



First Quarter Financial Results and Operational Progress

May 5 2022



Disclaimer

These slides contain forward-looking statements within the meaning of the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995. Forward-looking statements are statements that are not historical facts, and in some cases can be identified by terms such as "may," "will," "could," "expects," "plans," "anticipates," and "believes." These statements include, but are not limited to, statements regarding Autolus' development of the obe-cel program; the future clinical development, efficacy, safety and therapeutic potential of its product candidates, including progress, expectations as to the reporting of data, conduct and timing and potential future clinical activity and milestones; expectations regarding the initiation, design and reporting of data from clinical trials; expectations regarding regulatory approval process for any product candidates; the collaboration between Autolus and Blackstone; the discovery, development and potential commercialization of potential product candidates including obe-cel using Autolus' technology and under the collaboration agreement; the therapeutic potential for Autolus in next generation product developments of obe-cel in B-cell malignancies; the potential and timing to receive milestone payments and pay royalties under the strategic collaboration; and the Company's anticipated cash runway. Any forward-looking statements are based on management's current views and assumptions and involve risks and uncertainties that could cause actual results, performance, or events to differ materially from those expressed or implied in such statements. These risks and uncertainties include, but are not limited to, the risks that Autolus' preclinical or clinical programs do not advance or result in approved products on a timely or cost effective basis or at all; the results of early clinical trials are not always being predictive of future results; the cost, timing and results of clinical trials; that many product candidates do not become approved drugs on a timely or cost effective basis or at all; the ability to enroll patients in clinical trials; possible safety and efficacy concerns; and the impact of the ongoing COVID-19 pandemic on Autolus' business. For a discussion of other risks and uncertainties, and other important factors, any of which could cause Autolus' actual results to differ from those contained in the forward-looking statements, see the section titled "Risk Factors" in Autolus' Annual Report on Form 20-F filed with the Securities and Exchange Commission on March 10, 2022, as well as discussions of potential risks, uncertainties, and other important factors in Autolus' subsequent filings with the Securities and Exchange Commission. All information in this presentation is as of the date of the release, and Autolus undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events, or otherwise, except as required by law. You should, therefore, not rely on these forward-looking statements as representing the Company's views as of any date subsequent to the date of this presentation.

Agenda

- Welcome and Introduction: Olivia Manser, Director, Investor Relations
- Operational Highlights: Dr. Christian Itin, CEO
- Financial Results: Dr. Lucinda Crabtree, CFO
- Upcoming Milestones and Conclusion: Dr. Christian Itin, CEO
- Q&A: Dr. Christian Itin and Dr. Lucinda Crabtree

Autolus Overview

Building a fully integrated CAR T company



Best-in-class lead asset

- Lead product obe-cel potentially best-in-class for relapsed/ refractory adult acute lymphoblastic leukemia (ALL)
- Phase 2 FELIX adult ALL initial data expected H2 2022
- Updated exploratory data in NHL from Phase 1 studies expected in 2022



Pipeline

- Pipeline built on modular innovation addressing cancers with limited treatment options
- AUTO1/22 in paediatric ALL
- AUTO4 /5 in T cell lymphoma
- AUTO6NG in neuroblastoma
- AUTO8 in multiple myeloma



Scalable manufacturing

- In house cell manufacturing for clinical trial conduct
- Commercial fit-for-purpose cell manufacturing facility under construction with planned annual capacity of 2000 patient products



Collaboration

- Collaboration with Blackstone Life Sciences to develop obe-cel in adult ALL
- Moderna granted exclusive license for binders to up to four IO targets
- Pipeline programs not partnered

Program updates – first quarter 2022

Strong progress, with multiple clinical readouts in 2022

- **obe-cel in relapsed / refractory (r/r) adult ALL – continuing to enroll patients into the FELIX study**
 - FELIX study passed futility analysis
 - Planning to include a Minimal Residual Disease (MRD) cohort of up to 50 additional patients
 - Orphan Medical Product Designation granted by the European Medicines Agency (EMA) for the treatment of ALL
 - Post period, Regenerative Medicine Advanced Therapy (RMAT) designation granted by FDA for obe-cel
- **obe-cel in r/r B-NHL – ALLCAR19 extension – continuing to enroll patients into the ALLCAR19 study**
 - Clinical data at the European Hematology Association (EHA) Congress in June
- **AUTO1/22 in pediatric ALL – continuing to enroll patients into the CARPALL study**
 - First clinical data as an oral presentation at the EHA Congress in June
- **AUTO4 in Peripheral T Cell Lymphoma – continuing to enroll patients into the LibrA T1 study**
 - First clinical data as an oral presentation at the EHA Congress in June
- **AUTO8 in Multiple Myeloma – Initiated Phase 1 study**
 - Next-generation product candidate comprising two independent CARs targeting BCMA and CD19
 - Designed to induce deep and durable responses and extend the durability of effect

Key operational updates – first quarter 2022

Continued progress on building a leading ALL company

- Good progress on the build phase of the Company's new manufacturing facility in Stevenage, UK
- Dr. Lucinda Crabtree replaced Andrew Oakley as CFO on his retirement on March 31, 2022
- Brent Rice was promoted to Senior Vice President, Chief Commercial Officer, effective January 1, 2022
- Post period, published three novel technologies to enhance CAR T therapies, to be presented at the American Society of Gene & Cell Therapy (ASGCT)

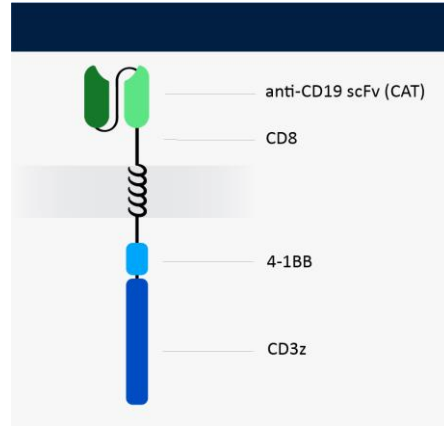


LEAD CLINICAL PROGRAM

obe-cel

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

obe-cel has a unique mechanism of action



CAT binder with lower affinity for CD19

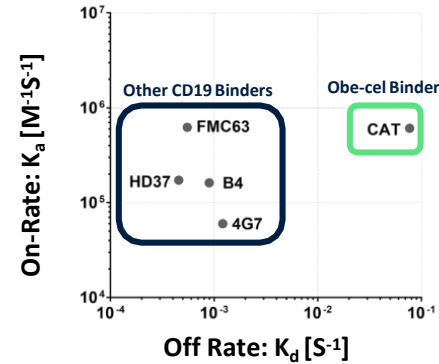
- Improved potency, reduced toxicity

Avoids over-activation of CAR T cells
-> Reduced toxicities

Increased CAR T peak expansion
-> Improved persistence

Avoids exhaustion of CAR T cells
-> Improved engraftment
-> Improved persistence

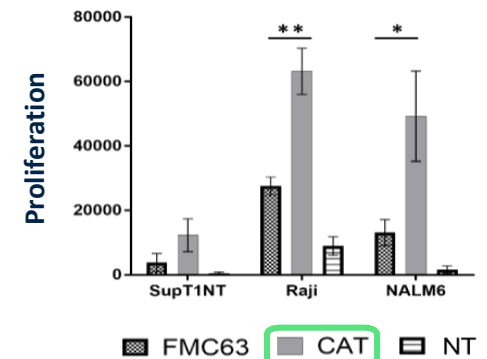
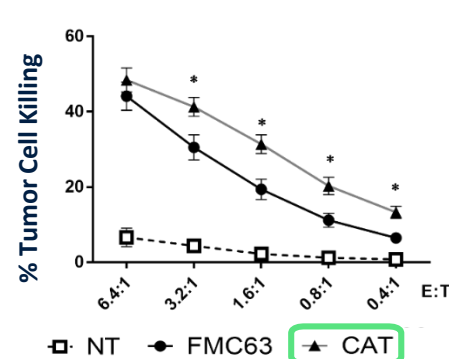
- Fast off-rate



obe-cel has lower CD19 affinity and shorter half-life of interaction compared to binders used in approved products

- obe-cel = 9.8 seconds
- Kymriah® = 21 minutes

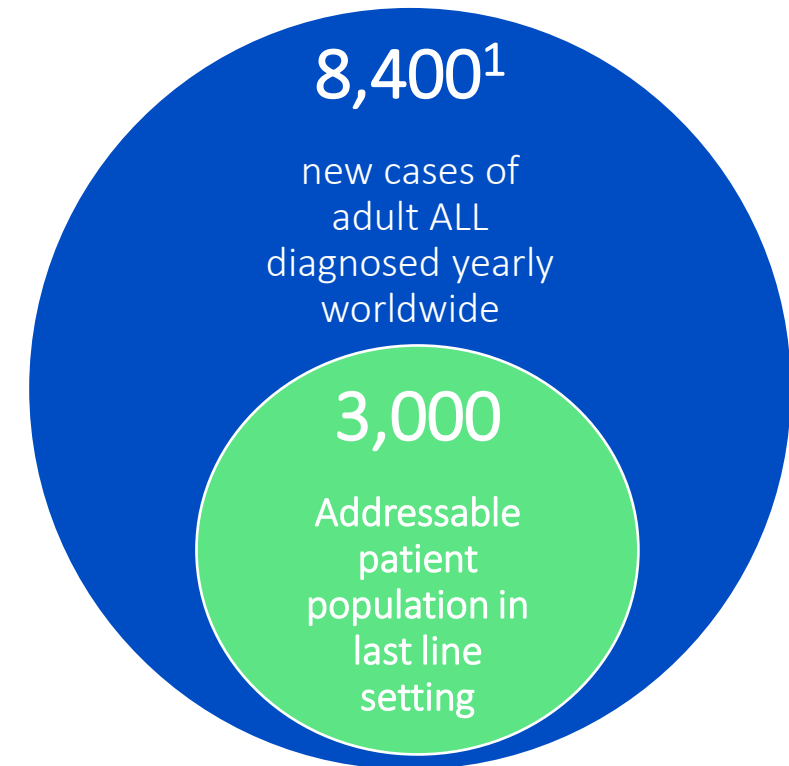
- Enhanced cytotoxicity and proliferation



obe-cel for adult Acute Lymphoblastic Leukemia (ALL): high unmet need

Successful therapy requires high level of activity and sustained persistence paired with good tolerability

- Combination chemotherapy enables 90% of adult ALL patients to experience Complete Response (CR)
 - Only 30% to 40% achieve long-term remission
- Median overall survival is < 1 year in r/r adult ALL
- Current T cell therapies for adult patients are Blincyto® and Tecartus™
 - Therapies are highly active, but require subsequent allograft to achieve durability
 - Notable toxicity with high incidences of severe CRS and cases of fatal neurotoxicity
- Opportunity to expand the addressable patient population in earlier lines of therapy



NOTES

1. SEER and EUCAN estimates (respectively) for US and EU epi

obe-cel is a potentially transformational therapy for adult ALL

Unique CAR T design built on a fast off-rate from CD19 target antigendrives differentiated product profile

- Initial FELIX Phase 1b data presented at ASH, December 2021
- High Overall Response Rate (ORR) across all patient populations evaluated¹
- Sustained morphological Event Free Survival (EFS) of 46% with a median follow-up of 29.3 month²
- Long term CAR T persistence drives durability of effect
- Favorable safety profile:
 - No high-grade Cytokine Release Syndrome (CRS)
 - Limited immune effector cell-associated neurotoxicity syndrome (ICANS)

obe-cel

Orphan Drug designation by
FDA for B-ALL

**Orphan Medical Product
designation** by EMA in ALL

RMAT designation by FDA
in R/R B-ALL

Prime designation by EMA
in R/R B-ALL

ILAP designation by MHRA in
Adult R/R B-ALL

NOTES

1. FELIX study
2. ALLCAR19 study

Next steps: obe-cel initial data (FELIX) expected in H2 2022

obe-cel is the first Autolus program to move into a potential pivotal program: futility analysis passed during the quarter



Pivotal Phase 2 trial in adult ALL
ongoing since mid 2021 with sites in
UK, Spain and US

Up to 100 relapsed/refractory adult ALL patients
Phase 1b run-in component, prior to single arm Phase 2 potential pivotal trial

H2 2022
Initial data

Primary endpoint:
overall complete
response rate
(CR/Cri)

H1 2023
Full data

**Secondary
endpoints:** include
MRD-negative CR,
EFS and DoR



Building obe-cel into a franchise

Deep value program with broad applicability

Capitalising on the obe-cel profile in additional indications

Unique profile allows applicability in a broad range of indications

Clinical data supports differentiated product profile

- High degree of activity and persistence -> drives long term outcomes
- Best-in-class safety profile -> will drive adoption of obe-cel in all clinical settings
- Initial NHL data is consistent with this profile

Solid foundation for onward development

PRODUCT	INDICATION	TARGET	STUDY NAME	PHASE
obe-cel	Adult ALL	CD19	FELIX	Pivotal
obe-cel	B-NHL & CLL	CD19	ALLCAR19*	Phase 1
obe-cel	Primary CNS Lymphoma	CD19	CAROUSEL*	Phase 1
AUTO1/22	Pediatric ALL	CD19 & CD22	CARPALL*	Phase 1

 B Cell Malignancies

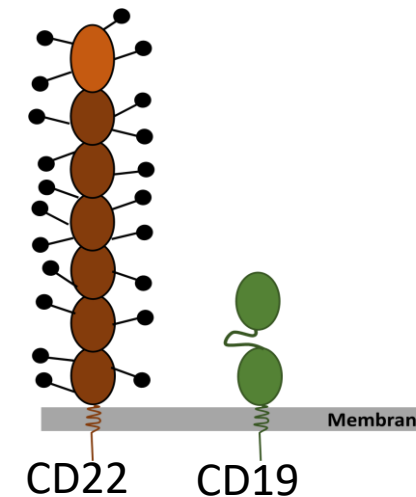
* Collaboration with UCL

AUTO1/22: Pediatric Acute Lymphoblastic Leukemia

CD19 negative antigen escape is a common cause of treatment failure

- obe-cel (AUTO1) in relapsed / refractory pediatric ALL is highly active and has a favourable safety profile - CARPALL study^{#1,2}
 - Medical need in pediatric ALL is to minimize rates of antigen-loss–driven relapses and improve long-term outcomes – points to need for a dual targeting CAR-T
 - CD22 is challenging to target with a CAR as it is a rigid bulky molecule, expressed at a low density and can be downregulated further in response to CD22 targeting^{#3}
 - AUTO1/22 is a next generation program that builds on obe-cel and adds a highly potent CD22 CAR, capable of targeting low levels of CD22
- AUTO1/22 is being evaluated in pediatric patients and data will be presented as an oral presentation at the EHA Congress in June 2022

CARPALL Study	
n	14
CR Rate	86%
EFS 12m	52% (95% CI, 16% to 72%)
No. of CD19 negative relapses	5/6
CRS ≥ G3	0%

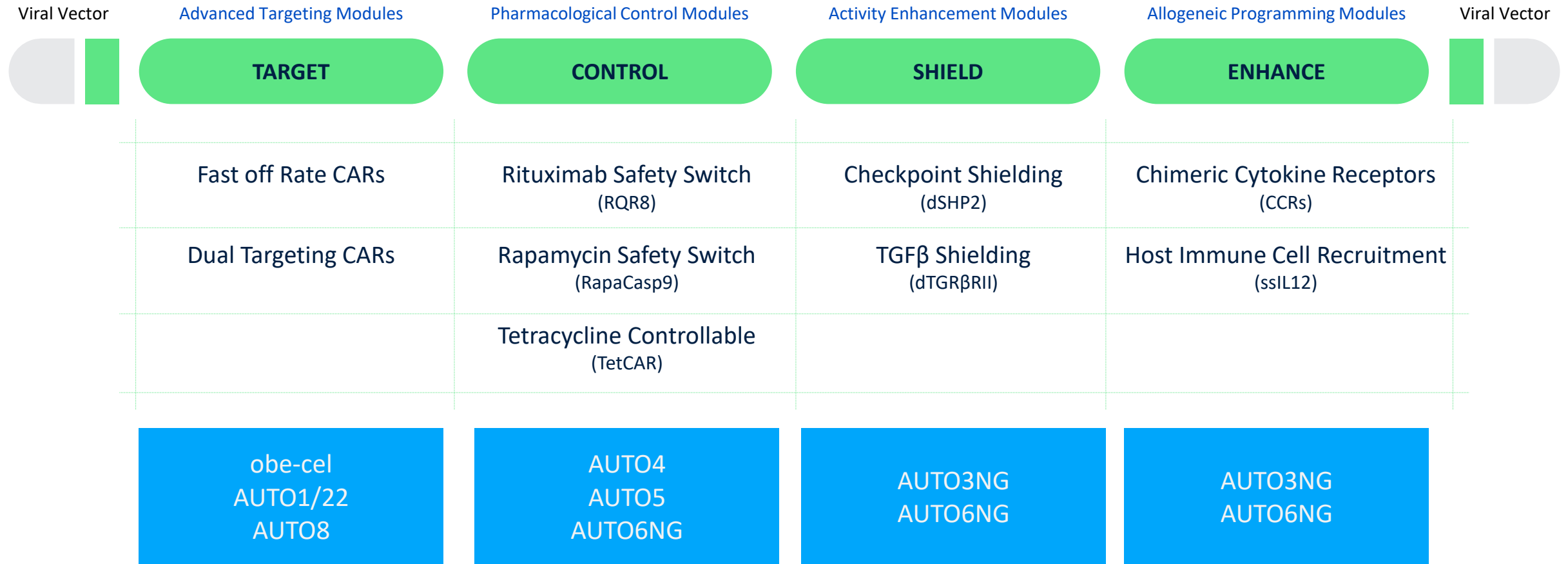


Pipeline

A broad portfolio of next generation modular T cell therapies

A broad toolkit which is core to our strategy of modular innovation

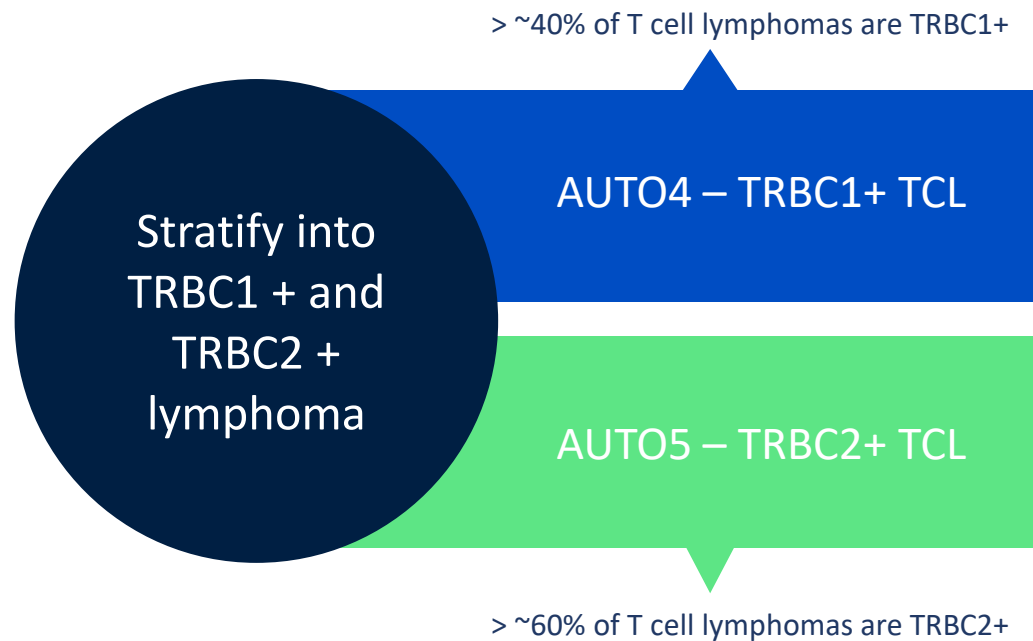
Advanced T cell programming



AUTO4: T Cell Lymphoma

No standard of care after first relapse and no T cell therapy approved

Three key elements to address T cell lymphomas:
AUTO4, AUTO5 and a companion diagnostic test



- T cell lymphoma is an aggressive disease with a very poor prognosis for patients
 - Median 5 yrs OS: 32%
 - Standard of care is variable and often based on high-dose chemotherapy and stem cell transplants
 - A large portion of T cell lymphoma patients are refractory to or relapsed following treatment with standard therapies
 - T cell lymphomas have not, so far, benefited from advances in immunotherapeutic approaches
- AUTO4 first Phase 1 data to be presented as an oral presentation at the EHA Congress in June 2022

Financial Results

Financial summary

Cash runway into 2024, assuming Blackstone milestones received

USD m	Q1 2022	Q1 2021	Variance
Grant Income	0.2	0.3	(0.1)
License Income	-	-	-
R&D	(34.0)	(30.7)	(3.3)
G&A	(8.0)	(8.7)	0.7
Loss on disposal of leasehold improvements	-	(0.7)	0.7
Total Op Expense, Net	(41.8)	(39.9)	(1.9)
Interest Income	-	-	-
Other (Expense)/Income	0.9	0.8	0.1
Interest expense	(1.8)	-	(1.8)
Tax Benefit	5.6	5.7	(0.1)
Net Loss	(37.1)	(33.3)	(3.8)
USD m	Q1 2022	Q4 2021	Variance
Cash Balance	268.6	310.3	(41.7)

Summary

Multiple catalysts in H2 2022

Autolus poised for potential value inflection

obe-cel pivotal data in adult ALL in 2022

- obe-cel
 - FELIX Phase 2 study in adult ALL ongoing; initial data expected in H2 2022 and full data in H1 2023
 - Evaluation in r/r B-NHL and CLL ongoing; next data update at the EHA Congress in June
 - Evaluation in Primary CNS Lymphoma ongoing; initial Phase 1 data (CAROUSEL study) at the EHA Congress in June
- AUTO1/22
 - AUTO1/22 Phase 1 (CARPALL) initial data in Pediatric ALL to be presented as an oral at the EHA Congress in June
 - Longer term follow-up data in H2 2022
- AUTO4 /AUTO5
 - AUTO4 Phase 1 (LibrA T1) initial data in Peripheral T cell lymphoma to be presented as an oral at EHA in June
- Pipeline transitioning to Phase 1 in 2022
 - AUTO8 Phase 1 study has started
 - AUTO6NG in Neuroblastoma – start Phase 1 H2 2022
- Cash balance at March 31, 2022, \$268.6 million

Thank you

