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THE MOST ADVANCED INNATE CELL ENGAGER COMPANY FOCUSED ON CLINICAL DEVELOPMENT OF NOVEL THERAPIES FOR SOLID AND LIQUID TUMORS

NASDAQ: AFMD
JULY 2024

Forward-Looking Statements

This presentation and the accompanying oral commentary contain “forward-looking” statements that involve substantial risks and uncertainties. All statements other than statements of historical facts contained in this presentation and the accompanying oral commentary, including statements regarding our future financial condition, business strategy and plans and objectives of management for future operations, are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as “anticipate,” “believe,” “could,” “estimate,” “expect,” “goal,” “intend,” “look forward to,” “may,” “plan,” “potential,” “predict,” “project,” “should,” “will,” “would” or the negative of these terms or other similar expressions.

Forward-looking statements appear in a number of places throughout this release and include statements regarding our intentions, beliefs, projections, outlook, analyses and current expectations concerning, among other things, the potential of acimtamig (AFM13), AFM24, AFM28 and our other product candidates; the value of our ROCK® platform; our ongoing and planned clinical trials; our corporate restructuring, the associated headcount reduction and the impact this may have on our anticipated savings and total costs and expenses; our ability to raise equity capital from the sale of shares if we do not receive shareholder approval at our annual meeting on June 26, 2024 to renew the authorizations of the management board to issue shares and to restrict and/or exclude pre-emptive rights, our collaborations and development of our products in combination with other therapies; the timing of and our ability to make regulatory filings and obtain and maintain regulatory approvals for our product candidates; our intellectual property position; our collaboration activities; our ability to develop commercial functions; clinical trial data; our results of operations, cash needs, financial condition, liquidity, prospects, future transactions, growth and strategies; the industry in which we operates; the macroeconomic trends that may affect the industry or us, such as the instability in the banking sector experienced in the first quarter of 2023; impacts of the COVID-19 pandemic, the benefits to Affimed of orphan drug designation; the impact on our business by political events, war, terrorism, business interruptions and other geopolitical events and uncertainties, such as the Russia-Ukraine conflict; the fact that the current clinical data of acimtamig in combination with NK cell therapy is based on acimtamig precomplexed with fresh allogeneic cord blood-derived NK cells from The University of Texas MD Anderson Cancer Center, as opposed to Artiva’s AlloNK® (also known as AB-101); and other uncertainties and factors described under the heading “Risk Factors” in Affimed’s filings with the Securities and Exchange Commission (the “SEC”). Given these risks, uncertainties, and other factors, you should not place undue reliance on these forward-looking statements, and the Company assumes no obligation to update these forward-looking statements, even if new information becomes available in the future.

Forward-looking statements involve known and unknown risks, uncertainties, assumptions and other factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. Forward-looking statements represent our management’s beliefs and assumptions only as of the date of this presentation. Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to update the reasons why actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future.

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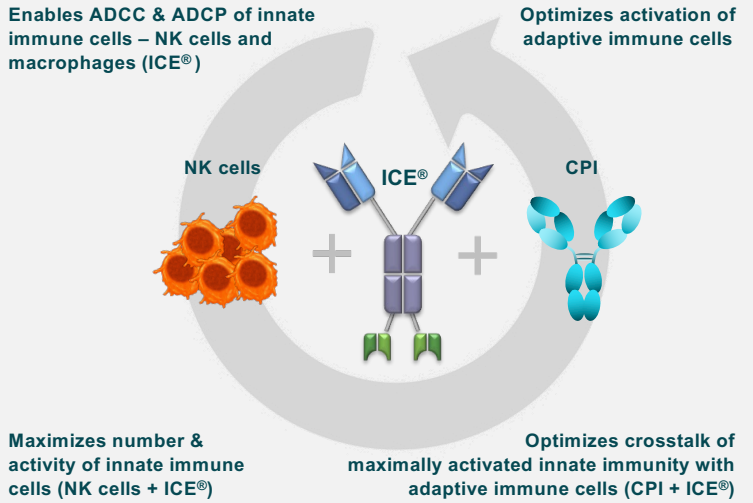
Affimed, Clinically Advancing ICE® Molecules Focused on Activating The Untapped Power Of The Innate Immune System

- Innate Cell Engagers (ICE®) activate and **redirect innate cells** via tumor-specific targeting **leveraging ADCC & ADCP**
- **Most clinically advanced** innate immunology company with **over 480 patients** treated to-date
- **Demonstrated clinical efficacy** of monotherapy in multiple indications
- The **only company with compelling efficacy data in combination** with both NK cell therapy and CPIs
- Well-managed **safety profiles** as monotherapy and in combination, adding to **suitability for additional therapeutic combinations**
- Proprietary **IP targeting CD16A** on NK cells and macrophages

ICE® Can Be Combined with NK Cells or a CPI to Target Innate Immune Cells and Trigger an Adaptive Immune Response



ADCC = antibody-dependent cellular cytotoxicity; ADCP = antibody-dependent cellular phagocytosis; CD = cluster of differentiation; CPI = check point inhibitor; ICE® = innate cell engager; NK = natural killer; IP = intellectual property

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Experienced Leadership Team with Proven Track Record

Management Board: Experienced team with diverse backgrounds

Andreas Harstrick, MD
Acting Chief Executive Officer & Chief Medical Officer

MOLECULAR partners · Lilly · MERCK

Wolfgang Fischer, PhD
Chief Operating Officer

SANDOZ · NOVARTIS

Denise Mueller
Chief Business Officer

Pfizer · Wyeth

Harry Welten
Consulting Chief Financial Officer

Supervisory Board: Thought leaders with a track record of building successful life science and biotechnology business

Scientific Advisory Board: Distinguished academic leaders with scientific and clinical expertise in innate immunity and oncology

Refer to www.Affimed.com for additional details on Affimed's leadership

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All Programs Have Demonstrated Clinical Efficacy Validating Affimed's Approach to Leverage the Innate Immune System to Fight Cancer

EGFR — **AFM24 development is focused on advanced EGFR+ NSCLC in combination with PD-L1**

AFM24 + Tecentriq® (atezolizumab): Ongoing Ph 2 study r/r EGFR+ NSCLC (AFM24-102)

- **4/17 confirmed responses and PFS of 5.9 months in *EGFR*wt patients**
- **3 of 4 responses ongoing at >7 months**
- **4/13 responses in *EGFR*mut patients, all confirmed and ongoing**
- Manageable safety profile
- Fast Track designation in *EGFR*wt

CD30 — **Acimtamig (AFM13) + NK cells is being studied in r/r HL**

Acimtamig + AlloNK® (AB-101): Actively enrolling in Ph 2 study in r/r HL (LuminICE-203)

- **ORR of 85.7% (6/7) in refractory HL patients, including 4 CRs**
- Planning to add r/r PTCL cohort
- Fast Track designation with accelerated approval potential confirmed by FDA interactions

CD123 — **AFM28 development is focused on r/r AML where strong preclinical data and clinical profile shows promise**

AFM28 monotherapy: Ongoing Ph 1 study in r/r AML (AFM28-101)

- **3/12 patients with CR/CRi** at doses of 250mg and 300mg
- **CR from DL5 ongoing at 5 month**
- No DLTs in dose levels 5 and 6
- Further development planned in combination with allogeneic NK cells

All assets on-track to continue reporting clinical updates in 2024

Funded into H2 2025 to drive clinical development to meaningful inflection points

AML= acute myeloid leukemia; CR = complete response; CRi = complete response with incomplete hematologic recovery; DLT = does limiting toxicities; EGFR = epidermal growth factor receptor; HL = Hodgkin lymphoma; mut = mutant; NSCLC = non-small cell lung cancer; PTCL = peripheral T-cell lymphoma; r/r = relapsed/ refractory; wt = wildtype

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Three Ongoing Clinical Programs Due to Deliver Meaningful Data Readouts Across Hematologic and Solid Tumor Populations in 2024

Candidate (Target)	Therapy Study Name	Indication	Ph. 1	Ph. 2a/b	Ph. 3
AFM24 (EGFR)	AFM24 + atezolizumab AFM24-102	Advanced/ Metastatic R/R NSCLC (*EGFR*wt & *EGFR*mut cohorts)			
Acimtamig (AFM13) (CD30)	Acimtamig + AlloNK® LuminICE-203	R/R Classical HL Exploratory arm in CD30+ PTCL			
AFM28 (CD123)	AFM28 monotherapy AFM28-101	R/R CD123+ AML			

Combination with anti-PD-L1 | Combination with Adoptive NK Cells (allogeneic) | Monotherapy

AML = acute myeloid leukemia; CD = cluster of differentiation; EGFR = epidermal growth factor receptor; HL = Hodgkin lymphoma; ICE® = innate cell engager; mut = mutant; NSCLC = non-small cell lung cancer; PFS = progression free survival; PTCL = peripheral T-cell lymphoma; R/R = relapsed/ refractory; wt = wildtype

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AFM24

ICE® in EGFR-expressing Solid Tumors

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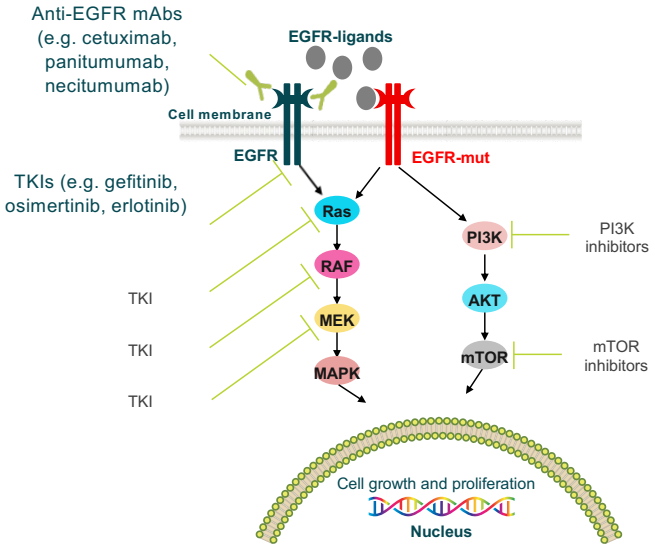
AFM24: Distinctive Approach to EGFR Expressing Solid Tumors with Potential to Bring Benefit to a Broad Range of Patients

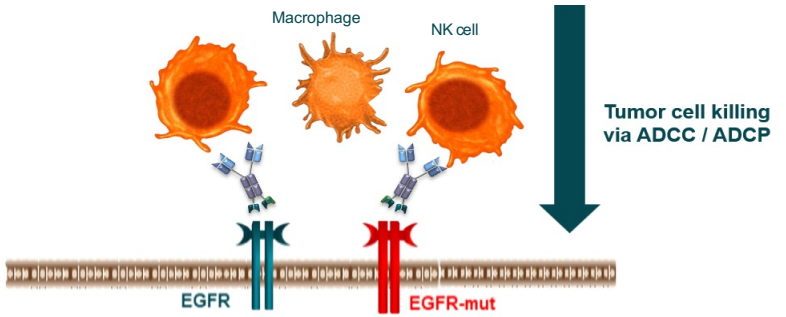
AFM24 with its Differentiated Mode of Action Unleashes the Potential of Innate Immunity in Treating EGFR+ Solid Tumor Indications

Current therapies rely on disruption of the EGFR signaling cascade



The promise of AFM24's differentiated MoA*

- Efficacy induced by docking to EGFR and is not influenced by EGFR signaling
- Efficacy toward cells with mutated or wild-type EGFR signaling pathways
- Activation and recruitment of both the innate and adaptive immune cells
- Differentiated safety profile



Disclaimer: The image provides an overview of selected EGFR-targeting therapeutic agents and does not represent an exhaustive summary.
* Based on in vitro and in vivo data in mouse, and cynomolgus monkeys and early clinical data (Wingert et al. mAbs 2021;13: 1950264)

ADCC = antibody-dependent cellular cytotoxicity; ADCP = antibody-dependent cellular phagocytosis; EGFR = epidermal growth factor receptor; MoA = mechanism of action; mut = mutant; TKI = tyrosine kinase inhibitor

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AFM24-102: The First Clinical Study of an Innate Cell Engager in Combination with a Checkpoint Inhibitor (atezolizumab)

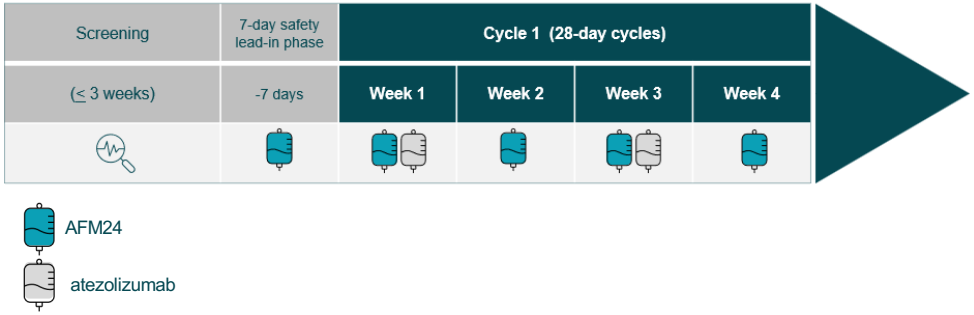
RP2D

AFM24-102 Phase 2 (dose expansion)
AFM24: 480 mg q1w, atezolizumab: 840mg q2w

Endpoints:

- **Primary endpoint:** Overall response rate (ORR) by Investigator assessment (per RECIST v1.1)
- **Secondary endpoints**: Progression free survival (PFS), duration of response (DOR), disease control rate (DCR), clinical benefit rate, pharmacokinetics, immunogenicity, incidence of patients with treatment-emergent adverse events (TEAEs) and serious adverse events (SAEs)

AFM24-102 Phase 2 Dosing Scheme



Tumor assessments:

- Are performed at initial screening, cycles 2, 4, 6, 8, and every three cycles thereafter

Duration of infusion:

- Out-patient setting, IV infusion (500ml)
- Atezolizumab: 840mg q2w (30-60 min)
- AFM24: D-7 (safety lead-in) AFM24 only (≥4h); AFM24: C1-D1 and C1-D8 ≥4h, if no IRR/CRS > Grade 2 infusion time can be reduced to ≥1h

7-day safety lead-in for cycle 1 only
q1w: every one week; q2w: every two weeks

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AFM24-102 NSCLC *EGFR*wt Expansion Cohort; Patient Characteristics and Safety from First 17 Patients

Patient Characteristics NSCLC *EGFR*wt cohort	**N=17***
Age (years) Median (range)	65 (40-75)
ECOG PS (n (%)) • 0 • 1	 2 (11.8) 15 (88.2)
No. Prior lines of treatment Median (range)	2 (1-5)
Prior CPI	**100%**

Adverse Events Overview NSCLC *EGFR*wt cohort	**N=17 N (Events)**
Serious related TEAEs	1 (1)[1]
Severe related TEAEs	1 (5)[2]

Data Cut: May 13, 2024

Safety Highlights and Considerations

Well manageable safety profile in combination with atezolizumab

- The majority of patients experienced only mild to moderate treatment related adverse events
- Combination with atezolizumab in line with observed toxicity profile of the individual agents

Dosing for both AFM24 and atezolizumab was given at their respective recommended monotherapy dose

*Overall,17 pts were recruited into the cohort, 15 pts are included in the FAS (full analysis set) for efficacy as per protocol.
[1] Grade 2 IRR, resolved
[2] Grade 3 AST & ALT increase and 3 IRRs (same patient), resolved

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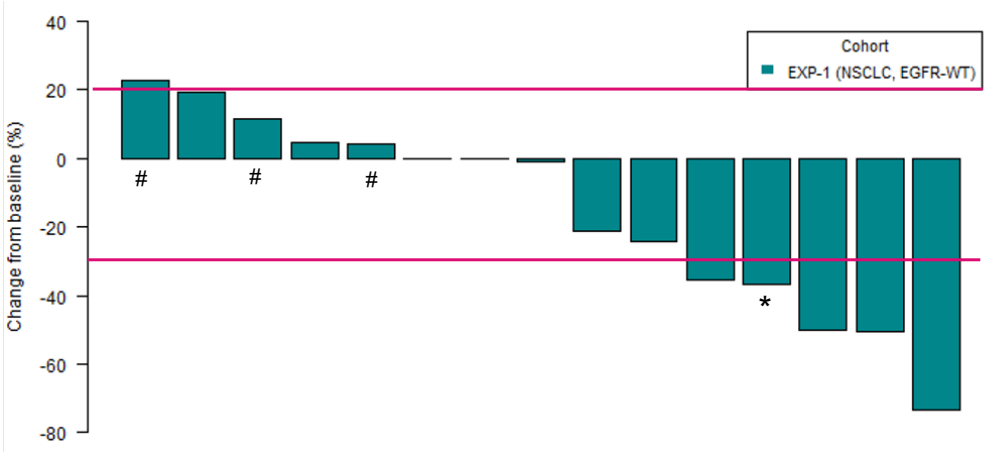
AFM24-102 NSCLC *EGFR*wt Expansion Cohort Demonstrates Compelling Efficacy that is Competitive with Current 2L Therapies

Best Percent Change From Baseline



Efficacy Highlights and Considerations

- **Tumor shrinkage in 8 (47%) patients (n=17[2])**
- **71% disease control rate**
  - 4 objective responses, 8 stable disease
- **Overall, 15[1] patients with at least 1 efficacy scan available**
  - 1 CR (confirmed)
  - 3 PR (confirmed)
- **Of the 4 patients with a response:**
  - 3 of 4 never achieved an ORR on previous CPIs
  - 1 PR - combination CPI + doublet chemotherapy
  - 4 documented PD on previous CPIs

According to RECIST 1.1, a subsequent second scan is required for confirmation of response
[1] Valid post-baseline efficacy scan according to RECIST 1.1
[2] 17 patients are included in the FAS (full analysis set) as per protocol, 15 patients evaluable according to RECIST 1.1 (and displayed on the waterfall plot)
* This patient exhibited a shrinkage in target lesion on the same day as new lesions were observed; their best response prior to this progressive disease was SD.
# Patients with PD

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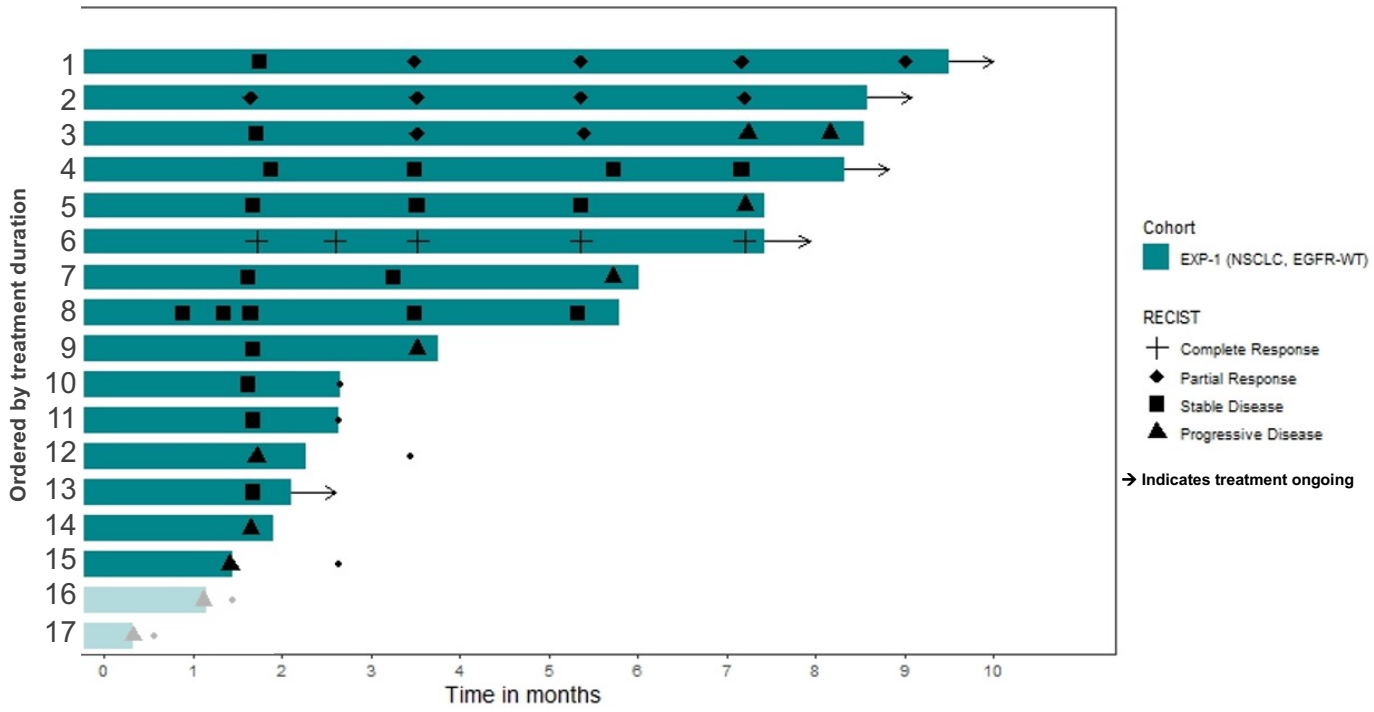
AFM24 and Atezolizumab Induce Durable Responses in Heavily Pretreated *EGFR*wt NSCLC Patients (3 of 4 Responses Ongoing at > 7 Month)

Median FU: 7.4 months

Median PFS: 5.9 months



According to RECIST 1.1, a subsequent second scan is required for confirmation
Greyed-out: early discontinuation
Unclean data, not validated, subject to change

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AFM24 and Atezolizumab NSCLC *EGFR*mut Expansion Cohort; Recruitment Ongoing

Patient Characteristics NSCLC *EGFR*mut cohort	**N = 21**
Age (years) Median-Range	61 (32-76)
Sex (n (%)) • Male • Female	6 (28.6) 15 (71.4)
Race (n (%)) • White • Asian	5 (23.8) 16 (76.2)
ECOG PS (n (%)) • 0 • 1	1 (4.8) 20 (95.2)
No. Prior Lines of treatment Median (range)	3 (1-8)
Prior therapy (n (%)) • TKI • 3rd generation TKI • Platinum-based • CPI	21 (100) 15 (71.4) 17 (81.0) 3 (14.3)

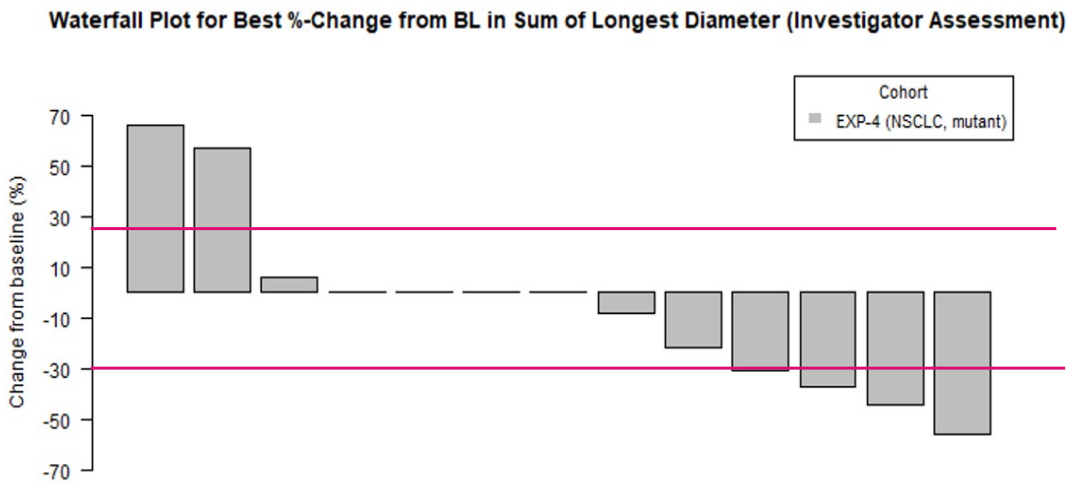
Adverse Events Overview NSCLC *EGFR*mut cohort	**N = 21 N [Events]**
Serious related TEAEs	5 [6] [1]
Severe related TEAEs	8 [10] [1]

[1] Except for 1 IRR, all other cases were neutropenia or neutropenic fever (3 cases). None of these events resulted in treatment discontinuation

Data cut: May 21, 2024. Data not validated, not cleaned, subject to change

AFM24 and Atezolizumab Induces Objective Responses and Tumor Control In Treatment Refractory *EGFR*mut NSCLC Patients

Best Percent Change From Baseline



Patients Recruited and Treated	N=21
7 patients not evaluable by RECIST 1.1 and thus not included in the WF plot	• 4 early PD • 2 clinical PD • 1 intracranial bleeding
1 patient – no scan yet	
13 patients currently evaluable	• 1 CR (confirmed) • 3 PR (confirmed) • 6 SD • 3 PD

Data cut: May 21, 2024. Data not validated, not cleaned, subject to change

- 21 patients started combination treatment
- 13 patients with valid follow up scans for efficacy per RECIST
- 4 early discontinuation (scan not valid according to RECIST – therefore not displayed on waterfall plot)
- 3 discontinuations without scan
- 1 ongoing with no scan yet

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AFM24 Has Potential to be the First Innate Cell Engager to Show Clinical Benefit with a Manageable Safety Profile in Solid Tumors

NSCLC is a Highly Aggressive Tumor and Current Options After First-Line Therapy are Limited

- Significant unmet need exists in 2L+ NSCLC
- PD-[L]1 therapy show PFS of app 2.5 months
- SoC chemotherapy shows PFS of app 4.5 months

- Over 210K EGFR-expressing stage IV metastatic NSCLC patients in the 7MM* are r/r to 1st line treatments

AFM24 + CPI Has the Potential to Address Significant Unmet Need in 2L EGFR+ NSCLC

Encouraging early efficacy in heavily pretreated EGFR+ NSCLC with a manageable safety profile

- Response seen in *EGFR*wt cohort is highly encouraging:
  - 4 responses, 73% DCR, 47% tumor shrinkage (n=15)
  - PFS of 5.9 months and 3/4 responses ongoing beyond 7 months
  - All responders had progressed on PD-[L]1 therapy
- Response seen in *EGFR*mut cohort is encouraging
  - 4 confirmed responses (n=13)
  - All responses are ongoing (as of May 21)

Data update Q3/Q4 2024, including data for 25 patients for the *EGFR*mut cohort and 40 patients in *EGFR*wt

Source: Global Data; Affimed Internal Research
*7MM include US, EU5 (France, Germany, Italy, Spain, United Kingdom), and Japan

CPI = checkpoint inhibitor; DCR= disease control rate; EGFR = epidermal growth factor receptor; mut = mutant; NSCLC= non-small cell lung cancer; PFS = progression free survival; r/r= relapsed/ refractory; SoC = standard of care; wt = wildtype

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Acimtamig

ICE® for CD30+ Lymphomas

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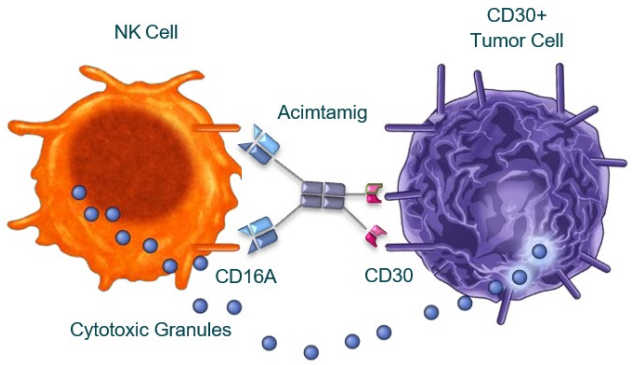
Acimtamig, Monotherapy and Combination with Allogenic NK Cells, Has Delivered Robust POC Informing Future Clinical Development in Combination with NK Cells

Acimtamig Selectively Redirects NK Cells (and Macrophages) to CD30+ Tumor Cells



- Acimtamig engages and redirects NK cells and macrophages to tumor cells by binding to CD16A on innate immune cells and CD30 on cancer cells
- Acimtamig activates NK cells and macrophages through CD16A to kill tumor cells via ADCC and ADCP, respectively

Acimtamig+ NK Cells Program Opportunity and Highlights

- **Evolving HL landscape** with **increasing double refractory patients** with **high unmet need**
- POC: **Strong efficacy in R/R HL** with a **manageable Safety** profile established in AFM13-104 trial
- LuminICE-203 study – early results encouraging **…85.7% ORR an 57% CR (n=7)**[1]
  - Studied in a **double refractory population** (all patients refractory to BV & CPIs)

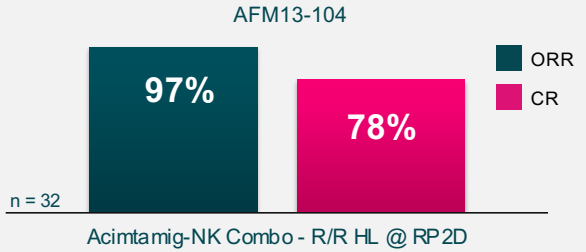
ADCC = antibody-dependent cellular cytotoxicity; ADCP = antibody-dependent cellular phagocytosis; BV = brentuximab vedotin; CD = cluster of differentiation; CPI = check point inhibitor; CR = complete response; HL = Hodgkin lymphoma; ICE® = innate cell engager; NK = natural killer; ORR= objective response rate; POC = proof of concept; R/R = relapsed / refractory

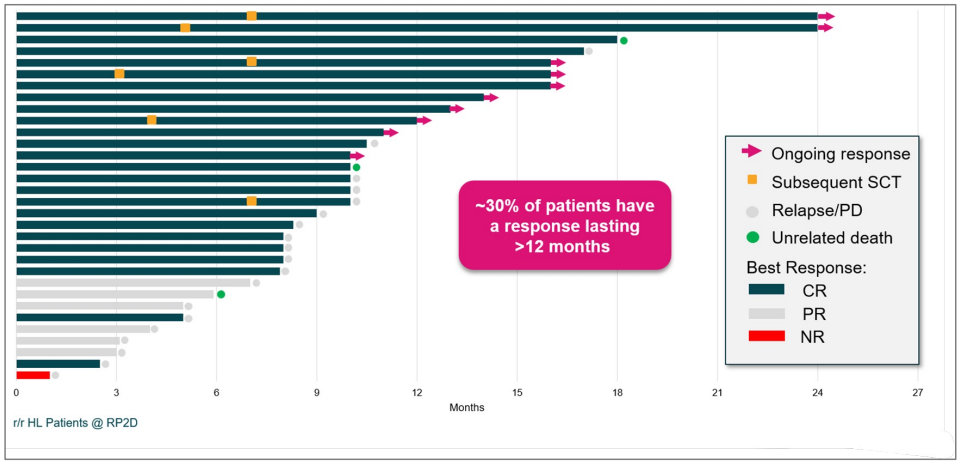
[1] Affimed data on file (as of June 12, 2024)

Exceptional Results Seen in the AFM13-104 Study are the Basis for Continued Development of Acimtamig + NK cells in LuminICE-203

Acimtamig + NK cells hold promise for HL patients who are relapsed or refractory to BV & CPIs, driving future clinical development

- **All patients were heavily pre-treated** and double-refractory to BV & CPIs
- **All patients were refractory** to their most recent treatment
- **Well managed safety profile** with no cases of CRS, ICANS or GVHD





Treatment History	AFM13-104 (NK cell combo) HL patients @ RP2D
Number Treated	32
No. Prior Lines Therapy (range)	7 (1-13)
Prior BV	100%
Prior CPI	100%
Prior SCT	63%
Response to Most Recent Treatment	0%

BV = brentuximab vedotin; CR = complete response; CRS= Cytokine Release Syndrome; CPI = check point inhibitor; GVHD=graft versus host disease; HL = Hodgkin lymphoma; ICANS= immune effector cell-associated neurotoxicity syndrome; NK = natural killer; NR = no response; ORR= Objective Response Rate; PD = progressive disease; PR = partial response; RP2D = recommended phase 2 dose; R/R = relapsed/ refractory; SCT = stem cell transplant

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LuminICE-203 Study Design: Aligned with FDA Feedback To Support Potential Accelerated Approval; Fast Track Designation Granted

PHASE 2 TRIAL, R/R HL (SIMON TWO-STAGE DESIGN)

- Cohort 1, DL1* NK cell dose, 200 mg acimtamig (cHL) — Run-in N=6 pts
- Cohort 2, DL1 NK cell dose, 300 mg acimtamig (cHL) — Run-in N=6 pts
- Cohort 3, DL2** NK cell dose, 200 mg acimtamig (cHL) — Run-in N=6 pts
- Cohort 4, DL2 NK cell dose, 300 mg acimtamig (cHL) — Run-in N=6 pts

*DL1: $2x10^9$ NK cells (AlloNK)
**DL2: $4x10^9$ (dose 1), $2x10^9$ (dose 2 & 3) NK cells (AlloNK)

Simon Two-Stage Design Study (68 to 110 patients)

Select cohorts for stage one

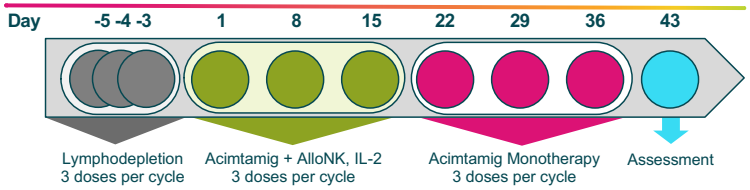
1:1 randomization

Dose Optimization
- 2 cohorts selected from safety run-in
- 13 patients / cohort

Dose Expansion
- 1 or 2 cohorts depending on interim data

AlloNK/IL-2
Cohort 6, one of the doses from dose optimization phase, N = 12

Study Treatment Cycle (up to 3 cycles)



EXPLORATORY ARM IN CD30+ R/R PTCL

Cohort 5, one of the stage 1 doses, N = 20

Endpoints:
- **Primary:** Antitumor activity by objective response rate (ORR), complete responses (CR), and partial responses (PR)
- **Secondary:** Assess efficacy, duration of response (DOR), safety and tolerability, immunogenicity of the combination therapy, and incidence of subjects receiving subsequent transplant

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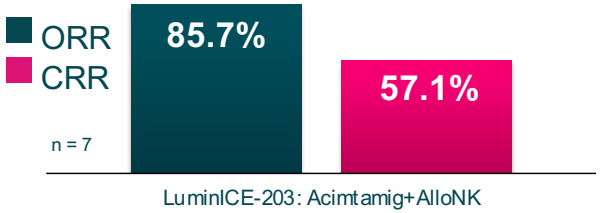
LuminICE-203: Potential to Address a High Unmet Need in an Increasing Relapsed/Refractory Patient Population of CD30+ Lymphomas



Efficacy (per Lugano Criteria)	Total (N=7) N (%)
CR	4 (57.1%)
PR	2 (28.7%)
PD	1 (14.3%)
ORR	**6 (85.7%)**

7 patients data show ORR of 85.7 % and CRR of 57%

Early data confirms previously reported efficacy and validates co-administration approach of acimtamig with an off-the-shelf, allogeneic, cryopreserved, NK cell product in r/r HL

- Study completed enrolment in cohort 1 and 2; Cohorts 3 and 4 currently enrolling
- Data update for all 12 patients of cohort 1 and 2 expected in Q3 2024; additional updates from the study to be provided on future earnings calls and scientific conferences

Data cut: June 6, 2024 (unclean, not validated); ongoing study; data subject to change

CR = complete response; HL = Hodgkin lymphoma; NK = natural killer; ORR= Objective Response Rate; PD = progressive disease; PR = partial response; r/r = relapsed/refractory

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LuminICE-203: Safety Profile of Acimtamig and AlloNK were Well Manageable

Well manageable safety profile observed with acimtamig and AlloNK in LuminICE-203[1]

Safety profile consistent with data reported for study AFM13-104 (MDACC)[2]

- Grade 1 or 2 IRR/CRS in 4/7 pts; 1 short lasting Grade 3 CRS in a patient who was also diagnosed to have acute CMV infection
- All IRR and CRS events resolved quickly under standard of care treatment
- No treatment discontinuations due to adverse events related to acimtamig or AlloNK
- No cases of bleeding, ICANS or GvHD

[1] Safety data cut: June 3, 2024 (unclean, not validated); on-going study; data subject to change.
[2] Nieto Y et al., Blood 2023, Vol. 142, Suppl. 1, 2023, p. 774, ISSN 0006-4971.

CMV = Cytomegalovirus; CRS= Cytokine Release Syndrome; GvHD= Graft-versus-host disease; ICANS= immune effector cell-associated neurotoxicity syndrome; IRR = infusion related reaction; MDACC: MD Anderson Cancer Center Investigator Initiated trial ; NK = natural killer

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Acimtamig + AlloNK Cells Hold Promise for HL Patients Who Relapse or are Refractory to BV & CPI Treatment Driving Future Clinical Development

Treatment History	AFM13-203 (Acimtamig+ AlloNK cell combo) N=7
Age, median (range)	42 (23–66)
Gender (male/female)	5 / 2
ECOG 0 / ECOG 1	2 / 5
Diagnosis (classical Hodgkin Lymphoma)	100%
No. prior lines therapy, median (range)	4 (2–11)
Prior brentuximab vedotin	100%
Prior checkpoint inhibitor treatment	100%
Prior SCT (autologous / allogeneic / both)	5 (5 / 0 / 0)
Prior CAR-T	1

Data cut: June 3, 2024 (unclean, not validated); ongoing study; data subject to change

BV = brentuximab vedotin; CPI = checkpoint inhibitor; ECOG = Eastern Cooperative Oncology Group Performance status; HL = Hodgkin lymphoma; NK = natural killer; SCT = stem cell transplant

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LuminICE-203 Case Study

Patient with Relapsed and Refractory Hodgkin Lymphoma in Complete Remission after first Cycle

Patient Background & Treatment History

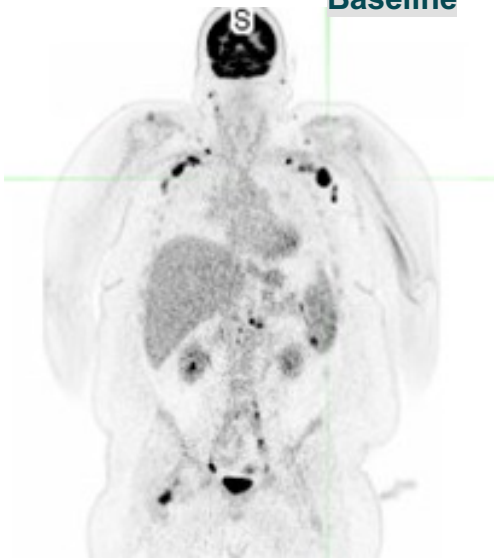
36-year-old male
Relapsed and refractory Hodgkin Lymphoma
Stage 4

4 prior lines of therapy including:
ABVD,
ICE + auto-SCT,
Nivolumab,
brentuximab vedotin

B- symptoms at enrollment

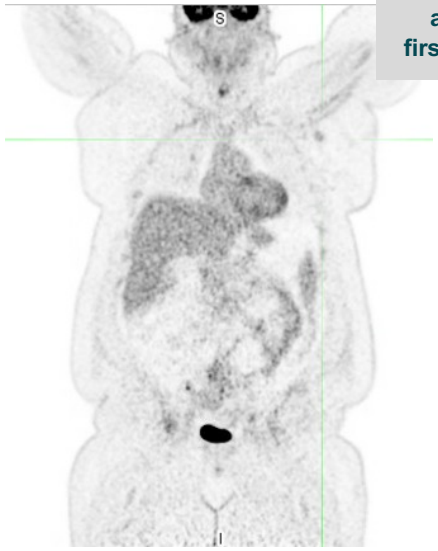
LuminICE-203: Treatment with 300 mg AFM13 and $2x10^9$ AB-101 (Cohort 2)

Baseline



View on Axillary/supraclavicular Lymphadenopathy

Assessment after first cycle



CR after first cycle per Lugano criteria

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LuminICE-203: Potential to Address a High Unmet Need in an Increasing Double Refractory Patient Population of CD30+ Lymphomas

Evolving HL Landscape with Increasing Double Refractory Patients with Limited Options

- Void of viable agents for r/r HL with more patients "double refractory" (to BV & CPIs) as these agents move up in the treatment algorithm

R/R HL

2.7K* eligible patients (≥3L)

R/R PTCL

5.3K* eligible patients (≥2L)

- Over 8K patients with HL and PTCL in the 7MM** advance to 3rd or 2nd line treatment respectively

*Source: SEER, WHO Globocan, Global Data; Kantar; Affimed Internal Research
**7MM include US, EU5 (France, Germany, Italy, Spain, United Kingdom), and Japan

BV = brentuximab vedotin; CPI = check point inhibitor; HL = Hodgkin lymphoma; PTCL = peripheral T-cell lymphoma; r/r = relapsed/ refractory

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AFM28

ICE® in AML

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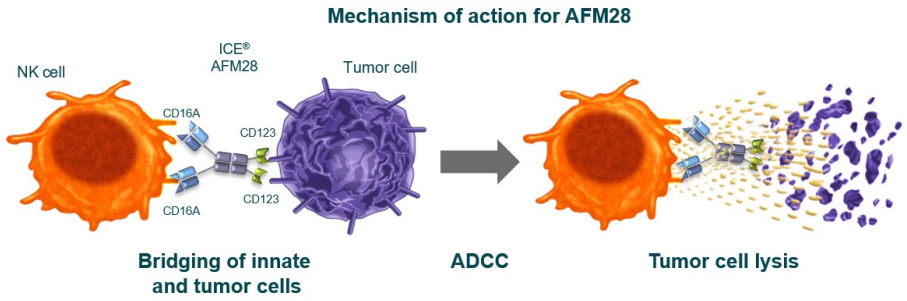
AFM28: Novel MoA with Potential to Improve Efficacy and Safety in Acute Myeloid Leukemia (AML) as well as Prevent or Delay R/R Disease

AFM28 Selectively Redirects NK Cells to CD123+ Leukemic Cells & Leukemic Stem Cells



Specific high affinity binding to CD16A with prolonged NK cell surface retention

AFM28 Shows Promising Preclinical Efficacy and Safety Data

- **Elimination of CD123-positive blasts** and **LSPCs** via AFM28-mediated ADCC offers the potential for a **meaningful response & remission**
- **Potent induction of NK cell ADCC** even at very low CD123 expression
- **Demonstrated PD activity** accompanied with very **low risk of CRS** based on preclinical non-human toxicity studies

ADCC = antibody-dependent cellular cytotoxicity; CRS = cytokine release syndrome; AML= acute myeloid leukemia; CD= cluster of differentiation; LSPC = leukemic stem and progenitor cells; NK= natural killer; PD = pharmacodynamic

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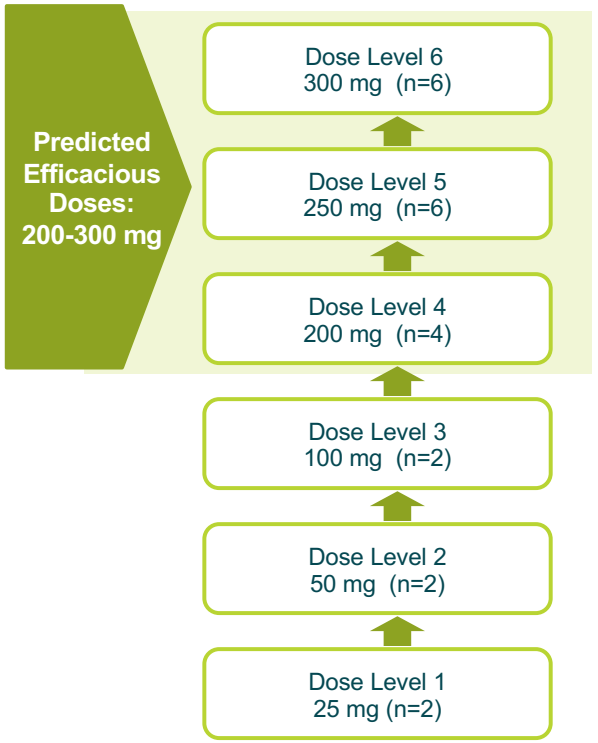
AFM28-101: Status Update - Desired Target Engagement at Doses Levels of 200 mg and Above for Relapsed /Refractory Acute Myeloid Leukemia

Recent Progress for AFM28-101

Dose Escalation of CD123 bispecific ICE in r/rAML

Summary of Safety across Dose level 5 and 6 during DLT Period (12 patients):

- **No Dose limiting toxicity**
- Infusion related reaction (IRR) was the most common treatment related event: only 3 IRRs Grade 2 reported; no grade 3 or higher IRRs across both dose levels.
- 1 fast resolving and self-limiting CRS G1 event in Dose level 6.
- No reports of Immune effector cell associated neurotoxicity syndrome (ICANS).
- Infections/neutropenic fever (all not related to AFM28) were reported in 50 % of patients as expected for patients with advanced AML.



Data cut: June 10, 2024 (unclean, not validated); on-going study; data subject to change

AML = acute myeloid leukemia; CRS= Cytokine Release Syndrome; CR = complete remission; CRi= Complete remission with incomplete recovery; IRR= Infusion related reaction; PD = progressive disease; R/R = relapsed/ refractory; SD = stable disease

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AFM28-101: Phase 1 Mono trial of CD123 bispecific Innate Cell engager shows Promising Clinical Signals in Treatment Refractory Acute Myeloid Leukemia

AFM28 mono data in AFM28-101 confirms early signs of efficacy in treatment refractory AML patients to validate further development in combination with an NK cell product

Efficacy (best response)	Dose level 5 AFM28: 250mg (N=6) N (%)	Dose level 6 AFM28: 300mg (N=6) N (%)
CR/CRi	1 (17%)	**2 (33%)**
SD	5 (83%)	3 (50%)
PD	0	1 (17%)

- In dose level 5: 1 patient is in ongoing CR for 5 months/cycles
- Preliminary results from 6 patients in dose level 6 show CR/CRi rate of 33%

Data cut: June 10, 2024 (unclean, not validated); on-going study; data subject to change

AML = acute myeloid leukemia; CRS= Cytokine Release Syndrome; CR = complete remission; CRi= Complete remission with incomplete recovery; IRR= Infusion related reaction; PD = progressive disease; R/R = relapsed/ refractory; SD = stable disease

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60% of AML Patients are Primary Refractory or Relapse Within 1 year of Initial Treatment, New Safer and Effective Options Are Needed

AML is Characterized by High Unmet Need and a Significant Addressable Population

- Low overall survival in r/r AML (1-year 30%; 5-year 12%)[1]

R/R AML

14.2K
eligible patients (≥3L)

- Over 14K patients with AML in the 7MM* advance past 2nd line treatment with limited viable options

There is a Lack of Safe and Effective Treatments Options for R/R AML Patients

Lack of Effective Treatments:
- Poor response to chemotherapy: Primary induction failures, early relapses
- Limited options for r/r AML

High Toxicity Concerns:
- Primarily a disease of elderly, majority of patients cannot tolerate aggressive treatment
- Treatment-related poor quality of life

Further Development

- **Early LuminICE-203 data and AFM28-101 mono data validate intention to further develop AFM28 in combination with a cryopreserved, off-the-shelf NK cell product**

Source: Global Data; Affimed Internal Research
* 7MM include US, EU5 (France, Germany, Italy, Spain, United Kingdom), and Japan
[1] Brandwein et al. Am J Blood Res 2020; 10:124–33

AML = acute myeloid leukemia; CD = cluster of differentiation; DLT = dose limiting toxicities; LCS = leukemic stem cells; NK = natural killer; R/R = relapsed/ refractory

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Summary

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Three Ongoing Studies with ICE® Confirm the Potential of the Innate Immune System in Fighting Cancer

Progressed clinical programs to pivotal data readouts

- All three assets advanced in the clinic showing promise in r/r patients

Realized clinical proof of concept for all three ICE® in liquid and solid tumors

- Data confirm ICE® molecules and the innate immune system can play an important role in fighting cancer
- Strengthens Affimed's position to offer unique benefits to patients with limited or no options

Committed to providing additional data updates as our assets advance in the clinic

- We are dedicated to progressing along our planned path for each program

Growing body of evidence indicate that an innate immune system treatment approach may provide further responses in difficult-to-treat patients who have failed current standard-of-care therapies

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Thank you!

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