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Inspired to Cure

May 2021

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We are Inspired to Cure: Looking Ahead

Making an impact with two promising advanced cell therapy programs that leverage our proprietary cell expansion platform

Omidubicel — Nearing commercialization to address a major unmet need in hematopoietic stem cell transplant

- Potential to be first FDA-approved cell therapy for bone marrow transplantation
- Compelling Phase 3 clinical profile to date
- Preparing for BLA submission in 4Q21
- Pre-commercial activities underway for potential launch

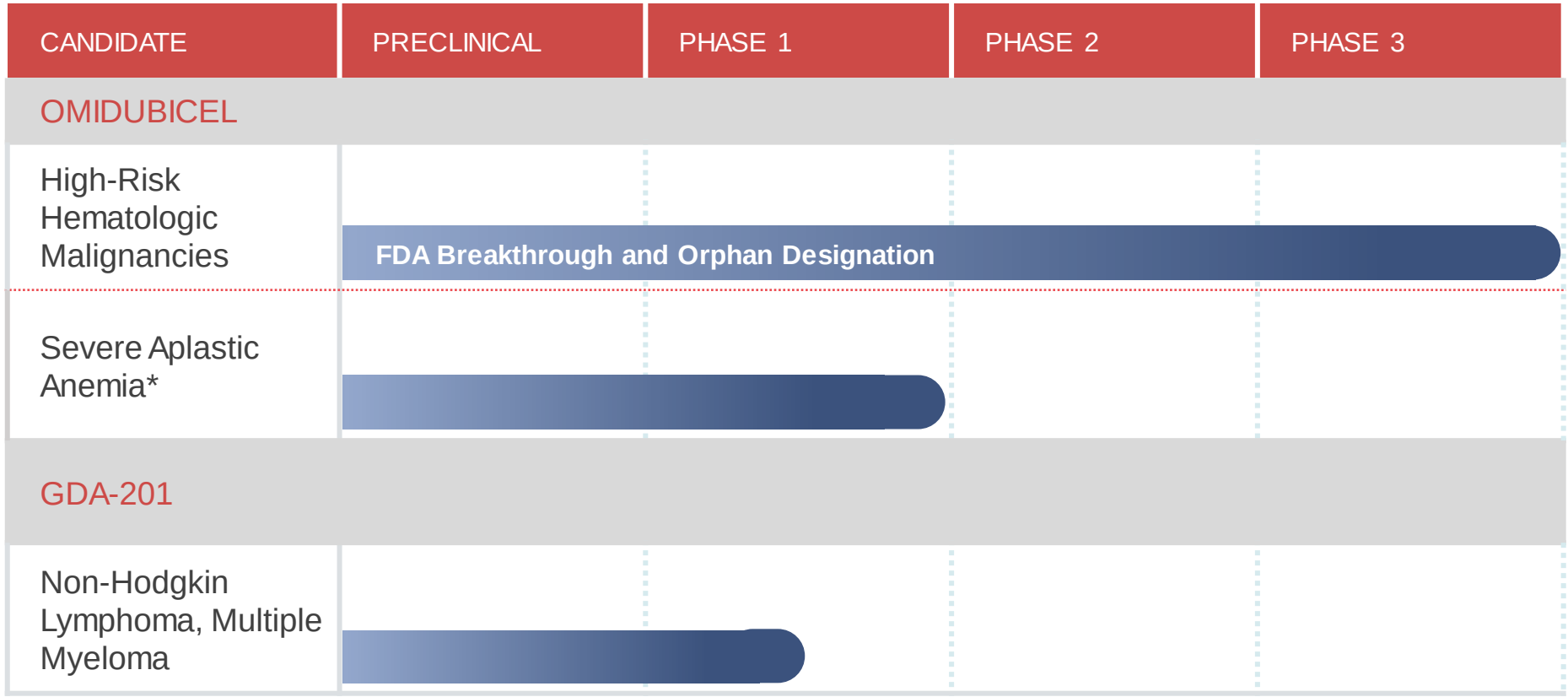
GDA-201 — Harnessing natural killer cells to fight non-Hodgkin lymphoma

- Promising Phase 1 clinical data with an overall response rate of 74 percent
- Initiating a Phase 1/2 clinical study in NHL in 2H21
- Exploring genetically modified NAM-expanded NK cell constructs

Strong financial position to execute goals

- Cash position to support capital needs into 2H22
- Approximately 125 employees

Our Advanced Cell Therapy Programs

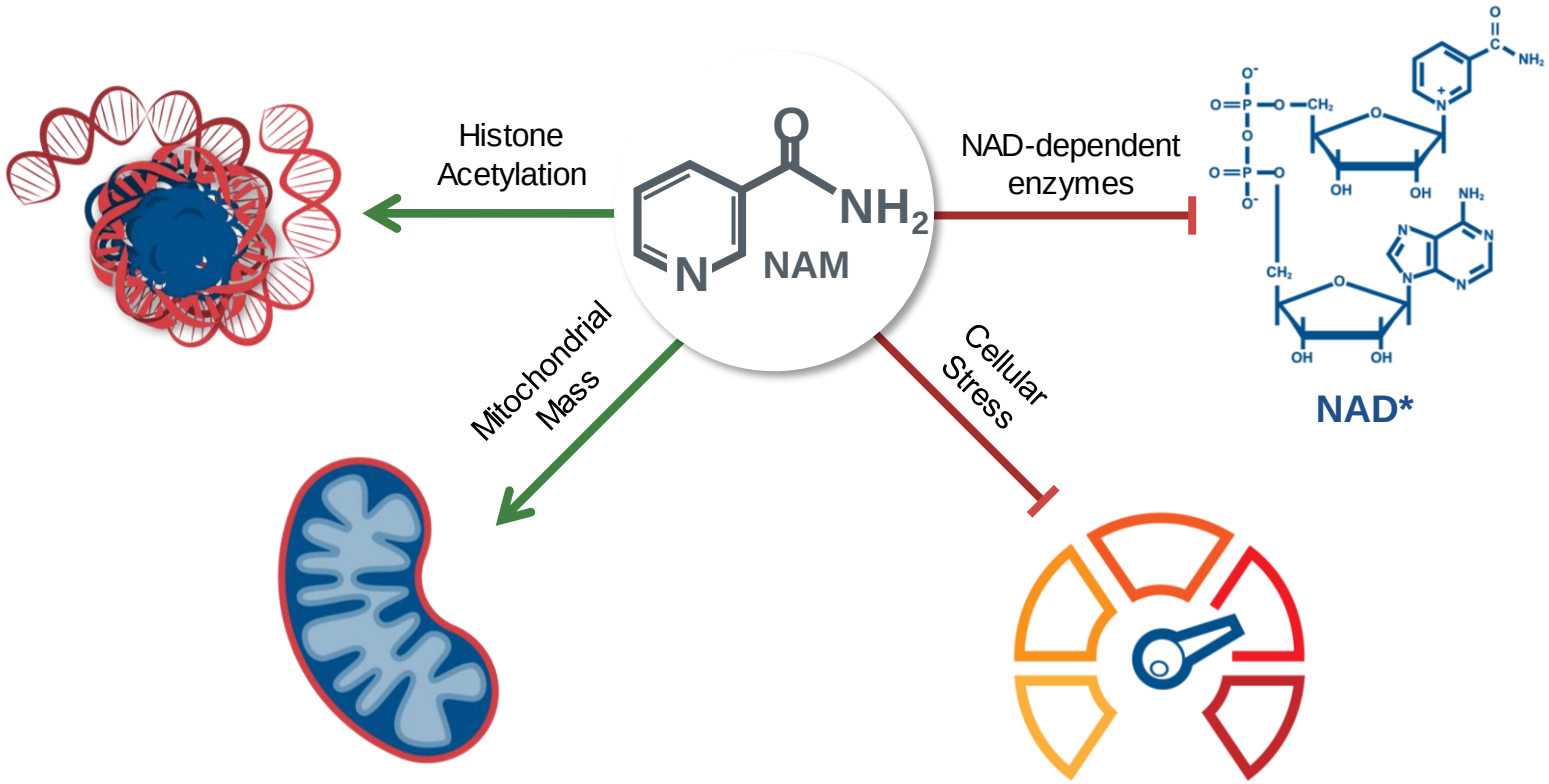


*The Aplastic Anemia Investigational New Drug (IND) application is currently filed with the FDA under the brand name, CordIn, which is the same investigational development candidate as omidubicel.

Pipeline Built on Proprietary NAM Platform Technology

NAM Platform Technology

- Enhances the **number** of allogeneic donor cells
- Preserves cellular **functionality** and **phenotype**
- Potential to expand **any cell type**



Omidubicel

A potentially curative treatment for patients in need of a bone marrow transplant

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Stacey participated in the first clinical study of omidubicel at Duke University Medical Center after being diagnosed with AML. She has been cancer-free since her bone marrow transplant in 2011.

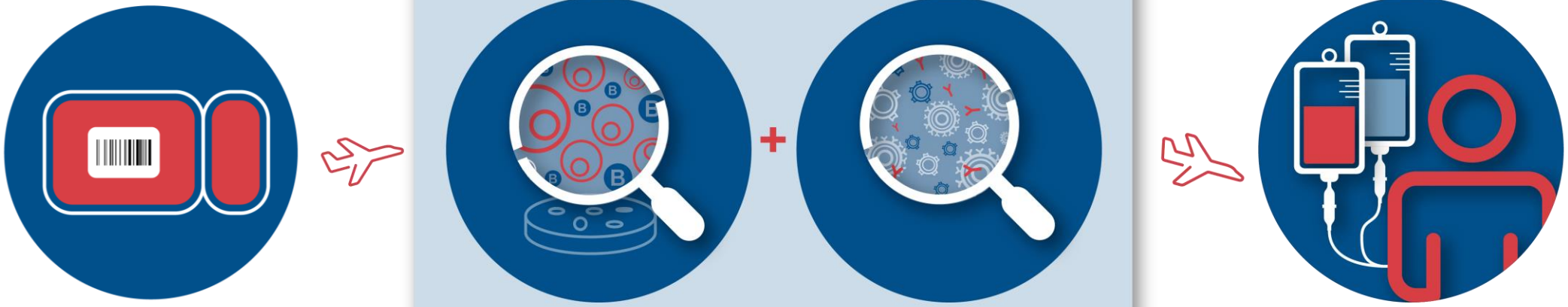
Our Inspiration: the Patients We Aim to Help and the Data that Support Omidubicel

The Phase 3 study of omidubicel showed:

- Statistically significant reduction in **time to neutrophil engraftment**
- Statistically significant improvement across all three secondary endpoints (**platelet engraftment, rate of infection, hospitalization in the first 100 days**)

This is one patient and results may not be indicative. Omidubicel is investigational and safety and efficacy have not been established by any agency.

Omidubicel Is a Cell Therapy Option for Patients in Need of a Transplant



Cord Blood Unit (CBU) Selected

CBU selected by physician from public cord blood bank

Omidubicel

NAM-Expanded Cells

Stem cells cultured using proprietary NAM technology

Non-Cultured Fraction

Immune cells, including T cells

Omidubicel Infusion

Scalable manufacturing and delivery of omidubicel

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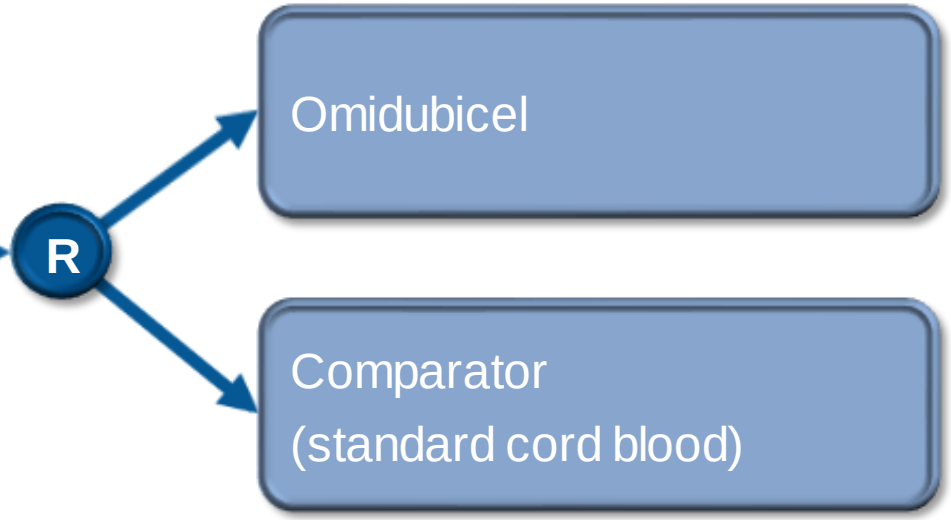
Phase 3 Global, Randomized Study

- Age 12-65
- High-risk hematologic malignancies
- Eligible for allogeneic bone marrow transplantation
- No matched donor



Primary endpoint: Time to neutrophil engraftment

Secondary endpoints: Platelet engraftment, infections, hospitalizations

Additional endpoints: Acute GvHD, chronic GvHD, adverse events, non-relapse mortality, disease-free survival, overall survival

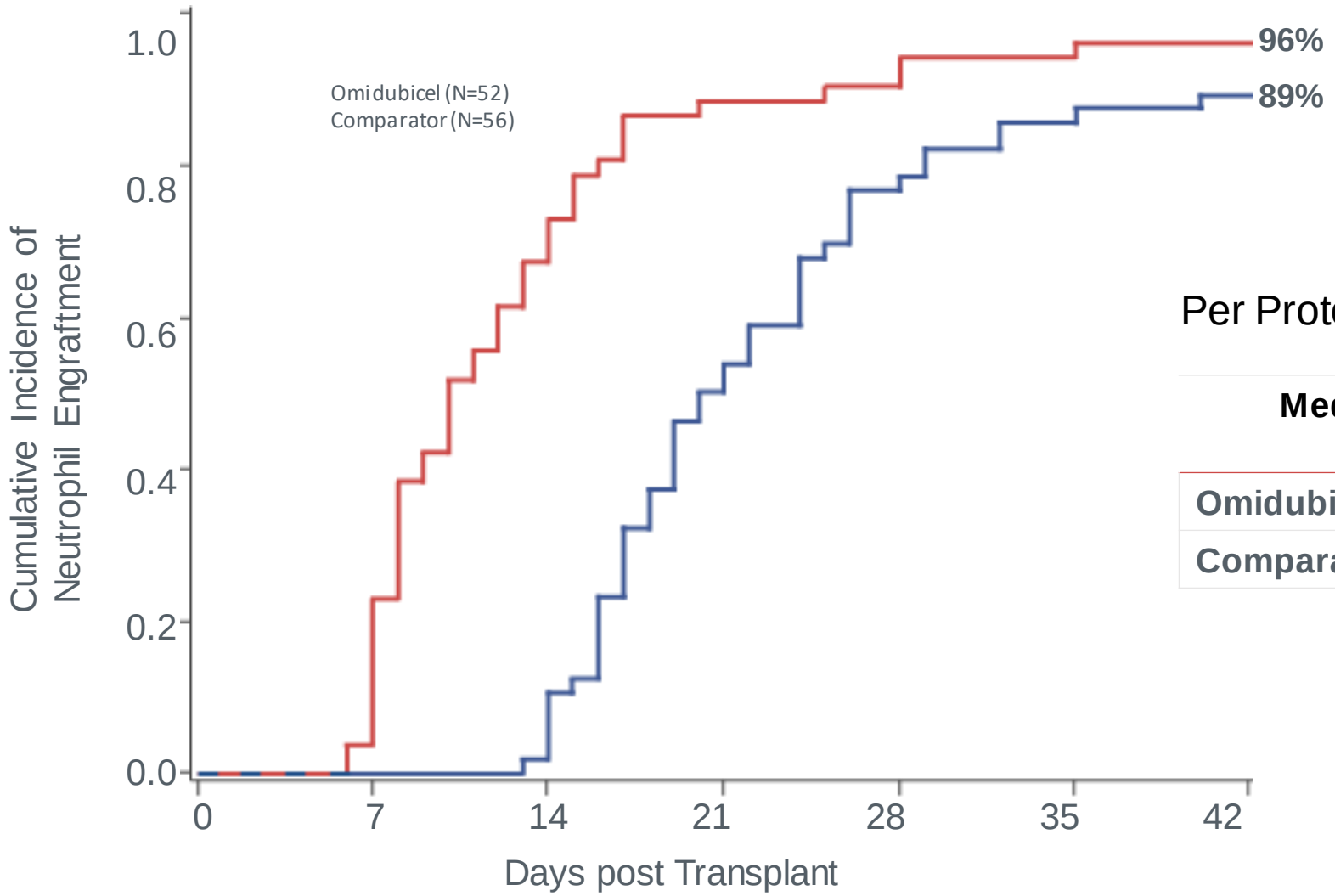
Clinicaltrials.gov identifier NCT01221857.

Phase 3 Primary Endpoint:
Omidubicel Significantly Reduced Time to Engraftment

- 125 patients were randomized at 33 sites
- Demographics and baseline characteristics were well-balanced in the two arms
- Omidubicel was generally well-tolerated

INTENT-TO-TREAT	MEDIAN TIME TO NEUTROPHIL ENGRAFTMENT (DAYS)	95% CI	p-VALUE
Omidubicel (N = 62)	12.0	(10.0, 15.0)	p<0.001
Comparator (N = 63)	22.0	(19.0, 25.0)	

Cumulative Incidence of Neutrophil Engraftment



Per Protocol Population (N=108)

Median Time to Neutrophil Engraftment (Days)	P value
Omidubicel: 10.0 (95% CI: 8, 13)	p<0.001
Comparator: 20.5 (95%CI: 18, 24)	

Per protocol population: received transplantation with omidubicel or comparator per protocol.

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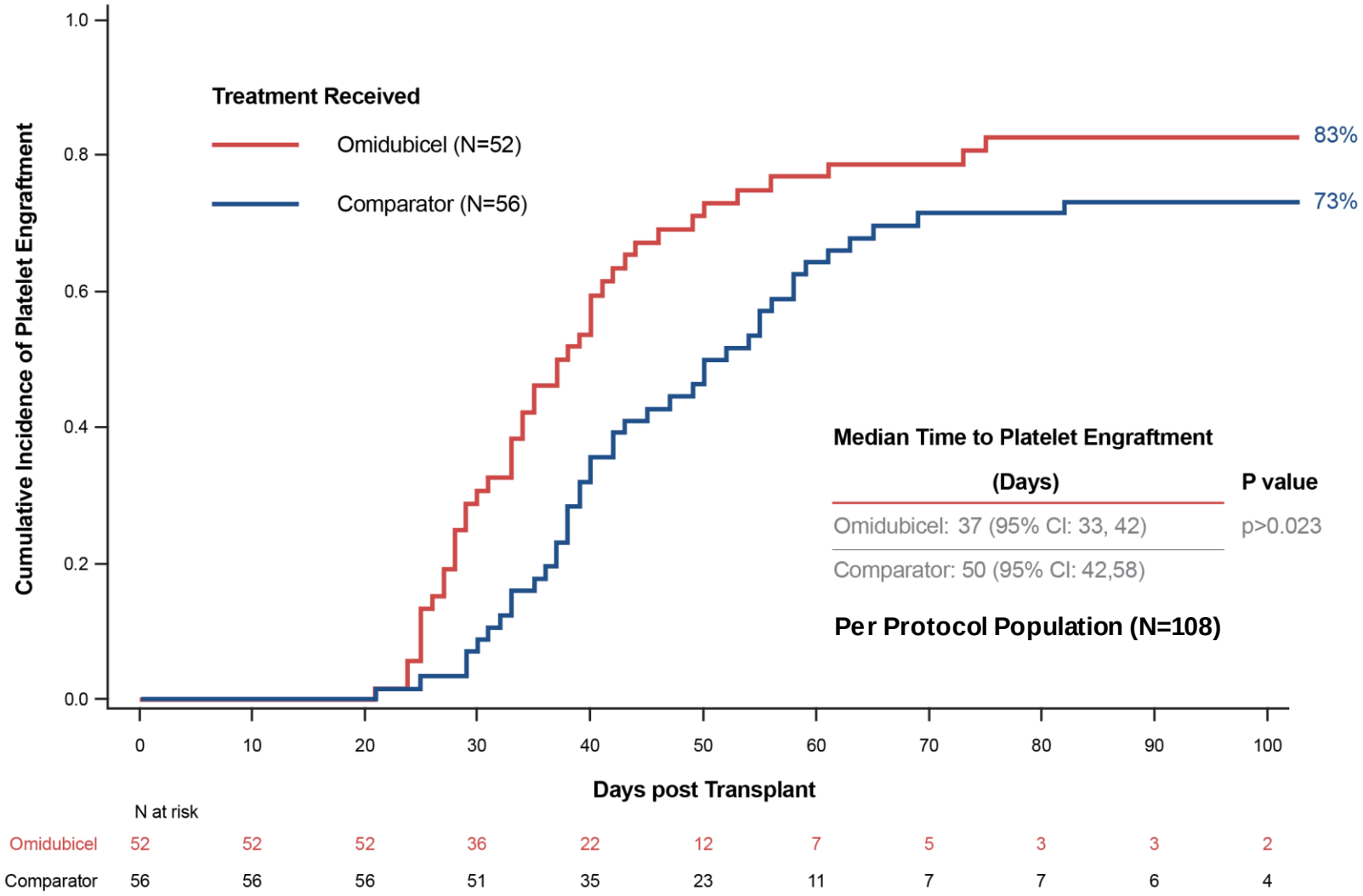
Phase 3 Secondary Endpoints: Day 100 Platelet Engraftment



Per protocol population: received transplantation with omidubicel or comparator per protocol.

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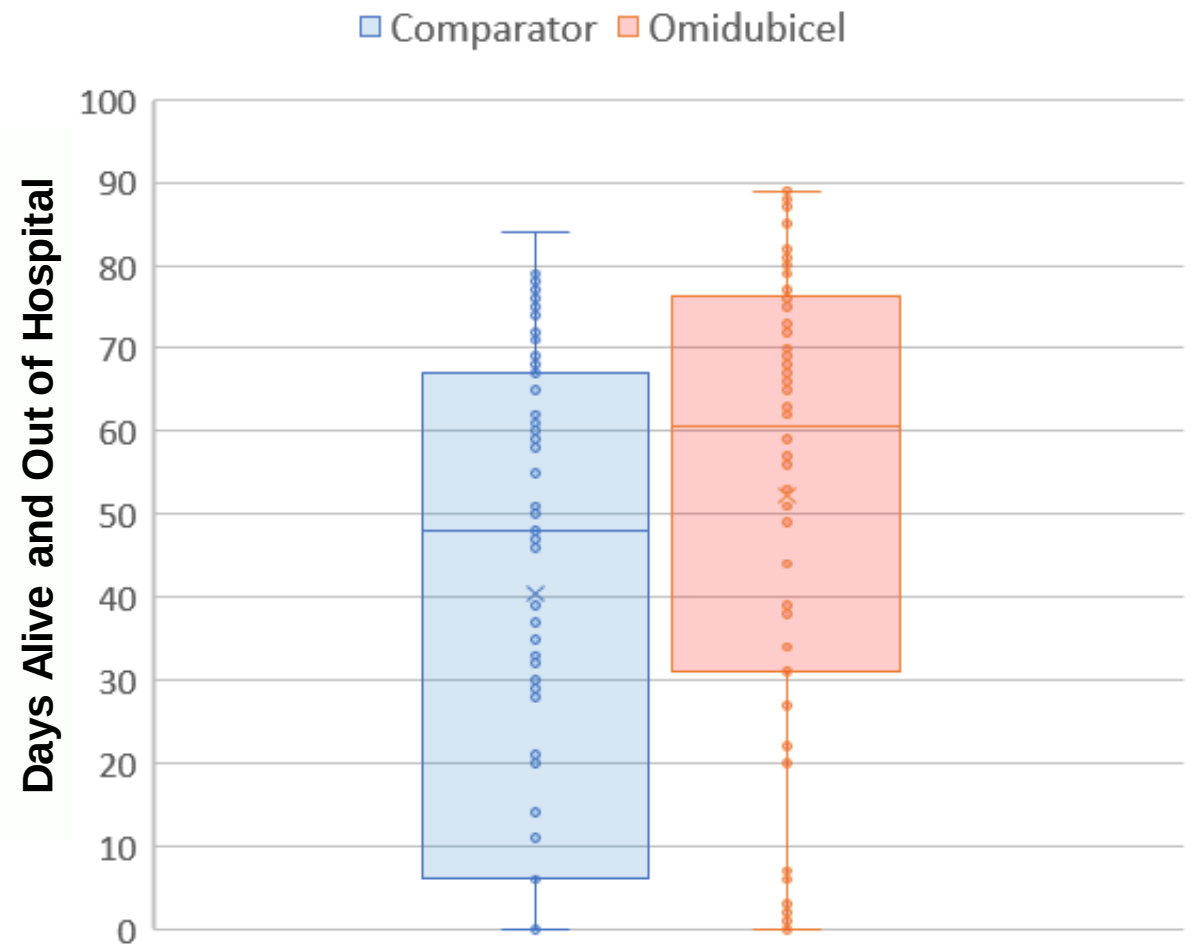
Phase 3 Secondary Endpoint:
Omidubicel Significantly Reduced Total Hospitalization in First 100 Days

ALIVE AND OUT OF HOSPITAL IN FIRST 100-DAYS



Omidubicel: Median 60.5 days
Comparator: Median 48.0 days
p = 0.005

Population: ITT

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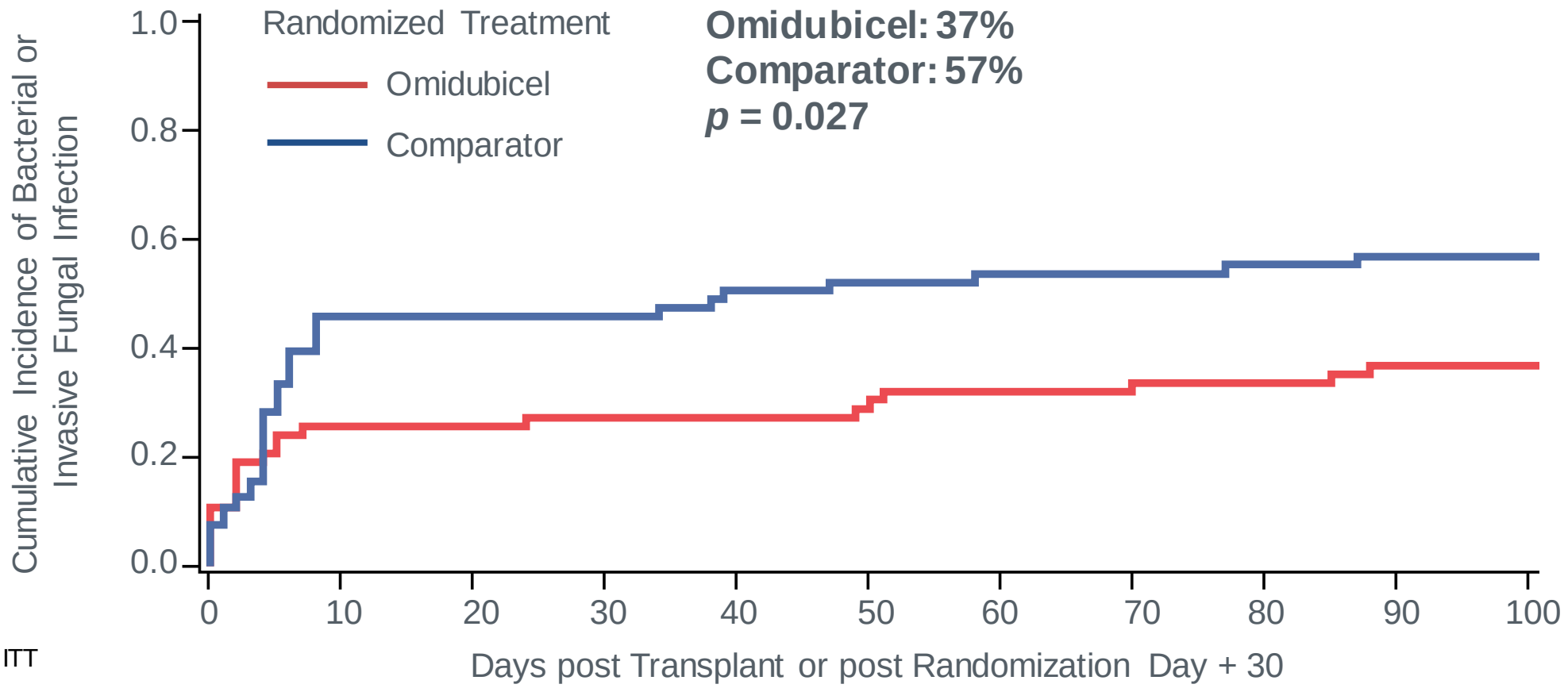
Phase 3 Secondary Endpoint:
Omidubicel Significantly Reduced Serious Infection Rate

INCIDENCE OF SERIOUS BACTERIAL OR FUNGAL INFECTIONS BETWEEN RANDOMIZATION AND 100 DAYS[1]



Population: ITT

1. Proportion (%) of patients with any grade 2-3 bacterial infection or invasive fungal infection between randomization and 100 days following transplantation

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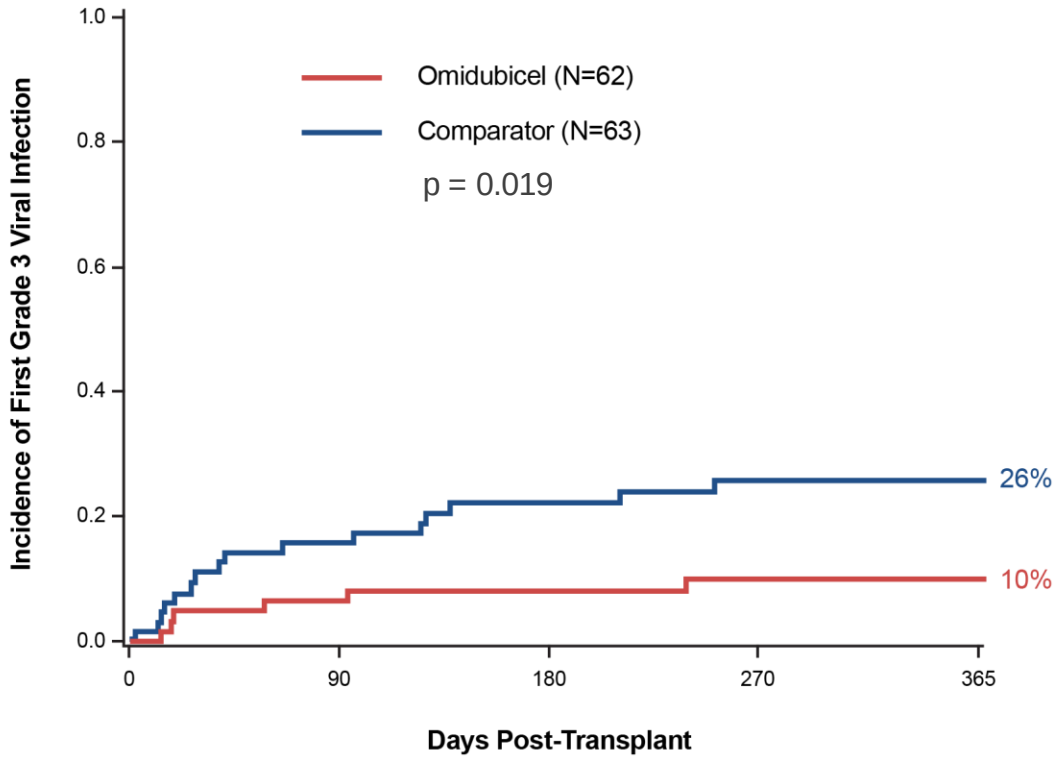
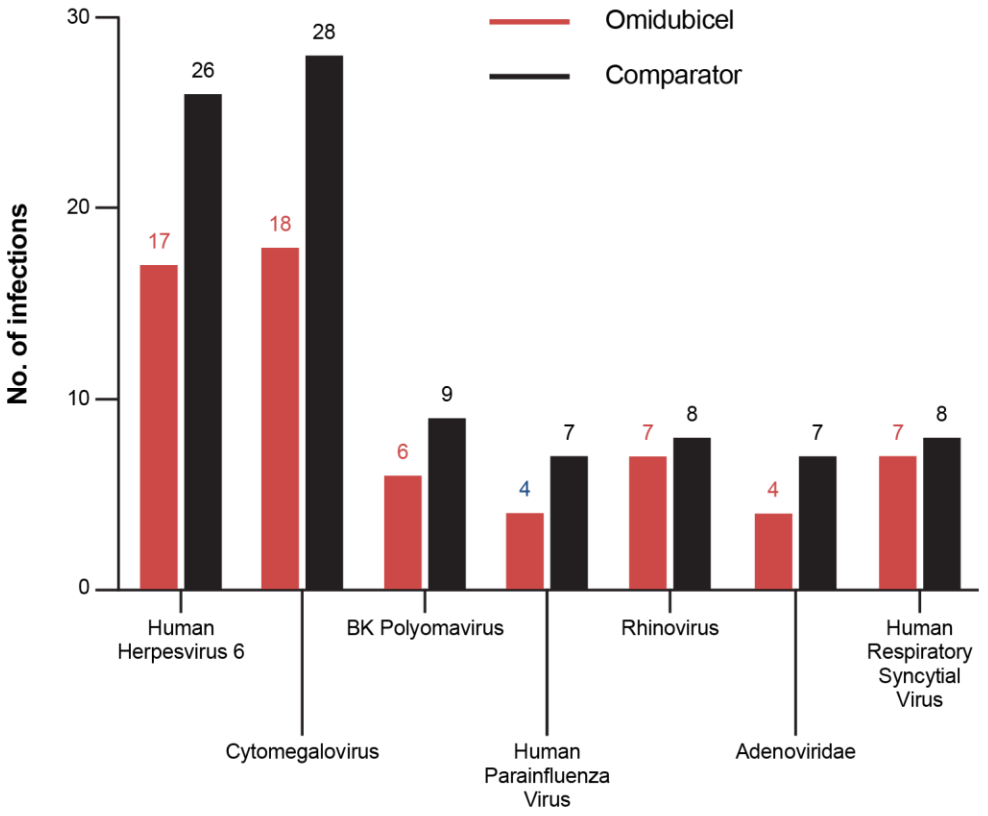
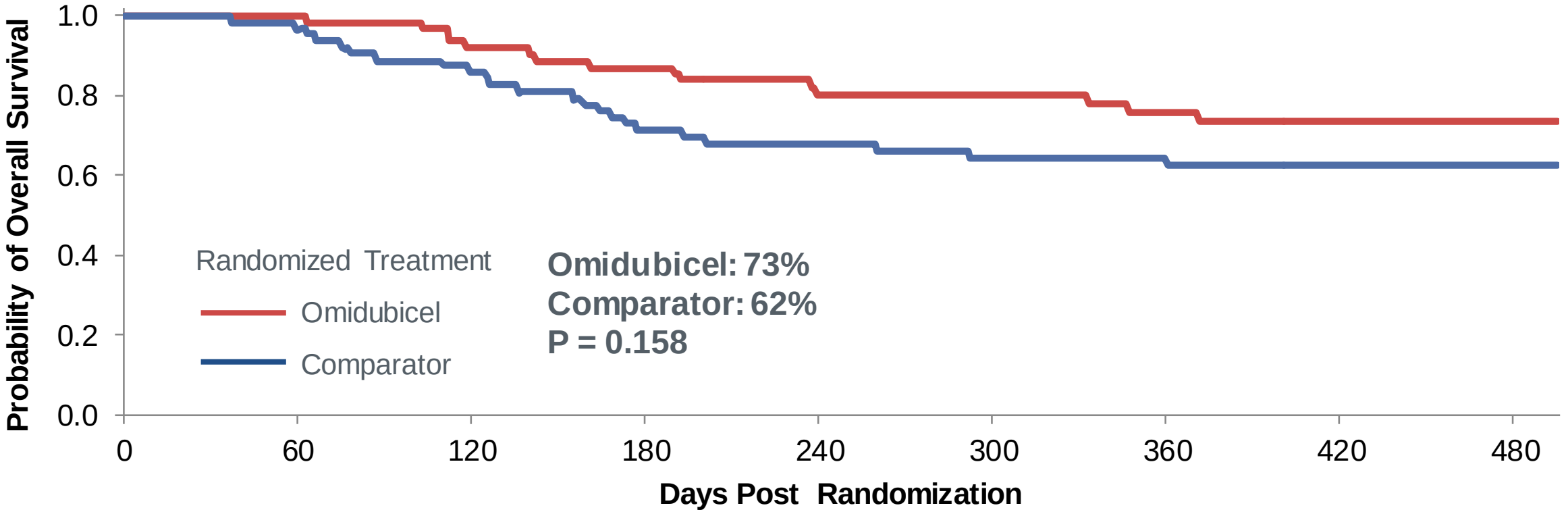
Fewer Viral Infections in Recipients of Omidubicel





Phase 3 Exploratory Endpoint: Overall Survival at 15 Months (ITT)

OVERALL SURVIVAL AT 15 MONTHS AFTER RANDOMIZATION (ITT), MEDIAN FOLLOW-UP (~10 MONTHS)



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Omidubicel

Commercial Potential and Launch Readiness

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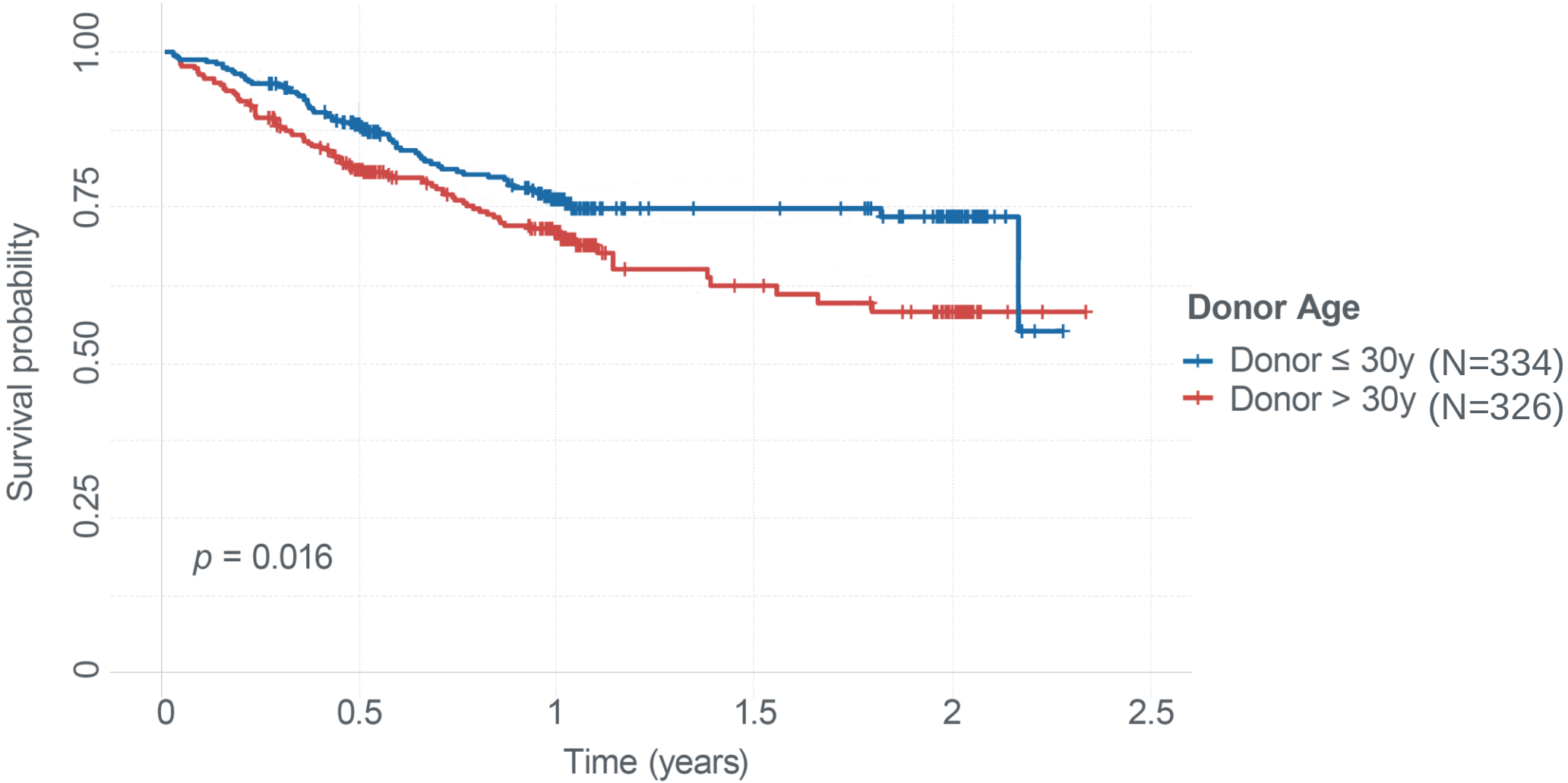
Substantial Market Opportunity to Both Improve Known Issues with Existing Donor Sources as well as Expand the Market to Treat Additional Patients

Over 42,000 US patients with hematologic malignancies consider transplant each year

	Patients *Based on 2025 Projections*	Challenges	Unmet Need / Opportunity
Referred for Transplant, but Not Eligible	23,700	• Patient Comorbidities • Performance Status	Expand Access **~4%** increase in number of transplants annually
Eligible, but Not Transplanted	8,900	• Performance Status / Disease Relapse • Inability to Find a Donor	
Transplant Recipients • Matched unrelated donor • Mismatched unrelated donor • Haploidentical donor • Umbilical cord blood	9,700	• Availability of graft source • Time to engraftment • Infections • Age of donor	Improve Outcomes **~12%** share of current market

Sources: D'Souza, A, Fretham C, Lee SJ, et al. Current Use of and Trends in Hematopoietic Cell Transplantation in the United States. Biol Blood Marrow Transplant. 2020 May 11:S1083-8791(20)30225-1, doi: 10.1016/j.bbmt.2020.04.013, PMID 32438042., ZS & Associates market research studies and data analysis, Referred for Transplant includes transplanters' own patients who are considered for transplant. Patient estimates based on 2025 projections.

Overall Survival Is Associated With Donor Age



Source: CIBMTR

Omidubicel: Potential to Expand Access and Improve Outcomes

In market research, physicians indicated that omidubicel would increase eligibility for transplant and capture share from existing transplant modalities by improving outcomes

Expand Access

~1,200

patients

Potential increase in number of patients in U.S. who would receive a transplant with omidubicel due to increased ability and increased eligibility to get to transplant

Improve Outcomes

~1,200

patients

Estimated number of patients every year in U.S. who undergo transplant and would receive omidubicel

Total

~2,400

patients

Total potential number of patients treated with omidubicel in year three after launch* following a potential FDA approval

*Treated patients continues to grow year on year due to growth in underlying disease and associated transplants

Source: ZS & Associates market research

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Omidubicel Will Be a Therapy Option for HSCT Patients Who Do Not Have Access to a Matched Related Donor*

Omidubicel Launch Goals

Rapid time to peak market share: ~ 3 years to reach peak

Market insights support share capture from all current modalities and increasing access

- 2,400+ patients treated with Omidubicel per year in the U.S., upon reaching peak (supported by market research)

Positive patient and transplant center experience with omidubicel

**Following FDA approval*

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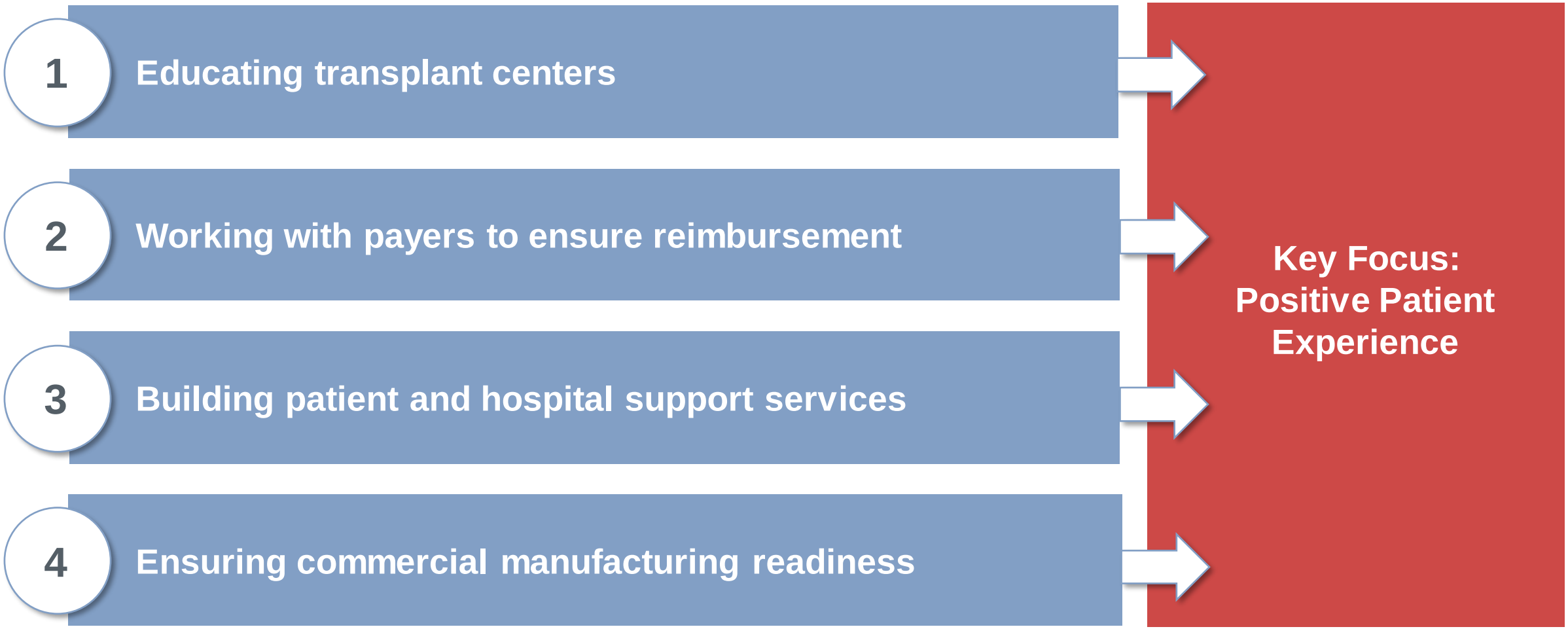
Key Commercial Activities and Infrastructure Build-out Are Underway to Prepare for a Successful Omidubicel U.S. Launch



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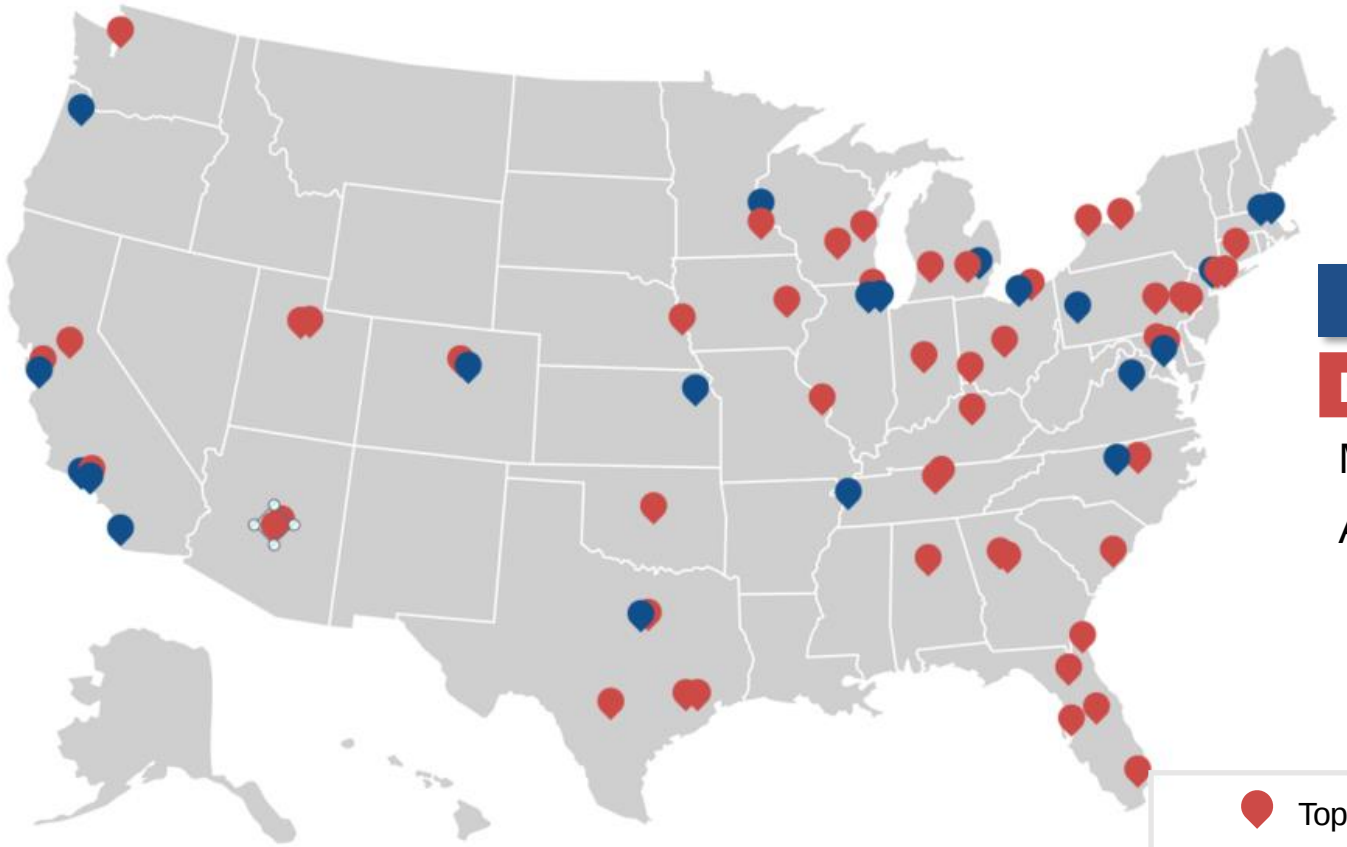
Gamida Cell Has Initiated Plan for Education of U.S. Transplant Centers

1

Approximately 70 transplant centers account for ~80% of bone marrow transplants in U.S.



Field Force Benchmarks	
Field Force Team	**Industry Surrogates**
Medical Science Liaisons	10 – 15 FTEs
Account Manager	25 – 30 FTEs

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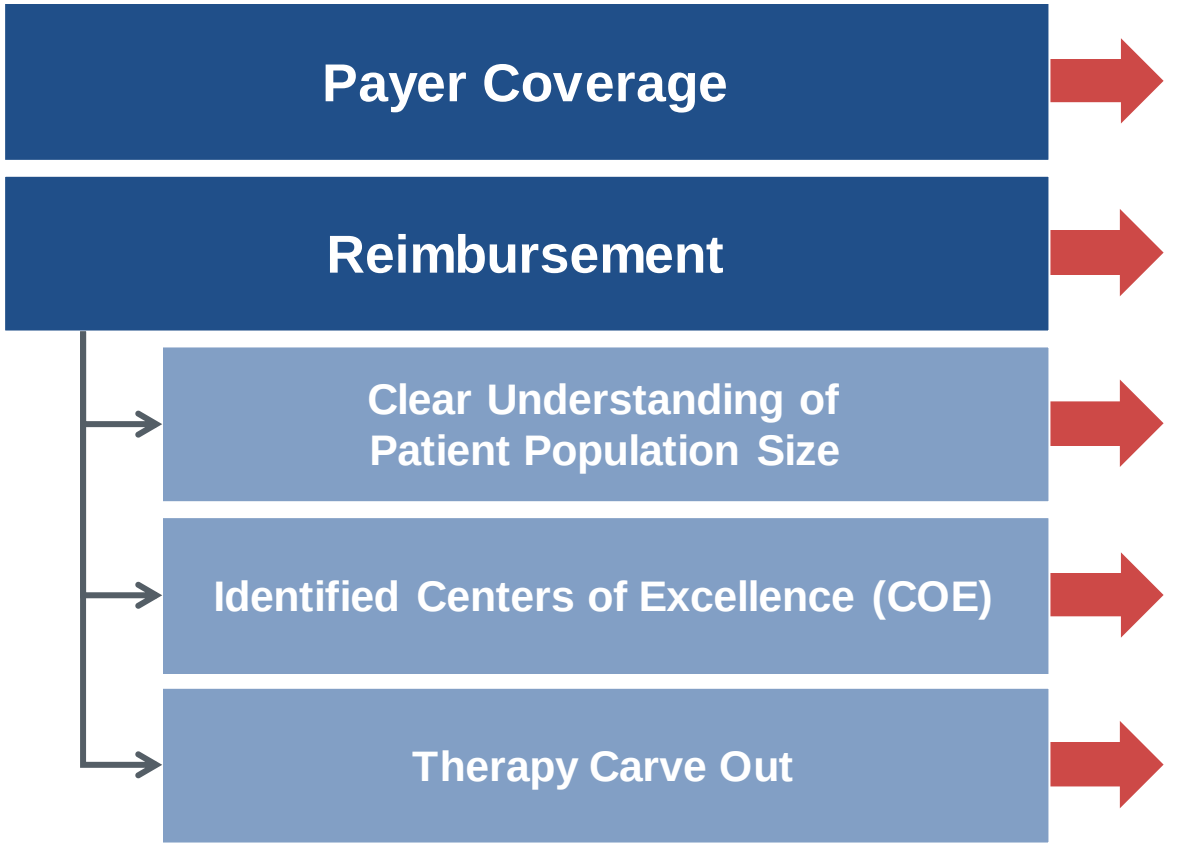
Preparing for Reimbursement

2

Gamida Cell has conducted research to understand the reimbursement approaches that payers will take if omidubicel receives FDA approval



- Published data supports that ~100% of U.S. payers anticipate covering one-time therapies with curative intent
- Gamida has a good understanding of the Reimbursement approach that payers will take upon omidubicel FDA approval
- Market is well defined, and payers can calculate their potential covered lives
- 70 centers make up 80% of transplants
- Initial payer market research identified carve out as the most likely reimbursement approach at time of approval
- Establish the appropriate codes for carve outs

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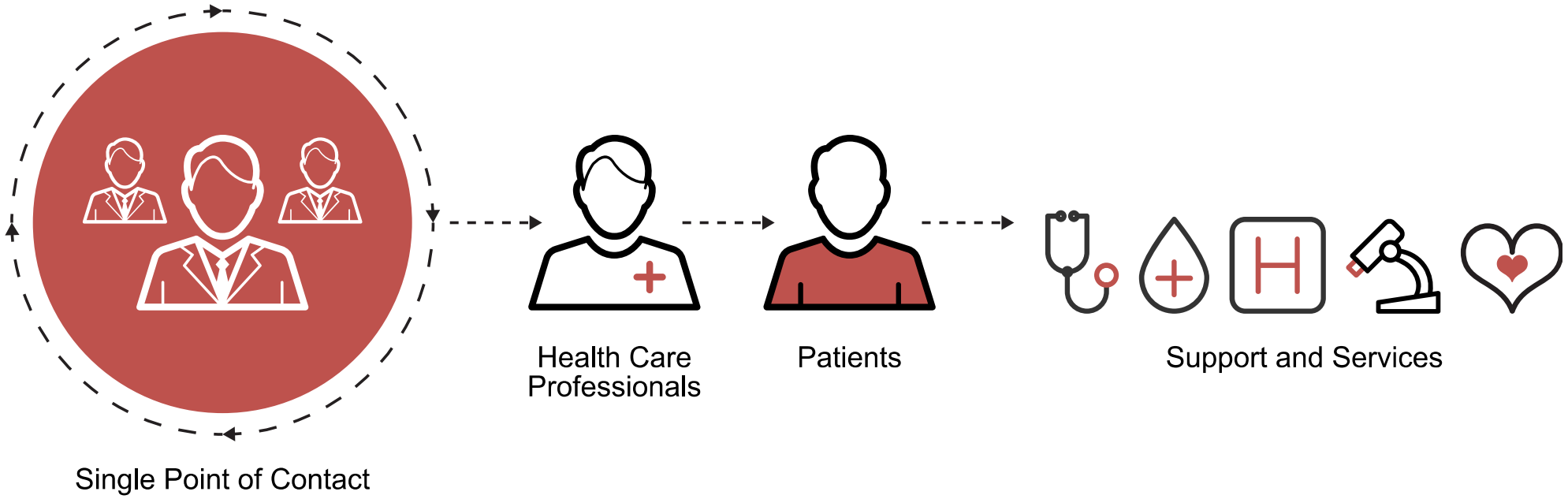
Gamida Cell Assist Will Be a Key Aspect of Our Patient-centric Launch

3

Building a patient support operation to provide the assistance and services to healthcare professionals, patients, and caregivers that will support access to our therapy and strive to ensure a positive personalized experience



- We are a support and solutions-oriented team that will provide a personalized, high touch experience
- Gamida Cell Assist will provide a single point of contact for patients and health care professionals
  - Through this, we will provide support and services throughout the therapy process
- Our focus is on keeping operations simple with the flexibility and agility needed to address the needs of each patient who requires cell therapy

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Manufacturing Readiness on Track to Support Potential Launch Mid-2022

Dual sourcing for manufacturing established for commercialization of omidubicel:

Kiryat Gat (Israel)

- Gamida Cell owned facility
- Construction completed in 2020 and hiring complete for initial team
- Qualification for BLA filing underway

Photo of Gamida Cell-owned facility.

Lonza (CMO)

- Well recognized cell and gene therapy manufacturer
- Manufacturing partner for the omidubicel Phase 3 study*

*Phase 3 manufacturing was conducted at Lonza facility in Maryland; Commercial manufacturing will be in the Lonza Netherlands facility

GDA-201

Harnessing Innate Immunity Using Natural Killer (NK) Cells to Treat Cancer

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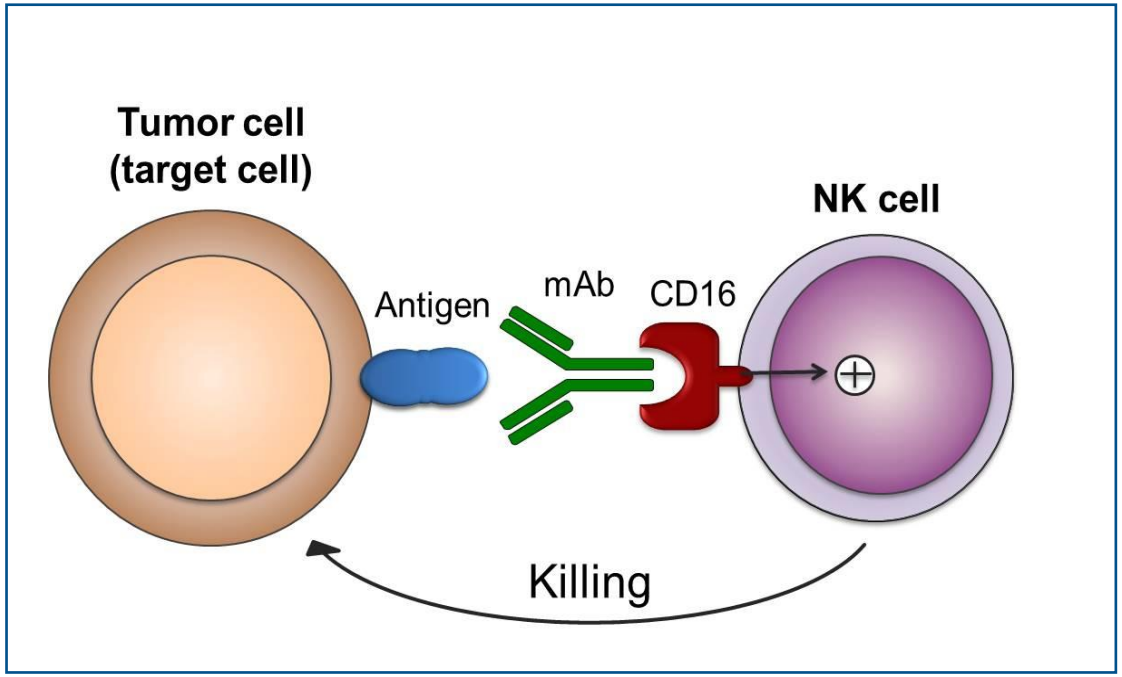
Putting NK Cells to Work Using Our NAM Technology Platform

Benefits of NK Cells

- Natural killer (NK) cells infusion is a promising immune therapy for cancer
  - No HLA matching required
  - Synergy with antibodies
  - Potential for off-the-shelf therapy
- Expansion is necessary to obtain clinically meaningful doses with retained cell function

GDA-201: NK Cells + Tumor-specific Antibodies



GDA-201 Cryopreservation Process

NORMAL DONORS

Allogenic NK cells collected by apheresis

Day 0

Isolate CD3+ cells from apheresis material Using CliniMACS

Seed CD3- cells from flow-thru into 5L Grex
Elute CD3+ cells aand irradiate co-culture irradiated CD3+ CD3-cells+ IL-15+ NAM

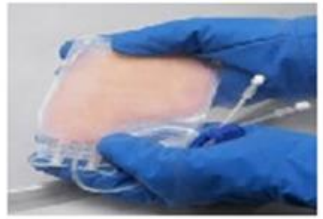
Day 8

Fresh media addition using Gatherex

Day 14

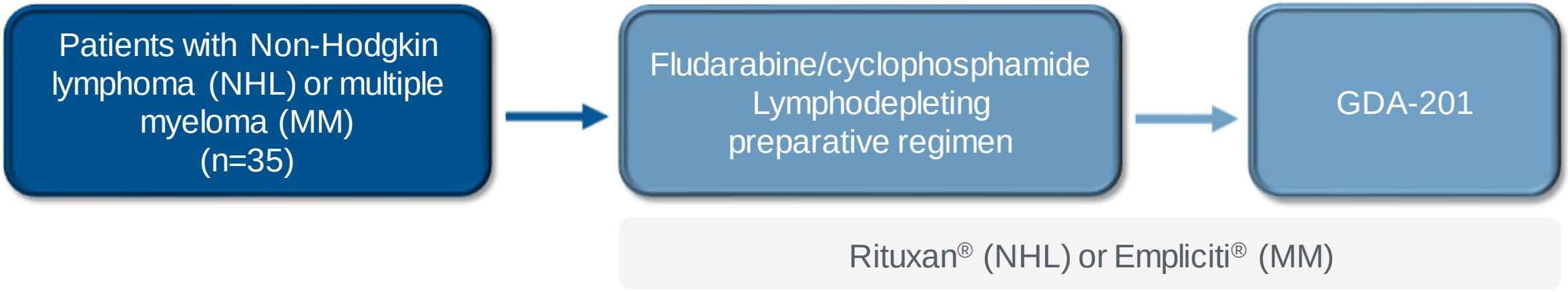
Harvest cells with LOVO automated cell processing system

Cryopreserve NK cells



A single donor can produce multiple clinical doses

Phase 1 Study of GDA-201 in Patients with Non-Hodgkin Lymphoma and Multiple Myeloma



- **Primary endpoint:** Maximum tolerated dose of GDA-201 (3 doses evaluated)
- **Secondary endpoints:** Overall response, toxicity

ClinicalTrials.gov Identifier NCT03019666.

Clinical Responses Observed in NHL Cohort

19 PATIENTS WITH NHL	Follicular Lymphoma (FL) (n=10)	Diffuse Large B-Cell Lymphoma (DLBCL) (n=8)
13 CR	8 CR	5 CR
1 PR	1 PR	
5 PD		
ORR: 74%		
CR rate: 68%		

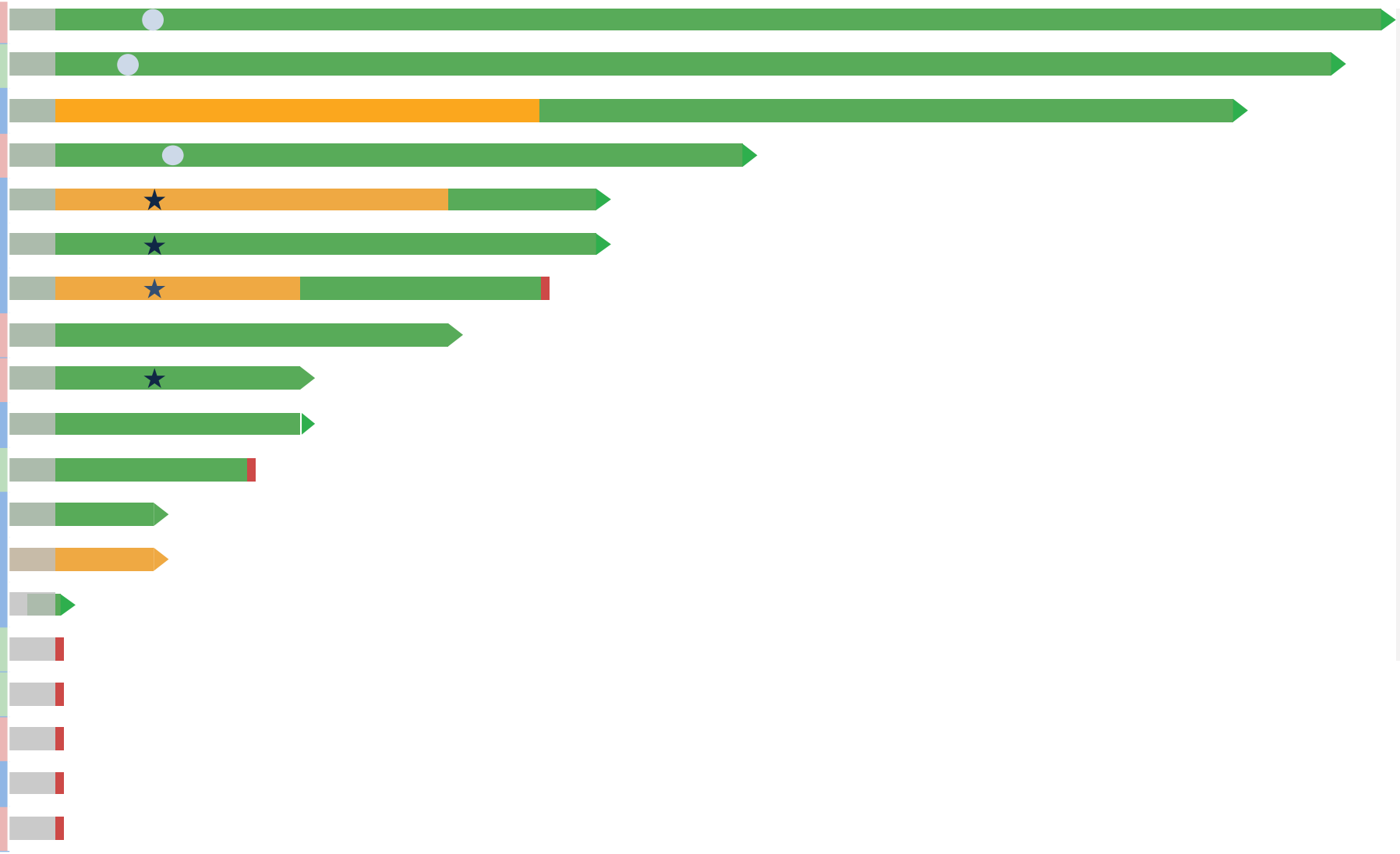
Safety Summary

- 35 patients treated (19 NHL, 16 MM)
- No dose limiting toxicities
- One patient died of E. coli sepsis, initially reported as CRS
- Most common grade 3/4 adverse events:
  - Thrombocytopenia (n=9)
  - Hypertension (n=5)
  - Neutropenia (n=4)
  - Febrile neutropenia (n=4)
  - Anemia (n=3)
- No neurotoxic events, graft versus host disease, or confirmed CRS

NHL: non-Hodgkin lymphoma; MM: multiple myeloma; CRS: cytokine release syndrome

GDA-201 Is Highly Active in Non-Hodgkin Lymphoma

PT#	DIAGNOSIS
004	FL
005	FL
009	DLBCL
023	FL
026	DLBCL
027	DLBCL
019	DLBCL
030	FL
033	DLBCL
029	FL
002	FL
036	FL
031	FL
037	FL
001	DLBCL
003	DLBCL
024	MCL
028	DLBCL
035	FL



LEGEND

DAY 0 = GDA-201 Infusion

- Complete Response
- Partial Response
- Progressive Disease
- Ongoing response
- Transplant
- Second dose GDA-201

Cohort 1
Cohort 2
Cohort 3

Bachanova et al., ASH 2020

Note: Cohort 1 dose = 2.0 x 10^7 cells / kg; Cohort 2 dose = 1.0 x 10^8 cells / kg; Cohort 3 dose = 2.0 x 10^8 cells / kg

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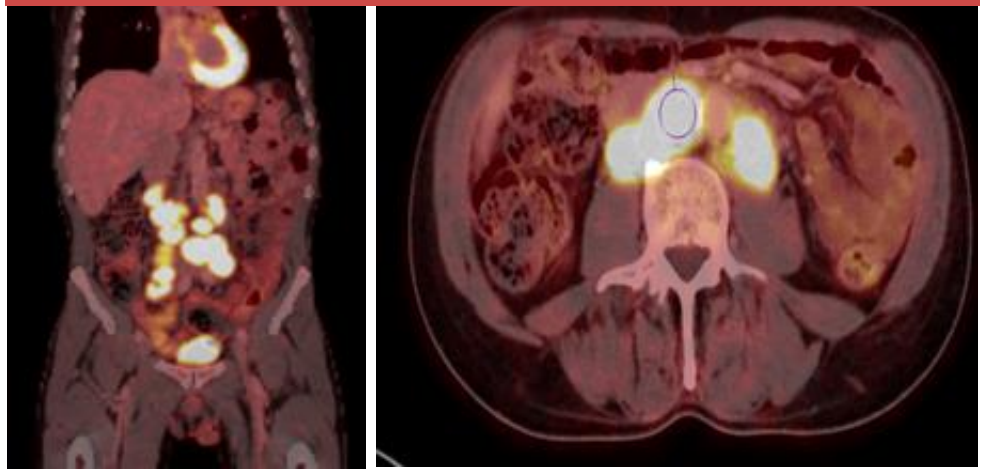
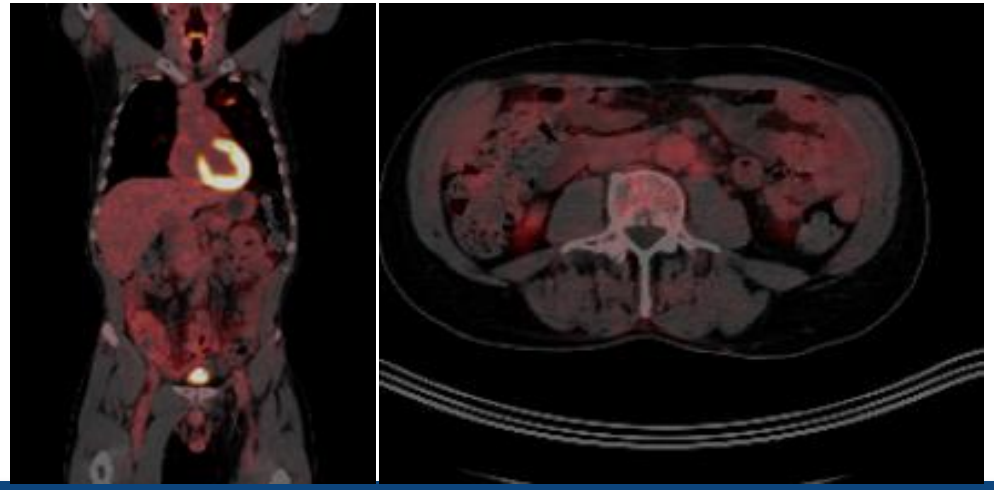
Patient 009

Pt 009: Baseline



Pt 009: 6-month post GDA-201



- 57-year-old man with history of CLL and Richter's transformation-large cell lymphoma, measurable retroperitoneal lymph nodes at baseline
- Prior therapy: FCR-light, Rituximab/Bendamustine Ibrutinib/Revlimid, R-CHOP, Venetoclax/Rituximab
- Allogeneic HSCT (matched sibling)
- Relapse at 6 months
- Treated with GDA-201
- 28-day response: Tumor shrinkage
- 6 months: PR with continued tumor shrinkage
- 12 months: Complete response

Bachanova et al. ASH 2019.

This is one patient and results may not be indicative. GDA-201 is investigational and safety and efficacy have not been established by any agency.

GDA-201: Encouraging Clinical Activity and Safety Profile Supports Continued Development

Key Accomplishments

- ✓ Preclinical proof of principle
- ✓ Clinical proof of concept
- ✓ Well-tolerated
- ✓ Maximum target dose achieved

Next Steps

- Complete Phase 1 study
- Finalize CMC for cryopreserved formulation
- Initiate Phase 1/2 multi-center study in 2H21

Future Directions

- Genetic modification of NAM-expanded NK cells
- Combine with a broad range of antibodies
- Evaluate in solid tumors

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- Cash position to support capital needs into 2H22
- Approximately 125 employees

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May 2021