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 11, 2021

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 Presentation at J.P. Morgan 39th Annual Healthcare Conference 2021 DIGITAL

On January 13, 2021, Legend Biotech Corporation will make its company presentation for J.P.Morgan 39th Annual Healthcare Conference 2021 Digital available on its website. The presentation is attached hereto as Exhibit 99.1 and may be viewed at the Company's website at https://www.legendbiotech.com/index.php.

EXHIBIT INDEX

Exhibit	Title
99.1	Presentation dated January 13, 2021

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.

LEGEND BIOTECH CORPORATION
(Registrant)

January 11, 2021

By: /s/ Ying Huang
Ying Huang, Ph.D.
Chief Executive Officer and Chief Financial Officer


Inspired by the
human element
to advance cell therapy
8
Cg
Courage
LEGEND
BIOTECH
Unleashing the power of patients

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. There is no guarantee that the agents will receive health authority approval or become commercially available in any country for the uses being investigated.

Certain information contained in this presentation and statements made orally during this presentation relates to or is 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.

Forward-Looking Statements

This presentation contains "forward-looking statements" within the meaning of The Private Securities Litigation Reform Act of 1995. 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.

These forward-looking statements include, but are not limited to, statements relating to the Company's strategies and objectives; the anticipated timing of, and ability to progress, clinical trials; the ability to make, and the timing of, regulatory submissions in the United States, Europe and Asia, including the ongoing BLA filings for cilta-cel to the U.S. FDA, the submission of a marketing authorization application for cilta-cel to the EMA, and the submission of an IND LB1901 in relapsed or refractory TCL; the ability to generate, analyze and present data from clinical trials; patient enrollment; anticipated timing regarding regulatory approvals by the FDA, EMA or CDE; and the potential benefits of Legend Biotech's product candidates. 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 US litigation process; competition in general; government, industry, and general public pricing and other political pressures; the duration and severity of the COVID-19 pandemic and governmental and regulatory measures implemented in response to the evolving situation; as well as the other factors discussed in the "Risk Factors" section of the Company's prospectus filed with the Securities and Exchange Commission on June 8, 2020.

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. None of the Company nor any of its affiliates, advisers, or representatives has any obligation and does not undertake to update any forward-looking statements to reflect future events or circumstances.

Cell Therapy Platform Overview

We Are A Fully Integrated Global Cellular Therapy Company

COMPELLING DATA WITH INNOVATIVE PIPELINE

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

FUTURE PIPELINE

AML	LYMPHOMA	GASTRIC CANCER	OVARIAN CANCER	INFECTIOUS DISEASE

GLOBAL COLLABORATION WITH JANSSEN*

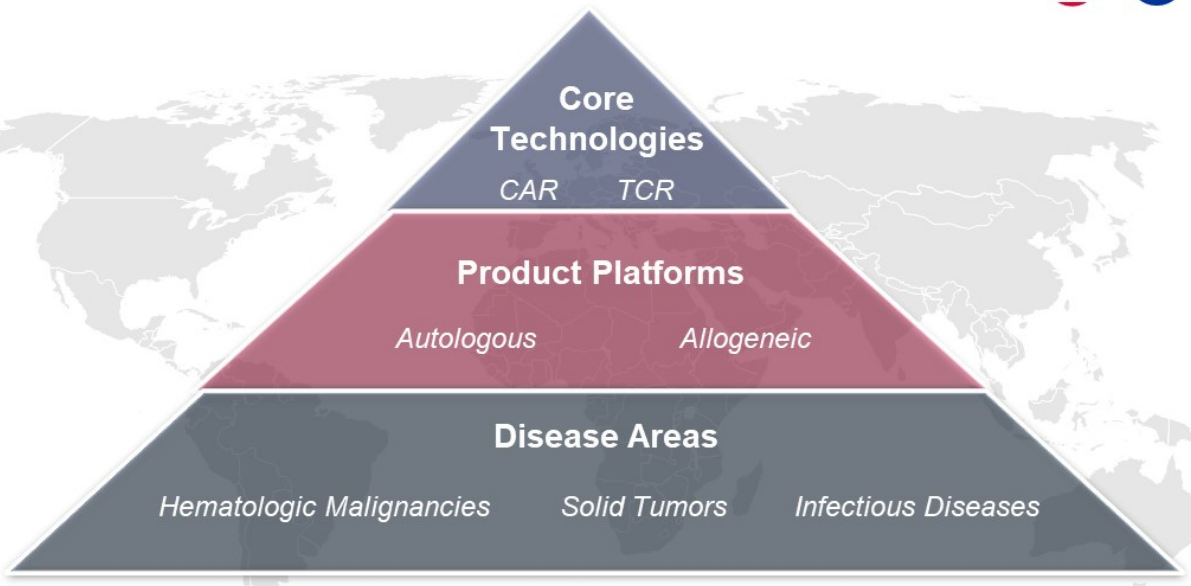
- Global collaboration with Janssen for the development of cilta-cel established December 2017
  - Received an upfront payment of $350 million and a total of $110 million in milestone payments to date
  - Up to an additional $1,165 million in potential future milestone payments

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
- >800 employees worldwide in US, China and Europe

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

Legend Biotech's Global R&D Strategy



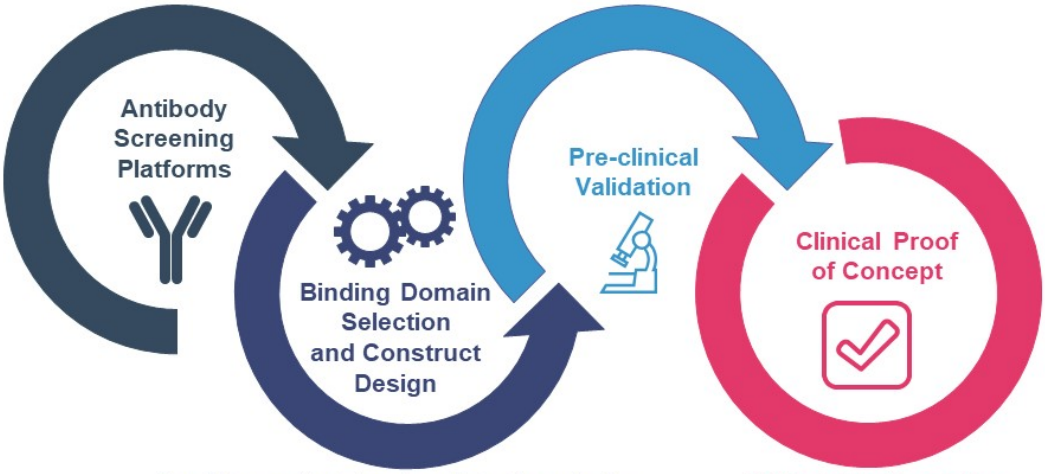
With a Presence in Major Geographies, our Mission is to Improve the Lives of Patients Worldwide

CAR, Chimeric Antigen Receptor; TCR, T-Cell Receptor

End-to-End R&D Capability

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

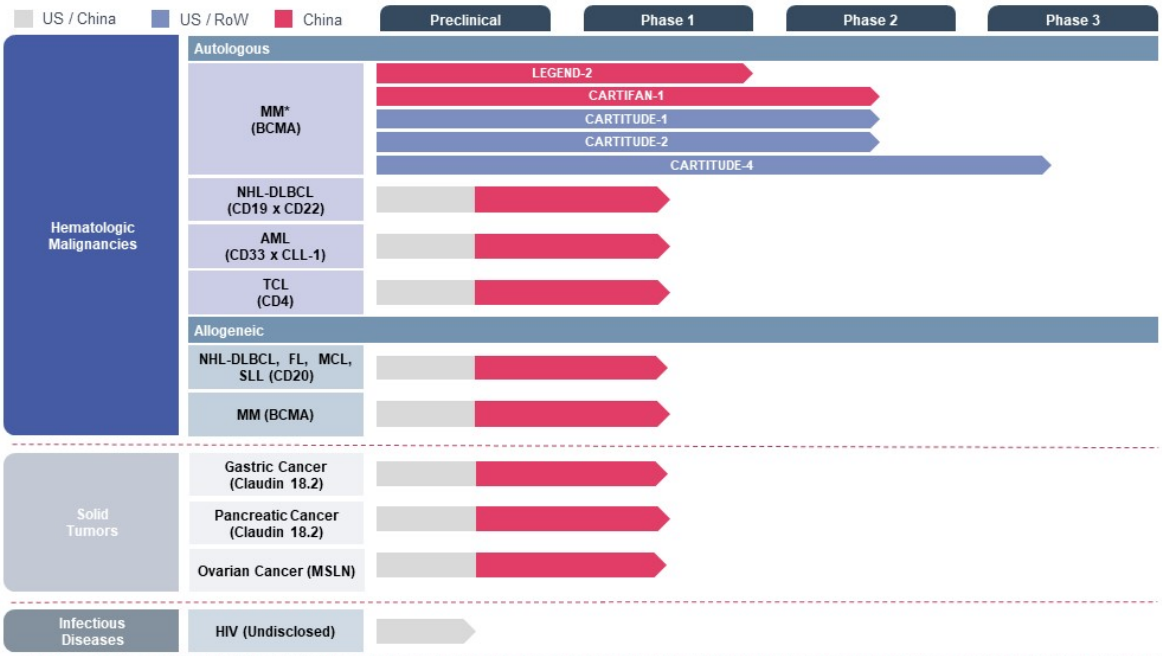
Robust *in vitro* and *in vivo* screening platforms to prioritize pipeline assets



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

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

Robust Pipeline of Next-Generation Cell Therapies

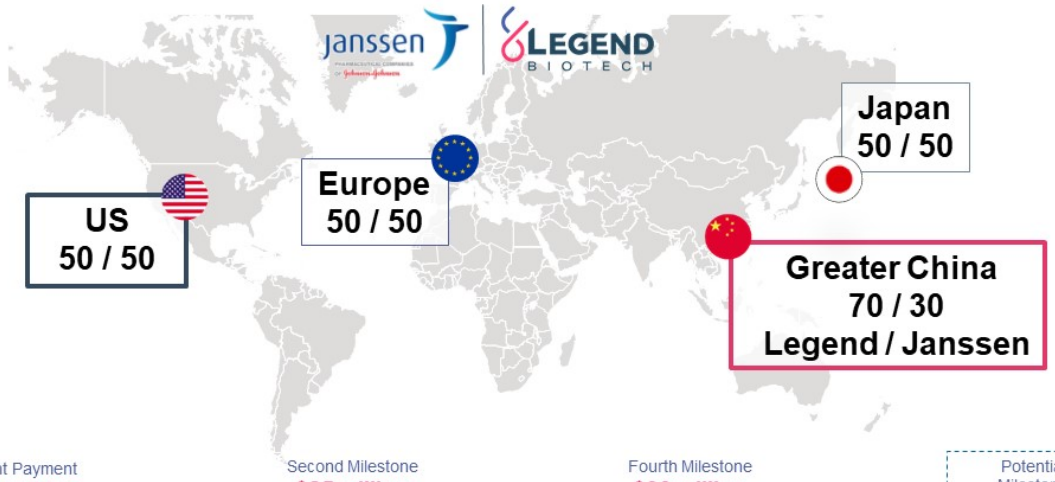


AML=acute myeloid leukemia, BCMA=B-cell maturation antigen, DLBCL=diffuse large B-cell lymphoma, FL=follicular lymphoma, HIV= human immunodeficiency virus, MCL=mantle cell lymphoma, NHL=non-Hodgkin lymphomas, MM= multiple myeloma, MSLN=mesothelin, RoW=Rest of World, SLL=small lymphocytic lymphoma, TCL=T-cell lymphoma

*In collaboration with Janssen, Pharmaceutical Companies of Johnson & Johnson

Legend and Janssen Global Collaboration

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



LEGEND BIOTECH

Highly Experienced Management Team

US

YING HUANG
Chief Executive Officer/ Chief Financial Officer

QIONG WANG
Research & Development

STEVE GAVEL
Commercial Development

ALAN KICK
Global Quality

ELIZABETH GOSEN
Global Manufacturing

YUHONG QIU
Global Regulatory

MEETA CHATTERJEE
Global Business Development

CHINA

FRANK FAN
Research & Development

SIMON WU
Research & Development

TRACY LUO
Clinical Development

CHONG YANG
Commercial Development

Cilta-cel Clinical Development

Multiple Myeloma: Blood Cancer with a High Unmet Need

3RD MOST COMMON BLOOD CANCER[1],

accounting for **>10%** of all hematologic cancer[2]

160,000
NEW CASES WORLDWIDE IN 2018,
accounting for 1% of worldwide new cancer cases[3]

US: Incidence is **25,962,** with mortality of 13,648[4]

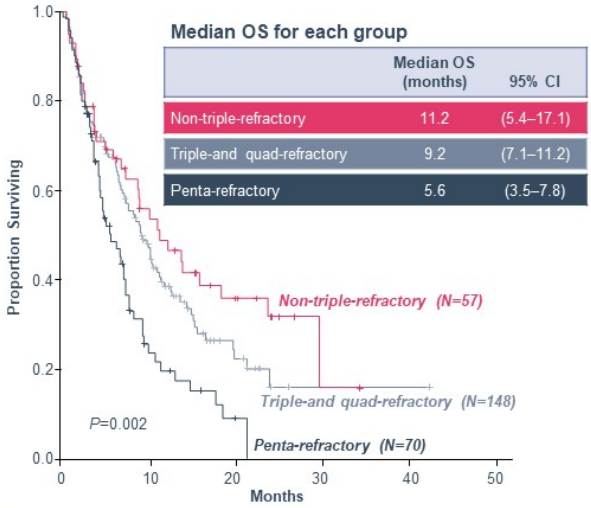
EUROPE: Incidence is **48,297,** with mortality of 30,860[5]

CHINA: Incidence is **20,066,** with mortality of 14,655[6]

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)[7]



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

[1] Cancer Stat Facts: Myeloma. https://seer.cancer.gov/statfacts/html/mulmy.html. Accessed March 2020. [2] Palumbo A, et al. *N Engl J Med*. 2011;364(11):1046–60. [3] Globocan 2018 World Fact Sheet: World. https://gco.iarc.fr/today/data/factsheets/populations/900-world-fact-sheets.pdf. Accessed March 2020. [4] Globocan 2018 World Fact Sheet: United States of America. http://gco.iarc.fr/today/data/factsheets/populations/840-united-states-of-america-fact-sheets.pdf. Accessed March 2020. [5] Globocan 2018 World Fact Sheet: Europe. https://gco.iarc.fr/today/data/factsheets/populations/908-europe-fact-sheets.pdf. Accessed March 2020. [6] Globocan 2018 World Fact Sheet: China. https://gco.iarc.fr/today/data/factsheets/populations/160-china-fact-sheets.pdf. Accessed March 2020. [7] Gandhi UH, et al. *Leukemia*. 2019;33:2266-75.

First-in-Human, Phase 1, Dose Finding Study in RRMM
LEGEND-2: LCAR-B38M CAR-T cells

Key Inclusion Criteria[1,2]

- Active MM defined by IMWG criteria with documented disease progression during or within 12 months of most recent anti-MM drugs or auto-HSCT
- Relapsed on prior regimens

Enrollment

- Total: 74 patients (4 sites in China)
- Xi'an: N=57, Wang, et al. ASH 2019
- JS/RJ/CZ sites: N=17, Chen, et al. ASH 2019

Preconditioning

- Cyclophosphamide only (Xi'an, Jiangsu)[1,2]
- Cyclophosphamide + fludarabine (Changzheng, Ruijin)[2]

Administered dose (CAR+ viable T cells/kg)

- Xi'an[1] (median)=0.5x10^6 (0.07-2.1x10^6)
- RJ/CZ/JS[2] (mean)=0.70x10^6 (0.2–1.5x10^6)

Safety & Tolerability

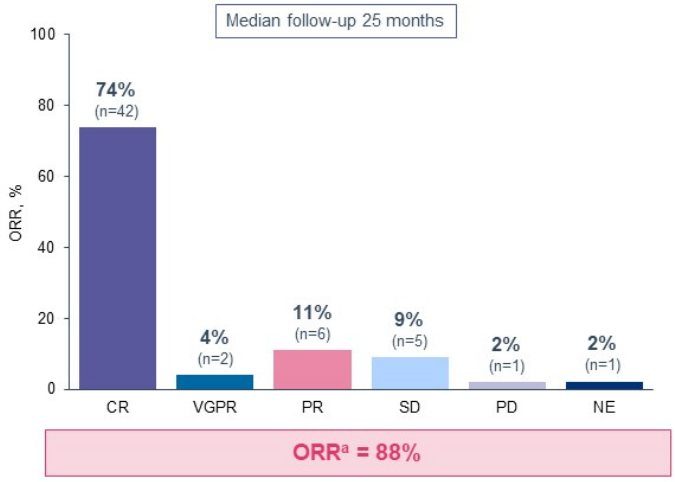
- Cilta-cel CAR-T cells displayed a safety profile consistent with other safety reports of BCMA-targeting CAR-T cell therapy[1,2]

Data cut-off: 31 July 2019 (N=57) and 31 October 2019 (N=17);
[1] Wang B-Y et al. Abstract presented at: 61st ASH Annual Meeting 2019; December 7-10, 2019; Orlando, FL
[2] Chen, et al. ASH 2019. Abstract #1858; Orlando, FL

LEGEND-2: Long-Term Deep Responses and High Response Rate

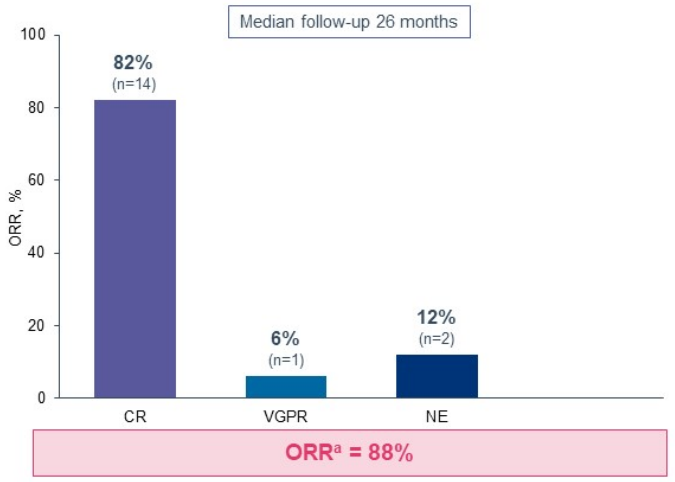
Xi'an: Best overall response (N=57)[1]

- mDOR= 27.0 months (mDOR for CR= 29.1 months)[1]
- Median time to initial response= 1 month[1]
- mPFS= 19.9 months (mPFS for CR= 28.2 months)[1]
- mOS = 36.1 months (mOS for CR not reached)[1]



Ruijin (RJ), Jiangsu (JS), Changzheng (CZ): Best overall response (N=17)[2]

- Median time to initial response= 1 month[2]
- mPFS = 18 months; mOS= not reached[2]



Data cut-off: 31 July 2019 (N=57) and 31 October 2019 (N=17); Xi'an: NE patient died of PE/ACS prior to first evaluation. RJ,JS, CZ: For NE patients, 1 patient died on Day 13 due to CRS and tumor lysis syndrome; 1 patient received chemotherapy prior to first assessment and was censored. [a]ORR=PR or better; response assessed per International Myeloma Working Group criteria
CR, complete response; VGPR, very good partial response; PR, partial response; SD, stable disease; PD, progressive disease; NE, not evaluable; mDOR, median duration of response; MRD, minimal residual disease; ORR, overall response rate; mPFS, median progression free survival; mOS, median overall survival.
[1] Wang B-Y et al. Abstract presented at: 61st ASH Annual Meeting 2019; December 7-10, 2019; Orlando, FL; [2] Chen, et al. ASH 2019. Abstract #1858

CARTITUDE-1: Phase 1b/2 Study Design

Primary Objectives

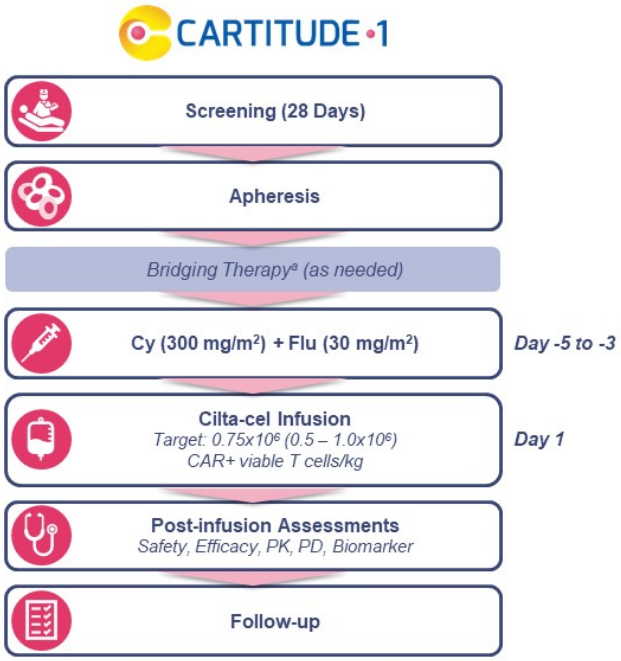
- **Phase 1b: Characterize the safety of cilta-cel and confirm the recommended phase 2 dose**
- **Phase 2: Evaluate the efficacy of cilta-cel by ORR**

Key Inclusion Criteria

- Progressive MM per IMWG criteria
- ECOG PS ≤1
- Measurable disease
- Received ≥3 prior therapies or double refractory
- Prior PI, IMiD, anti-CD38 therapy

Administered dose

- Median administered dose was 0.71×10^6 ($0.51 – 0.95 \times 10^6$) CAR+ viable T cells/kg



NCT03548207; Data cut-off: 01 Sept 2020; [a] Treatment that was received previously and resulted in at least stable disease. Cy=cyclophosphamide; ECOG PS=Eastern Cooperative Oncology Group performance status; Flu=fludarabine; IMiD=immunomodulatory drug; IMWG=International Myeloma Working Group; PI=proteasome inhibitor; PD=pharmacodynamic; PK=pharmacokinetic; MM=multiple myeloma

Madduri et al. ASH Annual Meeting Virtual Experience; December 2-11, 2020; Abstract 177

CARTITUDE-1: Baseline Characteristics

Characteristic	N=97
Age, median (range) years	61.0 (43–78)
Male, n (%)	57 (58.8)
Extramedullary plasmacytomas ≥1, n (%)	13 (13.4)[a]
Bone-marrow plasma cells ≥60%, n (%)	21 (21.9)
Years since diagnosis, median (range)	5.9 (1.6–18.2)
High-risk cytogenetic profile, n (%)	23 (23.7)
del17p	19 (19.6)
t(14;16)	2 (2.1)
t(4;14)	3 (3.1)
Tumor BCMA expression ≥50%, n (%)	57 (91.9)[b]

Characteristic	N=97
Prior lines of therapy, median (range)	6.0 (3–18)
Previous stem-cell transplantation, n (%)	
Autologous	87 (89.7)
Allogenic	8 (8.2)
Triple-class exposed,[c] n (%)	97 (100)
Penta-exposed,[d] n (%)	81 (83.5)
Triple-class refractory[c]	85 (87.6)
Penta-refractory[d]	41 (42.3)
Refractory status, n (%)	
Carfilzomib	63 (64.9)
Pomalidomide	81 (83.5)
Anti-CD38 antibody	96 (99.0)
Refractory to last line of therapy, n (%)	96 (99.0)

Data cut-off: 01 Sept 2020; [a]Additional 6 patients had a soft-tissue component of a bone-based plasmacytoma (total plasmacytomas, 19.6%). [b]Denominator n=62, the number of evaluable samples; BCMA expression detected in all evaluable samples. [c]At least 1 PI, at least 1 IMiD, and 1 anti-CD38 antibody. [d]At least 2 PIs, at least 2 IMiDs, and 1 anti-CD38 antibody.
BCMA, B-cell maturation antigen; IMiD, immunomodulatory drug; PI, proteasome inhibitor.
Madduri et al. ASH Annual Meeting Virtual Experience; December 2-11, 2020; Abstract 177

CARTITUDE-1: Safety

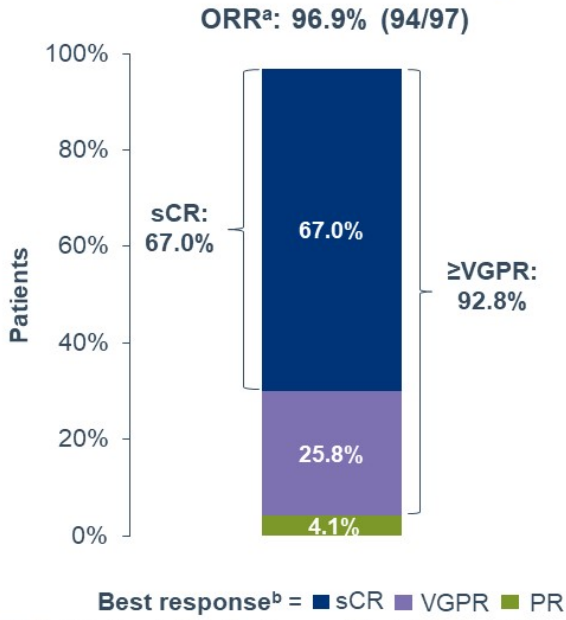
	N = 97	
	Any Grade	Grade 3/4
Hematologic AEs, (≥30%), n (%)	97 (100)	96 (99.0)
Neutropenia	93 (95.9)	92 (94.8)
Anemia	79 (81.4)	66 (68.0)
Thrombocytopenia	77 (79.4)	58 (59.8)
Leukopenia	60 (61.9)	59 (60.8)
Lymphopenia	51 (52.6)	48 (49.5)
Non-hematologic AEs (≥30%), n (%)		
Hypocalcemia	31 (32.0)	3 (3.1)
Hypophosphatemia	30 (30.9)	7 (7.2)
Fatigue	36 (37.1)	5 (5.2)
Cough	34 (35.1)	0
CAR-T-associated AEs, n (%)		
CRS	92 (94.8)	4 (4.1)
Neurotoxicity	20 (20.6)	9 (9.3)

- **CRS**
  - 94.6% of patients experienced low-grade CRS (n=92)
  - Median time to onset of 7 days (range, 1-12)
  - Median duration of 4 days (range, 1-97) and managed with supportive care measures
- **Neurotoxicity**
  - 20.6% of patients experienced neurotoxicity in total with overlap between ICANS and Other Neurotoxicities (Grade ≥3: 10.3%)
    - ICANS observed in 16.5% (Grade ≥3: 2.1%)
    - Other Neurotoxicities observed in 12.4% (Grade ≥3: 9.3%)
- **Deaths**
  - 14 total deaths observed
    - Deaths due to progressive disease (n=5)
    - Deaths due to adverse events unrelated to treatment (n=3)
    - Deaths due to adverse events related to treatment (n=6)

Data cut-off: 01 Sept 2020; [a]Events not reported as ICANS [ie, onset after a period of recovery from CRS and/or ICANS]). [b]Among 12 patients with other NTX, 5 had AEs including movement and/or neurocognitive changes, and 7 had AEs including nerve palsy and peripheral motor neuropathy. AE, adverse event; CAR-T, chimeric antigen receptor T cell; CRS, cytokine release syndrome; ICANS, immune effector cell-associated neurotoxicity syndrome.

Madduri et al. ASH Annual Meeting Virtual Experience; December 2-11, 2020; Abstract 177.

CARTITUDE-1: Early, Deep Responses and High Response Rate

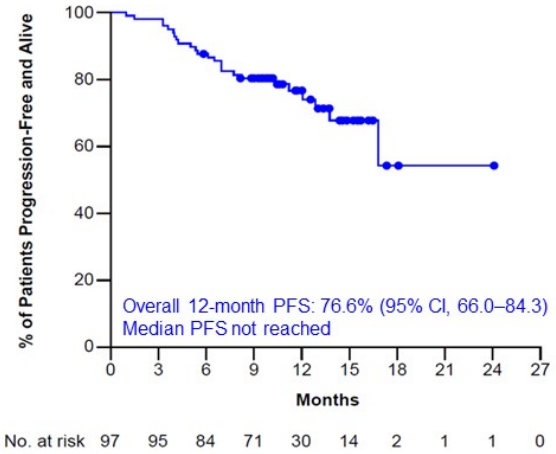


- Median time to first response: 1 month (0.9–8.5)
- Responses ongoing in 70 (72.2%) patients
- Of evaluable patients, 93.0% achieved MRD 10^{-5} negativity
  - Median time to MRD 10^{-5} negativity: 1 month (0.8–7.7)

Data cut-off: 01 Sept 2020; [a]PR or better, Independent Review Committee assessed. [b]No patient had CR or stable disease as best response. [c]MRD was assessed in evaluable samples at 10^{-5} threshold by next-generation sequencing (clonoSEQ, Adaptive Biotechnologies) in all treated patients at Day 28, and at 6, 12, 18, and 24 months regardless of the status of disease measured in blood or urine; patients were not evaluable primarily due to lack of an identifiable clone in the baseline bone marrow sample. [d]All treated patients.
CAR, chimeric antigen receptor; CR, complete response; MRD, minimal residual disease; ORR, overall response rate; PR, partial response; sCR, stringent complete response; VGPR, very good partial response.
Madduri et al. ASH Annual Meeting Virtual Experience; December 2-11, 2020; Abstract 177

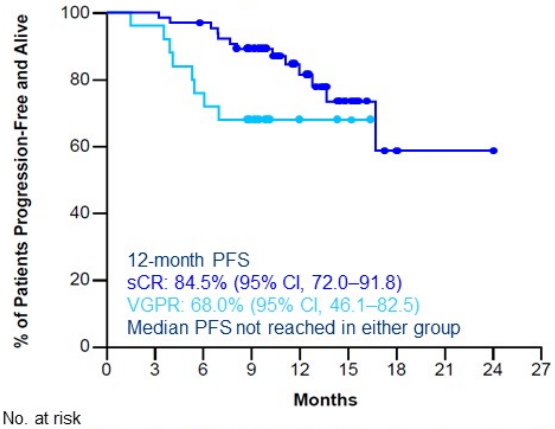
CARTITUDE-1: PFS

Overall PFS



No. at risk	97	95	84	71	30	14	2	1	1	0

PFS by sCR and VGPR

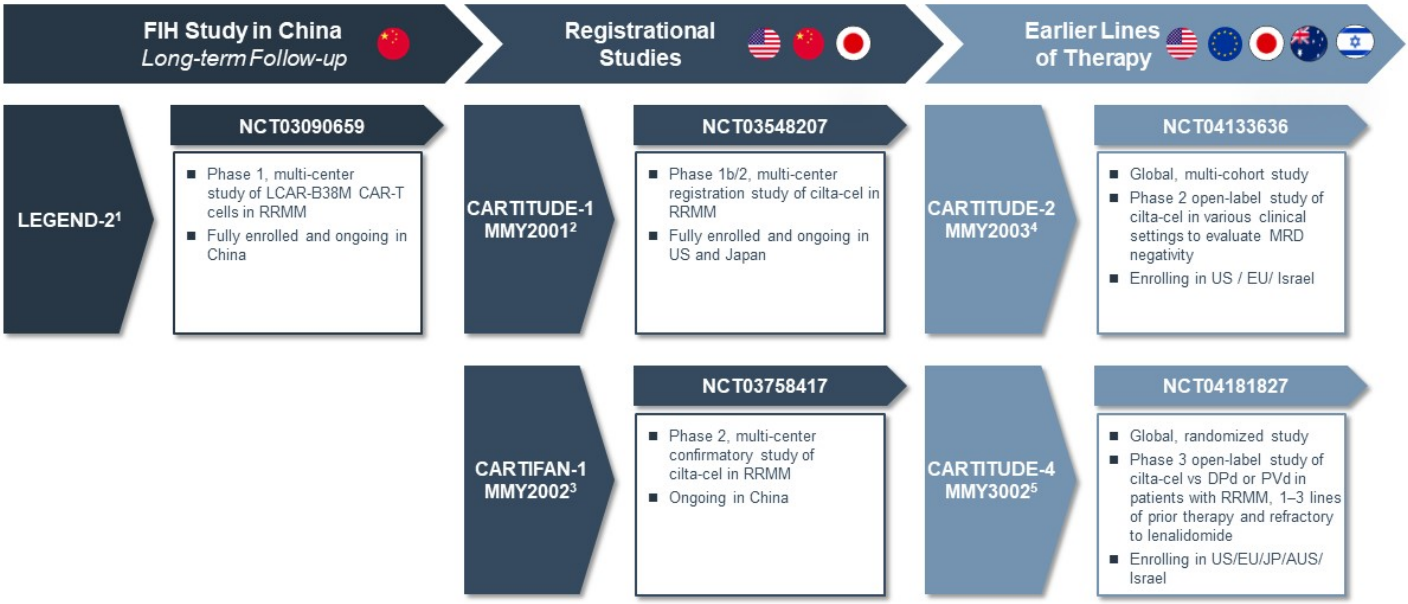


No. at risk										
sCR	65	65	62	53	27	12	2	1	1	0
VGPR	25	24	19	15	3	2	0	0	0	0

- At median duration of follow-up of 12.4 months (range, 1.5–24.9), median PFS has not been reached
- 12-month PFS rate: 76.6% (95% CI, 66.0–84.3)
- 12-month OS rate: 88.5% (95% CI, 80.2–93.5)

Data cut-off: 01 Sept 2020; OS, overall survival; PFS, progression-free survival; PR, partial response; sCR, stringent complete response; VGPR, very good partial response.
Madduri et al. ASH Annual Meeting Virtual Experience; December 2-11, 2020; Abstract 177

Clinical Program: Cilta-cel Studies in Multiple Myeloma



DPd=daratumumab, pomalidomide, dexamethasone; EU=European Union; JP=Japan; PVd=pomalidomide, bortezomib, dexamethasone; RRMM=relapsed and/or refractory multiple myeloma; SoC=standard of care; US=United States.
[1] NCT03090659. Clinicaltrials.gov website. https://clinicaltrials.gov/ct2/show/NCT03090659. Accessed Jan 2021; [2] NCT03548207. Clinicaltrials.gov website. https://clinicaltrials.gov/ct2/show/NCT03548207. Accessed Jan 2021;
[3] NCT03758417. Clinicaltrials.gov website. https://clinicaltrials.gov/ct2/show/NCT03758417. Accessed Jan 2021; [4] NCT04133636. Clinicaltrials.gov website. https://clinicaltrials.gov/ct2/show/NCT04133636. Accessed Jan 2021;
[5] NCT04181827. Clinicaltrials.gov website: https://clinicaltrials.gov/ct2/show/NCT04181827. Accessed Jan 2021

Global Manufacturing Network

US Facilities

Raritan, NJ

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

✓ GMP Operational

Somerset, NJ

US / EU / JP Legend Clinical Supply Site

- Initiating construction phase

EU Facility In Planning

- EU launch from Raritan, NJ, US
- EU Site in planning phase

State-of-the Art Manufacturing

Robust and Scalable Global Supply of Cell Therapies

China Facilities

Nanjing

BCMA China Launch Site & Legend Clinical Supply Site

✓ GMP Operational

Zhenjiang

Additional Commercial Site

- Construction in progress

Future Potential Milestone Payments

Future Milestones

Clinical Milestones: $105M

$105 million for the achievement of specified future development milestones

Regulatory Milestones: $725M

$725 million for the achievement of specified regulatory milestones

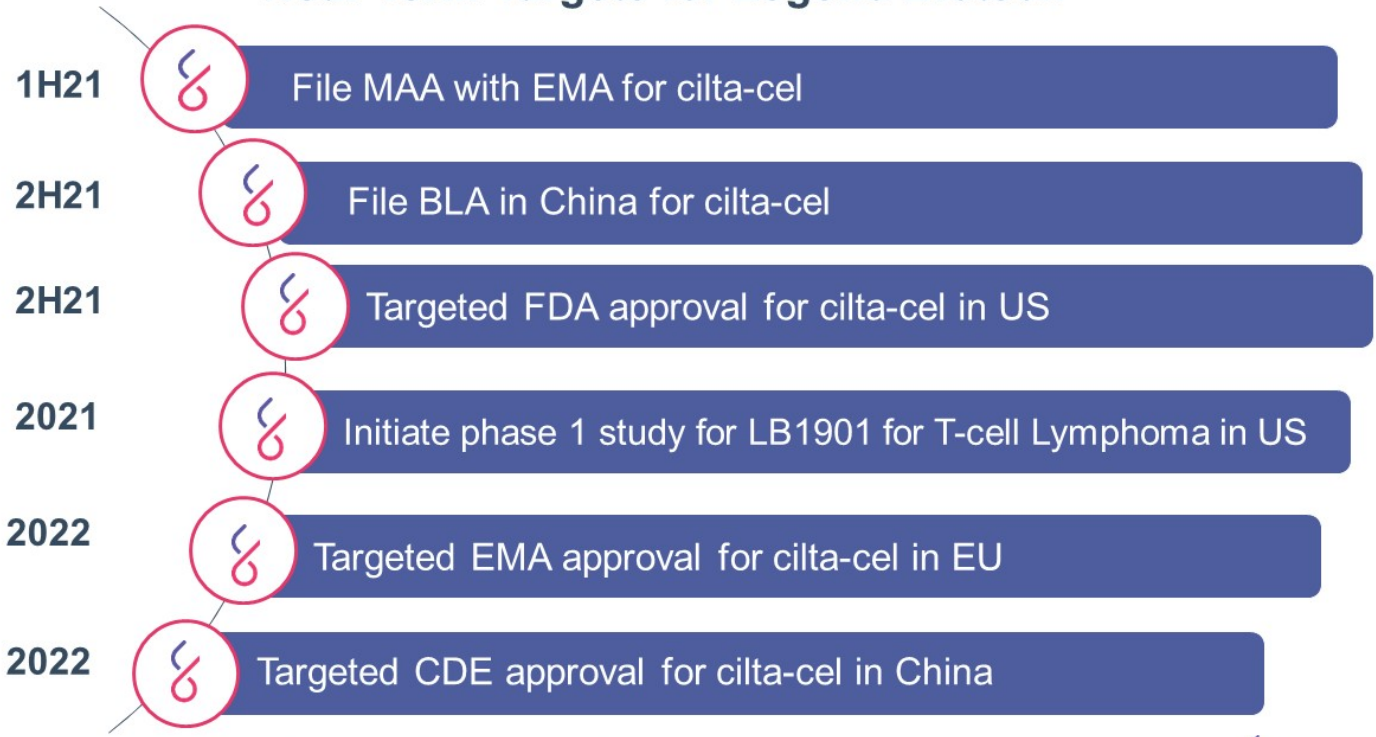
Commercial Milestones: $210M

$210 million for the achievement of specified net trade sales milestones.

Manufacturing Milestones: $125M

Further milestone payments of up to $125 million for the achievement of specified manufacturing milestones

Near-Term Targets for Legend Biotech



US: United States; BLA: Biologics License Application; FDA: Federal Drug Administration; MAA: Marketing Authorization Application; EMA: European Medicines Agency

Investment Highlights

LEGEND BIOTECH

Global Collaboration

Global collaboration with Janssen for the development of cilta-cel with ongoing clinical trials

Promising Clinical Data

Deep and durable anti-tumor responses observed in heavily pretreated patients; initiation of BLA submission with the FDA took place in December 2020

Fully Integrated Platform

End-to-end R&D and manufacturing capabilities with two core technologies (CAR and TCR) and two platforms (Autologous and Allogeneic)

Strong Management

Experienced team with broad involvement in biopharmaceutical drug discovery, development and commercialization

Thank You !

LEGEND BIOTECH