STRUCTURE THERAPEUTICS

GSBR-1290 Phase 2 Program

November 13, 2024

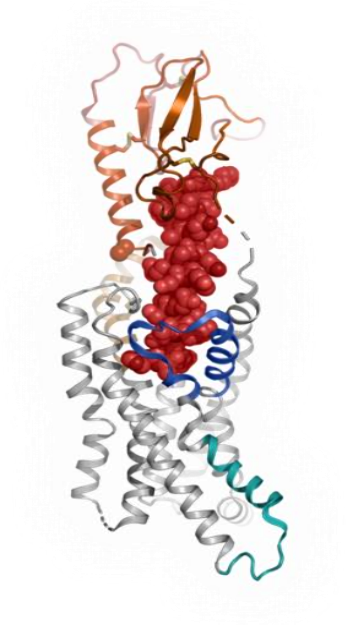
Forward looking statements

This presentation contains “forward-looking statements” within the meaning of the “safe harbor” provisions of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical fact are statements that could be deemed forward-looking statements, including, without limitation, statements concerning the Company’s future plans and prospects, any expectations regarding the safety, efficacy, tolerability and CMC and scalability of GSBR-1290 and other candidates under development, the ability of GSBR-1290 to treat obesity, T2DM, or related indications, the planned initiation and study design of the Company’s ACCESS and ACCESS II clinical studies of GSBR-1290 in patients with obesity, or overweight with a weight-related comorbidity and the timing thereof; the selection of a development candidate for the Company’s amylin receptor agonist program; the timing and design of the Company’s amylin receptor agonist program and its potential as a promising approach to obesity treatment; the timing and design of the Company’s GIPR and GLP-1R/GIPR and other oral small molecule programs; the ability of the Company to expand to additional indications; and the planned timing of the Company’s anticipated milestones and data results. In addition, when or if used in this presentation, the words “may,” “could,” “should,” “anticipate,” “believe,” “estimate,” “expect,” “intend,” “plan,” “predict” and similar expressions and their variants, as they relate to the Company may identify forward-looking statements. Forward-looking statements are neither historical facts nor assurances of future performance. Although the Company believes the expectations reflected in such forward-looking statements are reasonable, the Company can give no assurance that such expectations will prove to be correct. Readers are cautioned that actual results, levels of activity, safety, performance or events and circumstances could differ materially from those expressed or implied in the Company’s forward-looking statements due to a variety of risks and uncertainties, which include, without limitation, risks and uncertainties related to the preliminary nature of the results due to length of the study and sample size and results from earlier clinical studies not necessarily being predictive of future results, potential delays in the commencement, enrollment and completion of the Company’s planned clinical studies, the Company’s ability to advance GSBR-1290, LTSE-2578, ANPA-0073 and its other therapeutic candidates, obtain regulatory approval of and ultimately commercialize the Company’s therapeutic candidates, competitive products or approaches limiting the commercial value of the Company’s product candidates, the timing and results of preclinical and clinical studies, the Company’s ability to fund development activities and achieve development goals, the Company's reliance on third parties, including clinical research organizations , manufacturers, suppliers and collaborators, over which it may not always have full control, the impact of any global pandemics, inflation, supply chain issues, rising interest rates, future bank failures and other macroeconomic factors on the Company’s business, its ability to protect its intellectual property and other risks and uncertainties described in the Company’s filings with the Securities and Exchange Commission (SEC), including the Company’s Annual Report on Form 10-K for the year ended December 31, 2023 filed with the SEC on March 8, 2024, Quarterly Report on Form 10-Q for the quarter ended June 30, 2024 filed with the SEC on August 8, 2024, and future reports the Company may file with the SEC from time to time. All forward-looking statements contained in this presentation speak only as of the date on which they were made and are based on management’s assumptions and estimates as of such date. The Company undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made, except as required by law.

Agenda

Opening Remarks and Overview	**Raymond Stevens, Ph.D.** *Chief Executive Officer*
GSBR-1290 Phase 2 ACCESS Program • Overview • ACCESS & ACCESS II Study Designs	**Blai Coll, M.D., Ph.D.** *Chief Medical Officer*
Building a Leading Oral Small Molecule Portfolio • GSBR-1290 backbone • Combination therapy approach • Amylin program	**Raymond Stevens, Ph.D.,** CEO
Q&A	**Raymond Stevens, Ph.D.,** *CEO* **Blai Coll, M.D., Ph.D.,** *CMO* **Jun Yoon**, *Chief Financial Officer*

Mission: Bring Small Molecule Innovation to Areas of Great Unmet Need

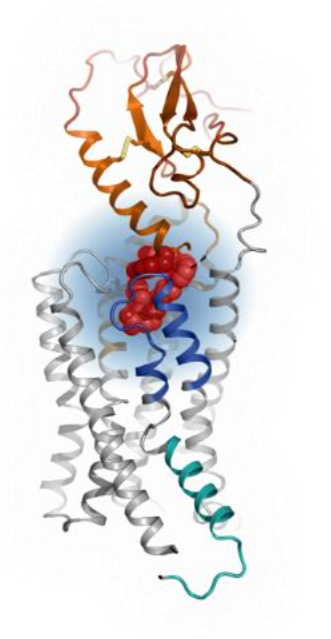


GLP-1R[1] Agonist
PEPTIDE

MEDICINES ACCESSIBLE FOR ALL

Oral Small Molecule Opportunities

- Broader accessibility
- Oral formulation provides more patient options
- Potential for long-term weight loss maintenance
- Large-scale manufacturing; lower cost of goods
- Potential fixed dose combination advantages



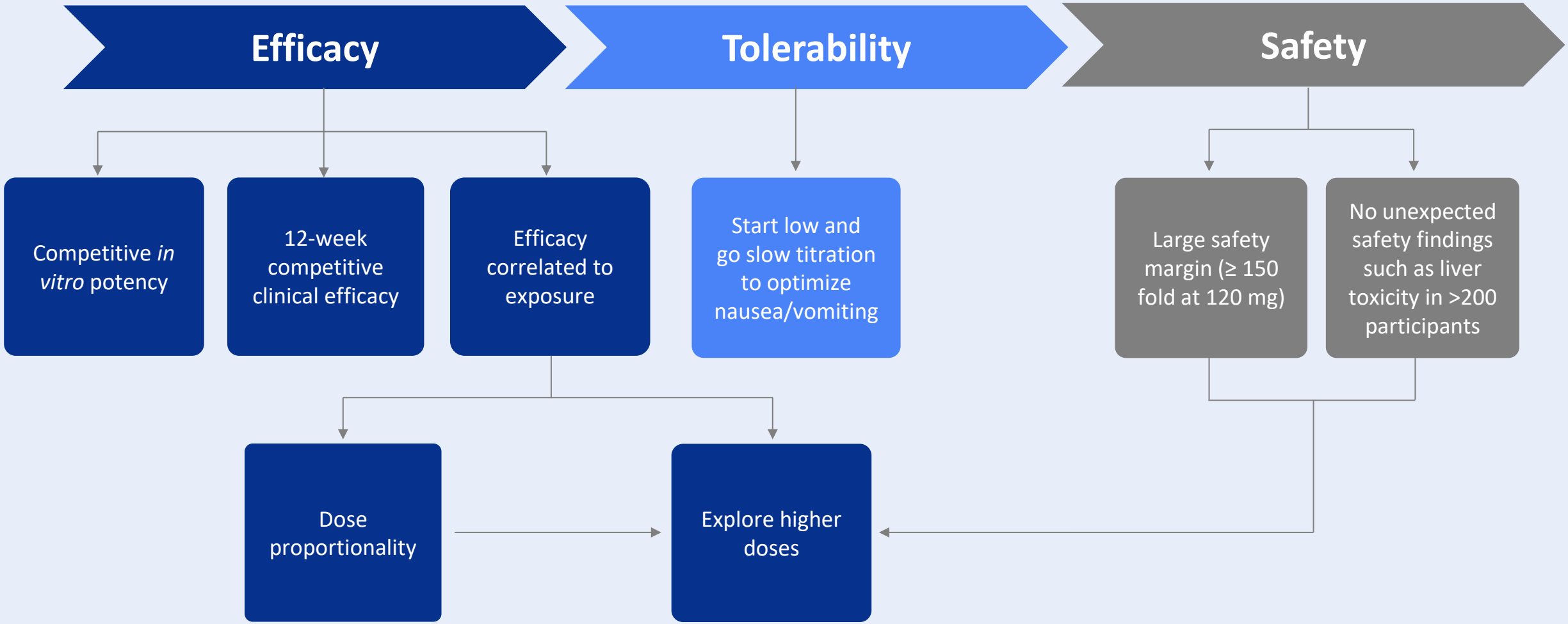
GLP-1R Agonist
SMALL MOLECULE

STRUCTURE THERAPEUTICS

[1] GLP-1 Receptor Agonist (GLP-1R agonist)

GSBR-1290 Key Characteristics Demonstrate Potential Best-in-Class Profile

STRUCTURE THERAPEUTICS GSBR-1290



GSBR-1290 Obesity Data to Date: Potential Best-in-Class Oral GLP-1R Agonist

Best-in-Class Criteria	GSBR-1290 Performance through Phase 2a
Competitive Efficacy	**6.2 – 6.9% placebo-adjusted weight loss at 12 weeks**
Safety	**No liver liability** Large safety window – potential to go higher in dose
Tolerability	**5 – 11% AE-related study discontinuations**
Once-Daily Dosing	**PK supports QD dosing** No food effect
Manufacturable at Scale and Low COGS	**Scalable to potentially serve >120 million patients** GMP batches for Phase 2b studies completed

GSBR-1290 Phase 2 ACCESS Program

GSBR-1290 Phase 2 ACCESS Program – Two Studies to Accelerate Development

Late-stage Phase 2 program with two separate studies designed to accelerate timeline to Phase 3 while providing the potential for best-in-class efficacy with higher doses

ACCESS

- **"Low and Slow" titration to optimize tolerability**
  Low 5mg starting dose with 4-week titration intervals- an established titration schedule to minimize GI-related adverse events
- **Designed to confirm competitive efficacy**
  36-week study with ≥ 16 weeks on target dose to demonstrate longer-term efficacy profile
- **Dose-range finding**
  Evaluating 45 mg, 90 mg, and 120 mg to confirm efficacy

ACCESS II

- **Favorable safety profile and proportional exposure enable us to study higher doses**
  Supported by large safety margin (≥ 150 fold at 120 mg) and dose proportional exposure between 60 mg and 120 mg
- **Separate study to evaluate higher doses for further weight-loss differentiation**
  Assessment of 180 mg and 240 mg will help establish the maximum tolerated dose for Phase 3

A Phase 2b, Randomized, Double-blind, Placebo-controlled, Dose-range Finding Study of the Efficacy and Safety of Multiple Doses of GSBR-1290 in Participants Living with Obesity (Body Mass Index ≥ 30 kg/m2), or Overweight (Body Mass Index ≥ 27 kg/m2) with at Least One Weight-related Comorbidity

GSBR-1290 ACCESS Study Design

Study details

N = 220

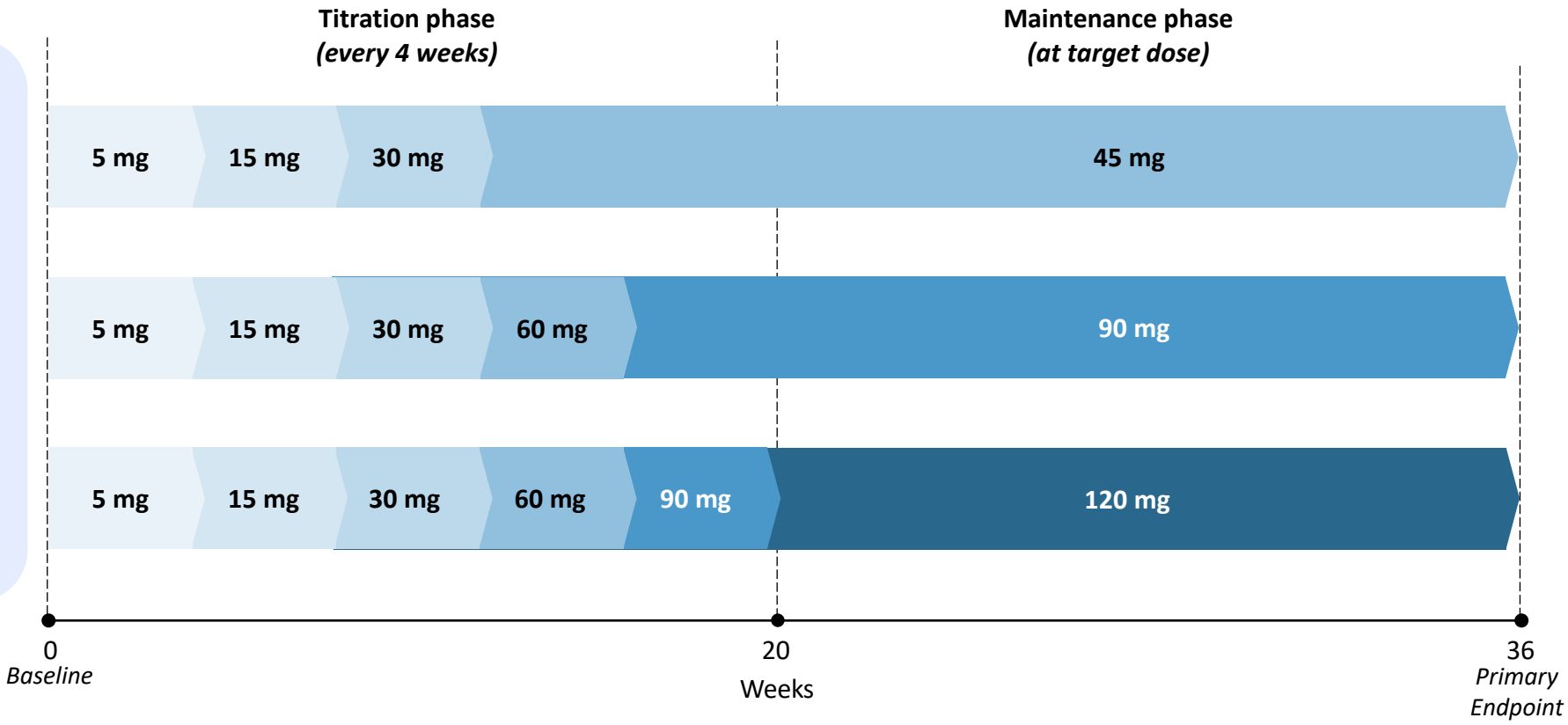
Randomized 3:1 (GSBR-1290: placebo)

Participants with:

- Body mass index (BMI) ≥ 30 kg/m^2

or

- BMI ≥ 27 kg/m2 with ≥ 1 weight-related comorbidity



Primary endpoint

- % change in body weight at week 36 compared to baseline (active vs. placebo)

Key secondary/exploratory endpoints

- Safety and tolerability profile of a monthly titration scheme
- Pharmacokinetics of GSBR-1290

ACCESS II

A Phase 2, Randomized, Double-blind, Placebo-controlled Study of the Safety, Tolerability, and Efficacy of Increasing Optimal Doses of GSBR-1290 in Participants Living with Obesity (Body Mass Index ≥ 30 kg/m2) or Overweight (Body Mass Index ≥ 27 kg/m2) with at Least One Weight-related Comorbidity

GSBR-1290 ACCESS Ⅱ Study Design

Study details

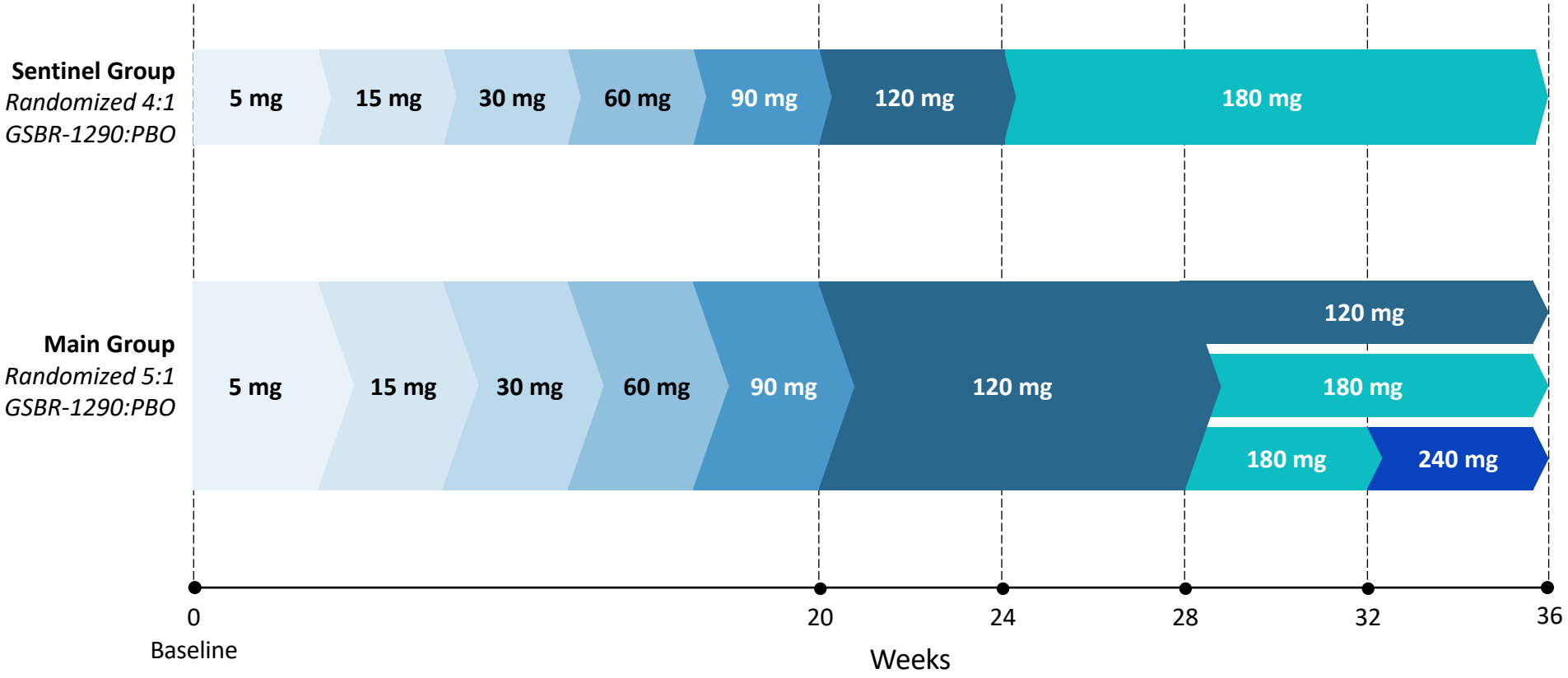
N = 82

Participants with:

- Body mass index (BMI) ≥ 30 kg/m^2

  or

- BMI ≥ 27 kg/m^2 with ≥ 1 weight-related comorbidity



Primary endpoint

- Safety and tolerability of GSBR-1290

Key secondary/exploratory endpoints

- Pharmacokinetics of GSBR-1290
- % change in body weight at week 36 compared to baseline (active vs. placebo)

GSBR-1290: Backbone of a Metabolic Franchise

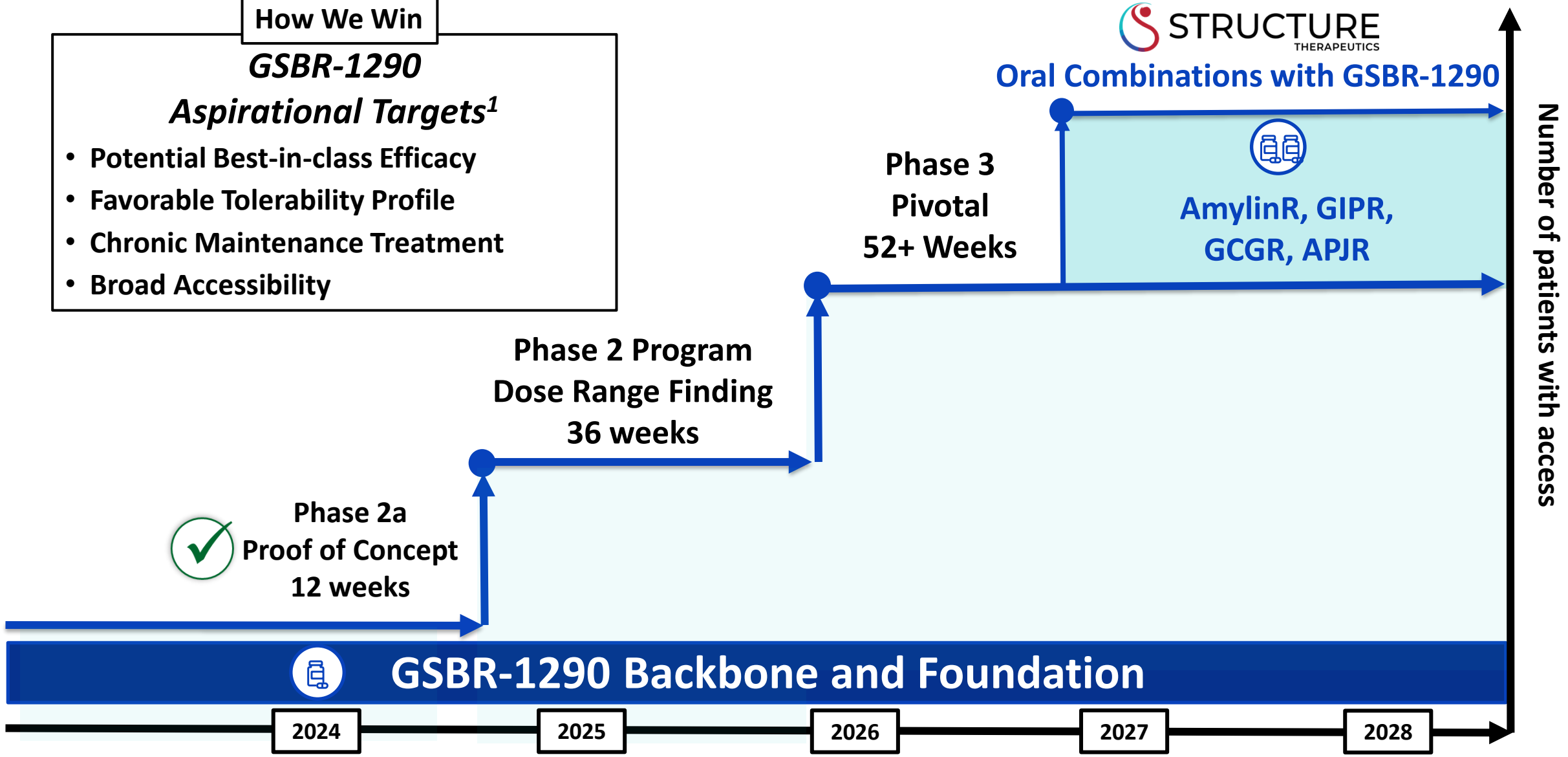
Where Does GSBR-1290 Fit in the GLP-1R Agonist Landscape?

How We Win

GSBR-1290

Aspirational Targets[1]

- **Potential Best-in-class Efficacy**
- **Favorable Tolerability Profile**
- **Chronic Maintenance Treatment**
- **Broad Accessibility**

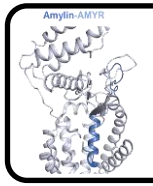


1. These selective targets are aspirational, and are based on assumptions and estimates by the Company that may prove to be wrong. In addition, the results of prior clinical studies and preclinical studies are not necessarily predictive of future results, and any extrapolations based on past results are inherently uncertain and imprecise. Therefore, investors are cautioned to not rely on these aspirational targets.

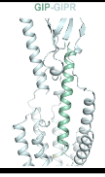
Metabolic Franchise Strategy – Combinations and Potential Indication Expansion

ORAL SMALL MOLECULE METABOLIC FRANCHISE

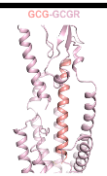
Other Incretins and Hormones



GLP-1R+ Amylin Receptor

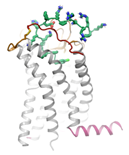


GLP-1R+ GIP Receptor



GLP-1R+ GCG Receptor

Selective Weight Loss



GLP-1R+ APJ Receptor

Combinations

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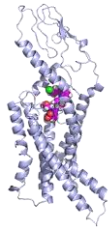
Oral GLP-1R GSBR-1290



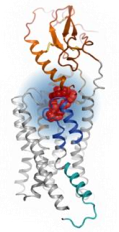
- ✓ Efficacy
- ✓ Safety
- ✓ Tolerability

Therapeutic Area

POTENTIAL INDICATION EXPANSION

- CKD
- MASH
- PD/AD
- **Obesity**
- Type 2 Diabetes
- Heart Failure
- Sleep Apnea
- Addiction
- Osteo-arthritis
- Inflammation

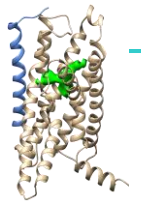
Robust Portfolio of Oral Non-Peptide Small Molecules for Obesity



GSBR-1290

- Oral small molecule; once-daily dosing
- Monotherapy backbone for chronic maintenance with potential best-in-class efficacy and safety
- Potential fixed-dose combination with other oral non-peptides

Phase 2 program underway
Top-line data expected in Q4 2025



Amylin

- Oral small molecule; once-daily dosing
- Potential for tolerability advantages
- Lean muscle mass preservation potential
- Potential fixed-dose combination with other oral non-peptides

Development Candidate
selection expected in Q4 2024

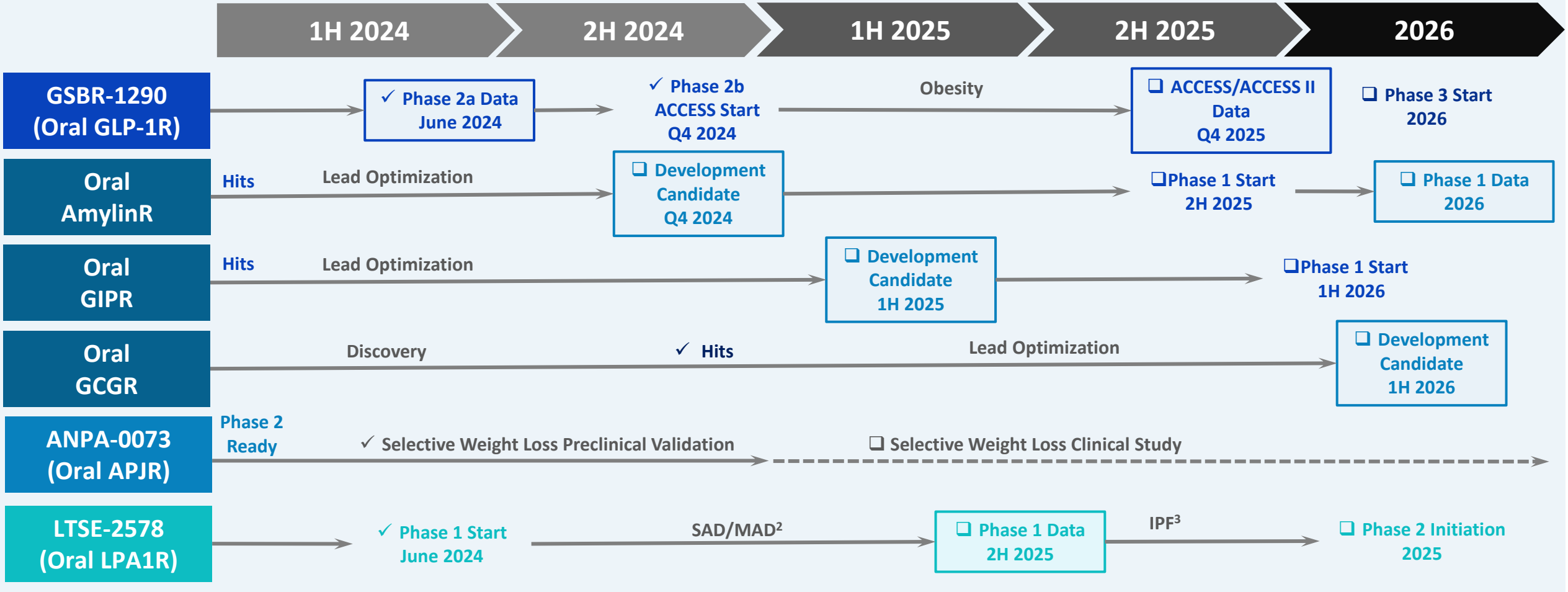
GSBR-1290 + Amylin Combination

Potential for more significant weight loss and tolerability optimization
Label expansion & additional indications

Robust Portfolio and Multiple Potential Catalysts in 2024 – 2026

~$915.3 M cash[1] as of September 30, 2024

Anticipated Milestones – Entire Small Molecule Portfolio



1. Cash includes cash, cash equivalents and short-term investments
2. Single-ascending dose/Multiple-ascending dose (SAD/MAD)
3. Idiopathic pulmonary fibrosis (IPF)

Q&A

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