Redefining the Future of CAR T

Doing What No CAR T Has Done Before

Allogene Corporate Overview

January 2025

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You can identify forward-looking statements by words such as "could," "designed to," "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: ALLOCAR T being highly scalable, off-the-shelf, one time treatments that could leapfrog the competition; ALPHA3 being a pivotal trial; the design of ALPHA3 that ALPHA3 trial could provide the right product to the right patient at the right time; the ability to administer cema-cel in community cancer centers and transform the LBCL market; the potential for cema-cel in earlier line MRD+ settings; the potential to embed cema-cel into first line regimens; use of Foresight Diagnostics test in ALPHA3 and its anticipated sensitivity; the potential for the Foresight CLARITY test to identify MRD+ patients and predict relapse better than scans; that CAR T works more safely and effectively in patients with low disease burden; 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; that ALLO-329 will transform the treatment of autoimmune diseases; the timing for the Investigational New Drug relating to ALLO-329 to go into effect; statements related to the market opportunity for our ALPHA3, TRAVERSE, and ALLO-329 programs and our other clinical programs; the potential for ALLO-329 to reset and preserve immunity, and treat autoimmune disorders; the potential for ALLO-316 to be a first- and best-in-class candidate for RCC; 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 overcome rejection, the expected benefits therefrom, 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 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 products; 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 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; 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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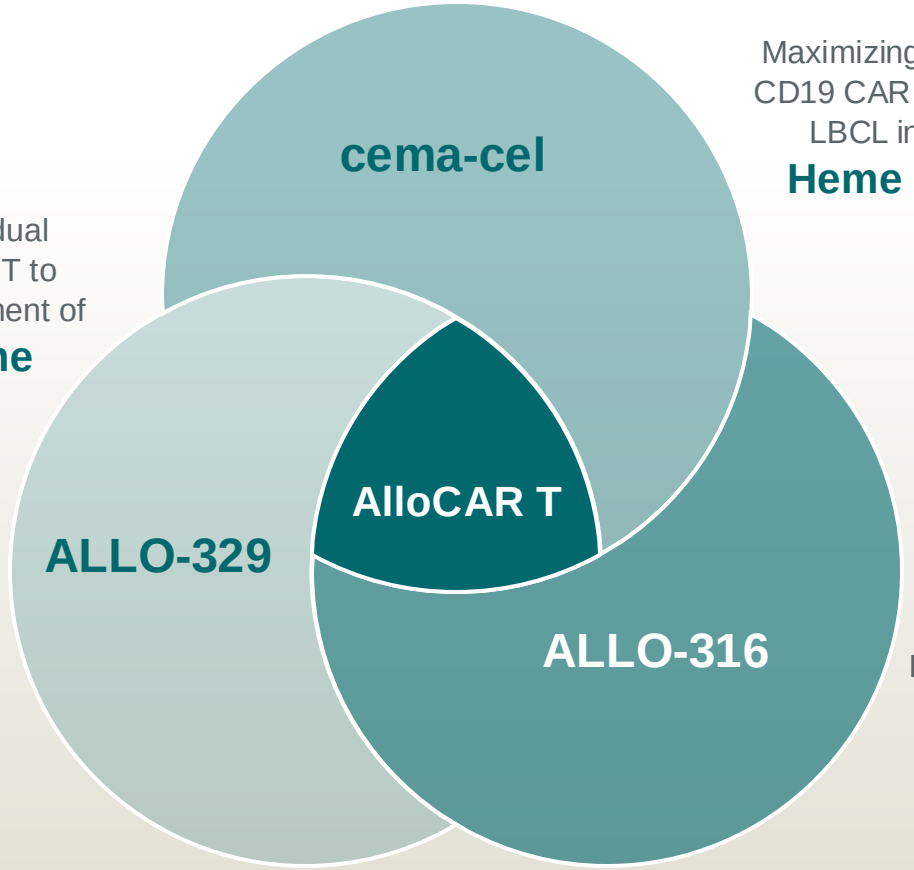
Unlocking the Future: Developing Single Products into Transformative Platforms

The Platform Opportunities

Next generation dual CD19/CD70 CAR T to transform the treatment of

Autoimmune Diseases



Maximizing curative potential of CD19 CAR T by targeting MRD+ LBCL in 1L consolidation

Heme Malignancies

Leverage propriety Dagger® technology to treat

Solid Tumors

The AlloCAR T Difference

- Highly Scalable, Off-the-Shelf Product
- One-Time Treatment
- Simplified Logistics, Ideal for Community Clinicians
- Ability to Leapfrog Competition
- Vast Array of Potential Indications

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Dedicated and Scalable CAR T Manufacturing

~20K to 60K+

doses per year capacity
(dependent on cell dose)

The Process is the Product

- **Process & Analytical Development**
- **Quality & Product Characterization**
- **Supply Chain Management**

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A Groundbreaking Trial: The Right Product, The Right Patient, The Right Time

1L Treatment → "Watch and Wait" for Relapse → 2L Treatment

CURRENT STANDARD OF CARE

The ALPHA3 TRIAL: Designed to Predict & Intervene BEFORE Relapse

The Right Product

Immediately available allogeneic CD19 CAR T with ***demonstrated safety and efficacy**** in relapses/refractory LBCL

The Right Patient

Treat ***only*** the patients who need treatment - newly diagnosed patients with LBCL who are MRD+ at the completion of front-line R-CHOP

The Right Time

Wipe out MRD with 1x cema-cel infusion (1L consolidation) ***before*** disease recurs

*Based on Phase 1 data

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

	Median Time From Enrollment to Treatment ≤ 3 days				
3L Relapsed/Refractory LBCL	**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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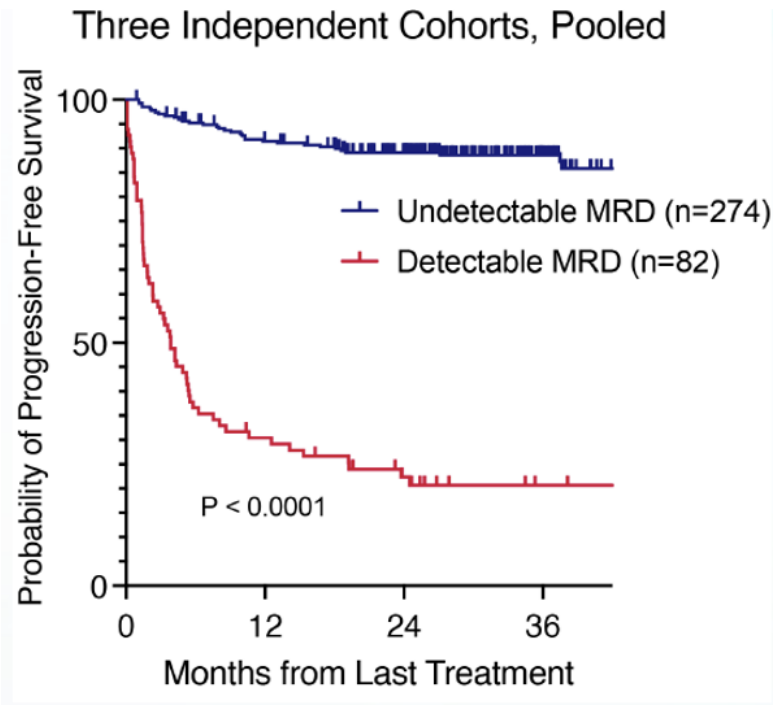
The Right Patient: Investigational MRD Assay Identifies MRD+ LBCL Patients

- Detection of Minimal Residual Disease (MRD) after treatment predicts relapse
  - >350 patients assessed across multiple studies
- Data supports the investigational Foresight CLARITY MRD test delivers exquisite clinical performance and may better predict relapse than PET/CT scans
  - Patients who are MRD+ at the end of front-line R-CHOP are >12X more likely to experience disease relapse

Foresight CLARITY™



Data on file at Foresight Diagnostics

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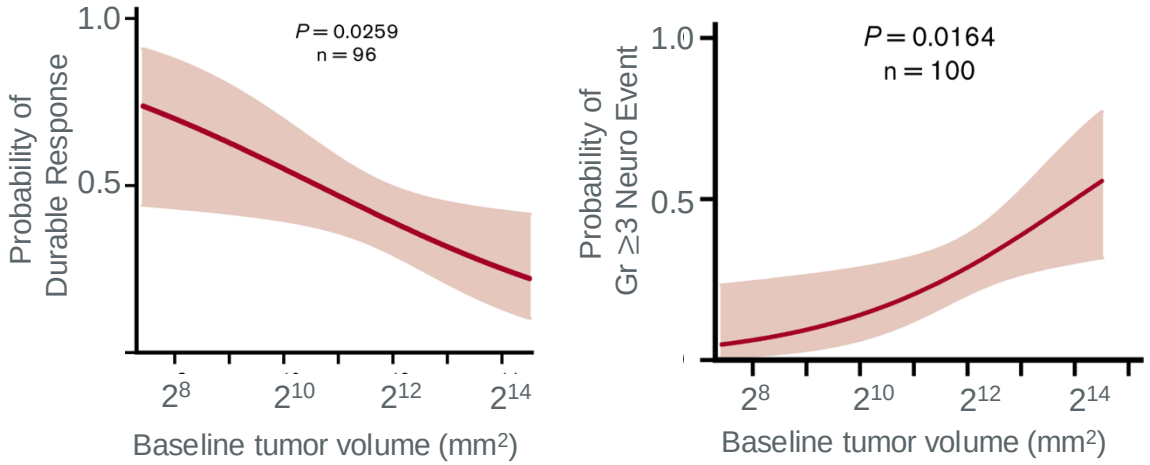
The Right Time: CAR T Works More Safely & Effectively with Low Disease Burden

Disease Burden and Outcome

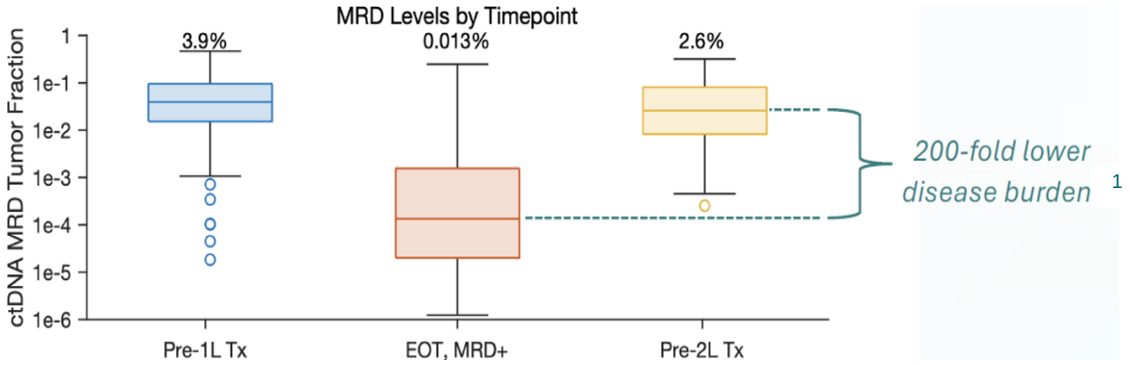
Patients with lower tumor volume are more likely to respond while experiencing less neurotoxicity



Locke, Blood Advances 2020

MRD Allows for Earlier Intervention

Median disease burden is >200-fold lower in patients who are MRD+ at the end of 1L treatment than those who presents with relapse



[1]Kurtz, JCO 2018; Alig JCO 2021
Pre 1L: Roschewski et al, ASH 2022 and unpublished Foresight Data; EOT: Roschewski et al, ASH, 2022 and unpublished Foresight Data; Pre 2l: Stepan et al, ASH 2023, 2024

Many patients will not be eligible for CAR T at relapse due to comorbidities or symptom burden, making the end of 1L therapy for patients who are MRD+ the optimal time for CAR T treatment

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The Future of CAR T Growth in LBCL is in Community Cancer Centers

Where Patients Receive Care	20%	80%			
	Current Auto ATCs	CAR T-Affiliated Centers	High Volume with Infrastructure	Other Large Centers	Independent Sites
Current: Autologous CAR Ts	*~200+ US Sites* CAR T access limited to select institutions	***Patient Referral Required*** Access Barriers Due to Infrastructure, Staffing, Administration, and Accreditation Hurdles			
Future: cema-cel	Remove Referral Need by Going Directly to the Community Cancer Treatment Centers Streamlined Logistics + Simple Infrastructure Requirements + Manageable AE Profile + Outpatient Use				

CEMA-CEL MAY DRAMATICALLY SHIFT THE BARRIER TO ACCESS

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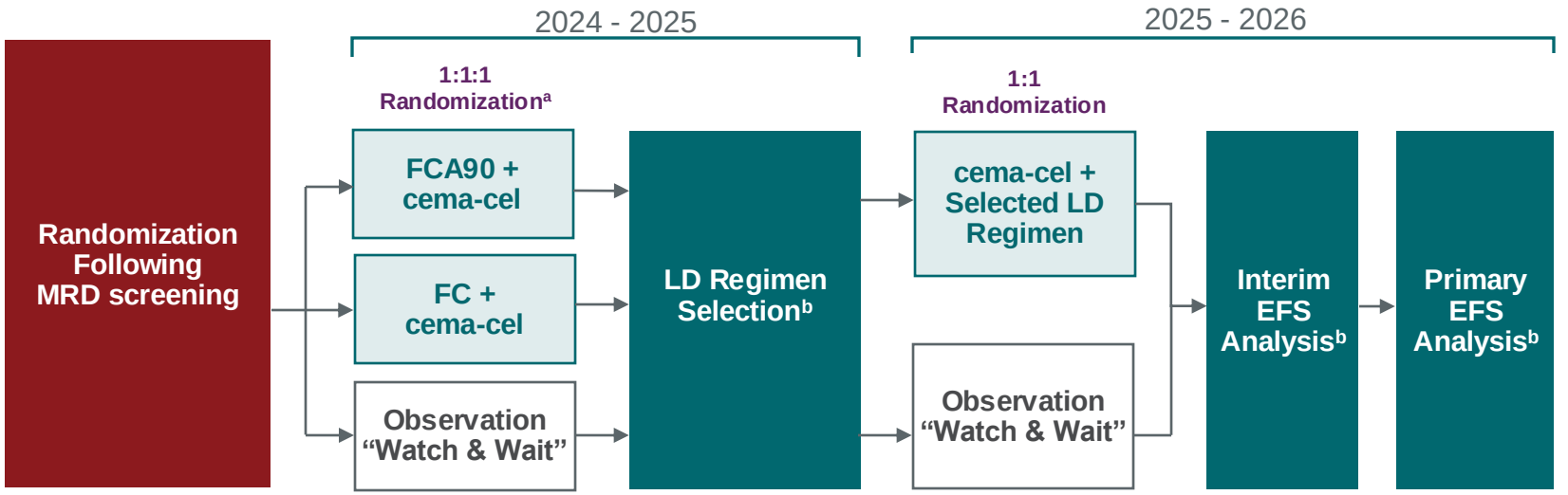
ALPHA3 Pivotal Design is Seamless and Efficient



FCA90: Fludarabine 30 mg/m2/day, Cyclophosphamide 300 mg/m2/day, ALLO-647 30 mg/day, administered daily x 3 days
FC: Fludarabine 30 mg/m2/day, Cyclophosphamide 300 mg/m2/day, administered daily x 3 days. Cema-cel: 120 million CAR+ cells

Trial Design & Size

Open-label, multicenter, randomized pivotal Phase 2 study

~240 LBCL patients in CR/PR at end of 1L therapy with MRD

~50 academic and community-based cancer centers (US)

Primary Endpoint

EFS per blinded IRC assessment

Secondary Endpoints

PFS per IRC assessment

OS

Rate of conversion to MRD-

Key Milestones

- ✓ Initiated June 2024
- Mid-2025: Interim Analysis (Futility and LD Regimen Selection)
- 1H 2026: Complete Patient Enrollment
- YE 2026: Data Readout Primary EFS Analysis
- 2027: Potential BLA Submission

[a] Randomization ratio may be adjusted after the safety interim analysis.
[b] Safety and interim efficacy analyses will occur and culminate in LD regimen selection. Patients treated with the selected regimen or followed in observation during Part A will be included in inferential testing in Part B.

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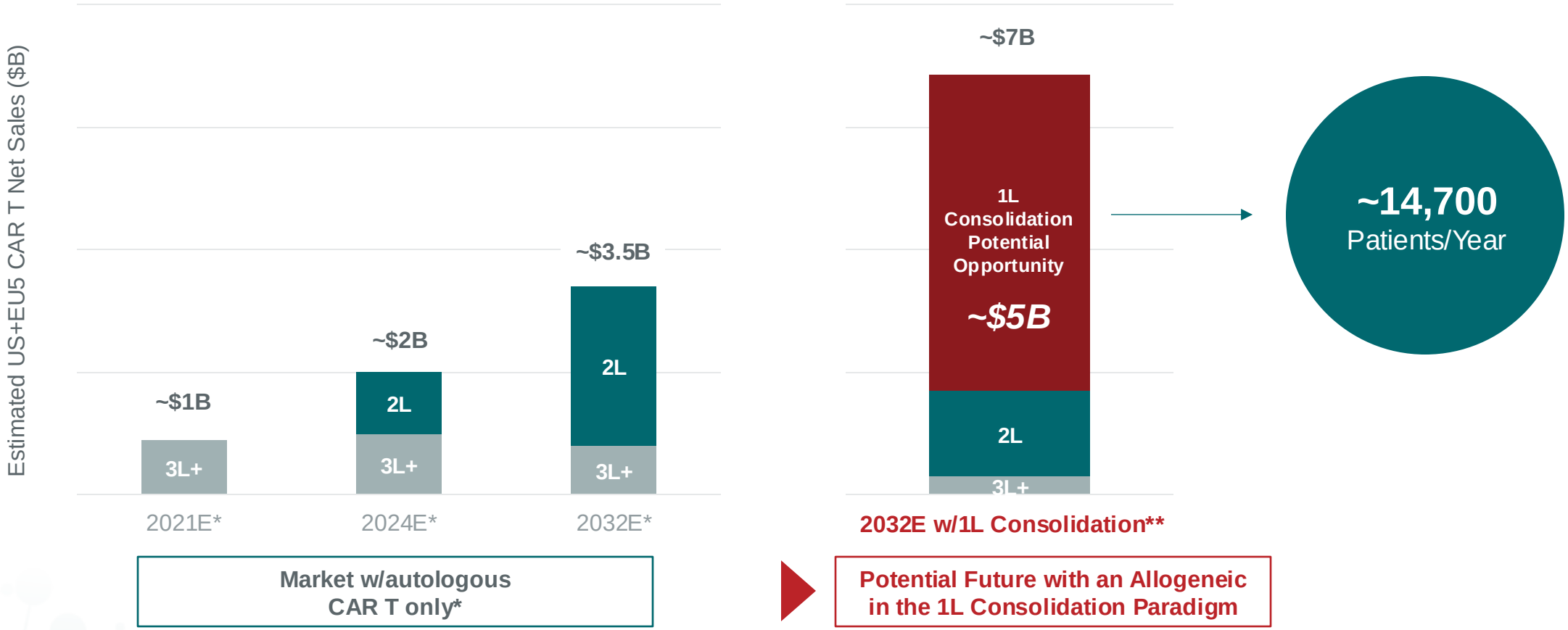
ALPHA3: Potential to Dramatically Transform the LBCL Market

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

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



*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

Redefining the Future: Position Cema-cel in Earlier Line MRD+ Settings

Anchor 1L LBCL	Expand B-Cell Malignancies
1L Consolidation LBCL	**1L Consolidation** **Acute Lymphoblastic Leukemia (ALL)**
	1L Consolidation **Follicular Lymphoma (FL)**
	1L Consolidation **Mantle Cell Lymphoma (MCL)**
	Earlier Line **Chronic Lymphocytic Leukemia (CLL)** **& Small Lymphocytic Lymphoma (SLL)**

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

Dual CD19/CD70 CAR Construct

Overcome Rejection

- Dual CD19/CD70 allogeneic CAR T with Dagger® technology, designed to maximize CAR T expansion
- Strong PK/PD effect achievable with Dagger® technology may reduce or eliminate the need for lymphodepletion and allow safer use of ALLO-329 in both severe and moderate AID

Address Mechanisms of AID

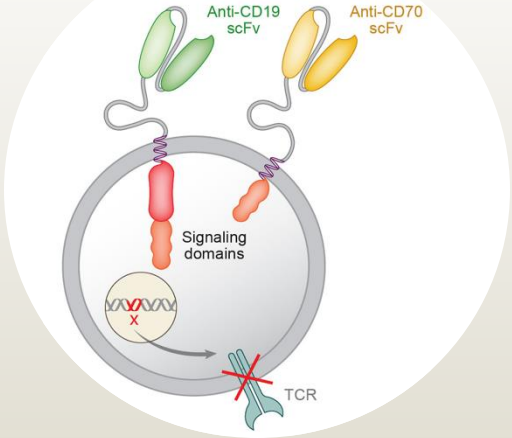
- ALLO-329 depletes not only CD19+ B cells and plasmablasts, but also CD70+ T and dendritic cells that contribute to maturation and activation of B cells
- Potential to treat autoimmune disorders defined by T cell dysfunction

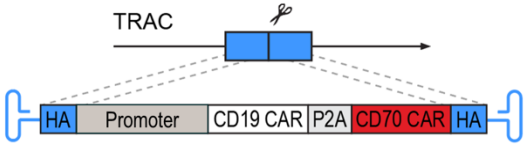
Reset & Preserve Immunity

- Naïve host B cells reconstitute after treatment
- Spares majority of T cells (CD70-) allowing a quicker immune reconstitution

Key Milestones

- **Q1 2025: IND**
- **Mid-2025: Phase 1 Trial Initiation**
- **YE 2025: PoC Clinical Data**





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Dual Targeting Protects ALLO-329 From Rejection and Potentially Broadens Effect Across Diverse Autoimmune Pathogenesis

Alloreactive CD70+ T Cells

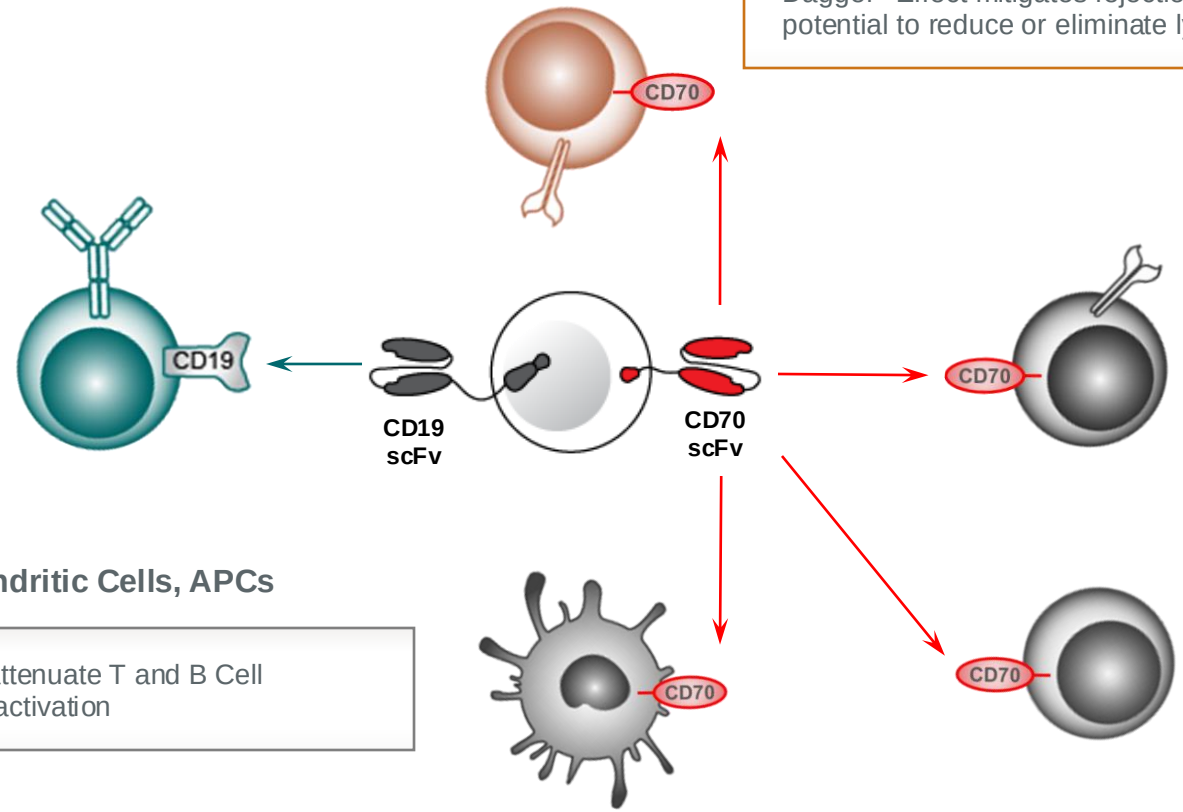
Dagger® Effect mitigates rejection and has potential to reduce or eliminate lymphodepletion

Autoreactive CD19+ B Cells

Naïve host B Cells reconstitute after treatment

Autoreactive CD70+ T Cells

Potential to attenuate B Cell maturation / activation and address immune disorders marked by T Cell dysfunction



Dendritic Cells, APCs

Potential to attenuate T and B Cell maturation / activation

Dysfunctional T_{regs}

Potential to attenuate pro-inflammatory T_{conv} co-stimulatory signals from $CD70^{+}$ T_{regs}*

*Arroyo Homero, Commun Biol 2020

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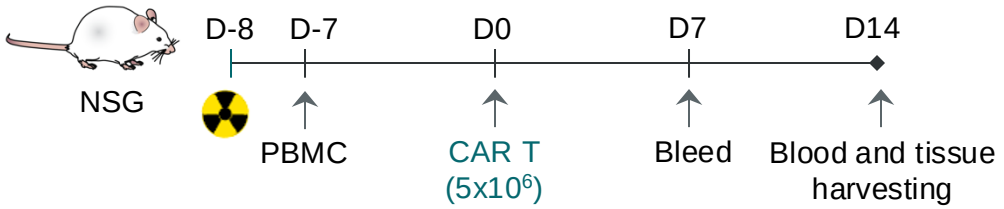
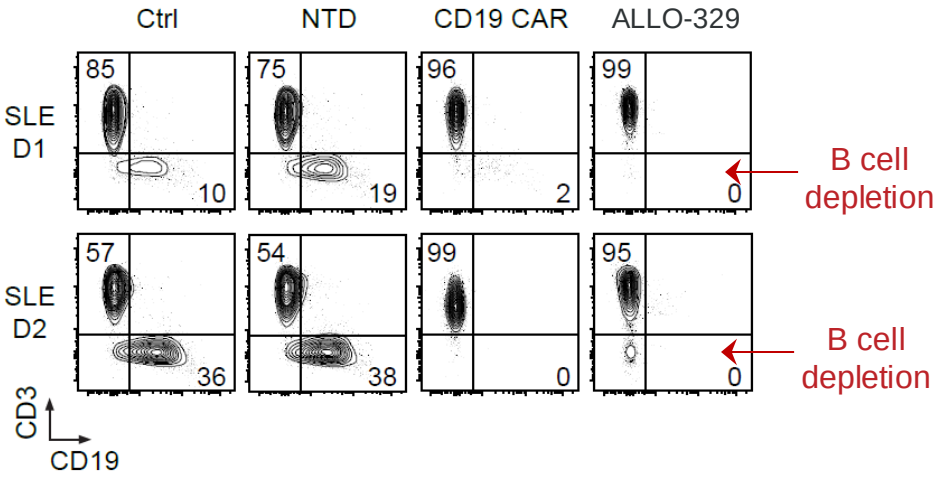
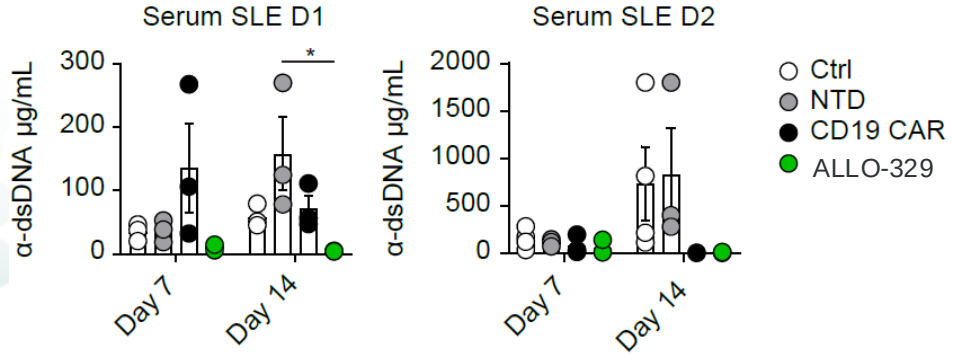
ALLO-329 Depletes Autoreactive B Cells & Autoantibodies from SLE Donors and Shows Resistance to Rejection *In Vivo*

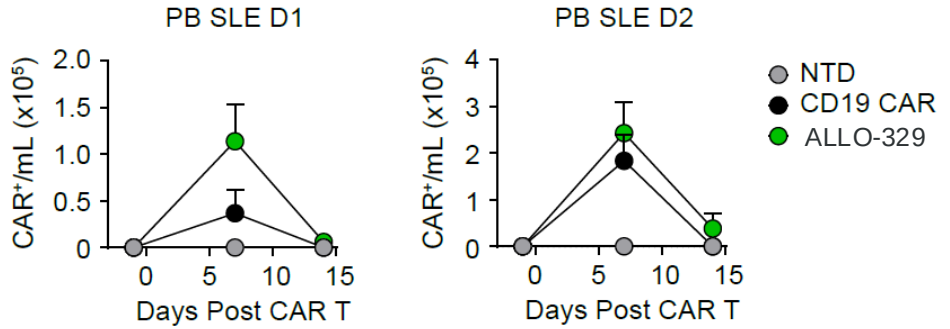




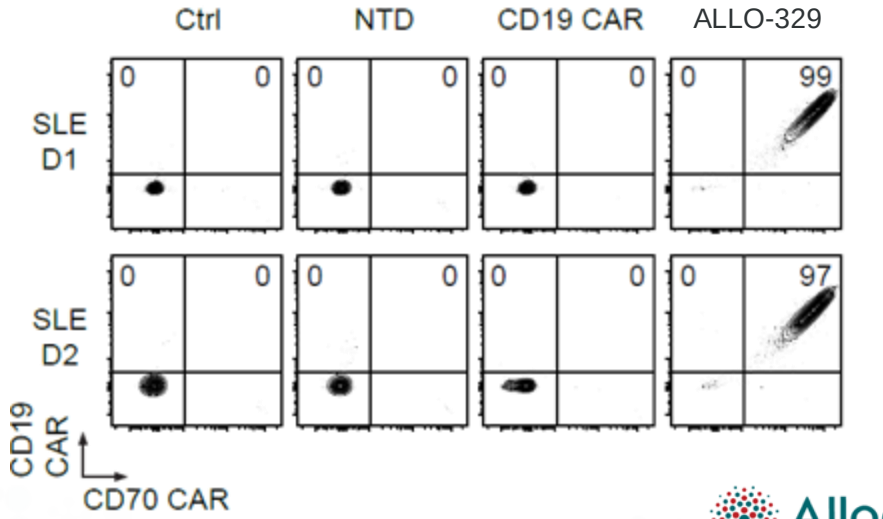
Reduced α-dsDNA antibodies in mice receiving ALLO-329



Transient expansion in peripheral blood



Only ALLO-329 shows persistence in spleen



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AID Opportunity Has Potential to Greatly Exceed CAR T in Heme Malignancies

Estimated US Diagnosed Prevalence for Select Autoimmune Diseases

Rheumatology	Neurology	Nephrology	Hematology	GI Inflammation
Lupus (SLE) *330,000*	**SPMS / PPMS** *200,000*	**Lupus Nephritis** *90,000*	**Warm Autoimmune Hemolytic Anemia*** *37,000*	**Ulcerative Colitis** *>1,000,000*
Systemic Sclerosis *100,000*	**Myasthenia Gravis** *124,000*	**IgG4** *<10,000*	**Immune Thrombocytopenia*** *32,000*	**Crohn's Disease** *>1,000,000*
Myositis *70,000*	**NMOSD** *15,000*		**Antiphospholipid Syndrome** *168,000*	
Rheumatoid Arthritis *725,000*	**RRMS** *450,000*			

Diseases with Clinical PoC for B-cell Depletion

Scientific Rationale for ALLO-329 (e.g. B- and/or T-cell Driven)

Heme-Onc Global Annual Incidence Across Indications with Approved CAR T ~ 300,000

*Clinical PoC: (1) wAiHA: Shi, CD19 CAR T-Cell Therapy in Refractory Autoimmune Hemolytic Anemia, ASH 2024; (2) ITP: Trautmann-Grill, et al, Salvage treatment of multi-refractory primary Immune thrombocytopenia with CD19 CAR T cells, The Lancet, Jan 2025

Allogene THERAPEUTICS

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

Encouraging Activity In Solid Tumor

TRAVERSE Ph1 Trial Supports Potential in CD70+ RCC

- 50% Overall Response (33% cORR) in heavily pre-treated patients with CD70+ (TPS >50%) expression
- Post-ICI/TKI setting has high unmet need w/current approved product having 22% ORR and <6mo mPFS[2]

ALLO-316 Has Intrinsic Ability to Overcome Allo-rejection (Dagger® Technology)

- Eliminates alloreactive host T cells, leading to robust cell expansion and persistence
- Study advancing with standard FC lymphodepletion regimen

Received FDA RMAT Designation

- In RCC based on TRAVERSE Ph1 clinical data

Key Milestones

Mid-2025: Ongoing Ph1b Data Update

Global Market Opportunity

[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

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

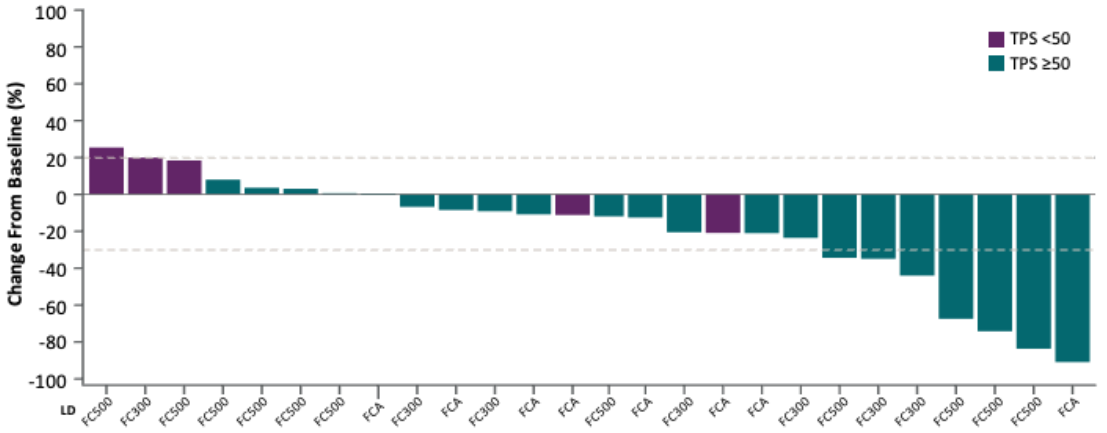
Phase 1 TRAVERSE Trial

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

92% Diseases Control Rate in CD70+ Patients



Of those with TPS ≥50, 76% (16/21) experienced a reduction in tumor burden

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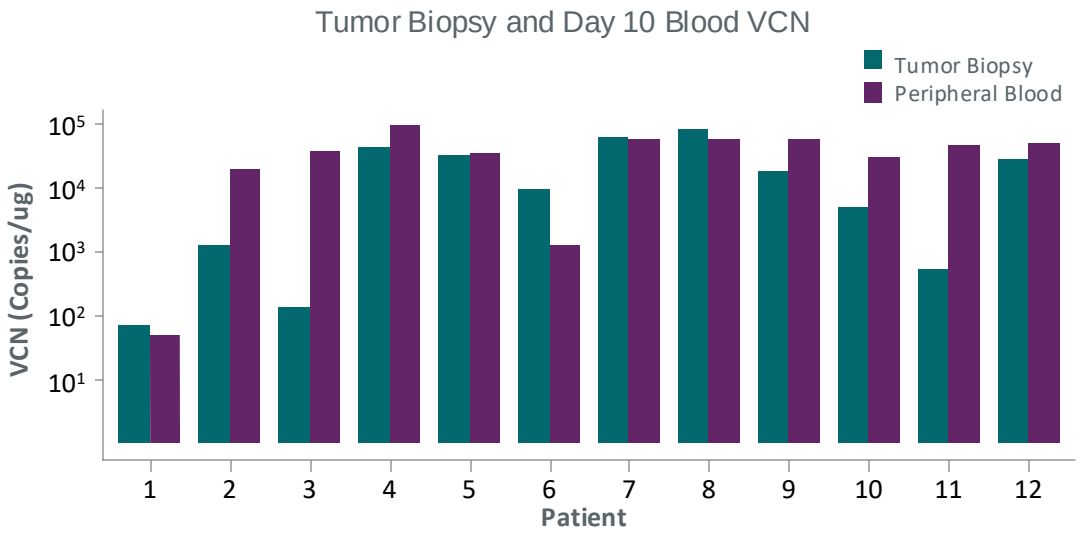
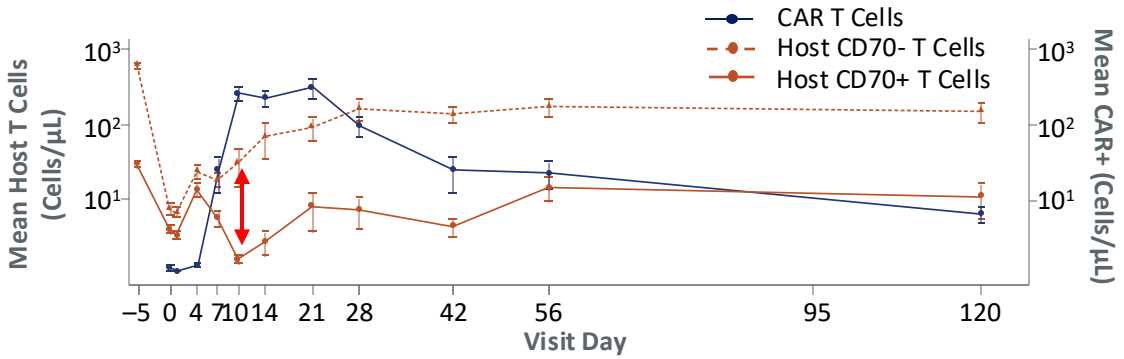
ALLO-316 Demonstrated Robust CAR T Tumor Homing and Cell Expansion

ALLO-316 CAR T cells Efficiently Traffick to Tumor



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

Magnitude of Expansion Exceeds Autologous CAR T Pivotal Trials



Dagger® Technology Spares CD70- T cells

Source: SITC/IKCS 2024 Data Presentation
Data cutoff: October 14, 2024. CAR, chimeric antigen receptor; VCN, vector copy number.

Allogene THERAPEUTICS

ALLO-316: AE Profile Appears Consistent with CAR T and Manageable

Phase 1 TRAVERSE Trial

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.

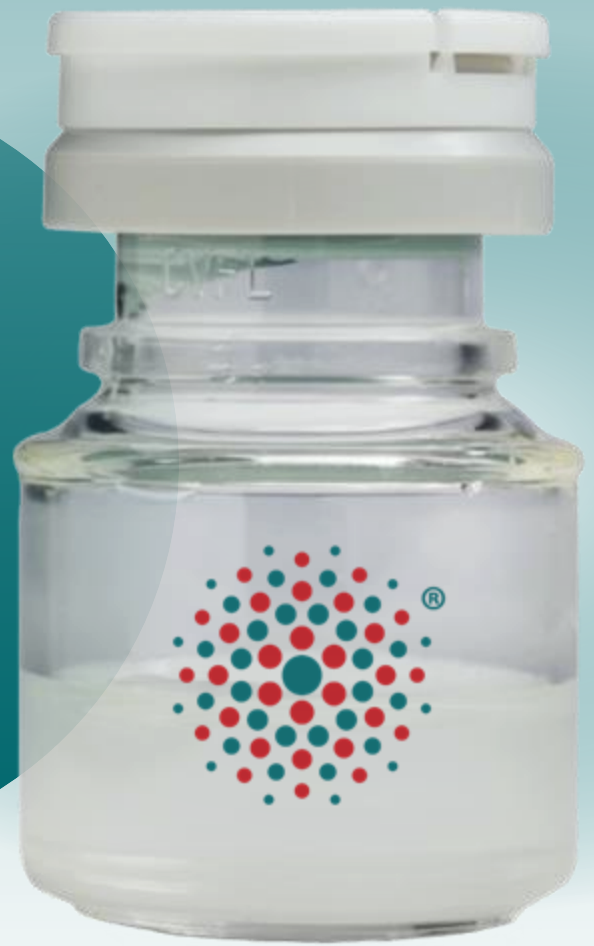
Allogene: Redefining the Future of CAR T

Strong Financial Position

$403.4

Million in Cash, Cash Equivalents and Investments (Q3 2024)

Runway Projected into 2H 2026



2025: Key Year for the Pipeline

- cema-cel LD selection
- ALLO-329 clinical PoC
- ALLO-316 Ph1b update

Potential market opportunity

- cema-cel: ~$5 billion (US+EU5)
- ALLO-329: greater than heme malignancy indications
- ALLO-316: >$3.5 billion (Global)

Allogene THERAPEUTICS

THE ONLY COMPETITION IS DISEASE ITSELF

Redefining the Future of CAR T

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.

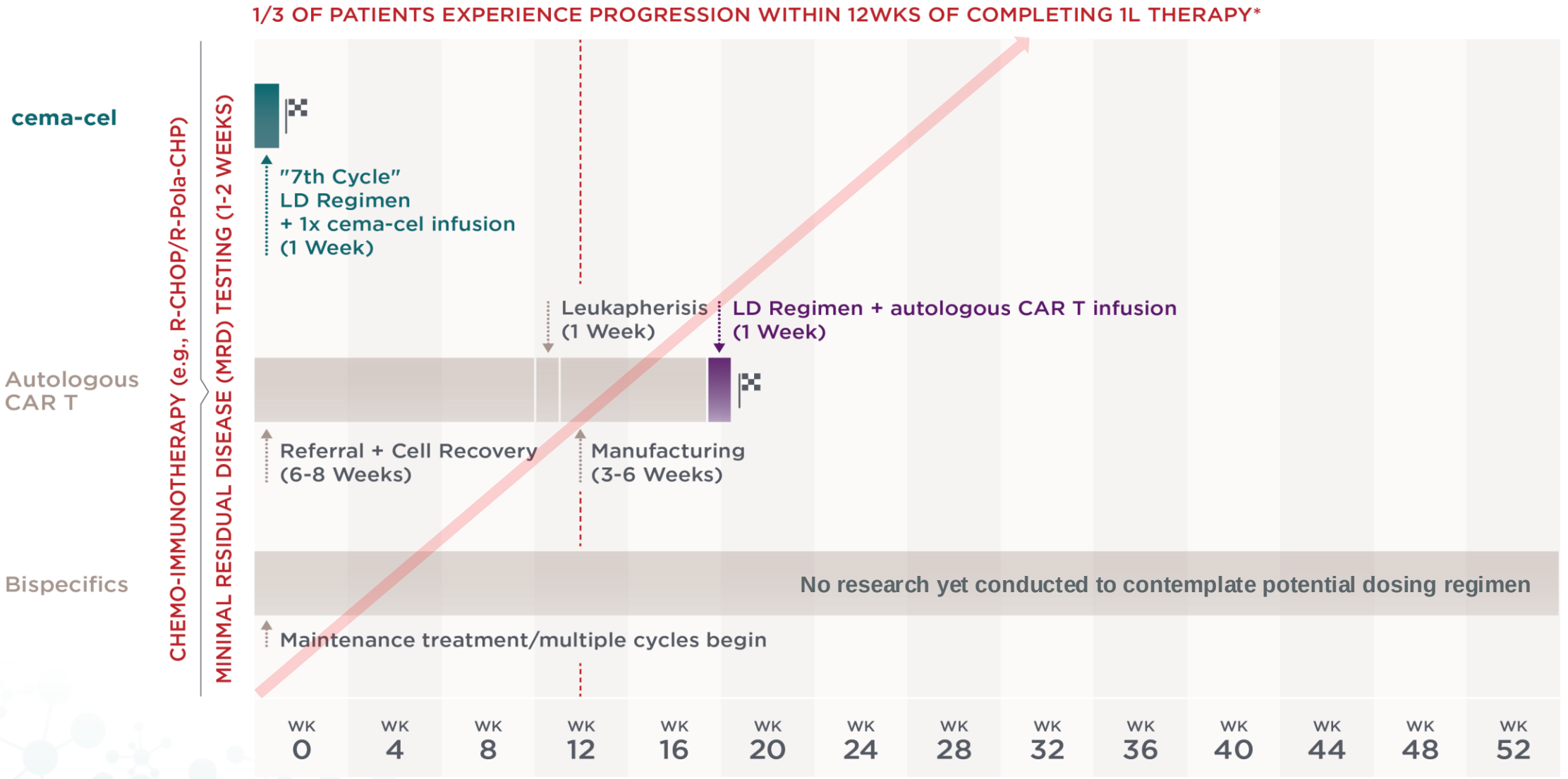
Allogene THERAPEUTICS

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

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

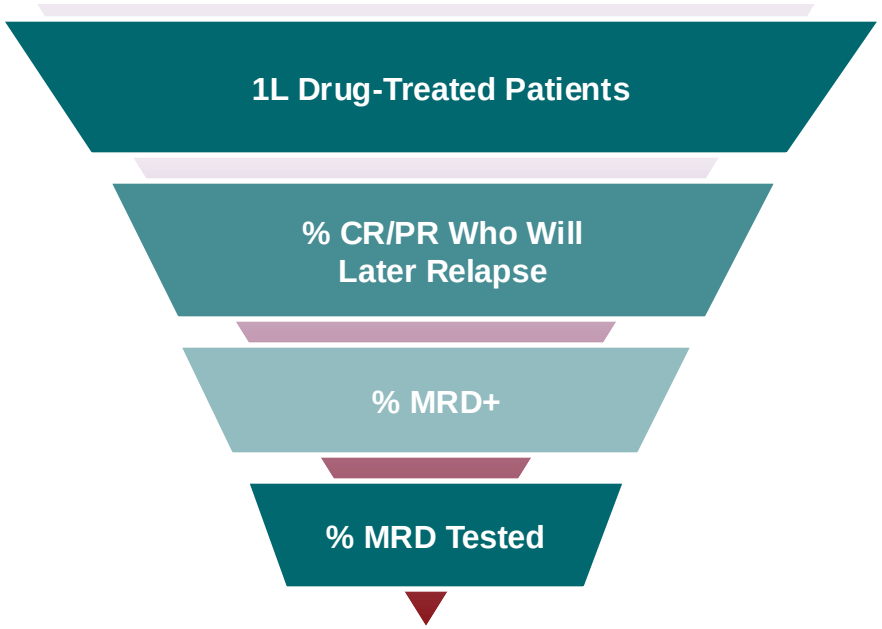


* 1. Tilly H., et al: Polatuzumab Vedotin in Previously Untreated Diffuse Large B-Cell Lymphoma. New England Journal of Medicine. 2021

Allogene THERAPEUTICS

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

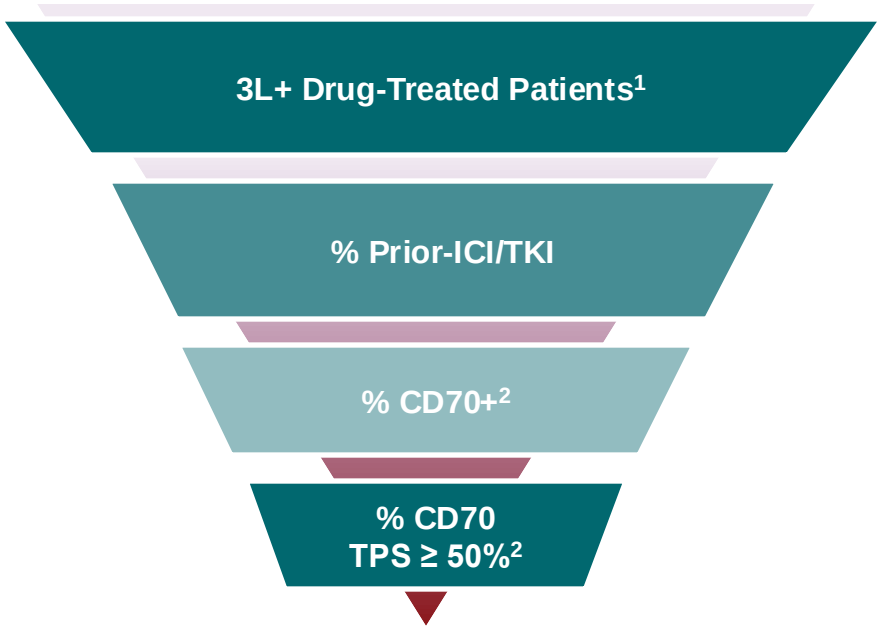
[1] Sources: Epidemiology 2032 US and EU5 (France, Germany, Italy, Spain, UK) projections rounded based on Decision Resources (© 2022 DR/Decision Resources, LLC. All rights reserved. Reproduction, distribution, transmission or publication is prohibited), % suitable for observation based on POLARIX study, %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

Allogene THERAPEUTICS

TRAVERSE Addressable Population Creates a >$3.5B Opportunity

3L+ ccRCC Potential Market Opportunity Sizing



	US	EU5
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

Allogene THERAPEUTICS