Company Overview

June 2019
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The Company has filed a registration statement, including a prospectus, with the Securities and Exchange Commission (SEC) for the offering to which this presentation relates. This registration statement has not yet been declared effective by the SEC. Before you invest, you should read the prospectus in that registration statement and the other documents the issuer has filed with the SEC for more complete information about the issuer and this offering. You may get these documents for free by visiting EDGAR on the SEC Web site at www.sec.gov. Alternatively, the issuer, any underwriter or dealer participating in this offering will arrange to send you the prospectus if you request it by contacting RBC Capital Markets, LLC, Attention: Equity Syndicate, 200 Vesey Street, 8th Floor, New York, NY 10281-8098, or by telephone at (877) 822-4089 or by email at equityprospectus@rbccm.com or JMP Securities LLC, 600 Montgomery Street, Suite 1100 San Francisco, CA 94111, or by telephone at (415) 835-8900.

The registration statement relating to the Company's securities has not yet become effective and the securities may not be sold nor may offers to buy be accepted prior to the time the registration statement becomes effective. This presentation shall not constitute an offer to sell or the solicitation of an offer to buy nor shall there be any sale of these securities in any jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such jurisdiction.
“Much remains to be done because strategies for engineering immunity are not yet optimized, and adverse events, limitations, and mechanisms of resistance to cellular immunotherapy are evident.

What will shape the immunotherapy field in the next 10 years?

Future breakthroughs will inevitably lead to improved efficacy, reliability, and safety against additional tumor types, and foreseeably against autoimmune diseases.”

— The Cellular Immunotherapy Revolution: Arming the Immune System for Precision Therapy

"Gamida Cell’s lead development candidate consists of omidubicel (expanded hematopoietic stem cells) and differentiated immune cells, including T cells. We refer to the two components collectively as “omidubicel.”"
Gamida Cell Has Worldwide Rights to Its Clinical Pipeline

<table>
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<th>PRODUCT</th>
<th>PRECLINICAL</th>
<th>PHASE 1/2</th>
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<th>MILESTONES</th>
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<td>Top-line data 1H20</td>
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<td>Severe Aplastic Anemia*</td>
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<td>✓ Initiate Cohort 2 1H19</td>
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<td>GDA-201</td>
<td>Hematologic Malignancies</td>
<td></td>
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<td>Additional data 2H19</td>
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</tbody>
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*The Aplastic Anemia Investigational New Drug (IND) application is currently filed with the FDA under the brand name, CordIn, which is the same investigational development candidate as omidubicel.*
Cell Expansion Platform Based on Nicotinamide (NAM) Mechanism of Action

Importance of NAM

- Plays a key role in metabolic reprogramming of cells
- Is a master regulator of NAD-related signaling pathways
- Directly involved in control of redox-sensitive enzymes
- Preserves cellular functionality and phenotype during expansion

*NAD: nicotinamide adenine dinucleotide.
Omidubicel

Hematologic Malignancies and Serious Blood Disorders
Omidubicel Is Designed to Enhance the Life-Saving Benefits of Allogeneic Bone Marrow Transplant

“The study… is the first to our knowledge to show that an expanded CB unit can be infused as a stand-alone graft and is capable of providing robust and durable hematopoiesis.”

— Mehta et al., JCO editorial¹

Bone Marrow Transplant May Be Curative in Hematologic Malignancies

~13,000

Patients with hematologic malignancies eligible for transplant annually

~8,000

Allogeneic stem cell transplants (Annually in U.S.)

~40%

of patients don’t receive a transplant

Bone Marrow Transplantation Must Be Improved

Bone Marrow Transplant Process

1. Conditioning
2. Transplant
3. Engraftment

Omidubicel

Today’s Challenges in Transplantation

- Finding an optimal match
- Lengthy time to engraftment, which can lead to infections and hospitalizations
- Complications, such as graft vs. host disease (GvHD)
There Are Currently No FDA-Approved Graft Sources for Bone Marrow Transplant

Limitations of Certain HSCT Graft Sources

Haploidentical Donor
- Not available for all patients
- Age of donor
- Relapse rates

Matched Unrelated Donor (MUD)
- Time required to find a match

Umbilical Cord Blood
- Small number of stem cells

Sources:
1Mary M. Horowitz, MD, MS. Haploidentical Transplantation: The Answer to our Donor Problems? CIBMTR, Medical College of Wisconsin. January 2017
Omidubicel is a pharmaceutical-grade advanced cell therapy product.

**Manufacturing and Treatment Process For Omidubicel**

**Cord Blood Unit (CBU) Selected**
- CBU selected by physician from public cord blood bank

**Omidubicel**
- **NAM-Expanded Cells**: Stem cells cultured using proprietary NAM technology
- **Uncultured Fraction**: Immune cells, including T cells

**Omidubicel Infusion**
Phase 1/2 Study of Omidubicel in Hematologic Malignancies

Age 12-65
Hematologic Malignancies
AML
MDS
ALL
CML
Lymphoma
Eligible for Transplant
No matched donor

13 sites: U.S., EU, Asia

N=36

Myeloablative Conditioning
Transplantation with omidubicel
Follow-up

Day
-7 0 +100

• **Primary endpoint:** Neutrophil engraftment

• **Secondary endpoints:** Platelet engraftment, acute GvHD, chronic GvHD, infections, hospitalization, non-relapse mortality, overall survival, disease-free survival

Clinicaltrials.gov identifier NCT01221857.
Rapid Neutrophil Engraftment with Omidubucel

~50% reduction in time to engraftment is associated with clinical benefit

- 94% of patients engrafted
- 85% of patients engrafted

Median days to engraftment:
- Omidubucel: 11 days (95% CI: 9-13 days)
- CIBMTR Cohort: 21 days (95% CI: 20-23 days)

p < 0.001

Note: CIBMTR registry data of 146 patients who received myeloablative conditioning and unmanipulated cord blood transplantation.
Rapid Engraftment Is Associated with Fewer Infections and Shorter Hospitalizations

Phase 1/2 Omidubicel Study: Omidubicel Recipients Experienced Rapid and Robust Immune Reconstitution (IR) Following Transplantation

de Koning et al., ASH 2018; Horwitz et al., ASH 2017; Nierkens et al., EBMT 2018; Barker et al: Brit J Haem 2015.
Omidubicel Phase 1/2 Study: Key Takeaways

**FDA Breakthrough Therapy Designation**

**Significant reduction in:**
- Time to neutrophil engraftment
- Rate and severity of infections
- Days of hospitalization

**Acceptable safety profile**
- Low incidence of acute and chronic GvHD
Phase 3 Registration Study of Omidubicel for Allogeneic Transplantation in 120 Patients with Hematologic Malignancies

Primary endpoint: Time to neutrophil engraftment
Secondary endpoints: Platelet engraftment, acute GvHD, chronic GvHD, infections, hospitalization, non-relapse mortality, overall survival, disease-free survival

- 120 patients with hematologic malignancies
- Eligible for allogeneic bone marrow transplantation
- No suitable donor

Omidubicel (60 patients)
Standard Cord Blood (60 patients)

*Number of sites listed on Clinicaltrials.gov as of June 6, 2019; NCT02730299.*
Omidubicel Has Potential to Help Many Patients in Need

Not Matched/Not Referred 40%

Matched Unrelated Donor 25%

Haploidentical Donor 10%

Umbilical Cord Blood 5%

Family-Related Matched Donor 20%

~13,000 Patients with hematologic malignancies eligible for transplant annually

Omidubicel Has Potential to Help Many Patients in Need

Preparing to Bring Omidubicel to Patients

Approximately 70 transplant centers account for ~80% of bone marrow transplants in U.S.  

Preparing for a Successful Omidubicel Launch

1. Engaging top transplant centers
2. Building patient and hospital support services
3. Working with payers to ensure reimbursement
4. Ensuring commercial manufacturing readiness

Preparing to submit Biologics License Application to FDA in 2020*

*If data are positive.
GDA-201

Harnessing Innate Immunity Using Natural Killer Cells to Treat Cancer
GDA-201 Is Designed to Enhance the Power of Natural Killer Cells

“…there has been a recent surge of interest in harnessing the relatively underexplored natural killer (NK) cell compartment for therapeutic interventions.”

— Chiossone et al., Nat. Rev. Immunol.1

GDA-201 Immunotherapy

• NK cells infusion is a promising immune therapy for cancer:
  – No HLA-matching required
  – Synergy with antibodies

• Expansion is necessary to obtain clinically meaningful doses
Phase 1 Study of GDA-201 in Patients with Non-Hodgkin Lymphoma and Multiple Myeloma

- **Primary endpoint**: Maximum tolerated dose of GDA-201
- **Secondary endpoints**: Overall response, toxicity

- **Patients with Non-Hodgkin lymphoma (NHL) or multiple myeloma (MM) (N = 24)**
- **Fludarabine/cyclophosphamide Lymphodepleting preparative regimen**
- **GDA-201**
- **Rituximab (NHL) or Elotuzumab (MM)**

ClinicalTrials.gov Identifier NCT03019666.
### GDA-201 Phase 1 Study Data: Select Patient Demographics

<table>
<thead>
<tr>
<th>Patient and Disease Characteristics</th>
<th>Number of Patients (N = 14)</th>
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</thead>
<tbody>
<tr>
<td><strong>Age [median (range)]</strong></td>
<td>62 (47-75 years)</td>
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<tr>
<td><strong>Diagnosis</strong></td>
<td></td>
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<tr>
<td>Non-Hodgkin lymphoma*</td>
<td>6</td>
</tr>
<tr>
<td>Multiple myeloma</td>
<td>8</td>
</tr>
<tr>
<td><strong>Disease status</strong></td>
<td></td>
</tr>
<tr>
<td>Relapsed</td>
<td>10</td>
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<tr>
<td>Refractory</td>
<td>4</td>
</tr>
<tr>
<td><strong>Prior Therapies</strong></td>
<td></td>
</tr>
<tr>
<td>Number of lines of prior therapy [median (range)]</td>
<td>5 (3-10)</td>
</tr>
</tbody>
</table>

GDA-201 Generally Well Tolerated: Phase 1 Safety Summary

- No dose limiting toxicities, GVHD, or neurotoxicity
- Most common related grade 3 or 4 adverse events were neutropenia (n=4) and hypertension (n=4)
- One patient with MM had grade 3 cytokine release syndrome (fever, hypoxemia, hypotension), promptly responded to tocilizumab
  - Patient subsequently died due to *E. coli* sepsis
GDA-201 Phase 1 Study Data: Multiple Complete Responses Observed in Patients with Non-Hodgkin Lymphoma

Each bar represents one patient from GDA-201 infusion to last follow-up

FL: Follicular lymphoma; tDLBCL: transformed diffuse large B cell lymphoma; DLBCL: diffuse large B cell lymphoma

*Continued tumor shrinkage

Bachanova et al., 2019 TCT Annual Meeting.
Phase I Study of GDA-201: Non-Hodgkin Lymphoma

**Patient 002: Radiographic Complete Response**

- 67-year-old man with Stage IVA follicular lymphoma diagnosed in 2012, previously treated with multiple rituximab-containing regimens (R-CVP, R-bendamustine, R-ICE, R-EPOCH)
- Presented with bulky adenopathy in upper and lower abdomen and bone marrow involvement
- Received GDA-201 dose level 1: Complete response, confirmed by biopsy
Phase I Study of GDA-201: Non-Hodgkin Lymphoma

Patient 004: Radiographic Complete Response

- 60-year-old man with Stage IV follicular lymphoma diagnosed in 2015, previously treated with R-bendamustine, R-CHOP, and R-ICE
- Received GDA-201 dose level 2: Complete response
- Went on to allogeneic bone marrow transplant
One complete response observed in patients with multiple myeloma

- Pt 010: 70-year-old woman with multiple myeloma diagnosed in 2012, previously treated with lenalidomide/bortezomib/dexamethasone; lenalidomide/bortezomib; pomalidomide/dexamethasone, and autologous stem cell transplant; presented with extramedullary disease

Patient 010: Radiographic Complete Response

Pre-treatment

1 Month

Bachanova et al., 2019 TCT Annual Meeting.
GDA-201: Encouraging Clinical Activity Supports Continued Development

**Key Takeaways**
- Well tolerated
- Clinically active
- Maximum target dose achieved

**Next Steps**
- Complete Phase 1 study
- Cryopreservation
- Initiate Phase 1/2 multi-center study

**Future Directions**
- Combine with a broad range of antibodies
- Evaluate in solid tumors
- Genetic modification of NAM-expanded NK cells

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1Bachanova et al., 2019 TCT Annual Meeting.
2Gamida Cell Announces Agreement with Editas Medicine to Evaluate Use of CRISPR Genome Editing Technology in NAM-NK Cells, February 19, 2019.
Corporate Information
The Gamida Cell Executive Team Has Substantial Experience

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Experience Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julian Adams, Ph.D.</td>
<td>Chief Executive Officer</td>
<td>Infinity, MERCK</td>
</tr>
<tr>
<td>Josh Hamermesh</td>
<td>Chief Business Officer</td>
<td>LOCUST WALK, Infinity, Genzyme</td>
</tr>
<tr>
<td>Thomas Klima</td>
<td>Chief Commercial Officer</td>
<td>ATARA BIO, Navidea, ALGETA, Dendreon</td>
</tr>
<tr>
<td>Shai Lankry</td>
<td>Chief Financial Officer</td>
<td>MACROCURE, Omrix, Ethicon</td>
</tr>
<tr>
<td>Tracey Lodie, Ph.D.</td>
<td>Chief Scientific Officer</td>
<td>BlueRock Therapeutics, SYROS, SANOFI, GENZYME</td>
</tr>
<tr>
<td>Tzvi Palash</td>
<td>Chief Operating Officer</td>
<td>PROTALIX, Johnson &amp; Johnson, TEVA</td>
</tr>
<tr>
<td>Tony Peled</td>
<td>Chief Technology Officer</td>
<td>Hadassah Medical Organization</td>
</tr>
<tr>
<td>Ronit Simantov, M.D.</td>
<td>Chief Medical Officer</td>
<td>Pfizer, Bayer, OSI Pharmaceuticals</td>
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Financial Snapshot

• Total cash position of $50.3 million as of March 31, 2019

• Anticipated cash used for operating activities in 2019: $35-$40 million

• Cash supports capital needs through data readout for the omidubicel Phase 3 study*

• Approximately 73 employees^
Expected 2019-2020 Milestones

**Omidubicel - Hematologic malignancies**
- 2H19: Complete enrollment in Phase 3 study
- 1H20: Report topline Phase 3 data
- 2H20: Complete BLA submission

**Omidubicel - Severe aplastic anemia**
- ✓ 1H19: Present preliminary data from Cohort 1
- ✓ 1H19: Initiate Cohort 2 evaluating omidubicel as stand-alone graft

**GDA-201 Phase 1 study**
- ✓ 1H19: Present additional data
- ✓ 2H19: Complete patient enrollment
- ✓ 2H19: Present additional data at a medical meeting
- ✗ 2020: Initiate multi-center, Phase 1/2 clinical study
Appendix
Omidubicel: Phase 1/2 Study in Severe Aplastic Anemia

600-900 Americans are diagnosed with aplastic anemia each year

- Cohort 1 successfully completed
  - Consisted of 3 patients who received omidubicel + haploidentical stem cell graft following reduced intensity conditioning

- Key take-aways:
  - Demonstrates potential of omidubicel in non-malignant blood disorders
  - Supports potential to use omidubicel following reduced intensity condition
  - Shows that omidubicel outcompetes haploidentical graft

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**Neutrophil recovery data from Cohort 1**

- Median time 6 vs. 10 days
- \( P = 0.006 \)

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\(^1\)Aplastic Anemia and MDS International Foundation: http://www.aamds.org/diseases/aplastic-anemia.

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