TG Therapeutics

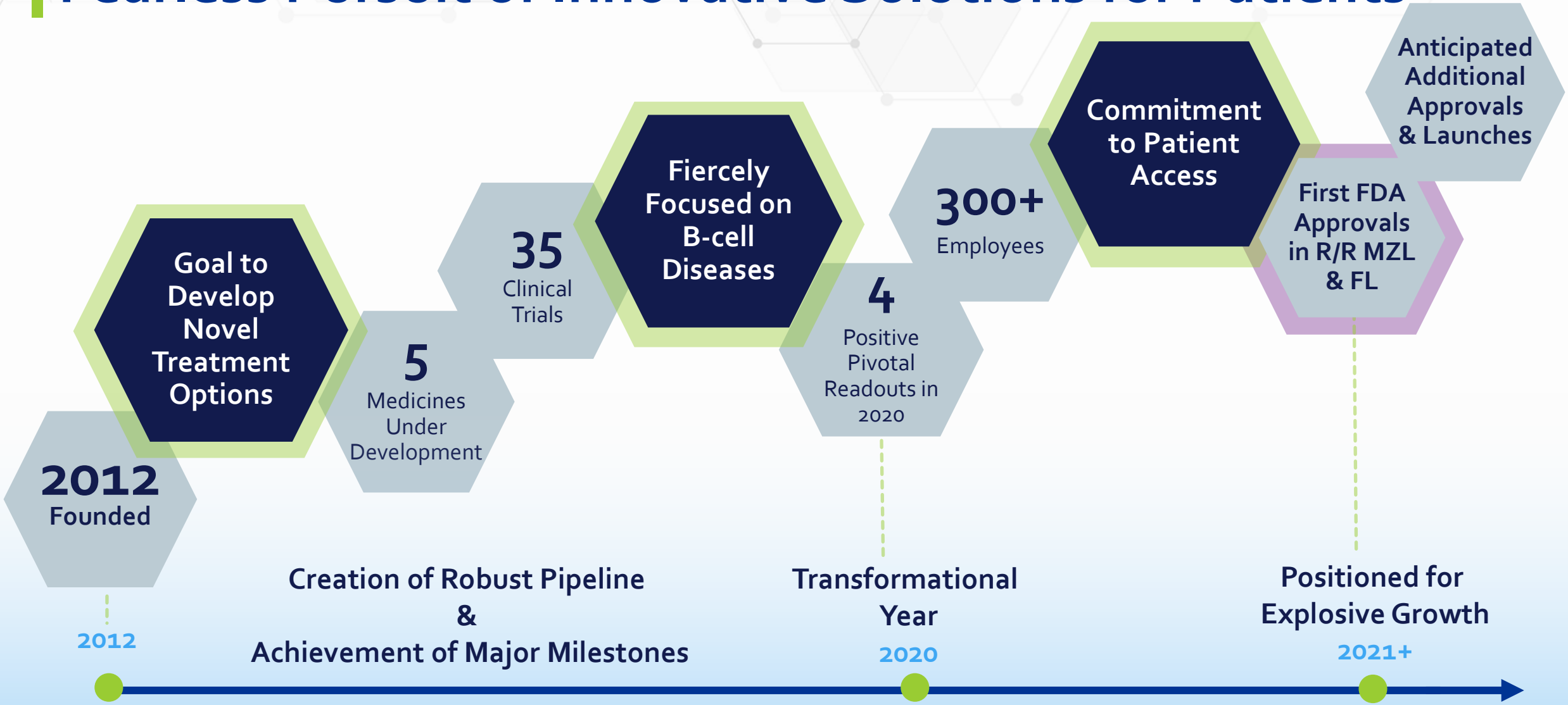
Raymond James Human Health Innovation Conference

June 2021

Forward Looking Safe Harbor Statement

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. These statements are often, but not always, made through the use of words or phrases such as "anticipates", "expects", "plans", "believes", "intends", and similar words or phrases. Such statements involve risks and uncertainties that could cause TG Therapeutics' actual results to differ materially from the anticipated results and expectations expressed in these forward-looking statements. These statements are only predictions based on current information and expectations and involve a number of risks and uncertainties. Actual events or results may differ materially from those projected in any of such statements due to various factors, including the risks and uncertainties inherent in clinical trials, drug development, and commercialization and other risk factors identified from time to time in our reports filed with the Securities and Exchange Commission. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof. All forward-looking statements are qualified in their entirety by this cautionary statement and TG Therapeutics undertakes no obligation to update these statements, except as required by law.

Fearless Pursuit of Innovative Solutions for Patients

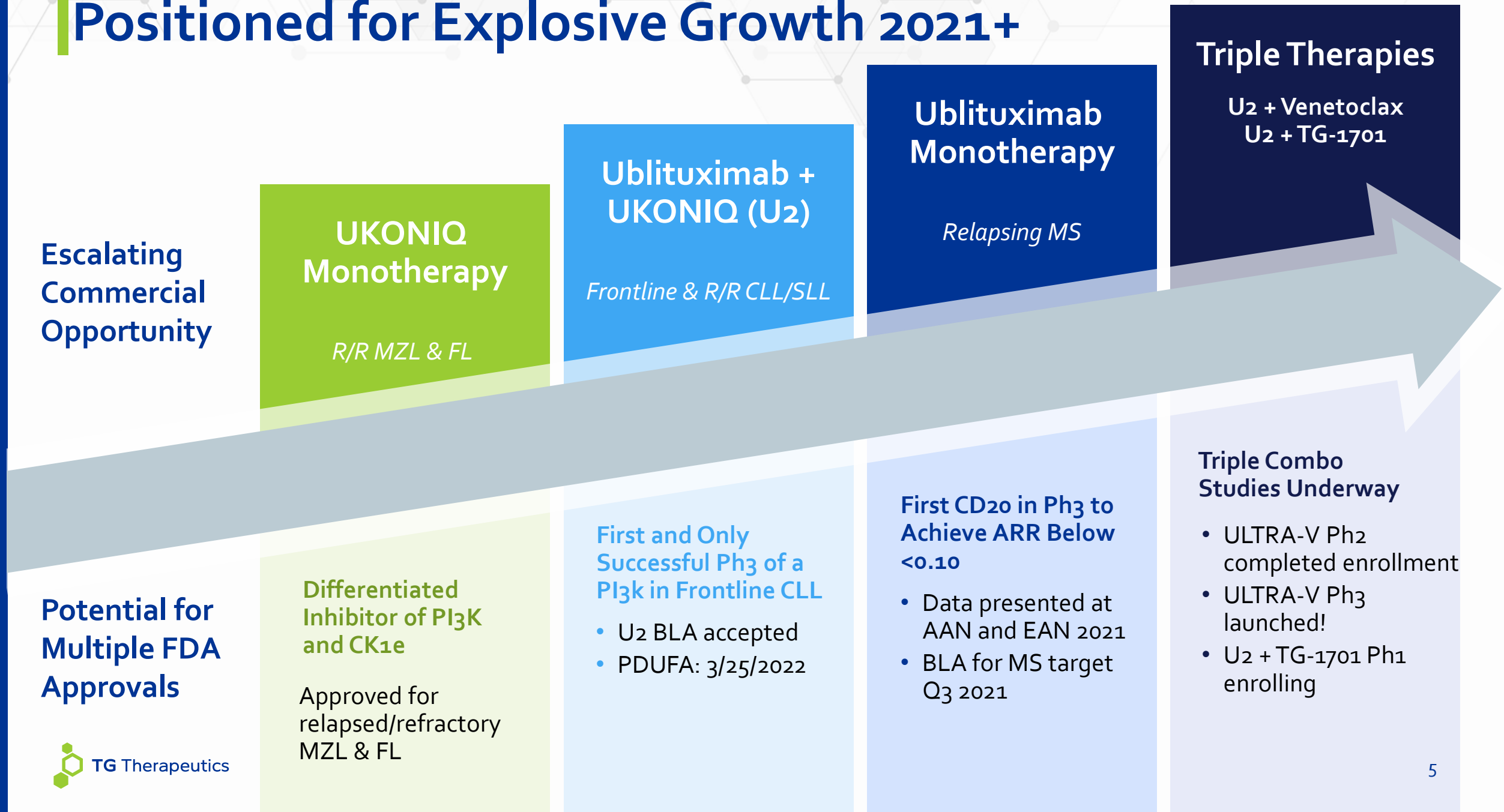


Fiercely Focused on B-Cell Diseases

Pipeline of medicines with complementary mechanisms

MEDICINE	MECHANISM OF ACTION	STAGE OF DEVELOPMENT
UKONIQ®	PI3Kδ/CK1ε	Approved – R/R MZL and FL
Ublituximab	Anti-CD20	BLA Accepted (PDUFA 3/25/22) – U2 Positive Ph3 MS Studies
TG-1701	BTKi	Phase 1 (Monotherapy & Combo w/ U2)
TG-1801	Anti-CD47/CD19	Phase 1
Cosibelimab (TG-1501)	Anti-PD-L1	Phase 1b

Positioned for Explosive Growth 2021+



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UKONIQ NOW APPROVED!

First and Only Targeted Inhibitor of PI3K-delta & CK1-epsilon

UKONIQ™ umbralisib 200 mg tablets

UKONIQ is indicated for the treatment of adult patients with:

MZL — **R/R MZL who have received at least one prior anti-CD20-based regimen**

FL — **R/R FL who have received at least three prior lines of systemic therapy**

These indications are approved under accelerated approval based on overall response rate. Continued approval for these indications may be contingent upon verification and description of clinical benefit in a confirmatory trial.

R/R: relapsed/refractory; MZL: marginal zone lymphoma; FL: follicular lymphoma

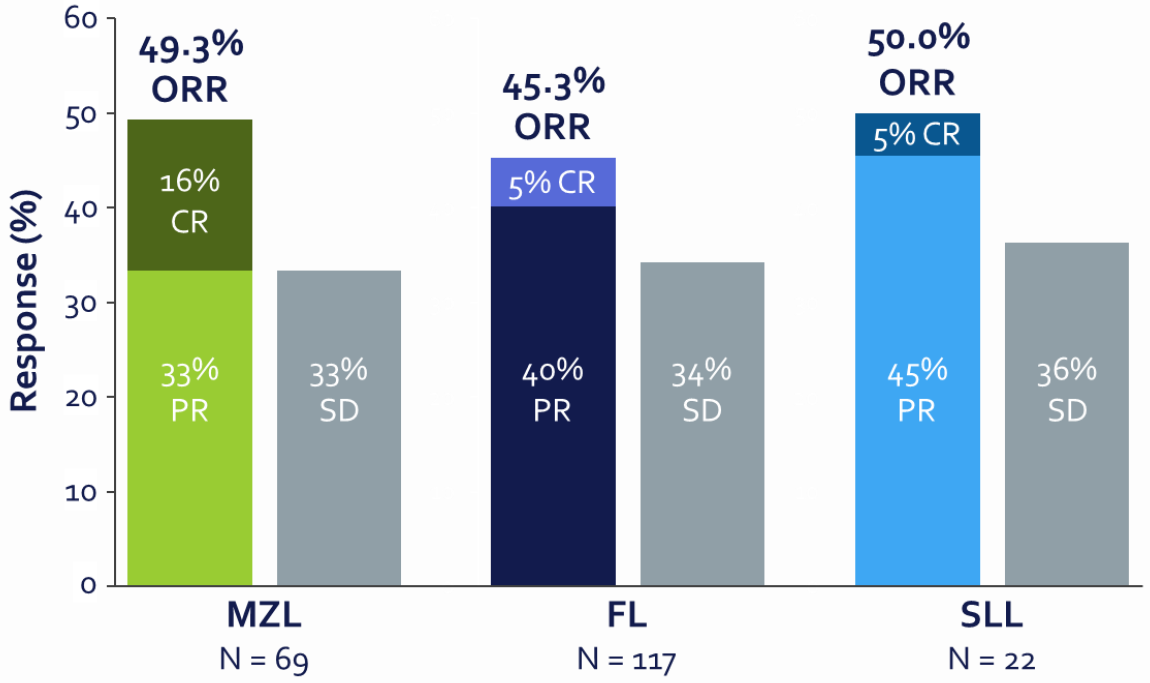
UKONIQ Demonstrated Clinically Meaningful Benefit

UNITY-NHL Pivotal Data in R/R MZL & FL

UNITY NHL
TG THERAPEUTICS
UMBRALISIB +/- UBLITUXIMAB
PREVIOUSLY TREATED NHL PATIENTS

- **Durable single agent responses across R/R iNHLs**
  - **No MZL Complete Responses progressed**
- **Manageable safety profile, with low incidence of immune mediated toxicities and AE related discontinuations**
- **UKONIQ received FDA accelerated approved**
  - **R/R MZL who have received at least one prior anti-CD20-based regimen and R/R FL who have received at least three prior lines of systemic therapy**

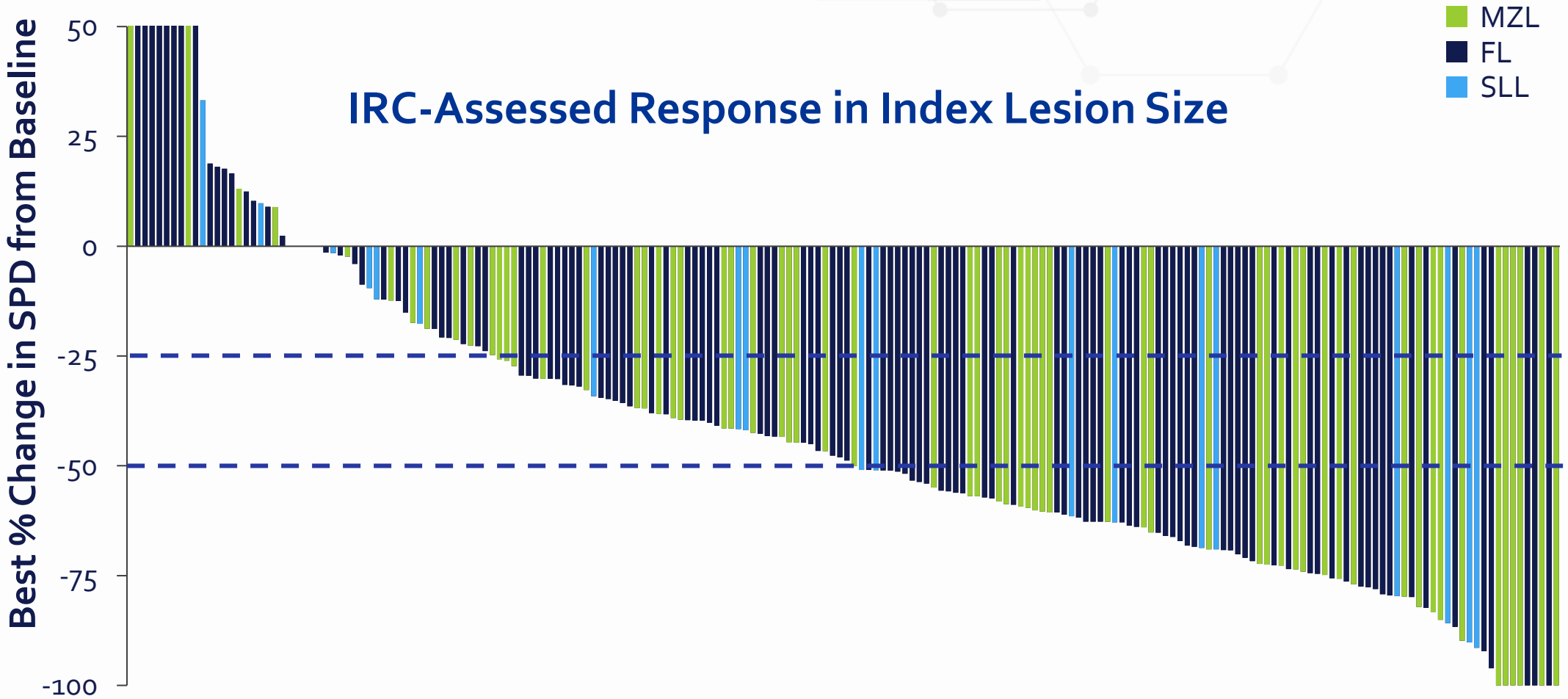
Independent Review Committee (IRC) Assessed Overall Response Rates (ORR)



Zinzani P, et. al., ASH, December 2020

MZL patients were relapsed/refractory to ≥1 prior lines of treatment, including an anti-CD20.
FL patients were relapsed or refractory to ≥2 prior lines, including an anti-CD20 and an alkylating agent
R/R: relapsed/refractory; MZL: marginal zone lymphoma; FL: follicular lymphoma; SLL: small lymphocytic lymphoma; PDUFA: prescription drug user fee act; AE: adverse event; NDA: new drug application

Most Patients Saw A Reduction in Disease Burden with UKONIQ Monotherapy



Zinzani P, et. al., ASH, December 2020

FL: follicular lymphoma; IRC: independent review committee; MZL: marginal zone lymphoma; SLL: small lymphocytic lymphoma; SPD: sum product diameters. DCR: Disease Control Rate Note: Waterfall plot includes all patients with an evaluable post-baseline scan (N=198).

UKONIQ Exhibited a Distinct Safety Profile

UNITY-NHL: Extended median follow-up of 27+ months

LOW DISCONTINUATIONS DUE TO AEs

- 15% discontinuation rate due to AEs observed across patients with MZL, FL and SLL
- Discontinuations due to ALT/AST elevations were 2.9%
- Grade 3 diarrhea led to discontinuation of 2.9% of patients

LIMITED GR 3/4 AEs OF SPECIAL INTEREST

- Opportunistic infections: n=7 (3.4%)
- Rash: n=4 (1.9%)
- Pneumonitis: n=2 (1.0%)
- Non-infectious colitis occurred in 4 patients (1.9%), of which 3 resolved and remained on umbralisib

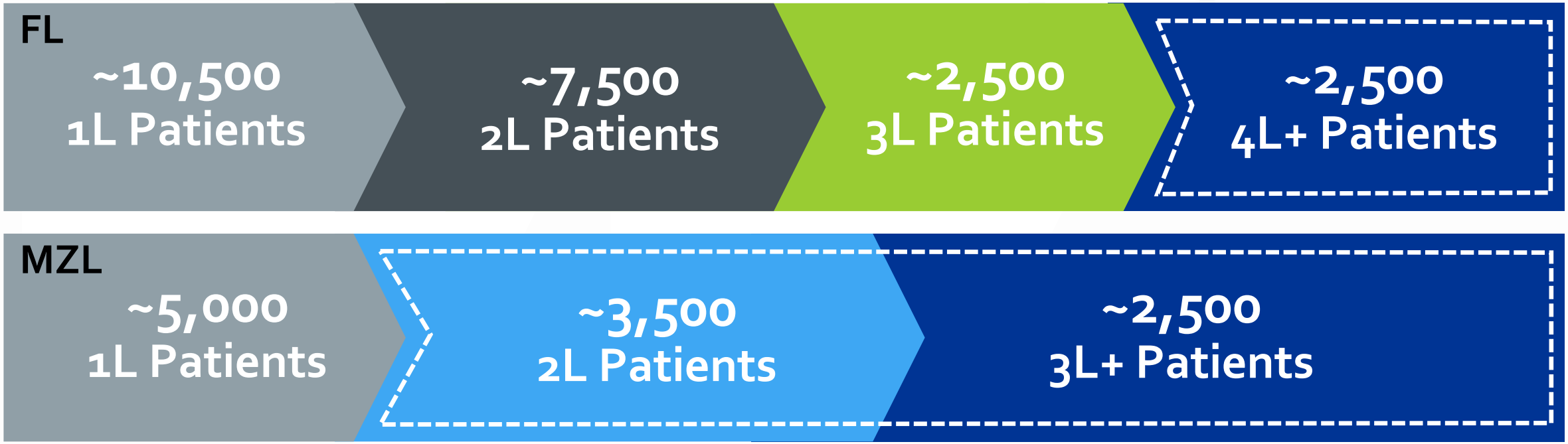
Zinzani P, et. al., ASH, December 2020

AE: adverse event; ALT: alanine aminotransferase; AST: aspartate aminotransferase. [a]Infectious colitis included 1 case of clostridium difficile colitis. *Includes multiple MedDRA terms.

MZL/FL are Chronic Incurable Diseases[1]

No standard of care after 1st relapse as current options are sub-optimal[2]

of Annually Treated Patients in US[3]



~8,000 to 10,000 patients estimated in potential labeled indications for UKONIQ annually[3]

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(1) Denlinger NM, et al. *Cancer Manag Res* 2018 ; (2) ZS Associates ATU, 2020; (3) Putnam Associates, 2019 and Internal Estimates

Executing on Keys to UKONIQ Launch Success

Build Awareness of UKONIQ's Differentiated Profile

80% of target customers are aware of UKONIQ

Drive Adoption with Our Targeted Customers

Product profile seen as differentiated with engaged customers

Minimize Patient Access Barriers

UKONIQ is covered for 85-90% of Medicare and commercial lives

Continued execution will set the foundation for potential launch of U2 in CLL

Metrics provided on this slide reflect data as of TG's Q1 2021 earnings call on May 10, 2021.

Ublituximab:

Investigational next generation anti-CD20 monoclonal antibody

- **Glycoengineered for enhanced potency**
- **Demonstrated activity in rituximab refractory patients[1]**
- **Shorter infusion time than approved anti-CD20's**
- **2,100+ patients treated with ublituximab, including 3 randomized phase 3 trials**

BLA accepted for U2 in CLL/SLL

PDUFA: 3/25/22

Positive MS Ph3 Topline Data Presented at AAN &EAN 2021

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[1]*O'Connor et al, BJH 2016*

Ublituximab + UKONIQ (U2) Trial Met Primary Endpoint

UNITY-CLL Phase 3 Data

UNITY CLL
TG THERAPEUTICS
UMBRALISIB + UBLITUXIMAB
PHASE 3 TRIAL IN CLL

- Trial enrolled TN (57%) & R/R CLL patients and compared U2 to Obinutuzumab + Chlorambucil (O+Chl) (n=421)
- First inhibitor of PI3K to successfully treat front-line patients
- Conducted under SPA with the FDA
- U2 BLA accepted; PDUFA target goal date of March 25, 2022

Met the primary endpoint of

IMPROVED PROGRESSION-FREE SURVIVAL (PFS)

(p<.0001)

Study stopped early for

SUPERIOR EFFICACY

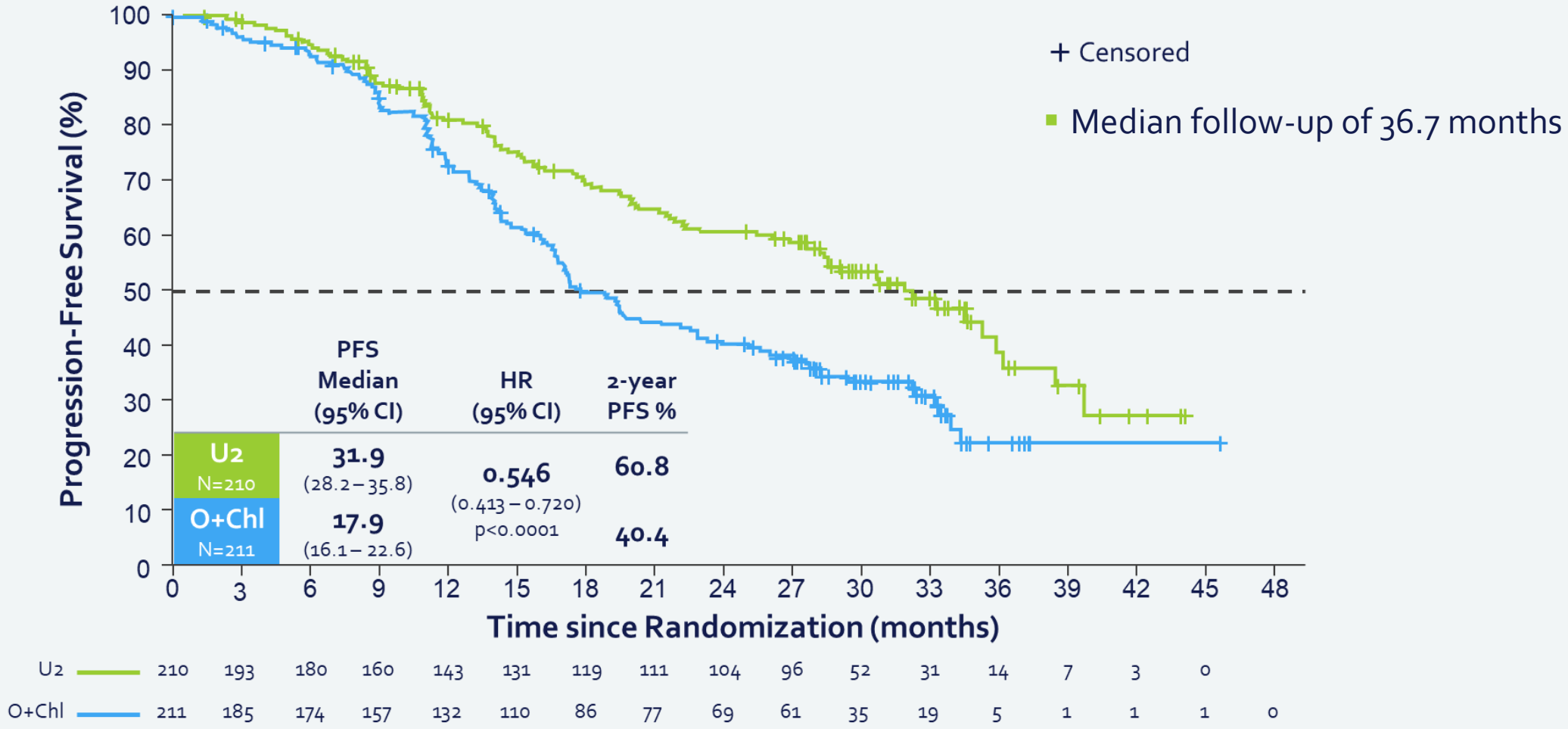
observed at the interim analysis

Gribben J, et. al, ASH 2020

SPA, special protocol assessment; TN, treatment naive; R/R, relapsed and refractory.

Significantly Prolonged Progression-Free Survival

ITT Population (TN & R/R CLL)

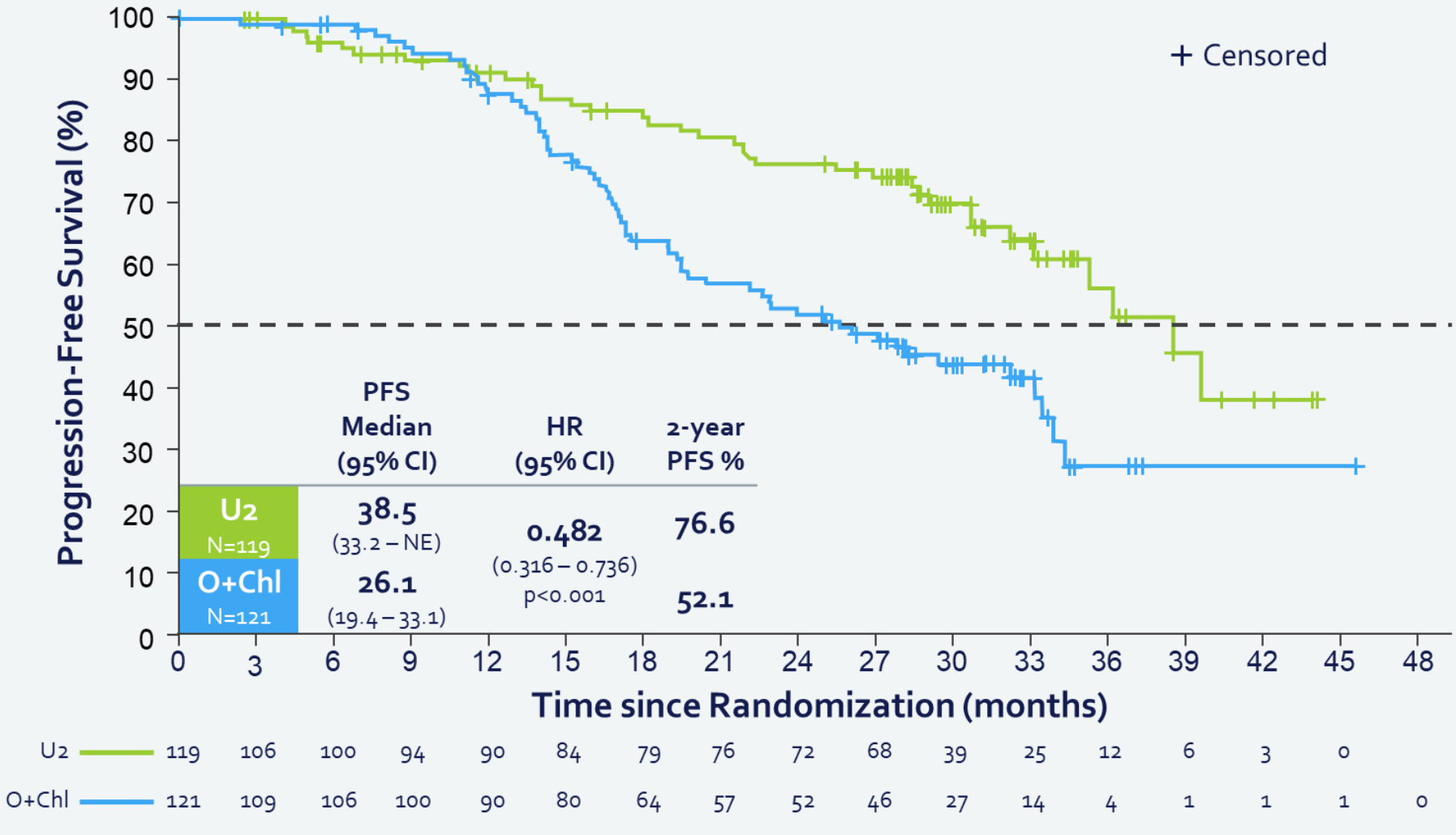


CI: confidence interval; HR: hazard ratio; IRC: independent review committee; ITT: intent to treat; O+Chl: obinutuzumab + chlorambucil; PFS: progression-free survival; U2: umbralisib + ublituximab

Gribben J, et. al, ASH 2020

Significantly Prolonged Progression-Free Survival

Treatment Naive Population



CI: confidence interval; HR: hazard ratio; IRC: independent review committee;
O+Chl: obinutuzumab + chlorambucil; PFS: progression-free survival; U2: umbralisib + ublituximab

Gribben J, et. al, ASH 2020

Differentiated Safety Profile of U2 in CLL

Safety consistent across treatment naïve and previously treated CLL

ALL CAUSALITY GRADE 3-4 AEs			
AEs, n (%)	**O + Chl** *Treatment Naïve & Previously Treated* N=200	**U2** *Treatment Naïve* N=116	**U2** *Previously Treated* N=90
Diarrhea	5 (3)	16 (13.8)	9 (10.0)
Nausea	2 (1)	1 (0.9)	2 (2.2)
Infusion related reaction	7 (4)	1 (0.9)	3 (3.3)
Fatigue	6 (3)	4 (3.4)	0
Neutropenia	70 (35)	28 (24.1)	36 (40.0)
Cough	0	0	0
Headache	1 (0.5)	0	1 (1.1)
Pyrexia	2 (1)	1 (0.9)	0
Chills	1 (0.5)	1 (0.9)	0
Upper respiratory tract infection	2 (1)	0	0
Dizziness	26 (13)	2 (1.7)	0

Gribben J, et. al, ASH 2020

Safety was assessed in all patients who received 1 dose of treatment.
U2: umbralisib + ublituximab; CLL: chronic lymphocytic leukemia; AE: adverse event; O+Chl: obinutuzumab + chlorambucil

Global CLL Market Estimated to exceed $10B by 2025[1]

185,000 Americans living with CLL[2]; ~40,000 seeking Treatment Annually[3]

***Current Opportunity*—Potential for U2 to Address Significant Unmet Need in CLL**

- **Poor Candidates for BTKi Therapy**
  - ~20% of treatment naive patients are poor candidates for BTKi therapy[4]
- **BTKi-Exposed Patients**
  - Large post-BTKi market with >100,000 patients previously treated[5]
  - ~40% discontinue BTKi due to tolerability or progression at median 17 months[6]

***Future Opportunity*—Potential for Addition of U2 to Standard of Care to Improve Outcomes**

- U2 plus venetoclax and U2 plus BTKi studies underway

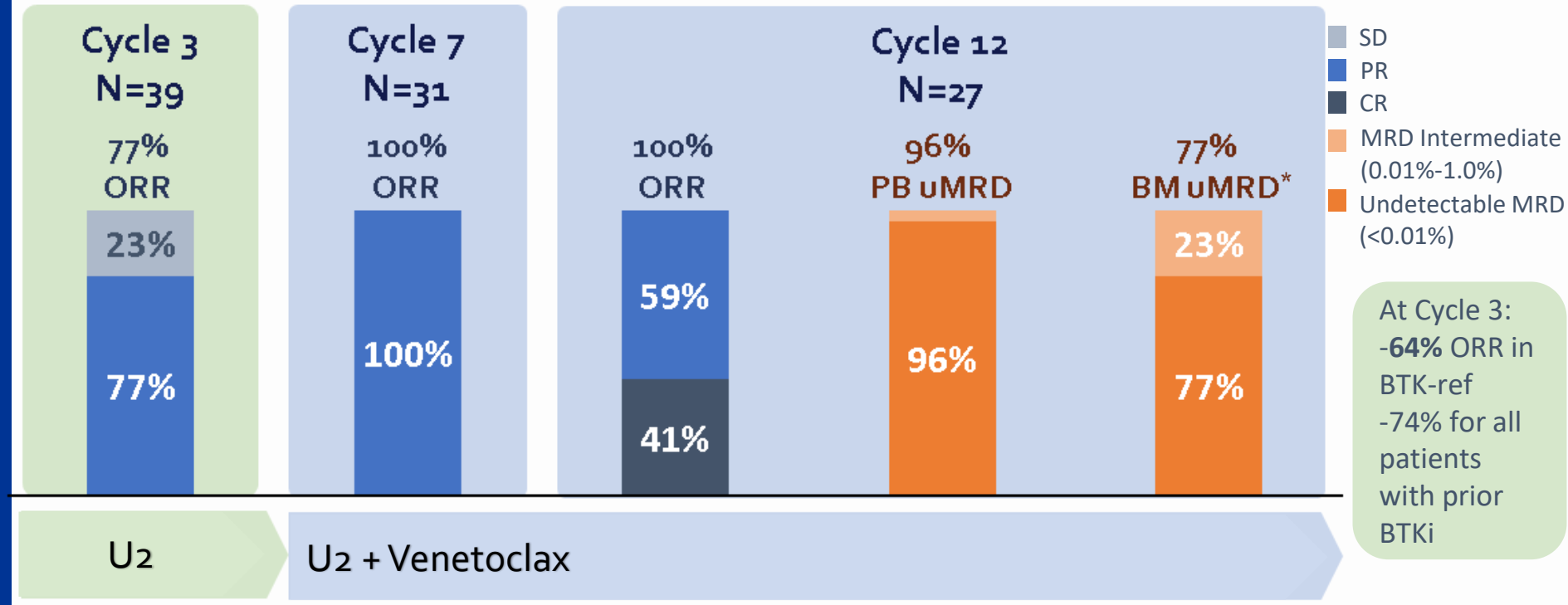
(1) Evaluate Pharma; (2) SEER Cancer Stat Facts, 2020; (3) Putnam Associates; (4) ZS Associates ATU, 2020; (5) Internal Market Research; (6) Mato A, et al., Haematologica 2018

U2 + Venetoclax Promising Phase 1 Early Data

Phase 2b ULTRA-V Enrollment Complete; ULTRA-V Phase 3 Launched!

Phase 1 ASH 20 Data Update

Treatment well tolerated; AEs consistent with single agent profiles



At Cycle 3:
-**64%** ORR in BTK-ref
-74% for all patients with prior BTKi

Barr P, et. al, ASH 2020

Cycle 3 & 7 Assessments were by CT only without BM, therefore CR could not be assessed
*1 BM sample was not analyzed, N=26

ULTRA-V
U2-V IN CLL

ULTRA-V PHASE 2 ENROLLMENT COMPLETE:

- ~165 patients enrolled including patients with
  - R/R CLL
  - BTK Refractory CLL
  - Front Line CLL
- Primary Endpoint:
  - ORR & CR at 12m

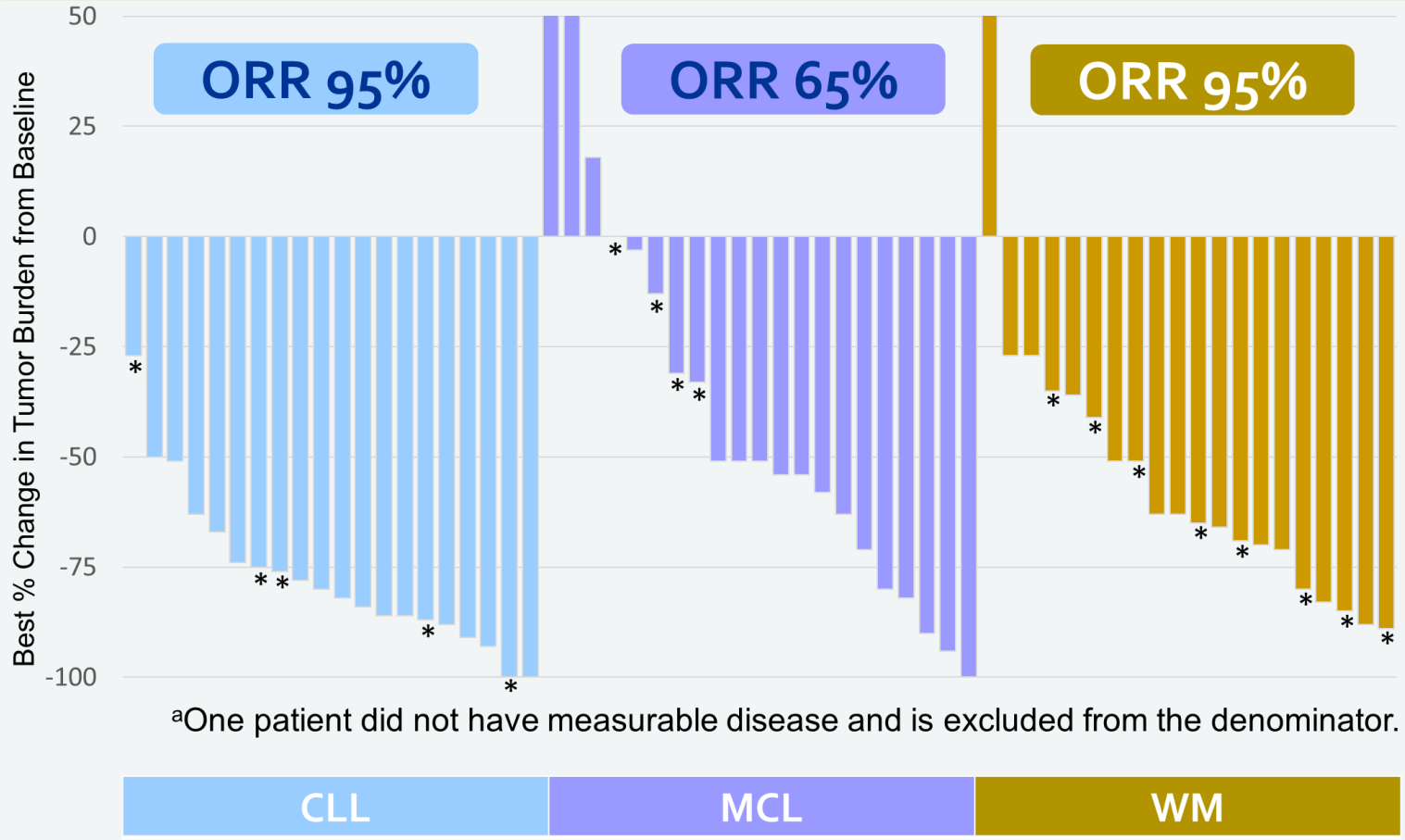
ULTRA-V PHASE 3:

- Now enrolling patients w/:
  - R/R CLL
  - Front Line CLL
- Primary Endpoint: PFS

TG-1701: BTKi

Phase 1 ASCO 2021 Update

Efficacy Disease-Specific Cohorts Monotherapy (200mg)



[a]One patient did not have measurable disease and is excluded from the denominator.

- N = 60
  - 20 CLL
  - 20 MCL[a]
  - 20 WM
- Median follow up: 12.2 mos (1.4-18.5)

*Treatment naïve

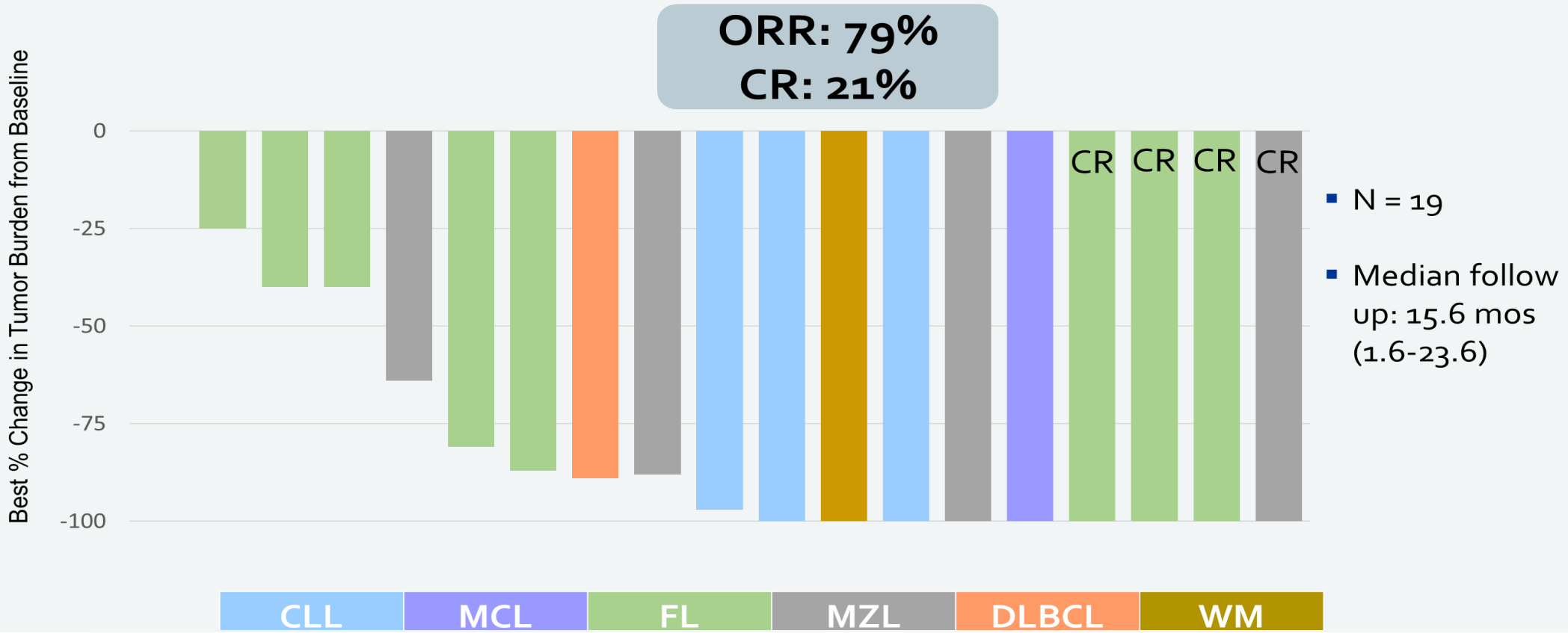
Cheah et.al., ASCO 2021

TG-1701: BTKi

Phase 1 ASCO 2021 Update

Efficacy TG-1701 + U2 Dose-escalation

TG-1701 + U2 (100 to 300 mg QD)



Cheah et.al., ASCO 2021

TG-1701: BTKi

Phase 1 ASCO 2021 Update

All Causality AEs (≥10%) TG-1701 Monotherapy

Adverse event, N (%)	Dose escalation (100 to 400 mg) N=25		Disease-specific cohorts (200 mg) N=61		CLL cohort (300 mg) N=20	
	Any Grade	Grade 3	Any Grade	Grade ≥3	Any Grade	Grade ≥3
Respiratory tract infection	9 (36)	2 (8)	6 (10)	-	2 (10)	-
Constipation	8 (32)	-	3 (5)	-	-	-
Bruising	7 (28)	-	5 (8)	-	-	-
Fatigue	5 (20)	-	2 (3)	-	1 (5)	-
Rash	4 (20)	1 (4)	3 (5)	-	1 (5)	-
Nausea	4 (16)	-	1 (2)	-	2 (10)	-
Dizziness	4 (16)	-	1 (2)	-	-	-
Headache	3 (12)	-	6 (10)	-	1 (5)	-
Diarrhea	3 (12)	-	7 (11)	-	2 (10)	-
Epistaxis	3 (12)	-	2 (3)	-	-	-
COVID-19	-	-	4 (7)	1 (2)	3 (15)	2 (10)
Hematologic and lab abnormalities	**Any Grade**	**Grade 3**	**Any Grade**	**Grade ≥3**	**Any Grade**	**Grade ≥3**
Neutropenia	6 (24)	2 (8)	8 (13)	5 (8)	2 (10)	2 (10)
ALT increased	6 (24)	3 (12)[a]	5 (8)	1 (2)	3 (15)	1 (5)
AST increased	5 (20)	1 (4)	3 (5)	-	3 (15)	1 (5)
Anemia	4 (16)	-	7 (11)	3 (5)	-	-

- **There have been no G4 AEs in the dose escalation of monotherapy**
- **At 200mg and 300 mg QD (n=81), AE's of special interest were G3 hypertension 4.9% and atrial fibrillation 1.2%. There have been no instances of major bleeding**

[a]All at 400 mg QD. 2 cases were brief episodes in asymptomatic pts with normal liver function (total bilirubin within normal range). 1 case was in the context of significant progression of disease in the liver.

Cheah et.al., ASCO 2021

Ublituximab in RMS Demonstrated Unprecedented ARR

<0.10 ARR in each of the ULTIMATE I & II Phase 3 studies

ULTIMATE I&II
TG THERAPEUTICS
GLYCOENGINEERED UBLITUXIMAB
PHASE 3 TRIALS IN MS

- 1,094 RMS patients enrolled across 10 countries randomized 1:1 to ublituximab or teriflunomide
- Trials conducted under SPA with the FDA
- Full data presented at AAN and EAN 2021
- BLA submission target Q3 2021

ULTIMATE I & II Phase 3 Results

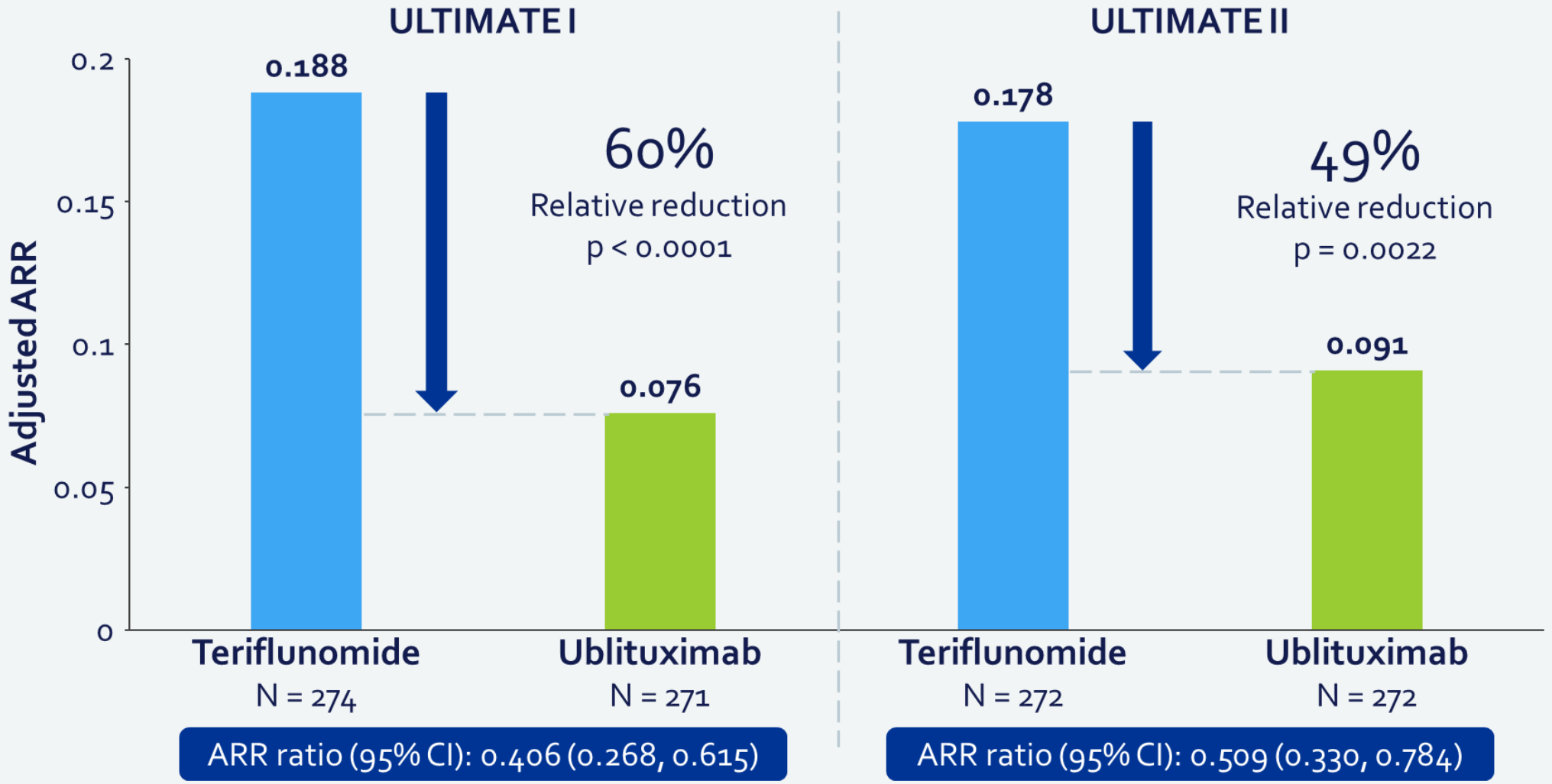
<0.10 ARR

Lowest reported in a Phase 3

Ublituximab was generally well-tolerated with no unexpected safety signals

SPA: special protocol assessment; FDA: Food & Drug Administration; RMS: Relapsing Forms of Multiple Sclerosis

ULTIMATE I & II Phase 3 Data of Ublituximab in RMS



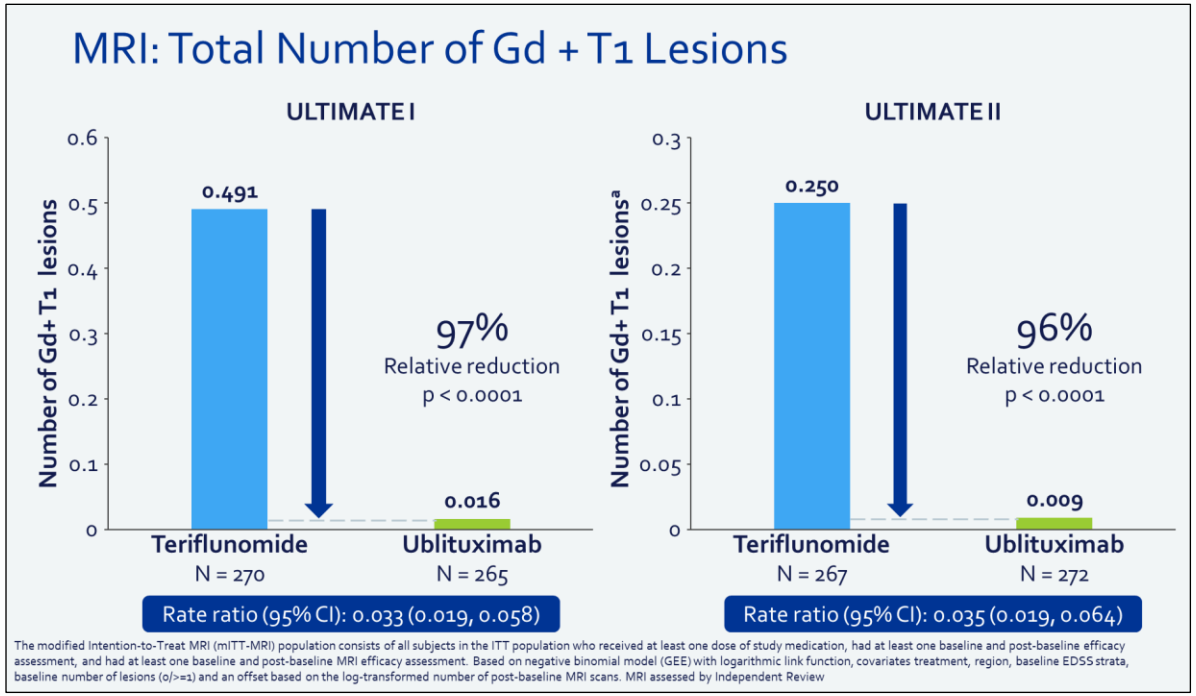
The modified Intention-to-Treat (mITT) population consists of all subjects in the ITT population who received at least one dose of study medication and had at least one baseline and post-baseline efficacy assessment. Based on negative binomial model (GEE) for the relapse count per subject with logarithmic link function, treatment, region, and baseline EDSS strata as covariates and log (years of treatment) as offset.
CI: confidence interval.

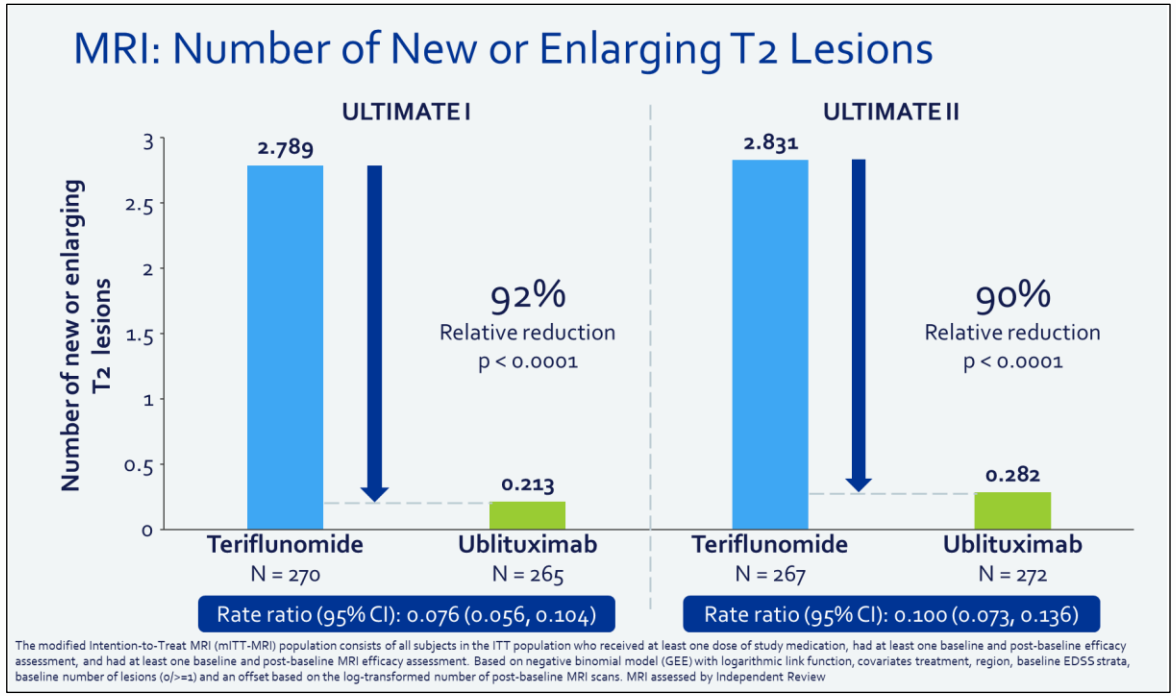
EAN 2021 Steinman et al

ULTIMATE I & II Phase 3 Data of Ublituximab in RMS

Secondary Endpoints

- 97% and 96% relative reduction in T1 Gd enhancing lesions (p<0.0001)
- 92% and 90% relative reduction in new or enlarging T2 lesions (p<0.0001)





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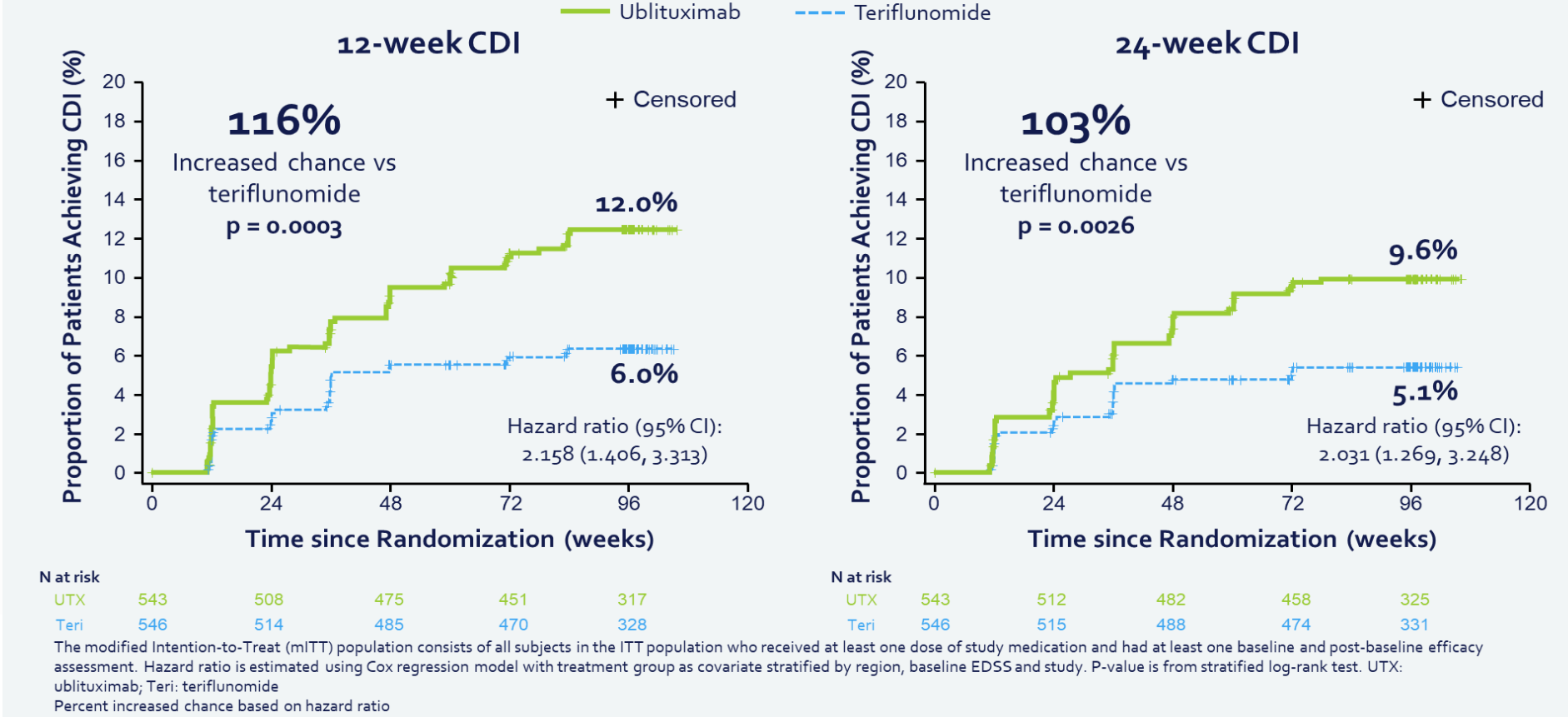
ULTIMATE I & II Phase 3 Data of Ublituximab in RMS

A very low rate of disability progression was observed across all treatment groups

- 5.2% for ubli v. 5.9% teri for 12-week confirmed disability progression (CDP)
- 3.3% for ubli v. 4.8% teri showed 24-week CDP
- There was no statistically significant difference in CDP between treatment arms

Confirmed Disability Improvement (CDI)



The modified Intention-to-Treat (mITT) population consists of all subjects in the ITT population who received at least one dose of study medication and had at least one baseline and post-baseline efficacy assessment. Hazard ratio is estimated using Cox regression model with treatment group as covariate stratified by region, baseline EDSS and study. P-value is from stratified log-rank test. UTX: ublituximab; Teri: teriflunomide
Percent increased chance based on hazard ratio

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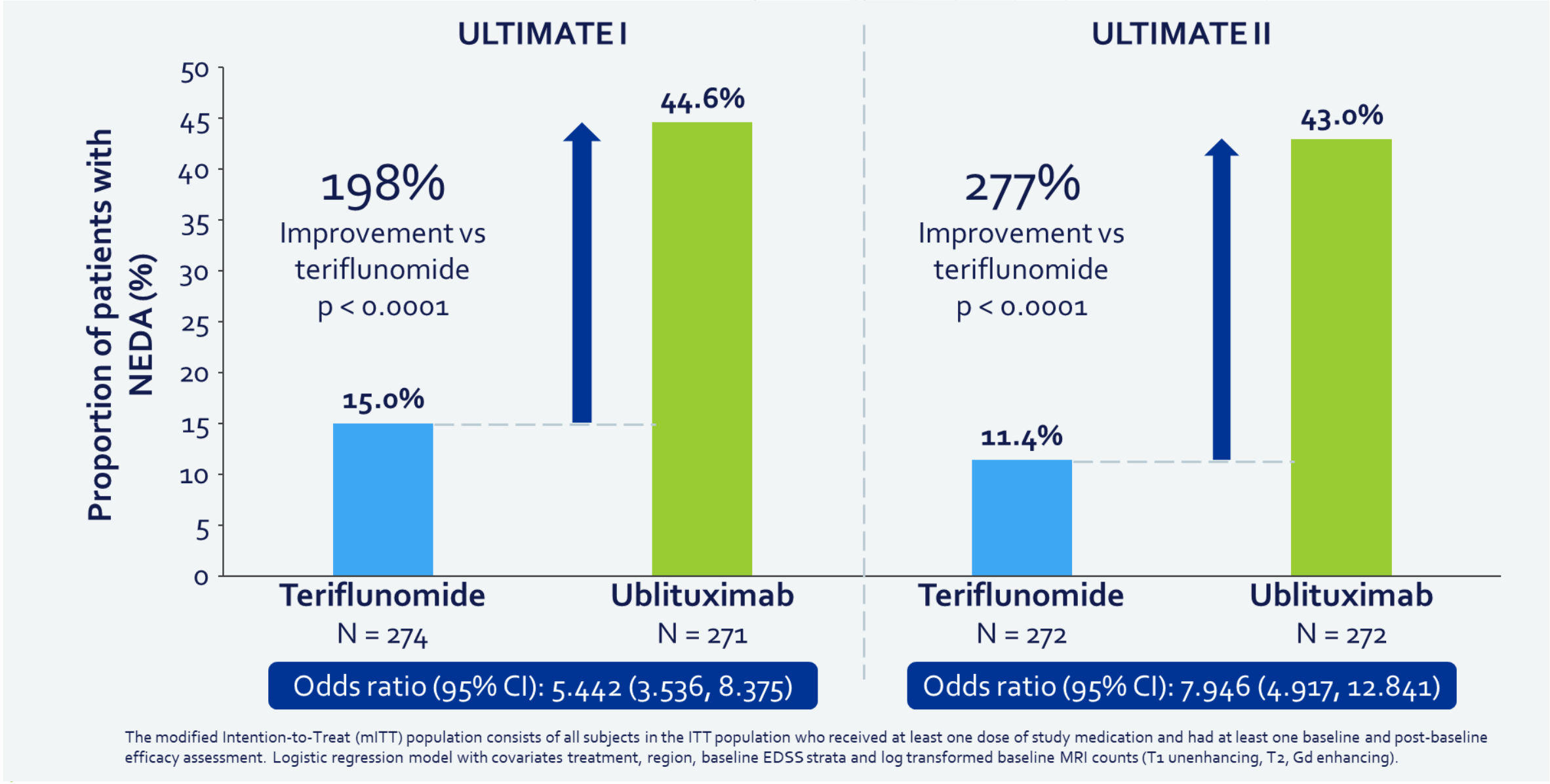
ULTIMATE I & II Phase 3 Data of Ublituximab in RMS



The modified Intention-to-Treat (mITT) population consists of all subjects in the ITT population who received at least one dose of study medication and had at least one baseline and post-baseline efficacy assessment. Logistic regression model with covariates treatment, region, baseline EDSS strata and log transformed baseline MRI counts (T1 unenhancing, T2, Gd enhancing).

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ULTIMATE I & II: Adverse Events

Most common AEs, n (%) *≥5% in any treatment group*	**Teriflunomide** N=548	**Ublituximab** N=545
Any AE	**486 (88.7)**	**483 (88.6)**
IRR	67 (12.2)	260 (47.7)
Headache	138 (25.2)	165 (30.3)
Nasopharyngitis	96 (17.5)	97 (17.8)
Lymphopenia	5 (0.9)	51 (9.4)
Back pain	53 (9.7)	48 (8.8)
Respiratory tract infection viral	31 (5.7)	41 (7.5)
Respiratory tract infection	38 (6.9)	40 (7.3)
Upper respiratory tract infection	33 (6.0)	39 (7.2)
Diarrhea	53 (9.7)	36 (6.6)
Lymphocyte count decreased	9 (1.6)	34 (6.2)
Abdominal pain	17 (3.1)	32 (5.9)
Pharyngitis	11 (2.0)	31 (5.7)
Pyrexia	23 (4.2)	30 (5.5)
Insomnia	16 (2.9)	28 (5.1)
Nausea	26 (4.7)	28 (5.1)
Hypertension	35 (6.4)	19 (3.5)
Alopecia	84 (15.3)	18 (3.3)

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AE: adverse event. IRR: Infusion-related reaction. IRR includes AEs designated as IRR in the CRF. AEs included within IRR are not included in individual preferred terms

ULTIMATE I & II: Serious Adverse Events

SAEs, n (%)	Teriflunomide N = 548	Ublituximab N = 545
Any serious AEs	34 (6.2)	52 (9.5)
Most common SAEs by SOC *≥1% in any treatment group*		
Infections and infestations	14 (2.6)	22 (4.0)
Nervous system disorders	7 (1.3)	5 (0.9)

- Three total malignancies were reported
  - 2 ublituximab (endometrial, uterine) versus teriflunomide 1 (tongue)
- Three total deaths occurred
  - Ublituximab: pneumonia, encephalitis (post-measles), salpingitis
  - 1 death was deemed possibly related to treatment (pneumonia)
- No cases of progressive multifocal leukoencephalopathy (PML)

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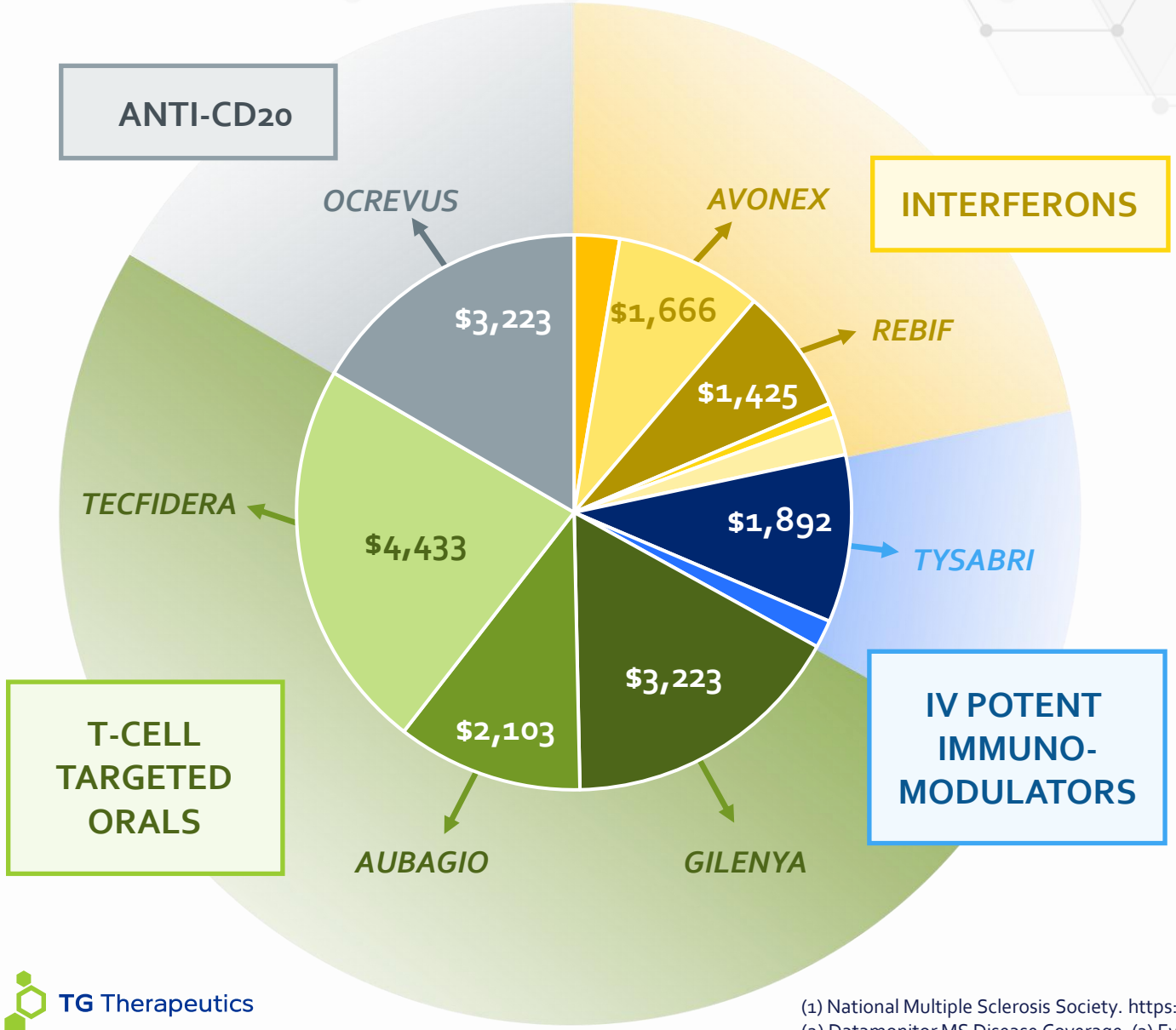
SAE: serious adverse event; SOC: system organ class

Significant Market Opportunity For Ublituximab in MS



- ~1M Patients Living with MS in the U.S.[1]
- Rapidly growing market: $20B U.S. market growing to $28B by 2025[2]
- Anti-CD20 utilization in MS expanding steadily and expected to grow to >$10+B by 2025[3]
- Multiple $1B+ Treatment Options Coexist in U.S. Market
- ~5,000 Physicians Treat ~80% of the patients

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(1) National Multiple Sclerosis Society. https://www.nationalmssociety.org/About-the-Society/MS-Prevalence. Accessed January 2021.; (2) Datamonitor MS Disease Coverage; (3) Evaluate Pharma MS Indication Profile, October 2020; Chart Note: Figures reflect 2019 global sales in billions; Chart Source: Evaluate Pharma MS Indication Profile, October 2020

Ublituximab Offers Potentially Best-In Class Profile

Ublituximab for RMS

CLINICAL

Only anti-CD20 to demonstrate ARR <0.10 in Phase 3

CONVENIENCE

1 hour infusion every 6 months (after 1st infusion)

ACCESS

Plan to strategically price to optimize patient access

Positioned to Achieve Multiple Projected Milestones in 2021

~$524m cash as of Q1 2021

REGULATORY	COMMERCIAL	CLINICAL & PIPELINE
✓ UKONIQ Approved in R/R MZL and R/R FL	⬡ Execute successful UKONIQ launch for R/R MZL and FL	✓ Completion of ULTRA-V Ph2B enrollment
✓ Acceptance of U2 CLL/SLL BLA– 3/25/22 PDUFA	⬡ Prepare for CLL and MS launches	✓ ULTIMATE I&II full data – 1H
⬡ Ublituximab MS BLA submission – Q3 2021		⬡ Additional triplet data
		⬡ Advance early-stage pipeline

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NASDAQ: TGTX