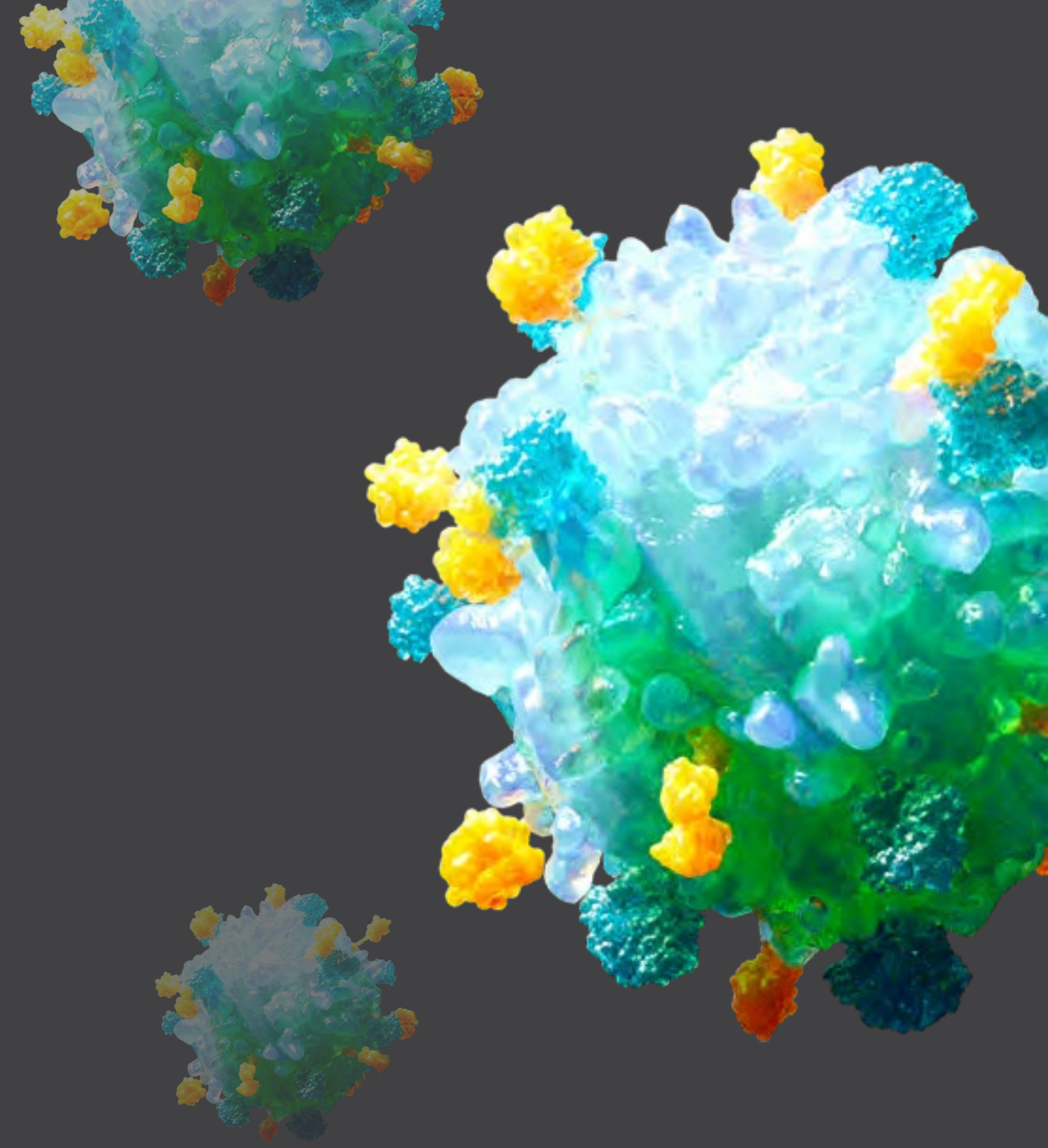
ATARA BIO®

INVESTOR PRESENTATION
Q3 2024

NOV 12, 2024

Nasdaq: ATRA



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ATARA IS THE FIRST TO DELIVER ON THE TRANSFORMATIVE POTENTIAL OF ALLOGENEIC T-CELL THERAPY

First Company to Obtain Regulatory Approval for an Allogeneic T-cell Immunotherapy

Tab-cel® U.S. BLA On-track with Priority Review and Jan 15, 2025 PDUFA date

Ebvallo™ approved by EMA in December 2022

Near-Term Milestones With ATA3219, A Differentiated Allogeneic CD19 CAR T Cell Incorporating Clinically-Validated Technologies

First patient dosed in relapsed/refractory B-cell NHL trial with initial data anticipated Q1 2025

ATA3219 lupus nephritis and extrarenal systemic lupus erythematosus study initiation expected by end of year; initial clinical data expected mid-2025

Cash Runway into 2027 Enables Key Pipeline Readouts

Note: Cash runway dependent upon the successful approval of tab-cel BLA and other assumptions

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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						**Q1 2025:** Initial NHL Ph 1 clinical data expected
ATA3219 (Autoimmune)	Lupus Nephritis (LN)	CD19						**Mid-2025:** Initial LN Ph 1 clinical data expected
	Extrarenal Systemic Lupus Erythematosus (SLE) without lymphodepletion							**Mid-2025:** Initial SLE Ph 1 clinical data expected
ATA3431	B-cell malignancies	CD19/CD20						IND targeted for **Q4 2025**
	Autoimmune disease							
Tab-cel® or Ebvallo™ (tabelecleucel)	RR EBV+ PTLD following HCT and SOT*	EBV		ALLELE Study			EU Approved	BLA Accepted: PDUFA **Jan 15, 2025**
	Multi-Cohort (Label-Expansion): EBV+ cancers(1)	EBV		EBVision Study				Ongoing enrollment

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

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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 under review by 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

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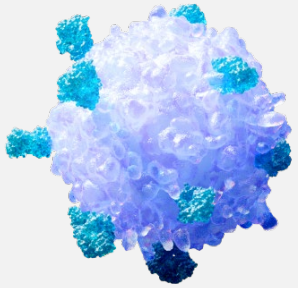
Innovating Next-Gen CAR T Leveraging the Only Allogeneic T-cell Platform With an Approved Product

Allogeneic EBV T-Cell (EBVALLO™)

Healthy Donor Cells

Manufacturing

EBV TCR

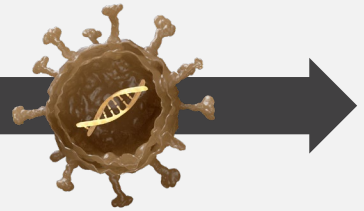


EBV T Cell

- ✓ 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

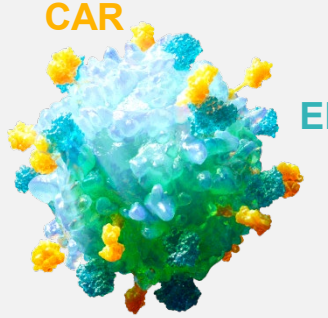
Chimeric Antigen Receptor



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

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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

- Time consuming, extra logistics, requirement to stop treatment

Lymphodepletion

- Chemotherapy side effects
- Infection risk
- Safety risks in women of child-bearing age
- Genotoxic
- Added cost and complexity

CAR T Treatment

- 2-5 weeks-long process to engineer and deliver autologous CAR T cells
- 30+ minute infusion

Post Infusion Monitoring

- 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)

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

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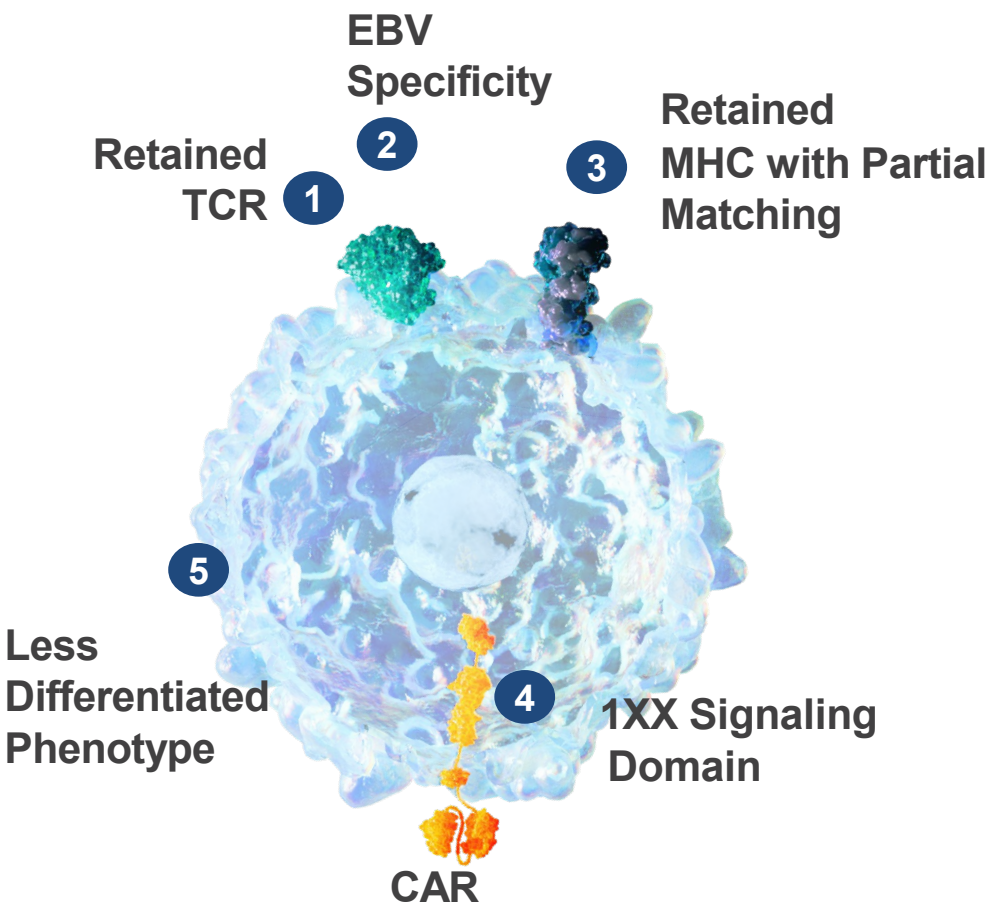
Atara's CAR T Platform Closely Retains Autologous T-Cell Biology While Offering the Benefits of an Allogeneic Approach

Atara's Allogeneic CAR T Platform



Addressing Key Challenges

***Challenge**: Graft vs Host Disease (GvHD) and Allorejection*

Atara Approach:

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. **Retained MHC with Partial Matching:** Enables allogeneic approach that avoids host versus graft rejection[4,5]

***Challenge:** Exhaustion, Diminished Persistence, and Inflammatory Response*

Atara Approach:

4. **1XX Signaling Domain:** Novel CD3ζ signaling domain[6] optimizes potency, expansion and mitigates T-cell exhaustion while modulating activation

5. **Less Differentiated Phenotype:** αβ T-cell manufactured with less differentiated phenotype contributes to potency and moderates *in vivo* expansion of CAR-T cells, translating to potentially less severe inflammatory reactions

TCR = T-cell receptor; MHC = major histocompatibility complex; αβ = alpha beta

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

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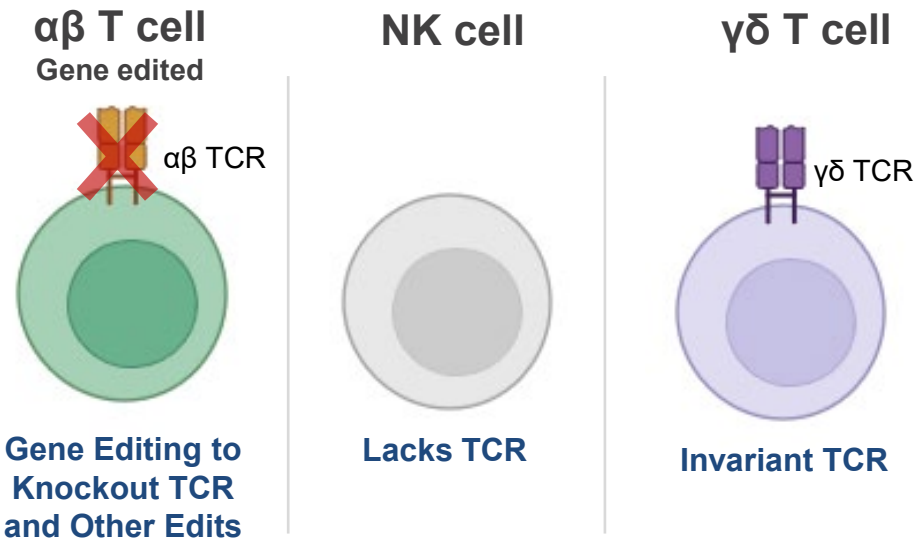
Atara's CAR T Platform Offers Unique Advantages Versus Other Allogeneic Approaches in the Field



- 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

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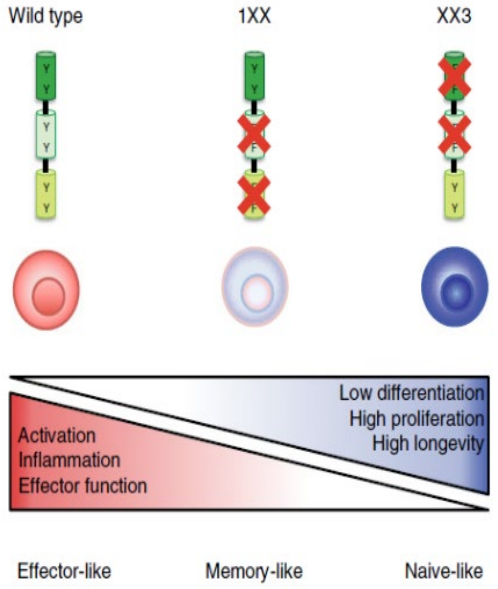
Novel 1XX Signaling Domain Proof of Concept in Both Oncology and Lupus Models

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 signaling domain (1XX), including two inactivating ITAM mutations, drives physiologic levels of signaling[2]

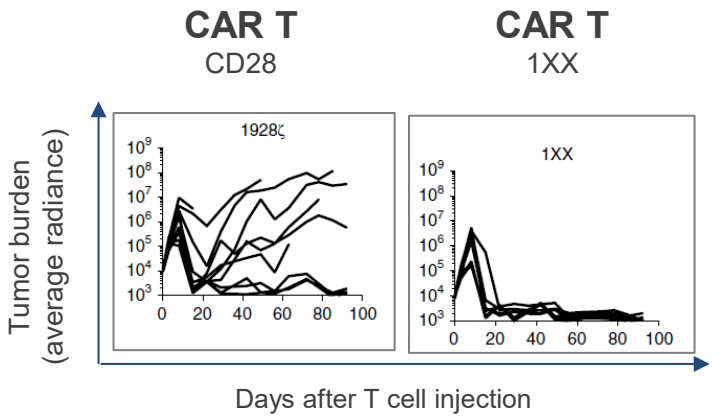
- ✓Avoids activation-induced cell death
- ✓Reduces cytokine release syndrome
- ✓Improves persistence



1XX Pre-Clinical Proof Points

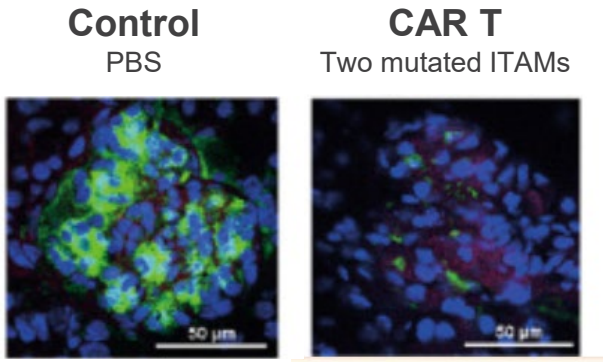
Oncology:

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

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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 Signaling 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

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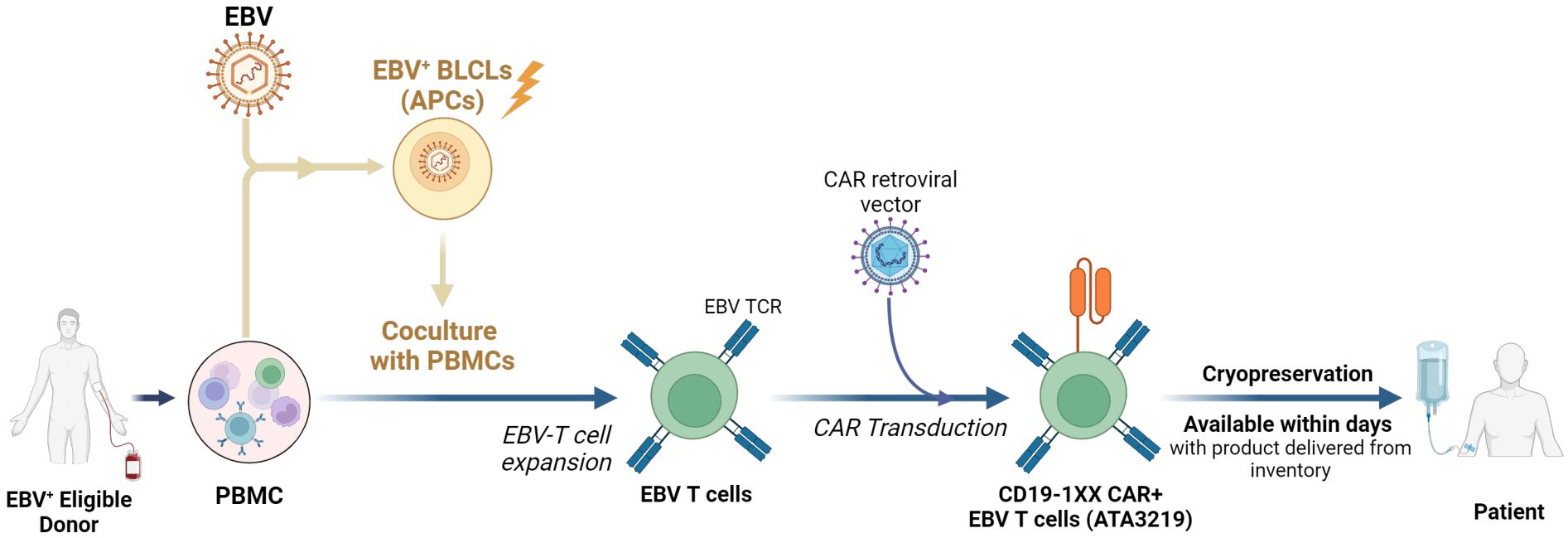
Atara's Allogeneic CAR-T Manufacturing Process Leverages Commercial Manufacturing Process for Tab-cel

1. **Expose PBMCs to EBV to produce EBV presenting B cells (EBV⁺ BLCL)**
2. **Coculture PBMCs with EBV⁺ BLCL resulting in EBV T-cell expansion**
3. **Transduce EBV specific T cells with CAR viral vector**
4. **Store CAR T vials, ready to deliver to patient**



EBV = Epstein-Barr Virus; PBMC = peripheral blood mononuclear cell; BLCL = B lymphoblastoid cell line; APCs = antigen presenting cells

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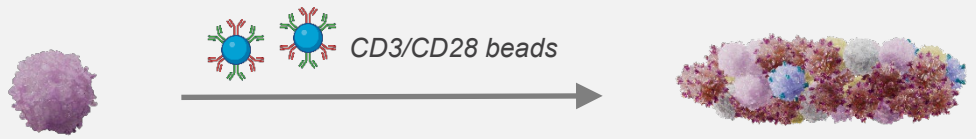
Atara's EBV T-Cell Manufacturing Process Creates Defined TCR with EBV Specificity to Help Prevent Off-Target Binding and Alloreactivity

Standard Industry Manufacturing Process



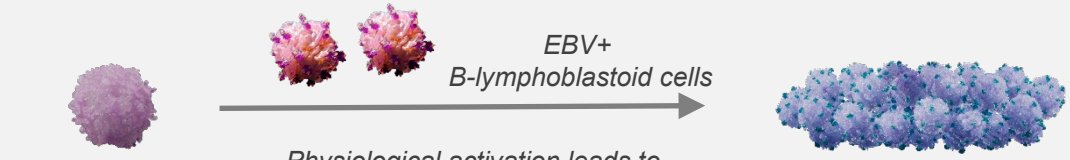
Large TCR repertoire

High Diversity

Low Clonality

Higher risk of recognizing non-self antigens and **higher alloreactivity**

Atara EBV T-Cell Manufacturing Process



Narrow TCR repertoire

Low Diversity

High Clonality

Focused T-cell composition helps **reduce off-target** binding and **mitigates** alloreactivity

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Atara's CAR T Platform is Supported by Validated Manufacturing Approach

Robust Allogeneic T-Cell Manufacturing Platform

- Process utilizes natural T-cell biology and avoids need for gene editing
- Leverages tab-cel manufacturing process, validated with approval in Europe and the BLA acceptance with Priority Review in U.S.
- Utilizes healthy donors which allows for reliable supply of starting material

Scalable Manufacturing Process

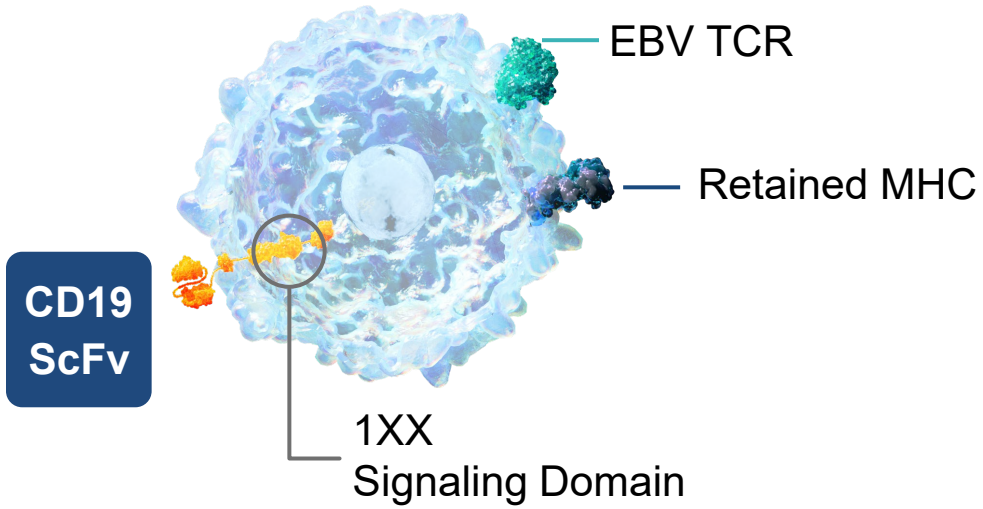
- Process scalability expected to achieve thousands of doses per leukopak and biologic-like cost of goods
- Clinical inventory provides >95% patient coverage for U.S. population
  - >92% coverage in minority populations of African American, Hispanic, Pacific Islander, and Asian patients

Established Global Supply and Logistics Process

- Experience distributing product to over 600 patients in U.S., Canada, Europe and Australia
- Atara selects product from inventory within 24 hours for rapid delivery to the treatment site

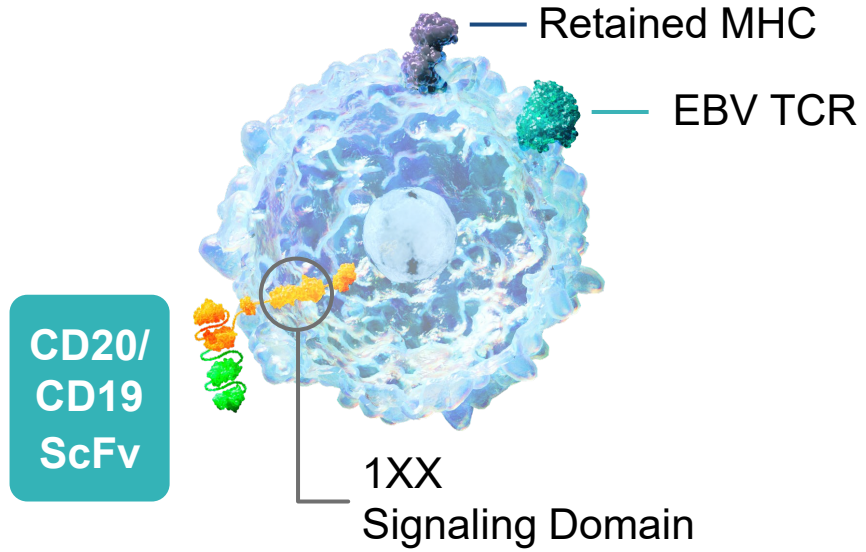
Atara's Allogeneic CAR T Cell Programs Incorporate Clinically Validated Technologies

ATA3219 (CD19 CAR)



Target:
CD19+ B-cell malignancies, Autoimmune

ATA3431 (CD19/20 CAR)



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

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

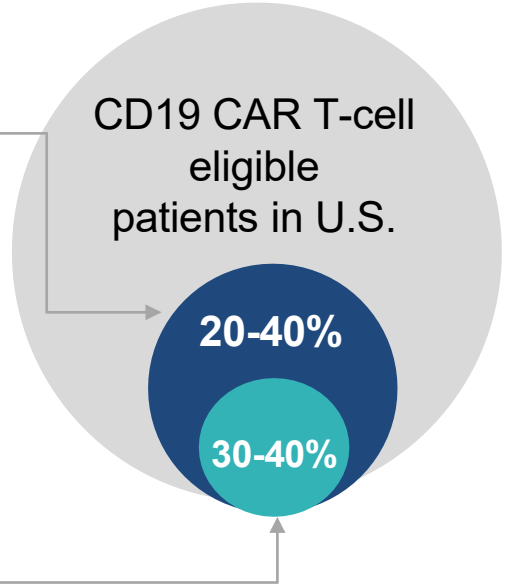
Unmet Need Despite Approved Auto CAR T

Access challenges for auto CAR T

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

Durability challenges for 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.

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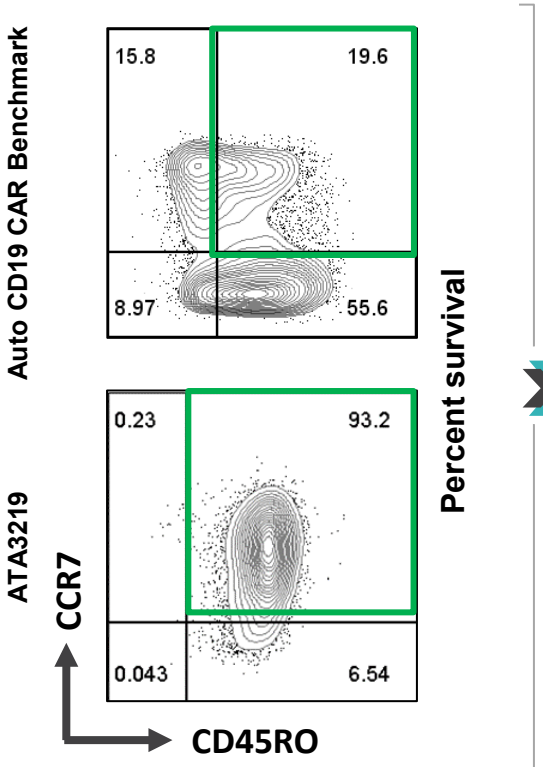
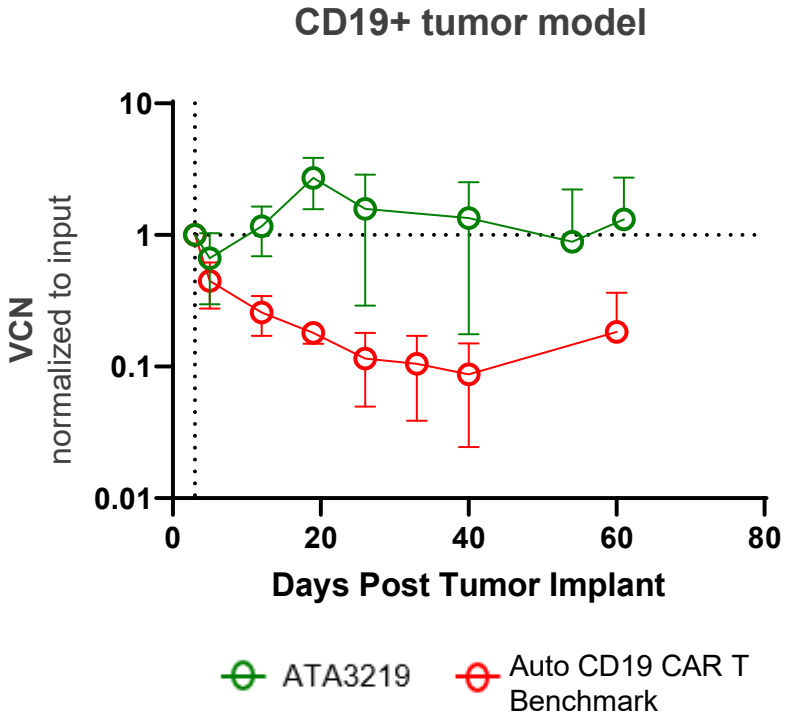
ATA3219 in NHL: Potential "Best-in-Class" Profile with Superior *In Vivo* Persistence & Efficacy Versus Commercial Auto CD19 CAR T Benchmark

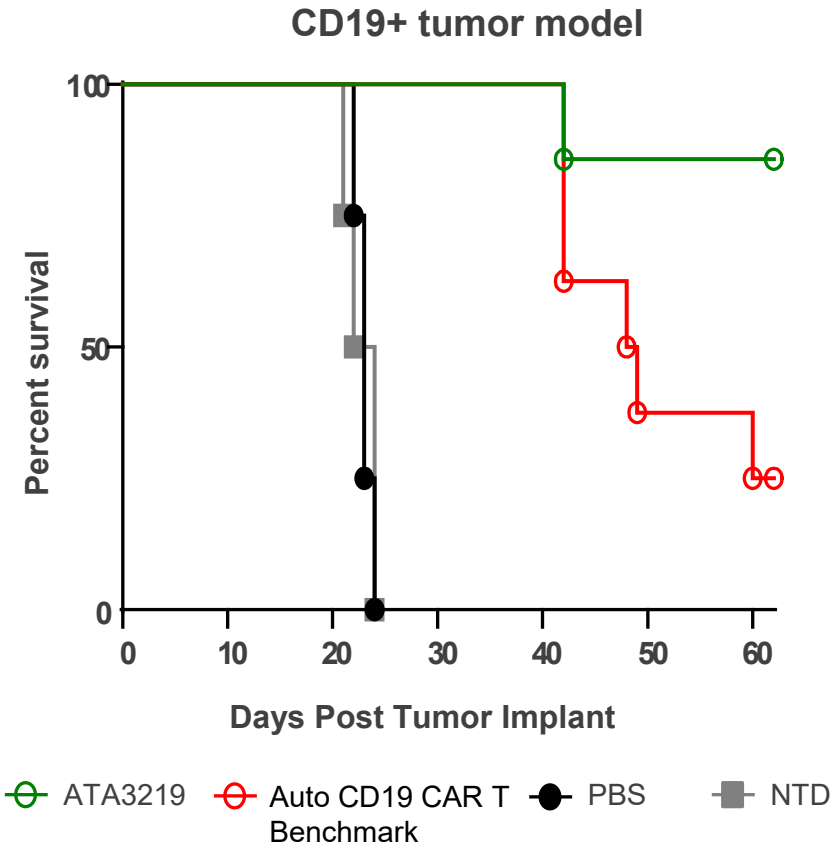
Less Differentiated T Cells for ATA3219



ATA3219 Longer Persistence versus auto CD19 CAR benchmark[1]



ATA3219 Superior Efficacy versus auto CD19 CAR benchmark[1]



NTD = non-transduced; PBS = Phosphate-buffered saline

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.

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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

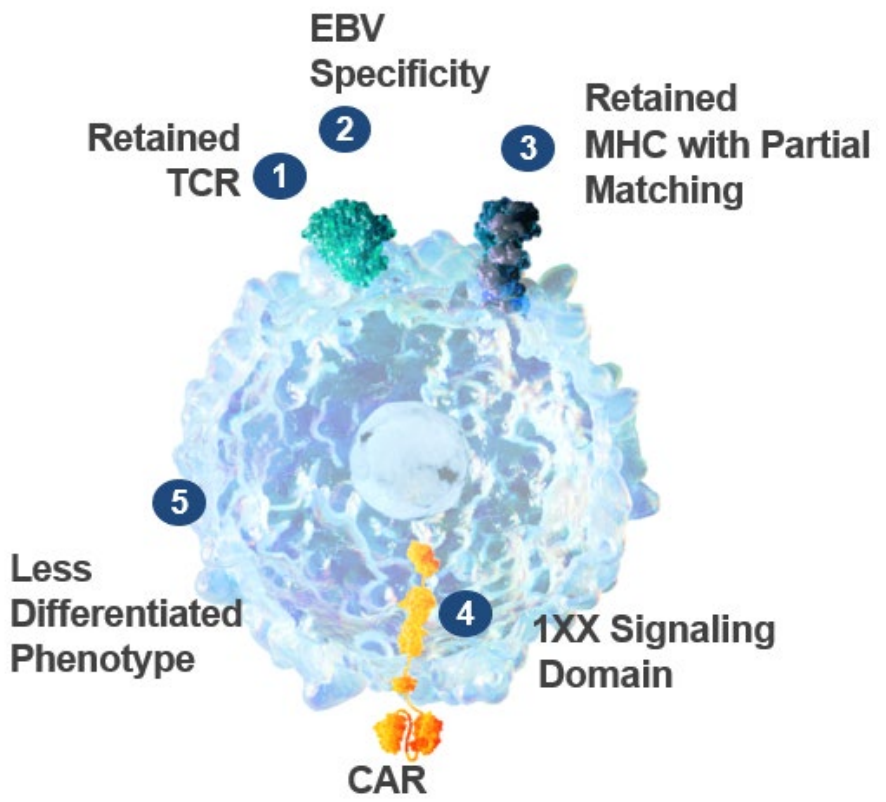
Differentiated Platform

Robust Clinical Data with Platform

Operating Experience

+

CAR T with Clinically Validated Features



Transformative Potential in Autoimmune Diseases

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SLE: High Unmet Need and Opportunity for CAR T Therapy

High Unmet Need in Systemic Lupus Erythematosus (SLE)

- SLE is a chronic autoimmune inflammatory disease affecting multiple organs, with heterogeneity of clinical symptoms and disease severity making it difficult to treat[1]
- Unmet needs include uncontrollable disease, recurrent flares, need for long-term immunosuppressive treatment, increased rates of infections, damage accrual that impairs quality of life, and diminished long-term survival[2]

Targeting B Cells with CAR T Therapy to Achieve Remission

- B cells play a pivotal role in the pathogenesis of SLE[2]
- In an academic study of autologous CAR T cell therapy in lupus, 8/8 patients with >1 year post CAR T therapy follow up achieved durable, drug free remission[3]
- Lymphodepletion free approaches needed to minimize toxicities, logistical complexities, hospitalization, costs, and enable increased CAR T access for autoimmune patients

ATA3219: Designed to achieve deep B-cell depletion and immune system reset in lupus

1. Katarzyna, PB. et al. Current treatment of systemic lupus erythematosus: a clinician's perspective. Rheumatol Int 43, 1395–1407 (2023).; 2. Yemil Atisha-Fregoso et al. Meant to B: B cells as a therapeutic target in systemic lupus erythematosus. J Clin Invest. 2021; 3. Mueller et al, ASH 2023.

The Goal of CAR T Mediated B-Cell Depletion Is Drug-Free and Long-Term Responses for SLE Patients

B- cell depletion

CAR T penetrates deep into tissues and rapidly depletes pathogenic CD19+ B cells

Immune system reconstitution

Immunological “reset” and reconstitution of naïve B cells lacking the autoreactive B-cell clones

Achieve remission

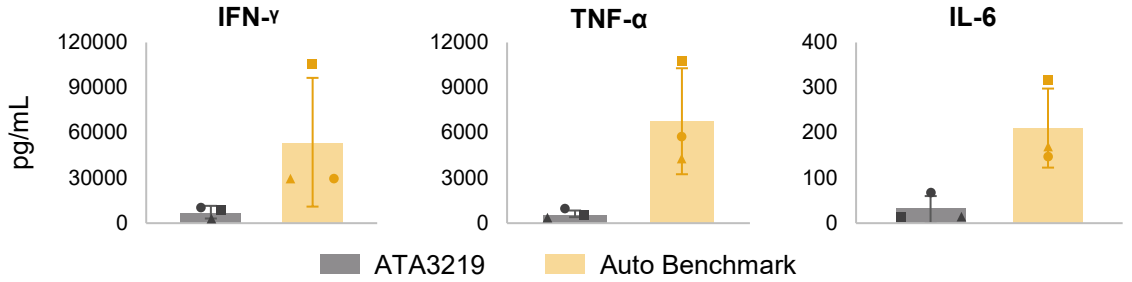
Reversal of disease and ability to achieve stable, long-term drug-free remission

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 signaling 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

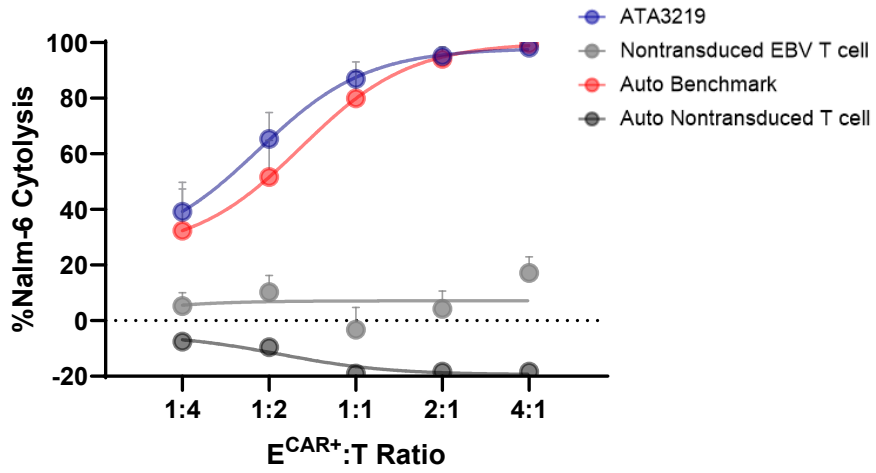
1. Brito, A, et al. Poster presented at ISCT. 2024

ATARA BIO®

ATA3219 Shows Comparable Cytotoxic Potency and Favorable Inflammatory Profile Versus Autologous CD19 CAR T Benchmark

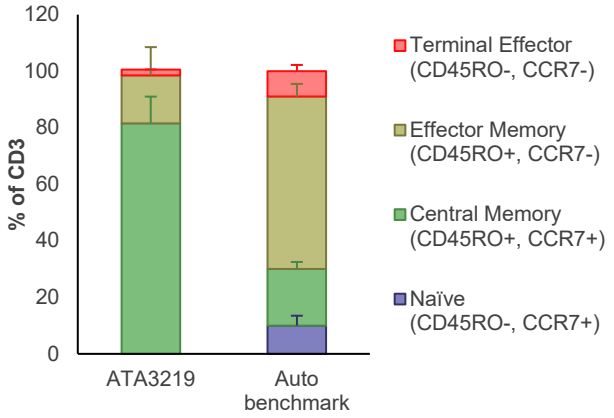
% Cytolysis

CD19-specific cytotoxic activity



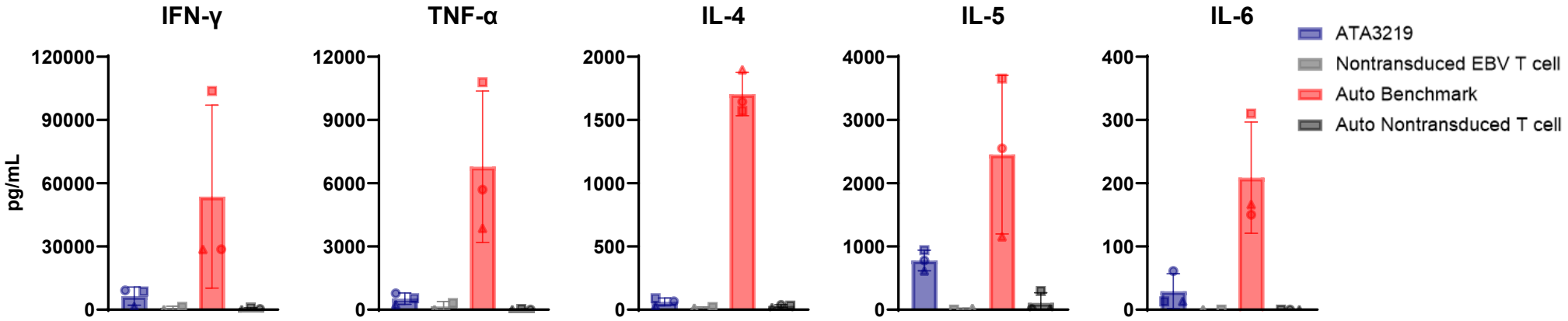
Cell Phenotype

Maintained a robust central memory population



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

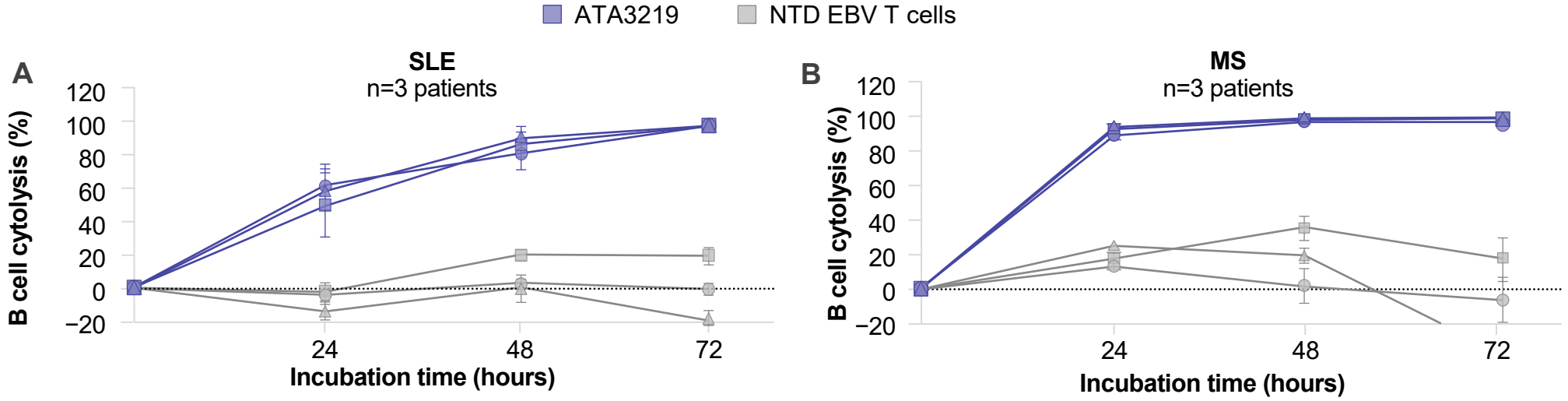
Brito, A, et al. Poster presented at ISCT. 2024. Data represents mean and standard error of mean (SEM) across 3 different ATA3219 lots and non-transduced controls

ATARA BIO®

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

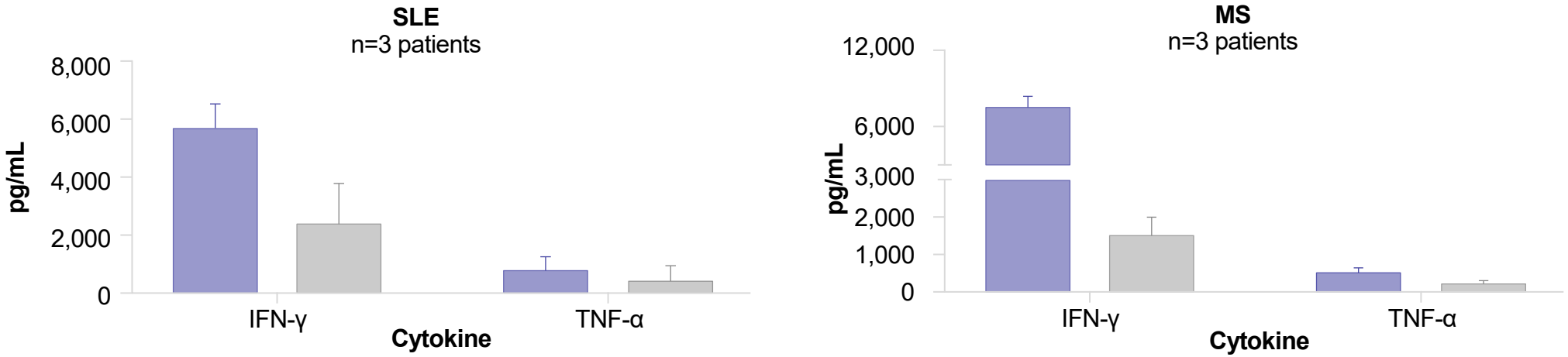
% Cytolysis

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



CAR-Specific Cytokine Release

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



PBMC = peripheral blood mononuclear cell; NTD = non-transduced
Brito, A, et al. Poster presented at ISCT. 2024

ATARA BIO®

ATA3219 in SLE: Phase 1 Study Investigating Preliminary Safety and Efficacy of ATA3219 in SLE

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

- Initial focus on lupus nephritis (LN) indication with most proof points[1] and clear short-term endpoints; Lymphodepletion (LD) and outcome measures similar to academic case series[1]
- Extrarenal SLE cohort eliminates LD pretreatment as current LD-based autologous CAR-T approaches not ideal for patients
- NCT06429800

ATA3219 in SLE: Study Overview

Study Design:

- Open-label Phase 1 dose escalation and expansion study in adult subjects up to age 55 with lupus nephritis (LN) following lymphodepletion and extrarenal systemic lupus erythematosus (ERL) without lymphodepletion
  - 3-6 patients treated at 3 dose levels:
    - LN: 40, 80 or 160 million CAR+ T cells
    - ERL: 40, 80 or 240 million CAR+ T cells
- Retreatment may be allowed with regulatory approval

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

1. Mackensen et al, 2022; Mueller et al, ASH 2023

ATA3219 Features and Characteristics Support Rationale to Omit Lymphodepletion in Extrarenal SLE Cohort

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]

Platform Data

- **Atara platform data:** Favorable safety profile seen in 600+ patients treated without lymphodepletion

Additional Features

- **Retained MHC:** Partial HLA matching limits host versus graft rejection[5]
- **1XX signaling 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.

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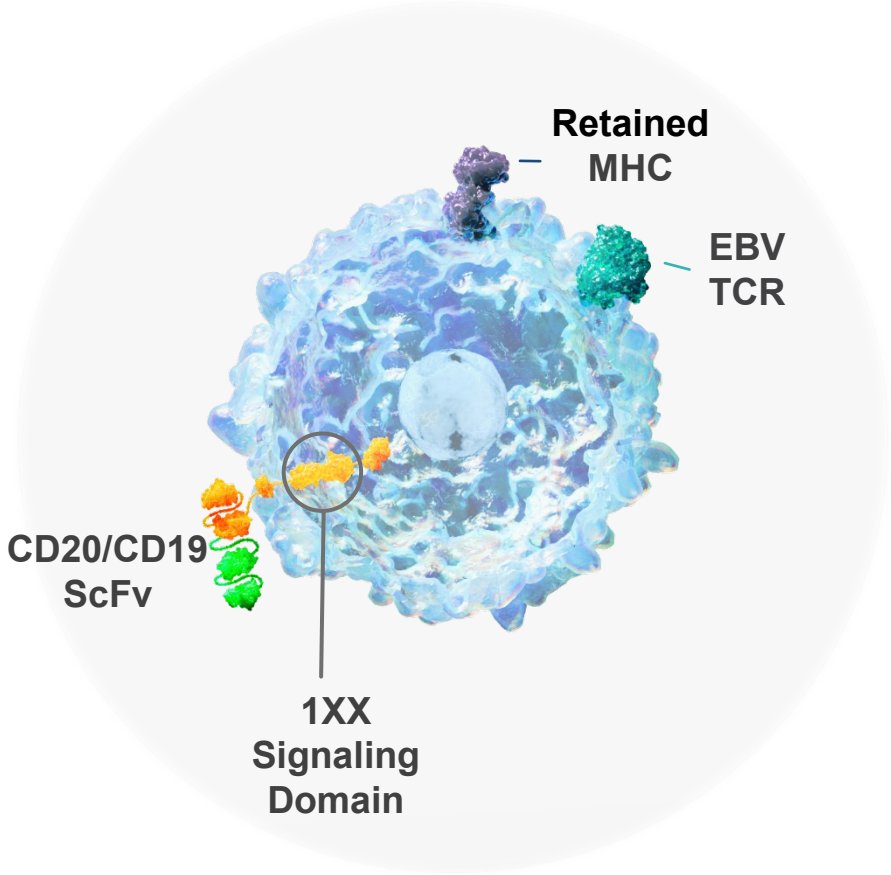
ATA3431: Off-the-Shelf Allogeneic CD19/CD20 CAR T Program Progressing Toward IND Submission in Q4 2025



- 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 signaling 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.

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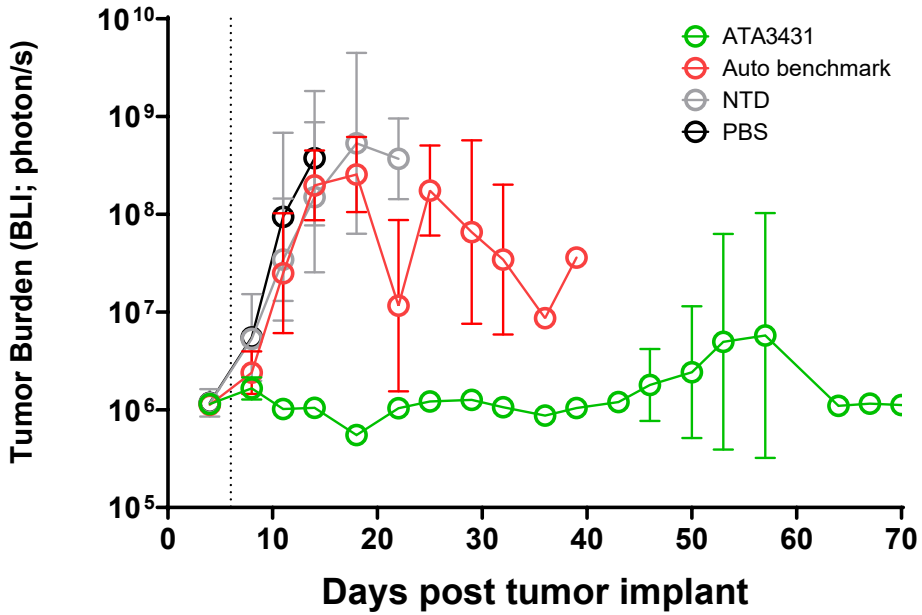
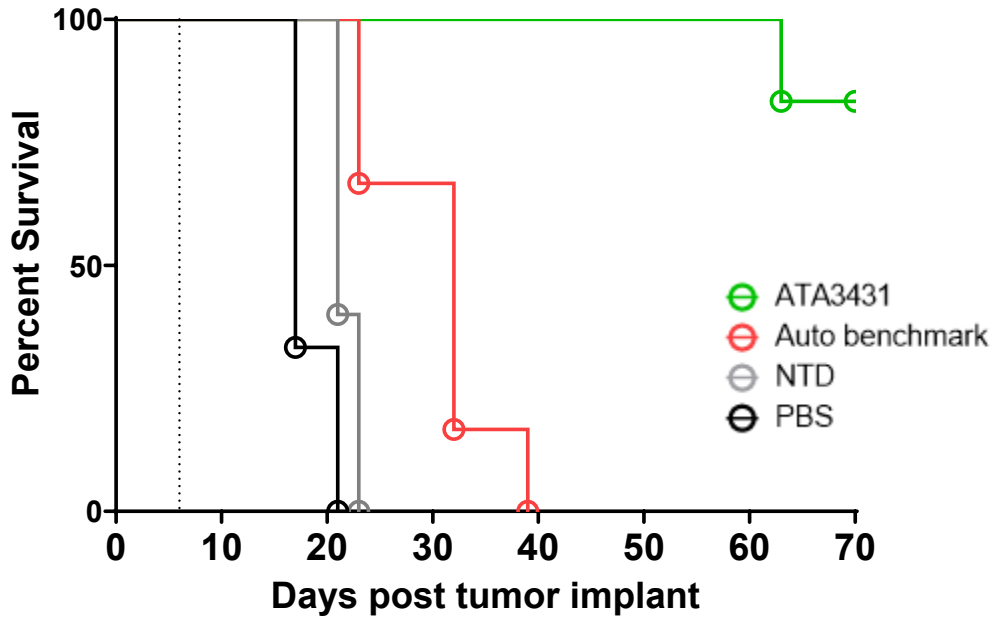
ATA3431: Compelling Proof-of-Concept and Competitive Profile

Greater Anti-Tumor Efficacy vs CD19/CD20 Autologous Benchmark

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





ATA3431 progressing toward IND submission in Q4 2025

NTD = non-transduced; PBS = Phosphate-buffered saline

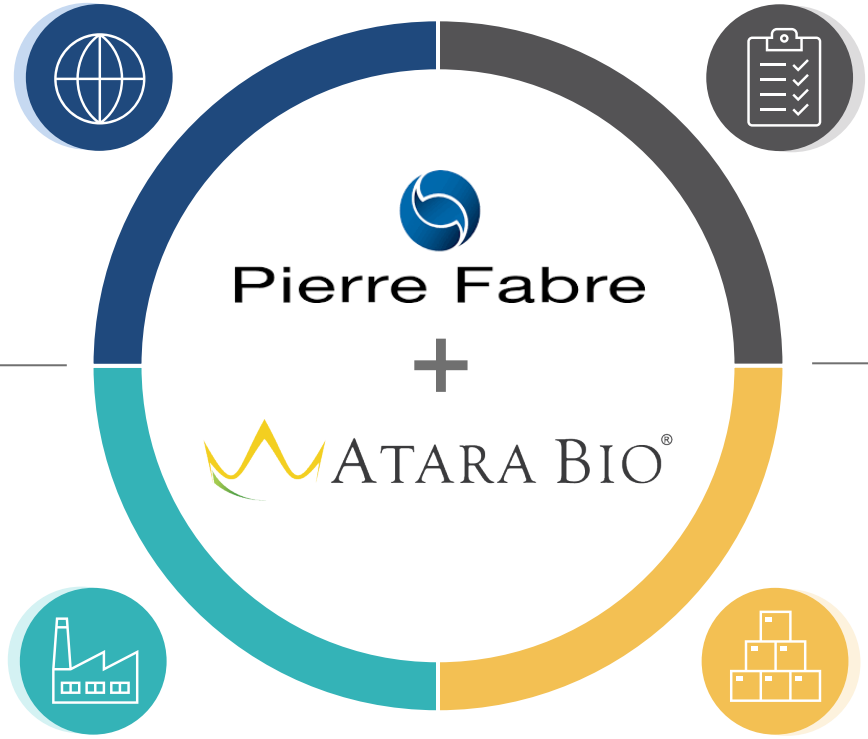
Cha, S et al. Poster 4800. ATA3431: Allogeneic CD19/CD20 Bispecific CAR EBV T Cells for the Treatment of B-Cell Malignancies. ASH 2023.

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 $640M** in potential consideration and **significant double-digit tiered royalties**

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



Atara received **~$27M** following closing and **$20M** following the positive pre-BLA meeting. Atara also received **$20M** from the BLA acceptance with the potential to receive an additional **$60** million milestone payment upon BLA approval

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 Accepted With Priority Review and a PDUFA Target Action Date of January 15, 2025

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

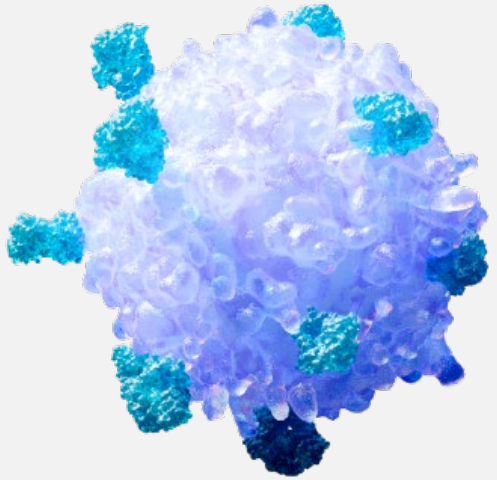
- The latest pivotal ALLELE study data demonstrated a statistically significant 48.8% Objective Response Rate ($p<0.0001$) and favorable safety profile consistent with previous analyses

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 estimated peak sales



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

Cash, Combined with Certain Anticipated Payments from the Expanded Global Partnership, Sufficient to Fund Planned Operations into 2027

$67.2 million
Cash, Cash Equivalents, and Short-term Investments as of September 30, 2024

5.7 million
Shares Outstanding as of September 30, 2024*

Nasdaq: ATRA
Atara Biotherapeutics, Inc.

$61.9 million
Q3 2024
Total Costs and Operating Expenses

$4.0 million
Q3 2024
Net Cash Used in Operating Activities

* Does not include 4.9 million pre-funded common stock warrants outstanding as of September 30, 2024

ATARA BIO®

THANK YOU

Nasdaq: ATRA

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