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Inspired to Cure

June 2020

Disclaimer

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We Are Developing Advanced Cell Therapies

CANDIDATE	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	UPCOMING MILESTONES
OMIDUBICEL					
High-Risk Hematologic Malignancies	**FDA Breakthrough Designation**				❑ Full data presentation 2Q20 ❑ BLA submission 4Q20
Severe Aplastic Anemia*					❑ Additional data 2H20
GDA-201					
Non-Hodgkin Lymphoma, Multiple Myeloma					✓ Additional data 2H20 ❑ IND submission 4Q20

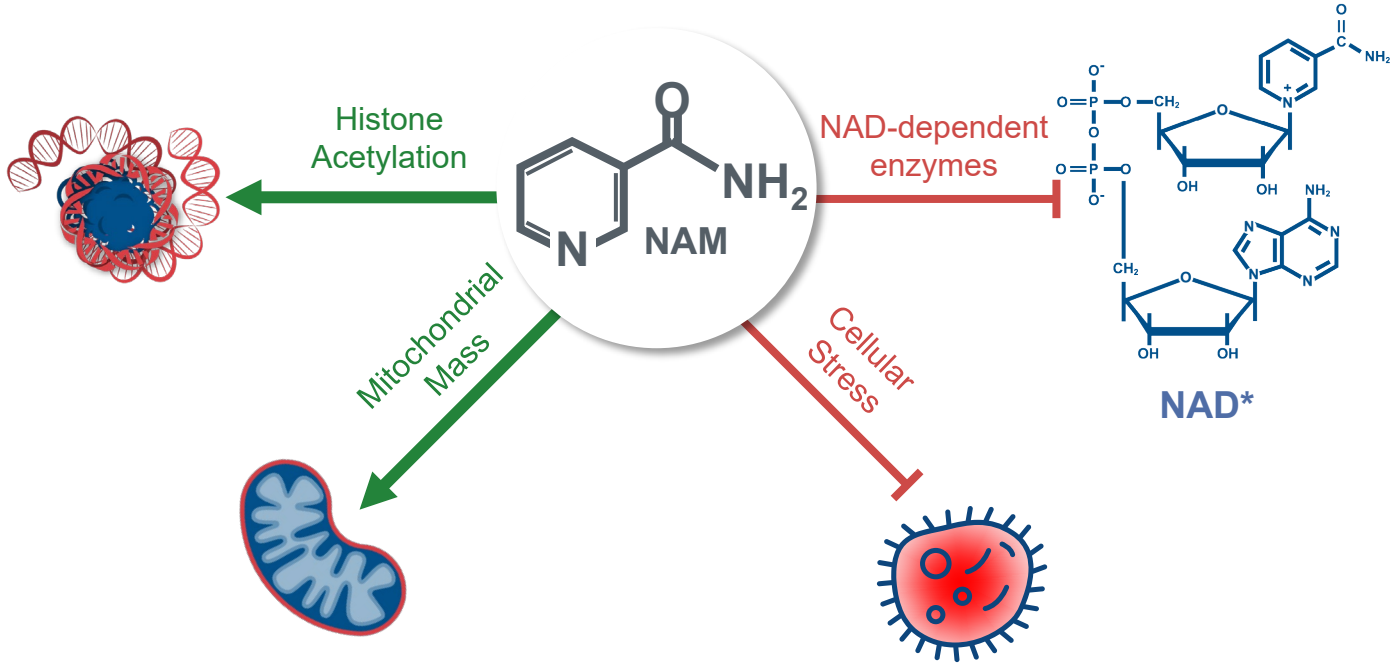
*The Aplastic Anemia Investigational New Drug (IND) application is currently filed with the FDA under the brand name, CordIn, which is the same investigational development candidate as omidubicel.

Technology Platform Designed to Enhance the Number and Functionality of Allogeneic Donor Cells

NAM has the potential to expand any cell type, including stem cells and natural killer (NK) cells

Importance of NAM

- Plays a key role in metabolic reprogramming of cells
- Preserves cellular functionality and phenotype during expansion



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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 is now eight years post-transplant.

"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.

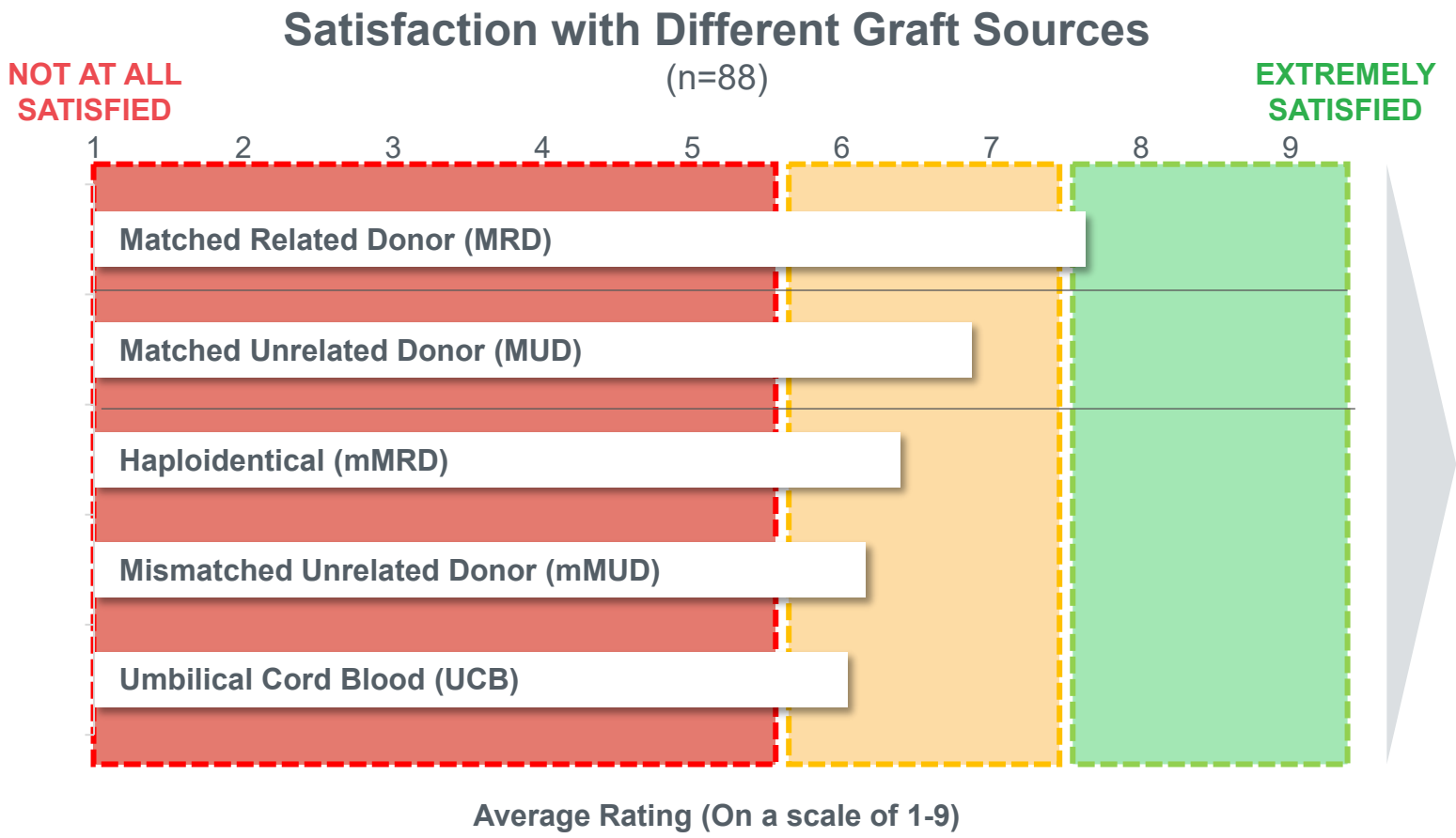
Omidubicel May Address a Significant Patient Population in the U.S.

~13,000 patients with hematologic malignancies are eligible for transplant annually in the U.S.

		Patients	Challenges		Unmet Need
Omidubicel opportunity	Not Matched / Not Referred	5,200	• Numerous including: • Access to care • Access to graft source	→	**Expand Access**
	Matched Unrelated	5,200	• Availability of graft source • Quality of graft source • Time to engraftment • Risk of GvHD • Potency of GvL effect	→	**Improve Outcomes**
	Haploidentical				
	Cord Blood				
	Matched Related	2,600	• Availability of sibling donor		

Sources: SEER, Besse et al. Esimating demand and unmet need for allogeneic hematopoietic cell transplantation in the U.S. using GIS. JCO 2015. Internal market research studies and data analysis. CIBMTR Annual Slides 2018.; The Nemetz Group Quant Survey 2018.

HCPs Are Not Strongly Satisfied with Any Graft Source Available Today



No graft source was strongly rated "top two box"

Lower satisfaction was statistically significant with the "alternative" sources that comprise 75% of market share

Note: MRD, MUD, MMUD, Haplo, UCB denotes statistically significant differences across transplants at a C.I. of 95%.
Source: Trinity Quantitative Study 2019.

Omidubicel Has a Very Compelling Clinical Profile

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

*Attributes not shown for current transplants.

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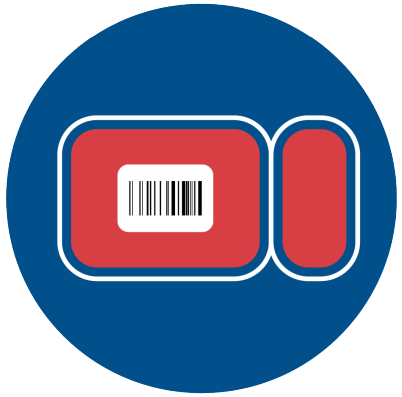
Omidubicel Is a Potentially Curative Cell Therapy Product



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

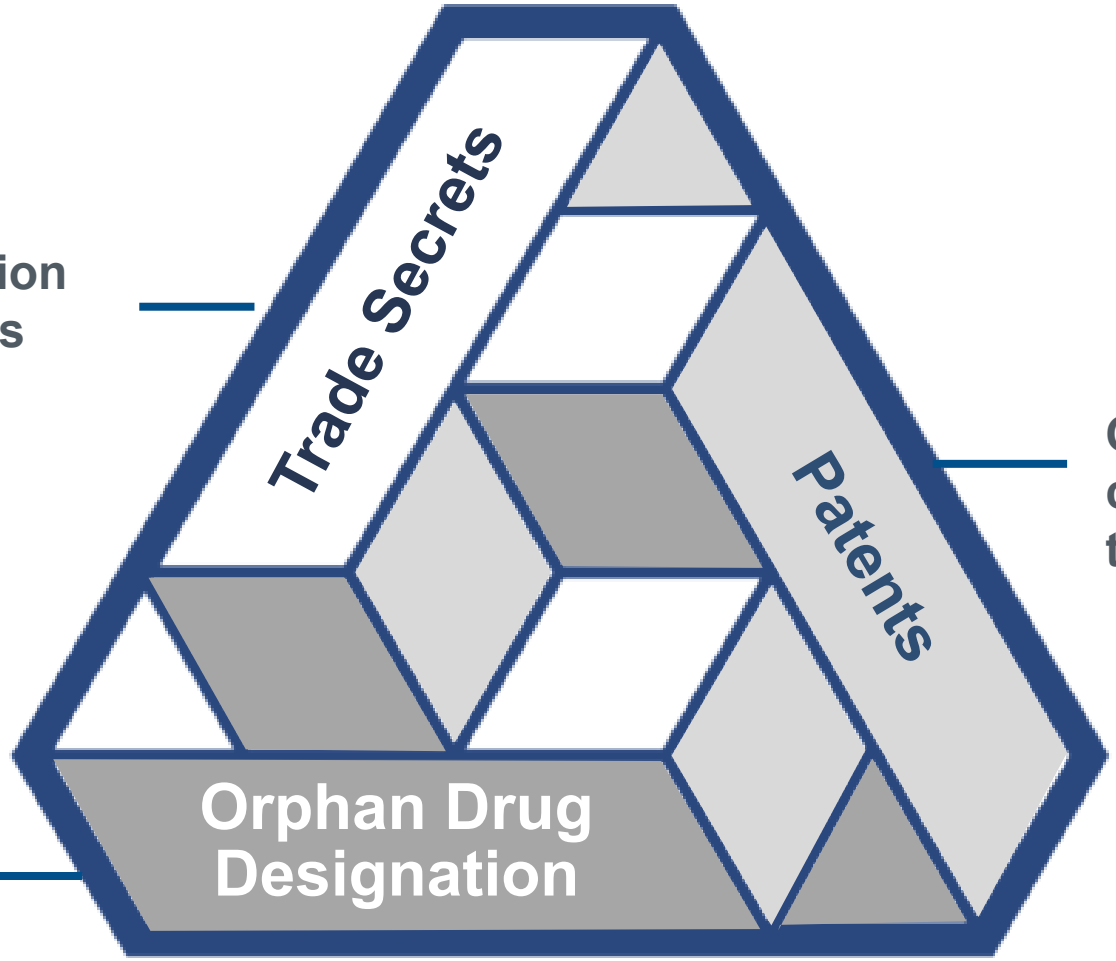
Immune cells, including T cells

Omidubicel Infusion

Manufacturing and Treatment Process For Omidubicel

Omidubicel Intellectual Property and Exclusivity

Exclusivity protection due to trade secrets



Omidubicel patent coverage with NAM technology

Exclusivity
- **12 years in U.S.**
- **10 years in EU**

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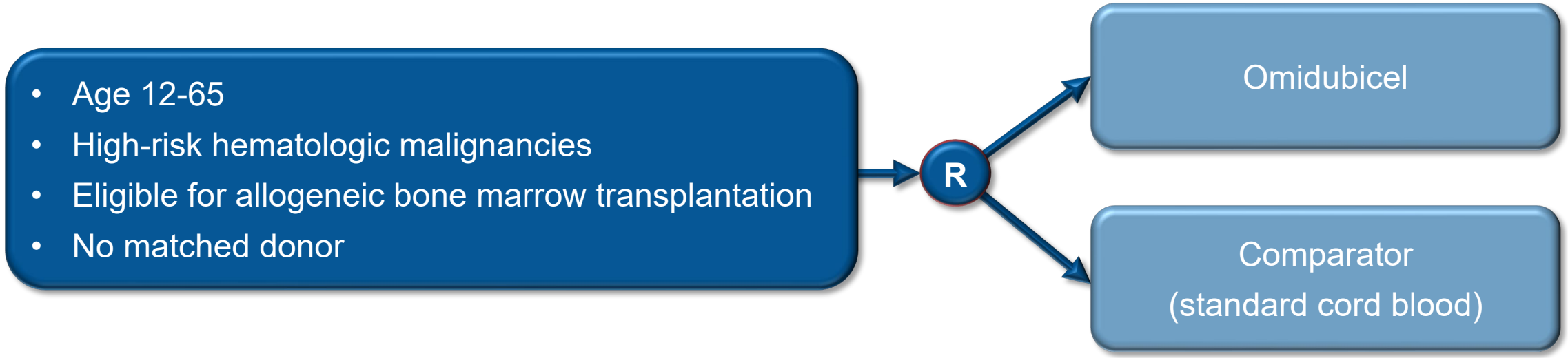
Phase 3 Global, Randomized Study Conducted at Over 50 Sites



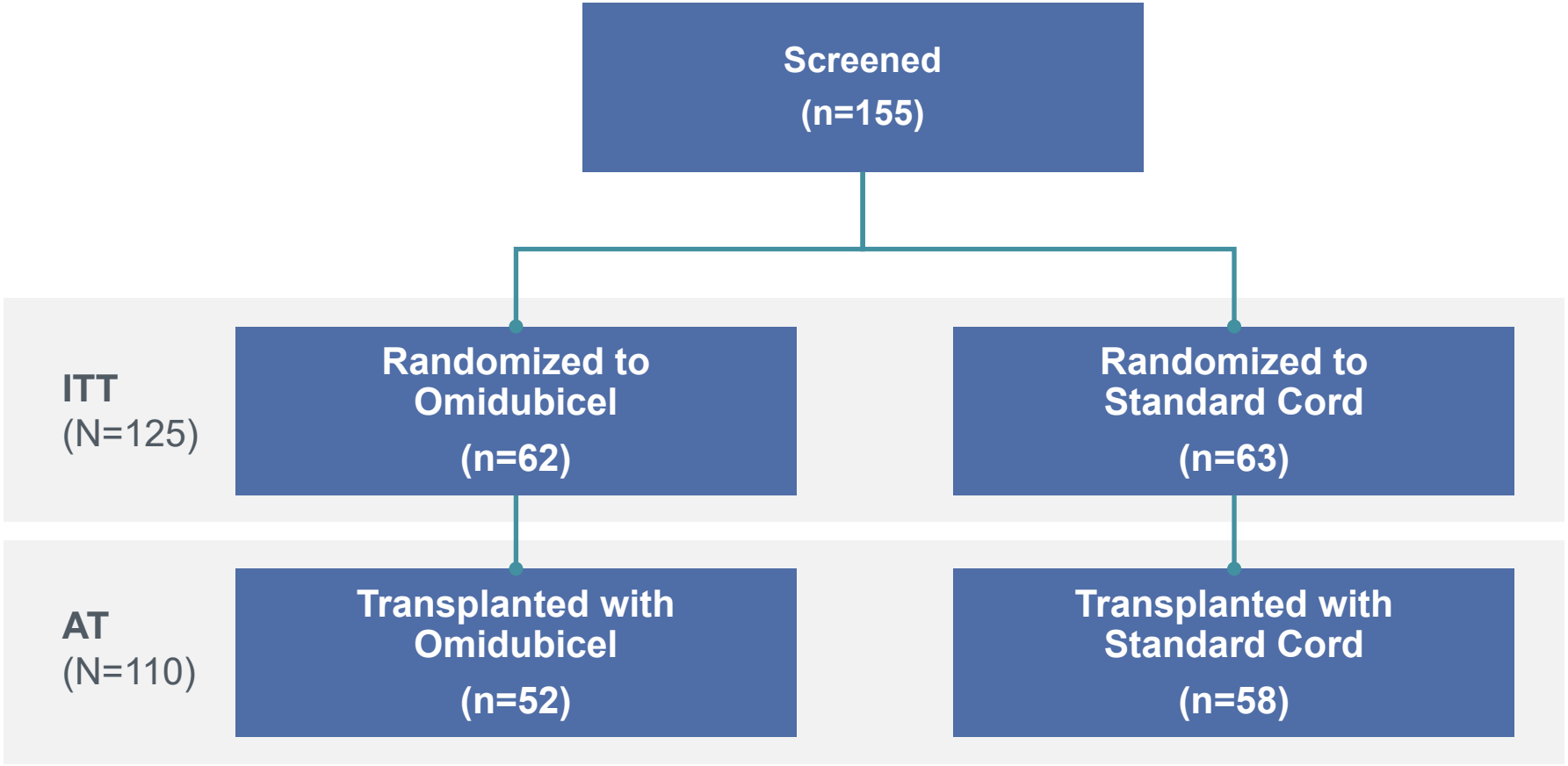
Primary endpoint: Time to neutrophil engraftment

Secondary endpoints: Platelet engraftment, infections, hospitalizations

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

Clinicaltrials.gov identifier NCT01221857.

Analysis Populations



ITT: Intent to Treat; AT: As treated population (received transplantation with omidubicel or comparator per protocol.

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)	

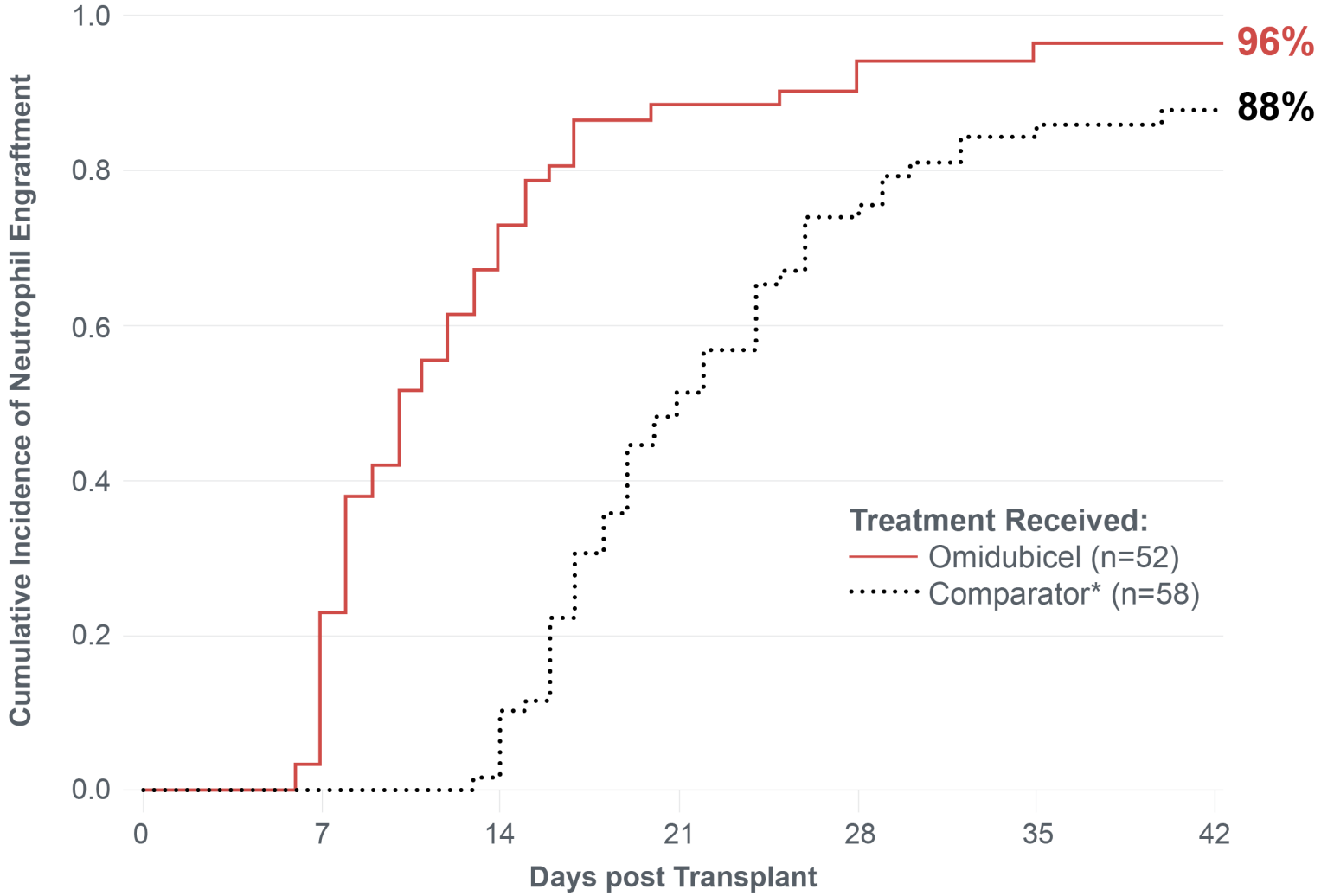
- Demographics and baseline characteristics were well-balanced in the two arms
- Omidubicel was generally well tolerated

Omidubicel Has Shown Unprecedented Time to Neutrophil Engraftment

Graft	Definition	Annual Volume	Probability of Finding a Donor	Time from Search to Acquisition	Days to Neutrophil Engraftment
Omidubicel	Advanced cell therapy derived from cord blood	—	>90%	24 days–30 days	**12**
Sibling donor	HLA-matched cells from a sibling	2,600	All ethnicities: 30%	19 days–2.3 months	**16**
MUD	HLA-matched cells from an unrelated donor	3,250	White: 75% Non-white: 16–52%	6 weeks–3.5 months	**17**
mMUD	HLA-mismatched cells from an unrelated donor	700	White: 97% Non-white: 66–91%	6 weeks–3.5 months	**17**
Haplo-PTCy	HLA-half-matched cells, most often from a parent or child	1,300	All ethnicities: >95% 70% donors >30 years	6 weeks–3.5 months	**16–18**

1. CIBMTR. Current Uses and Outcomes of HCT 2018 Summary Slides. NMDP/Be The Match/Medical College of Wisconsin. 2. Salvatore et al. *Haematologica* August 2018 103: 1317-1328. 3. Mary M. Horowitz, MD, MS. Haploidentical Transplantation: The Answer to our Donor Problems? CIBMTR, Medical College of Wisconsin. January 2017. 4. Gragert et al., *NEJM* 2014 2014;371:339-48.
5. ZS Quantitative study n=63.

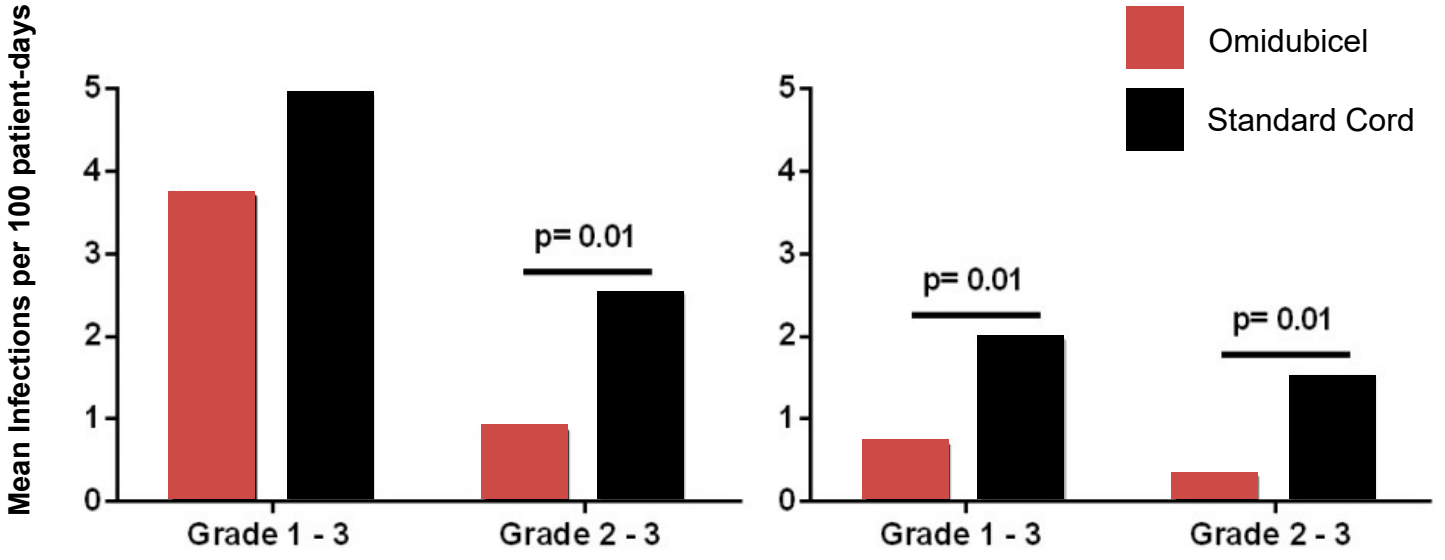
Cumulative Incidence of Neutrophil Engraftment in AT Population



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

Rapid Engraftment Is Associated with Fewer Infections and Shorter Hospitalizations

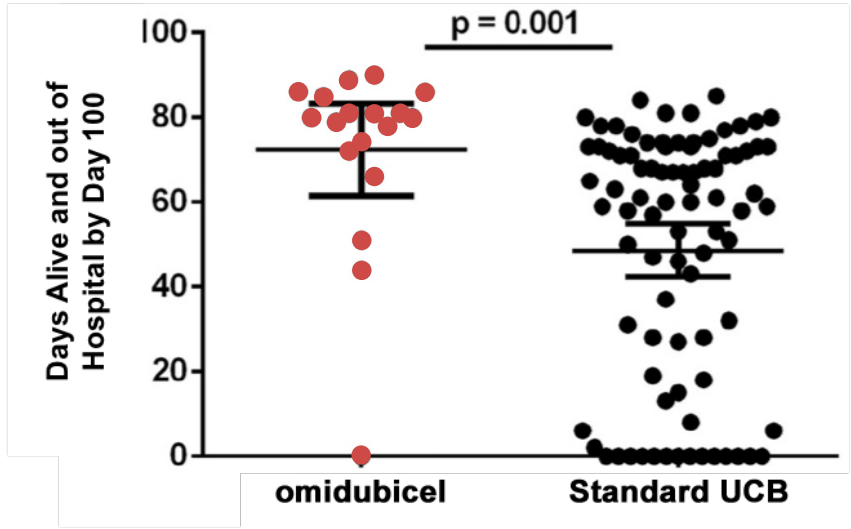
Infection



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

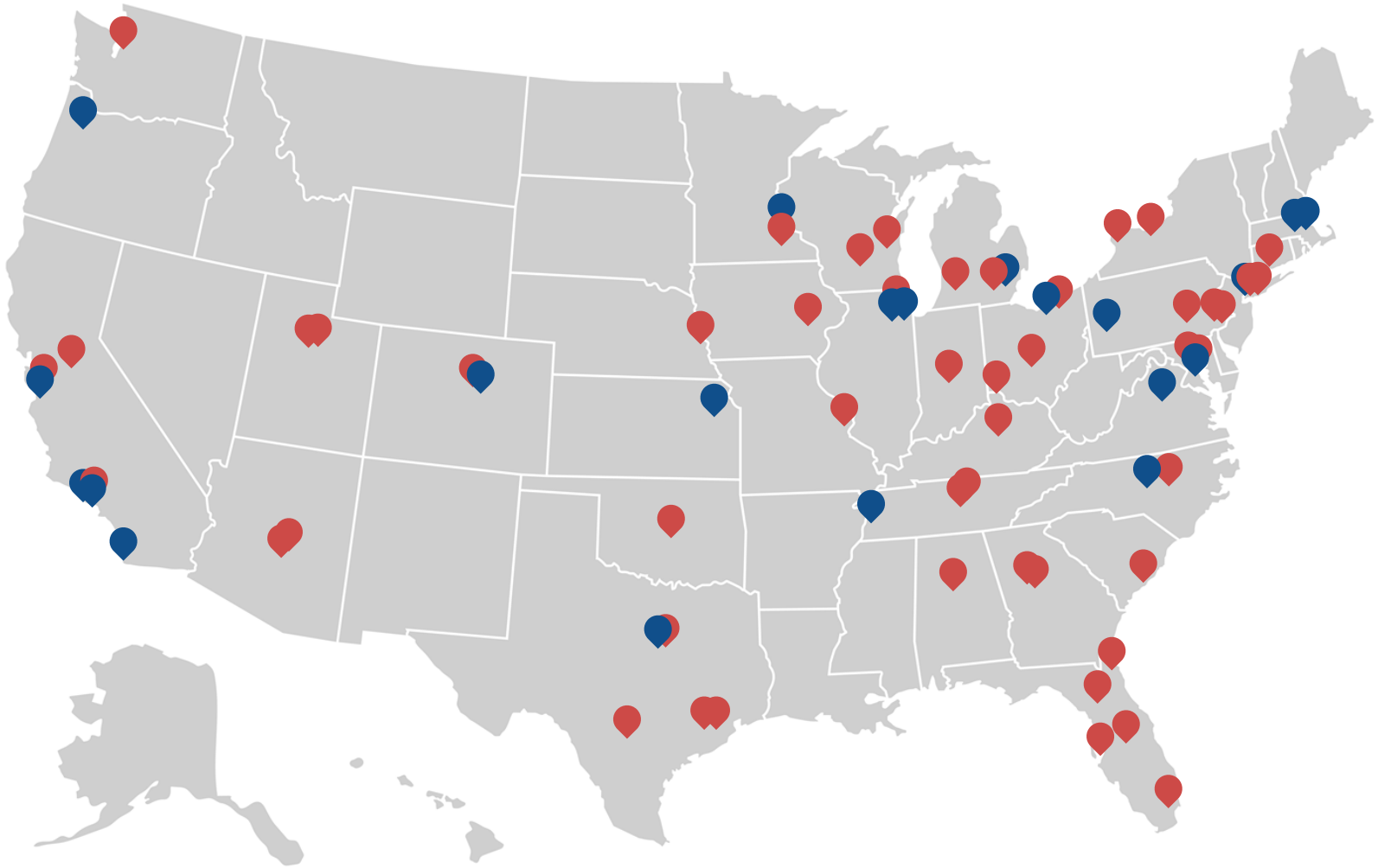
1. Educating top transplant centers
2. Building patient and hospital support services
3. Working with payers to ensure reimbursement
4. Ensuring commercial manufacturing readiness

Preparing to initiate Biologics License Application to FDA in 4Q20

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



Our Goal Is to Bring Omidubicel to Every 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

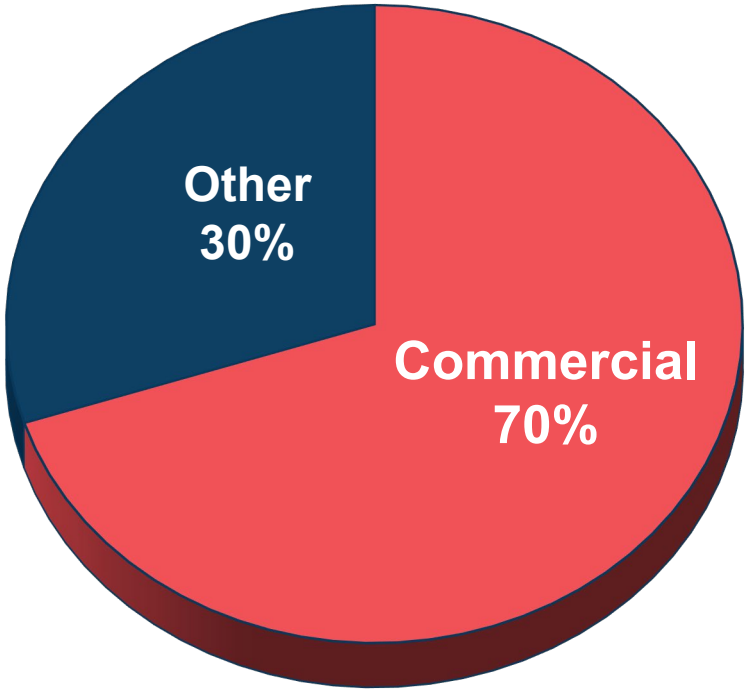
Clear Path to Establish Reimbursement and Coverage

"Average days in hospital is less which will bring cost savings."

– ***Medical Director***

- Work ongoing to educate payers about the life saving potential and value of omidubicel
- Strategy in place for Medicare and Medicaid coverage
- Precedence set by recently approved cellular therapies

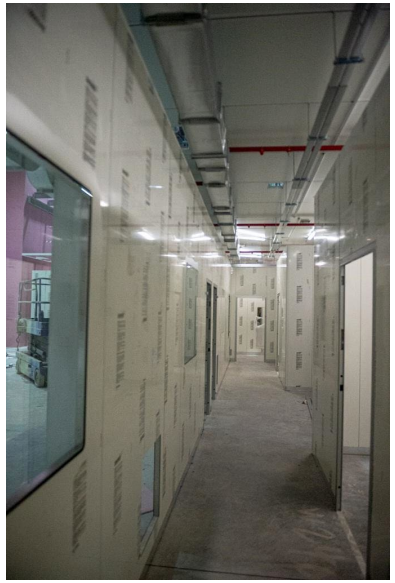
Analysis by Insurance Type[1,2]



[1]State Health Access Data Assistance Center (SHADAC) analysis of the American Community Survey (ACS) Use Microdata Sample (PUMS) files, State Health Compare, SHADAC, University of Minnesota and statehealthcompare.shadac.org.
[2]Potential payer mix for all patients studied: AML, ALL, CML, MDS & FL.

Preparing for Manufacturing Readiness

- Anticipate initial commercial supply to be produced by Lonza
- Scalable, Gamida Cell-owned manufacturing facility can further enable reliable, consistent supply



Omidubicel Key Takeaways

- Unprecedented time to neutrophil engraftment, generally well-tolerated
- Expected to reduce hospitalization time and decrease risk of infection in patients with high-risk, life threatening blood cancers, in need of BMT, without a matched donor
- Pre-commercial activities underway to prepare for possible 2021 launch
- Potential to be first FDA-approved BMT graft, with initiation of rolling BLA submission anticipated in 4Q20

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.”

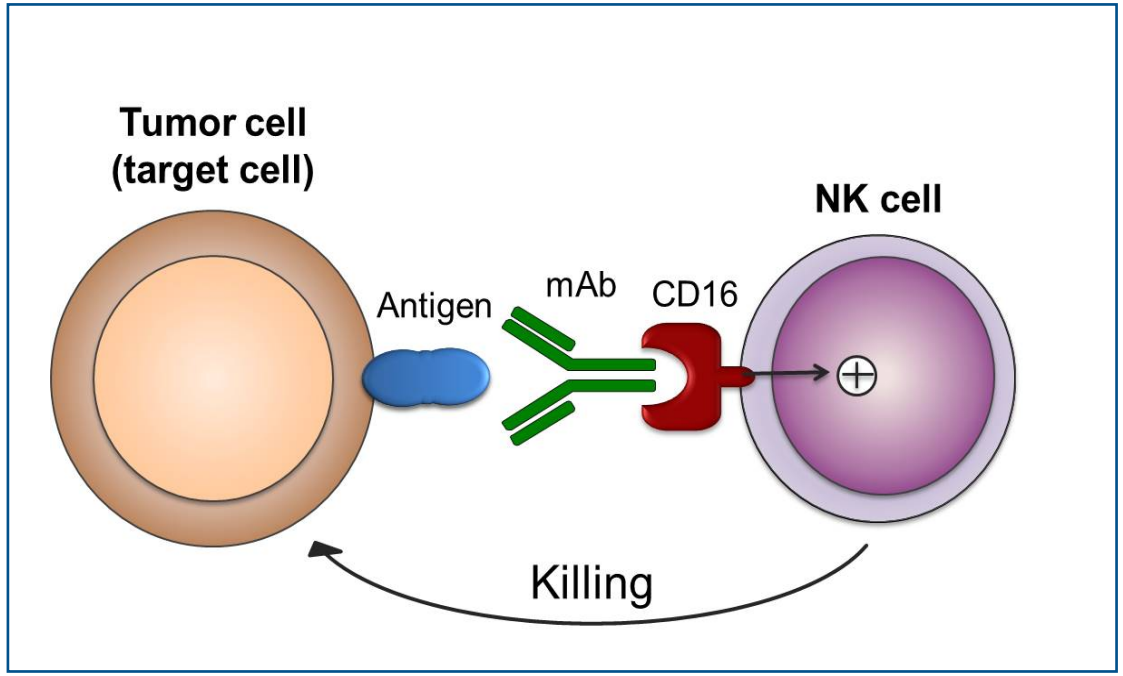
This is one patient and results may not be indicative. Omidubicel is investigational and safety and efficacy have not been established by any agency.

Putting NK Cells to Work Using Our NAM Technology Platform

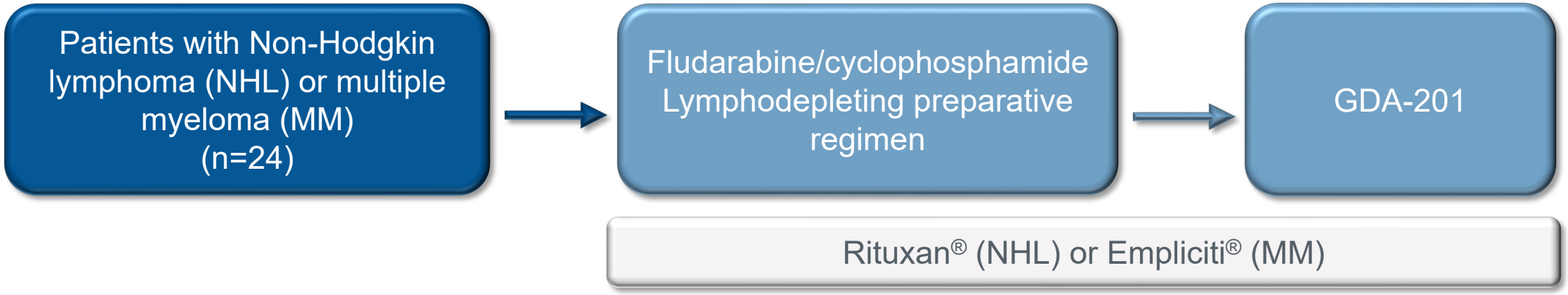
Benefits of NK Cells

- 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



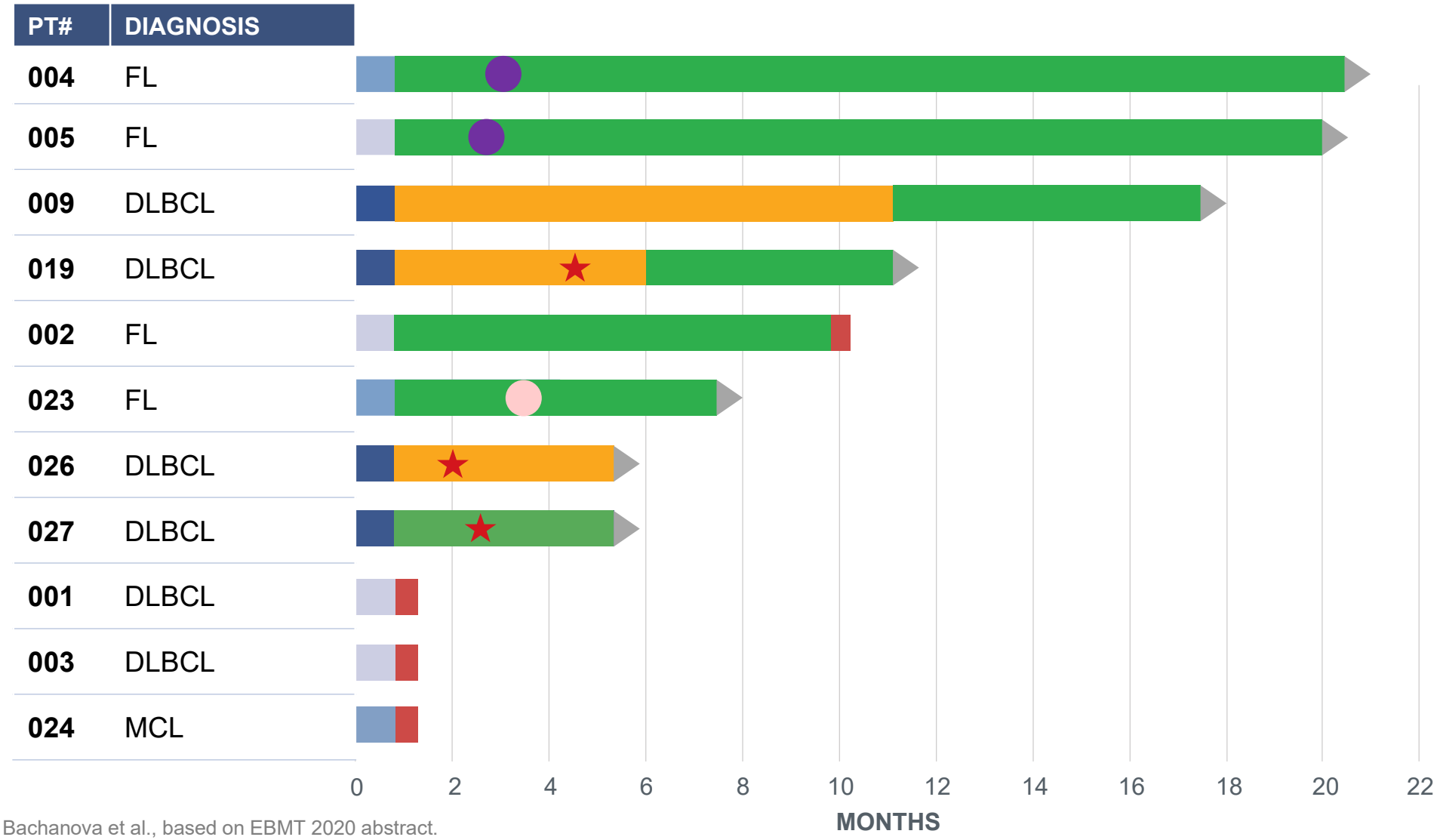
Phase 1 Study of GDA-201 in Patients with Non-Hodgkin Lymphoma and Multiple Myeloma

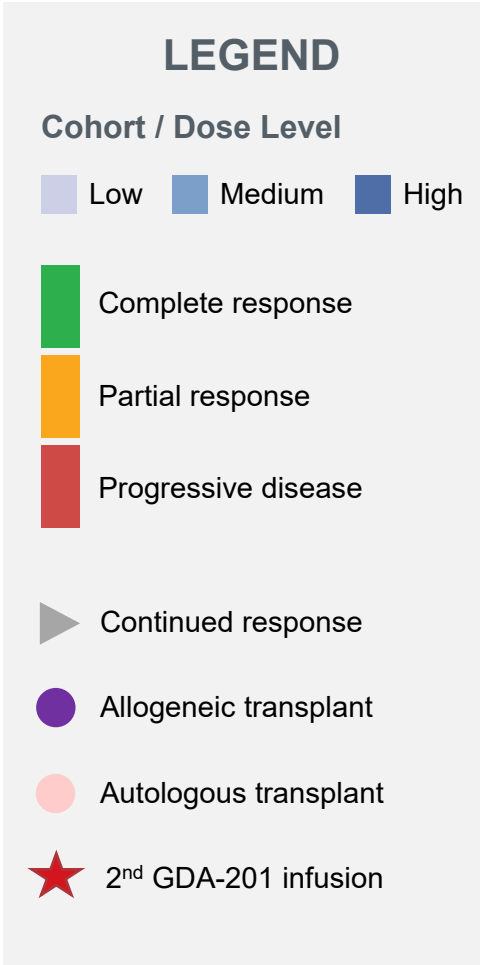


- **Primary endpoint:** Maximum tolerated dose of GDA-201 (3 doses evaluated)
- **Secondary endpoints:** Overall response, toxicity

ClinicalTrials.gov Identifier NCT03019666.

GDA-201 Is Highly Active in Non-Hodgkin Lymphoma



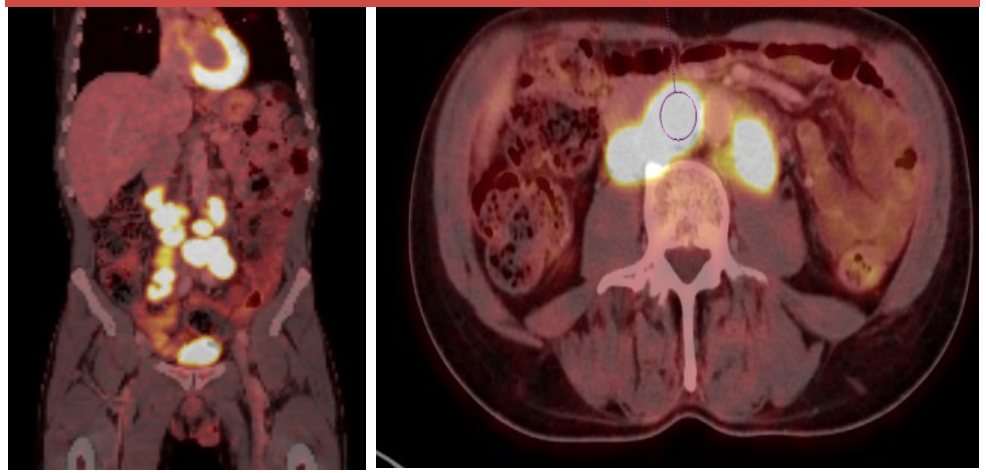


FL: Follicular lymphoma
DLBCL: diffuse large B cell lymphoma

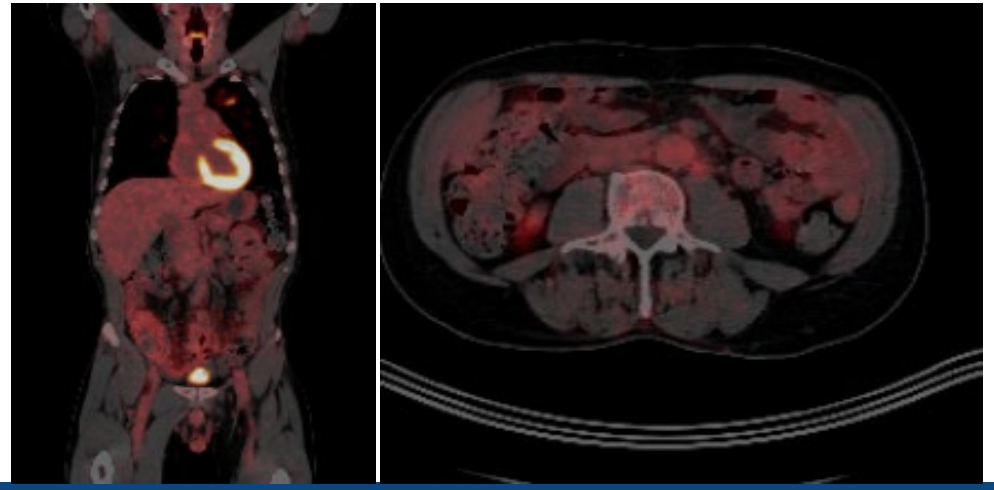
Bachanova et al., based on EBMT 2020 abstract.

Patient 009

Pt 009: Baseline



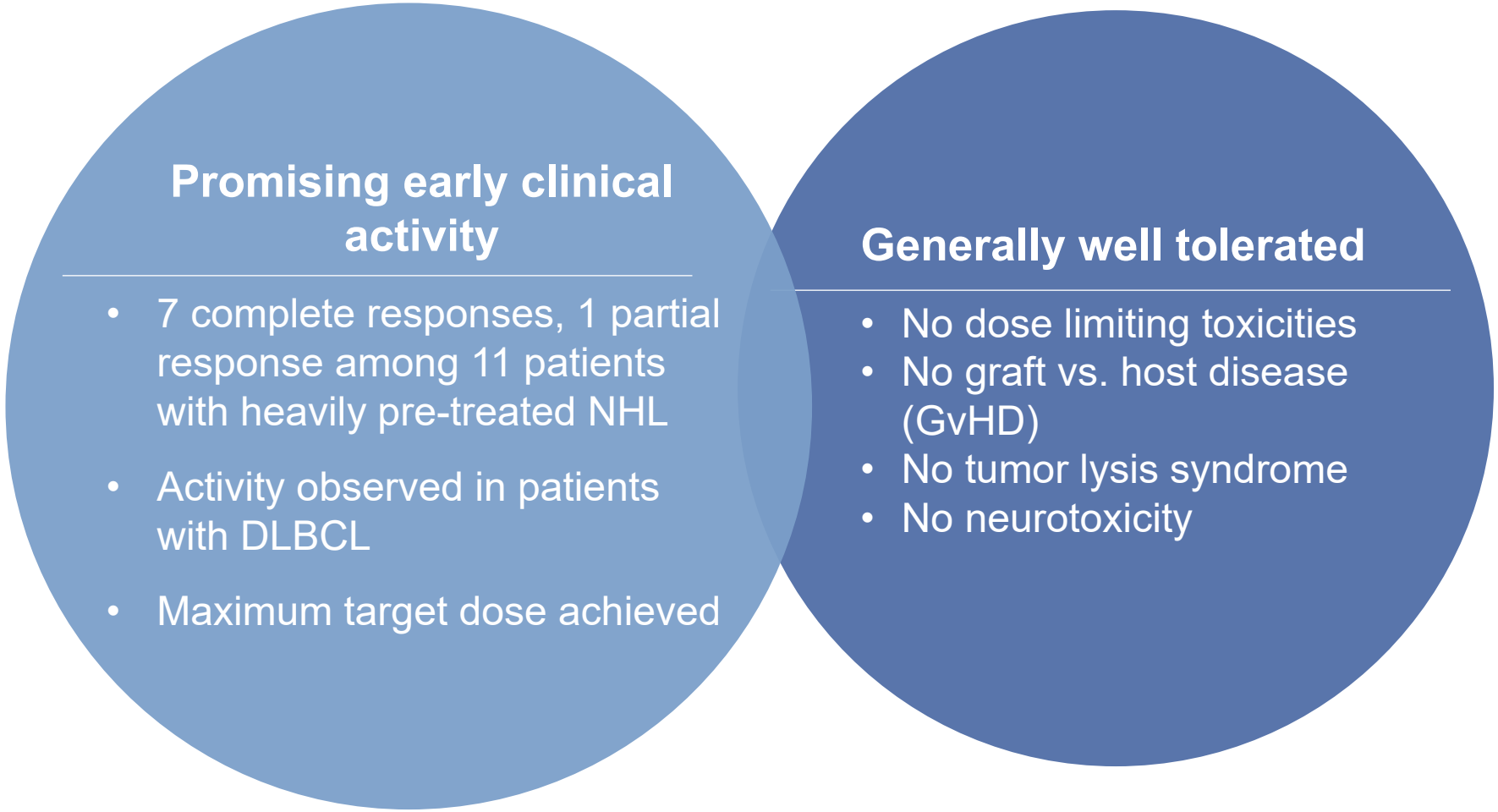
Pt 009: 6-month post GDA-201



- 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
- 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 2H20
- ❑ Initiate rolling BLA submission in 4Q20
- ❑ Report additional data from the Phase 1/2 study in patients with severe aplastic anemia in 2H20
- ❑ Launch omidubicel in 2021*

GDA-201

- ✓ Present additional data from the Phase 1 study in 1H20**
- ❑ Submit IND in 4Q20
- ❑ 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

- March 31st cash position: $40.3 million*
  - Subsequently raised approximately $69M (gross) from May follow-on offering
- 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

June 2020