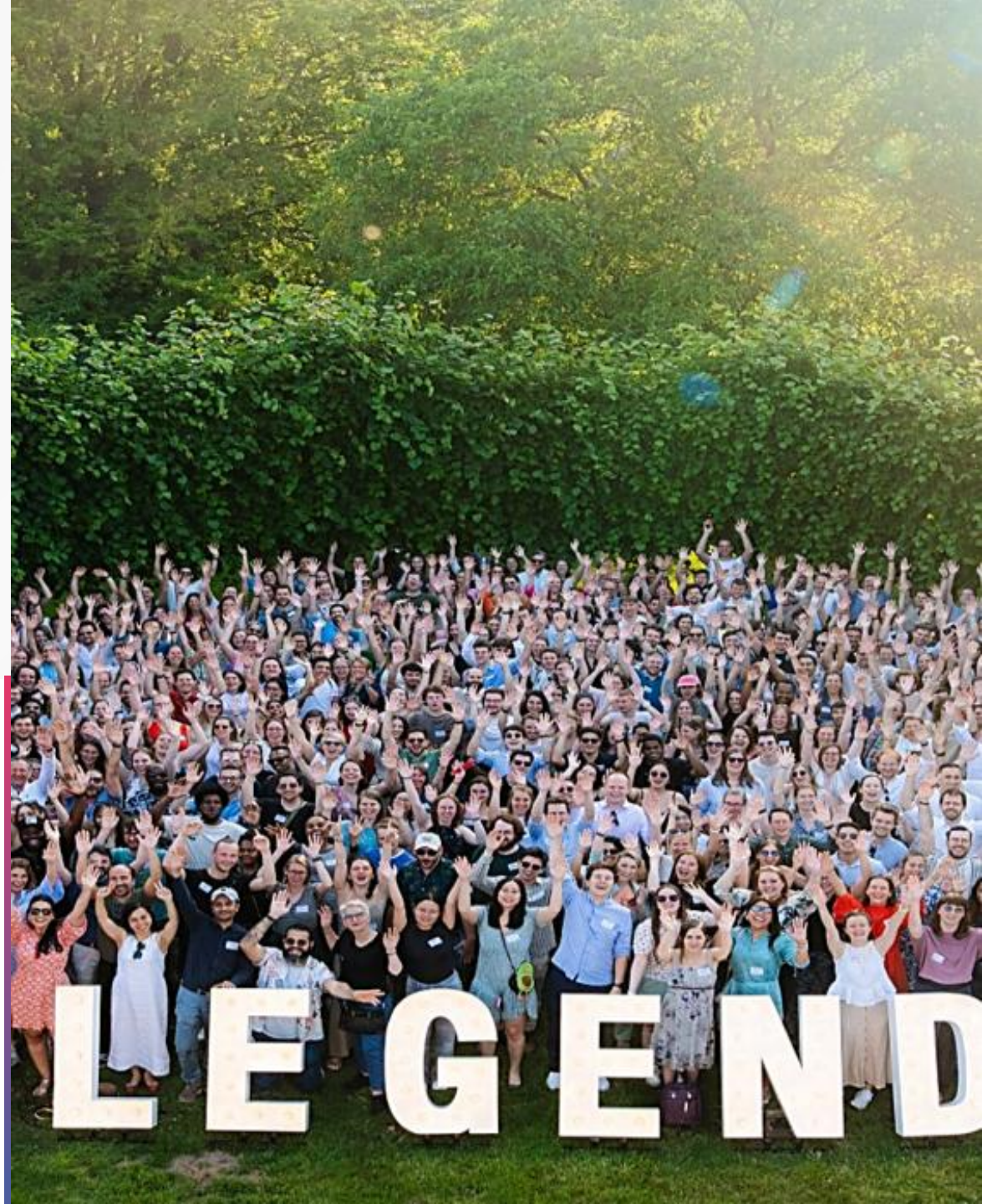
Legend Biotech
Corporate Presentation

October 2026



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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; statements related to Legend Biotech's ability to fund its operations beyond 2026 and Legend Biotech's anticipated profitability excluding unrealized foreign exchange losses in 2026; the progress of such submissions with the FDA, the EMA and other regulatory authorities; expected results and timing of clinical trials; Legend Biotech's expectations on advancing its pipeline and product portfolio, including TaVec; 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, 2025, filed with the Securities and Exchange Commission (SEC) on March 10, 2026 and Legend Biotech's other filings with the SEC.

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Unlocking the Potential of Immune Cells to Treat the Toughest Diseases

CARVYKTI®
Profitable[1]

Positive
Operating Cash Flow[2]

$657M
Q2 2026 CARVYKTI Net Trade Sales

14
Pipeline Programs

CAR-T Leadership in MM[3]

- CARVYKTI® is the top-selling CAR-T in a single quarter[4]
- >$5B peak annual sales potential[5]
- Partnered with Johnson & Johnson on CARVYKTI®

>10,000 patients treated with CARVYKTI® 6

Cell Therapy Innovation

- Advancing next generation cell therapy pipeline, with promising in vivo data presented at EHA 2026
- Novel clinical proof of concept approach emphasizes speed to entry
- Expecting IND submission for LB2501 in 2H 2026

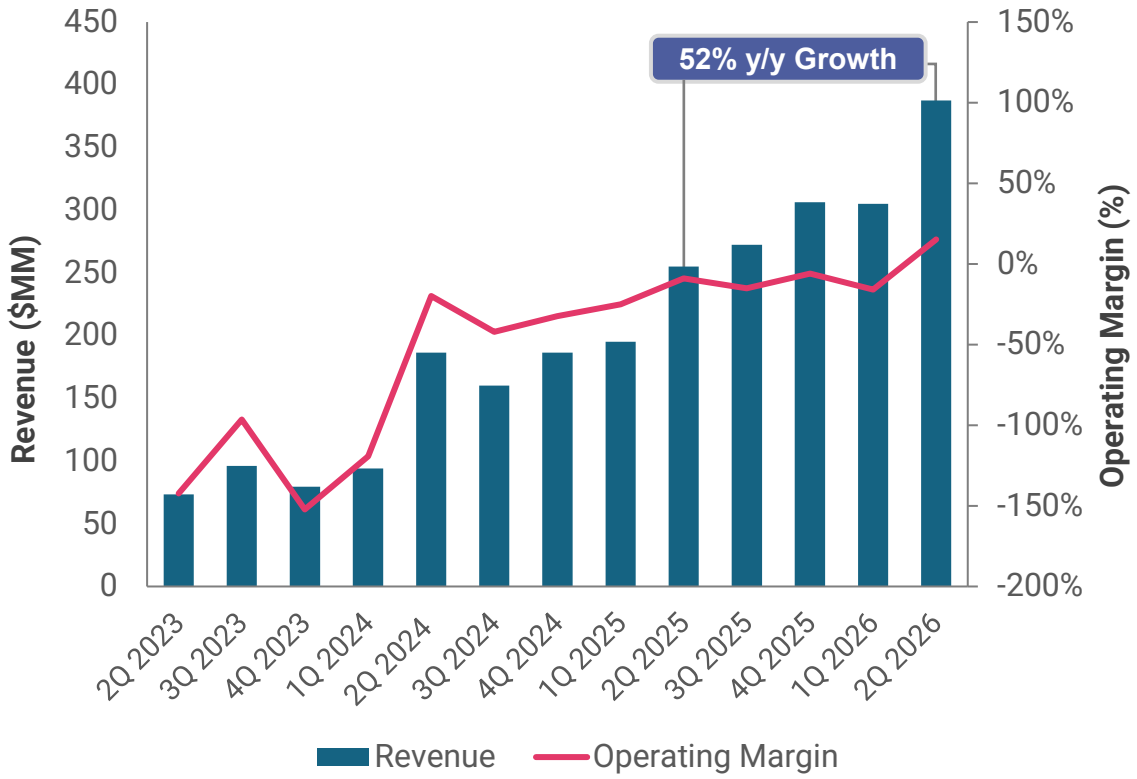
Durable Global Business

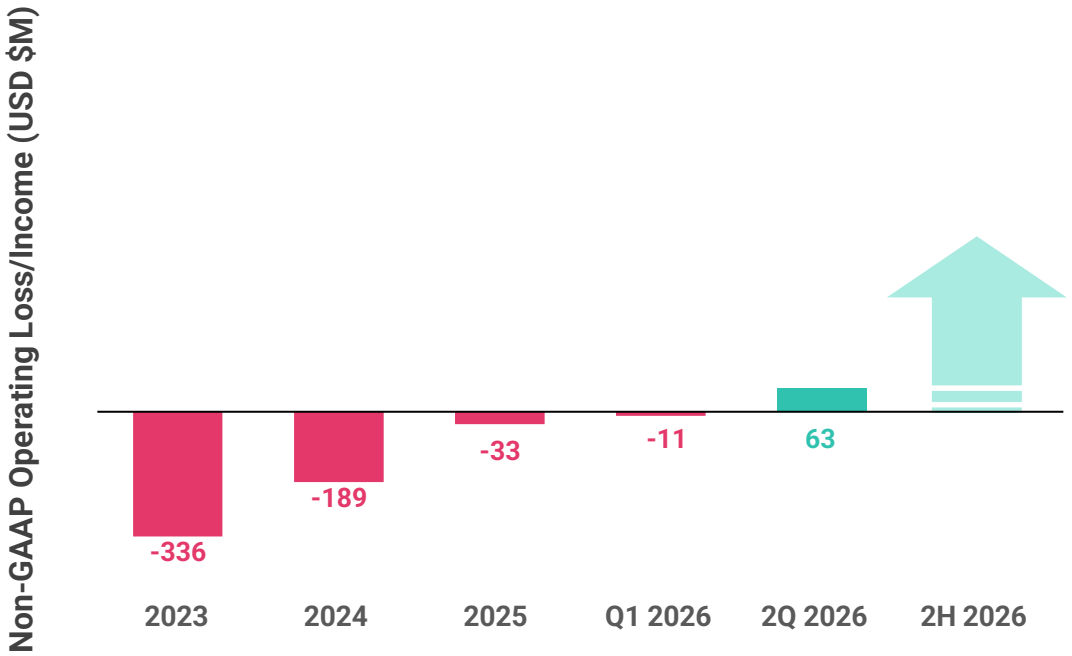
- ~$965 Million in Cash, Cash Equivalents and Time Deposits[2]
- Expected to achieve company-wide operating profit in 2026[7]
- 3,000+ person global team, with largest presence in United States

1. CARVYKTI® franchise became profitable in 2025. 2. As of December 31, 2025; 3. MM = Multiple Myeloma; 4. For the quarter ended March 31, 2026; 5. Legend Biotech and Johson & Johnson Estimate; 6. As of January 6, 2026; 7. Company-wide profit defined as Adjusted Net Income

Reaching a Profitability Inflection Point

Strong Underlying Growth Demand, Operating margin improvement from -142% in 2Q 2023 to 15% in 2Q 2026





Revenue has scaled at a **CAGR of 74%** since 2Q23, with gradual gross margin improvements

CARVYKTI® franchise became profitable in 2025, expect company-wide profitability in 2026[1]

1. Company-wide profitability defined as Adjusted Net Income

Our 2026 Priorities

Shaping the Next Era of Growth Through Leadership and Innovation



01

Maximize CARVYKTI® Market Leadership

02

Advancing Our Cell Therapy Innovation

03

Drive Profitability



LEGEND BIOTECH

MAXIMIZE CARVYKTI® MARKET LEADERSHIP

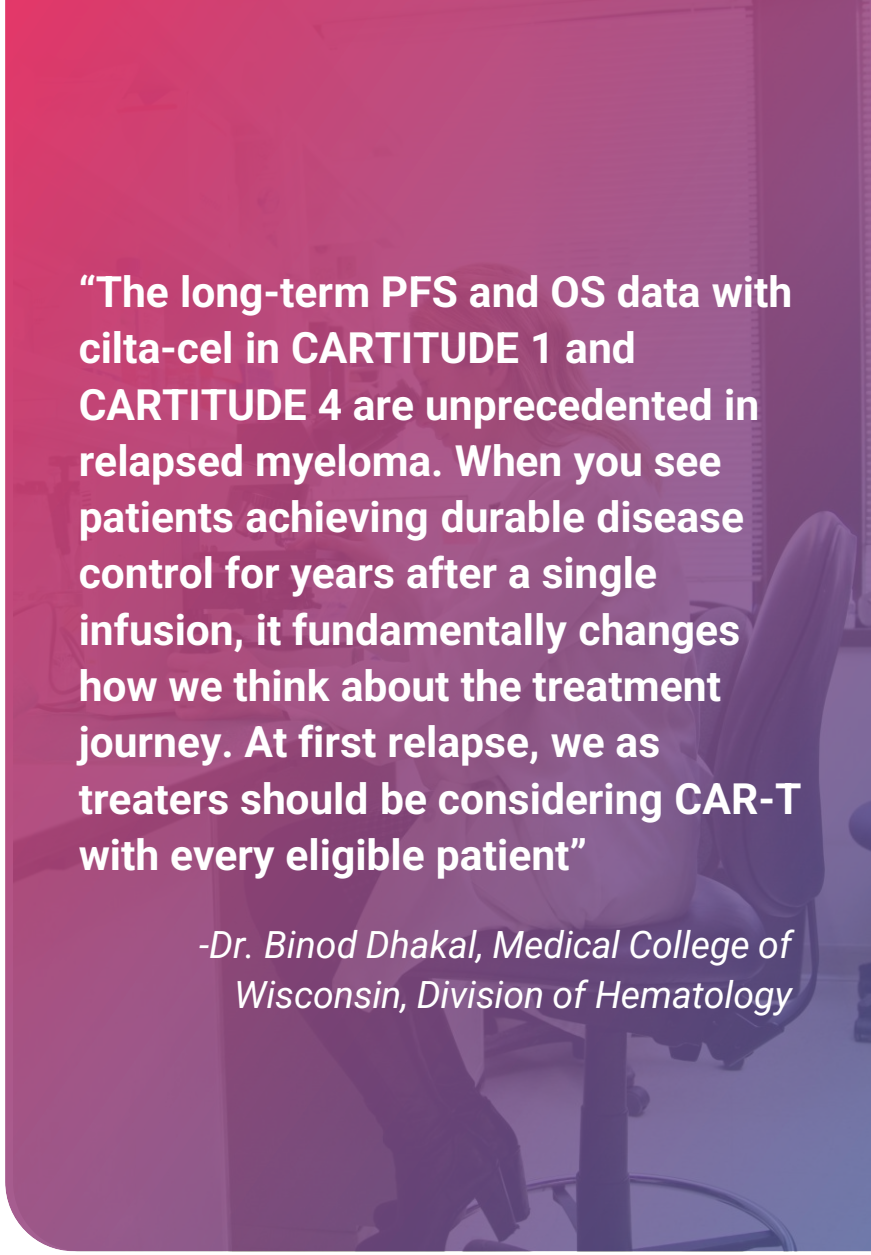
10,000+ Patients Have Been Treated with CARVYKTI®

BEST IN CLASS MANUFACTURING

- **All** Manufacturing Sites Now Online:
  - Raritan, NJ
  - Obelisc and Tech Lane in Ghent, Belgium
  - Morris Plains, NJ (Novartis CMO Site)
- **99%** Manufacturing Success Rate[2]
- **29-day** median turnaround time (TAT)[2]
- **10,000** annualized dose capacity in 2026

STRONG COMMERCIAL EXPANSION[1]

- **151 Activated Treatment Sites** in the US
- **339** global treatment sites
- **Global Expansion:**
  - 2022-2024: 5 markets
  - 2025: 9 additional markets
  - 2026: 5 additional markets YTD



"The long-term PFS and OS data with cilta-cel in CARTITUDE 1 and CARTITUDE 4 are unprecedented in relapsed myeloma. When you see patients achieving durable disease control for years after a single infusion, it fundamentally changes how we think about the treatment journey. At first relapse, we as treaters should be considering CAR-T with every eligible patient"

-Dr. Binod Dhakal, Medical College of Wisconsin, Division of Hematology

1) as of June 30, 2026
2) Based on U.S. results in the first quarter of 2026

Legend and Johnson & Johnson Global Collaboration

License Agreement to Develop and Commercialize Cilta-cel with J&J

PARTNERSHIP ACCOMPLISHMENTS

- Enrolled the largest multiple myeloma CAR-T program to date
- Operationalized 4 manufacturing sites worldwide

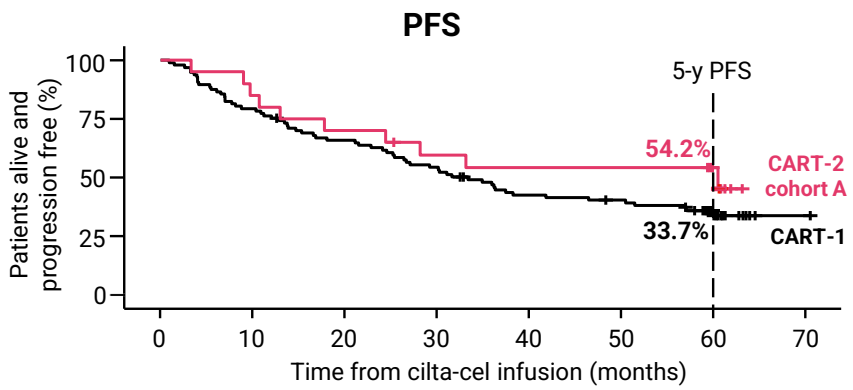
WORLDWIDE COLLABORATION

- J&J is the global multiple myeloma market leader
- 50/50% cost-sharing/profit-split arrangement except in Greater China[1]

1) J&J and Legend have a 30/70% cost-sharing/profit-split arrangement in Greater China

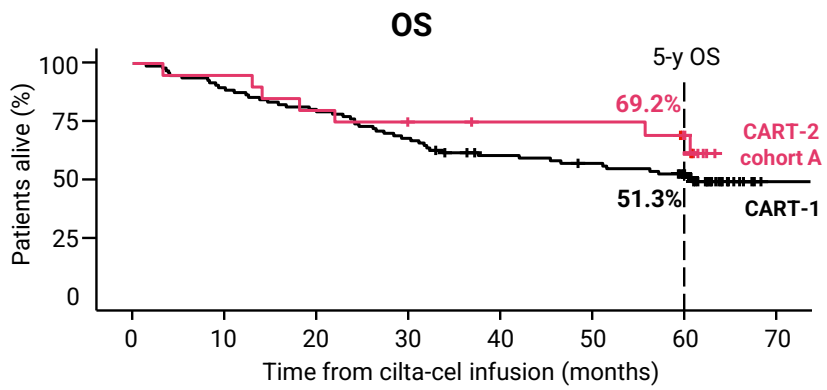
Earlier Use of CARVYKTI® May Increase 5-Year PFS and OS Based on Latest Data Presented at IMS 2026

Numerically higher PFS and OS at 1-3 prior LOT (CARTITUDE-2 Cohort A) than at ≥3 (CARTITUDE-1)



No. at risk								
C-1	97	77	63	52	39	36	16	1
C-2 cohort A	20	17	14	11	10	10	6	0

	CART-2 cohort A (N=20)	CART-1 (N=97)
Events, n (%)	10 (50.0)[a]	62 (63.9)
PFS, median (95% CI), mo	60.5 (12.9-NE)	33.3 (25.2-50.4)
5-y PFS rate (95% CI), %	54.2 (30.3-73.0)	33.7 (24.0-43.7)



No. at risk								
C-1	97	87	77	66	54	50	36	1
C-2 cohort A	20	19	16	14	13	13	9	0

	CART-2 cohort A (N=20)	CART-1 (N=97)
Events, n (%)	7 (35.0)[a]	47 (48.4)
OS, median (95% CI), mo	NR (21.9-NE)	60.7 (41.9-NE)
5-y OS rate (95% CI), %	69.2 (43.8-84.9)	51.3 (40.7-61.0)

95% of patients achieved CR/sCR as their best response

Three of the patients alive and progression-free at 5 years had bone marrow assessment (not required per protocol); all were MRD-negative at 10^{-6}

Median follow-up for CARTITUDE-2 Cohort A: 60.7 months.

CARTITUDE-2 Cohort A (N=20), 1-3 prior LOT

1/2 of Patients

treated with a single cilta-cel infusion remained alive and progression-free at **≥5 years without further anti-myeloma treatment**

CARTITUDE-1 (N=97), ≥3 prior LOT

1/3 of Patients

were treatment- and progression-free for **≥5 years after a single infusion**. Of these, 12 with serial MRD assessments at a single center were MRD- and imaging-negative, the first evidence that cilta-cel is **potentially curative in RRMM[1]**

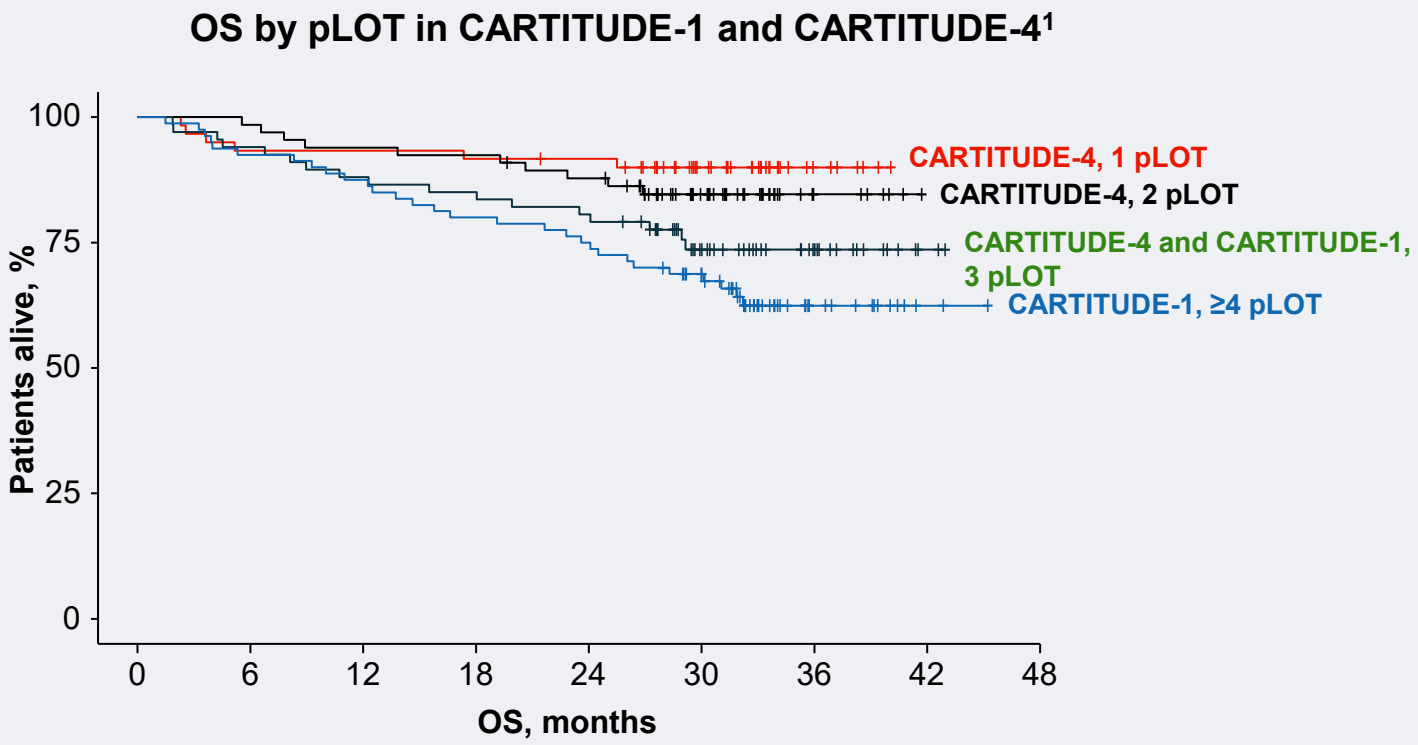
**Median prior lines of therapy was 6 (range, 3-18)*

[a]In CART-2 cohort A, 1 PFS/OS event after 5 years was a death due to unrelated breast cancer without progression of myeloma.

RRMM: relapse refractory multiple myeloma; CART: CARTITUDE; cilta-cel: ciltacabtagene autoleucel; CR: complete response; LOT: line(s) of therapy; OS: overall survival; PFS: progression-free survival; PI: proteasome inhibitor; sCR: stringent CR. MRD: measurable residual disease

1. Jagannath S, et al. Long-Term (≥5-Year) Remission and Survival After Treatment With Ciltacabtagene Autoleucel in CARTITUDE-1 Patients With Relapsed/Refractory Multiple Myeloma. Journal of Clinical Oncology. https://doi.org/10.1200/JCO-25-00760; 2) Cohen A, et al. IMS 2026. Abstract PA-288.

Earlier Use of CARYKTI® is Associated With Better Outcomes



Earlier Use of Cilta-cel Results in Higher OS Rates

Median follow-up for CARTITUDE-1: 33.4 months. Median follow-up for CARTITUDE-4: 30.5 months from cilta-cel infusion.

SAFETY

- Following implementation of patient management strategies, parkinsonism rates were **reduced from 6% in CARTITUDE-1 to 1% in CARTITUDE-4**[2]
- In CARTITUDE-4, **no cases of parkinsonism** in patients who achieved ≥PR with bridging therapy[3]

MANUFACTURING RELIABILITY[4]

Overall, 99% of products manufactured using cells from patients with 1-3 pLOT compared with 97% for ≥4 pLOT

OS = Overall Survival; pLOT= prior line of therapy.

1) Parekh S, et al. *Blood*. 2025;146(suppl 2) Abstract 92. Presented at: 67th ASH Annual Meeting; Dec 6-9, 2025; Orlando, FL. 2) CARVYKTI Prescribing Information. Janssen Biotech, Inc. Revised April 2024; 3) Dhakal B, et al. *Blood*. 2025;146(suppl 1):Abstract 2215. Presented at: 67th ASH Annual Meeting; Dec 6-9, 2025; Orlando, FL; 4) Bowden R, et al. *Blood*. 2025;146(suppl 1):Abstract 2411. Presented at: 67th ASH Annual Meeting; Dec 6-9, 2025; Orlando, FL

Raising the Bar for Progression-Free Survival (PFS)

CARVYKTI® has demonstrated profound efficacy in patients with RRMM[1,2]

	CARTITUDE-1 TCE RRMM ≥ 3 pLOT	CARTITUDE-1 + CARTITUDE-4[a] TCE RRMM 3pLOT	CARTITUDE-4[a] RRMM 1-3 pLOT
N	97	34	176
Median PFS	**34.9 months**	**50.4 months**	**NR** (mFU[b]: 34.0 months)

PRESENTED AT ASH 2025 (DEC)[3]

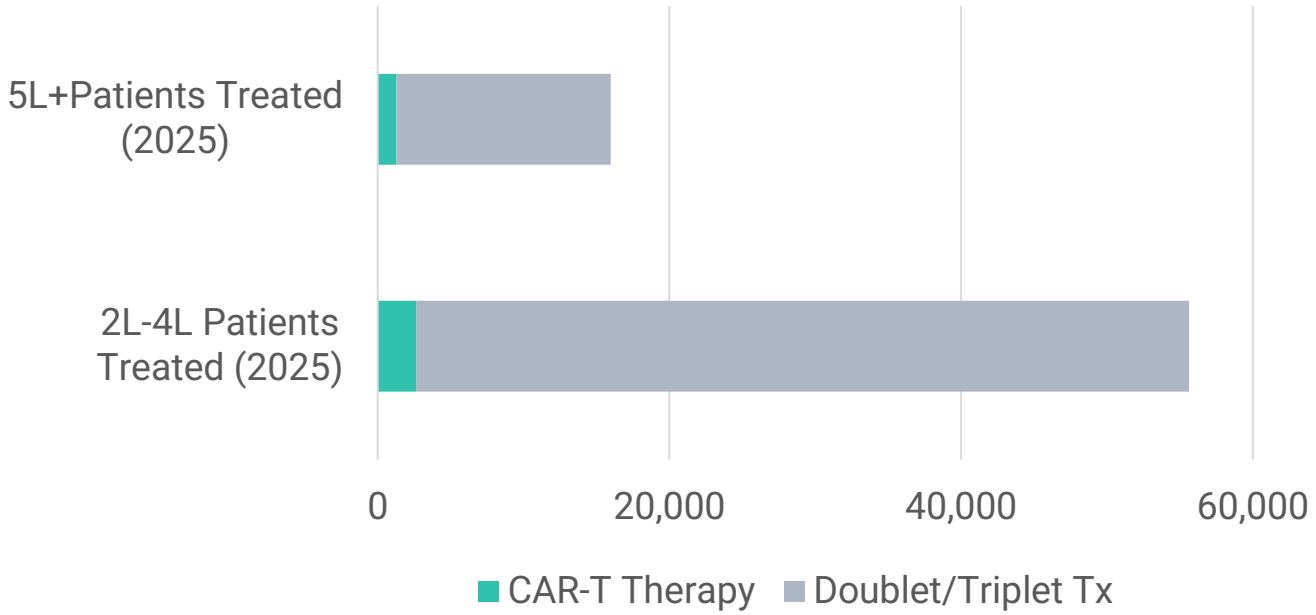
PFS improves when CARVYKTI® is used earlier in RRMM

[a]As-treated population. [b]mFU from randomization.
BCMA, B-cell maturation antigen; CAR, chimeric antigen receptor; cilta-cel, ciltacabtagene autoleucel; FU, follow-up; MRD, minimal residual disease; pLOT, prior line of therapy; RRMM, relapsed/refractory multiple myeloma; TCE, triple-class exposed.

1) Berdeja JG, et al. *Lancet* 2021;398:314-24; 2) Martin T, et al. *J Clin Oncol* 2023;41:1265-74. 3)Parekh, et al. Presentation at 7th American Society of Hematology (ASH) Annual Meeting. "Earlier use of ciltacabtagene autoleucel (cilta-cel) is associated with better immune fitness and stronger immune effects as shown by correlative analysis of peripheral blood and the bone marrow tumor microenvironment (TME) from the CARTITUDE-4 study"

Significant Market Potential in Earlier Line Multiple Myeloma

2026 CARVYKTI® MARKET POTENTIAL (US)[1]:



In 2025[1],

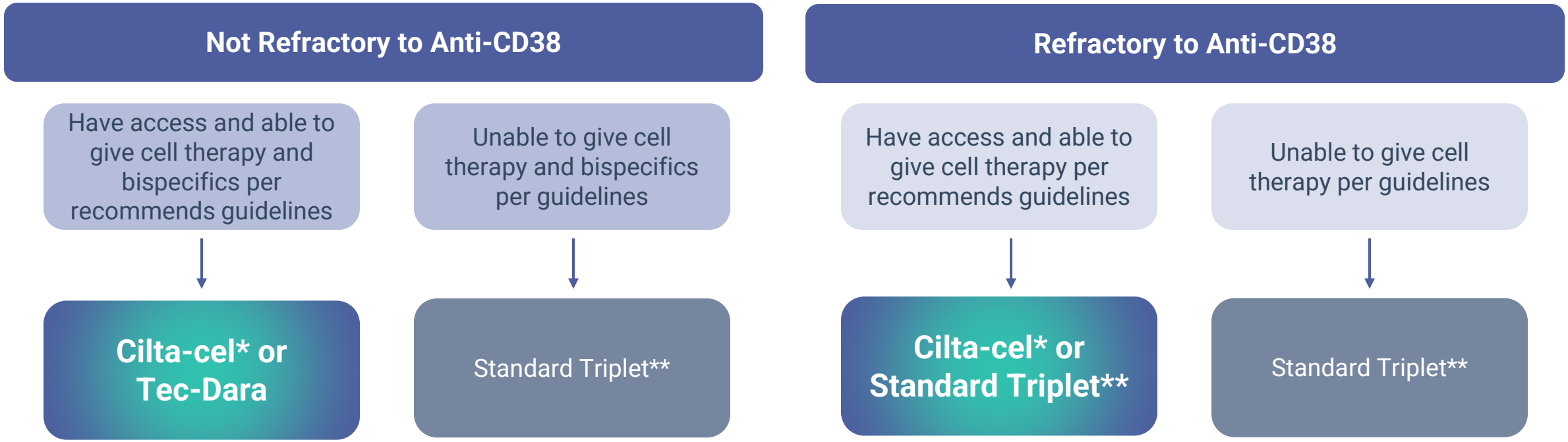
- **≤5%** of patients were treated with a BCMA targeting agent (CAR-T, Bi-Specific, or ADC) in 2L-4L
- **≤10%** of patients were treated with a CAR-T in 5L+

SIGNIFICANT GROWTH OPPORTUNITY IN 2L-4L

1) Komodo/SHS Claims Data

Treatment of Myeloma At First Relapse

Vincent Rajkumar, Professor of Medicine at the Mayo Clinic
ASH25 algorithm for Relapsed Myeloma: First Relapse[1]



***Cilta-cel should be considered in eligible patients**, and patients should have a discussion on pros and cons of a one-time CAR-T approach vs. prolonged therapy
**Choice of standard triplet is based on refractoriness to Len and other drugs. Key options are DRd, KRd, KPd, DPd, Dara-KPd

Consider salvage ACST as alternative in patients eligible for ACST who have not had transplant before; Consider 2nd auto SCT if eligible and had >36 months response duration with maintenance to first ACST

1) Vincent Rajkumar is a Professor of Medicine at the Mayo Clinic in Rochester and Editor-in-Chief at Blood Cancer Journal. Available at: oncoldaily.com. "Vincent Rajkumar: First-Relapse Myeloma Algorithm for ASH25". Accessed Dec 10, 2025.

ASCT; autologous stem cell transplant; Auto; autologous; CAR-T, chimeric antigen receptor T-cell; Dara, daratumumab; Dara-KPd, daratumumab, carfilzomib, pomalidomide, and dexamethasone; DPd, daratumumab, pomalidomide, dexamethasone; DRd, daratumumab, lenalidomide, dexamethasone; KRd, carfilzomib, lenalidomide, dexamethasone; Len, lenalidomide; SCT, stem cell transplant; Tec, teclistamab.

Driving CARVYKTI® Expansion Into the Frontline

Advancing into earlier lines to broaden use and fuel long-term growth.

Active

CARTITUDE-2[1]

- Global, multi-cohort study (NCT04133636)
- Phase II open-label study of Cilta-cel in various clinical settings

Enrollment complete

CARTITUDE-5[2]

- Global, randomized, registrational study (*NCT04923893*)
- 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 complete

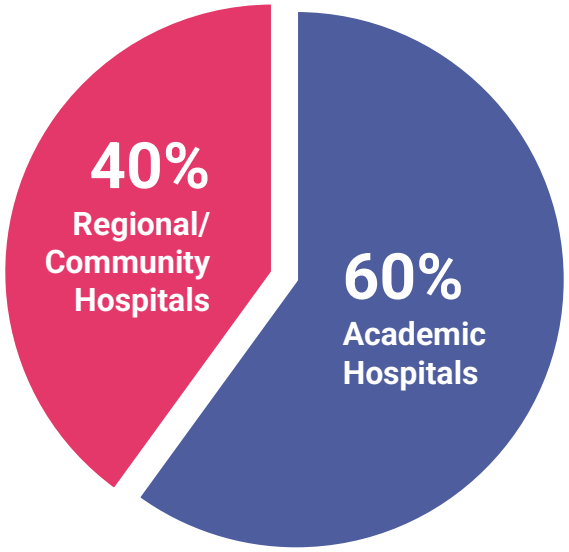
CARTITUDE-6[3]

- Global, randomized, registrational study (*NCT05257083*)
- Phase III open-label study comparing DVRd followed by cilta-cel vs. DVRd followed by ASCT in NDMM patients who are transplant eligible

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.

Accelerating Growth in the United States Through Community & Outpatient Adoption

CARVYKTI® in the Community[1]



80% of the MM market is now within 50 miles of a CARVYKTI site (US)

Continued Growing Presence in Community

~70%
of RRMM patients are in the community

Leading BCMA CAR-T sales organization (Legend Biotech and Johnson & Johnson)

Community Network Activation

Virginia Oncology Associates

WEST CANCER CENTER & RESEARCH INSTITUTE

…additional network expansions in 2026

*combined Legend Biotech and Johnson & Johnson
1) Based on CARVYKTI authorized treatment centers in the United States

CARVYKTI®: Unmatched Real World Results in BCMA CAR-T

Unrivaled Evidence. Unmatched Experience.

	Indicated Patients	*Real-world experience*	*US Site Experience*	*Data Maturity*	*mPFS triple class exposed (TCE) with 3 pLOT*	*Data vs. Active Control*	*Late Line Study Key Patient Characteristics*[1-4]
CARVYKTI®	**2L+**	**10,000+ patients treated** (worldwide)	**141 Sites**	**61.3 months** Median follow-up (CART-1)	**50.4 months** (CART-1 & CART-4)	**Yes, Superior OS** (CART-4 in label)	• **6 pLOT** • **Less strict CNS exclusion criteria**[5] • **22% steroid use**
Anito-Cel	Not approved in any indication	~150 patients (clinical trials only)[6]	19 clinical sites[7] 0 commercial sites	15.9 months Median follow-up (iMMagine-1)[8]	Not reported	No	• 3 pLOT • Stricter CNS exclusion criteria[5] • 73% steroid use

Anito-cel reported two delayed ICANS events (Grade 1 and Grade 2) during ASH 2025 presentation[9]

CARVYKTI®: THE *FIRST* AND *ONLY* CAR-T CELL THERAPY TO BE DESIGNATED AS NCCN CATEGORY 1 FOR MULTIPLE MYELOMA AFTER 1 PRIOR THERAPY[10]

1) Berdeja et al. [Supplement] Lancet. 2021;398(10297):314-324; 2) clinicaltrials.gov. https://www.clinicaltrials.gov/study/NCT03548207; 3) Kaur et al, European Hematology Association 2025, Abstract S201; 4) clinicaltrials.gov https://clinicaltrials.gov/study/NCT05396885; 5) Based on CARTITUDE 1 exclusion criteria "Have known active, or prior history of central nervous system (CNS) involvement or exhibits clinical signs of meningeal involvement of multiple myeloma" and iMMagine-1 exclusion criteria, "Any sign of active or prior CNS pathology including but not limited to history of epilepsy, seizure, paresis, aphasia, stroke, subarachnoid hemorrhage or CNS bleed, severe brain injury, dementia, cerebellar disease, Parkinson's disease"; 6) Arcellx. *Investor Relations Event at the 67th ASH Annual Meeting*. December 6, 2025. Company presentation; 7) ClinicalTrials.gov. U.S. National Library of Medicine, National Institutes of Health. Available at: https://clinicaltrials.gov. Accessed December 21, 2025; 8) Patel KK, et al. *[Abstract title]*. Presented at the 67th American Society of Hematology (ASH) Annual Meeting; December 2025. Abstract #256; 9) Patel et al, American Society of Hematology 2025, Abstract 256; 10) National Comprehensive Cancer Network®. *NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Multiple Myeloma*. Version 2.2026. © 2025 National Comprehensive Cancer Network, Inc. All rights reserved. Accessed July 16, 2025.

Optimizing Bridging Therapy

Is Associated With Improved CARVYKTI® Safety Outcomes

Dhakal B, et al[1]:

USE OF GPRC5D BI-SPECIFIC

- 134 patients across 18 US academic medical centers and 2 German centers
- 98 RRMM patients received **talquetamab bridging therapy** and CARVYKTI

KEY FINDING
There were **no cases of IEC colitis or parkinsonism**

Sidana S, et al[2]:

RESPONSE TO BRIDGING THERAPY IS KEY

- 761 CARVYKTI treated patients
- Risk of parkinsonism was **higher in patients who did not respond to bridging therapy**
- Parkinsonism occurred in 2.9% of patients (n=22)

KEY FINDING
95% (21/22) of all Parkinsonism cases occurred in those who **did not respond to bridging therapy.**

1. Dhakal B, et al. Blood. 2025;146(Suppl 1)
2. Sidana S, et al. Blood. 2025;146(Suppl 1):1034

Updated NCCN Guidelines Recommend Bridging Therapy



National Comprehensive Cancer Network Guidelines Update[1]

"The panel recommends that talquetamab may be considered as a bridge to BCMA CAR-T Therapy in RRMM…"

Updated January 2026

1. National Comprehensive Cancer Network®. *NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Multiple Myeloma*. Version 5.2026. © 2025 National Comprehensive Cancer Network, Inc. All rights reserved. Accessed January 9, 2026.

CARVYKTI® (ciltacabtagene autoleucel) Suspension for IV Infusion

The Proven Leader Forging the Path to Cure

Highly Effective

- First and only CAR-T with demonstrated Overall Survival benefit
- First and only CAR-T therapy with meaningful progression free outcomes of ≥5 years in late line MM

Well Tolerated

- Parkinsonism has decreased in earlier lines with patient management strategies
- Leveraging large patient data set to assist further risk mitigation efforts

Earlier Treatment is Better

- Efficacy, safety, and manufacturing outcomes all improved with earlier use
- IMWG recommends CAR-T therapy before Bispecific T-Cell Engagers in patients eligible for both[2]
- mPFS for CARTITUDE 4 is NR with median follow-up of 34 months

One-Time Treatment

- One-time infusion provides freedom to patients
- Can be administered on inpatient or outpatient basis due CARVYKTI's unique CRS profile
- Earlier CAR-T may lower overall treatment costs by reducing future therapies and healthcare utilization

1) Based on company public filings and FDA Adverse Event Reporting System (FAERS) Public Dashboard; 2) L.J. Costa et al. "International myeloma working group immunotherapy committee recommendation on sequencing immunotherapy for treatment of multiple myeloma." Leukemia; https://doi.org/10.1038/s41375-024-02482-



LEGEND BIOTECH

ADVANCING OUR CELL THERAPY INNOVATION

Advancing a Robust, Differentiated Cell Therapy Pipeline

Program	Target	Indication	Pre-Clinical	Phase I	Phase II	Phase III	NDA	Current Status	Partner
CARVYKTI®: BCMA-directed Autologous Therapy									
CARVYKTI®	BCMA	NDMM (Front-line) (Transplant Not Intended) (CARTITUDE-5)[1]	Multi-Regional Clinical Trial					*Patient follow-up*	Johnson&Johnson
		NDMM (Front-line, Transplant Eligible) (CARTITUDE-6)[1]	Multi-Regional Clinical Trial					*Patient follow-up*	
		NDMM (Front-line, Transplant Not Intended) (CARTITUDE-10)[1]	Multi-Regional Single Arm Trial					*Enrolling*	
Autologous Therapies									
LB1908	Claudin 18.2	Relapsed/Refractory Gastric & Pancreatic Cancers[3]	US IND					*Met primary endpoint, patient follow-up*	
LB2102	DLL3	2L+ Small Cell Lung Cancer and Large Cell Neuroendocrine Carcinoma [3][4]	US IND					*Met primary endpoint, patient follow-up*	NOVARTIS
LB2401	GPRC5D	Relapsed/Refractory Multiple Myeloma[2]						*Patient follow-up*	
LB2402	CD19 x GPRC5D	Relapsed/Refractory Multiple Myeloma[2]						*Patient follow-up*	
LB2403	GPRC5D (FAST CAR)	Relapsed/Refractory Multiple Myeloma[2]						*Patient follow-up*	
LB2502	FcRH5 (FAST CAR)	Relapsed/Refractory Multiple Myeloma[2]						*Enrolling*	
Allogeneic Therapies									
LB2404D	CD19 x CD70 (CAR-γδ T)	Relapsed/Refractory Autoimmune Diseases[2]						*Enrolling*	
LB2405	CD19 x BCMA (CAR-NK)	Relapsed/Refractory Autoimmune Diseases[2]						*Enrolling*	
LB2302	CD20 (CAR-αβ T)	Relapsed/Refractory B-cell Non-Hodgkin Lymphoma[2]						*Enrolling*	
LB2303	CD19 x CD20 (CAR-γδ T)	Relapsed/Refractory B-cell Non-Hodgkin Lymphoma[2]						*Enrolling*	
LB2406	CD19 x CD20 (CAR-γδ T)	Relapsed/Refractory B-cell Non-Hodgkin Lymphoma[2]						*Enrolling*	
In Vivo Therapies									
LB2501	CD19 x CD20	Relapsed/Refractory B-cell Non-Hodgkin Lymphoma[2]						*Enrolling*	
LB2503	GPRC5D	Relapsed/Refractory Multiple Myeloma[2]						*Enrolling*	
LB2505	BCMA	Relapsed/Refractory Multiple Myeloma[2][5]						*Initiating*	

Notes:
1. In collaboration with Janssen, Pharmaceutical Companies of Johnson & Johnson. NDMM = Newly Diagnosed Multiple Myeloma.
2. Phase 1 investigator-initiated trial in China
3. IND applications have been cleared by the United States FDA
4. 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
5. Subject to the terms of Legend Biotech's collaboration and license agreement with Johnson & Johnson



Advancing R&D Innovation to Drive Long-Term Growth

Lean Approach to Clinical Proof of Concept Utilizes R&D Investments Efficiently

1

Unique Proof-of-Concept Model Accelerates Global Entry

- Leverages investigator-initiated trials (IITs) in China to rapidly establish early clinical proof-of-concept
- De-risks programs prior to initiating larger, more resource-intensive US and EU clinical trials

2

Disciplined IIT-to-Global Transition Drives Speed and Capital Efficiency

- Advances only assets with validated clinical activity into global trials
- Avoids broad early-stage spend across unproven programs
- Aligns development investment with demonstrated probability of success

3

Platform-Enabled Execution Delivers Rapid Time-to-First-Patient

- Demonstrates repeatable development velocity across emerging platforms
- *In vivo* platform advanced from candidate selection to first patient dosed in approximately six months



Legend Leadership at the 23rd Annual International Myeloma Society

Leveraging Stand-Alone Cell Therapy Leadership *In Vivo*

TaVec (T-Cell Activation Vector) Design and Mechanism of Action

TARGET

- Oncology and autoimmune indications

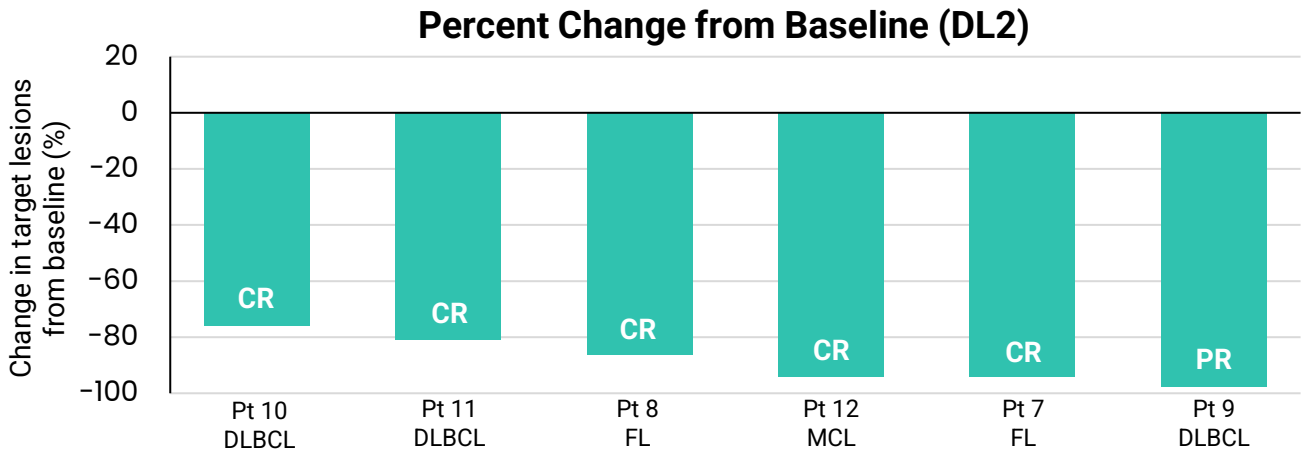
MECHANISM

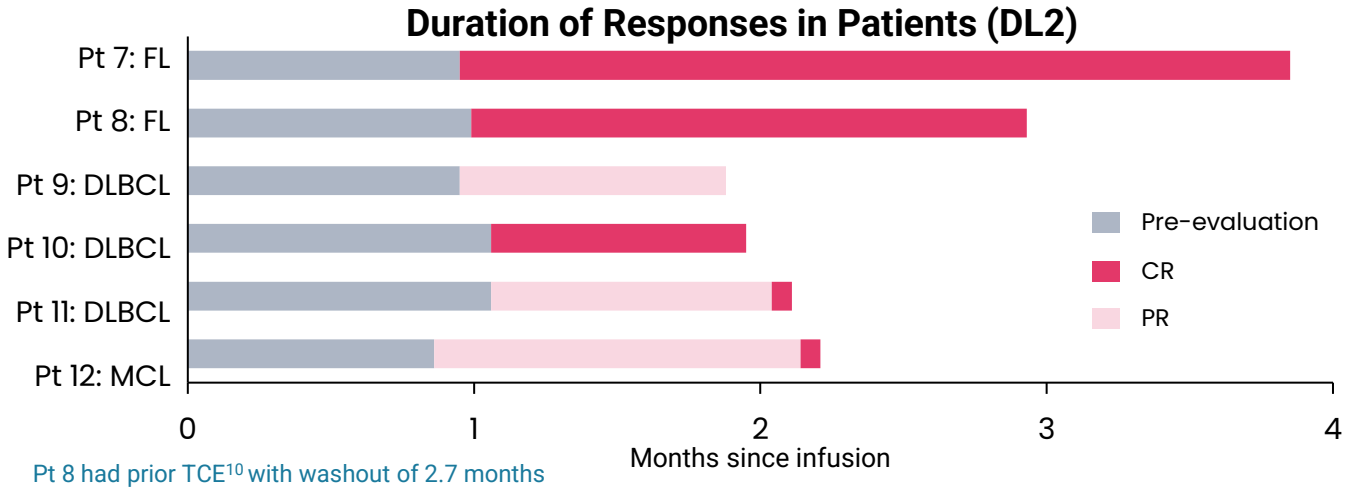
- TaVec platform
- Provide T cell specificity, activation and safety
- Mutations in glycoprotein and CD3 single-chain variable fragment to block transduction of non-T cells

Clinical Development Progress

- Announced late-breaking oral presentation at EHA 2026 showcasing initial LB2501 Phase 1 in vivo CAR-T data in NHL
- Multiple US-IND enabling studies planned for oncology indications

Promising Data in LB2501: In Vivo CD19/CD20 CAR-T for NHL





Pt 8 had prior TCE[10] with washout of 2.7 months

LB2501 in DL2 Demonstrated High ORR and CR

RESULTS PRESENTED AT EHA[1] 2026

- Dose Level 2 (DL2) across DLBCL[2], MCL[3] and FL[4]:
  - **100% (6/6) ORR[5]**
  - **83.3% (5/6) CR[6]**
- The median follow-up for DL2 was 2.3 months (range, 2.0 – 4.5)
  - At the data cutoff date of April 1, all responses were ongoing
- CAR-T cells were **detectable in peripheral blood for up to 116 days**
- LB2501 is well tolerated with no DLTs[7], SAEs[8], and no deaths

CLINICAL DEVELOPMENT

- Anticipate filing IND[9] for LB2501

1. EHA: European Hematology Association; 2. DLBCL: Diffuse Large B-Cell Lymphoma; 3. MCL: Mantle Cell Lymphoma; 4. FL: Follicular Lymphoma; 5. ORR: Objective Response Rate; 6. CR: Complete Response; 7. DLT: Dose-Limiting Toxicity; 8. Serious Adverse Events; 9. IND: Investigational New Drug application; 10. TCE: T-cells Engager

2026 Commitment to Business Development

LEGEND BIOTECH

Maintain Hematology Leadership

Generate Non-Dilutive Funding Through Strategic Partnerships

Continue Innovation Through Enabling Technologies

Generate Other Revenue Beyond CARVYKTI®

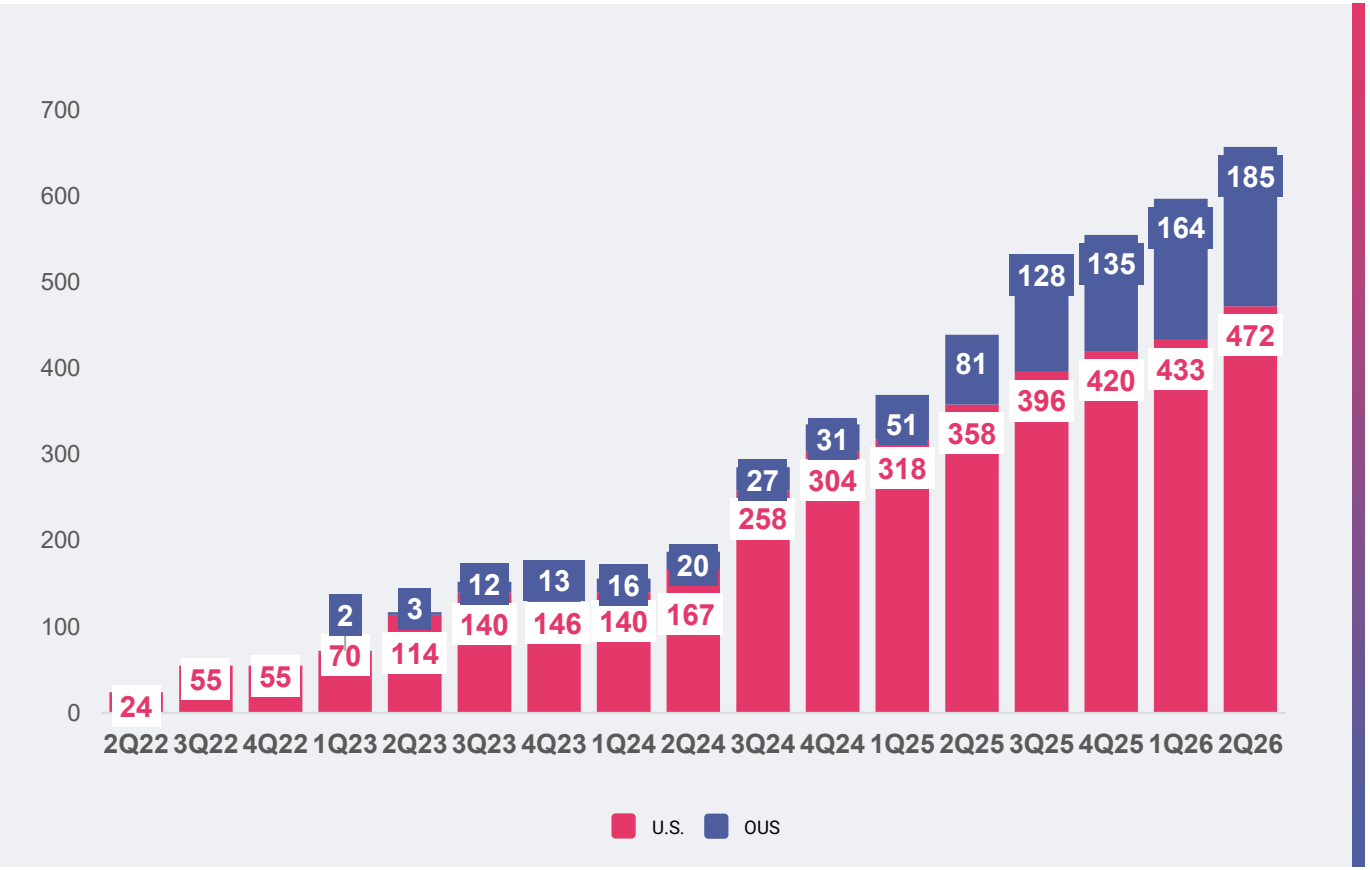
Build on Core Cell & Gene Therapies & Expand Beyond



DRIVE PROFITABILITY

Strong Balance Sheet Fueled by CARVYKTI Growth

CARVYKTI® Net Trade Sales ($MM)



$657M
Net Sales (Q2 2026)

50%
YoY Growth (Q2 2025)

~$965M
Cash, cash equivalents, & time deposits as of June 2026

74%
Compound Annual Growth Rate (CAGR) since 2Q 2023

Commercial Momentum

- $1.9B FY25 CARVYKTI® Net Trade Sales
- CARVYKTI® Profitable[1]
- Positive Cash Flow

** $597M in Q1'26 vs. $369M in Q1'25*

***Certain prior year amounts have been reclassified to combine pledged deposits into prepayments, other receivables, and other assets for comparative purposes.
1) Net Trade Sales - Cost of Good Sold - Operating Expenses = CARVYKTI Profit;

2026 Priorities to Unlock Next Stage of Growth

PRIORITIES	GOALS	TIMING
Maximize CARVYKTI® Market Leadership	• Deliver sequential CARVYKTI growth	*ONGOING*
	• 3/4 of CARVYKTI® orders from 2-4L	*ONGOING*
	• Present additional long-term data	*ONGOING*
	• Continued globalization	*ONGOING*
Advancing Our Cell Therapy Innovation	• Present *in vivo* data	*ONGOING*
	• File US IND	*2H 2026*
Drive Profitability	• Achieve company-wide operating profit	*2026*
	• Disciplined operating expense management	*ONGOING*

LEGEND BIOTECH

Thank You

