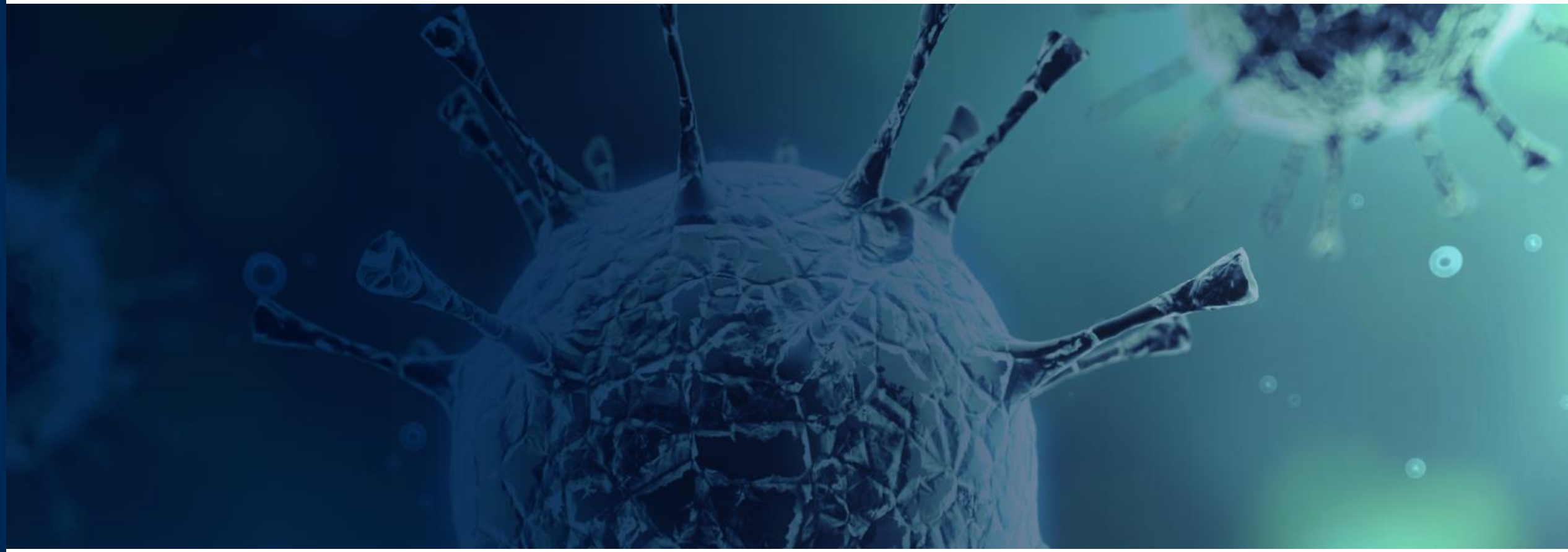
Autolus

Nasdaq: AUTL



Next Generation Programmed T Cell Therapies

July 2020

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Lead Clinical Programs

Striving for best-in-class and use as standalone therapies

Near term value steps with potential best-in-class programs

Focus on potentially best-in-class Acute Lymphoblastic Leukemia (ALL) and Diffuse Large B Cell Lymphoma (DLBCL) therapies with major value steps expected in 2020 / 2021

First pivotal study of adult ALL to complete in H1 2021 with approval targeted in 2022

Drive DLBCL program to POC and prepare for pivotal study

- Additional value steps in T cell lymphoma and first solid tumor indication
- Broad preclinical pipeline of next generation programs transitioning to clinical stage in 2020
- Broad proprietary cell programming technology
- Scalable, fully enclosed manufacturing platform

Note on COVID-19: *While the COVID-19 situation has had varying degrees of impact on the ability of clinical sites to conduct clinical studies, we currently do not anticipate any significant impact on our clinical programs.*

Broad pipeline of clinical programs

Designed to address limitations of current T cell therapies

PRODUCT	INDICATION	TARGET	PHASE 1/2	PIVOTAL*
AUTO1	Adult ALL	CD19	ALLCAR19	AUTO1-AL1
AUTO1	Pediatric ALL	CD19	CARPALL	
AUTO3	DLBCL	CD19 & CD22	ALEXANDER	
AUTO4	TRBC1+ Peripheral TCL (LibrA T1)	TRBC1	LibrA T1	
AUTO6	Neuroblastoma	GD2	CRUK	

B Cell Malignancies T Cell Lymphoma GD2+ Tumors

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*Subject to confirmation by regulatory authorities

Adult Acute Lymphoblastic Leukemia

AUTO1 – tailored for adult ALL

No approved CAR T therapy for adult ALL patients

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

ALL is a significant opportunity:

Up to
8,400*
new cases of adult ALL diagnosed yearly worldwide

Projected patients in US & EU
3,000
addressable patient population

High unmet medical need

- Combination chemotherapy enables 90% of adult ALL patients to experience CR, but only 30% to 40% will achieve long-term remission
- Median overall survival is < 1 year in r/r ALL
- Only approved redirected T cell therapy approved for adults generally is blinatumomab
- CAR T therapies are highly active, but no clear sense of durability without subsequent allograft
- Patients are generally more fragile, more co-morbidities, yet CAR T toxicities in this setting have been notable with high incidences of severe CRS and cases of fatal neurotoxicity

FDA granted AUTO1 orphan drug designation for ALL

*SEER and EUCAN estimates (respectively) for US and EU epi

AUTO1: Key features

Designed for durable responses without allo-transplant and absence of severe CRS

Conventional CD19 CARs

- Approved and near-approved CD19 CAR Ts use identical **high affinity** CD19 binder (FMC63)

- FMC63 has a fast on-rate and a **very slow off-rate**

- **Leads to over-activation, exhaustion** and high-grade CRS and neurotoxicities

AUTO1

- AUTO1 has an optimized CD19 CAR with a **lower (40x) affinity** for CD19 and a fast off-rate*

- Engages efficiently, delivers a kill, and **disengages rapidly** like a normal T cell

- **Leads to enhanced activity**
- and lower toxicities

*Ghorashian S, Pule MA, Amrolia P et al. *Nature Medicine* 2019

AUTO1 potentially has a superior efficacy profile compared to standard of care

Comparable and manageable safety profile

	[1]AUTO1		Standard of Care	
	All patients	Closed Process	[2]Blinatumumab	[3]Inotuzumab
Patient Numbers	19	13	271	218
CR Rate	84%	92%	44%	80.7%
EFS 6m	62%	76%	31%	mPFS 5m
CRS ≥ Grade 3	0%	0%	3%	0%
Neurotox ≥ Grade 3	16%*	15%*	13%	0%
Other notable toxicities				14% Hepatic VoD

- Approximately 50% of blinatumumab and inotuzumab patients received subsequent HSCT
- Veno-Occlusive Disease (VoD) during treatment and following subsequent HSCT, with the latter causing a higher post-HSCT non-relapse mortality rate, has limited inotuzumab uptake

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* Observed in patients with > 50% tumor burden

Roddie et al., EHA 2020
Kantarjian et al., 2017
Kantarjian et al., 2016

AUTO1 has potential for best-in-class profile for efficacy and safety

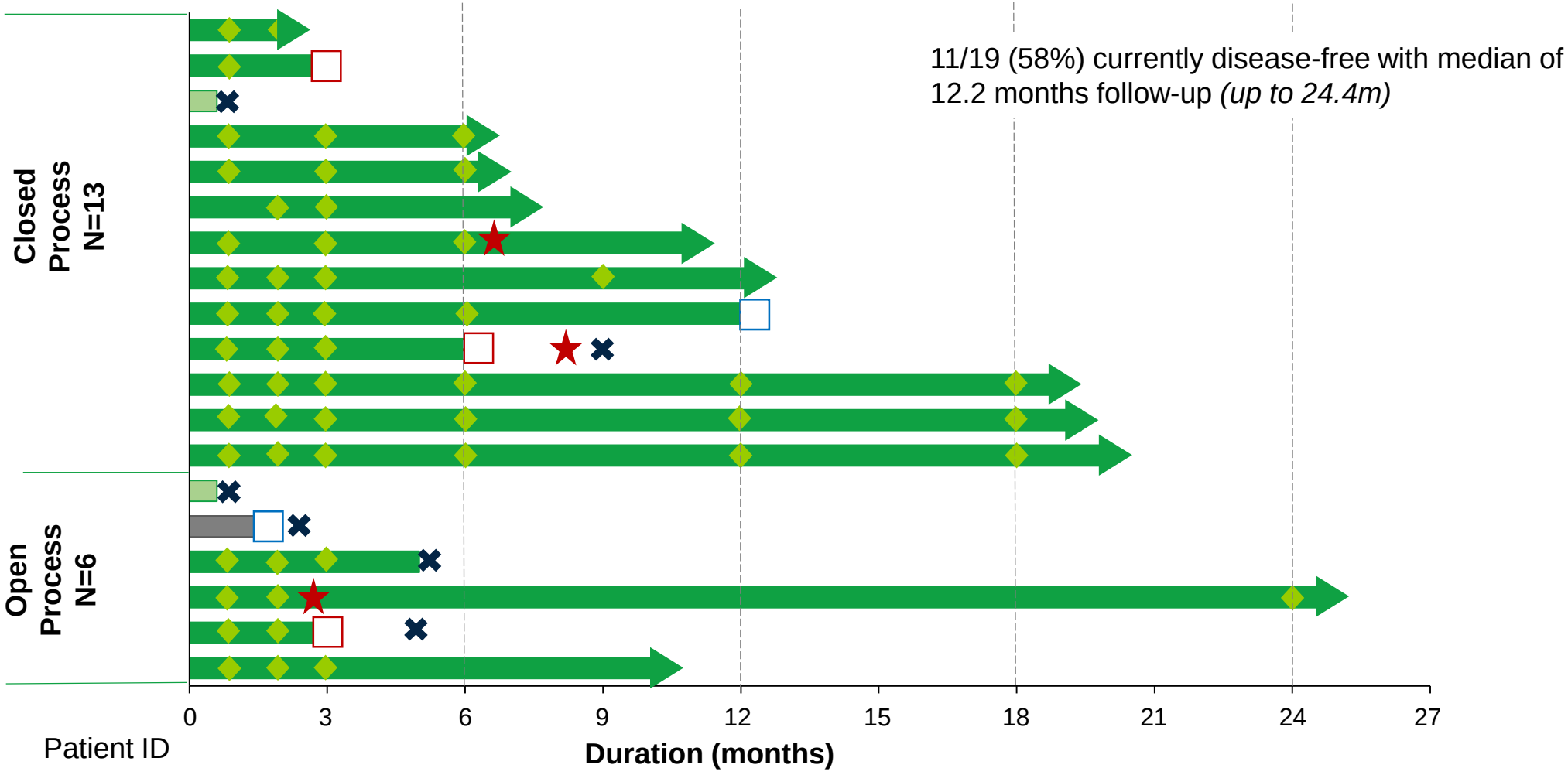
		Competitor CAR T cell Therapies			
	[1]AUTO1	[2]Kymriah	[3]KTE-X19		[4]UCART19[$]
Patient Numbers	19	35	41		21
CR Rate	84% (92%[#])	69% (90%[@])	68% (84%[##])		88%
EFS	62% (76%[#]) at 6 months	5.6 median (2.2m to 19.4m)	TBD		TBD
Allo-Transplant	10%	38%	Not known		78%
Tox Management	Normal	Normal	Normal	Intensive	Normal
CRS all Grade	47%	94%	100%	100%	94%
CRS ≥ Grade 3	0%	71% (17% G4/5)	29%	22%	16%
Neurotoxicity all Grade	21%	40%	93%	78%	33%
Neurotox ≥ Grade 3	16%*	6%	38%	11%	0%

1. Roddie et al., EHA 2020
2. Frey et al., JCO 2019
3. Shah et al., ASCO 2019
4. Benjamin et al., ASH 2018

\# Patients treated with closed manufacturing process
* Observed in three patients with > 50% tumor burden
@ Patient received 500 mil dose as a split dose 10%, 30%, 60% over 3 days
CR Rate from 19 evaluable pts at Ph2 dose
$ Pooled pALL and adult ALL data from 18 patients

Responses are durable without need for transplant

MRD negative CRs ongoing past 18 months



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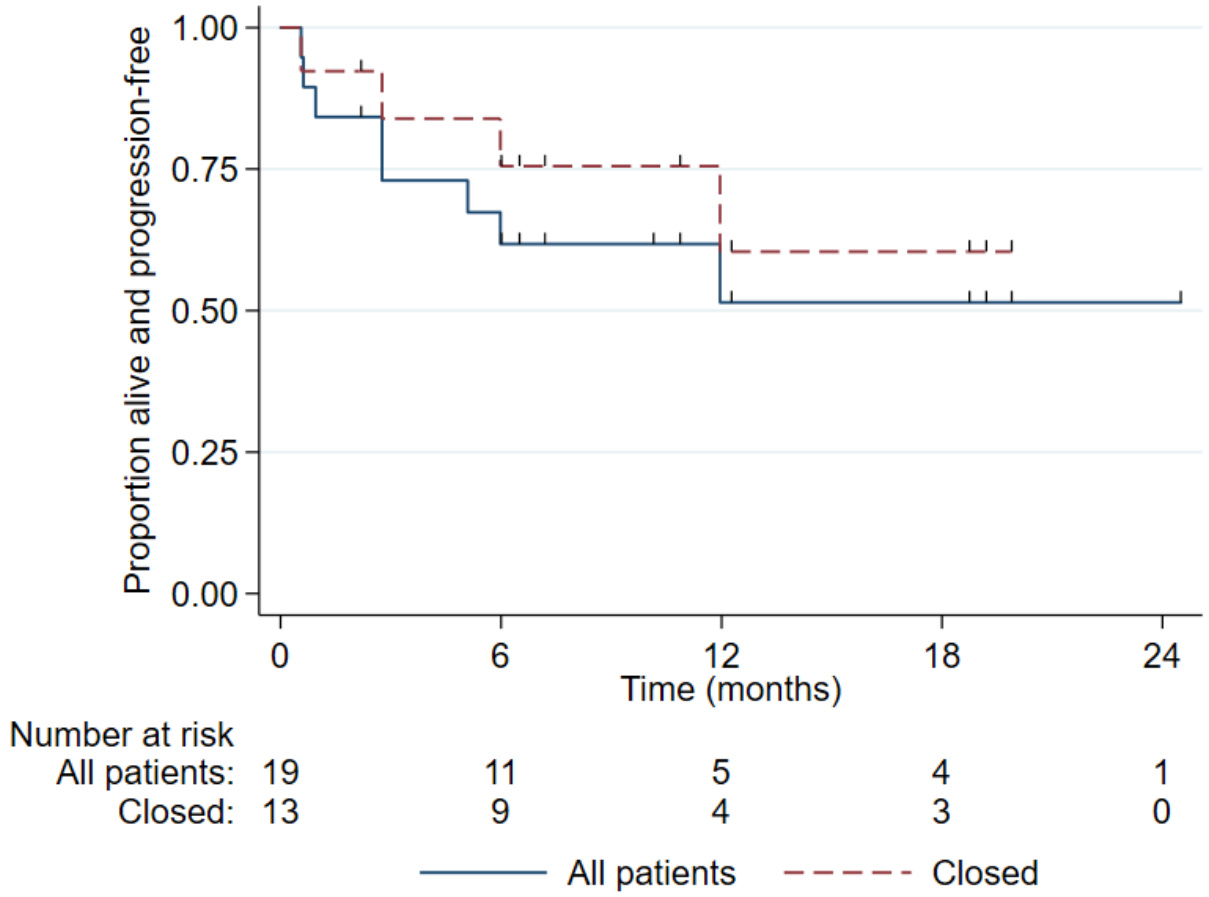
MRD < 10^{-4} by PCR or < 5 x 10^{-4} based on limits of detection of assay
Data cutoff 13-May-2020, Evaluable = All patients with at least M1 follow-up or RIP prior to Month 1.

Claire Roddie, EHA 2020 presentation

High rate of CRs continue to be sustained

Encouraging duration of response with median EFS and OS not yet reached



	All patients Est [95% CI]	Closed process Est [95% CI]
N *	19	13
ORR	84%	92%
MRD Neg CR	84%	92%
DOR		
Median	Not reached	Not reached
6 month	73% [44%, 89%]	82% [45%, 95%]
EFS		
Median	Not reached	Not reached
6 months	62% [36%, 80%]	76% [42%, 91%]
OS		
Median	Not reached	Not reached
6 months	72% [45%, 87%]	92% [57%, 99%]

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Claire Roddie, EHA 2020 presentation

Estimated ALL drug costs >$1m for responding adults

Excluding transplant

Estimated adult ALL drug acquisition costs by line of therapy

* Modified hyper-CVAD + rituximab[2]
† Inotuzumab Ozogamicin (per product label)[3]
‡ Blinatumomab (per product label)[4]

- Adult ALL patients spend 2-3 years receiving treatment
- Current treatments (Chemotherapy, allogeneic HSCT, Biologics) are associated with significant effects
- May expose adult ALL patients to negative acute and chronic clinical consequences

AUTO1 potential is a curative treatment could reduce health care resource consumption and patient burden

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1. ALL = acute lymphoblastic leukemia; CVAD = cyclophosphamide, vincristine sulfate, doxorubicin hydrochloride, dexamethasone
2. 1. Data on File; 2.Thomas DA, et al. JCO. 2010;28(24):3880-3889; 3. Inotuzumab Ozogamicin Prescribing Information. 2018; 4. Blinatumomab Prescribing Information. 2019

AUTO1 is the first Autolus program to move into a pivotal study

Preliminary Ph1 data supports development as a stand-alone therapy

Pivotal study, AUTO1-AL1, in adult ALL:

CTA approved by the MHRA in January 2020 and US IND accepted by the FDA in April 2020

Ph1b run-in component, prior to single arm Ph2 pivotal study

100 relapsed / refractory adult ALL patients

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

Secondary endpoints: include MRD-negative CR EFS and DoR

On track for full data by end 2021

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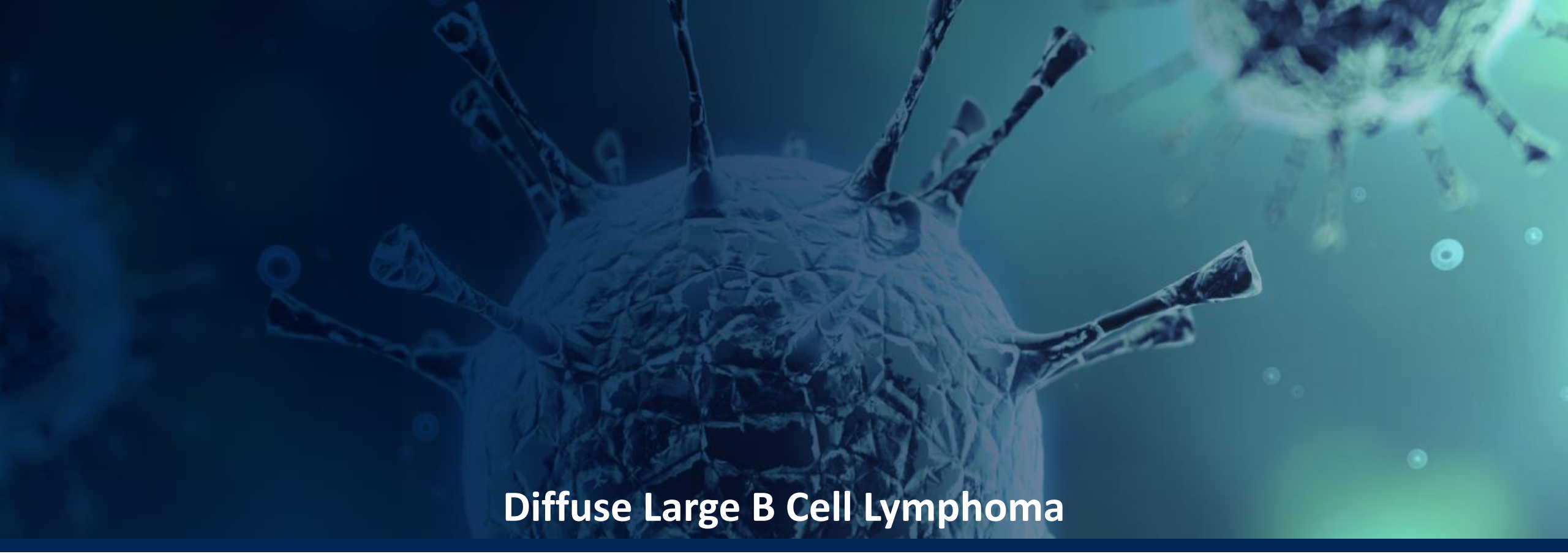


Diffuse Large B Cell Lymphoma

AUTO3 – tailored for DLBCL

Current status of CAR T Cell therapies in DLBCL

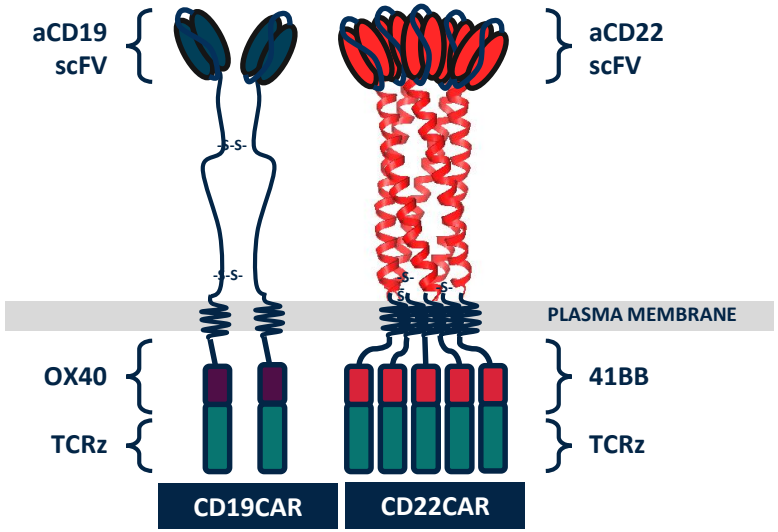
Two approved products (Yescarta® and Kymriah®) and one near to approval (liso-cel)

Efficacy

- Despite high ORR (70-80%) and high best CRR (40-55%), only 29-37% patients achieve durable CRR in DLBCL[1,2]
- Approximately a third of CRs are lost over time
- Loss of CRs are caused by PD-L1 upregulation[3] which contributes to CAR T exhaustion and CD19 antigen loss[4]

Safety

- High rates of severe cytokine release syndrome (13-22%) and severe neurotoxicity (12-28%)[2,4]
- Early onset and severity of toxicities requires intensive inpatient management



1. Locke F et al Lancet Oncol 2019
2. Schuster S et al NEJM 2019
3. Neelapu S et al ASCO 2018
4. Neelapu S et al NEJM 2017

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Cytokine Release Syndrome (CRS) and Neurotoxicity (NT)

No grade 3 or higher CRS at ≥ 150 x10^6 cell dose

	50 x10^6 AUTO3 no pembro (N=4)	50 x10^6 AUTO3 D14 pembro (N=3)	150 x10^6 AUTO3 D14 pembro (N=4)	450 x10^6 AUTO3 D14 pembro (N=4)	450 x10^6 AUTO3 D -1 pembro (N=4#)	150-450 x 10^6 AUTO3 D-1 pembro RP2D (N=4)	Total (N=23)
Grade 1 CRS	1	0	1	1	2	1	6 (26%)
Grade 2 CRS	0	0	1	1	0	1	3 (13%)
≥ Grade 3 CRS	0	0*	0	0	0	0	0
All grades NT	1	0	0	0	0	0	1 (4%)

* 1 patient who had no CRS with primary infusion, developed G3 CRS (severe hypoxia) with re-treatment 1 year later without CAR T expansion and with significant disease burden in lung that had been treated with radiation
# Includes one patient who received only 125 x 10^6

- No prophylactic measures of any kind
- No grade >3 CRS* with primary infusion, median time to CRS is 7 days (1-36d), median duration of CRS is 5 days (1-19d), 4 patients (17%) received tocilizumab for CRS
- No NT of any grade in AUTO3 + pembro, only 1 case of NT (Grade 3) at lowest dose, which resolved quickly with steroids

  - No CAR T expansion was seen at any time. Grade 3 NT occurred day 53. Symptoms improved in 3 days. Same symptoms of facial/muscle weakness occurred > 10 years ago without specific diagnosis.

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*CRS grading as ASCT/ASBMT (Lee et al 2019)
27 April 2020, Data cut

Preliminary efficacy indicative of high level of activity

Dose level ≥ 150 x 10^6 cells with day -1 pembro selected as Phase 2 dosing regimen (RP2D)

	50 x 10^6 No pembro (N=4)	50 x 10^6 D14 pembro (N=3)	150 x 10^6 D14 pembro (N=4)	450 x 10^6 D14 pembro (N=4)	450 x 10^6 D-1 pembro (N=4)	150-450 x 10^6 D-1 pembro RP2D (N=4)
CR	1	1	2	2	2	3
PR	1	1	0	1	0	1
PD	2	0	2	1	2**	0
NE	0	1*	0	0	0	0

- All dose levels (N=23): ORR 65%, CRR 48%
  - ≥ 150 x 106 (N=16): ORR 69%, CRR 56%
  - ≥ 150 x 106, Day -1 pembro (N=8): ORR 75%, CRR 63%

* NE because baseline PET negative disease
**Includes one patient who received only 125 x 106 and NE per protocol

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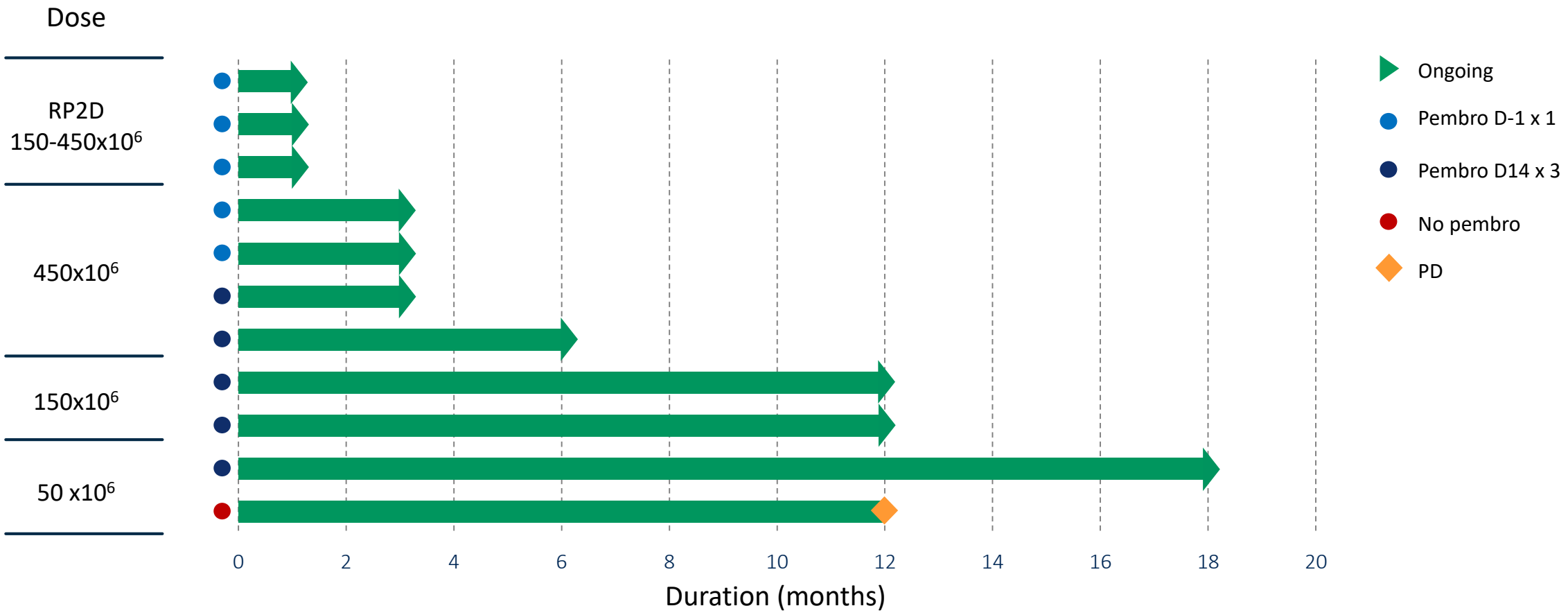
Per Lugano criteria; CR: complete response; PR: partial response; NE: not evaluable; PD: progressive disease
Data for patients with 4 weeks efficacy follow-up

Encouraging signs of durable complete responses

10 of 11 complete responses ongoing



At ≥ 150 x 106 dose, all complete responses are ongoing with a median follow up 3 months (range 1-12m)

Widespread adoption of CAR T products has been limited by toxicities

High rates and severity of toxicities require intensive management and inpatient care

	Yescarta®	Kymriah®/ liso-cel	AUTO3*
Best CRR	54%	40-53%	63%
Ongoing CR rate	36% at 6m	29-35% at 6m	tbd
CRS ≥ grade 3	11%	2-23%	0%
NTX any grade	64%	21-30%	0%
NTX ≥ grade 3	28%	10-12%	0%
Toxicity management	Intensive		Minimal
Healthcare utilization	Inpatient Treatment		Outpatient Positioning

AUTO3 has been designed to minimise loss of CRs and has a safety profile suitable for all settings of care including outpatient therapy

All CRs at ≥ 150 x106 are ongoing at 27 April data cut off
*AUTO3: 27 April 2020 Data cut (AUTO3 + Day – 1 Pembro ≥ 150 x106)
Nellapu et al., 2017
Schuster et al., 2019
Abramson et al., 2019 (ASH)

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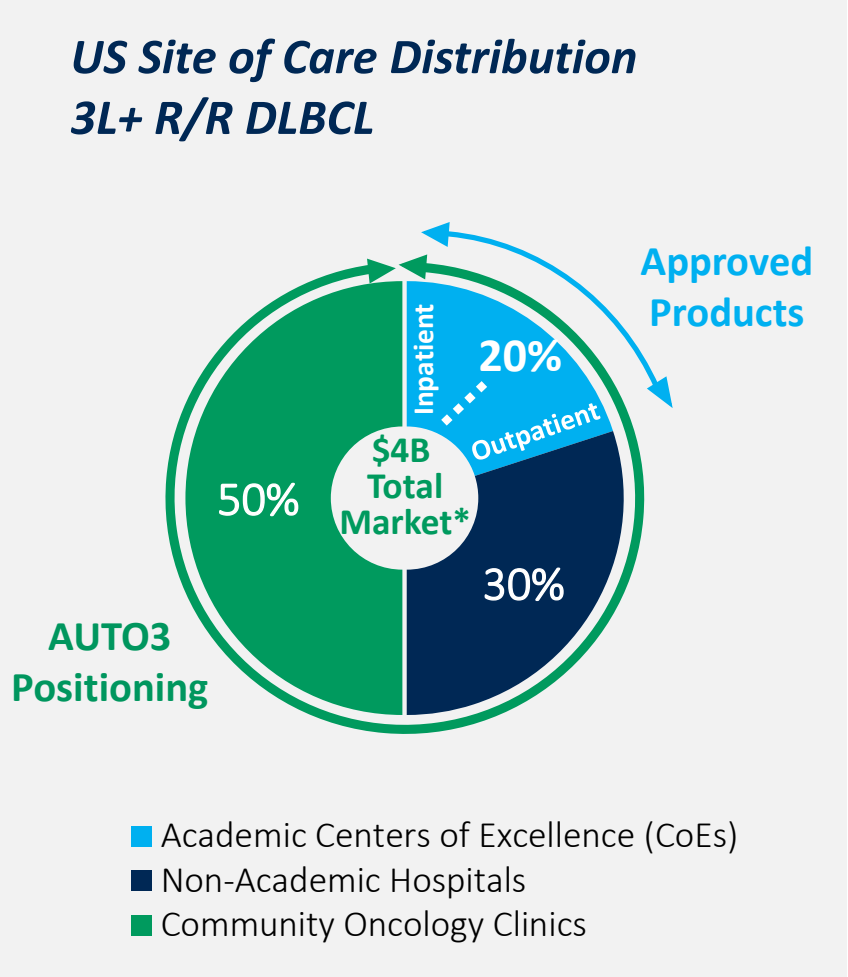
AUTO3 is designed to reach total addressable r/r DLBCL population

AUTO3 has the potential to be a true outpatient therapy



Approved CD19 CAR T Products

- Patients receive approved products as inpatients in CoEs because of the high rate and severity of toxicities and the need for intensive patient management
  Market opportunity limited to ~20% of patients

AUTO3

- Minimal toxicity management of AUTO3 should allow treatment across all settings of care
- AUTO3 grows the addressable market and maximizes reimbursement options compared to approved products
- >80% of 3L+ and 2L DLBCL patients are treated outside of academic CoEs

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Source: US Retrospective Claims Analysis by Site of Distribution
*Autolus approximate estimates

Full outpatient opportunity unlikely to be realized with current CAR Ts

Real-world Medicare claims data for adults with lymphoma who received CAR T-cell therapy from 2017 to 2018 suggests:

Median length of hospital stay is
17 days

Median time in intensive care unit (ICU) is
13 days

Nearly 50% of patients require an ICU stay*

- Outpatient treatment with liso-cel in r/r DLBCL resulted in 57% of patients requiring hospitalisation post-treatment with a median time to hospitalization of 5.5 days**
- Aggressive steroid management to reduce toxicity may have a negative impact on efficacy***

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* Real-World Healthcare Utilization and Costs Support Broader Use of CAR T-Cell Therapy, February 2020, Vol 11, No 1 | Payers' Perspectives In Oncology | Including ASH 2019 Highlights
Source: ASCO Abstracts; **8037 , ***8011,

AUTO3 is designed for potential best-in-class efficacy and safety

Differentiated product profile should open access to full market opportunity

First-in-class CD19 & CD22 CAR with novel signaling domains, design & manufacturing process

Designed to provide best-in-class efficacy with high rates of durable complete responses

Potential for best-in-class safety with no need for intensive patient management

Highly differentiated clinical profile with potential for true outpatient treatment across all settings of care

Outpatient cohort initiated with potential to move to a pivotal study early 2021

AUTO3 has the potential to reach patients without the need for referrals to academic centers

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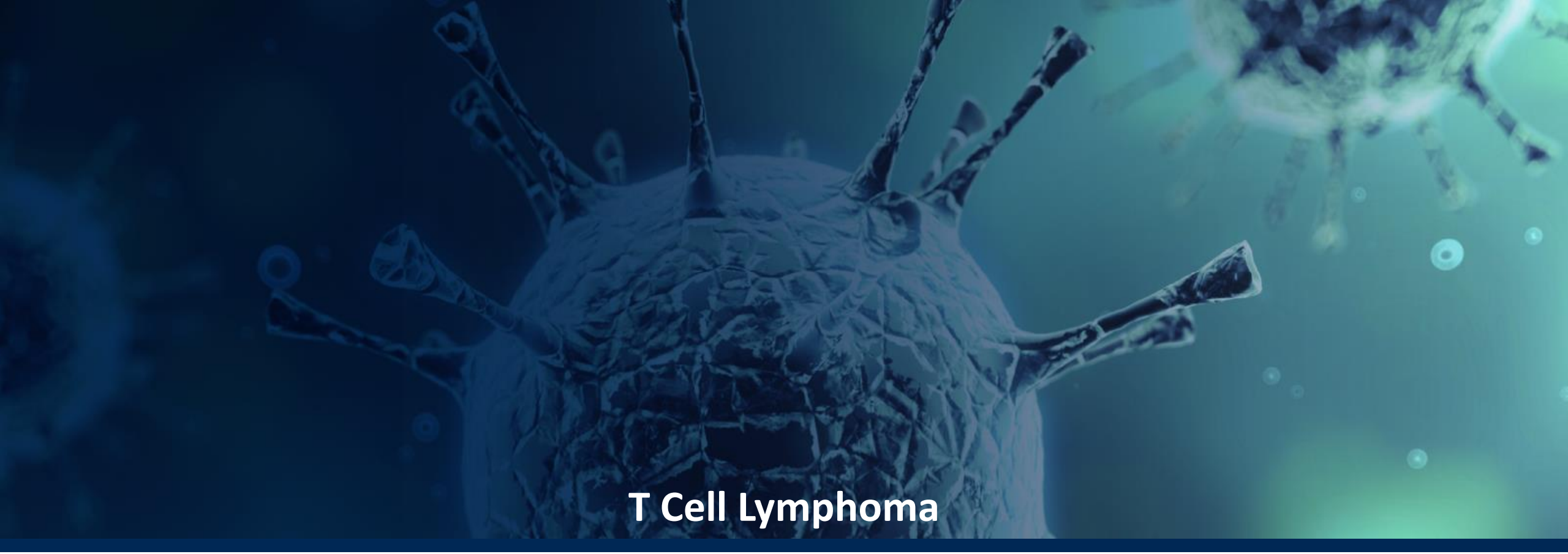


T Cell Lymphoma

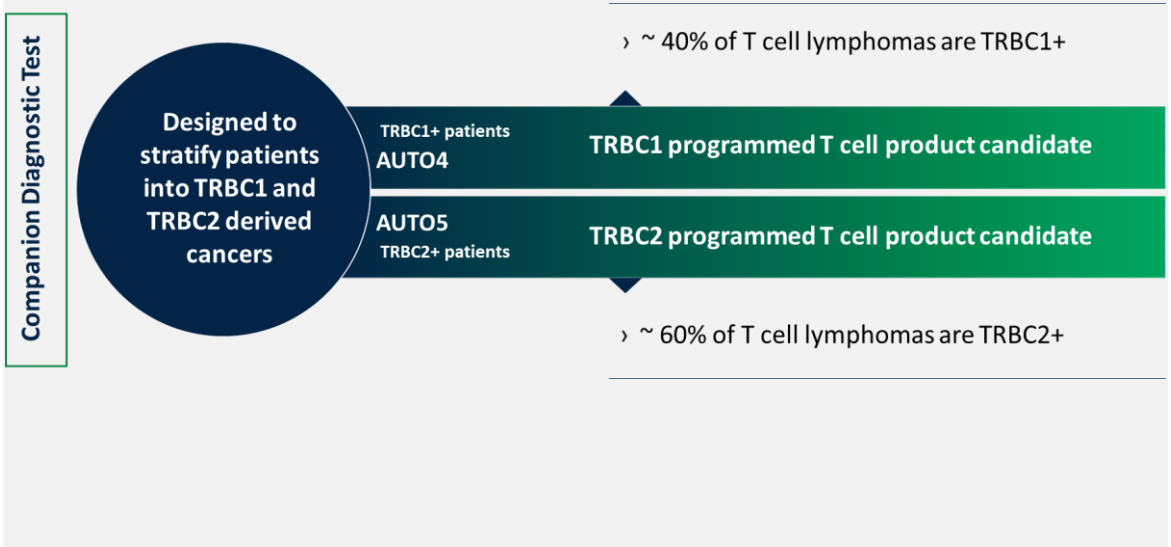
AUTO4 and AUTO5 – tailored for T Cell Lymphoma

T Cell Lymphoma

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

- 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 relapse following treatment with standard therapies
- T cell lymphomas have not benefited from advances in immunotherapeutic approaches

Autolus use three key elements to address T Cell Lymphoma's - AUTO4, AUTO5 and a companion diagnostic test



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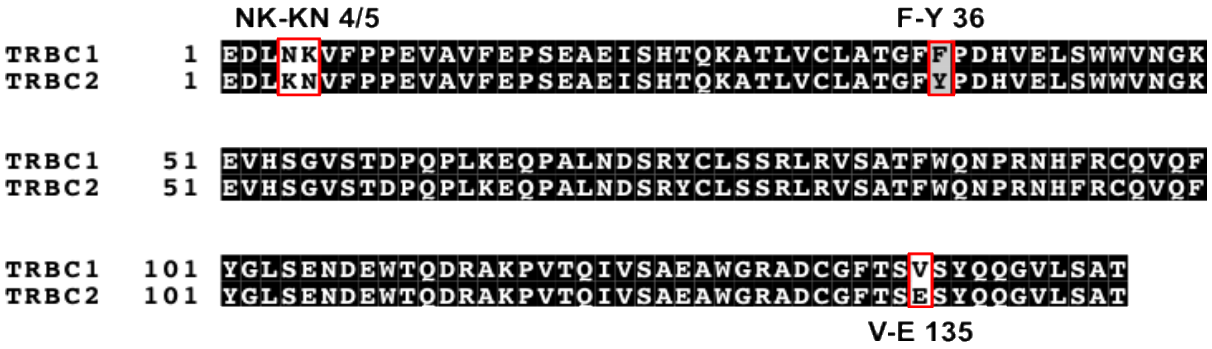
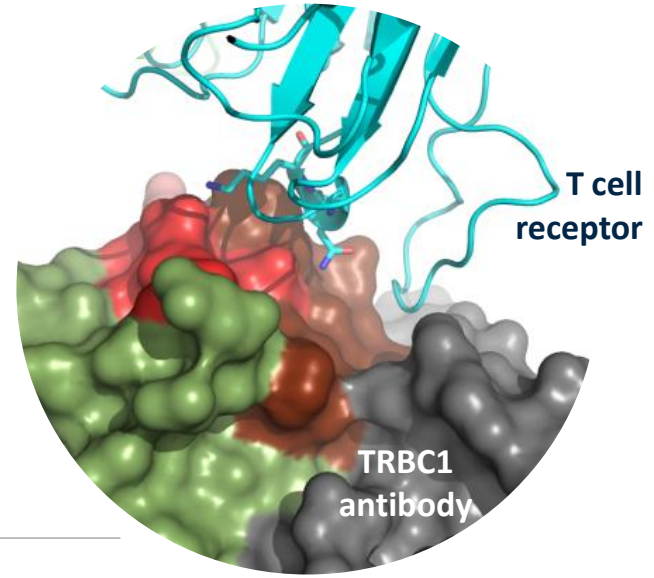
Unique targeting of TRBC1 & TRBC2 opens new therapeutic approach

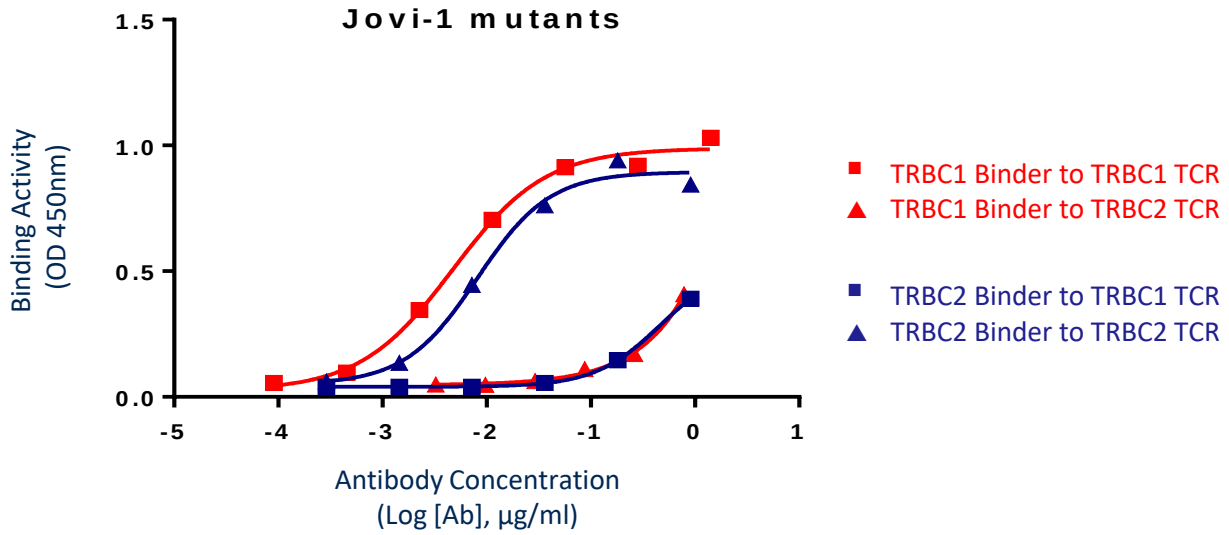
AUTO4/5 in Peripheral T Cell Lymphoma

Differences between TRBC1 and TRBC2 are small





Antibody Binding Data



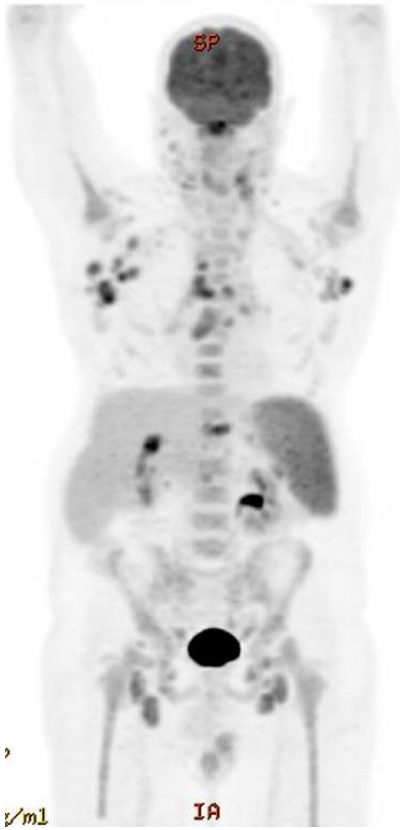
- AUTO4 clinical study in progress
- AUTO5 in late preclinical development
- Preclinical study package demonstrating selective binding and anti-tumor activity of TRBC1 and TRBC2 CARs in vitro and in vivo

Encouraging signal from AUTO4 treated patient

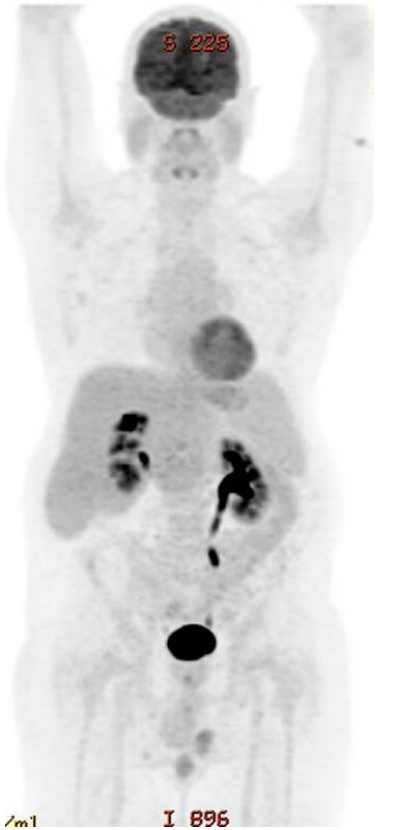
Clinical outcome of patient 1

- 57 yr old with Angioimmunoblastic T cell lymphoma
- Past treatments include CHOP (CR) & IVE (refractory)
- AUTO4 Treatment
  - Treated with 25x106 anti-TRBC1 CAR T cells
  - No expansion of CAR T cells was noted
  - No CRS or neurotoxicity or T-cell aplasia was noted
  - Initial PET/CT at one month showed Complete Metabolic Response but subsequently had progression on day 71

Baseline PET/CT scan
Pre-AUTO4 treatment



Month 1 PET/CT scan

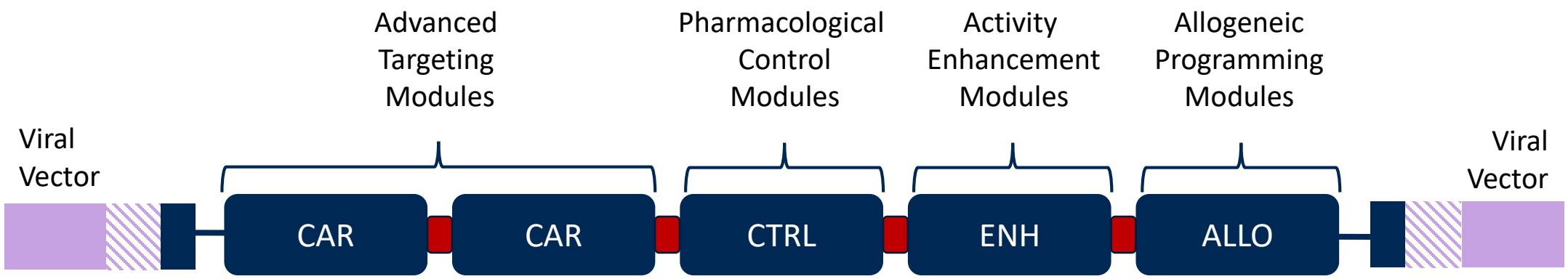


Pipeline

A broad portfolio of next generation modular T cell therapies

A broad toolkit building on our core strategy of modular innovation

Advanced T cell programming



Advanced Targeting Modules	Pharmacological Control Modules	Activity Enhancement Modules	Allogeneic Programming Modules
Fast off Rate CARs	Safety Switches	dSHP2	GvHD
Dual Targeting CARs	Tunable CARs	dTGFβ Receptor	Immune Rejection
Avidity Enhancing Spacers		Chimeric Cytokine Receptors	
Logic Gates		Host Immune Cell Recruitment	
AUTO1 AUTO1NG AUTO3 AUTO8	AUTO4 AUTO5 AUTO6 AUTO6NG AUTO7 AUTO8	AUTO3NG AUTO6NG AUTO7 AUTO8	1st clinical program start in 4Q 2020

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Broad pipeline of next generation programs

Designed to address limitations of current T cell therapies

PRODUCT	INDICATION	TARGET	PRE-CLINICAL	PHASE 1
AUTO1NG	ALL	CD19 & CD22		H2 2020
AUTO3NG	DLBCL	CD19 & CD22		Life cycle mgmt
AUTO5	TRBC2+ Peripheral TCL	TRBC2		H1 2021
AUTO6NG	Neuroblastoma; Melanoma; Osteosarcoma; SCLC	GD2		H1 2021
AUTO7	Prostate Cancer	PSMA		H1 2021
AUTO8	Multiple Myeloma	BCMA & CAR X		H2 2020

B Cell Malignancies T Cell Lymphoma GD2+ Tumors Prostate Cancer Multiple Myeloma

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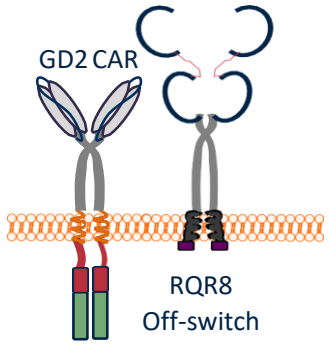
NG = Next Generation, SCLC = Small Cell Lung Cancer

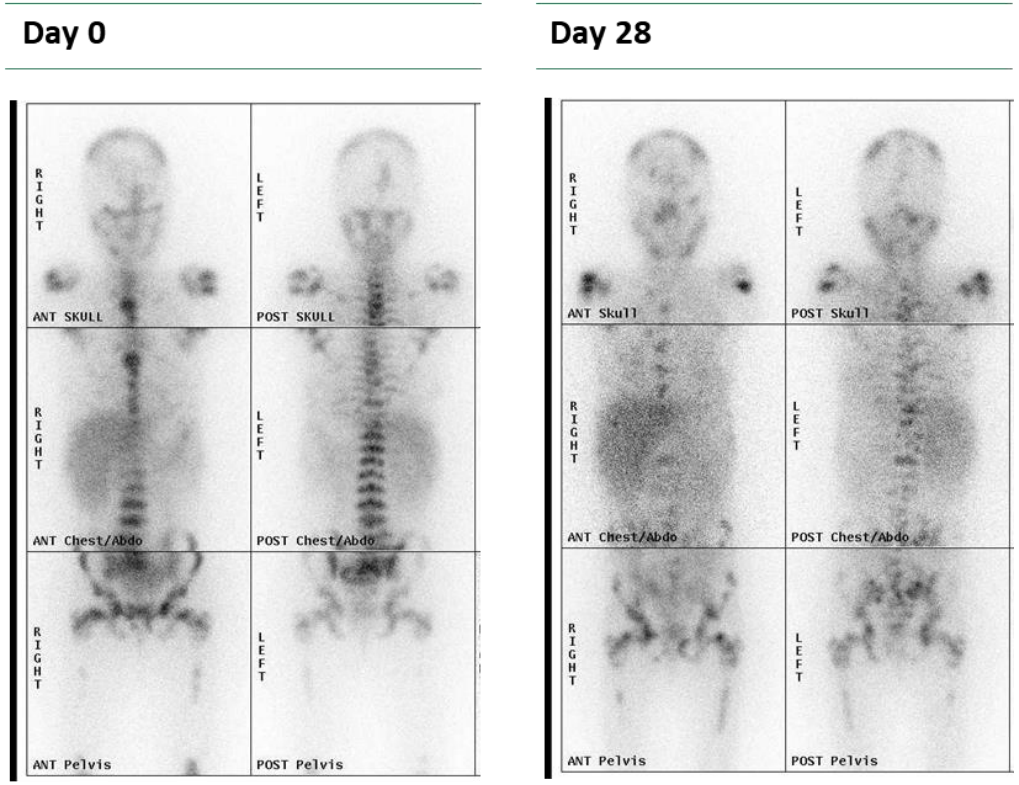
AUTO6 designed to drive anti-tumor activity without neurotoxicity

AUTO6: GD2-targeted programmed T cell therapy in neuroblastoma

- Programmed T cell product candidate:
  - New binder design
    - Minimize on-target, off-tumor toxicity
    - Humanized to reduce immunogenicity
  - RQR8 safety switch

- Phase 1 trial in r/r neuroblastoma conducted by CRUK in collaboration with UCL





MIBG: iodine-123-meta-iodobenzylguanidine

Modular approach enhances AUTO6NG for solid tumor environment

Next generation programs powered by a technology tool box

AUTO6

GD2 CAR

To provide anti-tumor activity and potential to help address neurotoxicity and pain syndrome

Safety Switch

To eliminate the therapy in the event of unexpected toxicities

dSHP2

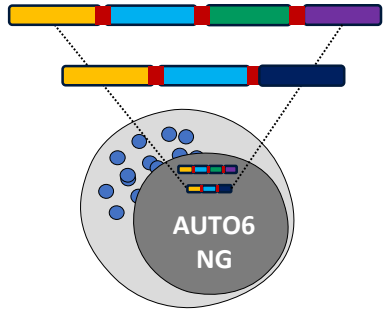
To overcome multiple checkpoint pathways

Cytokine Signal

IL7 CCR chimeric protein designed to improve CAR T cell persistence

dnTGFβRII Receptor

To overcome inhibitory effect of TGFβ in microenvironment



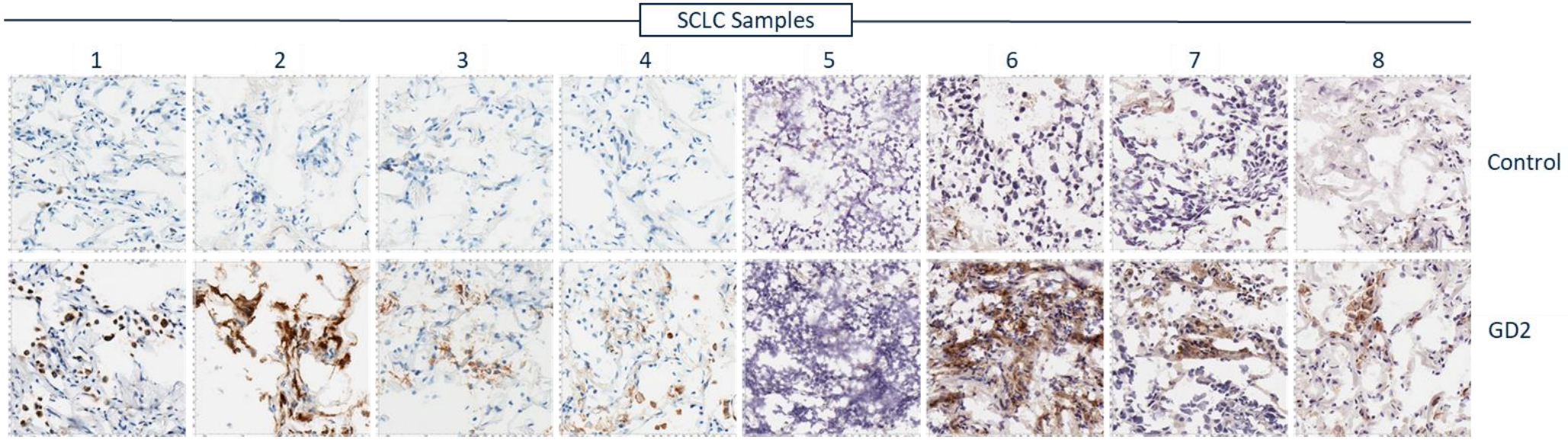
AUTO6NG:

- Utilizes GD2 CAR from AUTO6, and is further enhanced to address persistence, control and tumor defenses
- Targeting neuroblastoma, osteosarcoma, melanoma and small cell lung cancer amongst others

Targeting GD2 in indications outside neuroblastoma

Screening for GD2 expression in multiple solid tumors

- GD2 is highly expressed in osteosarcoma, small cell lung cancer (SCLC) and melanoma
- Detailed expression in SCLC was analyzed further in a larger set (25 SCLC patients' biopsies)
  - 68% GD2 expressing (homogenous and heterogenous)
  - 32% No GD2



Data: AACR 2020

AUTO6NG is highly active *in vitro* and *in vivo* in a SCLC tumor model

Experimental data presented at AACR 2020 indicates that GD2 is an attractive SCLC CAR T target

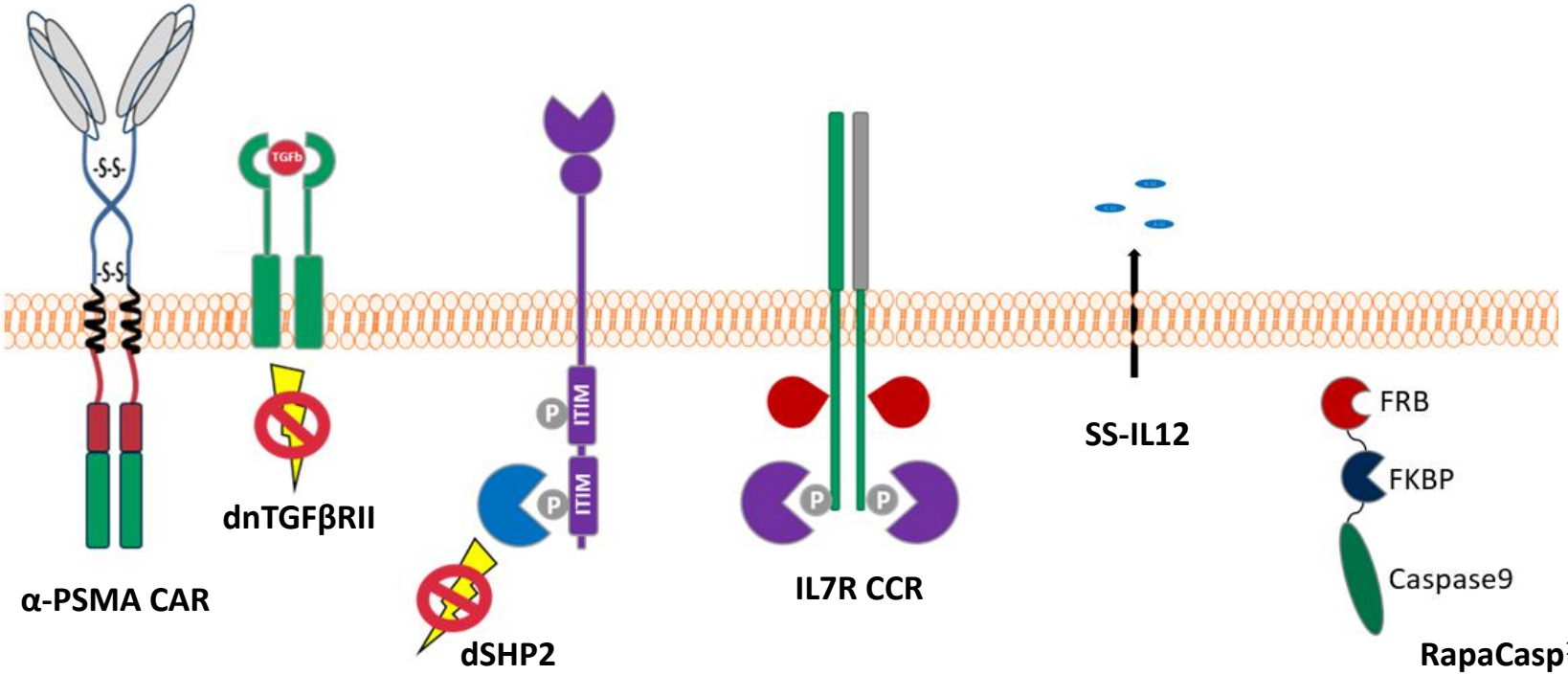
The modules enabled AUTO6NG cells to persist and this expansion enhancement was without increasing cytokines levels in vivo

AUTO6NG will be clinically explored in GD2 expressing tumors (e.g. SCLC)

AUTO6 alone is not sufficient to drive in vivo efficacy in a SCLC mouse model and additional cell programming modules rendering the CAR T cells insensitive to TGFβ signalling and checkpoint inhibition (AUTO6NG) are required to drive efficacy

AUTO7 is designed to tackle the complex solid tumor environment

Anti-PSMA humanized CAR T cell for improved persistence and resistance in Prostate Cancer



PSMA CAR	dnTGFβRII	dSHP2	Cytokine signal	Immune Adjuvant	Safety Switch
Effective targeting of PSMA expressing tumor cells	Truncated TGFβRII receptor to shield inhibitory effect of TGFβ	Truncated SHP2 to block checkpoint inhibition	Cytokine signal to overcome minimal co-stimulation	Secretion of IL-12 cytokine to promote host immune activation	To terminate therapy in the event of unexpected toxicities

Modules delivered using gamma-retroviral vector

Autolus

Stavrou M et sl. Mol Ther 2018

Prostate Cancer – specifically metastatic castration resistant prostate cancer

Manufacturing

Economical & scalable product delivery platform

Semi-automated and parallel processing

Clinical supply & commercial launch

- Multiple samples to be processed within the same environment
- CGT Catapult (UK)
- Global clinical supply since Q3 2019

Planned US commercial supply

- Collaboration with Alexandria Real Estate Partners (ARE)
- Fully scaled commercial site for cell process supply
- Planned capacity of 5,000 patients p.a.

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Next steps

Multiple clinical data points expected through 2H 2020 / 2021

Product	Indication	Target	Event
B Cell Malignancies			
AUTO1	Adult ALL	CD19	• Ph1 long-term follow up Q4 2020 • Pivotal data end of 2021
AUTO1NG	Pediatric ALL	CD19 & 22	• Start Ph1 H2 2020
AUTO3	DLBCL	CD19 & 22	• Decision on Ph2 Q3 2020 • Full Ph1 data H2 2020
Multiple Myeloma			
AUTO8	Multiple Myeloma	BCMA & CAR X	• Start Ph1 study H2 2020
T Cell Lymphoma			
AUTO4	TRBC1+ Peripheral TCL	TRBC1	• Ph1 interim data H1 2021
GD2+ Tumors			
AUTO6NG	Neuroblastoma; Melanoma; Osteosarcoma; SCLC	GD2	• Start Ph1 H1 2021
Allogeneic Approach			
Undisclosed	Undisclosed	Undisclosed	• Start Ph1 Q4 2020

Autolus poised for value inflection in 2020

- AUTO1
  - Currently enrolling Autolus' first Phase 1b / 2 pivotal program in Adult ALL
  - Granted orphan drug designation by the FDA for treatment of ALL
  - Pediatric ALL – moving forward with AUTO1/AUTO1NG
- AUTO3
  - Outpatient treatment cohort started in Q2 2020
  - Confirmation of transition to pivotal stage in Q3 2020
  - Pivotal study could start early 2021
- Additional value inflection in 2020 from our preclinical solid tumor and hem-onc programs
- Key data releases expected at upcoming medical conferences
- Strong balance sheet with $243.3m in cash as of March 31, 2020

Thank you