Legend Biotech Corporate Presentation

Updated July 19, 2022

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Legend Biotech Highlights

8 Years Since Inception

1,000+ Employees

10+

Pipeline Programs Covering:

- Hematologic malignancies
- Solid tumors
- Infectious diseases

3

Core Technologies:

- CAR-T, including universal CAR
- CAR-NK
- γδ – T

3

Global Manufacturing Sites:

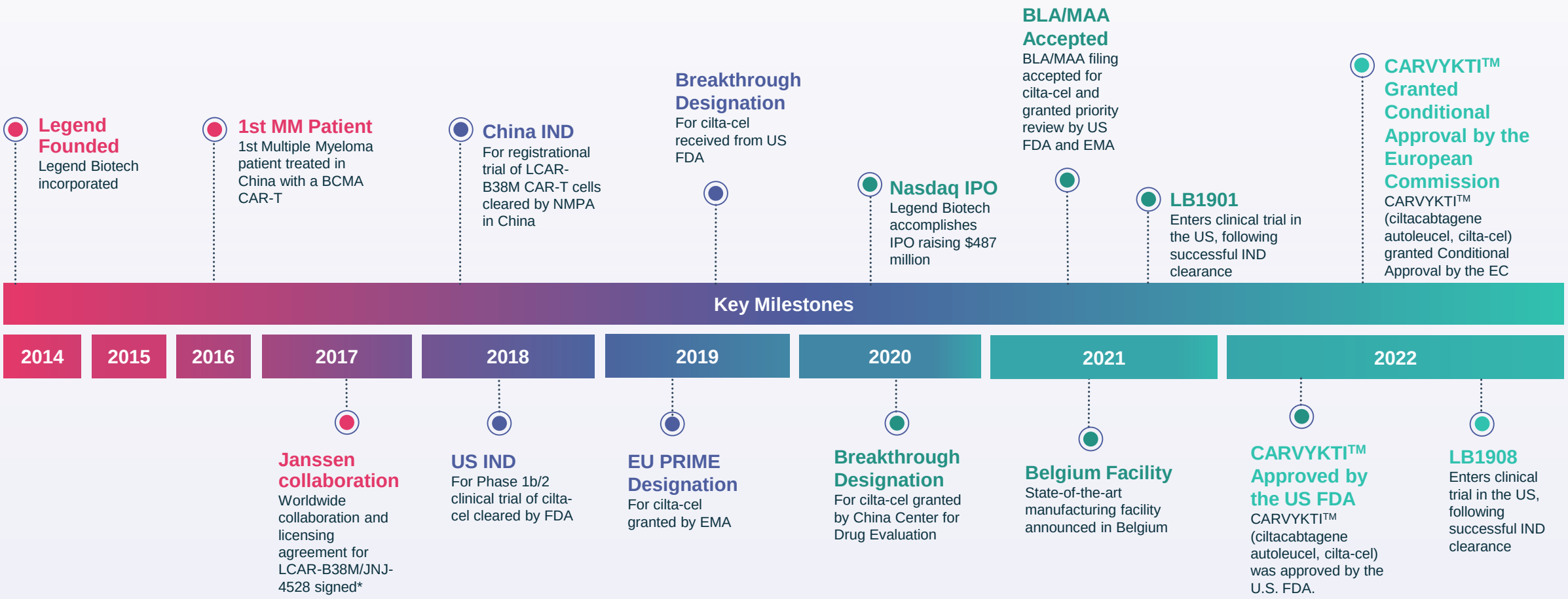
- US
- EU*
- China

$796 Mn

in Cash and Cash Equivalents, Deposits, and Short-Term Investments

*EU manufacturing site construction is in progress

Key Milestones Achieved



Cell Therapy Platform

Legend Biotech is utilizing the extensive cell therapy experience of our leadership and R&D staff, global clinical partners, and expanding research facilities to realize the potential of cell therapy to treat diseases that are thought to be incurable, such as hematologic malignancies, solid tumors and infectious diseases.

We Are A Fully Integrated Global Cellular Therapy Company

COMPELLING DATA WITH INNOVATIVE PIPELINE

- Ciltacabtagene autoleucel (cilta-cel) may have the potential to deliver deep and durable anti-tumor responses in earlier line settings of multiple myeloma
- Broad portfolio of earlier-stage autologous product candidates targeting both hematologic and solid cancers, as well as allogeneic CAR-T approaches

GLOBAL COLLABORATION WITH JANSSEN*

- Global collaboration with Janssen for the development of cilta-cel established December 2017
  - Received an upfront payment of $350 million and a total of $300 million in milestone payments to date
  - Up to an additional $770 million in potential future milestone payments

INTEGRATED CELL THERAPY PLATFORM

- In-house antibody generation and CAR-T specific functional screening technologies
- Early clinical proof-of-concept, leveraging KOL relationships in China, the US and globally
- Building large-scale manufacturing facilities in the United States, Europe and China
- 1,000+ employees worldwide in US, China and Europe

RRMM, Relapsed and/or Refractory Multiple Myeloma; KOL, key opinion leaders
**Legal entity to the agreement is Janssen Biotech, Inc.*

Global R&D Strategy

Institutional R&D Model that accelerates Cell Therapy Discovery and Development

>350 employees
A large global cell therapy R&D teams

Potential **best-in-class** proprietary technology platforms

Global innovation development
US, China, Europe

Strong intellectual property position

CLINICAL PLAN

Multiple Phase I programs in China

Multiple clinical programs in US

CORE TECHNOLOGIES

CAR-T

NK

γδ - T

PRODUCT PLATFORM

Autologous

Allogeneic

DISEASE AREAS

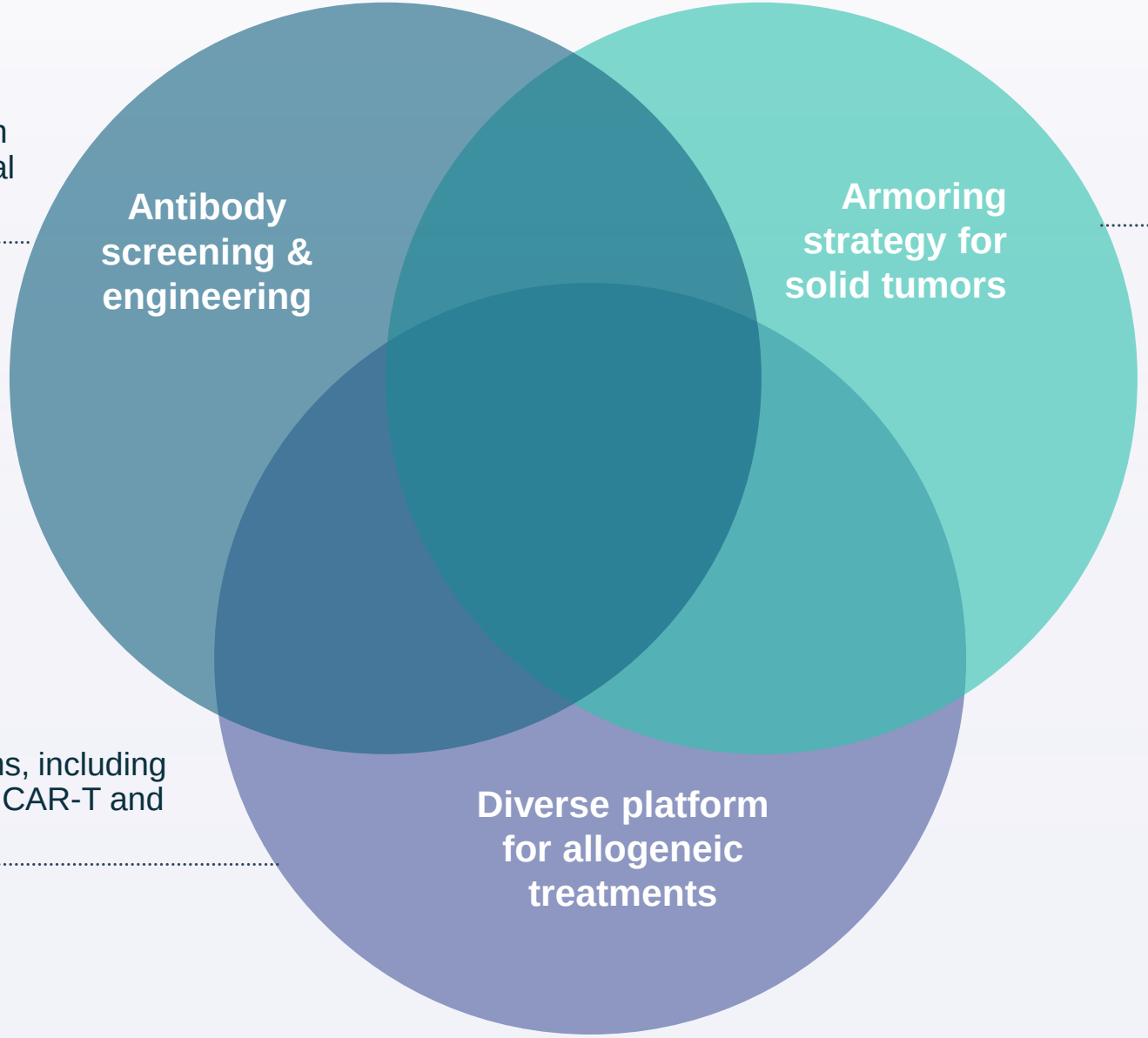
Hematologic malignancy

Solid tumor

Infectious Disease

Our Strengths in R&D

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



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

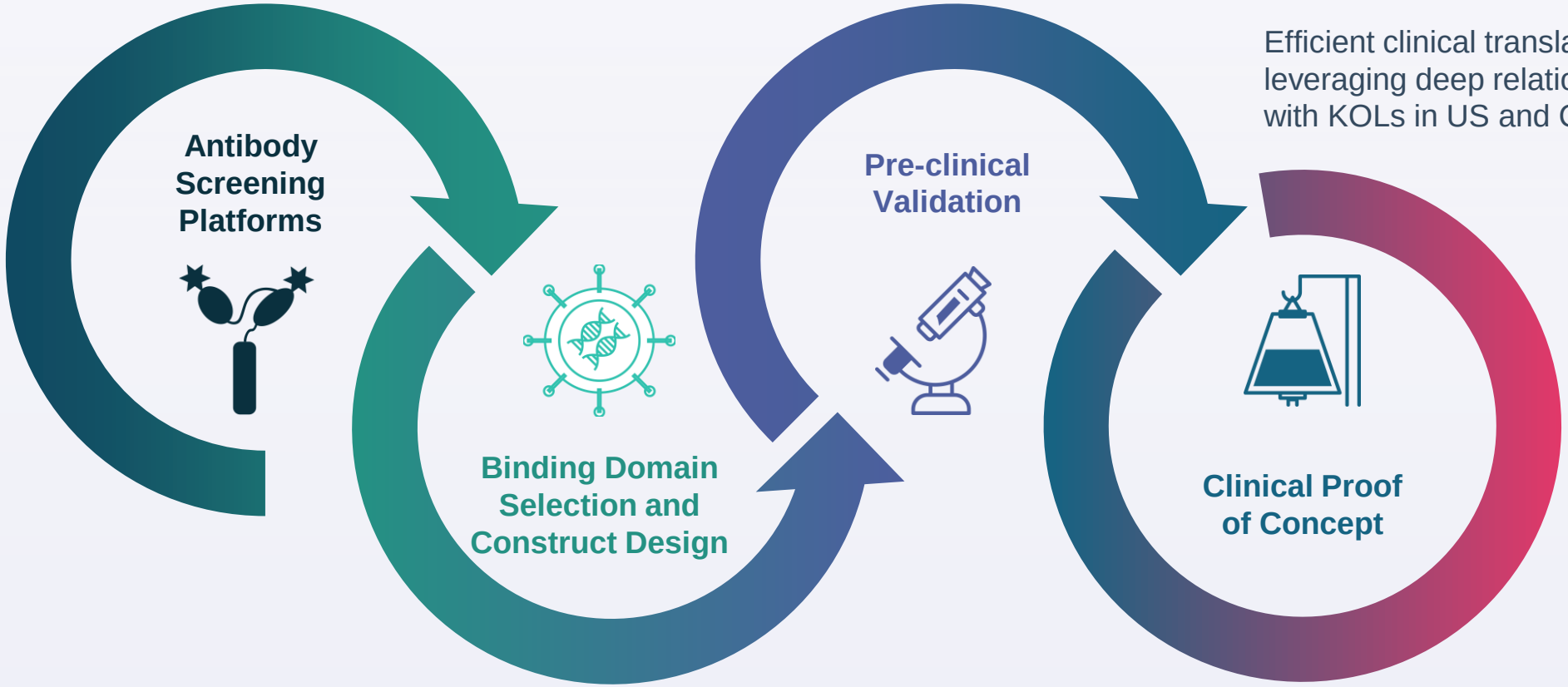
Diverse allogeneic platforms, including non-gene editing universal CAR-T and NK

Legend Biotech's End-to-End R&D Capability

High-throughput antibody screening and engineering capability including single-domain antibodies generated from Llama and conventional antibodies

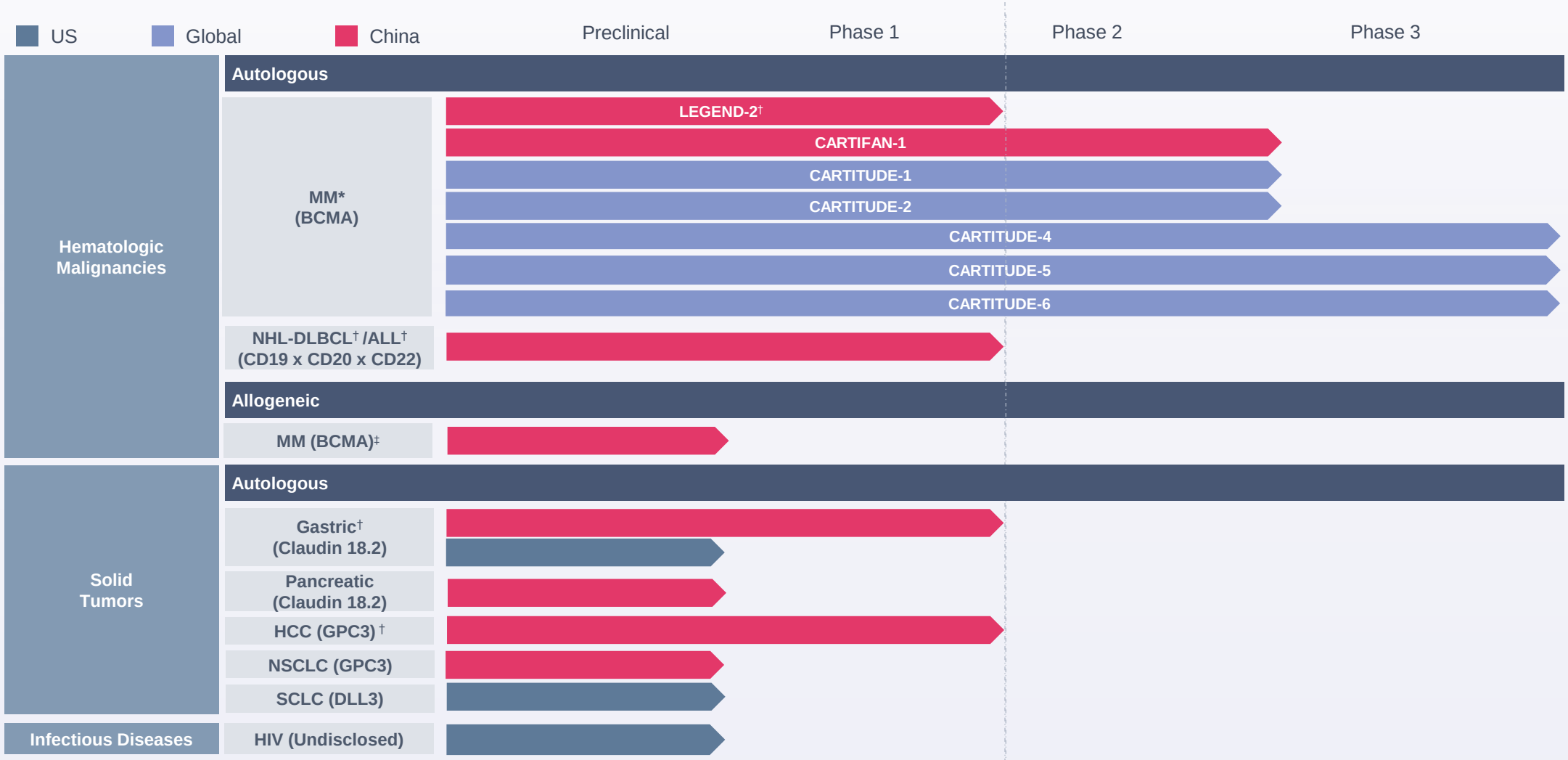
Robust *in vitro* and *in vivo* screening platforms to prioritize pipeline assets

Efficient clinical translation, leveraging deep relationships with KOLs in US and China



Proprietary methodology to optimize the selection of binding domains and design CAR-T constructs with two or more antigen-binding domains

Robust Pipeline of the Next Generation Cell Therapies



- ALL, Acute lymphoblastic leukemia; BCMA, B-cell maturation antigen; DLBCL, diffuse large B-cell lymphoma; DLL3, delta-like ligand 3; GPC3, Glypican-3; HCC, hepatocellular carcinoma; HIV, human immunodeficiency virus; IIT, investigator-initiated trial; NHL, non-Hodgkin lymphomas; MM, multiple myeloma; NSCLC, non small cell lung cancer; SCLC, small cell lung cancer
  *In collaboration with Janssen, Pharmaceutical Companies of Johnson & Johnson. †Phase 1 IIT in China. ‡Multiple allogeneic platforms are being developed.

A Highly Experienced Management Team

YING HUANG
Chief Executive Officer

CREDIT SUISSE · BANK OF AMERICA · WACHOVIA · BARCLAYS · MERCK

LORI MACOMBER
Chief Financial Officer

Pfizer · Schering-Plough · Johnson & Johnson

US

Lida Pacaud
Clinical Development

NOVARTIS · Roche · Wyeth

Dong Geng
Early-stage Drug Development

Lilly · MERCK · Bristol Myers Squibb · REGENERON

Steve Gavel
Commercial Development

Celgene · IQVIA · Takeda Millennium · AMGEN

Elizabeth Gosen
Global Manufacturing

ImClone Systems · MERCK

Yuhong Qiu
Global Regulatory

NOVARTIS · Johnson & Johnson

Meeta Chatterjee
Global Business Development

MERCK · Schering-Plough

Alan Kick
Global Quality

Celgene · Pfizer · Roche · Dendreon · Johnson & Johnson

Marc Harrison
General Counsel

Breckenridge · IPSEN · medco

Guowei Fang
Research and Early Development

Genentech · abbvie · pharmacyclics · zymeworks

CHINA

Simon Wu
Research & Development

GenScript — Make Research Easy

Tracy Luo
Clinical Development

AMGEN · AstraZeneca

Chong Yang
Commercial Development

Roche · Bayer · NOVARTIS

LEGEND BIOTECH

Legend and Janssen Global Collaboration

Worldwide collaboration and license agreement to develop and commercialize cilta-cel

2018

Upfront Payment
$350 million
Q1 2018

First Milestone
$25 million
Dec 2018

2019

Second Milestone
$25 million
Jul 2019

Third Milestone
$30 million
Jul 2019

2020

Fourth Milestone
$30 million
Jan 2020

Fifth Milestone
$75 million
December 2020

2021

Sixth Milestone
$15 million
May 2021

2022

9th Milestone
$50 million
April 2022

7th/8th Milestones
$50 million
January 2022

Potential Additional Milestone Payments
up to $770 million

LEGEND BIOTECH

Global Manufacturing Footprint

US Facilities

Raritan, NJ

BCMA US / EU / JP / ROW Launch/ Commercial Site

✓ GMP Operational

Somerset, NJ

US / EU / JP Legend Clinical Supply Site

- Construction ongoing

EU Facilities

Ghent, Belgium

Future Commercial Site

- Construction ongoing

Ghent, Belgium

Future Commercial Site

- Construction ongoing

China Facilities

Nanjing

BCMA China Launch Site & Legend Clinical Supply Site

✓ GMP Operational

Building E

Nanjing 75-acre

Future Commercial Site

- Construction ongoing

LEGEND BIOTECH

Cilta-cel Clinical Development

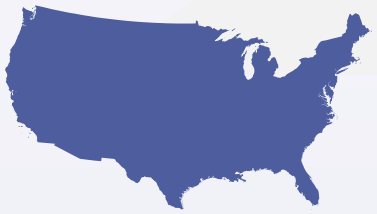
Multiple Myeloma: Blood Cancer with a High Unmet Need

3RD MOST COMMON BLOOD CANCER

accounting for **18%** of all hematologic cancer[1-3]

176,404

NEW CASES WORLDWIDE IN 2020,
accounting for 1% of worldwide new cancer cases[3,4]



US: Incidence is **32,119,** with mortality of 13,426[5]

EUROPE: Incidence is **50,918,** with mortality of 32,495[6]

CHINA: Incidence is **21,116,** with mortality of 16,182[7]

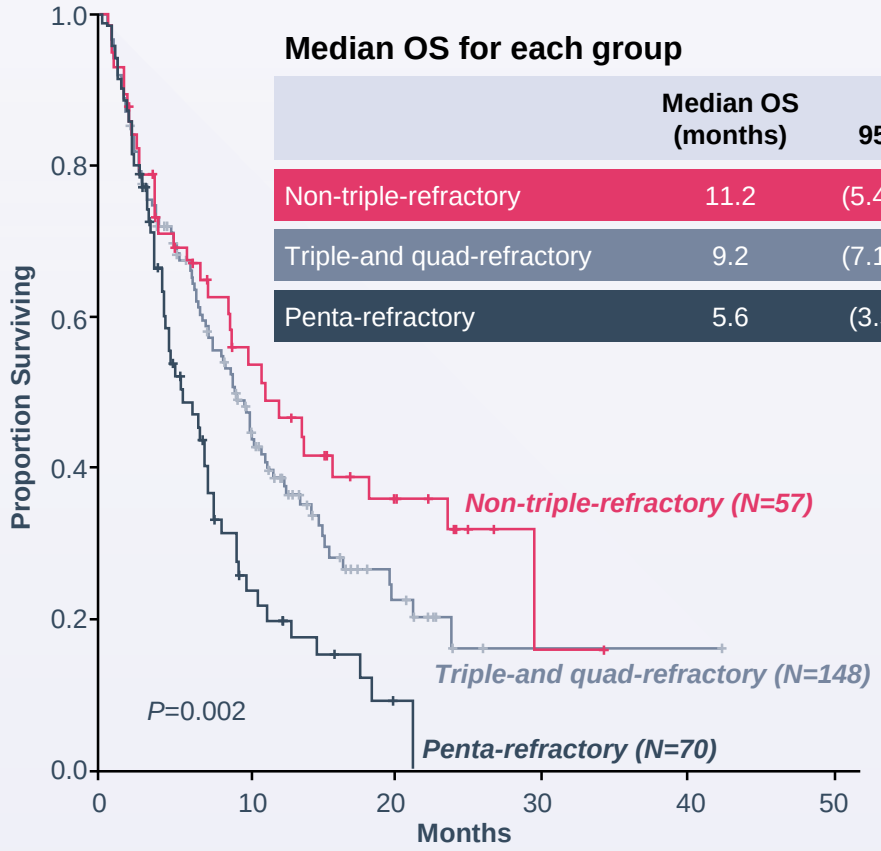
POOR SURVIVAL OUTCOMES IN MULTIPLE REFRACTORY MM

Median OS < 12 months

in patients refractory to anti-CD38, ≥ 1 PI(s) and / or ≥ 1 IMiD(s)[8]

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)



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

1. Cancer Stat Facts: Myeloma. https://seer.cancer.gov/statfacts/html/mulmy.html. Accessed June 2021. 2. Facts and Statistics. https://www.lls.org/facts-and-statistics/facts-and-statistics-overview. Accessed June 2021. 3. Globocan 2020 World Fact Sheet: https://gco.iarc.fr/today/data/factsheets/cancers/35-Multiple-myeloma-fact-sheet.pdf. Accessed June 2021. 4. Globocan 2020 World Fact Sheet: World. https://gco.iarc.fr/today/data/factsheets/populations/900-world-fact-sheets.pdf. Accessed June 2021. 5. Globocan 2020 World Fact Sheet: United States of America. http://gco.iarc.fr/today/data/factsheets/populations/840-united-states-of-america-fact-sheets.pdf. Accessed June 2021. 6. Globocan 2020 World Fact Sheet: Europe. https://gco.iarc.fr/today/data/factsheets/populations/908-europe-fact-sheets.pdf. Accessed June 2021. 7. Globocan 2020 World Fact Sheet: China. https://gco.iarc.fr/today/data/factsheets/populations/160-china-fact-sheets.pdf. Accessed June 2021. 8. Gandhi UH, et al. Leukemia. 2019;33:2266-75.

LEGEND BIOTECH

Clinical Program - Cilta-cel Studies in Multiple Myeloma

Late Line Studies of Therapy

CARTITUDE-1[1]

NCT03548207

- Phase 1b/2, multi-center registrational study of cilta-cel in RRMM
- Fully enrolled and ongoing in US and Japan

CARTIFAN-1[2]

NCT03758417

- Phase II, multi-center registrational, confirmatory, study of cilta-cel in RRMM
- Ongoing in China

LEGEND-2[3]

NCT03090659

- Phase 1, multi-center study of LCAR-B38M CAR-T cells in RRMM
- Fully enrolled and ongoing in China

Earlier Lines of Therapy

CARTITUDE-2[4]

NCT04133636

- Global, multi-cohort study
- Phase II open-label study of cilta-cel in various clinical settings
- Enrolling

CARTITUDE-4[5]

NCT04181827

- Global, randomized, registrational study
- Phase III open-label study of cilta-cel vs DPd or PVd in patients with RRMM, 1–3 lines of prior therapy and refractory to lenalidomide
- Enrollment completed

CARTITUDE-5[6]

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
- Enrolling

CARTITUDE-6[7]

NCT05257083

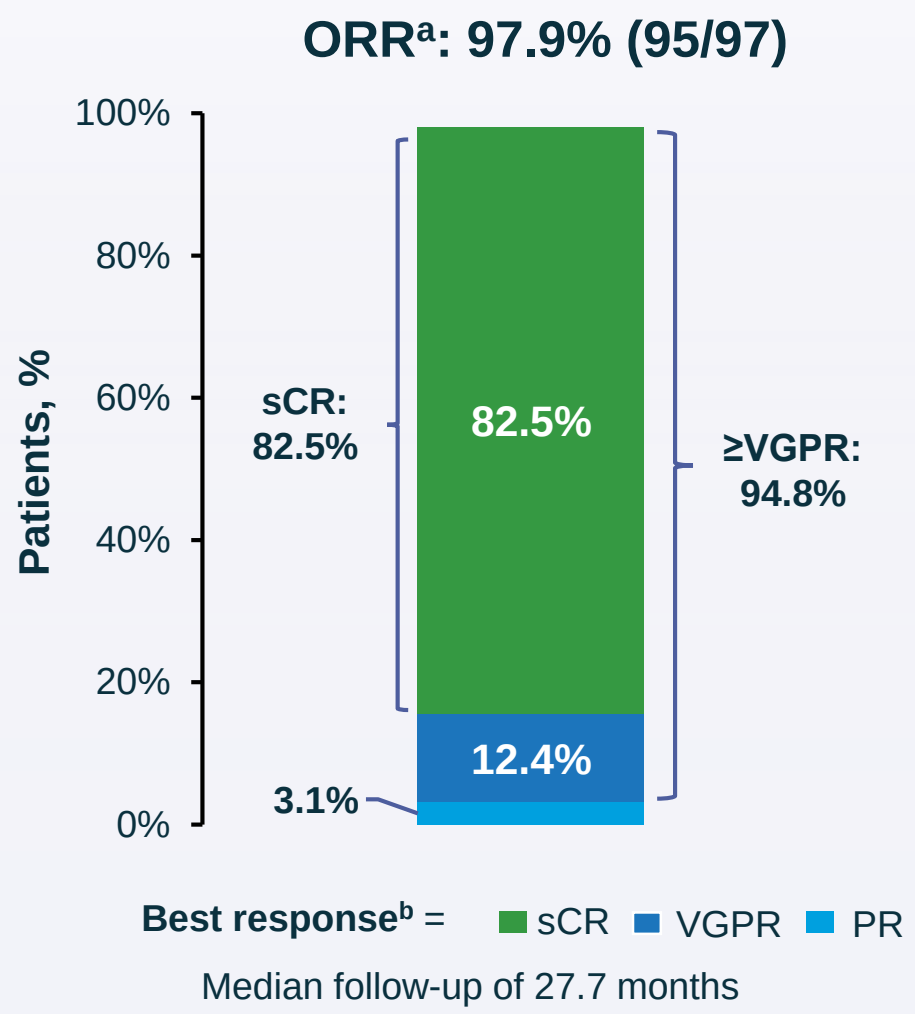
- Global, randomized, registrational study
- Phase III open-label study comparing DVRd followed by cilta-cel vs. DVRd followed by ASCT in NDMM patients who are transplant eligible
- Not yet enrolling

ASCT, autologous stem cell transplant; DPd, daratumumab, pomalidomide, dexamethasone; DVRd, daratumumab, bortezomib, lenalidomide, dexamethasone; EU, European Union; JP, Japan; NDMM, newly diagnosed multiple myeloma; PVd, pomalidomide, bortezomib, dexamethasone; RRMM, relapsed and/or refractory multiple myeloma; SoC, standard of care; US, United States; VRd, bortezomib, lenalidomide, dexamethasone.

[1] NCT03548207. Clinicaltrials.gov website. https://clinicaltrials.gov/ct2/show/NCT03548207; [2] NCT03758417. Clinicaltrials.gov website. https://clinicaltrials.gov/ct2/show/NCT03758417. CARTIFAN-1 is registration study for China only; [3] NCT03090659. Clinicaltrials.gov website. https://clinicaltrials.gov/ct2/show/NCT03090659. [4] NCT04133636. Clinicaltrials.gov website. https://clinicaltrials.gov/ct2/show/NCT04133636. [5] NCT04181827. Clinicaltrials.gov website: https://clinicaltrials.gov/ct2/show/NCT04181827. [6] NCT04923893. Clinicaltrials.gov website: https://clinicaltrials.gov/ct2/show/NCT04923893. [7] NCT05257083. Clinicaltrials.gov website. https://clinicaltrials.gov/ct2/show/NCT05257083. CARTITUDE-6 is a collaborative study sponsored by the European Myeloma Network.

LEGEND BIOTECH

CARTITUDE-1: Summary of Efficacy



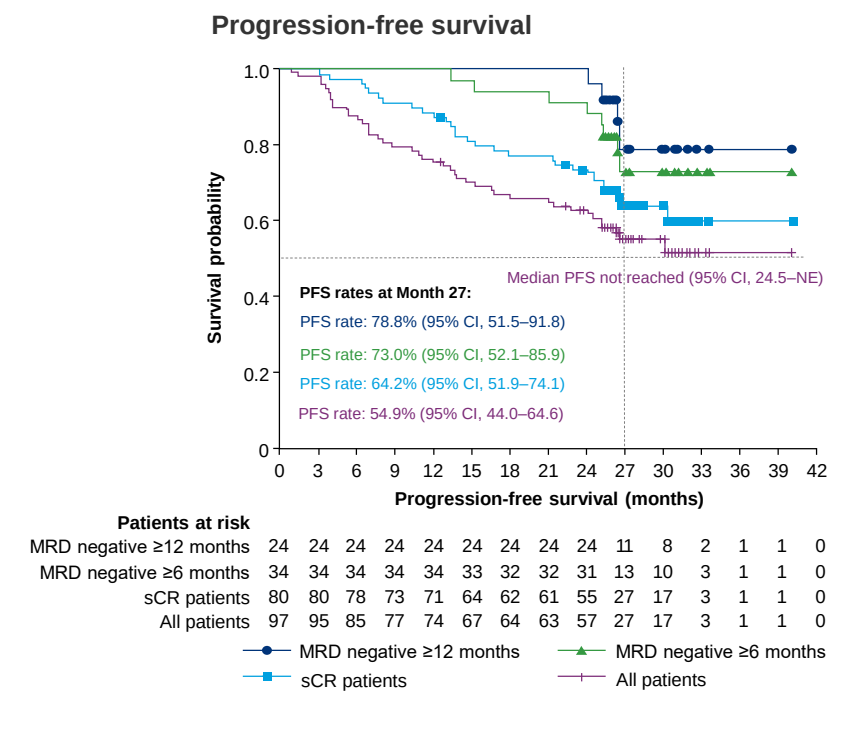
Responses to cilta-cel are durable and deepened over time

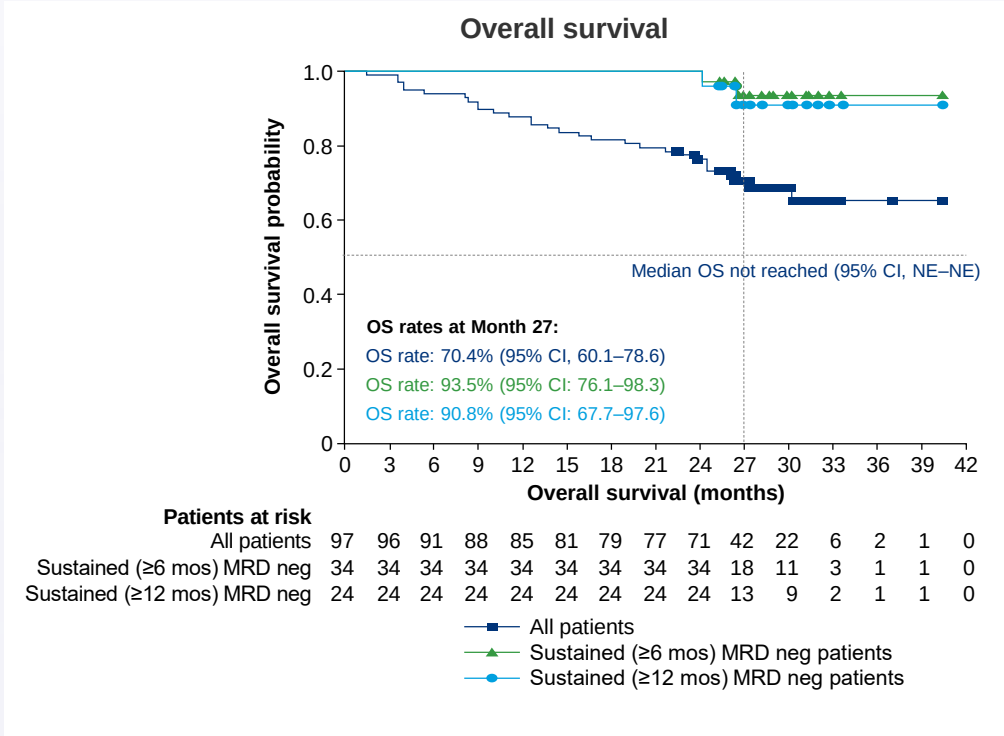
- Median duration of response (DOR) was not estimable (95% CI, 23.3 months–NE)
- Of the 61 patients evaluable, 92% were MRD-negative (at 10^{-5})
- Most patients in high-risk subgroups responded (ORR range 95.1–100%), including those with high-risk cytogenetics, high tumor burden (≥60% bone marrow plasma cells), and baseline plasmacytomas
  - DOR, PFS, and/or OS were shorter in subgroups with high-risk cytogenetic, ISS stage III, high tumor burden, and presence of plasmacytomas

January 11, 2022 data cut-off. [a]ORR assessed by independent review committee; [b]No patient had CR or stable disease as best response. CAR, chimeric antigen receptor; DOR, duration of response; ISS, International Staging System; MRD, minimal residual disease; NE, not estimable; ORR, overall response rate; OS, overall survival; PR, partial response; PFS, progression-free survival; sCR, stringent CR; VGPR, very good partial response

Usmani et al. ASCO Annual Meeting; June 3-7, 2022; Chicago, Il & Virtual; Abstract #8028; Martin et al. *J Clin Oncol*. 2022. doi: 10.1200/JCO.22.00842

CARTITUDE-1: Progression-Free Survival and Overall Survival





- Median PFS and OS were not reached
- 54.9% of patients are still progression free and alive at 27.7 months (95% CI, 44.0–64.6)
- Patients who achieved sCR had improved PFS compared with the overall population

MRD, minimal residual disease; OS, overall survival; PFS, progression-free survival; sCR, stringent CR

Usmani et al. ASCO Annual Meeting; June 3-7, 2022; Chicago, Il & Virtual; Abstract #8028; Martin et al. *J Clin Oncol*. 2022. doi: 10.1200/JCO.22.00842

CARTITUDE-1: Summary of Safety

AEs ≥20%, n (%)	N=97		
	Any grade	Grade 3/4	Grade 5
Any AE	97 (100)	91 (94)	6 (6.2)
Hematologic			
Neutropenia	93 (95.9)	92 (94.8)	0
Anemia	79 (81.4)	66 (68.0)	0
Thrombocytopenia	77 (79.4)	58 (59.8)	0
Leukopenia	60 (61.9)	59 (60.8)	0
Lymphopenia	52 (53.6)	49 (50.5)	0
Metabolism and nutrition disorders			
Hypocalcemia	31 (32.0)	3 (3.1)	0
Hypophosphatemia	30 (30.9)	7 (7.2)	0
Decreased appetite	28 (28.9)	1 (1.0)	0
Hypoalbuminemia	27 (27.8)	1 (1.0)	0
Hyponatremia	22 (22.7)	4 (4.1)	0
Hypokalemia	20 (20.6)	2 (2.1)	0

AEs ≥20%, n (%)	N=97		
	Any grade	Grade 3/4	Grade 5
Gastrointestinal			
Diarrhea	29 (29.9)	1 (1.0)	0
Nausea	27 (27.8)	1 (1.0)	0
Constipation	22 (22.7)	0	0
Other			
Fatigue	36 (37.1)	5 (5.2)	0
Cough	34 (35.1)	0	0
AST increased	28 (28.9)	5 (5.2)	0
ALT increased	24 (24.7)	3 (3.1)	0
Pyrexia	20 (20.6)	0	0
Chills	20 (20.6)	0	0
CRS	92 (94.8)	4 (4.1)	1 (1.0)
Neurotoxicity[a]	21 (21.6)	11 (11.3)	1 (1.0)

[a]Includes ICANS and other neurotoxicities.
AE, adverse event; ALT, alanine aminotransferase; AST, aspartate aminotransferase; CRS, cytokine release syndrome; ICANS, immune effector cell–associated neurotoxicity syndrome.

Martin et al. *J Clin Oncol*. 2022. doi: 10.1200/JCO.22.00842

CARTITUDE-1: Safety

At 28 month median follow-up, the safety profile was manageable with no new treatment-related deaths since the 1-year median follow-up[1-3]

- A total of 20 SPMs were reported in 16 patients, none were classified as related to cilta-cel[1,2]
  - 9 patients with hematologic malignancies (1 low-grade B-cell lymphoma, 6 MDS, 3 fatal AML*)
  - 1 patient each with malignant melanoma, adenocarcinoma, myxofibrosarcoma, and prostate cancer
  - 6 non-melanoma skin cancers

  This patient population was heavily pretreated, including IMiDs (100%), alkylating agents (melphalan 83%, cyclophosphamide 65%) and/or autologous stem-cell transplantation, all of which are associated with increased risk of SPM.[2]
- One new case of signs and symptoms of parkinsonism on Day 914[1,2]
  - On day 914, patient experienced cognitive slowing, gait instability, and neuropathy (all grade 1), and tremor (grade 3); he is currently stable and functioning and remains in sCR
- Following implementation of patient management strategies, the incidence of movement and neurocognitive disorders (parkinsonism) has decreased from 6% in CARTITUDE-1 to <0.5% across the CARTITUDE program[1,2]

* One patient had both MDS and fatal AML

1. Usmani et al. ASCO Annual Meeting; June 3-7, 2022; Chicago, Il & Virtual; Abstract #8028; 2. Martin et al. *J Clin Oncol*. 2022. doi: 10.1200/JCO.22.00842; 3. Berdeja JG, et al. Lancet 2021; 398:314-24.

CARTITUDE-1: Conclusions

At a median follow-up of 28 months, patients treated with cilta-cel maintained deep and durable responses, with median PFS and OS not yet reached, and a manageable safety profile

- The ORR to cilta-cel remained at 98%, with 83% of patients achieving sCR with longer follow-up
- The safety profile was manageable with a favorable risk-benefit profile and one new case of parkinsonism (day 914 after cilta-cel) since the last report
- Cilta-cel is currently under further investigation in patients with MM in earlier-line settings in CARTITUDE-2, CARTITUDE-4, CARTITUDE-5, EMagine/CARTITUDE-6[1]

Usmani et al. ASCO Annual Meeting; June 3-7, 2022; Chicago, Il & Virtual; Abstract #8028; 1. ClinicalTrials.gov: CARTITUDE-2 (NCT04133636); CARTITUDE-4 (NCT04181827); CARTITUDE-5 (NCT04923893); EMagine/CARTITUDE-6 EMN28 (NCT05257083).

CARTITUDE-2: Study Design

Phase 2 multicohort study in patients with MM in earlier-line settings (NCT04133636)

Primary endpoint:

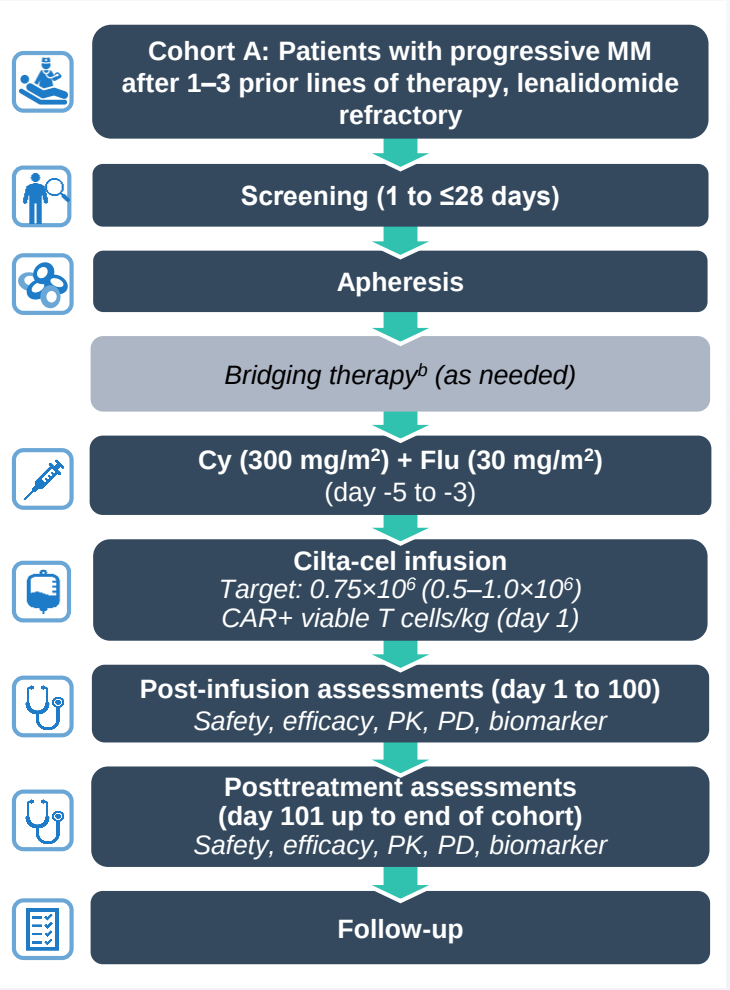
- Minimal residual disease (MRD) 10^{-5} negativity

Secondary endpoints:

- ORR, per IMWG response criteria
- Duration of response
- Time and duration of MRD negativity
- Incidence and severity of AEs

Cohort A (N=20)
Progressive MM After 1–3 Prior Lines of Therapy and Lenalidomide Refractory

Cohort B (N=19)
Early relapse after initial therapy including PI and IMiD*



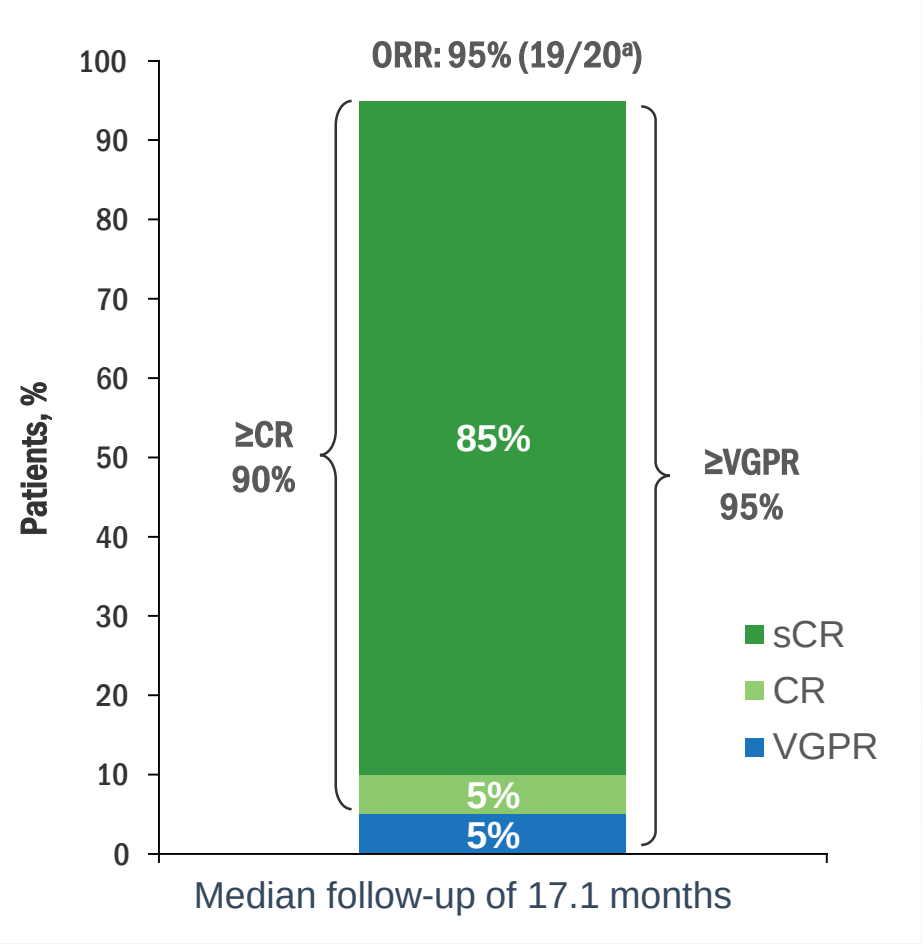
AE, adverse event; CAR, chimeric antigen receptor; cilta-cel, ciltacabtagene autoleucel; Cy, cyclophosphamide; Flu, fludarabine; IMiD, immunomodulatory drug; IMWG, International Myeloma Working Group; MM, multiple myeloma; ORR, overall response rate; PD, pharmacodynamics; PI, proteasome inhibitor; PK, pharmacokinetics

*Early relapse after initial therapy with PI and IMiD; defined as progression within 12 months after ASCT or within 12 months from start of anti-MM therapy for patients who have not had an ASCT

Einsele et al. ASCO Annual Meeting; June 3-7, 2022; Chicago, Il & Virtual; Abstract #8020; Van de Donk et al. ASCO Annual Meeting; June 3-7, 2022; Chicago, Il & Virtual; Abstract #8029

CARTITUDE-2 Cohort A (N=20)

Progressive MM After 1–3 Prior Lines of Therapy and Lenalidomide Refractory



Responses to cilta-cel deepened over time

- Median DOR was not reached
- Median time to first response:1.0 month (range, 0.7–3.3)
- Median time to best response: 2.6 months (range, 0.9–13.6)
- 15-month PFS rate was 70% (95% CI, 45.1–85.3)
- All 16 patients with evaluable samples were MRD negative at 10^{-5}

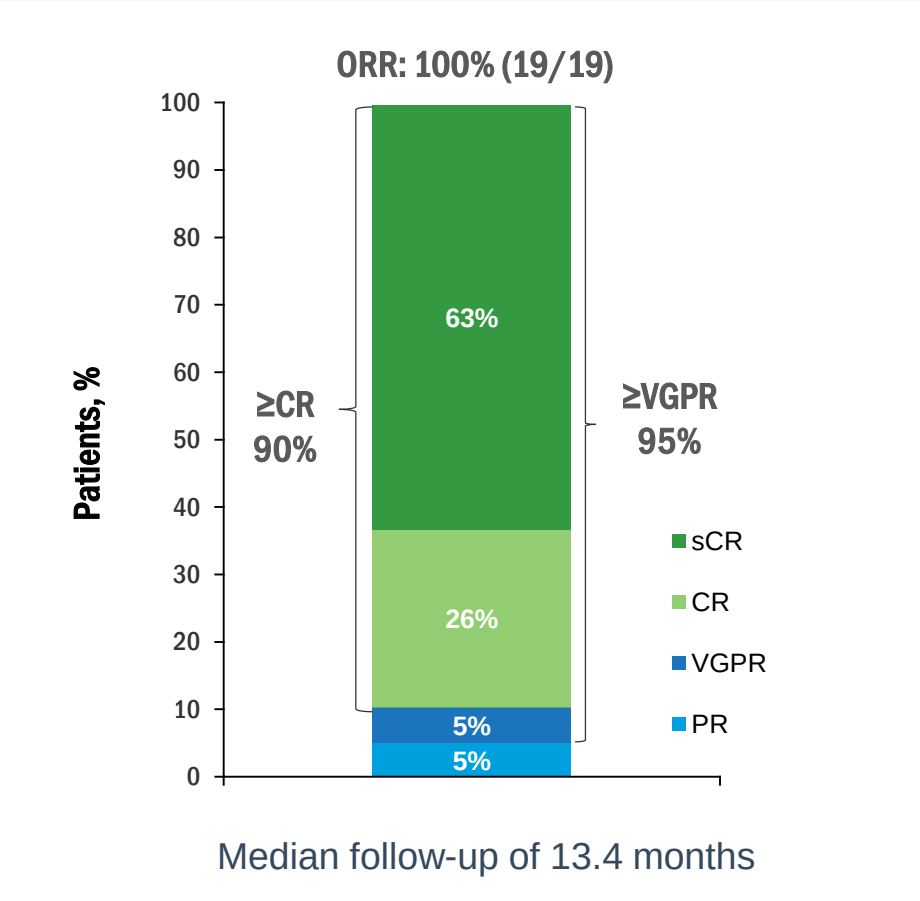
Safety:

- Safety was manageable including the 1 patient treated in outpatient setting
- CRS: All grade: 95%; ≥ Grade 3: 10%
- Neurotoxicity: All grade: 30%; Grade 3/4: 5%
  - No cases of MNTs/signs and symptoms of parkinsonism
- 4 deaths occurred: 2 due to PD (days 426 and 550), 1 due to sepsis (not treatment related, day 394), 1 death due to COVID-19 (treatment related, day 100)

January 2022 data cutoff; [a]1 patient demonstrated a minimal response.
CR, complete response; MRD, minimal residual disease; ORR, overall response rate; PD, progressive disease; PFS, progression-free survival; PR, partial response; sCR, stringent complete response; VGPR, very good partial response
Einsele et al. ASCO Annual Meeting; June 3-7, 2022; Chicago, Il & Virtual; Abstract #8020

CARTITUDE-2 Cohort B (N=19)

Early relapse within 12 months after initial therapy including PI and IMiD



Median follow-up of 13.4 months

Responses to cilta-cel deepened over time

- Median DOR was not reached
- Median time to first response:1.0 month (range, 0.9-9.7)
- Median time to best response: 5.1 months (range, 0.9–11.8)
- 12-month PFS rate was 89.5% (95% CI, 64.1–97.3)
- Of the 15 patients with MRD evaluable samples at the 10^{-5} threshold, 93% were MRD negative

Safety:

- Safety was manageable including the 1 patient treated in an outpatient setting
- CRS: All grade: 84%; Grade 3/4: 5%
- Neurotoxicity: All grade: 26%; Grade 3/4: 5%
  - 1 patient with MNT/signs and symptoms of parkinsonism
- 1 death due to progressive disease (day 158)

January 2022 data cut-off.
AE, adverse event; CAR, chimeric antigen receptor; CR, complete response; CRS, cytokine release syndrome; ICANS, immune effector cell–associated neurotoxicity; MNT, movement and neurocognitive treatment-related adverse event; MRD, minimal residual disease; ORR, overall response rate; PFS, progression-free survival; PR, partial response; sCR, stringent complete response; VGPR, very good partial response
Van de Donk et al. ASCO Annual Meeting; June 3-7, 2022; Chicago, Il & Virtual; Abstract #8029

Program Areas of Development

LB1908: Investigational CAR-T

For gastric cancer and pancreatic cancer

TARGET

- Claudin (CLDN) are a family of tight junction proteins[1]
- CLDN18.2 is commonly expressed on multiple cancers including gastric cancer and pancreatic cancer[2]
- CLDN18.2 is highly conservative cross species, extracellular domain 1 are identical between human and mouse

MOA/SCIENTIFIC RATIONALE

- LB1908 targets CLDN 18.2 through a high-affinity VHH antibody identified in-house
- The VHH antibody binds to CLDN 18.2 only, but not to the closely related CLDN 18.1
- Balance of safety and efficacy was fine-tuned in a relevant murine toxicology model

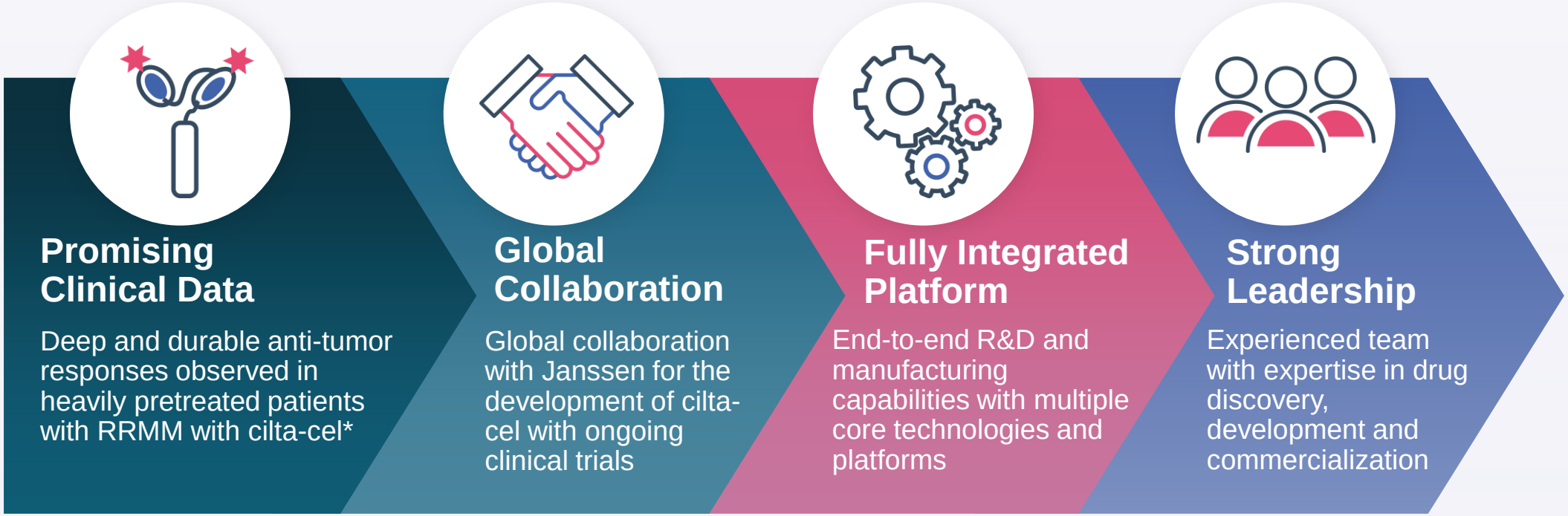
CLINICAL DEVELOPMENT STRATEGY

- IIT clinical study in China is ongoing for the treatment of adult patients with advanced gastric cancer
- Promising early sign of efficacy supports expansion to multi-center trials and endorses dose escalation above 3 million/kg
- US IND cleared by the US FDA in June 2022

[1] Zhang J, et al. Chin J Cancer Res. 2020 Apr;32(2):263-70.
[2] Sahin U,et al. Clin Cancer Res. 2008 Dec 1;14(23):7624-34

Our Strengths

Why Legend continues to show growth and excellent performance



*A Biologics License Application seeking approval of cilta-cel has been approved by the U.S. FDA and commercialized under the brand name CARVYKTI™. A Marketing Authorization Application was submitted to the European Medicines Agency and is still under review.

THANK YOU