CDX-0159 was well tolerated at all dose levels.

- 13 (54%) subjects treated with CDX-0159 experienced grade 1 (mild) infusion-related reactions
- Symptoms of hives and/or urticaria with some itching
- Reactions spontaneously resolved without intervention during infusion or up to 180 minutes after completion of infusion
- Not clearly dose dependent
- Mild and asymptomatic declines in hematologic parameters (white blood cells, neutrophils) appeared to occur more frequently in subjects treated with CDX-0159 than placebo
- No notable differences observed in chemistry analyses or EBC, platelets or hematocrit

CDX-0159 Demonstrates a Favorable Safety Profile

Treatment Emergent Adverse Events Occurring in 3 or More Subjects

<table>
<thead>
<tr>
<th>Event</th>
<th>CDX-0159 (0.3 mg/kg)</th>
<th>CDX-0159 (1 mg/kg)</th>
<th>CDX-0159 (3 mg/kg)</th>
<th>CDX-0159 (9 mg/kg)</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 (0%)</td>
<td>1 (4%)</td>
<td>1 (6%)</td>
<td>2 (8.3%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Intensity related reaction</td>
<td>2 (33%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>- Symptoms of hives and/or urticaria with some itching</td>
<td>1 (17%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>- Reactions spontaneously resolved without intervention during infusion or up to 180 minutes after completion of infusion</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Neutrophil count decreased</td>
<td>1 (17%)</td>
<td>0 (0%)</td>
<td>1 (6%)</td>
<td>1 (4.2%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>- Mild and asymptomatic declines in hematologic parameters (white blood cells, neutrophils) appeared to occur more frequently in subjects treated with CDX-0159 than placebo</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

CDX-0159 Suppresses Plasma Tryptase and Increases SCF in a Dose-Dependent Manner

- Tryptase was a protease released specifically by MCs and its plasma level was proportional to systemic MC load
- A single dose of CDX-0159 suppressed plasma Tryptase levels in a dose-dependent manner, indicative of systemic MC suppression
  - Baseline-normalized cohort means +/- S.E.M. are shown

Dose-dependent Trypsite suppression observed at 3 and 9 mg/kg doses to day 71

- Reduction below 1 ng/mL (LLOQ) observed in 24 volunteers at day 71-78 and 24 volunteers at 99 and 133 in 3 mg/kg
- Reduction below LLOQ in all 44 volunteers at day 71 at 9 mg/kg
- Additional Trypsite analysis to day -130 for cohorts 3 and 4 is planned

Pharmacokinetics and Immunogenicity

- Phase 1a healthy volunteer study with CDX-0159 demonstrated a favorable safety profile and profound Tryptase suppression, indicative of systemic MC ablation
  - Most common adverse events were mild infusion-related reactions, and mild and asymptomatic decreases in neutrophil and WBC counts were observed
  - Profound reduction in plasma Tryptase was observed for 2 months at single 3 and 9 mg/kg
  - Dose dependent increases in plasma SCF mirror decreases in Trypsite and are consistent with allospecific blockade of SCF to Kit
  - Long serum half-life and non-immunogenic profile support a more flexible dosing schedule
  - Enhanced PK profile and durable Tryptase suppression at low doses support re-formulation for sub-cutaneous administration
  - Data support multiple dosing in patients with MC-driven disorders

CDX-0159 Increases Plasma SCF Levels

- Dose dependent increases in plasma SCF consistent with allospecific blockade of SCF to Kit by CDX-0159
  - Cohort means +/- S.E.M. reported

CONCLUSIONS

- Phase 1a healthy volunteer study with CDX-0159 demonstrated a favorable safety profile and profound Tryptase suppression, indicative of systemic MC ablation
- Most common adverse events were mild infusion-related reactions, and mild and asymptomatic decreases in neutrophil and WBC counts were observed
- Profound reduction in plasma Tryptase was observed for 2 months at single 3 and 9 mg/kg
- Dose dependent increases in plasma SCF mirror decreases in Trypsite and are consistent with allospecific blockade of SCF to Kit
- Long serum half-life and non-immunogenic profile support a more flexible dosing schedule
- Enhanced PK profile and durable Tryptase suppression at low doses support re-formulation for sub-cutaneous administration
- Data support multiple dosing in patients with MC-driven disorders
- Phase 1b studies in chronic idiopathic urticaria (CINDU) and chronic spontaneous urticaria (CSU) are planned for 2H 2020

Presented by Dr. Marcus Maurer at the 2020 EAACI Conference