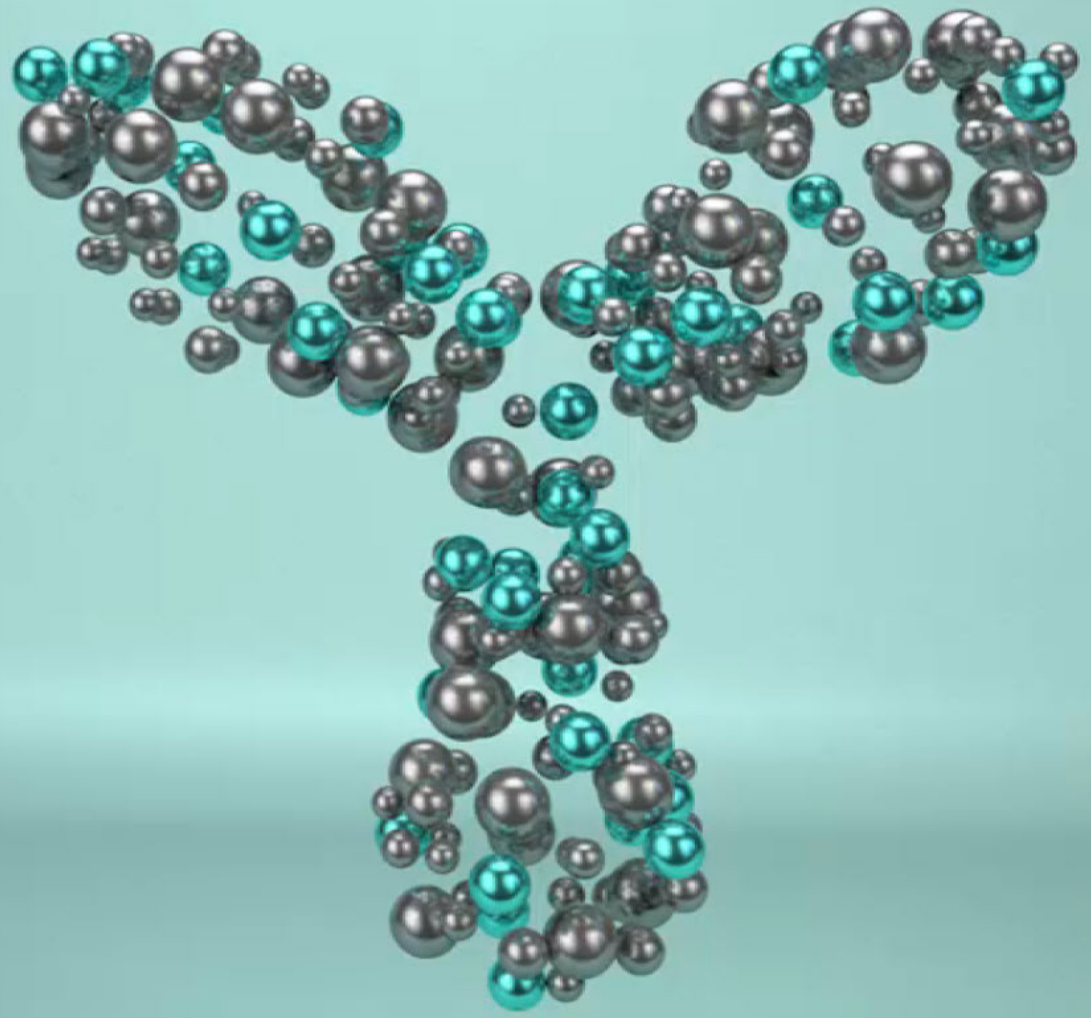
WELCOME

Genmab's 2020 Capital Markets Day



November 13, 2020

Webcast Live from Utrecht and Princeton

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. Genmab does not undertake any obligation to update or revise forward looking statements in this presentation nor to confirm such statements to reflect subsequent events or circumstances after the date made or in relation to actual results, unless required by law.

Today's Speakers

Jan van de Winkel
President & CEO

Judith Klimovsky
EVP & CDO

Anthony Pagano
EVP & CFO

Anthony Mancini
EVP & COO

Tahi Ahmadi
SVP, Head of Oncology

Kate Sasser
CVP, Translational Research

David Satijn
VP, New Antibody Products

Rob de Jong
Dir. Antibody Research & Tech.

Delivering on Our Promise: Today's Agenda

On the Road to 2025: Evolving into a Fully Integrated Biotech
Jan van de Winkel

Our Strong Financial Foundation
Anthony Pagano

Innovation Powerhouse: Building on Our World-Class R&D Capabilities
Judith Klimovsky

Innovation in Action: Next-Generation Proprietary Technologies
Rob de Jong, David Satijn

Delivering on our Promise - Potential First-in-Class DuoBody-PD-L1x4-1BB (GEN1046)
Tahi Ahmadi, Kate Sasser

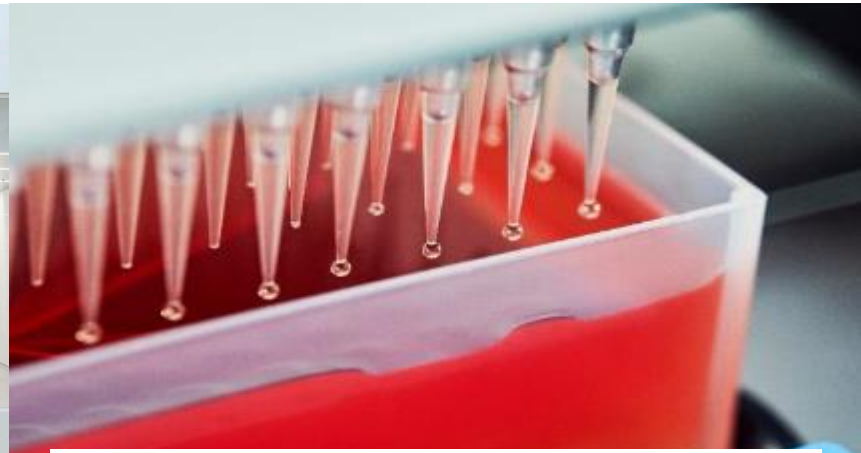
Evolving into a Fully Integrated Biotech
Anthony Mancini, Tahi Ahmadi, Judith Klimovsky

Beyond 2020: Genmab's Journey is Just Beginning
Jan van de Winkel

LIVE Q&A

On the Road to 2025: Evolving Into a Fully Integrated Biotech

Our Core Purpose, Strategy & Vision Guide Our Work



Core Purpose

To improve the lives of patients by creating & developing innovative antibody products

Our Strategy

Focus on Core Competence

Turn science into medicine

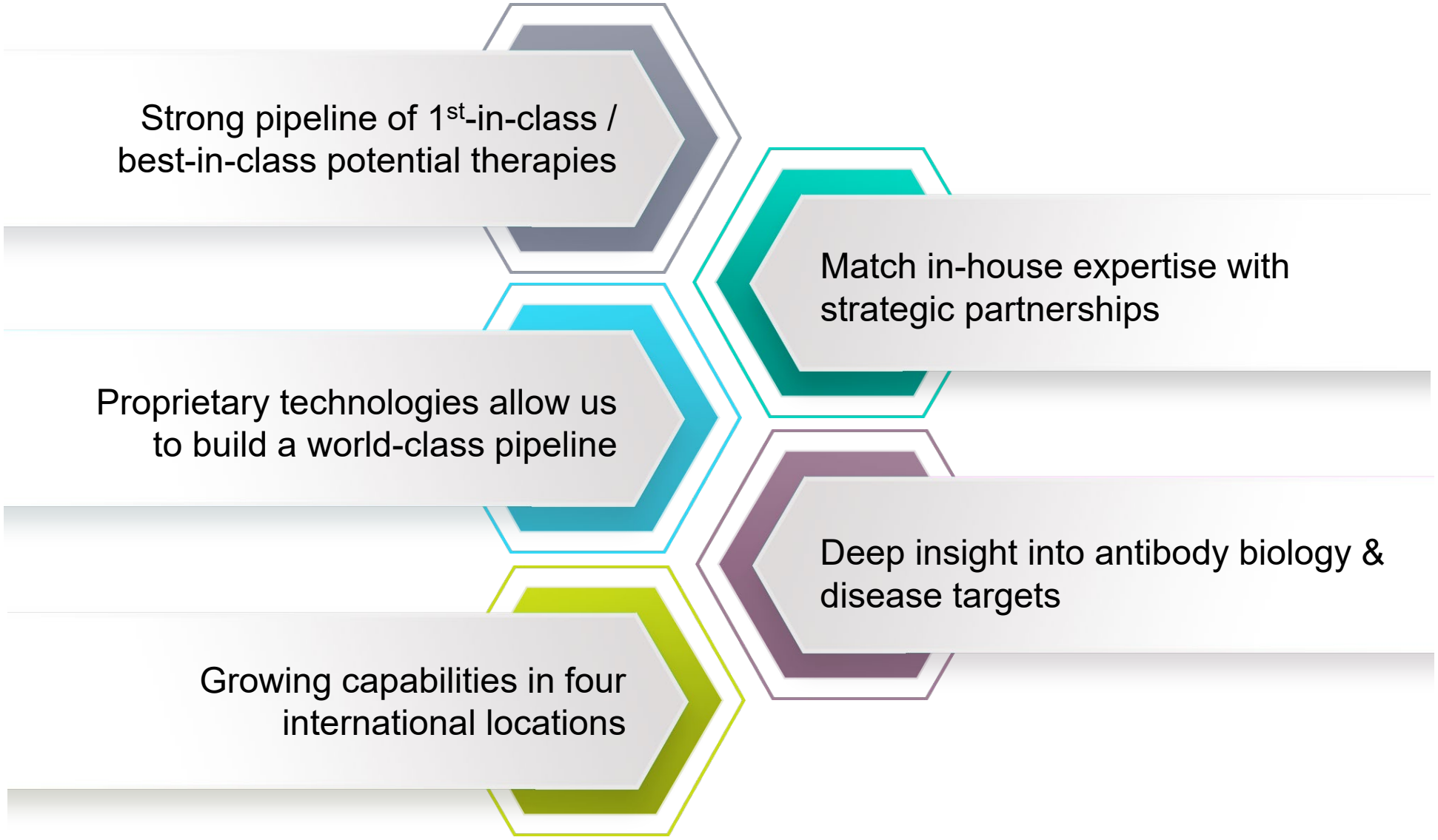
Build a profitable & successful biotech

Vision

By 2025, our own product has transformed cancer treatment and we have a pipeline of knock-your-socks off antibodies

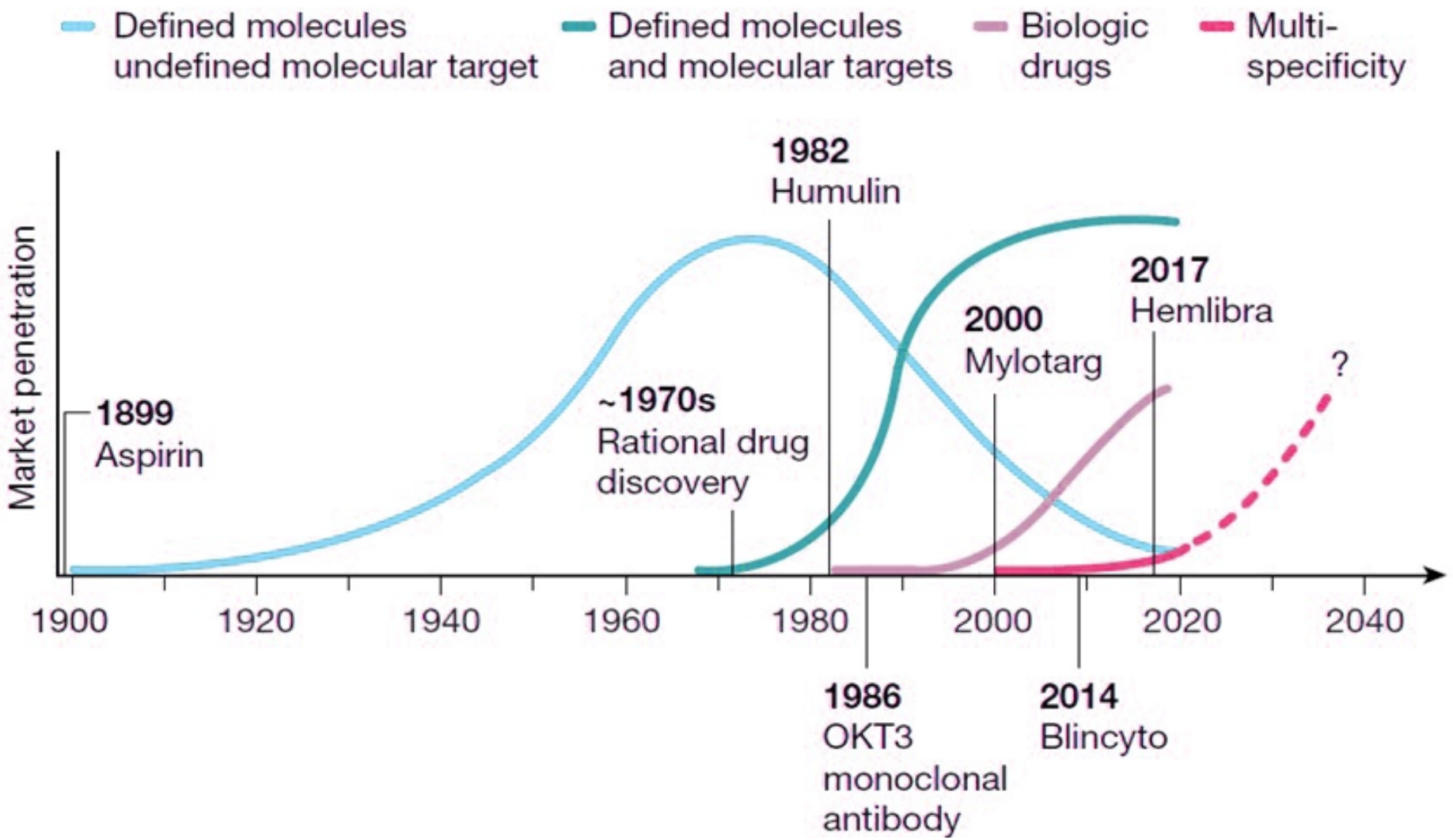
The Genmab Difference

Integrated Innovation Powerhouse Transforming Cancer Treatment



Innovation Powerhouse: Pipeline

Four Transformative Waves have Shaped Development of Biopharmaceutical industry



R.J. Deshales, Nature 2020; 580: 329-338

Innovation Powerhouse: Successful Network of Collaborations

Supporting Our Vision & Broadening Differentiated Antibody Pipeline

Partner of Choice

abbvie
ADC THERAPEUTICS
AMGEN
BIONTECH
BLINK BIOMEDICAL
Bristol Myers Squibb
CUREVAC the RNA people®
iDD biotech International Drug Development Bio Technologies
immatics
janssen PHARMACEUTICAL COMPANIES OF Johnson & Johnson
H. Lundbeck A/S
NOVARTIS
novo nordisk
Roche
Seagen
TEMPUS

Approved Medicines Created by Genmab

DARZALEX® (daratumumab) injection for intravenous infusion 100 mg/5 mL, 400 mg/20 mL [1]

DARZALEX Faspro™ (daratumumab and hyaluronidase-fihj) Injection for subcutaneous use | 1,800mg/30,000units [1]

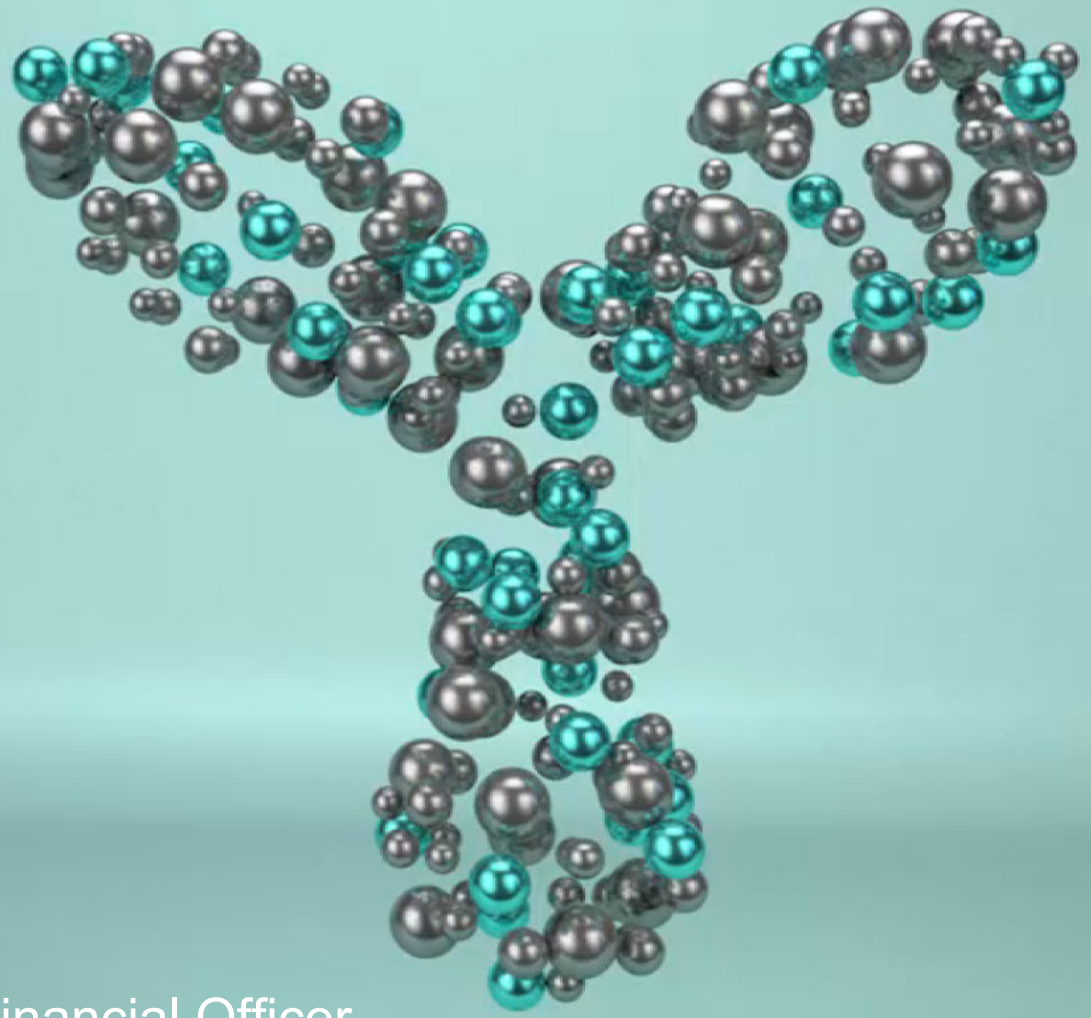
Kesimpta® (ofatumumab) 20 mg injection [2]

TEPEZZA® teprotumumab-trbw [3]

Arzerra® ofatumumab [2]

[1]Janssen Biotech, Inc.; [2]Novartis; [3]Horizon Therapeutics

Our Strong Financial Foundation



Anthony Pagano, Executive Vice President & Chief Financial Officer

Strong Foundation

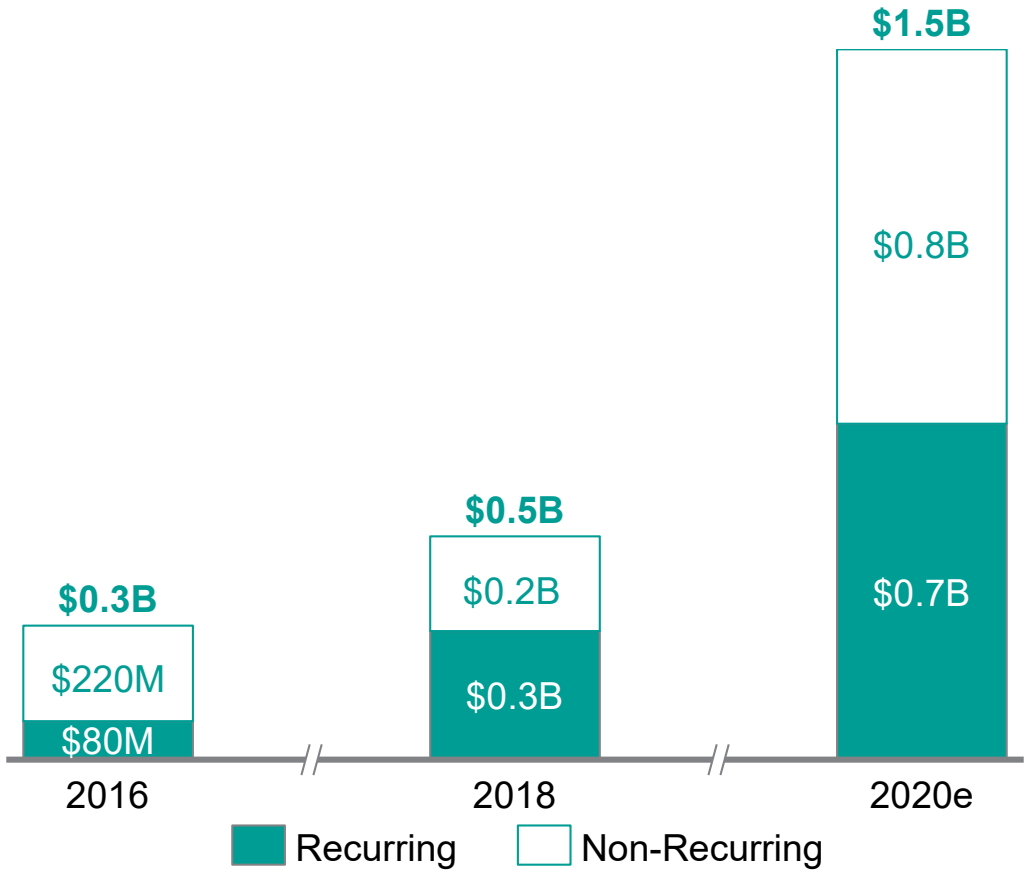
Robust pipeline built on Genmab tech

Partnerships with innovators and industry leaders across the value chain

Focused and disciplined approach to capital allocation

Strong financials to invest in growth opportunities

Growing Recurring Revenues



Recurring revenues up ~9x over last five years

3 Products driving near term Revenue Growth

- DARZALEX® is transforming MM Treatment
- 2 Potential Blockbuster Products Launched in 2020 – Kesimpta® and TEPEZZA®

Significant cash flows to invest in building our business

*2020e based on Genmab collected consensus, ** Recurring revenue defined as royalties and sales of own products, USD 1 = DKK 6.5

On the Path to Reaching Our 2025 Vision

Successful track record

Strategy

Focus Areas

- Focus on core competence
- Turn science into medicine
- Build a profitable and successful biotech

Progress

SUSTAINED EXECUTION

2025 Vision

By 2025, our own product has transformed cancer treatment and we have a pipeline of knock-your-socks-off antibodies

BUILDING FULLY INTERGRATED BIOTECH INNOVATION POWERHOUSE

Genmab profile today

2 potential near-term Genmab owned product launches

Imperative to invest

Remain focused and disciplined

Strong Rationale to Invest

Driving better outcomes for Patients

- *Retain 50%+ ownership of products*
- *Own Development and Commercialization*
- *Build Team and Capabilities to Succeed*
- *Capture Greater Value*

Focused on Execution

Investing for today and tomorrow

Building Our Capabilities

Research

Track record of success and investing for tomorrow

- State of the art facilities
- Novel technologies and formats
- External innovation

Development

Scaling up to expand from early to late stage

- Clinical development & operations
- Disease area expertise
- Medical affairs and Regulatory

Commercialization

Step change in our business

- Leadership team in place
- Focused on U.S. and Japan
- Building expanded team

Enabling functions to support growth & manage risk

Data Sciences to drive insights across the value chain

Investing for Today and Tomorrow

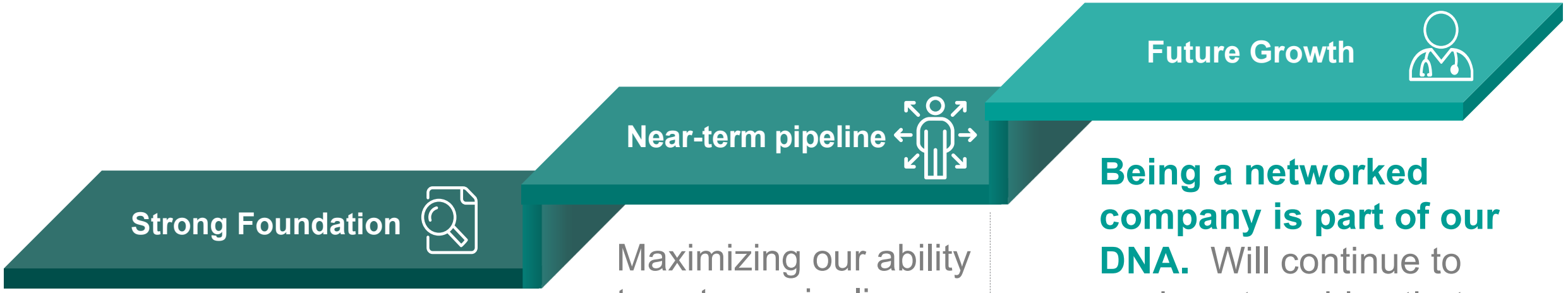
Top Priorities for Today

- Filing and launch of tisotumab vedotin
- Rapid acceleration and maximization of epcoritamab
- Expansion of DuoBody-PD-L1x4-1BB
- Standing up U.S. and Japan commercialization organizations

Investing for Tomorrow

- Progress earlier stage pipeline
- Generate next wave of innovative IND candidates
- Maximize current technologies & stay at cutting edge of antibody science
- Focused investment in adjacent technologies & external innovation

Partnerships with Industry Leaders and Innovators



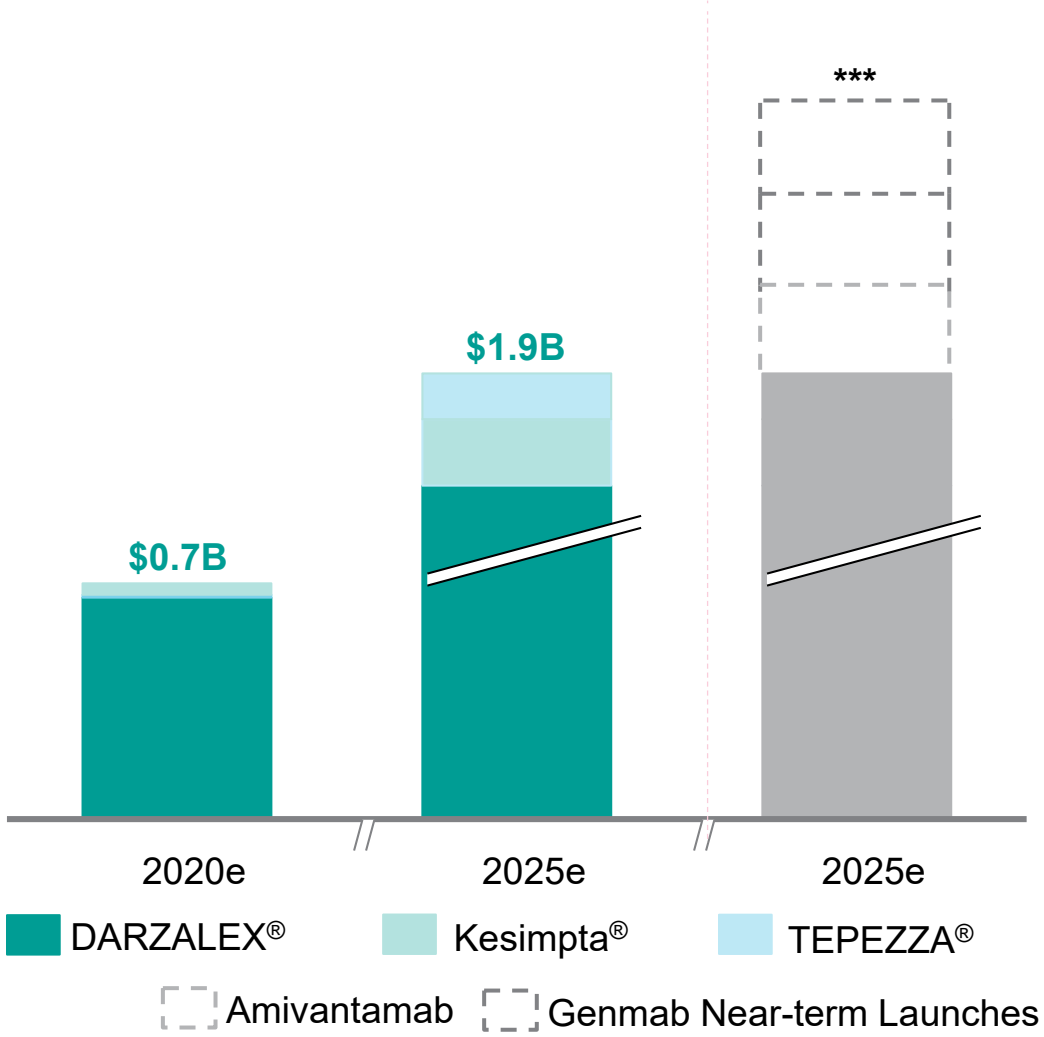
Generating significant cash flows today and more shots on goal moving forward.

Maximizing our ability to get our pipeline products to **more patients and faster.**

Being a networked company is part of our DNA. Will continue to seek partnerships that bolster our internal strengths.

Strong Revenue Growth Anticipated the Next 5 Years

Recurring Revenue spilt and growth*



Recurring revenues from existing products anticipated to grow ~2.5x

Amivantamab filing expected in Q4

Potential for 2 near-term launches from our pipeline

- Tisotumab vedotin in cervical cancer
- Epcoritamab in B-cell malignancies

**2020e -2025e based on Genmab collected consensus, ** Recurring revenue defined as royalties and sales of own products, USD 1 = DKK 6.5*

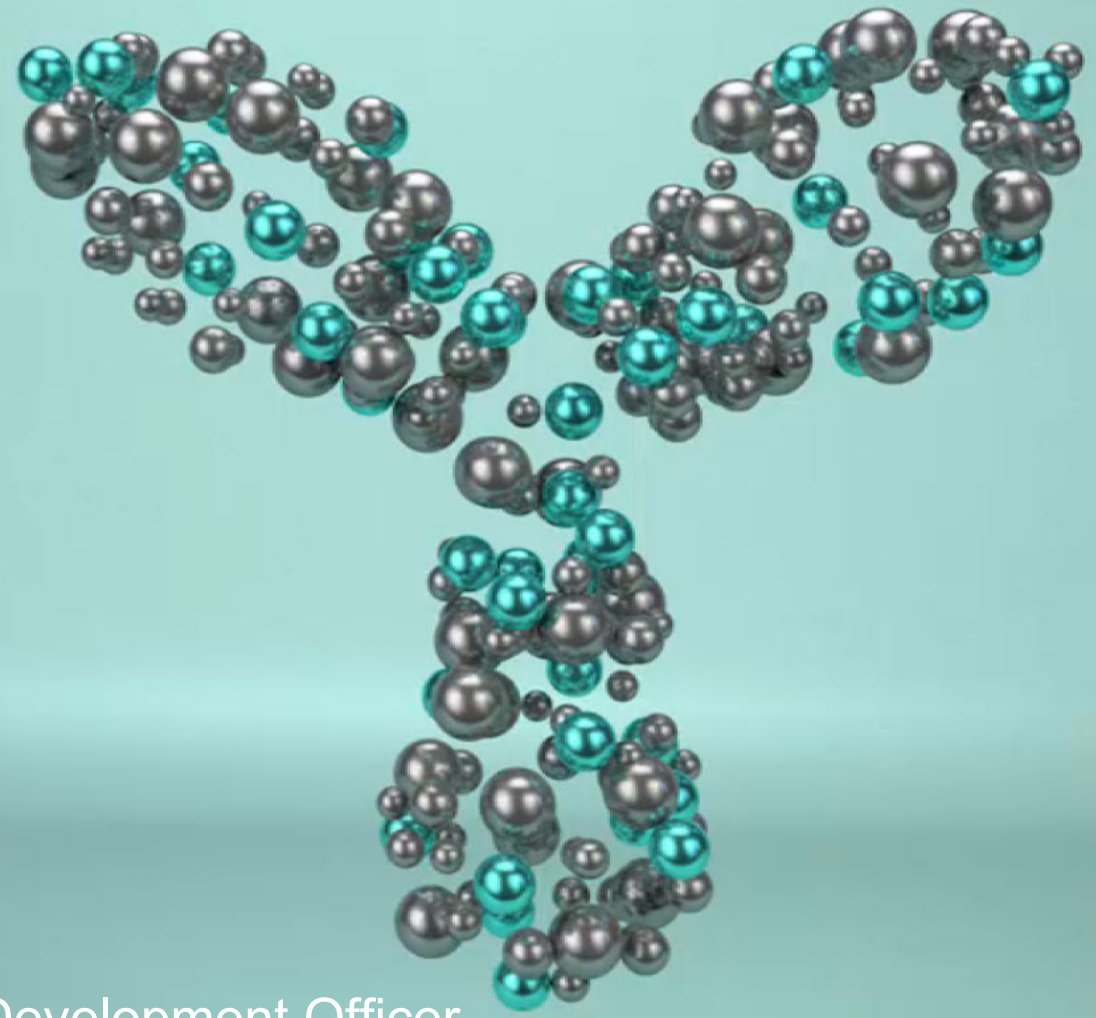
***Potential additions to Recurring Revenues

Summary

- **Strong foundation** with significant growth opportunities
- Clear path **to reach our 2025 Vision**
- Two potential **near-term product launches**
- **Focused and disciplined** investment approach

Innovation Powerhouse:

Building on Our World-Class R&D Capabilities



Judith Klimovsky, Executive Vice President & Chief Development Officer

Delivering On Our Promise Throughout Our Journey

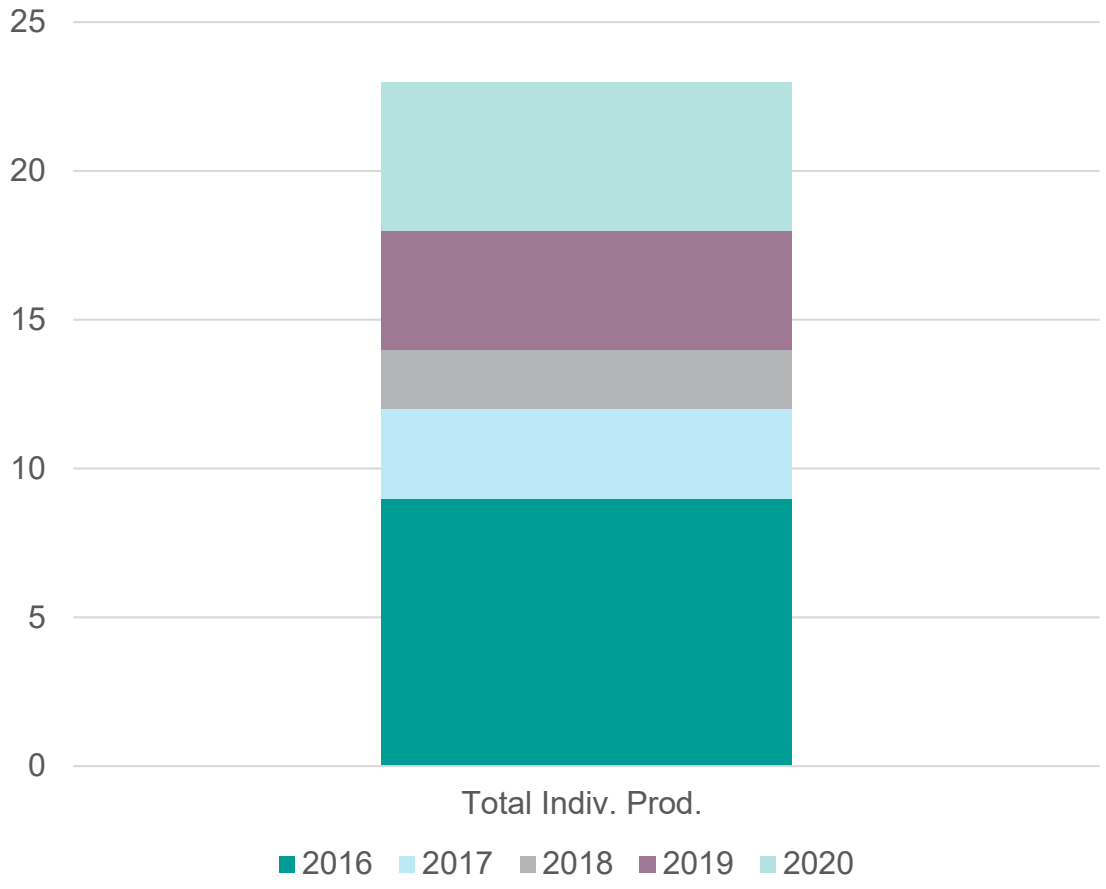
Genmab

2025 Vision

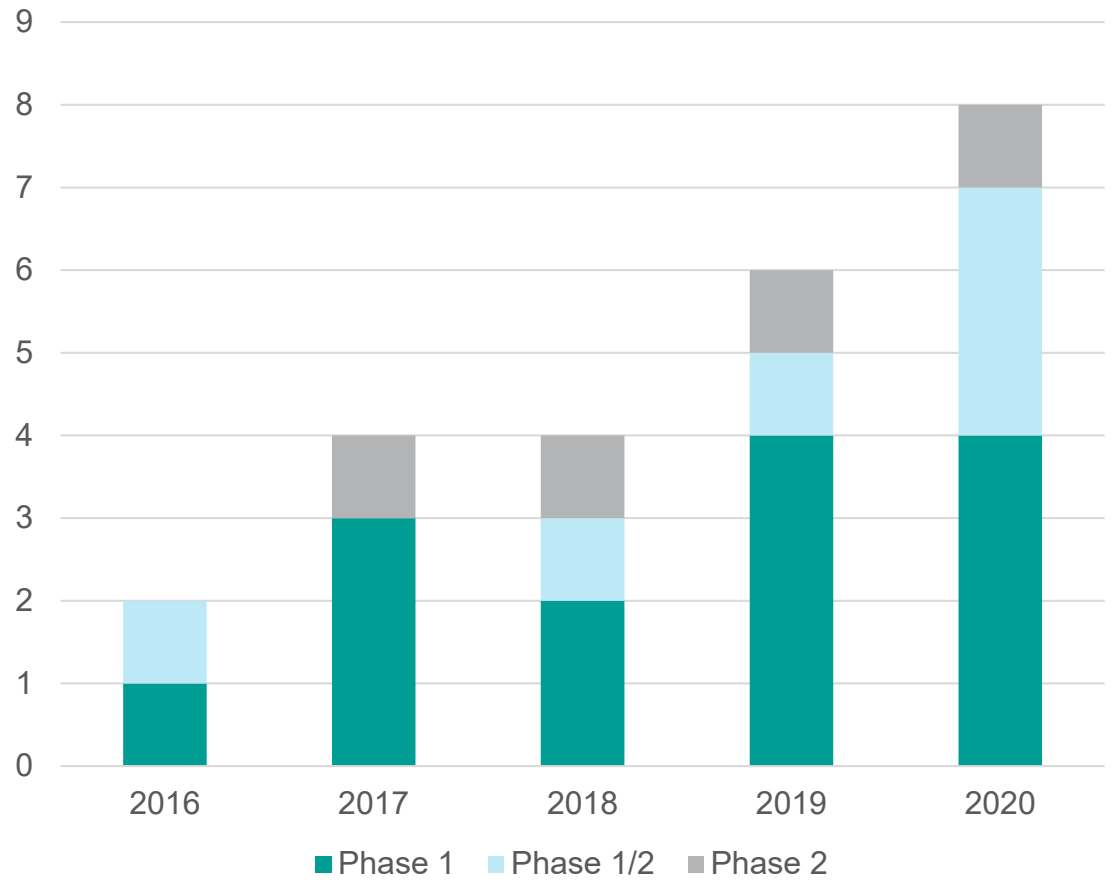
Delivering On Our Promise

Investing in the Breadth & Depth of our Pipeline

Total Products in Clinical Development: 23



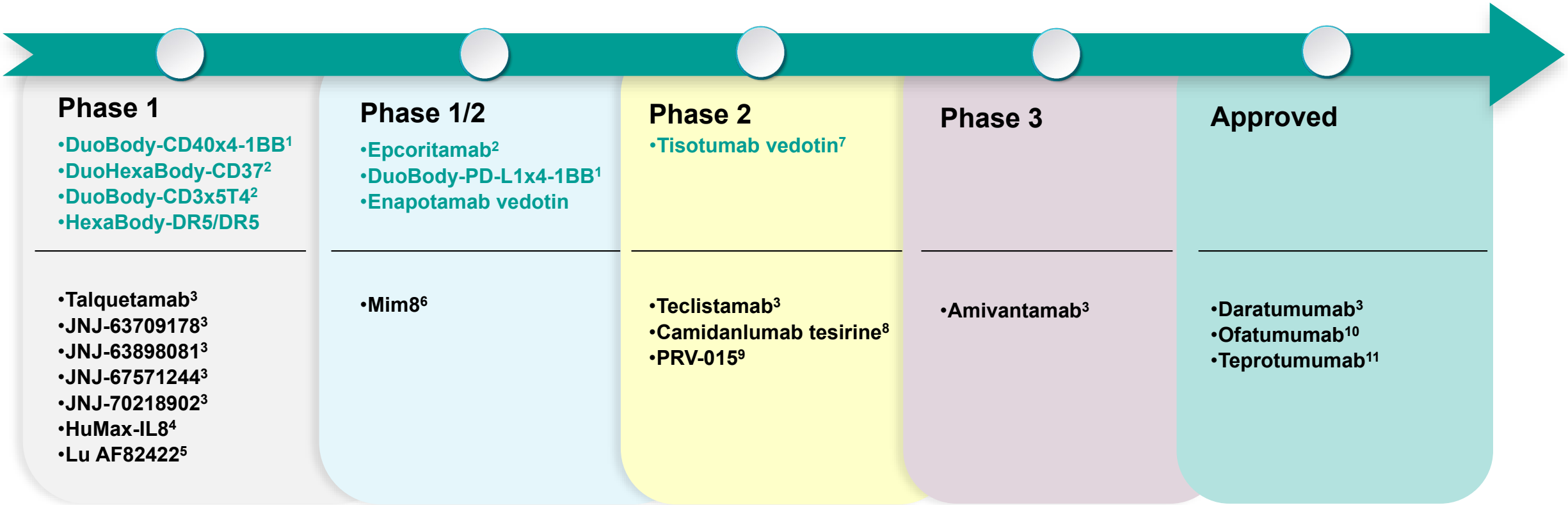
Proprietary* Products - Latest Dev. Stage: 8



* Genmab owned ≥50%

Innovative Clinical Pipeline

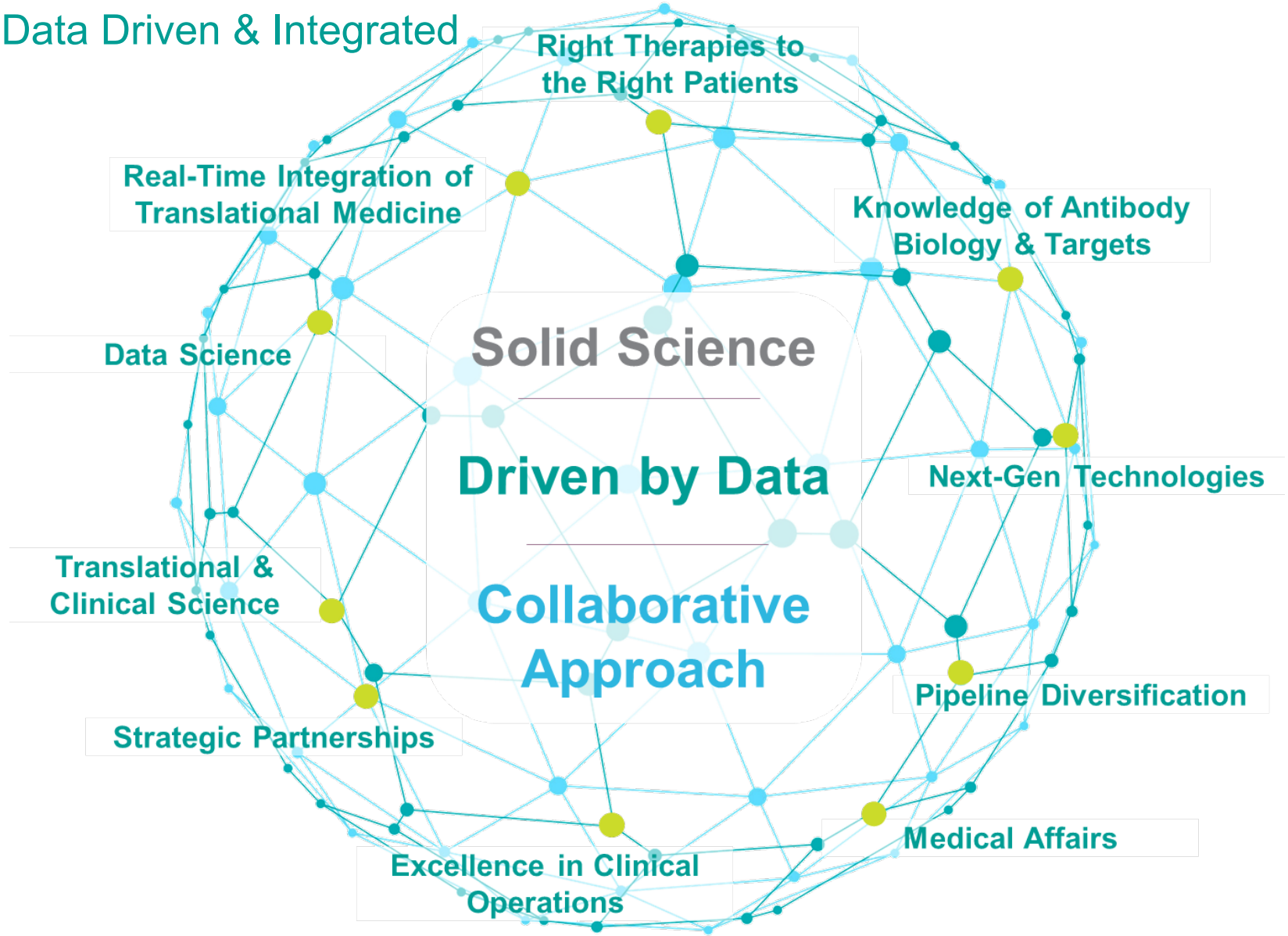
Genmab Proprietary* and Partnered Products: Most Advanced Development Phase



*Products where Genmab has ownership of at least 50%
[1] 50/50 co-development with BioNTech; [2] 50/50 co-development with AbbVie; [3] Development by Janssen; [4] Development by BMS; [5] Development by Lundbeck; [6] Development by Novo Nordisk; [7] 50/50 co-development with Seagen; [8]Development by ADC Therapeutics; [9] Development by Provention Bio; [10] Development by Novartis; [11] Development by Horizon Therapeutics

Delivering On Our Promise

Solid Science - Data Driven & Integrated



Growing in an Integrated Fashion

Partnerships & Collaborations

Discovery / Academic Collaborations

H. Lundbeck A/S

abbvie

TEMPUS

Leids Universitair Medisch Centrum

UMC Utrecht

PRINCETON UNIVERSITY

NETHERLANDS CANCER INSTITUTE
ANTONI VAN LEEUWENHOEK

Atrium Health
Levine Cancer Institute

Technology Collaborations

BIONTECH

CUREVAC
the RNA people®

Janssen
PHARMACEUTICAL COMPANIES OF Johnson & Johnson

BLINK BIOMEDICAL

immatics

novo nordisk

Roche
Diagnostics

Product Partnerships & Collaborations

ADC THERAPEUTICS

BIONTECH

iDD biotech
International Drug Development Bio Technologies

H. Lundbeck A/S

novo nordisk

Seagen®

AMGEN

Bristol Myers Squibb™

Janssen
PHARMACEUTICAL COMPANIES OF Johnson & Johnson

NOVARTIS

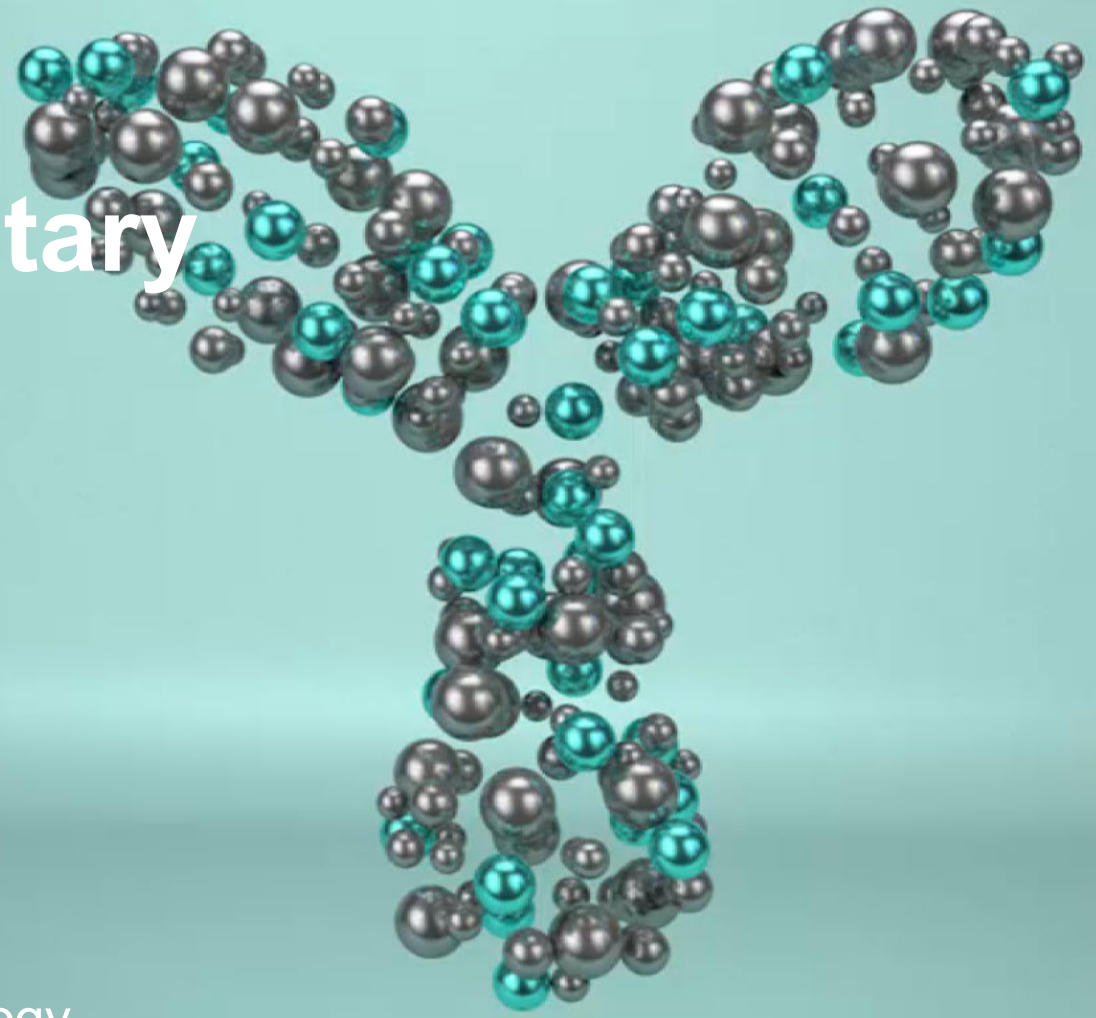
Roche

abbvie

Continue to Build in an Integrated Fashion

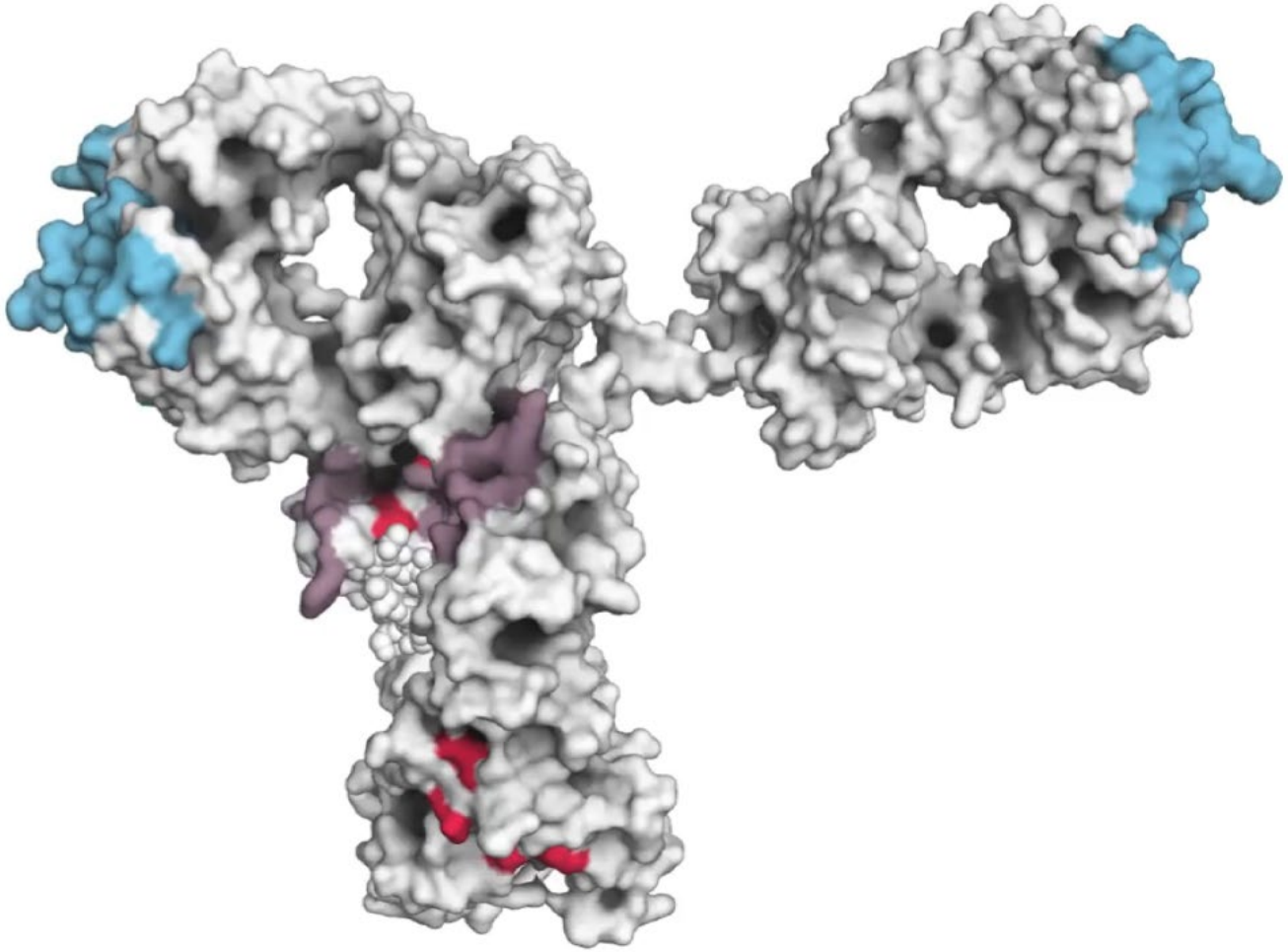
Innovation in Action:

Next Generation Proprietary Technologies



Rob de Jong, Director Antibody Research & Technology

Natural Immunity Inspires Innovative Technologies and Products



The power of our immune system inspires us

We are curious to understand basic immunological principles

We translate this to innovative technologies

We create differentiated antibody products

DuoBody® Technology: Bispecific Antibodies

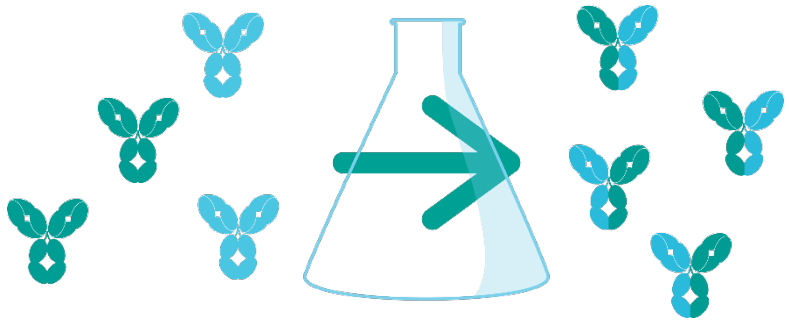
Inspired by Nature – Designed for Success

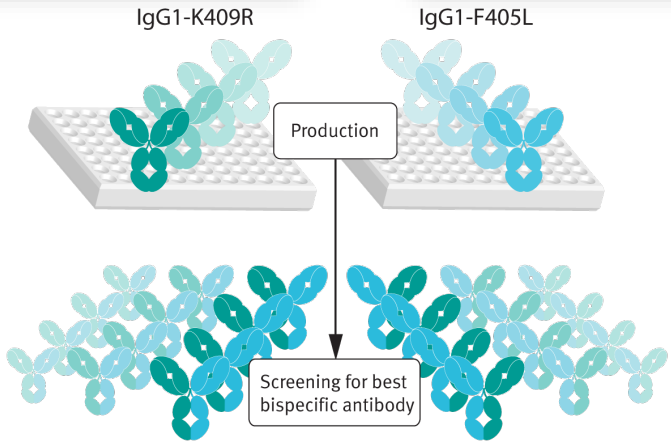
DuoBody® Discovery

- Bispecific IgG antibodies compatible with any IgG antibody sequence and subclass
- DuoBody® molecules retain prized IgG1-like stability
- CD3 arm and inert backbone available
- Enables creation of huge combinatorial DuoBody® lead panels in the therapeutically applied format

DuoBody® Development

- >10 clinical programs active
- Ample large scale manufacturing experience
- Technology transferred to multiple CMO's
- Adopted by multiple collaboration partners





HexaBody® Technology: Potentiated Antibodies

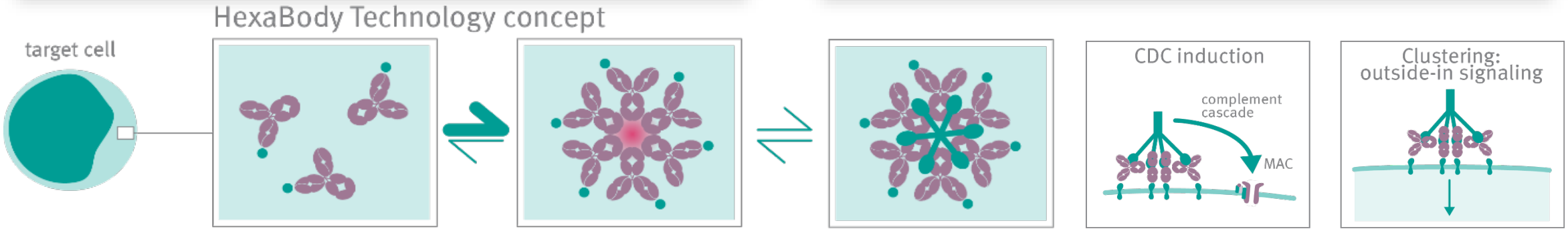
Antibodies designed to work as a team

HexaBody® Product Design

- IgG1 antibodies that self-organize at the cell surface only after target binding
- IgG hexamerization can elicit agonistic target signaling or potentiate immune effector functions
- Target signaling does not depend on crosslinking by the recruitment of immune cells

HexaBody® Development

- Clinical experience available
- Large scale manufacturing experience was gathered at multiple CMO's
- Compatible with standard IgG manufacturing processes

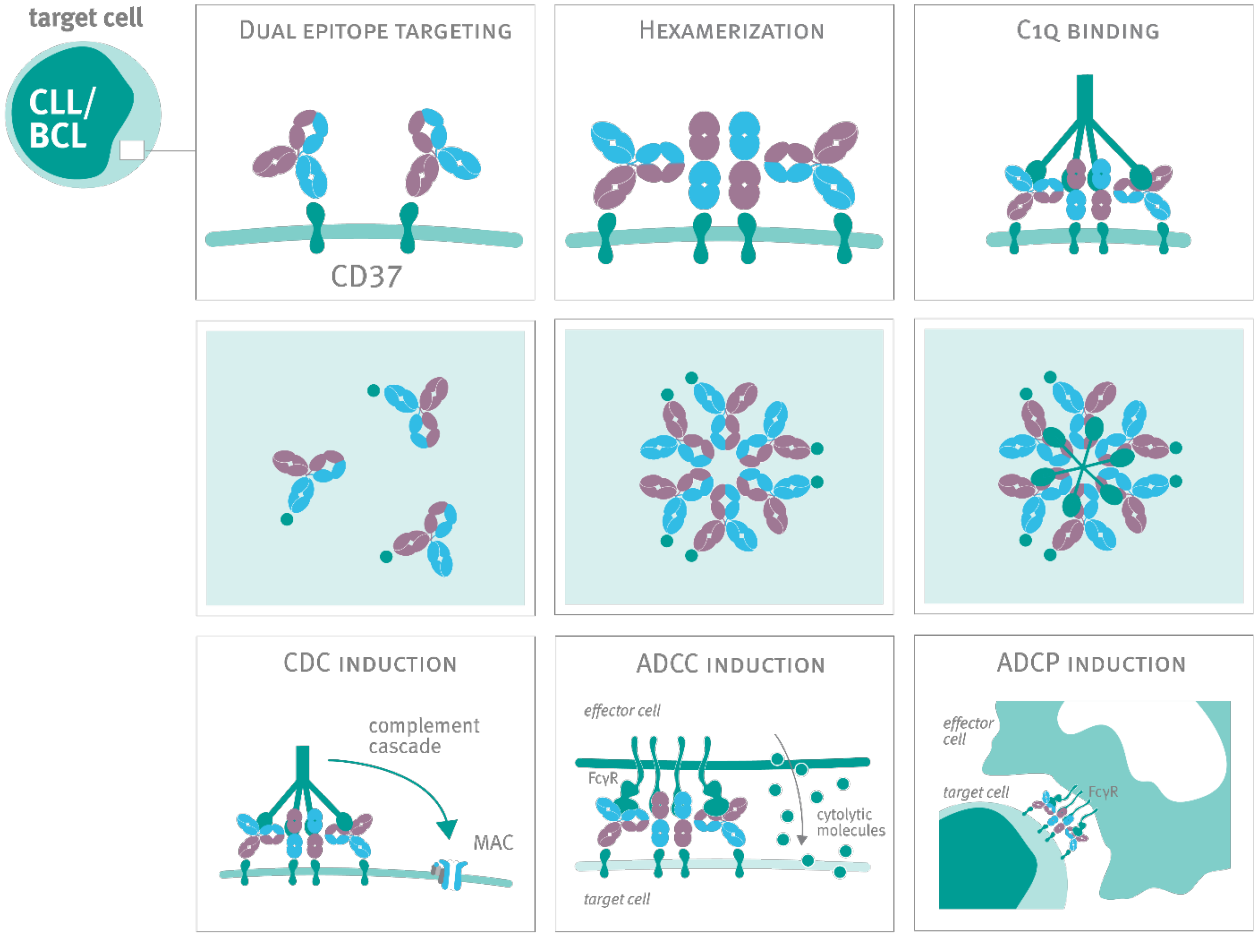


DuoHexaBody® Technology: Potentiated Bispecific Antibodies

Bispecific antibodies designed to work as a team

DuoHexaBody® Product Design

- DuoHexaBody® technology combines the dual targeting of bispecific antibodies with the potentiation of IgG hexamerization
- DuoHexaBody® enables multiple mechanisms of action to contribute to maximize the potency of therapeutic compounds
- Clinical and manufacturing experience is gathered within the DuoHexaBody-CD37 development program

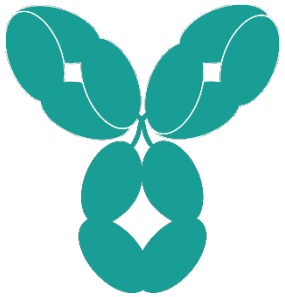


Antibody Platforms Provide a Portal to Target Space

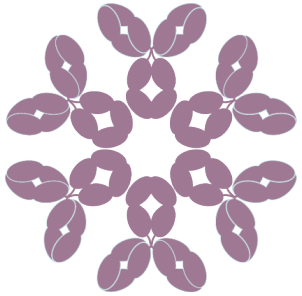
Different target *combinations* impose specific molecular requirements

Individual Targets

Classical Antibodies

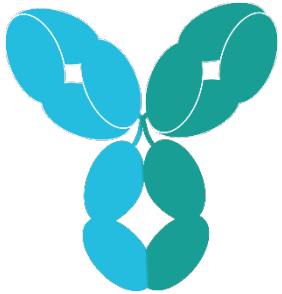


HexaBody®

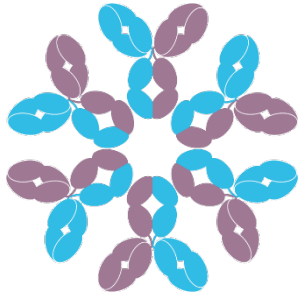


Target Combinations

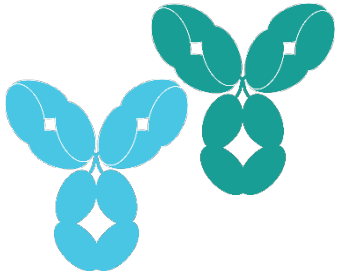
DuoBody®



DuoHexaBody®

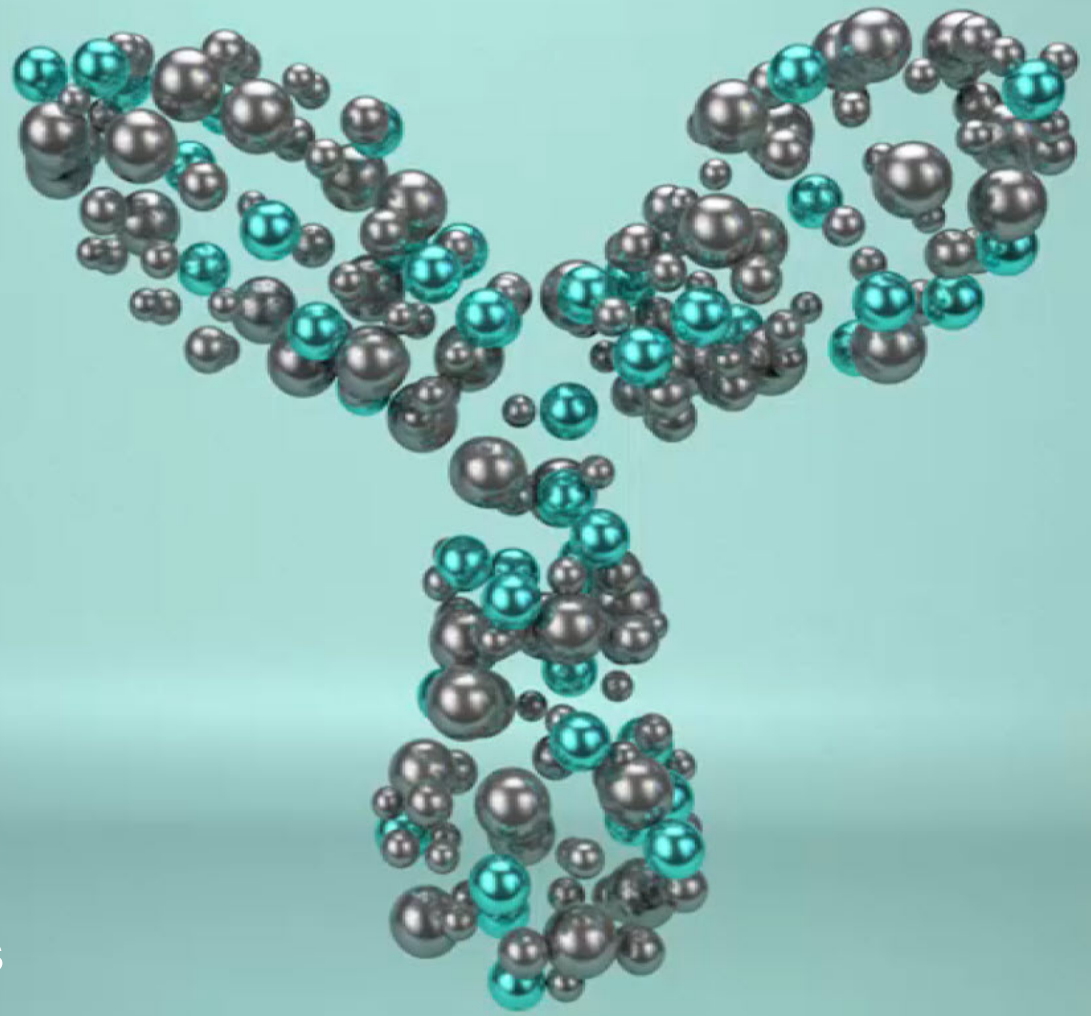


Antibody Combinations



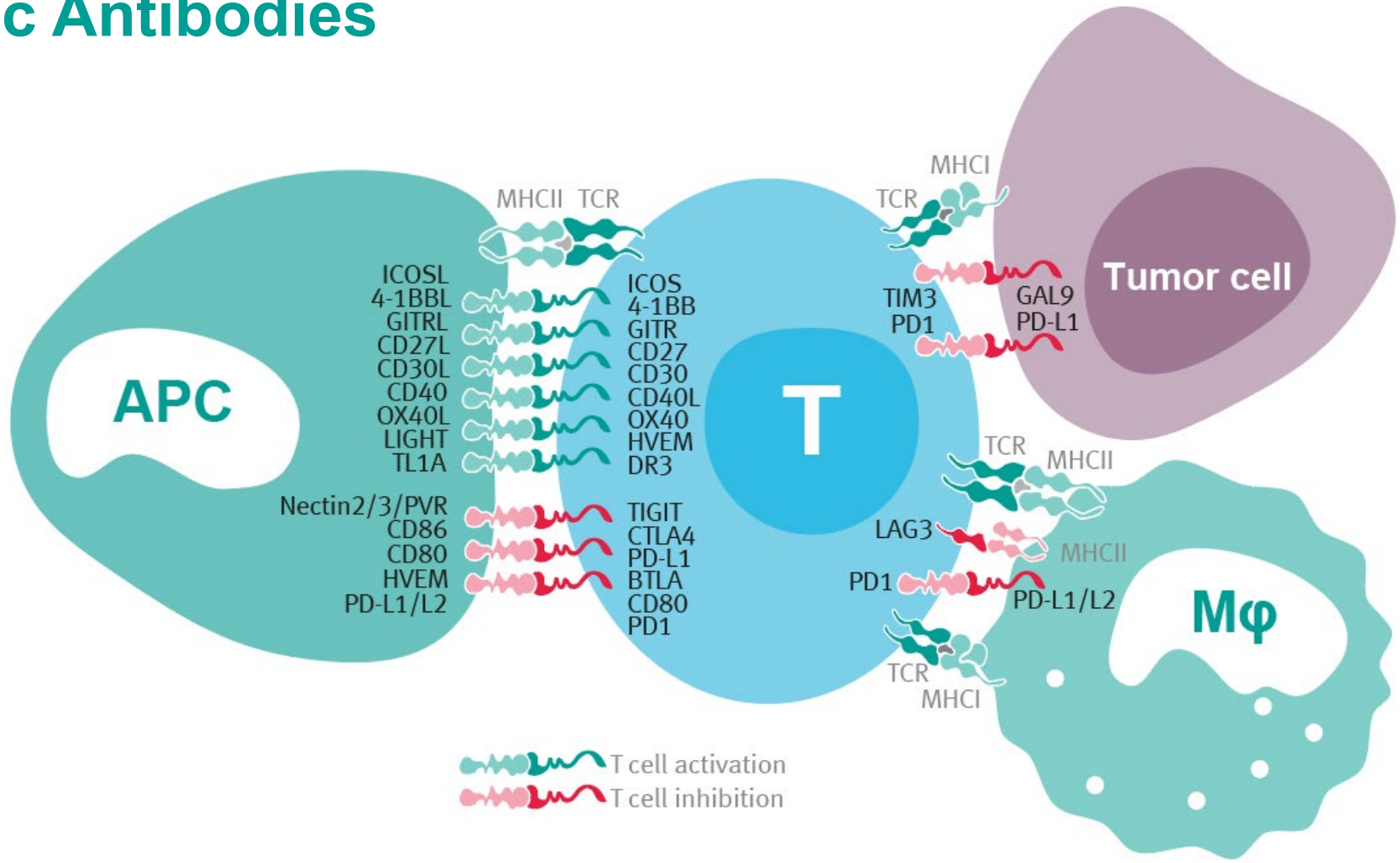
HexElect®

Innovation in Action:
Next Generation Product Candidates



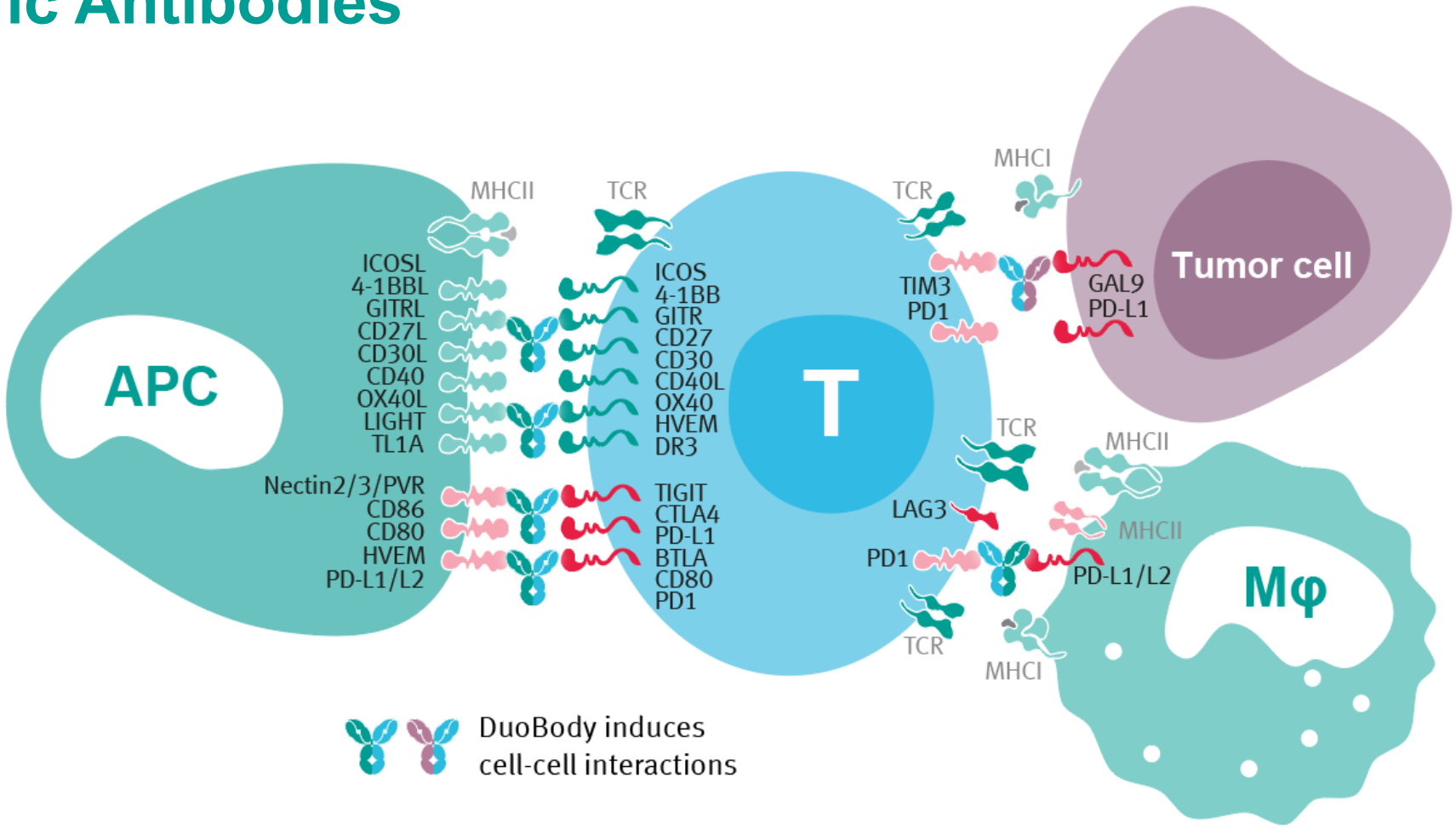
David Satijn, Vice President, New Antibody Products

Cell-Cell Trans Communication Can Be Mimicked By Bispecific Antibodies



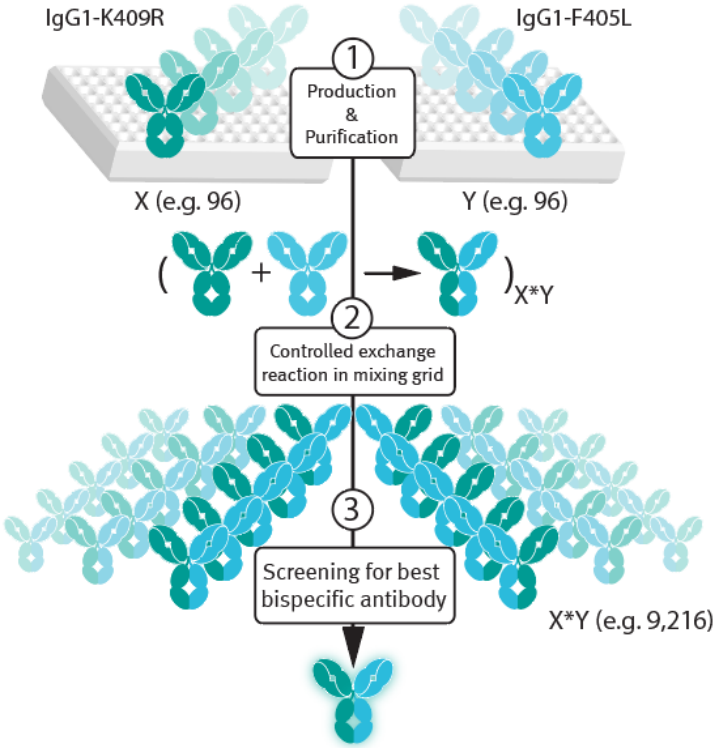
Protein-protein interactions on the surface of different cells can induce and transmit a communication signal

Cell-Cell Trans Communication Can Be Mimicked By Bispecific Antibodies

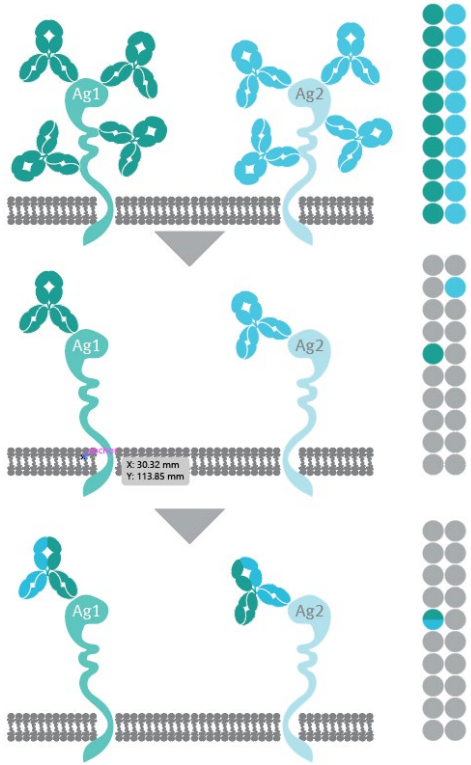


- Cell-cell trans communication can be mimicked by bispecific antibodies
- Applied for different product applications

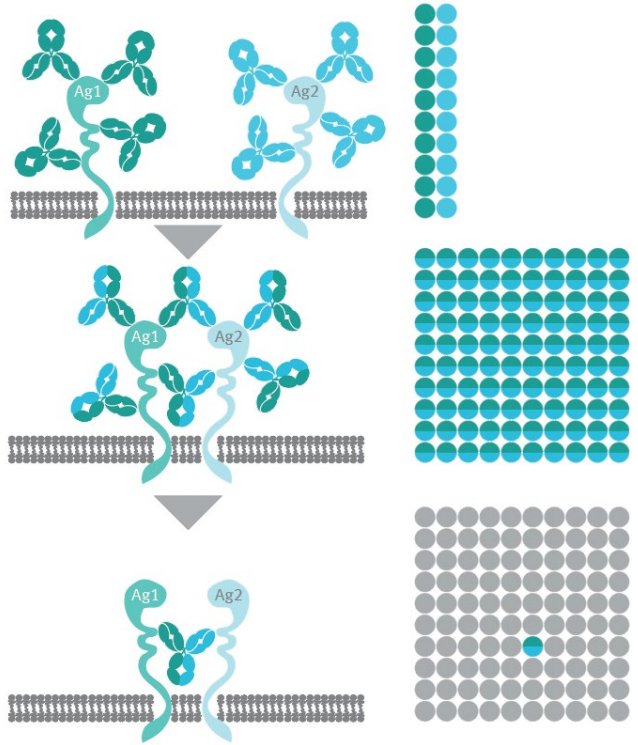
The DuoBody® Technology is a Proven Platform for High-Throughput Bispecific Antibody Library Generation and Screening



***Standard** BsAb discovery process*

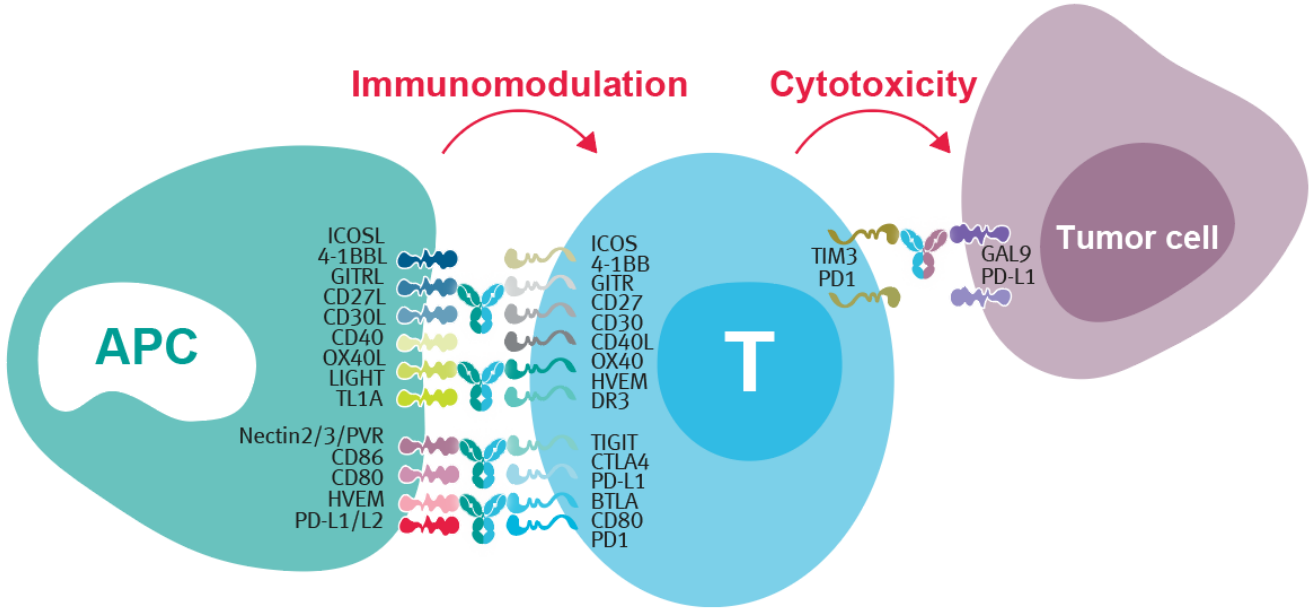


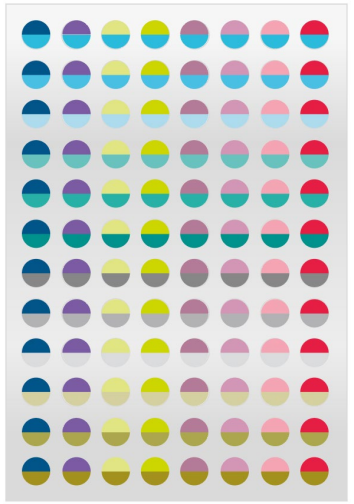
***DuoBody®** discovery process*

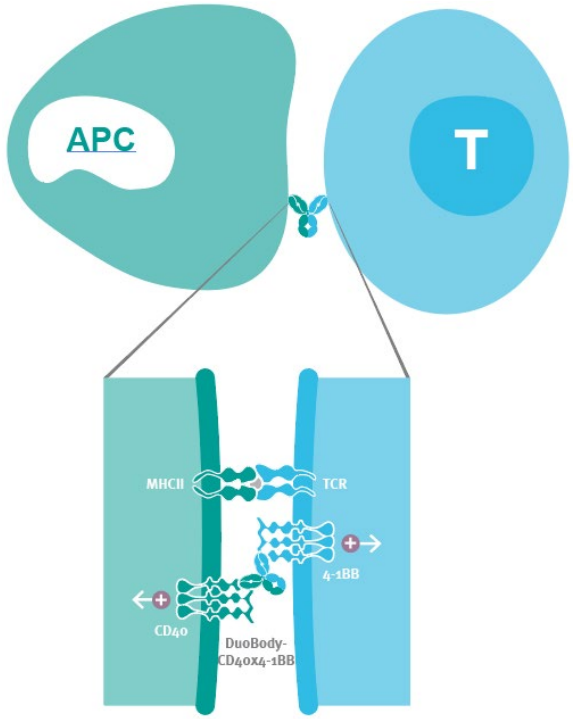


- Hundreds, thousands of DuoBody® variants can be screened and tested
- Enables the generation of large libraries and the selection of the best candidate

Agonistic Activation of T-Cells by HT Functional and Unbiased DuoBody® Library Screening of Multiple IO Targets

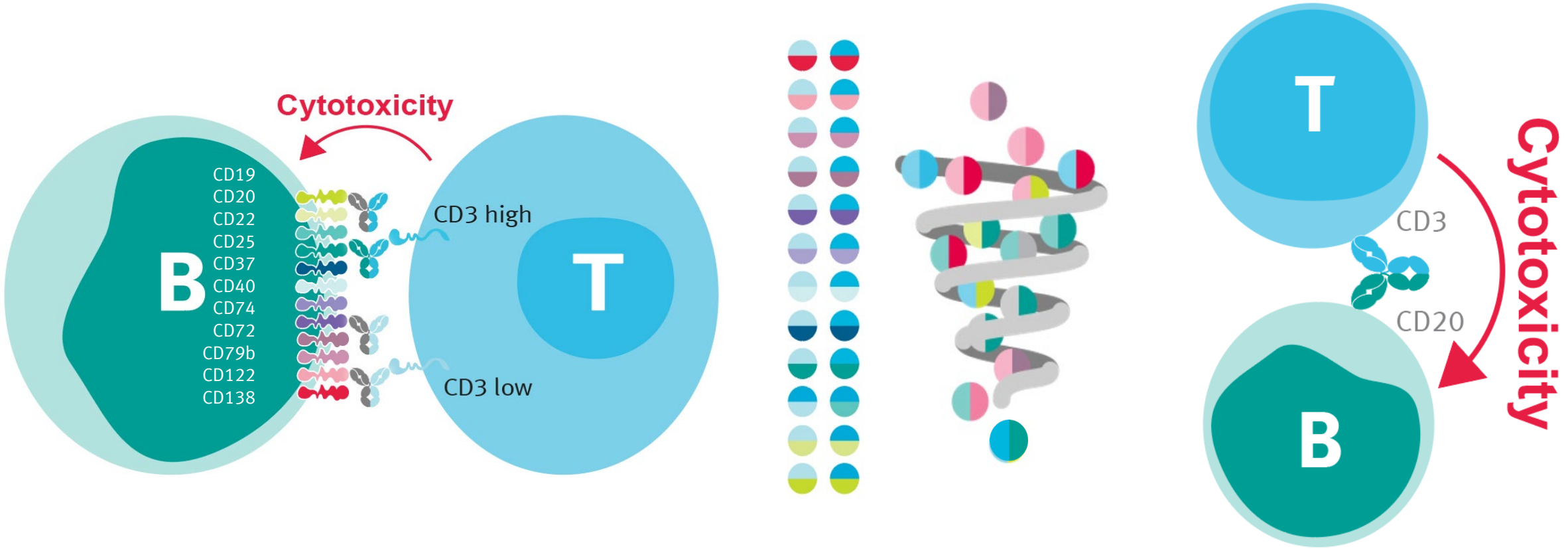






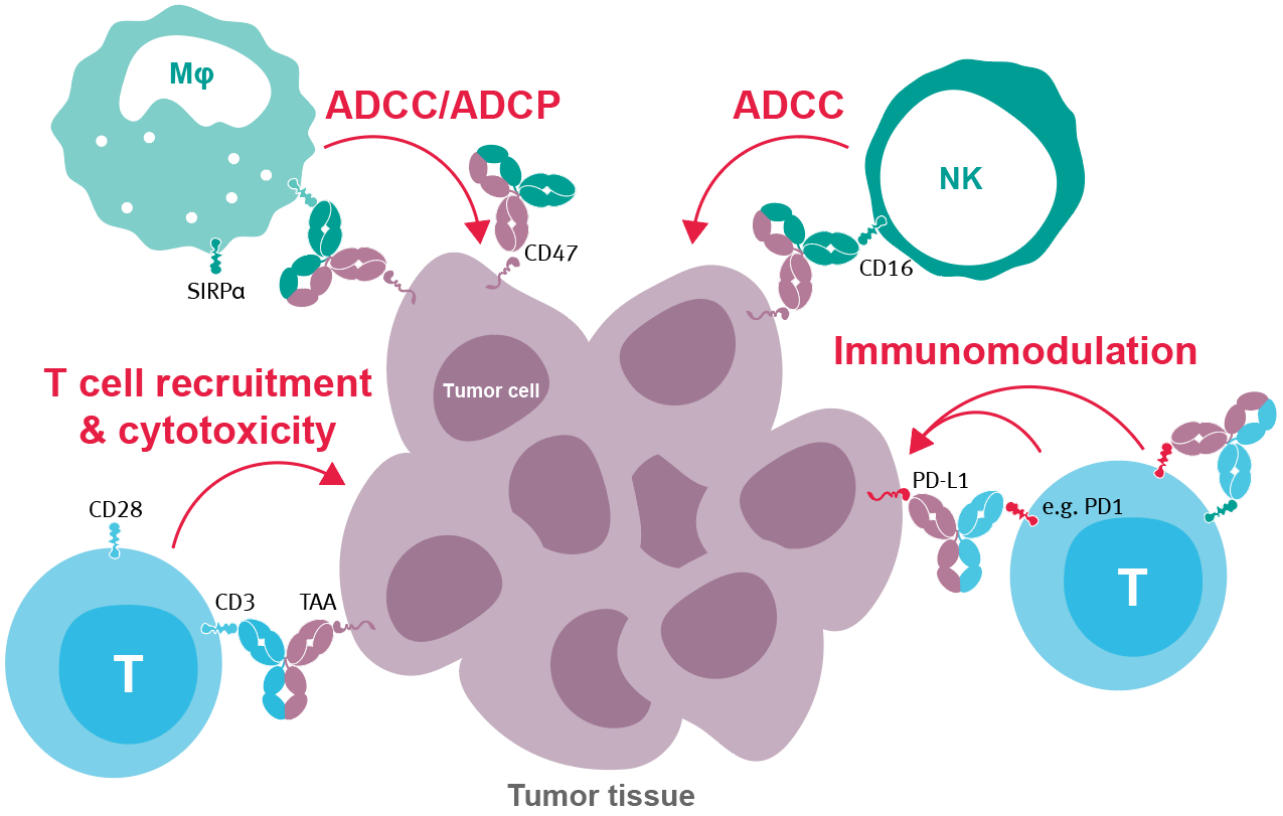
- Multiple different IO targets and antibody panels belonging to the B7/CD28 and TNF/TNFR families have been tested functionally and unbiased in DuoBody® transactivation screen
- DuoBody-CD40x4-1BB was one of the hits identified from thousands of DuoBody® variants

Functional Screening of Different CD3 DuoBody® Affinity Variants for T-Cell Mediated Kill of Malignant B-Cells



- B-cell targets and high and low affinity CD3 antibodies generated a library of several hundred of DuoBody® molecules
- Epcoritamab, containing high affinity CD3 and CD20 arms, was selected from functional screening

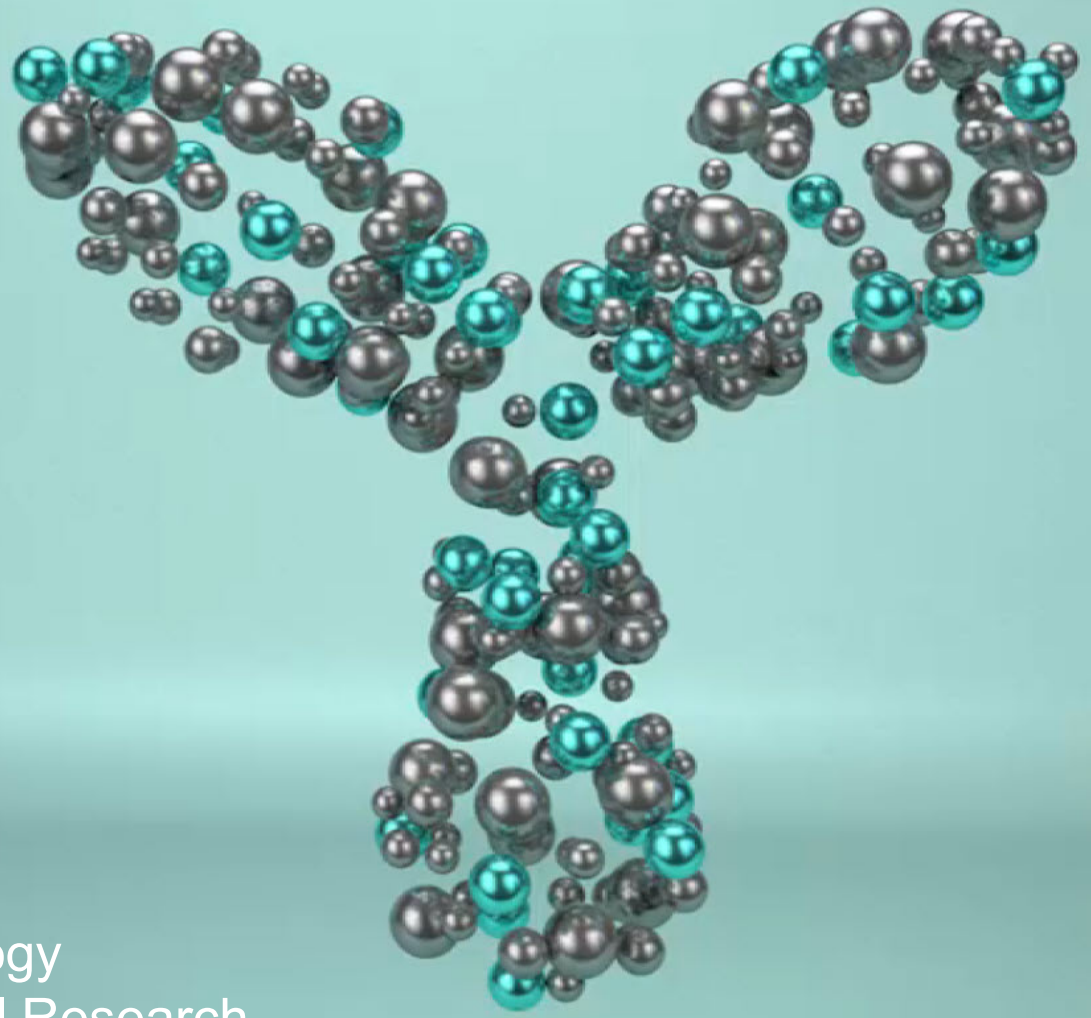
Identification of Novel Products for the Tumor Specific Activation of Innate Immune Cells Benefit From DuoBody® Library Screening



Cells of the innate immune system such as macrophages and natural killer cells can also be targeted in a tumor specific way using the DuoBody®.

Delivering on Our Promise:

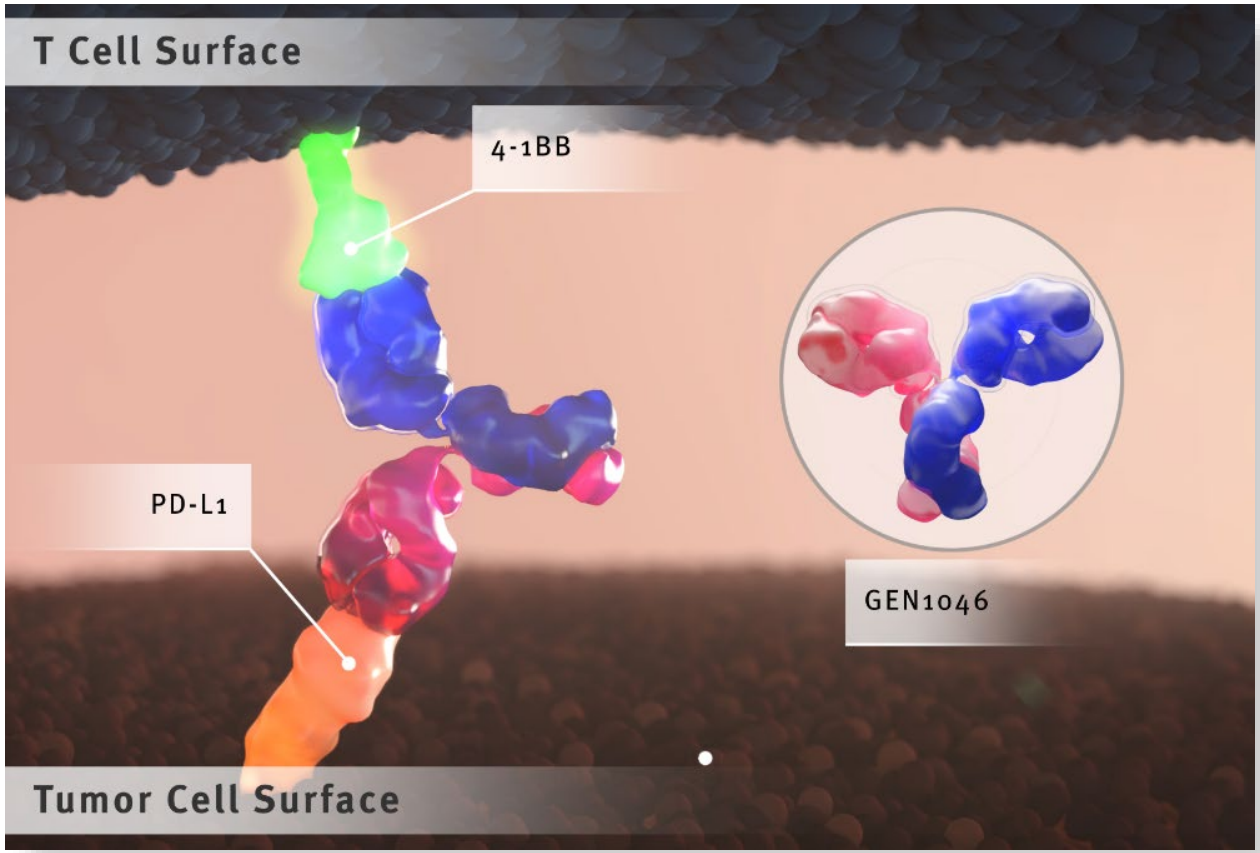
Potential First-in-Class DuoBody-PD-L1x4-1BB (GEN1046)*



Tahi Ahmadi, Senior Vice President, Head of Oncology
Kate Sasser, Corporate Vice President, Translational Research

*50/50 Development with BioNTech

Mechanism of Action of GEN1046



GEN1046 is a first-in-class, next generation, checkpoint immunotherapy designed to enhance T-cell and NK cell function through conditional 4-1BB co-stimulation, while simultaneously blocking the PD-L1 axis.

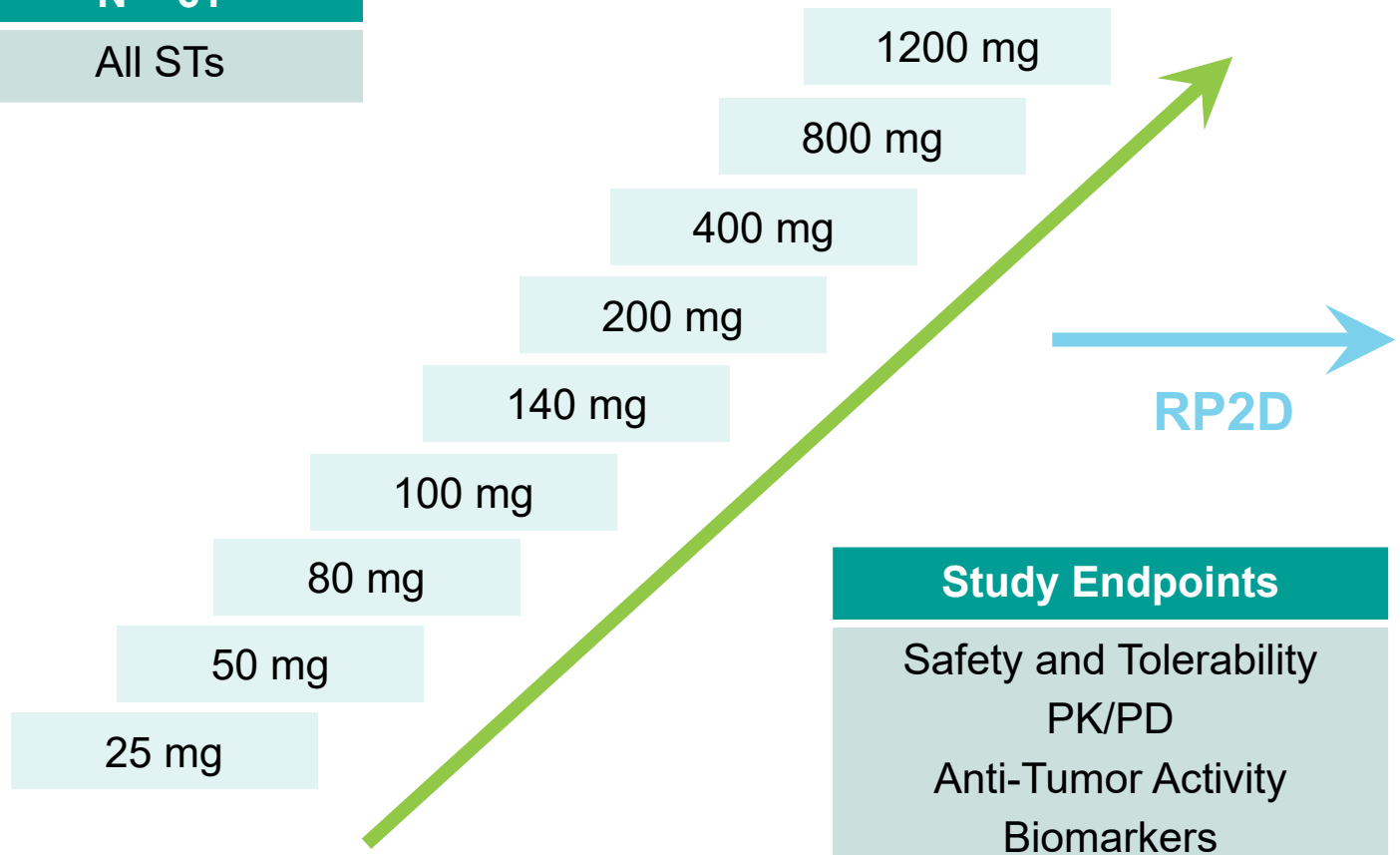
GEN1046 enhances proliferation and cytokine production of activated T-cells, activates immune cells in the tumor-draining lymph nodes, and induces tumor regression *in vivo*.

GEN1046 Safety Trial in Patients with Malignant Solid Tumors (NCT03917381)

Phase 1
Dose Escalation
N = 61

All STs

Cycle
Q3W



Study Endpoints

Safety and Tolerability
PK/PD
Anti-Tumor Activity
Biomarkers

Phase 2a
Dose Expansion
N = Up to 40 per cohort

EC1: NSCLC ≤ 2-4L p. ICI
EC2: NSCLC ≤ 2-4L ICI n.
EC3: Urothelial Ca ≤ 2-4L p. ICI
EC4: Endometrial Ca ≤ 2-4L ICI n.
EC5: TNBC ≤ 2-4L CPI n./p. ICI
EC6: SCCHN ≤ CPI n./p. ICI
EC7: Cervical Ca ≤ 2-4L ICI n.

https://clinicaltrials.gov/ct2/show/NCT03917381

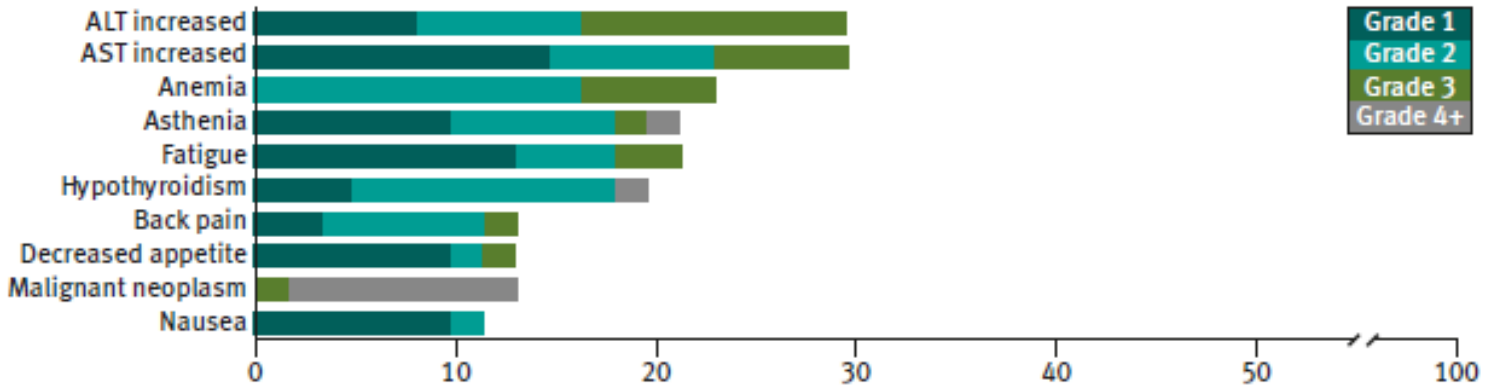
Dose Escalation Patient Demographics

Dose Escalation Cohort	All patients N=61
Median age, years (range)	**59 (23, 79)**
Age group, n (%)	
<65 years	**44 (72.1)**
≥65 years	**17 (27.9)**
Female, n (%)	**28 (45.9)**
Cancer type, [a] n (%)	
Colorectal cancer	**12 (19.7)**
Ovarian cancer	**9 (14.8)**
Pancreatic cancer	**6 (9.8)**
NSCLC	**6 (9.8)**
Other	**28 (45.9)**
Median number of prior regimens, (range)	**3 (1–11)**
Prior treatment with PD-(L)1 inhibitor, n (%)	**23 (37.7)**

- A total of 61 patients were enrolled in the dose escalation part of the trial
- Patients were heavily pretreated, receiving a median (range) of 3 (1–11) treatments; nearly 40% had received prior PD-(L)1 treatment

Safety Profile

TEAEs occurring in ≥10% of patients



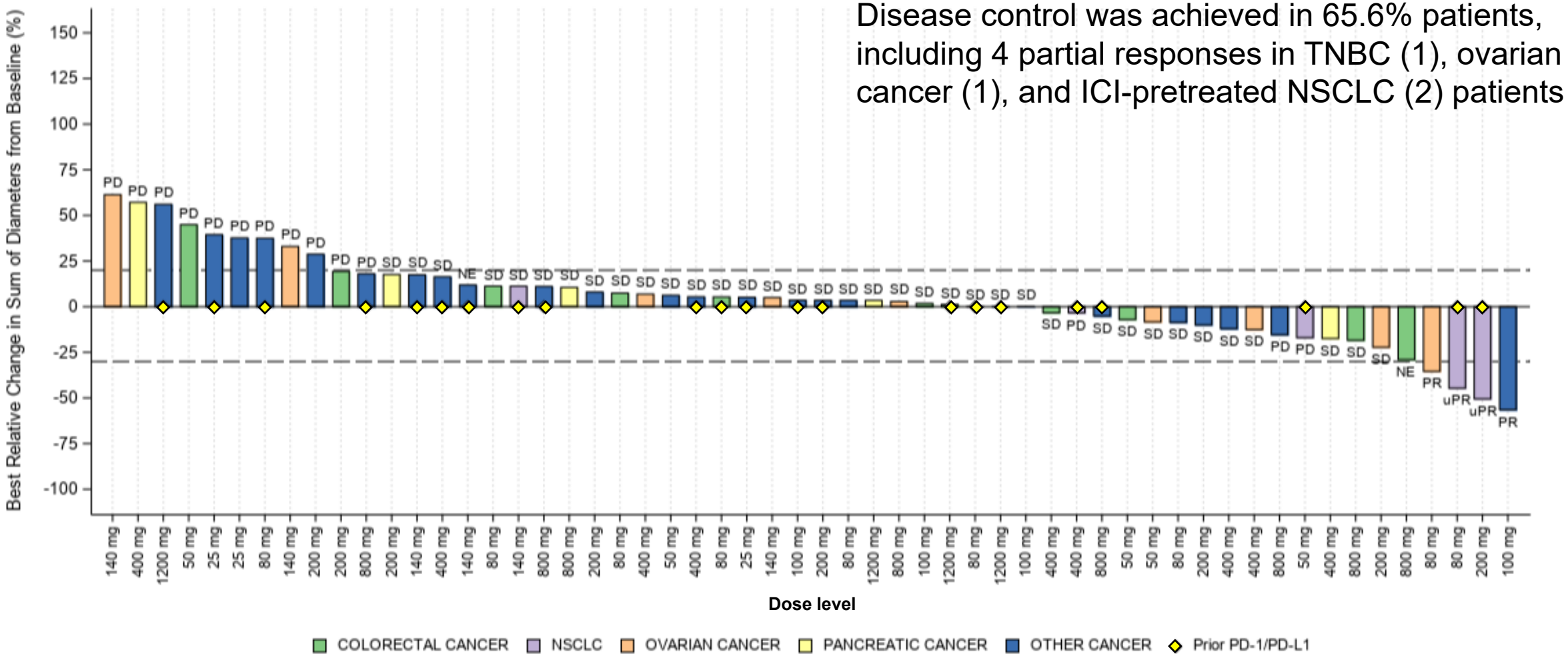
TRAEs occurring in ≥10% of patients

Dose Escalation Cohort	All patients N=61		
	All grades, n (%)	Grade 3, n (%)	Grade 4, n (%)
Any TRAE	**43 (70.5)**	**15 (24.6)**	**3 (4.9)**
TRAEs in > 10% of patients, by preferred term			
Transaminase elevation	**16 (26. 2)**	**6 (9.8)**	**0**
Hypothyroidism	**11 (18.0)**	**0**	**1 (1.6)**
Fatigue	**8 (13.1)**	**1 (1.6)**	**0**

- The most common treatment-related adverse events were transaminase elevations, hypothyroidism and fatigue.
- Treatment-related transaminase elevations occurred in 26.2% of patients. 9.8% of patients had grade 3 transaminase elevations
- There were no patients with Grade 4 transaminase, or treatment-related bilirubin increases
- MTD has not been reached

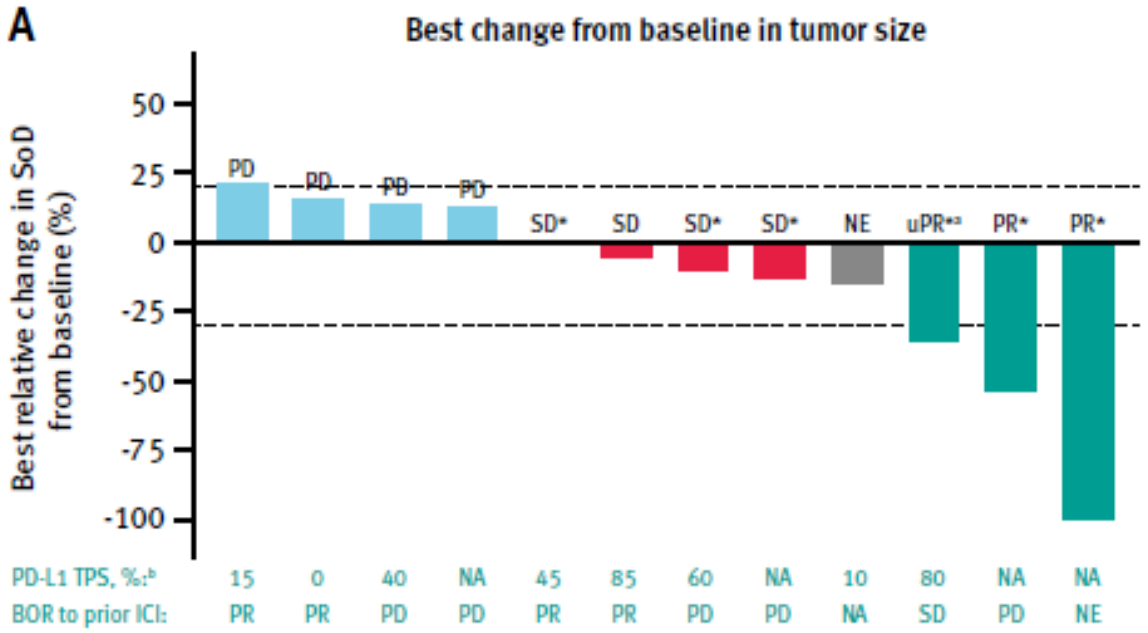
Anti-Tumor Activity – Dose Escalation

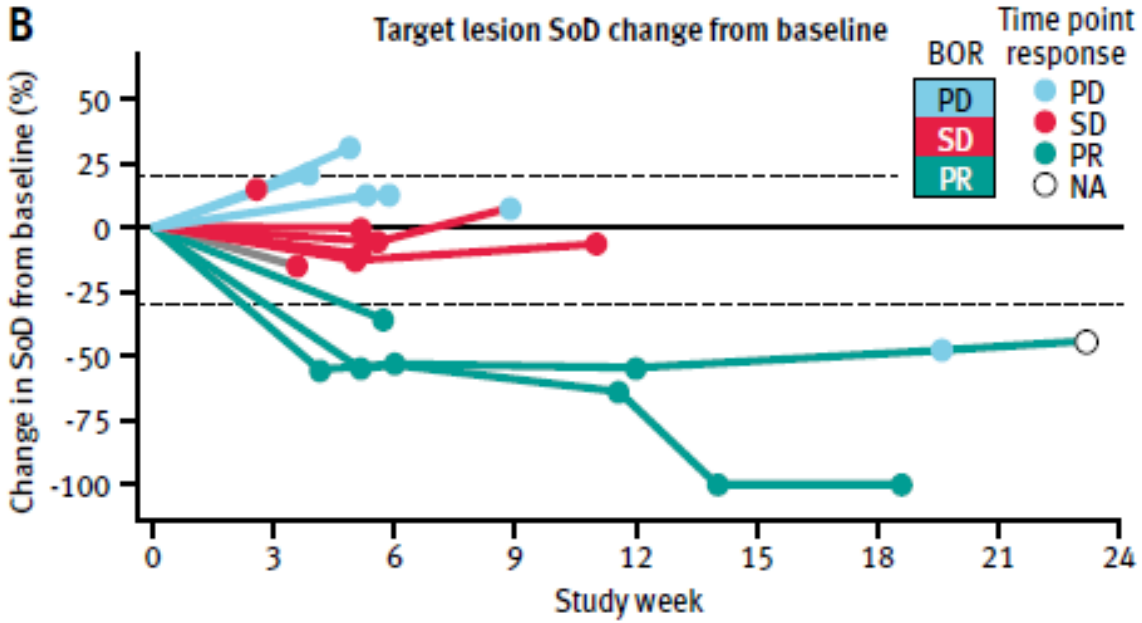
Disease control was achieved in 65.6% patients, including 4 partial responses in TNBC (1), ovarian cancer (1), and ICI-pretreated NSCLC (2) patients



Data cut-off: September 29, 2020. Post-baseline scans were not conducted for five patients.
aMinimum duration of response (5 weeks) per RECIST v1.1 not reached.
bPR was not confirmed on a subsequent scan.
NE, non-evaluable; NSCLC, non-small cell lung cancer; PD, progressive disease; PD-(L)1, programmed death (ligand) 1; PR, partial response; SD, stable disease; SoD, sum of diameters; uPR, unconfirmed partial response.

Anti-Tumor Activity – ICI-R/R NSCLC Expansion





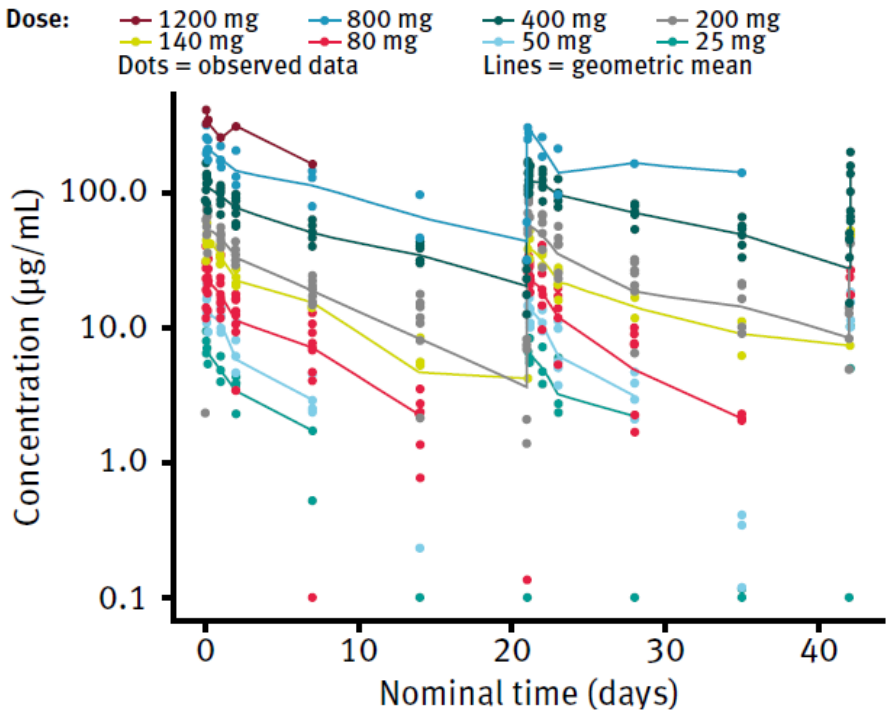
As of October 12, 2020, 24 patients were enrolled in expansion cohort 1, which includes patients with NSCLC with progression on or after ICI therapy

- 12 patients had post-baseline scans; six patients were still on treatment with GEN1046, six patients discontinued
- Preliminary efficacy in 12 patients who could be objectively assessed showed two patients who achieved confirmed PR, one with unconfirmed PR, and four patients with SD.

Data cut-off: October 12, 2020.
*Denotes patients with ongoing treatment.
aPR was not confirmed by a subsequent scan.
Includes all patients who had at least one post-baseline tumor assessment (schedule is every 6 weeks), and thus could be assessed for clinical benefit; 6 of 12 patients are still on treatment.
BOR, best overall response; ICI, immune checkpoint inhibitor; NA, not available, NE, non-evaluable; NSCLC, non-small cell lung cancer; PD, progressive disease; PD-(L)1, programmed death (ligand) 1; PR, partial response; RECIST, Response Evaluation Criteria in Solid Tumors; SD, stable disease; SoD, sum of diameters; TPS, tumor proportion score; uPR, unconfirmed partial response.

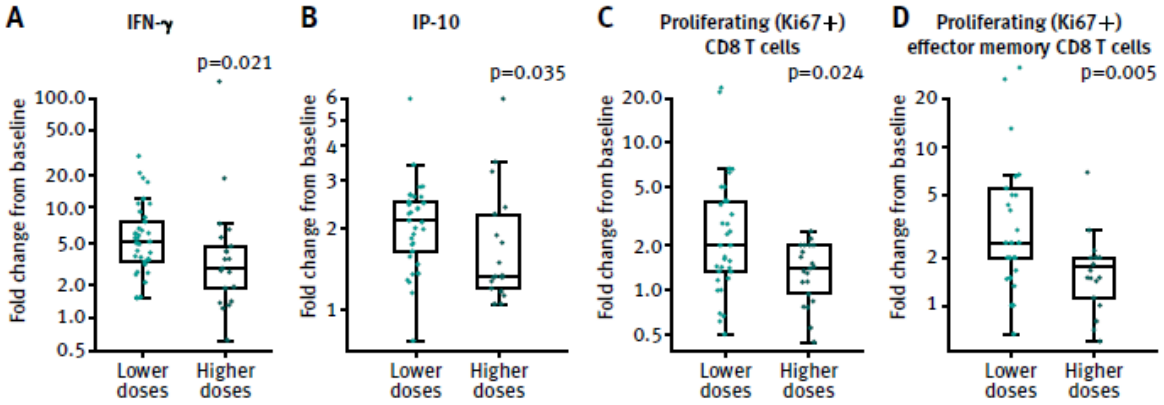
PK/PD Profile

GEN1046 PK for the first two dosing cycles given every 3 weeks



- Peak concentrations shortly after end of infusion
- Mean half-life of 2.3-10.3 days after first dose

Modulation of peripheral pharmacodynamic markers

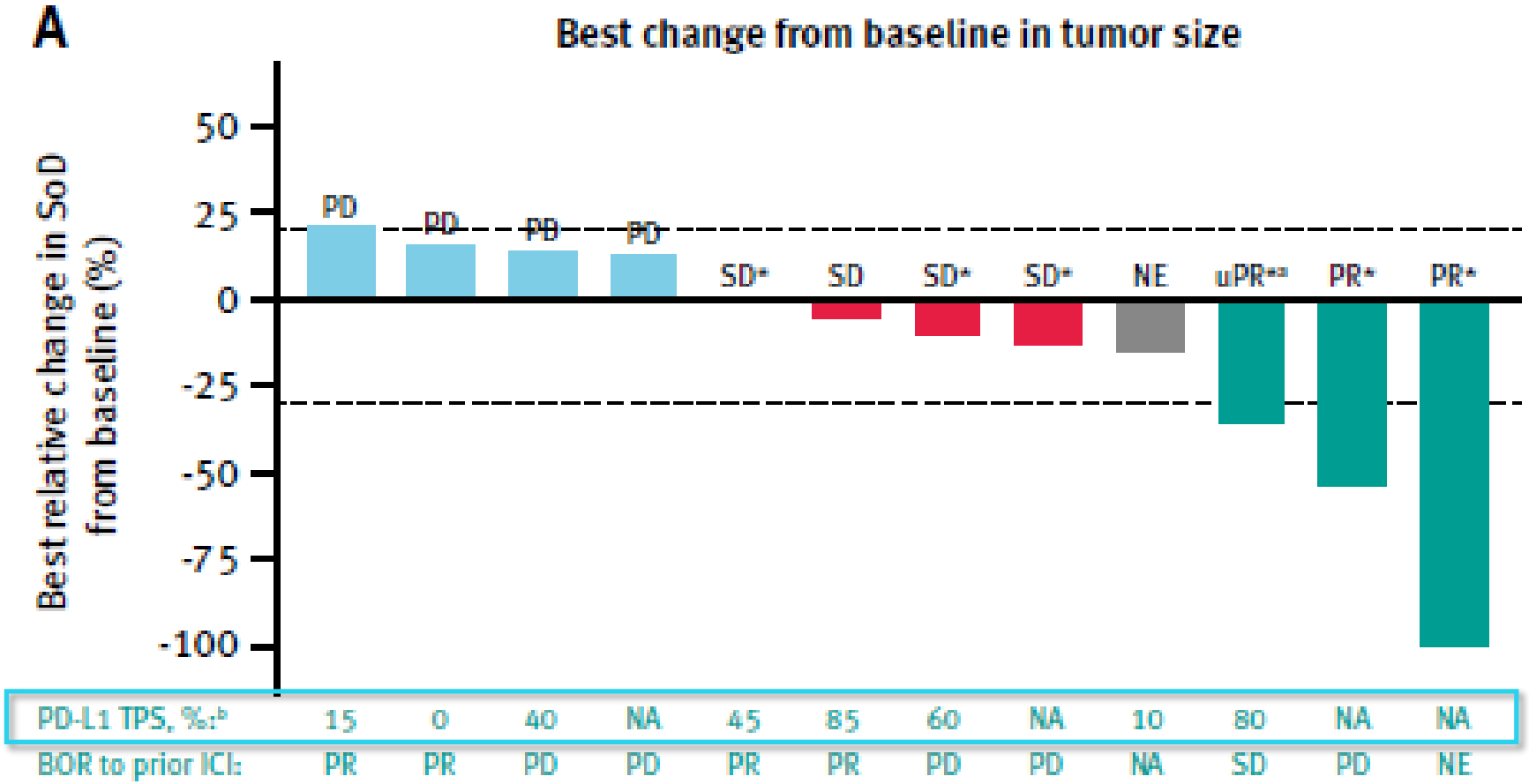


- Pharmacological activity was observed across a broad range of dose levels.
- Increased levels of peripheral IFN-g and IP-10, increased frequency of proliferating (Ki67+) total CD8 and effector memory CD8+ T cells were observed.

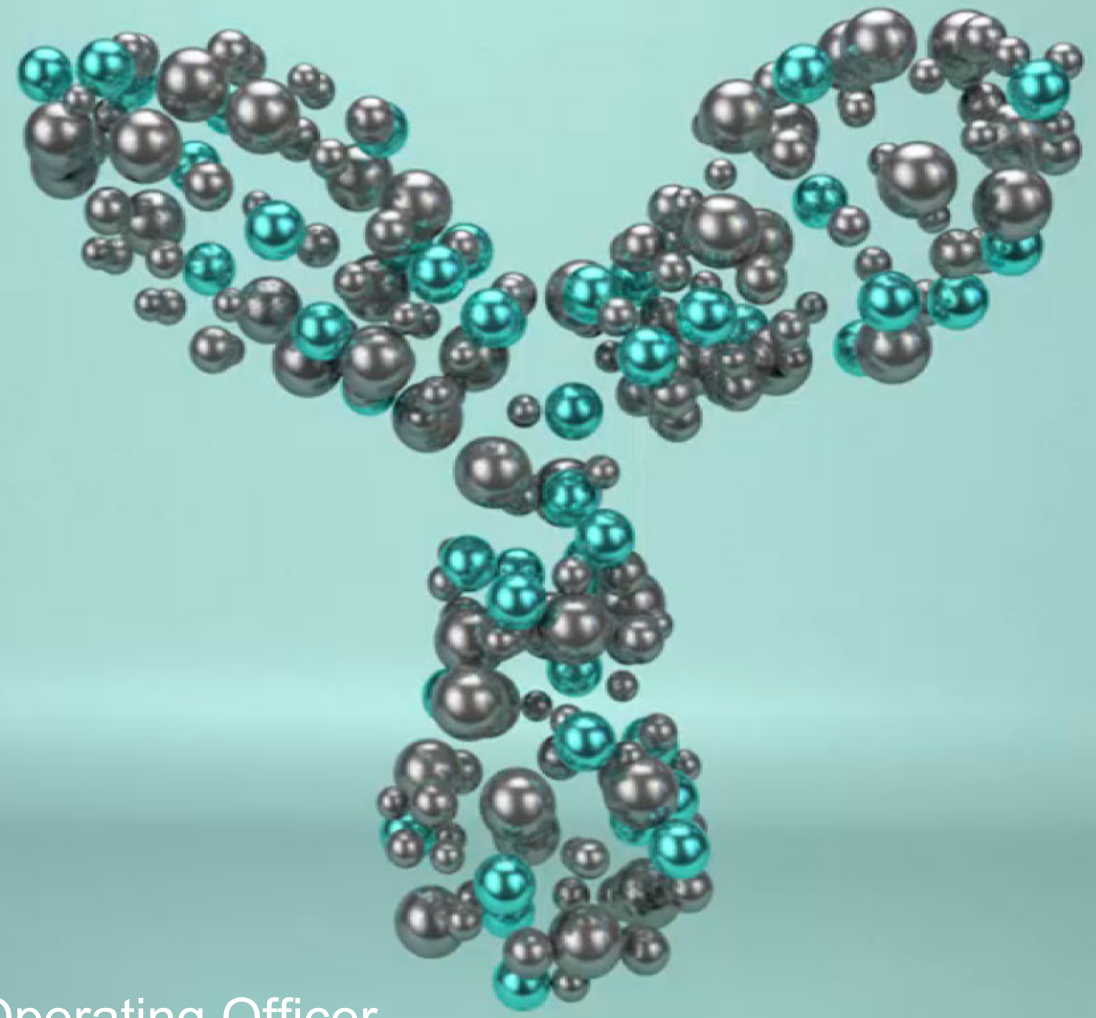
Data extraction: June 26, 2020.
Maximal fold-change from baseline measured during cycle 1. Lower doses correspond to dose levels ≤ 200 mg and higher doses correspond to dose levels ≥ 400 mg.
Wilcoxon-Mann-Whitney test. IFN, interferon; IP-10, interferon-gamma–inducible protein 10.

PDL1 Status is Being Assessed in Current FIH Trial

- PD-L1 expression was assessed in tumor biopsies obtained prior to PDL1X4-BB therapy (22C3 assay)
- Current expansion cohort includes robust biomarker profiling to discern appropriate patient population for future development



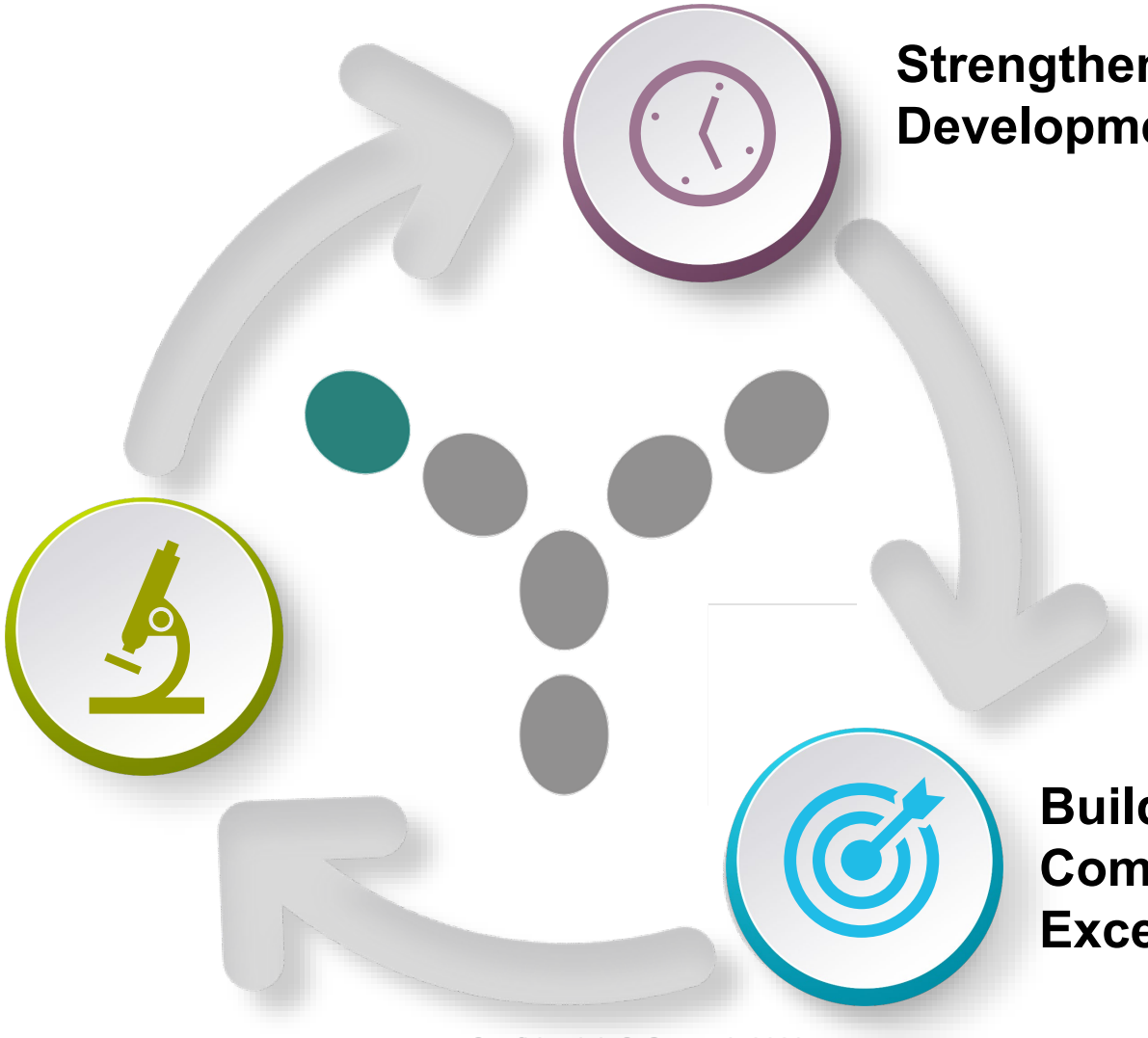
Evolving Into a Fully Integrated Biotech



Anthony Mancini, Executive Vice President & Chief Operating Officer

Building Capabilities to Achieve our 2025 Vision

A Knock-Your-Socks-Off Pipeline & Products That Transform Cancer Treatment



Strengthening Development

Building Commercialization Excellence

Creating Innovative Antibody Therapeutics

Focused Genmab Go-To-Market Model

Positions Prioritized Assets for Success in the US & Japan

Priority Late-Stage Products

- **Tisotumab vedotin:** ADC Targeting TF — Seagen
- **Epcoritamab:** CD3 x CD20 — abbvie

Priority Markets

Epcoritamab (DuoBody® Technology)

Diffuse Large B-Cell Lymphoma (DLBCL) & Other B-Cell Malignancies

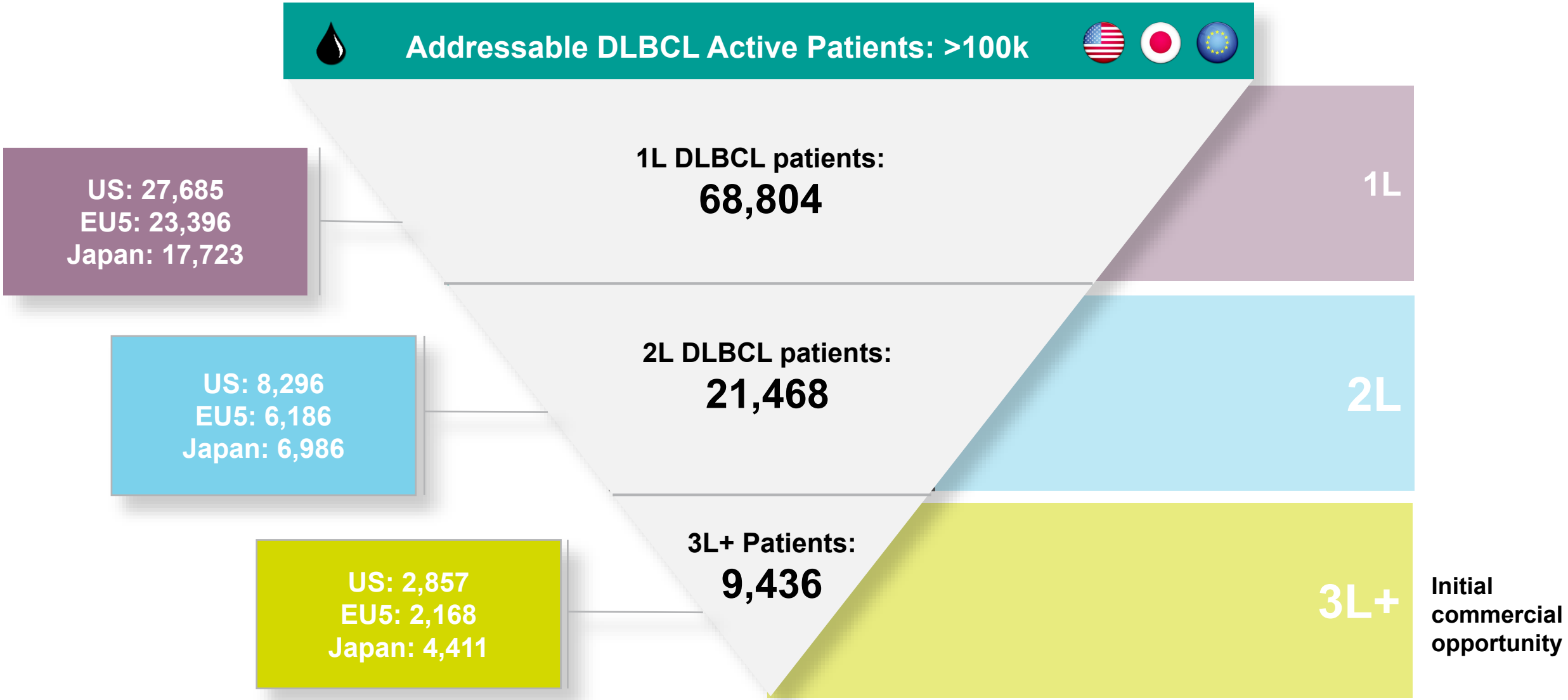
DLBCL is the Most Common Type of B-Cell Non-Hodgkin Lymphoma (NHL)

36% of DLBCL patients in the US die from their disease within 5 years of diagnosis

Older Population	**Average age at initial diagnosis is between 60-65**
Population Aging	**Prevalence is expected to continue increasing**
QoL Impact	**Symptoms typically appear at advanced stages of disease, but their impact is often swift and severe**

Sources: SEER https://seer.cancer.gov/statfacts/html/dlbcl.html; Ries, L. A. G. et al. (2007) SEER Survival Monograph: Cancer Survival among Adults: U.S. SEER Program, 1988–2001, Patient and Tumor Characteristics; American Cancer Society. "Types of B-cell Lymphoma." Available at https://www.cancer.org/cancer/non-hodgkin-lymphoma/about/b-cell-lymphoma.html ; Lymphoma Research Foundation, "Diffuse Large B-Cell Lymphoma." Available at https://lymphoma.org/aboutlymphoma/nhl/dlbcl/ ; Crump, Michael, et al. "Outcomes in Refractory Diffuse Large B-Cell Lymphoma: Results from the International SCHOLAR-1 Study." Blood, American Society of Hematology, 19 Oct. 2017, www.ncbi.nlm.nih.gov/pmc/articles/PMC5649550/.

Over 100k Patients in US, EU5 and Japan Are Treated for DLBCL



Source: Kantar Health Drug Treated Patients (2020 Report); GlobalData (2020)

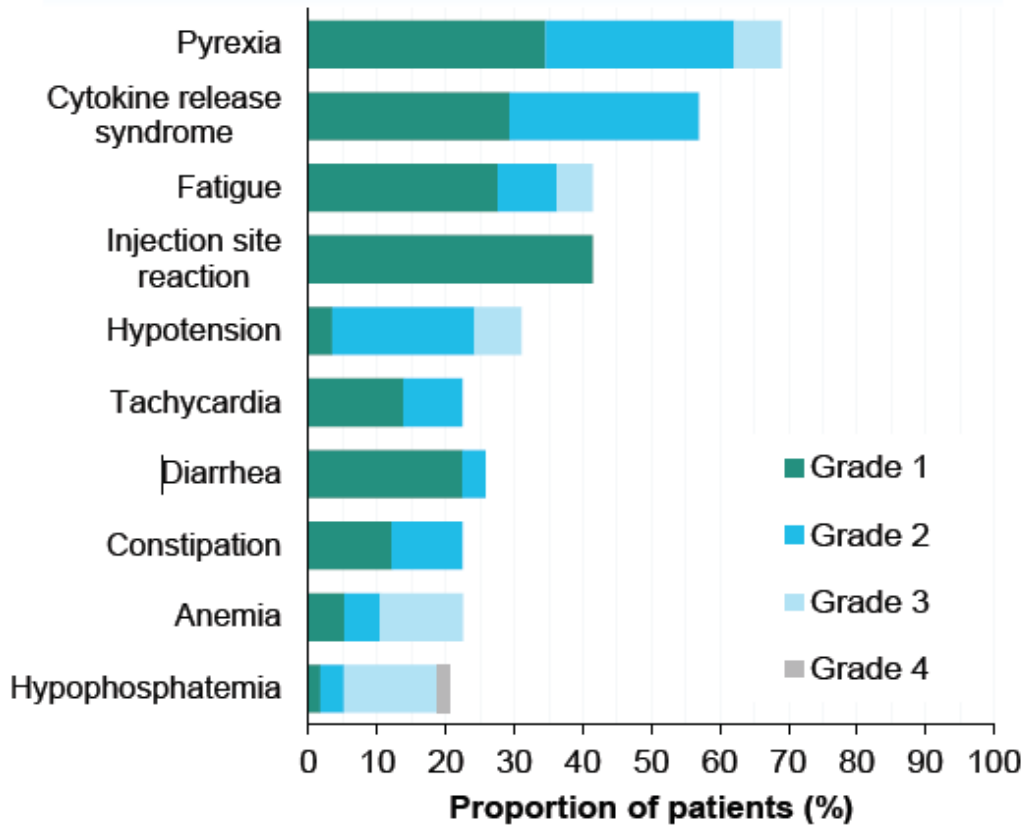
Phase 1/2 Trial of Epcoritamab in R/R B-cell NHL

- At time of ASH Abstract cut off, 67 subjects were enrolled in Phase 1/2 first-in-human dose-finding study in R/R B-cell NHL; epcoritamab demonstrated antitumor efficacy as a single agent, with no DLTs
- No discontinuation due to AEs unrelated to PD
- In DLBCL: ORR were 66.7% (34% CR) with ≥12 mg (n=18) and 100% (29% CR) with ≥48 mg**

	DLBCL		FL	
	≥12 mg	≥48 mg	≥0.76 mg	≥12 mg
Evaluable patients	18[a]	7	8	3
Overall response rate, %	66.7	100	100	100
Complete response, n (%)	6 (33.3)	2 (28.6)	2 (25.0)	2 (66.7)
Partial response, n (%)	6 (33.3)	5 (71.4)	6 (75.0)[b]	1 (33.3)
Stable disease, n (%)	1 (5.6)	0	0	0
Progressive disease, n (%)	5 (27.8)	0	0	0

Hutchings M, et al. ASH 2020. Abstract 402.

TEAEs occurring in ≥20% of patients



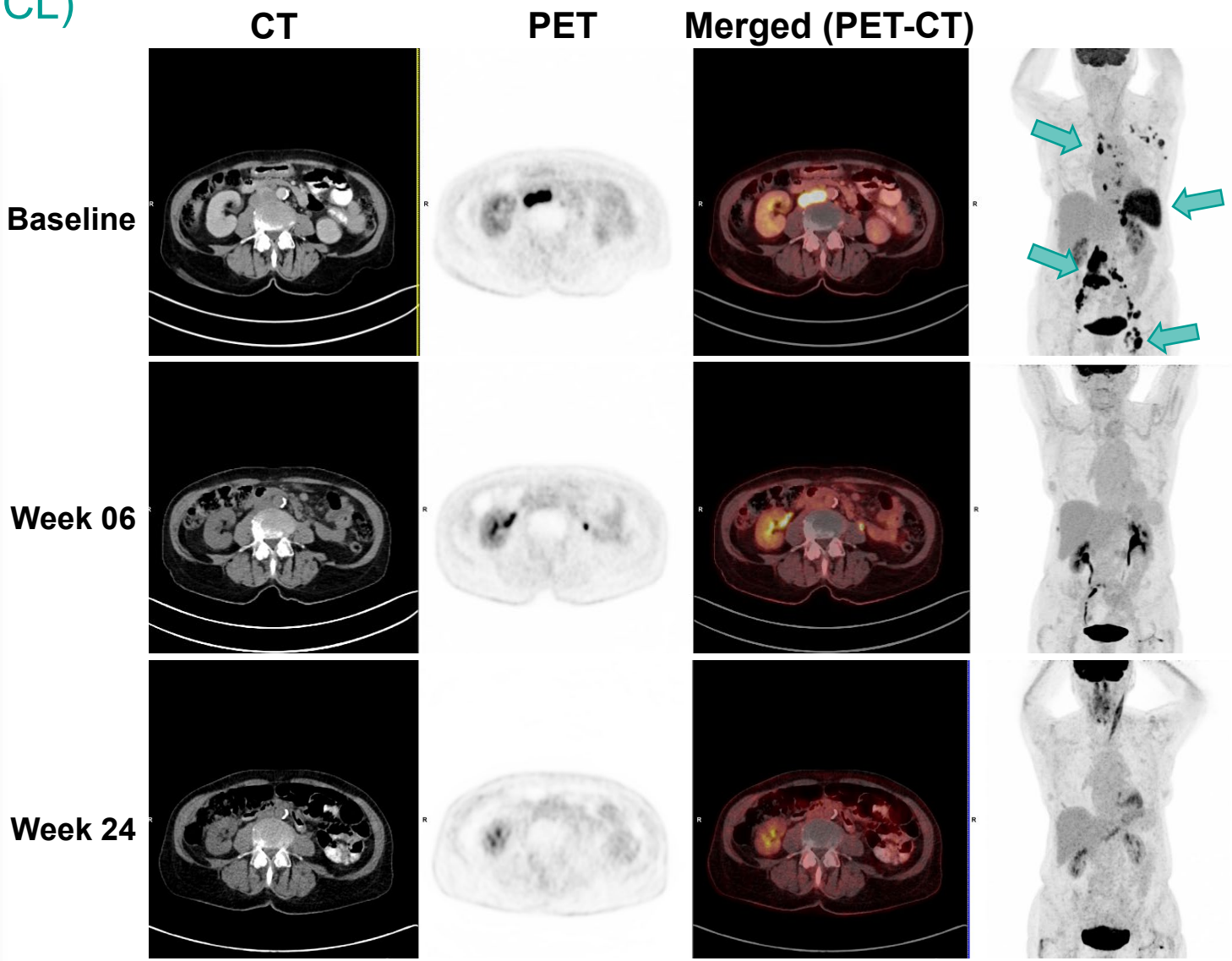
**48 mg, n=4; 60 mg, n=3

Hutchings M, et al. EHA 2020. Abstract 1218.

Case

Diffuse Large B-cell Lymphoma (DLBCL)

- 82 yr female
- DLBCL (de novo) diagnosis in 2017
- 3 prior treatment lines; refractory to last line
- 4 nodal lesions (SPD = 27 cm^2) plus involvement of spleen and left pleura (lung membrane)
- Epcoritamab **12 mg**
- Started epcoritamab on 14 Oct 2019
- PR at Week 6 & CR at Weeks 12, 18, 24 & 48
- Ongoing at cycle 15 with most recent response assessment at Week 48: SPD = 0 cm^2 (DS = 1)



GCT3013-01 Study Design

Single-arm, Open-label, Multi-Center First-in-human Phase 1/2 Study Ongoing

Key Inclusion Criteria

- R/R CD20+ B-NHL
- Prior treatment with anti-CD20 mAbs
- ECOG PS 0–2
- Measurable disease by CT, MRI, or PET/CT scan

Objectives:

Primary
- MTD
- RP2D

Secondary
- Safety/Tolerability
- Anti-tumor activity

Dose Escalation: Standard Titration:

0.0128–3 mg[a]	6 mg	12 mg	24 mg	48 mg RP2D

Dose schedule

- Cycle 1–2: Q1W
- Cycle 3–6: Q2W
- Cycle ≥7: Q4W

CT or MRI scans were conducted:

Weeks 6, 12, 18, 24 and every 12 weeks thereafter.

Single SC 1-mL injection of flat-dose epcoritamab administered in 28-day cycles until disease progression or unacceptable toxicity

Dose Expansion

- DLBCL n=128-158
- FL n=128-158
- MCL n=100

GCT3013-02 Study Design

Open-Label Trial to Assess the Safety and Preliminary Efficacy of SubQ Epcoritamab in Combination with Other Agents in Patients with B-cell Non-Hodgkin Lymphoma

Dose Escalation → **RP2D** → **Dose Expansion**

Objectives

Dose escalation:

- Safety and tolerability

Dose Expansion:

- **Anti-Tumor activity**

GCT3013-03 Study Design

Phase 1b/2, Open-Label, Safety & Efficacy Study of Epcoritamab in Relapsed/Refractory Chronic Lymphocytic Leukemia

Patient population:

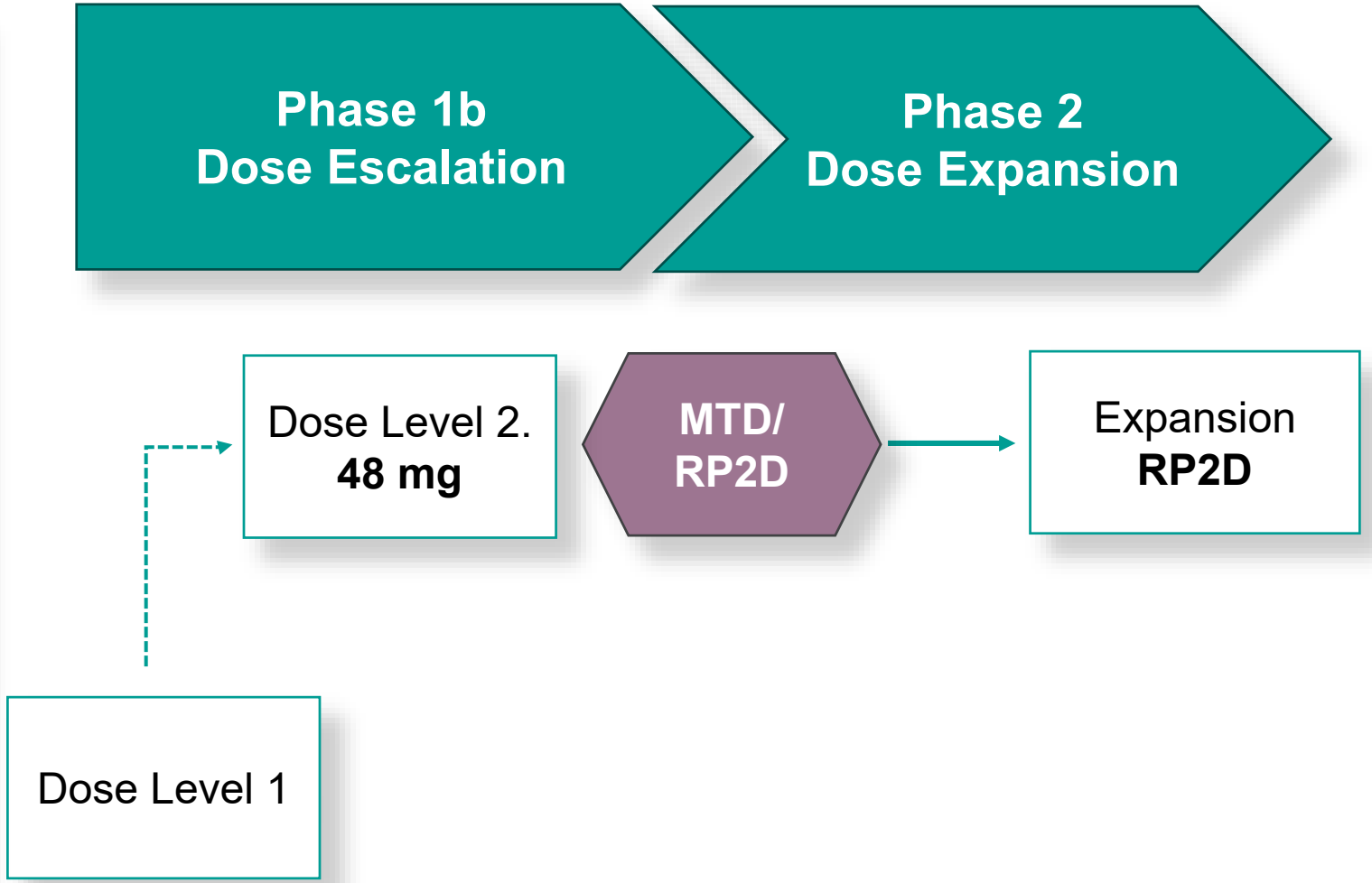
- R/R CLL after receiving at least 2 prior lines of systemic antineoplastic therapy, including treatment with (or intolerance of) a BTK inhibitor

Endpoints:

- Phase 1b: Safety, PK, PD, immunogenicity
- Phase 2: ORR, undetectable MRD

Site Selection:

- US, HOVON, NORDIC CLL, GCLLSG



GCT3013-05 Study Design

A Randomized, Open-Label, Phase 3 Trial of Epcoritamab vs. Investigator's Choice Chemotherapy in Relapsed/Refractory Diffuse Large B-cell Lymphoma

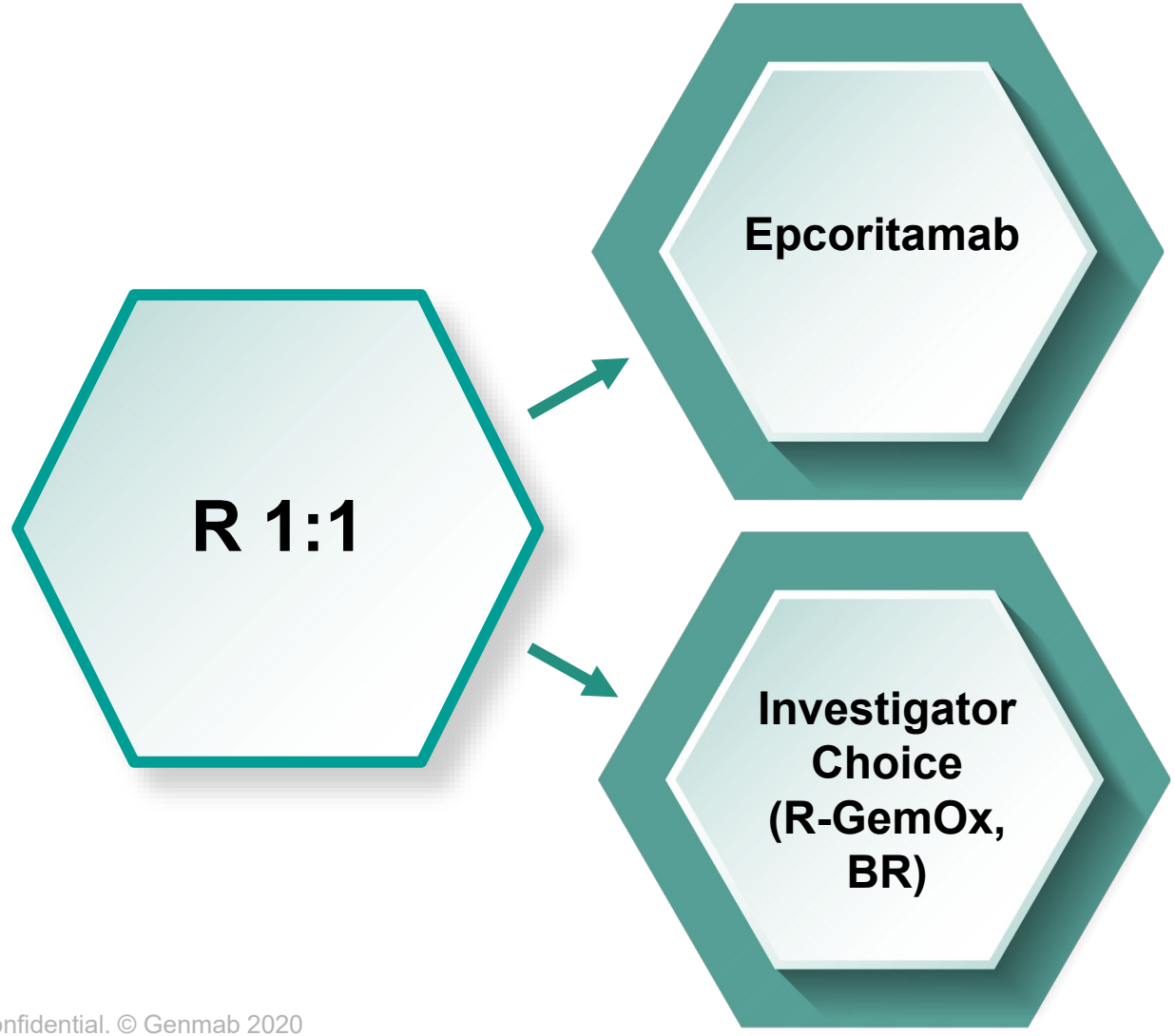
Patient population (n=480)

- Relapsed/Refractory DLBCL with at least 1 prior line of therapy that included an anti-CD20 Ab.
- Refractory to or ineligible for ASCT. Prior CAR-T allowed.

Comparator Investigator's Choice: (R-GemOx or BR)

Endpoints:

- Primary endpoint: OS
- Secondary: PFS, ORR, CR, DOR, MRD, Safety

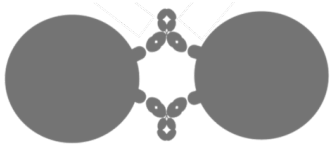


Positive Perception of Next-Gen CD3xCD20 Bispecifics & Potential to Transform B-cell Malignancy Treatment

B-NHL Type	Intervention	Study Phase
		Preclinical | I | I/II | II | III
DLBCL, FL, MCL and other histologies		
Front-line		
DLBCL	Epcoritamab + R-CHOP	**GCT3013-02 (Ph Ib)**
FL	Epcoritamab + BR	**GCT3013-02 (Ph Ib)**
Relapsed or refractory		
B-NHL (DLBCL, FL, MCL)	Epcoritamab monotherapy	**GCT3013-01 (Ph I/II)**
ASCT eligible DLBCL	Epcoritamab + R-DHAX/C	**GCT3013-02 (Ph Ib)**
DLBCL	Epcoritamab + GemOx	**GCT3013-02 (Ph Ib)**
FL	Epcoritamab + R^2	**GCT3013-02 (Ph Ib)**
B-NHL (Japanese patients)	Epcoritamab monotherapy	**GCT3013-04 (Ph I/II)**
DLBCL	Epcoritamab vs SOC	**GCT3013-05 (Ph III)**
CLL		
Relapsed or refractory	Epcoritamab monotherapy	**GCT3013-03 (Ph Ib)**

B-NHL: B-cell Non-Hodgkin Lymphoma; BR: bendamustine + rituximab; DLBCL: diffuse large B-cell lymphoma; FL: follicular lymphoma; MCL: mantle cell lymphoma; SOC: standard of care; R2 = Revlimid + rituximab

Customer Perception of Next Generation CD3xCD20 is Very Positive

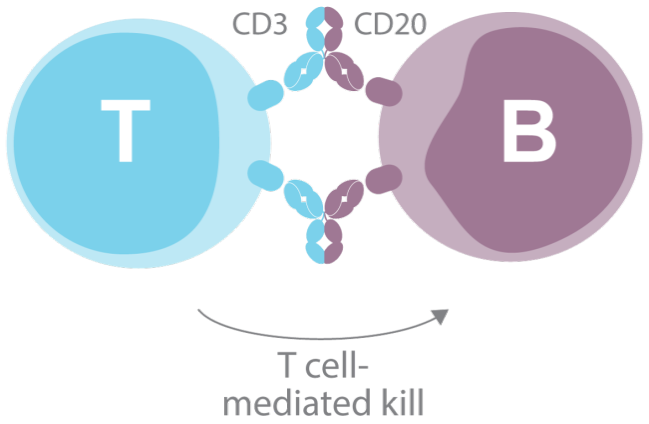


CD3xCD20 Agents

- **Awareness** → Growing awareness & enthusiasm
- **Efficacy & Safety** → High ORR & lack of high-grade CRS events
- **Route of Administration** → Preference for SubQ administration
- **Indication** → Initial use in 3L+ with potential to apply to all CD20+ cancers

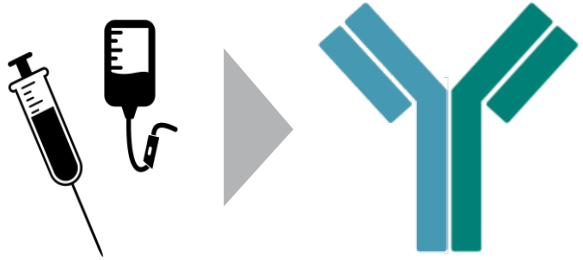
Epcoritamab: Potentially Superior Treatment in a Transformative Class of Therapies in B-cell Lymphomas

New MOA, Easy to Use/Combine



Next-Generation Bispecific Antibody

Potential Best-in-Class



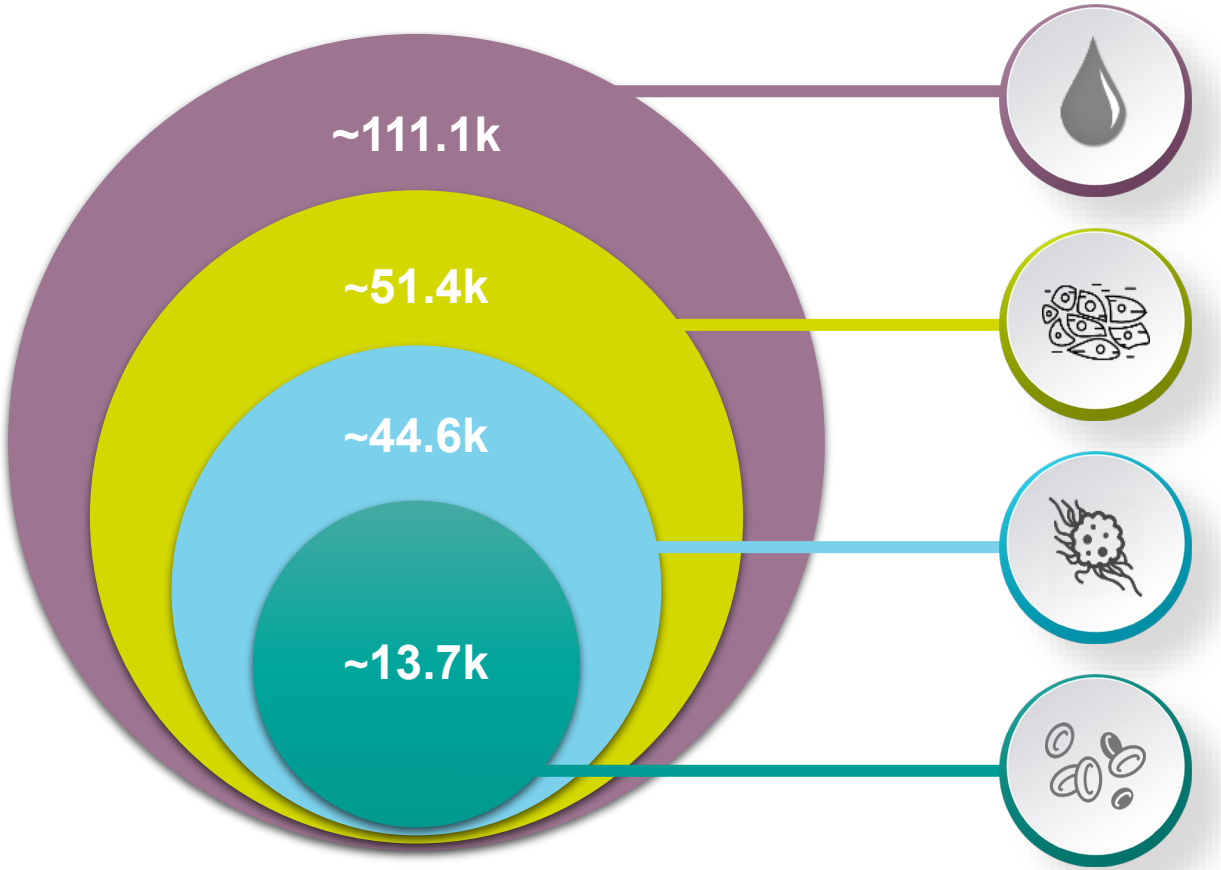
Improved efficacy & safety

Subcutaneous Administration

Enhanced convenience & ease of administration for HCPs & patients

An Ambitious Development Program Enables Potential Expansion Across Multiple Lines of Therapy

Expansion Opportunities: Estimated Drug Treated Patients (2027)*



DLBCL
(Diffuse Large B-Cell Lymphoma)

FL
(Follicular Lymphoma)

CLL
(Chronic Lymphocytic Leukemia)

MCL
(Mantle Cell Lymphoma)

* Epcoritamab has the potential to show clinical efficacy signals across all listed potential indications

Source: Kantar Estimated Drug Treated Patients (2020 Report)

Genmab

Tisotumab vedotin (HuMax® Technology)

Cervical Cancer

Seagen®

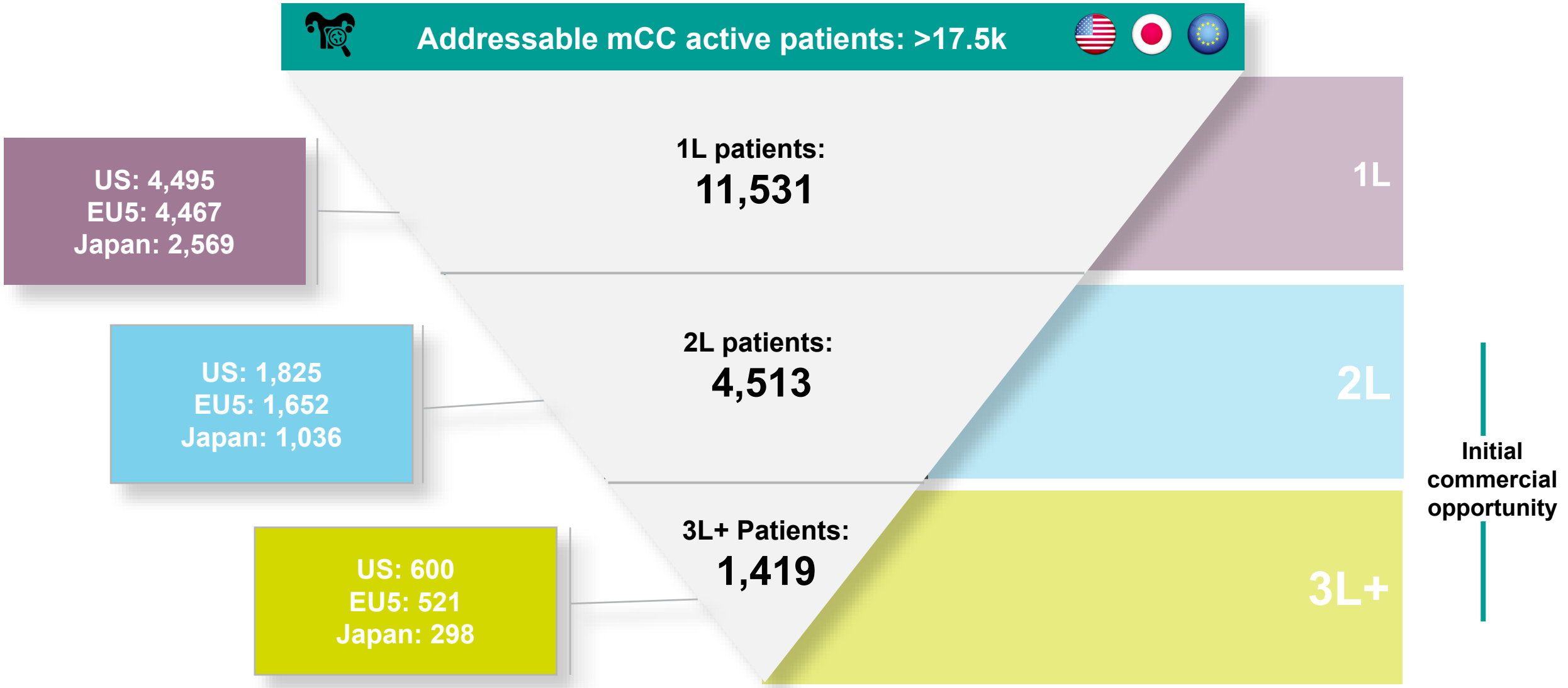
Advanced Cervical Cancer Patients Have a Poor Prognosis

83% of patients with metastatic Cervical Cancer (mCC) die within 5 years

Younger Women	**Most frequently diagnosed between 35-44 years old**
Socioeconomic Status	**Disproportionately impacts women of lower SES**
Stigmatized Disease	**Due to association with HPV and availability of the vaccine**

Source: Kantar Health (2019); Cervivor.org (accessed June 2020); WHO; Cancer.org (accessed September 2020)

Over 17k Patients Treated for Metastatic Cervical Cancer (mCC) in US, EU5 and Japan



Source: Kantar Health Drug Treated Patients (2020 Report);

Tisotumab Vedotin in Previously Treated Recurrent or Metastatic Cervical Cancer: Results From the Phase 2 innovaTV 204/GOG-3023/ENGOT-cx6 Study

Robert L. Coleman,[1] Domenica Lorusso,[2] Christine Gennigens,[3] Antonio González-Martín,[4] Leslie Randall,[5] David Cibula,[6] Bente Lund,[7] Linn Woelber,[8] Sandro Pignata,[9] Frederic Forget,[10] Andrés Redondo,[11] Reshma Rangwala,[12] Signe Diness Vindeløv,[13] Menghui Chen,[12] Jeffrey R. Harris,[12] Leonardo Viana Nicacio,[14] Melinda S. L. Teng,[14] Margaret Smith,[12] Bradley J. Monk,[15] Ignace Vergote[16]

[1]US Oncology, The Woodlands Houston, TX, USA; [2]Multicentre Italian Trials in Ovarian Cancer and Gynaecological Malignancies Group (MITO) and Scientific Directorate and Department of Women and Child Health, Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, Italy; [3]Department of Medical Oncology, Centre Hospitalier Universitaire de Liège, Liège, Belgium; [4]Grupo Español de Investigación en Cáncer de Ovario (GEICO) and Department of Medical Oncology, Clínica Universidad de Navarra, Madrid, Spain; [5]Massey Cancer Center, Virginia Commonwealth University, Richmond, VA, USA; [6]Central and Eastern European Gynecologic Oncology Group (CEEGOG) and Department of Obstetrics and Gynecology, First Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic; [7]Aalborg University Hospital, Aalborg, Denmark; [8]Arbeitsgemeinschaft Gynäkologische Onkologie (AGO) study group and University Medical Center Hamburg-Eppendorf, Hamburg, Germany; [9]MITO and Istituto Nazionale per lo Studio e la Cura dei Tumori, "Fondazione G. Pascale" IRCCS, Naples, Italy; [10]Centre Hospitalier de l'Ardenne, Libramont, Belgium; [11]Grupo Español de Investigación en Cáncer de Ovario (GEICO) and Hospital Universitario La Paz-IdiPAZ, Madrid, Spain; [12]Genmab US, Inc., Princeton, NJ, USA; [13]Genmab, Copenhagen, Denmark; [14]Seattle Genetics, Inc., Bothell, WA, USA; [15]Arizona Oncology (US Oncology Network), University of Arizona College of Medicine, Creighton University School of Medicine, Phoenix, AZ, USA; [16]Belgium and Luxembourg Gynaecological Oncology Group, University of Leuven, Leuven Cancer Institute, Leuven, Belgium.

Genmab

innovaTV 204 Study Design

innovaTV 204 (NCT03438396) is a pivotal phase 2 single-arm, multicenter (United States and Europe) study evaluating tisotumab vedotin in patients with previously treated recurrent and/or metastatic cervical cancer

Key Eligibility Criteria

- Recurrent or extrapelvic metastatic cervical cancer
- Progressed during or after doublet chemotherapy[a] with bevacizumab (if eligible)
- Received ≤2 prior systemic regimens[b]
- ECOG PS 0-1

Enrolled: 102[c]
Treated: 101*

Tisotumab vedotin 2.0 mg/kg IV Q3W

Until PD or unacceptable toxicity

Tumor responses assessed using CT or MRI at baseline, every 6 weeks for the first 30 weeks, and every 12 weeks thereafter

Primary Endpoint

- ORRd per RECIST v1.1, by independent imaging review committee (IRC)

Secondary Endpoints

- ORRd per RECIST v1.1, by investigator
- DOR, TTR, and PFS by IRC and investigator
- OS
- Safety

Exploratory Endpoints

- Biomarkers
- HRQoL

*Study sample size calculated assuming a confirmed ORR of 21% to 25% with tisotumab vedotin and to provide ≥80% power to exclude an ORR of ≤11%[e]

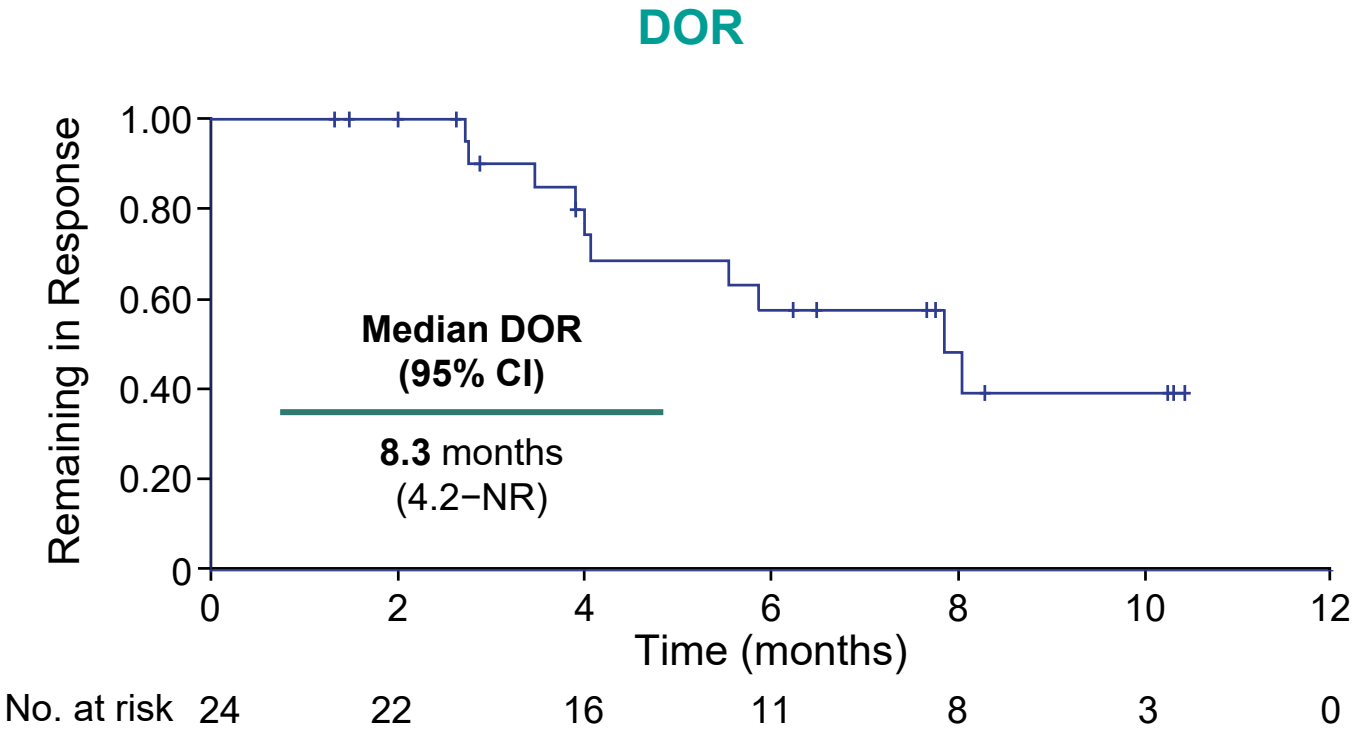
[a]Paclitaxel plus platinum (cisplatin or carboplatin) or paclitaxel plus topotecan. [b]Adjuvant or neoadjuvant chemotherapy or if administered with radiation therapy, was not counted as a prior systemic regimen. [c]June 2018 to April 2019. [d]Responses were confirmed by subsequent repeat imaging performed ≥4 weeks after initial response assessment. [e]Using one-sided exact binomial test at 0.025 significance level.

CT, computed tomography; ECOG PS, Eastern Cooperative Oncology Group performance status; HRQoL, health-related quality of life; IRC, independent review committee; IV, intravenous; MRI, magnetic resonance imaging; OS, overall survival; PD, progressive disease; Q3W, every 3 weeks; RECIST v1.1, Response Evaluation Criteria In Solid Tumors version 1.1; TTR, time to response.

Antitumor Activity by IRC Assessment

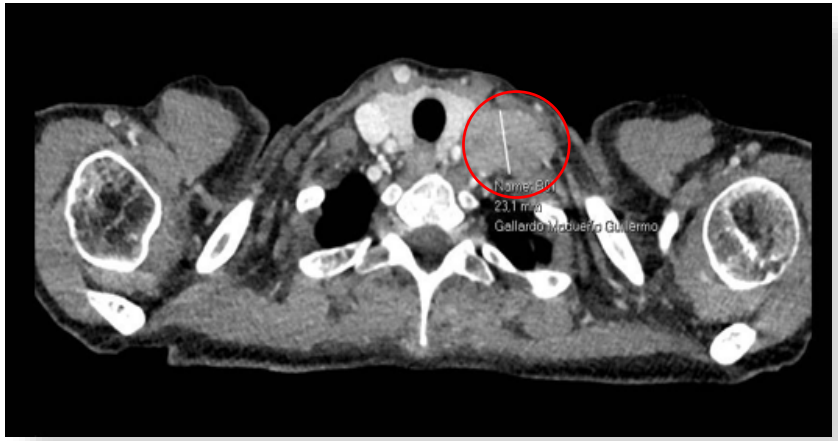
Clinically meaningful and durable responses were observed

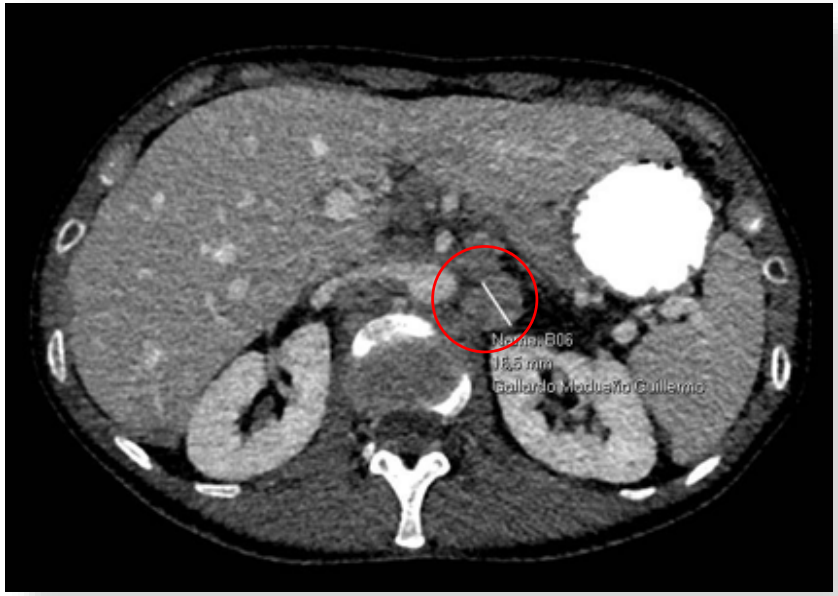
	N=101
Confirmed ORR (95% CI),[a] %	**24 (15.9–33.3)**
CR, n (%)	7 (7)
PR, n (%)	17 (17)
SD, n (%)	49 (49)
PD, n (%)	24 (24)
Not evaluable, n (%)	4 (4)



Data cutoff: February 06, 2020. Median duration of follow-up: 10.0 months.
[a]Based on the Clopper-Pearson method.
CI, confidence interval; CR, complete response; DOR, duration of response; IRC, independent review committee; NR, not reached; ORR, objective response rate; PD, disease progression; PR, partial response; SD, stable disease.

Baseline Scans





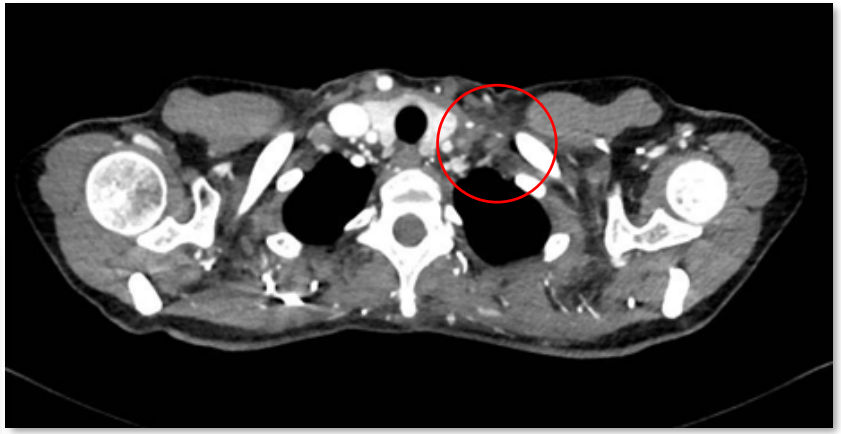
42-year-old
Sep 2017
Received concurrent chemoradiation

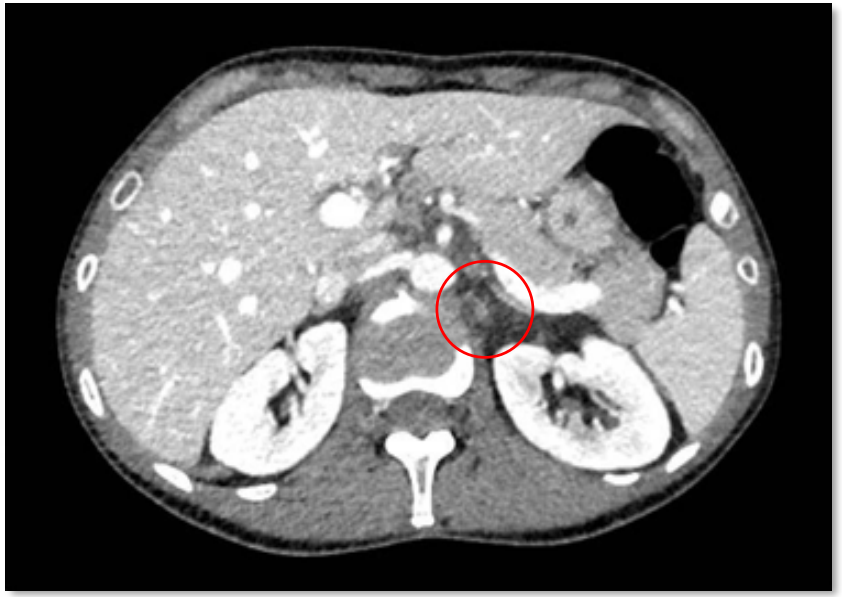
Jan 2018 – Biopsy confirmed recurrence in extra-pelvic lymph nodes. Received carboplatin + paclitaxel

Nov 2018 - Started on innovaTV 204

- Confirmed <u>Complete Response</u> (IRC-assessed)
- DOR: 8.5 mos

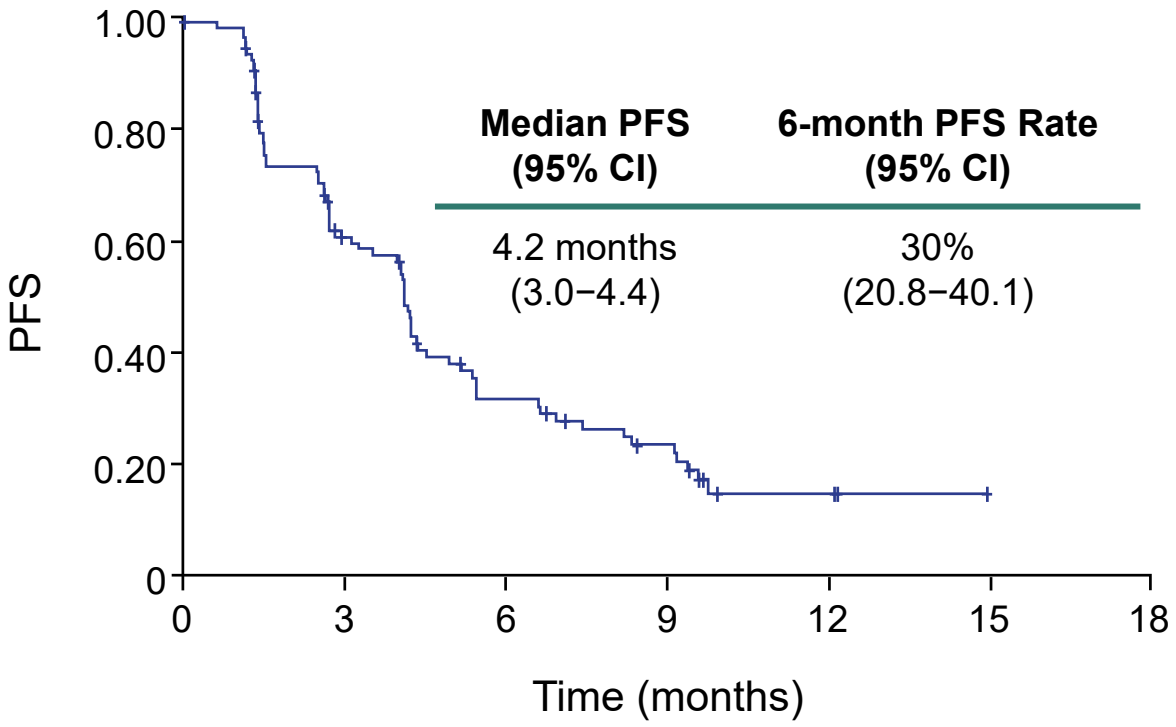
Scans Confirming Response (Cycle 5)





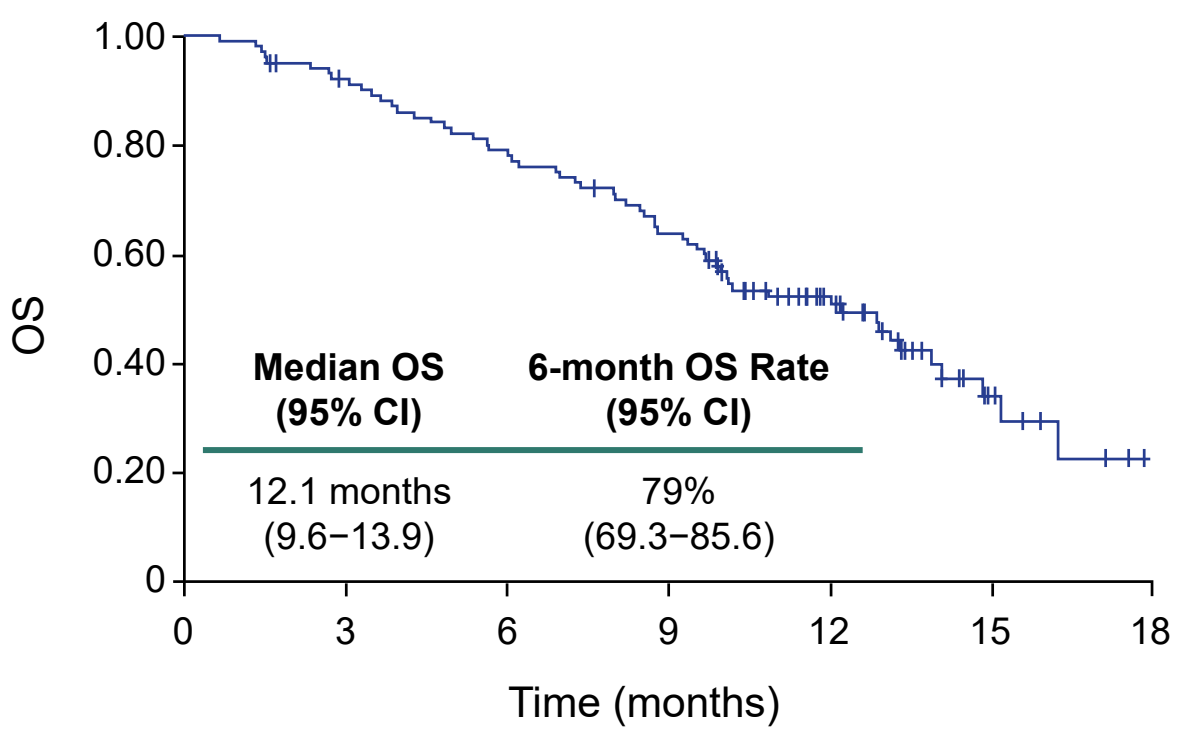
PFS by IRC Assessment and OS

PFS



No. at risk	101	53	23	14	4	1	0

OS

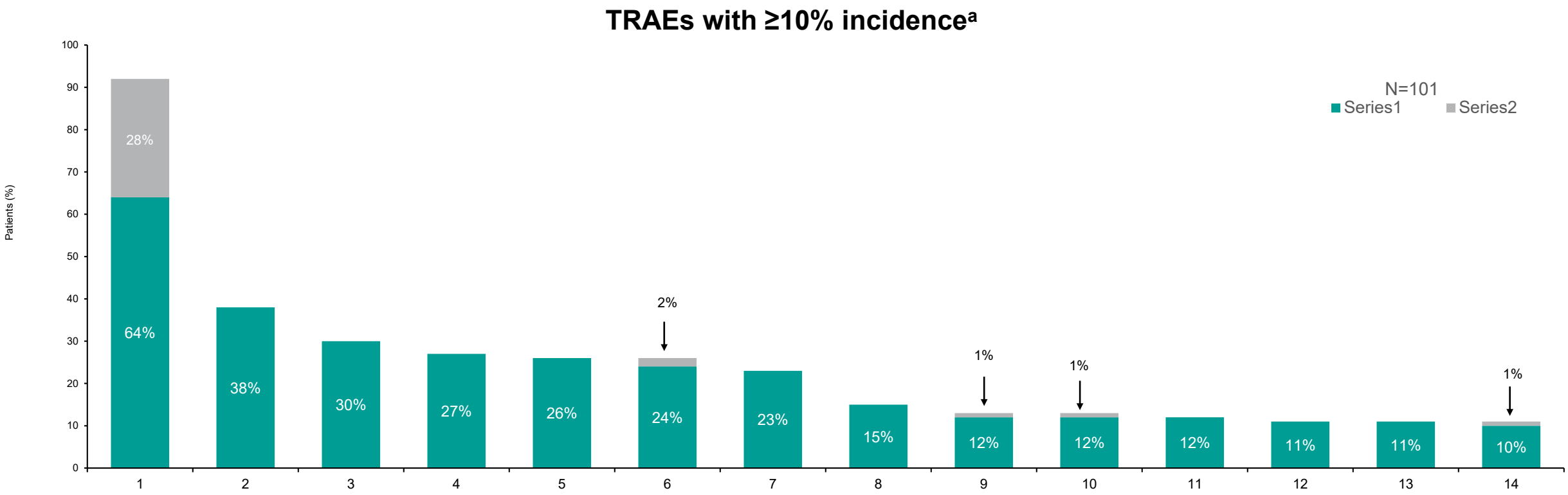


No. at risk	101	90	77	61	35	8	0

Data cutoff: February 06, 2020. Median duration of follow-up: 10.0 months.
CI, confidence interval; OS, overall survival; PFS, progression-free survival.

Most Common TRAEs with Tisotumab Vedotin

- Most TRAEs were grade 1 or 2 and no new safety signals were reported
- One death due to septic shock was considered by the investigator to be related to therapy[b]



Data cutoff: February 06, 2020. Median duration of follow-up: 10.0 months.
Median duration of treatment: 4.2 months (range, 1–16).
[a]Any-grade AEs included if ≥10%. [b]Three treatment-emergent deaths unrelated to therapy included one case of ileus and two with unknown causes.
TRAE, treatment-related adverse event.

Conclusions

Clinically meaningful and durable responses were observed consistent across subgroups

Tisotumab vedotin had a manageable and tolerable safety profile

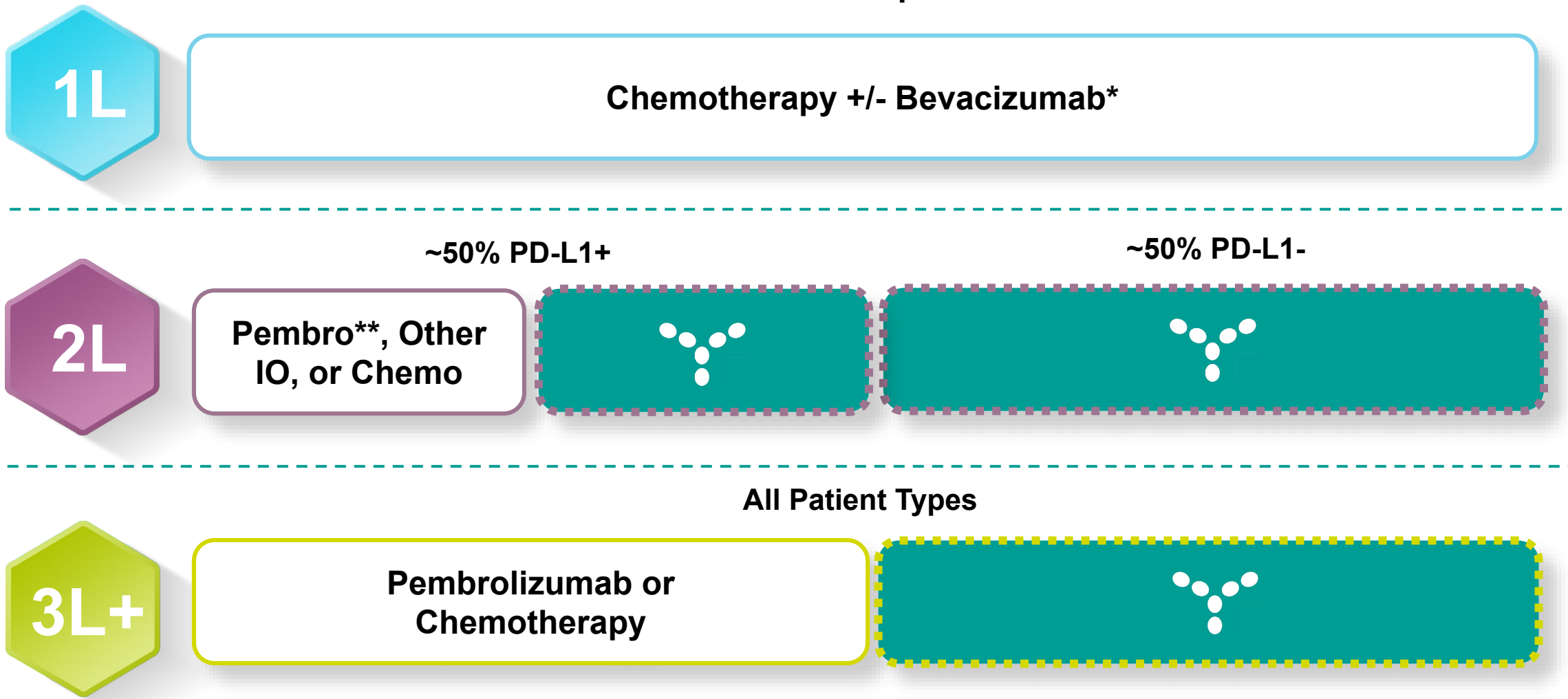
The most common treatment-related adverse events included alopecia, epistaxis, nausea, conjunctivitis, fatigue and dry eye

BLA submission planned under FDA's accelerated approval pathway

Evaluation is ongoing in 37 (37%) patients.
AE, adverse event; CR, complete response, DOR, duration of response; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; TF, tissue factor; TTR, time to response.

Our Goal in Cervical Cancer: Establish Tisotumab Vedotin as the Clear Choice in 2L+ Settings

mCC Treatment Landscape



Source: Kantar Treatment Architecture: Cervical Cancer; NCCN Treatment Guidelines; 2020 TV ATU (Strategic Research Insights)

*Pembrolizumab & other IOs are being evaluated in 1L treatment

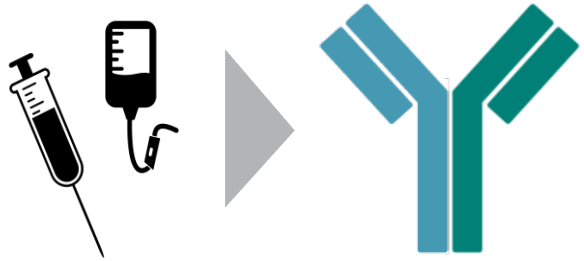
**Pembrolizumab is approved for 2L r/mCC in the US; not approved in JPN or EU

Tisotumab Vedotin Demonstrates Clinically Meaningful, Durable Responses and a Manageable Safety Profile in 2L+ r/mCC Patients

First-in-Class

Antibody–drug conjugate (ADC) directed against Tissue Factor (TF)

Superior Therapeutic Profile



Superior efficacy, durable responses and reduced toxicity compared to SoC

Broad Applicability

Efficacy in a broad patient population without biomarker requirement

Source: 2020 TV ATU (Strategic Research Insights)

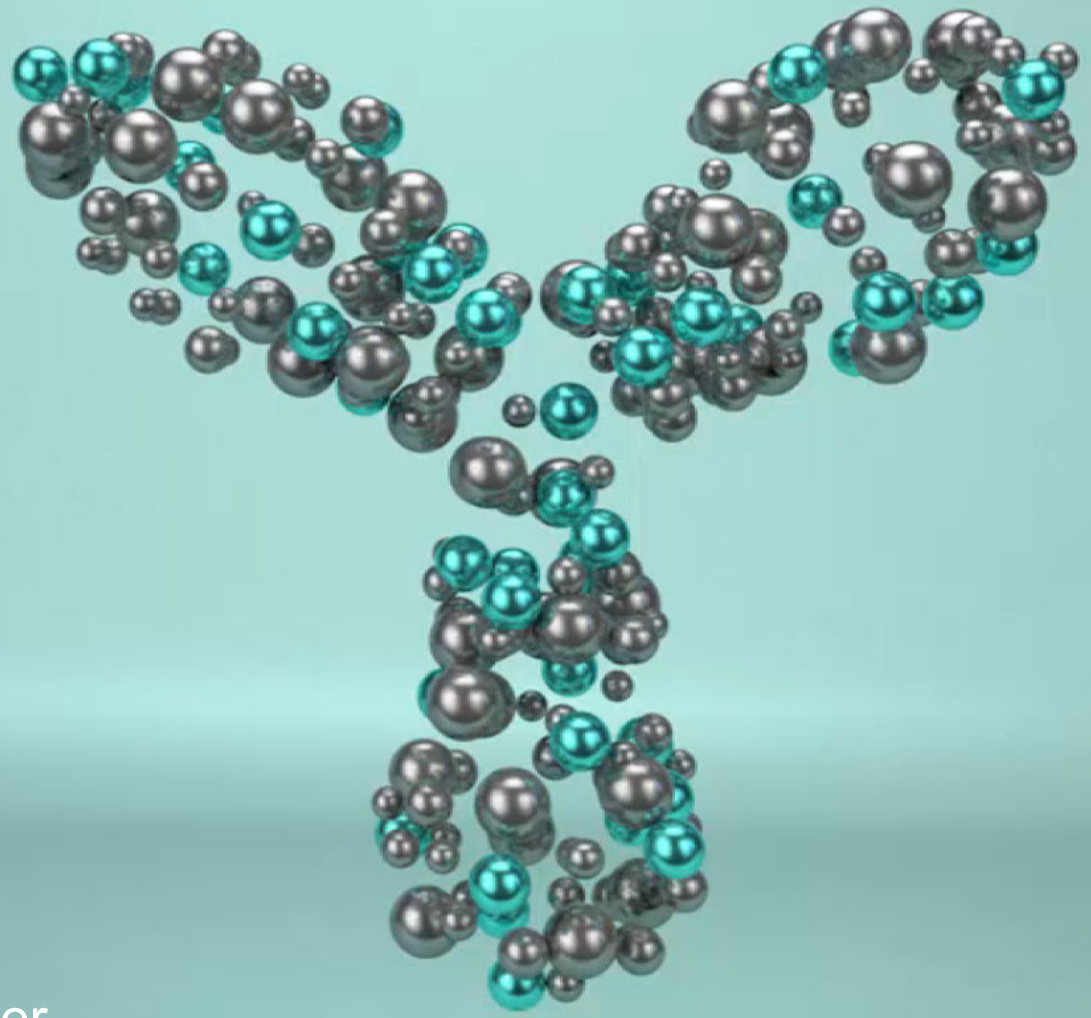
Building Capabilities to Achieve our 2025 Vision: Knock-Your-Socks-Off Pipeline and Products That Transform Cancer Treatment

Strengthening Development

Building Commercialization Excellence

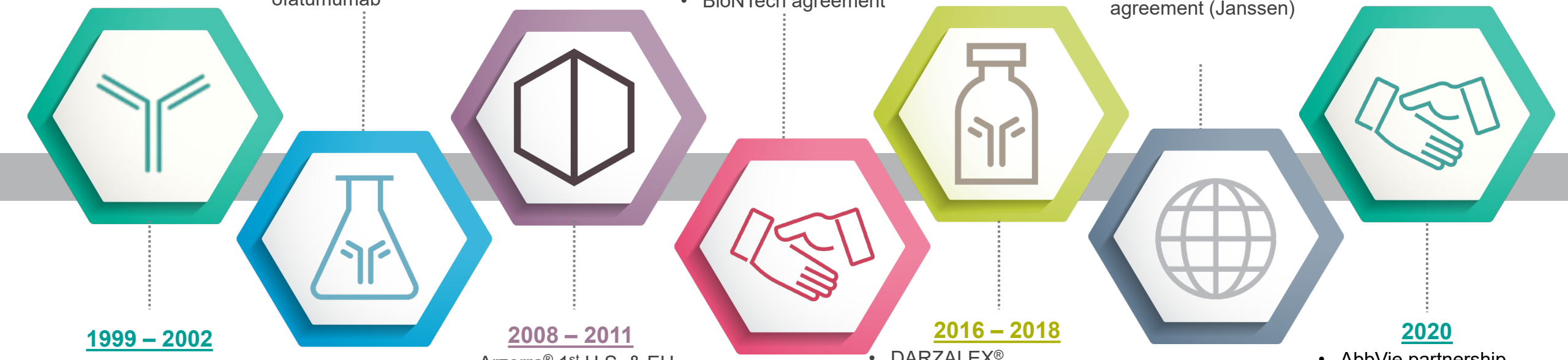
Creating Innovative Antibody Therapeutics

Beyond 2020:
Genmab's Journey is Just Beginning



Jan van de Winkel, President & Chief Executive Officer

Key Events in Genmab's 21-Year Journey



1999 – 2002

- Genmab Founded
- Copenhagen IPO
- 1st partnership (Roche)
- Ofatumumab program announced

2003 – 2007

- CD38 mAbs generated
- Daratumumab selected
- GSK agreement ofatumumab

2008 – 2011

- Arzerra® 1st U.S. & EU approvals
- DuoBody® platform
- Strategy update
- 1st collab. w/ Seattle Genetics

2012 – 2015

- Janssen agreement daratumumab
- HexaBody® platform
- DARZALEX® 1st U.S approval
- BioNTech agreement

2016 – 2018

- DARZALEX® 1st EU & Japan approvals
- HexElect® platform
- Immatics agreement

2019

- U.S. IPO
- Ofatumumab RMS sBLA
- CureVac AG agreement
- HexaBody-CD38 agreement (Janssen)

2020

- AbbVie partnership
- U.S. Approvals for:
  - Kesimpta®
  - DARZALEX
  - *FASPRO*™
  - TEPEZZA®
- 1st DuoBody* awarded BTD

Kesimpta (ofatumumab) developed by Novartis; DARZALEX (daratumumab) and DARZALEX *FASPRO* (daratumumab and hyaluronidase-fihj) developed by Janssen; TEPEZZA (teprotumumab) developed by Horizon Therapeutics; *amivantamab developed by Janssen

Beyond 2020

Genmab's Journey is Just Beginning

Strong financial foundation

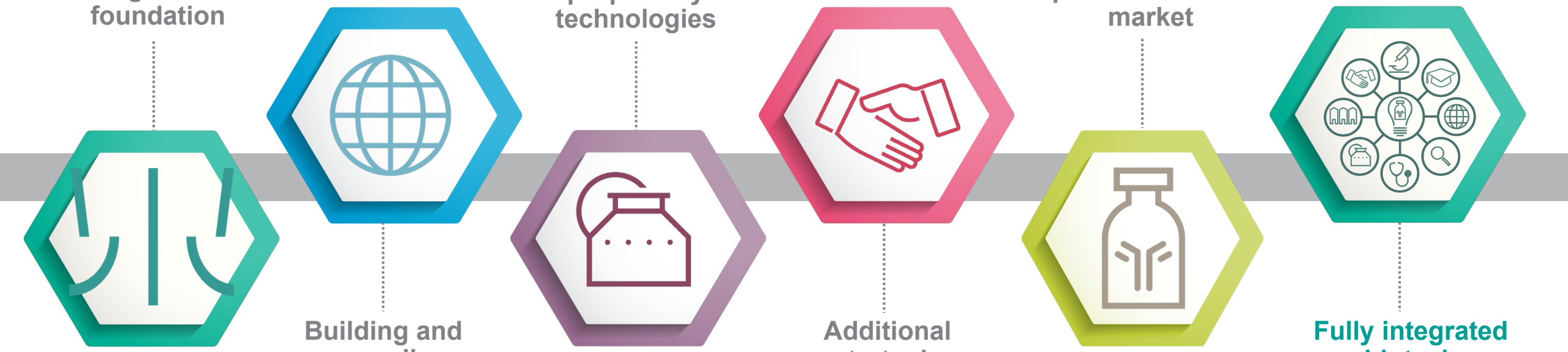
Building and expanding capabilities worldwide

Expanded use of our next-generation proprietary technologies

Additional strategic partnerships

Our own products on the market

Fully integrated biotech transforming the lives of cancer patients



Q&A