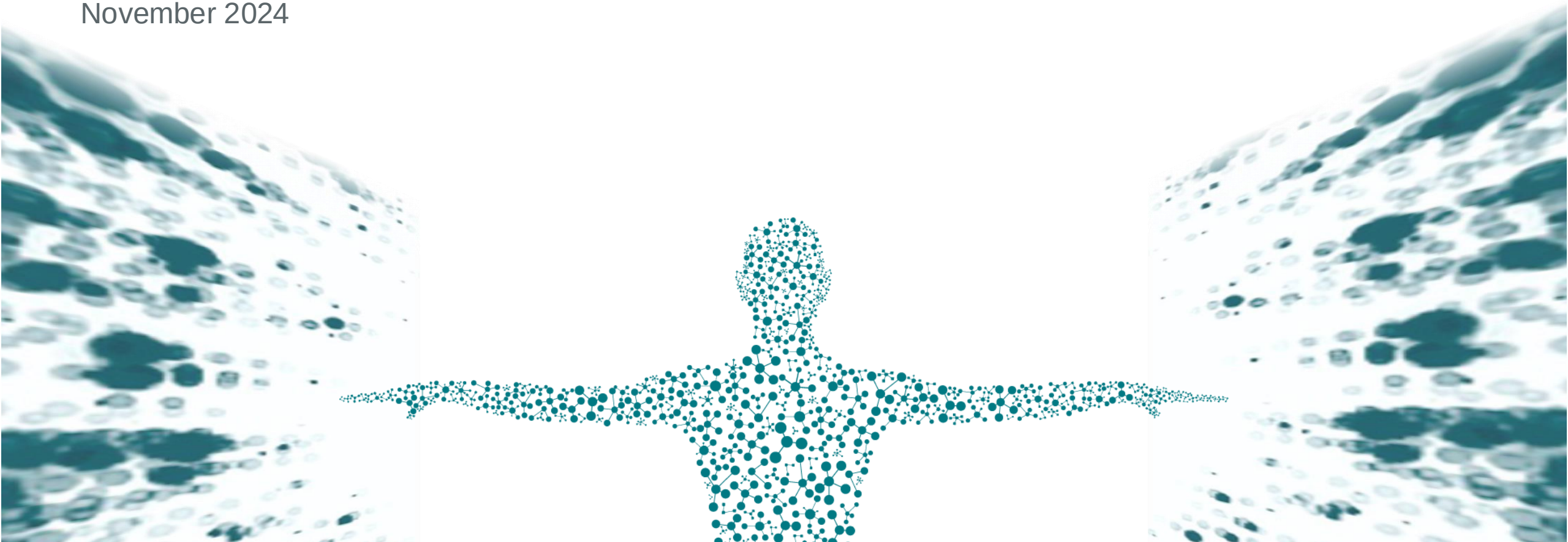
Redefining the Future of CAR T

Doing What No Autologous CAR T Has Done Before

Allogene Corporate Overview

November 2024



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You can identify forward-looking statements by words such as "anticipate," "believe," "could," "can," "continue," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "should," "will," "would" or the negative of those terms, and similar expressions that convey uncertainty of future events or outcomes. Forward-looking statements contained in this Presentation include, but are not limited to, statements regarding intentions, beliefs, projections, outlook, analyses or current expectations concerning, among other things: ALPHA3 being a pivotal trial; the design of ALPHA3; the potential of ALPHA3 to be groundbreaking and to leapfrog other CAR Ts, disrupt the current CAR T market and make cures possible for more patients at an earlier stage, eroding need in later line, and growing the entire class; the ability to administer cema-cel in community cancer centers and thereby potentially expand CAR T sites of care and commercial opportunity; use of a Foresight Diagnostics test in ALPHA3 and its anticipated sensitivity; the potential for cema-cel to improve outcomes in patients; the potential outcomes of ALPHA3; the pace, timing and extent to which we may initiate or enroll patients in our clinical trials or release data from such trials including the ALPHA3, ALLO-329, and TRAVERSE trials; the timing of filing Investigational New Drug applications relating to ALLO-329 and the progress and success of such clinical program; statements related to the CD19 CAR T market and our other clinical programs; statements related to the design and potential benefits of our Dagger® technology including the ability to enhance expansion and persistence of AlloCAR T™ cells, and the expected benefits therefrom, or the ability to treat autoimmune disease, and our plans to deploy the Dagger® technology; the potential for our product candidates to be approved; the potential benefits of AlloCAR T products; the ability of our product candidates to treat various stages and types of cancers including hematological and solid tumors or to treat autoimmune disease; our belief that our 2024 platform vision represents a paradigm shifting approach to CAR T; the potential ability of our diagnostic and treatment algorithm to address emerging safety findings; our expectation that our cash runway extends into 2026; the modes of action or the biologic impacts of our product candidates including the engraftment, expansion, persistence and efficacy of allogeneic CAR T cells, the incidence, severity and manageability of side effects of allogeneic CAR T therapies; the extent to which our clinical trials will support regulatory approval of our product candidates; the potential for off-the-shelf CAR T products; the ability of our manufacturing facility to meet US and international commercial cGMP standards and its potential manufacturing capacity; and other statements related to future events or conditions. Various factors may cause material differences between Allogene's expectations and actual results, including, risks and uncertainties related to: changes in the macroeconomic environment or industry that impact our business; competition; risks related to third-party performance; our product candidates are based on novel technologies, which makes it difficult to predict the time and cost of product candidate development and obtaining regulatory approval; the limited nature of the Phase 1 data from our clinical trials and the extent to which such data may or may not be validated in any future clinical trial; our ability to maintain intellectual property rights necessary for the continued development of our product candidates, including pursuant to our license agreements; our product candidates may cause undesirable side effects or have other properties that could halt their clinical development, prevent their regulatory approval or limit their commercial potential; the extent to which the Food and Drug Administration disagrees with our clinical or regulatory plans, that our Phase 2 studies are sufficiently designed to be registrational, or the import of our clinical results, which could cause future delays to our clinical trials or require additional clinical trials; we may encounter difficulties enrolling patients in our clinical trials, including the ALPHA3 trial; there is no guarantee that Foresight will successfully develop an MRD assay for use as a companion diagnostic with cema-cel, and without a companion diagnostic the prospects for cema-cel could be materially and negatively impacted; we may not be able to demonstrate the safety and efficacy of our product candidates in our clinical trials, which could prevent or delay regulatory approval and commercialization; challenges with manufacturing or optimizing manufacturing of our product candidates or any companion diagnostic for use with our product candidates; and our ability to obtain additional financing to develop our product candidates and implement our operating plans. These and other risks are discussed in greater detail in Allogene's filings with the SEC, including without limitation under the "Risk Factors" heading in its Quarterly Report on Form 10-Q for the quarter ended September 30, 2024. Caution should be exercised when interpreting results from separate trials involving separate product candidates, including comparing Allogene's clinical data to autologous CAR T data. There are differences in the clinical trial design, patient populations, follow-up times, and the product candidates themselves, and the results from the clinical trials of autologous products may have no interpretative value on our existing or future results. Except as required by law, we undertake no obligation to publicly update any forward-looking statements, whether as a result of new information, future events or otherwise. 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Allogene THERAPEUTICS

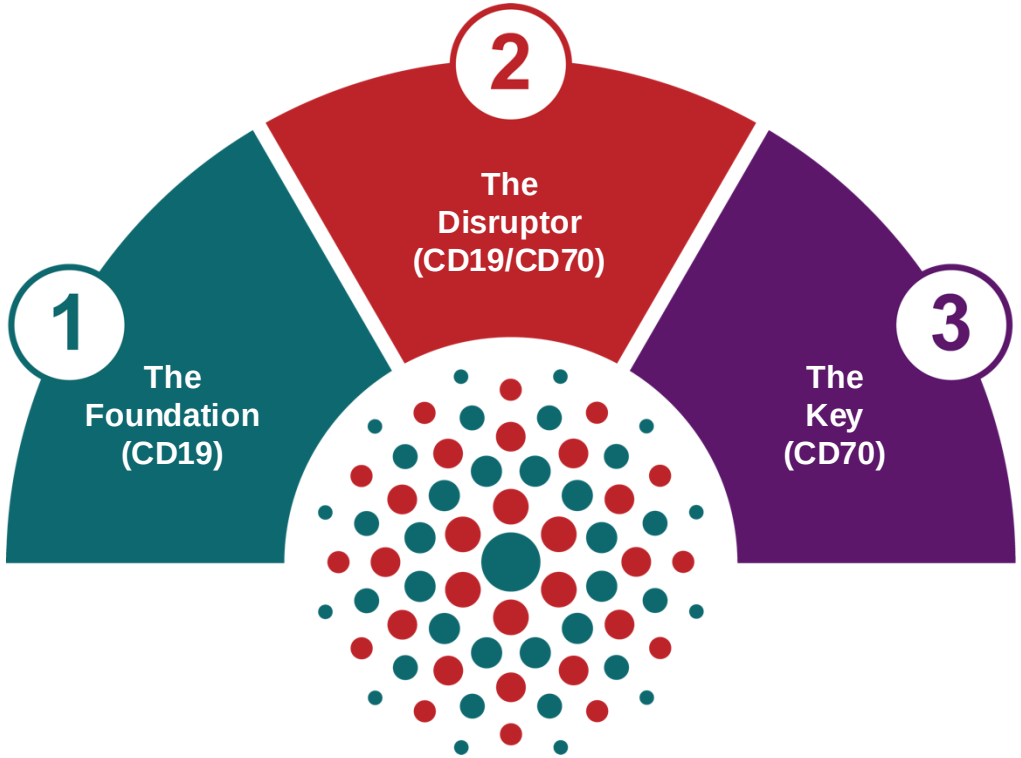
Allogene's Core Platform Vision: A Paradigm Shifting Approach to CAR T

ALLO-329 in Autoimmune Diseases

- Next-generation AlloCAR T™ product to address both B cell and T cell dysfunction in autoimmune diseases
- Designed with Dagger® technology to reduce or eliminate lymphodepletion to potentially broaden the use of CAR T across a wide range of autoimmune indications
- **Q1 2025 IND with proof-of-concept by YE 2025**

Cema-cel in 1L Consolidation LBCL

- Boost earlier line cure rates, make CAR T easily accessible at community cancer centers, and render later-line Tx obsolete
- Pivotal Ph2 ALPHA3 initiated June 2024
- **LD selection mid-2025; Data expected 2026; BLA submission targeted 2027**



ALLO-316 in RCC

- Leverage the Dagger® technology to advance AlloCAR T™ product into the most elusive frontier - Solid Tumor
- **Ph1 TRAVERSE trial ongoing; Data readout presented at SITC & IKCS 2024, with next Ph1b readout mid-2025**

The Source: Scale for Future Demand at Cell Forge 1 (wholly owned AlloCAR T™ product manufacturing facility)

Financial Runway into 2H 2026

Allogene THERAPEUTICS

ALPHA3 Pivotal Trial: Practice-Changing Opportunity in LBCL

First Mover with Potential to Leapfrog Autologous CAR T and Change Standard of Care

Revolutionary Approach to 1L LBCL Treatment

- 1x infusion immediately following MRD+ result
  - "7th Cycle" given quickly after 6 cycles of R-CHOP and before disease recurrence
    - Treats only the patients who need it

Convenience

- Eliminates leukapheresis and supply chain logistics
- Utilizes community and academic oncology centers

Safety & Efficacy

- Potentially improved safety in low disease burden setting supports outpatient treatment
- Profile opens door for CAR T in community cancer centers where ~80% of 1L patients are managed

cema-cel in 1L Consolidation

Potential US+EU5 Market Opportunity

>14,700 Patients/Year

~$5B Revenue[1]

TRIAL INITIATED JUNE 2024

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

Allogene THERAPEUTICS

Future CAR T Growth is in the Community Cancer Centers

80% of US Patients with NHL Receive Treatment in the Community Setting

~150 Autologous CAR T Authorized Treatment Centers (ATCs) in the U.S.

Research focused cancer centers offering advanced diagnostics/ treatments and access to clinical trials

- **15,000 community physicians**
- **3,750 practices**
- **2,000 potential AlloCAR T™ commercial sites**

Part of larger groups or networks that typically offer more care options within their network, may participate in clinical research and have hospital affiliations/privileges

Independent sites or groups with limited in-network offerings

WHERE 1L CHEMO-IMMUNOTHERAPY IS ADMINISTERED

Community Cancer Centers Immediately Activated in ALPHA3 Trial Highlighting Interest in an Allogeneic CAR T Option

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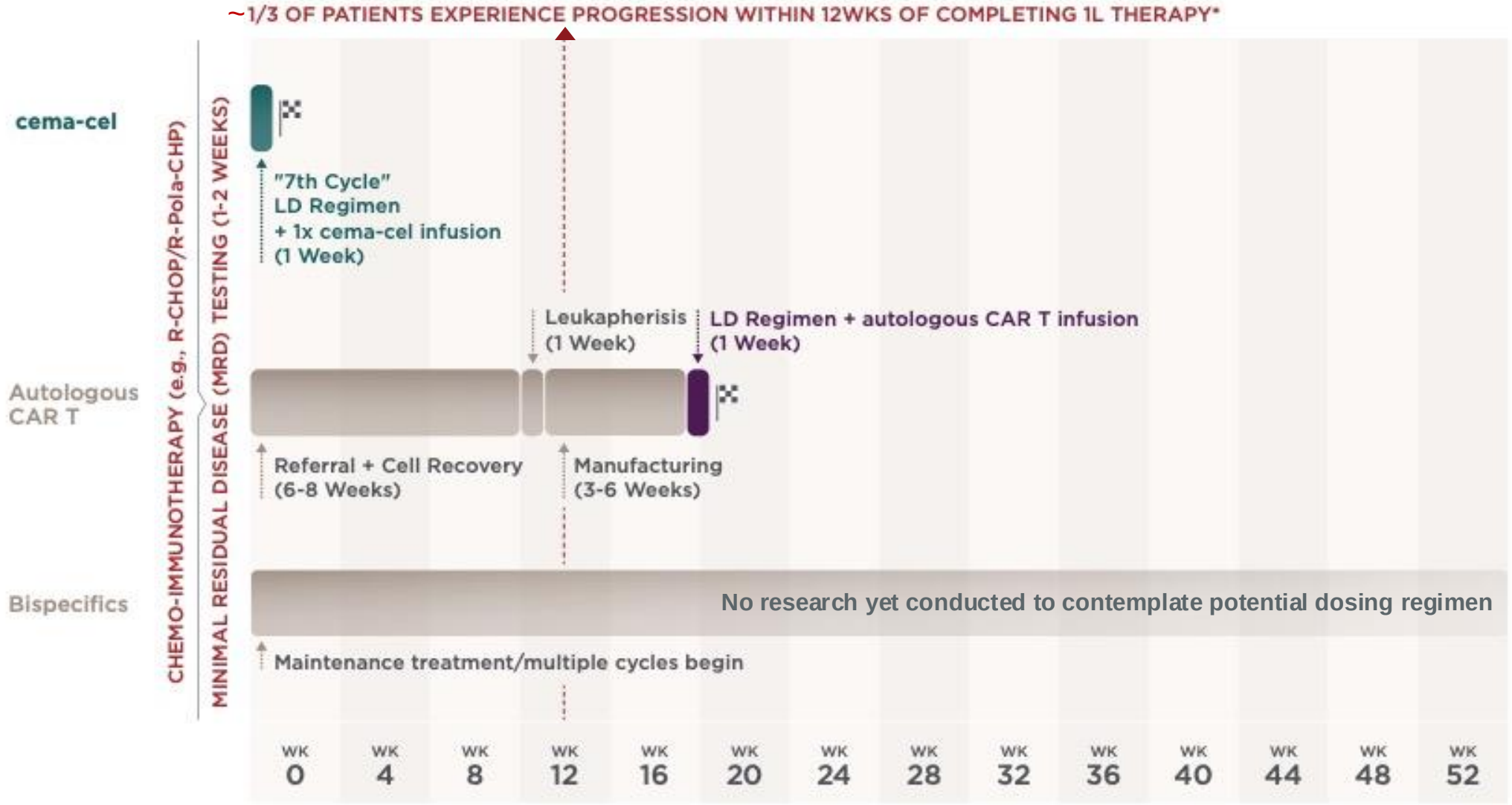
Speed and 1x Dose Has Potential to Uniquely Embed Cema-cel into 1L Regimen



* 1. Tilly H., et al: Polatuzumab Vedotin in Previously Untreated Diffuse Large B-Cell Lymphoma. New England Journal of Medicine. 2021

Allogene THERAPEUTICS

Ph1 Cema-cel Data Are Foundational for the ALPHA3 Trial

Median Time From Enrollment to Treatment
≤ 3 days

	All Alloy (n=33)	FCA90 Alloy (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%
CRS (Gr3+)	0%	0%	22%	13%	4%
Neuro Events (Gr3+)	6%	0%	12%	31%	12%
Infection (Gr3+)	15%	8%	20%	23%	19%
Enrolled who did not receive intended cell product	n=3	n=1***	33%**	9%**	36%^

[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 and Neelapu, NEJM 2017. 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
***Percent of patients who enrolled and did not receive intended cell product including out of spec products*
****After enrollment, one subject was found to have CNS involvement and was excluded*
^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.

ALPHA/ALPHA2 Data Cutoff Date: April 20, 2023, ICML 2023

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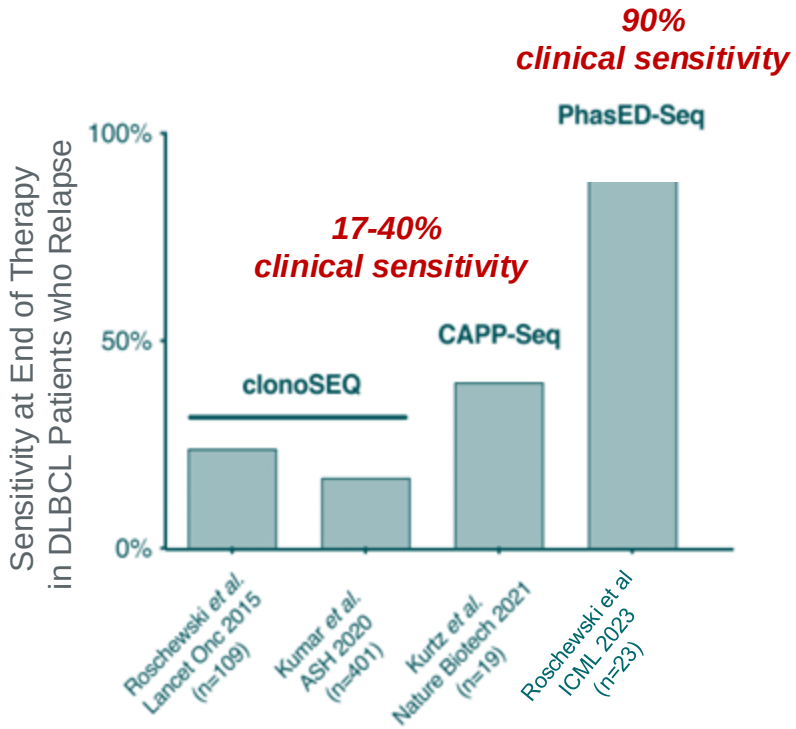
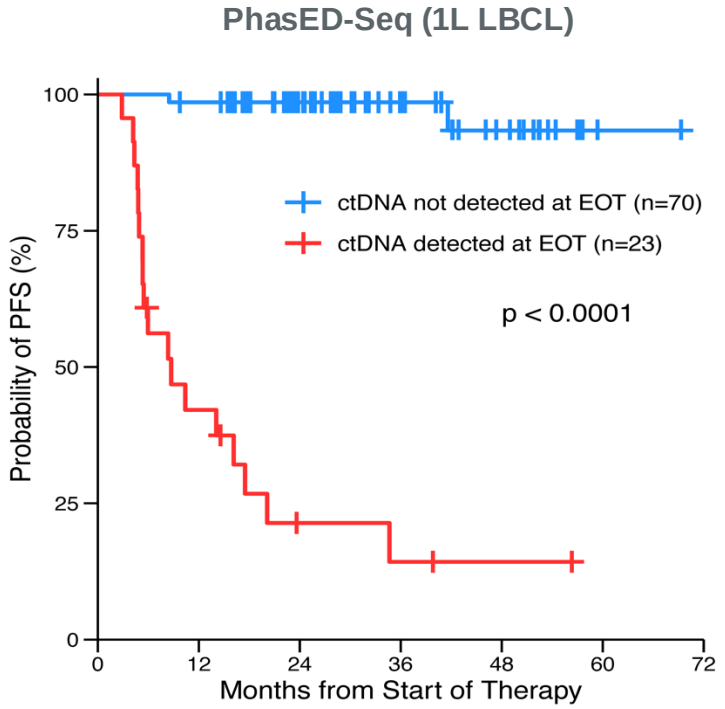
Investigational MRD Assay Identifies LBCL Patients with Disease Likely to Recur





Roschewski et al. *Hematological Oncology* 41(S2):177-179, ICML 2023

In pooled analysis of 5 prospective 1L DLBCL cohorts, end of therapy landmark PhasED-Seq accurately stratified patients:

- Among patients (n=23) who are **MRD positive**, ~90% and progression events within 36 months
- Among patients (n=70) who are **MRD negative**, only 2 had PFS events of CNS recurrence and death from non lymphoma

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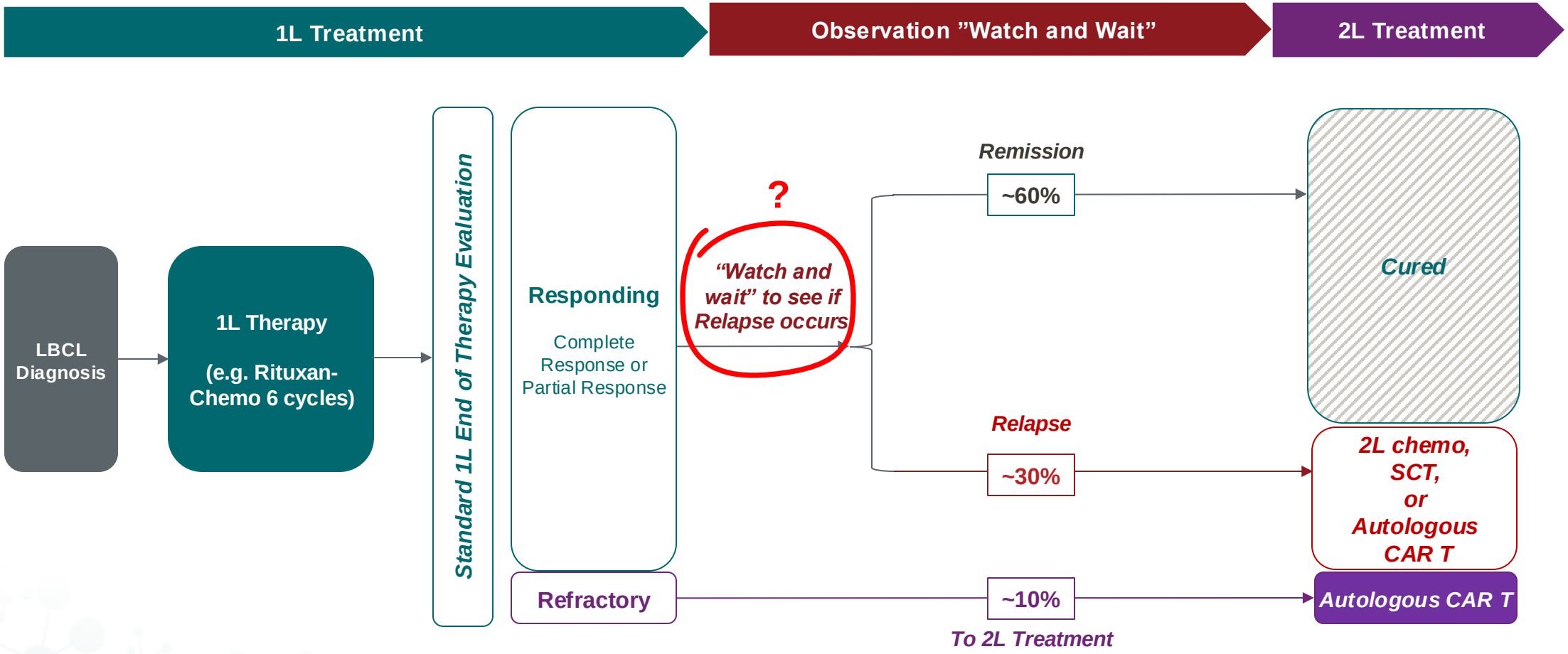
Current Standard of Care Leaves Patients with a “Watch and Wait” Approach

40% of Patients Will Progress After 1L Treatment[1]



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

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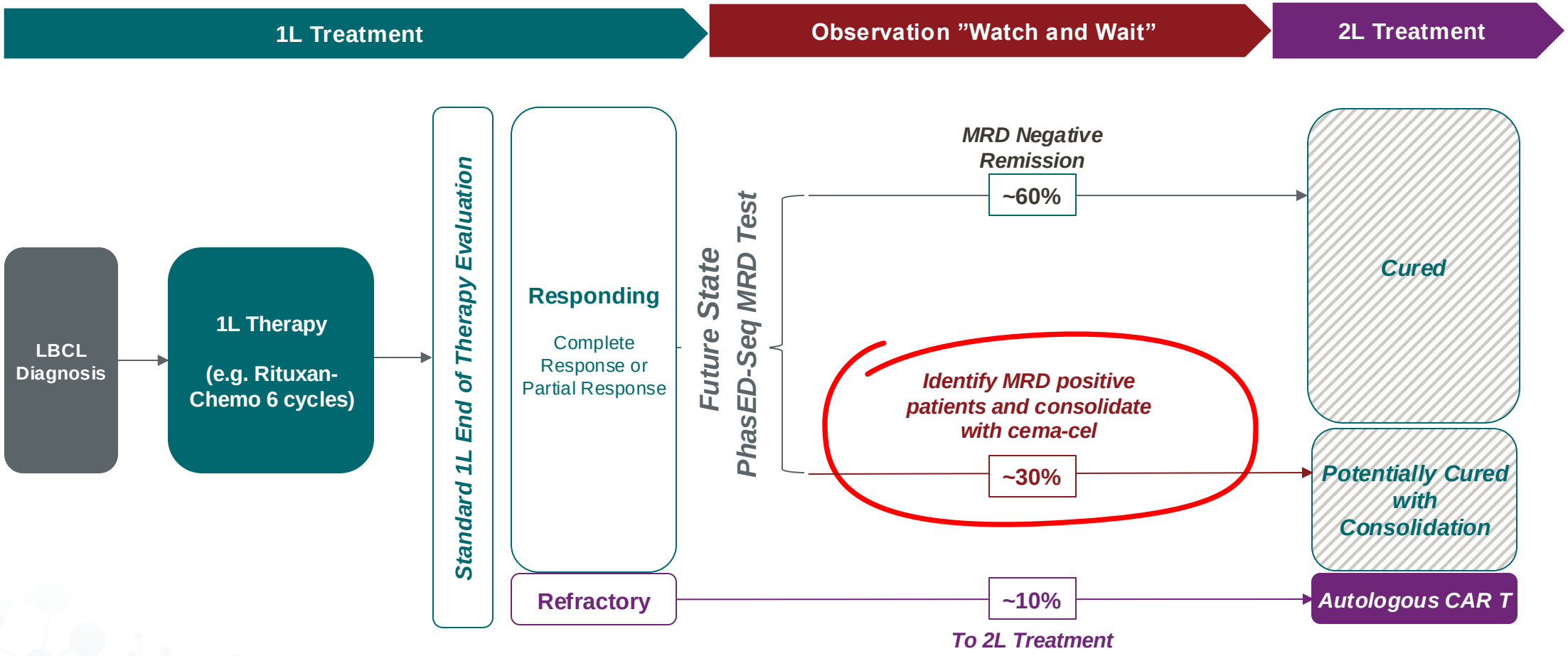
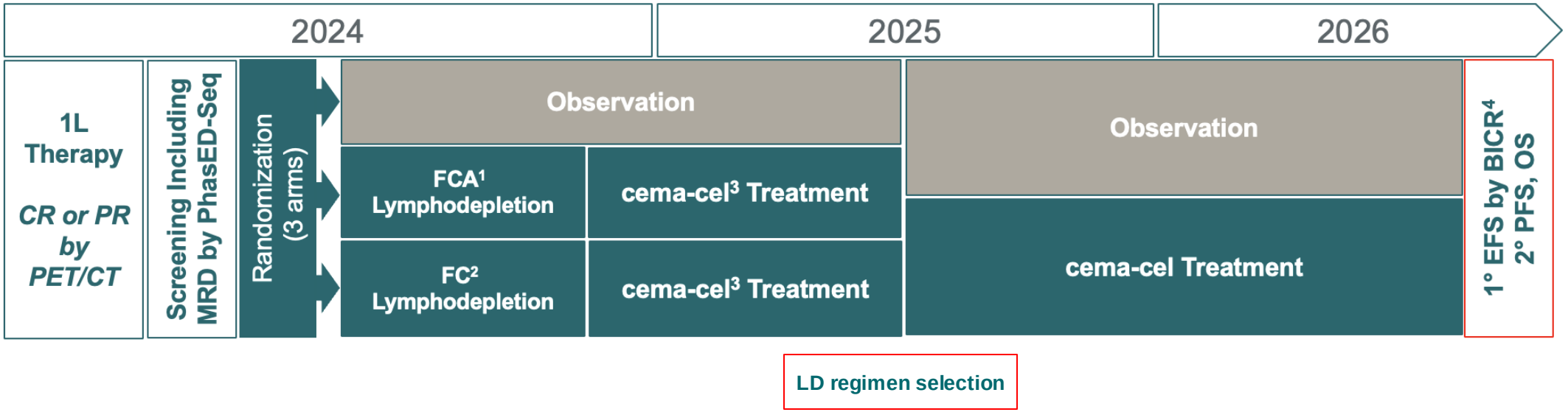
Potential Future: Changing the Standard of Care



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

ALPHA3 Pivotal Design is Seamless and Efficient

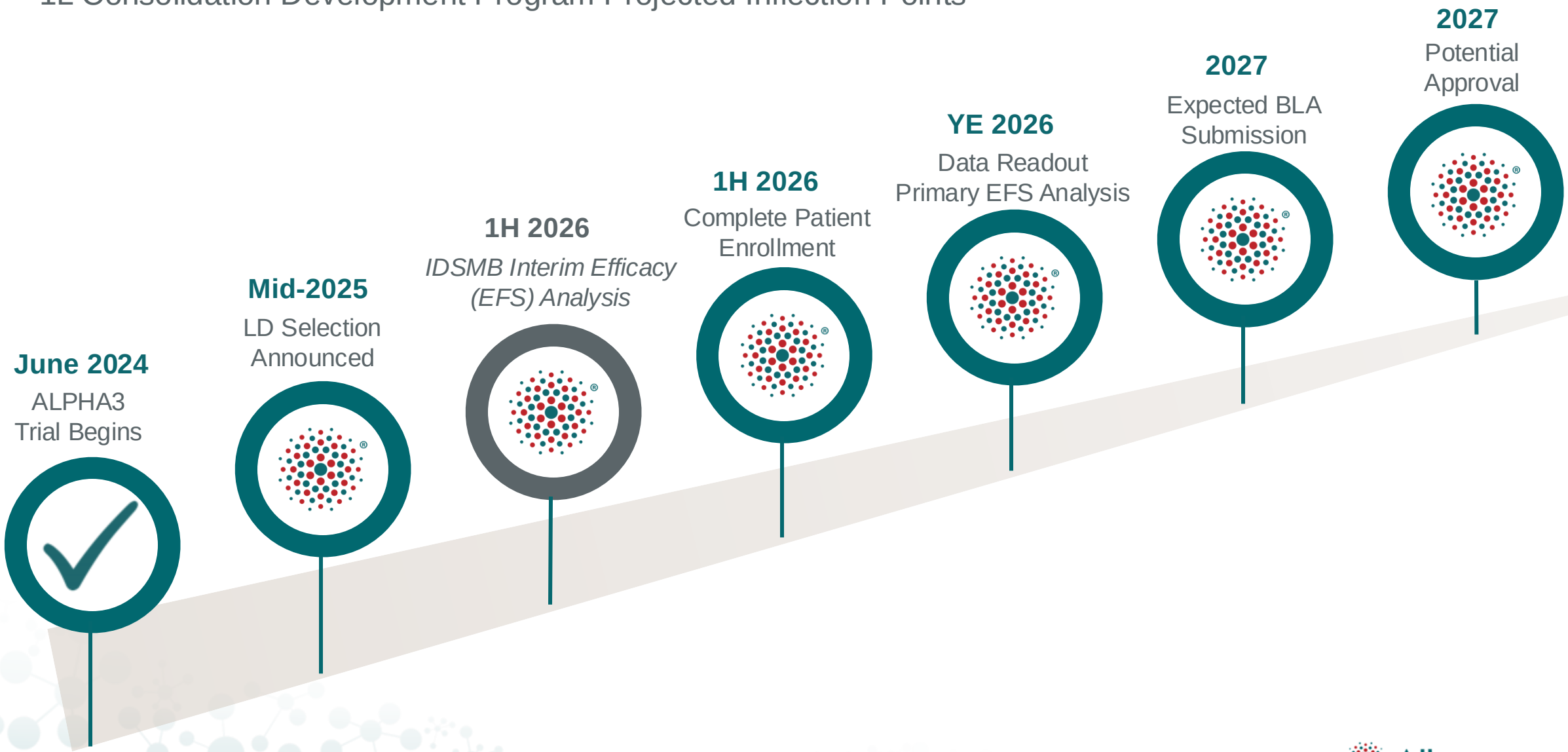


Trial Design	Open-label, multicenter, randomized pivotal Phase 2 study
Trial Size & Patient Population	~240 LBCL patients in CR/PR at end of 1L therapy with MRD
Trial Sites	~50 academic and community-based cancer centers (US)
Treatment	120M CAR+ T cells following LD (FCA90 or FC) vs. Observation (watch and wait)
Primary Endpoint	EFS (Relapse per Lugano, New anti-lymphoma therapy, Death) by central review

1. FCA: Fludarabine 30 mg/m2/day, Cyclophosphamide 300 mg/m2/day, ALLO-647 30 mg/day, administered daily x 3 days
2. FC: Fludarabine 30 mg/m2/day, Cyclophosphamide 300 mg/m2/day, administered daily x 3 days
3. Cema-cel dose: 120 million CAR+ cells
4. BICR: Blinded independent central review

ALPHA3 Trial On Track to Transform the Treatment of LBCL

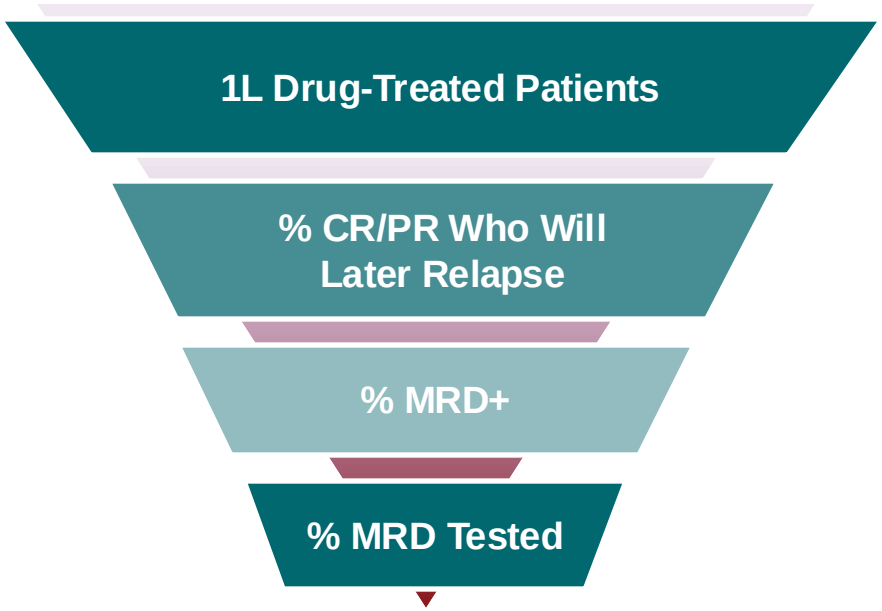
1L Consolidation Development Program Projected Inflection Points



IDSMB: Independent Data Safety Monitoring Board

ALPHA3 Addressable Population Creates a ~$5B Opportunity

1L Consolidation Potential Market Opportunity Sizing[1]



	US	EU5
1L Drug-Treated Patients	~34,000	~31,000
% CR/PR Who Will Later Relapse	~30%	
% MRD+	~100%	
% MRD Tested	~75%	

Potentially US+EU5 Addressable Market Opportunity[2]

>14,700 Patients/Year

~$5B Revenue Potential

[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 based on POLARIX study, %MRD+ based on Foresight Diagnostics data, %MRD-tested based on primary market research and advisory board feedback

[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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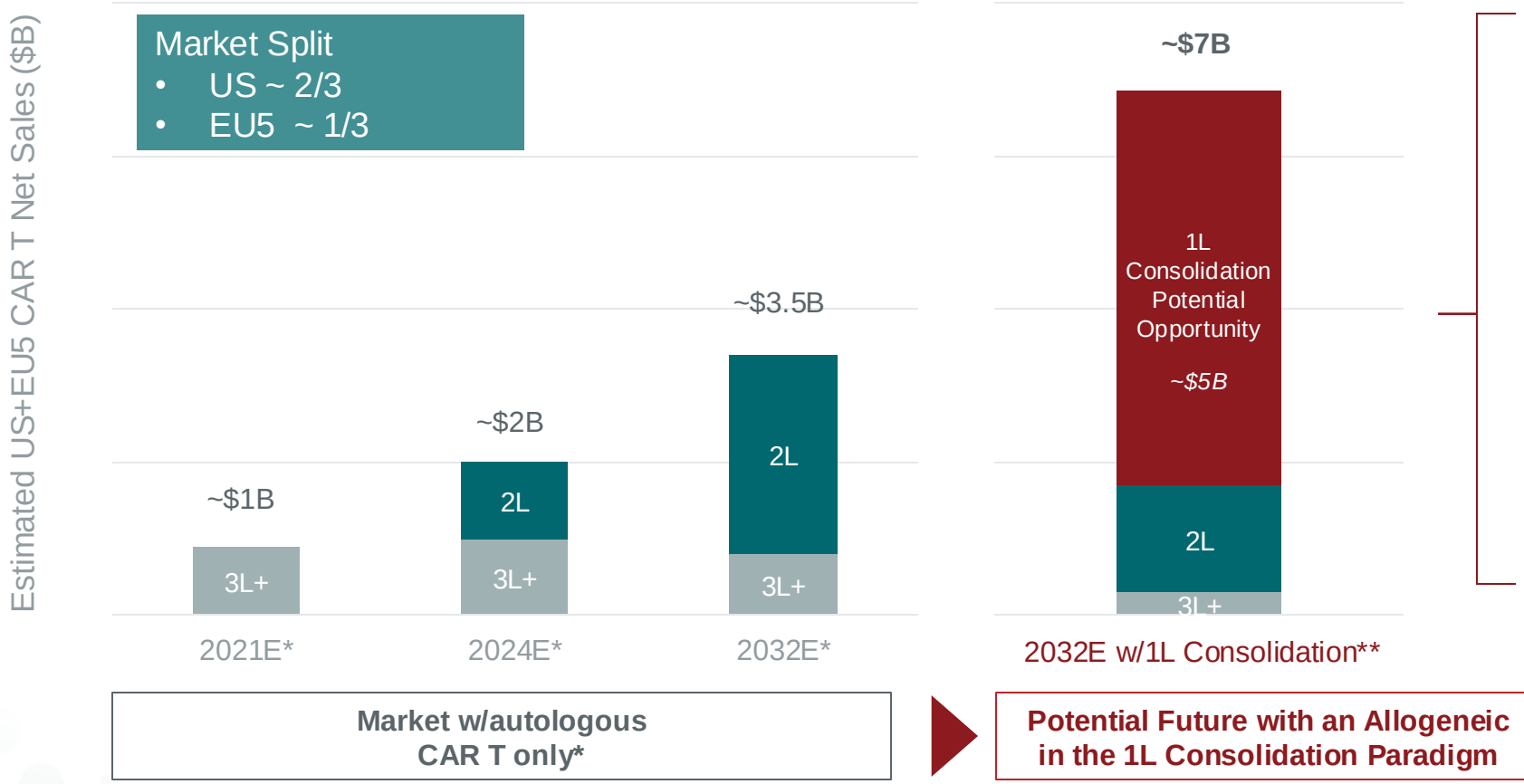
ALPHA3: Potential to Dramatically Transform the LBCL Market

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



Market w/autologous CAR T only*

Potential Future with an Allogeneic in the 1L Consolidation Paradigm

Cema-cel in 1L consolidation could disrupt the current CAR T market, making cures possible for more patients at an earlier stage, obviating need in later line, and growing the entire class

*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)
**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

ALLO-329: Differentiated Profile in a Crowded Autoimmune Disease Field

Targeting Optimal CAR T Approach to Reduce or Eliminate Lymphodepletion in Autoimmune Disease

CAR T Offers Potential for One-time Treatment of AID

- Emerging clinical validation that supports immune resetting is feasible with a deep and transient depletion of lymphocytes with CAR T
- Highly competitive space focused almost exclusively on undifferentiated B Cell depletion approaches

ALLO-329 Dual CD19/CD70 CAR Construct

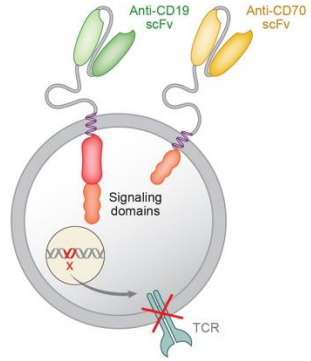
- CD19 CAR enables depletion of B Cells while CD70 CAR enables depletion of autoreactive T Cells – targeting both key aspects of AID pathogenesis
- Clinically-validated Dagger® Technology presents opportunity to reduce or eliminate lymphodepletion
- Allogeneic profile and manufacturing scale can address large population

IND Preparation Underway

- IND enabling manufacturing process and analytic assay development underway
- IND submission (rheumatology) in Q1 2025; trial start targeted for mid-2025 with potential PoC by YE 2025

IND SUBMISSION Q1 2025

ALLO-329 in AID



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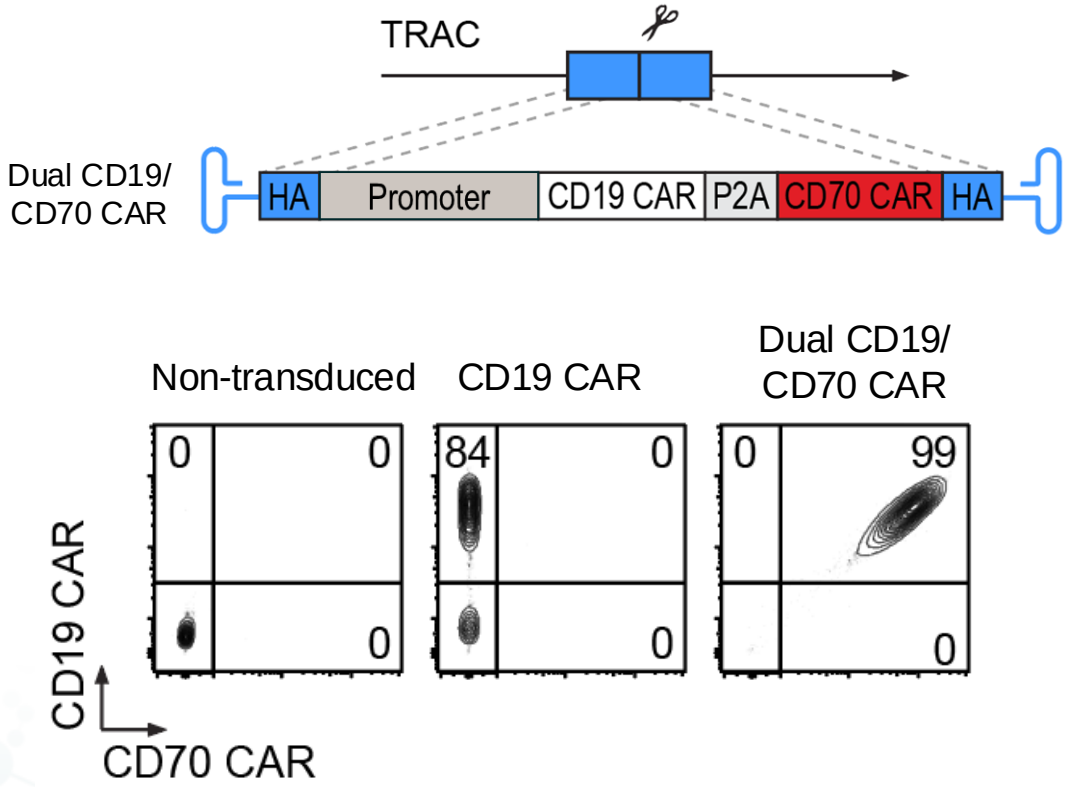
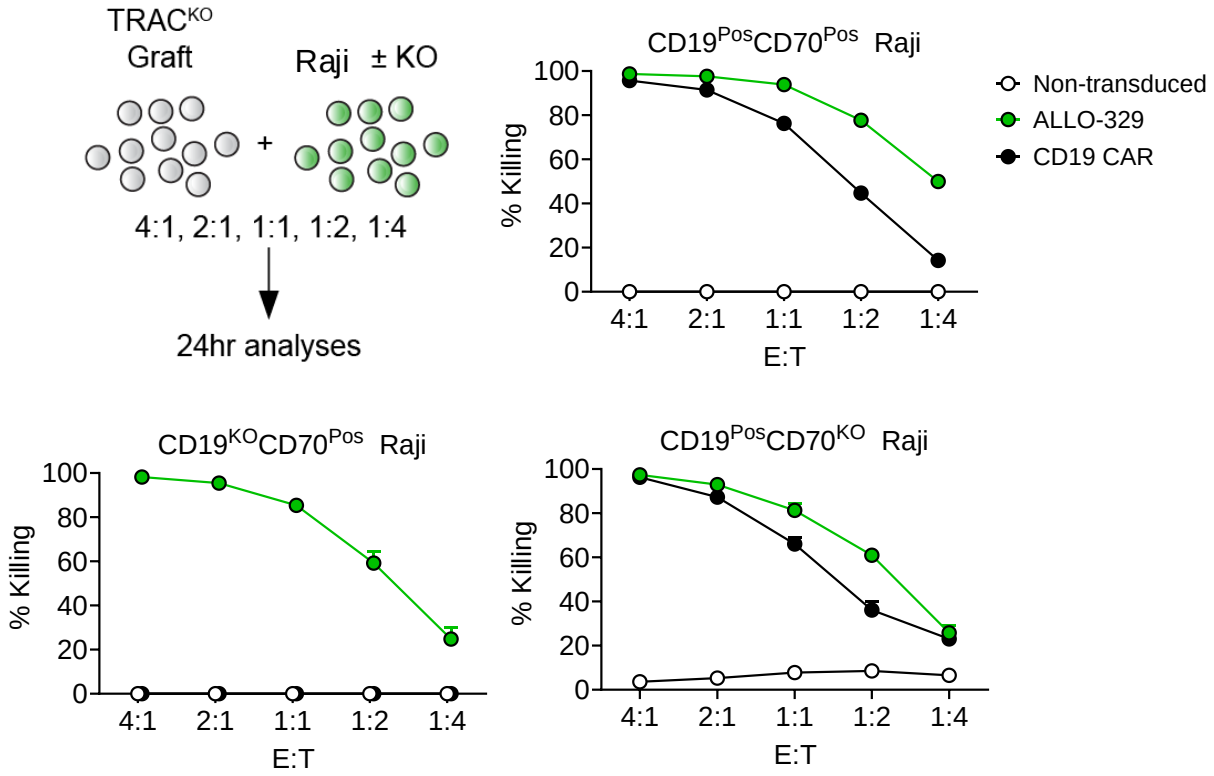
ALLO-329 Unique Design and Manufacturing Process Yields a Consistent CAR T That Efficiently Targets Both CD19 and CD70

Homogenous Expression of Both CARs From a Single Transgene in the TRAC Locus



ALLO-329 Targets CD19 and CD70 Independently in an Engineered Tumor Model



Source: ACR Convergence 2024 Pre-Clinical Data Presentation

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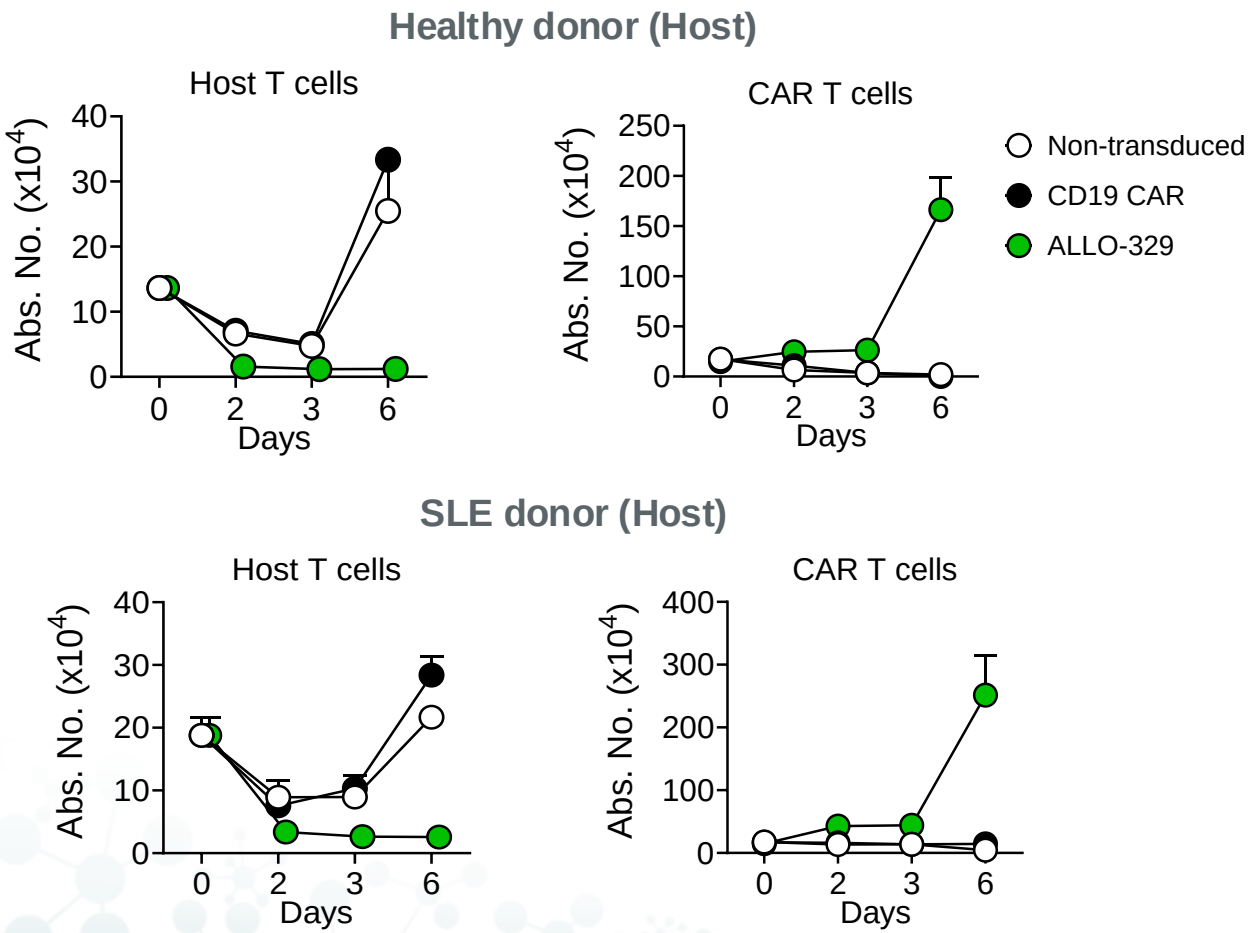
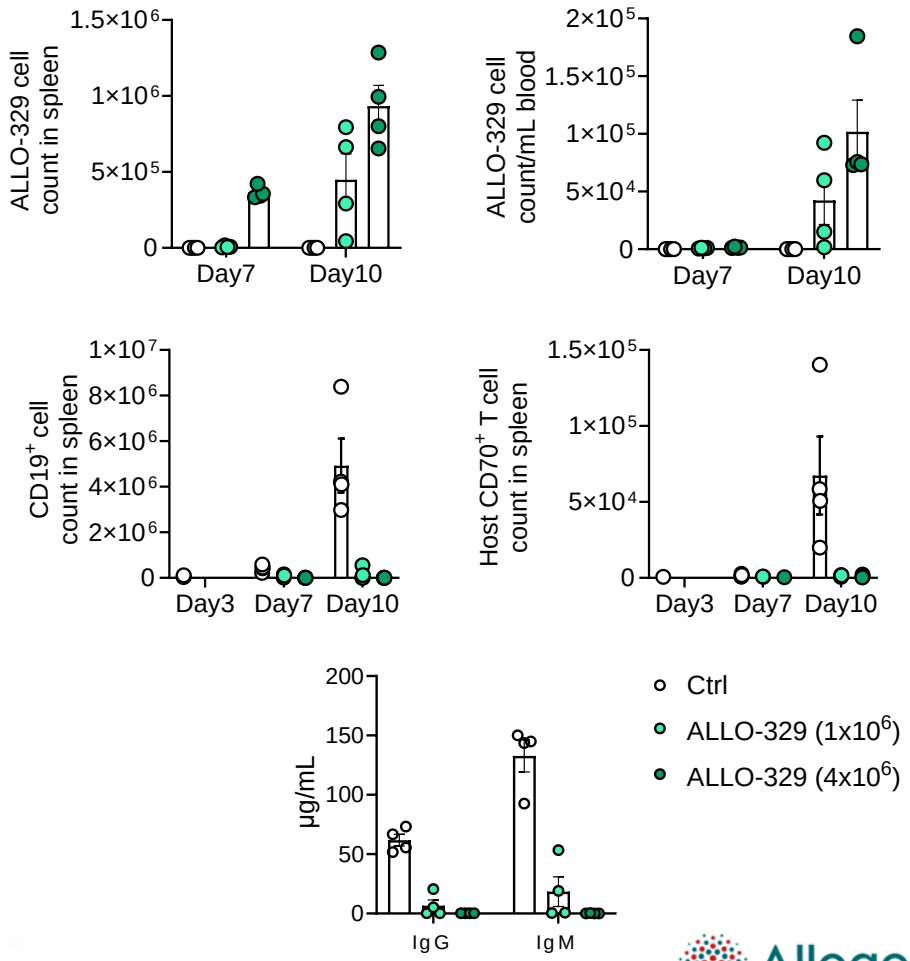
ALLO-329 Exhibits Dagger® Activity *in vitro*, Targets B and CD70+ T Cells and Suppresses Antibody Production *in vivo*

The Dagger® Effect: ALLO-329 Expands and Eliminates Primed Alloreactive T Cells From Normal and SLE Donors



ALLO-329 Expands, Depletes B Cells and CD70+ T cells in Spleen and Reduces Ig Levels in PBMC-Engrafted NSG Mice



Source: ACR Convergence 2024 Pre-Clinical Data Presentation

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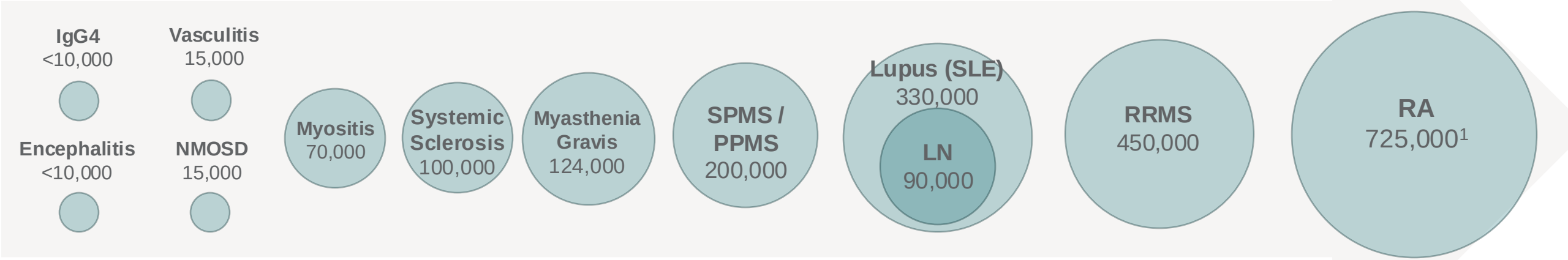
Emerging Clinical PoC for CAR T Suggests an Expansive Market Opportunity

Estimated US Diagnosed Prevalence for Select Autoimmune Diseases



Early clinical POC or strong scientific rationale, high unmet needs, and chances for ALLO-329 differentiation

Highest clinical POC w/large (expected) market opportunity

T-cell Driven and potentially addressable by ALLO-329

[1]Eligible for biologics; >2M total diagnosed

Allogene THERAPEUTICS

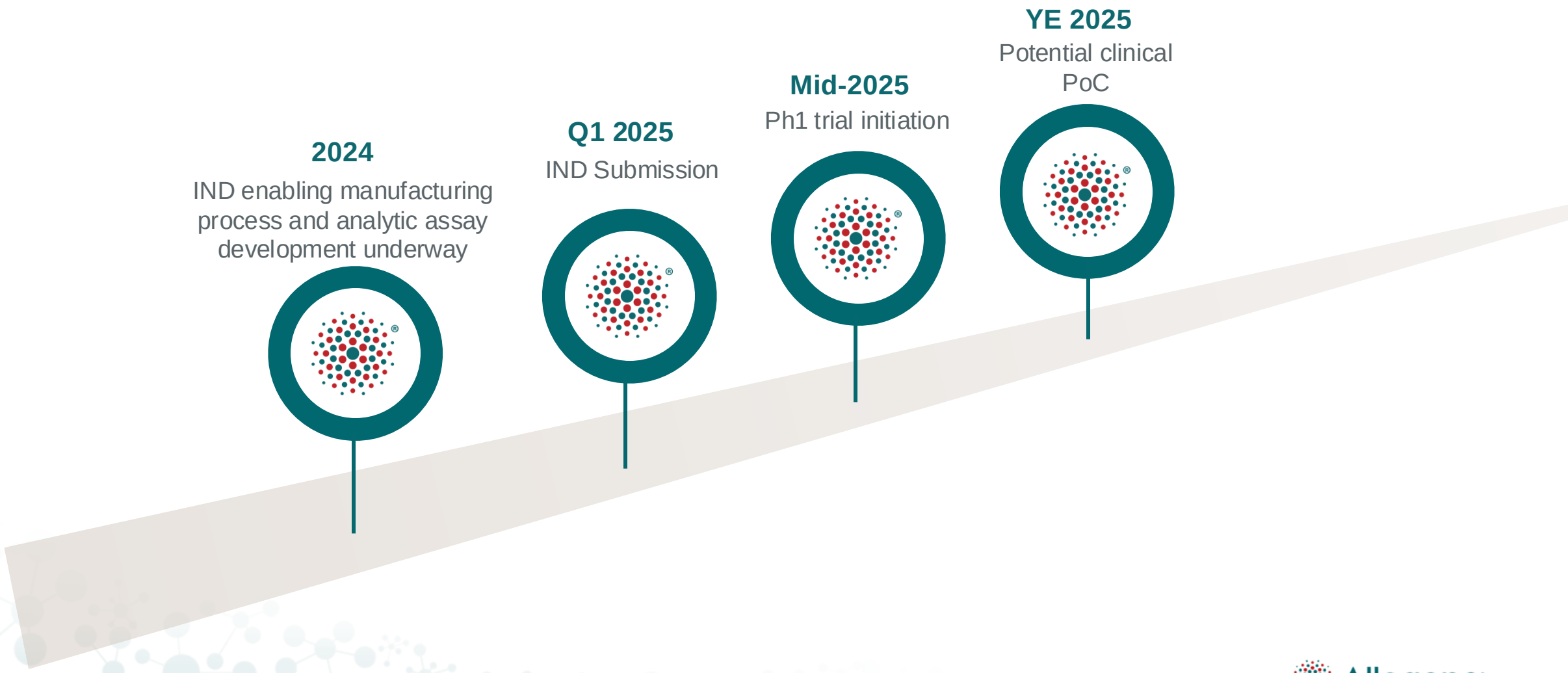
ALLO-329: A Compelling and Differentiated Value Proposition for AID Patients

	Current CD19 CAR Ts Pursuing Autoimmune Indications	ALLO-329 Strategy and Rationale
Benefit	• CD19 clinical proof of concept • B-cell depletion	✓ • CD19 clinical proof of concept • B-cell and T-cell depletion
Risk	• Standard Flu/Cy lymphodepletion	✓ • Dagger® technology could enable reduced lymphodepletion, potentially chemo-free
Accessibility	• Limitations of autologous CAR T manufacturing/use	✓ • Potential for outpatient and community settings • Off-the-shelf, on demand, scalable
Landscape	• 10+ IND-enabled CD19 assets competing w/minimal differentiation	✓ • First-to-clinic and -market CD19/CD70 • Differentiated scalability and economics

Allogene THERAPEUTICS

ALLO-329 Phase 1: Designed to Be Immediately Competitive

AID Development Program Projected Inflection Points



ALLO-316: A Potentially First- and Best-In-Class Candidate for RCC

Granted FDA RMAT Designation Based on Clinical Proof of Concept Data

TRAVERSE Ph1 Shows Encouraging Activity in CD70+ RCC

- 50% Best Overall Response and 33% cORR in heavily pre-treated patients w/High CD70+ expression who received Ph1b DL2 FC500 regimen[1]
- Post-ICI/TKI setting has high unmet need w/current approved product having 22% ORR and <6mo mPFS[2]

The Dagger® Effect of CD70 CAR Enhances CAR T Expansion

- Eliminates alloreactive host T cells before being rejected
- In Phase 1 study, ALLO-316 showed robust cell expansion and persistence, attributable to the Dagger® effect of CD70 CAR
- Addressing emerging safety findings with a carefully designed management algorithm

TRAVERSE in ccRCC

Potential WW Market Opportunity

~9,000 Patients/Year[3]

>$3.5B Revenue Potential[4]

ENROLLING; NEXT PH1B DATA UPDATE MID-2025

[1]SITC 2024 Data Presentation, [2]Welireg (belzutifan) PI

[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).

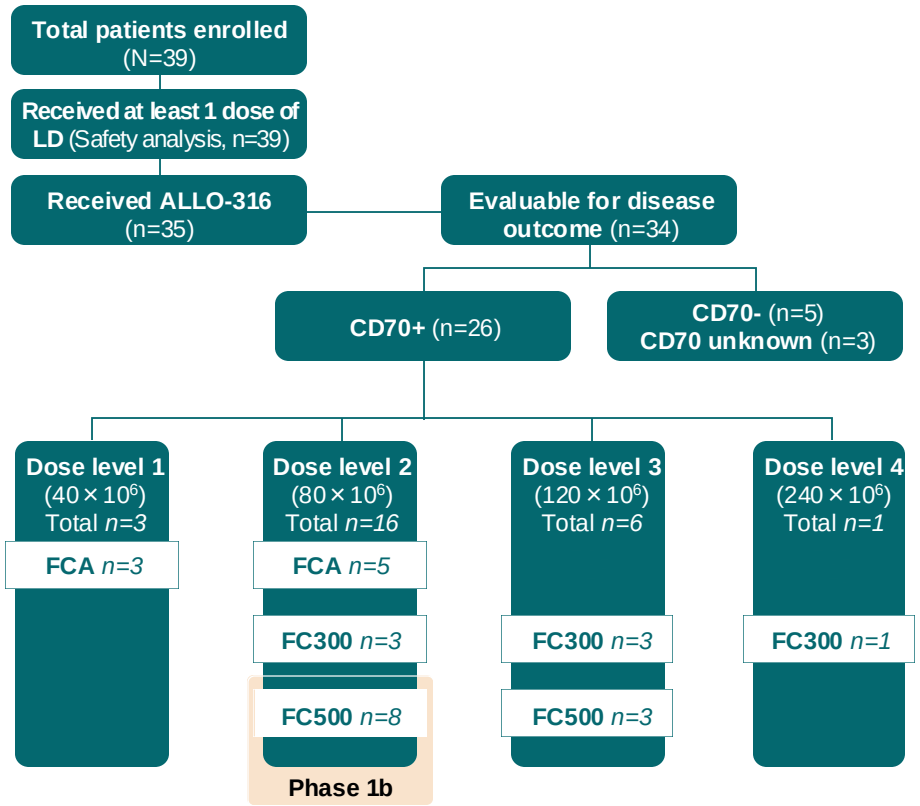
[4]Market revenue opportunity calculation uses general assumption of $400K/patient based on US autologous CAR T pricing for illustrative purposes only; note that Allogene has not made any pricing decisions for any AlloCAR T™ product at this time

Allogene THERAPEUTICS

TRAVERSE Ph1a Optimized the Regimen and Target Population

ALLO-316 TRAVERSE Study Design

- **Phase 1a - 3+3 Dose Escalation:** Define the incidence of dose-limiting toxicities (DLTs) and identify regimens for Phase 1b expansion
- **Phase 1b - Dose Expansion:** Establish a recommended Phase 2 dose regimen and determine a CD70 tumor proportion score (TPS) cutoff point for potential pivotal studies



Median lines of prior therapy (range): 3 (1-8)

Source: SITC/IKCS 2024 data presentations
TRAVERSE ClinicalTrials.gov NCT04696731. D, day; FC300, fludarabine 30 mg/m^2 and cyclophosphamide 300 mg/m^2; FC500, fludarabine 30 mg/m^2 and cyclophosphamide 500 mg/m^2; FCA, fludarabine, cyclophosphamide, and ALLO-647; LD, lymphodepletion; M, month.

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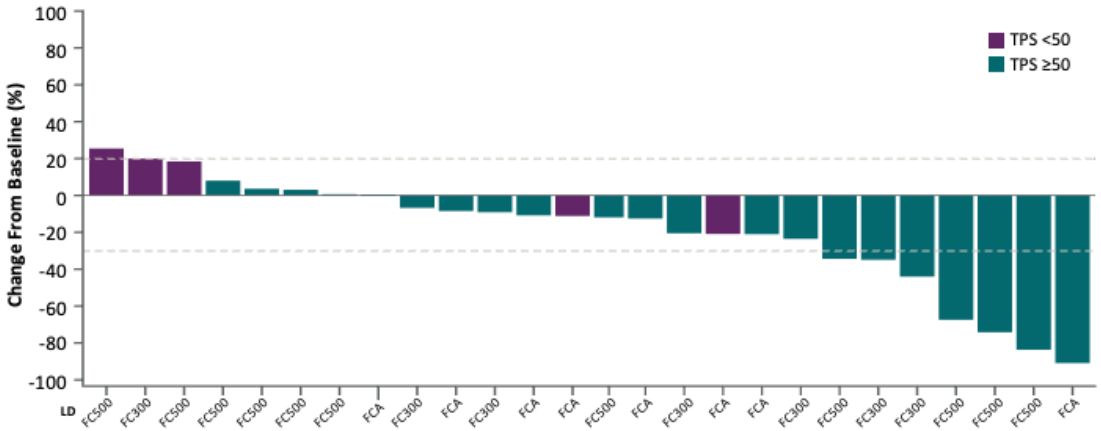
ALLO-316: Encouraging Activity in Highly Pre-Treated CD70+ RCC Patients

Promising Response Rates in Patients With High CD70 Expression

	Patients Evaluable for Disease Outcomes (N=34)				
	CD70 Positive (N=26)				CD70 Negative or Unknown (n=8)
	All (N=26)	FCA Only (n= 8)	FC Only (n=18)	DL2[a] FC500 (Phase 1b) (n=8)	
Best overall response,[b] n/N (%)	7/26 (27)	1/8 (13)	6/18 (33)	3/8 (38)	0/8 (0)
High TPS (≥50)	7/21 (33)	1/6 (17)	6/15 (40)	3/6 (50)	—
Low TPS (<50)	0/5 (0)	0/2 (0)	0/3 (0)	0/2 (0)	—
Confirmed ORR,[c] n/N (%)	5/26 (19)	1/8 (13)	4/18 (22)	2/8 (25)	0/8 (0)
High TPS (≥50)	5/21 (24)	1/6 (17)	4/15 (27)	2/6 (33)	—
Low TPS (<50)	0/5 (0)	0/2 (0)	0/3 (0)	0/2 (0)	—

- 2 of 6 (33%) patients in the DL2 FC500 cohort with high TPS expression showed durable responses ongoing at ≥4 months

Majority of CD70+ Tumors Shrunk Following ALLO-316



- Of those with TPS ≥50, 76% (16/21) experienced a reduction in tumor burden and 33% (7/21) experienced >30% reduction

Source: SITC/IKCS 2024 Data Presentation, Data cutoff: October 14, 2024.

[a] 80×10^6 dose of CD70 CAR+ cells (DL2). [b] Best overall response across visits did not require confirmation for CR/PR or minimum duration for SD. [c] Confirmed best overall response of CR/PR required confirmation at the subsequent visit.

CR, complete response; DL, dose level; FC, fludarabine and cyclophosphamide; FC500, fludarabine 30 mg/m^2 and cyclophosphamide 500 mg/m^2; FCA, fludarabine, cyclophosphamide, and ALLO-647; ORR, overall response rate; PR, partial response; TPS, tumor proportion score.

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ALLO-316 Side Effects Consistent w/Active CAR T Product and Lymphodepletion

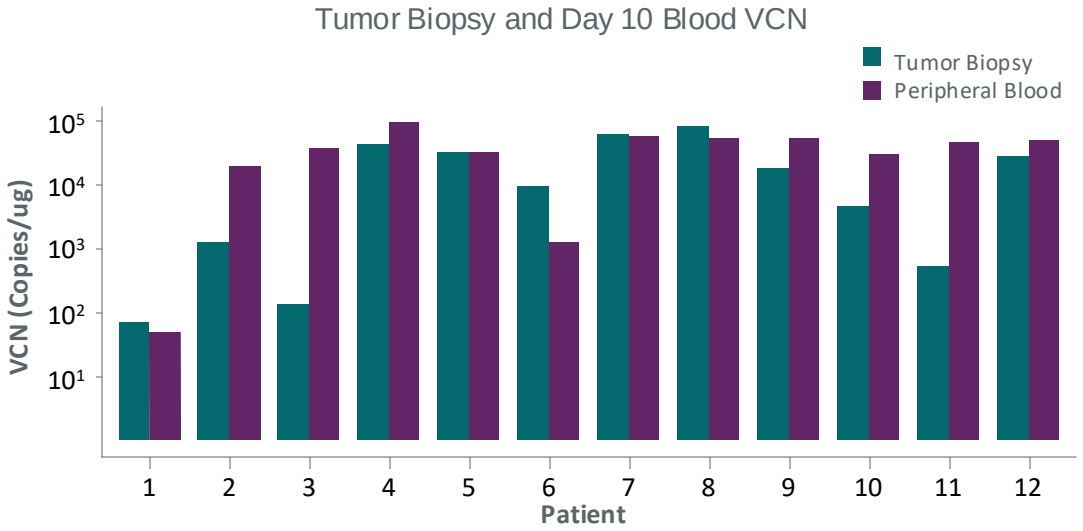
AEs, n (%)	All Patients (N=39)		DL2 FC500 (n=11)	
	All Grades	Grade ≥3	All Grades	Grade ≥3
CRS	24 (62)	1 (3)	8 (73)	0
Fatigue	23 (59)	1 (3)	2 (18)	0
Neutropenia	22 (56)	20 (51)	7 (64)	7 (64)
Anemia	20 (51)	13 (33)	7 (64)	5 (46)
Nausea	20 (51)	0	3 (27)	0
Thrombocytopenia	18 (46)	10 (26)	7 (64)	3 (27)
Pyrexia	16 (41)	2 (5)	4 (36)	0
AEs of Special Interest	**All Grades**	**Grade ≥3**	**All Grades**	**Grade ≥3**
Infection Viral infections	24 (62) 13 (33)	12 (31) 2 (5)	5 (46) 2 (18)	2 (18) 0
Neurotoxicity Headache	17 (44) 8 (21)	3 (8) 0	4 (36) 2 (18)	0 0
ICANS	3 (8)	0	3 (27)	0
IEC-HS	5 (13)	1 (3)	2 (18)	0
Graft-vs-host disease	0	0	0	0

- Two DLTs occurred (autoimmune hepatitis and cardiogenic shock)[a] in the Flu/Cy/ALLO-647 (FCA) and 80x10^6 CAR T cells cohort
- Related Grade 5 AEs were cardiogenic shock (DLT), sepsis, and failure to thrive[a]
- A protocol-specified algorithm with ruxolitinib was highly effective in abating symptoms of IEC-HS

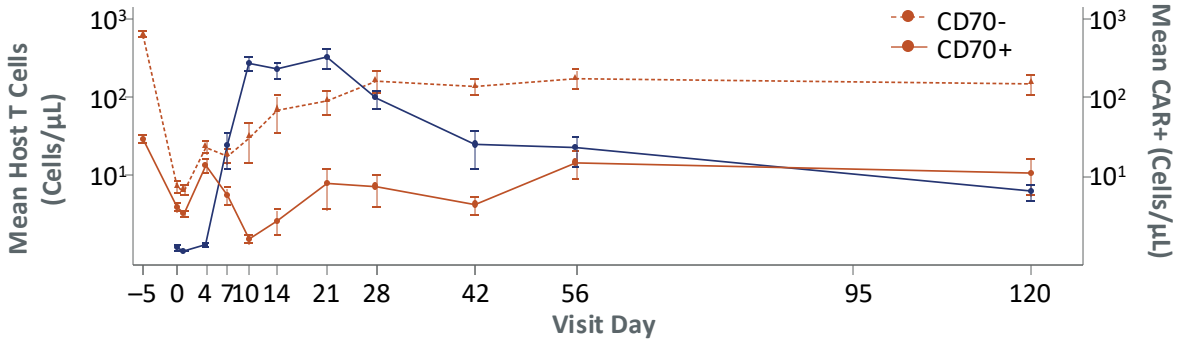
Source: SITC/IKCS 2024 Data Presentation
Data cutoff: October 14, 2024. [a] Please refer to the poster for details. AE, adverse event; CRS, cytokine release syndrome; DL, dose level; DLT, dose-limiting toxicity; FC500, fludarabine 30 mg/m^2 and cyclophosphamide 500 mg/m^2; ICANS, immune effector cell-associated neurotoxicity syndrome; IEC-HS, immune effector cell-associated hemophagocytic lymphohistiocytosis-like syndrome.

ALLO-316 Demonstrated Robust CAR T Tumor Homing and Cell Expansion

Extensive Tumor Infiltration of ALLO-316 Cells



Dagger® Effect: ALLO-316 Removing Alloreactive Host CD70+ Cells to Support Expansion and Persistence



Source: SITC/IKCS 2024 Data Presentation

Data cutoff: October 14, 2024. CAR, chimeric antigen receptor; VCN, vector copy number.

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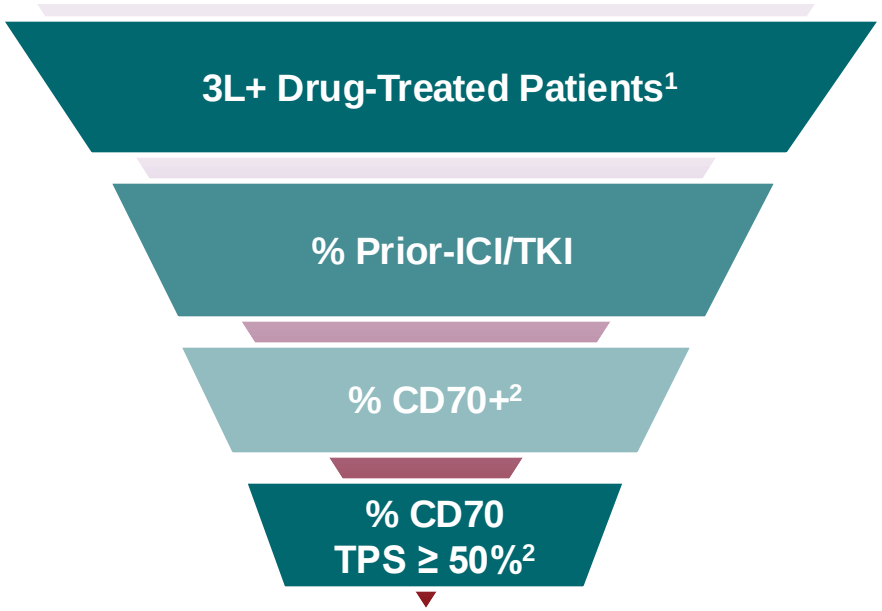
TRAVERSE Addressable Population Creates a >$3.5B Opportunity

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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Delivering on Scalability to Keep Pace with Expanding Opportunities

- Key personnel across Process Development, Supply Chain, Quality & Mfg
- 140K ft^2 Modular Facility designed to US and International Commercial cGMP Standards
- Qualified Suppliers Across all Input Materials
- End-to-end capabilities include PBMC processing, CAR T production, filling, in-house Quality Control and inventory management
- Ultracold Inventory and Logistics in Place in US and Pending in EU

~20,000

Doses **Per Year** Capacity*

1 Leukopak ~300 doses

*Projection for first potential commercial asset, cema-cel (120M cells/dose at scale)

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Pipeline Designed to Maximize Greatest Opportunity

Target	Program	Trial	Study Population	Discovery	IND-enabling	Phase 1	Phase 2[1]	Approved	Designation	Status
HEMATOLOGIC MALIGNANCIES										
CD19 (Key Program)	**cemacabtagene ansegedleucel (cema-cel)**	**ALPHA3**	**LBCL**							**Enrolling**
CD70	ALLO-316		CD70+ Heme Malignancies							
SOLID TUMORS										
CD70 (Key Program)	**ALLO-316**	**TRAVERSE**	**ccRCC**						**FTD RMAT**	**Enrolling**
CD70	ALLO-316		Other Solid							
DLL3	ALLO-213		SCLC							
Claudin 18.2	ALLO-182		Gastric & Pancreatic							
AUTOIMMUNE DISEASE										
CD19/ CD70 (Key Program)	**ALLO-329**		**Rheumatology Disorders**							**IND Submission Q1 2025**

[1]Phase 2 designed to be registrational

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THE ONLY COMPETITION IS DISEASE ITSELF

Redefining the Future of CAR T

DOING WHAT NO AUTOLOGOUS TREATMENT HAS DONE BEFORE

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Allogene's investigational AlloCAR T™ oncology products utilize Cellectis technologies. The anti-CD19 oncology products are developed based on an exclusive license granted by Cellectis to Servier. Servier, which has an exclusive license to the anti-CD19 AlloCAR T™ investigational products from Cellectis, has granted Allogene exclusive rights to these products in the U.S., all EU Member States and the United Kingdom. Allogene has an exclusive license to Cellectis technologies for allogeneic oncology products directed at DLL3 and CD70 for oncology. ALLO-329 (CD19/CD70) in autoimmune disease uses CRISPR gene-editing technology.