ANNUAL REPORT

2019

cellectis

EDITING LIFE

2019 ANNUAL REPORT

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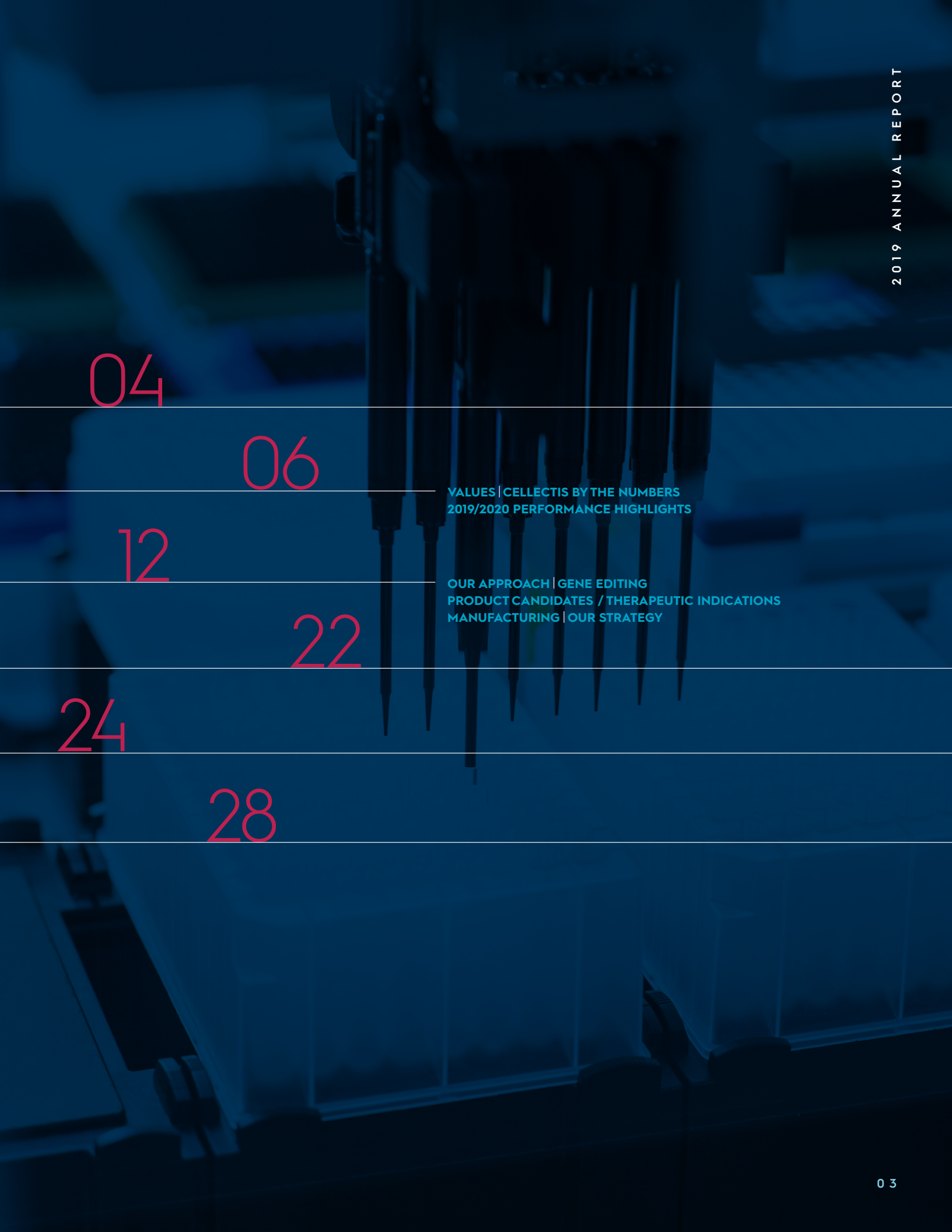


NOTE FROM ANDRÉ CHOULIKA

CHAIRMAN & CEO

Dear shareholders,

Anniversaries are a time to look back and an opportunity to look forward. As we reflect on the 20 years since our company's founding, I believe that all of us at Cellectis can say with confidence that each day on this journey has been a true adventure.

It has not always been easy. Often, when we shared our dreams to design and develop breakthroughs such as gene editing or allogeneic T-cells for immuno-oncology, people told us, "that's impossible." But we were never discouraged. In fact, we loved hearing that something was impossible, because, to us, it was a sign that we were onto something big. The resilience of this company has been amazing. Every hurdle we faced was met with a positive determination to take up the challenge of this work and emerge victorious.

SIX CLINICAL TRIALS

It has taken collaboration, focus and teamwork to bring our dreams to execution with six allogeneic CAR T-cell clinical trials in six years.

In the last quarter of 2019, we moved toward clinical development of three wholly controlled allogeneic CAR T-cell product candidates. Phase 1 dose escalation trials are currently ongoing for UCARTCS1 in relapsed/refractory Multiple Myeloma (MM), UCART22 in relapsed/refractory B-cell Acute Lymphoblastic Leukemia (B-ALL) and UCART123 in relapsed/refractory Acute Myeloid Leukemia (AML).

We are well-positioned to generate preliminary data from these trials, and, as the year 2020 progresses, we anticipate to share clinical progress updates at scientific conferences. All of us at Cellectis share a feeling of excitement about the work we are doing, and we are eagerly awaiting preliminary results to see if these product candidates could make a difference in people's lives.

All six Phase 1 dose escalation clinical trials are designed to find the safe and optimal therapeutic cell dose. Our primary endpoint is to identify a safe dose recommendation, so that we can further test this dose in the next phase of our trials. With our secondary endpoints, we are exploring the product's anti-tumor activity at different dose levels.

IMPORTANT PARTNERSHIPS

Our work has been supported and enabled by our expanding roster of partners who work beside us. In early 2020, Cellectis granted Servier an expanded exclusive worldwide license to develop and commercialize any allogeneic CAR T-cell products targeting CD19. To Servier, and its U.S. sublicensee Allogene Therapeutics, we granted a license on the pioneering UCART19 (ALLO-501 and ALLO-501A) program in ALL and the expansion into DLBCL patients. We also granted a license to Iovance Biotherapeutics to use our TALEN® gene editing technology to develop tumor infiltrating lymphocytes (TIL) for cancer therapeutics.

These partnerships are not only critical for pooling our resources in order to advance our UCART product candidates swiftly within research and clinical trials. They are also important because they support out-licensing of our technology and expertise, providing Cellectis with important milestone payments that aid in accelerating our company goals.

HEALTHY GROWTH

We made the strategic decision to build in-house manufacturing sites that will protect our know-how and help reach the goal of fully integrating manufacturing expertise. Last year, we announced our lease agreement for an 82,000 square foot commercial-scale manufacturing facility in Raleigh, North Carolina. This new site is being designed to provide GMP manufacturing for clinical supplies and commercial manufacturing upon regulatory approval. By the end of next year, I hope to be telling you about the output from this fully operational facility.

As part of what we anticipate to be a smooth transition towards full manufacturing independence, we've built a 14,000 square foot manufacturing facility in Paris, which, beginning this year, will produce raw material and starting material supplies for UCART clinical trials and potential future commercial products.

We grew the size and expertise of our team last year, adding industry experts who will foster our development Strategic new hires include Bill Monteith, Executive Vice President, Technical Operations; Jon Voss, Executive Vice President, Global Quality; Caroline Roudet, Vice President, Clinical Program Management and Operations; Dr. Francisco Esteva, Vice President, Clinical Development; and in April 2020, Dr. Carrie Brownstein, Chief Medical Officer. Their efforts and insights have already had a positive impact on the work we're doing.

LOOKING BACK

Though looking forward to our future growth is always thrilling, we must acknowledge our history, and look at the steps which brought us to this point. Our company has had an impact on many aspects of modern science, including the concept of gene editing itself. The scientific expertise of our team established us early on as pioneers in the field, and our IP, publications and research have cemented our leadership position. Our invention of allogeneic CAR T product candidates will, I believe, have a positive impact on the world in the 21st century.

We accomplished these things by breaking the rules and transforming the accepted reality of medical progress. Even more importantly, we are now poised to convert the energy of our breakthrough ideas into potentially life-saving products.

There have been many important steps along the way, but these are some of the most significant milestones of the past two decades here at Cellectis:

- When the specificity of a meganuclease was able to be modified for the first time, it was the foundation for becoming the company we are today.
- The integration of proprietary TALEN® gene-editing technology armed us with the high precision, specificity and efficiency we needed to create new applications that had never been done before.
- The founding of our Calyxt subsidiary has allowed us to pursue the development of healthier and more sustainable plant ingredients.
- The invention of the allogeneic CAR-T therapy (UCARTs) concept puts us in a leadership position for significant new allogeneic off-the-shelf therapeutic products.
- In 2015, Layla Richards became the first patient to receive the first ever gene-edited product candidate: UCART19, the most advanced UCART product candidate to date, exclusively licensed to Servier. After compassionate care treatment with our product candidate, she experienced a complete remission. We are confident that as more people are treated with UCART19, this outcome will be the first of many.

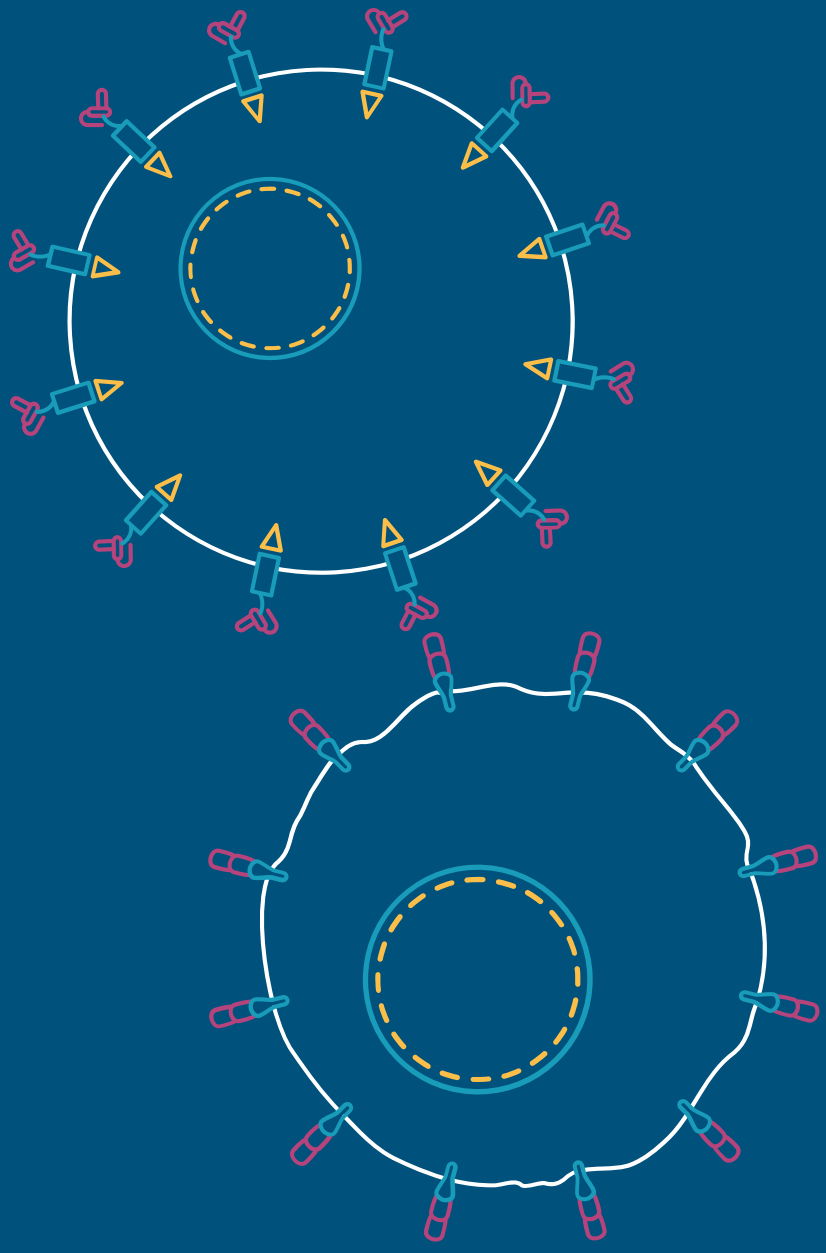
LOOKING AHEAD

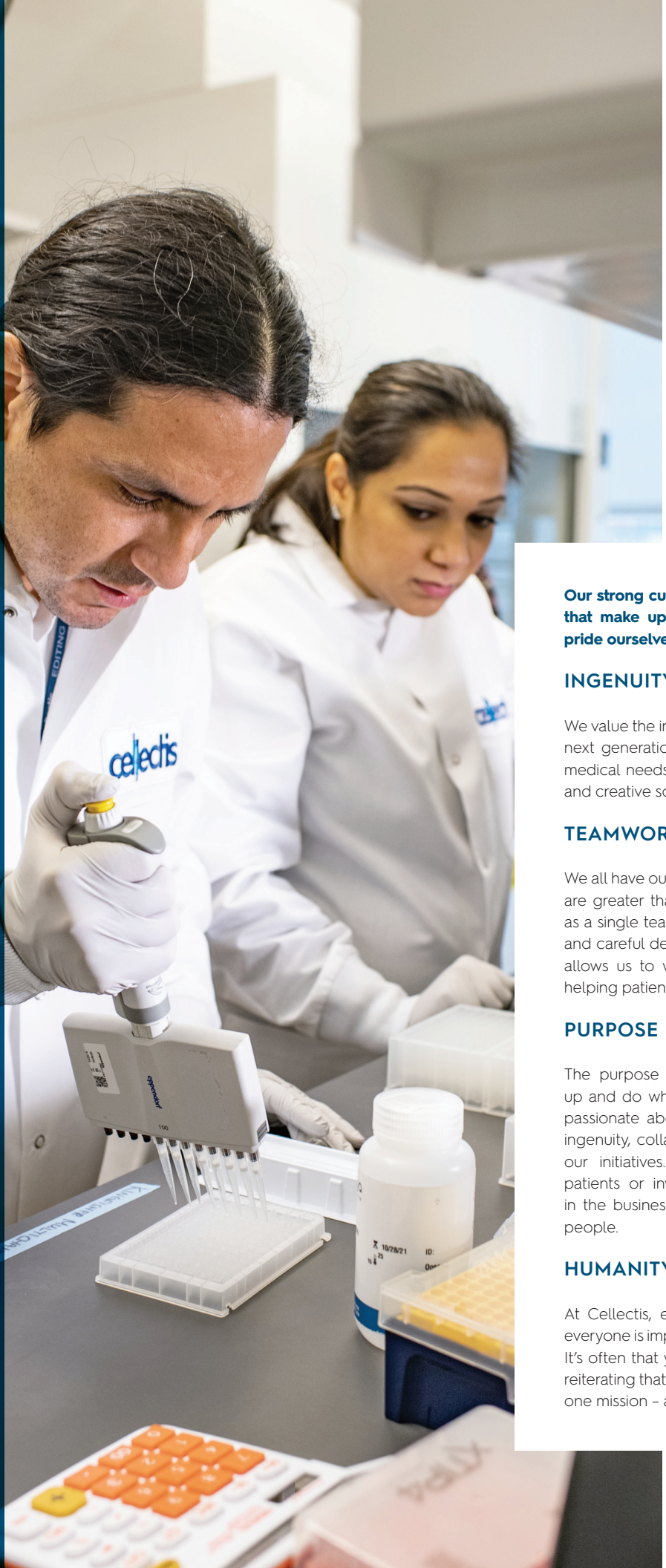
By this time in 2021, we should already have been able to share an interim data set on the three Phase 1 dose escalation trials. After dreaming of this moment for 20 years, we are looking ahead to the full commercialization of a suite of life-saving products from our fully integrated biopharmaceutical company. We see the potential beyond these initial efforts for areas like the treatment of solid tumors, genetic inborn diseases and other unmet medical needs in oncology. With so much to ahead, we are excited for what's to come, both for Cellectis and the industry at large.

My deepest thanks to everyone who has been on this journey with us since its inception 20 years ago. Here's to another successful 20 years ahead.

Dr. André Choulika
Chairman and CEO of Cellectis

WHO WE ARE





VALUES

Our strong culture is rooted in the core values that make up the basis of our company. We pride ourselves on these 4 areas:

INGENUITY

We value the ingenuity of our teams to create the next generation of immunotherapies for unmet medical needs and address problems with new and creative solutions.

TEAMWORK

We all have our own strengths – but together, we are greater than the sum of our parts. Working as a single team helps us maintain the thorough and careful detail that our industry requires, and allows us to work towards one unified goal – helping patients.

PURPOSE

The purpose of our mission is why we wake up and do what we do every day. Our team is passionate about and determined to use their ingenuity, collaboration and dedication to drive our initiatives. Whether it be about helping patients or investing in our employees, we're in the business of the health and wellbeing of people.

HUMANITY

At Cellectis, everyone has a role to play and everyone is important regardless of their position. It's often that you can hear our leadership team reiterating that we are one team working towards one mission – and that's how we operate best.

CELLECTIS
BY THE NUMBERS

(*AS OF DECEMBER 31, 2019)

55
M.D.s, PharmDs and PhDs

173
EMPLOYEES AT CELLECTIS
110 in Paris, France
63 in our US offices
(New York, NY and Raleigh, NC)

47
PEOPLE DEDICATED
to research & clinical development

55%
FEMALE

45%
MALE

80
PEOPLE DEDICATED
to manufacturing process and analytics

6
PRODUCT CANDIDATES
in Phase 1 clinical trials including
3 partnered programs with Servier
and Allogene in Phase 1 clinical trials

46
PEOPLE DEDICATED
to business support functions

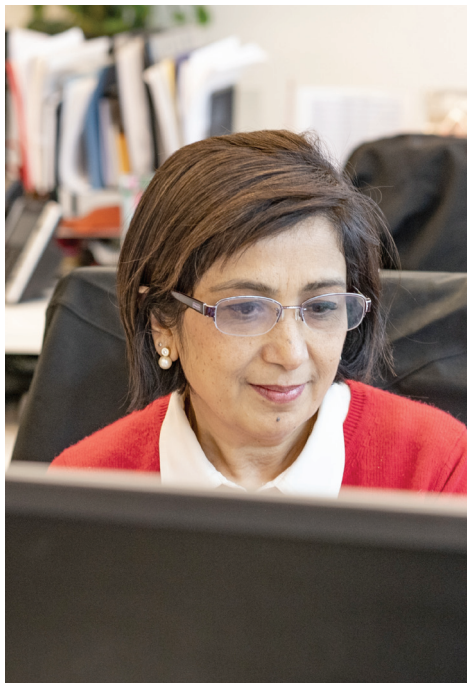
2
MANUFACTURING FACILITIES
being built – GMP Paris
and GMP Raleigh

CELLECTIS DIVERSITY
Our team is coming from the US, Mexico, Malaysia, France, Poland, Switzerland, UK, Spain, India, Germany, China, Korea, Uzbekistan, Turkey, Italy, Portugal, Canada, Argentina, Ireland, Russia, Belgium, Romania, Bulgaria, Ukraine, Lebanon, Algeria and Croatia.

2019/2020 PERFORMANCE HIGHLIGHTS

CLINICAL DEVELOPMENT

- FDA Clears the IND for UCARTCS1, the First Allogeneic CAR-T to Treat Multiple Myeloma Patients – **April 2, 2019**
- New IND Number Granted for a New Production Process for UCART123 – **July, 2019**
- First Patient Dosed with Off-the-Shelf UCARTCS1 Product Candidate for Relapsed/Refractory Multiple Myeloma – **October 29, 2019**
- First Patient Dosed with Cellectis' Allogeneic UCART22 in Relapsed/Refractory B-cell Acute Lymphoblastic Leukemia – **December 2, 2019**
- First Patient Dosed with Cellectis' New Allogeneic UCART123 Product Candidate for Relapsed/Refractory Acute Myeloid Leukemia – **January 15, 2020**



PUBLICATIONS

- Cellectis Publishes Novel Methods to Improve the Safety of CAR T-Cell Therapy and Prevent CRS in the ***Journal of Biological Chemistry*** – **February 25, 2019**
- Cellectis Publishes New CAR Design to Control CAR T-cells in Non-Lethal Way in ***BMC Biotechnology*** – **July 8, 2019**
- Cellectis Publishes Creation of "Smart CAR T-Cells" for Potentially Safer, More Effective Treatments for Cancer in ***Nature Communications*** – **November 13, 2019**
- An Expert Review on Allogeneic CAR-T for Cancer Published in ***Nature Reviews Drug Discovery*** – **January 6, 2020**

COLLABORATIONS

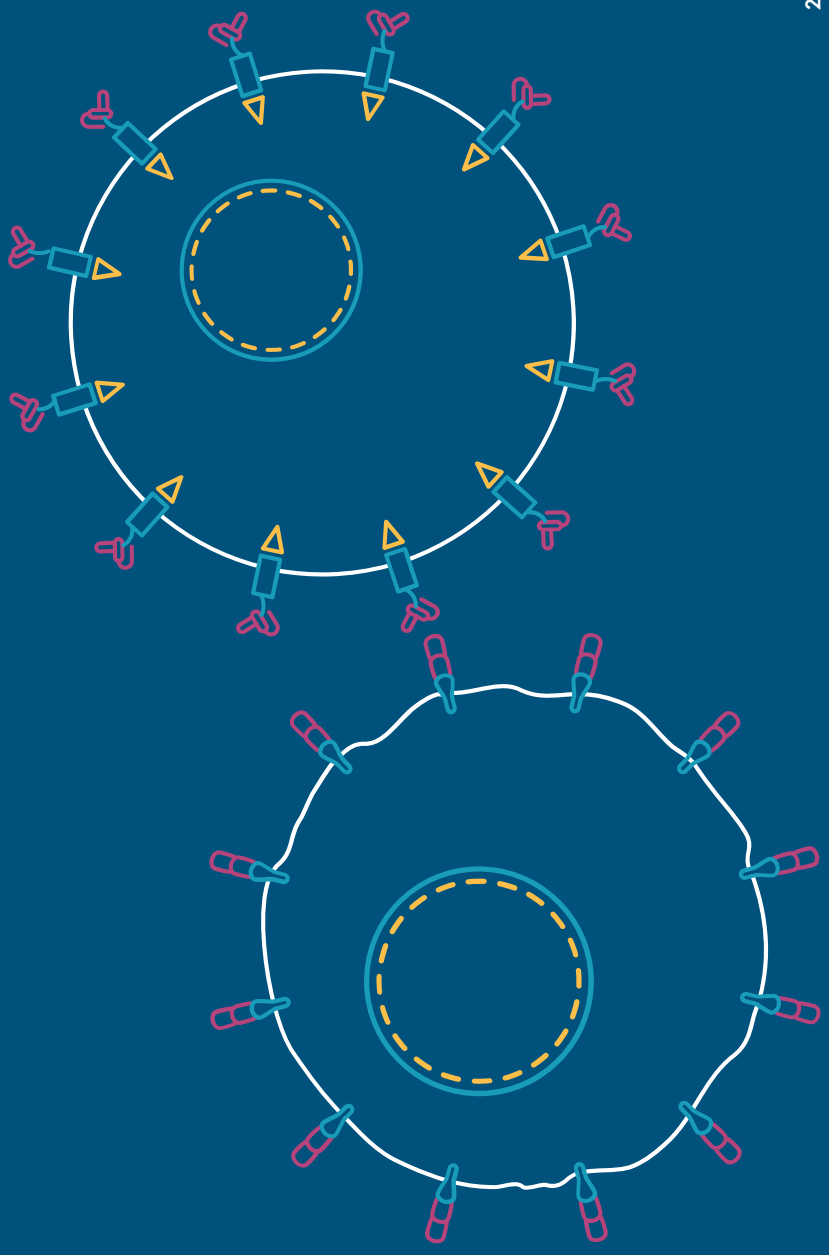
- Iovance Biotherapeutics and Cellectis Enter into a Research Collaboration and Exclusive Worldwide License Agreement – **January 12, 2020**
- Cellectis and Servier Execute the Amendment Confirming the Expansion of their Collaboration on UCART19 Products – **March 4, 2020**

MANUFACTURING

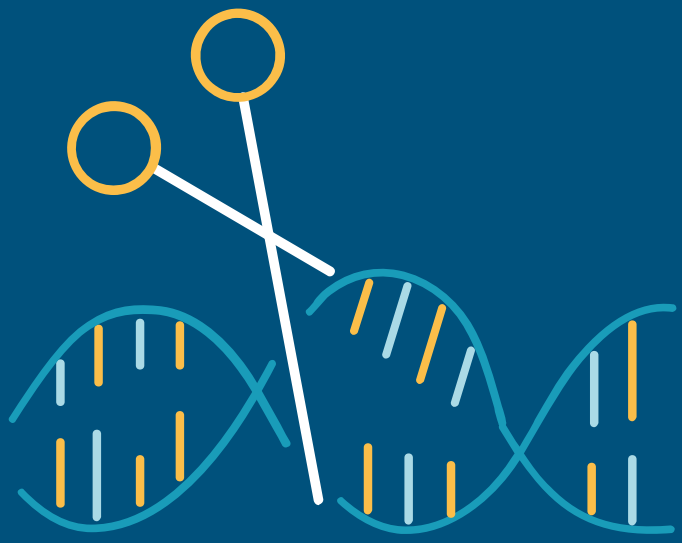
- Cellectis and Lonza Enter cGMP Manufacturing Service Agreement for Cellectis' Allogeneic UCART Product Candidates – **October 1, 2019**
- Cellectis Enters Lease Agreement to Build Manufacturing Facility in Raleigh, NC, Advancing Towards Commercialization of its UCART Portfolio – **March 7, 2019**

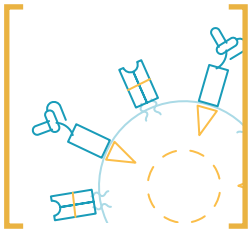
INTELLECTUAL PROPERTY

- Cellectis Wins Patent Challenge in Europe for a Method of Using CRISPR-Cas9 for Gene Editing in T-Cells – **November 20, 2019**
- US Patent Covering CRISPR-Edited Allogeneic CAR T-Cells Granted to Cellectis – **March 10, 2020**



WHAT WE DO





OUR APPROACH

Immuno-oncology seeks to harness the power of the body's immune system to target and kill cancer. A key to this effort is a type of white blood cell known as the T-cell, which plays an important role in identifying sick cells including cancer cells. Unfortunately, cancer cells often develop mechanisms to evade the immune system. CARs, which are engineered receptors that can be expressed on the surface of T-cells, provide the T-cells with a specific targeting mechanism, thereby enhancing its ability to seek, identify, interact with and destroy tumor cells bearing a selected antigen. Research and development of CAR T-cell immunotherapies currently focuses on two approaches: autologous and allogeneic therapies.

Autologous CAR T-cell immunotherapies modify a patient's own T-cells to target specific antigens that are located on cancer cells. This type of therapy requires an individualized immunotherapy product for each patient and is currently being tested in clinical trials by several academic institutions, and biotechnology and pharmaceutical companies. In contrast, an allogeneic CAR T-cell immunotherapy is an approach by which a cancer patient is infused with a mass-produced, off-the-shelf immunotherapy product derived from a healthy T-cell donor.

Cellectis' initial focus is on developing allogeneic treatments for patients in need, and we believe that we are the leading company pursuing this approach.

Although some autologous approaches to CAR T-cell have recently demonstrated encouraging clinical data and are the first available on the market, we believe our CAR-T approach and manufacturing process has the potential to provide these benefits: *on the right.*

Market access. Enable products to be shipped globally, thereby reducing deployment obstacles and providing accessibility to a broad patient population

Cost-effectiveness and Scalable Manufacturing. Streamlined manufacturing process has the potential to reduce costs, with potentially hundreds of doses per batch

Novel Features. Develop products with specific safety and control properties, through a CAR linked to a suicide switch

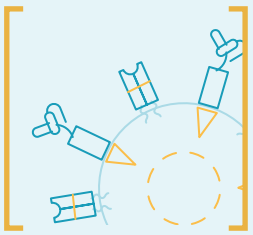
Engraftment. Avoid graft-versus-host disease (GvHD) through the inactivation of the T-cell receptor (TCR)

Persistence. Manage rejection and persistence of the UCART product candidate, through notably the option to inactivate CD52 and beta2-microglobulin (β2M) genes respectively

Limitations of Current Autologous Treatments and Key Benefits of the Allogeneic Approach

Many of the CAR T-cell immunotherapy treatments currently under development are created through an autologous approach in which the patient's own T-cells are engineered to fight cancer cells. Part of our scientific basis for pursuing allogeneic approaches rests in the recognized limitations of autologous approaches, including:

- Autologous treatments must be specifically manufactured for each patient and the resulting engineered cells may have different properties due to significant patient-to-patient variability in the quality of the T-cell;
- Autologous treatments can bear high costs due to the necessity of producing a bespoke treatment for each patient and the effort consumed in modifying and growing each patient's T-cells; and
- At this time, autologous treatments cannot be mass produced, may involve significant delay in production time if the number of patients exceeds the number of productions that can be made in parallel, and require patients be treated at select advanced facilities.



GENE EDITING

A key enabler of the allogeneic approach is our gene-editing technology, relying on a particular class of proteins derived from transcription activator-like effectors fused to the nuclease domain of a type II restriction endonuclease (TALEN®). Gene editing is a type of genetic engineering in which DNA is inserted, deleted, repaired or replaced from a precise location in the genome. The most fundamental challenge of gene editing is the need to specifically and efficiently target a precise DNA sequence within a gene.

Our proprietary nuclease-based gene-editing technologies, combined with almost 20 years of genome engineering experience, allow us to edit any gene with highly precise insertion, deletion, repair and replacement of DNA sequences. Our nucleases, including TALEN®, act like DNA scissors to edit genes at precise target sites and allow us to design allogeneic CAR T-cells.

Our patented PulseAgile electroporation technology allows us to efficiently deliver our clinical grade nucleases into human cells while preserving cell viability, making it particularly well-suited for a large-scale manufacturing process. We believe these technologies will enable our clinical-grade drug therapeutic products to be manufactured, cryopreserved, stored, distributed broadly and infused into patients in an off-the-shelf approach.

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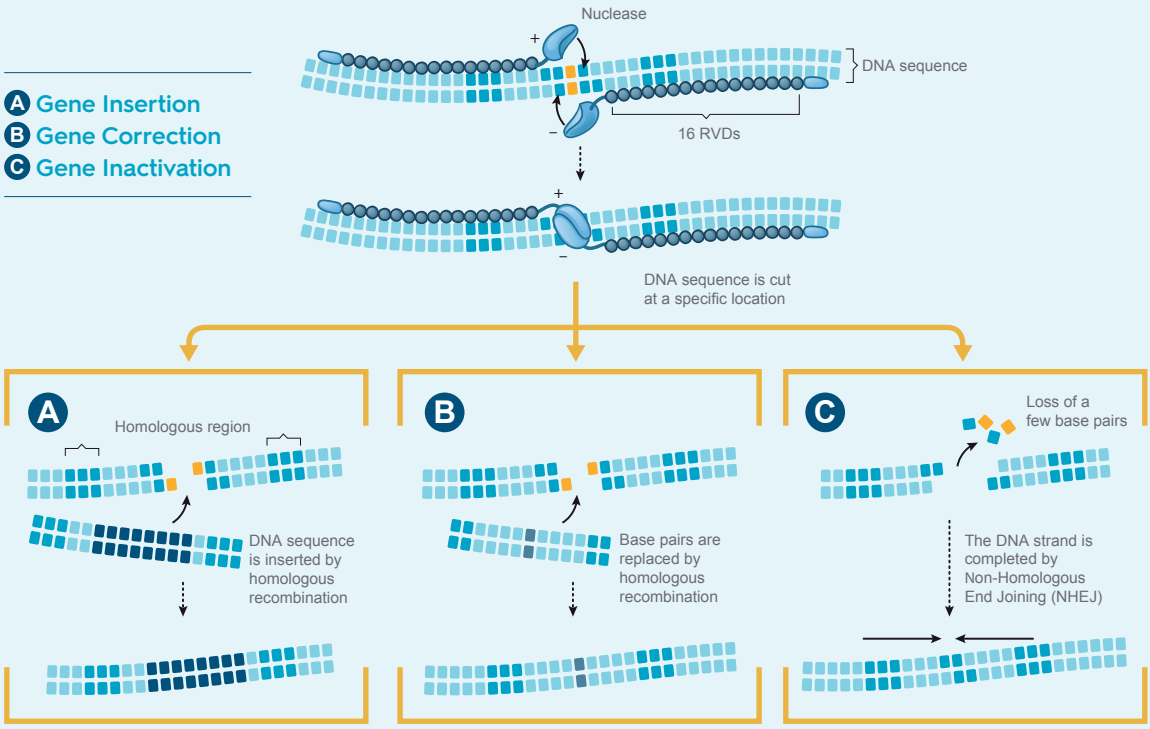


PRODUCT CANDIDATES / THERAPEUTIC INDICATIONS

We are developing a series of product candidates for advanced hematologic cancers. Our lead immuno-oncology product candidates, which we refer to as Universal CAR T-cells (UCARTs), are allogeneic CAR T-cells engineered to be used as an off-the-shelf treatment for any patient with a particular cancer type. Each UCART product candidate is designed to target a selected antigen expressed on tumor cells and bears specific engineered attributes, such as inhibition of alloreactivity and compatibility with specific medical regimens that cancer patients may undergo. UCART is the first therapeutic product line that we are developing with our gene-editing platform to address unmet medical needs in oncology. We are focusing our initial internal pipeline in the hematologic cancer space, targeting diseases with high unmet needs such as ALL, AML, MM and other types of cancers.

UCART19 FOR ACUTE LYMPHOBLASTIC LEUKEMIA (ALL)

UCART19 is an allogeneic, off-the-shelf product candidate designed to exhibit high efficacy in fighting hematological malignancies bearing the B-lymphocyte antigen CD19. In November 2015, Servier acquired the exclusive rights to the first UCART19 product from Cellectis. Servier and Allogene collaborate on a joint clinical development program for this UCART19 product, and Allogene has the exclusive rights from Servier to develop and commercialize this UCART19 product in the United States.

In 2016, Servier commenced the UCART19 Clinical Studies — a Phase I clinical study in pediatric ALL, the PALL study, and a Phase I clinical study in adult patients with ALL, the CALM study.

- The PALL Study has commenced in the United Kingdom at UCL Great Ormond Hospital (London), in Belgium at Het Kinderziekenhuis Prinses Elisabeth (Gent), in France at Hôpital Robert-Debré (Paris), in Spain at Hospital San Juan De Dios (Barcelona), and in the United States at the Children's Hospital of Philadelphia (Pennsylvania), at the Children's Hospital of Los Angeles (Los Angeles, California) and at the University of Texas Southwestern Medical Center (Dallas, Texas).
- The CALM Study has commenced in the United Kingdom at King's College Hospital NHS Foundation Trust (London) and at the Christie NHS Foundation Trust (Manchester). In the United States, the trial is active at the Hospital of the University of Pennsylvania (Philadelphia, Pennsylvania), at University of Texas MD Anderson Cancer Center (Houston, Texas) and at the Massachusetts General Hospital (Boston, Massachusetts), in France at Hôpital Saint-Antoine (Paris) and Hopital Saint-Louis (Paris), and in Japan at Kyushyu University Hospital (Fukuoka) and Hokkaido University Hospital (Sapporo).

ALLO-501/ALLO-501A FOR DIFFUSE LARGE B CELL LYMPHOMA (DLBCL) AND FOLLICULAR LYMPHOMA (FL)

(OR UCART19, WHICH WE EXCLUSIVELY LICENSE TO SERVIER PURSUANT TO THE SERVIER LICENSE AGREEMENT, AND WHICH HAS BEEN SUBLICENSED TO ALLOGENE BY SERVIER IN THE UNITED STATES)

ALLO-501/ALLO-501A is an allogeneic engineered T-cell product candidate intended for the treatment of CD19-expressing hematologic malignancies. In January 2019, Allogene announced, in collaboration with Servier, that the FDA approved the IND for Phase 1 clinical study for ALLO-501 in relapsed/refractory DLBCL and FL (the "ALPHA Study").

UCART123 FOR ACUTE MYELOID LEUKEMIA (AML)

UCART123 is an allogeneic T-cell product candidate intended for the treatment of CD123-expressing hematologic malignancies. In June 2019, we submitted a new IND application with respect to a proposed Phase I study to be conducted in relapsed/refractory Acute Myeloid Leukemia (r/r AML) with a new version of the UCART123 product candidate. In July 2019, the FDA approved the IND and the first patient was dosed in January 2020 at MD Anderson Cancer

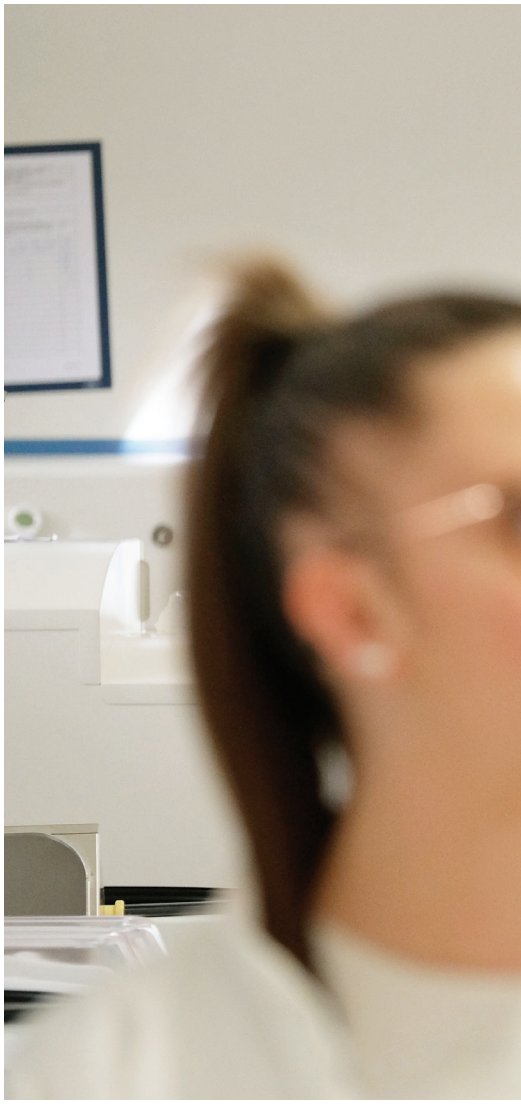
Center (Houston, Texas). This study, which is referred to as AMELI-01, replaces the first clinical study for UCART123 on AML. The AMELI-01 study is performed by H. Lee Moffitt Cancer Center & Research Institute (Tampa, Florida), Dana-Farber Cancer Institute (Boston, Massachusetts), Weill Medical College of Cornell University (New York, New York) and MD Anderson Cancer Center (Houston, Texas).

AML is a form of cancer that is characterized by infiltration of the bone marrow, blood, and other tissues by proliferative, clonal, abnormally and/or poorly differentiated cells of the hematopoietic system called blast cells. These cells interfere with normal hematopoiesis, thus contributing to the bone marrow failure which is the most common underlying cause of death. AML is the most common type of acute leukemia in adults with an age-adjusted incidence rate in the United States of 4.3 per 100,000 individuals per year, with approximately 19,520 new cases and 10,670 deaths estimated in 2018. CD123 is highly expressed on AML leukemic stem cells and blast cells, as well as in other hematologic malignancies, and constitutes an attractive target for AML.

UCART22 FOR B-CELL ACUTE LYMPHOBLASTIC LEUKEMIA (B-ALL)

UCART22 is an allogeneic engineered T-cell product candidate intended for the treatment of CD22-expressing hematologic malignancies. In April 2018, we submitted an IND application with respect to a proposed Phase I study to be conducted in relapsed/refractory B-cell Acute Lymphoblastic Leukemia (r/r B-ALL). In May 2018, the FDA approved the IND, and the first patient was dosed in December 2019 at MD Anderson Cancer Center (Houston, Texas). This study, which is referred to as BALLI-01, is performed by Weill Medical College of Cornell University (New York, New York), the University of Chicago (Chicago, Illinois) and MD Anderson Cancer Center (Houston, Texas).

ALL is a heterogeneous hematologic disease characterized by the proliferation of immature lymphoid cells in the bone marrow, peripheral blood, and other organs. The proliferation and accumulation of blast cells in the marrow results in suppression of hematopoiesis and, thereafter, anemia, thrombocytopenia, and neutropenia. Extramedullary accumulations of lymphoblasts may occur in various sites, especially the meninges, gonads, thymus, liver, spleen, or lymph nodes. Data from the Surveillance, Epidemiology, and End Results (SEER) database have shown an age-adjusted incidence rate of ALL in the United States of 1.7 per 100,000 individuals per year, with approximately 5,960 new cases and 1,470 deaths estimated in 2018. Despite great progress in the development of curative therapies, ALL remains a leading cause of pediatric cancer-related mortality for patients presenting with a relapsed or refractory disease. New therapies are needed to overcome chemotherapy resistance and reduce non-specific treatment associated side effects.



UCARTCS1 FOR MULTIPLE MYELOMA (MM)

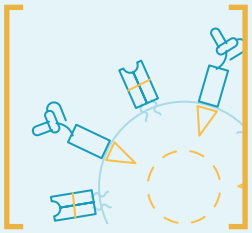
UCARTCS1 is an allogeneic T-cell drug candidate intended for the treatment of CS1 (also known as SLAMF7)-expressing hematologic malignancies, in particular MM. In December 2018, we submitted an IND application with respect to a proposed Phase I study to be conducted in relapsed/refractory Multiple Myeloma (r/r MM). In January 2019, the FDA approved the IND, and the first patient was dosed in October 2019 at MD Anderson Cancer Center (Houston, Texas). This study, which is referred to as MELANI-01, is performed by Hackensack Meridian Health

(Hackensack, New Jersey), Weill Medical College of Cornell University (New York, New York) and MD Anderson Cancer Center (Houston, Texas).

MM is a clonal plasma cell malignant neoplasm that is characterized by the proliferation of a single clone of plasma cells producing a monoclonal immunoglobulin. This clone of plasma cells proliferates in the bone marrow and often results in extensive skeletal destruction with osteolytic lesions, osteopenia, and/or pathologic fractures. Additional disease-related complications include hypercalcemia, renal insufficiency, anemia, and infections. MM accounts for approximately 10% of hematologic malignant disorders. The annual incidence, age-adjusted to the US population, is 6.7 per 100,000, resulting in over 30,770 new patients in the United States in 2018. In the last decade, survival of MM patients has markedly improved with a median survival of approximately 7 to 10 years but with major variation depending on host factors, stage of the disease, cytogenetic abnormalities, and response to therapy. However, despite this progress, patients with disease refractory to both immunomodulatory drugs (IMiDs) and proteasome inhibitors have a median overall survival (OS) of only 9 to 13 months.

ALLO-715 FOR MULTIPLE MYELOMA AND OTHER BCMA-EXPRESSING HEMATOLOGIC MALIGNANCIES

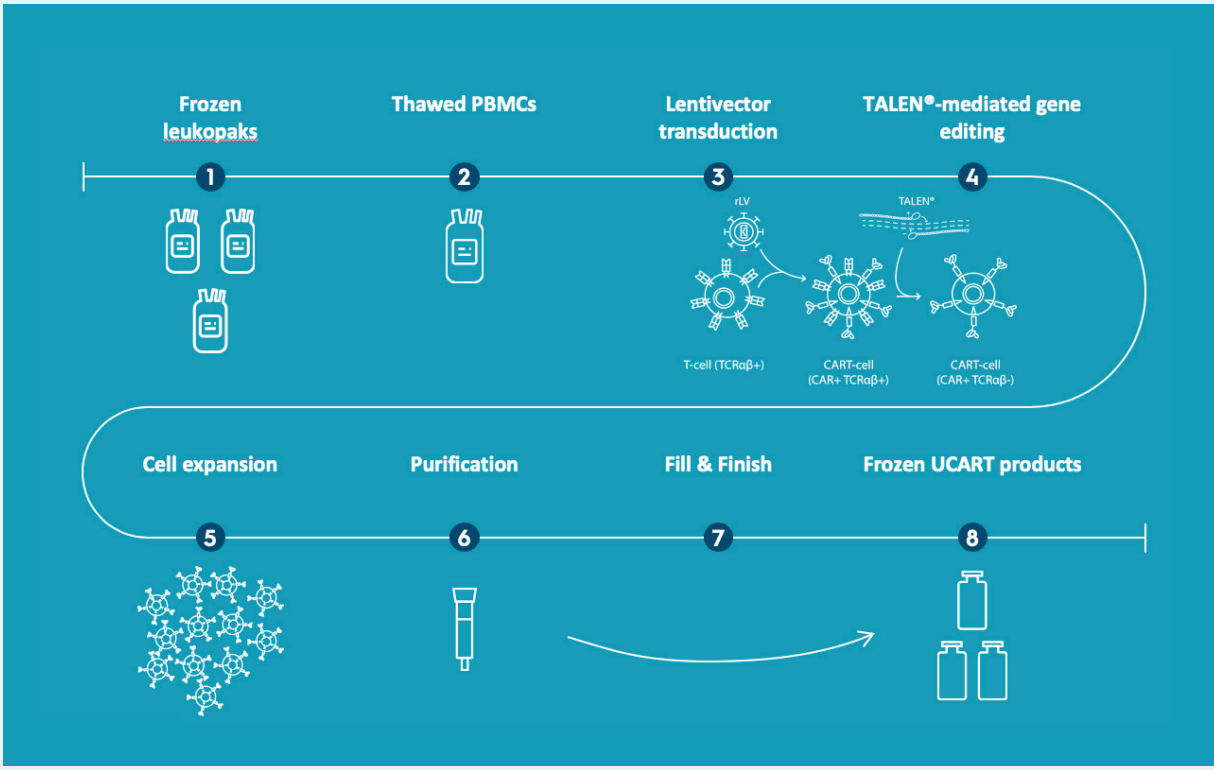
ALLO-715 (or *UCARTBCMA*) is an allogeneic engineered T-cell product candidate intended for the treatment of multiple myeloma and other BCMA-expressing hematologic malignancies. In June 2019, Allogene announced that the FDA approved the IND for Phase 1 clinical study for ALLO-715 in relapsed/refractory MM (the "UNIVERSAL Study").



MANUFACTURING

The manufacturing process of our allogeneic CAR T-cell product line, Universal CARTs or UCARTs, yields frozen, off-the-shelf, allogeneic, engineered CAR T-cells. UCARTs are meant to be readily available CAR T-cells for a large patient population. Those allogeneic therapies are based on T-cells from healthy donors that are genetically edited with our proprietary technology, TALEN®, to seek and destroy cancer cells. TALEN®-based gene editing is designed to suppress T-cell alloreactivity (and, for certain UCART product candidates, to confer resistance to alemtuzumab) to the T-cells.

Our UCARTs are designed and manufactured through a common platform that relies on defined unit operations and technologies combined into a single process adapted to each individual UCART. The process is gradually developed from small to larger scales, incorporating elements that are normally used in GMP conditions. Notwithstanding this central unit operations-based model, each product is unique and for each new UCART, a developmental phase is necessary to individually customize each engineering step and to create a robust procedure that can later be implemented in a GMP environment to ensure the production of clinical batches. This work is performed in our research & development environment to evaluate and assess variability in each step of the process in order to define the most reliable experimental conditions.



OUR STRATEGY

Our strategy is to leverage the transformative potential of our unique gene-editing technologies and expertise through our cell therapy platform to further our mission of a commitment to a cure.

THE KEY ELEMENTS OF OUR STRATEGY ARE TO:

- Advance our self-owned allogeneic UCART portfolio of product candidates up to the Biologics License Application (BLA) and commercialize them;
- Build a self-owned manufacturing network to produce commercial-grade UCART products for clinical use, as well as critical raw and starting material of the UCART product candidates;
- Structure a commercial launch plan for our wholly controlled product candidates;
- Prepare our next innovative project through a hematopoietic stem cells (HSC) platform.

The diagram on the left summarizes the generic UCART production process made of distinct unit operations. The engineering steps for transduction and electroporation can take place one before another (and several times), depending on the product.

We aim to continuously improve our manufacturing processes for better safety and robustness of our product lines. Cellectis currently manufactures its allogeneic UCART clinical trial supply and starting materials through contract manufacturing organizations (CMOs), including MolMed S.p.A. and Lonza Netherlands B.V. These CMOs will continue to be strategic business partners, complementing Cellectis' internal manufacturing facilities in assuring a robust supply chain for the manufacture of Cellectis' UCART.

In order to enhance our manufacturing autonomy, we have started the construction of two manufacturing facilities, dedicated to critical raw and starting materials for clinical supply and clinical & commercial UCART products, respectively. First, in Raleigh, North Carolina, we are developing an ~82,000 sq. ft. in-house manufacturing facility, which will be dedicated to the production of clinical and commercial UCART products. Second, in Paris, France, we constructing an ~14,000 sq. ft. in-house manufacturing facility, which will be dedicated to the production of certain raw and starting material for clinical supply, with the potential to supply commercial raw and starting materials.

PARTNERSHIPS: WORKING TOGETHER TO BUILD MORE

In addition to the development of our own portfolio of product candidates targeting tumor-associated antigens, Cellectis pursued a strategy of forging strong pharmaceutical alliances.

SERVIER

Back in February 2014, we entered into a Research, Product Development, Option, License and Commercialization Agreement with Servier, for the research and development up to and including the Phase I clinical trial of candidate products directed against five targets, including the UCART19 product candidate.

On March 6, 2019, Cellectis and Servier entered into a License, Development and Commercialization Agreement (the "March Servier License Agreement"). The March Servier License Agreement superseded the Prior Servier Agreement in order to modify the targets covered by our license to Servier, to establish the terms of our and Servier's collaboration and to reflect the status of products in development.

In March 2020, Cellectis and Servier announced the execution of an amendment to the agreement signed between the two companies in 2019. Under this amendment, Cellectis grants to Servier an expanded exclusive worldwide license to develop and commercialize all next generation gene-edited allogeneic CAR T-cell products targeting CD19, including rights to ALLO-501A, an anti-CD19 candidate in which the rituximab recognition domains have been removed, either directly or through its US sublicensee, Allogene Therapeutics.

In addition, Servier confirms it will not pursue the development of five other targets for products using Cellectis technology and consequently Cellectis regains control over them. With this updated amendment, Cellectis and Servier are taking a more focused approach on the most advanced UCART product candidate in clinical trials, UCART19, in hopes that it will reach patients in need faster.

ALLOGENE

In June 2014, we entered into a Research Collaboration and License Agreement with Pfizer in which we agreed to collaborate to conduct discovery and pre-clinical development activities to generate CAR T-cells directed at Pfizer and Cellectis targets in the field of human oncology.

In April 2018, Allogene and Pfizer entered into an asset contribution agreement, pursuant to which Allogene purchased Pfizer's portfolio of assets related to allogeneic CAR T-cell therapy. Following this asset contribution agreement, effective as of April 6, 2018, Allogene purchased Pfizer's portfolio of assets related to allogeneic CAR T-cell therapy, including the Collaboration and License Agreement we signed with Pfizer in June 2014. Thus, Allogene acquired the exclusive rights to the 15 UCART cell therapy targets initially granted by Cellectis to Pfizer, as well as the Servier's U.S. rights to UCART19. Founded and led by former Kite Pharma executives who brought clinical development acumen in cell therapy, Allogene is helping us to accelerate the development of allogeneic cell therapies for blood cancers as well as solid tumors.

On March 8, 2019, Cellectis and Allogene agreed to terminate the Collaboration and License Agreement and entered into a new license agreement (the "Allogene License Agreement") to reflect the relationship between us and Allogene following the Asset Contribution Transaction. The Allogene License Agreement establishes the rights and obligations of Cellectis and Allogene with respect to their collaboration program.

IOVANCE

On December 30, 2019, Cellectis entered into a research collaboration and exclusive worldwide license agreement with Iovance Biotherapeutics. Under this agreement, Cellectis granted a license to Iovance under certain TALEN® technology in order for Iovance to develop tumor infiltrating lymphocytes (TIL) that have been genetically edited to create more potent cancer therapeutics. The worldwide exclusive license enables Iovance use of TALEN® technology to address multiple gene targets to modify TIL for therapeutic use in several cancer indications.

CLINICAL INSTITUTIONS

Cellectis also has a number of important partnerships with top clinical institutions across the US that help run our UCART clinical trial programs. These organizations currently include: The University of Texas MD Anderson Cancer Center (Houston, Texas), Weill Medical College of Cornell University (New York, New York), Hackensack Meridian Health (Hackensack, New Jersey), University of Chicago (Chicago, Illinois), H. Lee Moffitt Cancer Center & Research Institute (Tampa, Florida) and Dana-Farber Cancer Institute (Boston, Massachusetts). We look forward to continuing to expand our clinical trial programs to more organizations across the country in the coming years.

GOVERNANCE

EXECUTIVE COMMITTEE

Dr. André Choulika, Chairman of the Board of Directors and Chief Executive Officer

André Choulika, Ph.D., is one of the founders of Cellectis and served as Chief Executive Officer since the company's inception in 1999. He is Chairman of the Board of Directors since 2011 and President of Calyxt since August 2010. From 1997 to 1999, Dr. Choulika worked as a post-doctoral fellow in the Division of Molecular Medicine at Boston Children's Hospital, where he was one of the inventors of nuclease-based genome editing technologies and a pioneer in the analysis and use of meganucleases to modify complex genomes. After receiving his Ph.D. in molecular virology from the University of Paris VI (Pierre et Marie Curie), he completed a research fellowship in the Harvard Medical School Department of Genetics. His management training is from the HEC (Challenge +). In 2019, Dr. Choulika was also appointed to the Board of Directors of the Institut Pasteur.

Dr. Carrie Brownstein, Chief Medical Officer

Dr. Carrie Brownstein joined Cellectis in April 2020 as Chief Medical Officer, where she oversees clinical research and development and is responsible for the strategy and tactical implementation of Cellectis' clinical stage programs from candidate selection through commercialization. Dr. Brownstein joined Cellectis as a seasoned clinical and medical expert from Celgene, where she most recently served as Vice President, Global Clinical Research and Development, Therapeutic Area Head for myeloid diseases, managing a clinical team of physicians and scientists across multiple global sites. Prior to Celgene, Dr. Brownstein served as Executive Director, Clinical Sciences Oncology at Regeneron Pharmaceuticals where she led teams investigating multiple early development programs and assets, including T-cell engaging bispecific antibodies. Dr. Brownstein started her industry career at Hoffman-La Roche (Roche Pharmaceuticals), where she held roles of increasing responsibility, and most recently served as Senior Medical Director supporting the development and approval of hematology and oncology therapies.

Prior to her industry career, Dr. Brownstein practiced medicine as a Pediatric Hematologist/Oncologist on faculty at notable New York institutions including New York Presbyterian Columbia University and Mount Sinai Medical Center. Dr. Brownstein received her M.D. from Tufts University School of Medicine and completed her internship and residency at the Babies and Children's Hospital of Columbia Presbyterian Medical Center (NYP, Morgan Stanley Children's Hospital) in New York, NY, and completed her fellowship in Pediatric Hematology and Oncology at Memorial Sloan Kettering Cancer Center in New York, NY.

Dr. Philippe Duchateau, Chief Scientific Officer

Philippe Duchateau, Ph.D., joined Cellectis in 2001 to pioneer the field of gene editing and has served as Chief Scientific Officer since 2012. After receiving his Ph.D. in 1993 in biochemistry and molecular biology at the Institut Pasteur (Lille, France), he completed a research fellowship from 1993 to 2001 at the University of California, San Francisco, within the Cardiovascular Research Institute. Dr. Duchateau has led Cellectis' Research department since 2004.

Eric Dutang, Chief Financial Officer

Eric Dutang, Certified Public Accountant in France, joined Cellectis as Deputy Chief Financial Officer in May 2015. Eric began his career as financial auditor with KPMG, first in Paris for five years and then in New York for two years. He worked for publicly-traded companies in France and the U.S. including Vivendi, Veolia Environnement, and Cablevision. He then became a member of the transactions and advisory teams in Paris for seven years where he carried out acquisitions/disposals for both publicly-traded companies and private equity funds. After serving at KPMG, he worked on international business developments for French publicly-traded groups, including Air Liquide and Thales. Eric holds a Master of Finance and Executive MBA from HEC Paris (France)/Babson Massachusetts (USA).

Bill Monteith, Executive Vice President, Technical Operations

William (Bill) Monteith joined Cellectis in November 2018 as Senior Vice President US Manufacturing responsible for the selection, construction and buildout of Cellectis' first gene-edited allogeneic manufacturing facility in the US called IMPACT. Bill Monteith was named Executive Vice President of Technical Operations in July 2019. Before joining Cellectis, Mr. Monteith was the Chief Operating Officer for Hitachi Chemical Advanced Therapeutic Solutions (formerly PCT). While at Hitachi, He was part of the executive team overseeing the merger with Hitachi and went on to build a cell and gene therapy facility in Yokohama Japan in addition to being responsible for the US based facilities in Allendale New Jersey and Mountain View California. Prior to that, Mr. Monteith was the VP and General Manager, and then Executive VP, Technical Operations, for Dendreon which was the first autologous cellular therapy to get approval in the United States. Mr. Monteith received his Bachelor of Science in pre-medical studies with a major in Chemistry from Saint Lawrence University in Canton, NY.

Stephan Reynier, Chief Regulatory and Compliance Officer

Stephan Reynier, MSc, joined Cellectis in April 2011. He serves as Chief Regulatory and Compliance Officer after holding the position of Head of Programs at Ectycell, a former subsidiary of Cellectis, from April 2011 to 2014 with the mission of managing and coordinating internal and external collaborative programs. As Chief Regulatory and Compliance Officer, Mr. Reynier is in charge of ensuring a speedy and successful development of the UCART product family by establishing close interactions with regulatory agencies such as EMA and FDA, while securing compliance to applicable regulations, regulatory guidelines and quality assurance standards. Mr Reynier has extensive experience, from his previous positions as Senior Director at Voisin Consulting Life Sciences and European Associate Director Medical Affairs at Gilead Sciences, in the design and implementation of regulatory strategies for the development of drugs and biologics, with a strong focus on cell and gene therapy. Mr Reynier graduated as Agro-Engineer in France and received a Master of Science in Chemical Engineering from the University of Toronto, Canada.

Dr. David Sourdive, Executive Vice President, Strategic Initiatives

David Sourdive, Ph.D., is a co-founder of Cellectis and joined the Board of Directors in 2000. Dr. Sourdive combines a strong scientific expertise with experience in managing industrial programs bringing innovative technologies to industrial fruition. He served as Executive Vice President, Corporate Development, from 2008 to 2016 and as Executive Vice President, Technical Operations until July, 2019. In addition to his role at Cellectis, Dr. Sourdive has also served on the board of directors of the Mediterranean Institute for Life Sciences. David Sourdive graduated from École Polytechnique, received his Ph.D. in molecular virology at Institut Pasteur and completed a research fellowship in the Emory University Department of Microbiology and Immunology. His management training is from the HEC (Challenge +) and his decade-long experience in industrial program management was acquired at the French Department of Defense (DGA) prior to Cellectis' inception.

Arthur Stril, Vice President, Corporate Development

Arthur Stril joined Cellectis in July 2018 as Vice President, Corporate Development and is responsible for program management, strategy and business development. Arthur began his career at the European Commission's Directorate-General for Competition, controlling global pharmaceutical mergers such as the Novartis/GSK and Sanofi/Boehringer Ingelheim asset swaps, Pfizer's acquisition of Hospira and Teva's acquisition of Actavis Generics. He later became Head of the Hospital Financing unit at

the French Ministry of Health, where he led a team responsible for the €80bn hospital budget. Arthur graduated from the École Normale Supérieure, Paris & Cambridge University, and holds a diploma in Immunotherapy from the Université Paris-Descartes. Arthur is also a member of the French Corps des Mines.

Marie-Bleuenn Terrier, General Counsel

Marie-Bleuenn Terrier joined Cellectis as Legal Counsel in 2008, and was appointed General Counsel in 2013. Prior to joining Cellectis, she worked as Legal Counsel for Pfizer from 2004 to 2006, and for Boehringer Ingelheim from 2006 to 2008. Marie-Bleuenn Terrier has served as Secretary of the Board of Directors of Cellectis since 2015. She holds a Master's degree in Law from the Panthéon La Sorbonne University in Paris.

Jon Voss, Executive Vice President, Global Quality

Jon Voss joined Cellectis in July 2019 as Executive Vice President of Global Quality. Mr. Voss has over 30 years of US and international Quality expertise in gene therapy, small molecule, biologic and medical device products working as VP of Quality for such companies as Generation Bio, Sarepta Therapeutics and Genzyme. Having worked in early stage pre-clinical, clinical and commercial organizations, Mr. Voss has unique experience in moving companies from the development to commercial stage. As EVP of Global Quality, Mr. Voss is building the Cellectis global quality organization to support the existing Cellectis UCART clinical programs as well as ensuring that Cellectis is prepared for commercial licensure and the associated operations. Mr. Voss earned his Bachelor of Science degree from the University of California at Davis and received his Master of Science in Biomedical Engineering from Boston University.

BOARD OF DIRECTORS

André Choulika, Ph.D.
Chairman of the Board of Directors and CEO

Laurent Arthaud
Independent Director*

Pierre Bastid
Independent Director*

Rainer Boehm, M.D.
Independent Director*

Alain Godard
Independent Director*

Hervé Hoppenot
Independent Director*

Annick Schwebig, M.D.
Independent Director*

David Sourdive, Ph.D.
Executive Vice President, Strategic Initiatives

**Independent Director according to Nasdaq rules*

COMMITTEE OF THE BOARD OF DIRECTORS

Audit and Finance Committee

Pierre Bastid (Chair), Independent Director

Laurent Arthaud, Independent Director

Hervé Hoppenot, Independent Director

Compensation Committee

Alain Godard (Chair), Independent Director

Dr. Annick Schwebig, Independent Director

CLINICAL ADVISORY BOARD

Prof. Catherine Bollard, Director, Center for Cancer and Immunology Research, Children's Research Institute, Children's National Health System and Professor of Pediatrics and Immunology, The George Washington University, Washington DC Prof. Hervé Dombret, Head of the Leukemia Unit at the Hôpital Saint Louis, Paris, and Director of Clinical Research in the Hematology, Immunology and Transplantation Unit, University of Paris Diderot, Paris, France

Dr. Stephan Grupp, Chief of the Cellular Therapy and Transplant Section, Director of the Cancer Immunotherapy Program, and Director of Translational Research in the Center for Childhood
Cancer Research at the Children's Hospital of Philadelphia

Prof. Ola Landgren, Chief of Myeloma Service at Memorial Sloan Kettering Cancer Center, New York, NY

Dr. Marcela Maus, Director of Cellular Immunotherapy at the Massachusetts General Hospital, Boston, MA

Prof. Ghulam J. Mufti, Professor of Hematooncology and Head of Department, King's College
Hospital, Department of Hematological Medicine, London, UK

Prof. Dietger Niederwieser, Professor of Medicine, Head of the Division of Hematology and Medical Oncology at the University of Leipzig, Germany

Prof. Kanti Rai, Professor of Medicine and Molecular Medicine, Hofstra Northwell School of Medicine,
Hempstead, NY

EXTERNAL AUDITORS

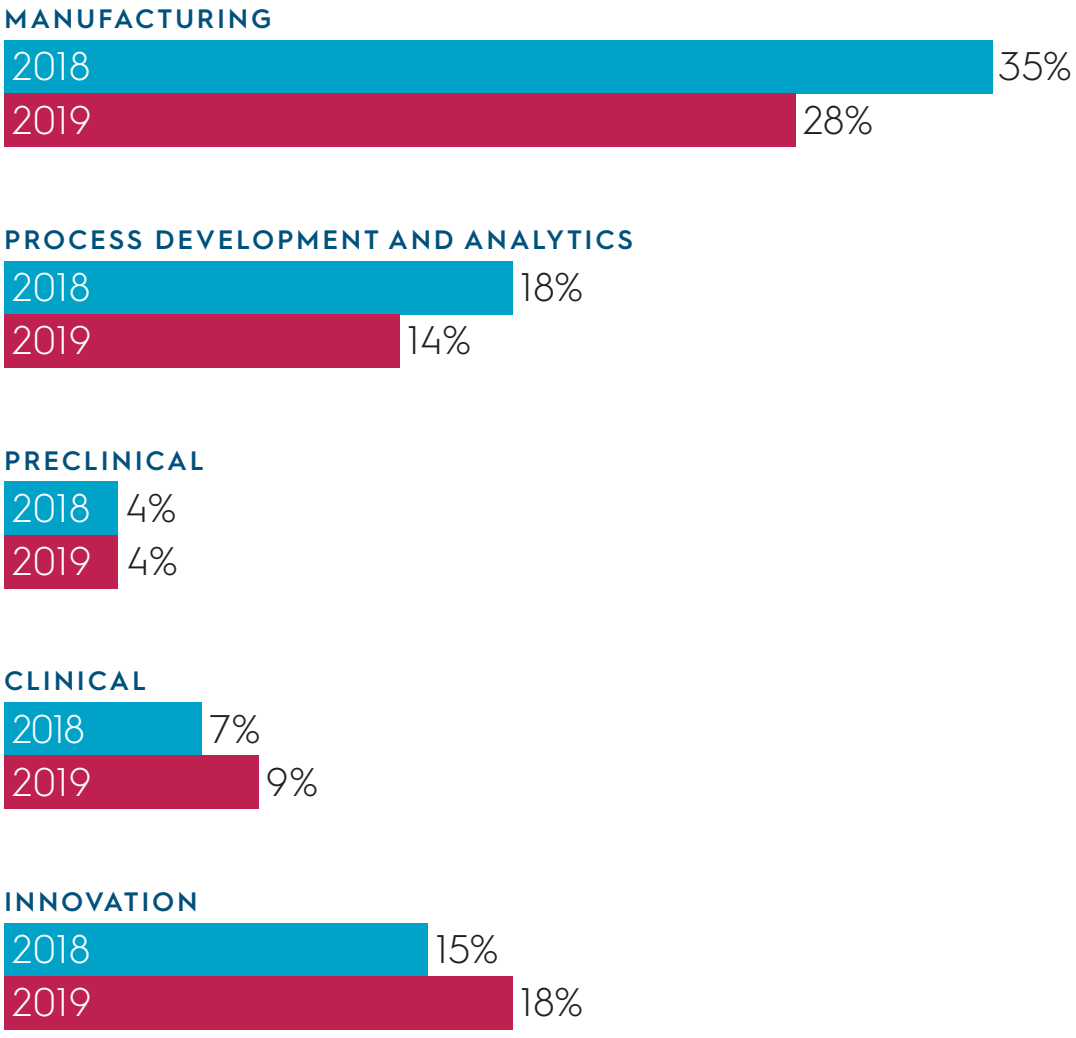
Statutory Auditor

Ernst & Young

JMH Conseil

FINANCIAL STATEMENTS

Significant **R&D expenditures**



Composition of capital
as of December the 31, 2019

INSTITUTIONAL INVESTORS U.S.	30.17%	**12,810,501**
INSTITUTIONAL INVESTORS EUROPE & OTHER	12.94%	**5,491,432**
INSTITUTIONAL INVESTORS FRANCE - INCLUDING BPI FRANCE	8.87%	**3,766,000**
INDUSTRIAL PARTNER – PFIZER	6.57%	**2,789,356**
COMPANY RELATED HOLDERS	12.63%	**5,363,012**
FREE FLOAT FRANCE	9.87%	**4,192,262**
FREE FLOAT OTHER	18.95%	**8,053,106**
TOTAL	100%	**42,465,669**

Balance sheet - Assets

STATEMENTS OF CONSOLIDATED FINANCIAL POSITION
– $ in thousands, except per share data

	December 31, 2018	December 31, 2019
ASSETS		
Non-current assets		
Intangible assets	1,268	1,108
Property, plant, and equipment	10,041	23,712
Right-of-use assets	0	45,612
Other non-current financial assets	1,891	5,517
Total non-current assets	**13,199**	**75,949**
Current assets		
Inventories	275	2,897
Trade receivables	2,971	2,959
Subsidies receivables	17,173	9,140
Other current assets	15,333	15,617
Cash and cash equivalent and Current financial assets	451,889	360,907
Total current assets	**487,641**	**391,520**
TOTAL ASSETS	**500,840**	**467,469**

Balance sheet - Equity and Liabilities

	December 31, 2018	December 31, 2019
LIABILITIES		
Shareholders' equity		
Share capital	2,765	2,767
Premiums related to the share capital	828,525	843,478
Treasury share reserve	0	0
Currency translation adjustment	(16,668)	(22,640)
Retained earnings	(326,628)	(406,390)
Net income (loss)	(78,693)	(102,092)
Total shareholders' equity - Group Share	**409,301**	**315,123**
Non-controlling interests	40,970	40,347
Total shareholders' equity	**450,272**	**355,470**
Non-current liabilities		
Non-current financial liabilities	1,018	46,540
Non-current provisions	2,681	2,855
Total non-current liabilities	**3,699**	**49,395**
Current liabilities		
Current financial liabilities	333	1,067
Trade payables	15,883	29,264
Deferred revenues and contract liabilities	20,754	20,033
Current provisions	1,530	3,743
Other current liabilities	8,369	8,497
Total current liabilities	**46,869**	**62,604**
TOTAL LIABILITIES AND SHAREHOLDERS' EQUITY	**500,840**	**467,469**

Income statement

STATEMENTS OF CONSOLIDATED OPERATIONS
Full year – $ in thousands, except per share amounts

	For the year ended December 31, 2018	For the year ended December 31, 2019
Revenues and other income		
Revenues	12,731	15,190
Other income	8,701	7,800
Total revenues and other income	**21,432**	**22,990**
Operating expenses		
Cost of revenue	(2,739)	(11,392)
Research and development expenses	(76,567)	(92,042)
Selling, general and administrative expenses	(47,248)	(43,017)
Other operating income (expenses)	31	(91)
Total operating expenses	**(126,523)**	**(146,542)**
Operating income (loss)	**(105,091)**	**(123,552)**
Financial gain (loss)	**16,758**	**8,340**
Net income (loss)	**(88,333)**	**(115,212)**
Attributable to shareholders of Cellectis	(78,693)	(102,091)
Attributable to non-controlling interests	(9,640)	(13,121)
Basic net income (loss) attributable to shareholders of Cellectis per share ($/share)	(1.93)	(2.41)
Diluted net income (loss) attributable to shareholders of Cellectis per share ($/share)	(1.93)	(2.41)

DETAILS OF KEY PERFORMANCE INDICATORS BY REPORTABLE SEGMENTS
Fourth quarter (unaudited) — $ in thousands

	For the year ended December 31, 2018			For the year ended December 31, 2019		
	Plants	Therapeutics	Total reportable segments	Plants	Therapeutics	Total reportable segments
External revenues	4	964	968	3,732	691	4,423
External other income	172	1,937	2,108	-	1,913	1,913
External revenues and other income	**176**	**2,901**	**3,077**	**3,732**	**2,604**	**6,336**
Cost of revenue	(240)	(481)	(720)	(5,363)	(289)	(5,652)
Research and development expenses	(2,725)	(18,541)	(21,266)	(3,533)	(26,792)	(30,325)
Selling, general and administrative expenses	(6,436)	(4,081)	(10,517)	(6,830)	(1,943)	(8,773)
Other operating income and expenses	(68)	230	162	8	(89)	(81)
Total operating expenses	**(9,469)**	**(22,873)**	**(32,341)**	**(15,718)**	**(29,113)**	**(44,831)**
Operating income (loss) before tax	**(9,293)**	**(19,971)**	**(29,265)**	**(11,986)**	**(26,509)**	**(38,495)**
Financial gain (loss)	418	2,782	3,200	(148)	(2,515)	(2,663)
Net income (loss)	**(8,875)**	**(17,189)**	**(26,065)**	**(12,134)**	**(29,024)**	**(41,158)**
Non controlling interests	2,990	-	2,990	3,948	-	3,948
Net income (loss) attributable to shareholders of Cellectis	**(5,886)**	**(17,189)**	**(23,075)**	**(8,186)**	**(29,024)**	**(37,210)**
R&D non-cash stock-based expense attributable to shareholder of Cellectis	153	4,388	4,541	659	3,297	3,956
SG&A non-cash stock-based expense attributable to shareholder of Cellectis	1,767	911	2,678	1,495	739	2,234
Adjustment of share-based compensation attributable to shareholders of Cellectis	**1,920**	**5,299**	**7,219**	**2,154**	**4,036**	**6,190**
Adjusted net income (loss) attributable to shareholders of Cellectis	(3,966)	(11,890)	(15,856)	(6,032)	(24,988)	(31,020)
Net cash used in operating activities	**(6,652)**	**(13,950)**	**(20,602)**	**(7,313)**	**4,431**	**(2,882)**

FINANCIAL STATEMENTS

DETAILS OF KEY PERFORMANCE INDICATORS BY REPORTABLE SEGMENTS
Full year – $ in thousands

	For the year ended December 31, 2018			For the year ended December 31, 2019		
	Plants	Therapeutics	Total reportable segments	Plants	Therapeutics	Total reportable segments
External revenues	236	12,495	12,731	7,294	7,896	15,190
External other income	178	8,523	8,701	-	7,800	7,800
External revenues and other income	**414**	**21,018**	**21,432**	**7,294**	**15,696**	**22,990**
Cost of revenue	(595)	(2,144)	(2,739)	(9,275)	(2,117)	(11,392)
Research and development expenses	(8,638)	(67,929)	(76,567)	(12,390)	(79,652)	(92,042)
Selling, general and administrative expenses	(21,067)	(26,180)	(47,248)	(26,090)	(16,927)	(43,017)
Other operating income and expenses	(50)	81	31	25	(116)	(91)
Total operating expenses	**(30,351)**	**(96,172)**	**(126,523)**	**(47,730)**	**(98,812)**	**(146,542)**
Operating income (loss) before tax	**(29,937)**	**(75,154)**	**(105,091)**	**(40,436)**	**(83,116)**	**(123,552)**
Financial gain (loss)	1,420	15,339	16,758	294	8,045	8,340
Net income (loss)	**(28,517)**	**(59,816)**	**(88,333)**	**(40,142)**	**(75,071)**	**(115,212)**
Non controlling interests	9,640	-	9,640	13,121	-	13,121
Net income (loss) attributable to shareholders of Cellectis	**(18,877)**	**(59,816)**	**(78,693)**	**(27,021)**	**(75,071)**	**(102,091)**
R&D non-cash stock-based expense attributable to shareholder of Cellectis	838	16,852	17,689	1,619	10,010	11,629
SG&A non-cash stock-based expense attributable to shareholder of Cellectis	5,218	11,655	16,873	6,673	4,940	11,613
Adjustment of share-based compensation attributable to shareholders of Cellectis	**6,056**	**28,507**	**34,563**	**8,292**	**14,950**	**23,242**
Adjusted net income (loss) attributable to shareholders of Cellectis	(12,821)	(31,309)	(44,130)	(18,729)	(60,121)	(78,849)
Net cash used in operating activities	**(20,252)**	**(47,885)**	**(68,137)**	**(31,951)**	**(37,191)**	**(69,142)**

Disclaimer

This press release contains "forward-looking" statements within the meaning of applicable securities laws, including the Private Securities Litigation Reform Act of 1995. Forward-looking statements may be identified by words such as "at this time," "anticipate," "believe," "expect," "on track," "plan," "scheduled," and "will," or the negative of these and similar expressions. These forward-looking statements, which are based on our management's current expectations and assumptions and on information currently available to management, include statements about the timing and progress of clinical trials (including with respect to patient enrollment and follow-up), the timing of our presentation of data, the adequacy of our supply of clinical vials, the timing of construction and operational capabilities at our planned manufacturing facilities, and the sufficiency of cash to fund operations. These forward-looking statements are made in light of information currently available to us and are subject to numerous risks and uncertainties, including with respect to the duration and severity of the COVID-19 pandemic and governmental and regulatory measures implemented in response to the evolving situation. Furthermore, many other important factors, including those described in our Annual Report on Form 20-F and the financial report (including the management report) for the year ended December 31, 2019 and subsequent filings Cellectis makes with the Securities Exchange Commission from time to time, as well as other known and unknown risks and uncertainties may adversely affect such forward-looking statements and cause our actual results, performance or achievements to be materially different from those expressed or implied by the forward-looking statements. Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to update the reasons why actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future.

®Cellectis

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EDITING LIFE

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