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7 **MorphoSys AG**
8 **Annual General Meeting Speech 2021**
9 **May 19, 2021**

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The spoken word shall prevail.

13 **Presentation slide 1: Annual General Meeting 2021**

14 **Presentation slide 2: Management Board of MorphoSys AG**

15 **Presentation slide 3: Annual General Meeting 2021**

16 **Presentation slide 4: Agenda**

17 **Presentation slide 5: Agenda item 1**

18 **Presentation slide 6: Report of the Board of Management**

19 **Presentation slide 7: Operational Development 2020 / Q1 2021**

20 **[Start Jean-Paul Kress, Chief Executive Officer of MorphoSys AG]**

21 Ladies and gentlemen, dear shareholders and shareholder representatives.

22 I would like to welcome you to the MorphoSys Annual Shareholders' Meeting 2021, which we
23 are holding virtually for the second consecutive year due to the ongoing pandemic.

24 I will start by reviewing 2020, transition to the first quarter 2021 results, and then I will
25 comment on our operational plans for the rest of the year.

26 Afterwards, our Chief Financial Officer, Sung Lee, will present the key financial data for fiscal
27 2020 and the first quarter of 2021 and provide a financial outlook for the remainder of 2021.

28 **Presentation slide 8: Covid-19 pandemic**

29 Before I start with the overview, I briefly want to comment on the impact of the pandemic. The
30 Covid 19 pandemic has been an unprecedented event globally. At the onset our leadership
31 team proactively developed a risk mitigation plan to address the impact. The safety and well-
32 being of our workforce, healthcare workers and patients was our top priority. I would like to
33 emphasize the tremendous efforts of all of our employees and how they have approached the
34 challenges with great dedication and professionalism. Collectively, we have been able to
35 ensure business continuity and to provide patients with access to Monjuvi.

36

37 **Presentation slide 9: MorphoSys is an Emerging Leader in Hematology-Oncology**
38 **& Autoimmune Diseases**

39 To the high level overview, MorphoSys is an emerging biopharmaceutical leader, specializing
40 in hematology-oncology and autoimmune diseases.

41 We are now a commercial stage company with the launch of Monjuvi in 2020 and continue to
42 leverage our deep scientific roots to build our long-term pipeline. The company has a strong
43 reputation for antibody generation and development technology platform.

44 Our late-stage development pipeline is progressing, thanks to our clinical development
45 programs in oncology and autoimmune diseases, as well as our successful partnerships with
46 many of the world's leading biopharma companies. We are very well capitalized with a solid
47 cash position and also royalty streams to position ourselves for continued success.

48 We have expanded our global footprint by building a full commercial organization in the U.S.,
49 and we are also expanding our global development capability in Boston to further accelerate
50 our clinical development.

51

52 **Presentation slide 10:** 2020 Was a Transformative Year for MorphoSys - 2021 Will
53 Focus on Commercial and Clinical Execution

54 The year 2020 was a transformative year for MorphoSys.

55 In January 2020, we announced a global collaboration and license agreement with Incyte for
56 the development and commercialization of tafasitamab. The agreement included an upfront
57 payment of \$750 million, an equity investment by Incyte of \$150 million, up to \$1.1 billion in
58 potential milestones. In the U.S., we co-commercialize and co-promote Monjuvi together with
59 Incyte, outside of the U.S, Incyte will be responsible for the commercialization and will pay
60 royalties to MorphoSys.

61 The accelerated FDA approval of Monjuvi in the US on July 31 2020 was a significant
62 milestone. We are proud of this success and intend to build upon it as we bring Monjuvi and
63 other therapies to market. The launch of Monjuvi marked the culmination of a tremendous
64 effort by a wide range of departments across the company and in collaboration with our partner
65 Incyte.

66 Monjuvi is the first and only FDA-approved second-line therapy for adult patients with relapsed
67 or refractory diffuse large B-cell lymphoma (DLBCL). DLBCL is the most common form of adult
68 non-Hodgkin lymphoma worldwide. It is an aggressive disease, with approximately one in three
69 patients failing to respond to first-line therapy or subsequently relapsing. We believe Monjuvi
70 has the potential to transform the standard of care in DLBCL due to its approved indication,
71 combinability, and ease of use.

72 For 2021, our main focus is on the execution of our commercialization plans for Monjuvi in the
73 United States. We want to ensure that as many patients as possible have access to Monjuvi.
74 Outside of the U.S., we will continue to support Incyte with approvals in markets like the the
75 EU and Switzerland as well as other countries like Canada.

76 We are also working on expanding Monjuvi's opportunities having recently announced the
77 initiation of two pivotal studies. In order to make Monjuvi available for the earlier treatment of
78 patients with DLBCL, we have started a study called frontMIND, the first patient was treated
79 just last week. In April, we announced the initiation of the inMIND trial in patients with relapsed
80 or refractory follicular lymphoma or marginal zone lymphoma. We are working to realize our
81 vision of expanding Monjuvi as a backbone treatment for diffuse large B-cell lymphoma and
82 other B-cell malignancies.

83

84 **Presentation slide 11:** Products, Partnerships and Research Drive Stakeholder Value.

85 We are focusing on 3 pillars to drive value for stakeholders:

86 The first pillar is revenues from commercialization of our own products, such as Monjuvi. The
87 second pillar is royalties and milestones from our partnered programs, like Janssen's
88 blockbuster Tremfya, otilimab, which is developed by GSK, and gantenerumab which is
89 developed by Roche. And the third pillar is our foundational research platform with cutting-
90 edge antibody technology. We will continue to invest in our platforms and complement them

91 with other innovative platforms in the future like T-cell engager and bispecific antibody
92 platforms.

93 **Presentation slide 12:** Our Clinical Pipeline

94 Our clinical focus is on two programs: tafasitamab and felzartamab, previously known as
95 MOR202. Tafasitamab, our CD19 antibody, is being developed broadly in different B-cell
96 malignancies. Felzartamab, our CD38 antibody, is being developed in autoimmune indications.

97 I will speak about both programs in more detail later.

98

99 **Presentation slide 13:** Clinical Programs Developed by Partners (Selection)

100 Moving on to the pipeline assets that are developed by our partners.

101 Janssen's Tremfya is already successfully on the market for the treatment of psoriasis and
102 psoriatic arthritis where we are receiving royalties. Turning to felzartamab which internally we
103 are pursuing in autoimmune indications. For Greater China we have out-licensed felzartamab
104 to I-Mab Biopharma in the multiple myeloma setting. Other late stage programs that are
105 developed by partners are otilimab developed by GSK in RA and severe pulmonary COVID-
106 19-associated disease and gantenerumab, which is in development by Roche for Alzheimer's
107 disease. All three programs are in phase 3 and could potentially add to our royalty stream
108 going forward.

109 I will come to these programs in more detail later.

110 **Presentation slide 14:** Tafasitamab/Monjuvi

111

112 **Presentation slide 15:** MONJUVI addresses a high unmet medical need

113 Turning to tafasitamab...

114 FDA approval was based on the compelling data from our L-MIND study.

115 Monjuvi is the only second-line therapy that results in a high number of complete and durable
116 responders in all subgroups, addressing a significant unmet need.

117 The combined safety and tolerability profile could support a paradigm shift toward treating
118 patients until disease progression, which could enable long-term disease control.

119 And Monjuvi is accessible to patients in both community and academic care settings as it is
120 easy to administer and does not require hospitalization or intensive monitoring. This is
121 particularly beneficial because physician feedback showed that treatment in a setting close to
122 home was important for patients during the COVID-19 pandemic.

123 **Presentation slide 16:** MONJUVI — Progress Achieved in 2020 — Foundation for Long-
124 Term Growth

125 Our focus in 2021 is to ensure patient access to Monjuvi.

126 Monjuvi first quarter sales came in at \$15.5 million, driven primarily by demand. While sales
127 were impacted by the COVID-19 pandemic and declined sequentially for non-demand related
128 reasons, underlying patient demand increased over the last quarter. We are encouraged to

129 see progress in the fundamentals with increasing share in second and third line, positive
130 feedback from healthcare professionals and account trends. We have maintained a leading
131 share of voice near 50%.

132 Looking at account trends more closely, we are very encouraged by the continued traction in
133 the number of accounts ordering Monjuvi – exiting the first quarter with more than 500
134 accounts. Key academic centers continue to be interested in Monjuvi and we are seeing
135 increased momentum in community care – the interest underscores the broad accessibility of
136 Monjuvi.

137 We continue to expect a gradual build for Monjuvi as we drive increased uptake in second line
138 and longer treatment duration. Our continued focus in 2021 is to lay the foundation for long-
139 term growth and continue to establish Monjuvi as the standard of care for appropriate second
140 line patients with relapsed / refractory DLBCL.

141 The safety and tolerability profile of Monjuvi - along with duration of response - supports a
142 paradigm shift in the treatment of r/r DLBCL. Our treatment regimen - treating patients with
143 Monjuvi until disease progression - makes the 2-year long-term data relevant not only for
144 patient benefit, but also from an economic perspective. And we look forward to presenting the
145 3-year long-term data from Monjuvi at upcoming major medical conferences such as ASCO,
146 EHA, and ICML.

147 As we continue to work to establish Monjuvi as the standard of care for eligible patients we
148 never lose sight of the fact that nearly 10,000 DLBCL patients in the U.S. each year could
149 benefit from the promise of Monjuvi. It's our mission to make this important new treatment
150 available to them.

151 **Presentation slide 17:** Rapid expansion of tafasitamab in other indications and
152 combinations

153 In addition to executing the launch of Monjuvi, we are also focused on rapidly expanding the
154 tafasitamab label and exploring tafasitamab in combination with other approved or emerging
155 agents.

156 We presented initial results from our firstMIND Phase 1b trial late last year at an important
157 scientific conference, the American Society of Hematology meeting. The study showed an
158 initial preliminary response rate of over 90% in a patient population that had an overall poor
159 prognosis. The results also showed that the combination of tafasitamab with lenalidomide and
160 combination chemotherapy with the antibody rituximab, often referred to as R-CHOP, had no
161 unexpected toxicity, which is very encouraging.

162 These firstMIND data are the basis for our pivotal Phase III study frontMIND. The first patient
163 in this study was dosed last week. FrontMIND will enroll up to 880 patients and will evaluate
164 the combination of tafasitamab and lenalidomide in addition to current standard treatment (R-
165 CHOP) compared to the standard treatment R-CHOP alone. Our goal is to improve cure rates
166 in DLBCL across all lines of treatment.

167 Beyond DLBCL, we will expand the use of tafasitamab to other indications and recently started
168 a pivotal study in indolent lymphoma - another area of high unmet need, especially in high-risk
169 patients. We initiated the inMIND study with the tafasitamab-lenalidomide combination in
170 patients with FL and MZL with our partner Incyte.

171 Tafasitamab could be uniquely suited as a combination partner and backbone of choice due
172 to its safety profile. We are excited to explore the combination of tafasitamab with Xencor's
173 bispecific CD20xCD3 antibody plamotamab in patients with r/r DLBCL, frontline DLBCL and
174 r/r follicular lymphoma to help more patients in this area of high unmet medical need.

175 Also, Incyte is leading the advancement to evaluate the combination of tafasitamab with its PI3
176 kinase delta inhibitor piasclisib. In addition, there is increasing interest from other companies
177 to study tafasitamab in combination with their compounds.

178 We are excited about the progress we have made on tafasitamab in our comprehensive
179 development program.

180 **Presentation slide 18:** Felzartamab

181 Turning to felzartamab, our next in line asset...

182 **Presentation slide 19:** Felzartamab (MOR202)

183 We are excited about the potential for felzartamab which is being developed in two parallel
184 streams, by MorphoSys on the one side and by our partner I-Mab Biopharma on the other side.

185 You may be familiar in general with the importance of CD38 – a surface antigen that can be
186 found on the immune cells that cause autoimmune disease and a blood cancer called multiple
187 myeloma. Developing an antibody against CD38, like felzartamab, offers the possibility to
188 address both fields.

189 MorphoSys develops felzartamab for autoimmune kidney diseases. I will come to that in more
190 detail.

191 In 2017 we have entered into a regional license agreement with I-Mab for the development of
192 TJ202 for China, Hong-Kong, Macau and Taiwan. I-Mab currently evaluates TJ202 in two
193 pivotal studies for the treatment of patients with relapsed or refractory multiple myeloma.

194

195 **Presentation slide 20:** Exploring Felzartamab in Autoimmune Diseases

196 CD38 is overly expressed at a specific developmental stage in the B cell development,
197 especially on antibody-producing plasma cells. Overproduction of autoantibodies from these
198 cells can cause organ damage and lead to a variety of autoimmune indications.

199 Felzartamab is currently being evaluated in patients with autoimmune membranous
200 nephropathy – aMN - a disease with a large unmet need. There are roughly ten thousand
201 patients in the U.S. of whom 30-40% develop end-stage renal disease ultimately requiring
202 dialysis or kidney transplantation. The M-PLACE proof of concept trial is ongoing and we are
203 aiming to share data at an upcoming medical conference later this year. We are also continuing
204 enrolment in a parallel phase 2 study, New-PLACE, to optimize the dose schedule.

205 Mid-2021 we plan to expand the clinical development of felzartamab with another indication,
206 IgA nephropathy. IgA nephropathy is the most common glomerular disease worldwide and
207 there is currently no cure available and we hope to bring a new treatment option to these
208 patients.

209 **Presentation slide 21:** Clinical Programs developed by Partners

210

211 **Presentation slide 22:** Partner programs - Tremfya® (guselkumab)

212 Our partnered programs are an important part of our pipeline and we expect this segment to
213 continue to be a growing source of revenue in the future. These partnerships allow us to realize
214 the full potential of antibodies discovered with our technology.

215 A great example is Tremfya from Janssen that developed into a blockbuster drug. It is the first
216 therapeutic based on our technology and is approved for psoriasis and psoriatic arthritis in the
217 US, EU and other countries worldwide. We are encouraged that Janssen is exploring additional
218 indications as well. In 2020 we received 42.5 million EUR in royalties from Janssen, an
219 increase of more than 20% compared to the previous year.

220 **Presentation slide 23:** Programs developed by Partners - Otilimab and Gantenerumab

221 Otilimab is being developed by our licensing partner GlaxoSmithKline for the indication of
222 rheumatoid arthritis. According to public disclosure, the primary completion of the ongoing
223 phase 3 studies is anticipated for 2022.

224 Furthermore, GSK initiated a clinical trial in May (OSCAR) to evaluate the efficacy and safety
225 of otilimab in patients with severe pulmonary COVID 19-associated disease. GSK reported
226 preliminary results from the OSCAR trial in February 2021. As these data suggest important
227 clinical benefit in a predefined subgroup of high-risk patients and an urgent unmet medical
228 need, GSK has adapted the OSCAR study to expand this cohort and confirm the potentially
229 significant results. Treatment of the first patient in the expanded study triggered milestone
230 payments totaling € 16 million to MorphoSys in the first quarter of 2021.

231 Gantenerumab is being developed by our partner Roche for Alzheimer's disease. The antibody
232 is assessed in two ongoing phase 3 studies. Roche is also testing gantenerumab in the context
233 of their brain shuttle technology in a phase 2 study.

234 **Presentation slide 24:** Cutting Edge Research Platforms

235

236 **Presentation slide 25:** Technology Platforms to Expand Pipeline

237 MorphoSys has a leading foundation in proprietary cutting edge antibody discovery platforms
238 and has continued to refine its drug discovery platforms over the years. The company is
239 committed to advancing its proprietary platforms to fill the Company's pipeline with a focus on
240 hematology-oncology and solid cancer.

241 But we are not standing still - last year we expanded our toolset with CyCAT, a very exciting
242 technology. Based on an agreement with Cherry Biolabs, we receive access to their innovative
243 hemibody technology. This technology could increase specificity and selectivity of tumor
244 targeting and enable a substantially enlarged therapeutic window.

245 Another new antibody format is our proprietary bispecific antibody technology. It is a new "2+1"
246 bispecific antibody format with physicochemical properties to simplify the development and
247 large-scale production of such molecules.

248 We believe that T-cell engaging molecules hold great promise and with CyCAT we have the
249 option to enhance the specificity of tumor targeting for these molecules. This can significantly
250 broaden our therapeutic approaches.

251 **Presentation slide 26:** Operational outlook

252

253 **Presentation slide 27:** Expected Newsflow 2021 and Beyond

254 With our efforts to build tafasitamab into the backbone in the treatment of non-Hodgkin's
255 lymphoma and to expand the development to different indications and geographies, we expect
256 several important updates on tafasitamab in the coming months and years. Incyte is advancing
257 regulatory submissions for tafasitamab in Canada and the EU. After the European Medicines
258 Agency assessment process started in May last year, we expect feedback on that this year.
259 We expect to continue clinical studies exploring tafasitamab in first line treatment as well as
260 combination studies. And we will share long-term data from the L-MIND study at upcoming
261 medical conferences.

262 For felzartamab, we anticipate phase 1/2 data from the M-PLACE study in patients with
263 membranous nephropathy this year and we expect that our partner I-Mab will submit a
264 biologics license application (BLA) in China for felzartamab for the treatment of multiple
265 myeloma in China.

266 Beyond 2021, we expect study results from programs being developed by our partners, such
267 as otilimab with GSK and gantenerumab with Roche.

268 MorphoSys is well positioned for the future. We are focused on executing on the Monjuvi
269 launch, establishing tafasitamab as a potential backbone of treatments for B-cell malignancies
270 and the expansion of our pipeline. We believe these efforts will drive long-term shareholder
271 value.

272 I would now like to hand over to Sung Lee to give you an overview on the finances.

273 **[Sung Lee takes over]**

274 **Presentation slide 28:**

275 Thank you, Jean-Paul for your comments on the operating business.

276 **Presentation slide 29:** 2020 financial results in line with financial guidance - EBIT
277 exceeded

278 The 2020 financial results were in line with the financial guidance updated in October 2020,
279 with EBIT exceeding expectations.

280 MorphoSys Group revenues amounted to 327.7 million euros for 2020, exceeding the upper
281 end of our updated guidance range of 317 to 327 million euros.

282 R&D expenses amounted to €141.4 million and slightly exceeded our forecast range of 130 to
283 140 million Euro.

284 EBIT reached 27.4 million euros, exceeding the guided range of 10 to 20 million euros.

285 **Presentation slide 30:** 2020 Consolidated income statement

286 Turning to the Income statement...

287 Group revenues for 2020 were €327.7 million, compared to €71.8 million in 2019. The large
288 increase was mainly driven by the collaboration and licensing agreement struck with Incyte in
289 early 2020.

290 Included in the full year revenues are €18.5 million from Monjuvi sales and 42.5 million Euro
291 royalties from net sales of Tremfya.

292 Cost of sales were €9.2 million in 2020, compared to €12.1 million in 2019.

293 R&D expenses were €141.4 million for 2020. Growth over 2019 reflects primarily the increased
294 investment to support the advancement of our proprietary programs and impairment charges
295 taken against legacy deals.

296 SG&A expenses were €159.1 million in 2020. The growth over 2019 was anticipated and driven
297 by the build out of the commercial infrastructure to prepare for and launch Monjuvi and
298 investment to support the overall growth of the business.

299 For 2020 we reported a consolidated net profit of €97.9 million compared to a net loss of €103.0
300 million in 2019. Profitability in 2020 was driven primarily by the recognition of €236.1 million as
301 part of the up-front consideration from our partner Incyte.

302 We ended the year with cash and investments of more than €1.2 billion compared to €357
303 million at the end of 2019. With our strong balance sheet and cash position we are well
304 capitalized to execute on our growth strategy.

305 **Presentation slide 31:** 2020 Consolidated balance sheet

306 As of December 31, 2020, we recorded total assets of € 1.66 billion, compared to €496 million
307 at the end of 2019.

308 At the end of 2020, our cash and investments including our investments in current and non-
309 current financial assets amounted to €1.24 billion.

310

311 **Presentation slide 32:** 3M 2021: Profit & Loss Statement

312 Now let's have a look at the figures for the first quarter of 2021.

313 Revenues from Monjuvi sales amounted to €12.9 million and royalty income from net sales of
314 Tremfya amounted to €11.6 million in the first three months.

315 Cost of sales were €5.0 million for the first three months of 2021, compared to €3.3 million in
316 the first quarter of 2020.

317 R&D expenses were €33.3 million for the first three months of 2021. Growth over 2020 reflects
318 primarily the increased investment to support the advancement of our proprietary programs.

319 Selling Expenses grew to €28.2 million for the first three months of 2021 as the company built
320 out its commercial infrastructure to launch Monjuvi and made investments to support the
321 overall growth of the business. General & Administrative expenses remained nearly
322 unchanged at €10.3 million for the first three months of 2021.

323 In the first three months of 2021 we reported a consolidated net loss of €41.6 million compared
324 to a net profit of €195.5 million in the first three months of 2020. Profitability in 2020 was driven
325 primarily by the recognition of €236.1 million as part of the up-front consideration from our
326 partner Incyte.

327 **Presentation slide 33:** Consolidated balance sheet March 31, 2021*

328 We recorded total assets of 1.65 billion euros at March 31, 2021, compared with 1.66 billion
329 euros at December 31, 2020.

330 We ended the first quarter with cash and investments of €1.22 billion compared to 1.24 billion
331 at the end of 2020.

332

333 **Presentation slide 34:** Financial outlook 2021

334 Turning to our guidance for 2021:

335 We anticipate Group revenues to be in the range of €150 million to €200 million. This forecast
336 includes the recently announced €16 million milestone payments from GSK. The range also
337 captures the potential for variability from the first full year of the Monjuvi product launch and
338 the impact from the pandemic which we believe will be greater in the first half of this year.

339 As part of the group revenues, we expect a moderate year to year growth of royalty revenue
340 from Tremfya. The guidance does not include other potential significant milestones from
341 development partners.

342 We expect operating expenses, excluding cost of sales, to be in the range of €355 to €385
343 million with R&D expenses expected to comprise 45 to 50 percent of this range. R&D
344 investments will be focused on the continued development of tafasitamab and felzartamab,
345 early-stage development programs, and further development of our technologies.

346 As our income statement evolves due to the growth and prominence of certain categories, we
347 will adapt accordingly and provide guidance on the measures we believe are helpful to the
348 investment community...this could include net product sales.

349

350 **Presentation slide 35:** MorphoSys Shareholder Structure

351 Most of the shares currently in circulation are held by institutional investors, and in many cases
352 by specialists in the healthcare sector.

353 Overall, we have a good mix in terms of regional distribution in our shareholder base. Based
354 on a recent survey of the shareholder structure, we currently assume that around 32% of our
355 shareholders are institutional investors from the USA, a slight decrease compared with the
356 previous year. Approximately 28% of investors are from Germany, 18% from the UK, and 12%
357 from the rest of Europe. The remaining balance is distributed over the rest of the world or
358 could not be allocated.

359 Baillie Gifford & Co. is currently our largest single investor with a reported 8.18% ownership.
360 Another major investor is Artisan Partners with 4.35% ownership.

361 **Presentation slide 36:** Development of the Group workforce in 2020

362 Let's now turn to the number of employees in our Company. At the end of 2020, the MorphoSys
363 Group employed 615 people, an increase of 89 employees compared to the end of the previous
364 year.

365 The percentage of females in the MorphoSys workforce is traditionally high and remained
366 unchanged at approximately 58%.

367 At the End of March 31, 2021, the MorphoSys Group employed 609 people, slightly down due
368 to employee turnover but still significantly more than in the first three months of 2020, when
369 we had 439 employees.

370 **Presentation slide 37:** Use of capital authorizations in 2020

371 This slide provides a short overview on the utilization of authorized and conditional capital in
372 2020.

373 Under the terms of the agreement with Incyte, Incyte invested \$150 million in new MorphoSys
374 American Depositary Shares, or ADSs. MorphoSys therefore increased its share capital in
375 March 2020 by issuing 907,441 new ordinary shares to enable Incyte to purchase
376 approximately 3.6 million ADSs. One American Depositary Share represents one-fourth of a
377 MorphoSys ordinary share.

378 From the conditional capital 2008-III, 24,647 shares were issued to exercise convertible bonds
379 that have been granted to the Management Board and certain employees.

380 In October 2020, MorphoSys placed unsubordinated, unsecured convertible bonds for €325
381 million from the conditional capital 2016-I on the market that will be maturing on October 16,
382 2025. We cannot tell at the moment how many bonds will be converted into shares as the
383 number will depend on the development on the share price in the future.

384 Thank you for your attention, and I'll now return the floor to Mrs. Vermeulen.

385 **Presentation slide 38:** Back to the agenda