

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549

FORM 6-K

**Report of Foreign Private Issuer
Pursuant to Rule 13a-16 or 15d-16
of the Securities Exchange Act of 1934**

Date of Report: January 14, 2025

Commission File Number: 001-39307

Legend Biotech Corporation

(Exact Name of Registrant as Specified in its Charter)

**2101 Cottontail Lane
Somerset, New Jersey 08873
(Address of principal executive office)**

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F:

Form 20-F Form 40-F

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(1):

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7):

Legend Biotech Updates Corporate Presentation at the 43rd Annual J.P. Morgan Healthcare Conference

On January 14, 2025, Legend Biotech Corporation (“Legend Biotech” or the “Company”) will make its updated corporate presentation available on its website. The presentation is attached to this Form 6-K as Exhibit 99.1 and may be viewed on the Company’s website at <https://investors.legendbiotech.com/events-and-presentations>.

This report on Form 6-K, including Exhibit 99.1 (other than the information included under “About Legend Biotech”), is hereby incorporated herein by reference in the registration statements of Legend Biotech on Form F-3 (Nos. 333-278050, 333-257625 and 333-272222) and Form S-8 (No. 333-239478 and 333-283217), to the extent not superseded by documents or reports subsequently filed.

EXHIBIT INDEX

Exhibit	Title
99.1	Corporate Presentation - January 2025

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

Date: January 14, 2025

LEGEND BIOTECH CORPORATION

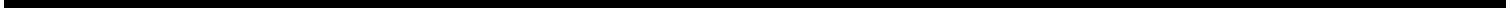
By: /s/ Ying Huang
Name: Ying Huang, Ph.D.
Title: Chief Executive Officer





Legend Biotech
CORPORATE PRESENTATION

JANUARY 14, 2025



Disclaimer

This presentation has been prepared by Legend Biotech Corporation ("Legend Biotech" or the "Company") solely for information purpose and does not contain all relevant information relating to the Company.

The safety and efficacy of the agents and/or uses under investigation discussed in this presentation have not been established, except to the extent specifically provided by marketing authorizations previously received from relevant health authorities. Further, for investigational agents and/or uses, the Company cannot guarantee health authority approval or that such agents and/or uses will become commercially available in any country.

Certain information contained in this presentation and statements made orally during this presentation relate to or are based on studies, publications, surveys and other data obtained from third-party sources and Legend Biotech's own internal estimates and research. While Legend Biotech believes these third-party sources to be reliable as of the date of this presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. While Legend Biotech believes its internal research is reliable, such research has not been verified by any independent source.

Statements in this presentation about future expectations, plans and prospects, as well as any other statements regarding matters that are not historical facts, constitute "forward-looking statements" within the meaning of The Private Securities Litigation Reform Act of 1995.

These statements include, but are not limited to, statements relating to Legend Biotech's strategies and objectives; statements relating to CARVYKTI® (ciltacabtagene autoleucel; cilta-cel), including patient population of CARVYKTI®, Legend Biotech's expectations for CARVYKTI®, including manufacturing expectations for CARVYKTI®; and statements about regulatory submissions for CARVYKTI®, statements related to Legend Biotech's ability to achieve operating profit; and the progress of such submissions with the FDA, the EMA and other regulatory authorities;

and expected results and timing of clinical trials; Legend Biotech's expectations for LB2102 and its potential benefits; the potential benefits of the licensing transaction; Legend Biotech's expectations on advancing their pipeline and product portfolio; and the potential benefits of Legend Biotech's product candidates. The words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "should," "target," "will," "would" and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors. Legend Biotech's expectations could be affected by, among other things, uncertainties involved in the development of new pharmaceutical products; unexpected clinical trial results, including as a result of additional analysis of existing clinical data or unexpected new clinical data; unexpected regulatory actions or delays, including requests for additional safety and/or efficacy data or analysis of data, or government regulation generally; unexpected delays as a result of actions undertaken, or failures to act, by our third party partners; uncertainties arising from challenges to Legend Biotech's patent or other proprietary intellectual property protection, including the uncertainties involved in the U.S. litigation process; competition in general; government, industry, and general product pricing and other political pressures; as well as the other factors discussed in the "Risk Factors" section of Legend Biotech's Annual Report on Form 20-F for the year ended December 31, 2023, filed with the Securities and Exchange Commission (SEC) on March 19, 2024 and Legend Biotech's other filings with the SEC.

Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those described in this presentation as anticipated, believed, estimated or expected. Any forward-looking statements contained in this presentation speak only as of the date of this presentation. Legend Biotech specifically disclaims any obligation to update any forward-looking statement, whether as a result of new information, future events or otherwise.



Legend Biotech – Transforming Cancer Care

Pioneer
and Leader in
CAR-T Therapy
Revolution



2,500+
Employees
450+ Focused
on R&D



**11 Pipeline
Programs**
in Hematologic
Malignancies, Solid Tumors,
and Autoimmune Diseases

Stand-alone
with
End-to-end
Capabilities

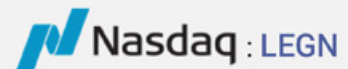


Partnerships

Johnson & Johnson
And
Novartis



\$1.2B
in Cash, Cash Equivalents and
Time Deposits¹



³ 1. As of September 30, 2024

CARVYKTI®

Proven Leader on the Path to Cure



- > **First and only** CAR-T cell therapy providing superior OS vs SoC in Multiple Myeloma
- > **>4,500** treated patients treated
- > Significant sales **growth trajectory, strong 2L+ launch with the OS benefit achieved**
- > **Strongest CAR-T launch to date**, with \$286M in net trade sales in 3Q24
- > **Outpatient** commercial advantage (48% out-patient use in 3Q24)

Multiple Myeloma

Blood Cancer with a High Unmet Need



3RD MOST COMMON BLOOD CANCER

accounting for **14%** of all hematologic cancer¹

187,952

NEW CASES WORLDWIDE IN 2022^{1,2}

CI, confidence interval; PI, Proteasome Inhibitor; IMiD, Immunomodulatory drug; MM, multiple myeloma; OS, overall survival

1. Globocan 2022 World Fact Sheet: <https://gco.iarc.who.int/media/globocan/factsheets/cancers/35-multiple-myeloma-fact-sheet.pdf>. Accessed March 2024. 2. Globocan 2022 World Fact Sheet: World.

5 <https://gco.iarc.who.int/media/globocan/factsheets/cancers/35-multiple-myeloma-fact-sheet.pdf>. Accessed March 2024.

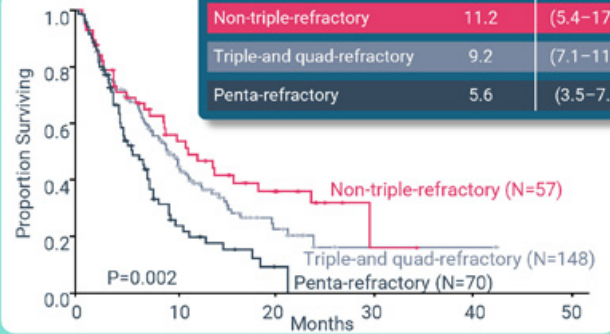
**POOR SURVIVAL OUTCOMES IN
MULTIPLE REFRACTORY MM**

Median OS < 12 months

in patients refractory to anti-CD38, ≥ 1 PI(s)
and / or ≥ 1 IMiD(s)⁶

Median OS for each group

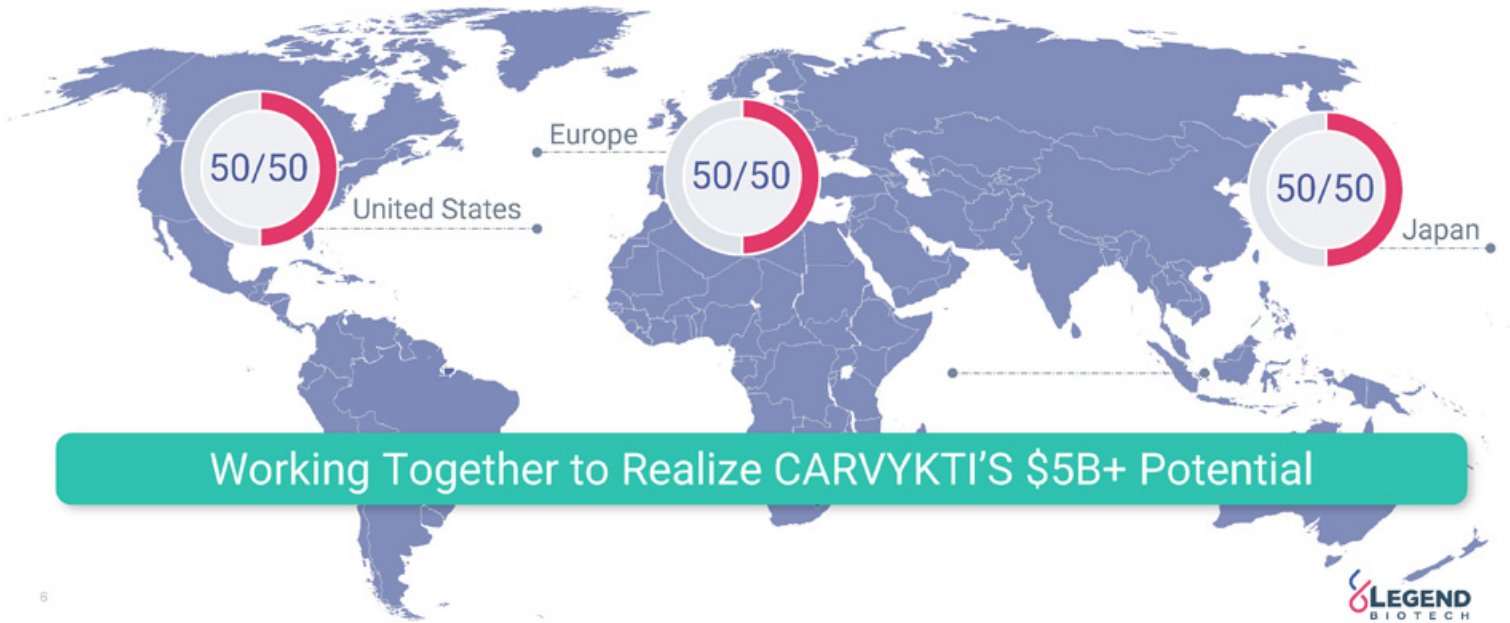
	Median OS (months)	95% CI
Non-triple-refractory	11.2	(5.4–17.1)
Triple-and quad-refractory	9.2	(7.1–11.2)
Penta-refractory	5.6	(3.5–7.8)



Legend and J&J Global Collaboration



Worldwide Collaboration and License Agreement to Develop and Commercialize Cilta-cel with J&J, the #1 Global Multiple Myeloma Market Leader



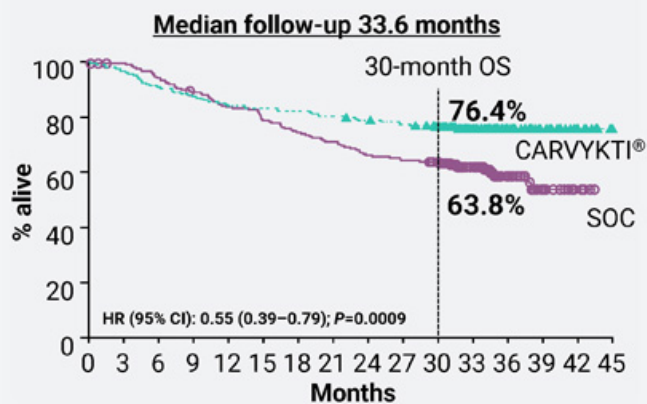
CARVYKTI® - First CAR-T in MM to Achieve OS Benefit vs SOC

Gold Standard for Oncology Trials

- One-time infusion significantly prolonged **overall survival** and **improved quality of life**¹
- **45% reduction in risk of death** with CARVYKTI® vs SOC in patients with lenalidomide-refractory MM after 1–3 prior LOT¹
- **Safety profile consistent** with previous analysis^{1,2}



CARVYKTI® Significantly Improved OS vs SOC¹



1. Mateos, et al. Overall Survival (OS) With Ciltacabtagene Autoleucel (Cilta-cel) Versus Standard of Care (SoC) in Lenalidomide (Len)-Refractory Multiple Myeloma (MM): Phase 3 CARTITUDE-4 Study Update. International Myeloma Society 2024 Annual Meeting, September 2024.

2. San-Miguel J, et al. N Engl J Med 2023;389:335-47. OS: overall survival; PFS: progression-free survival; SOC: standard of care; MM: multiple myeloma; LOT: line(s) of therapy; MNT: movement and neurocognitive treatment-emergent adverse event





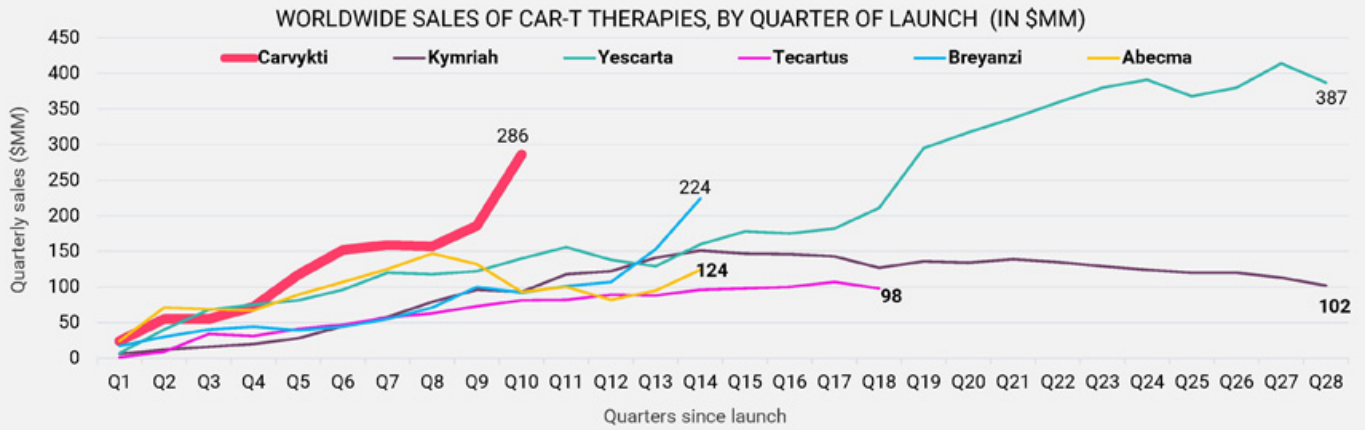
MAXIMIZING OUR CARVYKTI MARKET LEADERSHIP



A New Standard for CAR-T Launches

CARVYKTI® - INDUSTRY LEADING EARLY LAUNCH PERFORMANCE

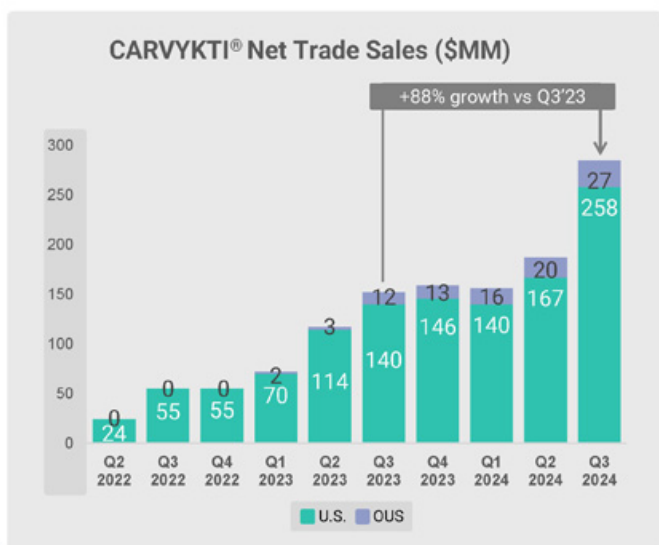
FIRST TEN QUARTERS OUTPERFORMING HISTORICAL CAR-T LAUNCHES



⁹ Data Source: Companies' public filings.

CARVYKTI® Uptake Continues

Continued Market Penetration and Earlier Lines of Treatment Represents Significant Opportunity for Continued Growth



	YoY Growth ¹	QoQ Growth ²
U.S.	84%	54%
OUS	125%	35%
Global	88%	53%

1. Q3 2024 vs Q3 2023
2. Q3 2024 vs Q2 2024

Earlier Line Studies

Another Opportunity to Change the Treatment Paradigm

CARTITUDE-2¹

NCT04133636

- Global, multi-cohort study
- Phase II open-label study of cilta-cel in various clinical settings
- Active, Not Recruiting

CARTITUDE-5²

NCT04923893

- Global, randomized, registrational study
- Phase III open-label study of VRd followed by cilta-cel vs. VRd followed by Rd maintenance, in patients with NDMM for whom ASCT is not planned as initial therapy
- Enrollment completed

CARTITUDE-6³

NCT05257083

- Global, randomized, registrational study
- Phase III open-label study comparing DVRd followed by cilta-cel vs. DVRd followed by ASCT in NDMM patients who are transplant eligible
- Enrolling

ASCT, autologous stem cell transplant; DVRd, daratumumab, bortezomib, lenalidomide, dexamethasone; NDMM, newly diagnosed multiple myeloma; VRd, bortezomib, lenalidomide, dexamethasone.
1. Clinicaltrials.gov: NCT04133636. 2. Clinicaltrials.gov: NCT04923893. 3. Clinicaltrials.gov: NCT05257083. CARTITUDE-6 is a collaborative study sponsored by the European Myeloma Network.

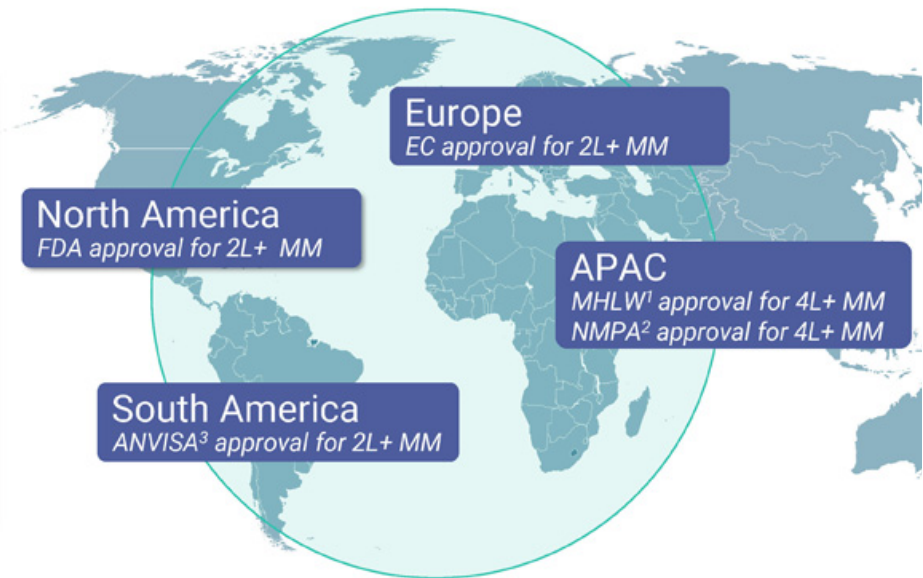
Unlocking the Blockbuster Global Market Opportunity

MULTIPLE MYELOMA PATIENTS ELIGIBLE FOR CAR-T THERAPY

Frontline: ~52k patients

2L to 4L: ~80k patients

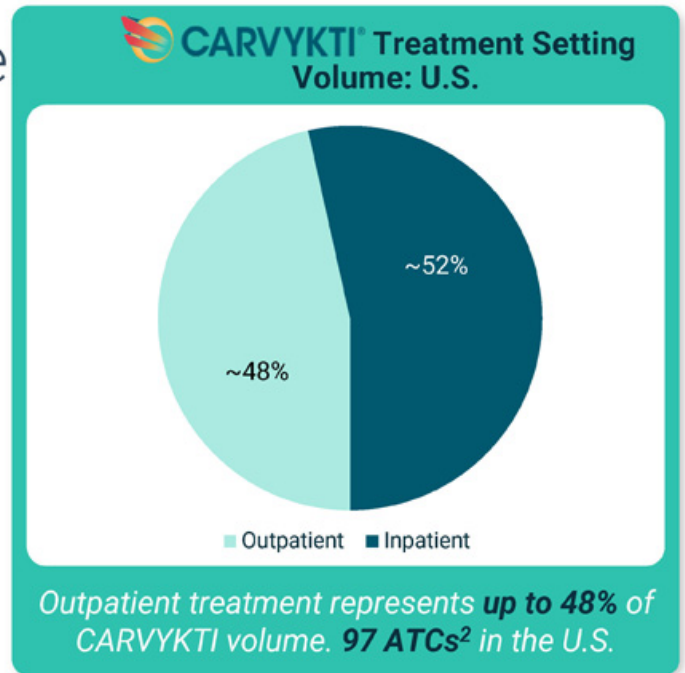
5L+: ~22k patients



¹² 1. MHLW is the Ministry of Health, Labour and Welfare in Japan. 2. NMPA is the National Medical Products Administration in China. 3. ANVISA is the Brazilian Health Regulatory Agency, Agência Nacional de Vigilância Sanitária.
2L denotes second-line. 4L denotes fourth-line. 5L+ denotes fifth-line and beyond.

Outpatient Administration: Key Competitive Advantage

- Extensive use of CARVYKTI in outpatient setting is a key differentiator
 - Unique delayed CRS¹ onset allows for outpatient administration options to best serve patient needs
- Patients and caregivers prefer to return home after treatment
- Support hospital infrastructure for the increased 2L+ patient population in community setting
- Expect majority of CARVYKTI patients will be treated in outpatient setting by year end 2025



Global Manufacturing Footprint

Expanding to Meet Growing Global Demand

US FACILITIES



Raritan, NJ

US / EU / JP / ROW Launch/
Commercial Site for
CARVYKTI®

- ✓ GMP Operational
- Approval of new Raritan section expected in 2H25



Morris Plains, NJ

Novartis CMO Site

- ✓ Clinical production started July 2024
- Commercial production expected in 1H 2025

EU FACILITIES



Ghent, Belgium: Tech Lane

Future Site for CARVYKTI®

- Clinical production expected in 1Q25 and commercial production expected in 4Q25 pending regulatory approval



Ghent, Belgium: Obelisc

Commercial Site for
CARVYKTI®

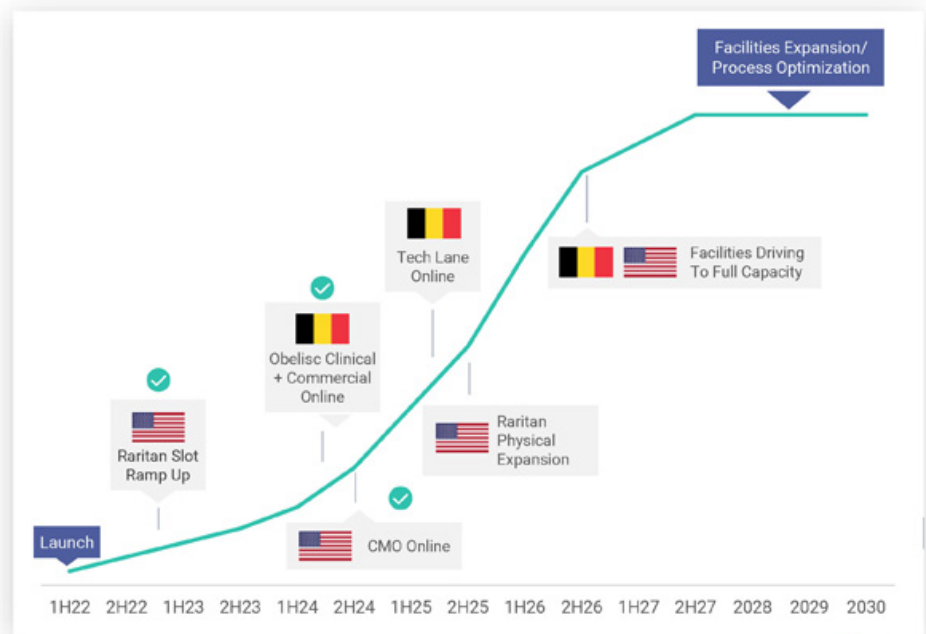
- ✓ Clinical production started January 2024 and commercial production started in September 2024

Current Median Turn Around Time is 32 Days

US and EU CARVYKTI® Supply Overview

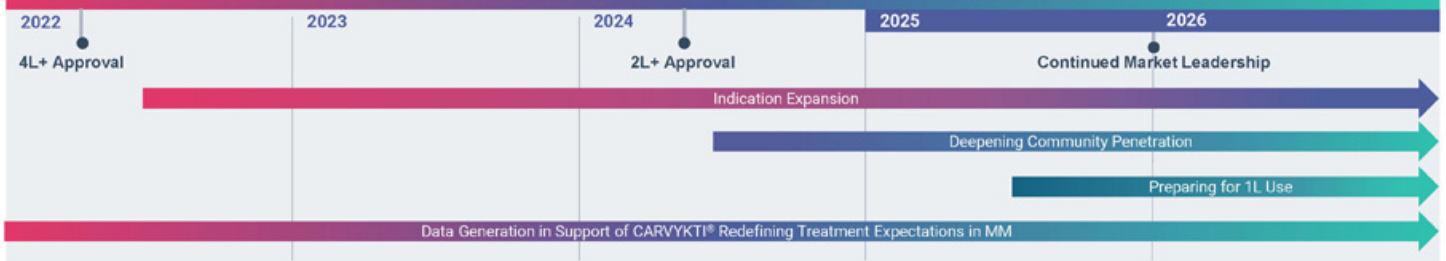
UPCOMING MILESTONES

- Double commercial supply in 2025
- Initiate commercial production at Novartis facility in 1H 2025
- Initiate commercial production at Tech Lane facility in 2H 2025
- New section approval expected in Raritan facility in 2H 2025



Building Upon CARVYKTI®'s Leadership Position

Established Position in MM Treatment Paradigm Since 2022



CARVYKTI® Leads Potential Competition by >4 Years



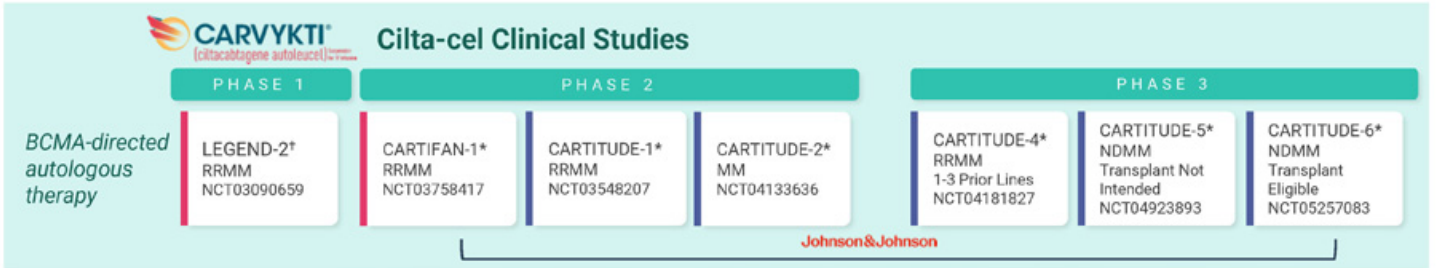


BUILDING NEXT GENERATION CAR-T PROGRAMS



Our Pipeline

Global US China



*In collaboration with Janssen, Pharmaceutical Companies of Johnson & Johnson. [†]Phase 1 investigator-initiated trial in China. IND applications have been cleared by the U.S. FDA. [#]Subject to an exclusive license agreement with Novartis Pharma AG. The safety and efficacy of the agents and/or uses under investigation have not been established. There is no assurance that the agents will receive health authority approval or become commercially available in any country for the uses being investigated. Additionally, as some programs are still confidential, certain candidates may not be included in this list.
INDICATIONS: ALL: acute lymphoblastic leukemia; LCNEC: large cell neuroendocrine carcinoma; MM: multiple myeloma; NDMM: newly diagnosed multiple myeloma; NHL: non-Hodgkin lymphoma; RRMM: relapsed or refractory multiple myeloma; SCLC: small cell lung cancer
TARGETS: BCMA: B-cell maturation antigen; DLL3: delta-like ligand 3; GCC: guanylyl cyclase C; GPRC5D: G-protein coupled receptor, family C, group 5, member D



Our Differentiated R&D Approach

Potential best-in-class proprietary technology platforms and end-to-end capability

CORE TECHNOLOGIES

CAR-T

NK

$\gamma\delta$ - T

PRODUCT PLATFORMS

Autologous

Allogeneic

DISEASE AREAS

Hematologic malignancies

Solid tumors

Armoring strategy for solid tumors

Multiple armored CAR-T strategies to overcome challenges in treatment of solid tumors

Antibody screening & engineering

In-house antibody generation and CAR-T-specific functional screening technologies

Diverse platform for allogeneic treatments

Diverse allogeneic platforms, including non-gene editing universal CAR-T and NK



Antibody Screening Platforms



Binding Domain Selection and Construct Design



Pre-clinical Validation



Clinical Proof of Concept

Legend and Novartis Collaboration



Legend and Novartis have an exclusive, global license agreement to advance certain DLL3-targeted CAR-T therapies, including LB2102, an investigational therapy for small cell lung cancer.

Small Cell Lung Cancer

A Large Unmet Medical Need

Lung Cancer is the
Second Most Diagnosed
Cancer in the US¹

And the leading cause of
cancer death in both men
and women, accounting for
~20% of all cancer deaths¹



Small Cell Lung Cancer

Accounts for
~15% of all Lung Cancer Diagnoses¹
and in 2 out of 3 people with SCLC
have extensive stage disease by time
of diagnosis²



21
1. American Cancer Society, Key Statistics for Lung Cancer. <https://www.cancer.org/cancer/types/lung-cancer/about/key-statistics.html>
2. American Cancer Society, Small Cell Lung Cancer Stages. <https://www.cancer.org/cancer/types/lung-cancer/detection-diagnosis-staging/staging-sclc.html>

LB2102: Legend Armored CAR-T Targeting DLL-3

For Small Cell Lung Cancer



TARGET

- DLL-3, a promising target with prevalent & homogeneous expression in SCLC (~80% positive) and other neuroendocrine tumors
- Minimal to no expression in normal tissues



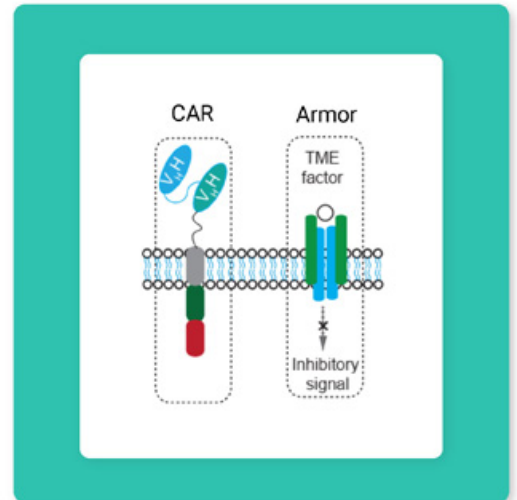
MoA/Scientific Rationale

- Tandem humanized binders with high affinity and specificity
- An armor overcoming suppressive TME to promote CAR-T cell expansion, persistence and infiltration



PRECLINICAL & Clinical Development strategy

- Well-tolerated in vivo in s.c and pulmonary orthotopic xenograft models
- US IND was cleared on November 21, 2022
- Orphan Drug Designation was granted by FDA on June 21, 2023
- The US clinical trial is actively recruiting at four sites



LB1908 (LCAR-C18S): Legend CAR-T Targeting CLDN18.2

For gastric cancer, esophageal cancer and pancreatic cancer



TARGET

- Claudins (CLDN) are a family of tight junction proteins¹
 - CLDN18.2 is expressed in gastric cancer and pancreatic cancer²



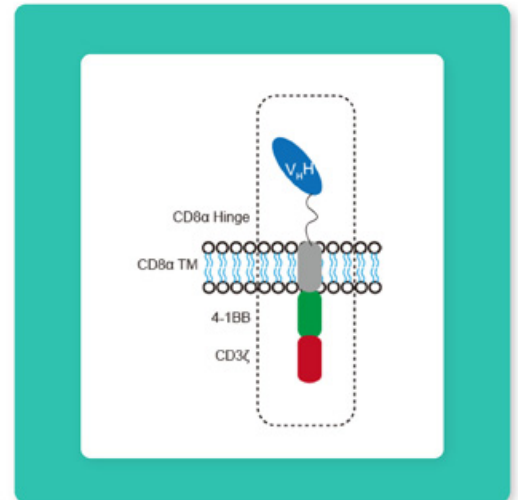
MoA/Scientific Rationale

- LB1908 targets CLDN 18.2 via a proprietary VHH antibody
- High selectivity against the closely related CLDN 18.1



Clinical Development strategy

- POC achieved in IIT with 43 patients enrolled
- US IND was cleared on June 1, 2022
- Orphan Drug Designation was granted by FDA on November 22, 2022
- The US clinical trial is actively recruiting at six sites



Upcoming Anticipated Legend Milestones

COMMERCIAL


- Increasing demand and deepening penetration into the community
- Outpatient program expansion
- OS label update

MANUFACTURING

- US - Raritan expansion completion and approval in 2H25
- US - Novartis to start commercial production in 1H
- Belgium – Tech Lane to initiate commercial production

CLINICAL

- Topline data in CART-5
- Advance pipeline programs, advance two programs into IND enabling
- Other clinical development milestones, potentially Phase 1 data from GC and DLL-3 programs
- Philadelphia R&D site to open

 **CARVYKTI[®]** is the proven leader
forging the path to cure.

THANK YOU



APPENDIX



Parkinsonism Incidence Decreased to <1% in CARTITUDE-4

CARTITUDE-1

- 5 cases of Parkinsonism (5%) with median 12.4 months of follow up (ASH 2020)
- In the label, CARTITUDE-1: 6% (4% Grade 3/4) (n=97)

CARTITUDE-4

- 1 case of Parkinsonism (**0.6%**, Grade 1) with median 15.9 months follow up (ASCO 2023)
- In the label, CARTITUDE-4: **1%** (no Grade 3/4) (n=188)

Competitive Landscape in RRMM

Treatment	Trial	Comparator	PFS (months)	PFS HR	OS (months)	OS HR
Carvykti	CARTITUDE-4	PVd or DPd	NR vs 11.8	0.29	NR vs NR	0.55
Abecma	KarMMa-3 ¹	SoC	13.8 vs 4.8	0.49	41.1 vs 37.9	1.01
PVd	OPTIMISM ²	Vd	11.7 vs 6.9	0.56	35.6 vs 31.6	0.94
DPd	APOLLO ³	Pd	9.9 vs 6.6	0.66	34.4 vs 23.7	0.82
IsaPd	ICARIA ⁴	Pd	11.4 vs 5.6	0.59	24.6 vs 17.7	0.78
DVd	CASTOR ⁵	Vd	9.3 vs 4.4	0.36	28.9 vs 32.6	0.96
KdD	CANDOR ⁶	Kd	28.4 vs 15.2	0.64	50.8 vs 43.6	0.78
IsaKd	IKEMA ⁷	Kd	35.7 vs 19.2	0.58	NR vs 50.6	0.86

1. Alawadhi S, Arnulf B, Patel K, et al. Ide-cel vs standard regimens in triple-class-exposed relapsed and refractory multiple myeloma: updated KarMMa-3 analyses. *Blood*. 2024 Dec 5;144(23):2389-2401. doi: 10.1182/blood.2024024582. PMID: 39197072.
2. Bekasos M, Richardson PG, Oriol A, et al. Pomalidomide, bortezomib, and dexamethasone versus bortezomib and dexamethasone in relapsed or refractory multiple myeloma (OPTIMISM): final survival outcomes from a randomized, open-label, phase 3 trial. Presented at: 2023 International Myeloma Society Annual Meeting; September 27-30, 2023; Athens, Greece. Abstract 0A-44.
3. Sonneveld P, Terpos E, Boccadoro M, et al. Pomalidomide and Dexamethasone with or without Subcutaneous Daratumumab in Patients with Relapsed or Refractory Multiple Myeloma: Updated Analysis of the Phase 3 Apollo Study. *Blood*, Volume 138, Supplement 1, 2021, Page 27473394 0006-4971/https://doi.org/10.1182/blood-2021-146507.
4. Attal M, Richardson PG, Rajkumar SV, ICARIA-MM study group, et al. Isatuximab plus pomalidomide and low-dose dexamethasone versus pomalidomide and low-dose dexamethasone in patients with relapsed and refractory multiple myeloma (ICARIA-MM): a randomised, multicentre, open-label, phase 3 study. *Lancet*. 2019;394(10143):2056-2167. doi:10.1016/S0140-6736(19)32156-5.
5. Spencer A, Lentzsch S, Weisel K, et al. Daratumumab plus bortezomib and dexamethasone versus bortezomib and dexamethasone in relapsed or refractory multiple myeloma: updated analysis of CASTOR. *Haematologica*. 2018 Dec;103(12):2079-2087. doi: 10.3324/haematol.2018.194118. Epub 2018 Sep 20. PMID: 30237264; PMCID: PMC6269293.
6. Usmani SZ, Qasbi H, Melecuo MV, et al. Final analysis of carfilzomib, dexamethasone, and daratumumab vs carfilzomib and dexamethasone in the CANDOR study. *Blood Adv*. 2023 Jul 20;7(14):3729-3748. doi: 10.1182/bloodadvances.2023010026. PMID: 37163336; PMCID: PMC10368773.
7. Hong RX, Xu F, Xia W, et al. Metronomic Caspectabine Plus Aromatase Inhibitor as Initial Therapy in Patients With Hormone Receptor-Positive, Human Epidermal Growth Factor Receptor 2-Negative Metastatic Breast Cancer: The Phase III MECCA Trial. *J Clin Oncol*. 2025 Jan 2;JCO2400936. doi: 10.1200/JCO.24.00938. Epub ahead of print. PMID: 39746176.