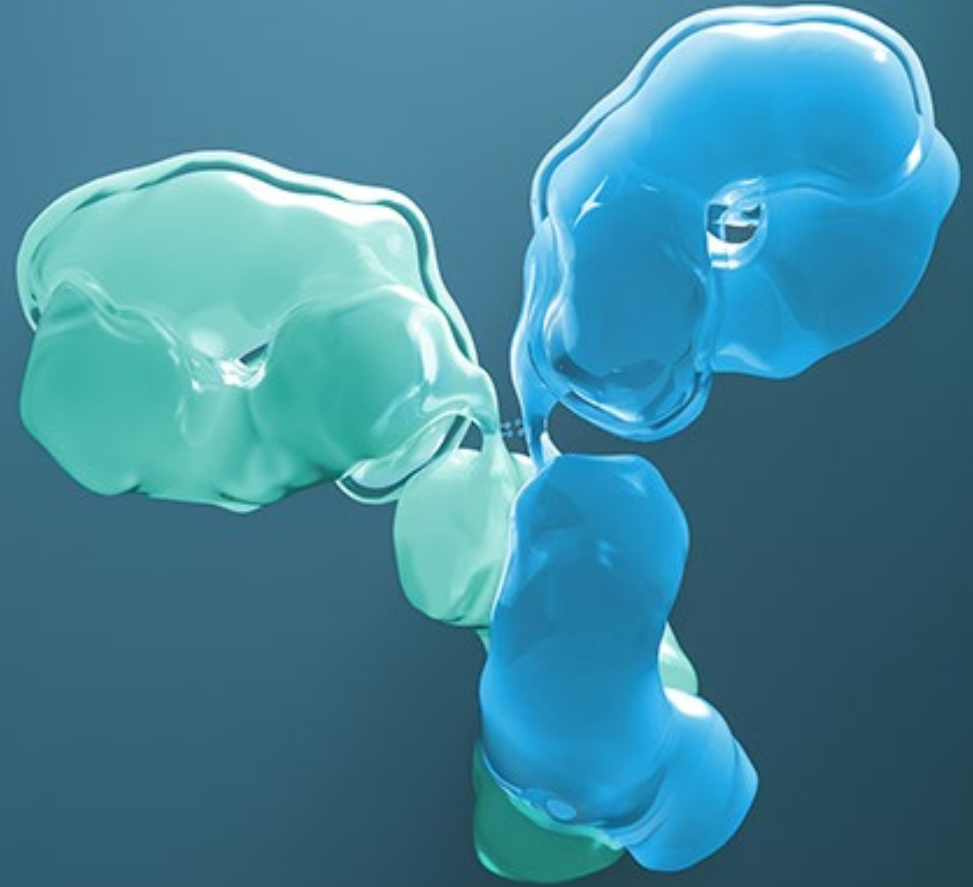




Genmab Investor Event

October 28, 2026



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

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Three Positive Phase 3 Trials Position Genmab for Its Next Growth Cycle

Phase 3 results are reported at topline. Until full results are presented at future medical meetings, Phase 2 data provide clinical context for each program.

1

Epcoritamab (EPKINLY®/TEPKINLY®)

Positive EPCORE® DLBCL-2 topline establishes a potential new frontline opportunity in DLBCL

2

Rina-S®

Positive RAINFOL™-02 topline and consistent Phase 2 results deliver category-defining data in PROC

3

Petosemtamab

Positive LiGeR-HN1 topline establishes the 1L HNSCC opportunity;

ESMO Phase 2 data support expansion into CRC

4

Portfolio Positioned for Growth

Three assets create multiple potential launch opportunities in 2027 and path to long-term growth

DLBCL = diffuse large B-cell lymphoma; PROC = platinum resistant ovarian cancer; CRC = colorectal cancer; HNSCC = head and neck squamous cell carcinoma

EPKINLY® is being co-developed and co-promoted by Genmab and AbbVie

Delivering on Our Commitments: Multiple Phase 3 Readouts to Drive Potential 2027 Launches

Rina-S®



- Ph 2 2L+ PROC (RAINFOL™-01)
- Ph 3 2L+ PROC (RAINFOL™-02)
 - ✓ **October 2026**

Petosemtamab

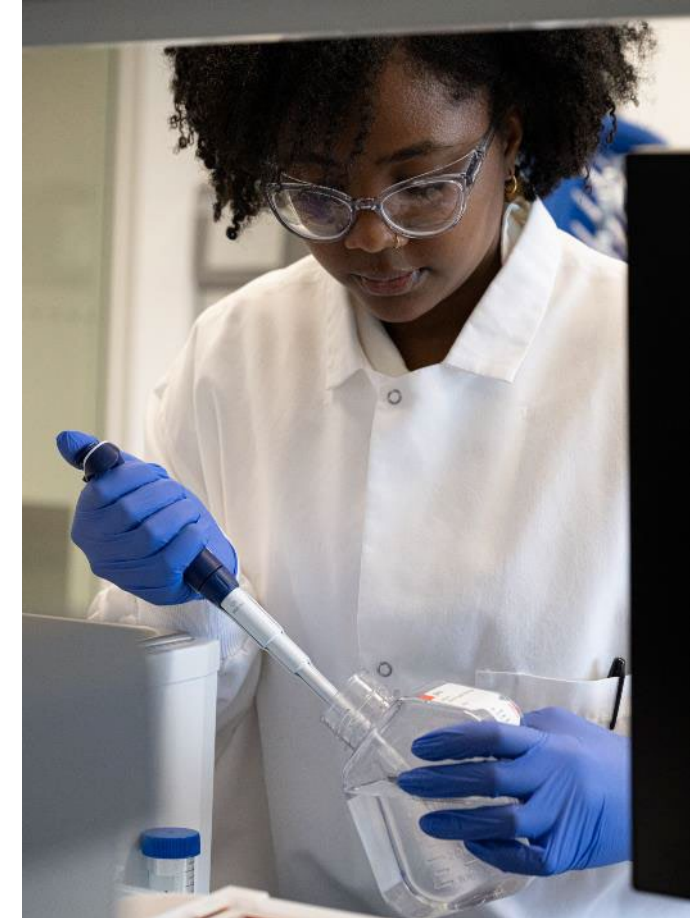


- Ph 3 1L r/m HNSCC (LiGeR-HN1)
 - ✓ **October 2026**
- Ph 3 2L/3L r/m HNSCC (LiGeR-HN2)
 - ❑ Q1 2027

EPKINLY®



- | | | |
|---|---|---|
| • Ph 3 1L DLBCL (EPCORE® DLBCL-2) <ul style="list-style-type: none">✓ October 2026 | • Ph 3 2L+ DLBCL combo + len (EPCORE® DLBCL-4) <ul style="list-style-type: none">✓ June 2026 | • Ph 3 2L+ DLBCL mono (EPCORE® DLBCL-1) <ul style="list-style-type: none">✓ January 2026 |
|---|---|---|



01.

EPKINLY[®]: Potential to Reshape Frontline DLBCL Treatment

EPCORE[®] DLBCL-2: First Phase 3 bispecific combination to improve PFS in newly diagnosed DLBCL

EPCORE[®] DLBCL-2: First Phase 3 Bispecific Combination to Improve PFS in Newly Diagnosed DLBCL

TOPLINE RESULTS

Risk of progression or death reduced by 51%

(HR 0.49 [95% CI 0.36, 0.67]; $p < 0.0001$)

Statistically significant and clinically meaningful improvement in PFS in DLBCL patients with an IPI score of 2 to 5

Generally well tolerated; safety consistent with the known profiles of epcoritamab and R-CHOP

TRIAL DESIGN

Global, randomized, open-label Phase 3 in newly diagnosed large B-cell lymphoma (IPI 2–5); fixed-duration subcutaneous epcoritamab + R-CHOP vs R-CHOP

NEXT STEPS

Full data to be presented at a future medical meeting; Genmab and AbbVie plan to engage global regulatory authorities

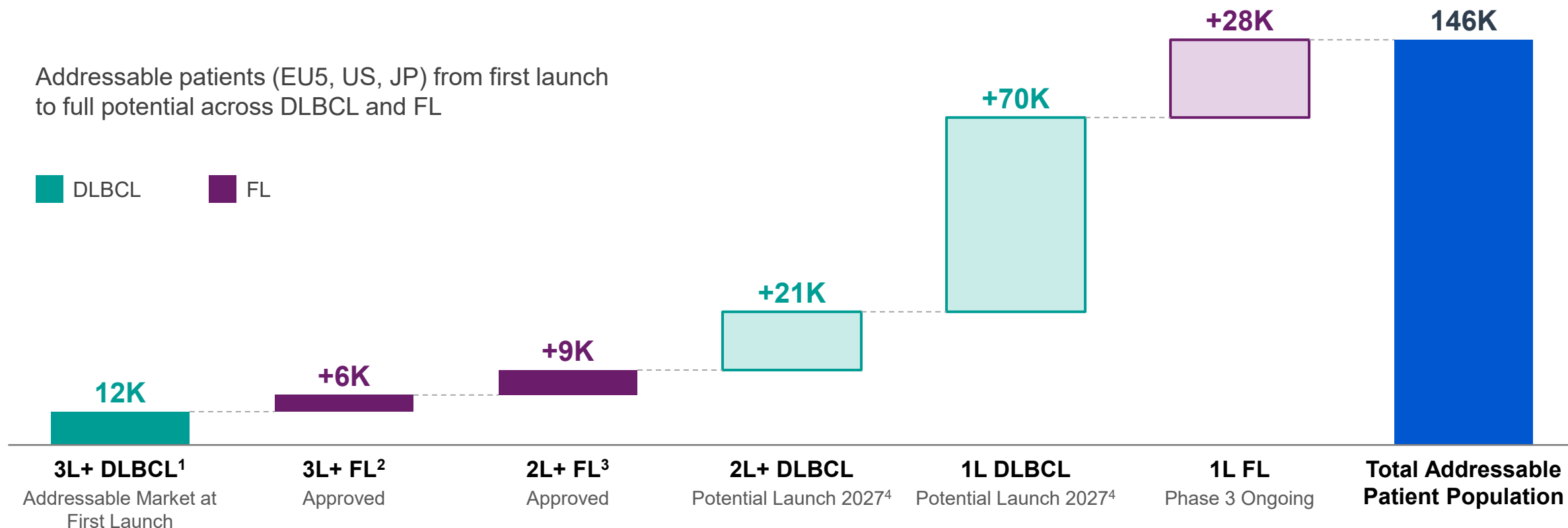
Potential to Reshape Frontline DLBCL Treatment

CI = confidence interval; HR = hazard ratio; IPI = International Prognostic Index; PFS = progression-free survival; R-CHOP = rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone. Phase 3 results are reported at topline; further details will be presented at an appropriate medical conference.

Expanding EPKINLY®'s Reach

Potential to Become the Core Therapy in B-cell Malignancies

Addressable patients (EU5, US, JP) from first launch to full potential across DLBCL and FL



Source: Genmab Internal Analysis, based on 2024 patient numbers, US, JP and EU5

1. FDA approved May 2023, EC and JP approved Sept. 2023; 2. FDA approved June 2024, EC approved Aug 2024, JP approved Feb 2025; 3. FDA approved Nov 2025, EC approved Jul 2026, JP approved September 2026. 4. Subject to regulatory approvals.

EPKINLY® is being co-developed and co-promoted by Genmab and AbbVie

EPKINLY®: Three Phase 3 Readouts in Twelve Months

Broad Phase 3 Program to Reach Majority of B-Cell Lymphoma Patients

Program	Indication	Status	Addressable Patient Population*
	1L DLBCL (EPCORE® DLBCL-2)	Pos. Topline Oct. 2026	70,000
	2L+ DLBCL (EPCORE® DLBCL-1)	Topline Jan. 2026	
	2L+ DLBCL (EPCORE® DLBCL-4)	Pos. Topline Jun. 2026	21,000
	1L FL (EPCORE® FL-2)	Ongoing	28,000
	2L+ FL (EPCORE® FL-1)	Approved in US	9,000

3

Phase 3 readouts in 2026
January, June, October

146,000

patients addressable across the DLBCL
and FL franchise*

>\$3Bn

peak sales opportunity

02.

Rina-S[®]: A Wholly Owned Gynecologic Oncology Franchise

Updated data from the Phase 2 RAINFOL[™]-01 study and positive topline data from the Phase 3 RAINFOL[™]-02 study support the potential of Rina-S in PROC

RAINFOL™-01 Phase 2 Cohort: Durable Responses Observed Regardless of FRα Level or Prior Treatment with Mirvetuximab

Efficacy

45.9%

confirmed ORR (n=109)

12.1 mo

median duration of response

9.5 mo

median PFS

66.6%

Survival rate at 12 months

ORR 51.4% in mirvetuximab-naïve and 34.4% after prior mirvetuximab

Responses seen across FRα expression levels, including undetectable FRα expression

Disease control rate 94.5%

Safety

0

fatal TEAEs (grade 5)

1.8%

treatment-related discontinuations; 5.5% overall

No signal

ocular events or neuropathy

No signal

ILD or stomatitis

Grade 3–4 TEAEs: 66.1% overall; 45.9% treatment-related

Serious TEAEs: 31.2% overall; 15.6% treatment-related

Non-hematological events were mainly low-grade GI events (nausea 67.9%; fatigue 57.8%)

RAINFOL™-01 Phase 2 data provide further support for RAINFOL™-02 in PROC.

RAINFOL™-02: Rina-S® Improved PFS and OS in PROC

Benefit in Patients Observed Irrespective of FR α Level or Prior Treatment with Mirvetuximab

TOPLINE RESULTS

Statistically significant and clinically meaningful improvement in PFS and OS vs investigator's choice chemotherapy in PROC

ITT population (N=584):

71%

reduction in the risk of disease progression or death

(HR 0.29; 95% CI, 0.23-0.37; p<0.0001)

OS: (HR 0.43; 95% CI, 0.31–0.59; p<0.0001)

PAS sub-population (N=492):

67%

reduction in the risk of disease progression or death

(HR 0.33; 95% CI, 0.26–0.42; p<0.0001)

OS: (HR 0.44; 95% CI, 0.31–0.63; p<0.0001)

TRIAL DESIGN

Randomized, open-label, global Phase 3; 584 patients with platinum-resistant ovarian cancer; Rina-S® vs investigator's choice chemotherapy

SAFETY

Consistent with the known Rina-S profile; no new safety signals or unexpected safety concerns

NEXT STEPS

Data to be submitted for presentation at a future medical meeting and discussed with regulatory authorities

First of 6 Rina-S® Phase 3 trials to read out; building a wholly owned gyn-onc franchise

ITT = intent-to-treat, all randomized patients with PROC, regardless of FR α expression; PAS = primary analysis set, mandated patients with FR α expression $\geq$ 75% PS2+ to have been treated with mirvetuximab; OS = overall survival; Investigator's choice chemo = PLD, Paclitaxel, Gemcitabine, Topotecan. Phase 3 results are reported at topline; further details will be presented at an appropriate medical conference.

Rina-S®: Potential Best-in-Class ADC with Broad Phase 3 Program

Advances Gyn-Onc Portfolio with Development across Ovarian and Endometrial Cancers

Program	Indication	Status	Addressable Patient Population*
Rina-S®	PROC (RAINFOL™-02)	Pos. Topline Oct. 2026	40,000
	2L+ EC (RAINFOL™-03)	Recruiting	14,000
	1L pMMR EC (RAINFOL™-08)	Announced	
	2L PSOC maintenance (RAINFOL™-04)	Recruiting	25,000
	2L PSOC platinum-doublet chemo replacement (RAINFOL™-07)	Recruiting	
	1L OC (RAINFOL™-10)	Not yet recruiting	

6

Phase 3 trials announced/initiated since
ProfoundBio acquisition in 2024

79,000

patients addressable across the Rina-S®
Phase 3 program*

>\$2Bn

peak sales opportunity

03.

Petosemtamab Anchor in HNSCC, Expand in CRC

Positive LiGeR-HN1 topline the basis for potential 2027 approval, and launch in 1L HNSCC; ESMO Phase 2 data support two Phase 3 trials in CRC

Phase 2 Data: 1L HNSCC: Deep, Durable Activity Regardless of HPV Status

1L HNSCC with pembrolizumab

PD-L1+ r/m; 45 treated, 43 efficacy-evaluable

63%

confirmed ORR (27 of 43)

19%

CR rate

9.0 mo

median PFS

28.2 mo

median OS

SAFETY

Manageable safety profile, with no unexpected safety signals identified with extended follow-up. Grade ≥ 3 TEAEs: 60%; no grade 5 treatment-related TEAEs or significant overlapping toxicities

PHASE 3 LINK

LiGeR-HN1 tests petosemtamab + pembrolizumab vs pembrolizumab in about 700 patients with 1L PD-L1+ r/m HNSCC, with dual primary endpoints of ORR and OS. About 41K addressable patients in 1L HNSCC.

Phase 2 data provide further support for LiGeR-HN in 1L HNSCC.

LiGeR-HN1: Clinically Meaningful Improvement in OS and ORR in 1L HNSCC Regardless of HPV Status

TOPLINE RESULTS

Dual primary endpoints met: statistically significant and clinically meaningful improvement in OS and ORR at the interim analysis vs. pembrolizumab, regardless of HPV status

Reducing the risk of death by 50%

(HR 0.50 [95% CI, 0.37, 0.67]; $p < 0.0001$) in 1L r/m patients with PD-L1+ HNSCC

ORR: odds ratio 3.17 (95% CI, 2.06, 4.89; $p < 0.0001$)

Safety consistent with the Phase 2 profile.

TRIAL DESIGN

Global, randomized Phase 3 trial, approx. 700 patients with 1L r/m PD-L1+ HNSCC; petosemtamab + pembrolizumab vs pembrolizumab; dual primary endpoints ORR and OS

NEXT STEPS

Full data to be presented at a future medical meeting; Genmab plans to engage regulatory authorities

First randomized Phase 3 study in 1L r/m HNSCC to demonstrate a statistically significant OS benefit over pembrolizumab with a chemo-free regimen.

Phase 3 results are reported at topline; further details will be presented at an appropriate medical conference.

Phase 2 Data: Robust, Durable Responses Across Key Patient Subgroups, Including in Liver Metastases

CRC with chemotherapy

79 treated; efficacy-evaluable: 1L n=40, 2L n=30

81%

ORR, left-sided 1L tumors

67%

ORR, 2L

95% / 93%

DCR, 1L / 2L

2

Phase 3 trials started

SAFETY

No unexpected safety signals emerged; the profile remained consistent with the known profiles of the individual agents. No grade 5 treatment-related TEAEs and no discontinuations due to IRRs were reported

PHASE 3 PROGRAM

LiGeR-CRC1 (1L) and LiGeR-CRC2 (2L+) are recruiting. About 179K addressable patients across 1L and 2L+ CRC (RAS BRAF wild type).

CRC gives petosemtamab a second growth path beyond HNSCC, with two Phase 3 trials underway

Source: Khushman et al., Petosemtamab Plus Chemotherapy in mCRC, ESMO 2026. ORR includes confirmed and unconfirmed responses. Patients: Genmab analysis, US, EU, Japan. Phase 2 does not predict Phase 3.

Petosemtamab: Data Establish HNSCC as Anchor Opportunity

Two Phase 3 CRC Trials Provide Expansion Potential

Program	Indication	Status	Addressable Patient Population*
Petosemtamab	1L HNSCC (LiGeR-HN1)	Positive Topline Oct. 2026	41K
	2L+ HNSCC (LiGeR-HN2)	Data anticipated 1Q 2027	25K
	Locally advanced HNSCC	Planned start 2026	70K
	1L CRC (LiGeR-CRC1)	Recruiting	78K**
	2L+ CRC (LiGeR-CRC2)	Recruiting	101K**

3

Phase 3 trials announced/initiated since Merus acquisition in 2025

315K

patients addressable across the petosemtamab Phase 3 program*

Multi-\$Bn

peak sales opportunity

04.

Building Genmab's Next Generation of Growth

Three positive Phase 3 readouts create multiple potential approval and launch opportunities beginning in 2027, supporting a clear path towards sustainable, long-term growth

Positive Phase 3 Readouts Create Multiple Paths for Growth

EPKINLY® Expansion plus Two Wholly Owned Assets Create Multiple Potential Approval and Launch Opportunities in 2027

EPKINLY®

Co-developed with AbbVie

PHASE 3 READOUT

EPCORE® DLBCL-2 met its PFS endpoint in 1L DLBCL (HR 0.49).

VALUE UNLOCK

Potential 1L DLBCL expansion supports EPKINLY® as the core therapy in B-cell malignancies.

>\$3Bn

peak sales potential

Rina-S®

Wholly owned

PHASE 3 READOUT

RAINFOL™-02 met its primary PFS endpoint in PROC plus secondary endpoint of OS. Benefit in patients with PROC irrespective of FRα level or prior treatment with mirvetuximab.

VALUE UNLOCK

Potential first launch opportunity in PROC.

>\$2Bn

peak sales potential

Petosemtamab

Wholly owned

PHASE 3 READOUT

At interim analysis LiGeR-HN1 met its dual endpoints of OS and ORR, regardless of HPV status.

VALUE UNLOCK

HNSCC anchors a wholly owned franchise, with two Phase 3 CRC expansion trials.

Multi-\$Bn

peak sales potential

Sources: Genmab Company Announcements. Peak sales: Genmab estimates.



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Q&A