

13, August 2024 | Nasdaq: APVO

Forward-Looking Statements

June 2024 | Nasdaq: APVO

This presentation includes forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements, other than statements of historical fact, including, without limitation, Aptevo's expectations about the activity, efficacy and safety of its therapeutic candidates and potential use of any such candidates as therapeutics for treatment of disease, statements related to the progress of Aptevo's clinical programs, including statements related to the Phase 1b/2 trial initiation for mipletamig, whether the Phase 1b/2 protocol will be successful, whether further study of mipletamig in Phase 1b/2 trial focusing on a targeted patient population will continue to show clinical benefit, whether Aptevo's strategy will translate into an improved overall survival rate in acute myeloid leukemia (AML), statements related to the durability of mipletamig and whether its duration of remission results will be indicative of later stage clinical trials, whether the mipletamig data in combination therapy and monotherapy will be indicative of later stage clinical trials, mipletamig's potential for multiple indications, and the timing for its expected data readouts, ALG.APV-527's potential for multiple indications, and the timing for its expected preliminary data, the possibility of meaningful data readouts for ALG.APV-527, whether the diversified pipeline candidates will demonstrate the ability to fight a range of solid malignancies, expectations regarding the effectiveness of its ADAPTIR and ADAPTIR-FLEX platforms, whether Aptevo will continue to have momentum in its business in the future, statements related to Aptevo's cash position and balance sheet, statements related to Aptevo's ability to generate stockholder value, and any other statements containing the words "may," "believes," "expects," "anticipates," "hopes," "intends," "optimism," "potential," "designed," "engineered," "innovative," "innovation," "promising," "plans," "forecasts," "estimates," "will" and similar expressions. Investors are, therefore, cautioned not to place undue reliance on any forward-looking statement. These forward-looking statements are based on Aptevo's current intentions, beliefs, and expectations regarding future events. Aptevo cannot guarantee that any forward-looking statement will be accurate. Investors should realize that if underlying assumptions prove inaccurate or unknown risks or uncertainties materialize, actual results could differ materially from Aptevo's expectations.

There are several important factors that could cause Aptevo's actual results to differ materially from those indicated by such forward-looking statements, including a deterioration in Aptevo's business or prospects; further assessment of preliminary data or different results from later clinical trials, adverse events and unanticipated problems, adverse developments in clinical development, including unexpected safety issues observed during a clinical trial; the market potential of Aptevo's therapeutic candidates; and changes in regulatory, social, macroeconomics and political conditions. For instance, actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including the uncertainties inherent in the results of preliminary data and pre-clinical studies being predictive of the results of later-stage clinical trials, initiation, enrollment and maintenance of patients, and completion of clinical trials, availability and timing of data from ongoing clinical trials, the trial design includes combination therapies that may make it difficult to accurately ascertain the benefits of a product candidate, expectations for the timing and steps required in the regulatory review process, expectations for regulatory approvals, the impact of competitive products, our ability to enter into agreements with strategic partners or raise funds on acceptable terms or at all, and other matters that could affect the availability or commercial potential of the Company's product candidates or business, economic disruptions due to catastrophes or other events, including natural disasters or public health crises such as the coronavirus (referred to as COVID- 19), and geopolitical risks, including the current war between Russian and Ukraine as well as the war between Israel and Hamas and macroeconomic conditions such as economic uncertainty, rising inflation and interest rates, conditions in the banking system and financial markets, including the failure of banks and financial institutions, increased market volatility and decreased consumer confidence. These risks are not exhaustive. Aptevo faces known and unknown risks. Additional risks and factors that may affect results are set forth in Aptevo's filings with the Securities and Exchange Commission, including its Annual Report on Form 10-K for the fiscal year ended December 31, 2023, and its subsequent guarterly reports on Form 10-Q and current reports on Form 8-K. The foregoing sets forth many, but not all, of the factors that could cause actual results to differ from Aptevo's expectations in any forward-looking statement. Any forwardlooking statement speaks only as of the date of this presentation, and, except as required by law, Aptevo does not assume any obligation to update any forwardlooking statement to reflect new information, events, or circumstances.



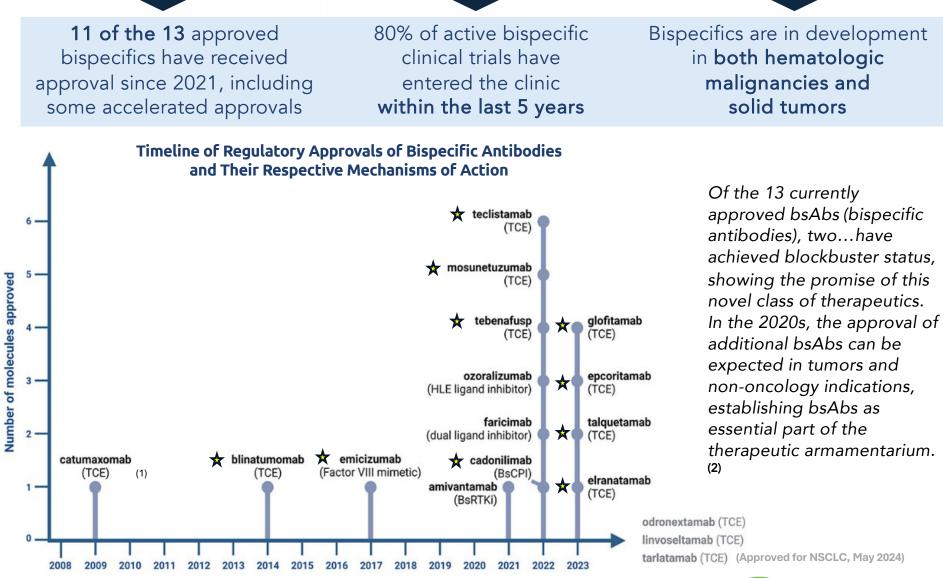
Bispecifics Differentiated by Design

Investment Highlights

| Large Market Opportunity | Developing multiple bispecific antibodies to target both solid tumors and hematologic cancers Multi billion-dollar opportunities Significant unmet needs = opportunities for new entrants in many markets |
|--|---|
| Differentiated Assets | Unique and favorable safety profile Multiple mechanisms of action including T cell engagers and checkpoint inhibitors Precision targeted vs. systemic exposure Combinable with other MOA's |
| Derisked Clinical Path/Promising Early Clinical Data | Mipletamig (formerly APVO436) frontline AML trial initiated in 3Q24, study will include up to 39 patients 90 patients dosed to date – drug is safe and tolerable Promising efficacy data in AML – better than benchmarks, 75% complete response rate in frontline patients Promising early data in solid tumor trial |
| Near Term Inflection Points | Multiple data readouts over next 12 months in both clinical programs Next phase mipletamig trial initiated, ALG.APV-527 planned for 1H25 |
| Experienced Management | Experienced team with broad and diverse healthcare industry backgrounds Expertise spans from drug discovery to commercialization |



Bispecifics Are Having Their Day





Aptevo's Differentiated & Diversified Bispecifics

SAFET

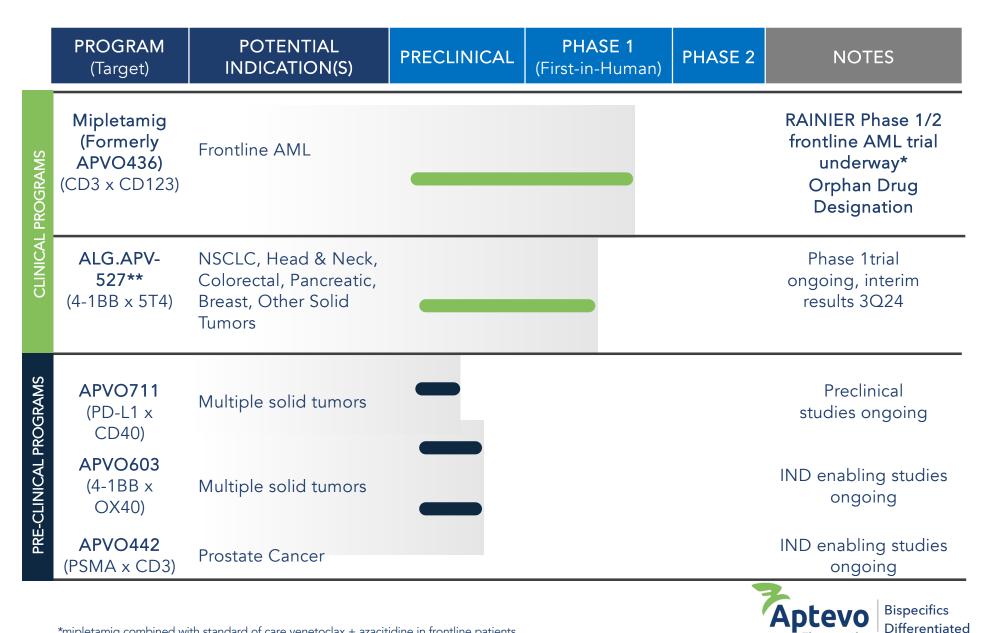
EFE

- Built to Overcome Common Safety Challenges
- Unique CD3 designed to reduce cytokine release syndrome (CRS) as seen in prior mipletamig clinical results
- Stimulatory binding domains only function when crosslinked, eliminating systemic off target immune activation, potentially reducing or eliminating toxicities
 - Enhance Tumor-Specific Functions
 - Binding domains used are known to be expressed on tumor or within the tumor microenvironment that localize the bispecific to tumors
 - Reduced affinity CD3 with potential to increase tumor localization (APVO442)
 - Checkpoint inhibitor to block the PD-1/PD-L1 pathways (APVO711)
 - Costimulation via 4-1BB, OX40 or CD40 augment the antitumor response (APVO603, ALG.APV-527, **APVO711**)
- ADDITIONAL FEATURES. • Combinable with standard of care or other experimental therapies (i.e. radio isotopes, antibody drug conjugates (ADC's), adaptive T cells, checkpoint molecules, other bispecifics)
 - CHO production cell lines used with antibody-like purification



Bispecifics Differentiated by Design

Diversified Pipeline Offers Multiple Opportunities for Partnering



by Desian

Market Opportunity

Aptevo is developing multiple molecules capable of targeting hematologic and solid tumor malignancies with large market potential



* Source: Global Data 2022

| Select Global Market Opportunities* | Size |
|-------------------------------------|---------|
| AML/MDS/Other leukemias | \$6.3B |
| Breast Cancer | \$32.1B |
| Non-Small Cell Lung Cancer | \$24.2B |
| Colorectal Cancer | \$15.8B |
| Head and Neck Cancer | \$2.8B |
| Pancreatic Cancer | \$2.7B |
| Cervical Cancer | \$2.2B |



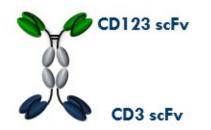


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Mipletamig AML, MDS and Other Leukemias

"The mipletamig results are promising and show that it is wellsuited to combine with the venetoclax + azacitidine standard of care regimen. We see a very manageable safety profile and promising efficacy, including duration of remission results." Justin Watts, MD, Associate Professor of Medicine, Division of Hematology, Chief, Leukemia Section, University of Miami/Sylvester Comprehensive Cancer Center

Novel Bispecific Mipletamig for AML, MDS & Other Leukemias



POTENTIAL INDICATIONS

Multiple blood cancers, including frontline and relapsed/refractory AML and MDS

Combinable with standard of care (venetoclax & azacitidine) with demonstrated improved patient outcomes

UNIQUE DESIGN

- Designed to engage T cells via CD3 binding to specifically kill CD123-expressing tumor cells. CD123 is a compelling target for AML due to its overexpression on leukemic stem cells and AML blasts
- Our CD3 binding domain is derived from CRIS-7; unique from competitors. Preclinical studies compared to a competitor candidate demonstrated reduced cytokine secretion which has translated into manageable CRS in the clinic
- Combination of potent microgram dose level and typical CHO manufacturing yield translates into extremely low cost per dose
- Convenient weekly I.V. dosing in the clinic vs. some competitors delivering by continuous infusion

OWNERSHIP

- Wholly-owned by Aptevo Therapeutics
- Core family patent exclusivity until 2037
- Orphan drug designation granted by FDA for AML

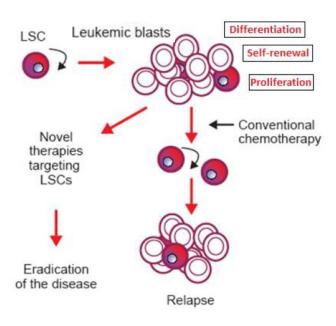


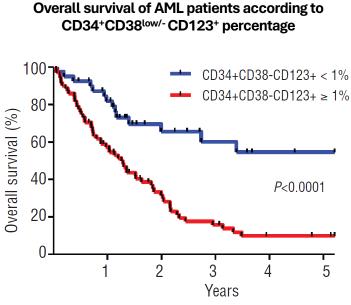
Bispecifics Differentiated by Design

⁸ RAINIER frontline AML Trial Initiated 3Q24

Why We are Targeting CD123

- CD123 (an IL3 receptor which creates an anchor for our unique CD3) is an antigen that is **overexpressed** in AML and MDS cells which makes this a meaningful therapeutic target
- CD123 is also expressed on leukemic stem cells (LSC's), which are self-renewing, making them resistant to chemotherapy, thus killing of these cells with our CD3 T cell engager (TCE) reduces potential for relapse
- Clinical data demonstrates that the presence of LSC's is associated with poor overall survival – reducing the amount of LSC's can prolong patient survival
- No other bispecifics approved or in late-stage development targeting CD123







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https://pubmed.ncbi.nlm.nih.gov/21933861/, https://journals.sagepub.com/doi/epdf/10.1177/107327480401100216

Mipletamig: Trial Status and Results to Date

Initiated: RAINIER Frontline AML Trial

3Q2024

Part 1 of Phase 1b/2 in Frontline/Combination

• Evaluate up to 39 frontline AML patients who are not eligible for intensive induction due to age or other factors across five escalating dose level cohorts

Primary Endpoints

- Evaluate the safety, tolerability, and maximum tolerated dose (MTD) of increasing doses of mitpletamig in combination with venetoclax and azacitidine in patients with newly diagnosed AML
- Determine the recommended RP2D
- Assess incidence of cytokine release syndrome (CRS) at each dose level

Secondary End point

• Determine efficacy at increasing doses of mipletamig in combination with venetoclax and azacitidine in patients with newly diagnosed AML



Prior Outcomes: Compelling Results to Date

Dose Escalation (monotherapy)

- 2 complete responses (CRs) reported in AML patients who received the drug as a monotherapy
- Most CRS cases were low-grade and clinically manageable

Dose Expansion (combination therapy)

- 91% clinical benefit rate in combination with standard of care venetoclax + azacitidine in venetoclax naïve patients which is more than double our benchmark*
 75% of frontline patients experienced a CR
- Clinically meaningful duration of remission, with no median reached multiple patients either stayed on treatment or moved to transplant
- Only 27% of patients experienced CRS (cytokine release syndrome), which is favorable compared to competitor drugs.

Most CRS cases were low-grade and clinically manageable

Upcoming Milestones

- Interim data readouts (open label) expected during 2H2024 & 1H2025
- Part 1b dose optimization trial complete, preliminary data anticipated 1H2026



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ALG.APV-527 Multiple Solid Tumor Type Expressing 5T4

Novel Bispecific ALG.APV-527 for Multiple Solid Tumors



POTENTIAL INDICATIONS

Multiple solid tumor cancers, including lung, breast, head & neck, colorectal, pancreatic, and other solid tumors with significant markets

Unique Design

- Unique mechanism of action allows for targeting of both 4-1BB (co-stimulatory receptor) and 5T4 (tumor antigen)
- Designed to overcome safety issues of others' firstgeneration 4-1BB agonists by designing ALG.AVP-527 to require 5T4-dependent immune activation
- Promotes the activity of antigen-primed CD8 T cells by increasing survival and enhancing their ability to kill tumor

Ownership

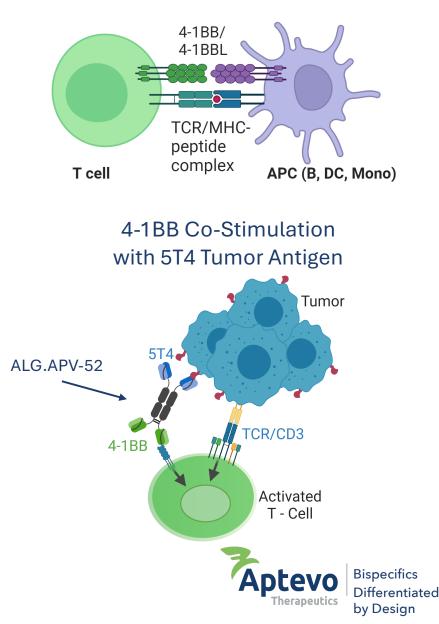
- Joint 50/50 ownership and co-development agreement with Alligator Bioscience
- Patent exclusivity until 2038 (+ up to 5 years patent term extension)



Why We are Targeting 4-1BB + 5T4

- 4-1BB provides attributes to T cells and NK cells that enhance tumor cell killing
- 4-1BB is one of many costimulatory receptors expressed on tumor infiltrating T cells and NK cells but not on peripheral blood cells, allows for precision targeting of tumor cells
- 5T4 is an antigen expressed on the tumor indication but NOT highly expressed on normal tissue, further allowing for precision targeting and reducing systemic response
- Both 4-1BB and 5T4 are pre-clinically and clinically validated

4-1BB Co-Stimulation



ALG.APV-527: Clinical Progress

Trial Design

Objective

Determine approach for dose expansion population and dose

Dose Escalation

- Multi-center, multi-cohort Phase 1 open-label dose escalation
- Up to 25 patients at escalating monotherapy doses in 3 + 3 trial design
- Multiple solid tumor targets, including lung, breast, head & neck, colorectal, pancreatic

Endpoints

- Assess safety and tolerability, pharmacokinetic, pharmacodynamic and preliminary anti-tumor activity of ALG.APV-527
- Biomarker analysis to confirm pharmacodynamic activity as it relates to efficacy and safety; proof of concept in combination therapy



Compelling Results to Date

Dose Escalation

- ALG.APV-527 could be **measured in all patients** with plasma concentration of ALG.APV-527 consistent with the administered dose
- Biomarker analyses indicate the expression of the targets (4-1BB and 5T4) in tumor biopsies and **confirm biological activity** of ALG.APV-527
- Signs of **clinical activity** were observed for both enrolled patients with heavily **pre-treated and progressing breast cancer**. One patient remained on study for seven months with stable disease. The second patient remains on study with stable disease for more than 11 months and was safely transitioned higher dose levels twice

Status

- Early trial data reported 1Q24
- Preliminary data anticipated 3Q24

Upcoming Milestones

- Enrollment expected to be complete 3Q2024
- Full data readout expected 4Q2024
- Expansion trial initiation expected 1H2025





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Preclinical Pipeline & Platforms

Preclinical Pipeline: Novel, Solid Tumor-Targeted, Built for Safety

| | APV0711 | APVO603 | APVO442 | |
|------------------------|--|---|--|--|
| Diagram | PD-L1 scFv CD40 scFv | 4-1BB scFv OX40 scFv | PSMA scFv CD3 scFv | |
| Mechanism of Action | Dual mechanism of action designed to provide synergistic co-stimulation of CD40 on antigen presenting cells and simultaneously block the PD-1/PD-L1 inhibitory pathway | Simultaneously engages two co-stimulatory molecules (4- 1BB and OX40) amplifies T cells' effector function | Engages CD3 on T cells which then directly kill PSMA- expressing prostate tumor cells | |
| Unique Design | A checkpoint inhibitor with added functionality CD40 only functions when both binding domains are engaged | Stimulates pre-activated T cells locally in the tumor Only functions when both binding domains are engaged | Low-affinity monospecific CD3 reduces binding to circulating T cells which enables distribution to solid tumors CD3 induces lower levels of cytokines | |

All potentially combinable with other technologies such as ADC's or radio isotopes

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Differentiated by Design

Wholly-Owned Proprietary Platforms

| | ADAPTIR | ADAPTIR-FLEX |
|----------------------------------|--|--|
| Drug Targeting | Bind up to two targets | Binds up to four targets |
| Genetic and Structural Format | Single gene that assembles into a homodimer based on an antibody backbone | Two genes that assemble into a heterodimer with a knob-in-hole antibody backbone |
| | Contains Immunoglobulin Gamma 1 Fc | Contains Immunoglobulin Gamma 1 Fc |
| Half-life | Demonstrated antibody-like half-life in mice | Demonstrated antibody-like half-life in mice |
| Effector Function | Fc mutations may be utilized to eliminate binding to Fc GammaFc mutations may be utilized to eliminate binding to Fc GammaReceptors or to enhance effector functionReceptors or to enhance effector function | |
| Manufacturing | Antibody-like manufacturing processes | Antibody-like manufacturing processes |
| Current Pipeline Candidates | Mipletamig (CD123 x CD3) ALG.APV-527 (4-1BB x 5T4) APVO603 (41BB x OX40) APVO711 (PD-L1 x CD40) | APVO442 (PSMA x CD3) |



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Additional Information

Experienced & Expert Leadership

Extensive R&D, manufacturing, clinical and financial background

| Senior Management | | | | | |
|------------------------------|---|-----------------------------|--|--------------------|-----------------------------------|
| Marvin Whi | Marvin White, President & CEO Jeff Lamothe, Chief Operating Officer | | SoYoung Kwon, General Counsel, Business | | |
| | | | Development & Corporate Affairs Dirk Huebner, MD , Chief Medical Officer | | |
| Daphne Tay Officer | Daphne Taylor, Chief Financial Officer | | | | |
| | | Board of I | Directors | | |
| | John Niederhuber, MD, | | Daniel Abdun-Nabi, Director | | |
| | Chairman | | Grady Grant, III, Director | | |
| Zsolt Harsa | Zsolt Harsanyi, Ph.D., Director | | Marvin White, Director | | |
| Barbara Lopez Kunz, Director | | | | | |
| Lilly 🤧 | St.Vincent | EMERGENT | CANGENE | OBiolife Solutions | |
| Takeda | Nersana THERAPEUTICS | BOSTON BIOMEDICAL | AGC Biologics | DIA | BATTELLE It can be done |
| | NATIONAL" CANCER INSTITUTE | JOHNS HOPKINS UNIVERSITY | ر <mark>الا،</mark> Bristol Myers Squibb" | SANOFI GENZYME | Ξ |
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Anticipated Milestones Through Mid-2025



two clinical drugs in development

✓ Initiated in August 2024



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Thank You

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