Corporate Overview

August 6, 2020
Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of applicable securities laws. All statements contained herein that are not clearly historical in nature are forward-looking, and the words “anticipate”, “believe”, “expect”, “estimate”, “may”, “will”, “could”, “leading”, “intend”, “contemplate”, “shall”, “propose”, “plan” and similar expressions are generally intended to identify forward-looking statements. Forward-looking statements in this presentation include statements about, without limitation, the clinical plans and objectives for our TTI-621 and TTI-622 programs, our expectation about the timing of achieving certain milestones relating to our programs and our belief that our programs could achieve best-in-class status for CD47 blocking agents.

These forward-looking statements involve risks and uncertainties that may cause actual results, events or developments to be materially different from any future results, events or developments expressed or implied by such forward-looking statements. Such factors include, but are not limited to, Trillium's ability to obtain financing to advance the products in its development portfolio; changing market conditions; the successful and timely completion of pre-clinical and clinical studies; the severity, duration and spread of the COVID-19 outbreak, as well as the direct and indirect impacts that the pandemic may have on our operations; the establishment of corporate alliances; the impact of competitive products and pricing; new product development risks; uncertainties related to the regulatory approval process or the ability to obtain drug product in sufficient quantity or at standards acceptable to health regulatory authorities to complete clinical trials or to meet commercial demand; and other risks detailed from time to time in Trillium's ongoing quarterly and annual reporting.

A discussion of risks and uncertainties facing Trillium appears in Trillium's Form 40-F for the year ended December 31, 2019 filed with the U.S. Securities Exchange Commission and available at www.sec.gov and www.sedar.com, each as updated by Trillium's continuous disclosure filings, which are available at www.sedar.com and at www.sec.gov. Forward-looking statements are not guarantees of future performance and accordingly undue reliance should not be put on such statements due to the inherent uncertainty therein. Any forward-looking statements speaks only as of the date on which it is made and, except as may be required by applicable securities laws, the Company disclaims any intent or obligation, whether as a result of new information, future events or results or otherwise. All forward-looking statements herein are qualified in their entirety by this cautionary statement.
Company Highlights

**Leading CD47 player**
- Clinical stage immuno-oncology company with focus on CD47
- Comprehensive clinical development program, with two lead molecules that demonstrated monotherapy activity in hematologic malignancies

**Two differentiated molecules with best in class potential**
- TTI-621 (SIRPα-IgG1 Fc): 200+ patients dosed; monotherapy activity in multiple indications at initial low doses; no red blood cell (RBC) binding; further dose escalation ongoing
- TTI-622 (SIRPα-IgG4 Fc): Early signal of monotherapy activity in lymphomas; strong safety profile with no RBC binding; initial dose escalation in progress

**New leadership & cash position**
- CEO change in September 2019
- Wide-ranging transformation program completed
- Raised $117M in Jan 2020; ~$135M in cash & equivalents as of 3/31/20
Transformation Program Under New CEO
Priorities and progress since September 2019

1. Restructure footprint and cut cash burn
   Reduced staff by 40%; strengthened clin. dev. team; reduced cash burn till funding
   Completed (Oct 2019)

2. Revise strategy & portfolio priorities
   Discontinued lead intratumoral (IT) program in CTCL; refocused on IV programs in large heme malignancy indications and exploratory IT effort in solid tumors
   Completed (Nov-Dec 2019)

3. Secure funding
   Raised $117M in public offering from top healthcare investors
   Completed (Jan 2020)

4. Ensure execution of ongoing clinical studies
   Reallocated resources to existing 621 & 622 dose escalation studies
   In progress

5. Strengthen the organization and key capabilities
   Added new board member; forming SAB & KOL panels; further evolving the org.
   In progress
Pipeline Overview

TTI-621 (SIRPα-IgG1 Fc)
- Heme malignancies (activity observed in CTCL, PTCL, DLBCL)
- Solid tumors
- PoC via IT administration and IV data at low initial doses
- 200+ patients dosed to date
- Dose escalation in CTCL in progress

TTI-622 (SIRPα-IgG4 Fc)
- Heme malignancies
- Solid tumors
- Dose escalation in lymphomas in progress
Contents

• CD47 landscape and Trillium differentiation
  • TTI-621 (SIRPα-IgG1Fc) CD47 program
  • TTI-622 (SIRPα-IgG4Fc) CD47 program
  • IP, team and upcoming milestones
Tumors Use CD47 “Don’t Eat Me” Signal to Evade Destruction by Innate Immune System

- Many hematologic and solid tumors express high levels of CD47
- High CD47 expression correlated with aggressive disease & poor outcomes
- CD47 delivers an inhibitory “don’t eat me” signal to macrophages through SIRPα

**CD47 Pathway in Cancer**

CD47 blockade emerging as a next-generation checkpoint inhibitor strategy in immuno-oncology
CD47 Blockade Alone is Not Sufficient to Activate Macrophages

- CD47 blockade alone is not sufficient to trigger macrophage anti-tumor activity
- Macrophages must also receive an “eat” (pro-phagocytic) signal
- IgG1 Fc delivers a strong “eat” signal, IgG4 Fc a moderate signal
- An IgG1 blocker requires low RBC binding to avoid hemolytic anemia, a distinguishing property of Trillium’s SIRPαFc format
TTI-621 and TTI-622: Two Novel CD47 Blocking Agents

**TTI-621**
(SIRPα-IgG1 Fc)

- Blocks the CD47 **DON'T EAT ME** signal
- Delivers a strong **EAT** signal

**TTI-622**
(SIRPα-IgG4 Fc)

- Blocks the CD47 **DON'T EAT ME** signal
- Delivers a moderate **EAT** signal

- Dual function decoy receptors designed to block CD47 and deliver an activating signal
- Molecules differ in strength of “eat” signal
- Approximately half the size of a mAb
- Both do not bind human RBCs
- Both have demonstrated monotherapy activity in patients
Trillium Molecules Are Differentiated From Other CD47 Agents on Several Dimensions

<table>
<thead>
<tr>
<th>Candidate</th>
<th>TTI-621</th>
<th>TTI-622</th>
<th>Magrolimab</th>
<th>ALX148</th>
<th>TJC4</th>
<th>AO-176</th>
<th>TG-1801</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molecule</td>
<td></td>
<td></td>
<td>WT SIRPαFc fusion protein</td>
<td>WT SIRPαFc fusion protein</td>
<td>CD47 mAb</td>
<td>High aff. SIRPαFc fusion protein</td>
<td>CD47 mAb</td>
</tr>
<tr>
<td>Fc isotype</td>
<td>IgG1</td>
<td>IgG4</td>
<td>IgG4</td>
<td>Inert IgG1</td>
<td>IgG4</td>
<td>IgG2</td>
<td>IgG1</td>
</tr>
<tr>
<td>RBC binding</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Minimal</td>
<td>Minimal</td>
<td>No</td>
</tr>
<tr>
<td>Monotherapy / incl. CR</td>
<td>Yes / Yes</td>
<td>Yes / Yes</td>
<td>Yes / No</td>
<td>No / No</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>Development stage</td>
<td>P1</td>
<td>P1</td>
<td>P2</td>
<td>P1</td>
<td>P1</td>
<td>P1</td>
<td>P1</td>
</tr>
</tbody>
</table>

Sources: Company web sites, publications, presentations and filings; www.clinicaltrials.gov

Other companies with clinical stage CD47-targeting agents: BMS, Seattle Genetics, Surface Oncology, Shattuck Labs, Innovent Bio, ImmuneOncia Therapeutics, Jiangsu Hengrui Medicine Co
Unlike Most Other CD47 Agents, TTI-621 & 622 Do Not Bind to Red Blood Cells (RBCs)

Benefits of RBC avoidance

- Enables use of an IgG1 Fc (provides an activating signal to enable monotherapy)
- Reduces risk of anemia in patients
- Lowers amount of drug required by avoiding massive antigen sink
- Does not interfere with transfusion medicine testing

**TTI-621 and TTI-622 do not bind human RBCs**

**Mean Fluorescence Intensity**


\(^1\)Results confirmed by independent group (Piccione et al. Clin. Cancer Res. 2016)
Even at Low Doses, TTI-621 & 622 Are Showing Best-in-Class Single Agent Response Rates in the CD47 Field

<table>
<thead>
<tr>
<th>Agent/Indication</th>
<th>N</th>
<th>ORR</th>
<th>Dosing Range</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>TTI-621 (Trillium)</td>
<td>48</td>
<td>18-29%</td>
<td>up to 0.5 mg/kg*</td>
<td>Further dose escalation ongoing (now dosing at 2.0 mg/kg)</td>
</tr>
<tr>
<td>TTI-622 (Trillium)</td>
<td>12</td>
<td>17%</td>
<td>0.8-4.0 mg/kg*</td>
<td>Further dose escalation ongoing (now dosing at 8.0 mg/kg)</td>
</tr>
<tr>
<td>Magrolimab (Gilead)</td>
<td>60</td>
<td>10%</td>
<td>30 mg/kg</td>
<td>5% in solid tumors &amp; lymphomas at ≥20 mg/kg</td>
</tr>
</tbody>
</table>
| ALX148 (ALX Oncology) | 45 | 0% | ≥10 mg/kg |MonoTx study in AML/MDS terminated due to lack of efficacy, doses up to 4 mg/kg
| CC-90002 (Celgene) | 15 | 17% | 0.8-4.0 mg/kg | |
| SRF231 (Surface Onc.) | 15 | 10% | 30 mg/kg | |

*Further dose escalation ongoing (now dosing at 2.0 mg/kg)

**References**

1. NCT02216409; Sikic, JCO 2019
2. NCT03248479; ASCO 2019
3. NCT03013218; Lakhani, ASCO 2018
4. NCT0061002; Zeidan, ASH 2019
5. NCT03512340; Surface Oncology strategic reset (Dec 2018)
Contents

• CD47 landscape and Trillium differentiation

• TTI-621 (SIRPα-IgG1Fc) CD47 program

• TTI-622 (SIRPα-IgG4Fc) CD47 program

• IP, team and upcoming milestones
Intratumoral TTI-621 Injections in CTCL Induce Rapid Lesion Reductions and Provide Initial PoC of Bioactivity

- **Phase 1 dose escalation & expansion study**
  - R/R CTCL; N=22 response-evaluable patients
  - NCT02890368

- **Dosing regimens evaluated**
  - Single dose injections @ 1, 3 or 10 mg
  - Multiple injections @ 10 mg 3x/wk for 1-2 wks
  - Induction regimen (10 mg 3x/wk for 2 wks) + continuation Tx of weekly 10 mg injections

- **Patient example**

85M with stage IIB MF with large cell transformation who failed 4 prior systemic therapies, PUVA & radiation; received a **single 10 mg injection** of TTI-621

Querfeld et al. ASH 2017

CTCL: Overall CAILs Score Decrease

*CAILS - Composite Assessment of Index Lesion Severity, a measure of local lesion responses

Querfeld et al. ASH 2018
Intravenous TTI-621 Shows Monotherapy Activity at Low Doses in Heme Malignancies; Dose Escalation is Ongoing

- **Phase 1, multicenter, open-label study in relapsed/refractory hematologic malignancies** (NCT02663518)
  - Over 200 patients dosed

- **Dosing evolution** after determining transient nature of the on-target AE thrombocytopenia (TC)
  - Initial MTD determined as 0.2 mg/kg based on conservative DLT definition of TC (Grade 4 of any duration)
  - TC subsequently shown to be transient and not associated with bleeding, resulting in the revision of TC DLT definition (Grade 4 lasting 72+ hours) and dose re-escalation beyond initial MTD
  - As of August 2020, dosing at 2.0 mg/kg

- **Objective responses** (incl. CRs) observed at initial low dose levels (up to 0.5 mg/kg) **with monotherapy**

<table>
<thead>
<tr>
<th>Indication</th>
<th>DLBCL</th>
<th>CTCL</th>
<th>PTCL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response evaluable N</td>
<td>7</td>
<td>42</td>
<td>22</td>
</tr>
<tr>
<td>Objective response rate</td>
<td>29%</td>
<td>19%</td>
<td>18%</td>
</tr>
</tbody>
</table>

- Only CD47 agent to show multiple CRs with monotherapy
IV TTI-621 Dose Escalation Study Overview

**Under initial DLT criteria**
(Grade 4 Thrombocytopenia of any duration)

**Part 1:** Dose Escalation
- 0.05, 0.1, 0.2, 0.3
- Lymphoma
- Completed (N=18)
  - Identified initial MTD (0.2 mg/kg)

**Part 2:** Initial Expansion
- 0.2 up to 0.5 (mono)*
- 0.1 up to 0.5 (combo)*
- Heme Malignancies
- Completed (N=158)
  - Signal seeking across a range of indications

**Part 3:** Focused Expansion
- 0.2 ramp-up to 0.5
- CTCL, PTCL
- Completed (N=42)**
  - Further efficacy evaluation in TCLs

**Under revised DLT criteria**
(Grade 4 TC lasting 72+ hours)

**Part 4:** Dose Optimization
- 0.5, 0.7, 1.0, 1.4+
- CTCL

*Most patients dosed at 0.2 mg/kg; some patients dose-intensified up to 0.5 mg/kg per investigator discretion

**Simon 2-stage design study; Stage 1 completed; Stage 2 on hold and replaced with Part 4 dose escalation

Status (N)
- Under initial DLT criteria
  - (Grade 4 Thrombocytopenia of any duration)
- Under revised DLT criteria
  - (Grade 4 TC lasting 72+ hours)

Data for CTCL, PTCL & DLBCL on following pages

*0.5-1.4 mg/kg cohorts completed
Dosing at 2.0 mg/kg ongoing (Aug ‘20)
Thrombocytopenia is *Transient* and Not Associated with Bleeding (*Parts 1-3 data*)

**TTI-621 Induced Thrombocytopenia**

- On-target effect resulting from CD47 blockade and the TTI-621 IgG1 Fc
- Reversible within a week
- Pre-dose platelet levels remained relatively stable over the study
- Transient platelet decreases did not lead to increased risk of bleeding or impact drug delivery - *1/179 patients had dosing discontinued due to thrombocytopenia*

*Shou, T Cell Lymphoma Forum 2019*
### Diverse patient population: AML, MDS, MPN, B-NHL, T-NHL, HL, MM, CLL, SCLC (N=218)

- Dose range: 0.05-0.5 mg/kg; most dosing exposure at 0.2 mg/kg
- Most frequent AEs were low-grade infusion related reactions and thrombocytopenia
- ≥ Grade 3 thrombocytopenia occurred in 21% patients (15% in lymphoma patients)

### Related Adverse Events

<table>
<thead>
<tr>
<th>Related Adverse Events n (%)</th>
<th>Adverse Event Grades</th>
<th>Adverse Events by Grade</th>
<th>Total n=218</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with Related TEAE</td>
<td></td>
<td>Grade 1-2</td>
<td>177 (81)</td>
</tr>
<tr>
<td>Infusion related reaction</td>
<td>93 (43)</td>
<td>84 (39)</td>
<td></td>
</tr>
<tr>
<td>≥ 15%</td>
<td>84 (39)</td>
<td>5 (2)</td>
<td>89 (41)</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>16 (7)</td>
<td>46 (21)</td>
<td>62 (28)</td>
</tr>
<tr>
<td>Chills</td>
<td>22 (10)</td>
<td>22 (10)</td>
<td>44 (20)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>33 (15)</td>
<td>0</td>
<td>33 (15)</td>
</tr>
</tbody>
</table>

### Adverse Events by Grade

- Anaemia: 11 (5) Grades 1-2, 18 (8) Grades ≥3, Total 29 (13)
- Pyrexia: 24 (11) Grades 1-2, 1 (0.5) Grades ≥3, Total 25 (11)
- Nausea: 22 (10) Grades 1-2, 0 Grades ≥3, Total 22 (10)
- Diarrhoea: 19 (9) Grades 1-2, 1 (0.5) Grades ≥3, Total 20 (9)
- Neutropenia: 3 (1) Grades 1-2, 15 (7) Grades ≥3, Total 18 (8)
- Headache: 7 (3) Grades 1-2, 8 (4) Grades ≥3, Total 15 (7)
- Vomiting: 15 (7) Grades 1-2, 0 Grades ≥3, Total 15 (7)
- Hypotension: 12 (6) Grades 1-2, 1 (0.5) Grades ≥3, Total 13 (6)
- WBC decreased: 1 (0.5) Grades 1-2, 7 (3) Grades ≥3, Total 8 (4)
- Decreased appetite: 2 (1) Grades 1-2, 5 (2) Grades ≥3, Total 7 (3)

Source: 01 October 2019 data cut
621-IV Monotherapy Effect Observed Across Lymphomas at Initial Low Doses up to 0.5 mg/kg *(Parts 1-3 data)*

*In Patients receiving weekly doses of up to 0.5 mg/kg*

<table>
<thead>
<tr>
<th>Indication</th>
<th>Therapy</th>
<th>Response evaluable N</th>
<th>CR</th>
<th>PR</th>
<th>ORR</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTCL</td>
<td>621 monoTx</td>
<td>42</td>
<td>1 (3%)</td>
<td>7 (17%)</td>
<td>8 (19%)</td>
</tr>
<tr>
<td>PTCL</td>
<td>621 monoTx</td>
<td>22</td>
<td>2 (9%)</td>
<td>2 (9%)</td>
<td>4 (18%)</td>
</tr>
<tr>
<td>DLBCL</td>
<td>621 monoTx</td>
<td>7</td>
<td>1 (14%)</td>
<td>1 (14%)</td>
<td>2 (29%)</td>
</tr>
</tbody>
</table>

Data cut: 01 Oct 2019
TTI-621 Part 4: Now Enrolling at 2.0 mg/kg

- Relapsed & refractory CTCL patients
- 3+3 escalation schema
- Stable dose in each cohort (i.e., no priming)
- Weekly infusions
- Treat to progression

No apparent dose dependency in platelet decreases with doses from 0.2 – 1.0 mg/kg
Contents

• CD47 landscape and Trillium differentiation

• TTI-621 (SIRPα-IgG1Fc) CD47 program

• TTI-622 (SIRPα-IgG4Fc) CD47 program

• IP, team and upcoming milestones
TTI-622: Strong Safety Profile, Dose Dependent PK/PD, and Monotherapy Activity

**Study design**
- Patients with relapsed & refractory lymphomas
- NCT03530683
- 3+3 escalation schema
- Weekly infusions
- Treat to progression

**Data to date (per ASCO20)***
- No DLTs/SAEs and no drug related Gr. 3+ thrombocytopenia or anemia
- Dose dependent PK & receptor occupancy (RO)
- Single agent activity observed in highly pre-treated patients (4-5 prior therapies):
  - 1 CR in DLBCL @ 0.8 mg/kg
  - 1 PR (near-CR) in DLBCL @ 4.0

*First 5 cohorts; as of May 29, 2020
Clean Safety Profile Demonstrated to Date
(Cohorts 1-5 Data)

- No related SAEs or DLTs
- No related Grade ≥3 anemia or thrombocytopenia
- Two related Grade ≥3 neutropenia events resolved within 1 and 4 days
- Stable platelet levels post infusion

<table>
<thead>
<tr>
<th>Adverse Events</th>
<th>Related</th>
<th>Gr 1-2</th>
<th>All</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Constipation</td>
<td></td>
<td>6 (32)</td>
<td></td>
<td>6 (32)</td>
</tr>
<tr>
<td>Nausea</td>
<td>2 (11)</td>
<td>4 (21)</td>
<td>6 (32)</td>
<td></td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>2 (11)</td>
<td>1 (5)</td>
<td>3 (16)</td>
<td></td>
</tr>
<tr>
<td>Back pain</td>
<td>1 (5)</td>
<td>2 (11)</td>
<td>3 (16)</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>2 (11)</td>
<td>1 (5)</td>
<td>3 (16)</td>
<td></td>
</tr>
<tr>
<td>Insomnia</td>
<td></td>
<td>3 (16)</td>
<td></td>
<td>3 (16)</td>
</tr>
<tr>
<td>Leukocytosis</td>
<td>1 (5)</td>
<td>2 (11)</td>
<td>3 (16)</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td></td>
<td>3 (16)</td>
<td></td>
<td>3 (16)</td>
</tr>
<tr>
<td>Pruritus</td>
<td>2 (11)</td>
<td>1 (5)</td>
<td>3 (16)</td>
<td></td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>1 (5)</td>
<td>2 (11)</td>
<td>3 (16)</td>
<td></td>
</tr>
<tr>
<td>Creatinine increased</td>
<td></td>
<td>2 (11)</td>
<td></td>
<td>2 (11)</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>1 (5)</td>
<td>2 (11)</td>
<td>2 (11)</td>
<td></td>
</tr>
<tr>
<td>Dysuria</td>
<td></td>
<td>2 (11)</td>
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<td>2 (11)</td>
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<tr>
<td>Fall</td>
<td></td>
<td>2 (11)</td>
<td></td>
<td>2 (11)</td>
</tr>
<tr>
<td>Headache</td>
<td>1 (5)</td>
<td>2 (11)</td>
<td>2 (11)</td>
<td></td>
</tr>
<tr>
<td>Hypotension</td>
<td></td>
<td>2 (11)</td>
<td></td>
<td>2 (11)</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>2 (11)</td>
<td></td>
<td></td>
<td>2 (11)</td>
</tr>
<tr>
<td>Night sweats</td>
<td></td>
<td></td>
<td></td>
<td>2 (11)</td>
</tr>
</tbody>
</table>

Additional related adverse events occurring in 1 patient each included ALP increased, anemia, LDH increased and rash; all Gr 1-2 intensity

*As of May 29, 2020 (ASCO)
Responder #1: Complete Response (DLBCL post 4 prior therapies)

- 78 y/o male with non-GCB DLBCL
- Prior lines of therapy:
  1. R-EPOCH/R-CEOP,
  2. PI3Kd inhibitor,
  3. Syk inhibitor,
  4. IRAK4 inhibitor
- Dose 0.8 mg/kg
- Achieved PR Weeks 8, 16, 24 and CR Weeks 36, 48
- Treatment ongoing for 1+ yr

As of May 29, 2020 (ASCO)
Responder #2: Partial Response (near-CR) (DLBCL post 5 prior therapies)

- 81 y/o female with GCB DLBCL
- Prior lines of therapy:
  2. R-Lenalidomide
  3. Bispecific Antibody
  4. Anti-ROR1 Therapy
  5. HDAC/PI3K Inhibitor + venetoclax
- Dose 4.0 mg/kg
- Achieved PR Weeks 8 & 16
- Treatment ongoing for 4+ mths

As of May 29, 2020 (ASCO)
• CD47 landscape and Trillium differentiation

• TTI-621 (SIRPα-IgG1Fc) CD47 program

• TTI-622 (SIRPα-IgG4Fc) CD47 program

• IP, team and upcoming milestones
Comprehensive IP, Including Granted Composition of Matter Patents Expiring in 2037-38 (incl. PTE)

<table>
<thead>
<tr>
<th>Composition of Matter</th>
</tr>
</thead>
<tbody>
<tr>
<td>TTI-621</td>
</tr>
<tr>
<td>Granted in US, EU, Japan, China, AUS; Expiring Dec. 2033 plus ~4 yrs PTE Pending in Canada</td>
</tr>
<tr>
<td>TTI-622</td>
</tr>
<tr>
<td>Pending</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Method of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of SIRPαFc fusion proteins to treat hematologic cancers</td>
</tr>
<tr>
<td>Granted in Japan, Canada, Australia</td>
</tr>
<tr>
<td>Won appeal in the US – final decision pending (expect 4Q)</td>
</tr>
<tr>
<td>On appeal in EU</td>
</tr>
<tr>
<td>Pending in China</td>
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</table>

<table>
<thead>
<tr>
<th>Combinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macrophage stimulation</td>
</tr>
<tr>
<td>T cell checkpoint inhibitors</td>
</tr>
<tr>
<td>HDAC inhibitors</td>
</tr>
<tr>
<td>Proteasome inhibitors</td>
</tr>
<tr>
<td>Radiation therapy</td>
</tr>
<tr>
<td>anti-CD38 antibody</td>
</tr>
<tr>
<td>anti-EGFR antibody</td>
</tr>
<tr>
<td>Others (not disclosed)</td>
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</table>

<table>
<thead>
<tr>
<th>Biomarkers</th>
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</thead>
<tbody>
<tr>
<td>Biomarkers for CD47 blockade</td>
</tr>
<tr>
<td>Pending</td>
</tr>
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</table>
Highly Experienced Management Team and Directors

### Management Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Jan Skvarka, PhD</td>
<td>Chief Executive Officer</td>
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<tr>
<td>Yaping Shou, MD PhD</td>
<td>Chief Medical Officer</td>
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<tr>
<td>Bob Uger, PhD</td>
<td>Chief Scientific Officer</td>
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<tr>
<td>James Parsons</td>
<td>Chief Financial Officer</td>
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<tr>
<td>Penka Petrova, PhD</td>
<td>Chief Development Officer</td>
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<tr>
<td>Kathleen Large</td>
<td>SVP, Clinical Ops</td>
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### Board of Directors

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Background</th>
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<tr>
<td>Robert Kirkman, MD</td>
<td>Board Chair; Former CEO, Oncothyreon</td>
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<tr>
<td>Jan Skvarka, PhD</td>
<td>CEO, Trillum</td>
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<tr>
<td>Luke Beshar</td>
<td>Former CFO, NPS Pharma</td>
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<tr>
<td>Thomas Reynolds, MD PhD</td>
<td>Former CMO, Seattle Genetics</td>
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<tr>
<td>Helen Tayton-Martin, PhD</td>
<td>CBO, Adaptimmune</td>
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<tr>
<td>Paul Walker</td>
<td>Partner, NEA</td>
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Upcoming Milestones

• Provide data updates for both TTI-621 & 622 at ASH 2020

• Expect to identify MTD/RP2D* for TTI-621 & 622 in 1H 2021, subject to potential Covid-19 related delays and nature of dose finding uncertainties

• Initiate new clinical studies in 2021, with the following priorities:
  o Heme malignancies: P1b/2 studies in AML/MDS, multiple myeloma, PTCL, DLBCL
  o Solid tumors: P1 signal seeking study/ies
  o Notes: Mix of company and investigator sponsored studies; timing subject to Covid-19 delays

*MTD – Maximum Tolerated Dose; RP2D – Recommended Phase 2 Dose
Summary of Key Points

• **Leading next generation immuno-oncology player**, with focus on CD47 target, an innate immune system checkpoint

• **Two highly differentiated CD47 assets**, with lack of RBC binding and best-in-class monotherapy activity

• **Broad transformation program** under new leadership, incl. strategy reset with future focus on large heme malignancies and solid tumors
Contact Information

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