TG Therapeutics

Corporate Presentation

Suntrust Life Science Summit
May 2019

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

(Cancers: CLL, MZL, FL, and DLBCL
Autoimmune: MS, RA, Lupus, etc.)

Ideally, developing curative combination regimens

(solutions development v. drug development)

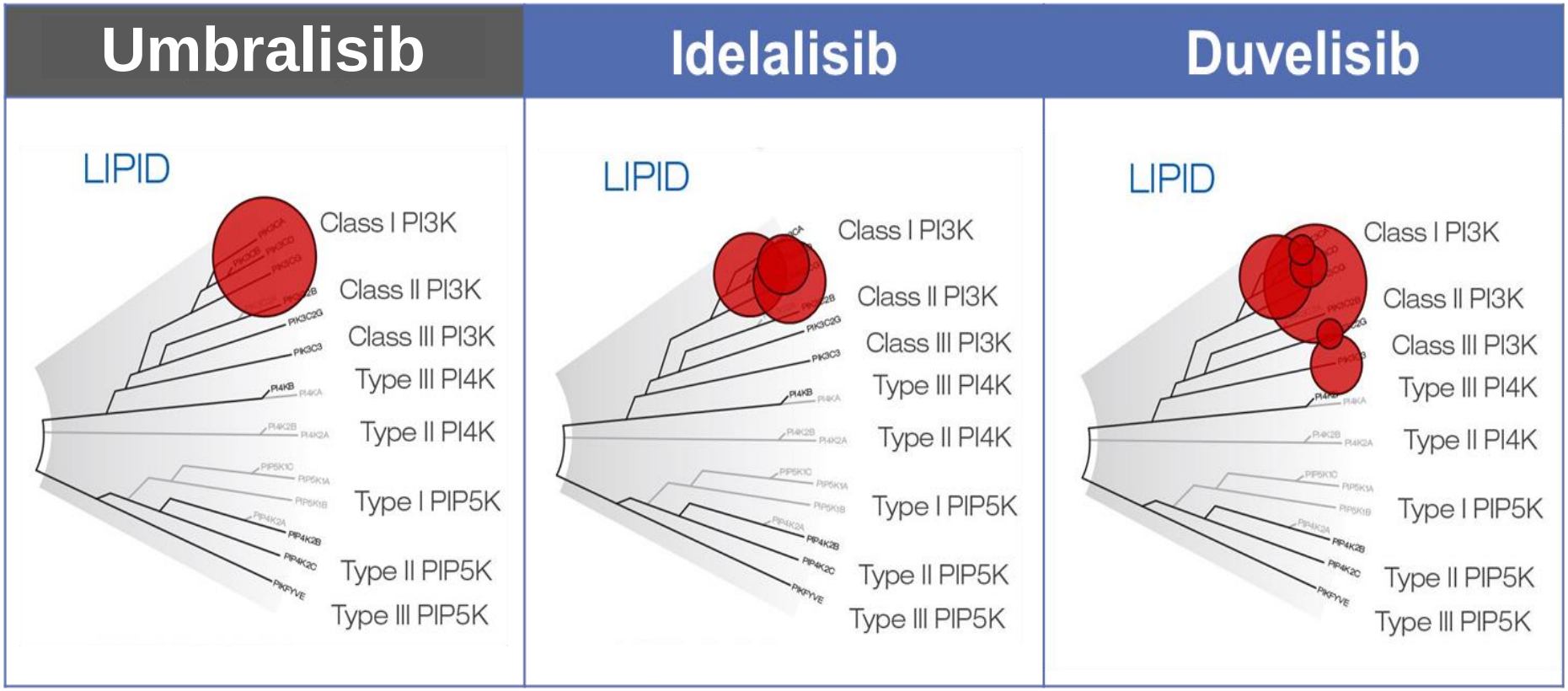
B-Cell Focused Platform

Clinical Stage Portfolio Overview

Product	Mechanism of Action	Stage of Development
Umbralisib *(TGR-1202)*	PI3Kδ/CK1ε	Phase 3
Ublituximab *(TG-1101)*	Anti-CD20	Phase 3
TG-1501	Anti-PD-L1	Phase 1b
TG-1701	BTKi	Phase 1
TG-1801	Anti-CD47/CD19	Phase 1

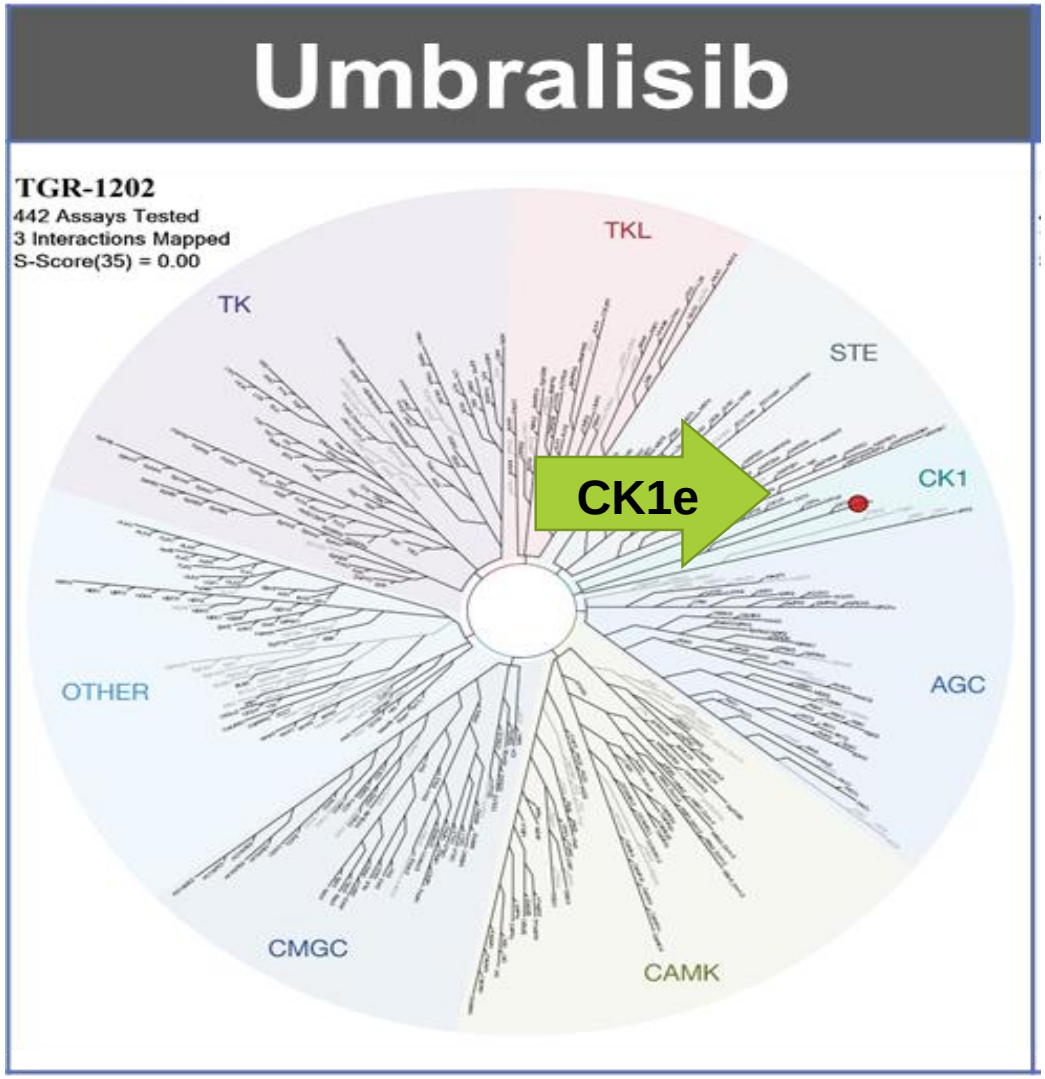
Umbralisib	Ublituximab
Next Generation PI3K delta inhibitor	Next Generation anti-CD20 monoclonal antibody
Overcomes 1st generation Toxicity	Glycoengineered for enhanced potency over 1st generation
Activity across NHL and CLL	Activity in Rituxan refractory patients
Once daily oral dosing vs. BID	Shorter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

Umbralisib: Selectivity



DiscoverX KINOMEscan

Umbralisib: Selectivity



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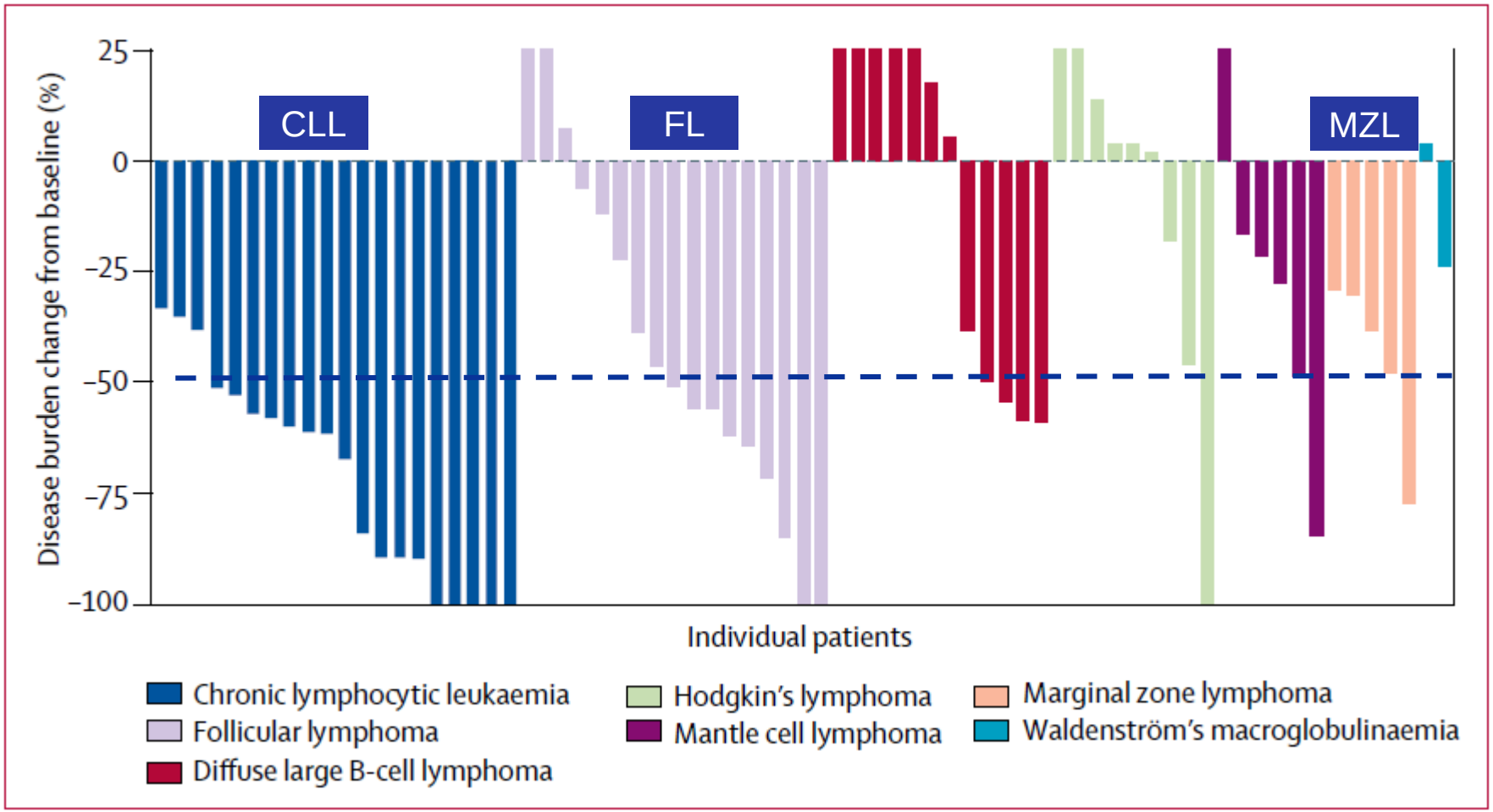
Umbralisib: Activity

Umbralisib Single Agent Phase 1 Results ***(as published in Lancet Oncology)***



Lancet Oncology, February 2018

Multiple Pivotal Programs… *All fully enrolled*

Program		Target Data Release
UNITY NHL TG THERAPEUTICS GLYCOENGINEERED UBLITUXIMAB + PI3K DELTA TGR-1202 PREVIOUSLY TREATED NHL PATIENTS	Umbralisib	***MZL – Met Primary Endpoint*** FL/SLL – Target 2H-2019
UNITY CLL TG THERAPEUTICS GLYCOENGINEERED UBLITUXIMAB + PI3K DELTA TGR-1202 PHASE 3 TRIAL IN CLL	U2	PFS Target Readout: 2H-2019/ 1H-2020
ULTIMATE I&II TG THERAPEUTICS GLYCOENGINEERED UBLITUXIMAB PHASE 3 TRIALS IN MS	Ublituximab	Mid-2020

Umbralisib in Relapsed/Refractory Marginal Zone Lymphoma (MZL)

- Approximately 7,500 new cases per year, with ~3,000 relapsed patients needing treatment each year
- No fully approved therapies for MZL
  - Ibrutinib received accelerated approved with 46% ORR in 2017
  - No PI3K-delta inhibitors approved for MZL
- Breakthrough Therapy Designation (BTD) recently granted for umbralisib to treat rel/ref MZL

UNITY-NHL Phase 2b Clinical Trial – Marginal Zone Lymphoma Cohort

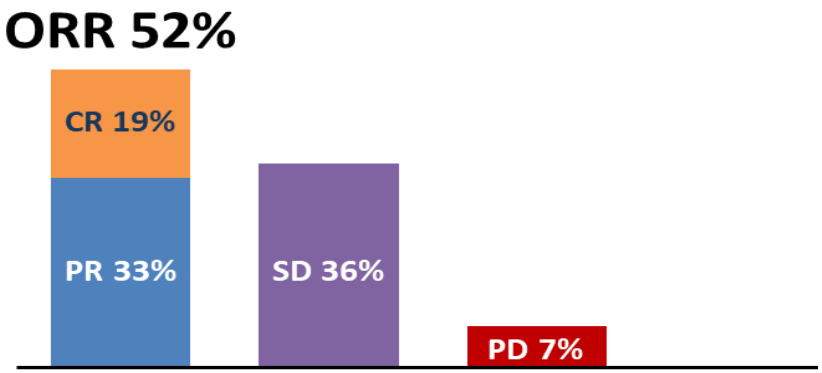
MZL Cohort Design:

- **Umbralisib**
- **Single Agent**
- **800mg 1x per day**
- **Treated 69 patients**
- **Rel/Ref MZL with prior exposure to anti-CD20**

- Feb 2019 – Trial Met Primary End Point
  - Exceeded target 40% ORR hurdle
  - Plan to meet with FDA to discuss filing for accelerated approval
  - Target NDA filing by YE-2019

AACR 2019 UNITY-NHL MZL Cohort Interim Data
Interim Efficacy

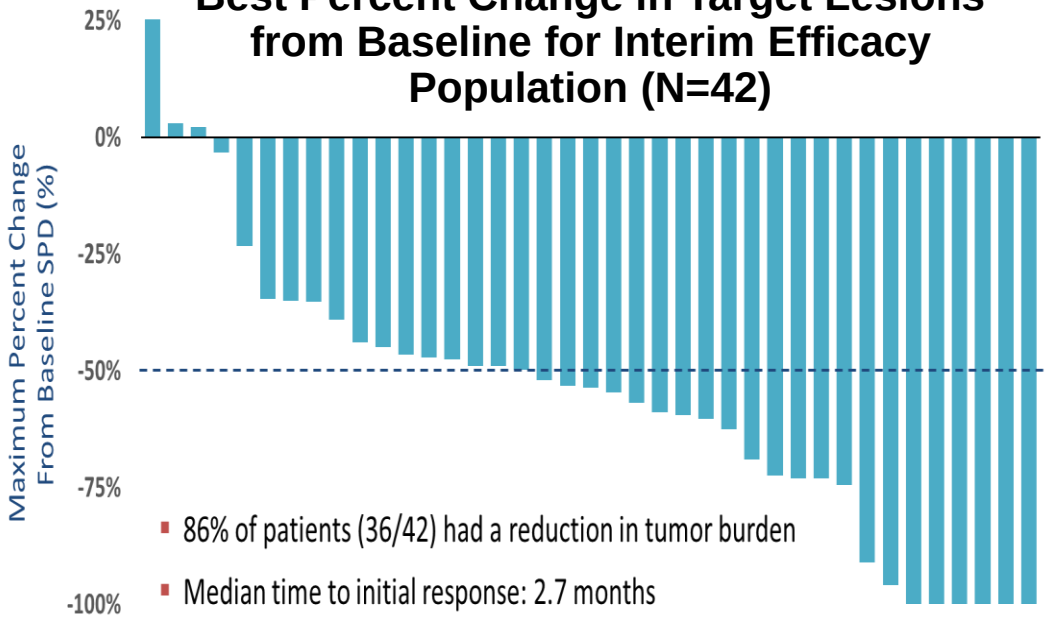
Best Overall Response of Interim Efficacy Population by IRC (N=42)



2 patients by IRC were not evaluable & are considered non-responders

IRC = Independent Review Committee; CR = complete response; PR = partial response; SD = stable disease; PD = progressive disease;

Best Percent Change in Target Lesions from Baseline for Interim Efficacy Population (N=42)



- Clinical benefit rate (PR+CR+SD) was 88% by IRC assessment
- All patients in CR by IRC remain on study (range 10.1+ – 15.7+ months)

Fowler N, et. al., AACR 2019

AACR 2019 UNITY-NHL MZL Cohort Interim Data
Safety

Adverse Events Regardless of Causality, All Treated Patients (N=69)

	Grade 1	Grade 2	Grade 3	Grade 4
Diarrhea	33%	19%	10%	-
Nausea	17%	14%	-	-
Fatigue	19%	9%	3%	-
AST increased	17%	3%	9%	-
ALT increased	6%	9%	9%	1%
Headache	16%	6%	3%	-
Cough	17%	4%	-	-
Decreased appetite	14%	7%	1%	-
Vomiting	12%	9%	-	-
Rash	12%	3%	3%	
Dysgeusia	14%	3%	-	-
Edema peripheral	12%	4%	-	-
Dizziness	7%	7%	-	-
Neutropenia	1%	-	7%	6%
Insomnia	9%	4%	-	-
Upper respiratory tract infection	1%	12%	-	-
Back pain	6%	3%	3%	-
Hyperuricemia	10%	-	-	-
Pyrexia	6%	4%	-	-

- Umbralisib was well tolerated
- No events of colitis reported
- 10 subjects (14%) discontinued umbralisib due to an AE considered at least possibly related to treatment
- No deaths occurred on study
- Grade 3 infections were limited, occurring in 3 patients (bronchitis, pneumonia, and influenza)

Fowler N, et. al., AACR 2019

Umbralisib & Ibrutinib Data in MZL

	Umbralisib Interim Efficacy Population (n=42)	Ibrutinib Prescribing Information (n=63)
ORR	52%	46%
CR	***19%***	***3%***
PR	33%	43%
Clinical Benefit (CR + PR + SD)	88%	83%
% with reductions in tumor burden	86%	78%
Median duration of exposure (months)	10.1+	11.6

- *Umbralisib appears at least comparable based on ORR by IRC in the interim efficacy population*
- *Median Time to Response for umbralisib 2.7 months (4.5 months for ibrutinib)*
- *Median DOR not reached for umbralisib with 12.5 months median follow-up*
- *Final median duration of exposure not yet reached*

Comparison for illustrative purposes only—Not based on a head to head study

Ibrutinib Warnings and Precautions*

Ibrutinib

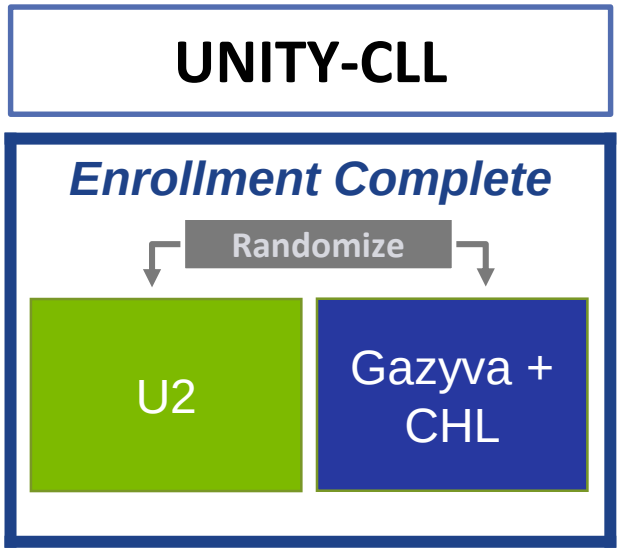
- **Hemorrhage: Serious, including fatal, bleeding events have occurred in 3% of** Imbruvica-treated patients**. Bleeding events of any grade occurred in 44%** of Imbruvica-treated patients.
- **Infections: Serious, including fatal, infections occurred in 24%** of Imbruvica-treated patients. **Cases of PML and PJP** have occurred.
- **Cytopenias: Grade 3 or 4 neutropenia (23%), thrombocytopenia (8%), and anemia (3%)** occurred in patients treated with single agent Imbruvica.
- **Cardiac Arrhythmias: Grade 3 or greater ventricular tachyarrhythmias occurred in 0.2%** of patients, and **Grade 3 or greater atrial fibrillation and atrial flutter occurred in 4%** of Imbruvica-treated patients. **These events have occurred particularly in patients with cardiac risk factors, hypertension, acute infections, and a previous history of cardiac arrhythmias**
- **Hypertension: Hypertension of any grade occurred in 12%** of Imbruvica-treated patients. **Grade 3 or greater hypertension occurred in 5%** of patients with a **median time to onset of 5.9 months**.
- **Second Primary Malignancies: Other malignancies (10%) including non-skin carcinomas (4%)** have occurred in Imbruvica-treated patients. **The most frequent second primary malignancy was non-melanoma skin cancer (6%)**.

- *The major toxicity/tolerability concerns with ibrutinib and BTKs are generally not associated with umbralisib*

* *Imbruvica Prescribing Information*

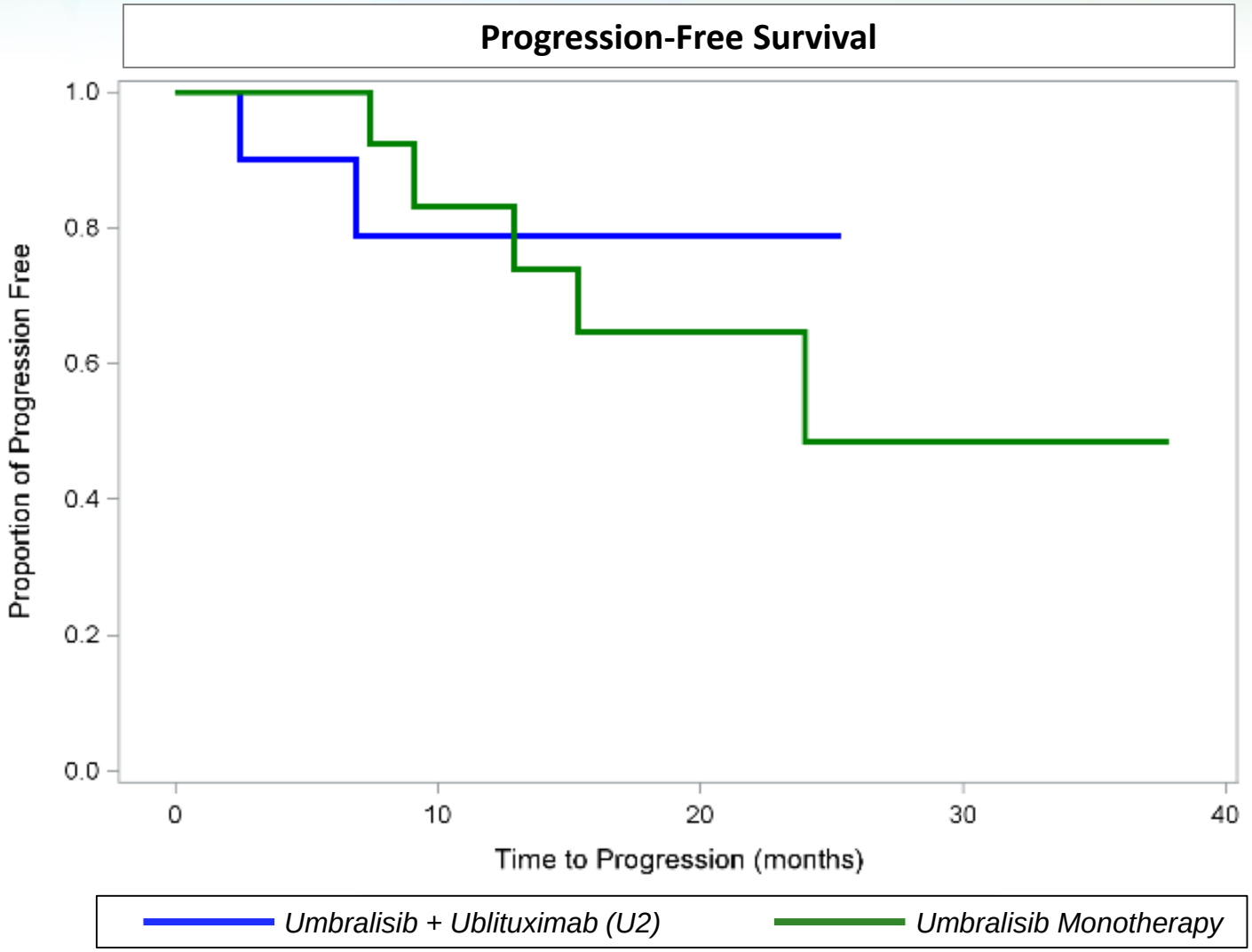
For the Treatment of CLL

- There are ~115,000 Americans living with CLL and ~20,000 newly diagnosed each year
- 85% ORR for umbralisib at higher doses in r/r CLL in Phase 1
  (Published in Lancet Oncology February 2018)
- UNITY-CLL trial conducted under Special Protocol Assessment (SPA)
- U2 expected to be the only novel doublet approved for BOTH newly-diagnosed and relapsed patients



Study Enrollment	~420
Target PFS Readout	2H-19/ 1H-20

U2 is Highly Active in Relapsed/Refractory CLL



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

Mato A, et. al, EHA 2016

CLL is One of the Fastest Growing Global Hematology Markets

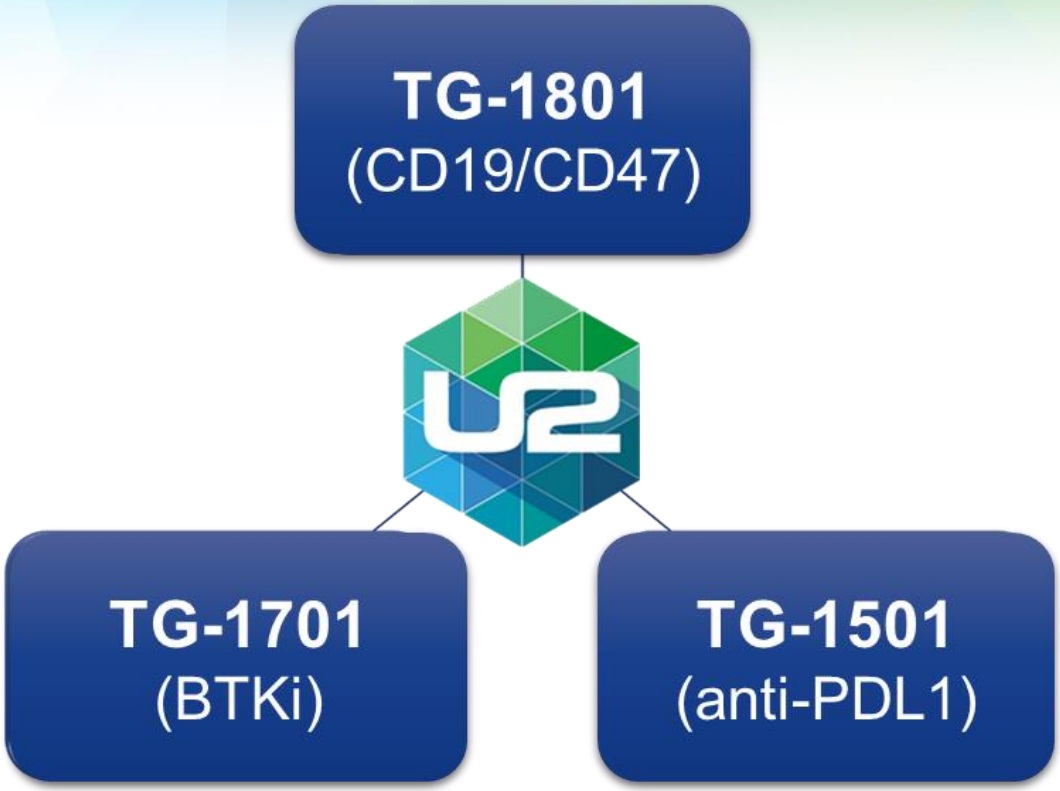
Global CLL Market 2018-2024*

($ in billions)

2025 Estimated Global Sales: ~$10bn+(*)

* *Evaluate Pharma*

B-Cell Platform Provides Next Gen Combo's



Ublituximab + Umbralisib (U2) + Ibrutinib

Response Rate Observed with Triple Therapy

Type	Pts (n)	CR† (n)	PR (n)	ORR 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%)
DLBCL	6	-	1	1 (17%)
Total	**36**	**10**	**20**	**30 (83%)**

Nastoupil et al, Lugano 2017

Ublituximab + Umbralisib + Pembro

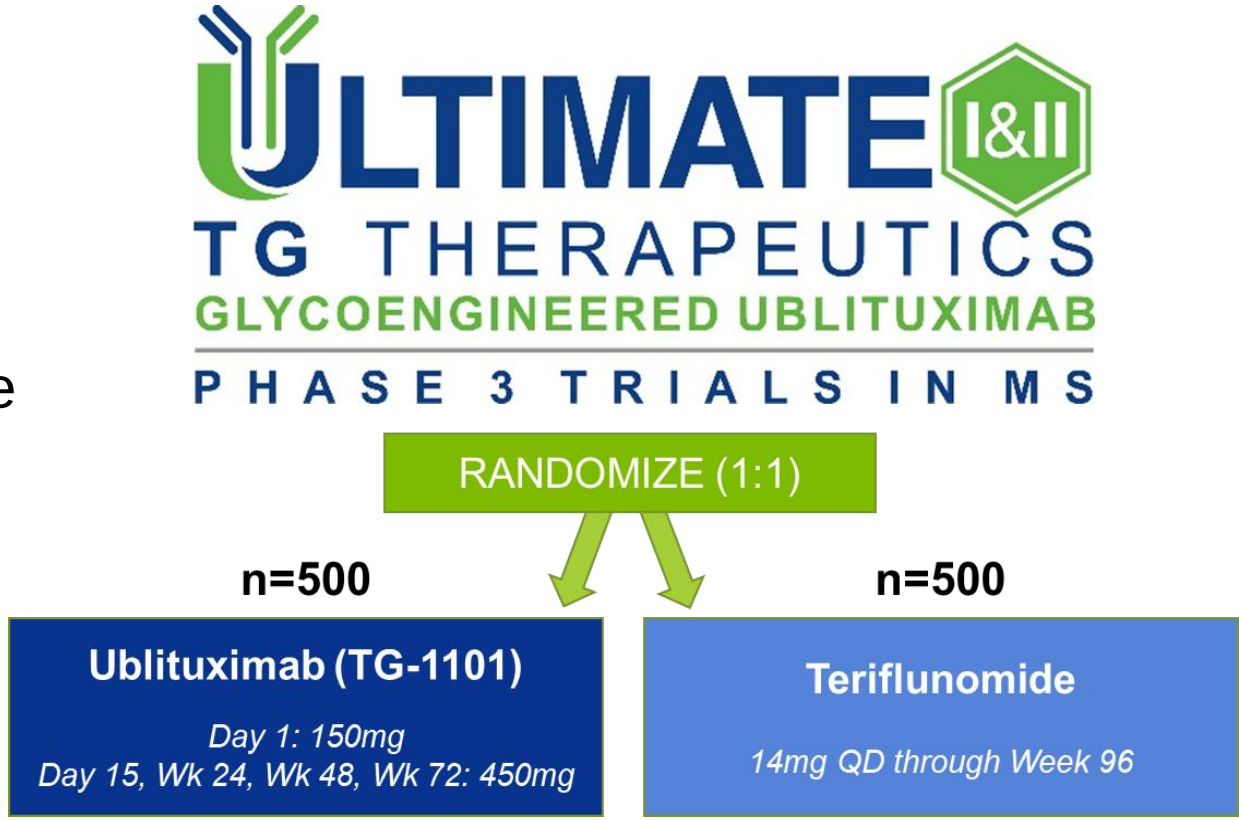
Response Rate Observed with Triple Therapy

Group	N	CR N (%)	PR N (%)	ORR N (%)
CLL	10	1 (10%)	8 (80%)	**9 (90%)**
RT	4	2 (50%)	0	**2 (50%)**

Mato, et al. ASH 2018

Ublituximab in Multiple Sclerosis

- ~1M Americans living with MS
- Completed Phase 2
- Presented final Phase 2 data at ECTRIMS 2018 & ACTRIMS 2019
- Fully Enrolled Phase 3 ULTIMATE Trials under Special Protocol Assessment (SPA)



Ublituximab Phase 2 in Multiple Sclerosis

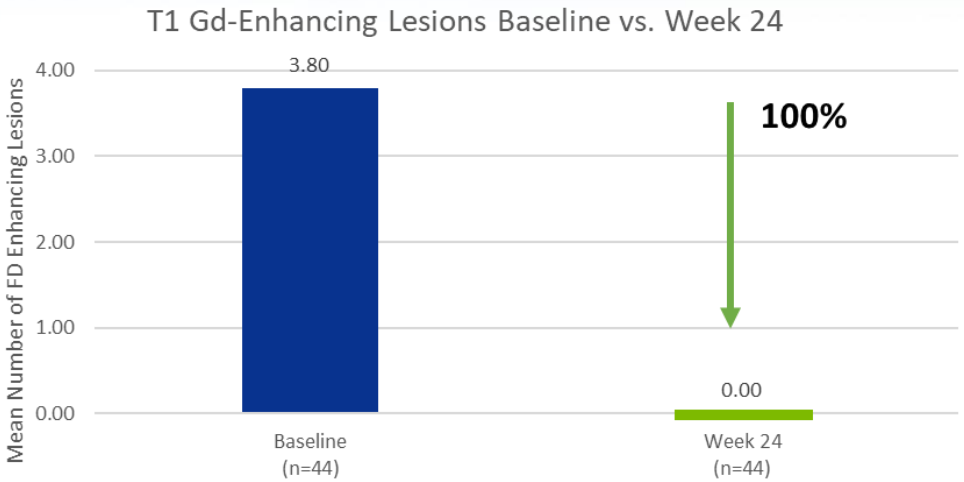
- ECTRIMS 2018 Final Phase 2 Data
  - 48 patients through 48 weeks of treatment
  - ARR of .07

Endpoint	Ublituximab Phase 2 (N=48) (Week 24)	Ocrelizumab Phase 2 (N=55) (Week 24)	Ocrelizumab Phase 3 Opera I&II (96 Weeks)
Annualized Relapse Rate	0.05	0.13	0.156
% Relapse Free	98%	87%	80%

Comparison for illustrative purposes only—Not based on a head to head study

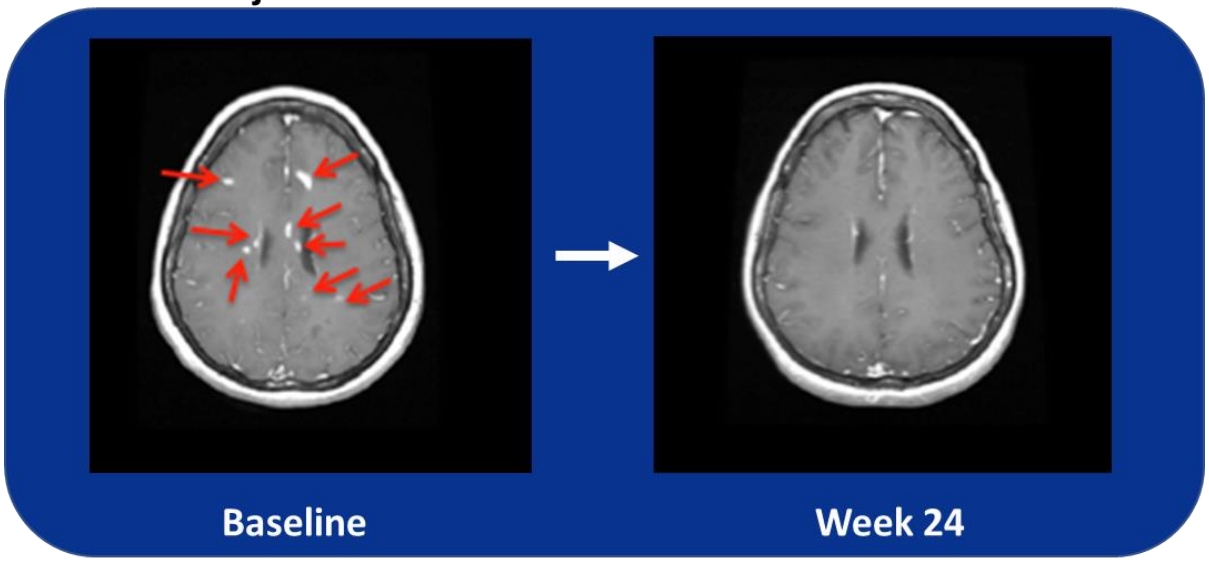
Fox et al., Presented at EAN Annual Meeting June 2018
Kappos L et al. Lancet. 2011; 378:1779-1787
Hauser SL et al. NEJM. 2017; 376:221-234

Ublituximab Phase 2: MRI-Gd Enhancing Lesions



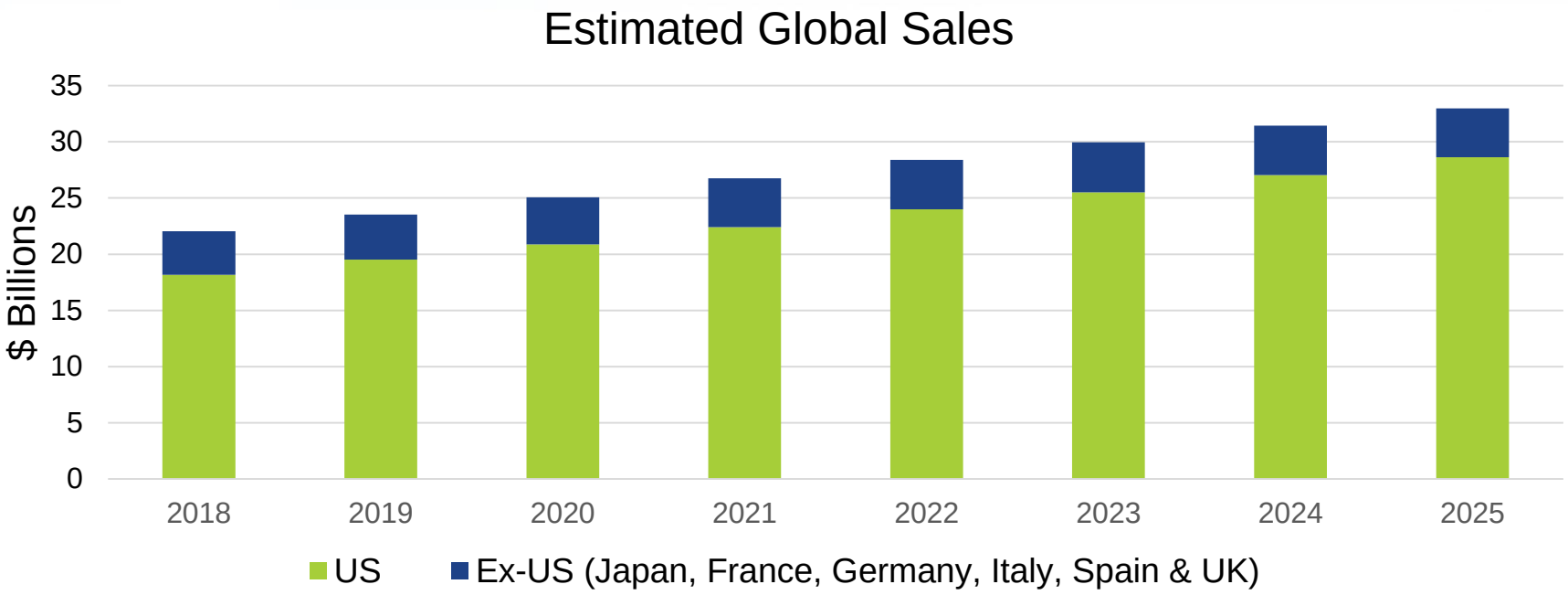
- ***Ublituximab completely eliminated all (100%) of T1 Gd-enhancing lesions at week 24 (n=44) and maintained at week 48 (n=22)***

Subject T1 Gd MRI at Baseline and Week 24



Fox E et al., ECTRIMS 2018

Significant Opportunity for Ublituximab in MS



Global Prevalence = ~2.3Million

Global Market Size >$30Billion by 2025

- **Current estimated ocrelizumab share: ~12% of total MS market**
- **Ocrelizumab >$2 Billion in 2018 annual sales**

Source: Datamonitor 2018 MS Report
Prevalence Estimate: Nat'l MS Society
Roche JPM 2018 Corporate Update

Ublituximab Value Proposition in MS

- Equal to better activity with comparable safety
- Convenience of 1 hour infusion every 6 months v. 3-4 hours for Ocrelizumab
- Strategically priced to optimize patient access
- ***Estimate $1-2B annual market opportunity in the US alone for ublituximab in MS***

Key Goals and Objectives for 2019

1H

- **Commence Phase 1 studies for TG-1501 and TG-1801 in heme cancers** ✓
- **Report top-line ORR results from UNITY-NHL MZL cohort and FL cohort** ✓
- **Present updated data at major medical meetings—*AACR MZL Cohort*** ✓

2H

- **Potential UNITY-CLL PFS top-line results**
- **Potential UNITY-NHL NDA filing**
- **ASH update for UNITY-NHL, Pipeline Products and U2 plus Venetoclax**

Corporate & Financial

Key Financial Statistics

Ticker:	**TGTX (NASDAQ)**
Price:	**$7.97 (close on May 7, 2019)**
Shares:	**~88M (fully-diluted)**
Cash:	**~$125M (proforma as of 12/31/18)**

TG Therapeutics

NASDAQ: TGTX