Corporate Presentation Cell-based platform providing durable and safe treatments for solid tumors

September, 2022



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FORWARD-LOOKING STATEMENTS

This presentation contains forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as "may," "will," "should," "expects," "plans," "anticipates," "believes," "estimates," "predicts," "potential" "intends" or "continue," or the negative of these terms or other comparable terminology. All statements other than statements of historical facts contained in the presentation, such as statements regarding our potential future results of operations and financial position, prospective product candidates, availability of future funding, anticipated clinical trial results, timing of possible product approvals and expected regulatory pathways, future potential collaborations and matters concerning the timing and likelihood of success of plans and objectives of management for future operations, are forward-looking statements. Any such forward-looking statements are based on our current expectations and beliefs, as well

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Although we believe that the expectations reflected in the forwardlooking statements are reasonable, we cannot guarantee future results, levels of activity, performance, or achievements. Except as required by law, we are under no duty to update or revise any of the forwardlooking statements, whether as a result of new information, future events or otherwise, after the date hereof.



EXPERTISE IN GENE THERAPY, DRUG DEVELOPMENT AND FINANCE





PIERLUIGI PARACCHI Co-Founder, CEO

- >\$200MM raised in Venture Capital (VC)
- Co-founder & Board member
 Altheia Science.
 Consultant to
 Sofinnova.
 Founder & CEO of
 Quantica SGR, Cofounder Axòn Grp;
 VC Partner AurorA
 Science



- "Father" of Lentiviral Gene Therapy
- Director SR-Tiget, Professor of Cell and Gene Therapy at San Raffaele University



CARLO RUSSO CMO, Head of Development

- Former GSK Head of R&D Rare Disease Unit; Head of Devel. R&D Biopharm Unit
- Former Merck Head of Regulatory for New Vaccines, including Gardasil and Rotateq



RICHARD B. SLANSKY CFO

- > 30+ years life science executive experience including at Genmark and CN Biosciences
- Raised \$500MM+ in equity and debt capital in public and private offerings



TIM OBARA

Head of Business

Development

> 30+ years life

science

executive

> Senior BD,

Strategy,

Commercial and

Merck, GSK, AZ,

Amicus and Univ

Therapy Program

of Penn Gene

CMC roles at

experience



STEFANIA MAZZOLENI Scientific Project Mgr & Comms Officer

 > 15+ years experience in R&D, oncology and project management, in both academia and industry



AGENDA

HIGHLIGHTS AND PIPELINE MECHANISM OF ACTION DATA AND DEVELOPMENT STRATEGY NEXT STEPS

HIGHLIGHTS Transformative Cell Therapy Platform for Solid Tumors

Proprietary platform to provide durable and safe treatments for solid tumors

- One-time cell therapy designed to enable sustained targeted expression of therapeutic payload inside the TME¹ minimizing systemic toxicity
- **Tumor and antigen agnostic**; potential for broad combination use

Generating clinical proof of concept for breaking immune tolerance	 Lead product candidate precisely delivers IFN-α to the tumor microenvironment aiming to break immune tolerance Phase 1/2a updates in glioblastoma multiform (GBM) through 2022: favorable initial biological data with no drug limiting toxicities
Solid funding and partnerships to take to next stage	 Cash runway into 2024; no debt, no warrants Targeting Phase 2 in 2023 in GBM Research engine through partnership with SR-TIGET²

¹TME: tumor microenvironment

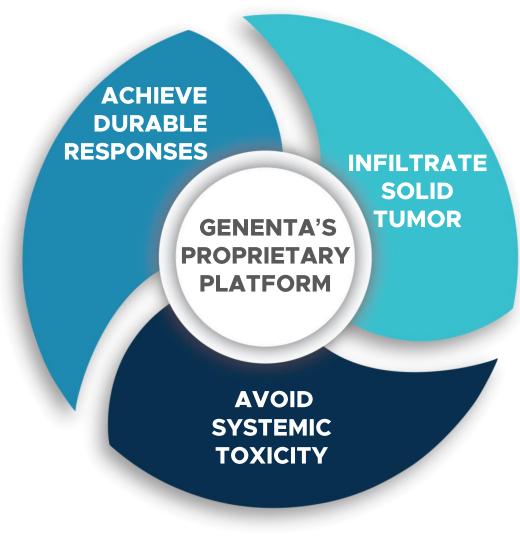
²SR-TIGET is a world leading cell and gene therapy institute founded by San Raffaele Research hospital, a co-founder and key shareholder of Genenta, and non-profit organization Telethon © 2022 Genenta Science; all rights reserved worldwide 5



CELL THERAPY PLATFORM TO ADDRESS UNMET IMMUNO-ONCOLOGY NEEDS

ENABLE A DURABLE THERAPEUTIC POTENTIAL

Engineering of hematopoietic stem and progenitor cells (HSPCs) creates a living drug stable reservoir that may ensure a durable response



DELIVER TREATMENTS TO SOLID TUMOR AND BREAK TUMOR INDUCED TOLERANCE

Tie2+ expressing monocytes (TEMs), naturally recruited by growing tumors, infiltrate and deliver the payload

LIMIT EXPRESSION OF THERAPEUTIC TO TUMOR MICROENVIRONMENT

Proprietary transgene expression technology designed to ensure precise intra-tumor expression of payload therapy avoiding systemic toxicity



PIPELINE: ADVANCING A CELL-BASED PLATFORM PORTFOLIO

TEMFERON[™]

PAYLOAD	INDICATION	DISCOVERY	CTA/IND-ENABLING	PHASE 1/2a
	Glioblastoma Multiforme (TEM-GBM_001)			
IFN-α	Solid Tumor			
	Combinations: CAR-T or ICI or TCR Solid and Hematologic Tumors			

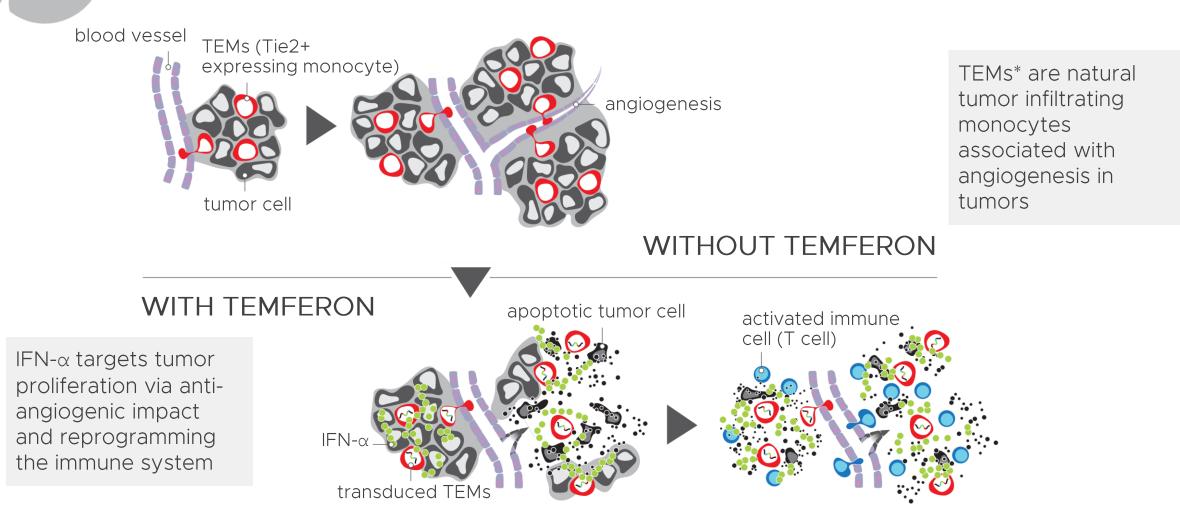
TEMs PLATFORM

TECHNOLOGY	INDICATION	DISCOVERY	CTA/IND-ENABLING	PHASE 1/2a
Undisclosed payload	Solid Tumor			



HIGHLIGHTS AND PIPELINE MECHANISM OF ACTION DATA AND DEVELOPMENT STRATEGY NEXT STEPS

TEMFERON DESIGNED TO DELIVER IFN- α IN THE TUMOR MICROENVIRONMENT TO BREAK IMMUNE TOLERANCE



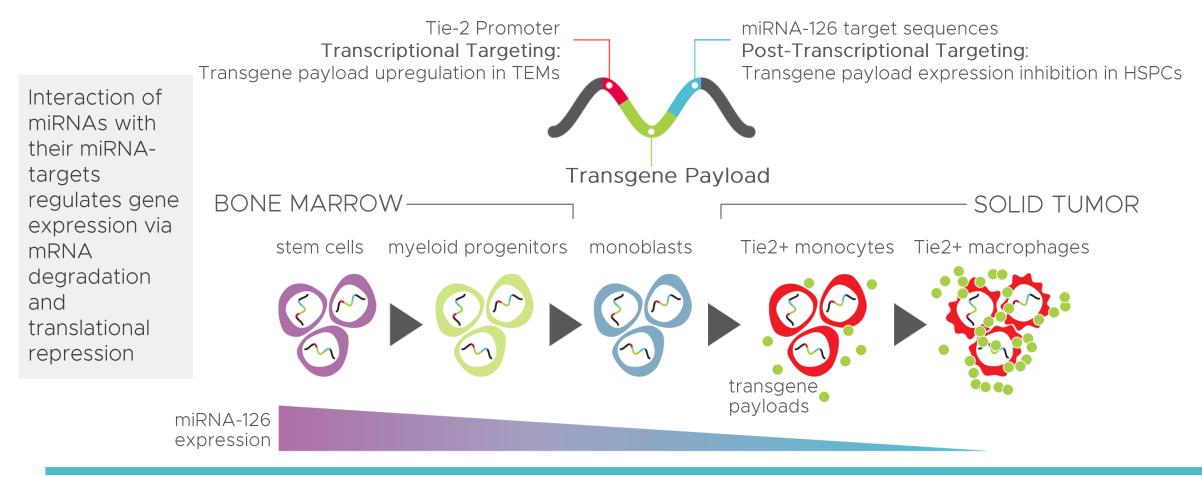
De Palma et al., Cancer Cell, 2008; Gentner et al., Sci Transl Med, 2010; Escobar et al., Sci Transl Med, 2014; Catarinella et al., EMBO Mol Med, 2016; Escobar et al., Nat Commun, 2018

* TEMs are a subset of TAMS, tumor associated macrophages

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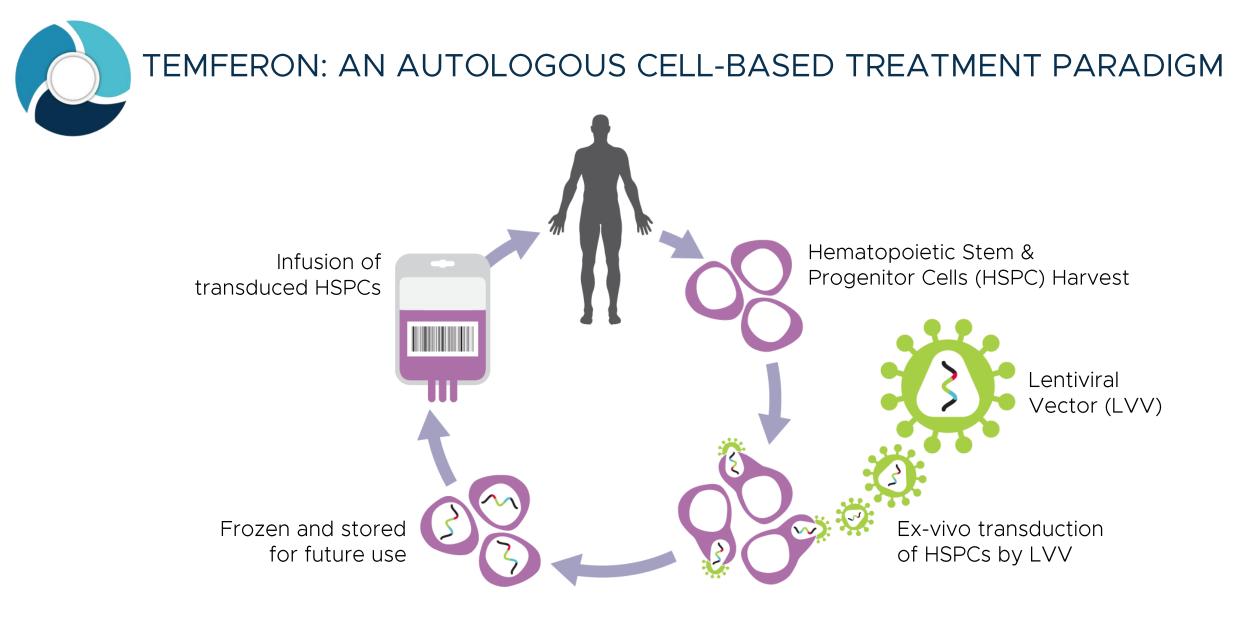


PROPRIETARY TRANSGENE TECHNOLOGY DESIGNED TO ENABLE DURABLE, CONTROLLED INTRA-TUMOR PAYLOAD EXPRESSION



De Palma et al., Cancer Cell, 2008; Gentner et al., Sci Transl Med, 2010; Escobar et al., Sci Transl Med, 2014; Catarinella et al., EMBO Mol Med, 2016; Escobar et al., Nat Commun, 2018





4-6 week process



HIGHLIGHTS AND PIPELINE MECHANISM OF ACTION **DATA AND DEVELOPMENT STRATEGY** NEXT STEPS

CLEAR RATIONALE SUPPORTS GLIOBLASTOMA DEVELOPMENT STRATEGY

ROBUST SCIENTIFIC RATIONALE

- Characterized by a highly suppressive tumor microenvironment induced by a subset of tumor associated macrophages
- Temferon is designed to break immunosuppression

LIMITED AVAILABLE TREATMENTS

- Temferon may be offered as 1st line monotherapy after 1st surgery enabling patient's uncompromised immune system to be harnessed
- Enables impact of Temferon to be seen in isolation

FAVORABLE PRECLINICAL DATA

- Temferon demonstrated control of GBM pathology despite its aggressive nature
- Temferon favored a proinflammatory state that induced an immune system reset, breaking tumor tolerance

ABOUT GBM

Annual incidence: 3 per 100,000 adults¹, ~60% with uMGMT promoter status ² (target population) Median survival: ~≤ 15 months³ 5-year survival: 5.5%³



2 - https://www.futuremedicine.com/doi/10.2217/cns-2021-0007

3 - https://www.statpearls.com/ArticleLibrary/viewarticle/22272



TEMFERON: PHASE 1/2a DESIGN IN GLIOBLASTOMA

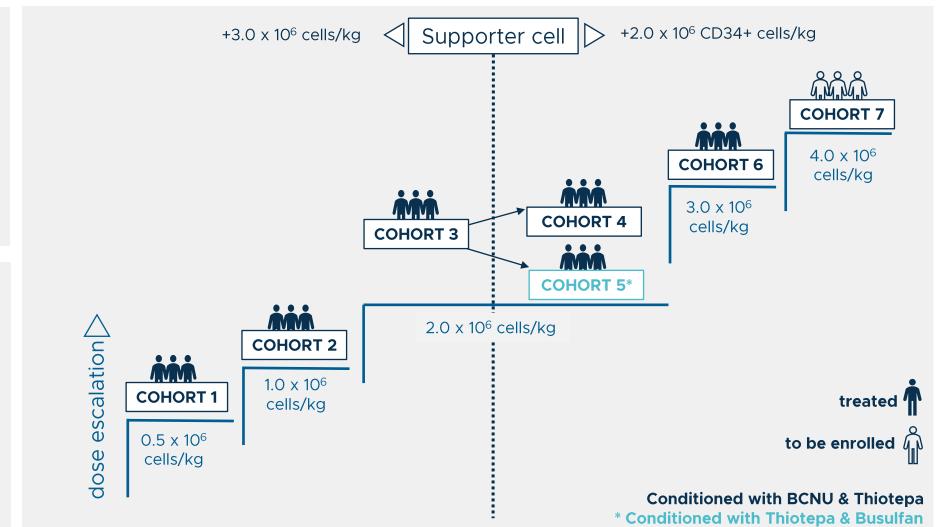
A multi-center, openlabel, dose escalation & extension study in GBM patients with unmethylated MGMT promoter following standard of care.

DMC¹ at completion of each cohort

Primary endpoints: Tolerability and safety at 90 days

Secondary endpoints:

Long-term tolerability, safety and efficacy including PFS and OS up to 2 years



Alternative conditioning regimen assessed in cohorts 4 and 5 an reaching 2M VCN in cohort 3



¹DMC: Data Monitoring Committee

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FAVORABLE PRELIMINARY SAFETY & TOLERABILITY DATA IN PHASE 1/2a uMGMT GLIOBLASTOMA TRIAL – Cohorts 1 to 5

SAFETY

Detectable but very **low level of IFN-α** (pg/ml range) in the plasma

Expected and manageable adverse events and serious adverse events¹ associated with autologous stem cell transplantation and glioblastoma

TOLERABILITY

No dose limiting toxicities to date

Rapid engraftment and hematological recovery observed in all patients treated (n=15)

BIOLOGICAL ACTIVITY

Temferon -derived differentiated cells were evident within the peripheral blood 14 days post treatment and were still **detectable up to 18 months**

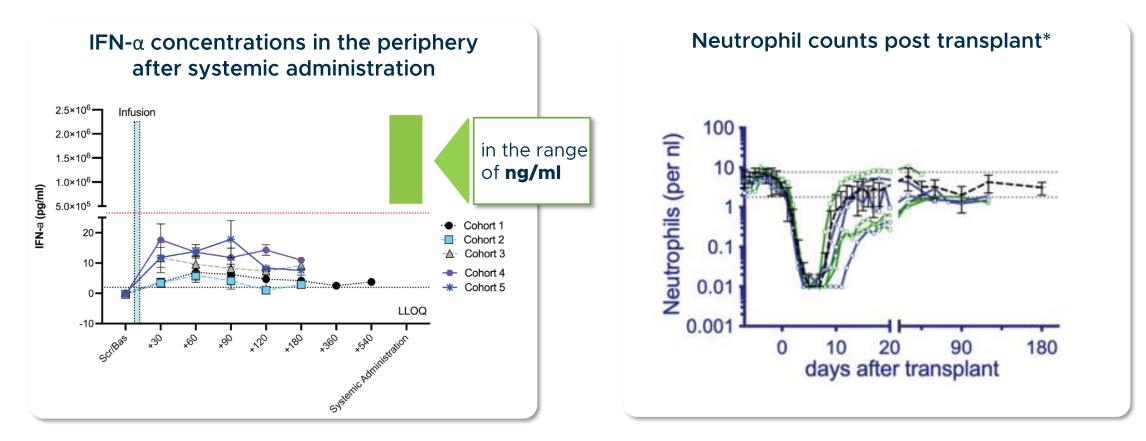
Evidence of a proinflammatory state in patients that required a second surgery

Source: TEM-GBM_001

1 - The reported serious adverse events (SAEs) for Cohorts 1 to 5 were of the type typically associated with transplant procedures (pneumonia, pulmonary embolism, febrile neutropenia, fatigue, C.diff infection, CMV reactivation, sepsis, anemia due to CMV reactivation) or underlying disease GBM (worsening left hemiparesis, seizure, brain abscess, sudden death). A suspected unexpected serious adverse reaction (SUSAR) of elevated gamma glutamyl transferase was also reported (spontaneously resolved). An SAE in Cohort 6 is under evaluation



RAPID HEMATOPOETIC CONTROL AND LOW LEVELS OF IFN- α IN THE PERIPHERY SUGGEST CONTROL OF PAYLOAD EXPRESSION LIMITS TOXICITY



Source: TEM-GBM_001

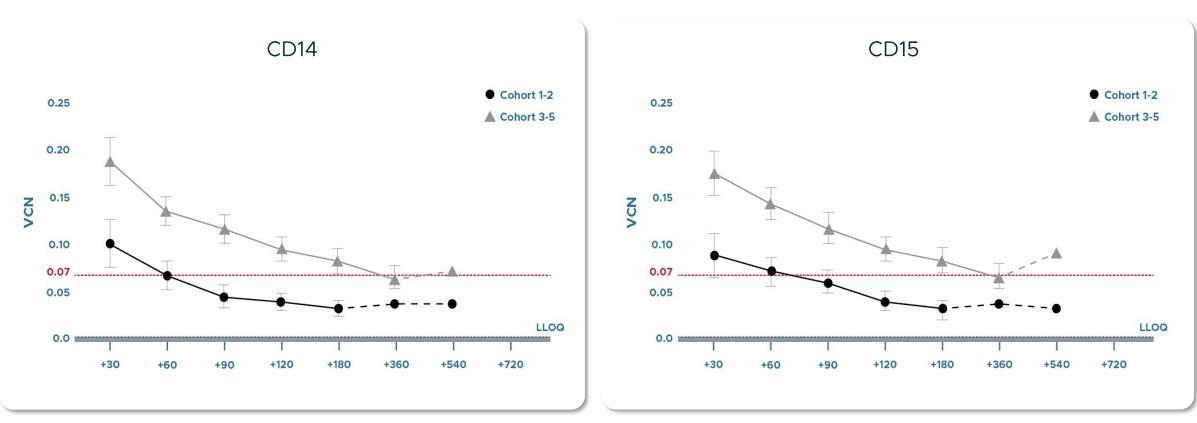
LLOQ: Lower Limit of Quantification

* A similar return to pre-transplant levels was seen in monocytes, lymphocytes, platelets and hemoglobin



DURABILITY OF RESPONSE: TEMFERON-INDUCED TEMS OBSERVED TO PERSIST FOR UP TO 18 MONTHS

MYELOID CELLS



Note: Cohorts 3, 4 and 5 received the same Temferon dose; in cohort 4 and 5 two different conditioning regimens were tested Dashed lines are connecting timepoint evaluations with less of n=3 measurements 7% VCN reflects efficacy cut off from preclinical data

Source: TEM-GBM_001



ACTIVITY: EVIDENCE OF DOSE-RESPONSE WITHOUT DRUG LIMITING TOXICITY SUPPORTS FURTHER DOSE ESCALATION

Radiological Assessment* at 180 Days

Clinical Assessment at 180 Days



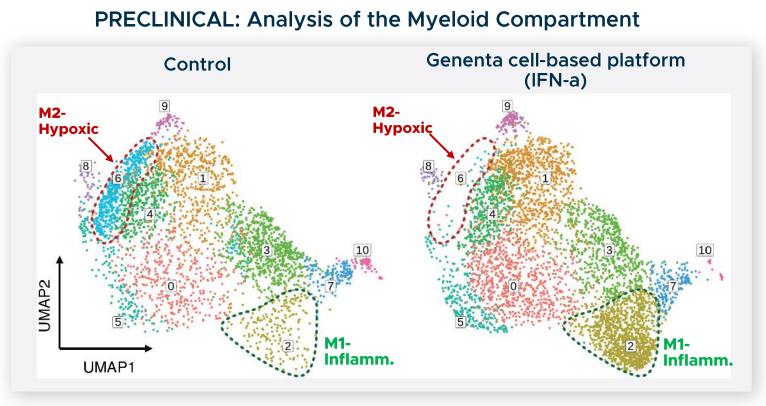
Source: TEM-GBM_001

* Based on imaging analysis of tumor volume

STABLE / PARTIAL RESPONSE PROGRESSIVE DISEASE In both charts n (cohorts 1-3)= 7; n (cohorts 4-5) = 6



PRE-CLINICAL AND CLINICAL DATA SUGGEST TME REPROGRAMMING INDUCED BY THE PRO-INFLAMMATORY STATE CREATED BY TEMFERON

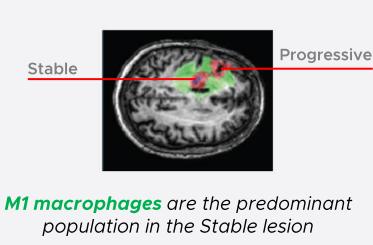


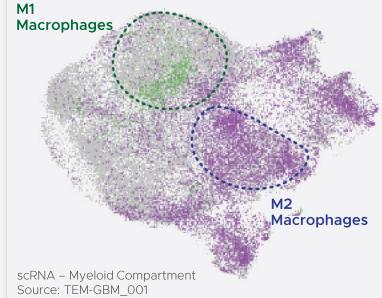
In pre-clinical settings Temferon acts on the M1-M2 balance and favors a pro-inflammatory state that induces an immune system reset resulting in the tumor tolerance breaking

Source: Birocchi et al., Sci Transl Med, July 2022



CLINICAL: Biopsy Analysis





HIGHLIGHTS AND PIPELINE MECHANISM OF ACTION DATA AND DEVELOPMENT STRATEGY NEXT STEPS

BROAD APPLICABILITY OF PLATFORM

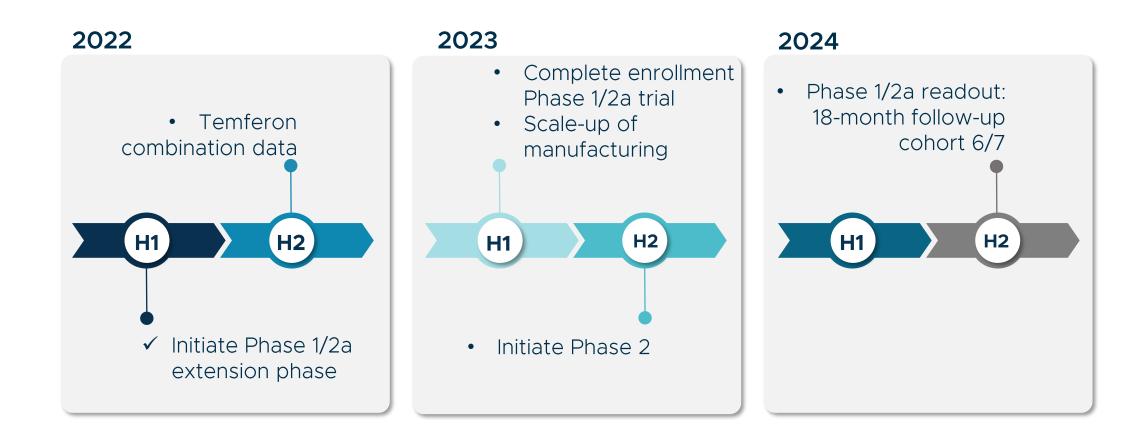
INDICATION	MARKET SIZE U.S. INCIDENCE ¹	UNMET NEED 5Y SURVIVAL ¹	POST ICI APPROACH	TEMS PRESENCE	TME ACCESS PRE & POST TREATMENT	IFN-α SUSCEPTIBILITY
HCC/ICC	~43,000	20%	V	Ŷ	V	V
Gastroesophageal adenocarcinoma/SCC	~18,000	20%	Ŷ	Y	Ŷ	Ŷ
Triple negative breast cancer	~28,000	77%	V	Ŷ	V	V
Mesothelioma	~3,000	12%	-	Ŭ	Ŭ	Ŭ
Renal cell carcinoma	~74,000	75%	Y	Ŷ	Y	V
Liver metastases (e.g., colorectal, breast, urothelial, melanoma)	~123,000	15% at 1 year	V	V	Y	Y
Epithelial ovarian cancer	~20,000	49%	V	Ŷ	Ŷ	?

1 - SEER Database

HCC: Hepatocellular Carcinoma; ICC: Intrahepatic Cholangiocarcinoma; SCC: Squamous Cell Carcinoma; TEMs: Tie2+ Expressing Monocytes; ICI: Immune Checkpoint Inhibitors; TME: Tumor Microenvironment



UPCOMING EXPECTED MILESTONES





BOARD OF DIRECTORS



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>35 years of experience in pharmaceutical industry. Former CEO of Aruna Bio, Inc. Founder and CEO of Biodelivery Sciences, Inc. (NASDAQ: BDSI). Extensive experience in R&D, sales & marketing



PIERLUIGI PARACCHI CEO

Leading healthcare VC investor including as consultant to Sofinnova, Founder and CEO of Quantica SGR, Co-founder of Axòn Group and as Partner at AurorA Science; >15 years as board director in Life Science Companies



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Former McKinsey & Company director, board member at Luxottica (NYSE: LUX), board member at TEVA (NYSE: TEVA), and Admiral Group (LSE: ADM)



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Leadership positions in global pharmaceutical companies over 35 years including former Head of Pharma EU at Novartis, previously Head of Oncology at Novartis EU



ANTHONY MARUCCI Director

President and CEO of Celldex Therapeutics. Former Treasurer at Medarex. Has raised \$1.7B in capital over 30 years of experience

🗶 genenta

SUMMARY: TOWARDS A TRANSFORMATIVE CELL THERAPY PLATFORM FOR SOLID TUMORS

- **Transformative proprietary platform** designed to overcome the challenges of immuno-oncology therapy: infiltrating solid tumors, limiting toxicity and achieving a durable response
- Supported by preclinical and clinical evidence including engineered cells in patients from 14 days until 18 months+ after treatment, and payload expression without systemic toxicity
- **Tumor and antigen agnostic**; potential for **broad combination use**

Upcoming catalysts:

- \bigcirc Confirmatory preclinical combination data due H2'22
- O Phase 1/2a for GBM to complete enrollment in H1'23
- **Cash runway into 2024**, with no debt or warrants





APPENDIX

INTELLECTUAL PROPERTY

Potential 12-year market exclusivity for new biological products (U.S.)

Key patents already granted

	US	EU	China	Japan	ROW	Expiration
Gene vector comprising mi-RNA						4/30/2030
mi-RNA regulated vectors	ø		ø	ø		5/26/2026*
Monocyte cell (Tie-2) activation process	ø		ø	ø	S	10/5/2027
Method for Genetic Modification						10/24/2034*
Vector Production	Ø	pending	pending	Ø	pending	7/13/2035
Type 1 IFN gene therapy	pending	pending	pending	pending	pending	4/20/2038**

*Later expiration for certain U.S. patents pursuant to patent term adjustment (35 U.S.C. §154(b)) ** Application pending, anticipated expiration based on 20 year patent term.



STRATEGIC AND SCIENTIFIC ADVISORS

ADVISORS



Gaurav Shah

CEO at Rocket Pharma (NASDAQ: RCKT) – Gene and Cell Therapy company for rare diseases



Alec Ross

Former Innovation Advisor for President Barack Obama and Secretary of State Hillary Clinton. Board Partner at Amplo VC (\$300MM FUM)



Brad Loncar

Founder and CEO at Loncar Investment (ETFs listed - CNCR CHNA). Endpoints News and Nasdag Contributor

SCIENTIFIC ADVISORY BOARD

Prof. Kenneth C. Anderson

Kraft Family Prof. of Med. at Harvard Med. School and Director of the Lebow Institute for Myeloma Therapeutics and Jerome Lipper Multiple Myeloma Center at Dana-Farber Cancer Institute. President of the American Society of Hematology

Prof. Miriam Merad, Ph.D., M.D.

Director of the Precision Immunology Institute and of the Human Immune Monitoring Center at Mount Sinai School of Med. in New York. Member of the Am. Society of Clinical Investigation and the recipient of the William B. Coley Award for Distinguished Research in Basic and Tumor Immunology. Member of the National Academy of Sciences

Prof. Michele de Palma, Ph.D.

Teaches cancer biology at the Federal Institute of Technology Lausanne (EPFL), Switzerland. His research led to first-inkind clinical trials of engineered monocytes in patients with brain and haematological cancers

Hervé Wolf Fridman, Ph.D., M.D.

Professor Emeritus of Immunology at the Paris Descartes University Medical School in Paris, France. Former head of the Immunology Lab. of European Hospital Georges Pompidou in Paris. Founded the Cordeliers Research Centre in 2007

Prof. Patrick Y Wen

Professor of Neurology, Center for Neuro-oncology, Dana-Farber Cancer Institute, Boston

Prof. Richard Flavell

Sterling Professor of Immunobiology at Yale University School of Medicine, and an Investigator of the Howard Hughes Medical Institute

Prof. Lisa Coussens, Ph.D

Professor and Chair, Cell, Developmental & Cancer Biology Department at Oregon Health & Science University. Hildegard Lam from Endowed Chair in Basic Science and Associate Director for Basic Science, Knight Cancer Institute



FINANCIAL HIGHLIGHTS

SHAREHOLDERS⁴

Cash & cash equivalents @ 31 Dec. 2021	\$ 37.2MM	Founders and Leadership	28%
Cash runway	Mid 2024	San Raffaele Hospital ¹	10%
Debt and warrant free		Institutions/Large FOs ² /Sovereign Fund ³	19%
Number of shares outstanding ⁴	18.12MM	CEO, Directors & >5% shareholders	51%
Average 3m volume ⁴	~3K shares	Top Shareholders (including above)	57%

ANALYST COVERAGE

Roth	Tony Butler	tbutler@roth.com
HC Wainwright	Joseph Pantginis	jpantinis@hcwresearch.com
Maxim	Jason McCarthy	JMcCarthy@maximgrp.com

(1) San Raffaele Research hospital is a co-founder and key shareholder of Genenta; ongoing relationship through service contract for clinical research. San Raffaele in alliance with nonprofit organization Telethon runs the leading gene therapy institute SR-TIGET; (2) Fidim invests on behalf of the Rovati family, the former owner of Rottapharm (acquired by Meda/Mylan, \$2.2B); Qianzhan Investment Management, early investor in NYSE: TME; (3) CDP – Cassa Depositi e Prestiti; (4) As of Aug 31, 2022



Pierluigi Paracchi, CEO pierluigi.paracchi@genenta.com

www.genenta.com

Dibit 1 - San Raffaele Hospital, via Olgettina 58 - 20132 Milano, Italy

LaunchLabs - Alexandria Center, 14th Floor - 430 East 29th Street New York, NY 10016, USA