



Corporate Presentation
March 2026



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 “anticipated,” “designed for,” “could,” “expected,” “may,” “planned,” “potential,” “projected,” and “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, 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 operational capabilities of 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 its license and collaboration agreements, 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. Among these risks are significant risks that the phase 1 or preliminary data of our clinical trials may not be validated by data from later stage of clinical trials and that our product candidates 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 of future results.

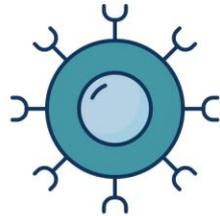
With respect to our cash runway, our operating plans, including product development plans, may change as a result of various factors, including factors currently unknown to us. Furthermore, many other important factors, including those described in our Annual Report on Form 20-F and the financial report (including the management report) for the year ended December 31, 2025 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' Leadership Position in Cell & Gene Therapy



BEST-IN-CLASS GENE EDITING PLATFORM

Backed by Strong IP and
Know-How



INNOVATIVE ALLOGENEIC CAR-T

4 ongoing clinical trials*:
*(2 in Pivotal Phase II and
2 in Phase I)*



END-TO-END IN-HOUSE MANUFACTURING



STRONG PARTNERSHIPS

Diversified Financial
Upsides

Cash Position & Partnerships

Cash Position*

\$211M

as of December 31, 2025

Expected runway
into H2 2027

Partnerships with industry leaders:
**Multi-billion potential milestones
+ royalties**

SERVIER
moved by you

 **Allogene**
THERAPEUTICS

IOVANCE

AstraZeneca 

TALEN[®] is Best-in-class Gene Editing

SAFE

Low genotoxicity and off-target*



NUCLEASE

Gene replacement, correction, insertion

PRECISE

Targets precisely any DNA



BASE EDITORS

Gene editing without CRISPR-associated genotoxicity

EFFICIENT

High editing efficiencies (up to 100%)

VERSATILE

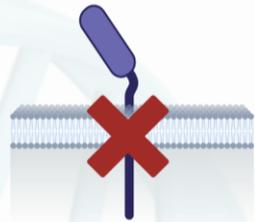
Vectorized into mRNA



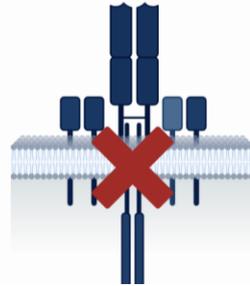
GENE MODULATORS

Gene activation or inactivation without DNA alteration

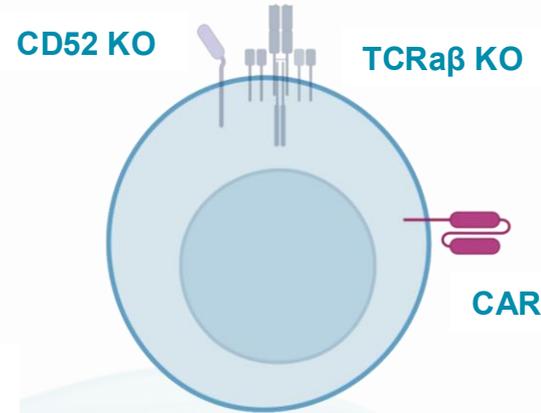
UCART Design



CD52 KO
Resistance to
anti-CD52 abs

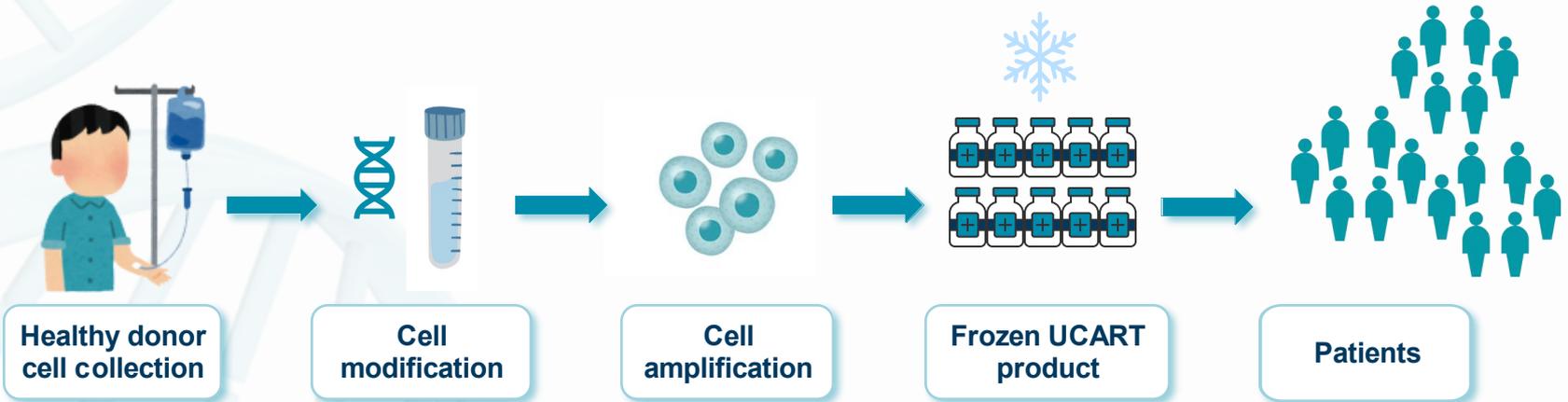


TCRa β KO
Minimizes risk
of GvHD



CAR-T cell

Allogeneic CAR-T: Unlocking a Scalable Industrial Approach



 **Scalable Manufacturing**
1 batch = 100s doses
Scalable to 1000s doses

 **Off-The-Shelf**
Immediate access and attractive gross margins

Fully Integrated Manufacturing



Paris, France

CMC Development, Starting Materials

- ✓ 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

- ✓ UCART GMP manufacturing
- ✓ QC testing labs
- ✓ Cryogenic storage rooms
- ✓ U.S. supply chain & logistics



Allogeneic CAR-T



**Scalable
Manufacturing
Controlled CoGs**

Advancing an Industry-Leading Pipeline

STUDY	INDICATION / TYPE	PRECLINICAL	PHASE 1	PHASE 2 ¹	UPCOMING EXPECTED MILESTONE
FULLY OWNED					
BALLI-01 Lasme-cel (CD22)	B-ALL (Allogeneic CAR-T)				Pivotal Phase 2 first interim analysis expected in Q4 2026
NATHALI-01 Eti-cel (CD20, CD22)	NHL (Allogeneic CAR-T)				Full Phase 1 dataset expected in Q4 2026
LICENSED PARTNERS					
ALPHA3 Cema-cel (CD19) ²	LBCL (Allogeneic CAR-T)				
TRAVERSE³ ALLO-316 (CD70)	RCC (Allogeneic CAR-T)				
IOV-GM1-201 IOV-4001	Melanoma (TIL)				

1. Phase 3 may not be required if Phase 2 is registrational. According to Allogene, ALPHA3 is a pivotal Phase 2 trial.
2. cemacabtagene ansegedleucel has been developed under a collaboration agreement between Servier and Allogene based on the License, Development and Commercialization Agreement signed between Collectis and Servier. Servier grants to Allogene exclusive rights to cemacabtagene ansegedleucel 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 Collectis. Allogene has an exclusive license to the Collectis technologies for allogeneic products directed at the CD70 target. Allogene holds global development and commercial rights for this investigational candidate.



B-ALL: B-cell Acute Lymphoblastic Leukemia; NHL: Non-Hodgkin's Lymphoma; LBCL: Large B-Cell Lymphoma; RCC: Renal Cell Carcinoma; TIL: Tumor Infiltrated Lymphocyte

Lasme-cel and Eti-cel Differentiated Positioning

Post-CD19 CAR-T autologous treatments



KITE-363/ KITE-753
CD19/CD20



JNJ-4496
CD19/CD20



AUTO 1/22
CD19/CD22



Ronde-cel
CD19/CD20

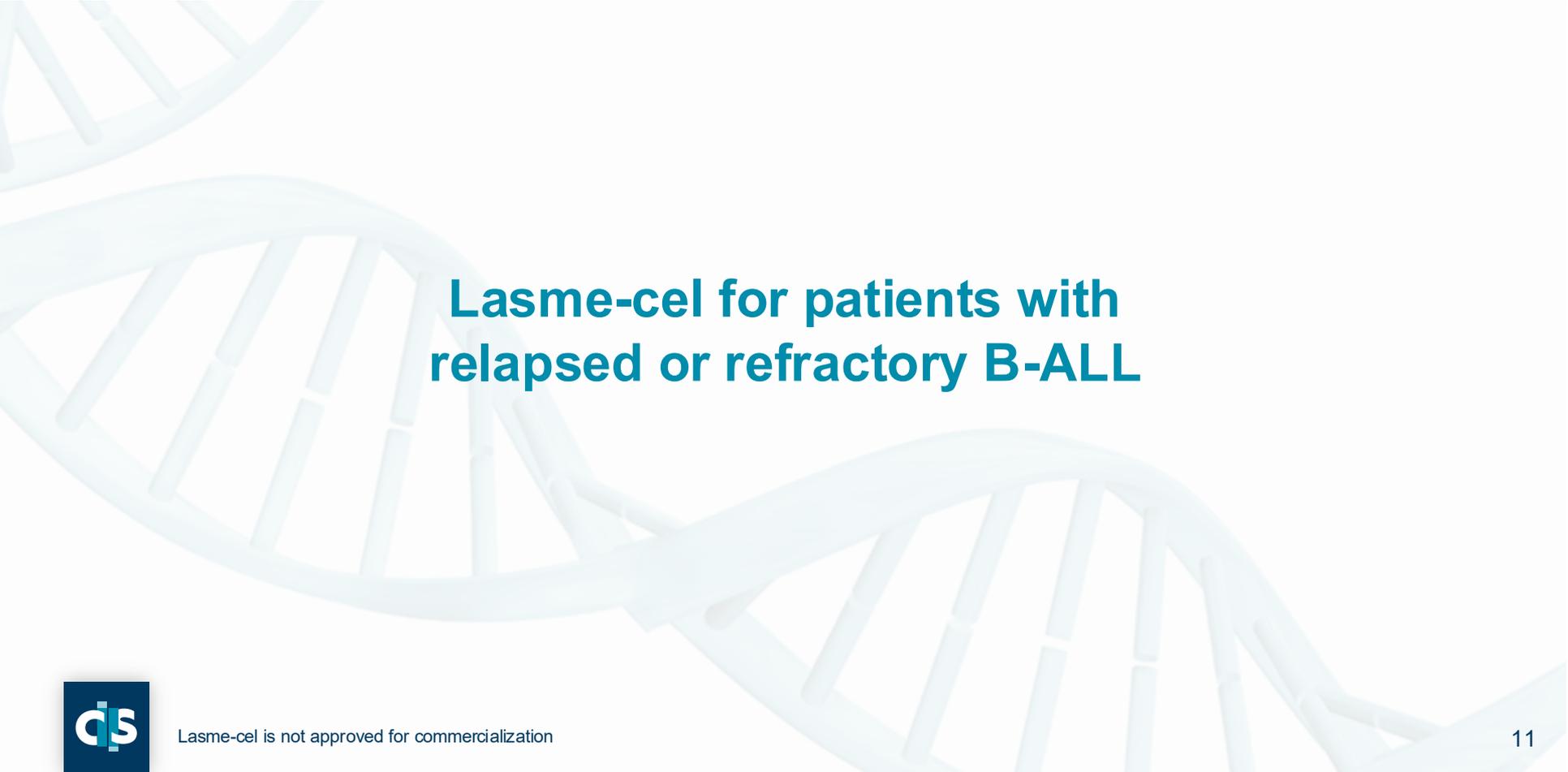
Post-CD19 CAR-T allogeneic treatments



P-CD19CD20-ALLO1
CD19/CD20



- **CD20 & CD22:** Differentiated targets validated in oncology
- **Lasme-cel:** Best-in-class allogeneic CD22 CAR-T for B-ALL.
- **Eti-cel:** Unique allogeneic dual CAR-T product targeting CD20 & CD22
- **High unmet need** persists for effective r/r B-ALL and NHL treatments



Lasme-cel for patients with relapsed or refractory B-ALL



Lasme-cel is not approved for commercialization

B-ALL: an Unmet Medical Need



B-CELL ACUTE LYMPHOBLASTIC LEUKEMIA

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

CHALLENGES 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

Poor Response Rates after Targeted Therapy Failure¹

After targeted therapy failure, salvage chemo yields low ORR and MRD:

High unmet
need in heavily
pretreated
patients

 **BLINCYTO**[®]
(blinatumomab)

Post Blina failure

ORR <20%
MRD-ve <10%

 **BESPONSA**
inotuzumab ozogamicin
0.9 mg single-dose vial

Post Ino failure

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

 **KYMRIAH**[®]
(tisagenlecleucel) Suspension
for IV infusion

 **TECARTUS**[®]
(brexucabtagene autoleucel) Suspension
for IV infusion

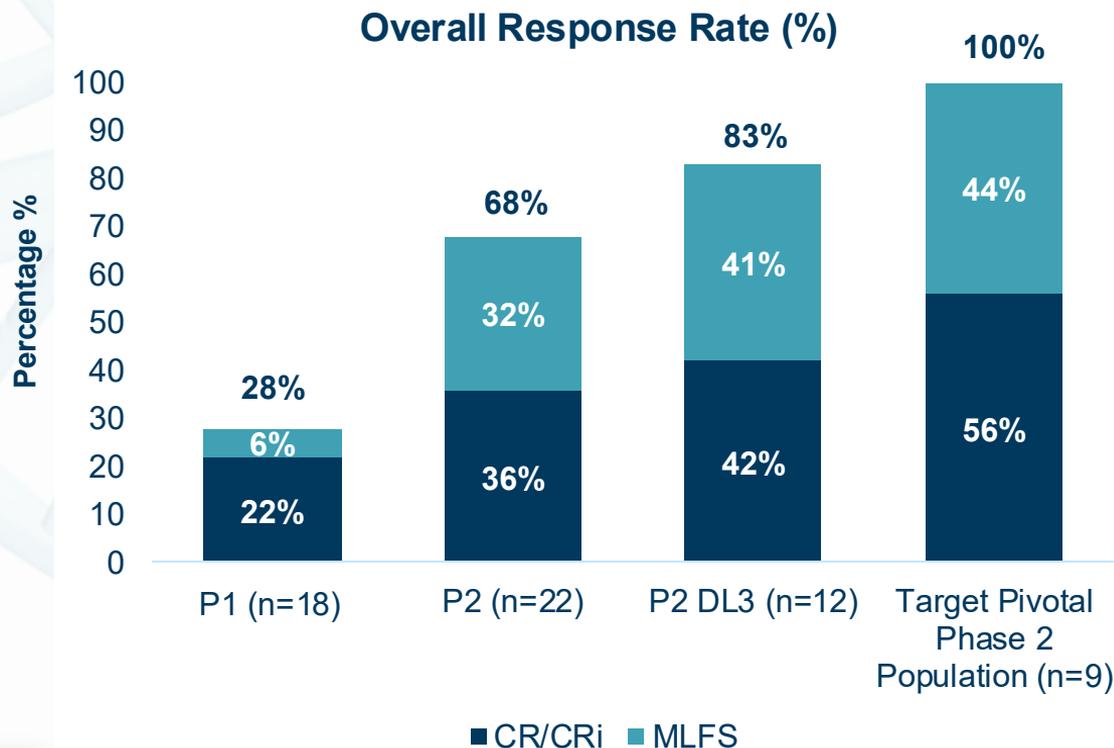
Post CAR-T failure

ORR <10%
MRD-ve <5%

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)

High Response Rates in P2 Cohort

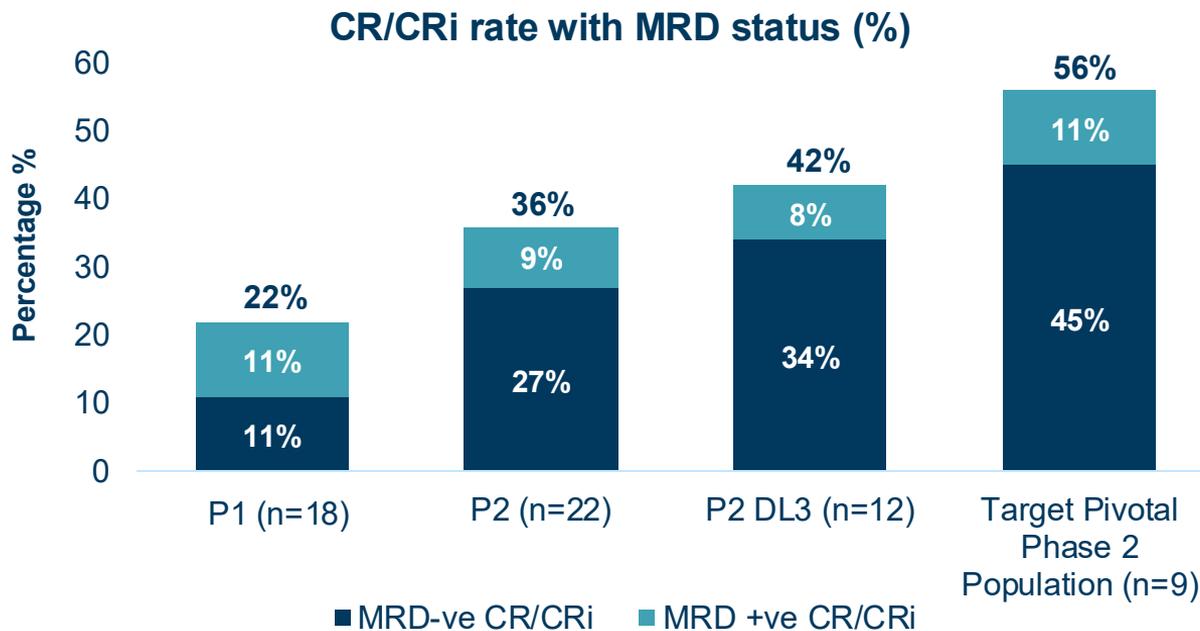


Collectis manufactured product (P2) is superior to CDMO product (P1)

Recommended Phase 2 Dose: DL3

Target Phase 2 population: DL3 ≤ 50 years

High Response Rates in P2 Cohort



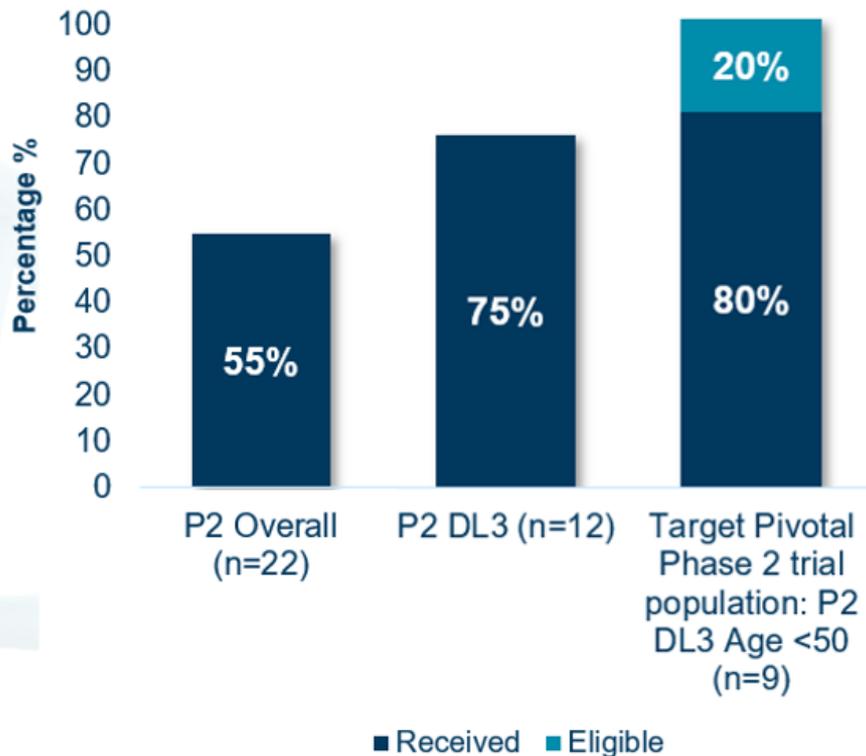
In Target Phase 2 population, 80% who achieved CR/CRI were also MRD negative

Achieving Transplant: an Important Clinical Outcome

**100%
Received or
Eligible for
HSCT**

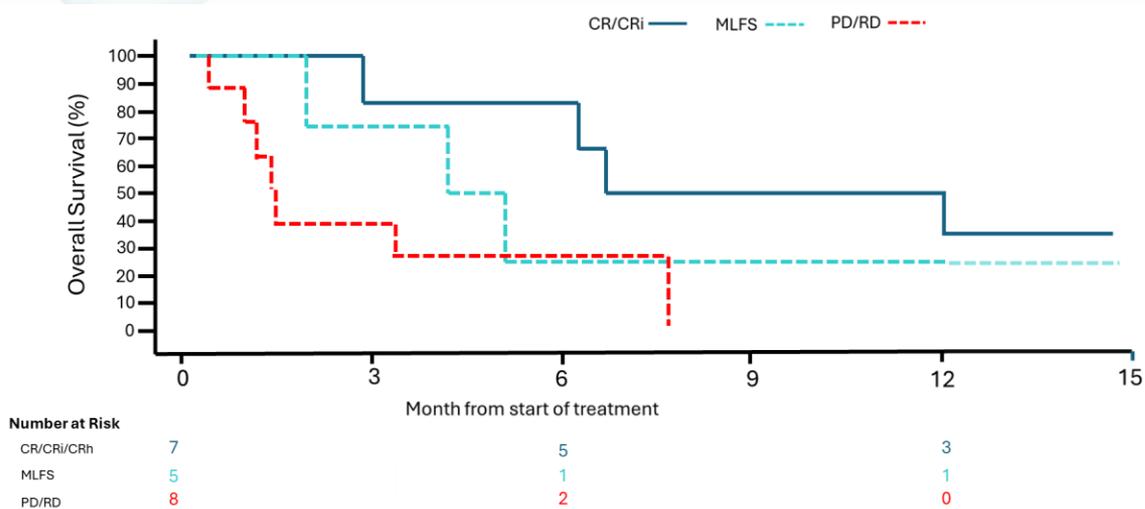
**In Phase 2 target
population**

Subjects Who Received or Eligible for HSCT (%)

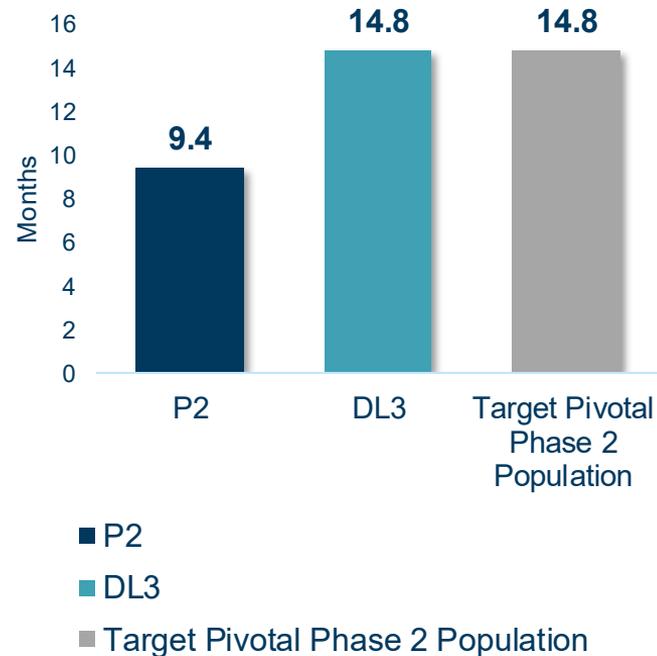


Improved Survival in Patients Who Responded

Overall Survival over 12 months by Response



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

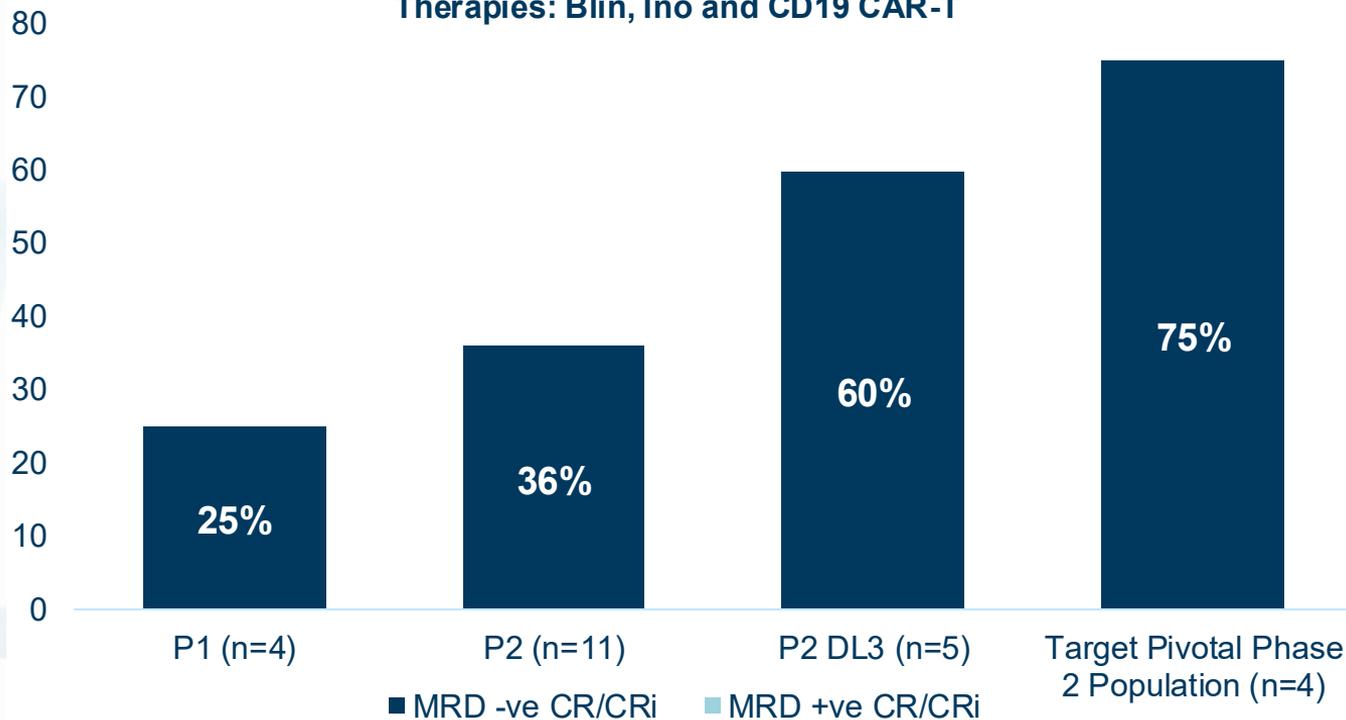


14.8 months
Median overall survival in subjects who achieve MRD-negative CR/CRi

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

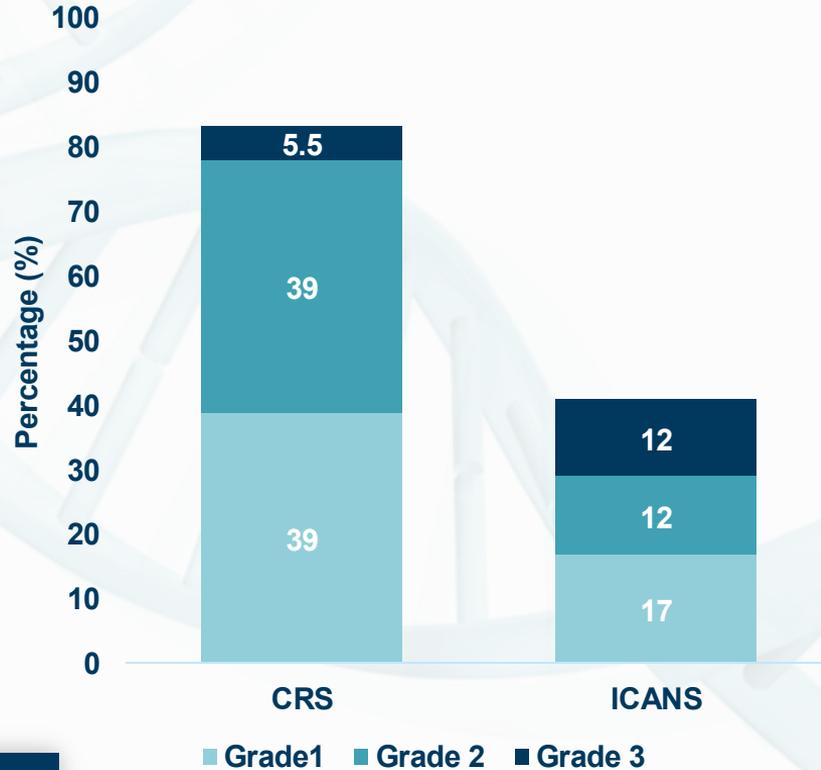
Deep responses if received all 3 available targeted therapies

CR/CRi Rate (in %) in Patients with Prior Exposure to 3 Targeted Therapies: Blin, Ino and CD19 CAR-T

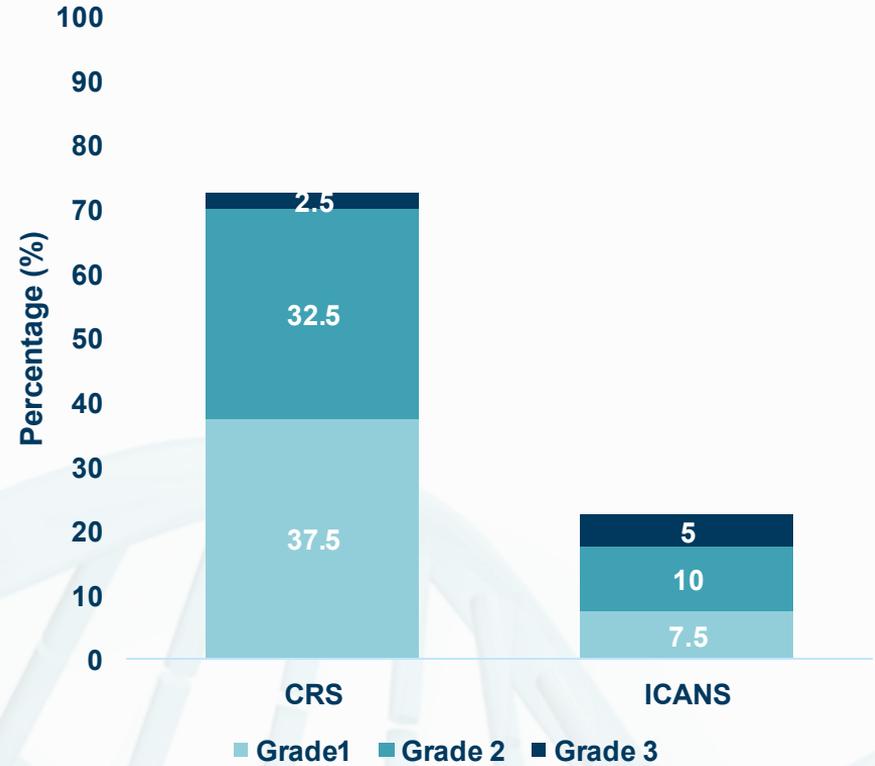


Low Incidence of Grade ≥ 3 CRS and ICANS

CRS and ICANS: DL3 (n=18)



CRS and ICANS: Total Population (n=40)

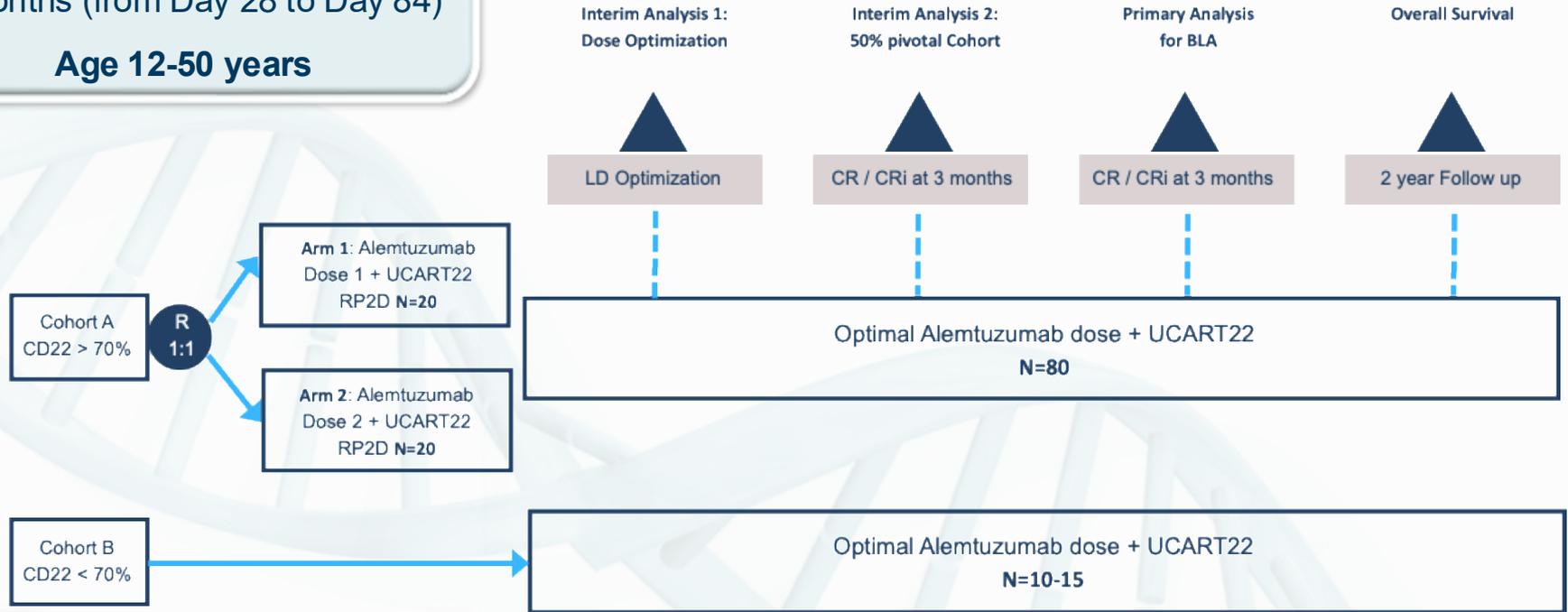


Study Design: Pivotal Phase 2

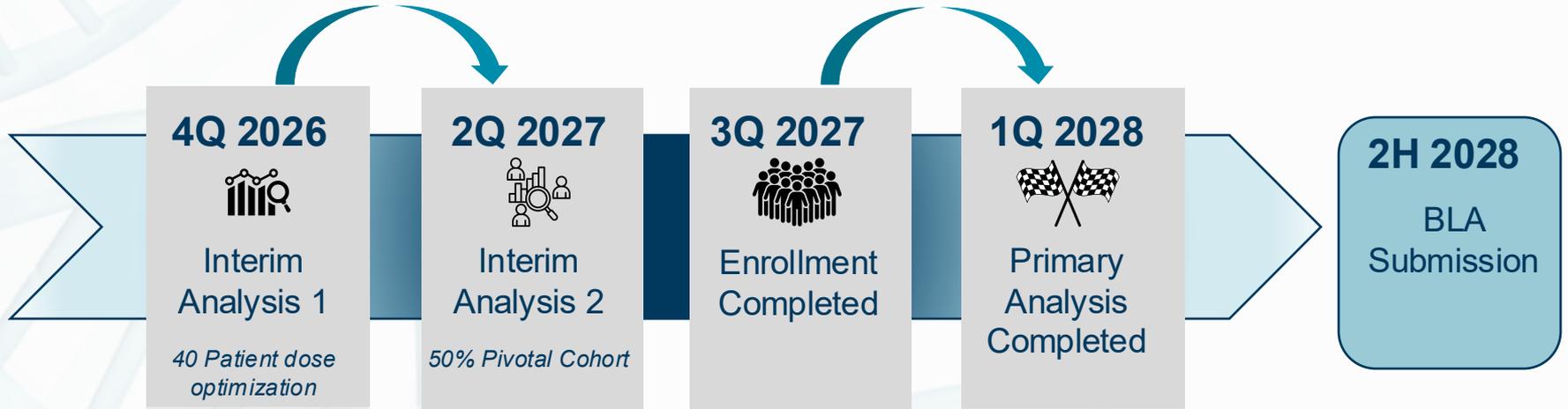
Primary Endpoint:
CR / CRI, evaluated within
3 months (from Day 28 to Day 84)

Age 12-50 years

**Recruitment of patients driven by 75 planned study centers in
North America and Europe**



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

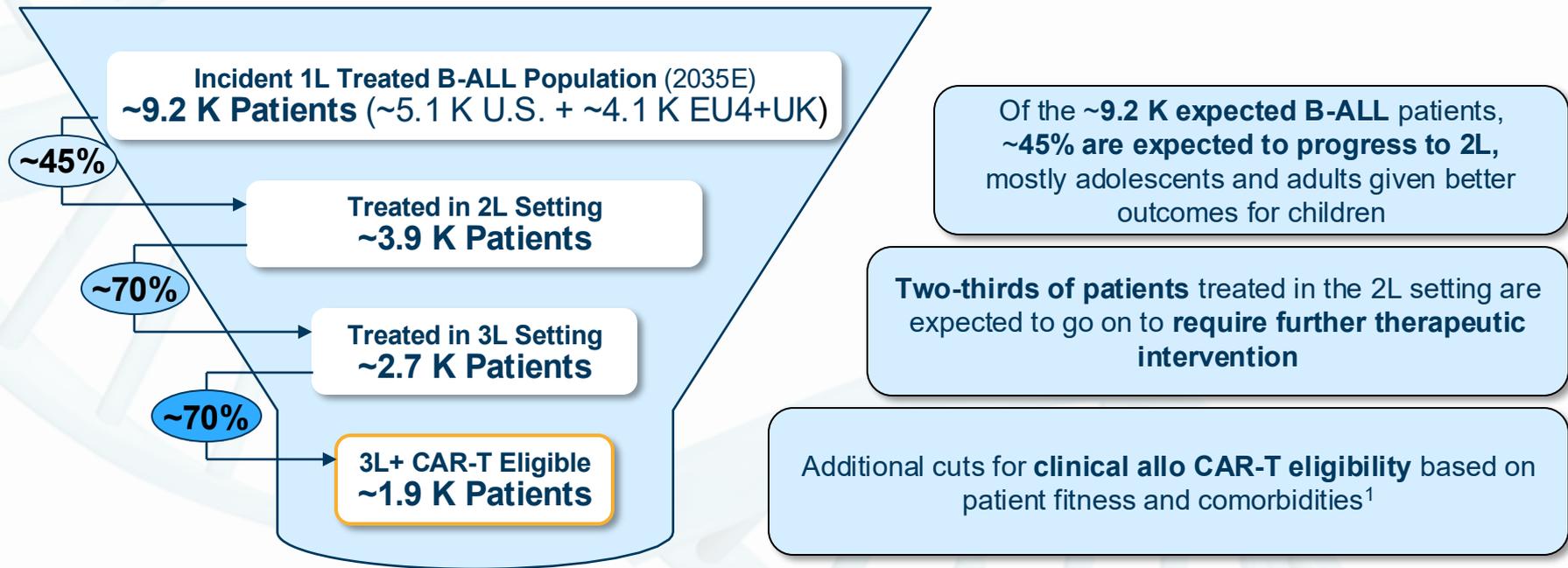


Multiple Catalysts to 2H 2028



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.
1. In Kymriah ELIANA trial (ages 3-23), 77% of screened patients receive Kymriah or with manufacturing failures; assumes lower real-world clinical eligibility.



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%	<ul style="list-style-type: none"> 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%	<ul style="list-style-type: none"> Based on industry standard assumption in oncology, triangulated with Yescarta access for both the U.S. and EU4+UK
	=	=	
Treated Patients (#)	~620	~490	<ul style="list-style-type: none"> 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
	x	x	
Gross Price (\$)	~\$840 K	~\$365 K	
	=	=	
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. ¹Based 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.





Eti-cel for patients with relapsed or refractory NHL



Eti-cel is not approved for commercialization

Eti-cel: 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:

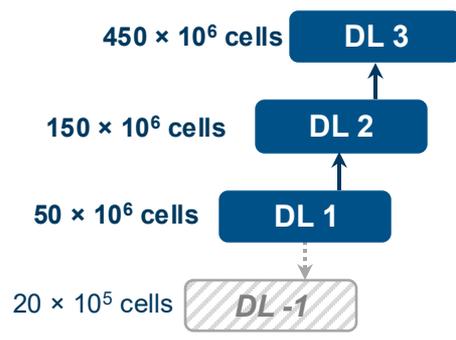
- Safety, tolerability, & MTD/RP2D of Eti-cel

Additional objectives:

- Investigator-assessed response by Lugano
- Eti-cel 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

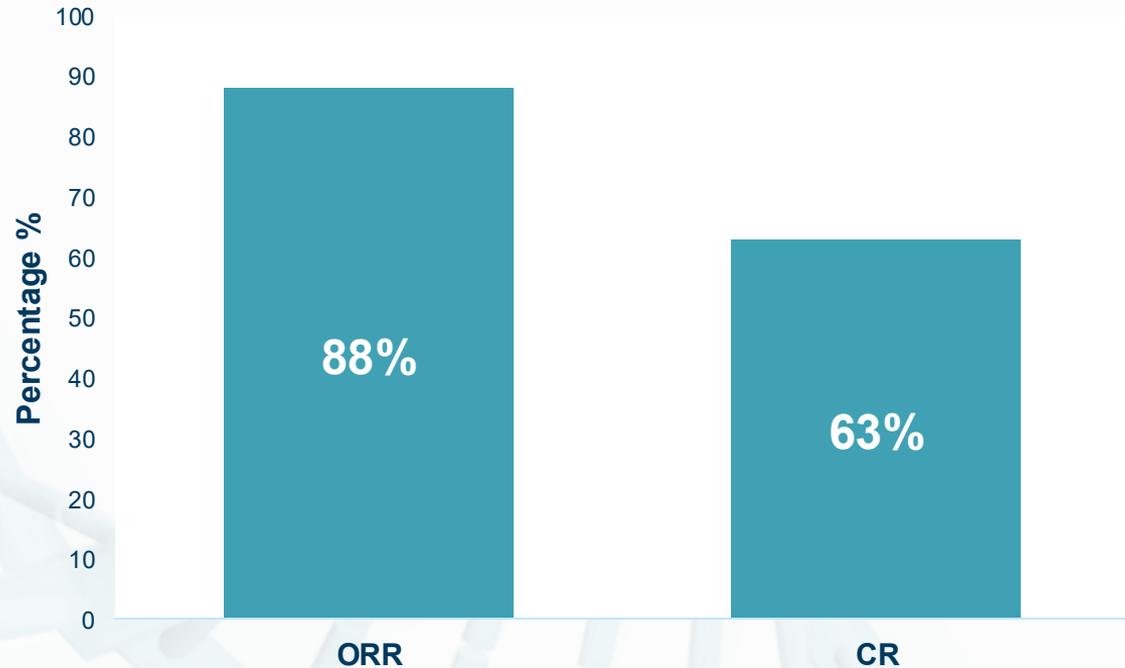
Dose Expansion

RP2D/MTD

Dose Expansion
in LBCL

Eti-cel: High Response Rates in R/R NHL

Response rate at current dose level (%) n=8



**5/8 CR at
current
dose level**

Presented at ASH 2025

Expected 2026 Catalysts

Lasme-cel Pivotal Phase 2 First Interim Analysis

Eti-cel Full Phase 1 Dataset

Preclinical PoC for *In Vivo* Gene Therapy

Thank You

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Diversified Partnerships with Industry Leaders



CAR-T CD19 (cema-cel)

Exclusive worldwide license to CD19-directed allogeneic CAR T-cells	U.S. rights exclusively sublicensed to Allogene by Servier ¹
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Up to \$340M in Development & Sales Milestones
+ Low Double-Digit Royalties on Sales



CAR-T BCMA, CD70 + 13 targets

Exclusive worldwide license to 15 allogeneic CAR T-cell targets¹

Up to \$2.8B in Development & Sales Milestones
+ High Single-Digit Royalties on Sales



TILs

Research collaboration and exclusive worldwide license agreement to develop gene-edited TILs

Undisclosed Financials



Cell and Gene Therapies

Joint Research and Collaboration agreement to develop up to 10 novel products in oncology, immunology and rare diseases and investment agreement

Up to \$80M to \$253M Per Product in Milestones + Tiered Royalties. \$220M Equity Investment and \$25m Upfront.



1. Servier grants to Allogene exclusive rights to cemacabtagene ansegedleucel in the U.S., EU and UK
TIL: Tumor-Infiltrating Lymphocyte