EDITING LIFE

Commitment to a Cure

Corporate Presentation

November 2024

NASDAQ: CLLS
EURONEXT GROWTH: ALCLS.PA

Forward-Looking Statements

This presentation contains “forward-looking” statements within the meaning of applicable securities laws, including the Private Securities Litigation Reform Act of 1995. Forward-looking statements may be identified by words such as “designed to”, “anticipate,” “expected,” “on track,” “plan,” “scheduled,” "should", and “will,” "would", or the negative of these and similar expressions.

These forward-looking statements, which are based on our management’s current expectations and assumptions and on information currently available to management, including information provided or otherwise publicly reported by our licensed partners. Forward-looking statements about advancement, timing and progress of clinical trials (including with respect to patient enrollment and follow-up), the timing of our presentation of data and submission of regulatory filings, the adequacy of our supply of clinical vials, the operational capabilities at our manufacturing facilities, the sufficiency of cash to fund operations, the potential benefit of our product candidates and technologies, the potential payments for which Cellectis is eligible under the agreements signed between Cellectis and each of its partners, including AstraZeneca, Servier, Allogene and Iovance and the financial position of Cellectis.

These forward-looking statements are made in light of information currently available to us and are subject to numerous risks and uncertainties, including with respect to the numerous risks associated with biopharmaceutical product candidate development.

With respect to our cash runway, our operating plans, including product development plans, may change as a result of various factors, including factors currently unknown to us. Furthermore, many other important factors, including those described in our Annual Report on Form 20-F and the financial report (including the management report) for the year ended December 31, 2023 and subsequent filings Cellectis makes with the Securities Exchange Commission from time to time, as well as other known and unknown risks and uncertainties may adversely affect such forward-looking statements and cause our actual results, performance or achievements to be materially different from those expressed or implied by the forward-looking statements. Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to update the reasons why actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future.

Cellectis at a Glance

3 **Clinical Trials***

75+ patients dosed in Cellectis-sponsored trials

Global GMP Facilities

End-to-end manufacturing autonomy

Near-Term Clinical Catalysts

Multiple near-term UCART clinical data updates

$264M**

as of September 30, 2024

Cash Runway into 2027

Diversified Partnerships with Industry Leaders

- Revenues > $6B in milestones + royalties
- 5 clinical trials sponsored by Cellectis' licensed partners

AstraZeneca, SERVIER moved by you, Allogene THERAPEUTICS, IOVANCE, primera THERAPEUTICS

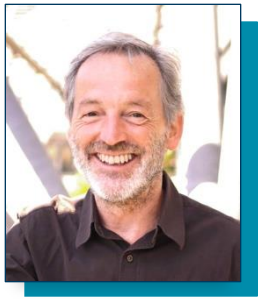
* On November 4, 2024, Cellectis decided to focus its current development efforts on the BALLI-01 and NATHALI-01 studies and therefore to deprioritize the development of UCART123, currently evaluated in relapsed or refractory acute myeloid leukemia.

**Cash position includes cash, cash equivalents, restricted cash and fixed-term deposits classified as current financial assets. Restricted cash was $5 million as of September 30, 2024. Fixed-term deposits classified as current financial assets was $100 million as of September 30, 2024.

A Highly-Experienced Executive Committee

André Choulika, Ph.D.
Founder & CEO

Steven Doares, Ph.D.
SVP, US Manufacturing
& Site Head



Phillippe Duchateau, Ph.D.
Chief Scientific Officer

Adrian Kilcoyne M.D., MPH, MBA
Chief Medical Officer

Kyung Nam-Wortman
EVP, Chief Human
Resources Officer

Stephan Reynier
Chief Regulatory &
Pharmaceutical Compliance Officer

David Sourdive, Ph.D.
EVP CMC & Manufacturing
& Co-Founder

Arthur Stril
Interim Chief Financial Officer

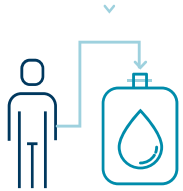
Marie-Bleuenn Terrier
General Counsel

UCARTs are Designed to be “Off-The-Shelf”

Scalable Manufacturing

Reduced cost
Scalable manufacturing:
1 batch = 100s doses

Robustness



The goal is to provide potency and consistency to each patient

Off-The-Shelf

Immediately available to all eligible patients

Control Production, Minimize Costs and Improve Patient Safety

Strategic Partnership with AstraZeneca

AstraZeneca

Cell & Gene Therapy R&D Collaboration

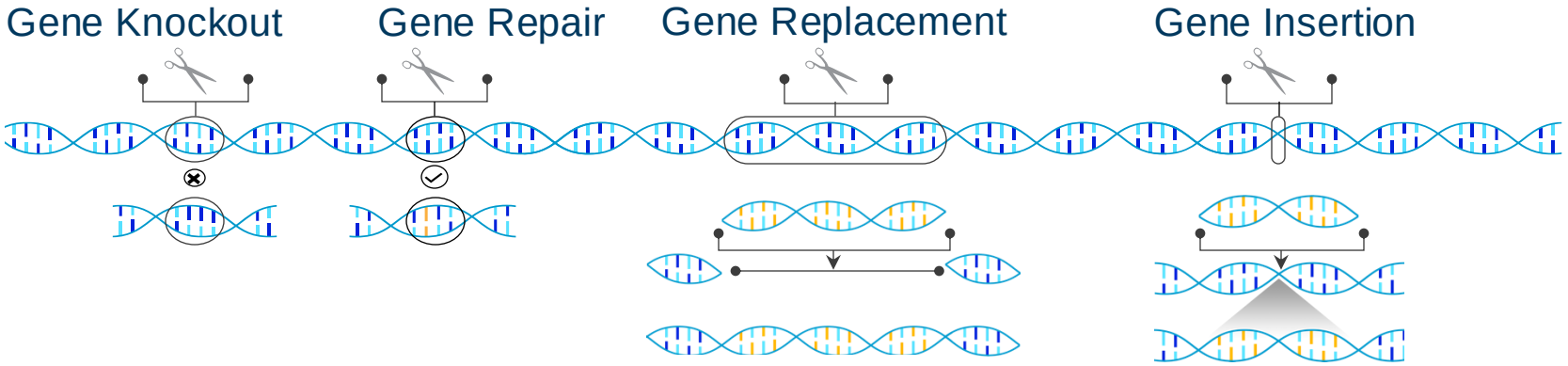
- Develop up to **10** novel products in **oncology, immunology and rare diseases**
- $25M upfront
- Milestones from $70M to $220M per product with tiered royalties
- AstraZeneca to cover Cellectis' research costs

Investment Agreements

- **$220M equity investment** (subscribed for 16 million ordinary shares and 28 million convertible preferred shares at $5.00 per share)

Note: AstraZeneca has nominated two directors to the board of directors of Cellectis. Further, certain business decisions are subject to AstraZeneca's approval. For more information on the agreements signed with AstraZeneca, please refer to the Annual Report filed on Form 20-F and the management report for the year ended December 31, 2023

Powerful and Comprehensive Gene Editing Platform

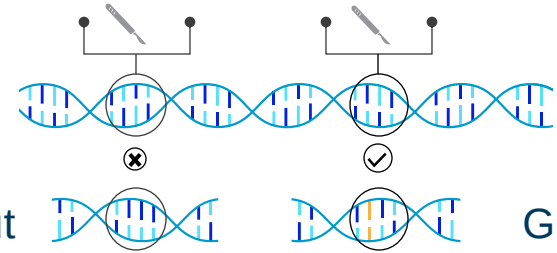


Nucleases

Experts in Gene Editing:

- ✓ 30+ years for Cellectis' founders
- ✓ 25 years doing gene editing
- ✓ 10 years developing TALEN®

Base editors



Gene Knockout

Gene Repair

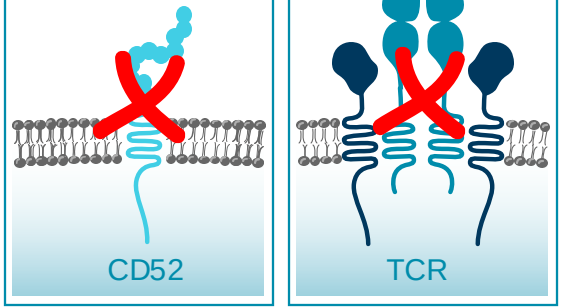
Proprietary electroporation technology

Cellectis' UCART Candidate Platform

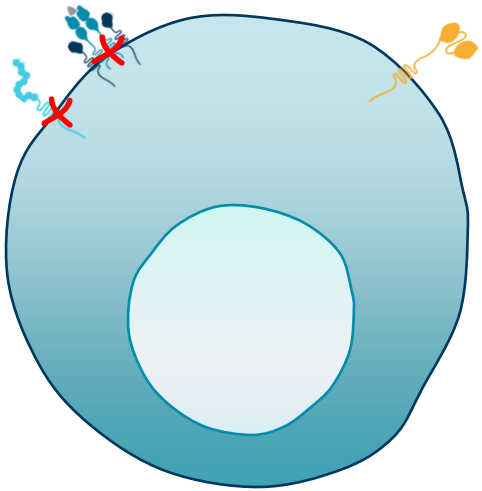
TALEN® Powered

CD52 KO
Resistance to alemtuzumab

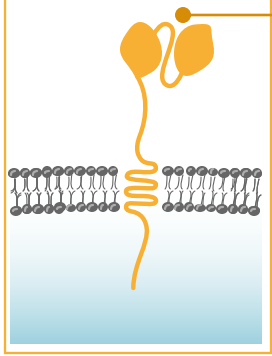
TRAC KO
Minimizes risk of GvHD



CAR-T cell



CAR



- CAR20+CAR22
  Targeting CD20 & CD22
  For B-cell Malignancies
- CAR22
  Targeting CD22
  For B-cell ALL

ALL: acute lymphoblastic leukemia; CAR: chimeric antigen receptor; GvHD: Graft versus Host Disease; KO: Knock-Out; TCR: T-cell receptor; TRAC: T-cell receptor alpha constant

Differentiated Targets & Near-Term Catalysts

	Target	Indication	Study	Preclinical	Phase 1 Dose Escalation	Phase 1 Dose Expansion	Phase 2 Pivotal[2]	Upcoming expected milestone
Fully Owned	**UCART22** CD22	ALL	BALLI-01 NCT04150497					Phase 1 dataset & late-stage development strategy expected in 2025
Fully Owned	**UCART20x22** Dual Target CD20, CD22	NHL	NatHaLi-01 NCT05607420					Phase 1 dataset & late-stage development strategy expected in 2025
Licensed Partners	Cemacabtagene Ansegedleucel (ALLO-501A) CD19[1]	LBCL	ALPHA3 NTC06500273					SERVIER moved by you · Allogene THERAPEUTICS
Licensed Partners	ALLO-316[3] CD70	RCC	TRAVERSE NCT04696731					Allogene THERAPEUTICS
Licensed Partners	Allogeneic CAR T	Hematological malignancies						AstraZeneca
Licensed Partners	Allogeneic CAR T	Solid tumors						
Licensed Partners	*In vivo* gene therapy	Genetic disorder						
Licensed Partners	IOV-4001	Melanoma, NSCLC	IOV-GM1-201 NCT05361174					IOVANCE

1 cemacabtagene ansegedleucel has been developed under a collaboration agreement between Servier and Allogene based on an exclusive license granted by Cellectis to Servier. Servier grants to Allogene exclusive rights to cemacabtagene ansegedleucel in the U.S., EU and UK. The ALPHA3 study targets Large B-Cell Lymphoma (LBCL).

2 Phase 3 may not be required if Phase 2 is registrational.

3 ALLO-316 utilizes TALEN® gene-editing technology pioneered and owned by Cellectis. Allogene has an exclusive license to the Cellectis technology for allogeneic products directed at the CD70 target. Allogene holds global development and commercial rights for this investigational candidate.

ALLO-715 and ALLO-605 utilize TALEN® gene-editing technology pioneered and owned by Cellectis. Allogene has an exclusive license to the Cellectis technology for allogeneic products directed at the BCMA target. Allogene holds global development and commercial rights for these investigational candidates.

ALL, Acute Lymphoblastic Leukemia; NHL, Non-Hodgkin's Lymphoma; LBCL, Large B-Cell Lymphoma; RCC, Renal Cell Carcinoma; NSCLC, Non-Small Cell Lung Cancer

Cellectis' UCART Platform

BALLI-01 Study Design

Key inclusion criteria:

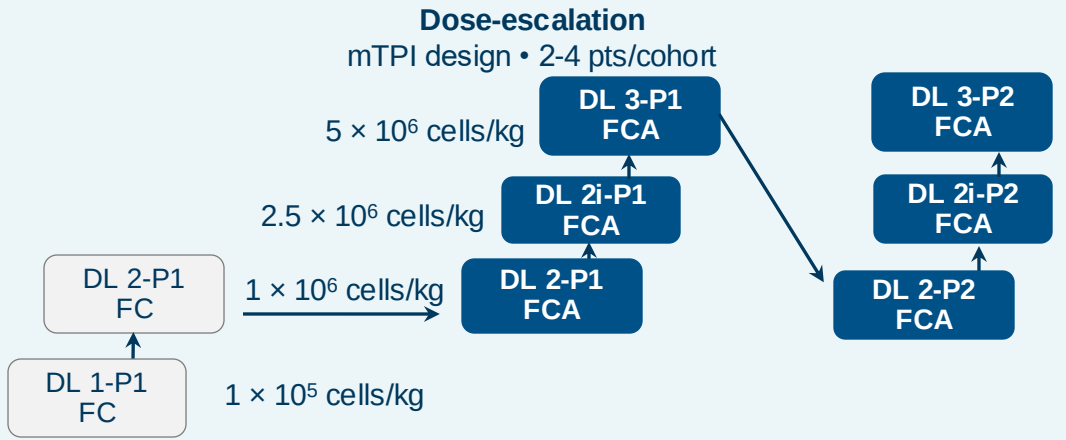
- Age 15–70 years, adequate organ function, ECOG PS ≤1
- B-ALL blast CD22 expression ≥70%
- Received ≥1 standard chemotherapy regimen and 1 salvage regimen

Primary objective:

- Safety, tolerability, & MTD of UCART22

Additional objectives:

- Investigator-assessed response
- UCART22 expansion in PB and BM
- Immune reconstitution



LD regimens:

- **FC: fludarabine** 30 mg/m^2 × 4d + **cyclophosphamide** 1 g/m^2 × 3d
- **FCA: fludarabine** 30 mg/m^2 × 3d + **cyclophosphamide** 0.5 g/m^2 × 3d + **alemtuzumab** 20 mg/d × 3d

P1 cells manufactured by external CDMO. P2 cells manufactured by Cellectis.
B-ALL, B-cell acute lymphoblastic leukemia; BM, bone marrow; DL, dose level; d, days; ECOG PS, Eastern Cooperative Oncology Group performance status; FC, fludarabine + cyclophosphamide; FCA, FC + alemtuzumab; LD, lymphodepletion; MTD, maximum tolerated dose; mTPI, modified Toxicity Probability Interval; PB, peripheral blood; pts, patients.

UCART22-P1 Administration Shows Promising Tolerable Safety Profile

Patient Characteristics (N=19)

Median age: 28 (17-61)

WHO classification:

- B-ALL with recurrent genetic abnormalities: 8 (42%);
- CRFL2 rearrangement: 4 (21%)

Median prior lines of therapy: 4 (2-8)

- Prior blinatumomab: 12 (63%)
- Prior inotuzumab: 10 (53%)
- Prior CD19 CART: 8 (42%)
- Prior HSCT: 8 (42%)

Safety: FCA Cohorts (N=13)

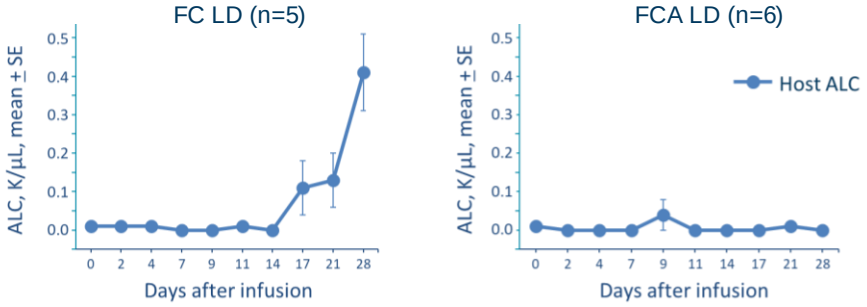
0	Dose limiting toxicity
0	ICANS (immune effector cell associated neurotoxicity)
0	Severe UCART22-related TEAEs (treatment emergent adverse events)
11	Patients with mild to moderate CRS (cytokine release syndrome), Grade 1/2
0	Grade 3 or higher CRS
1	Patient with Grade 2 GvHD; skin only*

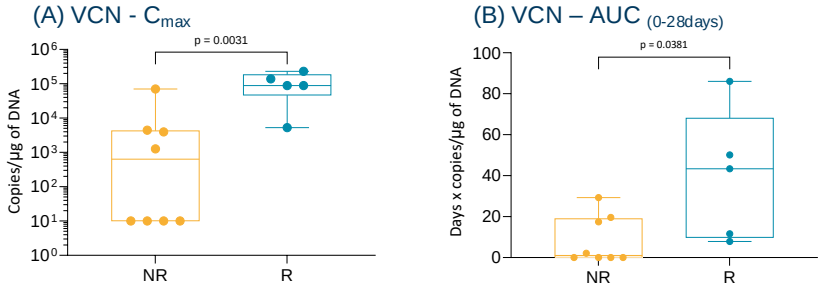
*not confirmed by biopsy; in context of re-activation of prior allogeneic bone marrow donor stem cells

Data Source: ASH 2021 Conference Presentation, Cellectis' Live Webcast on 13th December 2022 and EHA 2023

CAR: chimeric antigen receptor; CRFL2: Cytokine Receptor-Like Factor 2; FCA: Fludarabine, Cyclophosphamide, Alemtuzumab; ICANS: Immune effector Cell-Associated Neurotoxicity Syndrome; TEAE: Treatment Emergent Adverse Event; CRS: Cytokine Release Syndrome; GvHD: Graft versus Host Disease ; HSCT: Hematopoietic Stem Cell Transplantation, B-ALL: B-cell Acute Lymphoblastic Leukemia

Promising Clinical Responses with UCART22-P1 and FCA Lymphodepletion





- Host lymphocytes remained suppressed using FCA lymphodepletion
- 2/7 patients in DL2 and DL2i achieved blast reductions to < 5% by day 28 using FCA lymphodepletion
  - 1 patient in DL2: MRD negative CRi
  - 1 patient in DL2i: MLFS
- **50% ORR observed in DL3** (3/6 patients)* with FCA lymphodepletion
  - 1 patient MRD negative **CR**
  - 1 patient MRD negative **CRi**
  - 1 patient MRD negative **MLFS**

UCART22 vector copy number (VCN) quantified by qPCR from whole blood. Thirteen (13) patients from the FCA cohorts were grouped in responders [R] or not responders [NR]. (**A**) UCART22 maximum concentration (Cmax) of VCN detected (**B**) UCART22 VCN area under the curve (AUC) over time (from day 0 through day 28, calculated by linear trapezoidal method by GraphPad. Non-parametric *t*-test was used to calculate the p values using GraphPad.

*All 3 of the DL3 responders failed multiple lines of prior therapy including multi-agent chemotherapy, CD19 directed autologous CAR T cell therapy, and allogeneic stem cell transplant. Additionally, 1 of the 3 also failed prior blinatumomab and inotuzumab, and the remaining 2 failed venetoclax based salvage regimens.

Data Source: ASH 2021 Conference Presentation, Cellectis' Live Webcast on 13th December 2022 and EHA 2023

FC: Fludarabine + Cyclophosphamide; FCA: Fludarabine + Cyclophosphamide + Alemtuzumab;

LD: Lymphodepletion; DL2: Dose Level 2; DL2i: Intermediate Dose Level 2; DL3: Dose Level 3; MRD: Minimal Residual Disease; CR: Complete Response; CRi: Complete Response with Incomplete Hematologic Recovery; MLFS: Morphologic Leukemia-Free State; ORR: Objective Response Rate; VCN: Vector Copy Number; AUC: Area Under Curve

Baseline Characteristics of UCART22-P2 Patients Treated at DL2

3 patients were enrolled into the first UCART22-P2 cohort at DL2

Patient 1

17-year-old female with Ph-negative B-ALL with a hypodiploid karyotype and a germline *TP53* mutation

Prior therapies included multiagent chemotherapy, blinatumomab, inotuzumab, venetoclax, allogeneic stem cell transplantation, and autologous CD19 CAR T-cell therapy (tisagenlecleucel) x 2 infusions

Patient 2

68-year-old female with Ph-negative B-ALL

Relapsed with CD19-low disease after multiagent chemotherapy, blinatumomab, and inotuzumab

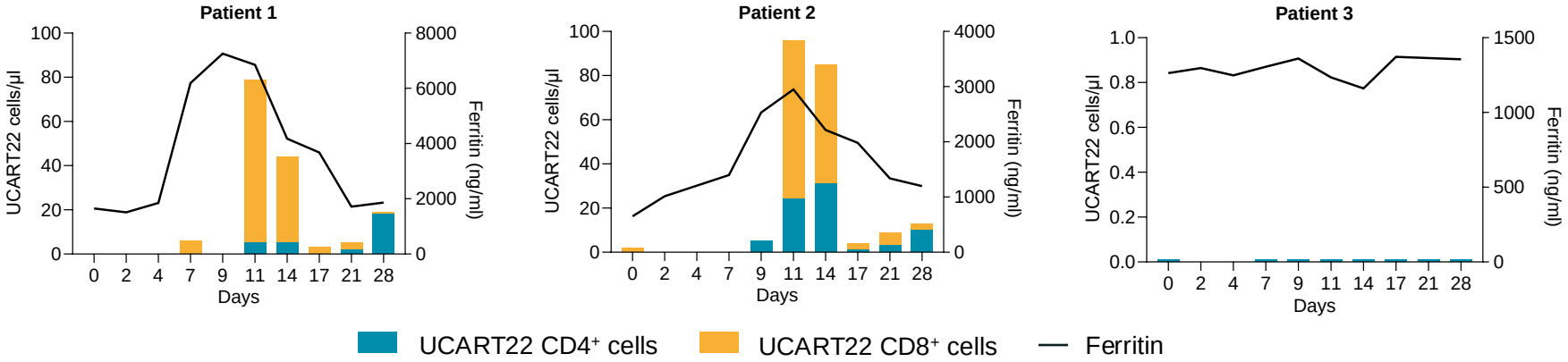
Patient 3

27-year-old male with B-ALL with an ABL2 fusion

Prior therapies included multiagent chemotherapy, blinatumomab, inotuzumab, tyrosine kinase inhibitors, and an experimental autologous CAR19

DL2: Dose Level 2; B-ALL: B-cell Acute Lymphoblactic Leukemia

UCART22-P2 Expansion Correlates with Changes in Ferritin Levels



UCART22-P2 expansion was observed by flow cytometry in the peripheral blood in patient 1 and 2, both at D11, with predominantly CD8 cells expanding, with peaks of:

- ~80 cells/µL in patient 1
- ~100 cells/µL in patient 2
- No UCART22-P2 expansion in patient 3, and ferritin levels mostly unchanged during the 28 days following UCART22-P2 administration

Patient 1: CRS G1 D4-5; G2 D5-6. Patient 2: CRS G1 D4-5, D7-8, and D10-11. Patient 3: no CRS

Summary of UCART22-P2 Patients Treated at DL2

Safety

- No dose-limiting toxicities (DLT)
- No immune effector cell-associated neurotoxicity syndrome (ICANS)
- No GvHD
- CRS in 2/3 (67%) patients with one G1 that resolved without treatment and one G2 that resolved after tocilizumab x1
- Patient 1 had a G5 sepsis SAE at D40 considered related to UCART22-P2 and FCA LD

Efficacy

- Responses were assessed beginning on D28
- 2/3 patients (67%) treated at DL2 with UCART22-P2 responded:
  - Patient 1 had 40% BM blasts at screening and achieved an **MRD negative MLFS** (by flow cytometry and clonoSEQ at 10^{-4}) up to D40
  - Patient 2 had 80% BM blasts at screening and achieved an **MRD negative CR** (by clonoSEQ at 10^{-4}) lasting over 84 days after UCART22 infusion
  - Patient 3 had 84% BM blasts at screening and was refractory to treatment

BM: Bone Marrow, CR: Complete Response, CRS: Cytokine Release Syndrome, D: Day, DL2: Dose Level 2, FCA: Fludarabine, Cyclophosphamide and Alemtuzumab, G: Grade, LD: Lymphodepletion, GvHD: Graft Versus Host Disease; MRD: Minimal Residual Disease, MLFS: Morphologic Leukemia-Free State, SAE: Serious Adverse Event

NatHaLi-01 Study Design

Key inclusion criteria:

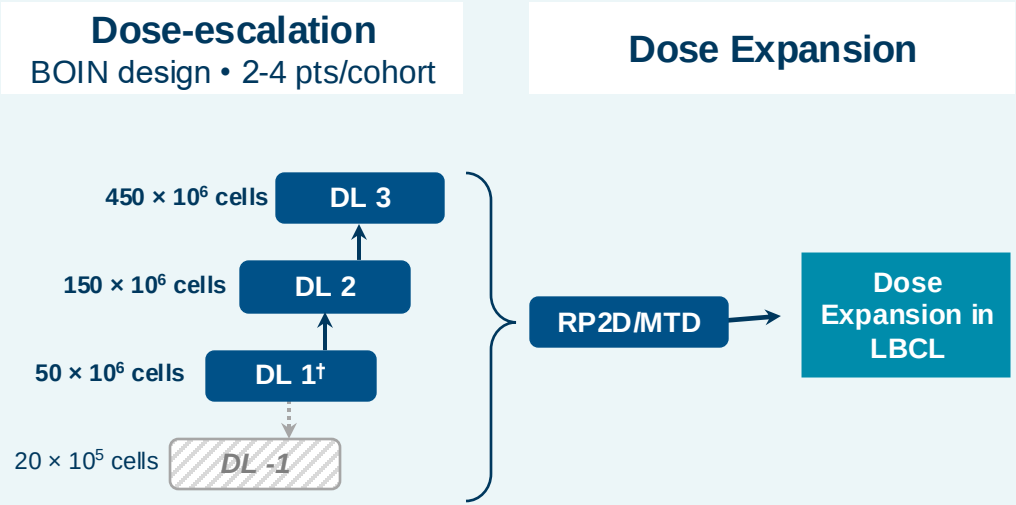
- Age 18–80 years
- Mature B-cell NHL except CLL/SLL, Richter's from CLL/SLL, Burkitt's lymphoma, or Waldenstrom's macroglobulinemia
- Tumor positive for CD20 and/or CD22
- Received ≥2 prior lines including CD19 CART if eligible

Primary objective:

- Safety, tolerability, & MTD/RP2D of UCART20x22

Additional objectives:

- Investigator-assessed response by Lugano
- UCART20x22 expansion in PB
- Immune reconstitution



FCA LD regimen:

- **Fludarabine** 30 mg/m^2 × 3d
- **Cyclophosphamide** 0.5 g/m^2 × 3d
- **Alemtuzumab** 60 mg total over 3 days

†Enrollment is ongoing.

BOIN: Bayesian optimal interval; CART: chimeric antigen receptor T-cell therapy; CLL/SLL: chronic lymphocytic leukemia / small lymphocytic lymphoma, DL: dose level; d: days; FCA: fludarabine + cyclophosphamide + alemtuzumab; LBCL: large B-cell lymphoma, LD: lymphodepletion; MTD: maximum tolerated dose; NHL: Non-Hodgkin Lymphoma; PB: peripheral blood; pts: patients; RP2D: recommended phase 2 dose

Baseline Characteristics

As of 28 July 2023, 3 patients received LD and were treated with UCART20x22 at Dose Level 1 (50×10^6 cells)

	Pt 1	Pt 2	Pt 3
Age	76	65	18
Sex	Female	Female	Female
NHL Subtype	DLBCL	Transformed FL	Transformed MZL
Genetic/Molecular	Double expressor (BCL2, MYC)	Triple-hit	NOTCH1, PLCG2, CCND3, XBP1
Antigen Present	CD20+/CD22 unknown	CD20+/CD22 unknown	CD20-/CD22+
Stage at Screening	IV	IV	IV
Number of Prior Therapies	2	4	8
Prior CD19 CART	None	Lisocabtagene maraleucel x2	Axicabtagene ciloleucel
ECOG	0	0	1
Baseline Deauville Score	4	5	5
Disease Status at Screening	Relapsed	Relapsed	Refractory

CART: chimeric antigen receptor T-cell therapy; DLBCL: diffuse large B-cell lymphoma; ECOG PS: Eastern Cooperative Oncology Group performance status; FL: follicular lymphoma; LD: lymphodepletion; MZL: marginal zone lymphoma

Safety Summary

- No UCART20x22-related DLTs
- No ICANS or GVHD was observed
- One CLLS52-related DLT of bone marrow aplasia after Day 42 thought to be due to cumulative chemotherapy exposure in a patient with baseline Grade 1/2 cytopenias and bone marrow hypocellularity at screening
- All patients experienced Grade 1 or 2 CRS that resolved with treatment
  - Pt 1 had Grade 1 CRS for 4 days and was treated with tocilizumab x3 and dexamethasone x1
  - Pt 2 had Grade 2 CRS for 2 days and Grade 1 CRS for 3 days managed with tocilizumab x3 and dexamethasone x1
  - Pt 3 had Grade 1 CRS for 8 days and received tocilizumab x1

CRS: Cytokine Release Syndrome, DLT: dose Limiting Toxicities, GvHD: Graft-Versus-Host Disease; ICANS: immune effector cell-associated neurotoxicity syndrome ; Pt: Patient

UCART20x22 Treatment Response

As of July 28, 2023, 3 patients were treated at dose level 1 (50×10^6 cells) and were evaluable for response:

Patient 1

76-year-old female with double-expressor DLBCL relapsed after R-CHOP, radiation therapy, and polatuzumab vedotin with bendamustine/rituximab who achieved a **partial metabolic response** at Day 28

Patient 2

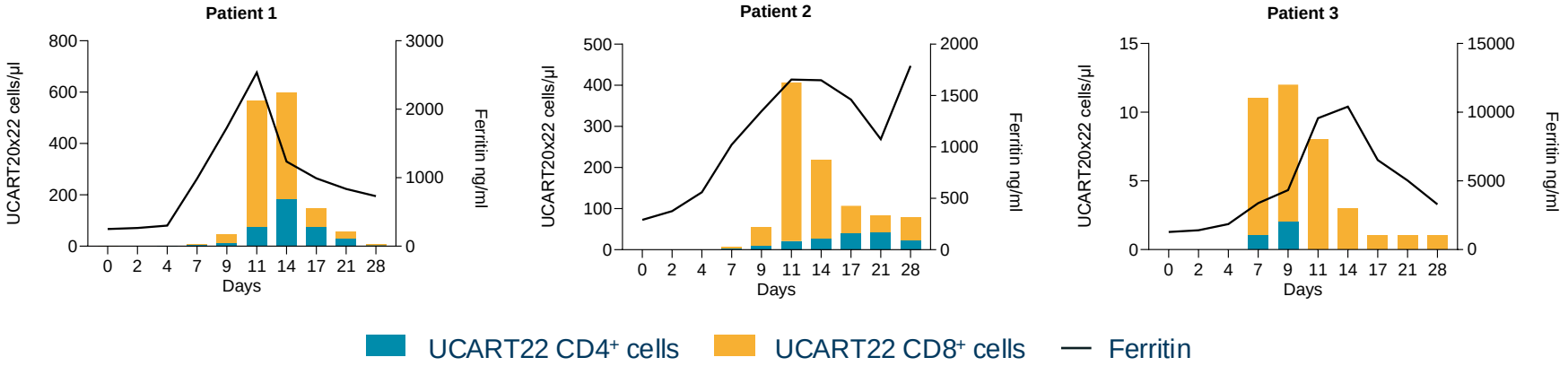
65-year-old female with triple-hit transformed follicular lymphoma previously treated with radiation therapy, bendamustine/rituximab, dose-adjusted R-EPOCH, and two lisocabtagene maraleucel infusions who achieved a **complete metabolic response** at Day 28

Patient 3

18-year-old female with relapsed/refractory transformed marginal zone lymphoma who previously failed chemoimmunotherapy, venetoclax, ibrutinib, bendamustine/rituximab, axicabtagene ciloleucel, obinutuzumab, glofitamab, tafasitamab/lenalidomide, and an experimental epigenetic modifier who achieved a **complete metabolic response** at Day 28

DLBCL: diffuse large B-cell lymphoma

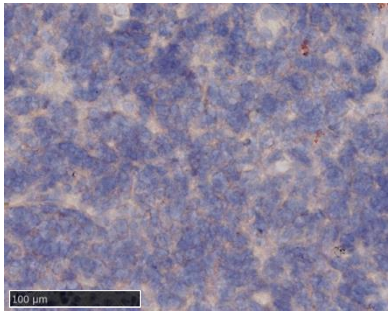
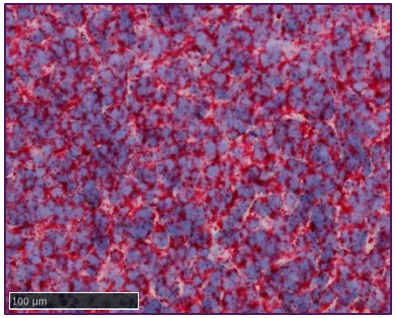
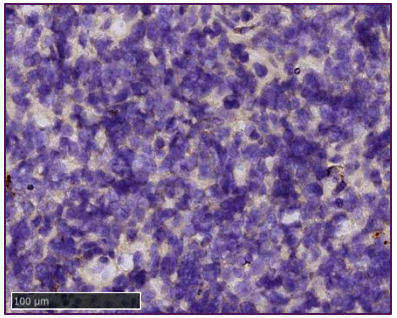
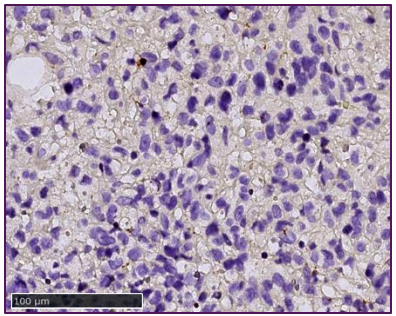
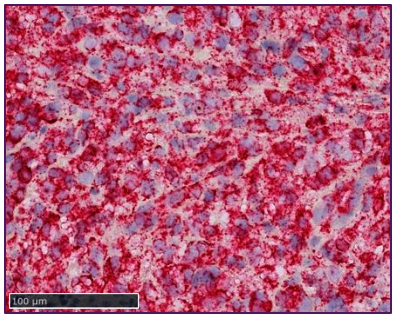
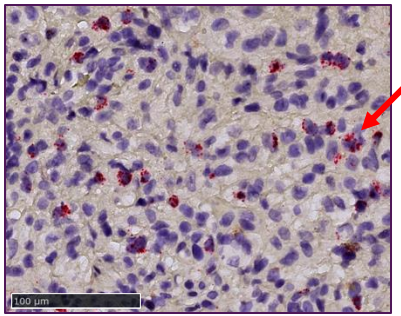
Robust Expansion of UCART20x22 Cells in Peripheral Blood Correlates with an Increase in Serum Ferritin Levels



UCART20x22 expansion was observed by flow cytometry in the peripheral blood in all patients, with predominantly CD8+ cells expanding, with peaks of:

- ~600 cells/µL in Patient 1 at Day 14
- ~400 cells/µL in Patient 2 at Day 11
- ~12 cells/ µL in Patient 3 at Day 9

UCART20x22 Cells Detected in Day 9 Post-Treatment Biopsy for Patient 3

	Negative Control	Positive Control	UCART20x22
Baseline			
Day 9			

UCART20x22

UCART20x22 cells were measured by RNAscope using a probe set specific for the UCART22 targeted sequence, at 20X magnification. No staining was observed with the negative control DapB (Bacillus subtilis strain SMY, a soil bacterium) in situ hybridization (ISH), strong staining with positive control UBC (ubiquitin C) ISH (red), UCART20x22 cells are detected by UCART22 ISH (Red), and hematoxylin counterstain (blue) nuclear staining.

UCART Platform Takeaways

GvHD	TRAC KO results in safe, non-alloreactive UCART cells
Expansion	CD52 KO + alemtuzumab use in LD has the potential to provide a safe, effective & controllable therapeutic window
Persistence	Encouraging clinical activity in ALL and NHL
Safety	Profile on par with approved autologous CAR T therapies
Efficacy	Anti-tumor activity consistent with autologous products

NHL: Non-Hodgkin Lymphoma; ALL: Acute Lymphoblastic Leukemia; GvHD: Graft Versus Host Disease; KO: Knock-Out;
LD: Lymphodepletion; TRAC: T-cell receptor alpha constant

Discover, Create, Develop, Produce and Test

New York, New York

Innovation, Clinical Development

25,000 sq ft. facility

- ✓ Gene Editing platform – TALEN®
- ✓ I/O discovery platform
- ✓ Gene therapy discovery platform
- ✓ Clinical development

Paris, France

HQ, PD/AD, Starting Materials

55,000 sq ft. facility

- ✓ Process & analytical development
- ✓ Raw materials manufacturing
- ✓ QC labs
- ✓ Warehouse
- ✓ Cryogenic Storage rooms

Raleigh, North Carolina

UCART – Clinical & potential for Commercial

82,000 sq ft. facility

- ✓ Cell therapy GMP manufacturing
- ✓ QC labs
- ✓ Warehouse
- ✓ Cryogenic Storage rooms

Upcoming Expected Milestones

UCART22 r/r B-ALL

Phase 1 dataset and late-stage development strategy expected in 2025

UCART20x22 r/r B-NHL

Phase 1 dataset and late-stage development strategy expected in 2025

Partnerships

Updates from licensed partners (AstraZeneca, Servier, Allogene, Iovance, Primera)

ALL, acute lymphoblastic leukemia; NHL, non-Hodgkin lymphoma; r/r, relapsed/refractory.

Key Takeaways – Why Cellectis?

Innovative Allogeneic CAR T	Breaking Paradigms with Life-Saving Therapies
End-to-End In-House Manufacturing	Owning Manufacturing is Owning the Product
Best-In-Class Gene Editing Platform	Designed to be Safe, Precise & Efficient, Backed by Strong IP
Strong Partnerships	Anticipated Milestones, Diversified Financial Upsides

IP: Intellectual Property

Thank You

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Appendix

Why TALEN®?

	Maturity	Genome Outreach	Recognition Site # base pairs	Chromotrypsis	Precision	Vectorization	IP
TALEN®	In clinic since 2015	Euchromatin & heterochromatin	32	Not reported	Every 7 base pairs	mRNA	Strong for CLLS
CRISPR	In clinic since 2018	Euchromatin only	~20	Yes	Every 64 base pairs	RNP	Scattered

RNP: Ribonucleoprotein; mRNA: Messenger RNA

Diversified Partnerships with Industry Leaders

SERVIER moved by you	Allogene THERAPEUTICS	Allogene THERAPEUTICS	IOVANCE BIOTHERAPEUTICS	primera THERAPEUTICS	AstraZeneca
CAR-T CD19		**CAR-T BCMA, CD70 + 13 targets**	**TILs**	**Mitochondrial DNA editing**	**Cell and gene therapies**
Exclusive worldwide license to CD19-directed allogeneic CAR T-cells	U.S. rights sublicensed to Allogene by Servier[1]	Exclusive worldwide license to 15 allogeneic CAR T-cell targets[1]	Research collaboration and exclusive worldwide license agreement to develop gene-edited TILs	Collaboration agreement to develop mtDNA gene editing for mitochondrial diseases + option for exclusive worldwide license agreement on up to 5 product candidates	Joint Research and Collaboration agreement to develop up to 10 novel products in oncology, immunology and rare diseases and investment agreement
Up to $410M in Development & Sales Milestones + Low Double-Digit Royalties on Sales		Up to $2.8B in Development & Sales Milestones + High Single-Digit Royalties on Sales	Undisclosed Financials	19% equity upfront Option for up to $750M in Development & Sales Milestones + High Single-Digit Royalties on Sales	$25M upfront. Milestones from $70M to $220M per product and tiered royalties. $220M equity investment.
2014	2015	2014	2020	2022	2023

1 Servier grants to Allogene exclusive rights to cemacabtagene ansegedleucel in the U.S., EU and UK
TIL: Tumor-Infiltrating Lymphocyte; iPSC: Induced Pluripotent Stem Cells; NK: Natural Killer