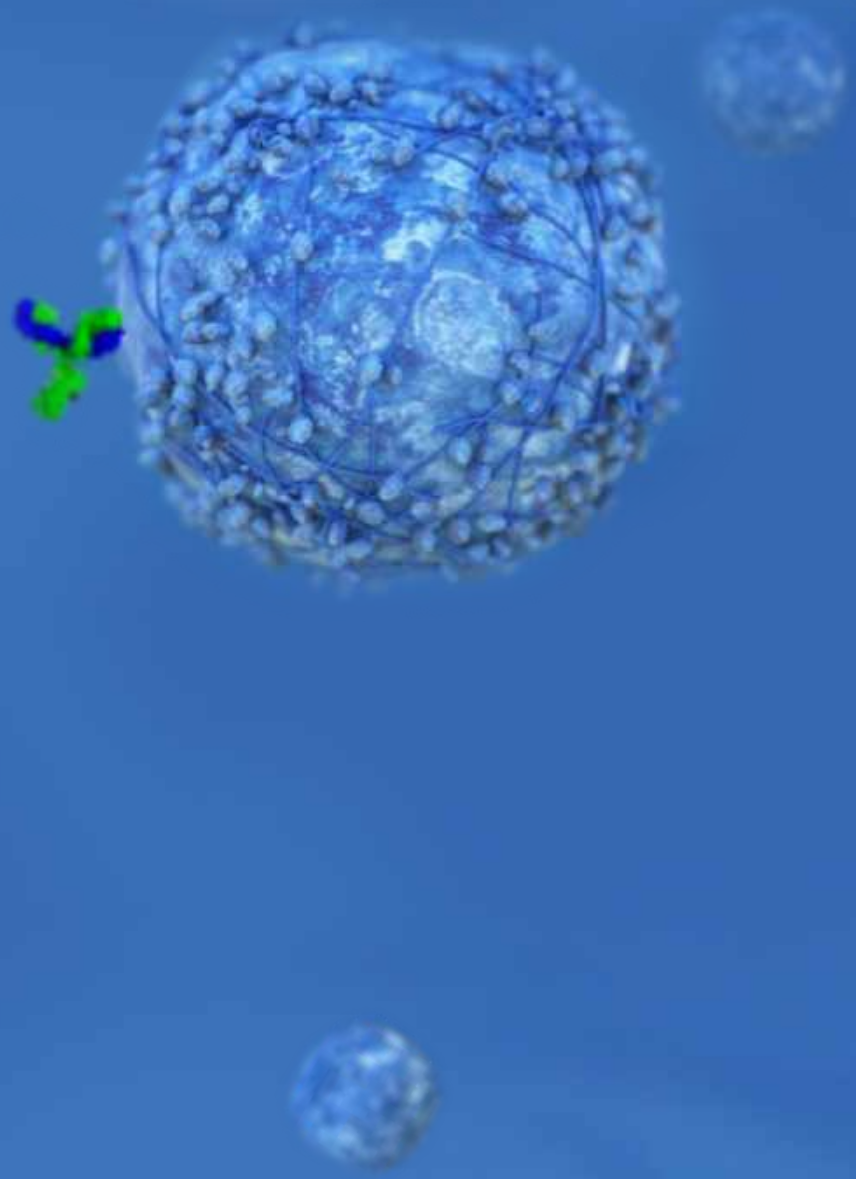


SUTRO BIOPHARMA

# J.P. Morgan Healthcare Conference

January 14, 2021

NASDAQ: STRO

Bill Newell, CEO

# Forward Looking Statements

This presentation and the accompanying oral presentation contain “forward-looking” statements that are based on our management’s beliefs and assumptions and on information currently available to management. Forward-looking statements include all statements other than statements of historical fact contained in this presentation, including information concerning our future financial performance, business plans and objectives, current and future clinical and preclinical activities, timing and success of our ongoing and planned clinical trials and related data, the timing of announcements, updates and results of our clinical trials and related data, timing and success of our planned development activities, our ability to obtain and maintain regulatory approval, the potential therapeutic benefits and economic value of our product candidates, potential growth opportunities, financing plans, competitive position, industry environment and potential market opportunities.

Forward-looking statements are subject to known and unknown risks, uncertainties, assumptions and other factors, including risks and uncertainties related to our cash forecasts, our and our collaborators’ ability to advance our product candidates, the receipt and timing of potential regulatory submissions, designations, approvals and commercialization of product candidates, the timing and results of preclinical and clinical trials, and the expected impact of the COVID-19 pandemic on our operations. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements we may make. These factors, together with those that may be described in greater detail under the heading “Risk Factors” contained in our most recent Annual Report on Form 10-K, Quarterly Report on Form 10-Q and other reports the company files from time to time with the Securities and Exchange Commission, may cause our actual results, performance or achievements to differ materially and adversely from those anticipated or implied by our forward-looking statements.

You should not rely upon forward-looking statements as predictions of future events. Although our management believes that the expectations reflected in our forward-looking statements are reasonable, we cannot guarantee that the future results, levels of activity, performance or events and circumstances described in the forward-looking statements will be achieved or occur. Moreover, neither we nor our management assume responsibility for the accuracy and completeness of the forward-looking statements. We undertake no obligation to publicly update any forward-looking statements for any reason after the date of this presentation to conform these statements to actual results or to changes in our expectations, except as required by law.

This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions, and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

This presentation shall not constitute an offer to sell or the solicitation of an offer to buy, nor shall there be any sale of these securities in any state or other jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or other jurisdiction.

# Sutro Delivering on Best-in-Class Targeted Therapeutics

## Novel cell-free platform changing the future of oncology

Sutro's platform transforms the cumbersome functional design of complex biologics into a precise and well-controlled process to create **homogenous products** with **differentiated and favorable drug properties**

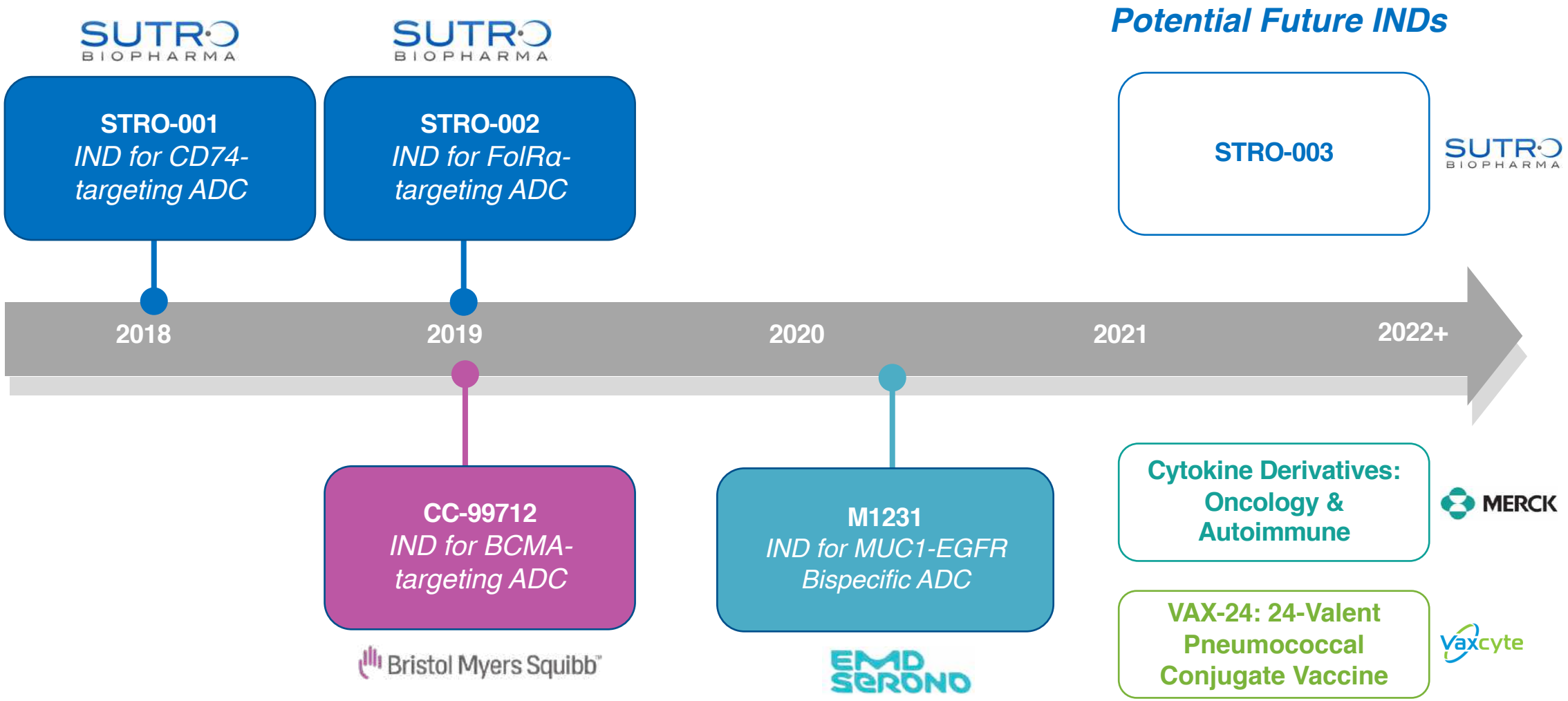
Strong clinical data from STRO-002 for ovarian cancer and STRO-001 for NHL validates advantages of the platform **– multiple first-in-class** and **potentially best-in-class therapeutics** enabled

Fully-integrated and scalable GMP manufacturing using cell-free technology has delivered consistently for **4 clinical stage programs** for Sutro and for partners

Value-driving collaborations on **high-impact programs** for partners including with Merck, Bristol Myers Squibb, and EMD Serono

# Sutro's Platform Has Enabled Multiple Programs into the Clinic

## One IND per year on average for best-in-class or first-in-class opportunities

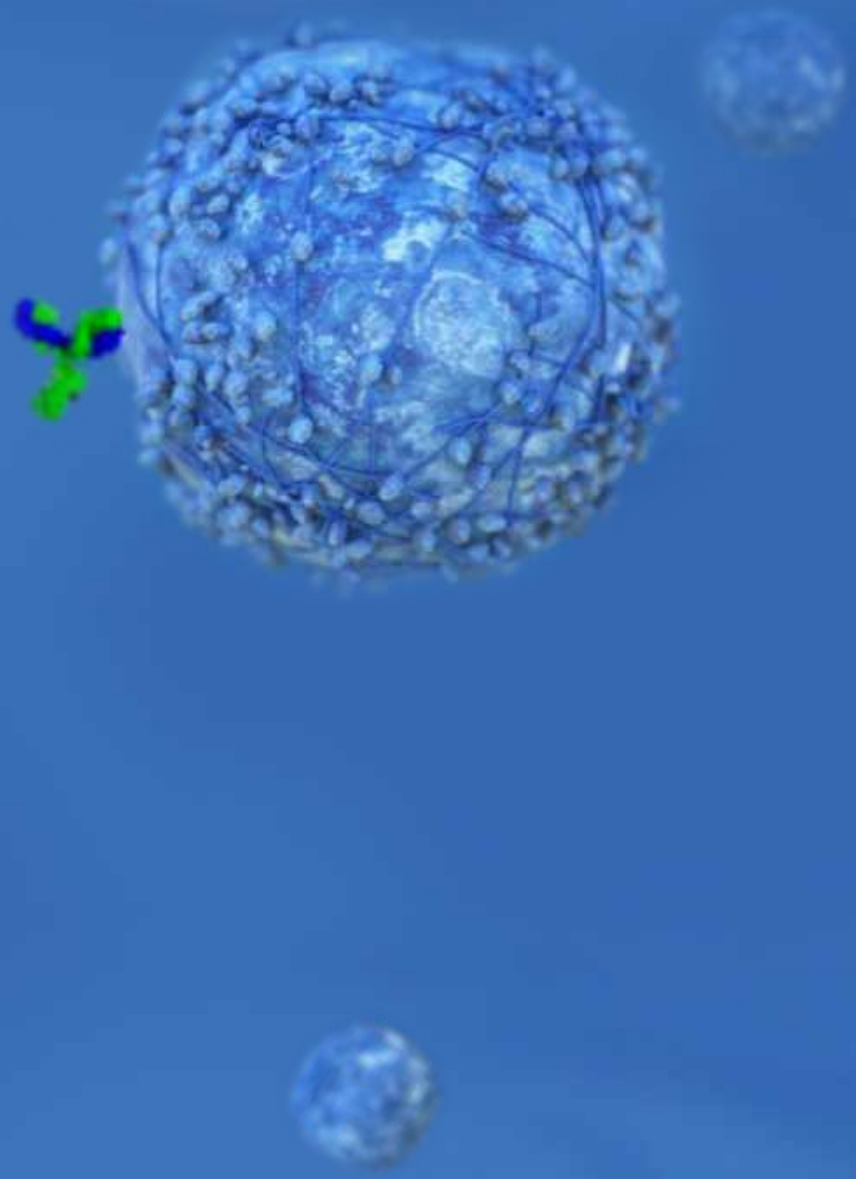


# Sutro Wholly-Owned and Partnered Programs

## Multiple modalities enabled by Sutro's cell-free platform

| Program | Discovery | Preclinical | Phase 1/1b | Phase 2/3 | Commercial Rights |
|---|---|---|---|---|---|
| **STRO-002**<br>*FolRα-Targeting ADC* | **Ovarian and Endometrial Cancer** | | | | SUTRO BIOPHARMA<br>Worldwide Rights |
| **STRO-001**<br>*CD74-Targeting ADC* | **Lymphomas: DLBCL, Mantle Cell, Follicular**<br>**Multiple Myeloma** (Orphan Drug Designation) | | | | |
| **Multiple Oncology Programs including iADCs** | **Oncology** | | | | |
| **CC-99712**<br>*BCMA-Targeting ADC* | **Multiple Myeloma** | | | | Bristol Myers Squibb (1) |
| **M1231**<br>*MUC1-EGFR Bispecific ADC* | **NSCLC & Esophageal Cancer** | | | | EMD Serono (2) |
| **Cytokine Derivatives** | **Oncology & Autoimmune** | | | | MERCK |
| | **Oncology** | | | | |
| **VAX-24**<br>24-Valent Pneumococcal Conjugate Vaccine | **Invasive Pneumococcal Disease** | | | | Vaxcyte (3) |

(1) BMS automatically obtained worldwide rights to the BCMA-targeting ADC, the first collaboration product candidate to achieve IND clearance in the United States
(2) EMD Serono, an affiliate of Merck KGaA, Darmstadt, Germany
(3) Sutro owns 4% royalties on VAX-24



SUTRO BIOPHARMA

STRO 002

# FolRα-Targeting ADC

## Potential Best-in-Class ADC for Ovarian and Endometrial Cancers

# Potential Best-in-Class ADC for Ovarian and Endometrial Cancers

## STRO-002 is an optimized ADC using precisely positioned non-natural amino acids

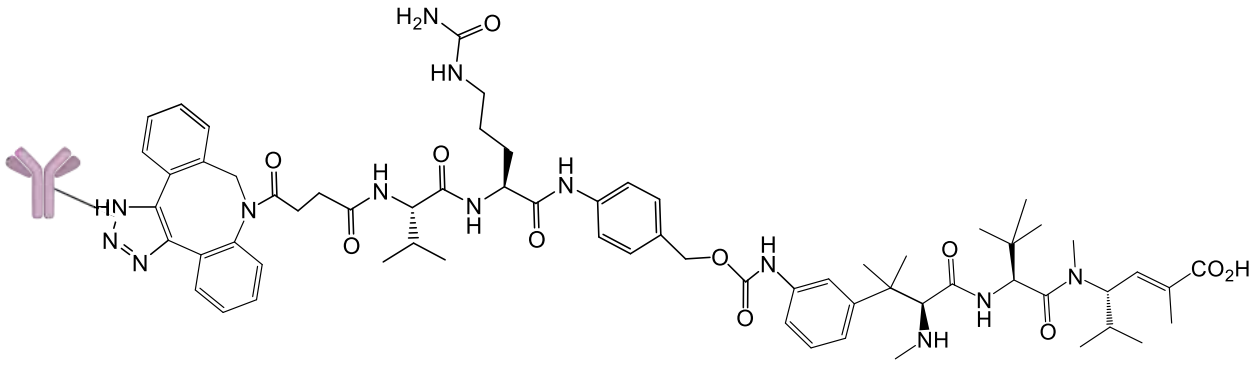
Novel homogeneous antibody drug conjugate (ADC) using **precisely positioned non-natural amino acids**

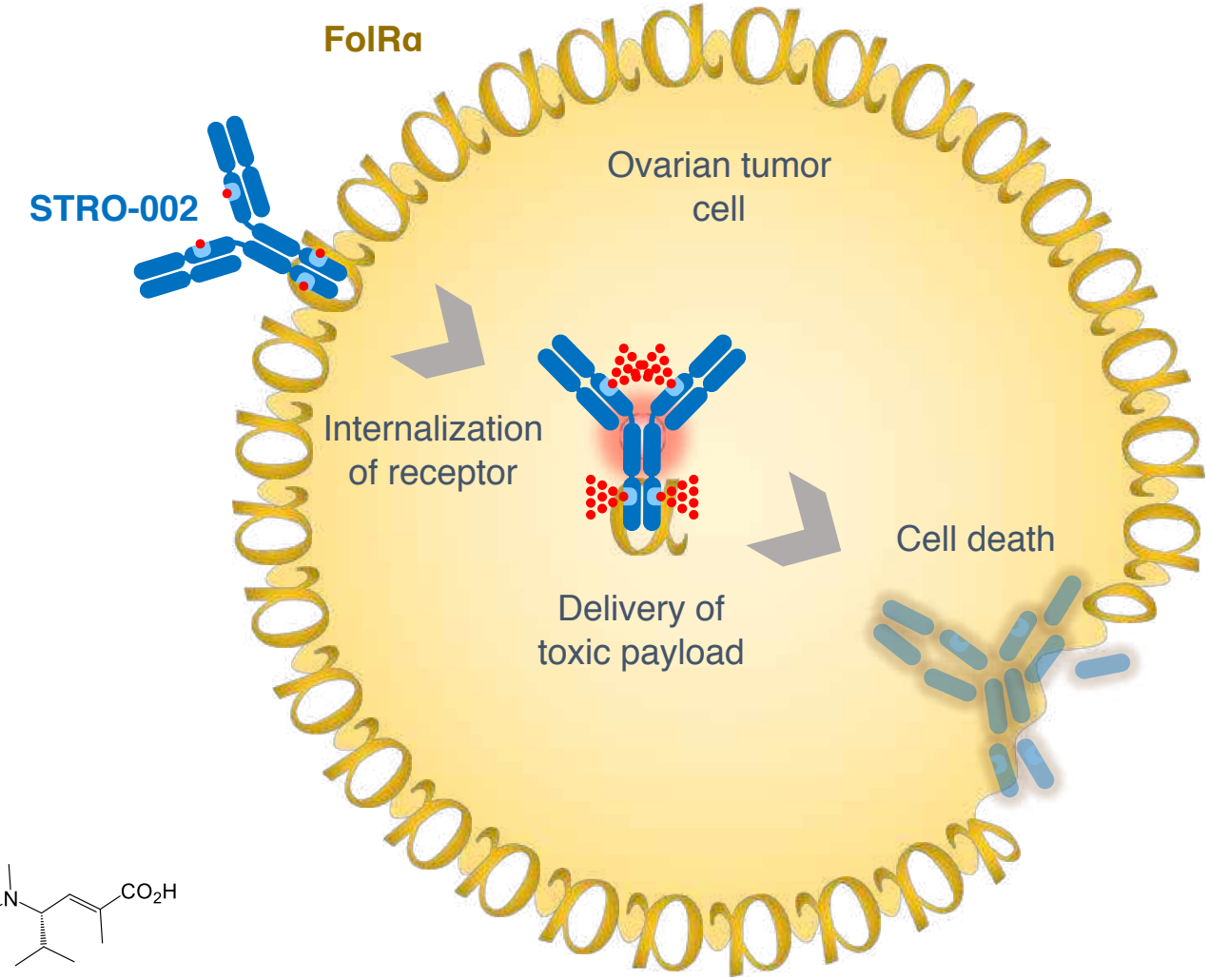
Targets **FolRα**, which is overexpressed in certain cancers including ovarian cancer

**Drug-antibody ratio of 4:1**, with a proprietary cleavable hemiasterlin linker-warhead that is **stable in circulation**

Internalization of the ADC releases hemiasterlin in the tumor cell, resulting in **immunogenic cell death of cancer cells**

Structure of hemiasterlin linker-warhead following conjugation as follows:





# STRO-002 GM1 Phase 1 Two-Part Design

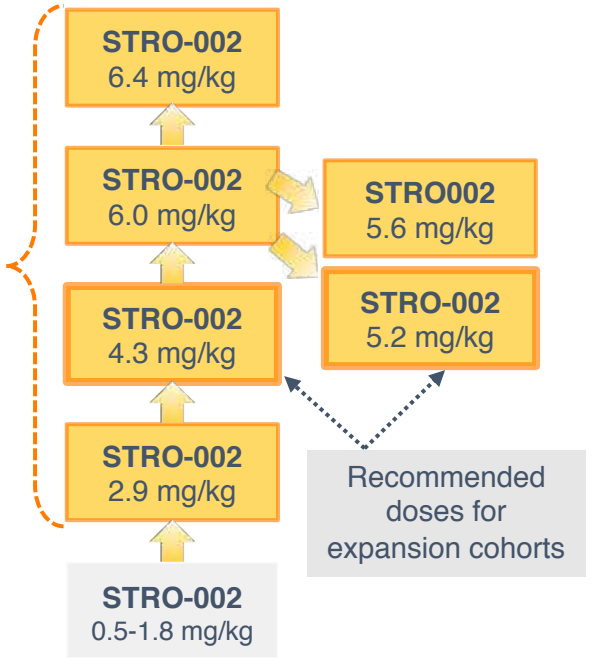
## Dose-escalation has been completed and data was presented December 2020

**Part 1:** *Dose-Escalation Cohort in Ovarian*

**All-Comers Ovarian Cancer**
N=39

**34 patients** treated at clinically active dose (≥ 2.9 mg/kg Q3W)

Of which, **31 patients** were evaluable for RECIST




**Study Update:**

- Enrollment completed August 2020
- Company provided updated data on December 3, 2020, as of October 30, 2020 cutoff

| Baseline Characteristic | All Patients N=39 |
|---|---|
| Median age | 61 years (range: 48–79) |
| **Median time since diagnosis** | **3.9 years** (range: 0.6–17.0) |
| **Median number of prior lines of therapy** | **6 lines** (range: 2–11) |
| Previous therapies, n | |
| **Platinum** | **39 (100%)** |
| **≥ 3 prior platinum regimens** | **18 (46%)** |
| Taxanes | 38 (97%) |
| Bevacizumab | 32 (82%) |
| **PARP inhibitors** | **23 (59%)** |
| **Checkpoint inhibitors** | **8 (21%)** |
| Experimental therapy | 14 (36%) |

# STRO-002 Was Generally Well Tolerated

## 86% of TEAEs remain Grade 1-2 and no observed ocular toxicity signal

### Dose Levels in Dose-Escalation

| Dose Levels (Q3W) | All Patients (N=39) |
|---|---|
| 0.5 mg/kg, 1.0 mg/kg, and 1.8 mg/kg | 5 (13%) |
| **2.9 mg/kg** | **3 (8%)** |
| **4.3 mg/kg** | **5 (13%)** |
| **5.2 mg/kg** | **12 (31%)** |
| **5.6 mg/kg** | **3 (8%)** |
| **6.0 mg/kg (1)** | **10 (26%)** |
| **6.4 mg/kg (1)** | **1 (3%)** |

### Common TEAEs > 25% By Grade (2)

| All Safety Evaluable Patients | Grade 1 N (%) | Grade 2 N (%) | Grade 3 N (%) | Grade 4 N (%) | Overall (N=39) N (%) |
|---|---|---|---|---|---|
| Fatigue | 8 (21) | 17 (44) | 4 (10) | 0 | 29 (74) |
| Nausea | 15 (39) | 10 (26) | 0 | 0 | 25 (64) |
| Constipation | 12 (31) | 12 (31) | 0 | 0 | 24 (62) |
| Neutropenia | 0 | 1 (3) | 9 (23) | 13 (33) | 23 (59) |
| Arthralgia | 8 (21) | 7 (18) | 6 (15) | 0 | 21 (54) |
| Decreased appetite | 10 (26) | 10 (26) | 0 | 0 | 20 (51) |
| Neuropathy | 3 (8) | 12 (31) | 3 (8) | 0 | 18 (46) |
| Abdominal pain | 7 (18) | 5 (13) | 3 (8) | 0 | 15 (39) |
| AST increased | 10 (26) | 2 (5) | 1 (3) | 0 | 13 (33) |
| Dizziness | 10 (26) | 3 (8) | 0 | 0 | 13 (33) |
| Vomiting | 8 (21) | 5 (13) | 0 | 0 | 13 (33) |
| Diarrhea | 8 (21) | 3 (8) | 1 (3) | 0 | 12 (31) |
| Headache | 7 (18) | 3 (8) | 0 | 0 | 10 (26) |
| Insomnia | 6 (15) | 4 (10) | 0 | 0 | 10 (26) |
| Pyrexia | 8 (21) | 2 (5) | 0 | 0 | 10 (26) |

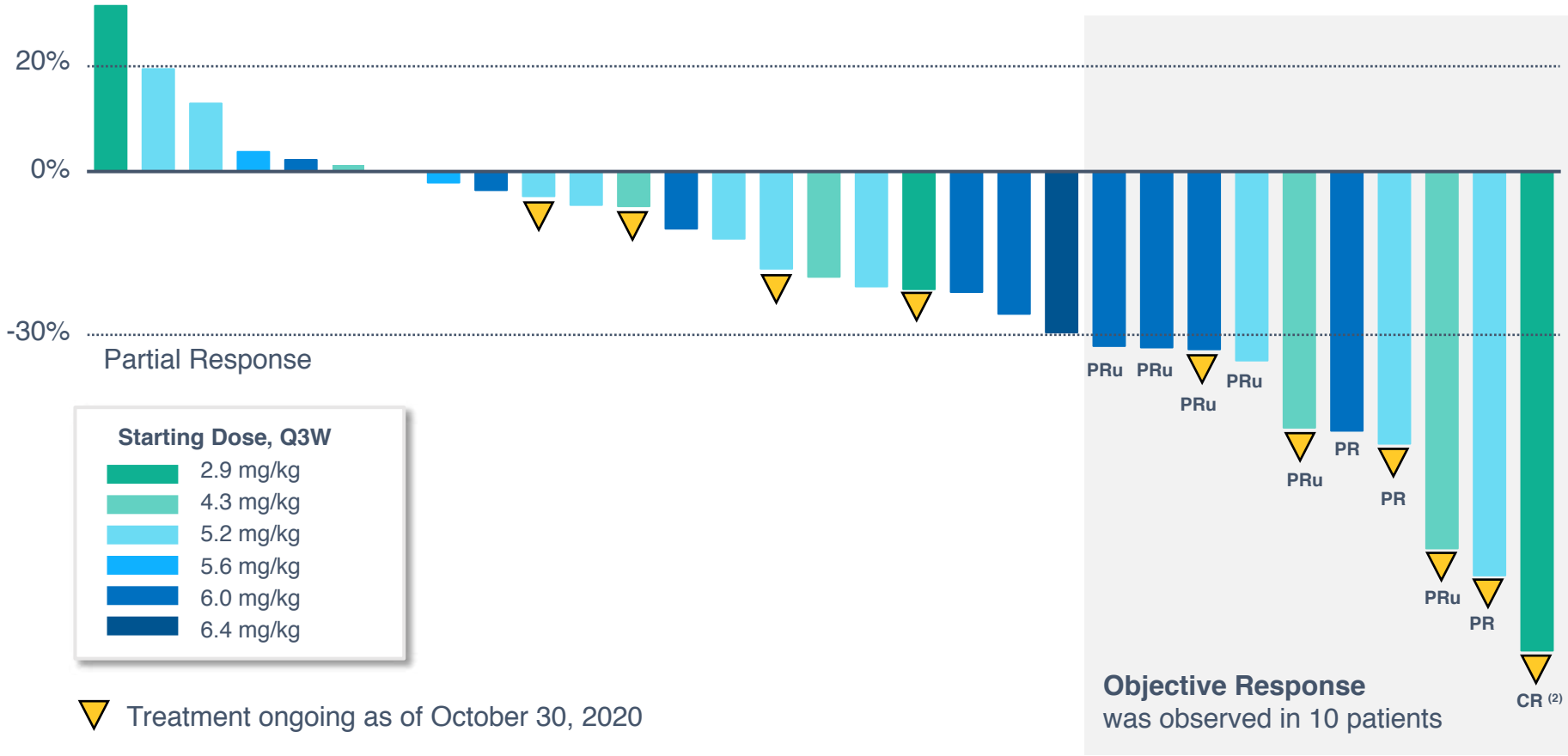
(1) MTD was not reached; DLTs occurred in 2 patients: Grade 2 neuropathy/Grade 3 arthralgia at 6.0 mg/kg and Grade 3 bone pain at 6.4 mg/kg
(2) Not included in table are two Grade 5 events, both previously reported and unrelated to study drug by investigator assessment: death not otherwise specified and acute GI bleed
Note: Data as of October 30, 2020 and presented at Company Event on December 3, 2020

# Tumor Reduction Observed in Majority of Patients

## 10 patients met criteria for response

STRO 002

### Maximum Change (1) in Tumor Target Lesions



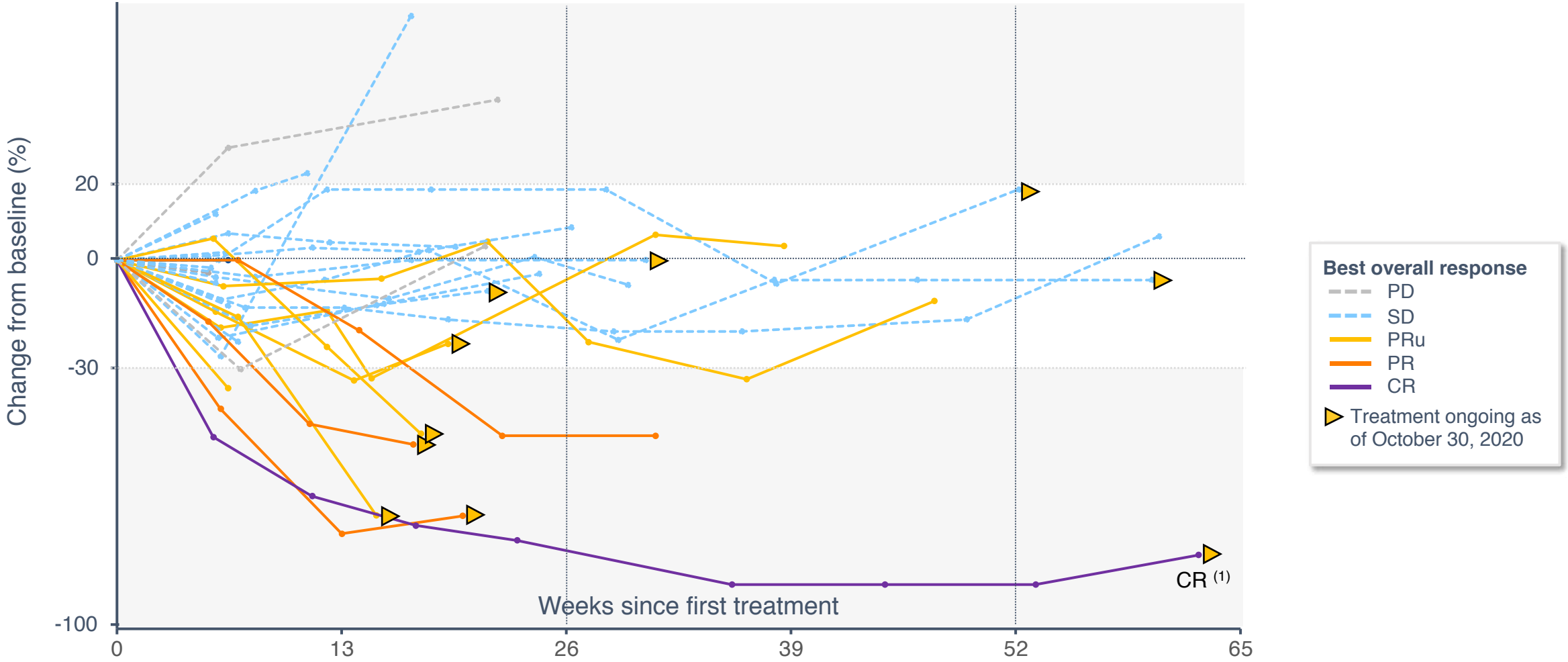

| Objective Response per RECIST 1.1 | RECIST-Evaluable Population (N=31) |
|---|---|
| **Responders** | **10** |
| **CR** (2) | **1** |
| **PR** | **9** |
| *Confirmed* | *3* |
| *Unconfirmed* | *6* |
| **SD** | **18** |
| **PD** | **3** |

(1) Maximum % change from baseline in sum of longest diameter in evaluable patients treated with STRO-002 at ≥ 2.9 mg/kg Q3W, N=31
(2) CR in patient treated at 2.9 mg/kg with resolution of peritoneal disease
Note: Data as of October 30, 2020 and presented at Company Event on December 3, 2020

# Tumor Regression and Control Over Time

## Deepening of responses over time and others with disease control remaining on study

### Change in Sum of Diameters for Target Lesions Over Time (N=31)




(1) CR in patient treated at 2.9 mg/kg with resolution of peritoneal disease

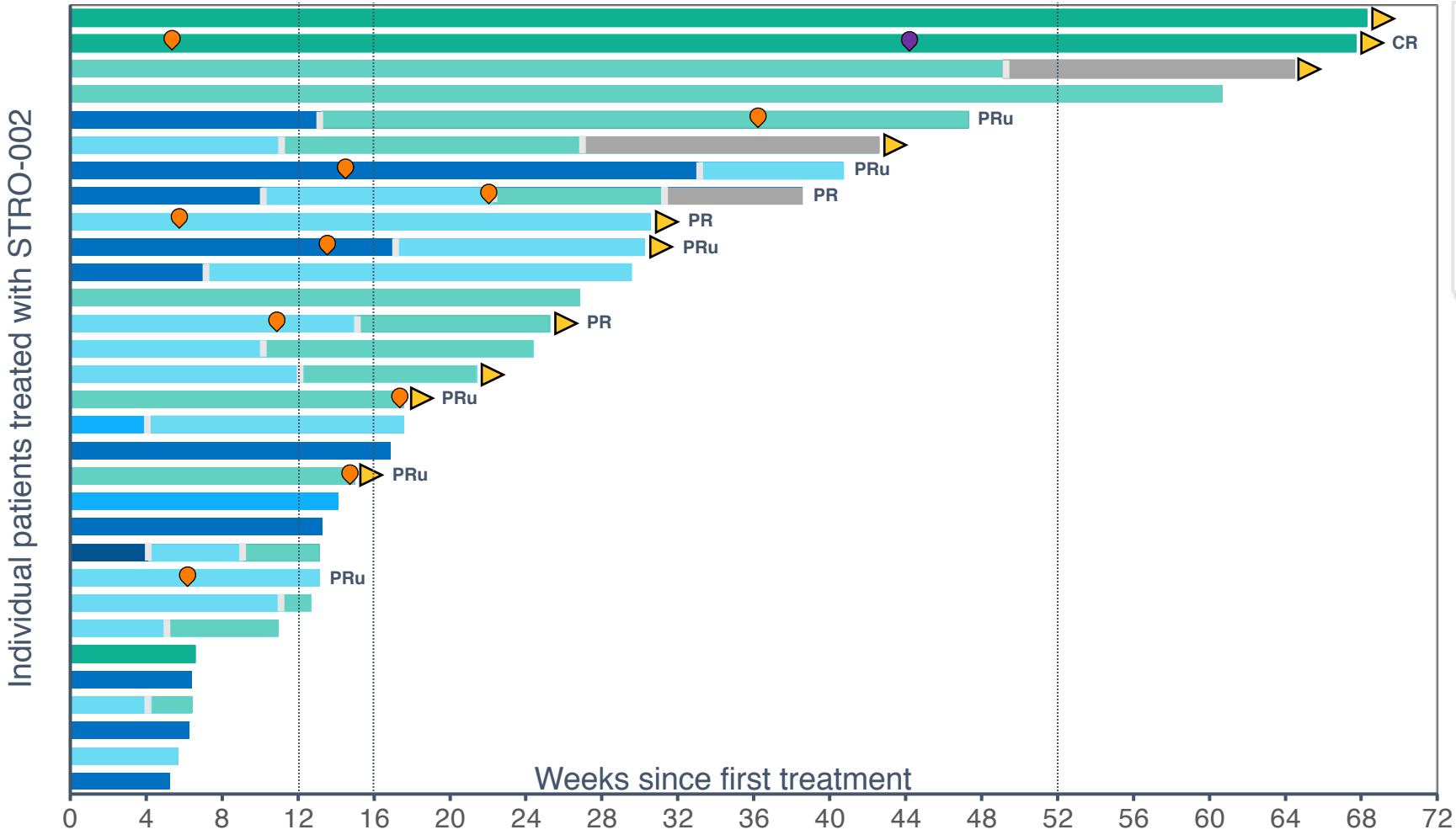
Note: Data as of October 30, 2020 and presented at Company Event on December 3, 2020

# Clinical Benefit Seen in Heavily Pre-Treated Patient Population

STRO 002

## Disease control rate of 74% at 12 weeks in RECIST-evaluable population

### Treatment Duration (1) and Response, Based on Evaluable Patients (N=31)




**Dose Level**
- 2.9 mg/kg
- 3.5 mg/kg
- 4.3 mg/kg
- 5.2 mg/kg
- 5.6 mg/kg
- 6.0 mg/kg
- 6.4 mg/kg

- PR
- CR
- Treatment ongoing as of Oct 30, 2020
- Dose adjustment

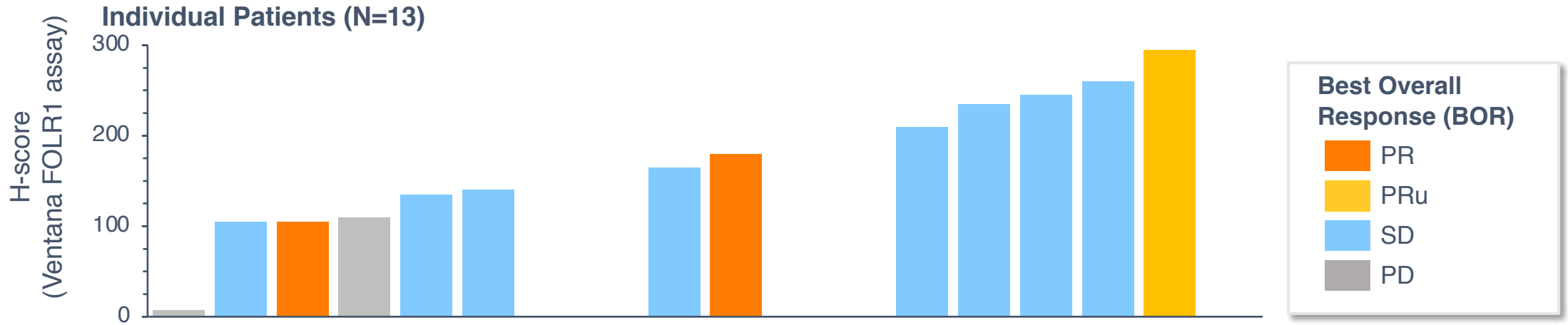
| Disease Control Rate | RECIST-Evaluable Population |
|---|---|
| **≥ 52 weeks** | **4 (13%)** |
| **≥ 16 weeks** | **18 (58%)** |
| ≥ 12 weeks | 23 (74%) |

Most patients on treatment **beyond 12 weeks** were treated at the **2.9-5.2 mg/kg dose levels**

(1) Duration calculated as date of PD or time from first dose to last dose given (including 4 patients deriving clinical benefit post progression per investigator assessment)
Note: Data as of October 30, 2020 and presented at Company Event on December 3, 2020

# FolRα Expression by Immunohistochemistry (1)

## In emerging data, responses and anti-tumor activity observed across various FolRα expression levels




| *FOLR1 PS2+ Score:* | Weak/Absent Expression | Moderate Expression | High Expression |
|---|---|---|---|
| PR | 1 | 1 | 0 |
| PRu | 0 | 0 | 1 |
| SD | 3 | 1 | 4 |
| PD | 2 | 0 | 0 |

(1) Assessed by Ventana FOLR1 expression assay based on available archival tissue from dose-escalation patients
Note: Data as of October 30, 2020 and presented at Company Event on December 3, 2020

# Path Forward for STRO-002 Clinical Development

## Next steps for moving towards registration-directed study

Determine optimal efficacious dose that is well-tolerated and maintains **dose intensity**

Study will begin with **All Comers** and ongoing expression analysis will **inform subsequent enrichment strategy**

Characterize efficacy and safety profile in **less heavily pre-treated population** to inform **registration-directed study**

**Part 2:** *Dose-Expansion Cohorts (Ovarian & Endometrial)*

**All-Comers Ovarian Cancer**

- Tissue required prior to enrollment
- Front line platinum-refractory excluded
- 1-3 prior regimens for platinum-resistant
- 2-3 prior regimens for platinum-sensitive
- Baseline peripheral neuropathy grade ≥ 2 excluded

N≈20 — **STRO-002** 4.3 mg/kg

N≈20 — **STRO-002** 5.2 mg/kg

**FolRα-Selected Endometrial Cancer**

- Relapsed/refractory disease
- No standard of care treatment

N≈15-40 — **STRO-002** 4.3-5.2 mg/kg

**Key Endpoints:**

Objective Response Rate, Safety, PK Profile, Duration of Response, Progression Free Survival, Overall Survival, CA-125 Responses

First patient for ovarian cohort projected for **January 2021**

Plan to target **≈35 sites in US & Europe**

Anticipated preliminary data in ovarian cancer **2H 2021**

Anticipated **EOP1/2** FDA meeting in 2H 2021

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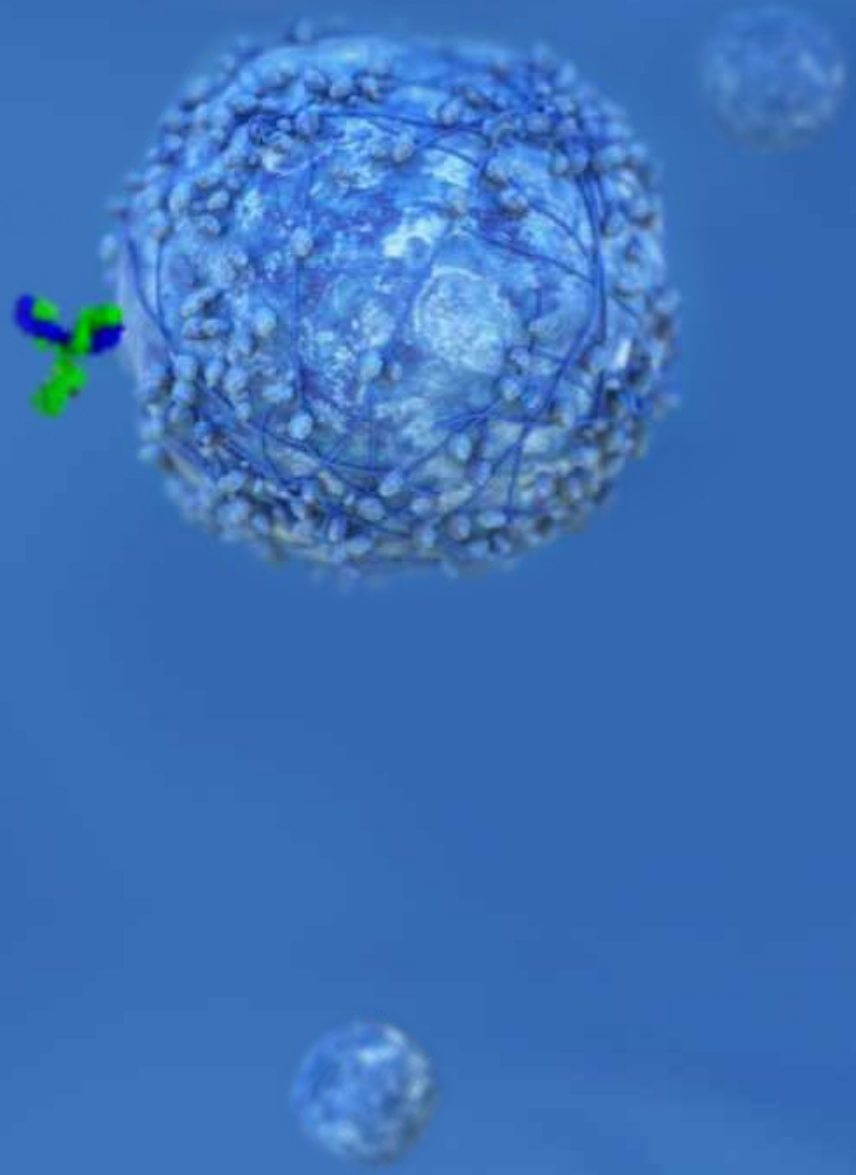


STRO 001

# CD74-Targeting ADC

## Potential First and Best-in-Class ADC for B-Cell Malignancies

# Potential First-in-Class Molecule for Patients with NHL and MM

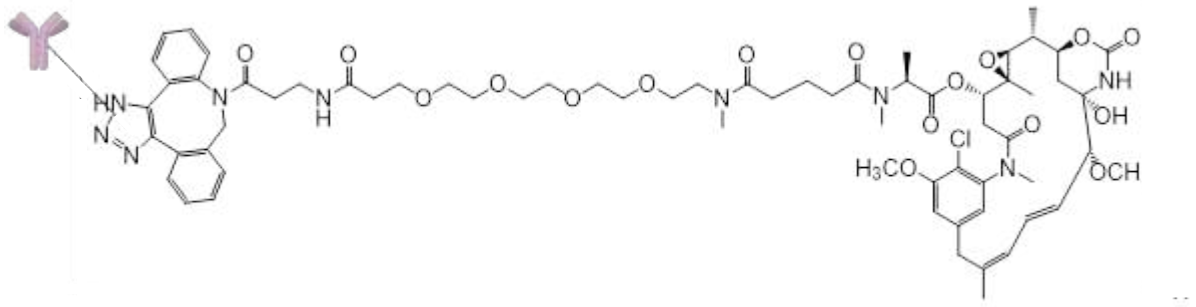
## Homogenous ADC with two non-cleavable maytansinoid linker-warheads

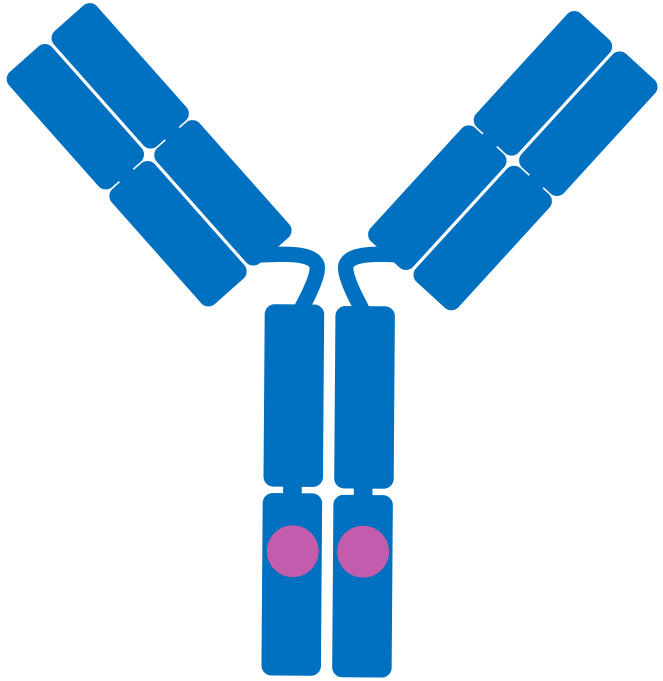
STRO-001 is a novel **homogeneous antibody-drug conjugate** (ADC) using precisely positioned **non-natural amino acids**

Comprises two non-cleavable **maytansinoid** linker-warheads (DAR=2) that are **stable in circulation**

The active warhead derivative efficiently kills tumor cells following internalization of the ADC and was designed to **minimize bystander effects**

Structure of maytansinoid linker-warhead following conjugation:



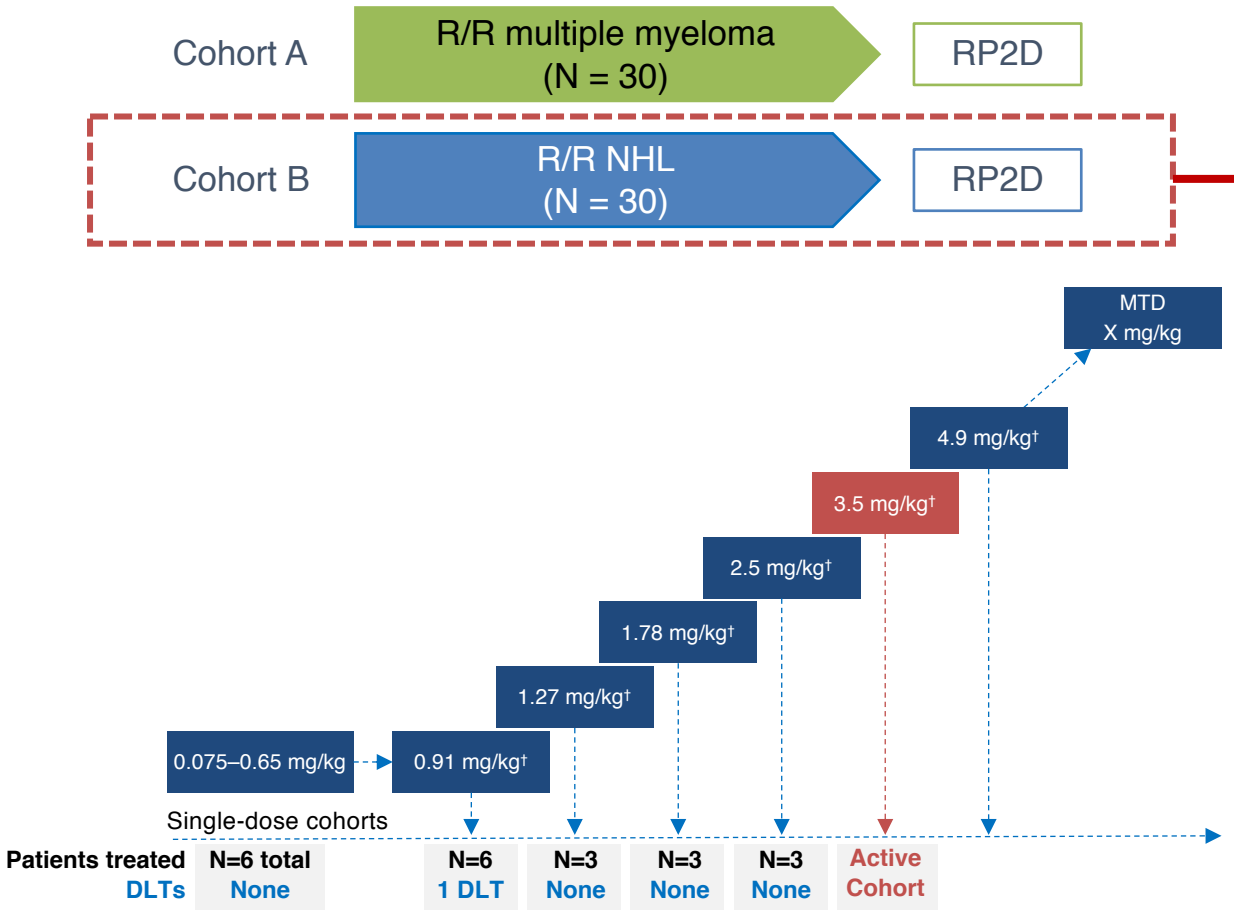


**STRO-001**

# STRO-001-BCM1 Study Design and Updates

## Ongoing Phase 1 dose-escalation study with NHL update at ASH 2020

### STRO-001-BCM1 Dose-Escalation Study




### NHL Cohort Update at ASH 2020

A total of **21 patients** have been treated with STRO-001 and **18 patients** were evaluable for response as of October 30, 2020

Dose range 0.05-2.5 mg/kg and **MTD has not been reached**

**1 DLT of grade 3 pulmonary embolism** was observed (1)

Following previously announced **protocol amendment** requiring pre-screening for patients at risk for thromboses, **no additional thromboembolic events** have been observed

Dosing frequency was modified from Q2W (28-day cycle) to **Q3W** (21-day cycle) for doses ≥ 0.91 mg/kg

(1) DLT disclosed in 2019, patient with bulky lymphadenopathy and concurrent DVT receiving 0.91 mg/kg Q3W
Note: Data as of October 30, 2020 from ASH 2020

# ASH 2020 Update in NHL Cohort

## Heavily pre-treated patient population with 5 median lines of prior therapies

| Baseline Characteristic | (N=21) |
|---|---|
| Age, median (range), years | 64.5 (21–82) |
| Time from diagnosis, median (range), years | 6.0 (1.0–29.8) |
| **NHL subtype, n (%)** | **21 (100)** |
| **DLBCL** | **7 (33)** |
| Follicular lymphoma | 7 (33) |
| MCL | 2 (10) |
| Marginal zone lymphoma | 2 (10) |
| Burkitt's Lymphoma | 1 (5) |
| Composite DLBCL/FL | 1 (5) |
| Composite DLBCL/CLL | 1 (5) |
| **Number of prior therapies, median (range)** | **5 (1-12)** |
| **Prior therapies, n (%)** | |
| Autologous stem cell transplant | 2 (10) |
| Unrelated allogeneic stem cell transplant | 1 (5) |
| **CAR-T therapy** | **3 (14)** |

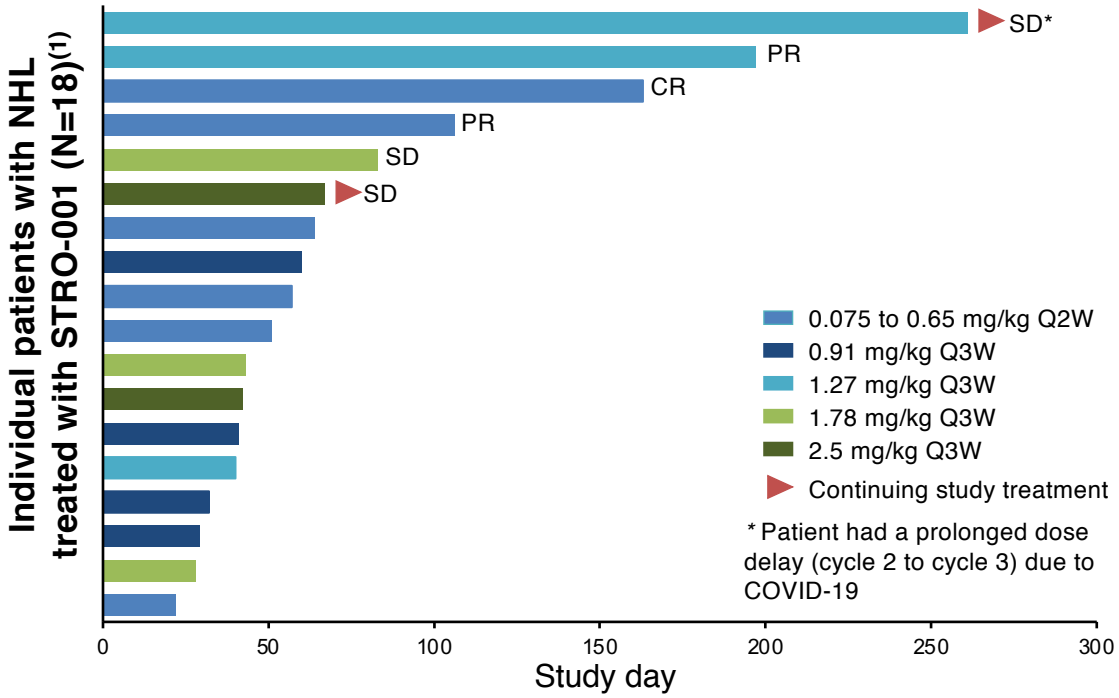
| TEAEs by Grade, Occurring in ≥ 15% | Patients With ≥1 Event, n (%) | | | |
|---|---|---|---|---|
| | Grade 1 | Grade 2 | Grade 3 | Grade 4 |
| Nausea | 5 (23.8) | 4 (19.0) | 0 | 0 |
| Fatigue | 4 (19.0) | 3 (14.3) | 0 | 0 |
| Chills | 7 (33.3) | 0 | 0 | 0 |
| Anemia | 3 (14.3) | 2 (9.5) | 1 (4.8) | 0 |
| Headache | 2 (9.5) | 4 (19.0) | 0 | 0 |
| Dyspnea | 1 (4.8) | 3 (14.3) | 1 (4.8) | 0 |
| Abdominal pain | 4 (19.0) | 1 (4.8) | 0 | 0 |
| Infusion related reaction | 1 (4.8) | 3 (14.3) | 0 | 0 |
| Vomiting | 2 (9.5) | 2 (9.5) | 0 | 0 |
| Decreased appetite | 3 (14.3) | 1 (4.8) | 0 | 0 |
| Pyrexia | 3 (14.3) | 1 (4.8) | 0 | 0 |

Note: Data as of October 30, 2020 from ASH 2020

# Encouraging Interim Treatment Duration and Responses

## Partial responses in two DLBCL patients who had progressed on CAR-T

### Treatment Duration




| Best Response | Patients, n | STRO-001 Dose | NHL subtype |
|---|---|---|---|
| CR | 1 | 0.075 mg/kg | DLBCL |
| PR | 2 | 0.65, 1.27 mg/kg | DLBCL |
| SD | 3 | 1.27, 1.78, 2.5 mg/kg | Marginal Zone and Follicular |
| PD | 12 | Multiple | |

(1) 18 patients are evaluable for response as of October 30, 2020

Note: Data as of October 30, 2020 from ASH 2020

### Responses to STRO-001

| Best Response | Doses received, level | Demographics and Diagnosis | Prior Therapies |
|---|---|---|---|
| CR after 2 cycles | 12 doses, 0.075 mg/kg | 82yo man, Stage III DLBCL, non-GC type (2015) | - R-CHOP-R<br>- Rituximab/lenalidomide<br>- Bendamustine/rituximab<br>- Obinituzumab, gemcitabine + oxaliplatin |
| PR at cycle 3 | 8 doses, 0.65 mg/kg | 64yo man, Double-hit Stage IV DLBCL (August 2017) | - R-CHOP x 1 and EPOCH X 6<br>- RICE with IT prophylaxis<br>- Rituximab & XRT<br>- Rituximab, gemcitabine + oxaliplatin with radiotherapy<br>- CAR-T (May 2018)<br>- Rituximab & lenalidomide (Nov 2018) |
| PR at cycle 3 | 10 doses, 1.27 mg/kg | 68yo woman, Stage IV extranodal DLBCL, non-GC (Feb 2018) | - R-CHOP<br>- RICE x 2<br>- DHAP x 2<br>- CAR-T (May 2019)<br>- Lenalidomide (Nov 2019) |
| SD | 6 doses, 1.27 mg/kg | 51yo woman, Stage III marginal zone lymphoma (May 2017) | - Obinituzumab |
| SD | 4 doses, 1.78 mg/kg | 36yo man, Stage IIIA follicular lymphoma (June 2014) | - Flt3L-vaccine immunotherapy<br>- Rituximab<br>- Pneumococcal conjugate vaccine<br>- polyCLC (TLR-3 agonist)<br>- Pembrolizumab |
| SD | 3 doses, 2.50 mg/kg | 74yo man, Stage IV follicular lymphoma | - Reituximab/fludarabine/Cytoxan<br>- Ifosfamide/carboplatin, etoposide<br>- Auto SCT |

# Delivering On Our Collaborations

## Programs with partners for key franchises

### BCMA-targeting ADC (CC-99712)

- Dose-escalation study for multiple myeloma began 2H 2019
- ~$236M total funding received (1)
- Up to $275M potential future milestones for CC-99712
- Mid to high single digit % royalties on WW sales

### Cytokine Derivatives

- 1st of 2 programs with lead optimization achieved in 18 months
- ~$103M total funding received (1)
- Up to $1.6B potential future milestones for all programs
- Mid single digit to low teen % royalties on WW sales

### MUC1-EGFR Bispecific ADC (M1231)

- Potentially first-in-class dual antigen-targeting MUC1-EGFR Bispecific ADC. First-in-human projected in 1Q 2021
- ~$39M total funding received (1)
- Up to $52.5M in potential milestones and low- to mid-single digit % royalties on WW sales

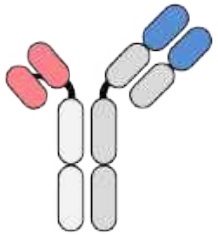
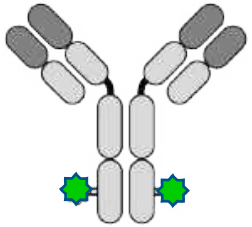
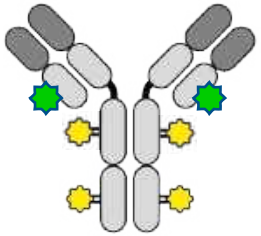
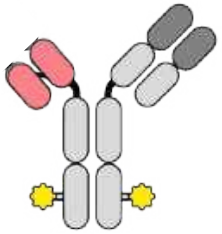
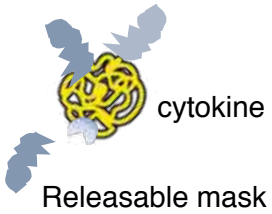
### Vaxcyte Relationship

- Vaxcyte (NASDAQ: PCVX), spinout based on XpressCF+™ technology
- Potential best-in-class pneumococcal conjugate
- Sutro owns ~1.6M shares of common stock in PCVX (1)
- 4% royalties on WW sales on VAX-24

(1) As of September 30, 2020

# Deep Arsenal of Tools in the R&D Pipeline Available to Attack Cancer (1)

## Novel and precise design to drive adaptive and protective immune responses

| | Bispecific Antibody | Conjugated Antibody | | | Cytokine Derivative |
|---|---|---|---|---|---|
| **Modality** | *Immune Cell Engager* | *ADC or ISAC* | *iADC* | *Bispecific ADC* | *Masked Cytokine Derivative* |
| **Target** | Tumor or Stromal Antigen; Immune Cell Engager | Tumor Antigen | Tumor Antigen | Dual Tumor Antigens | Tumor Selective Mask |
| **Structure** |  |  |  |  |   |
| **Drug Properties** | Optimized format and affinity<br>Improved specificity for optimized therapeutic window | ISAC: Immune-stimulating<br>ADC: targeting novel payloads | Site-specific dual drug conjugate with complementary modalities (TME modulator +/- immune modulator) | Enhanced tumor targeting of cytotoxic payloads | Masked cytokine targeting functional cytokine to tumor |

(1) Molecules are designed and enabled using Sutro's XpressCF+™ platform

# Financial Overview

## Well-capitalized through cash and other financial sources

**$202.4M**
of cash, cash equivalents & marketable securities as of Sept 30, 2020 and does not include
**~$135.8M**
net proceeds from Dec 2020 equity financing

Projected cash runway into
**2H 2023**[1],
not including potential monetization of Vaxcyte shares or future BD

~1.6M shares of Vaxcyte (Nasdaq: PCVX) valued at
**$78.8M**[2],
not included in the reported cash or runway projections

Funding received from our collaborators of
**~$389M**
through Sept 30, 2020

(1) Runway projection is pro forma and includes estimated net proceeds from December 2020 equity financing
(2) Based on a PCVX closing stock price on September 30, 2020

# Anticipated Value Drivers Through Programs

## Multiple opportunities to impact value into 2021 and beyond

| Program | Indication | Milestone | Anticipated Timing |
|---|---|---|---|
| **STRO-002** FolRα ADC | Ovarian Cancer | Updated dose-escalation data | 1H 2021 |
| | | Initial dose-expansion data | 2H 2021 |
| | | Initiate combination study | 2H 2021 |
| | | EOP1/2 FDA meeting | 2H 2021 |
| | Endometrial Cancer | Endometrial cohort to be initiated | 2H 2021 |
| **STRO-001** CD74 ADC | Lymphomas & Multiple Myeloma | Initiate dose-expansion | 2H 2021 |
| **STRO-003** | *(To be announced)* | Present pre-clinical data and IND projections | 2021 |
| **Partnered programs** | Various | Additional progress on our partnerships with BMS, Merck, EMD Serono and with Vaxcyte | 2021 |

# Experienced Leadership Team

**William Newell, JD**
Chief Executive Officer and Member of the Board of Directors

**Trevor Hallam, PhD**
Chief Scientific Officer

**Arturo Molina, MD, MS, FACP**
Chief Medical Officer

**Ed Albini**
Chief Financial Officer

**Shabbir Anik, PhD**
Chief Technical Operations Officer

**Linda Fitzpatrick**
Chief People and Communications Officer

**Nicki Vasquez, PhD**
Sr. VP Alliance Management / Portfolio Strategy & Operations

AstraZeneca Biogen élan Genentech GILEAD gsk GlaxoSmithKline Johnson & Johnson ONYX PHARMACEUTICALS An Amgen subsidiary PALATIN TECHNOLOGIES, INC Roche

AEROVANCE AXYS Cougar Biotechnology KPMG Neurex Patheon RHÔNE-POULENC SYNTEX

ALTHEA City of Hope Itero Lynx novacea We Cancer QLT Inc. STEMCELLS





SUTRO BIOPHARMA