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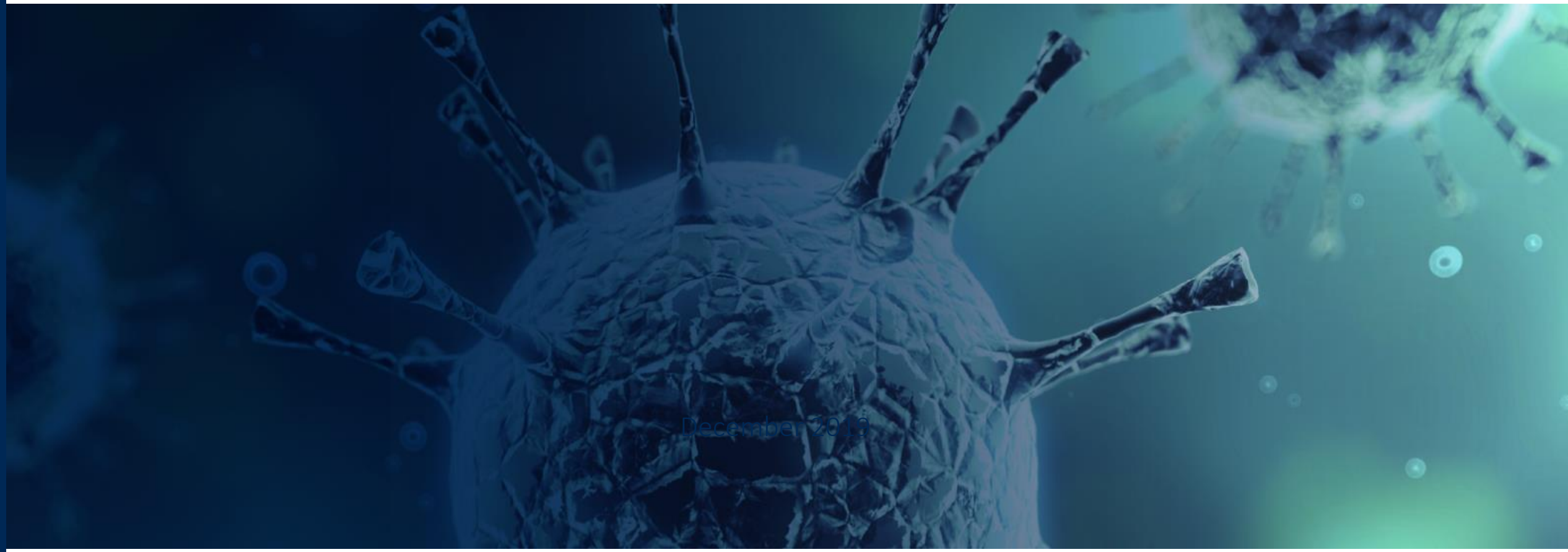
Nasdaq: AUTL



EHA Data Update

June 2020

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Agenda

1. Welcome and Introduction: Dr. Christian Itin, Chairman and CEO
2. AUTO1 and AUTO3 Data Review: Dr. Nushmia Khokhar, VP, Head of Clinical Development
3. Adult ALL; Commercial Opportunity: Brent Rice, Vice President, Chief Commercial Officer, US
4. Summary & Next Steps: Dr Christian Itin
5. Q&A: Dr. Christian Itin, Andrew Oakley (CFO), Dr. Vijay Reddy (CMO), Dr. Nushmia Khokhar (Head of Clinical Development), Brent Rice (CCO, US)

Welcome and introduction

Dr. Christian Itin

Chairman and CEO

Broad expertise in CAR T therapy development and market access

Dr. Christian Itin
Chairman & CEO
Previously CEO of Micromet; led development of Blincyto®, the first FDA-approved redirected T cell therapy

Dr. Nushmia Khokhar
VP, Head of Clinical Development
Board certified oncologist, lead several successful registration trials within industry including global daratumumab program at Janssen Oncology

Dr. Vijay Peddareddigari
SVP, CMO
Experienced oncologist and drug developer; MD Anderson, GSK and most recently J&J

Brent Rice
VP, Chief Commercial Officer, US
25 years biotech/pharma experience; previously at Juno Therapeutics; 18 years at Amgen

Andrew Oakley
CFO
17+ years experience as public company CFO in bio-pharma sector; more than 10 years at Actelion

Broad pipeline of clinical programs

Designed to address limitations of current T cell therapies

Product	Indication	Target	Pre-clinical	Phase 1/2	Pivotal*
B Cell Malignancies					
AUTO1	Adult ALL	CD19	ALLCAR19		AUTO1-AL1
AUTO1	Pediatric ALL	CD19	CARPALL		
AUTO3	DLBCL	CD19 & CD22	ALEXANDER		
T Cell Lymphoma					
AUTO4	TRBC1+ Peripheral TCL (LibrA T1)	TRBC1	LibrA T1		
GD2+ Tumors					
AUTO6	Neuroblastoma	GD2	CRUK		

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*Subject to confirmation by regulatory authorities

Adult ALL represents a significant opportunity

- ALL incidence and prevalence represents a significant market
  - Up to 8,400* new cases of adult ALL diagnosed yearly worldwide
  - Addressable patient population is projected at 3,000 patients US & EU
- 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
  - Relapsed refractory patients have a significant number of co-morbidities that have significantly limited utilization of CAR T therapies
- No CAR T therapy approved in adult ALL
- Only approved redirected T cell therapy is blinatumomab

FDA granted AUTO1 orphan drug designation for ALL

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*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	AUTO1
• Approved and near-approved CD19 CAR Ts use identical high affinity CD19 binder (FMC63)	• AUTO1 has an optimized CD19 CAR with a lower (40x) affinity for CD19 and a fast off-rate*
• FMC63 has a fast on-rate and a very slow off-rate	• Engages efficiently, delivers a kill, and disengages rapidly like a normal T cell
• Leads to over-activation, exhaustion and high-grade CRS and neurotoxicities	• Leads to enhanced activity and lower toxicities

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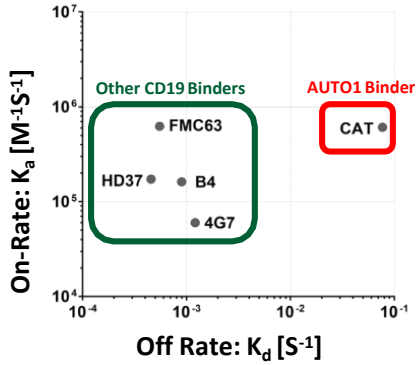
*Ghorashian S, Pule MA, Amrolia P et al. *Nature Medicine* 2019

AUTO1 shows enhanced activity vs FMC63 CARs

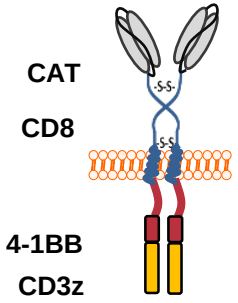
Preclinical data show higher cytotoxicity and proliferation

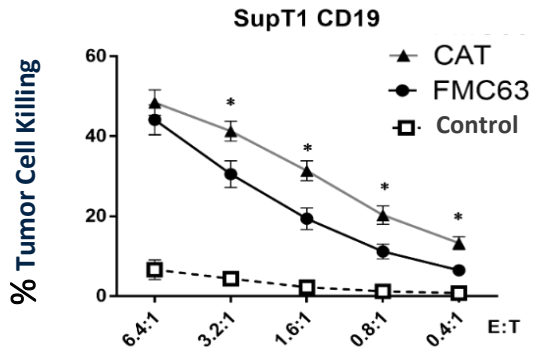
- AUTO1 is designed to reduce severe CRS (≥G3) through the introduction of a proprietary optimized CAT binder
- AUTO1 (CAT) binder with lower affinity for CD19
- Half-life of target interaction very short compared to Kymriah® (FMC63) binder*:
  - AUTO1 = 9.8 seconds
  - Kymriah® = 21 minutes

Fast Off-Rate

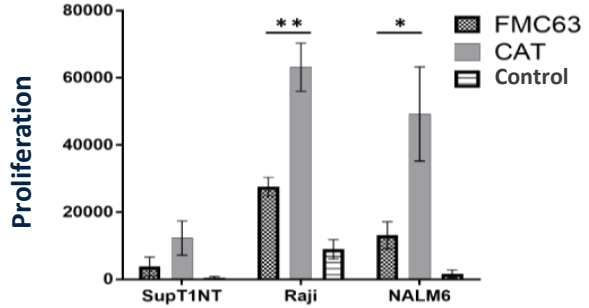


Enhanced Cytotoxicity





Enhanced Proliferation



*Similar binders are used in Yescarta® and JCAR-017
Amrolia et al., (2019) Nature Medicine.

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Data Review

Dr. Nushmia Khokhar

VP, Head of Clinical Development

Adult ALL

AUTO1 – tailored for ALL

Challenges and opportunity for curative therapy in adult r/r ALL

AUTO1 designed to overcome the limitations of other CAR T therapies

- Adult ALL prognosis is poor; long-term remission rate limited to 30-40%
- Median overall survival is < 1 year in r/r ALL
- Only approved redirected T cell therapy approved for adults generally is blinatumomab
  - Bridge to allo-SCT, not a stand-alone curative option
- CAR T therapies are highly active, however toxicities have been notable with high incidence of CRS and cases of fatal neurotoxicity
- Developing safe and effective therapies have been challenging
  - Patients are generally more fragile, more co-morbidities
  - No clear sense of durability without subsequent allograft

AUTO1 has the potential to be a curative therapy

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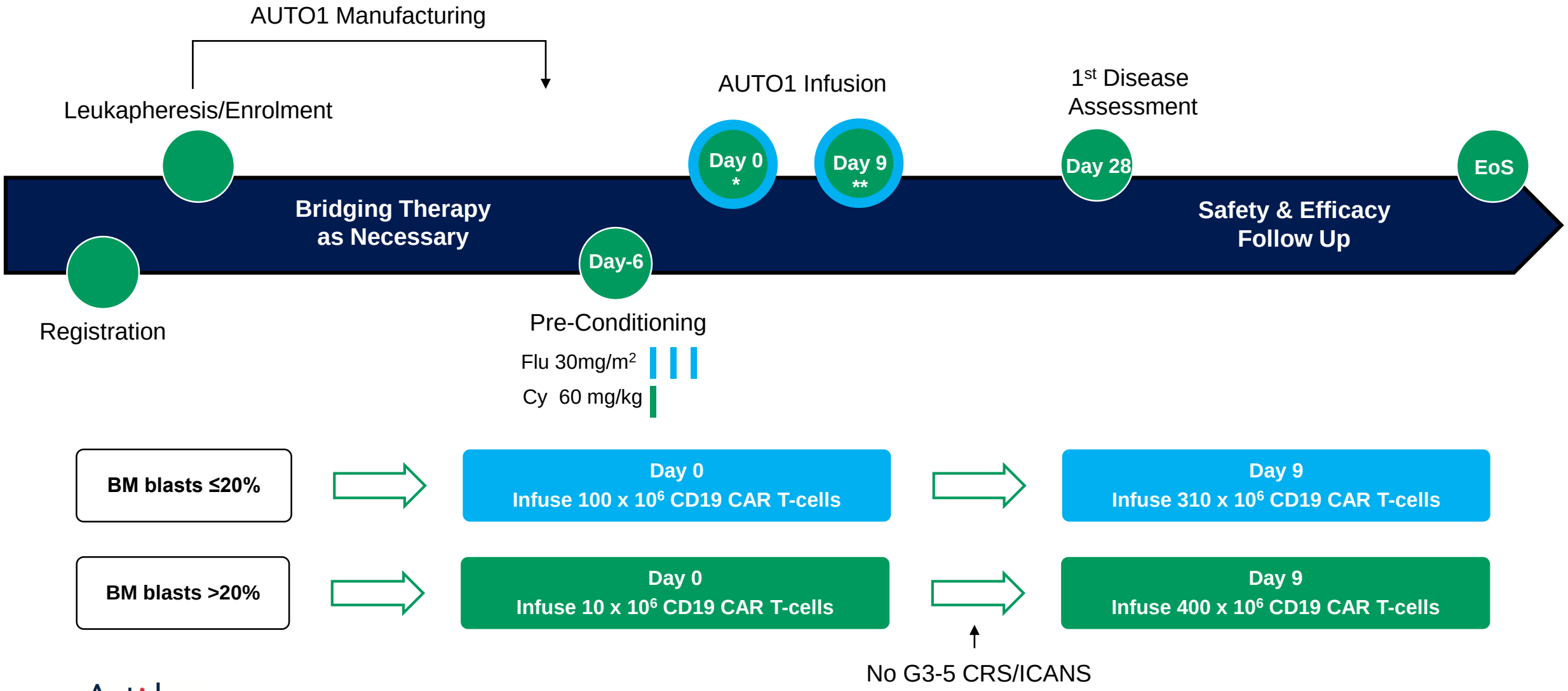
* **Claire Roddie, EHA 2020 presentation,** Fielding et al., 2007
American Cancer Society, Cancer Facts & Figures, 2019
Cancer Research UK, 2016; DRG ALL Epidemiology report, 2017

ALLCAR19 Phase 1 study design



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ALLCAR19 (NCT02935257)

Claire Roddie, EHA 2020 presentation

Key eligibility criteria

Inclusion criteria

- Age 16 to 65 years
- High risk or relapsed histologically confirmed CD19+ B-ALL following standard therapy requiring salvage in whom alternative therapies are deemed inappropriate by their treating physician

Exclusion criteria

- CD19 negative disease
- Overt CNS involvement/isolated extramedullary disease
- Active hepatitis B, C or HIV infection
- Stem Cell Transplant patients only: no active GVHD
- Significant neurotoxicity following blinatumomab

No exclusion for prior blinatumomab or inotuzumab ozogamicin

Product characteristics & feasibility

Registered
n = 25

1 progressed pre-leukapheresis

Enrolled/Leukapheresed
n = 24

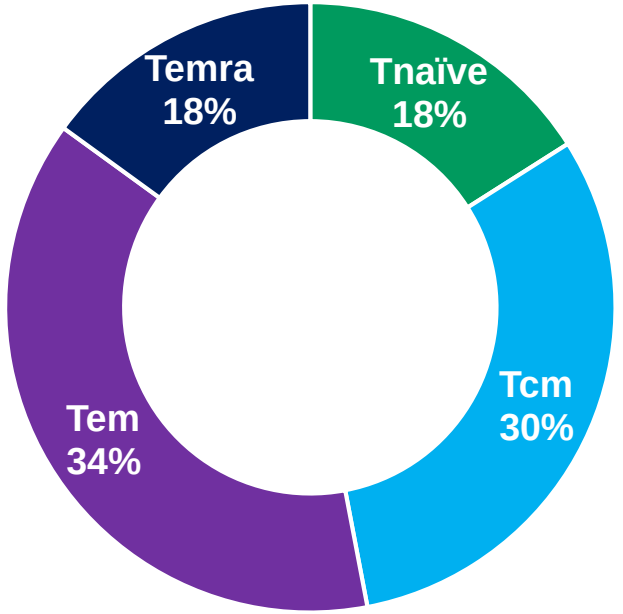
1 failed leukapheresis

Manufactured
n = 23

1 pending infusion
3 died of PD or infection in bridging

Treated
n = 19

- 100% of successful leukaphereses resulted in released drug product
- Semi-automated closed manufacturing process was used in 17/23 products
- Advantages of closed process includes:
  - rapid, standardised manufacture
  - trend towards lower exhaustion markers
  - enrichment for Tcm and Tnaive CAR+ cells (48%)
- Mean transduction efficiency 65%
  - range 50 – 83%



Tnaive – naïve T cells
Tcm - naïve central memory T cells
Tem - effector memory T cells
Temra - effector memory RA T cells

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Patient characteristics: 19 patients treated

Baseline Characteristics	N=19 (%)
Median age, years (range)	43 (18-62)
Gender	12M/7F
Chromosomal/Molecular status	
• Ph+ (bcr-abl)	6 (32%)
• MLL	1 (5%)
• Other	7 (37%)
• Normal	4 (21%)
• Failed	1 (5%)
Prior lines of treatment	
• Median (range)	3 (2-6)
• **Prior Inotuzumab**	**9 (47%)**
• **Prior Blinatumomab**	**5 (26%)**
• **Prior allo-HSCT**	**12 (63%)**
- sibling/haplo/VUD	3p/1p/8p

Leukemia Burden Prior to Lymphodepletion	N=19 (%)
Status at LD:	
• Primary refractory	4 (21%)
• 1st Relapse	7 (37%)
• 2nd Relapse	4 (21%)
• > 2nd relapse	4 (21%)
Morphological disease	
• ≤ 5% blasts	7 (37%)
• 5 - 49% blasts	4 (21%)
• **≥ 50% blasts**	**8 (42%)**
CNS status at registration	
• CNS 1	0 (0%)
• CNS II – III	0 (0%)
Other extranodal sites	3 (16%)

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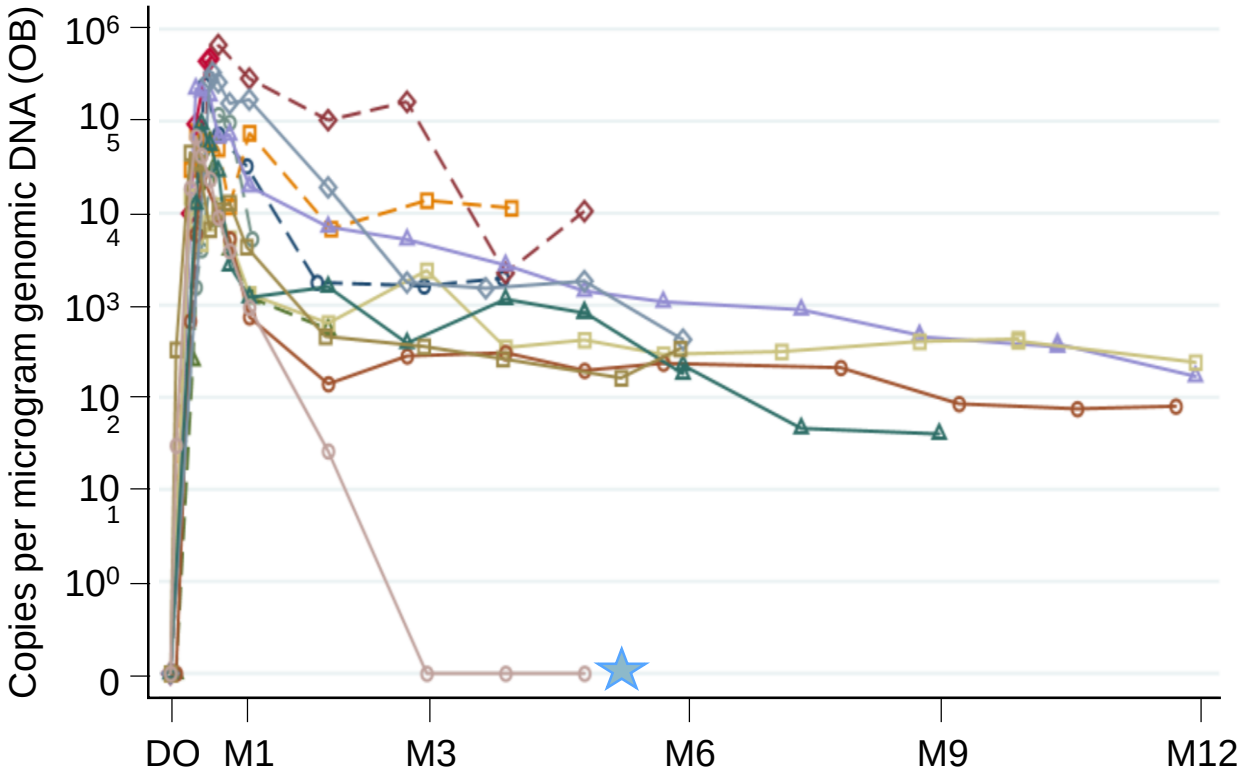
19 patients have been infused (data cut off 13/05/2020)
Claire Roddie, EHA 2020 presentation

Expansion and persistence support potential for sustained responses

AUTO1 expansion and persistence by qPCR



ALLCAR19 qPCR PK *all patients (n=14)*		*Mueller 2017 *(responders)*
AUC D0-28 *(Geometric Mean)* *(Copies/µg x days)*	**716 769**	**342 732**
Half life *(Median Days)*	17 *(Range 11-29)*	14.2
Max CAR T level *(Geometric Mean)* *(Copies/µg)*	119 336	47 988
T (Cmax) *(Median Days)*	11 *(Range 7-17)*	

★ *Developed a HAMA reaction to reject CAR*

* Mueller, KT et. al. Blood 130(21) 2017

Safety profile suited to adults with B-ALL

CRS (Lee Criteria)	Neurotoxicity (ICANS#)	≥ Grade 3 Cytopenia	Day -6	At Day 28
• CRS (any) in 9/19 • Grade 2 in 7/19 • ≥ Grade 3 CRS in 0/19	• ICANS (any) in 4/19 • Grade 2 in 1/19 • Grade 3 in 3/19	• ≥ Grade 3 Neutropenia	7/19	8/17

- CRS
  - All patients who developed Grade 2 CRS had high burden B-ALL
  - Tocilizumab was used in 6/19 patients (32%)
- Neurotoxicity (ICANS)
  - ≥ Grade 2 ICANS was reported in 4/19 patients: all had ≥ 50% blasts; all cases were preceded by CRS
  - 3/4 cases resolved to G1 in <24h with steroids, 1/4 cases resolved to G1 in 72h with steroids
- ≥ Grade 3 neutropenia:
  - Pre-dated treatment in 7/19 patients
  - At Day 28, 8/17 evaluable patients had ≥ Grade 3 neutropenia with most resolving by Month 2/3
- 6/19 patients died on study:
  - 2/19 died from progressive B-ALL
  - 1/19 died post-progression from allo-transplant-related complications (VOD/sepsis)
  - 3/19 from infection: 2/3 before D28 (sepsis; invasive fungal); 1/3 at M6 in CR (MDR-pseudomonas in blood)

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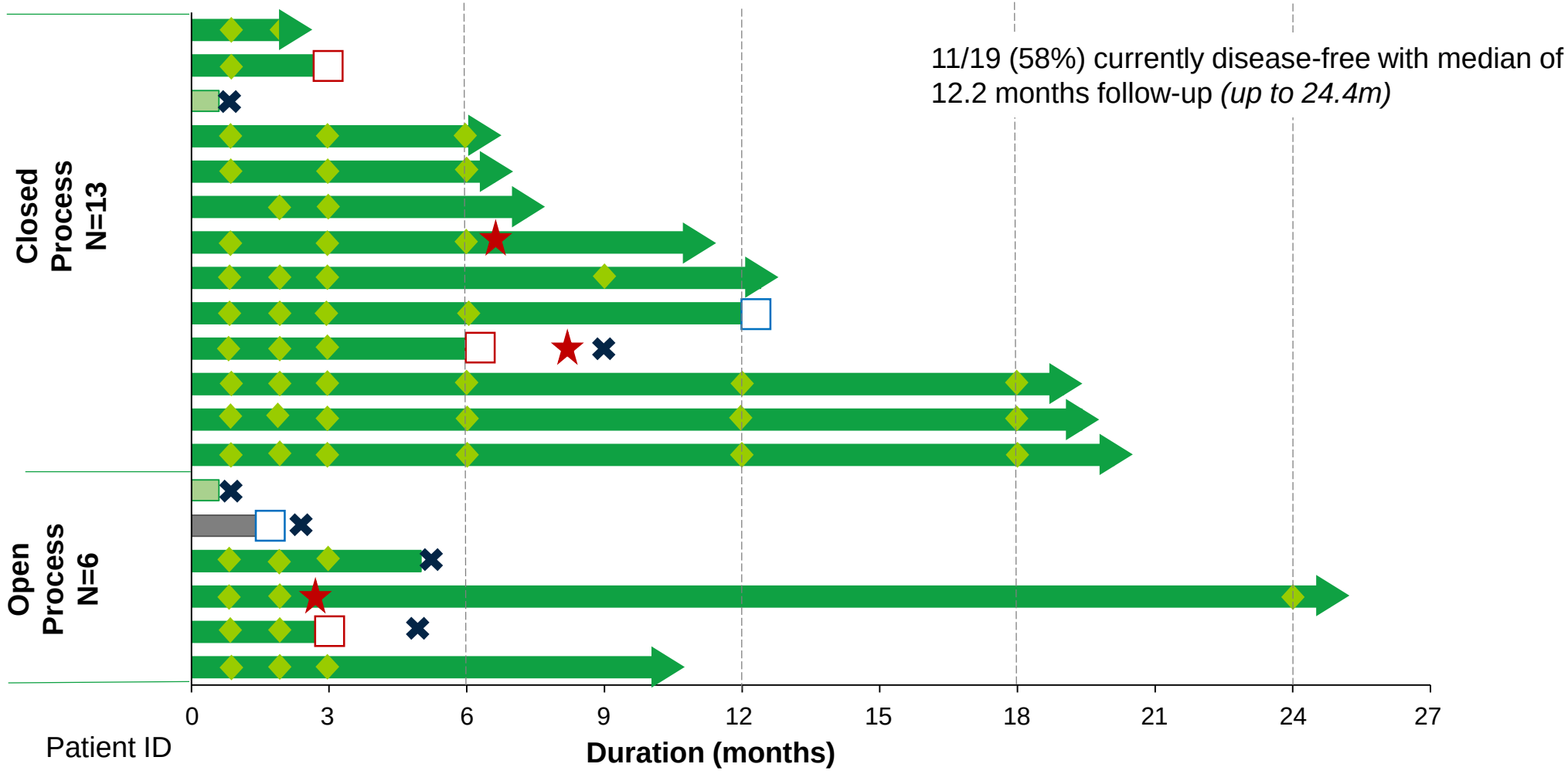
 # Immune Effector Cell Associated Neurotoxicity Syndrome
CRS & NT will be graded using the ASTCT/ASBMT Consensus Grading (Lee et al. 2019)

Responses are durable without need for transplant

MRD negative CRs ongoing past 18 months

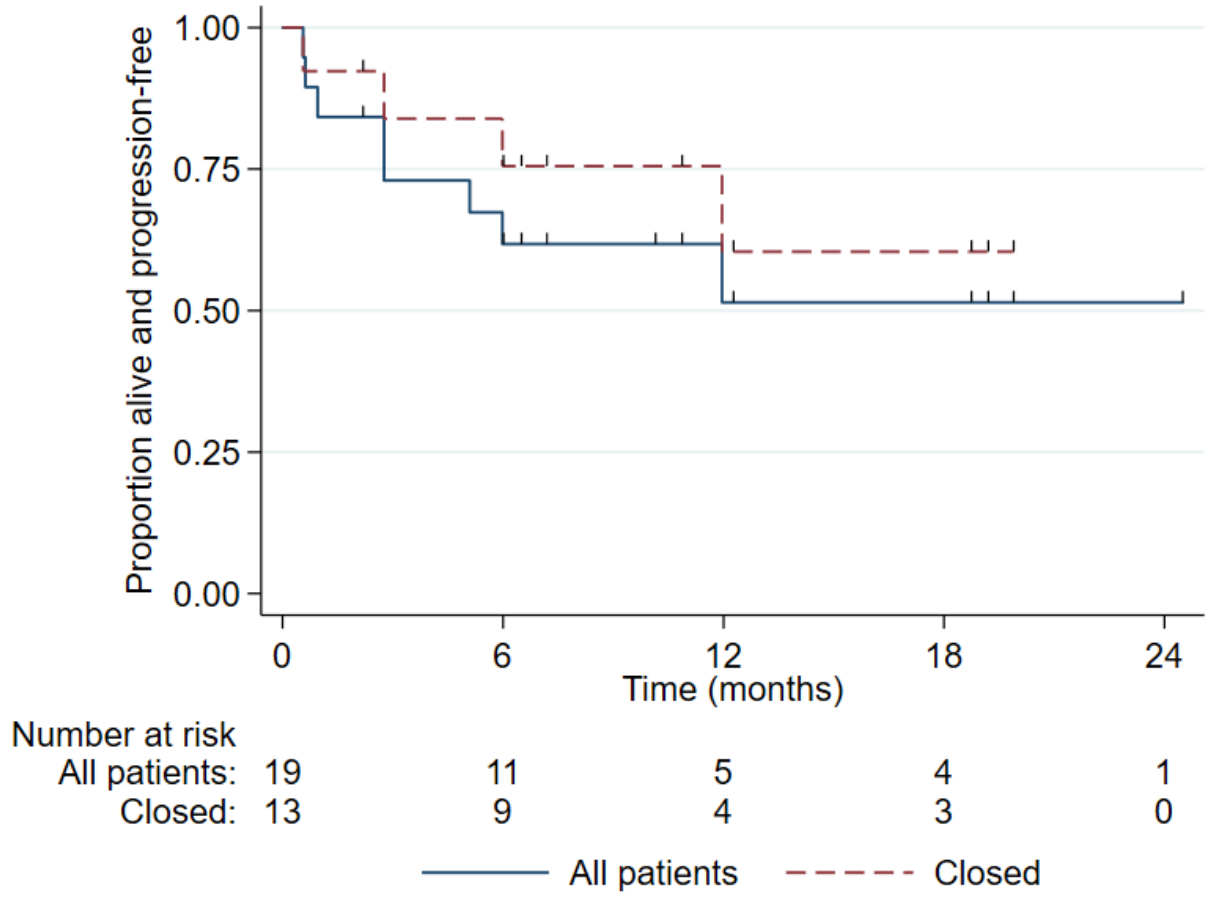


MRD < 10^{-4} by PCR or < 5 x 10^{-4} based on limits of detection of assay
Data cutoff 13-May-2020, Evaluable = All patients with at least M1 follow-up or RIP prior to Month 1.

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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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

* Observed in patients with > 50% tumor burden

1. Roddie et al., EHA 2020
2. Kantarjian et al., 2017
3. Kantarjian et al., 2016

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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

AUTO1 continues to show a unique and highly differentiated profile

Severe toxicities of currently approved products have limited suitability in adult setting

- Manufacturing feasibility confirmed
  - 100% of leukaphereses resulted in successfully released drug product
- Tolerable safety profile
  - Despite high disease burden and patient population having received 2-6 prior lines of treatment
  - No Grade 3 CRS observed
  - Only 3/19 patients, all with high tumour burden, developed Grade 3 ICANS (rapid resolution with steroids)
- Robust expansion and prolonged CAR T persistence
- Potential best in class efficacy:
  - MRD negative CR achieved in 16/19 (84%) patients at 1 month (92% with closed process)
  - CR appears to be durable: 11/19 (58%) are currently disease-free at a median of 12.2 months
  - EFS at 6 months is 62% in all treated patients (76% in closed process patients)

Preliminary data supports the development of AUTO1 as a stand-alone therapy

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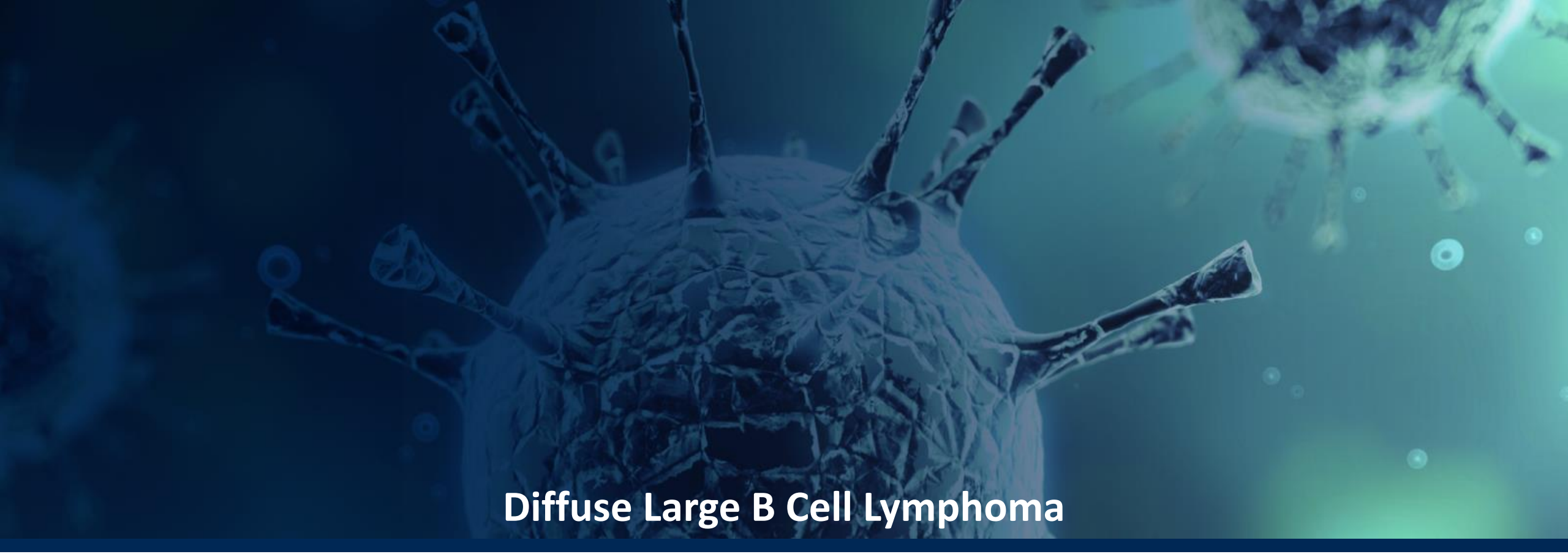
*Claire Roddie; EHA presentation, 2020



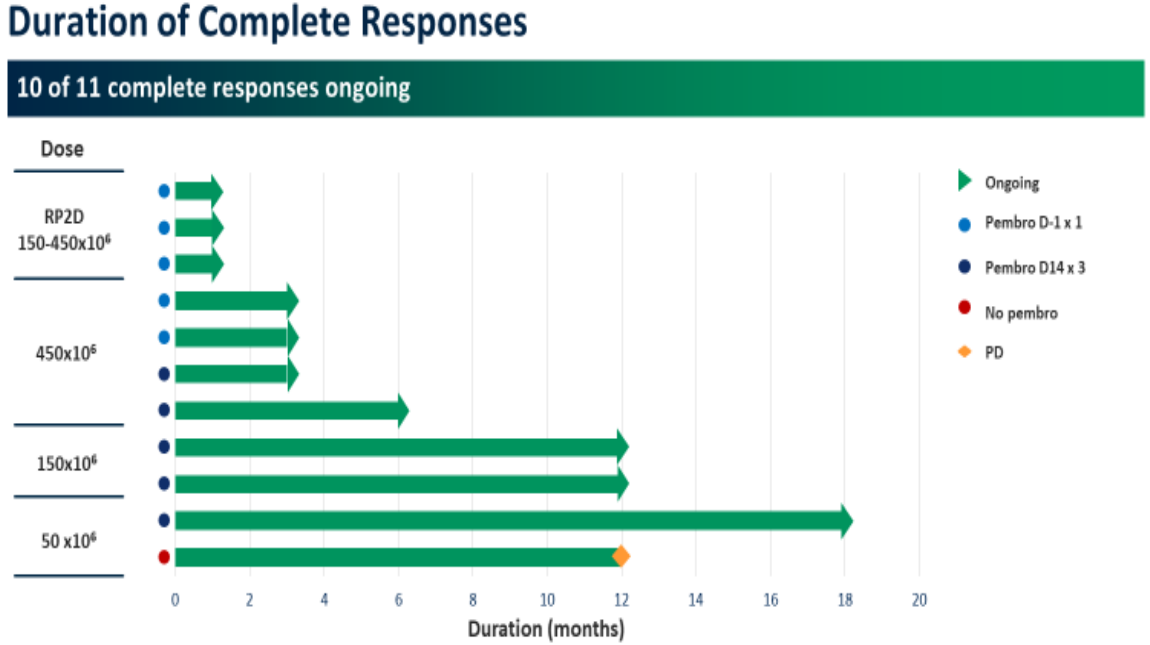
Diffuse Large B Cell Lymphoma

AUTO3 – tailored for DLBCL

AUTO3 has potential to access the full addressable DLBCL population

Updated Alexander data suggests differentiated clinical profile

- ORR 75% and CRR 63% at dose ≥ 150 x 10^6 cells with D-1 pembro
- All complete responses are ongoing at dose ≥ 150 x 10^6 cells with pembro
- Outpatient expansion cohort is enrolling
- Potential for use in all settings of care
- RP2D range of 150 - 450 x 10^6 cell dose with pembro D-1 selected
- Potential total market size of $4-9bn



At ≥ 150 x 10^6 dose all complete responses are ongoing with a median follow up 3 months (range 1-12m)

Alexander

No severe CRS or any grade NT at the Phase 2 dose range

Commercial Opportunity in adult B-ALL

Brent Rice

Vice President, Chief Commercial Officer, US

Adult ALL patients spend 2-3 years receiving treatment

May expose adult ALL patients to negative acute and chronic clinical consequences

Current treatments are associated with significant effects, which can include, but are not limited to:

	Acute	Chronic
Chemotherapy	**2-3 Years** • Anemia • Neutropenia • Infection[1] • Tumor Lysis Syndrome • Dyspnea • Diarrhea	• Secondary Cancers • Cardiac disease • Premature menopause • Infertility
Allogeneic HSCT	**←Conditioning regimen + transplant procedure (~4.5 weeks); generally 3-6 months recovery** • Thrombotic microangiopathy • Neutropenia • Veno-occlusive disease • Acute graft vs host disease (GVHD) • Infection • Anemia	• Renal Damage (e.g., Chronic kidney disease) • Chronic GVHD • Secondary Cancers
Biologics	• Cytokine release syndrome • Thrombocytopenia • Veno-occlusive disease • Infection • Neutropenia • Anemia	
CAR T-Cell Therapy	**← CAR T-cell preparation + conditioning regimen + single-dose infusion (~3 weeks); generally 1 month recovery** • Cytokine release syndrome • Neurotoxic events	

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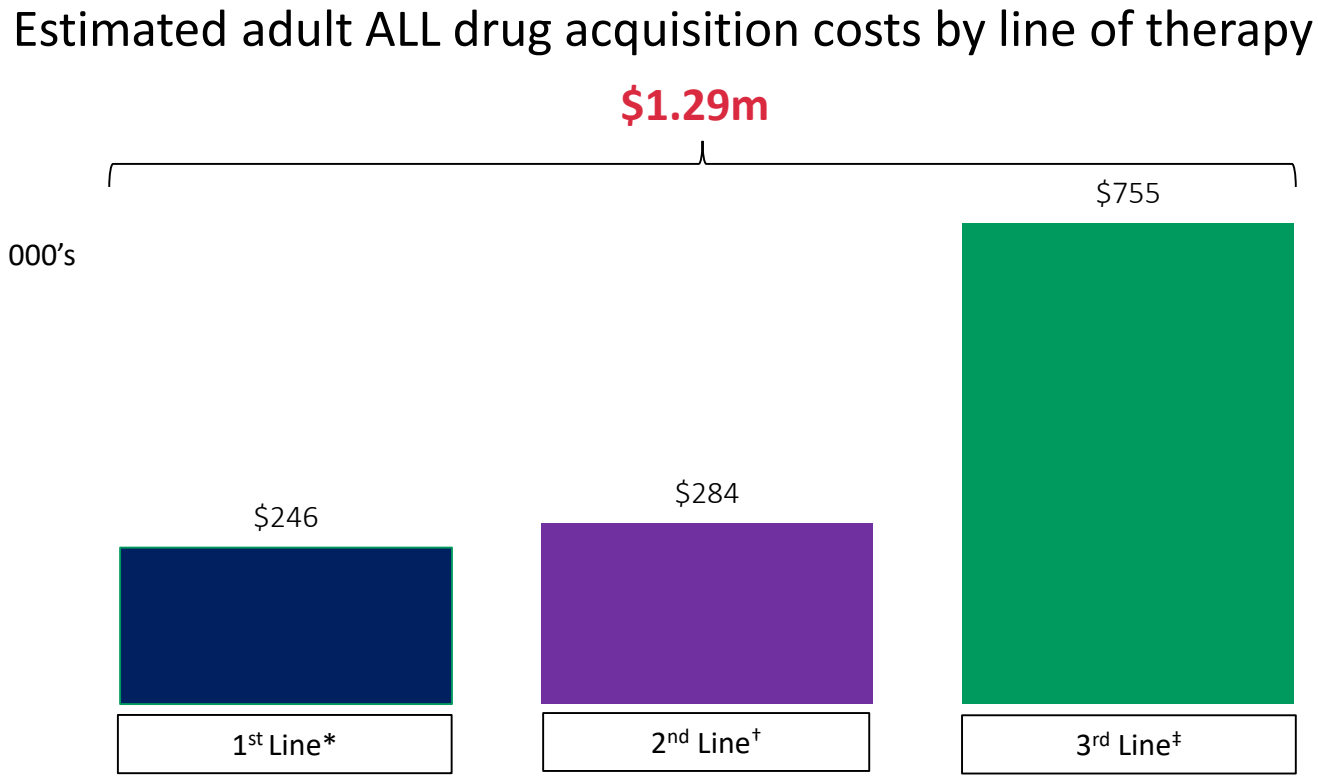
ALL = acute lymphoblastic leukemia; HSCT = hematopoietic stem cell transplant
References listed below in notes

Estimated ALL drug costs >$1m for responding adults

Excluding transplant



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

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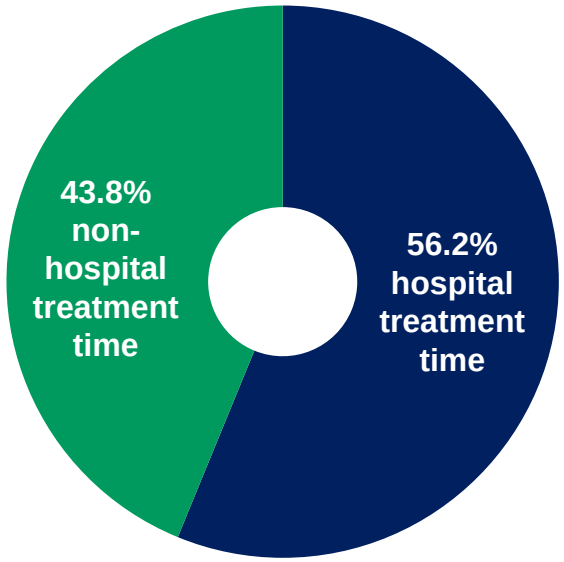
ALL = acute lymphoblastic leukemia; CVAD = cyclophosphamide, vincristine sulfate, doxorubicin hydrochloride, dexamethasone
1. Data on File; 2.Thomas DA, et al. JCO. 2010;28(24):3880-3889; 3. Inotuzumab Ozogamicin Prescribing Information. 2018; 4. Blinatumomab Prescribing Information. 2019

Relapsed ALL patients spend > 50% treatment time in hospital

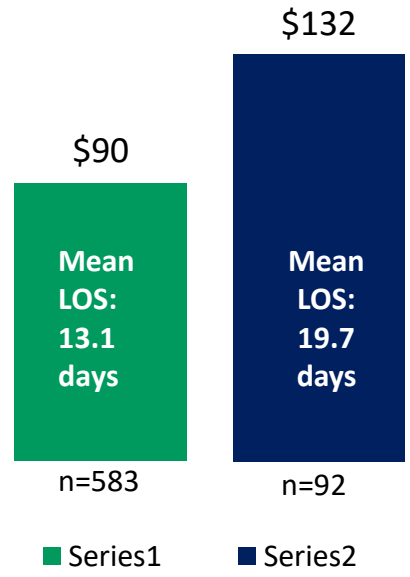
Patients have repeated, prolonged, & costly hospitalizations

Chemotherapy administration is the primary reason for hospitalization (44.9%)[1]

Higher hospitalization costs for relapse ALL likely reflect greater salvage chemotherapy treatment expense[1]



Mean Hospitalization Cost (US, $000's)[1]



2.8 **Average number of hospitalizations during a mean treatment follow-up period following relapse of 80.2 days**

Population: Adults with Ph(-) relapsed B-precursor ALL receiving chemotherapy (Patient N=205; Hospitalization N=583)
Data Source: Truven Health MarketScan Commercial Claims and Encounter Database, April 2009-July 2014

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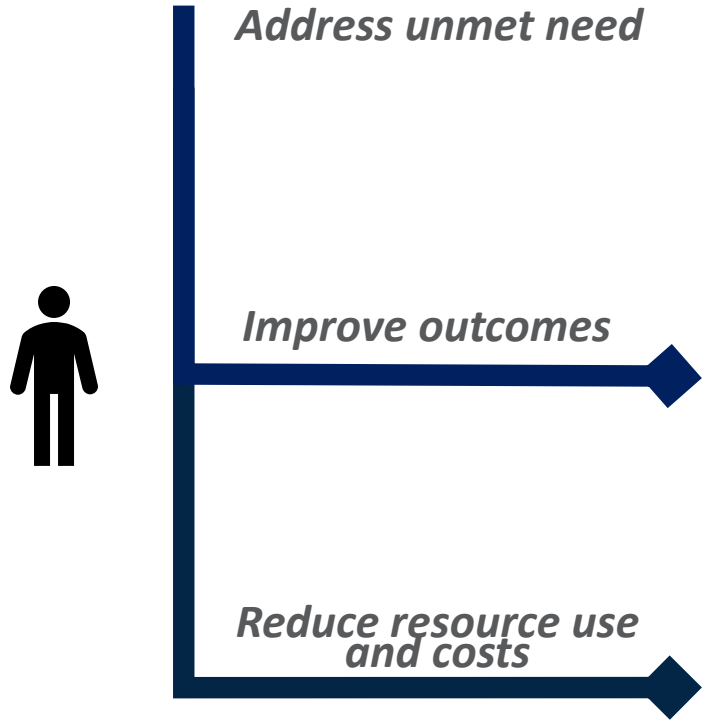
ALL = acute lymphoblastic leukemia, LOS=length of stay

1. Barlev A, et al. CMRO. 2016;32(7):1209-1212.

Unmet need in adult ALL has clinical and economic consequences

New innovations are essential to:



ALL represents a small population with a poor prognosis; limited treatment options exist

Survival and other clinical outcomes associated with adult ALL are poor; some treatments can worsen QOL

The economic burden of treatments and disease related costs in adult ALL is significant

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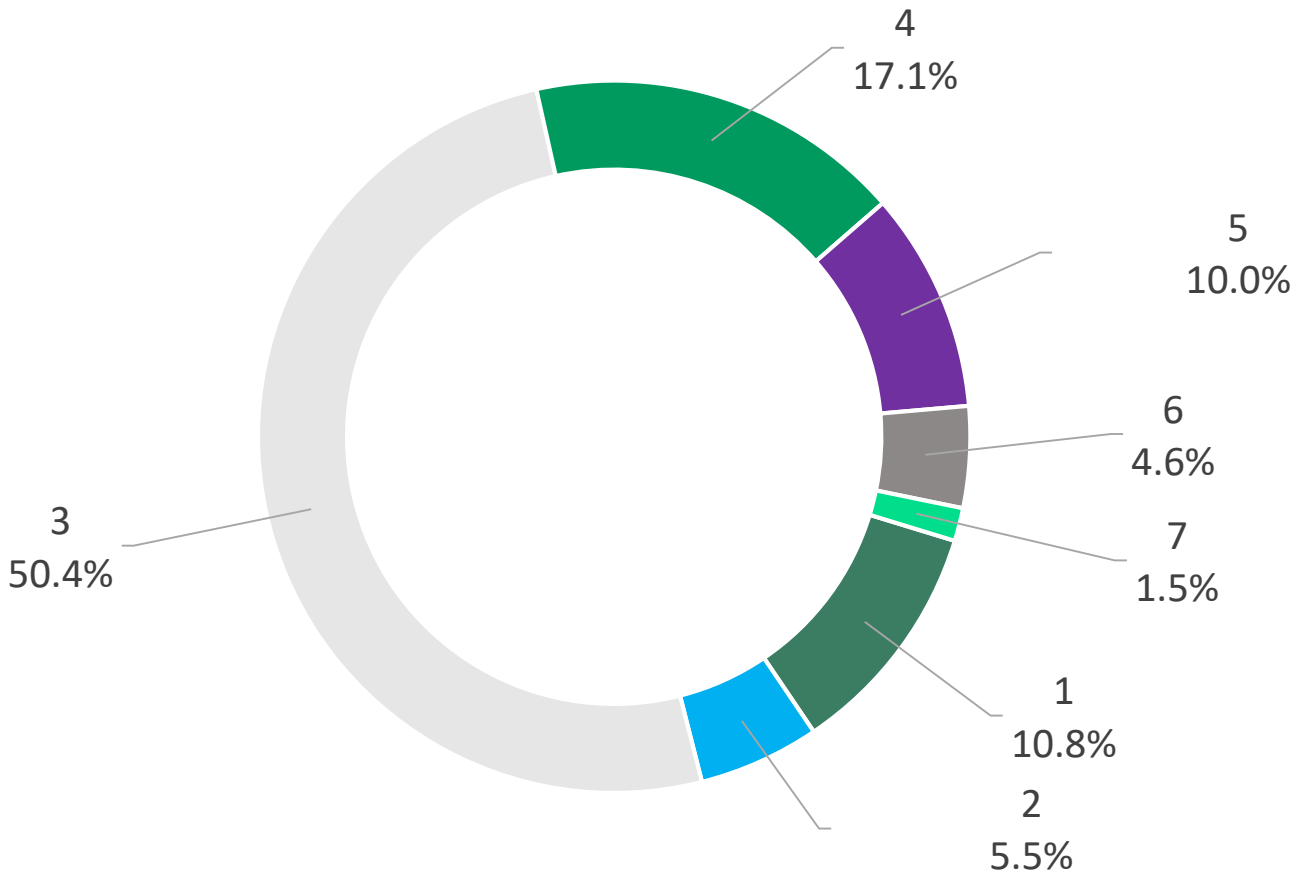
ALL = acute lymphoblastic leukemia; QOL = quality of life

Adult ALL patients predominately covered by commercial insurance

Minimal exposure to Medicare Part A



Payor mix equates to favorable reimbursement landscape

ALL = acute lymphoblastic leukemia

1. Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Incidence - SEER 18 Regs Research Data + Hurricane Katrina Impacted Louisiana Cases, Nov 2018 Sub (2000-2016) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2017 Counties, National Cancer Institute, DCCPS, Surveillance Research Program, released April 2019, based on the November 2018 submission. 2. Medical Insured Lives for 2017. Decision Resources Group, July 2017, Data on File. 3. Jacobson G, et al. Kaiser Family Foundation. 2018. https://www.kff.org/medicare/issue-brief/a-dozen-facts-about-medicare-advantage/

AUTO1 is designed for potential best-in-class efficacy and safety

- Potential best-in-class CD19 CAR designed for use as a stand-alone curative therapy
- Designed to provide potential best-in-class efficacy with high rates of durable complete responses
- Potential for best-in-class CAR T with more manageable safety profile
- Highly differentiated clinical profile with potential for hospital outpatient treatment in Academic and Non-Academic COEs
- Pivotal CAR T trial will inform select feasibility of outpatient administration

AUTO1 has potential to reach full addressable adult ALL population

- Autologous CAR T therapies likely to be standard of care for adult ALL
- AUTO1 is clearly differentiated with a superior efficacy and manageable safety profile
- Adult ALL likely to have a more favorable reimbursement status given the high unmet medical need and patient mix
- Despite pediatric ALL having a higher incidence, most are cured; however only 30–40% of adult ALL patients will achieve long-term remission following induction chemotherapy[1]
- Adult ALL represents a significant opportunity with approx. 3000 eligible patients in US/EU5*

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T Terwilliger[1] and M Abdul-Hay[1,] Blood Cancer J. 2017 Jun; 7(6)
*SEER and EUCAN estimates (respectively) for US and EU epi

Summary and Next Steps

Dr. Christian Itin

Chairman and CEO

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

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

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

Multiple clinical data points expected through 2020

Product	Indication	Target	Event
B Cell Malignancies			
AUTO1	Adult ALL	CD19	• Ph1 long-term follow up Q2 & Q4 2020 • Ongoing recruitment and dose last patient H1 2021
AUTO1NG	Pediatric ALL	CD19 & 22	• Start Ph1 H2 2020
AUTO3	DLBCL	CD19 & 22	• Decision on Ph2 Q3 2020 • Full Ph1 data H2 2020
AUTO3NG	DLBCL	CD19 & 22	• Ready to start Ph1 H2 2020, life cycle mgmt
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

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Preclinical data updates for AUTO5, AUTO6NG & AUTO7 at AACR II

Q&A

Dr. Christian Itin (Chairman and CEO)

Andrew Oakley (CFO)

Dr. Vijay Reddy (CMO)

Dr. Nushmia Khokhar (VP, Clinical Development)

Brent Rice (VP, Chief Commercial Officer, US)

Thank you