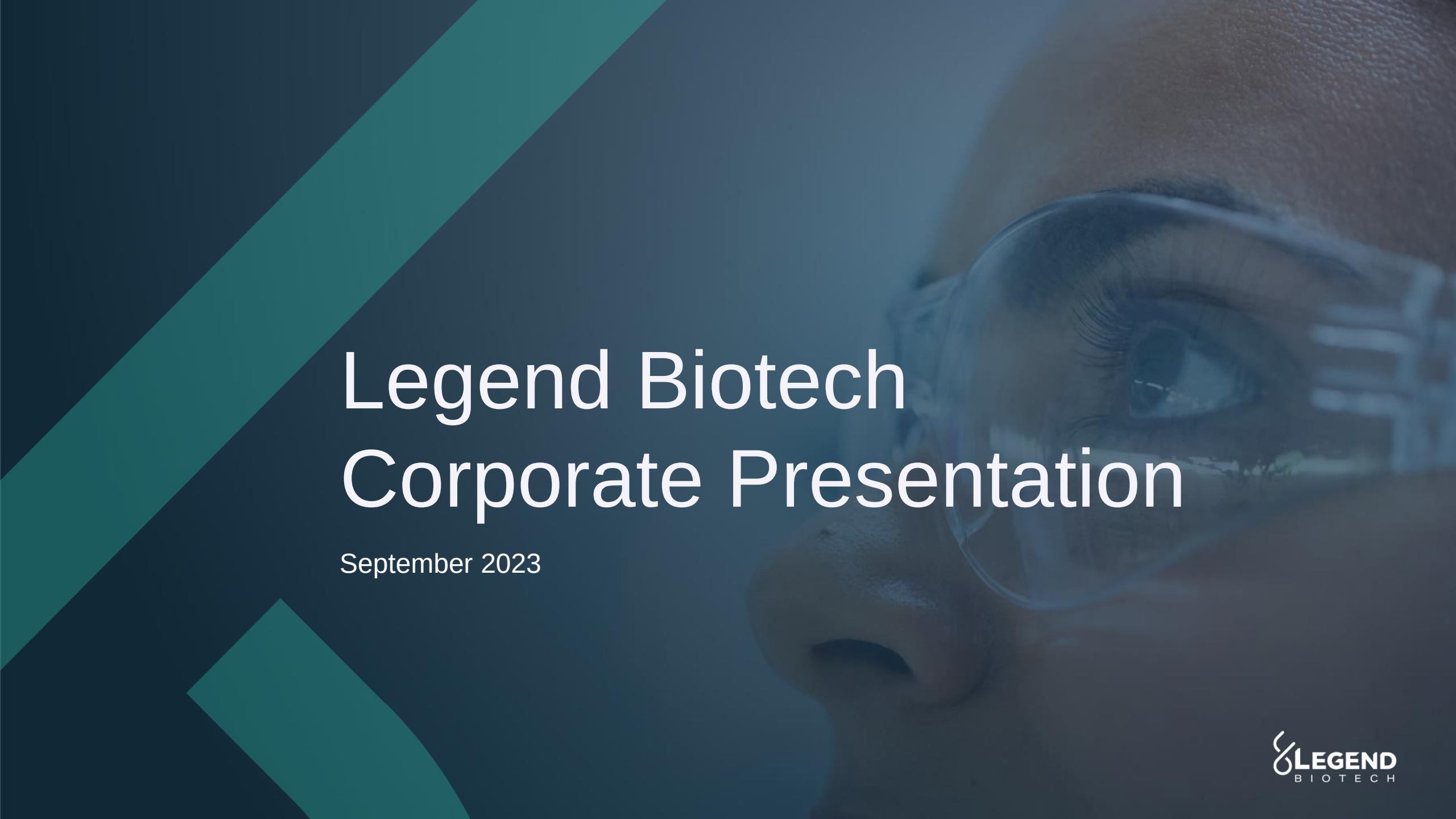

Legend Biotech Corporate Presentation

September 2023

LEGEND BIOTECH

Disclaimer

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Statements in this presentation about future expectations, plans and prospects, as well as any other statements regarding matters that are not historical facts, constitute "forward-looking statements" within the meaning of The Private Securities Litigation Reform Act of 1995.

These statements include, but are not limited to, statements relating to Legend Biotech's strategies and objectives; statements relating to CARVYKTI®, including Legend Biotech's expectations for CARVYKTI®; and statements about regulatory submissions for CARVYKTI®, and the progress of such submissions with the FDA, the EMA and other regulatory authorities; and expected results of clinical trials; Legend Biotech's expectations on advancing their pipeline and product portfolio; and the potential benefits of Legend Biotech's product candidates. The words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "should," "target," "will," "would" and similar expressions are intended to identify forward- looking statements, although not all forward-looking statements contain these identifying words. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors. Legend Biotech's expectations could be affected by, among other things, uncertainties involved in the development of new pharmaceutical products; unexpected clinical trial results, including as a result of additional analysis of existing clinical data or unexpected new clinical data; unexpected regulatory actions or delays, including requests for additional safety and/or efficacy data or analysis of data, or government regulation generally; unexpected delays as a result of actions undertaken, or failures to act, by our third party partners; uncertainties arising from challenges to Legend Biotech's patent or other proprietary intellectual property protection, including the uncertainties involved in the U.S. litigation process; competition in general; government, industry, and general product pricing and other political pressures; the duration and severity of the COVID-19 pandemic and governmental and regulatory measures implemented in response to the evolving situation; as well as the other factors discussed in the "Risk Factors" section of Legend Biotech's Annual Report on Form 20-F filed with the Securities and Exchange Commission (SEC) on March 30, 2023 and Legend Biotech's other filings with the SEC.

Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those described in this presentation as anticipated, believed, estimated or expected. Any forward-looking statements contained in this presentation speak only as of the date of this presentation. Legend Biotech specifically disclaims any obligation to update any forward-looking statement, whether as a result of new information, future events or otherwise.

Legend Biotech Highlights

9 Years Since Inception

1,500+ Employees

1 Marketed Product: CARVYKTI®†#

11 Pipeline Programs Covering:
- Hematologic malignancies
- Solid tumors

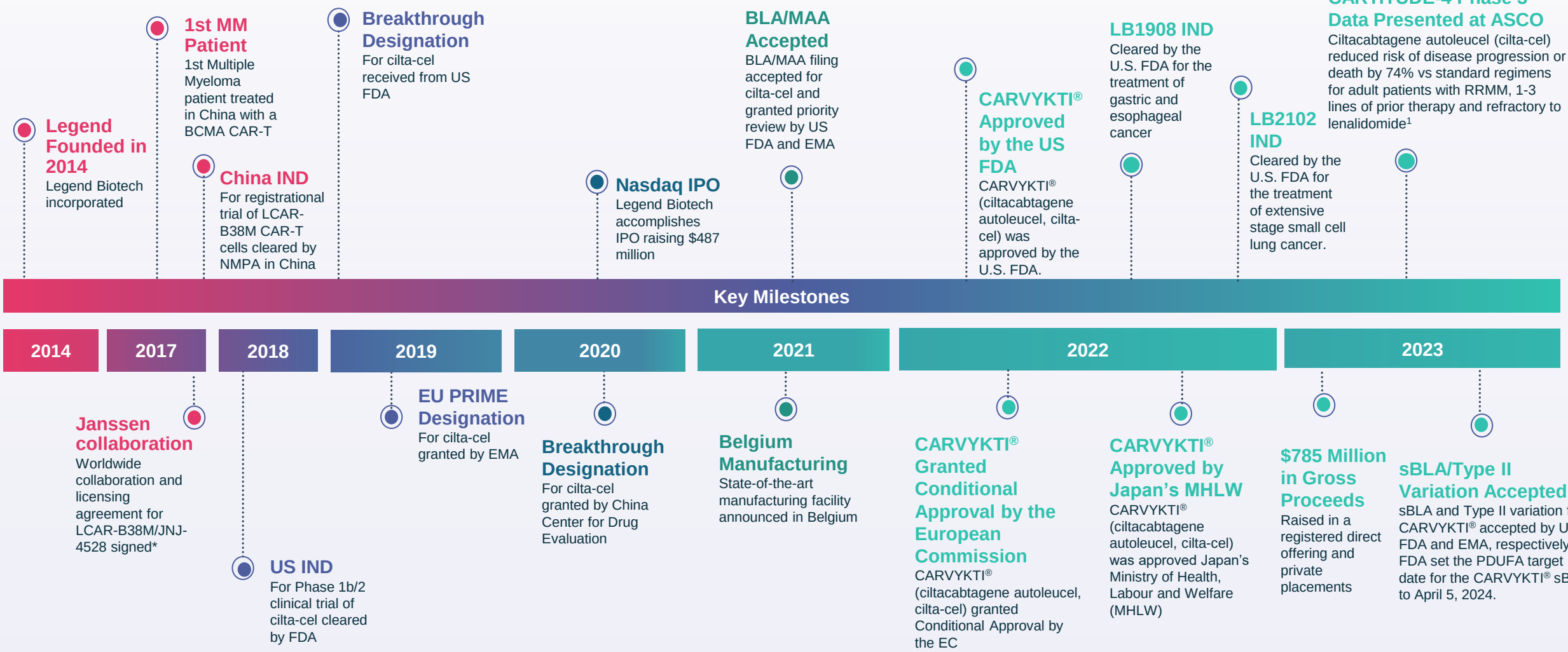
3 Core Technologies:
- CAR-T, including universal CAR
- CAR-NK
- γδ – T

3 Global Manufacturing Sites:
- US
- EU*
- China*

$1.5 Bn in Cash and Cash Equivalents, Deposits, and Short-Term Investments

*EU and China manufacturing site construction is in progress
†In collaboration with Janssen
#Please read Prescribing Information for full safety information: https://www.janssenlabels.com/package-insert/product-monograph/prescribing-information/CARVYKTI-pi.pdf

Key Milestones Achieved



[1]Dhakal et al. ASCO Annual Meeting; June 2-6, 2023; Chicago, Il & Virtual; Abstract #LBA106

Cell Therapy Platform

Legend Biotech is utilizing the extensive cell therapy experience of our leadership and R&D staff, global clinical partners, and expanding research facilities to realize the potential of cell therapy to treat diseases that are thought to be incurable, such as hematologic malignancies and solid tumors.

We Are A Fully Integrated Global Cellular Therapy Company

COMPELLING DATA WITH AN INNOVATIVE PIPELINE

- Ciltacabtagene autoleucel (cilta-cel) may have the potential to deliver deep and durable anti-tumor responses in earlier line settings of multiple myeloma
- Broad portfolio of autologous and allogeneic product candidates targeting both hematologic and solid cancers

GLOBAL COLLABORATION WITH JANSSEN*

- Global collaboration with Janssen for the development of cilta-cel established December 2017
  - Received an upfront payment of $350 million and a total of $315 million in milestone payments to date
  - Earned an additional milestone payment of $20 million on August 4, 2023
  - Eligible for potential significant future milestone payments

INTEGRATED CELL THERAPY PLATFORM

- In-house antibody generation and CAR-T specific functional screening technologies
- Early clinical proof-of-concept, working with KOLs in China, the US and globally
- Building large-scale manufacturing facilities in the United States, Europe and China
- 1,500+ employees worldwide in US, China and Europe

RRMM, Relapsed and/or Refractory Multiple Myeloma; KOL, key opinion leaders
**Legal entity to the agreement is Janssen Biotech, Inc.*

Global R&D Strategy

Institutional R&D Model that accelerates Cell Therapy Discovery and Development

People: ~300 employees
One of the largest global cell therapy R&D teams

Science: Global
innovation
development
US, China, Europe

Patients: Potential **best-in-class** proprietary technology platforms

IP: Strong intellectual property position

CLINICAL DEVELOPMENT

Clinical programs in US

Clinical programs in China

CORE TECHNOLOGIES

CAR-T

NK

γδ - T

PRODUCT PLATFORMS

Autologous

Allogeneic

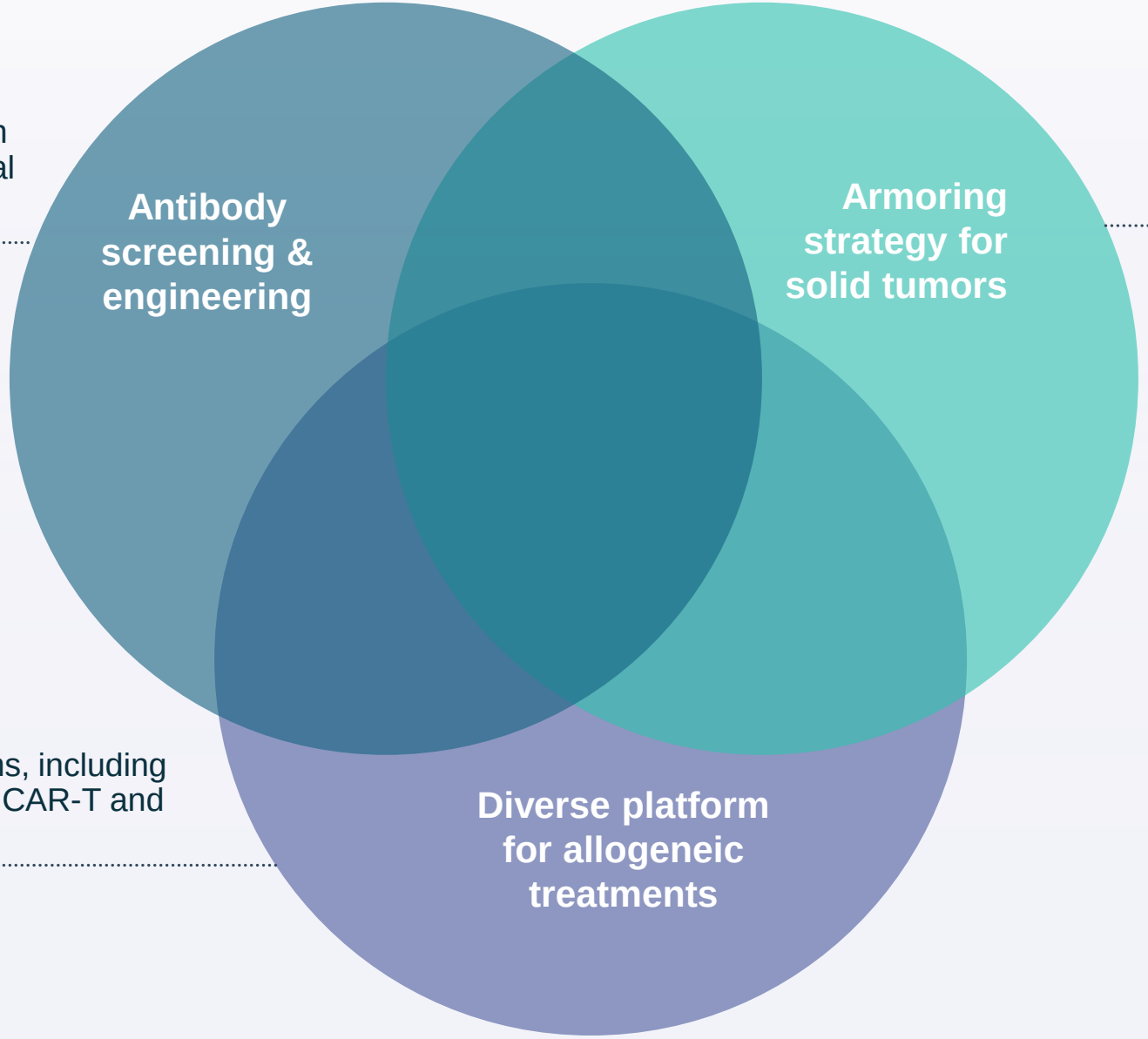
DISEASE AREAS

Hematologic malignancies

Solid tumors

Our Strengths in R&D

In-house antibody generation and CAR-T-specific functional screening technologies



Multiple armored CAR-T strategies to overcome challenges in treatment of solid tumors

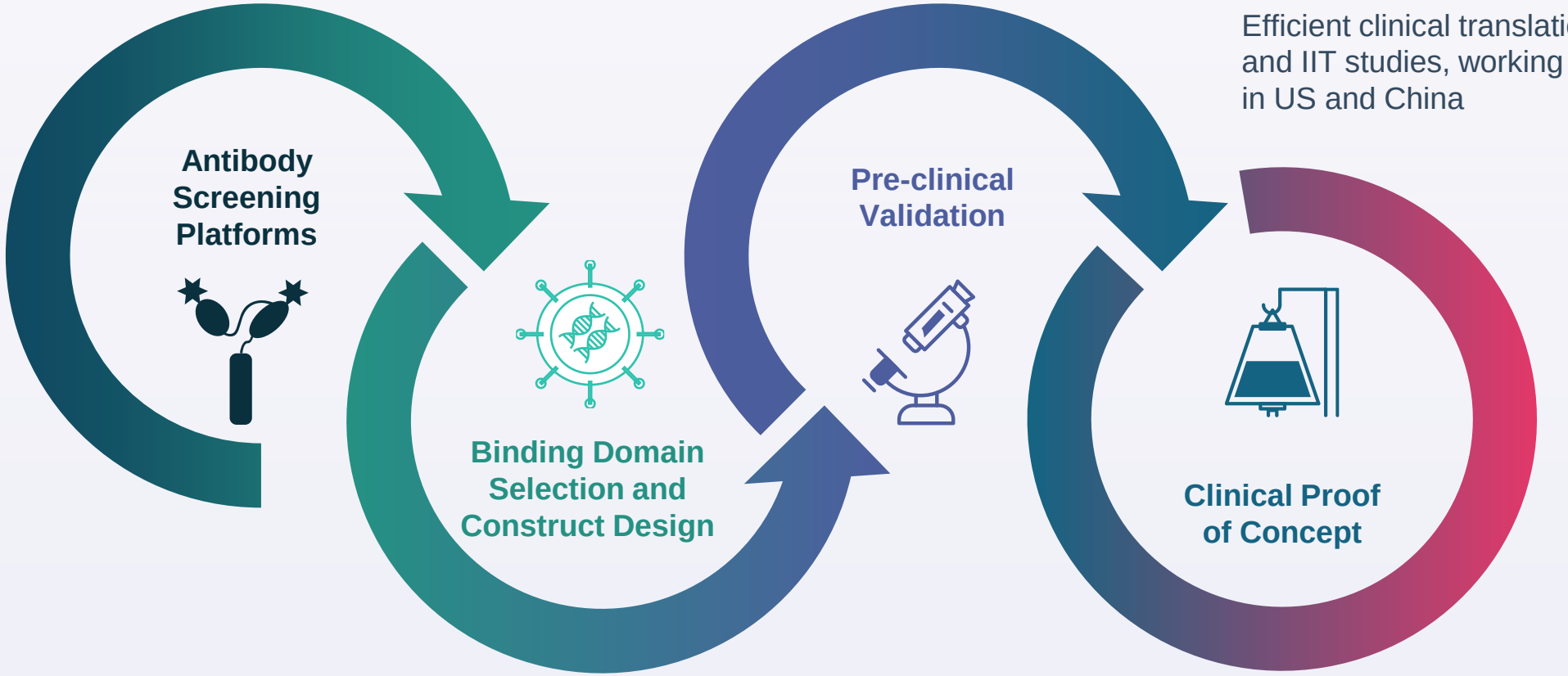
Diverse allogeneic platforms, including non-gene editing universal CAR-T and NK

Our End-to-End R&D Capability

High-throughput antibody screening and engineering capability, including single-domain antibodies generated from llama and conventional antibodies

Robust *in vitro* and *in vivo* screening platforms to prioritize pipeline assets

Efficient clinical translation with IND and IIT studies, working with KOLs in US and China



Proprietary methodology to optimize the selection of binding domains and design CAR-T constructs with two or more antigen-binding domains

CMC Manufacturing

Our Pipeline

Global US China

Preclinical	Phase 1	Phase 2	Phase 3
NSCLC **(GPC3)** Autologous	**SCLC‡** **(DLL3)** Autologous NCT05680922	**RRMM (BCMA)** **LEGEND-2†** Autologous NCT03090659	**RRMM (BCMA)*** **CARTIFAN-1** Autologous NCT03758417	**RRMM (BCMA)*** **1-3 Prior Lines** **CARTITUDE-4** Autologous NCT04181827
COLORECTAL **(GCC)** Autologous	**GASTRIC, ESOPHAGEAL & PANCREATIC†** **(CLAUDIN 18.2)** Autologous NCT04467853	**NHL† /ALL†** **(CD19 X CD20 X CD22)†** Autologous NCT05318963 NCT05292898	**RRMM (BCMA)*** **CARTITUDE-1** Autologous NCT03548207	**NDMM (BCMA)*** **Transplant Not Intended CARTITUDE-5** Autologous NCT04923893
	GASTRIC, ESOPHAGEAL & PANCREATIC‡ **(CLAUDIN 18.2)** Autologous NCT05539430	**HCC†** **(GPC3)** Autologous NCT05352542	**MM (BCMA)*** **CARTITUDE-2** Autologous NCT04133636	**NDMM (BCMA)*** **Transplant Eligible CARTITUDE-6** Autologous NCT05257083
	MM† **(BCMA)** Allogeneic – CAR-NK NCT05498545	**AML** **(CLL1/CD33)** Allogeneic – CAR-γδ T NCT05654779		
	MM† **(BCMA)** Allogeneic – CAR-γδ T NCT05376345			

*In collaboration with Janssen, Pharmaceutical Companies of Johnson & Johnson.
†Phase 1 IIT in China.
‡IND applications have been cleared by the U.S. FDA.

ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; BCMA, B-cell maturation antigen; DLL3, delta-like ligand 3; GPC3, glypican-3; GCC, guanylyl cyclase C; HCC, hepatocellular carcinoma; IIT, investigator-initiated trial; MM, multiple myeloma; ND, newly diagnosed; NHL, non-Hodgkin lymphoma; NSCLC, non small cell lung cancer; RRMM, relapsed or refractory multiple myeloma; SCLC, small cell lung cancer.

The safety and efficacy of the agents and/or uses under investigation have not been established.
There is no assurance that the agents will receive health authority approval or become commercially available in any country for the uses being investigated. Additionally, as some programs are still confidential, certain candidates may not be included in this list.

A Highly Experienced Management Team

YING HUANG
Chief Executive Officer

LORI MACOMBER
Chief Financial Officer

Guowei Fang
Chief Scientific Officer & Head of Business Development

Mythili Koneru
Chief Medical Officer

Steve Gavel
Commercial Development

Elizabeth Gosen
Global Manufacturing

Alan Kick
Global Quality

Yuhong Qiu
Global Regulatory

Dong Geng
Early-stage Drug Development

Elaine Qian
Human Resources

Tracy Luo
Clinical Development

Simon Wu
General Manager, Greater China

Chong Yang
Commercial Development

Legend and Janssen Global Collaboration

Worldwide collaboration and license agreement to develop and commercialize cilta-cel

2018

Upfront Payment
$350 million
Q1 2018

First Milestone
$25 million
Dec 2018

2019

Second Milestone
$25 million
Jul 2019

Third Milestone
$30 million
Jul 2019

2020

Fourth Milestone
$30 million
Jan 2020

Fifth Milestone
$75 million
December 2020

2021

Sixth Milestone
$15 million
May 2021

2022

9th Milestone
$50 million
April 2022

7th/8th Milestones
$50 million
January 2022

2023

Eligible for Potential Additional Milestone Payments

10th/11th Milestones
$35 million*
August 2023

*On August 3, 2023, Legend Biotech received a payment in the amount of $15 million for the EMA's acceptance of the Type II Variation Application for CARVYKTI®, in accordance with Legend Biotech's license and collaboration agreement with Janssen (Janssen Agreement). On August 4, 2023, Legend Biotech earned a milestone payment of $20 million in connection with the FDA's acceptance of the sBLA, in accordance with the Janssen Agreement.

Global Manufacturing Footprint

US Facilities

Raritan, NJ

BCMA US / EU / JP / ROW Launch/ Commercial Site

✓ GMP Operational

Somerset, NJ

US / EU / JP Legend Clinical Supply Site

EU Facilities

Ghent, Belgium

Future Commercial Site

- Construction ongoing

Ghent, Belgium

Future Commercial Site

- Construction ongoing

China Facilities

Nanjing

Legend China Clinical Supply Site & Potential BCMA China Launch Site

✓ GMP Operational

Building E

Nanjing 75-acre

Potential Future Commercial Site

- Construction ongoing

Cilta-cel
Clinical Development

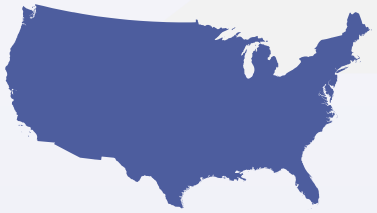
Multiple Myeloma: Blood Cancer with a High Unmet Need

3RD MOST COMMON BLOOD CANCER

accounting for **18%** of all hematologic cancer[1-3]

176,404

NEW CASES WORLDWIDE IN 2020,
accounting for 1% of worldwide new cancer cases[3,4]



US: Incidence is **32,119,** with mortality of 13,426[5]

EUROPE: Incidence is **50,918,** with mortality of 32,495[6]

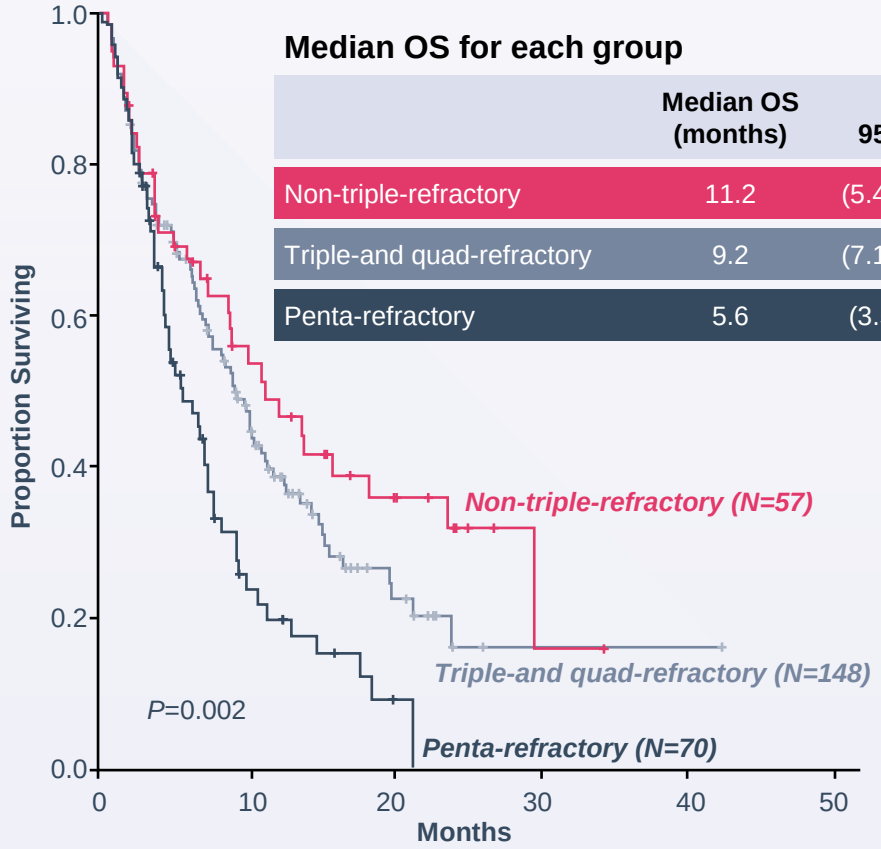
CHINA: Incidence is **21,116,** with mortality of 16,182[7]

POOR SURVIVAL OUTCOMES IN MULTIPLE REFRACTORY MM

Median OS < 12 months
in patients refractory to anti-CD38, ≥ 1 PI(s) and / or ≥ 1 IMiD(s)[8]

Median OS for each group

	Median OS (months)	95% CI
Non-triple-refractory	11.2	(5.4–17.1)
Triple-and quad-refractory	9.2	(7.1–11.2)
Penta-refractory	5.6	(3.5–7.8)



CI, confidence interval; PI, Proteasome Inhibitor; IMiD, immunomodulatory drug; MM, multiple myeloma; OS, overall survival

1. Cancer Stat Facts: Myeloma. https://seer.cancer.gov/statfacts/html/mulmy.html. Accessed June 2021. 2. Facts and Statistics. https://www.lls.org/facts-and-statistics/facts-and-statistics-overview. Accessed June 2021. 3. Globocan 2020 World Fact Sheet: https://gco.iarc.fr/today/data/factsheets/cancers/35-Multiple-myeloma-fact-sheet.pdf. Accessed June 2021. 4. Globocan 2020 World Fact Sheet: World. https://gco.iarc.fr/today/data/factsheets/populations/900-world-fact-sheets.pdf. Accessed June 2021. 5. Globocan 2020 World Fact Sheet: United States of America. http://gco.iarc.fr/today/data/factsheets/populations/840-united-states-of-america-fact-sheets.pdf. Accessed June 2021. 6. Globocan 2020 World Fact Sheet: Europe. https://gco.iarc.fr/today/data/factsheets/populations/908-europe-fact-sheets.pdf. Accessed June 2021. 7. Globocan 2020 World Fact Sheet: China. https://gco.iarc.fr/today/data/factsheets/populations/160-china-fact-sheets.pdf. Accessed June 2021. 8. Gandhi UH, et al. Leukemia. 2019;33:2266-75.

Clinical Program - Cilta-cel Studies in Multiple Myeloma

Late Line Studies of Therapy

CARTITUDE-1[1]

NCT03548207

- Phase 1b/2, multi-center registrational study of cilta-cel in RRMM
- Completed

CARTIFAN-1[2]

NCT03758417

- Phase II, multi-center registrational, confirmatory, study of cilta-cel in RRMM
- Enrollment completed in China

LEGEND-2[3]

NCT03090659

- Phase 1, multi-center study of LCAR-B38M CAR-T cells in RRMM
- Fully enrolled and ongoing in China

Earlier Lines of Therapy

CARTITUDE-2[4]

NCT04133636

- Global, multi-cohort study
- Phase II open-label study of cilta-cel in various clinical settings
- Enrolling

CARTITUDE-4[5]

NCT04181827

- Global, randomized, registrational study
- Phase III open-label study of cilta-cel vs DPd or PVd in patients with RRMM, 1–3 lines of prior therapy and refractory to lenalidomide
- Enrollment completed

CARTITUDE-5[6]

NCT04923893

- Global, randomized, registrational study
- Phase III open-label study of VRd followed by cilta-cel vs. VRd followed by Rd maintenance, in patients with NDMM for whom ASCT is not planned as initial therapy
- Enrolling

CARTITUDE-6[7]

NCT05257083

- Global, randomized, registrational study
- Phase III open-label study comparing DVRd followed by cilta-cel vs. DVRd followed by ASCT in NDMM patients who are transplant eligible
- Not yet enrolling

ASCT, autologous stem cell transplant; DPd, daratumumab, pomalidomide, dexamethasone; DVRd, daratumumab, bortezomib, lenalidomide, dexamethasone; EU, European Union; JP, Japan; NDMM, newly diagnosed multiple myeloma; PVd, pomalidomide, bortezomib, dexamethasone; RRMM, relapsed and/or refractory multiple myeloma; SoC, standard of care; US, United States; VRd, bortezomib, lenalidomide, dexamethasone.

[1] Clinicaltrias.gov: NCT03548207. [2] Clinicaltrials.gov: NCT03758417. CARTIFAN-1 is registration study for China only; [3] Clinicaltrials.gov: NCT03090659. [4] Clinicaltrials.gov: NCT04133636. [5] Clinicaltrials.gov: NCT04181827 [6] Clinicaltrials.gov: NCT04923893. [7] Clinicaltrials.gov: NCT05257083. CARTITUDE-6 is a collaborative study sponsored by the European Myeloma Network.

Updated Clinical Profile for Cilta-cel from ASCO 2023

		LEGEND-2[1,2,a]	CARTITUDE-1[3-6, #]	CARTITUDE-4 Intent-to-treat (n=208)[6,b]	CARTITUDE-4 As-Treated (n=176)[6,7,b]
Median number of prior LOT		3	6	2	-
Median follow-up (mo)		65.4	33.4	15.9	15.9
Efficacy	ORR	87.8%	97.9%	84.6%	99.4%
	≥CR	73.0%	82.5%[c]	73.1%	86.4%
	12mo PFS	~60%	76%	76%	90%[d]
	Median PFS (mo)	18.0	34.9	NR	NE
	Median OS (mo)	55.8	NR	-[e]	-[e]
	Median DOR (mo)	23.3	33.9	NR	NE
Safety	CRS Gr3+	9.5%	5.1%	-	1.1%
	Neurotoxicity Gr3+	0%	12.3%	-	2.8%
	ICANS Gr3+	0%	2%	-	0%

-, not reported; CR, complete response; CRS, cytokine release syndrome; DOR, duration of response; Gr3+, grade 3 or higher; ICANS, Immune effector cell-associated neurotoxicity syndrome; LOT, lines of therapy; mo, months; NE, not estimable; NR, not reached; ORR, overall response rate; OS, overall survival; PFS, progression free survival.
[a]Study investigating LCAR-B38M, a similar CAR construct to cilta-cel. [b]In the CARTITUDE-4 study, 419 patients were randomized, with 208 patients in the cilta-cel arm and 211 patients in the SOC arm. Among intent-to-treat (ITT) patients in the citla-cel arm (n=208), 32 did not receive cilta-cel as study tx due to disease progression or death during bridging therapy/lymphodepletion and 176 patients received cilta-cel as study treatment and were assessed for CAR-T related toxicities. [c]Stringent complete response. [d]From apheresis. [e]Overall survival data were immature at data cutoff.

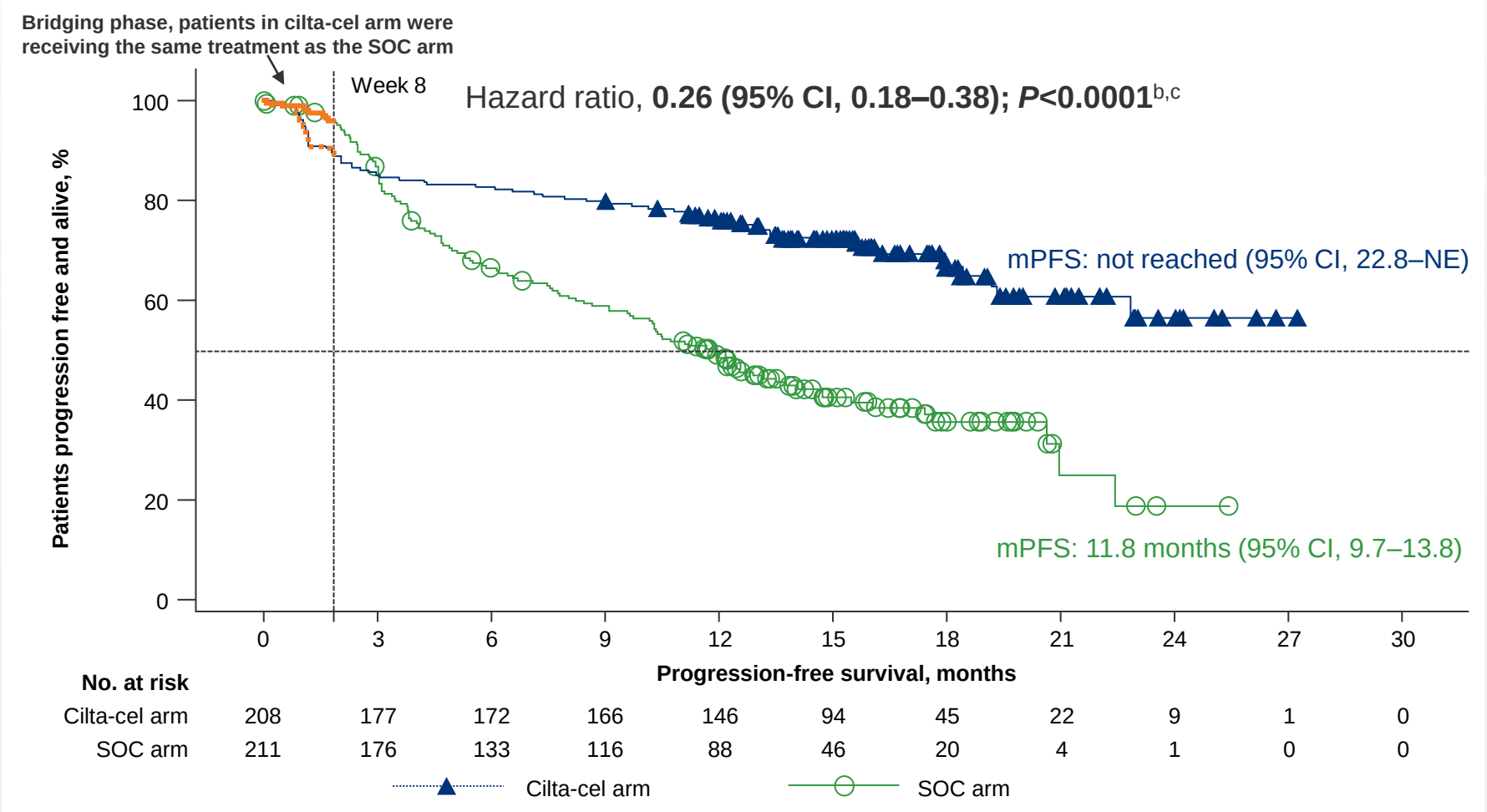
1. Mi JQ, Zhao WH, Chen LJ, et al. ASCO Annual Meeting; June 2-6, 2023; Chicago, Il & Virtual; Abstract #8010. 2. Zhao WH, Wang BY, Chen LJ, et al. *J Hematol Oncol*. 2022;15(1):86. Published 2022 Jul 6. doi:10.1186/s13045-022-01301-8. 3. Lin Y, Martin T, Usmani SZ, et al. ASCO Annual Meeting; June 2-6, 2023; Chicago, Il & Virtual; Abstract #8009. 4. Martin T, Usmani SZ, Berdeja JG, et al. *J Clin Oncol*. 2023;41(6):1265-1274. doi:10.1200/JCO.22.00842. 5. Berdeja JG, Madduri D, Usmani SZ, et al. *Lancet*. 2021;398(10297):314-324. doi:10.1016/S0140-6736(21)00933-8. 6. Dhakal et al. ASCO Annual Meeting; June 2-6, 2023; Chicago, Il & Virtual; Abstract #LBA106. 7. San-Miguel J, Dhakal B, Yong K, et al.. *N Engl J Med*. 2023;389(4):335-347. doi:10.1056/NEJMoa2303379.

#Please read Prescribing Information for full safety information: https://www.janssenlabels.com/package-insert/product-monograph/prescribing-information/CARVYKTI-pi.pdf

CARTITUDE-4:Primary Endpoint – PFS (ITT Population)

Cilta-cel vs SOC

- 12-month PFS rate: 76% vs 49%
- SOC performed as expected



[a]Median follow-up, 15.9 months. [b]Constant piecewise weighted log-rank test. [c]Hazard ratio and 95% CI from a Cox proportional hazards model with treatment as the sole explanatory variable, including only progression-free survival events that occurred >8 weeks post randomization.
cilta-cel, ciltacabtagene autoleucel; HR, hazard ratio; ITT, intent-to-treat; mPFS, median progression-free survival; NE, not estimable; SOC, standard of care.

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CARTITUDE-4: TEAEs

Select TEAE ≥15%, n (%)	Safety population			
	Cilta-cel (n=208)		SOC (n=208)	
	Any grade	Grade 3/4	Any grade	Grade 3/4
Any AE	208 (100)	201 (96.6)	208 (100)	196 (94.2)
Serious AE	92 (44.2)	67 (32.2)	81 (38.9)	70 (33.7)
Hematologic	197 (94.7)	196 (94.2)	185 (88.9)	179 (86.1)
Neutropenia	187 (89.9)	187 (89.9)	177 (85.1)	172 (82.2)
Anemia	113 (54.3)	74 (35.6)	54 (26.0)	30 (14.4)
Thrombocytopenia	113 (54.3)	86 (41.3)	65 (31.3)	39 (18.8)
Lymphopenia	46 (22.1)	43 (20.7)	29 (13.9)	25 (12.0)
Infections	129 (62.0)	56 (26.9)	148 (71.2)	51 (24.5)
Upper respiratory tract[a]	39 (18.8)	4 (1.9)	54 (26.0)	4 (1.9)
Lower respiratory tract[b]	19 (9.1)	9 (4.3)	36 (17.3)	8 (3.8)
COVID-19[c]	29 (13.9)	6 (2.9)	55 (26.4)	12 (5.8)

- **Hematologic TEAEs most common**
  - 85–90% **neutropenia**, almost all grade 3/4
  - Most high-grade cytopenias **resolved to grade ≤2 by day 30**
  - Grade 3/4 infections similar between arms
- **Second primary malignancies:**
  - Cilta-cel, 4.3% (n=9); most commonly cutaneous/noninvasive and hematologic
  - SOC, 6.7% (n=14); most commonly cutaneous/noninvasive[d]
- **Deaths due to TEAEs**
  - Cilta-cel, n=10[e] (7 due to COVID-19[f])
  - SOC, n=5[g] (1 due to COVID-19)

[a]Includes preferred terms upper respiratory tract infection, nasopharyngitis, sinusitis, rhinitis, tonsillitis, pharyngitis, laryngitis, and pharyngotonsillitis. [b]Includes preferred terms lower respiratory tract infection, pneumonia, and bronchitis. [c]Treatment-emergent COVID-19 only; includes preferred terms COVID-19, COVID-19 pneumonia, and asymptomatic COVID-19. [d]With 1 case of peripheral T-cell lymphoma in the cilta-cel arm. [e]7 due to COVID-19, and 1 each due to neutropenic sepsis, pneumonia, and respiratory failure. [f]3 of 7 who died from COVID-19 were unvaccinated prior to cilta-cel. These COVID-19–related deaths contributed to the higher number of fatal events in the first year. [g]1each due to COVID-19, progressive multifocal leukoencephalopathy, respiratory tract infection, septic shock, and pulmonary embolism.
AE, adverse event; cilta-cel, ciltacabtagene autoleucel; TEAE, treatment-emergent adverse event; SOC, standard of care.

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CARTITUDE-4: CRS and CAR-T Cell-Related Neurotoxicity

AEs, n (%)	As-treated patients (n=176)				
	Any grade	Grade 3/4	Median time to onset, days	Median duration, days	Resolved, n
CRS	134 (76.1)	2 (1.1)	8	3	134
Neurotoxicity[a]	36 (20.5)	5 (2.8)			
ICANS	8 (4.5)	0[b]	10	2	8
Other[c]	30 (17.0)	4 (2.3)			
Cranial nerve palsy[d]	16 (9.1)	2 (1.1)	21	77	14
Peripheral neuropathy	5 (2.8)	1 (0.6)	63	201	3
MNT	1 (0.6)	0	85	–	0

In the cilta-cel as-treated population:

- 30 patients had non-ICANS neurotoxicities[c]
  - 16 cranial nerve palsies (14 recovered)
  - 5 peripheral neuropathies
  - 1 MNT (grade 1)
- **Lower incidence and severity of CRS, ICANS, MNTs, and some cytopenias[e] observed with CARTITUDE-4 vs CARTITUDE-1**
  - Cilta-cel may be better tolerated when used earlier in treatment
  - Effective bridging therapy enables better control of tumor burden prior to CAR-T infusion
  - MNTs were lower likely related to patient management strategies implemented to mitigate this risk

[a]There were no fatal neurotoxicities. [b]Grade 3 syncope reported as a symptom of grade 2 ICANS. [c]Other neurotoxicities include AEs reported as CAR-T cell neurotoxicity that are not ICANS or associated symptoms. [d]Cranial nerve palsies most commonly affected cranial nerve VII; supportive measures included corticosteroids (14 patients). No clear risk factors for cranial nerve palsies have been identified, and the mechanism is not understood. [e]Data for cytopenias not shown.
AE, adverse event; CAR-T, chimeric antigen receptor T cell; cilta-cel, ciltacabtagene autoleucel; CRS, cytokine release syndrome; DPd, daratumumab, pomalidomide, and dexamethasone; ICANS, immune effector cell–associated neurotoxicity syndrome; MNT, movement and neurocognitive treatment-emergent adverse event.

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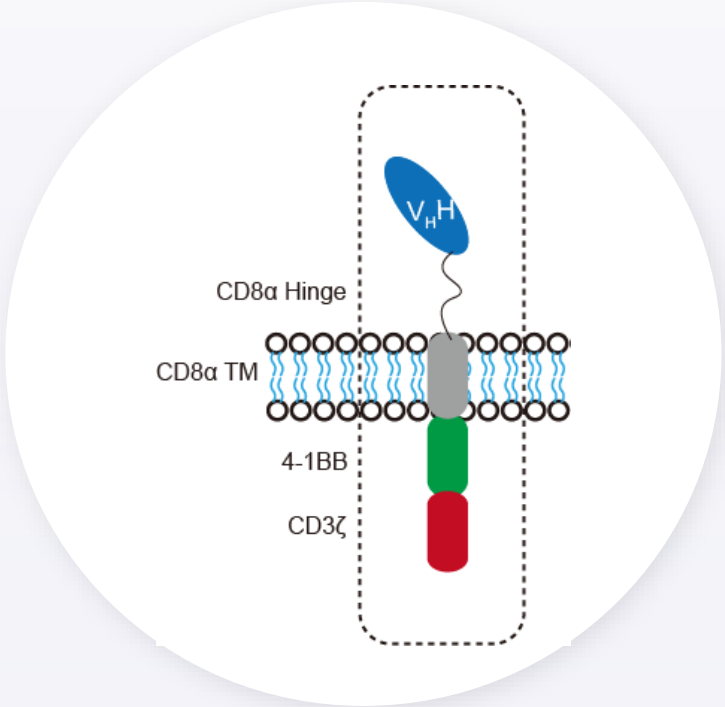
Select Programs in Clinical Development

LB1908 (LCAR-C18S): Legend CAR-T Targeting CLDN18.2

For gastric cancer, esophageal cancer and pancreatic cancer

TARGET

- Claudins (CLDN) are a family of tight junction proteins[1]
- CLDN18.2 is expressed in gastric cancer and pancreatic cancer[2]
- CLDN18.2 is highly conservative cross species



MOA/SCIENTIFIC RATIONALE

- LB1908 targets CLDN 18.2 via a proprietary VHH antibody
- High selectivity against the closely related CLDN 18.1

CLINICAL DEVELOPMENT STRATEGY

- POC achieved and 43 patients enrolled
  - Adult Claudin 18.2 positive patients with recurrent or metastatic advanced solid tumors (including advanced gastric cancers and non-gastric cancers) and have failed prior lines of systemic treatment
- US IND was cleared on June 1, 2022

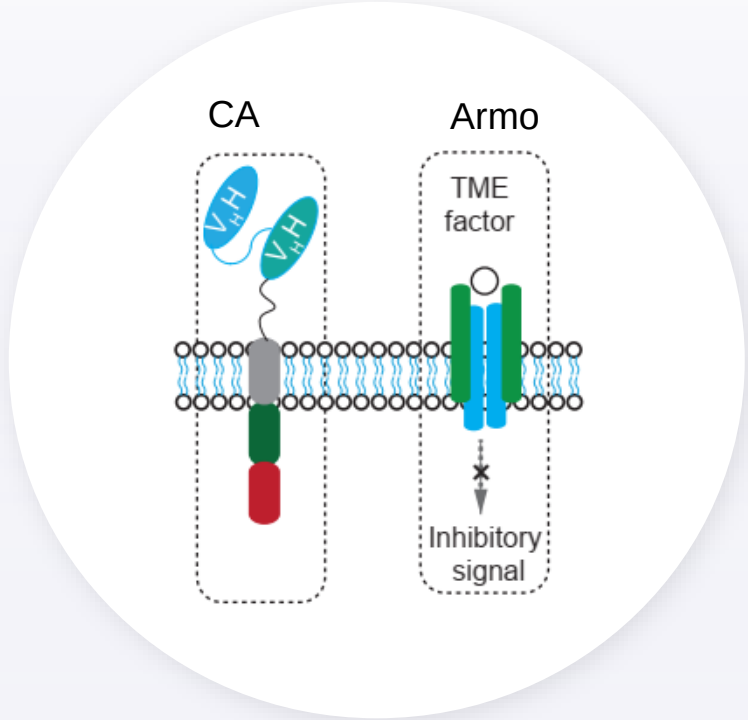
[1] Zhang J, et al. Chin J Cancer Res. 2020 Apr;32(2):263-70.
[2] Sahin U,et al. Clin Cancer Res. 2008 Dec 1;14(23):7624-34

LB2102: Legend Armored CAR-T Targeting DLL-3

For SCLC

TARGET

- DLL-3, a promising target with prevalent & homogeneous expression in SCLC (~80% positive) and other neuroendocrine tumors
- Minimal to no expression in normal tissues
- SCLC has limited treatment options & high unmet needs



MOA/SCIENTIFIC RATIONALE

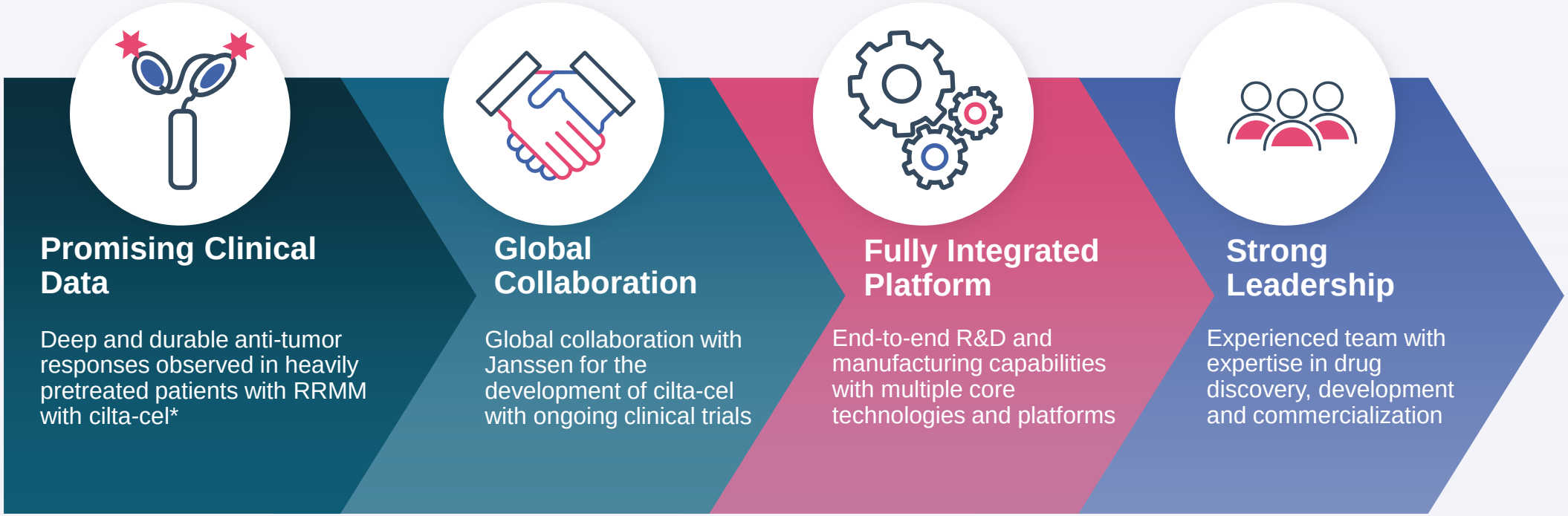
- Tandem humanized binders with high affinity and specificity
- An armor overcoming suppressive TME to promote CAR-T cell expansion, persistence and infiltration

PRECLINICAL & CLINICAL DEVELOPMENT STRATEGY

- Well-tolerated *in vivo* in s.c and pulmonary orthotopic xenograft models
- US IND was cleared on November 21, 2022
- Orphan Drug Designation was granted by FDA on June 21, 2023
- The US clinical trial is actively recruiting at two sites as of August 2023

Our Strengths

Why Legend continues to show growth and excellent performance



*A Biologics License Application seeking approval of cilta-cel has been approved by the U.S. FDA and commercialized under the brand name CARVYKTI®. The product has also been approved by the Ministry of Health, Labour and Welfare in Japan and received conditional marketing authorization by the European Medicines Agency.

THANK YOU