



The Next Revolution in Cell Therapy

Leading Today, Defining Tomorrow

April 2022

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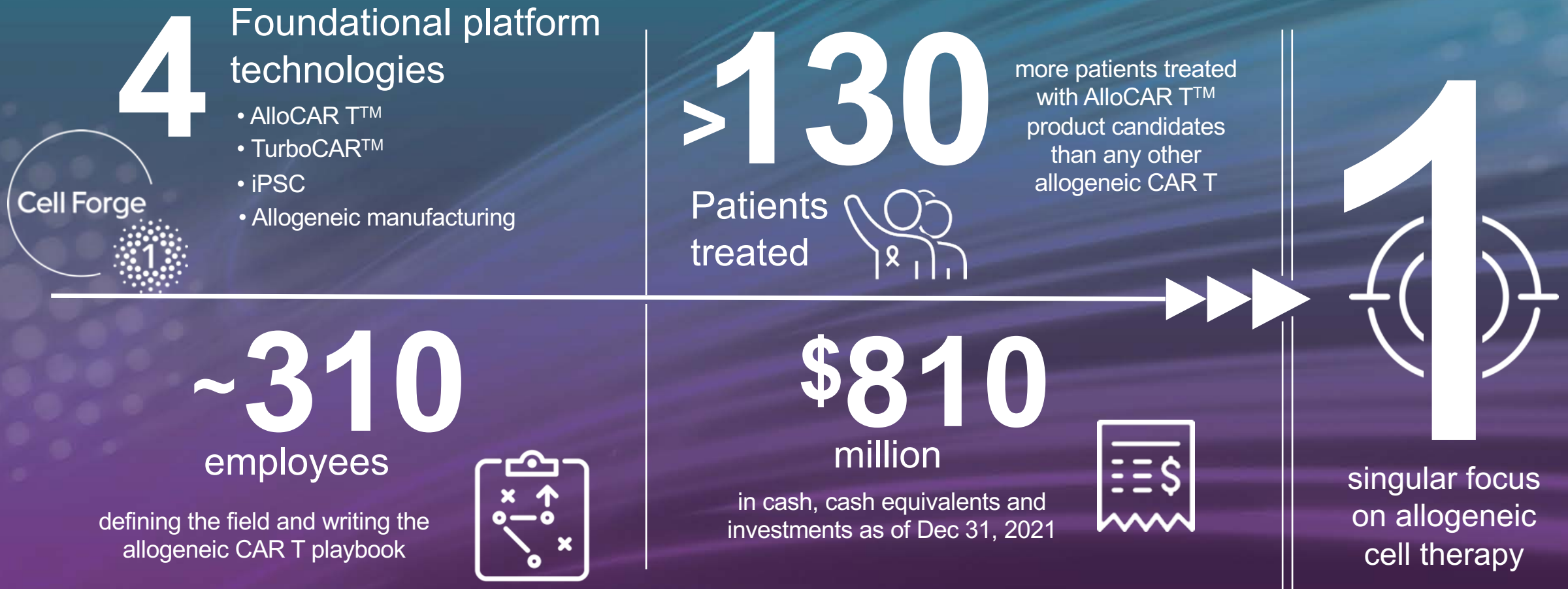
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Caution should be exercised when interpreting results from separate trials involving separate product candidates. There are differences in the clinical trial design, patient populations, follow-up times, and the product candidates themselves, and the results from the clinical trials of autologous products may have no interpretative value on our existing or future results.

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Allogene: Creating the Allogeneic Cell Therapy Playbook



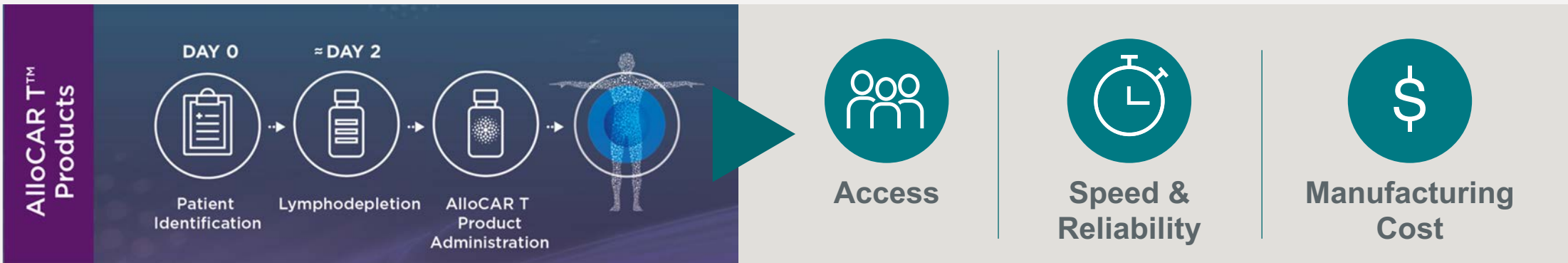
Fully Integrated Research, Process Development, Clinical, Translational Science and Manufacturing Capabilities

Allogeneic CAR T Value Proposition: From Process to Product

Today, CAR T is a “vein to vein” procedure...

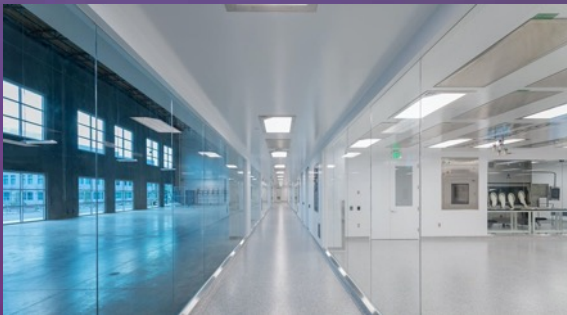
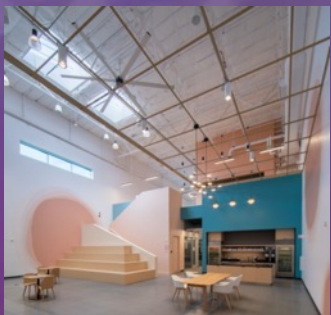


...Tomorrow, CAR T could be a “vial to vein” biopharmaceutical product



* Option for additional dose

Industrializing Allogeneic Cell Therapy Production



Strength in Manufacturing Capability

- Our state-of-the-art manufacturing facility, Cell Forge 1, operational and producing GMP material
- Designed to be scalable and ready for commercialization

Strength in Product Quality

- Understanding product quality is a cornerstone objective
- Managed by specially created Attribute Science teams working with QC teams

Strength in Network Coordination

- Building Supply Chain network and relationship to enable inflow of complex starting material to Cell Forge 1.
- Coordinating complex logistics to ensure the flow of drug product out of Cell Forge 1 to clinical sites



Broad Allogeneic Pipeline Across Heme and Solid Tumors

CATEGORY		PROGRAM	PRE-CLINICAL	PHASE 1	PHASE 2/3 ²
Hematological Malignancies	CD19	ALPHA2: ALLO-501A (NHL)¹	2022 PIVOTAL INITIATION PLANNED		
		ALPHA: ALLO-501 (NHL)¹	COMPLETED ACCRUAL; FOLLOW-UP ONLY		
	BCMA	UNIVERSAL: ALLO-715 (MM)			
		UNIVERSAL: ALLO-715 + nirogacestat(MM)³			
		IGNITE: ALLO-605 (TurboCAR™/MM)			
		ALLO-316 (CD70/AML)			
		ALLO-819 (FLT3/AML)			
Solid Tumors		TRAVERSE: ALLO-316 (CD70/RCC)			
		ALLO-316 (Other CD70+ tumors)			
		DLL3 (SCLC)			
		8 Undisclosed Targets			
Lymphodepletion Agent		EXPAND: ALLO-647 (Anti-CD52 mAb)⁴	2022 PIVOTAL INITIATION PLANNED		

¹ Servier holds ex-US commercial rights

² Phase 3 may not be required if Phase 2 is registrational

³ Allogene Sponsored trial in combination with SpringWorks Therapeutics

⁴ ALLO-647 intended to enable expansion and persistence of allogeneic CAR T product candidates



CD19 Program Fast Follow Strategy

Addressing Significant Challenges Inherent to Autologous Therapies

Autologous Challenges

Securing Manufacturing Slots

Time to Treatment

Risk of Manufacturing Failure

Broader Access

Outpatient Treatment

Initial LBCL Focus

Combination

1st line high-risk

2nd line transplant ineligible

2nd line transplant eligible

3rd+ line (relapsed/refractory)

Expanded Opportunities

Follicular Lymphoma

Indolent Lymphoma

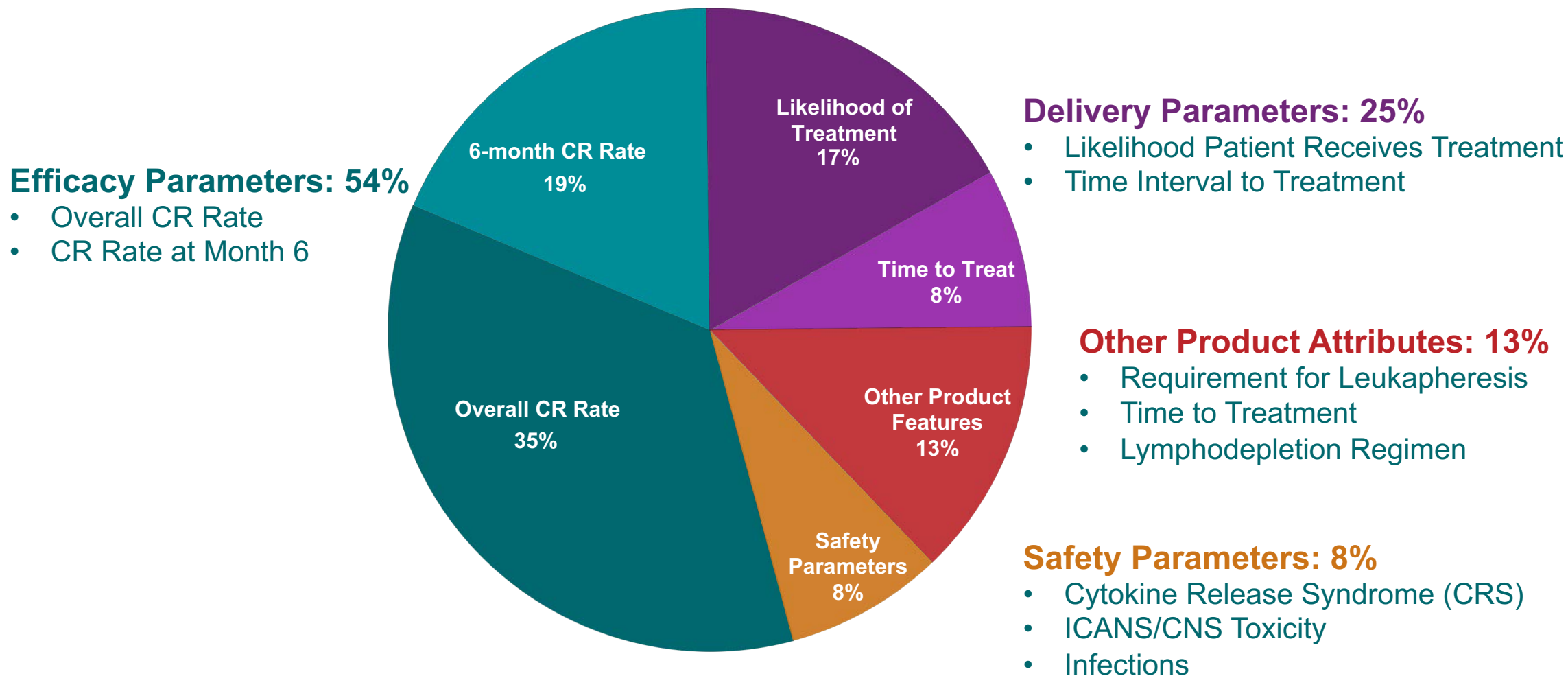
CLL

MCL

ALL



CD19 Market Research: Optimal Balance of Efficacy, Safety & Convenience



Allogene Market Research: Data on File

ALLO-501/501A: CR Rates on Par with Autologous Therapies

Intended Phase 2 Pivotal Trial in r/r LBCL (mid-2022)

Advantage of AlloCAR T Delivery Established:

- ~97% of patients treated between 2-5 days of study enrollment

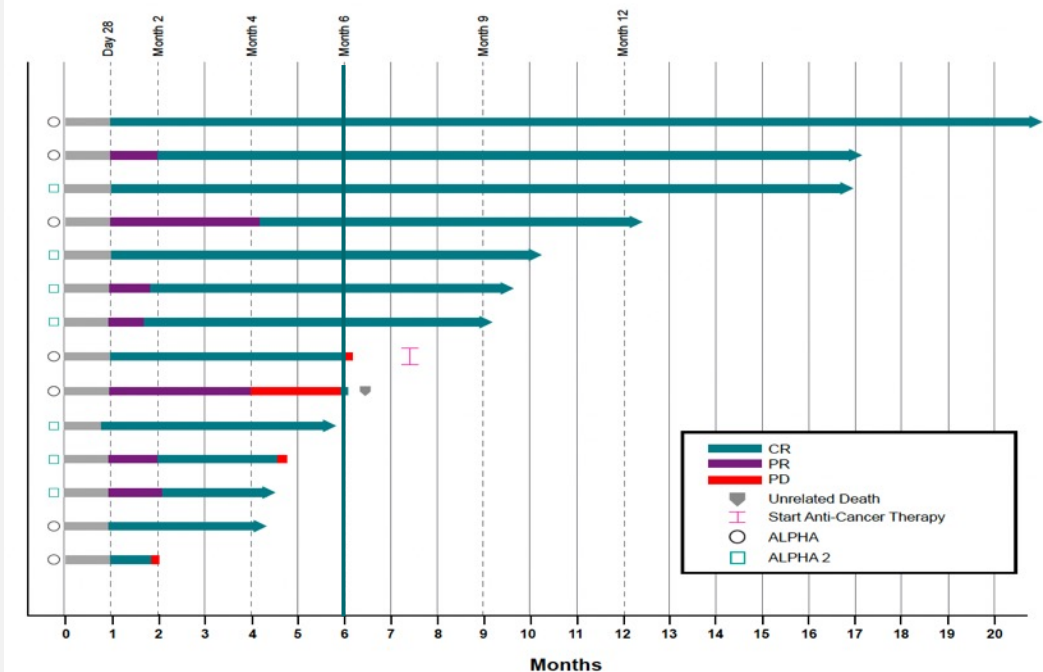
Consistent & Manageable Safety Paves Outpatient Use:

- No DLTs
- No GvHD
- Minimal Grade 3 ICANS or CRS
- Grade 3+ infection rates similar to autologous CAR T trials

ALLO-501/501A: Deep and Durable Responses in LBCL

- Single Dose:
 - CR (ITT): 42%
 - CR month 6: 36%
- Consolidation 1:
 - CR (ITT): 40%
 - CR month 6: 38%

Impact in LBCL: All Patients in CR at Month 6 Remain in Response



Durable Responses Observed with 10/14 CRs Ongoing

ASH 2021; Data Cutoff October 18, 2021

ALLO-501/ALLO-501A Compares Favorably with Autologous CAR T

	ALLO-501 (LBCL n=11) Phase 1 Dose Escalation	ALPHA2 Consolidation 1 (n=9)	KYMRIAH®# Phase 2 Pivotal	YESCARTA®* Phase 2 Pivotal	BREYANZI®+ Phase 2 Pivotal
ORR	64%	44%	50% (label)	72% (label)	73% (label)
CR in LBCL (mITT)	46% (5/11)***	44%	32% (label)	51% (label)	54% (label)
CR in LBCL (ITT)	42% (5/12)	40%	26%	48%	43%
CR at 6 months in LBCL (mITT)	36%	38%	29%	36%	~ 40%
% enrolled** or lymphodepleted^ but did not receive intended cell product	2% (1/42)****	8% (1/12)	33% (54/165)**	9% (10/111)**	36% (95/299)^
ALLO-501 (FL and LBCL)					
CRS (Gr 3+)	3%	0%	22%	13%	4%
Neuro Events (Gr3+)	3%	0%	12%	31%	12%
Infection (Gr3+)	24%	0%	20%	23%	19%

KYMRIAH USPI. Patient population in the label includes: 78% - primary DLBCL not otherwise specified (NOS); 22% DLBCL following transformation from Follicular Lymphoma

*YESCARTA USPI & Schuster S et al NEJM 2019. Patient population in the label includes: 76% - DLBC; 16% - Transformed Follicular Lymphoma; 8% Primary Mediastinal Large B-cell Lymphoma.

+BREYANZI USPI. Patient population in label includes: 53% - de novo DLBCL; 25% DLBCL transformed from indolent Lymphoma; 14% high-grade B-cell Lymphoma; 7% Primary Mediastinal Large B-cell Lymphoma; 1% grade 3B Follicular Lymphoma

**Percent of patients who enrolled and did not receive intended cell product including out of spec products

***CAR T naïve patients (n=29); 11 DLBCL. For CR at 6 Month 10 patients either reached Month 6 or discontinued/died or progressed. Safety population is N=38 (all patients, FL and DLBCL).

****Percent enrolled is based on total number enrolled (includes FL and LBCL) regardless of prior CAR T therapy

^Percent who underwent lymphodepletion but did not receive intended cell product including out of spec products

^^ Kymriah: estimated from Shuster, 2019, Figure 3B., Breyanzi: Abramson, ASH 2019

ALPHA/ALPHA2 Data Cutoff Date: October 18, 2021



Preparing for Potentially First Pivotal Allogeneic CAR T Trial

Phase 1 *ALPHA* Trials

- ✓ Allogeneic Proof of Concept
- ✓ ALLO-647 Proof of Concept & Approach
- ✓ Cell Dose Identification
- ✓ Convenience/Safety
- ✓ Durability
- ✓ Outpatient Potential

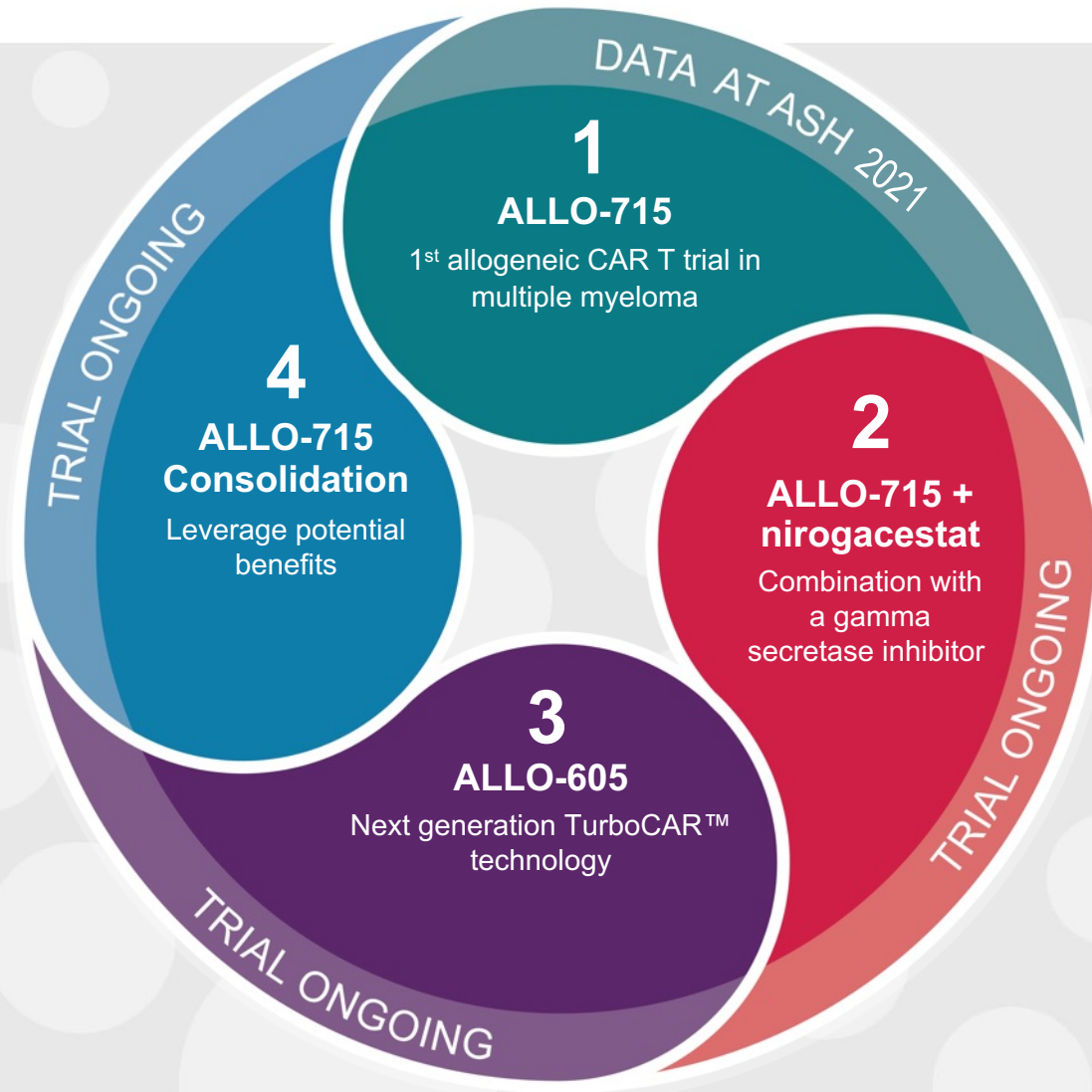
Pivotal *ALPHA2* Trial

- ✓ Rich Dataset to Optimize Trial Design
- ✓ Deep Understanding of Gene Engineering and Cell Manufacturing

**Planned
Pivotal Trial
Initiation
mid-2022**



Building an Anti-BCMA AlloCAR T™ Franchise in Multiple Myeloma



*BCMA Program Update by
End of 2022*



ALLO-715: First AlloCAR T™ To Demonstrate Feasibility in Myeloma

Multiple Strategies Ongoing to further Increase Efficacy

Phase I **UNIVERSAL** Trial Enrolled Refractory Patients

- Heavily pretreated patients
 - Median 5 prior lines of therapy
 - 100% refractory to last line
 - 91% triple refractory
 - 42% penta refractory
- Patients had advanced disease
 - 19% ISS Stage III
 - 21% extramedullary disease

“Off-the-shelf” AlloCAR Ts have potential to address significant unmet need in patients with rapidly progressive disease

- ~90% treated within 5 days of study enrollment
- Obviates need for bridging therapy

Manageable safety:

- No Graft vs. Host Disease (GvHD) or Grade 3 neurotoxicity; Grade 3 cytokine release syndrome (CRS) (2%), Grade 3 Infection (19%)
- Low use of tocilizumab 23% and steroids 14%

Deep and durable responses observed:

- 71% overall response rate and 46% VGPR+ at 320M cell dose
- 92% VGPR+ responses were MRD negative
- 9 of 17 patients remain in response with median duration of response at 8.3 months and ongoing

ASH 2021

VGPR+ = very good partial response or better
MRD = minimal residual disease



Single Dose ALLO-715 Demonstrates Potential to Approved Autologous CAR T

Safety	ALLO-715 Ph1 (N=43) ¹	Abecma® (Ide-cel) 300/450M N=127 ²	Carvykti (Cilta-cel) 500k-1M N=97
CRS (Any / Grade ≥3)	56% / 2%	85% / 9%	95% / 5%
Neurologic Toxicity (Any / Grade ≥3)	14% / 0%	28% / 4%	26% / 11% (23% / 5% ICANS)
Infection (Any / Grade ≥3)	30% / 19%	70% / 26%	59% / 27%
Neutropenia ³ (Grade ≥3)	70%	89%	96% / 95%
Grade 5 Adverse Events ⁴	7%	6%	9%

¹ASH 2021; ² Package Insert and Munshi, NEJM, 2021; safety data based on any subject who received cells ; ³based on reported adverse events; for Abecma the rate of grade 3 or 4 neutropenia was 96% based on laboratory findings; for Carvykti, based on Usmani, ASCO 2021; ⁴ For Carvykti and Abecma, based on USPI.

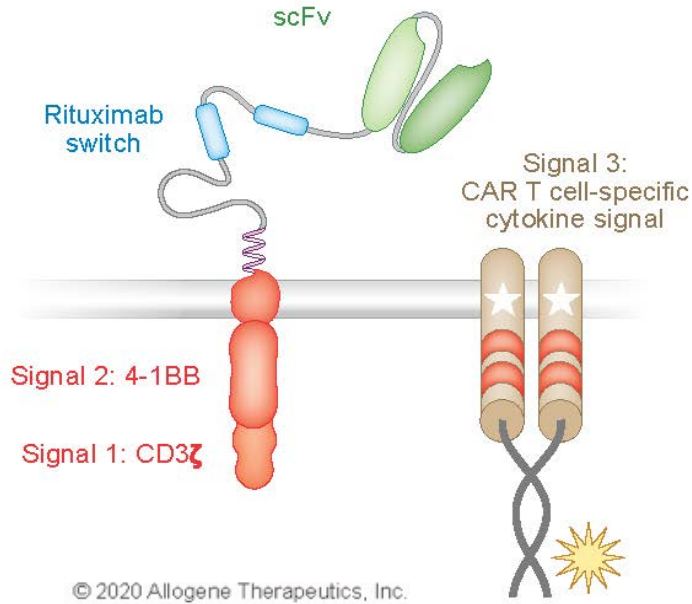
Treatment Administration and Efficacy (mITT)	ALLO-715 320M & FCA (N=24) ¹	Abecma® (Ide-cel) 300/450M N=100 ²	Carvykti (Cilta-cel) 0.5-1.0 x 10 ⁶ N=97
Enrolled	48	135	113
Treated with any cell product ³	43 (90%)	124 (92%)	97 (86%)
Treated with in-spec cell product ³	43 (90%)	100 (74%)	80 (71%)
Days to treatment initiation ⁴	5	33	32
Required bridging therapy	0%	87%	75%
ORR (mITT)	71%	72%	98%
VGPR+ Rate (mITT)	46%	53%	95%
CR/sCR Rate (mITT)	25%	28%	78%
MRD ⁵ - in VGPR+	92%	75%	92%
Duration of Response (median)	8.3 mo and ongoing ⁶	11.0 mo	21.8 mo

¹ASH 2021; ; ² Package Insert; ³ cell product that is successfully manufactured and meets release specifications; for Abecma 11 patients did not receive treatment and 24 patients received out of specification product; for Carvykti, 16 patients did not receive Carvykti due to progressive disease and 17 patients received out-of-specification product. ⁴ for ALLO-715, time from enrollment to start of lymphodepletion; for Abecma, time from apheresis to cell product availability (includes 87% of patients who received bridging therapy); ⁵ For UNIVERSAL, MRD status is evaluated in subjects with VGPR+ ; for Abecma, MRD status is reported among subjects with CR or stringent CR; ⁶ 9 of 17 responding patients remain in response at the time of the data cutoff.



ALLO-605: First TurboCAR™ Candidate in MM

FTD Granted June 2021



- **TurboCAR™ is designed for selective cytokine signaling in CAR T cells**
 - Delivers benefit only to CAR T cells
 - Does not stimulate host immune cells which could cause systemic toxicity
- **Improved Engraftment and Persistence, and Delayed Exhaustion seen in preclinical studies**
- **Opportunities for development include:**
 - Delaying CAR T exhaustion and improving efficacy of CAR T therapies
 - Improving CAR T potency and reducing CAR T cell dose requirement

Phase 1 *IGNITE* Dose Escalation Trial Initiated Q2 2021

Translating CAR T Success in Hematologic Cancers to Solid Tumors

2022 American Cancer Society Statistics

	Heme Malignancies	Solid Tumors
Incidence	184,000	1,734,000
Deaths	58,000	550,000

Worldwide Market for Oncology Drugs in 2018*

- All drug spend = \$1.2 trillion
- Total cancer drug spend ≈ \$150 billion
- Hematologic cancer drugs ≈ \$31.3 billion

*IQVIA

Significant opportunity to expand benefits of CAR T therapy into largest area of unmet need

Target Selection/Validation

- CAR optimization
- Multi-targeting CARs

T Cell Fitness

- TurboCARs™
- Manufacturing improvements



Tumor Trafficking

- Combinations
- Additional engineering

Immunosuppressive TME

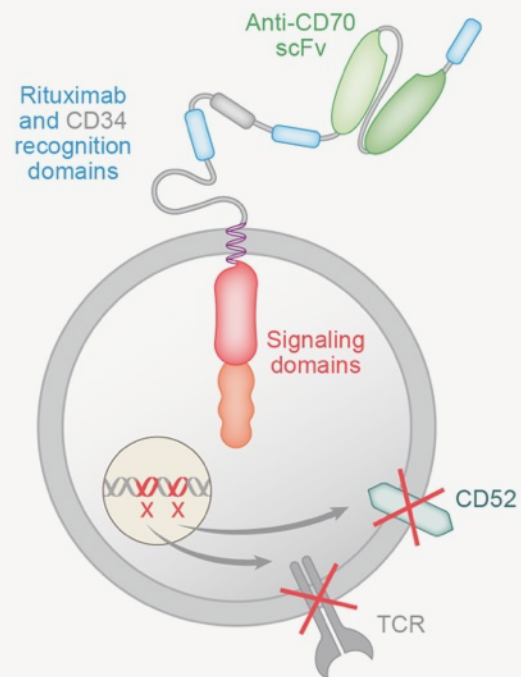
- Next generation TurboCARs™
- Next generation Immune Evasion

ALLO-316: AlloCAR T™ for Renal Cell Carcinoma (RCC)

First of Several Candidates Planned for Development in Solid Tumors

ALLO-316 Schematic

Minimal fratricide during manufacturing



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TRAVERSE initiated in 1H 2021

Phase 1 dose escalation trial:

- Primary endpoints: Safety and tolerability
- Secondary endpoints: Anti-tumor efficacy, PK/PD

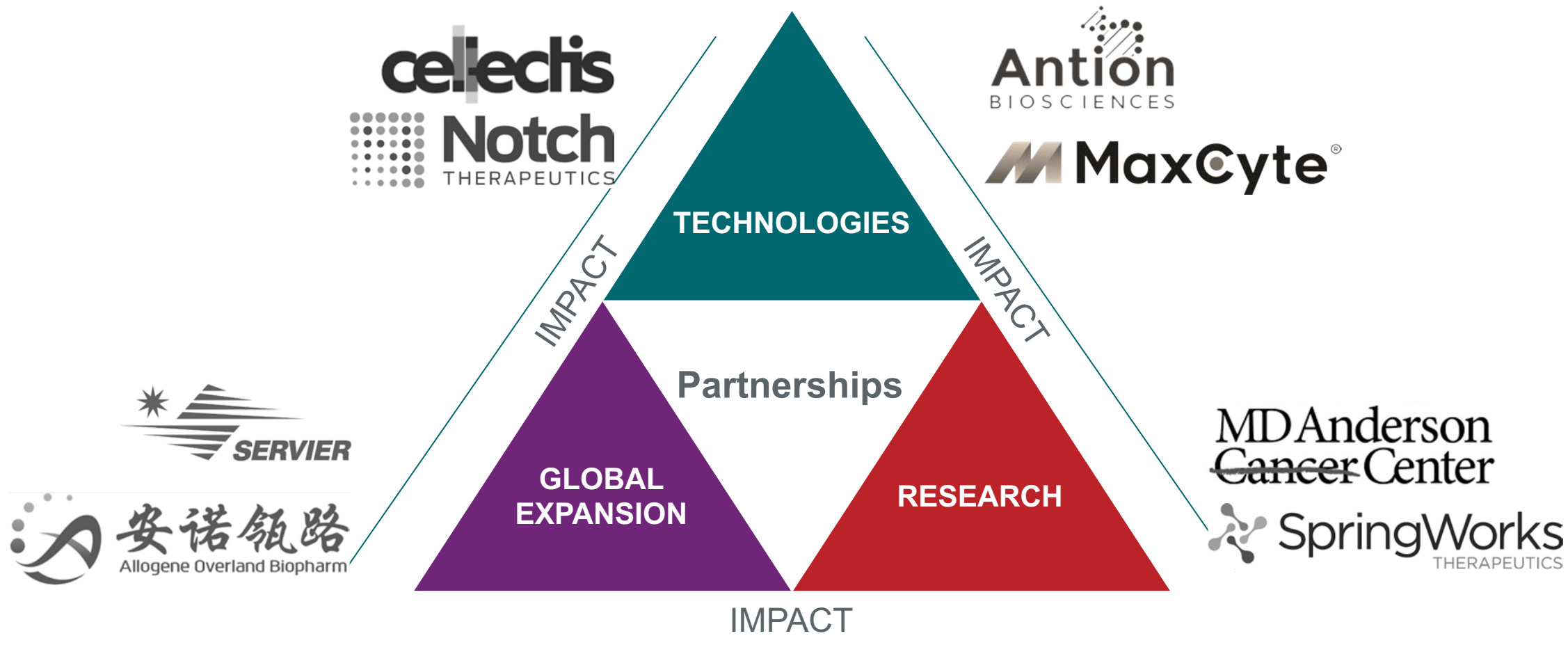
The TRAVERSE Trial & Beyond

CD70 selectively expressed in several cancers¹:

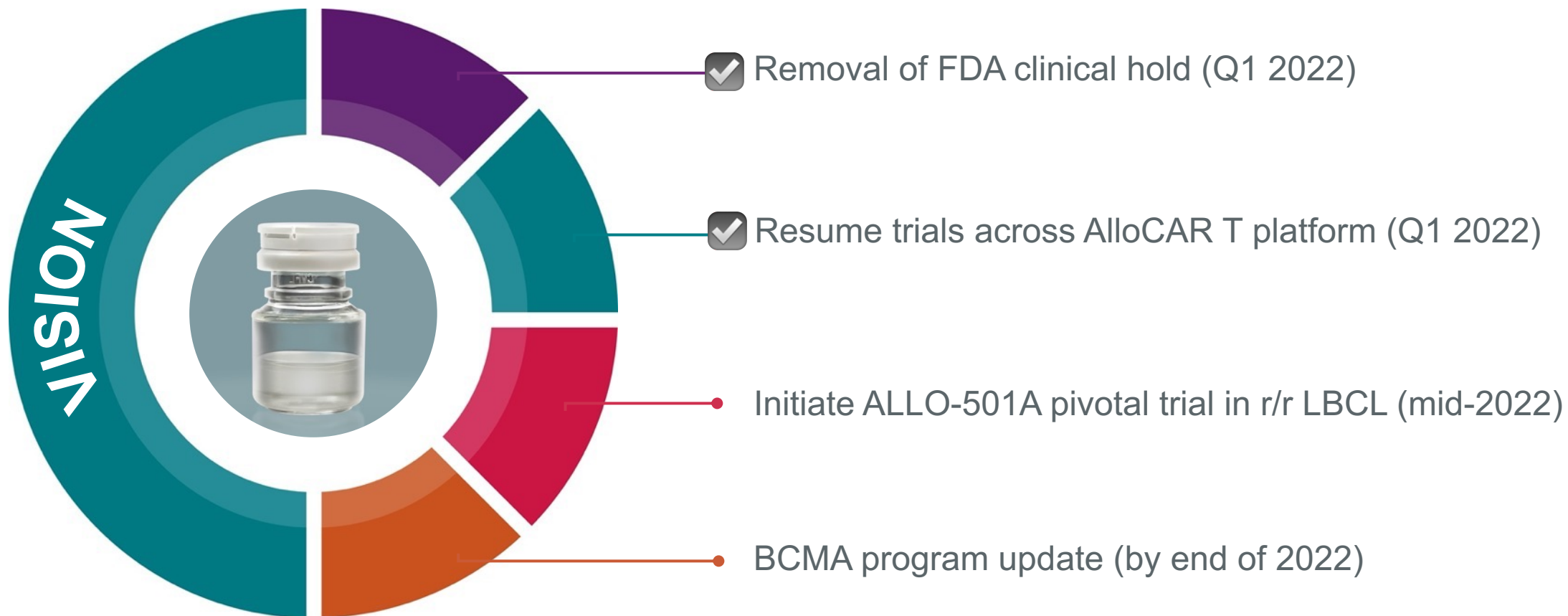
- RCC (70-80%)
- AML (40-100%)
- DLBCL (71%), MM (63%), CLL (50%)
- GBM (35%)
- NSCLC (30%)
- Cervical/Ovarian (40-50%)
- Head/Neck (25%)

¹ Expert Opin Ther Targets. 2008 Mar; 12(3): 341-351. doi: 10.1517/14728222.12.3.341; Flieswasser et al. 2019

Moving AlloCAR T™ Forward



Regaining Momentum in 2022



***Define and lead the next revolution in cancer treatment
by delivering to patients the first AlloCAR T™ products for blood cancers and solid tumors.***



The Next Revolution in Cell Therapy

Leading Today, Defining Tomorrow

Allogene therapies utilize TALEN® gene-editing technology pioneered and owned by Collectis. ALLO-501 and ALLO-501A are anti-CD19 AlloCAR T™ therapies being jointly developed under a collaboration agreement between Servier and Allogene based on an exclusive license granted by Collectis to Servier. Servier grants to Allogene exclusive rights to ALLO-501 and ALLO-501A in the U.S. while Servier retains exclusive rights for all other countries. Allogene has an exclusive license to the Collectis technology for allogeneic products directed at BCMA, FLT3, DLL3 and CD70.