Fast-Tracking the Future of Cell Therapy:

ALLO-329 RESOLUTION

Phase 1 Data Update



November 9, 2026

Allogene THERAPEUTICS

Legal Disclaimers

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 forward-looking statements. Words such as “aim,” “anticipate,” “believe,” “could,” “designed to” “estimate,” “expect,” “future,” “intend,” “may,” “plan,” “potential,” “seek,” “should,” “support,” “target,” “will,” “would,” and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

Forward-looking statements in this presentation include, but are not limited to, statements regarding: the timing, design, conduct, advancement and results of the RESOLUTION trial of ALLO-329, including continued dose escalation, selection of a Phase 2 regimen and the timing of future data readouts; the potential safety, tolerability, efficacy and durability of ALLO-329; the potential for ALLO-329 to provide clinical benefit in patients with autoimmune diseases, including systemic sclerosis, idiopathic inflammatory myopathies and systemic lupus erythematosus; the potential for ALLO-329 and Allogene’s Dagger® technology to reduce or eliminate the need for conventional lymphodepletion and reduce treatment burden; the potential significance of clinical activity observed across different lymphodepletion approaches and dose levels; the potential relationship between B-cell depletion, lymphodepletion and clinical activity, including whether peripheral B-cell aplasia is necessary to achieve an immune reset; and the potential value and advantages of allogeneic CAR T therapies in autoimmune disease.

These forward-looking statements are based on Allogene’s current beliefs, expectations and assumptions and are subject to risks and uncertainties that could cause actual results to differ materially from those expressed or implied by such statements. These risks and uncertainties include, among others: risks and uncertainties inherent in clinical development, including that preliminary, interim or early clinical data, including data from a small number of patients, may not be predictive of later or final results or clinical outcomes; the potential for additional data or longer follow-up to differ from initial results; patient enrollment and clinical trial execution risks; the occurrence of adverse safety events; regulatory risks and uncertainties; manufacturing and CMC risks; reliance on third parties and licensors; competitive developments; intellectual property and contractual risks; financial risks, including the need for additional capital; and the risks described under the heading “Risk Factors” in Allogene’s filings with the Securities and Exchange Commission, including its Annual Report on Form 10-K for the year ended December 31, 2025 and subsequent Quarterly Reports on Form 10-Q and Current Reports on Form 8-K.

Allogene’s product candidates are investigational and have not been approved by the U.S. Food and Drug Administration or any other regulatory authority for any indication. Safety and efficacy have not been established. Any statements regarding durability, duration of response, persistence or long-term outcomes are based on currently available data, which may include limited patient numbers and/or limited follow-up, and such data may change as additional data become available. We are evaluating approaches intended to reduce or potentially eliminate chemotherapy-based lymphodepletion; however, such approaches have not been established, and there can be no assurance that reduced- or no-lymphodepletion regimens will be safe, effective or feasible, or that lymphodepletion will not ultimately be required. References to third-party studies, products, market data and publications are provided for informational purposes only. Cross-trial comparisons are limited by differences in trial design, patient populations and other factors, and no head-to-head studies have been conducted unless otherwise specified. Market opportunity estimates contained in this presentation are illustrative only, based on assumptions that may not prove accurate, and should not be interpreted as forecasts of future revenue or commercial performance. This presentation speaks only as of the date indicated. Except as required by law, Allogene undertakes no obligation to update or revise any forward-looking statements.

This presentation does not constitute an offer to sell or the solicitation of an offer to buy any securities, nor shall there be any sale of securities in any jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under applicable securities laws.

Dagger® is a trademark of Allogene Therapeutics, Inc. Third-party trademarks are the property of their respective owners.

Decision Resources Group, now part of Clarivate Plc, makes no representation or warranty as to the accuracy or completeness of the data (“Clarivate Materials”) set forth herein and shall have, and accept, no liability of any kind, whether in contract, tort (including negligence) or otherwise, to any third party arising from or related to use of the Clarivate Materials by Allogene Therapeutics. Any use which Allogene Therapeutics or a third party makes of the Clarivate Materials, or any reliance on it, or decisions to be made based on it, are the sole responsibilities of Allogene and such third party. In no way shall any data appearing in the Clarivate Materials amount to any form of prediction of future events or circumstances and no such reliance may be inferred or implied.

Today's Speakers



Zachary Roberts, M.D., Ph.D.

Chief Executive Officer and Chief Medical Officer



Vivek Nagaraja, M.B.B.S., M.D.

Chief for the Division of Rheumatology at Mayo Clinic Arizona



Christine Cassiano

Chief Corporate Affairs and Brand Strategy Officer

ALLO-329: Purposefully Designed for Autoimmune Disease & Patient Access



Allogene THERAPEUTICS

ALLO-329: Engineered for Autoimmune Disease. Designed for Patient Access

Dual Targeting

Dual CD19/CD70 targeting to deplete B cells and auto-reactive CD70+ T cells

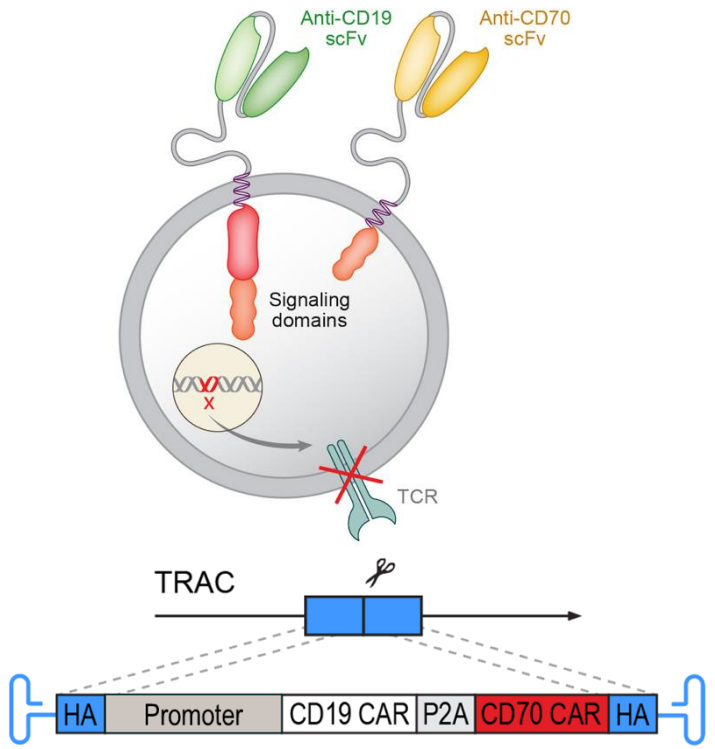
Differentiated Design

Dagger® technology to reduce or eliminate LD, while enabling disease control to meet unique needs of autoimmune disease

Scalable Manufacturing

Off-the-shelf product with consistent, scalable manufacturing to enable broader patient access

Dual CD19/CD70 CAR Construct



Allogene THERAPEUTICS

RESOLUTION TRIAL: Designed to Highlight ALLO-329's Effect

What is the contribution of ALLO-329 versus lymphodepletion?

Five ALLO-329 Doses	Three Lymphodepletion Approaches		
20M (DL1) – 320M (DL5) **CAR T cells** Evaluated up to DL3 as of ACR data cutoff	**No LD** Without lymphodepletion	**Cy Only** Cyclophosphamide only	**Flu/Cy** Fludarabine + cyclophosphamide

A deliberate clinical design to understand the role of LD conditioning—and test the potential for the Dagger® technology to reduce the need for it

Allogene THERAPEUTICS

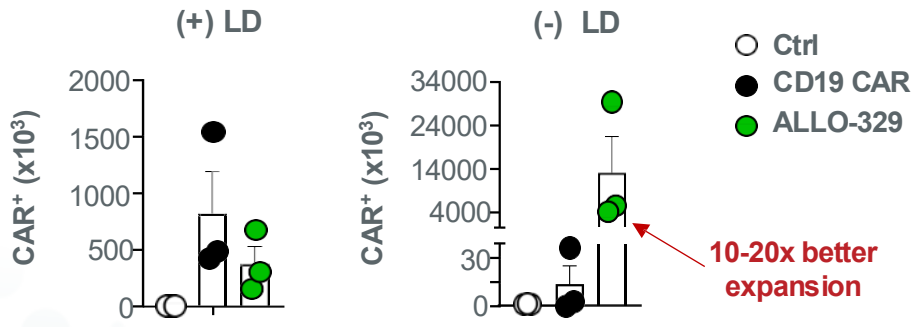
Dagger® Technology: Designed to Eliminate the Need for Lymphodepletion

The Challenge: Patient T Cells Drive Allogeneic CAR T Rejection

- Patient allo-reactive T cells drive allogeneic CAR T rejection
- CD70⁺ activated T cells are the key mediators of allo-reactivity[1]

The Opportunity: The Proprietary Dagger® Technology Mechanism May Enable the Solution

CD19/CD70 CAR T Cell Expansion is Higher in (-) LD State



- In lymphodepleted-state mice (+LD), both allogeneic CD19 CAR T and Dagger®-enabled ALLO-329 expand equally
- In non-lymphodepleted mice (-LD), traditional CD19 CAR T cells are rapidly rejected, while ALLO-329 cells expand 10-20x better than in +LD mice
- Preclinical findings provide the biological rationale for evaluating ALLO-329 with reduced or no lymphodepletion in the RESOLUTION trial

[1]Verma et al, Blood 2024

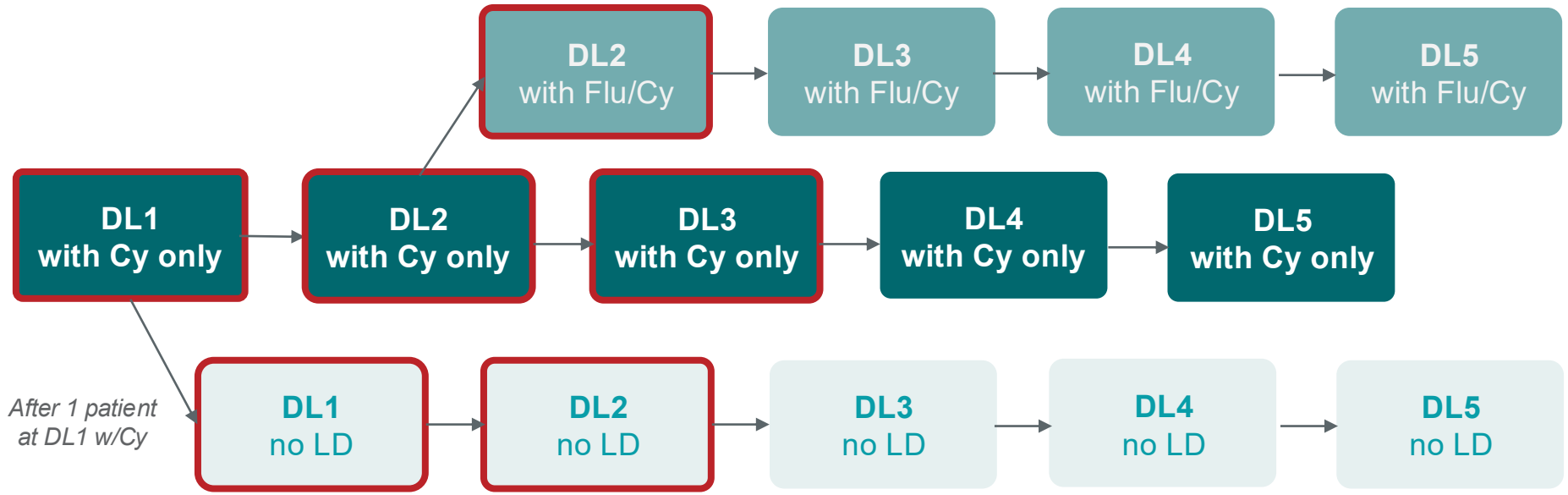
ALLO-329: Initial Safety and Efficacy from RESOLUTION Phase 1 Study



Allogene THERAPEUTICS

RESOLUTION: Platform-Defining PoC for an AlloCAR T in Autoimmune Disease

RESOLUTION Protocol Schema of Parallel Dose Escalation With or Without Lymphodepletion



Initial Data Reported Today Reflects These First Six Cohorts

Trial Design

Phase 1 3+3 dose escalation study

- DL1: 20M cells
- DL2: 40M cells
- DL3: 80M cells
- DL4: 160M cells
- DL5: 320M cells

Patient Population

- Scleroderma (SSc)
- SLE, including LN
- Inflammatory myositis (IIM)

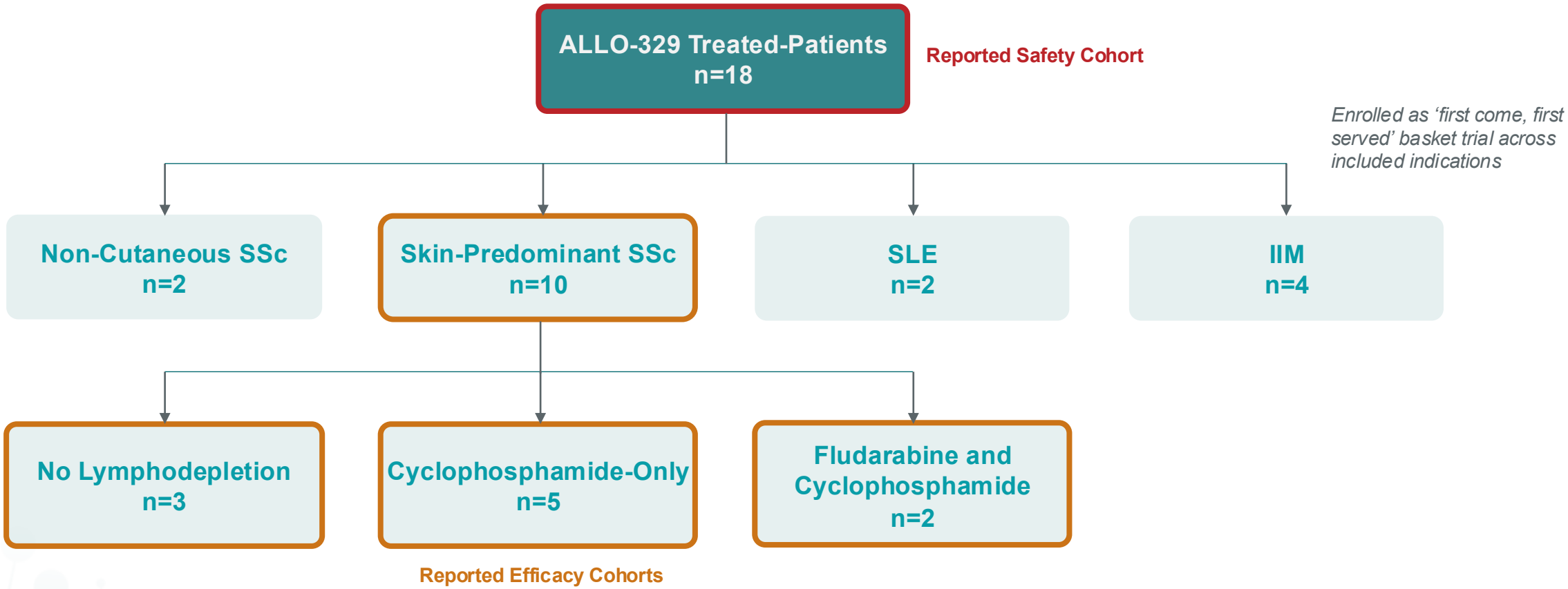
Trial Objectives

- Evaluate safety and preliminary efficacy
- Measure kinetics of B-cell depletion and recovery
- Measure correlative disease-activity biomarkers

Allogene THERAPEUTICS

RESOLUTION: 18 Patients Treated as of Data Cut Off

ACR 2026 Presentation Includes Safety on All Treated Patients and Efficacy for Skin-Predominant SSc Cohort



Efficacy for Treated Lupus and Inflammatory Myositis Patients to be Shared in Future Presentation

Early Clinical Data Demonstrates a Favorable Safety and Tolerability Profile

Treatment-Emergent Adverse Events Summary

Cohort	20M/40M no LD (n=6)	20M/40M/80M + CYC (n=9)	40M + FC (n=3)	Total (N=18)
DLTs, n (%)	0	0	0	0
TEAEs, n (%)				
Any grade	6 (100.0)	9 (100.0)	3 (100.0)	18 (100.0)
Grade ≥3	0	3 (33.3)	0	3 (16.7)
TESAEs, n (%)				
Any grade	1 (16.7)	4 (44.4)	1 (33.3)	6 (33.3)
Grade ≥3	0	1 (11.1)	0	1 (5.6)
TEAEs of special interest, n (%)				
CRS, any grade	1 (16.7)	2 (22.2)	1 (33.3)	4 (22.2)
CRS, Grade ≥3	0	0	0	0
ICANS, any grade	0	0	0	0
ICANS, Grade ≥3	0	0	0	0
IEC-HS, any grade	0	0	0	0
IEC-HS, Grade ≥3	0	0	0	0
Infections, any grade	0	2 (22.2)	1 (33.3)	3 (16.7)
Infections, Grade ≥3	0	0	0	0
GvHD, any grade	0	0	0	0
GvHD, Grade ≥3	0	0	0	0
Prolonged Grade ≥3 cytopenia[a]	0	1 (11.1)	0	1 (5.6)

ACR 2026: As of September 21, 2026 data cutoff

CRS, cytokine release syndrome; CYC, cyclophosphamide; DLT, dose-limiting toxicity; FC, fludarabine and cyclophosphamide; GvHD, graft-versus-host disease; ICANS, immune effector cell-associated neurotoxicity syndrome; IEC-HS, immune effector cell-associated hemophagocytic syndrome; LD, lymphodepletion; TEAE, treatment-emergent adverse event; TESAE, treatment-emergent serious adverse event. [a]A prolonged cytopenia was defined as a Grade ≥3 anemia, neutropenia, or thrombocytopenia present on or after 30 days following the ALLO-329 infusion.

Allogene THERAPEUTICS

Initial Efficacy Analysis Focused on Skin-Predominant Systemic Sclerosis

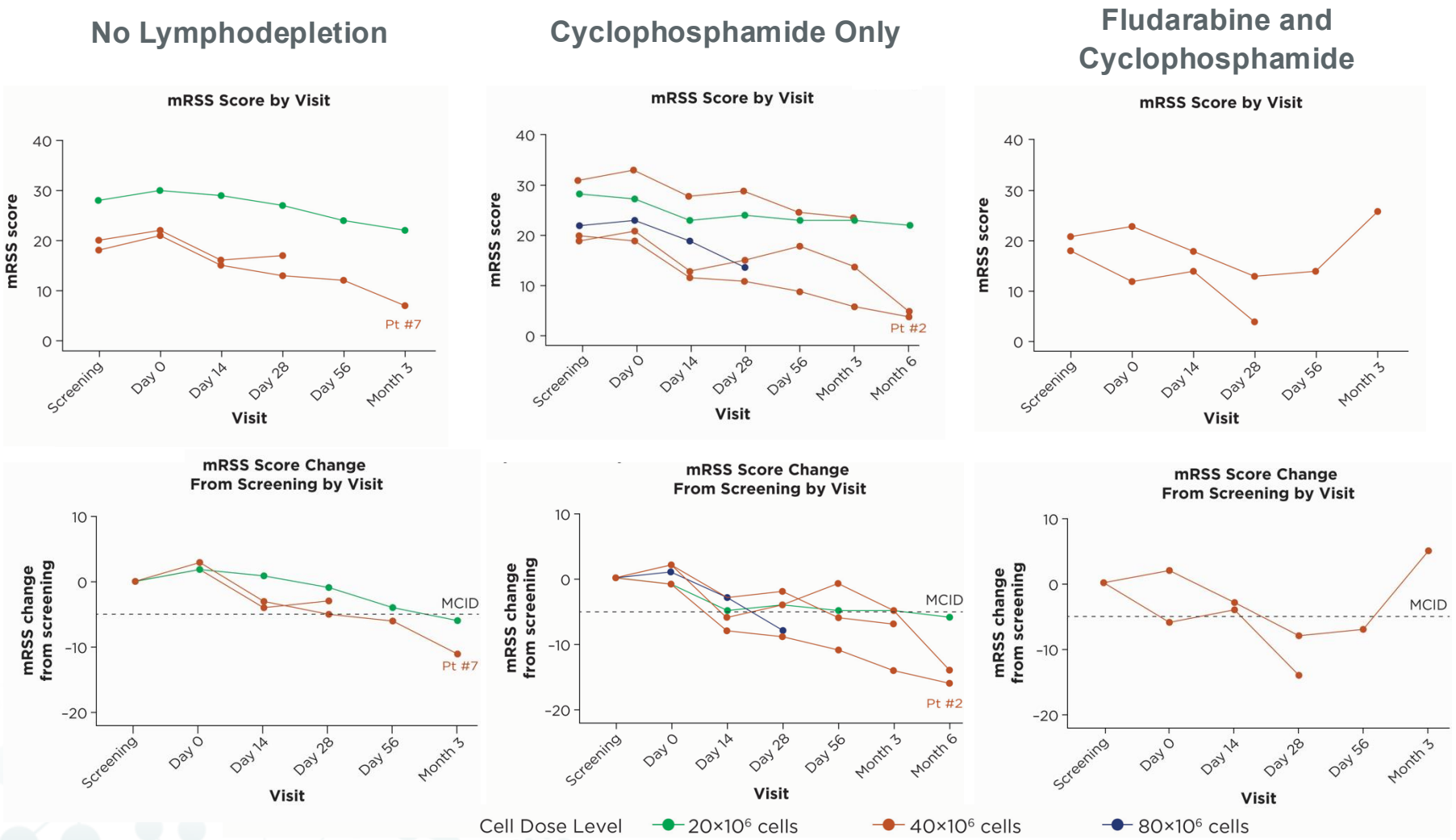
Demographic and Disease Characteristics

Pt. #	DL/LD	Age/Sex	Antibody	Duration of Disease, mos	Treatment	Disease Manifestations
1	20M/CYC	48/F	POL3	20	MMF	Contractures, GERD
2	40M/CYC	55/F	POL3	29	HCQ, MMF	Contractures
3	40M/CYC	58/F	Centromere	84	MTX, HCQ, MMF, AZA, myfortic	GI
4	40M/CYC	38/F	SCL70	34	MTX, MMF, RTX, tocilizumab	GI, ILD, contractures, TFR
5	20M/no LD	30/F	SCL70	68	IVIG, MMF	ILD, DU, GI
6	40M/FC	62/M	SCL70	27	LEF, MMF	Arthritis, DU, ILD
7	40M/no LD	40/M	SCL70	15	RTX, MMF	DU, ILD, contractures, esophageal dysmotility
8	40M/no LD	34/F	SCL70	27	AZA, MMF, IVIG	DU, contractures, GI
9	80M/CYC	36/F	SCL70	23	MTX, MMF, tocilizumab	Contractures, GI, GAVE
10	40M/FC	39/F	U1-RNP	71	AZA, SSZ, certolizumab, RTX, MTX, HCQ, tocilizumab	Contractures, DU, TFR, arthritis

AZA, azathioprine; CYC, cyclophosphamide; DL, dose level; DU, digital ulcers; F, female; FC, fludarabine and cyclophosphamide; GAVE, gastric antral vascular ectasia; GERD, gastroesophageal reflux disease; GI, gastrointestinal; HCQ, hydroxychloroquine; ILD, interstitial lung disease; LEF, leflunomide; M, male; MMF, mycophenolate mofetil; MTX, methotrexate; LD, lymphodepletion; Pt, patient; RTX, rituximab; SSc, systemic sclerosis; SSZ, sulfasalazine; TFR, tendon friction rub; U1-RNP, U1 ribonucleoprotein.

Clinical Activity Observed in All Lymphodepletion Approaches

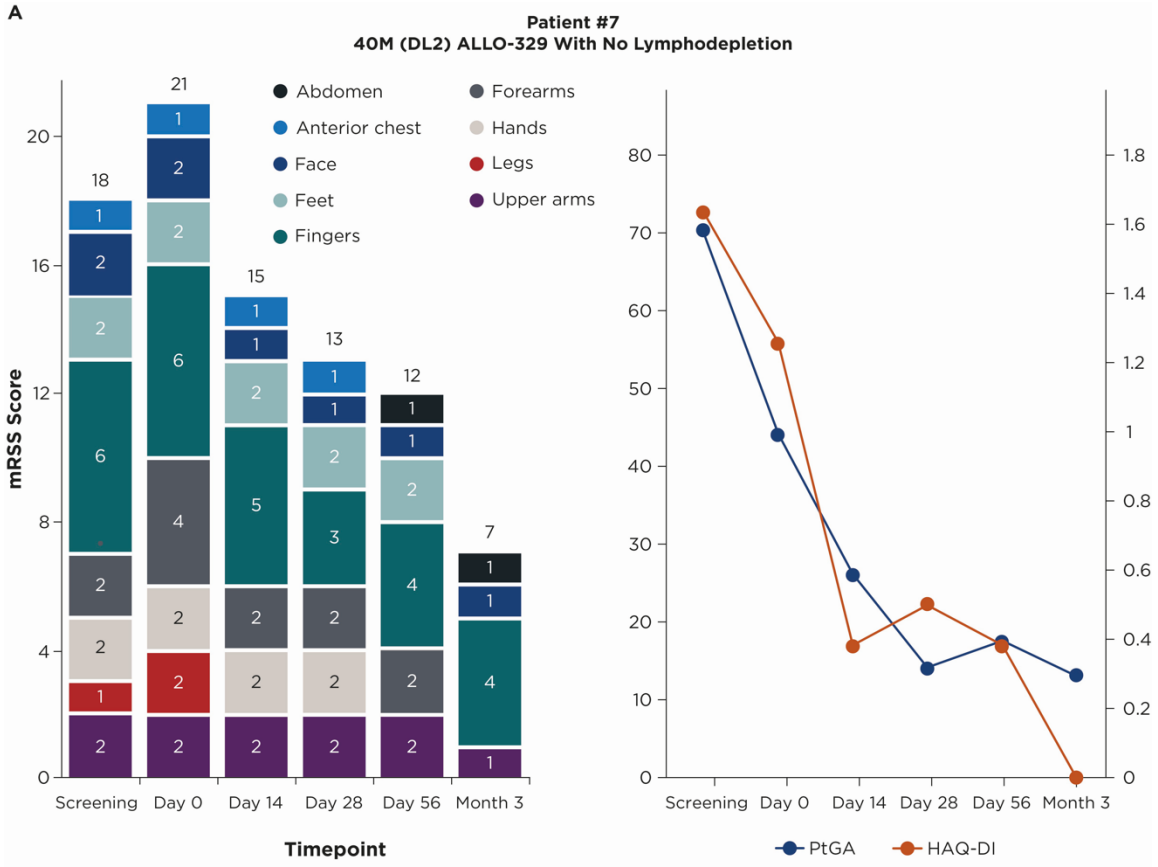
modified Rodnan Skin Score (mRSS) Change From Screening by Visit Following ALLO-329 Infusion

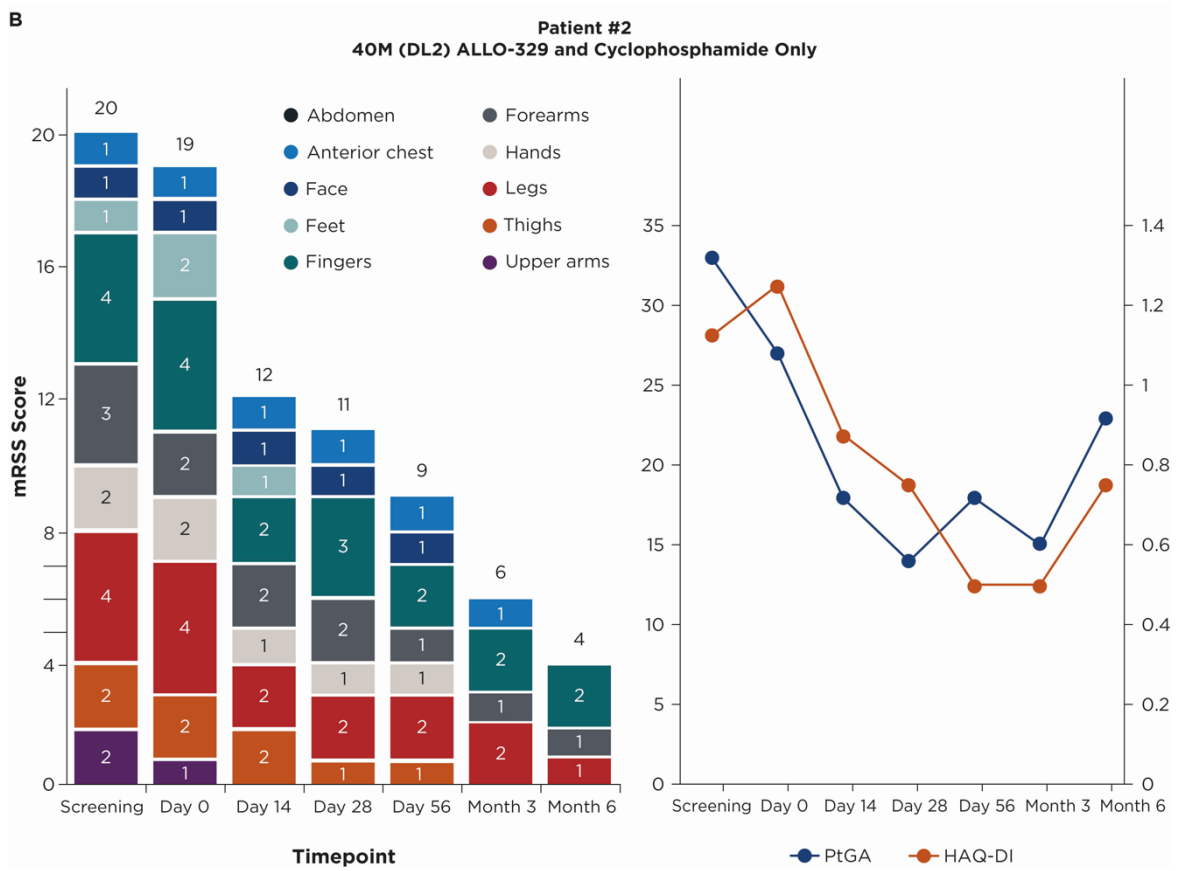


- Screening baseline total mRSS scores indicated severe to extensive skin involvement
- Improvements in mRSS scores observed as early as D14 after infusion in most patients, across all LD regimens and all 3 DLs, with largest improvements in DL2 (40M) and DL3 (80M)
- In 4 patients, mRSS scores fell below 10 between D28 and Month 6

ACR 2026: As of September 21, 2026 data cutoff
MCID, minimal clinically important difference

Patient Cases Provide Illustration of Clinical Improvements





Patient treated with 40M ALLO-329 cells without LD:

- Resolution of digital ulcers and tendon friction rubs
- HAQ-DI improving from 1.63 to 0

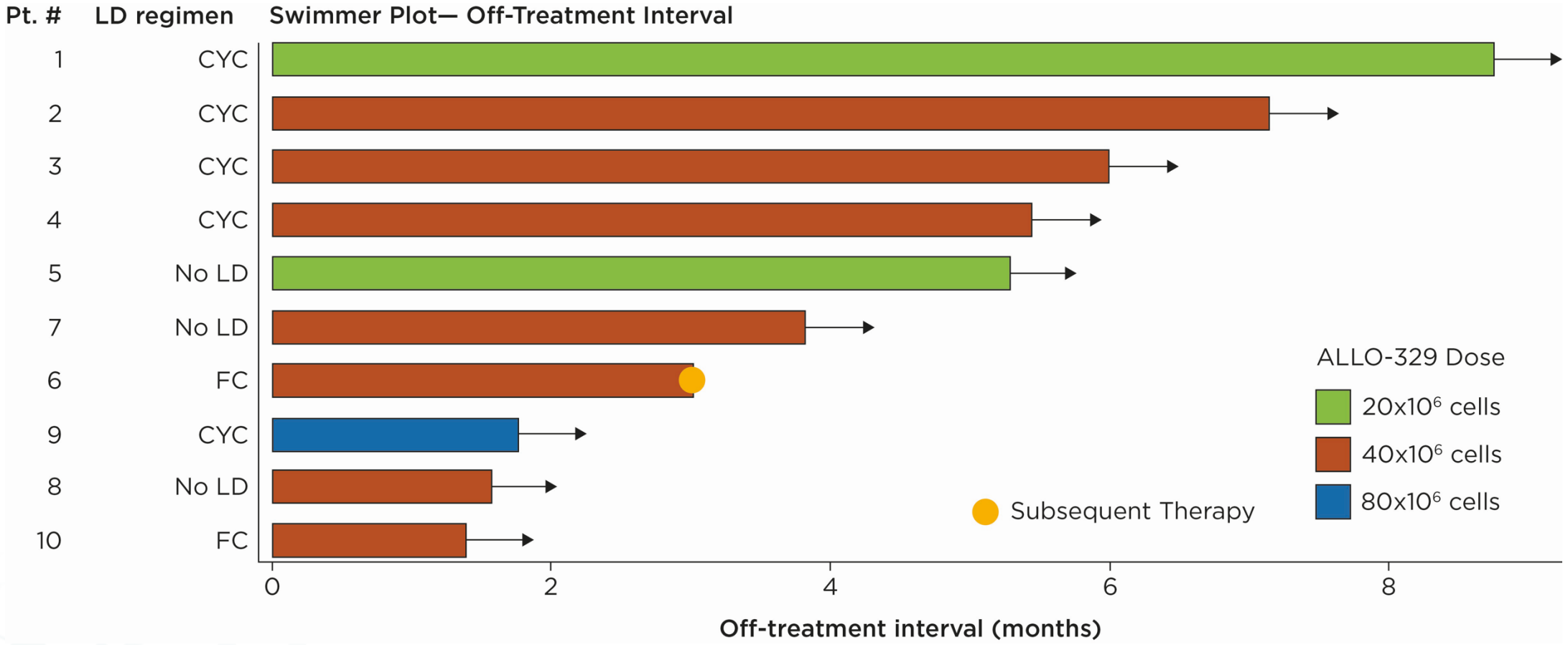
Patient treated with 40M ALLO-329 cells plus cyclophosphamide:

- Improvements in mRSS, Patient Global Assessment, HAQ-DI, and tendon friction rubs

 ACR 2026: As of September 21, 2026 data cutoff

Nine of Ten Patients Remained Off Background Immunosuppressive Therapy

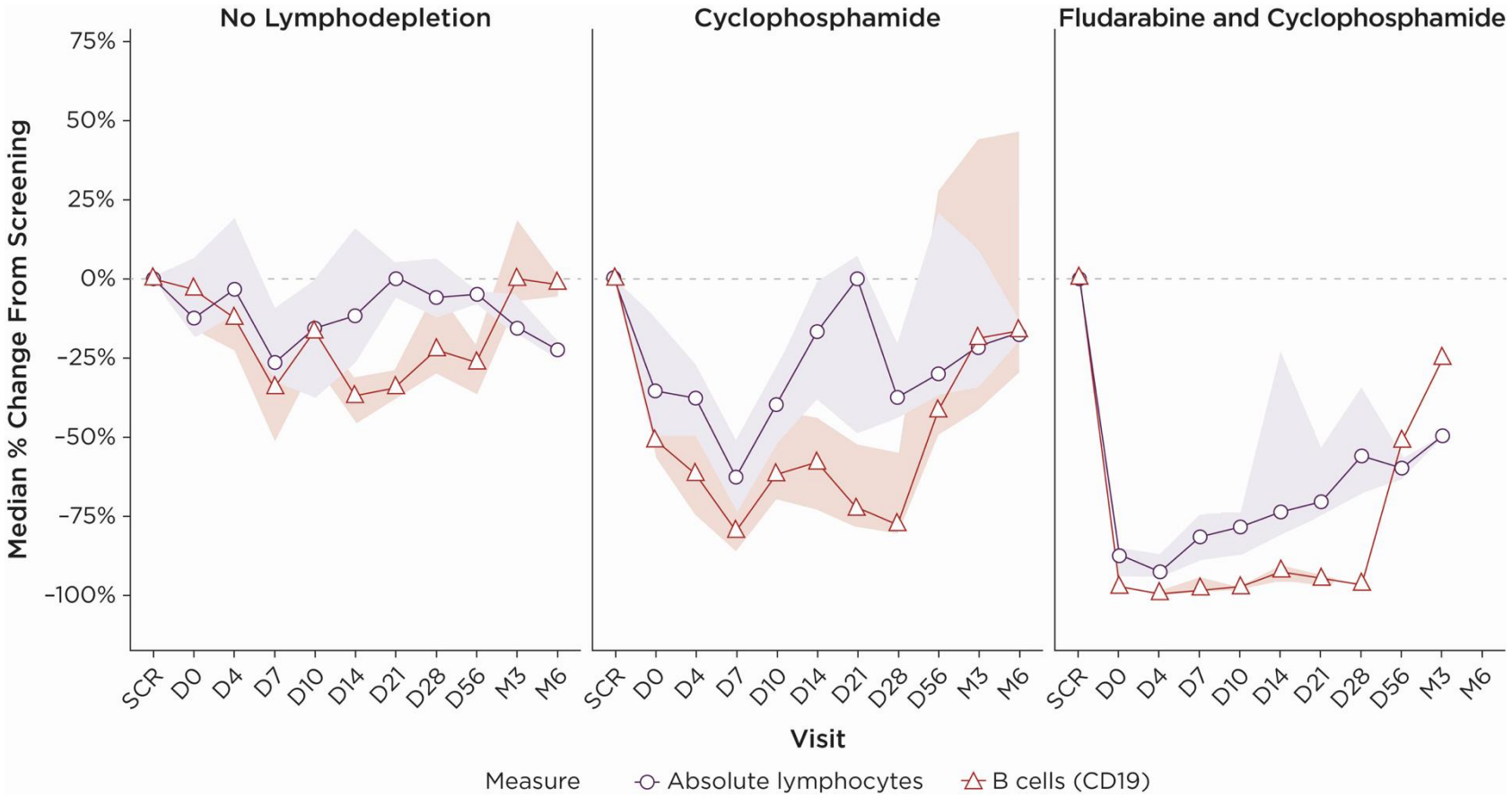
Treatment-Free Interval Following ALLO-329 Infusion in Patients With Skin-Predominant SSc



ACR 2026: As of September 21, 2026 data cutoff

Allogene THERAPEUTICS

B-cell Depletion Appears to Correlate with LD Intensity and Not Clinical Response



Higher LD intensity associated with deeper B-cell depletion, yet meaningful clinical activity was observed even without LD

Additional correlative investigation is ongoing to identify key immunological determinants of clinical response to ALLO-329

ACR 2026: As of September 21, 2026 data cutoff

Allogene THERAPEUTICS

Early Clinical Activity Demonstrates Potential for Meaningful Patient Benefit



Achieved and Maintained 5-point Minimal Clinically Important Difference in Modified Rodnan Skin Score (mRSS)

TAKEAWAYS FROM BLINDED REVIEWS FROM 7 LEADING SCLERODERMA EXPERTS

Encouraging Safety Profile

KOLs found the reported safety and tolerability profile reassuring, including CRS, ICANS, IEC-HS, infection and cytopenia findings.

Clinically Meaningful Activity

mRSS improvements and rapid responses were viewed as meaningful in a disease with limited effective treatment options.

Potential for Reduced LD

Clinical activity without lymphodepletion drew interest for potential patient and logistical benefits.

> *"Less lymphodepletion means less risk of severe infections, less immunosuppression, less burden on the patient – that's a big advantage… In terms of logistical benefit, this potentially could be a difference between outpatient versus inpatient treatment, and that could be quite a big thing [also]."*
>
> **— U.K. SSc KOL (#7)**

> *"Exciting to see that patients even without lymphodepletion did get some improvement in their MRSS scores. Even when compared to the ones that had lymphodepletion, it was still better."*
>
> **— U.S. SSc KOL (#4)**

> *"No lymphodepletion gives a lot of confidence to providers that it is the CAR T that's working, not the lymphodepletion."*
>
> **— U.S. SSc KOL (#2)**

KOL: Key Opinion Leader
Source: Allogene SSc KOL Blinded Market Research (October 2026, n=7)

Allogene THERAPEUTICS

ALLO-329: Rethinking Requirements for Clinical Benefit in Autoimmune Disease

TWO QUESTIONS EMERGING FROM RESOLUTION

QUESTION #1

How Much Lymphodepletion Is Really Necessary?

Early clinical activity without lymphodepletion suggests that meaningful benefit may be achievable with less, or even no conditioning.

QUESTION #2

Is Complete Peripheral B-Cell Depletion Required?

Clinically meaningful improvements despite incomplete depletion raise the possibility of efficacy without prolonged immunosuppression

Early ALLO-329 data challenge conventional thinking about CAR T requirements; Preliminary efficacy of ALLO-329—without lymphodepletion—could expand the reach of CAR T in autoimmune diseases

Allogene THERAPEUTICS

ALLO-329: Initial Data Shows Promise as Safe, Effective & Differentiated

ENROLLMENT



18

Brisk enrollment with 18 patients enrolled in **~10 months**

SAFETY

NO IEC-HS
NO DLTs
NO ICANS
NO GvHD
NO Grade ≥3 CRS

Early Clinical Data Demonstrates **Favorable Safety and Tolerability Profile**

EFFICACY



Achieved & **Maintained Clinically Meaningful Improvement** in Modified Rodnan Skin Score (mRSS)

REDUCED TREATEMENT BURDEN



Remained Off Background Immunosuppressive Therapy

B-CELL DEPLETION

LD approaches

3

B-cell suppression in all cohorts, suggesting peripheral B-cell aplasia may not be needed to **achieve immune reset**

ACR 2026: As of September 21, 2026 data cutoff

Allogene THERAPEUTICS

2027: A Catalyst-Rich Year Poised to Shape the Future of ALLO-329

ONGOING:
COMPLETE DOSE ESCALATION

- Advance enrollment to evaluate DL3 – DL5 cohorts

2027 MILESTONES:
DEFINE OPTIMAL REGIMEN

- 2nd Ph1 clinical data readout
- Identify recommended Ph2 regimen

LOOKING AHEAD:
ADVANCE DEVELOPMENT

- Prepare for registrational development
- Explore additional indications

Allogene THERAPEUTICS

Q&A Discussion



Zachary Roberts, M.D., Ph.D.

Chief Executive Officer and Chief Medical Officer



Vivek Nagaraja, M.B.B.S., M.D.

Chair for the Division of Rheumatology at Mayo Clinic Arizona



Christine Cassiano

Chief Corporate Affairs and Brand Strategy Officer

Fast-Tracking the Future of Cell Therapy



ALLO-329 (CD19/CD70) in autoimmune disease uses CRISPR gene-editing technology.

Allogene THERAPEUTICS