Forward-Looking Statements

This presentation contains forward-looking statements for purposes of the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. All statements contained in this presentation other than statements of historical facts may constitute forward-looking statements within the meaning of the federal securities laws. These statements can be identified by words such as "expects," "plans," "projects," "will," "may," "anticipates," "believes," "should," "intends," "estimates," and other words of similar meaning, including, but not limited to, all statements regarding: the CAR T focus and potential upside with PolyXen technology set forth under the “Investment Highlights” section of this presentation; XCART opportunities, including targeting tumor-specific antigens that are independent of CD19 or other antigens common to all B-Cells and advancing towards a Phase 1 study; plans to leverage academic collaborations with Scripps Research and Pharmsynthez; potential for XCART to result in increased efficacy, safety and tolerability over currently approved CAR T therapies; all statements set forth under the “Driving Development Through Academic Collaborations” section of this presentation, including statements regarding academic collaborations and upcoming potential milestones; all statements set forth under the “PolyXen: Next Generation Half-Life Extension Platform” section of this presentation, including those regarding potential utilities of PolyXen, royalty streams and positive data from a Phase 3 clinical trial; expectations regarding cash runway funding the Company through preclinical advancements towards an IND filing; all statements set forth under the “Investment Summary”, including those relating to advancing the XCART program; and all statements regarding expectations that the CAR T therapies will hold significant revenue share by 2026. Any forward-looking statements contained herein are based on current expectations and are subject to a number of risks and uncertainties. Many factors could cause our actual activities or results to differ materially from the activities and results anticipated in forward-looking statements. Important factors that could cause actual results to differ materially from such plans, estimates or expectations include, among others, (1) unexpected costs, charges or expenses resulting from the acquisition of the CAR T technology; (2) uncertainty of the expected financial performance of the Company; (3) failure to realize the anticipated potential of the XCART technology; (4) the ability of the Company to implement its business strategy; (5) failure of Scripps Research and/or Pharmsynthez or the other academic institutions in Belarus and Russia (as applicable) to perform their obligations under their respective agreements; (6) failure of the Company and Pharmsynthez to reach agreements with the contract sites on terms favorable to the Company, or at all; (7) failure of our licensees to successfully utilize the PolyXen technology and generate royalties for the Company; and (8) other risk factors as detailed from time to time in the Company’s reports filed with the SEC, including its annual report on Form 10-K, periodic quarterly reports on Form 10-Q, periodic current reports on Form 8-K and other documents filed with the SEC. The foregoing list of important factors is not exclusive. In addition, forward-looking statements may also be adversely affected by general market factors, competitive product development, product availability, federal and state regulations and legislation, the regulatory process for new product candidates and indications, manufacturing issues that may arise, patent positions and litigation, among other factors. The forward-looking statements contained in this presentation speak only as of the date the statements were made, and the Company does not undertake any obligation to update forward-looking statements, except as required by law.

Disclaimer

The information contained in this presentation is provided for informational and discussion purposes only and is not, and may not be relied on in any manner as legal, business, financial, tax or investment advice or as an offer to sell or a solicitation of an offer to buy an interest in Xenetic Biosciences, Inc. or to participate in any trading strategy.
Investment Highlights

**CAR T Focus:**
Advancing XCART™, a personalized CAR T platform targeting cancers with a patient- and tumor-specific approach

Building on the proven success of CAR T therapy

Following established roadmap for significant early-stage value creation

**Potential Upside with PolyXen® Technology:**
Takeda: ongoing royalty stream through license agreement

Pharmsynthez: filed registration dossier in Russia for Epolog product candidate

**XCART™ Opportunity**

✓ Targeting tumor-specific antigens that are independent of CD19 or other antigens common to all B-Cells

✓ Advancing towards Phase 1 study

✓ Lead program targeting $8.8 billion non-Hodgkin lymphoma market

Leveraging academic collaborations

Pharmsynthez

1: Triangle Insights: Company Commissioned Market Report

Pharmsynthez

Scripps Research

3
Team with Proven Expertise

Jeffrey F. Eisenberg
Chief Executive Officer & Director
Life Sciences executive with over 20 years of successful track record in value creation in both private and public companies; former CEO of Noven Pharmaceuticals, responsible for leading 2 product launches and Noven’s Novogyne Women’s Health joint venture with Novartis

Curtis Lockshin, Ph.D.
Chief Scientific Officer
20 years Biotech/Pharma management experience, including discovery, preclinical and clinical development and commercial manufacturing; former CEO of SciVac Therapeutics, CTO of VBI Vaccines and VP of Corporate R&D Initiatives for OPKO Health

James F. Parslow, MBA, CPA
Chief Financial Officer
Over 30 years of experience providing financial and business leadership to biotech, manufacturing, technology, business-to-business e-commerce and cleantech industries
Scientific Advisory Board with Extensive Cell Therapy Development Experience

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Experience</th>
</tr>
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<tbody>
<tr>
<td>Dr. Matthew Frigault</td>
<td>Medical Oncologist in the Hematologic Malignancy Program at the Massachusetts General Hospital Cancer Center, as well as Assistant Director of the Cellular Immunotherapy Program; serves as Instructor at Harvard Medical School</td>
</tr>
<tr>
<td>Dr. Alexander Gabibov</td>
<td>Head of the Shemyakin &amp; Ovchinnikov Institute of Bioorganic Chemistry at the Russian Academy of Science</td>
</tr>
<tr>
<td>Dr. Guenther Koehne</td>
<td>Internationally recognized cancer specialist and current Chief of Blood &amp; Marrow Transplant and Hematologic Oncology at the Miami Cancer Institute</td>
</tr>
<tr>
<td>Dr. Greg MacMichael</td>
<td>President and Founder of CMC BioServices, LLC; Previously served as the Senior VP of Technical Operations at Axovant Gene Therapies; VP of Development, Manufacturing and Quality Control at NantKwest Therapeutics; and Senior VP of Process, Development, Manufacturing and Quality Assurance at Rocket Pharma</td>
</tr>
<tr>
<td>Dr. Maksim Mamonkin</td>
<td>Assistant Professor, Pathology and Immunology and an independent faculty member at the Center for Cell and Gene Therapy at Baylor College of Medicine</td>
</tr>
<tr>
<td>Dr. Jia Xie</td>
<td>Assistant professor at University of Miami Department of Chemistry, assistant professor of Psychiatry and Behavior Science at University of Miami Miller School of Medicine; and visiting investigator at the Department of Chemistry at Scripps Research Institute</td>
</tr>
<tr>
<td>Dr. Alexey V. Stepanov</td>
<td>Senior Staff Scientist in the Shemyakin-Ovchinnikov Institute of Bioorganic Chemistry; Senior Staff Scientist position in the Dmitry Rogachev National Medical Research Center of Pediatric Hematology, Oncology and Immunology in Russia; Professional scientific collaborator of Dr. Richard Lerner’s laboratory in The Scripps Research Institute</td>
</tr>
</tbody>
</table>
XCAT™ Platform

Personalized CAR T platform targeting cancers with a patient- and tumor-specific approach
Lymphoma

Group of blood cancers that develop from lymphocytes located in the lymph system

Two Types of Lymphocytes

B-Cells

Produce and secrete antibodies in the form of B-Cell receptors (BCR) which selectively target a given antigen

T-Cells

Helper T-Cells: modulate the function of B-Cells and killer T-Cells
Killer T-Cells: selectively target (via T-Cell Receptors) and kill cells which display a given foreign or neo-antigen

Non-Hodgkin Lymphoma (NHL)

US Market Overview

90% of all lymphomas
7th most common cancer
77K new cases annually
90% of all NHL are B-Cell

1: Triangle Insights: Company Commissioned Market Report
B-Cells and Tumor Growth

B-Cell receptor (BCR) vs CD19

Current commercial therapies only target the common **CD19** receptor that is present on all B-Cells

Tumor develops with the unique BCR clone

**>1,000,000,000**

**Unique B-Cell Clones**

**Malignant B-Cell Proliferation (Retains Unique BCR)**

**B-Cell Tumor**
Anti-CD19 CAR T Therapies Work...

Current CAR T therapies target both normal and malignant B-Cells

- >80% complete or partial response when treated with Yescarta\(^1\)
- >80% remission rate when treated with Kymriah\(^1\)
- 47% survival rate at 39-months when treated with Yescarta\(^2\)

1: https://my.clevelandclinic.org/health/treatments/17726-car-t-cell-therapy/risks--benefits;
2: https://www.fiercepharma.com/pharma/ash-gilead-touts-astounding-yescarta-survival-results-at-3-years
...But There Is Need For Improvement

Significant shortcomings with currently approved CAR T therapies

**Lack of Initial Efficacy of Anti-CD19 CAR T, Due To:**

- **CD19^low:** low initial levels of CD19 receptors on tumor cells
- **CD19^-:** initial lack of CD19 receptors on some or all tumor cells

**CAR T Relapse:** lack of durable response

**T-Cell Exhaustion:** progressive loss of CAR T effector function

**Toxicity Problems:**

- Cytokine Release Syndrome (CRS)
- Neurotoxicity
- B-Cell Aplasia: elimination of all B-Cells
CD19 Escape: Emergence of CD19- Tumor Cells Resulting from Anti-CD19 Treatments, including CAR T

~50% of CAR T treated patients relapse within 12 months\(^1\)

Estimated percentage of patients who relapse due to CD19 escape\(^2\)

~10-50%

Of patients have a lower count of CD19-positive B-Cells due to prior therapies\(^2\)

10-15%

Incidence of CD19 escape is expected to increase with growing number of anti-CD19 treatments

Significant problem in treating B-Cell cancers, affecting the efficacy of currently approved therapies

Anti-CD19 CAR T treatment

CD19\(^+\) tumor cells emerging under selective pressure of anti-CD19 treatment

CD19\(^+\) malignant B-Cells

Remaining CD19\(^-\) malignant B-Cells

1: Schuster SJ, et al. Presented at 60th American Society of Hematology Annual Meeting; December 1-4, 2018; San Diego, CA. Abstract 1684

2: Triangle Insights: Company Commissioned Market Report
**XCART** Targets the Tumors’ Unique BCR

Ability to address the CD19 escape phenomenon

Malignant B-Cell

[Diagram showing CD19 and Unique BCR]

Malignant B-Cell with CD19 Escape

[Diagram showing CD19 and Unique BCR with Anti-CD19 CAR T]

CD19

Unique BCR
Only Targets Malignant B-Cells

Potential for increased efficacy, safety and tolerability over currently approved CAR T therapies

Unique BCR Presents Tumor-Specific Target

Malignant B-Cell Targeted

Normal B-Cell Not Targeted

Only Malignant B-Cells Eliminated

Normal B-Cells are Spared
Selectively Kill Raji B-Cell Lines Expressing Target BCRs

Human CD8+ T cells were transduced with Lentiviral vectors coding for one of pepFL1-CAR, pepFL2-CAR, pepFL3-CAR or CD19-CAR constructs

Raji B-cells (Raji-FL1, Raji-FL2 and Raji-FL3) expressing BCRs from the respective FL lymphomas were lysed by activated human CD8+ T cells bearing a corresponding cyclopeptide-CAR construct

XCART Addresses Need in Current Lymphoma Treatment Paradigm

Follicular Lymphoma (FL)
~14,000/year US Incidence

1st Line Therapy: 
~11,000 Patients

2nd Line Treatment: 
~5,000 Patients

XCART Opportunity: 
3rd Line Treatment 
~3,000 Patients

1st Line Therapy: 
~21,000 Patients

2nd Line Treatment: 
~6,000 Patients

Diffuse Large B-Cell Lymphoma (DLBCL)
~26,000/year US Incidence

1st Line Therapy: 
~21,000 Patients

2nd Line Treatment: 
~6,000 Patients

XCART Opportunity: 
3rd Line Treatment 
~4,000 Patients

1: Triangle Insights: Company Commissioned Market Report
Leveraging Academic Collaborations

Expediting development pipeline with proven expertise and capabilities
Driving Development Through Academic Collaborations

Upcoming Potential Milestones

- Initiating exploratory patient biopsy study in Eastern Europe
- Commencing clinical manufacturing process
- Seeking U.S. FDA INTERACT meeting
- Commence Phase 1 Trial in Eastern Europe
- File U.S. IND

Operational/Cost Efficiencies and Risk Mitigation

Established CMC and Regulatory Infrastructure for Manufacturing

Access to Manufacturing Suites
Academic Collaborator

**Scripps Research**

- Leading research institution with world renowned immunology expertise
- One of the original developers of the XCART platform
- Design and implementation of the preclinical development program
- Method development activities supporting process development for clinical manufacturing
Academic Collaborator

**PHARMSYNTHEZ**

- Research organization coordinating activities with partnered academic institutions
- Provides access to patients and CAR T clinical manufacturing suites
- Optimize the overall XCART workflow
- Develop clinical manufacturing processes
- Access to clinical centers and B-Cell non-Hodgkin lymphoma (NHL) patients
- Conduct Phase 1 trial
PolyXen® PSA Technology Platform

Enables Next Generation Biologic Drugs
PolyXen: Next Generation Half-Life Extension Platform Technology

**Polysialylation** employs the biological polymer polysialic acid (PSA) to modulate the PK and PD profiles of protein drugs.

- Clinically demonstrated to extend half-life of therapeutic proteins
- Applicable to franchise extensions as well as candidates in development
- Potential utility in other molecule classes such as peptides and small molecules

**Generating Royalty Stream**
- Platform for Partnerships
- Extensive IP protection
- Receiving royalties on net sales through exclusive license agreement in the field of coagulation disorders

**Partner filed registration dossier in Russia for Epolong, a polysialylated form of recombinant human erythropoietin as a treatment for anemia in patients with chronic kidney disease**
Financial Snapshot
NASDAQ: XBIO

Cash runway expected to fund Company through preclinical advancements towards IND filing

Market Cap\(^1\)
~$22M

Shares Outstanding
~8.75M

Average Volume\(^1\)
~4M

Cash Balance
~$7.1M
as of September 30, 2020

~$6M
Does not include gross proceeds from Registered Direct Offering on December 14, 2020

\(^1\): As of March 1, 2021
Investment Summary

Advancing X CART program through preclinical development into the clinic as quickly as possible

- Truly differentiated CAR T technology
- Lead program targeting growing $8.8 billion non-Hodgkin lymphoma market\(^1\)
- PolyXen upside through licensing agreements

Positioning to have a transformative impact in the CAR T space

\(^1\): Triangle Insights: Company Commissioned Market Report
Appendix
CAR T Therapies Expected to Hold Significant Revenue Share by 2026

US revenue for top products* targeting key B-Cell malignancies

<table>
<thead>
<tr>
<th>Product</th>
<th>Company</th>
<th>Mechanism</th>
<th>First Approval^</th>
<th>Relevant Indications</th>
<th>2026 Revenue</th>
<th>CAGR (2019-2026)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polivy</td>
<td></td>
<td>CD79B antibody</td>
<td>06/2019 DLBCL</td>
<td>DLBCL</td>
<td>$805M</td>
<td>48%</td>
</tr>
<tr>
<td>Kymriah</td>
<td></td>
<td>CD19 CAR T</td>
<td>08/2017 ALL</td>
<td>DLBCL</td>
<td>$774M</td>
<td>18%</td>
</tr>
<tr>
<td>Yescarta</td>
<td></td>
<td></td>
<td>10/2017 DLBCL</td>
<td>LBCL (including DLBCL patients)</td>
<td>$946M</td>
<td>14%</td>
</tr>
<tr>
<td>Liso-cel</td>
<td></td>
<td></td>
<td>Expected 2020</td>
<td></td>
<td>$849M</td>
<td>135%**</td>
</tr>
<tr>
<td>Tazverik</td>
<td></td>
<td>EZH2 inhibitor</td>
<td>06/2020 FL</td>
<td>FL</td>
<td>$1.05B</td>
<td>91%**</td>
</tr>
<tr>
<td>Calquence</td>
<td></td>
<td>BTK inhibitor</td>
<td>11/2019 CLL</td>
<td>MCL, CLL</td>
<td>$1.50B</td>
<td>37%</td>
</tr>
<tr>
<td>Rituxan</td>
<td></td>
<td>CD20 antibody</td>
<td>12/1997 FL</td>
<td>FL, DLBCL, CLL</td>
<td>$643M</td>
<td>-23%</td>
</tr>
<tr>
<td>Imbruvica</td>
<td></td>
<td>BTK inhibitor</td>
<td>02/2014 CLL</td>
<td>MCL, CLL, DLBCL††</td>
<td>$6.71B</td>
<td>8%</td>
</tr>
</tbody>
</table>

* Top 7 products based on 2026 analyst revenue forecasts, plus Kymriah, are selected here
** CAGR from 2020-2026
^ First Approval relates to first approval among DLBCL, CLL, FL, or MCL; Source: EvaluatePharma, BMT, Accessed August 2020
†† Potential launch for DLBCL in 2021

Significant drop in Rituxan use anticipated due to the availability of alternate monoclonal antibody and small molecule treatment options (limited revenue attributed to biosimilar – 3 anticipated to be available in 2026)

Source: Triangle Insights: Company Commissioned Market Report
Current CAR T Therapies Are Priced Over $300,000

Novel CAR-T therapy use in earlier lines of treatment may be limited by comparative treatment costs and are likely to face challenges gaining market access.

6-course cost of Rituxan does not include potential maintenance dosing.