Allogene® THERAPEUTICS

The Next Revolution in Cell Therapy

Leading Today, Defining Tomorrow

November 2022

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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

4 Foundational platform technologies

- AlloCAR T™
- TurboCAR™
- iPSC
- Allogeneic manufacturing

Cell Forge 1

>175 Patients treated

More patients treated with AlloCAR T™ product candidates than any other allogeneic CAR T

~350 employees

defining the field and writing the allogeneic CAR T playbook

$637 million

in cash, cash equivalents and investments as of September 30, 2022

1

singular focus on allogeneic cell therapy

The industry's **first** allogeneic CAR T Phase 2 trial

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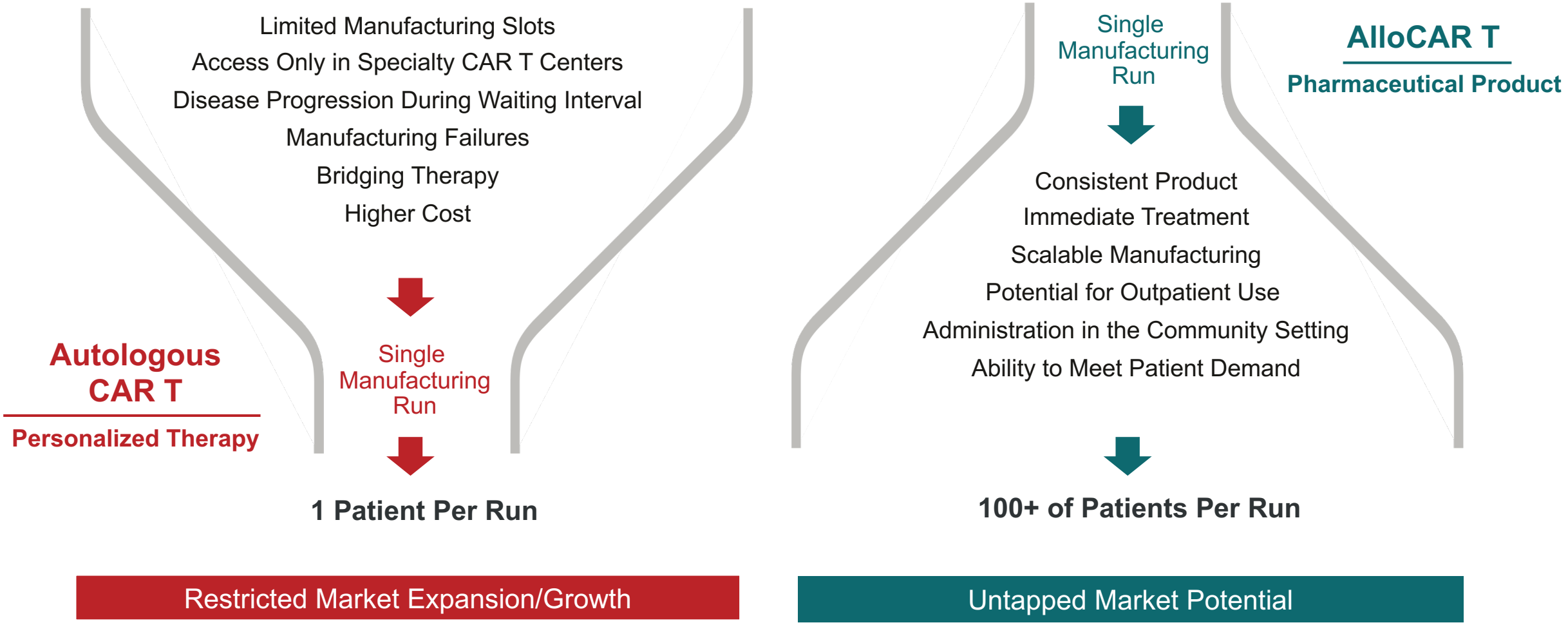
AlloCAR T: Potential to Break the Bottleneck in Cell Therapy



Allogene THERAPEUTICS

Fully-Integrated Operations Technology Organization

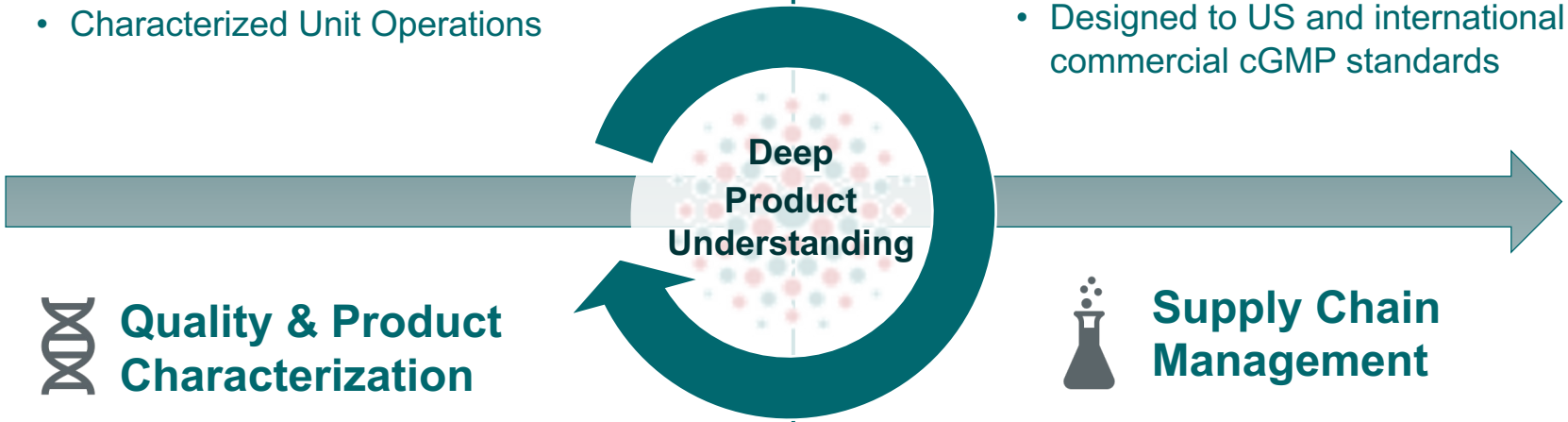
~170
Full-time Operations Technology Staff

Process & Analytical Development

- Proven GMP Processes
- Characterized Unit Operations

Manufacturing

- 136K ft² modular facility
- Designed to US and international commercial cGMP standards



~20K
Patients *Per Year*
Manufacturing Capacity*

Quality & Product Characterization

- Qualified Release Tests
- Internal unbiased product data analysis

Supply Chain Management

- Qualified Suppliers across all Input Materials
- Ultracold inventory and logistics in place nationally and pending in EU

* Projection for first potential commercial asset, ALLO-501A, at scale

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Broad Allogeneic Pipeline Across Heme and Solid Tumors

CATEGORY		PROGRAM	PRE-CLINICAL	PHASE 1	PHASE 2/3[1]
Hematological Malignancies	CD19	***ALPHA2*: ALLO-501A (NHL)**			
		***ALPHA*: ALLO-501 (NHL)**	COMPLETED ACCRUAL; FOLLOW-UP ONLY		
	BCMA	***UNIVERSAL*: ALLO-715 (MM)**			
		***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)[2]**	INITIATION ACTIVTIES UNDERWAY		

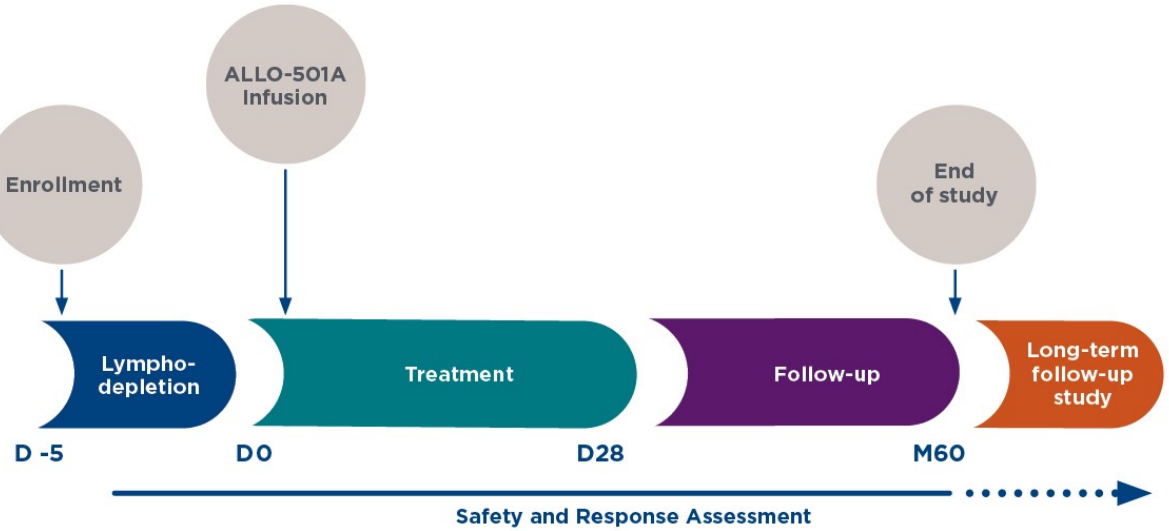
[1] *Phase 3 may not be required if Phase 2 is registrational*

[2] *ALLO-647 intended to enable expansion and persistence of allogeneic CAR T product candidates*

ALPHA2: Industry's First Allogeneic CAR T Phase 2 Study

Single Arm, Open Label Study Evaluating ALLO-501A in Patients with r/r Large B Cell Lymphoma

- Key Objective: Assess the clinical efficacy of ALLO-501A
- Primary Endpoint: Overall Response Rate (ORR)
- Key Secondary Endpoint: Duration of Response
- Target enrollment: 100 patients



Treatment Regimen

- Lymphodepletion
  - Flu: 30 mg/m2 per day x 3 days
  - Cy: 300 mg/m2 per day x 3 days
  - ALLO-647: 90 mg
- ALLO-501A: 120 million CAR+ cells following lymphodepletion

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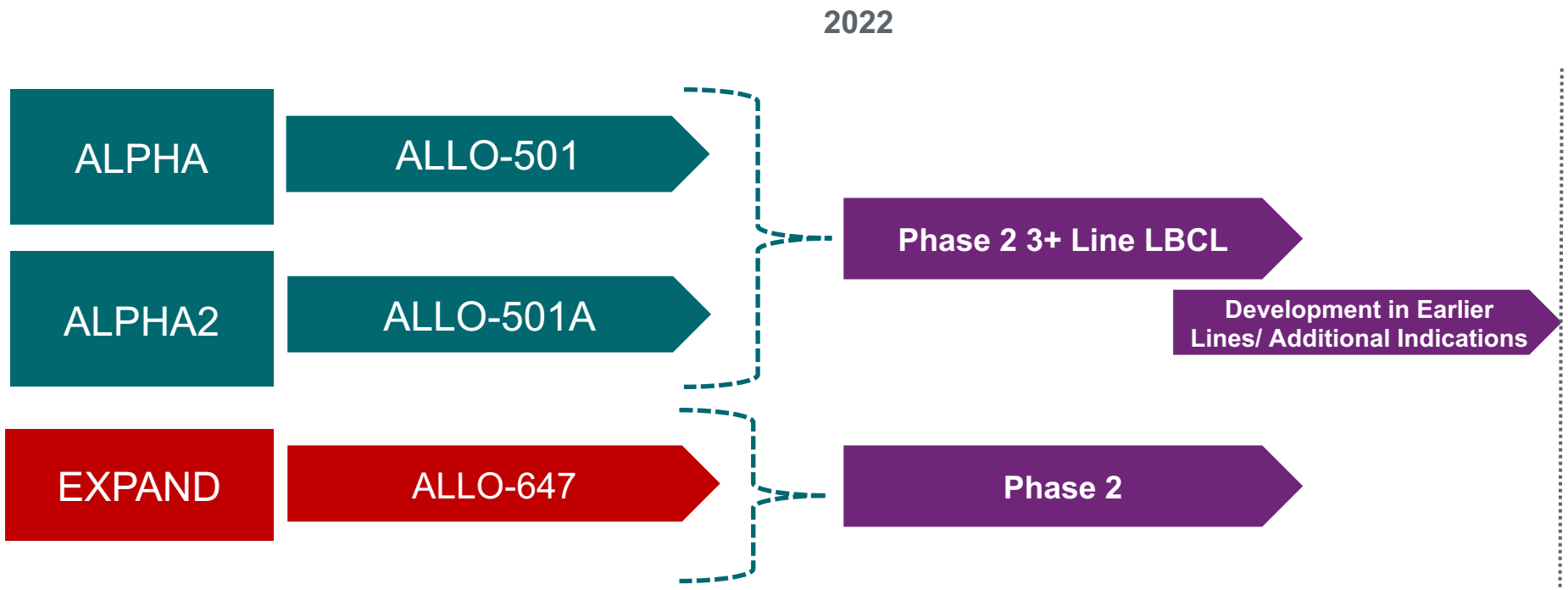
ALLO-501A Potentially Pivotal Study – Label Expansion Opportunities



Objectives

- ✓Phase 2 initiation
- Planned development into earlier lines of LBCL
- Additional indication opportunities for franchise expansion
- ALLO-647 approval pathway in parallel

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ALLO-501/ALLO-501A: Durable Complete Responses

R&D Showcase to Feature Clinical Updates on ALPHA and ALPHA2 Trials

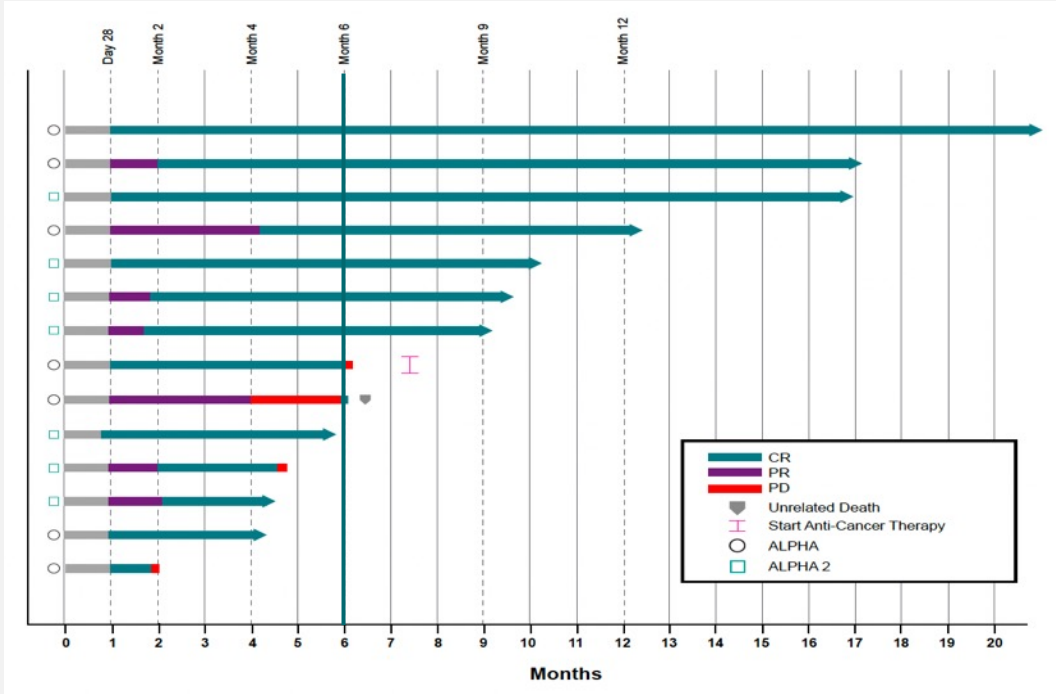
Advantage of AlloCAR T Delivery Established:
- ~97% of patients treated between 2-5 days of study enrollment

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
- Durable Responses Observed with 10/14 CRs Ongoing
- All patients who achieved a CR at month 6 remained in CR

Key autologous benchmark:
6-month CR rate in the range of high 20s to 40% (mITT)

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



ASH 2021; Data Cutoff October 18, 2021

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

	ALLO-501 (LBCL n=11) Phase 1 Dose Escalation	ALLO-501A 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

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

R&D Showcase to Feature Clinical Updates on the UNIVERSAL Trial (Single Dose ALLO-715)

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 Data Indicates Potential to Address Patient Need

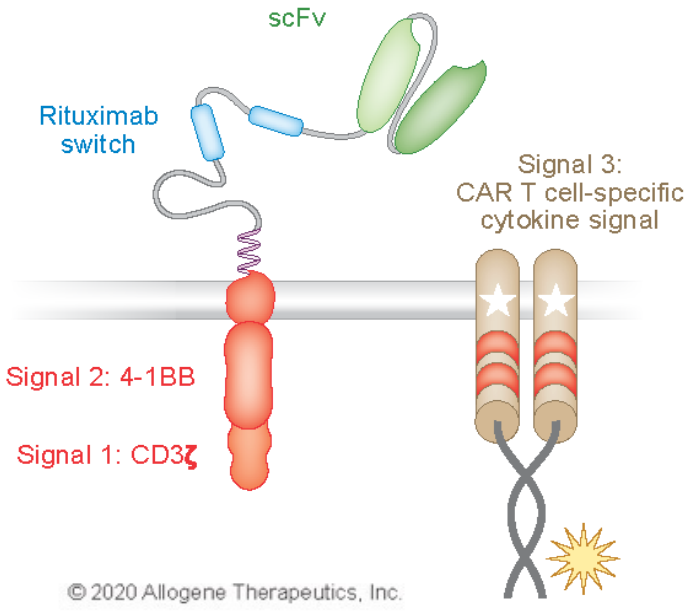
Safety	ALLO-715 Ph1 (N=43)[1]	Abecma® (Ide-cel) 300/450M N=127[2]	Carvykti (Cilta-cel) 500k-1M N=97
CRS (Any / Grade ≥3)	**56% / 2%**	85% / 9%	95% / 5%
Neurologic Toxicity (Any / Grade ≥3)	**14% / 0%**	28% / 4%	26% / 11% (23% / 5% ICANS)
Infection (Any / Grade ≥3)	**30% / 19%**	70% / 26%	59% / 27%
Neutropenia[3]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

[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; 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

[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; 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



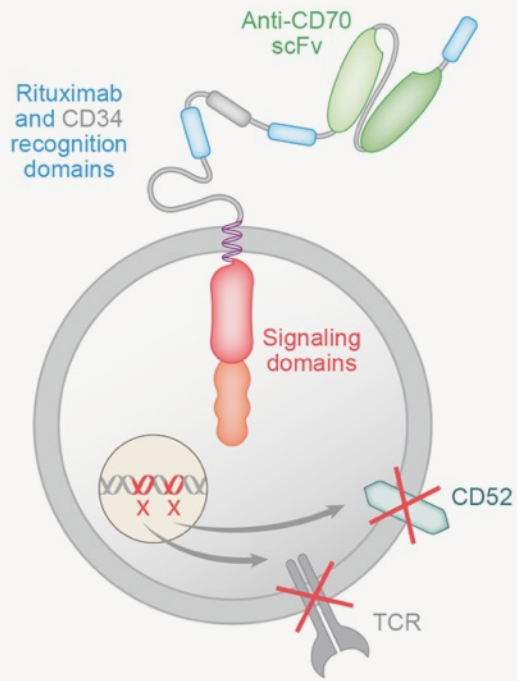
Fast Track Designation Granted June 2021

- **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

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

First of Several Candidates Planned for Development in Solid Tumors

ALLO-316 Schematic



TRAVERSE Phase 1 Trial

- **Phase 1 dose escalation trial**
- **Establish Foundation in Solid Tumors**

The *TRAVERSE* Trial & Beyond

CD70 selectively expressed in several cancers[1]:

- 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*

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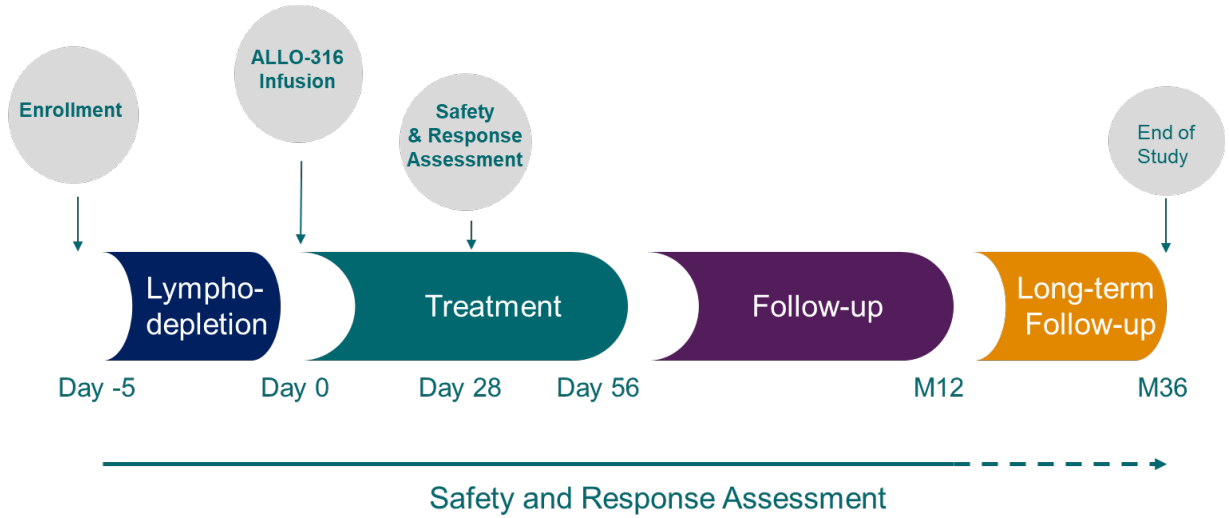
TRAVERSE: Moving AlloCAR T™ into Solid Tumors (RCC)

- Key Objectives:
  - Establish safety and tolerability
  - Determine the recommended cell dose
  - Investigate lymphodepletion sparing conditioning
- Endpoints
  - Primary: Safety and Tolerability
  - Secondary: Anti-tumor Activity, PK/PD
- Design: Dose Escalation
  - 3+3 design
  - Test up to 4 cell doses 40M to 360M cell



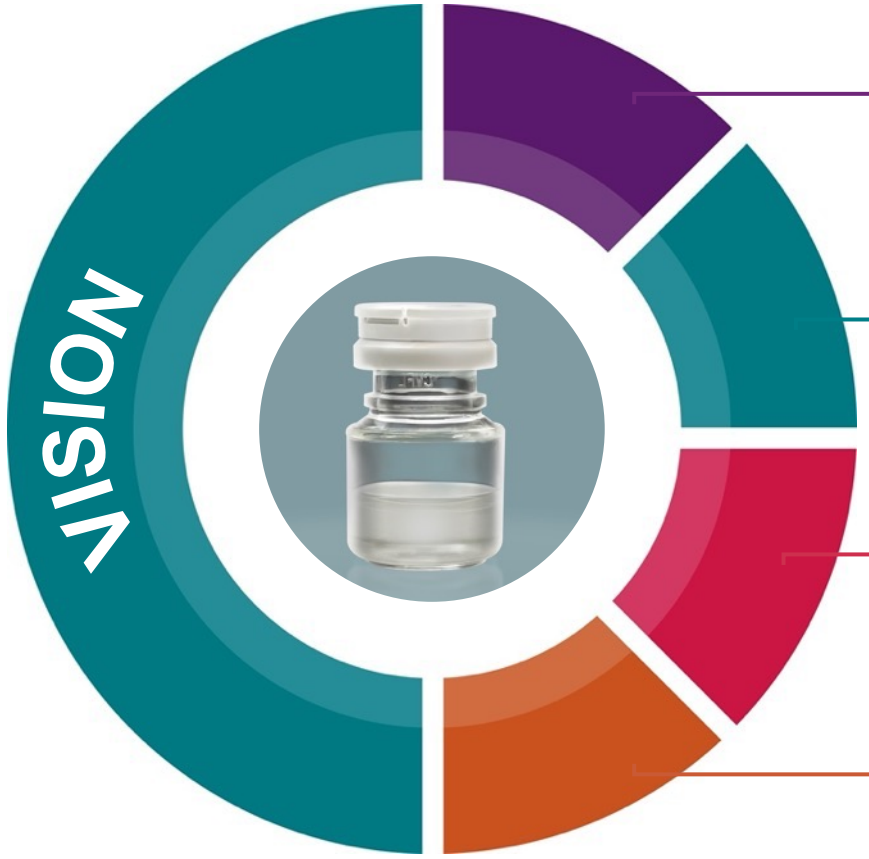
	DL1	DL2	DL3	DL4*
Cell Dose (CAR+ T cells)	40 x 10^6	80 x 10^6	120 x 10^6	360 x 10^6

Conditioning Regimen (Day -5, -4, -3)

- Fludarabine 30 mg/m2
- Cyclophosphamide 300 mg/m2
- ALLO-647 10 mg/day

*Optional

Regaining Momentum in 2022



- Removal of FDA clinical hold (Q1 2022)
- Resume trials across AlloCAR T platform (Q1 2022)
- Initiate ALLO-501A Ph 2 trial in r/r LBCL (mid-2022)
- CD19 and BCMA program updates (YE 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.

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Allogene: Delivering on the Promise of AlloCAR T

Platform / Capabilities

- **Leader in allogeneic execution** with over 175 patients dosed across 5 clinical trials and team with unmatched experience in cell therapy
- **Integrated operations technology team** and fully-operational GMP facility with projected capacity of ~20K patients annually
- **Proprietary approaches** to overcoming rejection demonstrating deep and durable responses

Heme Franchise

R&D Showcase November 29 (CD19/BCMA)

- **CD19 Program** initiated ALLO-501A potentially pivotal Phase 2 in LBCL;
- **BCMA Program** Phase 1 ALLO-715 data and patient need suggests growing potential
- **Deep pipeline** includes ALLO-819 (FLT3) and ALLO-316 (CD70) for AML and T Cell malignancies and next-gen product candidates
- **IPSC-technology platform** for deriving T cell products from Notch Therapeutics

Solid Tumor Franchise

- **CD70 Program** with ALLO-316 in Phase 1 for RCC with potential expansion into other solid tumors
- **AlloCAR T targeting DLL3** advancing toward IND for SCLC
- **Additional solid tumor targets** for major indications at varying stages of preclinical readiness
- **Multiple innovative technologies** designed to enhance target specificity, augment cell potency, and address solid tumor microenvironment

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The Next Revolution in Cell Therapy

Leading Today, Defining Tomorrow

Allogene therapies utilize TALEN® gene-editing technology pioneered and owned by Cellectis. 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 Cellectis to Servier. Servier grants to Allogene exclusive rights to ALLO-501 and ALLO-501A in the U.S. Allogene has an exclusive license to the Cellectis technology for allogeneic products directed at BCMA, FLT3, DLL3 and CD70.