Fast-Tracking the Future of Cell Therapy:

Advancing Biologic-Scale Allogeneic CAR T Toward the Finish Line

May 2026

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Allogene: Defining the Future of Cell Therapy

Allogene is on the Path to Deliver on Our Vision of Democratizing Patient Access to CAR T

2026: A Pivotal Year for AlloCAR T

Cema-cel in 1L LBCL Consolidation Reported Interim Futility Analysis (Apr 2026)

- MRD clearance of 58.3% in cema-cel arm versus 16.7% in observation arm
- Well-tolerated; safety profile supports use in outpatient and community setting

Next Generation Products Harnessing Dagger® Technology with Built-in Lymphodepletion

- ALLO-329 in autoimmune diseases: Dose escalation ongoing with next update Q4'26
- ALLO-316 in solid tumors: Durable responses in Phase 1 r/r RCC

Advantages of Our Biologic-like Platform

Efficient, scalable and wholly-owned manufacturing capabilities*:

- 30,000 to 60,000 doses/year
- <$10,000 to 20,000 COGM/dose

Off-the-shelf drug distribution allows quick, local patient care

*Based on full capacity assumptions for Cell Forge 1, wholly-owned manufacturing facility, and depending on product mix/dose; COGM, cost of goods manufactured

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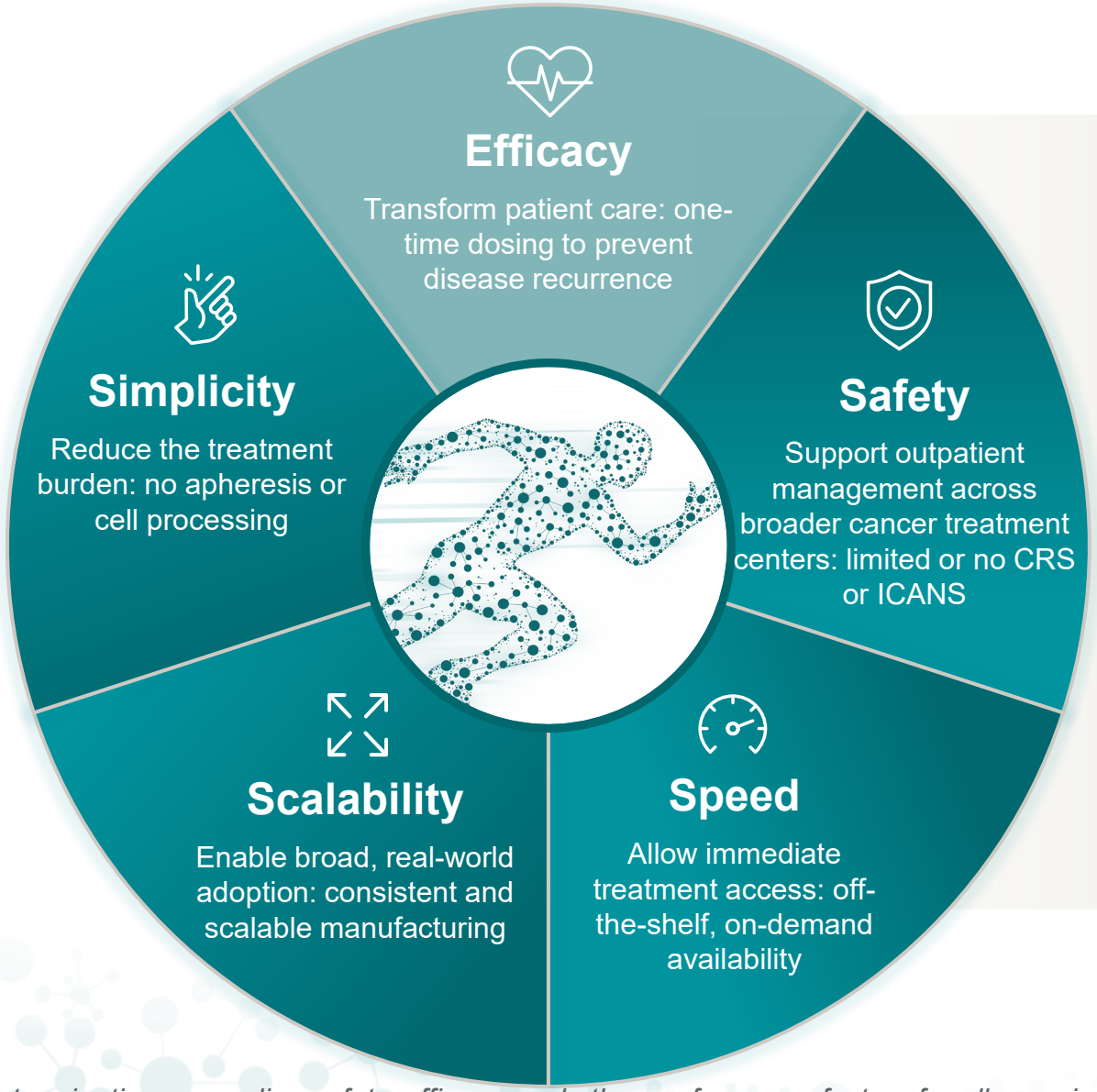
Redefining CAR T: The Five Key Dimensions that May Unlock its Full Potential



Allogeneic CAR T has the Potential to Deliver Across All Five Key Dimensions

Final determinations regarding safety, efficacy, and other performance factors for allogeneic CAR T products depend on completion of clinical trials and potential FDA and other regulatory reviews

CRS, Cytokine Release Syndrome; ICANS, Immune Effector Cell-Associated Neurotoxicity Syndrome

Three Purpose-Built Programs Designed to Redefine Patient Care…

Cema-cel (CD19)	**Changing the Standard of Care** ALPHA3 pivotal RCT in 1L consolidation LBCL w/potential to improve cure rates Interim futility analysis April 2026; next key update is interim EFS analysis slated for mid-2027
ALLO-329 (CD19/CD70)	**Uniquely Engineered for Autoimmune Disease** CD19/CD70 dual targeting designed with Dagger® technology RESOLUTION "Basket" Trial: 9 patients treated as of May 2026 with early signs of clinical activity; dose-escalation continuing with next update in Q4 2026
ALLO-316 (CD70)	**Breakthrough in Solid Tumors** Initial Phase 1 data suggest deep and durable responses in heavily pre-treated patients with CD70+ RCC

RCT = randomized controlled study
LBCL = large B-cell lymphoma.
MRD= minimal residual disease.
RCC = renal cell carcinoma.

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…and Remove Barriers to Unlock Broader CAR T Market Potential

ALPHA3 **cema-cel** (CD19)	RESOLUTION **ALLO-329** (CD19/CD70)	TRAVERSE **ALLO-316** (CD70)
~$5B	**>$15B**	**>$3.5B**
Assumes ~15K US/EU/UK patients treated in LBCL 1L consolidation each year[1]	Based on US prevalence (~500K) among rheumatology indications being studied[2]	Assumes ~9K patients worldwide with high-CD70+ expression treated in 3L+ RCC each year[3]
Potential to expand to other lymphomas	Potential to expand to broad set of autoimmune diseases	Gateway to earlier RCC, other solid tumors

[1]Epidemiology 2032 US and EU4/UK projections rounded based on Decision Resources (© 2022 DR/Decision Resources, LLC. All rights reserved. Reproduction, distribution, transmission or publication is prohibited); MRD-positivity based on Foresight Diagnostics data; MRD-testing rate based on primary market research and advisory board feedback; general net price assumption of $400K/pt in US based on autologous CAR T pricing, and ~$267K/pt in EU, for illustrative purposes only; Allogene has not made any pricing decisions for any product at this time

[2]Data on file, Allogene Therapeutics, includes assumptions on % CAR T addressable

[3]Epidemiology 2032 G7 projections rounded based on Decision Resources; CD70 expression based on Ruf et al., Clin Can Res. 2015 ; general assumption of $400K/patient based on US autologous CAR T pricing for illustrative purposes

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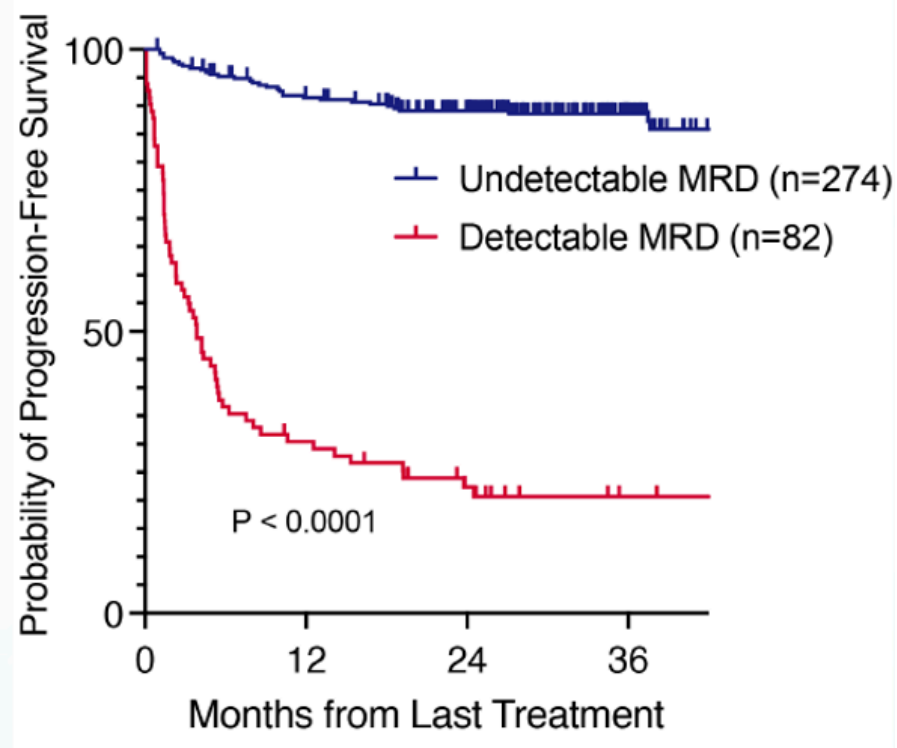
Cema-Cel: The ALPHA3 Pivotal Study

Giving LBCL Patients a Second Chance at First-Line Success

MRD Is Emerging as the Most Reliable Predictor of Relapse in LBCL



Patients who clear MRD at the end of 1L treatment are at low risk of recurrence[1-4]

Patients who do not clear MRD are at high risk of relapse [1-4]

A paradigm shift in LBCL management: *Can we safely and effectively treat patients who remain MRD+ with CAR T to prevent the recurrence of lymphoma?*

[1]Roschewski M, Kurtz D M, Westin J R, et al: Remission Assessment by Circulating Tumor DNA in Large B-Cell Lymphoma. J Clin Oncol 10.1200/JCO-25-01534
[2]Stepan, L., et al. (2024). Circulating tumor DNA (ctDNA) as an early outcome predictor in patients with second-line large B-cell lymphoma after lisocabtagene maraleucel versus standard of care treatment from the phase 3 TRANSFORM study. Blood, 144(Suppl. 1), Abstract 72. Presented at the American Society of Hematology Annual Meeting. https://doi.org/10.1182/blood-2024-199813
[3]Circulating Tumor DNA Minimal Residual Disease Assay; study is using investigational Foresight Diagnostics Clarity Test.
[4]Based on unpublished diagnostic data provided by Foresight Diagnostics
MRD, Minimal Residual Disease

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ALPHA3: Disrupting the Course of Disease, Not How Clinicians Practice

Current Standard of Care

1L Treatment

"Watch and Wait" Until Disease Recurrence

Up to 30% Require 2L Treatment[1]

Potential for a New Standard of Care*

1L Treatment

ctDNA-based MRD Test + cema-cel Consolidation

Reduce Risk of Recurrence

Eliminate the Need for 2L Treatment

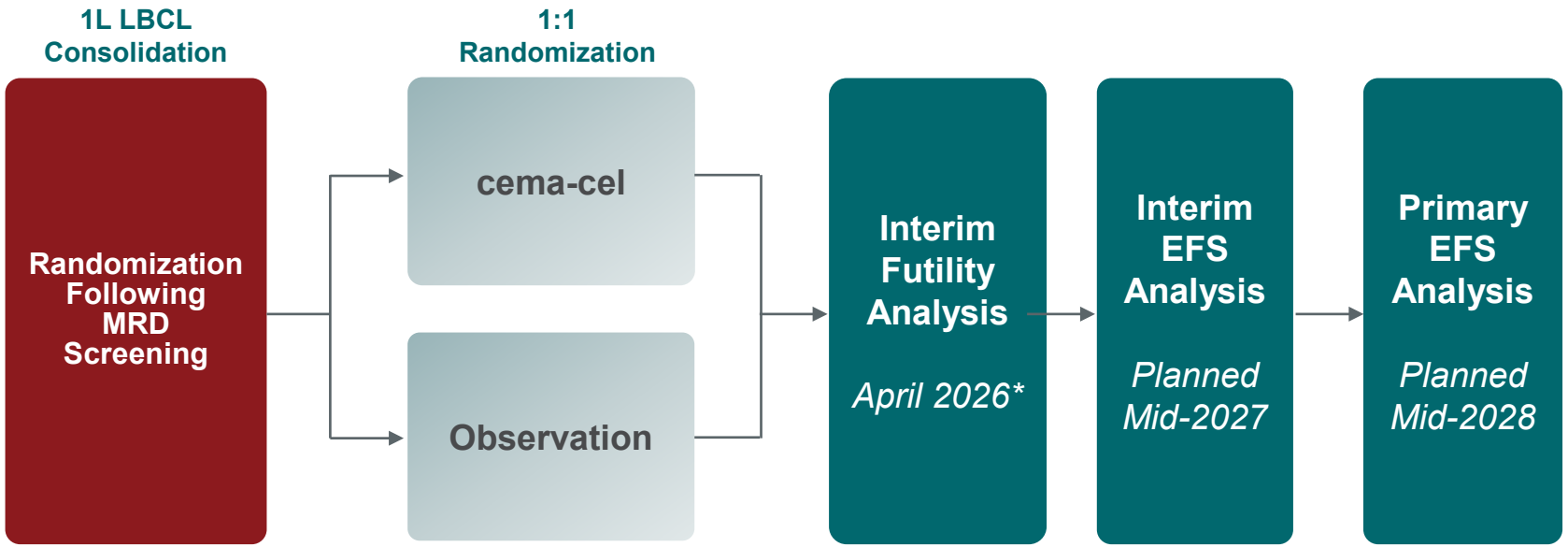
Predict and Prevent Relapse by Incorporating cema-cel as a "7th Cycle" for Patients Not Cured by 1L Therapy

Right Product	Right Patient	Right Time	Right Place
Curative potential with demonstrated safety and efficacy in r/r LBCL[2]	Treat only MRD+ patients who are at high risk of recurrence	When disease volume is at its lowest to improve safety and efficacy	Enable treatment in community sites, where ~80% of 1L patients are treated

*Illustrative / aspirational future path for patients not cured by 1L treatment; ctDNA, circulating tumor DNA

[1]Tilly H, Morschhauser F, Sehn LH, et al. Polatuzumab Vedotin in Previously Untreated Diffuse Large B-Cell Lymphoma. N Engl J Med. 2022;386(4):351-363
[2]Locke FL, Munoz JL, Tees MT, et al. Allogeneic Chimeric Antigen Receptor T-Cell Products Cemacabtagene Ansegedleucel/ALLO-501 in Relapsed/Refractory Large B-Cell Lymphoma: Phase I Experience From the ALPHA2/ALPHA Clinical Studies. *J Clin Oncol*. 2025 May 10;43(14):1695-1705. doi: 10.1200/JCO-24-01933. Epub 2025 Feb 13. PMID: 39946666; PMCID: PMC12058369.

Pivotal ALPHA3 Trial Poised for Multiple Program-Defining Readouts



Cema-cel administered as one dose (120M cells) following lymphodepletion (Fludarabine 30 mg/m2/day, Cyclophosphamide 300 mg/m2/day, administered daily x 3 days)

Trial Design

Open-label, multicenter, pivotal RCT designed with FDA guidance

~220 LBCL patients in CR/PR at end of 1L therapy with MRD

>60 cancer centers active in U.S. and Canada, balanced between academic and community sites; additional ex-North America sites to be activated, including sites in South Korea and Australia expected to start patient screening and enrollment in Q2 2026

Primary Endpoint

EFS assessed by blinded Independent Review Committee (IRC)
Powered to Detect a 50% Reduction in the Risk of EFS Events

Secondary Endpoints

PFS per IRC assessment	OS	MRD clearance rate**

*Interim futility analysis readout occurred in April 2026 with 12 patients enrolled in each arm
**MRD samples collected on Day 45, month 3 and every 3 months for the first year

EFS = event-free survival; PFS = progression-free survival; OS = overall survival

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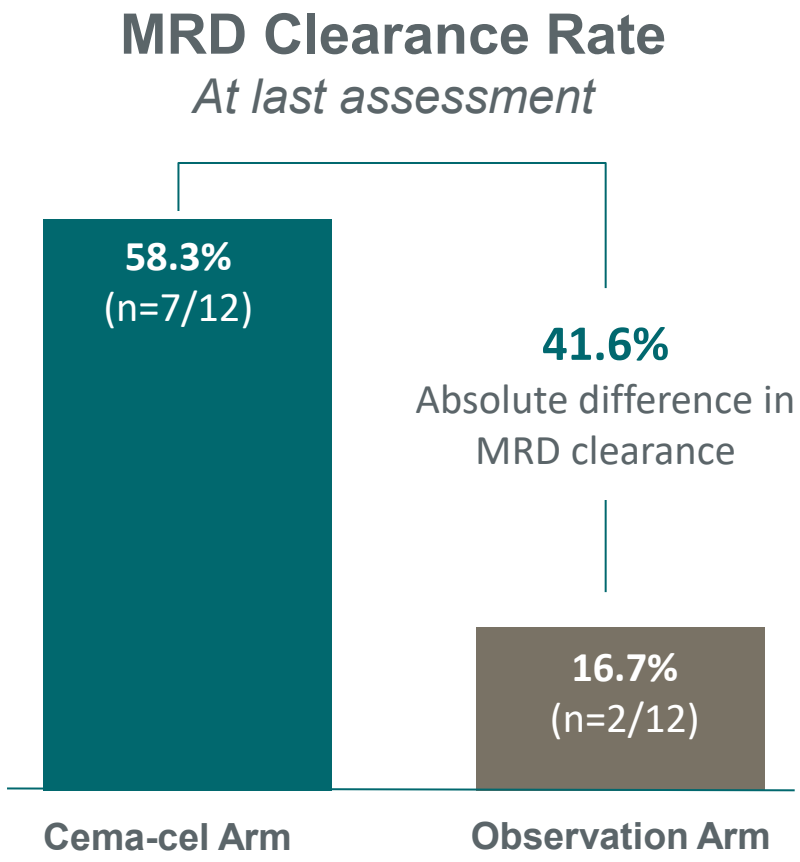
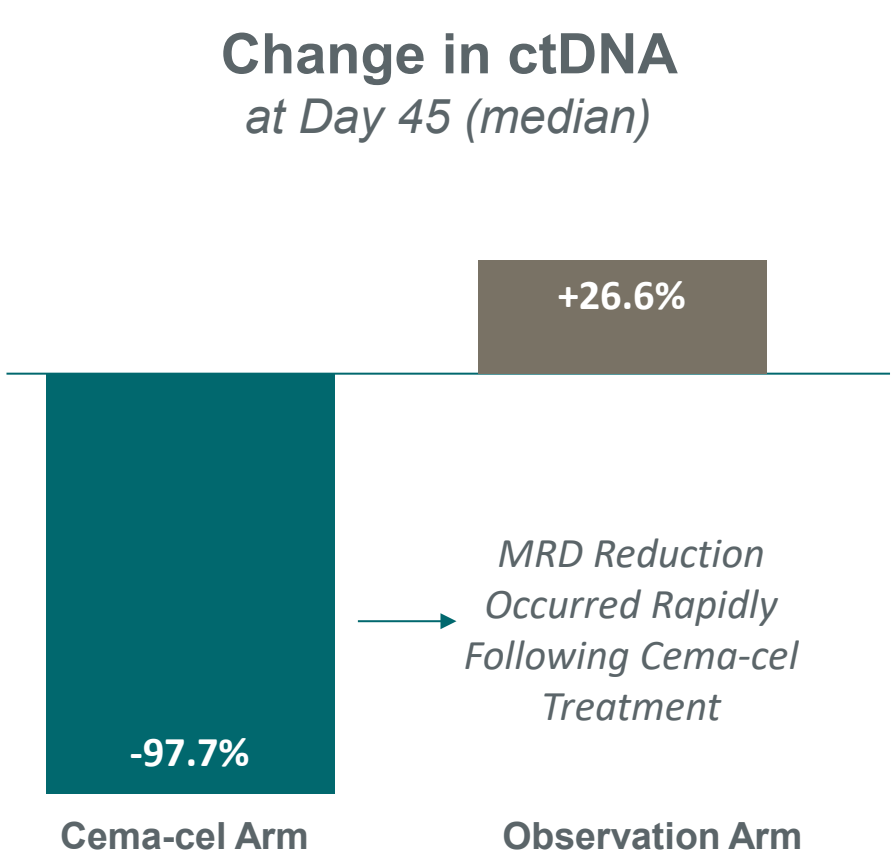
ALPHA3 Interim Futility Analysis: Absolute Difference in MRD Clearance Exceeded 25-30% Benchmark





ALPHA3 Interim Futility Analysis Data Cut (April 2026)

Literature Supports 25-30% MRD Clearance Difference as Potentially Transformative

	Study	Study Endpoint	Clinical Outcome*
MRD Clearance w/CAR T in r/r DLBCL	**Breyanzi in 2L DLBCL (TRANSFORM)[1,2]**	Breyanzi compared to ASCT Improved MRD clearance[4] by ***24%***	Reduced risk of EFS events by ***63%*** *(HR = 0.375)*
MRD Clearance w/ctDNA-Guided Treatment	**Tecentriq in adjuvant MIBC (IMvigor011)[3]**	ctDNA-guided adjuvant Tecentriq improved MRD clearance[5] by ***11%***	Reduced risk of recurrence or death by ***36%*** *(HR = 0.64)*

Sources: [1]Stepan et al. Blood Supp 2024, [2]Kamdar, M et al. (J Clin Oncol 42, 2024 (suppl 16; abstr 7013)), [3]Powles et al., NEJM 2025
[4]Using Natera's CLARITY™ MRD assay; [5]Using Signatera® molecular residual test or a highly similar test (in China)
*MRD-clearance benchmarks may not translate to ALPHA3 EFS or cema-cel approval
DLBCL, Diffuse Large B-Cell Lymphoma; r/r, relapsed / refractory; ASCT, Autologous Stem Cell Transplant; EFS, Event Free Survival; MIBC, Muscle Invasive Bladder Cancer

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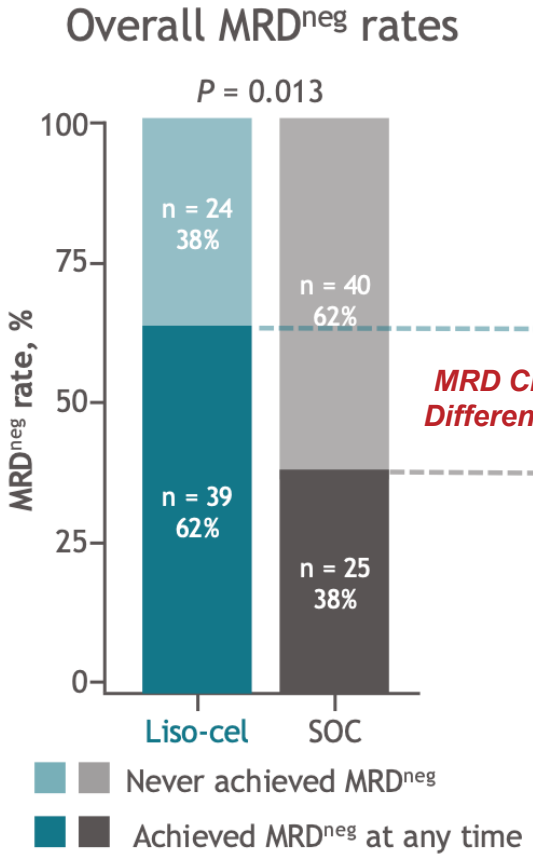
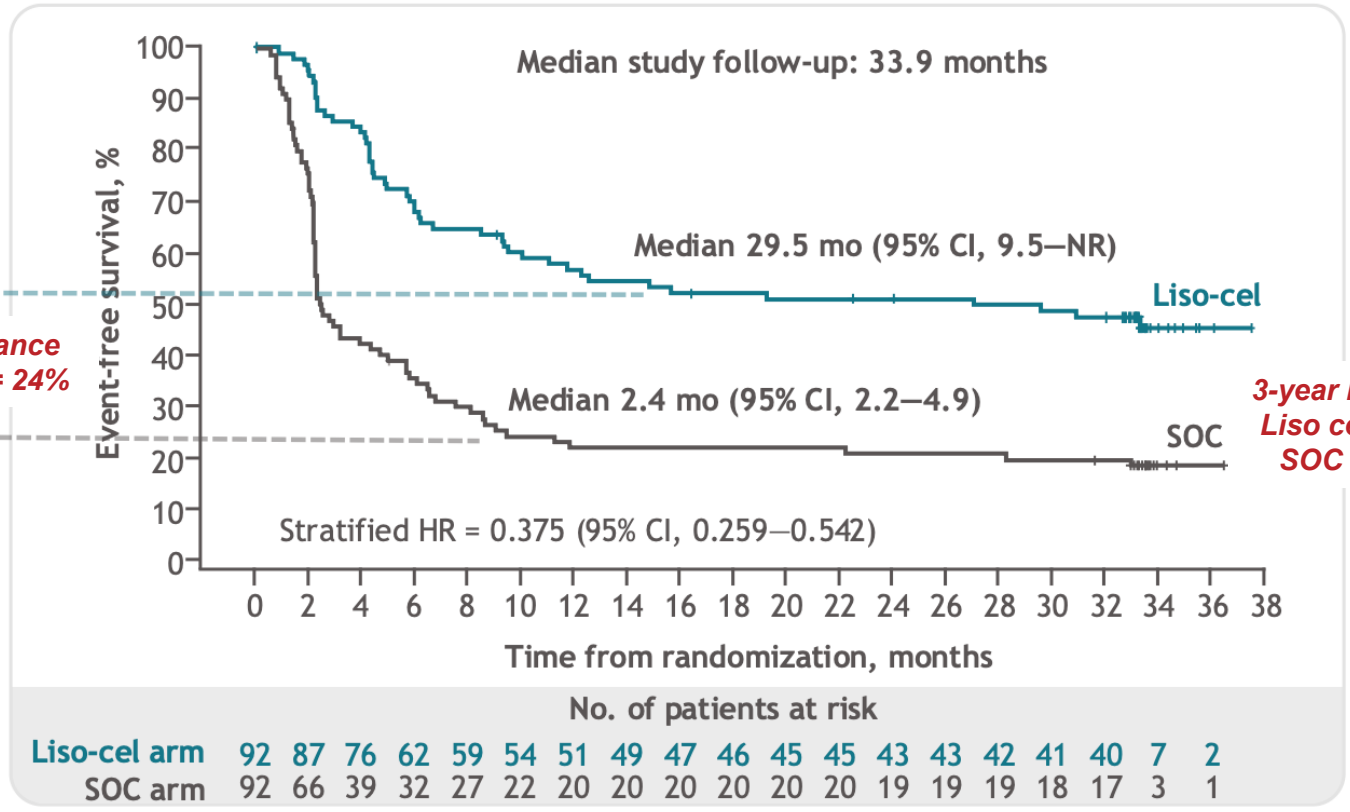
MRD Clearance Differential Post-CAR T Correlates With Durable EFS Benefit

More liso-cel patients achieved MRD^{neg}, consistent with the clinical study primary endpoint[1]



MRD Clearance Difference = 24%



3-year EFS Rate[2]
Liso cel = 45.8%
SOC = 19.1%

NR, not reached.

1. Kamdar, et al. *J Clin Oncol* 2024;42(suppl 16):7013.

7

[1]Stepan, L., et al. (2024). Circulating tumor DNA (ctDNA) as an early outcome predictor in patients with second-line large B-cell lymphoma after lisocabtagene maraleucel versus standard of care treatment from the phase 3 TRANSFORM study. Blood, 144(Suppl. 1), Abstract 72. Presented at the American Society of Hematology Annual Meeting

[2]Kamdar, M et al. (J Clin Oncol 42, 2024 (suppl 16; abstr 7013))

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ALPHA3 Interim Futility Analysis:
Well-Tolerated Interim Safety Results Support Use in Outpatient and Community Setting

TEAEs of Special Interest	Cema-cel Arm (N=12) n (%)	Observation Arm (N=12) n (%)
CRS (Any Grade)[1]	0	-
ICANS (Any Grade)[1]	0	-
GvHD (Any Grade)	0	-
Infection[2]	2 (16.7%)	2 (16.7%)
Infection (Grade ≥ 3)	0	0
Other Neurologic Events[3]	6 (50%)	1 (8.3%)
Other Neurologic Events (Grade ≥3)	0	0

[1]No reported use of tocilizumab or steroids
[2]Infection events were low grade and limited to urinary tract infection, subcutaneous abscess, COVID19, and skin infection
[3]Other neurologic events were low grade and limited to headache, dizziness, numbness or tingling in the hands or feet, and altered taste

No Hospitalizations Related to Treatment

- Ten of 12 patients who received cema-cel were managed post-infusion entirely in the outpatient setting
- Two patients were briefly hospitalized (<48h) for events deemed unrelated to cema-cel treatment (atrial fibrillation and non-cardiac chest pain).
- One patient in the observation arm was hospitalized for febrile neutropenia

ALPHA3 Interim Futility Analysis Data Cut (April 2026)

ALPHA3 Leverages Academic Centers While Expanding CAR T to Community Settings

Over 60 Current Sites Active Across North America, Balanced Between Academic and Community Centers

At the time of the Interim Futility Analysis:

~33% of screening activity and cema-cel infusions conducted in community cancer centers, including sites new to CAR T

South Korea and Australia patient screening and enrollment expected to begin in Q2 2026

Additional ongoing site expansion activities in US and Europe underway

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ALPHA3 Designed to Expand CAR T Access Where Patients Are Treated

Current State: Limited CAR T Access

- **Only ~15%** of 2L+ LBCL patients receiving CAR T[1]
- **Access limited to ~200 Authorized Treatment Centers** in US, mostly at academic centers
- **FACT accreditation required** for reimbursement
- **~80%** receive 1L treatment in community sites of care where CAR T access is most limited

ALPHA3 Designed to Enable Cema-cel Commercialization by Addressing Key Barriers to Patient Access

[1]Shadman, Liu, et al, ASH 2025

FACT, Foundation for the Accreditation of Cellular Therapy

What Could Drive CAR T Adoption in 1L Consolidation

Confidence in Outcomes

- MRD-guided approach broadly embraced and viewed as highly differentiated vs other studies
- Efficacy seen as clinically meaningful

Confidence in Delivery

- Safety profile viewed as very well tolerated and changes perception of CAR T management
- Outpatient feasibility removes major friction

Confidence in Access

- Off-the-shelf availability
- Simpler logistics key to use in community practice
- Biologic-like reimbursement and no FACT accreditation

With CAR T, Physicians Recognize that Efficacy Alone is Not Enough – Placing Greater Emphasis on Safety and Delivery[1]

[1]Allogene Q1'26 market research (cema-cel TPP blinded and based on ALPHA3 statistical plan, 1L regimen TPPs blinded and based on published Ph1 data)

Market Insights: Physicians Are Ready to Act Earlier If the Therapy “Fits”

Cema-cel 1L LBCL Consolidation Target Product Profile Reactions[1]

Physician Projections

MRD Testing

Patients who would receive MRD testing at end of 1L therapy

Market Share

MRD+ patients who would receive cema-cel in 1L consolidation

[1]Based on Allogene Q1’26 market research (cema-cel TPP blinded and based on ALPHA3 statistical plan, 1L regimen TPPs blinded and based on published Ph1 data); illustrative only; actual testing, adoption, and market share may differ materially

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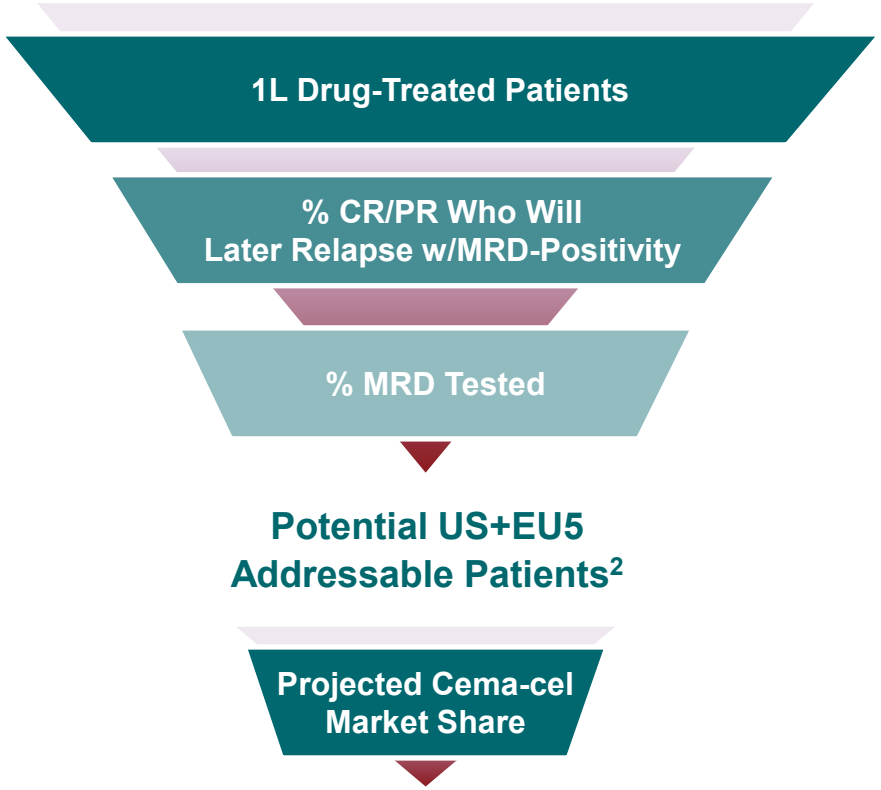
Projected ~$5B 1L Consolidation CAR T Market Opportunity

1L Consolidation Potential Market Opportunity Sizing[1]



	US	EU5
1L Drug-Treated Patients	~34,000	~31,000
% CR/PR Who Will Later Relapse w/MRD-Positivity	~30%*	
% MRD Tested	~75%	
Potential US+EU5 Addressable Patients[2]	>14,700 Patients/Year ~$5B Revenue Opportunity	
Projected Cema-cel Market Share	~50-70%	
Cema-cel Commercial Opportunity	**~7,000 – 10,000 Patients/Year ~$2.5 – 3.5B Annual Revenue**	

*Represents all relapsing MRD+ patients in future state market opportunity; MRD+ rate at 1L end-of-therapy timepoint assumed to be lower

[1] Sources: Epidemiology 2032 US and EU5 (France, Germany, Italy, Spain, UK) projections rounded based on Decision Resources (© 2022 DR/Decision Resources, LLC. All rights reserved. Reproduction, distribution, transmission or publication is prohibited), % suitable for observation and %MRD+ based on Foresight Diagnostics data, %MRD-tested based on Allogene market research Q1'26 and advisory board feedback. Projected market share based on Allogene market research Q1'26.

[2] Market revenue opportunity calculation uses general net price assumption of $400K/pt in US based on autologous CAR T pricing, and ~$267K/pt in EU5, for illustrative purposes only; Allogene has not made any pricing decisions for any AlloCAR T product at this time

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Path to Pivotal EFS Data in Mid-2028

Key Planned Activities and Catalysts

2026

- Continued Site Expansion in US and new ex-US regions (e.g., South Korea, Australia, Europe)

2027

- Mid-year: Interim EFS analysis
- End of year: Enrollment completed (n=220)

2028

- Mid-year: Primary EFS analysis
- Powered to Detect a 50% Reduction in the Risk of EFS Events

Supercharging AlloCAR T Products

ALLO-329 ALLO-316

Dagger® Technology: A Potentially Transformative Solution to Allo-Rejection

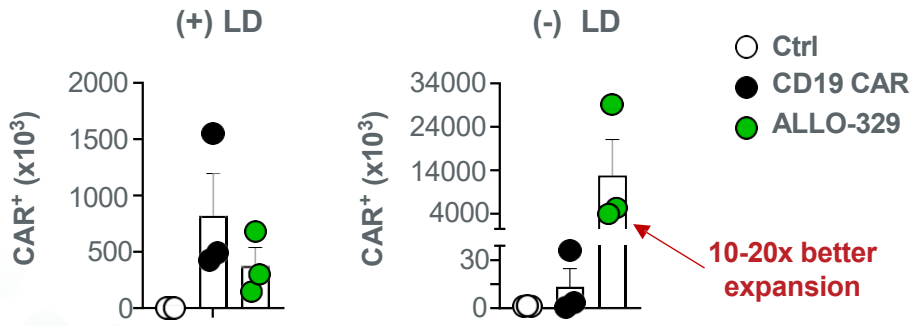
Dagger® Technology: A Potentially Transformative Solution to Allo-Rejection

The Insights Driving a New Approach to Mitigate Allo-Rejection

- Host allo-reactive T cells drive allogeneic CAR T rejection
- CD70⁺ activated T cells are the key mediators of host allo-reactivity[1]

The Proprietary Dagger® Mechanism May Enable the Solution

CD19/CD70 CAR T Cell Expansion is Higher in (-) LD State



- In lymphodepleted-state mice (+LD), both allogeneic CD19 CAR T and Dagger®-enabled ALLO-329 expand equally
- In non-lymphodepleted mice (-LD), traditional CD19 CAR T cells are rapidly rejected, while ALLO-329 cells expand 10-20x better than in +LD mice
- Dagger® is modular and combinable with primary CAR as a dual CAR

[1]Verma et al, Blood 2024

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Dagger®: Clinical Data Demonstrate Robust CAR T Expansion

Clinical Validation of Dagger® Technology

- Translational data from ALLO-316 demonstrated robust CAR T expansion that matches or exceeds autologous CAR T
  - Cell Dose: 80 million CAR T cells
  - LD: Standard dose Flu-Cy
- ALLO-316 provided specific, transient depletion of CD70^{+} T cells while sparing CD70 T cells in patients

Product / Candidate	Cell Dose	C_{max} copies/µg	AUC_{0-28} day*copies/µg
ALLO-316	**80 M**	**64,647**	**620,910**
Breyanzi	90-110 M	23,964	214,283
Carvykti	0.5-1 M per kg	34,891	293,490
Satri-cel (Carsgen)	250 M to 1000 M	4,613	NR
P-BCMA-ALLO1 (Poseida)	2 M per kg	49,430	NR
CTX130 (CRISPR Tx)	900 M	~20,000	LLOD ~ 14 days

ALLO-316 is CD70 targeting allogeneic CAR T being studied in renal cell carcinoma (NCT04696731)

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ALLO-329: Purposefully Designed for Autoimmune Disease & Patient Access

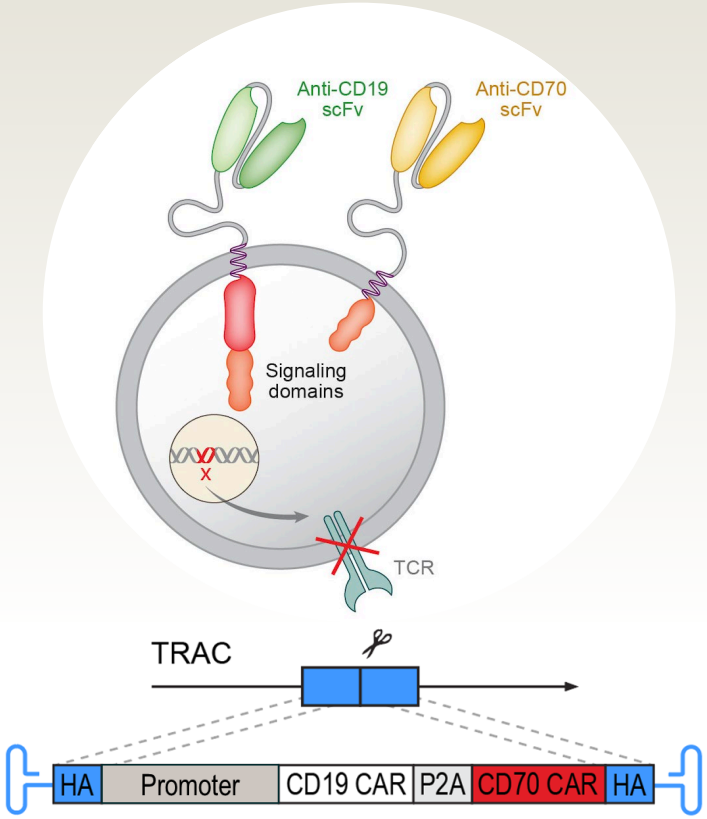
ALLO-329 Targets Dual Pathogenic Immune Cell Pathways

- Designed to deplete B cells and auto-reactive CD70+ T cells
- Potential for minimized or no lymphodepletion
- Highly scalable and efficient manufacturing process

RESOLUTION "Basket" Trial Status*

- Phase 1 dose-escalation study ongoing
- 9 patients treated in the cy-alone cohort at DL1 (20M cells) and DL2 (40M cells) and no lymphodepletion cohort at DL1
  - Favorable tolerability profile to date
  - Early signs of clinical activity reported at very low dose levels
- Strong investigator and patient interest driving enrollment momentum
  - DL3 (80M cells) enrolling; next update in Q4'26

Dual CD19/CD70 CAR to enable both disease control and immune conditioning



Potential Addressable Market Opportunity of >$15B In Initial Rheumatology Indications Under Study

**As of May 2026 update*

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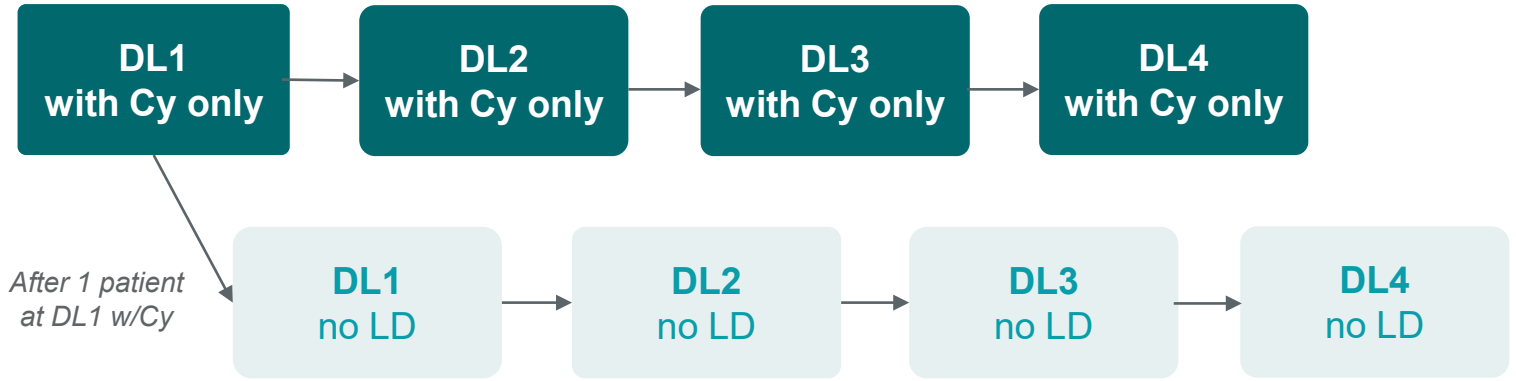
RESOLUTION: A Platform-Defining PoC for an AlloCAR T in Autoimmune Disease

RESOLUTION Protocol Schema of Parallel Dose Escalation With or Without Lymphodepletion



Next Key Milestone

Q4 2026: Program Update

Trial Design

Phase 1 3+3 dose escalation study

- Starting doses
  - DL1: 20M cells
  - DL2: 40M cells
  - DL3: 80M cells
- Testing LD regimens: Cy alone (with option to add Flu), No LD

Patient Population

- SLE, including LN
- Scleroderma
- Inflammatory myositis

Trial Objectives

- Evaluate safety and preliminary efficacy
- Measure kinetics of B-cell depletion and recovery
- Measure correlative disease-activity biomarkers

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ALLO-316: Path to Addressing Unmet Need in Solid Tumors

Encouraging Activity In Solid Tumor

High Unmet Need in r/r RCC

- Standard outcomes in r/r RCC are poor: ~20% ORR and <6mo mPFS[1a, 1b]

31% ORR in r/r RCC with high CD70+ expression[2]

- Median DOR not yet reached with longest remission 12+ months

Standard FC LD and single CAR T infusion

- ALLO-316 has intrinsic ability to overcome allo-rejection (Dagger® Technology), leading to robust cell expansion and persistence

FDA RMAT Designation

- Aligned with FDA on pivotal trial design

Global Market Opportunity

~9,000
Patients/Year[3]

>$3.5B
Revenue Potential[4]

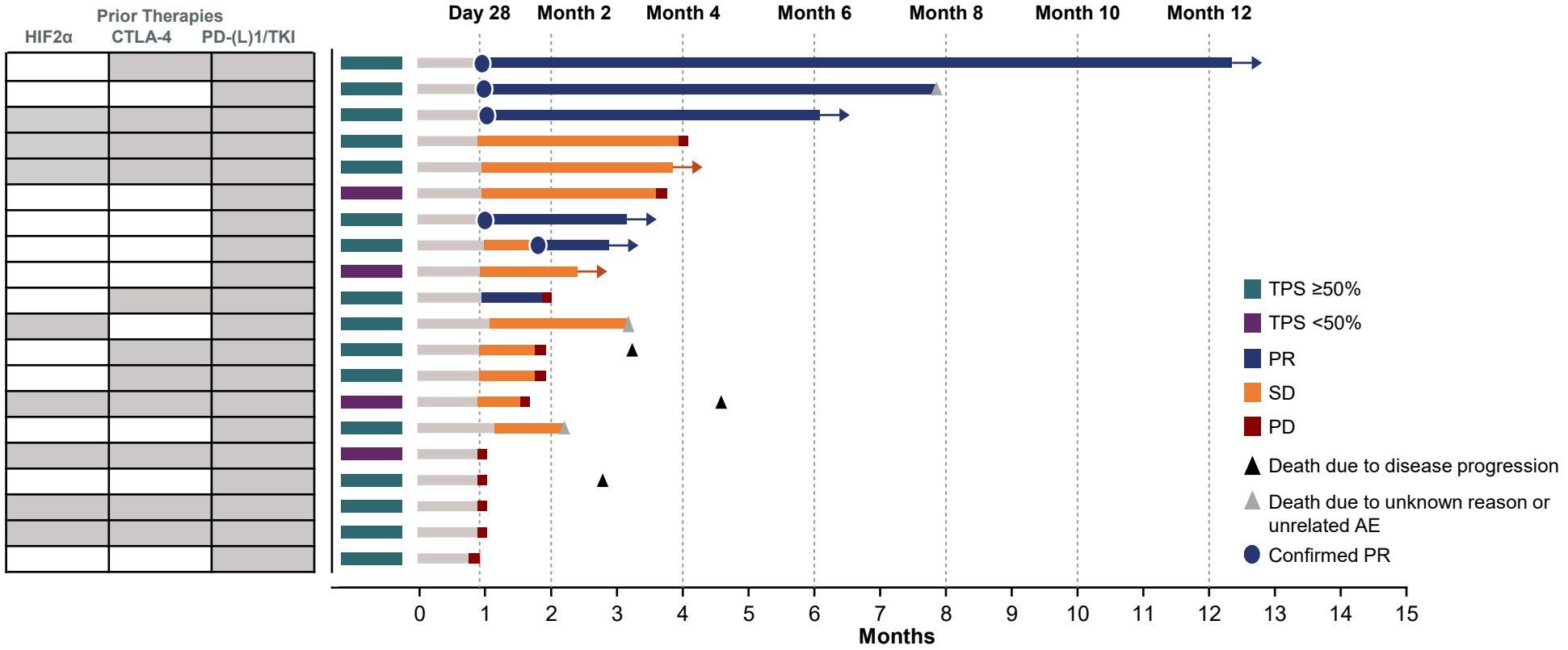
CD70 is highly expressed in ~2/3 of RCC

[1a]Welireg (belzutifan) PI [1b]Fotivda (tivozanib) PI; [2]ASCO 2025 Data Presentation
[3]Epidemiology 2032 projections for G7 markets rounded based on Decision Resources (© 2022 DR/Decision Resources, LLC. All rights reserved. Reproduction, distribution, transmission or publication is prohibited); assumes 80% CD70 expression and 75% of CD70+ with TPS >=50% (Ruf et al., Clin Can Res. 2015).
[4]Market revenue opportunity calculation uses general assumption of $400K/patient based on US autologous CAR T pricing for illustrative purposes only; note that Allogene has not made any pricing decisions for any AlloCAR T product at this time

Allogene THERAPEUTICS

ALLO-316 Demonstrates a CAR T Can Deliver Durable Benefit in Solid Tumors

Promising Durable Responses in Refractory Patients Who Had Exhausted All Approved Therapies



CTLA-4 = cytotoxic T-lymphocyte-associated protein 4. HIF-2α = hypoxia-inducible factor 2α. PD = progressive disease; PD-(L)1 = programmed cell death protein/ligand 1. PR = partial response. SD = stable disease. TKI = tyrosine kinase inhibitor. TPS = tumor proportion score.

ASCO 2025 data presentation

Allogene THERAPEUTICS

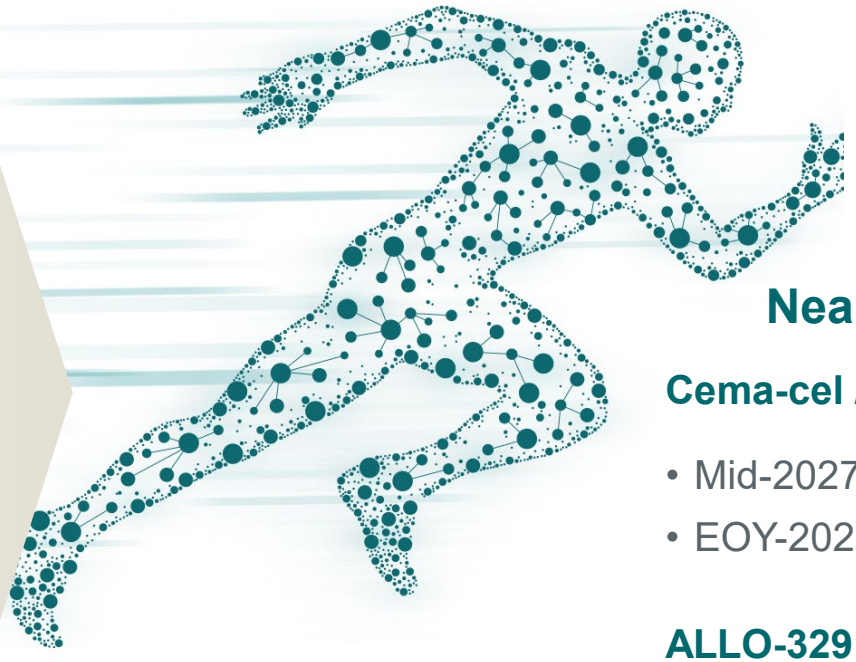
Allogene: Fast-Tracking the Future of Cell Therapy

AlloCAR T Platform: Potential to Deliver Across All 5 Key Dimensions (Safety, Speed, Scalability, Simplicity & Efficacy)

3 Programs Poised to Unlock Multi-Billion Dollar Market Opportunities

Operationally Ready with Wholly Owned Manufacturing Facility

Financial Runway into Q1 2029



Near-Term Milestones

Cema-cel / ALPHA3

- Mid-2027: Interim EFS analysis
- EOY-2027: Completion of enrollment

ALLO-329 / RESOLUTION

- Q4 2026: Next data update

Allogene THERAPEUTICS

Fast-Tracking the Future of Cell Therapy:

Advancing Biologic-Scale Allogeneic CAR T Toward the Finish Line

Allogene's investigational AlloCAR T oncology product candidates utilize the TALEN® gene-editing technology. Cemacabtagene ansegedleucel (cema-cel) was developed based on an exclusive worldwide oncology license granted by Cellectis to Les Laboratories Servier SAS and Institut de Recherches Internationales Servier SAS (collectively, Servier). Servier has granted Allogene commercial rights to cema-cel and some additional product candidates in the U.S., the European Union and the United Kingdom.

Pipeline Designed to Maximize Greatest Opportunity

Target	Program	Trial	Study Population	Discovery	IND-enabling	Phase 1	Phase 2[1]	Approved	Designation
HEMATOLOGIC MALIGNANCIES									
CD19 (Key Program)	**Cemacabtagene ansegedleucel (cema-cel)**	**ALPHA3**	**1L Consolidation LBCL**						
CD70	ALLO-316		CD70+ Heme Malignancies						
SOLID TUMORS									
CD70 (Key Program)	**ALLO-316**	**TRAVERSE**	**r/r RCC**						**FTD RMAT**
CD70	ALLO-316		Other Solid Tumors						
DLL3	ALLO-213		SCLC & Neuroendocrine tumors						
Claudin 18.2	ALLO-182		Gastric & Pancreatic						
AUTOIMMUNE DISEASE									
CD19/ CD70 (Key Program)	**ALLO-329**	**RESOLUTION**	**Rheumatology Disorders**						

[1]Phase 2 designed to be registrational

Allogene THERAPEUTICS

The Right Product: Foundational Ph1 Cema-cel Data Paves the Way for ALPHA3

Journal of Clinical Oncology®
An American Society of Clinical Oncology Journal

Median Time From Enrollment to Treatment = 2 days

3L Relapsed/Refractory LBCL	All Patients (n=33)	Patients Who Received Selected Ph2 Dose[a] (n=12)	KYMRIAH®[1] Phase 2 Pivotal	YESCARTA®[2] Phase 2 Pivotal	BREYANZI®[3] Phase 2 Pivotal
ORR	58%	67%	50% (label)	72% (label)	73% (label)
CR in LBCL (mITT)	42%	58%	32% (label)	51% (label)	54% (label)
CR at 6 months in LBCL (mITT)	30%	42%	29%	36%	~ 40%
DOR (months)	11.1	23.1	NE (label)	9.2 (label)	16.7 (label)
CRS (Gr3+)	0%	0%	22%	13%	2%
Neuro Events including ICANS (Gr3+)	9% (No ICANS)[b]	0%	12%	31%	10%
Infection (Gr3+)	15%	8%	20%	23%	12%
Enrolled who did not receive intended cell product	n=3	n=1[c]	33%[d]	9%[d]	36%[e]

[1] *KYMRIAH USPI and Schuster S et al NEJM 2019. Patient population in the label includes: 78% - primary DLBCL not otherwise specified (NOS); 22% DLBCL following transformation from Follicular Lymphoma*
[2] *YESCARTA USPI; Neelapu, NEJM 2017; https://www.kitepharma.com/news/press-releases/2017/10/kites-yescarta-axicabtagene-ciloleucel-becomes-first-car-t-therapy-approved-by-the-fda-for-the-treatment-of-adult-patients-with-relapsed-or-refract. Patient population in the label includes: 76% - DLBC; 16% - Transformed Follicular Lymphoma; 8% Primary Mediastinal Large B-cell Lymphoma.*
[3] *BREYANZI USPI and Abramson, Lancet, 2020. Patient population in label includes: 53% - de novo DLBCL; 25% DLBCL transformed from indolent Lymphoma; 14% high-grade B-cell Lymphoma; 7% Primary Mediastinal Large B-cell Lymphoma; 1% grade 3B Follicular Lymphoma*
[a] *Fludarabine/cyclophosphamide lymphodepletion with 90 mg of ALLO-647 (FCA90) followed by a single dose of CAR T cells at 120 x 106 494 CAR+ cells*
[b] *Two ALLO-501 participants with Grade 3 muscle weakness; One ALLO-501A participant with Grade 3 confusional state; No Grade 4 or Grade 5 neurologic events; All 3 neurologic events were considered unrelated to either ALLO-501 or ALLO-501A*
[c] *After enrollment, one subject was found to have CNS involvement and was excluded*
[d] *Percent of patients who enrolled and did not receive intended cell product including out of spec products*
[e] *Percent who underwent lymphodepletion but did not receive intended cell product including out of spec products*

FOR ILLUSTRATIVE PURPOSES ONLY: no head-to-head clinical trial has been conducted. Differences exist between trial designs and subject characteristics, and caution should be exercised when comparing data across studies.
ORR, Objective Response Rate; mITT, modified Intent to Treat; DOR, Duration of Response

ALPHA/ALPHA2 Data Cutoff Date: September 26, 2024, Locke FL, et al. *J Clin Oncol*. 2025

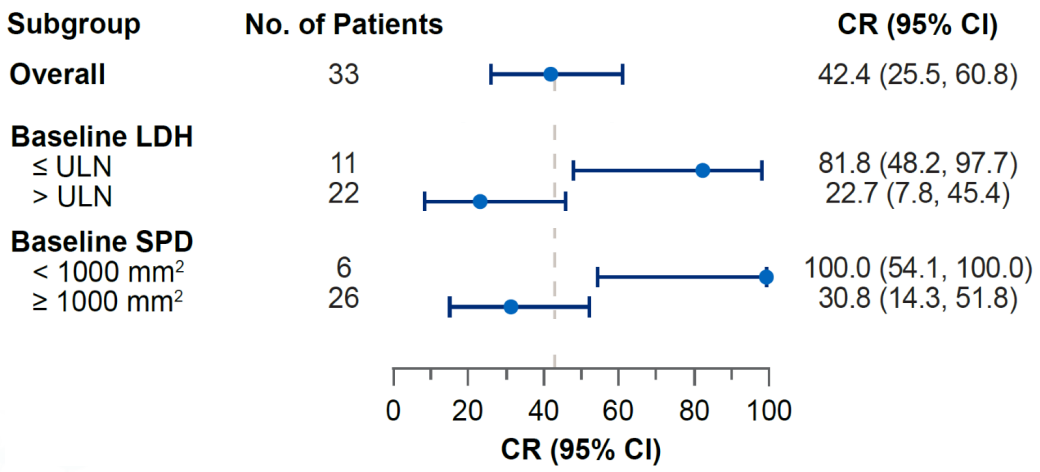
Allogene THERAPEUTICS

Subgroup Analyses and Durability Show Proof of Concept for Cema-cel in ALPHA3

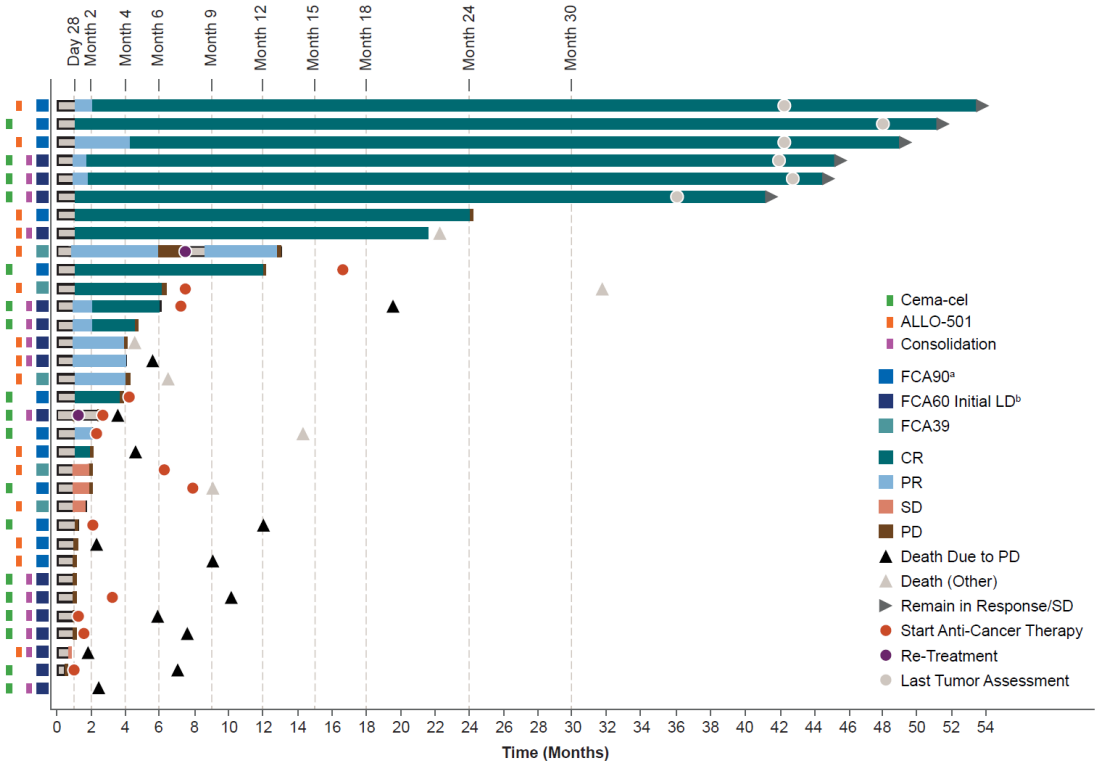
ALPHA/ALPHA2 Ph1 Data Published in Journal of Clinical Oncology

High CR Rates In Subgroups Most Similar to Expected ALPHA3 Population

- Patients w/normal LDH: 82% (9/11)
- Patients w/low tumor burden prior to treatment: 100% (6/6)



Ongoing Responses >4 Years in Complete Responders



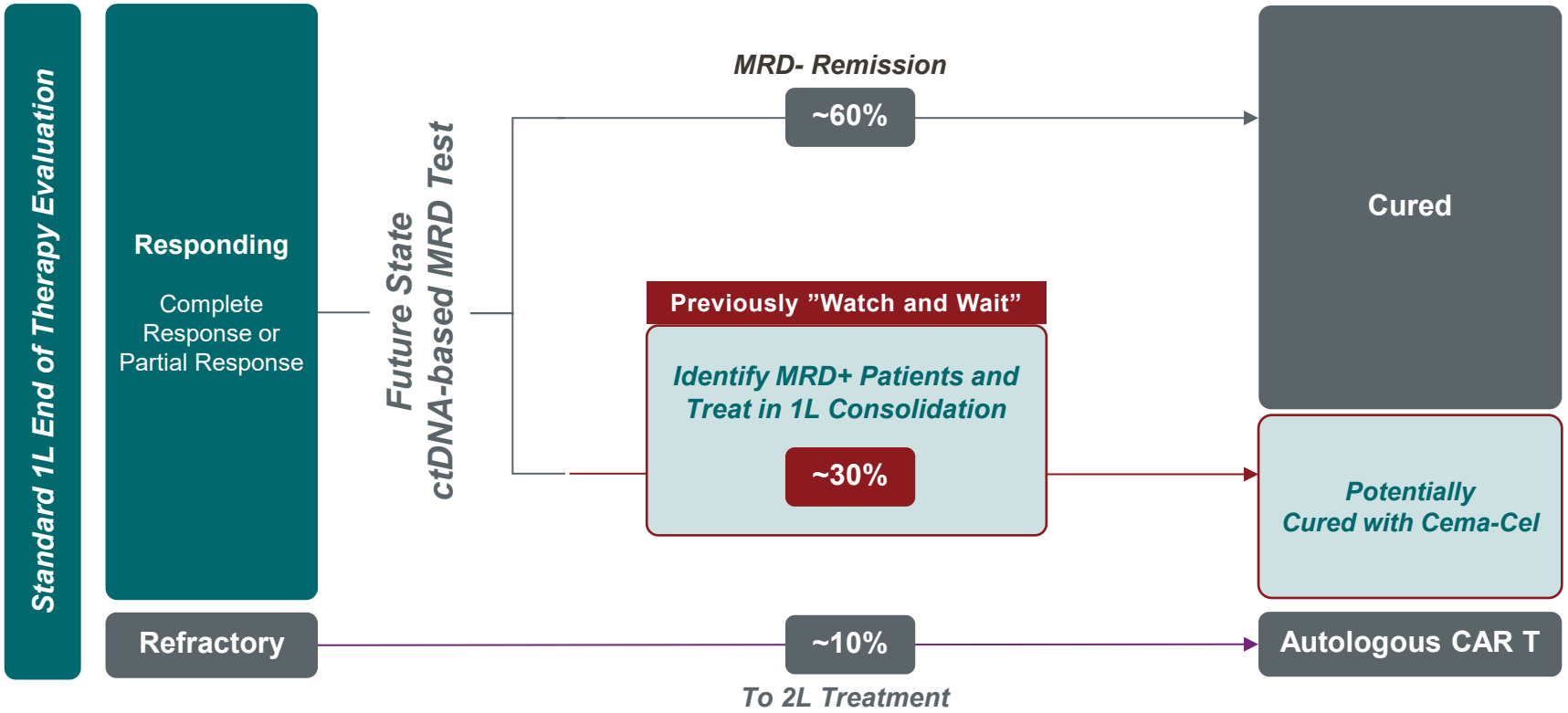
[a] FCA90 and FCA90/FCA60 (ALC-based) groups. [b] FCA60 + consolidation (LD followed by a single dose of cema-cel/ALLO-501 and then an additional dose of ALLO-647 on day 29 and ALLO-501/cema-cel on day 30).

ALPHA/ALPHA2 Data Cutoff Date: September 26, 2024, Locke FL, et al. *J Clin Oncol*. 2025

Allogene THERAPEUTICS

Opportunity to Leapfrog Competition with an Alternative to “Watch and Wait”

Treat Patients Earlier, Where They Are, and With a Simplified, One-Time Therapy

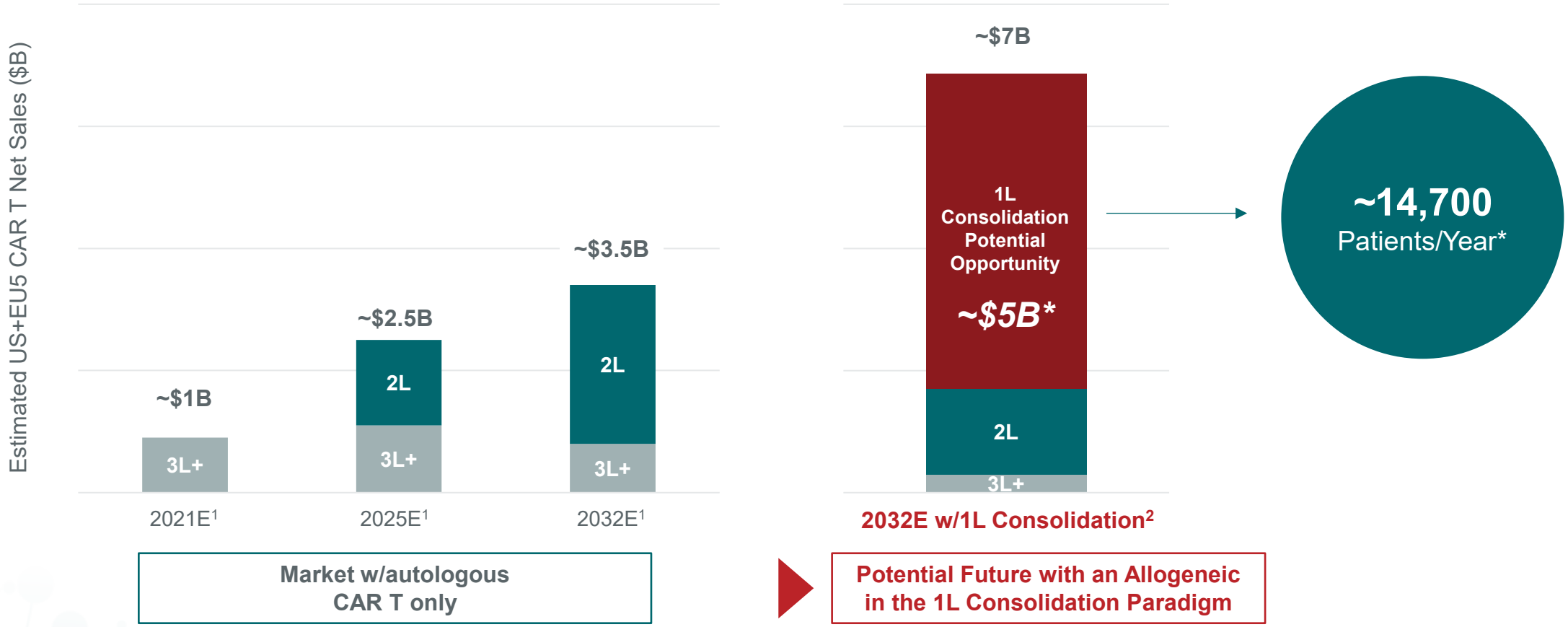


[1]Tilly H, Morschhauser F, Sehn LH, et al. Polatuzumab Vedotin in Previously Untreated Diffuse Large B-Cell Lymphoma. *N Engl J Med*. 2022;386(4):351-363.

ALPHA3: Designed to Dramatically Transform the LBCL Market

Projected US+EU5 CAR T Market Size in LBCL by Line of Therapy

Market Split: US ~ 2/3, EU5 ~ 1/3



*Represents all relapsing MRD+ patients in projected future market opportunity; MRD+ rate at 1L end-of-therapy timepoint assumed to be lower than rate at any timepoint

[1]Source: CAR T class sales projections for US+EU5 markets rounded based on Decision Resources (© 2022 DR/Decision Resources, LLC. All rights reserved. Reproduction, distribution, transmission or publication is prohibited)
[2]Sources: Based on CAR T 2032 class sales projections for US+EU5 markets rounded based on Decision Resources; general net price assumption of $400K/pt in US based on autologous CAR T pricing, and ~$267K/pt in EU5, for illustrative purposes only (Allogene has not made any pricing decisions for any AlloCAR T product at this time); adjusted to reflect additional ~$5B revenue potential for 1L Consolidation market opportunity, with 25% of that eroding 2L CAR T sales and 10% of that eroding 3L+ CAR T sales based on Allogene assessment

Allogene THERAPEUTICS

ALPHA3 Interim Futility Analysis: Enrolled Patients Had Aggressive Disease Characteristics

At Original Diagnosis	Cema-cel Arm (N=12) n (%)	Observation Arm (N=12) n (%)
History of Bone Marrow Involvement	4 (33.3%)	3 (25%)
Disease Stage		
I - II	0	2 (16.7%)
III - IV	12 (100%)	10 (83.3%)
IPI Score		
0 to 1	0	4 (33.3%)
2 to 3	7 (58.3%)	5 (41.7%)
4 to 5	5 (41.7%)	2 (16.7%)
Unknown	0	1 (8.3%)
Gene Alterations/Over Expression		
Double Hit	6 (50%)	2 (16.7%)
Triple Hit	0	2 (16.7%)
Double Expressor	2 (16.7%)	0

- Both study arms consisted of patients with high-risk, aggressive lymphomas
- Although limited by the small sample size, baseline characteristics show that a numerically greater number of patients in the Cema-cel Arm had more aggressive disease features, specifically stage III-IV disease and higher IPI scores, compared to the Observation Arm

ALPHA3 Interim Futility Analysis Data Cut (April 2026)

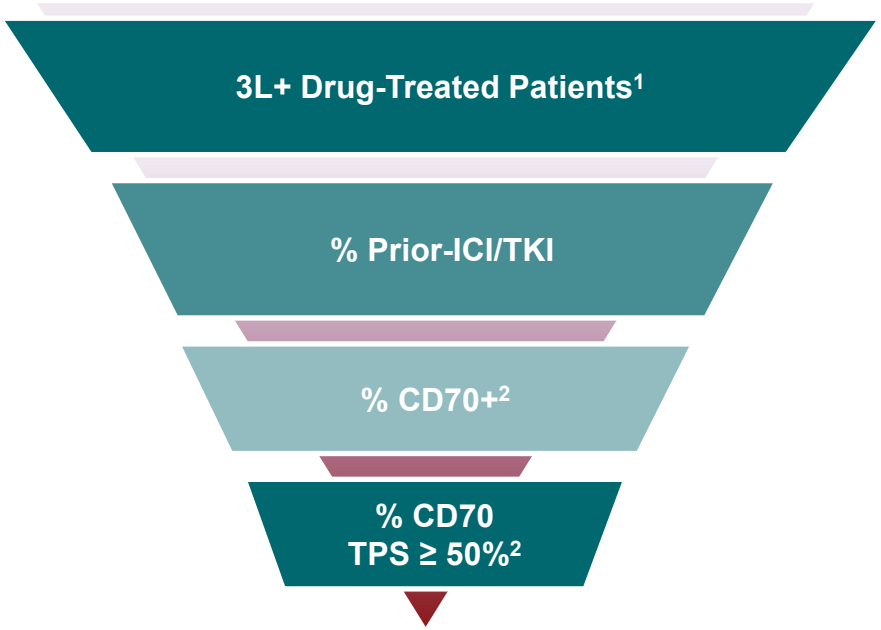
ALPHA3 Interim Futility Analysis: First-Line Regimens and PET Response to the 1L Regimen

	Cema-cel Arm (N=12) n (%)	Observation Arm (N=12) n (%)
First-Line Treatment		
R-CHOP	2 (16.7%)	3 (25.0%)
R-Pola-CHP	2 (16.7%)	2 (16.7%)
DA-EPOCH-R	7 (58.3%)	5 (41.7%)
R-miniCHOP	1 (8.3%)	2 (16.7%)
Most Recent PET Response Before Randomization		
CR	9 (75.0%)	9 (75.0%)
PR	3 (25.0%)	3 (25.0%)

PET, Positron Emission Tomography; CR, Complete Response; PR, Partial Response
ALPHA3 Interim Futility Analysis Data Cut (April 2026)

TRAVERSE Addressable Population Creates a >$3.5B Opportunity

3L+ ccRCC Potential Market Opportunity Sizing



	US	Ex-US
3L+ Drug-Treated Patients[1]	~7,500	~7,600
% Prior-ICI/TKI	~100%	
% CD70+[2]	~80%	
% CD70 TPS ≥ 50%[2]	~75%	

Potentially Addressable WW Market Opportunity[3]

~9,000 Patients/Year

>$3.5B Revenue Potential

[1]Epidemiology 2032 projections for G7 markets rounded based on Decision Resources (© 2022 DR/Decision Resources, LLC. All rights reserved. Reproduction, distribution, transmission or publication is prohibited)
[2]Flieswasser T, et al. Cancers (Basel) 2019;11:1611
[3]Market revenue opportunity calculation uses general assumption of $400K/patient based on US autologous CAR T pricing for illustrative purposes only; note that Allogene has not made any pricing decisions for any AlloCAR T product at this time

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