



Programmed Cellular Immunotherapies

Corporate Overview

October 2018

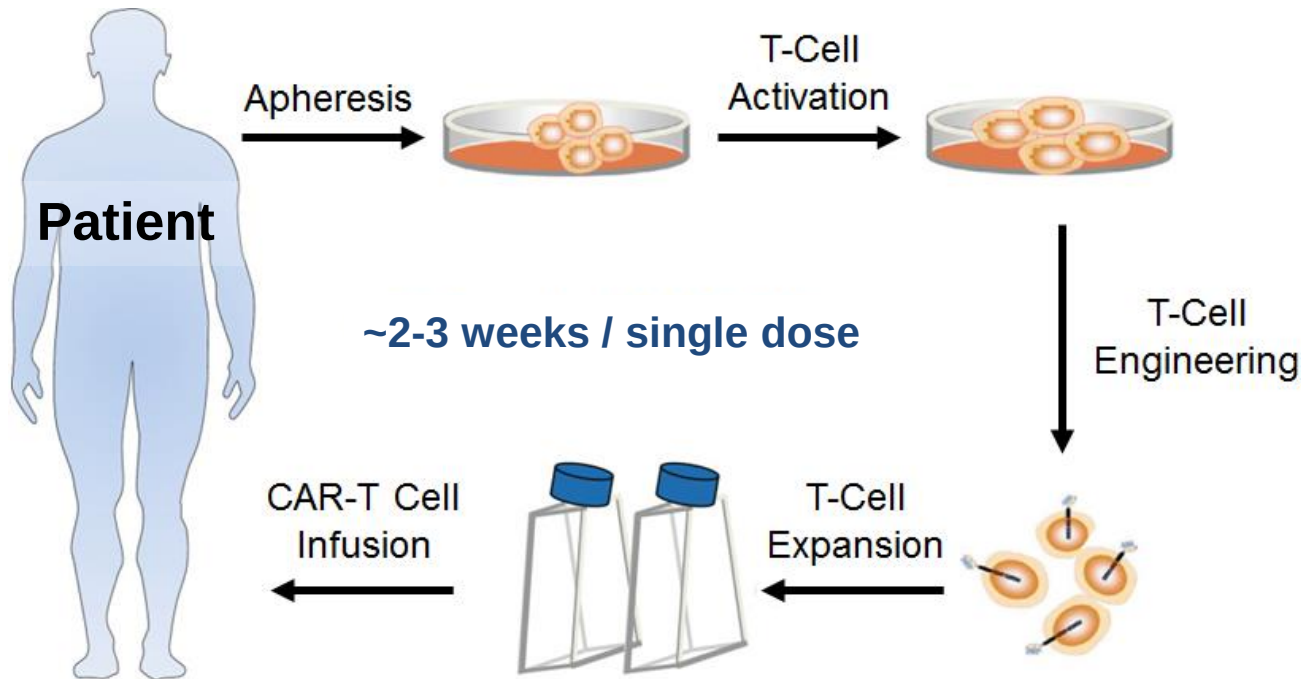
Forward-Looking Statements



This presentation contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995, including statements regarding the Company's advancement of and plans related to the Company's product candidates, clinical studies, and research and development activities, the Company's progress, plans and timelines for its clinical investigation of ProTmune™ and FATE-NK100 and for its manufacture, preclinical development and intended clinical investigation of its iPSC-derived product candidates, including FT500, the timing for the Company's receipt of data from its clinical trials and preclinical studies, the Company's clinical development and regulatory strategy, the therapeutic and market potential of the Company's product candidates, the scope and enforceability of the Company's intellectual property, and the Company's financial condition and sufficiency of its cash for funding its operations. These and any other forward-looking statements in this presentation are based on management's current expectations of future events and are subject to a number of risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in or implied by such forward-looking statements. These risks and uncertainties include, but are not limited to, the risk that results observed in prior studies of its product candidates, including clinical trials of ProTmune™ and FATE-NK100, will not be observed in ongoing or future studies involving these product candidates, the risk of a delay in the initiation of, or in the enrollment or evaluation of subjects in, any clinical studies, the risk that the Company may cease or delay manufacture, or preclinical or clinical development, of any of its product candidates for a variety of reasons (including requirements that may be imposed by regulatory authorities on the manufacture of its product candidate, on the initiation or conduct of clinical trials or to support regulatory approval, difficulties or delays in subject enrollment in current and planned clinical trials, difficulties in manufacturing or supplying the Company's product candidates for clinical trials, and any adverse events or other negative results that may be observed during preclinical or clinical development), and the risk that the Company's expenditures may exceed current expectations for a variety of reasons. These statements are also subject to other risks and uncertainties as further detailed in the Company's most recently filed periodic report, and subsequent periodic reports filed by the Company, under the Securities Exchange Act of 1934, as amended, any of which could cause actual results to differ materially from those contained in or implied by the forward-looking statements in this presentation. The Company is providing the information in this presentation as of the date hereof and does not undertake any obligation to update any forward-looking statements contained in this presentation unless required by applicable law.

Early Innings of Cell Therapy Development

Patient-derived CAR-T Cell Immunotherapy



Impaired Starting Material | Random & Variable T-Cell Engineering | Complex Logistics
Single Dose Paradigm | Heterogeneous Drug Product | Expensive

How do we Build on Early Successes and Transition From a Personalized Process to the Delivery of Optimized Cell Products?

Fate Therapeutics

Our Approach to Next-Generation Cellular Immunotherapy



Donor-derived Cell Products



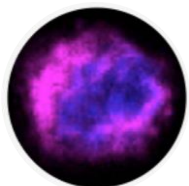
Donors

Cells from healthy donors with selected traits



Molecules

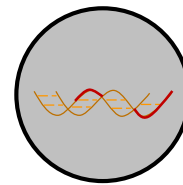
Ex vivo pharmacologic modulation to program biological properties



Cell Products

Cell products with optimized therapeutic function

Off-the-Shelf Cell Products



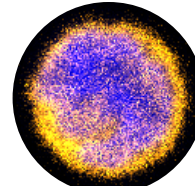
iPSC Cell Line

Renewable pluripotent cell lines with engineered functionality



Master Bank

Ex vivo expansion / differentiation to derive clonal cell populations



Cell Products

Off-the-shelf engineered cell products for 1000s of patients

First-in-Class Cellular Immunotherapy Pipeline

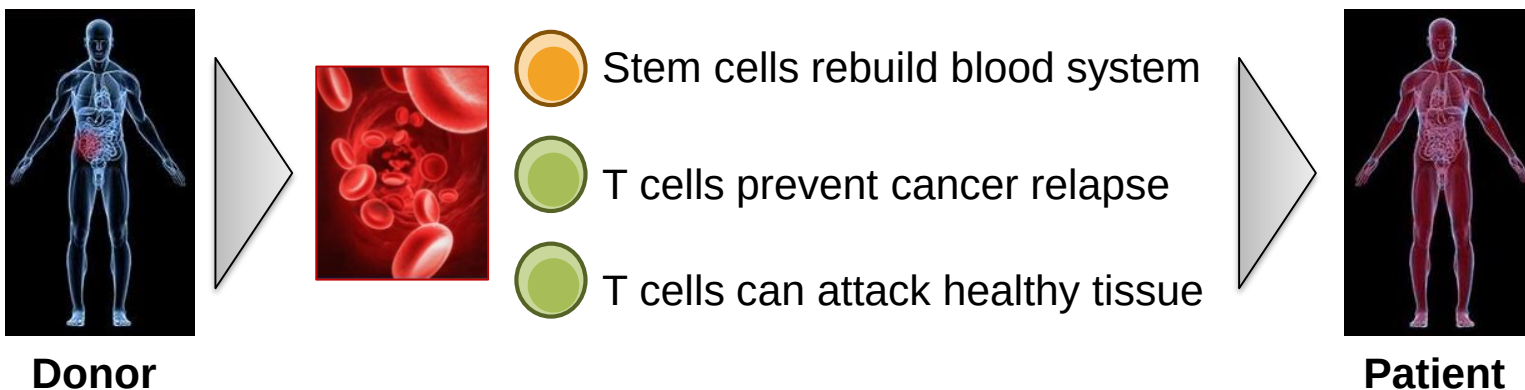


PROGRAM	PRECLINICAL	CLINICAL	RIGHTS
IMMUNO-ONCOLOGY			
FATE-NK100 – AML		Phase 1	Worldwide
FATE-NK100 – Ovarian		Phase 1	Worldwide
FATE-NK100 – Solid Tumor mAb Combo		Phase 1	Worldwide
FT500 (iNK Cell)	OTS	<i>Checkpoint Inhibitor Combination</i>	Worldwide
FT516 (Engineered hnCD16 iNK Cell)	OTS	<i>Monoclonal Antibody Combination</i>	Worldwide
FT538 (Engineered CD38- iNK Cell)	OTS	<i>Daratumumab Combination</i>	Worldwide
FT819 (Engineered CAR19 iT Cell)	OTS		Worldwide
IMMUNO-REGULATION			
ProTmune™ – Graft-versus-Host Disease		Phase 2	Worldwide
ToleraCyte™ – Autoimmune Disorders			Worldwide
FT300 (iReg Cell)	OTS		Worldwide



OTS Off-the-Shelf using Clonal Master Induced Pluripotent Stem Cell (iPSC) Lines

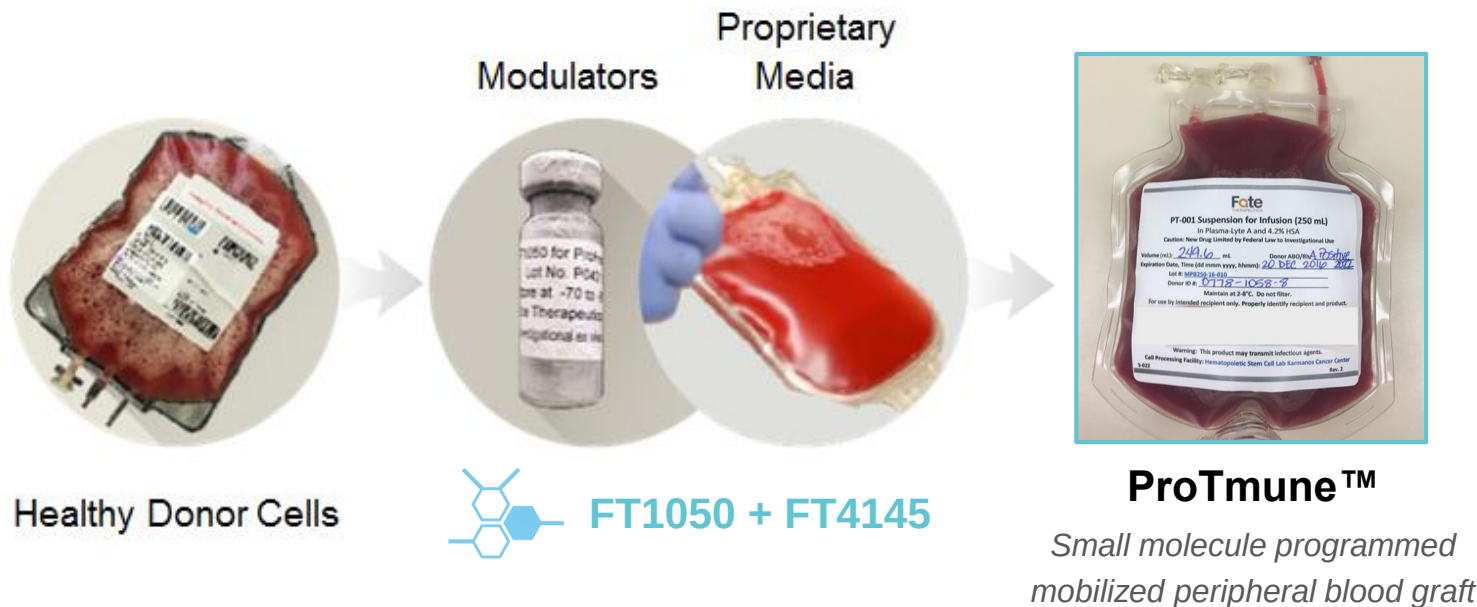
- **Allogeneic HCT is performed with curative intent**
 - Orphan hematologic malignancies (e.g., AML, ALL, MDS)
- **The donor cell graft is the drug**
 - Donor stem cells engraft and reconstitute the patient's blood and immune system
 - Donor T cells fight infection and prevent cancer relapse



- **GvHD is leading cause of early morbidity and mortality**
 - 40 to 80% of patients undergoing allogeneic HCT experience acute GvHD
 - Extended use of immunosuppressive agents increases risk of infections, relapse and mortality
 - No approved preventive therapies in the U.S.

ProTmune™

A Next-Generation Hematopoietic Cell Graft for Allogeneic HCT



- *Ex vivo* programming to promote stem cell engraftment and attenuate T-cell signaling
- On-site manufacture integrates into current clinical practice
- Composition of matter patents covering ProTmune extend through 2032

**Highly-differentiated therapeutic strategy to promote
GvHD-free, relapse-free survival**

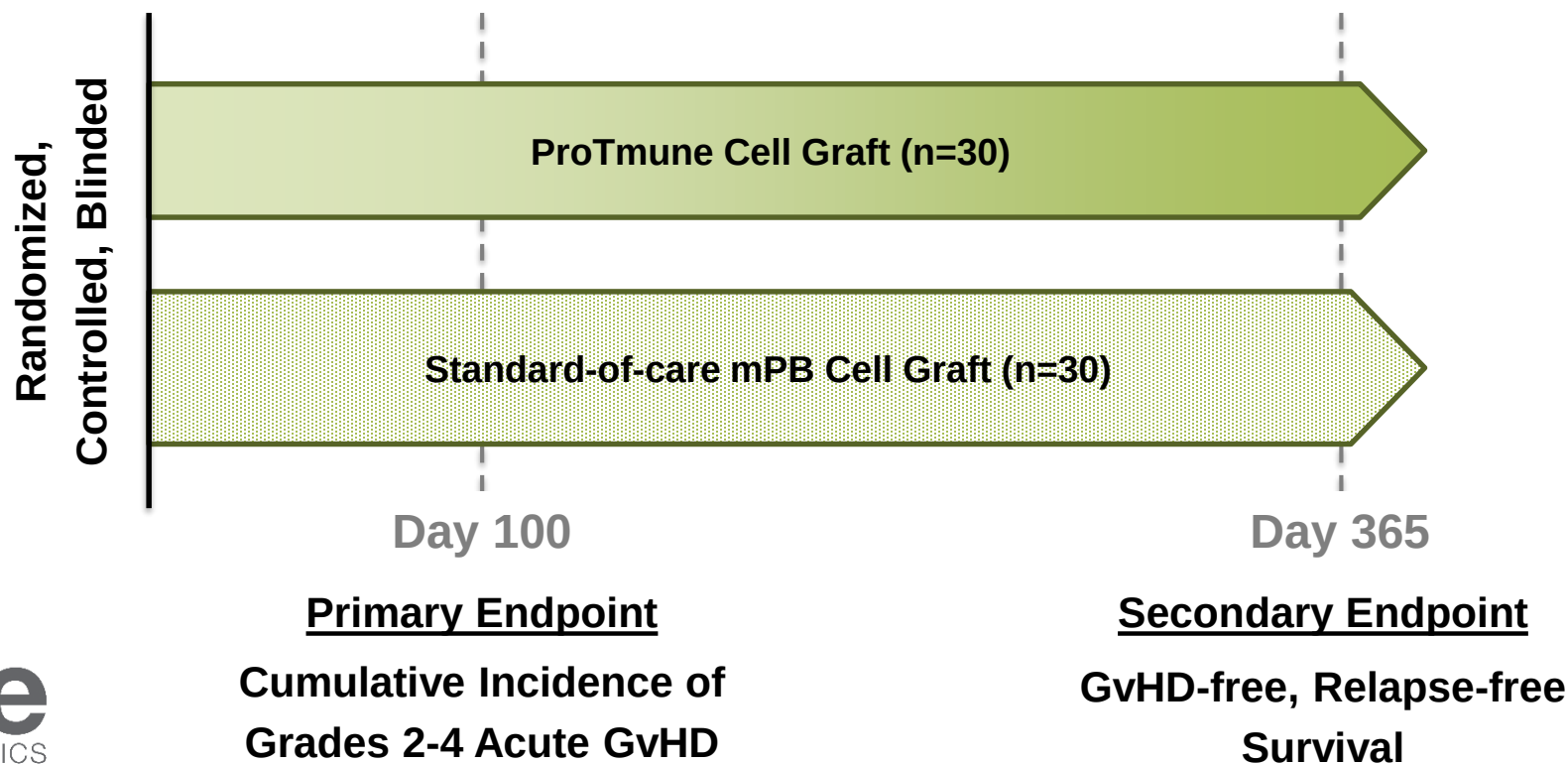
ProTmune™

PROTECT Phase 2 Study



Fast Track
Designation

60 Subjects, Double-blinded, Randomized, Controlled





Subject	Disease	Age / Sex	Neutrophil Engraftment	Day 100 aGvHD	Steroid Responsive	Days to Resolution †	Cancer Relapse	Overall Survival	Days on Study
1	MDS	66 / F	Day 14	None	---	---	No	No*	228
2	AML	56 / F	Day 18	None	---	---	No	Yes	343
3	AML	66 / F	Day 22	Grade 2	Yes	7	No	No**	151
4	ALL	34 / F	Day 15	None	---	---	No	Yes	251
5	ALL	48 / M	Day 16	Grade 2	Yes	8	No	Yes	243
6	ALL	56 / M	Day 18	Grade 3	Yes	5	No	Yes	208
7	AML	69 / F	Day 19	None	---	---	No	Yes	195

§ Data reflective of February 26, 2018. Database is not locked and final data are subject to change.

† of highest grade GvHD.

Non-relapse mortality due to pulmonary edema (*) and atrial fibrillation (**).



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Non-relapse mortality due to pulmonary edema (*) and atrial fibrillation (**).

No cancer relapse

FATE-NK100

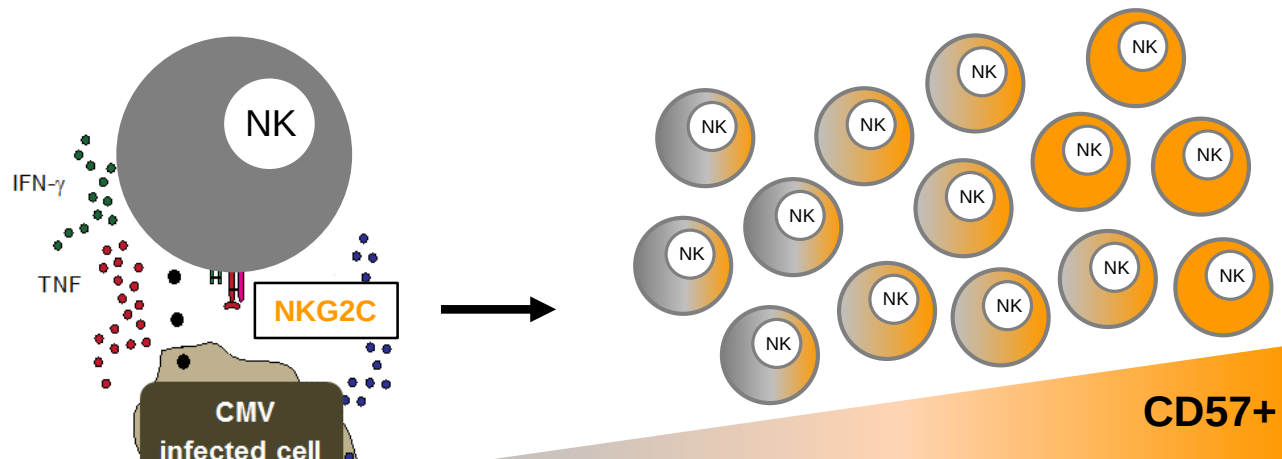
First-in-Class Adaptive Memory NK Cell Cancer Immunotherapy



Jeffrey S. Miller, MD



UNIVERSITY OF MINNESOTA
Driven to DiscoverSM



Formation of Adaptive Memory NK Cells

*Correlated with reduced relapse risk and
superior disease-free survival in HCT*

A Potent Subset of Activated NK Cells with Unique Anti-Tumor Attributes

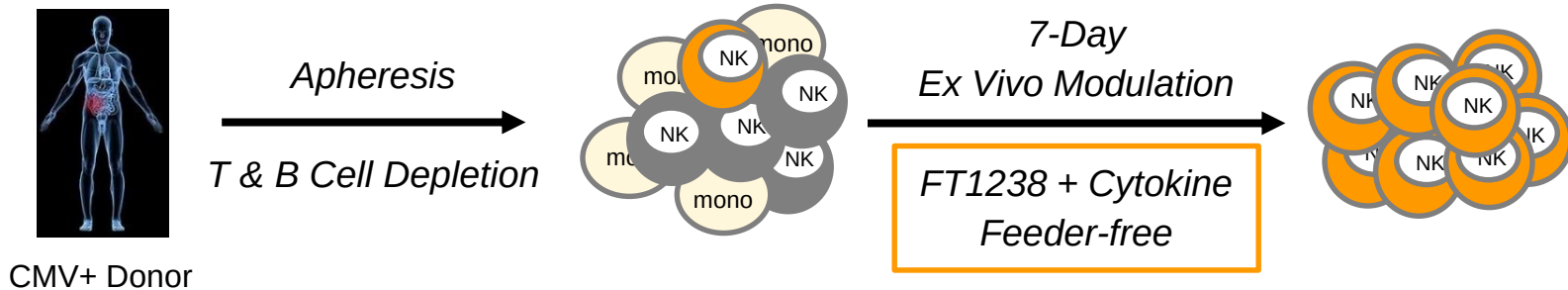
Heightened Effector Function

Enhanced Persistence

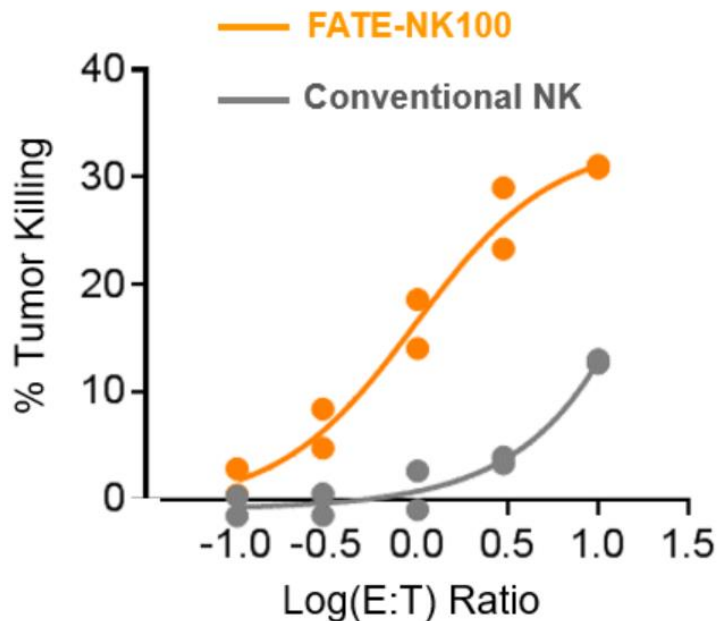
Resistant to Immune Checkpoint Pathways

FATE-NK100

Realizing the Potential of Adaptive Memory NK Cells



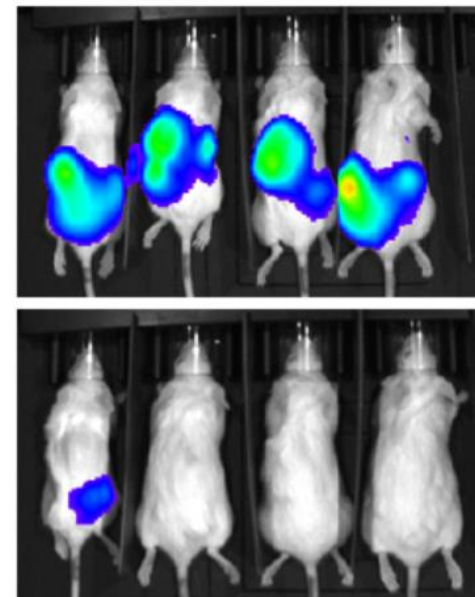
Patient-Derived Primary AML Blasts



E:T = Effector (NK) to Target (Tumor)

Luc-SKOV3 Tumor Image Analysis

Day 21



Herceptin

**FATE-NK100
+ Herceptin**

FATE-NK100

Multi-pronged Clinical Development Strategy



VOYAGE *Refractory / Relapsed AML*

- Single IV infusion; accelerated dose-escalation; up to 3 dose levels
- 10-patient expansion at MTD
- Key read-outs: NK cell persistence; anti-leukemia activity; CRs

APOLLO *Recurrent Ovarian*

- Single IP infusion; accelerated dose-escalation; up to 3 dose levels
- 10-patient expansion at MTD
- Key read-outs: NK cell persistence; ORR by RECIST

DIMENSION *mAb Combination in Solid Tumors*

- Single IV infusion; accelerated dose-escalation; up to 3 dose levels
- 3 parallel arms: mono; + trastuzumab; + cetuximab
- Key read-outs: NK cell persistence; ORR by RECIST

FATE-NK100

The VOYAGE Study: Initial Clinical Observations



VOYAGE *Refractory / Relapsed AML*

- Single IV infusion; accelerated dose-escalation; up to 3 dose levels
- 10-patient expansion at MTD
- Key read-outs: NK cell persistence; anti-leukemia activity; CRs

	Dose Cohort 1 (1x10 ⁷ TNC/kg)
Age / Sex	67 / M
History	Primary induction failure
Leukemic Load	87% leukemic blasts in marrow
NK100 Persistence	76% of PB NK cells were of FATE-NK100 origin at Day 10
Day 14 Activity	~50% reduction in leukemic blasts

FATE-NK100

The VOYAGE Study: Initial Clinical Observations



VOYAGE **Refractory /** **Relapsed AML**

- Single IV infusion; accelerated dose-escalation; up to 3 dose levels
- 10-patient expansion at MTD
- Key read-outs: NK cell persistence; anti-leukemia activity; CRs

	Dose Cohort 1 (1x10 ⁷ TNC/kg)	Dose Cohort 2 (2x10 ⁷ TNC/kg)
Age / Sex	67 / M	62 / F
History	Primary induction failure	Relapsed; refractory to conventional NK cell therapy
Leukemic Load	87% leukemic blasts in marrow	50% leukemic blasts in marrow
NK100 Persistence	76% of PB NK cells were of FATE-NK100 origin at Day 10	95% of PB NK cells were of FATE-NK100 origin at Day 10
Day 14 Activity	~50% reduction in leukemic blasts	Morphologic leukemia-free state (mLFS) [†]

[†] Not sustained following a single IV infusion

FATE-NK100

The APOLLO Study: Initial Clinical Observations



APOLLO

Recurrent Ovarian

- Single IP infusion; accelerated dose-escalation; up to 3 dose levels
- 10-patient expansion at MTD
- Key read-outs: NK cell persistence; ORR by RECIST

	Dose Cohort 1 (1x10 ⁷ TNC/kg)
Age / Sex	63 / F
History	Platinum Resistant Ovarian Cancer
Prior Therapies	5 prior lines of therapy
Persistence	5% of Ascites NK cells were of FATE-NK100 origin (Day 5)
Day 28 Activity	Progressive Disease

FATE-NK100

The APOLLO Study: Initial Clinical Observations



APOLLO

Recurrent Ovarian

- Single IP infusion; accelerated dose-escalation; up to 3 dose levels
- 10-patient expansion at MTD
- Key read-outs: NK cell persistence; ORR by RECIST

	Dose Cohort 1 (1x10 ⁷ TNC/kg)	Dose Cohort 2 (2x10 ⁷ TNC/kg)
Age / Sex	63 / F	71 / F
History	Platinum Resistant Ovarian Cancer	Stage IIIC Platinum Resistant Serous Carcinoma of Fallopian Tubes
Prior Therapies	5 prior lines of therapy	5 prior lines of therapy
Persistence	5% of Ascites NK cells were of FATE-NK100 origin (Day 5)	81% of Ascites NK cells were of FATE-NK100 origin (Day 5)
Day 28 Activity	Progressive Disease	Stable Disease with decrease splenic mass

Changing the Game in Cell Therapy



Key Features	Cell Therapy 1.0
Cell Source	Patient Cells
Genetic Engineering	Random & Variable
Product Consistency	Heterogeneous
Characterization	Imprecise
Manufacturing	Personalized
Delivery	Delayed & Uncertain
Dose-per-Patient	Single
Overall Paradigm	Patient-centric



Changing the Game in Cell Therapy



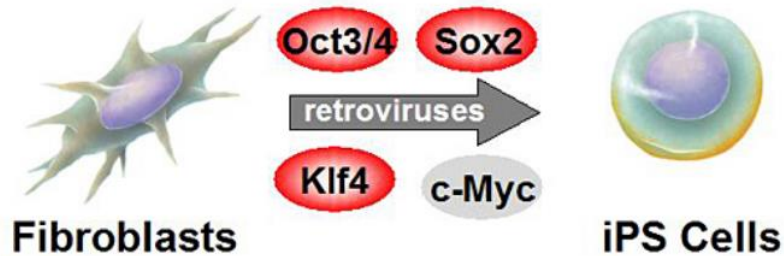
Key Features	Cell Therapy 1.0	Cell Therapy 2.0
Cell Source	Patient Cells	Master Cell Line
Genetic Engineering	Random & Variable	Uniform & Complete
Product Consistency	Heterogeneous	Homogeneous
Characterization	Imprecise	Well-defined
Manufacturing	Personalized	Off-the-Shelf
Delivery	Delayed & Uncertain	On Demand
Dose-per-Patient	Single	Multiple
Overall Paradigm	Patient-centric	Product-centric

Human Induced Pluripotent Stem Cells

Foundational Role of Fate Therapeutics' Scientific Founders



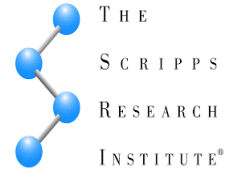
Induced Pluripotent Stem (iPS) Cells



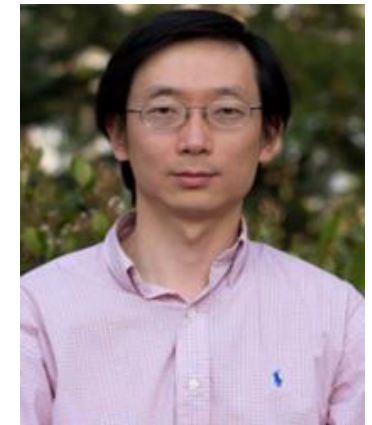
Mouse iPS cells reported in 2006
Human iPS cells reported in 2007



WHITEHEAD INSTITUTE



Rudolf Jaenisch



Sheng Ding

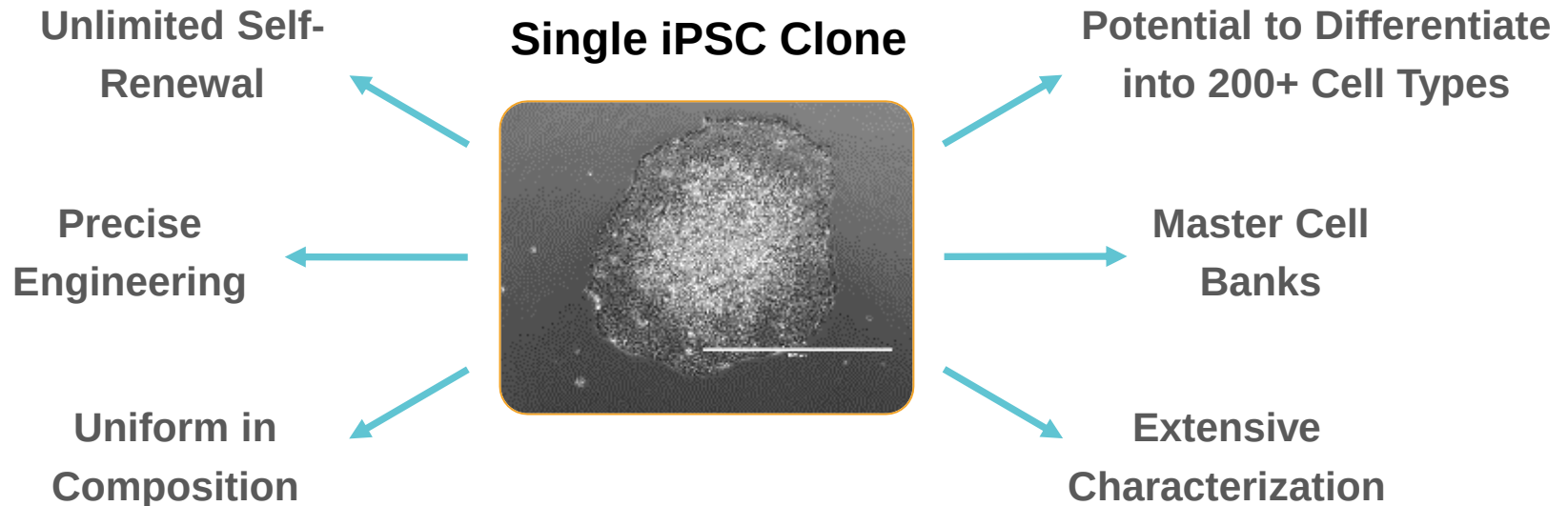
Fate Therapeutics' iPSC product platform is supported by an IP portfolio of 100+ issued patents and 100+ pending patent applications

Human Induced Pluripotent Stem Cells

Pioneering the Use of Master iPSC Lines for Making Cell Products



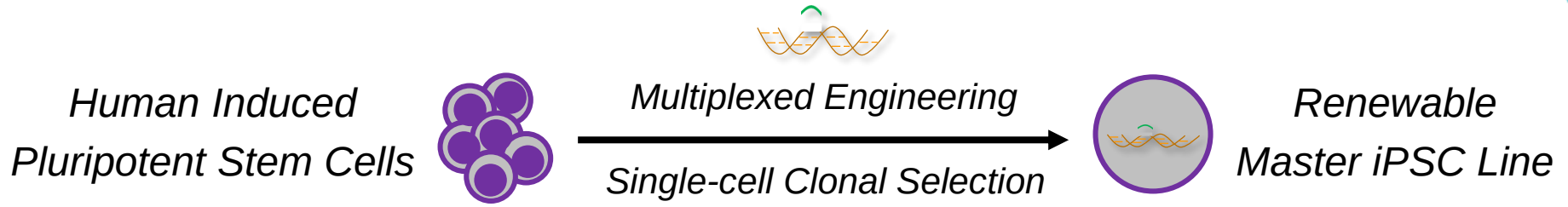
A Single Human Induced Pluripotent Cell



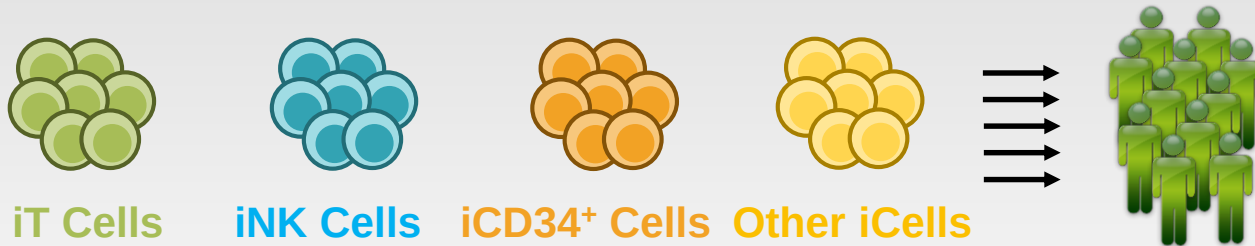
Renewable Clonal Cell Line ---> Homogeneous Cell Products

Universal Off-the-Shelf Cell Products

Pioneering the Use of Master iPSC Lines for Making Cell Products



Universal | Off-the-Shelf | Cell Products



Healthy Banked Starting Material | **One-time Uniform** Engineering | **Scalable** Logistics
Multiple Dose Paradigm | **Homogeneous** Drug Product | **Cost-Effective**

Universal Off-the-Shelf Cell Products

Collaborations with Top Investigators and Leading Centers



Engineered NK Cells



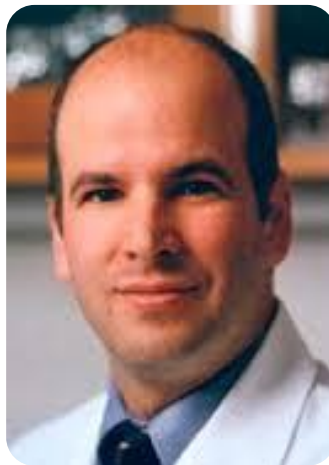
Jeffrey S. Miller, MD



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

CAR NK Cells

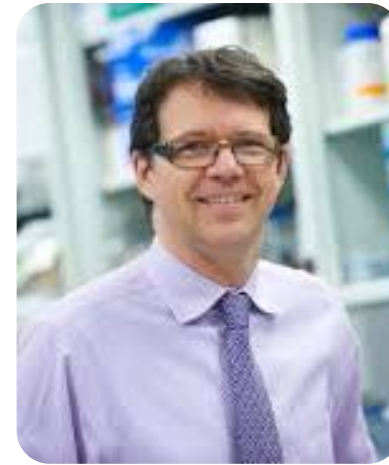


Dan Kaufman, MD PhD



UC San Diego

CAR T Cells



Michel Sadelain, MD, PhD



Memorial Sloan Kettering
Cancer CenterTM

Universal Off-the-Shelf NK Cell Products

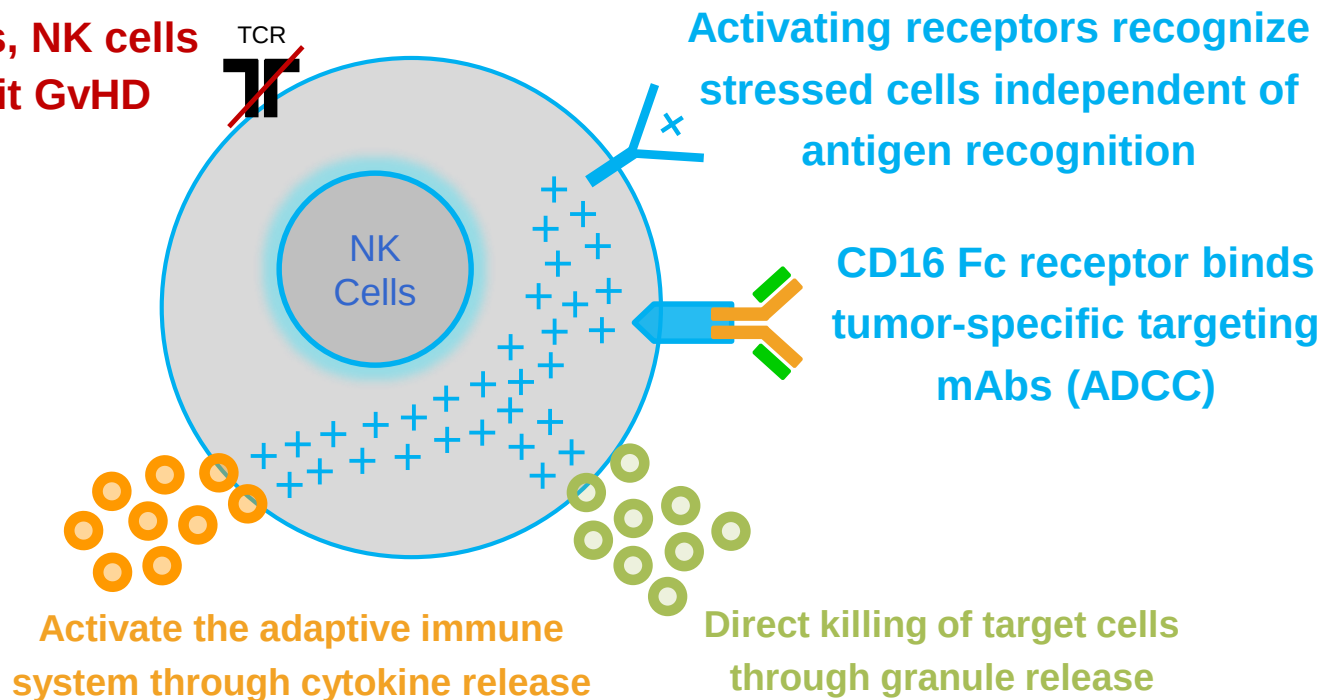
Properties of Natural Killer Cells for Cancer Immunotherapy



- Use of mismatched donor cells has been shown to be safe and well-tolerated
 - No reports of GvHD, cytokine release syndrome or neurotoxicity
- Multi-faceted effector function
 - Anti-tumor activity is not dependent on antigen recognition

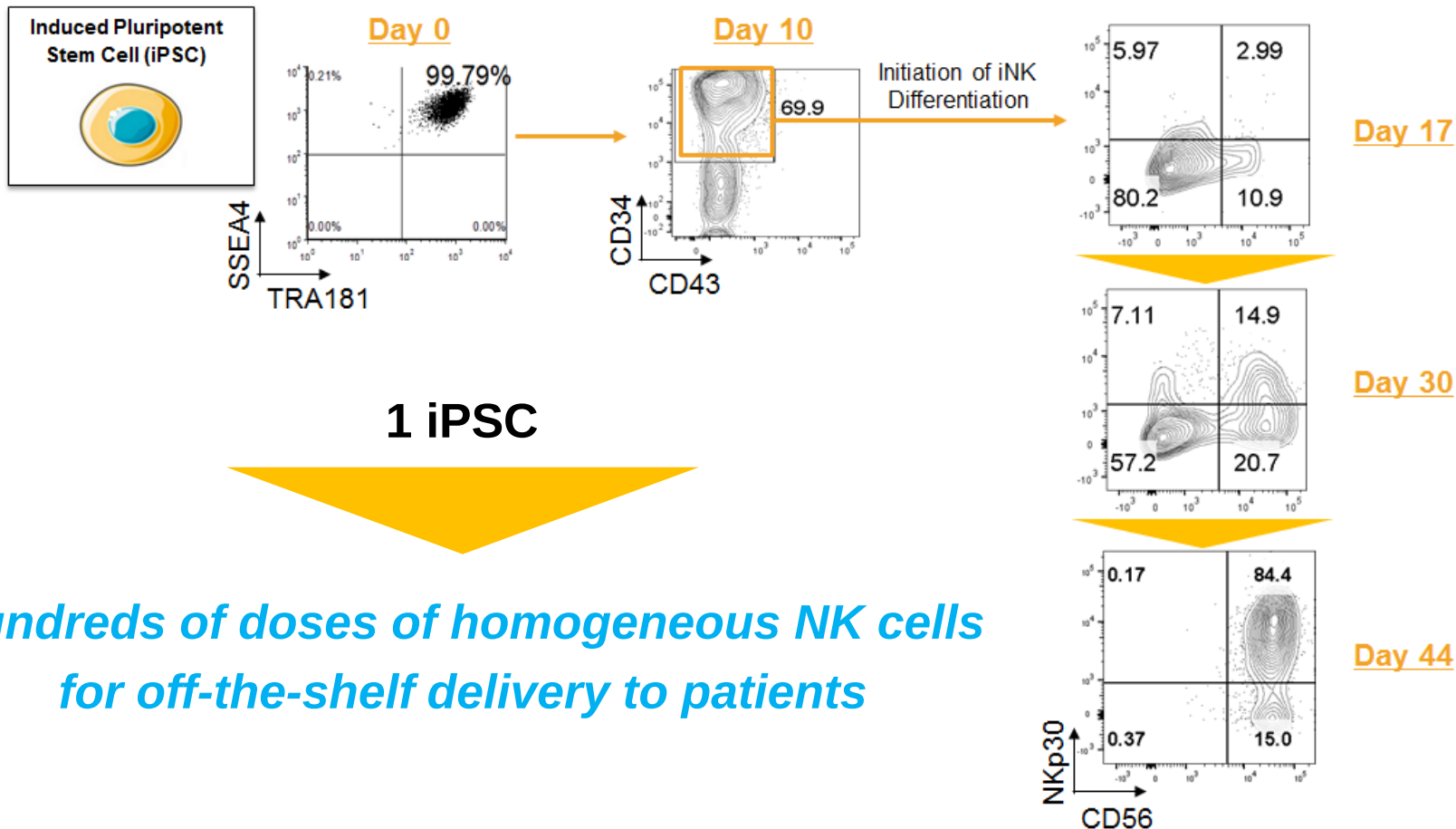
Unlike T cells, NK cells
do not elicit GvHD

TCR
~~+~~



Universal Off-the-Shelf NK Cell Products

Robust Differentiation Protocol to Create iPSC-derived NK Cells

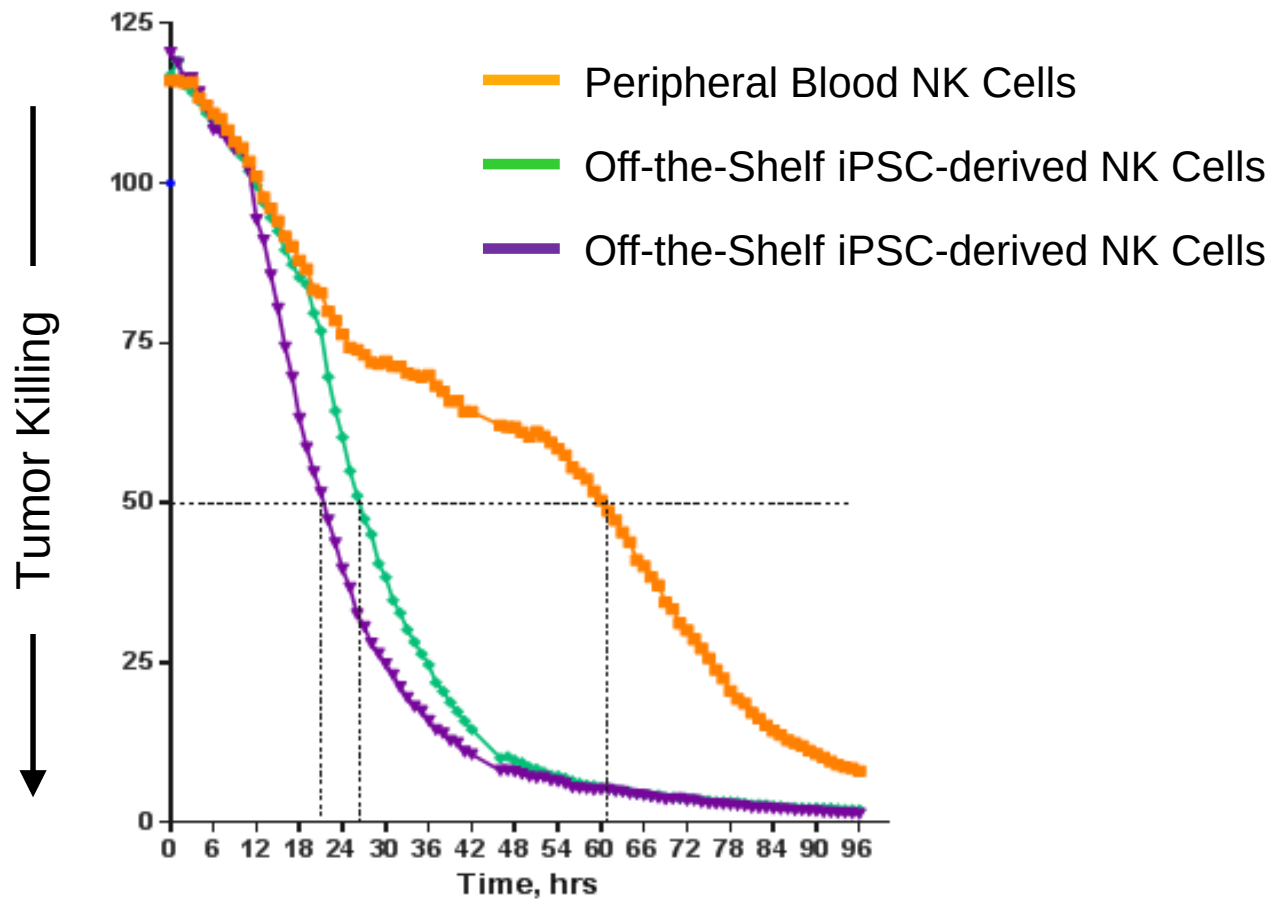


Universal Off-the-Shelf NK Cell Products

Potency of iPSC-derived vs. Peripheral Blood NK Cells



SKOV3 (Ovarian Cancer) Killing Assay

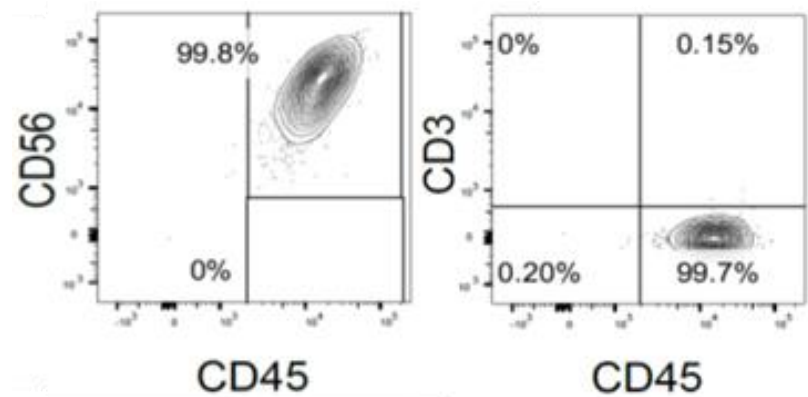


Universal Off-the-Shelf NK Cell Products

Collaboration with MCT for GMP Manufacture



Molecular and Cellular Therapeutics
33,000 SF State-of-Art GMP Facility

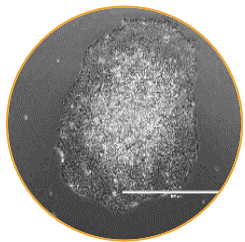


> 95% pure for CD56+ cells

Cryopreserved for off-the-shelf utilization

Universal Off-the-Shelf NK Cell Products

Three Product Candidates Undergoing IND-Enabling Activities



Master iPSC Line

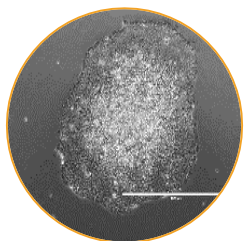


IND Submitted to FDA

- Clonal master iPSC line
- NK differentiation
- Homogenous cell product



OPDIVO™
KEYTRUDA®
TECENTRIQ®
atezolizumab

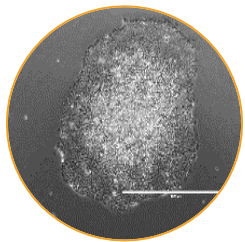


Engineered Master iPSC Line

- hnCD16 insertion
- Clonal master iPSC line
- NK differentiation
- Homogeneous cell product

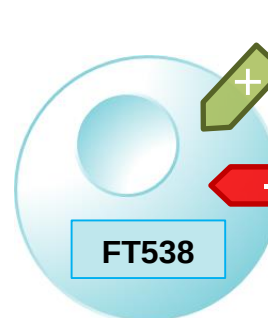


hnCD16
Herceptin® **ERBITUX®**
trastuzumab CETUXIMAB
Rituxan®
Rituximab



Engineered Master iPSC Line

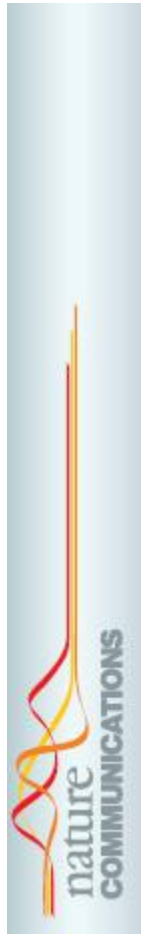
- hnCD16 insertion / CD38 KO
- Clonal master iPSC line
- NK differentiation
- Homogenous cell product



hnCD16
DARZALEX®
CD38

FT500: Combination with Checkpoint Inhibitors

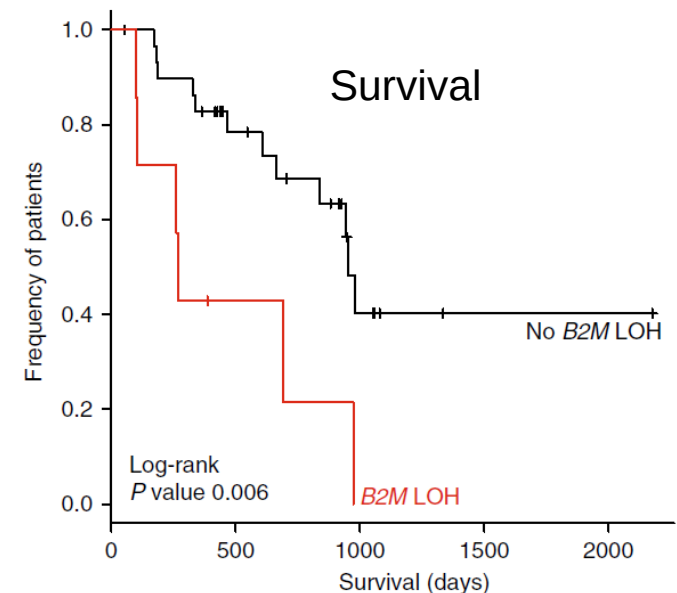
Rescue Therapy in Patients with B2M Mutations



Resistance to checkpoint blockade therapy through inactivation of antigen presentation

Moshe Sade-Feldman^{1,2}, Yunxin J. Jiao^{2,3}, Jonathan H. Chen^{2,4}, Michael S. Rooney², Michal Barzily-Rokni¹, Jean-Pierre Eliaze⁴, Stacey L. Bjorgaard^{1,2}, Marc R. Hammond¹, Hans Vitzthum¹, Shauna M. Blackmon¹, Dennie T. Frederick¹, Mehlika Hazar-Rethinam¹, Brandon A. Nadres¹, Emily E. Van Seventer¹, Sachet A. Shukla^{2,5}, Keren Yizhak², John P. Ray², Daniel Rosebrock², Dimitri Livitz², Viktor Adalsteinsson², Gad Getz^{2,4}, Lyn M. Duncan⁴, Bo Li⁶, Ryan B. Corcoran¹, Donald P. Lawrence¹, Anat Stemmer-Rachamimov⁴, Genevieve M. Boland⁷, Dan A. Landau^{2,8,9}, Keith T. Flaherty¹, Ryan J. Sullivan¹ & Nir Hacohen^{1,2}

- *B2M* mutations are enriched in patients who are resistant to checkpoint therapy (~30%)
- Loss of *B2M* associated with poor survival
- MHC Class 1 null tumor cells are highly susceptible to killing by NK cells

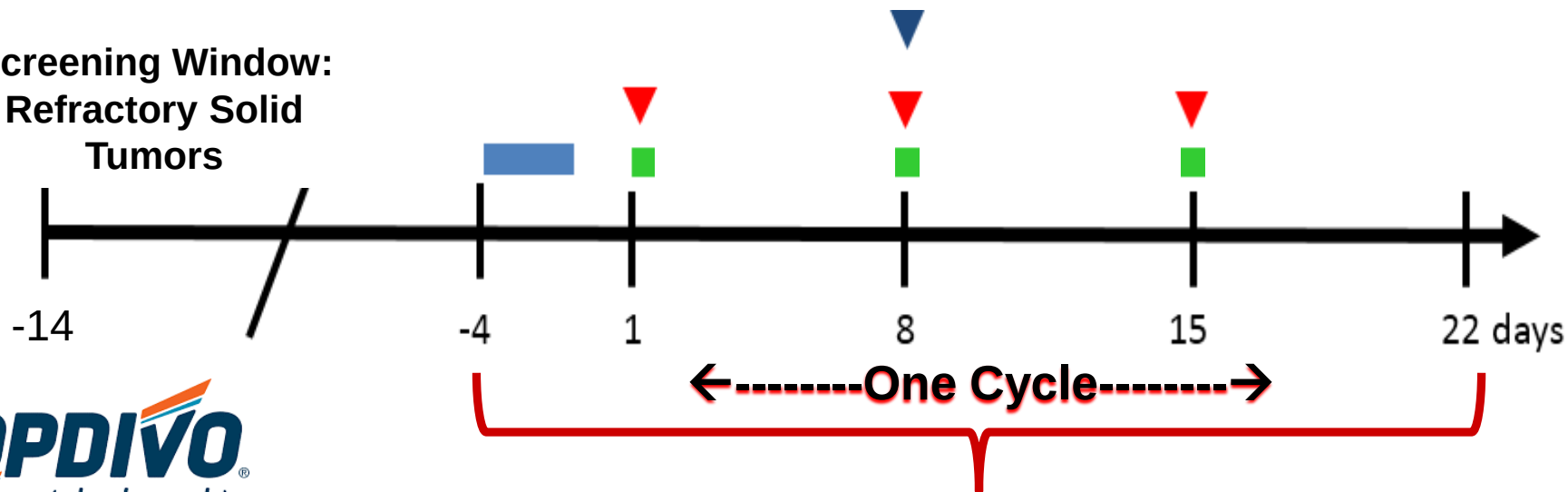


FT500: Proposed First-in-Human Study

Multiple Cycles of FT500 + Checkpoint Inhibitor



Screening Window:
Refractory Solid
Tumors



OPDIVO
(nivolumab)

KEYTRUDA
(pembrolizumab)

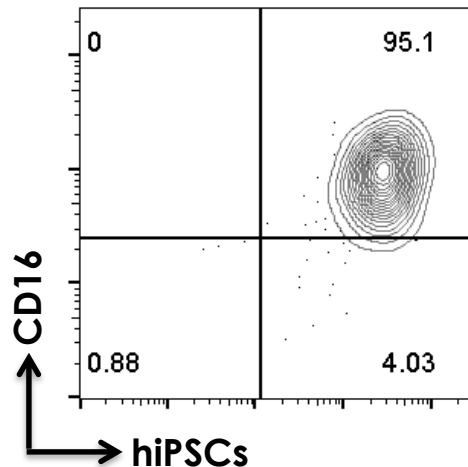
TECENTRIQ
atezolizumab

- ▼ **FT500** 3 doses at 1 week intervals
- ▼ **Checkpoint Inhibitor** Per SOC dose and frequency
- **IL-2** 3M units SC with FT500 dose
- **Outpatient Conditioning** Cy (300 mg/m² IV) x 2 + Flu (25 mg/m² IV) x 2

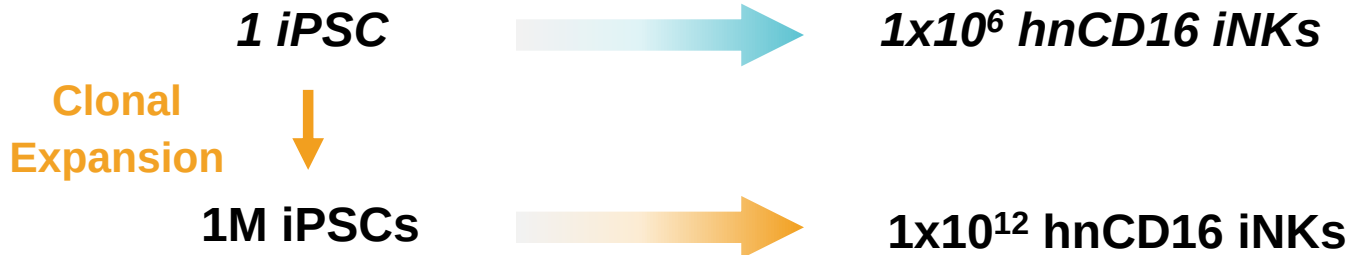
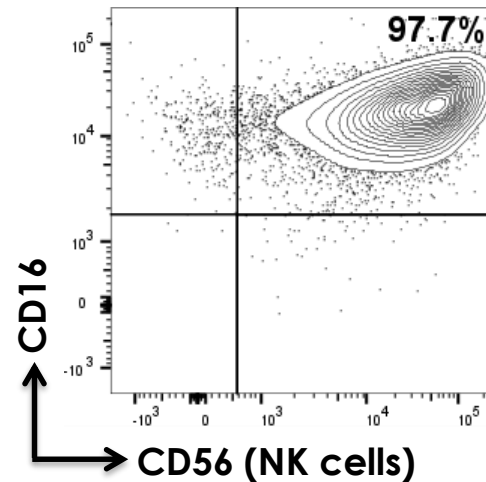
FT516: Engineered hnCD16+ NK Cell Product

From a Single iPSC Clone to a Homogeneous Effector Cell Population

*Renewable Engineered
Pluripotent Cell Line*



*Engineered hnCD16 iNK
Cells for ADCC*

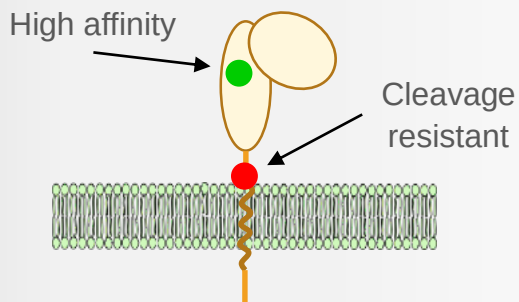


FT516: Engineered hnCD16+ NK Cell Product

Universal Cell Engager of Monoclonal Antibody in Liquid and Solid Tumors

Engineered high-Affinity non-Cleavable CD16 Fc Receptor

Modified form of CD16a
IgG antibody-binding receptor
resists shedding upon activation



FDA-approved Monoclonal
Antibodies

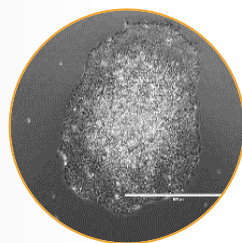
Rituxan
Rituximab

Herceptin
trastuzumab

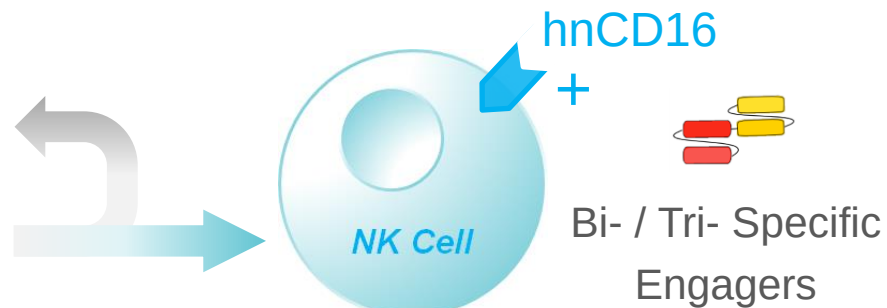


ERBITUX
CETUXIMAB

DARZALEX



*Renewable Engineered
Pluripotent Cell Line*



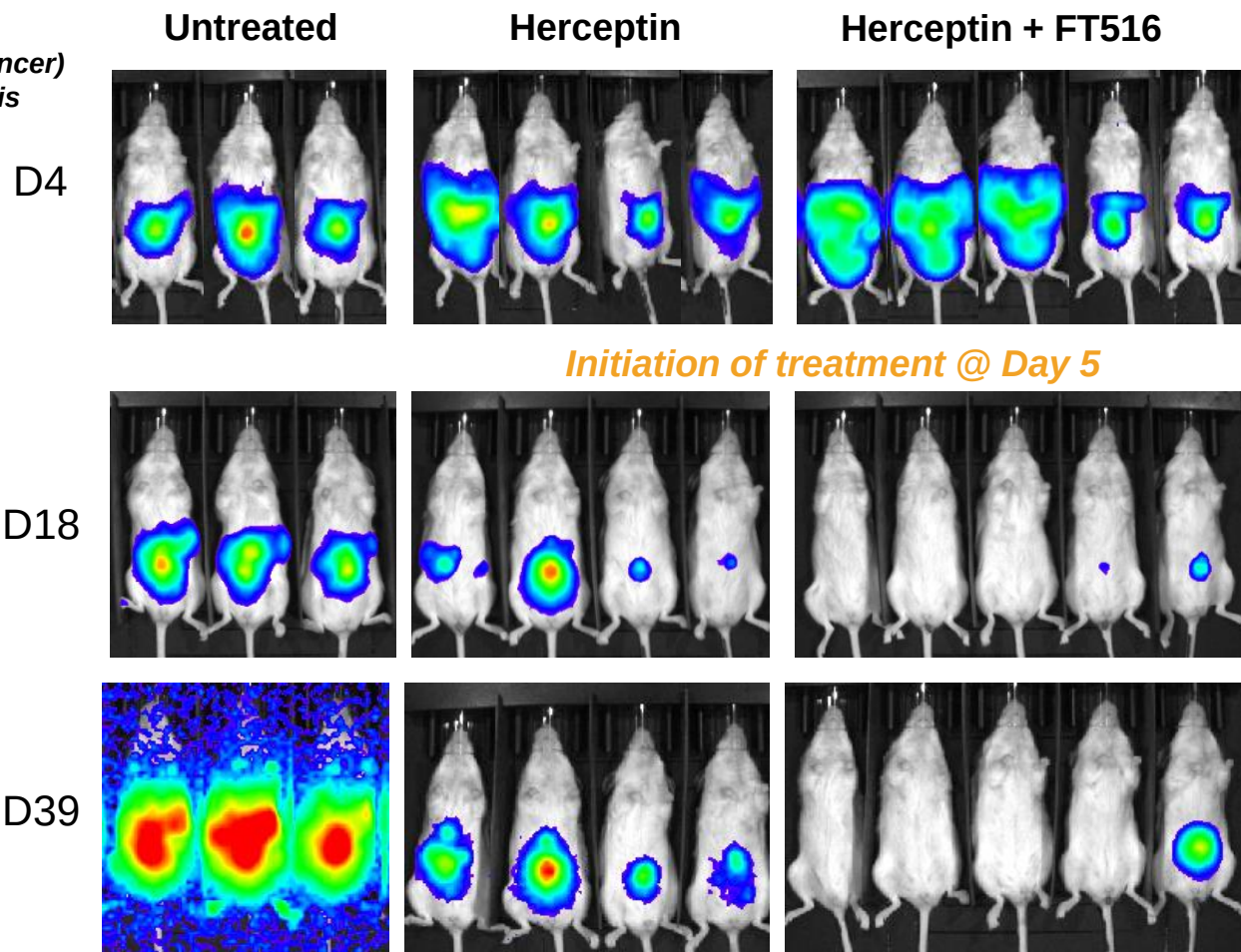
*Engineered hnCD16 iNK
Cells for ADCC*

FT516: Combination with Herceptin

In Vivo POC

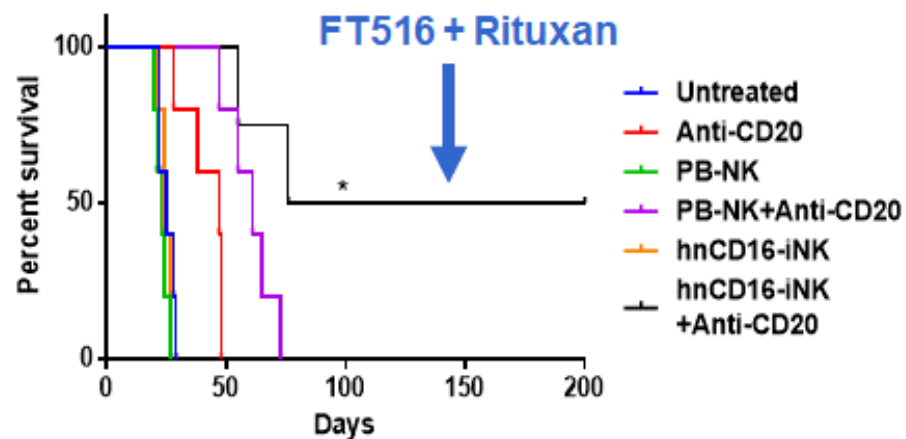
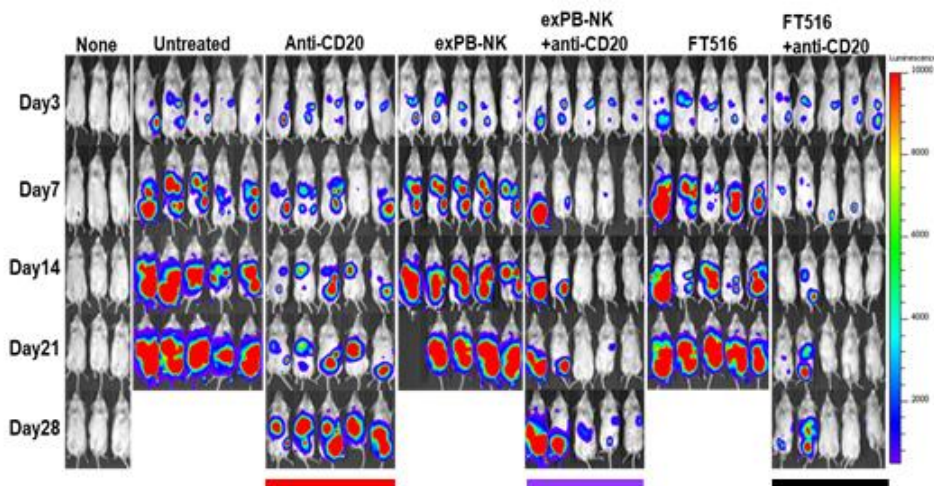
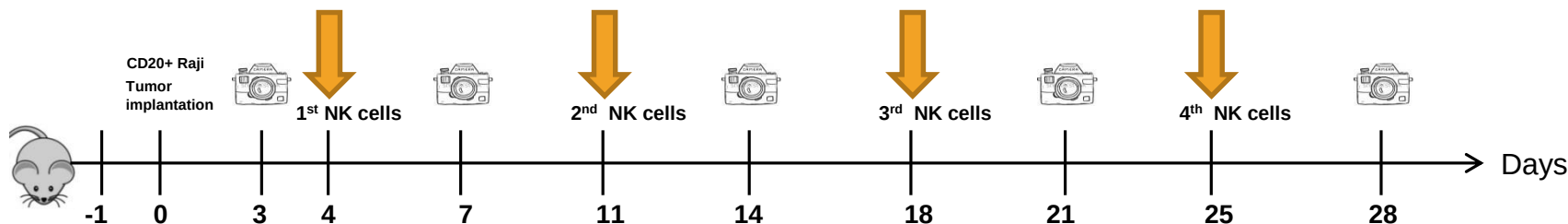


*Luc-SKOV3 (Ovarian Cancer)
Tumor Image Analysis*



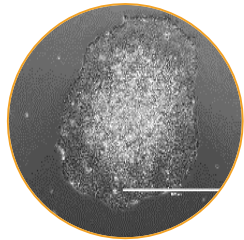
FT516: Combination with Rituxan

Enhanced In Vivo Survival



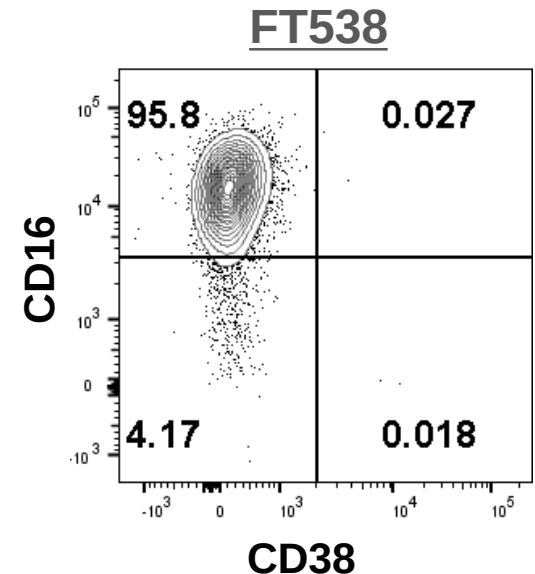
FT538: Engineered hnCD16+ / CD38-null NK Cell Product

For Combination with Darzalex for Multiple Myeloma



*Renewable Engineered Master
Pluripotent Cell Line*

- hnCD16 insertion
- CD38 knock-out
- Single cell selected
- Master iPSC line generated
- NK differentiation



- CD38 is expressed at high levels on myeloma cells
- As an IgG1 antibody, daratumumab is an ideal mediator of ADCC against CD38+ tumor cells
- NK cells, which are critical to ADCC-induced lysis of tumor cells, also express CD38
- Clinical studies have shown that peripheral blood NK cell counts are reduced rapidly following daratumumab administration and remain low over the course of treatment

Universal Off-the-Shelf CAR T-Cell Products

Memorial Sloan Kettering Collaboration



Dr. Michel Sadelain, MD, PhD

Director, Center for Cell Engineering
Memorial Sloan Kettering Cancer Center

LETTERS

Generation of tumor-targeted human T lymphocytes from induced pluripotent stem cells for cancer therapy

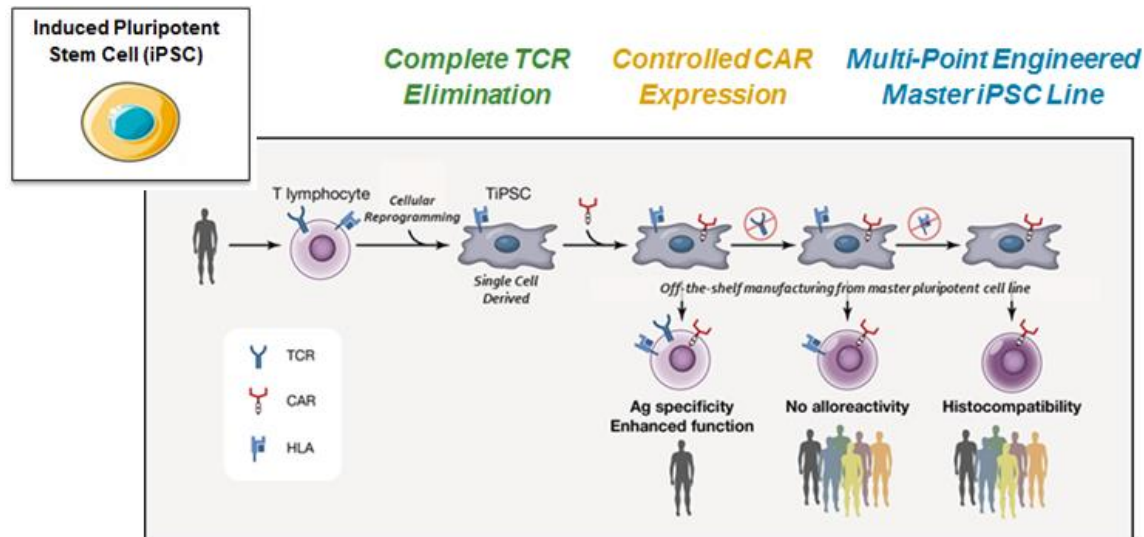
nature
biotechnology

Cell Stem Cell
Perspective

New Cell Sources for T Cell Engineering and Adoptive Immunotherapy



“Engineering therapeutic attributes into pluripotent cell lines is a breakthrough approach to renewably generate potent T-cell immunotherapies. This unique approach offers the prospect for off-the-shelf delivery of T-cell therapies with enhanced safety and therapeutic potential at the scale necessary to serve significant numbers of patients.”



Adapted from: Themeli, Riviere & Sadelain, *Cell Stem Cells*, 2015



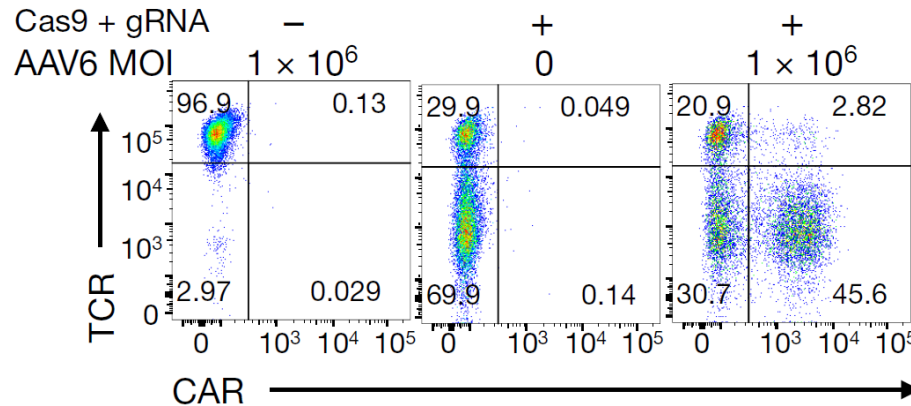
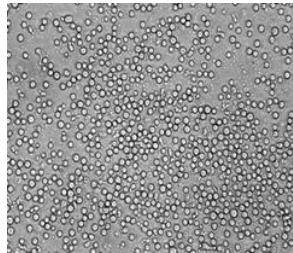
FT819: TRAC-encoded CAR Expression

Engineering Primary T Cells vs. Single iPSC Clone



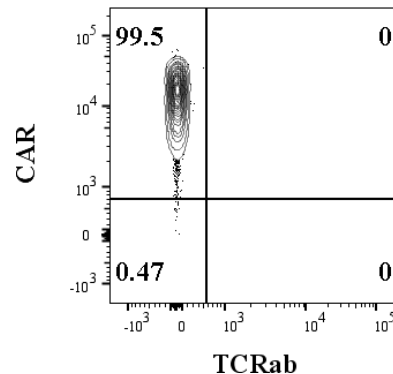
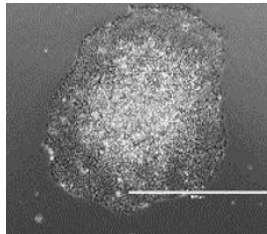
CRISPR Engineering: TCR Disruption + TRAC-encoded CAR Expression

Primary T Cell Batch



- ✓ 20% of T cells express allo-reactive TCR
- ✓ Only 45% of T cells have TCR KO + CAR expression

Single iPSC Clone



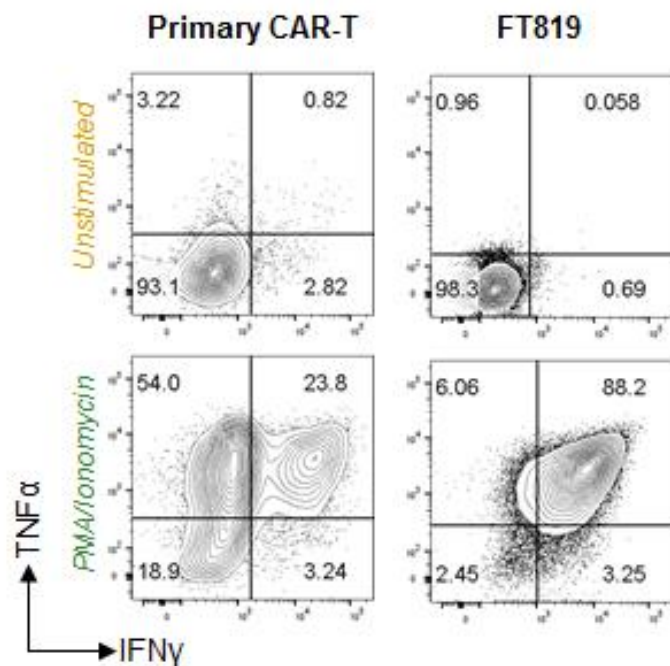
- ✓ Complete elimination of TCR expression
- ✓ Uniform and controlled CAR expression through TRAC

FT819: CAR19 TCR-null T-Cell Product Candidate

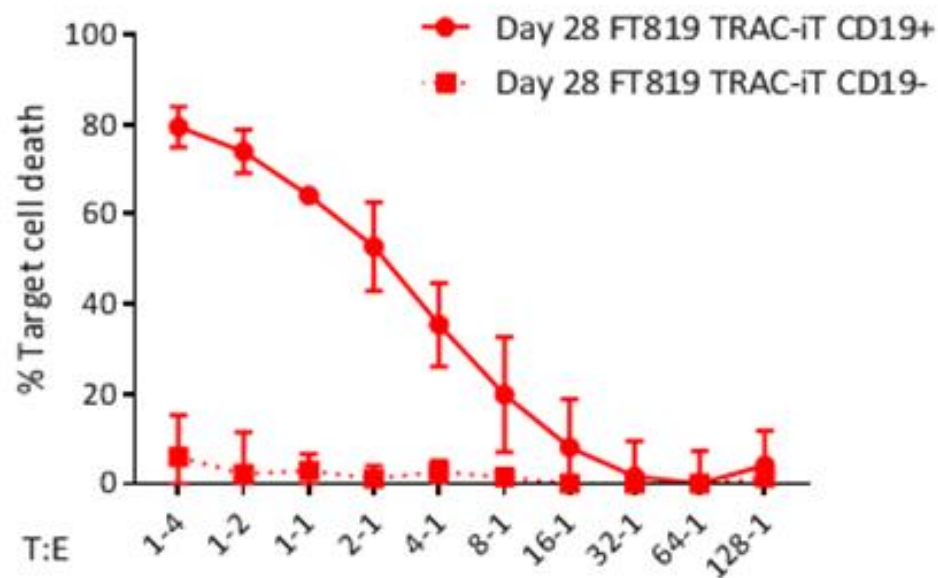
In Vitro Cytokine Production and CD19 Antigen Specificity



Cytokine Production



Antigen-specific Cytotoxicity

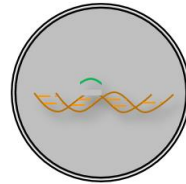


iPSC Product Platform

Clonal Master iPSC Lines for Off-the-Shelf Cell Products



*Single
iPSC Clone*



(Engineered) Single Pluripotent Stem Cell

- *Renewable*
- *Propensity to differentiate into 200+ cell types*

Expansion & Banking

*Unlimited Supply of
Clonal Master iPSC
Lines*

**Master Cell
Bank**



Working Cell Banks

Working Cell Banks

Working Cell Banks

Differentiation & Expansion

*Thousands of
Clonally-derived Doses
of Cell Products*



***Off-the-Shelf
Homogeneous | Multi-Dosing
(Engineered) Cell Products***



iPSC Product Platform

Off-the-Shelf CAR T-Cell Collaboration with ONO Pharmaceutical



- **Partnership combines ONO's immuno-oncology innovation with Fate's industry-leading iPSC product platform**
 - ONO was the originator of PD-1 checkpoint inhibitor Opdivo (nivolumab), licensed by BMS in 2011, and jointly developed by the two firms
- **Enables FATE to smartly extend the reach of its iPSC platform beyond the U.S. and expand its iPSC-derived CAR T-cell product pipeline**
 - FATE and ONO to jointly advance two iPSC-derived CAR T-cell product candidates, with ONO contributing a novel antigen binding domain for solid tumors to the collaboration
 - FATE to receive up to \$70M during preclinical development, including \$10M upfront, \$20M in committed research funding and up to \$40M in contingent fees
- **Option-based structure enables ONO to opt into clinical development and commercialization**
 - Candidate 1: Territory of Asia only for ONO, with FATE eligible to receive up to \$285M in clinical development, regulatory and sales milestones plus royalties
 - Candidate 2: Worldwide for ONO, with FATE eligible to receive up to \$895M in clinical development, regulatory and sales milestones plus royalties; provided, that FATE maintains a step-in right to develop and commercialize in the U.S. and Europe under a 50-50 profit-sharing arrangement

Financial Summary



Three Months Ended June 30, 2018	
Revenue	\$1.0M
Operating Expense, Adjusted ¹	\$13.3M
Cash & Cash Equivalents ²	\$228.0M
Employees	90
Total Shares Outstanding ^{2, 3}	77.5M

[1] Excludes one-time expense of \$5.3m associated with the in-license of additional IP from Memorial Sloan Kettering; \$1.5M in stock-based compensation expense; and \$0.5M in funded research expense under Juno Therapeutics collaboration.

[2] Pro forma for common stock offering and ONO collaboration in September 2018.

[3] Includes 14.1M shares of common stock from conversion of non-voting preferred stock.



Projected Milestones: Next Six Months

- **ProTmune: Next-Generation Hematopoietic Cell Graft**
 - Present 1-year follow-up data from PROTECT Phase 1 study at 2018 ASH Annual Meeting
 - Continue to enroll randomized, controlled and double-blinded PROTECT Phase 2 study
- **NK100: First-in-class Adaptive Memory NK Cell Cancer Immunotherapy**
 - Present dose-escalation data from three Phase 1 studies at SITC 2018
 - Determine MTD and initiate dose-expansion in each Phase 1 study
- **FT500 & FT516: First-of-kind, Universal, Off-the shelf NK Cell Candidates**
 - Secure allowance of landmark FT500 IND application and initiate subject dosing
 - Submit IND application for FT516 and initiate subject dosing
- **FT819: First-of-kind, Universal, Off-the-Shelf CAR19 T-Cell Candidate**
 - Engage FDA in pre-IND meeting
 - Create and characterize master iPSC bank
- **2018 ASH Annual Meeting**
 - Multiple abstracts covering iPSC product platform submitted for presentation



Better Cells For Better Therapies™