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Corporate Presentation

- April 2024

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• Vebreltinib – A Differentiated cMET Inhibitor Addressing Unmet Need

Significant market opportunities in NSCLC combo therapy	• c-Met dysregulated cancers as **monotherapy** (~12K U.S. patients in lung and brain tumors alone; many more patients with MET dysregulated tumors in other organs) • ~15-50% of NSCLC patients on targeted therapies (EGFR, KRAS, ALK, ROS) progress due to **acquired MET amplification** - **combo therapy** market for treatment resistance & first line
Best-in-class & First-in-class potential	• ***Best-in-class activity*** in **Met Exon14 skipping NSCLC** patients without co-occurring MET amplification • ***First-in-class potential*** for **Met Amp+ NSCLC, glioblastoma multiforme (GBM) with Met fusions**, and others
Regulatory pathway towards US NDA	• FDA accepted pooling of SPARTA (global) and KUNPENG (China trial also known as PEARL) studies for MetEx14 skip NSCLC • FDA did not require a randomized controlled Phase 3 trial • Near term NDA 2025/2026 timeframe

• 3 Monotherapy Indications

1st Indication

1L metastatic NSCLC with Met Exon 14 skipping

Pivotal Phase 2 study- ongoing
Target NDA submission 2025/2026

Launched in China by Avistone
NDA approved 11/2023

2nd Indication

2L+ NSCLC with c-Met Amplification

Phase 2 Pivotal Study Enrollment Ongoing,
Target NDA submission (US) 2026

3rd Indication

Recurrent GBM with PTPRZ1-Met Fusions

US Regulatory timeline
Under assessment

sNDA Approval (China NMPA) granted to Avistone 4/23/2024

• Vebreltinib for MetEx14 Skip NSCLC Clinical Regulatory Status

- Conditionally approved by NMPA in China, Nov 2023
- FDA meeting July 2023:
  - "*FDA acknowledged that Apollomics may have a path towards* ***traditional approval in the context of their current clinical trials****. FDA recommended that Apollomics should review their development plan and propose an additional meeting to discuss this approach.*"
  - "*FDA acknowledged that* ***Apollomics proposal to pool data from SPARTA and PEARL appears acceptable****; however, given the limitations stated above a final determination will be made upon review of the data submitted to a potential marketing application."*
- FDA meeting Feb 2024: Continue to enroll in 1L MetEx14 NSCLC cohort
- Plan to have preNDA meeting with FDA after additional patients have had 12 months follow up data

cMET Inhibitors Landscape

		Vebreltinib[1]	Capmatinib[2] (Tabrecta)	Tepotinib[3] (Tepmetko)	Savolitinib[4] (Orpathys)	Telisotuzumab[5] (Teliso-V)	Amivantamab[6] (Rybrevant)
1L NSCLC with Met exon 14 skipping	ORR N mDoR	**66% (n=71) 16.5 mos**	68% (N=60) 16.6 mos	57% (N=164) 40% DoR≥12 mos	46% (N=28) 5.6 mos	N/A	57%
2L+ NSCLC with Met exon 14 skipping	ORR N mDoR	**61% (n=36) 16.7 mos**	44% (N=100) 9.7 mos	45% (N=149) 36% DoR≥12 mos	41% (N=42) 5.6 mos	N/A	47%
2L+ cMet Amplified NSCLC *de novo*	ORR N	**Ongoing**	12% GCN 6-10 29% GCN >10	29% (N=17)	N/A	N/A	Pursuing Unpublished
Recurrent GBM with PTPRZ1 Met fusions		**48% reduction in risk of death in OS; mOS 6.31 vs 3.38 mos**	N/A	N/A	N/A	N/A	N/A
2L+ cMet overexpressing NSCLC	ORR mDoR	N/A	N/A	N/A	N/A	35% Met high 9.0 mos 23% Met inter 7.2 mos	N/A

1. Data from KUNPENG and SPARTA trial for MetEx14 skip NSCLC
2. Capmatinb Package Inset from Full Approval; Wolf et al 2020
3. Tepotinib package insert from Full Approval; Xuining Le et al 2023
4. Savolitinib data from Zhu et al Cancers 2023
5. LUMINOSITY trial for monotherapy; Abbvie Press Release Nov 2023
6. CHRYSALIS study Leighl et. al. ESMO 2023

Limitation in Capmatinib's Treatment in MetEx14 Skip NSCLC

Especially in MetEx14 Skip NSCLC patients without overlapping Met Amp (GCN<4)

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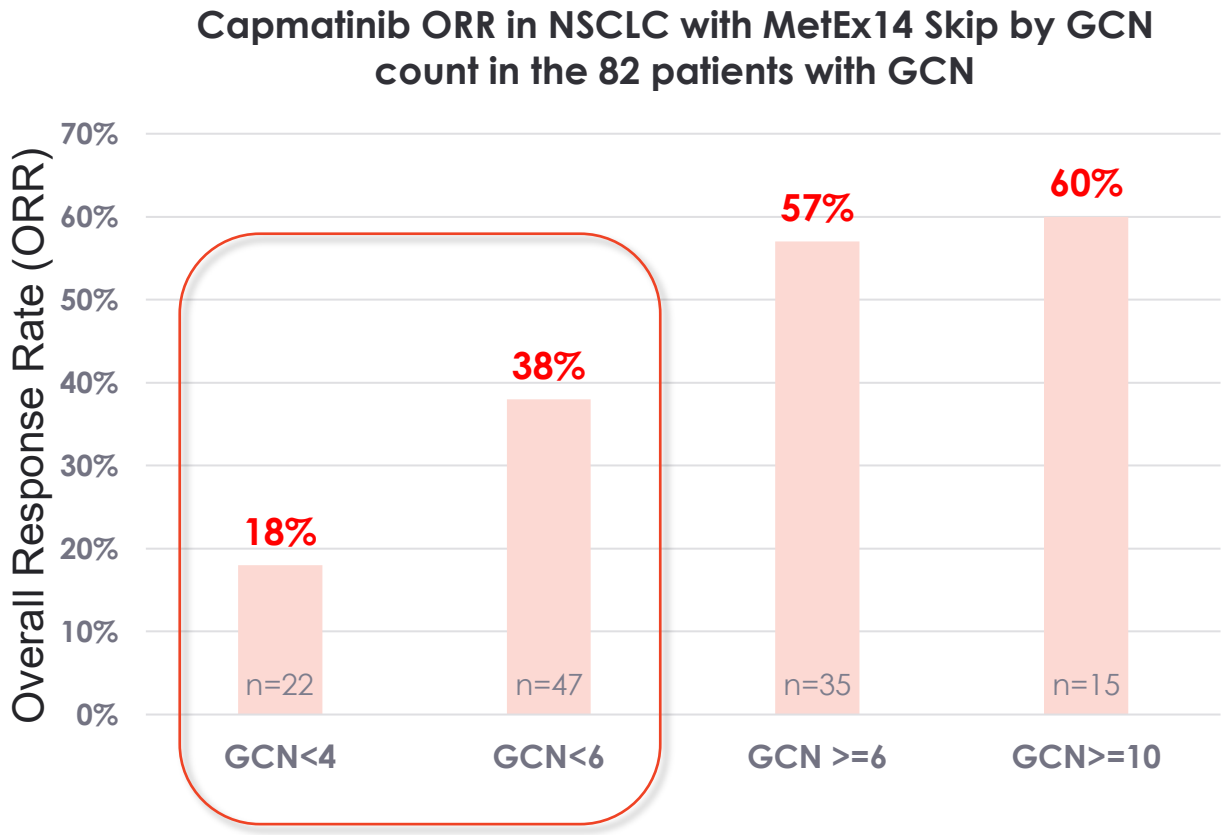
- Capmatinib Accelerated Approval (N=97)
  - 1L ORR 68% (n=28)
  - 2L+ ORR 41% (n=69)
  - 82 patients with GCN data available:
    - **ORR 18% in patients with GCN<4 (no co-occurring MET amplification)**
- Capmatinib Regular Approval (N=160)
  - 1L ORR 68% (n=60)
  - 2L+ ORR 44% (n=100)
  - No additional efficacy data by GCN subgroup Available

Unmet Medical Need:
Need more effective treatment for patients with MetEx14 skip NSCLC and no co-occurring MET amplification (GCN<4)



MetEx14 skip NSCLC Study Populations by GCN Subgroups

In patients with available GCN data in SPARTA & KUNPENG studies

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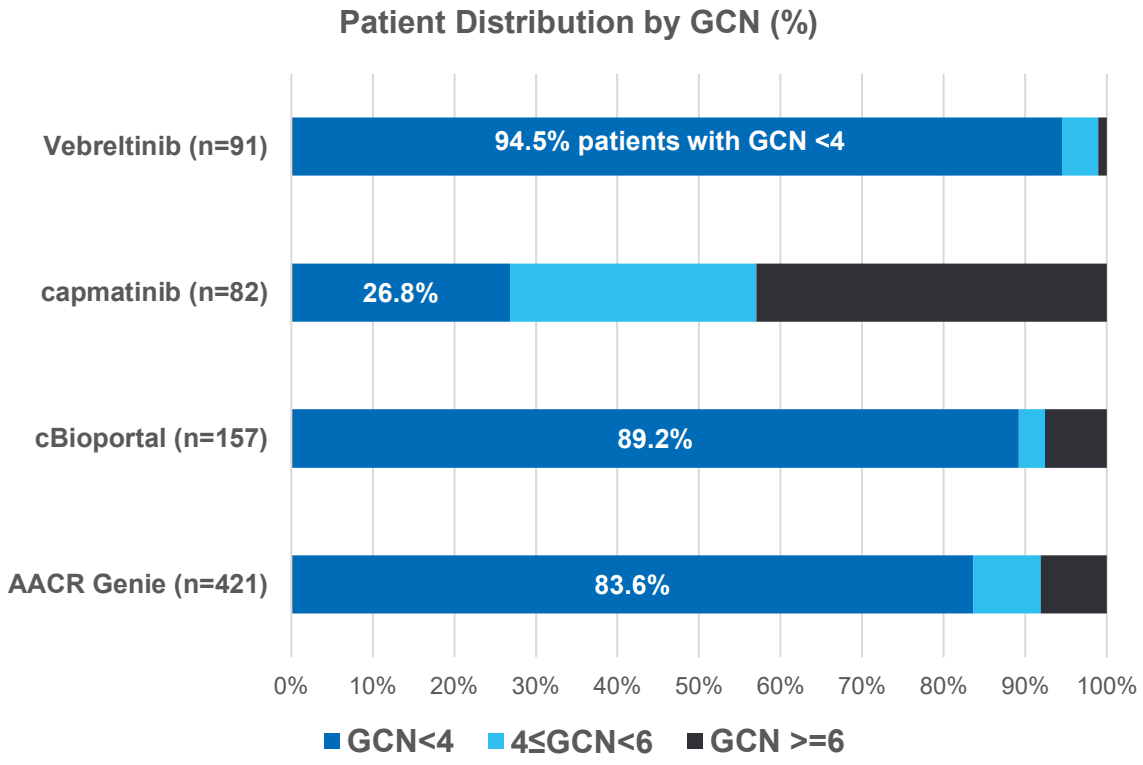
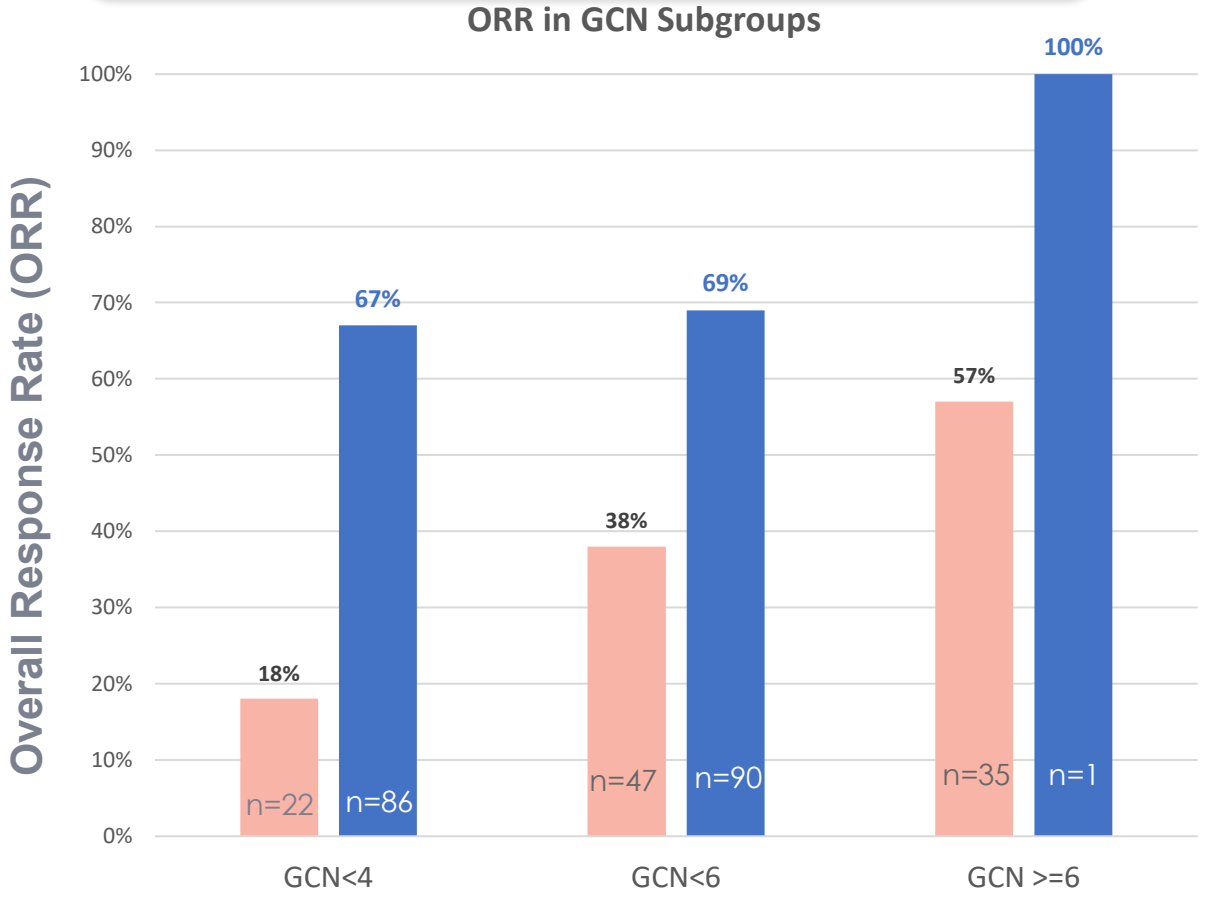
Vebreltinib Dataset Resembles Real World Patient Samples



- GCN<4 no over-lapping MET Amplification
- GCN ≥6 over-lapping MET Amplification

Vebreltinib Efficacious In All GCN Subgroups Regardless of MET Amplification



(N=83, GEOMETRY) (n=91, SPARTA+KUNPENG)

Capmatinib data source: Summary basis for approval, page 78.

MexEx14 Skip NSCLC Patients In SPARTA (Global Study) & KUNPENG (China Study)

	SPARTA	KUNPENG (Pearl II)
Multicohort Open-Label Phase II study Primary endpoint ORR based on RECIST 1.1, supported by DOR	✓	✓
Regions	US, Canada, EU, APAC (ex-China)	China
Sponsor	Apollomics	Avistone
MET exon 14 skipping NSCLC: include 1L & 2L+ patients identified by NGS, unresectable or metastatic disease	✓	✓
Treatment: vebreltinib 200 mg BID	✓	✓
1L patients (efficacy set for US NDA)	N=36	N=35
GCN<4:	n=28; ORR 64.3%	n=28; ORR 71.4%
Median age, years (range)	75.0 (53, 86)	71.0 (53, 90)
Female (%)	58.3%	48.6%
Non-smokers	52.8%	65.7%
ECOG 0	33.3%	14.3%
ECOG 1	66.7%	85.7%
Histology at diagnosis: % Adenoma	88.9%	88.6%

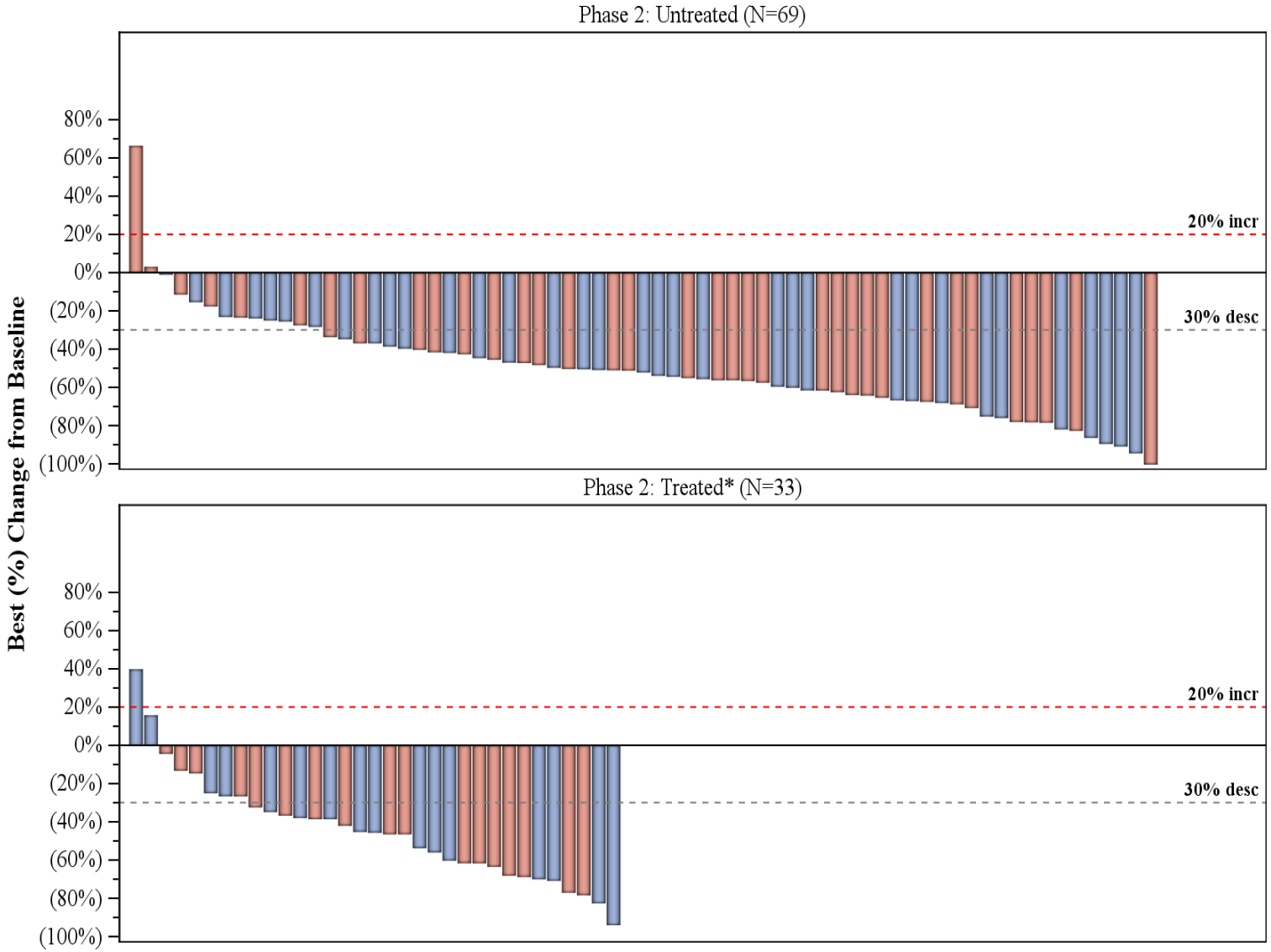
Notes: KUNPENG – ESMO 2023 Poster; SPARTA – Internal Data

MetEx14 Skip NSCLC

MetEx14 Skip NSCLC CCAS[1]	1L NSCLC Patients				2L+ NSCLC Patients			
	SPARTA-II (N=36)	Pearl-II (KUNPENG) (N=35)	Combined (N=71)	Capmatinib (N = 60)	SPARTA-II* (N=19)	Pearl-II (KUNPENG) (N=17)	Combined (N=36)	Capmatinib (N = 100)
Confirmed ORR	55.6%	77.1%	**66.2%**	68%	52.6%	70.6%	**61.1%**	44%
95% CI	(38.1, 72.1)	(59.9, 89.6)	**(54.0, 77.0)**	(55, 80)	(28.9, 75.6)	(44.0, 89.7)	**(43.5, 76.9)**	(34, 54)
mDOR (Months)	11.2	17.1	**16.5**	16.6	10.6	16.7	**16.7**	9.7
95% CI	6.0, NE	9.2, NE	**9.2, 23.0**	(8.4, 22.1)	1.1, NE	3.7, NE	**5.4, NE**	(5.6, 13.0)
DOR >= 12 Months	35.8%	60.5%	**52.2%**	49%	30.9%	61.4%	**53.8%**	36%
DCR (%) 95% CI	91.7% (77.5, 98.2)	97.1% (85.1, 99.9)	**94.4%** **(86.2, 98.4)**		73.7% (48.8, 90.9)	94.1% (71.3, 99.9)	**83.3%** **(67.2, 93.6)**	

[1] Patients who first dosed prior to 2023-05-31 in SPARTA-II CCAS population and patients who first dosed prior to 2021-12-31 in Pearl-II are included.
* Patients with last IO use < 90 days in SPARTA-II are excluded.
Based on data available up to 2023-10-26
Patients with central tissue NGS confirmed MetEx14 Skip NSCLC
NE = Not estimable yet

• Vebreltinib In MetEx14 Skip NSCLC – Central Read



1L (N=71)

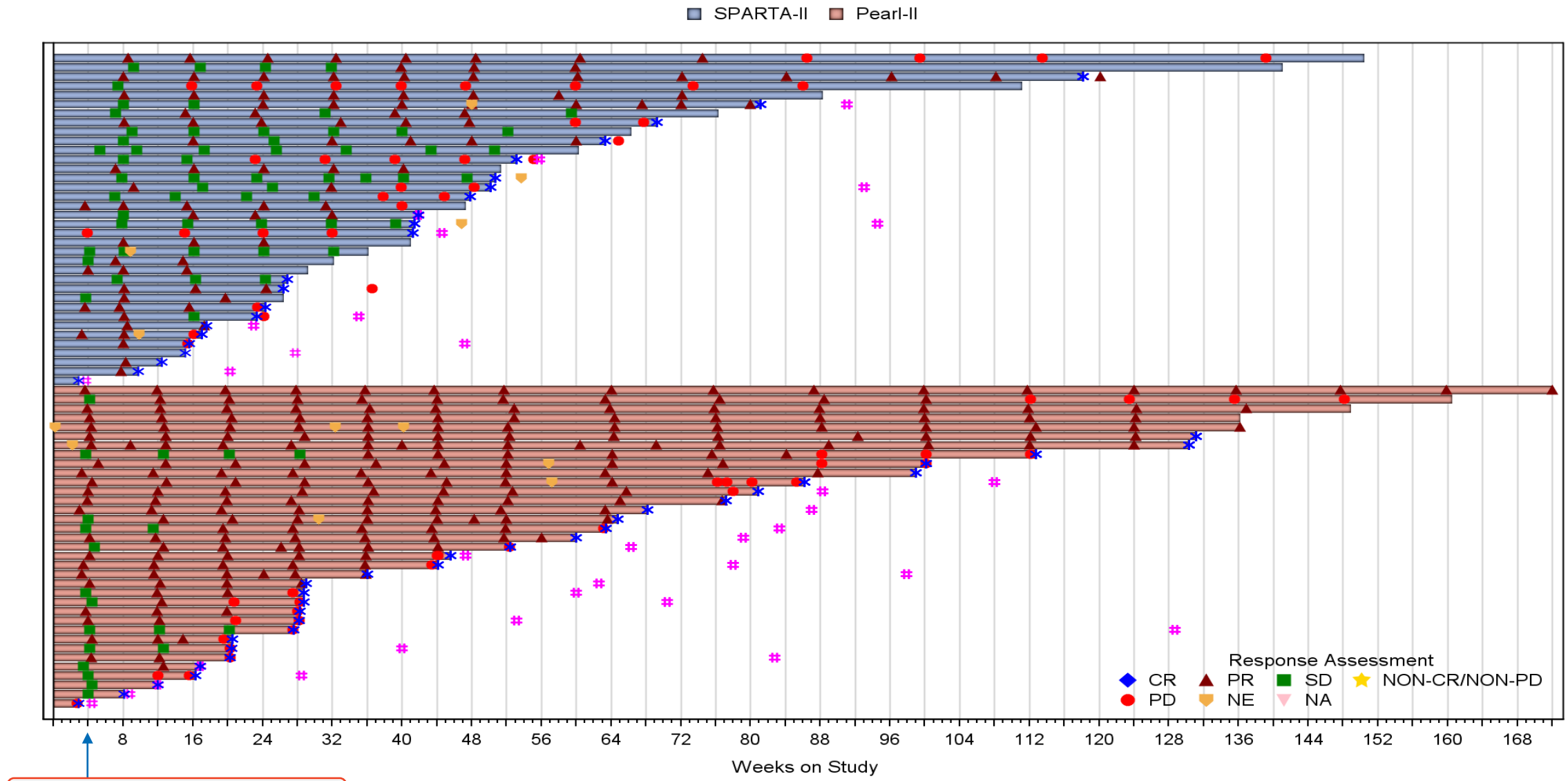
- **ORR= 66.2%** (95% CI 54.0, 77.0)

2L+ (N=36)

- **ORR= 61.1%** (95% CI 43.5, 76.9)

Waterfall plots n=69 1L patients with at least 1 post treatment image (2 did not); N=33 of 2L+ patients had at least 1 post treatment image (3 did not).

• Vebreltinib In 1L MetEx14 Skip NSCLC



• Vebreltinib In 2L+ MetEx14 Skip NSCLC

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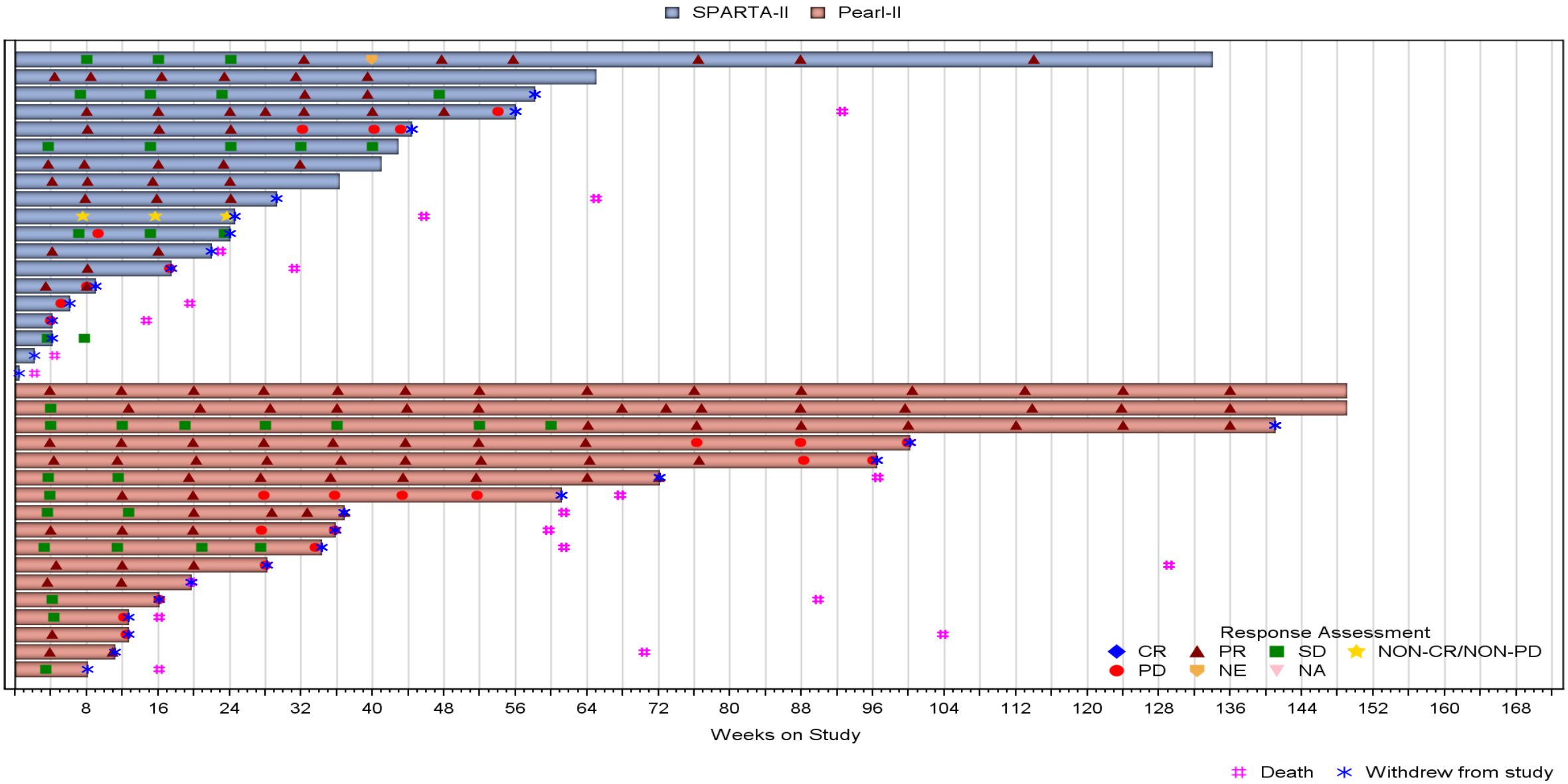


• Extensive Safety Dataset of >500 Patients for Supporting Potential NDA

SPARTA- Multi-cohort global Phase 2 Study to support multiple indications

Cohort A1	EXON 14 Skipping NSCLC (MET inhibitor naïve); 1L
Cohort A2	EXON 14 Skipping NSCLC (MET inhibitor naïve); 2L/3L
Cohort C	Basket of tumor types except primary CNS tumors, MET amplification (MET inhibitor naïve)
Cohort C-1	NSCLC harboring MET amplification and wild-type EGFR (MET inhibitor naïve)
Cohort C-2	EGFR mutated NSCLC with acquired MET amplification (combo)
Cohort D	Basket of tumor types except primary CNS tumors, harboring MET gene fusions (METi naïve)
Cohort E	Primary CNS tumors with MET alterations (MET inhibitor naïve)
Cohort F	Basket of tumor types with over expression of HGF & Over-expression of MET; MET WT

Vebreltinib Exposure In Patients Support NDA

Tumor Types	Trial	Subjects on Study (N)
NSCLC	*Ph 1 trial, China	37
	*Ph 2 KUNPENG trial, China	133
Multi-tumor types	**Ph 1 SPARTA trial, Global	17
Multi-cohort	**Ph 2 SPARTA trial, Global	241
GBM	*Ph 1 GBM trial, China	18
	*Ph 2/3 FUGEN trial, China	43
Combo-HCC+RCC	APOLLO	20
	Total Patients	**509**

Healthy volunteers N > 170

*PLB1001: KUNPENG Trial in China, FUGEN trial in China
**APL101: global SPARTA Trials in 10+countries

US Addressable Market Opportunity[1]

Monotherapy Indications	# Pts	$ / month	Tx Duration (mo)[2]	$ / year	Target NDA
MET ex14 skip (3-4% of 1L NSCLC)	6,800	$22,000	18	$2,700 M	1H25
MET amp (1-5% of 2L NSCLC)	5,800	$22,000	10	$1,300 M	1H26
GBM w/ MET fusion	1,500	$40,000	6	$360 M	TBD
MET amp (multiple tumors)	20,000	$22,000	10	$4,400 M	TBD
MET fusion (pan tumor)	5,000	$22,000	10	$1,100 M	TBD
HGF+ MET gene WT (pan tumor)	15,000	$22,000	10	$3,300 M	TBD

Combinations with EGFRi, others	# Pts	$ / month	Tx Duration (mo)[2]	$ / year	Target NDA
EGFR+, MET amp+ (EGFRi+METi) NSCLC acquired resistance	8,700	$22,000	10	$1,900 M	TBD
EGFR+, 1L NSCLC (EGFRi+METi) *40% MET over-expressed* POC provided by MARIPOSA	11,600	$22,000	24	$6,100 M	TBD
Combo w/ ALK, ROS, KRAS, etc. Other target+, MET amp+, NSCLC acquired resistance	2,600	$22,000	10	$600 M	TBD

[1] Drillon et al 2016; Bao et al 2014; Caris AACR 2016 Poster; Sun et. al. 2023; TGCA Atlas Internal Analysis; Biomedtrackker; Coleman et al ESMO 2021

[2] *Estimated treatment duration based upon 1.5 mos. time to response plus actual/assumed DOR; EGFR+ MET amp assumptions: 238,340 US lung cancer incidence, 81% NSCLC, 30% MET amp resistance*

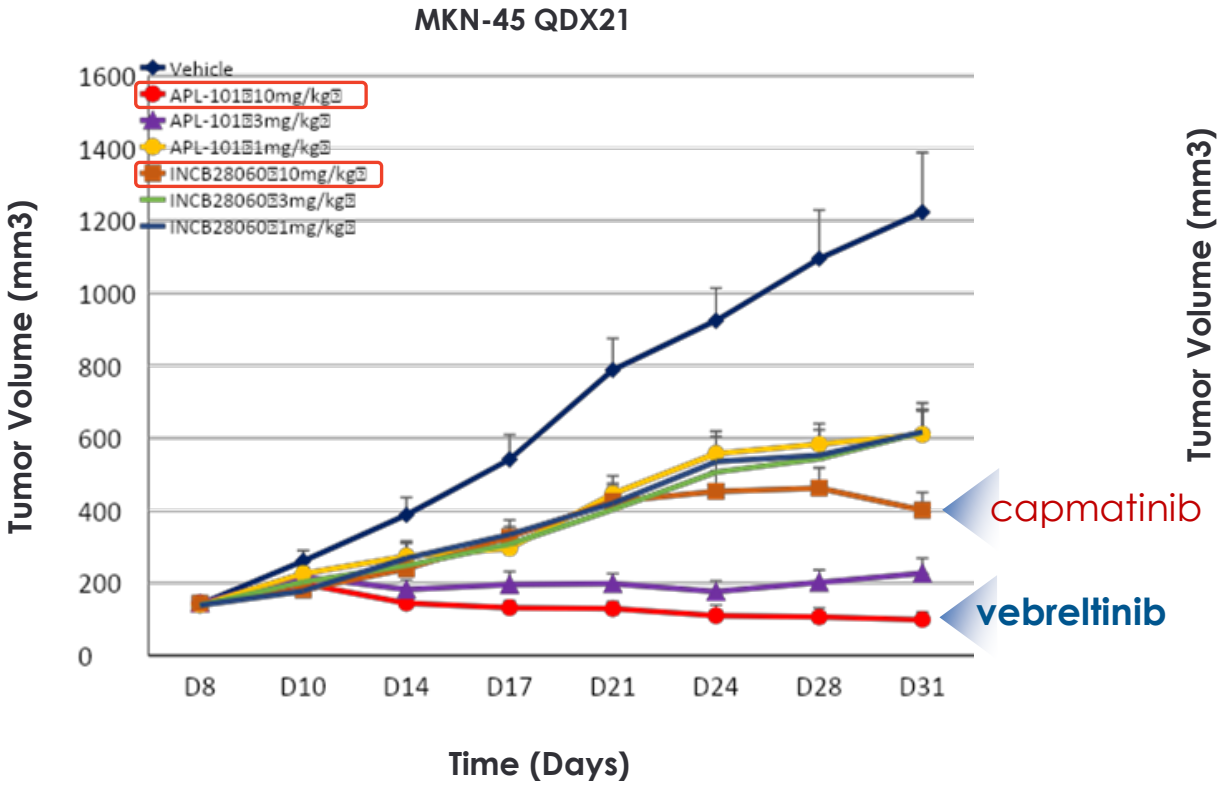
2L+ MET Amplified NSCLC – 2nd Indication

- Incidence 1% to 5% of *de novo* MET amplified NSCLC
- 2L+ MET Amp+ NSCLC patients have high unmet medical need, no approved target therapy
- Capmatinib declared futility in MET amplification NSCLC, especially with GCN (gene copy number) 6-10 with ORR 12%, GCN>10 ORR 29% (ref: Wolf, NEJM).
- MET amplified NSCLC (*de novo*) with GCN≥6: being evaluated in vebreltinib studies
  - FDA advised enrollment of additional patients in ongoing SPARTA study for seeking accelerated approval based on ORR.
  - Future MET Amp+ patients in SPARTA will be prospectively selected by central testing identified for optimization of patient selection and CDx development
- Estimated timeline:
  - Enrollment of incremental patients in SPARTA – 1H2025
  - Potential sNDA submission 2026 – accelerated approval for 2L+ MET amplified NSCLC

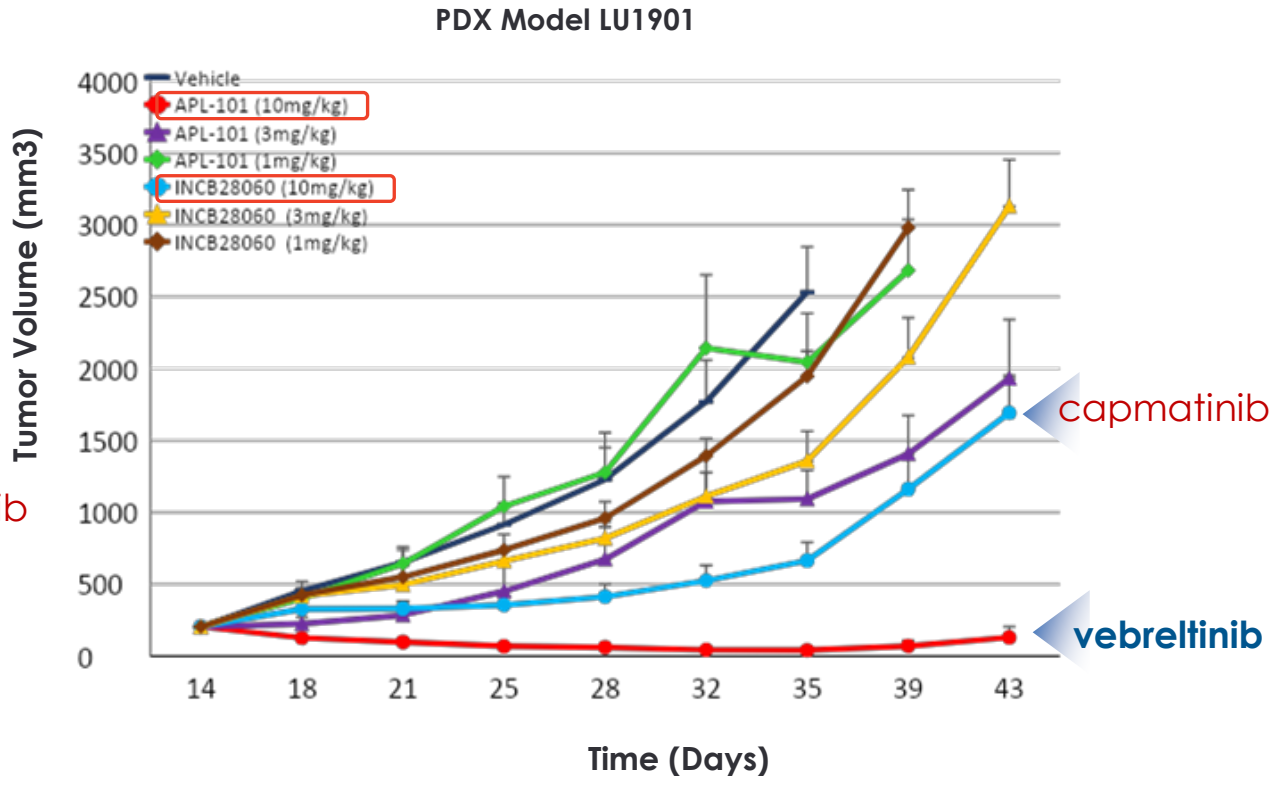
• Vebreltinib – Preclinical differentiation

Vebreltinib Compares favorably to capmatinib in MET amplification preclinical models

Favorable to Capmatinib in a Gastric Cancer MKN45 – Met amplified



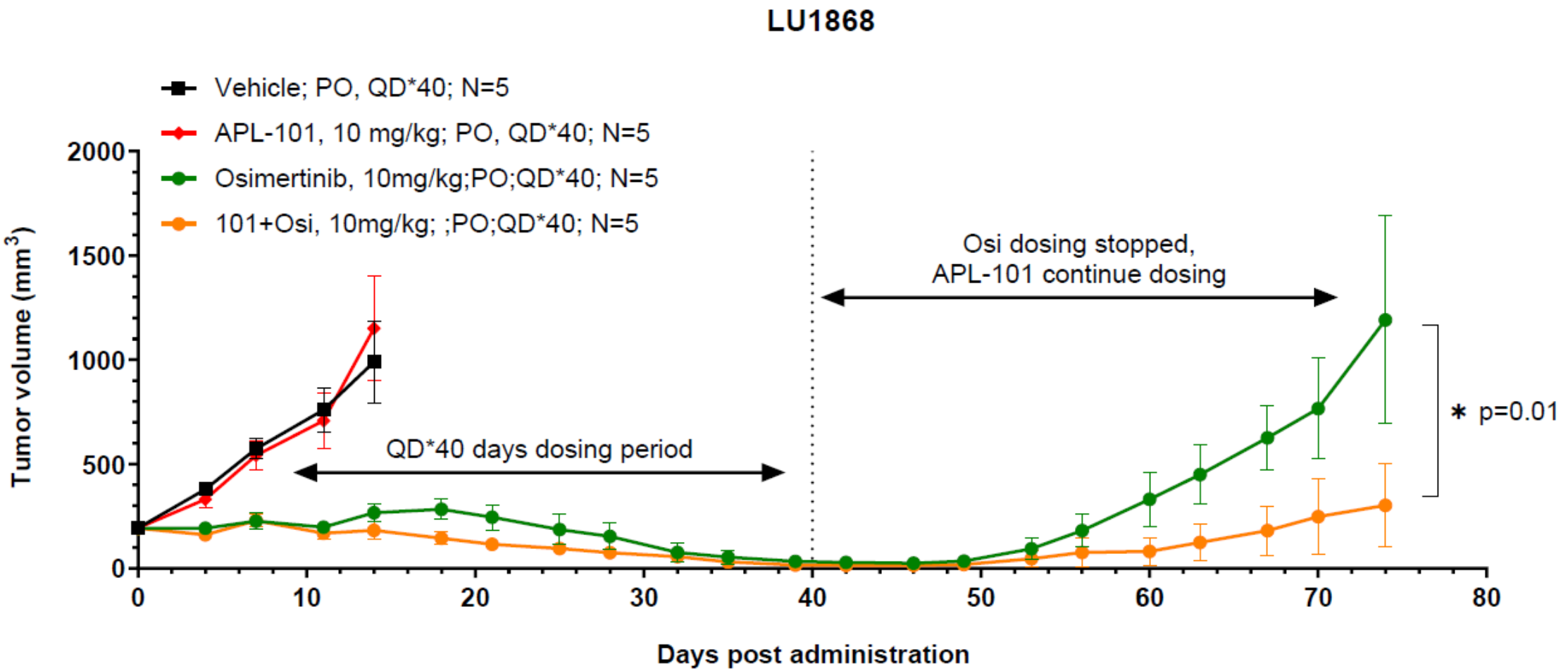
Favorable to Capmatinib in a LUNG PDX Model LU1901 – Met amplified



Poster #2096 AACR 2017
** capmatinib= INC-B28060*

Upfront combination of APL-101 and Osimertinib May Prevent MET-Dependent Resistance In NSCLC EGFR+ Met Amp- Preclinical Model

Model name	Tumor type	Model	Tumor genetic background	Response to EGFRi	MET amplified	MET expression	HGF expression
LU1868	NSCLC	PDX	EGFR T790M	Sensitive	No	17.1 (Low)	0.3 (Low)



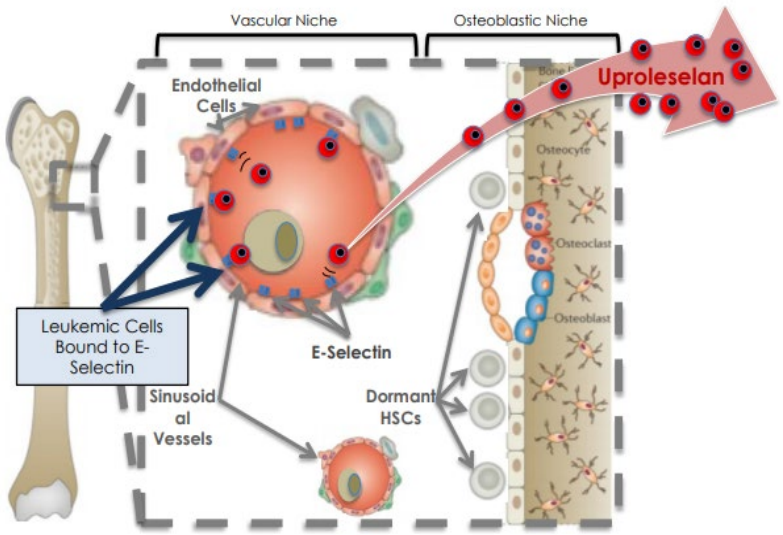
Vebreltinib 3rd Indication – GBM with PTPRZ1-MET fusion

- FUGEN: Phase 2/3 randomized study completed by Avistone
  - Recurrent GBM with PTPRZ1 MET fusion, post surgery, post radiation and temozolomide
  - N=84; 1:1 randomization of vebreltinib: standard of care (dose-dense temozolomide or cisplatin + etoposide)
  - Primary endpoint: Overall Survival
  - 48% relative reduction in risk of death in vebreltinib monotherapy arm[1]
  - mOS of 6.31 months (vebreltinib) vs 3.38 months (active control)
  - Pivotal trial in support of sNDA Approval in China NMPA April 23, 2024
- GBM patients with MET alterations (including PTPRZ1 MET fusion) are included in SPARTA Study
- FDA meeting Feb 2024
  - PTPRZ1-MET fusion-positive high-grade glioma is a serious illness with an unmet medical need.
  - Additional information on the epidemiology of PTPRZ1 MET fusion and on the randomized study completed in China are needed to determine data requirement for this indication in the US.
- US Regulatory Timeline TBD

1 https://mp.weixin.qq.com/s/7eiVnNjMCWXQegaLTvll1A, Avistone press release on April 23, 2024

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

Enhances Efficacy of Chemotherapy In AML & Reduces Mucositis (from Chemotherapy)



- 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

Apollomics China Studies in AML	• Phase 1 PK Study (N=12 subjects) • Phase 3 Bridging Study in r/r AML (**FULLY ENROLLED in 2023**)
GlycoMimetics Global Studies in AML	• GMI-Sponsored Global Phase 3 trial in r/r AML (**FULLY ENROLLED**), target data readout 2Q2024 • NCI-Sponsored Trial in Newly Diagnosed AML "Fit" for Chemo; Target interim analysis 2024

Near Term Catalysts

Catalyst	Approx. timing	Status
Vebreltinib		
FDA Meeting to discuss # MetEx14 NSCLC, Met Amp+ NSCLC & Met Fusion GBM	Q1 '24	✓
Vebreltinib publication – discovery and preclinical data at AACR	Q2 '24	✓
Vebreltinib IST combo with Osimertinib – data update	Q2/3 '24	
FDA Meeting - MetEx14 NSCLC from added pts and follow up – data update	Q3/4 '24	
NDA submission for MetEx14 skip NSCLC to FDA	2025	
Enrollment of the additional Met Amp+ SPARTA cohort completed – data update	1H 2025	
NDA submission for Met Amp+ NSCLC to FDA	1H 2026	
Uproleselan		
Uproleselan Global Phase 3 readout (partner)	Q2 '24	
China Phase 3 bridging study readout – data update	1H 2025	
China NDA submission to NMPA	2H 2025	

Summary

- De-risked, differentiated, late clinical stage cMet inhibitor Vebreltinib
  - Near term: a substantial monotherapy market potential in 2 indications
  - Intermediate & longer term: combo therapy market potential, & broader monotherapy indications
- Multiple near-term clinical and regulatory catalysts on vebreltinib as well as uproleselan
- Additional pipeline enhances value and chance of success
- Experienced executive team

Our Pipeline

Tumor Inhibitors | Anti-Cancer Enhancers | Immuno-oncology Drugs

IP – Intellectual Property
GBM – Glioblastoma Multiforme
r/r AML – Relapsed or Refractory Acute Myeloid Leukemia
NSCLC – Non-Small Cell Lung Cancer
1 excluding China, Hong Kong and Macau
2 excluding China, Hong Kong and Taiwan
3 excluding China

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Drug Candidate	Target	Category	IP Rights	Mono / Combo	Indications	Status
APL-101 Vebreltinib	c-Met ★	Small molecule	Global[1]	Mono	Met Exon 14 NSCLC	**Phase 2 SPARTA Global Study in cMet Dysregulated Cancers *(pivotal study)*** KUNPENG Ph 2 NSCLC with MET alterations (partner Avistone, China)
					Met amplified NSCLC	**Phase 2 SPARTA Global Study in cMet Dysregulated Cancers *(pivotal study)*** KUNPENG Ph 2 NSCLC with MET alterations (China partner Avistone)
					Met fusion GBM	**Phase 2 SPARTA Global Study in cMet Dysregulated Brain Cancers** Ph 2/3 GBM with PTPRZ1 MET fusion (sNDA approved in China, Avistone)
APL-106 Uproleselan	E-Selectin ★	Small molecule	China	+ Chemo	r/r AML, newly diagnosed AML	**Phase 1 PK and tolerability study**
					r/r AML, newly diagnosed AML	**Phase 3 Bridging Study in r/r AML in China- fully enrolled YE'23** Phase 3 Global study in r/r AML – by US partner GlycoMimetics, data read 1H'24

Early Clinical and Preclinical Programs Under Development

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**
APL-108	E-Selectin	Small molecule	China	+ Chemo	To Be Announced	**US partner GlycoMimetics** Completed Phase 1 study
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	China partner CTTQ in NDA review
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*

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Nasdaq: APLM

Thank you

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