



Malte Peters, Chief Development Officer
Meet the Team | June 25, 2019

This presentation includes forward-looking statements.

This communication contains certain forward-looking statements concerning the MorphoSys group of companies, including its financial guidance for 2019, the commencement, timing and results of clinical trials and release of clinical data both in respect of its proprietary product candidates and of product candidates of its collaborators, the development of commercial capabilities, in particular with respect to tafasitamab (MOR208) and the transition of MorphoSys to a fully integrated biopharmaceutical company, interaction with regulators, including the potential approval of MorphoSys's current or future drug candidates, including discussions with the FDA regarding the potential approval to market tafasitamab, the expected time of launch of tafasitamab, and expected royalty and milestone payments in connection with MorphoSys's collaborations. The forward-looking statements contained herein represent the judgment of MorphoSys as of the date of this release and involve known and unknown risks and uncertainties, which might cause the actual results, financial condition and liquidity, performance or achievements of MorphoSys, or industry results, to be materially different from any historic or future results, financial conditions and liquidity, performance or achievements expressed or implied by such forward-looking statements. In addition, even if MorphoSys's results, performance, financial condition and liquidity, and the development of the industry in which it operates are consistent with such forward-looking statements, they may not be predictive of results or developments in future periods. Among the factors that may result in differences are that MorphoSys's expectations regarding its 2019 results of operations may be incorrect, MorphoSys's expectations regarding its development programs may be incorrect, the inherent uncertainties associated with competitive developments, clinical trial and product development activities and regulatory approval requirements (including that MorphoSys may fail to obtain regulatory approval for tafasitamab and that data from MorphoSys's ongoing clinical research programs may not support registration or further development of its product candidates due to safety, efficacy or other reasons), MorphoSys's reliance on collaborations with third parties, estimating the commercial potential of its development programs and other risks indicated in the risk factors included in MorphoSys's Annual Report on Form 20-F and other filings with the US Securities and Exchange Commission. Given these uncertainties, the reader is advised not to place any undue reliance on such forward-looking statements. These forward-looking statements speak only as of the date of publication of this document. MorphoSys expressly disclaims any obligation to update any such forward-looking statements in this document to reflect any change in its expectations with regard thereto or any change in events, conditions or circumstances on which any such statement is based or that may affect the likelihood that actual results will differ from those set forth in the forward-looking statements, unless specifically required by law or regulation.

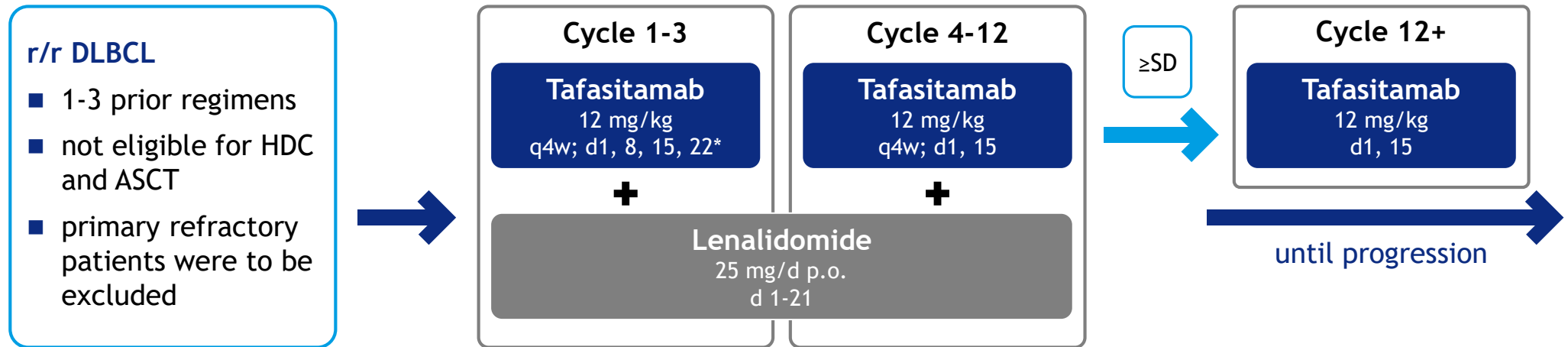
The compounds discussed in this slide presentation are investigational products being developed by MorphoSys and its partners and are not currently approved by the U.S. Food and Drug Administration (FDA), European Medicine Agency (EMA) or any other regulatory authority (except for guselkumab/Tremfya®). Any shown cross-trial comparison between MorphoSys-own investigational products and literature data have significant limitations. Such data comparisons have been prepared at the request of, and for the sole benefit of, the investor community.

We are working toward our intention to transform into a biopharmaceutical company supported by tafasitamab data



L-MIND: Study Design of Tafasitamab/Lenalidomide

Phase 2, single-arm, open-label, multicenter study (NCT02399085)



- Sample size suitable to detect $\geq 15\%$ absolute increase in ORR for tafasitamab/LEN combination vs. LEN monotherapy at 85% power, 2-sided alpha of 5%
- Mature Data: At time of primary endpoint analysis with data cut-off 30 Nov 2018; minimum follow-up 12 months, median follow-up 17.3 months

Primary endpoint

- Overall response rate (ORR), central read

Secondary endpoints

- Progression-free survival (PFS)
- Duration of response (DoR)
- Overall survival (OS)
- Safety of the tafasitamab + LEN combination
- Exploratory and biomarker-based analyses

* a loading dose of MOR208 was administered on day 4 of cycle 1

#Primary refractory DLBCL was defined as no response to or progression/relapse during or within 6 months of frontline therapy Response assessment (Cheson 2007 Criteria) after cycles 2, 4, 6, 9 and 12, thereafter every 3 cycles.

ASCT, autologous stem cell transplant; HDC, high-dose chemotherapy; SD, stable disease, p.o., per os; LEN, lenalidomide

Baseline Characteristics



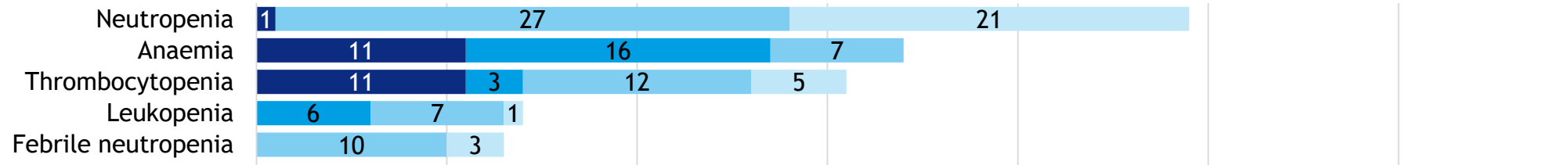
Characteristic	Specification	n=81 (%)
Sex	Male	44 (54)
	Female	37 (46)
Age [years]*	median (range)	72 (41-86)
Risk (IPI)*	0-2	40 (49)
	3-5	41 (51)
Ann Arbor Stage*	I-II	20 (25)
	III-IV	61 (75)
Elevated LDH*	Yes	45 (56)
	No	36 (44)
Prior Lines	Median	2
	1	40 (49)
	2	35 (43)
	3	5 (6)
	4	1(1)
Primary Refractory	Yes	15 (18)
	No	66 (82)
Refractory to last prior therapy*	Yes	36 (44)
	No	45 (56)
Prior SCT	Yes	9 (11)
	No	72 (89)
Cell of Origin (Centrally assessed - Hans algorithm)	GCB	37 (46)
	Non-GCB	20 (25)
	Unknown	24 (30)

*at study entry

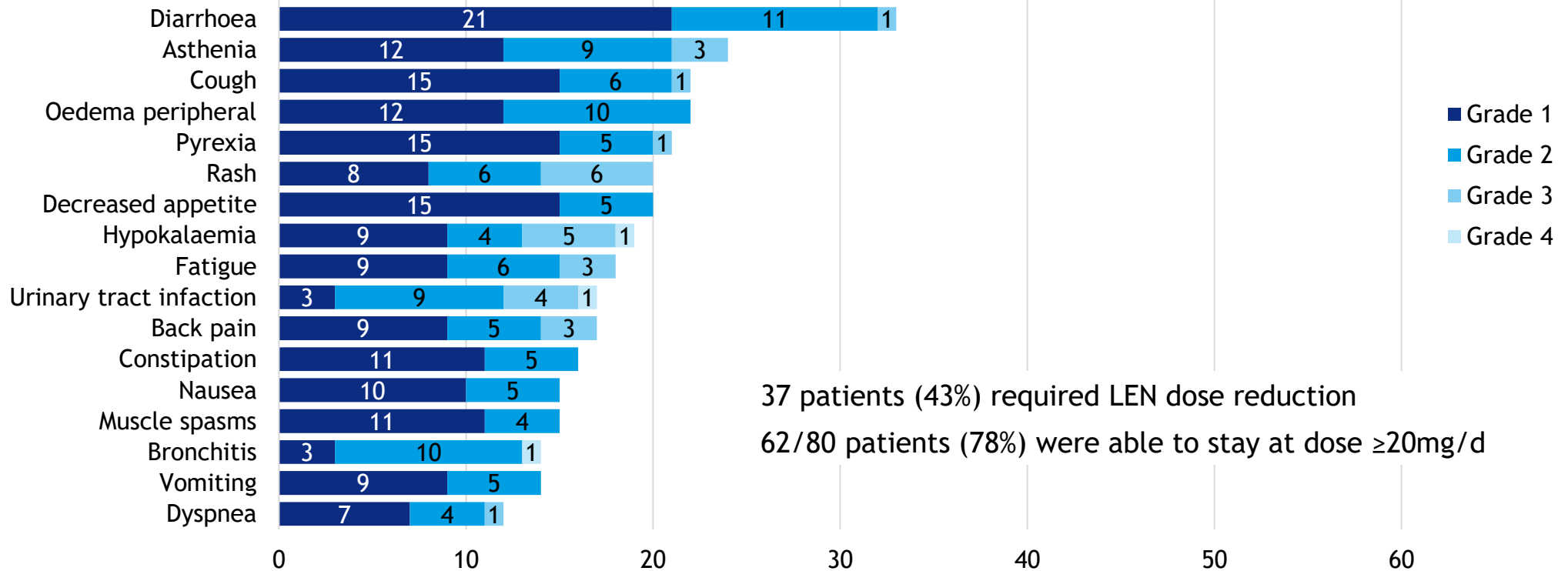
Tafasitamab + Lenalidomide Safety Profile



Hematologic TAEs in ≥10% Patients



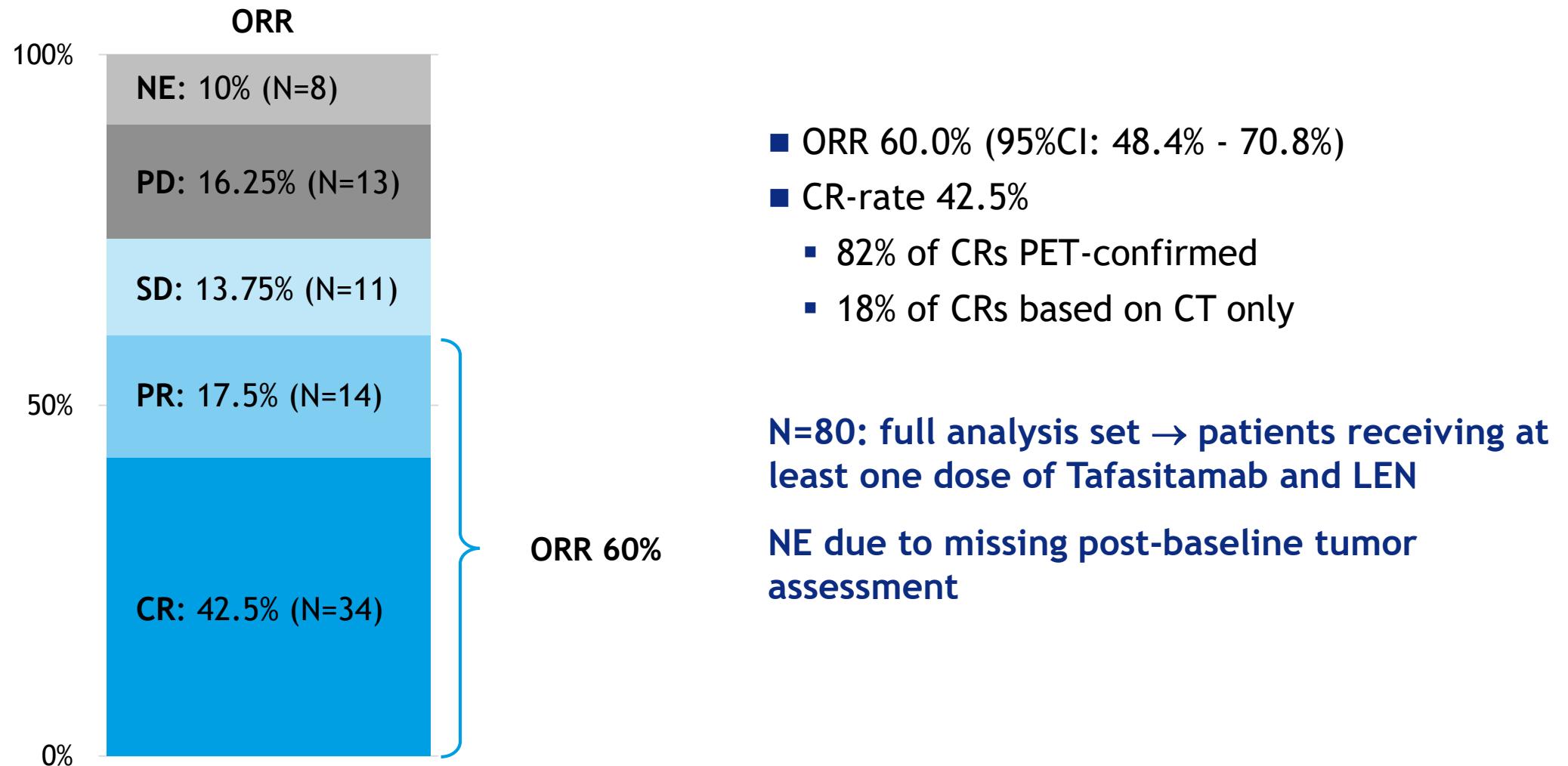
Non-hematologic TAEs in ≥10% Patients



37 patients (43%) required LEN dose reduction
 62/80 patients (78%) were able to stay at dose ≥20mg/d

N=81; TEAEs, treatment-emergent adverse events, numbers represent % patients

Primary Endpoint: Overall Response Rate (ORR) by IRC

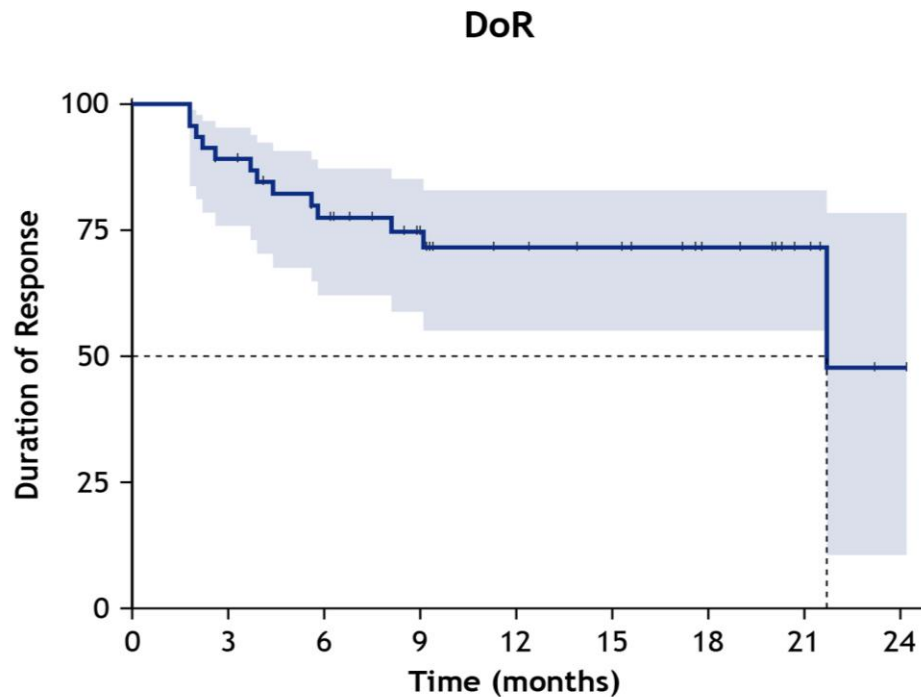


ORR, overall response rate; CR, complete response; NE, not evaluable; PD, progressive disease; PR, partial response; SD, stable disease; CI, confidence interval; PET, positron emission tomography; CT, computertomography

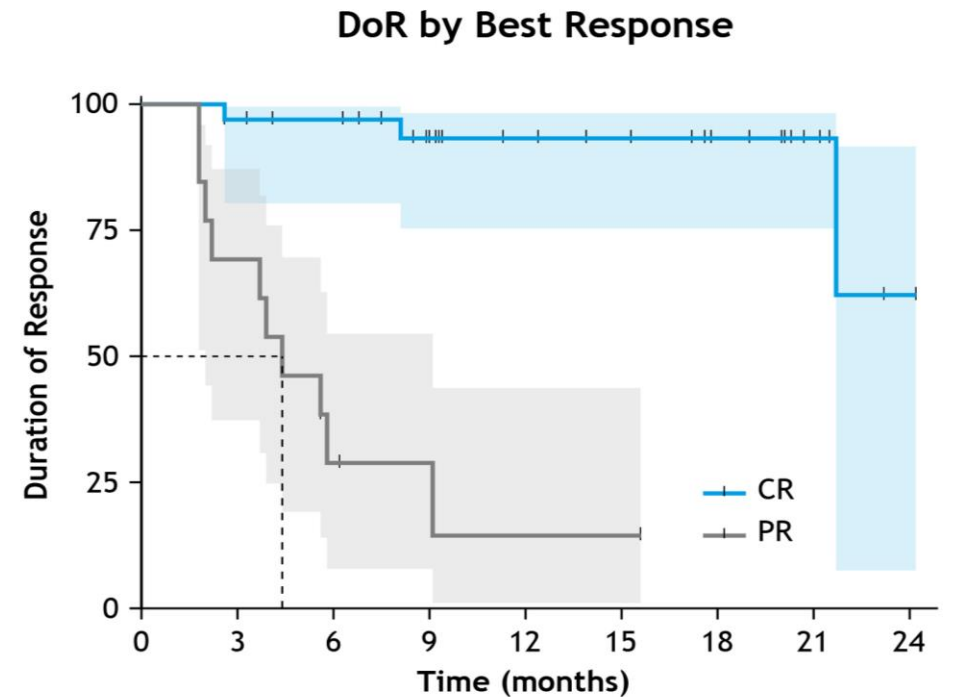
Duration of Response (DoR)

Data assessed by independent review committee (IRC)

Patients have 43% probability of a CR
 CR patients have >90% probability of a durable response at 22 months



Number of patients at risk	
Overall	48 40 32 25 18 16 11 5 1



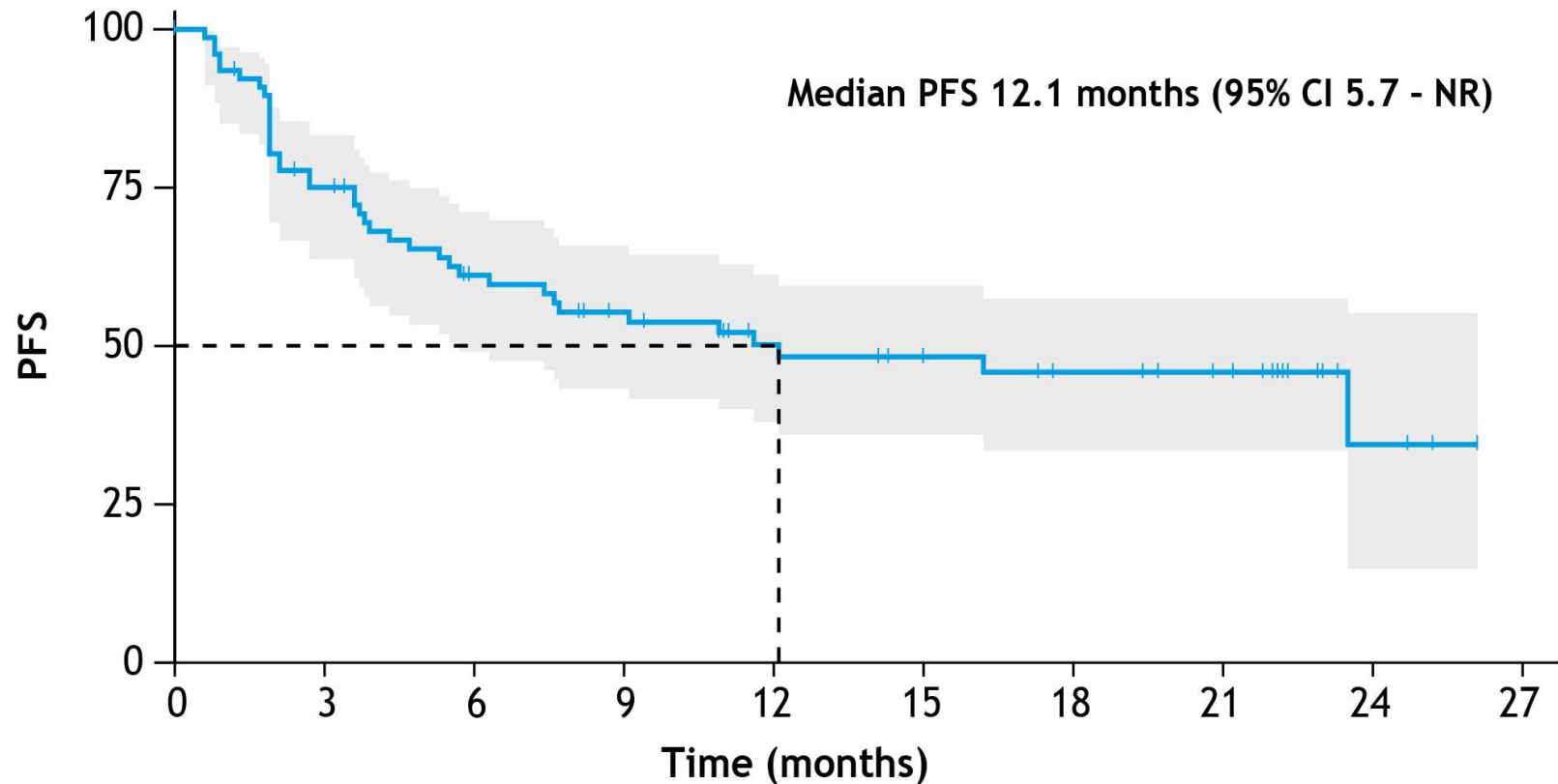
Number of patients at risk	
CR	34 31 29 23 17 15 11 5 1
PR	14 9 3 2 1 1 0 0 0

- Median DoR 21.7 months (95%CI: 21.7 - NR)
- Median DoR for CR patients: NR (95%CI: 21.7 - NR)
- Median DoR for PR patients: 4.4 mo (95%CI: 2.0 - 9.1)

DoR, duration of response; NR, not reached; CR, complete response; PR, partial response; CI, confidence interval; mo, months

Progression-free Survival (PFS)

Data assessed by independent review committee (IRC)



Number of patients at risk

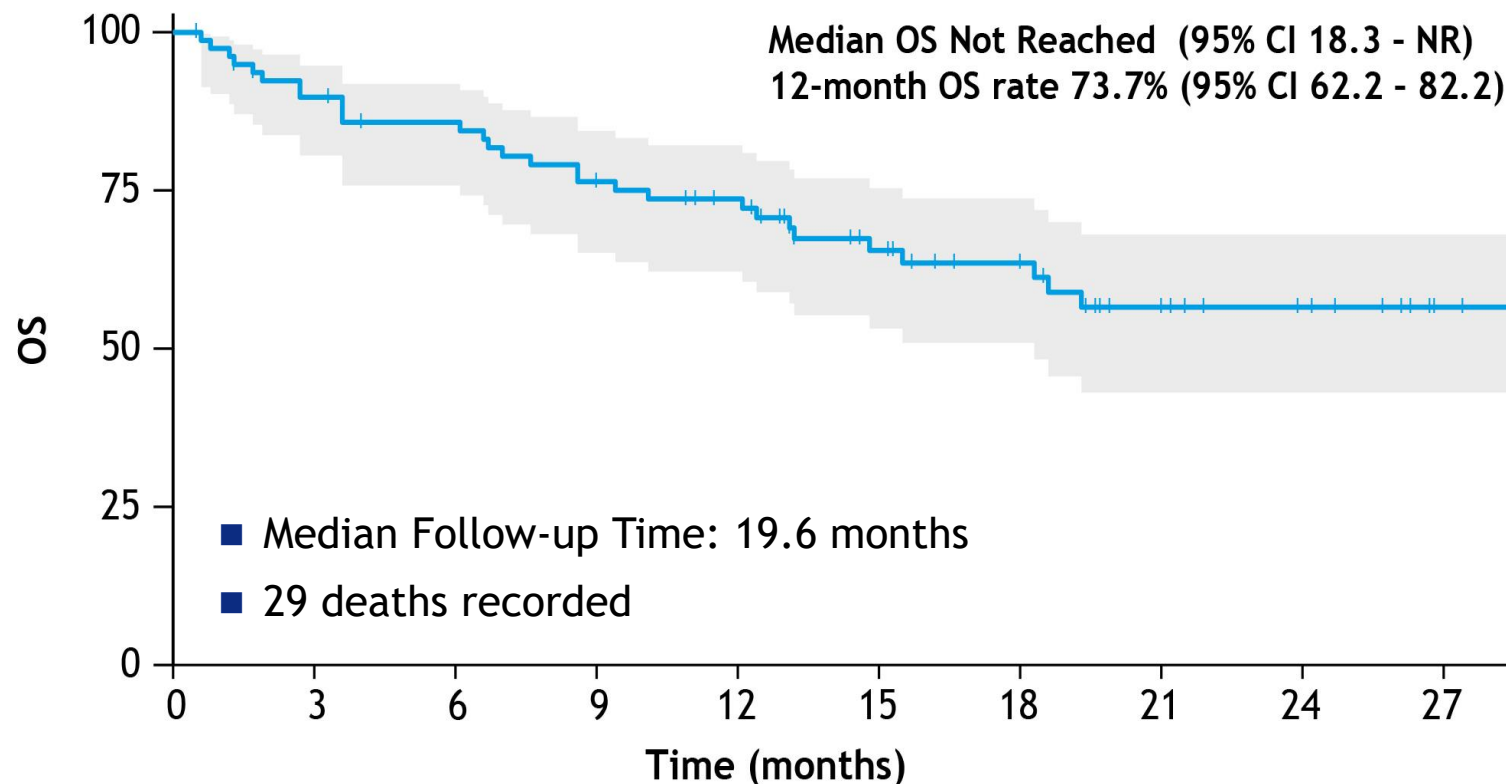
Overall	80	56	42	35	26	22	17	13	3	0
---------	----	----	----	----	----	----	----	----	---	---

- Median Follow-up time 17.3 months
- 39 PFS events recorded
- 28 patients still ongoing with study treatment

CI, confidence interval; NR, not reached

Overall Survival (OS)

Data assessed by independent review committee (IRC)



Number of patients at risk

Overall	80	69	64	57	50	35	29	20	14	6
---------	----	----	----	----	----	----	----	----	----	---

CI, confidence interval; NR, not reached

Tafasitamab + lenalidomide showed promising activity with favorable safety profile

Durable responses and favorable overall survival represent a very positive outcome

Tafasitamab + lenalidomide has the potential to be a novel, chemo-free immunotherapy for r/r DLBCL patients

SUMMARY