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Committed to Cures

Pioneering next-generation cell therapies for patients with cancer and other serious diseases

August 1, 2022

Cautionary Note Regarding Forward Looking Statements

This presentation contains forward-looking statements as that term is defined in the Private Securities Litigation Reform Act of 1995, including with respect to timing of initiation and progress of, and data reported from, the clinical trials of Gamida Cell's product candidates (including omidubicel and GDA-201), actual or anticipated regulatory filings (including the potential timing of the FDA's review of the BLA for omidubicel), and the potentially life-saving or curative therapeutic and commercial potential of its product candidates. Any statement describing Gamida Cell's goals, expectations, financial or other projections, intentions or beliefs is a forward-looking statement and should be considered an at-risk statement. Such statements are subject to a number of risks, uncertainties and assumptions, including those related to the impact that the COVID-19 pandemic could have on our business, and including the scope, progress and expansion of Gamida Cell's clinical trials and ramifications for the cost thereof; clinical, scientific, regulatory and technical developments; and those inherent in the process of developing and commercializing product candidates that are safe and effective for use as human therapeutics, and in the endeavor of building a business around such product candidates. In light of these risks and uncertainties, and other risks and uncertainties that are described in the Risk Factors section and other sections of Gamida Cell's Quarterly Report on Form 10-Q, filed with the Securities and Exchange Commission (SEC) on May 12, 2022 and other filings that Gamida Cell makes with the SEC from time to time (which are available at http://www.sec.gov), the events and circumstances discussed in such forward-looking statements may not occur, and Gamida Cell's actual results could differ materially and adversely from those anticipated or implied thereby. Although Gamida Cell's forward-looking statements reflect the good faith judgment of its management, these statements are based only on facts and factors currently known by Gamida Cell. As a result, you are cautioned not to rely on these forward-looking statements.

Introduction and Agenda

Julian Adams, Ph.D.
Chief Executive Officer

Important Milestones

Ronit Simantov, M.D.
Chief Medical and Scientific Officer

Omidubicel Clinical Overview

Michele Korfin, RPh
Chief Operating and Commercial Officer

Unmet Need in Allo-HSCT
Commercialization Update

Julian Adams, Ph.D.
Chief Executive Officer

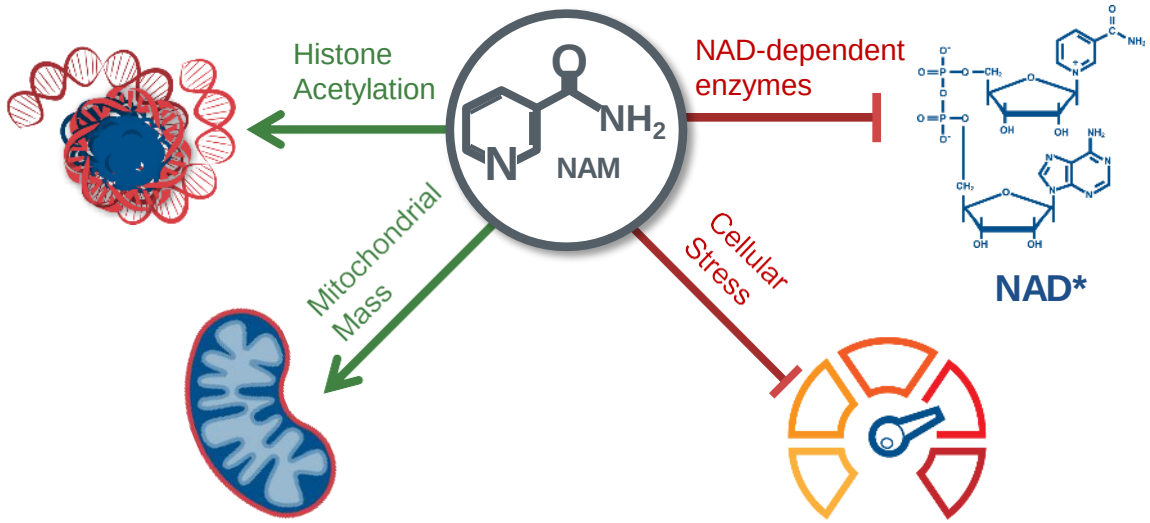
Closing and Q&A

Gamida Cell is the leader in pioneering proprietary NAM-enabled cell therapies designed as a curative approach for patients with cancers and other serious diseases

Our proprietary NAM Technology powers our commitment to cures

Gamida Cell NAM Technology

- Enhances cellular **functionality and phenotype**
- Augments the **number of allogeneic donor cells**
- Demonstrates potential to **multiply any cell type**



NAM=nicotinamide. The NAM therapeutic platform leverages the unique properties of NAM to enable the enhancement of multiple cell types, including stem cells, with appropriate growth factors to maintain the cells' original phenotype and potency

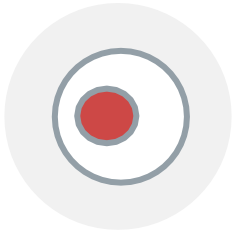
1. Horwitz et al. *Blood*. 2021;138:1429-1440. 2. Peled et al. *Exp Hematol.* 2012;40:342-55.e1.

Gamida Cell's NAM-enabled cell therapy candidates are demonstrating near-term promise and long-term potential

Omidubicel

Lead candidate for potential U.S. launch 1H2023

- Potential to be first FDA-approved cell therapy for allogeneic hematopoietic stem cell transplant (allo-HSCT)
- Breakthrough Therapy and Orphan Drug status
- Rolling BLA submission completed in June 2022



GDA-201

Advancing Natural Killer (NK) cell clinical program

- NK cell therapy candidate with positive Phase 1 data using fresh product
- Received FDA clearance for an IND for a Phase 1/2 trial in NHL with an allogeneic readily available cryopreserved formulation
- Open for enrollment, announced June 2022

GDA-301/401/501/601

Expanding pipeline of next generation immunotherapies

- Proof-of-concept for NK cell genetic engineering modifications, including CAR, membrane bound IL15, and knockouts using multiple approaches including CRISPR
- Evidence of increased cytotoxicity in preclinical studies
- Potential in hematology and solid tumors
- Plan to select one candidate for IND enabling study by the end of 2022

BLA: Biologics License Application. NHL: Non-Hodgkin Lymphoma. IND: Investigational New Drug. Omidubicel, GDA-201, GDA-301, GDA-401, GDA-501, GDA-601 are investigational and safety and efficacy have not been established by any agency.

Omidubicel BLA Accepted for Priority Review!

PDUFA date January 30, 2023

Stacey participated in the first clinical study of omidubicel and has been cancer-free since 2011.

Rick & Stacey

“I remember asking the doctor’s assistant what do we do if we can’t find a match?”

“We were ever so thankful to hear that there was a possible opportunity for me in a trial going on at Duke University.”

“I have my life back”

Individual patient responses to our therapy candidates may not represent all patient responses. Omidubicel is investigational and safety and efficacy have not been established by any agency.

Omidubicel

Clinical Overview

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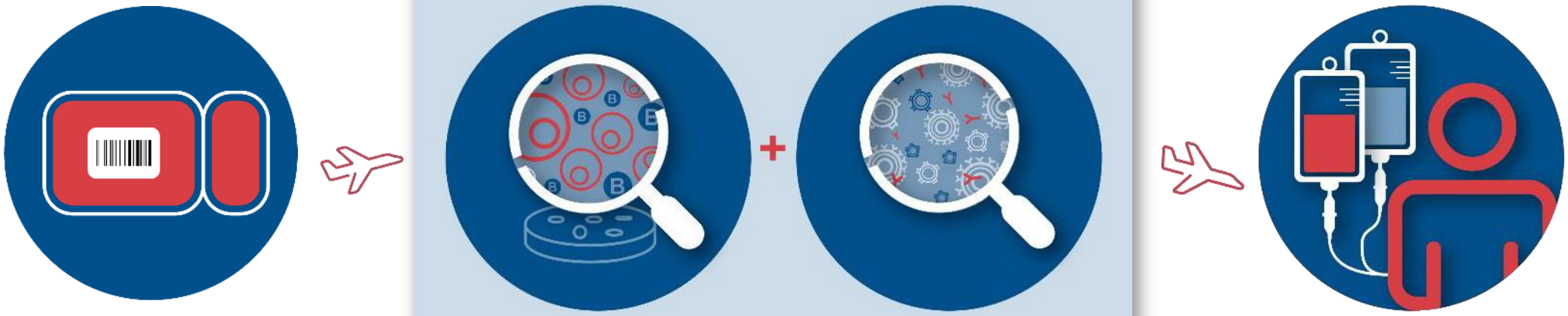
Omidubicel is a personalized advanced stem cell therapy candidate consisting of a cultured and non-cultured fraction from a single umbilical cord blood unit

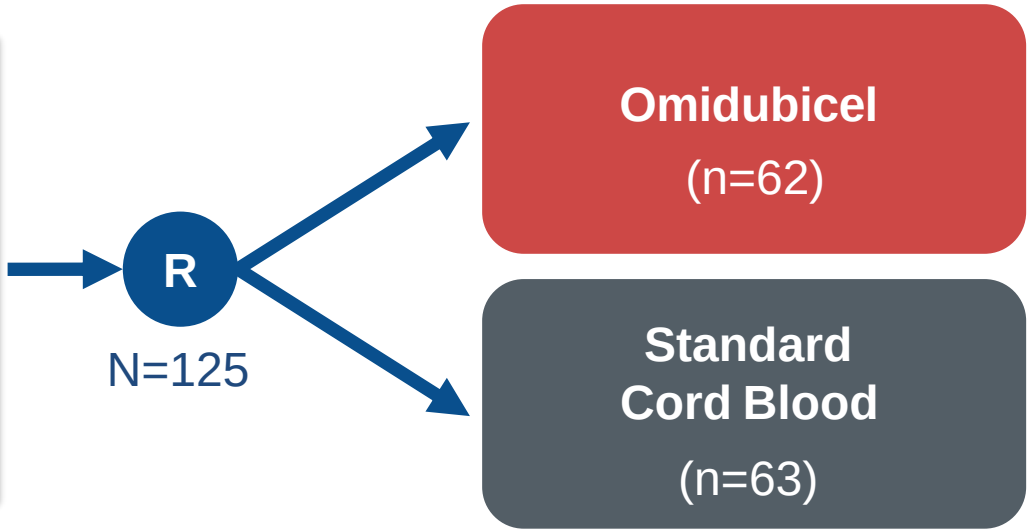


 Horwitz et al. Blood. 2021;138:1429-1440.

Phase 3 global randomized study to evaluate the efficacy of omidubicel compared to standard cord blood

Randomized, Controlled, Multi-center, Global Phase 3 Registration Trial

- **Age 12-65**
- **High-risk hematologic malignancies**
- **Eligible for allo-HSCT**
- **No readily available matched donor**



Primary endpoint: Time to neutrophil engraftment

Secondary endpoints: Platelet engraftment, infections, hospitalizations

Additional endpoints: Adverse events, acute GvHD, chronic GvHD, non-relapse mortality, disease-free survival, overall survival

>40% of patients in the trial were **ethnically diverse**

Horwitz et al. Blood. 2021;138:1429-1440.

PRIMARY ENDPOINT: Time to Neutrophil Engraftment (ITT)

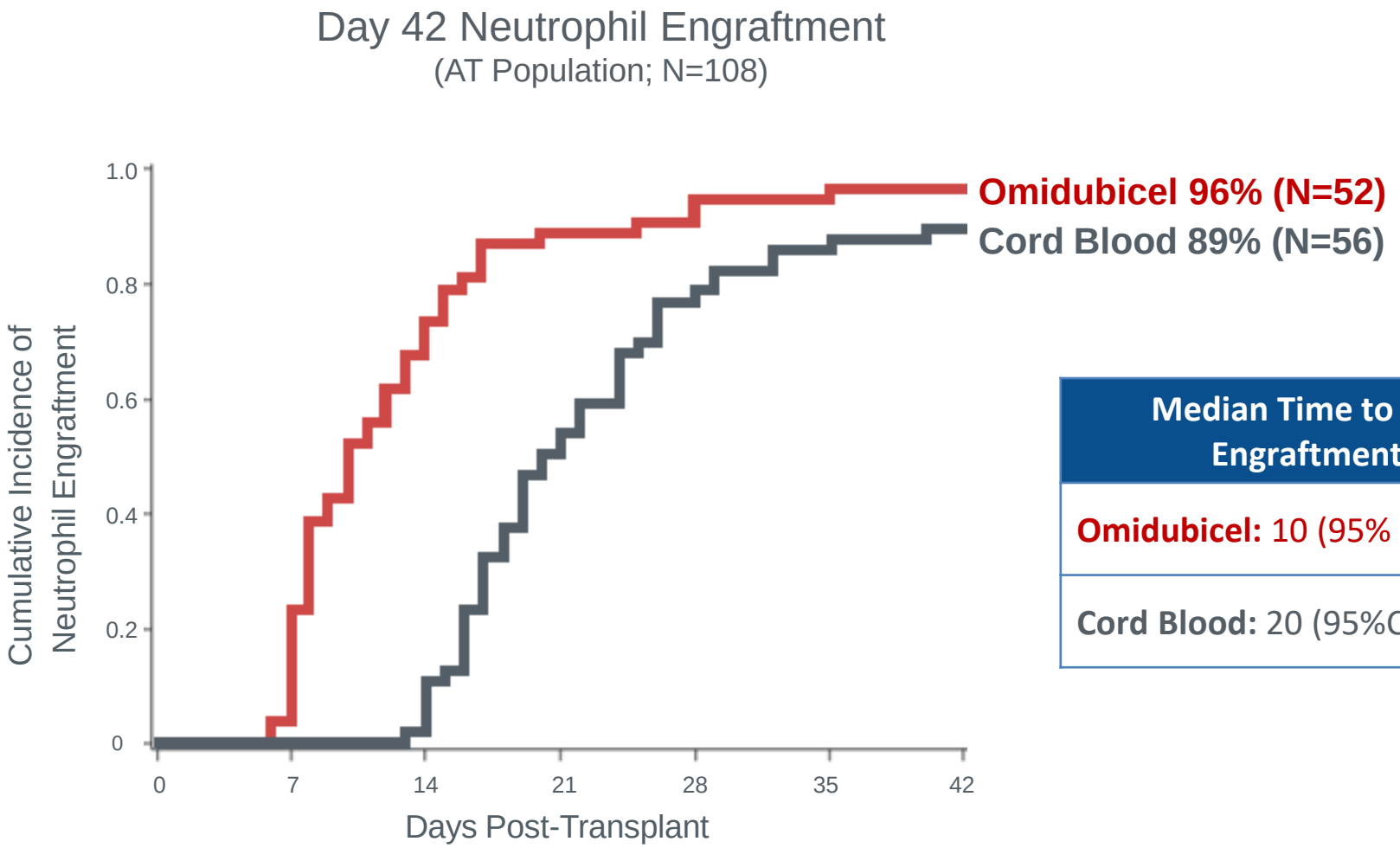
Intent-to-treat	Median Time to Neutrophil Engraftment (Days)[a]	95% CI	*P* Value
Omidubicel (N=62)	**12.0**	**(10.0, 14.0)**	**<0.001[b]**
Cord Blood (N=63)	**22.0**	**(19.0, 25.0)**	

Engraftment is a key milestone in recovery

Rapid engraftment is associated with fewer infections and shorter hospitalizations[1]

ITT, intent-to-treat. Horwitz et al. Blood. 2021;138:1429-1440.

Significantly faster time to neutrophil engraftment in as-treated population



Median Time to Neutrophil Engraftment (Days)	*P* value
Omidubicel: 10 (95% CI: 8, 13)	<0.001
Cord Blood: 20 (95%CI: 18, 24)	

AT, as-treated. Horwitz et al. Blood. 2021;138:1429-1440.

SECONDARY ENDPOINT: Platelet Engraftment (ITT)

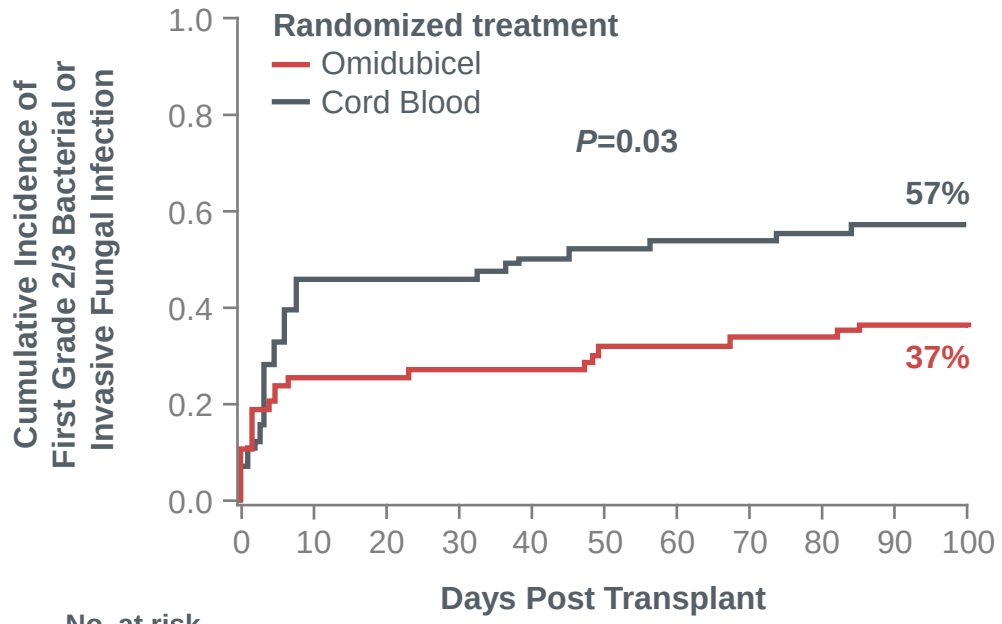
Platelet Engraftment by Day 42 (ITT; N=125)

Intent-to-treat	Day 42 Cumulative Incidence	Difference in Cumulative Incidence (95% CI)	*P* Value
Omidubicel (N=62)	0.55	0.2 (0.03,0.35)	0.028
Cord Blood (N=63)	0.35		

ITT, intent-to-treat. Horwitz et al. Blood. 2021;138:1429-1440.

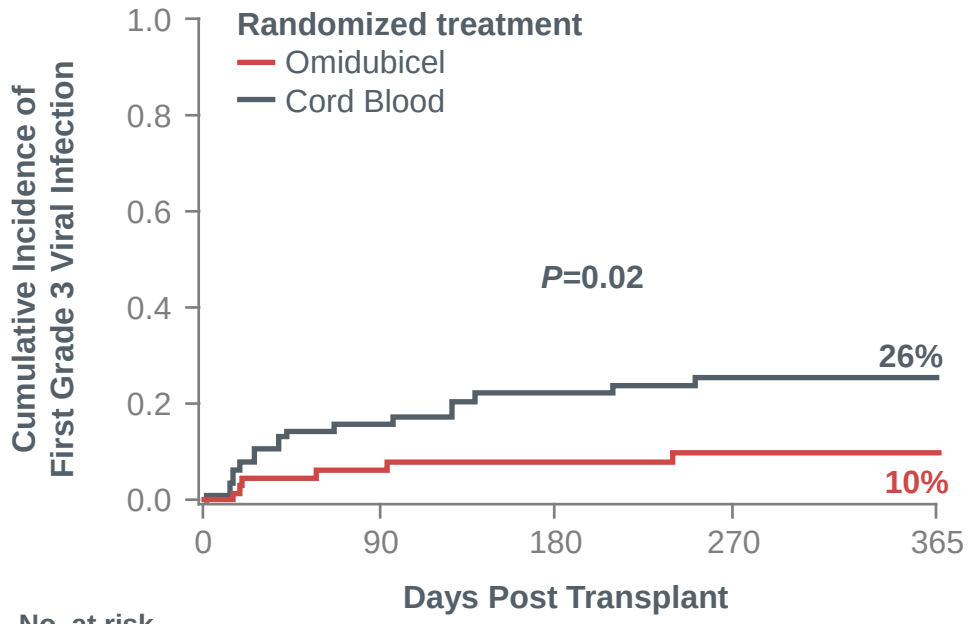
Transplant With Omidubicel: Reduced Risk of Bacterial, Fungal, and Viral Infections

Incidence of First Grade 2/3 Bacterial or Invasive Fungal Infections in ITT (N=125)



No. at risk											
Omidubicel	62	46	46	45	43	42	39	38	37	35	33
Cord Blood	63	34	34	34	30	29	27	27	26	25	25

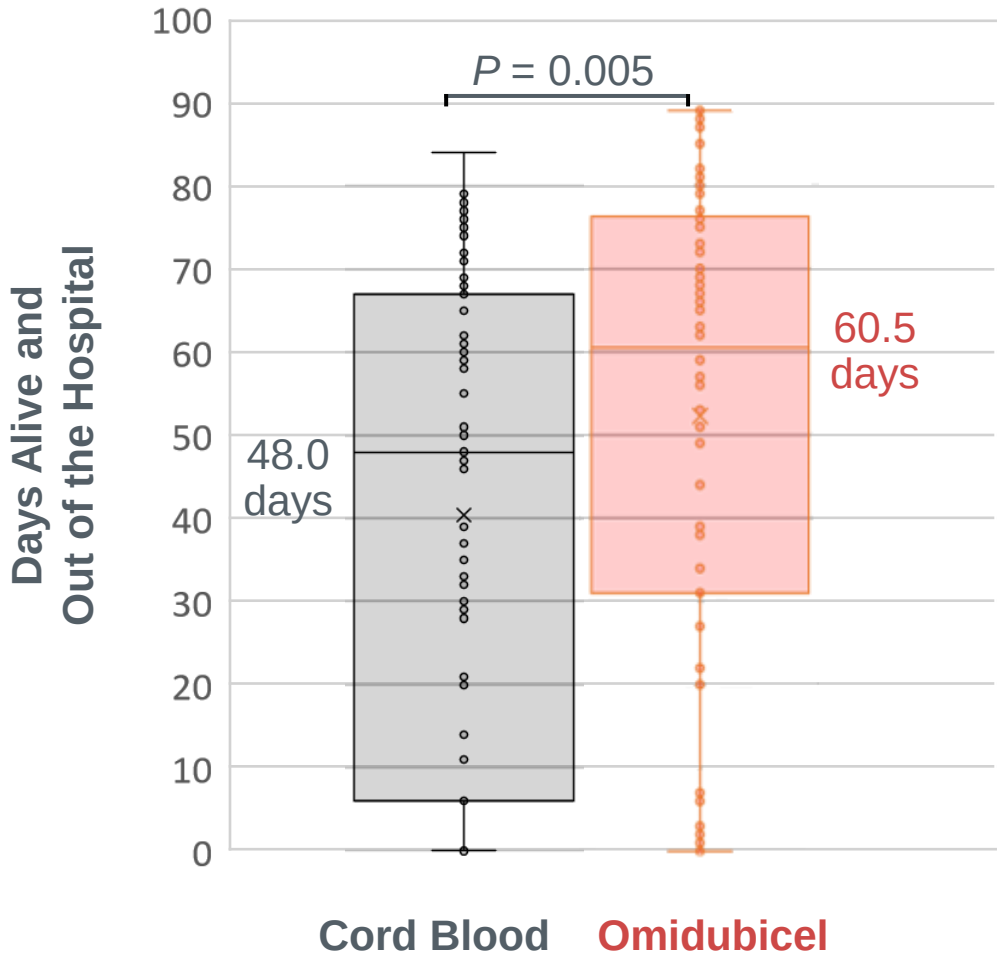
Incidence of First Grade 3 Viral Infection in ITT (N=125)



No. at risk					
Omidubicel	62	55	46	36	28
Cord Blood	63	48	36	27	19

ITT, intent-to-treat. Horwitz et al. Blood. 2021;138:1429-1440.

SECONDARY ENDPOINT:
Omidubicel significantly reduced total hospitalization in first 100 days (ITT)

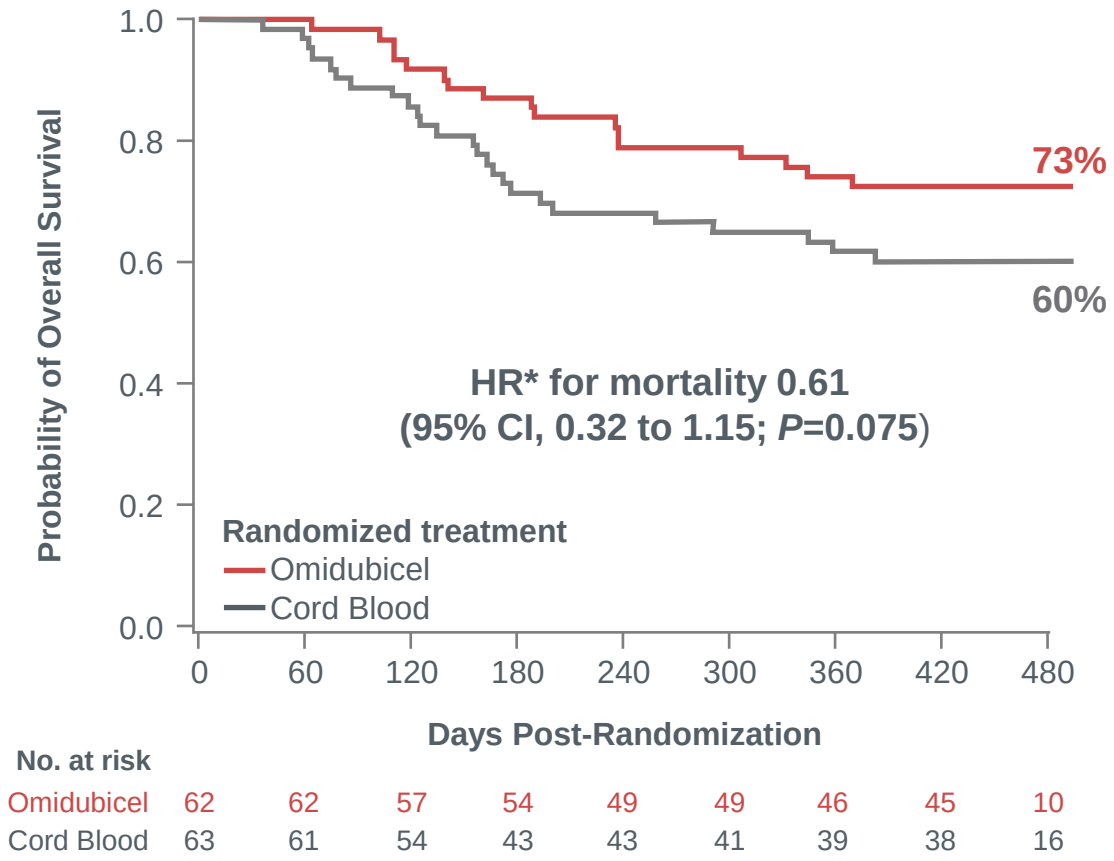


ITT, intent-to-treat. Horwitz et al. Blood. 2021;138:1429-1440.

Overall Survival of 73% after one year of follow-up post-transplantation

At 1 year post transplantation, a 13% increase in OS with omidubicel (95% CI: –5% to 28%; P=0.13)

Overall Survival by 1 Year Post Transplantation in ITT (N=125)



No. at risk									
Omidubicel	62	62	57	54	49	49	46	45	10
Cord Blood	63	61	54	43	43	41	39	38	16

*A post hoc analysis utilized a Cox Regression Model. CI, confidence interval; HR, hazard ratio; ITT, intent-to-treat; OS, overall survival. Horwitz et al Trans Cell Ther. 2022; 28 Issue 3,[suppl]: S250–S 251.

Outcomes suggest potential for significant reductions in healthcare resource utilization in the first 100 days post-transplant with omidubicel

Comparative results in first 100 days post-transplant

	Omidubicel (n=52)	Cord Blood (n=56)	*P-value*
Incidence of acute GvHD	15%	20%	0.563
Mean total number of inpatient days during primary hospitalization (transplant to discharge)	27.7	39.8	<0.001
Mean total number of inpatient days (includes readmissions)	41.2	50.8	0.027
Mean total days alive and not hospitalized	55.8	43.7	0.023
Mean total number of days in the ICU	0.4	4.7	0.028
Average number of transfusions per patient	24.8	35.4	0.005
Average number of consultant visits*	6.8	20.1	0.015

* AT Population; N=108
** e.g. ID, dermatology, GI, cardiology, neurology, surgery

Majhail N et al Blood (2021) 138 (Supplement 1): 4036. DOI: https://doi.org/10.1182/blood-2021-147480

Clinical Summary: Omidubicel data demonstrates positive clinical outcomes for patients with hematologic malignancies

Randomized, controlled, multi-center, global Phase 3 registration trial **achieved all primary and secondary endpoints** demonstrating

- **Significantly faster** time to neutrophil engraftment
- **Decreased risk** of bacterial, fungal, and viral infections
- **Shorter time** to platelet engraftment
- **Reduced** hospitalization time

Overall survival benefit at 1-year post transplant (73% omidubicel vs. 60% control)

Horwitz et al. Blood. 2021;138:1429-1440.

Strength of omidubicel clinical data recognized in key publications and congresses

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….and by transplanters as a potential new standard of care

"Despite advances, there had remained an unmet need for allogeneic stem cell patients who did not have an appropriately matched donor.

Omidubicel has demonstrated encouraging transplant outcomes, providing potential benefit to patients from diverse ethnic and racial backgrounds, as well as their families and the health care system.

As the lead investigator, I am grateful to the patients who participated in the clinical trial to help advance the science in a way that may allow more patients to access this treatment, if approved."

- Mitchell E. Horwitz, MD

Professor of Medicine
Director, Adult Blood and Marrow Transplant Program
Duke Cancer Institute
Duke University Medical Center

Omidubicel

Unmet Need In Allo-HSCT

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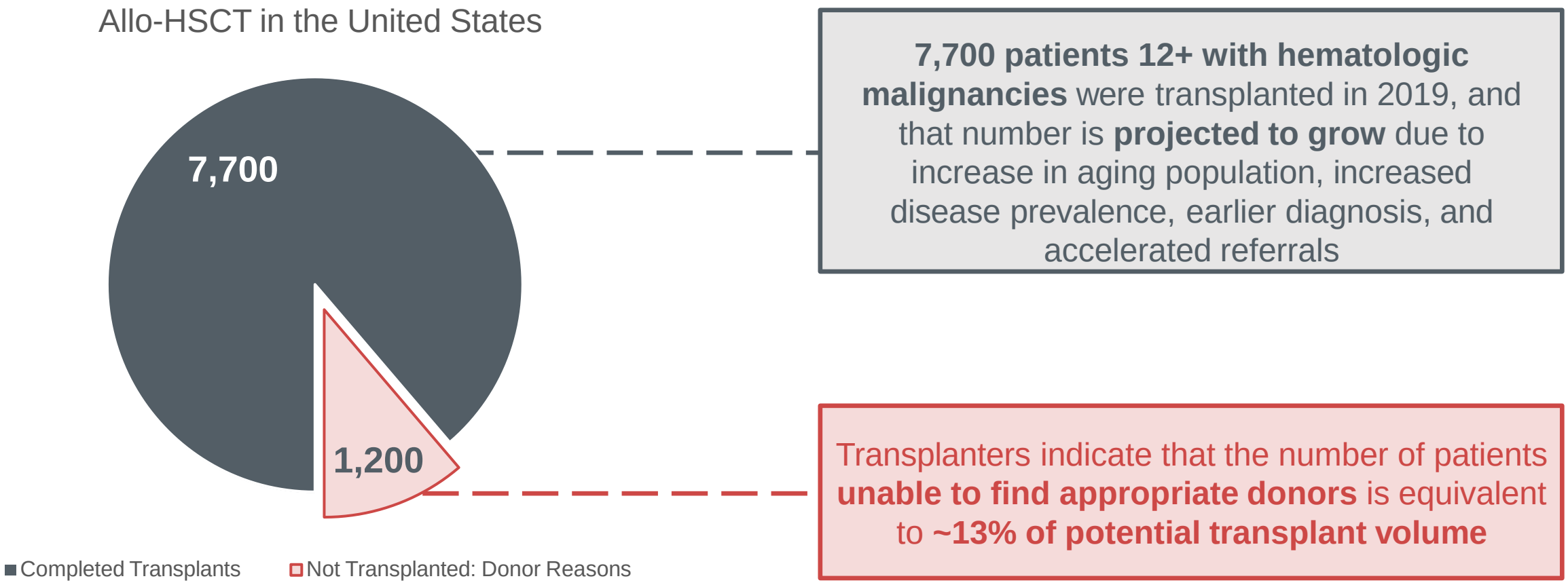
Steven Devine, M.D.
Chief Medical Officer, National Marrow Donor Program (NMDP)/Be The Match

"Transplant centers seek a matched unrelated donor for the majority of patients undergoing HCT. The odds of finding a well-matched unrelated donor are based on the racial and ethnic background of the patient, with minorities having a lower probability of finding a match on the adult donor registry. Of note, recent census data show that the US is becoming increasingly diverse, especially among the younger segments of the population. Overall, there is a substantial unmet need for improving outcomes in patients who lack an HLA-matched donor."

Allo-transplant is a potentially curative treatment option, and while a growing market, it is not without unmet needs



7,700 patients 12+ with hematologic malignancies were transplanted in 2019, and that number is **projected to grow** due to increase in aging population, increased disease prevalence, earlier diagnosis, and accelerated referrals

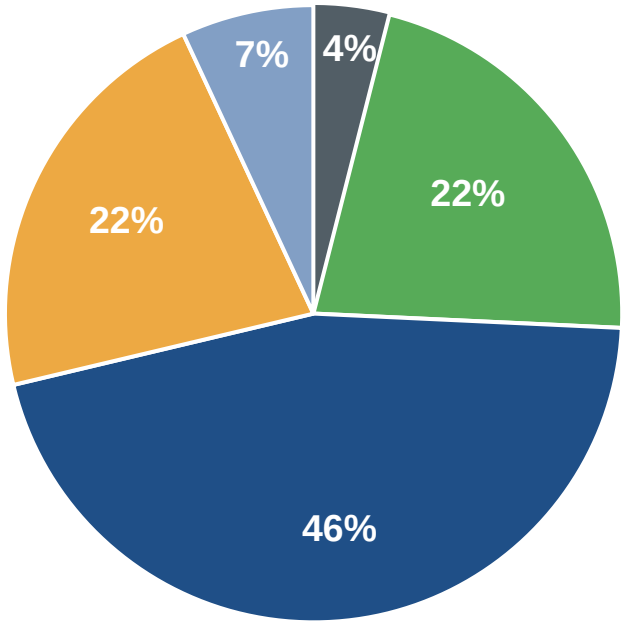
Transplanters indicate that the number of patients **unable to find appropriate donors** is equivalent to **~13% of potential transplant volume**

CIBMTR 2019, Gamida Cell Primary Market Research

Each patient who receives an allo-HSCT must be uniquely paired with a donor source, and currently there is no standard of care

Donor source usage rates are driven by HLA match*, availability, donor age, and timing

Donor Usage Rates (2019)



	Challenges
Matched Related Donor (MRD)	• **70%** of patients will **NOT have an MRD** • Older donors are associated with **reduced overall survival (OS)**
Matched Unrelated Donor (MUD)	• Likelihood of finding a match is **lower for minority groups** • The search process averages 2-3 months
Haploidentical Donor (Haplo)	• Use of PTCy reduces GvHD[1], but leads to **increased incidence of infection** and risk of **cardiotoxicity**
Mismatched Unrelated Donor (MMUD)	• The decreased HLA match leads to **increased risk of GvHD**
Umbilical Cord Blood (UCB)[2]	• **Engraftment time is delayed** due to lower cell count, leading to increased risk of infection

[1] GvHD: Graft versus Host Disease

[2] Minority patients rely more heavily on UCB than white patients

*__HLA match__ refers to the process in which blood or tissue samples are tested for **human leukocyte antigens** (HLAs) to determine the **degree of matching** between the **donor and transplant recipient**.

CIBMTR 2019: allogenic transplants in patients 12+ years with hematological malignancies by center. Anon, NCI Dictionary of Cancer terms. National Cancer Institute. Available at: https://www.cancer.gov/publications/dictionaries/cancer-terms/def/hla-matching [Accessed December 27, 2021]. Sugita, Junichi. HLA-haploidentical stem cell transplantation using posttransplant cyclophosphamide. International Journal of Hematology. 2019.

For a non-white patient, it is very challenging to find a donor in the public data base

Black Patients*	**16-19%**
Asian Patients**	**27-42%**
Hispanic Patients***	**34-40%**
White Patients of Middle Eastern or North African Descent	**46%**
White Patients of European Descent	**75%**

* Includes African American, African, Black South or Central American, and Black Caribbean
** Includes Chinese, Korean, South Asian, Japanese, Filipino, Southeast Asian, and Vietnamese
*** Includes Mexican, Hispanic South or Central American, and Hispanic Caribbean

Gragert et al. N Engl J Med. 2014;371(4):339-348. CIBMTR Transplant Activity Report 2018

If approved, omidubicel may address key unmet needs not addressed by today's donor source options

	Unmet Needs		Omidubicel Offering
Match	**~30%**	of patients will have an adequately matched related donor	**~93%** of omidubicel patients were able to **find a suitable donor** in the Phase 3 trial due to less stringent matching requirements
Availability	**~20%**	of African Americans find a matched unrelated donor in the registry database	If approved, omidubicel may **expand access** to previously underserved populations, and **minority patients** represented **~40% of patients** in the Phase 3 trial
Donor Age	**>30**	years old increases risk of complications and reduced OS	Omidubicel combines the naivety of cord blood with sufficient cell quantity that leads to **improved clinical outcomes**
Timing Urgency	**2-3+**	months from preliminary search to transplant	Omidubicel offers rapid availability and a reliable process, with a personalized product **delivered in 30 days** from selection of a cord blood unit

1. Kindwall-Keller and Ballen. The Oncologist. 2017, 22;1125-1134. 2. Dehn et al. Blood. 2019, 134:924-934. 3. Wilkerson J. Science in the News. Published November 2019. Accessed November 2021. 4. Be The Match. Why Ethnicity Matters When Donating Bone Marrow. Accessed November 2021. 5. Be the Match. Five Year Strategic Plan 2019–2023. Published 2020. 6. Switzer et al. Bone Marrow Transplant. 1999;24(3):313-319. 7. DeZern et al. Blood Adv. 2021;5(5):1360-1368. 8. Ciurea et al. Blood Adv. 2018;2(17):2254-2261.

Omidubicel

Commercialization Update

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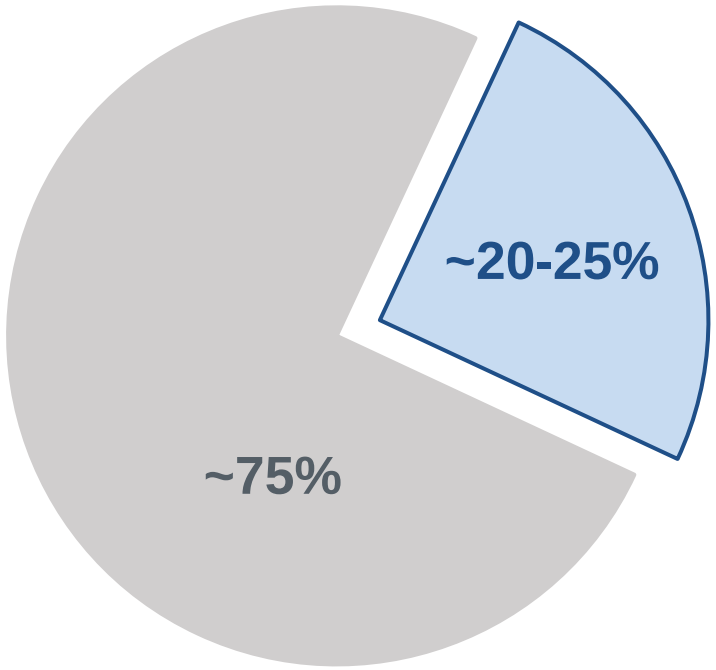
If approved, omidubicel may achieve ~20-25% of the market at peak

~11,000 patients with hematologic malignancies are expected to receive allo-HSCT in 2026*



If approved, omidubicel has the potential to impact ~2,000-2,500 patients by

- increasing the number of patients able to access an appropriate donor and,
- being a preferred choice over other donor options

*Reflects 2025-2026 peak estimate; includes patients 12+

All Other Donor Sources Omidubicel

If approved, omidubicel may improve outcomes and increase access for patients

A quantitative demand study was conducted with 109 transplant physicians across the U.S.

If approved, omidubicel may:

Improve outcomes across all current donor sources

~1,200 patients

- Positive clinical outcomes
- Removed concern of advanced donor age
- Personalized product delivered within 30 days

~13% Market Share

- In aggregate, share will be captured from each donor source
- Real-world lack of standard of care will create differences in individual transplant centers

Increase access for those patients not transplanted today

~1,200 patients

- Ability to find a suitable donor
- Improved access for minority patients
- Rapid and reliable availability

~8-10% Market Share

- Increasing eligible patients that receive a transplant
- Continued growth of HSCT market

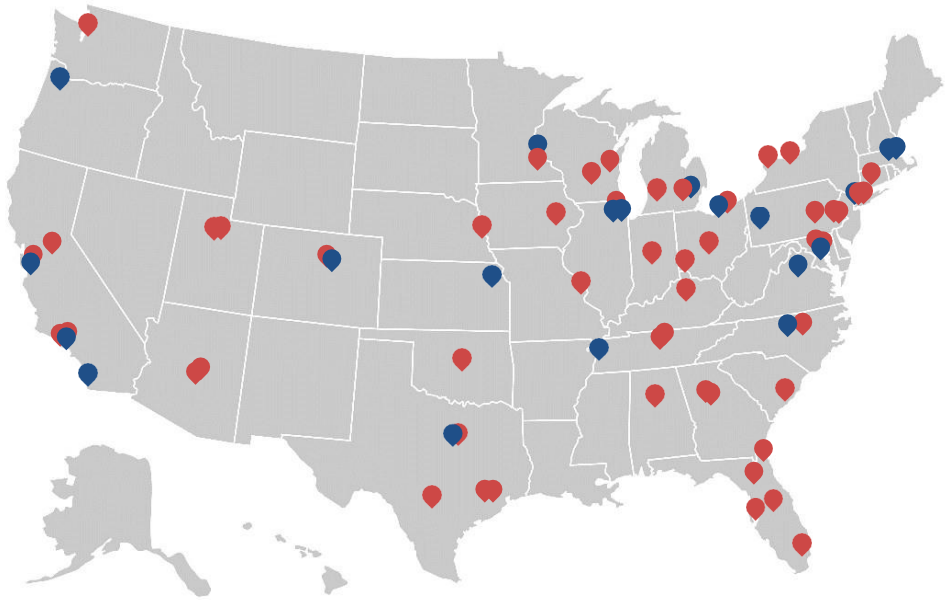
Gamida has initiated key activities to pave the way for a successful omidubicel U.S. launch, if approved

1. **Engaging with top transplant centers**
2. **Working with payers to ensure reimbursement**
3. **Building patient and hospital support services (Gamida Cell Assist™)**
4. **Ensuring commercial manufacturing readiness**

Key Focus: Positive Patient Experience

We have initiated partnerships to educate and onboard Transplant Centers across the United States

We've met with >45 of the top Transplant Centers across the US*



Top Transplant Centers

Omidubicel Clinical Trial Sites

*Updated as of July 2022

WEST

- Banner MD Anderson
- City of Hope
- Fred Hutch
- MD Anderson
- OHSU
- UCLA
- Stanford
- Utah-Huntsman
- Mayo (AZ)
- Houston Methodist/Texas Children's
- Baylor Texas Oncology
- UC San Diego

NORTHEAST

- Mass General
- Thomas Jefferson
- Hackensack
- Dana Farber
- Strong Memorial
- UPENN
- Rutgers
- Fox Chase
- NY Presbyterian Cornell
- Mount Sinai
- Yale
- UPMC
- Northshore
- MSKCC

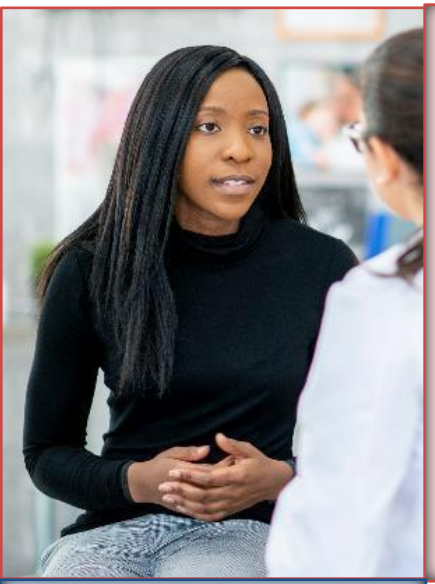
ROCKY MOUNTAINS

- Children's Hospital Colorado
- Kansas
- Loyola
- The Ohio State
- Colorado Blood Cancer Institute
- Cleveland Clinic
- Mayo (MN)
- University of Colorado Hospital
- Northwestern
- University of Minnesota
- Seidman Cancer Center
- University of Chicago
- Henry Ford

SOUTHEAST

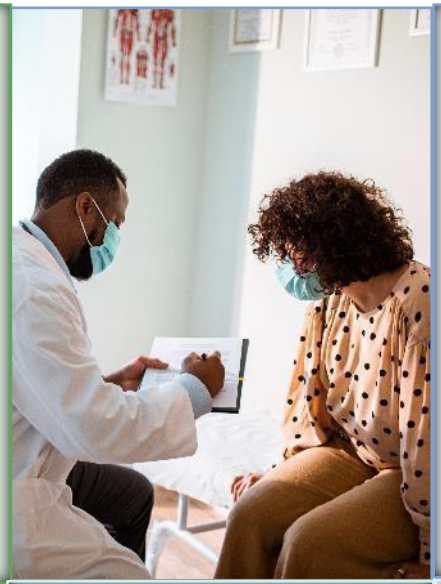
- Augusta
- Miami Cancer Center
- Mayo (FL)
- Duke
- Levine
- Emory
- University of VA Medical Center

If approved, omidubicel may provide transplanters the opportunity to offer a potential cure to patients in need



A minority patient with no timely MRD, MUD, or haplo option

A patient with matched siblings who are of advanced age and only mismatched donors identified in the registry



A patient with an MRD available, but social barriers present dangerous risk of delay

A patient with an identified unrelated donor who has an inflexible schedule and an HCP seeking a faster path to transplant

A patient with a CBU identified and an HCP concerned about engraftment time and infection risk

A patient with a haploidentical sibling and an HCP concerned about infection risk

Patient profiles represent potential patients only.

We are actively navigating reimbursement dynamics and payer coverage considerations

Gamida Cell is proactively educating payers that account for 90% of U.S. covered lives

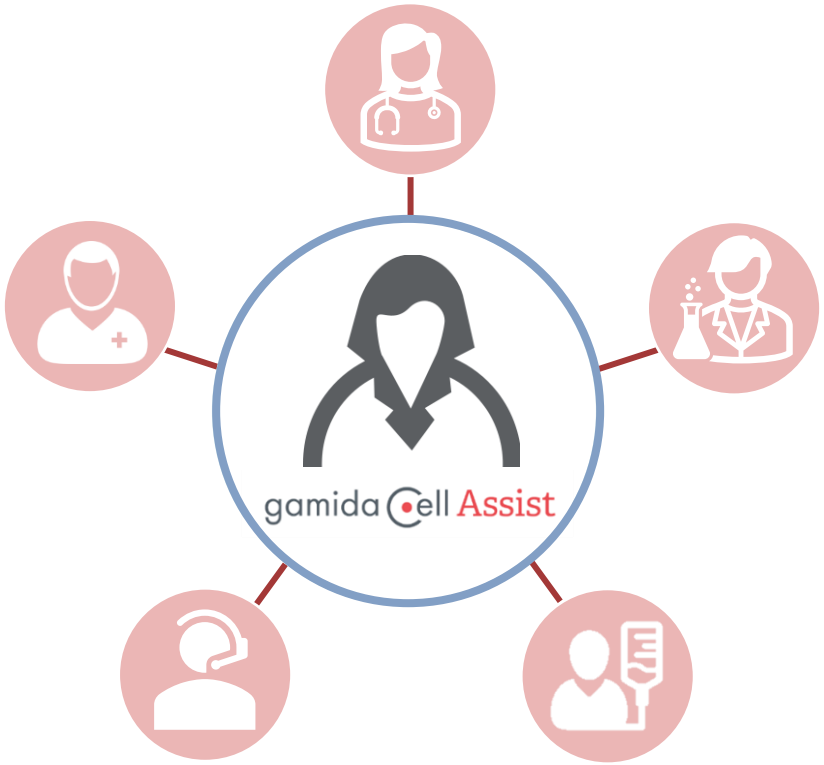
We anticipate coverage at the time of approval…

Published data supports that ~100% of U.S. payers anticipate covering one-time therapies with curative intent

Gamida has a strong understanding of the reimbursement approach that payers will take upon omidubicel FDA approval

…and a pathway to reimbursement

Gamida Cell Assist (GCA) will be a key aspect of our patient-centric launch



A comprehensive resource to ensure transplant teams, patients and caregivers have support along every step of the omidubicel journey

- ✓ Single point of contact
- ✓ Highly trained case managers providing a personalized experience
- ✓ Centralized communication connecting all key stakeholders
- ✓ Oversite of entire omidubicel journey from ordering through manufacturing and delivery
- ✓ Patient and caregiver support services
- ✓ CBU selection assistance

Our commercial manufacturing facility will ensure consistent and reliable product supply

- State-of-the art facility in Israel
- Modular facility with capability to add capacity
- Personalized product delivered within 30 days of selection of cord blood unit

Photos of Gamida Cell's state-of-the-art facility

Horwitz ME et al. *JCIN*. 2014.

Omidubicel Key Takeaways

- Potential to be **first FDA-approved** cell therapy for allo-HSCT
- **Compelling clinical profile** to date
  - Unprecedented **time to neutrophil engraftment**
  - **Reduced hospitalization** time and decreased risk of infection
  - Generally **well-tolerated**
- **BLA accepted with priority review; PDUFA date January 30, 2023**
- Key activities ongoing to prepare for potential **FDA U.S. approval and launch in 2023**

A special THANK YOU to the clinicians, patients, families and caregivers who participated in the trials and the extraordinary team at Gamida Cell!

Committed to Cures

Learn more at
gamida-cell.com

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