CONNECT BIOPHARMA

Corporate Presentation

August 2024 | NASDAQ: CNTB

Developing next-generation therapeutics for T cell-driven inflammatory diseases

Forward-looking statements

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We have not conducted a head-to-head study of rademikibart (formerly CBP-201) versus dupilumab or any other biologics. Comparisons of rademikibart to dupilumab or any other biologics contained herein are based on analysis of data from separate studies. Such data may not be directly comparable due to differences in the phases of clinical trials, study protocols, conditions and patient populations. Accordingly, cross-trial comparisons may not be reliable predictors of the relative efficacy or safety of rademikibart compared to dupilumab or any other biologics.

The potential benefits of rademikibart or icanbelimod do not imply an expectation of regulatory approval which is solely within the authority of the FDA (or applicable foreign regulator).

Company Highlights

Targeting inflammatory diseases with high unmet need representing multi-billion-dollar global market opportunities across therapeutic areas

High throughput functional approach for rapid identification of potent T cell modulators generated leading clinical-stage assets for 4 indications:

Rademikibart (CBP-201)
Positive efficacy and safety data in AD and asthma trials

Anti-IL-4Rα mAb for AD and asthma
Q4'2023:

- Positive global asthma Ph2b topline data
- Positive China pivotal 52-weeks trial data in AD

Icanbelimod (CBP-307)

S1P1 modulator for UC and CD
Positive Ph2 data in moderate-to-severe UC

Headquarters	US with offices in China
Operations and clinical development	US, EU, Australia and China
NASDAQ	CNTB
Cash	$110.2M USD[a]

AD=atopic dermatitis; CD=Crohn's disease; IL-4Rα =interleukin-4-receptor alpha; SIP1=sphingosine 1-phosphate receptor 1; mAb=monoclonal antibody; UC=ulcerative colitis.
[a]Unaudited cash, cash equivalents and investments as of June 30, 2024.

Strong Pipeline of Differentiated Therapies

Connect Biopharma has global development & commercialization rights to all product candidates

	INDICATION	DISCOVERY/ PRECLINICAL	PHASE 1	PHASE 2	PIVOTAL OR PHASE 3	STATUS/ANTICIPATED MILESTONES
Rademikibart: anti-IL-4Rα mAb (Th2 cell modulator)	Atopic Dermatitis (AD) - China[a]					Commercial partner Simcere having ongoing regulatory discussions with CDE[a]; Update expected as early as Q2'24
	Atopic Dermatitis (AD) - Global					FDA Type C meeting in Q2'24
	Asthma - Global					Positive global Ph2b trial data; FDA EoP2 meeting in Q2'24
Icanbelimod: Small molecule targeting S1P1 (Th1 cell modulator)	Ulcerative Colitis (UC) - Global					Positive UC maintenance data reported; Seeking partnership to advance into future trials for both indications
	Crohn's Disease (CD)[b] - Global					

[a]Simcere, Connect's partner in Greater China who holds responsibility for future development, including for additional indications and NDA submission, is progressing its regulatory discussion with the Center for Drug Evaluation of China's National Medical Products Administration, or CDE, ahead of a planned NDA filling for rademikibart for patients with AD. Connect expects to receive an update from Simcere as early as the second quarter of 2024 on these next steps. [b]Phase 2 CD trial ended early due to COVID-19-related enrolment challenges.

CDE= Center for Drug Evaluation (CDE) of China's National Medical Products Administration;EoP2=end of Phase 2; IND=Investigational New Drug; mAb=monoclonal antibody; S1P1=sphingosine-1-phosphate receptor subtype 1;

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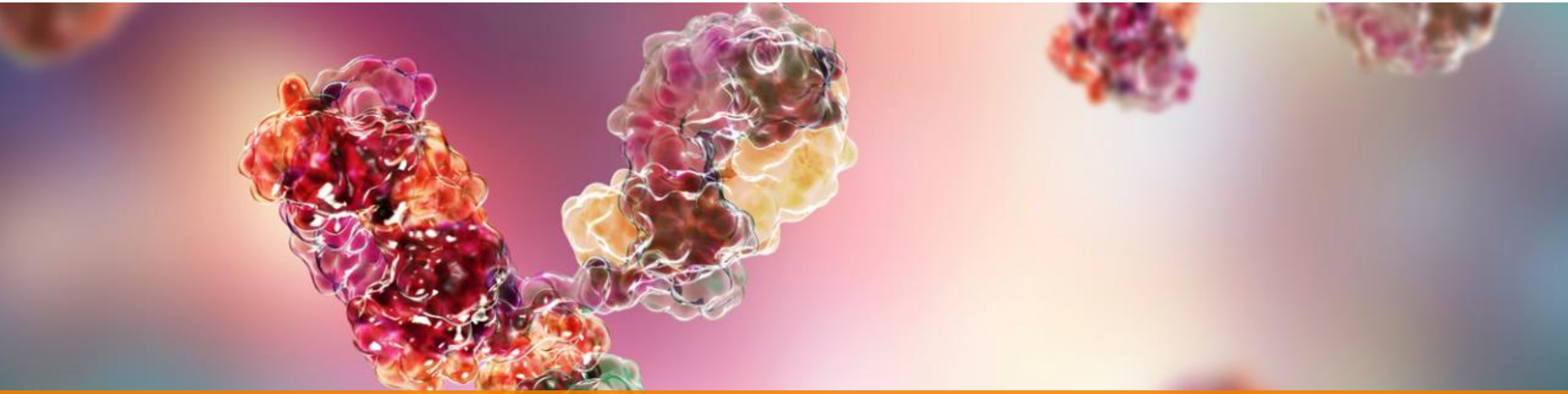
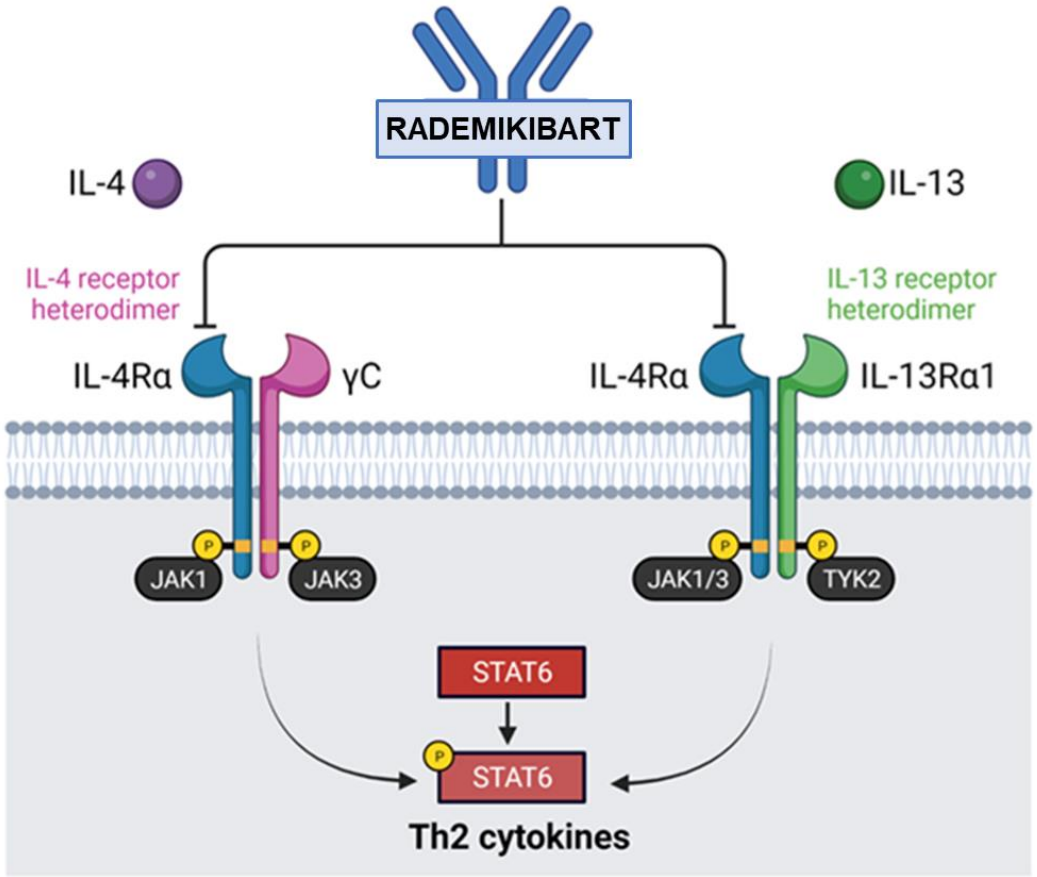


Rademikibart: A Next Generation Anti-interleukin-4-receptor alpha (IL-4Rα) Antibody In Development For Type 2 Inflammatory Diseases

Rademikibart: Next Gen IL-4Rα Blocker Shows Potential For Less Frequent Dosing, Greater Sustained Efficacy Data, and Faster Onset Observed in AD and Asthma Trials

Dual inhibition of IL-4 and IL-13 is a validated therapeutic strategy across many Th2-mediated diseases such as atopic dermatitis, asthma, CRSwNP, COPD, EoE and more.



Rademikibart is a novel, human monoclonal IgG4 antibody directed against IL-4Rα, a common subunit for IL-4 and IL-13 receptors. Blockade of IL-4 and IL-13 binding to IL-4Rα results in inhibition of both IL-4 and IL-13 signaling.

Rademikibart Characteristics

- Engaging with distinct epitopes associated with a higher binding affinity to the IL-4Rα[1]
- Highly potent IC_{50} in:
  - Reducing JAK-STAT signaling[1,a]
  - Cell proliferation[1,a]
  - TARC release[1,a]

Potential Clinical Relevance

- Greater clinical response
- Faster onset of action
- Less frequent dosing

AD=atopic dermatitis; COPD=chronic obstructive pulmonary disease; CRSwNP=chronic rhinosinusitis with nasal polyps; EoE=eosinophilic esophagitis; IC50=half-maximal inhibitory concentration; IL=interleukin; JAK=janus kinase; STAT=signal transducers and activators of transcription; TARC=thymus- and activation-regulated chemokine .

[a]Based on head-to-head in vitro comparison with dupilumab.

1. Zhang L, et al. *Sci Rep*. 2023 ;13(1):12411.

Rademikibart: Next Generation IL-4Rα Inhibitor With Best-in-Class Potential in Atopic Dermatitis and Asthma

Supported by highly compelling clinical efficacy and safety data in AD and asthma trials

Asthma

- **Rapid, significant and sustained improvement** in lung function observed in 24-week global Ph2b trial
- Strong trends observed towards reduction in exacerbations
- **Significant improvements** in asthma control observed through Week 24
- Overall safety data show rademikibart **generally well tolerated** and consistent with blocking IL-4Rα signaling

Atopic Dermatitis (AD):

- **Achieved primary and key secondary outcomes at Week 16** in both global Phase 2b and China pivotal/stage 1 trials with > 475 patients with moderate-to-severe AD
- Efficacy observed with **both 300mg Q2W and 300mg Q4W** doses in the global Phase 2b trial and in China pivotal trial
- Showed **continued and sustained improvement with Q4W dosing** efficacy comparable to Q2W dosing through Week 52 in the China pivotal trial

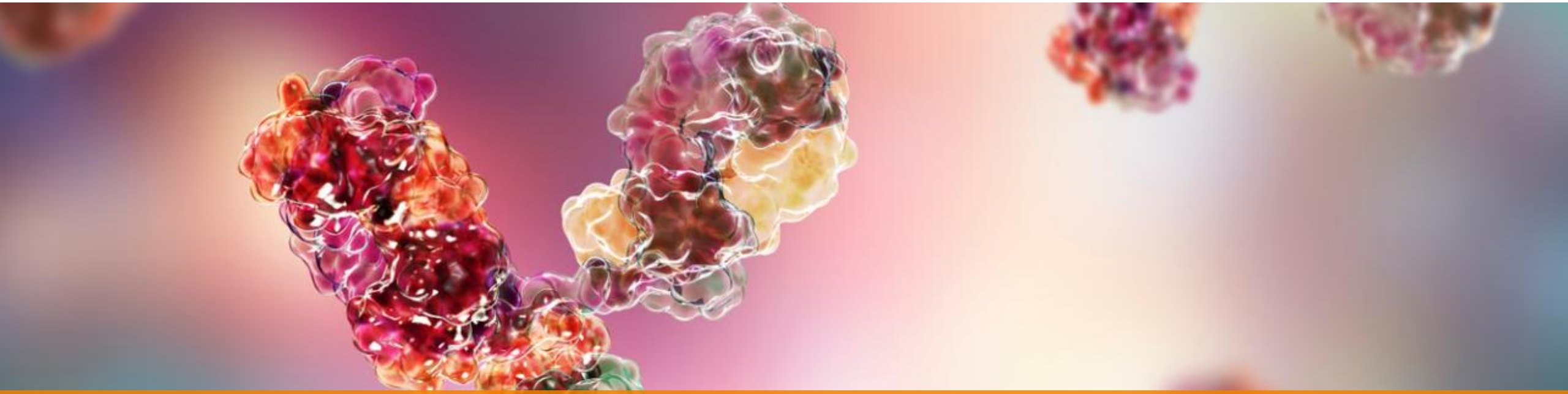
Anticipated catalysts

Q2'2024

Led by Simcere, Connect's Greater China partner: regulatory discussion with China's CDE ongoing, update expected as early as Q2 2024

Q2'2024:

- Asthma End-of-Phase 2 meeting with FDA
- Global AD Type C meeting with the FDA



Rademikibart: Global Phase 2b in Asthma

Asthma: a Common Chronic Lung Disease With High Disease Burden

A chronic inflammatory disorder characterized by wheeze, shortness of breath, chest tightness and cough.[1]

Current treatment limitations:

- Limited efficacy with inhalable corticosteroids and immunosuppressants
- Long time for onset of symptom relief with the use of some biologics
- Dupilumab is one of the major approved biologic agents for asthma, yet we believe unmet efficacy needs remain

Key opportunities for a new novel treatment to deliver:

- Better management options for poorly controlled asthma patients
- Improved and sustained efficacy
- Faster onset of symptoms relief
- Better oral cortical steroid sparing
- Reduced adverse events
- Reduced injection burden frequency with biologic agents

~262M People living with asthma worldwide in 2019[2]

>$12B Asthma WW biologics market by 2028 (from $8.8B in 2022)[3]

+6.0% WW asthma biologics market CAGR 2022-2028[3]

1. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention. 2023. https://ginasthma.org/wp-content/uploads/2023/07/GINA-2023-Full-report-23_07_06-WMS.pdf
2. The Global Asthma Report 2022. Global Asthma Network. http://globalasthmareport.org/resources/Global_Asthma_Report_2022.pdf.
3. Evaluate Pharma market data. Accessed July 2023..

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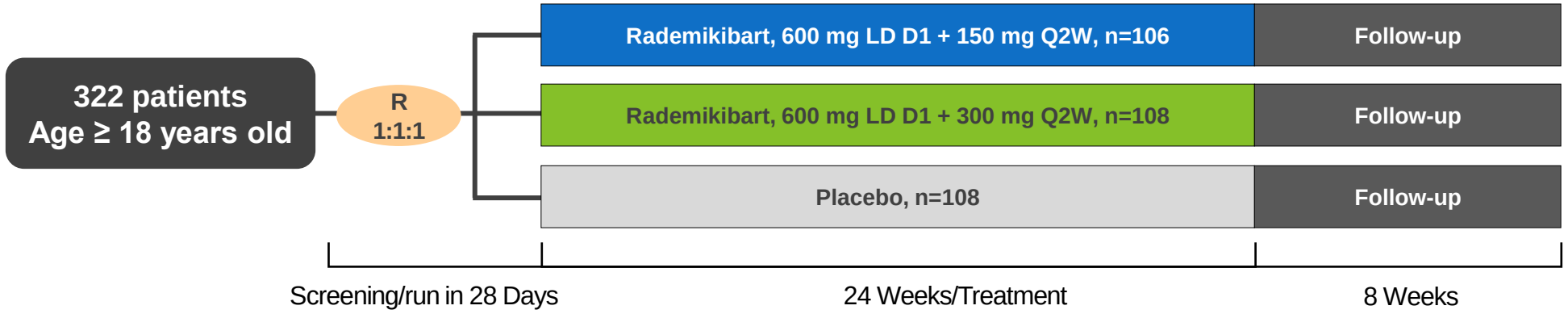
Global Phase 2b in Moderate-to-Severe Asthma: Trial Design

Efficacy and Safety Study of CBP-201 (rademikibart) in Patients With Moderate to Severe Persistent Asthma (NCT04773678)



Key Inclusion Criteria:

- Moderate to severe uncontrolled asthma
  - Existing treatment with medium to high dose ICS in combination with a second controller (e.g., LABA, LTRA, or theophylline) for at least 3 months with a stable dose ≥1 month prior to the screening visit.
  - Pre-bronchodilator FEV_1 40 to 85% of predicted normal at Visits 1 and 2, prior to randomization.
  - Screening or historical blood eosinophil count ≥150 cells/μL
    - No eosinophil count requirement for patients on maintenance OCS
  - ACQ score ≥1.5 at Visits 1 and 2, prior to randomization.
  - At least 1 documented asthma exacerbation in the 12 months prior to the date of informed consent that required use of a systemic corticosteroid

Primary Endpoints:

- Change from Baseline in FEV_1 at Week 12
  (in clinic with central overread)

Secondary Efficacy Endpoints:

- Change from Baseline in FEV_1 at other timepoints
- Asthma Exacerbations
- PROs (ACQ, symptom diary, at home lung function)
- PD markers (FENO, eosinophils, ECP, periostin, TARC)
- Rescue medication use

ACQ=Asthma Control Questionnaire; FEV1=Forced expiratory volume at 1 second.

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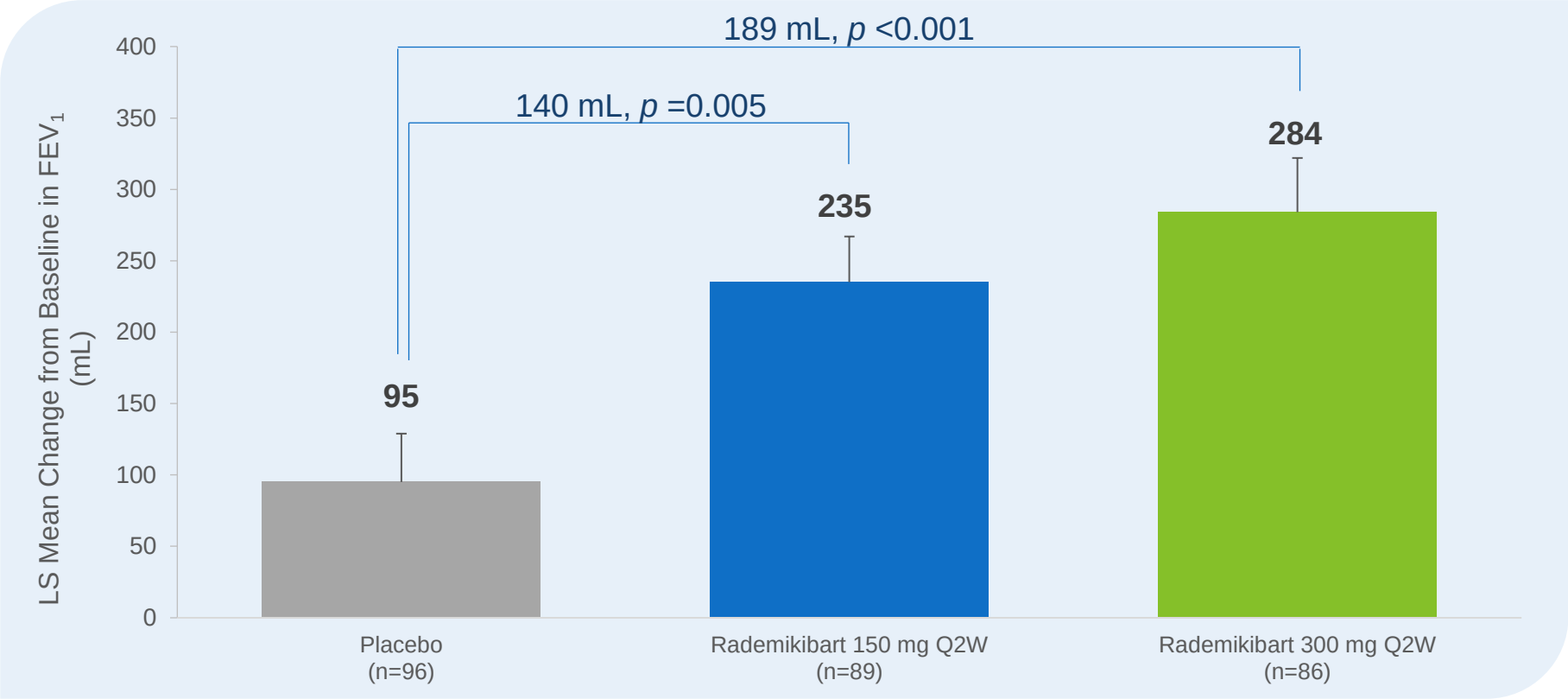
Primary Outcome: Significantly Improved Lung Function at Week 12

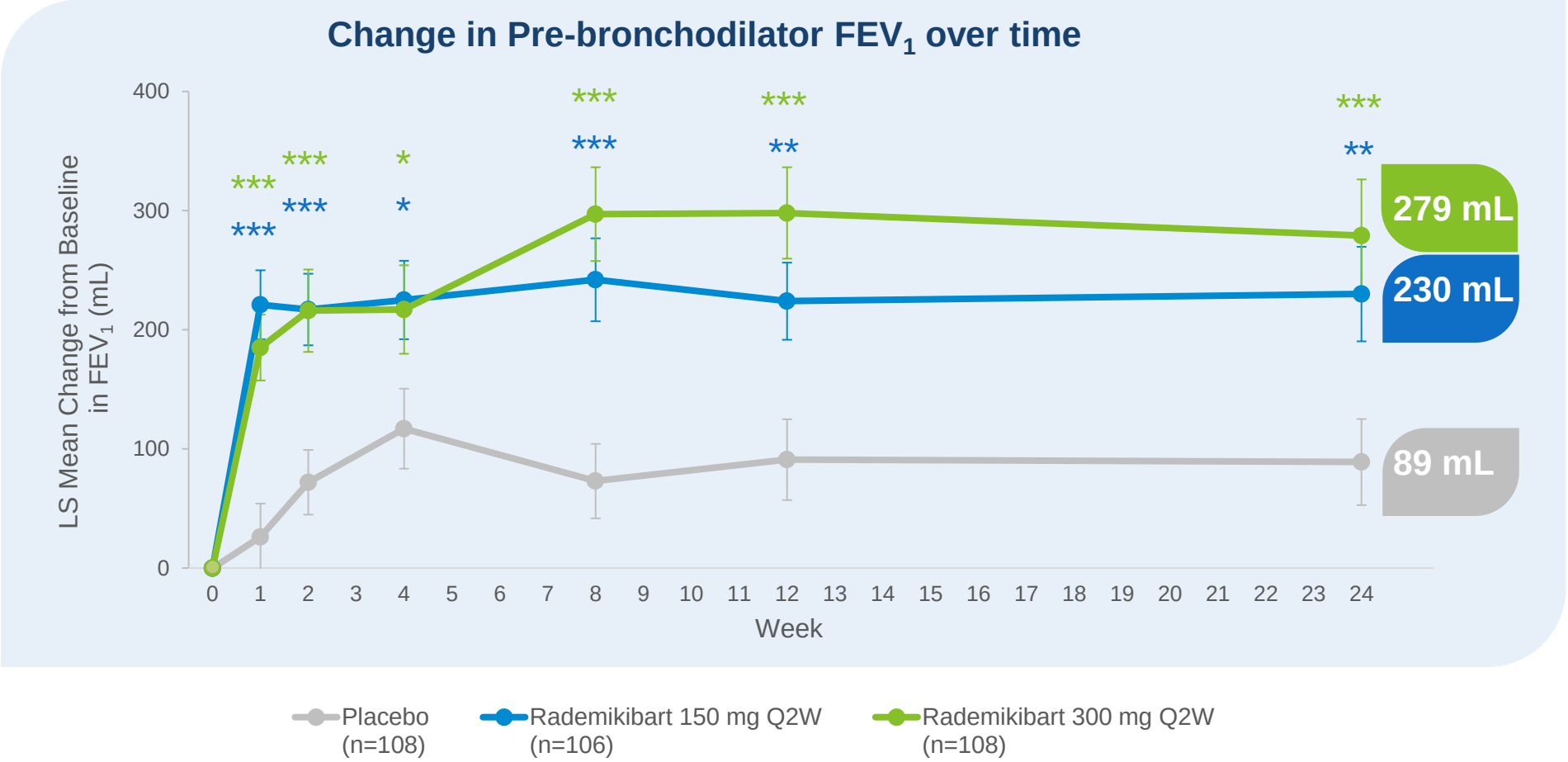
Both low and high rademikibart doses were observed to significantly improve pulmonary lung function

Change in pre-bronchodilator FEV_1 from Baseline at Week 12



Full Analysis Set, ANCOVA model. Std Error bars.
FEV_1 =Forced expiratory volume in one second. Q2W - Every other week

Secondary Outcome: Rapid, Significant and Sustained Improvements Observed in Lung Function



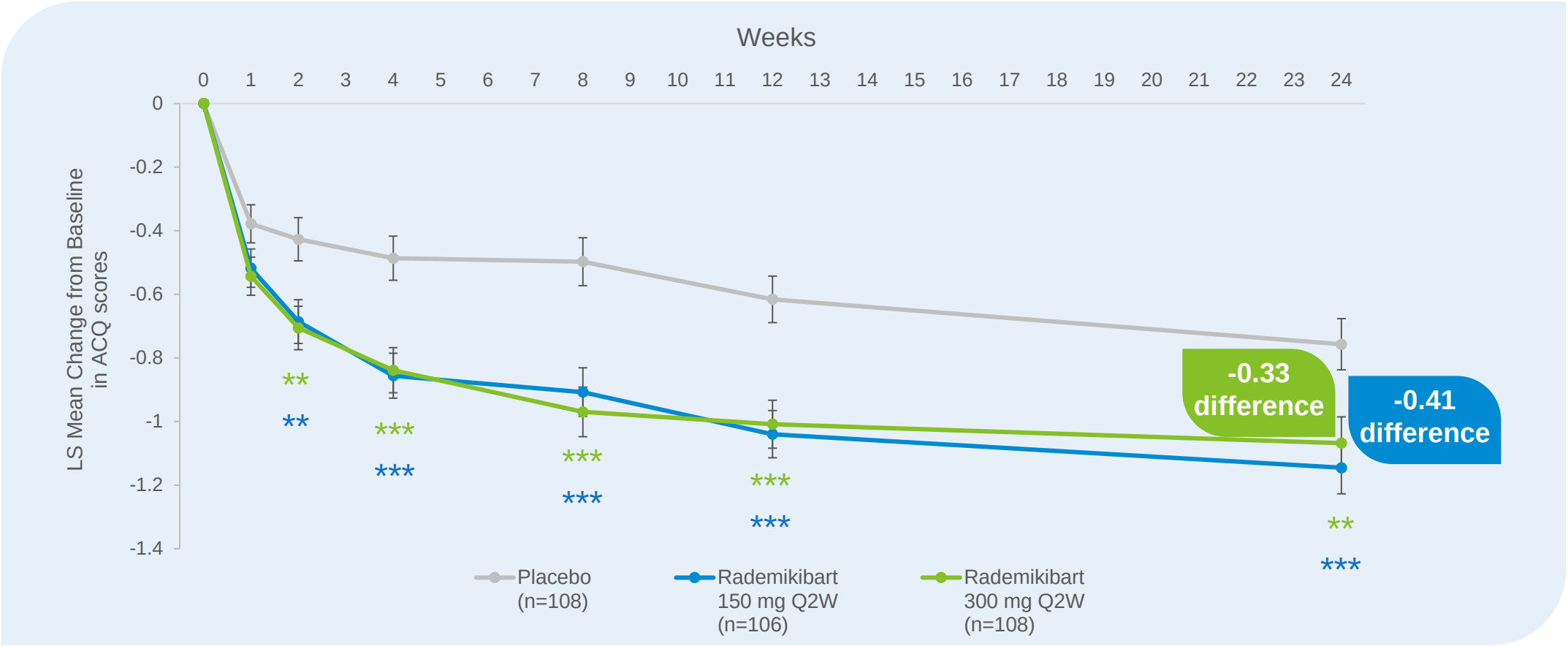
- Improvement in FEV1 seen as early as Week 1
- FEV1 sustained response through Week 24

ǂData not shown. ***p<0.001, **p<0.01, *p<0.05.
Full Analysis Set. MMRM - Mixed Model for Repeated Measures. ***p<0.001. Std Error bars. FEV_1 - Forced expiratory volume in one second. PEF - Peak expiratory flow

Secondary Outcome: Asthma Control Improvements Observed with Rademikibart Treatment

Improvement in asthma control started early and was sustained to Week 24

Change from Baseline in ACQ Scores



Std Error Bars; ***p<0.001, **p<0.01, *p<0.05. Week 24 values are differences in arithmaetic means.
Asthma Control Questionnaire (ACQ) Scores = Questions 1-5 and 7 of the standard ACQ questionnaire. This is a validated variant on the ACQ which incorporates the first 5 PRO questions plus an FEV1 categorical variable ("Q7" from the clinic PFT). There is no albuterol component to the score ("Q6).

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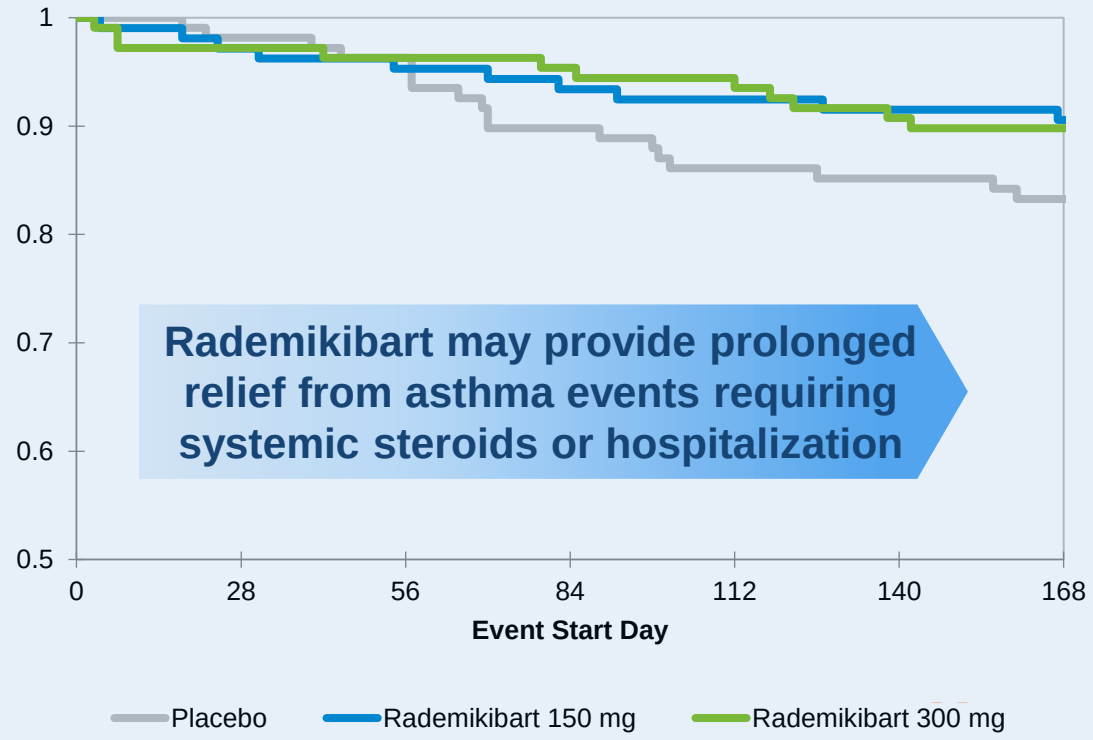
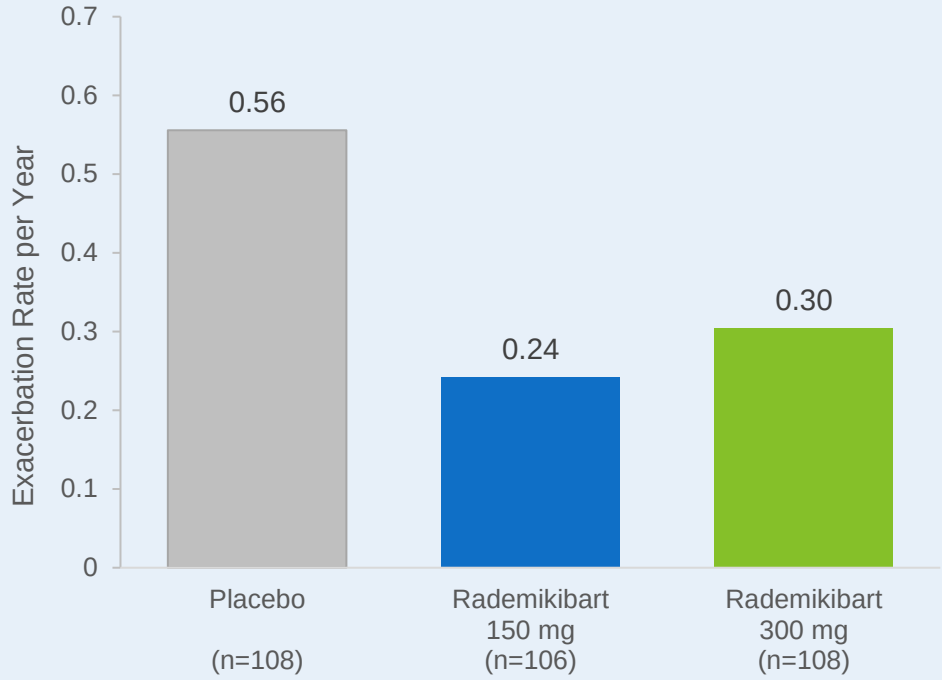
Rademikibart Patients Had Trends toward Fewer Exacerbations

Trends toward fewer and later exacerbations with rademikibart when compared to placebo - not powered to show effects

Time to First Exacerbation
(Secondary Endpoint)



Annualized Exacerbation Rate
(Exploratory Endpoint)



Total exacerbations during 24-week trial	Placebo (n=108)	Rademikibart 150 mg (n=106)	Rademikibart 300 mg (n=108)
	26	11	13

Exacerbation defined as hospitalization or urgent medical care due to asthma, treatment with approximately 4 times the patient's normal dose of inhaled corticosteroids, or treatment with systemic steroids. Population asthma exacerbation rate is calculated as total number of asthma exacerbations while subjects were on treatment divided by total duration of treatment in years.

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Competitive Landscape of Placebo Adjusted Improvement from Baseline In Pre-bronchodilator FEV_1

Rademikibart exhibited best-in-class potential in lung function improvement

Source	MoA	Product	FDA Approv. in last 10 yrs	Study	N (Pbo/Tx)	% patients with EOS >300 cells/µL	Week	First response week	Placebo adjusted improvement from baseline in FEV_1 *(all patients)*	Placebo adjusted improvement from baseline in FEV_1 *(eos>300 cells/µL)*
Phase 2b	**IL-4Rα**	**Rademikibart**	--	--	108/108	46.3%	12	**1**	**189 mL**	**328 mL**
							24		**190 mL**	**365 mL**
Biologic Phase 3 trial results	**IL-4Rα**	**Dupilumab**	2018	QUEST[2]	231/633	41.8%	12	2	130 mL	240 mL
	IL-5	**Mepolizumab**	2015	MENSA[3]	191/194	60.0%	32	4	98 mL	132 mL*
				MUSCA[4]	277/274		24		120 mL	164 mL**
	IL-5	**Reslizumab**	2016	STUDY 1[5]	244/245	--	52	4	126 mL	--
				STUDY 2[5]	232/232	--			90 mL	--
	IL-5Rα	**Benralizumab**	2017	SIROCCO[6] Q4W	407/399	68.9%	48	4	--	106 mL
				SIROCCO[6] Q8W	407/398				--	159 mL
	TSLP	**Tezepelumab**	2021	NAVIGATOR[7]	528/531	41.5%	52	2	130 mL	230 mL

For Illustrative Purposes Only: Not a head-to-head trial. Differences exist between trial designs, subject characteristics and geographical regions -- caution should be exercised when comparing data across trials

EOS=eosinophils; FDA=Food and Drug Administration; IL=Interleukin; MoA=mechanism of action; Pbo=Placebo; TSLP=thymic stromal lymphopoietin; Tx=treatment group.

* Subgroup analysis of patients with blood eosinophils ≥500 cells/µL ** Difference is based on exploratory modelling of baseline blood eosinophil count at 750 cells/µL

1. ATS/ERS statement – Reddel HK et al. Am J Respir Crit Care Med. 2009 Jul 1;180(1):59-99. 2. QUEST – Castro M et al. N Engl J Med 2018;378:2486-96. 3. MENSA – Ortega HG et al. N Engl J Med 2014;371:1198-207. 4. MUSCA – Chupp GL et al. Lancet Respir Med. 2017 May;5(5):390-400. 5. STUDY 1&2- Castro M et al. Lancet Respir Med. 2015 May;3(5):355-66. 6. SIROCCO – Bleecker ER et al. Lancet. 2016 Oct 29;388(10056):2115-2127. 7. NAVIGATOR – Menzies-Gow A et al N Engl J Med 2021;384:1800-9.

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Rademikibart was Generally Well Tolerated

No new safety signals were noted compared to previous rademikibart trials

AEs were evenly distributed among treatment groups and similar to placebo

Injection site reactions were mostly mild and transitory

Hospital and ER visits due to asthma exacerbation were low

Any Adverse Event	Placebo (n = 108) *n (%)*	Rademikibart 150 mg (n = 106) *n (%)*	Rademikibart 300 mg (n = 108) *n (%)*
Subjects with at least one AE	64 (59.3)	78 (73.6)	77 (71.3)
Any Serious AE	3 (2.8)	2 (1.9)	3 (2.8)
Any Grade 3 or 4 AEs	4 (3.7)	3 (2.8)	3 (2.8)
Any AE leading to death	0	0	0
Any AE leading to discontinuation	2 (1.9)	4 (3.8)	3 (2.8)
TEAEs occurring in ≥5% of subjects in the treatment groups			
COVID-19*	11 (10.2)	10 (9.4)	16 (14.8)
Nasopharyngitis	5 (4.6)	6 (5.7)	6 (5.6)
Cough	18 (16.7)	7 (6.6)	14 (13.0)
Dyspnoea	13 (12.0)	9 (8.5)	11 (10.2)
Asthma	10 (9.3)	8 (7.5)	8 (7.4)
Wheezing	11 (10.2)	8 (7.5)	7 (6.5)
AEs of particular interest			
Conjunctivitis	0	1 (0.9)	1 (0.9)
Injection site reactions	0	14 (13.2)	8 (7.4)
Hospital/ER visits due to asthma exacerbation	2 (1.9)	1 (0.9)	1 (0.9)

* Trial dates (April 2021 – Sept 2023) overlapped with COVID-19 pandemic

AE,=adverse event; TEAE,=treatment emergent AE. No AESIs of keratitis, anaphylaxis, parasitic/opportunistic infections, pregnancy, or symptomatic overdose were reported in any treatment group.
- Conjunctivitis includes any Preferred Term that included the terms: *conjunctivitis, allergic conjunctivitis, Conjunctival injection, bacterial conjunctivitis, viral conjunctivitis, giant papillary conjunctivitis, eye irritation, and eye inflammation.*
- Herpes infection includes any Preferred Term that included the terms: *herpes virus infection, herpes zoster, herpes simplex, herpes simplex reactivation, oral herpes.*

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Rapid and Sustained Clinical Response was Observed with Over 24 Weeks of Rademikibart Treatment

Global Phase 2 results in moderate-to-severe asthma suggest a best-in-class potential

Best-in-Class Potential

Significant improvements in lung function (FEV_1)

- Placebo adjusted FEV_1 improvement ranged from **140 mL** (150 mg, P = 0.05) to **189 mL** (300 mg, P < 0.001) at Week 12
- Improvements were seen **as early as Week 1** and were **sustained through the 24 weeks** of treatment (P < 0.001)
- **~ 9% increase** in mean % predicted FEV_1 in each treatment group versus 2.7% in the placebo group (P < 0.001)
- Patients with EOS ≥ 300 cells/µl saw up to 365 mL (300 mg) placebo adjusted FEV_1 improvement at Week 24

Strong trends in reductions in exacerbations

- Prolonged the time to first exacerbation
- Reduced the annual exacerbation rate by ~50% vs placebo

Improved asthma control

- ACQ numerical separations as early as Week 1 with statistical differences occurring from Week 2 to Week 24

Safety

- Rademikibart was generally well tolerated over 24 weeks of treatment

Next Steps

End of Phase 2 meeting with FDA to discuss rademikibart's Phase 3 regulatory path scheduled for Q2'2024

Atopic Dermatitis: a Common and Chronic Skin Disease With High Disease Burden

A chronic inflammatory disorder characterized by eczematous skin lesions, itch, localized pain, and sleep disturbances.

~223 million people are living with AD worldwide in 2022[1]

Ranked **1st** in disease burden among all skin diseases and **15th** among all non-fatal diseases[2,a]

Despite the advent of biologics, opportunity for better treatments remains.

Current treatment limitations:

- Limited efficacy with topical corticosteroids and immunosuppressants
- Safety concerns with systemic corticosteroids
- Biological therapies for atopic dermatitis
  - Dupilumab is the first approved biologic agent for AD
  - Unmet efficacy needs remain
  - Q2W administration regimen can be inconvenient for patients

Key opportunities for a new novel treatment to deliver:

- Improved and sustained efficacy
- Faster onset of symptoms relief
- Reduced adverse events
- Reduced injection burden frequency with biologic agents

AD=atopic dermatitis.
[a] Based on disability-adjusted life years (DALY) from the Global Burden of Disease (GBD) estimates.

1. GBD. https://vizhub.healthdata.org/gbd-results/. 2022.
2. Global Report on Atopic Dermatitis https://www.eczemacouncil.org/assets/docs/global-report-on-atopic-dermatitis-2022.pdf. 2022.

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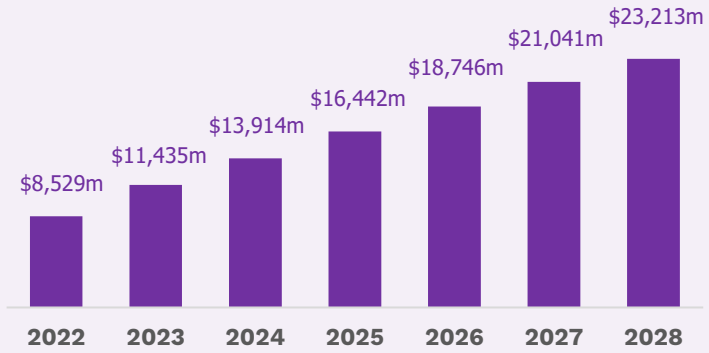
Large Global Market Opportunity for Rademikibart

WORLDWIDE

Atopic Dermatitis Treatments - Annual Sales Worldwide (Top 10 Products[a])[1]



$23.2B
AD worldwide market by 2028[1]

+18.2%
WW AD market CAGR 2022-20281

UNITED STATES

6.6 M
Patients with moderate-to-severe AD in the U.S.[2,3]

$16.1B
AD US market by 2028[1]

+18.8%
WW US market CAGR 2022-2028[1]

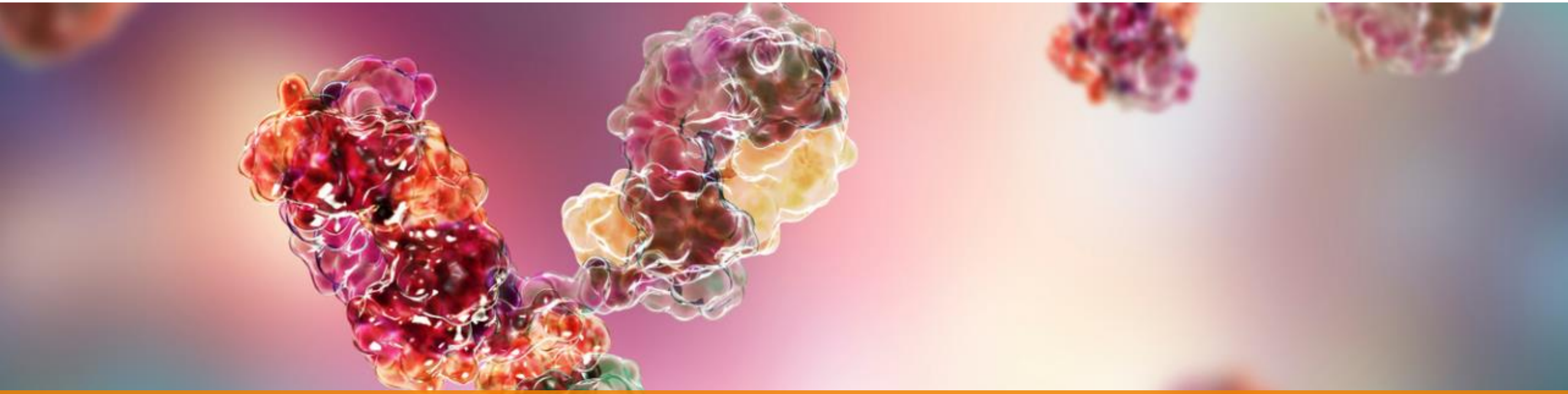
CHINA

3M
Patients with moderate-to-severe AD in the China[4]

$1B
China's AD targeted therapies market by 2037[5,b]

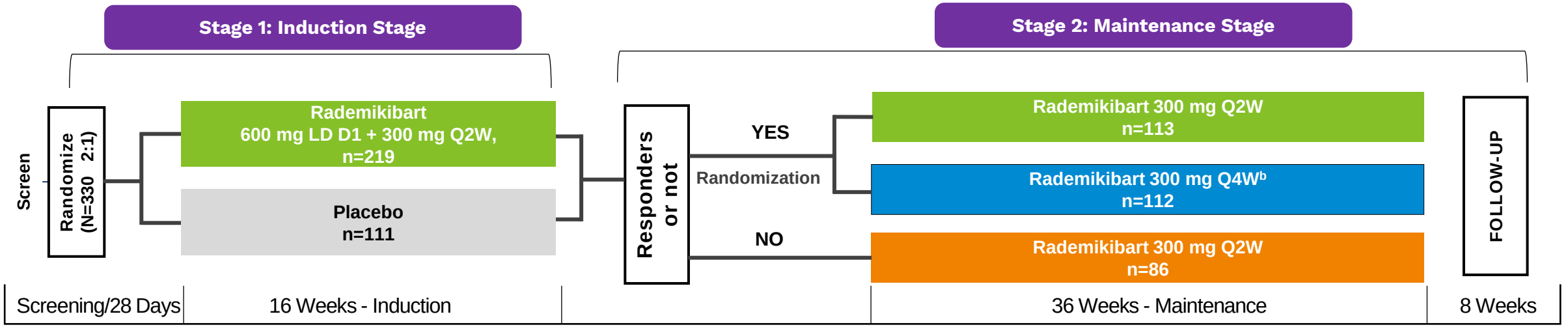
[a] Top 10 products include targeted therapies and topicals: Dupixent, Adbry, Rinvoq, Lebrikizumab (US), Cibinqo, Vtama, Opzelura, Bepanthen, Zoryve and Lebrikizumab (EU). [b] Targeted therapies include biologics and advanced oral (e.g., oral JAK inhibitors).

1. Evaluate Pharma market data. Accessed August 2023. 2. Atopic Dermatitis. National Eczema Association. https://nationaleczema.org/eczema/types-of-eczema/atopic-dermatitis/. 3. Atopic Dermatites in America Study Overview. https://aafa.org/asthma-allergy-research/our-research/atopic-dermatitis-in-america/. 4. Boston Consulting Group: China Market Study Report Prepared for Connect Biopharma . March 2021. 5. Kx Advisors: CBP-201 Pipeline Planning Forecast Report Prepared for Connect Biopharma. March 2023



Rademikibart: China Pivotal Trial in AD

China Pivotal Trial in Moderate-to-Severe AD: Trial Design



Key Inclusion Criteria:

- 12 to 75 years of age (inclusive)*
- Having atopic dermatitis for ≥1 year
- EASI ≥16
- IGA score ≥3 (5-point scale [0-4])
- ≥10% BSA involvement
- PP-NRS ≥ 4

Responders at Week 16 to enter re-randomization:

- Achieving EASI-50

Primary Endpoints:

- % of subjects achieving IGA 0/1 and reduction ≥2 at Week 16

Secondary Efficacy Endpoints include:

- Proportion of subjects achieving EASI-50, -75 or -90 at Week 16 and Week 52
- Proportion of subjects achieving PP-NRS reduction ≥4 or ≥3 at Week 16 and Week 52
- Percent change in EASI, PP-NRS and BSA from Baseline to Week 16 and Week 52
- Change in SCORAD, DLQI and POEM from Baseline to Week 16 and Week 52
- Proportion of patients maintaining efficacy responses from Week 16 to Week 52

BSA=body surface area; DLQI=dermatology life quality index; EASI=eczema area and severity index; EASI-50, EASI-75, and EASI-90=at least 50%, 75%, and 90% decreases from baseline; IGA=investigator's global assessment; LD= loading dose.; PP-NRS=peak pruritus numeric rating scale; FAS,=full analysis set; POEM=patient-oriented eczema measure; Q2W=every 2 weeks; SCORAD=scoring atopic dermatitis.

Baseline Demographic and Disease Characteristics

Demographics represent patients with moderate-to-severe AD in line with expected baseline values

	Induction Phase		Rademikibart (Maintenance Phase)		
Characteristics*	**Placebo n=111**	**Rademikibart Q2W n=219**	**Rademikibart Q2W n=113**	**Rademikibart Q4W n=112**	**Open Label (OL) n=86**
Age (years) Mean (SD) Median (min, max)	 39.6 (17.5) 35.0 (14, 74)	 38.6 (16.7) 33.0 (15, 74)	 39.7 (17.3) 36.0 (14, 73)	 37.9 (16.4) 33.5 (15, 74)	 40.2 (17.5) 36.0 (14, 71)
Female, n (%)	40 (36.0%)	73 (33.3%)	35 (31.0%)	39 (34.8%)	30 (34.9%)
IGA, n (%) 3 (moderate) 4 (severe)	 50 (45.0%) 61 (55.0%)	 99 (45.2%) 120 (54.8%)	 49 (43.4%) 64 (56.6%)	 53 (47.3%) 59 (52.7%)	 42 (48.8%) 44 (51.2%)
EASI score, Mean (SD) Median (min, max)	 28.6 (12.1) 24.0 (16.0, 66.9)	 29.3 (11.7) 24.0 (16.0, 72.0)	 29.6 (12.6) 26.3 (16.0, 66.9)	 28.9 (11.4) 26.4 (16.0, 72.0)	 28.1 (11.3) 23.7 (16.0, 66.6)
BSA Percentage involvement Mean (SD) Median (min, max)	 46.6 (21.6) 42.0 (13.0, 100.0)	 48.6 (20.7) 44.5 (13.5, 100.0)	 47.3 (22.3) 41.5 (13.5, 100.0)	 48.0 (19.0) 43.5 (17.5, 99.0)	 48.0 (21.7) 44.5 (13.0, 100.0)
PP-NRS Mean (SD) Median (min, max)	 7.17 (1.5) 7.3 (3.1, 10.0)	 7.19 (1.7) 7.0 (2.1, 10.0)	 7.0 (1.7) 6.9 (3.4, 10.0)	 7.2 (1.6) 7.0 (2.1, 10.0)	 7.4 (1.5) 7.6 (3.1, 10.0)
DLQI Mean (SD) Median (min, max)	 15.7 (6.1) 15.0 (1, 30)	 16.0 (7.3) 16.0 (1, 30)	 15.8 (7.2) 15.0 (1, 30)	 14.9 (6.9) 14.0 (1, 30)	 17.2 (6.6) 17.0 (1, 30)

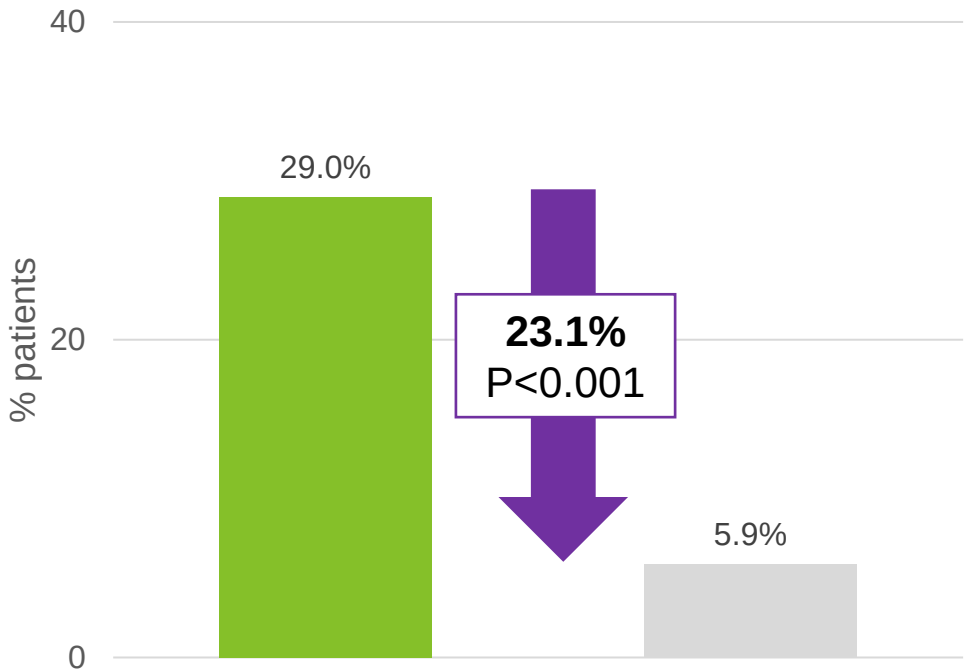
AD=atopic dermatitis.; BSA,=body surface area; EASI=eczema area and severity index.; IGA=investigator global assessment. OL,=open label; PP-NRS=peak pruritus numerical rating scale; DLQI,=dermatology life quality index; SD=standard deviation.

CONNECT BIOPHARMA

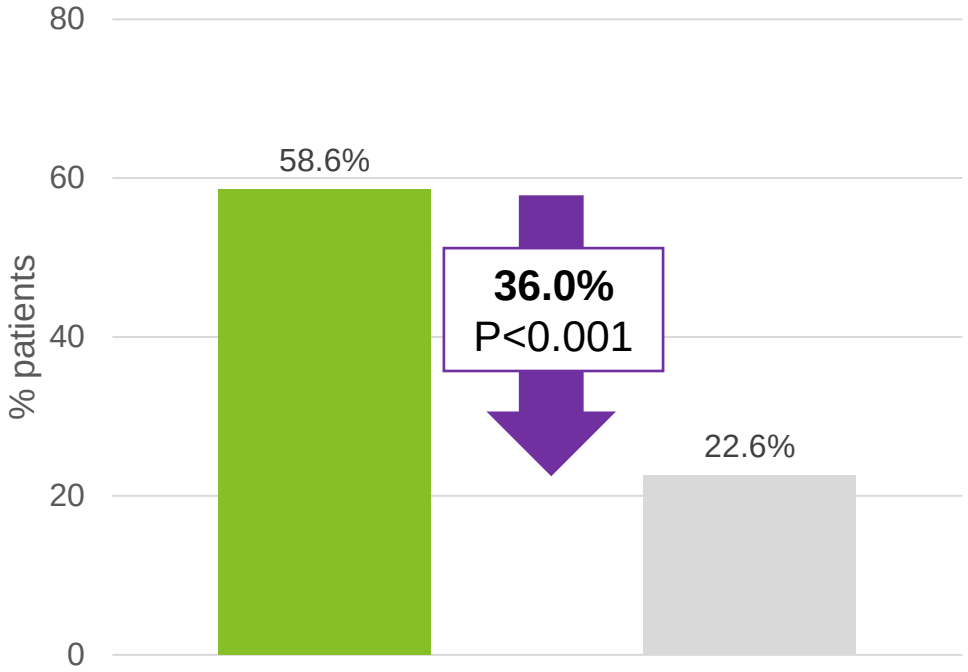
At Week 16, Significantly More Patients Achieved IGA 0/1 and ≥2 Point Reduction or EASI-75 With Rademikibart Treatment than Placebo

Primary Endpoint was highly significant and continued to separate from placebo[a,b] at Week 16.

Primary Endpoint
IGA 0/1 and ≥2-point reduction at Week 16



Key Secondary Endpoint
EASI-75 at Week 16



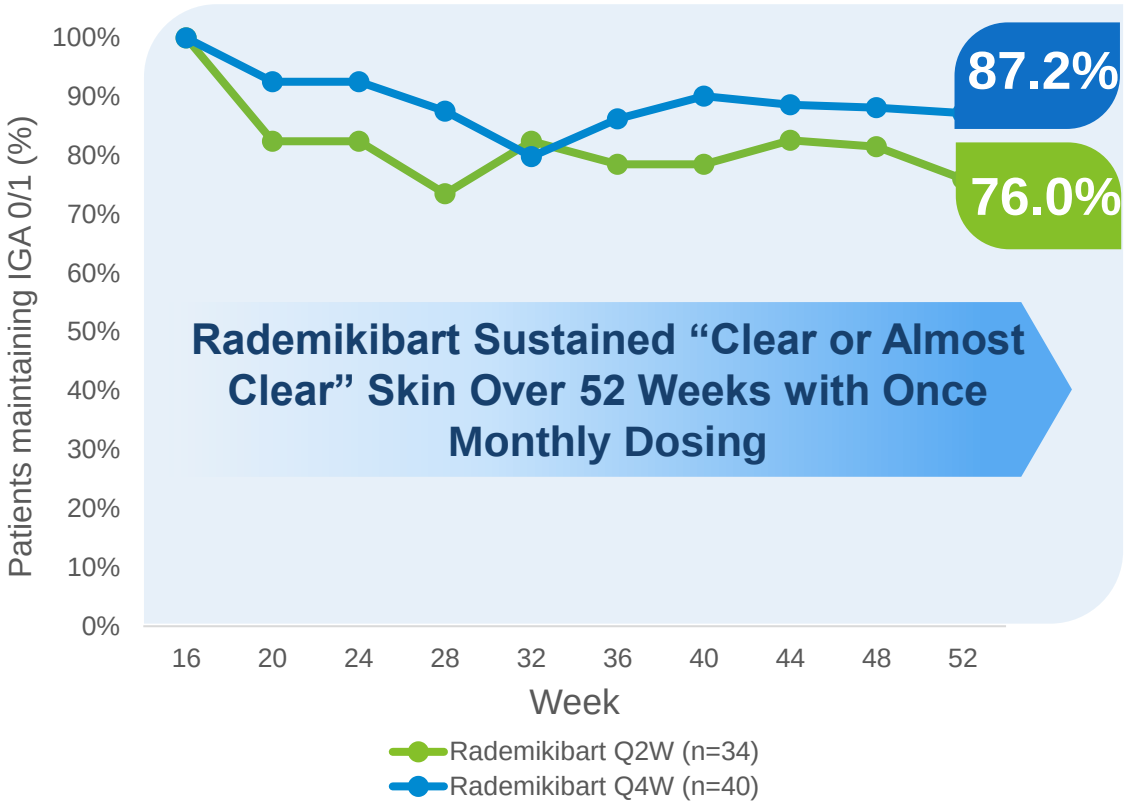
Rademikibart Q2W (n=219) Placebo (n=111)

FAS=full analysis set; IGA=investigator global assessment; Q2W=every 2 weeks.
[a]Missing data in rademikibart group is imputed by jump to reference imputation (J2R) after applying the rule of intercurrent event; multiple imputation was used for the placebo arm.
[b]Data not shown.

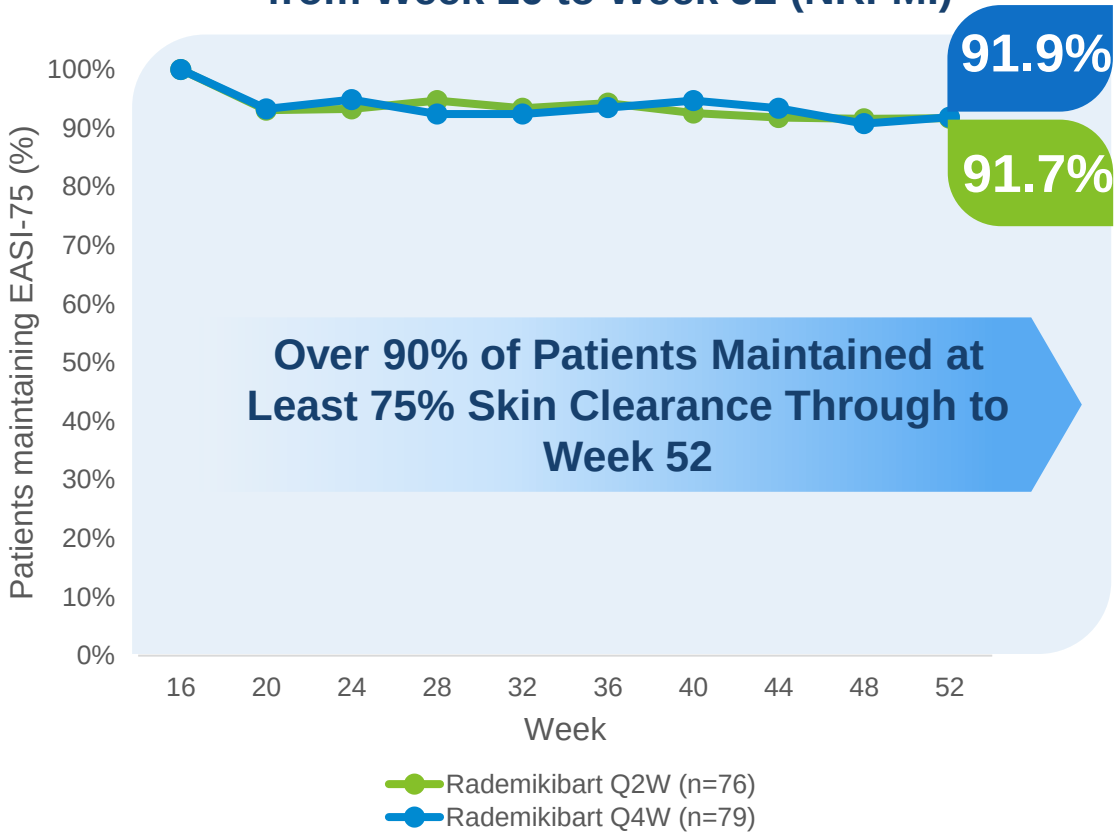
Maintenance: Efficacy Responses Maintained Through to Week 52

~80-90% of patients maintained their IGA 0/1 or EASI-75 response through 52 weeks

Proportion of Patients Maintaining IGA 0/1 from Week 16 to Week 52 (NRI-MI)



Proportion of Patients Maintaining EASI-75 from Week 16 to Week 52 (NRI-MI)



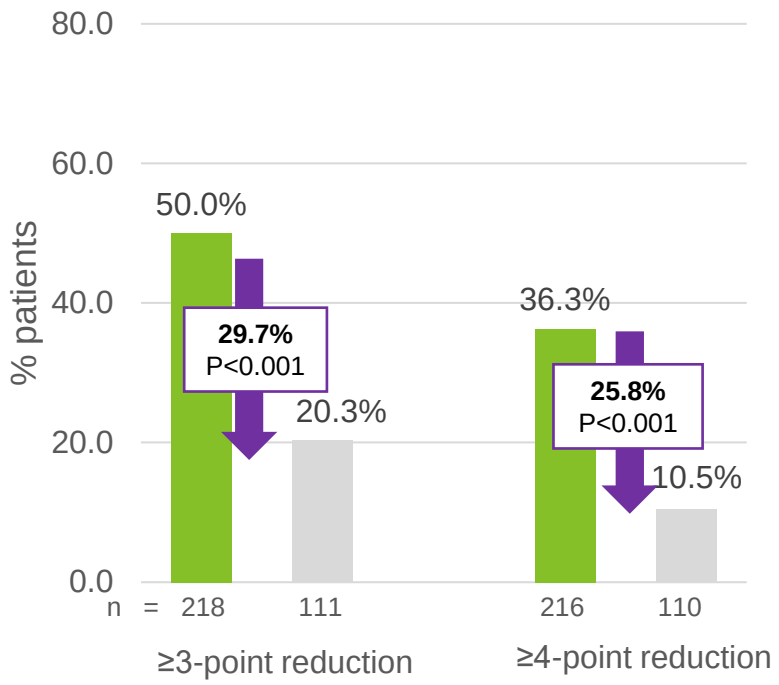
EASI=eczema area and severity index. EASI-50, EASI-75, and EASI-90 (i.e. at least 50%, 75%, and 90% decreases from baseline. IGA=investigator global assessment (Clear/Almost Clear assessment).
NRI-MI=non-responder imputation for rescue medications and multiple imputation for remaining missing data.
Full Expanded Patient Population (N=330).

CONNECT BIOPHARMA

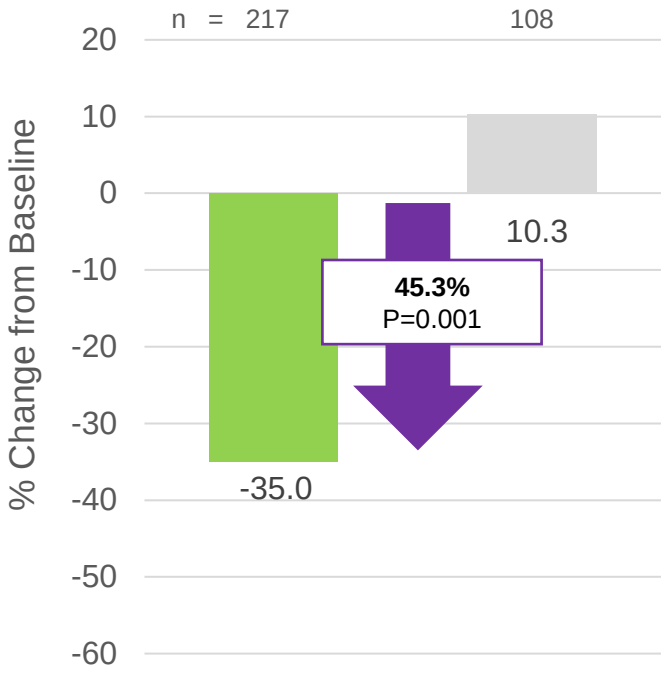
Significant and Sustained Improvements in Pruritus/Itch and Quality of Life Were Observed With Rademikibart Treatment

Key Secondary Endpoint: Significant improvements in pruritus/itch and quality of life at Week 16.

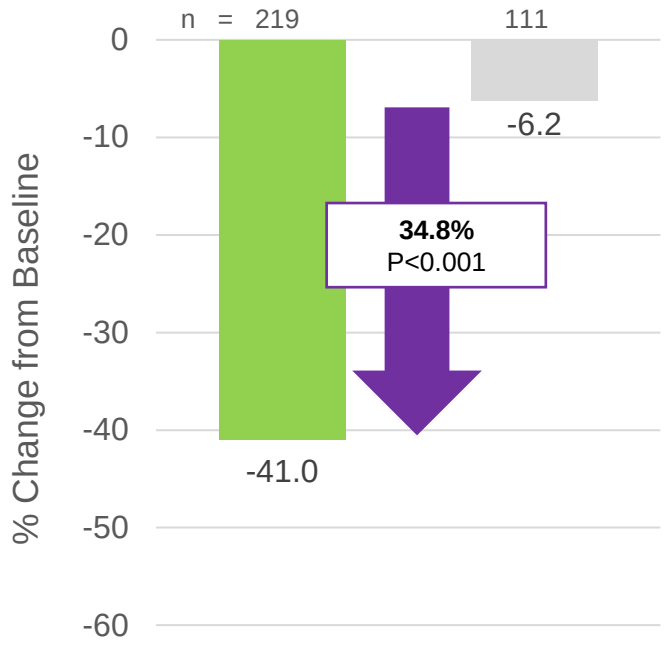
Patients with PP-NRS ≥3 or ≥4 point reduction at Week 16



Change in DLQI at Week 16



Change in POEM at Week 16



Rademikibart Q2W Placebo

DLQ=Dermatology Life Quality Index; FAS=full analysis set; POEM=Patient Oriented Eczema Measure; PP-NRS=peak pruritus numerical rating scale; Q2W=every 2 weeks.
Missing data in rademikibart group is imputed by jump to reference imputation (J2R) after applying the rule of intercurrent event; multiple imputation was used for the placebo arm.

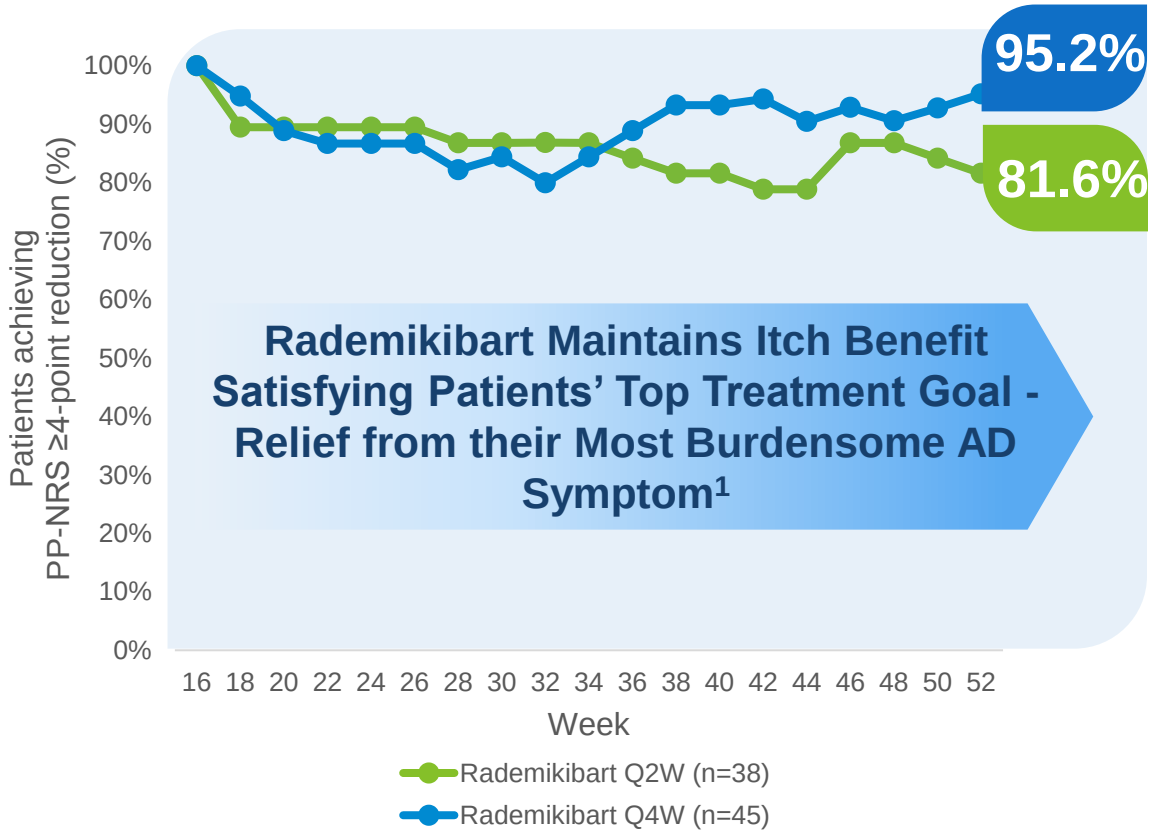
CONNECT BIOPHARMA

Maintenance: Improvements in Patient Reported Outcomes (PROs) were Maintained Through to Week 52

Both Q2W and Q4W dosing maintained clinically important improvements in PROs

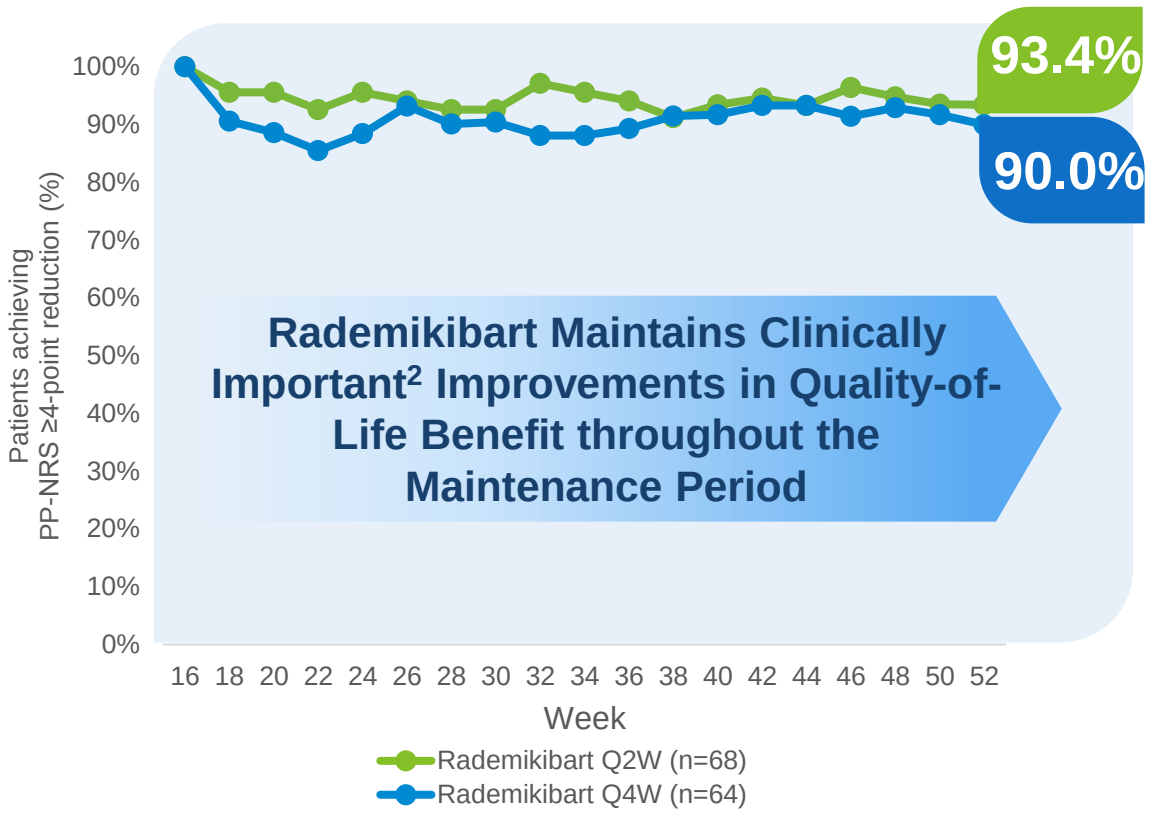
PP-NRS

Maintenance of PP-NRS ≥4-point reduction (NRI-MI)



DLQI

Maintenance of DLQI ≥5-point reduction (NRI-MI)



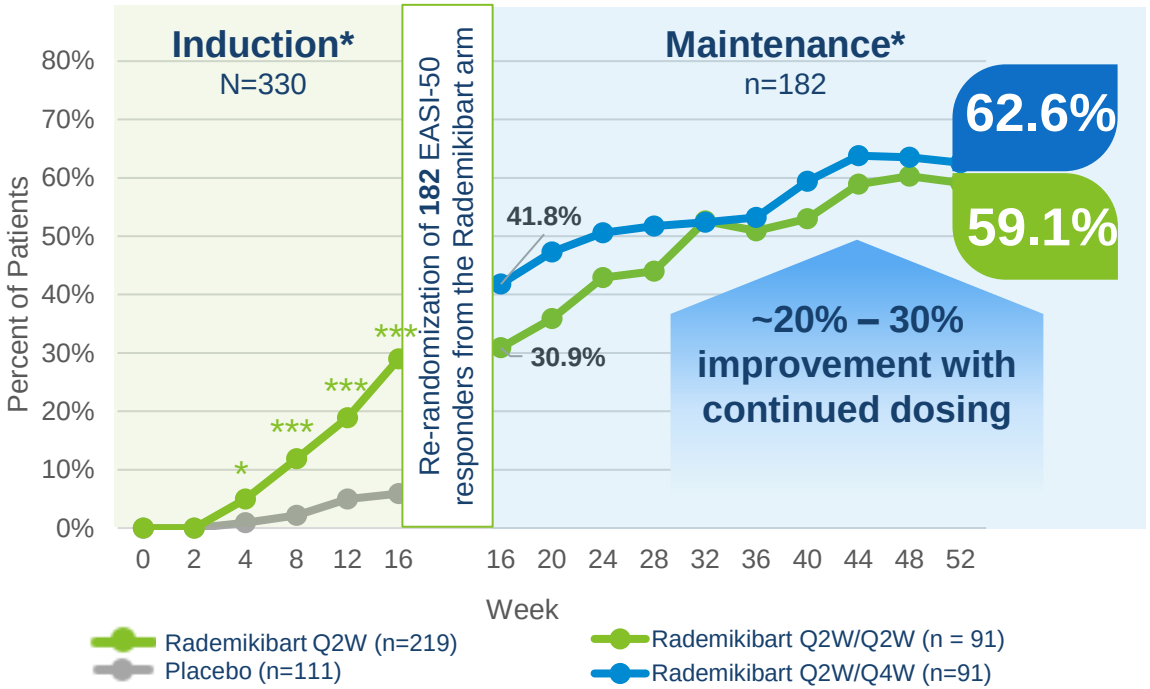
Full Analysis Set – N=330. DLQI, Dermatology Life Quality Index. PP-NRS, Peak Pruritus Numerical Rating Scale. NRI-MI, Non-responder imputation for rescue medications and multiple imputation for remaining missing data.

1. Silverberg JI et al *Dermatitis*. (2023).135-144. 2. Basara MKA et al *Dermatology* (2015) 230 (1): 27–33.

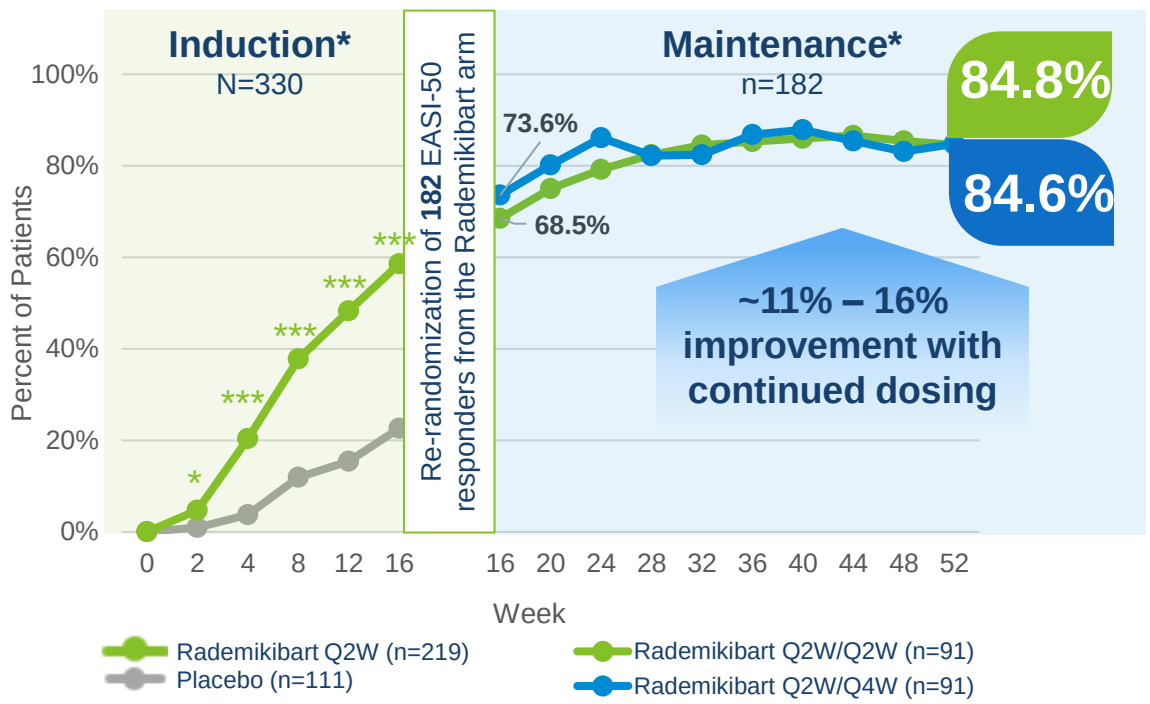
Proportion of Patients Achieving IGA 0/1 and EASI-75 Continued to Increase During Rademikibart Maintenance Treatment

Improvement was observed across both Q2W and Q4W dosing regimens

IGA 0/1 over 52 weeks of treatment (NRI-MI)



EASI-75 over 52 weeks of treatment (NRI-MI)



* Full Analysis Set – N=330. Induction: ***, **, * for P<0.001, <0.01, <0.05, respectively, vs placebo. Missing data in rademikibart group is imputed by jump to reference imputation (J2R) after applying the rule of intercurrent event; multiple imputation was used for the placebo arm. Maintenance: Rademikibart Week 16 responders who remain on Q2W (Q2W to Q2W) or switch to Q4W (Q2W to Q4W) in maintenance. NRI-MI, Non-responder imputation for rescue medications and multiple imputation for remaining missing data.
EASI=eczema area and severity index. EASI-50, EASI-75, and EASI-90 (i.e. at least 50%, 75%, and 90% decreases from baseline. IGA=investigator global assessment (Clear/Almost Clear assessment); Q2W=every other week.

Safety Data Across Induction and Maintenance Phases

	Induction Phase (Weeks 0-16)		Maintenance Phase (Weeks 16-52)		
	Placebo (n=111) n (%)	Rademikibart Q2W (n=219) n (%)	Rademikibart Q2W (n=113) n (%)	Rademikibart Q4W (n=112) n (%)	Rademikibart Q2W Open Label (n=85) n (%)
All TEAEs	80 (72.1)	166 (75.8)	93 (82.3)	95 (84.8)	71 (83.5)
AEs related to study drug	25 (22.5)	67 (30.6)	28 (24.8)	28 (25.0)	25 (29.4)
Serious TEAEs	3 (2.7)	1 (0.5)	1 (0.9)	3 (2.7)	6 (7.1)
Serious TEAEs related to study drug	0	0	0	0	0
AEs Leading to discontinuation	1 (0.9)	2 (0.9)	0	0	1 (1.2)
Conjunctivitis[a]	3 (2.7)	14 (6.4)	6 (5.3)	8 (7.1)	7 (8.2)
Injection site reactions	3 (2.7)	20 (9.1)	6 (5.3)	8 (7.1)	6 (7.1)
Herpes infection[b]	2 (1.8)	4 (1.8)	0	0	3 (3.5)

Over 92% completion rate for those entering Stage 2 Maintenance Phase

- Rademikibart continued to be generally well tolerated through Week 52 with no new safety signals
- AEs were generally consistent with induction phase, previous rademikibart trials and the IL-4/13 class of medications
  - Conjunctivitis rates in rademikibart trials continued to be low

AE=Adverse Event; TEAE; Treatment Emergent AE.
[a]Conjunctivitis includes any Preferred Term that included the terms: *conjunctivitis, allergic conjunctivitis, Conjunctival injection, bacterial conjunctivitis, viral conjunctivitis, giant papillary conjunctivitis, eye irritation, and eye inflammation.*
[b]Herpes infection includes any Preferred Term that included the terms: *herpes virus infection, herpes zoster, herpes simplex, herpes simplex reactivation, oral herpes.*

CONNECT BIOPHARMA

Competitive Landscape of Efficacy Data with Long-Term Treatment

Rademikibart demonstrated best-in-class potential in maintenance of IGA-0/1 and EASI-75

Source	MoA	Product	Statistical Method for Missing data	Maintenance Dosing	% Maintaining IGA 0/1	% Maintaining EASI-75
Pivotal CN002	**IL-4Rα**	**Rademikibart**	**NRI**	**Q2W**	**73.5**	**82.9**
				Q4W	**80.0**	**82.3**
Biologic Phase 3 trial results	**IL-4Rα**	**Dupilumab[1] (Dupixent®)** Q4W not FDA approved	NRI	QW/Q2W	54.0	71.6
				Q4W	43.9	58.3
	IL-13	**Tralokinumab[2] (Adbry®)**	NRI	Q2W	55.9	57.2
				Q4W	42.4	50.4
	IL-13	**Lebrikizumab[3]**	NRI	Q2W	58.4	66.1
				Q4W	66.2	69.6

For Illustrative Purposes Only:- Not a head-to-head trial. Differences exist between trial designs, subject characteristics and geographical regions -- caution should be exercised when comparing data across trials

NRI=non-responder Imputation.

1. Dupilumab - Worm M et al., *JAMA Dermatol*. 2020;156(2):131-143. 2. Tralokinumab – Wollenberg A et al., *Bri J of Dermatol*. 2021 184, pp437–449. 3. Lebrikizumab – Blauvelt A et al., *Br J Dermatol* 2023; 188:740–748.

Rademikibart China Pivotal Trial Data in Patients With Moderate-to-Severe AD Supports Best-in-Class Potential

Study Results

- China pivotal trial was a randomized, double-blind, placebo-controlled study (N=330)
- In stage 1 (induction period): Rademikibart Q2W met all primary and key secondary endpoints at Week 16
- In stage 2 (maintenance period):
  - Strong efficacy data observed with convenient monthly, Q4W, dosing
  - Continued improvement observed with Q4W dosing efficacy comparable to Q2W dosing

Safety

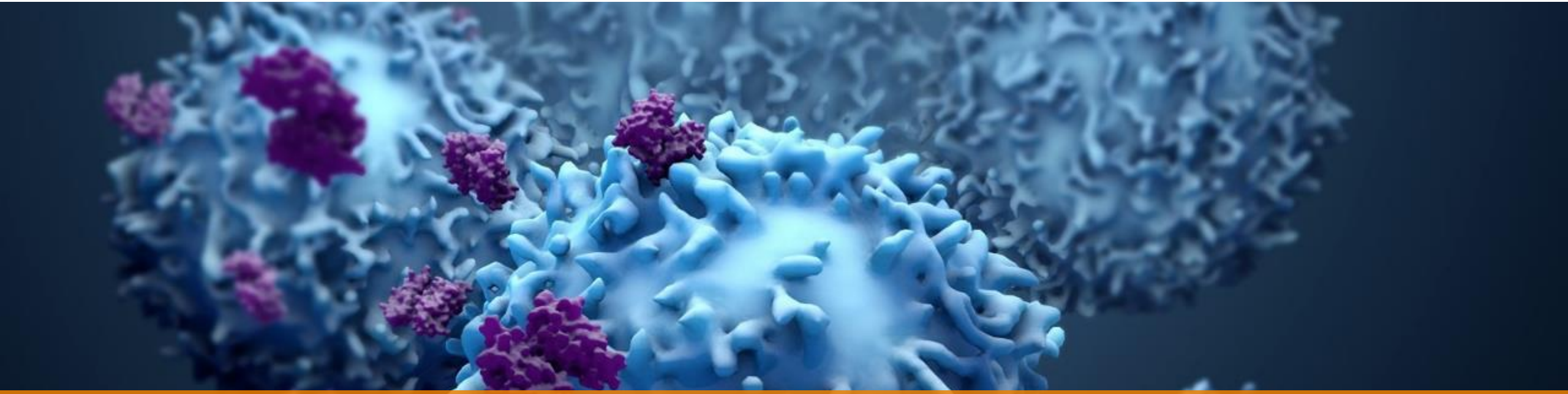
- Overall safety data show rademikibart generally well tolerated with most TEAEs being mild to moderate in severity and did not lead to study drug discontinuation
- Safety data remained consistent with previous rademikibart trials

Next Steps

- Simcere is progressing its regulatory discussion with China's CDE ahead of a planned NDA filing for rademikibart for patients with AD; update expected as early as Q2'2024
- Type C meeting with the FDA is scheduled in Q2'2024 to discuss Global/ROW Phase 3 registrational path

AD=atopic dermatitis; CDE=Center for Drug Evaluation; EASI=eczema area and severity index; mAb=monoclonal antibody; Q2W=every 2 weeks; Q4W=every 4 weeks; ROW=rest of world.

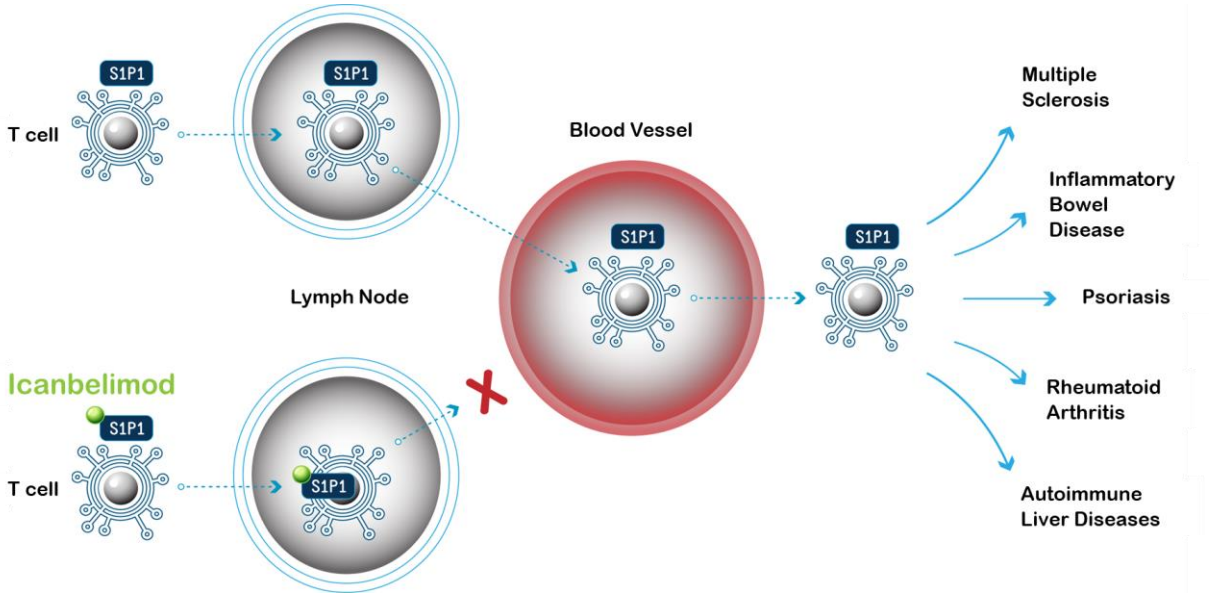
CONCERT BIOPHARMA



Icanbelimod: A Next Generation Selective Sphingosine 1-Phosphate Receptor 1 (S1P1) Modulator in Development for Inflammatory Bowel Disease (IBD)

Icanbelimod: Next generation Molecular Design Offers Potential for Differentiation

S1P1 Modulator – A validated target in T cell-mediated diseases including multiple sclerosis and UC.



S1P1 Sphingosine 1-phosphate-receptor 1

- Blocking T cell egress from lymph nodes reduces the inflammation implicated in many T cell-mediated diseases [1]
- S1P mediates T cell movement from lymph nodes into circulation, and hence migration to tissues to release inflammatory mediators
- Icanbelimod leads to internalization of S1P receptor 1 (S1P1), trapping T cells inside lymph nodes
- High Potency & Selectivity
  - Designed to be the most potent modulator of S1P1
  - No notable activity observed for S1P3, a receptor subtype associated with known safety concerns
  - Substantially lower potency for S1P4 and S1P5 than S1P1 observed

UC=ulcerative colitis.

1. Krause, A. et al. Modeling clinical efficacy of the S1P receptor modulator ponesimod in Psoriasis. *Journal of Dermatological Science.* (2018) 136–145.

Ulcerative Colitis (UC): Large Market Opportunity for a Differentiated Best-in-Class S1P1 Modulator

An autoimmune disease that causes inflammation and ulceration of the inner lining of the colon and rectum (the large bowel).

Current treatment limitations:

- Efficacy
  - Less than half of patients achieve long-term remission, and many drugs lose the initial efficacy response[1]
  - Maximal clinical remission may require up to one year of treatment
- Safety concerns with many treatment options
- Inconvenience of administration regimens with biologics

Key opportunities for a S1P1 to deliver:

- Improved efficacy
- Faster onset of efficacy
- Enhanced risk-benefit profile
- New oral therapies

>$11B UC WW market by 2028 (from $5.9B in 2021)[2]

+9.3% UC WW market CAGR 2021-2028[2]

>$2.5B UC S1P WW market by 2028[2]

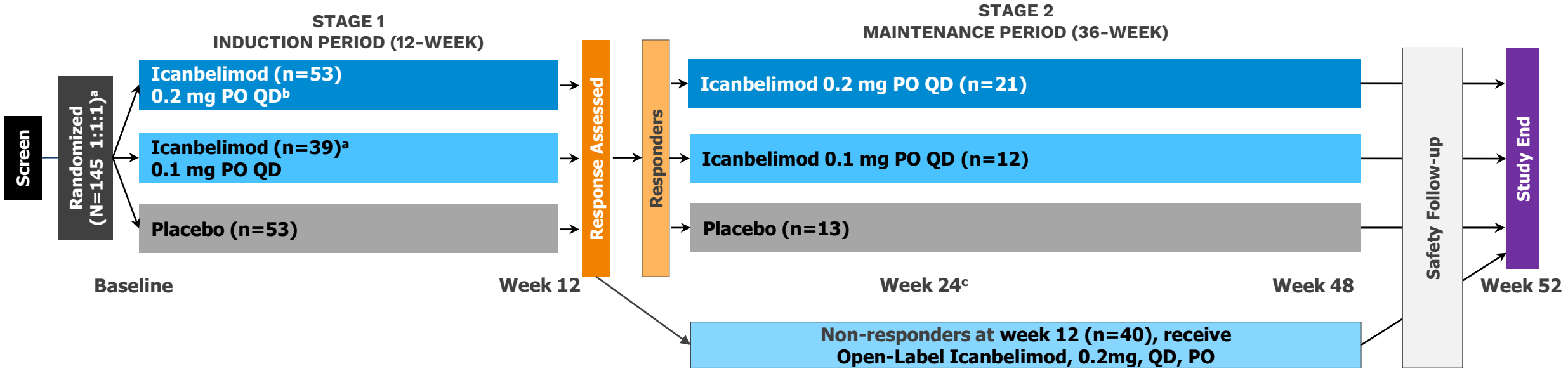
1. Ulcerative Colitis. *Nature Reviews. Disease Primers*. 2020. 6:74. https://doi.org/10.1038/s41572-020-0205-x
2. Evaluate Pharma market data sourced in May 2023.

CONNECT BIOPHARMA

Icanbelimod Global Phase 2 UC (CN002) Trial Design

Primary and Secondary Endpoints Assessed at Week 12 (induction period) and Week 48 (maintenance period).

A Randomized, Double-blind, Placebo Controlled Trial to Evaluate the Efficacy and Safety of icanbelimod in Patients With Moderate-to-Severe UC[1]



Select Inclusion Criteria[1]

- 18–75 years old with UC, clinically and endoscopically diagnosed ≥3 months before screening, corroborated by a histopathology report
- An adapted Mayo score of 4–9, with an endoscopic subscore of ≥2
- UC extending to the rectum, with ≥15 cm involvement on endoscopy

Primary Endpoints

- Change from baseline in modified/adapted Mayo Score at Week 12 in 0.2 mg icanbelimod group versus placebo

PO=by mouth; QD=once daily; UC=ulcerative colitis.
[a]Study amended to modify randomization from 1:1:1 to 1:1 to focus patient enrolment for the 0.2 mg PO QD and placebo groups resulting n=39 patients allocated to the 0.1 mg PO QD group. [b]For subjects in the group of icanbelimod 0.2 mg once daily, a dose of 0.05 mg icanbelimod was given from day1 to day 4; then, a dose of 0.1 mg CBP-307 was given for later 3 days; from day 8, a target dose (0.2 mg) was administered. [c]Responders at Week 12 without clinical response at Week 24 are withdrawn from treatment.
1. NCT04700449)- https://clinicaltrials.gov/ct2/show/NCT04700449.

Icanbelimod in Ulcerative Colitis: Phase 3 Ready with Best-in-Class Potential

Supported by clinical efficacy and safety data through Week 48

- In the induction period, icanbelimod:
  - Showed decreased disease severity based on adapted Mayo Score after 12 weeks of treatment, although the change did not reach statistical significance
  - Achieved statistical significance on Clinical Remission, which was an FDA-recommended primary endpoint and was used for approval of a previously approved drug to treat UC, as well as in other secondary endpoints
- In the maintenance period, icanbelimod:
  - Demonstrated sustained clinical remission through Week 48 in 80% of patients who achieved clinical remission at the end of induction period
- Favorable long-term safety data with no cases of death or PML

Best-in-class potential

- Based on efficacy data observed with 0.2 mg dose and PK/PD data, opportunity exists to potentially increase dose for enhanced efficacy

Next steps

- Seek a partnership to advance icanbelimod into future trials for UC and Crohn's disease (CD) to capitalize on best-in-class potential

Investment Highlights

Large Market Opportunity

Addressing treatment limitations in inflammatory diseases with multi-billion-dollar global market opportunities utilizing high throughput functional approach to identify proprietary highly efficacious and safe T cells modulators.

Late-Stage Pipeline

A robust, late-stage pipeline with positive clinical data in multiple indications.

Rademikibart:

- Met primary and most secondary endpoints in a 24-week **global Ph2b in asthma**
- Sustained efficacy observed in **China AD pivotal trial at Week 52** after meeting all endpoints at Week 16
- Met primary and key secondary endpoints at **Week 16 in a global Ph2b in AD**

Icanbelimod:

- Sustained clinical remission observed through Week 48 in global Ph2 trial in UC

Recent & Anticipated Near-Term Catalysts in Multiple Indications:

Q4'2023:

- Positive topline data in asthma global Ph2b trial
- Positive data in atopic dermatitis China pivotal trial
- Partnered with Simcere for development and commercialization of rademikibart in Greater China

Q2'2024:

- FDA EoP2 asthma meeting to discuss Ph3 regulatory path
- FDA Type C meeting to discuss ex-China Ph3 regulatory path in AD

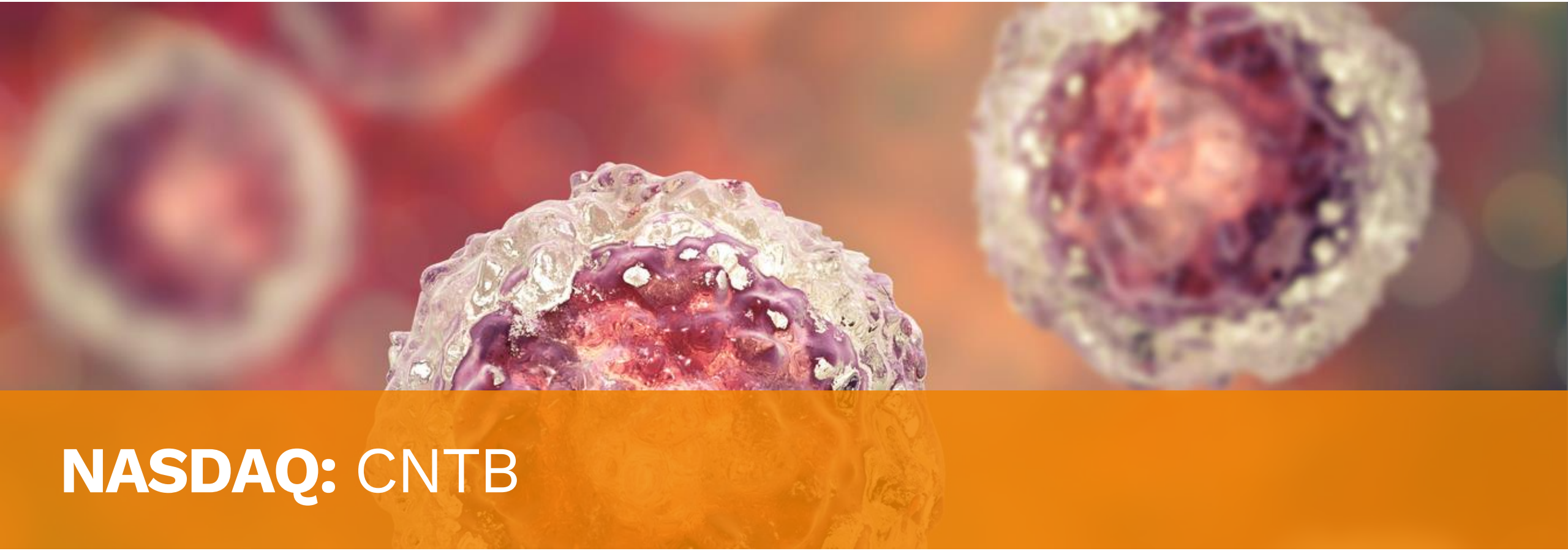
As early as Q2'2024:

- Update from Simcere regarding regulatory path in AD in China

Experienced Leadership Team

- Expert and experienced leadership team in developing biologics and small molecules
- Global operations and clinical development activities in the US, EU, Australia and China and Rest of the World

CONECT BIOPHARMA



NASDAQ: CNTB