CORPORATE PRESENTATION

July, 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 as assumptions concerning future events. These statements involve known and unknown risks, uncertainties and other factors that could cause such matters to differ materially from those discussed in such forward-looking statements. We discuss many of these risks in our filings from time to time with the U.S. Securities and Exchange Commission, including under the heading "Risk Factors" in such documents. You should not rely upon forward-looking statements as predictions of future events.

Although we believe that the expectations reflected in the forward-looking 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 forward-looking statements, whether as a result of new information, future events or otherwise, after the date hereof.

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INVESTMENT HIGHLIGHTS

Transformative Gene Modified Cell Therapy Candidates for Oncology

PLATFORM

Designed to enable therapy delivery and controlled release in solid tumors

- Trojan Horse strategy to deliver different payloads inside the solid cancer micro-environment
- Proprietary miRNA expression vector designed to minimize systemic toxicity
- Tumor and antigen agnostic properties potentially supports use across multiple cancer types

PIPELINE

Proof of Concept to trigger the next stage of development

- Promising initial biological activity in Phase 1/2a in GBM, well tolerated with no DLTs to date
- Phase 1/2a updates at higher dose levels in 2022
- Selection of a 2nd solid tumor indication for clinical trial upon the establishment of the Proof of Concept in GBM patients

POISED

People, funding and partnerships in place for success

- Well-funded post IPO into 2024
- Highly capable management team with deep experience in R&D, commercialization and financing
- Exclusive option rights to extend pipeline with other payloads and technologies from SR-TIGET*

*SR-TIGET – a JV between San Raffaele Hospital (OSR) and Fondazione Telethon which is a world leading cell & gene therapy institute and co-developer of approved gene therapies Strimvelis and Libmeldy

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WELL FUNDED WITH **STRONG SUPPORT** FROM LONG TERM SHAREHOLDERS

NASDAQ: GNTA

Successful Initial Public Offering (IPO) on December 15, 2021	Upsized 20%
Cash and cash equivalents @ 31 December 2021 (Post-IPO)	$ 37.2m
Well-funded with long runway	Into 2024
Normal payables & accruals only	Debt free
Market capitalization[4]	$ ~150M
Number of shares outstanding[4]	18.2M
Average volume traded[4]	Approx. ~10K shares

SHAREHOLDERS AS OF APRIL 1, 2022

Founders and Leadership	28%
San Raffaele Hospital[1]	10%
Institutional investors/Large FOs[2] /Sovereign Fund[3]	19%
CEO, DIRECTORS & >5% SHAREHOLDERS	**51%**
TOP SHAREHOLDERS (INCLUDING ABOVE)	**57%**

ANALYST COVERAGE:

Roth	Tony Butler	tbutler@roth.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 non-profit 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 June 2nd, 2022

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EXPERTISE IN GENE THERAPY, DRUG DEVELOPMENT AND FINANCE

PIERLUIGI PARACCHI
Co-Founder, CEO

- Significant experience in VC investment,
- Notable biotech exits: Ethical Oncology Science ($400+M), Academia LS (now Gelesis, NYSE: GLS)
- Co-founder and Board member Altheia Science. Consultant to Sofinnova, Founder and CEO of Quantica SGR, Co-founder of Axòn Group and as Partner at AurorA Science.

LUIGI NALDINI
Co-Founder, Exec. Chair SAB

- Father" of Lentiviral Gene Therapy
- Director SR-Tiget, Professor of Cell and Gene Therapy at San Raffaele University
- Past President ESGCT; former advisory council of ASGCT
- SAB Member of NASDAQ companies: MGTA, AXGT, ONCR

CARLO RUSSO
CMO, Head of Development

- Former GSK Head of R&D Rare Disease Unit; Head of Development R&D Biopharm Unit
- Former Merck Head of Regulatory for New Vaccines, including Gardasil and Rotateq
- Former CMO, R&D head Annapurna-Adverum
- As. Prof. Cornell; Columbia; fellowship at Scripps Research Institute

RICHARD B. SLANSKY
Chief Financial Officer

- 30+ years of experience as CFO and senior executive of various biopharmaceutical and life science companies
- Raised $500M+ in equity and debt capital in public and private offerings
- Former CFO OncoSec Medical (Immunotherapies), Biological Dynamics, GenMark Diagnostics, Digirad, C-N Biosciences
- (now EMD Biosciences, Merck)

TIM OBARA
Head of Business Development

- Significant experience across a broad range of therapeutic areas and with global responsibility.
- Former Executive Director of Research Operations at the University of Pennsylvania Gene Therapy Program.
- He has previously worked in senior business development roles at Amicus Therapeutics, AstraZeneca, GSK, Singapore-based Tessa Therapeutics and Merck.

STEFANIA MAZZOLENI
Scientific Project Manager

- Significant experience in life science R&D, oncology, in drug development and cell & gene therapy. She received a MsC in Medical Biotechnology, holds her Ph.D. in
- Molecular and Cellular Biology at San Raffaele Vita-Salute University, a Second level vocational Master's in Pharmacy and Pharm aceutical Oncology . Member of the European Academy of Tumor Immunology (EATI).

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BOARD OF DIRECTORS & STRATEGIC ADVISORS: **DEEP GLOBAL EXPERTISE**

Board of Directors

MARK A. SIRGO,
Chairman

Brings over 35 years of pharmaceutical industry experience. Former CEO of Aruna Bio, Inc. Founder and CEO of Biodelivery Sciences, Inc. (NASDAQ: BDSI). He has extensive experience in research and development, 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; more than 15 years as board director in Life Science Companies.

ROGER ABRAVANEL,
Director

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

GUIDO GUIDI,
Director

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.

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ADVISORS

GAURAV SHAH

CEO at Rocket Pharma (NASDAQ: RCKT) – Gene and Cell Therapy company (rare diseases), Market Cap ~$3B.

ALEC ROSS

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

BRAD LONCAR

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

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BROAD **PIPELINE**, SOLID TUMOR FOCUS

TEMFERON™

PAYLOAD	INDICATION	PRECLINICAL DEVELOPMENT	CTA-ENABLING	PHASE 1/2A	WORLDWIDE COMMERCIAL RIGHTS
IFN-α	**Glioblastoma Multiforme** (TEM-GBM_001)				Genenta
	Solid Tumor				Genenta
	Combination with CAR-T, ICI, TCR **Solid Tumors & Hematologic Malignancies**				Exclusive Option Rights*

TEMs IMMUNO-GENE THERAPY

PAYLOAD	INDICATION	PRECLINICAL DEVELOPMENT	CTA-ENABLING	PHASE 1/2A	WORLDWIDE COMMERCIAL RIGHTS
undisclosed payload	**Solid Tumors**				Exclusive Option Rights*
Switchable IFN-α	**Solid Tumors**				Exclusive Option Rights*
	Combination with CAR-T, ICI, TCR **Solid Tumors**				Exclusive Option Rights*
Switchable undisclosed payload	**Solid Tumors**				Exclusive Option Rights*
	Combination with CAR-T, ICI, TCR **Solid Tumors**				Exclusive Option Rights*

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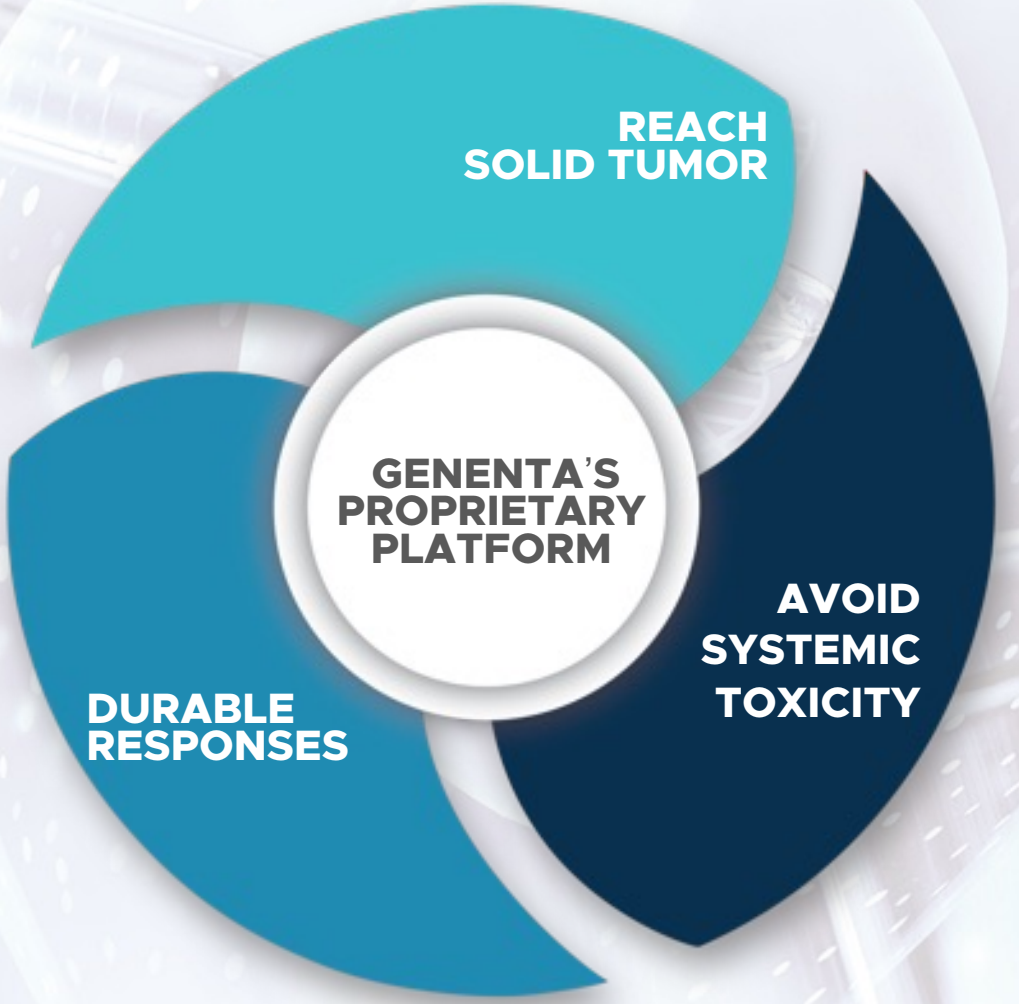
CELL THERAPY **PLATFORM** SEEKS TO ADDRESS UNMET I/O OBJECTIVES



DELIVER TREATMENTS TO SOLID TUMOR AND BREAK TUMOR INDUCED TOLERANCE

Tie-2 monocytes (TEMs) are transformed into a Trojan Horse to deliver therapeutic payloads.

ENABLE A DURABLE THERAPEUTIC POTENTIAL

Engineering of autologous hematopoietic stem and progenitor cells (HSPCs) through ex-vivo gene transfer.

LIMIT EXPRESSION OF THERAPEUTIC TO TUMOR MICROENVIRONMENT PROPRIETARY PLATFORM DESIGNED

to allow the intra-tumor expression of transgene payload therapy and avoid systemic toxicity.

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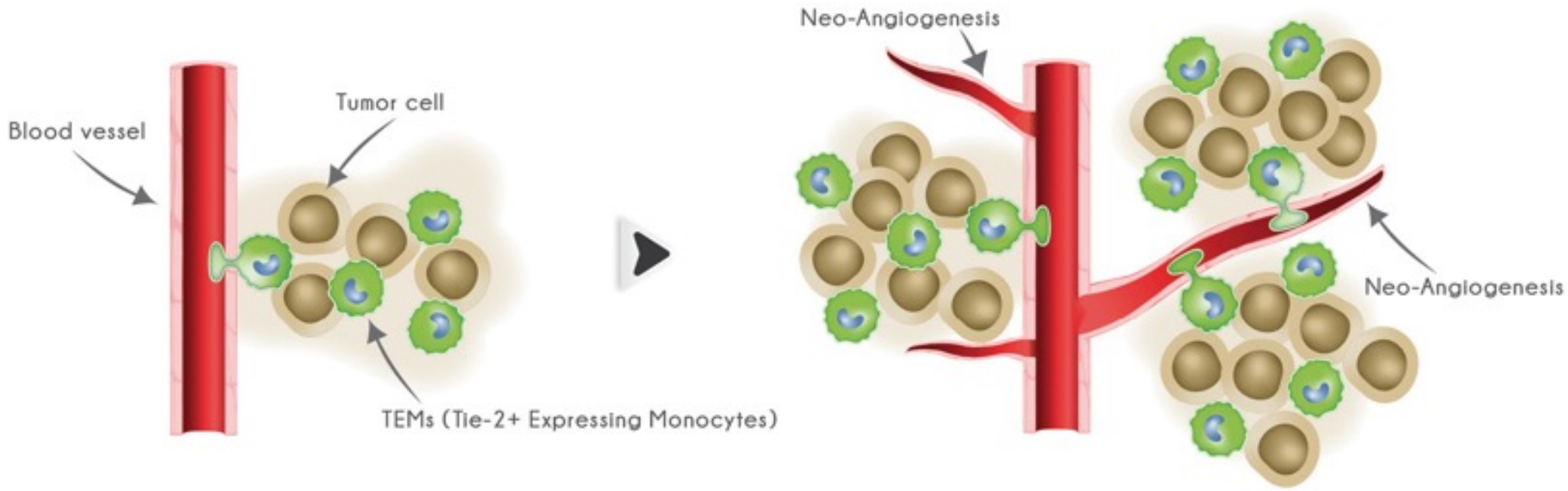
TEMS[1]: TROJAN HORSE TO DELIVER THERAPEUTICS TO SOLID TUMORS



1 - TEMs (Tie2+ Expressing Monocytes) are tumor infiltrating monocytes, a subset of TAMs (tumor associated macrophages)

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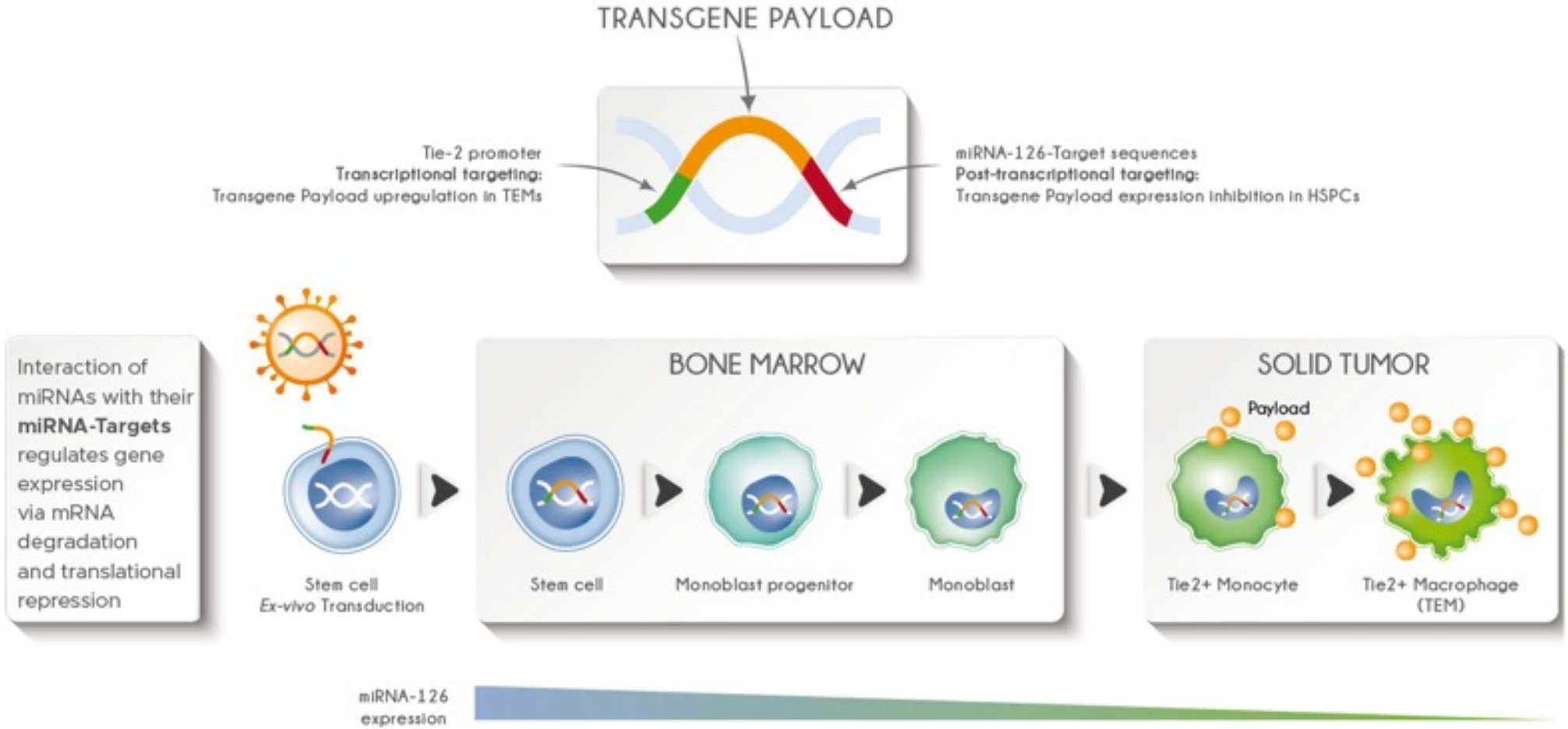
PROPRIETARY **TRANSGENE TECHNOLOGY** DESIGNED TO ENABLE LONG LASTING CONTROLLED INTRA-TUMOR PAYLOAD EXPRESSION



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

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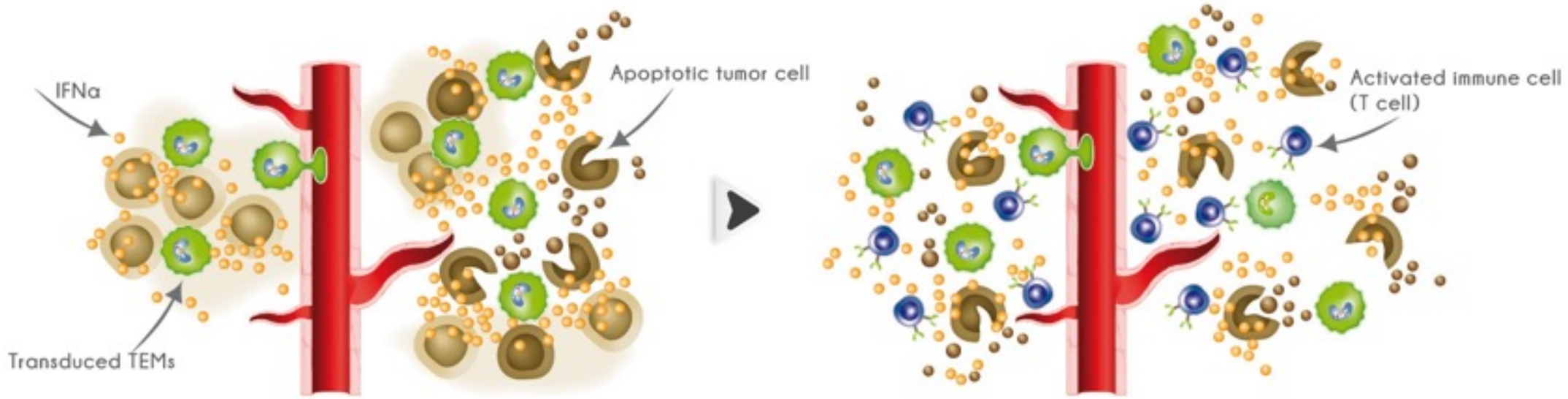
TEMFERON: DESIGNED TO DELIVER IFN-α INTO THE TUMOR MICROENVIRONMENT

Targets tumor proliferation via anti-angiogenic impact and reprogramming the immune system



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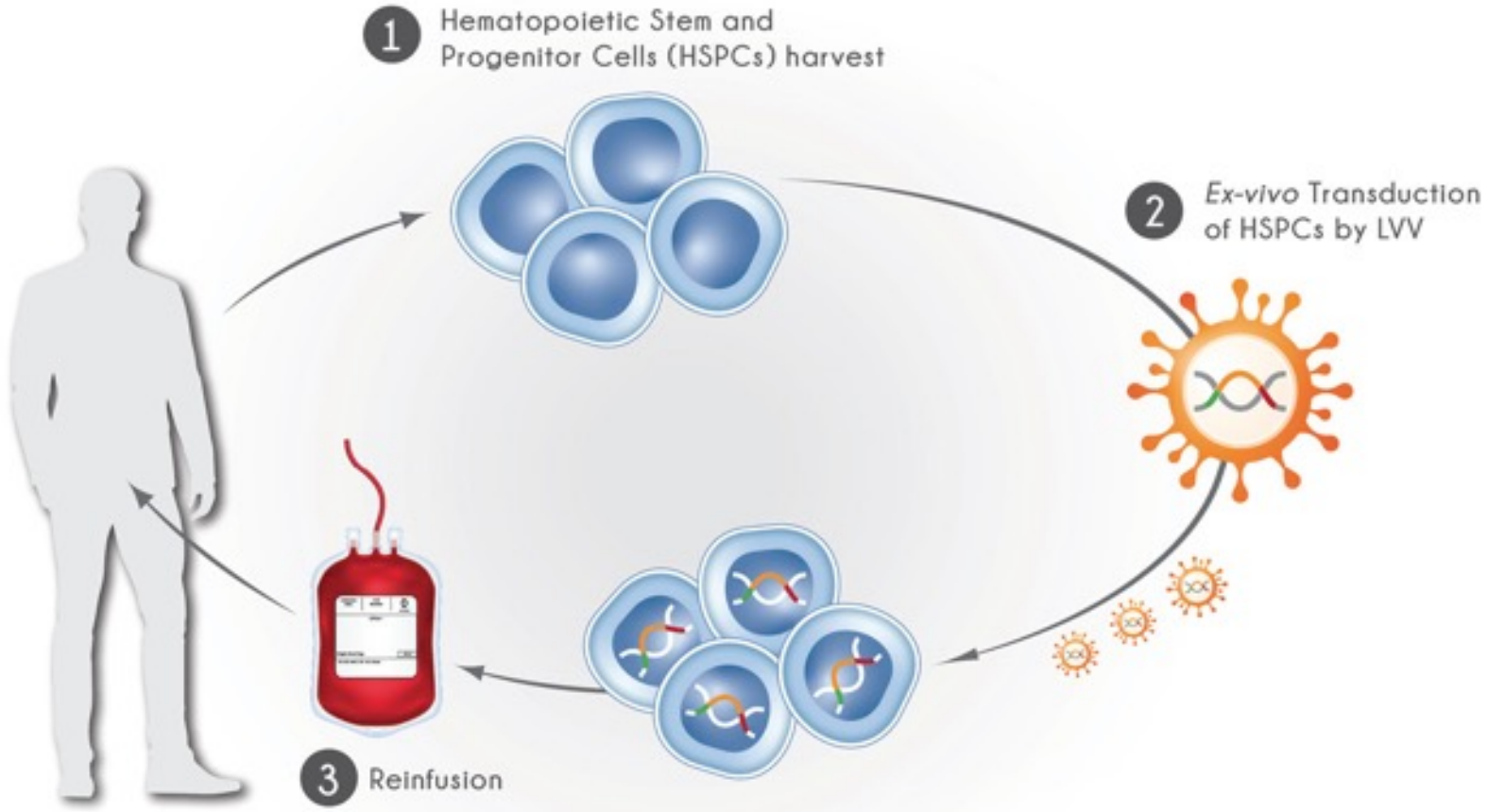
TEMFERON PRODUCTION: A WELL-ESTABLISHED GENE THERAPY GMP MANUFACTURING PROCESS

Leading CMO approved to manufacture marketed GT product



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CLEAR RATIONALE SUPPORTS **GLIOBLASTOMA** DEVELOPMENT STRATEGY

ROBUST SCIENTIFIC RATIONALE

GBM is characterized by a highly suppressive tumor microenvironment induced by a subset of tumor associated macrophages. Temferon is designed to break immunosuppression.

LIMITED AVAILABLE TREATMENTS

May enable Temferon to be offered as first line therapy after 1st surgery. As a result, the patient's uncompromised immune system may be harnessed by Temferon.

ENCOURAGING PRECLINICAL DATA

Temferon demonstrated control of GBM pathology in preclinical studies, despite the aggressive nature of GBM.

UNMET MEDICAL NEED

Median survival from diagnosis ~≤ 15 months; 5.5% of patients estimated to be alive five years after diagnosis1.

INCIDENCE

3 per **100,000** adults per year2.

MARKET OPPORTUNITY

Projected WW Market Value in 2026 $1.5B3.

UMGMT SEGMENT

Unmethylated MGMT promoter status is identified in approximately 60% of GBM patients.

1 - https://www.statpearls.com/ArticleLibrary/viewarticle/22272
2 - https://www.ncbi.nlm.nih.gov/books/NBK470003/
3 - EvaluatePharma
4 - Estimated at 16% of all tumors of the brain; Globocan 2020 (please refer also to footnote

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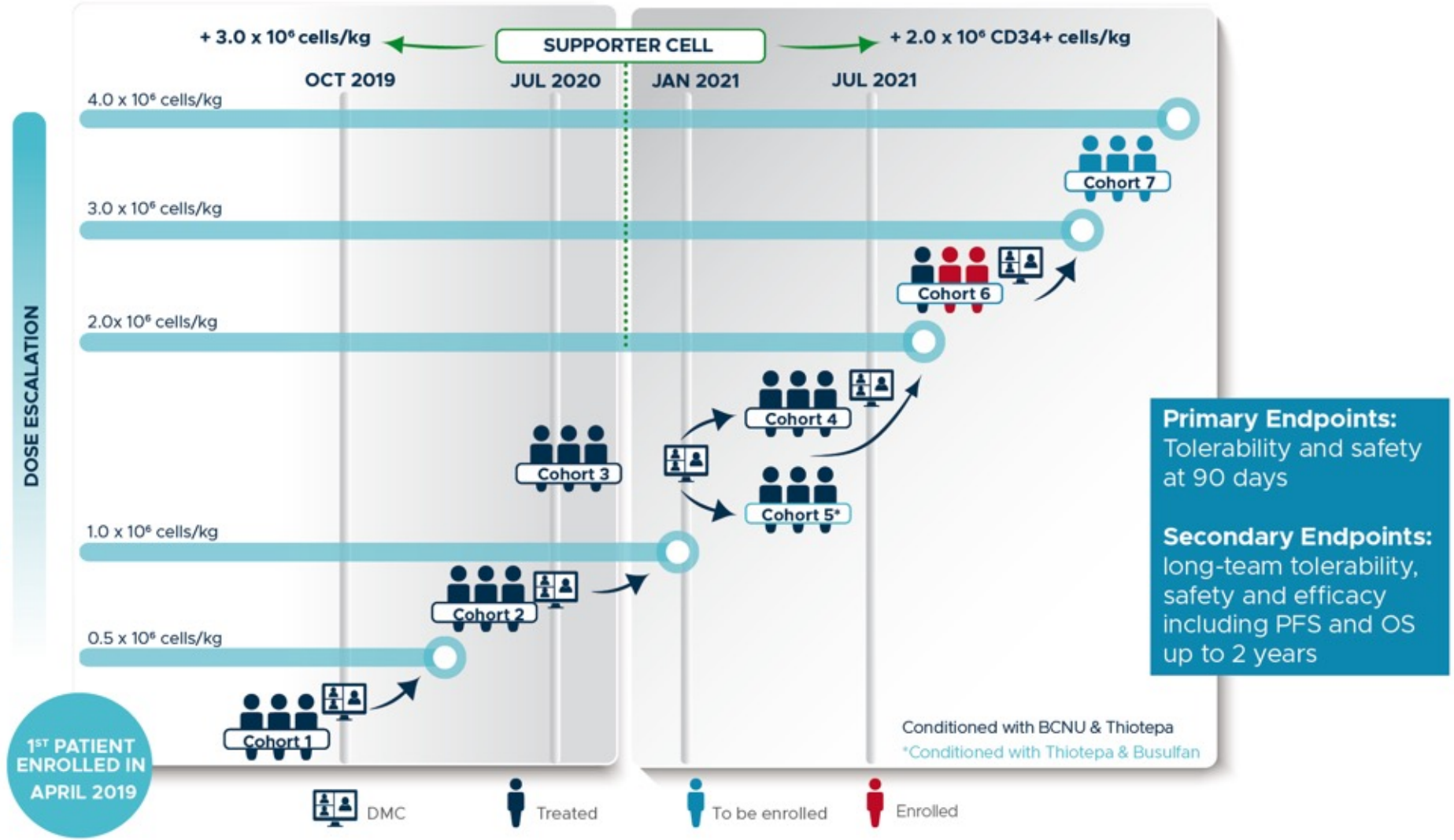
TEMFERON: PHASE 1/2A DESIGN IN GBM

A multi-center, open-label, dose escalation & extension study in GBM patients with unmethylated MGMT promoter (uMGMT GBM) following standard of care



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PRELIMINARY **SAFETY & TOLERABILITY** DATA IN PHASE 1/2A UMGBT GBM TRIAL

SAFETY

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

Expected and manageable adverse events (AEs) and serious adverse events (SAEs1) 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)

BIOLOGIC ACTIVITY

Temferon -derived differentiated cells were evident within the peripheral blood 14 days post treatment and were still detectable in the **long-term** (18 months, the last measured timepoint to date)

1 - The reported SAEs 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).

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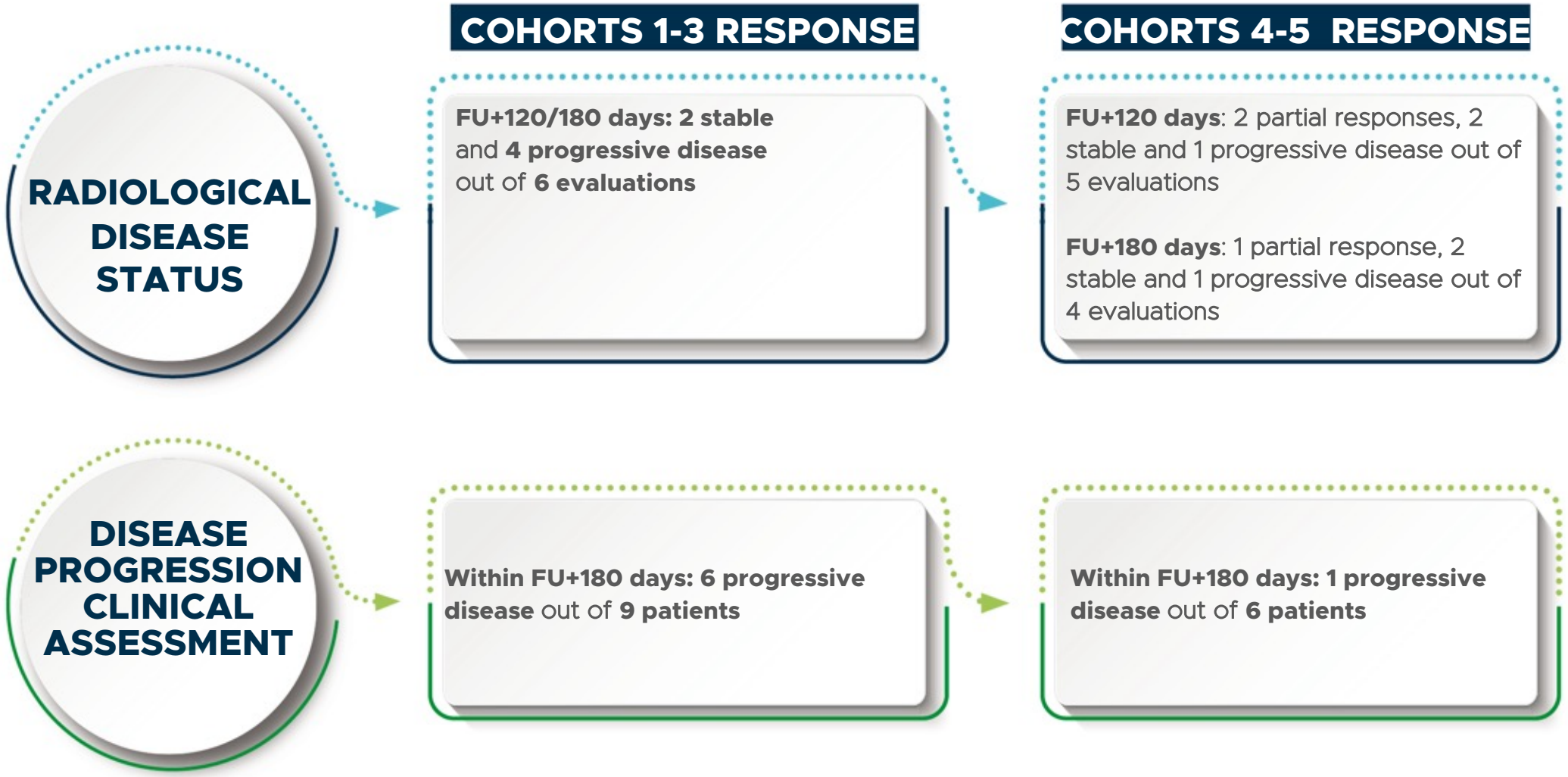
ACTIVITY: ENCOURAGING EARLY RESPONSES IN THE HIGHEST DOSE COHORTS



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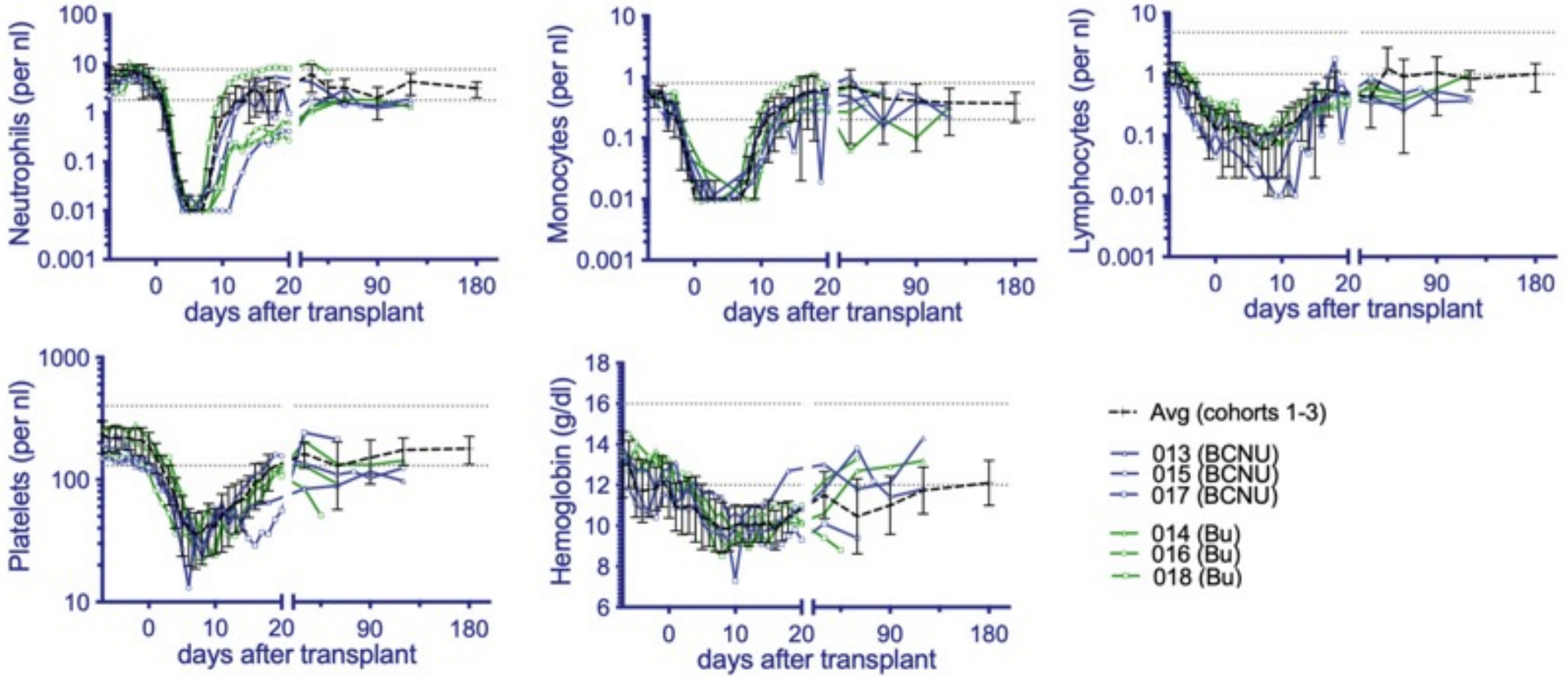
SAFETY & TOLERABILITY: RAPID HEMATOPOIETIC RECONSTITUTION AFTER TREATMENT



Source: TEM-GBM_001

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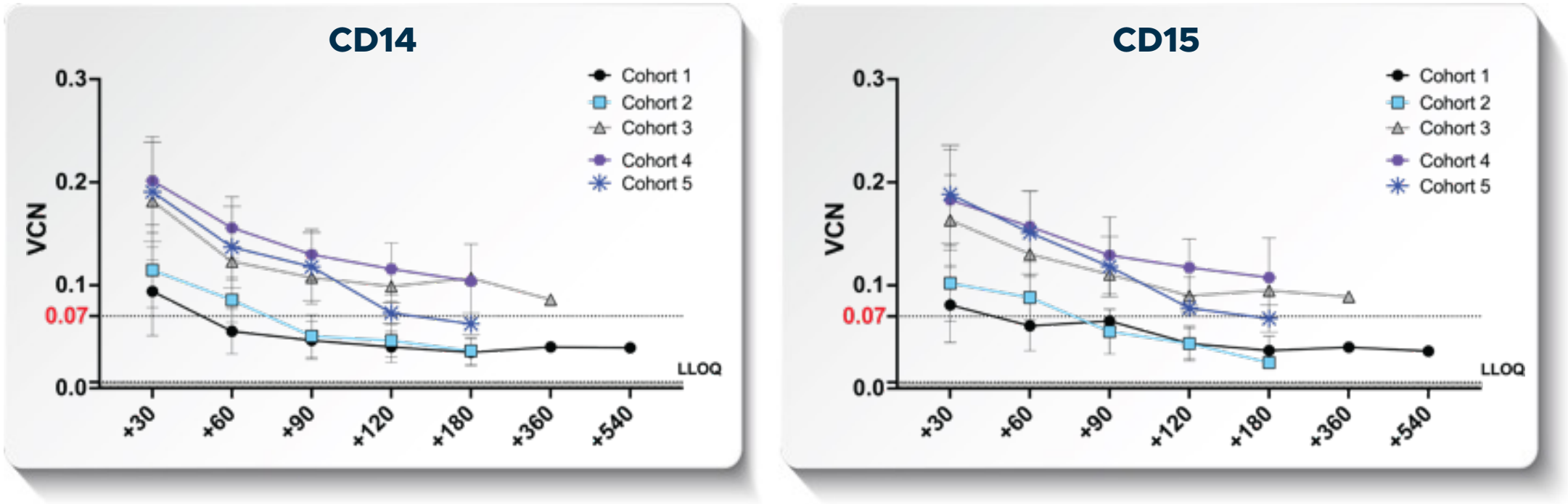
LONG-LASTING: TEMFERON-INDUCED TEMS HAVE BEEN OBSERVED TO PERSIST FOR UP TO 18 MONTHS

18 months was the last measured timepoint to date

MYELOID CELLS



Source: TEM-GBM_001

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SELECTION CRITERIA FOR **SOLID TUMOR** CLINICAL PROGRAM SECOND INDICATION

INDICATION	MARKET SIZE U.S. INCIDENCE[1]	UNMET NEED 5 YEAR SURVIVAL[1]	POST ICI APPROACH?	TEMS PRESENCE	ACCESS TO TME PRE AND POST TREATMENT	IFN-α SUSCEPTIBILITY
HCC/ICC	~43,000	20%	Y	Y	Y	Y
Gastroesophageal adenocarcinoma/SCC	~18,000	20%	Y	Y	Y	Y
Triple negative breast cancer	~28,000	77%	Y	Y	Y	Y
Mesothelioma	~3000	12%	-	Y	Y	Y
Renal cell carcinoma	~74,000	75%	Y	Y	Y	Y
Liver metastases (e.g., colorectal, breast, urothelial, melanoma)	-123,000	15% at 1 year	Y	Y	Y	Y
Epithelial ovarian cancer	~20,000	49%	Y	Y	Y	?
Brain metastases			Y	?	-	?

1 - SEER Database
HCC: Hepatocellular Carcinoma; ICC: Intrahepatic Cholangiocarcinoma; SCC: Squamous Cell Carcinoma; NSCLC: Non-small Cell Lung Cancer; ICI: Immune Checkpoint Inhibitors; TME: Tumor Microenvironment

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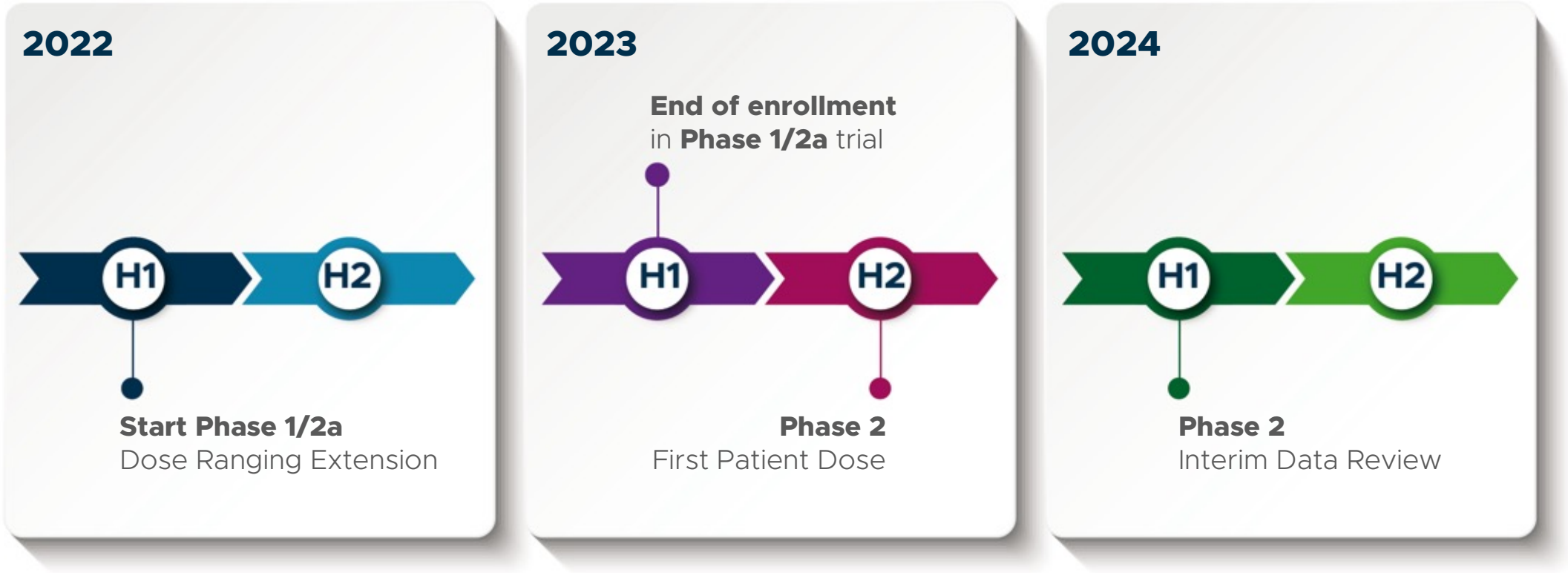
UPCOMING EXPECTED **MILESTONES**



CTA = Clinical Trial Application

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SUMMARY: TRANSFORMATIVE GENE MODIFIED CELL THERAPY CANDIDATES FOR ONCOLOGY

- Potentially transformative oncology gene-cell therapy candidate with proprietary expression platform
- Designed to deliver different payloads into tumors with controlled release for low toxicity
- Platform technology potentially applicable to large number of cancers

- Demonstrating proof of concept with IFN-α payload, “TEMFERON”, in Phase 1/2a in GBM
- Encouraging clinical responses at highest dose cohorts; generally well-tolerated
- GBM: an area of high unmet need with no I/O treatments approved

- Well funded post IPO with highly capable team to drive through next stage of development
- Targeting Phase 2 in Italy in 2023 and in pre-IND discussions with FDA in GBM

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