
SPEAR-heading
THE CANCER
REVOLUTION
Corporate Deck
October 2021
Adaptimmune
TRANSFORMING T CELL THERAPY

Disclaimer

This presentation contains “forward-looking statements,” as that term is defined under the Private Securities Litigation Reform Act of 1995 (PSLRA), which statements may be identified by words such as “believe,” “may,” “will,” “estimate,” “continue,” “anticipate,” “intend,” “expect” and other words of similar meaning. These forward-looking statements involve certain risks and uncertainties. Such risks and uncertainties could cause our actual results to differ materially from those indicated by such forward-looking statements, and include, without limitation: the success, cost and timing of our product development activities and clinical trials; our ability to submit an IND and successfully advance our technology platform to improve the safety and effectiveness of our existing TCR therapeutic candidates; the rate and degree of market acceptance of T-cell therapy generally and of our TCR therapeutic candidates; government regulation and approval, including, but not limited to, the expected regulatory approval timelines for TCR therapeutic candidates; and our ability to protect our proprietary technology and enforce our intellectual property rights; amongst others. For a further description of the risks and uncertainties that could cause our actual results to differ materially from those expressed in these forward-looking statements, as well as risks relating to our business in general, we refer you to our Quarterly Report on Form 10-Q filed with the Securities and Exchange Commission (SEC) on August 9, 2021 and our other SEC filings.

We urge you to consider these factors carefully in evaluating the forward-looking statements herein and you are cautioned not to place undue reliance on such forward-looking statements, which are qualified in their entirety by this cautionary statement. The forward-looking statements contained in this presentation speak only as of the date the statements were made and we do not undertake any obligation to update such forward-looking statements to reflect subsequent events or circumstances.

We intend that all forward-looking statements be subject to the safe-harbor provisions of the PSLRA.

Our vision and mission – Arming cell therapies to target solid tumors

Arming Cells.
Against Cancer.
For Good.

To transform the lives of people with cancer by designing and delivering cell therapies

Our strategic plan for cell therapies in solid tumors

Core value drivers: our “2-2-5-2” strategic plan by 2025

Two
marketed SPEAR T-cell products targeting MAGE-A4

- Synovial sarcoma and MRCLS
- Esophageal and EGJ cancers

Two
additional BLAs for SPEAR T-cell products

- Additional indications for MAGE-A4 targeted products
- ADP-A2AFP

Five
autologous products in the clinic

- HiT
- Next-gen TILs
- New targets
- Broader HLA coverage

Two
allogeneic products entering the clinic

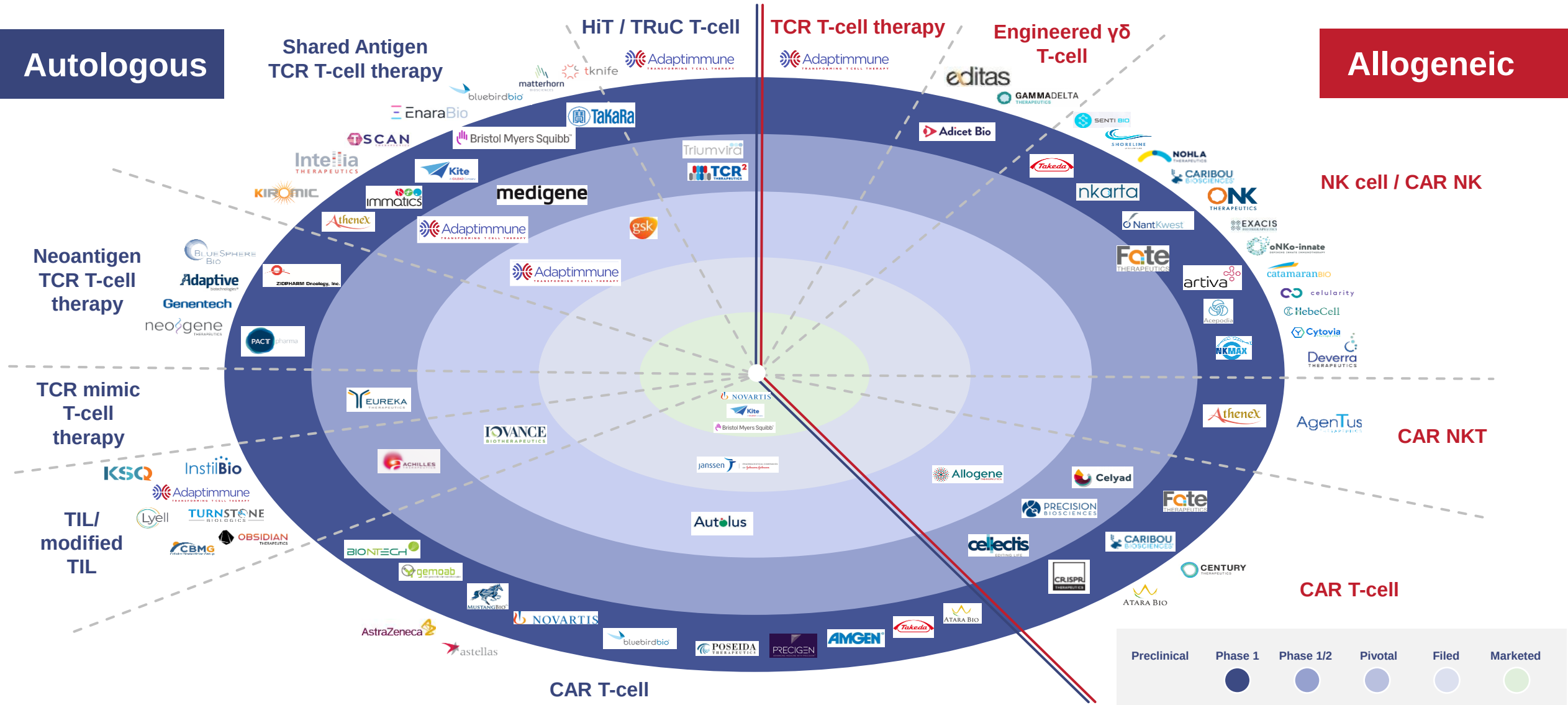
- SPEAR T-cell product targeting MAGE-A4
- HiT mesothelin – partnered with Astellas

Integrated Cell Therapy Capabilities
Research | Preclinical | Translational | Clinical | CMC | Regulatory | Commercial

EGJ: esophagogastric junction cancer; HiT: HLA-independent T-cell receptor (TCR); TIL: tumor infiltrating lymphocyte; CMC: chemistry, manufacturing, and controls

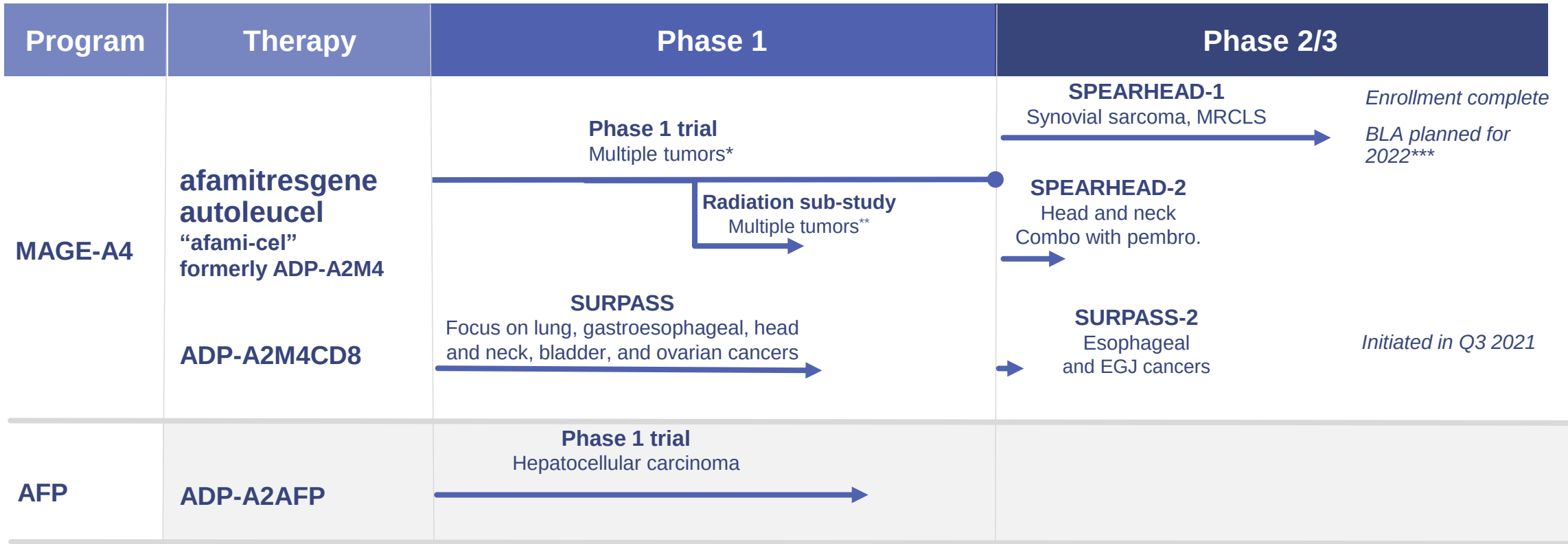
Adaptimmune is uniquely placed to deliver cell therapies for solid tumors

Cell therapy landscape - Overview of select approaches and players



A strong autologous clinical pipeline in multiple clinical trials in 10 solid tumors

Goal to launch first TCR T-cell therapy in 2022



* Bladder, Melanoma, Head and Neck, Ovarian, Non-small cell lung cancer (NSCLC), Esophageal, Gastric, Synovial sarcoma, MRCLS
** Site specific protocol amendment with MD Anderson Cancer Center
***Planned for synovial sarcoma
MRCLS: myxoid/round cell liposarcoma; EGJ: esophagogastric junction cancers

Our autologous pre-clinical pipeline to deliver five products to the clinic by 2025

Aiming for curative and mainstream therapies

Platform	Product	Discovery	Preclinical
Autologous SPEAR T-cells	ADP-A2AFP+CD8 next-gen		
	MAGE-A4 next-gen approaches (IL-7, IL-15, dnTGFbeta, PDE7)		
	IL-7/CCL19 Noile-Immune Biotech		
	Undisclosed ALPINEImmuneSciences		
	HLA-A1 MAGE-A4		
	HLA-A24 MAGE-A4		
	HLA-A24 AFP		
	PRAME gsk		
TILs	TIL IL-7		
HiTs	HiT targets (e.g., GPC3)		

HiT: HLA-independent T-cell receptor (TCR); TIL: tumor infiltrating lymphocyte

Our allogeneic pipeline for the near future

Making allogeneic cell therapies curative and mainstream for people with cancer

Platform	Product	Discovery	Preclinical
Adaptimmune	Allogeneic T-cells targeting MAGE-A4		
Adaptimmune	Other TCRs (inc. next-gen)		
Astellas	HiT mesothelin		
Astellas	Target 2 (unnamed)		
Genentech	"Off-the shelf" TCR therapy target 1		
Genentech	Personalized cell therapy platform		

Adaptimmune

- MAGE-A4 targeted TCR
  - Validated target
  - Broad range of indications
- "Plug and play" platform
  - All wholly owned receptors
  - Next-gen and other enhancements

Astellas

- Mesothelin HiT as first product
- Second target nominated but not named

Genentech

- Off-the-shelf T-cell therapies
  - Up to five targets
- Personalized medicine platform
  - Unique targets and receptors based on individual patient tumors

Planned data updates and catalysts for 2021 and 2022

Funded into early 2024

2021

- ✓ SPEARHEAD-1 preliminary data at ASCO
- ✓ Initiate SURPASS-2 trial with ADP-A2M4CD8 in esophageal and EGJ cancers
- ✓ SURPASS data update at ESMO
- ✓ ADP-A2AFP Phase 1 trial data update at ILCA
- Radiation sub-study data update*
- Update on additional translational data at SITC
- SPEARHEAD-1 full data update at CTOS

2022

- File BLA and planned launch of afami-cel for people with synovial sarcoma and MRCLS
- Preclinical pipeline program data updates
- Allogeneic platform update
- SPEARHEAD-2 initial clinical data
- SURPASS-2 initial clinical data
- First trial with ADP-TILIL7

Two marketed SPEAR T-cell products targeting MAGE-A4

Two additional BLAs for SPEAR T-cell products

Five autologous products in the clinic

Two allogeneic products entering the clinic

All data updates subject to congress acceptance; EGJ: esophagogastric junction

*Originally planned for ASTRO

SPEAR T-cells targeting MAGE-A4 and AFP

Responses in multiple solid tumor indications expressing MAGE-A4

Indication	Mortality US and EU*	MAGE-A4 Expression **	Potential MAGE-A4 +ve Patients	Potential MAGE-A4 +ve Patients Factored for HLA***
Synovial sarcoma afami-cel SURPASS	1,804+	67 %	1,209	496
MRCLS afami-cel	2,000	34 %	680	279
Gastroesophageal (esophageal, EGJ, and gastric) SURPASS	101,080	17 %	17,184	7,045
Head and neck afami-cel SURPASS	44,500	18 %	8,010	3,284
Urothelial SURPASS	53,180	33 %	17,549	7,195
NSCLC-Squamous afami-cel	101,661	38 %	38,631	15,839
Melanoma afami-cel	19,750	16 %	3,160	1,296
Ovarian SURPASS	38,840	22 %	8,545	3,503
			Total MAGE-A4: 94,968	**Total MAGE-A4 HLA A2: 38,937**

Significant potential for SPEAR T-cell franchise targeting MAGE-A4

*Mortality figures based on American Cancer Society 2020 (US) and Global Can (EU); +synovial sarcoma and MRCLS figures reflect advanced/refractory treatable patients based on internal primary market research
**MAGE A4 expression based on ADAP samples and expression cut off criteria of ≥30% tumor cells at ≥2+ intensity
***HLA A2 expression of 41% based on ADAP samples (1,043 patient samples)

Afami-cel
Phase 2 SPEARHEAD-1 trial

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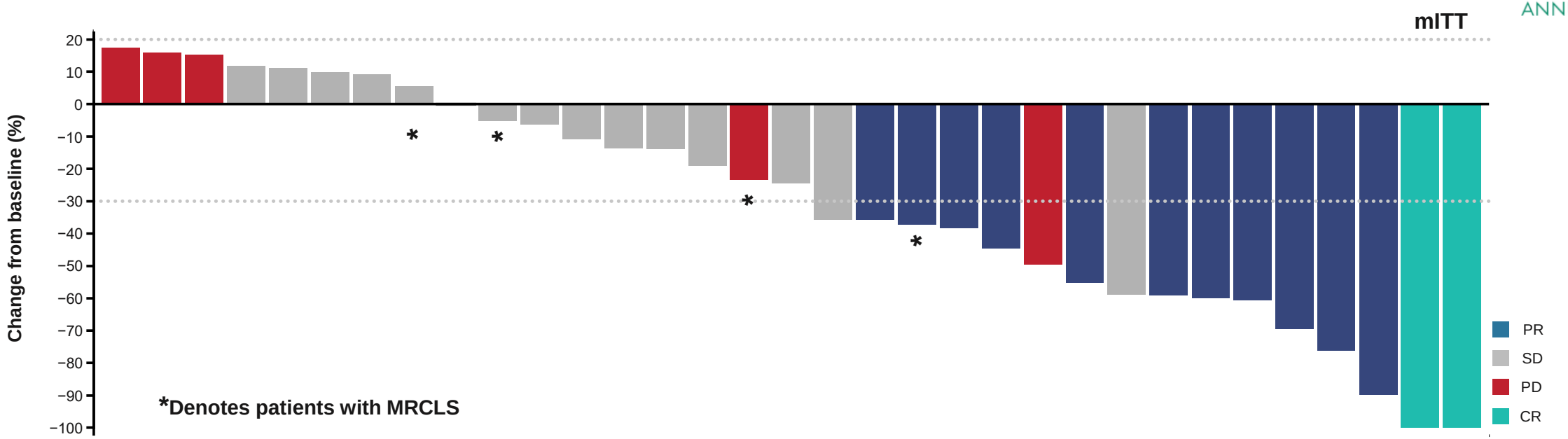
Deep responses observed with afami-cel therapy in the Phase 2 SPEARHEAD-1 trial

On track to file BLA in 2022

2021 ASCO ANNUAL MEETING



- Overall response rate 39.4% (13/33): synovial sarcoma 41.4% (12/29) and MRCLS 25.0% (1/4)
- Two CRs in patients with synovial sarcoma
- Disease control rate of 84.8% (28/33)

CR = complete response; mITT = modified intent to treat; MRCLS = myxoid/round cell liposarcoma; PD = progressive disease; PR = partial response; SD = stable disease; Data represent percent changes from baseline in sum of diameters (sum of the long diameters for non-nodal lesions and short axis for nodal lesions) in target lesions through progression or prior to surgical resection; Reponses evaluated by RECIST v1.1 per Investigator assessment; Data excludes 4 patients who were pending 1st efficacy assessment as of the data cut-off

Data cut-off March 29, 2021

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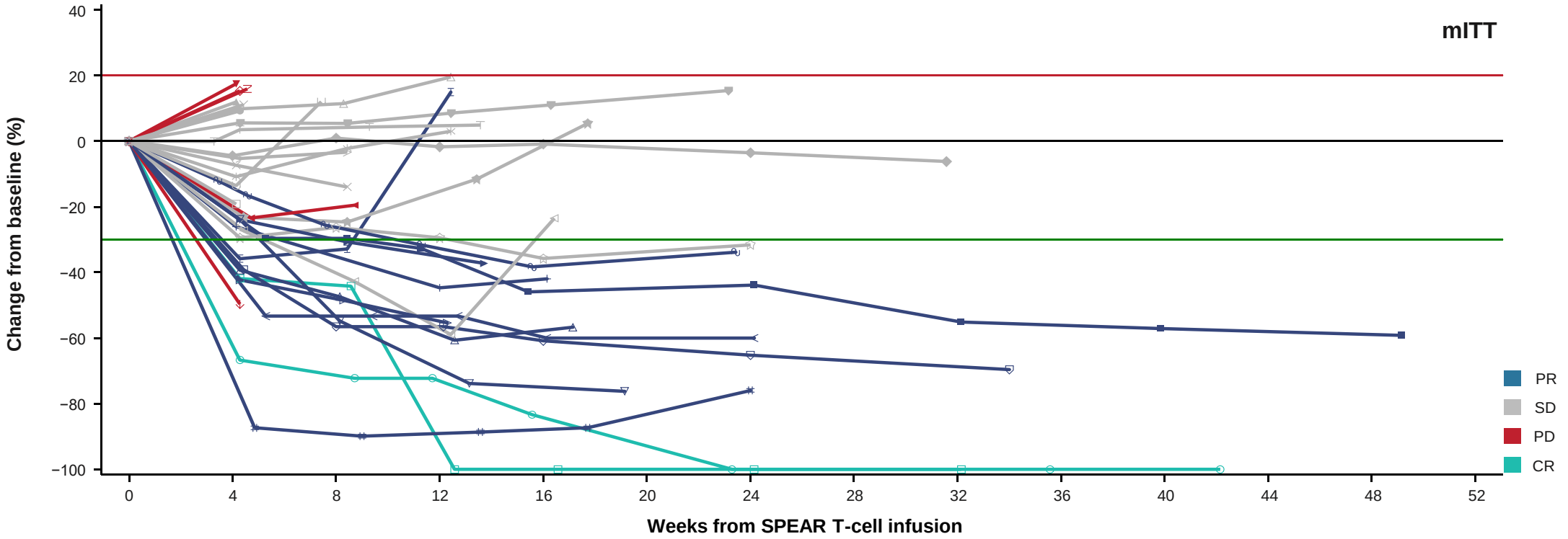
Initial durability encouraging with afami-cel therapy

Best overall response by RECIST v1.1



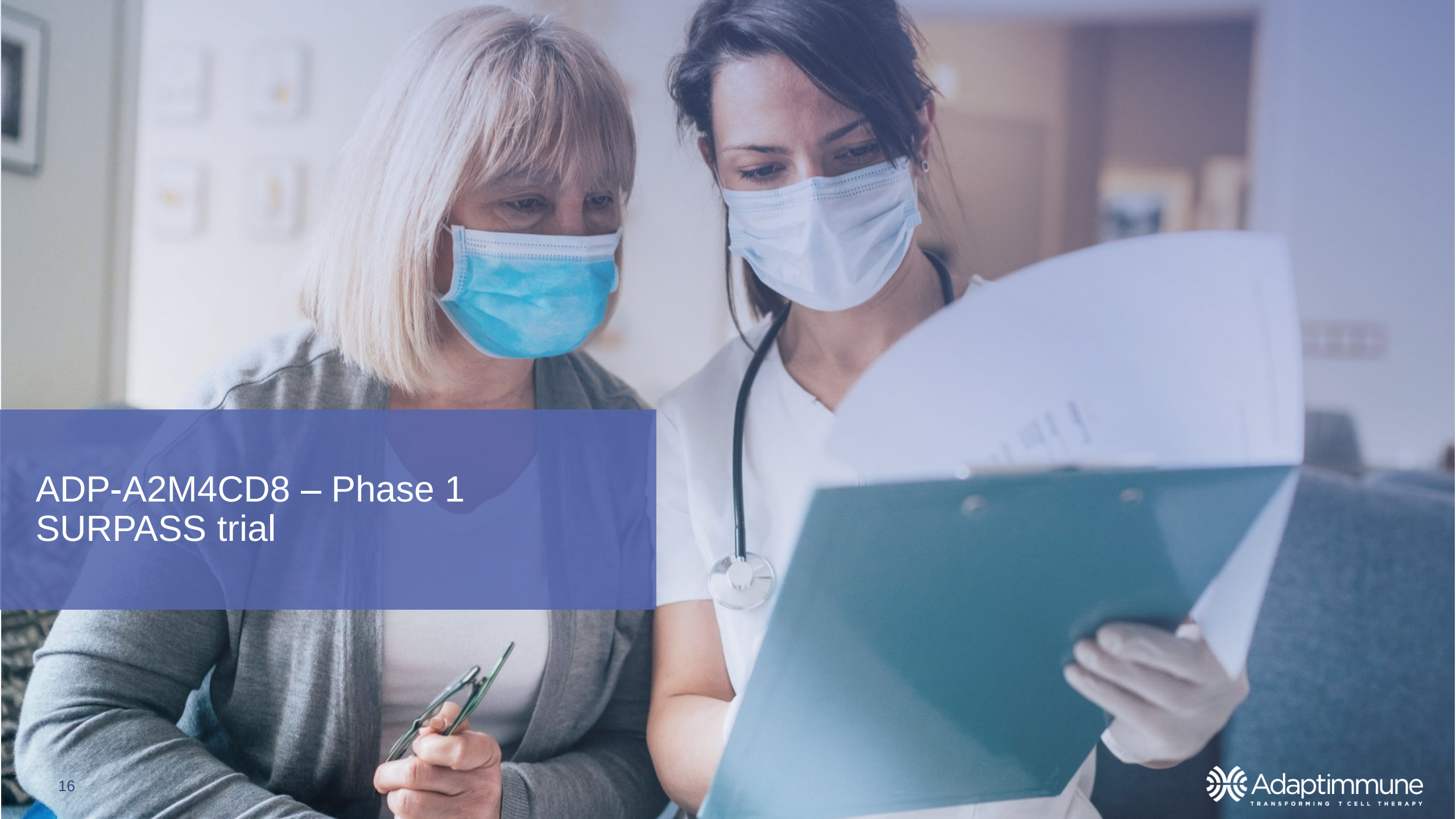
- Improvements in sum of diameters over time have been observed
- Median duration of response not reached – range (weeks): 4.3+, 38.0+

2021 ASCO ANNUAL MEETING

CR = complete response; mITT = modified intent to treat; PD = progressive disease; PR = partial response; SD = stable disease; Data represent percent changes from baseline in sum of diameters (sum of the long diameters for non-nodal lesions and short axis for nodal lesions) in target lesions through progression or prior to surgical resection; Reponses evaluated by RECIST v1.1 per Investigator assessment; + Denotes censored ongoing response

Data cut-off March 29, 2021

Adaptimmune TRANSFORMING T CELL THERAPY



ADP-A2M4CD8 – Phase 1 SURPASS trial

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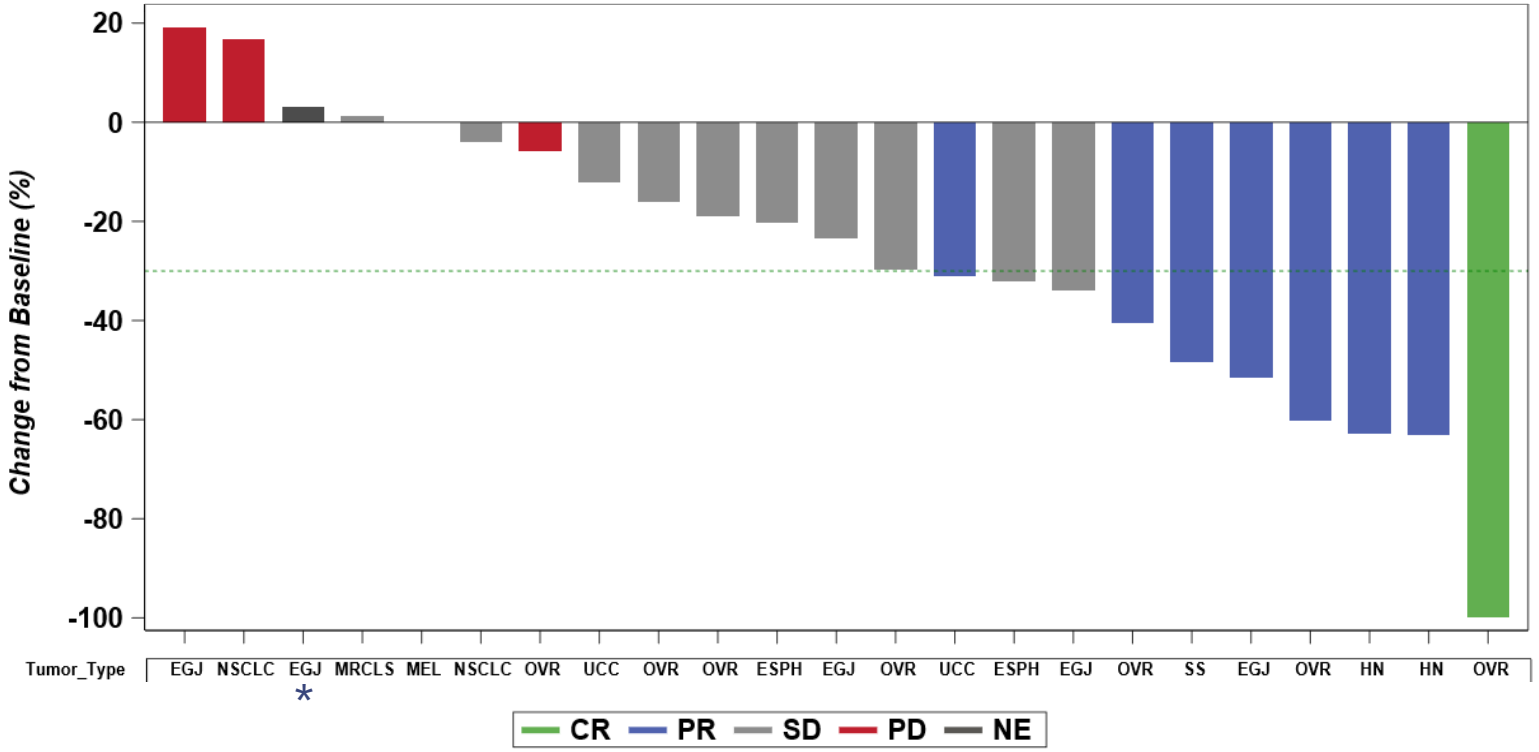
Responses with ADP-A2M4CD8 in 5 solid tumor types including a complete response in ovarian cancer

Initial efficacy is very promising with response rate of 36% (8/22*) and 86% (19/22*) disease control



2021 ESMO congress

Data supports next-gen hypothesis, MAGE-A4 target, and potential of SPEAR T-cells in multiple solid tumor indications for people with cancer

Data represent percent changes from baseline in sum of diameters (sum of the long diameters for non-nodal lesions and short axis for nodal lesions) in target lesions through progression or prior to surgical resection; Reponses evaluated by RECIST v1.1 per investigator assessment; Of 25 patients treated, 3 were not evaluable at the time of data cut-off: 2 patients (ovarian or esophageal cancers) did not have post-baseline scans; 1 patient (EGJ) had a post-baseline scan that did not meet the ≥4 weeks duration for stable disease; CR=complete response; PR=partial response; SD=stable disease; PD=progressive disease; NE=not evaluable; EGJ=esophagogastric junction cancer; NSCLC=non-small cell lung cancer; MRCLS=myxoid/round cell liposarcoma; OVR=ovarian cancer; ESPH=esophageal cancer; UCC=urothelial carcinoma or bladder cancer; SS=synovial sarcoma; HN=head and neck cancer

Data cut-off August 2, 2021; * post-baseline scan for 1 patient (EGJ) did not meet the ≥4 weeks duration for stable disease

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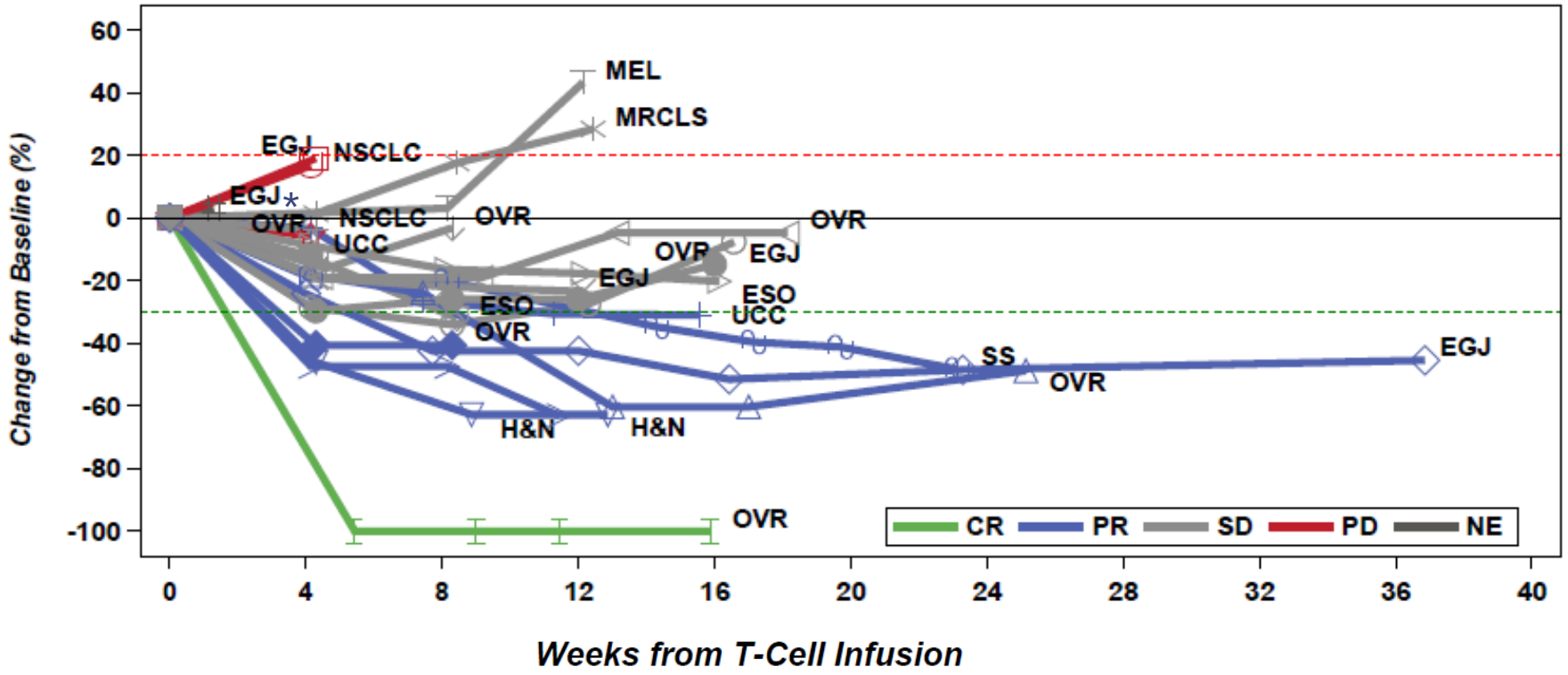
Initial durability with ADP-A2M4CD8 is encouraging and will continue to evolve

Several patients receiving clinical benefit for 24 weeks or more post-infusion



- Some patients experience continued reductions in tumors over several months post-infusion
- Median duration of response not reached

Data represent percent changes from baseline in sum of diameters (sum of the long diameters for non-nodal lesions and short axis for nodal lesions) in target lesions through progression or prior to surgical resection; Reponses evaluated by RECIST v1.1 per investigator assessment; Of 25 patients treated, 3 were not evaluable at the time of data cut-off: 2 patients (ovarian or esophageal cancers) did not have post-baseline scans; 1 patient (EGJ) had a post-baseline scan that did not meet the ≥4 weeks duration for stable disease; CR=complete response; PR=partial response; SD=stable disease; PD=progressive disease; NE=not evaluable; EGJ=esophagogastric junction cancer; NSCLC=non-small cell lung cancer; MRCLS=myxoid/round cell liposarcoma; OVR=ovarian cancer; ESPH=esophageal cancer; UCC=urothelial carcinoma or bladder cancer; SS=synovial sarcoma; HN=head and neck cancer

Data cut-off August 2, 2021 * post-baseline scan did not meet the ≥4 weeks duration for stable disease

Reductions in target lesions in all evaluable patients with ovarian cancer

Out of 7 evaluable patients – one complete response, 2 partial responses, and 3 stable diseases

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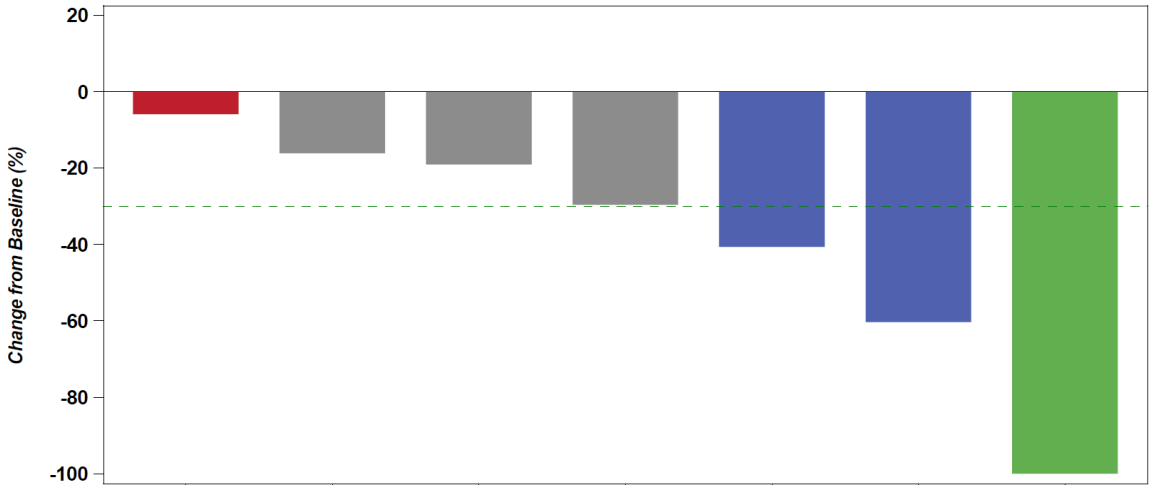
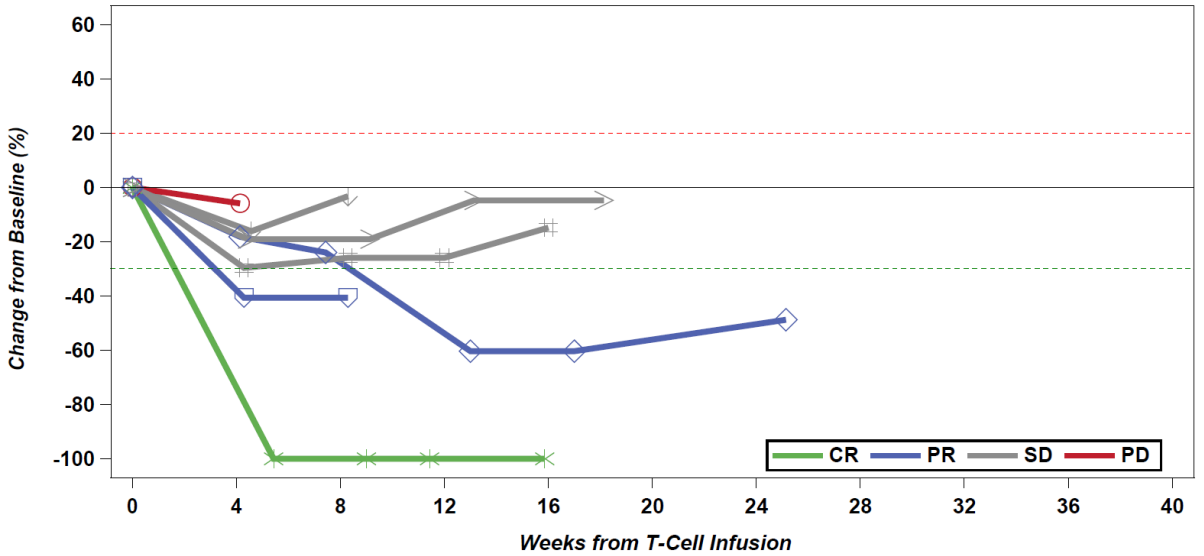
Data from patients with ovarian cancer





CR PR SD PD

Data represent percent changes from baseline in sum of diameters (sum of the long diameters for non-nodal lesions and short axis for nodal lesions) in target lesions through progression or prior to surgical resection; Reponses evaluated by RECIST v1.1 per investigator assessment

SURPASS trial focused on enrolling patients with lung, head and neck, bladder, gastroesophageal, and ovarian cancers

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Complete response (CR) ongoing at 6 months in a patient with Grade 3 serous ovarian cancer

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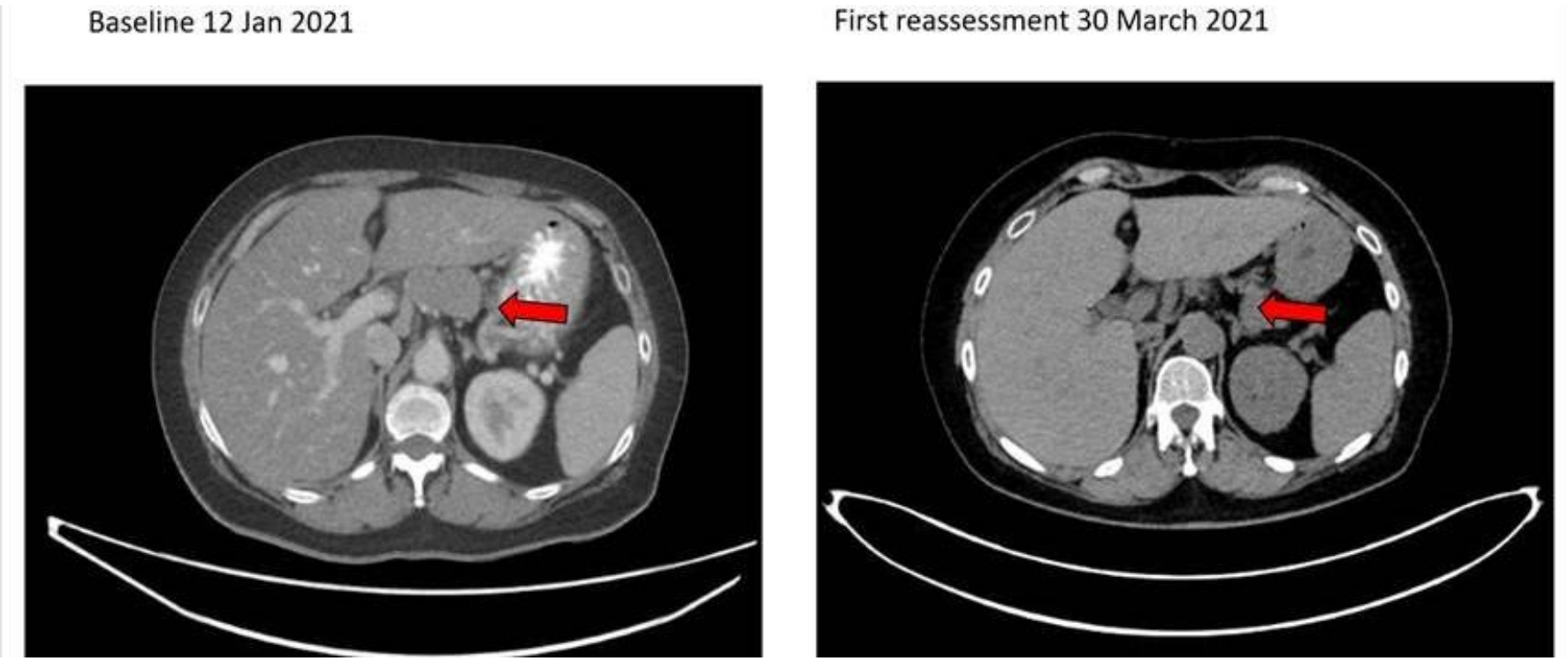

- Platinum resistant* patient treated with 3.24 billion ADP-A2M4CD8 SPEAR T-cells in the Expansion Group
- Adverse events were consistent with those of patients undergoing cytotoxic cancer therapy, with one related SAE (Grade 1, fever) resolved within 1 week

Data cut-off August 2, 2021

*Data on file at Adaptimmune; patients with platinum sensitive disease are excluded per protocol.

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Data in esophageal and EGJ cancers confirm potential of Phase 2 SURPASS-2 trial

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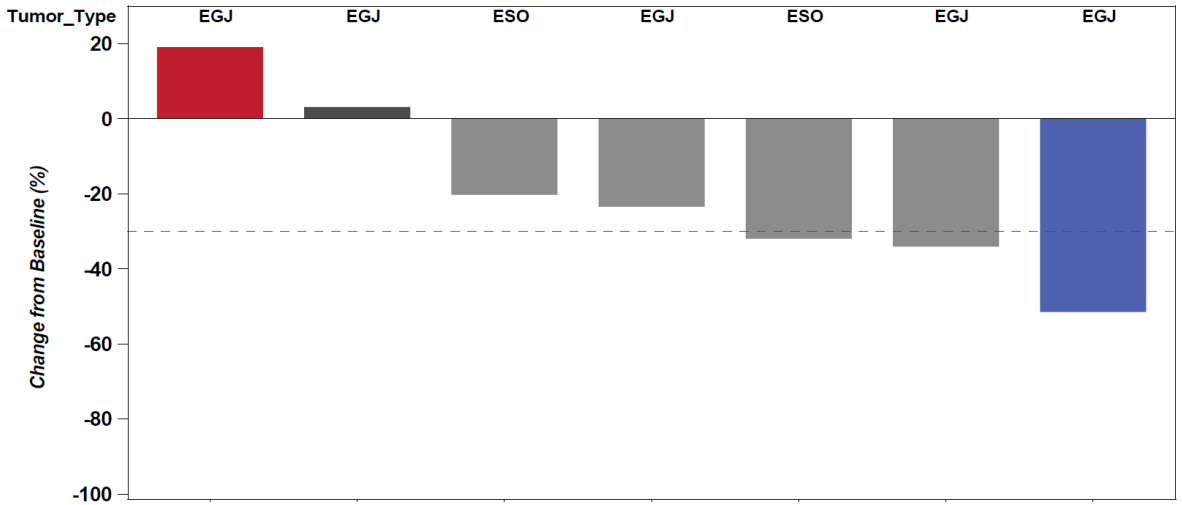
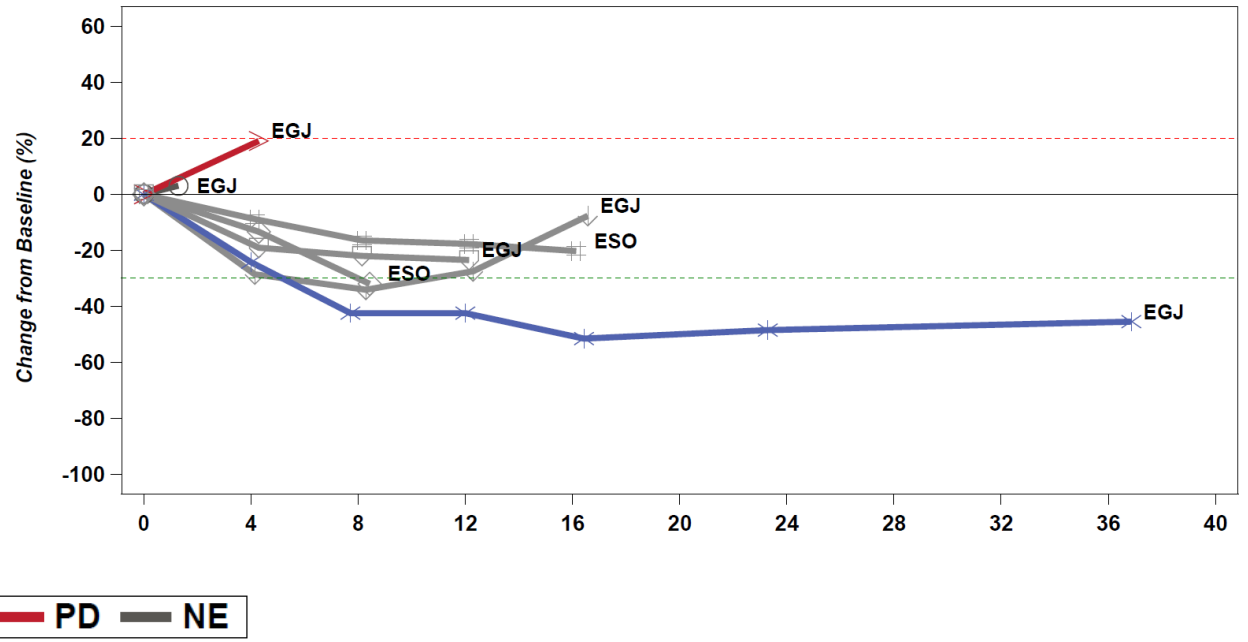
Data from patients with esophagogastric junction (EGJ) or esophageal cancers





Data represent percent changes from baseline in sum of diameters (sum of the long diameters for non-nodal lesions and short axis for nodal lesions) in target lesions through progression or prior to surgical resection; Reponses evaluated by RECIST v1.1 per investigator assessment

Phase 2 SURPASS-2 trial for patients with EGJ or esophageal cancers has initiated

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Translational data substantiate increased potency of next-generation ADP-A2M4CD8 product

Analyses comparing first- and next-generation MAGE-A4 targeted T-cell therapy

- Addition of CD8α to next-gen product results in greater tumor cell killing by CD4+ SPEAR T-cells *in vitro*
  - As shown by data from patient manufactured products used in Phase 1 afami-cel trial (first-gen) and the SURPASS trial

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- Additional data shows that next-gen ADP-A2M4CD8 engages the broader immune system
  - Post-infusion increases in a subset of the 22 measured serum cytokines
  - Statistically significant increase in serum IL-12 with the next-generation product indicative of dendritic cell engagement (i.e., a broader immune response)

Addition of CD8α to next-gen product enables helper T-cells to kill tumor cells and engages the broader immune system

Acceptable benefit and risk balance for first-gen afami-cel and next-gen ADP-A2M4CD8

SPEAR T-cells targeting MAGE-A4

- Most adverse events have been consistent with those typically experienced by cancer patients undergoing chemotherapy, immuno-oncology therapy and/or adoptive cell therapy
- Afamitresgene autoleucel (afami-cel) and ADP-A2M4CD8 are associated with an acceptable benefit and risk balance for the indications under investigations
- Adverse events of special interest include:
  - Cytokine release syndrome (CRS)
  - Immune effector cell-associated neurotoxicity syndrome (ICANS)
    - CRS and ICANS have been mainly lower grade and resolve with medical intervention, when necessary
  - Prolonged cytopenia
    - Prolonged cytopenias are primarily related to lymphodepleting chemotherapy, and are appropriately managed with the current regimen and mitigation strategies

ADP-A2AFP – Phase 1 trial

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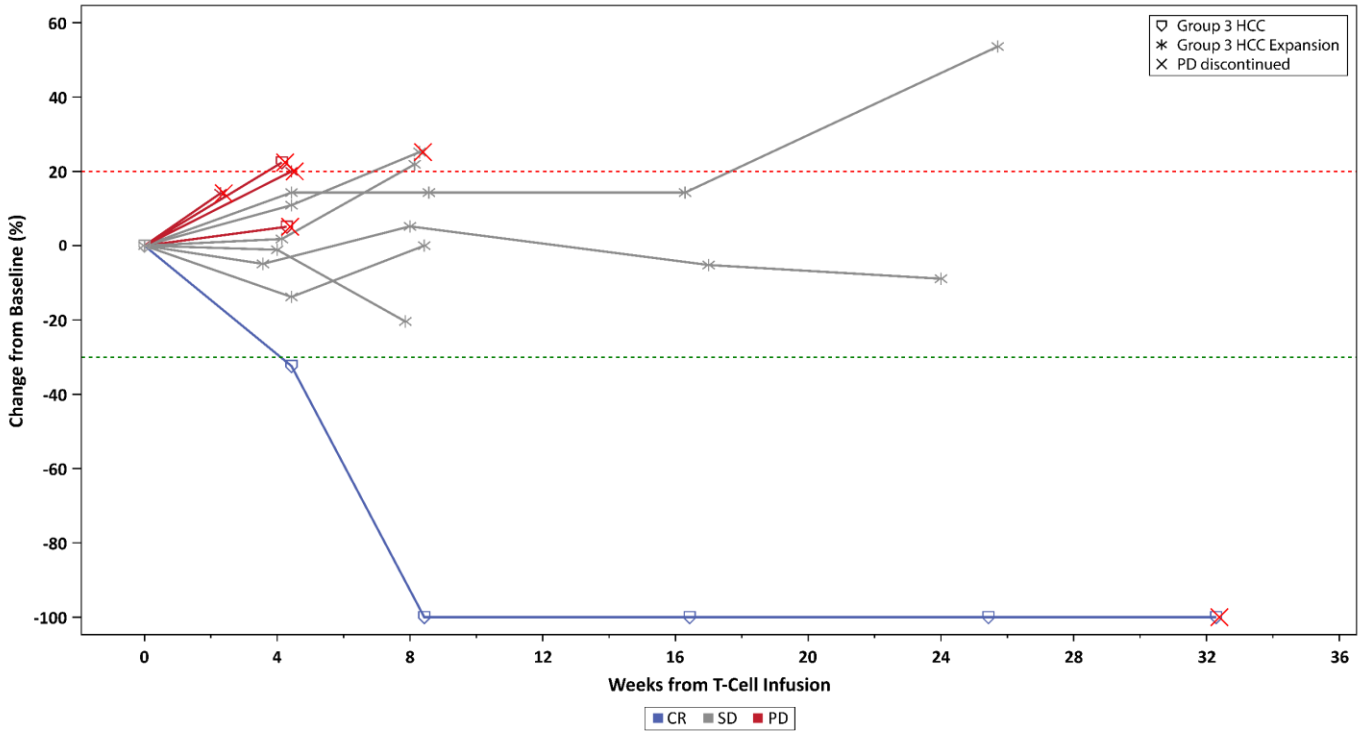
Potential of ADP-A2AFP with one complete response and disease control rate of 64% (7/11*)

Phase 1 trial ongoing in expansion phase – further update when new data becomes available

Best overall response: RECIST v1.1



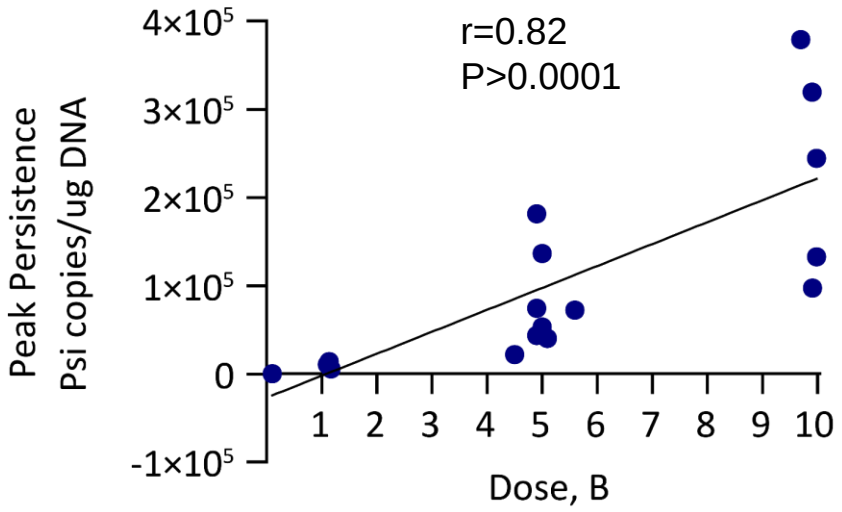
Best overall response	Group 3 and expansion (N=13), n (%)
Complete response	1 (8)
Stable disease (total)	6 (46)
Stable disease (<16 weeks' duration)	4 (31)
Stable disease (≥16 weeks' duration)	2 (15)
Progressive disease	4 (31)
Not evaluated	2 (15)*

ILCA conference 2-5 September 2021

AFP, alpha fetoprotein; B, billion; CR, complete response; PD, progressive disease; SD, stable disease; SPEAR, specific peptide enhanced affinity receptor

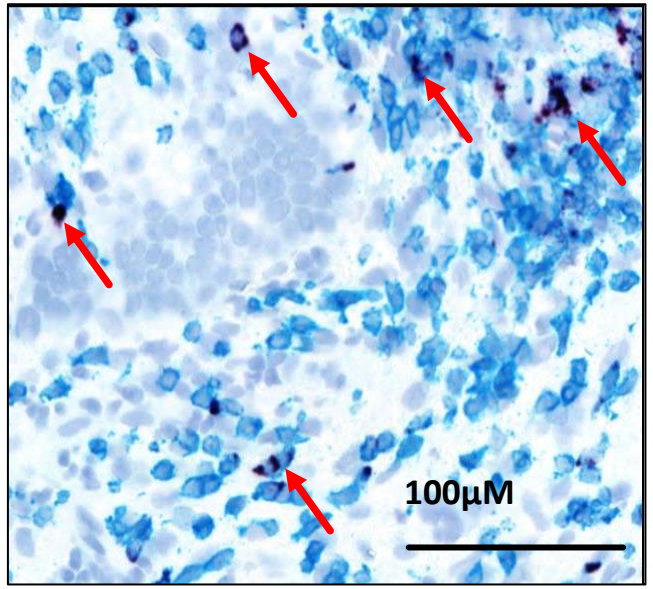
*Two patients did not have first scans at the time of the data cut-off; Data cut-off April 5, 2021

Peak persistence correlates with ADP-A2AFP dose and SPEAR T-cells are detected in tumor tissue

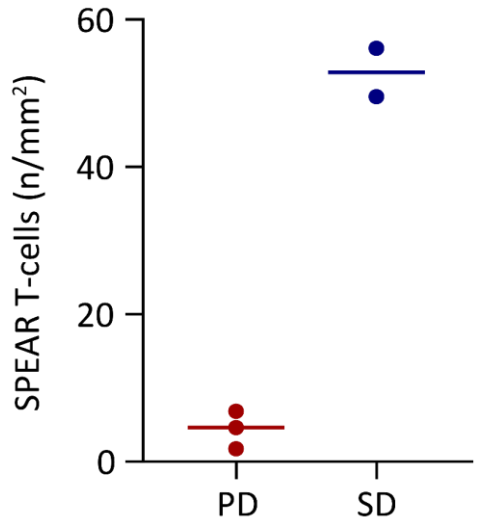


Patient with SD ≥16 weeks

AFP TCR & CD3



Cohort 3/Expansion, n=5



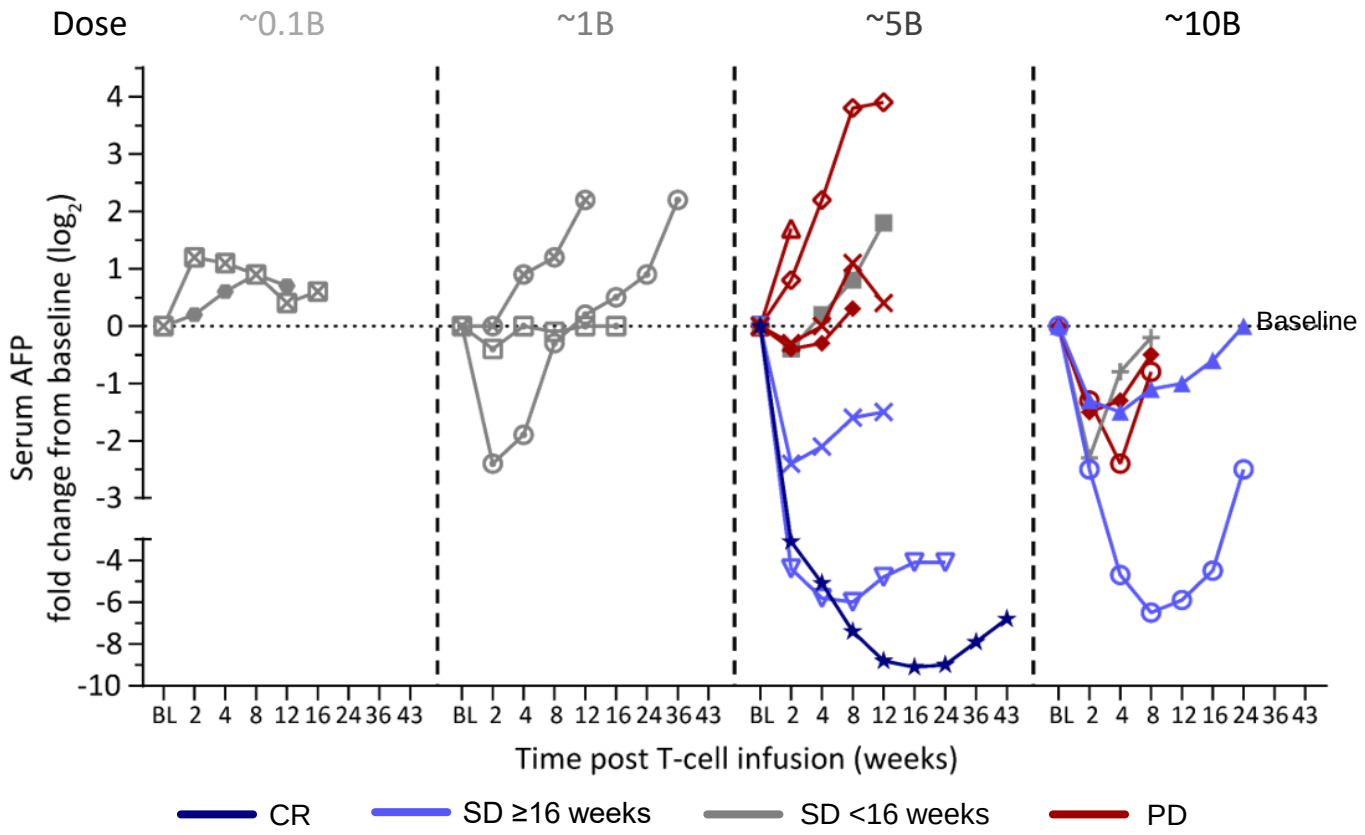
Post-infusion tumor biopsies were collected at Weeks 4–8

Positive correlation was observed between peak persistence and dose
SPEAR T-cell infiltration was detected in all available post-infusion tumor biopsies and higher in patients with stable disease

ILCA conference 2-5 September 2021

AFP, alpha fetoprotein; B, billion; CR, complete response; PD, progressive disease; SD, stable disease; SPEAR, specific peptide enhanced affinity receptor
Data cut-off April 5, 2021

Post-infusion levels of serum AFP associate with dose and outcome



Higher SPEAR T-cell dose associates with decrease in serum AFP levels
Clinical benefit is associated with sustained reduction in serum AFP levels

ILCA conference
2-5 September 2021

AFP, alpha fetoprotein; B, billion; CR, complete response; PD, progressive disease; SD, stable disease; SPEAR, specific peptide enhanced affinity receptor
Data cut-off April 5, 2021

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ADP-A2AFP is associated with an acceptable safety profile and disease control rate of 64%

- ADP-A2AFP SPEAR T-cells up to doses of 10 billion transduced cells have been associated with an acceptable safety profile
  - No clear reports of T-cell–related hepatotoxicity
  - No protocol-defined dose-limiting toxicities
- Disease control rate 7/11 (64%)
  - One pt. w/ sustained complete response with normalization in serum AFP (progression at Week 32)
- Antitumor activity and sustained decreases in serum AFP were observed in several patients with best overall responses of stable disease
  - Two patients with stable disease reported beyond 16 weeks
- ADP-A2AFP SPEAR T-cells persisted in the periphery in a dose-dependent manner and were detected in post-infusion tumor tissue

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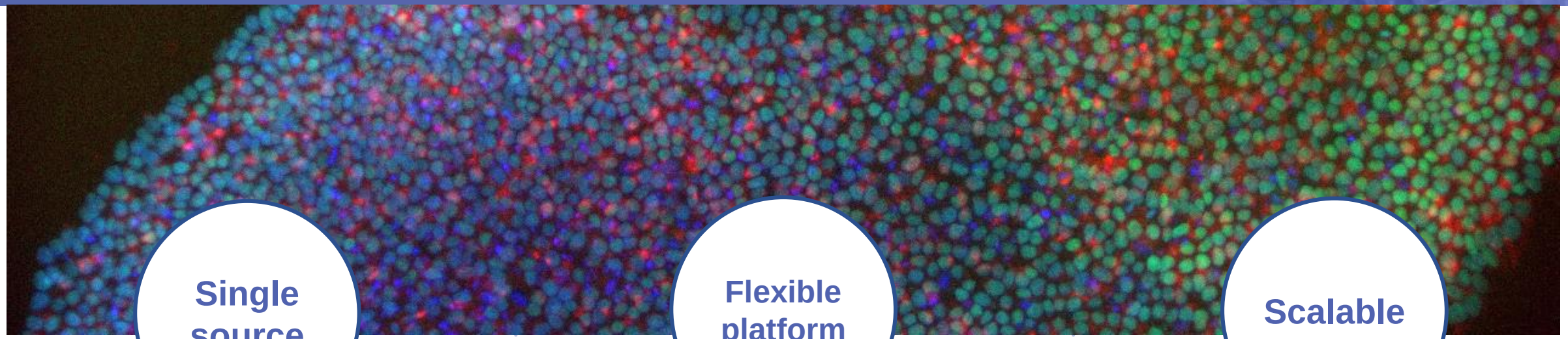
2-5 September 2021

Our allogeneic platform and strategic collaboration with Genentech

iT-cell platform provides controlled, consistent off-the-shelf products

How we will deliver one product suitable for multiple patients on demand



Single source

- iPSCs from single donor stem cells
- High proliferative potential
- **Reproducible** starting material

Flexible platform

- Overcomes lentivector capacity limit
- **Flexibility** to add multiple next-gens or edits

Scalable

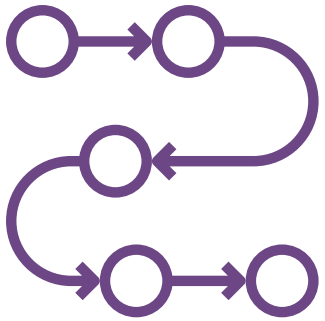
- Single cell line for characterization
- Defined media composition
- **No serum or feeder lines**

Steps to make our allogeneic iT-cells ready for the clinic

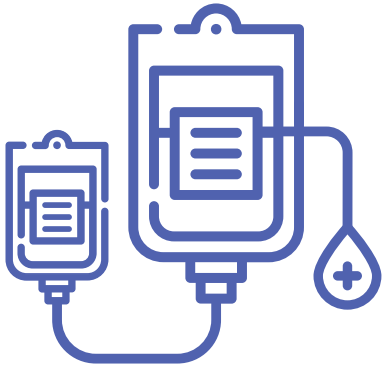
Focusing on the right steps to make safe and effective allogeneic cell therapies

1 → 2 → 3

Gene editing



Differentiation process



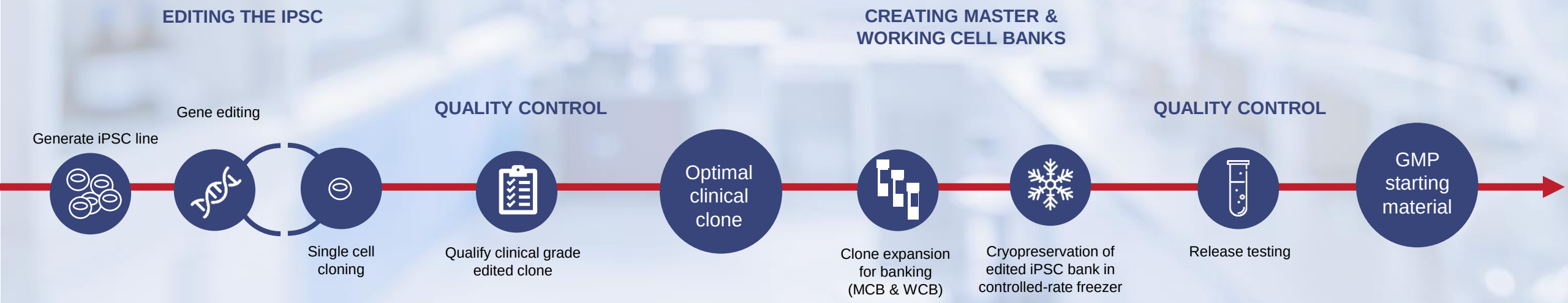
Scale up

Reproducible starting material reduces allogeneic product variability

Large cell banks can be made from edited iPSC so that each batch of product starts from the same cells

1

GETTING TO GMP STARTING MATERIAL



A single iPSC can be expanded to make 100s or 1,000s vials in master and working cell banks

MCB: master cell bank; WCB: working cell bank

Removing RAG gene eliminates native TCR to prevent GvHD

Recent gene editing progress ensures only MAGE-A4 targeted TCR is present – cloning ensures all iT-cells have edit

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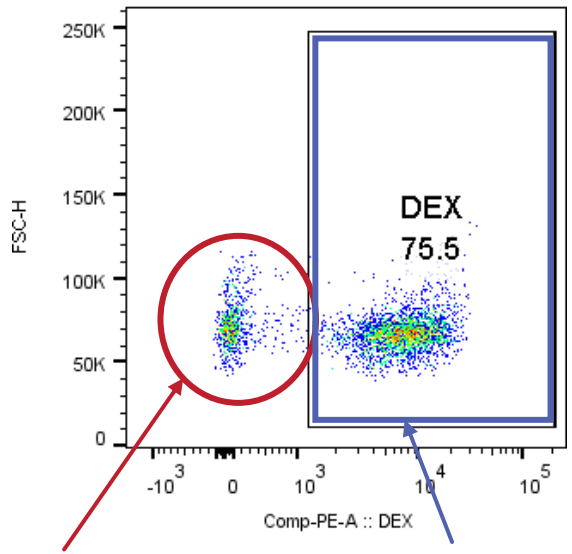
Clone 1 – RAG intact

Both native TCR and
engineered ADP-A2M4 TCR present

Flow cytometry
(surface protein expression)

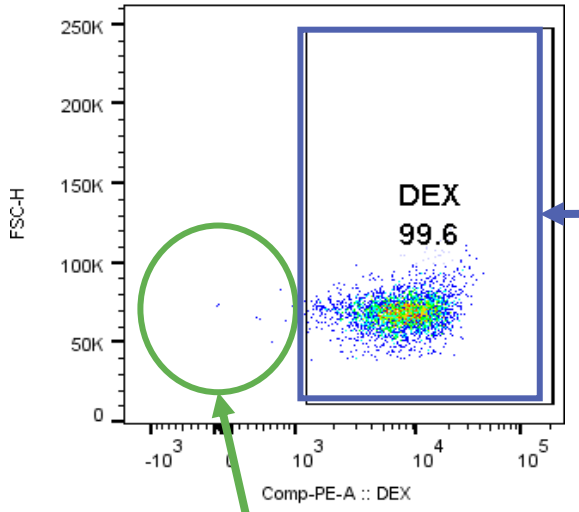


Native TCR =
GvHD risk

Engineered
ADP-A2M4 TCR

Clone 2 – RAG knockout

Only engineered
ADP-A2M4 TCR present



Engineered
ADP-A2M4 TCR

Loss of native TCR
confirmed by TCR
repertoire analysis
(PCR assay)

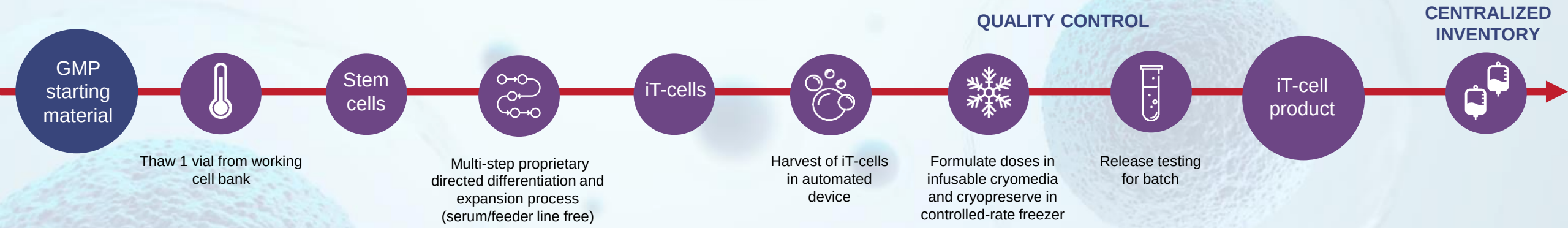
Adaptimmune
TRANSFORMING T CELL THERAPY

From edited iPSC banks of cells to centralized inventory of on demand product

Clonal starting material for consistent iT-cell therapies ready for patients

2

CREATING BATCHES OF DIFFERENTIATED CELLS



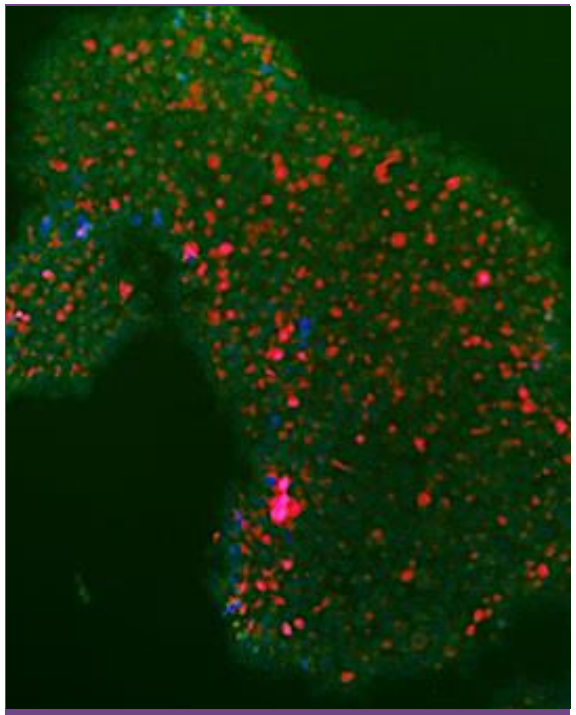
A single vial of iPSC clones will make multiple patient doses depending on scale up

Adaptimmune
TRANSFORMING T CELL THERAPY

Proprietary iPSC differentiation process mimics early T-cell development in a dish

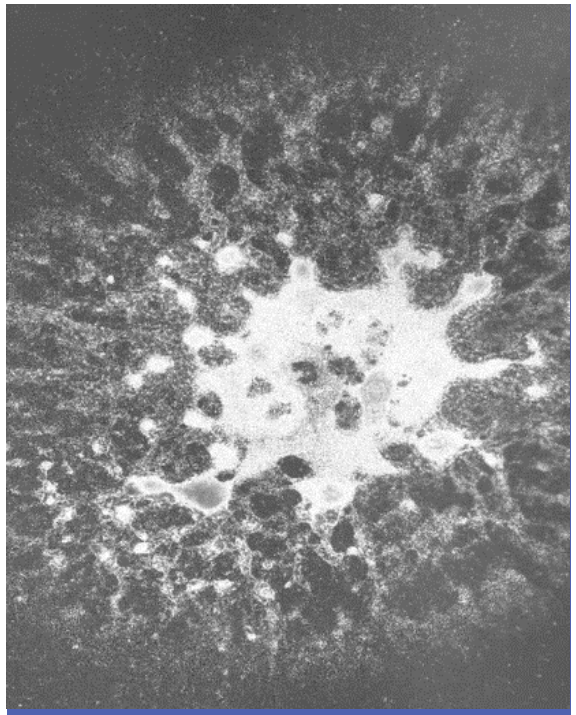
Stem cells form organoids with complex 3-D structure to support iT-cell development

2



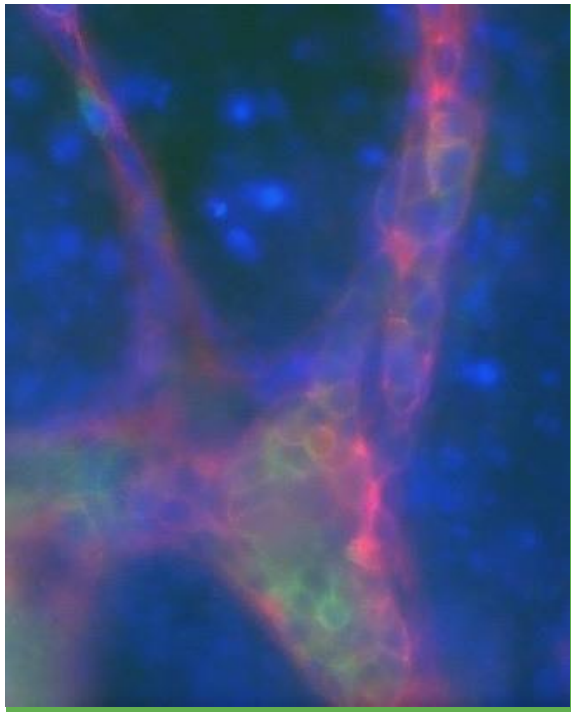
Stem cells (starting material)

Hoescht blue, OCT4 green,TRA160 red



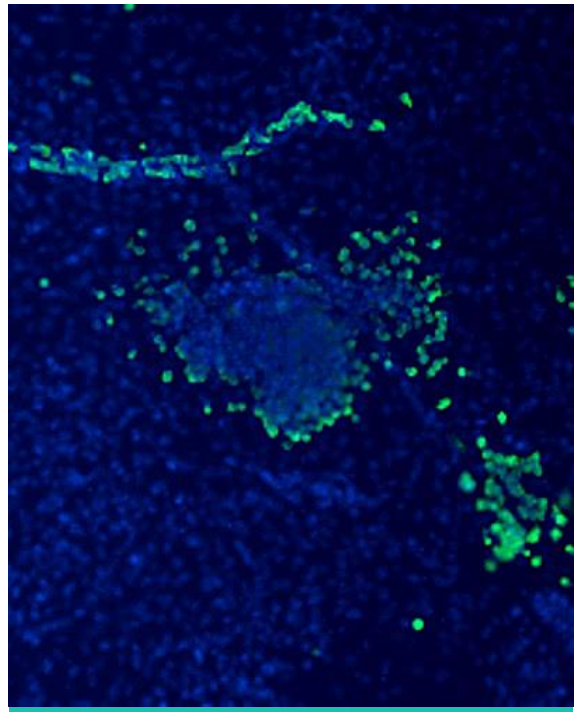
Complex 3D structures self assemble

Brightfield



Hemogenic endothelium forms

Hoescht blue, CD45 green,CD34 red



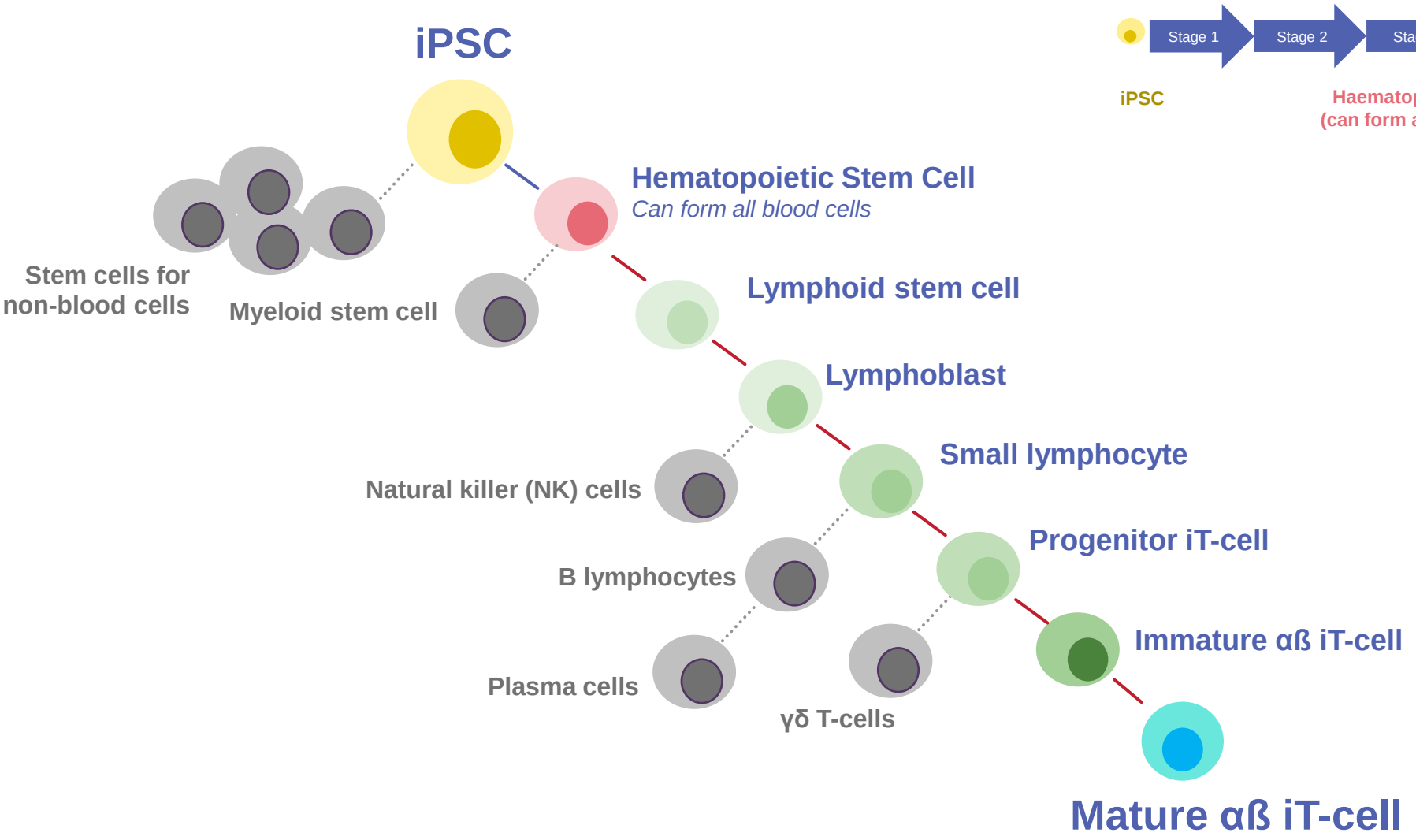
T-cells form

Hoescht blue, CD3 green

We chose to make αß T-cells from stem cells because they work in solid tumors

Differentiation path to mature αß T-cells is one of the longest for any lymphoid cells

2



Our proprietary differentiation process produces functional, mature iT-cells

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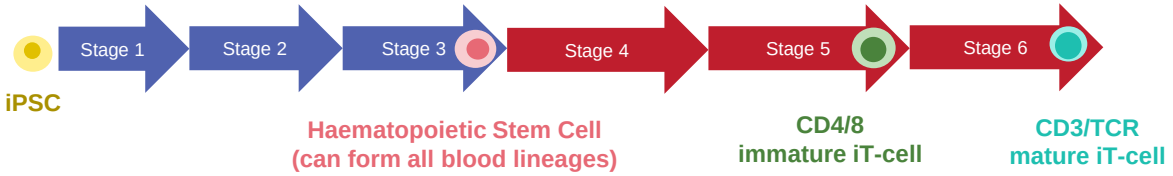
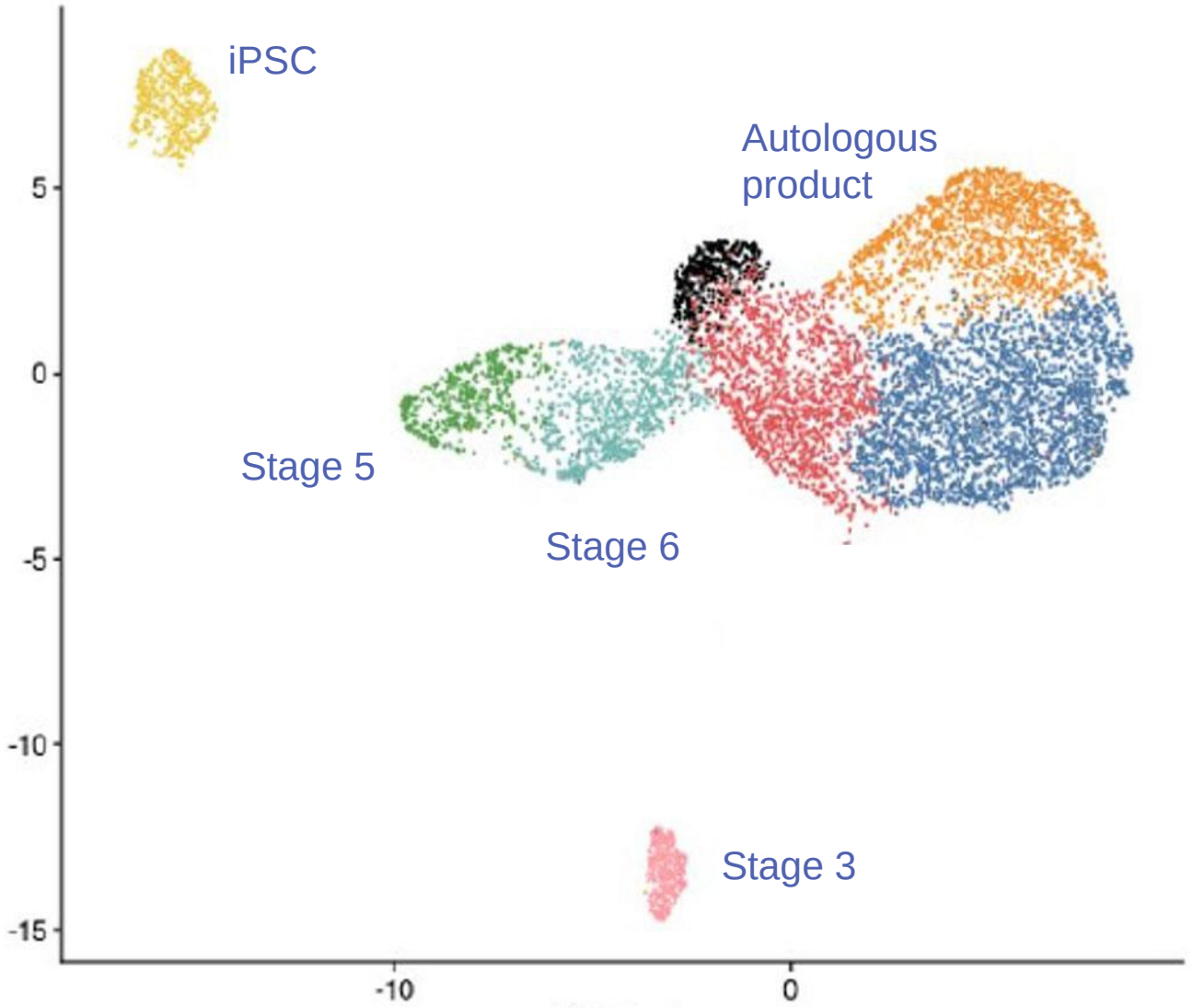
Autologous product sets the standard for making functional allogeneic iT-cells

Proprietary differentiation process produces mature iT cells approaching genetic phenotype of autologous product



Our autologous T-cell products work in solid tumors

Single-cell gene analysis and clinical data provide map to ideal allo iT-cell



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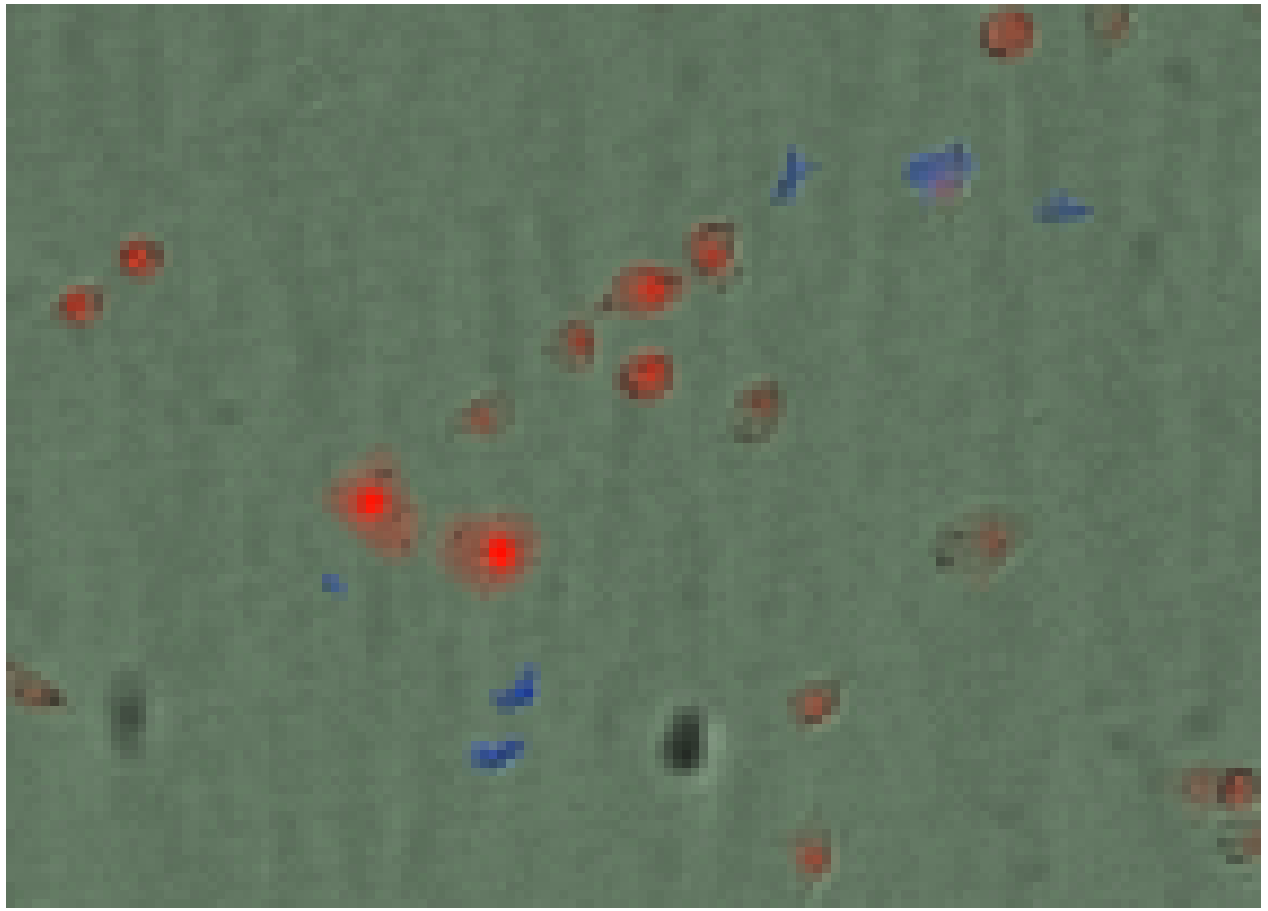
iT-cells can kill target more than once; the type of activity needed to treat solid tumors

Serial killing of tumor cells is a hallmark of mature, functional, effector T-cells

2



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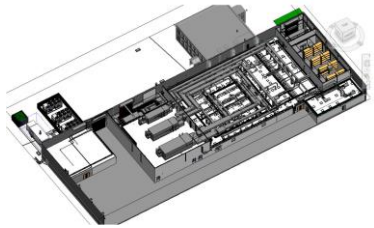
Our fully integrated cell production expertise puts us on quick path to allogeneic scale up

We know how to build world-class manufacturing facilities to supply products for the clinic

Allogeneic facilities at Milton Park, UK

- Research
- Process development



- Allogeneic manufacturing

Aim to open by end of 2022

Leveraging successful build out of two autologous facilities in last 4 years

Navy Yard, US

Stevenage, UK

Providing a consistent “off-the-shelf” product for multiple patients on demand

Reduced hospital time, no apheresis, simplified patient journey

DELIVERING TO THE PATIENT

Patient screened for marker

Request cells

Multiple doses from multiple batches stored frozen

Courier to designated infusion centers on demand (temp control + tracking)

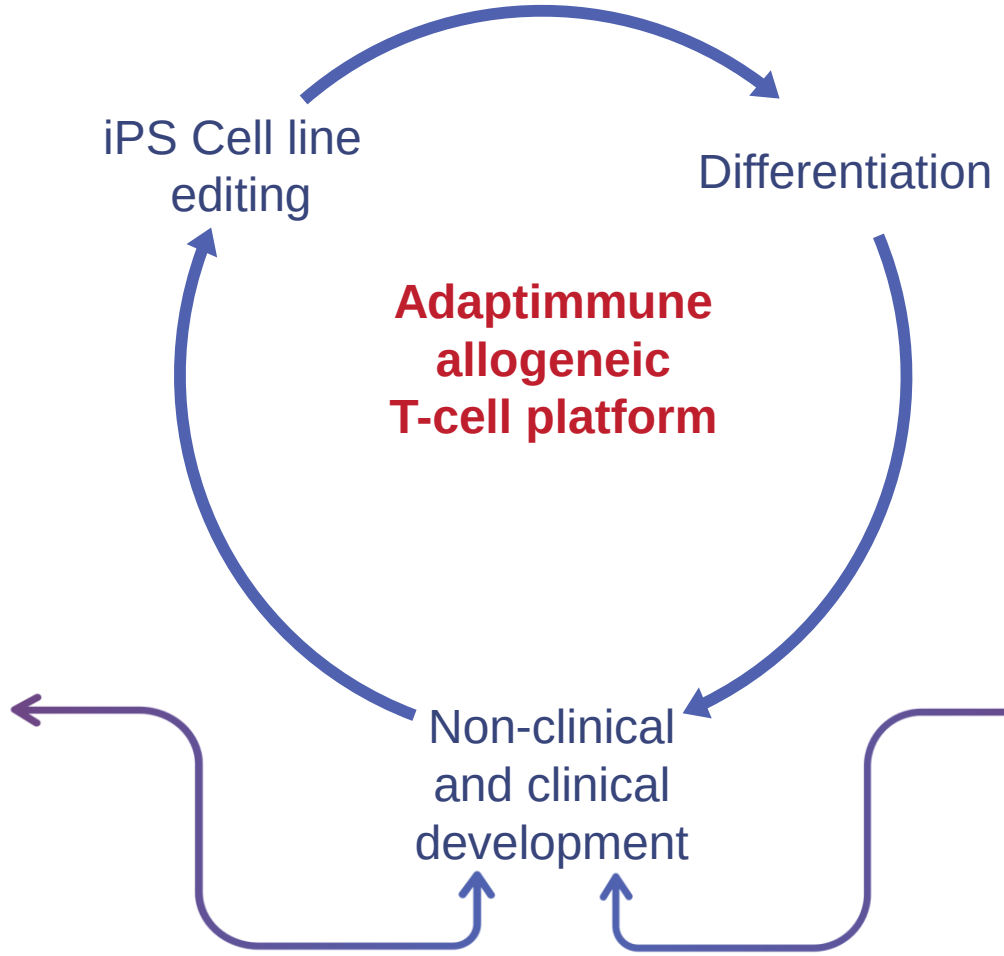
Infusion center receives manufactured product and stored frozen

Thaw cells in automated device for direct infusion at local hospital

Adaptimmune
TRANSFORMING T CELL THERAPY

Combining Adaptimmune and Genentech cell therapy expertise

To deliver allogeneic cell therapies for people with cancer



Component 1:
Off the Shelf Products

Knock-in of Genentech provided TCRs specific to 5 targets including scope for next-gen modifications

Component 2:
Personalized Therapy

Real-time identification and knock-in of patient-specific TCRs; scope for next-gen modifications

Adaptimmune
TRANSFORMING T CELL THERAPY

Financials for Genentech strategic collaboration

- Under the terms of the agreement*, Adaptimmune will receive:
  - Upfront payment of $150 million
  - $150 million in additional payments over the next 5 years*
- In addition, Adaptimmune may be eligible to receive research, development, regulatory and commercial milestones payments potentially exceeding $3 billion in aggregate value
- Adaptimmune will receive tiered royalties on net sales in the mid-single to low-double digits
- Adaptimmune has the right to opt in to a 50/50 U.S. profit/cost share on "off-the-shelf" products
  - If Adaptimmune elects to opt in, then Adaptimmune will be eligible to share 50 percent of profits and losses from U.S. sales on such products and is eligible to receive ex-U.S. regulatory and sales-based milestone payments, as well as royalties on ex-U.S. net sales

- *The effectiveness of the agreement is subject to clearance under the Hart-Scott-Rodino Antitrust Improvements Act.*

*unless agreement is earlier terminated

Preclinical pipeline to deliver five products into the clinic by 2025

Strong pipeline to deliver five products to enter the clinic by 2025

Aiming for curative and mainstream therapies

- Insights from translational sciences
- Next-generation products
- Next-generation Tumor Infiltrating Lymphocytes (TILs)
- TCRs to alternative pHLA
- HLA-independent TCR (HiT) platform

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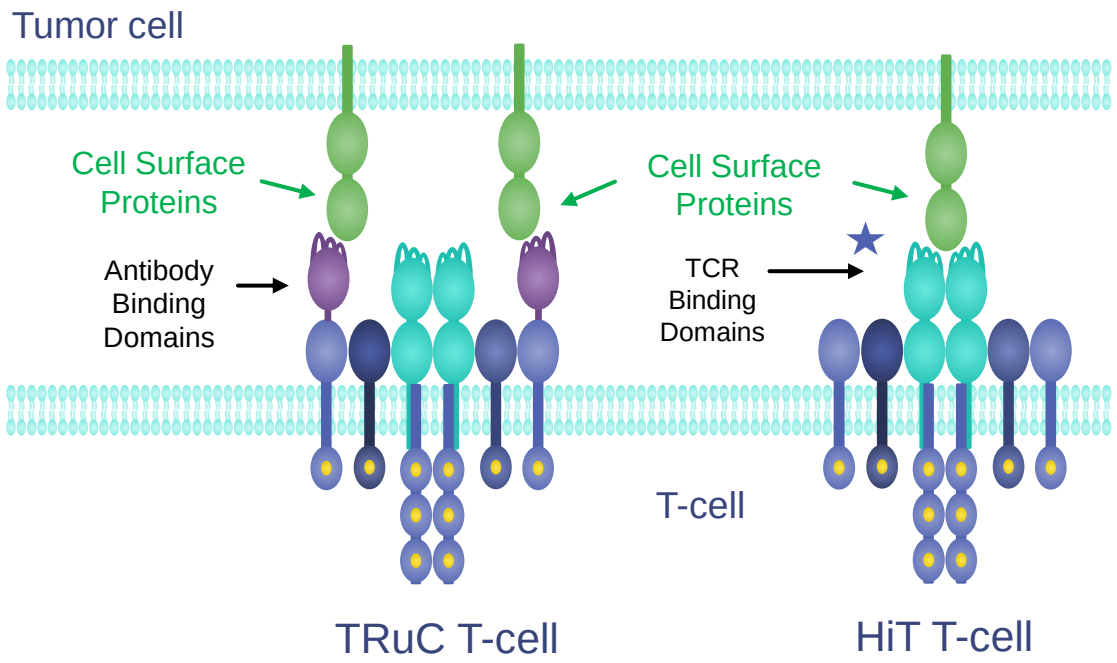
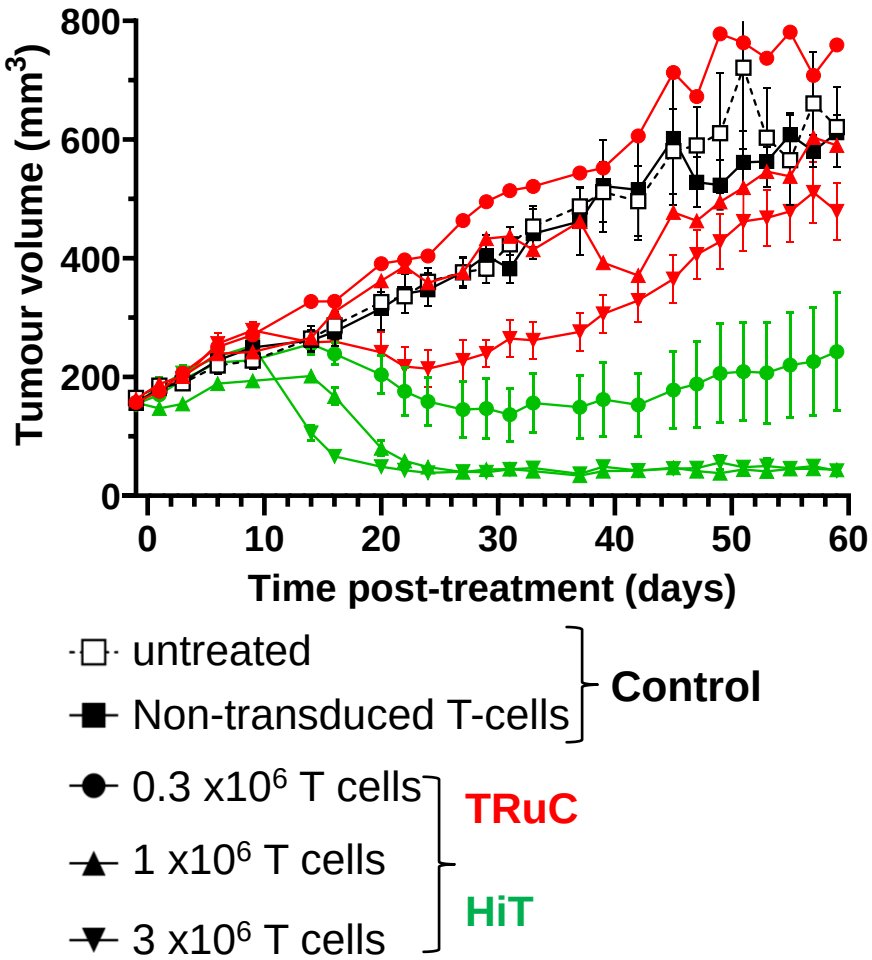
TRANSFORMING T CELL THERAPY

HiT induces strong, dose-dependent and persistent tumor regression *in vivo*

HiT outperformed TRuC in a mouse tumor model





Mean ± SEM, n = 6–8 per group

HiT, HLA-independent TCR; HLA, human leukocyte antigen; TRuC, TCR fusion constructs; All T-cells manufactured with Adaptimmune proprietary technology

Enhancing SPEAR T-cells to improve patient response, survival, and quality of life

Next-generation products

Promote immunological memory

Improve T-cell function, proliferation and survival

Overcome tumor resistance mechanisms

Next-Generation Products

Improve T-cell homing and tumor penetration

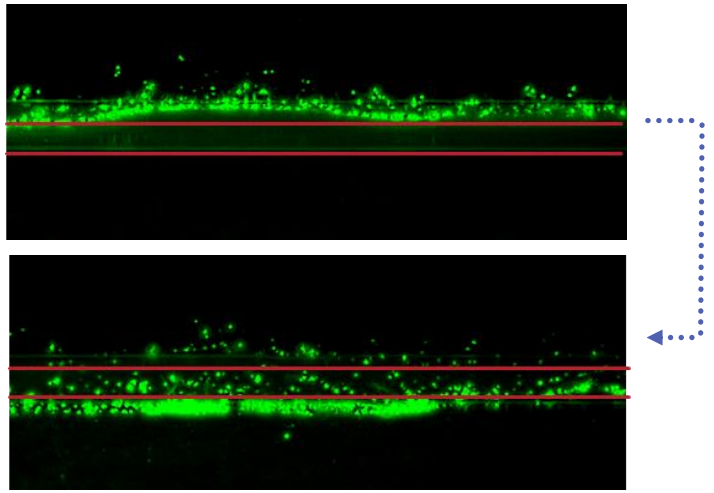
Evoke a wider immune response

Toolbox of next-gen constructs developed

- CD8α (SURPASS trial)
- IL7
- PDE-7
- dnTGFbeta
- IL15
- IL7 + CCL19
- Undisclosed

Noile-Immune Biotech

ALPINEImmuneSciences

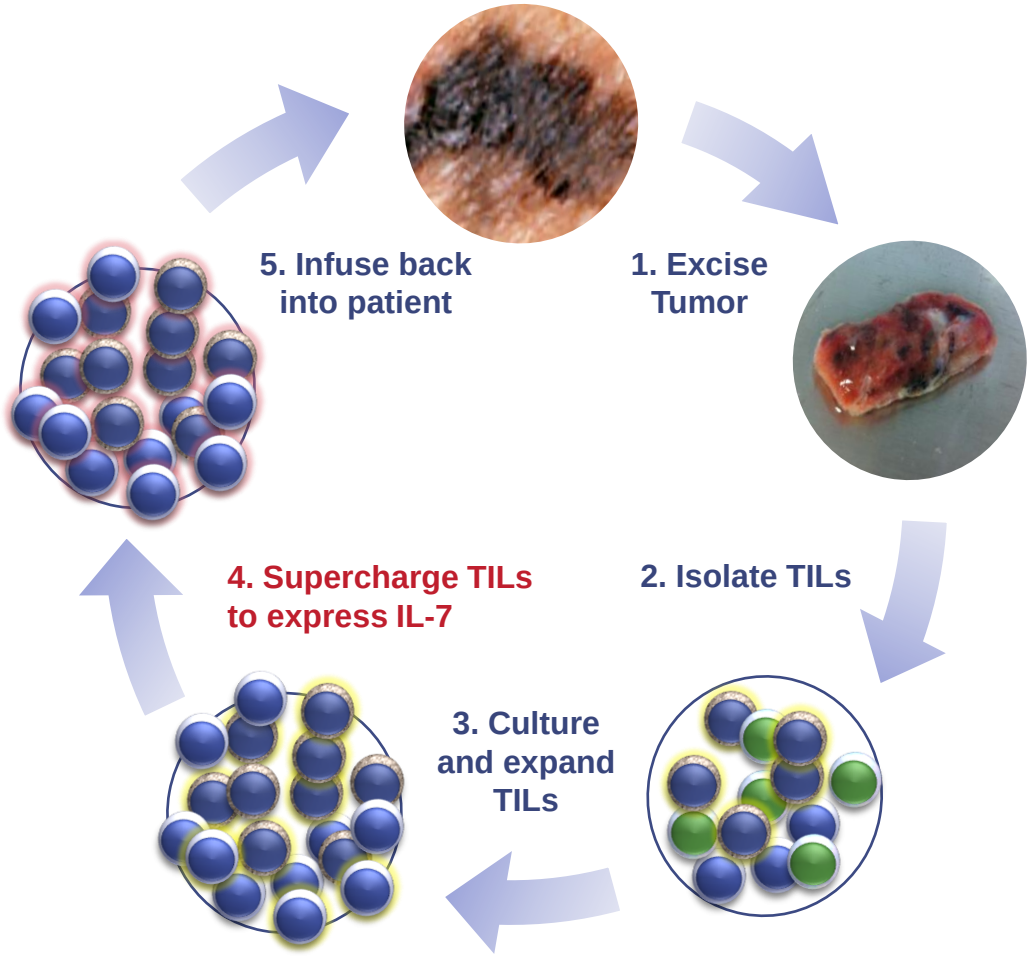


Migration of SPEAR T-cells induced by CCL19

Adaptimmune TRANSFORMING T CELL THERAPY

Working with CCIT to develop next-generation ‘supercharged’ TILs co-expressing IL-7

The future of melanoma treatment?



Partnership with leading TIL therapy center (CCIT, Denmark) led by Inge-Marie Svane

- Tumor Infiltrating Lymphocytes (TILs) therapy is efficacious in solid tumors, including melanoma
- Aim to transform patient responses with a next-generation TIL product
  - TIL-IL7 product progressing to the clinic
- Builds on our strengths in TCR discovery, next-generation product development and manufacturing
- Broad market potential

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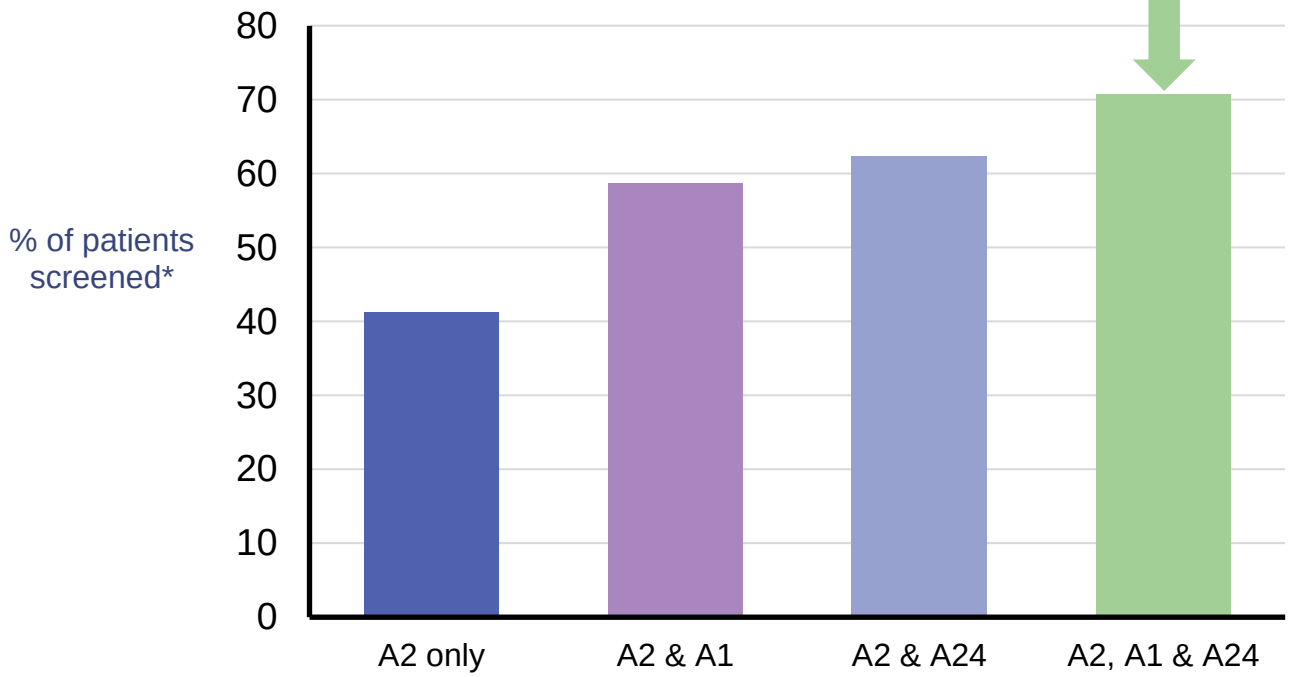
Increase treatable patient population with products targeting additional HLA types

Towards mainstream therapy

Single HLA allele frequency in patients

MAGE-A4	• **HLA-A*02**	**41%**
	• HLA-A*01	**25%**
	• HLA-A*24	**26%**
AFP	• **HLA-A*02**	**41%**
	• HLA-A*24	**26%**

> 70% patients treatable with products targeting HLA-A*02, *01 and *24



*HLA data taken from first 1,043 patients screened in our trials

Adaptimmune
TRANSFORMING T CELL THERAPY

Company overview and financials

Leading capabilities for designing and delivering cell therapies

Integrated, internal capabilities are the foundation for long-term value creation

~487 FTEs*

Philadelphia

- Autologous product manufacturing
- Clinical Development
- Commercial
- Corporate

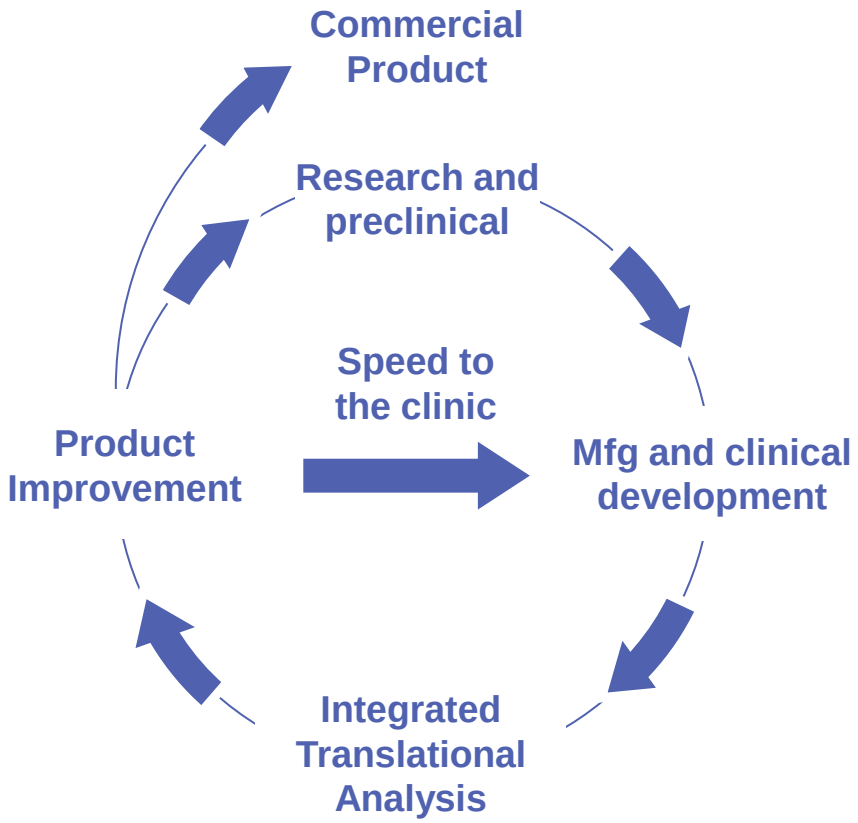
Milton Park

- Pipeline Research
- Allogeneic research
- Process and analytical development
- Corporate

Stevenage

- GMP Lentiviral vector manufacturing

Speed of innovation



* As of August 2021

Cash runway into early 2024

Total Liquidity at end of Q2 2021 was ~**$285M***

Total Liquidity, with upfront and additional funding from Genentech**, estimated to fund Company into early 2024

Well financed and ready to execute on broad range of opportunities/value drivers

* As of June 30, 2021 - Total Liquidity (a non-GAAP financial measure) is the total of cash and cash equivalents and marketable securities, which is explained and reconciled to the most directly comparable financial measures prepared in accordance with GAAP in our Quarterly Report on Form 10-Q filed with the SEC on August 9, 2021.
** The effectiveness of the agreement is subject to clearance under the Hart-Scott-Rodino Antitrust Improvements Act.


SPEAR-heading
THE CANCER
REVOLUTION
Corporate Deck
October 2021
Adaptimmune
TRANSFORMING T CELL THERAPY