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Inspired to Cure

September 2020

Disclaimer

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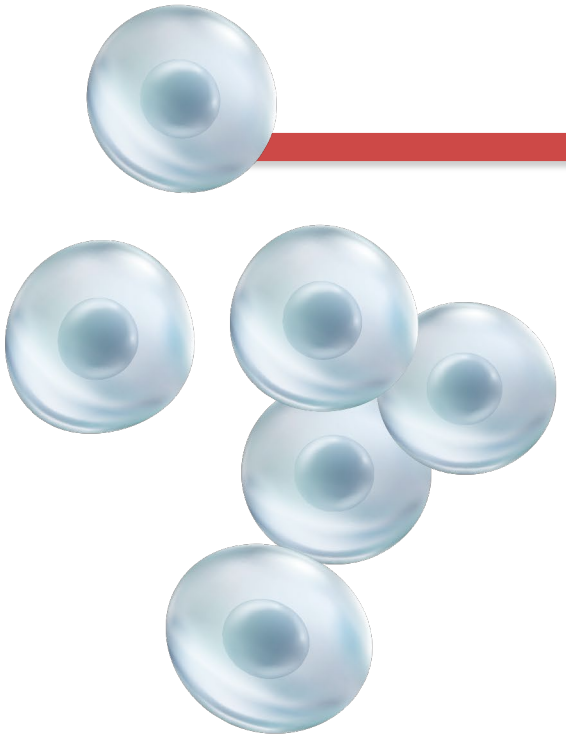
We are pioneering new, potentially curative advanced cell therapies.

We Are Developing Advanced Cell Therapies

CANDIDATE	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	UPCOMING MILESTONES
OMIDUBICEL					
High-Risk Hematologic Malignancies	**FDA Breakthrough Designation**				✓ Topline data 2Q20 ❑ Full data presentation 4Q20 ❑ BLA submission 4Q20
Severe Aplastic Anemia*					❑ Additional data 4Q20
GDA-201					
Non-Hodgkin Lymphoma, Multiple Myeloma					❑ Additional data 4Q20 ❑ IND submission 1H21

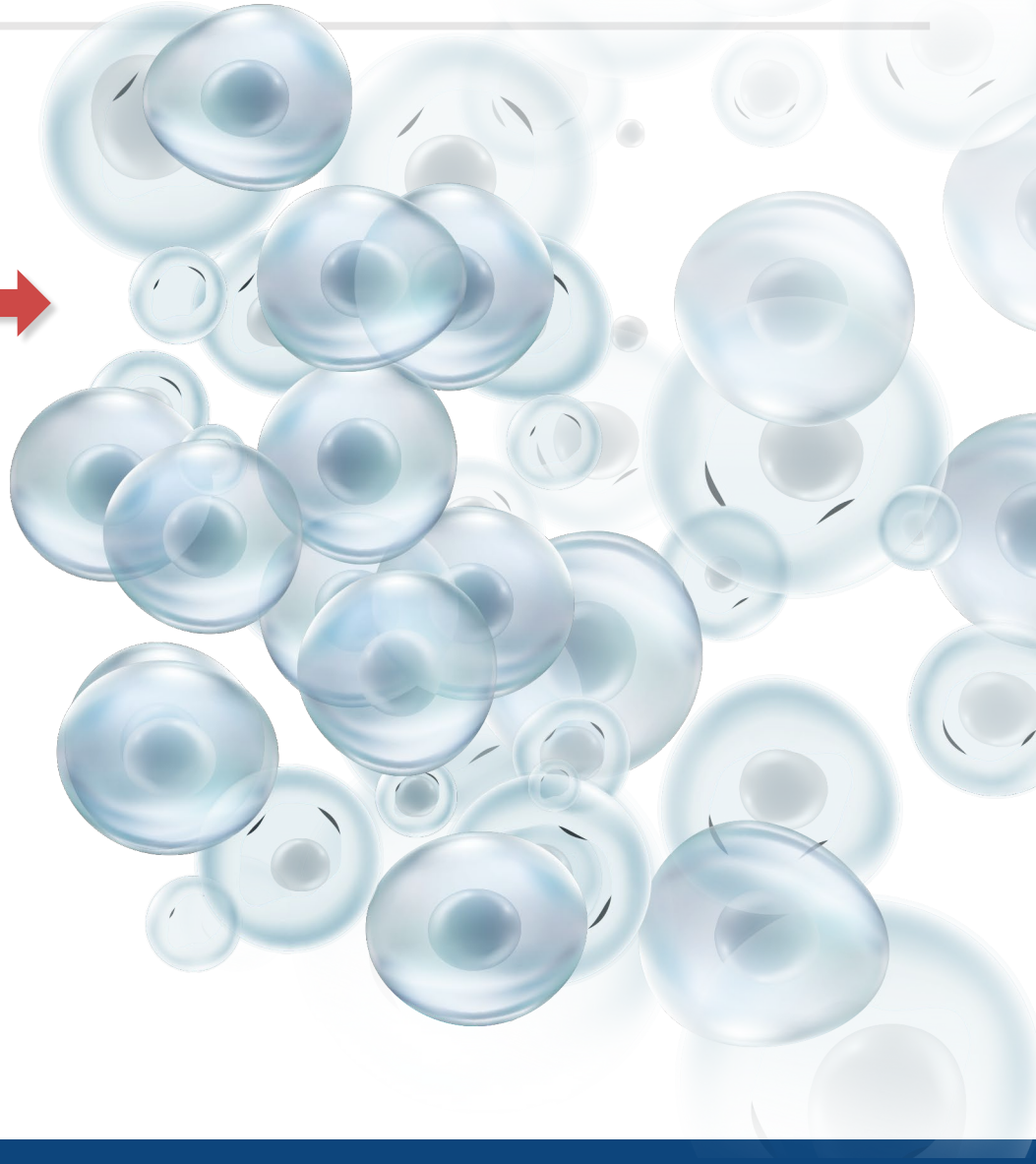
*The Aplastic Anemia Investigational New Drug (IND) application is currently filed with the FDA under the brand name, CordIn, which is the same investigational development candidate as omidubicel.

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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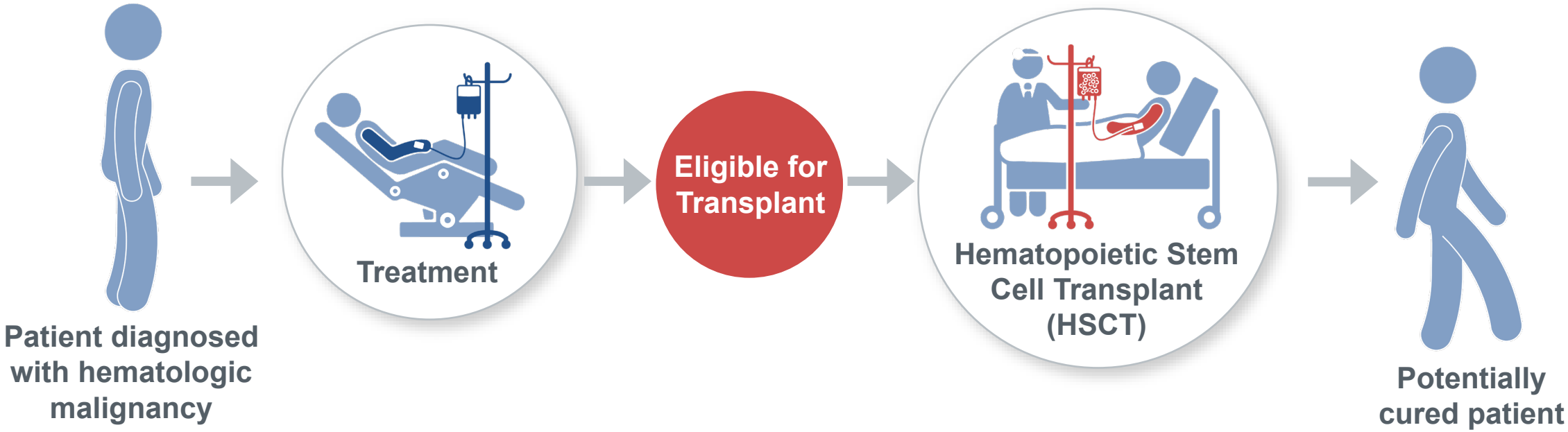
Meet Stacey

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.

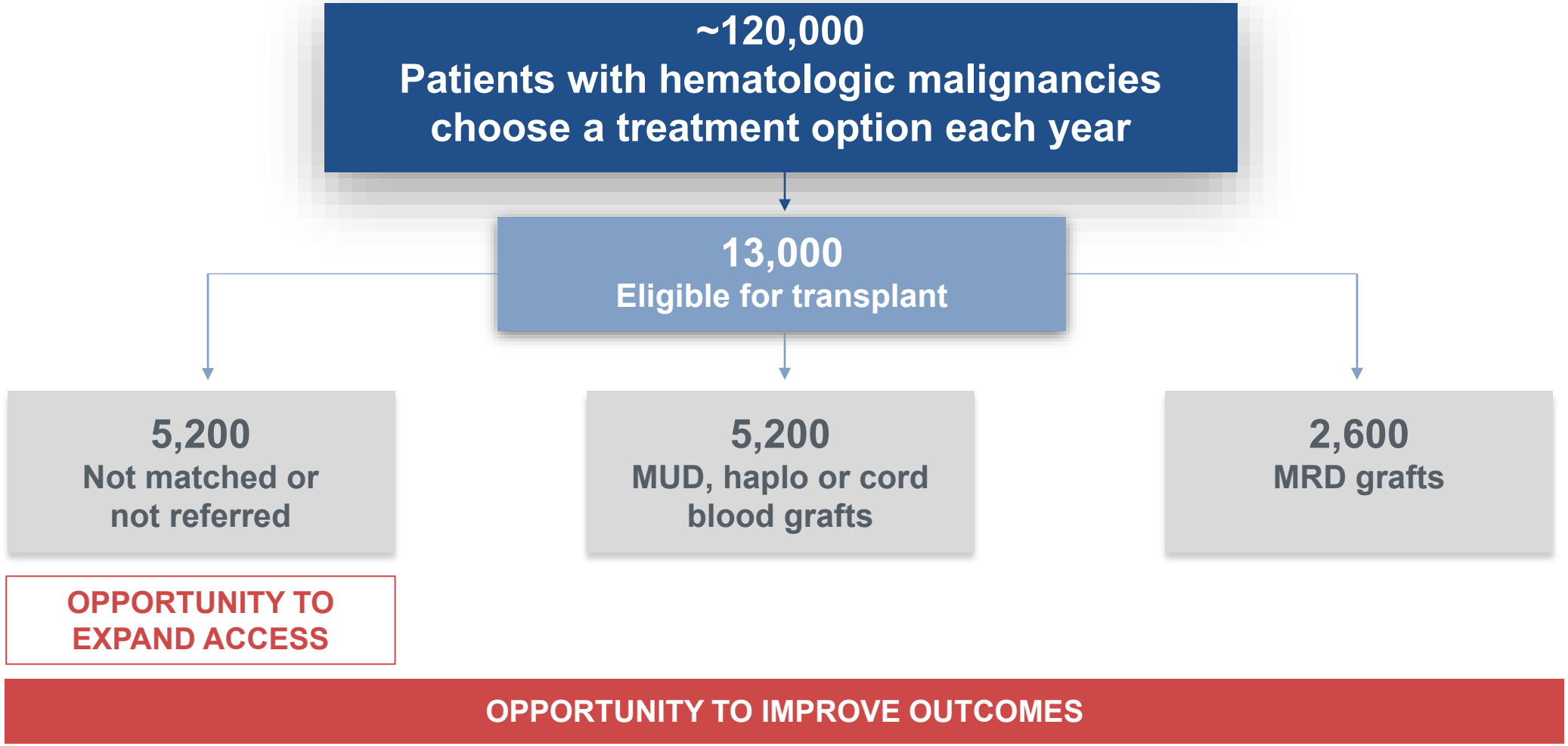
"My ultimate goal was I wanted to live. We were ever so thankful to hear that there was a possible opportunity for me in a trial going on at Duke University."

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

Bone Marrow Transplant May Be Curative for Certain Hematologic Malignancies



Omidubicel May Address a Significant Patient Population in the U.S.

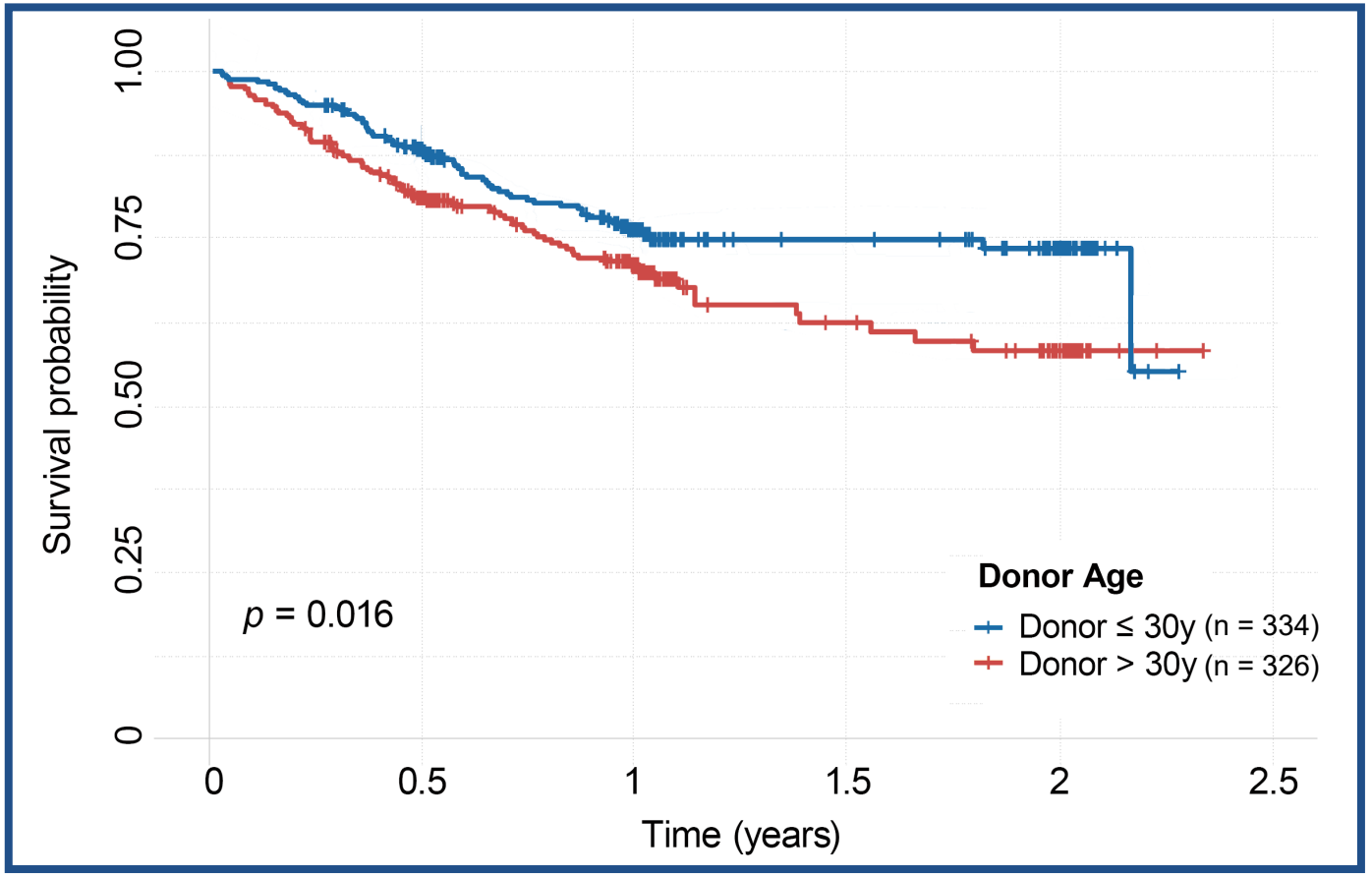


MUD: Matched unrelated donor; **haplo**: Haploidentical; **MRD**: Matched related donor

Overall Survival Is Increased in Patients with Younger Donors

Methodology

- Ongoing collaboration with CIBMTR to explore outcomes contemporaneous to the Phase 3 study of omidubicel
- Patients underwent myeloablative conditioning and HSCT for hematologic malignancies
- HSCT with three graft types: matched unrelated, mismatched unrelated, and haploidentical donors
- Median age of all donors: 30 years



Stem cells, the starting point for omidubicel, are the "youngest" cell type used in allogeneic bone marrow transplant

Galamidi E, Joyce A, Simantov R. Impact of Donor Age on HSCT Outcomes. Cord Blood Connect. Sept. 2020.

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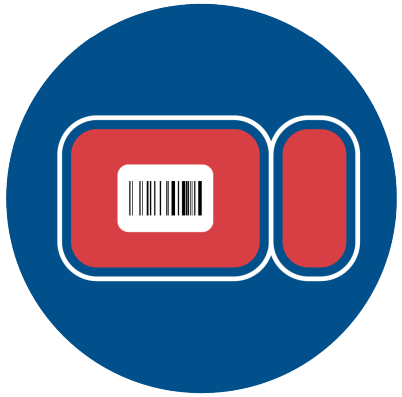
Omidubicel Is a Potentially Curative Cell Therapy Product



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

+

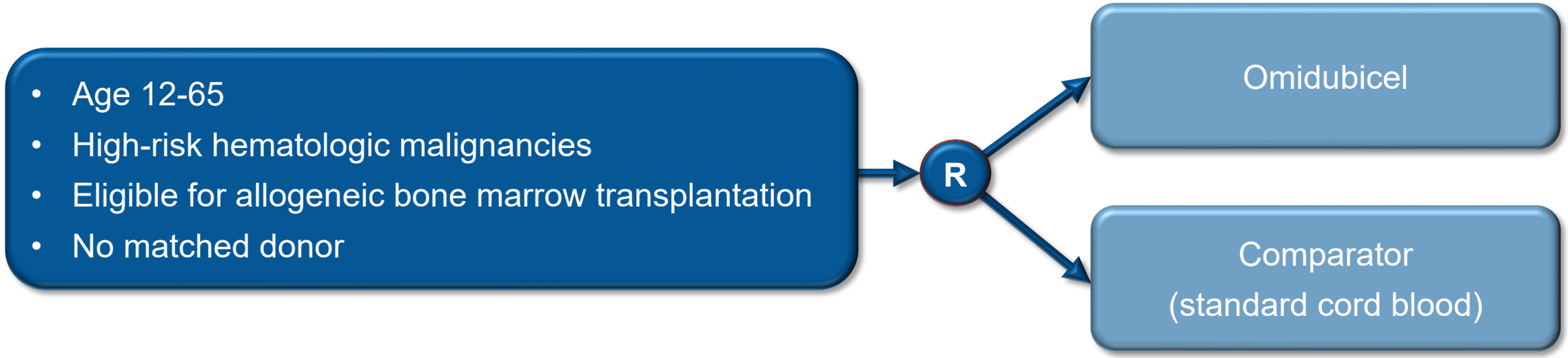
Uncultured Fraction

Immune cells, including T cells

Omidubicel Infusion

Scalable manufacturing and delivery omidubicel

Phase 3 Global, Randomized Study Conducted at Over 50 Sites



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

Clinicaltrials.gov identifier NCT01221857.

Phase 3 Primary Endpoint
Omidubicel Significantly Reduced Time to Engraftment

Intent-to-treat	Median Time to Neutrophil Engraftment (Days)	95% CI	
Omidubicel (N = 62)	12.0	(10.0, 15.0)	p<0.001
Comparator (N = 63)	22.0	(19.0, 25.0)	

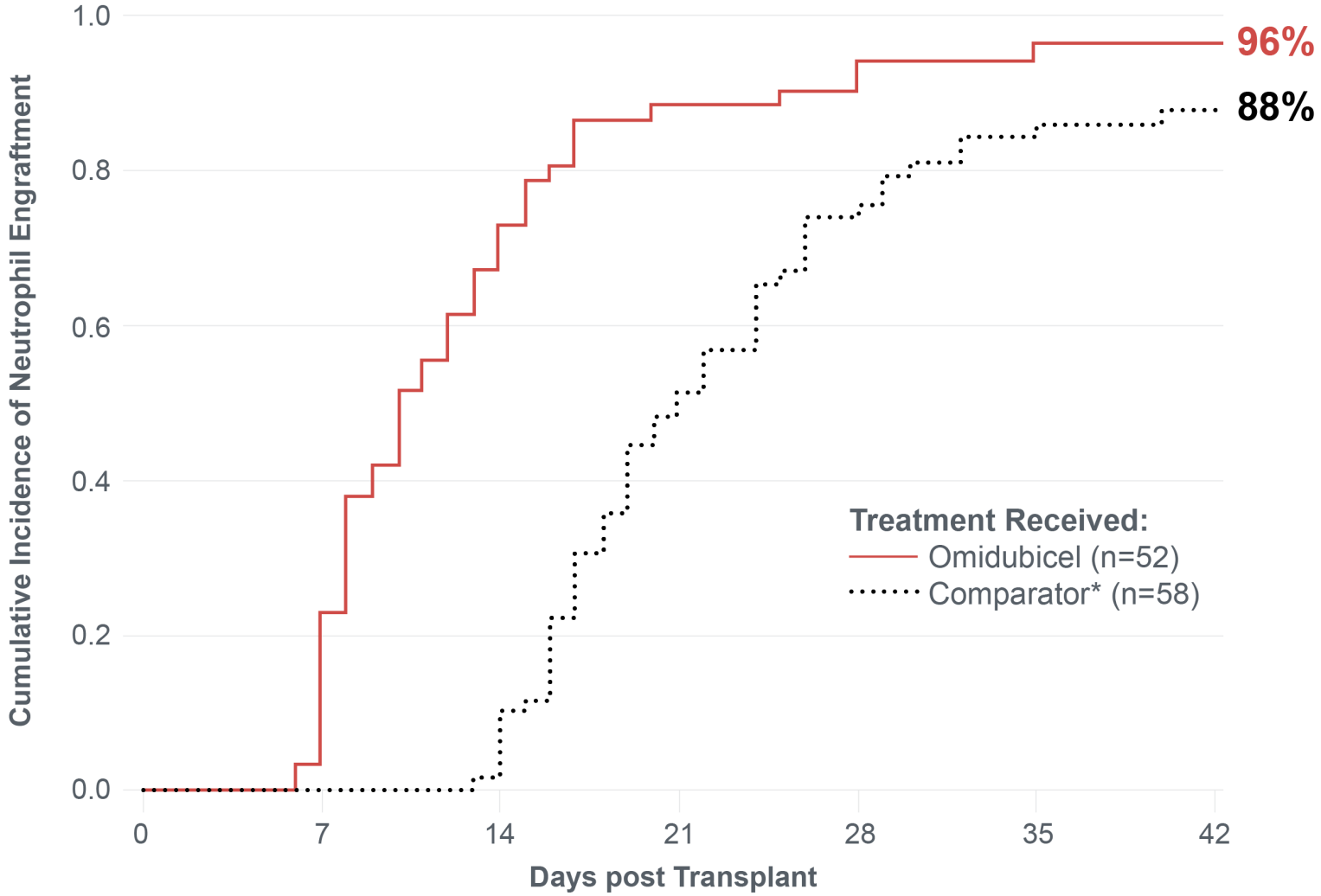
- Demographics and baseline characteristics were well-balanced in the two arms
- Omidubicel was generally well tolerated

Engraftment is a key milestone in recovery
Rapid engraftment is associated with fewer infections and shorter hospitalizations[1]

Anand et al. *BBMT* 23:1151-7, 2017.

Phase 3 Data

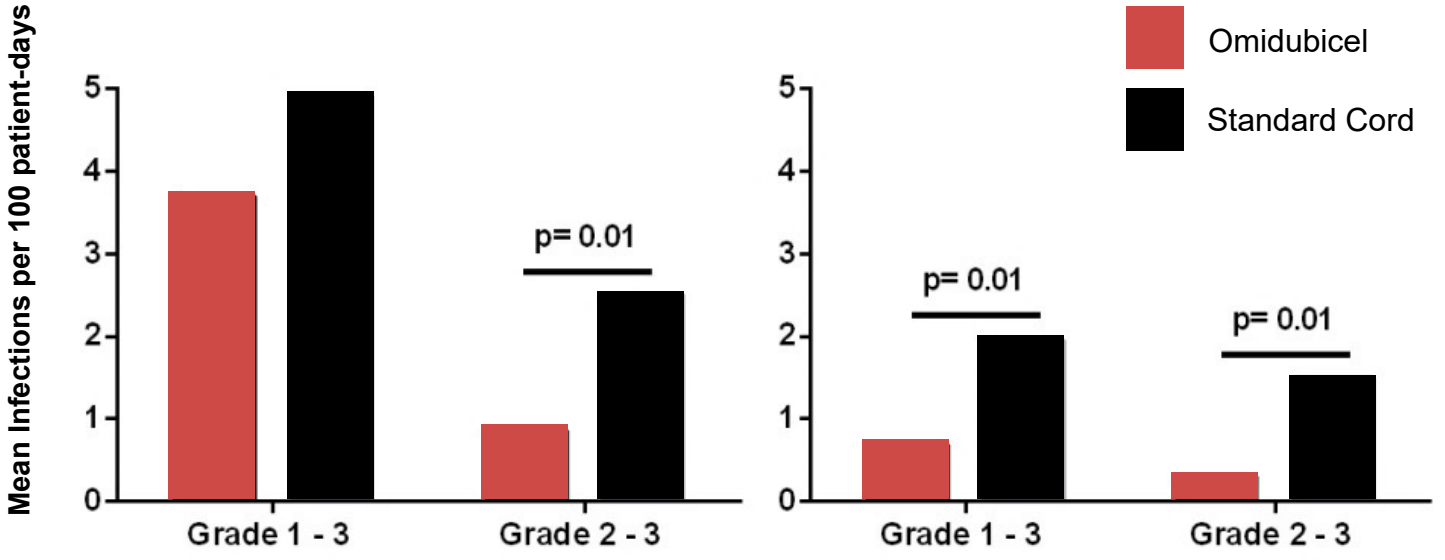
Cumulative Incidence of Neutrophil Engraftment in As-Treated Population



*Comparator is standard cord blood.
AT: As treated population (received transplantation with omidubicel or comparator per protocol).

Phase 1/2 Omidubicel Study Demonstrated That Rapid Engraftment Is Associated with Fewer Infections and Shorter Hospitalizations

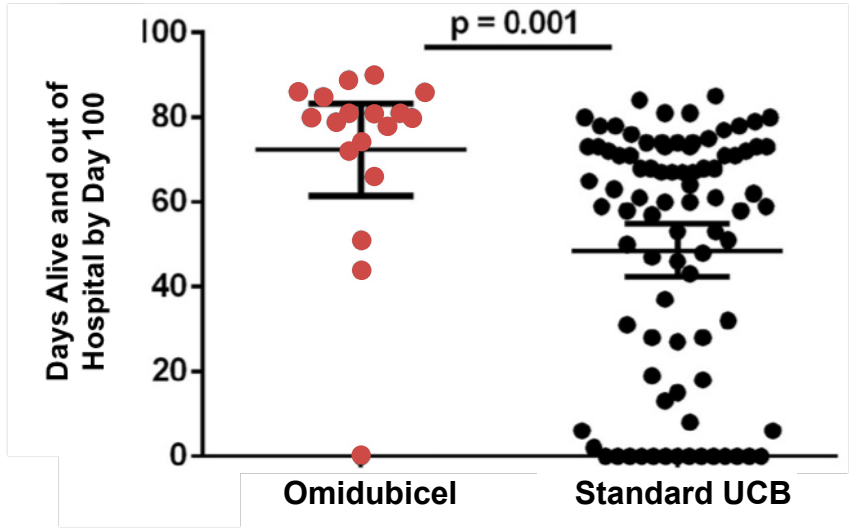
Infection



Total Infections

Bacterial Infections

Hospitalization



~20 fewer days in hospital with omidubicel

Anand et al. *BBMT* 23:1151-7, 2017.

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Preparing for a Successful Omidubicel Launch

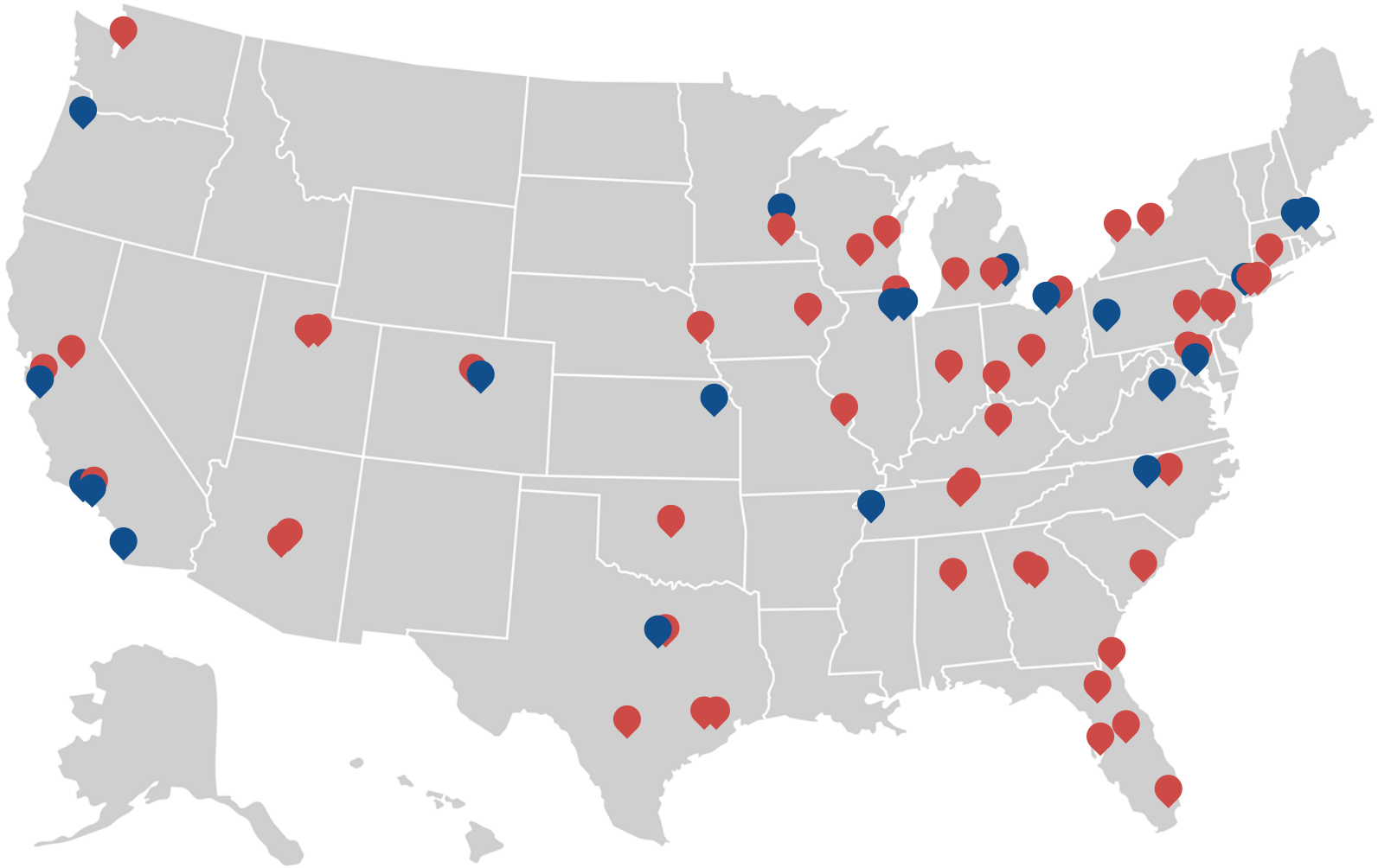
1. Educating top transplant centers
2. Working with payers to ensure reimbursement
3. Building patient and hospital support services
4. Ensuring commercial manufacturing readiness

Key Focus: Positive Patient Experience

Aiming to Bring Omidubicel to Key U.S. Transplant Centers

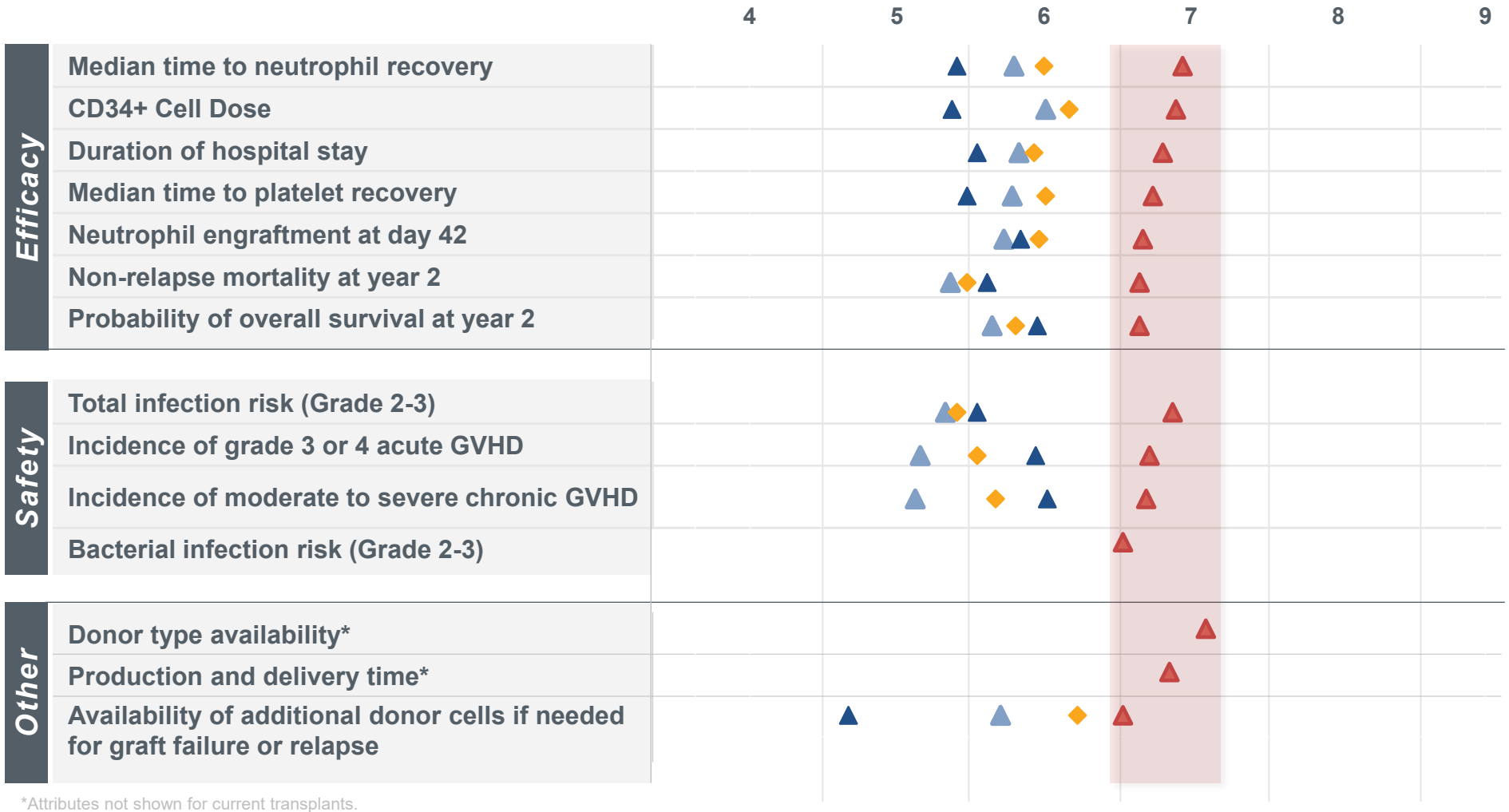
Approximately **70 transplant centers account for ~80%** of bone marrow transplants in U.S.

- Top treating site
- Top treating & omidubicel trial site



Omidubicel Has a Very Compelling Clinical Profile

Performance of Omidubicel (Base Case) vs Current Transplants on Different Metrics (n = 83)



Omidubicel TPP (base)

Partially Matched or Mismatched Unrelated Donor (MMUD)

Haploidentical

Umbilical Cord Blood (UCB)

Rating (On a scale of 1-9) where 1- “Poor” and 9- “Excellent”

*Attributes not shown for current transplants.

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Gamida Is Prepared for the Two Aspects of Payer Access: Coverage and Reimbursement

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

Reimbursement → Gamida has a good understanding of the Reimbursement approach that payers will take upon omidubicel FDA approval

We Will Be Prepared for the Potential Reimbursement Approaches

Clear Understanding of Patient Population Size	Market is well defined, and payers can calculate their potential covered lives
Identified Centers of Excellence (COE) Who Will Use Omidubicel	We agree there needs to be COEs: 70 centers make up 80% of transplants
Therapy Carve Out	Initial payer market research identified carve out as the most likely reimbursement approach at time of approval. We will establish the appropriate codes for carve outs
Case Agreements Incorporating New Therapy*	We will provide the payers and hospitals with the data they need for their confidential discussions

*Before contract is updated.

Our Goal Is to Bring Omidubicel to Every Appropriate Patient

Pre-Infusion and Reimbursement Support

Prior to infusion:

- Cord blood unit selection
- Benefits verification
- Assistance with prior authorization process

Patient Coverage Support

Assistance for patients who are:

- Uninsured
- Underinsured or inadequate insurance

Travel and Housing Resources

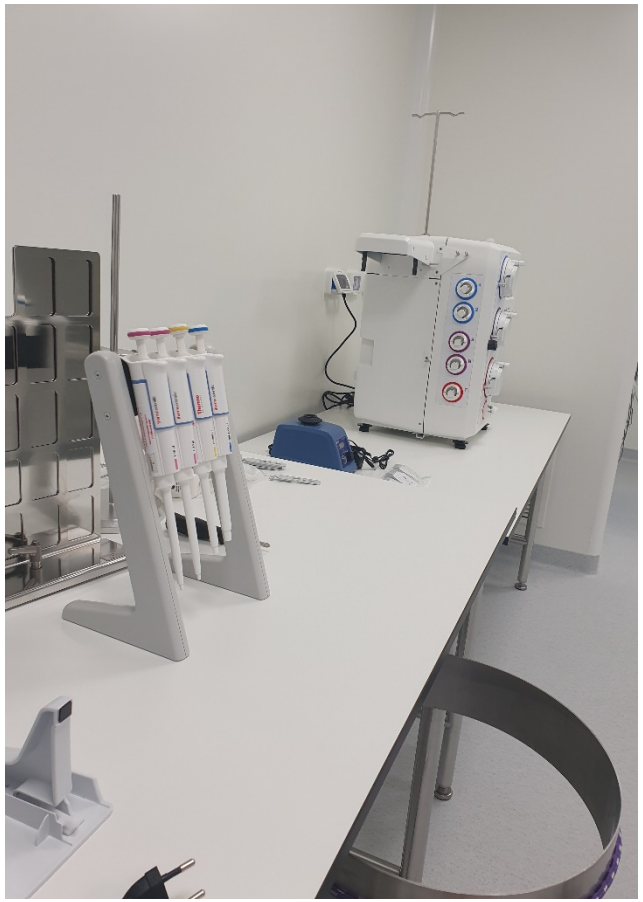
Patients and caregivers travel and housing support services

Claims Appeals

Support if a claim is denied and requires an appeal

Manufacturing Readiness On Track to Support Potential 2H21 Launch

- Anticipate initial commercial supply to be produced by Lonza
  - ✓ Technology transfer completed
- Scalable, Gamida Cell-owned manufacturing facility can further enable reliable, consistent supply
  - ✓ Construction complete
  - – Validation expected to be complete by year-end 2020



Photos of Gamida Cell-owned facility.

Omidubicel Key Takeaways

- Potential to be first FDA-approved bone marrow transplant graft
- Compelling clinical profile to date
  - Unprecedented time to neutrophil engraftment
  - Generally well-tolerated
  - Reduced hospitalization time and decreased risk of infection
- Initiation of rolling BLA submission anticipated in 4Q20
- Pre-commercial activities underway for potential 2H21 launch

After receiving a bone marrow transplant with omidubicel in 2011, Stacey remains cancer free

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

GDA-201

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

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Meet Wayne

Wayne participated in the Phase 1/2 clinical study of GDA-201 at the University of Minnesota to treat lymphoma. His lymphoma is in remission a year after treatment.

“[The doctors] were finding that the lymphoma appeared to have evaporated, completely gone away, that the lymph nodes were really showing no signs of having any kind of cancer in them.”

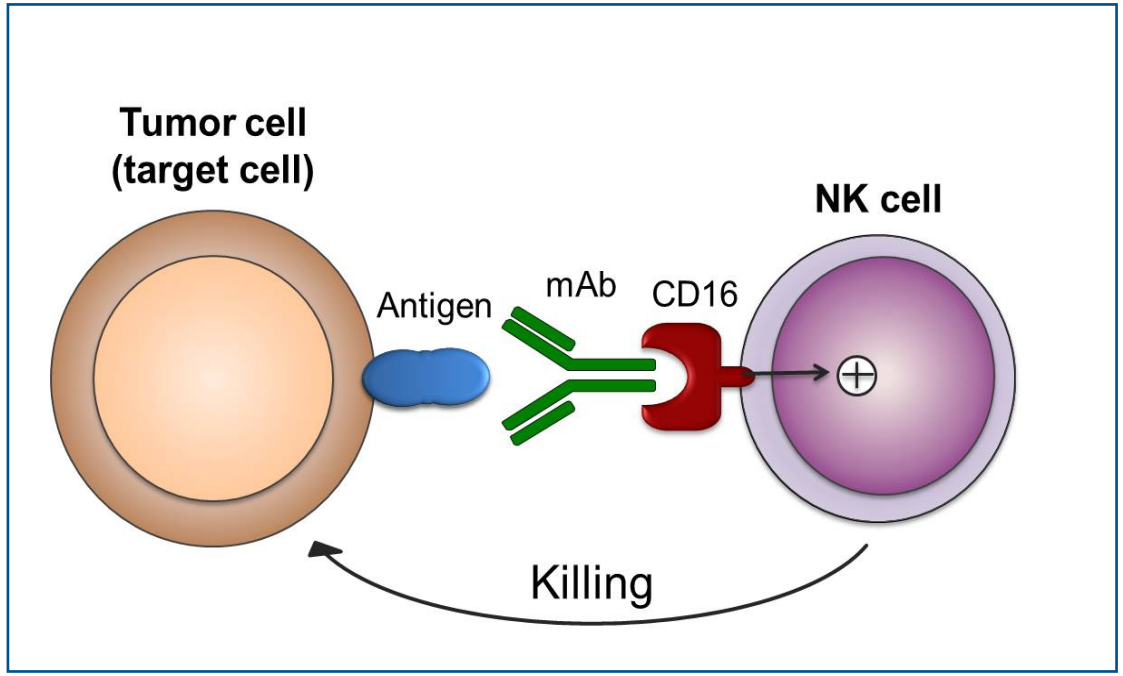
This is one patient and results may not be indicative. Omidubicel is investigational and safety and efficacy have not been established by any agency.

Putting NK Cells to Work Using Our NAM Technology Platform

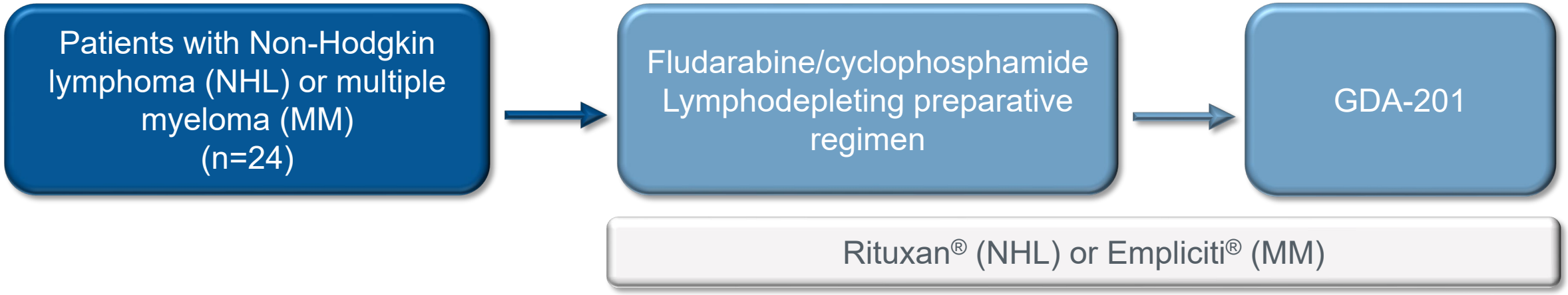
Benefits of NK Cells

- 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



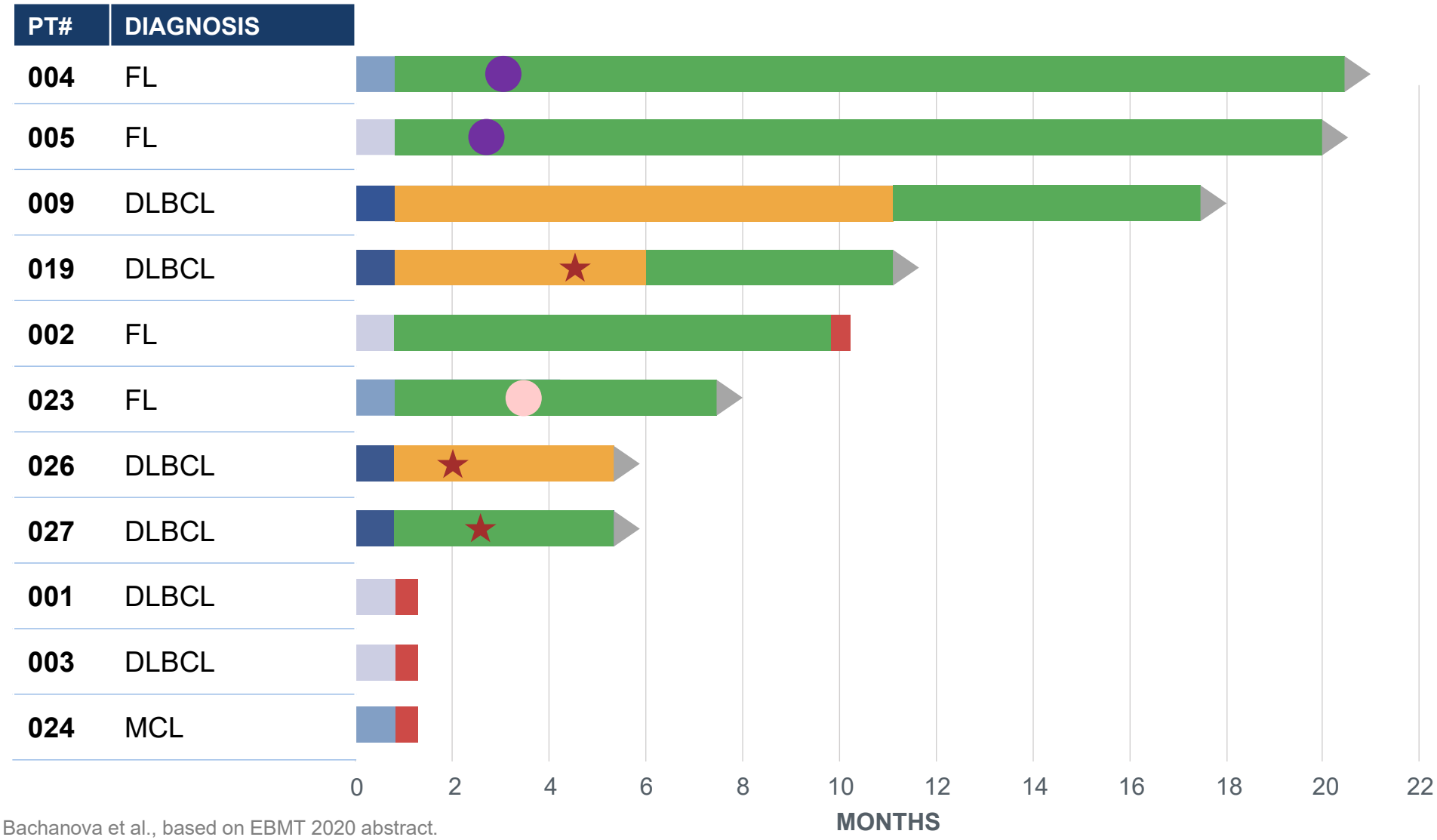
Phase 1 Study of GDA-201 in Patients with Non-Hodgkin Lymphoma and Multiple Myeloma

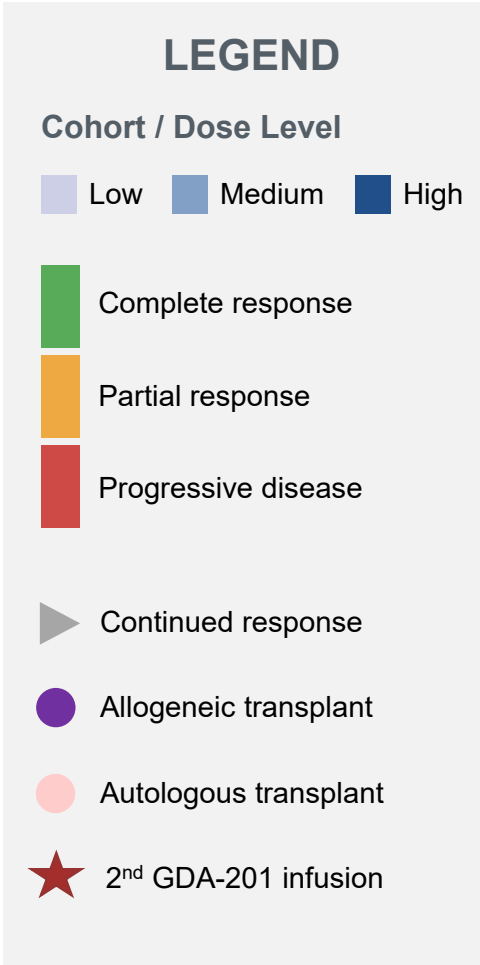


- **Primary endpoint:** Maximum tolerated dose of GDA-201 (3 doses evaluated)
- **Secondary endpoints:** Overall response, toxicity

ClinicalTrials.gov Identifier NCT03019666.

GDA-201 Is Highly Active in Non-Hodgkin Lymphoma



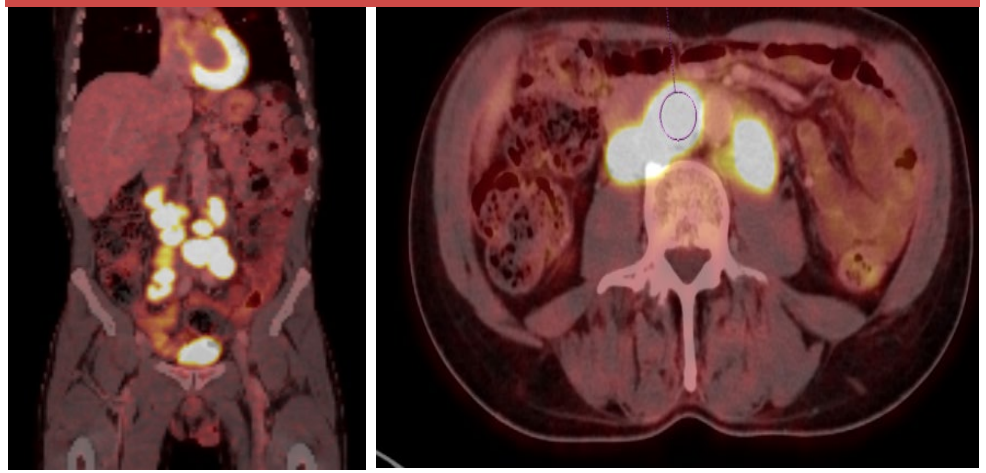


FL: Follicular lymphoma
DLBCL: diffuse large B cell lymphoma

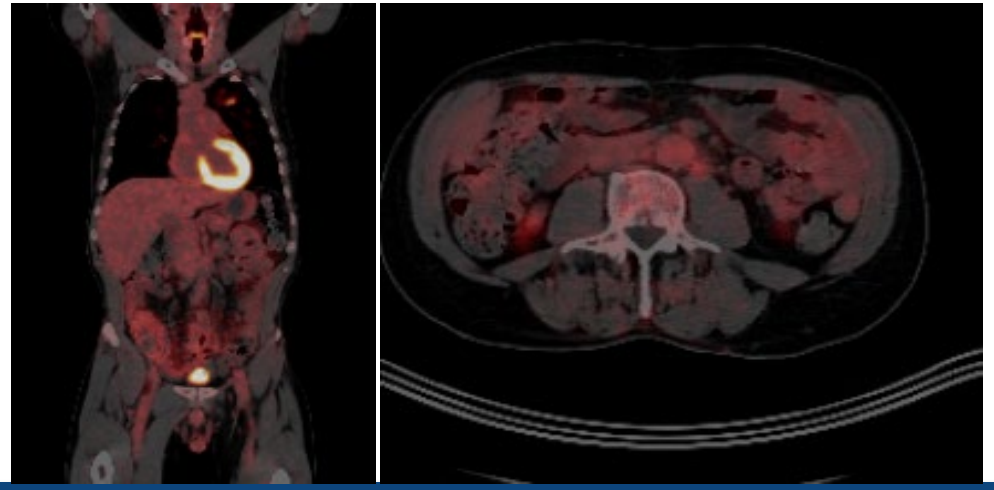
Bachanova et al., based on EBMT 2020 abstract.

Patient 009

Pt 009: Baseline



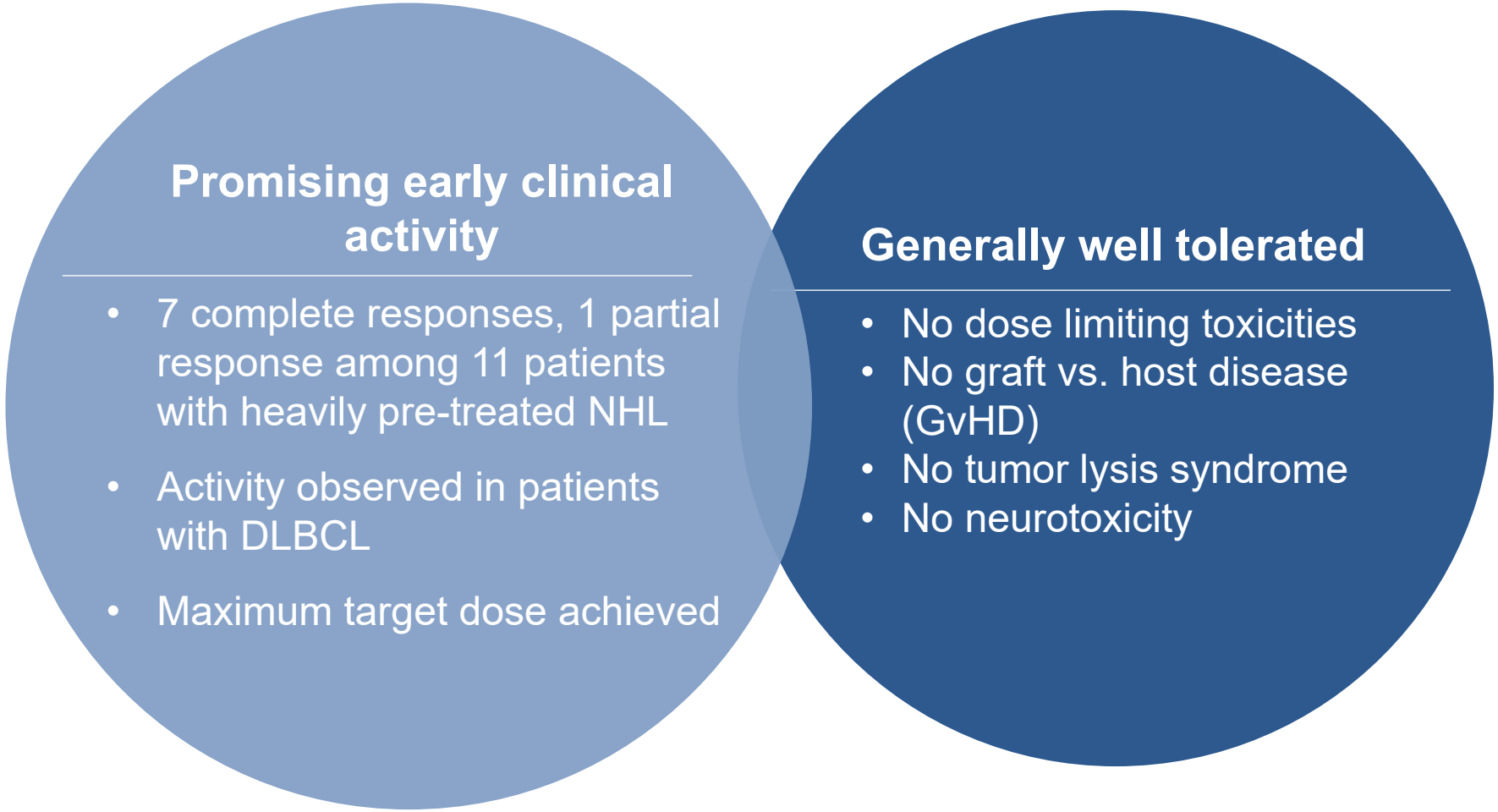
Pt 009: 6-month post GDA-201



- 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.

GDA-201 Phase 1 Study: Key Takeaways



Data support Phase 1/2 multi-center, multi-dose study in NHL

Bachanova et al. EBMT 2020 abstract. Bachanova et al. ASH 2019.

NK Could Be the Next Disruptive Cell Therapy

CAR-T Benefits

- Dramatically changed treatment paradigm
- Demonstrated long-term clinical benefits

CAR-T Limitations

- Complex manufacturing process
- Side effects, including cytokine release syndrome
- Many patients aren't fit enough for treatment

Precedent for Rapid Path to Approval for Cell Therapies with Significant Clinical Benefit
YESCARTA® IND to BLA: 27 Months

2014	2015		2016	2017		
IND Submitted (Dec)	ZUMA-1 Ph1 Study First Patient Enrolled (Apr)	ZUMA-1 Ph2 Pivotal Study Opens (Nov)	ZUMA-1 Pivotal Study Interim Analysis (Nov)	ZUMA-1 Pivotal Study Topline Primary Analysis (Feb)	BLA Submission Completed (Mar)	FDA Approval (Oct)

GDA-201: Encouraging Clinical Activity 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
- File IND in 1H21
- Initiate Phase 1/2 multi-center study in 2021

Future Directions

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

Expected 2020-2021 Milestones

Omidubicel

- ✓ Report topline data from the Phase 3 study in 2Q20
- ❑ Present data from the Phase 3 study at a medical meeting in 4Q20
- ❑ Initiate rolling BLA submission in 4Q20
- ❑ Report additional data from the Phase 1/2 study in patients with severe aplastic anemia in 4Q20
- ❑ Launch omidubicel in 2021*

GDA-201

- ✓ Present additional data from the Phase 1 study in 1H20**
- ❑ Submit IND in 1H21
- ❑ Initiate a Phase 1/2 clinical study in NHL in 2021

*Pending BLA submission, acceptance and subsequent FDA approval.
** Data accepted for EBMT2020, which was to be held in March and then postponed due to COVID-19.

Financial Snapshot

- June 30th cash position: $88.6 million*
- Cash supports capital needs into 2H21*
- Approximately 90 employees

*Includes cash, cash equivalents, marketed securities and short-term deposits. Cash runway guidance is based on our current operational plans, including the assumption that we will continue to advance both our commercial readiness and all our clinical programs and excludes any additional funding that may be received or business development activities that may be undertaken.

We Are Inspired to Cure

NAM Platform — Potential to expand any cell type, including stem cells and NK cells

Omidubicel — Preparing for BLA submission and potential launch

GDA-201 — Promising early clinical activity in heavily pre-treated patients with lymphoma

Looking Ahead — Potential to launch first-ever FDA-approved bone marrow transplant graft

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Inspired to Cure

September 2020