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Inspired to Cure

January 2021

Disclaimer

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We are Inspired to Cure: 2021 Outlook and Priorities

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 2H21
- 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 2021
- Plan to submit an investigational new drug application in 2021

Strong financial position to execute goals

- Cash position of $127M supports capital needs into 2H22*
- Approximately 110 employees

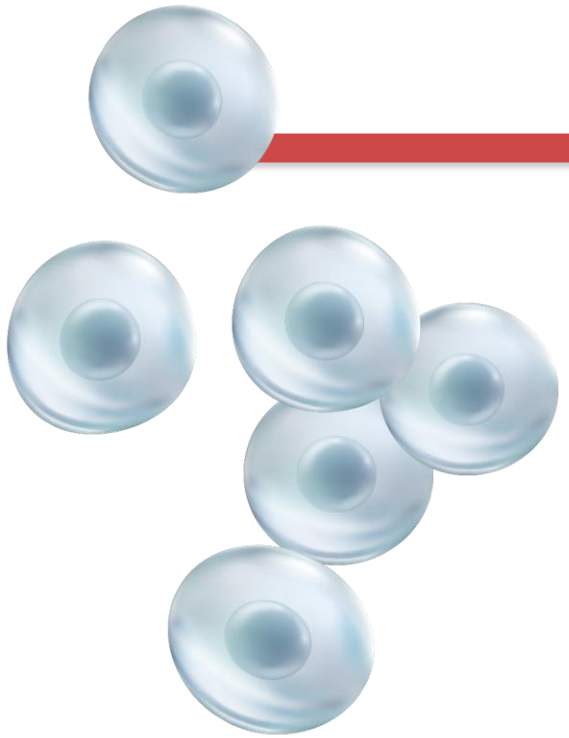
*Unaudited cash position, which includes cash, cash equivalents, marketed securities and short-term deposits. Cash runway guidance is based on our current operational plans, including the assumption that we will continue to advance both our commercial readiness and all our clinical programs and excludes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

Our Advanced Cell Therapy Programs

CANDIDATE	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	MILESTONES
OMIDUBICEL					
High-Risk Hematologic Malignancies	**FDA Breakthrough Designation**				✓ Topline data 2Q20 ✓ Detailed data presentation 4Q20 ❑ BLA submission 2H21
Severe Aplastic Anemia*					✓ Additional data 4Q20
GDA-201					
Non-Hodgkin Lymphoma, Multiple Myeloma					✓ Additional data 4Q20 ❑ IND submission 2021

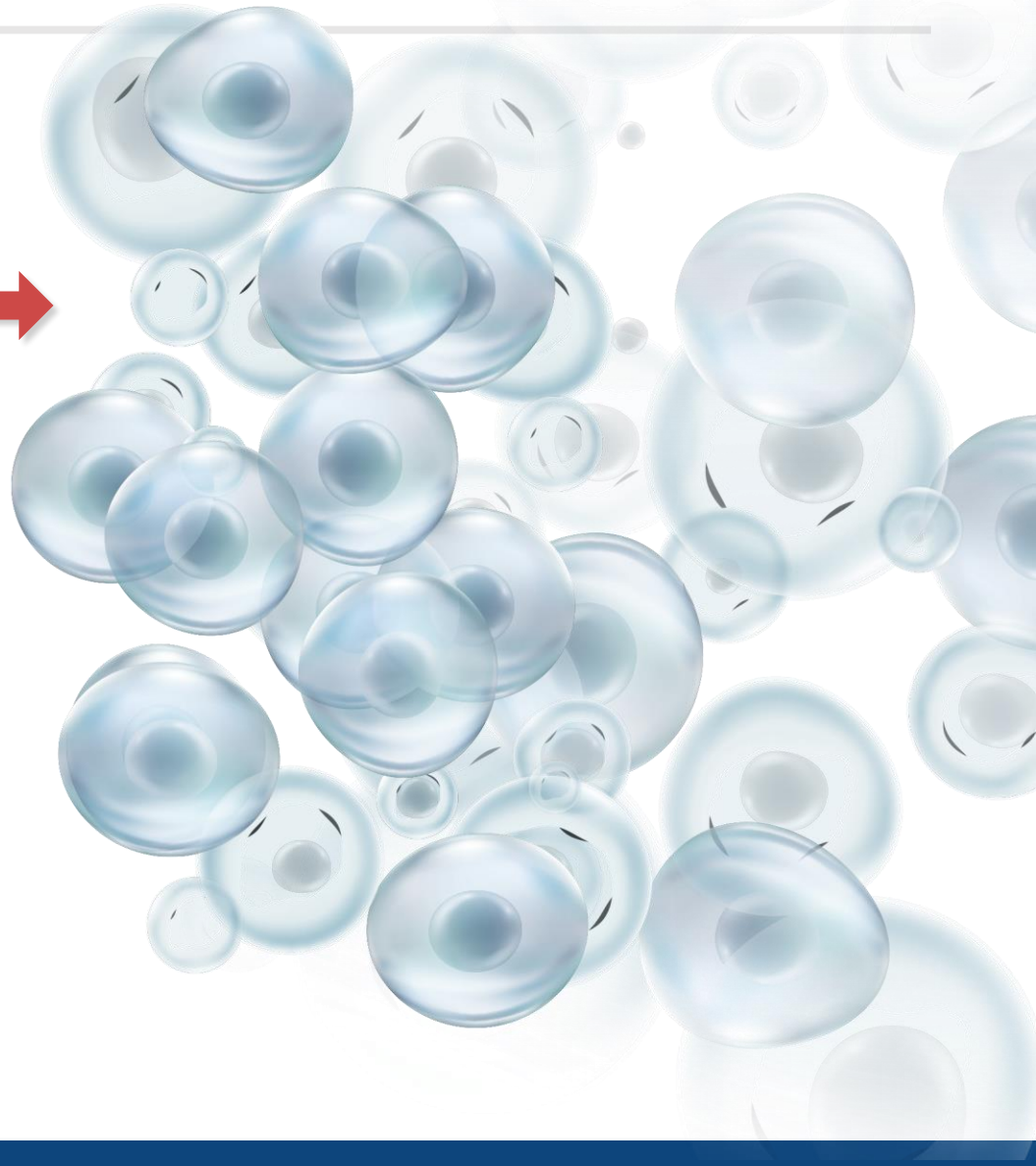
*The Aplastic Anemia Investigational New Drug (IND) application is currently filed with the FDA under the brand name, CordIn, which is the same investigational development candidate as omidubicel.

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.

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

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

		Patients	Challenges
Omidubicel opportunity	Not Matched / Not Referred	5,200	• Access to care and graft source • Limited therapy options
	Matched Unrelated (MUD)	5,200	• Availability of graft source • Quality of graft source • Time to engraftment • Infection • Risk of GvHD • Potency of GvL effect
	Mismatched Unrelated (mMUD)		
	Haploidentical		
	Cord Blood		
	Matched Related (MRD)	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 rese arch studies and data analysis. CIBMTR Annual Slides 2018.; The Nemetz Group Quant Survey 2018.

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

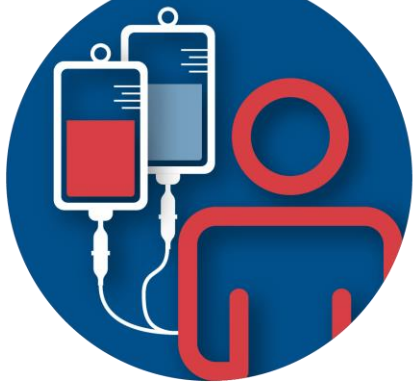
Omidubicel

NAM-Expanded Cells

Stem cells cultured using proprietary NAM technology

Non-Cultured Fraction

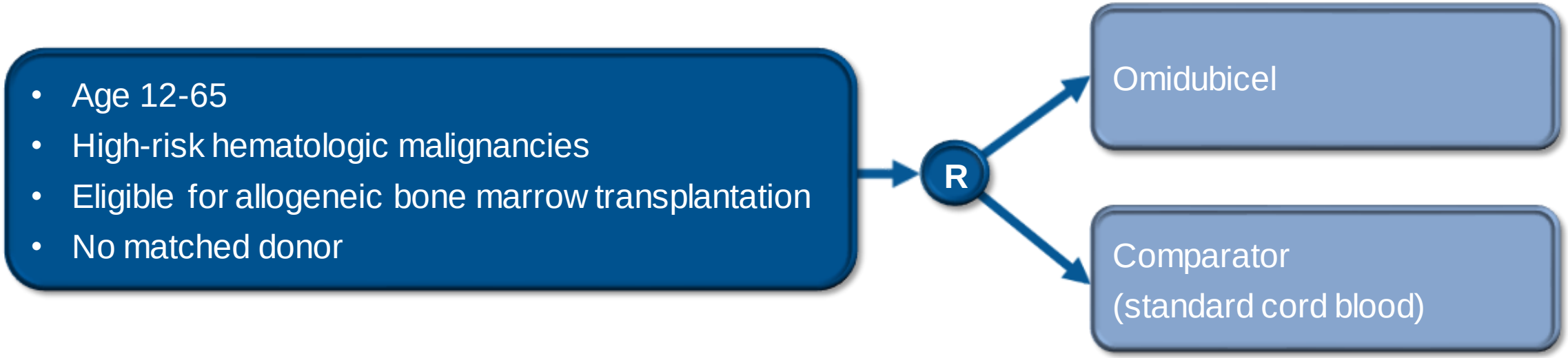
Immune cells, including T cells



Omidubicel Infusion

Scalable manufacturing and delivery of omidubicel

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

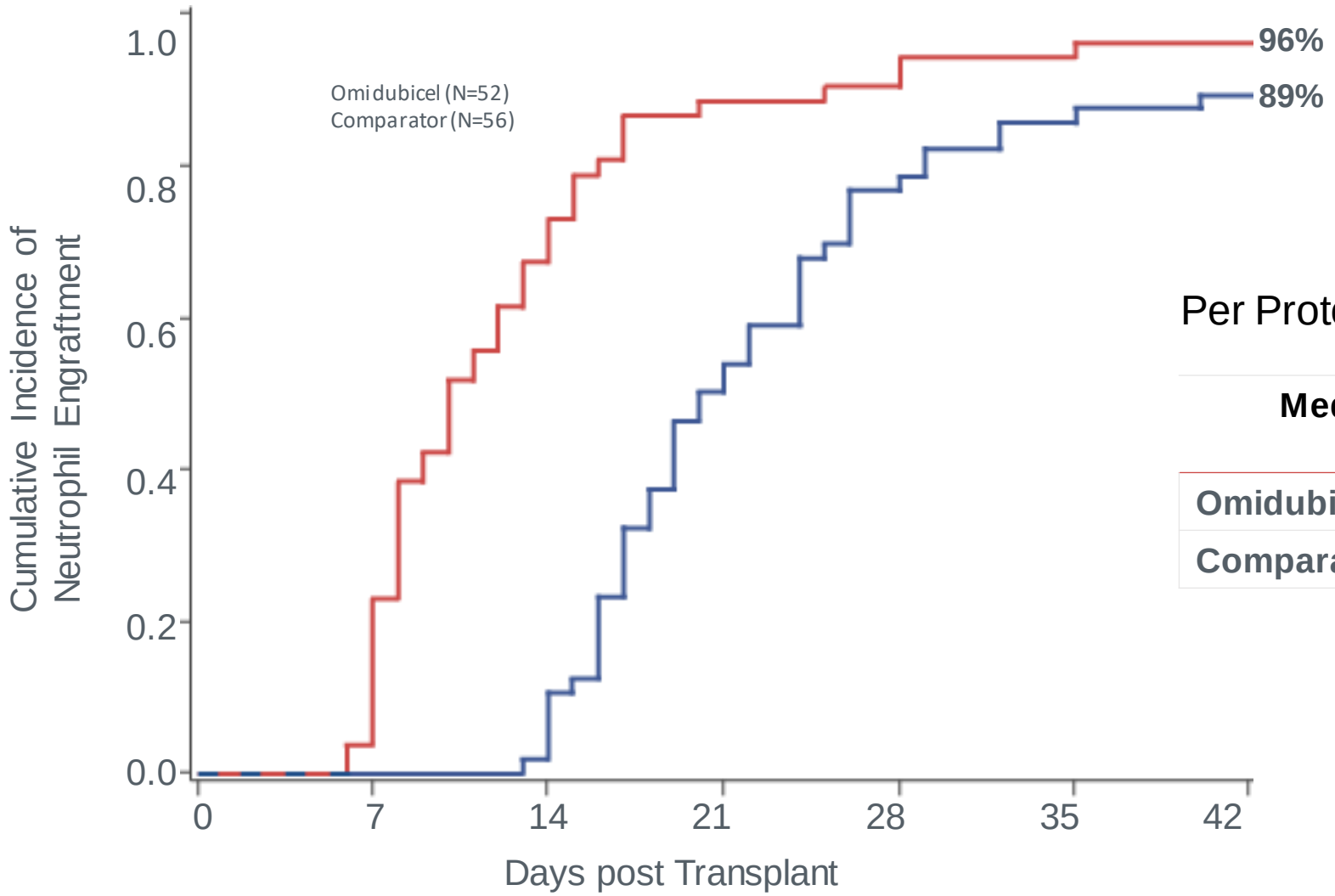
Clinicaltrials.gov identifier NCT01221857.

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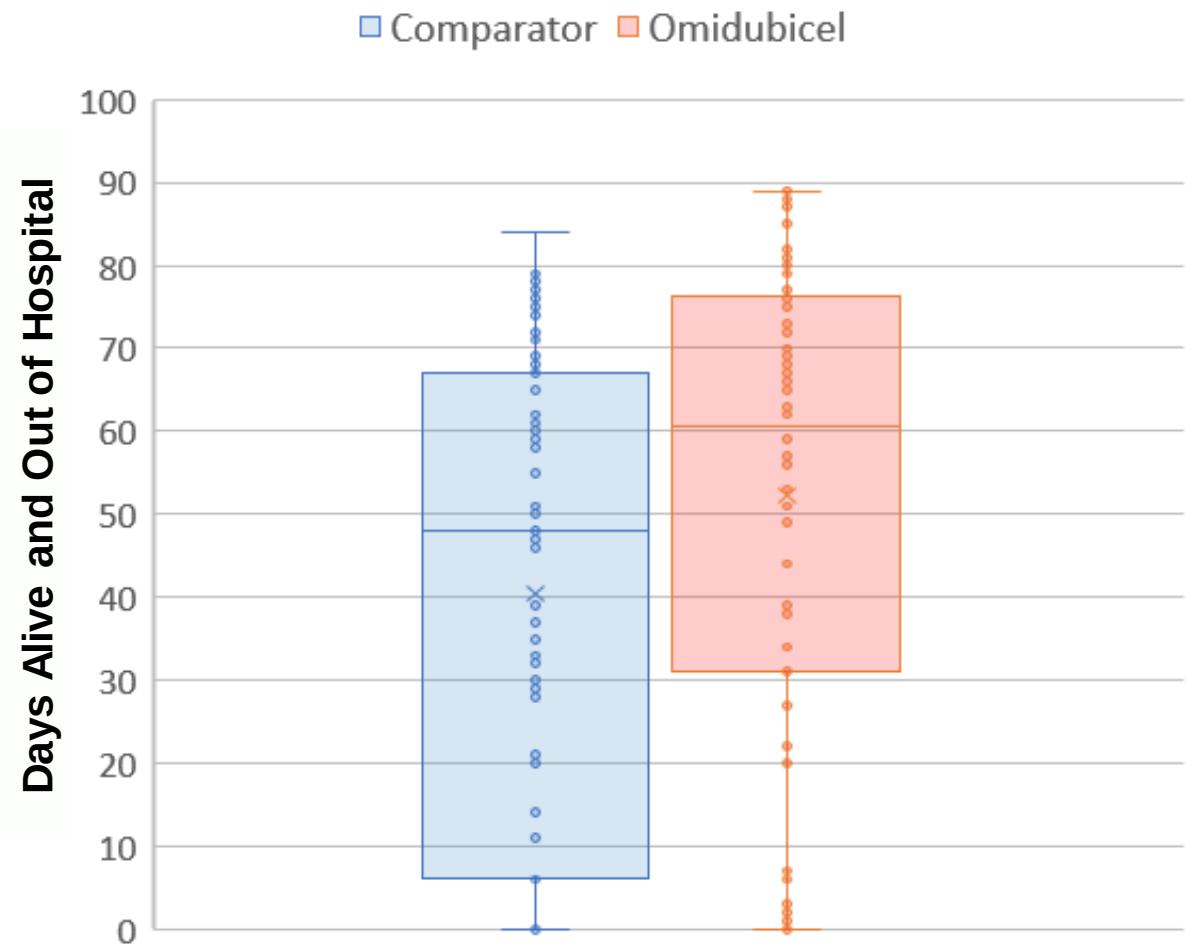
Phase 3 Secondary Endpoint:
Omidubicel Significantly Reduced Total Hospitalization in First 100 Days

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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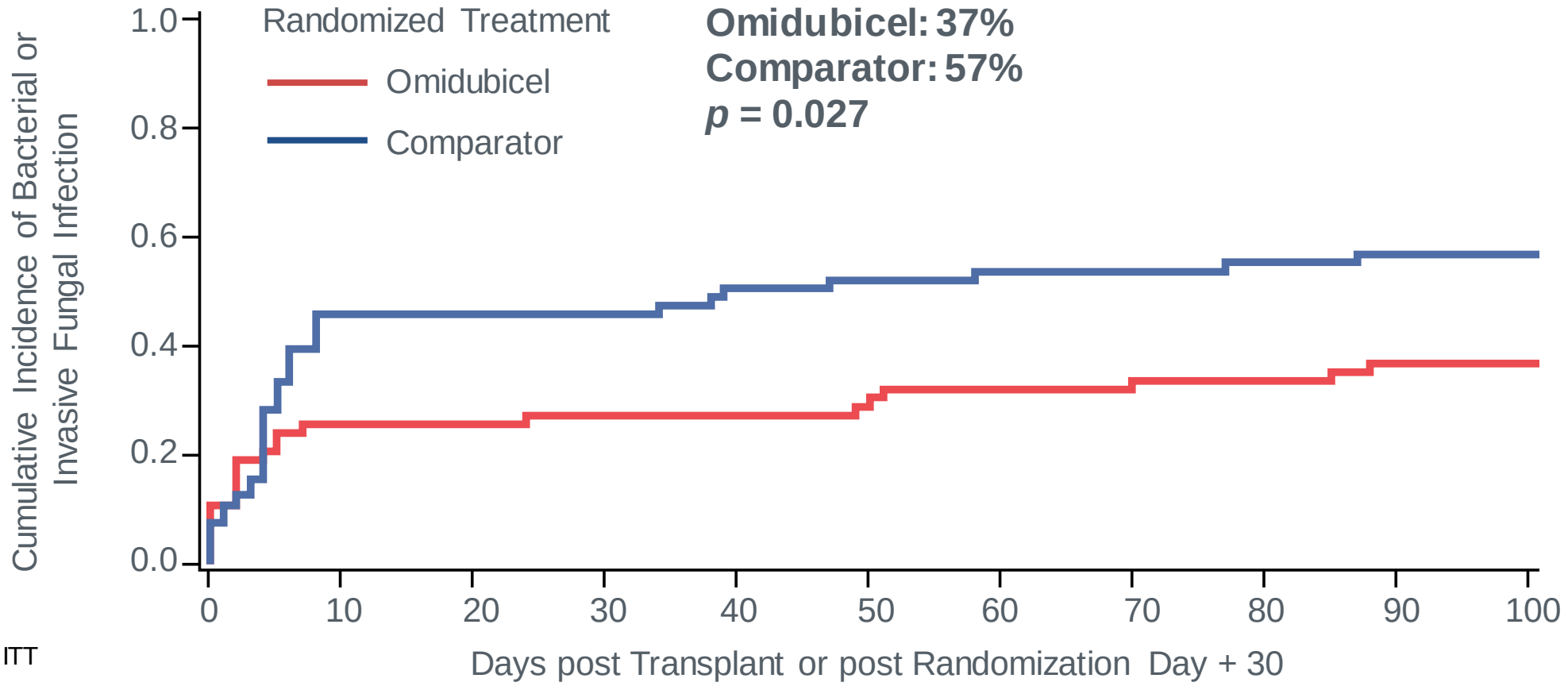
Phase 3 Secondary Endpoint:
Omidubicel Significantly Reduced Serious Infection Rate

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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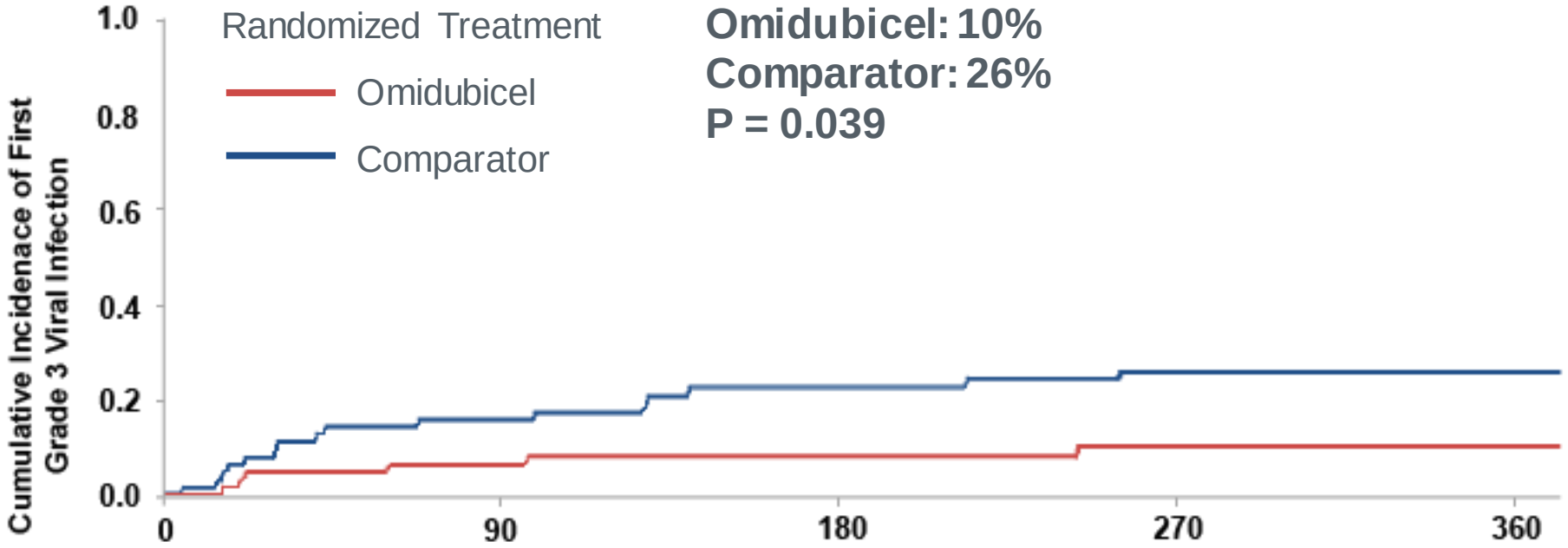
Phase 3 Exploratory Endpoint
Omidubicel Significantly Reduced Viral Infection Rate

CUMULATIVE INCIDENCE OF FIRST GRADE 3 VIRAL INFECTION BY 1 YEAR FOLLOWING TRANSPLANTATION (ITT)



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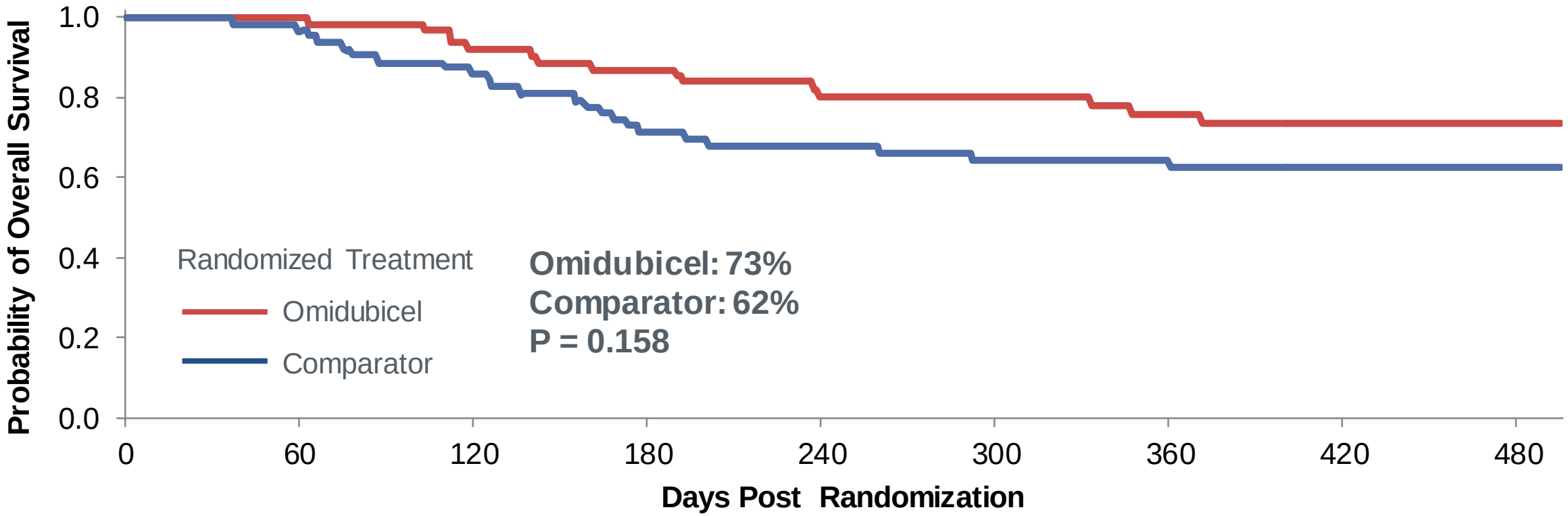
Phase 3 Exploratory Endpoint: Overall Survival at 15 Months (ITT)

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



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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 Source as well as Expand the Market to Treat Untransplanted Patients

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

		Patients	Challenges	Unmet Need / Omidubicel Opportunity
Omidubicel opportunity	Not Matched / Not Referred	5,200	• Access to care and graft source • Limited therapy options	**Increase Access**
Omidubicel opportunity	Matched Unrelated (MUD) Mismatched Unrelated (mMUD) Haploidentical Cord Blood	5,200	• Availability of graft source • Quality of graft source • Time to engraftment • Infection • Risk of GvHD • Potency of GvL effect	**Improve Outcomes**
	Matched Related (MRD)	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 rese arch studies and data analysis. CIBMTR Annual Slides 2018.; The Nemetz Group Quant Survey 2018.

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

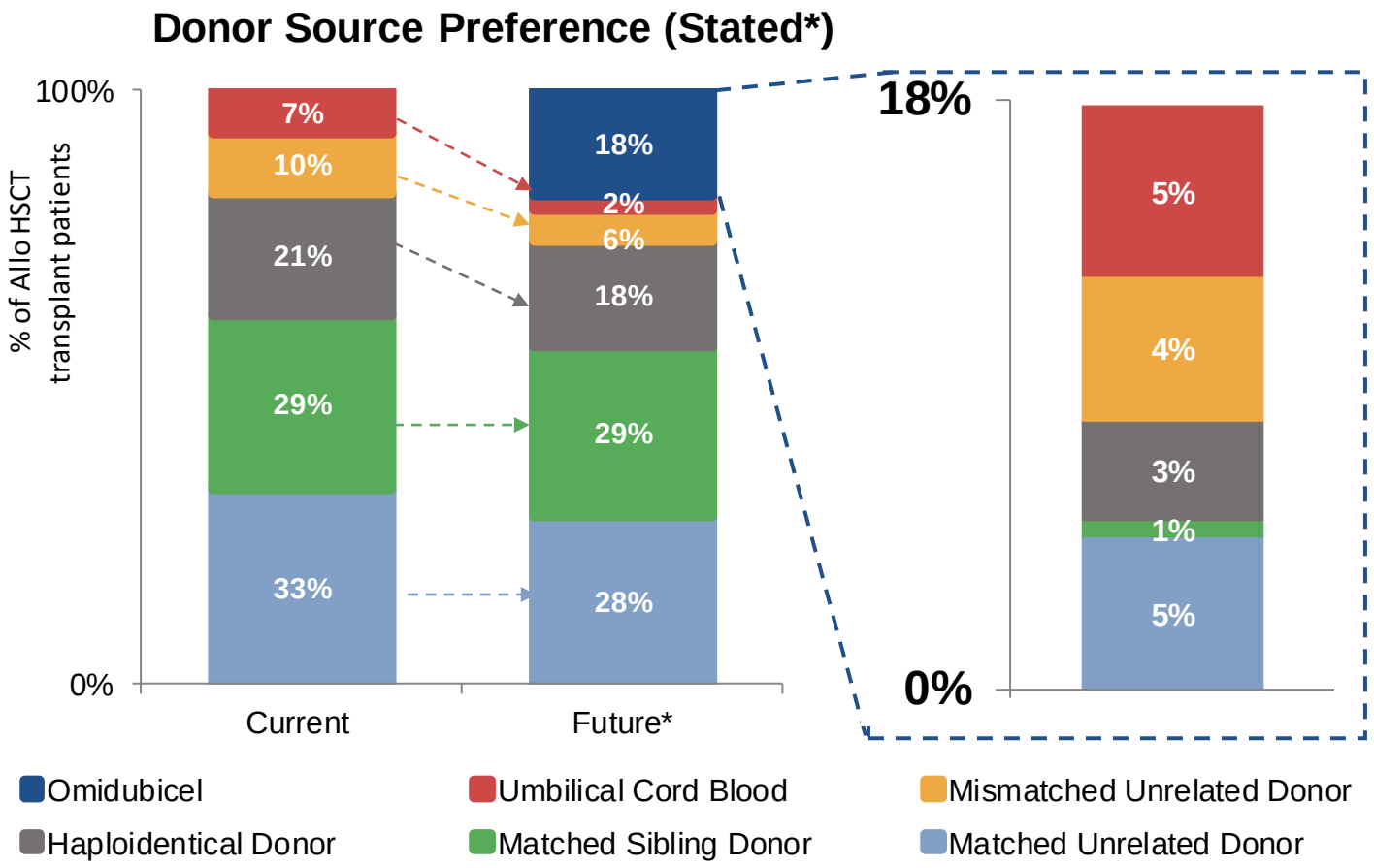
- Not only capturing share from current modalities, but also increasing access

2,000+ 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*

Omidubicel Market Share Expected to Exceed 20%, with 18%* Coming from Current Modalities and Additional Share from Increased Access



Omidubicel's Competitive Advantage

vs. UCB:
- Better efficacy (neutrophil engraftment time, average days in the hospital, and neutrophil recovery)
- Eliminates the need to order 2 cords and risk running out of cells due to engraftment failure

vs. MMUD:
- Less risk of infections
- Speed
- Overall trend of decreasing MMUD use

vs. Haplo:
- Lower GVHD

vs. MRD:
- Availability, as not every patient has a fit sibling donor

vs. MUD:
- Speed, especially important for patients whose disease is progressing rapidly
- Lack of donor follow through for MUD

- n= 25 Transplanters; stated shares (no discounting)
- **Source: ZS & Associates market research**

*18% was the stated market share capture from research

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

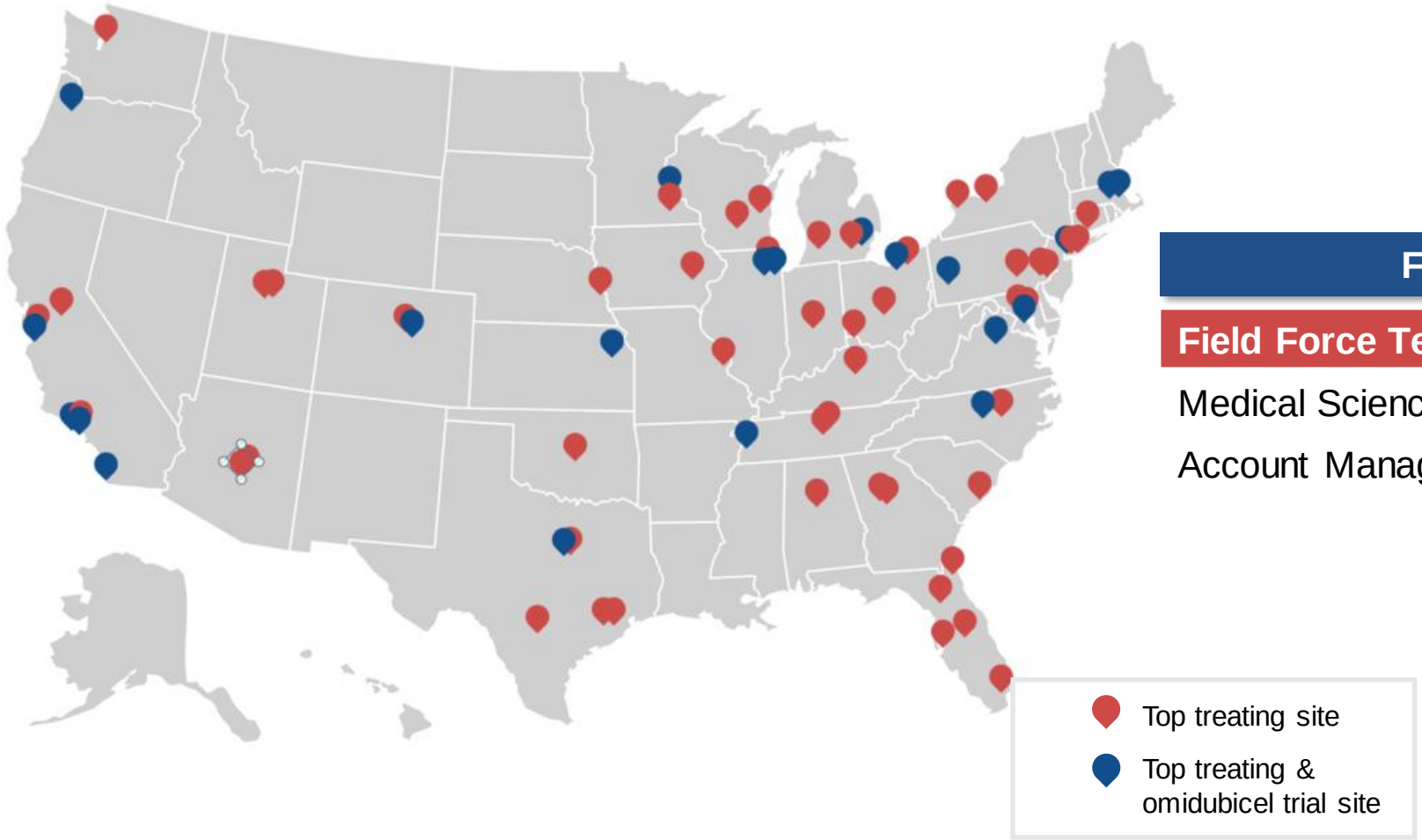
1. Educating transplant centers
2. Working with payers to ensure reimbursement
3. Building patient and hospital support services
4. Ensuring commercial manufacturing readiness

Key Focus: Positive Patient Experience

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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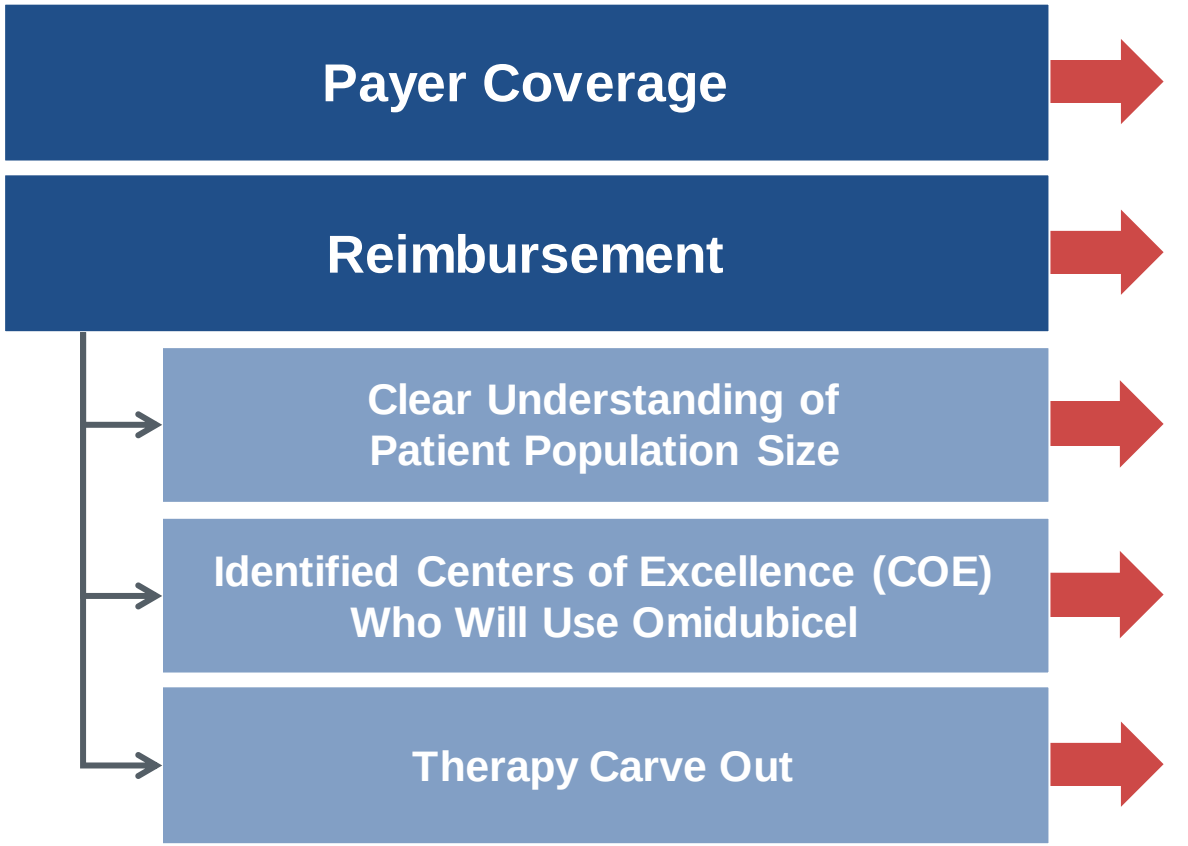
Gamida Will Be Prepared for Potential Reimbursement Approaches

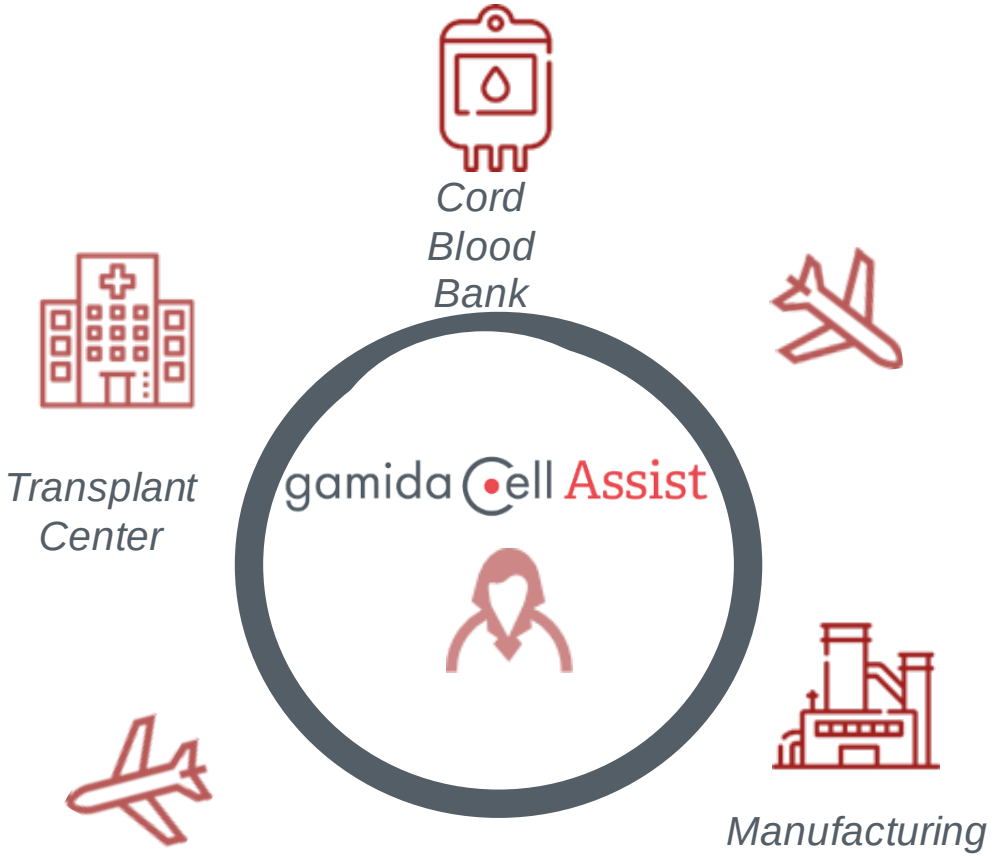
2



- 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
- Needs for COEs: 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

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

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 that 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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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.”

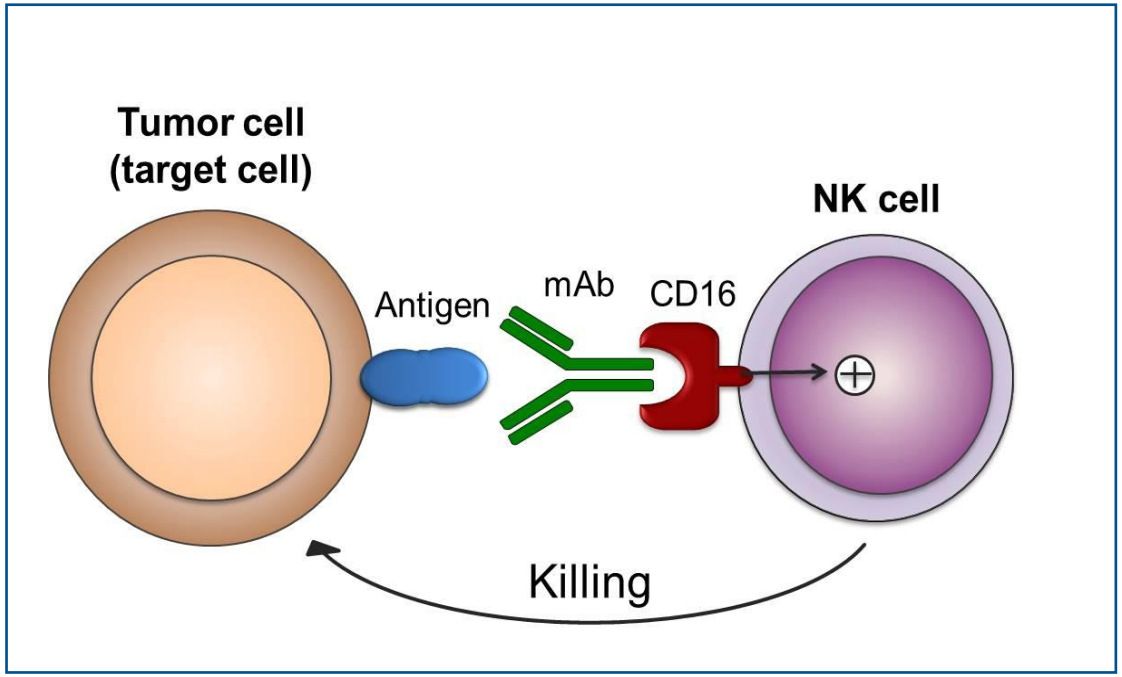
This is one patient and results may not be indicative. Omidubicel is investigational and safety and efficacy have not been established by any agency.

Putting NK Cells to Work Using Our NAM Technology Platform

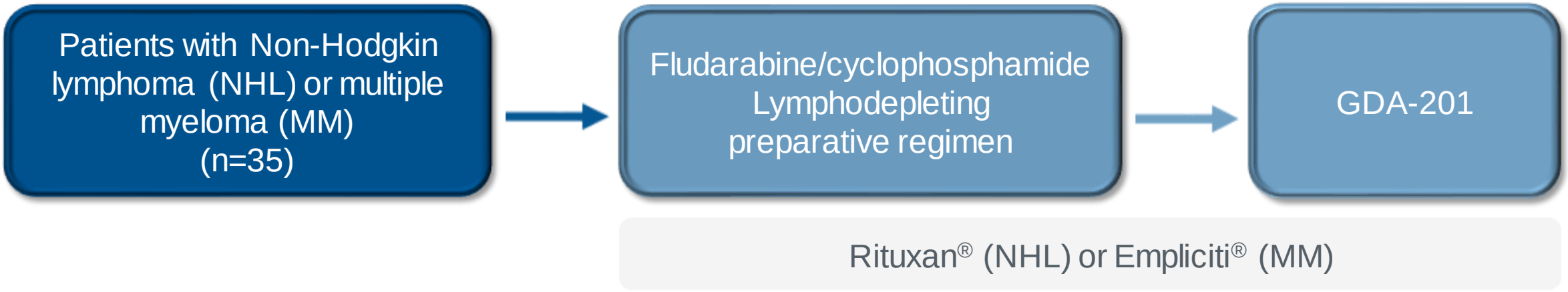
Benefits of NK Cells

- 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



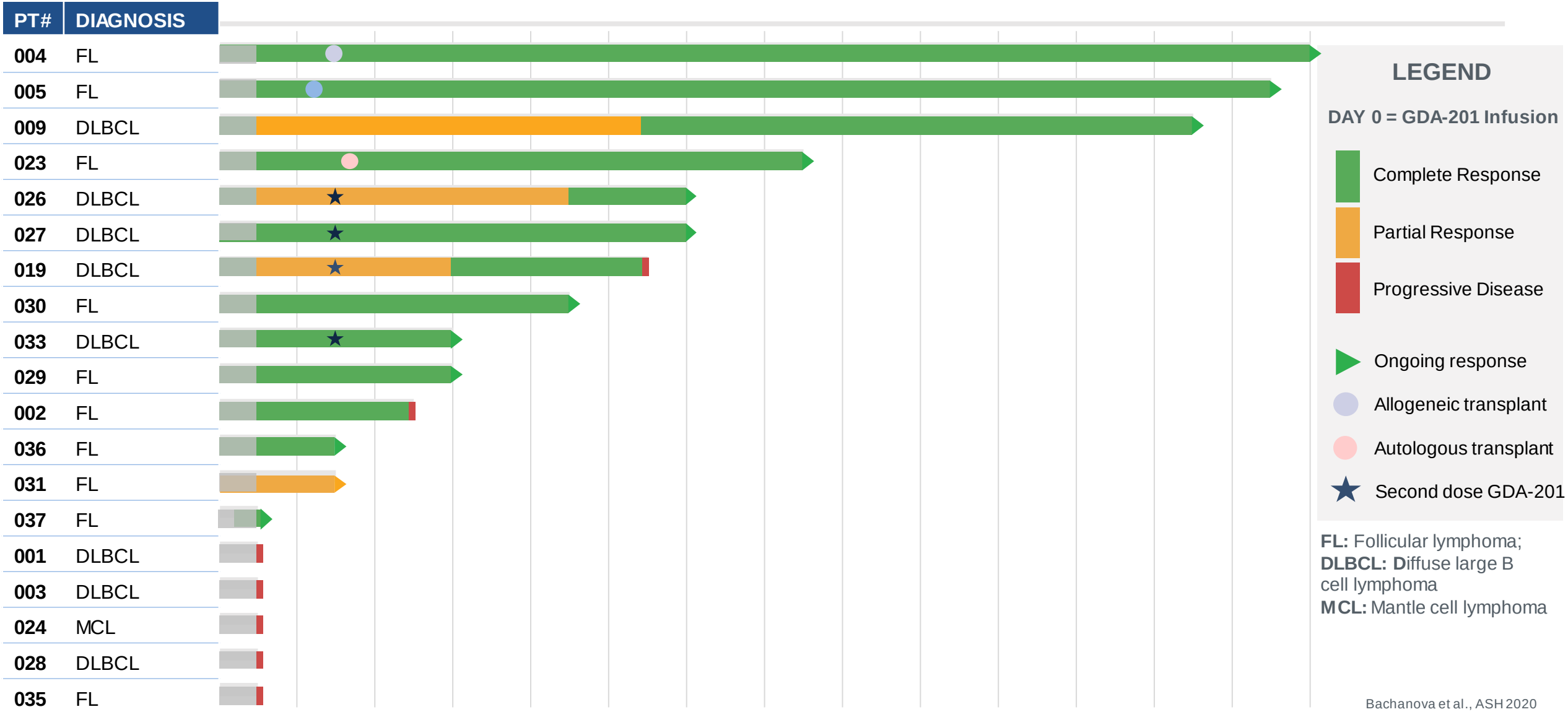
- **Primary endpoint:** Maximum tolerated dose of GDA-201 (3 doses evaluated)
- **Secondary endpoints:** Overall response, toxicity

ClinicalTrials.gov Identifier NCT03019666.

Response Rates

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%		

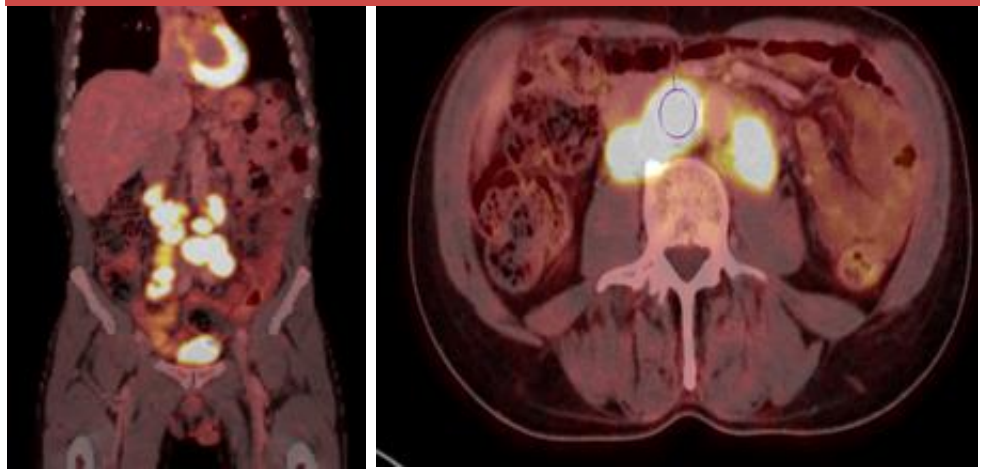
GDA-201 Is Highly Active in Non-Hodgkin Lymphoma



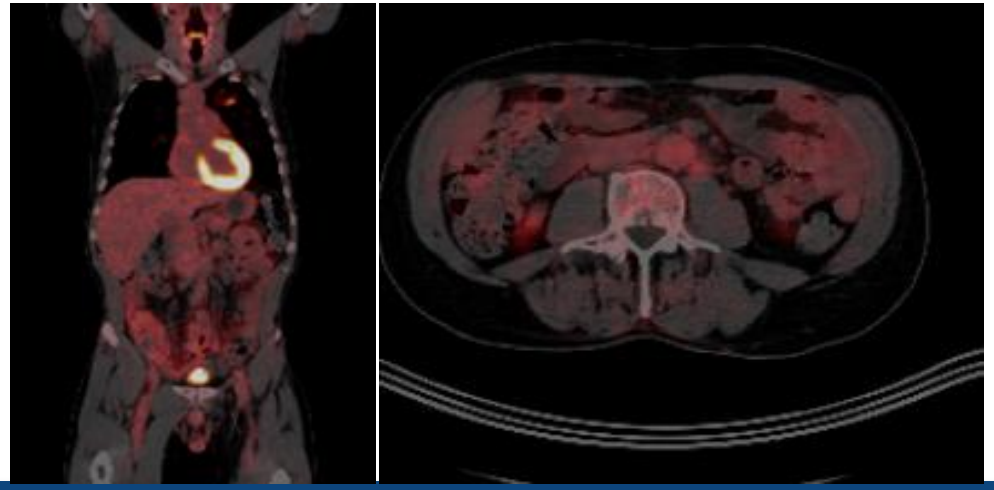
Bachanova et al., ASH 2020

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: 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 2021

Future Directions

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

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