

The logo features the word "GENELUX" in a black, sans-serif font. A green swoosh underline is positioned beneath the text, starting from the left and curving under the letters. A small green dot is placed to the left of the letter "G".

GENELUX

Redefining Immuno-Oncology

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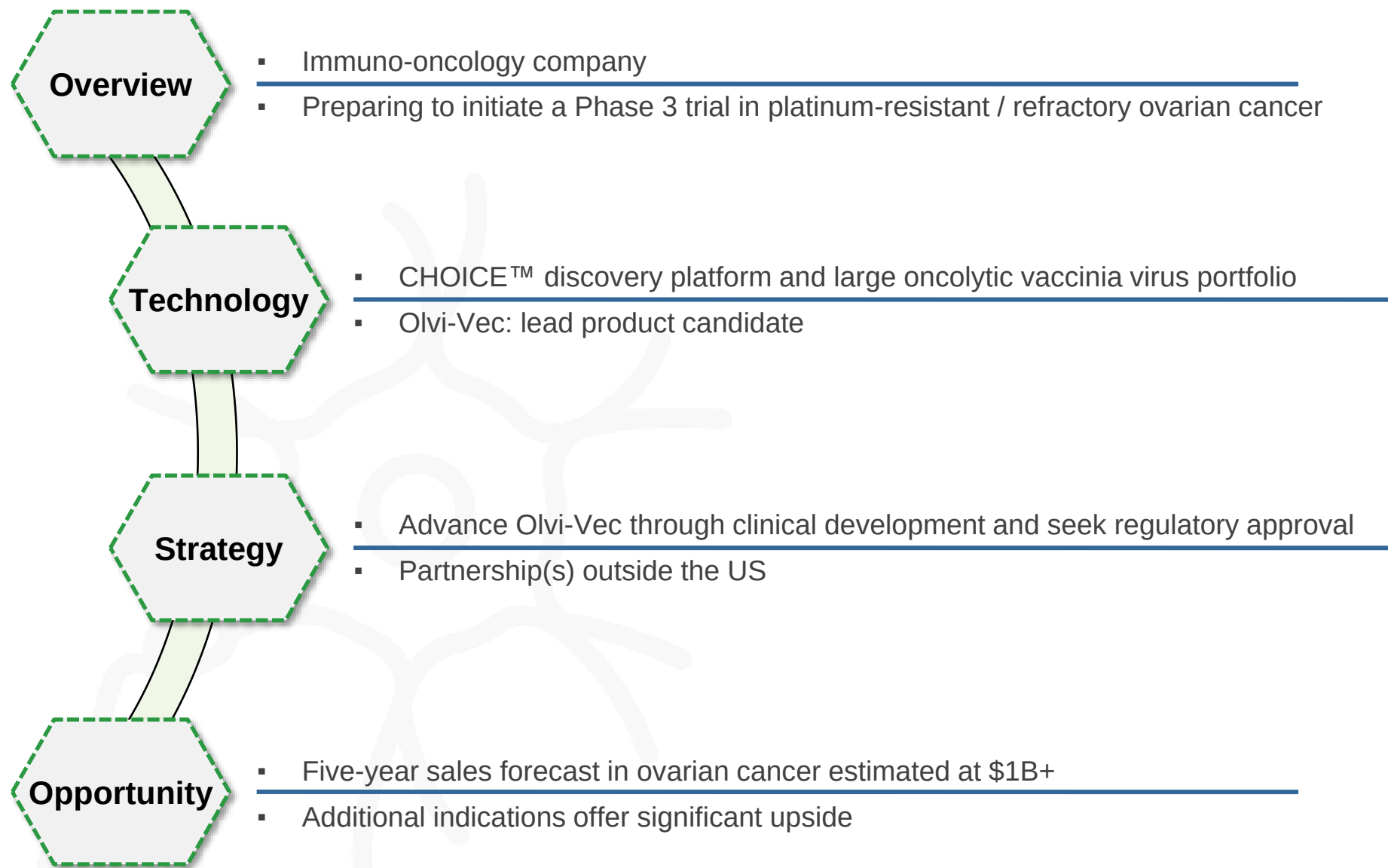
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Executive Summary

A clinical-stage biopharmaceutical company advancing a novel immunotherapeutic platform



Executive Summary

Genelux is committed to addressing unmet needs within the current I-O treatment paradigm

Advanced, non-local delivery oncolytic virus program

- Completed proof-of-concept Phase 2 in platinum-resistant / refractory ovarian cancer (PRROC)
- Early-stage clinical trials in solid tumors demonstrate feasibility of systemic administration
- Potential in multiple clinical settings as a monotherapy or in combination therapy

Potential utility against broad range of tumor types and metastatic disease

- Physician-preferred route(s) of administration regional or systemic delivery capabilities
 - *Off-the-shelf therapeutic*
- Antitumor activity with demonstrated activity as monotherapy and combination therapy
 - *Boosts patient's own immune system to turn "cold" tumors "hot"*
 - *Sensitizes (re-sensitizes) resistant tumors to chemotherapy (platinum)*

Proprietary discovery platform and robust investigational pipeline

- Active IND in pancreatic cancer for V2ACT, a novel immuno-oncology modality (initiation of clinical trial not yet scheduled)
- 500+ novel strains generated via proprietary CHOICE™ platform
- Clinical-stage Animal Health program (Phase 1 completed; Phase 2 ready)

Recent Milestones & Accomplishments

Completed Phase 2 Trial

- Platinum-resistant/refractory ovarian cancer
- Enrollment **completed; data collected**

Recognized Scientific Presentations

- International Gynecologic Cancer Society (2020 Annual Meeting) awarded **Oral Plenary Session presentation**
- Society of Gynecologic Oncology (2020 Annual Meeting) awarded **Featured Poster Presentation**

Expansion of Manufacturing Facilities

- In-house cGMP production facility established in San Diego, CA
- GMP batch planned to be released in advance of **Phase 3 study**

Pipeline Overview

Robust clinical pipeline: extensive future scientific potential

- Olvi-Vec is administered through **physician-preferred methods** to locate and kill cancer cells **throughout the body**
 - Regional (I.P.E.) routes maximize PK & tumor tissue exposure in body cavities
 - Systemic (I.V.) routes maximize the addressable indications
 - **Stimulates immune response & modifies tumor environment**

Therapeutic Indication	Design	Pre-Clinical	Phase 1	Phase 2	Phase 3	Worldwide Rights
Ovarian Cancer (resistant / refractory)	Olvi-Vec (I.P.E.) + Chemotherapy	Active			P3 Planning	
NSCLC ¹ (recurrent)	Olvi-Vec (I.V.) + Chemotherapy	Planned		P2 Planning		
Pancreatic Cancer ² (newly diagnosed, surgically resectable)	V2ACT Immunotherapy (I.V.)	Planned		Active IND		

¹ Based on the results of our previously completed Phase 1 trials of Olvi-Vec administered intravenously to patients with solid tumors, we are planning to initiate a Phase 2 clinical trial of Olvi-Vec in recurrent NSCLC.

² The Phase 1b/2a clinical trial is not yet scheduled to be initiated. This product candidate is being developed by V2ACT, a 50:50 joint venture between us and TVAX.

Our Work

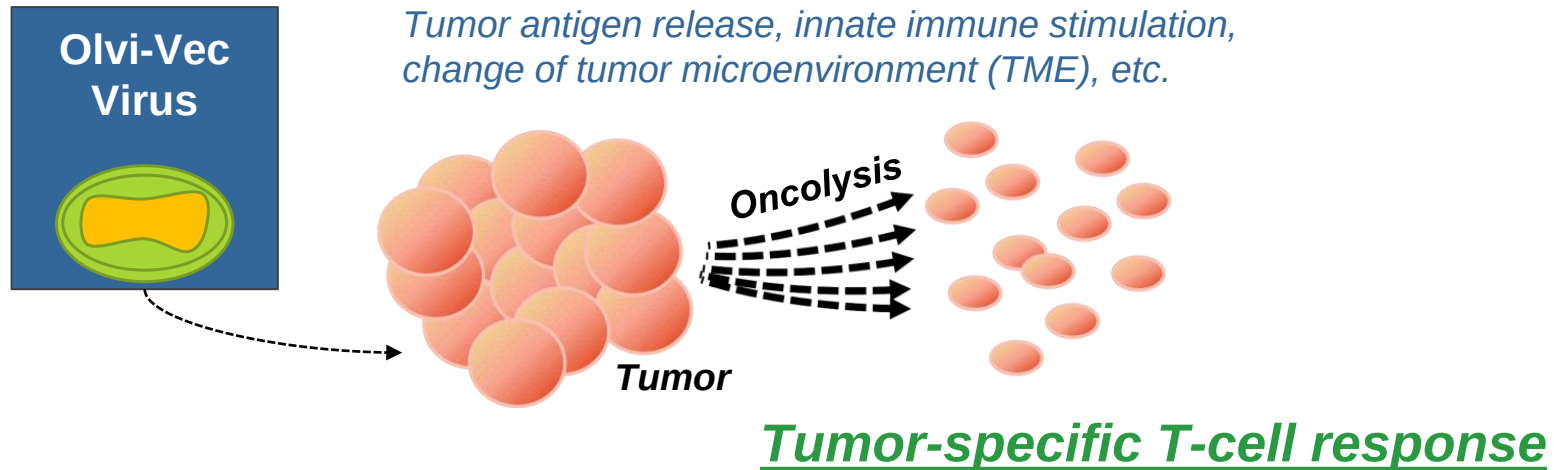


Olvi-Vec Overview

Engineered to selectively target and eliminate tumor cells while inducing a robust immune response leveraging patient- and tumor-specific neoantigens

Activating the Immune System: *Innate* and *Adaptive*

Immune Priming & Changes of Gene Expression Profile



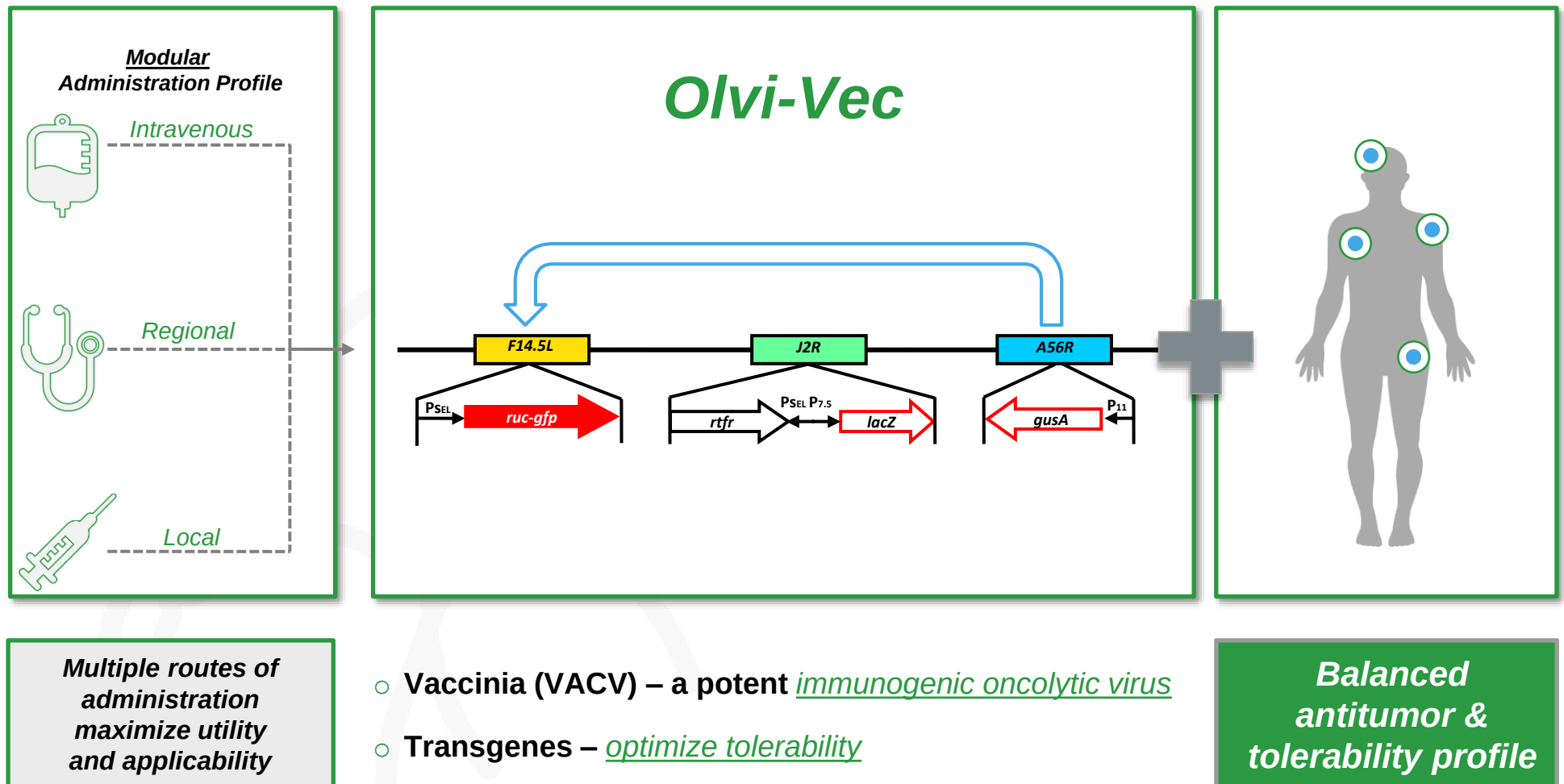
Unique Attributes of Vaccinia Virus

- No genomic integration
- Highly modular, customizable
- Broad spectrum
- Robust lytic capabilities, high replication and proliferation
- Powerful immune activator (Th1-type immune response)

Olvi-Vec Overview

A differentiated immuno-oncology approach

- Olvi-Vec is designed to drive immune activation, enhance **tumor-specific neoantigen** presentation, and manifest clinically meaningful changes in the tumor microenvironment (TME), turning **cold tumors** “**hot**”



Differentiated Clinical Development Program

Genelux aims to provide an elegant oncolytic virus approach

Olvi-Vec Immuno-Therapy Chemotherapy (platinum) refractory and/or resistant cancers			First-Generation Oncolytic Virus
	Regional (Advantages)	Intravenous (Advantages)	Local (Limitations)
○ Ability to target and treat advanced and metastatic diseases	✓	✓	✗
○ Ability to target cancers without prolonged treatment burden	✓	✓	✗
○ Ability to target and treat tumors of varying sizes	✓	✓	✗
○ Robust immune activation profile	✓	✓	✗

Patient Population

- **Heavily pre-treated** with documented progressive disease at baseline
- No Standard of Care – i.e., **clinical trial or palliative care (hospice)**
- 44 patients treated with Olvi-Vec; 27 received Combination therapy

High & Condensed Dosing

- Single round bolus infusions on 2 consecutive days
- Dose: 6×10^9 pfu
- Combination: platinum doublet +/- Bevacizumab

Olvi-Vec Monotherapy

○ **Tolerability:**

- Toxicity: **No DLT or MTD reached**
- Most Common Adverse Events:
- Transient, flu-like symptoms
 - Abdominal pain (Grades 1 & 2)
 - **No Grade 4 AEs**

○ **Antitumor activity:**

- Clinical Benefit Rate: 73% (8/11)
- 4/11 patients had >2x PFS relative to immediate prior chemotherapy

○ **Translational Evidence:**

- Activation of **tumor-specific T cell response detected in blood**
- Documented **immune activation in tumor microenvironment (TME)** with significant **influx of tumor infiltration lymphocytes (TILs)**
- Favorable immune-related **genetic signatures (via biomarkers)**

Olvi-Vec: Exciting Signals of Differentiated Therapeutic Potential

High, condensed IP dosing with subsequent chemotherapy



**Oncolytic Vaccinia (Olvi-Vec)
Primed Immunochemotherapy
in Platinum-Resistant / Refractory
Ovarian Cancer**

Robert W. Holloway, et al

Olvi-Vec –Primed Immunochemotherapy: Clinical Benefit ^{1&2}

All PRROC Patients

- **54% RECIST response**
(vs. <20% historical to chemotherapy)
- **11.0 mo. of progression-free survival (PFS)**
(vs. ~5 mo. historical)

Platinum-refractory patients

- **50% RECIST response**
(vs. <10% historical);
0% response to patients' most recent prior platinum line
- **10.8 mo. of progression-free survival (PFS)**
(vs. ~3 mo. historical)

¹Phase 2 - VIRO-15 patients had results in prior lines of therapy similar to historical data.

²RECIST readings based on pre-chemo baseline.

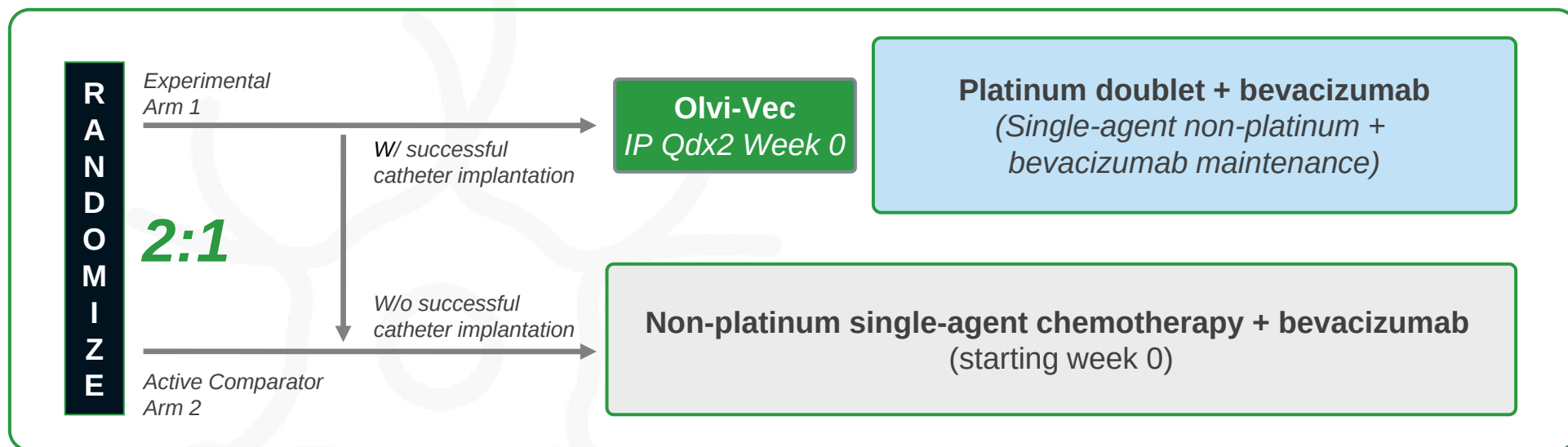


Olvi-Vec Phase 3 program: **Platinum-resistant/refractory ovarian cancer (PRROC)**

Planned **Phase 3** registrational-stage clinical trial design

○ Patient Population; N=174 (estimated):

- No standard of care therapy
- Number of prior lines of therapy: ≥ 2 , including bevacizumab
- Progression on last platinum: 0-6 mos
- Time from last platinum: ≤ 6.0 mos



Primary Endpoint

- **Progression-free Survival (PFS) in Intent-to-Treat (ITT) population (RECIST 1.1)**

Secondary Endpoints

- PFS in mITT patients (RECIST 1.1)
- PFS in ITT patients (iRECIST)
- Objective Response Rate in ITT patients (RECIST 1.1)
- Overall Survival in ITT patients
- Duration of Response in ITT patients (RECIST 1.1)

Olvi-Vec Systemic Delivery – A Potentially Transformative Evolution

Olvi-Vec demonstrates a dose-dependent overall survival benefit

The ROYAL MARSDEN
NHS Foundation Trust

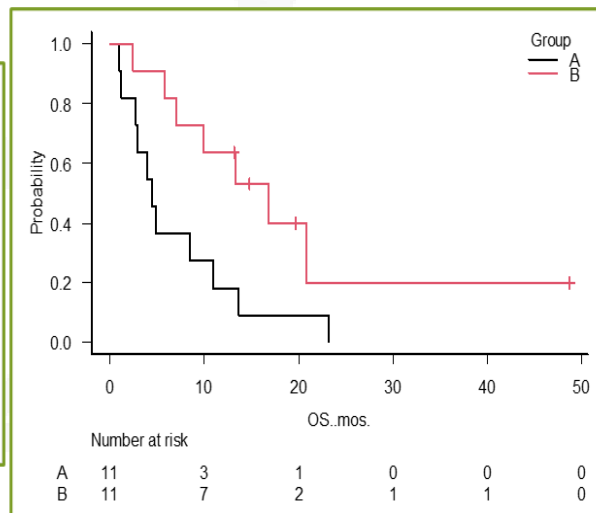
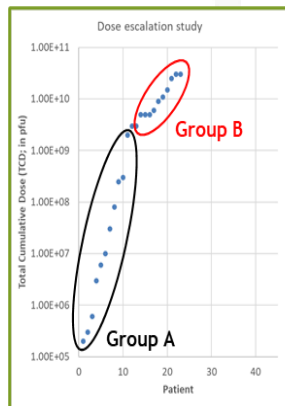
ICR The Institute of
Cancer Research

UNIVERSITY OF
SURREY

Ph1B Monotherapy Dose Escalation Study in Solid Tumors Progressed from Last Prior Therapy

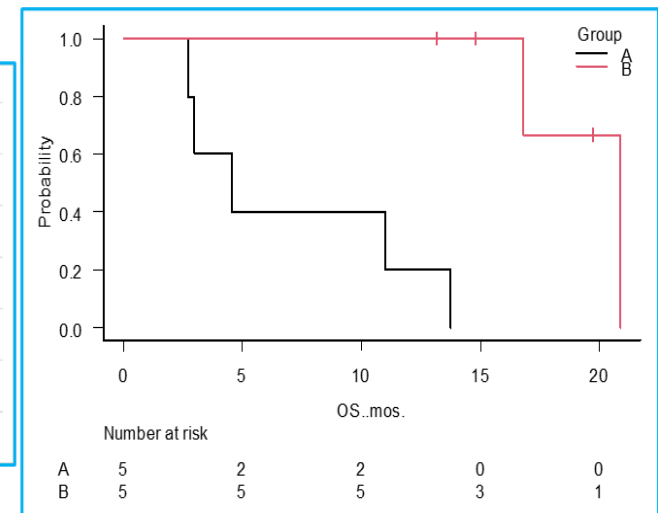
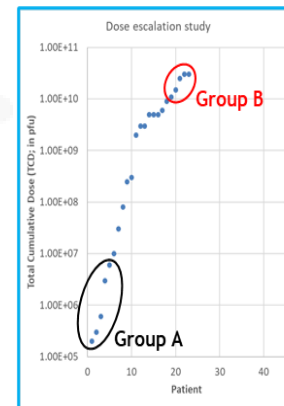
Multiple I.V. Cycles via various dosing levels and schedules

- Well tolerated: No DLT or MTD reached
- Clinical Benefit: Virus-dose-dependent overall survival (comparing Higher v. Lower Total Cumulative Doses)
 - Statistically significant in primary / metastatic lung diseases | Data below



Group A : (n=11; lower-dose group with TCD ranging from 2×10^5 pfu - 2×10^9 pfu)
Group B : (n=11; higher-dose group with TCD ranging from 3×10^9 pfu - 3×10^{10} pfu)

Groups lower vs higher TCD:
median Overall Survival at **4.6 months** (95% CI: 1.3 – 11.0) vs **16.8 months** (95% CI: 5.9 – NA);
p = 0.026; a statistically significant clinical benefit favoring the higher dose group.



Group A : (n=5; lowest-dose group with TCD ranging from 2×10^5 pfu - 1×10^6 pfu)
Group B : (n=5; highest-dose group with TCD ranging from 1×10^{10} pfu - 3×10^{10} pfu)

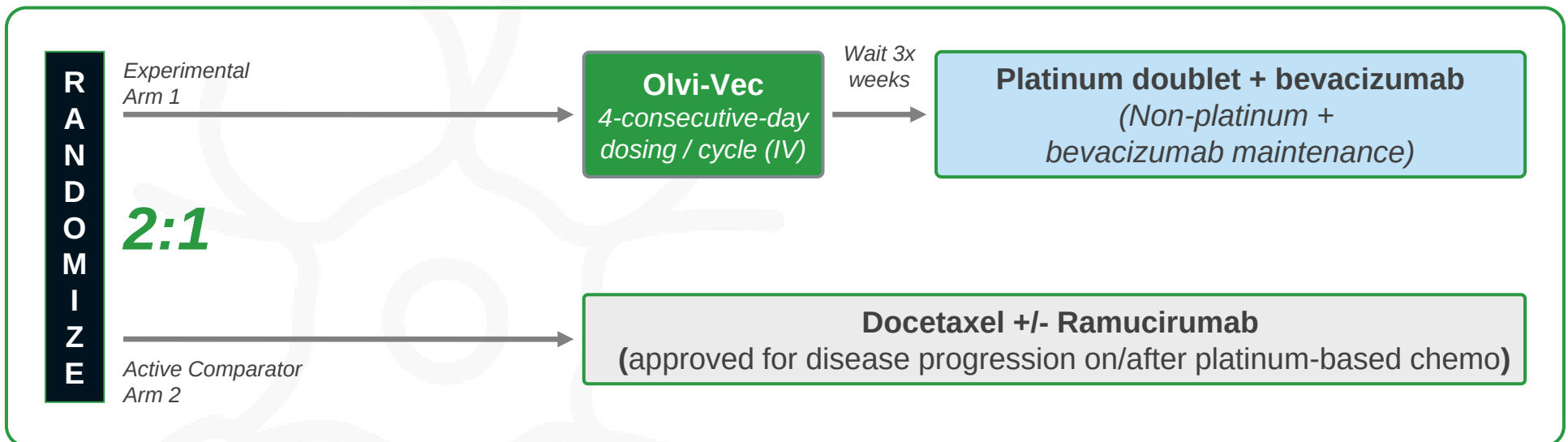
Groups lowest vs highest TCD:
median Overall Survival at **4.6 months** (95% CI: 2.7 – NA) vs **20.9 months** (95% CI: 16.8 – NA);
p = 0.002; a statistically significant clinical benefit favoring the highest dose group.

Virus dose is in Total Cumulative Dose (TCD) received in all cycles in each patient

Olvi-Vec Phase 2 program: *Non-Small Cell Lung Cancer (NSCLC)*

Planned *Phase 2* clinical trial design

- Patient Population; N=50 (estimated):
 - Last prior line is platinum-base therapy
 - Metastatic on or after platinum-based chemotherapy
 - Had treatment with immune checkpoint inhibitor
 - ECOG: 0 – 1;
 - Life Expectancy: ≥ 4 months

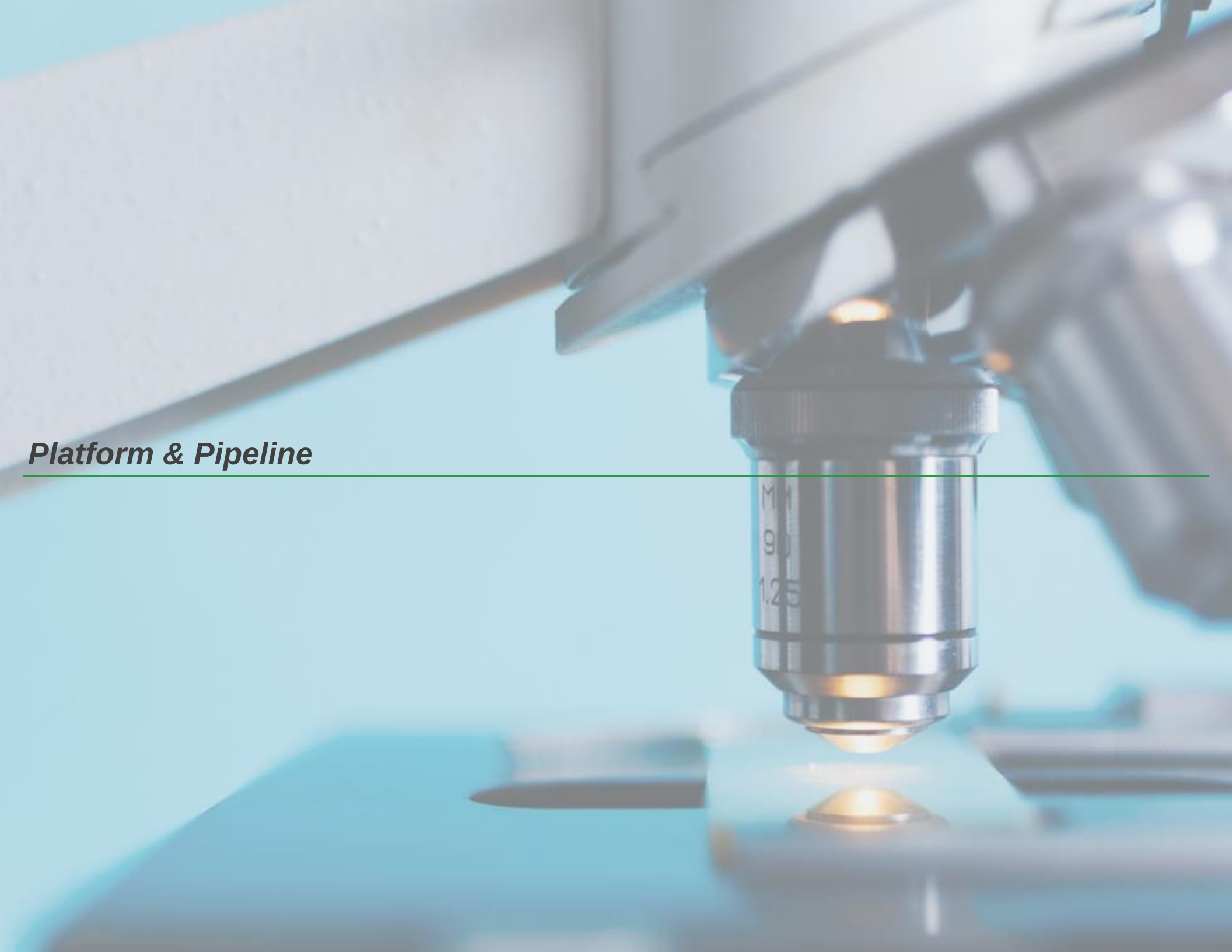


Primary Endpoint

- **PFS (RECIST 1.1)**

Secondary Endpoints

- PFS-6-month (RECIST 1.1)
- ORR (RECIST 1.1)
- DOR (RECIST 1.1)
- Overall Survival



Platform & Pipeline

The CHOICE™ discovery platform

CHOICE™ has generated a library of 500+ novel constructs & strains to-date

- Regression and elimination of a wide range of tumor types
(pre-clinical signals of antitumor activity against 20 tumor types)

Therapeutic
Genes

Payloads

Imaging
Genes

Tissue
Regenerating
Genes

Viruses with Therapeutic Genes

✓ = In vitro & in vivo tested: GLP Tox ready

Immune Modularity Molecules

- LIGHT
- P60
- OspF
- OspG
- STAT1α
- IL-6/sIL-6R✓
- IL-24✓
- GM-CSF
- STAT1β
- IP-10

Anti-Angiogenic Genes

- Human Plasminogen
k5 Dominant
- PEDF

Metastasis Suppressor Genes

- ECAD
- NM23

Cell Matrix-Degradative Genes

- Relaxin1
- hMMP9✓

Hormones

- Human EPO

Single-Chain Antibodies

- Anti-DLL4
- Anti-CTLA4✓
- Anti-TNFα
- Anti-αvβ3-integrin
- Anti-VEGF✓
- Anti-PD-1✓
- Anti-FAP✓
- Anti-PD-L1✓

Cell Growth & Differentiation Regulators

- BMP-2
- BMP-4✓

Clonal Isolated Strains (non-GMO)

- LIVP1.1.1✓
- LIVP5.1.1✓
- V-VET1 (LIVP6.1.1)✓
- Cop15.1.1✓

Apoptosis Inducing Genes

- Secretable Trimeric TRAIL

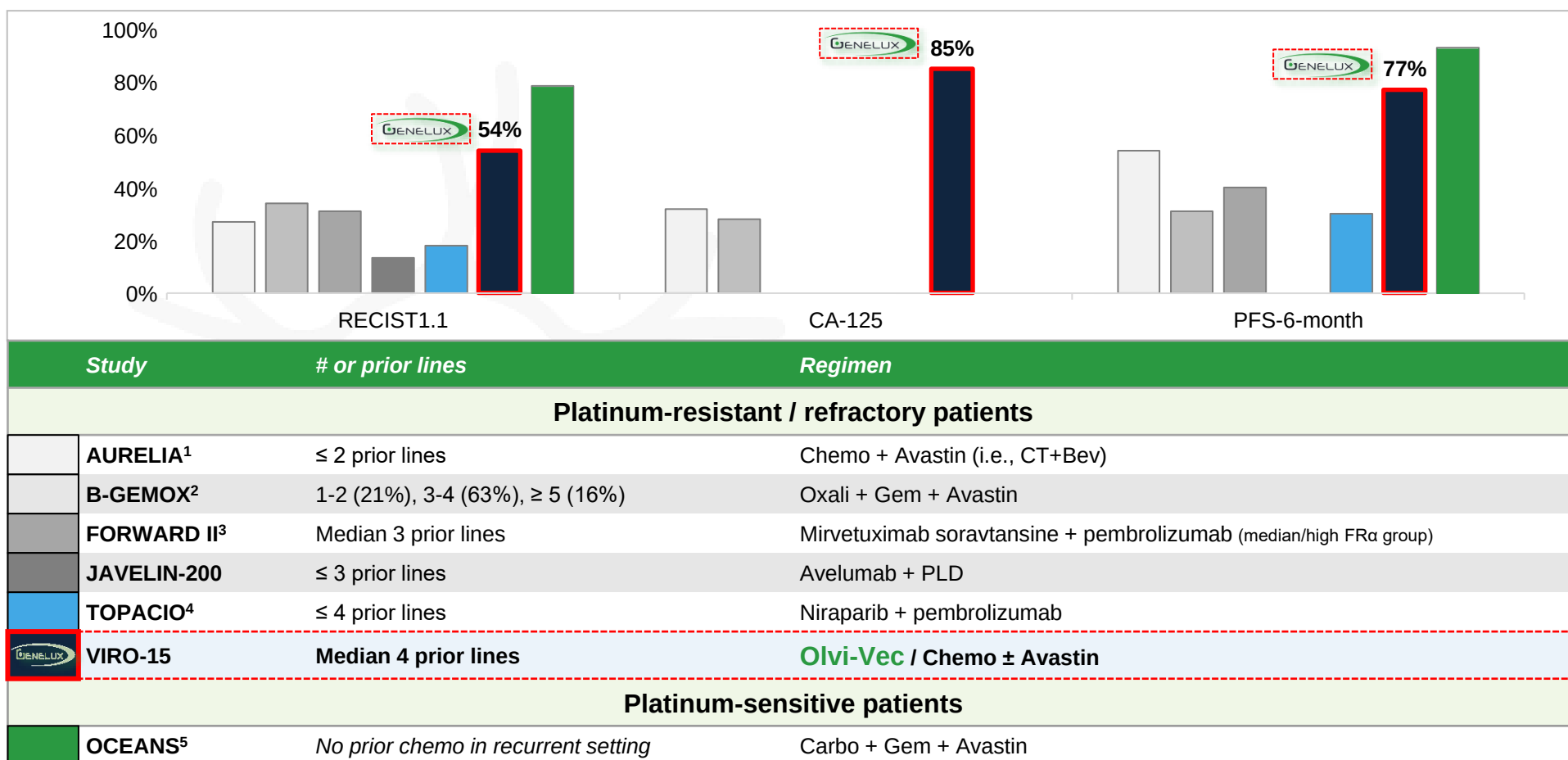
The image features a complex financial chart. The upper portion displays a series of candlesticks, with a solid white line representing a moving average and two dotted white lines forming an upper and lower channel. A horizontal green line is positioned across the middle of the chart. The lower portion of the image shows a bar chart with vertical bars of varying heights. In the top left corner, the text '0.6' and '1.65' is visible, accompanied by a downward-pointing triangle. In the top right, there is an upward-pointing triangle. In the bottom right, there is a downward-pointing triangle. The background is a blurred image of a city skyline at night.

Competitive Landscape

Olvi-Vec-Primed Immunotherapy: Driver of Market Penetration

Platinum-resistant / refractory patients exhibit similar outcomes to platinum-sensitive patients

- Currently 250,000+ ovarian cancer patients in the United States
- While clinical remissions are obtainable, a majority of patients will relapse (~80%)
- By 2035: 55% increase of new cases annually; 70% increase of deaths



References

- (1) Pujade-Lauraine et al., J Clin Oncol 2014;32:1302-1308.
- (2) Ikeda et al., Int J Gynecol Cancer 2013;23:355-360.
- (3) Matulonis et al., ESMO 2018.
- (4) Konstantinopoulos et al., J Clin Oncol 2018;36(S15)106.
- (5) Aghajanian et al., Gynecol Oncol. 2015;139(1):10-16.

About Genelux



Leadership Team

Genelux has assembled a seasoned leadership team with extensive experience in developing and manufacturing biological, viral and gene therapies

The Genelux Team

Executive Management

- **Thomas Zindrick, JD** – President & CEO
 - 30+ years industry experience
- **Paul Scigalla, MD, PhD** – Chief Medical Officer
 - 30+ years industry experience

Operations

- **Joseph Cappello, PhD** – VP, Pharma Dev
 - 30+ years industry experience
- **Caroline Jewett** – VP, Quality
 - 30+ years industry experience

R&D

- **Tony Yu, PhD** – VP, Clinical Trial Operations
 - 20 years industry experience
- **Qian Zhang, MD, PhD** – Assoc. VP, Research
 - 15+ years industry experience
- **Ralph Smalling, MS** – VP, Regulatory Affairs
 - 35+ years industry experience

Clinical Advisory Board

- Robert Holloway, MD – Chairman  
- Robert L. Coleman, MD   
- Alberto A. Mendivil, MD 
- Thomas J. Herzog, MD  
- David M. O'Malley, MD  

Facilities and Manufacturing

Genelux has facilities in several locations in Southern California.



Headquarters
Westlake Village, CA, USA



Manufacturing Facility
San Diego, CA, USA



Research and Development
San Diego, CA, USA



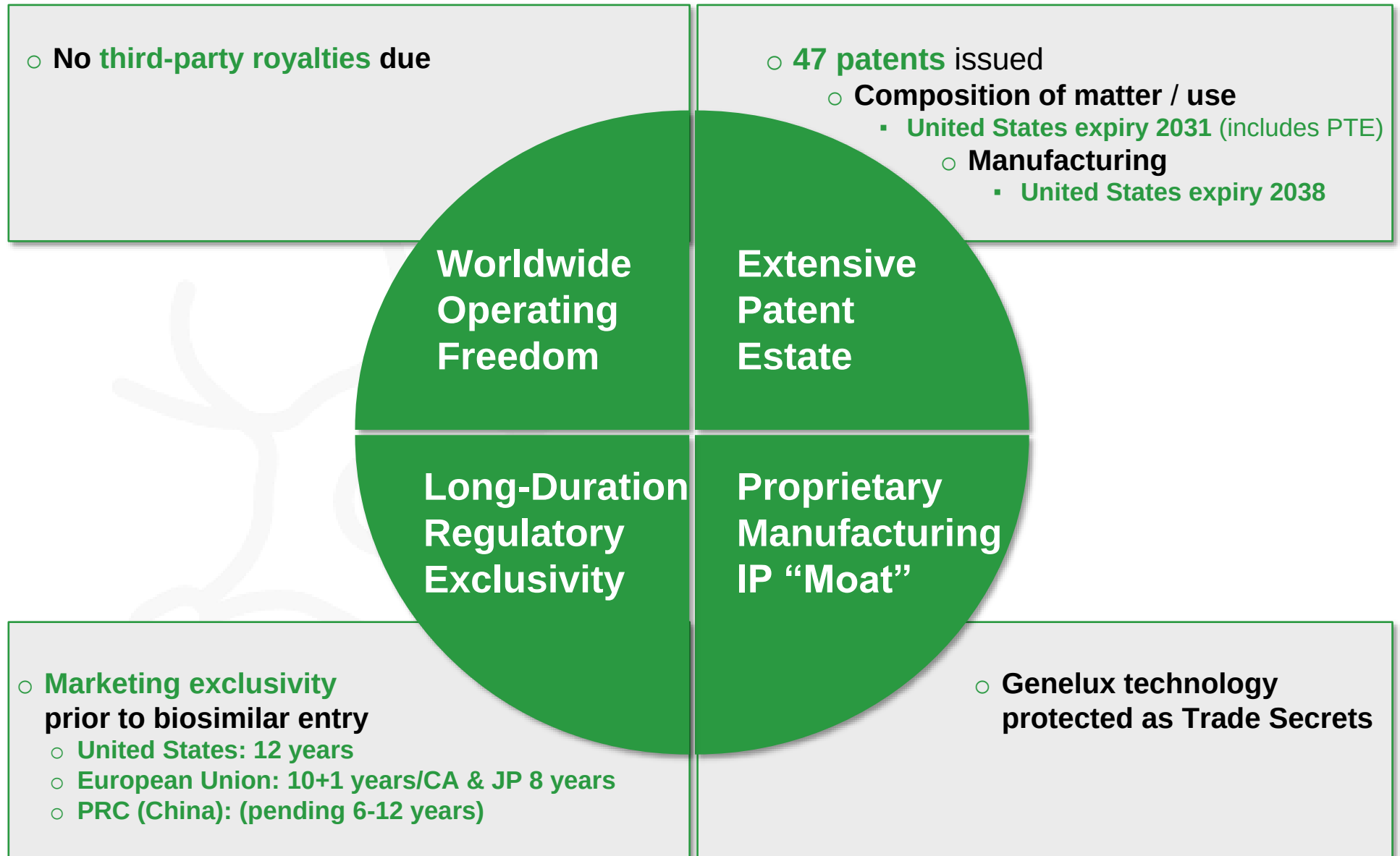
Investor Relations Office
Redlands, CA, USA

*Genelux has developed a **large-scale cGMP manufacturing process** to optimize production*

- Established and equipped an **independent, Company-controlled 7,500+ Sq. Ft** manufacturing facility in San Diego to secure material for **pivotal studies** and potential **commercial supply**
- Genelux maintains agreements with **raw material and equipment suppliers**, as well as **contract labs** to provide supply chain redundancies and flexibility to offload certain services to CMOs / CROs
- Genelux maintains agreements with third-party companies for **labeling, packaging, distribution** of both clinical material as well as future potential commercial products
- Genelux plans to invest in and augment **its internal development capabilities** as well as **continually improve its proprietary manufacturing processes**

Intellectual Property

Positioned for long-term success



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THANK YOU
