Autolus

Developing Next Generation Programmed T Cell Therapies

May 2026

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Autolus.com

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Autolus is positioned for value creation

Obe-cel product franchise supports multiple growth opportunities

Initial Indication: Adult r/r B-ALL
Strong Execution in First Year of Launch

Pipeline expansion opportunities grow future commercial potential in new indications

AUCATZYL®
obecabtagene autoleucel
suspension for IV infusion

FY 2025 Net Product Revenue

$74.3 million

- Achieved CAR T market leadership in r/r B-ALL
- Significant opportunity to grow overall CAR T market in adult r/r B-ALL
- Physician interest to pursue investigator sponsored trials in 1st line ALL

Product	Indication	Target	Preclinical	Phase 1	Phase 2/Pivotal	Approved
AUCATZYL®	Adult ALL	CD19				
obe-cel	Pediatric ALL	CD19				
obe-cel	Lupus Nephritis	CD19				
obe-cel	Progressive Multiple Sclerosis	CD19				

Opportunity to establish a pipeline in a product with recent data presentations supporting potentially pivotal Phase 2 clinical trials with obe-cel in lupus nephritis and pediatric ALL

Commercial and pipeline opportunities supported by proven manufacturing and product delivery capabilities and established authorized treatment centers

Autolus is a leader in CAR T manufacturing & product delivery

Executing on manufacturing and product delivery in the first year of launch:

- Manufacturing success rate >90%
- Fast, reliable and consistent product delivery
- No capacity limitations

Manufacturing Life Cycle Strategy: Opportunities for Innovation to Improve Margins

1. Optimizing the current manufacturing process and operating model
2. Enhancing automation opportunities on our existing process
3. Developing next-generation manufacturing platform with a step change in the cost and capacity profile

AUTOLUS' FIRST APPROVED PRODUCT

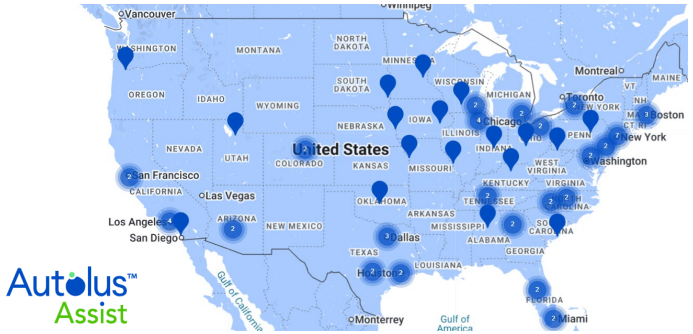
AUCATZYL®

A potentially best-in-class, standalone CD19 CAR T cell therapy

AUCATZYL® is gaining traction in US and UK markets

AUCATZYL Global Net Product Revenue

Q1 2026: $26.2 million



- Penetration into US market deepening with positive physician experience – as highlighted in recently reported ROCCA data & Autolus ALL investor event
- Early in UK launch, interest and awareness of AUCATZYL is high

2026 Expectations

FY 2026 Net Product Revenue:
$120-$135 million

Increase commercial footprint in the US to more than 80 treatment centers and ongoing launch in the UK

Shift to **positive gross margin in 2026** based on increasing volumes and improved manufacturing plant operation

AUCATZYL geographic growth opportunities in ALL

Expansion

UK Launch Q1 2026

- ✓ Conditional marketing authorization in the UK received April 2025
  - ✓ Successful NICE pricing and reimbursement process Nov 2025
  - ✓ AUCATZYL available in routine commissioning in NHS Dec 2025

EU market access - pending

- ✓ European Commission (EC) conditional approval received July 2025
  - Ongoing country-by-country evaluation of pricing and reimbursement decisions to assess feasibility of market entry; no anticipated EU sales in 2026
  - Exploration of alternate market access mechanisms in 2026

FELIX trial published in New England Journal of Medicine[1]

Favourable response rate and tolerability, despite challenging patient population

High overall response rate with deep molecular responses

- Durable responses, particularly in patients with a low-to-intermediate bone marrow burden

Response by disease status at lymphodepletion	Overall Remission Rate (CR/CRi)
All patients (n=127)	77%
Morphological disease (n=91)	75%
Measurable residual disease (n=29)	96%
Isolated extramedullary disease (n=7)	71%

Excellent tolerability profile

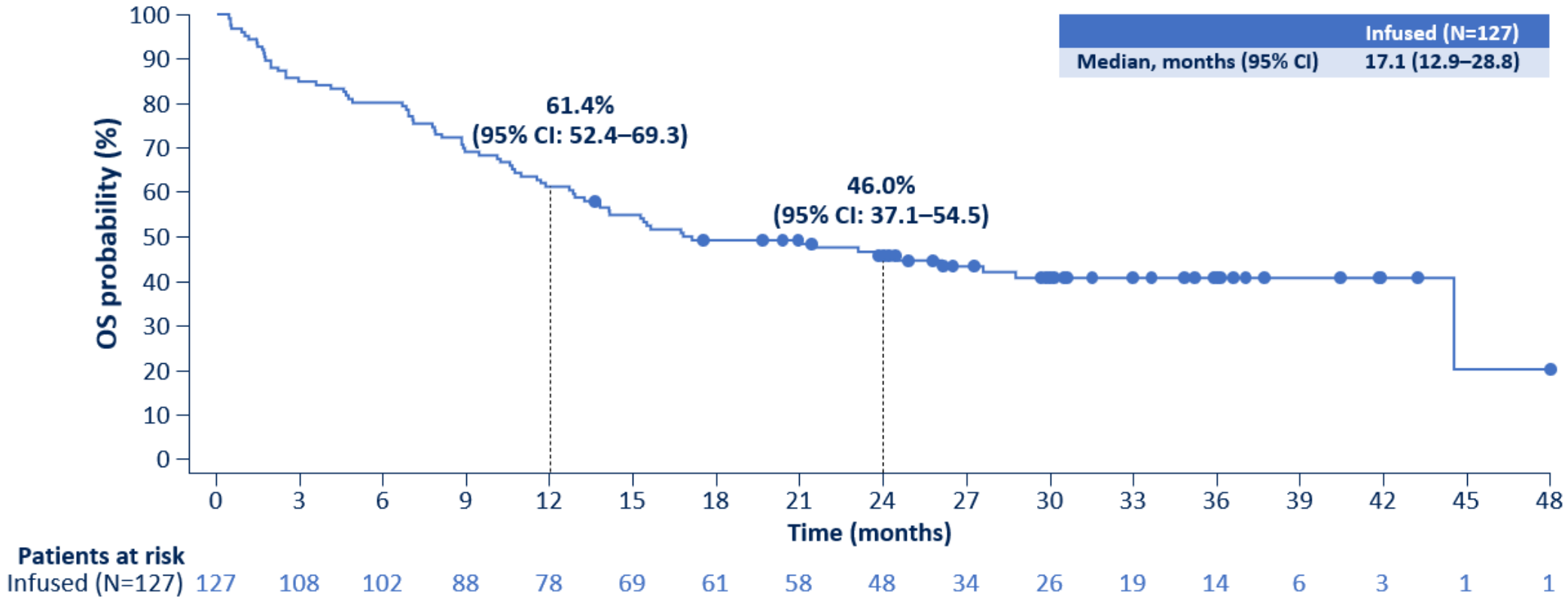
- Very low rates of high-grade immunotoxicities
- No high-grade events in low disease burden patients

Safety by disease burden at lymphodepletion	Grade ≥3 CRS	Grade ≥3 ICANS
All patients (n=127)	2%	7%
>75% Blasts (n=40)	2%	12%
5-75% Blasts (n=51)	4%	8%
<5% Blasts (n=36)	0%	0%

1. Roddie C, et al "Obecabtagene autoleucel in B-cell acute lymphoblastic leukemia" N Engl J Med 2024; DOI: 10.1056/NEJMoa2406526

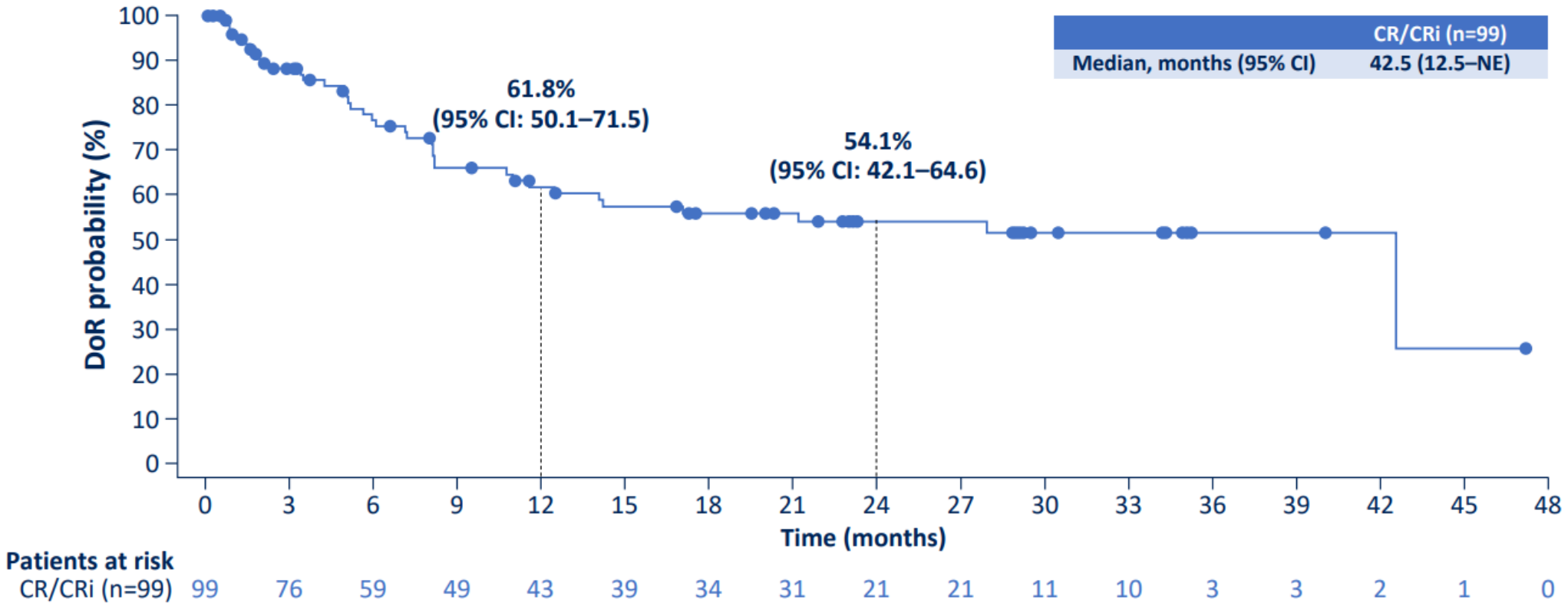
Data continue to show long term remissions in r/r adult B-ALL

At 24 months, overall survival probability was 46.0%



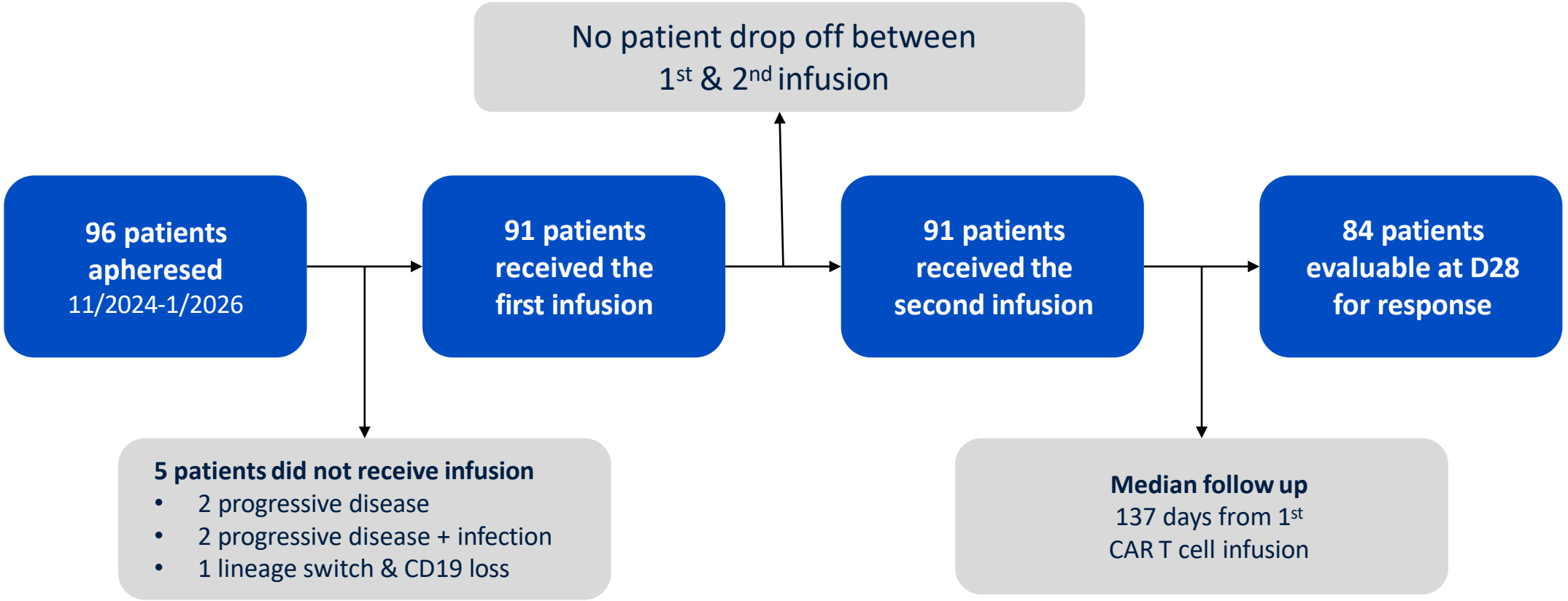
Duration of response: median 42.6 months at last data cut

More than half of patients still in remission at 24 months



ASTCT 2026: AUCATZYL® patient characteristics in real world setting

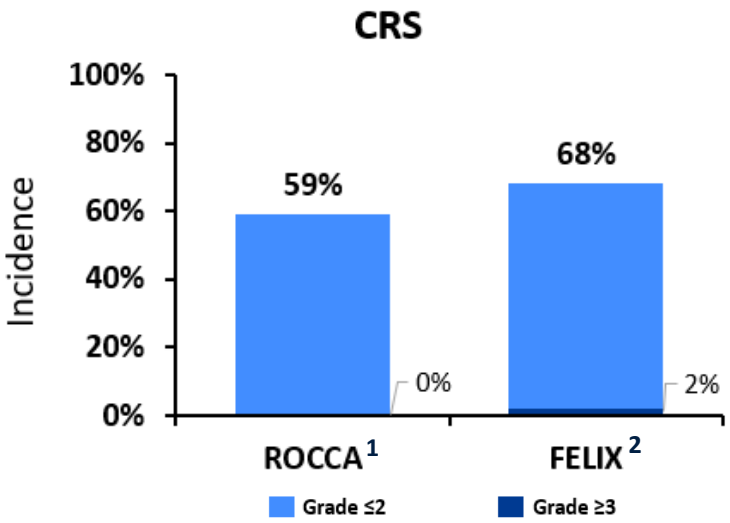
ROCCA Consortium registry covers approximately 60% of U.S. commercial patients at data cutoff of January 2026

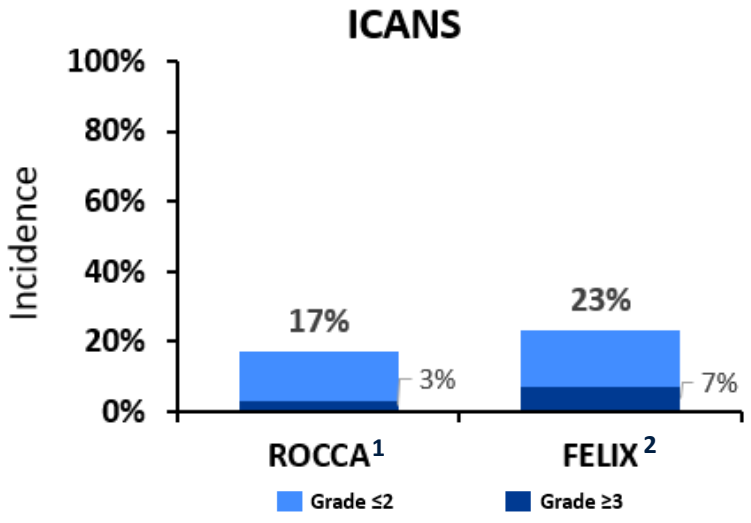


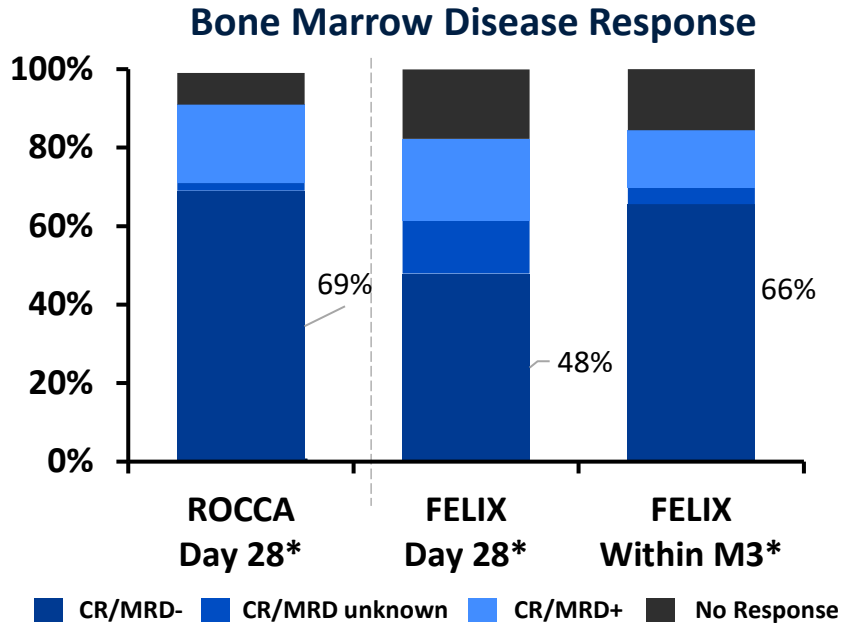
1 Valtis Y, et al. "Patient characteristics, toxicity, and response after real world administration of obecabtagene autoleucel and brexucabtagene autoleucel for R/R ALL: A ROCCA analysis"; TANDEM Transplantation & Cellular Therapy Meetings of ASTCT & CIBMTR; February 2026

ASTCT 2026: AUCATZYL® real world data consistent with FELIX pivotal trial

ROCCA Consortium registry covers approximately 60% of U.S. commercial patients at data cutoff of January 2026







- ✓ Patients with lower tumor burden being treated in real-world setting compared to FELIX trial[1]
- ✓ Improvements in both safety and efficacy in real-world data compared to FELIX trial[1]
- ✓ Real world data show favorable safety profile with no high-grade CRS; 3% high-grade ICANS[1]
- ✓ Disease response in FELIX trial deepened between Day 28 and Month 3[2]

1 Valtis Y, et al. "Patient characteristics, toxicity, and response after real world administration of obecabtagene autoleucel and brexucabtagene autoleucel for R/R ALL: A ROCCA analysis"; TANDEM Transplantation & Cellular Therapy Meetings of ASTCT & CIBMTR; February 2026
2 Roddie C, et al "Obecabtagene autoleucel in B-cell acute lymphoblastic leukemia" N Engl J Med 2024; DOI: 10.1056/NEJMoa2406526;
* ROCCA: MRD measured by NGS/flow per institutional standards; FELIX: MRD measured by clonoSEQ® next-generation sequencing (NGS) assessment at 10^{-6} level among all patients with NGS calibration.

Expanding the obe-cel opportunity

Deep value program with potentially broad applicability

Pipeline supports growth with multiple development opportunities

Near-Term Growth Drivers

Product	Indication	Target	Preclinical	Phase 1	Phase 2/Pivotal	Approved	Status
AUCATZYL® (obe-cel)	**Adult ALL**	**CD19**					**FDA, MHRA^ & EC approved†**
obe-cel	Pediatric ALL	CD19					**Currently enrolling**
obe-cel	Lupus Nephritis	CD19					**Currently enrolling**
obe-cel	Progressive Multiple Sclerosis	CD19					**Currently enrolling**

Early Stage / UCL Collaborations

Product	Indication	Target	Preclinical	Phase 1	Status
AUTO8*	Multiple Myeloma	CD19 & BCMA			**Currently enrolling**
AUTO8*	Light Chain Amyloidosis	CD19 & BCMA			**Currently enrolling**
AUTO1/22*	Pediatric ALL	CD19 & CD22			**Currently enrolling**

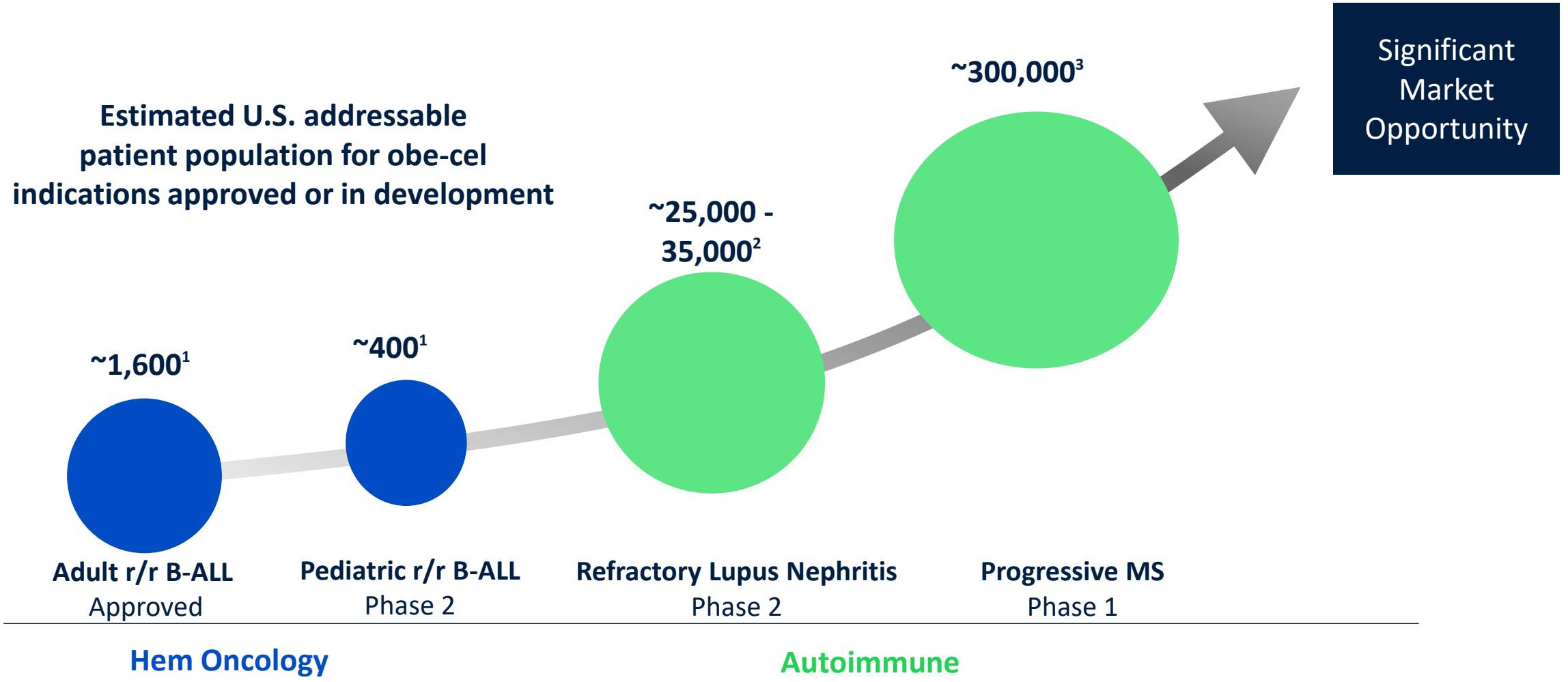
^Conditional marketing authorization; †European Commission (EC) conditional approval; *UCL Collaboration

Oncology Autoimmune / B-cell mediated

Growing the obe-cel franchise commercial opportunity

Robust clinical database and demonstrated commercial capabilities position Autolus for efficient path in new indications

Graphic is illustrative, not to scale



1. Based on National Cancer Institue SEER estimates and internal analysis; 2. Clarivate/DRG Epidemiology, Arthritis Rheumatol. 2023 Apr;75(4):567-573, Arthritis & Rheumatology. 2017;69(10):2006-2017; 3. GlobalData MS Market Forecast 2020-2030 April 2023;

Pediatric r/r B-ALL development strategy

Regenerative Medicine Advanced Therapy (RMAT) designation supports development pathway

Development Rationale: High Unmet Medical Need

- Kymriah approved for refractory and 2nd relapse patients - *excluding* first line high-risk relapsed patients
- Obe-cel aims to include all patients post-frontline therapy, *including* first line high-risk relapsed patients

CATULUS Phase 1

Complete

- Data reported at ASH 2025 annual meeting
- ORR of 95%, CRR of 91%
- Low rates of high-grade CRS and ICANS

CATULUS Phase 2

- 30 patients, SAT
- International study (US, UK, SP)
- Collaboration with Children's Oncology Group (COG)
- Ages 0 - 18 and a minimum weight of 6 kg
- Single weight-based infusion of 1 million cells per kg

CATULUS trial is currently enrolling; data expected at end of 2027

CATULUS Phase 1 data support progressing into Phase 2

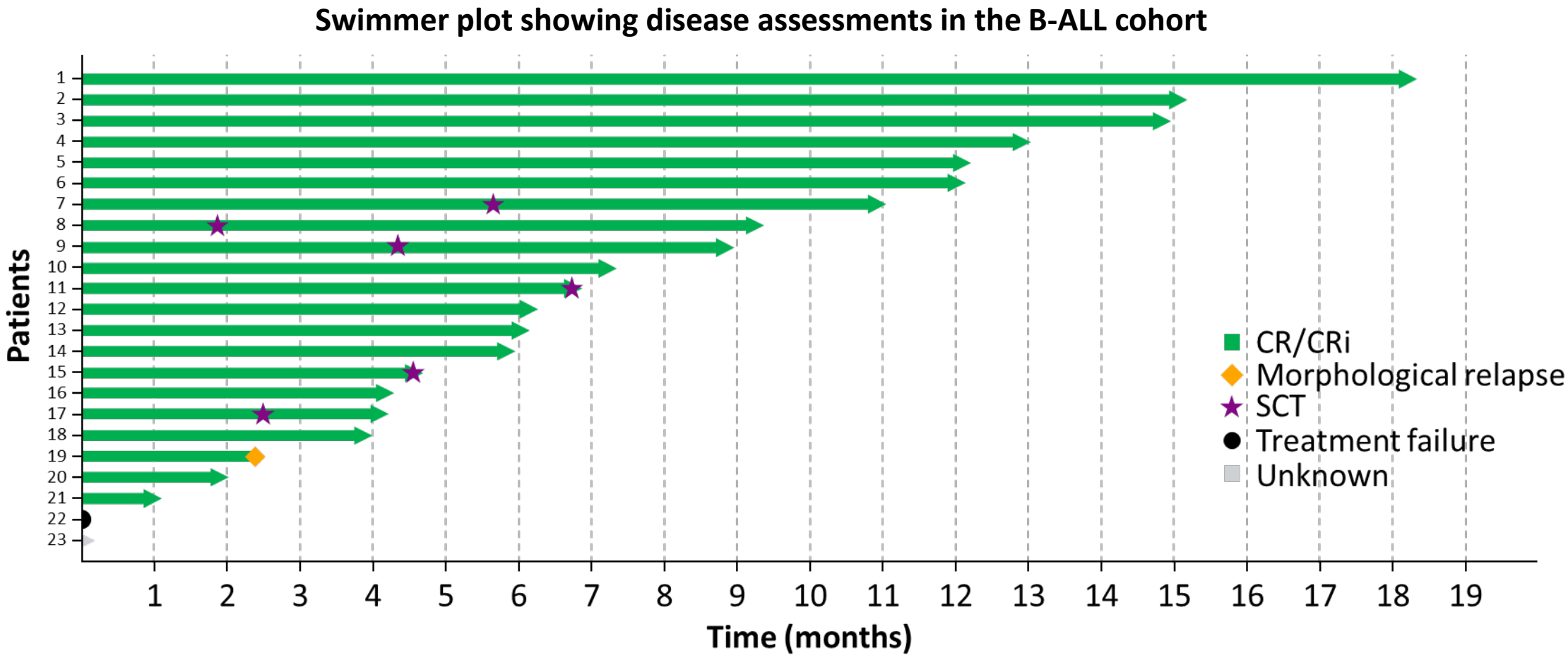
Safety profile of obe-cel in pediatric patients consistent with that previously reported in adults

	All infused patients, B-ALL cohort (N=23)	
	Any grade	Grade ≥3
Treatment-emergent adverse events, n (%)	23 (100)	17 (73.9)
CRS, n (%)	12 (52.2)	2* (8.7)
Time to onset of CRS in days,‡ median (range)	7.0 (1–11)	9.5 (8–11)
ICANS, n (%)	4 (17.4)	2* (8.7)
Time to onset of ICANS in days,‡ median (range)	8.5 (8–20)	8.5 (8–9)
Infections, n (%)	15 (65.2)	5 (21.7)
Sepsis, n (%)	2 (8.7)	2 (8.7)
Febrile neutropenia, n (%)	7 (30.4)	6 (26.1)
IVIG use, n (%)	19 (82.6)	
Treatment-related mortality, n (%)	0	

*One patient experienced both Grade 3 CRS and Grade 3 ICANS.
‡Time to onset (days) = [(Date of start of Any grade/Grade≥3 CRS/ICANS − Date of first obe-cel infusion) +1].
B-ALL, B-cell acute lymphoblastic leukemia; CRS, cytokine release syndrome; ICANS, immune effector cell-associated neurotoxicity syndrome; IVIG, intravenous immunoglobulin

CATULUS data demonstrate promising initial efficacy in pediatric patients

At median follow-up of 8.8 months in pediatric r/r B-ALL patients: **ORR was 95.5%; CR was achieved in 90.9%**



Opportunity in U.S. to be the preferred treatment for all age groups in r/r B-ALL with pediatric label expansion

	Ages	Disease Stages: Refractory	1L Relapse	2L+ Relapse
AUCATZYL® Obe-cel	0-18*	✓	✓	✓
	18+	✓	✓	✓
KYMRIAH Tisa-cel	0-25	✓	✗	✓
	26+	✗	✗	✗
TECARTUS Brexu-cel	0-18	✗	✗	✗
	18+	✓	✓	✓

Source: USPI Features, Kymriah
*Assumes pediatric label expansion

MOA and commercial capabilities are key differentiators in AID

Obe-cel is the only CD19 CAR approved in other indications that is now being tested for autoimmune disease

Autolus Potential Advantage

- Favorable tolerability to drive acceptability in non-oncology indications
- Deep cut into the CD19+ B cells and plasma blasts
- Robust, economical and scalable manufacturing and established commercial infrastructure
- Potential for accelerated clinical program
- FDA-approved CAR-T therapy, with existing safety database, now in development for autoimmune indications

Supports differentiated approach and potential for obe-cel in autoimmune disease areas

CARSLYLE: Obe-cel shows promise as a new approach for SLE/LN

50 million cell dose selected as recommended Phase 2 dose

Patient population:

- Patients were significantly impaired with their kidney function and had across the board some of the highest SLEDAI-2K disease scores included in current SLE studies.

Efficacy: Median follow up of 11.4 months in 50 million cell dose cohort

- Achievement of DORIS in 83.3% (n=5/6) of patients
- Achievement of complete renal remission in 50% (n=3/6 pts) of patients

Safety: Obe-cel was generally well tolerated in all patients with no ICANS, no high-grade CRS

PK/Biomarkers: All patients showed deep B-cell depletion shortly after infusion, which was subsequently followed by a predominance of naïve B-cell reconstitution, suggesting an obe-cel-driven immune reset

Next Steps:

- Completion of adolescent (aged 12–17 years) and higher dose level patient cohorts
- Data support progression into a Phase 2 lupus nephritis trial

Leandro et al., American College of Rheumatology Conference 2025 Abstract #2458

CARSLYLE: Obe-cel is well tolerated with no ICANS or Grade ≥2 CRS

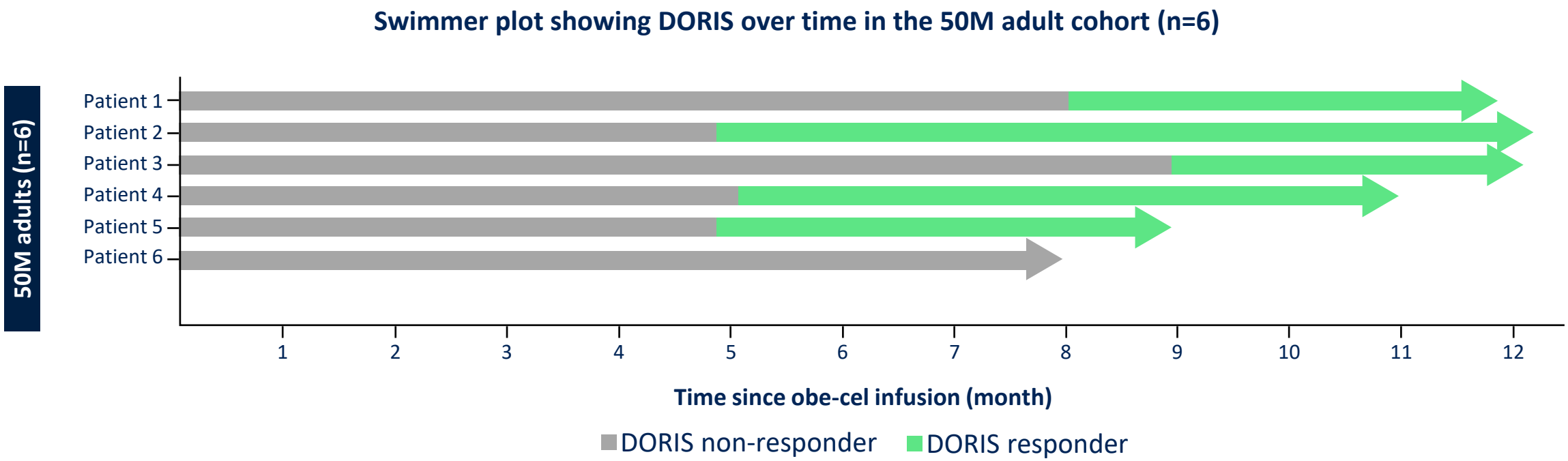
	Infused adult patients, 50M (n=6)		Infused adult patients, 100M (n=3)	
	Any grade, n (%)	Grade ≥3, n (%)	Any grade, n (%)	Grade ≥3, n(%)
CRS	3 (50.0)	0	3 (100)	0
ICANS	0	0	0	0
Any treatment-emergent adverse event	6 (100)	6 (100)	3 (100)	2 (66.7)
Neutropenia	6 (100)	6 (100)	2 (66.7)	2 (66.7)
Infection	6 (100)	2 (33.3)	3 (100)	0
Hypertension*	5 (83.3)	4 (66.7)	0	0
Anemia	4 (66.7)	3 (50.0)	1 (33.3)	1 (33.3)
Febrile neutropenia	2 (33.3)	2 (33.3)	0	0
Thrombocytopenia	2 (33.3)	1 (16.7)	1 (33.3)	1 (33.3)
Liver injury	0	0	1 (33.3)	1 (33.3)

Data cut-off: 04 November 2025. Roddie et al. 2025 ASH Annual Meeting

*Three patients in the 50M adult cohort had a pre-existing history of hypertension.

50M, 50×10^6 CAR T-cells; 100M, 100×10^6 CAR T-cells; CAR, chimeric antigen receptor; CRS, cytokine release syndrome; DLT, dose-limiting toxicity; ICANS, immune effector cell-associated neurotoxicity syndrome; obe-cel, obecabtagene autoleucel.

5 of 6 patients achieved DORIS with median onset of 5.1 months



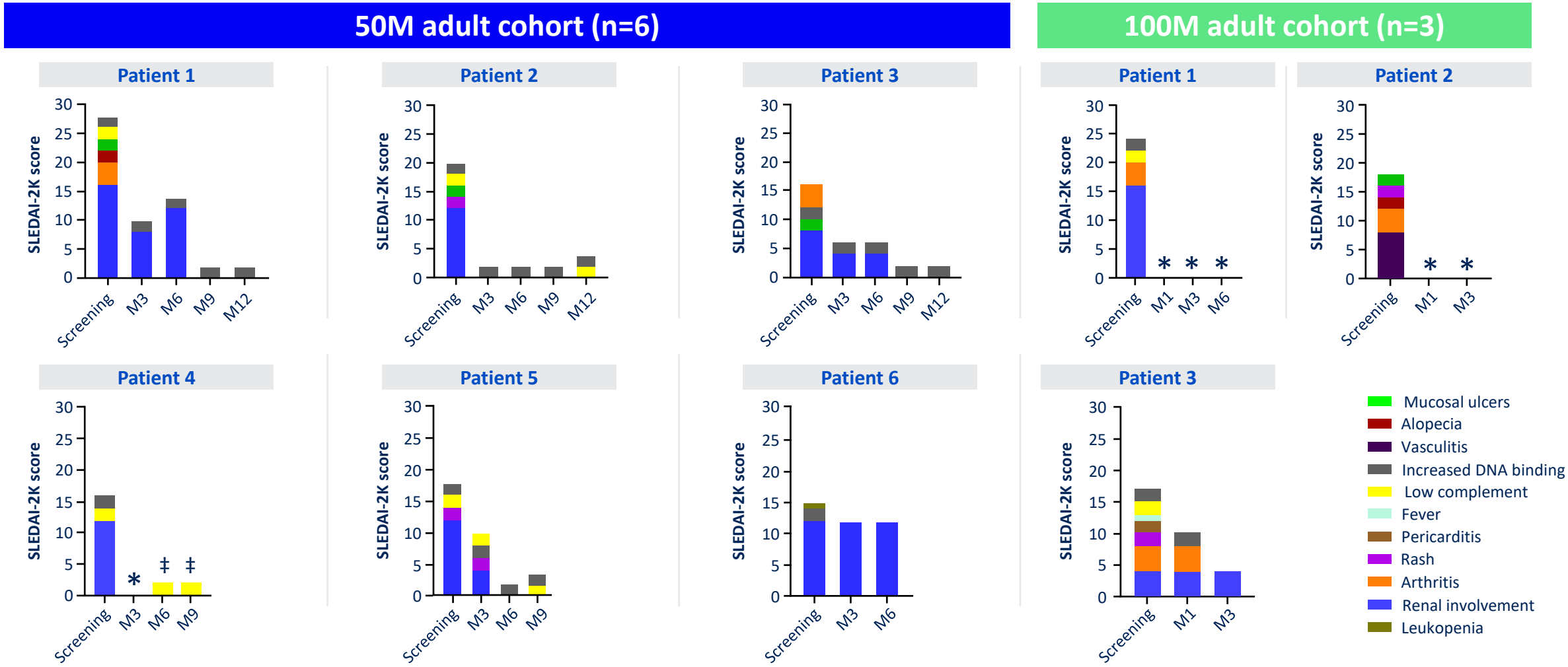
- Renal responses reported at last follow-up visit in the 50M adult cohort indicate that three patients (50.0%) achieved CRR with onset at Month 1 and one patient (16.7%) achieved PRR with onset at Month 7
- The length of follow up was insufficient to calculate DORIS response or CRR/PRR for the 100M adult cohort

Data cut-off: 04 November 2025.

DORIS is defined as: SLEDAI = 0 (irrespective of serology), PGA <0.5, and ≤5 mg/day corticosteroid use. Use of stable antimalarials and immunosuppressives, including biologics, is allowed.

50M, 50×10^6 CAR T-cells; 100M, 100×10^6 CAR T-cells; CAR, chimeric antigen receptor; CRR, complete renal response; **DORIS, Definition of Remission in systemic lupus erythematosus; PGA, Physician Global Assessment; PRR, partial renal response; SLEDAI-2K, Systemic Lupus Erythematosus Disease Activity Index 2000.**

Clinically meaningful reduction in SLEDAI-2K score observed



Data cut-off: 04 November 2025. **SLEDAI-2K is an instrument designed to evaluate current SLE activity (not chronic damage) across 9 different organ systems. *SLEDAI-2K score of zero**. ‡C3=0.84 g/L considered presence of low complement at M6 and M9 using a local lab lower limit of normal of 0.9 g/L.

50M, 50×10^6 CAR T-cells; 100M, 100×10^6 CAR T-cells; C3, complement 3; CAR, chimeric antigen receptor; DNA, deoxyribonucleic acid; M, month; SLE, systemic lupus erythematosus; SLEDAI-2K, SLE Disease Activity Index 2000.

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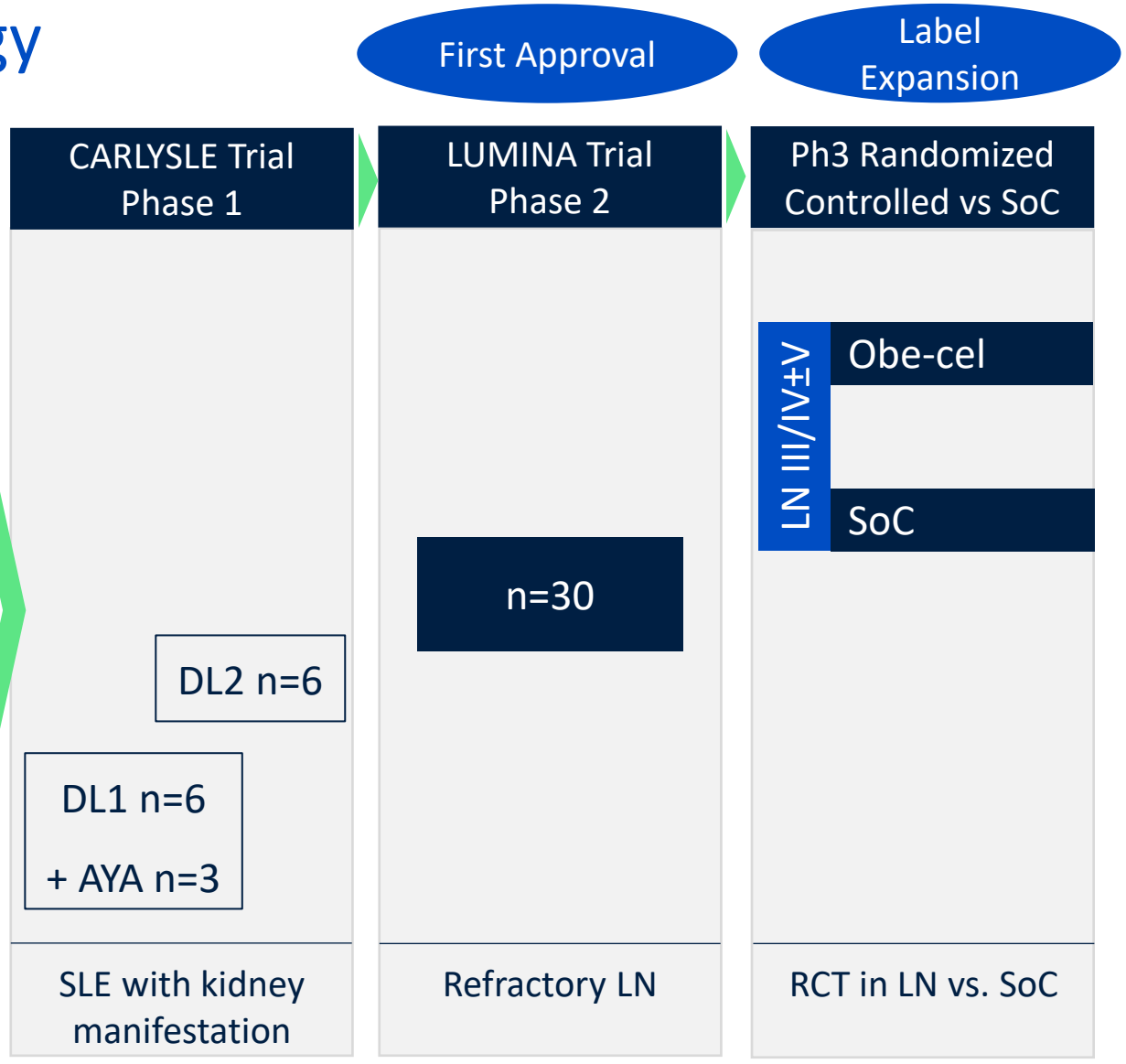
Lupus nephritis development strategy

Leveraging a fast to market strategy

Development Rationale

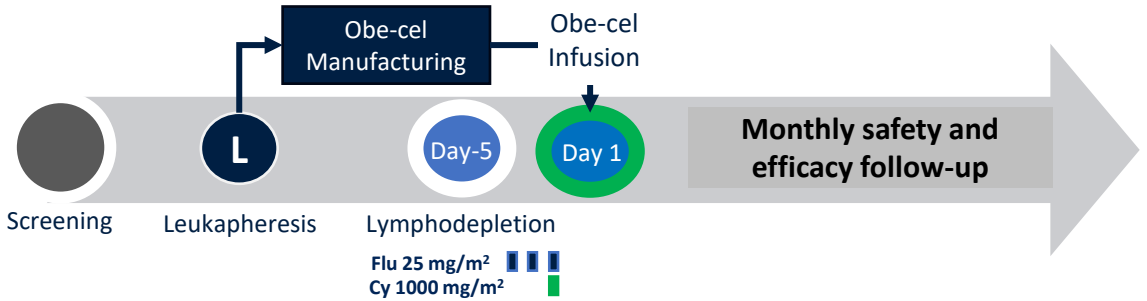
- LN is assessed by quantitative lab- parameter based endpoints (CRR) vs. SLE with a composite endpoint depending on clinical assessments
- Current guidelines require for Class III/IV LN triple therapy including B-cell modifier or CNI, without any treatment options for those being refractory to both
- Lack of SOC for refractory LN opens the possibility to single arm trial path for initial approval
- Outcome of refractory LN single arm trial serves as good predictor for RCT in earlier LN vs. SOC



LUMINA trial is currently enrolling; data anticipated in 2028

Phase 2 LUMINA trial supports efficient path to market

Evaluating severe, refractory lupus nephritis (LN)



Trial design	Single arm, open-label, multi-centre, phase 2
Sample size	30 patients
Patient population	• 12-65 years of age, body weight ≥ 40kg • Diagnosis of SLE based on (EULAR)/ (ACR) 2019 classification • Positive (ANA) (≥ 1:80), or anti-dsDNA (≥ 30 IU/mL) or anti-Smith (> ULN), anti-histone or anti-chromatin (> ULN) • Severe, refractory LN (ongoing active class III, IV or V (only in combination with III or IV) • Prior immunosuppressive and biologic therapies with inadequate response or intolerance
Treatment	50 x 10^6 CAR positive T-cells following Flu/Cy lymphodepletion
Endpoints	Primary: Complete Renal Response at 6 months Key Secondary: DORIS at 6 months
Timing	• **LUMINA trial is currently enrolling**

Multiple sclerosis development strategy

Establish Phase 1 Clinical Proof of Concept in MS

- ☑ 3 x 6 dose escalation design - a higher dose may be required for CNS effect
- ☑ Biomarker readouts to provide nearer term evidence of biological effect at 6 months +
- ☑ Definitive clinical outcomes based on clinical disability progression at 12 months +

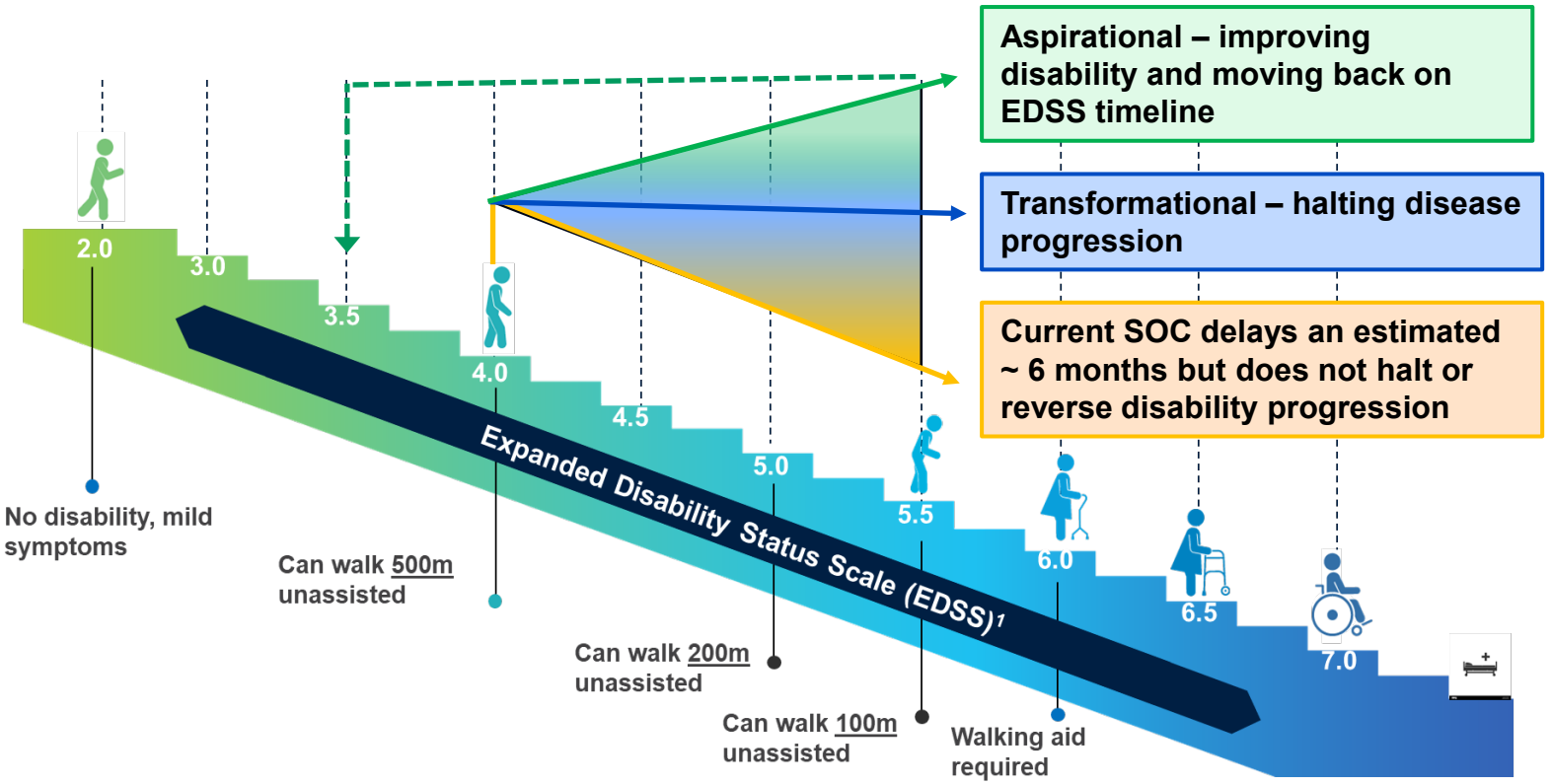
Initiate Phase 2/3 study in progressive MS patients exhibiting PIRA

- Anticipate a randomised phase 2/3 study design as path to approval
- Phase 1 clinical PoC is derisking for initiation of development in other neurology indications

First patient dosed in BOBCAT trial in October 2025

BOBCAT study population represents the highest unmet need in MS

1. Progressive forms of MS including all forms of progressive MS with EDSS scores of 3.5 to 6.5 included
2. Will include both active and non-active patients
3. Have failed high efficacy therapy for at least six months (e.g. CD20 mAb, S1P inhibitor)



1. Graphic based on Kurtzke JF Neurology 1983 Nov;33(11):1444-52.

BOBCAT Phase 1 study design

Sample size: 12-18 patients infused with obe-cel

Dosing: Standard Flu/Cy based preconditioning and a single infusion of 100 or 200 million CART cells and flexibility to adjust dose up or down

Primary endpoint:

- Safety

Secondary endpoints:

- 12-week confirmed disability progression (CDP) at one-year, composite measure of disability at one year, confirmed disability improvement
- Other functional measures: cognition, fatigue, QoL
- Imaging: MRI lesion counts (T1 Gd+, T2), MRI – MTR, MRI – regional brain volumes, MRI – cervical spinal cord volume, SEL, PRL)
- Biomarkers (blood and CSF): OCBs, IgG index, NfL, GFAP, Kappa chains, PK

Interim analysis at 6 months:

- Biomarkers including OCBs, IgG index, NfL, MRI lesions, MTR, Kappa chains, PK

SEL: slowly expanding lesions, PRL: paramagnetic rim lesions, NfL: Neurofilament light chain, GFAP: glial fibrillary acidic protein

Upcoming milestones

Anticipated Milestone or Catalyst	Anticipated Timing
Longer-term follow up data from CARLYSLE trial	Year End 2026
Initial clinical data from BOBCAT Phase 1 trial in progressive MS	Year End 2026
Initial clinical data from ALARIC Phase 1 trial in AL amyloidosis (UCL collab)	Year End 2026
BOBCAT trial Phase 1 full data	2027
CATULUS trial pediatric Phase 2 data	Year End 2027
LUMINA trial LN Phase 2 data	2028

Obe-cel Oncology | Obe-cel Autoimmune/B cell Mediated Disease

Financial Highlights

Financial summary – key metrics*

Turn to positive gross margin occurred in Q1 2026 and is expected to steadily improve

USD ($' 000)	Q1 2026	Q1 2025	Variance
Product revenue, net	**26,218**	**8,982**	17,236
Cost and operating expenses:			
Cost of sales	(24,568)	(17,951)	(6,617)
Research and development expenses, net	(21,210)	(26,734)	5,524
Selling, general and administrative expenses	(39,953)	(29,537)	(10,416)
Loss from operations	**(59,513)**	**(65,240)**	**5,727**
Total comprehensive loss	**(72,869)**	**(59,093)**	**(13,776)**

*Select metrics only; for full financials please refer to the Company's 10-Q filing

$229.4M**
as of March 31, 2026

Based on current operating plans, including anticipated AUCATZYL® net revenues, Autolus expects that its current and projected cash, cash equivalents and marketable securities will be sufficient to fund the Company's operations into Q4 2027.

**Cash, cash equivalents and marketable securities

Path to profitability in the ALL business

Optimizing the operating model and driving cost efficiency

Cost reduction initiatives aimed at driving gross profit margin improvements

Reduction in force affecting approximately 13% of existing overall workforce

Doubling manufacturing of products for commercial and clinical trial patients in 2026

Actions expected to reduce operating expenses by approximately **$15 million** on an annualized basis beginning in 2027 while product revenues are increasing

Peak: expect gross profit margin of 65-70%

Optimization: Improve efficiency and increase volumes to drive margins

Launch: Establish consistent and high-quality product supply and service

Autolus

Thank you

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