TG Therapeutics

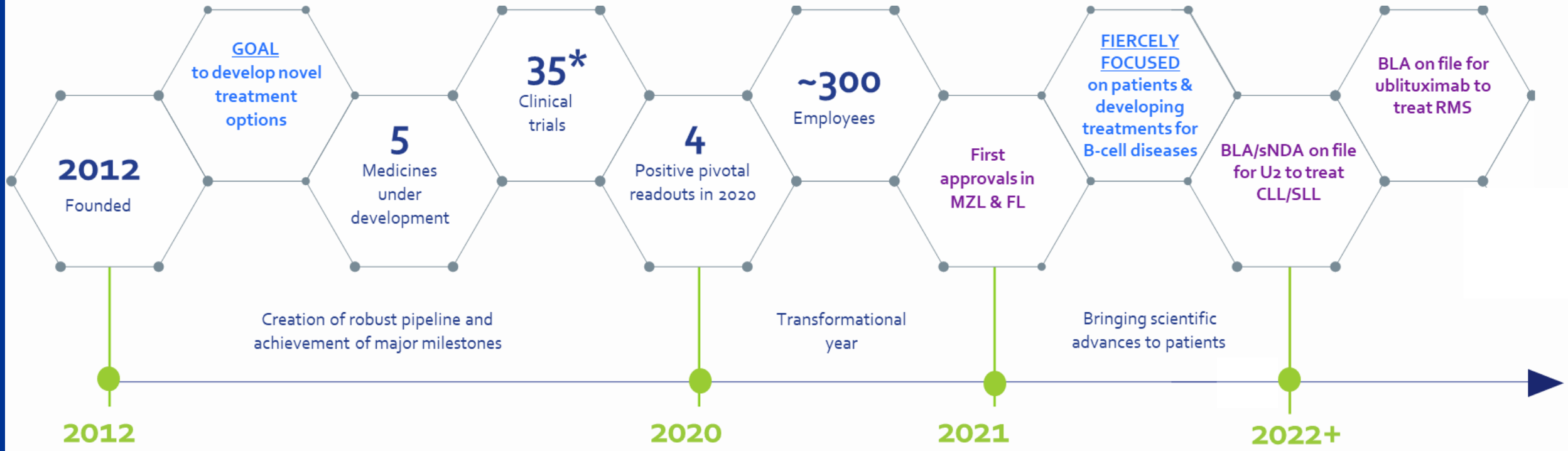
J.P. Morgan Virtual 2022 Healthcare Conference

January 2022

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.

We are committed to developing treatment options for patients with B-cell diseases



TG Therapeutics

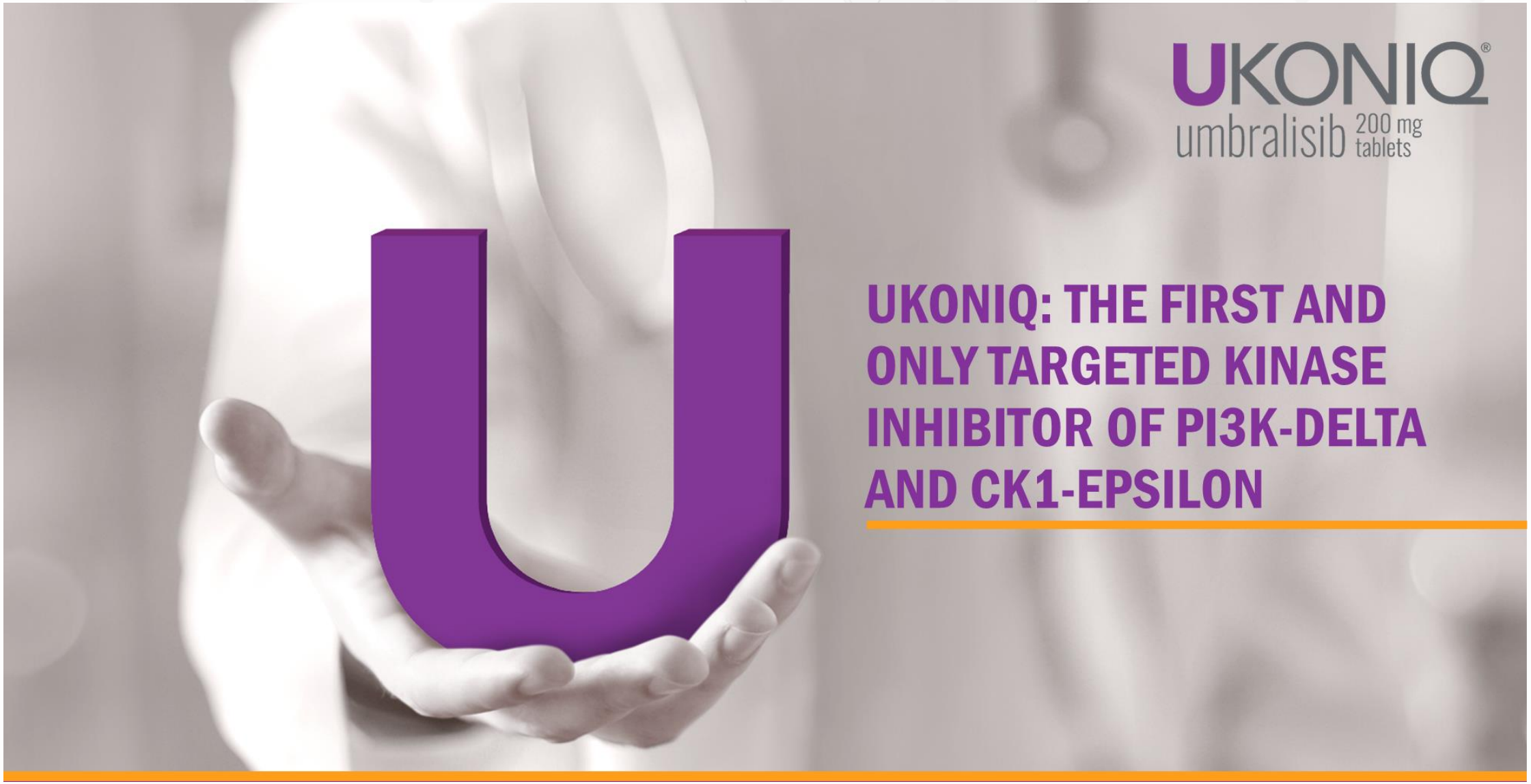
*Includes TG-sponsored and investigator-initiated trials.

Fiercely Focused on B-Cell Diseases

Pipeline of medicines with complementary mechanisms

MEDICINE	MECHANISM OF ACTION	STAGE OF DEVELOPMENT
UKONIQ® (umbralisib)	PI3Kδ/CK1ε	FDA-Approved – R/R MZL and FL
Ublituximab	Anti-CD20	U2 BLA/sNDA Accepted - CLL/SLL Ublituximab BLA Accepted - RMS
TG-1701	BTKi	Phase 1 (Monotherapy & Combo w/ U2)
TG-1801	Anti-CD47/CD19	Phase 1
Cosibelimab (TG-1501)	Anti-PD-L1	Phase 1b

UKONIQ® – FDA Approval in February 2021



UKONIQ® APPROVAL

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® – Select Clinical Data

UKONIQ TRIAL DESIGN

- UKONIQ was evaluated in an open-label, multicohort, single-arm study in 69 patients with MZL who received at least 1 prior therapy (including an anti-CD20 containing regimen) and 117 patients with FL who received at least 2 prior systemic therapies (including an anti-CD20 monoclonal antibody and an alkylating agent)[a]

UKONIQ SELECT SAFETY INFORMATION

Serious adverse reactions occurred in 18% of patients who received UKONIQ.
Serious adverse reactions that occurred in ≥ 2% of patients were:

- Diarrhea-colitis (4%)
- Pneumonia (3%)
- Sepsis (2%)
- Urinary tract infection (2%)

UKONIQ EFFICACY DATA

MZL	FL
49% ORR (34/69; 95% CI, 37.0-61.6)	**43% ORR** (50/117; 95% CI, 33.6-52.2)
83% of patients achieved disease control (CR = 16%; PR = 33%; SD = 33%)	**80% of patients achieved disease control** (CR = 3%; PR = 39%; SD = 37%)

[a] Efficacy was based on ORR as assessed by an IRC using criteria adopted from the IWG criteria for malignant lymphoma.

CI, confidence interval; CK1ε , casein kinase 1 epsilon; CR, complete response; FD&C, Food, Drug, and Cosmetic (Act); FL, follicular lymphoma; IRC, Independent Review Committee; IWG, International Working Group; MZL, marginal zone lymphoma; ORR, overall response rate; PI3Kδ, phosphoinositide 3-kinase delta; PR, partial response; R/R, relapsed or refractory; SD, stable disease.

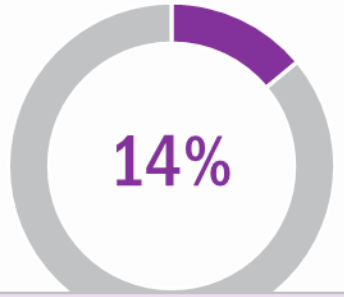
1. UKONIQ (umbralisib) [prescribing information] Edison, NJ: TG Therapeutics, Inc.; 2021. 2. TG Therapeutics data on file.

Please see full Prescribing Information for additional efficacy and safety information.

UKONIQ® : Dose Interruptions, Reductions & Discontinuations

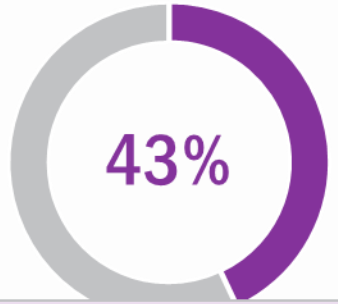
THE POOLED SAFETY DATA REFLECT 221 PATIENTS WITH MZL AND FL WHO RECEIVED UKONIQ 800 MG ORALLY ONCE DAILY IN 3 SINGLE-ARM, OPEN-LABEL TRIALS AND 1 OPEN-LABEL EXTENSION TRIAL

- Serious adverse reactions occurred in 18% of 221 patients who received UKONIQ. Serious adverse reactions that occurred in ≥ 2% of patients were diarrhea-colitis (4%), pneumonia (3%), sepsis (2%), and urinary tract infection (2%)



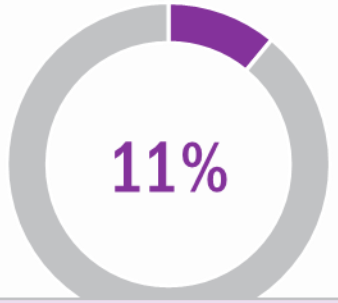
PATIENTS WHO PERMANENTLY DISCONTINUED DRUG DUE TO ADVERSE REACTIONS

- The most common adverse reactions which resulted in permanent discontinuation of UKONIQ in ≥ 5% of patients included diarrhea-colitis (6%) and transaminase elevation (5%)



PATIENTS WHO HAD DOSAGE INTERRUPTIONS DUE TO ADVERSE REACTIONS

- The most common adverse reactions which required dosage interruptions in ≥ 5% of patients included diarrhea-colitis (18%), transaminase elevation (7%), neutropenia (5%), vomiting (5%), and upper respiratory tract infection (5%)



PATIENTS WHO HAD A DOSE REDUCTION DUE TO ADVERSE REACTIONS

- The most common adverse reactions which required dose reductions in ≥ 4% of patients included diarrhea-colitis (4%)

Please see full Prescribing Information for additional safety information.

UKONIQ® Launch Goals

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 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 included in TG's2021 earnings calls.

Ublituximab + UKONIQ® (U2) Trial Met Primary Endpoint

UNITY-CLL Phase 3 Data

- 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/sNDA accepted; PDUFA goal date: 3/25/2022; ODAC meeting to be scheduled

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; ODAC, Oncologic Drugs Advisory Committee .

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**
- **2,600+ patients treated with ublituximab, including 3 randomized phase 3 trials**

BLA accepted for ublituximab to treat patients with RMS

Ublituximab BLA granted PDUFA goal date of 9/28/22

TG Therapeutics

[1]*Sawas et al, BJH 2016*

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
- Data recently presented at ECTRIMS 2021
- **BLA accepted; PDUFA goal date: 9/28/2022**

ULTIMATE I & II Phase 3 Results

<0.10 ARR

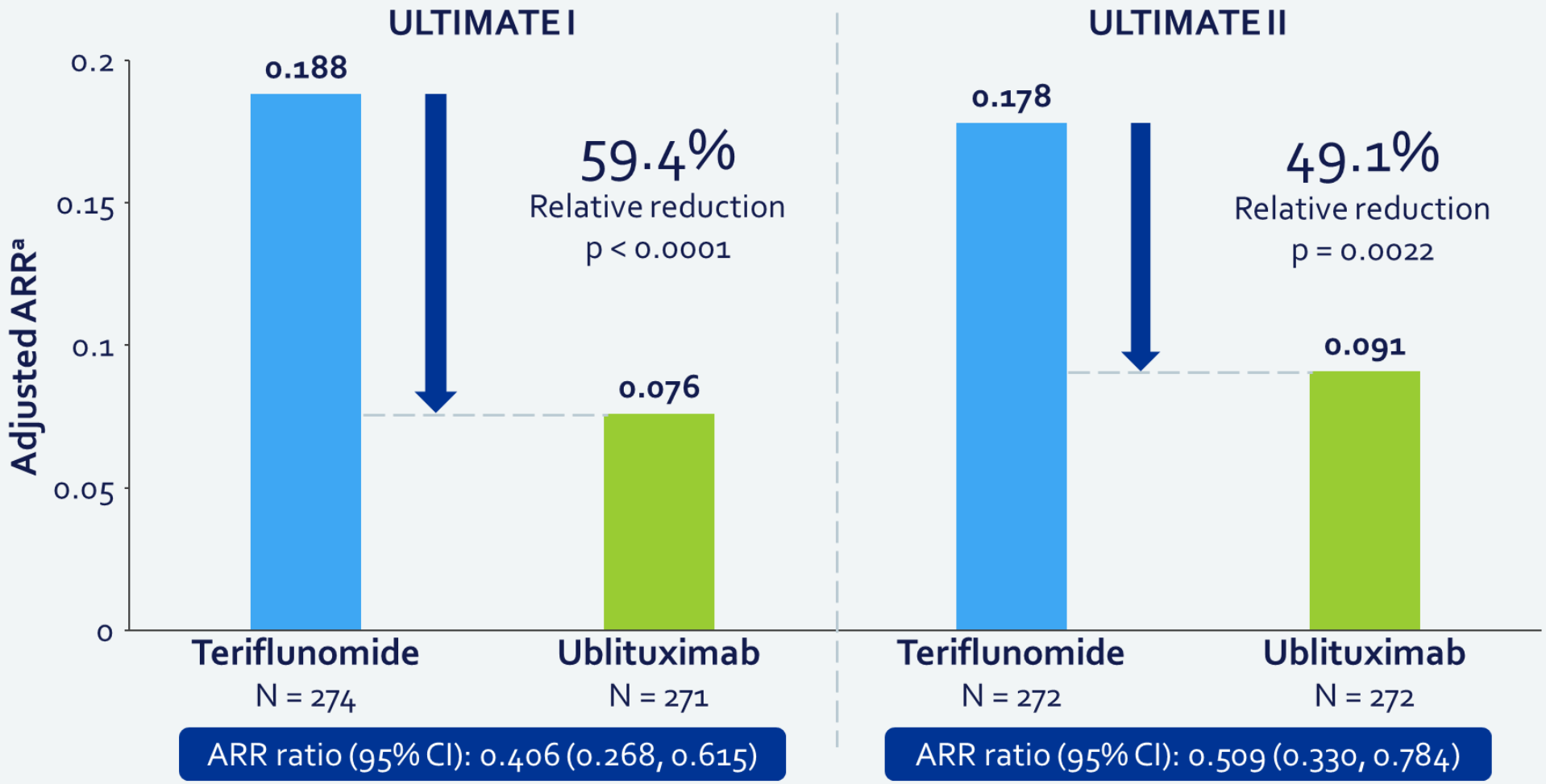
Lowest reported in a Phase 3

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

Primary Endpoint: ARR



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.

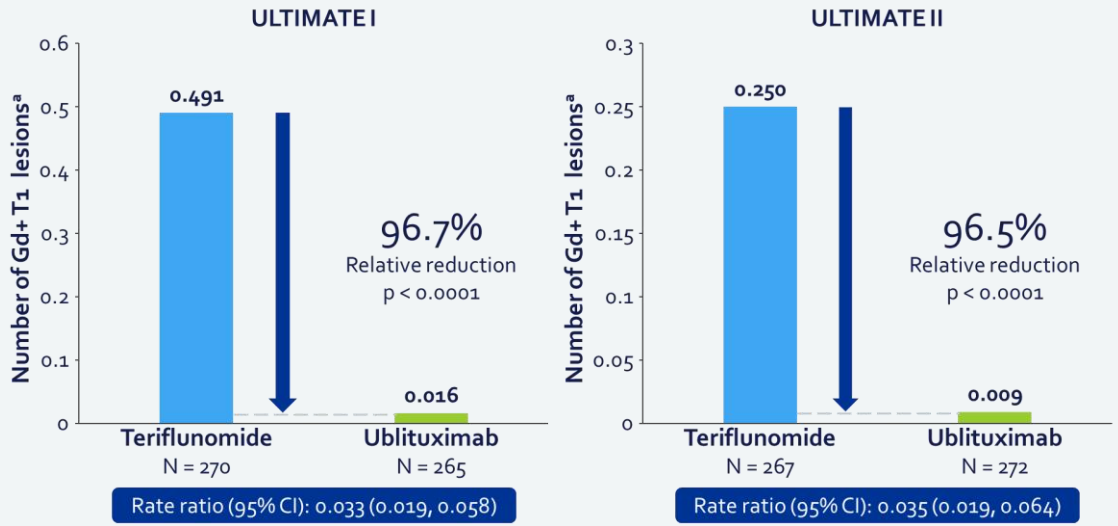
Steinman et al, ECTRIMS 2021

ULTIMATE I & II Phase 3 Data of Ublituximab in RMS

Secondary Endpoints

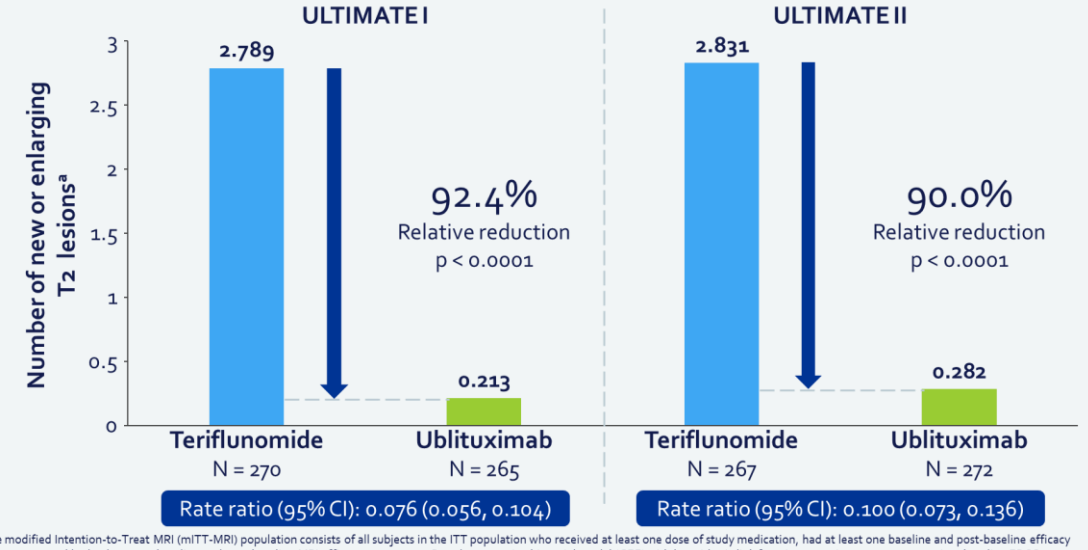
- 96.7% and 96.5% relative reduction in T1 Gd enhancing lesions (p<0.0001)
- 92.4% and 90% relative reduction in new or enlarging T2 lesions (p<0.0001)

MRI: Total Number of Gd+ Enhancing Lesions



The modified Intention-to-Treat MRI (mITT-MRI) population consists of all subjects in the ITT population who received at least one dose of study medication, had at least one baseline and post-baseline efficacy assessment, and had at least one baseline and post-baseline MRI efficacy assessment. Based on negative binomial model (GEE) with logarithmic link function, covariates treatment, region, baseline EDSS strata, baseline number of lesions (0/>=1) and an offset based on the log-transformed number of post-baseline MRI scans. MRI assessed by Independent Review

MRI: Number of New or Enlarging T2 Lesions



The modified Intention-to-Treat MRI (mITT-MRI) population consists of all subjects in the ITT population who received at least one dose of study medication, had at least one baseline and post-baseline efficacy assessment, and had at least one baseline and post-baseline MRI efficacy assessment. Based on negative binomial model (GEE) with logarithmic link function, covariates treatment, region, baseline EDSS strata, baseline number of lesions (0/>=1) and an offset based on the log-transformed number of post-baseline MRI scans. MRI assessed by Independent Review

Steinman et al, ECTRIMS 2021

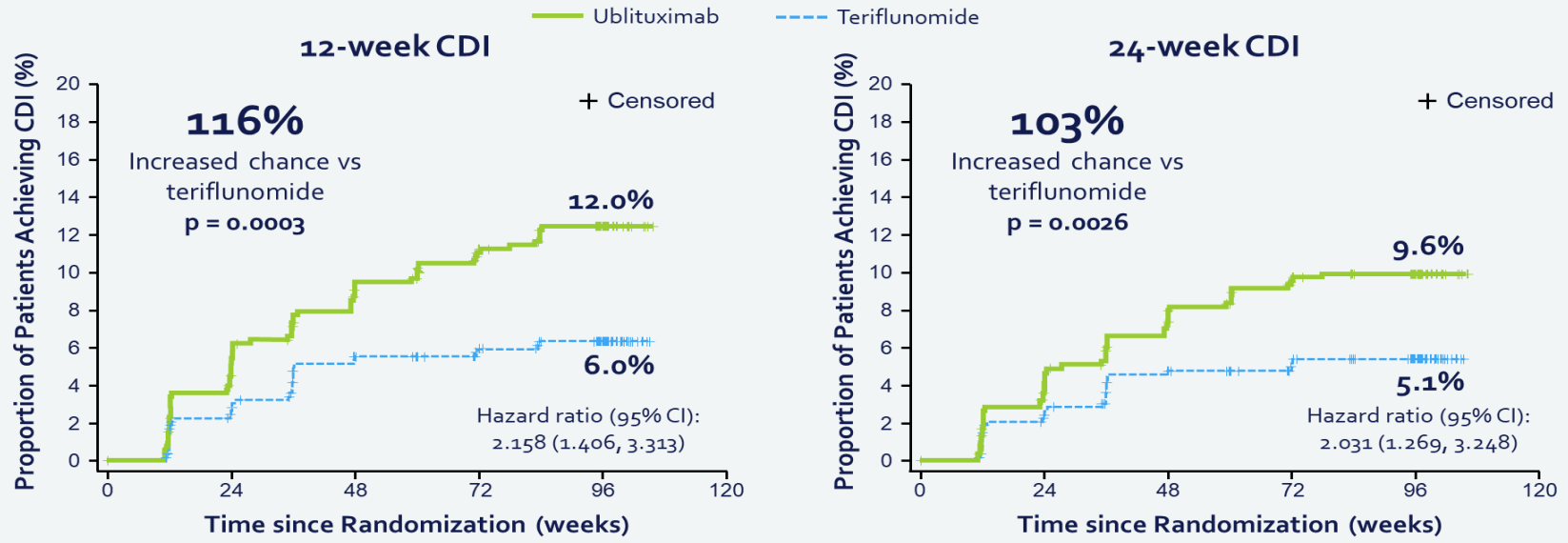
ULTIMATE I & II Phase 3 Data of Ublituximab in RMS

Secondary Endpoints

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

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

Confirmed Disability Improvement (CDI)



N at risk

UTX	543	508	475	451	317
Teri	546	514	485	470	328

N at risk

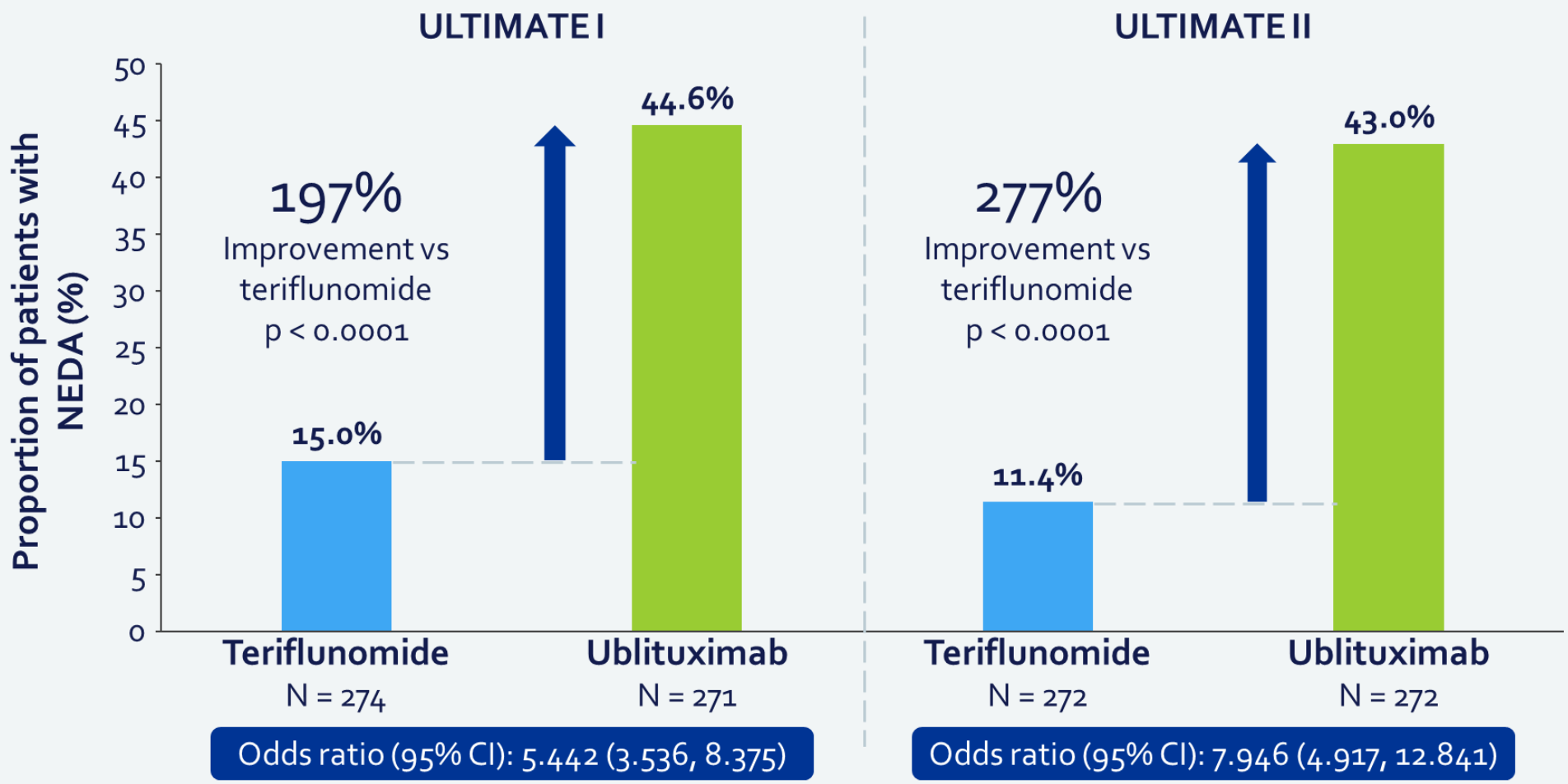
UTX	543	512	482	458	325
Teri	546	515	488	474	331

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

Steinman et al, ECTRIMS 2021

ULTIMATE I & II Phase 3 Data of Ublituximab in RMS

Secondary Endpoints



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 (T_1 unenhancing, T_2, Gd enhancing).

Steinman et al, ECTRIMS 2021

ULTIMATE I & II Phase 3 Data of Ublituximab in RMS

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)

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

Steinman et al, ECTRIMS 2021

ULTIMATE I & II Phase 3 Data of Ublituximab in RMS

Serious Adverse Events

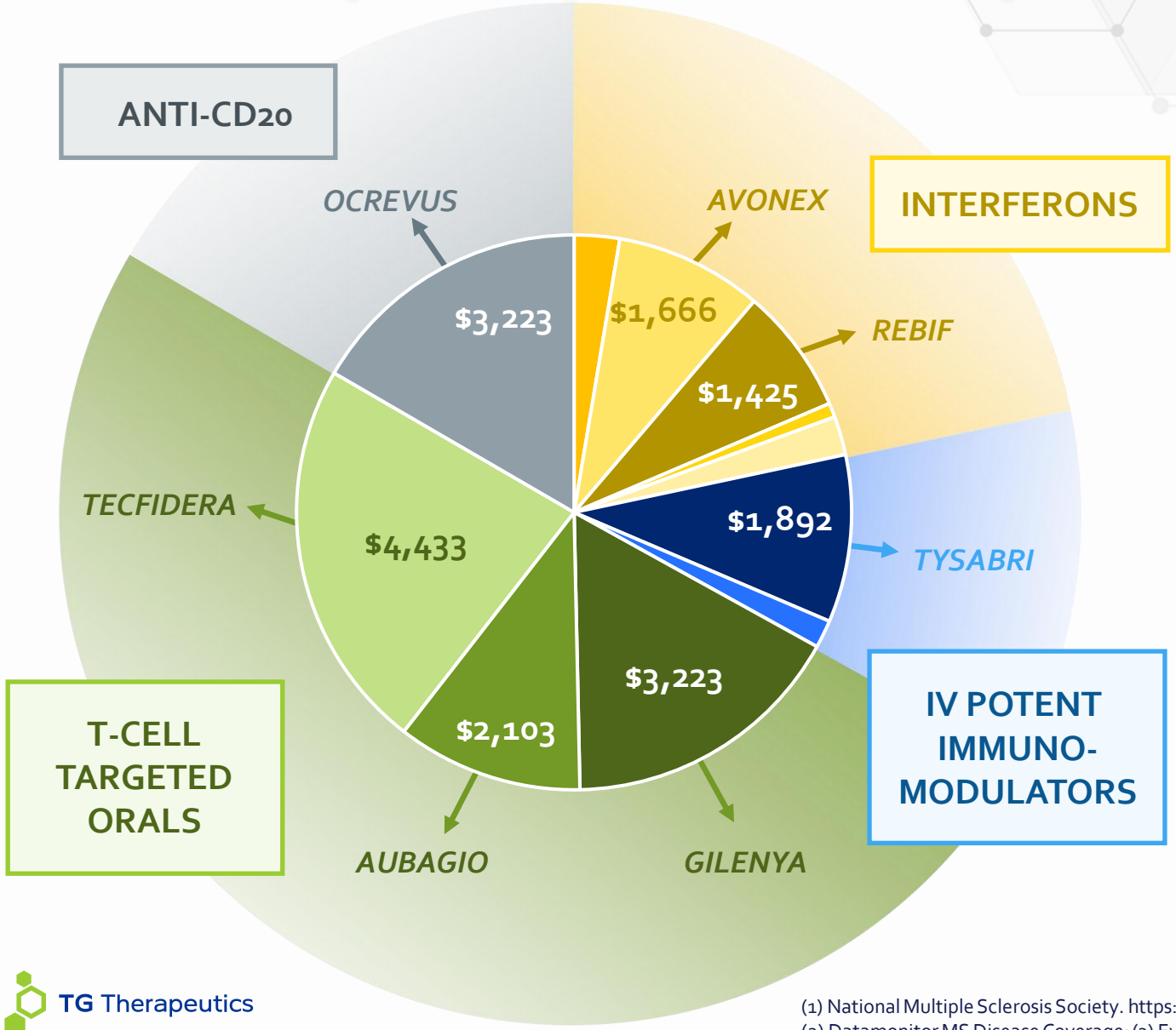
SAEs, n (%)	Teriflunomide N = 548	Ublituximab N = 545
Any serious AEs	34 (6.2)	52 (9.5)
Most common SAEs by SOC *≥1% in any treatment group*		
Infections and infestations	14 (2.6)	22 (4.0)
Nervous system disorders	7 (1.3)	5 (0.9)

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

SAE: serious adverse event; SOC: system organ class

Steinman et al, ECTRIMS 2021

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

(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

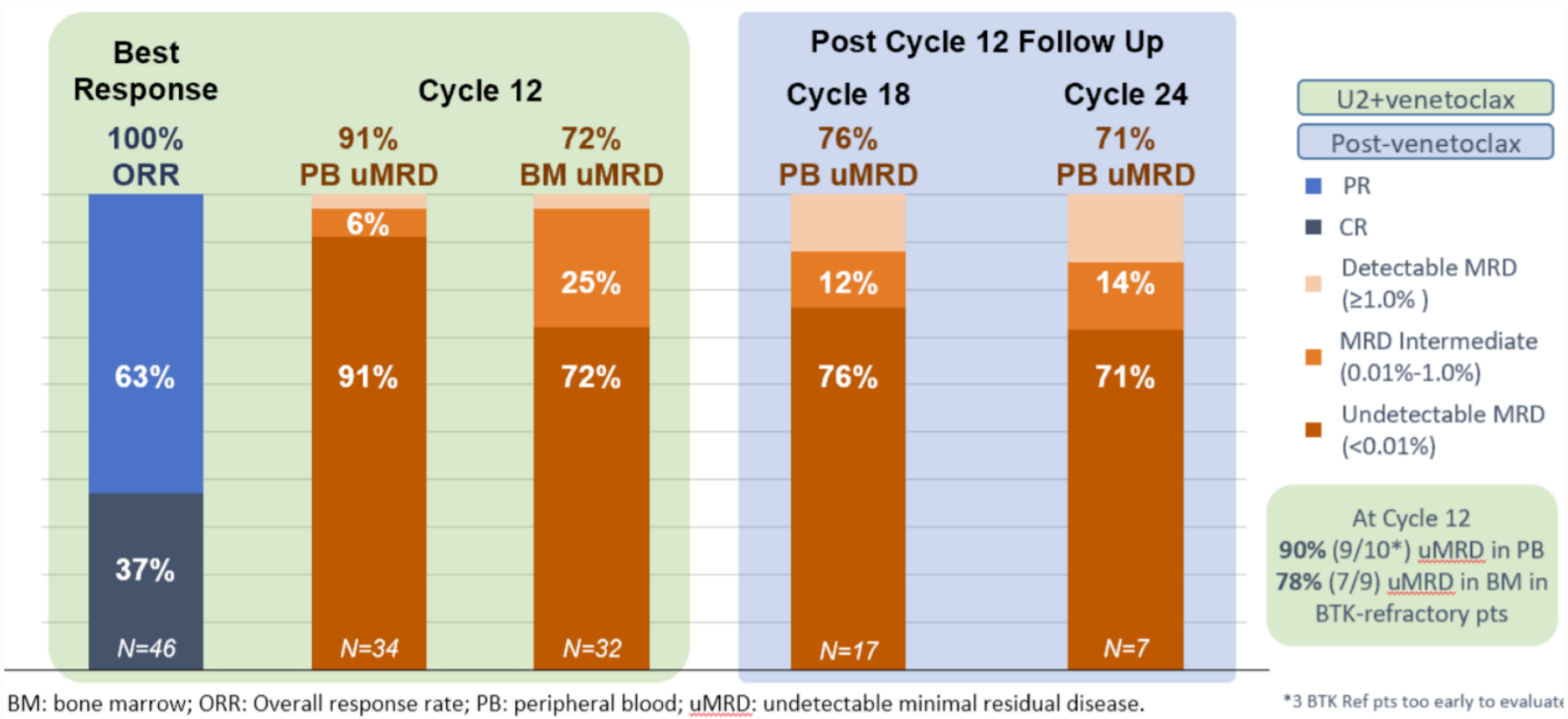
Ublituximab for RMS, BLA accepted, PDUFA goal date: 9/28/2022

U2 + Venetoclax Promising Phase 1 Early Data

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

Phase 1 iwCLL 2021 Update

- Treatment well tolerated; AEs consistent with single agent profiles



BM: bone marrow; ORR: Overall response rate; PB: peripheral blood; uMRD: undetectable minimal residual disease.

*3 BTK Ref pts too early to evaluate

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

ULTRA-V PHASE 3:

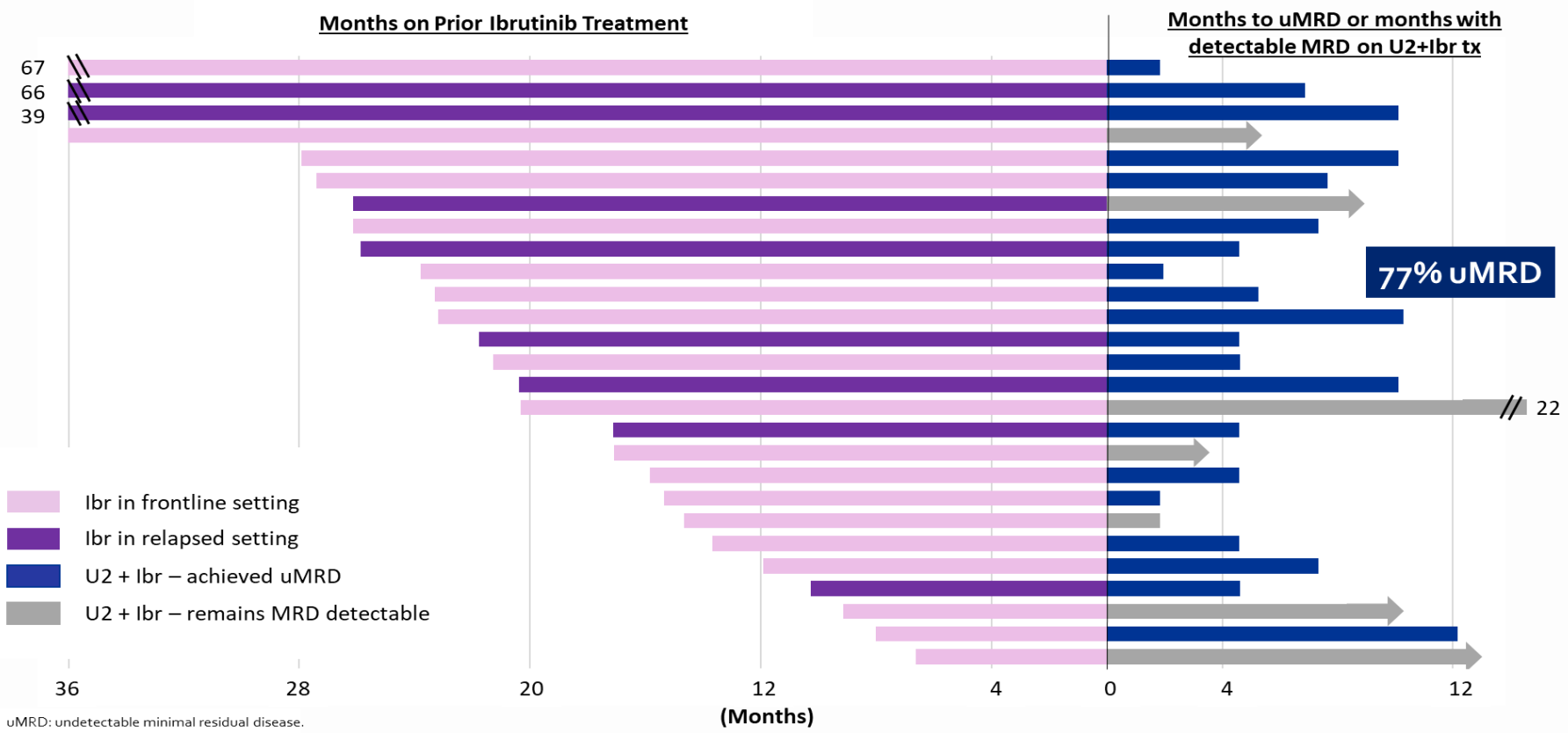
- R/R CLL
- Front Line CLL
- Primary Endpoint: PFS

Barr et.al., iwCLL 2021

U2 + Ibrutinib Phase 2 Data

Phase 2 ASH 2021 Data

The first non-venetoclax-containing MRD-driven, time-limited approach utilizing the combination of BTKi, PI3Ki, and anti-CD20



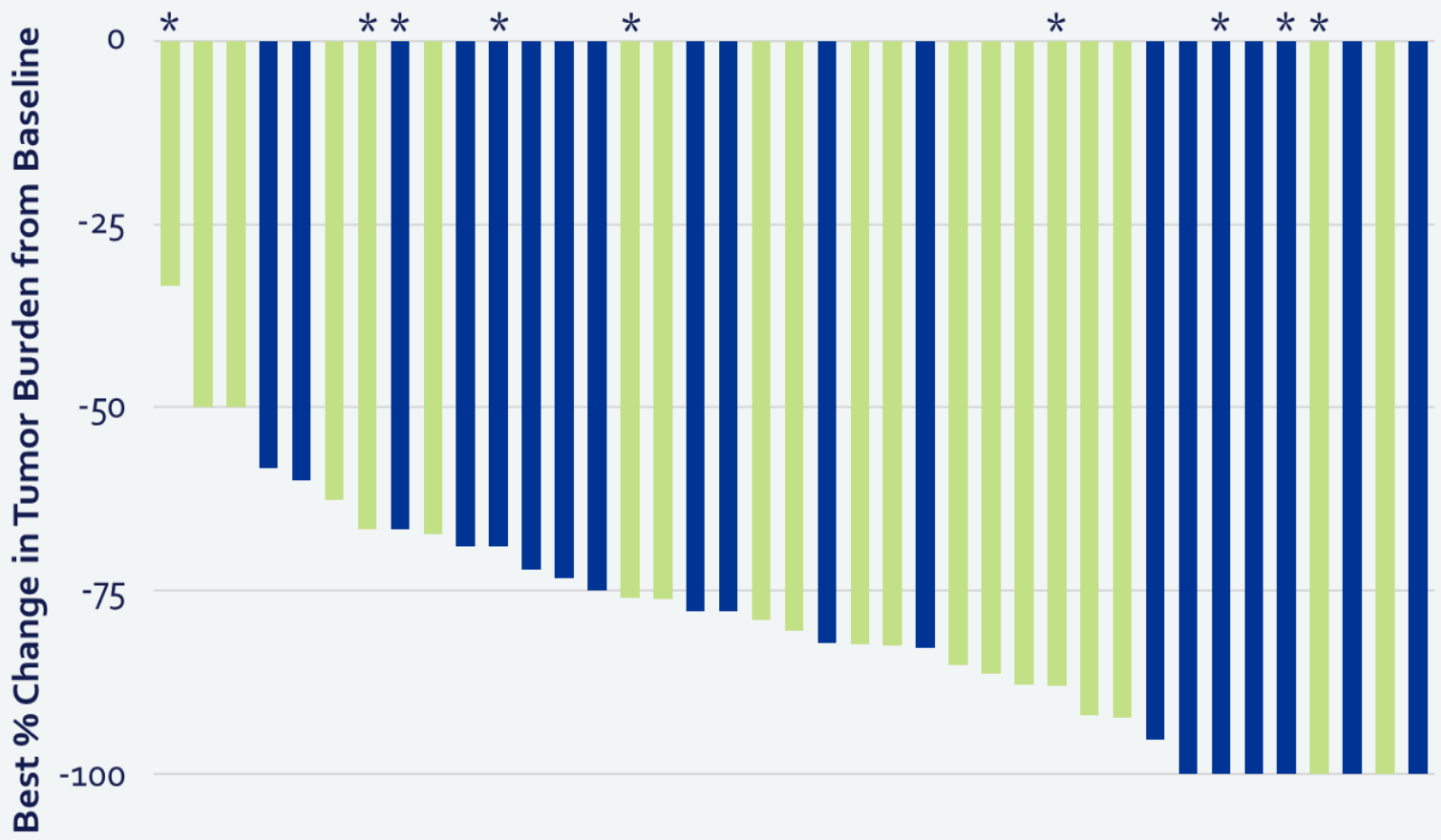
uMRD: undetectable minimal residual disease.

- **77% of evaluable patients with CLL (n=27) achieved uMRD, with a median time to first uMRD of 7.4 months**
- Grade 3/4 AEs included diarrhea (4%), hypertension (7%), ALT/AST increased (4%) and COVID-19 (4%)

Roeker et.al., ASH 2021

TG-1701 (BTKi) Monotherapy in CLL

Phase 1 ASH 2021 Update



TG-1701 200 mg CLL
(n=20)
- ORR – 95% (19/20)
- Median follow up: 20 (17-23.7) months

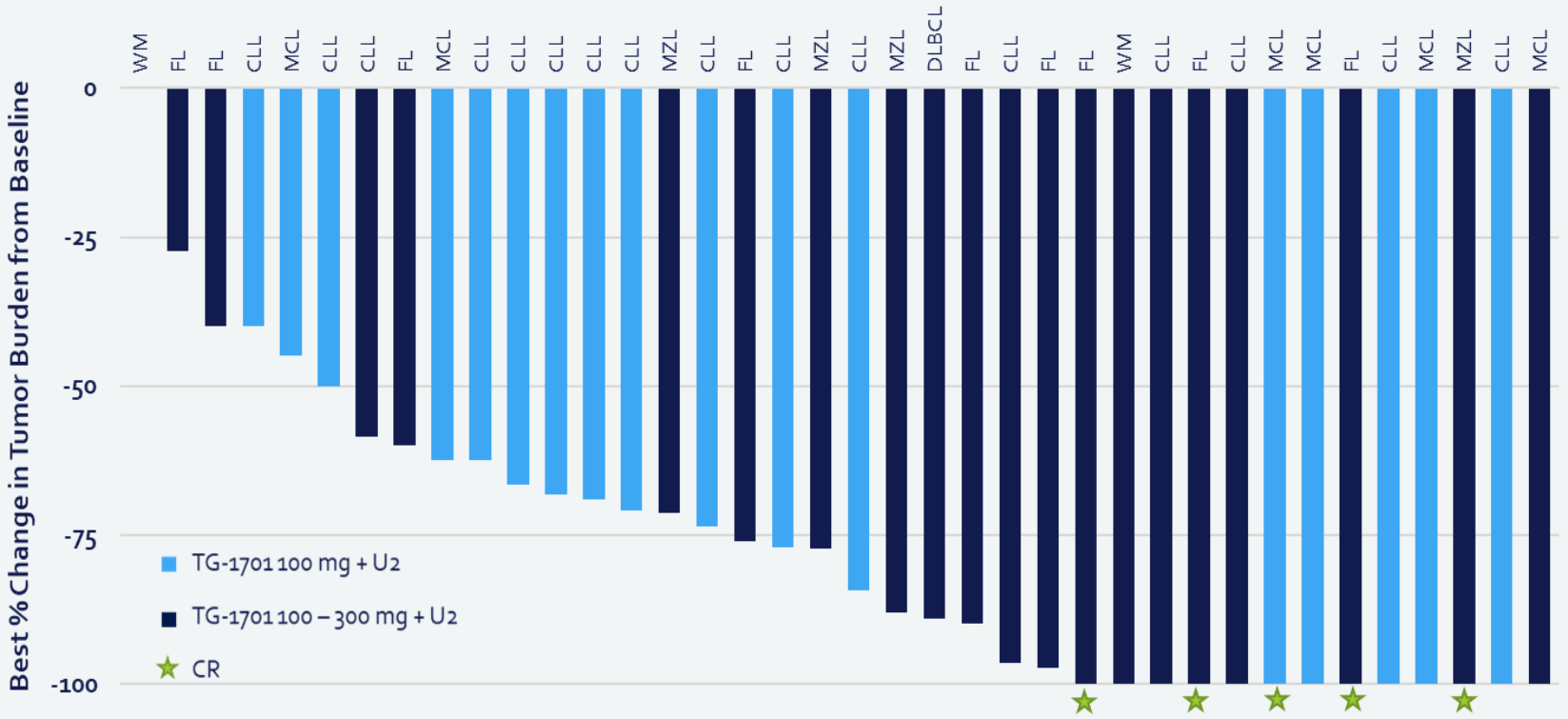
TG-1701 300 mg CLL
(n=19)†
- ORR – 100% (19/19)
- Median follow up: 13.8 (10.3-15.9) months

*Treatment naïve. †1 patient in 300 mg CLL cohort died due to COVID prior to 1st assessment and is excluded from efficacy assessments
CLL: chronic lymphocytic leukemia, ORR: overall response rate.

Cheah et.al., ASH 2021

TG-1701 + U2: Dose Escalation & Dose Expansion

Phase 1 ASH 2021 Update



TG-1701 100 mg + U2
(n=18)*

- ORR: 83% (15/18)
- CR: 6% (1/18)
- Median follow up: 2.7 (0.2-5.5) months

TG-1701 100 – 300 mg + U2
(n=21)^

- ORR: 86% (18/21)
- CR: 19% (4/21)
- Median follow up: 20.2 (2.6-29.6) months

*18 patients have completed at least 1 post-baseline assessment and all 33 patients remain on therapy. ^1 patient discontinued due to PD prior to 1st assessment and is not included on waterfall

CLL: chronic lymphocytic leukemia, CR: complete response, FL: follicular lymphoma, MCL: mantle cell lymphoma, MZL: marginal zone lymphoma, n: number, ORR: overall response rate, U2: umbralisib+ublituximab, ORR: overall response rate, WM: waldenstrom's macroblobulinemia

Cheah et.al., ASH 2021

TG-1701 +/- U2: All-Causality AEs of Interest Any Cohort

AEs ≥5% TG-1701 200mg Pooled cohort or ≥20% in Triplet cohorts, n (%) §	TG-1701 200 mg Pooled N=61		TG-1701 300 mg CLL N=20		TG-1701 + U2 100 – 300 mg N=21		TG-1701 +U2 100 mg N=19[X]	
	Any Grade	Grade ≥3	Any Grade	Grade ≥3	Any Grade	Grade ≥3	Any Grade	Grade ≥3
Diarrhea	11 (18)	-	2 (10)	-	10 (48)	2 (10)	2 (11)	-
URTI	7 (11)	-	3 (15)	-	-	-	-	-
Headache	7 (11)	-	1 (5)	-	2 (10)	-	-	-
Contusion	6 (10)	-	1 (5)	-	9 (43)	-	1 (5)	-
Abdominal pain upper	5 (8)	-	-	-	1 (5)	-	-	-
Fatigue	4 (7)	-	2 (10)	-	8 (38)	-	2 (11)	-
Nausea	1 (2)	-	3 (15)	-	8 (38)	1 (5)	-	-
Infusion related reaction	-	-	-	-	6 (29)	1 (5)	1 (5)	-
Hematologic & Lab Abnormalities								
Neutropenia[‡]	7 (11)	5 (8)	4 (20)	4 (20)	7 (33)	4 (19)	4 (21)	3 (16)
ALT increased	8 (13)	2 (3)	3 (15)	1 (5)	6 (29)	4 (19)	1 (5)	1 (5)
AST increased	5 (8)	1 (2)	3 (15)	1 (5)	6 (29)	3 (14)	1 (5)	1 (5)
Anemia	6 (10)	3 (5)	-	-	2 (10)	-	-	-

[§]Excludes AEs of special interest. [X]Only including patients that has been in the study for ≥2months (n/N= 19/33). [‡]Includes neutropenia & neutrophil count decreased MedDRA preferred terms
AE: adverse event, ALT: alanine transaminase, AST: aspartate transaminase, CLL: chronic lymphocytic leukemia, U2: umbralisib+ublituximab, URTI: upper respiratory tract infection.

Cheah et.al., ASH 2021

TG-1701 +/- U2: BTKi AEs of Special Interest

BTKi AEs of Special Interest, n (%)	TG-1701 200 mg Pooled N=61		TG-1701 300 mg CLL N=20		TG-1701 + U2 100 – 300 mg N=21		TG-1701 + U2 100mg N=19[x]	
	Any Grade	Grade ≥3	Any Grade	Grade ≥3	Any Grade	Grade ≥3	Any Grade	Grade ≥3
Arthralgia	4 (7)	1 (2)	1 (5)	-	2 (10)	-	-	-
Atrial fibrillation	1 (2)	1 (2)	-	-	1 (5)	-	-	-
COVID-19	4 (7)	1 (2)	3 (15)	2 (10) [‡]	-	-	-	-
Hemorrhage[+]	6 (10)	1 (2)	2 (10)	1 (5)	2 (10)	-	-	-
Hypertension[^]	5 (8)	3 (5)	2 (10)	1 (5)	6 (29)	1 (5)	-	-
Pneumonia	2 (3)	-	-	-	1 (5)	-	-	-

[‡]Death due to SARS-CoV-2 infection. [^]Pooled term to Include blood pressure increase and hypertension. [+]Pooled term to Include blood blister, conjunctival hemorrhage, epistaxis, hematoma, hematuria, hemorrhage, intracranial hemorrhage, mouth hemorrhage, skin hemorrhage, subdural hematoma evacuation. [X]Only including patients that has been in the study for ≥2months (n/N= 19/33)
AE: adverse event, BTKi: bruton's tyrosine kinase inhibitor, CLL: chronic lymphocytic leukemia, n: number, U2: umbralisib+ublituximab.

Cheah et.al., ASH 2021

2022 Goals & Financials

~$350m cash as of Year End 2021

REGULATORY GOALS

- Favorable ODAC meeting outcome for U2 in CLL/SLL
- Approval of U2 in CLL/SLL
- Approval of ublituximab in RMS

CLINICAL & PIPELINE GOALS

- Deliver data updates from our ongoing combo trials
- Advance our early-stage pipeline

FINANCIALS

- ~$350m cash as of YE 2021
- ~146 million fully diluted shares outstanding

TG Therapeutics

NASDAQ: TGTX