MARKER THERAPEUTICS
CORPORATE PRESENTATION

July 2024

NASDAQ: MRKR

MARKER Therapeutics

Forward Looking Statements

Certain statements contained herein are forward-looking statements within the meaning of Section 21E of the Securities Exchange Act of 1934, as amended, and Section 27A of the Securities Act of 1933, as amended, that involve risks and uncertainties. All statements other than statements relating to historical matters including statements to the effect that we "believe", "expect", "anticipate", "plan", "target", "intend" and similar expressions, including without limitation statements regarding Marker Therapeutics, Inc.'s ("Marker" or the "Company") intentions, beliefs, projections, outlook, analyses or current expectations are "forward-looking statements". Forward-looking statements include statements concerning, among other things: the Company's research, development and regulatory activities and expectations relating to its non-engineered multi-antigen recognizing (MAR) T cell therapies; the effectiveness of the Company's programs or the possible range of application and potential curative effects and safety in the treatment of diseases; the timing, conduct and success of the Company's clinical trials of its product candidates, including MT-401 for the treatment of patients with Acute Myeloid Leukemia ("AML") or Myelodysplastic Syndrome ("MDS"), MT-401 Off-the-Shelf ("OTS") for the treatment of patients with AML, and MT-601 for the treatment of patients with relapsed lymphoma; the Company's long-term stability and cash runway; the Company's optimized manufacturing process; and the future development of MAR-T cell therapies (formerly known as multiTAA-specific T cells). Forward-looking statements are by their nature subject to risks, uncertainties and other factors which could cause actual results to differ materially from those stated in such statements. Such risks, uncertainties and factors include, but are not limited to the risks set forth in the Company's most recent Forms 10-K, 10-Q and other SEC filings which are available through EDGAR at WWW.SEC.GOV. No representation or warranty (expressed or implied) is made as to, and no reliance should be placed on, the fairness, accuracy or completeness of the information contained herein. Accordingly, none of the Company, or any of its principals, partners, subsidiaries or affiliates, or any of such person's board members, officers or employees accepts any liability whatsoever arising directly or indirectly from the use of this presentation. Certain information set forth herein includes estimates, projections and targets and involves significant elements of subjective judgement and analysis, which may or may not be correct. No representations are made as to the accuracy of such estimates, projections or targets or that all assumptions relating to such estimates, projections or targets have been considered or stated or that such estimates, projections or targets will be realized. This presentation does not purport to contain all of the information that may be required to evaluate the Company and any recipient hereof should conduct its own independent analysis of the Company and the data and information contained herein. Any forward-looking statements are not guarantees of future performance and actual results may differ materially from estimates in the forward-looking statements. Unless otherwise stated, all information in this presentation is as of the date of the cover page of this presentation, and the Company undertakes no obligation to revise these forward-looking statements to reflect events or circumstances that arise after the date hereof.

Marker Therapeutics – Experienced Management Team

Juan Vera, M.D.
President & Chief Executive Officer

Monic Stuart, M.D.
Chief Medical Officer

Mary Newman
Head of Regulatory Affairs

Patricia Allison
Head of Clinical Operations

Edmund Cheung
VP, Human Resources

Scientific Advisory Board

James P. Allison, Ph.D.
Chair, Department of Immunology
The University of Texas MD Anderson Cancer Center

Malcolm Brenner, M.D., Ph.D.
Founding Director, Center for Cell and Gene Therapy
Baylor College of Medicine

Cliona Rooney, Ph.D.
Professor of Pediatrics & Molecular Virology and Microbiology, and Immunology
Baylor College of Medicine

Helen Heslop, M.D., D.Sc. (Hon)
Director, Center for Cell and Gene Therapy
Baylor College of Medicine

Padmanee Sharma, M.D., Ph.D.
Professor, Department of Genitourinary Medical Oncology
The University of Texas MD Anderson Cancer Center

Marker Therapeutics – Value Proposition

MAR-T Cell Platform

MAR-T cell (Multi-Antigen Recognizing T cell, formerly known as multiTAA) technology was developed at Baylor College of Medicine and, we believe, offers key therapeutic and manufacturing advantages over traditional T cell therapies

MT-601 - APOLLO Study

Phase 1 clinical trial investigating MT-601 in patients with lymphoma who relapsed after anti-CD19 CAR-T cells or where CAR-T cell therapy is not an option

Attractive Safety Profile

MAR-T cells are non-genetically engineered and were well-tolerated in clinical trials to date, with no evidence of cytokine release syndrome (CRS) or immune-effector cell associated neurotoxicity syndrome (ICANS) attributed to MAR-T cell technology

Multiple INDs & Strong IP Position

FDA cleared INDs for three MAR-T based clinical programs

Strong IP position and world-wide exclusive license on MAR-T technology from Baylor College of Medicine

MT-601 – Lead Clinical Product

Marker's lead MAR-T cell product, MT-601 targets six tumor-specific antigens (Survivin, PRAME, NY-ESO-1, WT-1, MAGE-A4, SSX2) and is currently investigated in the Phase 1 APOLLO study

Cash Position & Balance Sheet

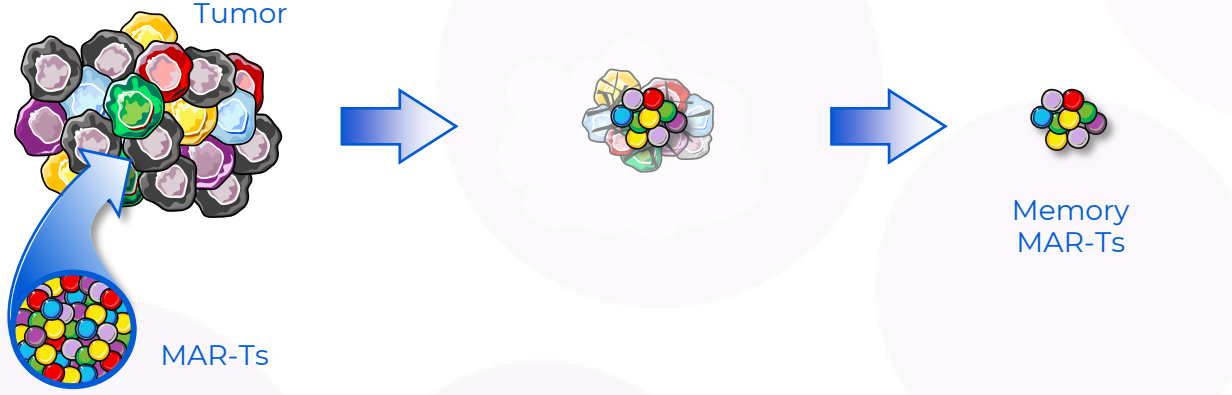
Current cash runway expected into Q4 2025

Ongoing efforts to obtain non-dilutive funding; to date Marker received over $17 million non-dilutive funding (NIH, FDA, CPRIT)

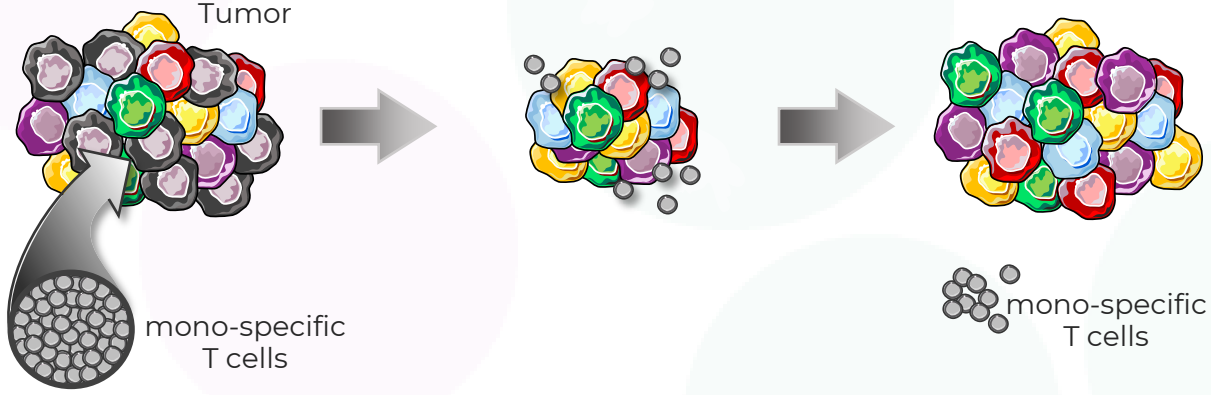
MAR-T Technology

Advantages of MAR-T Cells vs. Other T Cell Therapies

MAR-T Cells

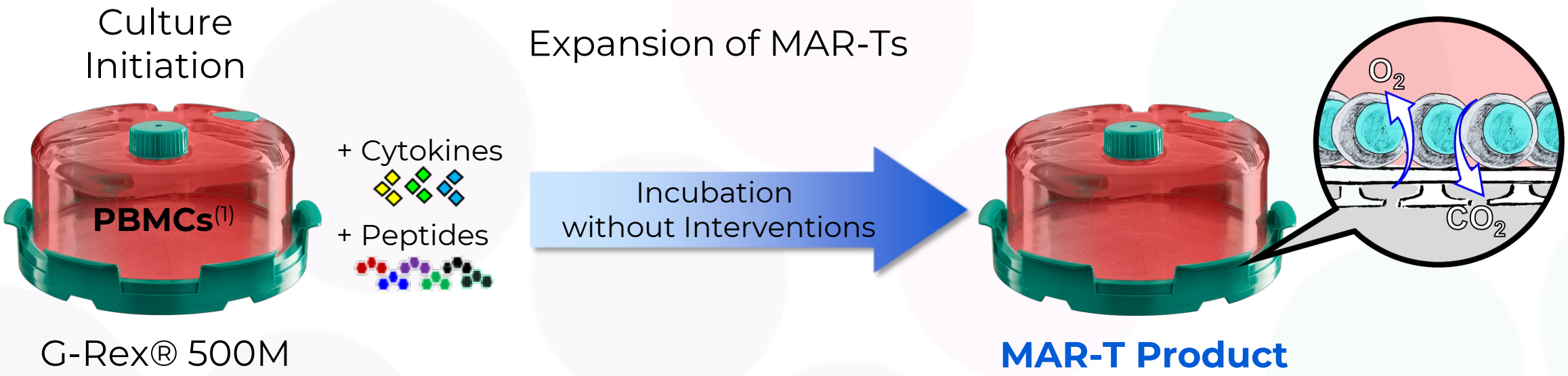


MONO-SPECIFIC T CELL THERAPIES



- In contrast to mono-specific T cell therapies, Multi-Antigen Recognizing (MAR) T cells recognize up to 6 antigens (Survivin, PRAME, NY-ESO-1, MAGE-A4, SSX2, WT-1) for a more potent, durable anti-tumor response.
- MAR-T cells do not require genetic modification; Natural T cells expanded ex vivo pose no mutagenesis risk.
- Unlike other T cell therapies, MAR-Ts have reduced manufacturing complexity and significant cost reduction.
- MAR-Ts intend to address challenges faced by Bispecific Antibodies, CAR-T and TCR approaches.
- MAR-T platform technology developed at Baylor College of Medicine.

MAR-Ts are Generated in a Simple Manufacturing Process



- **Lack of genetic engineering**
- **Uninterrupted cell expansion**
- **Reproducible and cost-effective process**

(1) *PBMCs, peripheral blood mononuclear cells.*

MAR-T Pipeline for Hematologic Malignancies and Solid Tumors

PROGRAM / INDICATION	PRECLINICAL	IND	PHASE 1	PHASE 2

HEMATOLOGIC MALIGNANCIES

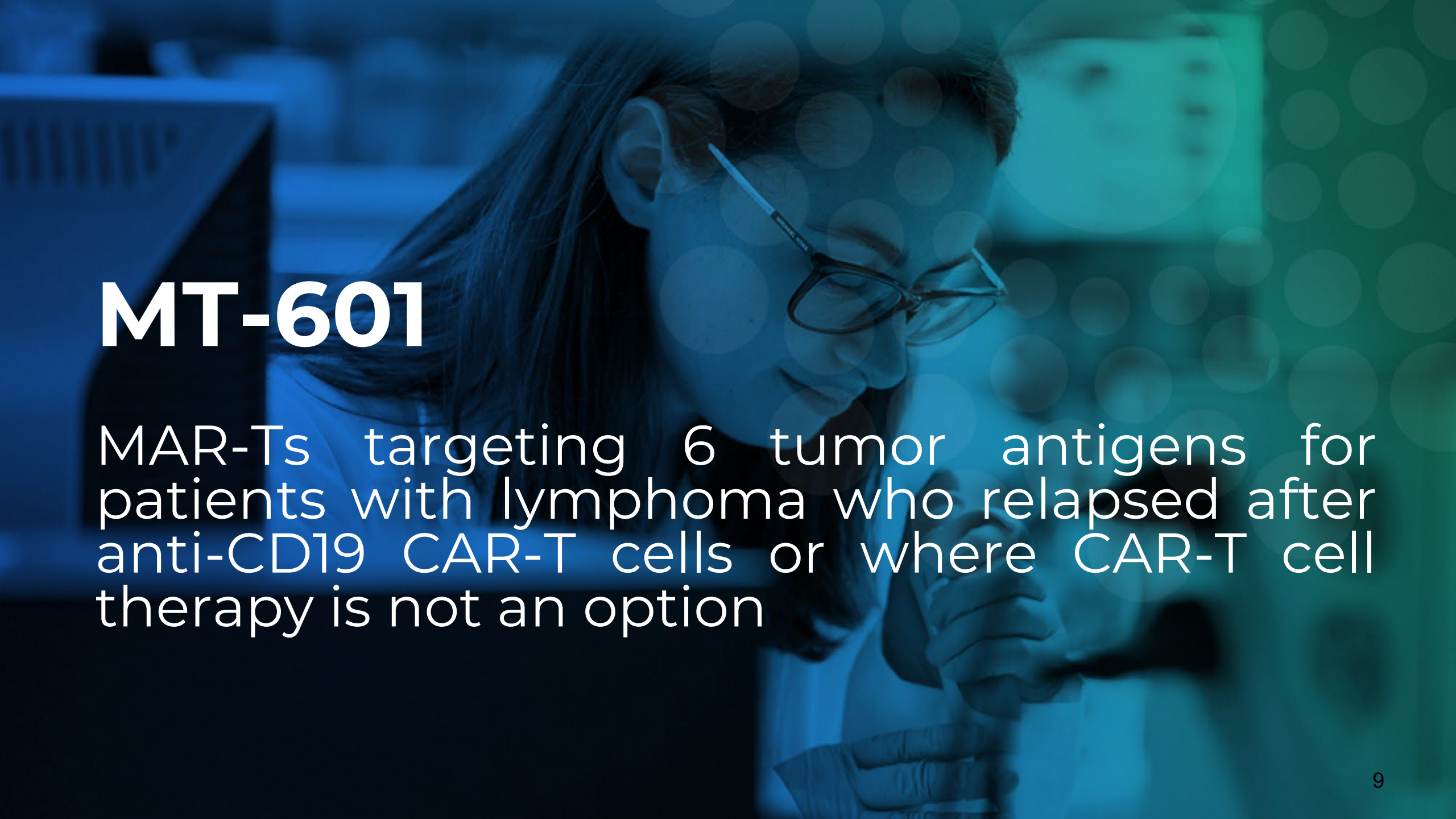
MT-601
Lymphoma – Patient Specific

MT-401-OTS
AML[1] – Off-the-Shelf (OTS)

SOLID TUMORS

MT-601
Pancreatic Cancer – Patient Specific

(1) *AML, Acute Myeloid Leukemia.*



MT-601

MAR-Ts targeting 6 tumor antigens for patients with lymphoma who relapsed after anti-CD19 CAR-T cells or where CAR-T cell therapy is not an option

MT-601 is an Optimized MAR-T Cell Product

BAYLOR STUDY

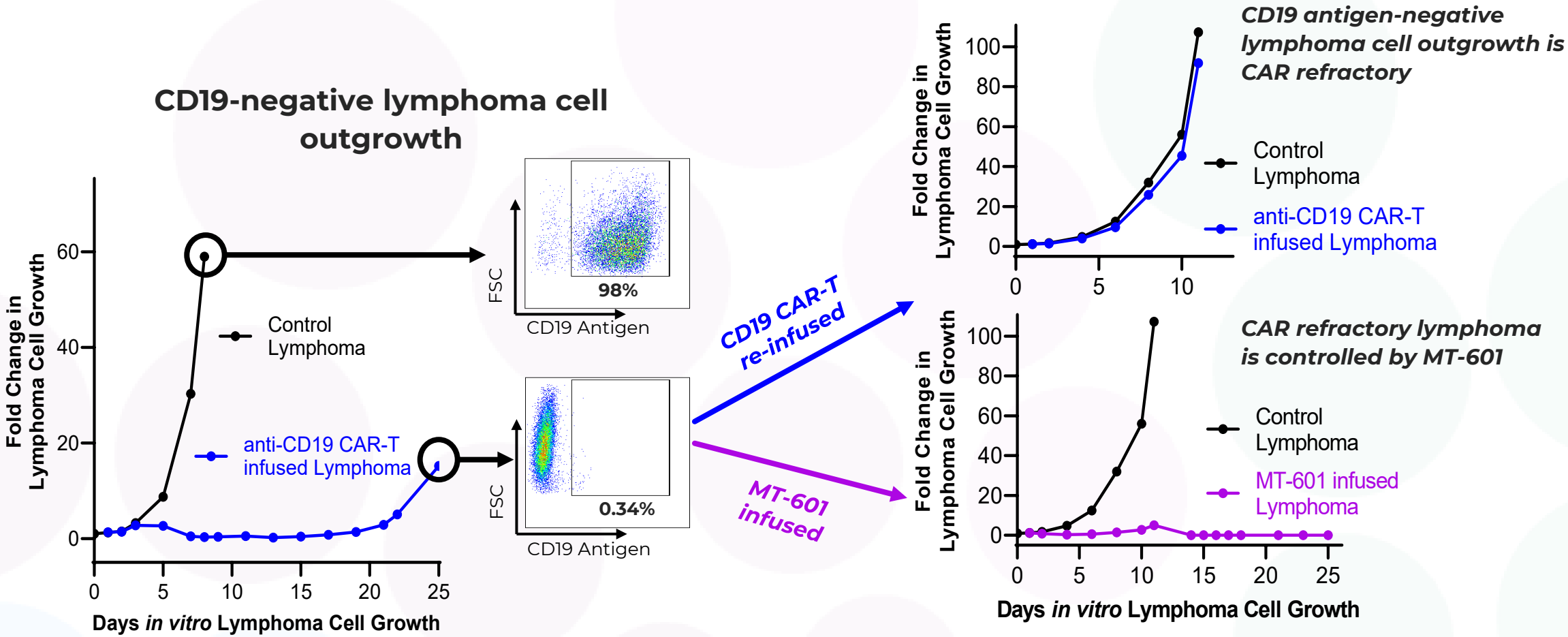
- Study at Baylor College of Medicine targeted **5 tumor antigens** with durable responses for up to 5 years without CRS or ICANS[1]
- Cell Dose: $50x10^6$ – $100x10^6$
- Manufacturing Process:
  - Average Potency: 77 SFU/ $2x10^5$ cells

MARKER'S MT-601 STUDY

- **Broader Target Specificity**: Marker's process targets **6 tumor antigens**
- Higher Cell Dose: $200x10^6$ – $400x10^6$
- Improved Manufacturing Process:
  - 4x increased potency (Average Potency: 1,200 SFU/ $2x10^5$ cells)

[1] *Vasileiou S et al. J Clin Oncol 2021. TACTAL study, ClinicalTrials.gov Identifier: NCT01333046.*

MT-601 Demonstrates Anti-Tumor Activity in CAR Relapsed Lymphoma Cells *In Vitro*



MT-601 kills CD19 CAR-T refractory lymphoma cells

Clinical Investigation of MT-601 in Marker's APOLLO Trial

APOLLO Trial	Investigate MT-601 in a Phase 1, multicenter, open-label study
Study Participants	Patients with lymphoma who relapsed who relapsed after anti-CD19 CAR-T cells or where CAR-T cell therapy is not an option
Primary Objective	Evaluate safety and efficacy of MT-601 in study participants with various lymphoma subtypes
Clinical Sites	9 clinical sites across the United States are expected to cumulatively enroll up to approx. 30 participants during Dose Escalation phase

First Study Participant Treated with MT-601 in Phase 1 APOLLO Trial

Demographics

- 57-year-old female
- Diagnosed with DLBCL[1]

Clinical History

- 4 Prior treatment lines, including CD19 CAR-T cells
- Relapse within 90 days after CD19 CAR-T cell therapy
- Subsequent treatment with 2 doses of MT-601 ($200x10^6$ cell dose)

[1] *DLBCL, Diffuse Large B Cell Lymphoma.*

Complete Response in First Study Participant Treated with MT-601 after CAR-T Relapse

MT-601 Clinical Safety

- MT-601 treatment was well tolerated
- No > Grade 1 treatment-related adverse events

Clinical Response

- Study participant achieved **complete response** 8 weeks after 2nd infusion of MT-601
- Participant remains in complete response 9 months after MT-601 treatment

Future Developments

MT-401-OTS & MT-601 – Advancing Allogeneic and Solid Tumor Programs

MT-401 Off-the-Shelf

- Manufactured from healthy donors; Marker has cellular inventory with plans to expand
- PoC studies completed with data supporting clinical benefits of technology
- IND to investigate MT-401 in an “Off-the-Shelf” setting (MT-401-OTS) in AML or Myelodysplastic Syndrome (MDS) granted by FDA
- Orphan Drug Designation granted by FDA and the European Medicines Agency (EMA)
- Non-dilutive funding from FDA, CPRIT and NIH to support clinical investigation of MT-401-OTS in patients with AML

MT-601 in Pancreatic Cancer

- FDA has granted an IND to investigate MT-601 in patients with metastatic pancreatic cancer in combination with front-line chemotherapy
- Clinical advancement pending on additional financial support from non-dilutive grant activities

PoC, Proof-of-Concept.

Key Takeaways

- In contrast to single antigen-targeting T cell therapies, MAR-T cells target multiple antigens thereby reducing the possibility of tumor escape
- MAR-Ts do not require genetic engineering
- Data in lymphoma from previous academic trial conducted at Baylor College of Medicine and promising preliminary clinical data from Phase 1 APOLLO study in patients with lymphoma who relapsed after anti-CD19 CAR-T cells or where CAR-T cell therapy is not an option
- INDs for three separate MAR-T-based clinical programs have been cleared to proceed by FDA
- Current cash runway, including drawdowns of available grant funds, expected to finance Company into Q4 2025, including cash and cash equivalents of $11.3M*

as of March 31, 2024.

THANK YOU

MARKER Therapeutics