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OVERVIEW

Who We Are

We are a commercial stage biopharmaceutical company dedicated to discovering, developing and commercializing innovative therapeutics that address medical needs with limited available therapies across viral infectious diseases, oncology and inflammatory disorders. With a history that can be traced back from 2018, we are founded by a leadership team with deep expertise in biopharmaceutical R&D and successfully developed our Core Product, sebaloxavir marboxil tablets, an oral anti-influenza drug, which has been approved by NMPA. We are actively broadening the reach of sebaloxavir marboxil through a suspension formulation tailored for the pediatric population and indication expansion into post-exposure prophylaxis.

Our Drug Portfolio

As of the Latest Practicable Date, we have a portfolio of six small molecule products, led by two different formulations of sebaloxavir marboxil, namely sebaloxavir marboxil tablets, our Core Product, and sebaloxavir marboxil for suspension. Beyond sebaloxavir marboxil, we are advancing a balanced pipeline of differentiated drug candidates, including ZX-8177, a clinical-stage ectonucleotide pyrophosphatase/phosphodiesterase 1 (“**ENPPI**”) inhibitor for oncology applications, with an IND application submitted to the NMPA in August 2026, subsequent to the Latest Practicable Date, for the treatment of hypophosphatasia (“**HPP**”), and ZX-12042B, a preclinical-stage therapeutic targeting human papillomavirus (“**HPV**”) infections. The following chart illustrates our pipeline and development stage as of the Latest Practicable Date.

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Category	Pipeline	Target	Indication	Commercial Rights	Preclinical	Phase 1	Phase 2	Phase 3	NDA	Commercialization	Competent Authority	Source	Next milestone	Target Jurisdiction
Viral Infections Disease	Sebaloxavir marboxil tablets	Viral PA protein	Uncomplicated type A and B influenza treatment in adults ⁽¹⁾								NMPA	Internally developed		
			Uncomplicated type A and B influenza treatment in adolescents ⁽²⁾								NMPA	Internally developed		
	Sebaloxavir marboxil for suspension	Viral PA protein	Uncomplicated type A and B influenza post-exposure prophylaxis ^(3,4)								NMPA	Internally developed	Phase 3 completion in 2028	China and Middle East and North Africa
			Uncomplicated type A and B influenza treatment for children ⁽⁵⁾								NMPA	Internally developed	NDA approval in 2027 Phase 3 completion in 2028	
HIV	ZX-12042B	DNA polymerase	HPV infection								NMPA	Internally developed	IND submission in 2027	China
	ZX-15002	Helicase-primease	HSV infection								NMPA	Internally developed	IND submission in 2027	China
Oncology	ZX-8177	ENPP1	Advanced cancer in solid tumor ⁽⁶⁾								NMPA	Internally developed	Phase 1 dose escalation part completion in 2026	China
			HPP								NMPA	Internally developed	IND approval	China
Inflammatory Disorders	ZX-14000	STAT6	Autoimmune diseases								NMPA	Internally developed	IND submission in 2027	China

★ Core product

Notes:

- Sebaloxavir marboxil tablets were approved by the NMPA in July 2025.
- Based on communications with Center for Drug Evaluation (“CDE”), we did not conduct phase 1 and phase 2 clinical trials. For details, see “Business — Our Drug Portfolio — Sebaloxavir Marboxil (ZX-7101A): An Anti-Influenza Therapy Featuring Dual Formulations including our Commercialized Core Product — Sebaloxavir Marboxil Tablets — Formulations — Sebaloxavir Marboxil Tablets — Our Core Product — Material Communications with Competent Authority.” We have completed a phase 3 clinical trial and submitted the NDA to expand the target patient age of sebaloxavir marboxil tablets to adolescents, which was accepted by the NMPA in April 2025. The NDA was approved in June 2026.
- Influenza post-exposure prophylaxis refers to the preventive administration of influenza antiviral medications to individuals who have been exposed to confirmed or suspected influenza cases but have not yet developed symptoms.
- We have obtained an IND approval from CDE to initiate phase 3 clinical trial for influenza post-exposure prophylaxis with sebaloxavir marboxil tablets in April 2025. The target age group for this IND comprises adults, adolescents, and children aged 5 years and older. Considering the difficulty that younger pediatric patients have with swallowing solid oral dosage forms and the need for weight-based dosing flexibility in children, we are developing sebaloxavir marboxil for suspension specifically for pediatric patients, and we obtained an IND from the NMPA in May 2026. We plan to initiate this phase 3 clinical trial in 2026. For details, see “Business — Our Drug Portfolio — Sebaloxavir Marboxil (ZX-7101A): An Anti-Influenza Therapy Featuring Dual Formulations including our Commercialized Core Product — Sebaloxavir Marboxil Tablets — Formulations — Sebaloxavir Marboxil Tablets — Our Core Product — Material Communications with Competent Authority.”
- Following a series of regulatory communications with the NMPA, we completed (i) a phase 1 bridging pharmacokinetics study with sebaloxavir marboxil for suspension in adults; and (ii) a clinical study of sebaloxavir marboxil tablets in patients aged 5 to 11 years, for the development of sebaloxavir marboxil for suspension. In July 2025, the NMPA confirmed that they had no objections for us to proceed with a phase 3 pivotal clinical trial with sebaloxavir marboxil for suspension in pediatric patients. For details, see “Business — Our Drug Portfolio — Sebaloxavir Marboxil (ZX-7101A): An Anti-Influenza Therapy Featuring Dual Formulations including our Commercialized Core Product — Sebaloxavir Marboxil Tablets — Formulations — Sebaloxavir Marboxil Tablets — Our Core Product — Material Communications with Competent Authority.” We have completed this clinical trial and submitted the NDA application to the NMPA in June 2026, which was accepted by the NMPA in July 2026 and is currently under review.

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- (6) We plan to expand the indication of sebaloxavir marboxil for suspension to post-exposure prophylaxis in children and to initiate its phase 3 clinical trial in 2026, without conducting phase 1 and phase 2 clinical trials, taking into account (i) CDE did not require us to conduct separate phase 1 and phase 2 clinical trials for the indication expansion to post-exposure prophylaxis for sebaloxavir marboxil tablets; and (ii) we have completed the phase 3 clinical trial for sebaloxavir marboxil for suspension for influenza treatment in children in China and submitted the NDA application to the NMPA prior to the planned phase 3 clinical trial for post-exposure prophylaxis in children. In May 2026, we obtained the IND approval for sebaloxavir marboxil tablets and sebaloxavir marboxil for suspension for a combined phase 3 clinical trial for patients aged 2 years and older.
- (7) As of the Latest Practicable Date, we hold the commercial rights to our Core Product in China. In August 2023, we entered into an exclusive sales and promotion agreement with Jumpean Pharmaceutical for sebaloxavir marboxil oral formulations in China. In July 2025, we entered into a license and distribution agreement with Cigalah Medpharm Trading LLC in relation to the distribution of sebaloxavir marboxil oral formulations, with Saudi Arabia and the UAE being our immediate target markets. In particular, our immediate commercialization focus is primarily concentrated on Saudi Arabia and the United Arab Emirates (UAE). These two markets represent our strategic priorities due to their favorable business environments, robust healthcare infrastructure, and strong patient affordability. For details, please see “Business — China Market — Relationship with CSO — China Sales and Promotion Agreement” and “— Overseas Markets — MENA License and Distribution Agreement with Cigalah Medpharm for Sebaloxavir Marboxil Oral Formulations.”
- (8) Advanced cancer refers to malignant tumors that have progressed (including local progression and distant metastasis) following standard treatments recommended by The Chinese Society of Clinical Oncology (“CSCO”) guidelines, are unresectable, or for which there are currently no standard treatments available or the patient is intolerant to standard therapies.

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Our Market Opportunities

We are primarily targeting disease areas with medical needs that are not fully addressed. Our Core Product, sebaloxavir marboxil tablets, are an influenza polymerase acidic protein (“PA”) inhibitor targeting the vast influenza antiviral drug market. Influenza represents a persistent global public health threat, with approximately one billion annual infections and up to 650,000 deaths worldwide, driving a global treatment and prophylaxis market exceeding US\$10 billion. China bears a significant portion of this burden, recording an estimated 181 million influenza-like illness cases in 2025, with the domestic antiviral market reaching RMB13.7 billion. However, current therapies remain dominated by neuraminidase inhibitors such as oseltamivir, which present significant limitations including inconvenient multi-day dosing regimens, gastrointestinal side effects, slower viral clearance and emerging resistance profiles. While the advanced anti-influenza drug, PA polymerase inhibitor baloxavir marboxil, offers superior efficacy, limited supply during peak flu seasons has constrained its penetration, particularly in primary care settings. These gaps are further compounded by structural healthcare challenges in China: vaccination coverage remains at approximately 5%, antiviral stockpile rates at secondary hospitals and below hover under 50%, and rural areas lack adequate diagnostic infrastructure for timely treatment initiation. As reimbursement reforms enhance affordability and accessibility, the market opportunity is poised for substantial growth, with China’s influenza antiviral market projected to reach RMB14.2 billion by 2035 — and PA inhibitors are expected to capture the dominant share at RMB13.6 billion, displacing neuraminidase inhibitors (“NAIs”) as the standard of care.

In addition, we are also developing ZX-8177, an ENPP1 inhibitor for oncology and HPP indications, and ZX-12042B, an antiviral drug designed to treat HPV infection. ENPP1 has emerged as a promising immuno-oncology target due to its dual role in degrading the immune-activating molecule 2',3'-cyclic GMP-AMP (cGAMP) and generating immunosuppressive adenosine within the tumor microenvironment, effectively enabling tumor immune evasion. Despite this compelling therapeutic rationale, no ENPP1 inhibitors have yet been approved, with five candidates currently in clinical development for cancer globally, presenting an early market entry opportunity for differentiated inhibitors that can overcome existing challenges in selectivity, safety and tumor-targeted delivery. Oral ENPP1 inhibition is also an attractive therapeutic approach for HPP, a rare, genetically heterogeneous mineralization disorder caused by loss-of-function variants in ALPL. HPV infections are among the most prevalent sexually transmitted diseases globally, yet no approved antiviral therapies specifically targeting HPV currently exist, leaving medical needs that are not fully addressed among individuals already infected or vulnerable to non-vaccine strains. A broad-spectrum, convenient therapeutic solution addressing HPV infectious diseases across all subtypes and disease manifestations would represent a transformative blockbuster opportunity serving the entire population across all life stages.

Our Prospects and Future

With our Core Product sebaloxavir marboxil tablets now commercially launched and sebaloxavir marboxil for suspension under late-stage development, we are well-positioned to capture significant market share in China’s rapidly expanding anti-influenza therapeutics market. As the first step, we have started to lay out our commercialization foundation through strategic partnerships with leading contract sales organizations (“CSO”), including a nationwide CSO partner in China and a regional leader in Middle East and North Africa (“MENA”), to accelerate market penetration and maximize the commercial potential of sebaloxavir marboxil. We intend to further strengthen our commercial foundation by advancing formulation and indication expansions for sebaloxavir marboxil while progressing our diversified pipeline, including ZX-8177 for oncology and HPP indications and ZX-12042B for HPV infections, toward key clinical and regulatory milestones. Leveraging our integrated R&D capabilities and proven track record in bringing innovative therapies from discovery to approval, we aim to build a sustainable, multi-product portfolio addressing medical needs with limited available therapies across viral infectious diseases, oncology and inflammatory disorders.

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COMPETITIVE STRENGTHS

Sebaloxavir Marboxil (ZX-7101A): Anti-Influenza Therapy with Dual Formulations Addressing Critical Unmet Medical and Social Needs

Influenza represents a persistent global public health threat, with approximately over one billion annual infections, resulting in up to 650,000 deaths annually, driving a global influenza treatment and prophylaxis market of over US\$10 billion, according to CIC. Despite this substantial market, existing therapies dominated by oseltamivir and zanamivir exhibit significant limitations in efficacy, resistance profiles and accessibility, prompting WHO to call for advanced broad-spectrum anti-influenza drugs suitable for diverse patient populations to address potential pandemic threats.

China represents a substantial and rapidly growing market for anti-influenza therapeutics. As a high-incidence country for influenza, China records tens of millions of infections annually, with children, elderly patients, overweight patients, pregnant and lactating women along with individuals with chronic conditions comprising high-risk groups for severe diseases. Oseltamivir remains the dominant antiviral therapy in China; however, it presents practical limitations including inconvenient twice-daily dosing over five days, gastrointestinal side effects and variable efficacy depending on treatment timing and viral strain. While baloxavir marboxil has been approved, its limited supply during peak flu seasons has restricted penetration in primary care settings. Healthcare infrastructure gaps compound these challenges: rural and remote areas lack adequate diagnostic capabilities, resulting in delayed diagnosis and treatment initiation, while secondary hospitals and below maintain antiviral drug stockpile rates below 50%. Public health strategies on influenza in China are largely dependent on vaccination, however, vaccine coverage remains at approximately 5% — substantially below the 30–50% rates in developed countries — and vaccine effectiveness is frequently compromised by viral mutations.

Sebaloxavir marboxil tablets, our Core Product, is an advanced PA endonuclease inhibitor. In addition, we are developing a suspension formulation of sebaloxavir marboxil to better address the pediatric influenza patient market. We believe sebaloxavir marboxil has the following advantages.

- **Broad-Spectrum Activity.** Sebaloxavir marboxil specifically inhibits the replication process of influenza virus by blocking a key enzyme required for the virus to reproduce its genetic material, thereby exerting potent and sustained antiviral activity. The compound has demonstrated antiviral efficacy against a broad range of influenza virus strains, including influenza A and B as well as highly pathogenic avian influenza viruses, while contributing to a reduced risk of viral resistance development. This broad-spectrum profile positions sebaloxavir marboxil not only as a therapeutic option for seasonal influenza but also as a strategic reserve against potential influenza pandemic threats from novel or mutated viral strains, addressing the limitations in the current antiviral drug market.
- **Superior Pharmacokinetic Profile Enabling Single-Dose Treatment.** Our proprietary selenium-containing molecular architecture represents an innovation that can deliver superior drug-like properties. The strategic incorporation of selenium optimizes potency and selectivity through modulation of intermolecular interactions, while enhancing metabolic stability and extending pharmacokinetic half-life. In pre-clinical studies, sebaloxavir marboxil demonstrated oral bioavailability of 30.5% in non-fasted rats and 53.3% in non-fasted cynomolgus monkeys, significantly out-performing baloxavir marboxil as reported in its FDA NDA materials. Ferret influenza infection models confirmed superior clinical benefit, with sebaloxavir marboxil showing greater improvement in infection-related symptoms versus baloxavir marboxil. Its phase 1 clinical data in healthy humans validated these preclinical findings, with sebaloxavir marboxil tablets achieving 34–45% longer half-life and over 14% higher systemic exposure compared to baloxavir marboxil at equivalent dosages. These enhanced

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pharmacokinetic properties support a convenient one-dose-per-treatment regimen, potentially improving patient compliance and clinical outcomes compared to multi-day dosing schedules.

- **Efficacy Profile.** In phase 3 clinical trial in adults with uncomplicated influenza, sebaloxavir marboxil tablets demonstrated statistically significant efficacy versus placebo. For the primary endpoint of median time to symptom alleviation, the 80 mg dose group achieved in a median of 39.4 hours, compared to 62.9 hours for the placebo group ($P < 0.001$). Subgroup analysis showed no significant difference in symptom resolution between patients weighing ≥ 80 kg and < 80 kg, eliminating the need for weight-based dose adjustments, thereby improving treatment convenience and compliance. As a secondary endpoint, robust antiviral activity was confirmed with median time to viral RNA clearance of 41.4 hours versus 90.7 hours for placebo. The proportion of patients with detectable viral RNA or titers at 24, 48 and 96 hours post-treatment was significantly lower in the treatment group compared to the placebo group ($P < 0.001$). In a separate phase 3 clinical trial evaluating adolescent patients with uncomplicated influenza, the 40mg dose sebaloxavir marboxil tablets treatment group demonstrated a median time to alleviation of influenza symptoms of 52.1 hours compared to 81.7 hours for the placebo group, representing a statistically significant reduction ($P = 0.0003$). Secondary efficacy endpoint also showed significant improvements, with the 40mg dose group achieving median times to viral RNA clearance of 48.5 hours versus 110.9 hours ($P < 0.0001$) and viral titer clearance of 22.1 hours versus 45.0 hours for placebo group ($P < 0.0001$).
- **Safety Profile.** In its phase 3 clinical trial, sebaloxavir marboxil tablets also demonstrated a favorable safety profile, with incidences of adverse events (“AEs”) comparable to those in the placebo group. Notably, the incidence of gastrointestinal adverse drug reactions (“ADRs”) was only 0.3% in adult subjects and none in adolescent subjects, effectively addressing the clinical challenge of nausea, vomiting and diarrhea commonly associated with traditional anti-influenza drugs. Furthermore, as it is not metabolized via CYP450 enzymes, sebaloxavir marboxil carries a low risk of drug-drug interaction (“DDI”), making it a safer therapeutic option for patients with comorbidities requiring multiple concomitant medications.

In July 2025, sebaloxavir marboxil tablets were approved by NMPA for the treatment of influenza in adults and commercially launched in October 2025. The NDA for sebaloxavir marboxil tablets for the treatment of influenza in adolescent patients was approved by the NMPA in June 2026. To address the pediatric market and maximize commercial value, we have developed a suspension formulation of sebaloxavir marboxil specifically designed to enhance patient compliance in children, for which we completed the phase 3 clinical trial for the treatment of influenza in children aged 2 to 11 in June 2026 and submitted the NDA application to the NMPA in the same month, which was accepted by the NMPA in July 2026. Additionally, we plan to further expand its indication to post-exposure prophylaxis with both tablet and suspension formulations. We obtained the IND approval from the NMPA in May 2026 for a combined phase 3 clinical trial evaluating both the tablets and suspension formulations of sebaloxavir marboxil for post-exposure prophylaxis. Through this dual-formulation strategy targeting adult, adolescent and pediatric populations across treatment and prophylaxis indications, we believe sebaloxavir marboxil can fully realize its commercial potential and establish a comprehensive portfolio for influenza management.

The sales of sebaloxavir marboxil tablets are subject to seasonality, with peak demand occurring during the winter-spring flu seasons in China and MENA region (typically November through March), when influenza activity reaches its highest levels. Conversely, during periods of low influenza activity, particularly summer months (June through August), demand for sebaloxavir marboxil tablets may decline. For details, please see “Risk Factors — Risks Relating to The Development Of Our Drug Candidates — Our sales may be subject to seasonality, which could cause

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our results of operations to fluctuate” and “Industry Overview — Overview of the Market for Influenza Treatment and Prevention Drugs — Treatment Paradigms for Prevention and Treatment of Influenza.”

The successful development of sebaloxavir marboxil represents a milestone in China’s innovation in anti-influenza therapeutics, marking development reflecting progress in China’s drug discovery capabilities and development in the viral infectious disease space. The viral infectious disease paradigm inherently intersects with national welfare and security concerns. In recent years, China has implemented policies to promote the establishment of domestic R&D, manufacturing capabilities for viral infectious diseases. For example, China’s “Healthy China 2030” strategic framework explicitly prioritizes strengthening prevention and control of major infectious diseases and achieving breakthroughs in innovative drugs, vaccines and other core technologies. As a domestically developed innovative therapy addressing substantial medical needs with limited available therapies while advancing national strategic priorities, sebaloxavir marboxil is well-positioned to become the standard-of-care anti-influenza therapeutic in China and capture significant market opportunity.

Balanced and Diverse Pipeline Combining Innovation with Manageable Development Risks to Build Our Unique Competitive Edges

We adhere to a product-oriented R&D philosophy that integrates clinical needs with market potential to build a pipeline combining drug development supported by solid scientific data. Our strategic approach involves selecting biologically validated targets within market driven and unmet need therapeutic areas, identifying underserved market segments with needs that are not fully addressed based on deep industry insights, and leveraging our proprietary technical platforms and expertise to initiate pipeline development at appropriate timepoints in a de-risk manner. Through strategic target selection and differentiated clinical development approaches, we have successfully built competitive moats in multiple high-value therapeutic areas. Beyond sebaloxavir marboxil, our major drug candidate assets include ZX-8177, an ENPP1 inhibitor for solid tumor and HPP indications; and ZX-12042B for the treatment of HPV infections.

ZX-8177 — Potent and Selective ENPP1 Inhibitor

ZX-8177 is our in-house-developed highly selective and potent oral ENPP1 inhibitor. We are currently conducting a phase 1 clinical trial for solid tumors in China and are also developing ZX-8177 for HPP, for which we submitted an IND application to the NMPA in August 2026 subsequent to the Latest Practicable Date.

ENPP1 is an extracellular enzyme widely expressed across human tissues that plays critical roles in nucleotide metabolism, immune regulation, skeletal health and tumor microenvironment remodeling. In the tumor microenvironment, ENPP1 hydrolyzes cGAMP, a second messenger generated upon activation of the cGAS-STING pathway, which normally diffuses from tumor cells to antigen-presenting cells such as dendritic cells to initiate anti-tumor immune responses. By degrading cGAMP, ENPP1 effectively blocks this critical immune signaling cascade, enabling tumors to evade immune surveillance. Additionally, the hydrolysis product adenosine acts as a potent immunosuppressive molecule that accumulates in the tumor microenvironment, suppressing T cell and natural killer cell (“NK cell”) activities while promoting regulatory T cell (Treg) function, thereby creating a permissive environment for tumor growth.

Despite its significant therapeutic potential, as of the Latest Practicable Date none of the ENPP1 inhibitors had been approved. Five ENPP1 inhibitors were currently under clinical development for cancer globally. Development has been hindered by several technical challenges, including achieving selective inhibition without affecting structurally similar enzymes, managing the complex multi-substrate nature of ENPP1 that impacts multiple physiological pathways simultaneously, and addressing potential systemic toxicities given ENPP1’s broad tissue

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distribution and its roles in calcium-phosphate homeostasis and insulin signaling. For immuno-oncology applications, effectively delivering inhibitors to the tumor microenvironment at therapeutic concentrations while minimizing systemic exposure remains a critical challenge.

ZX-8177 is a weakly membrane-permeable yet potent ENPP1 inhibitor. Its limited cell penetration allows it to efficiently increase extracellular cGAMP, thereby activating immune cells while avoiding the potential safety concerns associated with highly permeable inhibitors that cause cytokine storms or organ damage. Furthermore, through structure optimization avoiding sulfonamide moieties, ZX-8177 maintains robust ENPP1 inhibitory activity under physiological pH and acidic tumor microenvironment conditions.

ZX-8177 monotherapy effectively inhibits tumor growth. In the CT-26 syngeneic mouse tumor model, treatment with ZX-8177 at 2 mg/kg twice a day (“**BID**”) through subcutaneous injection for 14 days achieved substantial tumor growth inhibition (“**TGI**”). After ZX-8177 treatment, the number of cells exerting antitumor immune effects in CT26 tumor tissues significantly increased, such as M1 macrophages, NK cells and CD8⁺ T cells. Consequently, ZX-8177 exhibits synergistic antitumor effects when combined with immune checkpoint inhibitors. In the MC38 colon carcinoma syngeneic tumor model, the combination of ZX-8177 with an anti-PD-L1 antibody resulted in a 23 percentage point increase in TGI compared to anti-PD-L1 monotherapy (75% vs 52%), demonstrating the potential of ZX-8177 to overcome resistance to existing immunotherapies.

ZX-8177 demonstrates synergistic antitumor efficacy when combined with DNA-damaging therapeutic modalities by enhancing stimulator of interferon genes (“**STING**”) pathway activation and potentiating subsequent innate and adaptive anti-tumor immunity. DNA damage induced by radiotherapy, chemotherapeutic agents such as cisplatin, or poly (ADP-ribose) polymerization (“**PARP**”) inhibitors promotes elevation of cGAMP levels, an effect that is amplified by ZX-8177 through its inhibition of ENPP1. In preclinical models, ZX-8177 combined with radiotherapy achieved 100% tumor growth inhibition in the Pan02 pancreatic cancer syngeneic tumor model, compared to 78.5% with radiotherapy alone. Furthermore, the combination of ZX-8177 and cisplatin resulted in significant anti-tumor efficacy in both Pan02 pancreatic cancer syngeneic tumor model and 4T1 breast cancer syngeneic tumor model. Similarly, in humanized mice with a human peripheral blood mononuclear cell (“**PBMC**”) immune system using the HS746T gastric cancer model and the SK-MEL-28 melanoma model, the combination of ZX-8177 and the PARP inhibitor olaparib demonstrated much improved anti-tumor efficacy in comparison to olaparib treatment alone.

We obtained the IND approval for ZX-8177 from NMPA in 2024 and we are conducting a phase 1 dose-escalation clinical trial of ZX-8177 monotherapy across advanced solid tumors with biomarker exploration including ENPP1 expression and DNA damage response deficiency-related mutations, with the first patient enrolled in December 2025. According to CIC, ZX-8177 was the only clinical stage ENPP1 oncology program in China, and one of the five active clinical-stage ENPP1 inhibitors globally as of the Latest Practicable Date. ZX-8177’s differentiated profile — combining extracellular targeting, pH-independent activity and strong preclinical synergy with established modalities — provides a unique competitive moat. It addresses a clear path to overcome resistance to existing immunotherapies and expand the reach of DNA-damaging treatments.

In addition to its development for oncology indications, we are also developing ZX-8177 for the treatment of HPP. HPP is caused by mutations in the ALPL gene, leading to functional deficiency of tissue-nonspecific alkaline phosphatase (“**TNAP**”). This results in ineffective degradation and consequent accumulation of extracellular inorganic pyrophosphate (“**PPi**”). Elevated PPi impairs bone and tooth mineralization, resulting in typical clinical manifestations such as rickets, osteomalacia, fractures and dental developmental abnormalities. ENPP1 is a key therapeutic target for HPP. ENPP1 antagonists inhibit the enzymatic activity of ENPP1 in hydrolyzing ATP, thereby reducing PPi production for the treatment of HPP. ZX-8177 exhibits potent inhibition of ENPP1, efficiently suppressing ATP hydrolysis and reducing PPi accumulation,

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with an IC_{50} of 2.94 nM. Subsequent to the Latest Practicable Date, we submitted an IND application for the HPP indication to the NMPA in August 2026 and plan to initiate a phase 1 clinical trial of ZX-8177 for the treatment of HPP in the fourth quarter of 2026.

ZX-12042B — IND-Enabling Stage Anti-HPV Drug

ZX-12042B is a nucleotide analog prodrug whose intracellular metabolite, PMEG, is further phosphorylated to form PMEG-DP, a DNA polymerase inhibitor that targets both viral and host cell DNA polymerases. ZX-12042B addresses HPV infections through a differentiated host-targeted mechanism that inhibits viral DNA replication while promoting clearance of infected cells. By inhibiting host cell DNA polymerase, ZX-12042B blocks HPV viral DNA replication and simultaneously induces apoptosis of infected cells, releasing virus particles that are exposed to and cleared by the host immune system while causing HPV-induced hyperkeratotic lesions to shed and resolve. This host-targeted approach provides ZX-12042B with potential advantages over existing interventions: current HPV vaccines cover only a limited number of HPV types and provide no therapeutic benefit against established infections, while existing physical, chemical and pharmacological treatments cannot cure HPV infections and are associated with high recurrence rates; by targeting host cell DNA polymerase rather than viral proteins, ZX-12042B potentially offers broad-spectrum anti-HPV activity and curative potential across multiple HPV genotypes.

HPV infections are one of the most common sexually transmitted infections worldwide. Current vaccines typically protect against only the most common high-risk HPV strains, while there are over 200 HPV strains, most of which are not covered by vaccines. HPV-vaccinated population remains to be vulnerable to non-vaccine strains, which can cause condyloma acuminatum (genital warts), skin wart, recurrent respiratory papillomatosis and cervical intraepithelial neoplasia, and impose significant psychological burden and healthcare costs due to disease persistence, recurrence and progression across multiple HPV subtypes. In addition, there is a massive global population already infected with HPV before they were vaccinated. As such, a broad-spectrum, convenient therapeutic solution addressing HPV infectious diseases would represent a transformative therapy serving the entire population across all life stages and disease manifestations. As of the Latest Practicable Date, there were no approved antiviral drugs specifically targeting HPV globally.

We believe ZX-12042B may have the opportunity to enter this large, underserved market with substantial medical needs at an early stage. In head-to-head preclinical studies comparing ZX-12042B to a clinical-stage anti-HPV drug, ZX-12042B demonstrated superior *in vitro* biological activity across multiple parameters, including inhibition of host cell DNA replication, suppression of host cell proliferation, induction of apoptosis and inhibition of DNA virus replication. *In vivo* pharmacology studies further demonstrated these advantages, with ZX-12042B demonstrating significantly greater inhibition of rat vaginal epithelial cell proliferation compared to the clinical-stage competitor. ZX-12042B’s host-targeted mechanism potentially enables broad coverage across multiple HPV genotypes and intervention across a spectrum of disease stages, including early infections, thereby expanding addressable patient populations and market potential beyond genotype-specific or late-stage treatment options.

ZX-12042B is being developed primarily for various indications caused by HPV infection, including improvement of cervical intraepithelial neoplasia grade 2/3 (CIN2/3) associated with high-risk HPV (“hrHPV”) infection, genital warts and viral clearance in HPV-positive female patients. We plan to submit the IND application for ZX-12042B in the treatment of CIN2/3 associated with high-risk hrHPV infection to NMPA in the second half of 2027.

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Integrated Small Molecule Drug R&D Platform Enabling Sustained Innovation Across Viral Infectious Diseases, Oncology and Inflammatory Disorders

We have built an integrated small molecule drug R&D platform, encompassing strategic target selection, rational drug design and clinical development. Although we have not yet obtained patents in relation to our platforms, we have developed multiple drug candidates with global proprietary intellectual property rights, addressing medical needs with limited available therapies.

- ***Selenium-Substitution Platform.*** This platform leverages synthetic chemistry methodologies, enabling replacing sulfur atom with selenium atom in drug molecules, creating proprietary technology advantages and enabling differentiated drug design strategies through three interconnected mechanisms. First, the C-Se bond (~1.98 Å) is longer than the C-S bond (~1.82 Å), potentially enabling more precise complementarity with target protein binding pockets to enhance selectivity and affinity. Selenium’s larger size and unique electrical properties allow it to ‘stick’ to target proteins more effectively than sulfur, resulting in drugs that bind more strongly and stay attached longer to their intended targets in the body. Additionally, selenium substitution for sulfur typically increases molecular lipophilicity, facilitating improved membrane permeability including blood-brain barrier penetration and enhancing oral bioavailability. Second, selenium-based drugs resist breakdown by the liver better than sulfur-based drugs. This allows the medication to last longer in the body, potentially reducing how often patients need to take their medicine while keeping drug levels stable throughout the day. By blocking sites susceptible to rapid metabolism, selenium substitution redirects drug metabolism through more controlled pathways, improving bioavailability. Our selenium-substitution platform was directly applied to the design of sebaloxavir marboxil, including our Core Product, its tablet formulation, leading to its extended half-life and enhanced exposure. We are currently leveraging this platform to develop two additional preclinical molecules.
- ***Humanized Immune Modeling Platform.*** Our humanized immune system platform serves as a translational engine that de-risks our immuno-oncology pipeline. It bridges the critical gap between traditional murine models — which lack a functional human immune system — and human clinical trials. This platform mimics *in vivo* human tumor-immune interactions and is vital for the preclinical evaluation of differentiated immunotherapies. By recapitulating the human anti-tumor immune response, the model yields indispensable pharmacodynamic data for validating drug mechanisms, exploring biomarkers and resistance, assessing efficacy and safety and investigating combination strategies. We have developed a proprietary humanized mouse tumor model platform based on PBMC engraftment platform that addresses critical limitations of conventional humanized models for evaluating immuno-oncology therapeutics in preclinical development.

Drug developers commonly use laboratory mice implanted with human immune cells to evaluate how drug candidates interact with the human immune system. Traditional methods for creating these humanized mouse models face three significant limitations: inconsistent survival rates of human immune cells in the mice, a narrow testing window of approximately 11 to 15 days before the mice develop adverse immune reactions, and poor reproducibility of results across experiments. Our proprietary immune system reconstruction technology addresses these limitations. We achieve an approximately 95% success rate in generating humanized mice, with stable and predictable human immune cell levels at treatment initiation. Our technology extends the usable testing window to 21 days, during which human immune cell levels increase steadily. Results remain consistent across replicate experiments using the same donor and the same batch of PBMC, providing the reproducibility required for reliable preclinical drug evaluation.

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This platform provides critical capabilities for evaluating combination therapy strategies that require both functional human immune systems and specific tumor genetic backgrounds. For example, in assessing ZX-8177 combined with PARP inhibitors, our models incorporate both humanized immunity and homologous recombination repair (“HRR”) gene mutation. This model enables the evaluation of combination efficacy that competitor models cannot adequately assess due to lack of either functional immune systems or relevant genetic mutations, thereby positioning our platform as one of the few platforms domestically and internationally capable of generating reliable preclinical data for such combination strategies. This platform enables us to systematically generate high-value, clinically-relevant data that underpin our current pipeline and will fuel the discovery and development of future breakthrough therapies.

- ***Small Molecule Drug Evaluation and Translational Platform.*** We have established a systematic screening framework based on disease pathway analysis and clinical translatability assessment. This allows us to identify innovative targets with critical roles in disease regulatory networks, high druggability and first-mover market potential. Our integrated drug evaluation platform combines internal and external resources. It utilizes *in vitro* and *in vivo* PK/PD modeling, early safety prediction systems, disease animal model validation, pharmacodynamic biomarker analysis and clinical feasibility assessment. This enables systematic evaluation of candidate molecules’ pharmacological activity, selectivity, pharmacokinetic properties and safety profiles, significantly enhancing efficiency and success rates from lead compound discovery to preclinical candidate selection. This platform is also supported by our experienced clinical operation team, comprising experienced medical, clinical operations, pharmacovigilance and quality control professionals. This team is capable of managing critical aspects of clinical trials and efficiently advancing early-stage research through clinical translation. Our Core Product, sebaloxavir marboxil tablets, progressed from project initiation to NDA approval in only six years, exemplifying our exceptional translation capabilities.

A Flexible Commercialization Strategy to Maximize Our Drug Assets’ Commercial Value

Our first drug asset, sebaloxavir marboxil tablets were approved for the treatment of influenza in adult patients in July 2025. Since then, we have rapidly advanced its commercialization activities. Currently, anti-influenza medicines are marketed through multiple channels, including hospitals, medical institutions and online and retail pharmacies. We have adopted a flexible commercialization strategy to maximize its commercial value in China. We plan to gradually expand our in-house sales and marketing team responsible for our commercialization activities. In addition, we also engaged an A-Share listed nationwide pharmaceutical distribution company, namely Jumpcan Pharmaceutical Group Co., Ltd. (濟川藥業集團有限公司) (“**Jumpcan Pharmaceutical**”), to promote sebaloxavir marboxil in China. Leveraging Jumpcan Pharmaceutical’s established sales network, we believe this can enable faster market access and higher uptake than an in-house sales team. To complement the offline sales of sebaloxavir marboxil in China, we have officially launched sebaloxavir marboxil tablets on various major online pharmacies, such as JD and Meituan, further broadening our market reach.

Capitalizing on the clinical advantages of sebaloxavir marboxil, we believe it also presents commercial potential in targeted markets. As a first step, we primarily prioritize regions that are highly dependent on imported medicines and have limited pharmaceutical R&D capabilities and we prioritize engaging a local CSO partner to better address local needs and accelerate access for patients. In July 2025, we entered collaboration with Cigalah Medpharm Trading LLC (“**Cigalah Medpharm**”), for the distribution of sebaloxavir marboxil in 11 countries in the MENA region, including the United Arab Emirates (“UAE”) and Saudi Arabia. As a leading healthcare distribution and service provider in the UAE with a large, deeply integrated distribution network spanning the MENA region, Cigalah Medpharm’s broad network and consumer base make it a trusted partner for market access and distribution across the MENA region, where influenza remains a common health threat with limited treatment options. As such, we believe sebaloxavir marboxil would provide local

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patients in the MENA region a leading-edge therapeutic option. Meanwhile, we are actively exploring commercialization opportunities in other regions to expand its global footprint and diversify revenue streams.

Leadership Team with Diverse Background, Supported by a Strategic Investors Base

We have assembled a leadership team with deep and complementary experience and capabilities in drug discovery, preclinical and clinical development, manufacturing, commercialization and capital markets. Our founders have led us in comprehensive growth and development.

- **Dr. Yang Jinfu.** Dr. Yang brings over 20 years of drug discovery and development expertise, at U.S. biotech companies including Cytokinetics, Proteolix and Calithera. He has led or co-led programs advancing multiple candidates to clinical stages and was involved in the development of carfilzomib, a blockbuster oncology drug. Dr. Yang holds a PhD from the Changchun Institute of Applied Chemistry, Chinese Academy of Sciences, and completed postdoctoral research at the University of Dortmund under a Humboldt Fellowship and at Southern Illinois University at Carbondale.
- **Dr. Hao Xiaolin.** Dr. Hao is a nationally recognized expert in China with extensive drug discovery leadership experience at Amgen and Tularik, where he involved a broad portfolio of oncology, autoimmune, and metabolic assets into clinical development. He previously served as a principal scientist at Amgen before founding AIM Biosciences in 2015 as CEO until 2020. Dr. Hao holds a PhD in Organic Chemistry from the University of Illinois at Chicago.

Our leadership team possesses extensive cross-functional expertise spanning development, manufacturing, commercialization and finance. Dr. Sun Min, Senior Vice President of chemistry, manufacturing and control (“CMC”), has 14 years of expertise in innovative drug development, manufacturing technology and quality management. Mr. Gui Yaokui, Senior Vice President of commercialization, contributes over two decades of pharmaceutical commercialization experience from GSK, Fosun Pharma, Sunshine Lake Pharma and other leading pharmaceutical companies. Mr. Xu Ming, Chief Operation Officer and Board Secretary, has over 30 years of experience in investment, financing, business development and commercialization in pharmaceutical and biotech industry. Ms. Wang Xiaoyan, financial vice president, brings over 20 years of finance expertise in the pharmaceutical sector from Bayer, Sanofi, Innovent Biologics and Ascleptis Pharma Inc.

Our strategic investors form a robust foundation, combining leading strategic backers with specialist health care funds. This enables us to refine development plans, capture market opportunities, and advance from early research to preclinical work and cross-value-chain capabilities. For details on the background of our Pre-[REDACTED] Investors, see “History and Corporate Structure — Pre [REDACTED] Investments.”

BUSINESS STRATEGIES

Advance clinical development and regulatory approval of sebaloxavir marboxil across multiple formulations

We are prioritizing the clinical advancement and indication expansion of sebaloxavir marboxil across key patient populations and formulations to maximize its therapeutic and commercial value.

- **Sebaloxavir marboxil tablets, our Core Product:** We are evaluating opportunities to expand the indication of sebaloxavir marboxil tablets to post-exposure prophylaxis in adults. This indication expansion will broaden the therapeutic utility of our approved tablet formulation beyond acute treatment, addressing a critical unmet need in influenza prevention and enhancing our commercial opportunity in the adult market.

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- **Sebaloxavir marboxil for suspension:** We have completed the phase 3 clinical trial in children aged 2 to 11 years for influenza treatment and submitted the NDA application to the NMPA in June 2026, which was accepted by the NMPA in July 2026. We plan to expand the indication of sebaloxavir marboxil for suspension to post-exposure prophylaxis in the pediatric population.

For the indication expansion to post-exposure prophylaxis, we obtained the IND approval from the NMPA in May 2026 for a combined phase 3 clinical trial evaluating both the tablets and suspension formulations of sebaloxavir marboxil for post-exposure prophylaxis. We are currently preparing for subject enrollment for the combined phase 3 clinical trial, with subject enrollment expected to commence in the fourth quarter of 2026.

Continue to advance our pipeline products to diversify our product portfolio

We will systematically and strategically advance the development of other pipeline products, including ZX-8177 and ZX-12042B.

- **ZX-8177.** We have initiated a phase 1 trial in advanced cancer patients in December 2025. The initial phase of the study is a monotherapy dose escalation trial, followed by a combination therapy dose escalation and expansion phase 1b study. Based on the phase 1 results and referencing clinical data of other drugs targeting the same pathway, we will select appropriate solid tumor indications and consider suitable combination regimens. For the HPP indication, we are advancing ZX-8177 toward clinical development. We submitted an IND application to the NMPA in August 2026 and plan to initiate a phase 1 clinical trial in the fourth quarter of 2026.
- **ZX-12042B.** ZX-12042B is currently undergoing IND-enabling studies and we plan to submit the IND application for ZX-12042B in the treatment of CIN2/3 associated with hrHPV infection to NMPA in the second half of 2027.

Maximize commercial value through flexible partnership and commercialization models

We are pursuing adaptable commercialization strategies tailored to regional market characteristics and product profiles to optimize value realization.

With our Core Product, sebaloxavir marboxil tablets, considering the acute, seasonal nature of influenza and the importance of broad accessibility for effective epidemic control, we are actively pursuing opportunities presented by the NRDL, to capture a significant market share in China. In particular, we intend to participate in the 2026 NRDL negotiations, aiming for the inclusion of sebaloxavir marboxil tablets starting January 1, 2027. We believe that we are on track in that regard, and we have submitted the application material for the inclusion of our Core Product in the NRDL to the NHSA in June 2026, which is currently under review. Our pricing strategy for NRDL negotiations balances affordability with sustainable margins, recognizing that broad formulary access and high utilization rates during flu seasons can offset lower unit pricing through volume expansion.

For overseas markets, we plan to seek collaboration with suitable local partners in selected advanced and emerging market countries to maximize sebaloxavir marboxil's commercial value while minimizing capital requirements and operational complexity. These partnerships will leverage local partners' established distribution networks, regulatory expertise and relationships with key opinion leaders and healthcare institutions to accelerate market penetration. Priority markets will be selected based on high influenza disease burden, limited availability of novel antiviral agents, favorable regulatory pathways for imported pharmaceuticals and the presence of capable commercial partners with proven track records in acute care therapeutics. To accelerate market penetration and maximize the commercial potential of sebaloxavir marboxil tablets in the MENA region, we have partnered with a CSO with established local expertise and distribution capabilities. In determining our pricing strategy for the region, we adopt a reference pricing approach, benchmarking against the

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prices of comparable products across all markets where the product has been launched globally, including the country of origin. Our pricing is strategically positioned below that of baloxavir marboxil to ensure a competitive advantage.

For sebaloxavir marboxil for suspension, we tailor our commercialization strategy to the pediatric patient population. In particular, we plan to prioritize coverage of pediatric specialist hospitals and primary healthcare institutions, leveraging the formulation’s dosing convenience and compliance advantages for children aged 2 to 11. We expect to deploy targeted academic promotion focusing on pediatricians and pediatric respiratory specialists to drive adoption, and seek inclusion of the suspension formulation in relevant clinical guidelines and hospital formularies for pediatric influenza treatment.

For other product candidates, including ZX-8177 for oncology and HPP indications and ZX-12042B for HPV-related conditions, we plan to implement differentiated market penetration strategies based on each product’s therapeutic profile and target patient population. Each commercialization approach will be refined based on ongoing market research, regulatory outcomes and clinical data generation to ensure optimal alignment between product characteristics, patient access preferences and commercial infrastructure requirements.

Strengthen supply chain infrastructure and enhance R&D capabilities

We are building a resilient, scalable supply chain to support large-scale commercial production while simultaneously strengthening our R&D talent pool. Our operational priorities include selecting and qualifying high-quality suppliers to establish stable and long-term supply arrangements for our major supplies, including contract development and manufacturing organization (“CDMO”) for active pharmaceutical ingredients (“APIs”) and finished dosage. By doing so, we believe we can ensure uninterrupted supply capacity for commercial-scale production of sebaloxavir marboxil, with enhanced capacity to meet surge demand during seasonal influenza outbreaks when patient needs are most acute.

In parallel, we are implementing a comprehensive talent acquisition strategy focused on expanding our research and development capabilities across multiple disciplines. We are actively recruiting experienced scientists and medical experts with experience in biology, medicinal chemistry, pharmacology, translational science and clinical development to strengthen our pipeline advancement capabilities. By attracting top-tier talents from leading pharmaceutical companies and academic institutions, we aim to enhance our drug discovery productivity and maintain our competitive edge in identifying and validating therapeutic targets, accelerate our product candidates’ progression through clinical development stages. Our growing R&D organization will enable us to proceed with multiple pipelines programs at the same time while maintaining scientific standards and efficient development timelines.

OUR DRUG PORTFOLIO

We are a commercial stage biopharmaceutical company dedicated to discovering and developing innovative therapeutics that address medical needs with limited available therapies across viral infectious diseases, oncology and inflammatory disorders. As of the Latest Practicable Date, we had a drug portfolio consisting of six drug assets.

Sebaloxavir Marboxil (ZX-7101A): An Anti-Influenza Therapy Featuring Dual Formulations including our Commercialized Core Product – Sebaloxavir Marboxil Tablets

Overview

Sebaloxavir marboxil (ZX-7101A) is an in-house developed inhibitor targeting the influenza virus PA endonuclease. We are currently developing two different formulations of sebaloxavir marboxil, which are registered and regulated as two separate products by NMPA, namely our Core Product — the sebaloxavir marboxil tablets and sebaloxavir marboxil for suspension. The tablets formulation represents sebaloxavir marboxil’s most advanced development program, for which we

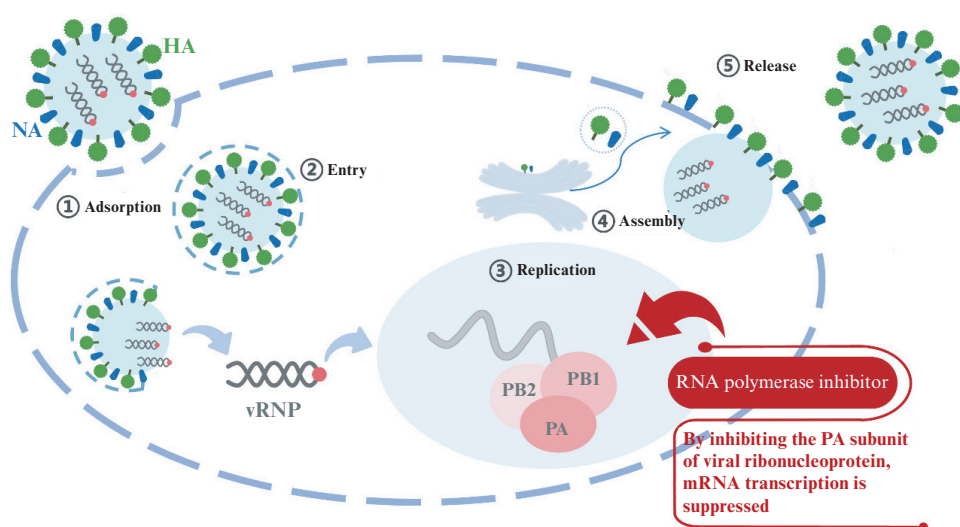
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have obtained its NDA approval from NMPA in July 2025 for the treatment of adult influenza. The NDA for sebaloxavir marboxil tablets for the treatment of influenza in adolescent patients was approved by the NMPA in June 2026. In addition, we are also developing a suspension formulation of sebaloxavir marboxil to offer more dosing convenience, primarily for pediatric patients. We completed its phase 3 clinical trial and submitted the NDA application to the NMPA in June 2026, which was accepted by the NMPA in July 2026. For both formulations, we submitted an IND application for a combined phase 3 clinical trial for influenza post-exposure prophylaxis in February 2026, which was approved by the NMPA in May 2026. We are currently preparing for subject enrollment for the combined phase 3 clinical trial, with subject enrollment expected to commence in the fourth quarter of 2026.

Mechanism of Action

Influenza viruses, belonging to the *Orthomyxoviridae* family, are negative-sense, single-stranded RNA viruses classified into types A, B, C and recently discovered type D based on nucleoprotein (“NP”) and membrane protein (“MP”) antigenic determinants. Type A and B influenza viruses contain 8 gene segments encoding 16 different proteins, while type C contains 7 gene segments. Since influenza viruses rely on host cell translation machinery for protein synthesis, their mRNA requires specific structures recognizable by the host system: a 5’ cap structure and 3’ poly(A) tail. The PA subunit of the influenza viral RNA polymerase complex utilizes its endonuclease activity to cleave and “snatch” the cap structure from host pre-mRNA 5’ ends through a process called “cap-snatching,” which is essential for initiating viral transcription. This cap-snatching mechanism is a critical step in the influenza viral replication cycle and has no similar mechanism or corresponding endonuclease in host cells. This unique viral feature makes PA subunit an attractive and potentially safe target for antiviral drug development.

Sebaloxavir marboxil is a prodrug that undergoes esterase-mediated hydrolysis *in vivo* to its active form Sebaloxavir. Sebaloxavir inhibits influenza RNA polymerase PA subunit, blocking viral gene transcription and subsequent viral replication. In preclinical *in vitro* studies, Sebaloxavir demonstrated significant inhibitory effects against 14 different strains of influenza virus (covering both type A and B), with excellent influenza virus specificity, favorable selectivity over normal cells and minimal cytotoxicity risk. The following image illustrates the mechanism of action of Sebaloxavir.



Source: Company information

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Market Opportunity and Competition

Seasonal influenza exhibits distinct latitude- and climate-dependent patterns worldwide. In temperate regions of the Northern Hemisphere, influenza activity typically peaks from December to March of the following year. Globally, seasonal influenza displays a broad and recurring annual burden. Epidemiological studies consistently report that adults experience symptomatic influenza at an incidence of approximately 5%-10% per year, while children — who are the major drivers of transmission — show substantially higher rates of 20%-30%. According to the WHO, approximately one billion influenza infections occur worldwide each year, among which 3 to 5 million cases are severe and up to 650,000 result in death. China also bears a significant disease burden. In China, influenza prevalence shows marked seasonality and regional variation due to China’s vast geographic span and diverse climates. It is estimated that in 2025, China had roughly 181 million individuals experiencing influenza-like illness.

The management and prevention of influenza are typically stratified based on disease severity and seasonal risk. Clinical guidelines emphasize that during influenza seasons, antiviral therapy should be initiated as early as possible for influenza-like illness patients with risk factors for severe or critical disease. The greatest clinical benefit is achieved when antiviral medications are administered within 48 hours of symptom onset. Although the current real-world treatment landscape has been largely dominated by neuraminidase inhibitors, NAIs inhibit neuraminidase activity to limit viral spread but have a relatively modest impact on the speed of viral clearance and there remains room for improvement in antiviral efficacy and safety. PA polymerase inhibitors represent a new class of influenza antivirals that target viral replication at an early stage of the viral life cycle. For example, in the CAPSTONE-1 trial, the median time to cessation of viral shedding was approximately 72 hours with NAIs, compared with approximately 24 hours with PA polymerase inhibitors, with symptom alleviation occurring correspondingly more slowly. The influenza antiviral drug market in China was RMB13.7 billion in 2025, including RMB10.4 billion from NAIs and other antivirals and RMB3.3 billion from PA inhibitors. The market is expected to reach RMB14.2 billion by 2035, with PA inhibitors accounting for RMB13.6 billion and NAIs and other antivirals accounting for RMB0.6 billion.

Details of these approved originator influenza antiviral drugs were summarized in the table below.

Global Competitive Landscape of Influenza Antiviral Drugs, as of the Latest Practicable Date

Generic/Trade Name	MoA	Company	Initial Approval Date	Median Time to Symptom Alleviation	Elimination Half-life	China Indication	U.S. Treatment/ Prophylaxis	Treatment Cost in China (RMB)
Baloxavir marboxil/ 速福達/Xofluza . .	PA inhibitor	Roche	Tablets: CN 2021-04; US 2018-10; Suspension: CN 2023-12; US 2020-11	53.7 h vs. 80.2 h (33.0% reduction)	79.1 h	Tablets: Acute uncomplicated influenza A or B in patients aged ≥5 years Suspension: Uncomplicated influenza A or B in children aged 1 to <12 years, including otherwise healthy patients and those at high risk of influenza-related complications	Treatment: ≥5 years old Prophylaxis: ≥5 years old	Suspension 193; Tablets 222
Suraxavir marboxil/ 伊達達	PA inhibitor	QingFeng Pharmaceutical	CN: 2025-03	42.0 h vs. 63.0 h (33.3% reduction)	58.1-75.9 h	Uncomplicated influenza A/B in patients aged ≥12 years	Not approved	175
Sebaloxavir marboxil/濟可舒 . .	PA inhibitor	Zenshine Pharmaceutical/Our Company	CN: 2025-07	39.4 h vs. 62.9 h (37.4% reduction)	83-126 h	Uncomplicated influenza A/B in patients aged ≥12 years	Not approved	222
Pixavir marboxil/ 壹立康	PA inhibitor	Joicare Pharmaceutical	CN: 2025-12	60.9 h vs. 87.9 h (30.7% reduction)	33.8-39.4 h	Uncomplicated influenza A/B in patients aged ≥12 years	Not approved	198
Favipiravir/海復康 . .	PB1 inhibitor	Hisun Pharmaceutical	CN: 2020-02	84.2 h vs. 98.6 h (14.6% reduction)	2.5-5 h	Novel or re-emerging influenza in adults, for use when other anti-influenza antivirals are ineffective or insufficient	Not approved	N/A
Onradivir/安睿威 . .	PB2 inhibitor	Zhongsheng Pharmaceutical	CN: 2025-05	38.8 h vs. 63.4 h (38.8% reduction)	12-35 h	Uncomplicated influenza A in adults	Not approved	N/A

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Generic/Trade Name	MoA	Company	Initial Approval Date	Median Time to Symptom Alleviation	Elimination Half-life	China Indication	U.S. Treatment/ Prophylaxis	Treatment Cost in China (RMB)
Oseltamivir phosphate/達菲/Tamiflu	NAI	Roche	Capsule: CN 2001-01; US 1999-10; Suspension: US 2000-12	53.8 h vs. 80.2 h (32.9% reduction)	6-10 h	Treatment of influenza A/B in patients aged ≥1 year, initiate within 48 hours of symptom onset Prophylaxis of influenza A/B in patients aged ≥13 years	Treatment: ≥2 weeks Prophylaxis: ≥1 year old	Capsule 172
Zanamivir/依樂韋/Relenza	NAI	GSK	CN: 2009-07; US: 1999-07	120 h vs. 144 h (16.7% reduction)	2.5-5.1 h	Treatment of influenza A/B in adults and children aged ≥7 years	Treatment: ≥7 years old Prophylaxis: ≥5 years old	N/A
Peramivir Rapivab/瑞貝塔/Rapiacta	NAI	BioCryst	US: 2014-12; not approved in mainland China	59.1 h (300 mg)/59.9 h (600 mg) vs. 81.8 h (27.8%)/26.8% reduction)	20 h	Not approved in mainland China	Treatment of acute uncomplicated influenza in patients aged ≥6 months; prophylaxis not approved	N/A

Source: Public Information; Annual Reports; the Lancet; NEJM; CIC

Notes: 1. Only showing originator drugs; 2. Median time to symptom alleviation refers to the median time to symptom relief in the treatment group compared with that in the placebo group; 3. Treatment cost (excluding the suspension) is calculated based on an adult body weight of 75 kg, whereas the suspension treatment cost is calculated based on an average body weight of 28.75 kg for boys and girls aged 5-11 years, according to the 2014 National Physical Fitness Monitoring Bulletin; 4. N/A refers to not available

As a PA inhibitor, Sebaloxavir Marboxil demonstrates clear advantages over neuraminidase inhibitors (e.g., Oseltamivir) in terms of compliance, efficacy, and safety, among other aspects. The following table sets forth a summary of the competitive advantages of Sebaloxavir Marboxil compared to products targeting the same indication.

Comparative Analysis of Sebaloxavir Marboxil vs. Competing Antiviral Agents

	Summary of Sebaloxavir Marboxil's Advantages	Sebaloxavir Marboxil	Baloxavir Marboxil	Suraxavir Marboxil	Pixavir Marboxil	Oseltamivir
Mechanism of Action	Targets the PA subunit of viral RNA polymerase, inhibiting viral RNA transcription and replication	RNA polymerase PA subunit inhibitor	RNA polymerase PA subunit inhibitor	RNA polymerase PA subunit inhibitor	RNA polymerase PA subunit inhibitor	Neuraminidase inhibitor
Half-life¹	Long duration of action, supporting a single-dose treatment regimen	83-126 h	79.1 h	58.1-75.9 h	33.8-39.4 h	6-10 h
Dosage and Administration	Single-dose regimen with no weight-based dose adjustment in adults, providing greater treatment convenience	Single dose: 80 mg (adults), 40 mg (adolescents)	Single dose: ≥20 kg and <80 kg: 40 mg; ≥80 kg: 80 mg	Single dose: 40 mg	Single dose: <80 kg: 40 mg; ≥80 kg: 80 mg	75 mg BID × 5 days
Median Time to Symptom Alleviation vs. Placebo²	Shortest median time to symptom alleviation and greatest percentage reduction versus placebo among the selected agents, based on their respective clinical trials	39.4 h vs. 62.9 h; reduced by 37.4%	53.7 h vs. 80.2 h; reduced by 33.0%	42.0 h vs. 63.0 h; reduced by 33.3%	60.9 h vs. 87.9 h; reduced by 30.7%	53.8 h vs. 80.2 h; reduced by 32.9%
Drug-Drug Interactions/ Metabolism	No CYP450 involvement in the metabolism of sebaloxavir marboxil or sebaloxavir, indicating relatively low potential for CYP-mediated drug- drug interactions	Hydrolyzed by carboxylesterases to active sebaloxavir, which can be further metabolized via UGT2B7; CYP450 enzymes are not involved in its metabolism	Primarily metabolized via UGT1A3, with minor contribution from CYP3A4	Active metabolite is primarily metabolized via CYP3A4; potential interactions with CYP3A4 inhibitors should be considered	UGT1A3-mediated glucuronidation and oxidative metabolism; no dedicated clinical DD1 study has been publicly reported	Extensively converted by hepatic esterases to active oseltamivir carboxylate; low potential for CYP-mediated DDIs
Safety Profile	Low incidence of gastrointestinal adverse reactions reported in clinical studies	GI ADRs: 0.3% in adults	Diarrhea: 3%; Nausea: 2%	Diarrhea: 6.1%; Sinus arrhythmia: 4.8%; Sinus bradycardia: 2.5%	Overall AEs: 25.0%; Hyperuricemia: 2.0%; Sinus arrhythmia: 1.2%	Nausea: 10%; Vomiting: 8%; Headache: 2%

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As of the same date, there were seven PA inhibitor influenza antiviral drugs under clinical trial stage in China, details of which are summarized as follows.

Pipeline of Influenza PA inhibitors in China, as of the Latest Practicable Date

Drug Name	Company	Dosage Form	Indication	Phase
Deunoxavir Marboxil (ADC189)	Jiaxing AnDiCon Biotech	Tablets	Patients aged ≥ 5 years with acute influenza A or B Adults and adolescents with uncomplicated influenza A or B	NDA
		Granules	Children aged ≥ 2 years and adults with uncomplicated influenza A or B Post-exposure prophylaxis against influenza A and B for individuals aged ≥ 2 years	Phase 3
Suraxavir marboxil (GP681).	Jiangxi Kerui Pharmaceutical Jiangxi Kerui Pharmaceutical	Suspension	Children aged 2 years to < 12 years with uncomplicated influenza A or B	NDA
		Tablets	Post-exposure prophylaxis of influenza in adults and adolescents aged 12 years and older Adults and adolescents aged 12 years and older with influenza who are at high risk for influenza-related complications	
Seloxavir Marboxil (ZX-7101A)	Zenshine Pharmaceuticals	Suspension	Children aged 2–11 years with uncomplicated influenza	NDA
		Tablets/ Suspension	Post-exposure prophylaxis against influenza in household contacts aged ≥ 2 years	Phase 3
TG-1000/JKN2301	Joicare Haibin Pharmaceutical Joicare Pharmaceutical Group Industry	Suspension	Children aged 2 weeks to < 12 years with uncomplicated influenza A or B	Phase 3
102D-6	Cavendish (Taizhou) Pharmaceutical	Suspension	Patients aged ≥ 5 years with uncomplicated influenza A and B	Phase 2
SYH2085	CSPC Zhongqi Pharmaceutical Technology Shijiazhuang	Tablets	Patients aged ≥ 12 years with uncomplicated influenza A and B	Phase 1

Source: CDE; CIC

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Formulations

Sebaloxavir Marboxil Tablets — Our Core Product

We are developing sebaloxavir marboxil tablets, primarily for adults and adolescents. The drug formulation is particularly well-suited for adults, who can reliably swallow solid tablet formulation and adhere to single-dose regimens without requiring taste-masking or alternative delivery methods. Adult clinical trials provide the foundational safety, tolerability, pharmacokinetics and efficacy data necessary to establish the drug’s profile in a population with fully developed organ systems and metabolic pathways. Extrapolating dosing and safety parameters to younger populations without robust adult data would pose unacceptable risks, as children — particularly infants — exhibit distinct pharmacokinetic profiles due to developmental differences in drug metabolism, distribution, clearance and potential organ toxicity. By securing regulatory approval in adults first, we can leverage mature clinical data to inform appropriate dose selection, identify potential adverse events and determine whether pediatric-specific formulations are needed to optimize therapeutic outcomes while minimizing risks in younger populations.

We obtained the NDA approval for sebaloxavir marboxil tablets for the treatment of influenza in adults in July 2025. For adolescent patients, we obtained IND approval in August 2023 to conduct a phase 3 clinical trial of sebaloxavir marboxil tablets for the treatment of influenza in this patient group. We initiated the phase 3 clinical trial in November 2023 and completed it in February 2025. In March 2025, we submitted the NDA application to the NMPA, which was accepted in April 2025 and approved in June 2026. Additionally, in November 2024, we obtained the IND approval for sebaloxavir marboxil tablets in post-exposure prophylaxis in adults and adolescents aged 12 years old and above, with an update to include pediatric patients aged 5 years old and above in April 2025.

Summary of Major Clinical Trials

Set forth below are the major clinical trials we completed for sebaloxavir marboxil tablets. We were the sole sponsor of these clinical trials and we completed these clinical trials independently as we retain full control over study design, regulatory oversight, and data management, while engaging trial-leading hospitals to serve as clinical sites responsible for patient recruitment, direct medical care, and hands-on protocol execution in line with the industry norm.

Adults

Phase 2/3 Clinical Trial

- **Trial design**

From July 2022 to May 2023, we conducted a multi-center, randomized, double-blind, placebo-controlled phase 2/3 clinical trial in China to evaluate sebaloxavir marboxil tablets in adult patients with influenza. We were the sole sponsor of this clinical trial. The phase 2/3 clinical trial constituted a phase 2 part and a phase 3 part, each of which was a separate clinical trial with distinct primary objectives and independent statistical analyses, although they were conducted utilizing an operationally seamless adaptive design that allowed for continuous patient enrollment under the same clinical protocol.

The trial was led by Huashan Hospital, Fudan University with Dr. Zhang Wenhong (張文宏) and Dr. Zhang Jing (張菁) serving as the leading principal investigators (“PIs”). Dr. Zhang Wenhong is a nationally recognized expert in infectious diseases and a key opinion leader in China’s clinical and public health community, while Dr. Zhang Jing is a senior clinical expert who plays a central role in major multicenter clinical research projects.

The phase 2 is a dose-finding study. A total of 177 subjects were enrolled and randomized to either sebaloxavir marboxil tablets 40 mg, sebaloxavir marboxil tablets 80 mg or placebo. Randomization was stratified by body weight (< 80 kg, ≥ 80 kg) and baseline total influenza symptom score (< 12 points, ≥ 12 points). Subjects received a single oral

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dose of study medication on Day 1 at the trial site and completed 14 days of protocol-specified follow-up, with daily temperature and clinical symptom assessments recorded throughout.

The phase 3 study enrolled 723 eligible subjects, who were randomized to sebaloxavir marboxil tablets 40 mg, sebaloxavir marboxil tablets 80 mg or placebo as the phase 2 trial. Dosing procedure, visit schedules and examination items in the phase 3 study were consistent with those in the phase 2 study.

The primary objective of the phase 2 trial was to preliminarily evaluate the efficacy and safety of the tablets versus placebo in treating uncomplicated influenza, whereas the phase 3 trial was primarily designed to evaluate its efficacy. The primary endpoint is the time to alleviation of all influenza symptoms, defined as the duration from initiation of study treatment until all seven influenza symptoms (nasal congestion, sore throat, cough, muscle or joint pain, fatigue, headache and fever or chills/sweating) are consistently scored as 0 (no symptoms) or 1 (mild) for a continuous 21.5 hours period. The key secondary endpoints include (i) time to viral clearance, defined as the time from treatment initiation until influenza viral RNA and titer fall below the lower limit of quantification; (ii) changes from baseline in influenza viral RNA at each visit; (iii) time to alleviation of systemic symptoms (muscle or joint pain, fatigue, headache, fever or chills/sweating) and respiratory symptoms (nasal congestion, sore throat, cough) and (iv) time to fever resolution. The safety endpoints primarily include the incidences of AEs and serious adverse events (“SAEs”).

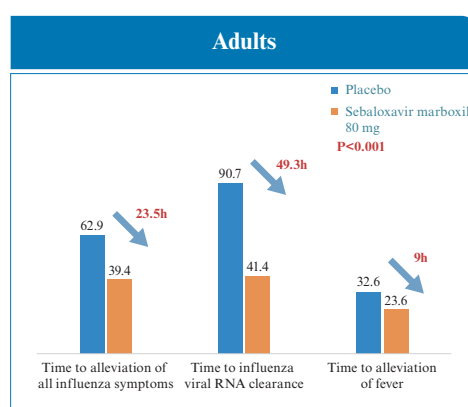
- **Efficacy Results**

In the phase 2 stage, sebaloxavir marboxil tablets demonstrated favorable efficacy in alleviating influenza symptoms and accelerating recovery compared to placebo. The median time to alleviation of all influenza symptoms was 34.7 hours for the 40 mg dose group, 45.8 hours for the 80 mg dose group and 63.6 hours for the placebo group, with both doses achieving statistically significant reductions versus placebo ($P=0.005$ and $P=0.020$, respectively). Both doses significantly shortened the time to resolution of systemic symptoms (muscle/joint pain, fatigue, headache, fever/chills) with median times of 17.2 hours (40 mg), 23.0 hours (80 mg), and 35.6 hours (placebo), as well as respiratory symptoms (nasal congestion, sore throat, cough). Time to fever resolution was further accelerated in both treatment groups (20.4 hours for 40 mg, 27.3 hours for 80 mg, versus 35.4 hours for placebo; $P < 0.001$ and $P = 0.003$, respectively). Regarding antiviral efficacy, sebaloxavir marboxil tablets significantly accelerated viral RNA clearance with median times of 51.2 hours (40 mg) and 66.8 hours (80 mg) compared to 105.2 hours for placebo ($P < 0.001$ and $P = 0.003$, respectively; hazard ratios of 2.468 and 1.871). Both doses showed progressive reductions in viral RNA load and viral titers post-administration. These results demonstrated a favorable efficacy profile for sebaloxavir marboxil tablets in uncomplicated influenza in adults, supporting advancement of both the 40 mg and 80 mg doses into phase 3.

In the phase 3 stage, sebaloxavir marboxil tablets maintained robust and statistically significant efficacy across clinical and virological endpoints. With respect to the primary endpoint, the median time to alleviation of all influenza symptoms was 48.4 hours for the 40 mg group, 39.4 hours for the 80 mg group and 62.9 hours for the placebo group, with both dose groups showing statistically significant reductions versus placebo ($P = 0.003$ and $P < 0.001$, respectively; hazard ratios of 1.331 and 1.546). With respect to the secondary endpoints, sebaloxavir marboxil tablets significantly shortened time to resolution of respiratory symptoms (nasal congestion, sore throat, cough) with median times of 38.5 hours (40 mg) and 32.4 hours (80 mg) compared to 56.3 hours for placebo ($P = 0.023$ and $P < 0.001$, respectively), demonstrating particularly pronounced effects on cough, sore throat and headache. Time to fever resolution was similarly reduced in both treatment

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groups (23.1 hours for 40 mg, 23.6 hours for 80 mg, versus 32.6 hours for placebo; both $P < 0.001$). Regarding antiviral efficacy, sebaloxavir marboxil tablets demonstrated marked superiority over placebo with median viral RNA clearance times of 43.2 hours (40 mg) and 41.4 hours (80 mg) compared to 90.7 hours for placebo (both $P < 0.001$; hazard ratios of 2.285 and 2.937) and viral titer clearance times of 23.1 hours (40 mg) and 22.7 hours (80 mg) compared to 24.9 hours for placebo (both $P < 0.001$). At 24 hours post-dose, viral RNA positivity rates decreased to 74.9% and 73.5% in the treatment groups versus 92.0% for placebo, while at 48 hours, viral RNA positivity was 32.6% and 26.5% in the treatment groups versus 72.5% for placebo.



Source: Company information

Overall, the phase 2/3 clinical trial demonstrated a favorable efficacy profile for sebaloxavir marboxil tablets in accelerating symptom relief, fever resolution and viral clearance in adults with uncomplicated influenza.

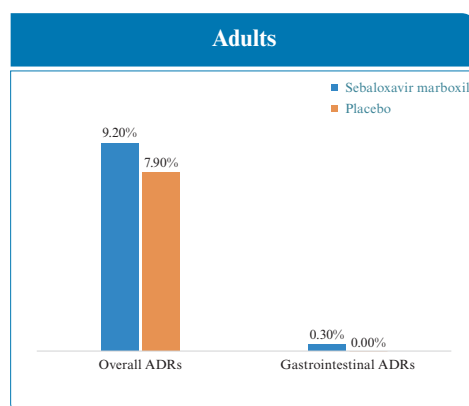
• Safety Profile

Sebaloxavir marboxil tablets exhibited a favorable safety and tolerability profile in adult patients with influenza. In the phase 2 stage, 17 subjects (9.7%) experienced 21 events of treatment-emergent adverse events (“TEAEs”) related to study drug, with similar incidence rates between the 40 mg dose group (13.6%, 9 events in 8 subjects) and 80 mg dose group (10.5%, 8 events in 6 subjects), both slightly higher than placebo (5.0%, 4 events in 3 subjects). Drug-related TEAEs primarily included increased creatine phosphokinase, hypertriglyceridemia (3 subjects each) and decreased neutrophil count (2 subjects), with most events being grade 1 or 2.

In phase 3 stage, 58 subjects (8.1%) experienced 80 events of drug-related TEAEs with comparable incidence across groups (40 mg: 7.1%, 22 events; 80 mg: 9.2%, 28 events; placebo: 7.9%, 30 events). The most common drug-related TEAEs were decreased neutrophil count (25 subjects, 3.5%), decreased white blood cell count (8 subjects, 1.1%) and elevated liver enzymes, proteinuria, hyperuricemia, elevated creatine phosphokinase, hyperlipidemia and diarrhea (3 subjects each, 0.4%). All drug-related TEAEs in phase 3 were Grade 1 or 2. Approximately 65–75% of drug-related TEAEs occurred within 5 days post-dose in both phases. The safety findings across study phases demonstrated the favorable safety and tolerability profile of sebaloxavir marboxil tablets at both dose levels. Notably, gastrointestinal ADRs occurred in only 0.3% of adult subjects, effectively

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addressing the clinical challenge of nausea, vomiting and diarrhea commonly associated with traditional anti-influenza drugs. The following images illustrate the TEAE incidence rates and gastrointestinal ADR rates in the phase 3 clinical study.



Source: Company information

Phase 1 Clinical Trial

- **Trial Design**

From December 2021 to October 2022, we conducted a phase 1 clinical trial with sebaloxavir marboxil tablets in healthy Chinese adults. We were the sole sponsor of this clinical trial. The phase 1 clinical trial is a randomized, double-blind, placebo-controlled study designed to evaluate the safety, tolerability, and pharmacokinetic characteristics of sebaloxavir marboxil tablets in healthy Chinese subjects through single ascending dose administration and assessment of food effects. The primary endpoint is the safety and tolerability of sebaloxavir marboxil tablets, encompassing AEs, laboratory examinations (complete blood count, urinalysis, blood biochemistry, and coagulation function), physical examinations, vital signs monitoring and 12-lead electrocardiography. The trial was led by Huashan Hospital, Fudan University, with Dr. Zhang Wenhong (張文宏) and Dr. Zhang Jing (張菁) as the PIs. A total of 66 healthy adults were enrolled in the clinical trial.

- **Part 1: Single Ascending Dose** Fifty subjects were assigned to five dose levels ranging from 40 mg to 320 mg, with 10 subjects per cohort randomized to receive sebaloxavir marboxil tablets or placebo. Subjects were admitted to the clinical trial site one day before dosing after at least 10 hours of fasting and received a single dose under fasting conditions. After that, enrolled subjects will remain hospitalized until the fourth day for pharmacokinetics (“PK”) blood sampling and safety assessment, then returned every two days for continued PK sampling and follow-up evaluations till the 15th day. Dose escalation proceeded from the lowest dose upward, with each subsequent cohort initiated only after at least 4 days of observation and confirmation of safety in the preceding cohort; the trial would terminate if stopping criteria were met regardless of reaching the maximum planned dose.
- **Part 2: Food-Effect Assessment.** This part aims to evaluate the food effect of sebaloxavir marboxil tablets. Based on the results from Part 1, the 80 mg dose was selected to evaluate the effect of food. This part employed a randomized, two-period, two-sequence crossover design enrolling 16 qualified subjects equally divided into Group A and Group B. During the first period, Group A received sebaloxavir marboxil tablets under fasting conditions while Group B received sebaloxavir marboxil tablets 30 minutes after starting a high-fat meal, with subjects following similar dosing and follow-up schedule as Part 1. After a

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21-day washout period, the second period started, with Group A receiving sebaloxavir marboxil tablets after a high-fat meal and Group B receiving sebaloxavir marboxil tablets under fasting conditions, following identical procedures were consistent with Part 1.

- **Trial Results**

Sebaloxavir marboxil tablets demonstrated favorable safety and tolerability in healthy Chinese adult subjects across both study parts. In the dose escalation part, 17 subjects (34.0%) experienced TEAEs, with 16 subjects (32.0%) experiencing adverse drug reactions; only 3 subjects (6.0%) had Grade 2 events of TEAEs and no SAEs, drug-related deaths, or permanent discontinuations were reported. The most common TEAEs included decreased fibrinogen, upper respiratory tract infection and vomiting (6.0% each). In the food effect part, 8 subjects (50.0%) experienced TEAEs, with 7 subjects (43.8%) having adverse drug reactions; only 1 subject (6.3%) had a Grade 2 event, with no SAEs or discontinuations.

Pharmacokinetically, following single doses of 40 mg to 320 mg under fasting conditions, sebaloxavir marboxil tablets were rapidly metabolized with most concentration of parent drug below the lower limit of quantification (median T_{max} 5.00 h), while the active metabolite sebaloxavir reached median T_{max} at 3.00–4.00 h with a plasma half-life of 83.01–125.55 h; exposure parameters (C_{max} , AUC) increased with dose but slightly less than dose-proportionally. Under fed conditions with 80 mg dosing, sebaloxavir C_{max} decreased by approximately 43.35% and AUC decreased by 33.23–34.48% compared to fasting conditions, while T_{max} remained similar at 4.00 h for both conditions, indicating moderate negative food effects on drug exposure.

Adolescents

Phase 3 clinical trial in adolescents aged between 12 to 17

- **Trial Design**

We obtained the IND approval to conduct a phase 3 clinical trial of sebaloxavir marboxil tablets for the treatment of uncomplicated influenza in adolescent patients (aged 12–17) in August 2023.

Commenced in November 2023 and completed in February 2025, this clinical trial was a multicenter, randomized, double-blind, placebo-controlled phase 3 clinical trial was conducted in adolescent patients (aged 12–17 years) with uncomplicated influenza. We were the sole sponsor of this clinical trial. The study was led by Huashan Hospital, Fudan University and Zhejiang University Children’s Hospital, with Dr. Zhang Wenhong (張文宏), Dr. Zhang Jing (張菁) and Dr. Chen Zhimin (陳志敏) serving as principal investigators.

A total of 361 subjects were enrolled in the clinical trial, of whom 349 subjects completed the trial. The clinical trial enrolled adolescents aged ≥ 12 to < 18 years with uncomplicated influenza who exhibited typical systemic and/or respiratory influenza symptoms, within 48 hours between the onset of the first influenza symptom. Subjects were randomized in a 1:1 ratio to receive either a single 40 mg dose of sebaloxavir marboxil tablets or placebo. The study consisted of a screening/treatment period followed by a two-week follow-up.

The primary endpoint is the time to alleviation of all influenza symptoms. Key secondary endpoints include time to viral RNA negativity, time to viral titer negativity, change from baseline in influenza viral RNA and viral titer measured by RT-PCR at each visit.

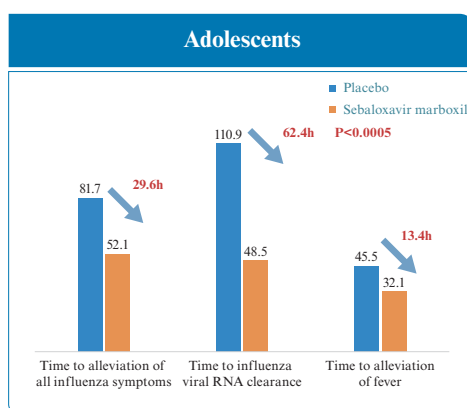
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• Efficacy Results

Generally, sebaloxavir marboxil tablets demonstrated statistically significant superiority over placebo in reducing time to alleviation of all influenza symptoms. The median time to symptom resolution was 52.1 hours in the sebaloxavir marboxil tablets group compared to 81.7 hours in the placebo group ($p=0.0003$). The hazard ratio from the stratified Cox proportional hazards model was 1.518, indicating that sebaloxavir marboxil tablets accelerated influenza symptom resolution.

Sebaloxavir marboxil tablets also demonstrated antiviral activity across multiple virological parameters. The median time to viral RNA negativity was significantly shorter in the sebaloxavir marboxil tablets group at 48.5 hours, versus 110.9 hours in the placebo group. Similarly, viral titer negativity was achieved substantially faster with sebaloxavir marboxil tablets at a median time of 22.1 hours compared to 45.0 hours with placebo.

Sebaloxavir marboxil tablets demonstrated comprehensive clinical benefits across multiple symptom domains. The proportion of subjects achieving complete symptom resolution was consistently higher in the sebaloxavir marboxil tablets group, with statistically significant differences observed from 36 to 240 hours post-dose based on diary card evaluation. For respiratory symptoms (nasal congestion, sore throat, cough), the median time to resolution was 48.0 hours with sebaloxavir marboxil tablets versus 75.6 hours with placebo, while systemic symptoms showed a trend toward faster resolution. Individual symptom analysis revealed significant shorter resolution times for cough and fever/chills in the sebaloxavir marboxil tablets group.



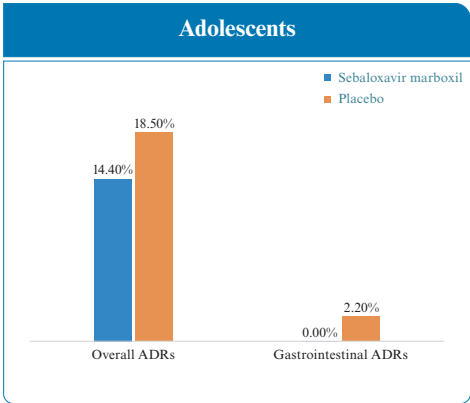
Source: Company information

• Safety Results

Overall, sebaloxavir marboxil tablets demonstrated a favorable safety profile overall, comparable to that of placebo, with adverse events primarily mild to moderate in severity and good overall outcomes. During the study, 199 subjects (55.4%) experienced TEAEs, with 59 subjects (16.4%) experiencing study drug-related adverse events. The incidence of TEAEs was lower in the sebaloxavir marboxil tablets group (87 subjects, 48.1%; 194 events) compared to the placebo group (112 subjects, 62.9%; 219 events). Drug-related TEAEs occurred at similar frequencies between two groups, affecting 26 subjects (14.4%) in the sebaloxavir marboxil tablets group and 33 subjects (18.5%) in the placebo group.

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The most commonly reported drug-related TEAEs included sinus arrhythmia, sinus bradycardia, hyperuricemia, decreased neutrophil count, decreased white blood cell count, elevated creatine phosphokinase, and diarrhea, with all other TEAEs occurring at rates below 1%.



Source: Company information

The severity of TEAEs was generally mild to moderate, with 28 subjects (7.8%) experiencing Grade 3 TEAEs. Notably, no SAEs or deaths occurred during the study. Among the 25 subjects (7.0%) who required pharmacological or non-pharmacological treatment for 27 events, none of these events were assessed as related to the study drug.

Other Phase 1 Clinical Trials

In addition to the aforementioned clinical trials, we also acted as the sole sponsor and completed the following phase 1 clinical trials with sebaloxavir marboxil tablets in Chinese adults. As the sole sponsor of these clinical trials, we completed these clinical trials independently as we retain full control over study design, regulatory oversight, and data management, while engaging trial-leading hospitals to serve as clinical sites responsible for patient recruitment, direct medical care, and hands-on protocol execution in line with the industry norm.

Study Design	Site	Number of Subjects Enrolled	Start Date	Completion Date	Key Results
A phase 1 study to evaluate the mass balance of sebaloxavir marboxil tablets in Chinese healthy male subjects	The First Affiliated Hospital of Soochow University	6	February 2023	March 2023	<ul style="list-style-type: none">● Pharmacokinetics and mass balance. Following single oral administration of 80 mg sebaloxavir marboxil tablets in six healthy male subjects, total plasma radioactivity reached median T_{max} at 4.00 hours with mean $t_{1/2}$ of 82.5 h.● Metabolism and disposition. Sebaloxavir marboxil tablets were rapidly hydrolyzed to the active metabolite sebaloxavir (M531, 88.63% of plasma exposure and 84.49% of fecal excretion) with secondary glucuronidation to M707 (9.04% of plasma exposure) and demonstrated good safety and tolerability with no unexpected safety concerns.

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Study Design	Site	Number of Subjects Enrolled	Start Date	Completion Date	Key Results
A phase 1 study to evaluate the PK characteristics, safety, and tolerability of single-dose oral sebaloxavir marboxil tablets in subjects with hepatic impairment (mild or moderate) and healthy subjects	Huashan Hospital, Fudan University	16	April 2023	February 2024	<ul style="list-style-type: none"> • Safety and tolerability. Both moderate hepatic impairment subjects and healthy subjects demonstrated good tolerability and safety following single-dose administration of 80 mg sebaloxavir marboxil tablets. • Pharmacokinetic findings in moderate hepatic impairment. Following single-dose administration of 80 mg sebaloxavir marboxil tablets, subjects with moderate hepatic impairment showed approximately 16% lower C_{max} and 38% lower AUC_{0-inf} of sebaloxavir compared to healthy subjects, with slightly shorter T_{max} and $t_{1/2}$. • Metabolic profile. Sebaloxavir marboxil tablets were rapidly absorbed and metabolized to the active component sebaloxavir in both moderate hepatic impairment subjects and healthy subjects.
A phase 1 study to evaluate the PK profile of sebaloxavir marboxil tablets with itraconazole in healthy adult subjects in China	Huashan Hospital, Fudan University	16	July 2023	September 2023	<ul style="list-style-type: none"> • Safety and Tolerability. Single-dose sebaloxavir marboxil tablets with or without itraconazole demonstrated good safety and tolerability in healthy Chinese adults, with predominantly mild TEAEs that all resolved completely
A phase 1 clinical trial to evaluate the effect of single dose of sebaloxavir marboxil tablets on QTc interval in Chinese healthy adult subjects	Huashan Hospital, Fudan University	24	July 2023	August 2023	<ul style="list-style-type: none"> • QTc interval assessment. Based on the concentration-QTc (C-QTc) model analysis established from this study, sebaloxavir marboxil tablets at doses of 80 mg and below demonstrated no QT interval prolongation effect. • PK profile. Following single-dose administration of sebaloxavir marboxil tablets, the prodrug was rapidly metabolized to the active drug sebaloxavir with concentrations below the lower limit of quantification in most subjects at most timepoints.
A phase 1 clinical trial to evaluate the DDI effect between sebaloxavir marboxil tablets and oseltamivir phosphate in healthy Chinese adult subjects	Peking University Third Hospital	18	August 2023	December 2023	<ul style="list-style-type: none"> • DDI. Following single-dose administration of sebaloxavir marboxil tablets with oseltamivir phosphate, the active metabolite sebaloxavir showed no significant changes in PK parameters, oseltamivir carboxylate exposure remained unchanged, indicating no clinically meaningful drug-drug interaction.

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In addition to the clinical trials listed above, we also conducted a clinical study of sebaloxavir marboxil tablets in children aged 5 to 11, which was conducted to support the development of sebaloxavir marboxil for suspension following recommendations from CDE. For details, see “— Our Drug Portfolio — Sebaloxavir Marboxil (ZX-7101A): An Anti-Influenza Therapy Featuring Dual Formulations including our Commercialized Core Product — Sebaloxavir Marboxil Tablets — Sebaloxavir Marboxil for Suspension.”

Indication Expansion — Post-exposure Prophylaxis

Post-exposure prophylaxis represents a critical and commercially significant indication in anti-influenza drug development, addressing the need with limited available therapies for preventing infection in individuals who have been exposed to confirmed or suspected influenza cases. Unlike seasonal vaccination, which requires weeks to develop immunity and must be administered before exposure, post-exposure prophylaxis provides immediate protection for vulnerable populations including household contacts of infected patients, healthcare workers, immunocompromised individuals, and those in institutional settings such as nursing homes and schools where influenza can spread rapidly. This indication is particularly valuable during influenza outbreaks when vaccine supply may be limited, vaccine-virus mismatch occurs, or in populations with suboptimal vaccine response.

Recognizing the commercial potential of post-exposure prophylaxis, we have initiated communications with CDE regarding the expansion of indication for sebaloxavir marboxil tablets in February 2024 and submitted our clinical trial protocol in September 2024. In November 2024, we obtained the IND approval for sebaloxavir marboxil tablets in post-exposure prophylaxis in adults and adolescents aged 12 and above, with an update to include pediatric patients aged 5 and above in April 2025.

In February 2026, we submitted an IND application for a combined phase 3 clinical trial to evaluate the efficacy and safety of the tablet and suspension formulations of sebaloxavir marboxil for post-exposure prophylaxis of influenza in patients aged 2 years and older, which was approved by the NMPA in May 2026. We are currently preparing for subject enrollment for the combined phase 3 clinical trial, with subject enrollment expected to commence in the fourth quarter of 2026. Under this unified trial design, adults and older children will be administered the tablet formulation, while younger children will receive the suspension formulation. This combined approach is strategically designed to accelerate patient enrollment and better mimic the real-world situation, as the primary real-world scenario for post-exposure prophylaxis involves household exposure — where one family member is infected and others require preventative treatment — a combined trial allows us to seamlessly enroll entire households across different age groups. We believe this combined clinical trial approach aligns with prior CDE guidance requiring post-exposure prophylaxis trials to be supported by existing therapeutic data. We have established such therapeutic data foundation, having obtained therapeutic approval for the tablet formulation in patients aged 12 and older and completed the phase 3 clinical trial for the suspension formulation in children aged 2 to 11.

Material Communications with Competent Authority

We submitted the IND for sebaloxavir marboxil tablets in the treatment of adult influenza in July 2021 and obtained the IND in September 2021. In April 2022, while we were in the process of finalizing the clinical trial report for phase 1 clinical trial study of sebaloxavir marboxil tablets, we have already obtained positive clinical trial data and reached primary endpoints from its phase 1 clinical trial we had communication with CDE with respect to the then-available phase 1 clinical trial results and the design of its phase 2/3 clinical trial protocol. In June 2022, CDE confirmed our clinical trial protocol for phase 2/3 clinical trial and they had no objections for us to proceed into such clinical trial.

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The phase 2 and phase 3 clinical trials in adults constitute two separate trials with distinct primary objectives and independent statistical analyses, although they were conducted utilizing an operationally seamless adaptive design that allowed for continuous patient enrollment under the same clinical protocol. Specifically, the primary objective of the phase 2 trial was to preliminarily evaluate the efficacy and safety of the tablets versus placebo in treating uncomplicated influenza, whereas the phase 3 trial was primarily designed to evaluate its efficacy.

We initiated the phase 2/3 clinical trial in July 2022. As we proceeded with the phase 2/3 clinical trials, we had several communications with CDE, including (i) in January 2023, to revise the clinical strategy for handling intercurrent events not to uniformly adopt a hypothetical strategy, while maintaining the original sample size without adjustment, (ii) in January 2023, to reach alignment with CDE on the CMC changes in relation to optimizing the active pharmaceutical ingredient’s synthesis route and starting materials, enhancing comprehensive impurity and polymorphism control strategies, and updating the drug product’s formulation and manufacturing scale to support phase 3 clinical trials and NDA submission and (iii) in April 2023, to reach alignment with CDE on the statistical analysis method. In September 2023, we had a pre-NDA communication with CDE, and CDE confirmed that NDA could be proceeded based on the phase 2/3 clinical trial results. Accordingly, we submitted its NDA in February 2024, and obtained the NDA approval in July 2025.

As we advanced sebaloxavir marboxil tablets from preclinical studies, through clinical development, and to NDA approval regarding the treatment of adult influenza, we have developed a Core Product beyond the concept stage.

Following the completion of the phase 2/3 clinical trial in May 2023, which yielded positive data validating the safety and efficacy of sebaloxavir marboxil tablets, we determined to further develop our Core Product by extending the patient population to adolescents aged 12 to 17 based on the phase 2/3 clinical data. Based on the clinical development, we further submitted an IND application for a phase 3 clinical trial for the treatment of uncomplicated influenza in adolescents aged between 12 to 17 in June 2023. As part of the application materials, we submitted our proposed phase 3 clinical trial protocol, as well as the clinical trial data from the phase 2/3 clinical trial in adults to the NMPA. According to CIC, it aligns with industry norms to directly initiate phase 3 clinical trials for age expansion into the adolescent population, provided that the drug has already completed phase 3 clinical trials in adults, and that the similarity in disease pathogenesis and drug mechanism allows for streamlined pediatric clinical designs. Importantly, the NMPA agreed that we can proceed with the phase 3 clinical trial in accordance with our proposed protocol submitted in the IND application. Following the completion of its phase 3 clinical trial, we submitted the NDA to NMPA, which was accepted in April 2025 and subsequently approved by the NMPA in June 2026, further underscoring that the NMPA is agreeable with our clinical development approach.

Recognizing the commercial potential of our Core Product beyond influenza treatment, we initiated communications with CDE on the phase 3 clinical design for post-exposure prophylaxis in February 2024. CDE made a few comments on our phase 3 clinical trial design and we have no difficulties in addressing their comments. Following this communication, CDE had no objection for our strategy to expand the indication for sebaloxavir marboxil tablets to post-exposure prophylaxis. We submitted the IND application for a phase 3 clinical trial for post-exposure prophylaxis in September 2024 in adult population and we obtained the IND approval for this clinical trial in November 2024. The IND approval was further revised in February 2025 to extend high-risk population and pediatric populations aged 5 years old and above. In this trial, “high-risk population” refers to “individuals at high risk for influenza complications,” including older adults, pediatric populations, pregnant women, and patients with underlying medical conditions (e.g., those with respiratory or cardiac diseases, and immunocompromised individuals). In April 2025, we obtained the IND approval for phase 3 clinical trial, which reflected our revised IND application of its age group. We plan to initiate this phase 3 clinical trial in 2026. Following the positive data validating the safety and efficacy of sebaloxavir marboxil for suspension, we have further revised the protocol to extend population to children aged 2 years old and above. In February 2026, we submitted the IND application for a phase 3 clinical trial to evaluate the efficacy and safety of the

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tablets/suspension formulation of sebaloxavir marboxil for post-exposure prophylaxis of influenza for patients aged 2 years and older, and the IND application was approved by the NMPA in May 2026.

Sebaloxavir Marboxil for Suspension

Overview

We are also developing a suspension formulation of sebaloxavir marboxil specifically designed for pediatric patients to address the unique physiological and compliance challenges in this population. Young children may face challenges to safely swallow tablets due to underdeveloped swallowing mechanisms and higher choking risk, making a suspension formulation essential for effective drug delivery. The suspension formulation offers critical advantages including precise dose adjustment based on body weight, which is crucial given the significant pharmacokinetic variability across pediatric age groups, and improved palatability through taste-masking technologies that enhance medication adherence in a population notoriously resistant to taking medicine. Furthermore, pediatric patients represent a substantial and underserved segment of the influenza market, as children under five years old experience higher infection rates, more severe complications and greater disease burden compared to adults. By developing this age-appropriate formulation, we can capture significant commercial opportunity while addressing a critical unmet medical need, positioning sebaloxavir marboxil as a comprehensive influenza solution across all age groups and establishing a competitive advantage in the pediatric antiviral market.

Development Strategy and Communications with Competent Authority

During the clinical development of the tablet formulation of sebaloxavir marboxil, we identified unmet needs for a pediatric-friendly formulation that would facilitate accurate dosing and administration in younger patient populations who may have difficulty swallowing tablets. In July 2024, we held pre-IND communication with CDE on the development plan for sebaloxavir marboxil for suspension (“**July Pre-IND Communication**”). During this communication, we submitted our proposed clinical development plan for sebaloxavir marboxil for suspension, which consisted of a phase 1 PK bridging study protocol in adults with sebaloxavir marboxil for suspension and a phase 3 pivotal clinical trial protocol, together with our then-available clinical data from the phase 1 through 3 clinical trials with sebaloxavir marboxil tablets. After the communication, CDE confirmed that we may proceed with the phase 1 PK bridging study in accordance with our submitted protocol and recommended us evaluate the sebaloxavir marboxil tablets in a further younger populations aged 5 to 11 to further collect PK data before initiation of phase 3 pivotal clinical trial with sebaloxavir marboxil for suspension. Such an age group was specifically stipulated based on communications with the CDE, as tablets are generally not recommended for children under 5 years old due to swallowability and choking risks. According to CIC, such a regulatory path follows an industry norm for the formulation expansion in China.

Following the feedback of the pre-IND communication, in October 2024, we submitted an IND application to NMPA and obtained its approval in January 2025. According to the IND approval, we were recommended to engage in further communications with CDE prior to the initiation of the phase 3 pivotal clinical trial for sebaloxavir marboxil for suspension. We initiated the PK study of the tablet formulation in patients aged 5 to 11 in October 2024, and completed this PK study in January 2025 and the phase 1 PK bridging study of sebaloxavir marboxil for suspension in adults in April 2025. Afterwards, in May 2025, we initiated pre-phase 3 communications with CDE (“**May Pre-Phase 3 Communication**”). During the communication, we submitted all the then available clinical data with sebaloxavir marboxil for suspension and sebaloxavir marboxil tablets, and a further revised phase 3 clinical trial protocol. Following their review of the safety and PK profile demonstrated in our preceding study, along with existing adult data, in July 2025, the CDE confirmed they have no objections to us proceeding with the phase 3 pivotal clinical trial for sebaloxavir marboxil for suspension in pediatric patients. Accordingly, the CDE approved our IND application to evaluate this suspension formulation — which is specifically designed to

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accommodate the dosing and administration needs of younger children — in the broader age group of 2 to 11 years. We initiated the phase 3 clinical trial in October 2025 and completed this clinical trial in June 2026. The NDA application for the suspension formulation was submitted to the NMPA in June 2026 and accepted by the NMPA in July 2026.

Summary of Completed and Ongoing Clinical Trials

Phase 3 Clinical Trial

- **Trial Design:**

We completed a multicenter, randomized, double-blind, active-controlled phase 3 clinical trial to evaluate the safety and efficacy of sebaloxavir marboxil for suspension compared to oseltamivir phosphate for suspension in pediatric patients aged 2 to 11 years with uncomplicated influenza. We were the sole sponsor of this clinical trial. A total of approximately 168 subjects were enrolled in this trial and randomized in a 2:1 ratio to receive either sebaloxavir marboxil for suspension or oseltamivir phosphate for suspension.

During the trial, a single dose of sebaloxavir marboxil for suspension was administered on Day 1 with dosing based on body weight ranging from 10mg for subjects weighing under 10 kg to 40 mg for subjects weighing 40 kg or more, while the comparator drug was administered twice daily for five days. The primary endpoint was safety, assessed through adverse events, serious adverse events, vital signs, physical examinations, electrocardiograms and laboratory tests. Secondary endpoints included time to alleviation of influenza symptoms, time to fever resolution, time to viral RNA negativity and viral titer reduction. The trial also evaluated pharmacokinetic characteristics, exposure-response relationships and palatability of the suspension formulation in pediatric patients.

- **Trial Status:** We completed the phase 3 clinical trial in June 2026. We submitted the NDA application to the NMPA in June 2026, which was accepted by the NMPA in July 2026.

Phase 1 Bridging PK Study of Sebaloxavir Marboxil for Suspension in Adults

- **Trial Design:**

From February 2025 to April 2025, we completed a phase 1 clinical trial with sebaloxavir marboxil for suspension in China. We were the sole sponsor of this clinical trial. This is a single-center, randomized, open-label, two-formulation, two-part, two-sequence, dual-crossover bioequivalence study. Forty healthy adult subjects were enrolled in this trial and were randomized into two cohorts. During the first part of the trial, each cohort will receive sebaloxavir marboxil in either tablet or suspension formulations according to their randomization assignment. During the second part, subjects will cross over to receive the alternate formulation. The two treatment parts will be separated by a washout period of at least 21 days to ensure complete elimination of the drug from the body before the subsequent dose administration. The trial site was West China Second University Hospital, Sichuan University and the lead PI was Dr. Yu Qin (余勤), an experienced clinician-researcher with extensive expertise in pediatric and maternal health.

The primary endpoints are the pharmacokinetic parameters (C_{max} , AUC_{0-t} , AUC_{0-inf}) and relative bioavailability of the active metabolite sebaloxavir in plasma following administration of sebaloxavir marboxil in either tablet or suspension formulations. The secondary endpoints include: (1) safety assessments evaluated through adverse events, laboratory tests, physical examination, vital signs and 12-lead electrocardiogram; and (2) palatability assessment of the sebaloxavir marboxil for suspension measured based on subject ratings and other PK parameters.

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- ***Safety Results***

Sebaloxavir marboxil for suspension demonstrated favorable overall safety and tolerability. TEAE were reported in 12 subjects (30%) who experienced 17 events of TEAEs following administration of sebaloxavir marboxil for suspension, compared to 18 subjects (45%) who experienced 27 events of TEAEs following administration of sebaloxavir marboxil for suspension. With respect to ADRs, 10 subjects (25%) experienced 13 events of ADRs following administration of sebaloxavir marboxil for suspension, all of which were Grade 1 in severity. Following administration of sebaloxavir marboxil for suspension, 12 subjects (30%) experienced 17 events of ADRs, all of which were also Grade 1 in severity. All ADRs resolved spontaneously without treatment during the study period, further supporting the favorable safety profile of both formulations.

- ***PK Results***

Following a single oral dose of 40 mg sebaloxavir marboxil for suspension or tablets in healthy subjects, sebaloxavir marboxil was rapidly metabolized to its active metabolite sebaloxavir (parent drug), with plasma concentrations reaching quantifiable levels at approximately 0.5 hours post-dose (the first sampling timepoint). For the parent drug sebaloxavir, the test formulation (T) suspension reached peak concentrations within 2 to 5 hours across subjects, while the reference formulation (R) tablets reached peak concentrations within 1 to 6 hours. The median time to peak concentration (T_{max}) was 4 hours for both formulations. In this study, the geometric mean ratios (T/R) of sebaloxavir marboxil for suspension to tablets were 156.05% for C_{max} , 127.01% for AUC_{0-t} , and 126.00% for AUC_{0-inf} . Although these parameters fell outside the conventional bioequivalence range of 80.00% to 125.00%, indicating that the suspension formulation demonstrated slightly higher bioavailability than the tablet formulation, the variability (CV%) of the pharmacokinetic parameters (T_{max} , C_{max} , AUC_{0-t} , AUC_{0-inf}) was similar between the two formulations. This suggests that the pharmacokinetic profiles of sebaloxavir marboxil for suspension and tablets are comparable.

Clinical Study of Sebaloxavir Marboxil Tablets in Children Aged 5 to 11

- **Trial Design.** As suggested by CDE at the July Pre-IND Communication, we initiated a multicenter, randomized, double blinded clinical study to evaluate the safety of sebaloxavir marboxil tablets in pediatric patients with influenza aged 5 to 11. The study was originally designed to consist of two parts (Part I and Part II). We were the sole sponsor of this clinical trial. Part I, a dose exposure, safety, pharmacokinetics and preliminary efficacy study, enrolled 12 subjects, each of whom received a single oral dose of sebaloxavir marboxil tablet at 20 mg on Day 1 (two 10 mg tablets). Pharmacokinetic samples were collected predose and at 1–2 h, 4 h, 8 h, 24 h (Day 2), 96 h (Day 5), 192 h (Day 9) and 336 h (Day 15) postdose. Part II was initially planned to enroll 168 subjects to further evaluate safety and efficacy; however, following the May Pre-Phase 3 Communication, CDE confirmed that we can proceed directly to a phase 3 clinical study of the suspension formulation in pediatric patients, and therefore Part II of this study was discontinued. The decision to discontinue Part II of the clinical study for the tablet formulation in patients aged 5 to 11 was made voluntarily by us, and it was not requested or suggested by CDE. Furthermore, this voluntary discontinuation did not trigger any additional regulatory conditions, protocol modifications, or safety-related assessments by CDE.

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- **Safety Results.** A single oral dose of sebaloxavir marboxil tablets at 20 mg demonstrated a favorable safety and tolerability profile in pediatric subjects aged 5–11 years with uncomplicated influenza and body weight ≥ 20 kg. Eight of the twelve subjects experienced 22 events of TEAEs, including one Grade 4 creatine phosphokinase elevation and one Grade 3 neutrophil count decrease, both asymptomatic, requiring no treatment and resolving spontaneously, while all other TEAEs were Grade 1 or 2. Three subjects (3/12) experienced five TEAEs considered related to sebaloxavir marboxil tablets, including one Grade 2 hypertriglyceridemia and the remainder Grade 1. No SAEs or TEAEs leading to study discontinuation occurred, only one subject required symptomatic treatment for Grade 1 fever, and all TEAEs resolved completely except for one case of elevated platelet count that improved.
- **Efficacy Results.** Among the 12 enrolled subjects, a total of 10 subjects were included in the intention-to-treat infected (“ITTI”) population for efficacy analysis, while 2 subjects were excluded from the efficacy analysis due to negative baseline influenza viral RNA by PCR. Based on the ITTI population, the median time to alleviation of influenza symptoms was 34.1 hours, with a range of 5.4 to 89.5 hours, and all subjects achieved complete symptom resolution within 90 hours after dosing. The median time to influenza viral RNA negativity was 32.7 hours. All subjects achieved viral RNA clearance within 192 hours after treatment.

Low Cannibalization Risks

We are currently developing sebaloxavir marboxil in both tablet and suspension formulations, targeting two distinct clinical applications: the treatment of uncomplicated influenza and post-exposure prophylaxis. We believe that the risk of potential cannibalization between these two formulations, as well as between the two usage scenarios, is low. Rather than competing with one another, these formulations and indications represent a highly complementary product portfolio designed to maximize our market penetration and address unmet medical needs across the entire influenza care continuum.

The low risk of cannibalization between the two formulations is primarily due to their mutually exclusive target patient populations, which are defined by age and physiological capabilities. The tablet formulation is specifically designed for adults and older children who can comfortably swallow solid oral dosage forms, offering convenience for the general adult population. In contrast, the for-suspension formulation is tailored to younger children and infants. Younger pediatric patients typically cannot swallow tablets safely and require precise, weight-based dose titration, which is more easily achieved with a suspension solution but would be difficult with fixed-dose tablets. The for-suspension formulation also allows for taste-masking, which is critical for ensuring medication compliance in young children. Consequently, physicians will prescribe the formulation strictly based on the patient’s weight and swallowing ability, effectively eliminating direct competition between the two.

Similarly, there is minimal risk of cannibalization between the treatment and post-exposure prophylaxis indications, as they represent entirely separate phases of clinical intervention addressing different medical needs. The treatment indication is prescribed to patients who have already contracted the influenza virus and are actively exhibiting symptoms, with the objective of rapidly reducing viral shedding and alleviating illness. Conversely, the post-exposure prophylaxis indication is preventative, prescribed to healthy, asymptomatic individuals who have had close contact with an infected person to prevent the transmission of the virus, such as family members within the same household. Because a patient cannot be simultaneously infected and uninfected, there is no overlapping usage for a single individual. In practice, these indications are expected to drive synergistic sales; for example, a young child diagnosed with influenza may be prescribed the suspension formulation for treatment, while his/her parents and older siblings may concurrently be prescribed the tablet formulation for PEP to prevent a household outbreak.

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To manage any theoretical residual risk of cannibalization and ensure clear market positioning, we plan to implement comprehensive mitigation measures during commercialization. We will deploy differentiated marketing and academic promotion strategies, focusing the suspension formulation on pediatricians and children’s hospitals to emphasize dosing accuracy and compliance, while marketing the tablet formulation primarily to general practitioners, respiratory specialists, and fever clinics for adult care. Furthermore, the packaging and labeling for both formulations will clearly delineate their intended age groups, dosages, and usage scenarios to prevent dispensing confusion among healthcare professionals and pharmacists. Ultimately, this dual-formulation and dual-indication strategy is designed to comprehensively cover the market and expand our total addressable patient population rather than creating cannibalization and negatively impact our own sales. According to CIC, it is common to have separate formulations to address series of closely-related indications in the pharmaceutical industry.

ZX-8177- Potent and Selective ENPP1 Inhibitor

ZX-8177 is a potent and selective ENPP1 inhibitor that demonstrates significant single-agent anti-tumor activity in preclinical models by enhancing STING pathway activation and immune cell-mediated tumor killing. This compound shows synergistic effects when combined with chemotherapy, radiotherapy, PARP inhibitor and PD-L1 antibodies, positioning it as a promising immunotherapeutic agent for solid tumor treatment. We are currently conducting a phase 1 clinical trial of ZX-8177 for the treatment of solid tumors in China. In addition to its development for solid tumor indications, we are also developing ZX-8177 for the treatment of HPP. We submitted an IND application to the NMPA for the HPP indication in August 2026 and plan to initiate a phase 1 clinical trial for the HPP indication in the fourth quarter of 2026.

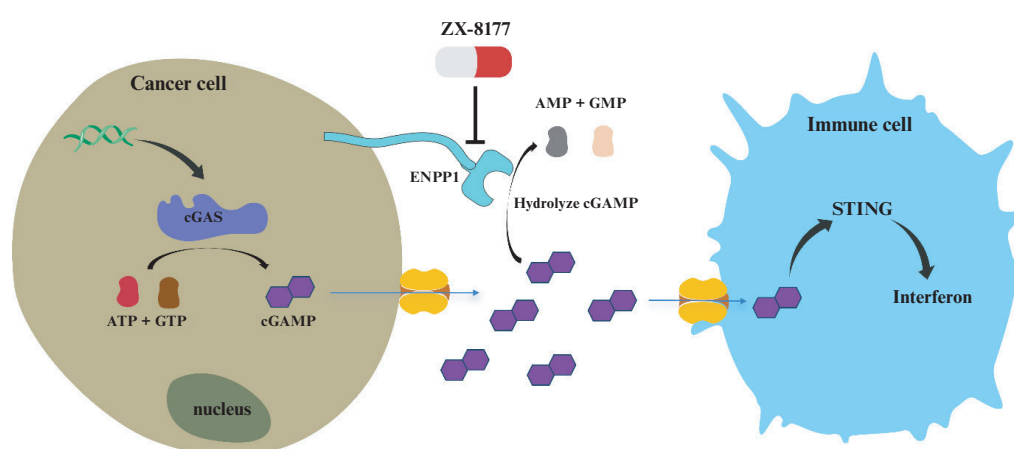
Mechanism of Action

Chromosomal instability and aberrant cytoplasmic double-stranded DNA are intrinsic features of many cancer cells. When abnormal DNA is present within cells, cyclic GMP-AMP synthase (cGAS) recognizes and binds to this DNA, catalyzing the production of cGAMP, a critical second messenger that activates the STING protein. Activated STING initiates transcription of type I interferons and pro-inflammatory cytokines, triggering anti-tumor immune responses. Importantly, tumor cell-generated cGAMP can be released into the surrounding tumor microenvironment where it activates STING in neighboring immune cells, increasing dendritic cell numbers and enhancing cytotoxic T cell infiltration and activity. However, ENPP1, a cGAMP hydrolase highly expressed across multiple tumor types, degrades this critical danger signal, thereby suppressing anti-tumor immunity. ENPP1 overexpression correlates with poor patient prognosis, establishing it as a clinically promising immunotherapy target.

ZX-8177 is a potent and selective small molecule ENPP1 inhibitor that prevents the degradation of cGAMP in the tumor microenvironment, thereby enhancing STING pathway activation and amplifying anti-tumor immune responses. ZX-8177 has favorable potency with IC₅₀ values of 9.43 nM and 31.31 nM (depending on substrate), combined with superior selectivity over other ENPP family members and phosphodiesterase, minimizing unintended effects. Preclinical studies demonstrate that ZX-8177 not only shows significant single-agent anti-tumor activity but also exhibits particularly synergistic effects when combined with DNA-damaging therapies. Conventional treatments such as chemotherapy (platinum agents, taxanes), PARP inhibitors, and radiotherapy induce tumor DNA damage that generates endogenous cGAMP, making tumors more sensitive to ENPP1 inhibition. Combination studies across multiple tumor models confirm that ZX-8177 significantly enhances the efficacy of chemotherapeutic agents, radiation therapy, and PD-L1 antibodies, positioning it as a promising agent for both monotherapy and combination immunotherapy strategies.

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HPP is caused by mutations in the ALPL gene, leading to functional deficiency of tissue-nonspecific alkaline phosphatase (“TNAP”), which results in ineffective degradation and subsequent accumulation of extracellular inorganic pyrophosphate (“PPi”). PPi is a potent inhibitor of mineralization, and abnormally elevated PPi levels significantly suppress the formation of hydroxyapatite crystals, resulting in impaired mineralization of bones and teeth and ultimately manifesting as typical clinical phenotypes such as rickets, osteomalacia, fractures and dental developmental abnormalities. HPP is classified into six subtypes: perinatal (severe), perinatal (mild), infantile, childhood (juvenile), adult and odonto (dental) types. ENPP1 is a key therapeutic target for HPP. ENPP1 antagonists inhibit the enzymatic activity of ENPP1 in hydrolyzing ATP, thereby reducing PPi production and restoring the PPi/Pi balance required for bone mineralization for the treatment of HPP. Enzymological studies have demonstrated that ZX-8177 exerts potent inhibition of ENPP1. Using ATP as a substrate, the IC₅₀ of ZX-8177 against ENPP1 was 0.87 nM when measuring AMP production and 2.94 nM when measuring PPi production.



Source: Company information

Market Opportunity and Competition

Transcriptomic and immunohistochemical analyses reveal high ENPP1 expression across solid tumors — including breast, ovarian, pancreatic, colorectal and melanoma — correlating with poor prognosis through accelerated cGAMP degradation, diminished antitumor immunity, and reduced CD8⁺ T-cell infiltration. The global market size of ENPP1-targeted immuno-oncology therapies is expected to reach approximately US\$524 million by 2035.

As of the Latest Practicable Date, there were five ENPP1-targeted oncology drug candidates under actively undergoing clinical trials, whereas ZX-8177 was the only ENPP1 inhibitor in active clinical development for cancer in China.

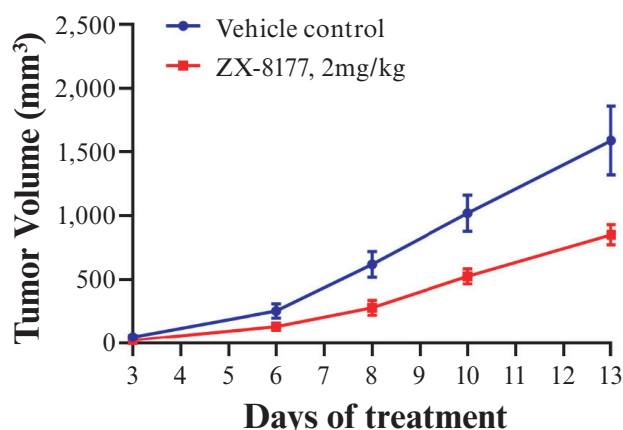
Key Advantages

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We believe ZX-8177 has the following advantages.

- ***pH-independent activity to enhance potency.*** A fundamental limitation of many ENPP1 inhibitors currently under development is their pH-dependent activity profile. For example, ENPP1 inhibitors may exhibit a loss of potency — over 100-fold reduction — from pH 9.0 to physiological pH of 7.4. This pH dependency represents a critical translational challenge, as ENPP1 operates *in vivo* at physiological pH (~7.4) or acidic tumor microenvironment. An effective ENPP1 inhibitor must therefore maintain high potency under physiological pH conditions. ZX-8177 addresses this fundamental limitation through its molecular design: the compound carries a phosphate group at its terminus rather than a sulfonamide moiety. The phosphate group maintains its negative charge and robust zinc-chelating capability across a broad pH range, successfully overcoming pH sensitivity issues. This design enables ZX-8177 to efficiently and specifically inhibit ENPP1-mediated degradation of both natural and non-natural substrates under physiological conditions, translating *in vitro* potency directly into *in vivo* therapeutic efficacy.
- ***Extracellular targeting with optimized membrane impermeability.*** Our development strategy for ZX-8177 intentionally leverages the advantages associated with cell-impermeable ENPP1 inhibitors, a deliberate choice to enhance therapeutic efficacy and minimize potential risks. Currently, ENPP1 inhibitors fall into two distinct classes based on their membrane permeability: 1) phosphate-terminated molecules with cell membrane-impermeability, and 2) sulfonamide-terminated molecules with cell membrane-permeability. Cell-permeable inhibitors carry inherent liabilities. For example, the cell-permeable inhibitor QS1 not only inhibits ENPP1 but also blocks the active extrusion of cGAMP from cells, leading to the decrease in extracellular cGAMP. In contrast, membrane-impermeable inhibitors like STF-1632 are strategically designed to act exclusively in the extracellular space. By selectively inhibiting only extracellular ENPP1, STF-1632 enhances the accumulation of cGAMP (a naturally occurring immune signaling molecule) outside the cell in the tumor microenvironment. This extracellular restriction also minimizes the risk of off-target interactions with intracellular proteins (e.g., kinases), contributing to a cleaner safety profile.
- ***Strong anti-tumor activity as monotherapy in preclinical studies.*** In preclinical studies, ZX-8177 monotherapy induces profound and favorable remodeling of the tumor microenvironment. ZX-8177 treatment significantly increases the proportion of CD8⁺ T cells in tumors, with particularly notable elevations in functional CD8⁺ GrB⁺ T cells and NK cells. Additionally, ZX-8177 increases the overall proportion of tumor-associated macrophages (CD11b⁺ F4/80⁺) while significantly shifting macrophage polarization: it substantially increases immunostimulatory M1 macrophages (CD206⁻ MHCII⁺) and significantly reduces immunosuppressive M2 macrophages (CD206⁺ MHCII⁻). Since CD8⁺ T cells, NK cells, and M1 macrophages are the primary immune cell populations responsible for anti-tumor immunity, ZX-8177’s ability to orchestrate comprehensive tumor microenvironment remodeling represents a critical competitive advantage. This potent capacity to create a tumor microenvironment conducive to anti-tumor immune responses enables ZX-8177 to exert robust anti-tumor effects as a single agent, distinguishing it from many immunotherapy candidates that require combination strategies to achieve meaningful efficacy.

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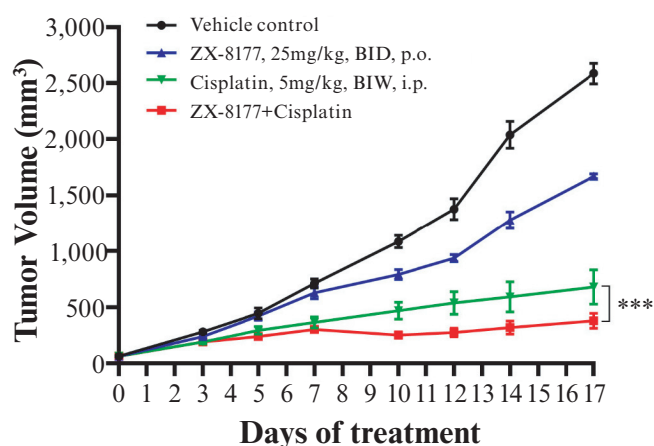


Source: Company information

• Combination therapy potential.

Combination with Chemotherapy

In preclinical studies using the 4T1 mouse breast cancer model, the combination of ZX-8177 (25 mg/kg) with cisplatin showed significant tumor growth inhibition compared to vehicle control ($P < 0.0001$). Importantly, ZX-8177 (25 mg/kg) combined with cisplatin demonstrated superior tumor inhibition compared to cisplatin monotherapy ($P < 0.005$), indicating that the combination therapy provides incremental therapeutic benefit over cisplatin alone. This synergistic effect validates the mechanistic rationale that ZX-8177's prevention of cGAMP degradation amplifies immune activation triggered by cisplatin-induced DNA damage. The ability to enhance the efficacy of standard-of-care chemotherapy agents like cisplatin represents a significant clinical advantage, potentially allowing for improved outcomes in difficult-to-treat cancers such as triple-negative breast cancer while potentially enabling dose reduction strategies to minimize chemotherapy-associated toxicities.

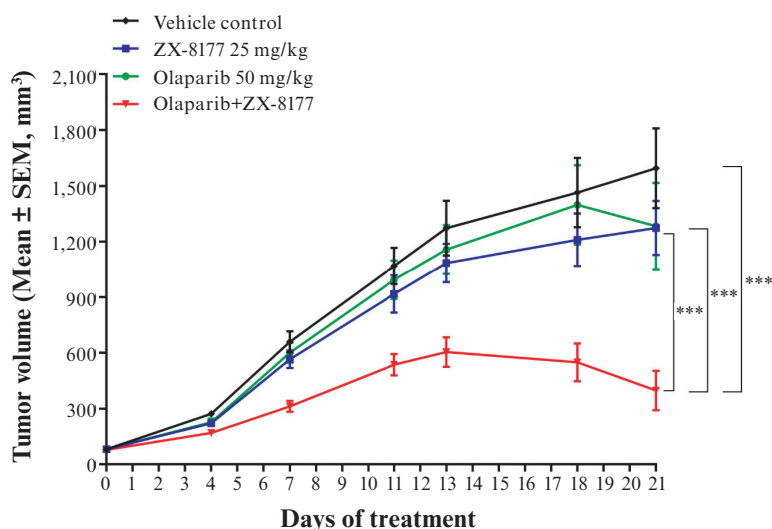


Source: Company information

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Combination with PARP Inhibitors

The combination of ZX-8177 with olaparib was evaluated in a PBMC-humanized mouse model bearing subcutaneous xenografts of Hs746T human gastric cancer cells with BRCA1 gene mutations. At 21 days post-treatment initiation, neither ZX-8177 monotherapy nor olaparib monotherapy demonstrated significant tumor inhibition compared to the vehicle control ($P > 0.05$). However, the combination of ZX-8177 and olaparib showed significant tumor inhibition compared to either mono-therapy alone ($P < 0.05$), indicating that ZX-8177 combined with olaparib produces marked anti-tumor effects in the Hs746T model. By preventing ENPP1-mediated degradation of cGAMP, ZX-8177 amplifies the immune activation triggered by PARP inhibitor-induced DNA damage. This combination approach positions ZX-8177 as a potential partner therapy to enhance the efficacy of PARP inhibitors, which are now standard-of-care agents for BRCA-mutant ovarian, breast, pancreatic and prostate cancers, potentially expanding therapeutic options for patients with homologous recombination deficiency-positive tumors.



Source: Company information

Future Clinical Development Plan

We obtained the IND approval for ZX-8177 from NMPA in June 2024 and we are currently conducting phase 1 dose-escalation clinical trial of ZX-8177 monotherapy across advanced solid tumors with biomarker exploration including ENPP1 expression and DNA damage response deficiency-related mutations. The clinical trial was initiated in December 2025, and we expect to complete the clinical trial in the fourth quarter of 2026.

In addition, we are developing ZX-8177 for the treatment of HPP. Subsequent to the Latest Practicable Date, we submitted an IND application to the NMPA for the HPP indication in August 2026. Subject to IND approval, we plan to initiate a phase 1 clinical trial of ZX-8177 for the treatment of HPP in the fourth quarter of 2026.

ZX-12042B — IND-Enabling Stage HPV Infection Drug

ZX-12042B is a proprietary DNA polymerase inhibitor prodrug that is metabolized to its active form PMEG-DP, which inhibits host cell DNA polymerase to block HPV replication while inducing apoptosis of infected cells to clear pathological lesions such as genital warts and cervical intraepithelial neoplasia (“CIN”). This dual mechanism — suppressing viral replication and eliminating HPV-induced proliferative tissue — positions ZX-12042B as a therapeutic, preventive

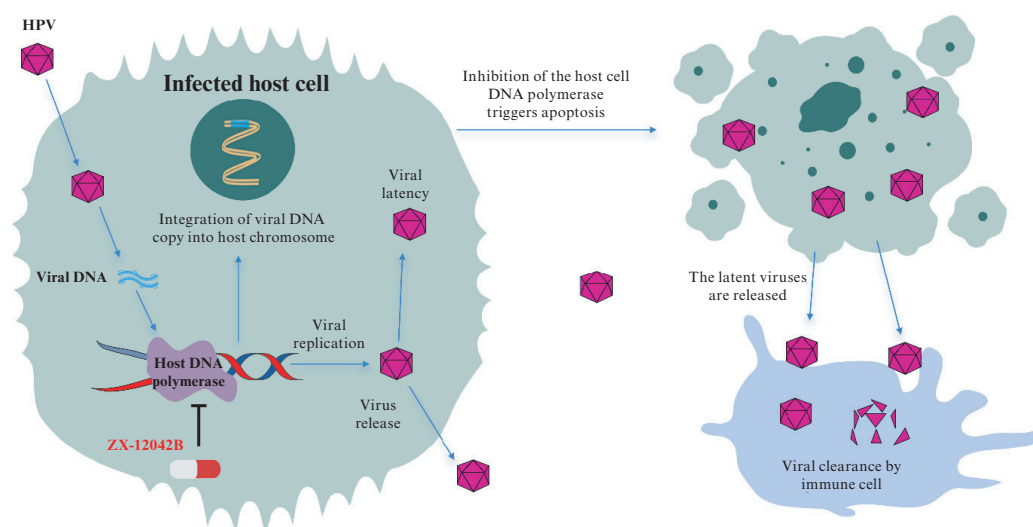
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and transmission-blocking strategy for HPV infections and associated diseases, particularly high-risk HPV-driven cervical precancerous lesions, persistent cervical high-risk HPV infection and viral warts. We are currently conducting IND-enabling studies for ZX-12042B and we plan to submit the IND application to NMPA in the second half of 2027.

Mechanism of Action

Following cellular uptake, ZX-12042B is metabolized to PMEG-DP that functions as a dual-action DNA polymerase inhibitor blocking both viral replication and host cell proliferation. For viruses that depend on host cell DNA replication systems (such as HPV), PMEG-DP inhibits host cell DNA polymerase, thereby preventing viral DNA replication.

Beyond viral suppression, ZX-12042B induces apoptosis in infected host cells, serving a dual therapeutic purpose. This apoptotic mechanism releases HPV virions from dying cells, exposing them to the host immune system for clearance, while simultaneously eliminating pathological proliferative lesions and erosive tissue caused by HPV infection, allowing tissue to return to its normal state. These lesions — including genital warts (condyloma acuminata) and cervical erosive changes — are fundamentally abnormal proliferations of skin or mucosal epithelial cells driven by viral infection. By inhibiting HPV replication and clearing infection-induced pathological lesions, ZX-12042B represents a comprehensive therapeutic strategy that integrates treatment, cancer prevention, transmission blockade and quality of life improvement, providing a differentiated approach for HPV infection management and prevention.



Source: Company information

Market Opportunity and Competition

HPV is a non-enveloped, double-stranded DNA virus belonging to the Papillomaviridae family. Most individuals will experience HPV infection at some point in their lifetime, making HPV infection highly prevalent. The overall prevalence of viral warts in the general population is approximately 7%-12%, while 50%-80% of sexually active individuals may carry HPV. In China, a large-scale study covering over 2.7 million women reported an overall HPV prevalence of 17.7%, accounting for 120 million of female population in China, including 13.1% high-risk types and 4.6% low-risk types.

Despite HPV's longstanding disease burden, no approved antiviral drugs directly eliminate infection; current strategies prioritize lesion control and symptom relief yet face substantial limitations. These treatment modalities cannot concurrently eradicate virus and repair lesions, resulting in high recurrence rates.

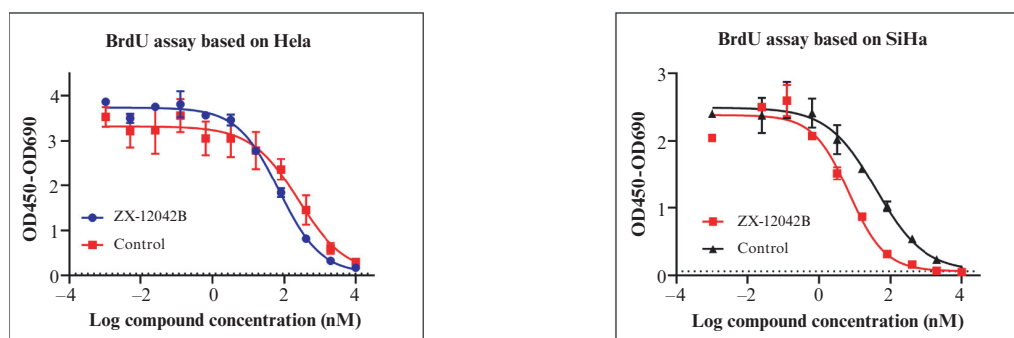
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As of the Latest Practicable Date, there were four anti-HPV drug candidates under clinical trials globally.

Preclinical Results

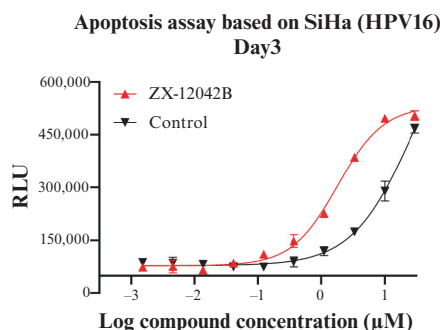
In Vitro

ZX-12042B demonstrated significant inhibitory activity against multiple DNA viruses *in vitro*, with particularly potent effects against HPV-transformed cancer cell lines, validating its mechanism as a DNA polymerase inhibitor capable of suppressing viral replication and infected cell proliferation. *In vitro* studies showed that ZX-12042B, through its active metabolite PMEG-DP, can effectively suppress HPV viral DNA replication with superior inhibitory effects. Specifically, ZX-12042B exhibits significant DNA replication inhibitory activity against HPV-transformed cancer cell lines including HeLa and SiHa cells, with IC₅₀ values of 71 nM and 4.7 nM, respectively. These values are substantially lower than those of a clinical stage anti-HPV agent (the control in the following figures). This comparative analysis indicates that ZX-12042B possesses significantly greater potency across multiple HPV-positive cell lines, establishing its superior therapeutic potential for HPV-related diseases.



Source: Company information

ZX-12042B induces apoptosis in HPV-transformed cancer cells with an IC₅₀ value of 1.72 μM, representing approximately 5.5-fold greater potency compared to the clinical-stage control. Preclinical results indicate that ZX-12042B inhibits host cell DNA polymerase, leading to cell cycle arrest and subsequent apoptosis induction. This mechanism not only effectively suppresses viral replication but also eliminates virus-infected host cells, thereby reducing viral dissemination.

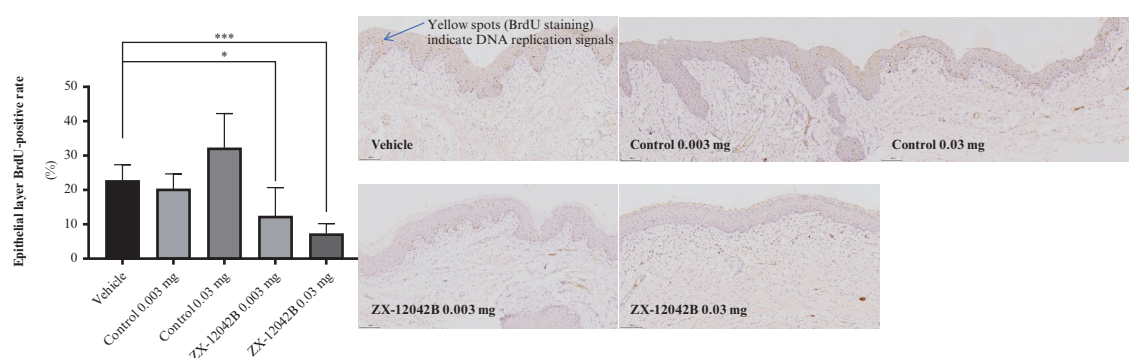


Source: Company information

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In Vivo

In rat models, both solution and gel formulations of ZX-12042B demonstrated dose-dependent inhibition of rat vaginal epithelial cell proliferation. The solution formulation showed significant inhibitory activity even at low dose (0.003 mg/animal). The gel formulation exhibited significant inhibitory effects at low concentration (0.002%, equal to 0.003 mg/animal) without observable toxic reactions. At high concentration (0.2%, equal to 0.3 mg/animal), ZX-12042B exhibited toxicity manifested as vaginal epithelial layer detachment and dermal inflammatory cell infiltration, establishing the therapeutic window for safe and effective dosing.



Source: Company information

Other Preclinical Drug Candidates

Our drug pipeline also consisted of two preclinical drug candidates, details of which are summarized as follows.

- ZX-15002.** ZX-15002 is a proprietary oral helicase-primase inhibitor being developed for the treatment of herpes simplex virus (“**HSV**”) infections. ZX-15002 targets the viral helicase-primase complex, a critical component of viral DNA replication that has no known equivalent enzyme complex in the human body, offering a favorable safety profile. Preclinical studies demonstrate that ZX-15002 achieves potent antiviral activity against both HSV-1 and HSV-2 at nanomolar concentrations. The compound’s long half-life enables convenient potentially once-monthly oral dosing, making it particularly suitable for managing chronic and recurrent infections. We plan to submit its IND application to NMPA in 2027.
- ZX-14000.** ZX-14000 is a proprietary oral STAT6 degrader being developed for the treatment of autoimmune diseases, including atopic dermatitis, asthma, chronic obstructive pulmonary disease, chronic spontaneous urticaria and eosinophilic esophagitis. ZX-14000 utilizes targeted protein degradation technology to selectively eliminate STAT6 protein, offering potential advantages over traditional small molecule inhibitors. Preclinical studies demonstrate that ZX-14000 achieves complete STAT6 degradation in peripheral blood mononuclear cells at picomolar concentrations, effectively suppresses T-helper type 2 (“**Th2**”) inflammatory biomarkers, exhibits high selectivity with minimal off-target effects on other STAT family members and displays favorable pharmacokinetic properties including low clearance and high exposure. Safety assessments indicate no significant hERG potassium channel inhibition, suggesting a low risk of cardiac toxicity. We plan to submit its IND application to NMPA in 2027.

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RESEARCH AND DEVELOPMENT

We recognize that research and development are vital to our future growth and the maintenance of a competitive edge in the global biopharmaceutical industry. Our research and development strategy focuses on balancing scientific and commercial risks, aiming to align promising indications with market opportunities that can be realistically anticipated. This approach helps ensure that our pipeline is both innovative and commercially viable. We have developed and leveraged a comprehensive, integrated research and development strategy that encompasses target discovery, lead optimization, translational science, preclinical studies and clinical development. Our research and development capabilities are exemplified by our highly skilled and experienced R&D team, which is led by distinguished scientists including our founders — Dr. Yang Jinfu and Dr. Hao Xiaolin, who spearhead research initiatives, drive drug development and provide strategic direction for both business operations and pipeline development. As of the Latest Practicable Date, 51 employees were actively engaged in R&D activities. Among them, 12 held master’s degrees and 6 held doctoral degrees, representing 23.5% and 11.8% of our R&D personnel, respectively.

In line with our continuous R&D commitment, in 2024, 2025 and the six months ended June 30, 2025 and 2026, our research and development costs were RMB100.0 million, RMB112.1 million, RMB64.3 million and RMB42.8 million, respectively. We will continue to utilize our technology platform to advance additional proprietary drug candidates targeting more disease areas. In particular, in 2024, 2025 and the six months ended June 30, 2025 and 2026, our research and development costs incurred for our Core Product, sebaloxavir marboxil tablets, amounted to RMB82.3 million, RMB75.6 million, RMB57.7 million and RMB12.5 million, respectively, representing 82.3%, 67.4%, 89.7% and 29.3% of our total research and development costs for the same period. The movement of our research and development costs during the Track Record Period for our Core Product was primarily in line with its clinical and commercialization progress. Specifically, we completed the phase 3 clinical trial of sebaloxavir marboxil tablets in adolescents in February 2025 and submitted its NDA (accepted in April 2025 and subsequently approved by the NMPA in June 2026), for which we had recognized significant CRO and clinical site costs in 2024 when the trial was still ongoing, leading to a decrease in R&D expenses for the Core Product in 2025 as such costs were substantially wound down. In addition, the decrease as a percentage of total research and development costs from 82.3% in 2024 to 67.4% in 2025 reflected our strategic expansion of R&D activities to other drug candidates, in particular sebaloxavir marboxil for suspension following the initiation of its phase 3 clinical trial in pediatric patients in 2025, as well as the commencement of IND-enabling preclinical studies for ZX-14000 and ZX-15002. Such increase in spending on other drug candidates resulted in a higher total R&D cost base in 2025. For the six months ended June 30, 2025 and 2026, the decrease in R&D expenses incurred for our Core Product from RMB57.7 million to RMB12.5 million was primarily attributable to the different stages of clinical development activities for sebaloxavir marboxil tablets. During the six months ended June 30, 2025, we incurred higher clinical trial expenses in relation to the adolescent indication expansion, as the relevant clinical trial was ongoing during such period. During the six months ended June 30, 2026, following the completion of such clinical trial, the related clinical development activities decreased, resulting in lower R&D expenses for our Core Product. Notwithstanding the above, we remain committed to the continued clinical development of our Core Product, including its indication expansion to post-exposure prophylaxis and overseas registration. For details of our planned R&D investment in the Core Product funded by the [REDACTED] of the [REDACTED], see “Future Plans and [REDACTED].” We may continue to incur substantial costs and expenses in relation to R&D activities for our drug candidates.

R&D Framework

We primarily rely on an in-house R&D team for our research and development efforts. Our drug discovery, preclinical and clinical development groups work together, combining expertise from biology, pharmacology, chemistry, toxicology, structural biology, translational science, and clinical research to advance our drug candidates. We have established comprehensive internal capabilities

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that cover the entire drug discovery and preclinical development process, including molecular design and optimization, *in vitro* and *in vivo* evaluation of potency and efficacy and assessments of toxicology, pharmacokinetics and pharmacodynamics. Our CMC team manages development of manufacturing processes and quality assurance for API and drug product. Our clinical development division manages all aspects of clinical trials, from study design to clinical operation and the collection and analysis of clinical data. In 2024, 2025 and the six months ended June 30, 2025 and 2026, our research and development costs were RMB100.0 million, RMB112.1 million, RMB64.3 million and RMB42.8 million, respectively.

Our R&D Team

Our R&D team possesses extensive expertise, profound knowledge and broad experience in drug development. Our R&D team is led by distinguished scientists with extensive experience in drug development. The core R&D staff consists of professionals specializing in the fields of biology, chemistry, CMC and pharmacology, each possessing over 15 years of industry experience. All key personnel involved in the development of the Core Product continue to be employed by the Company during the Track Record Period and up to the Latest Practicable Date. The following table presents a detailed breakdown of the R&D team by function as of the Latest Practicable Date.

Functions	Number of employees by function
Drug Discovery	7
CMC	13
Clinical Development	27
Regulatory Affairs	3
Project Management	1
Total	51

The following table sets forth the identities, positions and expertise of our core R&D personnel as of the Latest Practicable Date, and their involvement and contributions to the R&D activities of our Core Product. We had not experienced any material difficulties in our R&D activities, including the research and development of our Core Product, due to the change of R&D personnel.

Name	Position	Involvement and contributions to the R&D activities, including regarding our Core Product	Time of joining our Group
Dr. Yang Jinfu	Chairperson of the Board and CEO	Formulates R&D strategy and direction for our drug candidates; establishes principles for new drug candidate program initiation; leads the development strategies and timelines for drug candidate program; spearheaded the end-to-end development of our Core Product.	2018
Dr. Hao Xiaolin . . .	CSO	Participates in formulating R&D strategy and direction; leads drug discovery and development, develops and executes specific project implementation plans; spearheaded the end-to-end development of our Core Product.	2018

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Name	Position	Involvement and contributions to the R&D activities, including regarding our Core Product	Time of joining our Group
Dr. Sun Min	Senior Vice President of CMC	Leads CMC research, advancing drug development from IND through NDA stages; leads NDA submission and regulatory communications for sebaloxavir marboxil tablets; responsible for post-approval commercialization; oversees commercial manufacturing, quality control, and full lifecycle management of sebaloxavir marboxil tablets.	2021

For details, please see “Directors and Senior Management.”

Scientific Discovery and Preclinical Optimization

Our dedicated drug discovery and preclinical team leads target identification and mechanism validation for innovative drug development, oversees compound design and optimization, drives preclinical development, and advances translational science research.

We begin by defining the therapeutic area and target disease. A thorough assessment of market opportunity, patentability, competitive landscape, and potential risks is conducted prior to initiating any research effort. We follow a product-driven approach to project initiation, ensuring that clinical needs and market potential are fully considered while also prioritizing scientific feasibility and differentiating advantages. Projects must demonstrate a high likelihood of scientific success and manageable development risks to achieve a principled balance between innovation and risk, aligned with our strategic objectives. Upon a decision to proceed, we use rational design to guide our SAR (structure and activity relationship) efforts to quickly identify potential lead candidates, which have good potency and selectivity, and acceptable PK properties. Subsequently, *in vivo* studies are conducted to assess efficacy and toxicity profiles. Only drug candidates that satisfy all required features proceed to the preclinical stage.

The preclinical phase encompasses CMC and essential non-clinical studies, typically spanning approximately 12 to 18 months. During this stage, we conduct controlled animal studies to evaluate pharmacokinetics, pharmacology and toxicity.

Clinical Development

As of the Latest Practicable Date, our clinical development team comprised 27 members, including scientists and medical experts with substantial experience in drug development. This team is actively involved in formulating clinical development strategies, designing clinical trial protocols, managing trial operations, monitoring drug safety, and ensuring clinical trial quality control.

Our clinical team drafts trial protocol for IND filings, selects trial sites based on stringent criteria, closely works with contract research organizations (“CROs”) for clinical trial execution, and participates in ongoing communications with regulatory authorities to ensure the smooth and compliant process of clinical trials.

Clinical Trial Design and Implementation

Our clinical development team is actively engaged across all phases of our clinical trials, from protocol design to investigator and site selection, and ongoing program management. The team monitors treatment responses, analyzes outcomes, and adapts trial designs as needed while exploring predictive biomarkers to inform study design and execution. We employ adaptive trial designs to enhance development efficiency.

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Our clinical development team is also responsible for selecting trial sites. The criteria for site selection include the national accreditation for relevant specialties, experience in related new-drug trials, and on-site assessments of hospital size, department capabilities, investigator engagement and patient flow. We have established collaborations with numerous hospitals and PIs in China. This comprehensive selection of trial sites enables us to conduct clinical trials across various indications, stages and jurisdictions. The size and geographic diversity of these sites afford us a strong advantage in conducting large-scale clinical trials domestically and abroad, as well as enabling the concurrent execution of multiple trials. With the support of our partner institutions, we are well-positioned to recruit participants from specific populations, facilitating enrollment in studies that might otherwise face recruitment challenges.

Each trial is overseen by one or two PIs who hold primary responsibility for ensuring adherence to the trial protocol and compliance with good clinical practice throughout the duration of the trial. The PIs are responsible for executing site-level clinical research activities in accordance with trial protocols, applicable laws, regulations and the good clinical practice (“GCP”) guidelines, which set the quality standards for the overall conduct of clinical trials. To the best of available knowledge, none of the PIs had any past or present relationships with the research group, its directors, shareholders, senior management, or their respective associates.

Relationships with CROs

We outsource certain non-core research and development activities and preclinical testing to reputable third-party CROs in line with industry practice. We predominantly work with reputable CROs, selecting partners based on experience, reputation and quality of service. We typically enter service agreements that specify the detailed preclinical protocols and the required testing and analysis. Compensation is generally structured around the type of testing and analysis performed, with schedules and milestones defined in the agreements to ensure timely execution.

We engage CROs to support our clinical trials. The services they provide under our supervision include clinical trial site management, patient recruitment, clinical monitoring, data management, statistical analysis, pharmacovigilance and report preparation. CRO selection is based on service quality, capability, reputation, cost-effectiveness and research experience. We engaged two CROs for the management and execution of our clinical trials in each year/period during the Track Record Period. No new CROs were engaged during the six months ended June 30, 2026. The following table sets forth the details of our CROs engaged during the Track Record Period.

CROs	Background	Involvement and Contribution	Commencement of Business Relationship	Transaction Amount		
				For the Year ended December 31, 2024	For the Year ended December 31, 2025	For the Six Months ended June 30, 2026
				(RMB in thousands)		
CRO A	Founded in 2005, it is a leading CRO located in Beijing, China listed on the Shanghai Stock Exchange specializing in integrated clinical trial services encompassing site management, patient recruitment, data management and regulatory affairs for pharmaceutical companies.	Assist us in clinical trial site management, clinical monitoring, data management and report preparation	Since 2022	11,382.3	7,439.6	nil
CRO B	Founded in 2004, it is a leading integrated biopharmaceutical R&D service platform listed on the Shen Zhen Stock Exchange and the Hong Kong Stock Exchange, providing innovative R&D solutions across the entire drug development cycle for global pharmaceutical and medical device companies.	Assist us in clinical trial site management, clinical monitoring, data management, statistical analysis, pharmacovigilance and report preparation	Since 2020	1,495.9	3,654.6	2,314.6

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We typically enter master service agreements that define a detailed scope of work for each study, including explicit metrics for methods, procedures, standards and timelines to ensure high-quality outcomes. We organize regular status meetings and require CROs to provide periodic reports. We closely monitor CRO performance to ensure alignment with our protocols and industry benchmarks, safeguarding data integrity across trials. Access to trial results is restricted to our employees and designated CRO personnel directly involved in the clinical trial. We require our CROs to strictly comply with applicable GCP requirements and other regulatory standards, and conduct periodic audits to verify their adherence to our protocols and applicable regulatory requirements. Our CROs are contractually required to maintain strict confidentiality of all documents, data and records generated during clinical trials, and all intellectual property rights and clinical data arising from their services are owned by us. In respect of our Core Product, our CROs were primarily involved in clinical trial site management and monitoring, patient recruitment and enrollment, data management and statistical analysis for our Phase I and Phase II/III clinical trials and bioequivalence studies. We retained full control over the design of clinical development strategies and protocols, interpretation of clinical results and regulatory submission strategy. Below is a summary of the key terms of a typical agreement we enter with our CROs:

- *Services.* The CRO provides the research services to us, including the implementation and management of a preclinical or clinical research project as specified in the agreement.
- *Term.* The CRO is required to perform its services and complete the preclinical or clinical research project within the prescribed time limit set out in each agreement.
- *Payments.* We are required to make payments to the CRO in accordance with the payment schedule agreed by the parties.
- *Intellectual property rights.* We own all intellectual property rights arising from the preclinical or clinical research project.
- *Confidentiality.* The CRO is required to keep confidential all the data, information or contents we distributed to them related to the project specified in the agreement, and such obligation may survive the termination of the cooperation agreement.

Regulatory Affairs

Our regulatory affairs team oversees the regulatory approval process for our drug candidates, including assembling IND and NDA dossiers, responding to inquiries from relevant health authorities and monitoring ongoing R&D programs to ensure ongoing regulatory compliance. Team members possess deep expertise in the regulatory frameworks of key agencies, including NMPA, CDE, NIFDC and CFDI, among others.

CHEMISTRY, MANUFACTURING & CONTROLS

CMC Team

Our CMC team is an integrated part of our R&D functions, who provides preclinical and clinical support throughout the product development process. CMC performs vital roles including process development, scale-up, optimization, characterization and validation, control method development and validation and management and coordination of contract development and manufacturing organization (“CDMO”). As of Latest Practicable Date, our CMC team consisted of 13 professionals with extensive experience in process development, production and quality management from well-known biopharmaceutical and pharmaceutical companies. Our CMC team members have on average of over 10 years’ experience.

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Our CMC capabilities include:

- *Preclinical support.* Our CMC process development team is integrated into the R&D workflow to support product discovery by generating materials for early-stage discovery, preclinical, and IND-enabling studies, and by preparing CMC-related regulatory submissions.
- *Clinical support.* For ongoing clinical trials, our CMC teams oversee the supply of Investigational Medicinal Products (“IMPs”), collaborating with internal clinical and regulatory teams as well as external suppliers to ensure timely and regulatory-compliant supply.
- *Commercial manufacturing.* Our CMC team will oversee the commercial manufacturing process with CDMOs.

Collaboration with CDMO Partners

As of the Latest Practicable Date, we had not established any in-house manufacturing facility for clinical and commercial-scale production. We collaborate with CDMO partners to conduct and support our preclinical, clinical trials and commercial manufacturing in line with industry practice. We collaborate with our CDMO partners to manufacture certain drug substances, such as the APIs of our drug candidates to supply for preclinical studies and clinical trials. In respect of our Core Product, sebaloxavir marboxil tablets, our CDMO partners were primarily involved in the manufacturing of APIs, the manufacturing of drug products for preclinical studies, clinical trials and commercial supply. We also engaged CDMO partners to manufacture sebaloxavir marboxil tablets for its approval of commercialization in July 2025. During the Track Record Period, we engaged six, seven and eight CDMOs in 2024, 2025 and the six months ended June 30, 2026, respectively. Our associated costs paid to CDMOs were approximately RMB10.3 million, RMB17.4 million, RMB6.8 million and RMB5.0 million in 2024, 2025 and the six months ended June 30, 2025 and 2026, respectively.

We selected our CDMO partners after thoroughly evaluating factors such as manufacturing capacity and qualifications, service and product quality, reputation, costs and alignment with our R&D objectives. To monitor and evaluate the partner’s performance, we have implemented internal controls to ensure full compliance with applicable regulatory requirements and our internal quality management system. We require our CDMO partners to strictly comply with applicable GMP and cGMP standards, and our CMC team conducts periodic audits of their manufacturing facilities to verify compliance with applicable standards and our internal quality requirements. Our CDMO partners are contractually required to maintain strict confidentiality of all proprietary information, including manufacturing processes, formulations and analytical methodologies, and are prohibited from using such information for any purpose other than the performance of their obligations under the relevant agreements. Our agreement with the CDMO specifies detailed manufacturing procedures and requirements to ensure that drug products for the clinical trial meet our stringent quality standards. Below is a summary of the key terms of a typical agreement we enter with our CDMOs:

- *Services.* The CDMO shall produce drug candidates/drugs as specified in the master agreement or a work order.
- *Term.* General ranges from three to five years with option to renewal. The CDMO is required to perform its services prescribed timeframe set out in the master agreement or a work order.
- *Payments.* We are required to make payments to the CDMO in accordance with the payment schedule agreed by the parties upon our inspection and approval them.
- *Intellectual properties.* We own all intellectual property derived from the clinical research project, and we are entitled to apply for patent for such intellectual properties.

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- *Exclusivity.* The CDMO promises not to develop or manufacture similar or identical products related to this project, nor will they sell the raw materials or finished products to third parties.

While do not currently own any in-house manufacturing facilities, we have implemented a number of measures to ensure adequate product supply during peak seasons. We have increased the production batch sizes for both the API and finished tablets of our Core Product to enhance production efficiency and shorten production cycles. To mitigate supply concentration risk, we have engaged or are in the process of engaging secondary suppliers for both API and tablet manufacturing, which will provide additional production capacity and reduce our reliance on any single manufacturer. In addition, our Core Product has a favorable stability profile, which allows us to build up sufficient inventory ahead of peak seasons based on market demand forecasts and to carry forward any remaining inventory to subsequent selling periods.

COMMERCIALIZATION AND SALES MODEL

We have formulated flexible commercialization strategies for sebaloxavir marboxil across different formulations, taking into account the market conditions in different jurisdictions. During the Track Record Period, we primarily utilized a CSO and distribution model to sell our Core Product, sebaloxavir marboxil tablets, in China. Although sebaloxavir marboxil has not yet been approved in overseas markets, we plan to leverage CSO and distribution sales models for its overseas expansion.

China Market

As sebaloxavir marboxil tablets, our Core Product, were only approved in China in July 2025 and officially launched in October 2025, this product is still under ramp-up stage in China. We primarily collaborate with a nationwide CSO, namely Jumpcan Pharmaceutical Group Co., Ltd (濟川藥業集團有限公司) (“**Jumpcan Pharmaceutical**”), and maintain a distribution network to grow market share by leveraging their established network. As advised by CIC, our commercialization model in China is in line with the market practice.

We retain substantive control over the overall commercialisation strategy of the Core Product in Chinese Mainland. Specifically, under the agreement with Jumpcan Pharmaceutical, we: (i) retain the final decision-making authority on product pricing and price adjustments; (ii) control NRDL access strategy; (iii) determine the centralized procurement and bidding strategy; (iv) have final approval authority over distributor selection; (v) retain all intellectual property rights (including newly developed IP during cooperation); (vi) remain the sole marketing authorization holder; (vii) are solely responsible for R&D, registration, production and commercial supply; and (viii) retain the right to approve all promotional materials prior to use and to supervise our product’s distribution to end-customers and channel compliance. While Jumpcan Pharmaceutical has been engaged as the exclusive CSO for the cooperative indications in Chinese mainland, its role is limited to the execution of promotional services, including customer visits to deliver approved academic information, organizing regional seminars, collecting post-market feedback and adverse reaction data, and gathering regional healthcare and procurement intelligence. Under our substantial control and authority over the overall commercialization strategy, in line with its role as a CSO, Jumpcan Pharmaceutical is responsible for day-to-day channel development and coordination, including (i) identifying and recommending potential distributor candidates, and submitting candidate lists to the JSC for discussion, from which we make the final selection; (ii) using reasonable commercial efforts to expand the geographic and customer coverage of distributors; (iii) conducting qualification reviews of distributor candidates to ensure they meet applicable legal requirements and are local mainstream distributors; (iv) along with us, establishing effective mechanisms to supervise sales and promotion activities of distributors to ensure that distributors do not engage in conduct that would cause economic or reputational harm to the Company; and (v) providing monthly written reports regarding the sales of our products, among others. Distributors are selected from candidate lists proposed by Jumpcan Pharmaceutical and reviewed by the JSC. We make the final selection of

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distributors from the list provided by Jumpcan Pharmaceutical. Our Core Product is directly sold to distributors under a buyer-seller relationship. Jumpcan Pharmaceutical, except that one of its subsidiaries acted as one of our distributors, does not purchase our products for resale to other distributors. We determine the ex-factory prices with reference to weighted average tax-exclusive tender price, which is determined through provincial level centralized bidding processes.

Relationship with CSO — China Sales and Promotion Agreement

We recognize that CSOs are essential to building a scalable marketing ecosystem. In August 2023, we entered into an exclusive sales and promotion agreement with Jumpcan Pharmaceutical for sebaloxavir marboxil oral formulations, including but not limited to both tablet and suspension formulations (the “**China Sales and Promotion Agreement**”). Jumpcan Pharmaceutical is a subsidiary of Hubei Jumpcan Pharmaceutical Co., Ltd., a pharmaceutical company incorporated in China and listed on the Shanghai Stock Exchange (stock code: 600566). It specializes in the research, development, production and distribution of drugs, particularly focusing its R&D and commercial capabilities on pediatric, respiratory, gastrointestinal, and gynecological therapeutics. Pursuant to the China Sales and Promotion Agreement, we have granted Jumpcan Pharmaceutical and its affiliates the exclusive right to sales and promote sebaloxavir marboxil oral formulations (including but not limited to tablets and suspension formulations) (the “**Licensed Field**”) in Chinese mainland (the “**Territory**”) across all online and offline hospitals, clinics, and pharmacies. It has a period of 15 years after 2025, being the first indication of sebaloxavir marboxil oral formulations is approved in the Territory. During the term, we may not, without Jumpcan Pharmaceutical’s prior written consent, directly or indirectly promote the product or supply it to any third party (other than tier-one distributors) within the Territory, save that we retain the right to engage with medical professionals for research and development, medical information dissemination, and product publicity purposes, and to supply the product for clinical trials, patient assistance programs, and charitable donations. We remain the marketing authorization holder and retain all intellectual property rights in the product.

The China Sales and Promotion Agreement established a joint steering committee (the “**JSC**”) to support the overall coordination of the activities under this agreement. The JSC should comprise six members in total, with each party entitled to appoint three representatives. The JSC shall endeavor to make decisions by consensus. If consensus is not reached by the JSC, Jumpcan Pharmaceutical shall have the sole authority to make the final decision with respect to any matter related to the promotion of sebaloxavir marboxil oral formulations within the Licensed Field in the Territory, while we have the sole authority to make the final decision with respect to any other matters related to sebaloxavir marboxil oral formulations. In addition, Jumpcan Pharmaceutical is responsible for distributor selection and management, with such selections subject to review by the JSC. We are responsible to select distributors from the list provided by Jumpcan Pharmaceutical.

We have granted Jumpcan Pharmaceutical a non-exclusive, sub-licensable license to use only our intellectual property as is necessary for promoting the Licensed Field within the Territory. In addition, all intellectual property in promotional materials and trade dress belongs to us, and we have granted Jumpcan Pharmaceutical a free, territory-exclusive, non-transferable, sub-licensable license to use such materials solely for promotion of the Licensed Field. We retain all rights regarding sebaloxavir marboxil oral formulations beyond the Licensed Field in the Territory and all rights with regard to sebaloxavir marboxil oral formulations outside the Territory, including but not limited to rights to develop, apply for registration, manufacture and price the product, as well as intellectual property rights not expressly granted under the China Sales and Promotion Agreement.

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Either party may terminate China Sales and Promotion Agreement by written notice if the other materially breaches any term or condition and fails to cure such breach within 60 days of receipt of written notice (where curable) or obtain the non-breaching party’s waiver. We may also terminate the China Sales and Promotion Agreement if Jumpcan Pharmaceutical’s sales performance falls materially below the agreed target levels for consecutive years, subject to a good faith consultation period. Jumpcan Pharmaceutical may terminate the China Sales and Promotion Agreement upon written notice if, among other things, a competing generic product is launched prior to expiry of the Licensed Field’s compound patent, the compound patent is invalidated, we lose the marketing authorization for the product, or we fail to pay promotion service fees for a prolonged period. Upon termination, all rights and licenses granted to Jumpcan Pharmaceutical automatically terminate, and Jumpcan Pharmaceutical is required to cease all promotion activities and return all product-related materials to us. Termination is also available if the counterparty undergoes a general assignment for the benefit of creditors, files for bankruptcy, consents to the appointment of a receiver, trustee, or similar officer for its business or substantial assets, or initiates or becomes subject to insolvency, reorganization, arrangement, dissolution, liquidation, or similar proceedings under applicable law, provided such proceedings are not dismissed within thirty days, subject to thirty days’ prior written notice.

Under the China Sales and Promotion Agreement, Jumpcan Pharmaceutical agreed to pay us a total consideration consisting of (i) a non-refundable upfront payment of RMB50.0 million upon signing the aforementioned agreement, which was determined based on arm’s length negotiation between the parties; and (ii) milestone payments upon obtaining regulatory approval of additional indications in Chinese mainland (maximum aggregate of RMB70.0 million). Each milestone payment is payable only once upon first achievement of the relevant triggering event and Jumpcan Pharmaceutical is required to make payment within 10 business days of receipt of our invoice. Following the first commercial sale of the Licensed Field in Chinese mainland, we are required to pay Jumpcan Pharmaceutical promotion service fees calculated on a tiered basis by reference to annual product sales, with a medium double-digit percentage service fee based on future sales. The service fees are settled on a monthly basis, subject to annual reconciliation. In addition, Jumpcan Pharmaceutical agreed to participate in the Series C pre-[REDACTED] investment, subscribing 5,066,930 shares of our Company or a total investment amount of approximately RMB60.0 million, which was fully settled on October 13, 2023. For details, please see “History and Corporate Structure — Pre-[REDACTED] Investments — Equity Financing.”

The China Sales and Promotion Agreement sets out annual target promotion sales volumes, jointly determined by the parties based on market potential analysis and subject to annual review and adjustment. The initial targets range from several million to tens of millions tablets per annum during the first three full years following the commercialization of certain Licensed Field, with targets from the fourth year onwards determined by reference to a market share percentage of total influenza market patient volumes based on third-party data. The target promotion sales volumes are subject to adjustment or disapplication in certain circumstances.

As advised by CIC, the arrangement of the China Sales and Promotion Agreement is in line with the industry norm. As of the Latest Practicable Date, we have received the RMB50.0 million non-refundable upfront payments from Jumpcan Pharmaceutical.

Management of CSO

We have established a robust and methodical CSO management framework designed to facilitate the ongoing monitoring of sales practices and performance. Through this system, we ensure that our CSOs maintain a thorough understanding of market demand and execute market strategies with a high degree of efficiency.

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- *Assessment of CSOs.* We have developed rigorous CSO evaluation criteria to systematically assess each partner’s professional capabilities, market experience, and industry reputation. Our assessment process encompasses multiple dimensions, including but not limited to historical performance track records, team competency, market acumen, and compliance standing.
- *Implementation of market strategies.* To ensure the effective execution of our market strategies, we collaborate closely with our CSO team to develop detailed marketing and implementation plans. Through regular strategy sessions and structured feedback mechanisms, we ensure that market strategies are accurately communicated to our CSOs and continuously refined during execution.
- *Training for personnel of promotion service providers.* Recognizing that the professionalism and service quality of our CSO team directly impact marketing effectiveness, we have established a comprehensive training program covering market trend analysis, product knowledge, sales skills, and compliance education. Through a combination of online and offline training, we continuously enhance the expertise and capabilities of our CSO personnel.

We also have implemented a comprehensive framework of monitoring measures to ensure that Jumpcan Pharmaceutical comply with all applicable laws and regulations, as well as the relevant contractual terms.

- *Internal Compliance Oversight.* We maintain an internal compliance team responsible for the ongoing supervision of Jumpcan Pharmaceutical’s operations, including (i) conducting periodic reviews of Jumpcan Pharmaceutical’s business practices; (ii) verifying adherence to applicable legal and regulatory requirements; and (iii) reporting findings to senior management and.
- *Contractual Compliance Mechanisms.* Our contractual arrangements with Jumpcan Pharmaceutical include provisions requiring compliance with all applicable laws, regulations, and industry standards.
- *Inspection Rights.* We are entitled to inspection rights on a regular basis. These audits may include reviews of (i) financial records and distribution logs; and (ii) promotional materials and other compliance-related documentation.
- *Regulatory and Legal Monitoring.* We monitor changes in applicable laws, regulations, and industry guidance that may affect Jumpcan Pharmaceutical and its distributors.

To the best of knowledge of our Directors, Jumpcan Pharmaceutical does not currently promote or distribute any products that directly compete with our Core Product. Jumpcan Pharmaceutical is concurrently engaged by other pharmaceutical companies as a CSO across a broad portfolio of healthcare therapeutics, which may give rise to actual or potential conflicts of interest or competition. To address these risks, we have implemented the following measures:

- *Contractual Restrictions.* The China Sales and Promotion Agreement include non-compete and exclusivity provisions that restrict Jumpcan Pharmaceutical from promoting or distributing products that are anti-influenza drugs containing PA inhibitors, PB2 inhibitors, or neuraminidase inhibitors within the same geographic markets.
- *Product Portfolio Review.* We conduct periodic reviews of Jumpcan Pharmaceutical’s product portfolio and client engagements to identify any actual or potential overlaps or conflicts with our products. These reviews are carried out by us in coordination with relevant business units.

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- *Remedial Actions.* In the event that an actual or potential conflict of interest or competitive overlap is identified, we reserve the right to require Jumpcan Pharmaceutical to take corrective measures, and may exercise our termination rights under the applicable agreement if the conflict cannot be satisfactorily resolved.

Relationship with Distributors

In July 2025, sebaloxavir marboxil tablets were approved by NMPA for the treatment of influenza in adults and were commercially launched in October 2025. We adopted a distribution model to commercialize sebaloxavir marboxil tablets during the Track Record Period. Our distributors sell our Core Product, sebaloxavir marboxil tablets, to end customers through public hospitals, retail pharmacies and online platforms. This enables us to efficiently deepen our market penetration in a cost-effective manner. Under this model, we have a seller-buyer relationship with our distributors.

In 2024, 2025 and the six months ended June 30, 2025 and 2026, our revenue generated from sales of sebaloxavir marboxil tablets under the distribution model amounted to nil, RMB5.0 million, nil and RMB2.2 million, respectively. Since its commercial launch in October 2025 in China, our Core Product, sebaloxavir marboxil tablets, has achieved penetration across 49 hospitals under the distributor model. Among these, 21 are Class III or higher class hospitals and 22 are Class II hospitals. For the six months ended June 30, 2026, we sold 13,038 boxes of sebaloxavir marboxil tablets to distributors.

Distributor Selection

During the Track Record Period, we engaged distributors for offline and online business to sell our sebaloxavir marboxil tablets, including offline distributors and online distributors. We primarily select our offline distributors based on various criteria, including their scale and geographical coverage, capabilities in pharmaceutical procurement bidding, experience with influenza products, reputation, industry track record, delivery capabilities, compliance record, financial conditions and creditworthiness. With respect to the selection of online distributors, we select our online distributors based on criteria including their business reputation and industry standing, sales capability and track record in distributing pharmaceutical products, and compliance with all applicable laws and regulations.

We primarily manage our distributors through established distribution agreements, policies and measures. These ensure our sales to distributors reflect genuine market demand and their adherence to agreement terms. Upon identifying potential non-compliance, we promptly address the issue with the distributor, requiring rectification within a specified timeframe. Failure to comply entitles us to terminate the distribution agreement. Key terms of our distribution agreement are summarized as follows:

	Offline Distributors	Online Distributors
Term:	Typically, one year	Typically, one year
Authorization region:	The agreement grants the offline distributor authorized rights to distribute products within a specified region.	The agreement grants the online distributor the authorized right to distribute to selected customers by us within China.
Sales targets and pricing:	The agreement does not contain a minimum sales requirement or sales targets.	The agreement does not contain a minimum sales requirement or sales targets.

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	<u>Offline Distributors</u>	<u>Online Distributors</u>
Payment and delivery:	We require most of our offline distributors to pay within 30 days after receiving the invoice. After receiving the offline distributor’s order, we are responsible for third party logistic transportation costs.	We require our online distributor to pay within 30 days after receiving the invoice. We deliver products to online distributor within seven days after placing orders. We are responsible to arrange third-party logistics to deliver the goods.
Returns and exchanges:	Our products are not eligible for returns unless there are defects or failure to delivery.	Our products are not eligible for returns unless there are defects reported within three business days or failure to delivery, excluding distributor-caused quality issues.
Termination.	Either party may terminate the agreement if the other party commits a material breach. The breaching party shall compensate the non-breaching party for any losses incurred as a result.	We may terminate the agreement upon 15 days’ written notice if the online distributor commits a material breach, such as violating anti-corruption rules, failing to provide sales traceability data, or conducting unauthorized sales outside the authorized region.

During the Track Record Period and up to the Latest Practicable Date, to the best of our Directors’ knowledge, all of our distributors were Independent Third Parties, and none were controlled by our current or former employees. None of our Directors or their respective associates or any shareholder of our Company who, to the knowledge of our Directors, owns more than 5% of the issued share capital of our Company, have any interest in any of these distributors. In addition, to our best knowledge, there was no past or present relationship or arrangement, including family, business, financing, guarantee or otherwise, between us and our distributors during the Track Record Period.

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Movement of Distributors

We started to engage distributors upon sebaloxavir marboxil tablets received regulatory approval for the treatment of influenza in adults in July 2025. As of June 30, 2026, we have engaged 30 distributors across China, among which one of them is an online distributor. The following table sets forth the total numbers of our distributors to whom we directly sold our products and their movement during the Track Record Period.

	For the year ended December 31,		For the six months ended
	2024	2025	June 30, 2026
Number of distributors at the beginning of the period	—	—	26
Number of new distributors during the period	—	26	6
Number of discontinued distributors during the period	—	—	2
Number of distributors at the end of the period	—	26	30

Note:

The number of distributors engaged refers to (i) distributors that had entered into distribution agreements with us, regardless of whether the distributor had placed order; and (ii) distributors that had entered into preliminary intention for distribution arrangement with us and were in the process of negotiating and finalizing distribution agreements as of the same date.

Management of Distributors

We maintain strict control over our distribution network to prevent unauthorized sales or cannibalization, while actively managing inventory levels to ensure optimal product availability and minimize excess stock. We have implemented the following measures to prevent cannibalization and channel stuffing:

- **Regular communication:** We maintain regular communication with distributors to track channel inventory levels, preventing shortages or abnormal build-ups. We conduct reviews with our distributors to assess their inventory positions and work closely with them to optimize order quantities and delivery schedules.
- **Short credit terms:** We require most of our distributors to pay within 30 days after receiving the invoice. We believe our distributors are incentivized to place orders based on the actual market demand.
- **Distribution restrictions:** Our distributors are designated by region or channel, and each distributor is responsible for sales within its assigned region or channel. This allocation minimizes overlap and ensures a clear delineation of distribution responsibilities. Any suspected instances of unauthorized cross-region sales would be promptly investigated in a timely manner, and appropriate action would be taken to uphold the integrity of our distribution network.
- **Track of products.** We have implemented a track-and-trace system for all products. Before leaving our facilities, each package is scanned, creating a traceable record of its intended destination. We require our distributors to maintain this chain of custody through scanning upon receipt and distribution, providing us with regular updates on product flow. Our sales team conducts periodic audits to verify the accuracy of this data and ensure compliance.

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- **Minimal product returns:** Returns are permitted only for defects or delivery failures.

During the Track Record Period and as of the Latest Practicable Date, we were not aware of any material cannibalization or competition among our distributors within the same geographical area. We believe that the above measures are sufficient to address potential cannibalization and competition among distributors.

Implication of and Compliance with the “Two-Invoice System”

Since early 2017, the two-invoice system has been gradually implemented across China. The two-invoice system permits a maximum of two invoices along the sales chain from a pharmaceutical manufacturer to a public medical institution in China. It currently applies to the sales of all pharmaceuticals to public medical institutions in all provinces, municipalities and autonomous regions in China. See “Regulatory Overview — Principal Regulatory Laws and Regulations — Laws and Regulations in Relation to the Pharmaceutical Industry — Drug Distribution and Two-Invoice System.”

In accordance with the two-invoice system, we only have one-layer of regional distributors for approved product sold to public hospitals and medical institutions. During the Track Record Period and up to the Latest Practicable Date, we did not engage any sub-distributors directly for approved product sold to public hospitals and medical institutions. In the event that our distributors are found to have engaged sub-distributors for its sales to public hospitals and medical institutions in China and violates the two-invoice system, the distributor will be subject to penalties including disqualification of public bidding or distribution of pharmaceutical products and inclusion in the incredible pharmaceutical procurement record; however, as of the Latest Practicable Date, there were no effective PRC laws or regulations that explicitly stipulated whether we shall bear the legal consequences for the aforementioned behavior of our distributors. As advised by our PRC Legal Advisors, we have complied with the Two-Invoice System during the Track Record Period and, excluding exempt intra-group distribution arrangements, we have not engaged any sub-distributors for the sales of our Core Product, sebaloxavir marboxil tablets, through public hospital channels.

In the cases that the end-customers are private hospitals and medical institutions or pharmacies, we do not prohibit our distributors from engaging sub-distributors, the two-invoice system does not prohibit us from using sub-distributors. We do not have contractual relationships with any sub-distributors engaged by our distributors, and our distributors are primarily responsible for monitoring the performance of the sub-distributors they engage. As advised by CIC, such practice is in line with industry norm.

In order to maintain our compliance with the two-invoice system, we have adopted a series of internal control measures, including but not limited to (i) conducting background checks and qualification reviews to ensure that our distributors hold valid licenses, certifications, (ii) specifying the designated geographic areas for distribution in agreements with distributors, with provisions to terminate cooperation in the event of violations, (iii) reviewing transactions invoices to ensure consistency and compliance across the sales process, and (iv) conduct regular review of sales channels on a monthly basis, requiring distributors to provide records of final sales destinations to hospitals or clinics. As advised by our PRC Legal Advisors, during the Track Record Period and up to the Latest Practicable Date, we were not subject to any administrative penalties due to issues related to the two-invoice system.

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Overseas Markets

As of the Latest Practicable Date, sebaloxavir marboxil had not been approved in overseas market. We are exploring its commercial potential in overseas markets through collaboration with local partners, and have engaged Cigalah Medpharm, a fast-growing pharmaceutical company in the UAE, with an aim to commercialize sebaloxavir marboxil across the MENA region. According to CIC, the influenza treatment and prophylaxis drug market in the MENA region was approximately US\$50 million in 2025 and is expected to grow at a CAGR of 7.4% from 2026 to 2035. Influenza in the MENA region exhibits weak seasonality and multi-peak circulation across temperate and Gulf countries, with an annual symptomatic incidence of approximately 10.2%. However, the availability of novel antiviral agents in the region remains limited, with treatment options largely confined to generic oseltamivir. We believe this presents a favorable market entry opportunity for sebaloxavir marboxil as a differentiated, single-dose PA inhibitor therapy. While the collaboration with Cigalah Medpharm covers the broader MENA region, our immediate commercialization focus is primarily concentrated on Saudi Arabia and the United Arab Emirates (UAE). These two markets represent our strategic priorities due to their favorable business environments, robust healthcare infrastructure, and strong patient affordability.

Partnering with Cigalah Medpharm to commercialize our sebaloxavir marboxil oral formulations (including but not limited to tablets and suspension formulations) in the MENA region offers compelling strategic and commercial advantages. Cigalah Medpharm brings over a century of commercial heritage, an extensive distribution network and full-spectrum commercialization capabilities that can significantly shorten market entry timelines. The partnership model enables monetization through milestone payments and sales royalties while avoiding the substantial cost and risk of building independent infrastructure in the MENA region. Cigalah Medpharm in turn benefits by adding a differentiated antiviral therapy to its portfolio. The collaboration thus delivers rapid commercialization, controlled risk, and maximized long-term returns for both parties.

The MENA region is subject to varying degrees of geopolitical risk, including armed conflicts and sanctions programs administered by relevant international authorities. For details of the relevant sanction risks, see “Risk Factors — Risks Relating to Government Regulations — We could be adversely affected as a result of any transactions we have with countries that are, or become subject to, sanctions administered by the Relevant Sanctions Authorities.” Our immediate commercialization focus in the MENA region is primarily concentrated on Saudi Arabia and the UAE, neither of which is subject to comprehensive sanctions and both of which maintain stable political environments and robust healthcare infrastructure. As of the Latest Practicable Date, we were not aware of any geopolitical tensions, armed conflicts or sanctions that had materially affected or are expected to materially affect our ability to obtain regulatory approvals, access markets or achieve projected sales in these two priority markets. In addition, our collaboration with Cigalah Medpharm and our commercialization plan for the Core Product in the MENA region had not been adversely affected by any geopolitical events or sanctions during the Track Record Period.

MENA License and Distribution Agreement with Cigalah Medpharm for Sebaloxavir Marboxil Oral Formulations

In July 2025, we entered into a license and distribution agreement with Cigalah Medpharm Trading LLC (“**Cigalah Medpharm**”) in relation to sebaloxavir marboxil oral formulations (including but not limited to tablets and suspension formulations) (the “**MENA License and Distribution Agreement**”). Cigalah Medpharm is a leading company dedicated to providing innovative and high-quality products to cover a wide range of customer needs within the healthcare field and has grown to become a fast-growing pharmaceutical company in the UAE. Pursuant to the MENA License and Distribution Agreement, we have granted Cigalah Medpharm the exclusive right to distribute sebaloxavir marboxil oral formulations for the treatment and post-exposure prophylaxis of influenza (the “**Licensed Field**”) 12 MENA countries, with Saudi Arabia and the UAE being our immediate target markets (the “**Territory**”). We are responsible for

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carrying out the PK bridging study and zone IV stability test of sebaloxavir marboxil oral formulations required for the regulatory approval and distribution in the Territory. We shall provide reasonable assistance to Cigalah Medpharm required in connection with the application of regulatory approval of sebaloxavir marboxil oral formulations in the Licensed Field. The assistance we provide to Cigalah Medpharm in obtaining regulatory approval in the Territory is a one-off arrangement. We hold all regulatory approvals in the Territory, and Cigalah Medpharm is responsible for maintaining and renewing such approvals at its sole cost and expense. We shall manufacture and supply the sebaloxavir marboxil oral formulations to Cigalah Medpharm in fully packaged and labeled form in accordance with applicable laws and regulatory approval. The MENA License and Distribution Agreement has a period of 10 years after the first commercial sale of sebaloxavir marboxil oral formulations in the Territory. Cigalah Medpharm shall, at its sole cost and expense, obtain, maintain, and renew regulatory approval in each country in the Territory. Cigalah Medpharm must purchase the Product exclusively from us. Cigalah Medpharm must use its best efforts to distribute and promote the Product in accordance with recognized international pharmaceutical business practices. Cigalah Medpharm is subject to a non-compete obligation, prohibiting involvement in any competing product within the Territory.

According to the MENA License and Distribution Agreement, we grant Cigalah Medpharm (i) an exclusive and non-transferable right to obtain and maintain regulatory approval, register, import, promote, market, distribute, offer for sale, sell and otherwise commercialize sebaloxavir marboxil oral formulations within the Licensed Field in the Territory during the term of the MENA License and Distribution Agreement; and (ii) an exclusive right to use certain of our intellectual property rights related to sebaloxavir marboxil oral formulations, required or necessary solely for the performance of its obligations under the MENA License and Distribution Agreement within the Licensed Field and Territory.

The MENA License and Distribution Agreement established a JSC to monitor the progress on the mutually agreed clinical and regulatory development timeline. The JSC consists of representatives from both us and Cigalah Medpharm, with the number of representatives from each party to be determined when the JSC is formed. Each Party shall select representatives with a view to covering the key elements of the activities under the Agreement, ensuring they are of suitable authority and seniority. The responsibilities of the JSC include establishing an estimated timetable for regulatory development; sharing the plan and progress of registration; reviewing and evaluating the progress of registration; reviewing and deciding on proposed amendments to the supply price; discussing and attempting to resolve any dispute referred to the JSC; and carrying out other activities expressly allocated to the JSC under the MENA License and Distribution Agreement. All decisions of the JSC are made by unanimous decision, with each party’s representatives collectively having one vote. If consensus is not reached by the JSC, we shall be entitled to cast the deciding vote on any matter relating to sebaloxavir marboxil oral formulations.

We retain the right to commercialize sebaloxavir marboxil oral formulations beyond the Licensed Field or outside the Territory. Without prior approval from us, Cigalah Medpharm shall not appoint any subcontractor in the Territory, and Cigalah Medpharm shall remain responsible for any breach and all acts and omissions of its subcontractors as if they were its own. In addition, sebaloxavir marboxil oral formulations may only be commercialized in the Territory under our trademark, which Cigalah Medpharm is licensed to use solely for commercialization in accordance with applicable laws and our instructions. All intellectual property rights, know-how and the trademark remain the exclusive property of us (or its affiliates).

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Either party can terminate MENA License and Distribution Agreement immediately through written notice under specific conditions. We may terminate if Cigalah Medpharm materially breaches the terms and fails to remedy the breach within 30 days, undergoes dissolution or insolvency, or experiences force majeure. Additionally, we can terminate the agreement with written notice if Cigalah Medpharm fails to obtain or maintain the necessary regulatory approval, does not meet the minimum annual purchases requirement, undergoes a change of control without consent, fails to initiate the first commercial sale within six months of obtaining regulatory approval, faces objections from regulatory authorities, or if the product cannot be imported, sold, or commercially realized in the territory due to legal issues.

Under the MENA License and Distribution Agreement, Cigalah Medpharm agreed to pay us a total consideration consisting of a non-refundable, non-creditable upfront payment. Such payments are determined after arm’s length negotiations by reference to each parties’ responsibilities and obligations with the payment structure designed to align relevant key regulatory value-creation events. In addition, Cigalah Medpharm is required to pay a non-refundable upfront fee of around US\$100 thousand with two equal installments, upon the NMPA regulatory approval of sebaloxavir marboxil tablets in China and the sharing of the complete registration dossier, respectively. This upfront fee also constitutes consideration for our drug registration assistance service under the MENA License and Distribution Agreement, pursuant to which we assist Cigalah Medpharm in obtaining regulatory approvals in the Territory. Additionally, Cigalah Medpharm must pay milestone payments upon regulatory approval in each country in the Territory, with each payment ranging from USD10 thousand to USD30 thousand depending on the market size of the relevant country. As the Territory comprises 12 countries and each milestone payment is payable only once upon regulatory approval in the applicable country, the aggregate milestone payments are capped at no more than USD150 thousand. Cigalah Medpharm will purchase sebaloxavir marboxil oral formulations from us with a predetermined minimum annual purchase at a contractual supply price determined according to the Territory which will not be lower than agreed floor price. The contractual supply price was determined by reference to each parties’ responsibilities and obligations and specific pricing levels for comparable influenza antivirals in China and MENA region. In addition, Cigalah Medpharm agreed to pay us an annual royalty at around 5% of total annual net sales sold by or on behalf of Cigalah Medpharm or its permitted subcontractors in the Territory from the second year of commercialization, which was determined based on arm’s length negotiations. Cigalah Medpharm is required to meet certain minimum annual purchase obligations commencing from the second year of commercialization, calculated as no less than 70% of the forecasted purchase volumes for each country in the Territory over the ten-year term, with escalating volume targets across different markets in the Territory. Cigalah Medpharm must submit monthly and quarterly written reports to us covering sales data, market analysis, inventory, and regulatory changes.

According to CIC, the arrangements of the MENA License and Distribution Agreement are in line with industry norms. As of the Latest Practicable Date, we have received a US\$100 thousand upfront payment from Cigalah Medpharm.

Pricing

We set the prices of our marketed drug, the Core Product, based on market conditions to maintain competitiveness, market position and profitability. When determining prices, we evaluate factors such as the overall market landscape and competitive dynamics, the going prices for comparable products, and our costs for research and development, manufacturing, and commercialization. We also consider the degree of product differentiation and perceived value, as well as our share in the relevant therapeutic areas. We are dedicated to closely monitoring new policies affecting the pricing of pharmaceuticals in China and formulating strategies to stay competitive.

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NRDL

Drugs included in the NRDL are eligible for full or partial reimbursement under China’s national medical insurance program. The NRDL sets out the payment standard for drugs under the basic medical insurance, work-related injury insurance, and maternity insurance funds. The National Healthcare Security Administration of the PRC, along with other government authorities, determines which drugs are included in the NRDL. NRDL inclusion represents both an opportunity for enhanced market access and a commitment to pricing frameworks that support broad patient accessibility within China’s healthcare insurance system. While NRDL inclusion provides substantial market advantages through enhanced patient accessibility and reduced out-of-pocket costs, it may also result in price adjustments through negotiated pricing mechanisms designed to balance patient access with healthcare system sustainability.

We plan to actively pursue the inclusion of our drug product in the NRDL to enhance patient access. In China, novel pharmaceutical products included in the national medical insurance negotiation list generally need to undergo a pricing negotiation process with the government. The NRDL inclusion and pricing negotiation are based on various factors such as clinical value and cost-effectiveness. Our Core Product was not included in the NRDL as of the Latest Practicable Date. We are well prepared to participate in the 2026 NRDL negotiations, aiming for the inclusion of sebaloxavir marboxil tablets starting January 1, 2027. We have submitted the application material for the inclusion of our Core Product in the NRDL to the NHSA in June 2026, which is currently under review. We believe we are on track to participate in the NRDL 2026 negotiations. For details, see “Regulatory Overview — Principal Regulatory Laws and Regulations — Laws and Regulations on Coverage and Reimbursement in the PRC — Medical Insurance Catalog.”

We believe the potential inclusion of our Core Product in the NRDL may have the following impact on our collaboration with Jumpyuan Pharmaceutical. Pursuant to the China Sales and Promotion Agreement, we retain control over the NRDL strategy and the inclusion of the Core Product in centralized procurement catalogs or the NRDL constitutes a major industry policy change. In such an event, the existing annual sales targets and promotion service fee structures will automatically cease to apply, and the parties will renegotiate new terms in good faith based on prevailing market conditions, thereby preserving the commercial viability of the arrangement for both parties. While NRDL inclusion typically necessitates negotiated price reductions, it significantly expands market access by reducing out-of-pocket costs for patients. Consequently, our Directors are of the view that the anticipated substantial increase in prescription volumes will outweigh the impact of price concessions, making NRDL inclusion a net positive for the overall commercial performance of the Core Product.

Centralized Tender Process

Prices of most pharmaceutical products in China sold to public hospitals and public medical institutions are determined through a competitive centralized tender process at the provincial or municipal level. The centralized tender process is held in different regions across China with varying terms and procedures. Generally, pharmaceutical companies bid to have their drugs listed on an online procurement platform operated at provincial or regional level, where public hospitals can choose to purchase the listed drug at the negotiated prices. Participants eligible for submitting bids in the centralized tender process include all pharmaceutical manufacturers, sole agents of imported drugs and holders of marketing authorizations for drugs. We, as the holder of marketing authorizations for our Core Product, submit bids in a centralized tender process to supply our applicable products to these institutions at specified prices. These bids are generally considered based on, among other things, price competitiveness, product quality, clinical effectiveness, as well as qualifications and reputation of the manufacturer. If we are successful in winning bids in a centralized tender process, the relevant products will be sold to the public medical institutions at the bid prices. The centralized tender process has created pricing pressure among substitute products.

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During the Track Record Period, we actively participated in the provincial level centralized tender process, carefully considering various factors, including the trade-off between price levels and sales volumes. As of June 30, 2026, we had completed the online price filing process for our Core Product in all 31 provinces in China. The centralized tender process presents both challenges and opportunities for us. Challenges include potential declines in revenue and profit for products that do not win bids, loss of market share in regions where we fail to secure bids, and the pressure to adjust prices, which can affect profit margins. However, by leveraging our product differentiation bidding strategy, opportunities arise from cost and efficiency advantages from reduced selling and marketing expenses and expanded market access through successful bids. Our success in the centralized tender process relies on differentiating our products and pricing bids profitably, supported by national-level recognitions and quality evaluations. Failure to do so would result in lost revenue from sales to public medical institutions, impacting our financial performance.

INTELLECTUAL PROPERTY

Intellectual property rights are crucial to our business success. Our future depends on acquiring and protecting patents, inventions and trade secrets, while avoiding infringement on others’ rights. This protection underpins our competitive advantage and growth.

As of the Latest Practicable Date, we held 71 patents and patent applications, including 17 granted patents and 14 patent applications in relation to our Core Product, respectively. As of the Latest Practicable Date, we had not received any material concerns or inquiries from relevant competent authorities that make us believe that any of the pending patent applications will be rejected. As advised by our IP counsel, as of the Latest Practicable Date, our Directors are of the view that our patents or patent applications are currently not subject to any claim or invalidation request from any other party on the underlying technology in respect of these patents or patent applications. The following table sets forth an overview of our material granted patents and filed patent applications in connection with our Core Product as of the Latest Practicable Date:

Name of Patent/Patent Application ⁽¹⁾	Patent/Patent Application Number	Jurisdiction	Status	Patent Holder/Applicant	Nature of Patent	Inventor(s)	Application Date	Date of Grant	Expiration Date ⁽²⁾
Compounds useful to treat influenza virus infections	ZL202080004760.3	PRC	Granted	Our Company	Invention patent	Dr. Hao Xiaolin, Dr. Yang Jinfu	July 10, 2020	May 17, 2022	July 10, 2040
	HK40050168	Hong Kong	Granted		Invention patent	Dr. Hao Xiaolin, Dr. Yang Jinfu	July 10, 2020	September 30, 2022	July 10, 2040
	J/006367	Macao	Granted		Invention patent	Dr. Hao Xiaolin, Dr. Yang Jinfu	July 10, 2020	October 19, 2022	July 10, 2040
	TWI841759	Taiwan	Granted		Invention patent	Dr. Hao Xiaolin, Dr. Yang Jinfu	July 10, 2020	May 11, 2024	July 9, 2040
	US11466029B2	U.S.	Granted		Invention patent	Dr. Hao Xiaolin, Dr. Yang Jinfu	July 10, 2020	October 11, 2022	July 10, 2040
	EP3996716	Europe	Granted		Invention patent	Dr. Hao Xiaolin, Dr. Yang Jinfu	July 10, 2020	December 10, 2025	July 10, 2040
	JP7631292	Japan	Granted		Invention patent	Dr. Hao Xiaolin, Dr. Yang Jinfu	July 10, 2020	February 18, 2025	July 10, 2040
	CA3142030	Canada	Pending		Invention patent	Dr. Hao Xiaolin, Dr. Yang Jinfu	July 10, 2020	/	/
	KR102976916	Korea	Granted		Invention patent	Dr. Hao Xiaolin, Dr. Yang Jinfu	July 10, 2020	June 9, 2026	July 10, 2040
	48494	Vietnam	Granted		Invention patent	Dr. Hao Xiaolin, Dr. Yang Jinfu	July 10, 2020	July 25, 2025	July 10, 2040
	MY-209319-A	Malaysia	Granted		Invention patent	Dr. Hao Xiaolin, Dr. Yang Jinfu	July 10, 2020	July 02, 2025	July 10, 2040
	MX426883	Mexico	Granted		Invention patent	Dr. Hao Xiaolin, Dr. Yang Jinfu	July 10, 2020	September 11, 2025	July 10, 2040
	IN561997	India	Granted		Invention patent	Dr. Hao Xiaolin, Dr. Yang Jinfu	July 10, 2020	March 06, 2025	July 10, 2040
	EA047104	Eurasian (Russia, etc.)	Granted		Invention patent	Dr. Hao Xiaolin, Dr. Yang Jinfu	July 10, 2020	May 31, 2024	July 10, 2040
	ZL202210226404.7	PRC	Granted		Invention patent	Dr. Sun Min, Dr. Hao Xiaolin	March 09, 2022	December 15, 2023	March 09, 2042
Preparation Method of a Selenium-Containing Anti-Influenza Drug . .									

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Notes:

- (1) Unless otherwise indicated, the patent for applications within the same family is the same and is therefore disclosed once.
- (2) The patent expiration date is estimated based on current filing status, without considering any possible patent term adjustments or extensions and assuming payment of all appropriate maintenance, renewal, annuity and other government fees.

We also seek to preserve the integrity and confidentiality of our data and trade secrets by maintaining physical security of our premises and physical and electronic security of our information technology systems. Despite any measures taken to protect our data and intellectual property, unauthorized parties may attempt to or successfully gain access to and use information that we regard as proprietary. For details, please see “Risk Factors — Risks Relating to Our Intellectual Property Rights — If we are unable to protect the confidentiality of our trade secrets and confidential information, our business and competitive position will be harmed. We may be subject to claims that our employees, consultants or advisers have wrongfully used or disclosed alleged trade secrets of their former employers, and we may be subject to claims asserting ownership of what we regard as our own intellectual property.”

We conduct our business under the brand name of “征祥医药” or “ZENSHINE.” As of the Latest Practicable Date, we held 17 registered trademarks in Chinese mainland. We are also the owner of one domain name.

During the Track Record Period and up to the Latest Practicable Date, (i) we were not involved in any legal, arbitral or administrative proceedings in respect of, and we had not received notice of any material claims of infringement, misappropriation or other violations of, third-party intellectual property; and (ii) we were not involved in any proceedings in respect of any intellectual property rights that may be threatened or pending and that may have an influence on the research and development for any of our drug candidates in which we may be a claimant or a respondent.

Based on the freedom to operate (“FTO”) analysis of our sebaloxavir marboxil products, including our Core Product, as well as our ZX-8177 and ZX-12042B, we were not aware of any issued patents that may affect our rights to conduct research and development or commercialization of the aforementioned products in China, as of the Latest Practicable Date. Based on the FTO analysis of our sebaloxavir marboxil products, including our Core Product, we were not aware of any issued patents that may affect our rights to conduct research and development or commercialization of the aforementioned products in Saudi Arabia and the UAE. FTO analysis is a patent investigation, based on a search of patent databases, that is commonly used to determine whether any existing patents cover a company’s product, and whether that product would infringe any existing patents. However, we cannot provide any assurance that all relevant third party patents were identified or that conflicting patents will not be issued in the future. For details, see “Risk Factors — Risks Relating to Intellectual Property Rights.”

OUR SUPPLIERS

During the Track Record Period, our major suppliers primarily consisted of raw material suppliers, CROs and other service suppliers. We did not experience any material disputes with our suppliers during the Track Record Period. In addition, we believe that adequate alternative sources for such supplies exist, and we have developed alternative sourcing strategies for these supplies. We will establish necessary relationships with alternative sources based on supply continuity risk assessment.

In 2024, 2025 and the six months ended June 30, 2026, our purchases from our five largest suppliers in each year in aggregate amounted to RMB31.9 million, RMB32.8 million and RMB16.9 million, representing 38.5%, 31.6% and 42.1% of our total corresponding purchases in such period,

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respectively. In the same period, our purchases from the largest supplier amounted to RMB11.4 million, RMB7.6 million and RMB5.4 million, representing 13.8%, 7.3% and 13.5% of our total corresponding purchases in such period, respectively.

The following table sets forth details of our five largest suppliers in each period during the Track Record Period.

Supplier	Background	Major Purchases	Credit Terms	Commencement of Business Relationship (Since)	Purchase Amount (RMB in thousands)	% of Total Purchases for the Year/Period (%)
<i>For the six months ended June 30, 2026</i>						
Supplier E . . .	A medium-sized medical technology company focusing on innovative drugs and biosimilars headquartered in Shandong, China	Raw materials	Advance payment, within 60 days of invoice	2021	5,438	13.5
Supplier C . . .	A globally-operated CDMO listed on the Stock Exchange and Shanghai Stock Exchange and headquartered in Shanghai, China	CRO services	Within 30 days of invoice	2019	3,747	9.3
Supplier G . . .	A large-scale pharmaceutical group engaged in research and development, manufacturing and commercialization of pharmaceutical products and headquartered in Jiangsu, China	Marketing and promotion services	Within 10 days of invoice	2026	2,828	7.0
Supplier H . . .	A medium-sized pharmaceutical company listed on the Shanghai Stock Exchange and headquartered in Shanghai, China, primarily focusing on the R&D, manufacturing and sales of advanced pharmaceutical preparations	CDMO services	Within 15 days of invoice	2022	2,598	6.5
Supplier I . . .	A large-scale CRO listed on the Shenzhen Stock Exchange and the Hongkong Stock Exchange and headquartered in Hangzhou, China	CRO services	Within 60 days of invoice	2024	2,315	5.8
Total					16,926	42.1
<i>For the year ended December 31, 2025</i>						
Supplier E . . .	A medium-sized medical technology company focusing on innovative drugs and biosimilars headquartered in Shandong, China	Raw materials	Advance payment, within 60 days of invoice	2021	7,586	7.3
Supplier D . . .	A large-scale CDMO listed on the Shenzhen Stock Exchange with global presence and headquartered in Chongqing, China	Development and manufacturing of API	Within 30 days of invoice	2021	7,375	7.1
Supplier A . . .	A large-scale CRO listed on the Shanghai Stock Exchange specializing in drug synthesis and formulation and headquartered in Beijing, China	CRO services	Within 15 days of invoice	2022	7,440	7.2
Supplier C . . .	A globally-operated CDMO listed on the Stock Exchange and the Shanghai Stock Exchange and headquartered in Shanghai, China	SMO services	Within 30 days of invoice	2019	5,546	5.3
Supplier F . . .	A boutique construction company focusing on the provision of clearroom and laboratory turnkey solutions headquartered in Suzhou, China	Construction service provider	Within 30 days of invoice	2025	4,840	4.7
Total					32,786	31.6

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Supplier	Background	Major Purchases	Credit Terms	Commencement of Business Relationship (Since)	Purchase Amount (RMB in thousands)	% of Total Purchases for the Year/Period (%)
<i>For the year ended December 31, 2024</i>						
Supplier A . . .	A large-scale CRO listed on the Shanghai Stock Exchange specializing in drug synthesis and formulation and headquartered in Beijing, China	CRO services	Within 15 days of invoice	2022	11,382	13.8
Supplier B . . .	A large-scale CRO listed on the Shenzhen Stock Exchange engaging in full-chain clinical research and headquartered in Beijing, China	CRO services	Within 20 days of invoice	2021	7,042	8.5
Supplier C . . .	A globally-operated CDMO listed on the Stock Exchange and Shanghai Stock Exchange and headquartered in Shanghai, China	SMO services	Within 30 days of invoice	2019	4,991	6.0
Supplier D . . .	A large-scale CDMO listed on the Shenzhen Stock Exchange with global presence and headquartered in Chongqing, China	Development and manufacturing of API	Within 30 days of invoice	2021	4,473	5.4
Supplier E . . .	A medium-sized medical technology company focusing on innovative drugs and biosimilars headquartered in Shandong, China	Raw materials	Advance payment, within 60 days of invoice	2021	3,985	4.8
Total					31,873	38.5

None of our Directors, their respective associates or any Shareholders who, to the best knowledge of our Directors, owned more than 5% of our issued share capital as of the Latest Practicable Date, had any interest in any of our five largest suppliers for each year during the Track Record Period.

OUR CUSTOMERS

During the Track Record Period, our revenue primarily derived from the sales of our Core Product to distributors in Chinese mainland and drug registration assistance service for Cigalah Medpharm. In 2024, 2025 and the six months ended June 30, 2026, our revenue generated from our five largest customers, on a consolidated basis, were nil, RMB5.2 million and RMB2.5 million, respectively, representing nil, 98.8% and 97.7% of our total revenue for the corresponding period. Our revenue from our largest customer in 2024, 2025 and the six months ended June 30, 2026, on a consolidated basis, were nil, RMB2.3 million and RMB1.0 million, respectively, representing nil, 43.5% and 39.4% of our total revenue for the corresponding period.

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The following table sets forth details of our five largest customers during the Track Record Period.

Customer	Background	Products/services sold	Credit Terms	Commencement of Business Relationship (Since)	Revenue Amount (RMB in thousands)	% of Total Revenue for the Year/Period (%)
<i>For the six months ended June 30, 2026</i>						
Customer A . . .	A subsidiary, headquartered in Jiangsu, China, of a China-based pharmaceutical trading group listed on the Shanghai Stock Exchange	Sebaloxavir marboxil tablets	Within 75 days of invoice	2025	991	39.4
Customer B . . .	A China-based pharmaceutical trading group listed on the Shanghai Stock Exchange and headquartered in Hubei, China	Sebaloxavir marboxil tablets	Within 90 days of invoice	2025	687	27.3
Customer C . . .	A UAE-based pharmaceutical trading company headquartered in Dubai, UAE	Drug registration assistance service	Within 30 days of invoice	2025	346	13.8
Customer F . . .	A China-based pharmaceutical trading group listed on the Hong Kong Stock Exchange and headquartered in Shanghai, China	Sebaloxavir marboxil tablets	Within 30 days of invoice	2025	272	10.8
Customer D . . .	A subsidiary of a China-based pharmaceutical trading group listed on the Shenzhen Stock Exchange headquartered in Hangzhou, China	Sebaloxavir marboxil tablets	Within 90 days of invoice	2025	161	6.4
Total					2,457	97.7
<i>For the year ended December 31, 2025</i>						
Customer A . . .	A subsidiary, headquartered in Jiangsu, China, of a China-based pharmaceutical trading group listed on the Shanghai Stock Exchange	Sebaloxavir marboxil tablets	Within 75 days of invoice	2025	2,312	43.5
Customer B . . .	A China-based pharmaceutical trading group listed on the Shanghai Stock Exchange and headquartered in Hubei, China	Sebaloxavir marboxil tablets	Within 30 days of invoice	2025	2,300	43.3
Customer C . . .	A UAE-based pharmaceutical trading company headquartered in Dubai, UAE	Drug registration assistance service	Within 30 days of invoice	2025	355	6.7
Customer D . . .	A subsidiary of a China-based pharmaceutical trading group listed on the Shenzhen Stock Exchange headquartered in Hangzhou, China	Sebaloxavir marboxil tablets	Within 30 days of invoice	2025	160	3.0
Customer E . . .	A China-based pharmaceutical trading group listed on the Shanghai Stock Exchange and the Hong Kong Stock Exchange and headquartered in Shanghai, China	Sebaloxavir marboxil tablets	Within 30 days of invoice	2025	121	2.3
Total					5,248	98.8

To the best of our knowledge, each of our five largest customers in each year/period comprising the Track Record Period is an Independent Third Party. None of our Directors, their respective associates or any shareholder who, to the knowledge of our Directors, owned more than 5% of our issued share capital as of the Latest Practicable Date, has any interest in such customer during the Track Record Period.

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OVERLAP OF CUSTOMERS AND SUPPLIERS

During the Track Record Period, one of our major customers, Customer A, and one of our major suppliers, Supplier G, customers and one of our suppliers were entities within the same corporate group. For the year ended December 31, 2025, sales to Customer A amounted to RMB2.3 million, representing 43.5% of our total revenue. During the six months ended June 30, 2026, sales to Customer A amounted to RMB1.0 million, representing 39.4% of our total revenue, while purchases from Supplier G, which provided marketing and promotion services to us, amounted to RMB2.8 million, representing 7.0% of our total purchases.

Such overlap arose because certain pharmaceutical groups in China may, through different group entities, engage in different pharmaceutical-related activities, including pharmaceutical distribution and commercialization support services, in line with their respective business functions and capabilities. According to CIC, it is common for pharmaceutical groups in China to conduct multiple pharmaceutical-related activities through different group entities as part of their ordinary business operations.

The relevant transactions were entered into in the ordinary course of business and on normal commercial terms under separate agreements. In each instance, the contractual counterparties involved were separate legal entities within the same group, and our Directors are of the view that such overlapping arrangements did not result in any conflict of interest or preferential treatment. Negotiations of the terms of our sales to and purchases from these customers and suppliers were conducted on an individual basis, and the sales and purchases were neither inter-connected nor inter-conditioned with each other. Our Directors confirm that these transactions were entered into on normal commercial terms, in the ordinary course of business and on an arm’s length basis.

COMPETITION

The biopharmaceutical industry is highly competitive and subject to rapid and significant change. While we believe that our pipeline of balanced and differentiated innovative drug and drug candidates, strong research and development capability and distinguished leadership team provide us with competitive advantages, we face potential competition from many different sources working to develop therapies targeting the same indications for which we develop our drug candidates, in particular in viral infectious disease, oncology and inflammatory disorders. These include major pharmaceutical companies as well as specialty pharmaceutical companies of various sizes and academic research institutions. Any drug candidates that we successfully develop and commercialize will compete both with existing drugs, if any and with any new drugs that may become available in the future. For more information on the competitive landscape of our drug candidates, see “— Our Product Portfolio” and “Industry Overview.”

INSURANCE

We maintain insurance policies that we consider to be in line with market practice and adequate for our business. Our principal insurance policies include coverage for adverse events arising from clinical trials and personal accident insurance for our employees. We also maintain product liability insurance for our Core Product. In addition, we also purchase director liability insurance for Directors and senior management, which covers any legal action brought against our Directors and senior management. We currently do not maintain insurance for environmental liability or property loss. Please refer to “Risk Factors — Risks Relating to our Operations — We have limited insurance coverage, and any claims beyond our insurance coverage may result in our incurring substantial costs and a diversion of resources.”

We consider that the coverage from the insurance policies maintained by us is adequate for our present operations and is in line with the industry norm. During the Track Record Period, we had not made or been the subject of any material insurance claims.

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EMPLOYEES

As of the Latest Practicable Date, we had 80 employees in total, and most of them were stationed in our headquarters in Nanjing, Jiangsu Province. The following table sets forth the number of our employees categorized by function as of Latest Practicable Date.

Functions	Number of employees by function	Percentage
Research and Development	51	63.8%
Finance and General Affaires.	13	16.2%
Sales and Marketing	10	12.5%
Business Strategy and Corporate Development	4	5.0%
Management	2	2.5%
Total	80	100%

We recruit our employees through recruitment websites, recruiters and internal referrals. For all of our employees, we will provide onboarding training, and we will also provide periodic training or seminars to ensure their self-development. The remuneration package of our employees includes salary and bonus, which are generally based on their qualifications, industry experience, position and performance. We consider the remuneration package of our employees to be competitive among our domestic competitors. We make contributions to social insurance and housing provident funds as required by the PRC laws and regulations. As advised by our PRC Legal Advisors, during the Track Record Period and up to the Latest Practicable Date, we had made sufficient contributions directly or indirectly to social insurance and housing provident funds for our employees in accordance with applicable PRC laws and regulations.

In compliance with the relevant PRC laws and regulations, we entered into employment contracts with our employees to cover matters such as wages, benefits and grounds for termination. We enter into standard confidentiality agreements with all of our employees. We enter into non-compete agreements with employees of the departments that we consider crucial to our business, such as research and development. Such non-compete agreements prohibit employees from conducting any business competing with us for twelve months following the termination of their employment.

We have established a labor union. During the Track Record Period and as of the Latest Practicable Date, we did not experience any material labor disputes or strikes that may have a material and adverse effect on our business, financial condition or results of operations.

PROPERTIES

We are headquartered in Nanjing, Jiangsu Province. As of the Latest Practicable Date, we did not own any real property. As of the same date, we leased four properties in Chinese mainland, with an aggregate GFA of approximately 7,588.3 square meters. We believe our current facilities are sufficient to meet our near-term needs, and additional space can be obtained on commercially reasonable terms to meet our future needs.

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The following table sets forth the details of our leased properties as of the Latest Practicable Date:

Usage	Location	GFA (sq.m)	Expiry Date
Office and Laboratory. . . .	Nanjing, China	2,047.6	December 31, 2026
Office and Laboratory. . . .	Hangzhou, China	4,610.7	June 30, 2030
Office	Yangzhou, China	777.1	January 10, 2028
Office	Changchun, China	152.9	May 21, 2029

As of the Latest Practicable Date, no single property interest that formed part of non-property activities had a carrying amount of 15%, and no single property interest that formed part of property activities had a carrying amount of 1%, of our total assets. Therefore, according to Chapter 5 of the Listing Rules and section 6(2) of the Companies (Exemption of Companies and Prospectuses from Compliance with Provisions) Notice (Cap. 32L of the Laws of Hong Kong), this Document is exempted from compliance with the requirements of section 342(1)(b) of the Companies (Winding Up and Miscellaneous Provisions) Ordinance in relation to paragraph 34(2) of the Third Schedule to the Companies (Winding Up and Miscellaneous Provisions) Ordinance, which requires a valuation report with respect to our Group’s interests in land or buildings.

ENVIRONMENTAL, SOCIAL AND GOVERNANCE

We believe our sustained growth lies in our contribution to society. Since our inception, we have adopted as our long-term strategic goal to promote environmental sustainability, support and participate in socially responsible projects, and adhere to a high standard of corporate governance.

ESG GOVERNANCE

We prioritize Environmental, Social, and Governance (“ESG”) practices and have implemented a comprehensive ESG reporting process. Our Board holds full responsibility for establishing ESG policies and strategies, evaluating risks associated with daily operations, and monitoring progress to ensure effectiveness. It also fosters a culture aligned with our core ESG values. To bolster sustainability, improve governance, and enhance ESG performance, we have set up an ESG working team. This team comprises senior executives, department heads, and staff knowledgeable about current and emerging ESG issues. Reporting directly to the Board, they execute the ESG strategies laid out by leadership.

The ESG working team’s duties include developing and implementing an ESG framework and policies aligned with our long-term strategies while regularly reviewing and adjusting them. They ensure compliance with evolving ESG laws and promptly update policies accordingly. The team identifies, assesses, and manages material ESG risks on an ongoing basis and takes timely measures to reduce potential impacts. When necessary, they engage external ESG experts to offer professional guidance and contribute to meeting our ESG goals. The team also evaluates stakeholder communication effectiveness and incorporates feedback to optimize strategies.

Moreover, the working team organizes ongoing ESG training for directors and senior management, ensuring awareness of the latest ESG trends and compliance requirements. They closely monitor and evaluate our performance against ESG targets and provide regular reports to the Board. Through these coordinated efforts, we aim to embed responsible, sustainable business practices deeply into our corporate culture and operations, positioning the company for long-term success.

The ESG working team reports to our Board on ESG-related matters on a regular basis, and our Board periodically reviews our ESG targets and assesses the progress and effectiveness of our ESG policies and measures. Where necessary, we engage independent external advisors to provide professional guidance on ESG matters. In identifying and prioritizing material ESG issues, our Board takes into account applicable regulatory requirements, the operational characteristics of the biopharmaceutical industry, and feedback from key stakeholders including employees, regulators

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and business partners. The ESG working team conducts materiality assessments by evaluating the potential impact of each ESG issue on our business operations and classifying the identified issues by level of materiality for the Board’s review and confirmation.

Identification and Assessment of ESG-Related Risks

We have adopted a series of risk management policies which set out a risk management framework to identify, assess, evaluate and monitor key risks associated with our strategic objectives on an ongoing basis. Our Board holds overall responsibility for reviewing risk management information and overseeing annual risk evaluations. The ESG working team, under the Board’s supervision, coordinates and manages the overall ESG risks associated with our business operations, including maintaining a key risk list, leading corresponding risk management activities and carrying out risk prevention measures in collaboration with relevant departments. Each department is responsible for implementing our risk management policy and identifying and evaluating risks associated with its working scope on a day-to-day basis.

In assessing the materiality of ESG risks, we consider factors including the likelihood and severity of each risk, its potential financial and operational impact on our Group, stakeholder priorities and applicable regulatory requirements. We adopt quantifiable metrics to monitor our key ESG performance, including total electricity consumption (MWh), total water consumption (tons), hazardous waste generated (tons) and work-related injury rate.

The decisions on the reduction, transfer, acceptance or control of the risks are affected by various factors. We will incorporate climate-related issues, including the analysis on physical and transition risks, into its risk assessment process and risk appetite setting. Our key climate-related risks include (i) transition risks arising from the shift to a low-carbon economy, including compliance risks from increasingly stringent environmental regulations, and (ii) physical risks, including potential disruption to our R&D operations from extreme weather events. We have established emergency response plans and implemented energy-saving measures at our offices and R&D facilities to mitigate such risks. We will consider the risks and opportunities in its strategic and financial planning process if such risks and opportunities are deemed to be material. After reviewing the environmental, social and climate-related risks and our performance in response to such risks each year, we may revise and alter our ESG strategies as appropriate.

As advised by our PRC Legal Advisors, during the Track Record Period and up to the Latest Practicable Date, we had complied with applicable health, work safety and environmental laws and regulations in the PRC in all material respects.

Environmental Protection

As a biopharmaceutical company, we recognize the significant environmental responsibilities that come with our operations. Environmental responsibility is deeply ingrained in our corporate values, guiding our efforts to reduce ecological harm at every stage of the value chain. We are focused on ongoing improvement, striving to lower our environmental footprint while advancing sustainable growth in alignment with our commitment to planetary stewardship.

GHG Emissions and Resource Consumption Management

Our greenhouse gas (“GHG”) emissions during the Track Record Period were relatively limited, as the major sources of our GHG emissions and energy consumption were primarily attributable to electricity usage in the ordinary course of our business operations. We have not engaged in any manufacturing activities to date, as we remain in the process of exploring various manufacturing arrangements in preparation of the future commercial launch.

In setting our ESG-related goals and targets, we primarily reference applicable regulatory requirements, the operational characteristics of the biopharmaceutical industry and our historical resource consumption data during the Track Record Period, with input from our independent

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internal control advisor where necessary. As we have not yet commenced manufacturing activities, our current environmental targets focus on resource consumption at the office and R&D level, and will be progressively refined as our business operations develop.

We closely monitor water consumption levels at our offices and have implemented various policies and measures to conserve water resources. These include timely repairing any dripping faucets to minimize water wastage and posting reminder stickers in restrooms to raise employees’ awareness on water conservation. Through these efforts, we aim to further promote water-saving practices and reduce overall water usage.

The following table sets forth the amount of our electricity and water consumption for the periods indicated:

	Unit	For the year ended December 31,		For the six months ended June 30,
		2024	2025	2026
Electricity Consumption	kWh	151,928.1	151,128.0	83,090.4
Water Consumption	cubic meters	480.7	484	268

Waste Management

We implement comprehensive policies to minimize our environmental impact through responsible waste management, energy efficiency, and water conservation.

For waste handling, we strictly comply with environmental regulations by properly sorting and disposing of domestic non-hazardous waste through licensed providers, while qualified third parties manage all hazardous materials from R&D and clinical trials through rigorous procedures to ensure safety and compliance.

With respect to chemical waste and bio-waste generated by our CROs and CDMOs in the course of conducting trials and production on our behalf, we contractually require our CROs and CDMOs to comply with all applicable laws and regulations relating to waste management and disposal. With respect to bio-waste generated during clinical trials, such waste is managed and disposed of by our CROs in accordance with their own standard operating procedures and applicable regulatory requirements. Our CDMO partners are required to manage chemical waste and bio-waste in accordance with their own internal regulatory compliance frameworks and applicable regulatory requirements.

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The following table sets forth our waste emissions for the periods indicated:

	Unit	For the year ended December 31,		For the six months ended
		2024	2025	June 30, 2026
Hazardous Waste	tons	—	1.78	0.60

Social Responsibility

Workplace Safety and Diversity

We have established and maintain a comprehensive set of rules, standard operating procedures and measures to ensure a healthy, safe, and inclusive environment for our employees and clinical trial participants. Our safety program emphasizes three core pillars: implementing clear guidelines for safe workplace practices, maintaining rigorous accident prevention protocols, and establishing transparent reporting procedures. For clinical trials, we record all adverse events in an electronic database and report them to regulatory authorities and require participants to demonstrate their understanding of all safety considerations both during initial enrollment and throughout their continued participation. These systematic protections reflect our fundamental commitment to fostering both physical safety and psychological well-being across all aspects of our operations.

We have also adopted a board diversity policy, which sets out the approach to achieve diversity of the Board. We recognize and embrace the benefits of having a diverse Board, including gender diversity, as an essential element in maintaining our competitive advantage and enhancing our ability to attract, retain and motivate employees from the widest possible pool of available talent. As of the Latest Practicable Date, around 56.3% of our total employees were female. After the [REDACTED], we will continue to take steps to promote gender diversity at the Board and management level. Specifically, we will actively identify female individuals suitably qualified to become our Board members. To further ensure gender diversity in a long run, our Nomination Committee will periodically review our board diversity policy and its implementation to ensure its implementation and monitor its continued effectiveness.

Occupational Health and Safety

We comply with various health, workplace safety, and environmental regulations, with local authorities regularly inspecting our operations. We are committed to providing a safe work environment through company-wide safety guidelines that cover best practices, accident prevention, and reporting procedures. To protect our employees, we have established emergency response plans and conduct safety training to cultivate a safety-first culture. Employees in laboratories hold necessary qualifications and use appropriate safety gear. We also perform regular safety inspections and maintenance of our R&D facilities to ensure ongoing compliance and risk management. During the Track Record Period and up to the Latest Practicable Date, we had complied with health, work safety and environmental laws and regulations applicable to our operations in all material respects, and we did not encounter any environmental or occupational health-related incidents or complaints that would materially and adversely affect our business, financial condition or results of operations during the same period.

Animal Welfare and Clinical Trial Safety

We conduct all animal testing in strict compliance with animal welfare standards and applicable laws and regulations governing the management of laboratory animals. All of our animal experiments are conducted through CROs that are qualified in animal experimentation. We rigorously review and assess their testing capabilities and qualifications, such as those research institutions with AAALAC (Association for Assessment and Accreditation of Laboratory Animal Care (國際實驗動物評估和認可委員會) accreditation and/or GLP qualifications and with sufficient practical experience.

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In our clinical trials, we prioritize patient safety and privacy. All trials strictly adhere to the principles of GCP under applicable guidelines. Each trial protocol is subject to review and approval by the ethics committee of the relevant clinical trial institution. Each participant is fully informed of the study’s purpose and details prior to enrollment and participates voluntarily with the right to withdraw at any stage. We require our CROs to comply with all applicable laws and regulations relating to safety and operations, including strict adherence to applicable regulations governing patient recruitment, informed consent and clinical trial conduct.

Corporate Governance

We uphold rigorous corporate governance standards as the foundation of our sustainable growth and long-term success. Our governance framework is structured to ensure robust oversight, transparency in decision-making, and value creation for all stakeholders. The Board of Directors serves as the guiding force in shaping our strategic direction, overseeing comprehensive risk management, and maintaining accountability throughout the organization.

Patient Data Protection and Prevention of Data Manipulation

We are committed to protecting sensitive patient information and ensuring the confidentiality of clinical trial participant data in compliance with all relevant laws, regulations, and industry standards. We require our CROs to maintain strict confidentiality of all documents, data, and records generated during clinical trials, and to bind their employees and consultants to these same confidentiality obligations. Without our prior written consent, CROs are prohibited from sharing any confidential information with third parties. They must also implement security measures equivalent to those they use for their own confidential data to prevent unauthorized access or data breaches. Additionally, all our employees sign confidentiality agreements to further secure sensitive information.

To ensure data integrity and prevent manipulation, we have established information disclosure policy for managing the information disclosure to external parties. During clinical trials, all data uploaded to the electronic data capture system is de-identified, displaying only subject IDs and abbreviated names without access to full identities. Electronic data capture access is restricted to pre-authorized accounts with role-based permissions for data entry or review. Subject data, as the sponsor’s intellectual property, may not be used or published without sponsor approval, including for investigator publications. Together, these measures create a strong framework to protect the accuracy and reliability of our clinical trial data, uphold confidentiality, and maintain high standards of data protection throughout the trial process.

In accordance with applicable PRC laws on cybersecurity, data security and personal information protection, we are involved in collecting, storing and using data during our business operations, including:

- (1) Business operations. In the ordinary course of our business operations, we collect and process the names, contact details and other personal data of our employees and the contact persons of our suppliers, customers and other business partners.
- (2) Clinical trials and related collaborations. In connection with our clinical trials, we collect and process (i) the names, contact details and curriculum vitae of project team personnel, including personnel dispatched by our CRO partners and investigators at clinical trial sites and (ii) the subject identification codes and, in association with such codes, the date of birth, age, ethnicity and other basic personal information as well as medical history and laboratory test reports of clinical trial subjects. The personal information of clinical trial subjects is collected based on the informed consent signed by the subjects or their guardians. All clinical trial data collected and generated in the course of our clinical trials is owned by us. On this basis, we may only collect, store, transmit and use such data for the purposes of obtaining marketing approval for the relevant drug products or for other purposes expressly agreed in the relevant agreements.

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- (3) Preclinical studies and other R&D activities. Our preclinical studies and other R&D programs, including drug discovery, target identification and compound optimization, do not involve human research and no personal information is collected in the course of such activities.

During the Track Record Period and up to the Latest Practicable Date, we had not experienced any incident of patient data or other data leakage or material data losses during our ordinary course of business operations.

We have adopted reasonable data security measures to ensure compliance with applicable legal and regulatory requirements. Key measures include: (i) we have established a computer information system security management policy governing hardware, software, account and access permission management and network usage, (ii) we have designated responsible departments to conduct regular data backup, (iii) we have implemented strict access control mechanisms, granting employees only the minimum level of access required for their daily work, with any additional access subject to a strict approval process and timely revocation, (iv) we have established an emergency response plan for cybersecurity incidents to monitor and mitigate cybersecurity risks and (v) we provide regular information security and related business training to our employees.

We conduct clinical trials in the PRC and clinical trial data is stored in Chinese mainland. During the Track Record Period and up to the Latest Practicable Date, we had not transferred any data containing sensitive personal information to overseas collaborators; and the relevant data had consisted solely of result data identified by subject identification codes. We were not required to undergo a security assessment, enter into the standard contract for the cross-border transfer of personal information, or obtain personal information protection certification. Should future business needs require cross-border data transmission, such as the reporting of suspected unexpected serious adverse reactions (SUSARs) to overseas recipients, we will inform the relevant data subjects and comply with applicable data export security regulations.

We contractually require our collaboration partners to comply with strict confidentiality obligations. Pursuant to agreements with our collaboration partners, we require them to process subject data and other clinical trial data prudently and solely for clinical trial-related purposes in compliance with applicable PRC data protection regulations. In addition, we and our authorized parties retain the right to conduct on-site audits to verify our collaboration partners’ compliance with their confidentiality obligations and to protect the personal information rights and legitimate interests of clinical trial subjects. As advised by our PRC Data Compliance Counsel, during the Track Record Period and up to the Latest Practicable Date, we had been in compliance with applicable PRC laws and regulations relating to data privacy, cybersecurity, cross-border data transfer and data security in all material respects, and had not been subject to any administrative penalties or legal proceedings in relation thereto.

Business Ethics and Integrity

We are committed to upholding high standards of corporate governance and fostering a healthy corporate culture. We believe that strong governance and ethical values are essential to the well-being of our employees and the sustainable development of our business. To this end, we have put in place a series of internal regulations to set forth the guidelines for compliance with laws and regulations and promote honest and ethical conduct, prevent corruption practices and conflicts of interest, and maintain operational transparency and fairness, including our general compliance policies, anti-corruption compliance policy, and guidelines for interactions with regulatory authorities, healthcare professionals, healthcare organizations, patients, media institutions and the public. These measures foster an ethical and transparent business environment while safeguarding our interests and those of all stakeholders.

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PERMITS AND LICENSES

We are subject to regular inspections, examinations and audits by local regulators and are required to maintain or renew the necessary permits, licenses and certificates for our business. As advised by our PRC Legal Advisors, as of the Latest Practicable Date, we had obtained all requisite licenses, approvals and permits from relevant authorities that are material to our operations and such licenses, permits and certifications all remain in full effect. For more details regarding the laws and regulations to which we are subject, see “Regulatory Overview” in this Document. We had not experienced any material difficulty in renewing such licenses, permits, approvals and certificates during the Track Record Period and up to the Latest Practicable Date, and we currently do not expect to have any material difficulty in renewing them when they expire, if applicable.

The following table sets forth the details of our material licenses, permits and approvals as of the Latest Practicable Date:

<u>License/Permit</u>	<u>Holder</u>	<u>Grant Date</u>	<u>Expiration Date</u>
New Drug Approval for Sebaloxavir Marboxil Tablets	Our Company	July 15, 2025	July 14, 2030
Drug Production License . .	Our Company	January 30, 2026	January 25, 2029

LEGAL PROCEEDINGS AND NON-COMPLIANCE

Legal Proceedings

During the Track Record Period and up to the Latest Practicable Date, we have not been involved in any material legal or administrative proceedings that could significantly impact our operations, financial position, growth prospects, or reputation. While we maintain this clean litigation record, like all companies in our industry, we may occasionally face routine claims or proceedings arising from normal business activities. For details, see “Risk Factor — Risks Relating to Our Operations — We may be involved in claims, disputes, litigation, arbitration or other legal proceedings in the ordinary course of business.”

Compliance

Engagement of Third Parties to Make Contributions to the Social Insurance Fund and Housing Provident Fund

During the Track Record Period, we engaged a third-party human resources service provider to make contributions to the social insurance fund and housing provident fund for three employees in China (the “**Third Party Contribution Arrangement**”). Such arrangement was primarily due to certain of our employees preferring to have social insurance and housing provident fund contributions made at their place of residence for convenience of utilizing such benefits locally, rather than at the location of their contracting employer. The Third Party Contribution Arrangement, although not uncommon in China, is not in strict compliance with relevant PRC laws and regulations.

In accordance with the Social Insurance Law of the People’s Republic of China (《中華人民共和國社會保險法》), employers are required to declare and pay social insurance contributions in full and on time. Where an employer fails to make full and timely payment, the regulatory department shall order payment or make-up contributions within a prescribed period, and a late payment surcharge of 0.05 percent per day shall be levied from the date of default. If payment is still not made within the time limit, the relevant regulatory department shall impose a fine of not less than one time but not more than three times the amount in arrears. Pursuant to the Regulations on the Administration of Housing Provident Fund (《住房公積金管理條例》), employers shall deposit housing provident fund contributions in full and on time, and shall not delay or underpay such deposits. Where an employer

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fails to deposit contributions in full and on time, the housing provident fund management center shall order payment within a specified period. If the employer still fails to comply, the management center may apply to the People’s Court for enforcement.

On the basis that as of the Latest Practicable Date, (i) such employees had confirmed such arrangement that the third-party human resources service provider pays the social insurance premium and housing provident funds for them on behalf of us, and had raised no objections in relation thereto, (ii) there had been no disputes between us, such employees and the third-party human resources service provider with regard to such arrangement, and (iii) we had not received any notice of rectification from, or been imposed any administrative penalty by, the relevant governmental authorities as a result of such arrangement, as advised by our PRC Legal Advisors, the risk of us being subject to material penalties as a result of paying the social insurance premium and housing provident funds for the relevant employees through third-party agencies is relatively low.

To prevent any future recurrences of such non-compliance, we have established and implemented the following internal control measures and procedures: (i) our human resources department has inspected our payment of social insurance premium and housing provident funds for our employees and found out the reasons for engaging third-party human resources service provider, made records and followed up; (ii) we will prepare and maintain regular reports in respect of our payment of social insurance premium and housing provident funds for our employees for review by our Board and the head of our human resources department; (iii) we will regularly communicate with the relevant competent authorities and, where necessary, consult with our PRC Legal Advisors, to ensure that our calculation and payment methods are in compliance with the relevant laws and regulations; (iv) we will regularly consult with our PRC Legal Advisors to understand whether we are at risk of non-compliance with the relevant laws and regulations; and (v) we will provide regular internal trainings to our Directors, senior management personnel and other responsible staff on the relevant laws and regulations and consult with our PRC Legal Advisor, where necessary, on the updates thereof.

We maintain rigorous compliance with all applicable laws and regulations governing our operations. During the Track Record Period and up to the Latest Practicable Date, we had not been and were not involved in any material non-compliance incidents that led to fines, enforcement actions or other penalties that could, individually or in the aggregate, have a material adverse effect on our business, financial condition or results of operation. As advised by our PRC Legal Advisors, we believe that, during the Track Record Period and up to the Latest Practicable Date, save as disclosed below, we had complied in all material respects with the applicable laws and regulations relating to our business operations.

RISK MANAGEMENT AND INTERNAL CONTROL

Risk Management

We are exposed to various risks in our business operations, and we believe that risk management is important to our success. Our Directors oversee and manage the overall risks associated with our operations. We have prepared written terms of reference in compliance with Rule 3.21 of the Listing Rules and the Corporate Governance Code and Corporate Governance Report as set out in Appendix C1 to the Listing Rules.

To monitor the ongoing implementation of our risk management policies and corporate governance measures after the [REDACTED], we have adopted or will continue to adopt, among other things, the following risk management measures:

- establish an Audit Committee to review and supervise our financial reporting process and internal control system;

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- adopt various policies to ensure compliance with the Listing Rules, including but not limited to aspects related to risk management, connected transactions and information disclosure;
- provide anti-corruption and anti-bribery compliance training periodically to our senior management and employees to enhance their knowledge and compliance with applicable laws and regulations; and
- attend training sessions by our Directors and senior management in respect of the relevant requirements of the Listing Rules and duties of directors of companies [REDACTED] in Hong Kong.

We uphold a strict code of conduct and anti-corruption policies that apply to all employees. Our distributors are likewise bound by integrity obligations set forth in their respective distribution agreements. We maintain a zero-tolerance stance toward bribery and improper payments in all business operations, regardless of geography or whether the counterparty is a government official or healthcare professional. This prohibition extends to kickbacks, excessive gifts or entertainment, and any other payment made or offered to secure an undue business advantage. We are committed to maintaining accurate and transparent books and records that reflect all transactions and asset dispositions in reasonable detail. Any requests for false invoices or payments involving unusual, excessive, or inadequately described expenses must be rejected and promptly reported as misleading, incomplete, or false entries in our records are strictly prohibited. In addition, we ensure that all sales team personnel comply with applicable promotion and advertising requirements, including restrictions on promoting drugs for unapproved uses or patient populations and limitations on industry-sponsored scientific and educational activities.

As a crucial part of our internal control procedures, we value the protection of the personal data of the patients enrolled for our clinical trials. In accordance with the relevant laws and regulations in China, we have formulated a detailed internal procedure with respect to the protection of patients’ data. Our clinical operations department is responsible for supervising the data protection practice during clinical trials. We have also formed a data protection team, which is responsible for analyzing the latest laws and regulations in these areas and upgrading and managing our private data protection system. In particular, when collecting any patient’s private data, we will inform them the types of personal data collected, purpose, processing method, the storage period and whether the data may be transferred abroad. We strive to only collect personal data and store them for the period necessary for our clinical purpose. We also provide on-board training with respect to the handling of personal data to all of our employees when they join us.

We have also formulated a series of anti-bribery compliance policy in accordance with the applicable laws and regulations as part of our internal control procedure. We have established an employee code of conduct, which covers anti-bribery compliance requirements in our business operations. Our employees involved in the accounting and finance function shall be alert to any suspicious transactions and are required to report such suspected violations they identified to the financial vice president of our Company. We also encourage all employees to report any suspicious violations in this area.

We have employed an independent internal control consultant to assess our internal control system in connection with the [REDACTED]. The internal control consultant has conducted a review procedure on our internal control system in certain aspects, including financial reporting and disclosure controls, corporate level controls, information system control management and other procedures for our operations. We had improved our internal control system by adopting and implementing the corresponding enhanced internal control measures. Going forward, we will continue to regularly review and improve these internal control policies, measures and procedures. As of the Latest Practicable Date, there was no material issue remaining based on our internal control review procedure in relation to the internal controls of our Group.