



TEMPEST[®]
THERAPEUTICS

Building the Future of in vivo CAR-T

September 15, 2026

Forward Looking Statements

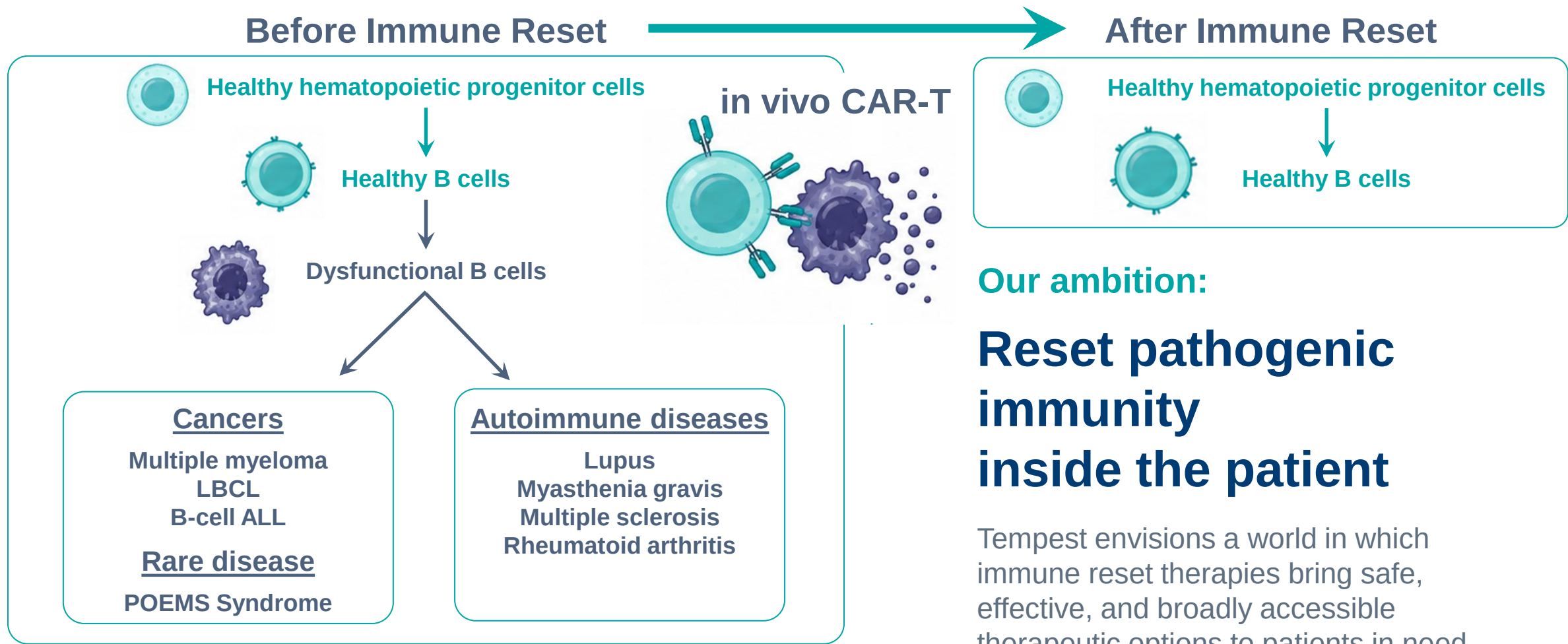
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Major Cancers and Autoimmune Diseases are Caused by Dysfunctional Immune Cells

The promise of CAR-T: Training T cells to clear diseased immune cells can “reset” the immune system



Tempest's Lead in vivo CAR-T Program Has Entered Clinical Development

Lead oncology program in Phase 1; lead autoimmune program planning Phase 1 Q4 2026

IN VIVO CAR-T PROGRAM	PAYLOAD	INITIAL SETTING	STATUS
● TPST-4903 CD7-tLVV	BCMA × GPRC5D	r/r multiple myeloma	Phase 1: 6 patients treated
● TPST-4003 CD7-tLNP	CD19 × BCMA	MG / MS / SLE	Phase 1: planned Q4 2026

6

Six patients enrolled
and infused

0

No grade ≥3 CRS
observed

0

No ICANS
observed

TPST-4903 Initial safety profile supports continued dose escalation

CAR-T cell expansion observed at 2 weeks post infusion • Clinical update expected Q4 2026

TPST-4003: Dual-Target CAR Architecture Supported by Autologous Clinical Results

Dual-targeting CARs are designed to avoid antigen escape to enable durable therapeutic response

100%

Complete response among rrMM
CAR-T-naïve patients (10/10)
No DLTs, no grade ≥3 CRS, no ≥3 ICANS^{1,4}

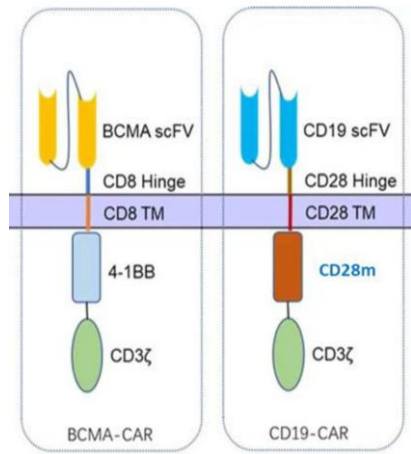
23.1 mo

Median progression-free survival
(Abecma™ 7.9mo; Carvykti™ 13.8mo)²

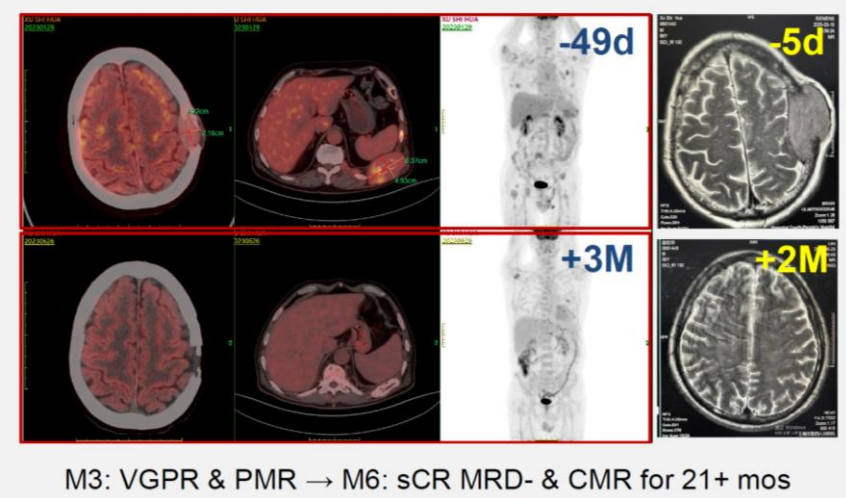
100%

VEGF complete response
in POEMS (9/9)³

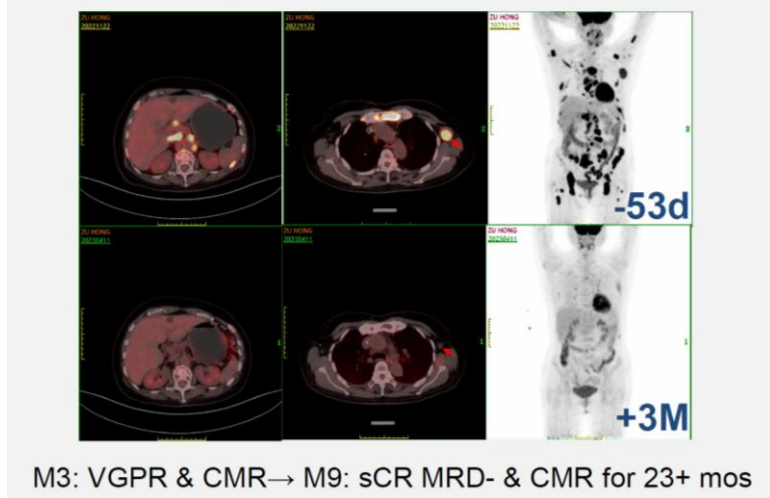
TPST-2003/4003 Parallel
Dual-CAR-T Structure



Case-02008 58-yr male Penta-refractory, 11 prior LOT



Case-02003 55-yr female Quad-refractory, 5 prior LOT



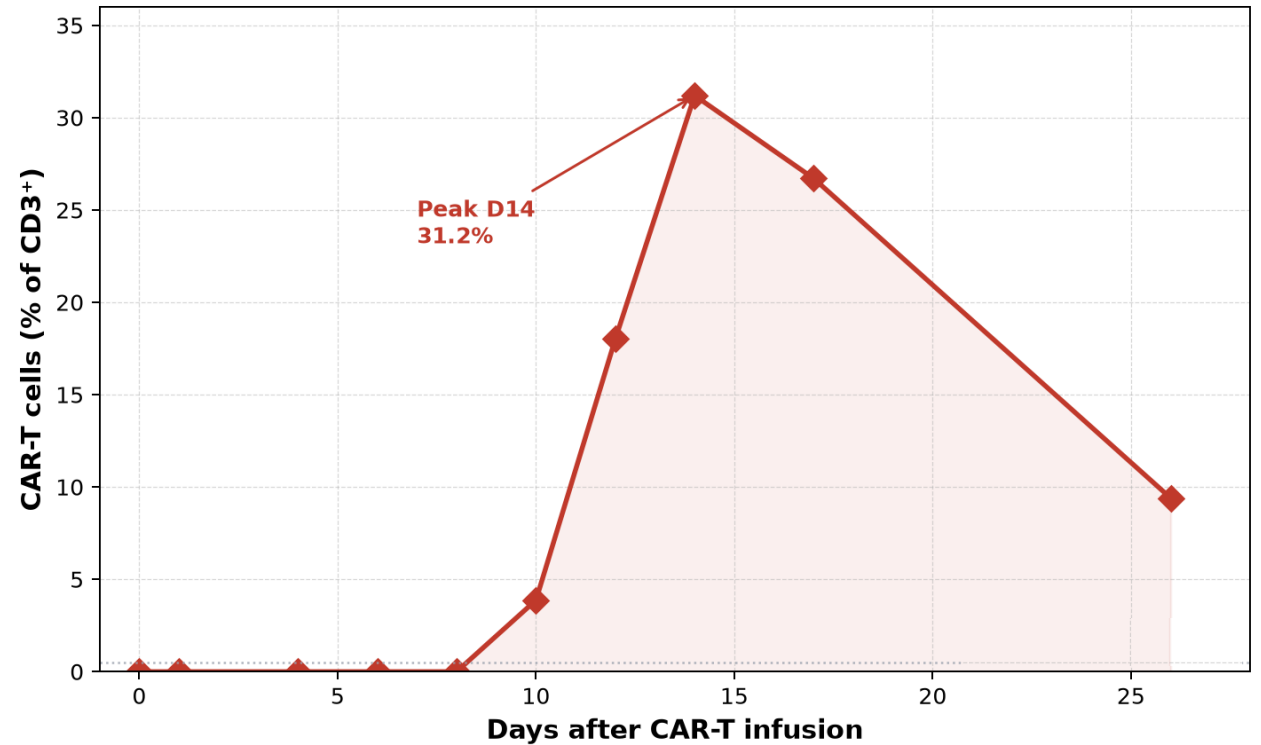
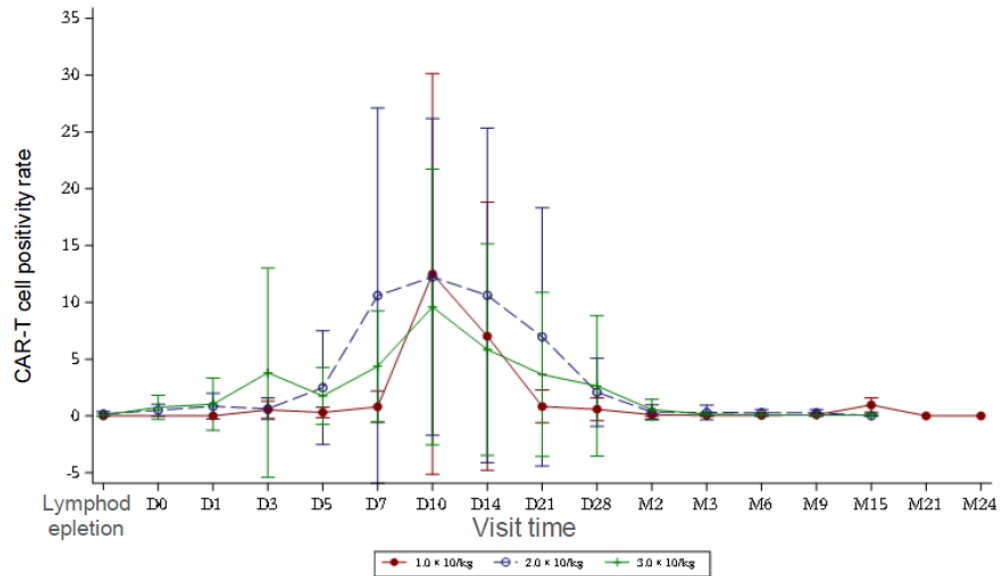
TPST-4903 Early Data: CAR-T Cell Expansion Similar to Autologous CAR-T

TPST-4903 generated promising CAR-T cell expansion peaking two weeks after infusion; further dose escalation underway

Autologous CAR-T
(TPST-2003)¹



In vivo CAR-T
(TPST-4903)²



Immune Reset Therapies Address Large Cancer and Autoimmune Markets

Addressable market includes both indications with and without approved CAR-T products

Cancer Opportunity				Autoimmune Disease Opportunity			
Indication	U.S. Epidemiology	Market Size Framing	Strategic Implications	Indication	U.S. Epidemiology	Market Size Framing	Strategic Implications
LBCL	~25k–30k U.S. cases / year; DLBCL incidence 5.6 per 100k [7,8]	7MM DLBCL market: \$5.3B (2025) → \$16.6B (2034) [9]	Large commercial CD19 hematology setting and attractive opportunity.	MG	~82.7k U.S. adults [1]	Global MG treatment market: \$1.75B (2026) → \$3.21B (2034) [2]	Premium biologic market with validated B-cell / plasma-cell biology; severe refractory populations support high-value positioning.
B-ALL / Pediatric	~3,100 children and adolescents diagnosed with ALL / year; majority are B-ALL [10]	U.S. ALL therapeutics market: \$1.33B (2025) → \$3.57B (2035) [11]	Pediatric indication with meaningful unmet need; scalable format could broaden access beyond specialized centers.				
rrMM / EMD	EMD incidence 3–14% in rrMM; up to 37% in late-line pts [12]	CAR-T MM market: \$3.1B (2024) → \$15.4B (2034); Carvykti FY2025 \$1.9B [12]	Large BCMA CAR-T market with high unmet EMD subgroup; CD19/BCMA dual-targeting supports differentiation.	MS	~1.0M people living with MS in the U.S. [3]	Global MS drugs market: \$22.3B (2025) → \$39.7B (2036) [4]	Large chronic neurology market; validated B-cell biology.
POEMS	~3,200 U.S. patients; 0.5–5 cases / 1M / year [13]	Global POEMS market: \$2.5B (2024) → \$4.5B (2033) [13]	Rare plasma-cell disease with no approved cell/gene therapy; orphan potential.	SLE	~204k people with SLE in the U.S. [5]	Global SLE market: \$2.60B (2023) → \$4.26B (2030) [6]	High unmet need and relapse burden; dual CD19/BCMA could support deep immune reset.

In Vivo CAR-T Is Now a Strategic M&A Category

\$1B–\$7B announced transactions reflect pharma interest in clinical-stage in vivo CAR-T assets

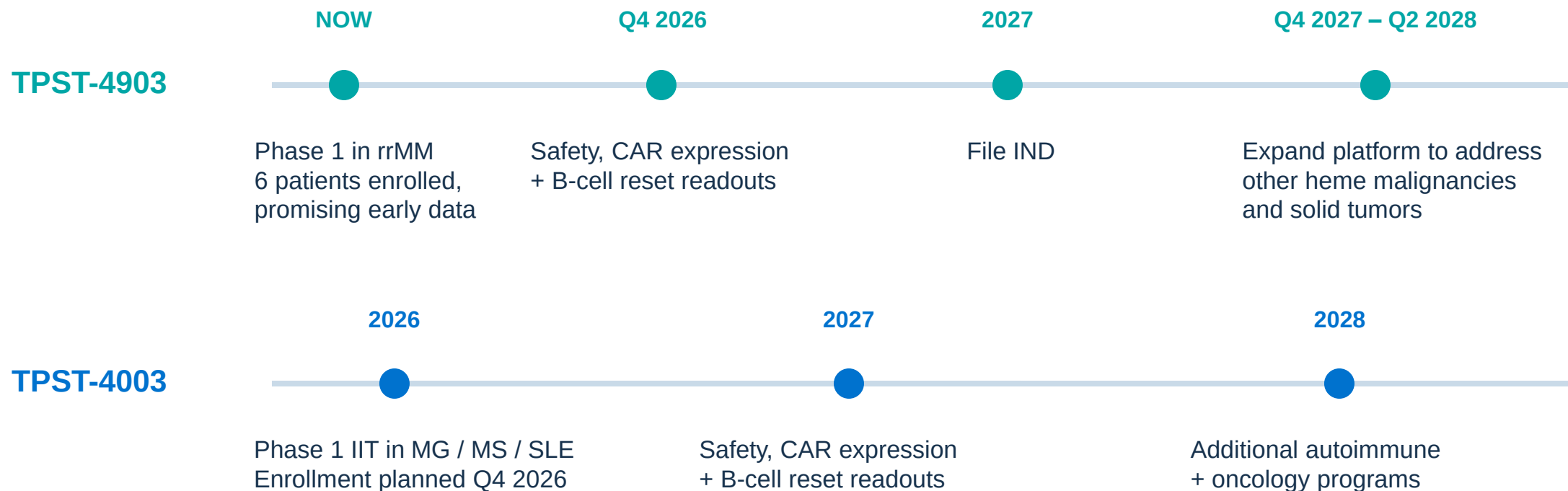
TIMING	TRANSACTION	ANNOUNCED VALUE	STAGE / STRUCTURE
Jan 2024	AbbVie × Umoja [1]	Up to \$1.4B	Strategic collaboration
Mar 2025	AstraZeneca acquires EsoBiotec [2]	Up to \$1.0B	\$425M upfront
Jun 2025	AbbVie acquires Capstan [3]	Up to \$2.1B	RNA/LNP in Phase 1, healthy volunteers
Aug 2025	Kite acquires Interius [4]	\$350M cash	Targeted LVV; clinical-stage platform
Oct 2025	Kite × Pregene [5]	Up to \$1.64B	\$120M upfront
Feb 2026	Lilly acquires Orna [6]	Up to \$2.4B	RNA/LNP preclinical program
Apr 2026	Lilly acquires Kelonia [7]	Up to \$7.0B	\$3.25B upfront; Phase 1 LVV
Jul 2026	J&J × Sail Biomedicines [8]	Up to \$2.6B	\$465M equity; \$785M initial payments

Tempest is developing in vivo CAR-T for cancer and autoimmunity

TPST-4903 Phase 1: 6 rrMM patients treated, promising early data
TPST-4003 Phase 1 in MG / MS / SLE planned Q4 2026

Multiple Near-Term Potential Catalysts Across Two in vivo CAR-T Programs

Clinical and regulatory milestones can validate the immune reset engine



Two next-gen assets • Human evidence • Multiple near-term potential catalysts

A Differentiated, Clinical-Data-Backed Investment Case

Human validation and multiple potential near-term catalysts converge at a category inflection point

THE INVESTMENT THESIS

**Human data today.
Two next-gen programs.
Multiple shots on goal.**

Tempest Therapeutics is a multi-platform immune reset company.

1

Human experience

TPST-4903 in Phase 1/2 • 6 patients • promising early data

2

Strategic design

Targeted LNP for autoimmune disease + targeted LVV for cancer

3

Product differentiation

CD7-targeted delivery + dual-target CAR payloads

4

Near-term catalysts

Q4 2026 TPST-4903 Phase 1 data readout • 2027 U.S. IND

5

Strategic upside

\$1B–\$7B announced sector transactions reflect strategic interest

Clinical evidence + differentiated delivery + near-term potential catalysts



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