TG Therapeutics

Tar**G**eting B-Cell Diseases

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. 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.

Our Goal

To develop the best possible treatment for B-cell diseases

Ideally, to cure these diseases

What are B-cell Diseases?

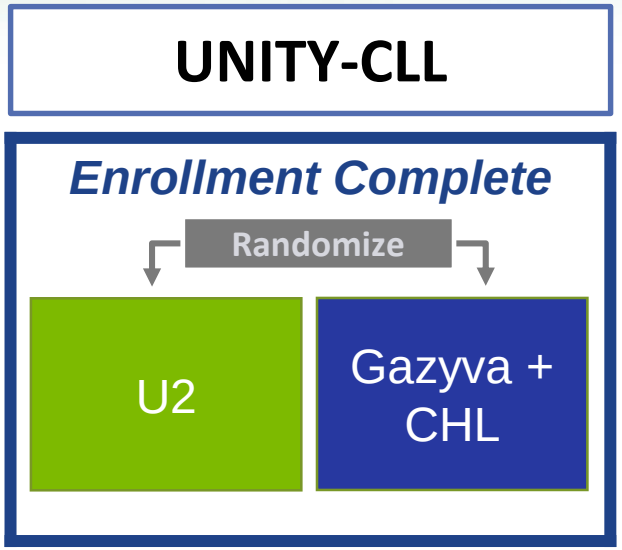
B-cell diseases refer to conditions that are associated with aberrant B-cells or B-cell functions, including:

- **Chronic Lymphocytic Leukemia (CLL)**
- **Non-Hodgkin's Lymphoma**
  - Follicular Lymphoma (FL)
  - Marginal Zone Lymphoma (MZL)
  - Diffuse Large B-cell Lymphoma (DLBCL)
- **Autoimmune Diseases**
  - **Multiple Sclerosis (MS)**, Rheumatoid Arthritis (RA) and Lupus (SLE)

Umbralisib (TGR-1202)	Ublituximab (TG-1101)
Next Generation PI3K delta inhibitor	Next Generation anti-CD20 monoclonal antibody
Overcomes 1st generation Toxicity	Glycoengineered for enhanced potency over 1st generation
Activity across NHL and CLL	Activity in Rituxan refractory patients
Once daily dosing vs. BID	Shorter infusions than all other anti-CD20s (1.5 v 3-4 hours)

For the Treatment of CLL

- There are ~115,000 Americans living with CLL and ~20,000 newly diagnosed each year
- U2 expected to be the only novel doublet approved for BOTH newly-diagnosed and relapsed patients
- Possible accelerated approval based on ORR; Full approval based on PFS



Total Enrollment	420
Target ORR Improvement	15%
Complete Enrollment	4Q17
Top-Line ORR	2Q18
Target NDA/BLA Filing	4Q18

Company's Assumptions
UNITY-CLL: ORR Endpoint

Targeting ~15% improvement in ORR (with Minimum detectable difference of ~13%)

	Gazyva+CHL	U2
Treatment Naïve	75-78%	88-92%
Relapsed/ Refractory	55-60%	78-82%
Blended ORR	67-71%	84-88%

Actual results may differ materially from those assumed by the Company and should not be relied upon for any purpose.

UNITY-CLL PFS Endpoint

Integrated Analysis: Umbralisib & U2 (n=27)	Helios: Benda + Rituxan (n=183)	Umbralisib + Gazyva + CHL (n=15)	CLL-11: Gazvya + CHL (n=289)
Rel/Ref		Front Line	
24+ months*	13.3 months	~36+months**	26.7months

* Median PFS for Umbralisib Monotherapy: 24 Months; Median PFS and DOR not reached for Umbralisib + Ublituximab ('U2')

** Median PFS not reached with longest patient on 43+ months

GENUINE Update

	MURANO Ph. 3	GENUINE Ph. 3*
	Venetoclax + Rituxan	**Ublituximab + Ibrutinib**
Median Number of Prior Lines	1	3
ORR (IRC)	92.3%	81%
CR (IRC)	8.3%	10%

*GENUINE Data Update as of August 2017

Expedited Programs for Serious Conditions – Drugs and Biologics	
Demonstrating meaningful benefit over available therapy	Provides efficacy comparable to those of available therapy, while (1) avoiding serious toxicity that occurs with available therapy…

Umbralisib and U2 in NHL

Includes three cohorts: FL, MZL and DLBCL

Umbralisib and U2 in Follicular Lymphoma (FL)

- Approximately 15,000 new cases per year with ~7,500 relapsed patients needing treatment per year
- 53% ORR for umbralisib single agent at higher doses in r/r FL in Phase 1 at higher doses
- Defined path for accelerated approval based Copanlisib approval

UNITY-NHL Trial
FL cohort

Currently Enrolling

Umbralisib (TGR-1202) Monotherapy

Target Enrollment	**~100**
Target ORR	45-55%
Complete Enrollment	Mid-18
Top-Line Data	1H19

Umbralisib and U2 in Marginal Zone Lymphoma (MZL)

- Approximately 7,500 new cases per year, with ~3,000 relapsed patients needing treatment each year
- Ibrutinib recently approved with 46% ORR
- Defined path for accelerated approval based on recent ibrutinib approval

UNITY-NHL Trial
MZL cohort

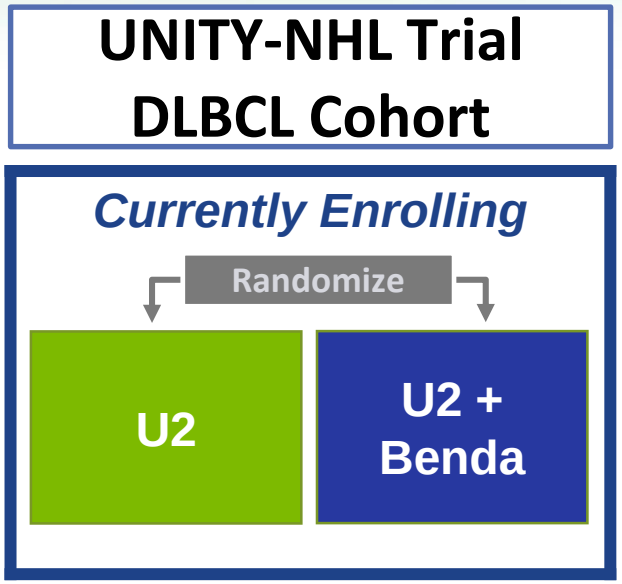
Currently Enrolling

Umbralisib (TGR-1202) Monotherapy

Target Enrollment	**~60**
Target ORR	40-50%
Complete Enrollment	4Q18
Top-Line Data	1H19

Umbralisib and U2 in Diffuse Large B-cell Lymphoma (DLBCL)

- US annual incidence of ~20,000 new cases per year of which ~50-60% cured with front-line treatment
- For those not cured, ~20% will be eligible for, and obtain a cure from, transplant
- Nothing approved for the ~6,000 relapsed or refractory patients who are not eligible for transplant
- Possible accelerated approval



Target Enrollment	~200
Target ORR	40-50%
Complete Enrollment U2 & U2+Benda	1Q & Mid-18
Top-Line Data	1H19

Umbralisib and U2

U.S. Market Opportunity

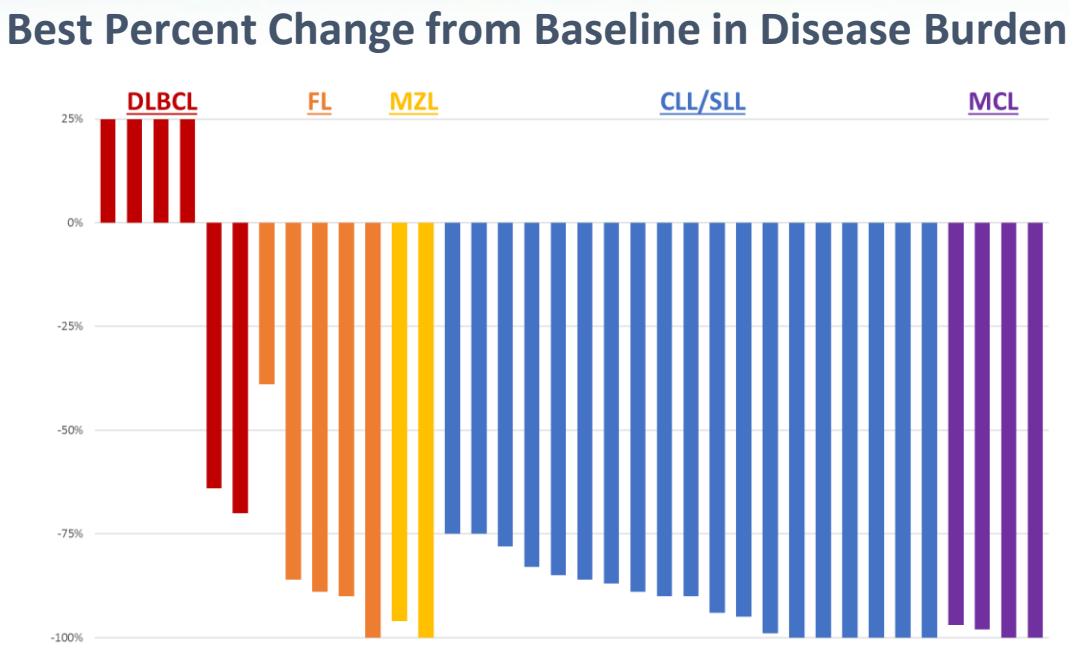
(Company Estimates)

Current Regimen	Disease	Patients Needing Treatment/Year
U2	CLL	~20,000
Umbra	FL	~7,500
Umbra	MZL	~3,000
U2 + Benda	DLBCL	~6,000

CLL & NHL represents a multi-billion dollar opportunity for Umbralisib and U2

Newly In-Licensed BTK inhibitor

Ublituximab +
Umbralisib +
Ibrutinib



Type	Pts (n)	CR† (n)	PR (n)	ORR n (%)	SD (n)	PD (n)
CLL/SLL	19	6	13	**19 (100%)**	-	-
MZL	2	1	1	**2 (100%)**	-	-
MCL	4	2	2	**4 (100%)**	-	-
FL	5	1	3	**4 (80%)**	1	-
DLBCL	6	-	1	**1 (17%)**	-	5
Total	**36**	**10**	**20**	**30 (83%)**	**1**	**5**

†CLL: 4/6 CR's pending bone marrow confirmation

Nastoupil et al, ASCO 2017

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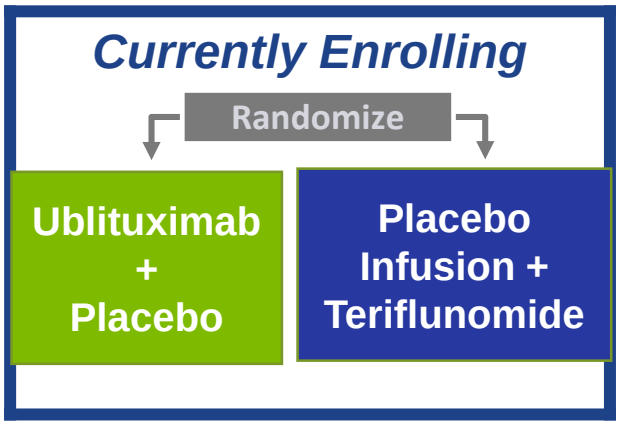
Ublituximab in Multiple Sclerosis

- A new study by the Nat'l MS Society estimates that ~1,000,000 Americans are living with MS
- Recently approved anti-CD20 (ocrelizumab) with first year sales approaching $1B
- Will compete on price and convenience
- Phase 3 Trials under Special Protocol Assessment

ULTIMATE 1 & 2 Phase 3 Clinical Trials



Target Enrollment	**~850**
Complete Enrollment	1Q 19

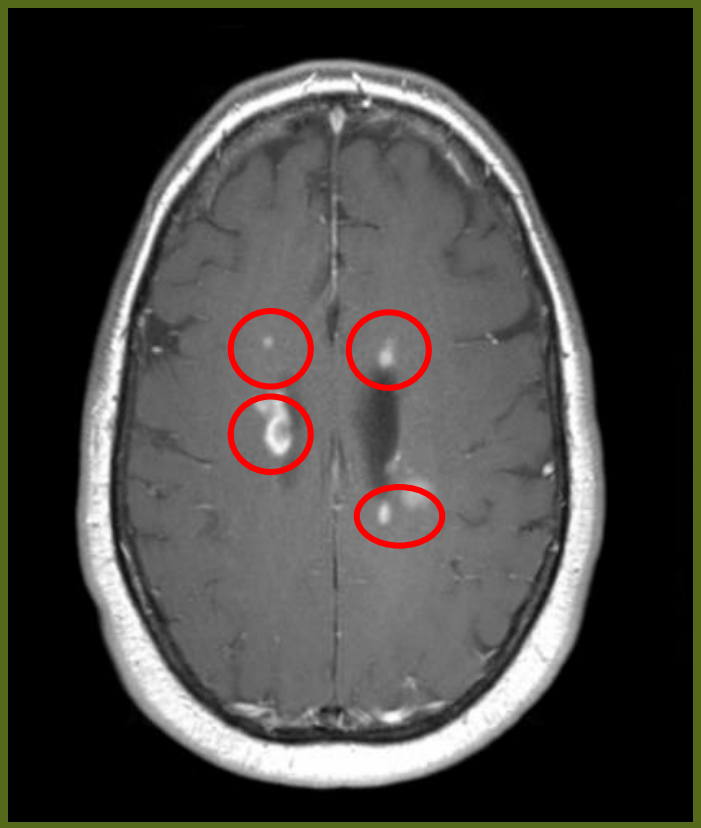
Clinical Endpoints at Week 24

Endpoint	TG-1101 Phase 2 (N=24) (24 Weeks)	Ocrelizumab Phase 2 (N=55) (24 Weeks)	Opera I&II (96 Weeks)
Annualized Relapse Rate	0.09	0.13	0.156
% Relapse Free	95.8%	87%	80%

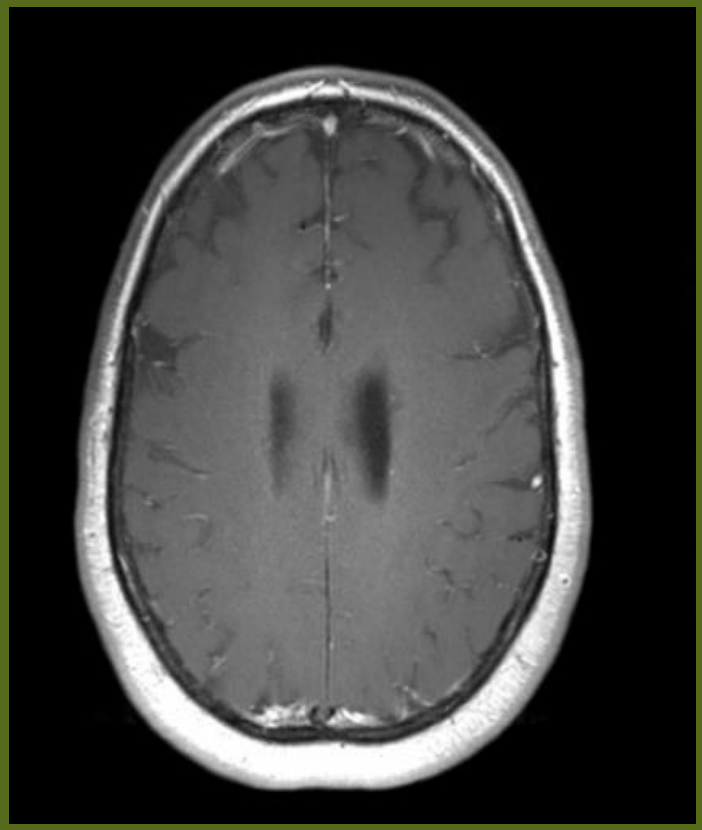
Fox E et al., Presented at ECTRIMS Annual Meeting Paris October 25-28 2017 P793
Kappos L et al. Lancet. 2011; 378:1779-1787
Hauser SL et al. NEJM. 2017; 376:221-234

T1-Gd MRI at Baseline and Week 24: Study Subject

Subject T1-Gd MRI at Baseline and Week 24



Baseline



Week 24

Inglese M et al., Presented at ECTRIMS Annual Meeting Paris October 25-28 2017 P798

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Corporate & Financial

Key Financial Statistics

Ticker:	**TGTX (NASDAQ)**
Price:	**$9.20 (close on January 10, 2018)**
Shares:	**~72M (fully-diluted)**
Cash:	**~$85M (as of December 31, 2017)**
Runway:	**Into first half 2019**

Key Goals and Objectives for 2018

Q1

- Present Updated MS Phase 2 Data
- Complete Enrollment in U2 arm of DLBCL cohort of UNITY-NHL

Q2

- Top-Line ORR Results from UNITY-CLL

Q3

- Potential GENUINE BLA filing for Accelerated Approval
- Complete Enrollment in FL cohort of UNITY-NHL
- Complete Enrollment in U2+B arm of DLBCL cohort of UNITY-NHL

Q4

- Complete Enrollment in MZL cohort of UNITY-NHL
- Potential UNITY-CLL BLA/NDA for Accelerated Approval

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NASDAQ: TGTX