



# 39<sup>th</sup> Annual J.P. Morgan Healthcare Conference

Howard Robin  
President & CEO  
January 11, 2021

*This presentation includes forward-looking statements regarding Nektar's proprietary drug candidates, the timing of the start of and plans for ongoing or planned clinical trials with partners, the therapeutic potential of our drug candidates, the timing and outcome of regulatory decisions, and future availability of clinical trial data. Actual results could differ materially, and these statements are subject to important risks detailed in Nektar's filings with the SEC including the Form 10-Q filed on November 6, 2020. Nektar undertakes no obligation to update forward-looking statements as a result of new information or otherwise.*

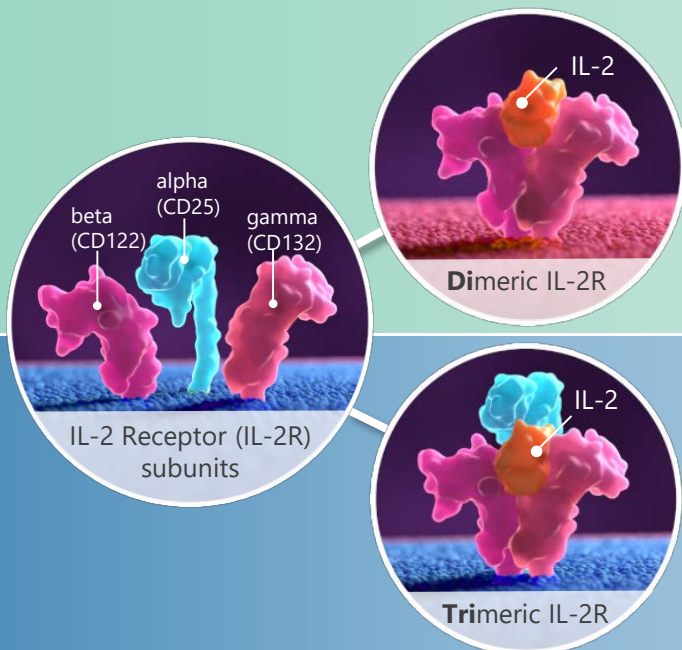
# Nektar is Developing Innovative Medicines for Patients with Cancer and Autoimmune Diseases

|            | Program                               | Indication                     | Study                                   | Preclinical | Phase 1   | Phase 2               | Phase 3 |                       |
|------------|---------------------------------------|--------------------------------|---|-------------|-----------|-----------------------|---------|-----------------------|
| Immunology | Bempegaldesleukin (BEMPEG) (NKTR-214) | Metastatic Melanoma            | BEMPEG + OPDIVO® vs. OPDIVO®            |             |           | Registration Study    |         | Bristol Myers Squibb® |
|            |                                       | Renal Cell Carcinoma           | BEMPEG + OPDIVO® vs. TKI                |             |           | Registration Study    |         | Bristol Myers Squibb® |
|            |                                       | Muscle-invasive Bladder Cancer | BEMPEG + OPDIVO® vs. OPDIVO®            |             |           | Registration Study    |         | Bristol Myers Squibb® |
|            |                                       | Adjuvant Melanoma              | BEMPEG + OPDIVO® vs. OPDIVO®            |             |           | Registration Study    |         | Bristol Myers Squibb® |
|            |                                       | Bladder Cancer                 | BEMPEG + OPDIVO®                        |             |           | AA Registration Study |         | Bristol Myers Squibb® |
|            |                                       | Renal Cell Carcinoma           | BEMPEG + OPDIVO® + TKI                  |             | Phase 1/2 |                       |         | Bristol Myers Squibb® |
|            |                                       | 1L NSCLC                       | BEMPEG + KEYTRUDA®                      |             | Phase 1/2 |                       |         |                       |
|            |                                       | Head & Neck SCC                | BEMPEG + VB10.NEO                       | Phase 1/2a  |           |                       |         | vaccibody             |
|            | NKTR-262                              | Multiple Solid Tumors          | NKTR-262 + BEMPEG                       |             | Phase 1/2 |                       |         |                       |
|            | NKTR-255                              | R/R NHL or Multiple Myeloma    | NKTR-255 + RITUXAN® or DARZALEX FASPRO® |             | Phase 1/2 |                       |         |                       |
|            |                                       | Head & Neck and Colorectal     | NKTR-255 + ERBITUX®                     |             | Phase 1/2 |                       |         |                       |
| Immunology | LY3471851 / NKTR-358                  | Systemic Lupus Erythematosus   | LY3471851 / NKTR-358                    |             |           | Phase 2               |         | Lilly                 |
|            |                                       | Ulcerative Colitis             | LY3471851 / NKTR-358                    |             |           | Phase 2               |         | Lilly                 |
|            |                                       | Psoriasis                      | LY3471851 / NKTR-358                    |             | Phase 1b  |                       |         | Lilly                 |
|            |                                       | Atopic Dermatitis              | LY3471851 / NKTR-358                    |             | Phase 1b  |                       |         | Lilly                 |
| Virology   | BEMPEG                                | COVID-19                       | BEMPEG                                  |             | Phase 1   |                       |         |                       |
|            | NKTR-255                              | Virology                       | NKTR-255                                |             |           |                       |         | GILEAD                |

Opdivo is a registered trademark of Bristol-Myers Squibb Company; Keytruda is a registered trademark of Merck Sharp & Dohme Corp., a subsidiary of Merck & Co.; Rituxan is a registered trademark of Biogen; Darzalex Faspro is a registered trademark of Janssen Biotech, Inc.; Erbitux is a registered trademark of ImClone LLC., a subsidiary of Eli Lilly & Co.; AA: Accelerated Approval

# Nektar is Leading the Development of Cytokine-Based Therapies

IL-2



Immune  
Activation

## BEMPEG (CD122-Biased IL-2 Pathway Agonist)

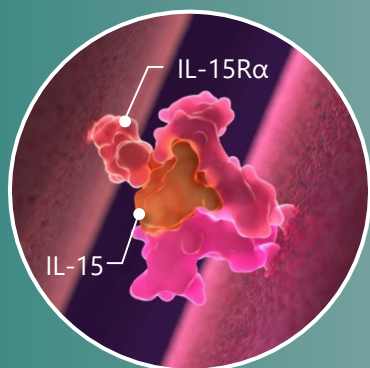
Prime, Proliferate, Activate & Increase Tumor-Infiltrating Lymphocytes (TILs), Increase PD-1 expression

Immune  
Regulation

## NKTR-358 (IL-2 Pathway Conjugate)

A conjugated IL-2 agonist biased for T regulatory cell expansion

IL-15



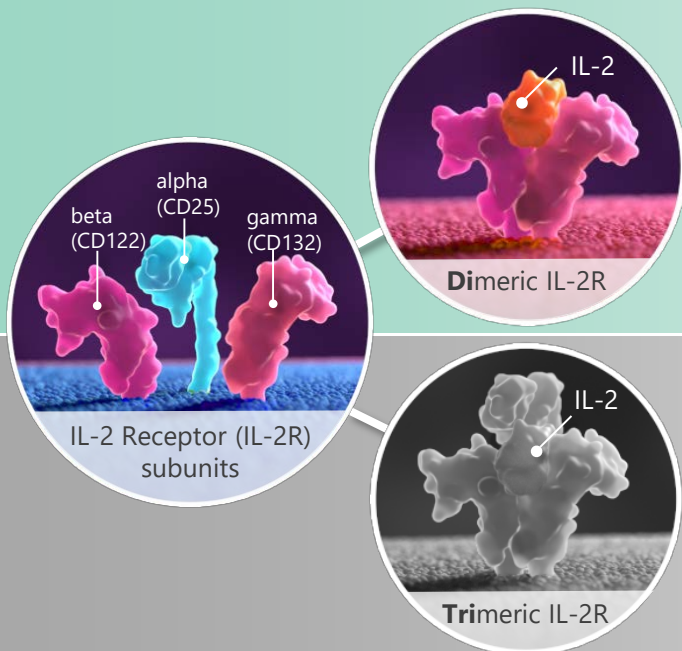
Immune  
Stimulation

## NKTR-255 (IL-15 Receptor Agonist)

Stimulate and expand NK Cells & Promote survival and expansion of memory CD8+ T cells

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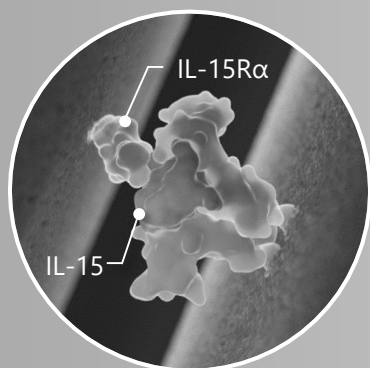
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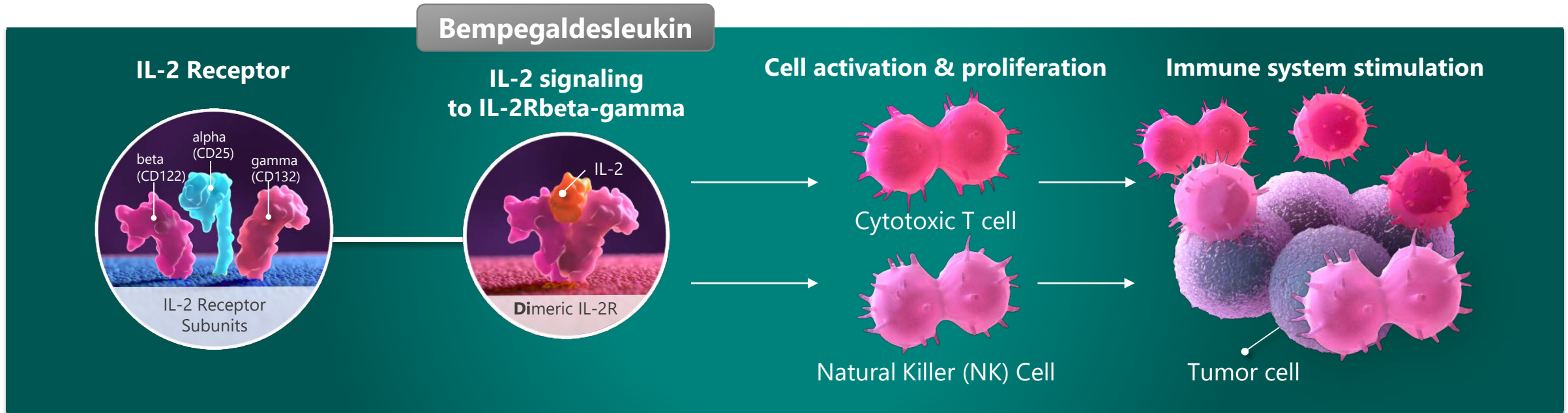
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Stimulate and expand NK Cells & Promote survival and expansion of memory CD8+ T cells



# Capturing the Potential of the IL-2 Pathway in Immuno-Oncology: Bempegaldesleukin Designed to Stimulate T-Cell Proliferation



- Preferentially signals IL-2Rbeta-gamma complex to stimulate cytotoxic T cells
- Retains some transient binding to the alpha receptor to enhance priming in lymph nodes
- Prodrug design and receptor bias eliminate over-activation of IL-2 pathway
- Achieves antibody-like dosing schedule in outpatient setting

# BEMPEG Development Program Targets Multiple Solid Tumor Settings

|                 | Program           | Indication                     | Study                        | Preclinical             | Phase 1 | Phase 2 | Phase 3 |                       |
|-----------------|-------------------|--------------------------------|------------------------------|-------------------------|---------|---------|---------|-----------------------|
| Immuno-oncology | BEMPEG (NKTR-214) | Metastatic Melanoma            | BEMPEG + OPDIVO® vs. OPDIVO® | Registrational Study    |         |         |         | Bristol Myers Squibb™ |
|                 |                   | Renal Cell Carcinoma           | BEMPEG + OPDIVO® vs. TKI     | Registrational Study    |         |         |         | Bristol Myers Squibb™ |
|                 |                   | Muscle-invasive Bladder Cancer | BEMPEG + OPDIVO® vs. OPDIVO® | Registrational Study    |         |         |         | Bristol Myers Squibb™ |
|                 |                   | Adjuvant Melanoma              | BEMPEG + OPDIVO® vs. OPDIVO® | Registrational Study    |         |         |         | Bristol Myers Squibb™ |
|                 |                   | Bladder Cancer                 | BEMPEG + OPDIVO®             | AA Registrational Study |         |         |         | Bristol Myers Squibb™ |
|                 |                   | Renal Cell Carcinoma           | BEMPEG + OPDIVO® + TKI       |                         |         |         |         |                       |
|                 |                   | 1L NSCLC                       | BEMPEG + KEYTRUDA®           |                         |         |         |         |                       |
|                 |                   | Head & Neck SCC                | BEMPEG + VB10.NEO            |                         |         |         |         |                       |
|                 | NKTR-262          | Multiple Solid Tumors          | NKTR-262 + BEMPEG            |                         |         |         |         | vaccibody             |

# BEMPEG Development Program Targets Multiple Solid Tumor Settings

Includes 3 Registrational Trials with Data Read-outs in 12-18 Months and  
5 Potential Approvals in 2023-25 Timeframe

|            | Program              | Indication                     | Study                        | Preclinical             | Phase 1 | Phase 2 | Phase 3 |                       |
|------------|----------------------|--------------------------------|------------------------------|-------------------------|---------|---------|---------|-----------------------|
| Immunology | BEMPEG<br>(NKTR-214) | Metastatic Melanoma            | BEMPEG + OPDIVO® vs. OPDIVO® | Registrational Study    |         |         |         | Bristol Myers Squibb™ |
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|            |                      | Adjuvant Melanoma              | BEMPEG + OPDIVO® vs. OPDIVO® | Registrational Study    |         |         |         | Bristol Myers Squibb™ |
|            |                      | Bladder Cancer                 | BEMPEG + OPDIVO®             | AA Registrational Study |         |         |         | Bristol Myers Squibb™ |
|            | NKTR-262             | Renal Cell Carcinoma           | BEMPEG + OPDIVO® + TKI       |                         |         |         |         |                       |
|            |                      | 1L NSCLC                       | BEMPEG + KEYTRUDA®           |                         |         |         |         |                       |
|            |                      | Head & Neck SCC                | BEMPEG + VB10.NEO            |                         |         |         |         |                       |
|            |                      | Multiple Solid Tumors          | NKTR-262 + BEMPEG            |                         |         |         |         |                       |

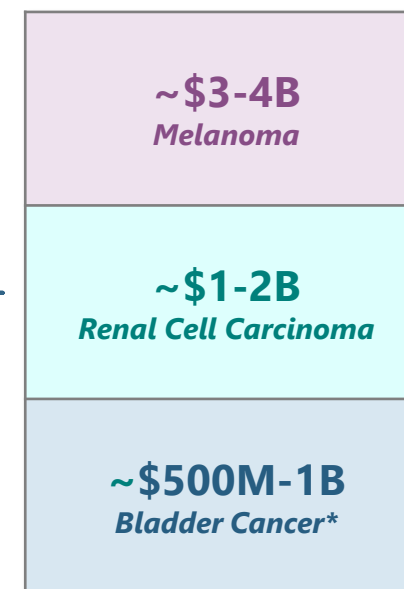


# BEMPEG Poised for Multiple Potential Approvals in 2023-2025

## Anticipated Data

|                           | 2021                                 | 2022 | 2023   | 2024 | 2025   |
|---------------------------|--------------------------------------|------|--------|------|--------|
| P3 1L Metastatic Melanoma | Q4 Q1                                |      | Launch |      |        |
| P3 1L Metastatic RCC      | Enrollment Complete 1H               |      | Launch |      |        |
| P2 Cis-ineligible Bladder | Potential AA Enrollment Complete Mid |      | Launch |      |        |
| P3 Cis-ineligible MIBC    | Initiated Q1 2020                    |      |        | Q1   | Launch |
| P3 Adjuvant Melanoma      | Initiated Q3 2020                    |      |        | Q1   | Launch |

Estimated current PD-1/PD-L1 sales in these 1L indications **exceed \$5B**



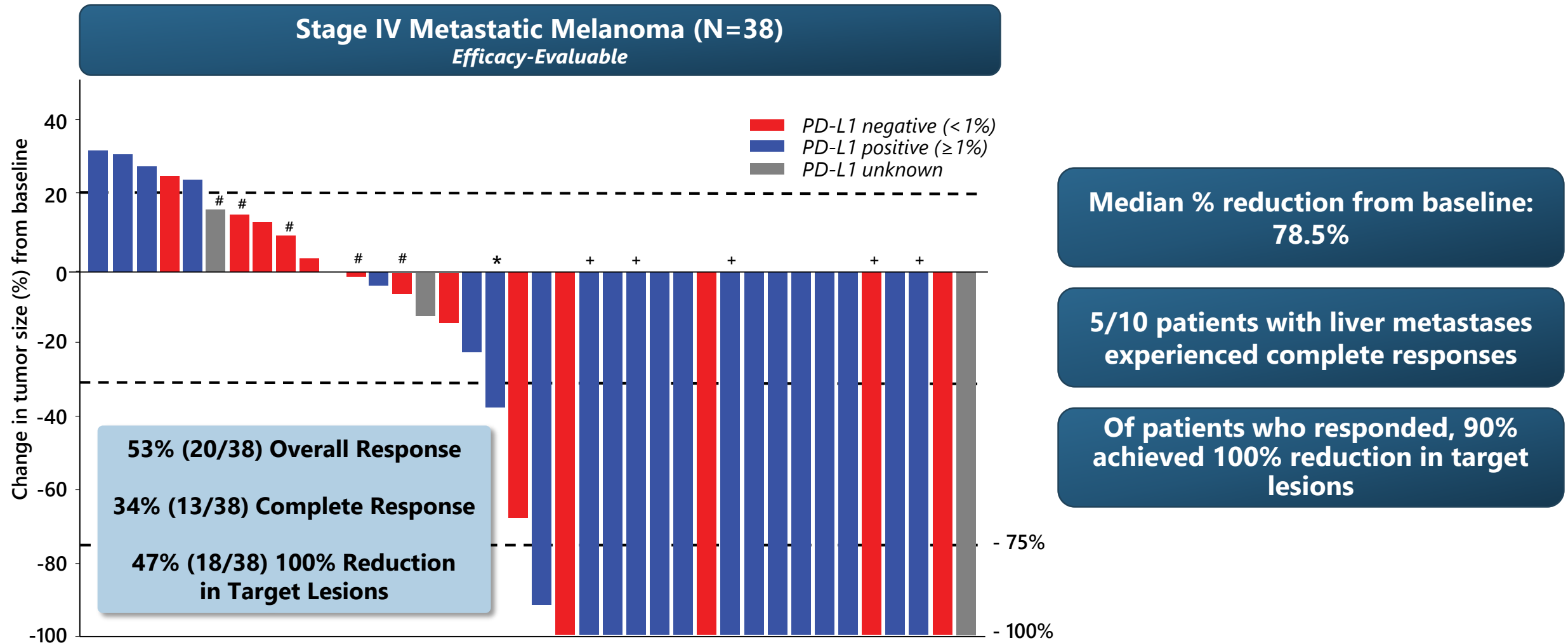
2020 PD-1/PD-L1  
WW Sales\*\*

AA: Accelerated Approval

\*Bladder cancer sales WW represent indications of Non-Muscle Invasive Bladder Cancer, PD-L1 high expression patient populations, and second-line indications, as there are no approvals in 1L low PD-L1 expressing populations in bladder cancer setting currently or in MIBC setting.

\*\*Source for 2020 PD-1/PD-L1 (Opdivo, Keytruda, Tecentriq, Imfinzi, Bavencio) WW Sales: Evaluate Pharma; Referenced 7 January 2021. Represents sales ranges across all lines of therapy

# SITC 2020: BEMPEG plus NIVO Demonstrates Deepening of Response over Time



Sources: SITC 2020; Data cutoff: 1SEPT2020. Response evaluable population includes eligible patients with measurable disease (per RECIST 1.1) at baseline and who have ≥1 post-baseline tumor assessment. All objective responses are confirmed. #Best overall response is progressive disease due to non-target lesion progression or presence of new lesion; \*Best overall response is SD; +Best overall response is PR. CR for target lesion, non-target lesion still present.; PD-L1, programmed death-ligand 1.

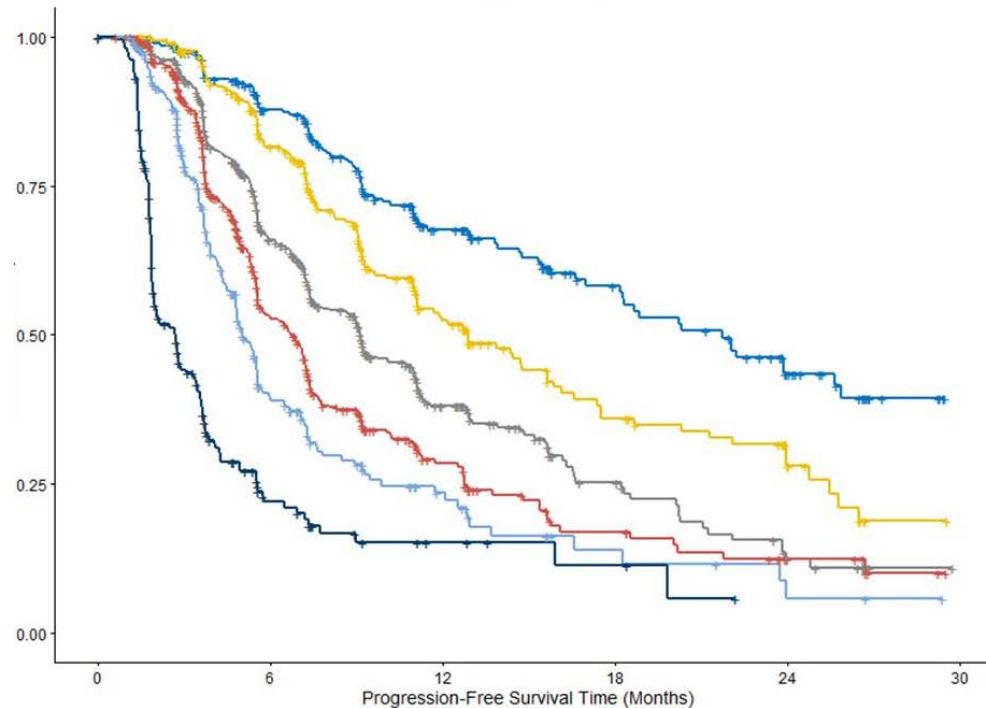
# ASCO 2019: Depth of Response (DpR) Correlates with PFS in Metastatic Melanoma

4,826 patients across 10 randomized controlled trials with previously untreated unresectable or metastatic melanoma

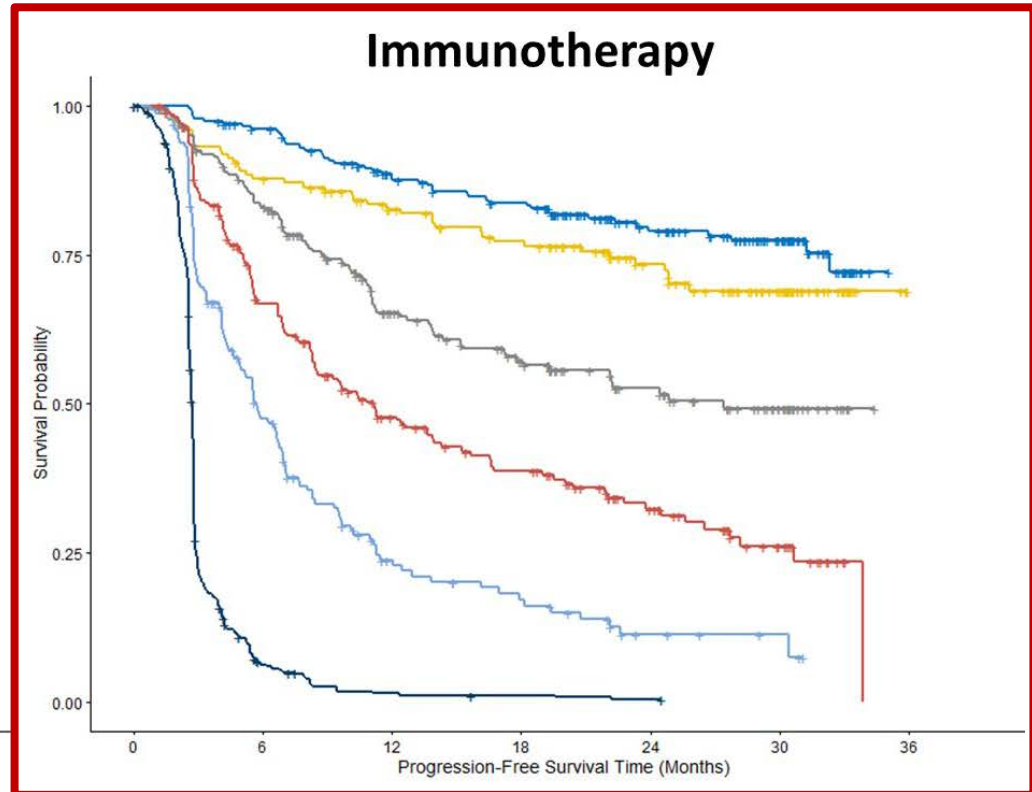
## Progression-Free Survival (PFS) by Reduction Category

Response    100%    76%-<100%    51%-75%    26%-50%    ≤25%    No decrease

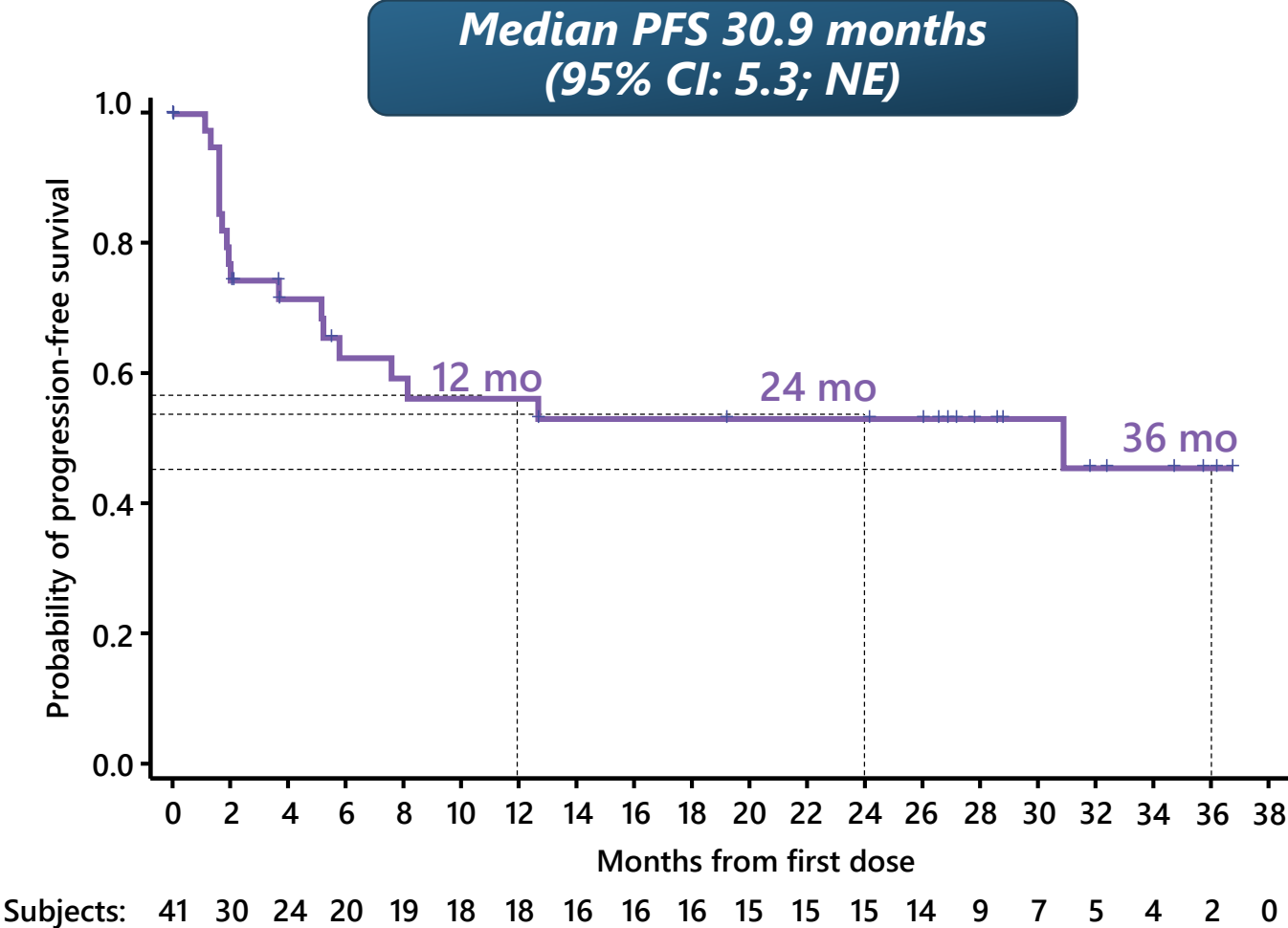
### TKI Treatment



### Immunotherapy

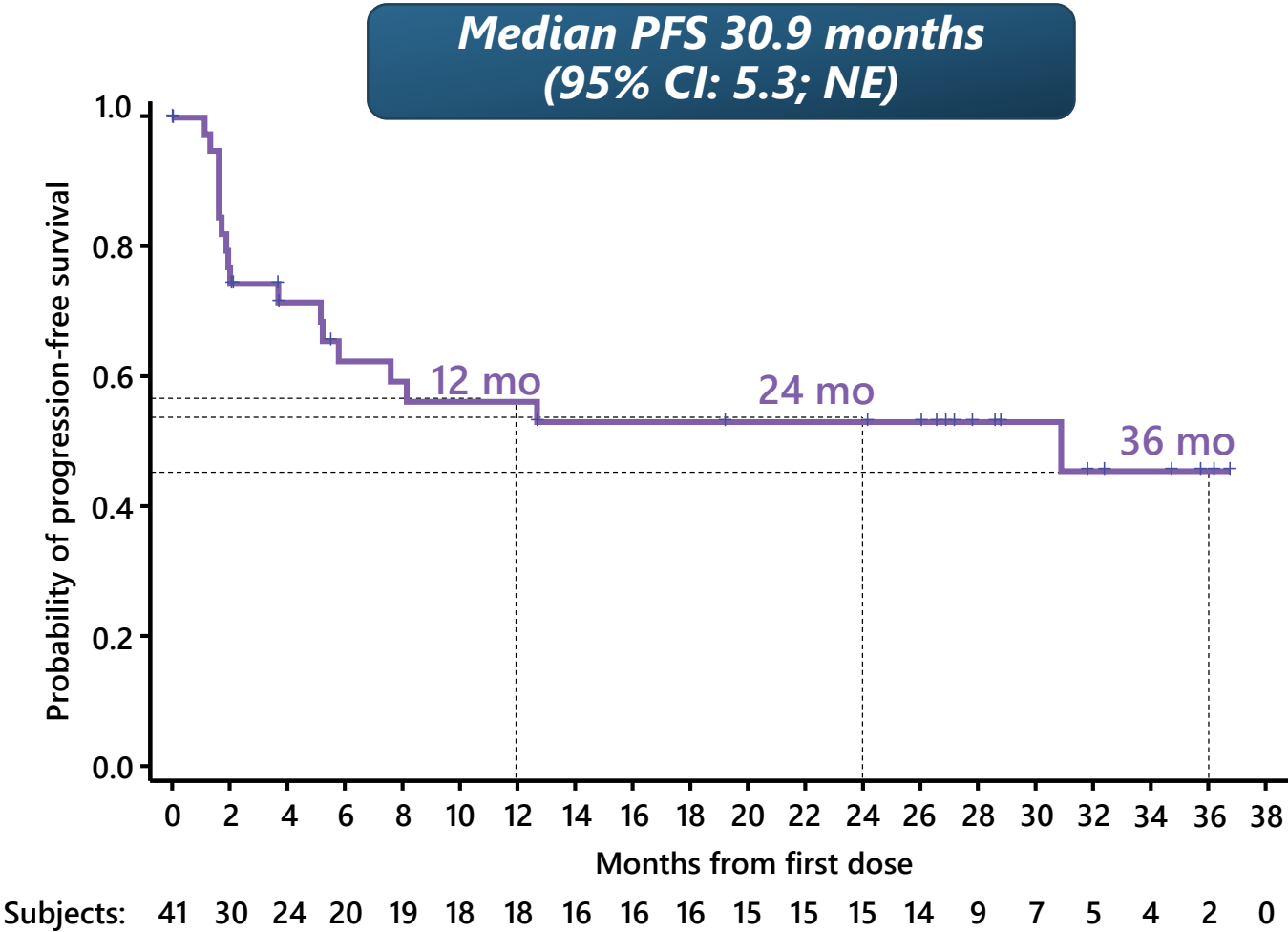


# SITC 2020: BEMPEG plus NIVO Demonstrated mPFS 30.9 Months at Median Follow-up of 29.0 Months



Sources: SITC 2020 (BEMPEG plus NIVO) by BICR, blinded independent central radiology

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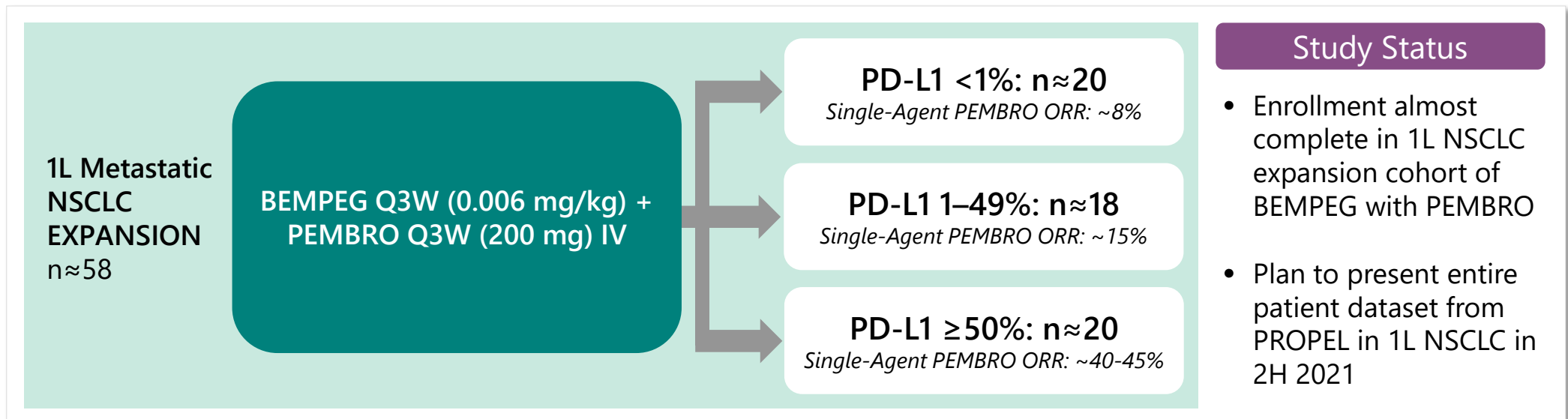


| Historical Comparisons                   |             |
|--|-------------|
| Median PFS Nivolumab (CM-067)            | 6.9 months  |
| Median PFS Ipilimumab+Nivolumab (CM-067) | 11.5 months |

# BEMPEG Progress in 1L NSCLC

## PROPEL Phase 1/2 Study: Enrollment Almost Complete

- Objective to show ORR improvement over single-agent pembrolizumab
- Positive ORR signal to support a Phase 3 NSCLC study in 2021
- Phase 3 goal to provide an improved chemo-free option for patients with a PD-L1 >1% status
  - Build on where PEMBRO mono is standard of care (SoC)

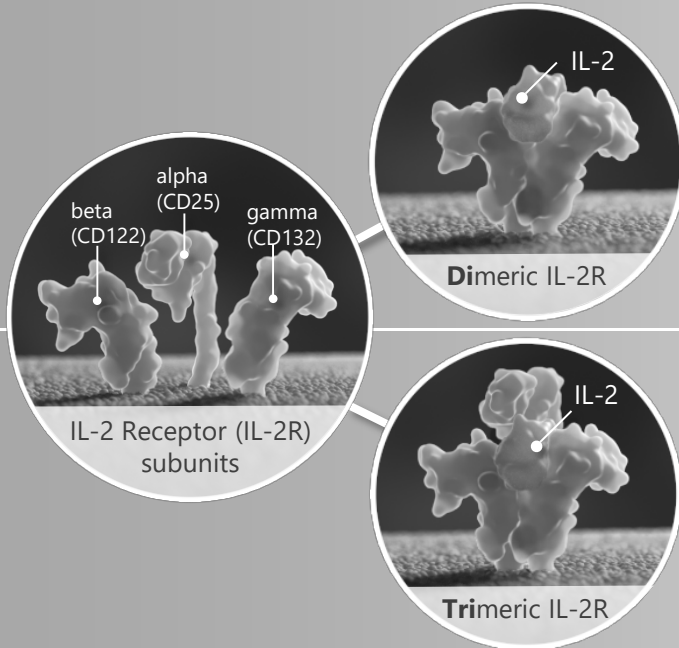


**Significant opportunity exists for BEMPEG in NSCLC through combining with the SoC PEMBRO**  
**PEMBRO sales in NSCLC are ~\$7B globally**



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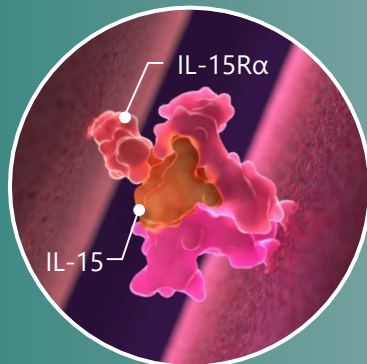
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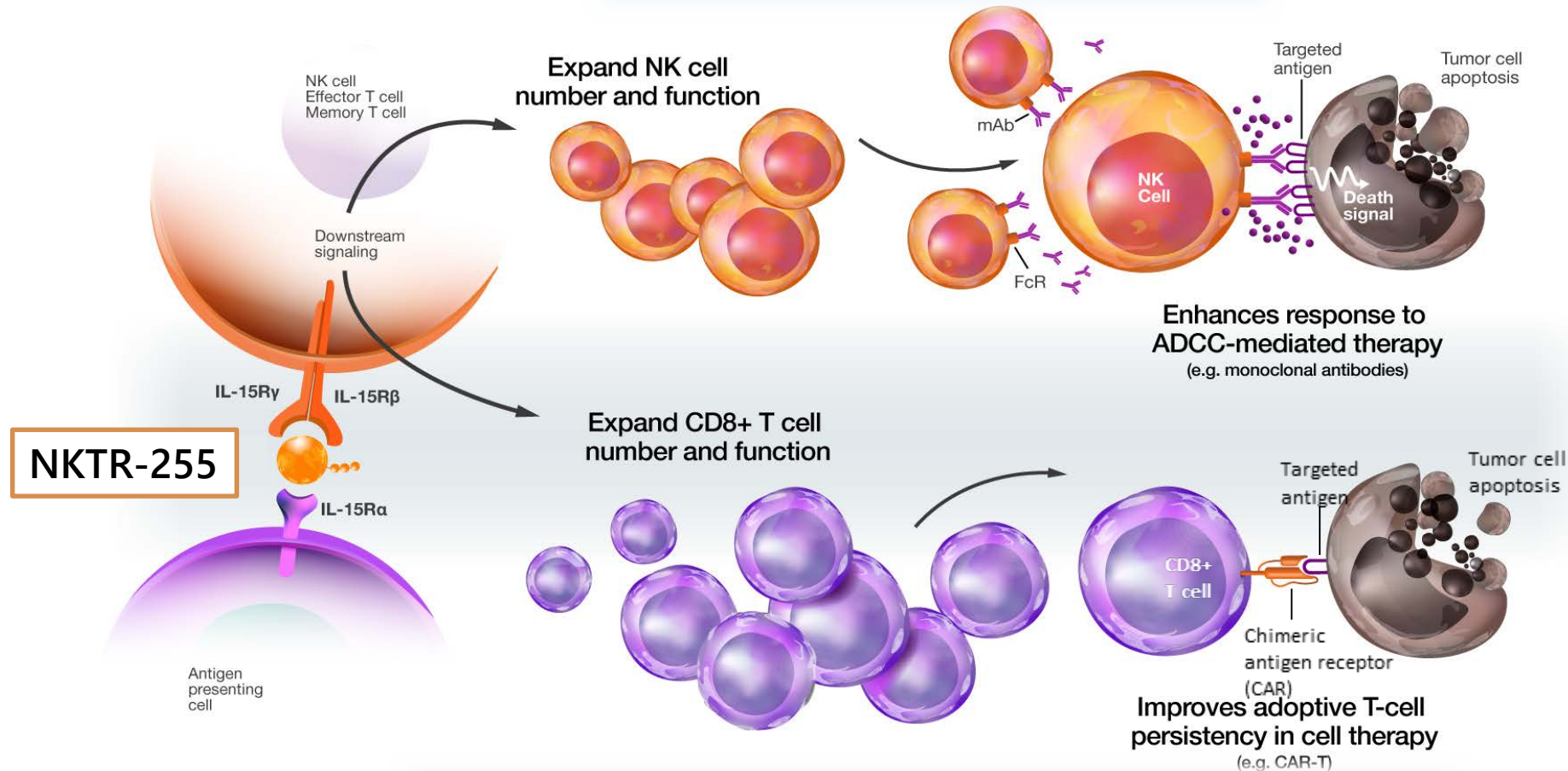
Immune  
Stimulation

## **NKTR-255 (IL-15 Receptor Agonist)**

Stimulate and expand NK Cells & Promote survival and expansion of memory CD8+ T cells

# NKTR-255 Designed to Boost NK Cells and Expand CD8+ T-cells

## Boost NK cell numbers and function



## Enhancement of ADCC Antibodies

Daratumumab  
Rituximab  
Cetuximab

Potential to combine with any targeted antibody that utilizes an ADCC MOA

## Enhancement of CAR-T Regimens

CD19 CAR-T  
BCMA CAR-T  
CD38 CAR-T

Potential to expand into other hematological and solid tumor CAR-T and cellular therapies

Increase duration of response for CAR-T and cellular therapies

# NKTR-255 is a Highly Differentiated IL-15 Pathway Agonist

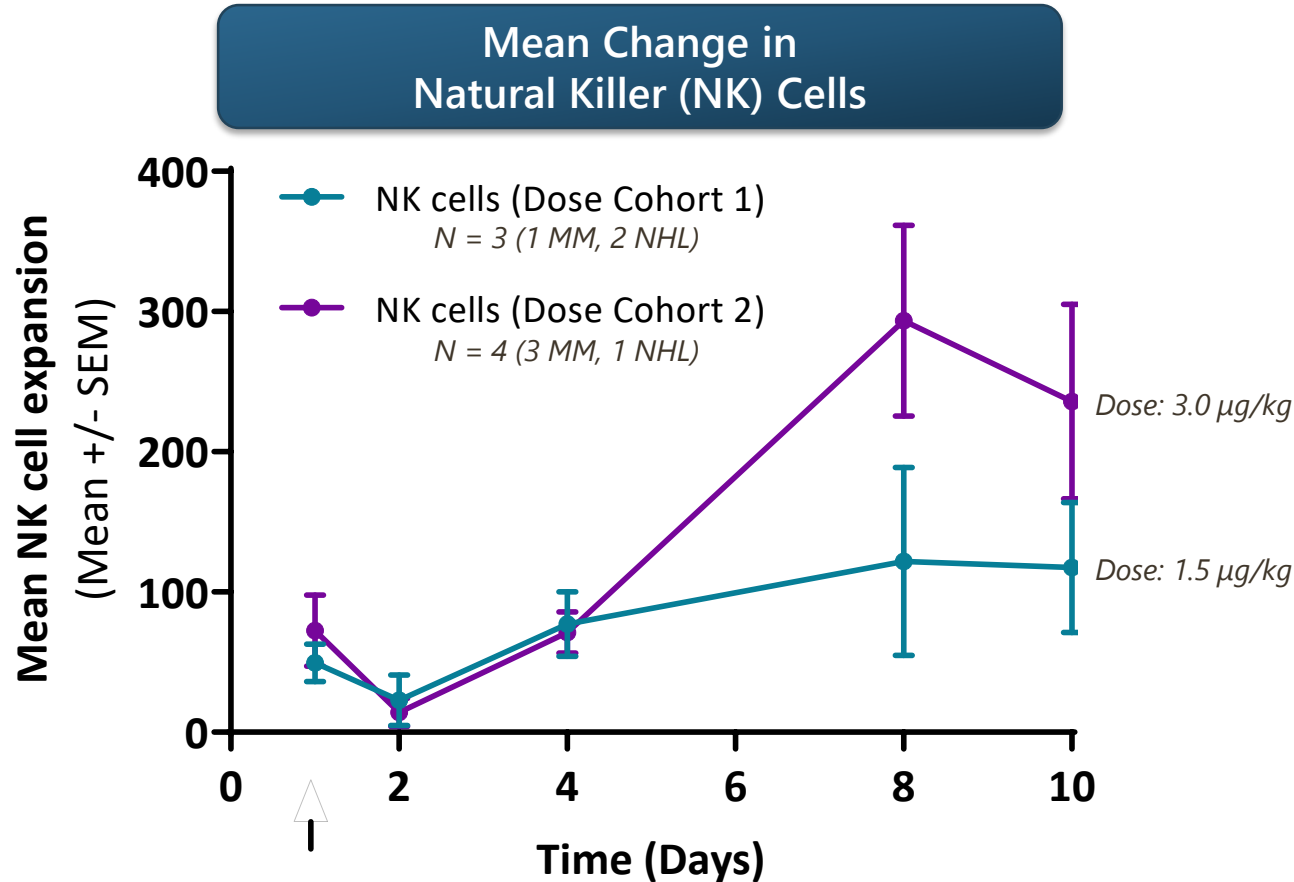
NKTR-255 is designed to capture the full IL-15 pathway to increase NK cells and cytotoxic function

|                |  | NKTR-255                             | Native IL-15                  | IL-15 mutein/IL-15R $\alpha$ Fc Fusion | IL-15/IL-15R $\alpha$ heterodimer |
|----------------|--|--------------------------------------|-------------------------------|--|-----------------------------------|
| MOA            | IL-15R $\alpha$ dependency   | ✓<br>(reduce IL-2R $\beta$ affinity) | ✓                             | ✗                                      | ✗                                 |
| Clinical       | Route of Administration  | Q3W/Q4W, IV                          | 5-days continuous IV infusion | Weekly SC                              | Once or three times weekly SC     |
|                | Antibody-Like Dosing<br>PK: IV t <sub>1/2</sub> (hr)                                 | 27                                   | 2.5*                          | 0.75-5*                                | NA                                |
|                | PD: Expansion of Target Immune Cells   | ✓                                    | ✓                             | ✓                                      | ✓                                 |
|                | Anti-drug Antibodies Detected  | None                                 | NA                            | ✓                                      | NA                                |
| Pre-clinical** | Cytotoxic function (in vitro Granzyme B Secretion at 100 nM)                         | 350 pg/ml                            | 380 pg/ml                     | 95 pg/ml                               | 160 pg/ml                         |
|                | Duration of IL-15R engagement<br>(in vivo pSTAT5+ NK cells at 3 days post treatment) | 95%                                  | NA                            | 6.3%                                   | NA                                |

Sources: \*John A Hangasky et al. Interleukin 15 Pharmacokinetics and Consumption by a Dynamic Cytokine Sink. Front Immunol. 2020 Aug 13;11:1813. doi: 10.3389/fimmu.2020.01813;

\*\*in-house data, Takahiro Miyazaki et al. 2019 SITC poster presentation; dosing schedules from clinicaltrials.gov

# NKTR-255 Increases Natural Killer (NK) Cell Numbers and Proliferative Capacity



- Dose dependent increase in NK cell numbers observed
- NKTR-255 also increased proliferation (Ki67+) of NK and CD8+ T cells
- Proliferative capacity maintained with multiple cycles of NKTR-255

***Patients treated with NKTR-255 monotherapy  
in starting dose cohorts of Phase 1/2 study (dose escalation)***

*R/R Multiple Myeloma (MM) and Non-Hodgkin's Lymphoma (NHL)*

# NKTR-255 Clinical Strategy Designed to Capture Opportunity to Enhance NK-Mediated ADCC in Liquid and Solid Tumor Settings

## Hematological Malignancy ADCC Regimens:

Phase 1/2 Study in:

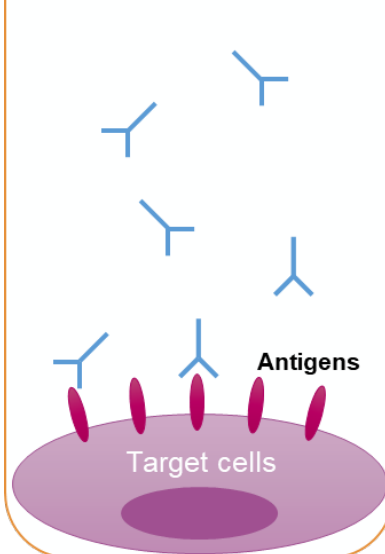
- Multiple Myeloma
- NHL B-Cell Lymphomas (DLBCL, PMBCL, FL)

**Rituxan**  
**Rituximab**

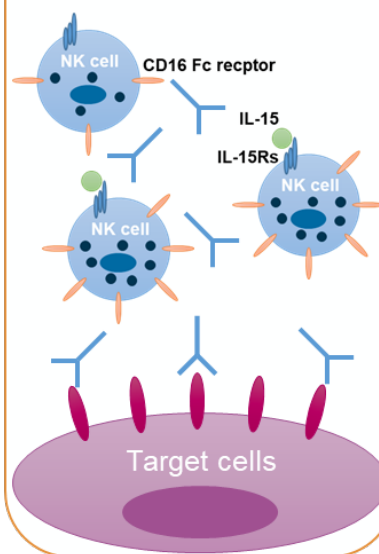
**DARZALEX Faspro**<sup>™</sup>  
(daratumumab and hyaluronidase-fihj)  
Injection for subcutaneous use | 1,800mg/30,000units

**ERBITUX**  
**CETUXIMAB**  
INJECTION FOR INTRAVENOUS INFUSION  
100 MG/50 ML & 200 MG/100 ML VIALS

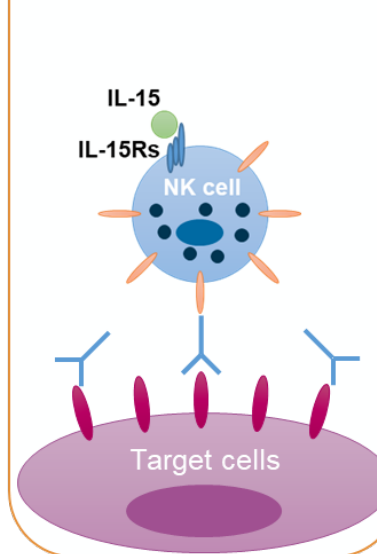
Antibody binds to antigens on target cells



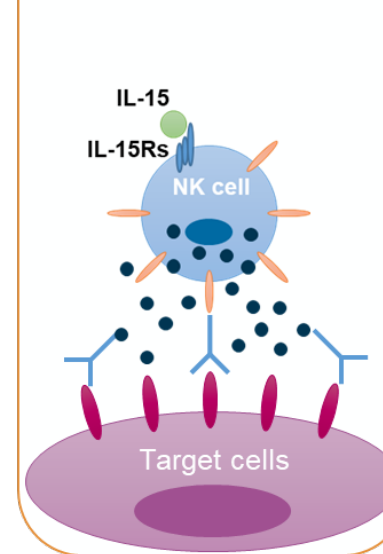
IL-15 enhances NK cell proliferation and activation



IL-15 primed NK cells recognize cell-bound antibodies



CD16 engagement triggers release of cytotoxic granules and cytokines

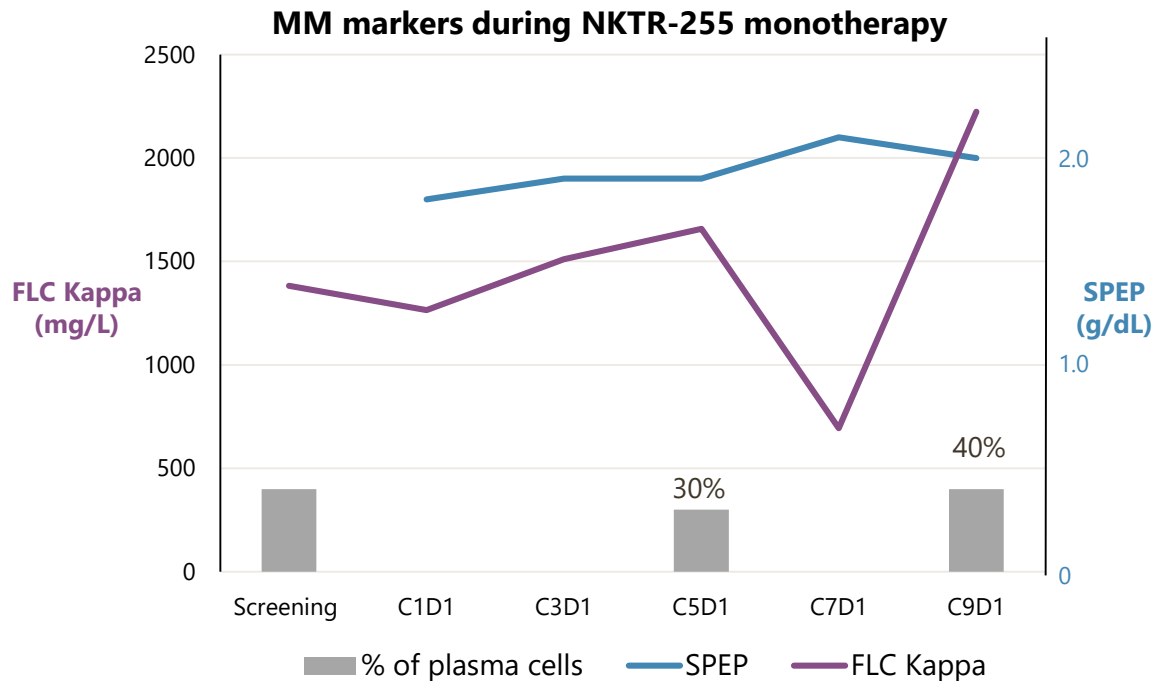




# Encouraging Early Activity Observed in First Patients Receiving NKTR-255 Monotherapy Treatment

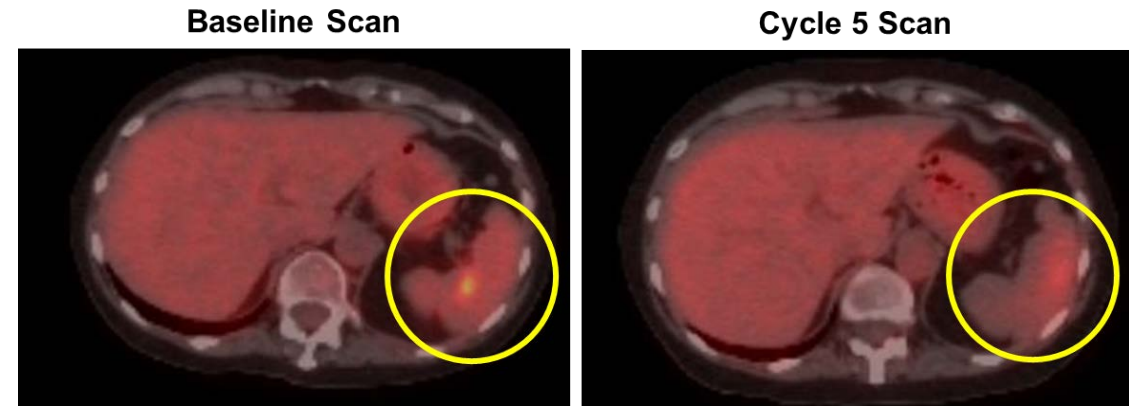
## R/R Multiple Myeloma (MM) Patient - 63 years (4<sup>th</sup> line)

Patient received NKTR-255 at 1.5 µg/kg IV for 9 cycles with the response assessment of **stable disease (SD)**



## R/R Non-Hodgkin's Lymphoma (DLBCL) Patient - 66 years (4<sup>th</sup> line)

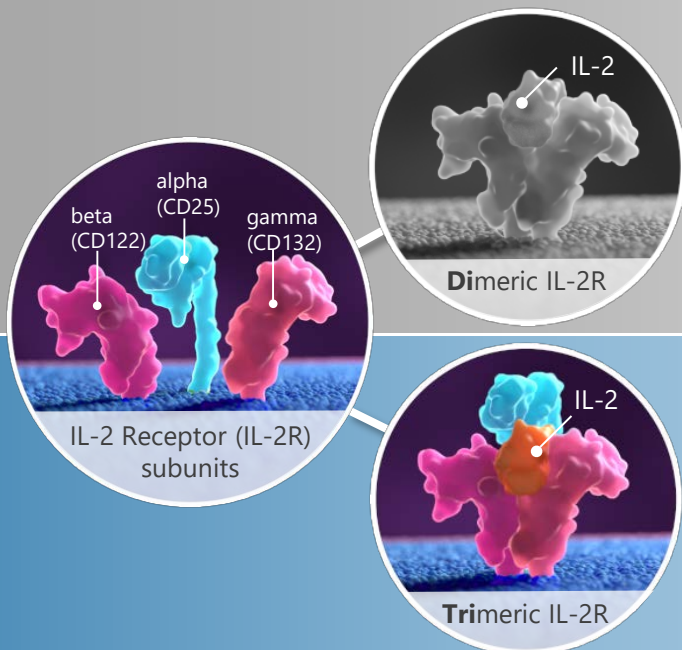
Patient received NKTR-255 at 1.5 µg/kg IV for 7 cycles with a **metabolic response in splenic target lesion on cycle 5**





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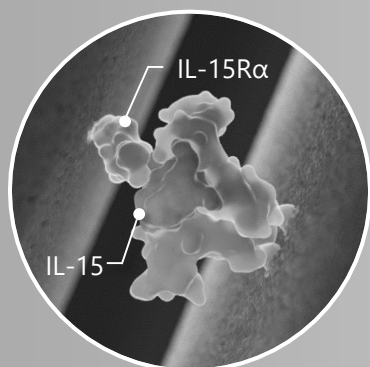
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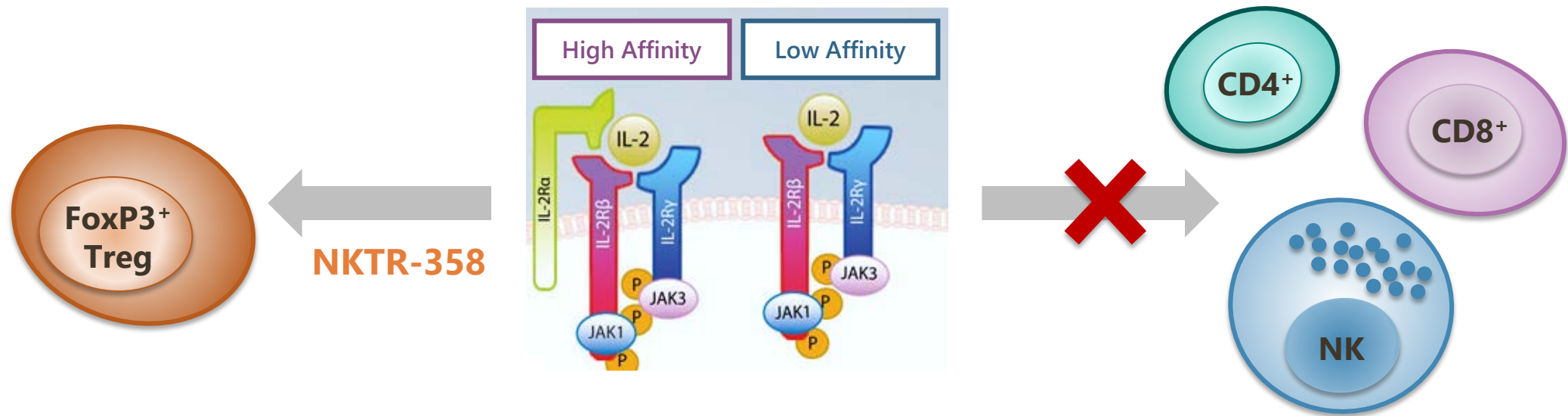
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# LY3471851 / NKTR-358 (IL-2 Conjugate): A New Treatment Paradigm Driving Expansion of T Regulatory Cells

Novel biology: NKTR-358, a conjugated IL-2 agonist biased for Treg expansion, affords a...



...novel treatment approach: Resolution/restoration of immune system

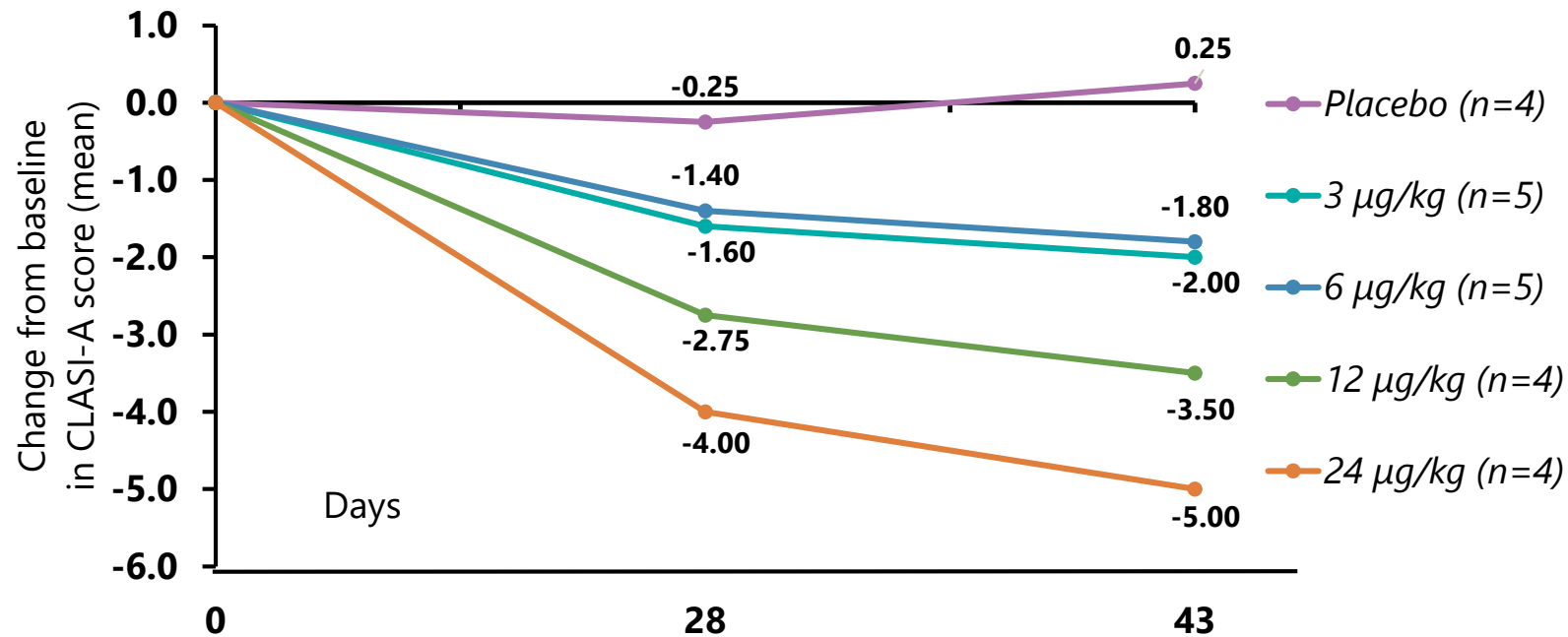
## Completed NKTR-358 Studies

Phase 1 Single-Ascending Dose (SAD) (Nektar sponsored)   ○   Lupus (SLE) Multiple-Ascending Dose Study (Nektar sponsored)  
Japan SAD (Lilly sponsored)

Lilly | NEKTAR

# ACR 2020: NKTR-358 Demonstrated a Dose-Dependent Reduction in CLASI-A Score in Patients with Lupus

**Mean Change in CLASI-A Score**  
**Patients [N=22] with a CLASI-A score of  $\geq 4$  at baseline\***







CLASI-A, cutaneous lupus erythematosus disease area and severity index-activity.

*\*In this small subset of patients, primarily with mild disease and short treatment duration.*

## Additional Takeaways:

- 7 of 18 patients had a  $\geq 4$ -point reduction in CLASI-A score from baseline by Day 43
- One patient (24 µg/kg) experienced a reduction in CLASI-A score from 22 at baseline to 5 by Day 43 (2 weeks after last dose)
- No observed changes in SLEDAI or joint scores were noted due to the short treatment duration in this study

# LY3471851 / NKTR-358: Development Program with Lilly Advancing into Multiple Auto-Immune Conditions

|            | Partner   | Indication  | Program              | Preclinical   | Phase 1 | Phase 2 |
|------------|---|---|----------------------|---|---------|---------|
| Immunology |    | <b>Systemic Lupus Erythematosus</b><br><i>NCT04433585</i> | LY3471851 / NKTR-358 | ISLAND-SLE<br>Primary Endpoint: Reduction in SLEDAI at 6 months<br><br><i>N = 280</i>         |         |         |
|            |    | <b>Ulcerative Colitis</b><br><i>NCT04677179</i>           | LY3471851 / NKTR-358 | INSTRUCT-UC<br>Primary Endpoint: % of Patients in Remission at 12 weeks<br><br><i>N = 200</i> |         |         |
|            |    | <b>Psoriasis</b><br><i>NCT04119557</i>                    | LY3471851 / NKTR-358 | Phase 1b<br><br><i>N = 40</i>   |         |         |
|            |  | <b>Atopic Dermatitis</b><br><i>NCT04081350</i>            | LY3471851 / NKTR-358 | Phase 1b<br><br><i>N = 40</i>   |         |         |

# Upcoming 18-Month Milestones: Ended 2020 with ~\$1.2 Billion in Cash & Investments

## BEMPEG (NKTR-214)

- PROPEL data in ~58 1L NSCLC patients treated with BEMPEG plus pembrolizumab (2H '21)
- Multiple registrational program data read-outs:
  - First ORR/PFS data from Phase 3 metastatic melanoma study (Q4 '21 - Q1/Q2 '22)
  - First RCC Interim OS (1H 2022)
  - First Bladder Phase 2 (Mid-2022)

## NKTR-255

- Clinical data from NKTR-255 Phase 1/2 Study in patients with NHL and MM (dose-escalation and combination with Rituxan® and Darzalex Faspro®)
- Clinical data from NKTR-255 Phase 1/2 Study in patients with CRC and H&N Cancer

## LY3471851 / NKTR-358

- Data from LY3471851 / NKTR-358 Phase 1 MAD study in psoriasis and/or atopic dermatitis patients at a major medical meeting
- Start of third Phase 2 Study in new auto-immune disease setting (1H '22)