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EDITING LIFE
R&D Day
BALLI-01 Phase 1 &
Phase 2 Strategy
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Forward Looking Statement

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,” “can,” “could,” “expected,” “on track,” “plan,” “potential,” “positioned,” “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, include statements regarding the market opportunities with respect to lasme-cel (and the assumptions on which such determinations are based, including with respect to addressable populations and potential pricing), the potential of the phase 2 study to be a registrational phase, the 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 (including, without limitation, the date of BLA filing), the sufficiency of cash to fund operations, the potential benefit of our product candidates and technologies,–and the financial position of Cellectis.

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 significant risks associated with biopharmaceutical product candidate development. Among these are significant risks that the BALLI-01 Phase 1 data may not be validated by data from later stage of clinical trials and that our product candidate may not receive regulatory approval. Particular caution should be exercised when interpreting the results from phase 1 studies and results relating to a small number of patients, such results should not be viewed as predictive or future results.

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 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.

Lasmecabtagene Timgedleucel or Lasme-cel (UCART22)

Lasme-cel could be a game changer in refractory or relapsed B-ALL

Lasme-cel is not FDA approved

Today's Reveal

1. **The BALLI-01 Study for Patients with r/r B-ALL**
   - *Phase 1 Update → Lessons Learned*
   - *Phase 2 Design → Path to BLA and Market*

   Panel Discussion with Oncology Experts

2. **Lasme-cel Market Opportunity**
   - *Patient Need & Addressable Market*
   - *Where We Create Value*

4. **Building Tomorrow's Cell & Gene Therapies with AstraZeneca**
   - *Our Strategic Collaboration*

   Q&A Session

B-ALL: An Unmet Medical Need

B-CELL ACUTE LYMPHOBLASTIC LEUKEMIA

- **1L treated population: ~9,200 Patients (US, EU4, UK)***
  High relapse in adults

HURDLES WITH EXISTING TREATMENTS

- **Chemotherapies:** Lead to high relapse rate in adults
- **ADCs have a limited effect:** Low antigen expression
- **CD19-directed therapies: ~50% relapse****
- **Therapies based on patient T-cells:** When patients' T-cells are unfit or scarce, autologous CAR-T, *in vivo* CAR-T and T-cell engagers perform less effectively

(*) Projected 2035E figures
(**) Nature Reviews Clinical Oncology (2020-2023)
1L: first line of treatment; ADC: antibody-drug conjugate
EU4: Germany, France, Spain, Italy

Why an Allogeneic CD22 CAR-T cell Product for r/r B-ALL?

Allogeneic CAR-T Starts with Healthy-donor T Cells
Healthier and less exhausted than autologous cells from heavily pretreated patients

Off-the-Shelf is designed for “Speed” – in B-ALL Every Day Counts

Standardized, Repeatable Quality
All patients would get the same product

CD22 Complements/Preempts CD19 (CD19-naïve and post-CD19)
Engaging CD22 could potentially rescue CD19 failures

Fully Integrated Manufacturing

Paris, France

CMC Development, Starting Materials

14,000 sq ft. facility

- ✓ Process & analytical development
- ✓ Starting materials manufacturing:
  - Buffers,
  - Plasmids,
  - mRNA,
  - Viral vectors,
  - & QC testing
- ✓ Cryogenic storage rooms
- ✓ EU supply chain & logistics

Raleigh, NC

UCART – Clinical & Intended Commercial Ready Site

82,000 sq ft. facility

- ✓ UCART GMP manufacturing
- ✓ QC testing labs
- ✓ Cryogenic storage rooms
- ✓ US supply chain & logistics

Allogeneic CAR-T

Scalable Manufacturing

"1 batch = 100s doses"
Scalable to 1000s of doses

Controlled CoGs

Improved gross margins

CAR: chimeric antigen receptor ; CMC: Chemistry Manufacturing and Controls; GMP: Good Manufacturing Practice ; QC: Quality Control ; CoGs: Cost of Goods

Lasme-cel as Bridge to Transplant Strategy

HSCT as the Gold Standard For r/r B-ALL

THE GOAL

Achieve a Path to a Potentially Curative HSCT

- **Secure a remission window**
- **Make patient eligible for an HSCT**
- **Clear path to long-term remission**
- **Manageable safety profile**

Lasme-cel is not FDA-approved
HSCT: hematopoietic stem cell transplantation ; MRD-CR: minimal residual disease-negative complete remission


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BALLI-01 Phase 1 Data Review & Design of Pivotal Phase 2
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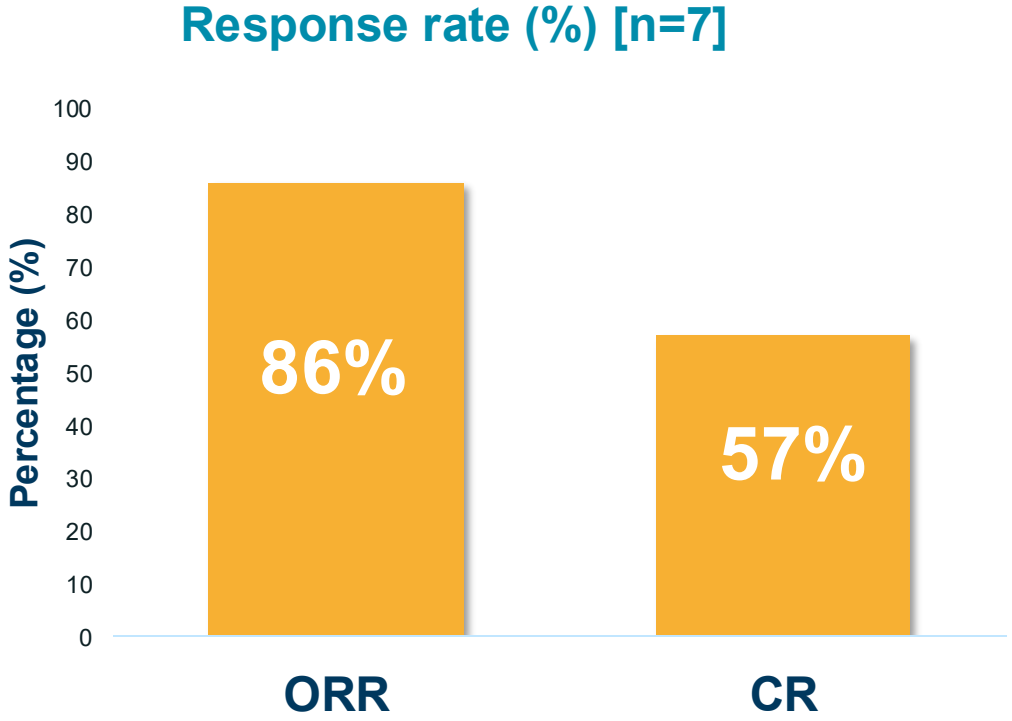
Eti-cel (UCART20x22): High Response Rates in R/R NHL

4/7 CR at Current Dose Level

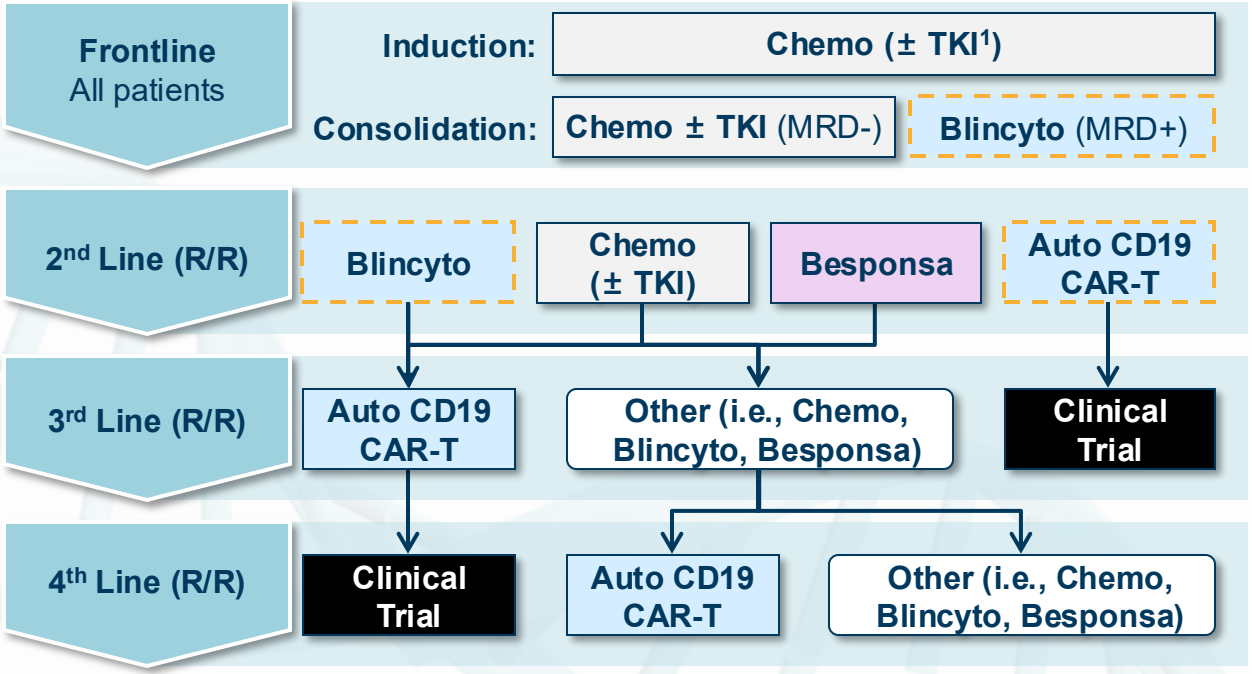


Update on Program at the End of the Year 2025

ORR: overall response rate; CR: complete response ; r/r NHL: Relapsed or refractory non-Hodgkin lymphoma

B-ALL: Chemo and Targeted Therapies Lead, Transplant Is the Cure

ALL Treatment Paradigm



[1] Patients who achieve a complete response may receive a stem cell transplant if eligible (otherwise maintenance chemotherapy). R/R: Relapsed or Refractory; TKI: Tyrosine Kinase Inhibitor. Source: FDA Labels; NCCN Guidelines; UpToDate; Physician Interviews; ClearView Analysis.

Key: CD19 Targeting; CD22 Targeting; Chemo-therapy; Clinical Trial

Poor Response Rates after Targeted Therapy Failure[1]

After targeted therapy failure, salvage chemo yields low ODD and MRD[2]:

High unmet need in heavily pretreated patients

BLINCYTO® (blinatumomab)

Post Blina failure

ORR <20%
MRD-ve <10%

BESPONSA® inotuzumab ozogamicin

Post Ino failure

ORR <10-15%
MRD-ve <5-10%

KYMRIAH® (tisagenlecleucel) Suspension for IV infusion

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

Post CAR-T failure

ORR <10%
MRD-ve <5%

MRD: Minimal Residual Disease

1. International reference analysis of outcomes in adults with B-precursor Ph-negative relapsed/refractory acute lymphoblastic leukemia : Gökbuget et al Haematologica, Vol. 101 No. 12 (2016): December, 2016 https://doi.org/10.3324/haematol.2016.144311

Key Questions Being Addressed in BALLI-01 Trial

Is Cellectis' manufactured product superior?

Is Alemtuzumab needed to optimize response?

What is the optimal dose?

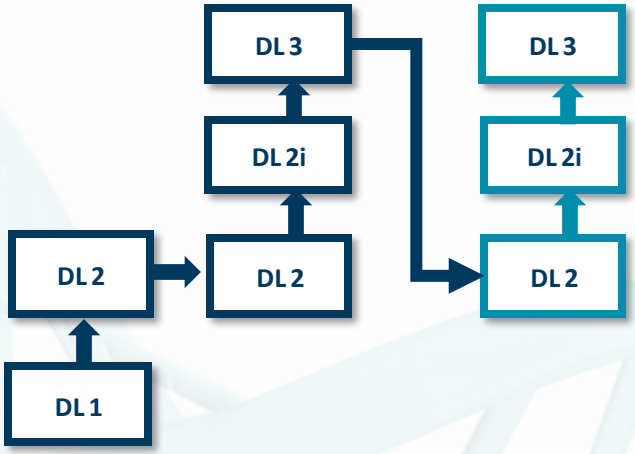
Which endpoint best reflects benefit?

BALLI-01 Study Design

Is our internal manufacturing superior?

Study design

Process 1 vs **Process 2**



FC vs **FCA**

DL1=1×10^5 cells/kg
DL2= 1×10^6 cells/kg
DL2i= 2.5×10^6 cells/kg
DL3= 5×10^6 cells/kg

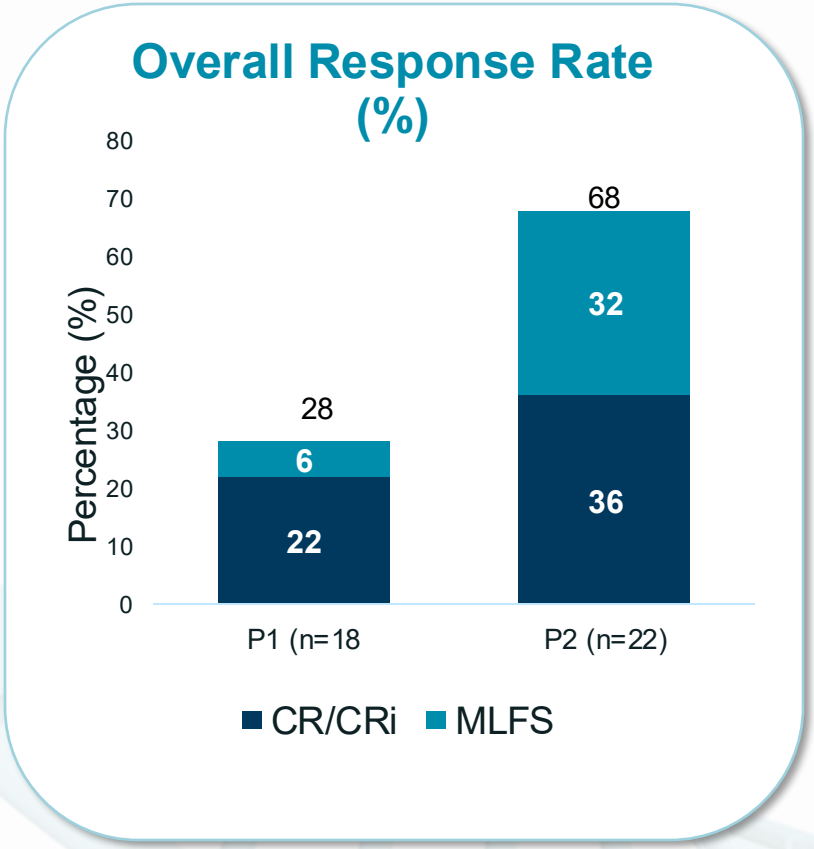
What is the optimal dose?

Is alemtuzumab necessary?

DL1: Dose Level 1; DL2: Dose Level 2; DL2i: Intermediate Dose Level 2; DL3: Dose Level 3; FC: Fludarabine and cyclophosphamide; FCA: FC and alemtuzumab
Process 1 or P1 refers to the Cellectis product manufactured by CDMO. Process 2 or P2 refers to the Cellectis product manufactured in-house at Cellectis. Both products were tested in the BALLI-01 study

Cellectis Manufactured Product (P2) Is Superior to CDMO Product (P1)

Higher response rates in P2 cohort

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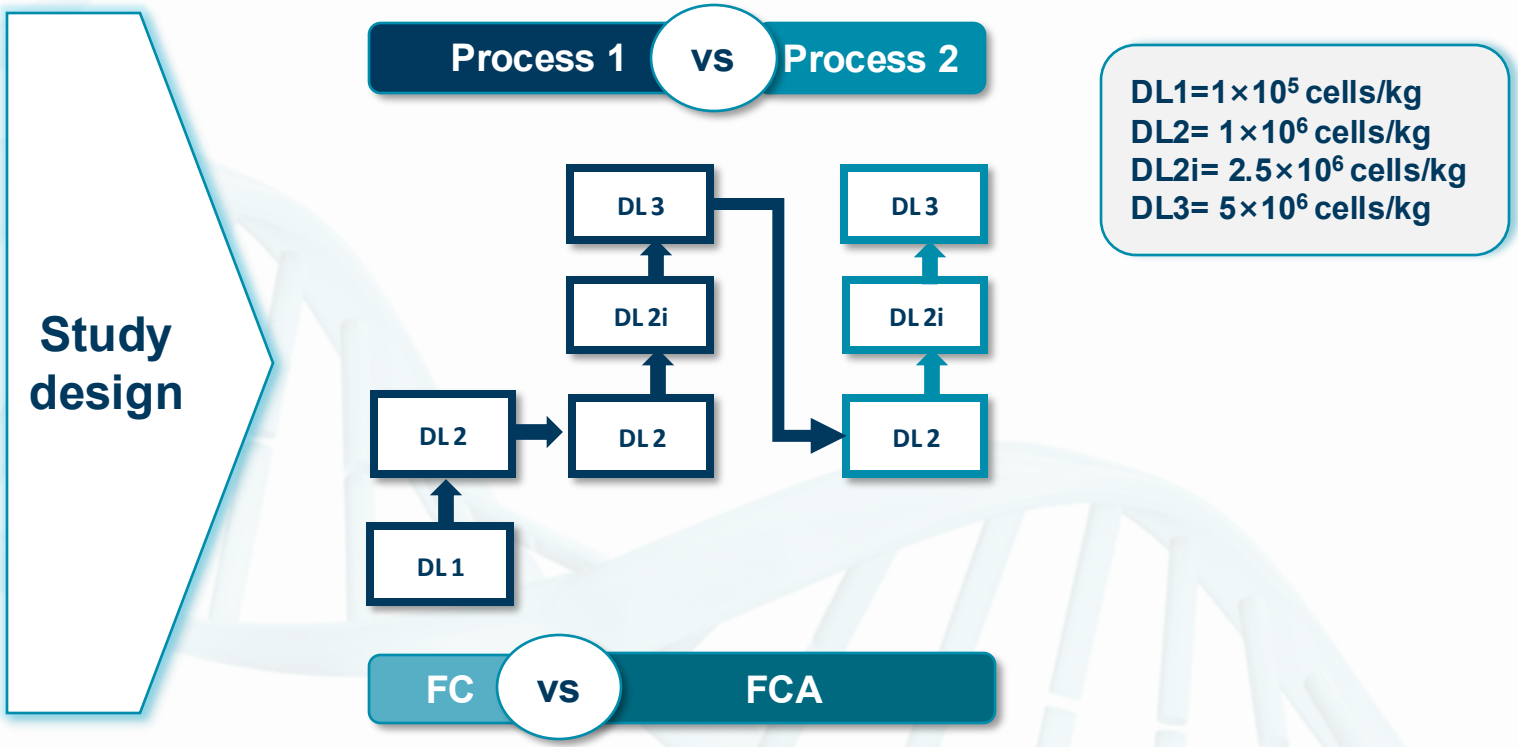
BALLI-01 Study Design



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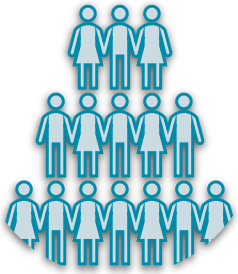
BALLI-01 Key Inclusion Criteria



Key Inclusion

- Age 15-70 years, adequate organ function
- ECOG PS ≤1
- B-ALL blast CD22 expression >70%
- >2 Prior lines
- Transplant ineligible

Key Outcomes

- Safety
- Investigator assessed response
- RP2D of UCART22
- PK Alemtuzumab

Exploratory Objectives

- UCART22 expansion
- Trafficking, persistence
- Immune Reconstitution

All patients transplant ineligible at study entry

ECOG PS: Eastern cooperative oncology group performance status ; PK: Pharmacokinetics

BALLI 01 | Demographic and Baseline Characteristics

	DL3 P2		All Subjects
	(n=12)	Age ≤ 50 (n=9)	Total (n=40)
Age (yrs), median (range)	**27 (16-66)**	**23 (16-45)**	**27 (16-68)**
Sex, n (%)			
Male	5 (41.7)	3 (33.3)	22 (55)
Female	7 (58.3)	6 (66.7)	18 (45)
ECOG PS, n (%)			
0	5 (41.7)	4 (44.4)	14 (35)
1	6 (50)	4 (44.4)	23 (57.5)
Missing	1 (8.3)	1 (11.1)	3 (7.5)
Number of prior treatments, median(range)	**5 (2-11)**	**5 (4 – 11)**	**4 (2 – 11)**
Prior HSCT, n (%)	4 (33.3)	4 (44.4)	18 (45)
Prior inotuzumab, n (%)	7 (58.3)	5 (55.6)	22 (55)
Prior blinatumomab, n (%)	11 (91.6)	8 (88.9)	32 (80)
Prior CD19 CAR T-cell therapy, n (%)	5 (41.7)	4 (44.4)	20 (50)
Bone Marrow blasts %	62.5 (14 – 91.5)	62.5 (14 – 91.5)	63.25 (1.0 – 99.0)

Heavily Pretreated Population: Median 4-5 Prior Lines of Therapy

Significant prior treatment with targeted therapies

80%
Previously treated

BLINCYTO® (blinatumomab)

55%
Previously treated

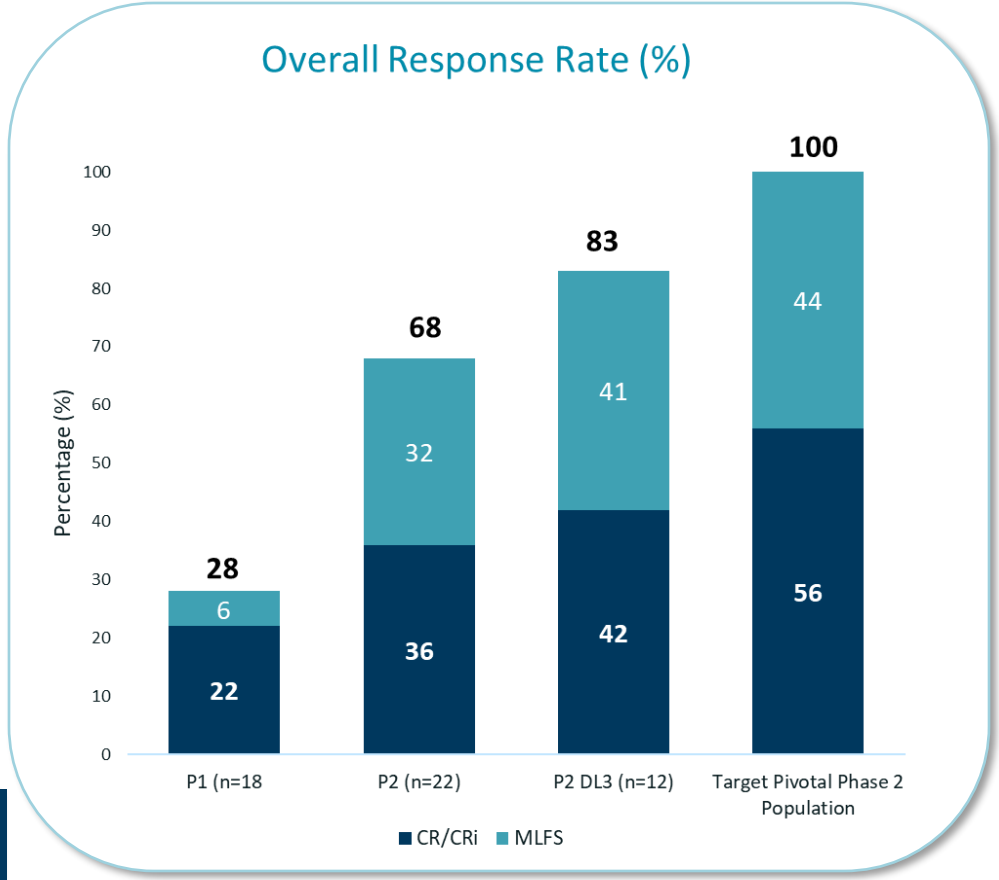
BESPONSA® inotuzumab ozogamicin INJECTION FOR IV INFUSION 0.9 mg single-dose vial

50%
Previously treated

KYMRIAH® (tisagenlecleucel) Suspension for IV infusion

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

High Response Rates in P2 Cohort

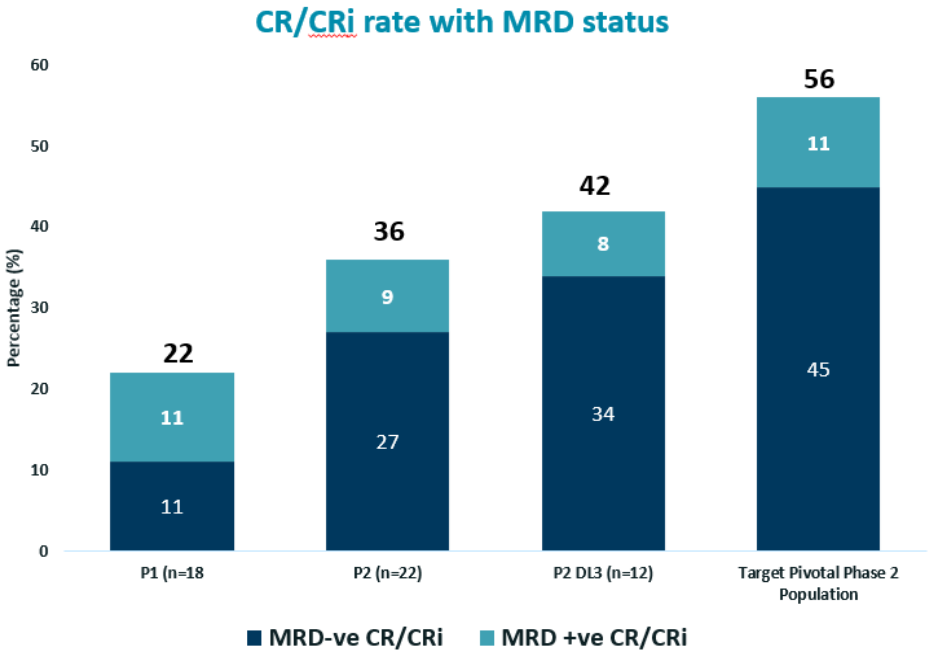


Recommended Phase 2 Dose: DL3

Target Phase 2 population:

- **DL3 ≤ 50 years**

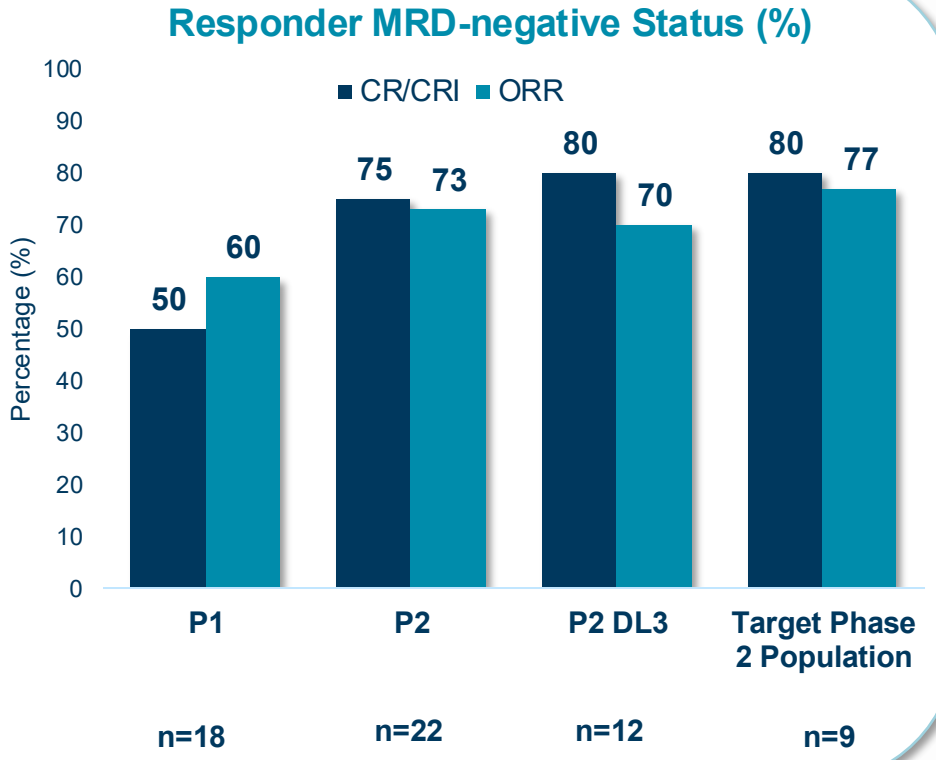
High Response Rates in P2 Cohort



In Target Phase 2 population 80% who achieved CR/CRi were also MRD-ve

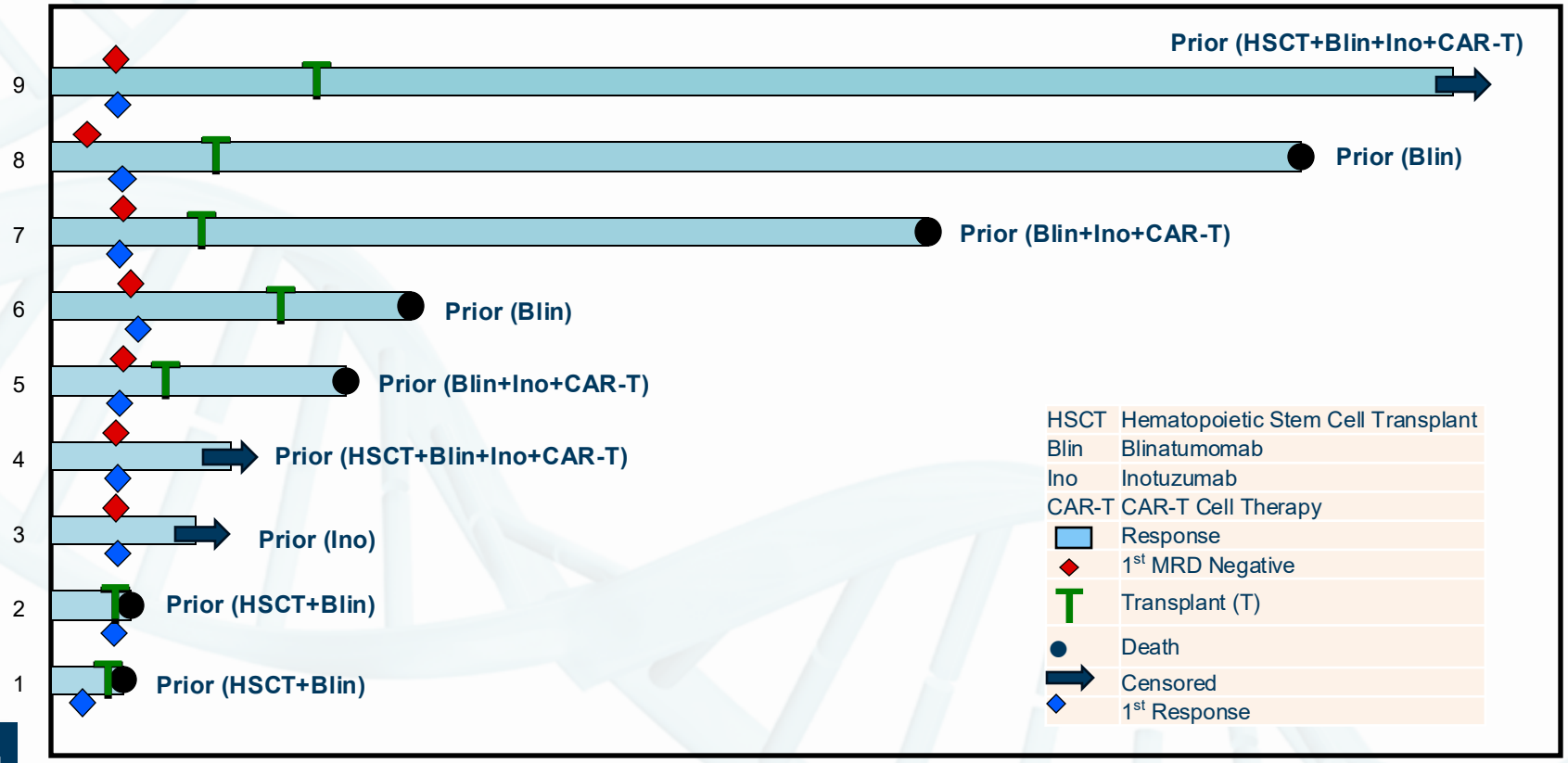
Deep Responses in P2 Cohort

High Rates of MRD Negativity in Both Cohorts



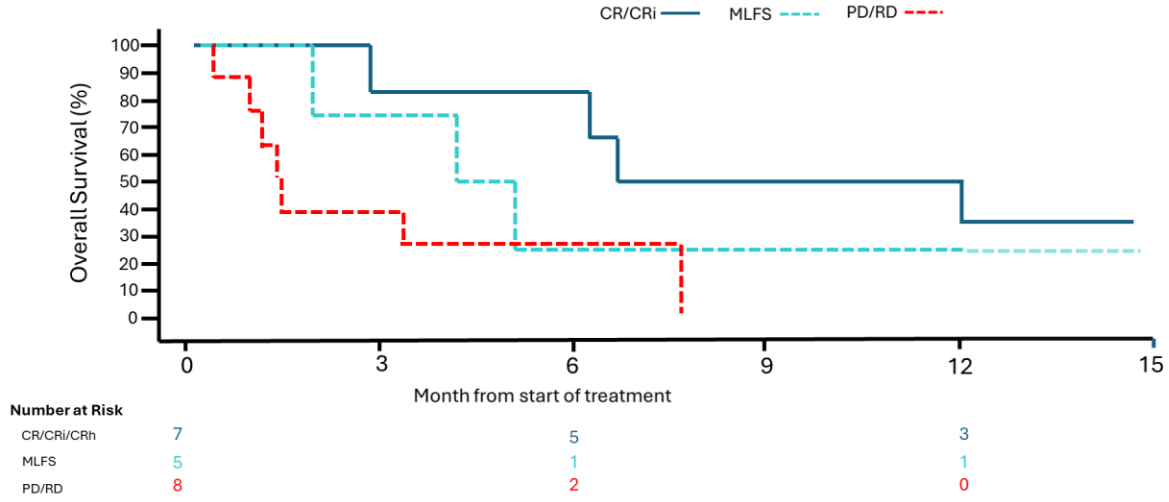
CRi: Complete Remission with incomplete hematologic recovery

Swimmer Plot – Target Phase 2 Population

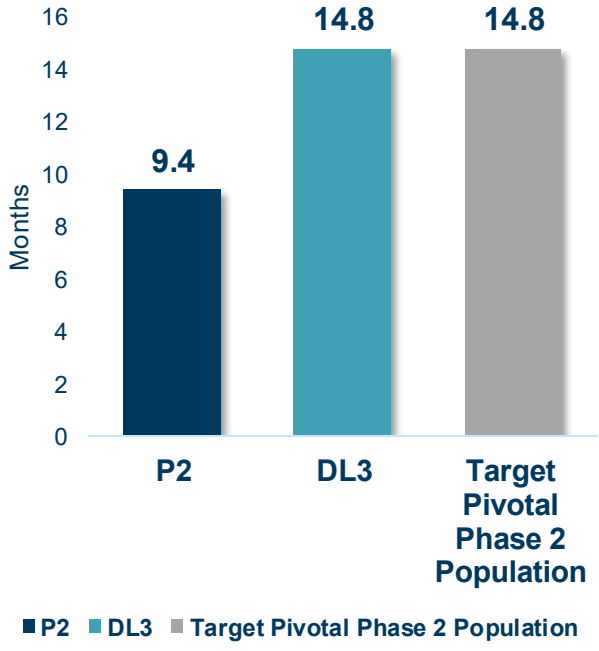


Improved Survival in Patients Who Responded

Overall Survival over 12 months by Response (P2)



Median Overall Survival in Subjects who Achieve MRD-negative CR/CRi

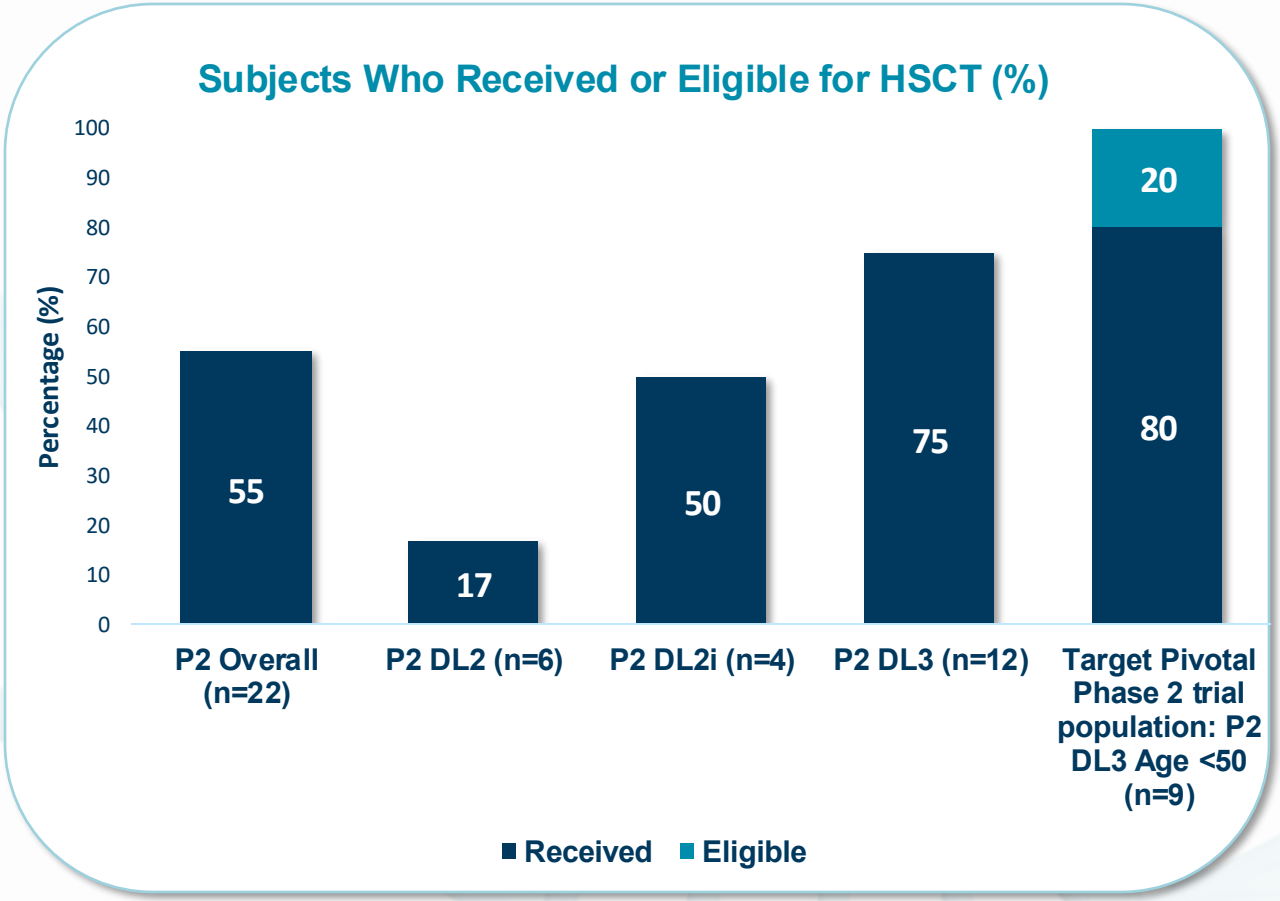


14.8 months
Median overall survival in subjects who achieve MRD-negative CR/CRi

Achieving Transplant: an Important Clinical Outcome

100% Received or Eligible for HSCT

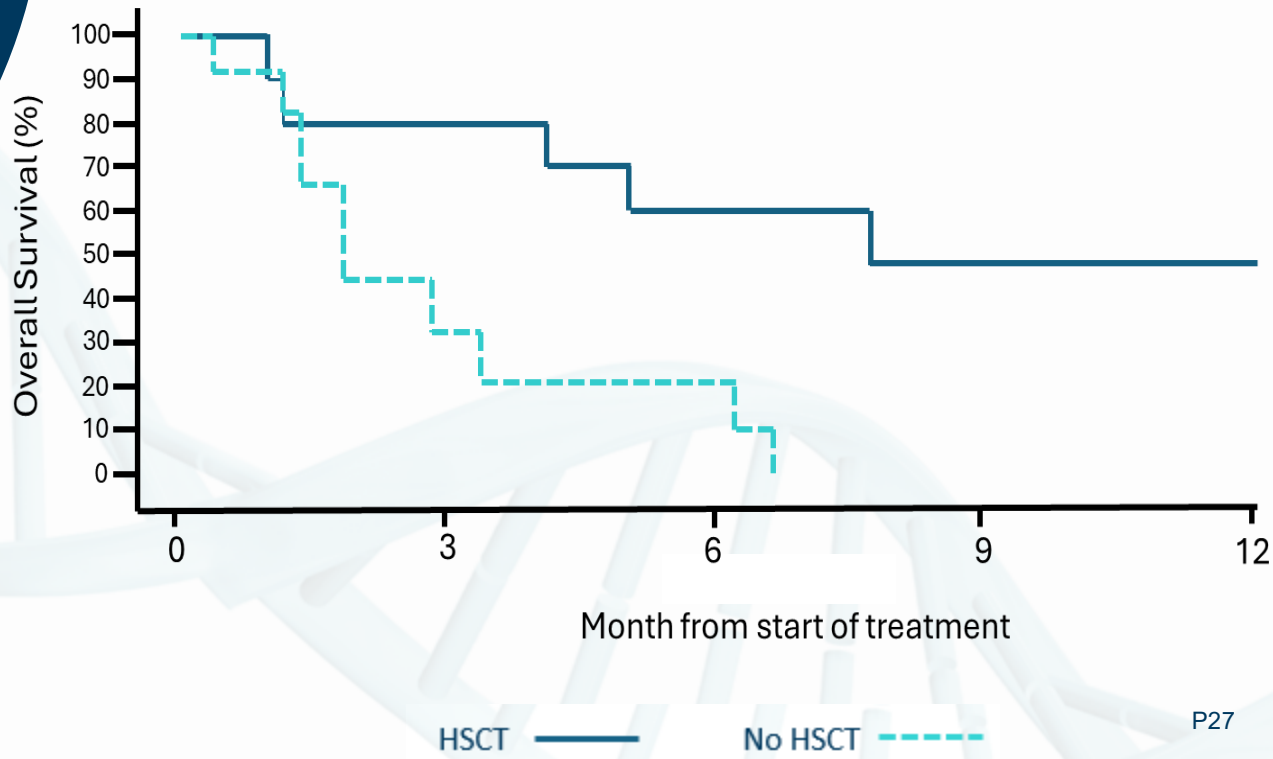
In Phase 2 target population



Improved Survival in Patients Who Achieved Transplant

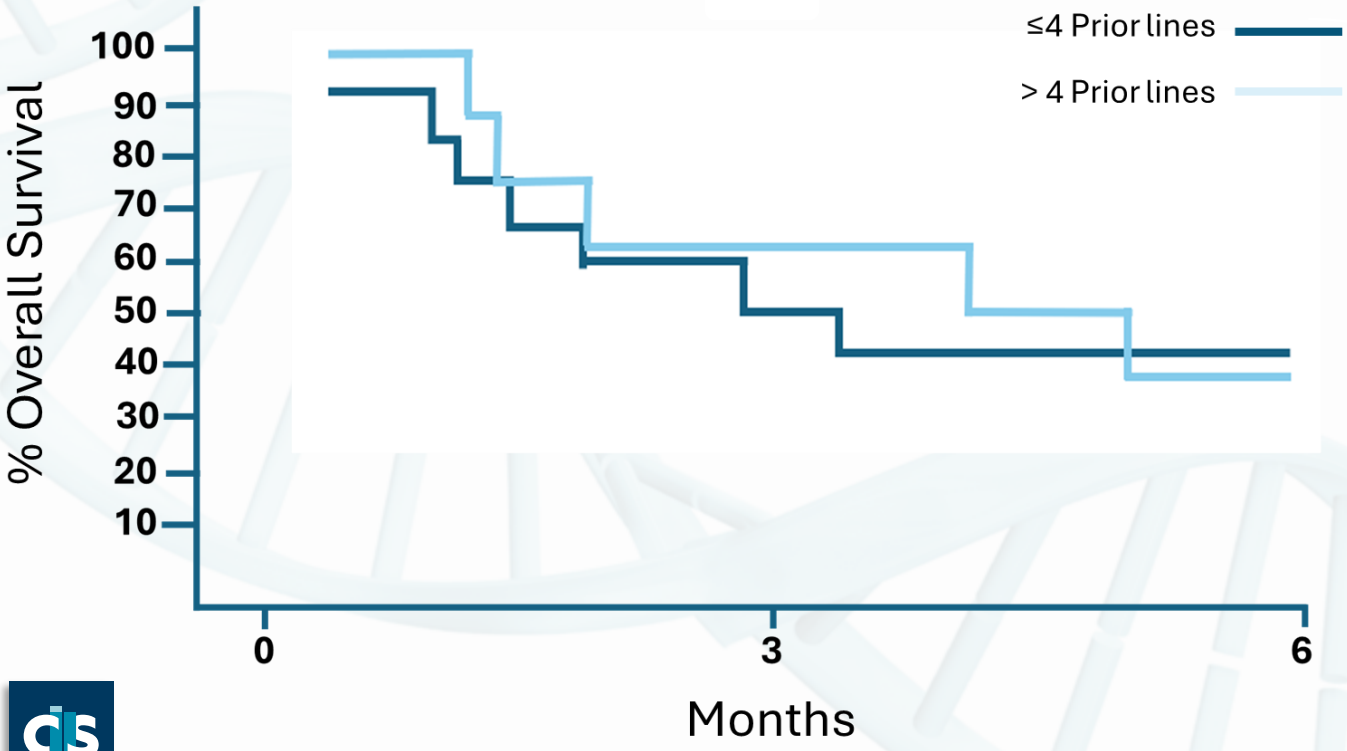
All subjects in P2 DL3 received or were eligible for HSCT

Overall Survival Based on Receiving HSCT (%)



No Impact of Prior Lines of Treatment on Outcome

Overall Survival Based on Receiving HSCT (P2)



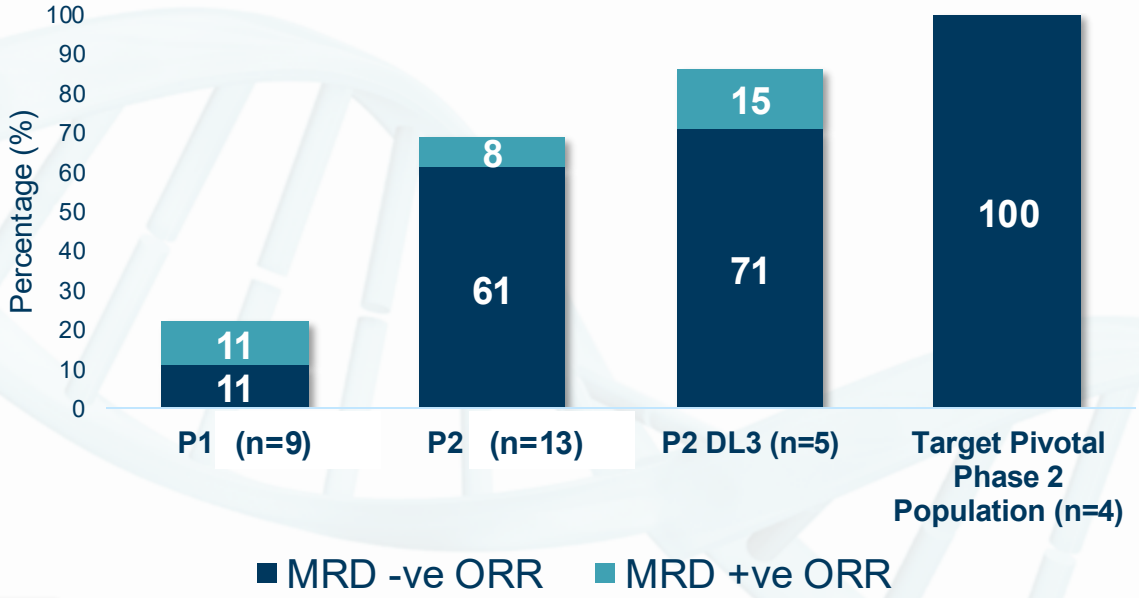
80%
Previously treated
BLINCYTO (blinatumomab)

55%
Previously treated
BESPONSA inotuzumab ozogamicin

50%
Previously treated
KYMRIAH (tisagenlecleucel)
TECARTUS (brexucabtagene autoleucel)

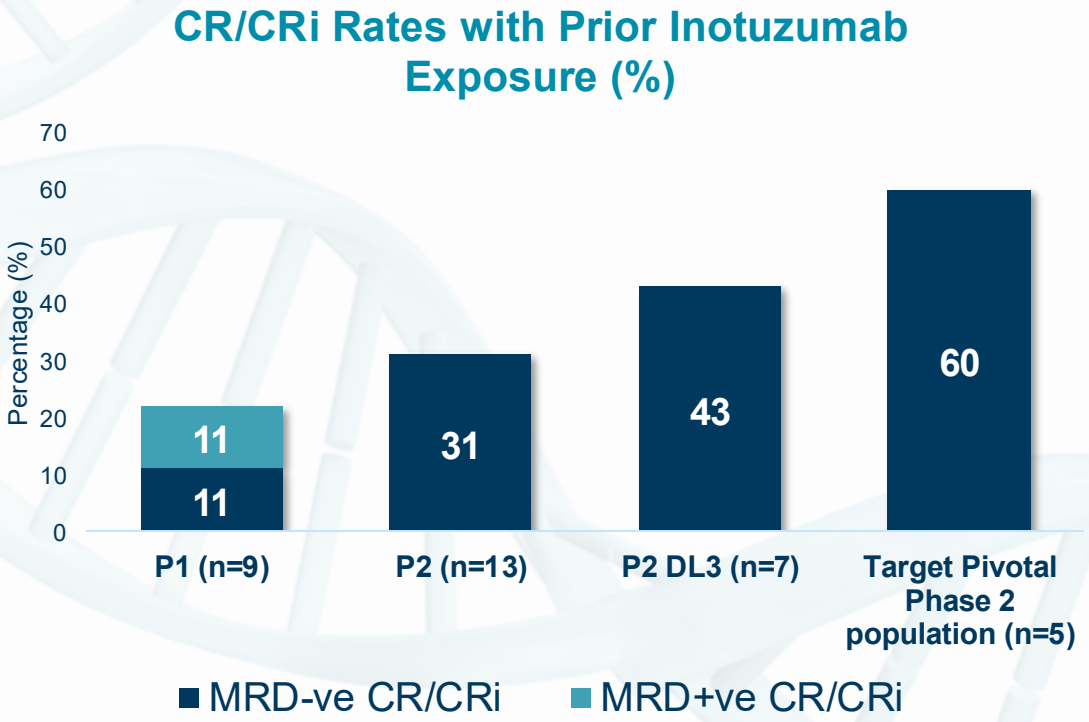
High ORR in Patients Who Had Prior Inotuzumab

ORR in Patients with Prior Exposure to Inotuzumab



Deep responses with prior CD22 targeted therapy

High CR/CRi Rate in Patients Who Had Prior Inotuzumab

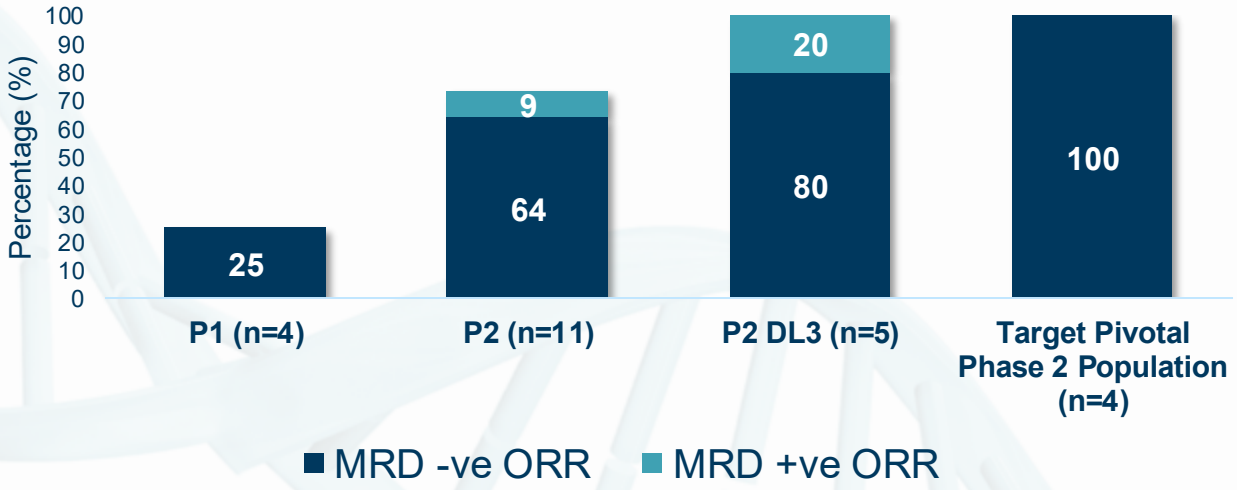


Deep responses with prior CD22 targeted therapy

High ORR in Patients Exposed to 3 Prior Targeted Therapies: Inotuzumab, Blinatumomab and CD19 CAR-T

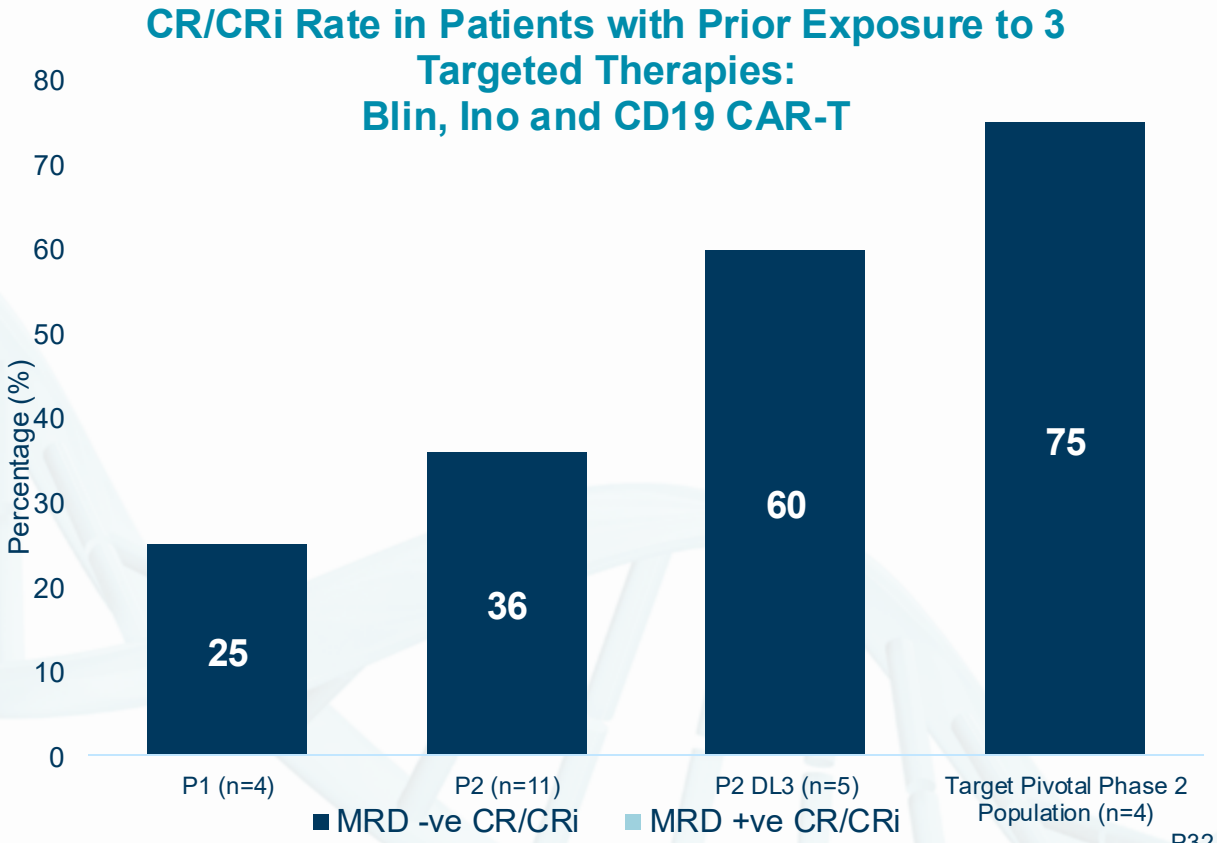
Deep responses if received all 3 available targeted therapies

ORR in Patients with Prior Exposure to 3 Targeted Therapies: Blin, Ino and CD19 CAR-T



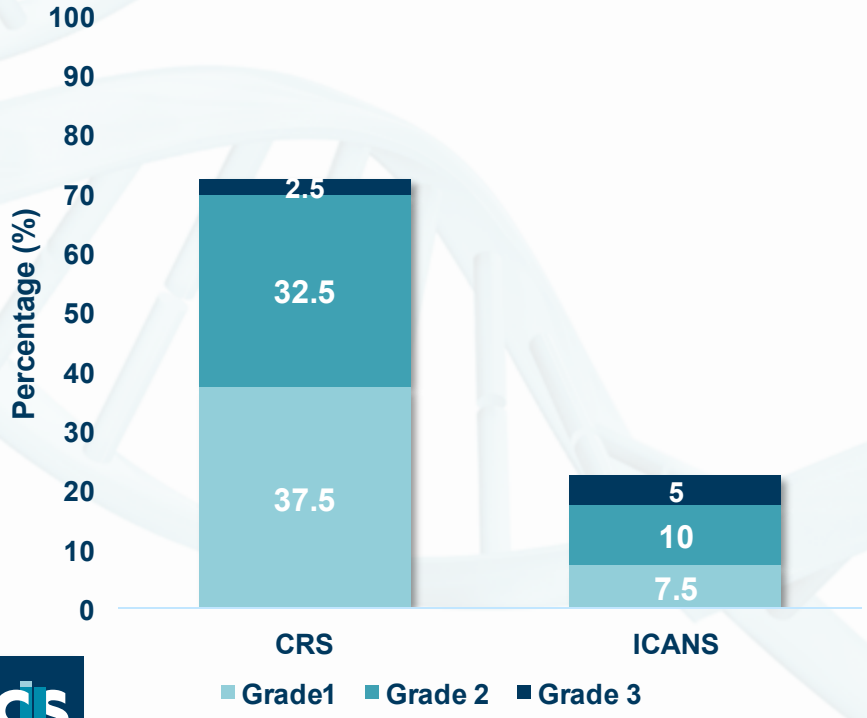
High CR/CRi Rates in Patients Exposed to 3 Prior Targeted Therapies: Inotuzumab, Blinatumomab and CD19 CAR-T

Deep responses if received all 3 available targeted therapies

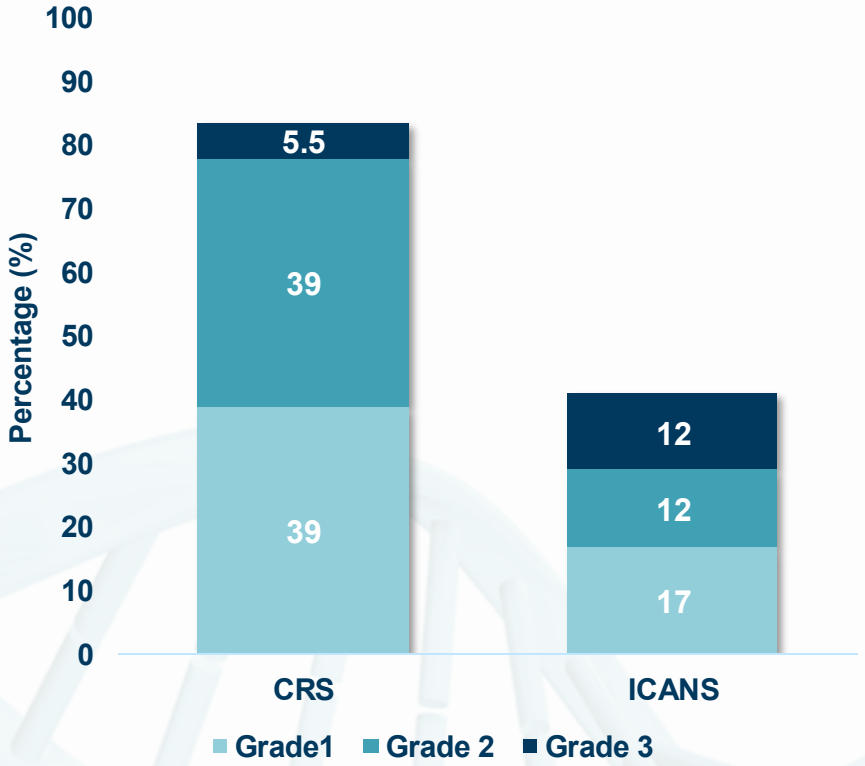


Low Incidence of Grade ≥ 3 CRS and ICANS

CRS and ICANS: Total Population (N=40)



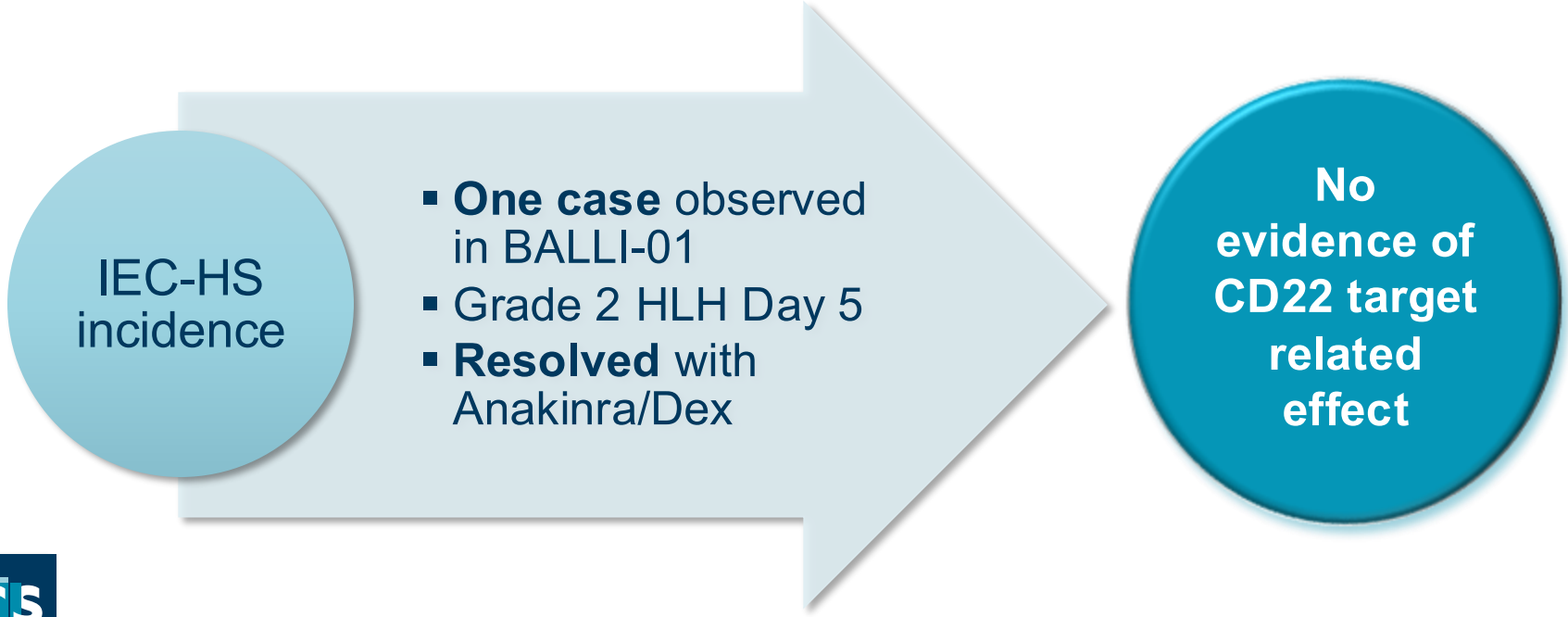
CRS and ICANS: DL3 (N=18)



ICANS: Immune effector cell-associated neurotoxicity syndrome ; CRS: Cytokine release syndrome

No Current Signal for IEC-HS

Significant interest in the risk of IEC-HS based on prior CD22 targeting autologous CAR-T



IEC-HS: Immune Effector Cell–Associated Hemophagocytic Syndrome ; HLH: Hemophagocytic Lymphohistiocytosis

Lasme-cel | Related SAEs*

Preferred Term	Grade	Dose Level	DL3 (n=18)	ALL (n=40)
Cytokine release syndrome	3	DL3	1 (5.5)	2 (5)
	2	DL2		
Immune effector cell-associated neurotoxicity syndrome	3	DL3	2 (11.1)	2 (5)
Platelet count decreased	4	DL2		1 (2.5)
Hydrocephalus	3	DL2		1 (2.5)
Sepsis	5	DL2		1 (2.5)
Graft versus host disease in skin	2	DL2i (P1)		1 (2.5)
Multiple organ dysfunction syndrome*	5	DL3	1 (5.5)	1 (2.5)

***One Dose limiting Toxicity at DL3: Additional guidance added to protocol to limit risk of recurrence**

*SAE: Serious Adverse Event – SAEs and related only.

Lasme-cel | Adverse Events of Special Interest (AESI)

Preferred Term	Grade	Dose Level	DL3 (N=18, %)	All (N=40, %)
Patients with at least 1 AESI			**4 (22.2)**	**5 (12.5)**
Cytokine release syndrome	3	DL3 (P2)	1 (5.5)	1 (2.5)
Immune effector cell-associated neurotoxicity syndrome	3	DL3 (P2)	2 (11.1)	2 (5)
Graft versus host disease in skin	2	DL2i (P1)		1 (2.5)
Infusion related reaction	4	DL3	1(5.5)	1 (2.5)

CRS

- Started 5 days after infusion of UCART22 and lasted for 6 days

ICANS

- One subject – Started 12 days after infusion and lasted 3 days
- One subject – Started 6 days after infusion and lasted for 2 days

CLLS52 Related Infections: Grade ≥ 3

7/35 (20%) of subjects had infection Grade ≥ 3 considered related to alemtuzumab

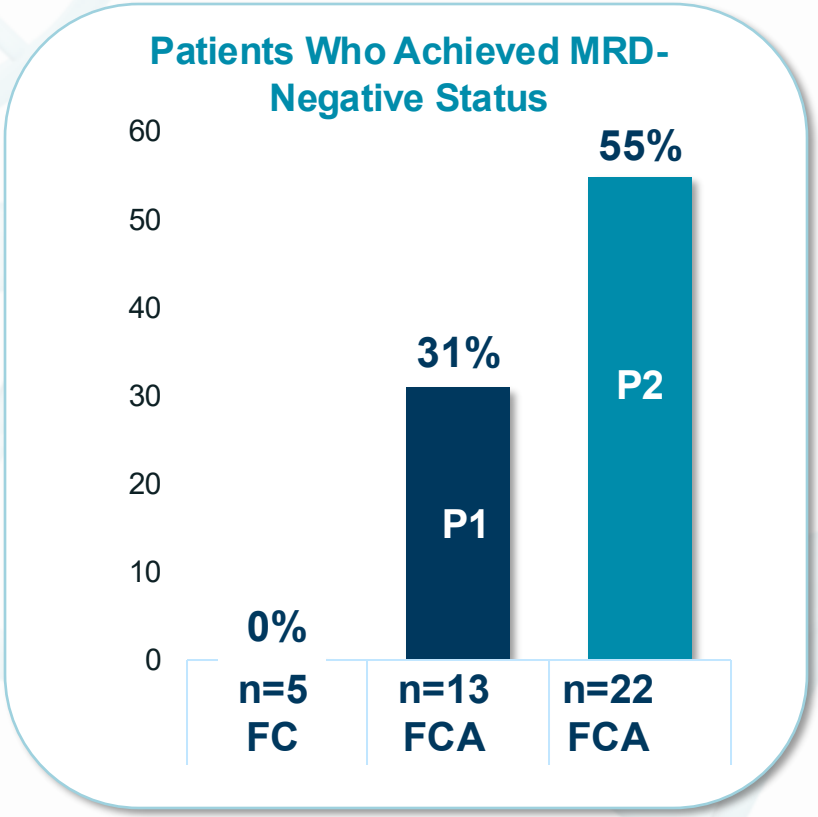
Phase 2 Risk Mitigation: Enhanced Prophylaxis

P1 or P2	Dose Level	Preferred Term	Grade	Related to Alemtuzumab	Related to Cyclophosphamide	Related to Fludarabine
P1	DL3	Oral herpes	3	YES	NO	NO
P1	DL3	Cystitis bacterial	3	YES	NO	NO
P1	DL3	Herpes simplex reactivation	3	YES	YES	YES
P1	DL3	Cellulitis	3	YES	YES	YES
P2	DL2	Sepsis	5	YES	YES	YES
P2	DL2i	Sepsis	3	YES	YES	YES
P2	DL3	Aspergillus infection	5	YES	YES	YES
P2	DL3	Sinusitis	3	YES	YES	YES
P2	DL3	Stomatococcal infection	3	YES	YES	YES
P2	DL3	Sinusitis fungal	3	YES	YES	YES

CMV Reactivation: All Subjects

Dose Level	P1 or P2	Preferred Term	Grade Value	Related to UCART	Related to Alemtuzumab	Related to Cyclophosphamide	Related to Fludarabine
DL2	P1	Cytomegalovirus infection	2	No	YES	YES	YES
DL2I	P1	Cytomegalovirus infection reactivation	2	No	NO	NO	NO
DL2	P2	Cytomegalovirus infection	2	No	YES	YES	YES
DL3	P2	Cytomegalovirus infection	2	No	NO	NO	NO
DL3	P2	Cytomegalovirus infection	2	No	YES	YES	YES
DL3	P2	Cytomegalovirus infection reactivation	1	No	YES	YES	YES

Data Suggest Alemtuzumab Is Key to Achieving Response



Deeper Responses With Alemtuzumab as Part of Lymphodepletion

FC: Fludarabine and cyclophosphamide ; FCA: Fludarabine, cyclophosphamide and alemtuzumab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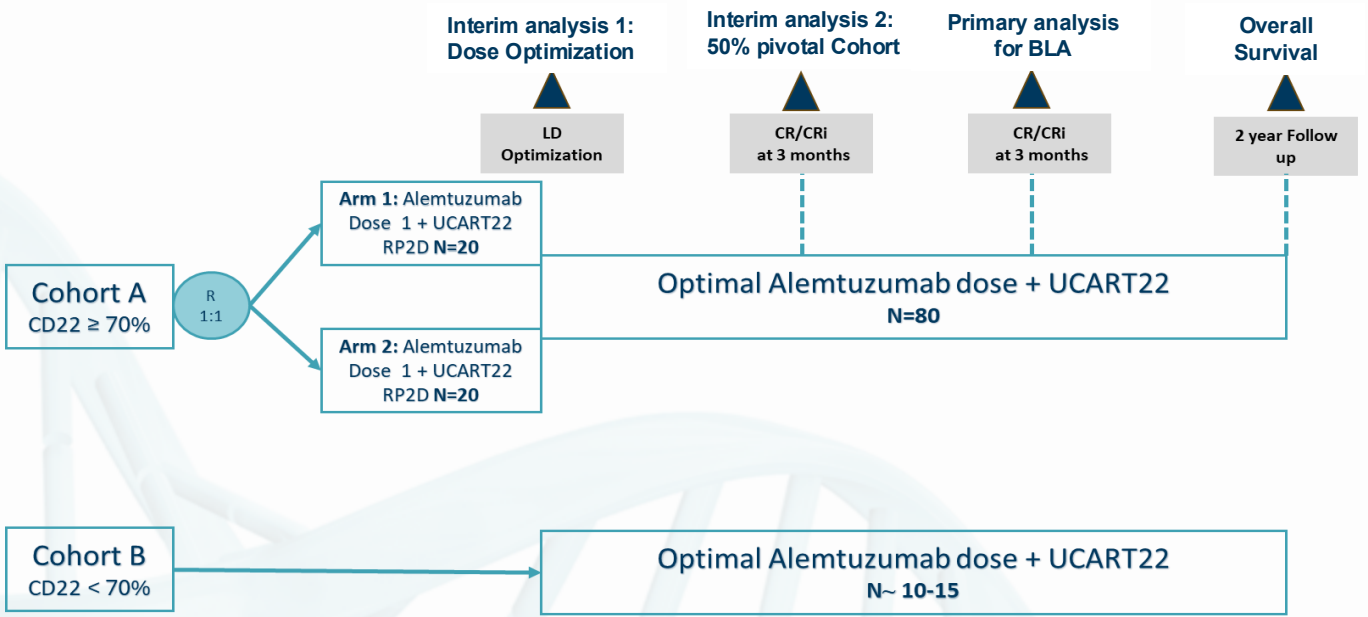
Transition to
Pivotal Phase 2
cellectis

Clear Registration Path for Lasme-Cel in r/r-ALL

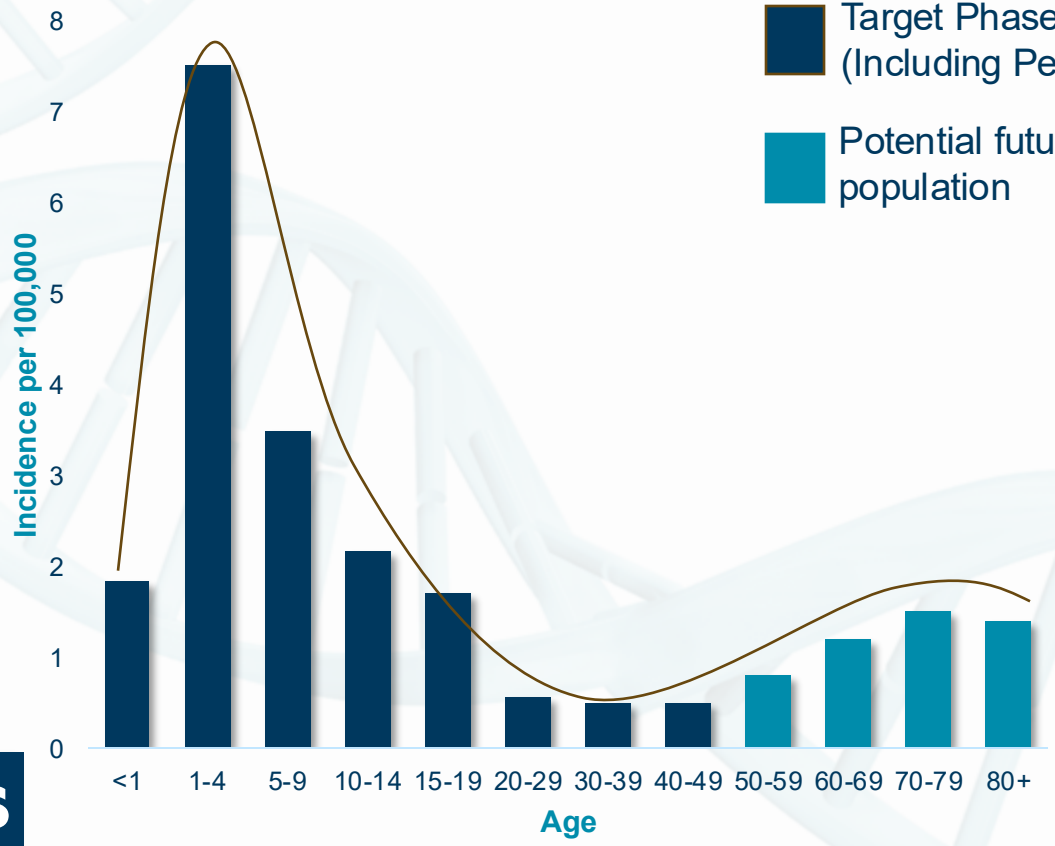
Phase 2 Pivotal Phase 2

Primary Endpoint:
CR / CRi,
evaluated within
3 months (from
Day 28 to Day 84)

Age 12-50 years



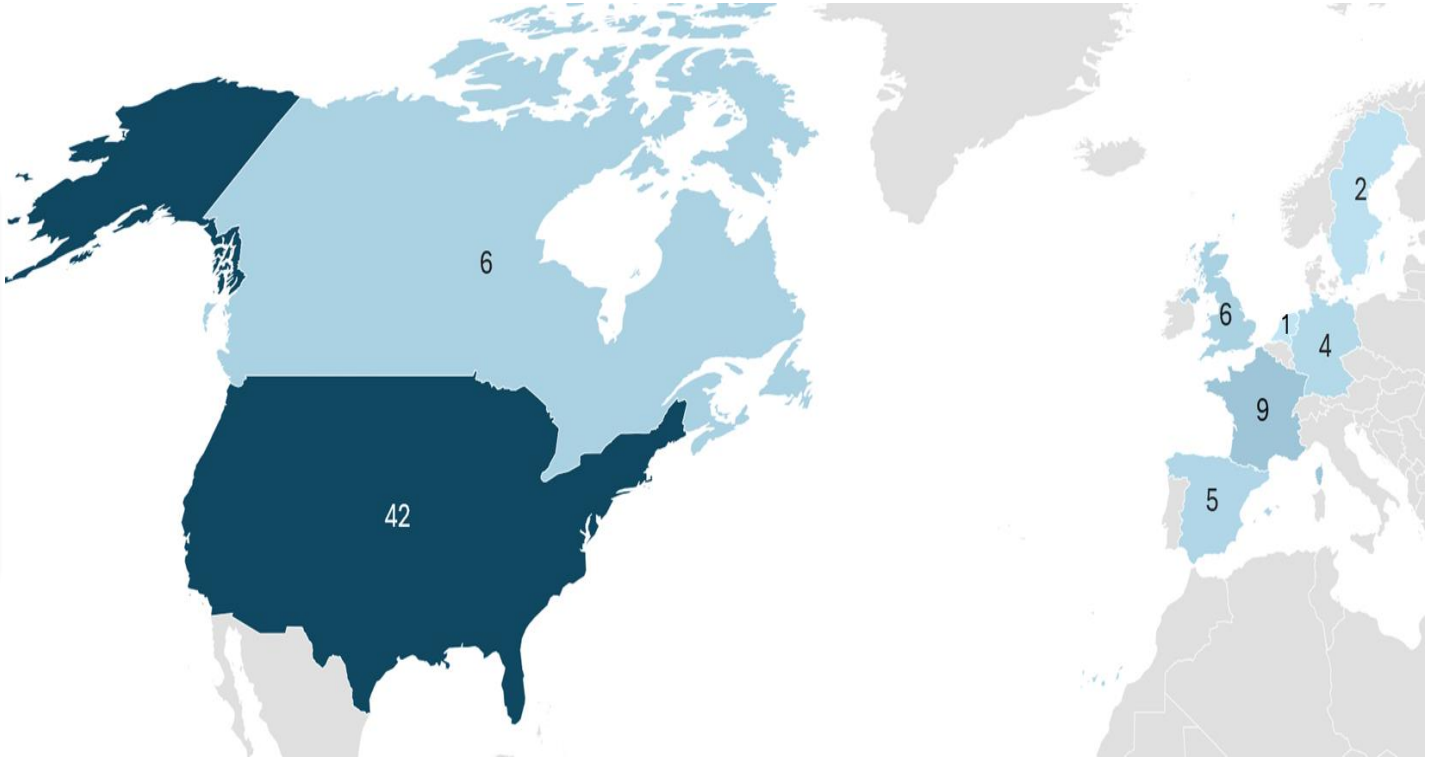
Age Distribution of ALL



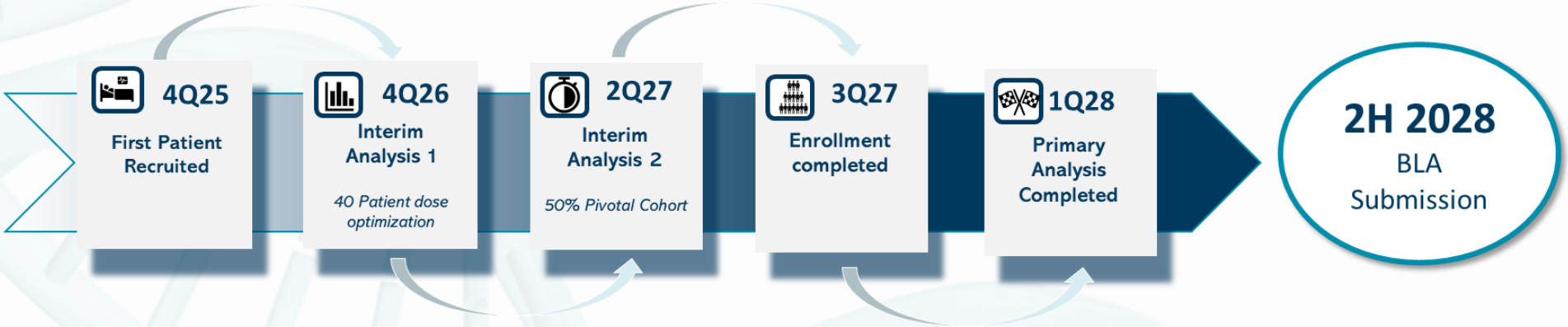
Current plan includes patients 0-50 years old: >70% of total patients

Recruitment Driven by 75 Planned Study Sites

75 Study centers planned in North America and Europe



Clear Registration Path to BLA Submission Targeted For 2028: Key Anticipated Milestones



Multiple Catalysts to 2H 2028

BLA: Biologics licence application


cellectis
EDITING LIFE
R&D Day
Lasme-cel
Commercial Opportunity
cellectis

Lasme-cel is a Highly Differentiated Off-the-shelf CAR-T

Lasme-cel Product Overview and Differentiation

CD22 CAR	Potential first-in-class **CD22 CAR-T**, providing a potent alternative to CD19-targeting agents
Allogeneic Therapy	**Off-the-shelf therapy** enables immediate treatment initiation, **significantly broadening the addressable market**
Fully Internalized Manufacturing	Manufacturing and logistics excellence can enable **fast uptake upon potential commercialization**
Highly Attractive Margins	**High pricing potential** with **significantly lower manufacturing costs** than autologous CAR-T

Lasme-cel Can Fill Whitespace In the B-ALL Treatment Paradigm

Select FDA-Approved Therapies in B-ALL

	Target	
	CD19	CD22
ADC		BESPONSA inotuzumab ozogamicin
TCE	BLINCYTO (blinatumomab) for injection 35 mcg single-dose vial	
Auto CAR-T	KYMRIAH (tisagenlecleucel) Susp for in; AUCATZYL obecabtagene autoleucel suspension for IV infusion; TECARTUS (brexucabtagene autoleucel) Suspension for IV infusion	
Allo CAR-T		cellectis EDITING LIFE Lasme-cel

Lasme-cel is positioned to be the first CD22 allogeneic CAR-T therapy to market

Additional treatments not shown include chemotherapy and TKIs for Ph+ B-ALL.
ADC: Antibody-drug Conjugate; Ph+: Philadelphia Chromosome Positive; TCE: T Cell Engager; TKI: Tyrosine Kinase Inhibitor.
Source: Clinicaltrials.gov; GlobalData; Company Websites. Lasme-cel is not FDA-Approved.

Chemo and CD19-directed Therapies are Mainstays of B-ALL Treatment

ALL Treatment Paradigm

Initial treatment with chemo ± TKI, with Blincyto (CD19 TCE) consolidation increasingly used in 1L following 2024 label expansion

[1] Patients who achieve a complete response may receive a stem cell transplant if eligible (otherwise maintenance chemotherapy). HCP: Health Care Provider; IO: Immuno-oncology; R/R: Relapsed or Refractory; TCE: T Cell Engager; TKI: Tyrosine Kinase Inhibitor. Source: FDA Labels; NCCN Guidelines; UpToDate; Physician Interviews; ClearView Analysis.

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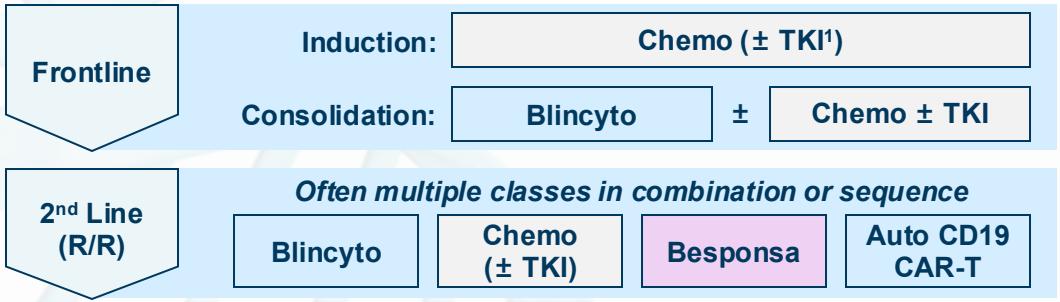

Initial treatment with chemo ± TKI, with Blincyto (CD19 TCE) consolidation increasingly used in 1L following 2024 label expansion

HCPs are comfortable re-challenging with Blincyto, but may also use chemo, Besponsa (CD22 ADC) and/or CAR-T

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Key: CD19 Targeting; CD22 Targeting; Chemo-therapy; Clinical Trial

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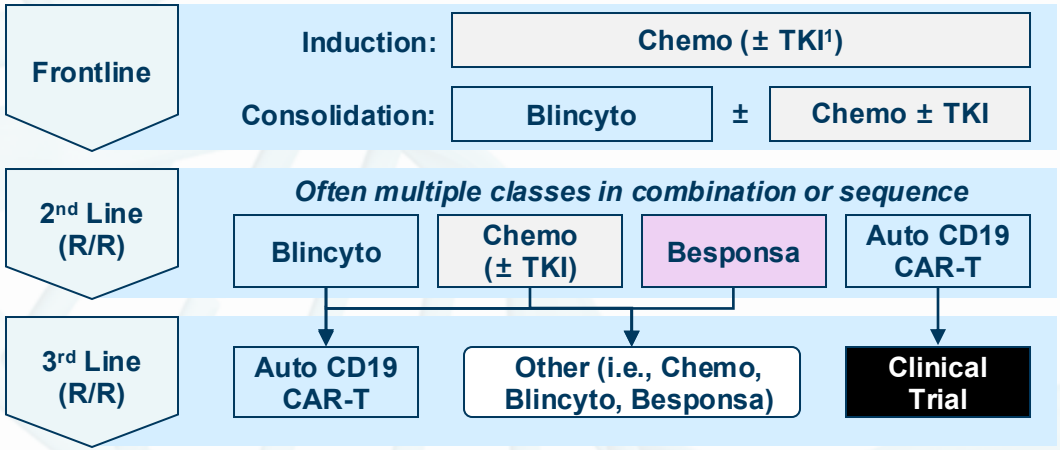

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Chemo and CD19-directed Therapies are Mainstays of B-ALL Treatment

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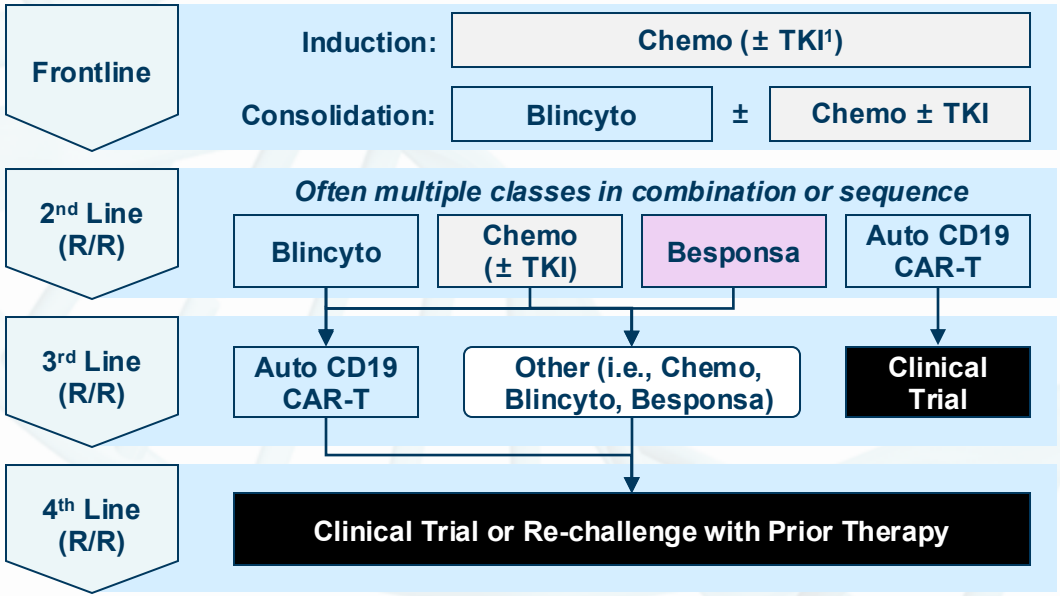

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Fourth-line patients have likely exhausted all available options and are likely to enroll in clinical trials

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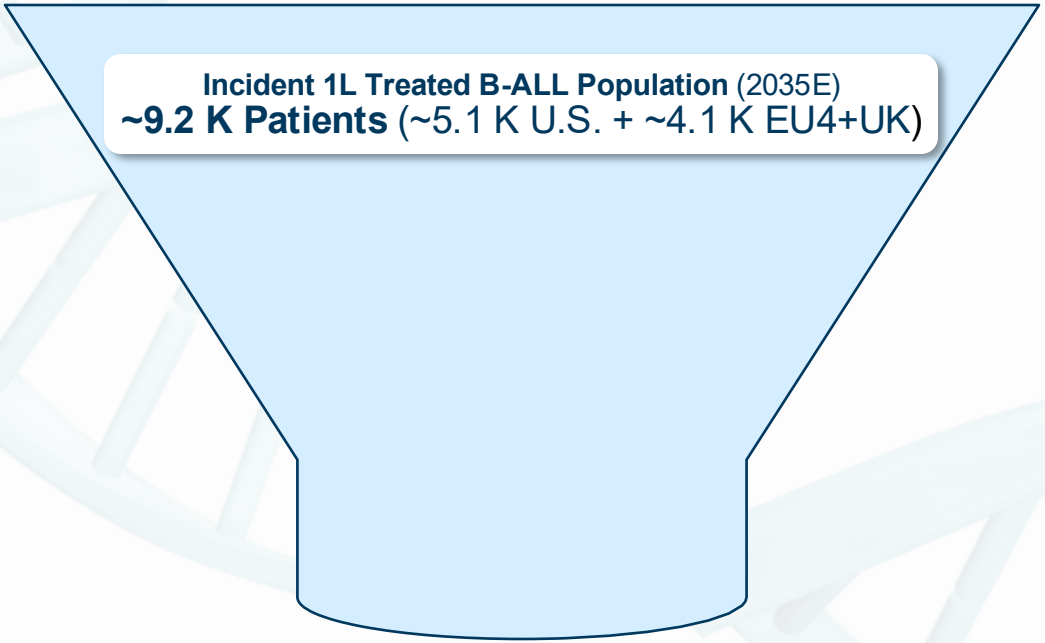
Lasme-cel Has the Potential to Reach Up To ~1.9 K Addressable 3L+ Patients

U.S. and EU4+UK 2035E Lasme-cel Addressable Population



Note: Values may not multiply exactly due to rounding.
Source: Joshi. Clin Lymphoma Myeloma Leuk. 2022; Kim. Leukemia & Lymphoma. 2018; Rheingold. Leukemia. 2024; Geyer. JCO. 2025.SEER; ClearView Analysis. Note: Assumes nearly all pediatric patients and adults under 65 receive treatment, only 60% of adults over 65 receive treatment.
1In Kymriah ELIANA trial (ages 3-23), 77% of screened patients receive Kymriah or with manufacturing failures; assumes lower real-world clinical eligibility.

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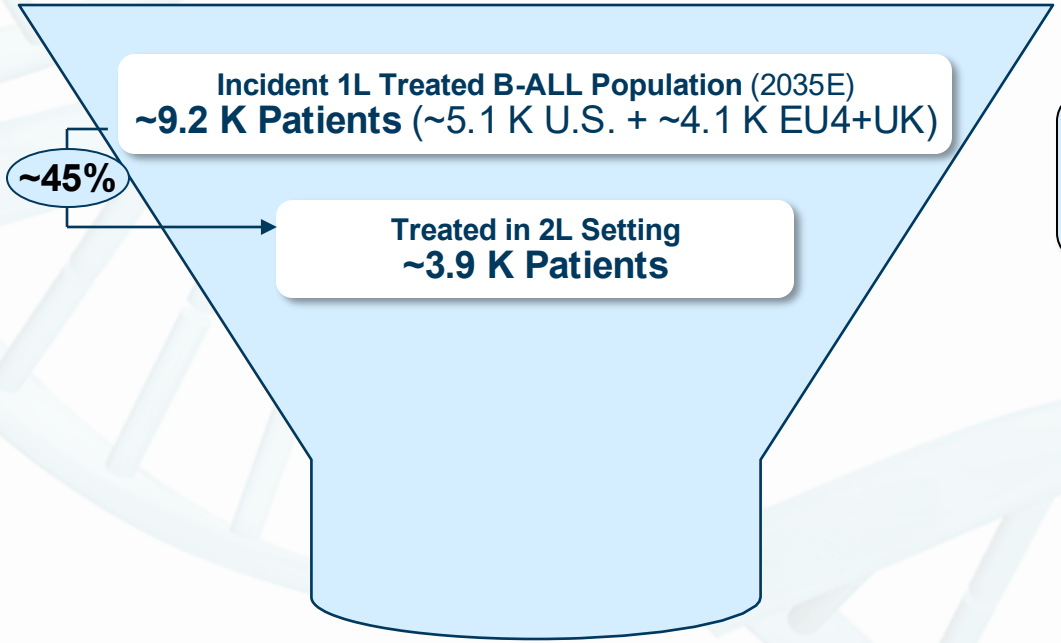

Of the **~9.2 K expected B-ALL** patients, **~45% are expected to progress to 2L,** mostly adolescents and adults given better outcomes for children

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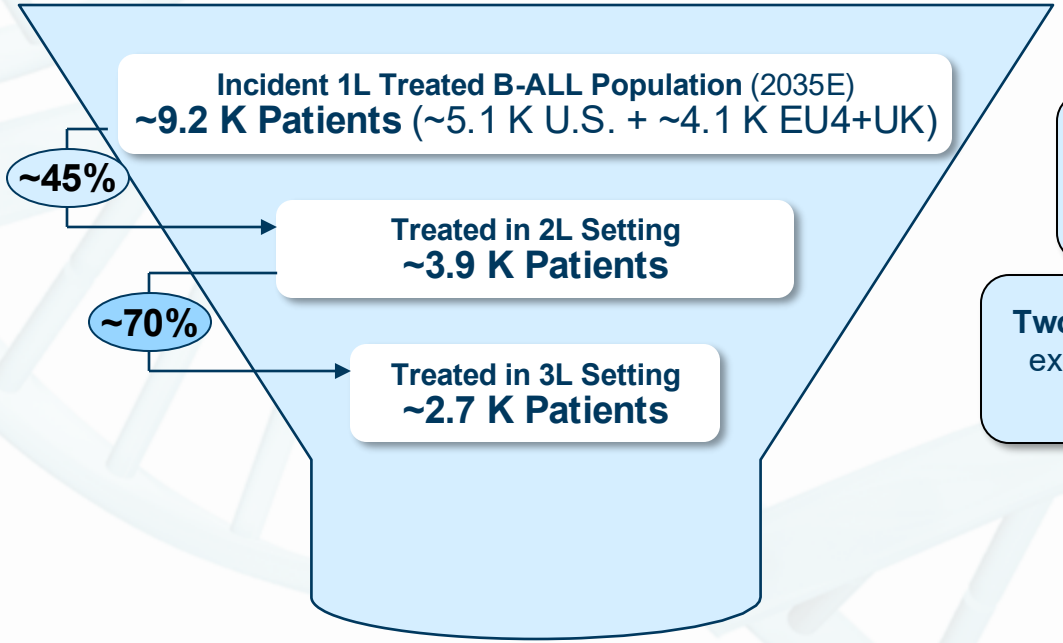

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Two-thirds of patients treated in the 2L setting are expected to go on to **require further therapeutic intervention**

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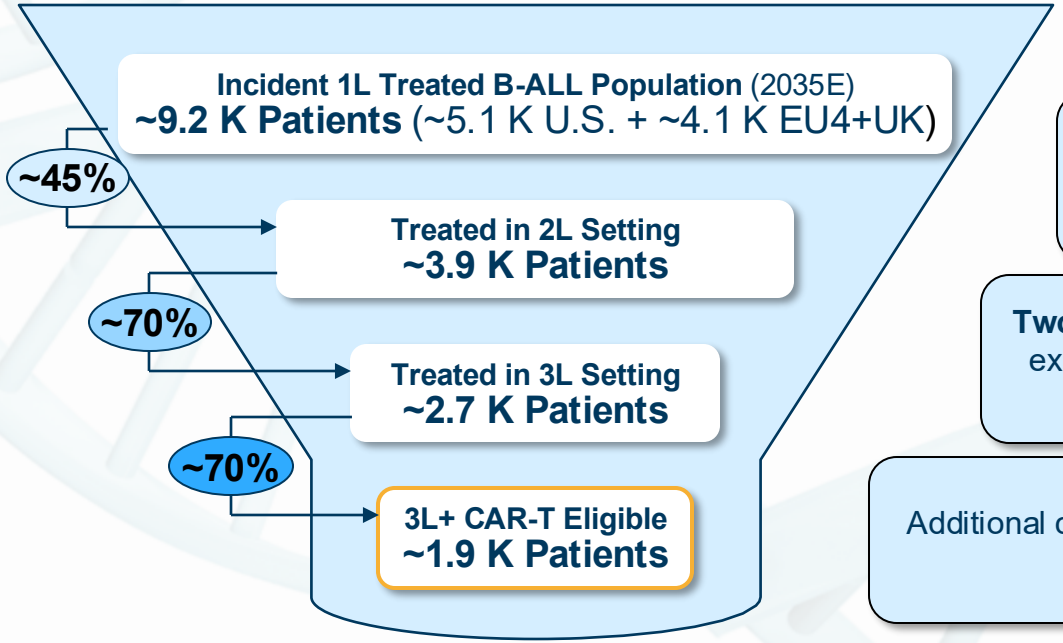

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Additional cuts for **clinical allo CAR-T eligibility** based on patient fitness and comorbidities[1]

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Source: Joshi. Clin Lymphoma Myeloma Leuk. 2022; Kim. Leukemia & Lymphoma. 2018; Rheingold. Leukemia. 2024; Geyer. JCO. 2025.SEER; ClearView Analysis. Note: Assumes nearly all pediatric patients and adults under 65 receive treatment, only 60% of adults over 65 receive treatment.
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Lasme-cel Has the Potential To Capture a Majority of the 3L+ Market

Value Proposition of 3L+ Treatment Options

Lasme-cel

- ⬆ Alternative target to CD19
- ⬆ One-time dosing
- ⬆ Off-the shelf availability
- ⬆ Deep, MRD- responses in 3L+

"MRD negativity is very encouraging compared to what we have in third line."
– ALL Key Opinion Leader

Illustrative Lasme-cel Pref. Share Among Eligible Patients **~65%**

Interviewed physicians indicated an expectation to use lasme-cel in a majority of eligible 3L+ patients if available; oncology analogs suggest preferred drug class could achieve 45 – 85% market share

Blincyto

- ⬇ Often used in 1L / 2L
- ⬇ Re-challenges CD19

Besponsa

- ⬇ Repeat dosing
- ⬇ Poor durability
- ⬇ Often already used in 2L

Auto CD19 CAR-T

- ⬇ Complex manufacturing
- ⬇ Re-challenges CD19

Chemo-therapy

- ⬇ Limited efficacy in 3L+
- ⬇ Highly toxic

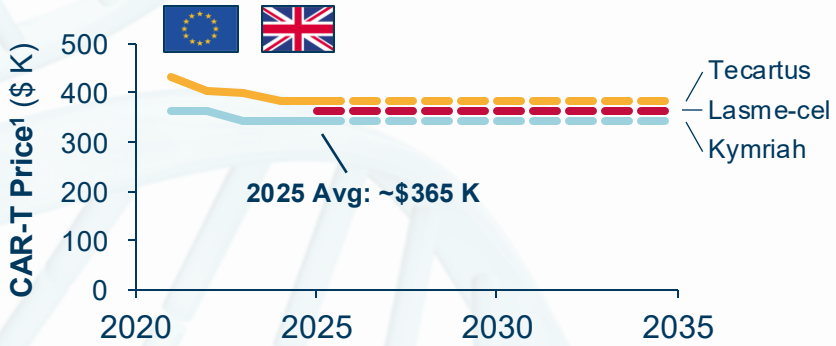
"You could infuse this rapidly, in a small number of days, which would be favorable compared to CD19 CAR-T."
– ALL Key Opinion Leader

"After blina up front, then maybe a CD19 CAR-T… then you really need something else after another relapse."
– ALL Key Opinion Leader

MRD: Minimal Residual Disease. Source: Kantarjian. N Engl J Med. 2016; FDA Labels; Physician Interviews;ClearView Analysis.

Lasme-cel Has High Pricing Potential Across the EU4 + UK and U.S.

Lasme-cel Illustrative List Price, If Approved



- Lasme-cel illustrative anchor price triangulated from 2025 averaged EU4 + UK CAR-T price range of $285 – 430 K, with 2035 list price assumed to remain constant with 2025

2025 Anchor Price: ~$365 K → **2035 List Price: ~$365 K**

Note: For illustrative purposes only (Cellectis has not made any pricing decisions for lasme-cel at this time). [1] Prices for Tecartus and Kymriah reflect average price across the EU4 and UK. GTN: Gross-to-net. Source: Theidel. Health Econ Rev. 2016; Dalal. ISPOR. 2024; Navlin; ClearView Analysis.

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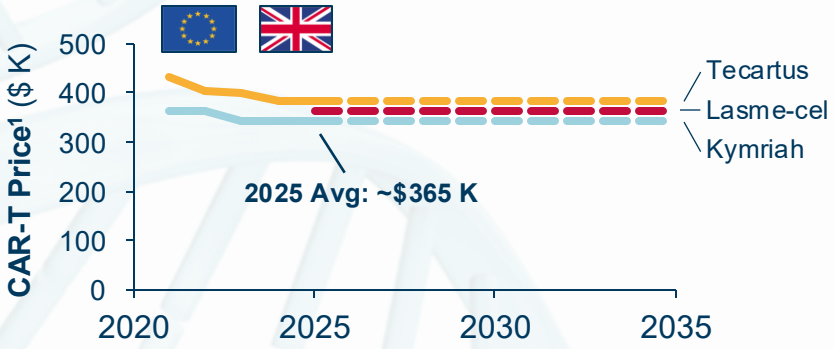

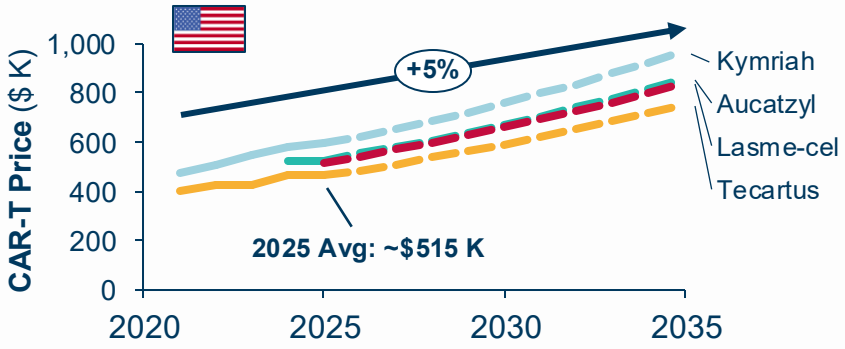

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2025 Anchor Price: ~$365 K → **2035 List Price: ~$365 K**

- Lasme-cel illustrative anchor price triangulated from 2025 CAR-T price range of $420 – 590 K, with projected 2035 list price based on 2021 – 2025 price growth CAGR (~5%)

2025 Anchor Price: ~$515 K → **2035 List Price: ~$840 K**

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Lasme-cel Could Achieve Up To ~$700 M in Peak Gross Sales (U.S., EU4, UK)

Assumption			Source / Rationale
Addressable Patients (#)	~1.1 K	~840	Represents expected 3L CAR-T eligible patients in 2035
	x	x	
Preference Share (%)	~65%	~65%	• Triangulated using physician-reported preferences and average market share of preferred oncology treatment classes with superior efficacy (e.g., PD-1 in NSCLC, PARPi in HRD OC, CAR-T vs HSCT in lymphoma)[1]
	x	x	
Market Access (%)	~90%	~90%	• Based on industry standard assumption in oncology, triangulated with Yescarta access for both the U.S. and EU4+UK
	=	=	
Treated Patients (#)	~620	~490	
	x	x	
Gross Price ($)	~$840 K	~$365 K	• Price anchored on 2025 references for Kymriah, Tecartus, and Aucatzyl (Navlin), with 2035 projections using ~5% CAGR in the U.S. and flat pricing across EU4+UK
	=	=	
Peak Gross Sales ($)	**~$520 M**	**~$180 M**	

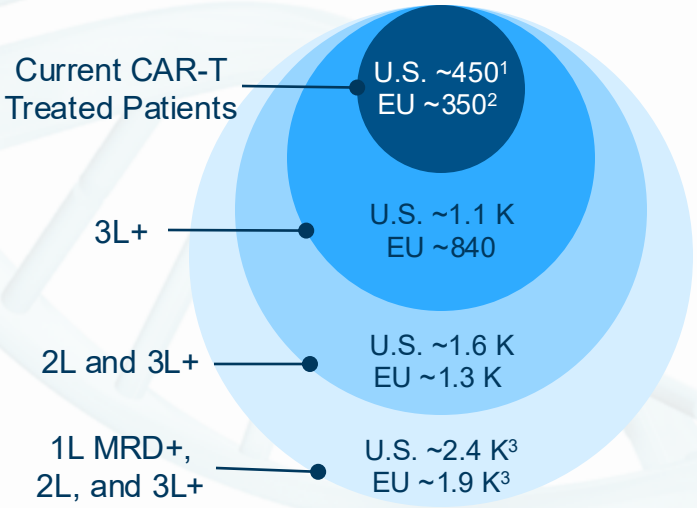
2035E Potential Peak Gross Sales (U.S., EU4, UK) **Up to ~$700 M**

Note: Values may not multiply exactly due to rounding. [1]Based on average class share among NSCLC PD-(L)1 inhibitors (48 – 66%), NSCLC Targeted EGFR (~86%) and ALK (~75%) inhibitors, PARP inhibitors in HRD+ ovarian cancer (56– 63%), and Lymphoma CAR-T (~45%). NSCLC: Non-small Cell Lung Cancer. Source: Carroll. Cancer Treat Res Commun. 2023; Veluswamy. Cancer Med. 2022; Steeghs. Lung Cancer. 2022; Chan. J of Clin Onc. 2022; Chase. Fut Onc. 2025; CIMBTR 2024 Report; Navlin; Physician Interviews; ClearView Analysis.

Peak Sales Could Increase to Up To ~$1.3 B with Label Expansion

ILLUSTRATIVE

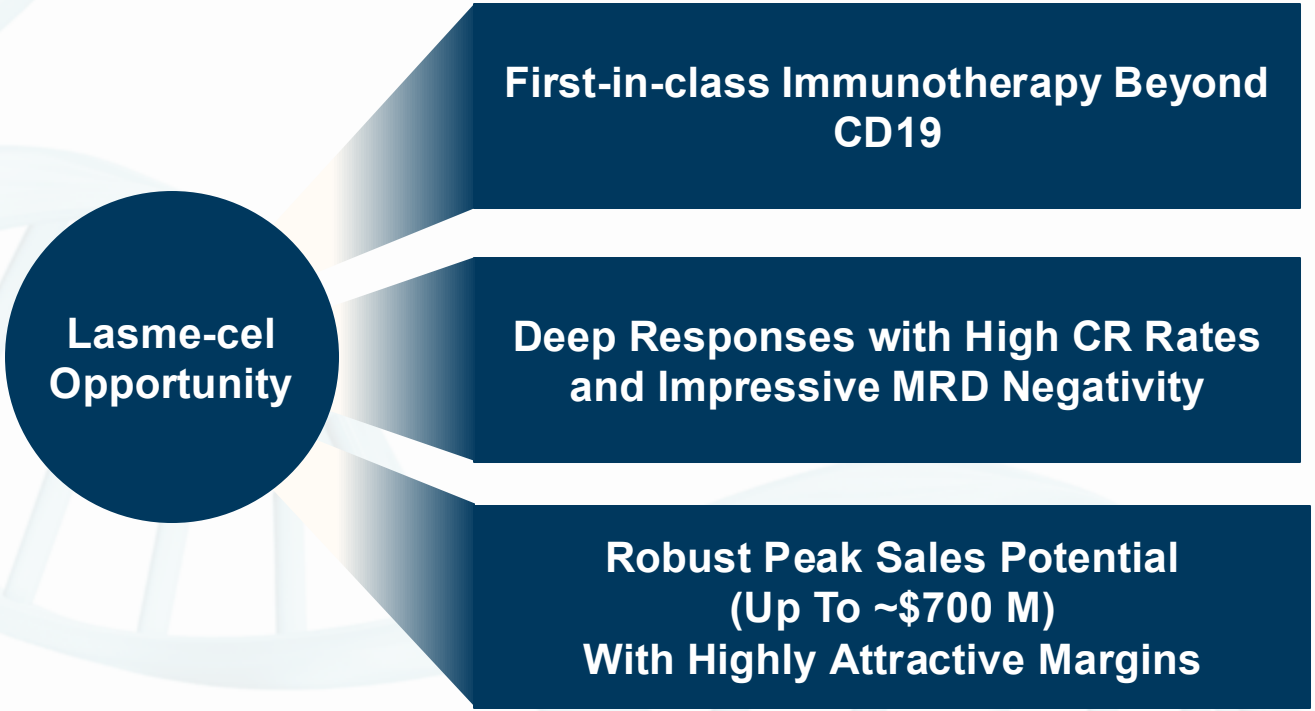
Allo CAR-T Eligible Patients 2035E



Patient Segment	Peak Sales
3L+ *(Potential First Approval)* Large opportunity in the initial lasme-cel indication	~$700 M
	+
Expansion to Second Line Increased opportunity despite slight cannibalization of 3L sales[4]	~$380 M
	+
Indication in 1L MRD+ Lasme-cel as 1L consolidation therapy in MRD+ patients[4]	~$220 M
	=
1L MRD+, 2L, and 3L	**Up to ~$1.3 B**

[1]CIBMTR reported 428 CAR-T patients in 2023, with 0.7% CAGR applied from 2023 – 2035; [2]EBMT reported 336 CAR-T patients in Europe 2022, with 0.6% CAGR applied from 2022 – 2035; [3]Assumes ~60% of 1L MRD+ patients eligible to receive lasme-cel that do not progress to 2L; [4]Assumes 45% preference share in 2L and ~25% preference share in 1L MRD+. MRD: Minimal Residual Disease. Source: NCCN; CIBMTR; SEER;ClearView Analysis.

Lasme-cel Can Drive Meaningful Growth of the CAR-T Market In B-ALL



CR: Complete Remission; MRD: Minimal Residual Disease. Source: ClearView Analysis.

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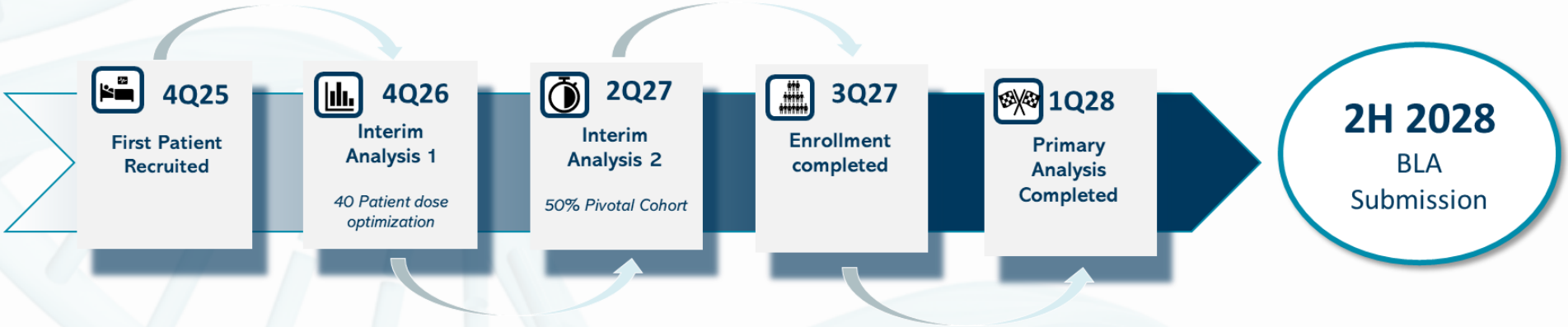

Multiple Catalysts to 2H 2028

Cellectis Strategic Roadmap

Lasme-cel Potential BLA Filing in r/r B-ALL (2028)

Eti-cel Potential EoP1 in r/r NHL (2026)

Preclinical PoC for *In Vivo* Gene Therapy (2026)

EoP1: End-of-Phase 1 ; PoC: Proof-of-concept

Thank You

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