Oncology Investor Event ASCO 2021

JUNE 2021

REGENERON®

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These statements concern, and these risks and uncertainties include, among others, the impact of SARS-CoV-2 (the virus that has caused the COVID-19 pandemic) on Regeneron's business and its employees, collaborators, and suppliers and other third parties on which Regeneron relies, Regeneron's and its collaborators' ability to continue to conduct research and clinical programs, Regeneron's ability to manage its supply chain, net product sales of products marketed or otherwise commercialized by Regeneron and/or its collaborators (collectively, "Regeneron's Products"), and the global economy; the nature, timing, and possible success and therapeutic applications of Regeneron's Products and product candidates being developed by Regeneron and/or its collaborators (collectively, "Regeneron's Product Candidates") and research and clinical programs now underway or planned, including without limitation Libtayo® (cemiplimab) as monotherapy or in combination with other of Regeneron's Product Candidates discussed in this presentation, including fianlimab (REGN3767), Regeneron's and its collaborators' other oncology programs (including odronextamab (REGN1979), REGN5458, REGN5459, REGN5093, and REGN5093-M114), Regeneron's and its collaborators' other hematology programs, Regeneron's and its collaborators' earlier-stage programs, and the use of human genetics in Regeneron's research programs; safety issues resulting from the administration of Regeneron's Products and Regeneron's Product Candidates in patients, including serious complications or side effects in connection with the use of Regeneron's Products and Regeneron's Product Candidates in clinical trials; the likelihood, timing, and scope of possible regulatory approval and commercial launch of Regeneron's Product Candidates and new indications for Regeneron's Products, including without limitation those listed above; the possible success of Regeneron's oncology strategy and the likelihood and timing of achieving any of the anticipated milestones described in this presentation; the extent to which the results from the research and development programs conducted by Regeneron and/or its collaborators may be replicated in other studies and/or lead to advancement of product candidates to clinical trials, therapeutic applications, or regulatory approval; ongoing regulatory obligations and oversight impacting Regeneron's Products (such as Libtayo), research and clinical programs, and business, including those relating to patient privacy; determinations by regulatory and administrative governmental authorities which may delay or restrict Regeneron's ability to continue to develop or commercialize Regeneron's Products and Regeneron's Product Candidates; competing drugs and product candidates that may be superior to, or more cost effective than, Regeneron's Products and Regeneron's Product Candidates; uncertainty of the utilization, market acceptance, and commercial success of Regeneron's Products and Regeneron's Product Candidates and the impact of studies (whether conducted by Regeneron or others and whether mandated or voluntary) on the commercial success of Regeneron's Products and Regeneron's Product Candidates; the availability and extent of reimbursement of Regeneron's Products from third-party payors, including private payor healthcare and insurance programs, health maintenance organizations, pharmacy benefit management companies, and government programs such as Medicare and Medicaid; coverage and reimbursement determinations by such payors and new policies and procedures adopted by such payors; the ability of Regeneron to manufacture and manage supply chains for multiple products and product candidates; the ability of Regeneron's collaborators, suppliers, or other third parties (as applicable) to perform manufacturing, filling, finishing, packaging, labeling, distribution, and other steps related to Regeneron's Products and Regeneron's Product Candidates; unanticipated expenses; the costs of developing, producing, and selling products; the ability of Regeneron to meet any of its financial projections or guidance and changes to the assumptions underlying those projections or guidance; risks associated with intellectual property of other parties and pending or future litigation relating thereto, other litigation and other proceedings and government investigations relating to the Company and/or its operations, the ultimate outcome of any such proceedings and investigations, and the impact any of the foregoing may have on Regeneron's business, prospects, operating results, and financial condition; and the potential for any license or collaboration agreement, including Regeneron's agreements with Sanofi, Bayer, and Teva Pharmaceutical Industries Ltd. 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Regeneron's Oncology R&D Leadership Team

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Agenda

Oncology Strategy Overview

David Weinreich, MD

Solid Tumors

Israel Lowy, MD, PhD

Bispecifics in Heme Malignancies

Andres Sirulnik, MD, PhD

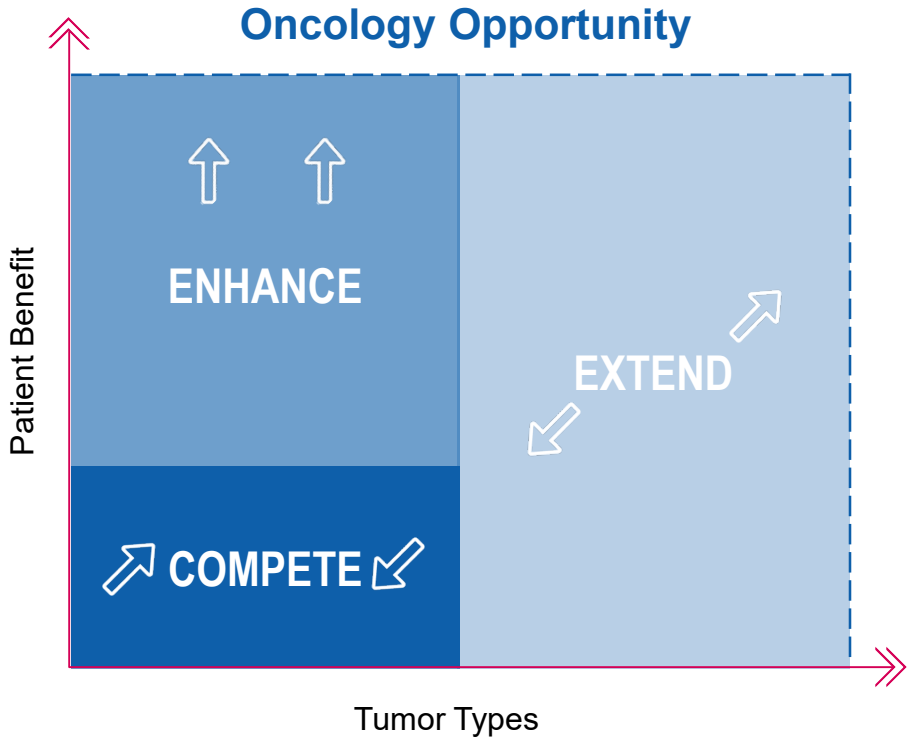
Q&A

Panel

Oncology Strategy Overview

David Weinreich, MD
EVP, Global Clinical Development

Oncology Strategy: Aspire to Compete, Enhance, & Extend



COMPETE

LIBTAYO delivers potentially 'best-in-class' data in tumors responsive to PD-1 monotherapy

ENHANCE

Even for PD-1 responsive tumors, more than half of patients do not respond

EXTEND

Many tumor settings have limited responses to checkpoint inhibition

Libtayo - Foundational Therapy to Our Oncology Strategy

LIBTAYO® (cemiplimab-rwlc) Injection 350 mg

Dermato-oncology

Advanced CSCC
- **First approved** anti-PD-1; adjuvant studies enrolling

Advanced BCC
- **First-in-class** anti-PD-1 now **FDA approved**; CHMP positive opinion

Advanced Melanoma (in combination with fianlimab)
- **Positive clinical data** in advanced melanoma

Non-Small Cell Lung Cancer

1L NSCLC
- **Now FDA Approved** in 1L PD-L1+ **NSCLC**; CHMP positive opinion
- Ph3 study in **combination** with chemotherapy fully-enrolled with **interim analysis** planned in **2H21**

Cervical Cancer

2L Cervical
- **1st immunotherapy** to demonstrate improvement in **Overall Survival**
- **Regulatory submissions** expected in **2H21**

LIBTAYO is a foundational piece to Regeneron's oncology strategy with expanding and maturing clinical data across many cancer settings

CSCC – Cutaneous Squamous Cell Carcinoma; BCC – Basal Cell Carcinoma; NSCLC – Non-Small Cell Lung Cancer

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Libtayo is jointly developed with Sanofi

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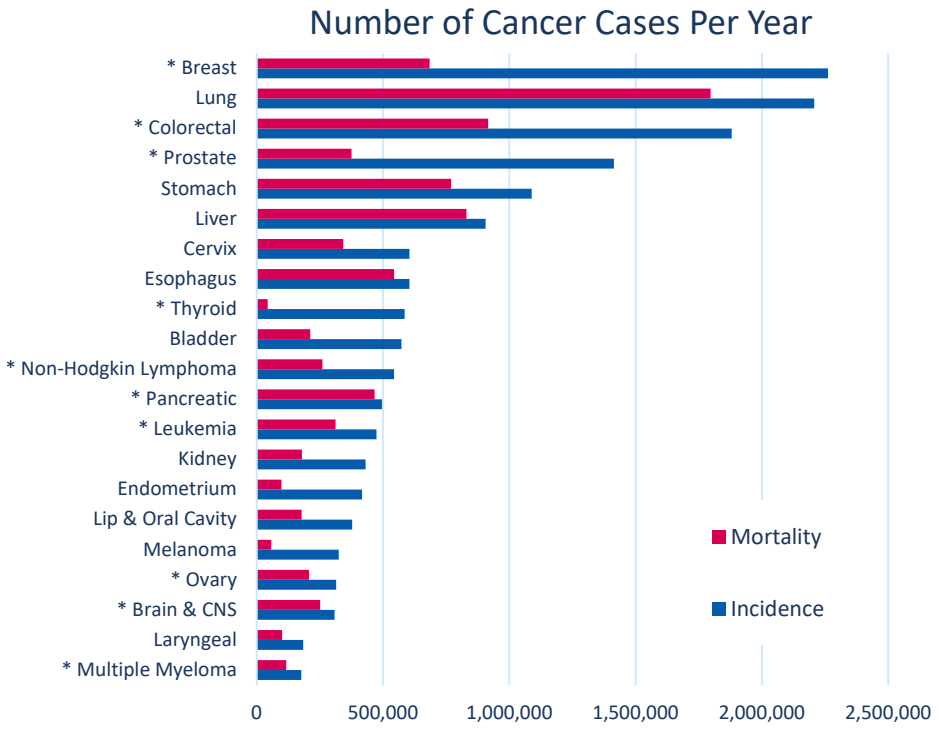
Significant Opportunity to Enhance & Extend Treatment Benefits

Despite the advancements in the field, there are many cancers that don't respond to anti PD-1 monotherapy

Even for those cancers that are responsive, many patients unfortunately do not benefit

Regeneron's clinical development pipeline of 12+ candidates has potential to address unmet need of the most prevalent cancer types



Source: The Global Cancer Observatory November 2020
* Cancers where anti-PD-1 treatments have limited or no approval

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Regeneron's Oncology Toolkit Provides Unique Combinatorial Flexibility

VelocImmune® Antibodies

PD-1 (LIBTAYO)

LAG3

GITR

CTLA-4

Bispecifics

CD3 Bispecifics

CD20

BCMA

MUC16

Costimulatory Bispecifics

PSMA

EGFR

MUC16

New Classes of Bispecifics

METxMET

PiGs

VelociNator™

Collaborations

Adicet

BioNTech

Vyriad

Replimmune

Others

Libtayo is jointly developed with Sanofi

Broad Pipeline Continues to Advance

	LIBTAYO*			Advanced Lung cancer (chemo combo); Adjuvant CSCC
ONGOING	REGN3767 (LAG-3)	+	LIBTAYO*	Advanced melanoma
	REGN6569 (GITR)	+	LIBTAYO*	Solid tumors
	REGN4018 (MUC16xCD3)	+	LIBTAYO*	2+ line Ovarian cancer
	REGN5668 (MUC16xCD28)	+	REGN4018 / LIBTAYO*	2+ line Ovarian cancer
	REGN5678 (PSMAxCD28)	+	LIBTAYO*	3+ line Prostate cancer
	REGN7075 (EGFRxCD28)	+	LIBTAYO*	Solid tumors
	REGN5093 (METxMET)			Advanced MET altered Lung cancer
	Odronextamab (CD20xCD3)			3+ line Lymphoma
	Odronextamab (CD20xCD3)	+	LIBTAYO*	3+ line Lymphoma
	REGN5458/9 (BCMAxCD3)			3+ line Multiple myeloma
	PSMAxCD3	+	REGN5678/LIBTAYO*	Prostate cancer
UPCOMING	REGN5093-M114 (METxMET ADC)			Advanced MET altered Lung cancer
	odronextamab (CD20xCD3)	+	B cell/CD28 costim	B-NHL
	odronextamab (CD20xCD3)	+	Standard of Care	B-NHL
	REGN5458/9 (BCMAxCD3)	+	Plasma cell/CD28 costim	Multiple myeloma
	REGN5458/9 (BCMAxCD3)	+	Standard of Care	Multiple myeloma

VelocImmune® Antibodies | Anti-PD-1 | CD3 BiSpecifics | Costim BiSpecifics | New BiSpecifics

* In collaboration with Sanofi

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Solid Tumors

Israel Lowy, MD, PhD
SVP, Translational Sciences and Oncology

Libtayo – Expanding Clinical Data Across Diverse Cancers as Monotherapy and in Combination

LIBTAYO® (cemiplimab-rwlc) Injection 350 mg

American Society of Clinical Oncology (ASCO) 2021 Select Updates

- ❑ Post-hoc analysis of the pivotal Libtayo trial for advanced NSCLC in a subset of patients with brain metastases
- ❑ Positive results for Libtayo in combination with our investigational LAG-3 inhibitor fianlimab in advanced melanoma

… and several more posters and presentations

European Society for Medical Oncology (ESMO) 2021 Virtual Plenary

- ❑ Positive Ph3 Libtayo results in advanced Cervical Cancer presented

LIBTAYO (cemiplimab) is a foundational piece to Regeneron's oncology strategy with expanding and maturing clinical data across many cancer settings

Libtayo is jointly developed with Sanofi

1L NSCLC: Libtayo Monotherapy Demonstrated a Significant and Clinically Meaningful Survival Benefit Over Chemotherapy

Superior Overall Survival vs. Chemo

Study Design – High Crossover

- 74% patients who progressed on platinum-based chemotherapy crossed over to Libtayo

Benefit in Underrepresented Patients

- 12% had pretreated and stable brain metastases
- 16% had locally advanced disease

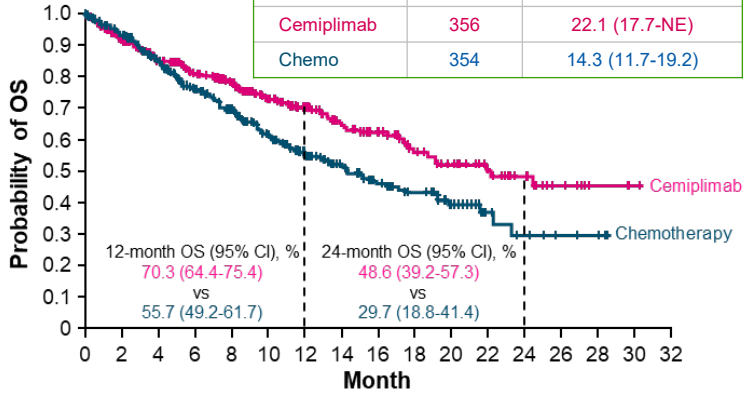
Favorable Safety Profile

- LIBTAYO was discontinued due to adverse reactions in 6% of patients

LIBTAYO® (cemiplimab-rwlc) Injection 350 mg

Overall Population

N=710	N	mOS, mo (95% CI)
Cemiplimab	356	22.1 (17.7-NE)
Chemo	354	14.3 (11.7-19.2)



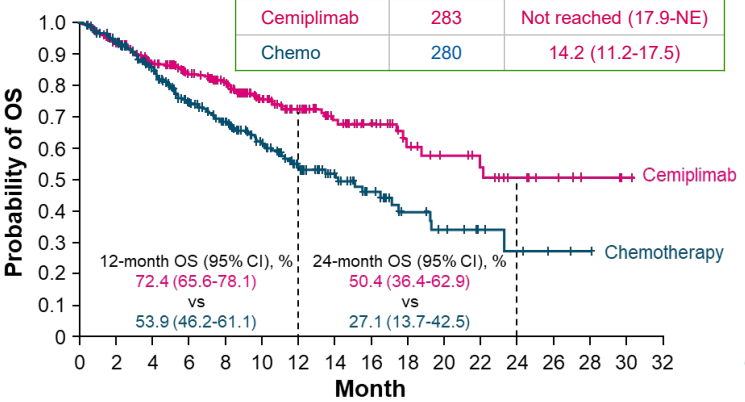
Overall Population

32% Reduction in risk of Death

HR =0.68; p=0.0022

Confirmed PD-L1 ≥50%

N=563	N	mOS, mo (95% CI)
Cemiplimab	283	Not reached (17.9-NE)
Chemo	280	14.2 (11.2-17.5)



Confirmed PD-L1 ≥50%

43% Reduction in risk of Death

HR =0.57; p=0.0002

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Libtayo is jointly developed with Sanofi

New at ASCO 2021: Libtayo Data for 1L NSCLC Patients with Stable Brain Metastases at Baseline

LIBTAYO® (cemiplimab-rwlc) Injection 350 mg

PATIENTS TYPICALLY EXCLUDED FROM PRIOR 1L NSCLC STUDIES

Brain Metastases in NSCLC

- **~10%** of patients with newly diagnosed NSCLC
- **~26%** of patients with Stage IV NSCLC

For patients with NSCLC and brain metastases, prognosis is generally poor with a median OS of 7.8 months

Libtayo demonstrated improved OS, PFS, and ORR vs. chemotherapy for those patients with clinically stable brain metastases at baseline*

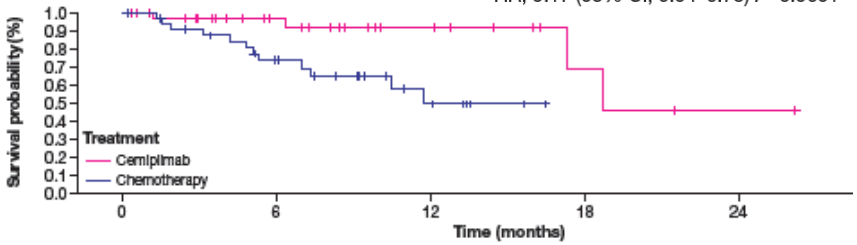
* Post-hoc subgroup analysis; findings are considered exploratory; nominal p value

Presented at the American Society of Clinical Oncology (ASCO) 2021 Virtual Scientific Meeting, June 4–8, 2021.

Overall Survival

	No. of patients	Median OS, months (95% CI)
Cemiplimab	34	18.7 (17.3–NE)
Chemotherapy	34	11.7 (7.0–NE)

HR, 0.17 (95% CI, 0.04–0.78) *P*=0.0091*



Tumor response

	Cemiplimab (n=34)	Chemotherapy (n=34)
Objective response rate, % (95% CI)	41.2 (24.6–59.3)	8.8 (1.9–23.7)
Odds ratio (95% CI)	6.9 (1.7–27.8); *P*=0.0034*	
Best overall tumor response, n (%)		
Complete response	3 (8.8)	0
Partial response	11 (32.4)	3 (8.8)
Stable disease	9 (26.5)	18 (52.9)
Non-complete response/ non-partial disease	–	–
Progressive disease	7 (20.6)	9 (26.5)
Non-evaluable	4 (11.8)	4 (11.8)

*Nominal *P*-value. †In patients with brain metastases at baseline, the brain was a non-target lesion.

Libtayo is jointly developed with Sanofi

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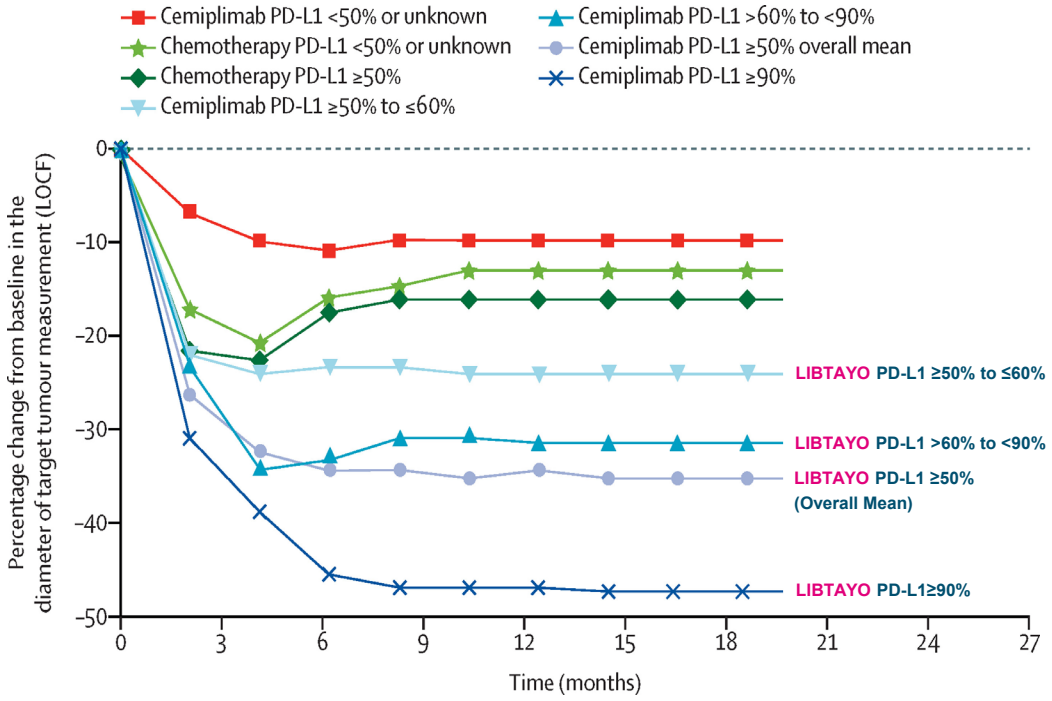
Data From 1L NSCLC Trial Highlights Correlation of PD-L1 Expression to Key Clinical Outcomes

LIBTAYO® (cemiplimab-rwlc) Injection 350 mg

Exploratory analysis emphasizes PD-L1 as an effective tumor biomarker for this patient group, with increasing PD-L1 expression correlating with better outcomes with Libtayo (cemiplimab)

These data deepen and enhance Libtayo's clinical profile supporting the use of Libtayo in 1L NSCLC in patients with high PD-L1 expression

Correlation of change in target tumor measurement with baseline PD-L1 proportion scores



Lancet 2021; 397: 592–604

Libtayo is being jointly developed by Regeneron and Sanofi

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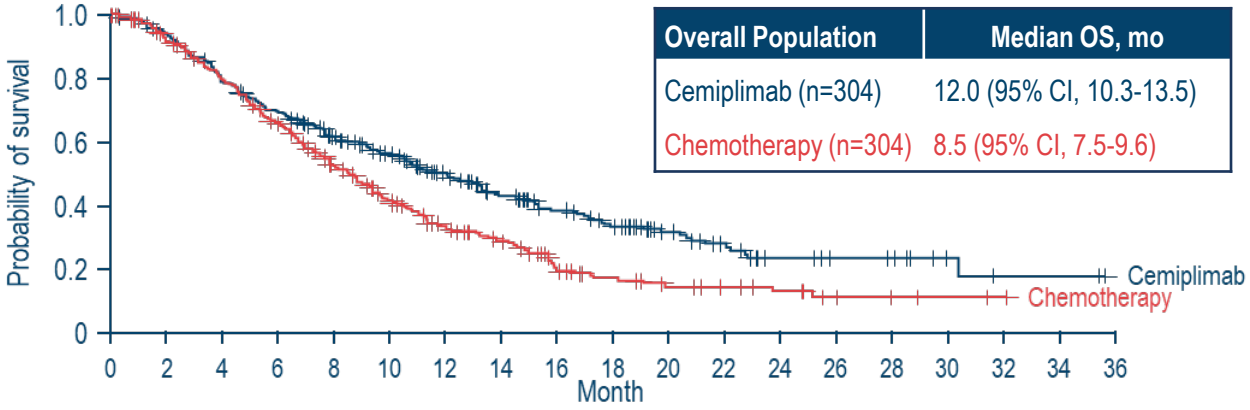
Libtayo in 2L Cervical is the 1st Immunotherapy to Demonstrate Improvement in Overall Survival in Advanced Cervical Cancer



Overall Population	Median OS, mo
Cemiplimab (n=304)	12.0 (95% CI, 10.3-13.5)
Chemotherapy (n=304)	8.5 (95% CI, 7.5-9.6)

31% reduction in the risk of death

25% reduction in the risk of disease progression (HR: 0.75; p=0.00048)

16% ORR Libtayo vs. 6% ORR chemo (p=0.00004)

- Patients enrolled regardless of PD-L1 status
- Improvements in overall survival were seen in both squamous cell carcinoma and adenocarcinoma subgroups
- Regulatory submissions expected in 2H21

Presented at the European Society for Medical Oncology (ESMO) Virtual Plenary, May 12, 2021.

Libtayo is jointly developed with Sanofi

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Libtayo in 2L Cervical: No New Safety Signals Identified

n (%), unless stated	Cemiplimab (n=300)		Chemotherapy (n=290)	
Median duration of exposure (range), weeks	15.2 (1.4–100.7)		10.1 (1.0–81.9)	
Treatment-emergent AEs, regardless of attribution	**Any grade**	**Grade 3–5**	**Any grade**	**Grade 3–5**
Overall	265 (88.3)	135 (45.0)	265 (91.4)	155 (53.4)
Led to discontinuation	26 (8.7)	20 (6.7)	15 (5.2)	11 (3.8)
Led to death	5 (1.7)	5 (1.7)	2 (0.7)	2 (0.7)
Treatment-related AEs				
Overall	170 (56.7)	44 (14.7)	236 (81.4)	117 (40.3)
Led to discontinuation	17 (5.7)	12 (4.0)	10 (3.4)	8 (2.8)
Led to death	0	0	2 (0.7)	2 (0.7)
Sponsor-identified immune-related AEs				
Overall	48 (16.0)	18 (6.0)	2 (0.7)	2 (0.7)
Led to discontinuation	15 (5.0)	11 (3.7)	2 (0.7)	2 (0.7)
Led to death	0	0	0	0

Treatment-emergent AEs in ≥15% of patients in either arm, n (%)	Cemiplimab (n=300)		Chemotherapy (n=290)	
	Any grade	**Grade 3–5**	**Any grade**	**Grade 3–5**
Overall	265 (88.3)	135 (45.0)	265 (91.4)	155 (53.4)
Anaemia	75 (25.0)	36 (12.0)	129 (44.5)	78 (26.9)
Nausea	55 (18.3)	1 (0.3)	97 (33.4)	6 (2.1)
Fatigue	50 (16.7)	4 (1.3)	45 (15.5)	4 (1.4)
Vomiting	48 (16.0)	2 (0.7)	68 (23.4)	7 (2.4)
Decreased appetite	45 (15.0)	1 (0.3)	46 (15.9)	2 (0.7)
Constipation	45 (15.0)	0	59 (20.3)	1 (0.3)
Pyrexia	35 (11.7)	1 (0.3)	61 (21.0)	0
Asthenia	33 (11.0)	7 (2.3)	44 (15.2)	3 (1.0)
Neutropenia	6 (2.0)	3 (1.0)	44 (15.2)	26 (9.0)

Presented at the European Society for Medical Oncology (ESMO) Virtual Plenary, May 12, 2021.

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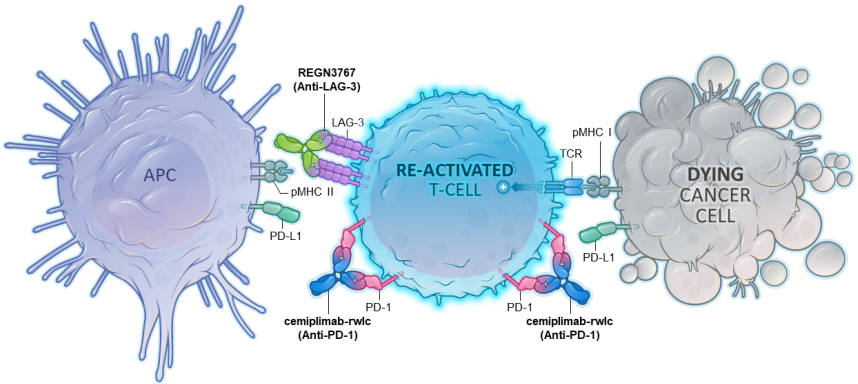
Fianlimab (anti-LAG-3) + Libtayo (anti-PD-1) – A Potential Treatment Option in Melanoma

- Lymphocyte-activation gene 3 (LAG-3) is an immune checkpoint receptor that delivers an inhibitory signal to activated T cells

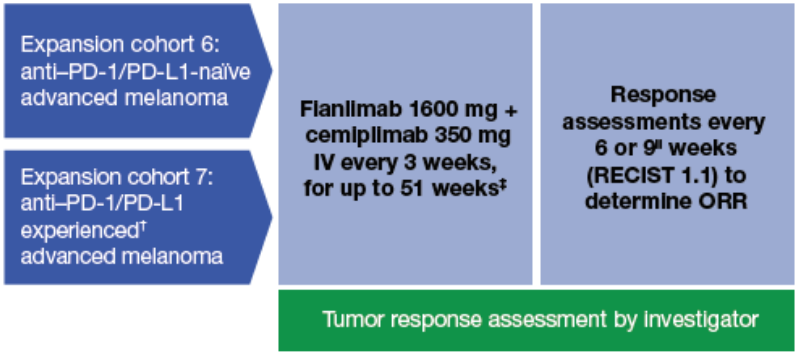
- LAG-3 expression in melanoma biopsies has been shown to be associated with therapeutic resistance to anti–PD-1, suggesting that LAG-3 immunosuppressive activity may be complementary to PD-1



APC: Antigen-presenting cell; LAG-3: Lymphocyte-activation gene 3; PD-1: Programmed cell death protein 1; PD-L1: Programmed death-ligand 1; pMHC I: Peptide (antigen)-bound major histocompatibility complex class I, pMHC II: Peptide (antigen)-bound major histocompatibility complex class II; TCR: T-cell receptor

New Data at ASCO 2021

Data from two expansion cohorts of patients with advanced melanoma (anti–PD-1/PD-L1-naïve or experienced) who were treated with fianlimab (anti-LAG-3) + Libtayo (cemiplimab)



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Fianlimab (anti-LAG-3) + Libtayo (anti-PD-1) – Compelling ORR in Phase 1 Expansion Cohorts for Advanced Melanoma

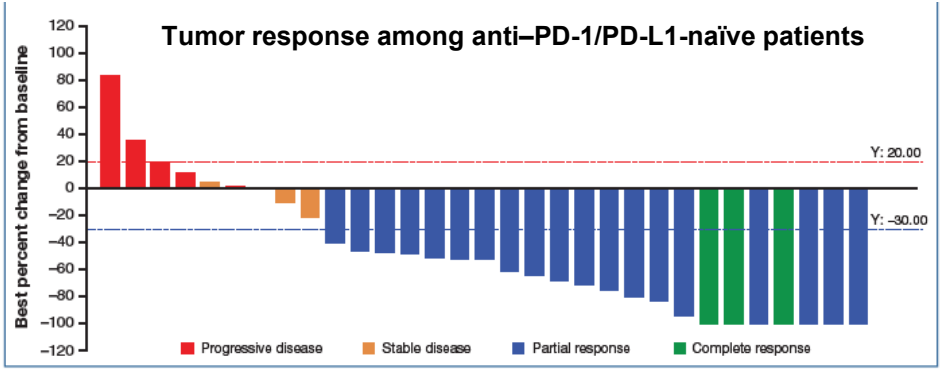
In two expansion cohorts from the ongoing Ph1 study; Overall Response Rate (95% CI):

Anti–PD-1/PD-L1-naïve (n = 33)	Anti–PD-1/PD-L1-experienced (n = 15)
66.7% (48.2–82.0)	**13.3%** (1.7–40.5)

Median progression-free survival (mPFS) has not yet been reached (mPFS >12 mo)

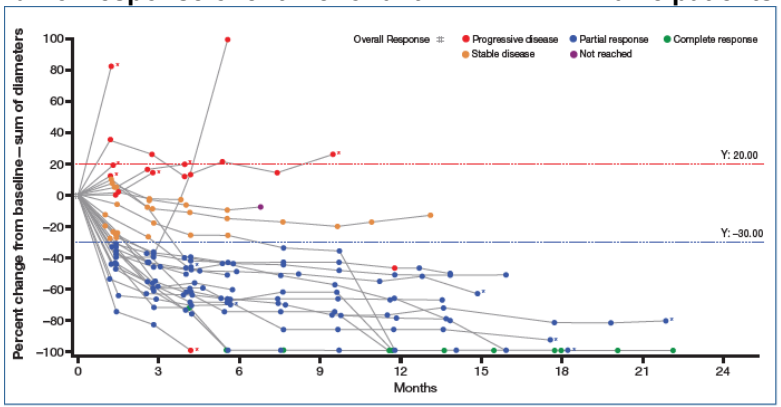
12 mo PFS: **60.7%** in anti-PD-1/PD-L1 Naïve
9.5% in anti-PD-1/PD-L1 Experienced

Median duration of response had not yet been reached



Fianlimab 1600 mg + Libtayo 350 mg IV every 3 weeks, for up to 51 weeks

Tumor response over time for anti–PD-1/PD-L1-naïve patients



Presented at the American Society of Clinical Oncology (ASCO) 2021 Virtual Scientific Meeting, June 4–8, 2021.

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Fianlimab + Libtayo Expansion Cohorts Demonstrated Lower TEAEs vs. anti-PD-1 + CTLA-4 Combinations

Fianlimab + Libtayo demonstrated lower rates of TEAEs compared to approved anti-PD-1 + CTLA-4 combination therapy

	Advanced melanoma (N=48)	
n (%)	Any grade	Grade ≥3
Any	43 (89.6)	19 (39.6)
Most common		
Fatigue	18 (37.5)	1 (2.1)
Rash	13 (27.1)	0
Nausea	8 (16.7)	0
Constipation	7 (14.6)	0
Vomiting	7 (14.6)	0
Dyspnea	7 (14.6)	1 (2.1)
Arthralgia	6 (12.5)	0
Diarrhea	6 (12.5)	0
Myalgia	6 (12.5)	0
Abdominal pain	5 (10.4)	0
Adrenal insufficiency	5 (10.4)	0
Back pain	5 (10.4)	1 (2.1)
Chills	5 (10.4)	0
Cough	5 (10.4)	0
Decreased weight	5 (10.4)	0
Headache	5 (10.4)	0

TEAEs reported in ≥10% of patients, ordered by frequency of any grade.

TEAEs: Treatment-Emergent Adverse Events

Expansion cohorts in the ongoing Ph1 of fianlimab + Libtayo continue to enroll

Ph3 program in 1L Melanoma to initiate in 2022

Presented at the American Society of Clinical Oncology (ASCO) 2021 Virtual Scientific Meeting, June 4–8, 2021.

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Select Updates Across Bispecific Platform

VelocImmune® Antibodies

PD-1 (LIBTAYO)

LAG3

GITR

CTLA-4

Bispecifics

CD3 Bispecifics

CD20

BCMA

MUC16

Costimulatory Bispecifics

PSMA

EGFR

MUC16

New Classes of Bispecifics

METxMET

PiGs

VelociNator™

Collaborations

Adicet

BioNTech

Vyriad

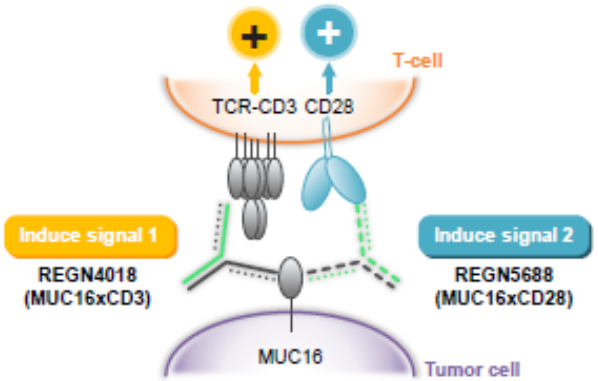
Replimmune

Others

MUC16xCD3: Observing Early Efficacy Signals as Monotherapy in Recurrent Ovarian Cancer; Data from Ph1 Trial Next Year, or Sooner

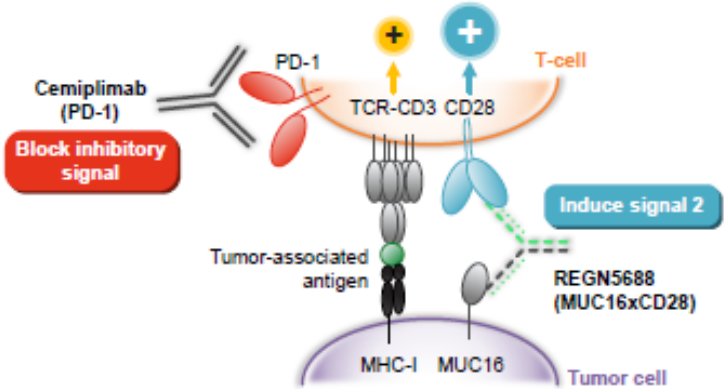
Novel Approach in Recurrent Ovarian Cancer
Combining CD28 Costimulatory Bispecific with CD3 Bispecific or Libtayo

REGN5668 (MUC16xCD28) + REGN4018 (MUC16xCD3)



- **Dosing** to commence in **2H21**
- Dose expansion to follow dose escalation

REGN5668 (MUC16xCD28) + Libtayo (cemiplimab)



- **Initiated dosing** of combination
- Dose expansion to follow dose escalation

Presented at the American Society of Clinical Oncology (ASCO) 2021 Virtual Scientific Meeting, June 4–8, 2021.

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Costim Combinations: Enhance and Extend Benefits of Checkpoint Inhibitors

OTHER CD28 COSTIMS IN THE CLINIC (SOLID TUMORS)

REGN5678 (PSMAxCD28)

Evaluating combination with LIBTAYO

Prostate Cancer
(metastatic castration-resistant)

- Dose escalation with Libtayo is ongoing; expect initial data next year or sooner
- PSMAxCD3 bispecific (IND in 2H21)

REGN7075 (EGFRxCD28)

Evaluating combination with LIBTAYO

Solid tumors, including:

Non-Small Cell Lung Cancer
Cutaneous Squamous Cell Carcinoma
Colorectal Cancer (microsatellite stable)
Triple Negative Breast Cancer

- Dose escalation ongoing
- Now dosing combination with Libtayo

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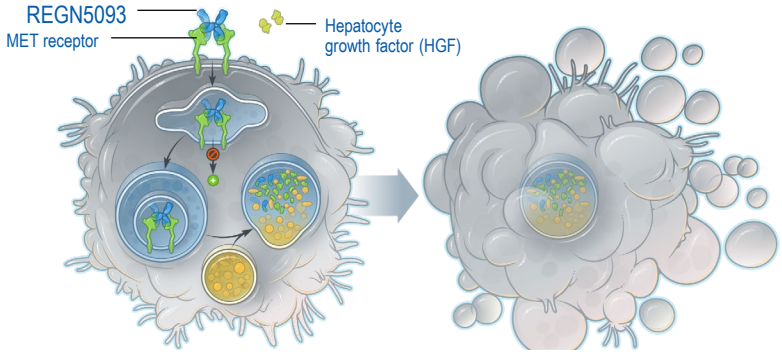
METxMET: Novel Mechanism Directed at Non-Small Cell Lung Cancer

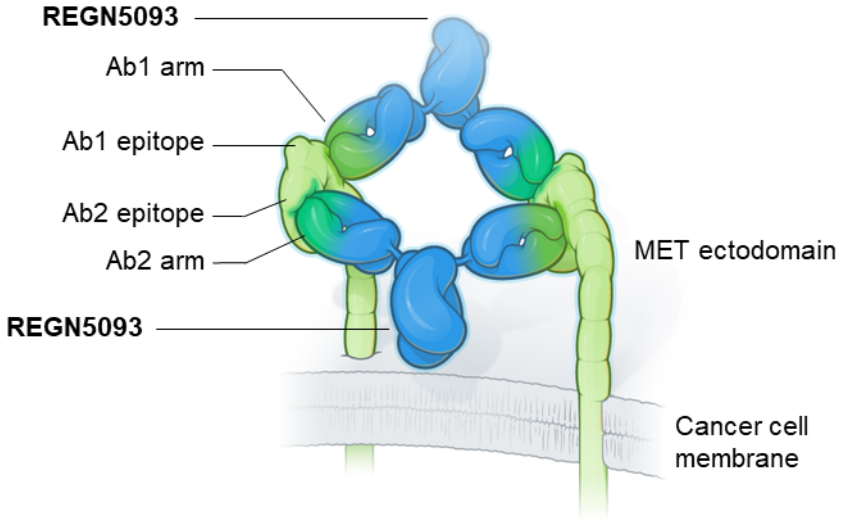
METxMET bispecific induces apoptosis of tumor cells

REGN5093 binds to MET receptors and prevents their interaction with HGF, a protein used by cancer cells to regulate cell growth. The REGN5093/MET complex then traffics to lysosomes for degradation.

Cancer cell undergoes apoptosis due to the disruption in cell-survival signaling caused by REGN5093



Unique Properties of REGN5093 Bispecific Antibody



REGN5093, a METxMET bispecific, targets two distinct epitopes on the MET receptor, enabling rapid internalization of the surface protein, rather than activation

DaSilva, John O., et al. "A Biparatopic Antibody That Modulates MET Trafficking Exhibits Enhanced Efficacy Compared with Parental Antibodies in MET-Driven Tumor Models." Clinical Cancer Research 26.6 (2020): 1408-1419 (link)

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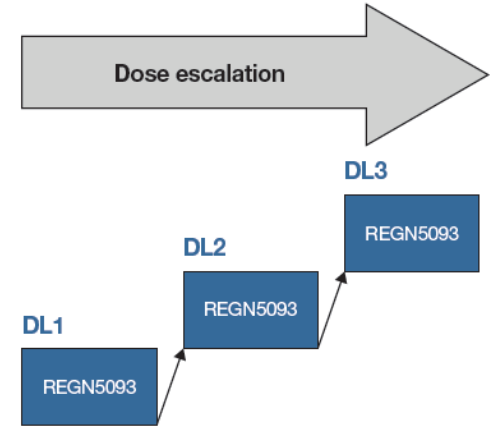
METxMET: Enrolling Patients in Dose Expansion Phase

REGN5093: Ph 1/2 Study in Patients with MET-Altered Advanced NSCLC

Dose escalation is complete; patients are enrolling in the dose expansion phase



DL, dose level.

Expansion Cohorts (recommended Ph2 Dose)	% of Lung Cancers
MET exon 14 mutated (MET TKI experienced)	~3-4%
MET exon 14 mutated (no prior MET TKI)	~2%
MET highly amplified (no prior MET TKI)	~25%
MET highly overexpressed (no prior MET TKI)	~2%
MET highly amplified and highly overexpressed (no prior MET TKI)	

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REGN5093-M114: Bispecific Antibody-Drug Conjugate (ADC) to Enhance Activity in Met Overexpressing Cancers

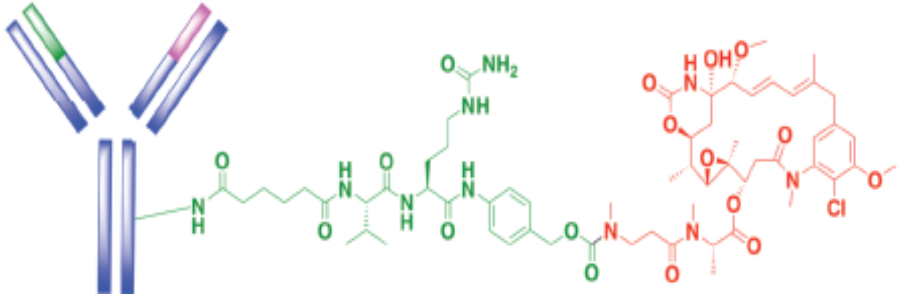
Proprietary ADC Platform

- Regeneron has developed a broad ADC platform with proprietary technologies and capabilities
- In preclinical models, our MET ADCs promote substantial and durable tumor regression with minimal off-target toxicities
- **We are exploring numerous conjugates across cancer and other settings**

REGN5093-M114 takes advantage of the unique trafficking properties of the METxMET bispecific and is a promising candidate for the treatment of MET-overexpressing tumors

MET Protein Overexpression
~25% of lung cancers

REGN5093 (METxMET) | **Proprietary Linker-Payload**



Using a protease-cleavable linker, we conjugated METxMET bispecific antibody (REGN5093) to a maytansinoid payload to generate the METxMET ADC (REGN5093-M114)

REGN5093-M114

Phase 1/2 study in MET Overexpressing Advanced Cancer to initiate in 2H21

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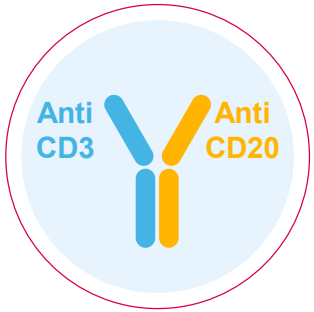
Bispecifics in Heme Malignancies

Andres Sirulnik, MD, PhD
SVP, Translational & Clinical Sciences Hematology

Heme Malignancies - Select Updates

Odronextamab



Potential best-in-class efficacy

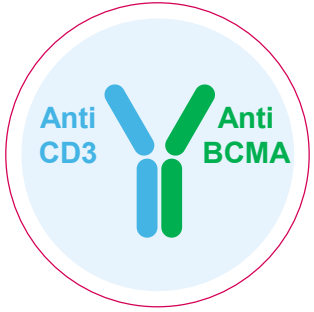
R/R Follicular Lymphoma
- **ORR=90%, CR=70%**

R/R DLBCL (CAR-T naïve)
- **ORR=55%, CR=55%**

R/R DLBCL (post-CAR-T)
- **ORR=33%, CR=21%**

Patient enrollment has resumed for FL and DLBCL in potentially pivotal monotherapy trials

REGN5458/5459



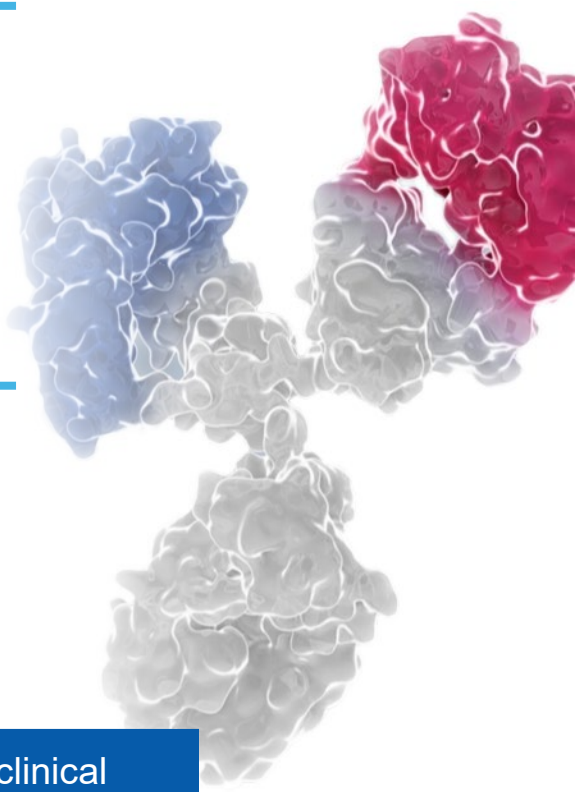
Expand potential best-in-class bispecific into earlier lines of multiple myeloma therapy in 2H21

R/R Multiple Myeloma

3-12mg: **ORR=29%, VGPR or better= 25%**

24-48mg: **ORR=41%, VGPR or better= 41%**

96mg: **ORR=63%, VGPR or better= 63%**



We are aggressively enrolling patients across these clinical programs and advancing our early-stage hematology portfolio

FL – Follicular Lymphoma;
DLBCL – Diffuse Large B Cell Lymphoma

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Key Takeaways from ASCO 2021

George D. Yancopoulos, MD, PhD
Co-Founder, President & Chief Scientific Officer

Key Takeaways From ASCO 2021 Update

- **Libtayo** demonstrates broad efficacy across specific cancer populations; **first immunotherapy** to demonstrate **OS** in 2L Cervical
- **Fianlimab (anti-LAG-3) plus Libtayo** positive clinical data in **advanced melanoma** demonstrates best-in-class potential vs. standard of care; **Ph3 to initiate** in 2022
- Novel METxMET bispecific (REGN5093) advancing; REGN5093-M114 **antibody drug conjugate (ADC)** trial to initiate in met-overexpressed cancers
- **Enrollment** of **FL** and **DLBCL** patients in Odronextamab (CD20xCD3) monotherapy trials have **resumed**; Odronextamab demonstrates potential best-in-class efficacy with increasing durability
- Exclusive rights to BCMAxCD3 bispecifics obtained; REGN5458 continues to show deep and durable anti-tumor responses in relapsed or refractory multiple myeloma

FL – Follicular Lymphoma;
DLBCL – Diffuse Large B Cell Lymphoma;

Key Upcoming Oncology Milestones (12-18 months)

Libtayo

- Data anticipated in 1L NSCLC chemo combo in 2H21
- Regulatory submissions for 2L Cervical in 2H21

Fianlimab (LAG-3)

- Ph3 in 1L Melanoma to initiate in 2022

Odronextamab (CD20xCD3)

- Complete enrollment in potentially pivotal Phase 2 in NHL
- Initiate studies with subcutaneous formulation
- Initiate OLYMPIA Phase 3 program and combinations

REGN5458 (BCMAxCD3)

- Complete enrollment in potentially pivotal Phase 2 in Multiple Myeloma
- Initiate studies with subcutaneous formulation
- Evaluate combinations with standard of care and novel agents

Solid Tumor bispecifics: Potential first data for MUC16xCD3 and PSMAxCD28

NSCLC – Non-Small Cell Lung Cancer
NHL – Non-Hodgkin's Lymphoma

Q&A

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