DAG VAN DE TIPS

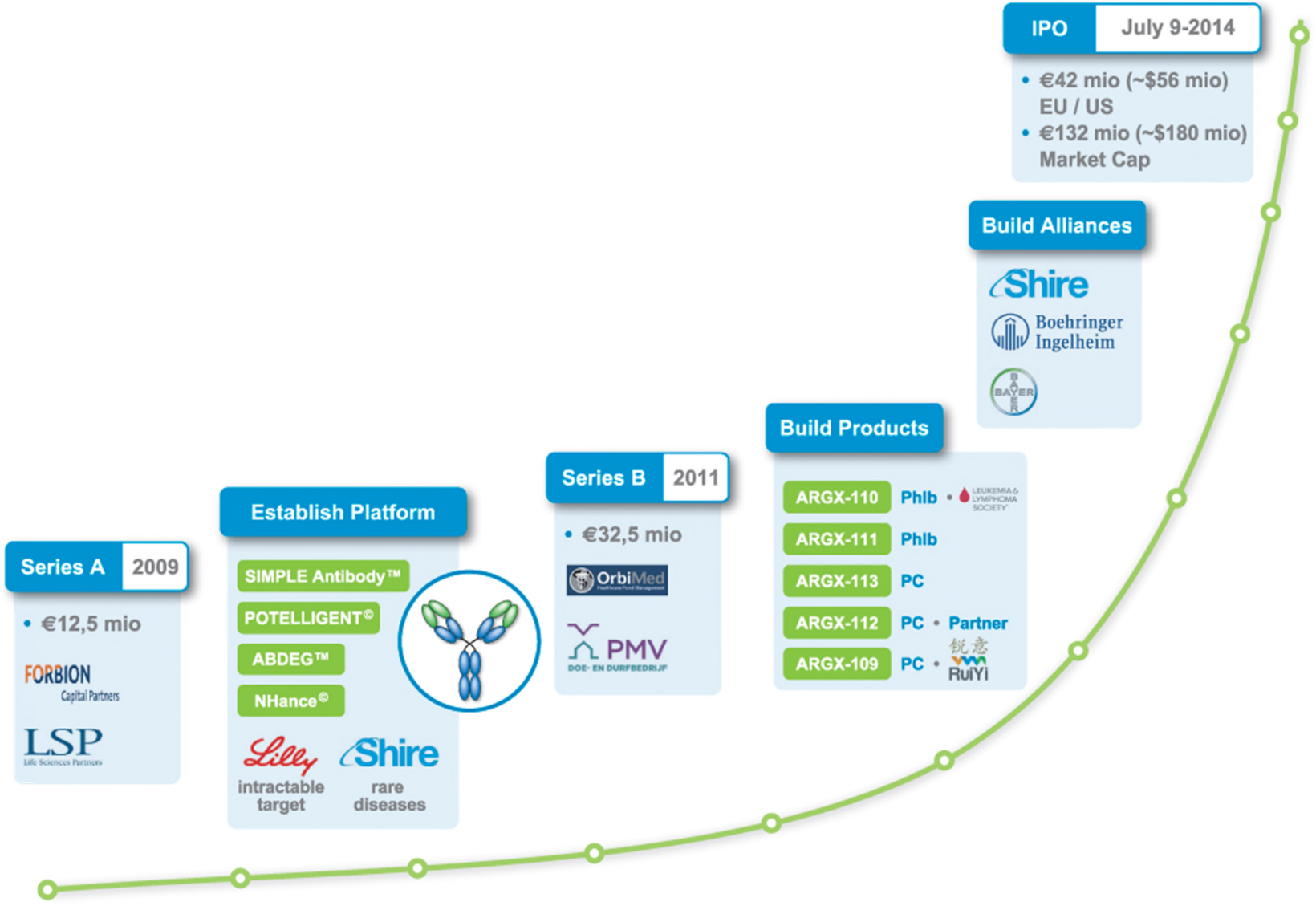
ZATERDAG 4 OKTOBER 2014 - Ghelamco Arena Gent

DISCLAIMER

Forward Looking Statements

The contents of this announcement include statements that are, or may be deemed to be, forward-looking statements. These forward-looking statements can be identified by the use of forward-looking terminology, including the terms "believes", "estimates", "anticipates", "expects", "intends", "may", "will", or "should", and include statements arGEN-X concerning the intended results of its strategy. By their nature, forward-looking statements involve risks and uncertainties and readers are cautioned that any such forward-looking statements are not guarantees of future performance. arGEN-X's actual results may differ materially from those predicted by the forward-looking statements. arGEN-X does not undertake the obligation to publicly update or revise forward-looking statements, except as may be required by law.

Antibody expert lift-off



Focus on the fast growing, dynamic antibody market

Successful drug class

- Across therapeutic areas
- Big in cancer and autoimmune diseases
- Large and orphan indications
- 9.2% cumulative annual growth rate*
- 18-29% approval rates
- Greater resistance to generic competition
- Promising new immunotherapy drugs

Leading antibodies

Trade name	Name	2012 sales (US$B)
Humira®	Adalimumab	9.5
Remicade®	Infliximab	7.5
Rituxan®	Rituximab	7.1
Herceptin®	Trastuzumab	6.3
Avastin®	Bevacizumab	6.1
Lucentis®	Ranibizumab	4.0
Erbitux®	Centuximab	1.9
Tysabri®	Natalizumab	1.6
Xolair®	Omalizumab	1.3
Soliris®	Eculizumab	1.1

- **43 approved (US/EU) therapeutic antibodies currently on the market**
- **More than $60B in global annual sales**

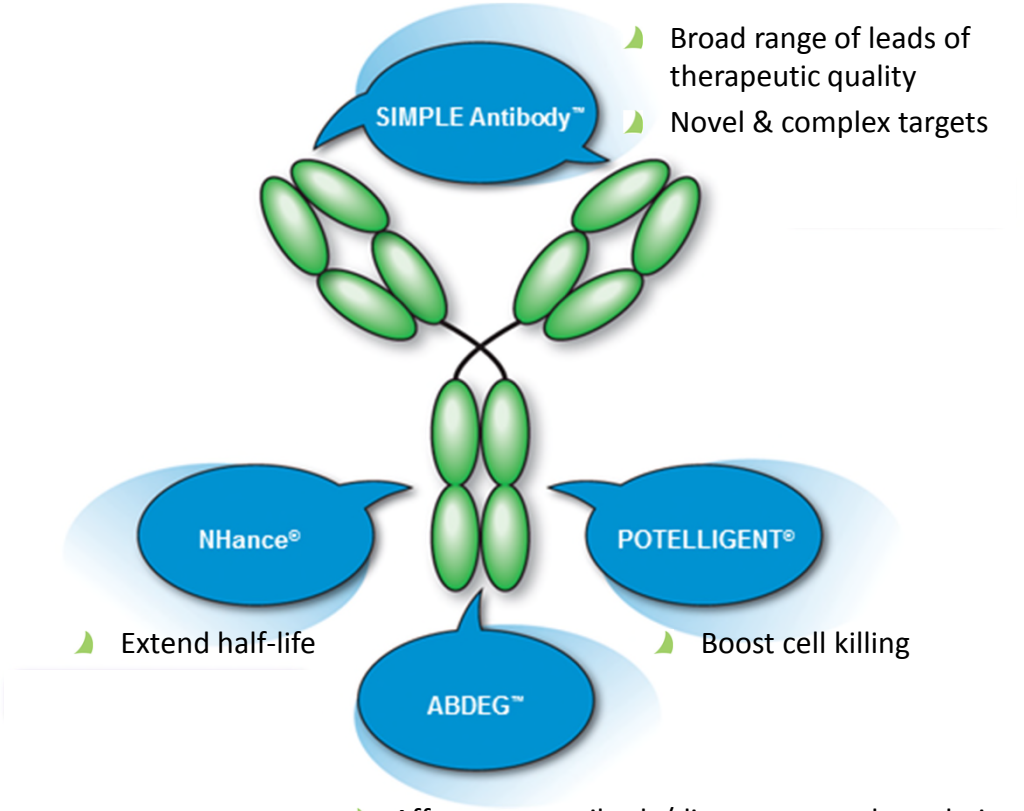
** Forecast till 2015*

La Merie Publishing, Top 30 Biologics 2012, May 7, 2013; Ivin (2013); CitiResesearch; www.imgt.org/mAb-DB/index#Approval_antibodies

Suite of complementary antibody technology platforms

Therapeutic antibodies with multiple modes of action against complex targets

The strength of arGEN-X' technology suite…



…is recognized by its partners

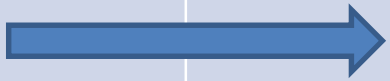
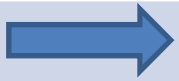
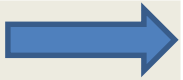
"One cannot engineer such diversity"
Wolfgang Glaesner, CSO Lilly

"Our collaboration has exceeded our expectations in delivering highly differentiated antibody programs within our therapeutic focus. The time is right to commit more significantly to the company through a longer term investment in its unique, world class technologies". ***Dr. Philip J. Vickers, Global Head of Research and Development***

"We look forward to collaborating with arGEN-X and exploring the potential of SIMPLE Antibody™ technology to complement Bayer's efforts in the discovery and development of first-in-class therapeutic antibodies"
Dr. Harald Dinter
Head of Global Biologics

- **SIMPLE Antibody™: Unlock novel and complex targets**
- **NHance®, ABDEG™, POTELLIGENT®: Enhance SIMPLE Antibody™ leads**

Clinical stage pipeline of differentiated products

Drug Candidate	Indication	Pre-clinical	Phase 1	Phase 2	Ownership	Proposition
ARGX-110	Heme malignancies			LEUKEMIA & LYMPHOMA SOCIETY	Wholly owned	Immune checkpoint (CD70) inhibitor Enhanced cell kill
ARGX-110	Solid tumors					
ARGX-110	Autoimmunity					
ARGX-111	Solid tumors Heme malignancies					Complete c-Met blocking Enhanced cell kill
ARGX-113	Autoimmunity					Potent FcRn blocking
ARGX-112	Atopic dermatitis					Complete IL22R blocking
Discovery	Autoimmunity Cancer	*multiple*				Novel, complex targets e.g. GARP
ARGX-109	Autoimmunity Cancer				Partnered	Potent IL-6 blocking Partnered with RuiYi
Shire	Undisclosed					Novel, complex targets
	Undisclosed					Novel, complex targets
Boehringer Ingelheim	Undisclosed					Novel, complex targets

Near-term value inflection points

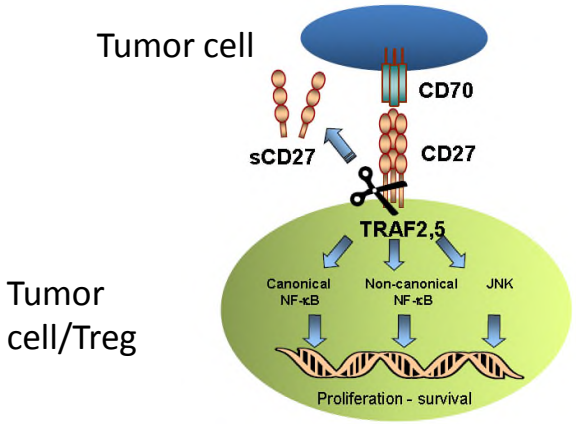
	2014	2015
ARGX-110	☑ Start Phase 1 safety expansion ☑ Partnership with LEUKEMIA & LYMPHOMA SOCIETY® ☐ **H2: Waldenström's study open**	☐ **H1: Phase 1 safety expansion recruited** ☐ **H2: Phase 1 read out: safety & biologic activity** ☐ **H2: Start 2nd Phase 2 in heme-onc** ☐ **H2: Start Phase 1 solid tumor combination therapy**
ARGX-111	☑ Start Phase 1 dose escalation ☐ **H2: Dose selected**	☐ **H1: Start Phase 1 safety expansion** ☐ **H2: Phase 1 read out : safety & biological activity**
ARGX-113	☐ **H2: Start GLP Tox study**	☐ **H2: Start Phase 1 healthy volunteer study**

ARGX-110: Anti-CD70 SIMPLE Antibody™

ARGX-110: CD70, a promising immunotherapy target

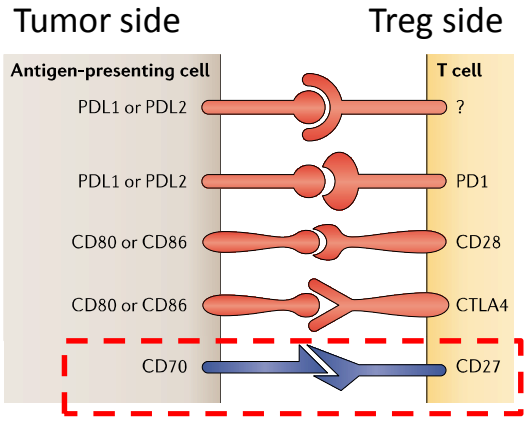
CD70 is involved in tumor growth, enables immune escape and is highly tumor specific

1. CD70 is a tumor/Treg growth signal



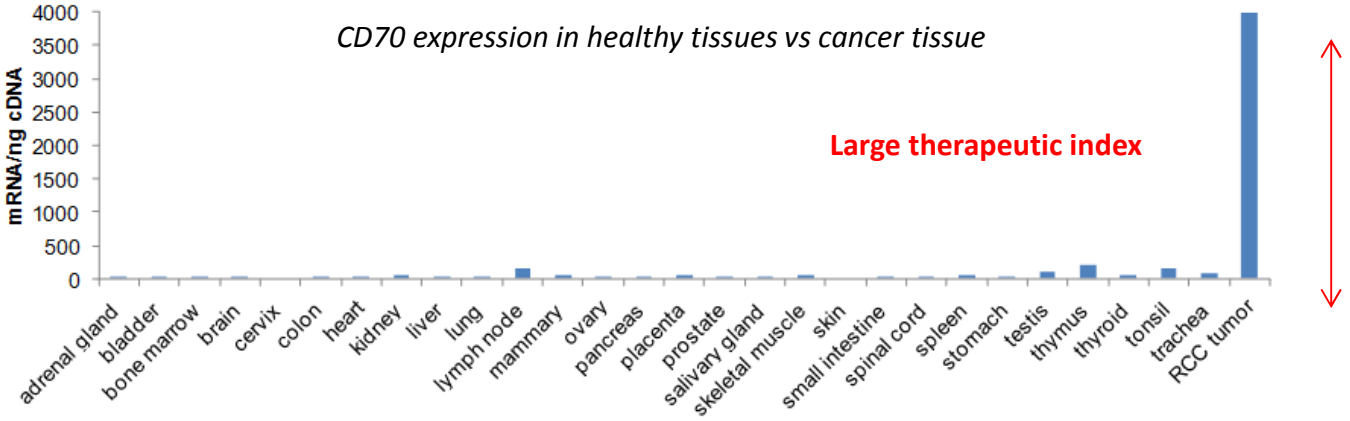
<u>Blocking</u> CD70 deprives tumor of growth signal

2. CD70 enables tumors to escape immune surveillance



<u>Blocking</u> CD70 deprives tumor of immune escape mechanism

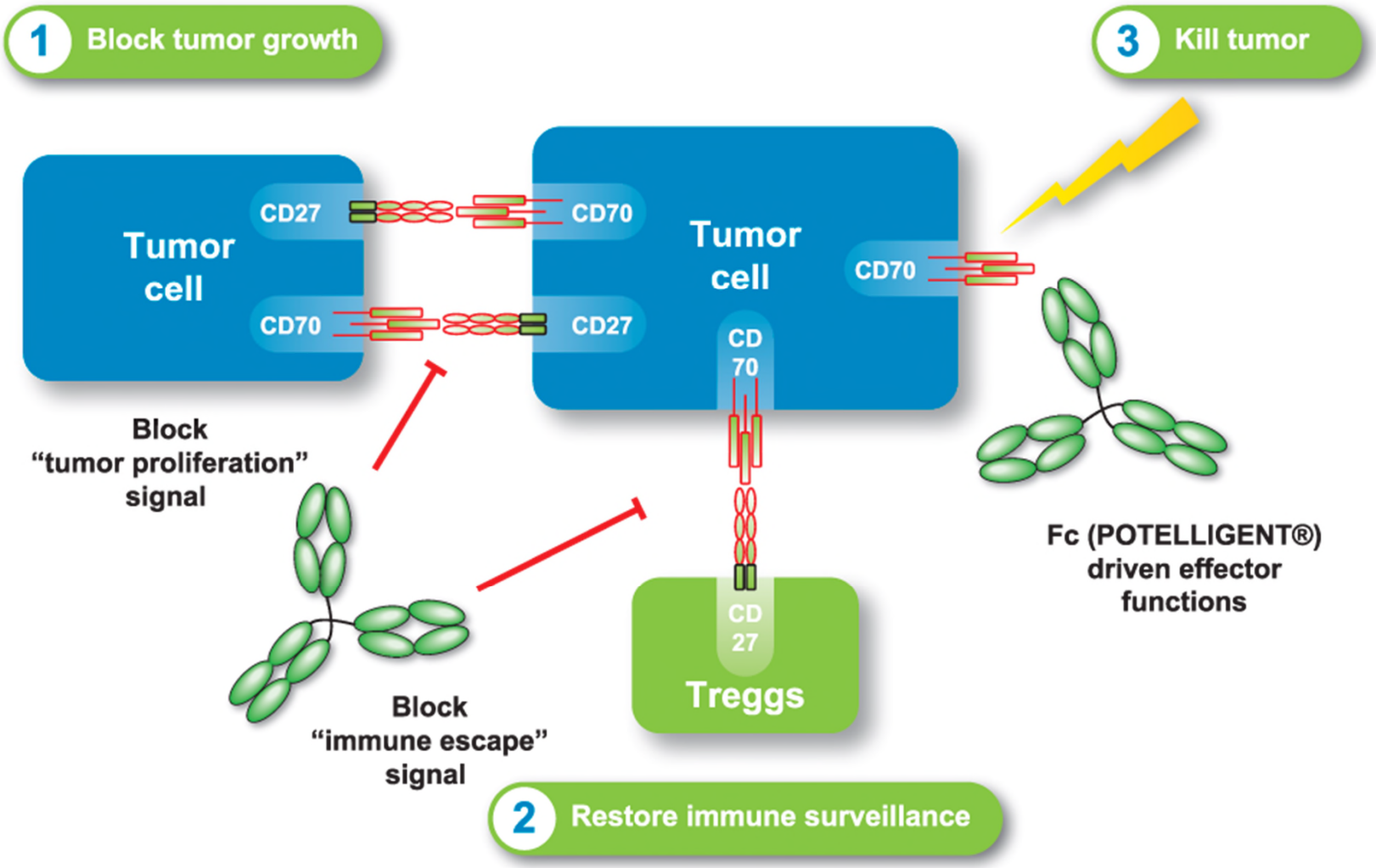
3. CD70 expression is highly tumor specific



<u>Killing</u> CD70+ cells should be safe

Pardoll 2012; Nolte, 2009 – adapted; Adapted from Adam 2006 ; Grewal 2008

ARGX-110 targets CD70+ tumors via 3 modes of action



Silence 2014

ARGX-110: Indications and market potential

CD70 has potential across a broad range of malignancies

CD70 expression**	
Solid tumors	**CD70+ (frequency)**
Renal cell	100%
Esophagus	67%
NSCLC	58%
Mesothelioma	57%
Head&Neck	50%
Melanoma	42%
Pancreas	27%
Ovarian	17%

Solid tumors

Indication	WW Incidence ('000)*	Potential entry point
NSCLC	675	Neo-adjuvant
Head & Neck	165	2nd line
Ovarian	66	Platinum-refractory
Renal	192	1st line combo with TKI
Mesothelioma	9	2nd line (50%)

- Perjeta® sells at $71K per year; Herceptin® sells at $54K per year (US)

CD70 expression**	
Lymphomas	**CD70+ (frequency)**
Waldenström's	100%
Hodgkin's	96%
CTCL	83%
Mantle cell	80%
DLBCL	71%

Lymphomas

Indication	WW Incidence ('000)*	Potential entry point
Waldenström's	4.2	salvage (100%)
Hodgkin's	27	salvage therapy (~20%)
Mantle cell	12	salvage therapy (~50%)
T-cell	23.4	salvage therapy (~65%)

- Adcetris® sells at $94.5K-121K per treatment course (US)

"…anti-CTLA4 and anti-PD-1 work almost exclusively in melanoma, kidney cancer and perhaps smoking-induced lung cancers. But if you want to treat the 90% of patients that have other solid tumors like ovarian, pancreatic, (…), esophageal cancer, you need to do something different" ***Steven Rosenberg, NCI - BioCentury, Jan. 27, 2014***

** Calculated as US incidence x 3; ** In-house data and literature*

Grewal (2008) Expert Opin Ther Targets (3):341-351; Liu (2013) Onco Targets Ther. 6:615-619; Ho (2008) Blood. 112(12):4683-4689

Wang (2013); Herrinton (1993); www.LLS.org; www.cancer.org (ACS); Biocentury

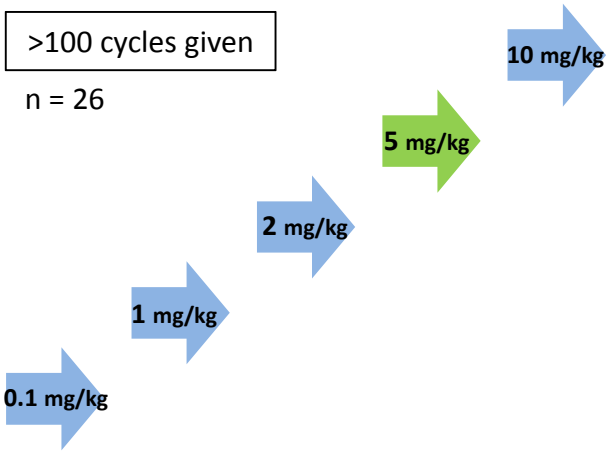
ARGX-110: Phase 1 trial overview

1Q 2013 **2H 2015**

Dose escalation

>100 cycles given

n = 26



Adaptive safety expansion

Heme tumors (*n = 30*)

We are here

Solid tumors (*n = 30*)

Details

- **Advanced cancer population**
  - CD70+ by IHC
  - Progressive, end stage disease
  - Multiple lines (2-8) of prior therapy

    (prior chemo: 82%; prior biologics/TKIs: 29%)
- **ARGX-110 monotherapy**
- **'Off study' criteria**
  - Progressive disease (ir-RECIST)
  - Safety
- **Translational biomarkers**
- **Efficacy: Response and duration of therapy**

Conclusions to date

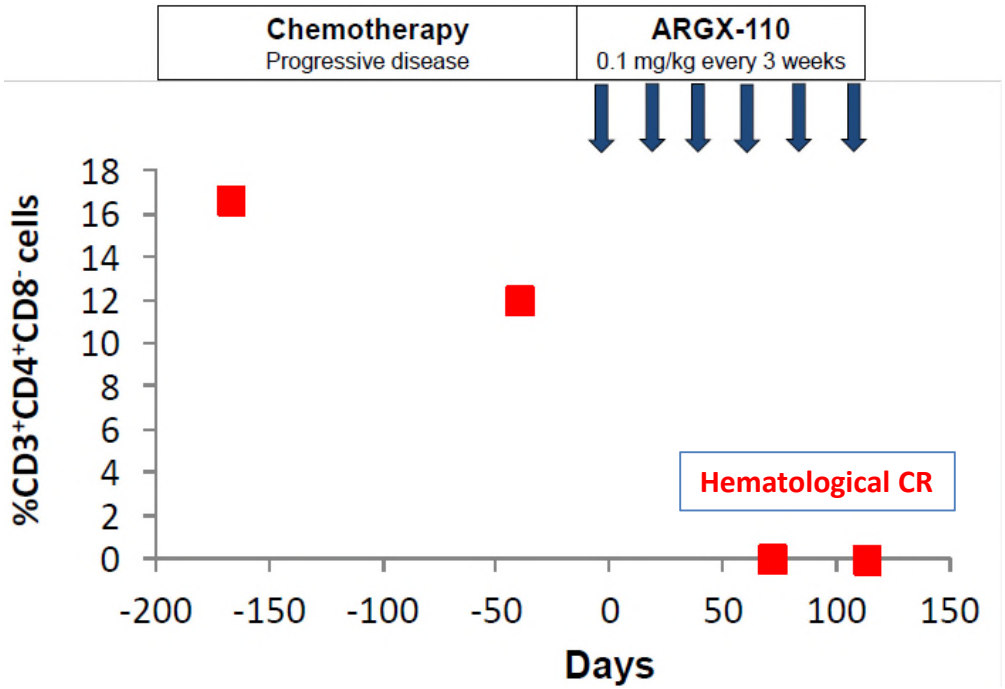
- No dose-limiting tox or auto-immune related AEs observed
- About 50% of all comers are CD70 positive
- Biological activity observed in individual patients with TCL, Mesothelioma, Ovarian, Renal, H&N cancer, …

ClinicalTrials.gov Identifier: NCT01813539

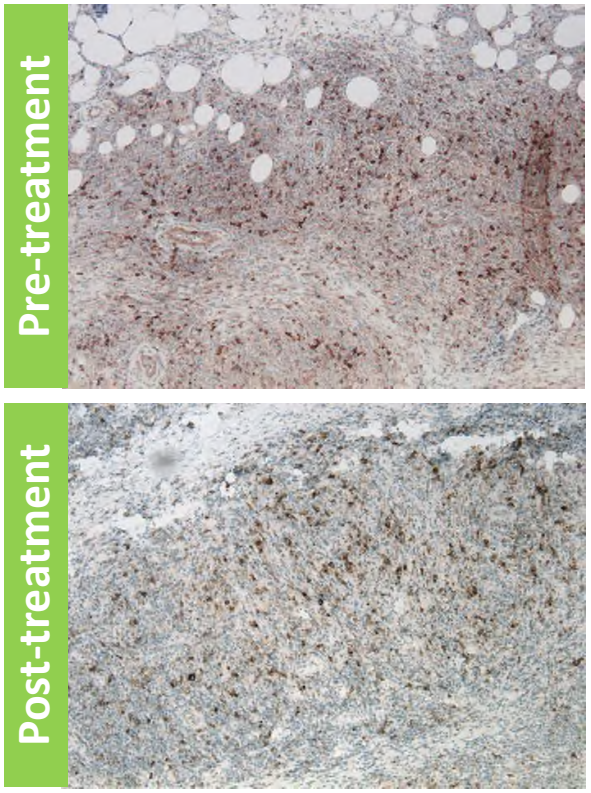
ARGX-110: Initial observations of biological activity (1)

Complete hematological response with stable skin lesions observed in patient with Sézary syndrome

% malignant cells in patient blood



Status of skin lesions

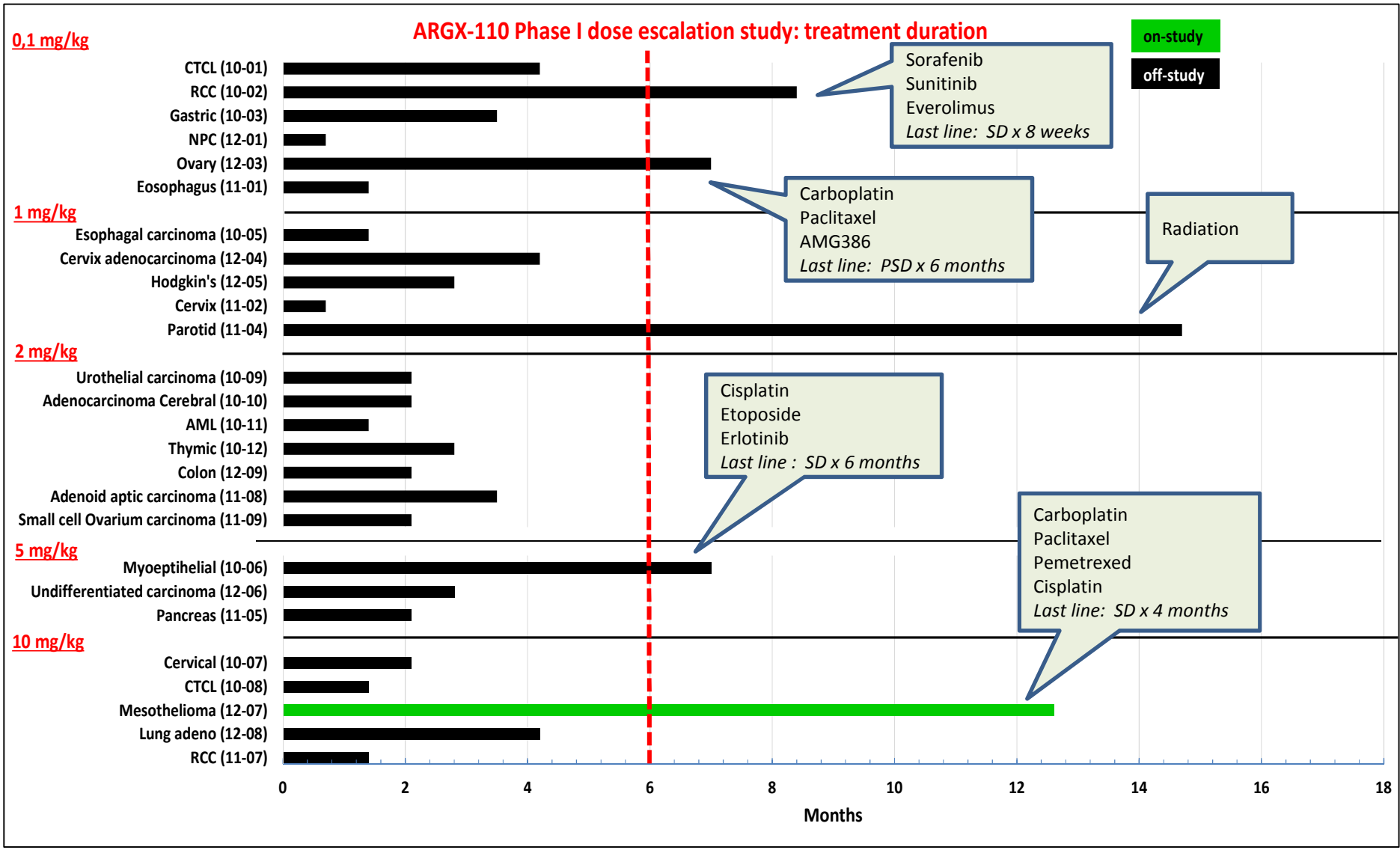


CD70 IHC staining unchanged in skin biopsies pre- and post-treatment

- Elimination of CD70 positive Sezary cells in 2nd CTCL-Sezary patient

In house data, collaboration with Jules Bordet Institute (Brussels, Belgium)

Dose escalation study: treatment duration



ARGX-110: Expanding cancer immunotherapy

Based on broad expression across a variety of tumors and favorable safety profile

Phase 1	Ipilumumab (CTLA4)	Nivolumab (PD-1)	ARGX-110 (CD70)
Dose (mg/kg)	3	0.3 – 10	0.1 – 10
Schedule	Monthly X 4	Weekly X 8	Every 3 weeks
CR	1 DLBCL	1 CRC	1 T-cell lymphoma
PFS6	2/18	3/39	5/26
Immune AEs	• Colitis • Endocrinopathies	• Colitis • Hypothyroidism • Arthropathy	• None
Combinability Potential	• Limited due to systemic toxicity		

	Current checkpoint inhibitors (CTLA4, PD-1)	ARGX-110 (CD70)

Market Potential	• Turning cancer into chronic disease
	  • $24B/y for current indications
	  • $35B/y if more solid and blood cancers can be addressed
	• Cancer therapy backbone in up to 60% of patients in next 10y vs <3% today
		• CD70 overexpressed in most heme tumors
		• CD70 overexpressed in range of solid tumors currently not addressed by CTLA4/PD-1/PD-L1

Pipeline	• Combining immunotherapy strategies • Need for novel immune checkpoint inhibitors: across more cancer indications and safer to combine	• Safety profile supports combination therapy (e.g. with PD-1)

Immunotherapy – the beginning of the end for cancer, Citi Research by Andrew Baum.
<Yervoy Prescribing information, Ansell 2009; Brahmer 2010
ASCO Annual meeting 2014; abstract 3023

ARGX-110: Clinical development plan

Indication	Phase	Envisaged patient #	Envisaged primary end point	Expected study start
Lymphoma *e.g. T-cell or Mantle cell*	2	30	• Response rate	2H 2015
Waldenström's	2	30	• Response rate	2H 2014
Combination therapy in solid tumor *e.g. Ovarian, H&N, NSCLC*	1	30	• Safety • Translational Biomarkers	2H 2015

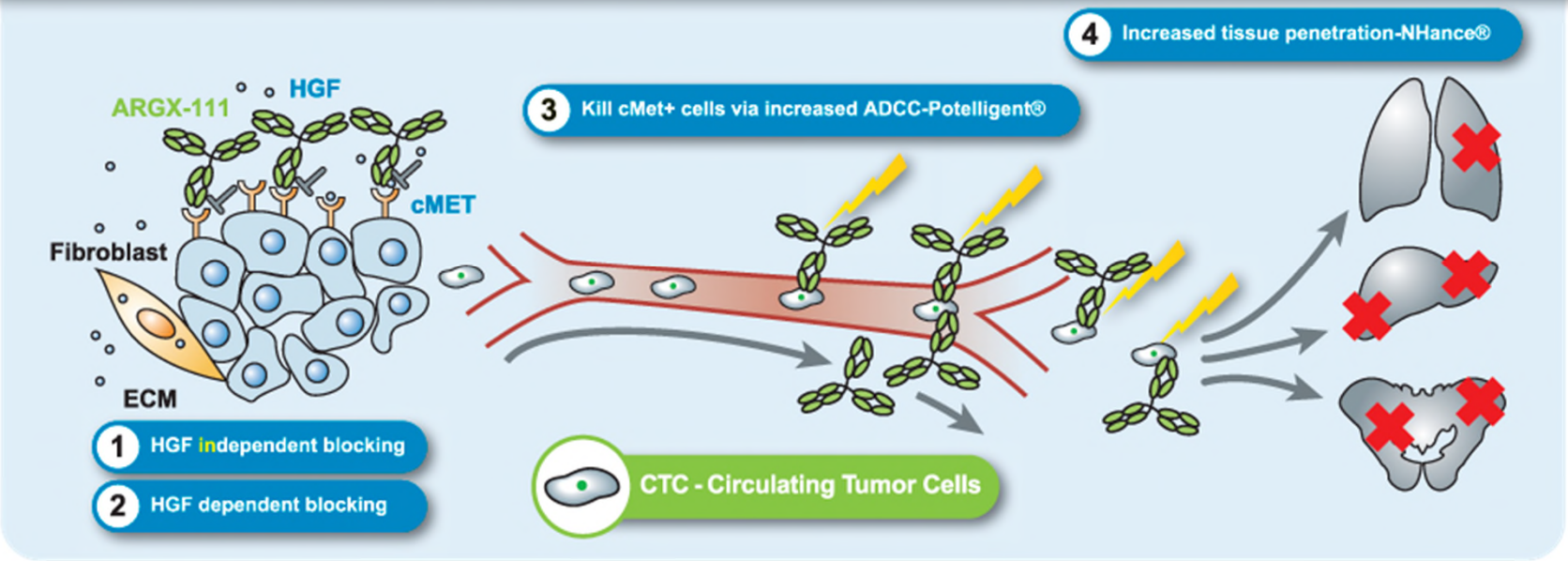
Data driven decision: expand WM or TCL/MCL to pivotal phase 2 (n=150)

- In addition, the Company envisages undertaking a Phase 1 study in autoimmunity which is expected to start 2H 2015 (see appendix)

ARGX-111: Anti-c-Met SIMPLE Antibody™

ARGX-111 targets c-Met positive tumors and CTC's

Different view on c-Met Biology



4 Modes of Action

- Best in class c-Met blocking - SIMPLE Antibody™
- Unique cell killing - POTELLIGENT®
- Unique tissue penetration - NHance®

Different clinical development strategy

- Interfere early in cancer metastasis rather than dealing late with TKI resistance
- Adjuvant and neo-adjuvant therapy settings

Hultberg 2014; Pachmann 2008

ARGX-111 blocks metastatic spread

Evaluation of lung metastasis from breast cancer (MDA-MB-231)

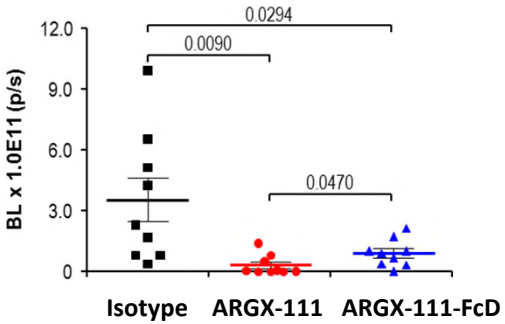
neoadjuvant animal model*

Treatment
(4 weeks, twice weekly, 5mg/kg)

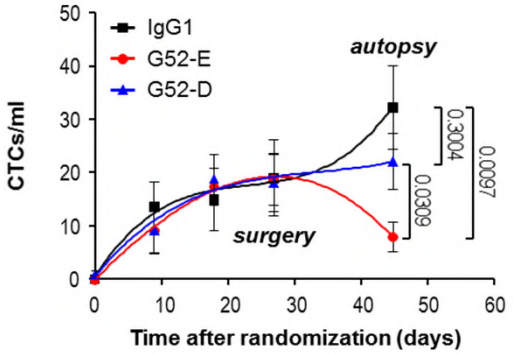
Surgery

Autopsy

Lung metastases



CTC counts



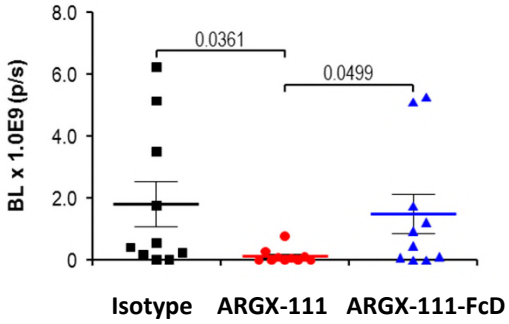
adjuvant animal model

Surgery

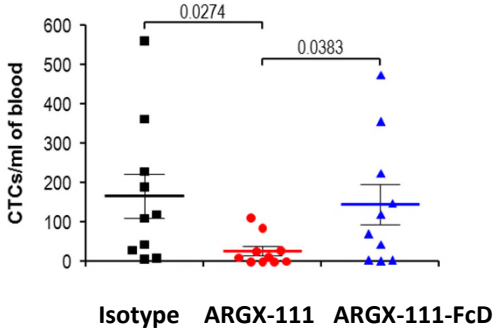
Treatment
(4 weeks, twice weekly, 5mg/kg)

Autopsy

Lung metastases

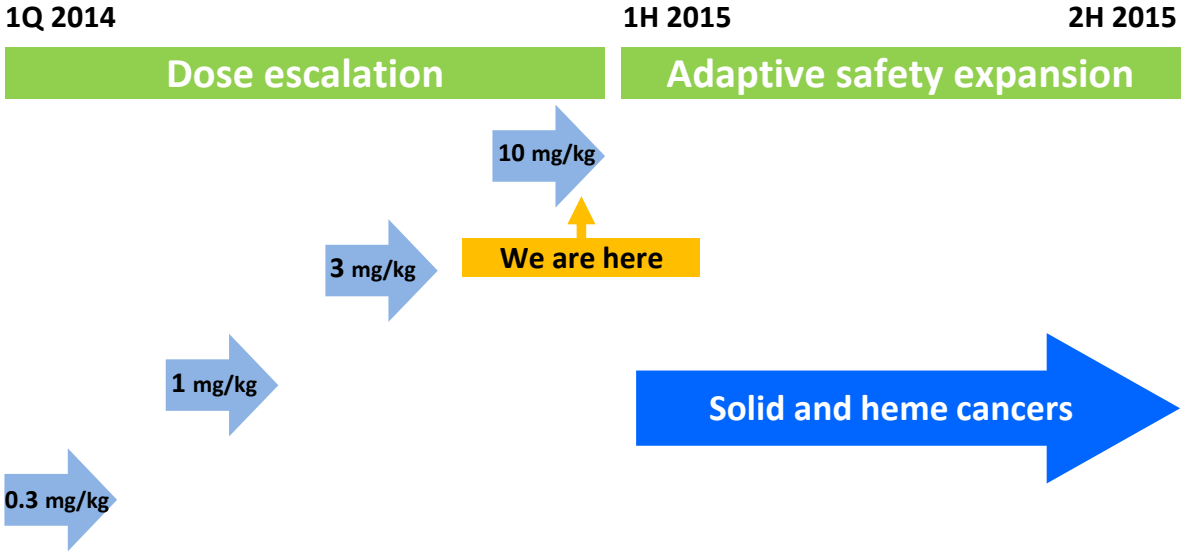


CTC counts



Metastases detected by bioluminescence in organs of animals treated with ARGX-111 after orthotopic implantation of breast or colon cancer cells
In house, collaboration with Prof Michieli (Institute for Cancer Research, Turin, Italy)

ARGX-111: Phase 1 trial overview



Details

- **Advanced cancer population (total of 34 patients)**
  - Progressive, end stage disease
  - C-Met+ by IHC AND CTCs by Veridex
  - Monitor tumor metabolism (PET scan)
- **ARGX-111 monotherapy**
- **'Off study' criteria**
  - Progressive disease (ir-RECIST)
  - Safety
- **Translational biomarkers**
- **Efficacy: response and duration of therapy**

Conclusions to date

- ~50% of patients screened have CTCs
- Safety observations: Infusion related reactions (class effect)
- Biological activity observed in individual patient with gastric cancer with bone metastases

ClinicalTrials.gov Identifier: NCT02055066

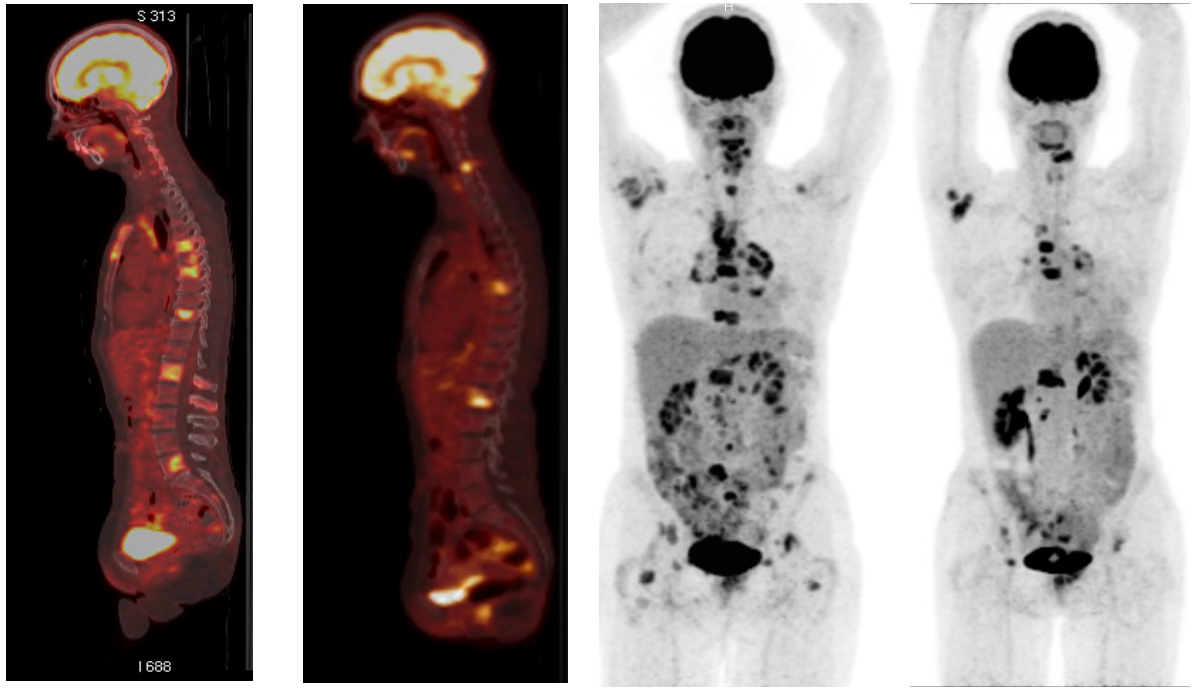
ARGX-111: Initial signs of biological activity

Background

- Biological activity observations: Mixed response for individual patient with bone metastasis
  - 50 year old Gastric Cancer patient with bone metastases
  - Multiple lines of previous treatment; including surgery and 2 lines of triplet chemotherapy
  - PET scan observation of biological activity (see right) confirmed on repeat imaging
  - Good performance (clinical) status maintained throughout treatment period

Early sign of biological activity

Baseline PET scan	Improvement after 4 doses	Baseline PET scan	Improvement after 4 doses



Mixed response for patient for bone metastasis on PET scan

In house data

ARGX-111: Clinical development plan

Deliverables and next steps Phase 1

- Dose escalation completed - expected 2H 2014
- Expanded safety data - expected 2H 2015
- Preliminary efficacy data (CTC elimination and reduction of metastasis) - expected 2H 2015
- IHC method ready for Phase 2 validation

Clinical development plan

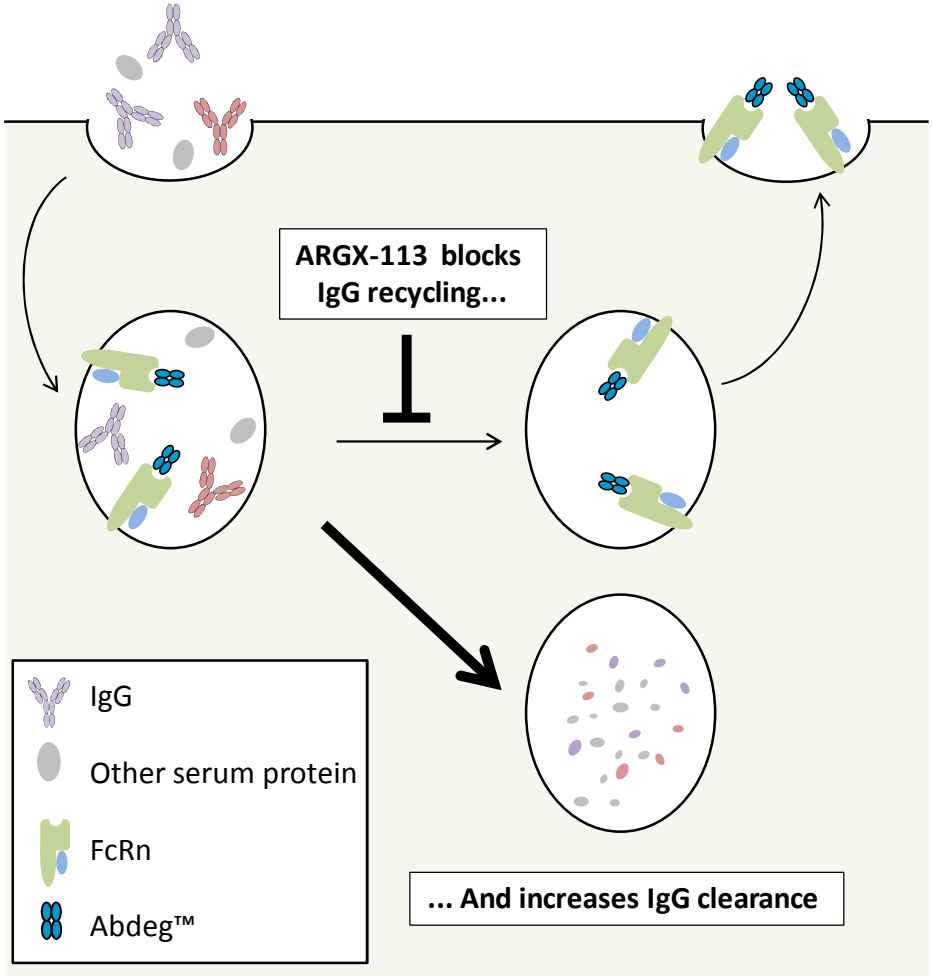
- Further development currently envisaged as combination therapy
- Potential indications: neo-adjuvant therapy breast cancer; 2nd line therapy gastric cancer
- Together with potential partner
- Expected to start 2H 2015

In house data

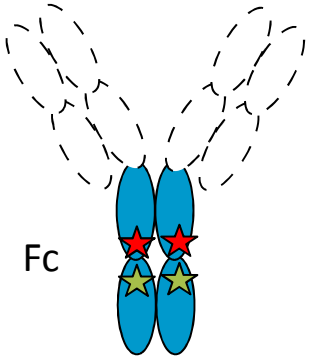
ARGX-113: Antibody fragment (Fc) to block FcRn

ARGX-113 blocks FcRn, accelerating antibody clearance

Mode of action

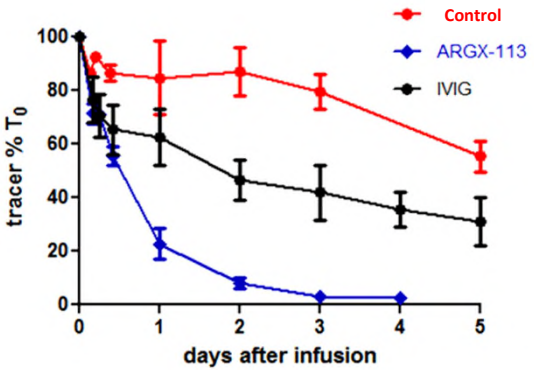


Design



Fc Fragment - ABDEG™ equipped

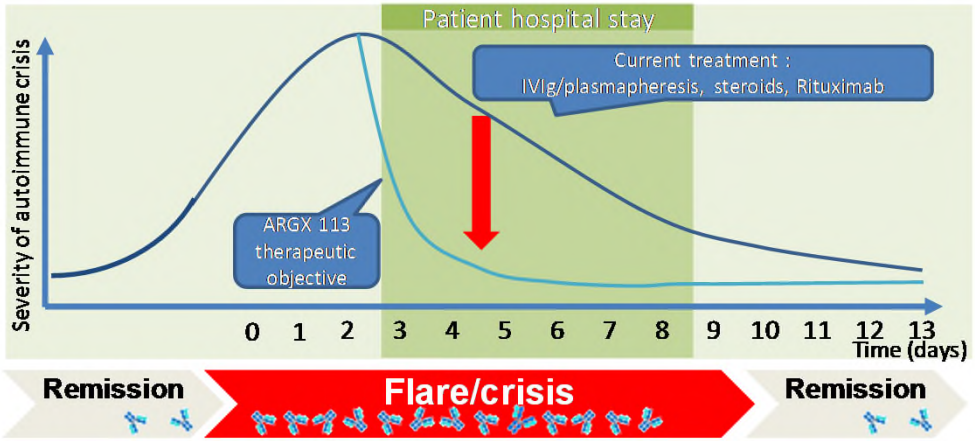
Therapeutic effect



Comparison of tracer antibody clearance capacity of ARGX-113 vs IVIG (cynomolgus monkey model)

ARGX-113: Management of acute severe autoimmune disease by rapid clearance of autoantibodies

ARGX-113 can address acute autoimmune flares



ARGX-113: indications and market potential

Orphan indications	Prevalence per 100,000 (US)
Myasthenia gravis	20 - 50
Skin blistering diseases	18 (Pemphigus)
Idiotypic Thrombocytopenia Purpura	9.5

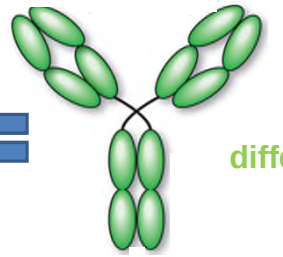
- Benlysta® sells for 35,000 US$/y, IVIg and plasmapheresis are US$ 79,000 and US$ 101,000 per cycle
- Global IVIg market is >US$4B (autoimmune diseases approximately 50%)

Current Alliances and Partnering Strategy

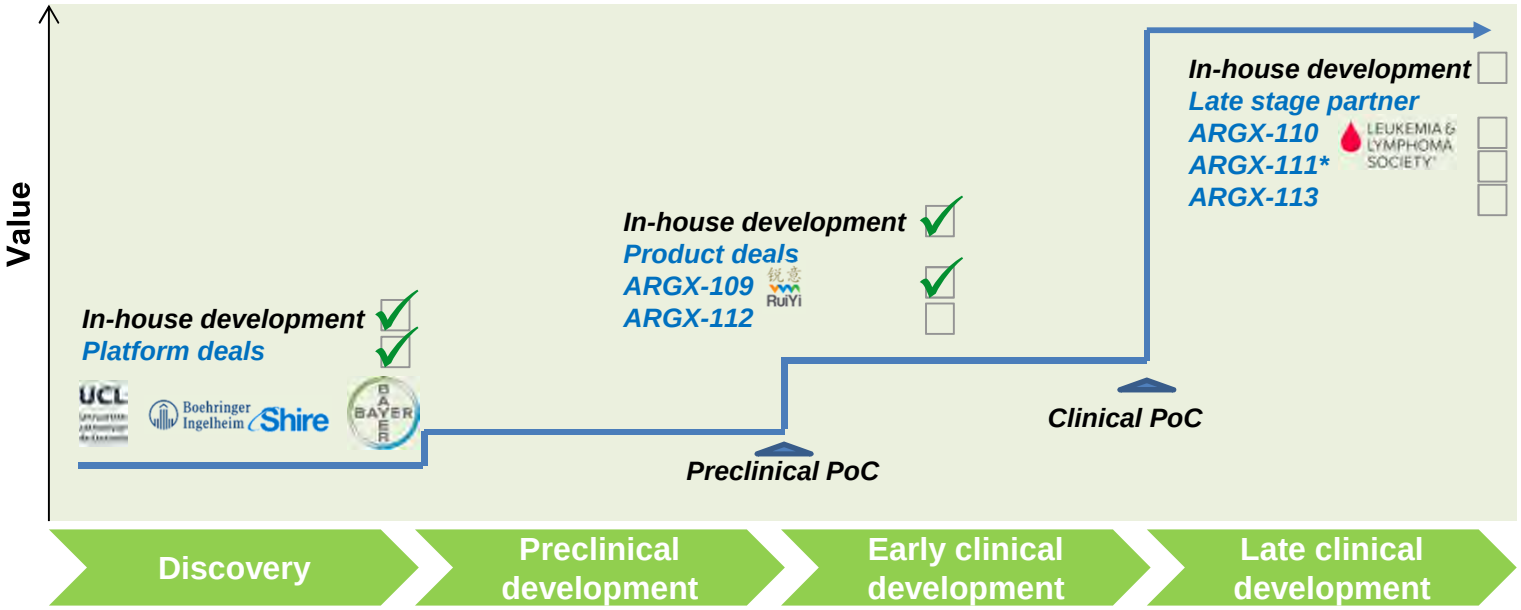
Business model fuelled by productive platform

Generating a portfolio of differentiated product candidates

Novel and complex targets + arGEN-X technology suite = Maximally differentiated mAbs



Partnering at each stage in the value chain



* Partner after Phase 1

Building select, deep strategic alliances on the back of success

Pilot agreement

- Validating SIMPLE Antibody discovery deal; complex targets
- Technology access fee; R&D funding; **technical success-based milestones**

Lilly (2010) Boehringer Ingelheim (2013)

Step up in financials

Collaboration agreement

- SIMPLE Antibody discovery deal; complex targets
- Technology access fee; R&D funding; **milestones**; **royalties**

Shire (2012) BAYER (2014)

Step up in financials

Strategic alliance

- Discovery deal based on entire mAb technology suite
- **Upfront**; R&D funding; milestones; royalties; **product rights**

Shire (2014)

- **€12.9 million in cumulative revenue from partnerships, grants and tax incentives to date**
- **>€1.3B* potential cumulative revenues from existing partnerships**

** Assuming specific development and sales milestones are met for all potential discovery targets*

Corporate Overview

Experienced management team

Name	Nationality	Function	Credentials
Tim van Hauwermeiren *(M. Eng, eMBA)*		**Chief Executive Officer**	• > 18yr BD and GM experience; strong deal sheet incl. $265m deal with Boehringer Ingelheim; > €200m financing track • Procter & Gamble; Ablynx
Hans de Haard *(PhD, Prof)*		**Chief Scientific Officer**	• > 23yr mAb discovery experience, serial pioneer of mAb platforms (Dyax Fab library, Nanobody® and SIMPLE Antibody™); 7 mAbs in the clinic – one approved • Akzo Nobel; TargetQuest; Unilever; Ablynx
Torsten Dreier *(PhD)*		**Chief Development Officer**	• > 17yr of mAb pre-clinical development; 6 mAbs in clinic incl. 1st BITE® Blinatumumab® • Micromet; Ablynx
Alain Thibault *(MD)*		**Chief Medical Officer**	• > 18yr of clinical oncology experience; 3 products on the market: Xeloda®, Yondelis®, Zaltrap®, several in development • NCI; Roche; J&J; Regeneron
Eric Castaldi *(M. Fin)*		**Chief Financial Officer**	• >25yr of finance experience; raised over €400 mio through public and private financing rounds • My Kinda Town, Safety Kleen Corporation, NICOX
Michael Saunders *(PhD, eMBA)*		**Sr Director Targets and Programs**	• > 21yr of industry experience in NCE and NBE drug discovery; strong track record of target selection, program and alliance mgmt; 4 IND's • GSK; Devgen; consultant
Debbie Allen *(PhD)*		**VP Business Development**	• > 25yr of mAb experience, Humira® inventor, 15yr in BusDev • Cambridge Antibody Technology; architect of CAT-HGS alliance (BENLYSTA®) BD consultant to Glycart, others: Roche-Glycart deal
Koos Rasser *(PhD, JD)*		**IP Counsel**	• > 32yr patent experience, including in-house (Global Head IP at Procter & Gamble) and law firm (Howrey LLP) • Organon; Schering-Plough; Biogen IDEC; Millennium

Our products are protected by multiple layers of IP

- **Technology Platforms: SIMPLE Antibody™ platform + one or more Fc engineering platform**
  - Broad composition of matter and process claims
  - Granted claims in US, UK and Israel
  - Pending claims in US, EU, other major territories

- **Product and methods of use patents: ARGX-110, ARGX-111, ARGX-113, ARGX-109 specific**
  - Both specific and broad composition of matter claims and method of use claims
  - Granted US claims for ARGX-111, ARGX-113
  - Pending claims in EU, other major territories

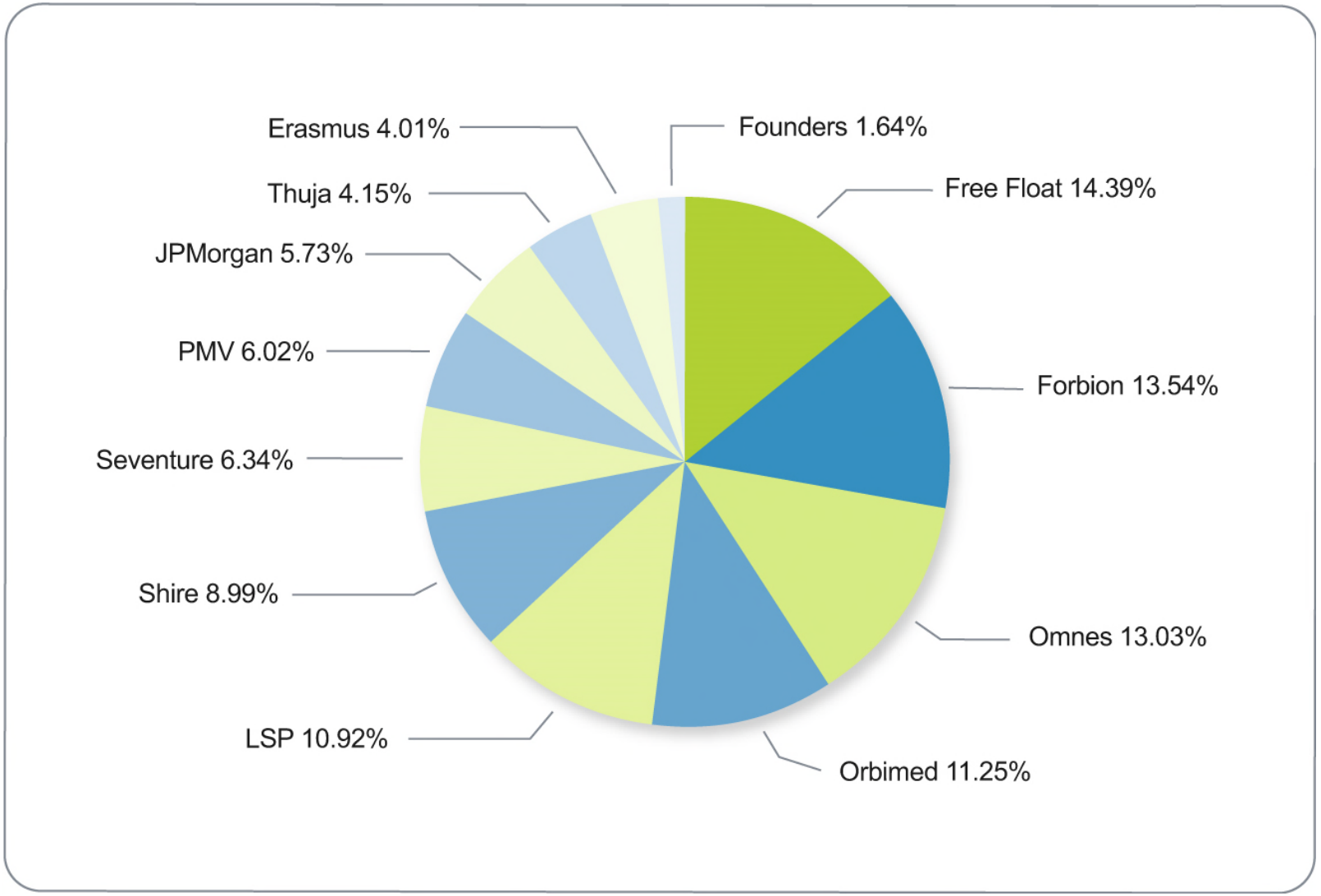
- **Patents currently expected to expire in 2028-2033 window**

- **Under our industrial partnerships, only non-exclusive licenses have been granted to our technology platforms**

Strategic objectives

- **Progress ARGX-110**
  - Phase 2 monotherapy in Waldenström's in collaboration with LLS
  - Phase 2 monotherapy in 2nd hematological indication (potentially in T-cell lymphoma or Mantle cell lymphoma)
  - Phase 1b combination therapy in solid tumors
  - Phase 1 monotherapy in autoimmune indication (envisaged to be vasculitis)
- **Progress ARGX-111**
  - Phase 1b monotherapy expansion and completion to establish proof of mechanism
- **Progress ARGX-113**
  - Phase 1 healthy volunteer study
  - Phase 2 in autoimmune patients
- **Advance and expand preclinical product pipeline**
- **Facilitate access to novel targets and technologies**
- **General corporate purposes**

Shareholding



Recent and anticipated news flow

	2014	2015
ARGX-110	☑ Start Phase 1 safety expansion ☑ Partnership with LEUKEMIA & LYMPHOMA SOCIETY® ☐ **Waldenström's Phase 2 open**	☐ H1: Phase 1 safety expansion recruited ☐ **H2: Phase 1 read out: safety & biologic activity** ☐ H2: first patient in 2nd hematological Phase 2 ☐ H2: first patient in solid tumor combination therapy Phase 1
ARGX-111	☑ Start Phase 1 dose escalation ☐ Dose selected	☐ H1: Start Phase 1 safety expansion ☐ **H2: Phase 1 read out : safety & biological activity**
Corporate development	☑ Two technical success milestones Shire ☑ **Signed SIMPLE Antibody™ discovery deal with Bayer** ☑ **Signed strategic alliance with Shire** Shire ☐ Deliver pilot Boehringer Ingelheim	☐ ARGX-113 first patient in healthy volunteer study

BEZOEK ONS OP STAND #5023

DAG VAN DE TIPS - ZATERDAG 4 OKTOBER 2014 - Ghelamco Arena Gent