ARRIVENT

A Late-Stage Company With a Global Oncology Portfolio

November 2026

Corporate Presentation



Forward Looking Statements

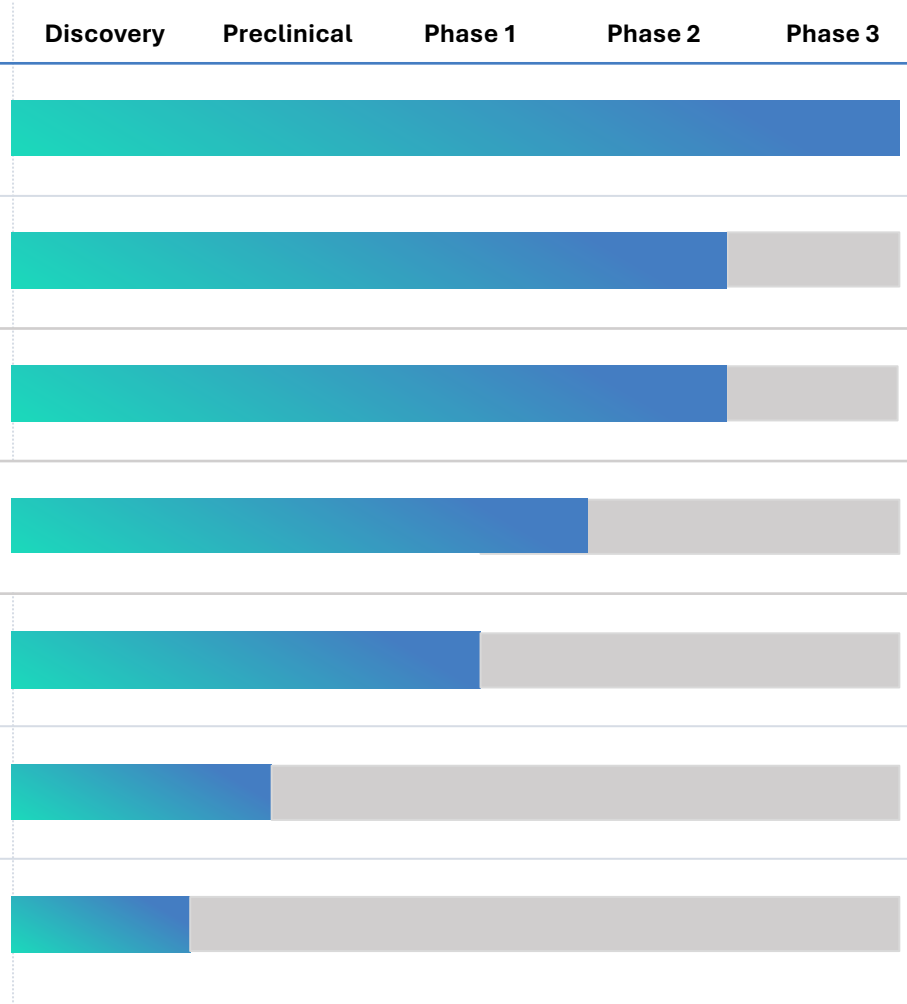
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ArriVent BioPharma: A Late-Stage Company With Multiple Assets in Clinical Development

- Accelerating a differentiated oncology pipeline built through strategic partnerships with innovative companies globally
- Firmonertinib continues to enroll pivotal Phase 3 global registration trial for 1L EGFR PACC mutant NSCLC
- ARR-217, a CDH-17 targeting ADC is currently in a Phase 1b dose optimization study in late-line colorectal cancer (CRC)
- ARR-217, in combination with bevacizumab (3L+ CRC) and in combination with chemotherapy (1L and 2L CRC) are also being evaluated
- Next-generation ADC portfolio advancing with ARR-002, a NaPi2b x MUC16 tetravalent ADC, in a Phase 1 clinical trial

Robust Pipeline to Maximize Impact Across Indications & Geographies

Program	Target	Indication	ArriVent Rights	Partner
Firmonertinib	EGFR TKI	1L NSCLC EGFR exon 20 Insertion Mutations BTD	Global-Ex China	ALLIST
Firmonertinib	EGFR TKI	1L NSCLC EGFR PACC Mutations	Global-Ex China	ALLIST
Firmonertinib	EGFR TKI	Adjuvant EGFR Uncommon Mutations	Global-Ex China	ALLIST
ARR-217	CDH17 ADC	GI Tumors	Global-Ex China	乐普生物 LEPU BIOPHARMA
ARR-002	NaPi2b x MUC16 ADC	Solid Tumors	Global Ex-China	ALLIST
ARR-421	ADC	Solid Tumors	Global-Ex China	康宁杰瑞 ALPHAMAB ONCOLOGY
ARR-173	ADC	Solid Tumors	Global-Ex China	康宁杰瑞 ALPHAMAB ONCOLOGY



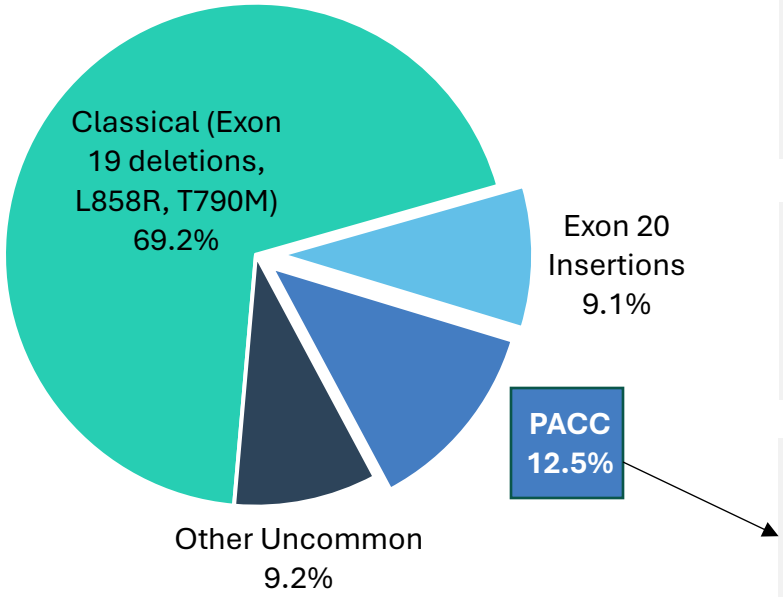
NSCLC: non-small cell lung cancer; EGFR: epidermal growth factor receptor; PACC: P-loop and alpha-c helix compressing; Allist: Shanghai Allist Pharmaceuticals Company, Ltd.; Lepu Biopharma: Lepu Biopharma Co., Ltd.; Alphamab Oncology: Jiangsu Alphamab Biopharmaceuticals, Co., LTD; 1L: First-line therapy; BTD: FDA Breakthrough Therapy Designation. Firmonertinib only approved in China for NSCLC classical EGFR mutations and 2L NSCLC EGFRm exon 20 insertion. ARR-217, ARR-002, ARR-421, and ARR-173 are investigational products and have not been approved by any regulatory authority. Global Ex-China = all countries and regions except mainland China, Hong Kong, Macau and Taiwan. Adjuvant EGFR in uncommon mutations initiated in China.

NSCLC Is One of the Most Prevalent Types of Cancer and Unmet Need Remain High in Patients With Uncommon EGFR Mutations

EGFR Mutant (EGFRm) NSCLC

- EGFR mutations are the most common driver mutation and occur in ~25% of NSCLC cases in the Americas
- Excluded from IO therapies due to lack of responsiveness
- Significantly lower life expectancy for NSCLC patients with uncommon EGFR mutations including PACC

NSCLC EGFR Mutation Subgroups



~1.8M new cases of NSCLC globally per year

~25% of NSCLC patients in the Americas have EGFR mutations

~13% of EGFRm NSCLC patients have PACC mutations

Despite advances in treating EGFRm NSCLC, many patients, particularly those with PACC mutations, remain underserved by existing treatments as there is no broadly utilized standard of care treatment

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FURTHER: Firmonertinib Showed Strong Confirmed Overall Responses (BICR) for 1L NSCLC EGFR PACC Mutations

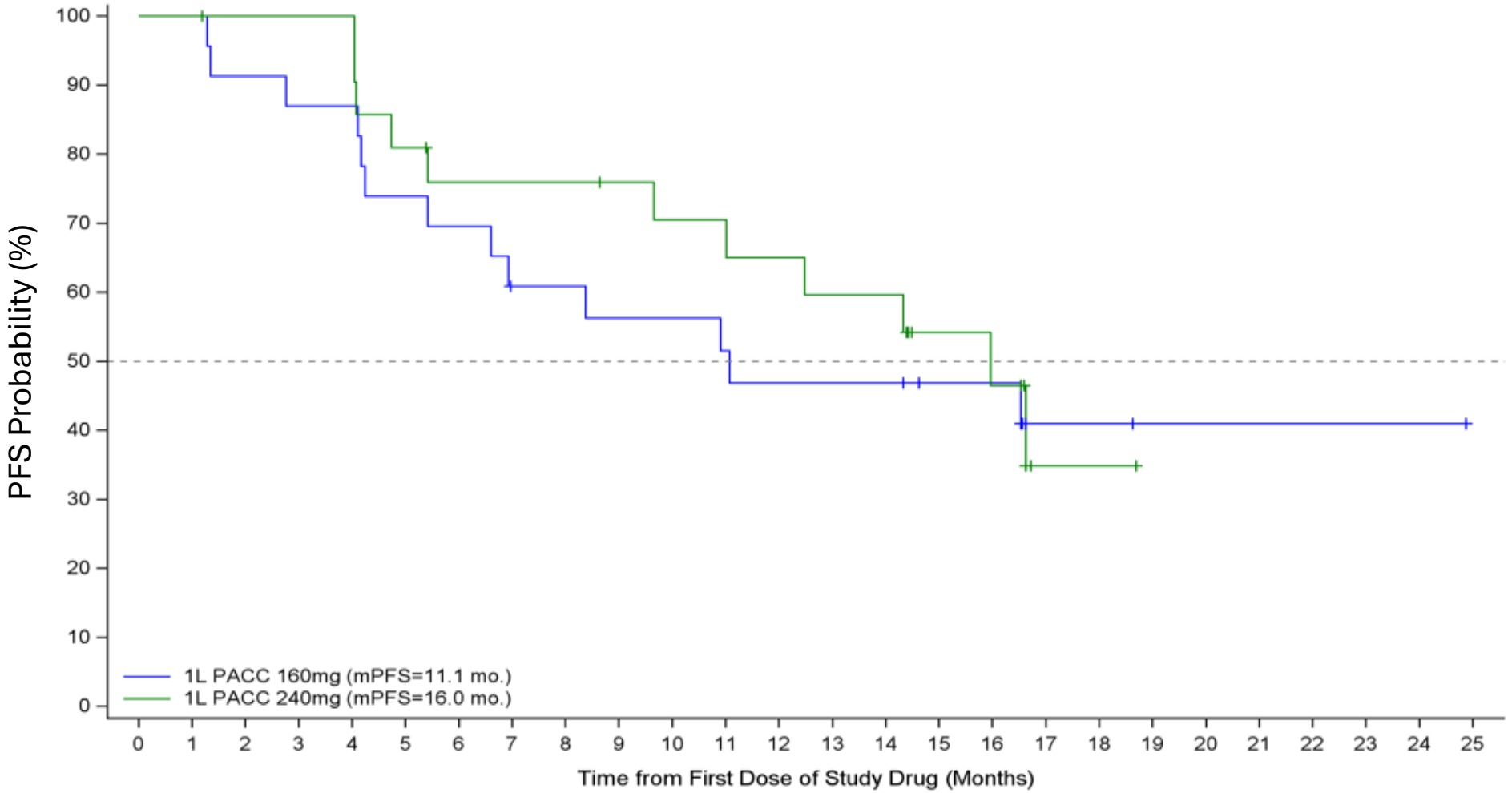
	160 mg QD n=23	240 mg QD n=22
Best ORR, % (95% CI)[a]	**52.2%** (30.6–73.2)	**81.8%** (59.7–94.8)
Confirmed ORR, % (95% CI)	**43.5%** (23.2–65.5)	**68.2%** (45.1–86.1)
Best overall response, n (%)		
Complete response (CR)	1 (4.3%)	0 (0%)
Partial response (PR)	9 (39.1%)	15 (68.2%)
Stable disease (SD)	11 (47.8%)	7 (31.8%)
Progressive disease (PD)	2 (8.7%)	0 (0%)
Median Duration of Response, months	NA	14.6
DCR (CR+PR+SD), % (95% CI)	**91.3%** (72.0% – 98.9%)	**100%** (84.6% – 100%)

[a] includes confirmed and unconfirmed responses
Final data cut date of Jun 3, 2025

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FURTHER: Median PFS is Clinically Meaningful in 1L NSCLC EGFR PACC Mutations

PFS HR favors 240mg as the optimal dose for Phase 3



160 mg QD

11.1 months (6.6, NR)

240 mg QD

16.0 months (11.0, NA)

HR (95% CI)

0.834 (0.373 – 1.863), *p* = 0.6524

Final data cut as of June 3, 2025 for BICR (Blinded Independent Review)
Median duration of follow up 16.5 months (95% CI 14.6, 16.6 months)

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FURTHER: CNS Activity Including Complete CNS Responses in PACC Cohort

Confirmed CNS activity (CNS ORR and CNS CR by BICR) may be beneficial in delaying need for brain radiation

CNS ORR	CNS CR
47% (8/17)	41% (7/17)

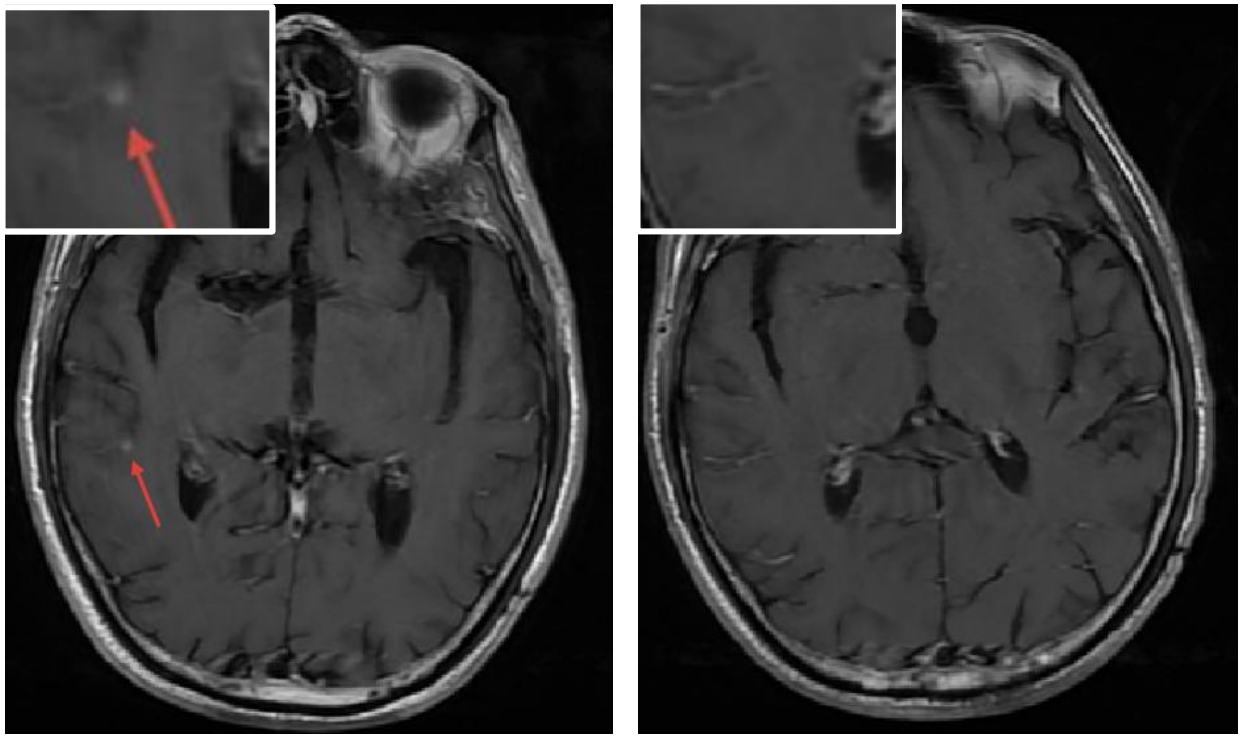
In CNS evaluable disease patients from PACC cohort[1]

Case Study

- 68 yo male with newly diagnosed EGFR PACC mutant[2] metastatic NSCLC
- Multiple asymptomatic non-target (<1 cm) CNS metastases detected on baseline MRI
- Randomized to firmonertinib 240 mg QD
- Achieved a CNS CR by BICR at cycle 4
- Remains on study at cycle 18 (54 weeks) without CNS progression[3]

Baseline MRI
Non-Target CNS Lesion

Week 12 MRI
CNS lesion not detected



[1]BICR data; includes 1L and 2L at 160 mg and 240 doses
[2]V774M + H773L
[3]Data as of Apr 22, 2025

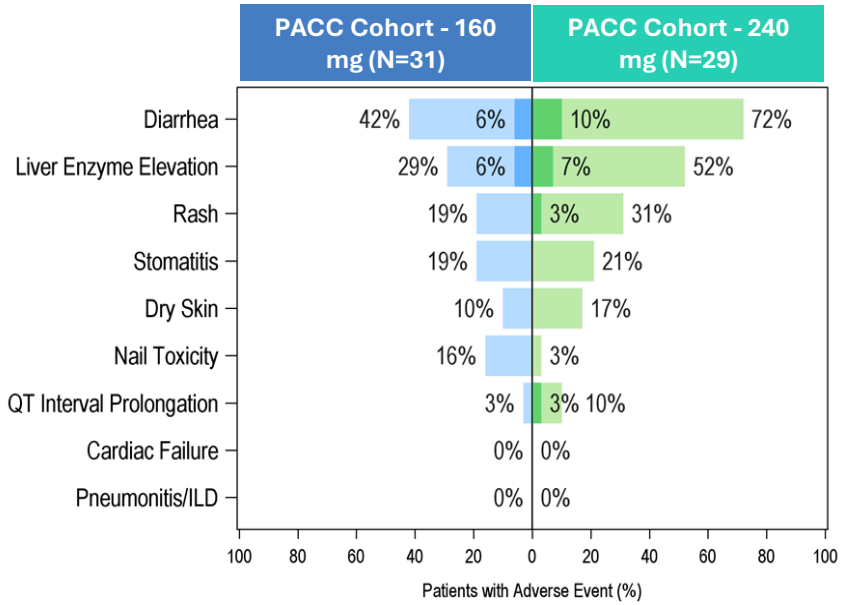
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FURTHER: Firmonertinib Shows a Manageable Safety Profile in NSCLC EGFR PACC

Treatment-related adverse events (TRAEs), n (%)	All PACC Patients		All Patients in FURTHER	
	160 mg (N=31)	240 mg (N=29)	160 mg (N=42)	240 mg (N= 116)
TRAEs any grade	28 (90.3)	28 (96.6)	36 (85.7)	101 (87.1)
TRAEs Grade ≥3	8 (25.8)	6 (20.7)	9 (21.4)	25 (21.6)
Treatment-related serious AEs (SAEs)	2 (6.5)	1 (3.4)	3 (7.1)	11 (9.5)
Dose interruption	9 (29.0)	11 (37.9)	13 (31.0)	45 (38.8)
Dose reduction	6 (19.4)	7 (24.1)	7 (16.7)	24 (20.7)
Dose discontinuation	1 (3.2)	0	2 (4.8)	8 (6.9)

No Grades 4-5 TRAEs observed

TRAE of Clinical Interest[1] for 1L PACC Patients



- Includes all patients who have received ≥1 dose
- No Grades 4-5 TRAEs observed

Final data cut as of Jun 3, 2025

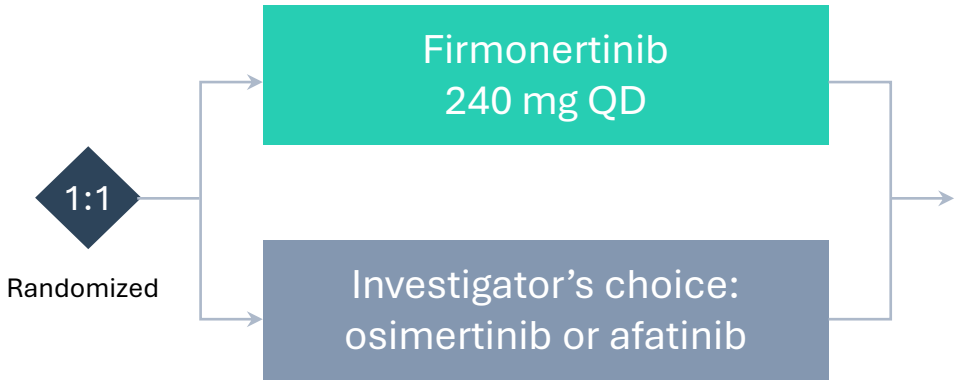
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ALPACCA (FURMO-006): First Randomized Global Phase 3 Study in 1L NSCLC EGFR PACC Mutations (NCT07185997)

Key Eligibility Criteria:

- PACC mutation*
- No prior therapy for metastatic disease and no prior EGFR-TKI
- Allows untreated brain metastases if clinically stable
- N=480

*Excludes Classical-like (ex. L861Q) unless compound with PACC



Endpoints:

Primary endpoints:

ORR (Interim Analysis) and PFS (Final Analysis) by BICR with RECIST v1.1

- Enrolls PACC mutant patients as a distinct patient group
- Control arm based on real-world EGFR-TKI usage
- FDA Project FrontRunner design provides for an opportunity for accelerated approval

ORR: Objective Response Rate; PFS: Progression-free Survival

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Our Antibody Drug Conjugate (ADC) Strategy

SINGLE-TARGETING

First or Best-in Class Single-Targeting ADCs

Developing single-targeting ADCs for broadly over-expressed targets

Pursuing differentiated molecules with design features for best-in-class potential (i.e., conjugation method, linker, payload)

Focusing on areas of high unmet medical need where current standard of care is often chemotherapy

DUAL-TARGETING

Novel Tetravalent, Dual-Targeting ADCs

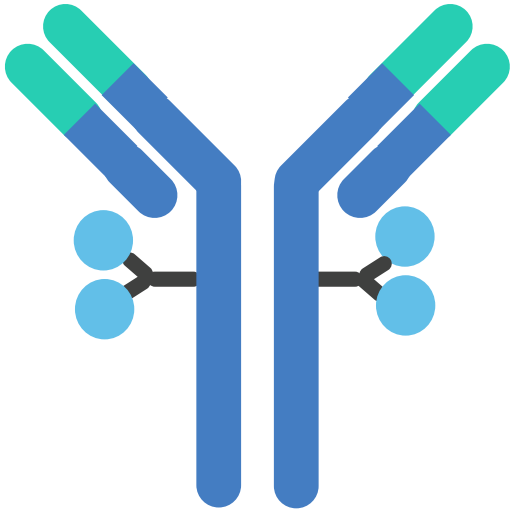
Creating a pipeline of novel tetravalent, dual-targeting ADCs for targets with overlapping tumor expression

Designed to overcome resistance due to heterogenous target expression and target down-regulation

More complete tumor targeting decreases the need for companion diagnostic (ex. FOLR1 IHC to identify FRa-high ovarian cancer)

Tetravalent for superior activity over bivalent ADCs

ARR-217 (MRG007) is a Cadherin-17 (CDH17) Targeting ADC



ARR-217 (MRG007)

Novel CDH17-Targeting Antibody Drug Conjugate with a Glycan-Linked Exatecan Payload

- ✓ A novel high affinity humanized anti-CDH17 mAb
- ✓ Potent Topo1 inhibitor Exatecan payload (DAR 4)
- ✓ Stable Glycan-based site-specific conjugation
- ✓ Hydrophilic linker to improve PK properties
- ✓ Rapid internalization and enhanced bystander activity in tumor cell lines
- ✓ Robust anti-tumor activity in multiple cell line-derived (CDX) and patient-derived (PDX) xenograft models
- ✓ Well tolerated in monkey studies at highest dose tested (60mg/kg) with minimal GI toxicity conferring a favorable preclinical therapeutic index

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Current Metastatic CRC Treatment Options in the First and Second Line are Biomarker-Driven with Limited Third Line Options

LINE OF THERAPY Est. 2035 US incidence	KRAS/NRAS/BRAF WT (50% of mCRC)	KRAS/NRAS mutant (35-45% of mCRC)	BRAF mutant (5-10% of mCRC)	MSI-H/MMR-D (5% of mCRC)	HER2 amplified (2-5% of mCRC)
1ST LINE ~90,000	FOLFOX / FOLFIRI ± biologics		FOLFOX + EGFR mAb + BRAF inhibitor	Immune checkpoint inhibition	FOLFOX / FOLFIRI ± biologics
2ND LINE ~67,000	FOLFOX / FOLFIRI ± biologics[1]	EGFR mAb + G12C KRAS inhibitor	EGFR mAb + BRAF inhibitor[2]	FOLFOX / FOLFIRI ± biologics[1]	HER2-directed therapy
3RD LINE+ ~44,000	Regorafenib • Fruquintinib • Lonsurf • Bevacizumab + Lonsurf				

[1] Whichever regimen that was not previously given in 1L. [2] If BRAF inhibitor not previously given in 1L. Abbreviations: FOLFIRI = fluorouracil, folinic acid, irinotecan; FOLFOX = fluorouracil, folinic acid, oxaliplatin. mAb = monoclonal antibody; HER2= Human epidermal growth factor receptor. Adapted from Biller and Schrag, 2021. Sources and assumptions: 2035 DRG epidemiology; estimated duration of treatment based on mCRC standard of care; SEER Cancer Stat Facts: Colorectal Cancer (Accessed May 2026); Buchler, T. 2022; Kawakami et al., 2015; Jacobsen, L. K., et al. (2024). CDH17 expression by IHC across 14,948 tumors. Poster, AACR 2024; Panarelli, N. C., et al. (2012). American Journal of Clinical Pathology, 138(2), 211–222; Tampellini et al., 2017; McCleary et al., 2022; Bazarbashi et al., 2019; Shinozaki et al., 2021; Koopman et al., 2025

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Current Standard of Care in 3L+ Metastatic CRC Is Highly Inadequate

Current therapies have poor response rates and limited survival benefit

Treatment	Treatment Line	ORR (%)	DCR (%)	Median PFS (months)	Median OS (months)
Fruquintinib	3L+	2%	56%	3.7	7.4
Regorafenib	3L+	1%	41%	2.0	6.4
Trifluridine / tipiracil	3L+	2%	44%	2.0	7.1
Trifluridine / tipiracil + Bevacizumab[1]	3L only	6%	77%	5.6	10.8

[1]SUNLIGHT study total patients; Patients previously treated with prior bevacizumab had median PFS of 4.5 months and OS of 9.0 months Abbreviations: ORR = overall response rate; DCR = disease control rate; OS = overall survival; PFS = progression free survival. Sources: Lonsurf® (trifluridine and tipiracil) Fruzaqla® (fruquintinib), Stivarga® (regorafenib) package inserts; Dasari et al. 2023; Grothey et al. 2013; Prager et al. 2023. Data are not from head-to-head studies. Cross-trial data interpretation should be considered with caution as it is limited by differences in study population, sample size, inclusion and exclusion criteria and many other factors.

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ARR-217 (MRG007) Phase 1 Study Design

A multicenter, FIH dose escalation and optimization Phase I Study (NCT07066657) in China and US, evaluates ARR-217 (MRG007) in locally advanced/metastatic solid tumors, including CRC

PATIENTS

Adults with locally advanced or metastatic solid tumors

Failed standard therapy

ECOG PS 0 or 1

Measurable disease per RECIST v1.1

Phase 1a

DOSE ESCALATION

- 8 mg/kg
- 6 mg/kg
- 4 mg/kg
- 2 mg/kg

BACKFILL

- 8.0 mg/kg
- 7.0 mg/kg
- 6.0 mg/kg
- 4.0 mg/kg

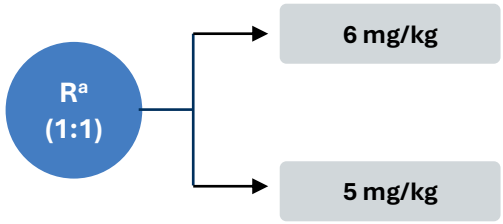
PHASE 1A

Primary objective: Safety

Phase 1b (ongoing)

DOSE OPTIMIZATION/EXPANSION

Cohort 1: **CRC**



PHASE 1B

Primary objectives:

Safety and primary efficacy endpoint: ORR

[a]Randomization previously included dose levels at 7 mg/kg and 8 mg/kg; however, these dose levels were discontinued.
CRC, colorectal cancer; ECOG PS, Eastern Cooperative Oncology Group performance status; ORR, objective response rate; RECIST, Response Evaluation Criteria in Solid Tumors.
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Patient Demographic and Disease Characteristics

As of data cutoff (August 5, 2026), 123 patients received ARR-217; 113 had CRC

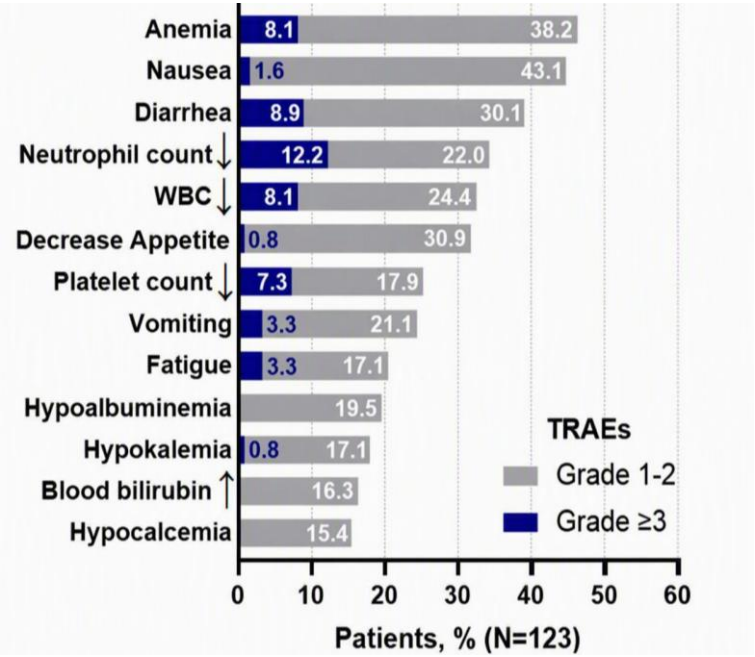
Characteristic, n (%) or median (range)	Overall (N=123)	CRC (n=113)
Age, years	58.0 (31–79)	58.0 (31–79)
Female	41 (33.3)	35 (31.0)
Race, n (%)		
Asian	96 (78.0)	86 (76.1)
White	15 (12.2)	15 (13.3)
Black/African-American	5 (4.1)	5 (4.4)
Other/unknown/not reported	7 (5.7)	7 (6.2)
ECOG PS, n (%)		
0	27 (22.0)	25 (22.1)
1	96 (78.0)	88 (77.9)
Prior lines of systemic therapy	2 (1–9)	3 (1–9)

Characteristic, n (%)	CRC (n=113)
Primary location*	
Colon, right	29 (25.7)
Colon, left	47 (41.6)
Rectum	31 (27.4)
Liver metastases at baseline	62 (54.9)
RAS mutation	66 (58.4)
KRAS | NRAS	64 (56.6) | 5 (4.4)
BRAF mutation	6 (5.3)
Microsatellite stable/proficient mismatch repair	95 (84.1)
Prior systemic cancer therapies	113 (100)
Irinotecan	95 (84.1)
Oxaliplatin	112 (99.1)
Anti-VEGF inhibitor	95 (84.1)
Anti-EGFR inhibitor	39 (34.5)

*Unknown primary location in 6 patients (5.3%).
ECOG PS, Eastern Cooperative Oncology Group performance status.

ARR-217 Has a Manageable Safety Profile

Characteristic, n (%) or median (range)	2.0 mg/kg (n=3)	4.0 mg/kg (n=6)	5.0 mg/kg (n=18)	6.0 mg/kg (n=49)	7.0 mg/kg (n=25)	8.0 mg/kg (n=22)	ALL (N=123)
No. of treatment cycles	2 (2–4)	6 (2–15)	1 (1–3)	3 (1–11)	4 (1–8)	6 (1–10)	3 (1–15)
Treatment-related AEs							
Any	3 (100)	5 (83.3)	10 (55.6)	40 (81.6)	24 (96.0)	22 (100)	104 (84.6)
Grade ≥3	0	0	0	10 (20.4)	13 (52.0)	14 (63.6)	37 (30.1)
Serious	0	0	0	7 (14.3)	8 (32.0)	9 (40.9)	24 (19.5)
Leading to							
Dose interruption	0	1 (16.7)	1 (5.6)	12 (24.5)	7 (28.0)	11 (50.0)	32 (26.0)
Dose reduction	0	0	0	2 (4.1)	10 (40.0)	10 (45.5)	22 (17.9)
Treatment discontinuation	0	0	0	0	1 (4.0)	0	1 (0.8)
Dose intensity (Mean)	99.8%	96.2%	99.9%	94.5%	84.4%	83.6%	91.5%



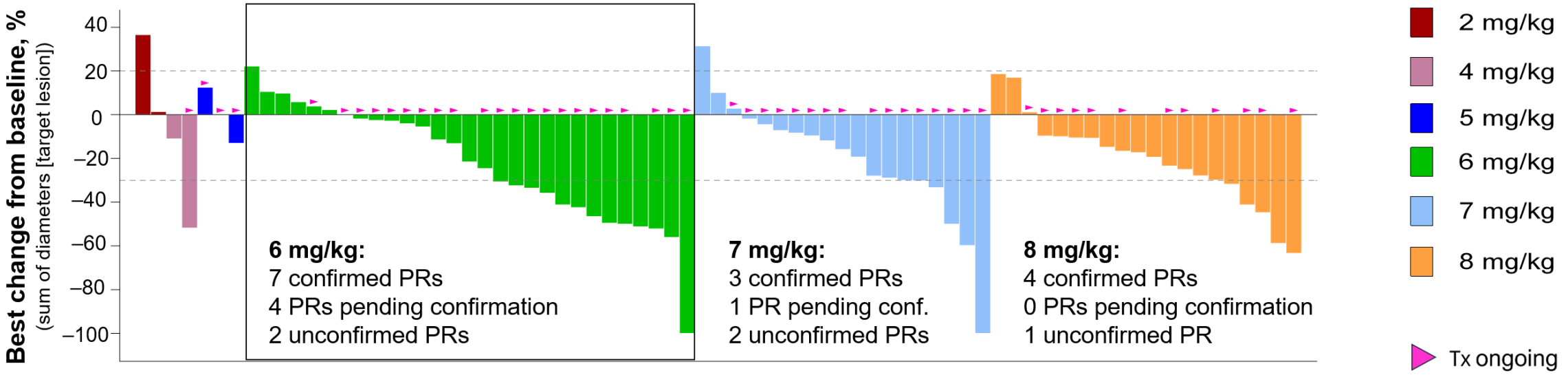
- During dose escalation, MTD was not reached; One patient with DLT (8.0 mg/kg; grade 4 platelet count decrease and grade 4 neutropenia)
- Median treatment duration: 85.0 days (range, 21–343)
- AEs were most commonly cytopenias & GI toxicities, predominantly grade 1 or 2; no ILD was reported

Data cutoff: August 5, 2026. AE, adverse event; DLT, dose-limiting toxicity; GI, gastrointestinal; ILD, interstitial lung disease; MTD, maximum tolerated dose; TRAE, treatment-related adverse event; WBC, white blood cell.

ARR-217 Showed Encouraging Preliminary Antitumor Activity

Across all doses, 75 treated patients had ≥1 post baseline tumor assessment; median duration of follow-up was 4.17 months (range, 1.2 to 10.6)

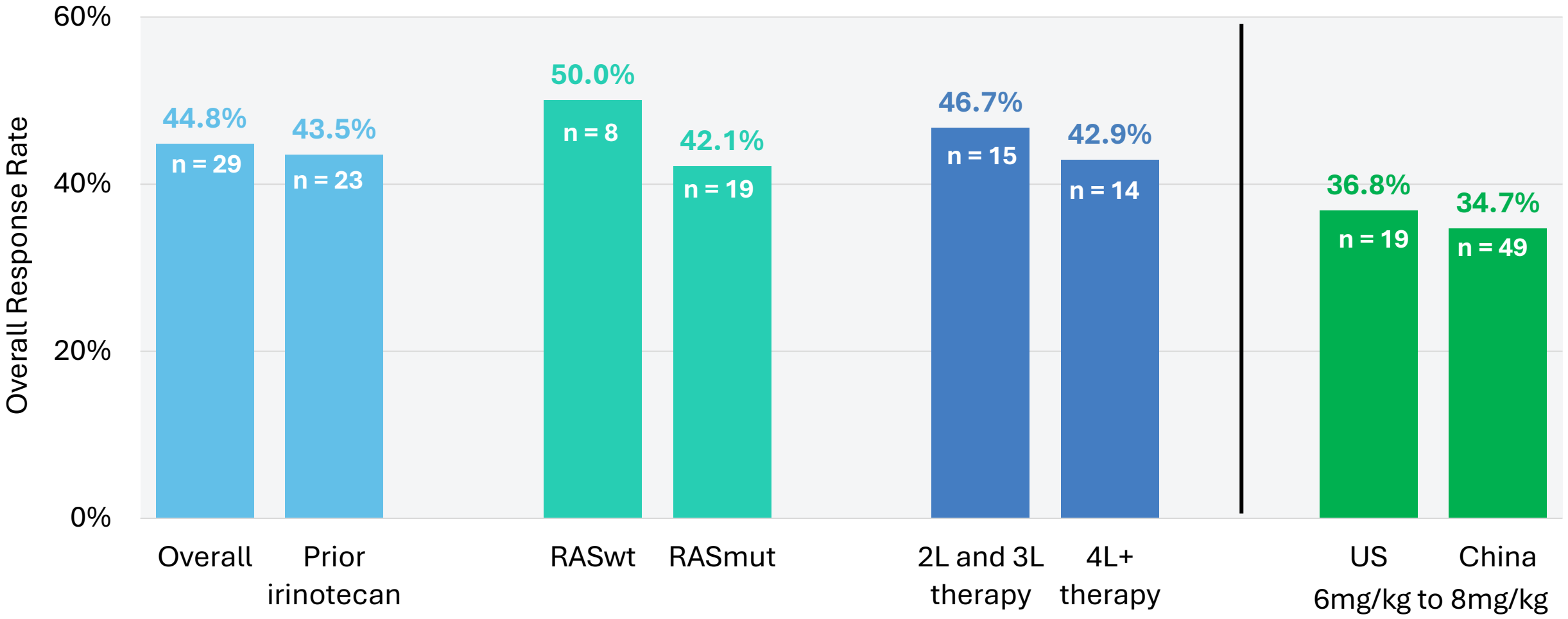
Outcomes, % (95% CI) or median (range)	2.0 mg/kg (n=2)	4.0 mg/kg (n=2)	5.0 mg/kg (n=3)	6.0 mg/kg (n=29)	7.0 mg/kg (n=19)	8.0 mg/kg (n=20)	≥4 mg/kg (n=73)
ORR (CR + PR)	0 (0, 84.2)	50 (1.3, 98.7)	0 (0, 70.8)	44.8 (26.4, 64.3)	31.6 (12.6, 56.6)	25.0 (8.7, 49.1)	34.2 (23.5, 46.3)
DCR (CR + PR + SD)	50.0 (1.3, 98.7)	100 (15.8, 100)	100 (29.2, 100)	93.1 (77.2, 99.2)	89.5 (66.9, 98.7)	90.0 (68.3, 98.8)	91.8 (83.0, 96.9)



Data cutoff: August 5, 2026. Subsequent to data cut off, all PRs pending confirmation have subsequently confirmed.
CR, complete response; CRC, colorectal cancer; DCR, disease control rate; ORR, objective response rate; PR, partial response; SD, stable disease. PR pending confirmation, patient on treatment but has not received confirmatory scan. Unconfirmed PR, patient off treatment without confirmation

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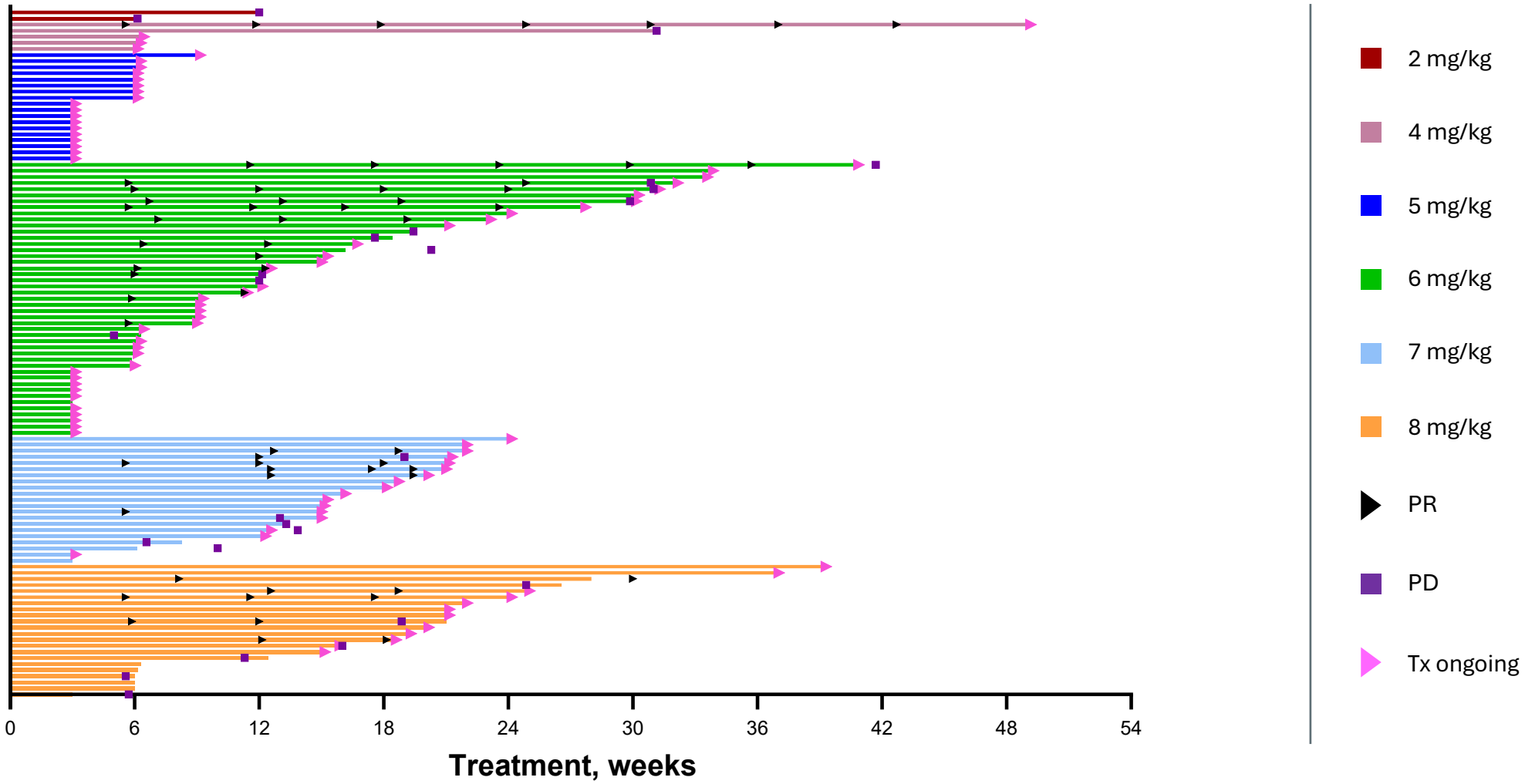
Overall Response Rates Consistent Across Sub-Groups



Data cutoff: August 5, 2026.

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ARR-217 Phase 1 Data Continues to Mature With Most Patients Continuing on Treatment



Data cutoff: August 5, 2026. CRC, colorectal cancer; PR, partial response; SD, stable disease; Tx, treatment.

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ARR-217 Showed Promising Preliminary Antitumor Activity in CRC and a Well-Tolerated Safety Profile

Generally well-tolerated safety

AEs were primarily low-grade GI and hematologic toxicities (grade ≥3 TRAEs 20.4%; dose reduction 4.1% (2 of 49 patients)

1 patient (of 123; 0.8%) discontinued due to AE

Promising preliminary efficacy

44.8% ORR; 93.1% DCR at 6 mg/kg dose for CRC

Responses observed regardless of RAS mutation or prior irinotecan treatment, and in 4L+ patients

These results support further clinical development and ongoing Phase 1b dose optimization

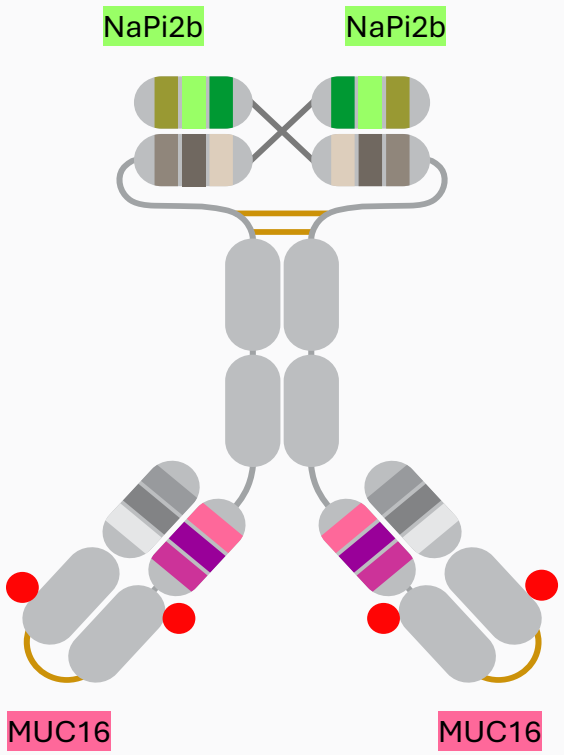
4L+, fourth-line or later; AE, adverse event; DCR, disease control rate; GI, gastrointestinal; ILD, interstitial lung disease; ORR, objective response rate; PK, pharmacokinetics.

ARR-217 Has the Opportunity to Expand into Earlier Lines of Therapy for CRC and Additional Tumor Types

Current Study	Phase 1a	Phase 1b	Phase 3
Phase 1B **Monotherapy** **Ongoing Dose Optimization Study** *(US and China)*		**3L+ CRC**	
Phase 1B **Combination with Bevacizumab** **Ongoing Study** *(China with US sites planned)*		**3L+ CRC**	
Phase 1B **Combination with chemotherapy** **Ongoing Study** *(China)*		**2L CRC / 1L CRC**	
Potential Phase 1B **Additional Tumor Types** **Planned** *(US and China)*	**2L+ Pancreatic, Gastric**		

ARRIVENT

Our Second ADC Pipeline Program is ARR-002 Which Targets both NaPi2b and MUC16



ARR-002
Novel tetravalent dual-targeting ADC

Novel Tetravalent, Dual-Targeting Antibody Drug Conjugate

- ARR-002 targets both NaPi2b and MUC16 which are over-expressed in ovarian and endometrial cancers
- Tetravalent (“2+2”) design enables full bivalent binding against each target for enhanced internalization
- Site-specific conjugation of MMAE payload (DAR 4) to engineered cysteines for improved stability and enhanced safety
- Currently in Phase 1 study in advanced or metastatic ovarian or endometrial cancer
- Recent partnership with Allist Pharmaceuticals outlicensing Greater China rights

ARRIVENT

Upcoming Planned Milestones

Cash and investments of $393.2 million as of September 30, 2026

PROGRAM	PLANNED MILESTONE	TIMING
Firmonertinib	Program update	1Q 2027
ARR-217	Phase 1b dose optimization data	1H 2027
ARR-217	Initial Phase 1b data from combination with bevacizumab	2H 2027
ARR-217	Initial Phase 1b data with chemotherapy	YE 2027
ARR-217	Initiation of Phase 3 study	YE 2027
ARR-002	Initial Phase 1 data	YE 2027

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