Corporate Presentation

May 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 Cellectis is eligible under its license and collaboration agreements, and the financial position of Cellectis.

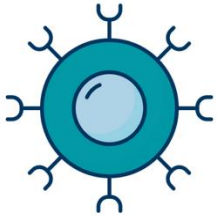
These forward-looking statements are made in light of information currently available to us and are subject to numerous risks and uncertainties, including with respect to the numerous risks associated with biopharmaceutical product candidate development. Among these risks are significant risks that the 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 Cellectis makes with the Securities Exchange Commission from time to time, as well as other known and unknown risks and uncertainties may adversely affect such forward-looking statements and cause our actual results, performance or achievements to be materially different from those expressed or implied by the forward-looking statements. Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to update the reasons why actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future.

Cellectis' 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

* 2 Cellectis fully-owned and 2 licensed partners programs
IP: Intellectual Property

Cash Position & Partnerships

Cash Position*

$188M

as of March 31, 2026

Expected runway
into Q4 2027

Partnerships with industry leaders:

Multi-billion potential milestones + royalties

SERVIER moved by you

Allogene THERAPEUTICS

IOVANCE

AstraZeneca

* Cash position i.e. cash, cash equivalents and fixed-term deposits include restricted cash of $2.3 million as of March 31, 2026 classified as current and non-current financial assets and fixed-term deposits of $150.6 million as of March 31, 2026, classified as current financial assets.

TALEN® is Best-in-class Gene Editing

SAFE	Low genotoxicity and off-target*
PRECISE	Targets precisely any DNA
EFFICIENT	High editing efficiencies (up to 100%)
VERSATILE	Vectorized into mRNA

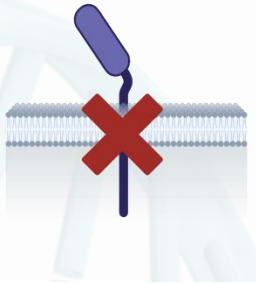
NUCLEASE
Gene replacement, correction, insertion

BASE EDITORS
Gene editing without CRISPR-associated genotoxicity

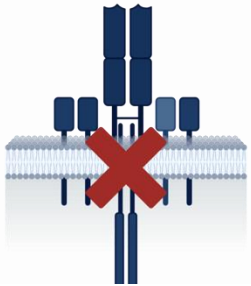
GENE MODULATORS
Gene activation or inactivation without DNA alteration

* Based on our current observations referring to low genotoxicity and off-target.

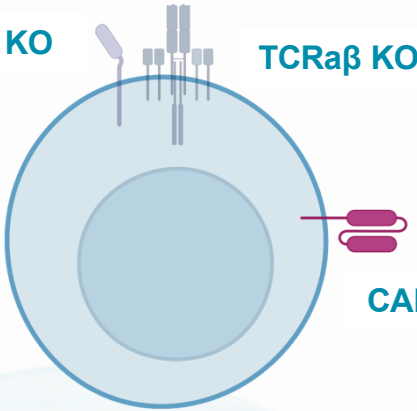
UCART Design



CD52 KO
Resistance to anti-CD52 abs



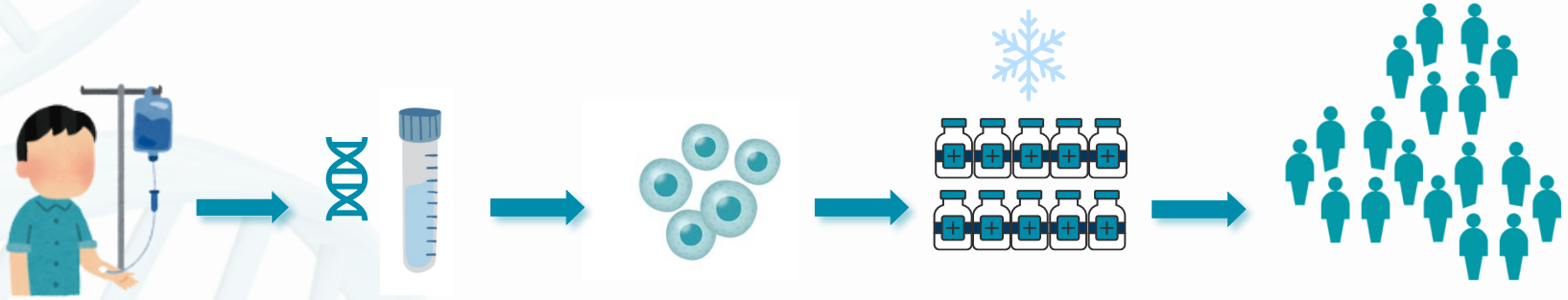
TCRaβ KO
Minimizes risk of GvHD



CAR-T cell

Abs: Antibodies ; CART: Chimeric Antigen Receptor T-cell ; GvHD: Graft-versus-Host-Disease ; KO: Knock-Out ; UCART: Universal Chimeric Antigen Receptor 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

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

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)				SERVIER moved by you / Allogene THERAPEUTICS
TRAVERSE[3] **ALLO-316 (CD70)**	RCC (Allogeneic CAR-T)				Allogene THERAPEUTICS
IOV-GM1-201 **IOV-4001**	Melanoma (TIL)				IOVANCE

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 Cellectis 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 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.

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, A GILEAD Company	KITE-363/ KITE-753 CD19/CD20
J&J	CD19/CD20
Autolus	AUTO 1/22 CD19/CD22
Lyell	Ronde-cel CD19/CD20

Post-CD19 CAR-T allogeneic treatments

Roche / POSEIDA THERAPEUTICS	P-CD19CD20-ALLO1 CD19/CD20

cellectis
EDITING LIFE

- **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

r/r: relapsed or refractory

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

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 Failure[1]

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

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%

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

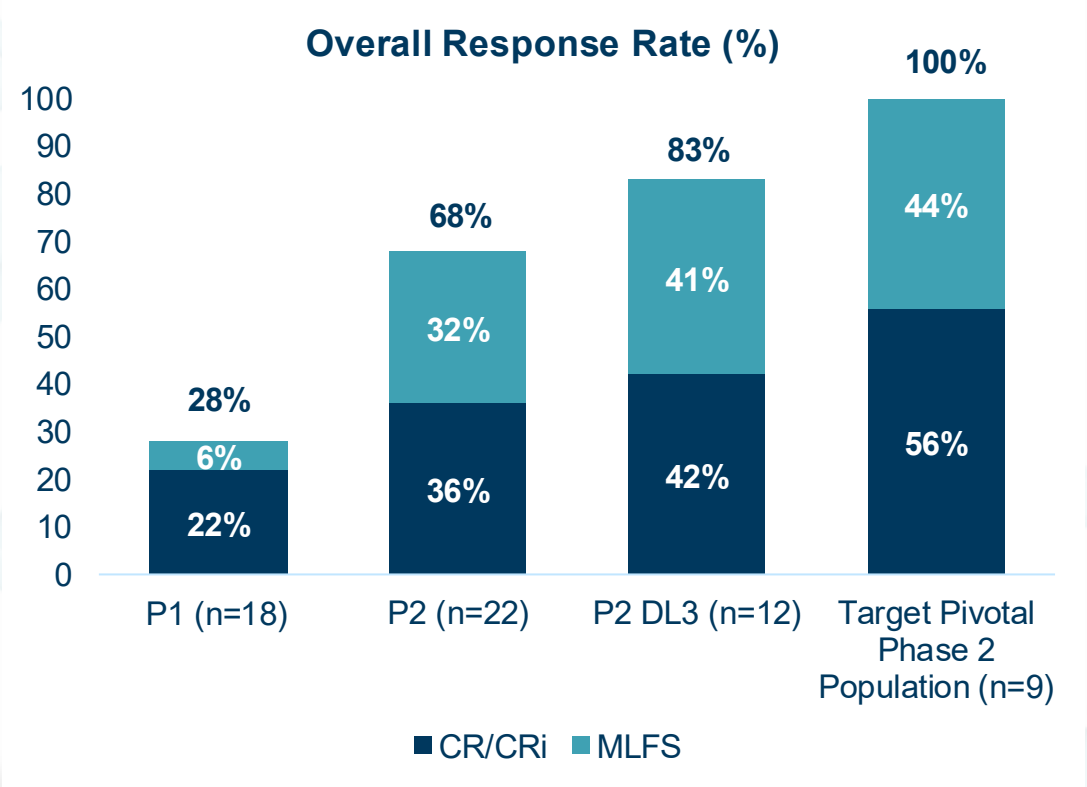
ORR: Overall Response Rate ; MRD: Minimal Residual Disease ; MRD-ve: Minimal Residual Disease Negative

BALLI 01 | Demographic and Baseline Characteristics

	DL3 P2 (n=12)	DL3 P2 Age ≤ 50 (n=9)	All Subjects 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)**

ECOG PS: Eastern Cooperative Oncology Group Performance Status, HSCT: Hematopoietic Stem Cell Transplantation

High Response Rates in P2 Cohort



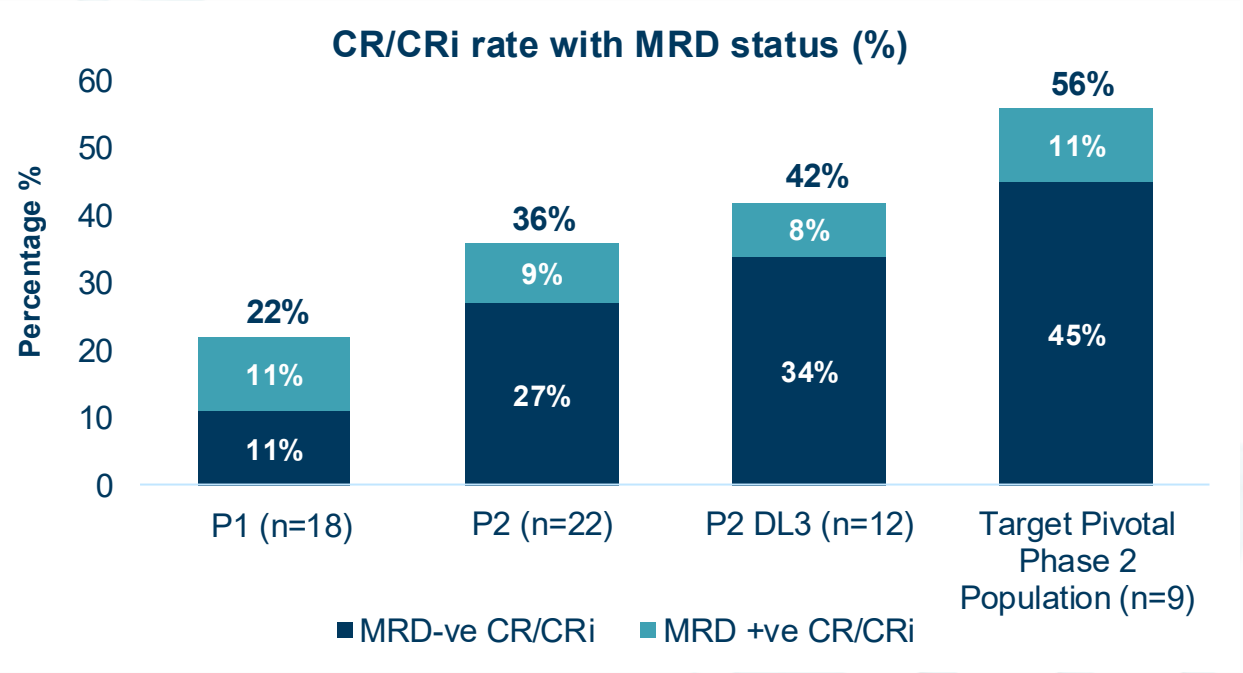
Cellectis manufactured product (P2) is superior to CDMO product (P1)

Recommended Phase 2 Dose: DL3

Target Phase 2 population: DL3 ≤ 50 years

CR/CRi: Complete Remission/Complete Remission with incomplete hematologic recovery; DL3: Dose Level 3; MLFS: Morphologic Leukemia-Free State

High Response Rates in P2 Cohort

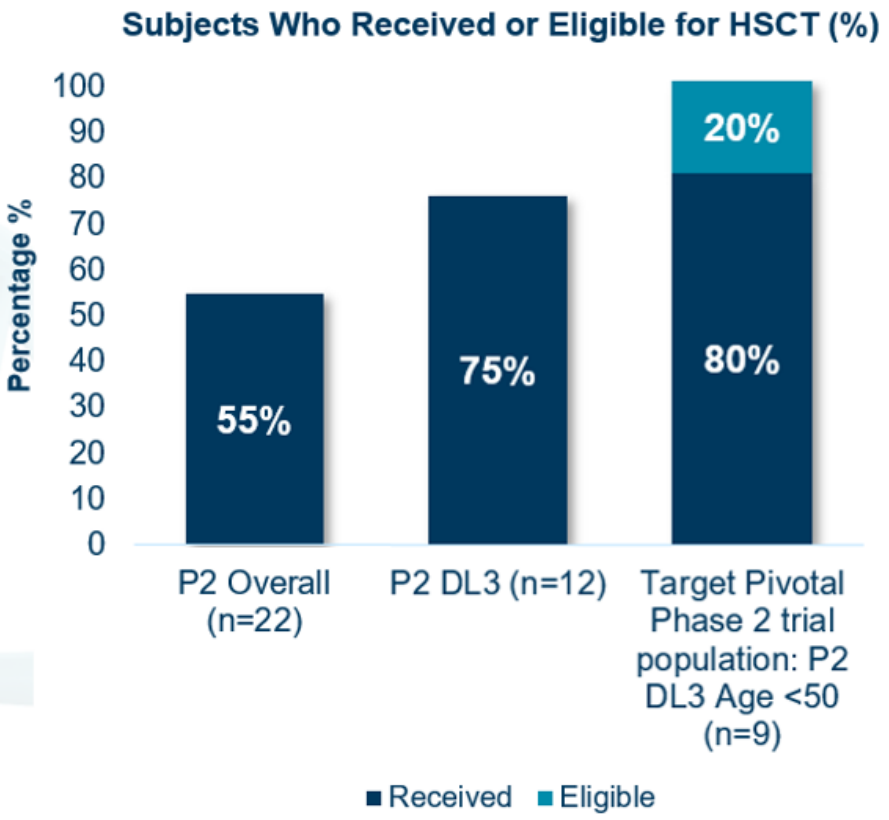


In Target Phase 2 population, 80% who achieved CR/CRi were also MRD negative

Achieving Transplant: an Important Clinical Outcome

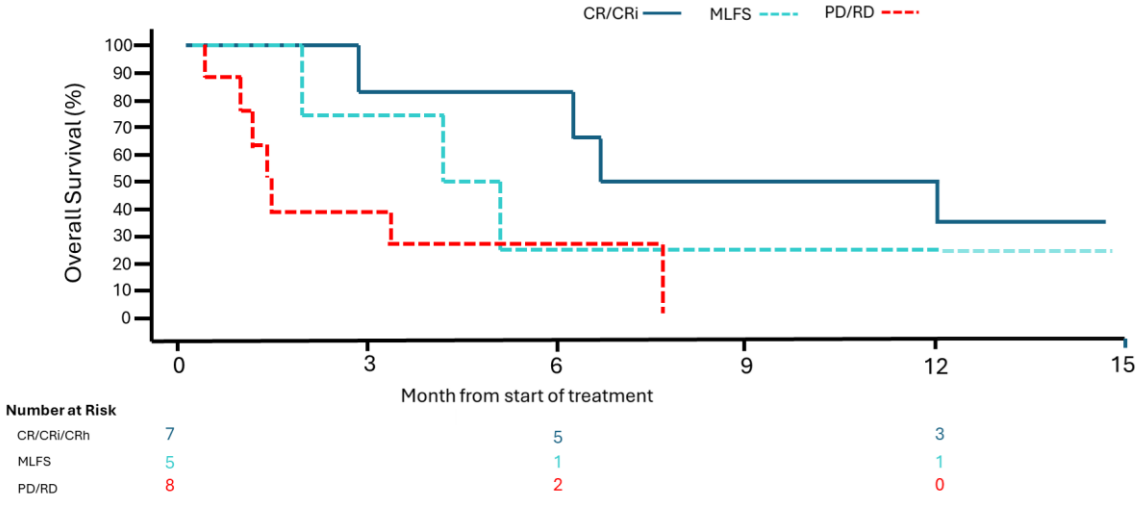
100% Received or Eligible for HSCT

In Phase 2 target population



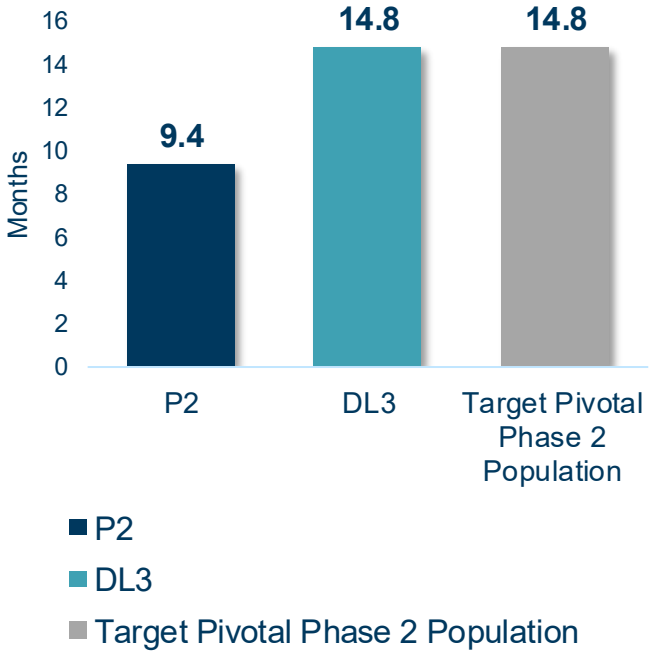
Improved Survival in Patients Who Responded

Overall Survival over 12 months by Response



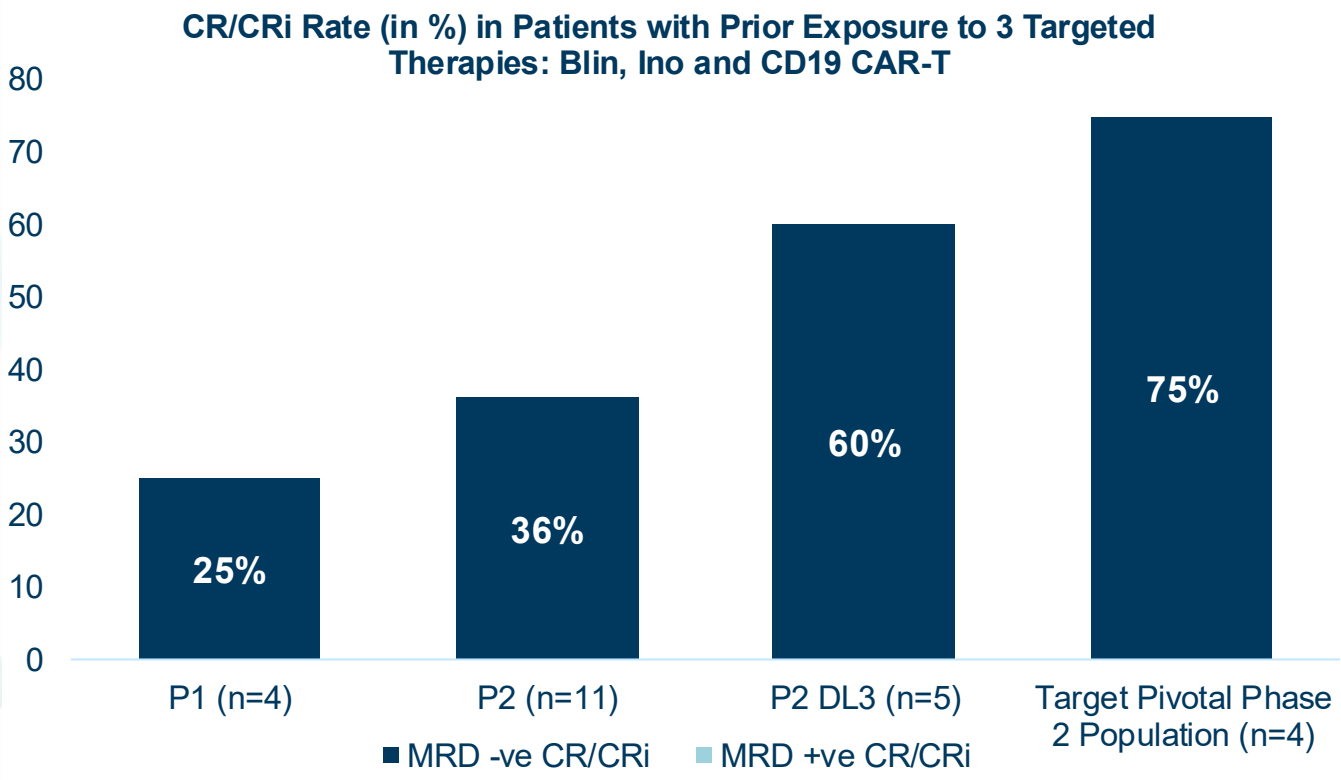
14.8 months
Median overall survival in subjects who achieve MRD-negative CR/CRi

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

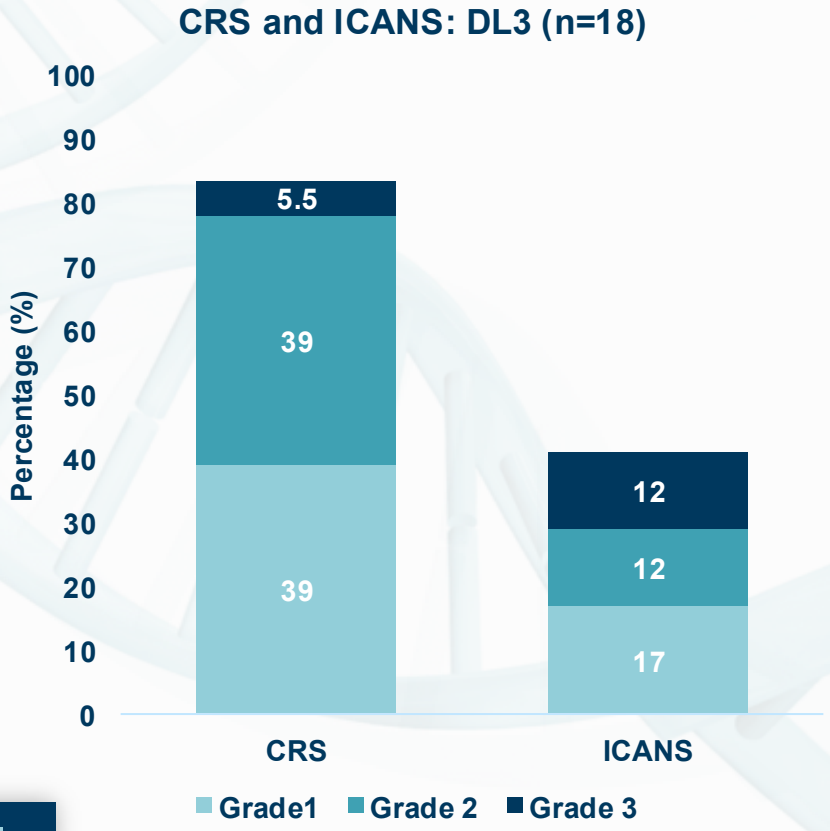


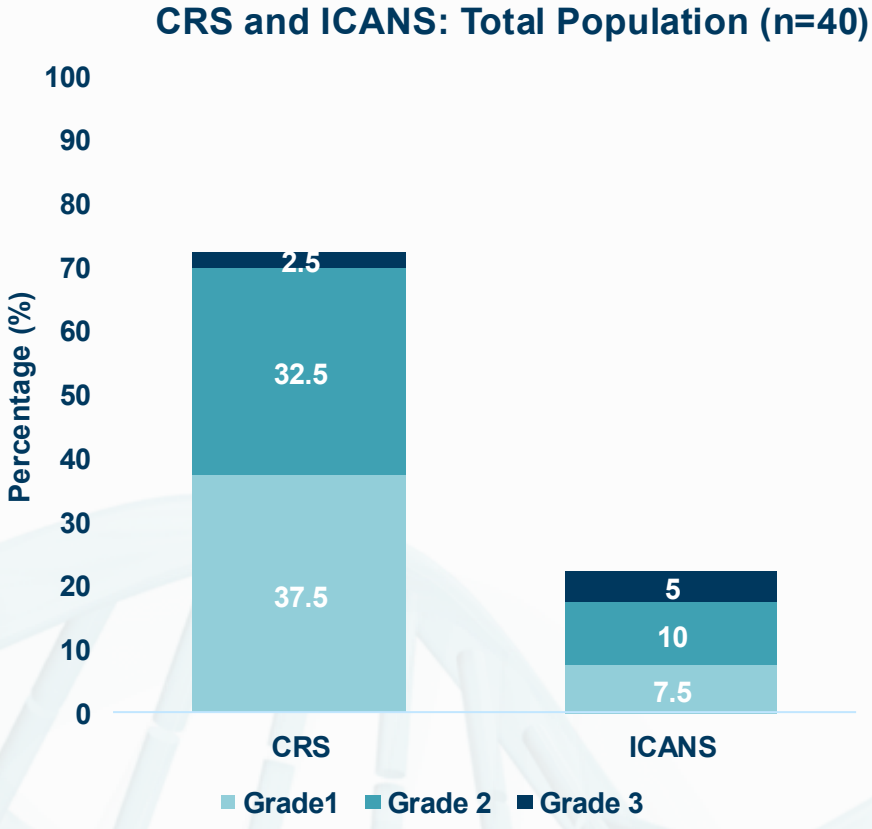
High CR/CRi Rates in Patients Exposed to 3 Prior Targeted Therapies: Inotuzumab, Blinatumomab and CD19 CAR-T

Deep responses if received all 3 available targeted therapies



Low Incidence of Grade ≥ 3 CRS and ICANS





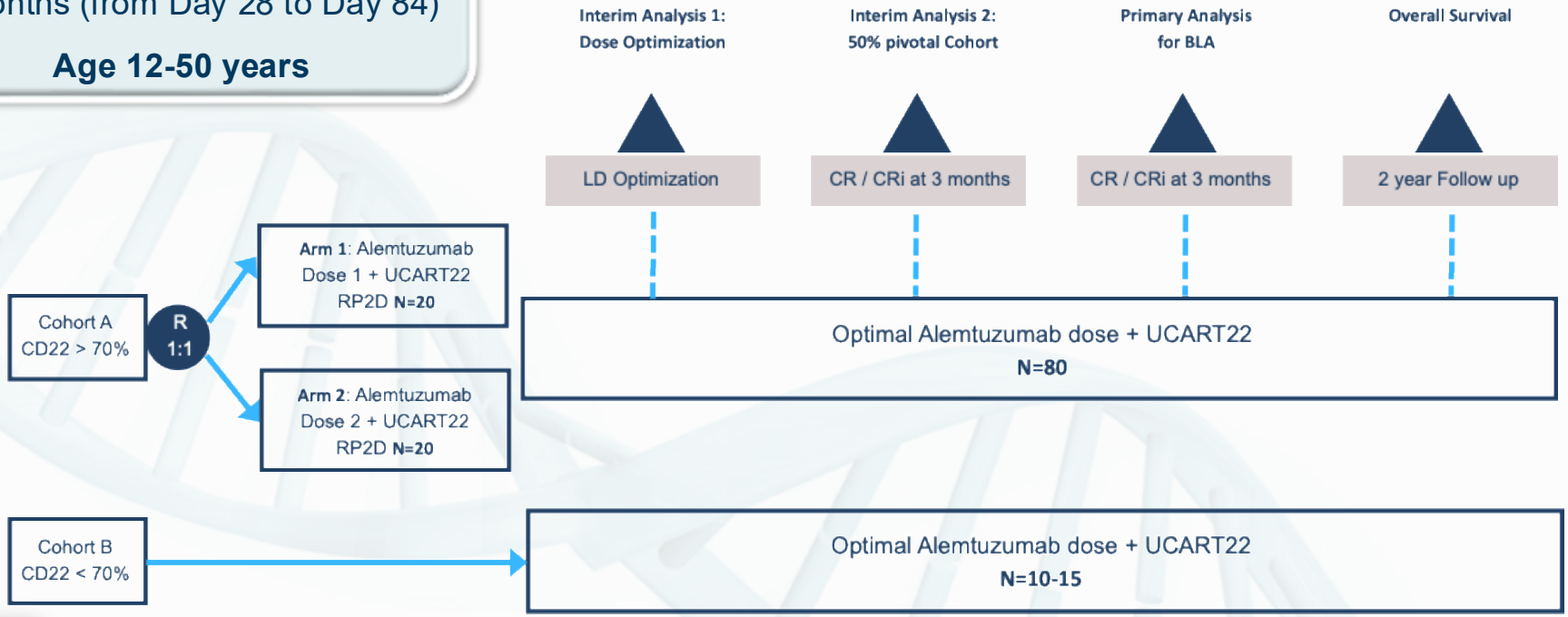
ICANS: Immune effector Cell-Associated Neurotoxicity Syndrome ; CRS: Cytokine Release Syndrome

Study Design: Pivotal Phase 2

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

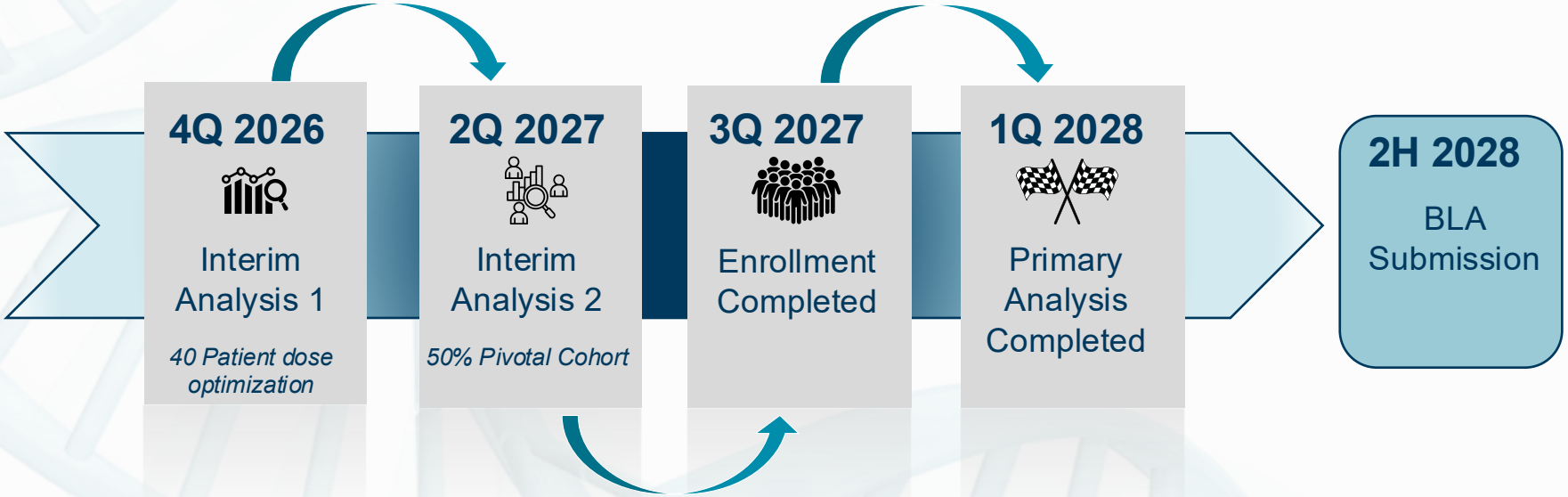
Age 12-50 years

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



LD: Lymphodepletion; RP2D: Recommended Phase 2 Dose

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

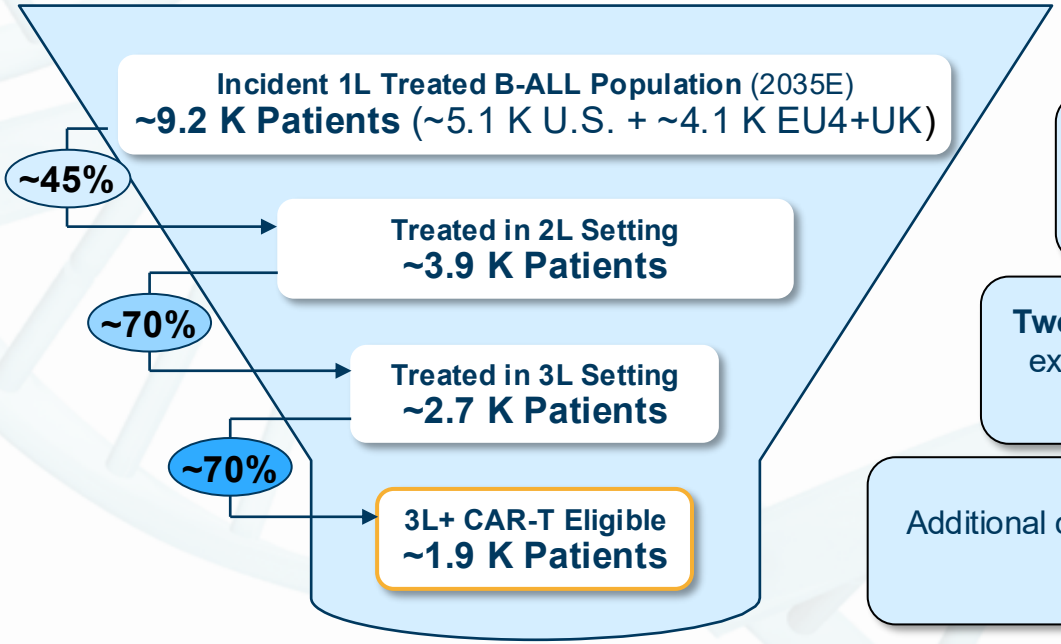


Multiple Catalysts to 2H 2028

BLA: Biologics Licence Application

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



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

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

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

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%	• 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.

Eti-cel for patients with relapsed or refractory NHL

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

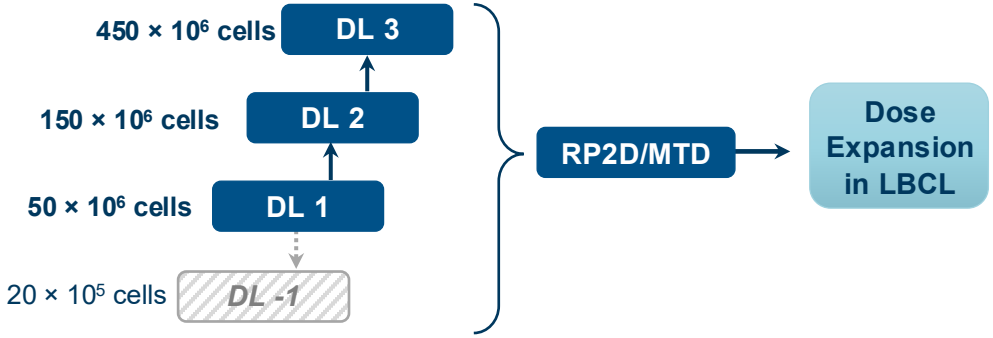
Additional objectives:

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

Dose Escalation

BOIN design • 2-4 pts/cohort

Dose Expansion



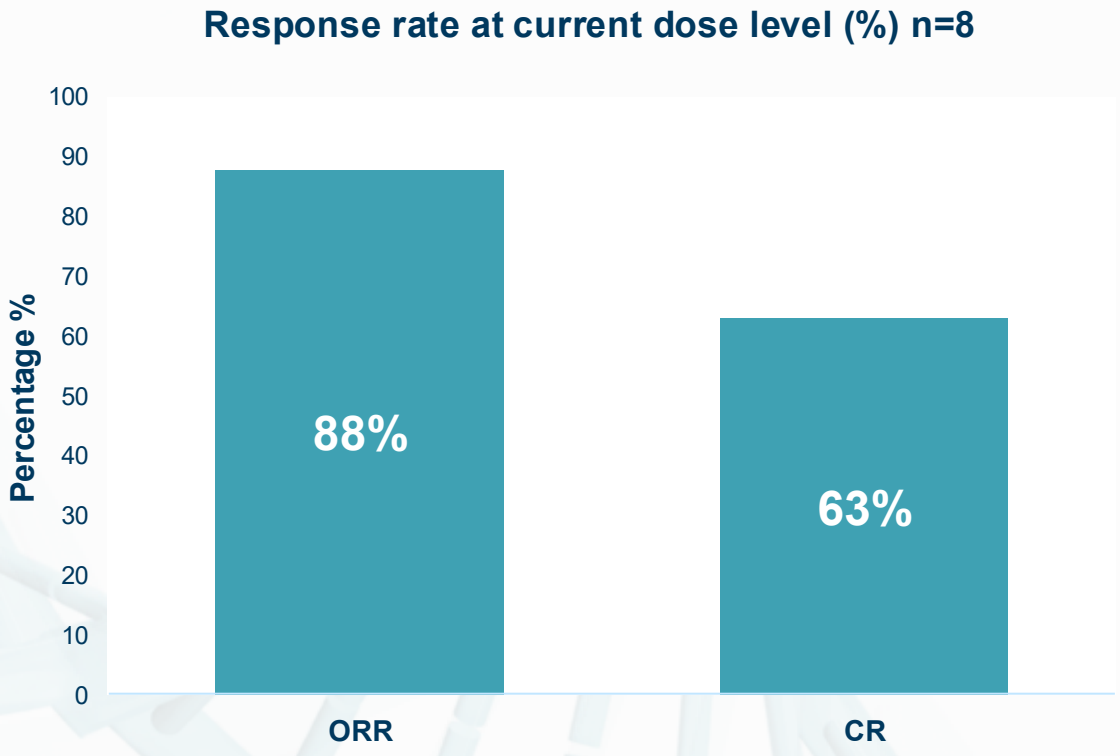
FCA LD regimen:

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

BOIN: Bayesian Optimal Interval; CLL/SLL: Chronic Lymphocytic Leukemia / Small Lymphocytic Lymphoma, DL: Dose Level; d: days; FCA: Fludarabine + Cyclophosphamide + Alemtuzumab; MTD: Maximum Tolerated Dose; PB: Peripheral Blood; pts: patients

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

5/8 CR at current dose level



Presented at ASH 2025

ASH: American Society of Hematology Annual Meeting

Expected 2026 Catalysts

Lasme-cel Pivotal Phase 2 First Interim Analysis

Eti-cel Full Phase 1 Dataset

Preclinical PoC for *In Vivo* Gene Therapy

PoC: Proof-of-Concept

Thank You

Reach us at:
investors@cellectis.com

Cellectis Paris
8, rue de la Croix Jarry 75013
Paris – France

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

Cellectis Raleigh
2500 Sumner Boulevard
Raleigh, NC, 27616 – USA

Diversified Partnerships with Industry Leaders

SERVIER moved by you / Allogene THERAPEUTICS	Allogene THERAPEUTICS	IOVANCE BIOTHERAPEUTICS	AstraZeneca
CAR-T CD19 (cema-cel)	**CAR-T BCMA, CD70 + 13 targets**	**TILs**	**Cell and Gene Therapies**
Exclusive[1] worldwide license to CD19-directed allogeneic CAR T-cells U.S. rights exclusively sublicensed to Allogene by Servier[2]	Exclusive worldwide license to 15 allogeneic CAR T-cell targets[1]	Research collaboration and exclusive worldwide license agreement to develop gene-edited TILs	Joint Research and Collaboration agreement to develop up to 10 novel products in oncology, immunology and rare diseases and investment agreement
Up to $340M 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	Up to $80M to $253M Per Product in Milestones + Tiered Royalties

1. The exclusivity is subject to the December 2025 Arbitral Decision.
2. Servier grants to Allogene exclusive rights to cemacabtagene ansegedleucel in the U.S., EU and UK, and Allogene has been granted an option to extend its licensed territory to China and Japan subject to certain conditions

TIL: Tumor-Infiltrating Lymphocyte