

Forward-Looking Statements

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Pipeline

Pre-commercial stage company; Pipeline offering future upside

	Product	Indication	Preclinic	Phase I	Phase II	Phase III	Registration / Market
Allogeneic Adipose-Derived Stem Cells	Cx601 (EU)	Complex Perianal Fistulas in Crohn's disease*	Partnered; CHMP opinion expected 2H 2017				
	Cx601 (USA)	Complex Perianal Fistulas in Crohn's disease	Global Phase III for BLA started 1H2017				
	Cx611 (intravenous)	Severe Sepsis					
Allogeneic Cardiac Stem Cells	AlloCSC-01 (intracoronary)	Acute Myocardial Infaction					

^{*} Potential label in EU: treatment of complex perianal fistulas in patients with Crohn's disease, who have had an inadequate response to at least one conventional or biologic therapy.







Novel, locally administered treatment for complex perianal fistulas in Crohn's disease CHMP opinion expected 2H2017

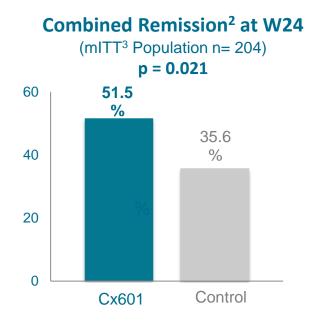


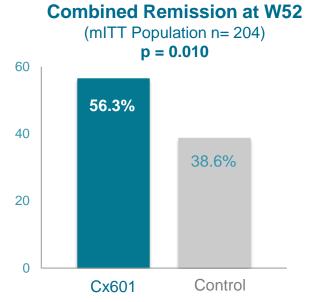


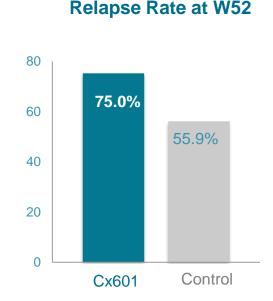


Primary Endpoint Met at Week 24

Benefit sustained, lower relapse¹ rate at week 52







- Cx601 patients had a 44% greater probability of achieving Combined Remission and a shorter median time to Clinical Remission (6.7 vs. 14.6 weeks)
- > 50% of patients receiving Cx601 had all treated fistulas in Combined Remission one year after a single administration of the product
- 75.0% of Cx601 patients in combined remission at W24 did not relapse,



Relapse: reopening of any of the treated external openings with active drainage as clinically assessed, or development of perianal collection ≥2cm of the treated perianal fistula confirmed by centrally blinded MRI assessment in patients with clinical remission at any previous visit

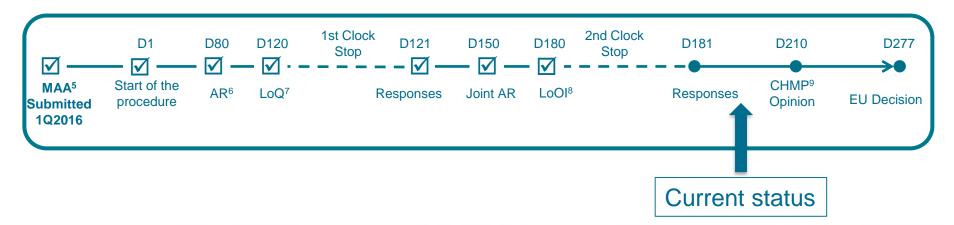
² Closure of all treated external openings draining at baseline despite gentle finger compression, and absence of collections > 2cm by MRI (Magnetic Resonance Imaging)

³mITT: modified Intention To Treat i.e. patients randomized, treated and with ≥1 post-baseline assessment. Efficacy results are consistent across al statistical populations

CHMP Opinion Expected 2H2017

Clear and fast pathway to the market built on a solid regulatory strategy

- Team with previous experience in obtaining MA¹ of cell therapy product
- Orphan Designation received 2009
- 5 Scientific Advice Meetings held with EMA² (2 pre-clinical, 2 CMC³, 1 clinical)
- Approved PIP⁴ with 20 patients to be started not before 2020
- GMP license for commercial manufacturing granted
- CHMP opinion expected 2H2017





¹ MA: Marketing Authorization

² EMA: European Medicines Agency

CMC: Chemistry Manufacturing and Controls

PIP: Pediatric Investigational Plan MAA: Marketing Authorization Application

⁶ AR: Assessment Report ⁷ LoQ: List of Questions

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⁸ LoOI: List of Outstanding Issues
⁹ CHMP: Committee of Human Medicinal Products (v

⁹ CHMP: Committee of Human Medicinal Products (within EMA)

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Ex-US Rights of Cx601 Licensed to Takeda

TiGenix keeps significant upside potential

- Exclusive ex-US development and commercialization rights to Cx601 for the treatment of complex perianal fistulas in Crohn's disease patients
- TiGenix retains full US rights as well as the right to develop Cx601 in new indications
- EUR 25M up front plus EUR 10M equity investment
- TiGenix eligible to receive potentially up to EUR 355M in regulatory and sales milestones, including a EUR 15M EU marketing approval milestone
- Double-digit royalties on net sales, tiered to reimbursement price
- Takeda will assume manufacturing responsibilities for Cx601 after an initial period of product supply by TiGenix for the EU

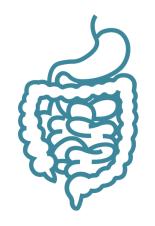


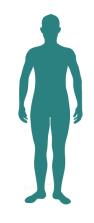


Cx601: Pipeline Expansion Under Evaluation

Potential for Cx601 growth beyond complex perianal fistulas







Other gastrointestinal fistulas

Gastrointestinal indications other than fistulas

Other indications

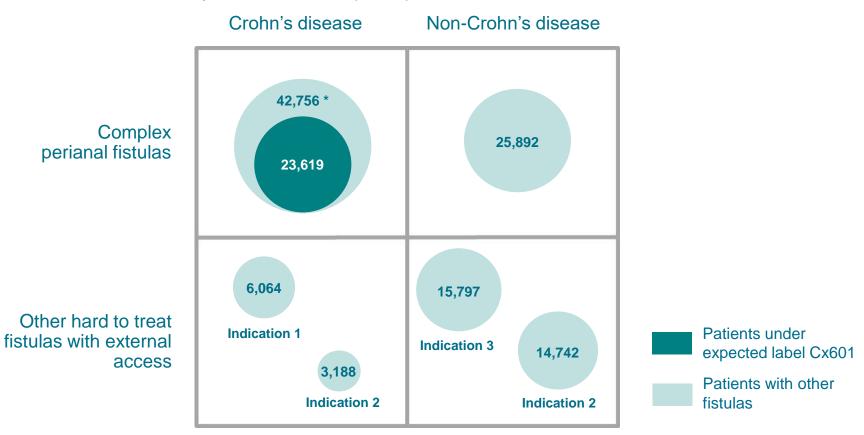




Cx601: Significant Potential in Other Gastrointestinal Fistulas

Addressable population could be four times larger

Estimated Patient Populations in US (2014)



Source: Truven MarketScan® database1



^{*} Complex perianal fistulas out of the expected label include those in patients with non-controlled luminal symptoms, those that are not refractory to currently available therapies, and those affecting children

