

Better Antibodies By Design

Jefferies London Healthcare Conference November 16, 2016



Forward Looking Statement

This presentation contains forward looking statements. The words "believe", "expect", "anticipate", "intend" and "plan" and similar expressions identify forward looking statements. All statements other than statements of historical facts included in this presentation, including, without limitation, those regarding our financial position, business strategy, plans and objectives of management for future operations (including development plans and objectives relating to our products), are forward looking statements. Such forward looking statements involve known and unknown risks, uncertainties and other factors which may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by such forward looking statements. Such forward looking statements are based on numerous assumptions regarding our present and future business strategies and the environment in which we will operate in the future. The important factors that could cause our actual results, performance or achievements to differ materially from those in the forward looking statements include, among others, risks associated with product discovery and development, uncertainties related to the outcome of clinical trials, slower than expected rates of patient recruitment, unforeseen safety issues resulting from the administration of our products in patients, uncertainties related to product manufacturing, the lack of market acceptance of our products, our inability to manage growth, the competitive environment in relation to our business area and markets, our inability to attract and retain suitably qualified personnel, the unenforceability or lack of protection of our patents and proprietary rights, our relationships with affiliated entities, changes and developments in technology which may render our products obsolete, and other factors. Further, certain forward looking statements are based upon assumptions of future events which may not prove to be accurate. The forward looking statements in this document speak only as at the date of this presentation.



Transforming Cancer Treatment

Focus



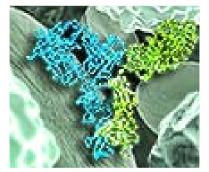
- Differentiated
 antibodies
- Treatment of cancer

Products



- DARZALEX[®] approved in US & EU
- Arzerra[®] marketed globally
- 8 other antibodies in clinical studies
- Innovative preclinical pipeline

Technologies



- DuoBody[®] platform
- HexaBody[®] technology

Partnerships



- Leverage our technologies
- Strategic collaborations with pharma & biotech



Innovative Clinical & Pre-clinical Pipeline Further Development for Marketed Products

		Development Phase				
Product	Disease Indications	Pre- clinical	1	Ш	ш	
BTD (2)	Multiple myeloma (MM)					
Daratumumab Target: CD38	Non-Hodgkin's lymphoma (NHL)					
Partner: Janssen	Natural Killer /T-Cell Lymphoma (NKTCL), Nasal Type		Announce	d		
	Solid tumors	Ann	ounced			
Ofatumumab Target: CD20 Indication: Cancer	Chronic lymphocytic leukemia (CLL)					
Partner: Novartis	Follicular lymphoma (FL)					
Ofatumumab (OMB157) Target: CD20 Indication: AI Partner: Novartis	Relapsing multiple sclerosis (RMS) (SubQ)					

<u></u>					Gen	mab	
Innovat	tive Clinical & Pre-clinica	al Pip				d	
Product	Disease Indications & Target	Pre-	Development Phase				
		clinical		I/II	II	III	
Tisotumab vedotin Partner: Seattle Genetics	Solid Cancers, Target: TF						
20 Active Pre-clin. progr.	Proprietary programs: HuMab, HuMab-ADC, DuoBody, DuoBody-ADC & HexaBody						
incl. HuMax-AXL- ADC, HexaBody DR5/DR5, DuoBody CD3xCD20	Partnered programs: HuMab, DuoBody & HexaBody						
Teprotumumab (RV001)BTDPartner: River Vision	Graves' orbitopathy, Target: IGF-1R						
HuMax-TAC-ADC	Lymphoma, Target: CD25						
Partner: ADCT	Acute myeloid leukemia (AML) or acute lymphoblastic leukemia (ALL), Target: CD25						
HuMax-IL8 Partner: BMS	Metastatic solid tumors, Target: IL-8						
JNJ-61178104 Partner: Janssen	Autoimmune disorders, Target: inflammatory mediators						
JNJ-61186372 Partner: Janssen	Non-small-cell lung cancer (NSCLC), Targets: EGFR, cMET						
JNJ-63709178 Partner: Janssen	Acute Myeloid Leukemia (AML), Targets: CD3,CD123	Clinica	I Hold				
AMG 714 Partner: Celimmune (sublicensed from Amgen)	Celiac Disease, Target: IL-15						



Daratumumab (Marketed as DARZALEX[®]) Approved in US & EU as Fourth Line Treatment for MM Patients



First-in-class antibody targeting CD38

Marketed as monotherapy in US and EU for relapsed/refractory MM

2 FDA Breakthrough Therapy Designations

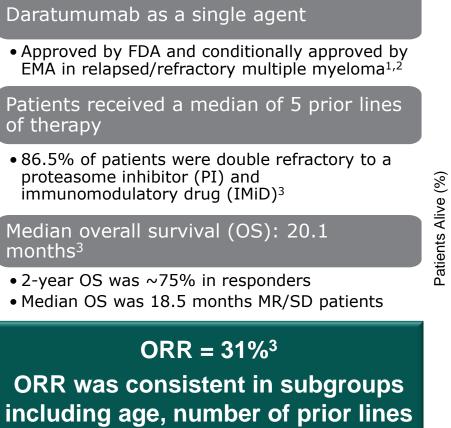
Clinical studies ongoing or announced in MM, NHL, NKT-cell lymphoma and solid tumors

Blockbuster potential – growing royalty income

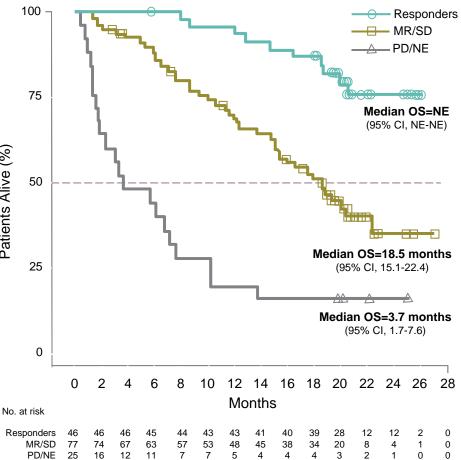
Collaboration with Janssen Biotech

ndication	Disease Stage	Therapy	No.		Develo	pment Phase	
nuication	Disease Staye	Пегару	Pts*	I	I/II	II	III
	High Risk Smoldering	Mono	120	S	SMM2001 (Cen	taurus)	
		Dara + VMP	700	1	MMY30	07 (Alcyone)	
	Front line	Dara + Rd	730		MMY	3008 (Maia)	
	(transplant & non- transplant)	Dara + VTd	1,080		MMY300	6 (Cassiopeia)	
	transplant)	Dara + RVd	216		MMY2004	1	
		Multi combo Study (6 arms)	250	MMY1001	(Equuleus)		
Multiple	Relapsed or	Dara + Rd	571		MMY3	003 (Pollux)	
Myeloma**		Dara + Vd	498		MMY3	004 (Castor)	
		Dara + K + Dex	450		An	nounced	
		Dara +Pom + Dex	155		H-35360		
	Refractory	Subcutaneous	128	MMY1004	(Pavo)		
		Dara + Tecentriq	214	GO29695			
		Dara + durvalumab	138		FUSION MM	003	
	Dara + Opdivo	375	CA209-03	9			
NHL (DLBCL / MCL / FL)	Relapsed or Refractory	Mono	210		LYM2001 (Ca	irina)	
NKTCL	Nasal Type	Mono	32		NKT2001 Anno	unced	
Solid Tumor	To be confirmed	Dara + Tecentriq	100	Announce	d		

Efficacy in Monotherapy Combined Analysis of Monotherapy Studies



of therapy, refractory status, or renal function

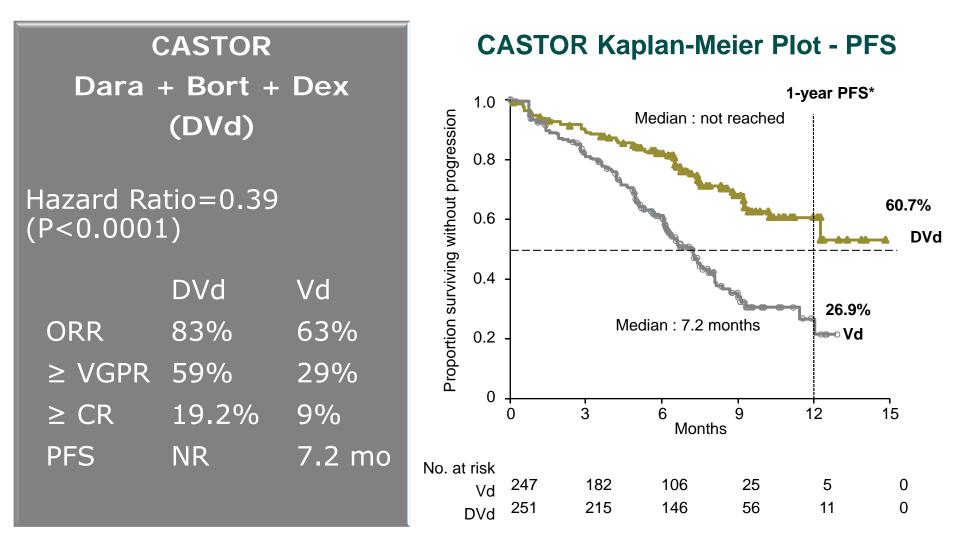


Overall Survival⁴

MR, minimal response; SD, stable disease; PD, progressive disease; OS, overall survival; CI, confidence interval; NE, not evaluable.

- 1. Lokhorst HM, et al. N Engl J Med. 2015;373:1207-19.
- 2. Lonial S, et al. Lancet. 2016;387:1551-60.
- 3. Usmani SZ, et al. Blood. 2016;128(1):37-44
- 4. Data presented at ASCO 2016

^{*Genmab} Two Phase III Studies Hit Primary Endpoint at Interim Relapsed or Refractory Multiple Myeloma: CASTOR



*KM estimate

Presented at ASCO Plenary session – Chicago, June 5

Two Phase III Studies Hit Primary Endpoint at Interim Relapsed or Refractory Multiple Myeloma: POLLUX

DOLLUX Konlon Major Diat

POLLUX		PO	LLUX	кар	lan-l	vieiei		t - F	75	
Dara + Len + Dex		1.0			1	2-montł PFS*	ר 1	8-mor PFS*		
	(DRd)		ogression - 8.0	ba	North Con		83%	/o		78% DRd
Hazard Ra (P<0.000		37	roportion surviving without progression - 9.0 - 7.0 - 7.0			ومحرو	60	%		52%
	DRd	Rd	u, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,							⊷ Rd
ORR	93%	76%	rtion s				Med	ian PFS	5: 18.4	months
≥ VGPR	76%	44%	odo 0.2 -							
≥ CR	43%	19%		HR: 0.3	7 (95%	CI, 0.27	-0.52; <i>P</i>	<0.000	1)	
PFS	NR	18.4 mo	0 0	3	6	9	12	15	18	21
			No. at risk				Months			
			Rd 283	249	206	179	139	36	5	0
			DRd 286	266	248	232	189	55	8	0

Presented at EHA Copenhagen, June 10

DEC



Ofatumumab (Arzerra®)

Arzerra® 1,000 mg/50 mL (ofatumumab) (20 mg/mL) Injection, for Intravenous Infusion

AND AND A DESCRIPTION OF A

For Intravenous Infusion Only. Must Be Diluted Prior To Administration.

Contains 1 vial Single-Use Vial - Discard Unused Portion

U NOVARTIS

NDC 0078-0690-61

Human antibody targeting CD20

New Phase III studies in relapsing MS started

Marketed in various territories for certain CLL indications*

Phase III studies ongoing in CLL and iNHL

Collaboration with Novartis

Cash flow positive for Genmab

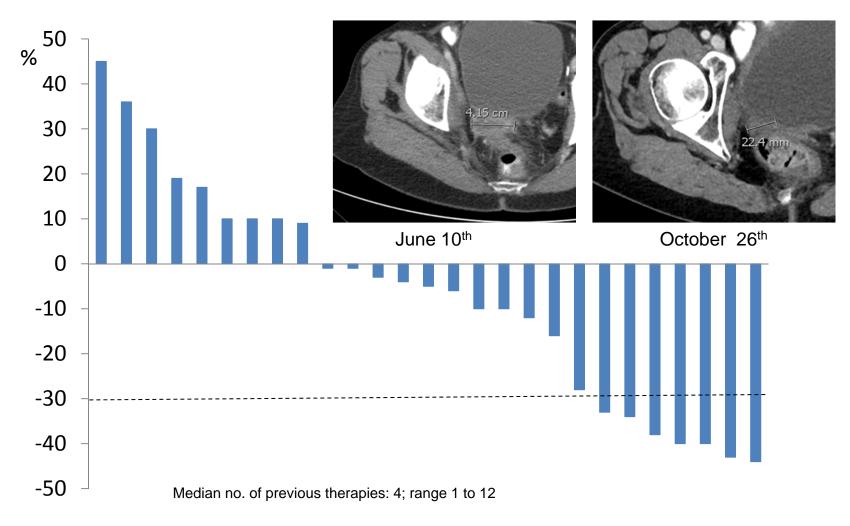
*See local country prescribing information for precise indications

Tisotumab vedotin: Next Generation Therapeutic Phase I/II & Phase I studies in Patients with Solid Tumors



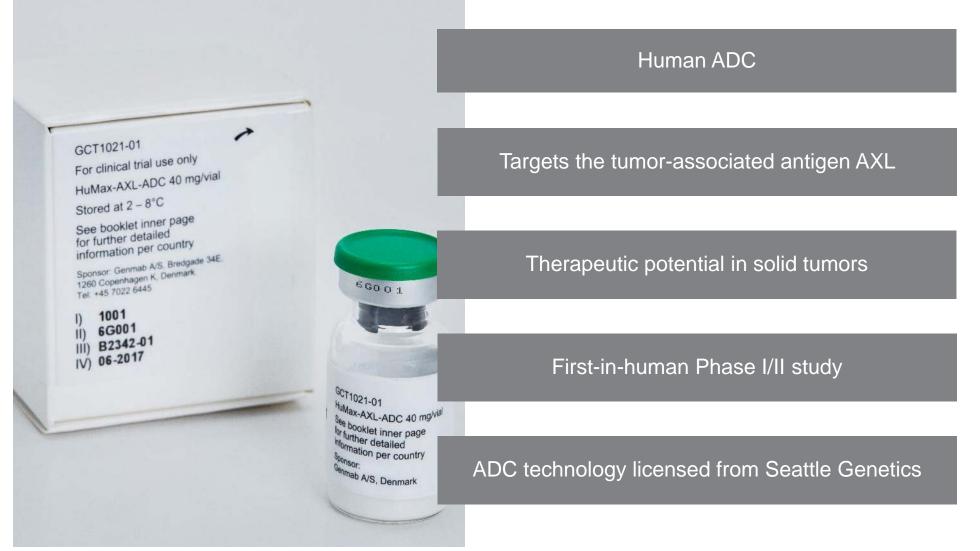


Early and Preliminary Efficacy – GEN701 Part 2 Best % Change (RECIST) from Baseline





Next in the Clinic: HuMax-AXL-ADC Efficacy in *in vivo* Tumor Model





Cutting Edge Proprietary Technologies Creating Truly Differentiated Products



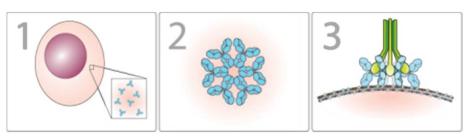
DuoBody

- Efficient & versatile bispecific Ab platform
- Applicable to any antibody from any platform
- Regular IgG format
- Large scale production validated
- No developability liabilities
- Robotized bispecific library generation
- Multiple ongoing collaborations incl. with Novartis, Novo Nordisk, Gilead & Janssen Biotech

HexaBody

- Robust effector function enhanced Ab
- Enables antibodies to readily form clusters of 6 (hexamers)
- Induces & enhances target cell killing after binding (CDC and apoptosis)
- Creates innovative products in cancer & infectious diseases
- Collaborations with Humabs BioMed, Agenus and others

HexaBody



Genmab

Genmab Proprietary Knock-Your-Socks-Off Pipeline Potential INDs in next 4 years

Technology	product	2016	2017	2018	2019	2020
ADC	HuMax-AXL-ADC	\checkmark				
HexaBody	HexaBody-DR5/DR5					
DuoBody	DuoBody-CD3xCD20			l i		
HexaBody	HexaBody-X					
DuoBody-ADC	DuoBody-XxY-ADC					
DuoBody	DuoBody-CD3xX					
Immuno-Oncology	DuoBody-A					
[>10 progr.]*	DuoBody-B					
	DuoBody-C					
	DuoBody-D					
*: Aduro Biotech & BioNTech	DuoBody-E					

Pre-clinical pipeline targeting at least 4 leapfrog INDs in next 4 years



HexaBody-DR5/DR5 Targeting DR5 for Cancer Therapy

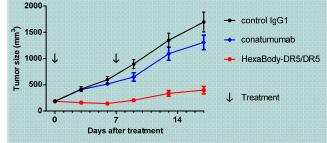
DR5 (death receptor 5)

Cell surface receptor that mediates programmed cell death In normal physiology, binding of TRAIL ligand results in DR5 clustering & cell death

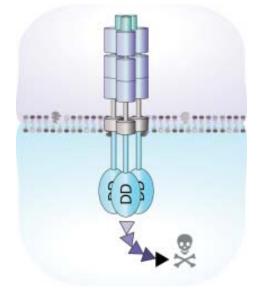
Targeting DR5 for treatment of cancer

- Agonistic DR5 mAb induce
 apoptosis after crosslinking
- Agonistic DR5 antibodies have shown limited anti-tumor activity in the clinic

Mouse xenograft model



- Need for increased therapeutic potency
- Use HexaBody technology to induce clustering & activation of DR5 molecules, <u>without</u> a need for additional crosslinking
- Combination of two HexaBody molecules against two non-overlapping DR5 epitopes induces maximal cell death



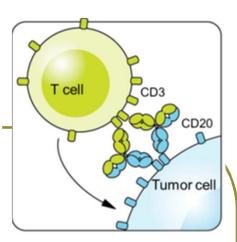
DR5 activation induces cell death

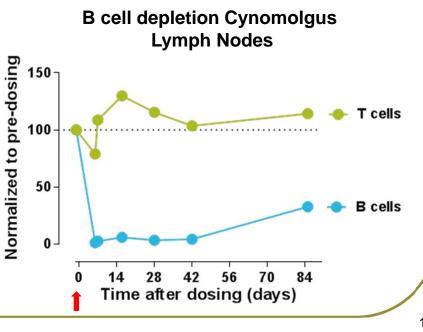


DuoBody CD3xCD20 Key Characteristics

Humanized IgG1 bispecific antibody

- DuoBody platform
- Regular half life
- Non-activating Fc-domain
- Potently activates T cells to kill CD20⁺ tumor cells
- Cynomolgus CD3 & CD20 x-reactive
 - Potent Cynomolgus B cell depletion (peripheral blood, lymph nodes)
- 2017 IND candidate







Well-Capitalized Biotech – 2016 Guidance

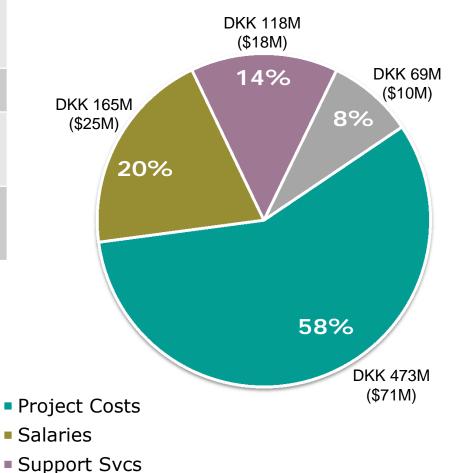
Income Statement	DKKM	USDM*
Revenue	1,200 - 1,250	180 - 187
Operating expenses	(800) – (850)	(120) – (127)
Operating income	375 - 425	56 - 64
Cash position at end of year**	3,650 – 3,750	547 - 562

*USD 1.00 = DKK 6.6762 (Sept 30, 2016) **Cash, cash equivalents and marketable securities

2016 Guidance - Nov 2, 2016

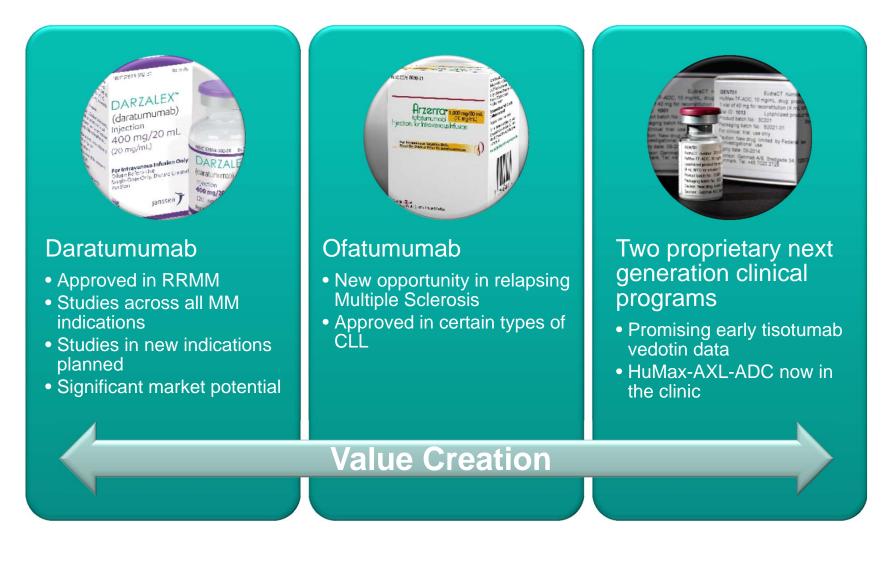
- Largest increase in expenses (over 2015) is in development
 - Driven by additional investment in pipeline products
 - Total 2016 spend on 4 key products is ~DKK 319M or 39% of total expense
- Additional investment in pre-clinical pipeline

2016 Expense Base DKK 825M (\$124M)





Creating Value for Patients and Shareholders





Creating Value for Patients and Shareholders



Novel differentiated drug candidates

- DuoBody-CD3xCD20 '17 IND candidate
- HexaBody-DR5/DR5; broad potential in cancer – '17 IND
- DuoBody Immuno-Oncology programs with partners



Innovation powerhouse

- World class antibody expertise
- Inspired by nature
- Inventing tomorrow's differentiated medicines via next generation antibody technologies

Value Creation



Positioned for success

- Substantial earnings potential
- Able to robustly invest in & accelerate future pipeline
- Building commercial capabilities



2016 Goals: Maximizing Product Portfolio Value

Priority	\checkmark	Targeted Milestone
Maximize daratumumab progress	✓ ✓ ✓ 2017*	 Launch DARZALEXTM in US and other approved territories CHMP decision on monotherapy application Phase III multiple myeloma (MM) interim efficacy analysis in relapsed / refractory MM settings [Pollux and Castor trials] File for label in relapsed / refractory settings if results of interim analyses are favorable Start multiple clinical trials in MM and non-MM indications Report initial clinical data non-MM indications
Optimize ofatumumab value	√ √ 2017⁺	 » Start Phase III sc autoimmune trials » Regulatory decision for CLL maintenance » File for label in relapsed CLL » Phase III refractory follicular lymphoma (FL) interim efficacy data
Strengthen differentiated product pipeline	√ √	 Phase I tisotumab vedotin additional data IND for HuMax-AXL-ADC and start clinical trial Progress HexaBody-DR5/DR5 program Progress pre-clinical DuoBody & HexaBody projects
Broaden partnership portfolio with next generation technologies	√ √	 » Sign new / expanded DuoBody & HexaBody collaborations » Progress partnered programs » New IND filings
Disciplined financial management *Clinical data from a non-MM indication	for daratur	Selectively invest to progress and broaden differentiated product pipeline

*Clinical data from a non-MM indication for daratumumab is now anticipated in 2017

+Study continued at interim analysis. Full data expected 2017.



Creating Value for Patients and Shareholders



Building on 3 central pillars: Focus, Innovation & Execution

- 2 marketed products
- 2 early stage clinical programs
- 2 proprietary technologies
- Robust pre-clinical pipeline
- Unique Antibody & R&D expertise
- Strategic collaborations
- Building commercial expertise
- Solid financials
- Proven track record



Better Antibodies By Design

