ACTIVATING THE PATIENT'S IMMUNE SYSTEM TO FIGHT CANCER

2Q 2021

18 August 2021

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This report contains certain forward-looking statements based on uncertainty, since they relate to events and depend on circumstances that will occur in future and which, by their nature, will have an impact on the results of operations and the financial condition of Targovax. Such forward-looking statements reflect the current views of Targovax and are based on the information currently available to the company. Targovax cannot give any assurance as to the correctness of such statements.

There are a number of factors that could cause actual results and developments to differ materially from those expressed or implied in these forward-looking statements. These factors include, among other things, risks or uncertainties associated with the success of future clinical trials; risks relating to personal injury or death in connection with clinical trials or following commercialization of the company's products, and liability in connection therewith; risks relating to the company's freedom to operate (competitors patents) in respect of the products it develops; risks of non-approval of patents not yet granted and the company's ability to adequately protect its intellectual property and know-how; risks relating to obtaining regulatory approval and other regulatory risks relating to the development and future commercialization of the company's products; risks that research and development will not yield new products that achieve commercial success; risks relating to the company's ability to successfully commercialize and gain market acceptance for Targovax' products; risks relating to the future development of the pricing environment and/or regulations for pharmaceutical products; risks relating to the company's ability to secure additional financing in the future, which may not be available on favorable terms or at all; risks relating to currency fluctuations; risks associated with technological development, growth management, general economic and business conditions; risks relating to the company's ability to retain key personnel; and risks relating to the impact of competition.

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Introduction and highlights

2. Melanoma
3. Finance
4. Summary

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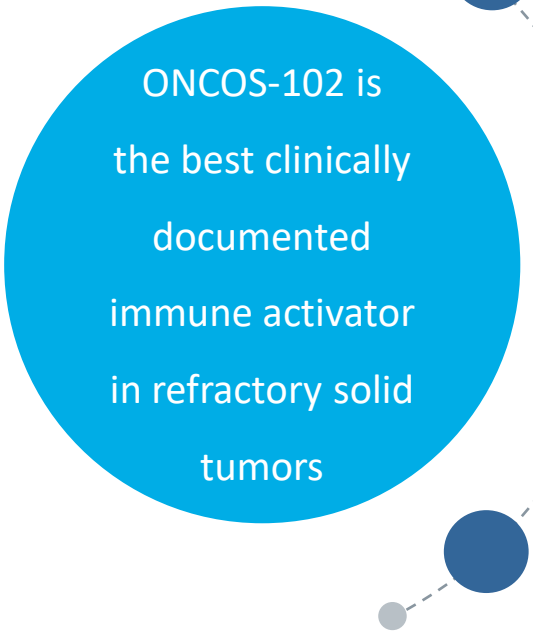
TARGOVAX AT A GLANCE



ONCOS-102: Novel immune activator with clinical efficacy in several solid tumors in monotherapy and in combination with anti-PD1 and chemotherapy

MoA confirmed in multiple indications: Broad local and systemic immune activation associated with clinical outcome

Preparing a platform trial based on class-leading responses: 35% ORR in anti-PD1 refractory melanoma

Market Exclusivity: ONCOS-102 is protected by composition of matter and method of use patents until 2037, orphan drug designation in the US and EU and two FDA fast track designations

Pipeline assets: Expanding the pipeline of novel assets with collaboration partners, and a phase 2 ready mutRAS vaccine

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FIRST HALF 2021 HIGHLIGHTS

Trials

- Reported **class-leading median overall survival** in Targovax's ONCOS-102 trial in mesothelioma at the 24-month follow-up
- **Completed enrollment** of the phase 1/2 trial with ONCOS-102 in combination with durvalumab in patients with advanced colorectal cancer

Pipeline

- Entered a research collaboration with **Papyrus Therapeutics** to develop novel ONCOS viruses with receptor tyrosine kinase (RTK) inhibitor functionality

People

- Announced **Dr Lone Ottesen** as Chief Development Officer and **Dr Sonia Quaratino** as a new Board member

FDA

- Received **Fast-Track** designation from the US FDA for ONCOS-102 in malignant pleural mesothelioma
- Received **Fast-Track** designation for ONCOS-102 in PD-1-refractory advanced melanoma as well as Scientific Advice for further development

FAST TRACK DESIGNATION

Requirements

Fast track designation is given for new treatments that:

- Are aimed at **serious medical conditions**
- Have demonstrated **potential to address the unmet medical need**

Benefits

FDA commits to expedite development and review by:

- Giving opportunities for **frequent interactions** with the review team
- Allowing for **rolling review** for a faster approval process
- Considering the option for **priority review**

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Melanoma

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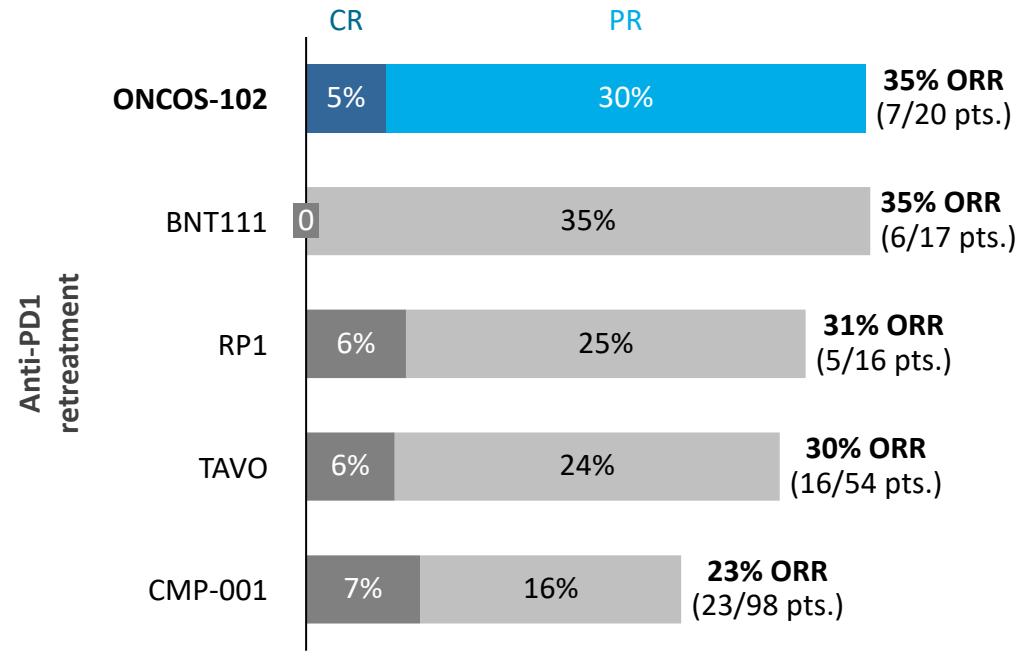
ONCOS-102 HAS DEMONSTRATED CLASS-LEADING EFFICACY IN PD1-REFRACTORY MELANOMA



Comment

- targovax
  - *Adenovirus expressing GM-CSF*
- BIONTECH
  - *Four melanoma antigens, mRNA*
- Replimune
  - *Herpes virus expressing GM-CSF and GALV*
- oncosec IMMUNOTHERAPIES
  - *IL-12 DNA plasmid with electroporation*
- CHECKMATE PHARMACEUTICALS
  - *TLR-9 agonist*
  - *Data from high-dose cohort*
- idera
  - ***ca.10% ORR expected from aCTLA4***
  - *TLR-9 agonist. Not disclosed exact patient numbers, CR or PR[1]*
- IOVANCE BIOTHERAPEUTICS
  - *Autologous TIL therapy with IL-2*
  - *Complex and expensive manufacturing*

Targovax market analysis, March 2021.
1 Assuming 454 evaluable patients at 1:1 ratio per Company Presentation

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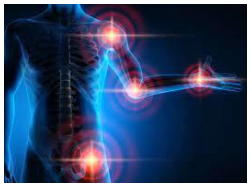
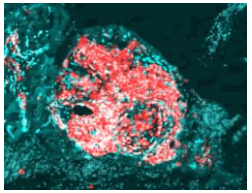
WHAT CHARACTERIZES A GREAT IMMUNE ACTIVATOR?



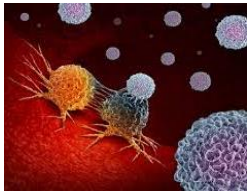
Activate pro-inflammatory signalling pathways

- Trigger danger signalling, e.g. through TLR9 activation
- Stimulate release of cytokines and chemokines



Drive increased tumor immune cell infiltrate

- Break down tumor entry barriers
- Recruit T-cells, NK-cells, dendritic cells, macrophages



Facilitate priming of anti-tumor immune response

- Enhance processing of tumor antigens
- Stimulate maturation of antigen-presenting cells (APCs)

Counteract inhibitory molecular pathways and cell subsets

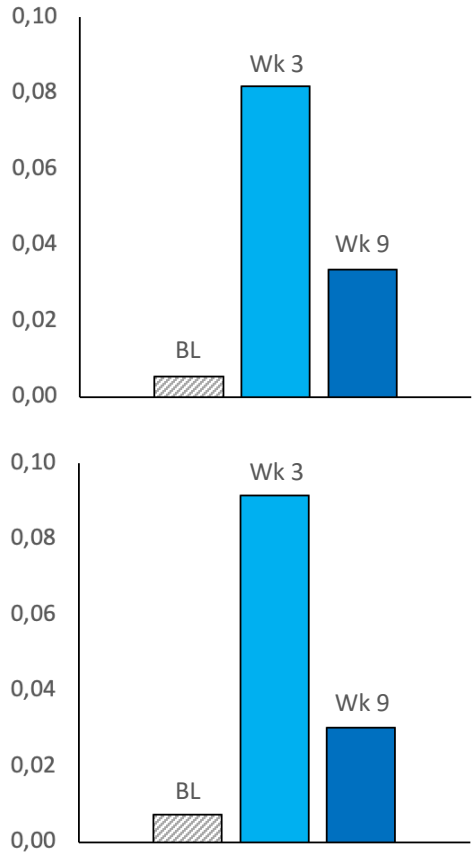
- Prevent T-cell exhaustion/anergy
- Diminish inhibitory cell subsets, e.g. T_{regs}, M2 macrophages

ONCOS-102 INCREASES TUMOR T-CELL INFILTRATION

COMPLETE RESPONSE MELANOMA PATIENT CASE EXAMPLE

T-cell tumor infiltrate

	Baseline	*Week 3*	*Week 9*	*Total level of T-cells*
CD8+ T-cells	Low CD8+ level at baseline	15x increase from baseline	CR, mainly necrotic tissue; some T-cells still present	
CD4+ helper T-cells	Low CD4+ level at baseline	12x increase from baseline		



Progression on pembrolizumab

3x ONCOS-102 only

3x ONCOS-102 & 2x pembrolizumab

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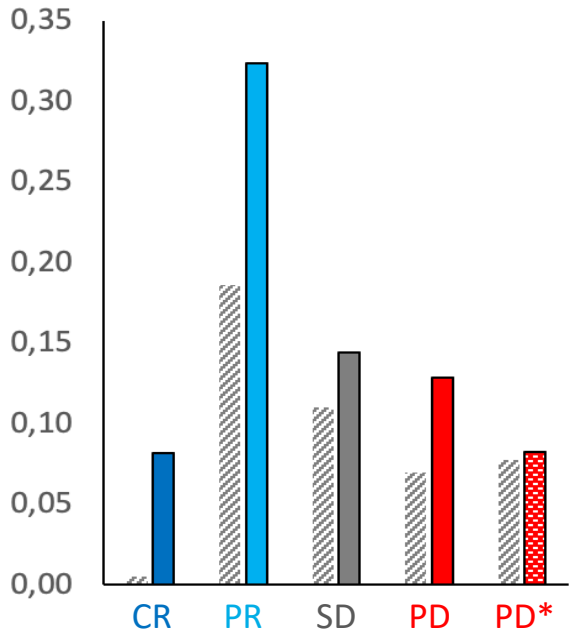
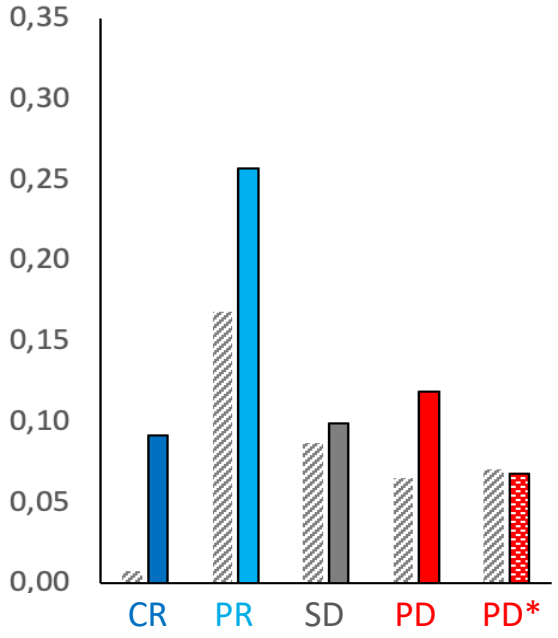
INCREASED T-CELL INFILTRATION FOLLOWING ONCOS-102 MONOTHERAPY IS CONSISTENT WITH MELANOMA PATIENT OUTCOMES

CD8+ T-cell infiltration
Average level by tumor response



CD4+ helper T-cell infiltration
Average level by tumor response



Baseline
Week 3

CR: Complete response
PR: Partial response
SD: Stable disease
PD: Progressive disease

* w/o pseudo-progressor who was SD by irRECIST

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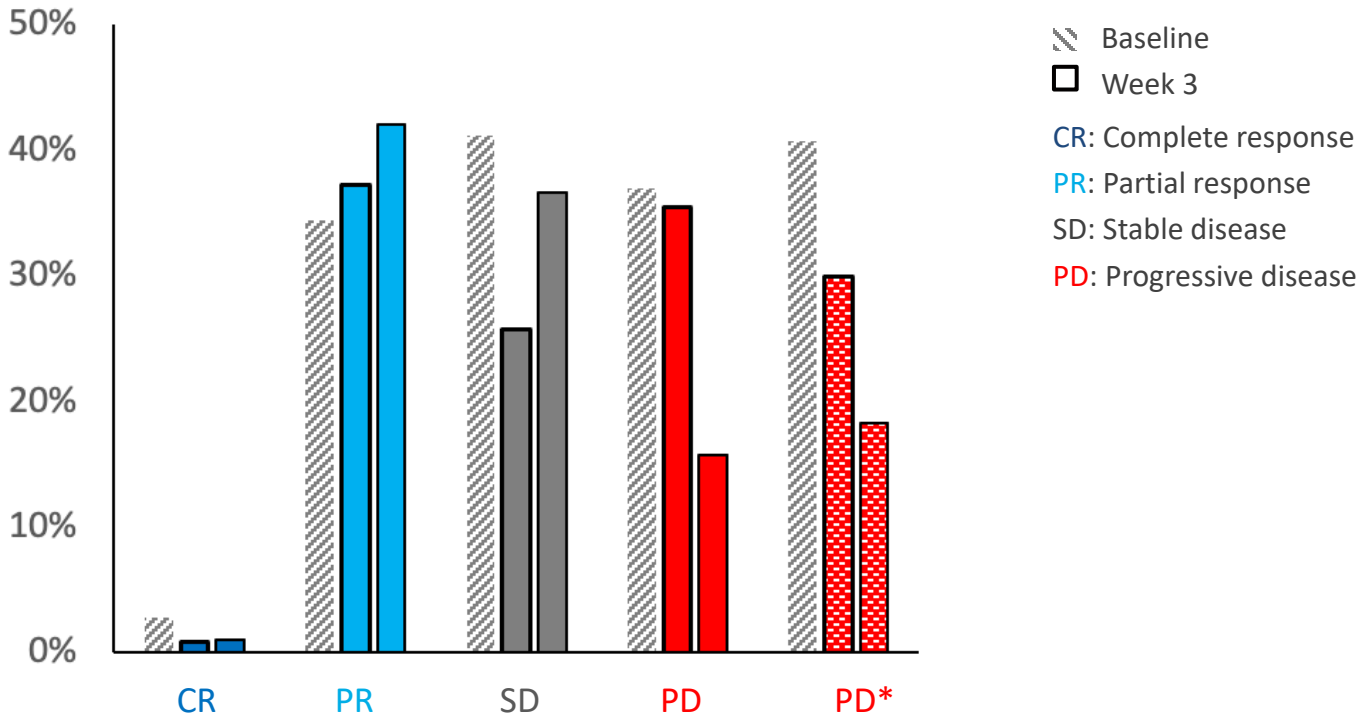
HIGH RATIO OF ACTIVE CYTOTOXIC CD8+ T-CELLS INDICATE A "HOT" TUMOR MICROENVIRONMENT

GRB+ CD8+ T-cell infiltration; % of total CD8+ population



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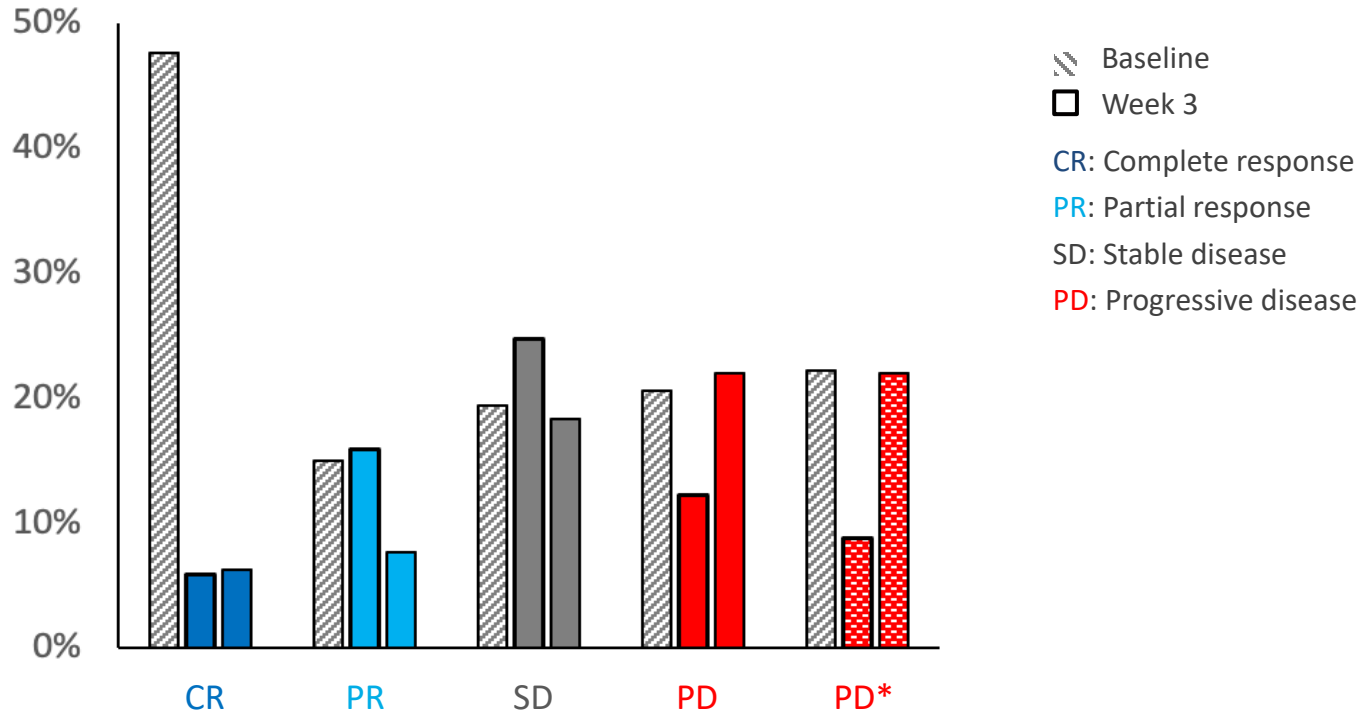
CONVERSELY, INHIBITORY T_{REGS} ARE DOWN-REGULATED IN RESPONDING MELANOMA PATIENTS

Regulatory T-cell infiltration; FOXP3+ % of total CD4+ population



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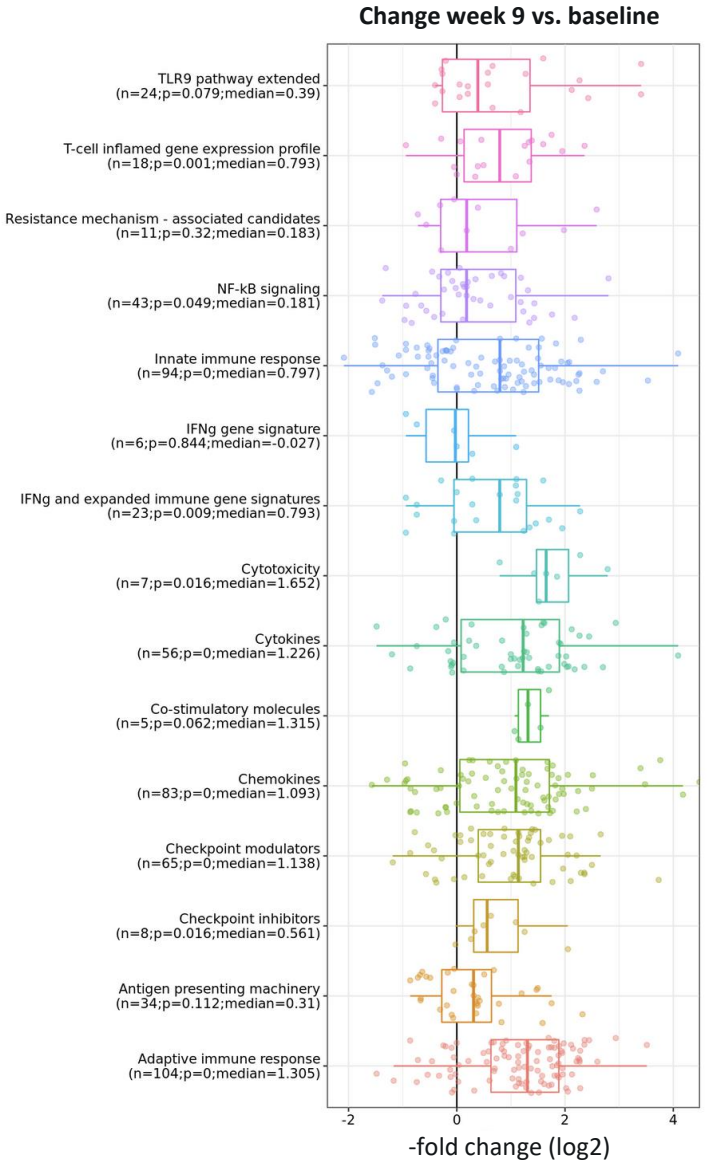
GENE EXPRESSION DATA CONFIRMS IHC* OBSERVATIONS AND DETAILS BROAD PRO-INFLAMMATORY TUMOR RE-PROGRAMING

RNAseq gene expression provides further insights:

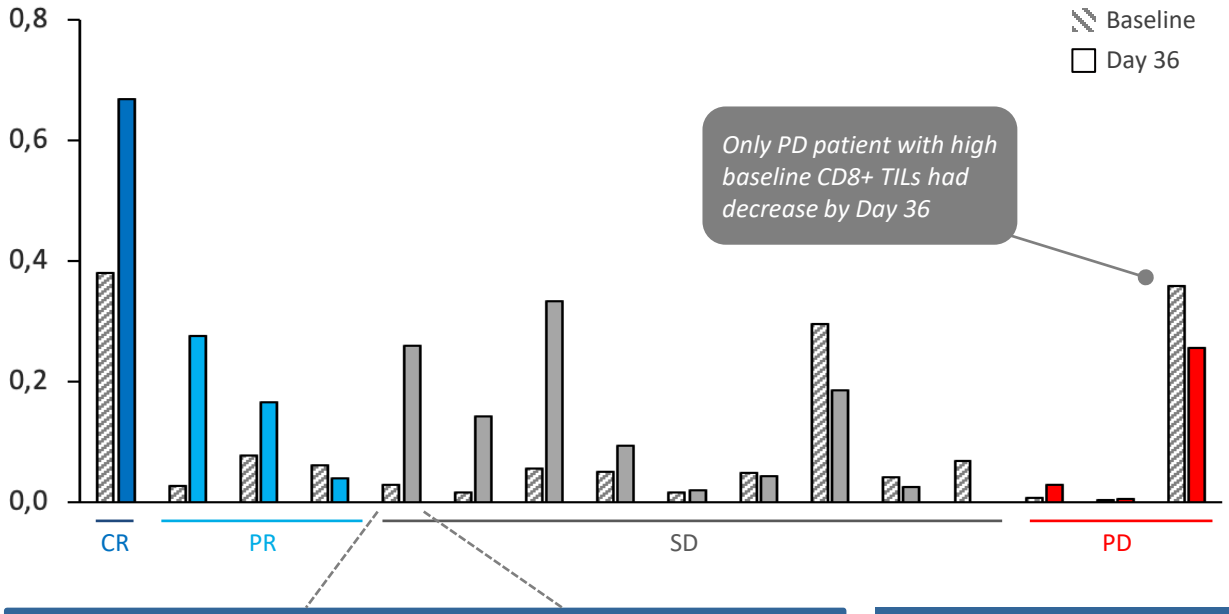
- **Pro-inflammatory "hot" tumor remodeling** through multiple pathways and molecular mechanisms
- Increased expression of chemokines and cytokines **explain higher immune cell infiltrate**
- Strong upregulation of cytotoxic machinery **explains tumor shrinkage**
- Upregulation of immunomodulatory molecules present **targets for novel combinations beyond anti-PD1**
- **"Hot" tumor remodeling persists** at least until week 9
- **Potential genetic biomarker for patient selection identified** through additional DNA sequencing



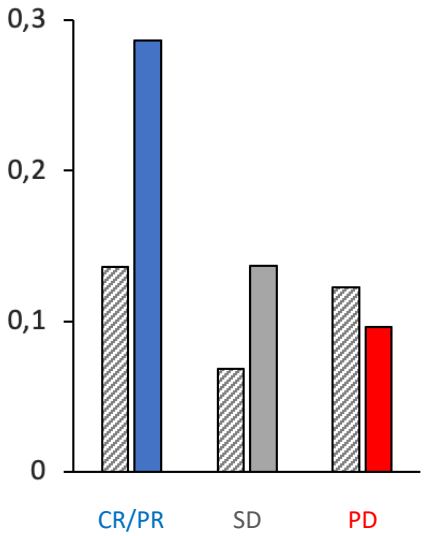
IHC: Immunohistochemistry

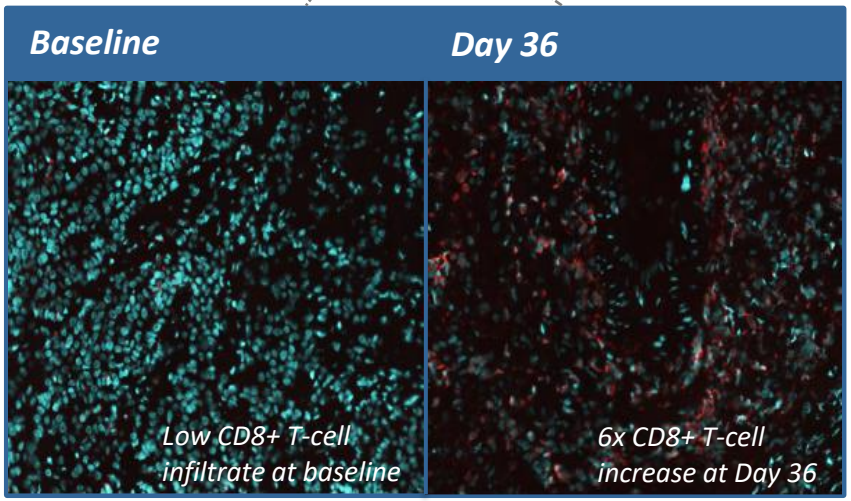
IMPORTANTLY, THESE OBSERVATIONS ARE CONSISTENT ACROSS TUMOR TYPES – MESOTHELIOMA EXAMPLE

CD8+ T-cell infiltrate (TIL) for individual patients; tumor mIHC



Avg. CD8+ TILs Day 36 vs. BL



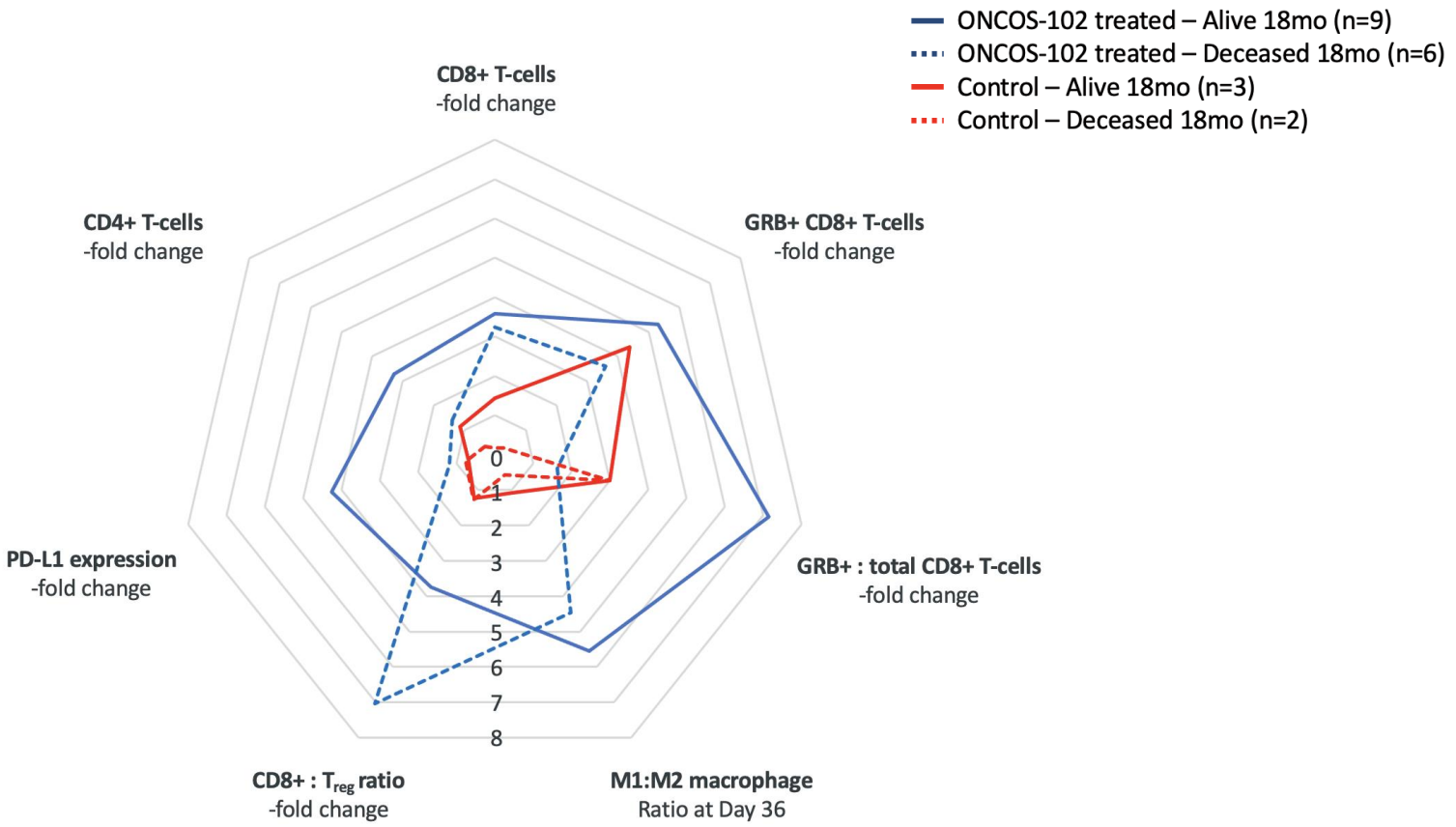


Patient case example Day 36 vs. Baseline:

- *6x increase in total **CD8+ T-cell infiltrate***
- *16x increase in **GrB+/CD8+ T-cells***
- *3x increase in total **CD4+ T-cell infiltrate***
- *4x increase in **CD8+ : T_{reg} ratio***
- *20x increase in **PD-L1 expression***
- *3x increase in **M1 macrophages***
- *Patient still **alive at 24 month follow-up***

IMMUNE MARKER DATA BUILD STRONG BIOLOGICAL RATIONALE FOR SEVERAL NEW COMBINATIONS WITH ONCOS-102

Immuno-modulation in tumor tissue; Mesothelioma, Day 36 vs. baseline



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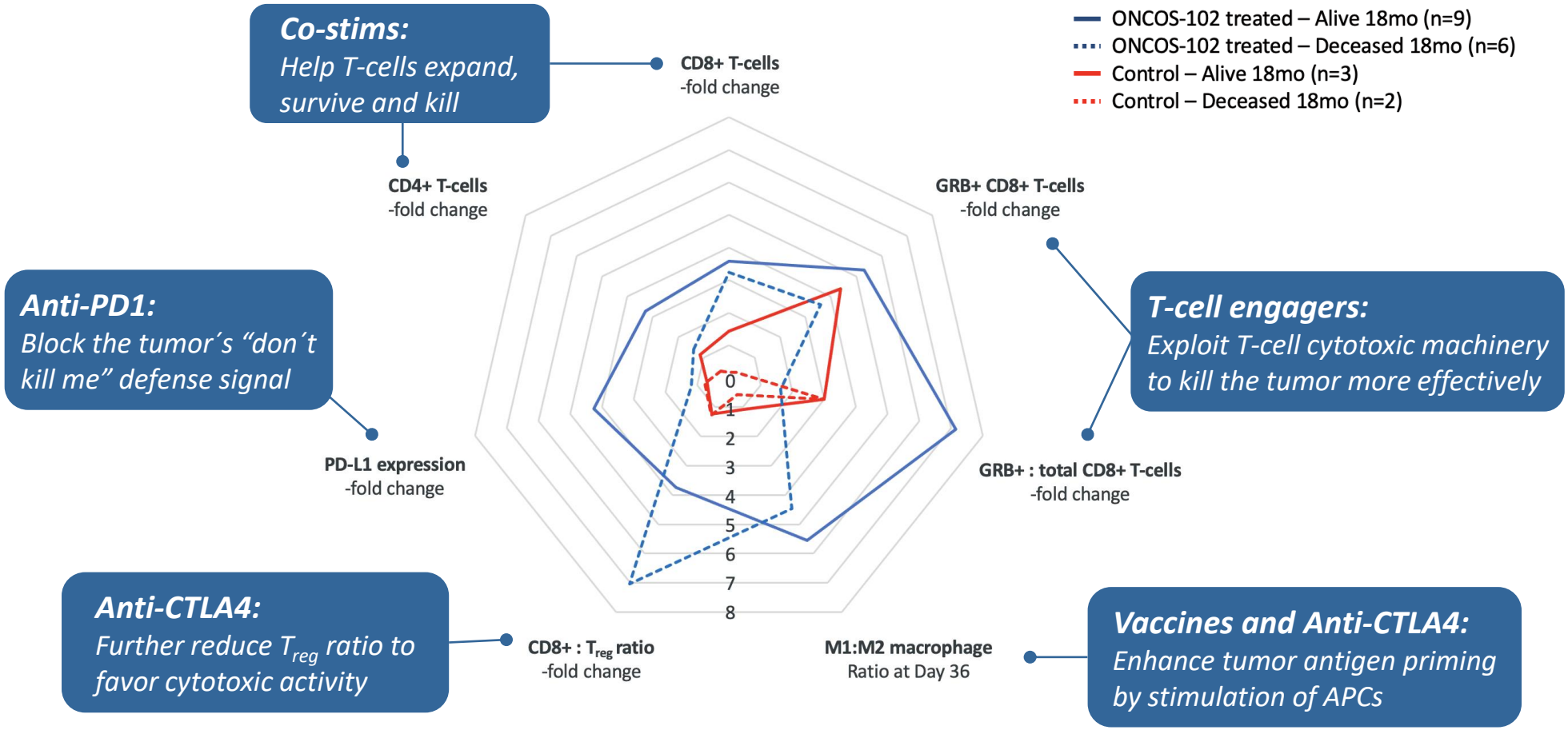

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STRENGTH AND BREADTH OF ONCOS-102 CLINICAL DATA PACKAGE OPENS BROAD OPPORTUNITIES

	**Class-leading efficacy**	*ONCOS-102 drives meaningful clinical benefit, competitive with leading drug candidates*
	**Highly consistent**	*ONCOS-102 data package is highly consistent across tumor types, survival, clinical response, immune cell infiltration and gene expression*
	**Novel combinations**	*Mechanistic data provides strong biological rationale for combinations beyond anti-PD1 blockade*
	**Biomarker selection**	*Potential genetic biomarkers for patient selection identified in tumor biopsy NGS data set*

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PLANNING A MELANOMA PHASE 2 PLATFORM TRIAL TO EXPLORE MULTIPLE ONCOS-102 COMBINATIONS

Part 1 – run-in

Population:

Anti-PD1 refractory melanoma

1. **ONCOS-102** monotherapy

Randomize

2. **ONCOS-102 + PD1** combination

- *Assess contribution of components*
- *Conduct biomarker exploration*

Part 2 – multi-cohort extension

3. **ONCOS-102 + PD1 + aCTLA4**
4. **ONCOS-102 + (PD1) + co-stim**
5. **ONCOS-102 + …**

Several opportunities: *vaccine, bi-specifics, T-cell engagers, etc…*

- *Additional cohorts to explore novel combinations*
- *Ability to add further cohorts along the way*
- *Aim to further boost response rates beyond 35% ORR*
- *Collaboration with partners – dialogues ongoing*

Cohorts 2 onward can independently form the basis for a subsequent registrational trial

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CLINICAL AND PRECLINICAL PIPELINE

Product candidate	Preclinical	Phase 1	Phase 2	Phase 3	Next expected event
ONCOS-102	**Refractory Melanoma** Platform trial				**1H 2022** First patient in
	Mesothelioma Combination w/pemetrexed/cisplatin				**2H 2021** Survival update
	Metastatic Colorectal cancer Combination w/anti PDL1				**1H 2022** Clinical data
Next Gen viruses					*Preclinical data and selection of candidates*
Novel mutRAS concepts					*Preclinical data and selection of candidates*

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Finance

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2Q FINANCIAL SNAPSHOT

Key figures

Net cash flow in 2Q

-24 / -2.7

NOK million **USD million**

Cash at end of 2Q

71 / 8.4

NOK million **USD million**

Market cap

630 / 71

NOK million **USD million**

Daily value traded

Average last 12 months

3.1 / 0.35

NOK million **USD million**

Shareholder base[1]

Ownership by professional institutions, e.g.

- *HealthCap, Nordea, Radforsk, AP4, Arctic Aurora, MP Pension*

31%

Largest shareholder

- *HealthCap*

14%

Ownership by top 20 shareholders

48%

No of shareholders (approx.)

5600

As per 12 August 2021

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SECOND QUARTER OPEX IN LINE WITH PREVIOUS QUARTERS

NOK m	2Q20	3Q20	4Q20	1Q21	2Q21
Total revenue	**0**	**0**	**0**	**0**	**0**
External R&D expenses	-14	-9	-8	-9	-9
Payroll and related expenses	-11	-9	-12	-11	-13
Other operating expenses	-5	-4	-3	-2	-3
Total operating expenses	**-30**	**-22**	**-23**	**-23**	**-25**
Operating loss	-30	-22	-23	-23	-25
Net financial items	-4	-1	-3	1	-1
Loss before income tax	-33	-23	-26	-22	-26
Net change in cash	-34	-24	45	-27	-24
Net cash EOP	**101**	**78**	**122**	**95**	**71**

1 Including patent cost
2 Including depreciation

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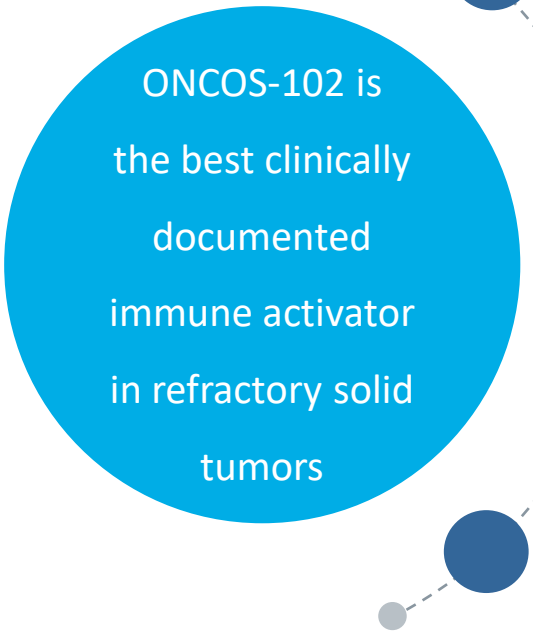
TARGOVAX AT A GLANCE



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Upcoming conferences / events

7 Sep 2021:	Next Gen Cancer Vaccine Development Summit
17-21 Sep 2021:	European Society for Medical Oncology (ESMO)
26 Oct 2021:	Oncolytic Virotherapy Summit
26-29 Oct 2021:	5th Annual Next Gen IO Conference EU edition

Upcoming data milestones

2H 2021:	ONCOS-102 in combination with chemotherapy in unresectable malignant pleural mesothelioma – *Survival update*
1H 2022:	ONCOS-102 in combination with durvalumab in colorectal cancer with peritoneal carcinomatosis – *Clinical data*

Financial Calendar 2021

4 Nov 2021:	Third Quarter presentation
17 Feb 2022:	Fourth Quarter presentation