The Potential Innovation of Allogeneic CAR T Therapy in Hematologic Cancers

American Society of Hematology (ASH)
December 13, 2021

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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: A Leader in Allogeneic Cell Therapy

3
years since inception

~300
employees

5
clinical trials including four "firsts", subject to FDA review:
- First pivotal trial
- First solid tumor trial
- First combo trial
- First TurboCAR™ trial

1
singular focus on allogeneic cell therapy

4
foundational platform technologies:
- AlloCAR T™
- TurboCAR™
- iPSC
- Allogeneic manufacturing

Cell Forge 1

$862
million
in cash, cash equivalents and investments as of Sept 30, 2021

>130
based on reported data, more patients have been treated with Allogene's AlloCAR T™ therapies than any other allogeneic CAR T therapy in development

Allogene THERAPEUTICS

Putting Heme Malignancies “On Wheels”

Sears Motor Buggy

In the 1900s, the automobile had been invented. Sears sold them out of their catalogue, but obtaining one required waiting for delivery, uncrating the vehicle and self assembly.

The Model T

Ford's Model T changed everything and put society on wheels. It was easier to drive, more powerful and – most famously – created at scale on an assembly line and ready to drive.

Autologous CAR T

Major step forward for patients with late-stage blood cancers but requires time and complexity – waiting for a manufacturing slot, harvesting of cells, tailored manufacturing, cell delivery and infusion.

AlloCAR T

Like the Model T AlloCAR Ts have the potential to change everything: greater on demand access scalable manufacturing and simpler logistics.

Allogene THERAPEUTICS

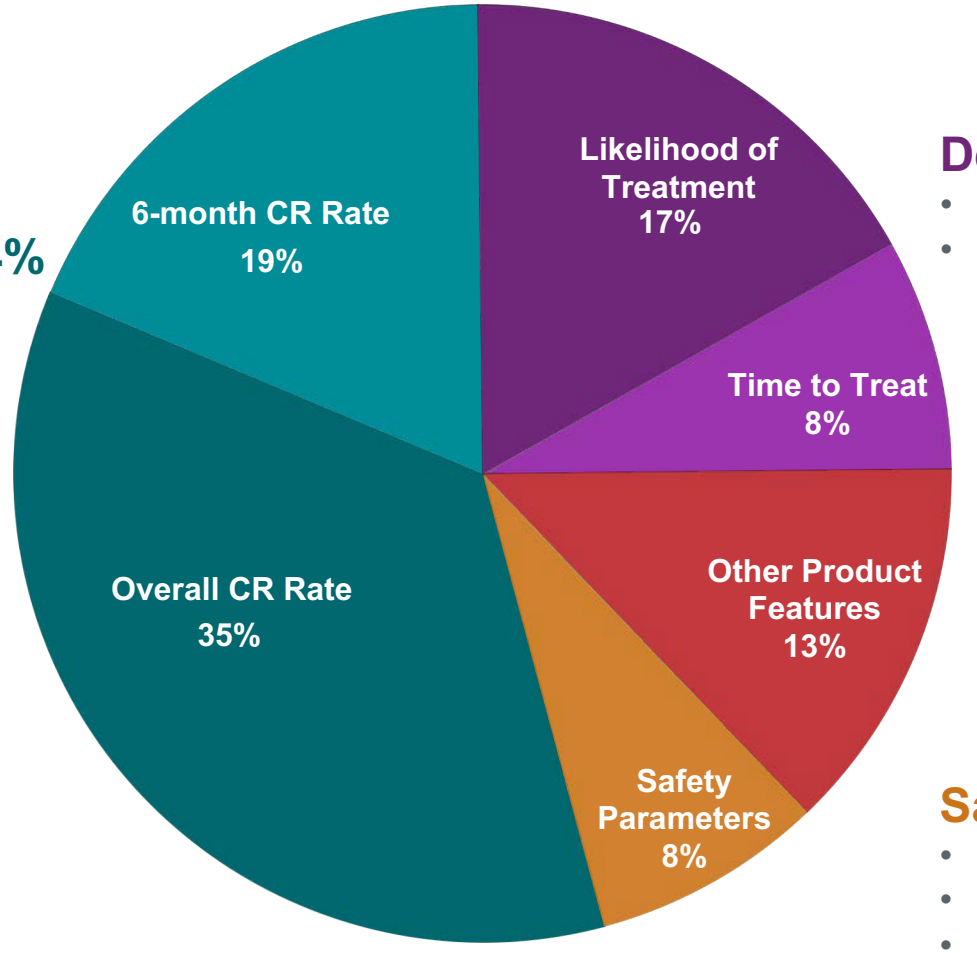
Understanding Market Dynamics to Change How We “Think” About CAR T

KEY QUESTIONS	PHYSICIAN PREFERENCE
1. How are the unique benefits of allogeneic valued?	Ability to optimize efficacy and treat all eligible patients with an off-the-shelf therapy are highly valued
2. Can benefits of an allogeneic therapy be leveraged to expand the market for cell therapy?	Yes, ease of dosing and favorable safety provide opportunity to reach outpatient and community settings
3. How do physicians view consolidated dosing?	Physicians comfortable providing either 1 or 2 doses of CAR T therapy
4. How important is time to treatment?	A higher likelihood of patients receiving treatment and faster time to onset can extend the reach of CAR T

Allogene Market Research: Data on File

Relative Importance of NHL Treatment Attributes

Efficacy Parameters: 54%
- Overall CR Rate
- CR Rate at Month 6



Delivery Parameters: 25%
- Likelihood Patient Receives Treatment
- Time Interval to Treatment

Other Product Attributes: 13%
- Lymphodepletion Regimen
- Dosing Schedule
- Requirement for Leukapheresis

Safety Parameters: 8%
- Infections
- Cytokine Release Syndrome (CRS)
- ICANS/CNS Toxicity

Allogene Market Research: Data on File

Optimizing Allogeneic Levers for Greatest Patient Impact

ALPHA Trials

Validating the Promise of AlloCAR T

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ALPHA/ALPHA2: Advantage of AlloCAR T Delivery Established

	ALPHA	ALPHA2
Data Cutoff	October 18, 2021	
Enrolled	50	29
Evaluable for Safety	49*	28**
Evaluable for Efficacy	40#	25†
% Initiated Treatment	98%	97%
Median Days Enrollment to Treatment Initiation	5	2

* One patient unable to be treated due to rapidly progressing disease
** One patient developed COVID-19 before treatment
# Only CAR T Naïve subjects presented in ALPHA
† One started LD but became ineligible due to central nervous system disease progression; two treated patients yet to reach tumor assessment at data cutoff

Single Dose Regimen
- Fludarabine (30mg/m^2 x 3 days),
- Cyclophosphamide (300mg/m^2 x 3 days)
- ALLO-647 (39, 60, or 90 mg)
- Escalating doses of ALLO-501 or ALLO-501A

Consolidation Regimen
Stable disease or better at Day 28

Consolidation 1
- Single dose regimen
- Day 28
  - ALLO-647 (30 mg)
  - ALLO-501 or ALLO-501A cell infusion (120M cells)

Consolidation 2
- Single dose regimen with higher Cy (500mg/m^2 x 3 days)
- Day 28
  - ALLO-647 (30 mg)
  - ALLO-501 or ALLO-501A cell infusion (120M cells)

Consistent & Manageable Safety Paves Use in Outpatient Setting

ALPHA ALLO-501 Safety

	DL1 40M (N=4)		DL2 120M (N=16)		DL3 360M (N=18)		Cons (N=11)		All Patients (N=49)	
	All	Gr3+	All	Gr3+	All	Gr3+	All	Gr3+	All	Gr3+
IRR	50%	0	69%	6%	61%	0	64%	18%	63%	6%
CRS	0	0	31%	6%	33%	0	27%	9%	29%	4%
Neurotoxicity	25%	0	25%	6%	22%	0	36%	9%	27%	4%
GvHD	0	0	0	0	0	0	0	0	0	0
Infection	75%	0	63%	38%	61%	17%	64%	36%	63%	27%
Neutropenia	100%	75%	75%	75%	83%	72%	82%	64%	82%	71%
Serious AE	25%		56%		28%		27%		37%	

5 treatment-emergent deaths in the absence of disease progression previously reported

ALPHA2 ALLO-501A Safety

	DL1 40M (N=1)		DL2 120M (N=6)		Cons 1 (N=11)		Cons 2 (N=10)		All Patients (N=28)	
	All	Gr3+	All	Gr3+	**All**	**Gr3+**	All	Gr3+	All	Gr3+
IRR	100%	0	33%	0	**27%**	**0**	10%	0	25%	0
CRS	100%	0	17%	0	**0**	**0**	10%	0	11%	0
Neurotoxicity	100%	0	33%	0	**9%**	**0**	20%	0	21%	0
GvHD	0	0	0	0	**0**	**0**	0	0	0	0
Infection	100%	0	83%	17%	**27%**	**0**	10%	10%	36%	7%
Neutropenia	0	0	100%	100%	**36%**	**0**	60%	60%	57%	57%
Serious AE	0		100%		**18%**		30%		39%	

Adverse events of interest in the single-dose cohort were previously reported at ASCO 2021. No treatment emergent deaths reported. A chromosomal abnormality is being investigated in a patient in Consolidation 2, which has resulted in a clinical hold on the ALPHA and ALPHA 2 trials.

Consistent and manageable safety

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

Consolidation 1 Provides Deep Lymphodepletion with Superior Safety Profile Across All Metrics

Data Cutoff Date: October 18, 2021

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CR Rate on Par with Autologous Therapies

ALPHA ALLO-501 Efficacy

	Follicular Lymphoma (FL)			Large B Cell Lymphoma (LBCL)			
	Single dose (N=18)	Cons (N=8)	All FL (N=26)	Single dose (N=11)	Cons (N=3)	All LBCL (N=14)	All Patients (N=40)
ORR, n (%)	14 (78%)	7 (88%)	21 (81%)	7 (64%)	2 (67%)	9 (64%)	30 (75%)
CR, n (%)	9 (50%)	6 (75%)	15 (58%)	5 (45%)	1 (33%)	6 (43%)	21 (53%)
Longest CR (months)	16 (DL2)	7+	16	18+ (DL2)	4+	18+ (DL2)	18+

Across all 49 patients including prior CAR T treated, the ORR and CR rates were 63% and 45%, respectively.

- ORR and CR rates for all autologous CAR naïve patients were 75% and 53%, respectively
- Consolidation demonstrated similar safety and improved efficacy vs a single higher cell dose in FL

ALPHA2 ALLO-501A Efficacy

	Large B Cell Lymphoma (LBCL)			
	DL1/DL2 (N=6)	Cons 1 (N=9)	Cons 2 (N=10)	All Patients (N=25)
ORR, n (%)	2 (33%)	4 (44%)	6 (60%)	12 (48%)
CR, n (%)	2 (33%)	4 (44%)	1 (10%)	7 (28%)
Longest CR (months)	15+	9+	4+	15+

- CR rate of 44% in Consolidation 1
- Deep and durable responses observed

Data Cutoff Date: October 18, 2021

Consolidation 1 Intended Phase 2 Pivotal Trial in r/r LBCL

CR rates on par with autologous CAR T

Regimen well tolerated with lower rates of AEs

Outpatient potential

Higher ORR and CR rate in FL patients vs single dose

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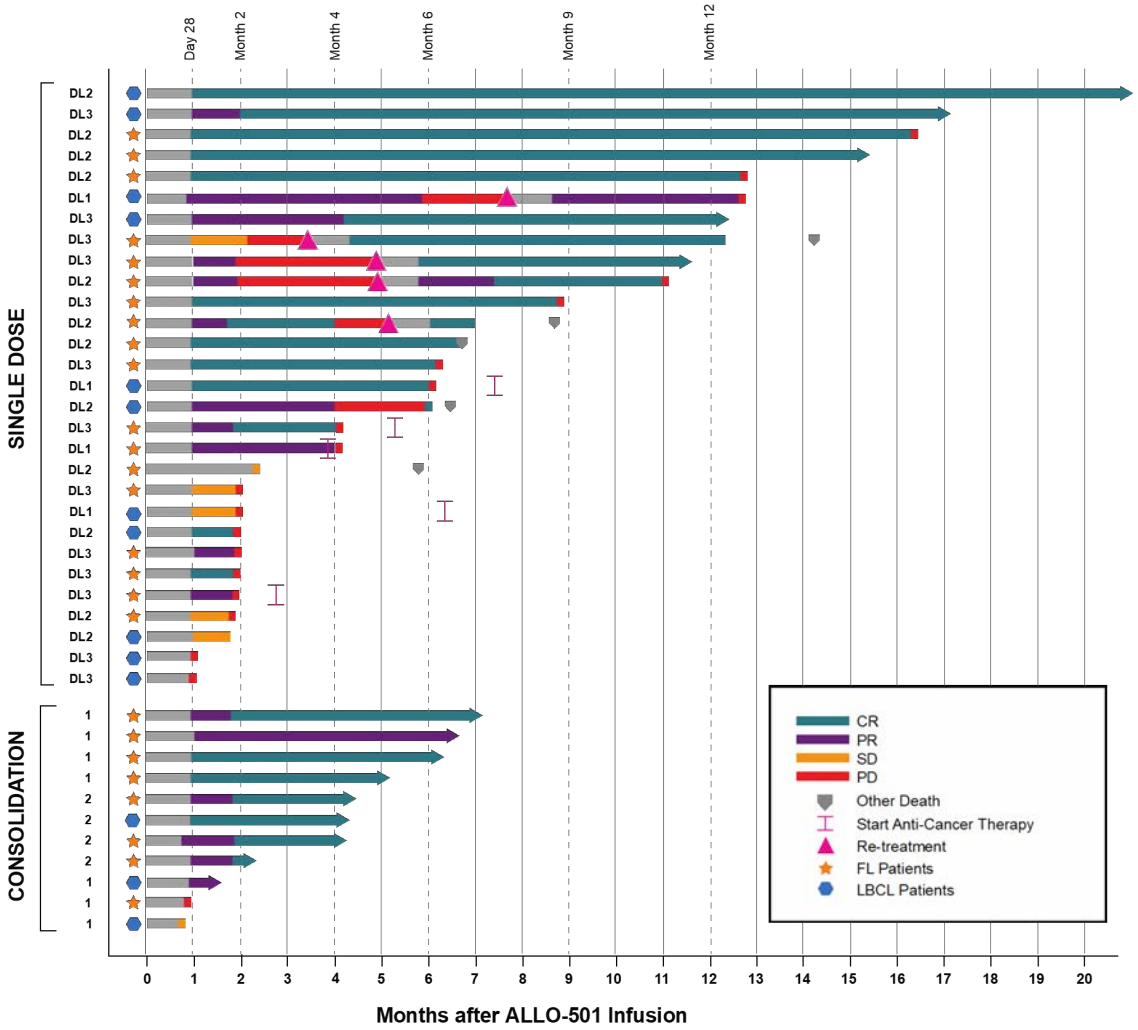
Consolidation 1: Achieving Balance Between Safety & Efficacy

	Consolidation 1	Consolidation 2	All Patients
	N = 16	N = 14	N = 30
ORR, n (%)	**9 (56%)**	10 (71%)	19 (63%)
CR, n (%)	**7 (44%)**	5 (36%)	12 (40%)

- Consolidation associated with meaningful cell expansion after the second dose of AlloCAR T cells.
- ALPHA: Higher ORR (88% vs. 78%) and CR rate (75% vs. 50%) in FL patients versus a single dose
  - All seven FL patients who responded to consolidation remain in response with the longest ongoing response at seven months.
- 4 PRs in combined Consolidation 1 converted to CR following the second administration of cells
  - 6 of 7 patients who achieved CRs remaining in CR

ALPHA Demonstrated Ongoing and Durable Responses



- Among the 21 FL and 11 LBCL auto CAR naïve pts who had the opportunity to be followed for 6 months, 33% of FL and 36% of LBCL pts remained in CR at month 6
- Longest CR remains on study at 18+ months
- All consolidation pts who responded remain in response with the longest ongoing response being a CR at month 7+

Data Cutoff Date: October 18, 2021

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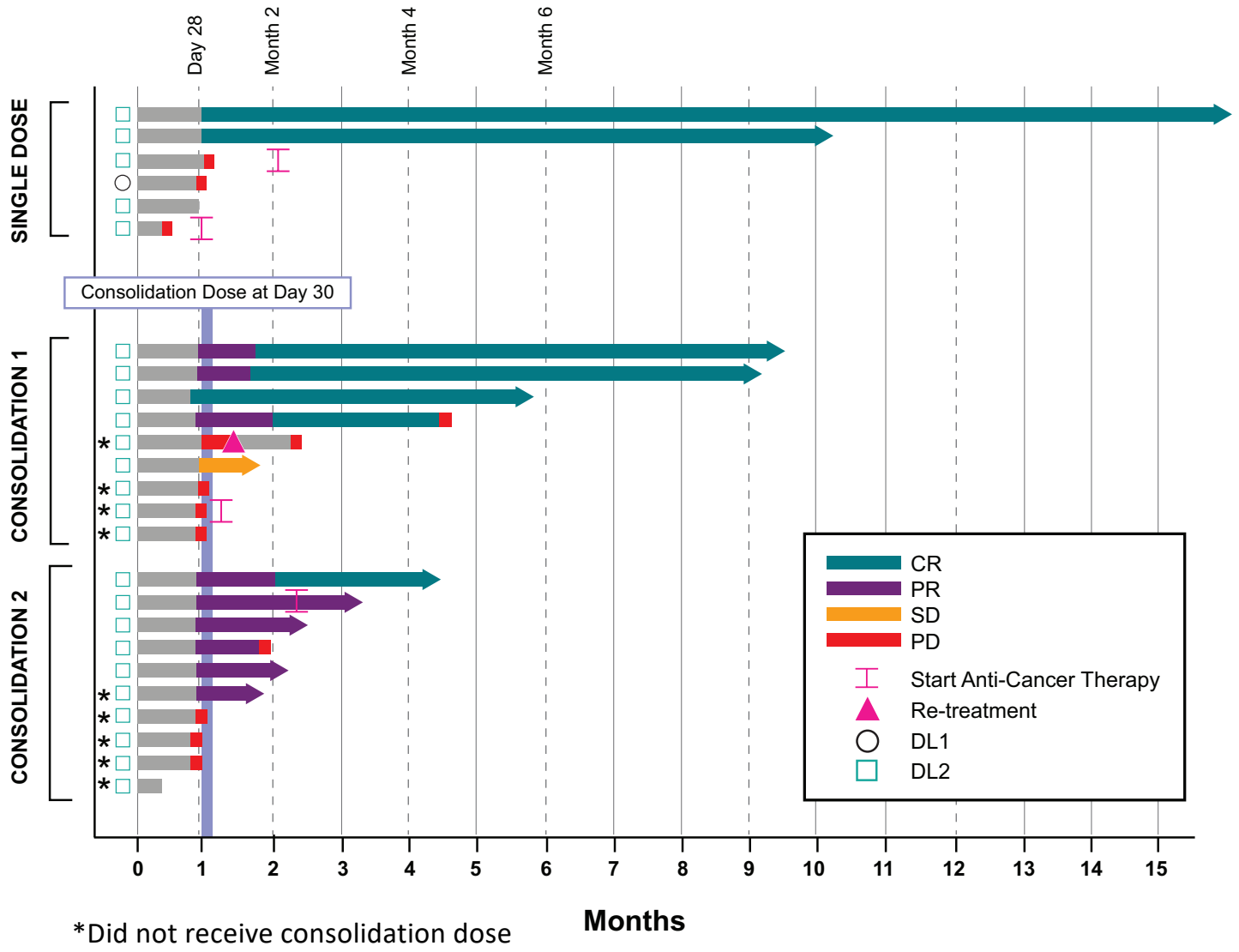
Initial ALPHA2 Data Mimics ALPHA Response



*Did not receive consolidation dose

- 6 of 7 pts who achieved a CR remain in CR
- Longest ongoing CR at month 15+
- 3 PR converted to CR in Consolidation 1

Data Cutoff Date: October 18, 2021

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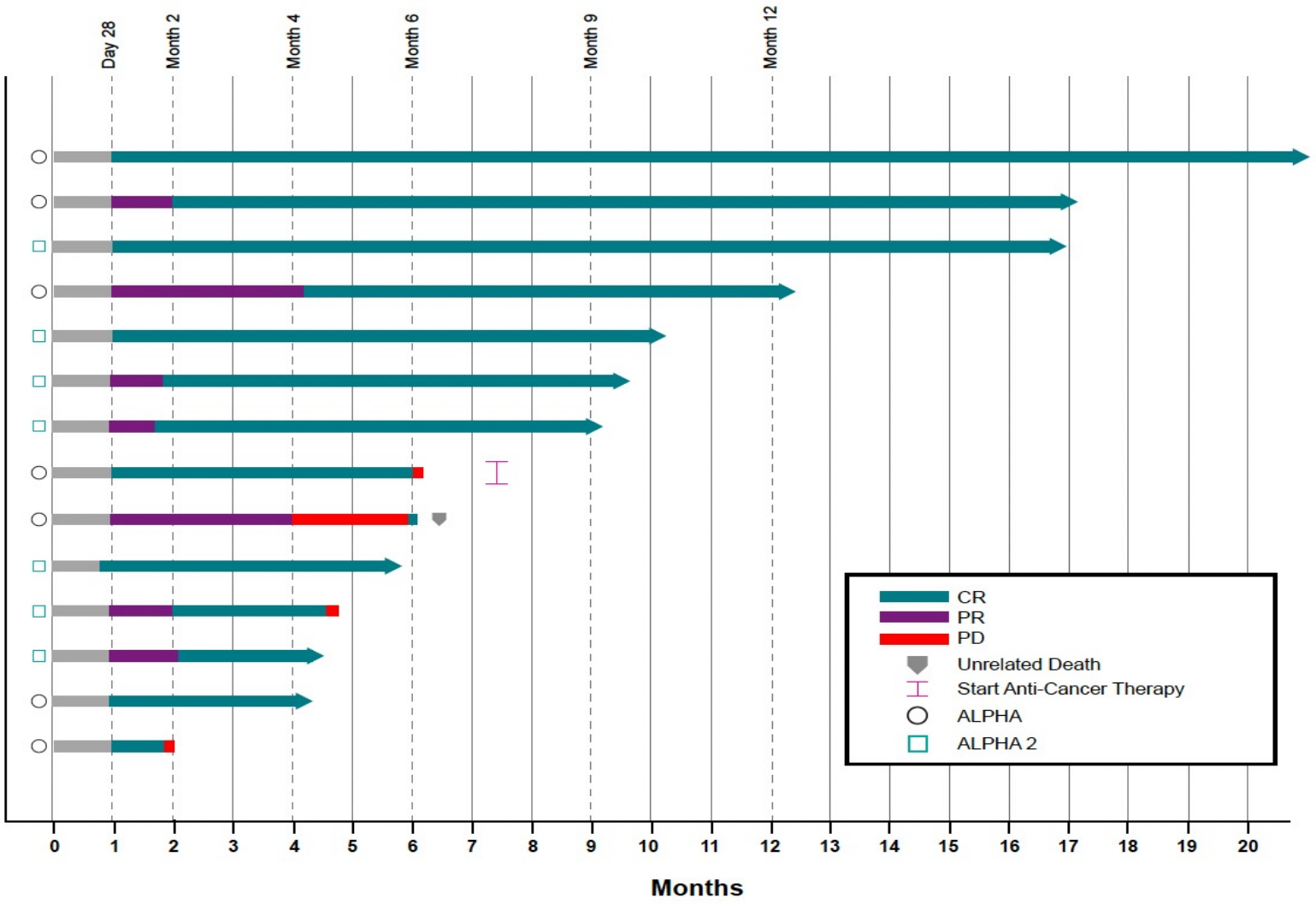
ALPHA & ALPHA2: LBCL Patients in CR at 6 Months Remain in Response



Data Cutoff Date: October 18, 2021

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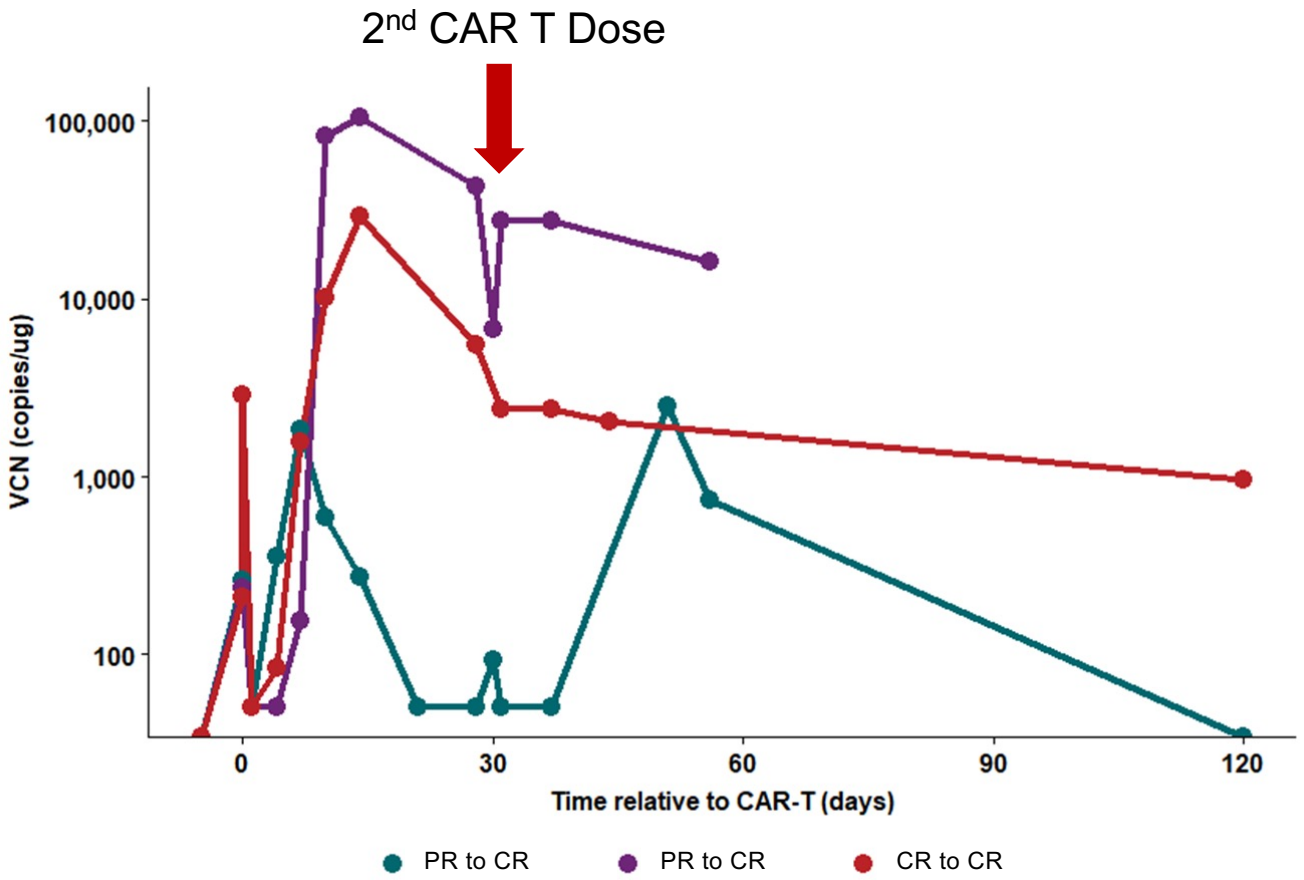
Chemo-Free LD Supports Expansion & Persistence After 2nd CAR T Dose



- Three representative patients treated with Consolidation regimen who achieved a CR
- Patients witnessed CAR T expansion/persistence after the 2nd CAR T dose
- ALLO-647 was given without chemotherapy prior to the second CAR T dose and was sufficient for cell expansion

Data Cutoff Date: October 18, 2021

VCN = Vector copy number

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ALLO-501/ALLO501 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

Strategic Study Execution Designed for Pivotal Trial Success

ALPHA Trial

- ✓ Allogeneic Proof of Concept
- ✓ ALLO-647 Proof of Concept/Approach
- ✓ Broad Patient Population
- ✓ Cell Dose Identification
- ✓ Established Convenience/Safety
- ✓ Comparability with Autologous CAR T
- ✓ Evaluated Consolidation
- ✓ Durability

ALPHA2 Trial

- ✓ Comparability to ALPHA
- ✓ Refined Patient Population
- ✓ Optimal Consolidation Approach
- ✓ Durability
- ✓ Lymphodepletion Strategies
- ✓ Enhanced Safety Profile
- ✓ Outpatient Potential

ALPHA2 Phase 2 Pivotal Trial

Methodical Phase 1 Execution & Industry Defining Research Provides Understanding of AlloCAR T Products

Deepest Dataset to Optimize Trial Design for Planned Pivotal Trial Initiation in 2022

UNIVERSAL Trial

First Allogeneic anti-BCMA CAR T Study for R/R Multiple Myeloma

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Potential for All Eligible Patients with No Bridging Therapy Required

Key Eligibility Criteria

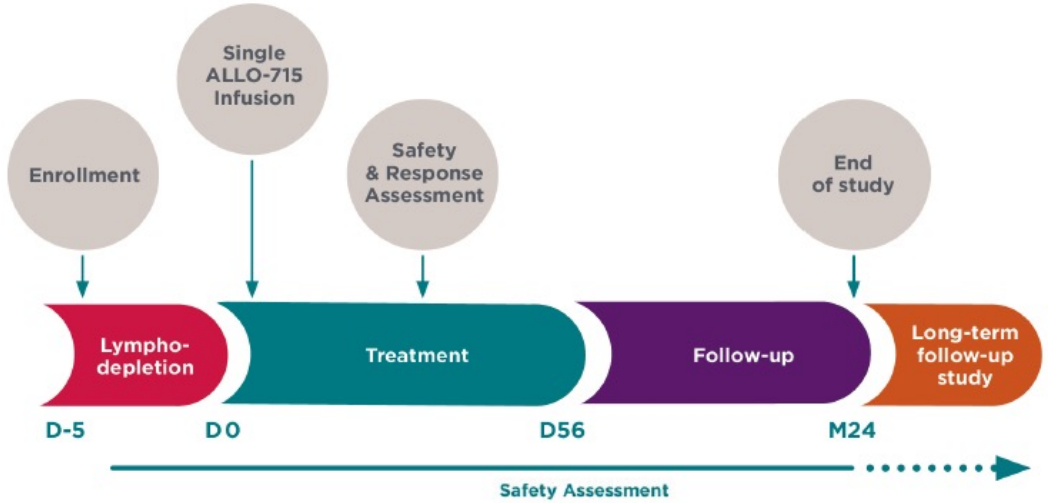
- Relapsed/refractory multiple myeloma
- ≥3 prior therapies including IMiD, proteasome inhibitor & anti-CD38
- Refractory to last prior therapy
- ECOG 0 or 1
- No donor-specific antibodies
- No prior systemic therapy within 2 weeks

Primary Endpoints

- Safety and tolerability

Secondary and Exploratory Endpoints

- Recommended ALLO-715 P2 dose and lymphodepletion (LD) regimen
- Anti-tumor activity (ORR, duration of response, PFS, and MRD)
- ALLO-715 cellular kinetics (blood levels of anti-BCMA CAR T cells)
- ALLO-647 pharmacokinetics (serum ALLO-647 concentrations)



ALLO-715 Dose Escalation: 40, 160, 320, 480 x 10^6 CAR^+ T cells	
Lymphodepletion Regimens (FCA**, CA†)	Doses
Fludarabine	30 mg/m^2/day x 3 days
Cyclophosphamide	300 mg/m^2/day x 3 days
ALLO-647	13 to 30 mg x 3 days

Patient Flow

Median Time from Enrollment to Start of Treatment for All Patients: 5 Days

Part A Enrolled (N=48)

5 patients became ineligible due to organ failures from rapidly progressing disease

Part A Safety Population (N=43)

Part A Efficacy Population (N=43)

CAR+ T Cell Dose	Lymphodepletion Regimen			
	FCA39	FCA60	FCA90	CA39
40 x 10^6 Cells (DL1)	3	–	–	–
160 x 10^6 Cells (DL2)	4	–	–	3
320 x 10^6 Cells (DL3)	11	10	3	3
480 x 10^6 Cells (DL4)	3	3	–	–

*Overall median follow-up time = **4 Months***

Data Cutoff Date: October 14, 2021

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Heavily Pretreated Patients with Refractory Advanced-Stage Disease

Characteristics		Safety Population (N=43)
Age, median (range), years		64 (46, 77)
Gender, %	Male	63
	Female	37
ECOG PS, %	0	49
	1	51
ISS Stage III, %		19
High-risk cytogenetics*, %		37
Extramedullary disease, %		21
High tumor burden at screening†, %		33
Time since initial diagnosis, median (range), years		4.9 (0.9, 26.4)
Number of prior anti-myeloma regimens, median (range)		5 (3, 11)
Prior autologous SCT, %		91
Penta exposed/Penta-refractory, %		84/42

* High-risk cytogenetics is defined as del 17p, t(4;14), or t(14;16)
† High tumor burden considered when more than 50% plasma cells in bone marrow

- Patients had advanced disease
  - 19% of patients had ISS Stage III
  - 21% of patients had extramedullary disease
- Heavily pretreated patients in study
  - Median of 5 prior lines of therapy
  - All patients were refractory to last line
    - 91% were triple refractory and 42% were penta-refractory
- **No patient received bridging therapy**

Data Cutoff Date: October 14, 2021

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ALLO-715 and ALLO-647 Demonstrated Manageable Safety Profile

TEAE of Interest* (N=43)	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	All Grades
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
CRS	13 (30)	10 (23)	1 (2)	0	0	24 (56)
Neurotoxicity†	4 (9)	2 (5)	0	0	0	6 (14)
GvHD	0	0	0	0	0	0
Infection‡	3 (7)	10 (23)	7 (16)	0	3 (7)	23 (54)
Infusion Reaction to ALLO-647	7 (16)	5 (12)	0	0	0	12 (28)

- 20 (47%) patients with an SAE
- 30 (70%) patients experienced Gr3+ neutropenia
- 3 Gr5 infections; 2 previously reported and an additional one due to sepsis

Manageable safety profile with low-grade and reversible neurotoxicity and no GvHD

- 14% of patients with AEs of potential low-grade neurotoxicity
- Low use of tocilizumab 23% and steroids 14%

* Number of patients with AE occurring from the start of study drug up to subsequent anti-cancer therapy. For patients reporting more than one AE within a preferred term, only one AE with the maximum grade is reported
† Analysis done using a broad SMQ of noninfectious encephalopathy/delirium with adjudication by clinical review
‡ All infections (bacterial, fungal, and viral) included

Data Cutoff Date: October 14, 2021

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Encouraging Efficacy Seen with Additional Patients at DL3

Cell Dose & LD Regimen	DL3 (320M CAR+ T Cells)*				DL4 (480M CAR+ T Cells)	
	FCA39 N=11	FCA60 N=10	FCA90 N=3	FCA ALL N=24	FCA39 N=3	FCA60 N=3
ORR†, n (%)	**7 (64%)**	**8 (80%)**	**2 (67%)**	**17 (71%)**	**1 (33%)**	**2 (67%)**
VGPR+ Rate, n (%)	5 (46%)	5 (50%)	1 (33%)	11 (46%)	0	2 (67%)
CR/sCR Rate, n (%)	3 (27%)	3 (30%)	0	6 (25%)	0	0
mDOR, months	8.3	NE	3.1	8.3	1.4	NE
Median follow-up, months (range)**	3.3	3.8	--	3.8	--	7.4

* Three patients treated with 320M CAR+ cells and the CA LD regimen are not included above. Two of those responded with one pt achieving a CR
† Clinical response evaluation was based on IMWG response criteria, Kumar et al, 2016
** Median follow-up is for censored pts

- In the FCA 320M CAR+ cell dose group, 17 patients **(71%) achieved an overall response rate (ORR)**
  - 11 (46%) were VGPR+, of those 6 (25%) were CR/sCR

Data Cutoff Date: October 14, 2021

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ALLO-715 UNIVERSAL Trial: First Allogeneic CAR T Study to Demonstrate Safety and Substantial Efficacy in MM

- "Off-the-shelf" AlloCAR Ts have potential to addresses significant unmet need in patients with rapidly progressive disease
  - No bridging therapy required
  - Median time from enrollment to start of therapy of 5 days
  - 90% enrolled patients received treatment
- ALLO-715 with ALLO-647 was well tolerated with low-grade CRS, low-grade reversible neurotoxicity, no GvHD, and manageable safety
- 71% ORR and 46% VGPR+ with 320M cell dose and FCA comparable to approved autologous CAR T therapy
  - 92% VGPR+ responses were MRD negative
  - 8.3 months median durability of response
- ALLO-715 consolidation dosing and ALLO-715 in combination with nirogacestat are also being evaluated; Next generation anti-BCMA TurboCAR (ALLO-605) currently in Phase 1 development pending FDA review

Single Dose ALLO-715 Similar to Approved Autologous CAR T Therapy

Safety	ALLO-715 Ph1 (N=43)[1]	Ide-Cel (ABECMA) 300/450M N=127[2]
CRS (Any / Grade ≥3)	56% / 2%	85% / 9%
Neurologic Toxicity (Any / Grade ≥3)	14% / 0%	28% / 4%
Infection (Grade ≥3)	19%	23%
Neutropenia[3] (Grade ≥3)	70%	89%
Death from AEs	7%	6%

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

Treatment Administration and Efficacy mITT	ALLO-715 320M & FCA (N=24)[1]	Ide-Cel (BB/BMS) 300/450M N=100[2]
N enrolled	48	135
N treated with target cell product[3] (%)	43 (90%)	100 (74%)
Days to treatment initiation[4]	5	33
ORR, %	**71%**	72%
VGPR+ Rate, %	**46%**	53%
CR/sCR Rate %	**25%**	28%
MRD- Rate[5] in VGPR+, %	**92%**	75%
Duration of Response (median, months)	**8.3**[6]	11.0

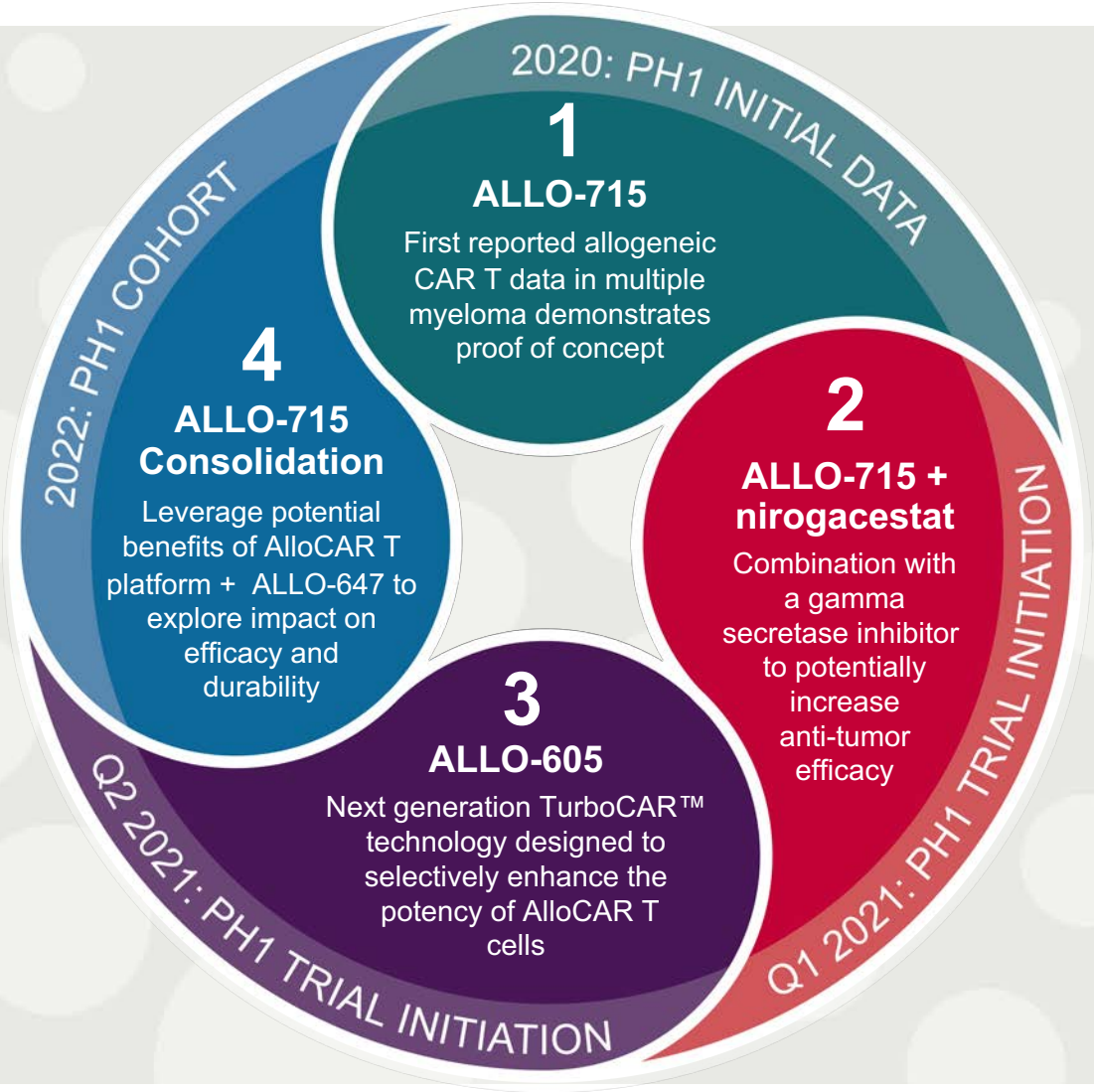
1 ASH 2021;. ; 2 Package Insert; [3] cell product that is successfully manufactured and meets release specifications; for Abecma 11 patients did not receive treatment and 24 patients received out of specification product; [4] for ALLO-715, time from enrollment to start of lymphodepletion; for Abecma, 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-715 Product Access and Logistics A Key Differentiator

Study	ALLO-715	Autologous Therapies*		
		ide-cel (BB/BMS)	orva-cel (Juno/BMS)	cilta-cel (JnJ)
Product Manufactured for All Enrolled Patients	**100%**	98.5%	Not reported	100%
Median Time to Treatment	**5 days** *Enrollment to treatment*	33 days	Not reported	29 days
Bridging Therapy	**0%**	87%	63%	75%
Patients not treated with intended cell product**	**10%**	26%	Not reported	14%
Re-dosing	**Off the Shelf**	May require re-manufacturing		

Abecma USPI; Mailankody, ASCO 2020 (Orva-cel); Berdeja, Lancet, 2021
***manufacturing at the intended dose level and per release specifications*

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



*Pending FDA review

Allogene THERAPEUTICS

Innovating CAR T Therapies to Potentially Expand Access & Reduce Cost

Cost

- Scalable and efficient manufacturing
- Potential to treat 100+ patients from a single manufacturing run
- Opportunity to reduce ancillary cost of care associated with autologous therapy

Innovation

- Multiplex gene engineering/editing capabilities
- Opportunity for product optimization

Access

- Potential to treat all eligible patients
- Re-dosing, if needed
- No need for complex logistics or bridging therapy

Speed/Reliability

- “Off the shelf” for on demand treatment
- Less product variability, made from healthy T cells

Allogene® THERAPEUTICS

The Next Revolution in Cell Therapy

Leading Today, Creating Tomorrow

ALLO-501, ALLO-501A, ALLO-715 and ALLO-605 utilize TALEN® gene-editing technology pioneered and owned by Cellectis. ALLO-501 and ALLO-501A are anti-CD19 products being jointly developed under a collaboration agreement between Servier and Allogene based on an exclusive license granted by Cellectis 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 Cellectis technology for allogeneic products directed at BCMA and holds all global development and commercial rights for these investigational candidates.