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Inspired to Cure

June 2021

Disclaimer

This Presentation includes certain projections and forward-looking statements as of the date of this Presentation provided by Gamida Cell Ltd (the "company"). The information in this Presentation is current only as of its date and may have changed since that date. These projections and forward-looking statements include, but are not limited to, those regarding the company's future financial position and results of operations, the company's commercialization, marketing and manufacturing capabilities and strategy, the company's intellectual property position, regulatory matters, market size and opportunity and the company's estimates regarding expenses, future revenues, capital requirements, needs for additional financing, timing of regulatory filings, potential product approvals and commercial readiness. These projections and forward-looking statements are based on the beliefs of the company's management as well as assumptions made and information currently available to the company. Such statements reflect the current views of the company with respect to future events and are subject to business, regulatory, economic and competitive risks, uncertainties, contingencies and assumptions about the company and its subsidiaries and investments, including, among other things, the development of its business, trends in the industry, the legal and regulatory framework for the industry and future expenditures. In light of these risks and uncertainties, and others that are described in the Risk Factors section and elsewhere in the company's Annual Report on Form 20-F, filed with the Securities and Exchange Commission (the "SEC") on March 9, 2021 and other filings that the company 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 the company's actual results could differ materially and adversely from those anticipated or implied thereby. None of the future projections or forward-looking statements in this Presentation should be taken as forecasts or promises nor should they be taken as implying any indication, assurance or guarantee that the assumptions on which such future projections, expectations, estimates or prospects have been prepared are correct or exhaustive or, in the case of the assumptions, fully stated in the Presentation.

Committed to Cures:

Pioneering cell therapies for patients with cancer and other serious diseases

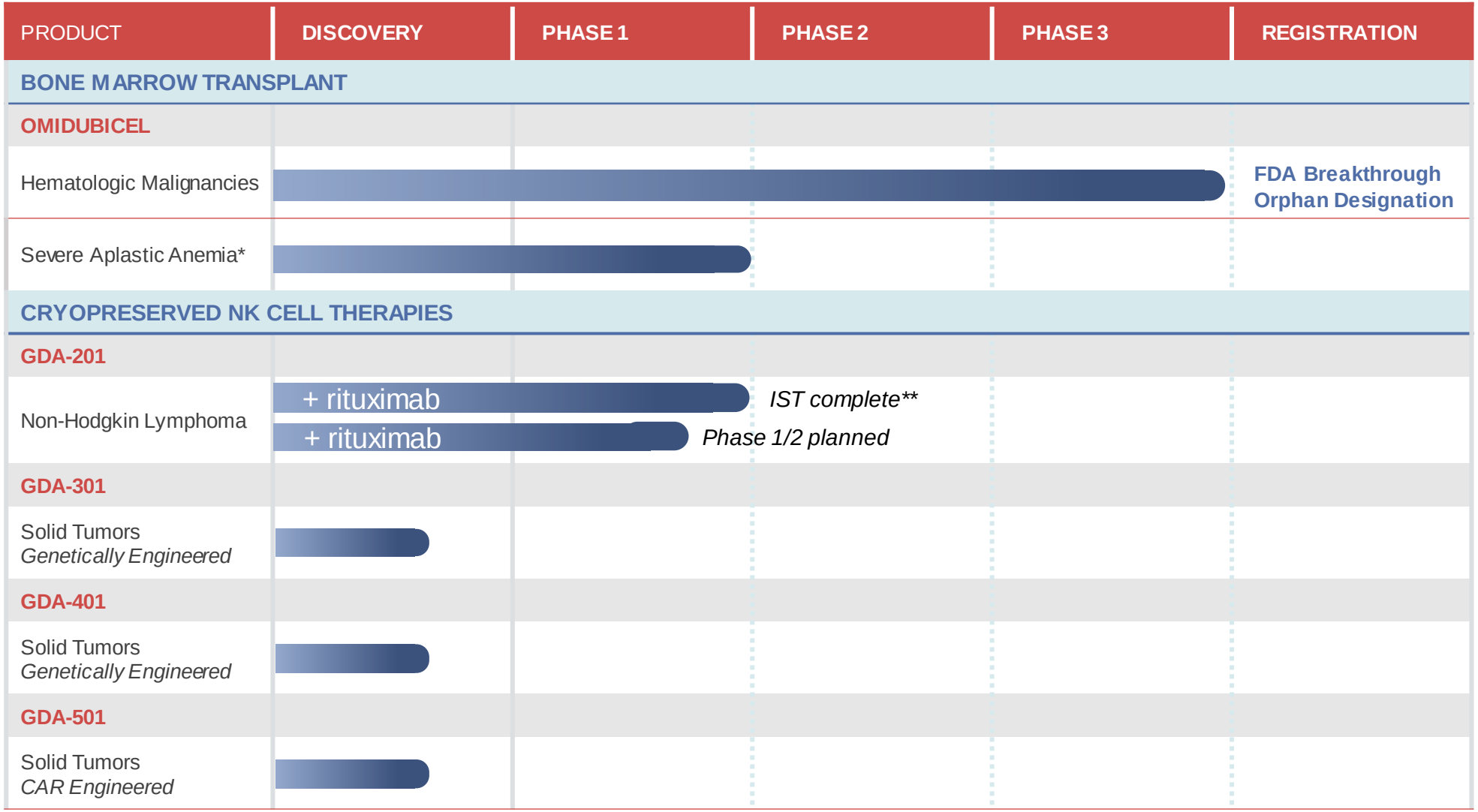
We are Inspired to Cure: Looking Ahead

Two clinically promising advanced cell therapy programs that leverage our proprietary cell expansion platform

- **Omidubicel — Preparing for BLA submission in 4Q21 with potential to be first FDA-approved cell therapy for bone marrow transplantation**
- **GDA-201 — NK cell product advancing to Phase 1/2 in NHL in 2H21 after successful Phase 1; genetically modified constructs under exploration**
- **Financials — Strong position with $174.8 million cash able to support capital needs into 2H22***

*As of last financial reporting on May 11, 2021

Our NAM-Enabled Advanced Cell Therapy Programs

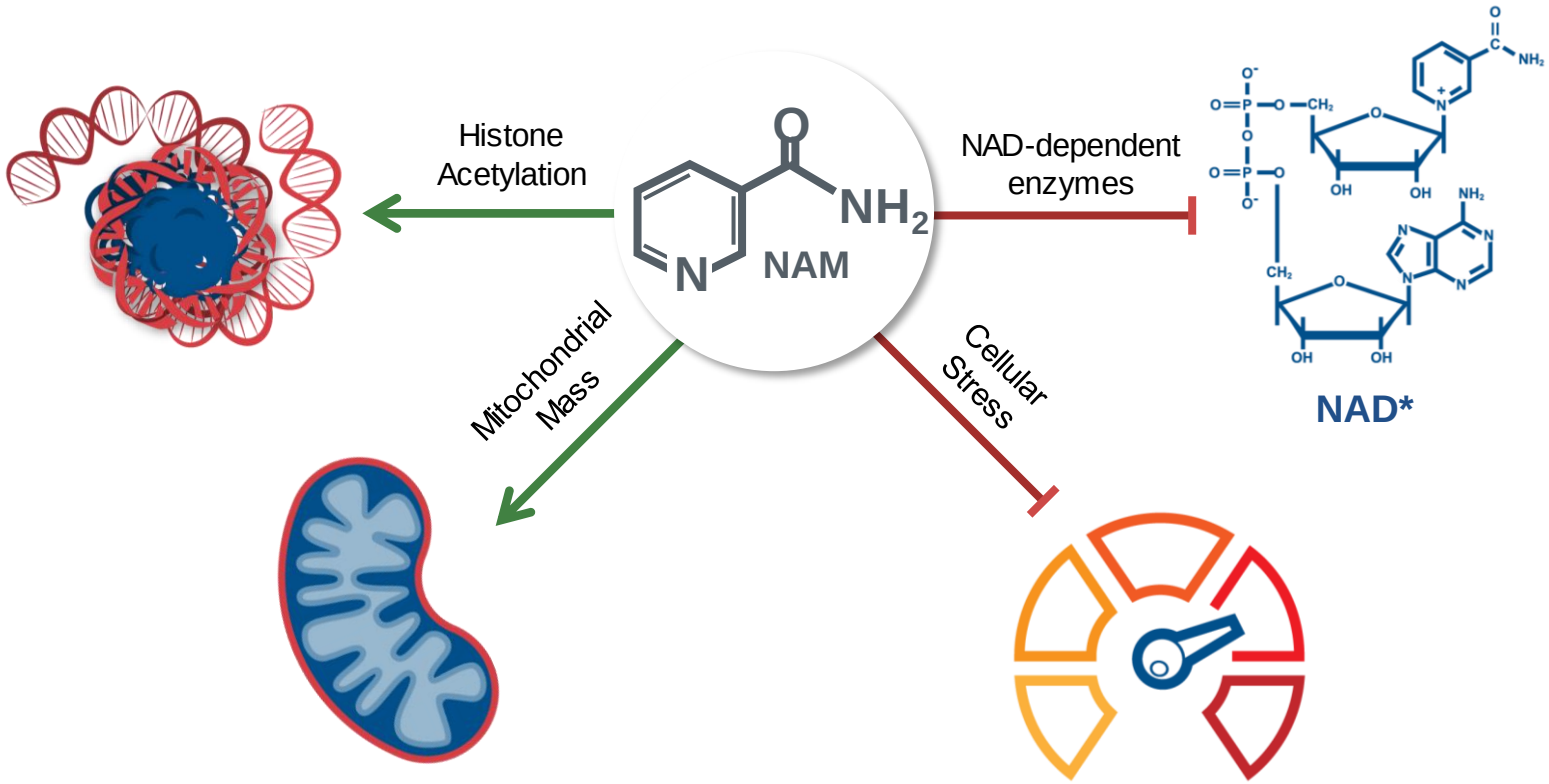


*The Aplastic Anemia Investigational New Drug (IND) application is currently filed with the FDA under the brand name, CordIn, which is the same investigational development candidate as omidubicel.
** Investigator Sponsored Trial (IST) was with a fresh formulation of GDA-201

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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Our Inspiration: Focusing on Cures

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.

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

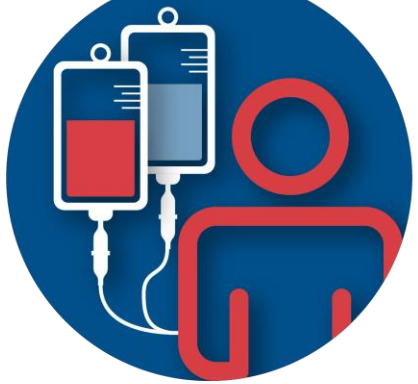
Omidubicel

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

Omidubicel is investigational and safety and efficacy have not been established by any agency.

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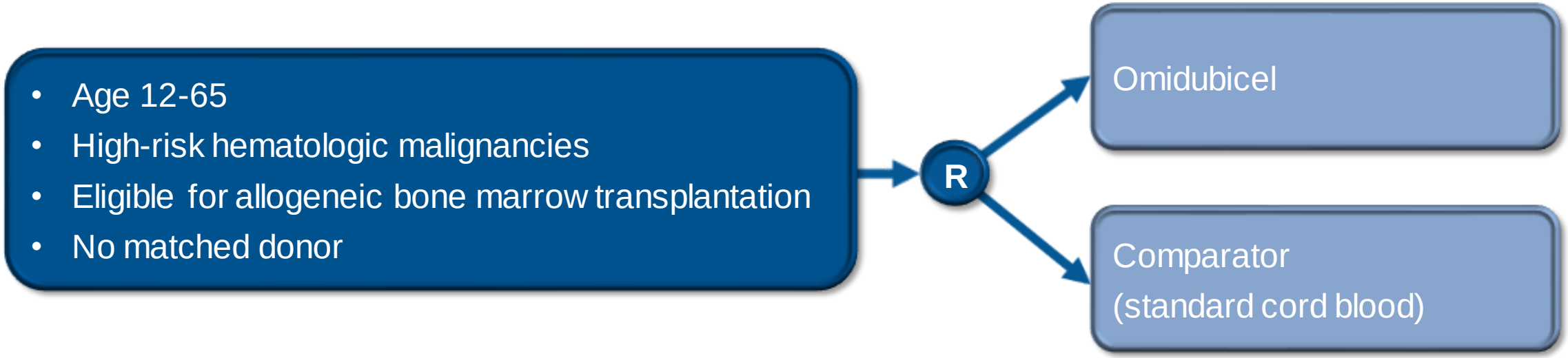
Phase 3 Global, Randomized Study



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

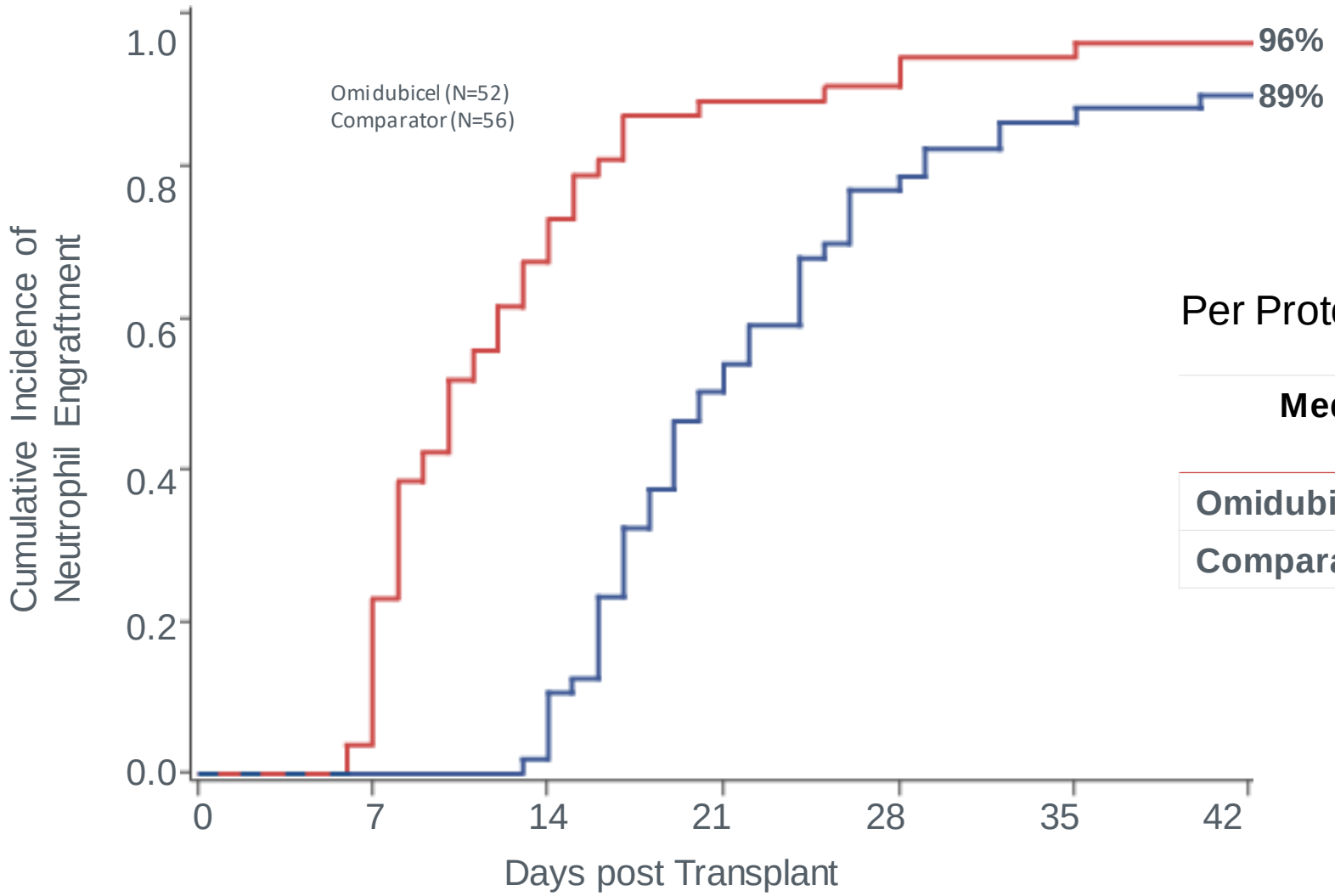
Clinicaltrials.gov identifier NCT01221857.

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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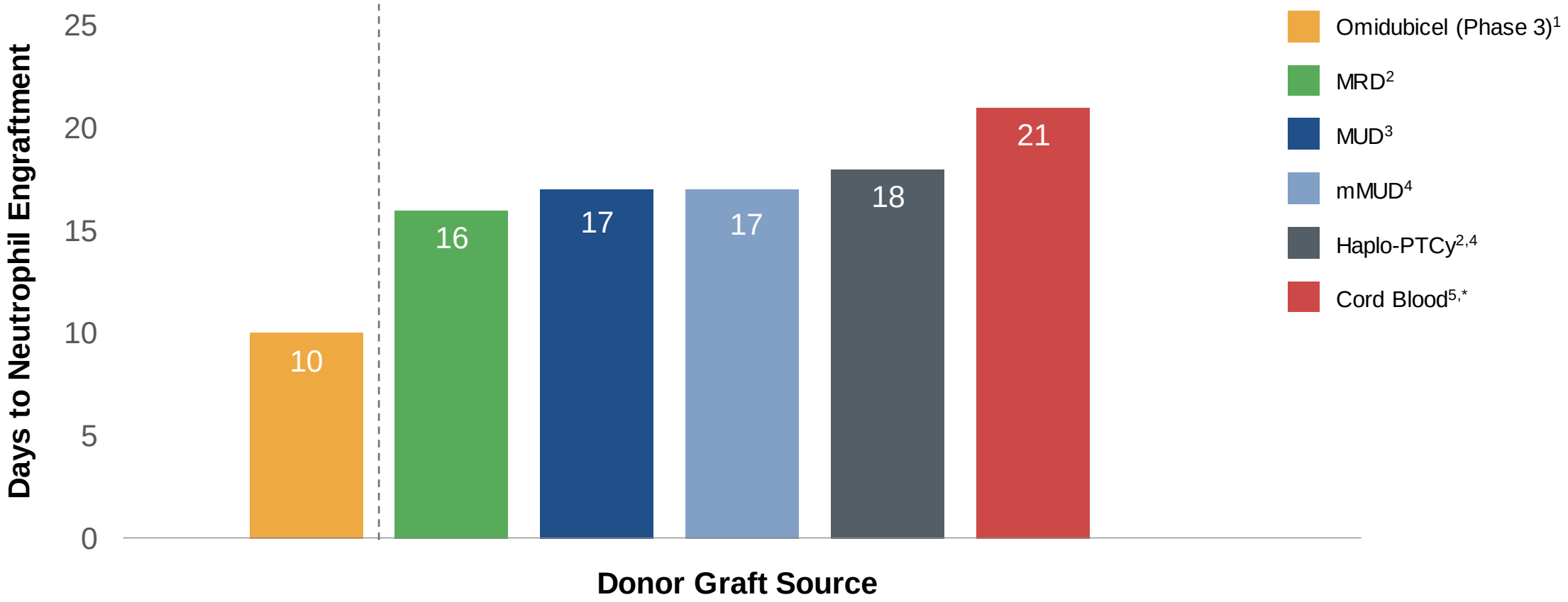
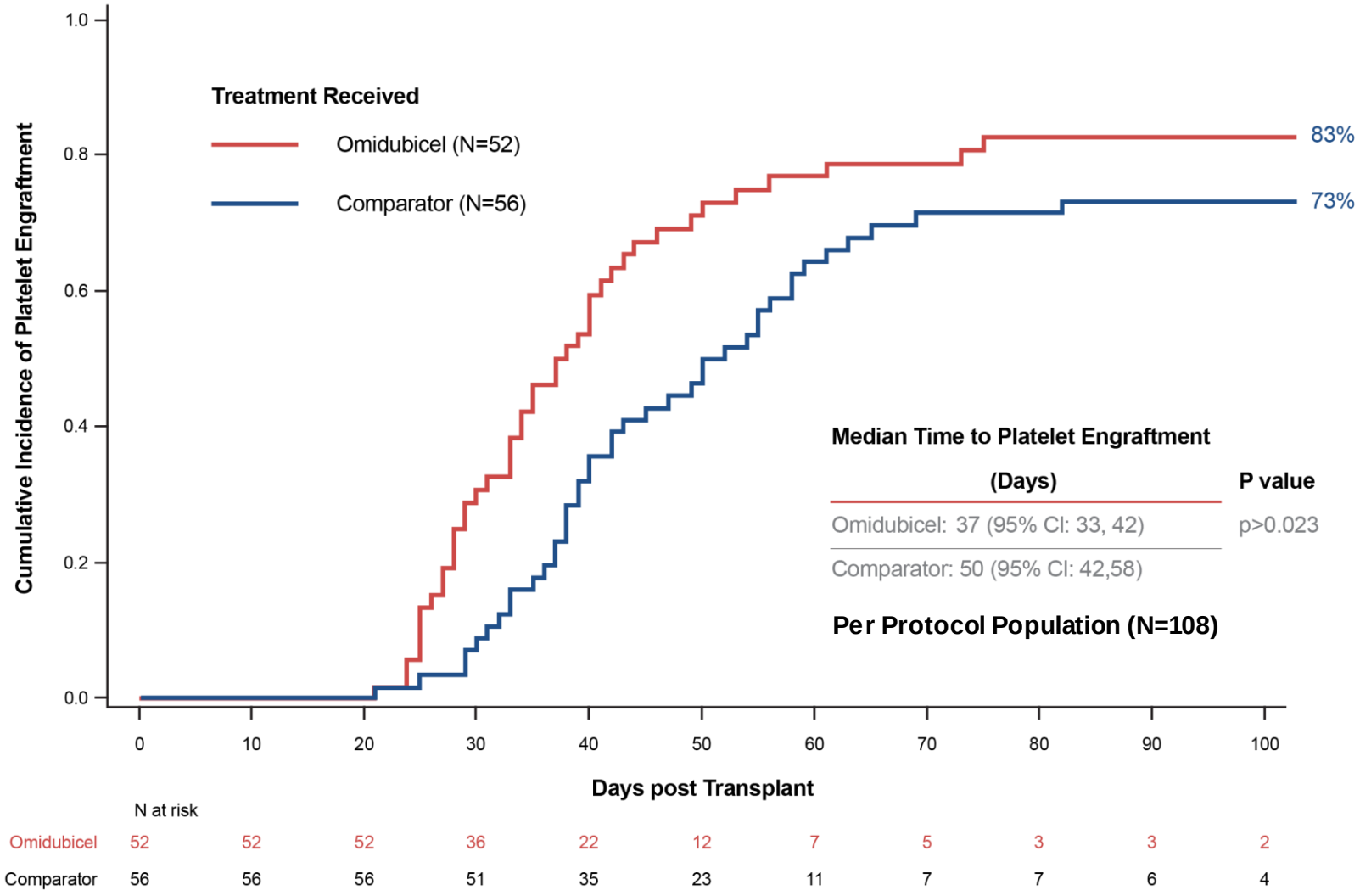
Omidubicel has Shortest Neutrophil Engraftment Time Compared to Published Results for Other HSCT Donor Sources



1. Clinical trial; 2. Salvatore D, et al. Haematologica. 2018; 103(8):1317-28; 3. Mary M. Horowitz, MD, MS. Haploidentical Transplantation: The Answer to our Donor Problems? CIBMTR, Medical College of Wisconsin. January 2017; 4. McCurdy SR, et al. Adv Hematol. 2015; 1-9.; 5. Horwitz ME, et al. J Clin Oncol. 2018; 37(5):367-74.
* Results represent double-cord transplants

Phase 3 Secondary Endpoints: Day 100 Platelet Engraftment



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

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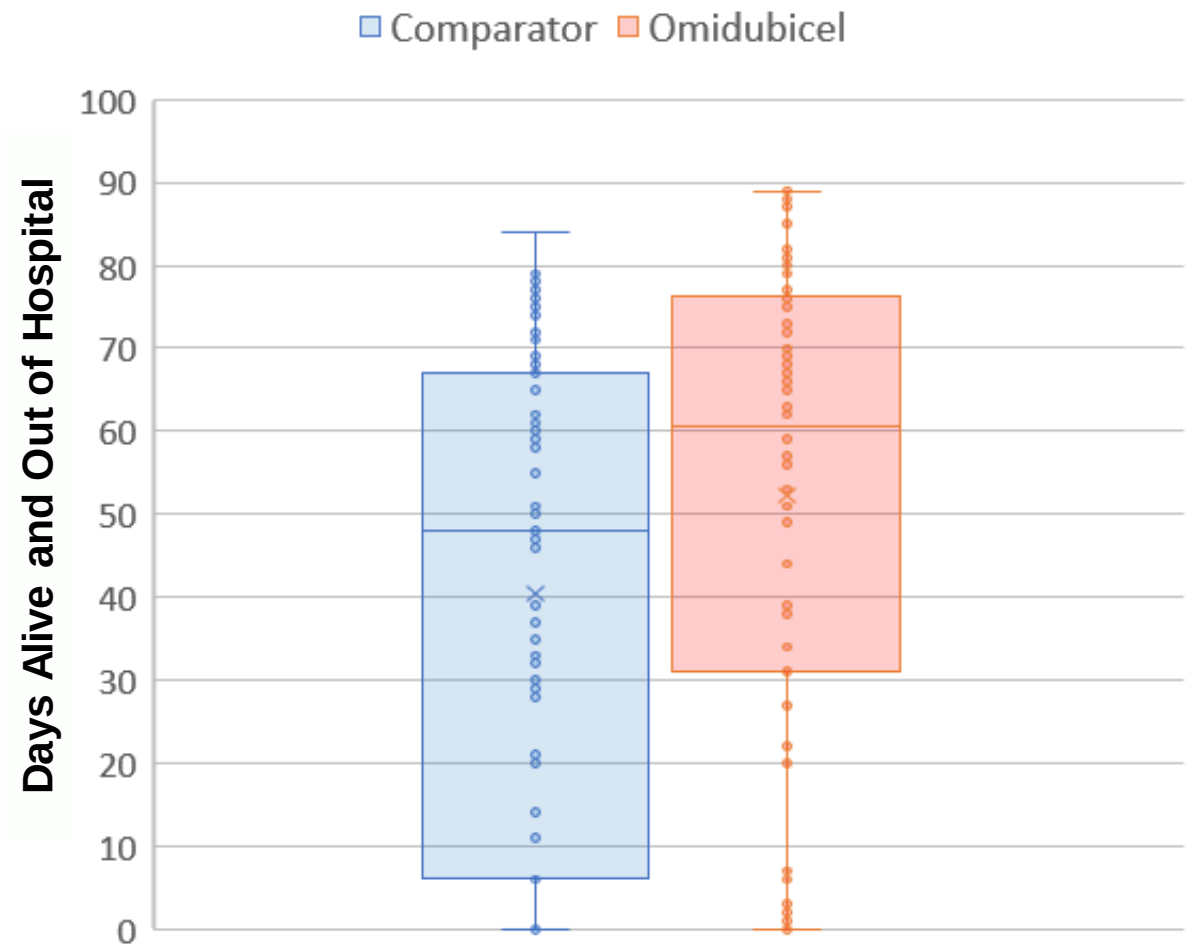
Phase 3 Secondary Endpoint:
Omidubicel Significantly Reduced Total Hospitalization in First 100 Days

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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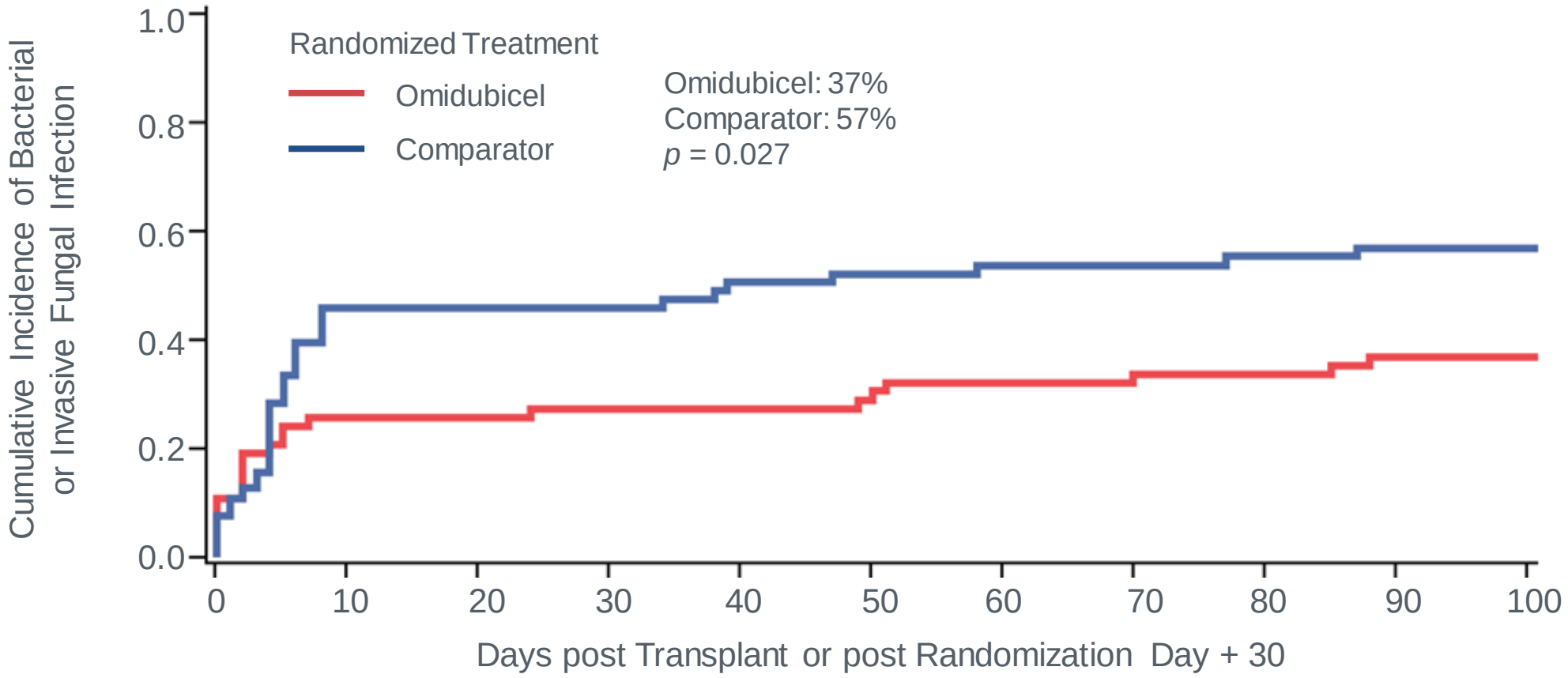
Phase 3 Secondary Endpoint:
Omidubicel Significantly Reduced Serious Infection Rate

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



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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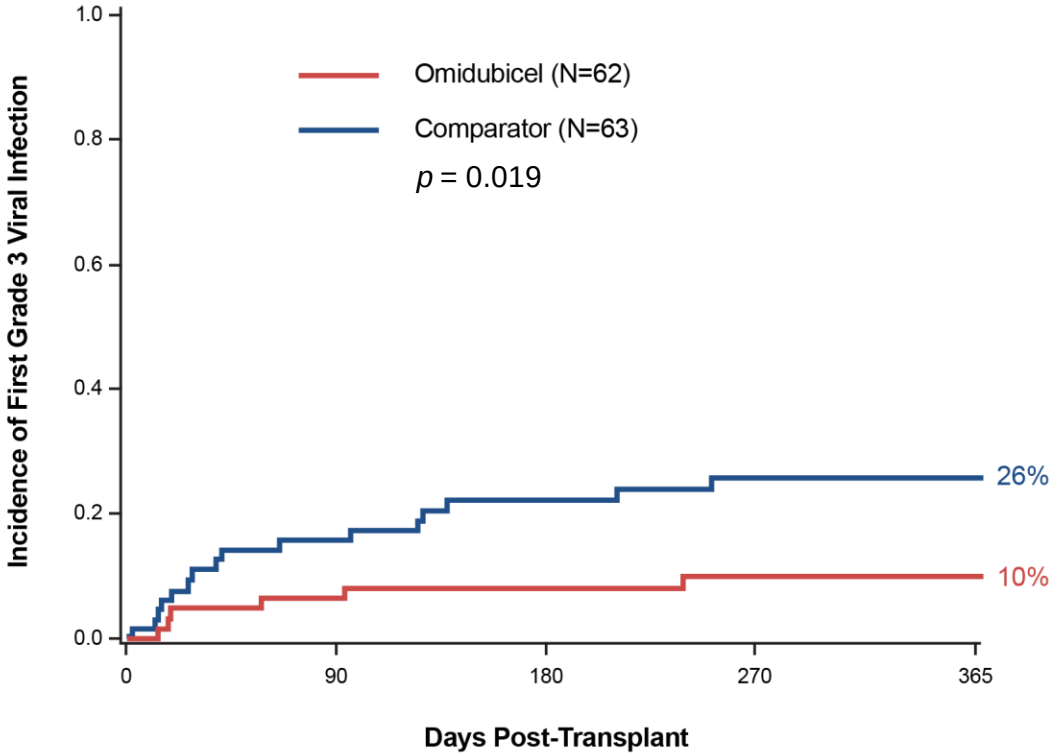
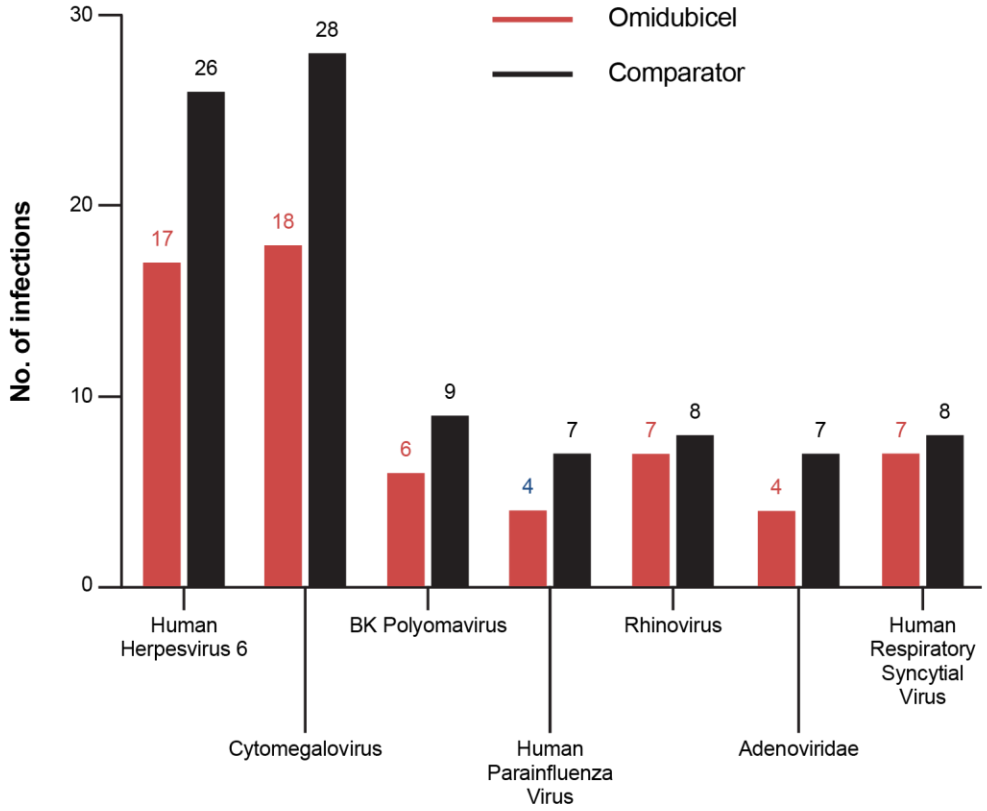
Fewer Viral Infections in Recipients of Omidubicel





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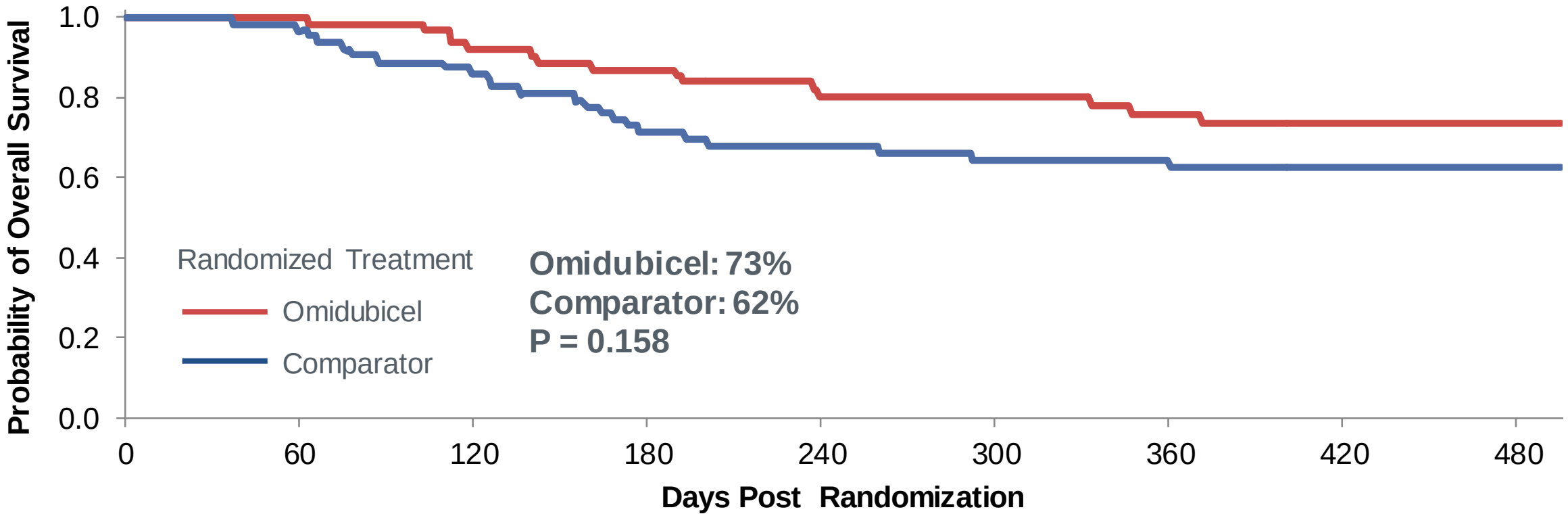
Phase 3 Exploratory Endpoint: Overall Survival at 15 Months (ITT)

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



Omidubicel is investigational and safety and efficacy have not been established by any agency.

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Omidubicel

Commercial Potential and Launch Readiness

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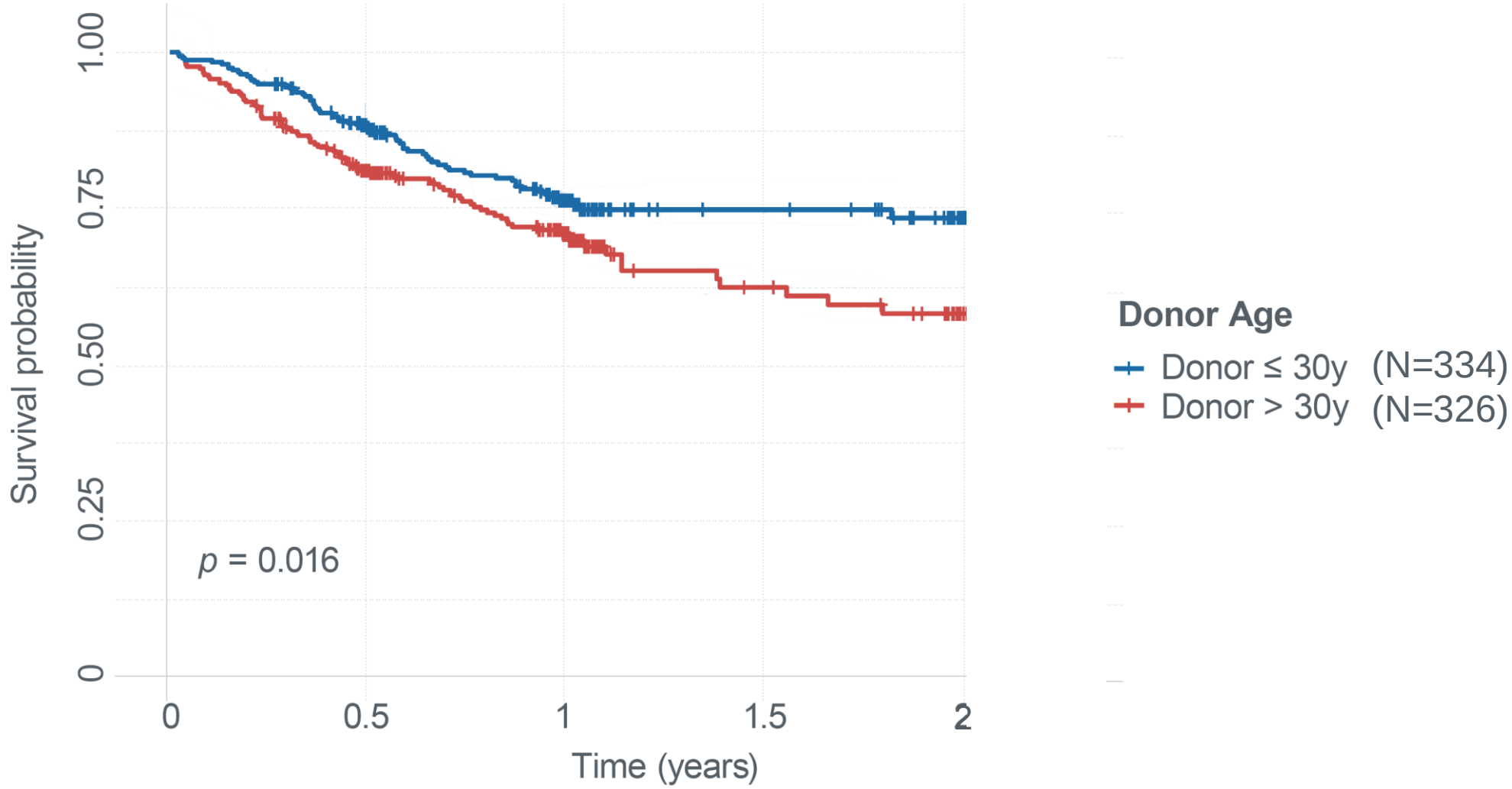
Substantial Market Opportunity to Both Improve Known Issues with Existing Donor Sources as well as Expand the Market to Treat Additional Patients

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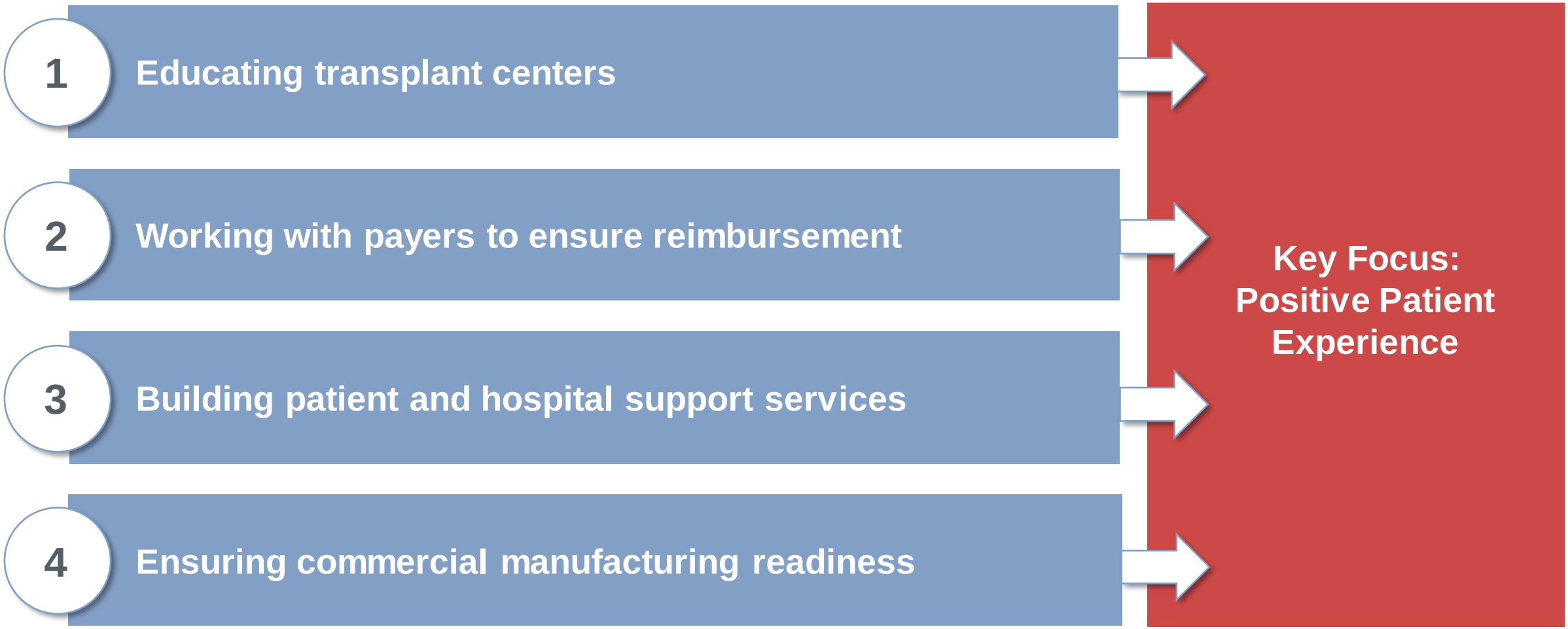
Key Commercial Activities and Infrastructure Build-out Are Underway to Prepare for a Successful Omidubicel U.S. Launch



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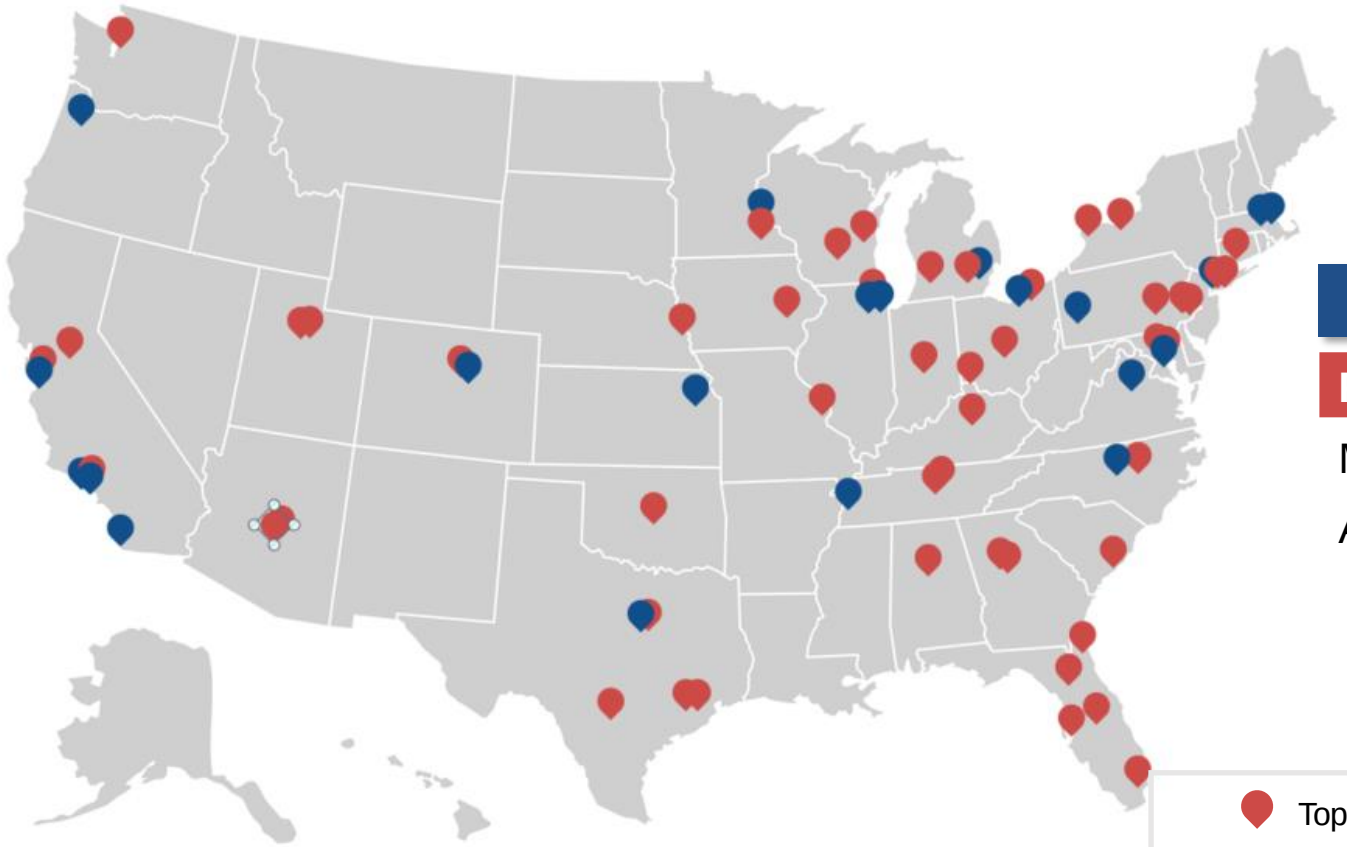
Gamida Cell Has Initiated Plan for Education of U.S. Transplant Centers

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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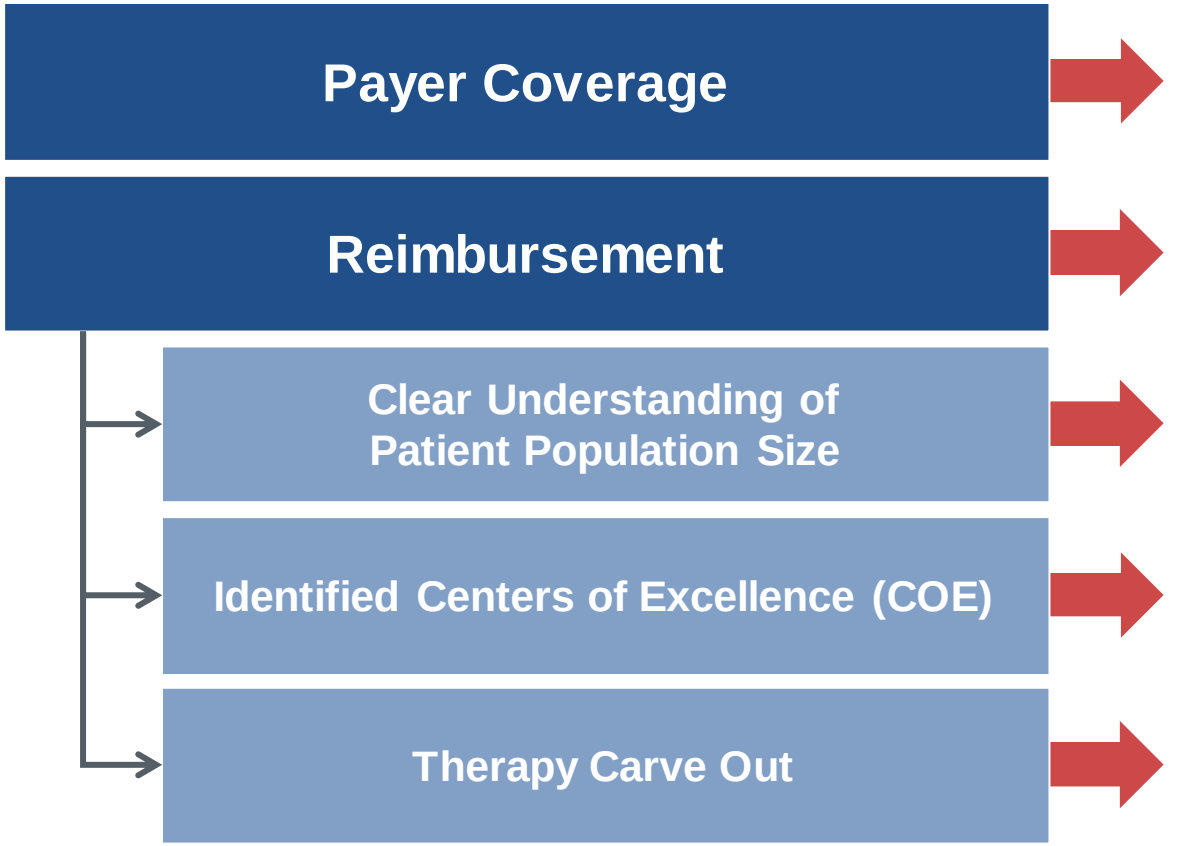
Preparing for Reimbursement

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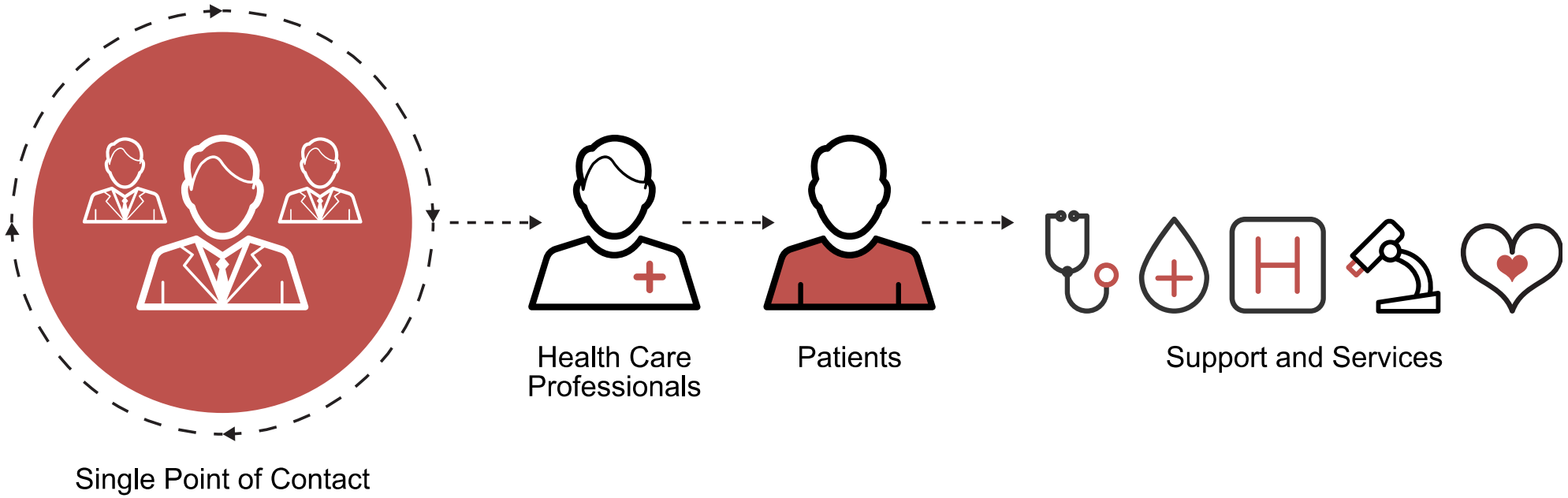
Gamida Cell Assist Will Be a Key Aspect of Our Patient-centric Launch

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

Manufacturing Readiness on Track to Support Potential Launch Mid-2022

4

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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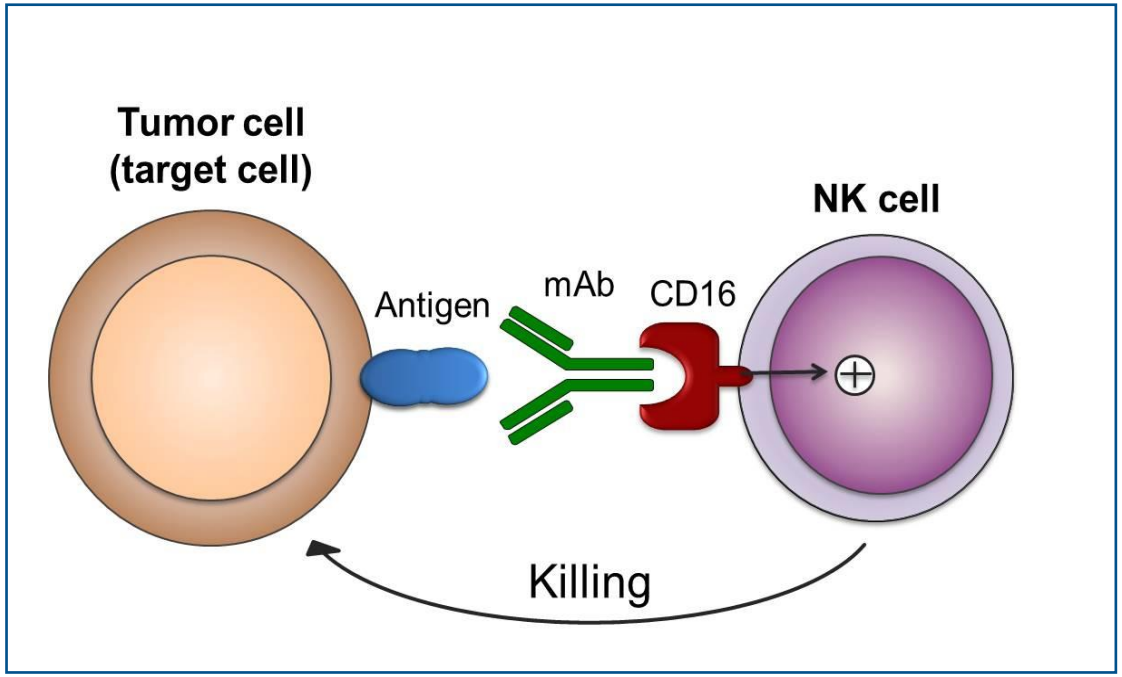
Putting NK Cells to Work Using Our NAM Technology Platform

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

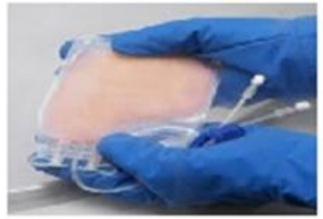
Day 8

Fresh media addition using Gatherex

Day 14

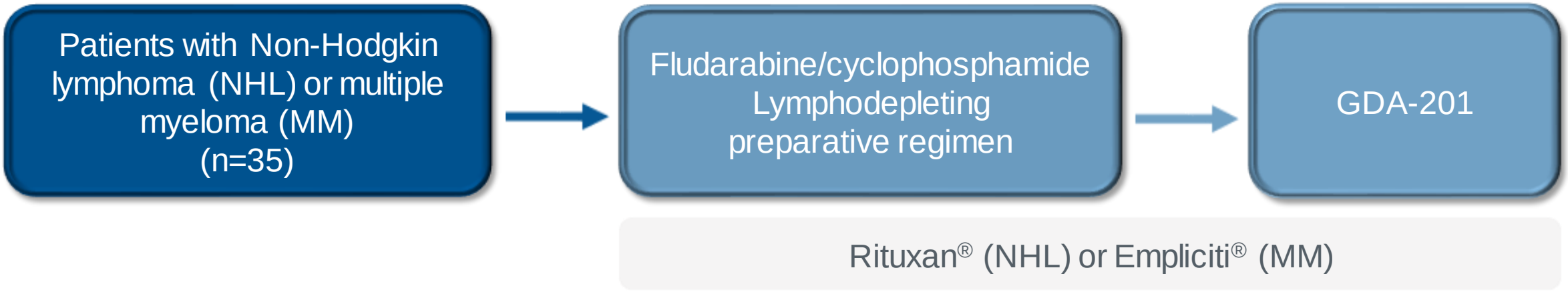
Harvest cells with LOVO automated cell processing system

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%		

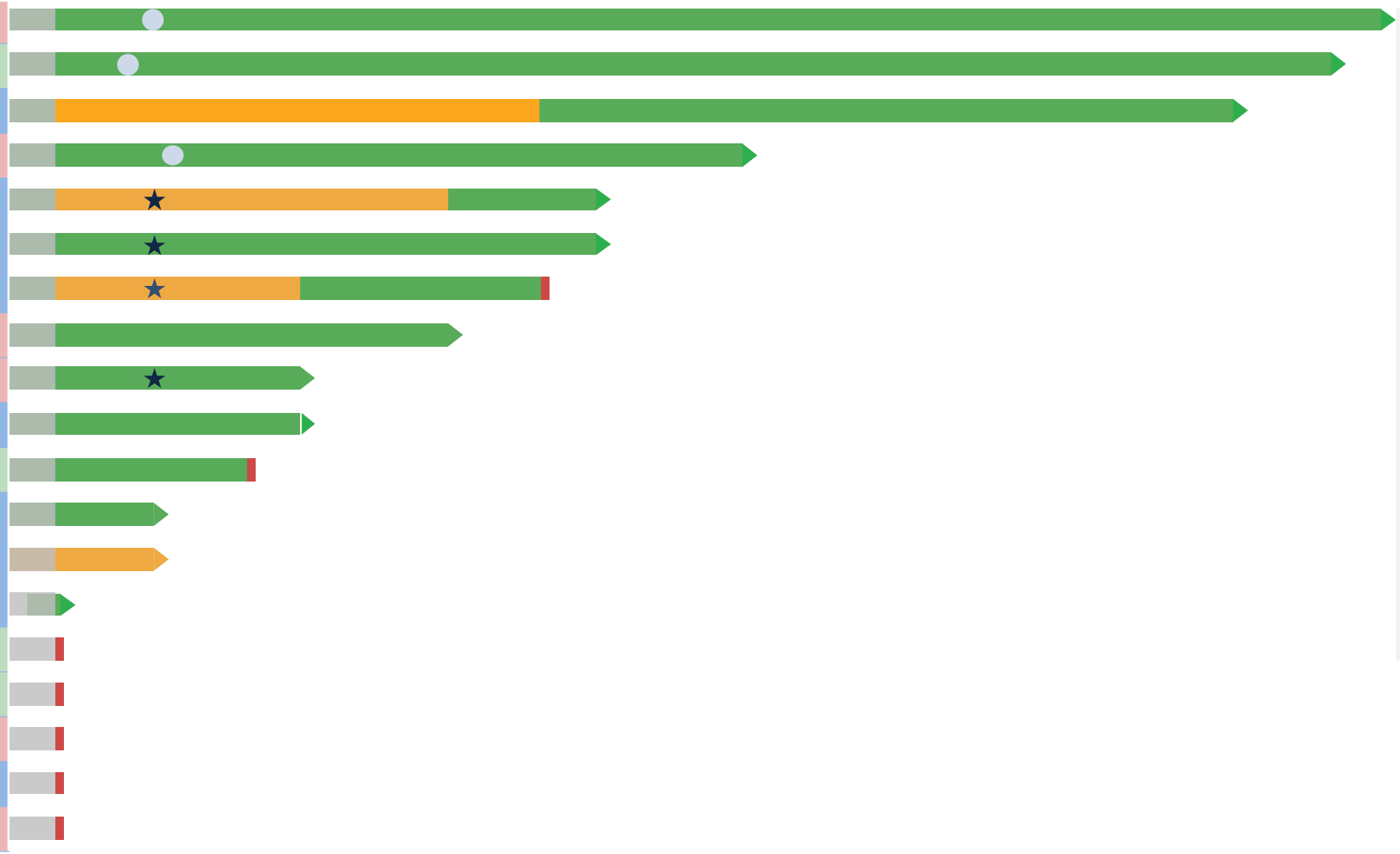
Safety Summary

- 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



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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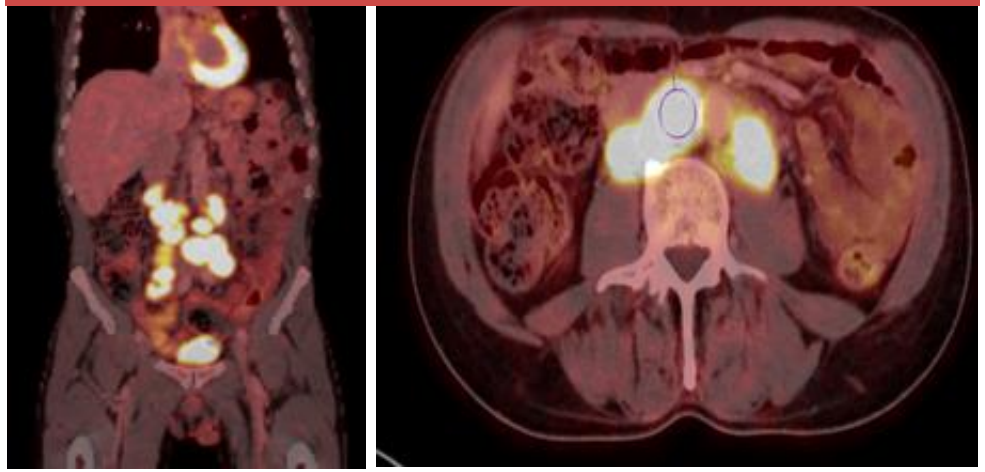
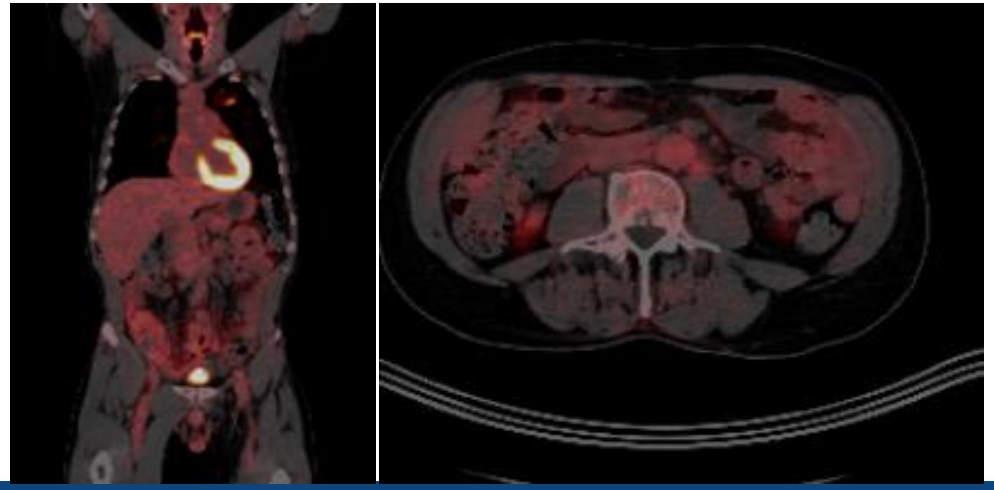
Patient 009

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
- 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

We are Inspired to Cure: Looking Ahead

Two clinically promising advanced cell therapy programs that leverage our proprietary cell expansion platform

- **Omidubicel — Preparing for BLA submission in 4Q21 with potential to be first FDA-approved cell therapy for bone marrow transplantation**
- **GDA-201 — NK cell product advancing to Phase 1/2 in NHL in 2H21 after successful Phase 1; genetically modified constructs under exploration**
- **Financials — Strong position with $174.8 million cash able to support capital needs into 2H22***

*As of last financial reporting on May 11, 2021

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May 2021