Cycle 19 Day 1	56		
Cycle 21 Day 1	96		
Cycle 23 Day 1	60		
Cycle 25 Day 1	60		
Cycle 27 Day 1	25		







Longest Axis	19	12	05
Perpendicular Measurement	15	05	05
Product of Perpendicular Diameters	285	60	25

Apollomics clinical data

Vebreltinib – Additional Indications



- > EGFR resistance & c-Met amplification
- Other solid tumors with c-Met alterations, beyond lung & brain
 - > Gastrointestinal cancers: colon, stomach, pancreatic, liver, cholangiocarcinoma
 - > Renal cell cancer
 - Thyroid cancer
 - > Prostate cancer
 - > Breast cancer
 - > Ovarian, and other female reproductive tract

Uproleselan (APL-106) seeks to address \$1.4B market for AML



AML 29,400 incidence in China*

\$1.4B total AML market opportunity in China**

Acute Myeloid Leukemia

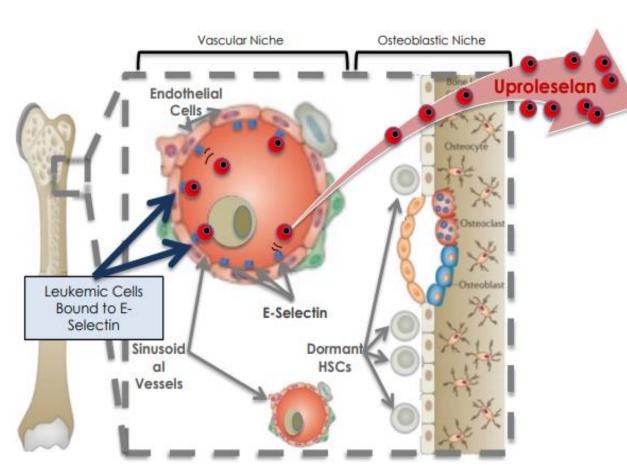
- 1L treatment naïve AML
- Relapsed refractory AML
- AML patients unfit for chemotherapy

- ~ 16,400 patients*
- ~ 12,600 patients*
- ~ 8,800, patients*

Uproleselan (APL-106) First-In-Class E-Selectin Antagonist



Enhances efficacy of chemotherapy & reduces mucositis (from chemotherapy)



Source: GlycoMimetics



Prevents trafficking of tumor cells to the bone marrow



Disrupts cell adhesion-mediated drug resistance (CAMDR) within bone marrow microenvironment



Inhibits activation of cancer survival pathways (e.g. NF-kB)



Protects normal HSCs through quiescence enhancement and ability for self-renewal



Reduces chemotherapy-associated toxicity (e.g. severe mucositis)



2nd generation GMI-1678 (APL 108) has equivalent activity to APL-106 in preclinical studies, but at an approximately 1,000-fold lower dose

APL-106 Phase 3 Clinical trials in AML with near term readouts



E-Selectin Inhibitor: first-in-class

1L treatment naïve AML

Multiple
Myeloma
(APL-108, next
generation)

Relapsed/ Refractory AML



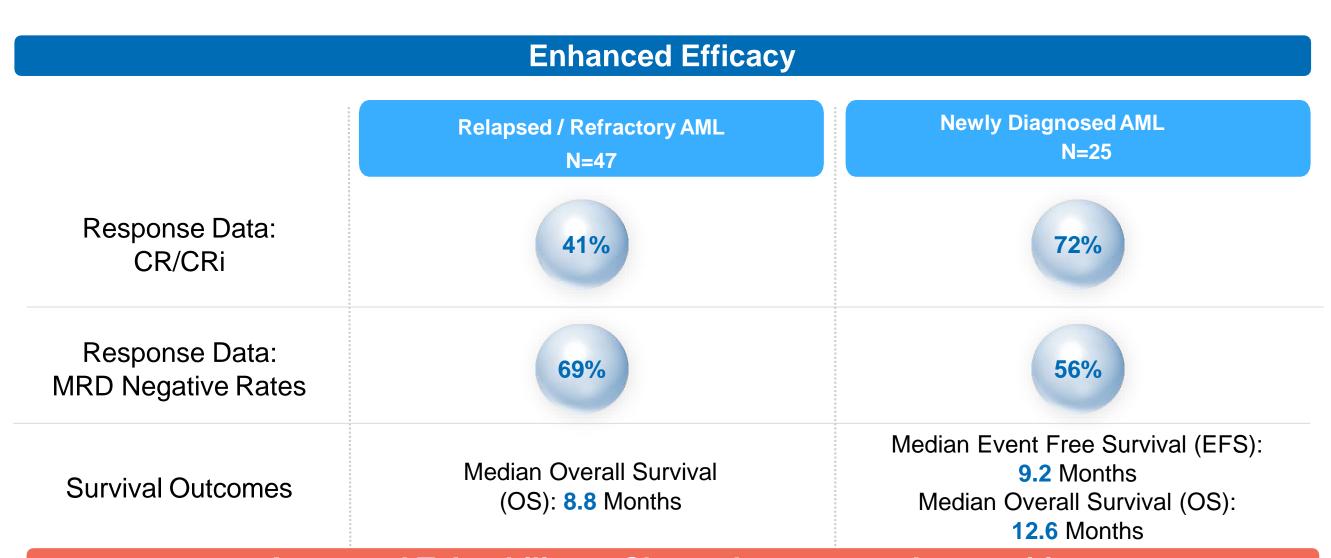
Uproleselan (APL-106)

AML- Phase 3 in China

- **✓** First-in-Class E-Selectin Antagonist
- ✓ MoA addresses resistance pathways in AML
- Potential broad utility across AML
- Strong IP protection for combination with chemotherapy, novel biomarker.
- **✓** FDA & NMPA Breakthrough Therapy Designations
- FDA Fast Track Designation
- √ r/r AML Phase 3 China Bridging, N=140 subjects
- ✓ r/r AML Phase 3 US/Global enrollment completed 2021,
 N~ 380 subjects
- √ 1L AML Phase 2/3 US: N up to 670 subjects
- ✓ Impressive CR/CRi, MRD negativity, and overall survival in r/r & L1 AML in Phase 1/2
- ✓ APL-108 (higher potency, subcutaneous) for Multiple Myeloma and other solid tumors

Uproleselan (APL-106) Efficacy and Safety Data from US Phase 2 Trial





Improved Tolerability to Chemotherapy – oral mucositis

Uproleselan (APL-106) Global Clinical Programs in Acute Myeloid Leukemia



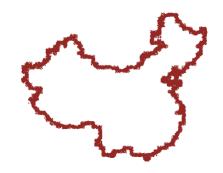
GlycoMimetics Global Studies

- > GMI-Sponsored Global Phase 3 trial in r/r AML; FULLY ENROLLED
- NCI-Sponsored Trial in Newly Diagnosed AML "Fit" for Chemo; Target interim analysis 2022
- UC Davis IST Newly Diagnosed AML "Unfit" for Chemo; combo with venetoclax + azacytidine; N=25 subjects



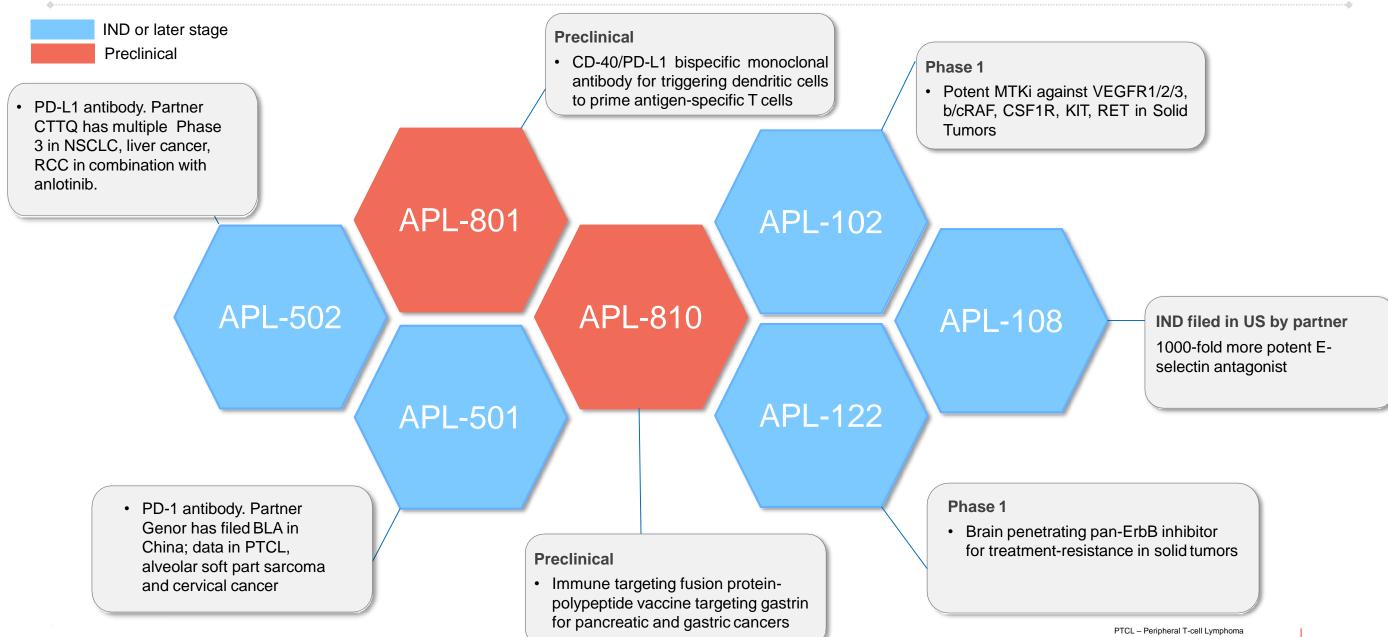
Apollomics China Studies

- Phase 1 PK Study (N=12 subjects; ongoing)
- > Phase 3 Bridging Study in r/r AML (ongoing)



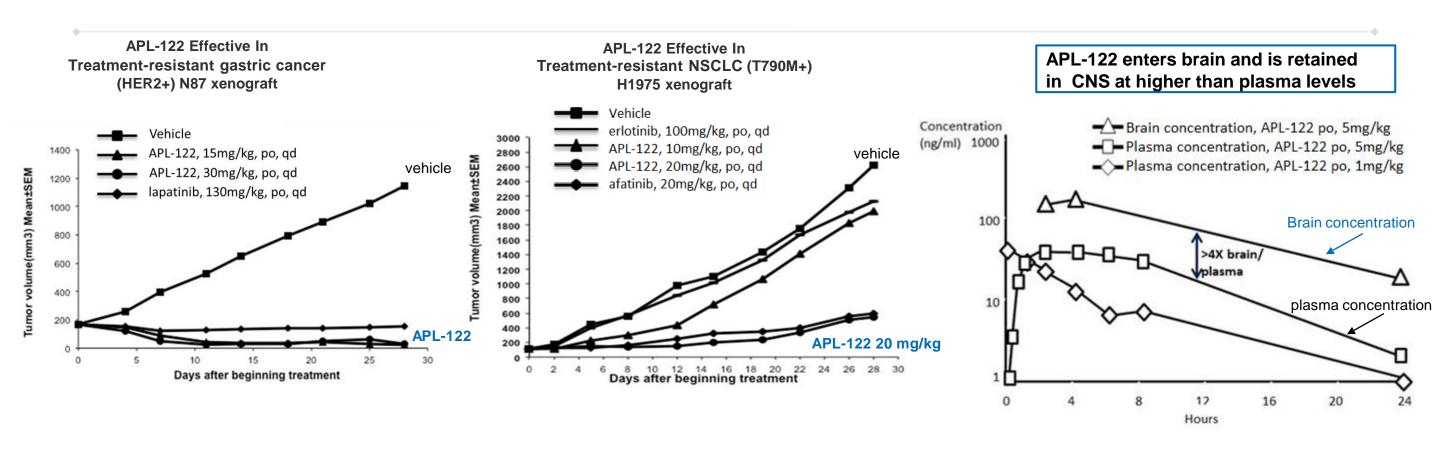
Pipeline of Early Clinical and Preclinical Programs





APL-122: Potent panERB Inhibitor Overcomes Treatment-Resistance In Solid Tumors & Crosses BBB to Address Brain Metastases





- ErbB/HER crosstalk correlated with anti-ErbB therapy resistance
- APL-122- Inhibition of multiple ErbB family members to overcome resistance
- APL-122 & c-Met inhibitor combo may further limit drug resistance because HER2 amp+ and MET amp+ are mechanisms of acquired resistance

 50% of HER2+ breast cancer and more than 33% of EGFR+ NSCLC develop CNS progression

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APL-102: Potent Multitargeted kinase inhibitor against VEGFR1/2/3, b/cRAF, CSF1R, KIT, RET in Solid Tumors

- Unique kinase profile with inhibition of several other key immuno-oncogenic drivers
- Tumor regression in 52 PDX models, including gastric, colorectal, esophageal, and lung cancer
- HCC PDX model: APL-102 achieved larger reduction in tumor volume
- Phase 1 study ongoing

