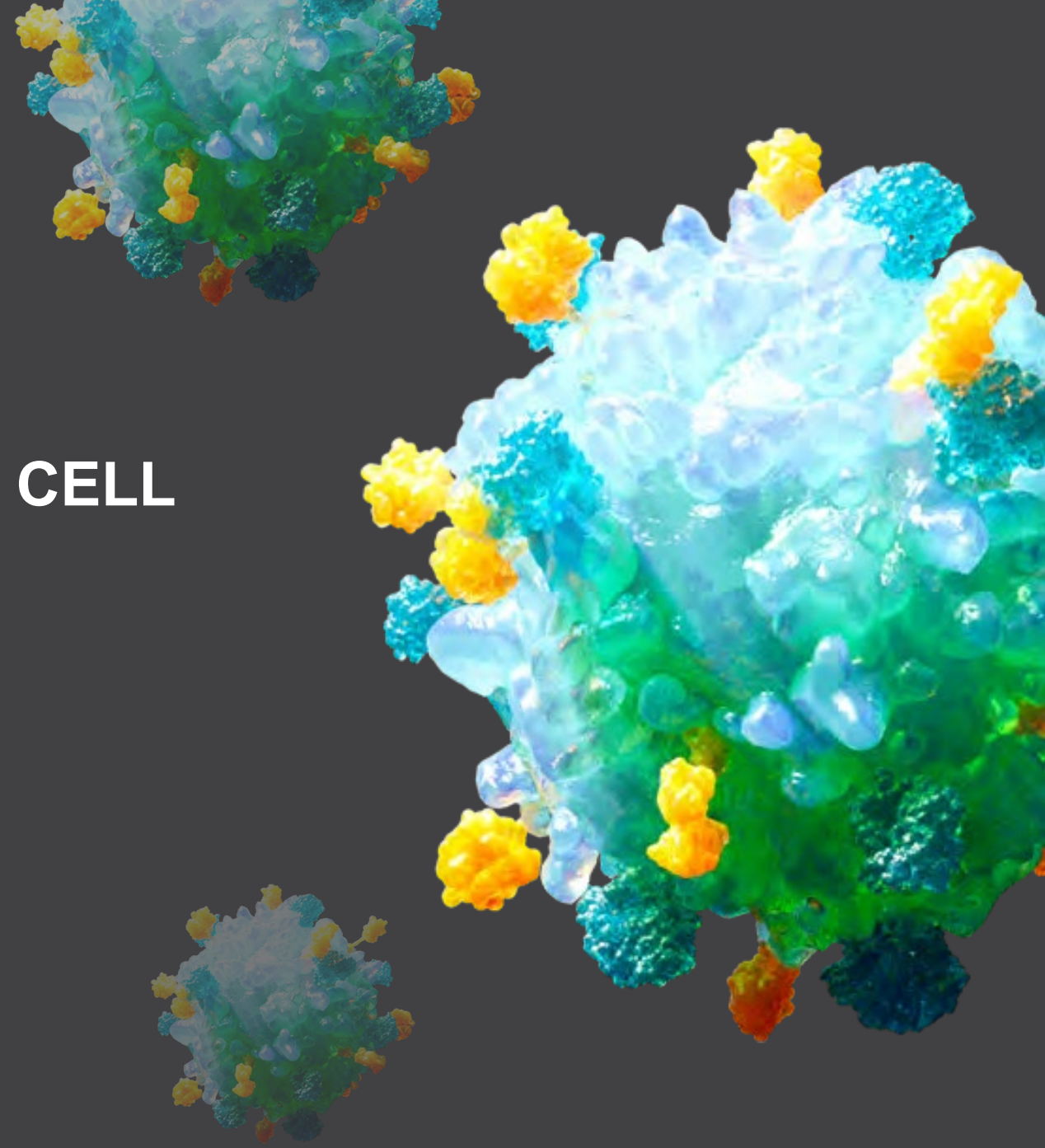
ATARA BIO®

UNLEASHING THE PROMISE OF CELL THERAPY FOR CANCER AND AUTOIMMUNE DISEASES



JUNE 12, 2024

Nasdaq: ATRA

Forward-Looking Statements

This presentation and the accompanying oral presentation contain forward-looking statements made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical facts contained in this presentation, including statements regarding our future results of operations and financial position, future transactions, business strategy, commercial partners, product, product candidates, correspondence and discussions with regulatory authorities, regulatory submissions, regulatory approvals, the initiation, timing, progress and results of preclinical studies and clinical trials and our research and development programs, ability to sell, manufacture or otherwise commercialize our product and product candidates, research and development costs, timing and likelihood of success, plans and objectives of management for future operations, any milestone and/or royalty payments, our ability to obtain and maintain intellectual property protection for our product and product candidates, and the sufficiency of Atara's cash, cash equivalents, short-term investments to fund its planned operations are forward-looking statements of Atara Biotherapeutics, Inc. ("Atara" or the "Company"). These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. In some cases you can identify these statements by forward-looking words such as "believe," "may," "will," "estimate," "continue," "anticipate," "intend," "could," "would," "project," "predict," "plan," "expect" or the negative or plural of these words or similar expressions. These forward-looking statements are subject to risks and uncertainties, including those discussed in Atara's filings with the Securities and Exchange Commission (SEC), including in the "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" sections of the Company's most recently filed periodic reports on Form 10-K and Form 10-Q and subsequent filings and in the documents incorporated by reference therein. These risks and uncertainties include, without limitation, risks and uncertainties associated with the costly and time-consuming pharmaceutical product development process and the uncertainty of clinical success; the COVID-19 pandemic, and the wars in Ukraine and the Middle East, which may significantly impact (i) our business, research, clinical development plans and operations, including our operations in Southern California, Denver and at our clinical trial sites, as well as the business or operations of our third-party manufacturer, contract research organizations or other third parties with whom we conduct business, (ii) our ability to access capital, and (iii) the value of our common stock; the impact of future and pending legislation and regulations; the use of our information technology and communication systems and cybersecurity attacks; the sufficiency of our cash resources and need for additional capital, and other factors that may cause our or our industry's actual results, levels of activity, performance or achievements to be materially different from those anticipated by the forward-looking statements. Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified and some of which are beyond our control, you should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

Certain information contained in this presentation and statements made orally during this presentation relate to or are based on studies, publications, surveys and other data obtained from third-party sources and Atara's own internal estimates and research. While Atara believes these third-party studies, publications, surveys and other data to be reliable as of the date of this presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, no independent source has evaluated the reasonableness or accuracy of Atara's internal estimates or research and no reliance should be made on any information or statements made in this presentation relating to or based on such internal estimates and research.

Differentiated Allogeneic T-Cell Immunotherapy Pipeline

Program	Indication	Target	Preclinical	Phase 1	Phase 2	Phase 3	Registration	Next Milestone
ATA3219 (Oncology)	Non-Hodgkin's Lymphoma (NHL)	CD19						**Q4 2024:** Initial NHL Ph 1 clinical data expected
ATA3219 (Autoimmune)	Lupus Nephritis (LN)	CD19						**H1 2025:** Initial LN Ph 1 clinical data expected
	Systemic Lupus Erythematosus (SLE) without lymphodepletion							**H2 2025:** Initial SLE Ph 1 clinical data expected
ATA3431	B-cell malignancies	CD19/CD20						IND targeted for **H2 2025**
	Autoimmune disease							
Tab-cel® or Ebvallo™ (tabelecleucel)	RR EBV+ PTLD following HCT and SOT*	EBV		ALLELE Study			EU Approved	**Q2 2024:** BLA submitted
	Multi-Cohort (Label-Expansion): EBV+ cancers(1)	EBV		EBVision Study				Ongoing enrollment
ATA188	Progressive MS	EBV(2)			EMBOLD Study			Evaluating strategic options following completion of the study

Excluding Ebvallo™ in EU, these investigational agents are not approved by any regulatory agencies and efficacy and safety have not been established
EBV+ PTLD: Epstein-Barr Virus Associated Post-Transplant Lymphoproliferative Disease; RR: rituximab relapsed/refractory; HCT: allogeneic hematopoietic cell transplant; SOT: solid organ transplant; NHL: non-Hodgkin's lymphoma
Atara has entered into an agreement with Pierre Fabre to commercialize tab-cel® for EBV+ cancers worldwide
*Indication pursued as monotherapy for treatment of adult and pediatric patients two years of age and older with Epstein-Barr virus positive post-transplant lymphoproliferative disease (EBV+ PTLD) who have received at least one prior therapy. For solid organ transplant patients, prior therapy includes chemotherapy unless chemotherapy is inappropriate
Other programs: EBV vaccine and other hematological malignancies and solid tumor AlloCAR T programs
(1) Phase 2 multi-cohort initiated in Q3 2020, with possible indications including EBV+ PTLD with CNS involvement, front-line treatment in EBV+ PTLD including front line with CNS involvement, EBV+ PID/AID LPD, and other potential EBV-associated diseases
(2) Targeted antigen recognition technology; Phase 2 Randomized Controlled Trial

ATARA BIO®

Atara Is Leveraging T-Cell Biology to Develop Differentiated, Off-the-Shelf CAR T Programs

Atara Overview

- Unique allogeneic cell therapy platform leveraging EBV T-cell biology and next gen CAR T construct
- First company to obtain regulatory approval for an allogeneic T-cell immunotherapy with tabelecleucel (tab-cel® or Ebvallo™) EMA approval
- U.S. tab-cel BLA submitted in Q2 2024
- Pierre Fabre global tab-cel partnership: $640M potential consideration + significant royalties
- Cash runway into 2027 enables key pipeline readouts

Atara's Allogeneic CAR T Programs

Hematological Malignancies

ATA3219

CD19 CAR:
Initial NHL Ph1 Data Expected Q4 2024

ATA3431

CD19/20 CAR:
IND Targeted for H2 2025

B-cell Driven Autoimmune Diseases

ATA3219

Initial LN Ph1 Data Expected H1 2025
Initial SLE Without LD Data Expected H2 2025

ATARA BIO®

Atara Is the Most Advanced Allogeneic Cell Therapy Company

Differentiated Platform

- Based on natural biology of EBV T cells
- First and only approved allogeneic T-cell therapy with Ebvallo™
- First allogeneic T-cell therapy BLA submission to FDA

Supportive Clinical Data

- Robust allogeneic T-cell experience with favorable safety profile in 600+ patients
- Pioneered the use of allogeneic T-cell therapy with no lymphodepletion
- Third party clinical data reinforce attributes of Atara's CAR T platform

Operating Experience

- Proven EBV T-cell scaled up manufacturing process, efficient supply and distribution network
- Over a decade of real-world experience across clinical, regulatory, manufacturing and supply

ATARA BIO®

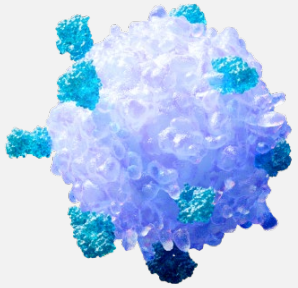
Innovating Next-Gen CAR T Leveraging the Only Allogeneic T-cell Platform With an Approved Product

Allogeneic EBV T-Cell (EBVALLO™)

Healthy Donor Cells

Manufacturing

EBV TCR

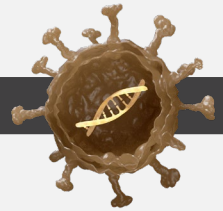


EBV T Cell

- ✓ No gene editing of the TCR or MHC
- ✓ Minimal HLA matching (only 2 of 10 alleles)
- ✓ No lymphodepletion
- ✓ Favorable safety profile in 600+ patients with outpatient experience
- ✓ Robust manufacturing with biologic-like COGM

Next-gen Allogeneic CAR T

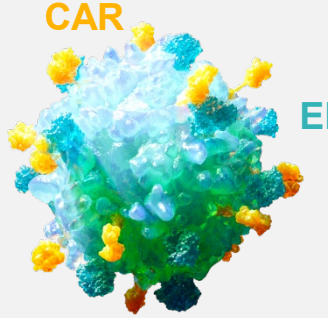
Chimeric Antigen Receptor



Viral Vector

CAR

EBV TCR



EBV CAR T Cell

- ✓ Retain features of EBV T cells
- ✓ Does not require complex gene edits
- ✓ Leverages novel CD3ζ signaling domain (1XX)
- ✓ CAR-targeted activity – can be modified to express single or dual targets

EBV = Epstein-Barr Virus; HLA = Human Leukocyte Antigen; CAR = Chimeric Antigen Receptor; TCR = T-cell Receptor; MHC = major histocompatibility complex

Tab-cel® (Ebvallo™) is approved in the European Union

ATARA BIO®

Atara's Allogeneic CAR T Platform Designed to Improve Patient Journey and Expand Access Versus Autologous Cell Therapies

Current Autologous CAR T Patient Journey

Apheresis	Lymphodepletion	CAR T Treatment	Post Infusion Monitoring
• Time consuming, extra logistics, requirement to stop treatment	• Chemotherapy side effects • Infection risk • Safety risks in women of child-bearing age • Genotoxic • Added cost and complexity	• 2-5 weeks-long process to engineer and deliver autologous CAR T cells • 30+ minute infusion	• 1-2 weeks inpatient monitoring at hospital • Cytokine release syndrome • Neurotoxicity

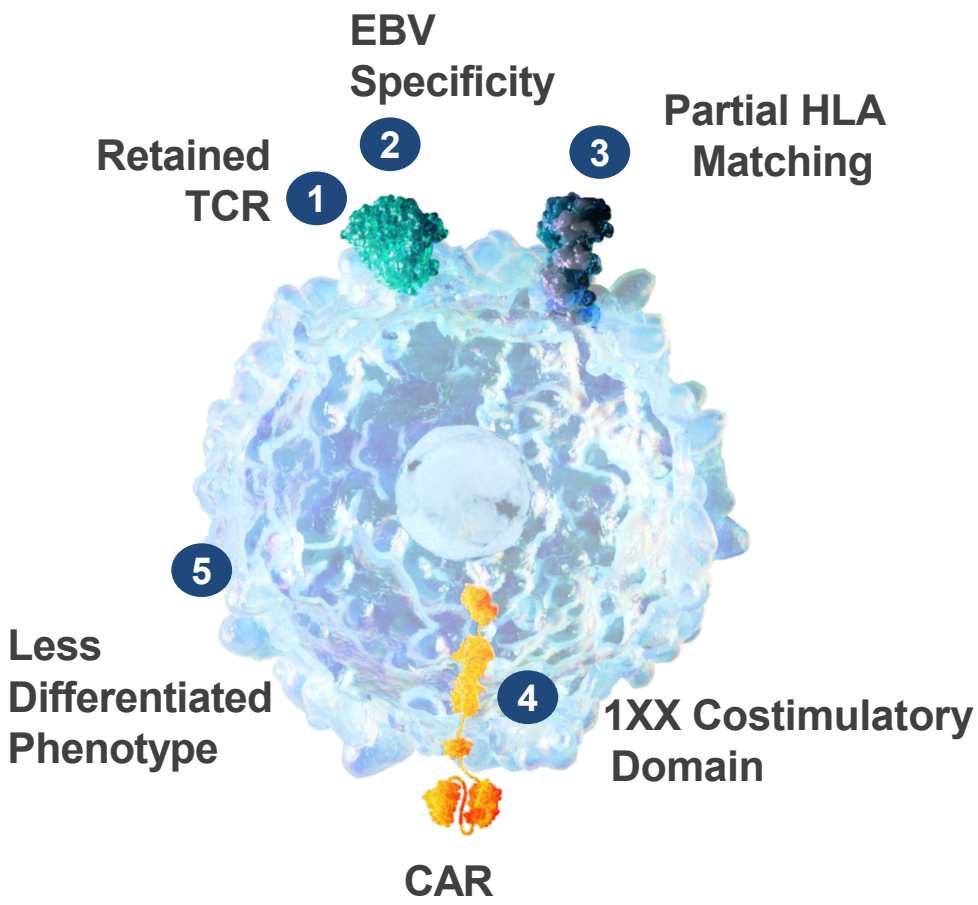
Atara T Cells Offer Unique Potential Advantages in the Allogeneic Field (as evaluated in tab-cel & ATA188 clinical development studies)

Off-the-Shelf (No Patient Apheresis)	No Lymphodepletion	5-10 Minute Infusion	1-2 Hours Monitoring

ATARA BIO®

Atara's CAR T Platform Closely Retains Autologous T-Cell Biology While Offering the Benefits of an Allogeneic Approach

Atara's Allogeneic CAR T Platform



Key Features

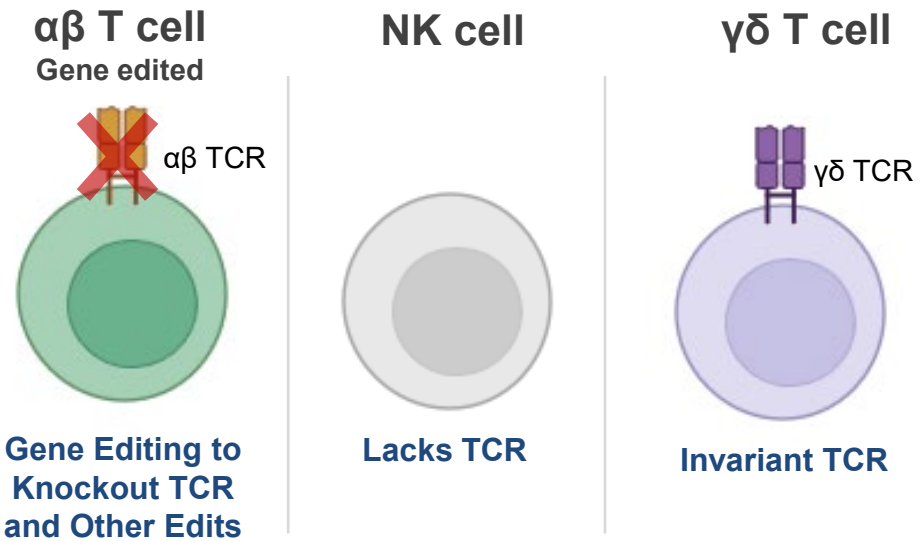
1. **Retained TCR:** Unedited TCR serves as a key T cell survival signal[1,2,3] contributing to functional persistence[3]
2. **EBV Specificity:** Low GvHD risk due to TCR recognition of viral antigens
3. **Partial HLA Matching:** Enables allogeneic approach that avoids host versus graft rejection[4,5]
4. **1XX Costimulatory Domain:** Novel CD3ζ signaling domain[6] optimizes potency, expansion and mitigates T-cell exhaustion
5. **Less Differentiated Phenotype:** αβ T cell manufactured with less differentiated phenotype contributes to potency and durability of clinical response

1. Tanchot et al, Science 1997. 2. Myers et al, Trends Immunology 2017. 3. Polic et al, PNAS 2001. 4. Curran ASTCT 2020, ASH 2023; 5. Atara clinical experience; Prockop et al, JCI 2020. 6. Feucht et al, Nature Medicine, 2018

αβ = alpha beta; Graft-versus-host disease (GVHD)

ATARA BIO®

Atara's CAR T Platform Offers Unique Advantages Versus Other Allogeneic Approaches in the Field



- Aggressive lymphodepletion often required
- Gene editing and/or stealth approaches to limit alloreactivity impact expansion and persistence[1]
- Minimal expansion drives need for high cell dose
- Non-physiologic stimulation leads to T cell exhaustion[2]

	Atara EBV CAR T Cell (αβ unedited)	αβ T Cell Gene edited	NK Cell	γδ T Cell
Safety	600+ patients safely treated[3] (EBV Platform)	Lower CRS/ICANS risk than auto CAR T		
Expansion	Robust (CAR preclinical)	Moderate	Minimal	Minimal-to-Moderate
Persistence	Several Months[3] (EBV Platform)	~3-4 weeks	Suboptimal	Suboptimal
Durability	Robust (CAR preclinical)	Moderate	Suboptimal	Suboptimal

1. Wang et al, Nature CMI 2021. 2. Zhang et al, Nature Comm 2023. 3. Clinical experience with allo EBV T-cells including tab-cel and ATA188; Prockop et al, JCI, 2020; Bhat et al, ISNI 2023
αβ = alpha beta; NK = natural killer; γδ = gamma delta

ATARA BIO®

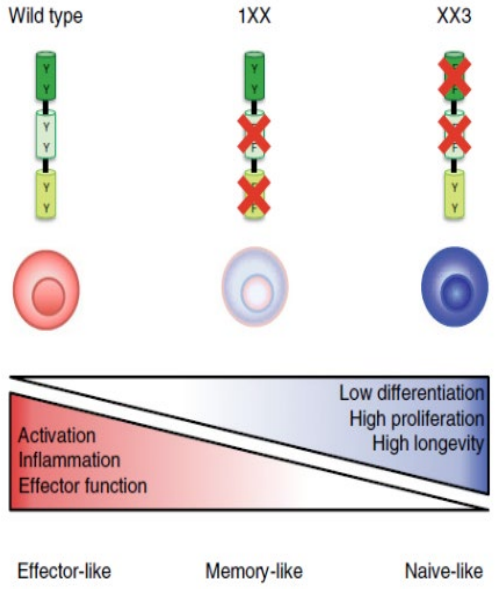
Novel 1XX Costimulatory Domain Proof of Concept in Both Oncology and Lupus Models

1XX Rationale and Design

Challenge: Signaling via CD28 and CD3ζ domains overstimulate T cells, leading to exhaustion; 4-1BB slower to activate[1]

Solution: Modified CD3ζ costimulatory domain (1XX), including two inactivating ITAM mutations, drives physiologic levels of signaling[2]

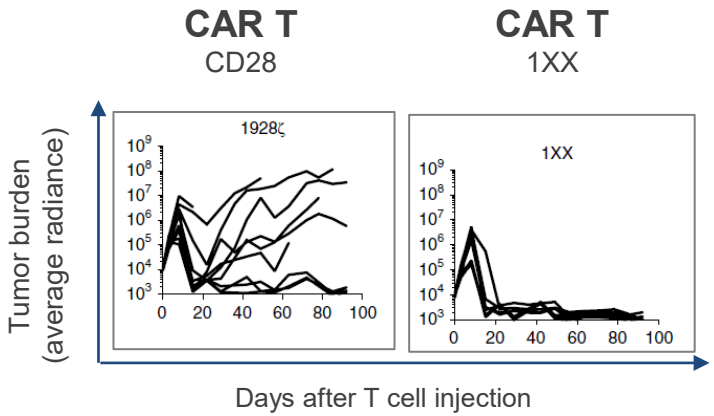
- ✓Avoids activation-induced cell death
- ✓Reduces cytokine release syndrome
- ✓Improves persistence



1XX Pre-Clinical Proof Points

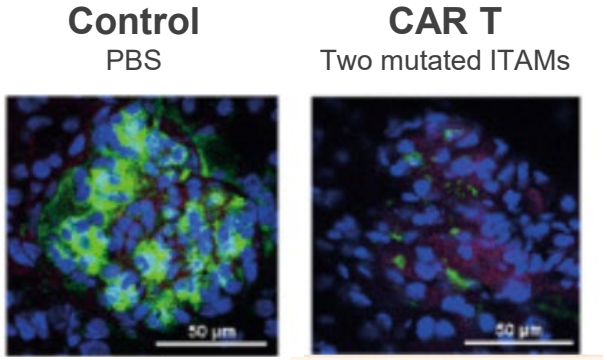
Oncology:

Rapid tumor eradication with 1XX in tumor model[2]



Lupus:

Functional benefit using two mutated ITAMs in lupus model[3,4]



Reduced immune complex deposition in the kidney (C3 / IgG) with CAR T [3]

1. Salter et al, Sci Signal, 2018. 2. Feucht et al, Nature Medicine, 2018. 3. Jin et al, Cell Mol Immunol, 2021. 4. Kansal et al, Sci Transl Med, 2019. ITAM = Immunoreceptor Tyrosine Activation Motif; PBS = Phosphate Buffered Saline; LD = lymphodepletion

ATARA BIO®

Clinical CAR T Data From Industry Leaders and Academia Reinforce Key Features of Atara's CAR T Platform in Oncology and Autoimmune Diseases

EBV Specific TCR & Retained MHC with Partial HLA Matching

Safety and persistence

Less Differentiated Phenotype

Durability and potency

1XX Costimulatory Domain

Expansion, persistence and potency

Memorial Sloan Kettering
Allogeneic EBV CD19 CAR T

Overall survival up to 3 years in post-transplant B-cell malignancy patients with favorable safety profile (0.7×10^6/kg per dose, n=12)[1]

YTB-323
Stem-enriched auto CD19 CAR T

73% CRs, 62% durable CRs at 6 months (12.5M DL2, n=30)[3]

Preliminary safety and efficacy in 3 SLE patients[4]

TAK-940
CD19 auto CAR T with 1XX

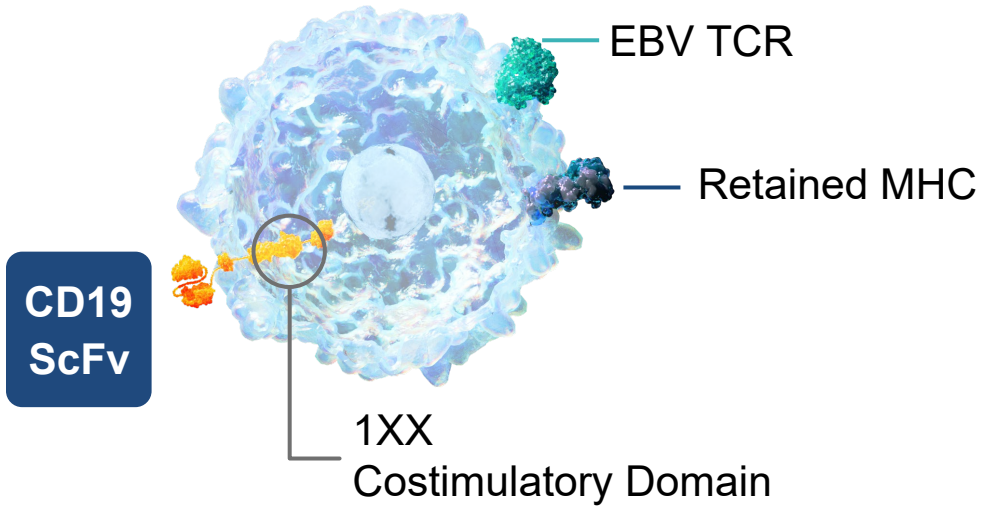
ORR 87%, CR 75% (25M DL1, n=16)[2]

1. Shahid S, Curran K et al., ASH, 2023; 2. Park, JH et al, ASH 2023; 3. Barba, P et al. Poster 439. ASH 2022 Novartis program. 4. Hernandez JC et al, ACR 2023

ATARA BIO®

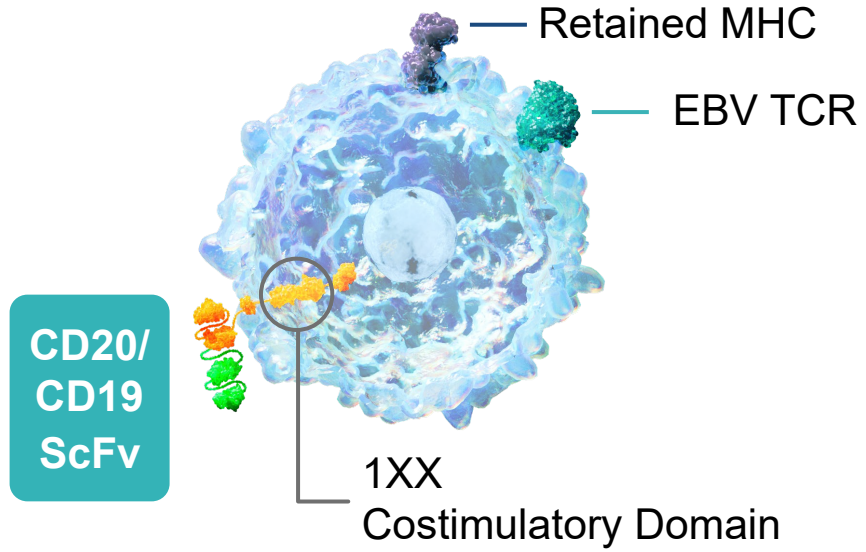
Atara's Allogeneic CAR T Cell Programs Incorporate Clinically Validated Technologies

ATA3219 (CD19 CAR)



Target:
CD19+ B-cell malignancies, Autoimmune

ATA3431 (CD19/20 CAR)



Target:
CD19/CD20+ B-cell malignancies, Autoimmune

ATARA BIO®

ATA3219 in NHL: Opportunity To Compete With a Differentiated Profile Given Limitations With Other CD19-Targeted Therapies

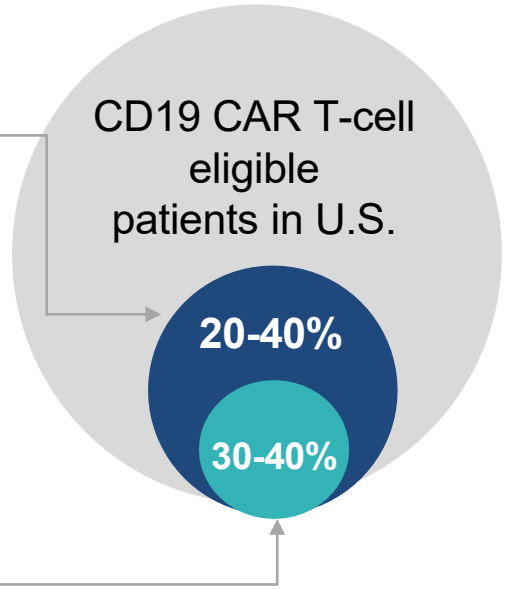
Unmet Need Despite Approved Auto CAR T

Access challenges for auto CAR T

Only ~20-40% of eligible patients receive CAR T therapy[1,2]

Durability challenges for auto CAR T

Only ~30-40% of those who receive autologous CD19 CAR T therapy have durable response at 6 months[3†]



Bispecifics & Allo CAR Yet to Deliver

Efficacy and safety challenges for bispecifics

Risk/benefit profile still challenging (CRS/ICANS), limited tissue penetration, incomplete B-cell depletion, limited durability of remission, and repeated administrations

Durability and persistence challenges for allogeneic CD19 CAR cell therapy

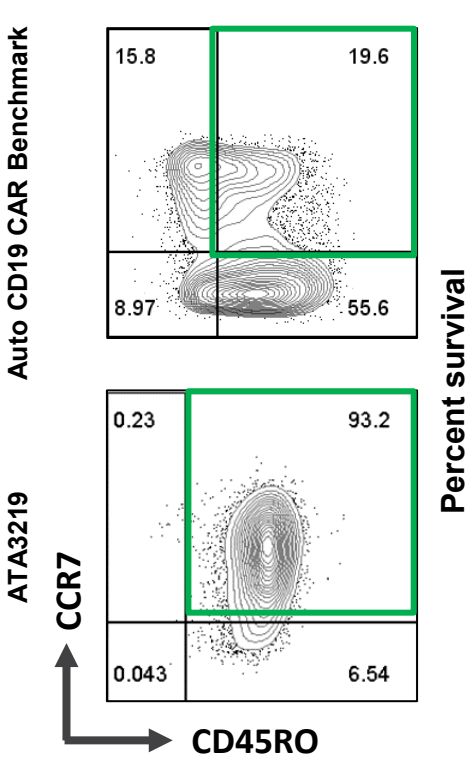
Limited durability of remission with no clinically superior platform

1. Geethakumari PR, et al. Curr Hematol Malig Rep. 2021;16(4):345-356. 2. Schuster SJ. The Lancet. Oncology. 2019; 20(1):2-3. 3. Atallah-Yunes SA, et al. Frontiers in Immunology. 2022; Volume 13. Note: Estimates for 2022 do not include full impact of ongoing 2nd Line CART utilization.
†Estimate derived from PIs of approved auto-CAR T; includes reported and extrapolated information.

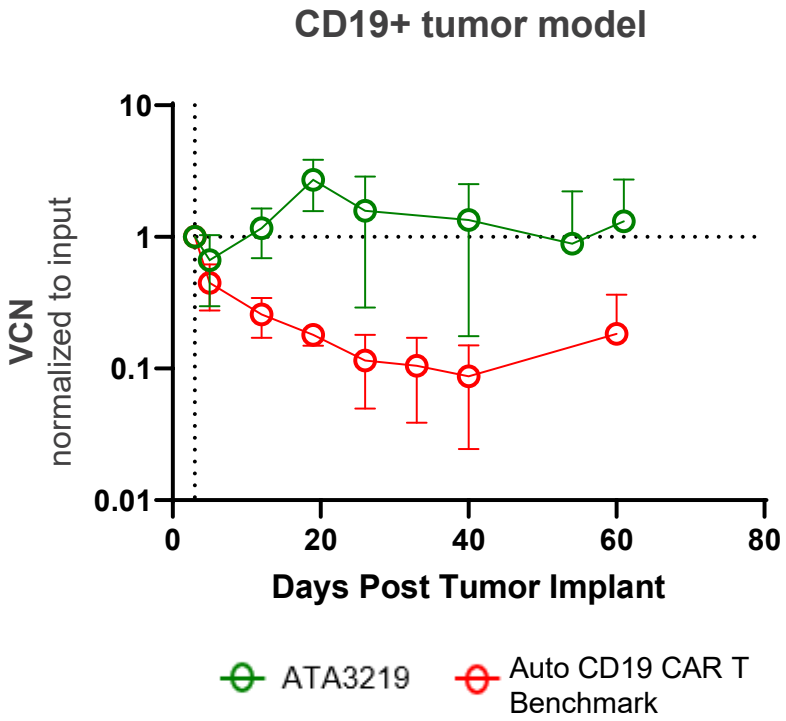
ATARA BIO®

ATA3219 in NHL: Potential "Best-in-Class" Profile with Superior *In Vivo* Persistence & Efficacy Versus Commercial Auto CD19 CAR T Benchmark

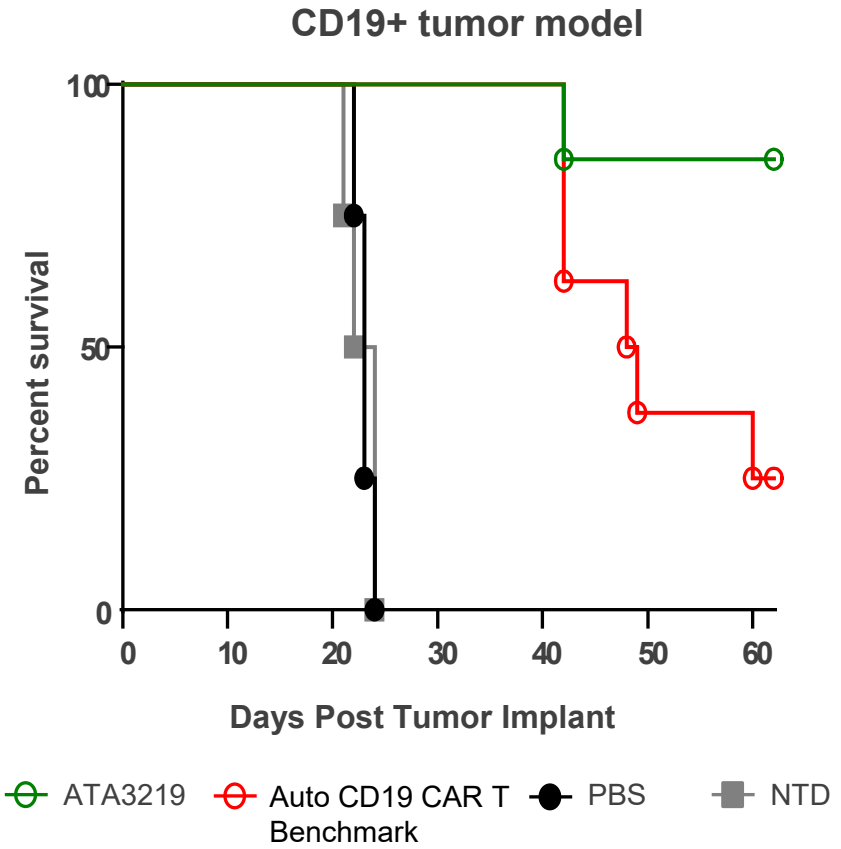
Less Differentiated T Cells for ATA3219



ATA3219 Longer Persistence versus auto CD19 CAR benchmark[1]



ATA3219 Superior Efficacy versus auto CD19 CAR benchmark[1]



1. Pham, C, et al. Abstract presented at Transplantation & Cellular Therapy (TCT) Meetings; 2023. Auto CD19 CAR T benchmark with CD28 and CD3ζ signaling domains.
Note: T-cell infusion on day 3 day after tumor implantation (day 0); infusion timepoint represented as a vertical line on the center graph.

ATARA BIO®

ATA3219 in NHL: Phase 1 Study Designed to Establish "Proof-of-Platform" and Evaluate "Best-in-Class" Potential for Program

FIH study to evaluate platform and enable comparison with other CD19 CAR programs

- Proven CD19 CAR T sensitive populations
- Standard lymphodepletion regimen
- Allow CAR T experienced patients (LBCL)
- Enrollment across U.S. and Australia

ATA3219 in NHL: Study Overview

Study Design:

- Open-label Phase 1 dose escalation and expansion study
  - 3-6 patients treated at 4 dose levels (40, 80, 240, or 480 million CAR+ T cells)
- Retreatment may be allowed with regulatory approval

Inclusion criteria:

- Patients with B-cell NHL, including large B-cell lymphomas (LBCL), follicular lymphoma (FL), or mantle cell lymphoma (MCL)
- Relapsed/refractory after two prior lines of therapy

Key Endpoints:

- Primary
  - Characterize safety and tolerability
  - Determine RP2D
- Secondary
  - Characterize the PK profile
  - Evaluate preliminary efficacy
- Exploratory
  - Assess immunogenicity and other biomarkers

FIH = first in human; RP2D = recommended Phase 2 dose

Our Experience with Allogeneic T Cells Favorably Positions Atara in the Autoimmune CAR T Field

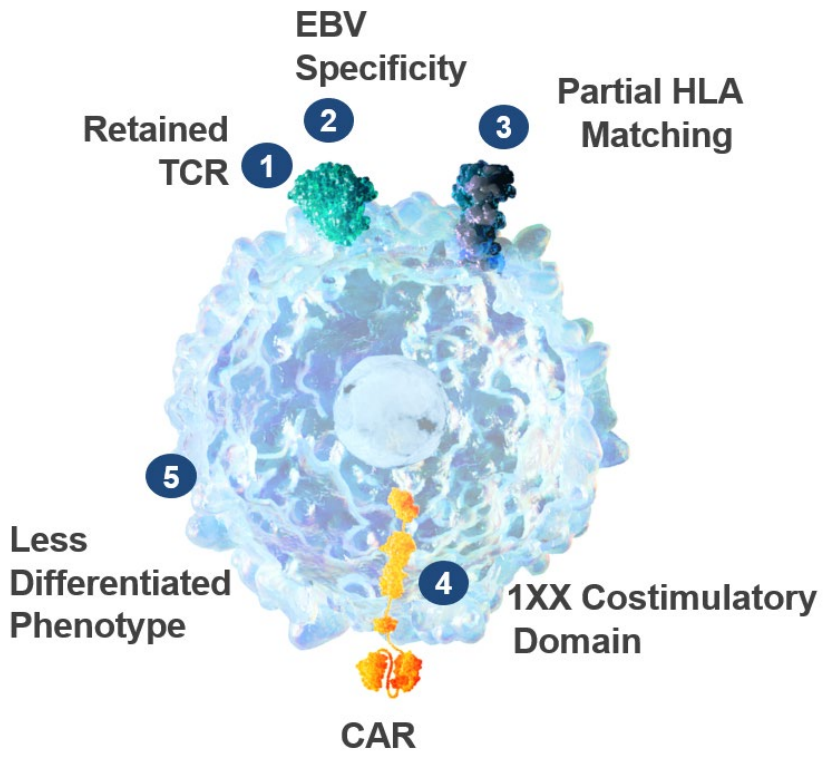
Differentiated Platform

Robust Clinical Data with Platform

Operating Experience

+

CAR T with Clinically Validated Features



Transformative Potential in Autoimmune Diseases

ATARA BIO®

Atara Allogeneic CAR T Programs Support Broad Opportunity for Cell Therapy in Autoimmune Disease

High Unmet Need

- High unmet medical need in multiple indications; standard of care and approved products have limited efficacy; significant scalability limitations and logistical hurdles with autologous
- Lymphodepletion free approaches needed to minimize toxicities, logistical complexities, hospitalization, costs, and enable increased CAR T access for autoimmune patients

Proof of Concept in Lupus

- Compelling validation from autologous CAR T academic study (8/8 patients with >1 year post CAR T cell infusion attaining drug-free remission in Lupus[1]) and emerging industry data

Allo CAR T Opportunity is Open

- No allogeneic CAR product with clinical data in autoimmune disease
- Atara proven safety with allo T cells in >600 patients, including 130 with autoimmune disease (PMS)

Designed to achieve deep B-cell depletion and immune system reset in autoimmune disease

1. Mueller et al, ASH 2023.

PMS = progressive multiple sclerosis

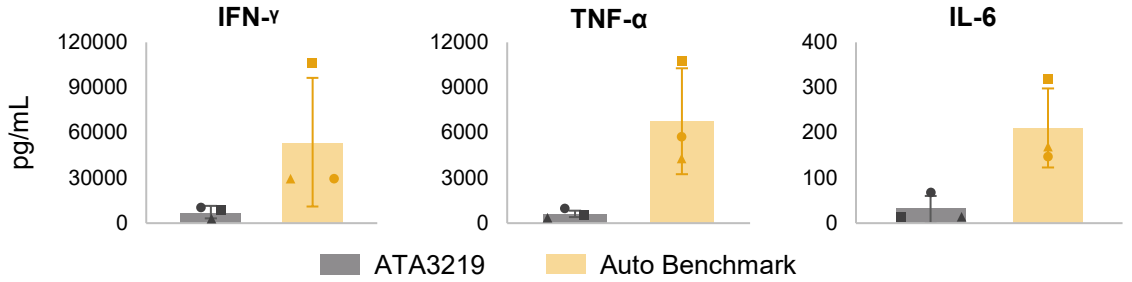
ATARA BIO®

ATA3219 Is Designed to Have a Best-in-Class CAR T Profile in Multiple Autoimmune Diseases

Atara's Differentiated T-Cell Platform + **Allogeneic** = **Potential for Enhanced Efficacy, Tolerability and Patient Access**

- Partial HLA matching
- EBV specific TCR with favorable safety in 600+ patients
- Memory phenotype
- 1XX costim domain
- αβ T cells
- Tab-cel clinical data demonstrates efficacy in cell therapy treatment with no LD

- Off-the-shelf availability simplifies treatment
- Scaled-up manufacturing to address large populations
- No apheresis
- Lower COGS
- Healthy starting cells



Preclinical data shows lower levels of pro-inflammatory cytokines vs autologous benchmark[1]

Atara pioneered allogeneic T-cell therapy with no lymphodepletion

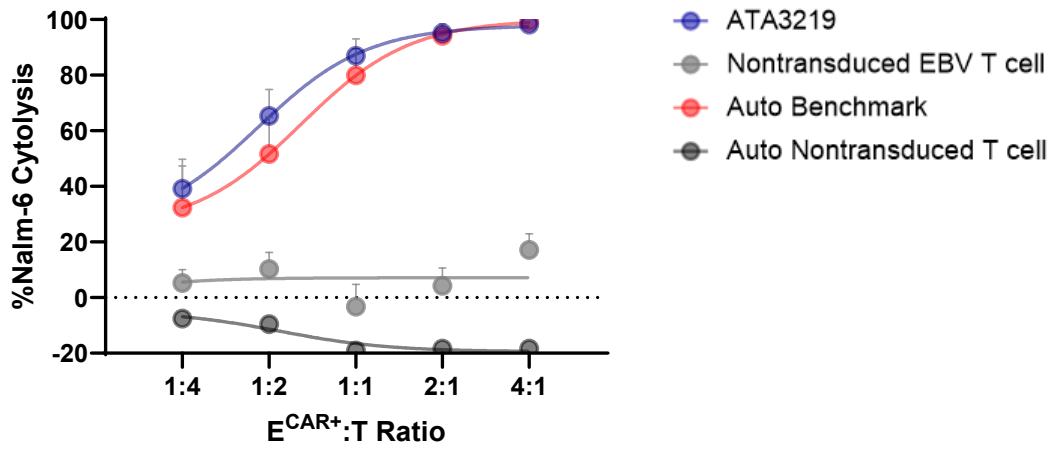
1. Brito, A, et al. Poster presented at ISCT. 2024

ATARA BIO®

ATA3219 Maintains Comparable Cytotoxic Function With Reduced Inflammatory Cytokine Release Compared to Auto CD19 CAR T Benchmark

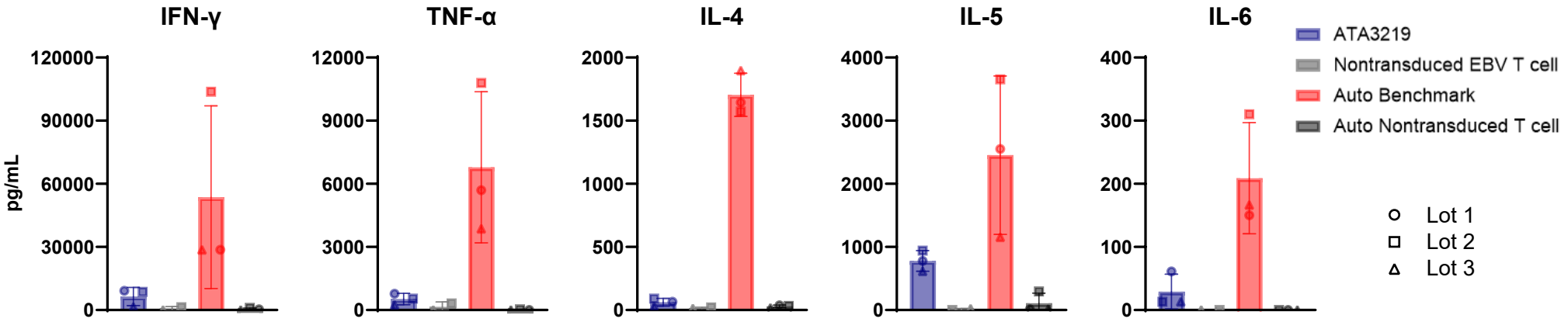
% Cytolysis

CD19-specific cytotoxic activity



Cytokine Release

Reduced inflammatory cytokine release



ATA3219 and auto benchmark CAR T cells generated from the same three donors were co-cultured with Nalm-6 cells at a 3:1 E:T ratio for 24 hours. Supernatants were harvested and cytokine release was measured

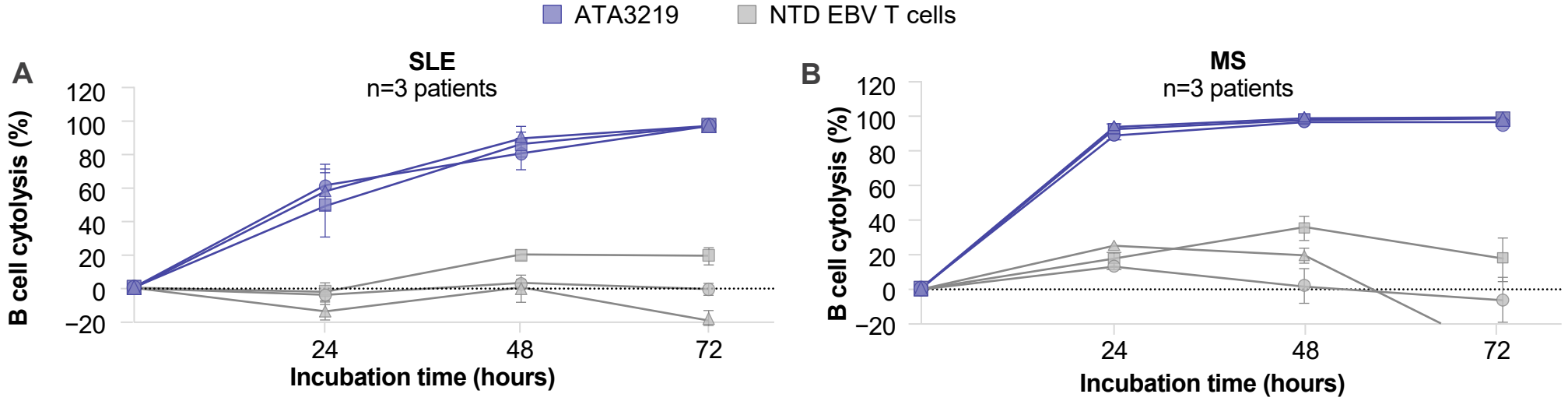
Brito, A, et al. Poster presented at ISCT. 2024
Data represents mean and standard error of mean (SEM) across 3 different ATA3219 lots and non-transduced controls

ATARA BIO®

ATA3219 Mediates Complete B-Cell Depletion Against SLE and Multiple Sclerosis Patient Derived Immune Cells

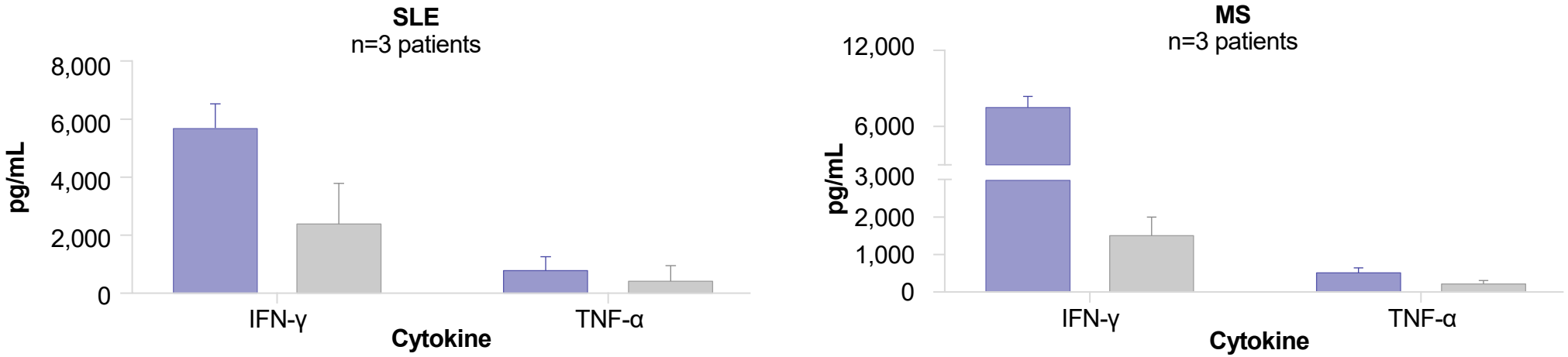
% Cytolysis

Against third-party (A) SLE and (B) MS patient PBMCs



CAR-Specific Cytokine Release

Against third-party (A) SLE and (B) MS patient PBMCs



Brito, A, et al. Poster presented at ISCT. 2024

ATARA BIO®

ATA3219 in Lupus Nephritis: Phase 1 Study Designed Similar to Academic Case Series for Rapid Readout to Support Further Development

FIH study to determine optimal dose while establishing preliminary safety and efficacy

- Initial focus on indication with most proof points[1] with clear short-term endpoints in lupus nephritis (LN)
- Lymphodepletion and outcome measures similar to academic case series[1]

ATA3219 in Lupus Nephritis: Study Overview

Study Design:

- Open-label Phase 1 dose escalation and expansion study
  - 3-6 patients treated at 3 dose levels (40, 80 or 160 million CAR+ T cells)
- Retreatment may be allowed with regulatory approval

Inclusion criteria:

- Patients with SLE, class III-IV +/- class V LN
- Refractory LN in patients having received 1 or more lines of therapy for LN[2]

Key Endpoints:

- Primary
  - Characterize safety and tolerability
  - Determine RP2D
- Secondary
  - Characterize the PK profile
  - Evaluate preliminary efficacy
- Exploratory
  - Assess immunogenicity and other lupus related biomarkers

FIH = first in human; RP2D = recommended Phase 2 dose

1. Mackensen et al, 2022; Mueller et al, ASH 2023
2. Must have included mycophenolate mofetil (MMF), mycophenolic acid (MPA), or cyclophosphamide

ATA3219 in Lupus: Plan to Initiate a New Cohort in Severe SLE Without Lymphodepletion in Q4 2024

EBV T Cell

- αβ **T-cell:** Same T-cell type as proven commercial autologous CAR Ts
- **Retained TCR:** T-cell survival signal contributing to persistence[1-3]
- **Specificity:** Low GvHD risk due to TCR recognition of EBV viral antigens
- **Tab-cel data:** Expansion and persistence without LD[4]

Partial HLA Matching

- **Retained MHC:** Partial HLA matching limits host versus graft rejection[5]
- **Atara platform data:** Favorable safety profile seen in 600+ patients treated without lymphodepletion

Additional Features

- **1XX costimulatory domain:** Optimizes potency and expansion and mitigates exhaustion[6]
- **Less differentiated phenotype:** Contributes to potency and durability of clinical response
- **ATA3219 data:** Less inflammatory cytokines in pre-clinical model versus benchmark autologous CD19 CAR T[7]

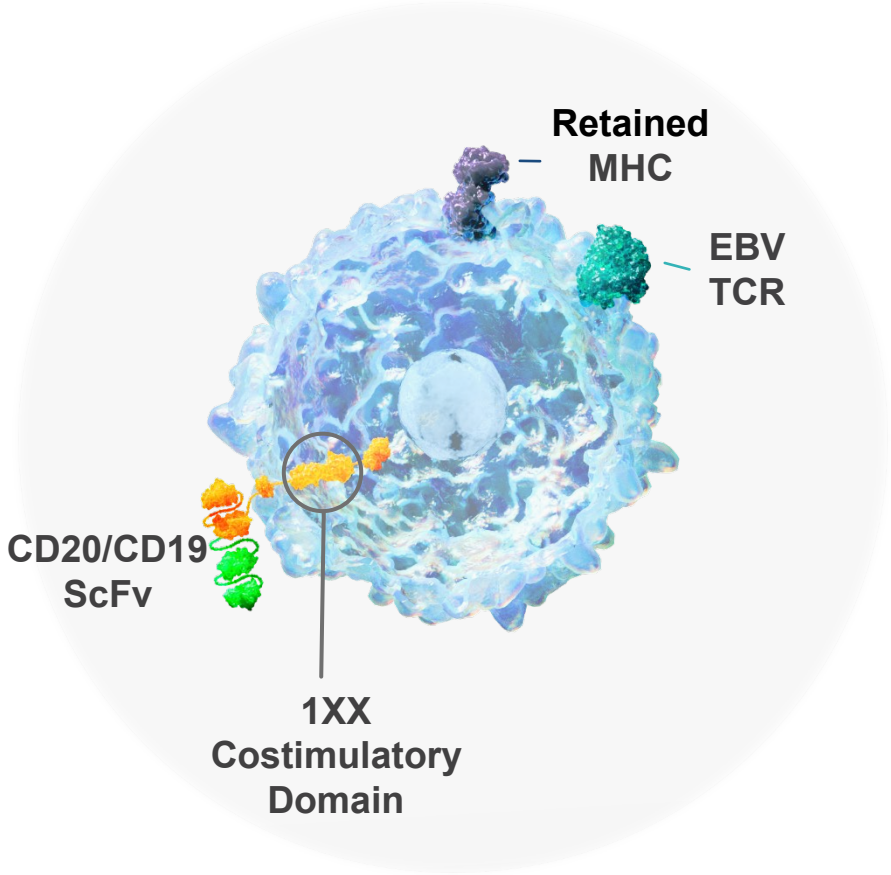
Achieving immune reset without lymphodepletion could improve tolerance and facilitate patient access

LD = lymphodepletion; HLA = human leukocyte antigen

1. Tanchot et al, Science 1997. 2. Myers et al, Trends Immunology 2017. 3. Polic et al, PNAS 2001. 4. Atara clinical experience; Prockop et al, JCI 2020.
5. Atara Data on file ATA129-EBV-302 Ph3 (DCO 9OCT2023). 6. Feucht et al, Nature Medicine, 2018. 7. Brito, A, et al. Poster presented at ISCT. 2024.

ATARA BIO®

ATA3431: Off-the-Shelf Allogeneic CD19/CD20 CAR T Program Progressing Toward IND Submission in H2 2025



- Targeting CD19 and CD20 **reduces probability of relapse** due to CD19 antigen loss, hypothesized to be a major cause of treatment resistance or disease relapse after CD19 CAR T treatment
- Targeting CD19 and CD20 provides **potential incremental efficacy benefit** and 1XX co-stimulation for **enhanced persistence**
- Autologous CD19/CD20 dual CAR Ts have shown **promising efficacy** and **safety** in clinical trials (IMPT-314; C-CAR039[1])
- ATA3431 preclinical data demonstrates a competitive profile based on **potent** antitumor activity, **long-term** persistence, and **superior** tumor growth inhibition

Positive preclinical data presented at American Society of Hematology meeting in December 2023[2]

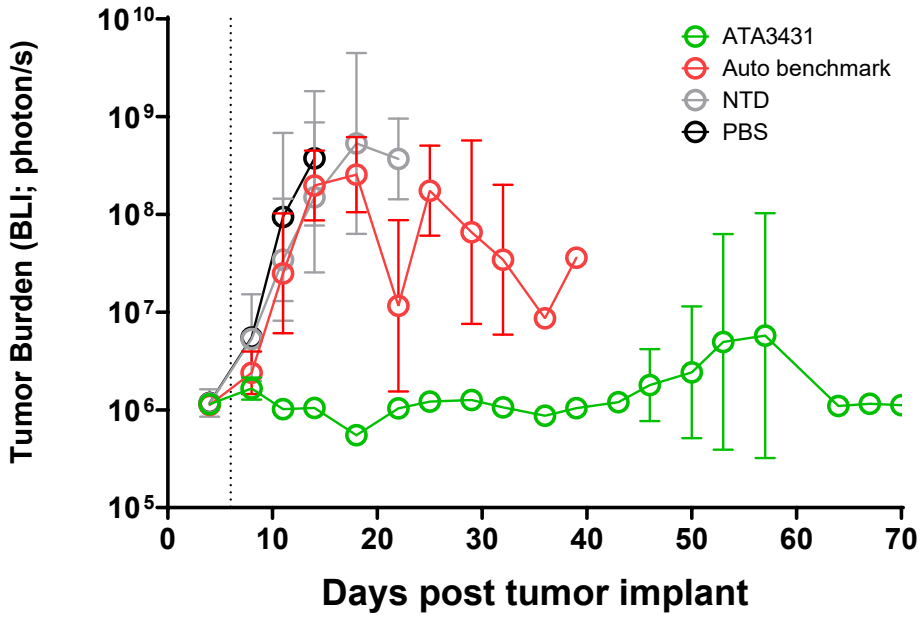
1. Li, P, et al. C-CAR039, a Novel Anti-CD20/CD19 Bi-Specific CAR T-Cell Therapy Shows Deep and Durable Clinical Benefits in Patients with Relapsed or Refractory (r/r) B-Cell Non-Hodgkin Lymphoma (B-NHL) in Long Term Follow up. ASH 2023. 2. Cha, S et al. Poster 4800. ATA3431: Allogeneic CD19/CD20 Bispecific CAR EBV T Cells for the Treatment of B-Cell Malignancies. ASH 2023.

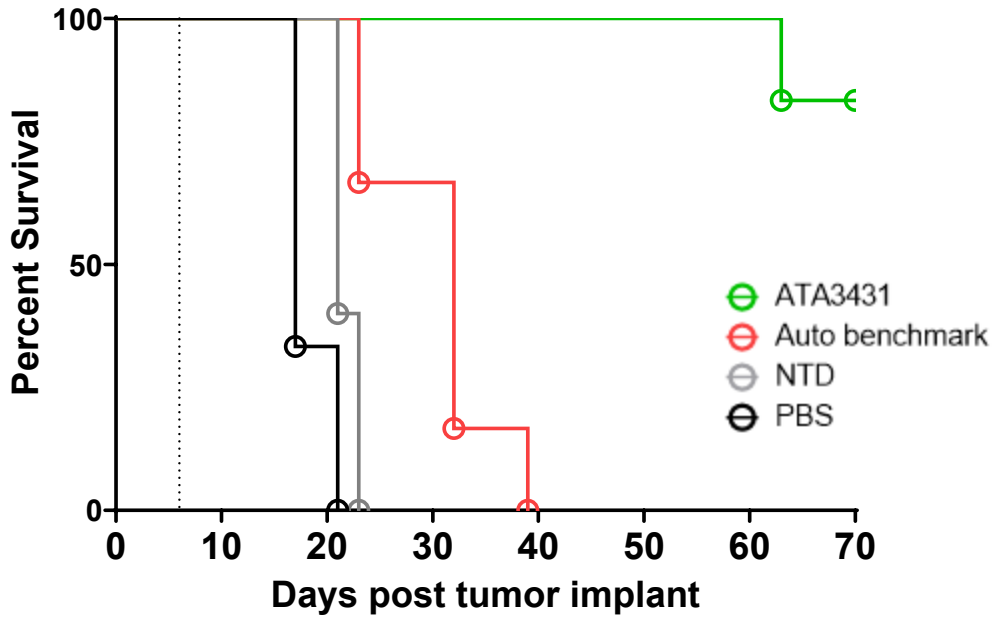
ATARA BIO®

ATA3431: Compelling Proof-of-Concept and Competitive Profile

Greater Anti-Tumor Efficacy vs CD19/CD20 Autologous Benchmark

Challenging CD19^{low} / CD20^{+} Raji model





ATA3431 progressing toward IND submission in H2 2025

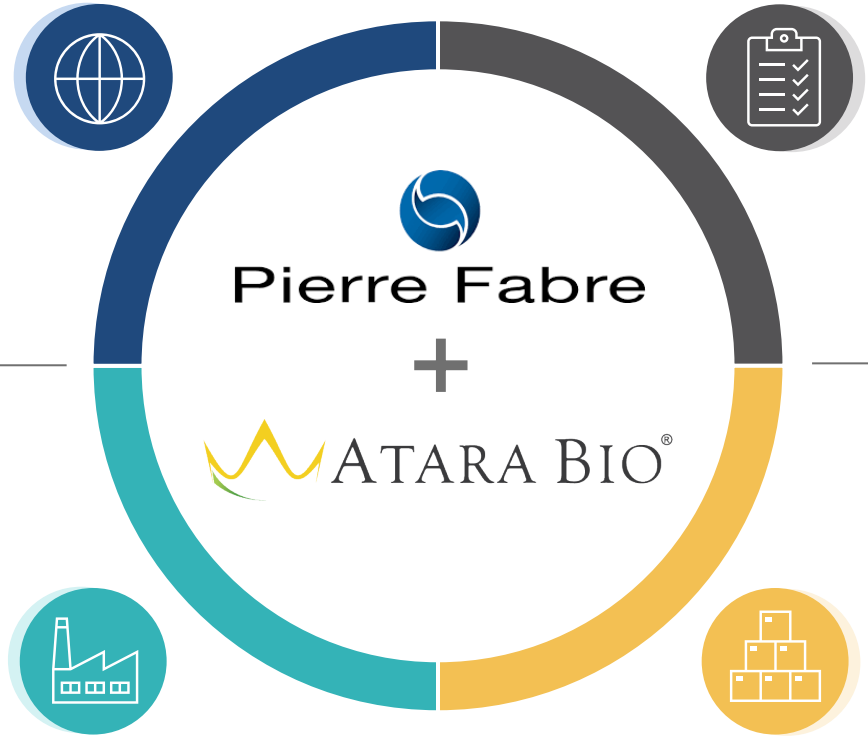
Cha, S et al. Poster 4800. ATA3431: Allogeneic CD19/CD20 Bispecific CAR EBV T Cells for the Treatment of B-Cell Malignancies. ASH 2023.

ATARA BIO®

Expanded Global Tab-cel® Partnership With Pierre Fabre Laboratories

Pierre Fabre Laboratories license for tab-cel global development, manufacturing and commercialization, with **up to $640 million** in potential consideration and **significant double-digit tiered royalties**

Atara received **~$27 million** following closing, **$20 million** following positive pre-BLA meeting and expects to receive additional **$80** million in potential regulatory milestones through BLA approval



Substantially all tab-cel **clinical, regulatory and manufacturing activities planned to transfer to Pierre Fabre Laboratories** at time of BLA transfer

Pierre Fabre Laboratories to **reimburse Atara for tab-cel global development costs** through BLA approval, and **purchase manufactured tab-cel inventory** through BLA transfer

Partnership will expand reach of tab-cel's life-saving potential to patients worldwide and provide future revenues for Atara

ATARA BIO®

Tab-cel BLA Submitted in Q2 2024 Based on Strong Clinical File and Positive Pre-BLA Meeting

The BLA is supported by pivotal and supportive data covering more than 430 patients treated with tab-cel across multiple life-threatening diseases

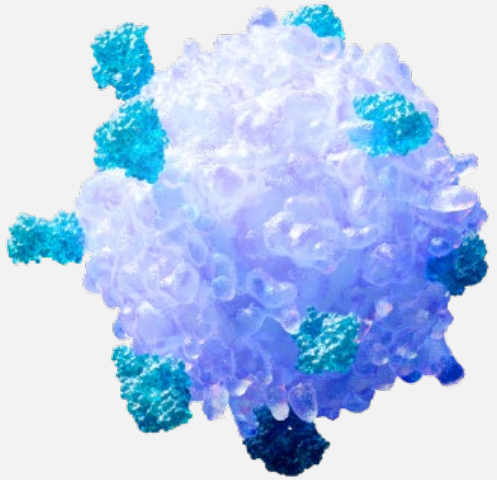
- The latest pivotal ALLELE study data demonstrated a statistically significant 48.8% Objective Response Rate ($p<0.0001$) and favorable safety profile consistent with previous analyses

Unique approach to address rare and highly fatal cancer

- FDA Breakthrough Therapy Designation
- Orphan Drug Designation
- R/R EBV+ PTLD patients face a poor prognosis with median survival of only weeks to months
- No approved treatment options available

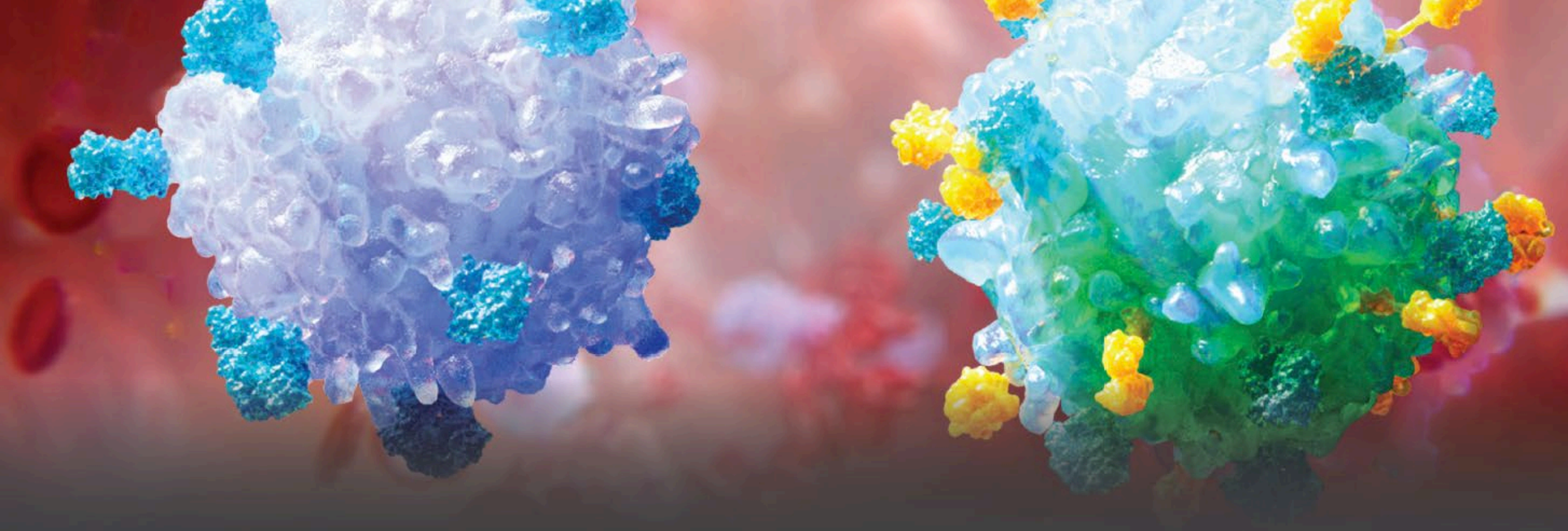
Attractive Ultra-Rare Disease Market

- Few hundred patients per year in both U.S. and EU markets
- Potential label-expanding EBVision multi-cohort Phase 2 study enrolling
- Significant pricing potential with >$500M in peak sales estimated



ORR – Objective Response Rate; DOR – Durability of Response; OS – Overall Survival

*Indication pursued as monotherapy for treatment of adult and pediatric patients two years of age and older with Epstein-Barr virus positive post-transplant lymphoproliferative disease (EBV+ PTLD) who have received at least one prior therapy. For solid organ transplant patients, prior therapy includes chemotherapy unless chemotherapy is inappropriate



THANK YOU

Nasdaq: ATRA

ATARA BIO®