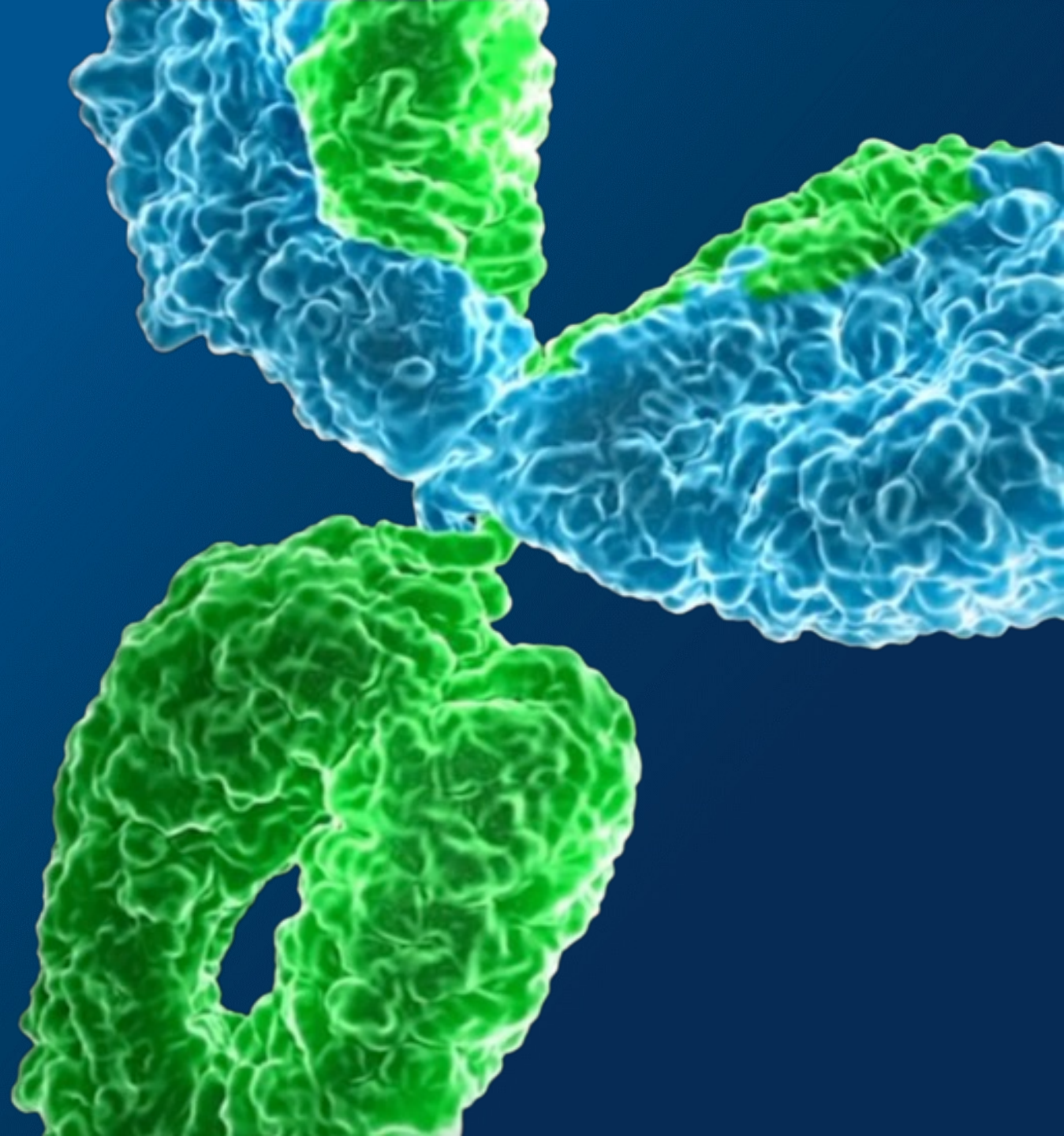
SUTRO BIOPHARMA

2022 Wells Fargo Healthcare Conference

September 9, 2022

Sutro Biopharma
NASDAQ: STRO



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 activities, timing, design and success of our ongoing and planned clinical trials and related data, 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, potential future milestone and royalty payments, competitive position, industry environment and potential market opportunities for the Company’s product candidates.

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, feedback and timing of potential regulatory submissions, designations, approvals and commercialization of product candidates, the design, 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.

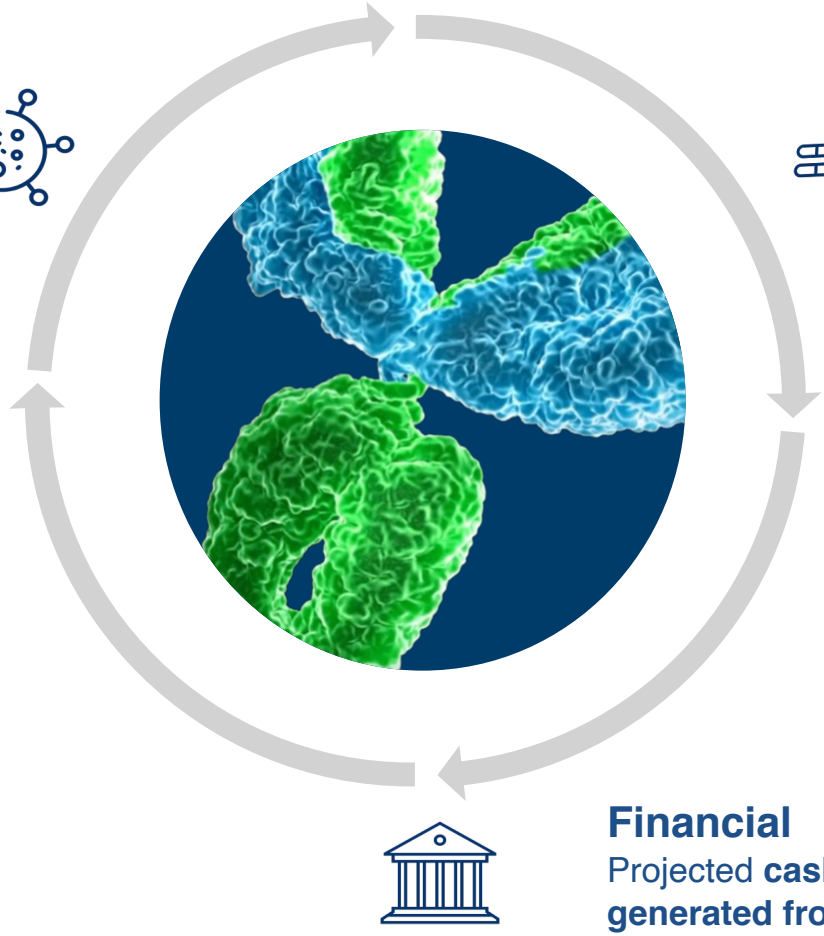
Sutro is a Clinical-Stage Oncology Company Pioneering Next-Generation Novel Format ADCs that are Site-Specific

STRO-002

Phase 1 data show **encouraging efficacy across a wide range of ovarian cancer patients with diverse FolRα expression levels**.

Product Candidates

A total of 6 product candidates for debilitating cancers and diseases are in clinical development and were enabled by Sutro's **Cell-Free discovery and manufacturing platform.**



Platform

Platform enabled the first **bispecific ADC in the clinic** and allows for the **novel dual-drug conjugation modality, immunostimulatory ADCs (iADCs).**

Collaborations

Strategic collaborations with **Bristol Myers Squibb, Merck, EMD Serono, and Astellas** on important and unique targets and modalities.

Financial

Projected **cash runway** into 1H 2024(1) and **~$583M generated from collaborators** as of June 30, 2022(2).

(1) Based on current business plans and projections. Does not include the impact from the value of ~1.6M shares of Vaxcyte (Nasdaq: PCVX).
(2) Includes payments and equity investments received through June 30, 2022, in addition to the $90 million upfront payment from Astellas received in July 2022.

Six Product Candidates in Clinical Development are Enabled by Sutro's Platform

Unique engineering prowess in the field of precisely conjugated biologics, including next-gen ADCs

Modality	Program	Target(s)	Indication	Discovery	Preclinical	Phase 1/1b	Phase 2/3	Partner
Antibody-Drug Conjugate (ADC)	STRO-002	FolRα	Ovarian Cancer	Fast Track Designation				天士力生物 TASLY BIOPHARMA (Greater China)
			Ovarian Cancer (bevacizumab combo)					
			Endometrial Cancer					
			NSCLC/Non-Gyn Cancers					
	STRO-001	CD74	Lymphoma					BioNova Pharma 博纳医药 (Greater China)
			Multiple Myeloma	Orphan Drug Designation				
	CC-99712	BCMA	Multiple Myeloma	Orphan Drug Designation				Bristol Myers Squibb™
			Multiple Myeloma (GSI combo)					
	STRO-003	ROR1	Cancer					
	Other Early-Stage ADCs	Tissue Factor	Cancer					
Bispecific ADC	M1231	MUC1-EGFR	NSCLC & Esophageal Cancer					EMD SERONO (1)
Immunostimulatory ADC (iADC)	Undisclosed	3 Undisclosed Targets	Cancer					astellas
Cytokine	MK-1484	IL-2	Advanced or Metastatic Solid Tumors					MERCK
Vaccine	VAX-24	24-Valent Conjugate Vaccine	Invasive Pneumococcal Disease					VAXCYTE protect humankind

(1) EMD Serono is the biopharmaceutical business of Merck KGaA, Darmstadt Germany in the U.S.

Achievements and Milestones

Clinical data readouts and partnerships provide multiple anticipated 2022 value drivers for Sutro

STRO-002, FolRα ADC

- [x] Greater China deal with Tasly (Dec. 2021)
- [x] Ovarian cancer dose-expansion interim data (Jan. 2022)
- [x] EOP1/2 meeting (Mid-2022)
- [ ] Anticipated dose-expansion data with durability (2H 2022)
- [ ] Anticipated to initiate registration-directed trial in Platinum-Resistant Ovarian Cancer (Early 2023)
- [x] First patient dosed in endometrial cancer cohort (Nov. 2021)
- [x] First patient dosed in bevacizumab combination trial (March 2022)
- [ ] Anticipated to initiate clinical trial for NSCLC and other non-gynecologic solid tumors (2H 2022)
- [ ] Support Tasly for initiation of clinical development activities in Greater China (2022)

STRO-001, CD74 ADC

- [x] BioNova submission of IND to the NMPA for the treatment of hematological malignancies in Greater China (July 2022)
- [ ] Anticipated to determine RP2D through dose escalation (2022)

STRO-003, ROR1 ADC

- [x] Disclosed as next development candidate and commenced IND-Enabling Activities

Collaborations: Research and Manufacturing Revenue

- [x] iADC platform collaboration with Astellas (June 2022)
  - Manufacturing support and materials for BMS, Merck, and EMD Serono clinical supply
  - Supply cell-free extract & reagents to Vaxcyte for VAX-24, with enrollment completed in a Phase 1/2 clinical study
  - Support tech transfers and enable BMS and EMD Serono to manufacture from Sutro's cell-free extract

EOP1/2 = End of Phase 1/2
NSCLC = Non-Small Cell Lung Cancer
IND = Investigational New Drug Application

NMPA = National Medical Products Administration
RP2D = Recommended Phase 2 Dose
iADC = Immunostimulatory ADC

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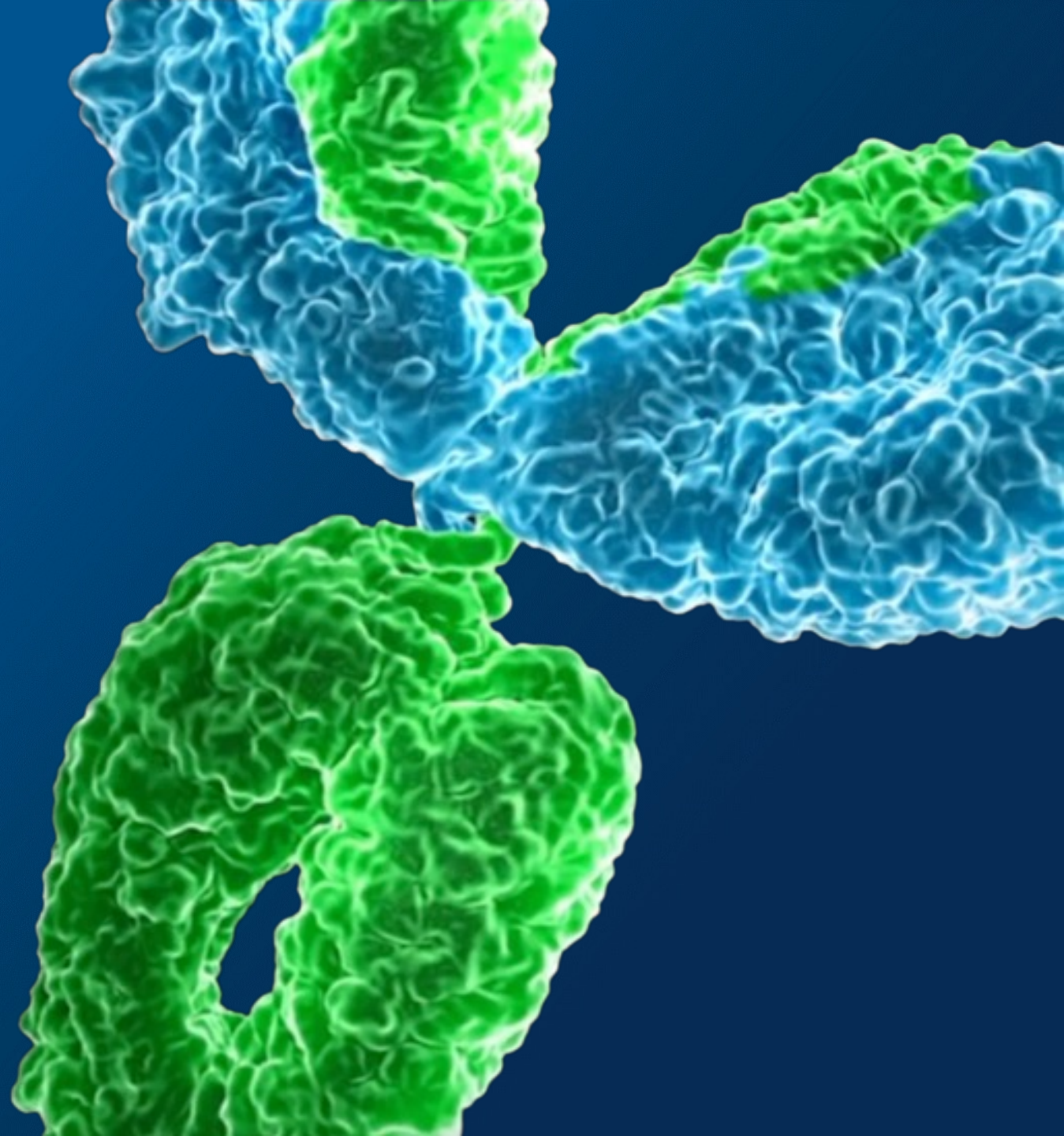
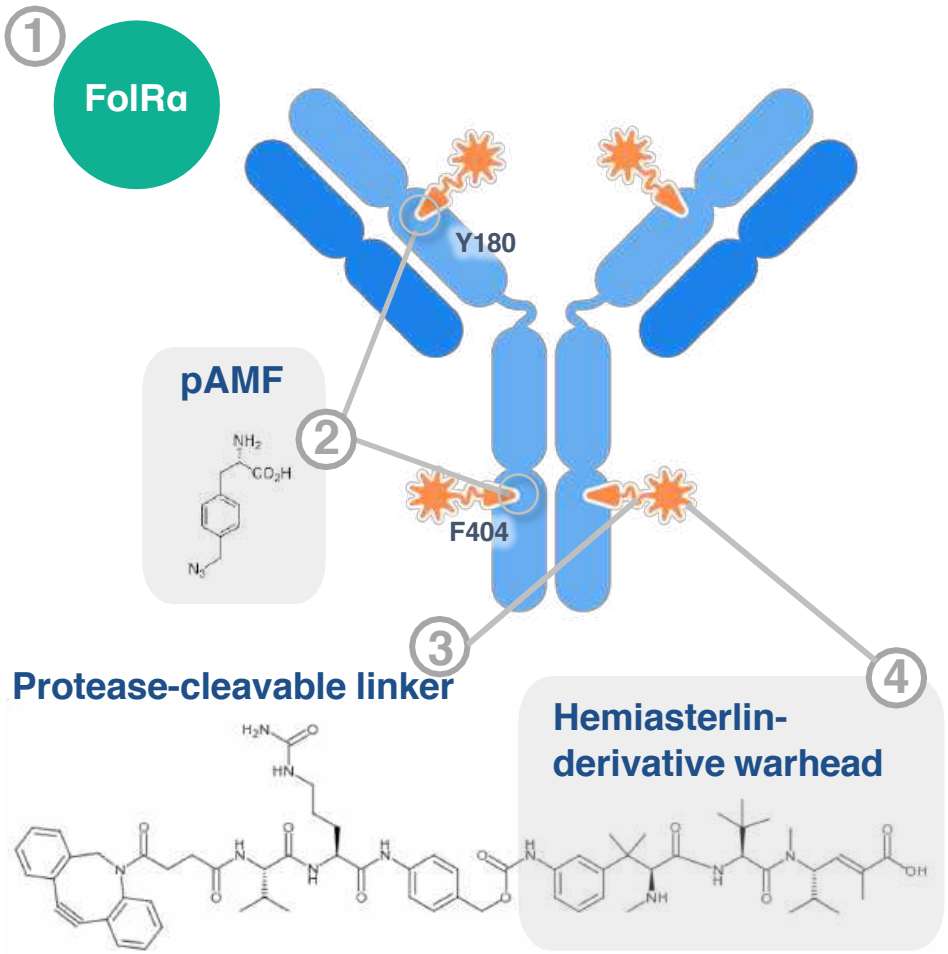
STRO-002
FolRα-Targeting ADC



Highly Optimized ADC Designed to Drive Efficient Tumor Responses across a Broad Range of Target Antigen Levels



STRO-002 is a homogeneous antibody drug conjugate (ADC) with a drug-antibody ratio (DAR) of 4, targeting folate-receptor alpha (FolRα)

1. **FolRα** is overexpressed in certain cancers including **ovarian cancer** and **endometrial cancer**
2. Precisely positioned **non-natural amino acids**, p-azidomethyl-L-phenylalanine (pAMF), at positions Y180 and F404 on the heavy chain
3. **Stable protease-cleavable linkers**, with rapid clearance of toxic catabolite after release and cell killing
4. Warhead is hemiasterlin-derivative[1] with potentially **dual mechanism** against the tumor – **tubulin-inhibitor cytotoxin, less sensitive to P-gp transport** and induces **immunogenic response upon cell death**[2]

(1) Sutro-proprietary tubulin-targeting 3-aminophenol hemiasterlin warhead, SC209.
(2) Based on STRO-002 pre-clinical models showing immune stimulation at site of tumor upon cell death.

Phase 1 Study in Patients with Advanced Ovarian Cancer

STRO 002

Two-part design to explore safety, anti-tumor activity, dosing, and FolRα enrichment strategy

	Part 1: Dose-Escalation Cohort	Part 2: Dose-Expansion Cohort
Protocol	Inclusive of all FolRα expression levels; tissue samples voluntary and samples received from <50% of patients Inclusive of all prior lines of therapy 9 dose escalation levels (0.5-6.4 mg/kg) – maximum tolerated dose not reached Prophylactic corticosteroid eyedrops not required	Inclusive of all FolRα expression levels; tissue required upon enrollment for analysis Platinum resistant (1-3 prior regimens) or platinum sensitive with two prior platinum regimens (progressing after 2-3 prior regimens) Patients randomized 1:1 at 5.2 mg/kg and 4.3 mg/kg starting dose levels Prophylactic corticosteroid eyedrops not required
Baseline Characteristics	• Heavily pre-treated ovarian cancer patients **with 6 median lines of prior therapies** • 100% with prior platinum regimens, **46% with ≥ 3 prior platinum-containing regimens** • Other prior therapies: substantial **bevacizumab (82%), PARP inhibitors (59%),** and checkpoint inhibitors (21%) use	• **~50% 1-2 lines of therapy, ~50% 3 lines of therapy across all patients, as well as both dose cohorts** • **Majority (~81%) were platinum resistant**; platinum sensitive (~19%) • Other prior therapies: substantial **bevacizumab (63%)** and **PARP inhibitor (65%)** use
Status	FPI: March 2019 39 patients enrolled, **closed to enrollment Aug. 2020** Near-final data presented at ASCO in June 2021	FPI: Jan 2021 44 patients enrolled, **closed to enrollment Nov. 2021** **Interim** efficacy data on 33 evaluable patients and safety data on 43 patients presented in **Jan. 2022**

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Patient Characteristics in Dose Expansion Cohort

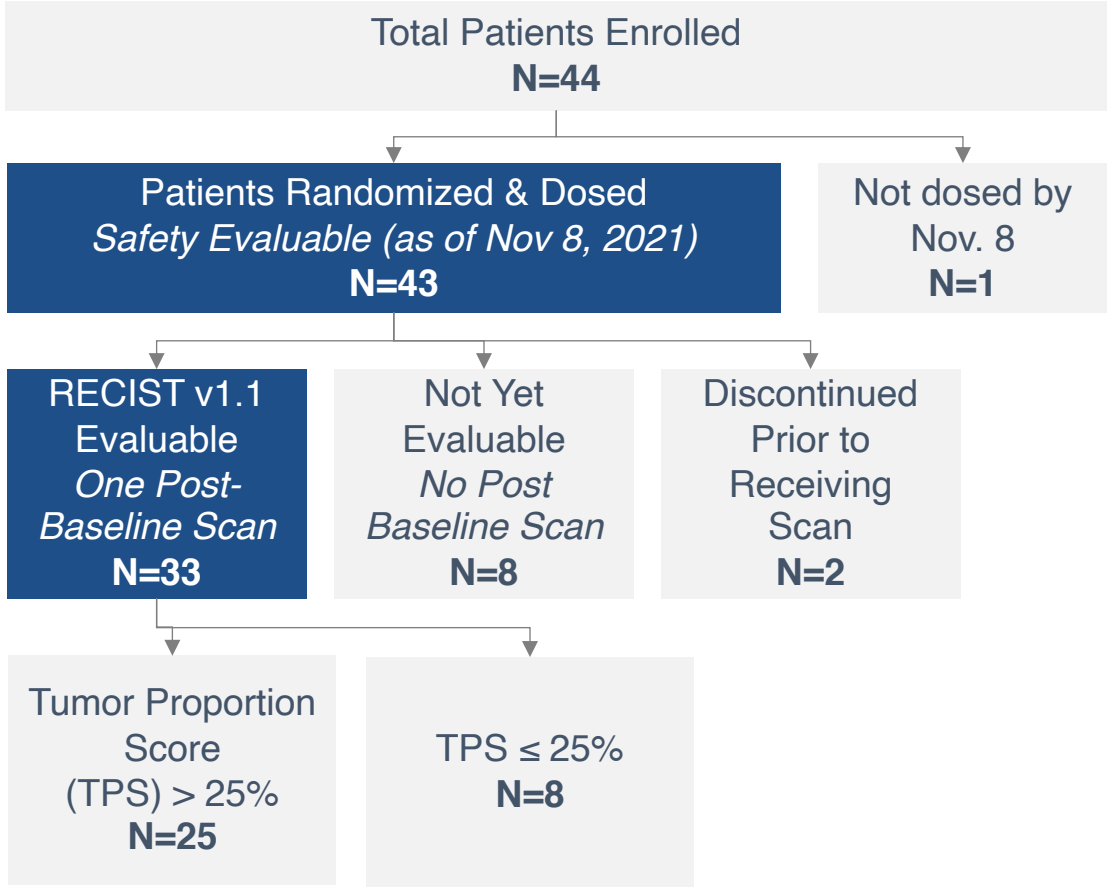
Interim data for dose expansion as of November 8, 2021

STRO 002
Dose Expansion

Patient Baseline Characteristics

Ovarian Cancer Patients	Randomized Dose Levels 4.3 mg/kg N=23	5.2 mg/kg N=20	Total N=43
Median age, years (range)	63 (39–91)	56 (40–72)	60 (39–91)
Median time since diagnosis, years (range)	1.8 (0.9–4.4)	2.9 (0.7–5.1)	2.8 (0.7–5.1)
Number of prior lines of therapy			
Median	3.0	2.0	2.0
Mean (St. Dev.)	2.5 (0.95)	2.5 (1.05)	2.5 (0.98)
Previous Therapies, n (%)			
bevacizumab	13 (57%)	14 (70%)	27 (63%)
PARP Inhibitor	15 (65%)	13 (65%)	28 (65%)

Patient Status as of November 8, 2021

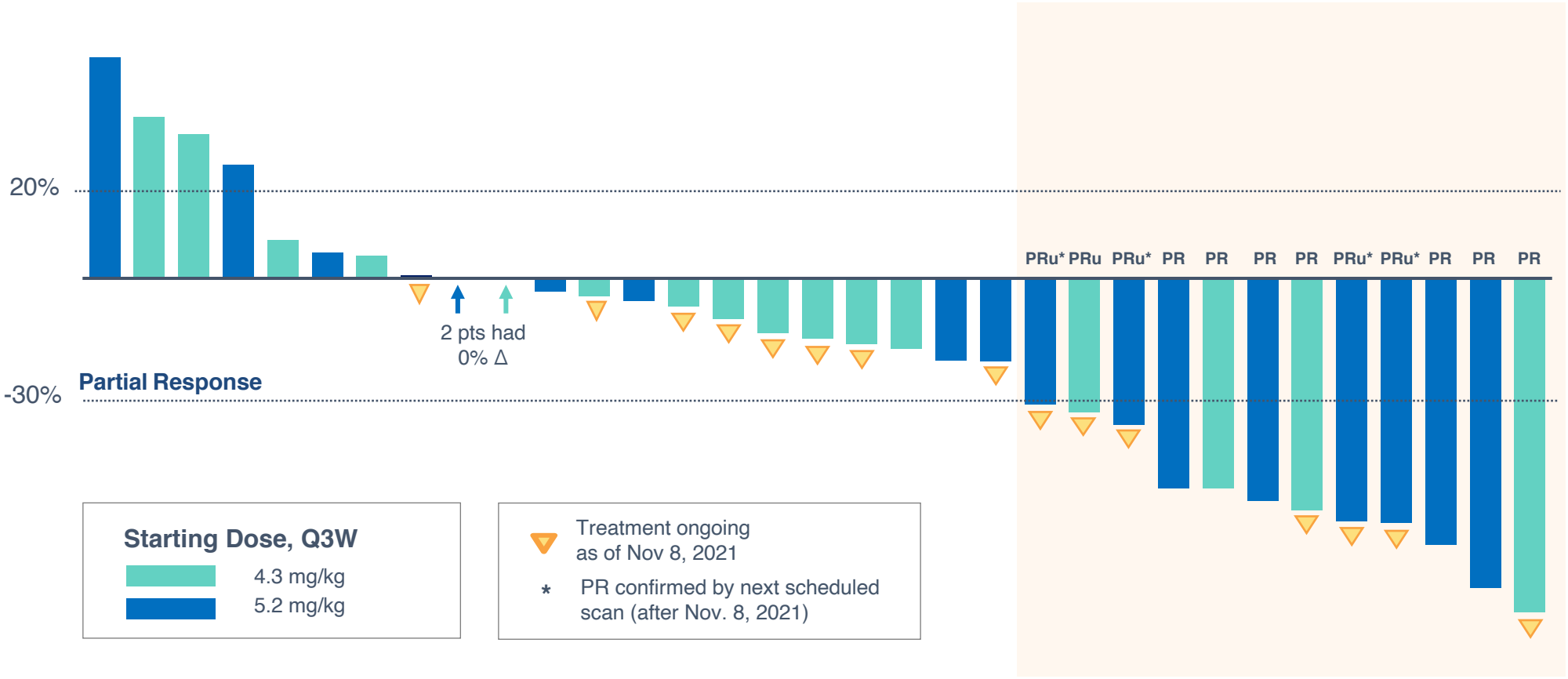


Dose Response Demonstrated

Interim data suggest that 5.2 mg/kg starting dose leads to higher response rates

STRO 002
Dose Expansion

Maximum Change in Tumor Target Lesions (N=33)



Note: Data as of Nov. 8, 2021. 5 PRu were of interest and followed up subsequent to the data cutoff date. 4 PR confirmed at their next scheduled scan and 1 was SD.

Objective Response by RECIST v1.1

33% ORR rate in all 33 evaluable patients, unenriched for FolRα expression

STRO 002
Dose Expansion

Best Overall Response (BOR)	Starting Dose 4.3 mg/kg	Starting Dose 5.2 mg/kg	All Comers
Evaluable patients	N=16	N=17	N=33
PR	**3**	**4**	**7**
PR confirmed by next scheduled scan post Nov. 8, 2021	**0**	**4**	**4**
Total PR	**3**	**8**	**11**
ORR (%)	***18.8%***	***47.1%***	***33.3%***
SD	10	4	14
PD	3	5	8

- **47.1% ORR** in patients starting at the 5.2 mg/kg dose level
- **33.3% ORR** in all patients
- Interim data suggest that 5.2 mg/kg **starting dose leads to higher response rates**
- All 4 patients with PRu treated at 5.2 mg/kg were subsequently confirmed at the next scheduled scan

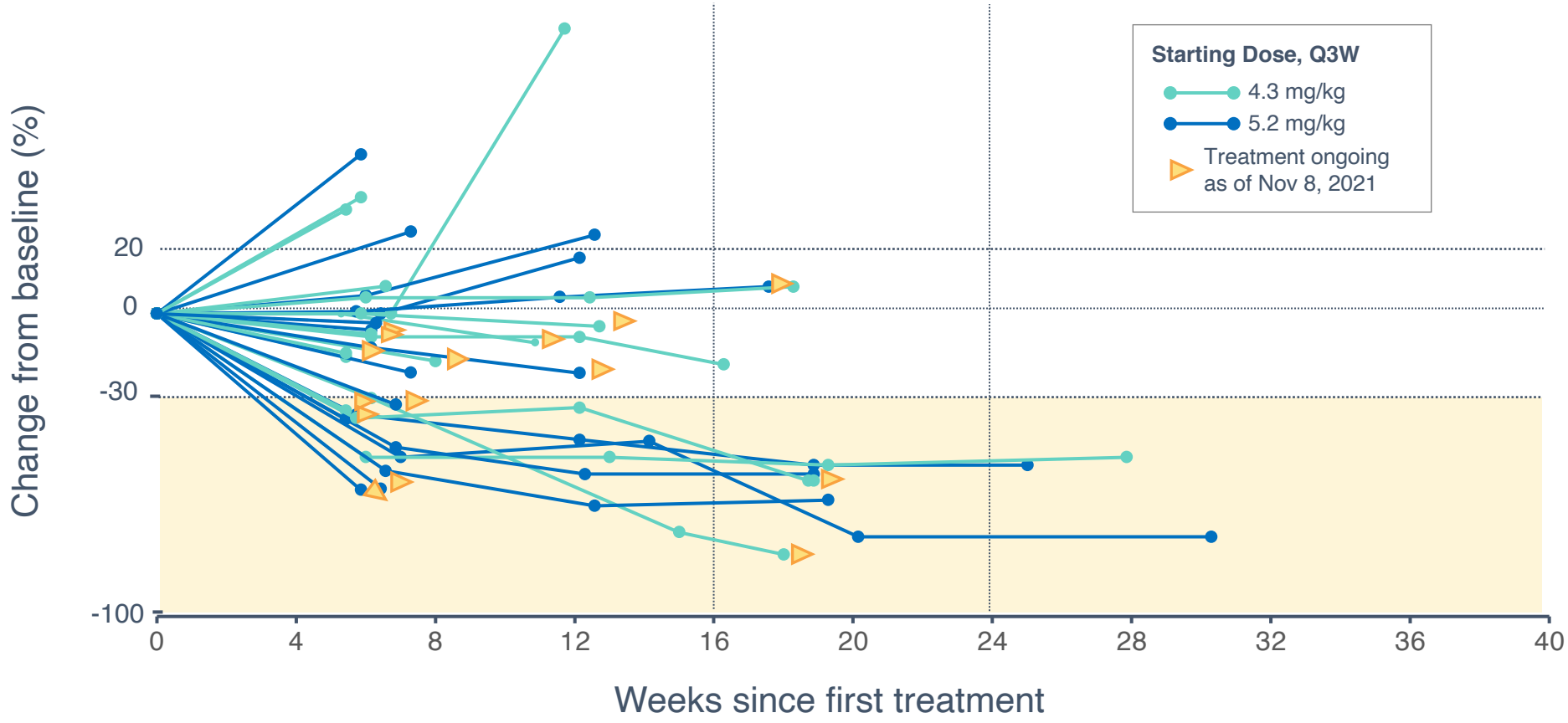
Note: Data as of Nov. 8, 2021. 5 PRu were of interest and followed up subsequent to the data cutoff date. 4 PR confirmed at their next scheduled scan and 1 was SD.

Robust Anti-tumor Activity and Disease Control Demonstrated

Responders experienced rapid tumor reduction or a steady deepening of response

STRO 002
Dose Expansion

Change in Sum of Diameters for Target Lesions Over Time (N=33)



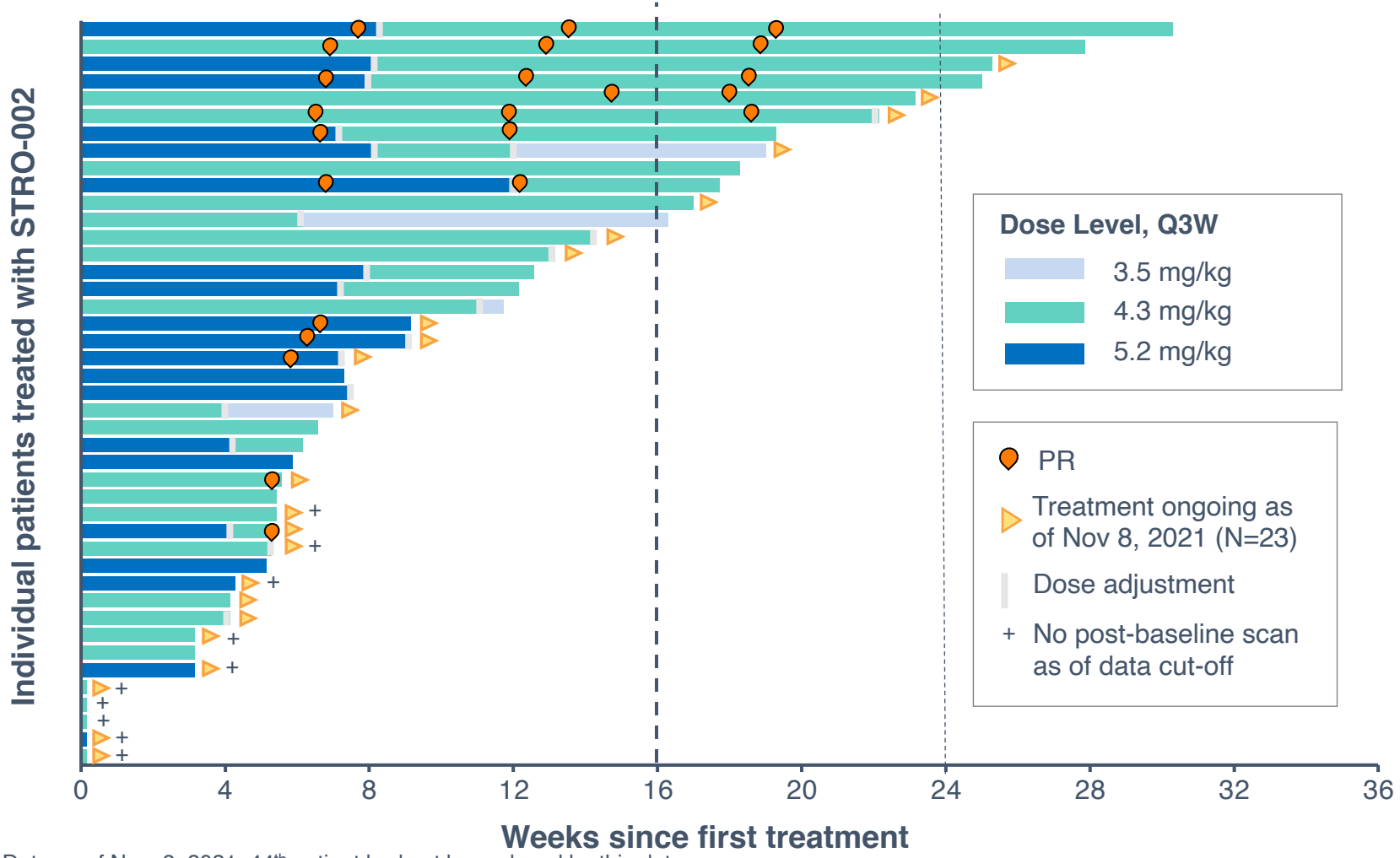
Note: Data as of Nov. 8, 2021.

Encouraging Response Rates and Preliminary Data on Durability

Interim data suggest initiating with 5.2 mg/kg followed by a dose adjustment

STRO 002
Dose Expansion

Treatment Duration on Patients with at Least One Dose (N=43)



Initial data show **partial responses confirmed & maintained** following dose adjustment

Median Duration of Response has not been reached and **23 of 43 patients remained** on study at Nov. 8, 2021

Data to inform **RP2D with final decision pending more data maturity**

Note: Data as of Nov. 8, 2021. 44th patient had not been dosed by this date.

Platinum-Resistant Ovarian Cancer Patient Treated at 4.3 mg/kg Dose Level

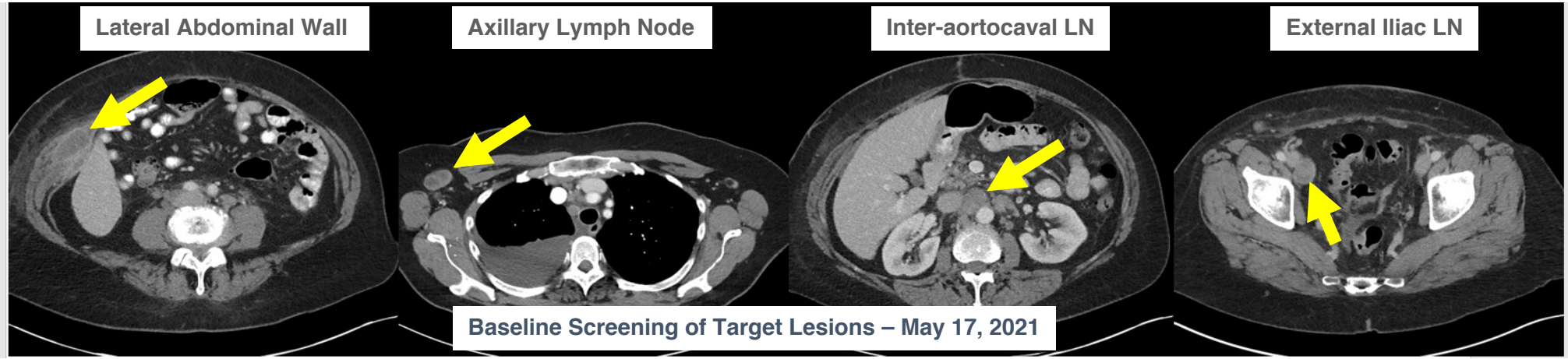
Ongoing partial response with 72% reduction in tumor burden

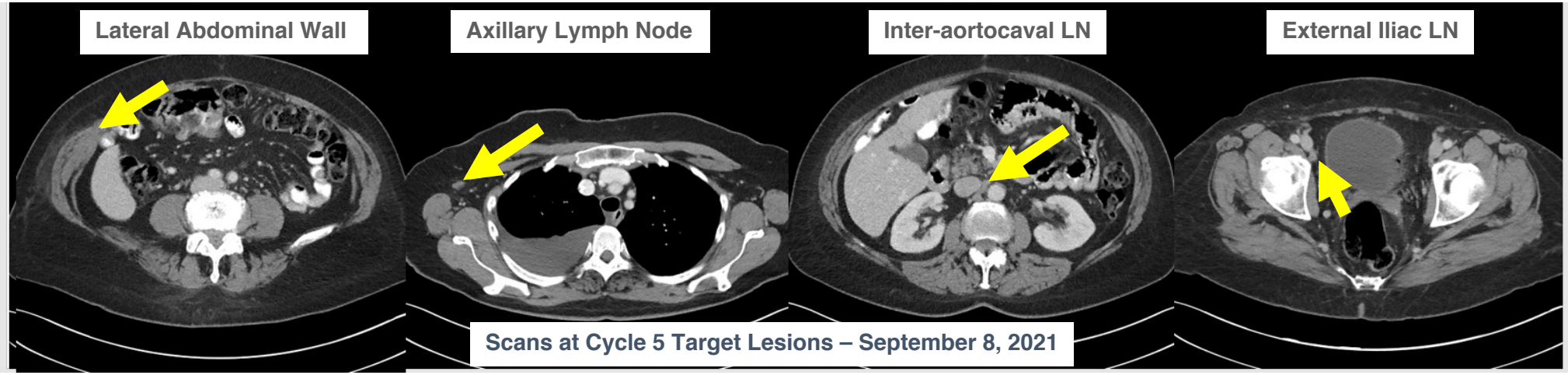
STRO 002
Dose Expansion

Initial diagnosis: **Stage IV ovarian cancer**, Jan 2020

3 Prior Regimens:
Resistant to 1st
Neoadjuvant / adjuvant
Carbo / Taxol / Taxotere

Refractory to 2nd and 3rd with progressive disease
- Liposomal doxorubicin
- Gemcitabine





TPS Identified as Scoring Algorithm Appropriate for STRO-002

Exploratory analysis suggests TPS > 25% correlated with higher response

STRO 002
Dose Expansion

ORR by TPS Expression Levels (Total Samples N=33)

TPS	Overall	TPS ≤ 25%	TPS > 25%	TPS > 50%	TPS > 75%
ORR	33.3%	12.5%	40.0%	42.1%	43.8%
Number of patient samples	N=33	N=8	N=25	N=19	N=16
PR(1)	11	1	10	8	7
Potential Market Size (%)	*100%*	*~ 30%*	*~ 70%*		

Patients at the **5.2 mg/kg starting dose** and **TPS > 25%** demonstrated **53.8% ORR (n=13)**

Tumor Proportion Score (TPS)

- Percent of tumor cells showing **staining of any intensity**
- Does not require analysis of intensity levels and **easy to score**
- **Commonly used** in clinical practice
- **Established reproducibility** across different biomarkers (e.g., PD-L1)

(1) PR classification includes the 4 of 5 patients who were confirmed by their next scheduled scan after Nov. 8, 2021.
Note: Data as of Nov. 8, 2021.

Emerging Safety Profile is Manageable – 85.5% of TEAEs were Grade 1-2

No new safety signals were observed, including the absence of keratopathy

STRO 002
Dose Expansion

Most Common G3+ TEAEs (≥2 Subjects) by Dose

	4.3 mg/Kg (N=23)			5.2 mg/Kg (N=20)			Total (N=43)		
	Grade 3 n (%)	Grade 4 n (%)	Grade 5 n (%)	Grade 3 n (%)	Grade 4 n (%)	Grade 5 n (%)	Grade 3 n (%)	Grade 4 n (%)	Grade 5 n (%)
Subjects reporting at least 1 event	**13 (57)**	4 (17)	0	**8 (40)**	8 (40)	1 (5)	**21 (48)**	12 (28)	1 (2)
Neutropenia (1)	10 (44)	4 (17)	0	6 (30)	8 (40)	1 (5)	16 (37)	12 (28)	1 (2)
Febrile Neutropenia	1 (2)	0	0	0	0	1 (5)	1 (2)	0	1 (2)
White blood cell count decreased	4 (17)	1 (4)	0	1 (5)	2 (10)	0	5 (12)	3 (7)	0
Anemia	1 (4)	0	0	3 (15)	0	0	4 (9)	0	0
Arthralgia	4 (17)	0	0	0	0	0	4 (9)	0	0
Diarrhea	2 (9)	0	0	0	1 (5)	0	2 (5)	1 (2)	0
Platelet count decreased	2 (9)	0	0	1 (5)	0	0	3 (7)	0	0
Thrombocytopenia	0	0	0	2 (10)	0	0	2 (8)	0	0
Vomiting	0	0	0	2 (10)	0	0	2 (8)	0	0
Fatigue	2 (9)	0	0	0	0	0	2 (8)	0	0
Activated partial thromboplastin time prolonged	2 (9)	0	0	0	0	0	2 (8)	0	0
Hyponatremia	2 (9)	0	0	0	0	0	2 (8)	0	0
Neuralgia	2 (9)	0	0	0	0	0	2 (8)	0	0
Acute kidney injury	0	0	0	2 (10)	0	0	2 (8)	0	0

Asymptomatic neutropenia was the leading TEAE, resulting in treatment delay or dose reduction

- Neutropenia resolved with **1 week delay ± G-CSF**, in the majority of cases
- **Febrile neutropenia is rare**
  - One Grade 5 event at the 5.2 mg/kg dose cohort
  - One Grade 3 event at the 4.3 mg/kg dose cohort
- **Protocol was updated** to require dose reduction for Grade 4 neutropenia
- **Dose reductions ameliorated neutropenia**

(1) Neutropenia included the following preferred terms: neutropenia, febrile neutropenia, and neutrophil count decreased.
Note: Data as of Nov. 8, 2021.

Dose Expansion Interim Data Provide Initial Insights on Go-Forward Strategy

Emerging data inform potential starting dose and enrichment strategy

STRO 002

Dose Expansion

Overall Efficacy

Total of **11 confirmed PR** (1) out of **33 RECIST v1.1 evaluable** patients

33% ORR, across **all FolRα expression levels and both dose levels**

Dose Response

47% ORR (8/17) in unenriched patients starting at the 5.2 mg/kg dose level

Initial data suggest **responses at 5.2 mg/kg are maintained**, even when subsequent dose reductions are implemented

Biomarker

Interim data suggest **TPS > 25%** are correlated with higher response rate, with **40% ORR** (10/25) observed in both dose levels

Based on our patient observations, we believe STRO-002 may be an appropriate therapy for **~70% of these patients**

Safety Profile

No new safety signals were observed, including the absence of keratopathy

85.5% of TEAEs were Grade 1-2

Neutropenia was the leading TEAE, resulting in treatment delay or dose reduction

Protocol was updated to require dose reduction for Grade 4 neutropenia

Patients at the 5.2 mg/kg starting dose and TPS > 25% demonstrated **53.8% ORR (7/13)**

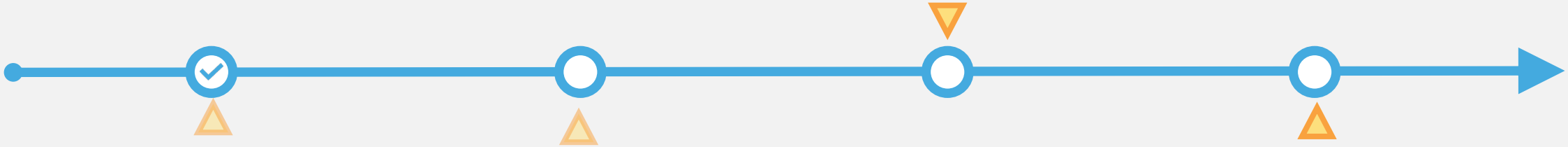
(1) PR classification includes the 4 of 5 patients who were confirmed by their next scheduled scan after Nov. 8, 2021 and percentages on slide include such subsequently confirmed PRs as appropriate.
Note: Data as of Nov. 8, 2021.

Progressing & Expanding the STRO-002 Franchise

STRO 002

Additional clinical studies in ovarian & endometrial, and nonclinical work on other tumor types

Ovarian Cancer



Dose-escalation cohort
39 patients, enrollment completed August 2020

Dose-expansion cohort
44 patients enrolled in US and Spain sites, **enrollment completed November 2021**

Combo study with bevacizumab
Trial is open and enrolling patients
FPI March 2022

Registration-directed trial
- **Accelerated approval pathway** in PROC could be available for STRO-002
- Dialogue continuing with FDA on study design; to be finalized around **YE 2022**

Other Solid Tumors

Endometrial cancer cohort
Initial enrollment planned for ~15 patients
FPI December 2021
Cohort is open and enrolling patients

NSCLC and Other Tumors
Potential for a basket study design with other FolRα expressing cancers
Nonclinical work ongoing

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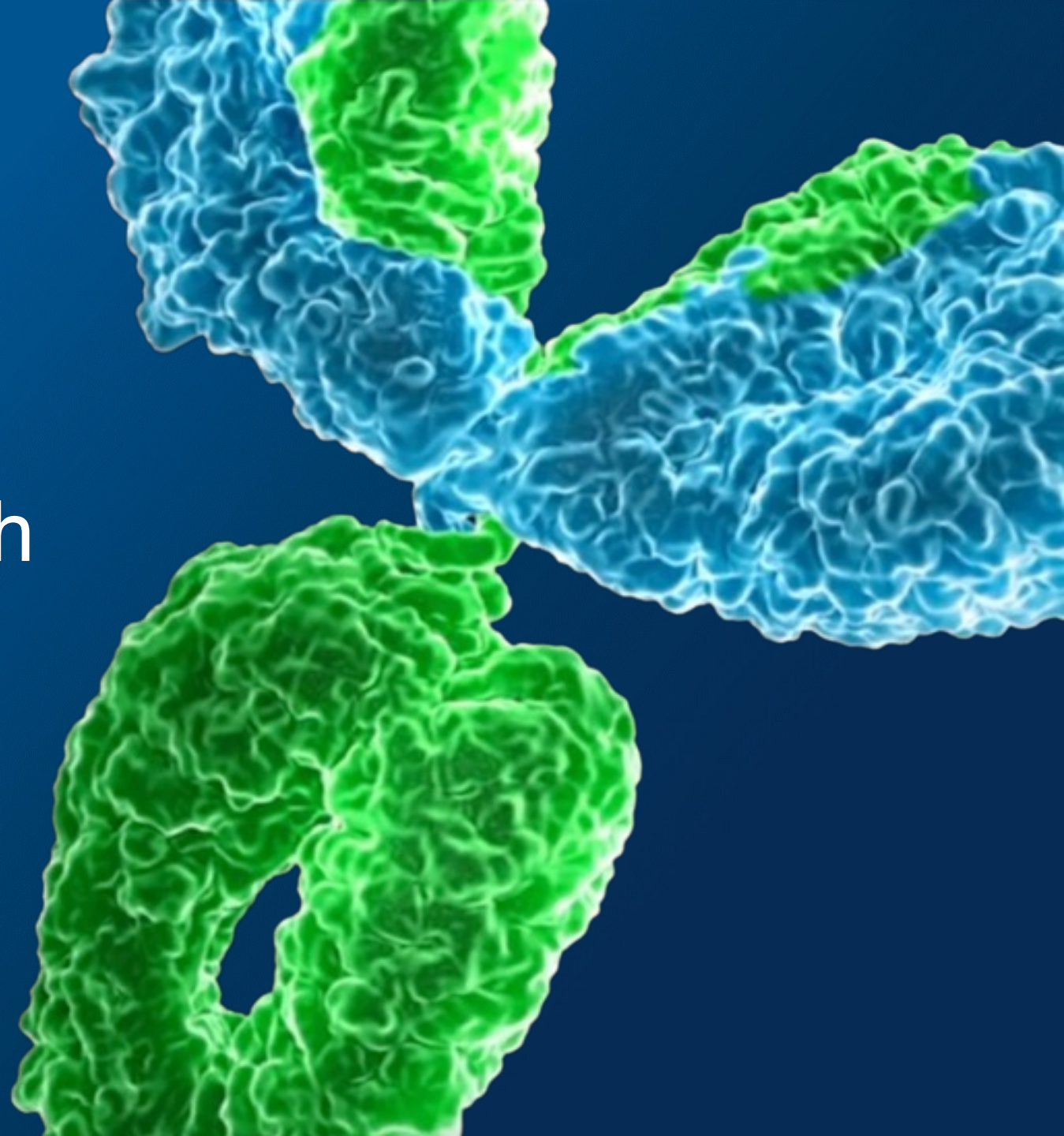
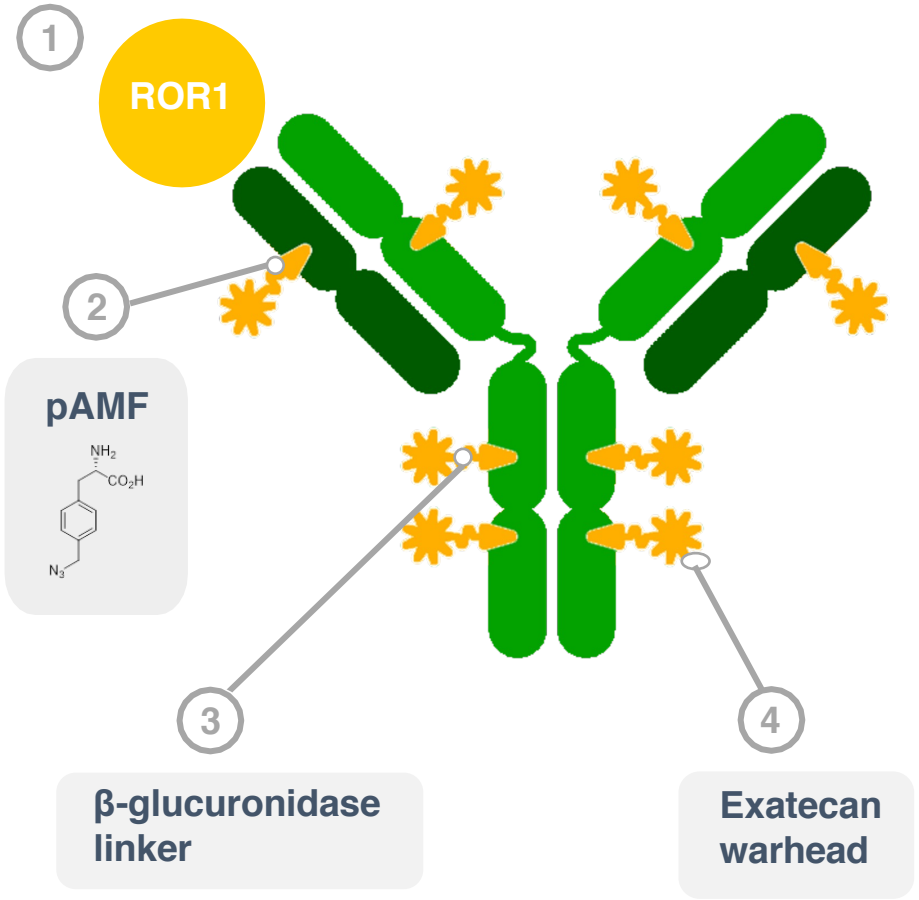
STRO-003 and Emerging Research Portfolio



Our Innovative Design: STRO-003 is a Novel Optimized ROR1 ADC, Featuring TOPO-1 Inhibitors Linked with β-Glucuronidase Cleavable Linkers, DAR 8



STRO-003 is a single homogeneous antibody drug conjugate (ADC) with a drug-antibody ratio (DAR) of 8, targeting ROR1 tumor antigen

1. **Targeted ROR1 epitope** is overexpressed in diverse cancers including **hematological and solid tumor indications**
2. **Precisely positioned non-natural amino acids**, p-azidomethyl-L-phenylalanine (pAMF), **to enable DAR8** and optimal conjugation sites for enhanced performance and stability
3. **Stable β-glucuronidase cleavable linkers** demonstrate tumor specificity and encouraging preclinical tolerability. Preclinical data has shown marked **improvement over CatB linkers regarding neutropenia and lung tolerability issues** seen with tubulin and TOPO-1 inhibitors in the clinic
4. **Exatecan warhead inhibits TOPO-1 causing DNA disruption**. It elicits potent tumor cell killing, bystander activity and immunogenic cell death

We Believe STRO-003 Enables a Broad Clinical Development Strategy Through Efficient Killing of Tumors with Low Level ROR1 Expression and Favorable Safety Profile

STRO 003

Expansive indication space

- Clinical validation of ROR1 in hematological indications and opportunity in broad solid tumors, including NSCLC and breast cancer

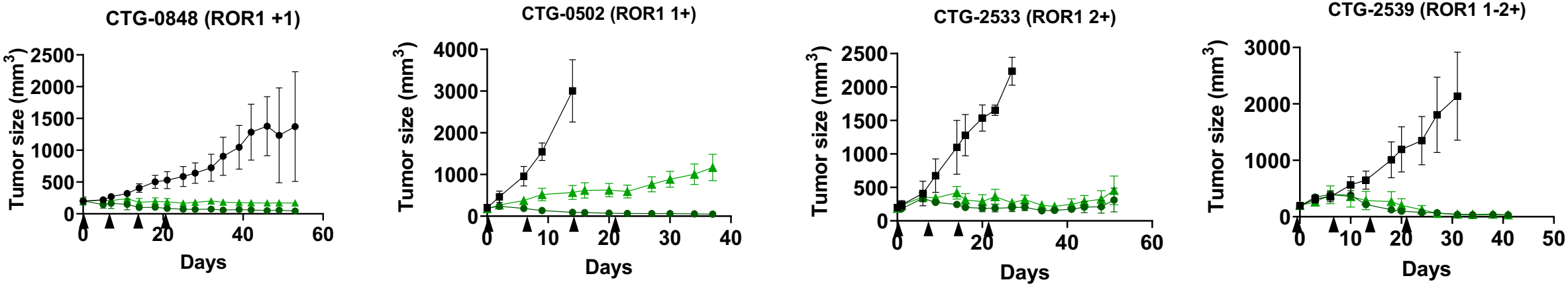
STRO-003: Designed for significantly superior clinical performance

- Optimal molecule to deliver efficient tumor killing with every antigen binding and internalization event
- High potency DNA targeting TOPO-1 inhibitor payload with compelling clinical validation
- Optimized novel linker design-payload combination improves tumor selectively to increase therapeutic index and provide significant safety window
- High DAR8, clinically precedented, but now with optimized conjugation positioning, to maximize payload delivery to tumor cell

We believe that STRO-003's design elements appear to demonstrate robust efficacy while potentially reducing lung and neutropenia tolerability concerns associated with TOPO-1 class payload ADCs

STRO-003 Demonstrated Complete Regression of Human Patient-Derived NSCLC Xenografts Expressing *Low and Heterogeneous* ROR1 Antigen Levels in Preclinical Studies

Human Patient-Derived NSCLC Xenografts



ROR1 Expression

- Vehicle
- STRO-003 (β-glu exatecan)
- Alternative Design (CatB exatecan)

- ROR1 ADC variants (STRO-003 and Alternative Design featuring CatB exatecan) are **efficacious in the PDX models** (10 mg/kg qw x4)
- β-glu linker validates **PDX models for release of exatecan catabolite and potent activity**

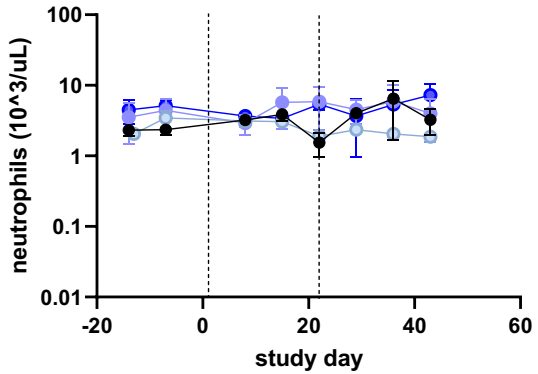
STRO-003 Demonstrated a Wide Safety Window in Multiple Cross-Reactive Species

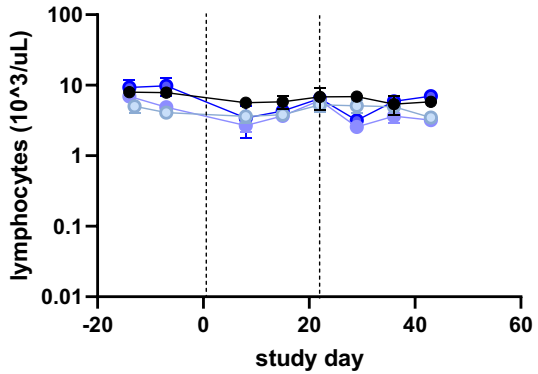
STRO-003 was cross-reactive and well tolerated in **rat at high doses**

- **No observed neutropenia**, **no elevation of liver enzymes** at high doses (**60 mg/kg**)

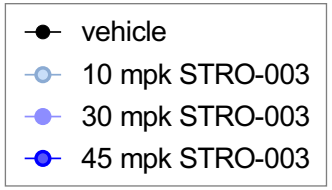
STRO-003 was cross-reactive and well tolerated in a **multi-dose non-GLP NHP study**

- **No observed neutropenia or thrombocytopenia**, well tolerated up to 45 mg/kg, no changes observed in WBCs





No impact on WBC NHP **45 mg/kg**

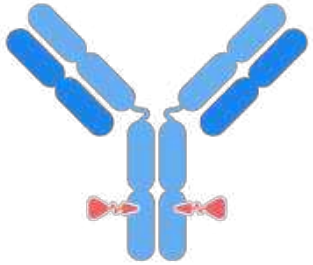
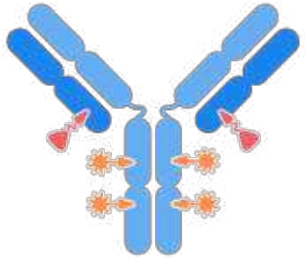
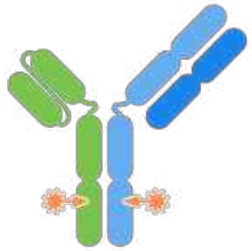


Additionally, no lung toxicities observed at 45 mg/kg STRO-003 in NHPs;

- **Note:** In this same preclinical NHP study, a ROR1 ADC with **Cathepsin B linker exatecan ADC** was studied and generated lung findings consistent with developing pneumonitis (and ILD) at 45 mg/kg
- Possible that improved tolerability with **STRO-003 is driven by use of new β-glucuronidase linker**
- Other CatB-linker exatecan ADCs, including Enhertu, are associated with significant rates of clinical pneumonitis/ILD

Drug Discovery Platform Enables the Opportunity for Best-in-Class or First-in-Class Molecules

Precise novel design to enhance efficacy and safety across multiple modalities and targets

	Conjugated Antibody		
Modality	***ADC***	***iADC / ADC²***	***Bispecific ADC***
Target	Tumor Antigen	Tumor Antigen	Dual Tumor Antigens
Structure			
Drug Properties	ADC: targeting novel payloads	Site-specific dual drug conjugate with **complementary modalities**	Enhanced tumor targeting of cytotoxic payloads e.g. M1231

Tumor Associated Antigen Targets

- ROR1
- Tissue Factor
- PTK7
- Integrin B6
- Liv-1
- CEACAM5

1. Mono- <u>or</u> Bispecific TAA Targeting

Toolbox of Best-in-Class Linker-Payloads

- DNA targeting / tubulin targeting cytotoxins
- Immune modulators
- Other mechanistically synergistic payloads
- Proprietary cleavable / non-cleavable linkers

2. Single <u>or</u> Dual Conjugations of Different Mechanisms

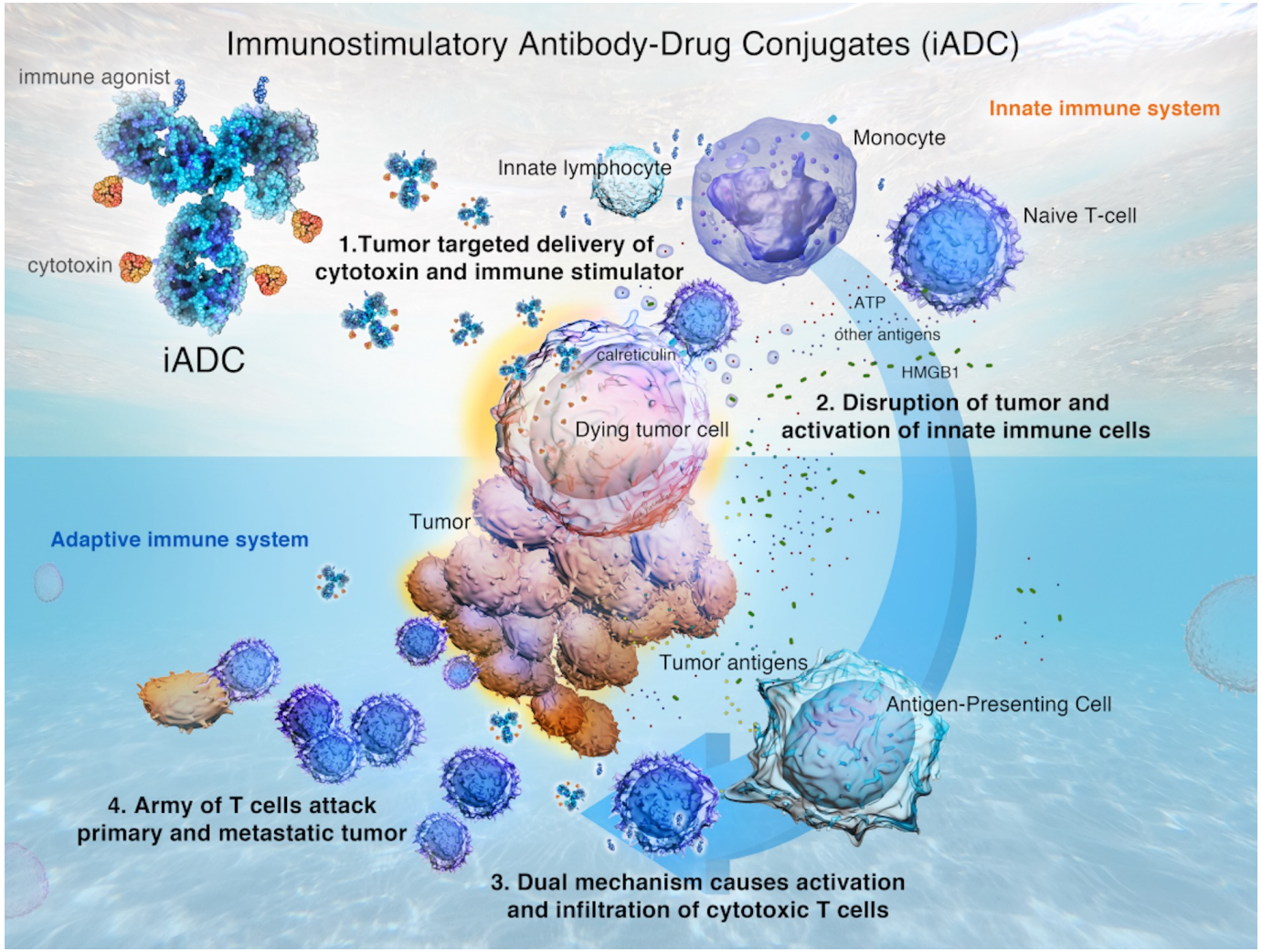
New Modality for Cold Tumors: Immunostimulatory Antibody Drug Conjugate (iADC)

Featuring dual drug conjugation technology with both cytotoxin and immune modulator

Strategic iADC Collaboration

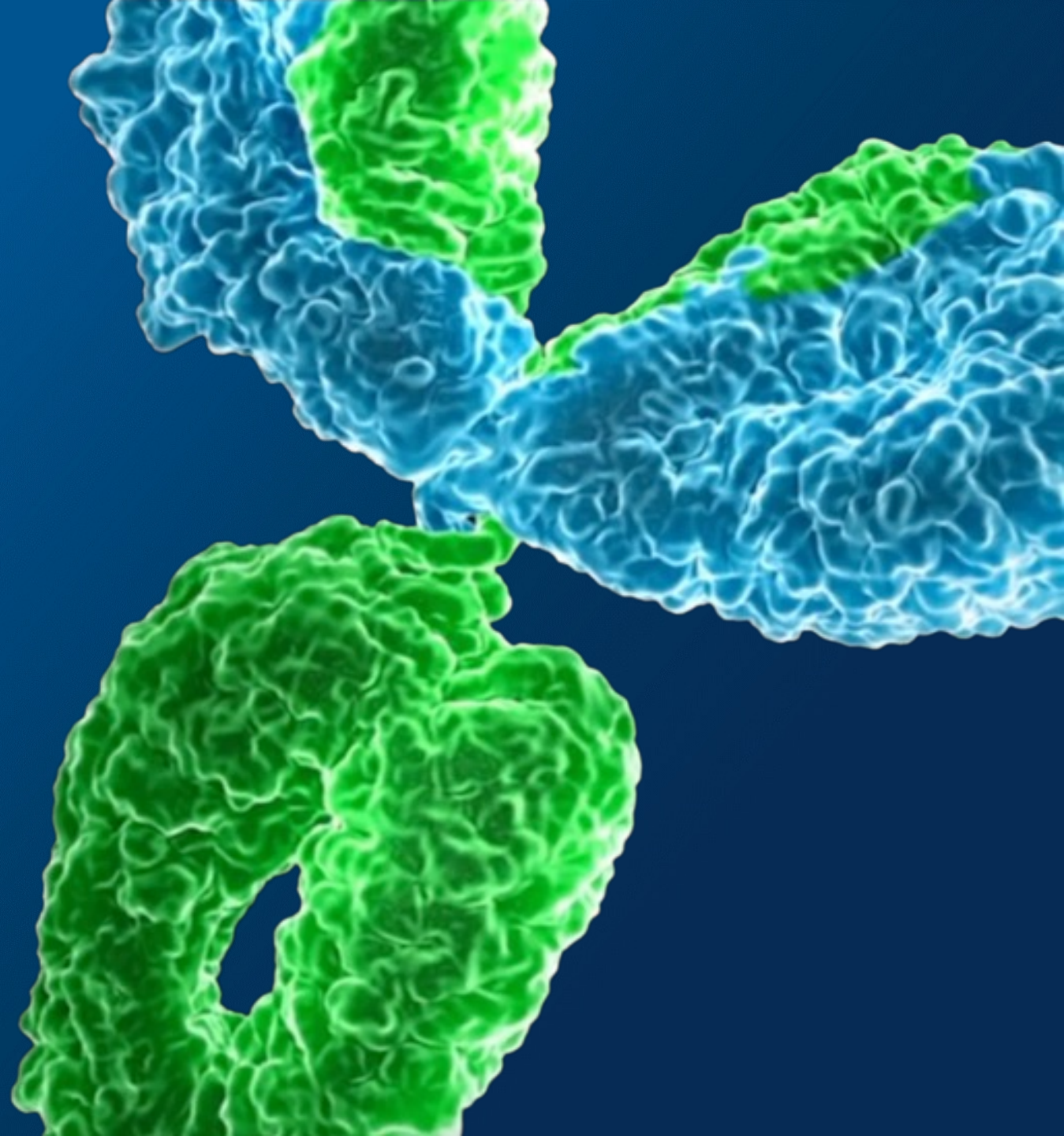
June 27, 2022

- **$90M** upfront to develop iADCs for up to **three targets**
- **$422.5M** in development, regulatory and commercial milestones for **each product candidate,** plus tiered royalties ranging from low-double digit to mid-teen percentages
- Builds on success of Sutro's **ADC platform and engineering expertise**
- Leverages Astellas' primary focus on **immuno-oncology**
- Sutro has the **option** to share **costs/profits** for U.S. product development
- Sutro can **develop iADCs outside of this collaboration** in other targets



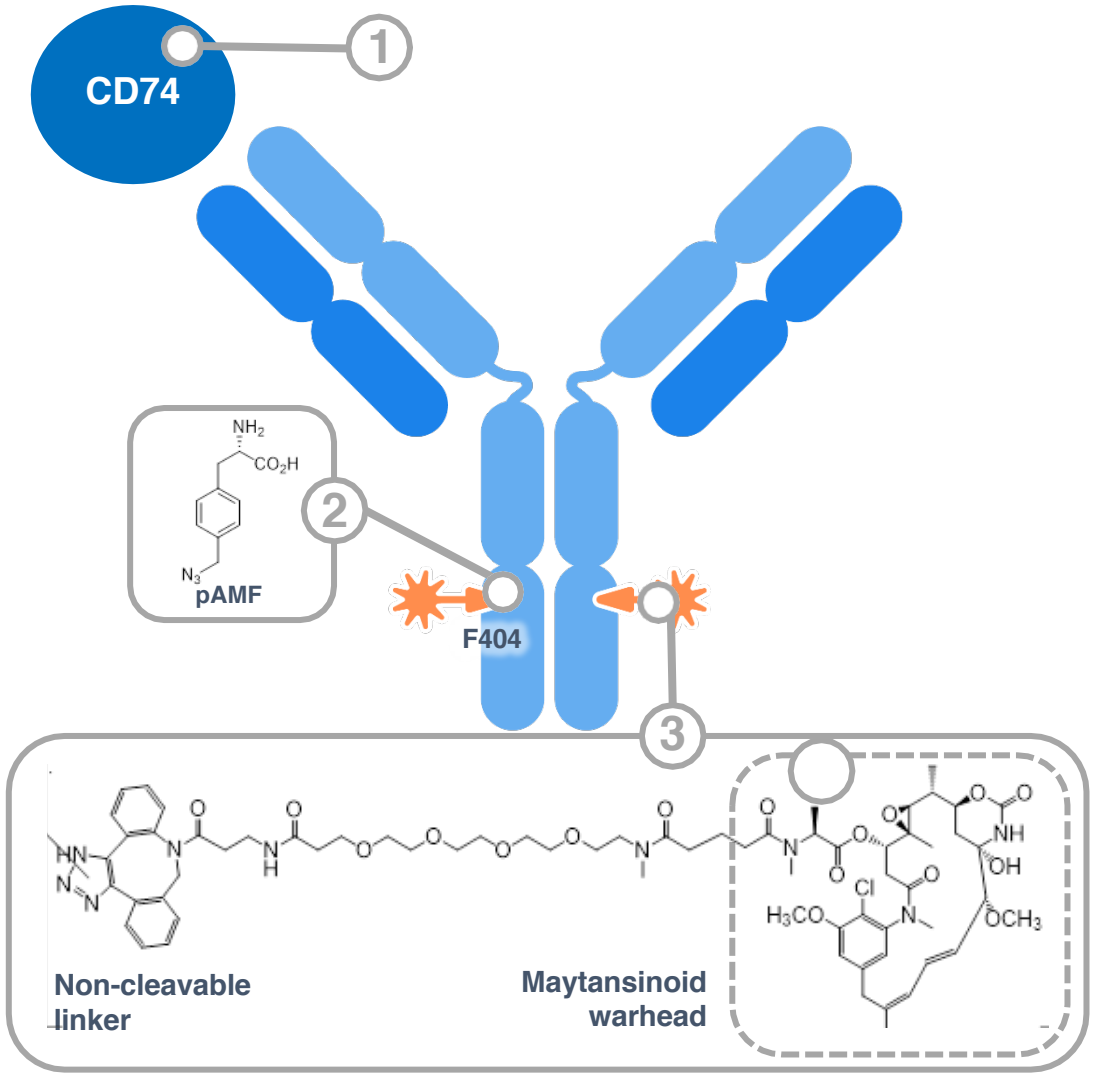
SUTRO BIOPHARMA

STRO-001
CD74-Targeting ADC



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

Stable CD74 targeting ADC for hematological cancers designed to minimize bystander effects



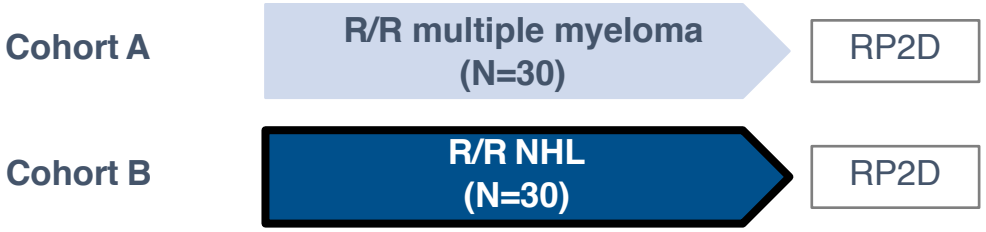
STRO-001 is a homogeneous **antibody drug conjugate (ADC)** with a **drug-antibody ratio (DAR) of 2**, targeting **CD74**:

1. **CD74** is expressed in **many hematological cancers** and **rapidly internalized**
2. **Conjugation** through precisely positioned **non-natural amino acids.** p-azidomethyl-L-phenylalanine, at positions F404 on the heavy chain
3. Comprises two non-cleavable linker-warheads that are **stable in circulation**
4. The active catabolite, **Maytansinoid** derivative, efficiently kills tumor cells following internalization of the ADC and was designed to **minimize bystander effects**

STRO-001-BCM1 Study Design and Updates

Ongoing Phase 1 dose-escalation study in the U.S., and ex-U.S., outside of Greater China

STRO-001-BCM1 Dose Escalation Study



- Dose escalation ongoing at **5.0 mg/kg for NHL & 5.0 mg/kg for MM** with sites open in the U.S., Israel, South Korea
- BioNova submitted its IND for BN301 (STRO-001) to the NMPA for the treatment of **hematologic malignancies in Greater China**
- Last data update in the **NHL cohort (Cohort B) at ASH in December 2020**

Cohort B 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 (%)	
CAR-T therapy	3 (14)

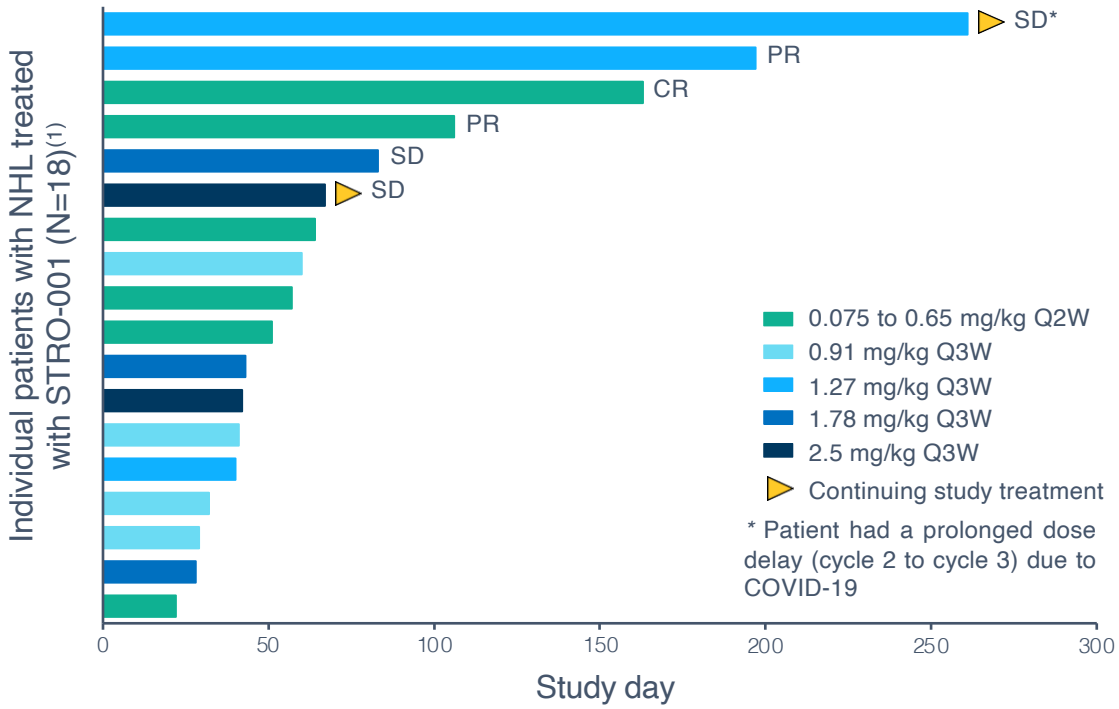
Cohort B, TEAEs Occurring in ≥15%	Patients With ≥1 Event, n (%)			
	Grade 1	Grade 2	Grade 3	Grade 4
Nausea	5 (23.8)	4 (19.0)	0	0
Fatigue	4 (19.0)	3 (14.3)	0	0
Chills	7 (33.3)	0	0	0
Anemia	3 (14.3)	2 (9.5)	1 (4.8)	0
Headache	2 (9.5)	4 (19.0)	0	0
Dyspnea	1 (4.8)	3 (14.3)	1 (4.8)	0
Abdominal pain	4 (19.0)	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: NHL Cohort data as of October 30, 2020 presented at ASH December 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	

Responses to STRO-001

Dose Level, mg/kg	Demographics and Diagnosis	Prior Therapies	Best Responses	Doses Received	Duration of Treatment
0.075	82-year-old man with Stage III DLBCL, non-GC type diagnosed in 2015	• R-CHOP-R, • Rituximab/lenalidomide • Bendamustine/rituximab • Obinituzumab + gemcitabine + oxaliplatin	CR after 2 cycles (4 doses)	12	24 Weeks (PD after 12 doses)
0.65	64-year old man diagnosed with double-hit Stage IV DLBCL in August 2017	• R-CHOP x 1 and EPOCH X 6 (2017) • RICE with IT prophylaxis (2017/2018) • Rituximab and XRT (2018) • Rituximab, gemcitabine + oxaliplatin with radiotherapy (2018) • Axicabtagene ciloleucel (CAR-T) (May 2018) • Rituximab and lenalidomide (Nov 2018)	PR at cycle 3	8	15 weeks (PD after 8 doses)
1.27	68-year old woman stage IV extranodal DLBCL, non-GC diagnosed in Feb 2018	• R-CHOP • RICE x 2 • DHAP x 2 • CAR-T (May 2019) • Lenalidomide (Nov 2019)	PR at cycle 3	10	27 weeks ongoing (PD at cycle 10)
1.27	51-year old woman, stage III marginal zone lymphoma diagnosed in May 2017	• Obinutuzumab	SD	6	39 weeks ongoing
1.78	36-year old man with stage IIIA follicular lymphoma diagnosed in June 2014	• Flt3L-vaccine immunotherapy • Rituximab • Vaccine immunotherapy • polyCLC (TLR-3 agonist) – immunotherapy • Pembrolizumab	SD	4	12 weeks (PD after Cycle 4)
2.50	74-year old man with IV follicular lymphoma	• Reituximab/fludarabine/Cytoxan • Ifosfamide/carboplatin, etoposide • Auto SCT	SD	3	9 weeks on active treatment

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

Note: NHL Cohort data as of October 30, 2020 presented at ASH December 2020

Financial Overview

Well-capitalized through multiple funding sources

$191.6M
in cash, cash equivalents & marketable securities as of June 30, 2022

Projected cash runway into
1H 2024(1),
based on current business plans and assumptions

~1.6M shares
of **Vaxcyte**
(Nasdaq: PCVX) not included in the above reported cash

Funding generated from our collaborators of
~$583M(2)
through June 30, 2022

(1) Does not include the impact from the value of ~1.6M shares of Vaxcyte (Nasdaq: PCVX).
(2) Includes payments and equity investments received through June 30, 2022, in addition to the $90 million upfront payment from Astellas received in July 2022.

Experienced Leadership Team

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

Trevor Hallam, PhD
President of Research and Chief Scientific Officer

Arturo Molina, MD, MS, FACP
Chief Medical Officer

Ed Albini, MBA
Chief Financial Officer

Jane Chung, RPh
Chief Commercial Officer

Shabbir Anik, PhD
Chief Technical Operations Officer

Linda Fitzpatrick
Chief People and Communications Officer

Nicki Vasquez, PhD
Chief Portfolio Strategy and Alliance Officer

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

AEROVANCE AXYS Cougar Biotechnology KPMG Neurex Patheon RHÔNE-POULENC SYNTEX

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