Viral Vector Based Immunotherapies

Corporate Presentation

May 5, 2023

Disclaimer

This presentation contains forward-looking statements, which are subject to numerous risks and uncertainties, which could cause actual results to differ materially from those anticipated. There can be no guarantee that (i) the results of pre-clinical work and prior clinical trials will be predictive of the results of the clinical trials currently under way, (ii) regulatory authorities will agree with the Company's further development plans for its therapies, or (iii) the Company will find development and commercialization partners for its therapies in a timely manner and on satisfactory terms and conditions, if at all. The occurrence of any of these risks could have a significant negative outcome for the Company's activities, perspectives, financial situation, results and development.

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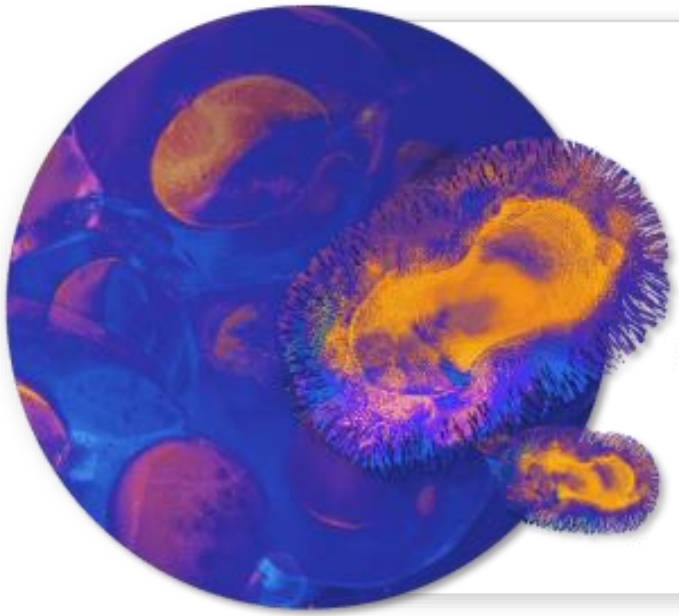


Leader in viral vector-based immunotherapies designed to transform the standard of care of solid tumors

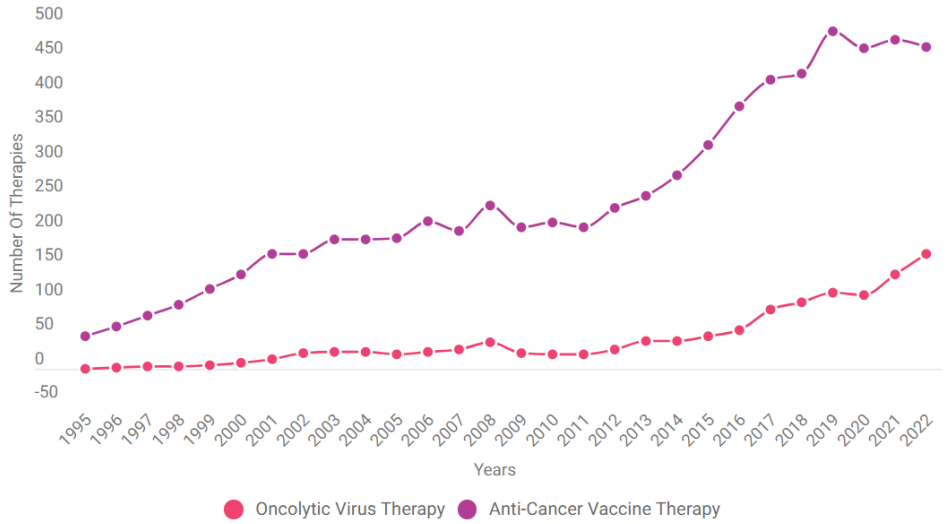
Transgene is Focused on Two Exciting Areas of Immunotherapy

Therapeutic Cancer Vaccines (TCVs) and Oncolytic Viruses (OVs) on the Rise

In Vivo Pharma Intelligence

A Promising Future For Oncolytic Viruses As Cancer Immunotherapies

Exhibit 1: Oncolytic Virus Therapy And Anti-Cancer Vaccine Therapy Trends, 1995–2022



Note: annual snapshots are taken each May

The Washington Post
Democracy Dies in Darkness

Getting closer to a vaccine for cancer

FIERCE Biotech

Oncolytic viruses show promise in cancer-killing combos

CANCER RESEARCH UK

Hiding in plain sight: How we can use immune cells to deliver cancer-killing viruses to tumours

GEN Genetic Engineering & Biotechnology News

Viral Vector Production Evolves to Meet Surging Demand

Transgene – a Global Player in Next Generation Cancer Immunotherapies

Our immunotherapies are based on our approach:

RIGHT VECTOR,

RIGHT PAYLOAD,

RIGHT INDICATION

2 highly productive core viral vector platforms based on leading expertise and strong R&D capabilities

- **Therapeutic cancer vaccines** (TCVs)
- **Oncolytic viruses** (OVs)

Diversified pipeline of **clinical & late preclinical candidates with distinct competitive advantages**

- Our TCVs demonstrated a **clear link between the immune response they generate and clinical benefit they deliver**
- **Our OVs can be given by intravenous (IV) administration** opening up multiple solid tumor indications – a unique advantage

Strong validation with collaborations from multiple partners/supporters

- NEC, Pfizer and Merck KGaA
- BioInvent and Merck & Co Inc. / MSD

Multiple upcoming clinical/development **milestones with value generating potential**

- **Multiple readouts in next 18 months**
- **2 registration targeting trials** to be launched in 12-18 months
- **Key initial data of exciting OV pipeline** expected by 2025

Harnessing Innovation to Deliver Much Improved Cancer Vaccines

TG4050 – a Novel Individualized Cancer Immunotherapy Designed for Success

MVA VECTOR BENEFITS

- Induces **broad and specific immune response**
  - *Strongly differentiated from mRNAs and peptides*
- Excellent safety profile
- Proven immunogenicity in challenging immune contexture

THE RIGHT NEOANTIGENS

- Comprises **up to 30 neoantigens** selected using NEC's artificial intelligence/machine learning

\Orchestrating a brighter world
NEC

INDICATION

- Targeting head and neck patients – **designed to prevent relapse**
- No other cancer vaccine is targeting this 70,000-patient market (adjuvant situation)

myvac

Immune responses linked to clinical benefits

Potential registrational trial to begin H2 2023

Harnessing Innovation to Realize the Significant Potential of OVs

TG6050 a Powerful Off-The-Shelf Cancer Immunotherapy Designed for Success

$VV_{COP}TK^{-}RR^{-}$ VECTOR BENEFITS

- **Tumor specific delivery**
- **Can be administered IV***
- Good safety
- Can increase PD-L1 expression
- Vector benefits – key factors in AstraZeneca deal

SMART PAYLOAD

- **Potent payload** can be produced in the tumor
  - IL-12 and Anti-CTLA4 Ab
- Several payloads can be encoded

INDICATION

- Initial indication metastatic **non-small cell lung cancer**, 2L
- A 160,000-patient market

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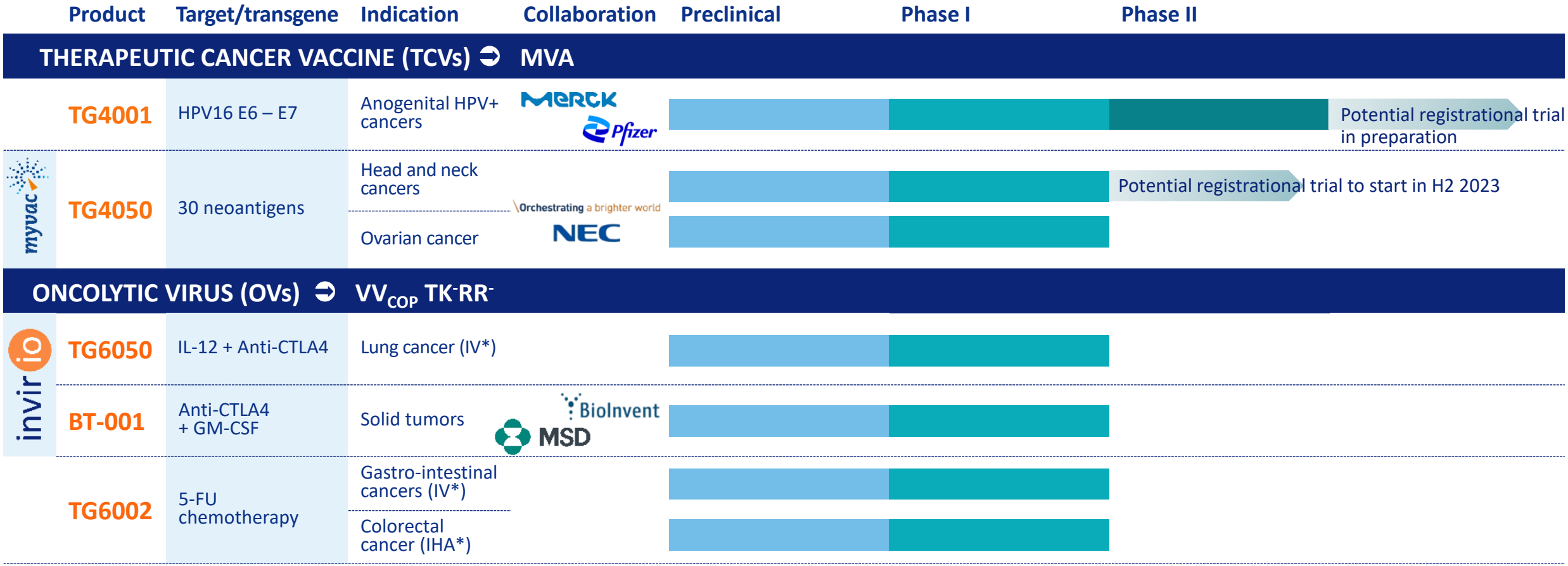
Generated a multi armed IV OV that can potentially be an industry leading product for solid tumors

** IV: intravenous administration*

Advancing a Diversified Immunotherapy Portfolio

From off-the-shelf treatments to patient tailored therapies



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** IV: intravenous administration, IHA: intrahepatic artery administration*

2022 Achievements are Solid Basis for Multiple Readouts in Next 18 Months

The Viral Vector Experts In Immuno-Oncology

TG4050

myvac

- Promising data as single agent
  - ➔ **H1 2023 | Start treatment of last patient in H&N Phase I**
  - ➔ **H2 2023 | Potential registrational Phase II trial** expected to start

TG4001

- Positive Interim Analysis Results based on PFS
  - ➔ **H1 2024 | Last patient randomized, 2024 | Phase II results**
  - ➔ Intend to rapidly **start registration-directed trial**

invir.io

- **PoC of IV administration**
  - ➔ **Expand the potential** of our technologies through **existing and new partnerships**, and **proprietary development**

TG6050 (IV)

- Positive data demonstrating IV feasibility of Invir.IO® backbone
  - ➔ **H1 2023 |** Enroll **first patient**

BT-001 (IT)

- Positive initial data as single agent (IT)
  - ➔ **H1 2023 | Ph. I part A** (single agent) data to be communicated
  - ➔ **H2 2023 | Ph. I part B** (combin. w. pembrolizumab) to start

Transgene – 2028 Snapshot – Significant Value Created

Two approved products targeting sizeable market opportunities with clear clinical benefits

TG4001

Conditional approval for first indication targeting **a ~$1 bn market opportunity**

Limited competition

Ongoing trials in additional indications

TG4050

Conditional approval for first indication:
Head and Neck cancer (maintenance)
~$1+ bn market opportunity

No other cancer vaccines targeting this indication

Potential registrational trial to start in H2 2023

TG6050

Delivered high value clinical data in initial indication when given IV

NSCLC 2L:
$1.5+ bn market opportunity

Broader clinical development plan to be implemented

Generated several additional new cancer vaccines and IV OV candidates based on right vector, right payload, right indication approach

Further strengthened our viral vector and payload engineering technology platforms

Source: Company estimates

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Cancer Therapeutic Vaccines

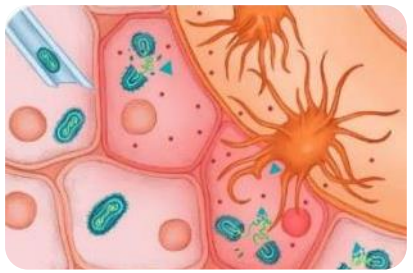
Potent immunotherapies
to induce specific antitumor immune responses
and improve patient outcome

Therapeutic Cancer Vaccines - Educate the Immune System to Destroy Cancer Cells

MVA-based vaccines activate T cells through several mechanisms

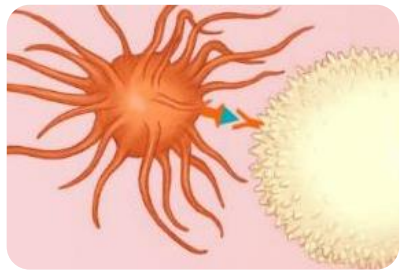
SIGNAL ACTIVATION

Infected cells will **express vaccine antigens** that will be uptaken by APCs



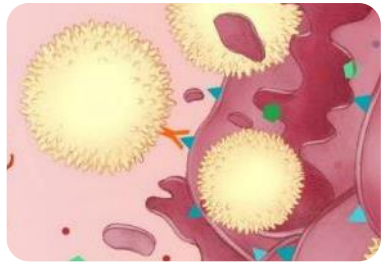
IMMUNE AMPLIFICATION

APCs **boost specific antitumoral T cells**



CANCER CELL KILLING

T cells attack tumor cells



Strongly differentiated from mRNAs and peptide approaches

Induction of broad immune responses to induce antitumor activity

- Priming of innate immunity
- Development of an active adaptive response – Increase of effector subgroups of CD4 and CD8 T-cells

Tumor-specific antigens and neoantigens can be used to target a broad range of solid tumors

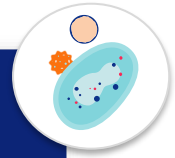
Compelling clinical evidence obtained

- Good safety profile
- Strong immune responses to antigen/neoantigen payloads
- Signs of clinical benefit for patients
  - As single agent in maintenance setting
  - In combination with ICI in advanced setting

myvac® - TG4050 | Individualized Neoantigen Cancer Vaccine

Taking the Treatment of Each Patient's Tumor to a New Level

MVA viral vector: a powerful platform for vaccine development



Strongly immunogenic vector

- Demonstrated capability to express **complex antigen structures** and have them presented by APCs
- Ability to elicit **strong, durable and specific** immune response
- Established safety profile

Optimal neoantigen display

- **VacDesignR™** for **optimal design of the recombinant cassettes**
- Selection of **best promoter sequences**

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myvac

one patient • one genome • one vaccine

Artificial Intelligence to identify up to 30 potent neoantigens

- NEC's machine learning environment based on multiple parameters **to classify most immunogenic neoantigens** from whole tumor genome analysis*
  - **Takes in account multiple parameters**
- **NEC covers 50% of the development cost of TG4050**

NEC

First clinical data has already shown remarkable induction of immune responses against chosen neoantigens and **signs of patient benefit**

Click here

AACR American Association for Cancer Research

*Source: Mallone et al., "Performance of neoantigen prediction for the design of TG4050, a patient-specific neoantigen cancer vaccine", AACR, June 2020, Poster presentation

TG4050 is already Showing the Potential To Manage Patients with High-Risk of Recurrence or Molecular Relapse

one patient • one genome • one vaccine

Goal

to extend remission period in high-risk patients after initial cancer surgery

**TMB: tumor mutational burden*

To induce specific T cell response in patients in clinical remission but with high risk of relapse

Two ongoing clinical trials – Head & Neck and Ovarian cancers
TG4050 given **as single agent**

- **Positive initial data** (safety, immunogenicity, first signs of efficacy)
- Intend to **launch potential registrational Phase II trial in H2 2023**
- **Mid-term objective**: Establish TG4050 as the SOC in maintenance setting for patients with H&N cancers, a $1+ bn market

Potential to address numerous solid tumors after surgery in adjuvant/maintenance settings W or w/o ICIs, such as H&N, ovarian, urothelial, breast, lung cancers, ie a multi billion market

TG4050 | HPV-Negative Head and Neck Cancer - Trial after Surgery and Adjuvant Therapy

TG4050 is designed
to **PREVENT RELAPSE**
in high risk and fragile patients

Surgery +
Adjuvant
chemoradiotherapy

Complete
Clinical Response (approx. 90%)
RANDOMIZATION

myvac
TG4050
(single agent)
Repeated injections

Patient monitoring
(no treatment)

Recurrence
12-month PFS is approx. 60% (w/o TG4050)*

Clinical situation where checkpoint blockers have failed (ie. KN412)

Randomized Phase I Trial
30 Patients (NCT04183166)
Last patient treatment expected in **H1 2023**

LEAD INVESTIGATOR: Pr. Christian Ottensmeier,
Clatterbridge Cancer Care Center, Liverpool

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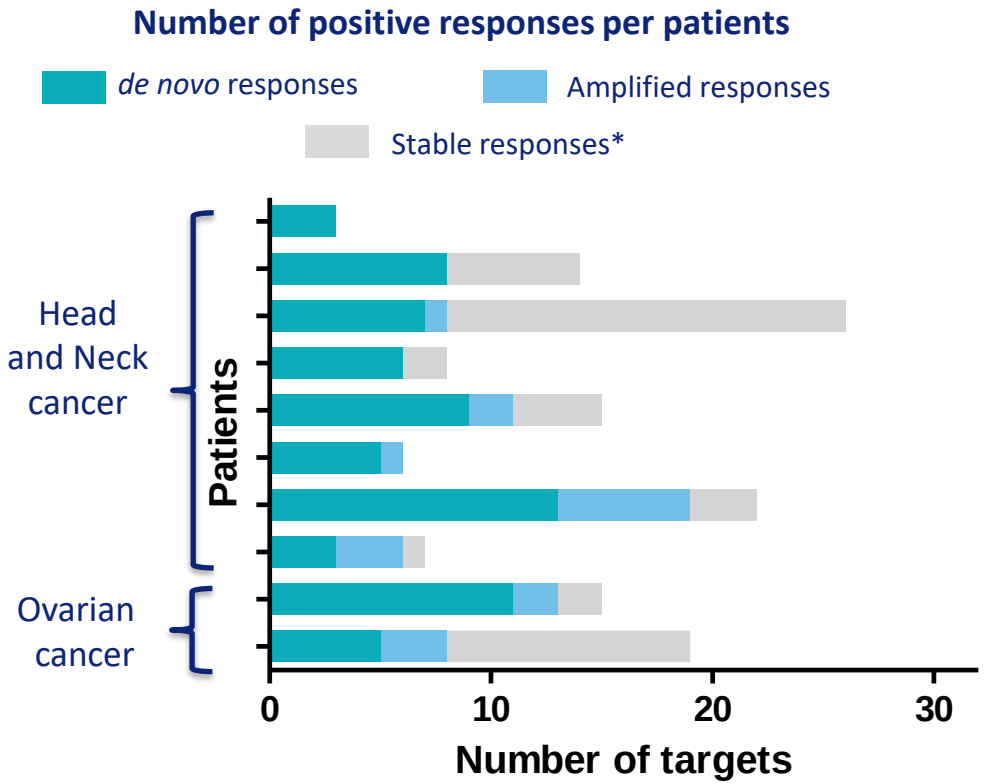
* Source: Bernier et al, The Oncologist,3005,10,215

TG4050 – Generates an Unprecedented Rate of T Cell Response Against Tumor Specific Epitopes

Induction of multiple T cell responses in all treated patients



Median of 9 positive responses per patient, out of 30

Responses were either **amplification of pre-existing responses** (20%) **or *de novo* responses** (80%) induced during vaccination

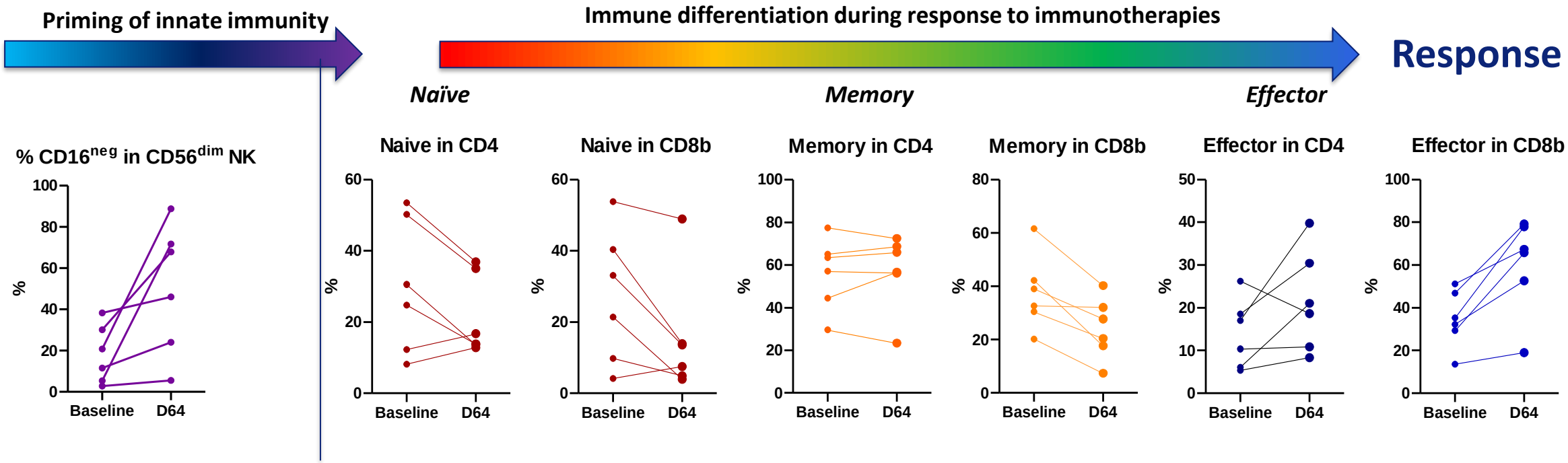
Profound remodeling of immune cells consistent with anti tumor response

**Immunoreactive T-cells present at baseline but not amplified by vaccine.*

Source: Lalanne et al, " Phase 1 studies of personalized neoantigen vaccine TG4050 in ovarian carcinoma (OvC) and head and neck squamous cell carcinoma (HNSCC)" AACR 2023, April 18, 2023, Poster presentation

Profound Remodelling of Immune Cells consistent with Anti Tumor Response

Suggesting that the Vaccine Effectively Primes the Immune System



AACR American Association for Cancer Research ANNUAL MEETING 2022 New Orleans

Source: Block et al, "Phase I trials of personalized cancer vaccine TG4050 in surgically treated high-risk head and neck squamous cell carcinoma (HNSCC) and relapsing ovarian cancer (OvC) patients" AACR 2022, April 12, 2022, Poster presentation

- **Priming of innate immunity**: Loss of CD16 on CD56^{dim} NK cells suggests **ongoing antitumor activity**
- Maturation and differentiation of CD4 and CD8 into effector cells – Consistent with the **development of an active adaptive response**
  - **Effector subgroups of CD4 and CD8 T-cells are increased**
  - Consistent with **decrease in naive and memory CD4 and CD8 T-cell** over treatment

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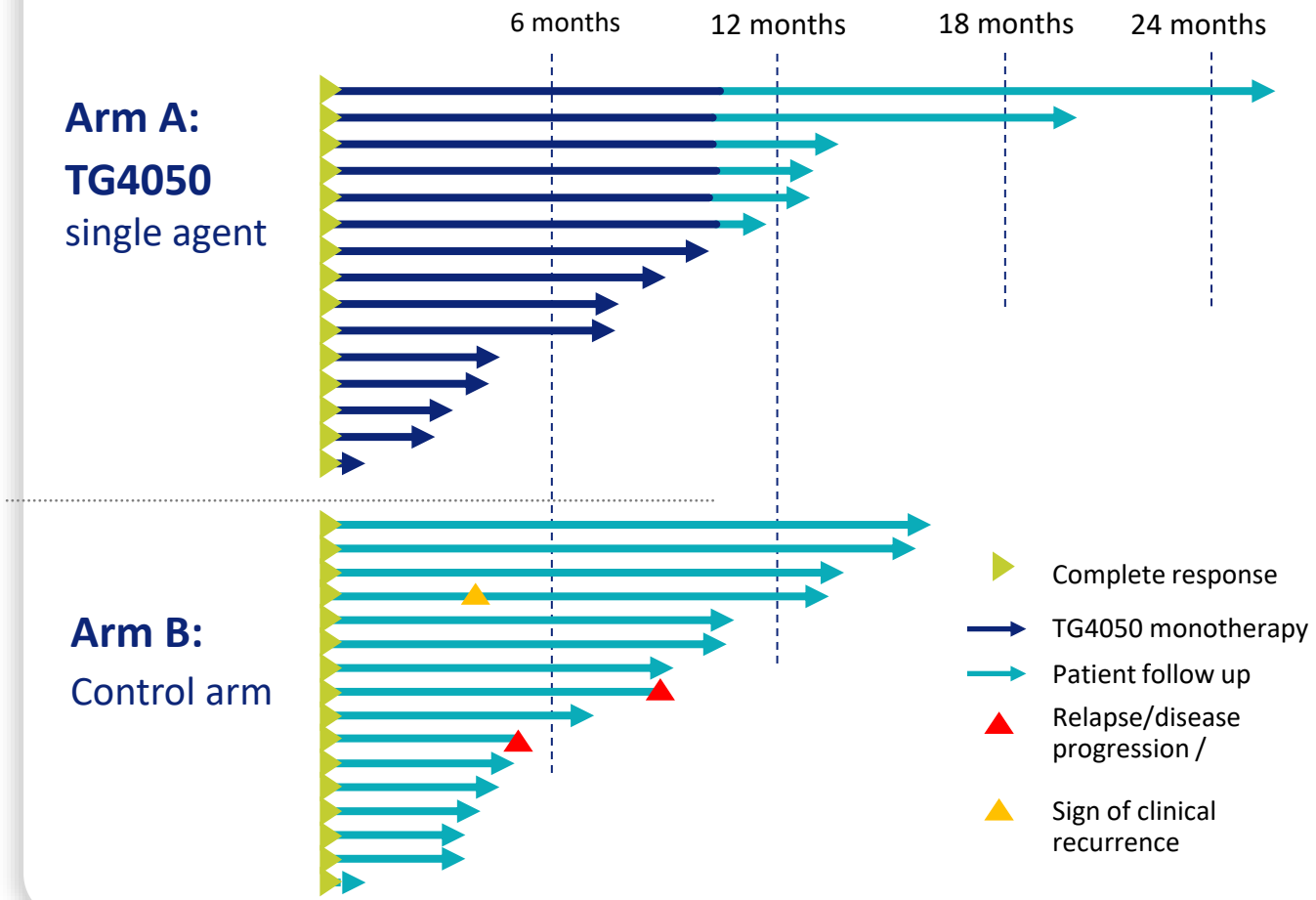
Extremely Promising First Signals of Clinical Activity

Repeated Injections of single agent TG4050 in patients with minimal residual disease

Head & Neck Cancer Trial

32 patients randomized – March 2023



No related SAEs
Good safety profile

All 16 treated patients are stable

Only patients in the control arm have relapsed

Trial fully enrolled

AACR ANNUAL MEETING 2023

Source: Lalanne et al, " Phase 1 studies of personalized neoantigen vaccine TG4050 in ovarian carcinoma (OvC) and head and neck squamous cell carcinoma (HNSCC)" AACR 2023, April 18, 2023, Poster presentation

TG4050 | Exciting First Data Justifies our Ambitious Development Plan

myvac
one patient • one genome • one vaccine

- **Excellent safety profile**
- **Signs of clinical activity in high-risk patients**
- **Induces neoantigen-specific immune response**
- **Induces broad T cell response**

- **New promising data** presented at **AACR 2023**
- Intend to launch potential registrational **Phase II trial** in H2 2023
- **Potential to extend remission period for high-risk patients and address a $1+ bn market*** (head and neck cancer – adjuvant)
- **Potential to address other solid tumors after surgery in adjuvant/maintenance settings w or w/o ICIs**, such as ovarian, urothelial, breast, lung cancers, ie a multi billion market

*Company estimates – EU, UK, USA, JP

TG4001 | Designed to Boost the Patient's Immune System against HPV-Positive Tumors

INDUCES SPECIFIC AND DURABLE T CELL RESPONSES

MVA virus - E6 and E7 HPV antigens + IL2
Designed to induce specific E6 and E7 T cell response

Unsatisfactory treatment options for advanced HPV+ cancer patients

In 2L, ORR is around 10–15% , median PFS is around 2 months and median OS is less than 11 months with ICI single agent*

- Goal to double performance of SOC

A $1 bn market opportunity (EU, UK, US, Japan)

MoA and first signals of efficacy demonstrated in clinic in combination with ICI

- Clinically relevant anti-tumor activity - Induces strong and long lasting, specific responses against tumors
- Excellent safety profile - Good combination candidate
- In hard-to-treat HPV cancer patients, has induced
  - Increase of CD3, CD8 infiltrates
  - Increase of PD-L1 expression
  - Shifts cold tumours into hot tumors, in combination with ICIs

ORR: objective response rate (RECIST 1.1); m PFS: median progression-free survival; m OS: median overall survival: SOC: standard of care

*Estimates based on the following trials: • Anal 2L: NCI9673 (Nivolumab, Phase II) [ref] ; KN028 + KN158 [ref] (pooled analysis: Phase Ib KN028 and Phase II KN158); CARACAS (Phase II) [ref] • Cervical 2L: KN158 (Phase II) [ref] • Cervical, vaginal vulvar 2L: CM 358 (Phase II) [ref]

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TG4001 + Avelumab (Single Arm Ph. Ib/II) | Increased Benefit and Long-Lasting Responses

Landmark Data Compare Favorably to ICIs in Monotherapy and Competitive Landscape

Increased ORR and durable responses n=25

- **ORR**: 32%
- **mPFS**: 5.6 months
- **mOS**: 13.3 months
- Good safety profile

1 COMPLETE RESPONSE

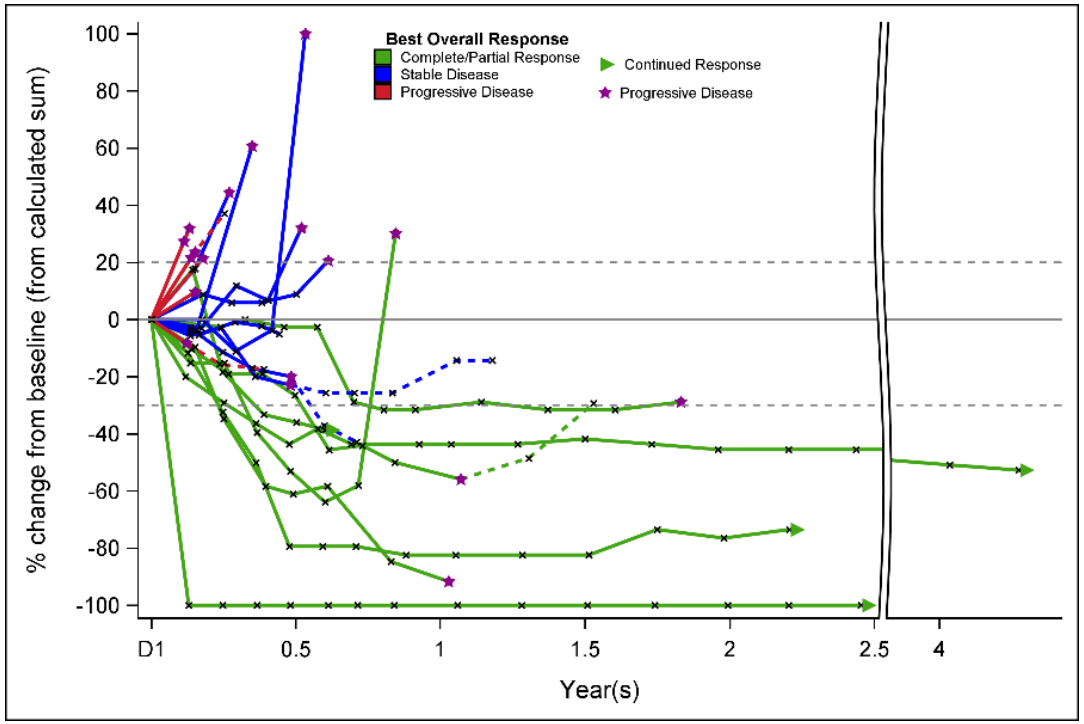
Patient with anal cancer and peritoneal extension that all disappeared – still followed in the trial

7 PARTIAL RESPONSES

9 STABLE DISEASES

Compares favorably to ICIs in monotherapy and competitive landscape

Long lasting responses in metastatic patients without liver metastases - Aug. 2022

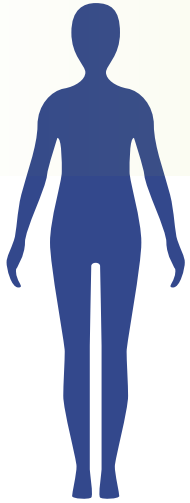


Clinical collaboration for avelumab free supply

MERCK
Pfizer

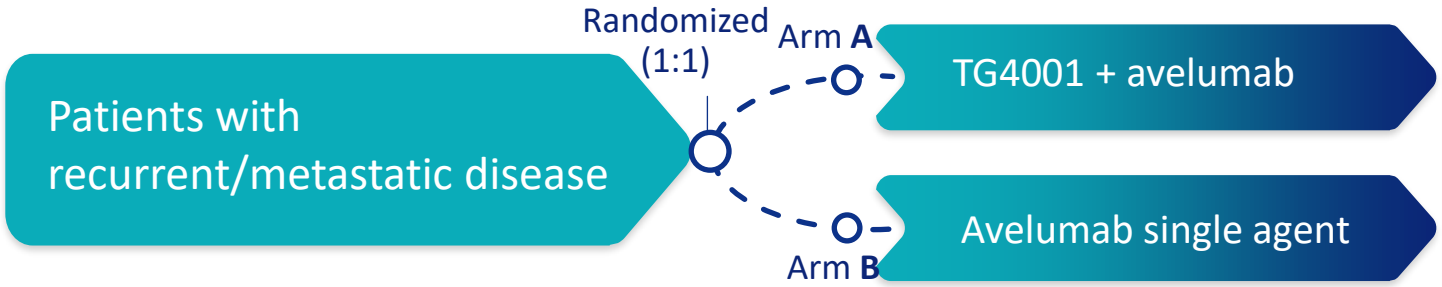
transgene

TG4001 | Current Randomized Controlled Phase II Trial to Deliver Final Data in 2024



Patients with HPV16-positive anogenital cancer *incl. cervical, vulvar, vaginal, penile and anal cancers*

- **With recurrent/metastatic disease**
- **Treated in 1st line or in 2nd line** (with a maximum of 1 prior systemic chemotherapy vs 2 allowed in Phase Ib/II trial)
- **Without previous exposure to cancer immunotherapy**
- **Without liver metastasis** at baseline
- **Including all levels of PD-L1 expression**



POSITIVE INTERIM ANALYSIS RESULTS

(November 2022)

- **First efficacy signals** observed
- Good **safety profile**
- **Trial to enroll up to 120 Patients (NCT03260023)**

PRIMARY ENDPOINT

- **Progression-Free Survival**
  (RECIST 1.1)

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Clinical collaboration with

Pfizer

MERCK

for avelumab free supply

Our Goal with TG4001: Boost Response to Immune Checkpoint Inhibitors in HPV+ Cancers

TG4001 is the only HPV vaccine developed in comparison with ICI monotherapy that has shown a benefit from MOA*

- Good safety profile
- Increased Response Rate and PFS in hard-to-treat patients
- Induces antigen-specific immune response
- Induces broad T cell response
- Long-lasting responses
- Active in PD-L1 positive and negative patients

First Randomized Phase II trial of HPV vaccine + ICI expected to read out

Randomized Phase II data expected in 2024

Upcoming registration targeting trial in preparation, aiming for a $1bn market opportunity

TG4001 is owned 100% by Transgene

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* New data submitted for congress presentation

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Oncolytic Viruses

Rapidly Generating Multiple Virus-Powered
Off-the-Shelf Drug Candidates Targeting Solid Tumors

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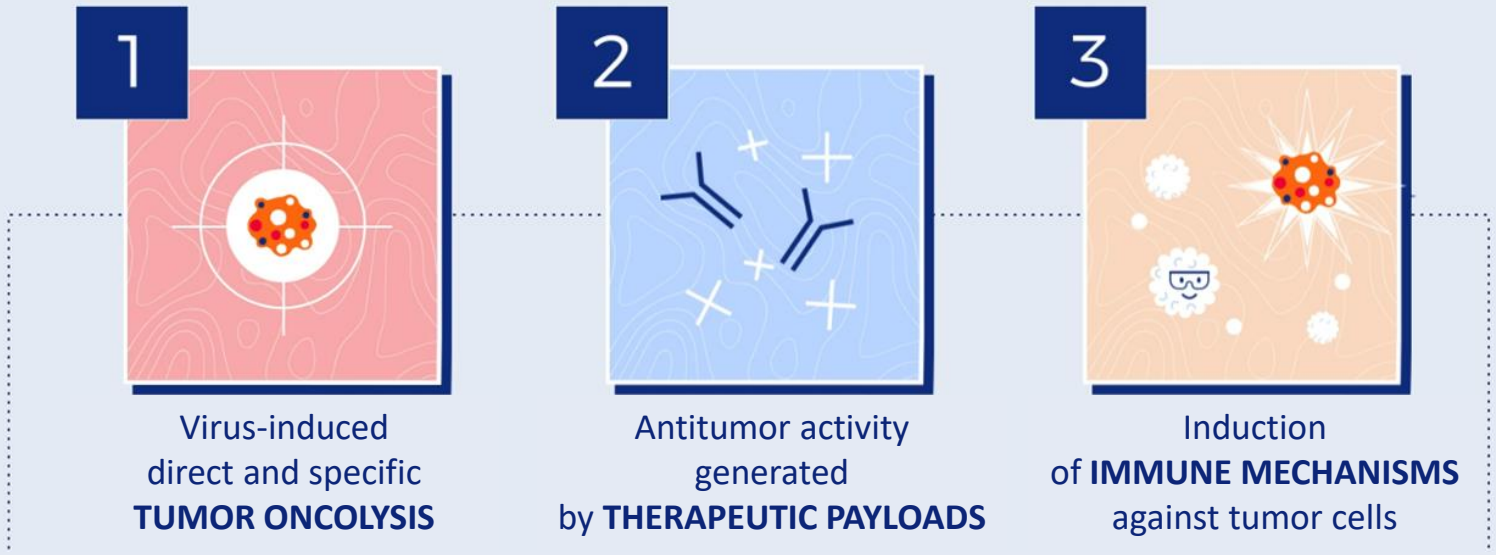
Our Oncolytic Viruses (OV) – Combined Effects of Vector, Payload and Immune Stimulation

Competitive Advantage Enhanced by our Patented Backbone $VV_{cop}TK^{-}RR^{-}$ - basis of our Invir.IO® Platform

Cancer cell death through multiple MOAs



Proprietary vector with multiple competitive advantages

- ➜Encode numerous and various **payloads**
- ➜**Multiple routes of administration** (IV, IT, locoregional) and extend OV market beyond IT administration
- ➜Potential to target multiorgan lesions and warm up TME
- ➜Address broad range of solid tumors

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Clinical evidence obtained

- Good safety profile
- Able to reach tumors, selectively replicate and express payload, incl. via **intravenous administration**

Compelling Data Generated with TG6002 Support Intravenous (IV) Route of Administration

Goal

to target multiorgan lesions and reverse tumor resistance

To turn cold tumors into hot tumors through multi-pronged MoA

TG6002 demonstrated PoC of IV Route

- **TG6002 replicates in tumor tissue** without sign of widespread replication
- **The payload is expressed** in tumor tissue
- Long-lasting expression of the payload
- No impact of neutralizing antibodies on PK/PD data
- **T cell activation, immune checkpoint receptor expression and priming of an adaptive response against tumor associated antigens***

Potential to address numerous solid tumors via multiple routes of administration, in particular intravenous administration – strong differentiation versus other OV players

Source: Samson et al, TG6050, "Oncolytic virus TG6002 safety and activity after intrahepatic artery administration in patients with liver-dominant metastatic colorectal cancer" AACR 2023, April 18, 2023, Poster presentation

BT-001 | Patented OV Armed with Anti-CTLA4 Ab + GM-CSF

Ongoing Phase I Trial Assessing IT* Route of Administration

50/50 collaboration with **BioInvent**

The right virus + payload

$VV_{cop}TK^{-}RR^{-}$ oncolytic armed with BioInvent's potent **anti-CTLA4 Ab** + **GM-CSF**

· Activates and increases T-effector cells
· Treg depleting activity
· Stimulates immune cells (incl. APC)

Winner of the **2022 JITC Best Oncolytic** and Local Immunotherapy Paper **Award**

Can be developed for multiple cancer indications

lesions with high Treg infiltration

Positive initial Phase I part A readout

- Single agent **well tolerated**
- **Replicates** and **persists** **in tumor tissue**
- **Anti-CTLA-4 expressed in the tumor** with **no detectable systemic exposure**
- **Tumor shrinkage** observed in one patient **at the lowest dose level**

Ph. I part A data to be released in **H1 2023**

Ongoing Phase I

monotherapy and combination with ICI

Ph. I part B (combination with pembrolizumab) **to start in H2 2023**

Objectives: evaluate safety profile, determine Phase II dose and indications

**IT: intratumoral administration*

Collaboration with MSD
which provides pembrolizumab (KEYTRUDA®)

TG6050 administered IV | IL-12 and anti-CTLA4 Produced Directly in the Tumor

Approved Phase I Trial to assess systemic route of administration

Oncolytic armed with IL-12 and anti-CTLA4 Ab

- Triggers a powerful antitumor immune response
- Restores the immune defenses within the tumor

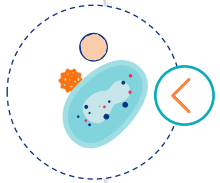
The Invir.IO® objective

- Avoid toxicity / off target thanks to selective replication of viral vector
- Ensure sufficient production of IL-12 in the tumor
- **Outstanding preclinical data (strong antitumor activity)**

Phase I trial - Indication: metastatic and PD1 failed tumors

- Advanced or metastatic NSCLC after failure with available treatment options, including anti-PD1/PD-L1 – **IV administration**
- CTA approved in France - First patient to be enrolled in H1 2023

Potential to address a $1.5 bn opportunity



Initial goal

demonstrate potential of IV administration in “cold”, non-resecable metastatic tumors

** IV: intravenous administration **IHA: intrahepatic artery administration*

Source: Marchand et al, TG6050, “An oncolytic vaccinia virus armed with interleukin 12 and anti-CTLA4 antibody induces TME remodeling and strong anti-tumoral responses” AACR 2023, April 16, 2023, Poster presentation

Invir.IO® Pipeline Will Allow us to Generate Significant Value

invir io

Backbone with highly competitive properties and potential

- Ability to safely be **administered IV**
- **Express selectively its payload in the tumor**

Rapid progress from design to start of clinic development

- Potential to generate **multiple novel oncolytics**

Value provider and collaboration initiator

- **AstraZeneca collaboration:** development of new OVs
- **BioInvent collaboration:** clinical development of BT-001
- **PersonGen collaboration:** preclinical evaluation of CAR-T cell/OV combination
- **Potential other early out-licensing** of new unique OVs or new combinations

AstraZeneca

BioInvent

博生吉 PersonGen

Outlook

Company Funded to Deliver Multiple Value Generating Milestones

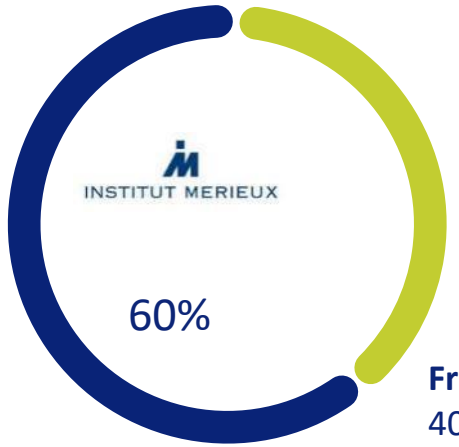
€26.8 million in **cash and cash equivalents** as of December 31, 2022

In addition: **Tasly BioPharmaceuticals shares** valued at **€14.3 million** at the end of Dec. 2022 – Sale of this stake expected to be completed in mid-2023

FINANCIAL VISIBILITY until **early 2024**

Ownership

As of March 30, 2022



- Listed on Euronext Paris
- ISIN: FR0005175080 - Ticker: TNG

2022 Achievements are Solid Basis for Multiple Readouts in Next 18 Months

The Viral Vector Experts In Immuno-Oncology

TG4050 myvac

- Promising data as single agent
  - ➔ **H1 2023 | Start treatment of last patient in H&N Phase I**
  - ➔ **H2 2023 | Potential registrational Phase II trial** expected to start

TG4001

- Positive Interim Analysis Results based on PFS
  - ➔ **H1 2024 | Last patient randomized, 2024 | Phase II results**
  - ➔ Intend to rapidly **start registration-directed trial**

invir io

- **PoC of IV administration**
  - ➔ **Expand the potential** of our technologies through **existing and new partnerships**, and **proprietary development**

TG6050 (IV)

- Positive data demonstrating IV feasibility of Invir.IO® backbone
  - ➔ **H1 2023 |** Enroll **first patient**

BT-001 (IT)

- Positive initial data as single agent (IT)
  - ➔ **H1 2023 | Ph. I part A** (single agent) data to be communicated
  - ➔ **H2 2023 | Ph. I part B** (combin. w. pembrolizumab) to start

Transgene – Frontline Player in Virus-Based Immunotherapy Against Cancer

Versatile technology platforms to fit each patient need

Diversified pipeline
(individualized and off the shelf)

2 platforms
Therapeutic vaccines
Oncolytic viruses

Multiple clinical-stage immunotherapies
in Phase I and Phase II

Dense news flow
in **2023-2024**

Unique Technology based on:

- Optimized viral vectors
- Strong clinical data
- Solid safety Track record
- Preclinical Proof of concept
- Robust IP portfolio

Integrated **GMP manufacturing**

Capacity for rapid delivery of pilot scale batches

Ongoing **collaborations**

MERCK Pfizer MSD
Supply agreements

Orchestrating a brighter world NEC
Technology and cost sharing agreement

BioInvent
Co-development

Strong **Shareholder Support and Financial visibility**

Financial visibility until early 2024

Strong shareholder support

Appendices

An Experienced Management Team

HEDI BEN BRAHIM
Chief Executive Officer

20 YEARS EXPERIENCE

INSTITUT MERIEUX · ABL · MINISTÈRE DES SOLIDARITÉS ET DE LA SANTÉ · vallourec

ÉRIC QUÉMÉNEUR, PHD
Executive VP
Chief Scientific Officer

30+ YEARS EXPERIENCE

cea · Hoechst SANOFI · Service de santé des armées · AMGEN

MAUD BRANDELY, MD, PHD
VP Medical Affairs
Chief Medical Officer

35+ YEARS EXPERIENCE

RHÔNE-POULENC SANOFI · Pierre Fabre

STEVEN BLOOM
VP, Chief Business Officer

US-based

35+ YEARS EXPERIENCE

Lilly · Verastem Oncology · Ziopharm ONCOLOGY

JEAN-PHILIPPE DEL
VP, Chief Financial Officer

20 YEARS EXPERIENCE

MAZARS · Kronenbourg

ALESSANDRO RIVA
Chairman
Joined in May 2022

30+ YEARS EXPERIENCE

NOVARTIS ONCOLOGY · GILEAD · ...ichnos...

transgene

Board of Directors - as of May 5, 2023

Hedi Ben Brahim
CEO & Director

Alain Mérieux
Honorary Chairman

Marie Landel
Independent Director

Philippe Archinard
Director

Carol Stuckley
Independent Director

Alessandro Riva
Chairman

Jean-Luc Bélingard
Director

Maya Said
Independent Director

Jean-Yves Blay
Independent Director

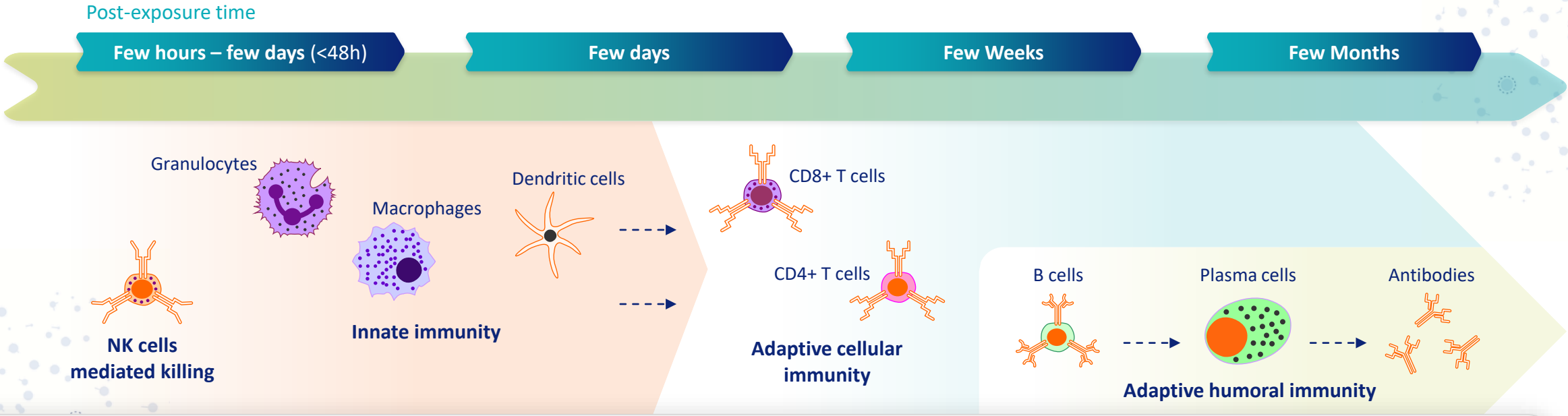
Benoît Habert
Independent Director

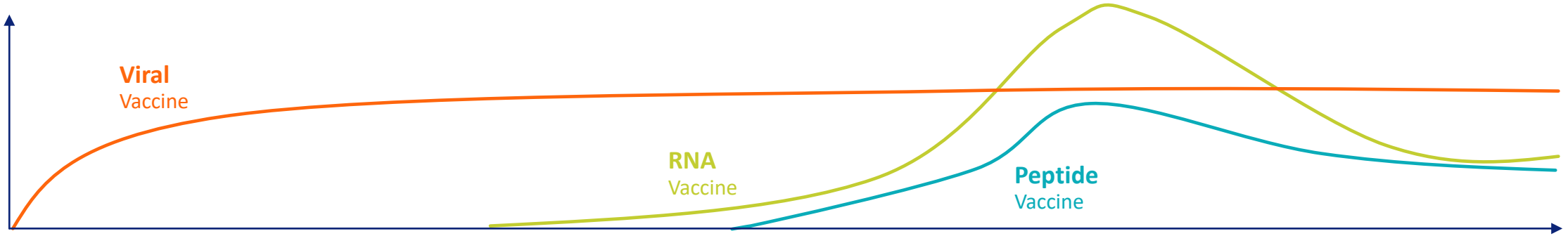
Sandrine Flory
Director*

transgene

*TSGH representative

Viral Vaccines Prime Both Long Lasting Innate and Adaptive Immunity

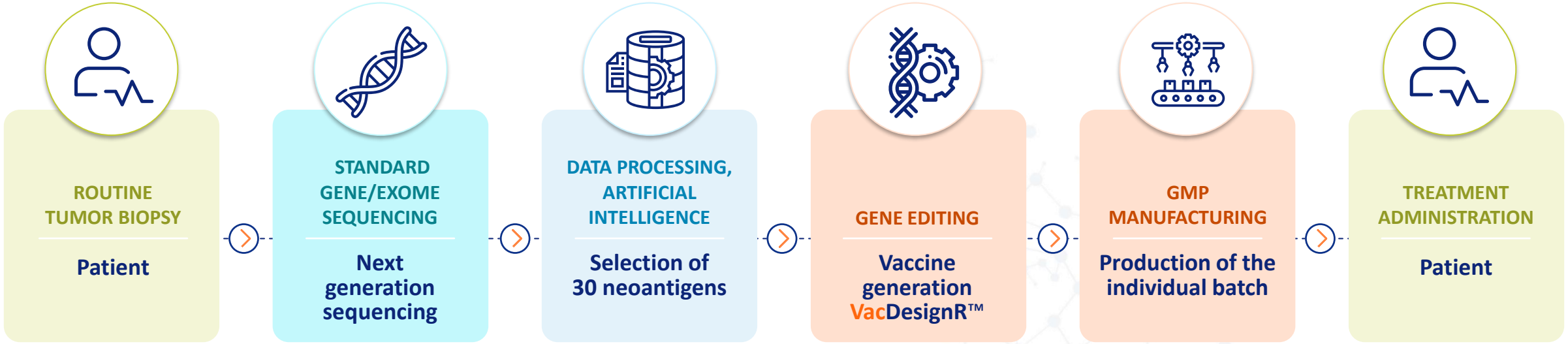




Sources: Karinko K et al. Immunity, 2005; Collier ARY et al. NEJM, 2021

TG4050, an Individualized Neoantigen Vaccine Combining Unique Capabilities

Combines bioengineering and digital transformation



Sequencing Lab

Orchestrating a brighter world NEC

transgene

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