GENELUX

Redefining Immuno-Oncology

Corporate Presentation November 2024

Forward Looking Statements

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Highlights

Olvi-Vec: late-stage Clinical Program focused on Platinum Resensitization in Multiple Indications

Ongoing pivotal Phase 3 trial in late-stage platinum resistant/refractory ovarian cancer (PRROC)
Ongoing Phase 2 trial via systemic administration in recurrent non-small cell lung cancer (NSCLC)
Ongoing Phase 1b/2 trial via systemic administration in recurrent small cell lung cancer (SCLC)

CHOICE™ Platform; Broad and Diverse Discovery Engine

Library with over 500 novel vaccinia strains and 110+ transgenes

Validating Strategic Partnership

Newsoara Biopharma (Greater China rights) has paid $11M to date and Genelux is eligible for additional development, regulatory and sales milestone payments and up to mid-double-digit percentages royalties on net sales

Focused Commercial Strategy

US launch in Ovarian Cancer initially; strategic partnerships for ex-US rights

Estimated Billion Dollar Plus Annual Market Opportunity

Potential well beyond ovarian and lung cancers in numerous settings via systemic administration

The Most Advanced Non-local Delivery Oncolytic Immunotherapy

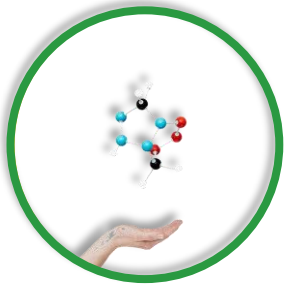
Olvi-Vec: *7 Completed Clinical Trials (>150 Patients)*

Physician-preferred routes of delivery

- Regional and Systemic Administration to preferentially locate, colonize and destroy tumor cells, including metastatic disease
- IV therapy currently being used in small cell lung cancer Phase 1b/2 trial and in non-small cell lung cancer Phase 2 trial
- Potential utility in multiple cancers (demonstrated in 20 pre-clinical solid & liquid tumor models, e.g., ovarian, lung, breast, colon, kidney, prostate, lymphoma)

Antitumor Effect and Well Tolerated

- Strong ORR, mPFS & mOS* data in Phase 1b/2 trial in platinum-resistant/refractory ovarian cancer
- No Maximum Tolerated Dose (MTD) observed
- In Ovarian Cancer trial, catheter placement is prior to chemotherapy, with removal 2 days after initial placement



Ideal Backbone of Combination Therapy

- Turns tumors “hot” by localized inflammation and induction of the influx of tumor infiltrating lymphocytes (TILs)
- Positively modulates anti-tumor pathways in tumor microenvironment
- Potential to use with various modalities including in patients who failed platinum-based chemotherapy in multiple tumor types

*ORR: overall response rate, mPFS: median progression-free survival, mOS: median overall survival.

Program Builds on Completed Trials to Exploit Competitive Advantages

3 Upcoming Trial Readouts have Potential to Redefine:

- *Therapy (platinum resensitization in multiple indications)*
- *Modality (systemic administration of an oncolytic virus)*

Olvi-Vec	Indication	Design	Preclinical / Phase 1 / Phase 2 / Phase 3	Anticipated Milestones	Collaborators
Regional Route	***Ovarian Cancer*** *(platinum-resistant/ refractory)*	*Olvi-Vec (i.pe)* ***+Platinum-based regimen***	***Ph3 OnPrime/GOG-3076 Study Actively Enrolling*** — Received FDA Fast Track Designation	***Topline results expected in 2H, 2025***	GOG FOUNDATION (Cooperative Group)
Systemic Route	***Non-Small Cell Lung Cancer*** *(recurrent/platinum-ICI failure)*	*Olvi-Vec (IV)* ***+Platinum/Checkpoint inhibitor-based regimen***	***Ph2 Actively Enrolling***	***Interim readout expected mid 2025***	
	Small Cell Lung Cancer *(recurrent/platinum failure)*	*Olvi-Vec (IV)* ***+Platinum-based regimen***	***Ph1b/2 Actively Enrolling***	***Interim readout expected in 2H, 2024***	NEWSOARA 恒翼生物医药 (Greater China)
	Ovarian Cancer *(recurrent/platinum failure)*	*Olvi-Vec (IV)* ***+Platinum-based regimen***	***Ph1b/2 Regulatory Submission***		
	Non-Small Cell Lung Cancer *(recurrent/platinum-ICI failure)*	*Olvi-Vec (IV)* ***+Platinum/Checkpoint inhibitor-based regimen***	***Planned***		
	Pancreatic Cancer *(recurrent)*	*Olvi-Vec (IV)* ***+Adoptive Cell Therapy***	***Regulatory Submission***		VACT THERAPEUTICS (Worldwide Rights Ex-Greater China)

Olvi-Vec Seeks to Unleash Immune System Against Cancer

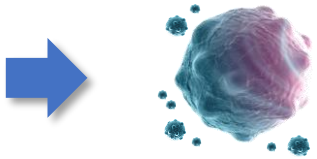
Key Takeaways

Olvi-Vec is being developed as a robust immune modulator that utilizes a triple mode of action to mount a personalized attack against cancer cells throughout the body and aims to:

- Selectively replicate in tumors to kill cancer cells directly, including cancer stem cells
- Enhance (neo)antigen presentation and stimulates a tumor-specific immune response
- Convert tumor microenvironment from immunosuppressive (cold state) to immunoreactive (hot state)

Olvi-Vec

viral infection



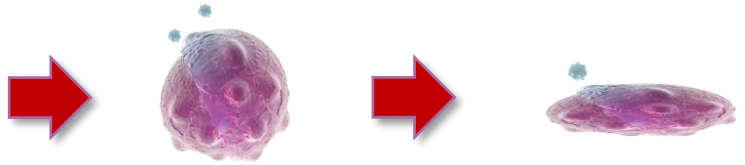
Oncolysis and release of tumor (neo)antigens

Innate Immune Activation

- Increase Type I IFNs
- Increase DAMPs / PAMPs

Adaptive Immune Activation

- APCs present (neo)antigens
- T-cell activation & cytotoxicity
- Anti-tumor immune memory



PAMPs - Pathogen-associated Molecular Patterns
DAMPs - Damage-associated Molecular Patterns

'Cold' tumor before Olvi-Vec

- No or relatively low number of immune effector cells
- Relatively high number of immune suppressor cells

'Hot' tumor following Olvi-Vec immunotherapy

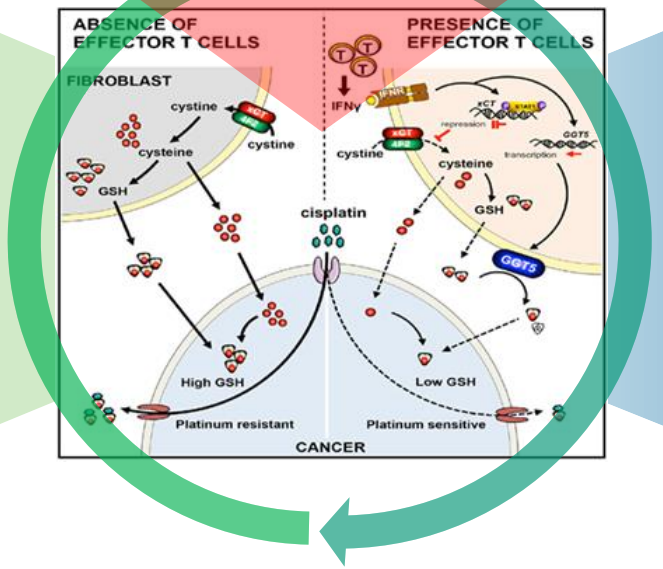
- Increase of proinflammatory cytokines/chemokines
- Influx of CD8+ effector T cells
- M2 to M1 transition of tumor-associated macrophages
- Decrease of immune suppression
- Changes of tumor gene expression profile
- Immunogenic tumor cell death
- Vascular collapse

Olvi-Vec-Primed Immunochemotherapy: Reversing Platinum Resistance

Olvi-Vec-Induced Hot Tumor

Pro-therapeutic gene expression
[VIRO-15 Monotherapy Data]

- Positive regulation of T-cell activating and trafficking[1]
- Expression profiles (e.g., STAT1) correlated to better prognosis[2]
- Promotion of sensitization[3] / response to chemotherapy[4]



Chemotherapy synergy

- Immunogenic cell death and presentation of oncogenic neoantigens[6]
- Depletion of suppressor cells[5]
- Increase susceptibility to cytotoxic T-lymphocytes[6]

"Prime & Boost"

[1] Song et al. (Mol Ther (2007) 15(8):1558-1563)
[2] Wang et al., Cell. 2016; 165(5): 1092–1105
[3] Mantovani et al., J Exp Med. 2015;212(4):435–445
[4] Ahmed et al., Mol Aspects Med. 2014;39:110-25
[5] Weir et al., Cancers (Basel) (2011) 3(3):3114-3142 Emens et al., Cancer Immunol Res (2015) 3(5):436-443)
[6] Emens et al., Cancer Immunol Res (2015) 3 (5): 436–443.

A Maturing Modality with Phase 3 Companies Validating OV Potential

Next Generation Regional & Systemic Administration

Systemic Delivery
Potential to be First-in-Class
Across multiple tumor types

Phase 2 Ovarian Cancer
Apparent tumor re-sensitization to platinum-based therapy

Phase 1b Solid Tumors
Dose-dependent mOS in metastatic lung-diseased solid tumor patients after multiple IV doses

Limitations of 1st Gen Viruses

- Limited to local delivery and scope of addressable cancers

AMGEN
FDA/EMA Approval in Melanoma

Daiichi-Sankyo
PMDA Approval in malignant glioma

CG ONCOLOGY
Phase 3 monotherapy trial [interim data] in bladder cancer

Potential Clinical Advantages of Olvi-Vec

- ✓ **Systemic Dosing and Redosing**
- ✓ **Target & Treat Metastatic Diseases**
- ✓ **Robust Immune Activation Profile**
- ✓ **Broad spectrum of accessible tumor types**
- ✓ **Multiple Routes of Delivery**
- ✓ **Tumor Selectivity**
- ✓ **Strong immune activator**
- ✓ **Nonhuman Pathogen**

mOS: median overall survival

Regional Administration Program

Ovarian Cancer

Ovarian Cancer Program: Regional (Intraperitoneal) Delivery

Key Takeaways

- Phase 1 tested condensed dosing schedule and demonstrated tolerability with evidence of anti-tumor activity
- Phase 2 demonstrated promising Overall Response Rate (ORR) and Progression Free Survival (PFS), and clinical reversal of platinum resistance and refractoriness

Expected Milestones

- Phase 3 registrational trial: ongoing with topline results expected in 2H, 2025

Completed and ongoing clinical trials in heavily pre-treated platinum resistant/refractory patients

Trial Sites Location / (#)	Clinical Stage	Design	Patients	Randomization	Status
US / (~30)	Phase 3	Combination (platinum-based regimen)	186	2:1	Enrolling[3]
US / (1)	Phase 1	Monotherapy (Dose Escalation)	11	Single Arm	Completed[1]
US / (2)	Phase 2	Combination (platinum-based regimen)	27	Single Arm	Completed[2]

[1] Manyam *et al.*, Gynecol Oncol. 2021;163(3):481-489.
[2] Holloway *et al.*, JAMA Oncol. 2023 Jul 1;9(7):903-908.
[3] Holloway *et al.*, Int J Gynecol Cancer. 2023 Sep 4;33(9):1458-1463.

Phase 3 Pivotal Trial Design Founded on Phase 2 Trial Design & Results

Trial design intends to replicate previous data showing anti-tumor activity of Olvi-Vec and reversal of platinum resistance.

Key Inclusion Criteria

- High-grade serous, endometrioid, or clear-cell ovarian cancer
- Platinum-resistant or -refractory disease
- Received prior bevacizumab (or biosimilar) treatment
- Received a minimum of 3 prior lines of systemic therapy with no maximal limit
- Performance status ECOG is at 0 or 1, and life expectancy of at least 6 months

Multi-center, randomized open-label[1] n=186

Experimental Arm
Olvi-Vec and Platinum + single agent chemo + Bevacizumab, followed by maintenance therapy

Active Comparator Arm [2]
Single-agent chemo (+ optional platinum) + Bevacizumab, followed by maintenance therapy

Topline results expected in 2H, 2025

Primary Endpoint

Progression-Free Survival

Key Secondary Endpoints

1. Treatment-emergent AEs
2. Duration of Response (DOR)
3. Overall Response Rate (ORR)
4. Overall Survival (OS)

A platinum resensitizing agent is a long-standing desirable and highly demanded mechanism of action of Gyn-Oncs, their so-called "Holy Grail".[3]

[1] International Journal of Gynecological Cancer, Holloway RW, et al. 2023;33:1458–1463.
[2] Protocol amended to make platinum optional in the Active Comparator Arm with intent to implement upon receipt of IRB approvals.
[3] Journal of Investigative Medicine High Impact Case Reports, Volume 6: 1–3, 2018 DOI: 10.1177/2324709618760080 J ournals.sagepub.com/home/hic

Completed Phase 1b Anti-tumor Activity as Monotherapy Leading into Combination

Key Clinical Takeaways

- Median progression free survival (mPFS) of 6.1 months (median 4 prior lines; 95%CI: 2.2-NA) for the six patients in Cohort 1 virus monotherapy – the dose used in Phase 2.

  1. SOC-AURELIA regimen
     (1-2 prior lines)
     - mPFS: 6.7 mos
  2. ELAHERE
     (1-3 prior lines)
     - mPFS: 5.62 mos

- Cohort 2/3 dosing done exponentially higher with no MTD reached.

Olvi-Vec Monotherapy[1]

Patient Background & Study Treatment

- Heavily pre-treated PRROC patients with documented progressive disease
- Cohort 1 received a single cycle of intraperitoneal delivery on 2 consecutive days; total dose: $6x10^9$ pfu, same dose as Phase 1/2

Tolerability:

- No Dose Limiting Toxicity (DLT)
- No Maximum Tolerated Dose (MTD)
- No Grade 4 Adverse Events (AE)

Antitumor activity:

- Clinical Benefit Rate: 73% (8/11)
- 4/11 patients over three dose cohorts had >2x PFS relative to immediate prior chemotherapy

Translational Evidence:

- Activation of tumor-specific T cell response detected in blood
- Documented immune activation in tumor microenvironment with significant influx of TILs
- Favorable immune-related genetic signatures

[1] Manyam *et al.*, Gynecologic Oncology 163 (2021) 481 - 489

Completed Phase 2 Tested Olvi-Vec-primed Immunochemotherapy

Heavily Pretreated Patients with Platinum-Resistant or Platinum-Refractory Ovarian Cancer

Key Inclusion Criteria

- High-grade serous, endometrioid or clear-cell ovarian cancer which includes: (1) platinum-resistant (recurrence or progression in < 6 months) or (2) platinum-refractory (progression while on platinum-based therapy) with at least two prior lines of therapy
- ECOG Performance status is at 0 or 1

Interventional Single Group Assignment n=27

Design

Olvi-Vec via intraperitoneal infusion in multiple doses, after systemic chemotherapy administered with or without bevacizumab

Endpoints

Primary: Median progression-free survival (mPFS); Objective Response Rate (ORR) by RECIST 1.1 and by tumor biomarker Cancer Antigen-125.
Secondary: Median overall survival (mOS)

Data Presentations

1. 2020 Digital Annual Meeting of International Gynecologic Cancer Society

   Oral Plenary Session

2. JAMA Oncology

   Selected for Journal podcast series interview

OnPrime Phase 3 Trial

Ongoing Pivotal Phase 3 for the treatment of PRROC patients, using the same Experimental Arm treatment regimen

JAMA Oncology

Results of the VIRO-15 Phase 2 Trial were published in JAMA Oncology [1]

[1] Holloway *et al.*, JAMA Oncol. 2023 Jul 1;9(7):903-908.

Phase 2: Clinically-Meaningful Responses in Heavily Pretreated Patients

Key Clinical Takeaways

Promising ORR and PFS, and clinical reversal of platinum resistance and refractoriness among patients with PRROC

- All patients had documented progressive disease at enrollment
- The mPFS of the patients' immediately preceding line of therapy was ~4.5 months
- Based on historical data, the mPFS would be expected to decrease in the subsequent line of therapy
- No Grade 4 adverse events. Typical adverse events were transient, mild-to-moderate flu-like symptoms

Overall Response Rate (ORR), including Complete Responses (CR) & Partial Responses (PR), and Progression-Free Survival (PFS)*

	ORR by RECIST1.1**	Duration of Response	ORR by CA-125	Median PFS	Median Overall Survival (OS)
All patients (n= 27) (95% CI)	**54%** (13◊/24◊◊) (33 - 74) **CR=8%** **PR=46%**	**7.6 mos** (3.7 - 9.6)	**85%** (22/26◊◊◊) (65 - 96)	**11.0 mos** (6.7 - 13.0)	**15.7 mos** (12.3 - 23.8)
Platinum-resistant (n=14) (95% CI)	**55%** (6/11) (26 - 84) **CR=18%** **PR=36%**	**7.6 mos** (3.7 - NA)	**85%** (11/13) (55 - 98)	**10.0 mos** (6.4 - NA)	**18.5 mos** (11.3 – 23.8)
Platinum-refractory (n=13) (95% CI)	**54%** (7/13) (27 - 81) **CR=0%** **PR=54%**	**8.0 mos** (3.7 - NA)	**85%** (11/13) (55 - 98)	**11.4 mos** (4.3 -13.2)	**14.7 mos** (10.8 – 33.6)

*Baseline for ORR & PFS evaluation is the timepoint immediately prior to starting post-Olvi-Vec carboplatin doublet +/- bevacizumab to allow direct comparison to historical data or patients' own previous line of chemotherapy

**Eligible for evaluation: with at least 1 measurable target lesion at baseline; including 2 patients without post-chemo scan after virotherapy, and therefore are assigned to the 'inevaluable for response' category per RECIST1.1

◊Including 3 unconfirmed; 2 in resistant and 1 in refractory groups

◊◊Three of 27 patients were not evaluable as defined by RECIST 1.1 criteria due to no measurable disease. However, these 3 patients were evaluable by the Gynecological Cancer InterGroup (GCIG) CA-125 criteria, showing 2 partial responses and 1 complete response as best response.

◊◊◊One of 27 patents was not evaluable by GCIG CA-125 criteria. However, this patient was evaluable by RECIST 1.1, showing stable disease as best response.

Demonstrated Deep and Durable Tumor Shrinkage

Key Clinical Takeaways

Refractory patients performed as well as resistant patients

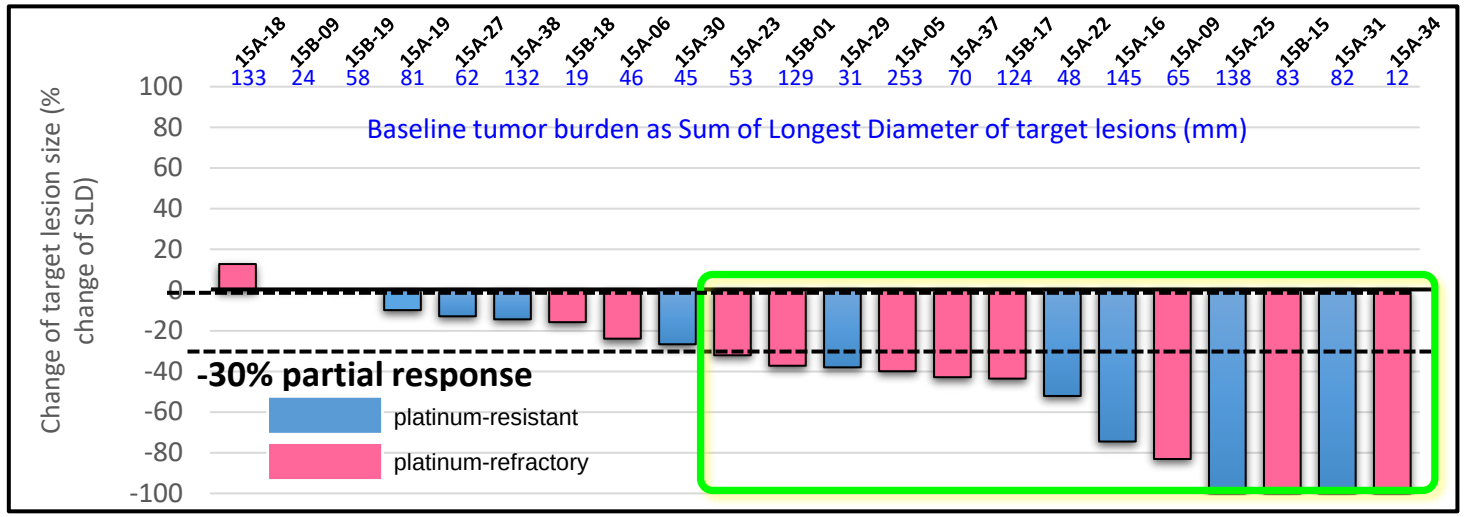
Tumor Shrinkage

- Overall, 86% of PRROC patients showed tumor reduction, with 91% of platinum-refractory patients showing tumor reduction
- Four patients had 100% reduction of target lesions (two with confirmed CR), including two platinum-refractory patients

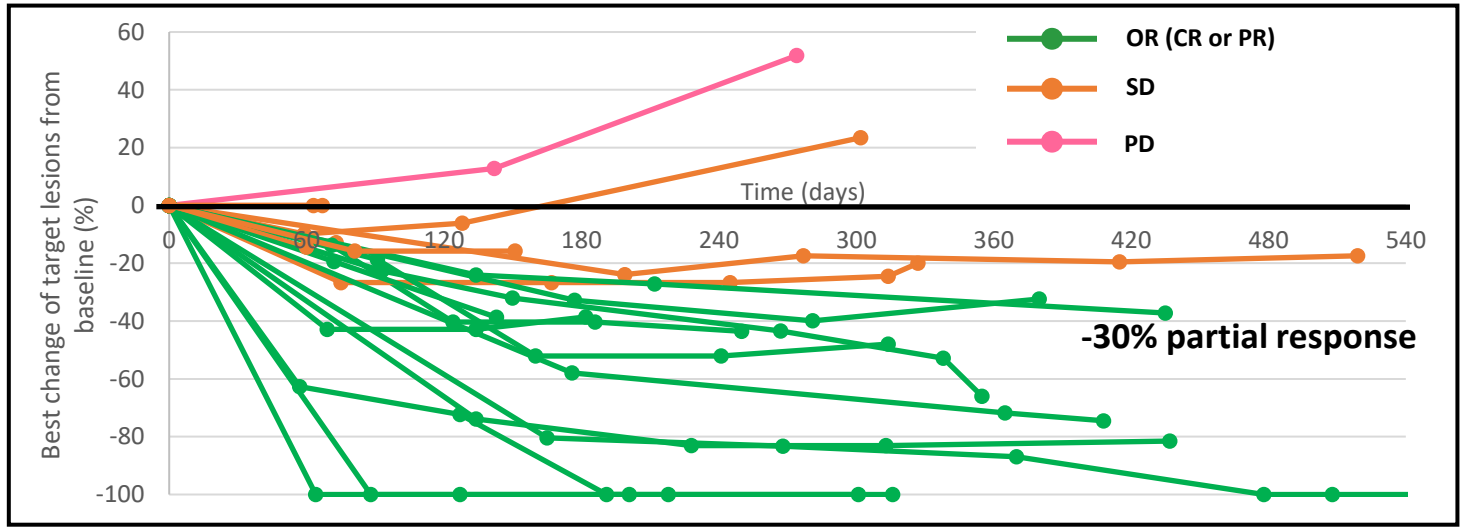
Duration of Response (DOR)

- DOR of 7.6 Months in all platinum-Resistant patients
- DOR of 8.0 Months in platinum-refractory patients

Tumor Shrinkage



Duration of Response

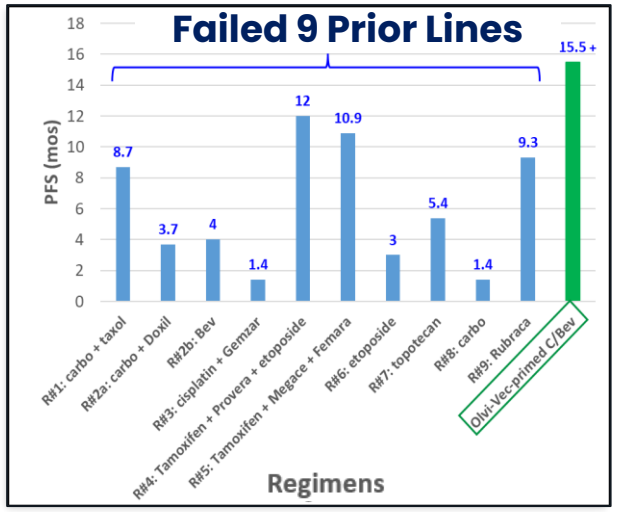


Olvi-Vec-Primed Immunochemotherapy Overcomes "Refractoriness"

Exemplary platinum-refractory patients, after platinum re-challenge,
achieved PFS exceeding any prior lines

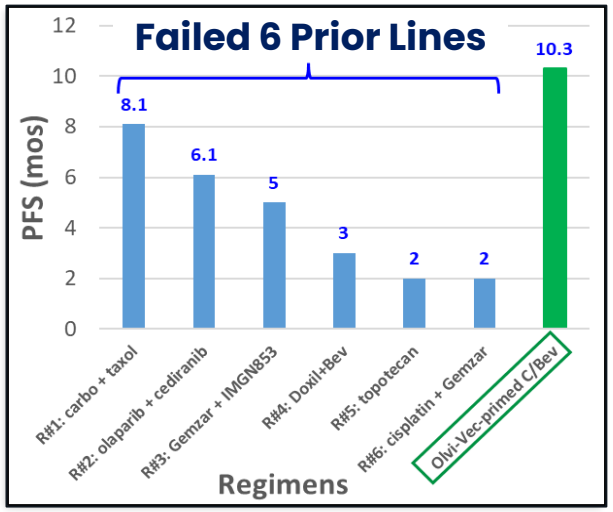
15B-01:
- Stage IIIB papillary serous
- ECOG: 0
- BRCA negative
- PD-L1 negative

Overall Survival: 23.2 Months



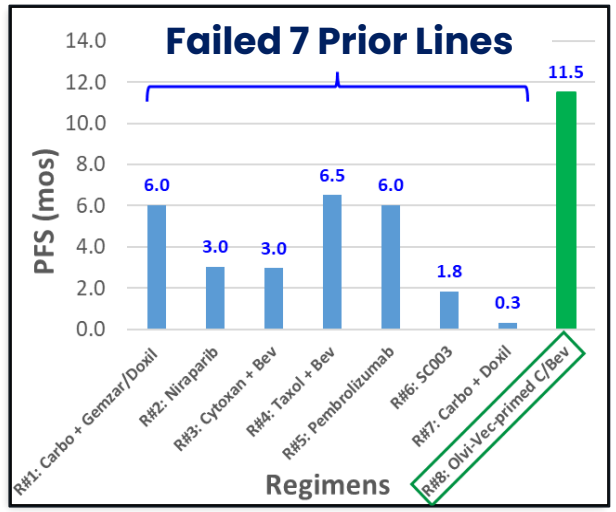
15B-15:
- Stage IIIB high-grade serous
- ECOG: 0
- BRCA negative
- PD-L1 negative

Overall Survival: 12.3 Months



15B-17:
- Stage IIIC high-grade serous
- ECOG: 1
- BRCA negative

Overall Survival: 15.7 Months



Durable Survival Benefit

Key Clinical Takeaways

Encouraging mOS and Long-term survival data

20% long-term survivors consistent with clinically beneficial immunotherapies

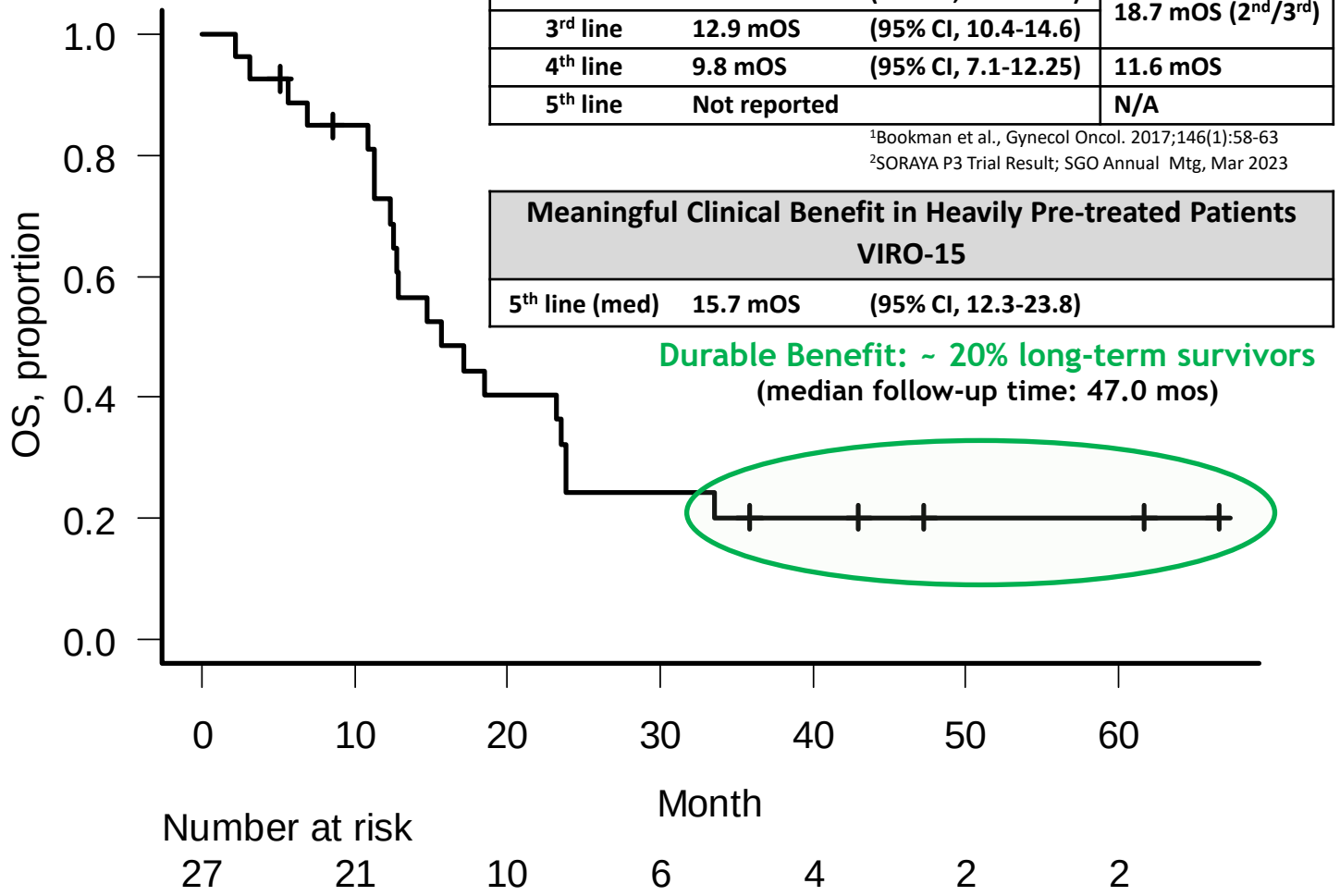
- On a median 5th line of treatment, VIRO-15 Phase 2 patients achieved a mOS of 15.7 mos
- 4 of 6 long-term survivors were platinum-refractory at enrollment

Prognosis Worsens with each Successive Line			
Historical Data[1]			ELAHARE[2]
2nd line	21.1 mOS	(95% CI, 17.8-24.4)	18.7 mOS (2nd/3rd)
3rd line	12.9 mOS	(95% CI, 10.4-14.6)	
4th line	9.8 mOS	(95% CI, 7.1-12.25)	11.6 mOS
5th line	Not reported		N/A

[1]Bookman et al., Gynecol Oncol. 2017;146(1):58-63
[2]SORAYA P3 Trial Result; SGO Annual Mtg, Mar 2023

Meaningful Clinical Benefit in Heavily Pre-treated Patients VIRO-15		
5th line (med)	15.7 mOS	(95% CI, 12.3-23.8)

Durable Benefit: ~ 20% long-term survivors
(median follow-up time: 47.0 mos)



Phase 2 Compared to Approved Standard of Care in Earlier Lines

Key Clinical Takeaways

Olvi-Vec addresses a broad and underserved pool of patients

- Olvi-Vec trial inclusion criteria allows patients regardless of
  (i) tumor biomarkers,
  (ii) platinum refractory tumors, or
  (iii) number of prior lines of treatment (i.e., no cap)
- Olvi-Vec Phase 2 results approach results in less pre-treated platinum-sensitive patients

	Bevacizumab + Chemotherapy Phase 3 *(AURELIA Study)*	Elahere Phase 3 *(MIRASOL Study)*	Elahere Phase 3 *(SORAYA Study)*	Olvi-Vec Phase 2 *(VIRO-15 Study)*
Patient Population	Progressed <6 months after last platinum	FRα positive and platinum-resistant	FRα positive and platinum-resistant	Platinum –resistant or platinum-refractory
Prior Lines of Systemic Therapy	≤2 L's (60% 1 line; 40% 2 lines)	≤3 L's (14% 1L; 39% 2L; 47% 3L)	≤3 L's (10% 1L; 39% 2L; 50% 3L)	2-9 L's (median=4)
Number in Treated Arm	179 (all platinum resistant)	227 (all platinum resistant)	104 (all platinum resistant)	22* (11 platinum resistant; 11 platinum refractory)
ORR	28%	42%	32%	**59%** (54% in PI resistant; 64% in PI refractory)
CR	Unk	5%	5%	**9%** (18% in PI resistant; 0% in PI refractory)
PR	Unk	37%	27%	**50%** (36% in PI resistant; 64% in PI refractory)
PFS (months)	PFS=6.8	PFS=5.6	PFS=5.5	PFS=11.4
Reference	FDA Prescribing Information*	FDA Prescribing Information*	FDA Prescribing Information* and Immunogen press release March 2022	

*October 22, 2024

Note: As the data presented is based on a cross-trial comparison and not a head-to-head clinical trial, such comparisons may not be reliable due to differences in study protocols, conditions and patient populations. Accordingly, cross-trial comparisons may not be reliable predictors of the relative efficacy or other characteristics of our candidates compared to others presented.

Self Launch Olvi-Vec for Ovarian Cancer in the US

Drivers of Market Penetration

Partnerships

Leverage partnership with GOG Foundation

- Preeminent US-based cooperative group in Gynecologic Oncology
- Composed of leading KOLs in the field
- Partners in the OnPrime/GOG-3076 Phase 3 registration trial

Self-Manufacturing

Large-Scale cGMP Manufacturing

- Control of Production Schedule
- Attractive COGs
- Ability to scale up modular process

Patients

Underappreciated Population

- ~238,484 Ovarian Cancer Patients in the US[1]
- 70-80% will relapse with few therapeutic options
- Limited number of Gyn-Oncs enabling specialty sales team

Reimbursement

Compelling Value Proposition for Payors

- Significant unmet medical need
- Combination with generic/biosimilars
- Future label expansion

[1]NIH Ovarian Cancer Fact Sheet

Systemic Administration Programs

Lung Cancers

Systemic Administration Program

Key Takeaways

- Funding commitment by Newsoara of the US-based Genelux Phase 2 trial in NSCLC
- Genelux has worldwide commercial rights (ex-Greater China) to all clinical data generated in China[1]
- All patients in these trials will be treated systemically and have previously failed platinum-based therapy

Expected Milestones

- Ph1b SCLC: Interim readout 2H, 2024
- Ph2 NSCLC: Interim readout mid 2025

[1] Newsoara has development and commercialization rights in Greater China

Ongoing and Planned Clinical Trials

Sponsor	Trial Sites	Indication	Clinical Stage	Patients (est.)	Randomization	Status
	US	Recurrent/platinum-ICI failure NSCLC (rNSCLC)	Phase 2	~142	1:1	Enrolling
NEWSOARA	China	Recurrent/platinum failure SCLC (rSCLC)	Phase 1b/2	~110	Single Arm	Enrolling
		Recurrent/platinum failure OC	Phase 1b/2	~150	2:1	Regulatory Submission
		Recurrent/platinum-ICI failure NSCLC	Phase 1b/2	~150	2:1	Planned

Phase 2 Trial in Recurrent Non-small Cell Lung Cancer

Patients with Non-small Cell Lung Cancer after First Progression while on Front-Line Immune Checkpoint Inhibitor-based Maintenance

Key Inclusion Criteria

- Advanced or metastatic NSCLC: Stage III or Stage IV
- Nonsquamous or squamous disease
- Without known targetable alterations in EGFR, ALK or ROS1
- Prior failure of platinum-containing chemotherapy and an immune checkpoint inhibitor

Multi-center, randomized open-label
n=~142

Experimental Arm
Olvi-Vec and Platinum-doublet + Immune Checkpoint Inhibitor (ICI), followed by ICI-based maintenance therapy

Active Comparator Arm
Docetaxel
(crossover allowed after progression)

Interim readout expected in mid 2025

Primary Endpoint

Progression-Free Survival

Key Secondary Endpoints

1. Overall Response Rate (ORR)
2. Overall Survival (OS)
3. 6-month progression free survival
4. Duration of Response (DOR)
5. Disease Control Rate

Phase 1b/2 Trial in Recurrent Small Cell Lung Cancer

Heavily Pretreated Patients with
Platinum-Relapse or Platinum-Refractory Small Cell Lung Cancer

Key Inclusion Criteria

- After receiving platinum containing chemotherapy scheme +/- immunotherapy, platinum containing chemotherapy scheme +/- anlotinib and other treatment recommended by the guidelines in the past, the disease progresses or relapses.
- ECOG Performance status is at 0 or 1

Multi-center, randomized open-label
n=~110

Design

Olvi-Vec via multiple consecutive day intravenous doses, followed by systemic administered of platinum and etoposide

Interim readout expected in 2H, 2024

Phase 1b Endpoints

Primary Endpoint
- Safety and tolerability

Secondary Endpoints
- ORR by RECIST 1.1
- Progression-free Survival (PFS)
- Duration of Response (DoR)
- Disease Control Rate (DCR)

Phase 2 Endpoints

Primary Endpoint
- ORR by RECIST 1.1
  (by investigator and by BICR)

Secondary Endpoints
- Safety
- Progression-free Survival (PFS)
- Duration of Response (DoR)
- Disease Control Rate (DCR)

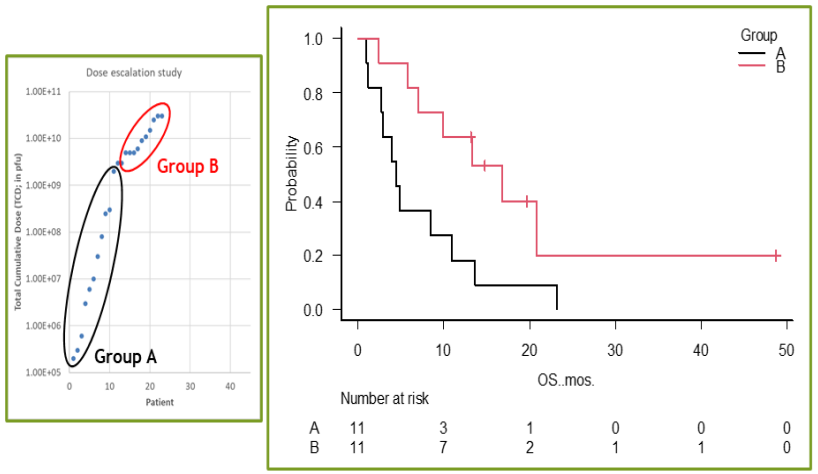
Systemic Administration Demonstrated Dose-dependent OS Benefit

Key Clinical Takeaways

Demonstrated feasibility and clinical benefit of multiple IV cycles

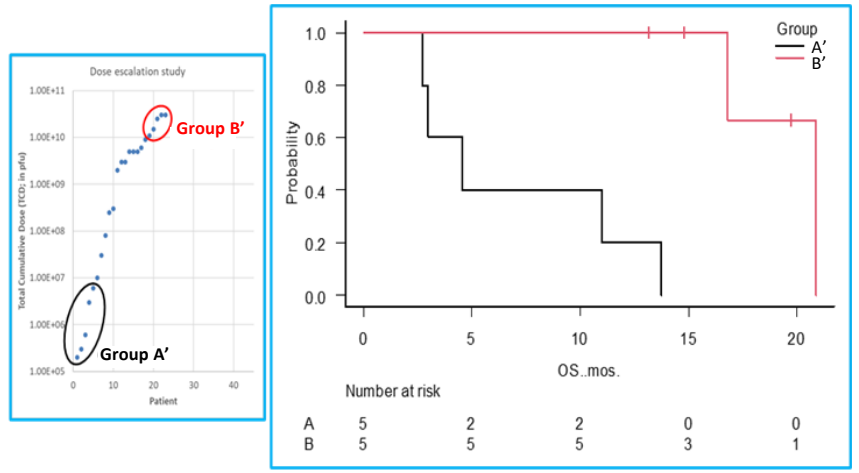
- Median 5 prior lines of therapy
- Regimen: various dosing levels and schedules (typically over 4-6 months)
- Duration of Treatment (DoT): Higher cumulative-dose patients assigned to cohorts with DoT shorter than (condensed schedule) or equal to the DoT of patients assigned to lower cumulative-dose cohorts
- Well tolerated: no-MTD reached with one DLT
- Clinical Benefit: statistically significant virus dose-dependent OS benefit in solid tumors with lung metastases

Dose Escalation Phase 1b Monotherapy Study in Solid Tumors Progressed from Last Prior Therapy



Group A (n=11): TCD $2x10^5$ pfu – $2x10^6$ pfu (**lower TCD**)
Median OS = 4.6 months (95%CI: 1.3-11.0)
Group B (n=11): TCD $3x10^9$ pfu – $3x10^{10}$ pfu (**higher TCD**)
Median OS = 16.8 months (95%CI: 5.9-UND)

OS Significantly greater in Group B (16.8 mo) vs Group A (4.6 mo), p=0.026



Group A´ (n=5): TCD $2x10^5$ pfu – $1x10^6$ pfu (**lowest TCD**)
Median OS = 4.6 months (95%CI: 2.7-UND)
Group B´ (n=5): TCD $1x10^{10}$ pfu – $3x10^{10}$ pfu (**highest TCD**)
Median OS = 20.9 months (95%CI: 16.8-UND)

OS Significantly greater in Group B´ (20.0 mo) vs Group A´ (4.6 mo), p=0.002

TCD = Total Cumulative Dose

Systemic Administration + Chemo Generated Encouraging Data

Key Clinical Takeaways

Anti-tumor effect of IV Immunochemotherapy

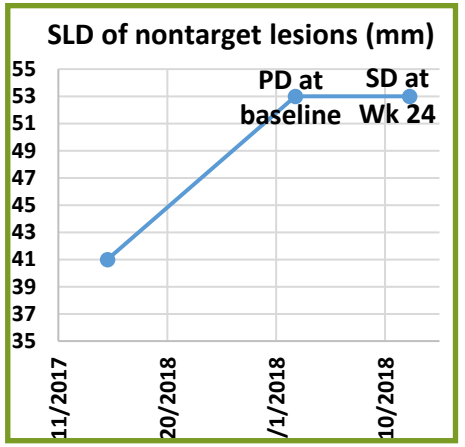
- High and Condensed Dosing (single cycle: bolus infusion on 5 consecutive days)
- Well tolerated:
  No DLT or MTD reached
- Monotherapy:
  Anti-tumor effects
- Combination therapy:
  Virus treatment revitalized tumors to subsequent chemotherapy with prolonged PFS and OS

AdventHealth Cancer Institute : Expanded Access Program

Platinum refractory metastatic cervical cancer with lung mets

Case Report (Pt #21A-06)

- Received 5 consecutive daily i.v. doses
  - Transient adverse reactions: fever, nausea, bone pain (Hx arthritis)
  - Stable disease with no tumor size increase

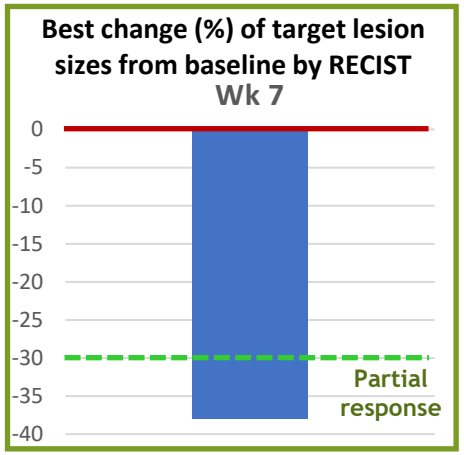


- Chemotherapy after disease progression
  - Partial Response
  - PFS: 70+ Weeks
  - OS: 53.4 Months

High-grade pancreatic cancer with lung & liver mets

Case Report (Pt.#21A-04)

- Received 5 consecutive daily i.v. doses
  - Transient adverse reactions: fever, nausea
  - 59% drop of CA19.9 tumor biomarker and Objective Response per RECIST, with PFS of 18 weeks



- Chemotherapy after disease progression
  - 83% drop of CA 19.9
  - Partial Response by RECIST
  - PFS: 31 wks

Industry Collaboration with Newsoara BioPharma Co., Ltd

Benny Li, PhD
Founder and Chief Executive Officer

20+ yrs. global and China local pharma
Former VP, GM of Takeda China Development Center and SVP, Executive GM of R&D at Hansoh Pharmaceuticals
Former Head of Clinical Development & Medical Affairs in Asia at Alcon/Novartis

NEWSOARA
HIGHLIGHTS

7 Pipelines
12 Indications

5 Phase IIb/III
2 Phase II

Top 10 Blue-chip Biotech Investors

Newsoara has paid $11M to date and GNLX is eligible for additional development, regulatory and sales milestone payments and up to mid-double-digit percentages royalties on net sales

V2ACT Therapeutics LLC: Joint Venture between GNLX and TVAX BioMedical

Key Trial Takeaways

V2ACT Immunotherapy, combines an oncolytic immunotherapy and adoptive cell therapy

- Induces an acute inflammatory response in the tumor and converts tumor microenvironment from immunosuppressive to immunostimulatory;
- Anticipated to enhance effect of neoantigen specific effector T cells

V2ACT Therapeutics is a joint venture between Genelux Corporation and TVAX Biomedical, Inc. established to develop and test V2ACT.

Vaccination increases the numbers of neoantigen-specific T cells in the body and Olvi-Vec kills cancer cells and potentiates T cells by increasing cancer tissue receptivity to adoptively transferred neoantigen-specific effector T cells.

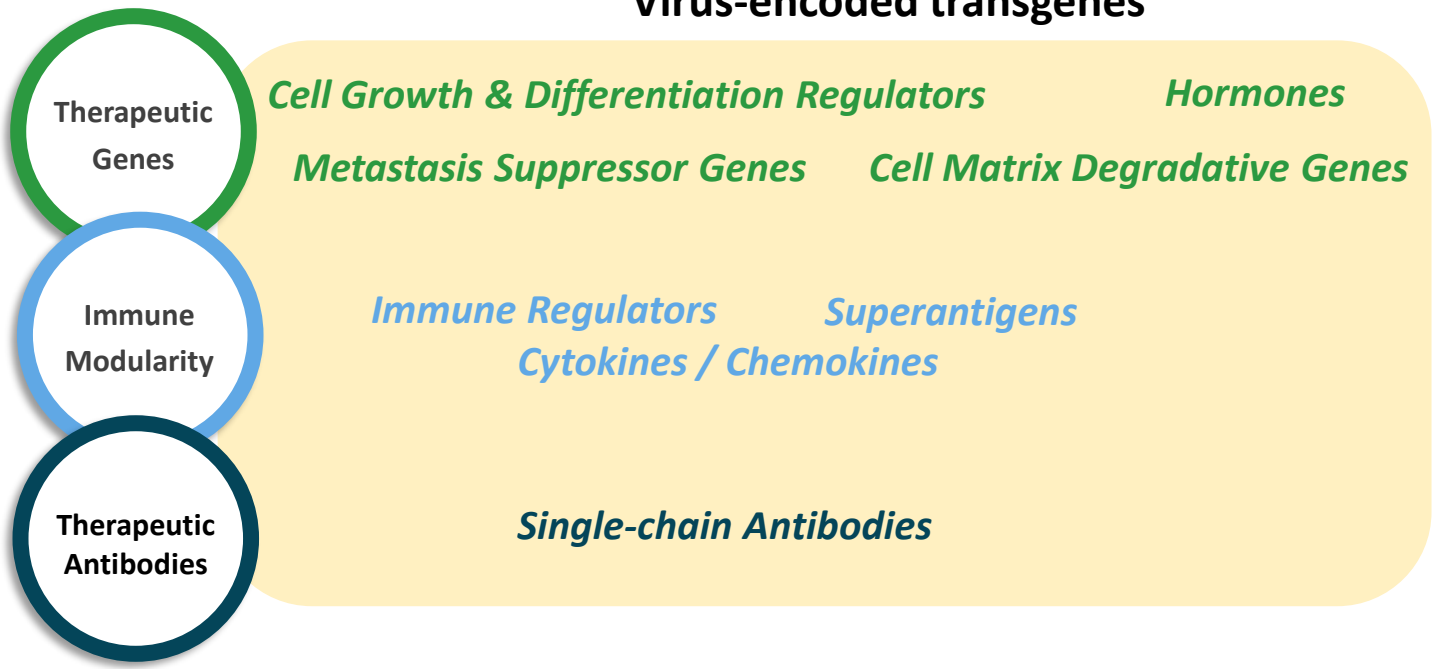
Technology	TVI Adoptive Cell Therapy	Olvi-Vec Oncolytic Immunotherapy
Patients Dosed	~ 130	~ 150
Regulatory	Fast Track Designation / FDA Grant - glioblastoma	Phase 3 enrolling - ovarian

Novel IO modality: United States Patent No. 11,633,442, issued in April 2023

Choice Platform Library: 500+ Vectors with 110+ Transgenes

Engineered and selected clonal isolated (non-GMO) viral strains identified from *in vitro* and in *vivo* selection criteria

Virus-encoded transgenes



✓ ***In vitro & in vivo tested: GLP Tox ready***

Immune Modularity Molecules

- ***IL-6/sIL-6R***
- ***IL-24***

Cell Growth & Differentiation Regulators

- ***BMP-4***

Cell Matrix-Degradative Genes

- ***hMMP9***

Clonal Isolated Strains (non-GMO)

- **LIVP1.1.1**
- **LIVP5.1.1**
- **V-VET1 (LIVP6.1.1)**
- **Cop15.1.1**

Single-Chain Antibodies

- **Anti-VEGF**
- **Anti-PD-1**
- **Anti-FAP**
- **Anti-PD-L1**
- **Anti-DLL4**
- **Anti-CTLA4**
- **Anti-αvβ3-integrin**

Intellectual Property: Market Exclusivity & Freedom to Operate

Patent Portfolio: 20 issued patents & 7 pending applications; Olvi-Vec covered by Composition of Matter (2031*) and Manufacturing (2038)

Olvi-Vec: No third-party royalties due

Long Duration of Regulatory / Marketing Exclusivity

Strong IP & Regulatory Designations

*Reflects Patent Term Extension

Integrated R&D and Manufacturing Capabilities For Phase 3 And Launch

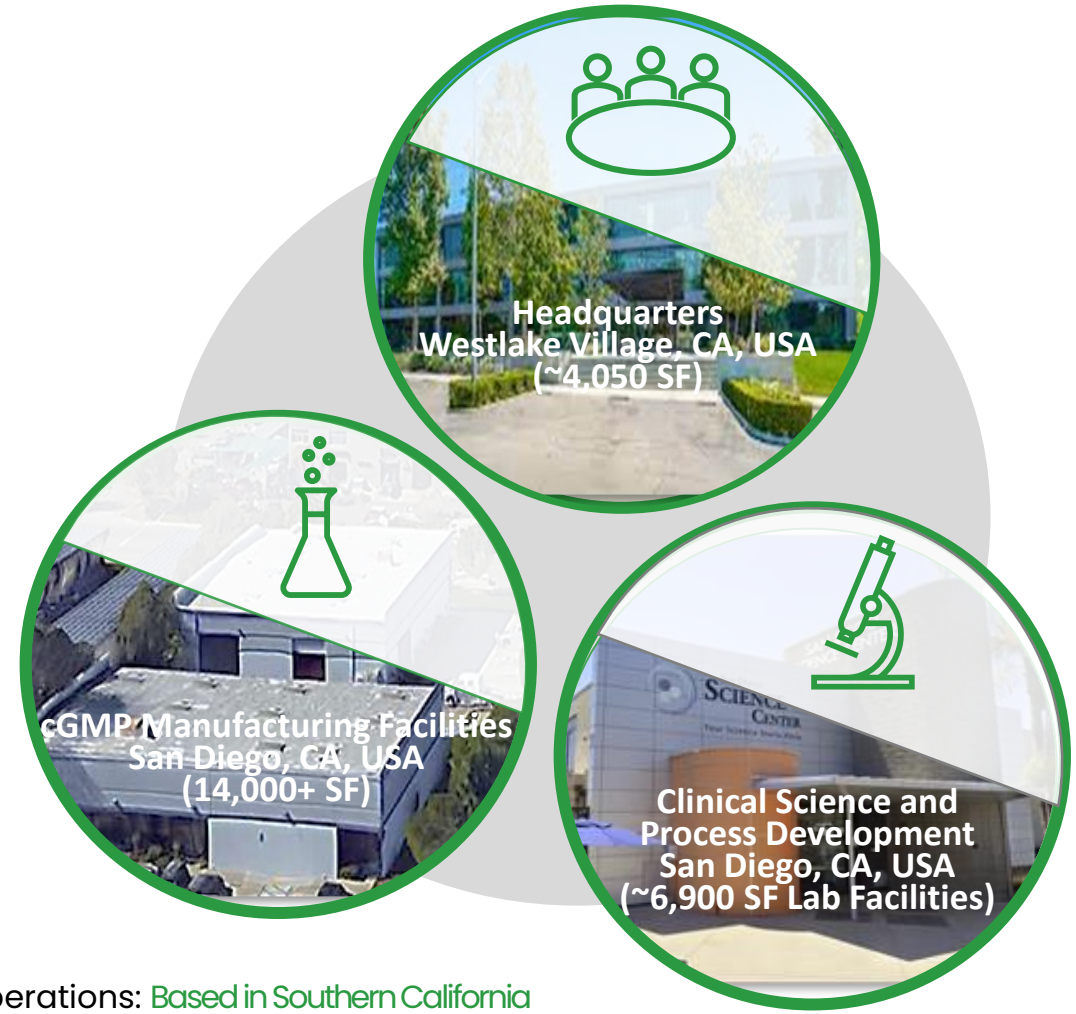
Key Takeaways

Facilities and Operations based in Southern California

GMP Manufacturing
- Large-scale manufacturing process
- Capacity for clinical studies and commercial launch needs

Translational Research
- Clinical Science capabilities to support development program
- Process development capabilities to support manufacturing

Headquarters
- Executive Office suite
- Right of First Refusal on 16,338 Sq. Ft of adjacent office space for build-out of Commercialization, Development & G&A functions



Facilities and Operations: Based in Southern California

Accomplished Leadership Team

Executive Team

Thomas Zindrick, JD
Chief Executive Officer

Lourie Zak
Chief Financial Officer

Paul Scigalla, MD, PhD
Chief Medical Officer

Sean Ryder, JD
General Counsel

Operations & R&D

Tony Yu, PhD
SVP, ClinDev

Joseph Cappello, PhD
Chief Technical Officer

Qian Zhang, MD, PhD
VP, Clinical Sciences

Ralph Smalling
Head, Regulatory Affairs

Cathy Gust, PhD
VP, Program Mgmt

Board of Directors

THOMAS ZINDRICK, JD
Chairman of the Board

JAMES L. TYREE, MBA
Lead Independent Director

MARY MIRABELLI, MBA
Director

JOHN THOMAS, MBA, PhD
Director

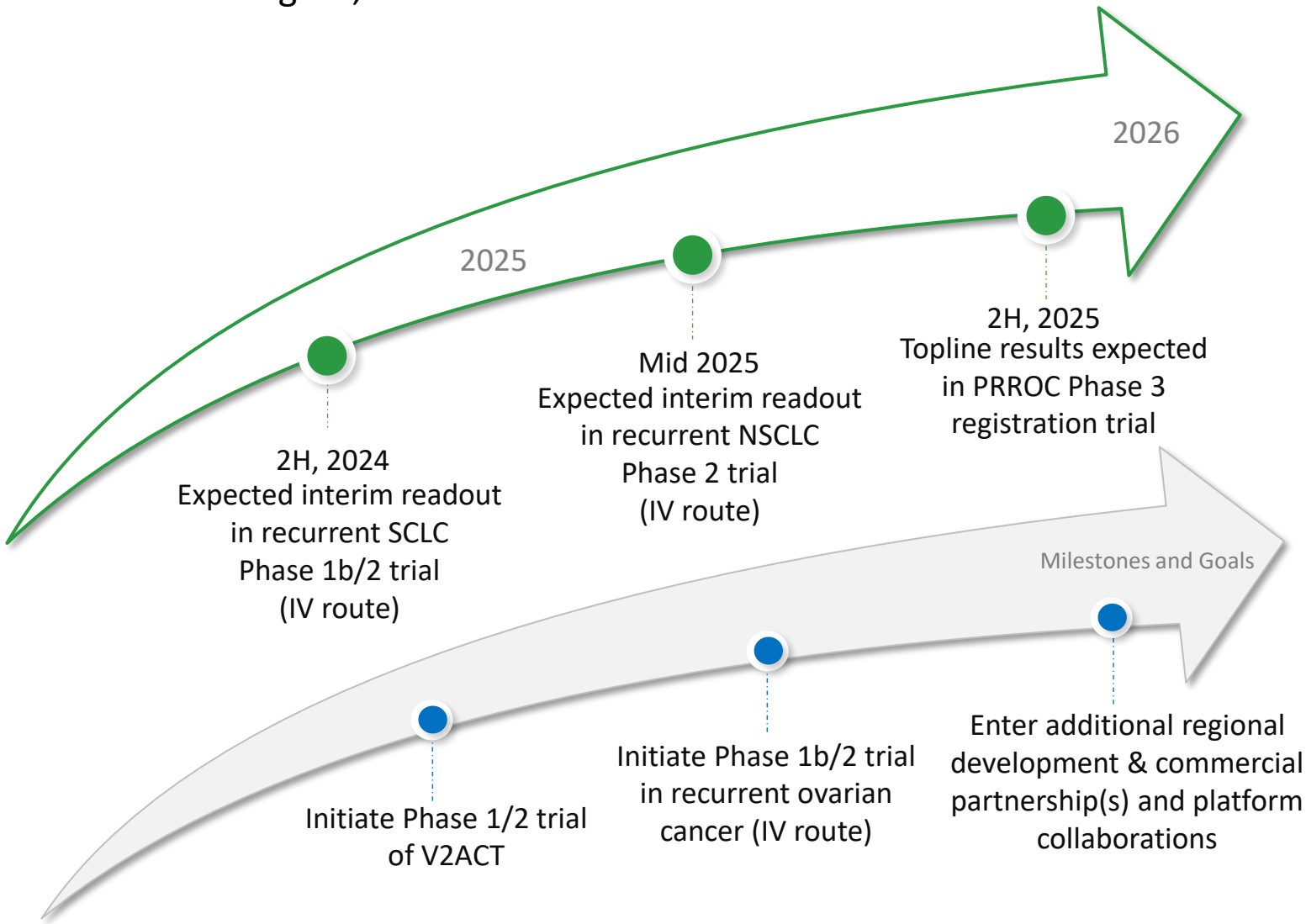
JOHN SMITHER, CPA (Inactive)
Director

Genelux Has Executed on Multiple Milestones and is Positioned for the Future

Regular Cadence of Important Program Milestones starting 2H, 2024

Executed Milestones

- Runway past expected PRROC topline results, and recurrent SCLC and NSCLC interim readouts
- Syndicate of healthcare institutions for latest raise
- 20+ sites active in Phase 3 Trial in PRROC
- Phase 2 PRROC results published in JAMA Oncology
- Collaboration and License Agreement with Newsoara
- Initiation of Phase 2 trial in recurrent NSCLC (US)
- Initiation of co-sponsored Phase 1b/2 trial in recurrent SCLC (China)



GENELUX

Redefining Immuno-Oncology

Corporate Presentation | November 2024
Appendix

Accomplished Clinical Advisory Board

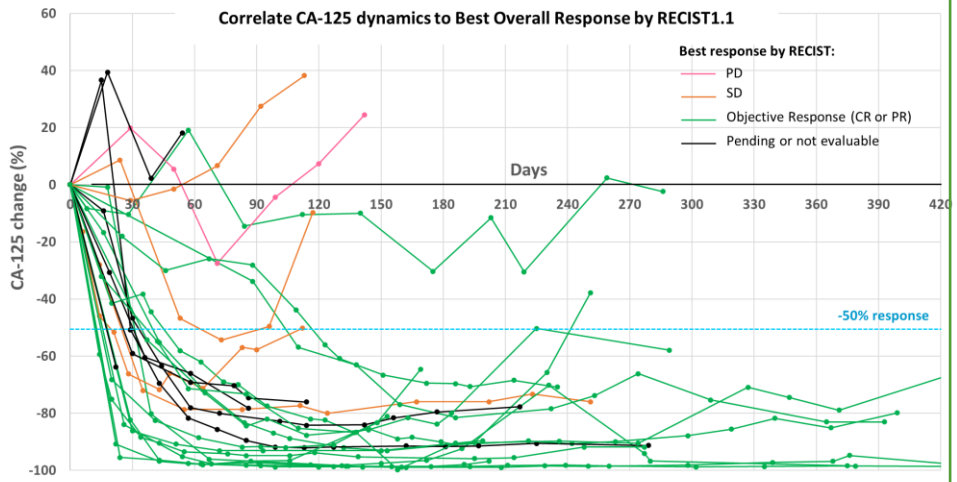
Medical Director, Gynecologic Oncology, AdventHealth Cancer Institute		**Robert Holloway, MD** CHAIRMAN	Dr. Holloway is the principal investigator for VIRO-15 and has served on several committees of the Society of Gynecologic Oncology (SGO), including its Board of Directors.
Chief Medical Officer, Vanium Group		**Robert Coleman, MD**	Dr. Coleman currently serves as Special Advisor to the President of Gynecologic Oncology Group and is co-Director of GOG-Partners. In addition, he is immediate Past-President of the International Gynecologic Cancer Society.
Co-Director, Gynecologic Oncology, Hoag Memorial Hospital Presbyterian		**Albert A. Mendivil, MD**	Dr. Mendivil, site principal investigator for VIRO-15, serves as Co-Director of Gyn- Onc and Complex Pelvic Surgery, Hoag Hospital. He has been the principal investigator or site sub-investigator on 20+ clinical trials.
Deputy Director of the University of Cincinnati Cancer Institute		**Thomas J. Herzog, MD**	Dr. Herzog is President of the GOG Foundation. He has served on the leadership board or council of SGO, the Foundation for Women's Cancer, and ACOG.
Professor and Division Director, Ohio State University Comprehensive Cancer Center		**David M. O'Malley, MD**	Dr. O'Malley is the clinical trial advisor/lead for ovarian cancer within GOG Partners, a committee member for the NCI Gynecologic Cancer Steering Committee's Ovarian Task Force and the NRG Oncology.
Forsythe & Bear, LLC		**Alan Forsythe, PhD**	Dr. Forsythe has had a distinguished career in pharmaceutical drug development. As Vice President of Corporate Biomedical Information at Amgen, Alan led the Biostatistics, Epidemiology and HOER depts.

Olvi-Vec-primed Immunochemotherapy Anti-tumor Activity: CA-125 Biomarker

Rapid, Common and Durable Responses

CA-125 Decrease

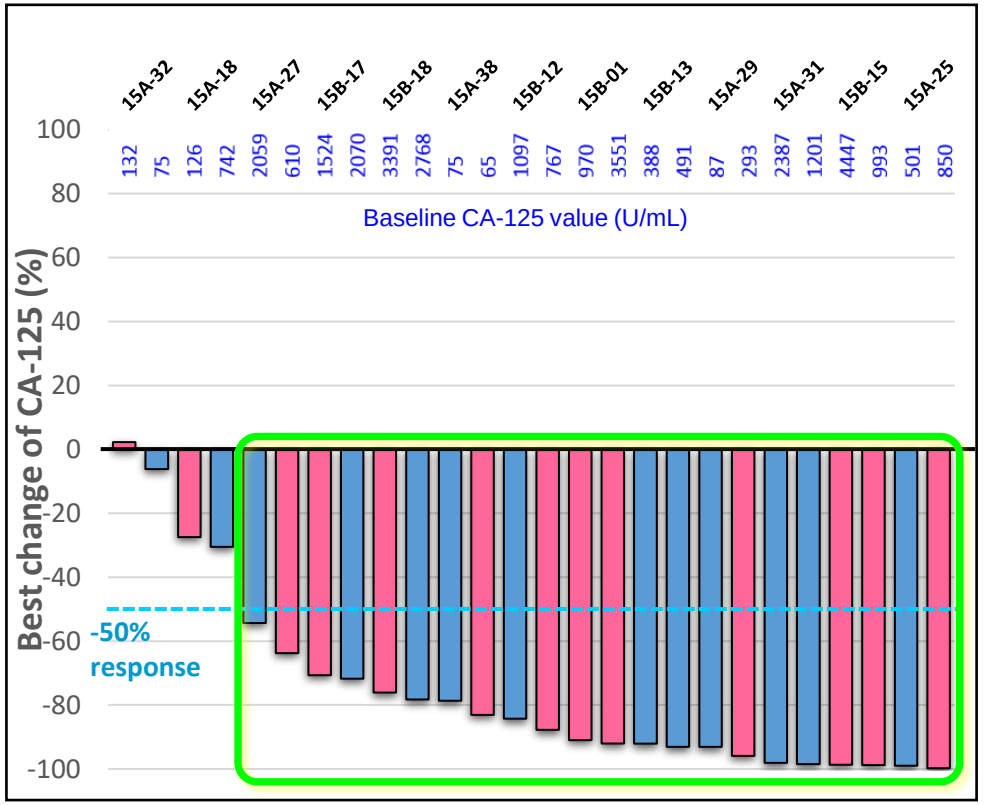
- **All PRROC Patients: 96% (25/26)**
- **Platinum refractory patients: 85% (11/13)**



- All 11 patients with > 90% decrease of CA-125 achieved RECIST response
- RECIST responses correlate to CA-125 responses (p = 0.007)

ORR by CA-125

- **All PRROC Patients: 85% (22/26)**
- **Platinum refractory patients: 85% (11/13)**



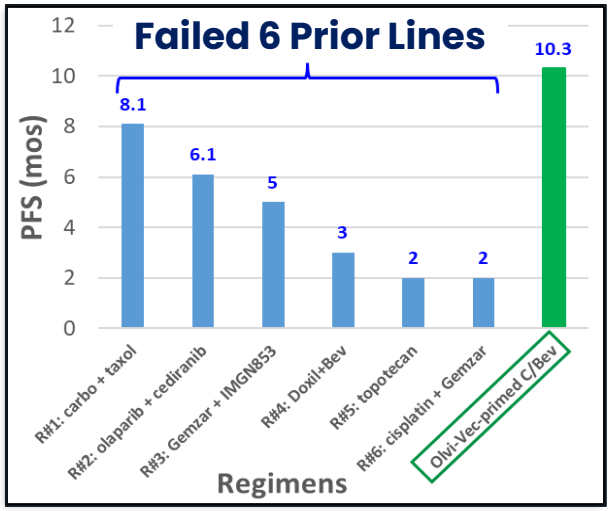
Olvi-Vec-Primed Immunochemotherapy Overcomes "Refractoriness"

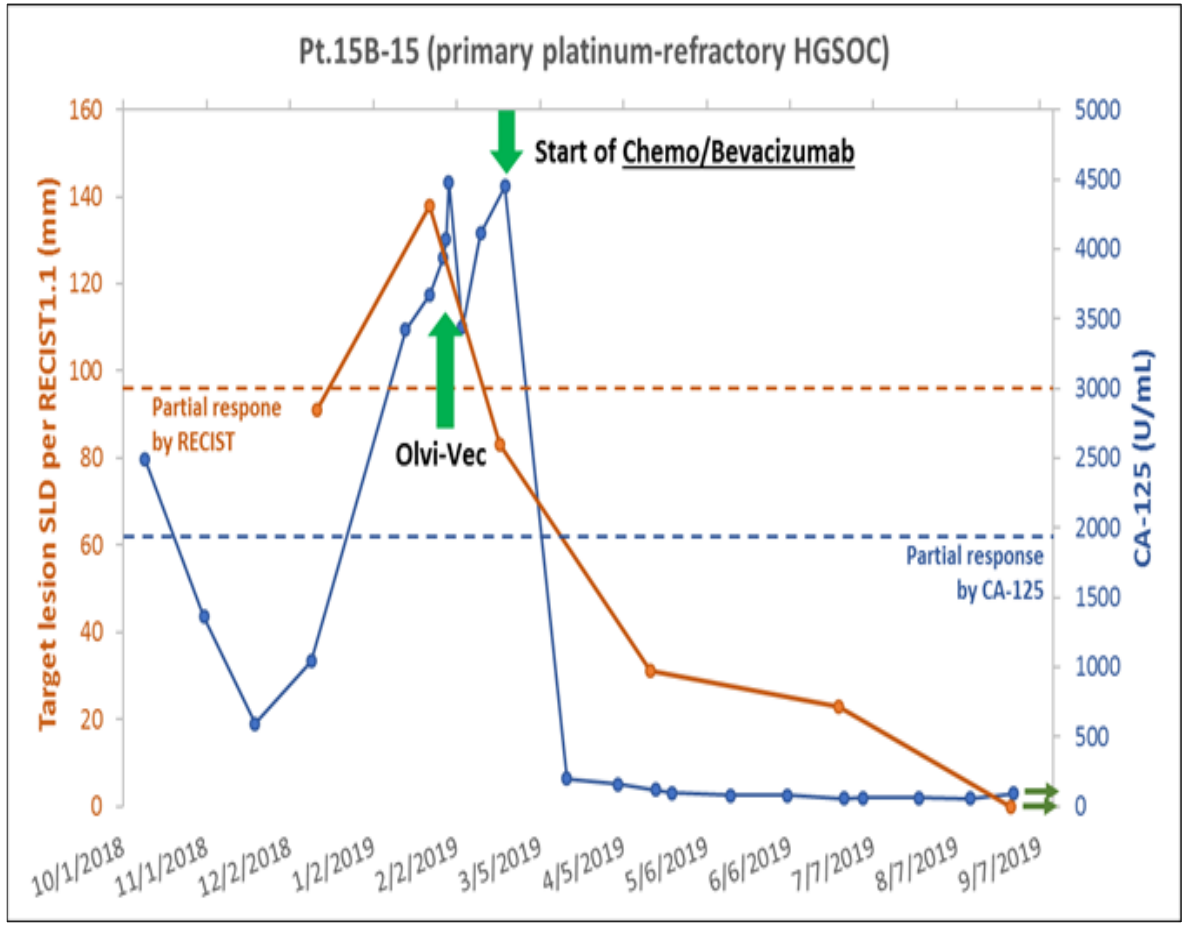
Exemplary platinum-refractory patients, after platinum re-challenge, achieved ***PFS exceeding any prior lines***

15B-15:

- Stage IIIB high-grade serous
- ECOG: 0
- BRCA negative
- PD-L1 negative

Overall Survival: 12.3 Months





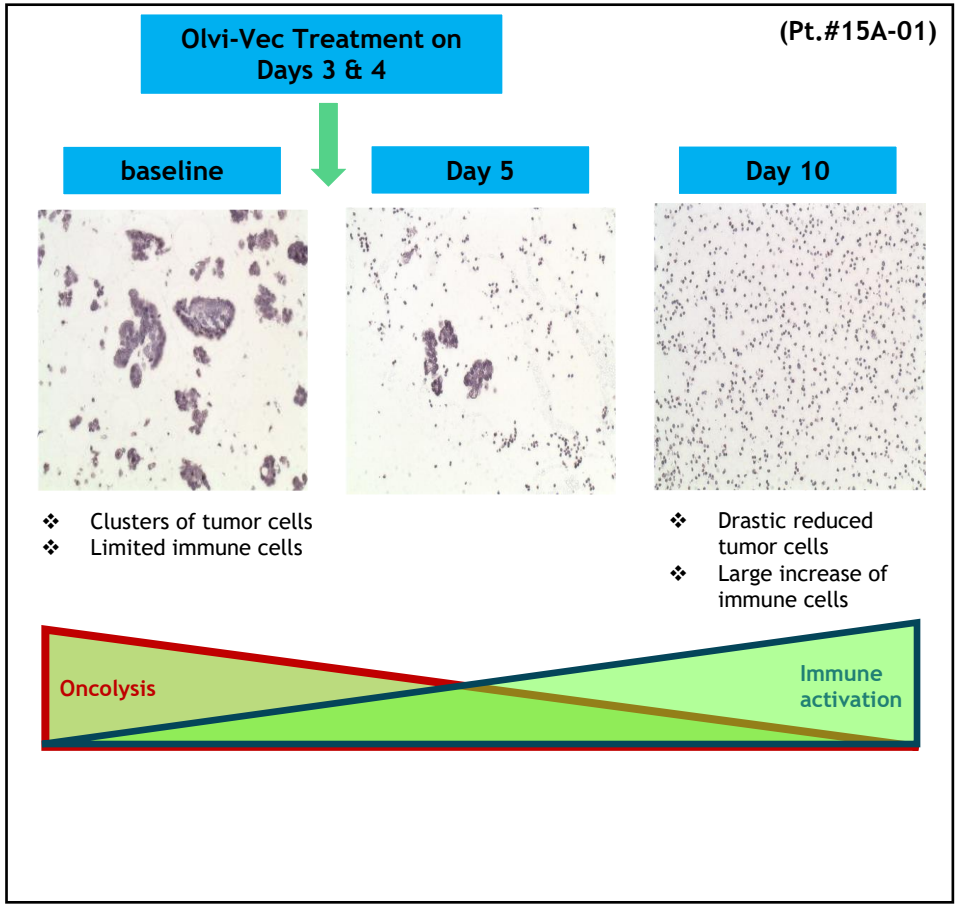
Olvi-Vec Demonstrated Oncolysis and Immune Activation

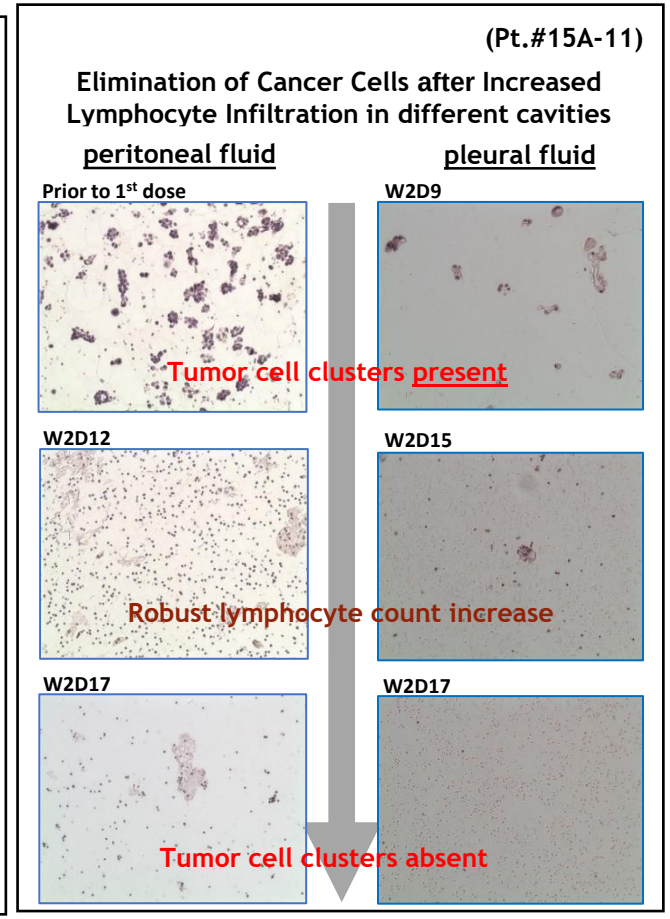
Data from Phase 1b Monotherapy portion of VIRO-15 trial

Key Takeaways

Olvi-Vec monotherapy shows decreased tumor cells and increased immune activation

- Olvi-Vec treatment was able to dramatically decrease or eliminate tumor cells in multiple patient samples
- The Activation of Immunosurveillance by Olvi-Vec after 2 doses was seen in multiple cavities as monotherapy





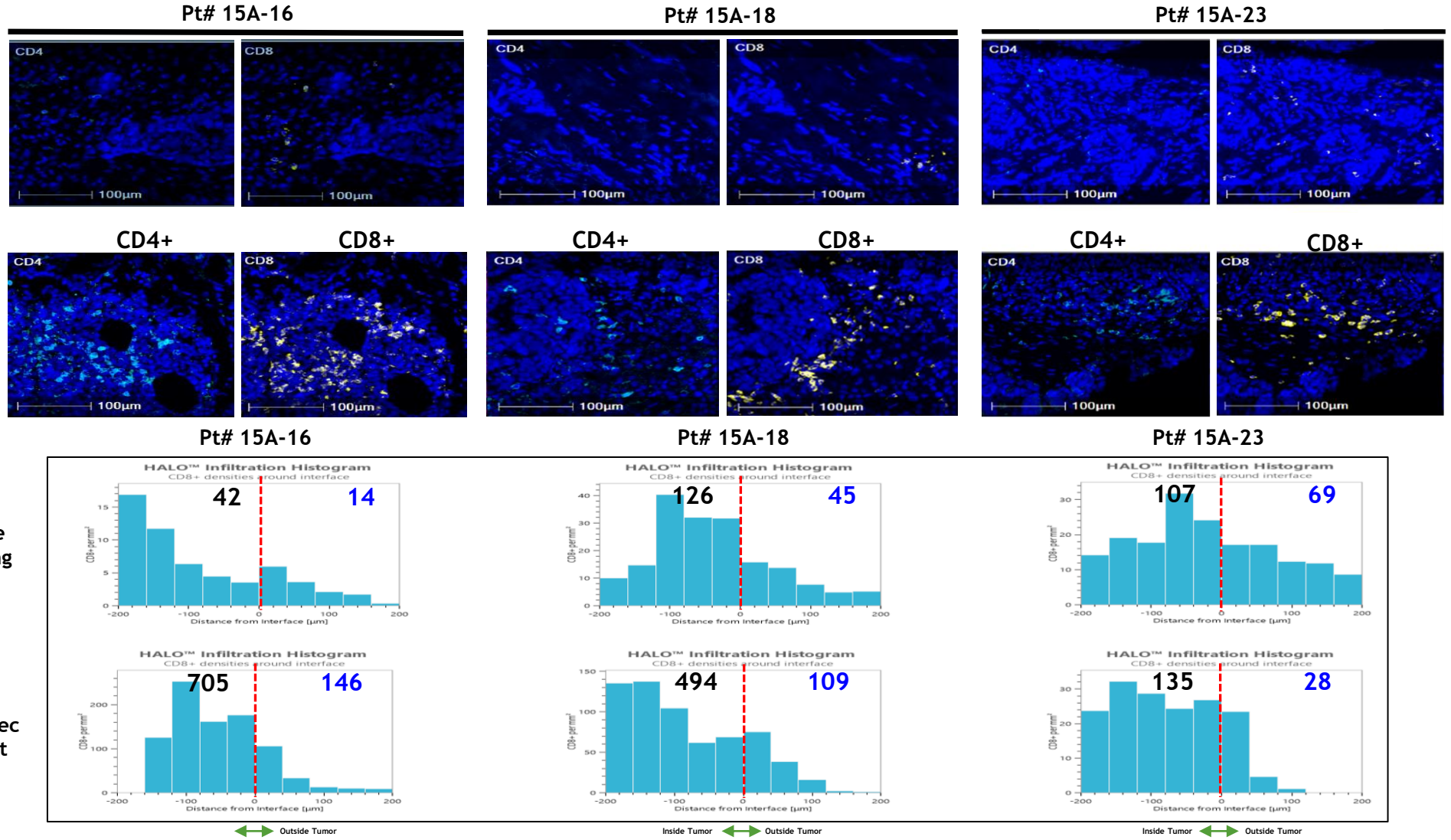
CD8+ T-cells: Infiltrating Lymphocytes are Prognostic for Response/Survival

Data from Phase 1b Monotherapy portion of VIRO-15 trial

Olvi-Vec Induced Infiltration of CD8+ cells into Tumors

Endogenous TILs (intra-tumoral and stromal) are very low in ovarian cancer, i.e., immunologically 'cold'.

Shift of CD8+ cells into epithelial tumor tissue



Long-lasting, Tumor-specific T cell Response Corresponds to Tumor Reduction

Data from Phase 1b Monotherapy portion of VIRO-15 trial

Key Takeaways

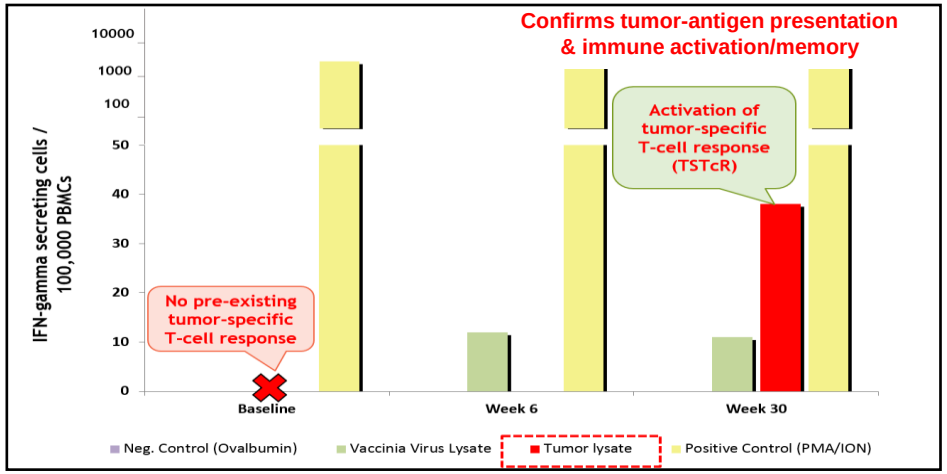
Off-the-Shelf Personalized Medicine: Single Agent generates Individualized Results

- Olvi-Vec induces favorable & long-lasting Tumor-specific T-cell Response (TSTcR) by ELISPOT analysis in patient in heavily treated patient w/ 9 prior regimens of chemo; no Tumor-specific T-cell response at baseline
- Documented OR from Olvi-Vec treatment after failure of last chemotherapy

Case Report (Pt #15A-05)

Heavily pre-treated:
9 prior regimens of chemo+Avastin;
no pre-existing tumor-specific T-cells

Post treatment:
Consequential amount (~3%) of all activatable T cells at Week 30 are tumor-specific T-cells



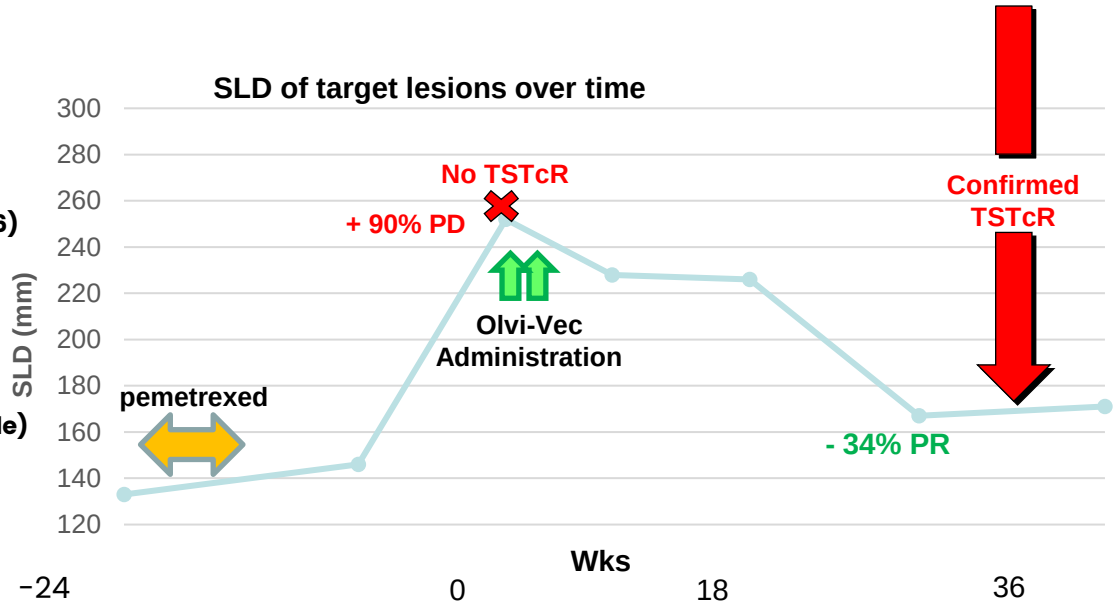
Last Chemotherapy: Pemetrexed 3/30-5/18/2016

Progressive disease (PD) (CT scans on 6/30/2016 & 8/30/2016)

GL-ONC1 Tx

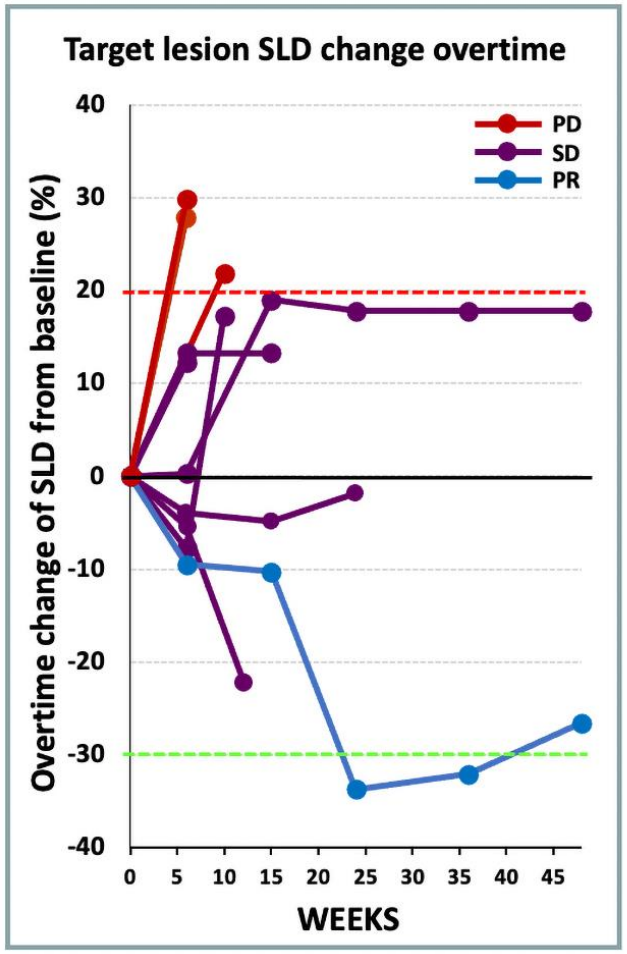
Partial response (confirmed on Week 24 & 36; durable)

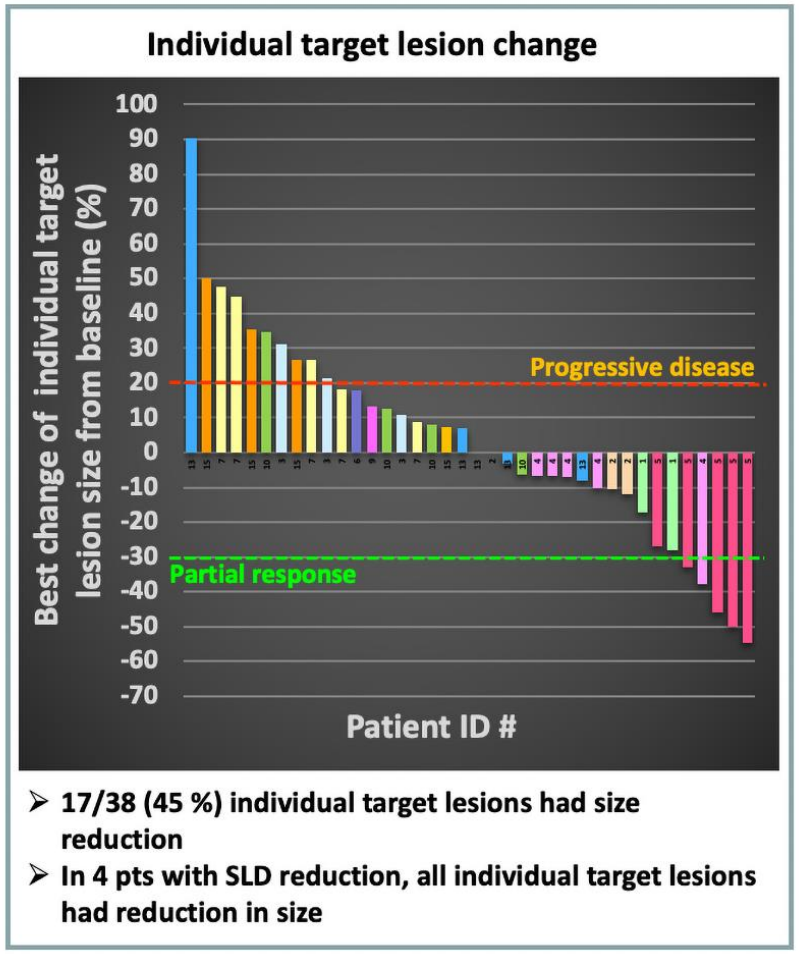
Stable disease @ Week 48 (-27% compared to baseline)



Olvi-Vec Demonstrated Anti-Tumor Response & Disease Control Observed

Data from Phase 1b Monotherapy portion of VIRO-15 trial





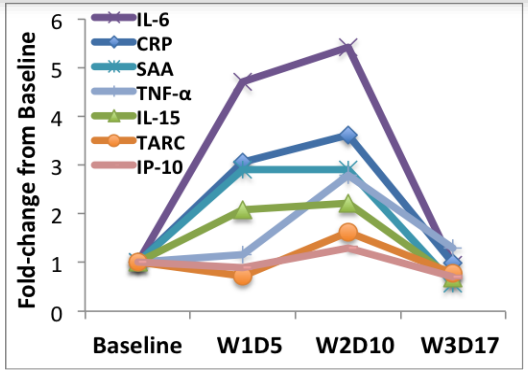
- 17/38 (45 %) individual target lesions had size reduction
- In 4 pts with SLD reduction, all individual target lesions had reduction in size

Olvi-Vec: Ideal Backbone for Combination Therapy

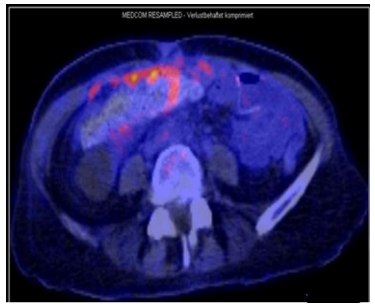
Converts Tumor Microenvironment to Inflammatory "Hot Spot"

Induction of acute inflammatory cytokines (Th1-type related)

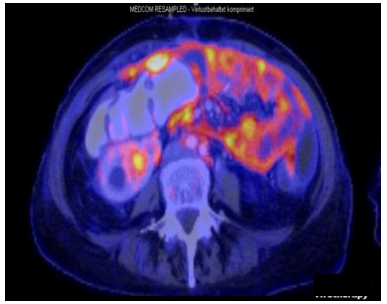
VIRO-15 Study



NCT01443260/TUE Study



Baseline

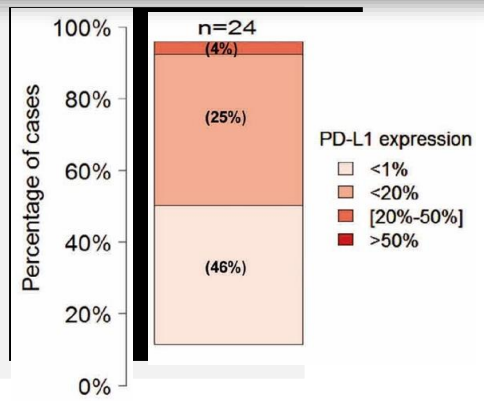


Massive inflammatory response after (C1D24) single dose of virus

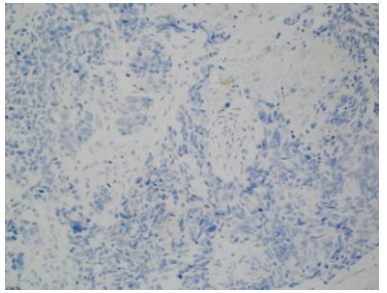
Up Regulates Immunomodulatory Target Proteins, such as PD-L1

Endogenous PD-L1 expression in ovarian tumor is low, hence limiting target by anti-PD-1/PD-L1 therapy

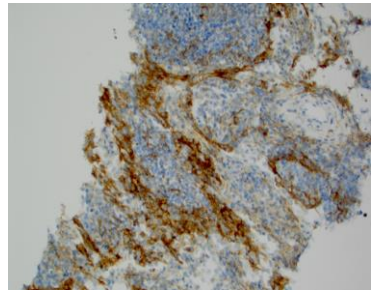
Rodriguez-Freixinos et al. J Clin Oncol 36, 2018 (suppl; abstr 5595)



PD-L1: VIRO-15 Study (monotherapy)



Baseline



Post treatment (20d)
Strong PD-L1 staining at the tumor-stromal interface