



Commitment to a Cure

Corporate Presentation

October 2025

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, 2024 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



2 Clinical Trials*

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



**Global GMP
Facilities**

End-to-end manufacturing
autonomy



**Multiple Near-Term
Clinical Catalysts**

Lasme-cel: Pivotal Phase 2 ongoing
Eti-cel: data readout EOY 2025



\$230M**

as of June 30, 2025

Provides runway into
H2 2027

Diversified Partnerships with Industry Leaders



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



* On November 4, 2024, Collectis decided to focus its current development efforts on the BALLI-01 and NatHaLi-01 studies and therefore to deprioritize the development of UCART123 (AMELI-01).

** Cash, cash equivalents and fixed-term deposits include restricted cash of \$4.4 million as of June 30, 2025 and fixed-term deposits of \$166.3 million as of June 30, 2025, of which \$136.1 million are classified as current financial assets and \$30.2 million are classified as non-current financial assets (due to a fixed bank deposit investment maturing in October 2026, including accrued interest).

*** Number of patients dosed in the Collectis-sponsored trials BALLI-01, NATHALI-01 and AMELI-01.

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 Agreements



- **\$220M equity investment** (subscribed for 16 million ordinary shares and 28 million convertible preferred shares at \$5.0 per share)
- AstraZeneca's shares represent 44% of the share capital and 29% of the voting rights of the Company as of June 30, 2025

A Highly-Experienced Executive Committee



André Chouluka, Ph.D.
Founder & CEO



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



Phillippe Duchateau, Ph.D.
Chief Scientific Officer



Adrian Kilcoyne M.D., MPH, MBA
Chief Medical Officer



Kyung Nam-Wortman
EVP, Chief Human
Resources Officer



Stephan Reynier
Chief Regulatory &
Pharmaceutical Compliance Officer



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



Arthur Stril
Chief Financial Officer
& Chief Business Officer



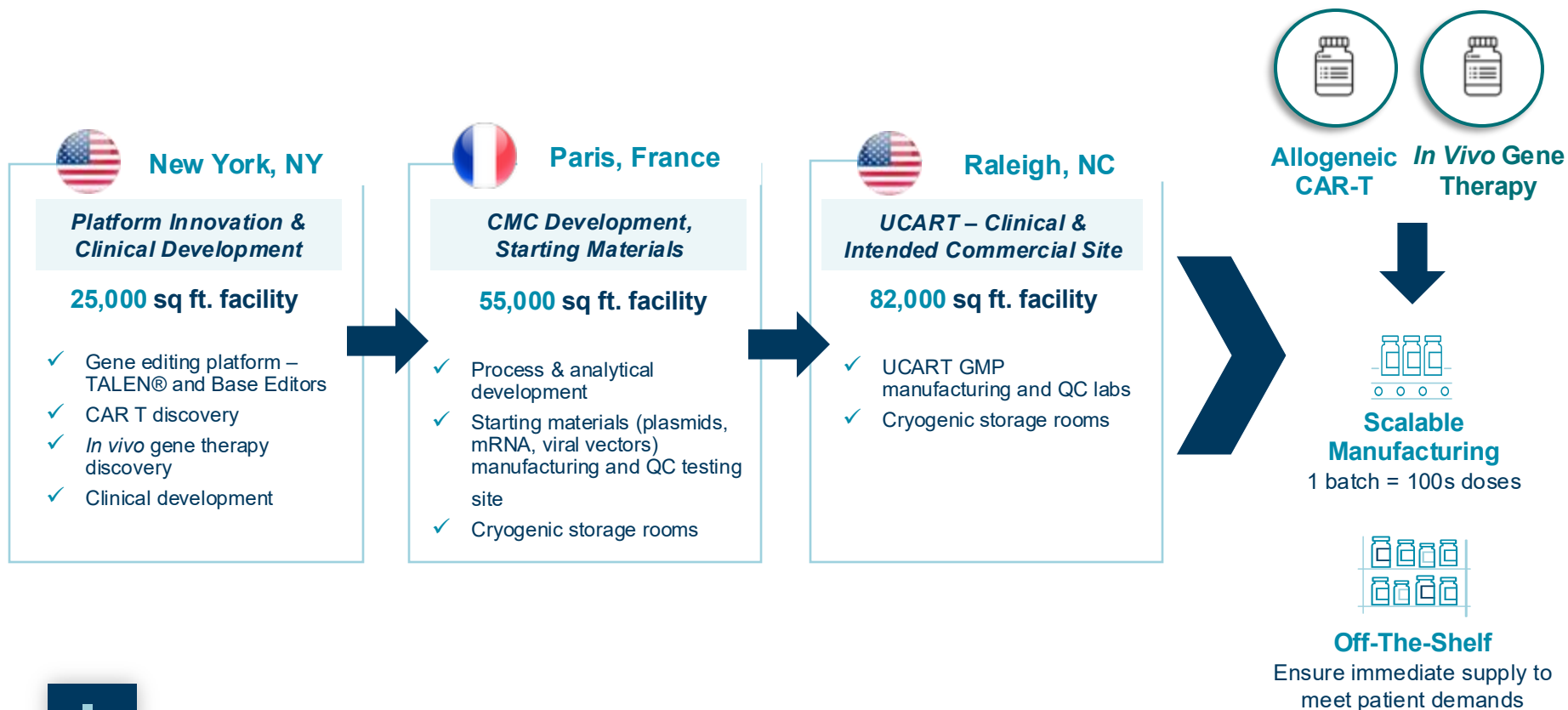
Marie-Bleuenn Terrier
General Counsel

Integrated and Controlled Manufacturing

Discover, Develop, Produce, Test and Release



Collectis' End-to-End Cell & Gene Therapy Platform



Differentiated Targets & Near-Term Catalysts

Fully Owned

Licensed Partners

Target	Indication	Study	Preclinical	Phase 1	Phase 2 ¹	Upcoming expected milestone
Lasme-cel (UCART22) CD22	ALL	BALLI-01 NCT04150497				First patient in Phase 2 expected to be enrolled in Q4 2025
Eti-cel (UCART20x22) Dual Target CD20, CD22	NHL	NatHaLi-01 NCT05607420				Phase 1 ongoing with readout expected in late 2025
Cema-cel (ALLO-501A) CD19 ²	LBCL	ALPHA3 NTC06500273				 
ALLO-316 ³ CD70	RCC	TRAVERSE NCT04696731				
IOV-4001	Melanoma, NSCLC	IOV-GM1-201 NCT05361174				

1. Phase 3 may not be required if Phase 2 is pivotal. According to Allogene, ALPHA3 is a pivotal Phase 2 trial.

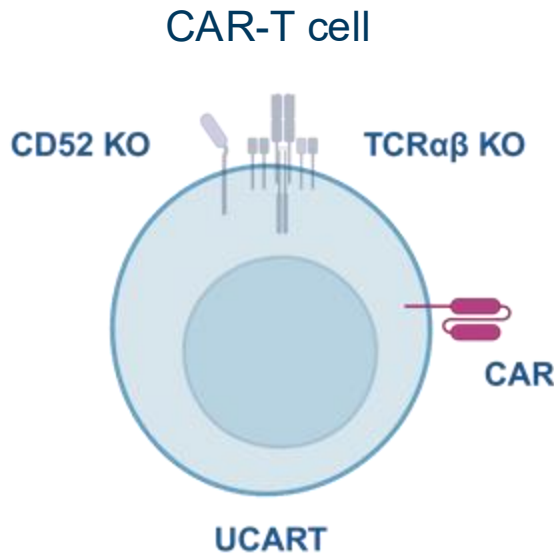
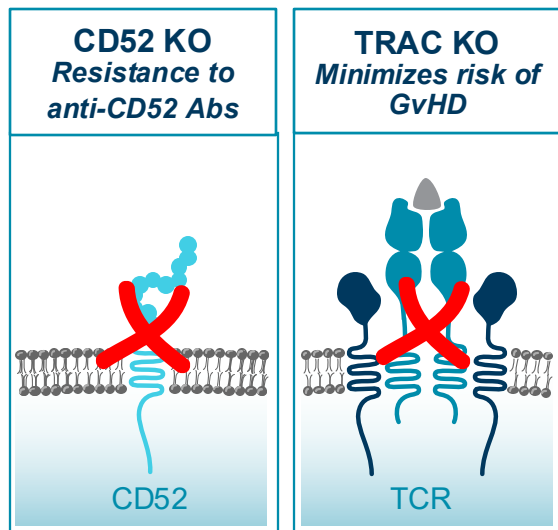
2. cema-cel has been developed under a collaboration agreement between Servier and Allogene based on an exclusive license granted by Cellectis to Servier. Servier grants to Allogene exclusive rights to cema-cel in the U.S., EU and UK. The ALPHA3 study targets Large B-Cell Lymphoma (LBCL).

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

ALL, Acute Lymphoblastic Leukemia; NHL, Non-Hodgkin's Lymphoma; LBCL, Large B-Cell Lymphoma; RCC, Renal Cell Carcinoma; NSCLC, Non-Small Cell Lung Cancer

Collectis' UCART Platform

UCART are Designed with Collectis' Differentiated Gene Editing Platform



TALEN® Powered Gene Editing:

PRECISE

Targets desired site with a maximum range of 7 base pairs

SAFE

Protein/DNA interaction with 32 base pairs recognition

EFFICIENT

High rates of gene editing for knock-outs and knock-ins

Lasme-cel (UCART22) and Eti-cel (UCART20x22) Positioning

Post-CD19 CAR-T autologous treatments



LCAR-AIO
CD19/CD20/CD22



KITE-363/ KITE-753
CD19/CD20



C-CARO39
CD19/CD20

Post-CD19 CAR-T allogeneic treatments



P-CD19CD20-ALLO1
CD19/CD20



SC62
CD22



- **CD20 & CD22:** Key targets validated in oncology and autoimmune diseases
- **Lasme-cel (UCART22):** First-in-class allogeneic CD22 CAR-T for ALL. Plan to advance into potential pivotal Phase 2 study
- **Eti-cel (UCART20x22):** Unique allogeneic dual CAR-T product targeting CD20 & CD22
- **High unmet need** persists for effective r/r ALL and NHL treatments

Lasme-cel (UCART22) Study Design

Key inclusion criteria:

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

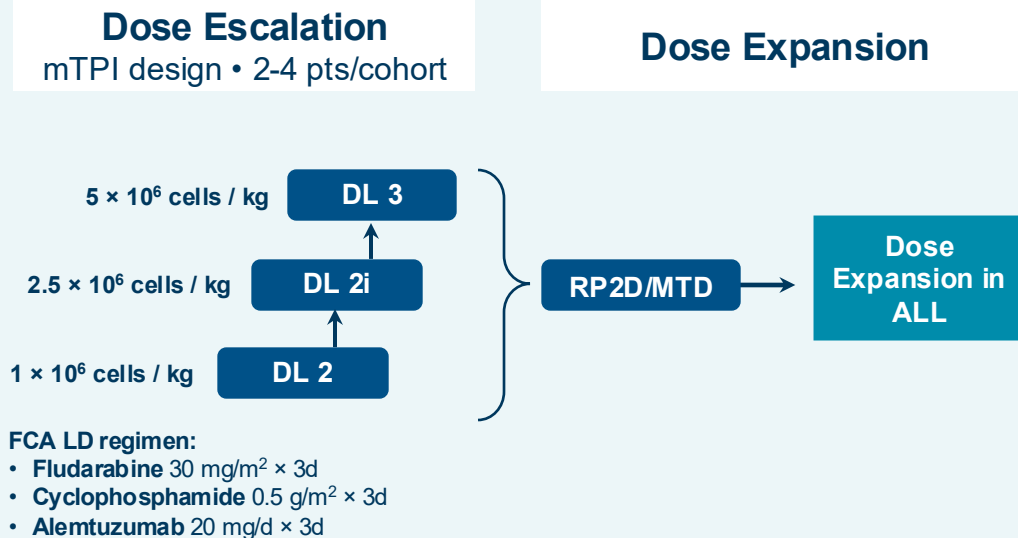
Primary objective:

- Safety, tolerability, & MTD of lasme-cel (UCART22)

Additional objectives:

- Investigator-assessed response
- Lasme-cel (UCART22) expansion in PB and BM
- Immune reconstitution

Administering UCART22-P2 (cells manufactured by Cellectis) with FCA lymphodepletion:



Outcomes of Lasme-cel Patients Treated at DL2

3 patients were enrolled into the first lasme-cel (UCART22) cohort at DL2:

Patient 1

MRD negative MLFS

17-year old

- Ph-negative B-ALL
- Hypodiploid karyotype
- *TP53* mutation
- 40% Blasts
- Previous Treatments:
 - Multiagent chemotherapy
 - Blinatumomab
 - Inotuzumab
 - Venetoclax
 - ASCT
 - Autologous CD19 CAR-T x 2

Patient 2

MRD negative CR

68-year old

- Ph-negative B-ALL
- CD19 Low disease
- 80% Blasts
- Previous Treatments:
 - Multiagent chemotherapy
 - Blinatumomab
 - Inotuzumab

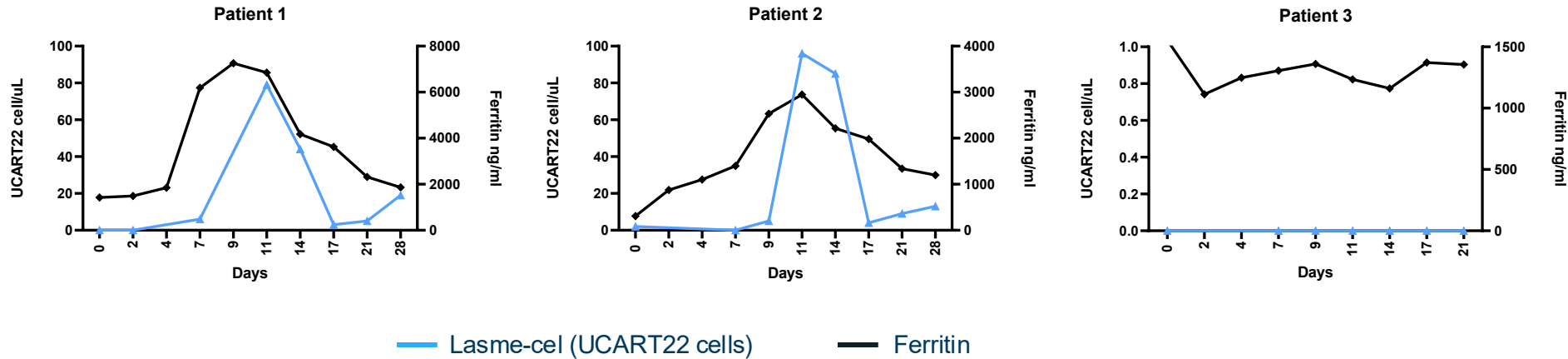
Patient 3

Refractory

27-year old

- B-ALL with ABL2 fusion
- 84% Blasts
- Previous Treatments:
 - Multiagent chemotherapy
 - Blinatumomab
 - Inotuzumab
 - TKI
 - Autologous CD19 CAR-T

Expansion of Lasme-cel in Peripheral Blood Correlates with an Increase in Serum Ferritin Levels



Lasme-cel (UCART22) expansion was observed by flow cytometry in the peripheral blood in patients 1 and 2, both at D11:

- ~80 cells/ μ L in patient 1
- ~100 cells/ μ L in patient 2

No lasme-cel (UCART22) expansion in patient 3, and ferritin levels mostly unchanged during the 21 days following UCART22 administration

Summary of Lasme-cel 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 lasme-cel (UCART22) and FCA LD

Efficacy

- Responses were assessed beginning on D28
- 2/3 patients (67%) treated at DL2 with lasme-cel (UCART22) 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 lasme-cel (UCART22) infusion
 - Patient 3 had 84% BM blasts at screening and was refractory to treatment

Eti-cel (UCART20x22) 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 ≥ 2 prior lines including CD19 CAR T if eligible

Primary objective:

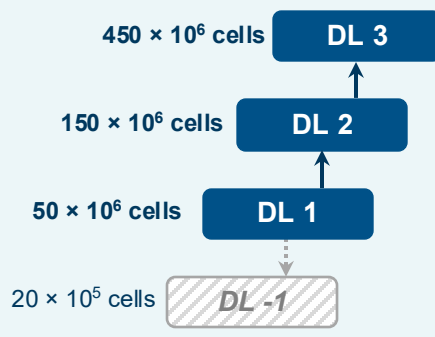
- Safety, tolerability, & MTD/RP2D of eti-cel (UCART20x22)

Additional objectives:

- Investigator-assessed response by Lugano
- Eti-cel (UCART20x22) expansion in PB
- Immune reconstitution

Dose Escalation

BOIN design • 2-4 pts/cohort



FCA LD regimen:

- **Fludarabine** $30 \text{ mg/m}^2 \times 3\text{d}$
- **Cyclophosphamide** $0.5 \text{ g/m}^2 \times 3\text{d}$
- **Alemtuzumab** 60 mg total over 3 days

Dose Expansion

RP2D/MTD

Dose
Expansion in
LBCL

Patient Baseline Characteristics

As of 28 July 2023, 3 patients received LD and were treated with eti-cel (UCART20x22) at Dose Level 1 (50×10^6) cells

	Pt 1	Pt 2	Pt 3
Age	76	65	18
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

Eti-cel Safety Summary

- No eti-cel (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 managed with tocilizumab and dexamethasone
 - Pt 2 had Grade 2 CRS for 2 days managed with tocilizumab and dexamethasone
 - Pt 3 had Grade 1 CRS for 8 days managed with tocilizumab

Outcomes of Eti-cel Patients Treated at DL1

3 patients were treated at dose level 1 (50×10^6 cells) and were evaluable for response:

Patient 1

Partial metabolic response

76-year-old

- Double-expressor DLBCL
- Previous treatments:
 - R-CHOP
 - Radiation therapy
 - Polatuzumab vedotin with bendamustine/rituximab

Patient 2

Complete metabolic response

65-year-old

- Triple-hit transformed follicular lymphoma
- Previous treatments:
 - Radiation therapy
 - Bendamustine/rituximab
 - Dose-adjusted R-EPOCH
 - Liso-cel x 2

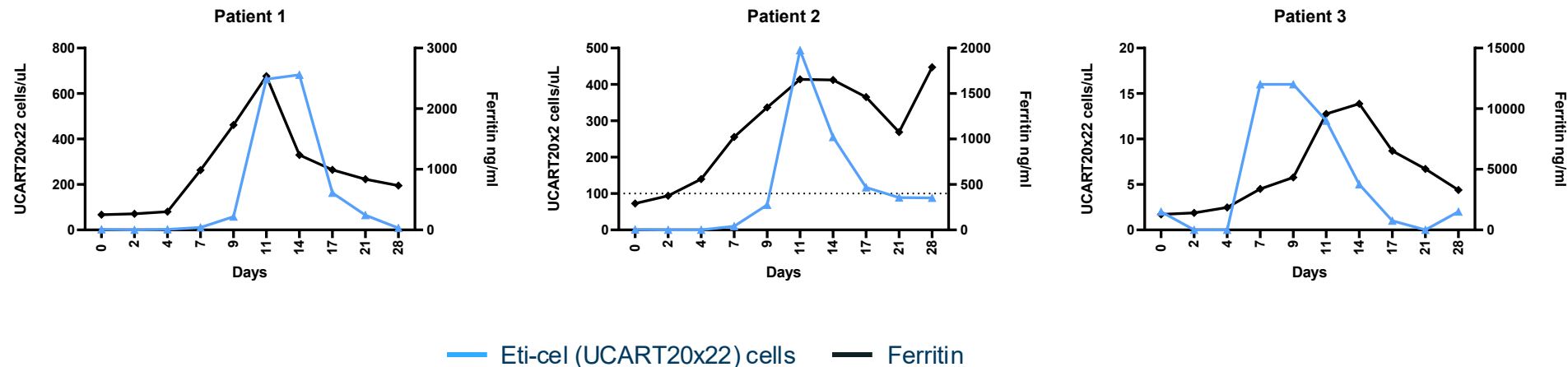
Patient 3

Complete metabolic response

18-year-old

- Relapsed/refractory transformed marginal zone lymphoma
- Previous treatments:
 - Chemo-immunotherapy
 - Venetoclax
 - Ibrutinib
 - Bendamustine/rituximab
 - Axi-cel
 - Obinutuzumab
 - Glofitamab
 - Tafasitamab/lenalidomide
 - Experimental epigenetic modifier

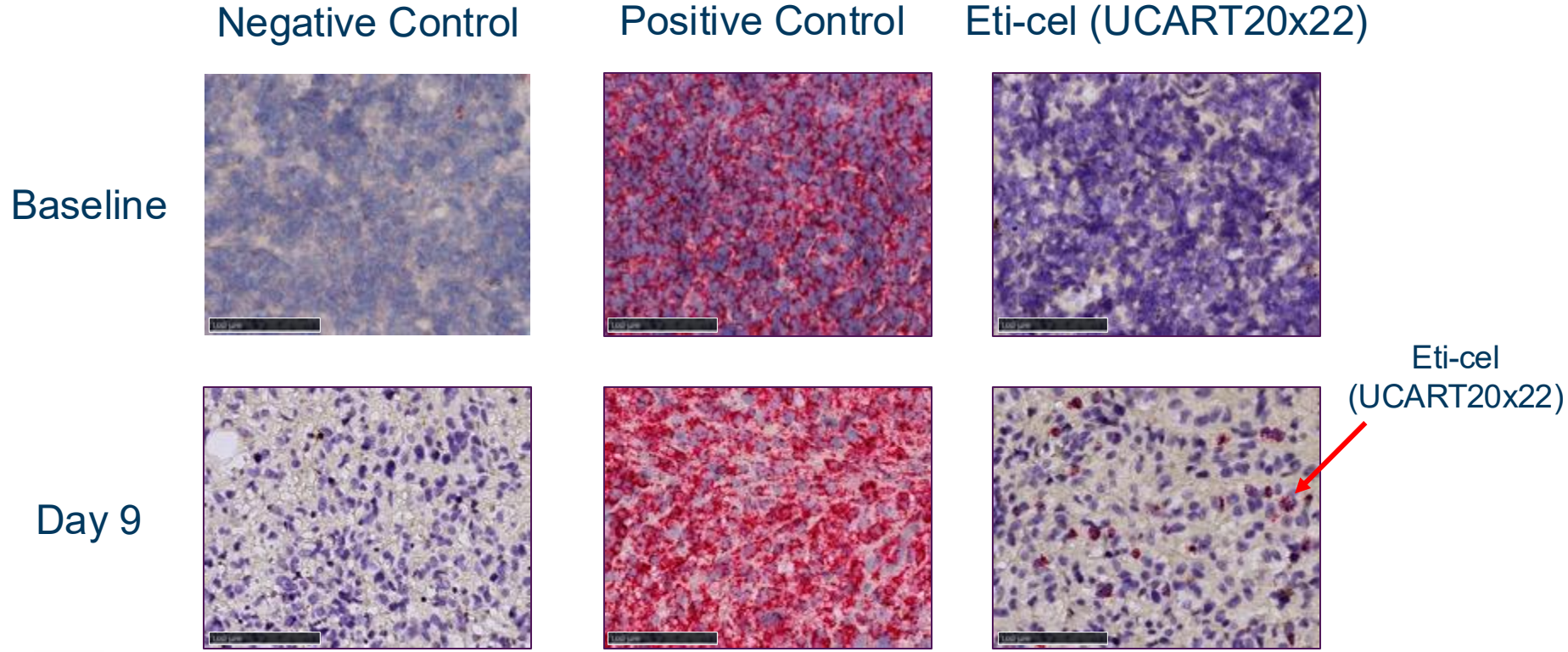
Robust Expansion of Eti-cel Cells in Peripheral Blood Correlates with an Increase in Serum Ferritin Levels



Eti-cel (UCART20x22) expansion was observed in all patients by flow cytometry in the peripheral blood:

- ~600 cells/μL in Patient 1 at Day 14
- ~400 cells/μL in Patient 2 at Day 11
- ~16 cells/ μL in Patient 3 at Day 9

Eti-cel Detected in Day 9 Post-Treatment Biopsy for Patient 3



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

Why TALEN®?

	Maturity 	Genome Outreach 	Recognition Site # base pairs 	Chromotrypsis 	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 ¹	Exclusive worldwide license to 15 allogeneic CAR T- cell targets ¹	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

Thank You

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