



## Commitment to a Cure

Corporate Presentation

May 2024

NASDAQ: CLLS

EURONEXT GROWTH: ALCLS.PA



# Forward-Looking Statements

This presentation 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 “designed to”, “anticipate,” “expected,” “on track,” “plan,” “scheduled,” “should”, and “will,” “would”, 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, including information provided or otherwise publicly reported by our licensed partners. Forward-looking statements about advancement, timing and progress of clinical trials (including with respect to patient enrollment and follow-up), the timing of our presentation of data and submission of regulatory filings, the adequacy of our supply of clinical vials, the operational capabilities at our manufacturing facilities, the sufficiency of cash to fund operations, the potential benefit of our product candidates and technologies, the potential payments for which Collectis is eligible under the agreements signed between Collectis and each of its partners, including AstraZeneca, Servier, Allogene and Iovance and the financial position of Collectis.

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 numerous risks associated with biopharmaceutical product candidate development.

With respect to our cash runway, our operating plans, including product development plans, may change as a result of various factors, including factors currently unknown to us. 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, 2023 and subsequent filings Collectis 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.

# Collectis at a Glance



**3** Clinical Trials

**70+** patients dosed  
in Collectis-sponsored trials



**Global GMP  
Facilities**

End-to-end manufacturing  
autonomy



**Near-Term Clinical  
Catalysts**

Multiple near-term UCART  
clinical data updates



**\$156M**

\*as of December 31, 2023

Cash Runway into 2026\*\*

## Diversified Partnerships with Industry Leaders



**~220** patients dosed to date

- Revenues > \$6B in milestones + royalties
- 5 clinical trials sponsored by Collectis' licensed partners



# A Highly-Experienced Executive Committee



André Choulika, Ph.D.  
Founder & CEO



Steven Doares, Ph.D.  
SVP, US Manufacturing  
& Site Head



Phillippe Duchateau, Ph.D.  
Chief Scientific Officer



Mark Frattini, M.D., Ph.D.  
Chief Medical Officer



Kyung Nam-Wortman  
EVP, Chief Human  
Resources Officer



Stephan Reynier  
Chief Regulatory &  
Pharmaceutical Compliance Officer



David Sourdivé, Ph.D.  
EVP CMC & Manufacturing  
& Co-Founder



Arthur Stril  
Interim Chief Financial Officer



Marie-Bleuenn Terrier  
General Counsel

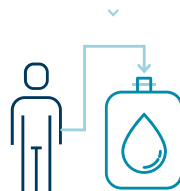
# UCARTs are Designed to be “Off-The-Shelf”

## Scalable Manufacturing



Reduced cost  
Scalable manufacturing:  
1 batch = 100s doses

## Robustness



The goal is to provide  
potency and consistency  
to each patient

## Market Access



Immediately available  
to all eligible patients

Control Production, Costs and Patients Safety

# Strategic Partnership with AstraZeneca



## Cell & Gene Therapy R&D Collaboration



- Develop up to **10** novel products in **oncology, immunology and rare diseases**
- \$25M upfront
- Milestones from \$70M to \$220M per product with tiered royalties
- AstraZeneca to cover Collectis' research costs

## Investment Agreement



- **\$220M equity investment** (subscribed for 16 million ordinary shares and 28 million convertible preferred shares at \$5.00 per share)

# Experts in Gene-Editing Use TALEN®

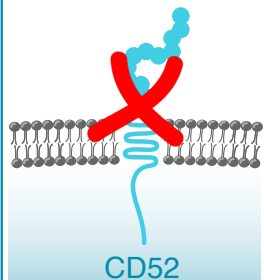


TALEN® is a registered trademark owned by Collectis

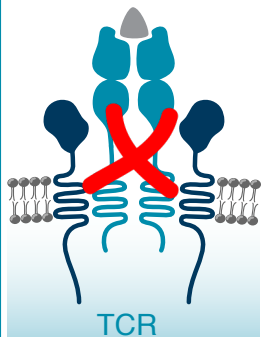
# Collectis' UCART Candidate Platform

## TALEN® Powered

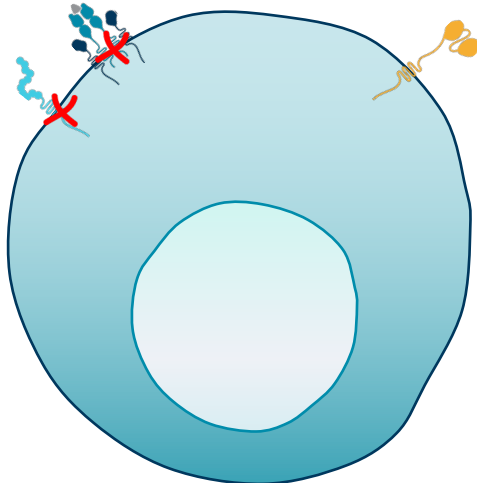
CD52 KO  
Resistance to  
alemtuzumab



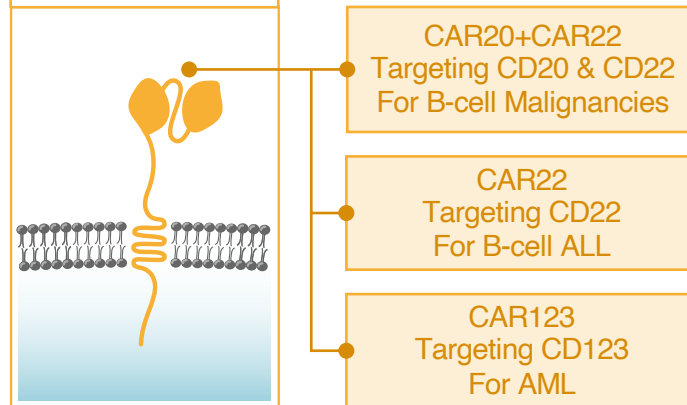
TRAC KO  
Minimizes risk of  
GvHD



## CAR-T cell














## CAR





# Differentiated Targets & Near-Term Catalysts

	Candidate / Target	Indication	Study	Preclinical	Phase 1 Dose Escalation	Phase 1 Dose Expansion	Phase 2 Pivotal <sup>2</sup>	Upcoming Expected Milestones
Fully Owned	UCART22 CD22	ALL	BALLI-01 NCT04150497					Data update with Recommended Phase 2 Dose (RP2D)
	UCART123 CD123	AML	AMELI-01 NCT03190278					Data update with 2-dose regimen
	UCART20x22 Dual Target CD20, CD22	NHL	NatHaLi-01 NCT05607420					Data update with Recommended Phase 2 Dose (RP2D)
								Licensed to:
Licensed Partners	CEMACABTAGENE ANSEGEDLEUCEL CD19 <sup>1</sup>	LBCL	ALPHA3					 
	CEMACABTAGENE ANSEGEDLEUCEL CD19 <sup>1</sup>	CLL	ALPHA2 NCT04416984					
	ALLO-715 <sup>3</sup> BCMA	MM	UNIVERSAL NCT04093595					
ALLO-605 <sup>3</sup> BCMA	MM	IGNITE NCT05000450						
ALLO-316 <sup>4</sup> CD70	RCC	TRAVERSE NCT04696731						

<sup>1</sup> cemacabtagene ansegedleucel has been 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 cemacabtagene ansegedleucel in the U.S. The ALPHA3 and ALPHA2 studies target Large B-Cell Lymphoma (LBCL) and Chronic Lymphocytic Leukemia (CLL), respectively.

<sup>2</sup> Phase 3 may not be required if Phase 2 is registrational.

<sup>3</sup> ALLO-715 and ALLO-605 utilize TALEN® gene-editing technology pioneered and owned by Cellectis. Allogene has an exclusive license to the Cellectis technology for allogeneic products directed at the BCMA target. Allogene holds global development and commercial rights for this investigational candidate.

<sup>4</sup> ALLO-316 utilizes TALEN® gene-editing technology pioneered and owned by Cellectis. Allogene has an exclusive license to the Cellectis technology for allogeneic products directed at the CD70 target. Allogene holds global development and commercial rights for this investigational candidate.

ALL, Acute Lymphoblastic Leukemia; AML, Acute Myeloid Leukemia; NHL, Non-Hodgkin's Lymphoma; RCC, Renal Cell Carcinoma

# Collectis' UCART Platform

# BALLI-01 Study Design

## Key inclusion criteria:

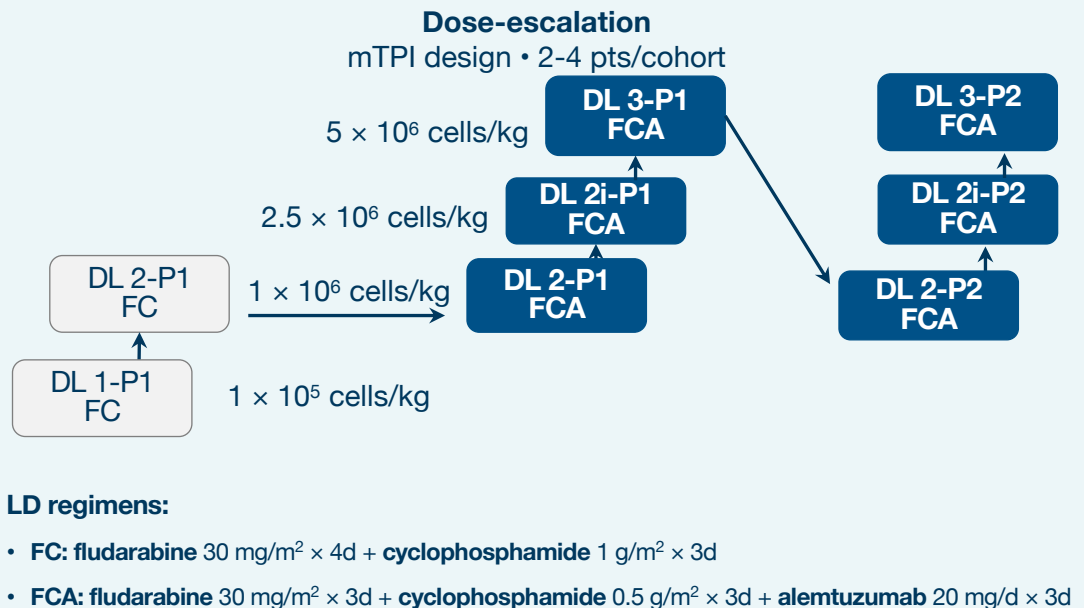
- Age 15–70 years, adequate organ function, ECOG PS  $\leq 1$
- B-ALL blast CD22 expression  $\geq 70\%$
- Received  $\geq 1$  standard chemotherapy regimen and 1 salvage regimen

## Primary objective:

- Safety, tolerability, & MTD of UCART22

## Additional objectives:

- Investigator-assessed response
- UCART22 expansion in PB and BM
- Immune reconstitution



# UCART22-P1 Administration Shows Promising Tolerable Safety Profile

## Patient Characteristics (N=19)

**Median age:** 28 (17-61)

**WHO classification:**

- B-ALL with recurrent genetic abnormalities: 8 (42%);
- CRFL2 rearrangement: 4 (21%)

**Median prior lines of therapy:** 4 (2-8)

- Prior blinatumomab: 12 (63%)
- Prior inotuzumab: 10 (53%)
- Prior CD19 CART: 8 (42%)
- Prior HSCT: 8 (42%)

## Safety: FCA Cohorts (N=13)

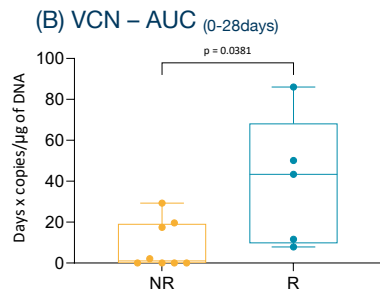
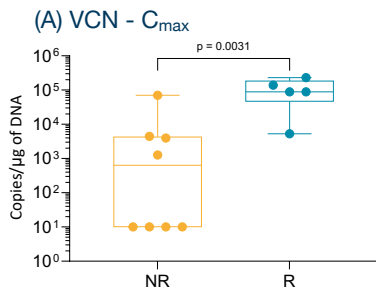
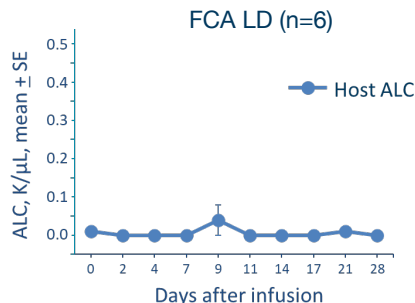
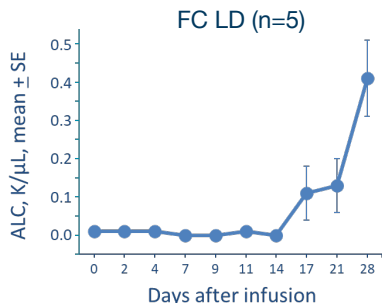
- 0 Dose limiting toxicity
- 0 ICANS (immune effector cell associated neurotoxicity)
- 0 Severe UCART22-related TEAEs (treatment emergent adverse events)
- 11 Patients with mild to moderate CRS (cytokine release syndrome), Grade 1/2
- 0 Grade 3 or higher CRS
- 1 Patient with Grade II GvHD; skin only\*

\*not confirmed by biopsy; in context of re-activation of prior allogeneic bone marrow donor stem cells

Data Source: ASH 2021 Conference Presentation, Collectis' Live Webcast on 13<sup>th</sup> December 2022 and EHA 2023

CAR: chimeric antigen receptor; CRFL2: Cytokine Receptor-Like Factor 2; FCA: Fludarabine, Cyclophosphamide, Alemtuzumab; ICANS: Immune effector Cell-Associated Neurotoxicity Syndrome; TEAE: Treatment Emergent Adverse Event; CRS: Cytokine Release Syndrome; GvHD: Graft versus Host Disease ; HSCT: Hematopoietic Stem Cell Transplantation, B-ALL: B-cell Acute Lymphoblastic Leukemia

# Promising Clinical Responses with UCART22-P1 and FCA Lymphodepletion



UCART22 vector copy number (VCN) quantified by qPCR from whole blood. Thirteen (13) patients from the FCA cohorts were grouped in responders [R] or not responders [NR]. (A) UCART22 maximum concentration (C<sub>max</sub>) of VCN detected (B) UCART22 VCN area under the curve (AUC) over time (from day 0 through day 28, calculated by linear trapezoidal method by GraphPad. Non-parametric *t*-test was used to calculate the *p* values using GraphPad.

- Host lymphocytes remained suppressed using FCA lymphodepletion
- 2/7 patients in DL2 and DL2i achieved blast reductions to < 5% by day 28 using FCA lymphodepletion
  - 1 patient in DL2: MRD negative CRi
  - 1 patient in DL2i: MLFS
- **50% ORR observed in DL3 (3/6 patients)\*** with FCA lymphodepletion
  - 1 patient MRD negative **CR**
  - 1 patient MRD negative **CRi**
  - 1 patient MRD negative **MLFS**

\*All 3 of the DL3 responders failed multiple lines of prior therapy including multi-agent chemotherapy, CD19 directed autologous CAR T cell therapy, and allogeneic stem cell transplant. Additionally, 1 of the 3 also failed prior blinatumomab and inotuzumab, and the remaining 2 failed venetoclax based salvage regimens.

# Baseline Characteristics of UCART22-P2 Patients Treated at DL2

3 patients were enrolled into the first UCART22-P2 cohort at DL2

## Patient 1



17-year-old female with Ph-negative B-ALL with a hypodiploid karyotype and a germline *TP53* mutation

Prior therapies included multiagent chemotherapy, blinatumomab, inotuzumab, venetoclax, allogeneic stem cell transplantation, and autologous CD19 CAR T-cell therapy (tisagenlecleucel) x 2 infusions

## Patient 2



68-year-old female with Ph-negative B-ALL

Relapsed with CD19-low disease after multiagent chemotherapy, blinatumomab, and inotuzumab

## Patient 3



27-year-old male with B-ALL with an ABL2 fusion

Prior therapies included multiagent chemotherapy, blinatumomab, inotuzumab, tyrosine kinase inhibitors, and an experimental autologous CAR19

# Summary of UCART22-P2 Patients Treated at DL2

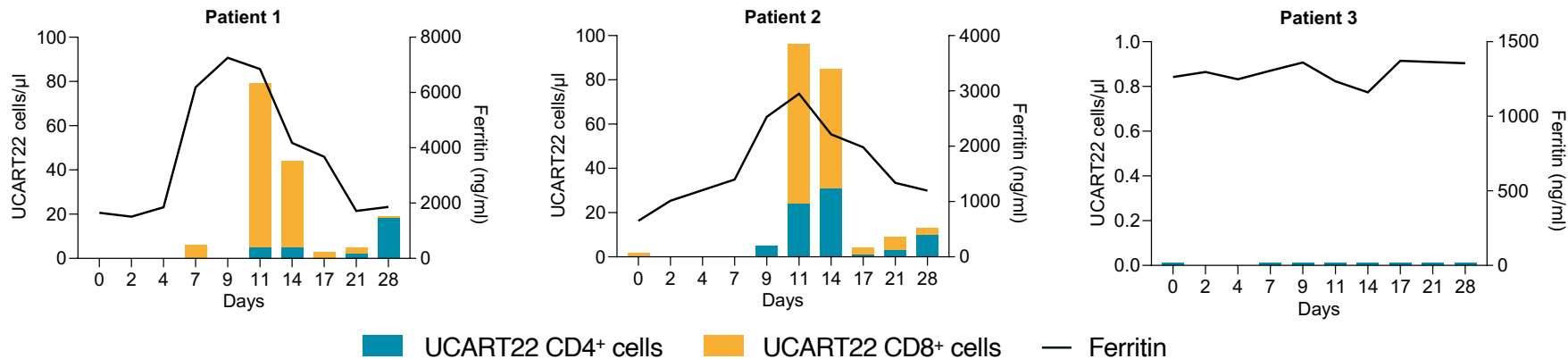
## Safety

- No dose-limiting toxicities (DLT)
- No immune effector cell-associated neurotoxicity syndrome (ICANS)
- No GvHD
- CRS in 2/3 (67%) patients with one G1 that resolved without treatment and one G2 that resolved after tocilizumab x1
- Patient 1 had a G5 sepsis SAE at D40 considered related to UCART22-P2 and FCA LD

## Efficacy

- Responses were assessed beginning on D28
- 2/3 patients (67%) treated at DL2 with UCART22-P2 responded:
  - Patient 1 had 40% BM blasts at screening and achieved an **MRD negative MLFS** (by flow cytometry and clonoSEQ at  $10^{-4}$ ) up to D40
  - Patient 2 had 80% BM blasts at screening and achieved an **MRD negative CR** (by clonoSEQ at  $10^{-4}$ ) lasting over 84 days after UCART22 infusion
  - Patient 3 had 84% BM blasts at screening and was refractory to treatment

# UCART22-P2 Expansion Correlates with Changes in Ferritin Levels



UCART22-P2 expansion was observed by flow cytometry in the peripheral blood in patient 1 and 2, both at D11, with predominantly CD8 cells expanding, with peaks of:

- ~80 cells/ $\mu\text{L}$  in patient 1
- ~100 cells/ $\mu\text{L}$  in patient 2
- No UCART22-P2 expansion in patient 3, and ferritin levels mostly unchanged during the 28 days following UCART22-P2 administration



# NatHaLi-01 Study Design

## Key inclusion criteria:

- Age 18–80 years
- Mature B-cell NHL except CLL/SLL, Richter's from CLL/SLL, Burkitt's lymphoma, or Waldenstrom's macroglobulinemia
- Tumor positive for CD20 and/or CD22
- Received  $\geq 2$  prior lines including CD19 CART if eligible

## Primary objective:

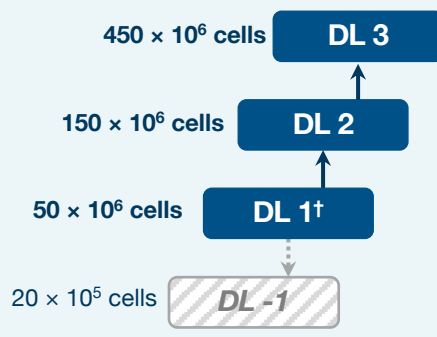
- Safety, tolerability, & MTD/RP2D of UCART20x22

## Additional objectives:

- Investigator-assessed response by Lugano
- UCART20x22 expansion in PB
- Immune reconstitution

## Dose-escalation

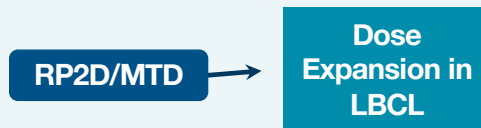
BOIN design • 2-4 pts/cohort



## FCA LD regimen:

- **Fludarabine** 30 mg/m<sup>2</sup> × 3d
- **Cyclophosphamide** 0.5 g/m<sup>2</sup> × 3d
- **Alemtuzumab** 60 mg total over 3 days

## Dose Expansion



†Enrollment is ongoing.

BOIN: Bayesian optimal interval; CART: chimeric antigen receptor T-cell therapy; CLL/SLL: chronic lymphocytic leukemia / small lymphocytic lymphoma, DL: dose level; d: days; FCA: fludarabine + cyclophosphamide + alemtuzumab; LBCL: large B-cell lymphoma, LD: lymphodepletion; MTD: maximum tolerated dose; NHL: Non-Hodgkin Lymphoma; PB: peripheral blood; pts: patients; RP2D: recommended phase 2 dose

# Baseline Characteristics

As of 28 July 2023, 3 patients received LD and were treated with UCART20x22 at Dose Level 1 ( $50 \times 10^6$  cells)

	Pt 1	Pt 2	Pt 3
Age	76	65	18
Sex	Female	Female	Female
NHL Subtype	DLBCL	Transformed FL	Transformed MZL
Genetic/Molecular	Double expressor (BCL2, MYC)	Triple-hit	NOTCH1, PLCG2, CCND3, XBP1
Antigen Present	CD20+/CD22 unknown	CD20+/CD22 unknown	CD20-/CD22+
Stage at Screening	IV	IV	IV
Number of Prior Therapies	2	4	8
Prior CD19 CART	None	Lisocabtagene maraleucel x2	Axicabtagene ciloleucel
ECOG	0	0	1
Baseline Deauville Score	4	5	5
Disease Status at Screening	Relapsed	Relapsed	Refractory



# Safety Summary

- No UCART20x22-related DLTs
- No ICANS or GVHD was observed
- One CLLS52-related DLT of bone marrow aplasia after Day 42 thought to be due to cumulative chemotherapy exposure in a patient with baseline grade 1/2 cytopenias and bone marrow hypocellularity at screening
- All patients experienced grade 1 or 2 CRS that resolved with treatment
  - Pt 1 had grade 1 CRS for 4 days and was treated with tocilizumab x3 and dexamethasone x1
  - Pt 2 had grade 2 CRS for 2 days and grade 1 CRS for 3 days managed with tocilizumab x3 and dexamethasone x1
  - Pt 3 had grade 1 CRS for 8 days and received tocilizumab x1

# UCART20X22 Treatment Response

As of July 28, 2023, 3 patients were treated at dose level 1 ( $50 \times 10^6$  cells) and were evaluable for response:

## Patient 1



76-year-old female with double-expressor DLBCL relapsed after R-CHOP, radiation therapy, and polatuzumab vedotin with bendamustine/rituximab who achieved a **partial metabolic response** at Day 28

## Patient 2



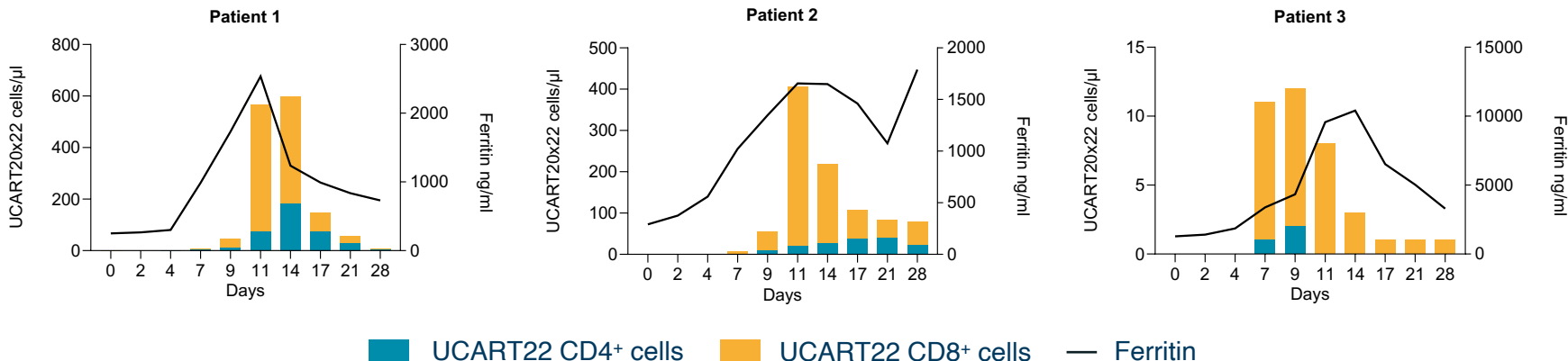
65-year-old female with triple-hit transformed follicular lymphoma previously treated with radiation therapy, bendamustine/rituximab, dose-adjusted R-EPOCH, and two lisocabtagene maraleucel infusions who achieved a **complete metabolic response** at Day 28

## Patient 3



18-year-old female with relapsed/refractory transformed marginal zone lymphoma who previously failed chemoimmunotherapy, venetoclax, ibrutinib, bendamustine/rituximab, axicabtagene ciloleucel, obinutuzumab, glofitamab, tafasitamab/lenalidomide, and an experimental epigenetic modifier who achieved a **complete metabolic response** at Day 28

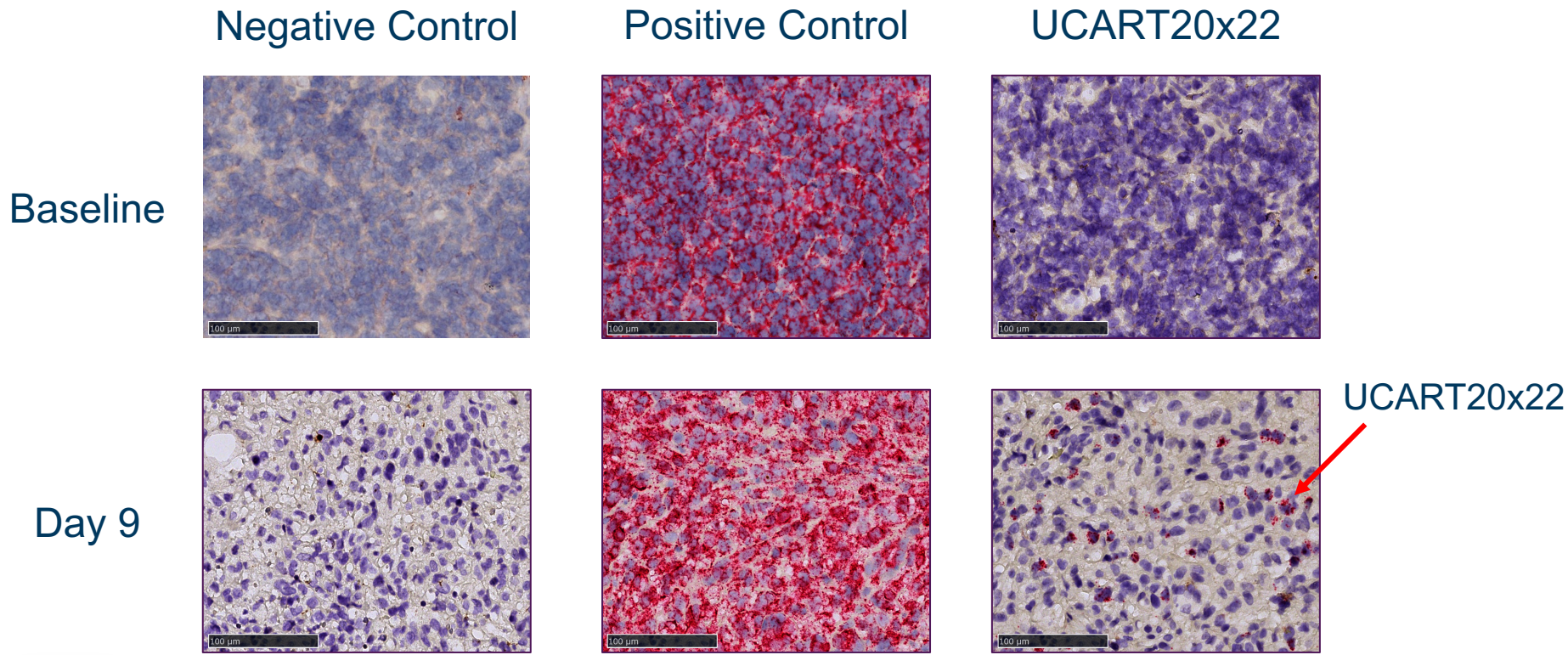
# Robust Expansion of UCART20x22 Cells in Peripheral Blood Correlates with an Increase in Serum Ferritin Levels



UCART20x22 expansion was observed by flow cytometry in the peripheral blood in all patients, with predominantly CD8+ cells expanding, with peaks of:

- ~600 cells/μL in Patient 1 at Day 14
- ~400 cells/μL in Patient 2 at Day 11
- ~12 cells/μL in Patient 3 at Day 9

# UCART20x22 Cells Detected in Day 9 Post-Treatment Biopsy for Patient 3



# UCART123 – AMELI-01 Trial Design

Phase I, Open Label Dose-escalation and Dose-expansion Study to Evaluate the Safety, Expansion, Persistence and Clinical Activity of UCART123 in Patients with Relapsed or Refractory Acute Myeloid Leukemia

## Key Eligibility Criteria

- Relapsed or primary refractory AML (>5% bone marrow blasts)
- Blasts expressing CD123
- ECOG PS of  $\leq 1$  and adequate organ function

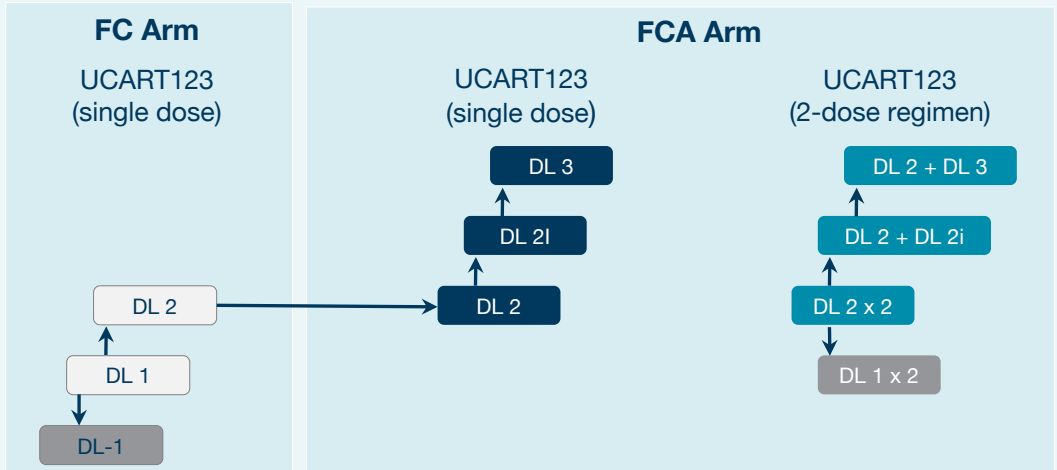
## Primary Objective

- Safety, tolerability, & MTD/RP2D of UCART123

## Additional Objectives

- Investigator-assessed response
- UCART123 expansion, trafficking, persistence in PB and BM
- Immune reconstitution

## Dose-Escalation UCART123 mTPI design; 2-4pts/cohort



UCART123

- DL-1 1.25x10<sup>6</sup> cells/kg
- DL1 2.5x10<sup>6</sup> cells/kg
- DL2 6.25x10<sup>6</sup> cells/kg
- DL2i 1.5x10<sup>6</sup> cells/kg
- DL3 3.30x10<sup>6</sup> cells/kg

## LD regimens:

- **FC:** Fludarabine 30 mg/m<sup>2</sup>x 4d + Cyclophosphamide 750 mg/m<sup>2</sup> x 3d
- **FCA:** Fludarabine 30 mg/m<sup>2</sup>x 4d + Cyclophosphamide 750 mg/m<sup>2</sup> x 3d + Alemtuzumab 12 mg/day x 4d



Data Source: ASH 2022 Conference Presentation

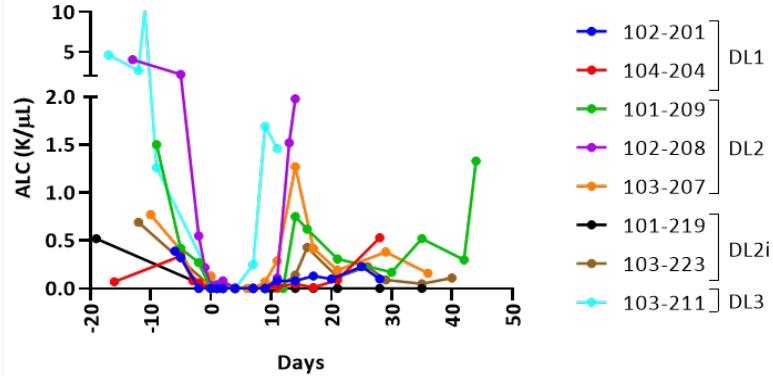
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ECOG PS, Eastern Cooperative Oncology Group performance status ; MTD, Maximum Tolerated Dose; RP2D, Recommended Phase 2 Dose; DL, Dose Level; PS, Performance Status; mTPI, modified Toxicity Probability Interval; LD, Lymphodepletion; AML: Acute Myeloid Leukemia; DL1: Dose Level 1; DL2i: Intermediate Dose Level 2; ; FC: Fludarabine and Cyclophosphamide; FCA: Fludarabine, Cyclophosphamide and Alemtuzumab; pts: patients; PB: Peripheral Blood; BM: Bone Marrow

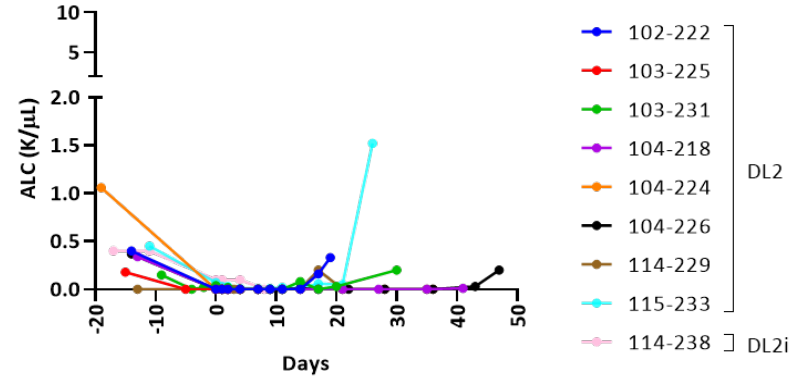
# Addition of Alemtuzumab Results in Prolonged Host Lymphodepletion in AMELI-01

## Absolute Lymphocyte Counts

### FC Arm

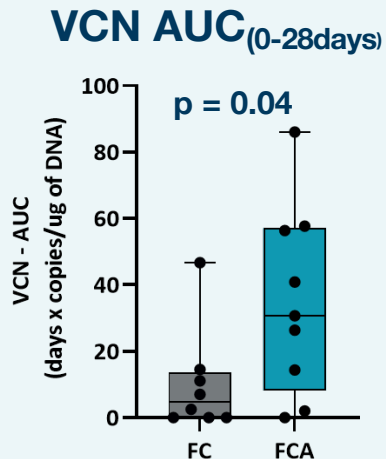


### FCA Arm





# Anti-Leukemic Activity and Robust CAR T-Cell Expansion Observed using FCA Lymphodepletion



**Addition of alemtuzumab resulted in increased UCART123 expansion**

## 2 responses observed in FC arm

Patient 101-219 (DL2i): SD

Patient 103-223 (DL2i): MLFS

## 2 responses observed in FCA arm

Patient 114-229 (DL2): SD

- Achieved greater than 90% BM blast reduction (60% to 5%) at Day 28

Patient 104-226 (DL2): **MRD negative CR**

- Achieved CRI at Day 28 followed by MRD negative CR at Day 56 that remained durable for over 1 year

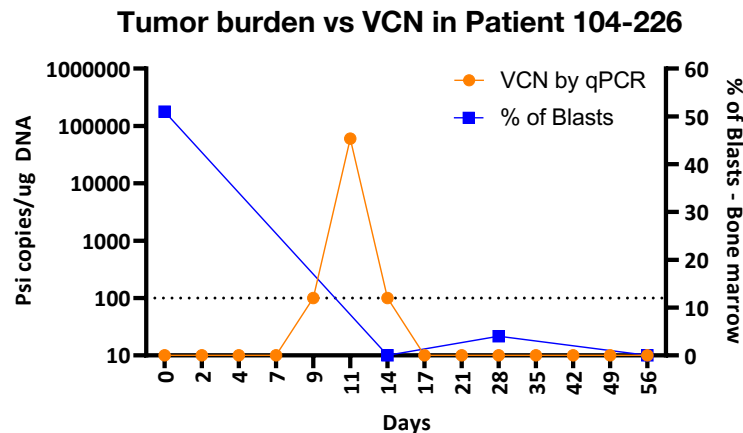
Data Source: ASH 2022 Conference Presentation

FC: Fludarabine + Cyclophosphamide; FCA: Fludarabine + Cyclophosphamide + Alemtuzumab; AUC: Area Under Curve; DL2: Dose Level 2; DL2i: Dose Level 2 Intermediate; BM: Bone Marrow; MRD: Minimal Residual Disease; CR: Complete Response; CRI: Complete Response with Incomplete Count Recovery; MLFS: Morphologic Leukemia-Free; SD: Stable Disease; VCN: Vector Copy Number

# Patient 104-226 Achieved a Durable MRD Negative Complete Response at Day 56 that Was Maintained for Over One Year

Clinical Characteristics	
Age, Race, Sex	64-year-old white female
ECOG PS	1
ELN 2017 Classification; WHO Classification	Adverse risk; AML with myelodysplasia-related changes
Cytogenetic and Molecular Abnormalities	45,XX,-7,t(10;12)(q24;p13)[5]; IDH1, EZH2
Number of prior treatments	5 - including allogeneic HSCT 2016
Past Medical History	MDS, 2011; Focal nodular hyperplasia of the liver, 2016

Response Summary	BM Biopsy Blast %	BM Aspirate Blast %	MRD	ELN Response
Screening Day -14	51%	Not done		
Day 14	0%	Not done		
Day 28	3.8%	4%	Pos 0.6%	CRi
Day 56	2.8%	0%	Neg	CR
Day 84	0%	0%	Neg	CR
FU 1, Day 181	2%	0%	Neg	CR
FU 2, Day 270	1%	0%	Neg	CR
FU 3, Day 365	0%	0%	Neg	CR



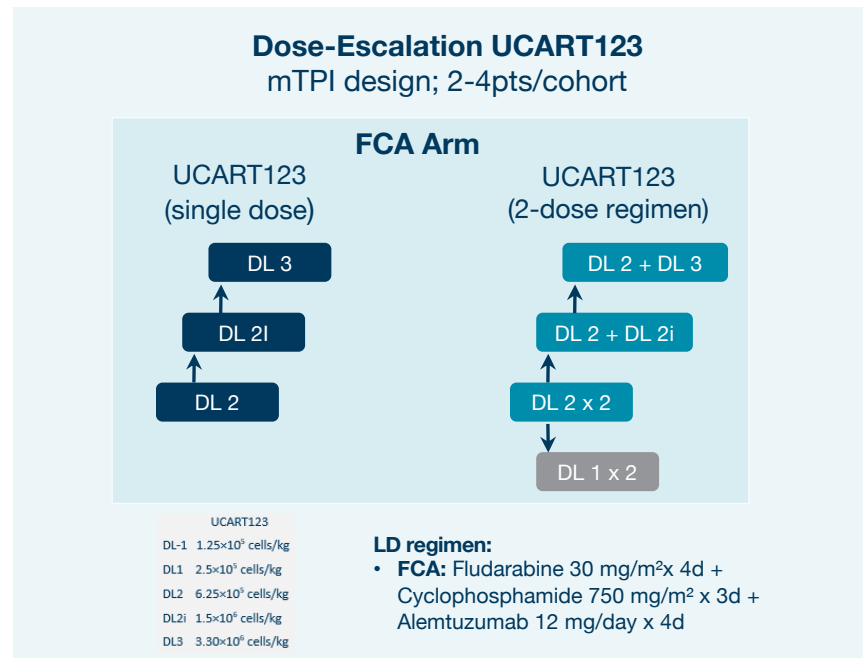
Data Source: ASH 2022 Conference Presentation

MDS myelodysplastic syndrome; HSCT Hemopoietic stem cell transplant; MRD minimal residual disease; BM: Bone Marrow; AML: Acute Myeloblastic Leukemia; ELN: European LeukemiaNet; ECOG PS: Eastern Cooperative Oncology Group Performance Status

# Translational Data Supports Use of a Two-Dose Regimen of UCART123

- UCART123 expansion correlates with reduction in tumor burden at DL2 ( $6.25 \times 10^5$  cells/kg) but at this dose, UCART123 cell function is not sufficient for sustained anti-leukemic activity in all patients
- A second dose would then be given to allow for additional UCART123 expansion and clinical activity after 10-14 days without the use of additional lymphodepletion
- The second peak of expansion in the setting of reduced disease burden is expected to be safe and should allow for clearance of residual disease
- AMELI-01 study began enrolling patients in the FCA 2-dose regimen arm at DL2, a dose that has already been administered and cleared for safety as a single dose, and incorporate the use of prophylactic tocilizumab prior to UCART123 cell dosing

## AMELI-01 Amended Protocol with Two-Dose Regimen Design



# UCART Platform Takeaways from ~290 Patients\*

## GvHD

TRAC KO results in safe, non-alloreactive UCART cells

## Expansion

CD52 KO + alemtuzumab use in LD has the potential to provide a safe, effective & controllable therapeutic window

## Persistence

Encouraging clinical activity in ALL, AML, and NHL

## Safety

Profile on par with approved autologous CAR T therapies

## Efficacy

Anti-tumor activity consistent with autologous products



\* Includes fully owned and partnered assets

NHL: Non-Hodgkin Lymphoma; ALL: Acute Lymphoblastic Leukemia; AML: Acute Myeloid Leukemia; GvHD: Graft Versus Host Disease; KO: Knock-Out; LD: Lymphodepletion; TRAC: T-cell receptor alpha constant

# Discover, Create, Develop, Produce and Test



## New York, New York

*Innovation, Clinical Development*

**25,000 sq ft. facility**

- ✓ Gene Editing platform – TALEN®
- ✓ I/O discovery platform
- ✓ Gene therapy discovery platform
- ✓ Clinical development



## Paris, France

*HQ, PD/AD, Starting Materials*

**55,000 sq ft. facility**

- ✓ Process & analytical development
- ✓ Raw materials manufacturing
- ✓ QC labs
- ✓ Warehouse
- ✓ Cryogenic Storage rooms



## Raleigh, North Carolina

*UCART – Clinical & potential for Commercial*

**82,000 sq ft. facility**

- ✓ Cell therapy GMP manufacturing
- ✓ QC labs
- ✓ Warehouse
- ✓ Cryogenic Storage rooms

# Expected Milestones in 2024

UCART22  
r/r B-ALL

Data update with  
Recommended Phase  
2 Dose (RP2D)

UCART123  
r/r AML

Data update with  
2-dose regimen

UCART20x22  
r/r B-NHL

Data update with  
Recommended Phase  
2 Dose (RP2D)

Partnerships

Updates from licensed partners (AstraZeneca, Servier, Allogene, Iovance, Primera)

# Key Takeaways – Why Collectis?



Innovative Allogeneic  
CAR T

Breaking Paradigms with Life-Saving Therapies



End-to-End In-House  
Manufacturing

Owning Manufacturing is Owning the Product



Best-In-Class Gene  
Editing Platform

Designed to be Safe, Precise & Efficient, Backed by  
Strong IP



Strong Partnerships

Anticipated Milestones, Diversified Financial Upsides

# Thank You

Reach us at:  
[investors@collectis.com](mailto:investors@collectis.com)

## Collectis Paris

8, rue de la Croix Jarry 75013  
Paris – France



## Collectis New York

430 East 29th Street  
New York, NY, 10016 – USA



## Collectis Raleigh

2500 Sumner Boulevard  
Raleigh, NC, 27616 – USA

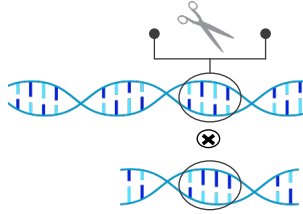




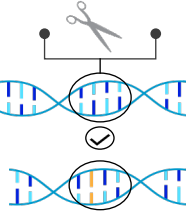
# Appendix

# Powerful and Comprehensive Gene Editing Platform

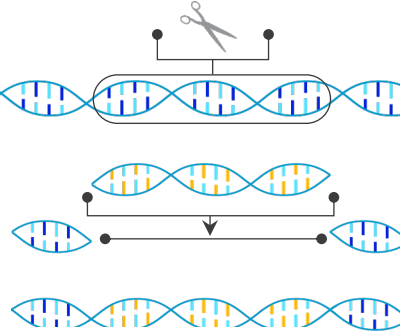
## Gene Knockout



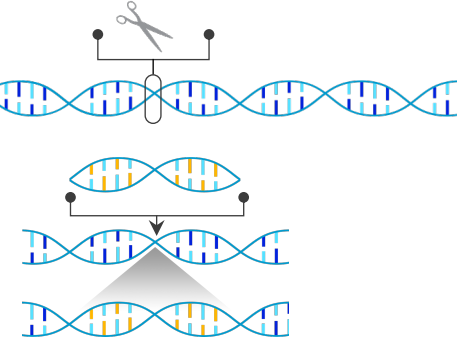
## Gene Repair



## Gene Replacement



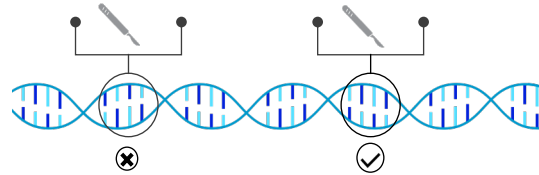
## Gene Insertion



Nucleases



Base editors



Gene Knockout



Gene Repair








Experts in Gene Editing:

- ✓ 30+ years for Collectis' founders
- ✓ 24 years doing gene editing
- ✓ 10 years developing TALEN®

Proprietary electroporation technology









# Why TALEN®?

	Maturity 	Genome Outreach 	Recognition Site # base pairs 	Chromotypsis 	Precision 	Vectorization 	IP 
TALEN®	In clinic since 2015	Euchromatin & heterochromatin	32	Not reported	Every 7 base pairs	mRNA	Strong for CLLS
CRISPR	In clinic since 2018	Euchromatin only	~20	Yes	Every 64 base pairs	RNP	Scattered



# Diversified Partnerships with Industry Leaders

  					
CAR-T CD19		CAR-T BCMA, CD70 + 13 targets	TILs	Mitochondrial DNA editing	Cell and gene therapies
Exclusive worldwide license to CD19-directed allogeneic CAR T-cells	U.S. rights sublicensed to Allogene by Servier <sup>1</sup>	Exclusive worldwide license to 15 allogeneic CAR T-cell targets <sup>1</sup>	Research collaboration and exclusive worldwide license agreement to develop gene-edited TILs	Collaboration agreement to develop mtDNA gene editing for mitochondrial diseases + option for exclusive worldwide license agreement on up to 5 product candidates	Joint Research and Collaboration agreement to develop up to 10 novel products in oncology, immunology and rare diseases and investment agreement
Up to \$410M in Development & Sales Milestones + Low Double-Digit Royalties on Sales		Up to \$2.8B in Development & Sales Milestones + High Single-Digit Royalties on Sales	Undisclosed Financials	19% equity upfront Option for up to \$750M in Development & Sales Milestones + High Single-Digit Royalties on Sales	\$25M upfront. Milestones from \$70M to \$220M per product and tiered royalties. \$220M equity investment.
2014	2015	2014	2020	2022	2023

<sup>1</sup> Initially granted to Pfizer, Inc. In 2018, Pfizer and Allogene Therapeutics, Inc. entered into an asset contribution agreement pursuant to which Allogene purchased Pfizer's portfolio of assets related to allogeneic CAR T-cell therapy, including the CD19 US rights sublicensed by Servier, and the exclusive worldwide license to 15 allogeneic CAR-T targets.

TIL: Tumor-Infiltrating Lymphocyte; iPSC: Induced Pluripotent Stem Cells; NK: Natural Killer