UroGen™ Pharma

INVESTOR DAY

SEPTEMBER 24, 2019

OPENING REMARKS

ARIE BELLDEGRUN, MD, FACS

Chairman, UroGen Pharma

LIZ BARRETT

Chief Executive Officer, UroGen Pharma

FORWARD LOOKING STATEMENTS

This investor presentation contains forward-looking statements as that term is defined in the Private Securities Litigation Reform Act of 1995, including, without limitation: the potential of UGN-101 for LG UTUC; the timing for completion of the rolling NDA for UGN-101; the potential approval of UGN-101 and the timing thereof; the expectation that UGN-101, if approved, will be the first drug approved for the non-surgical treatment of LG UTUC; the timing for completion of pre-commercial activities and infrastructure build-out in anticipation of a potential commercial launch of UGN-101; the expected readiness of UroGen for a potential commercial launch of UGN-101 in 1H 2020 and the strength and timing of the potential commercial launch of UGN-101; plans for distribution and product packaging for UGN-101; plans for the retention of field-based personnel in support of the launch of UGN-101; the potential of UroGen's proprietary RTGel™ technology platform to improve therapeutic profiles of existing drugs; the opportunity and potential of UGN-102 for LG NMIBC; plans to commence a pivotal trial for UGN-102 in LG NMIBC in 2020; UGN-102's potential to replace current standard of care in LG NMIBC; plans to initiate a Phase 1 study with UGN-201; UroGen's anticipated status relating to Q3' 2019 financial guidance; plans to build a sustainable growth company; projections of revenue opportunities in markets of interest; plans to develop a global footprint; plans with Janssen to conduct an early stage feasibility evaluation in an area of mutual interest; and the anticipated completion of a Phase 2 trial of RTGel with Botox. These statements are subject to a number of risks, uncertainties and assumptions, including, but not limited to: the timing and success of clinical trials, including the OLYMPUS Phase 3 trial and the OPTIMA II Phase 2b trial and potential safety and other complications thereof; the ability to obtain regulatory approval within the timeframe expected, or at all; the ability to maintain regulatory approval; complications associated with achieving commercial readiness for the launch of a new product; the labeling and packaging for any approved product; the scope, progress and expansion of developing and commercializing UroGen's product candidates; the size and growth of the market(s) therefor and the rate and degree of market acceptance thereof vis-à-vis alternative therapies; and UroGen's ability to attract or retain key management, members of the board of directors and personnel. In light of these risks and uncertainties, and other risks and uncertainties that are described in the Risk Factors section of UroGen's Form 10-Q filed with the SEC on August 9, 2019, and other filings that UroGen makes with the SEC from time to time (which are available at http://www.sec.gov), the events and circumstances discussed in such forward-looking statements may not occur, and UroGen's actual results could differ materially and adversely from those anticipated or implied thereby. Any forward-looking statements speak only as of the date of this presentation and are based on information available to UroGen as of the date of this presentation.

AGENDA

- Opening Remarks
  Arie Belldegrun, MD, FACS, Chairman
- UroGen: Building a Growth Company
  Liz Barrett, CEO
- Clinical Update
  Mark Schoenberg, MD, CMO
- Innovation in Practice: KOL Panel and Q&A
  Mark Schoenberg (Moderator), MD, CMO
  Karim Chamie, MD, MSHS
  Jennifer Linehan, MD
  Phil Pierorazio, MD
  Sandip Prasad, MD
  Dan Saltzstein, MD
- Management Q & A
  Liz Barrett, Mark Schoenberg, Peter Pfreundschuh, Jeff Bova + Extended Team
- Closing Remarks
  Liz Barrett, CEO

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OUR TEAM

Leadership


Liz Barrett
Chief Executive Officer


Peter Pfreundschuh
Chief Financial Officer


Mark Schoenberg, MD
Chief Medical Officer


Stephen Mullennix
Chief Operating Officer


Jeff Bova
SVP, Commercial


Woody Bryan, PhD
SVP, Business Development


Marina Konorty, PhD
SVP, R&D & Head of Israel Operations


Jim Ottinger, RPh
SVP, Regulatory Affairs


Elyse Seltzer, MD
SVP, Clinical Development

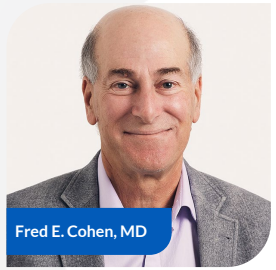

John O'Reilly
VP, Associate General Counsel


Dalit Strauss-Ayali
VP, Non-clinical Research, Science, Discovery

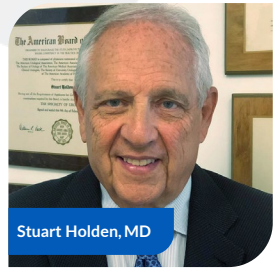
Board of Directors


Arie Belldegrun, MD, FACS


Cynthia Butitta


Fred E. Cohen, MD


Kate Falberg


Stuart Holden, MD


Ran Nussbaum


Shawn C. Tomasello

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UROGEN: BUILDING A **GROWTH COMPANY**

- RTGel™ Technology
- Near-Term Catalysts
  - UGN-101
    - The Road to Anticipated Launch
  - UGN-102
  - UGN-201
  - Collaborations/Partnerships
- Long-Term Strategy
- Leading in Uro-Oncology & Beyond

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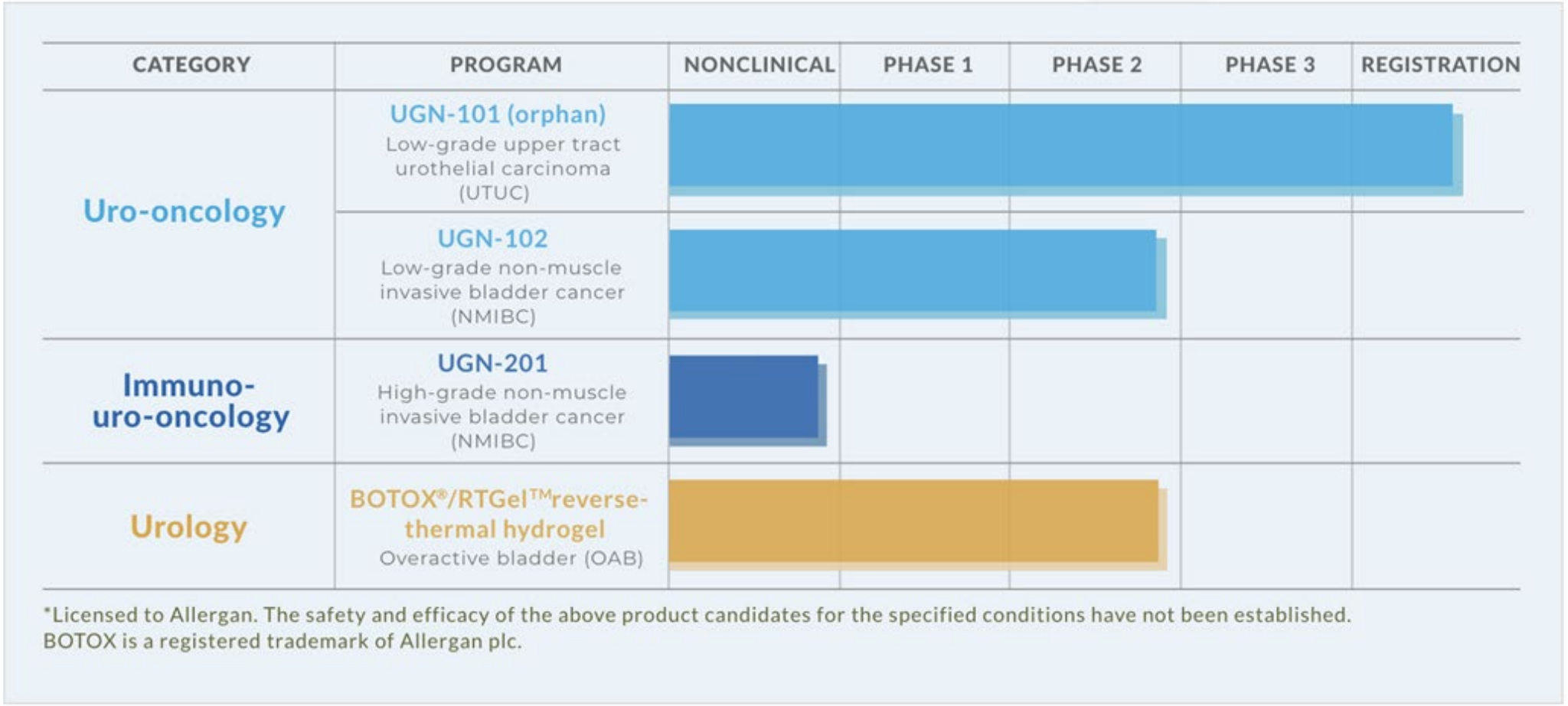
RTGel™ TECHNOLOGY

RTGel TECHNOLOGY IS NOT COMMERCIALLY AVAILABLE. THE SAFETY AND EFFECTIVENESS OF UROGEN'S INVESTIGATIONAL PRODUCT CANDIDATES THAT UTILIZE RTGel TECHNOLOGY HAVE NOT BEEN ESTABLISHED. FOR ILLUSTRATIVE PURPOSES ONLY.

STRONG MOMENTUM ACROSS PIPELINE



*Licensed to Allergan. The safety and efficacy of the above product candidates for the specified conditions have not been established.
BOTOX is a registered trademark of Allergan plc.

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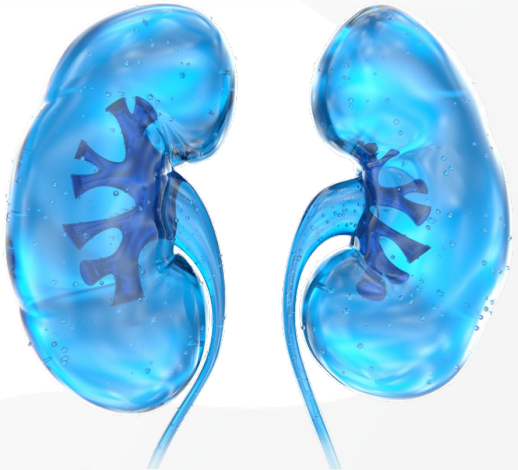
UNLOCKING THE URO-ONCOLOGY MARKET

LOW-GRADE UPPER TRACT UROTHELIAL CARCINOMA (UTUC)



~6,000 – 7,000 addressable population

No available FDA-approved medicines

LOW-GRADE NON-MUSCULAR INVASIVE BLADDER CANCER (NMIBC)

~80,000 intermediate-risk LG NMIBC

Last drug approved >15 years ago

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KEY ACCOMPLISHMENTS IN 2019

- Completed phase III OLYMPUS trial for UGN-101 in LG UTUC; obtained breakthrough therapy designation and advanced rolling submission with FDA
- Fully enrolled phase **2b study of UGN-102** in intermediate-risk low-grade NMIBC and conducted interim analysis
- Enhanced the pipeline with UGN-201 preclinical work and announcement of the **early-stage feasibility agreement** with Janssen
- Organizational and commercial readiness for anticipated launch of UGN-101
- Developed long-term vision and strategy for sustainable growth
- **Strong cash position** and delivery of guidance

Established RTGel™ as the first innovation UroGen expects to bring to market

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OUR PIPELINE: **UGN-101**

Low-grade upper tract urothelial carcinoma (LG UTUC)

UGN-101 is an investigational agent. The safety and effectiveness of UGN-101 have not been established.

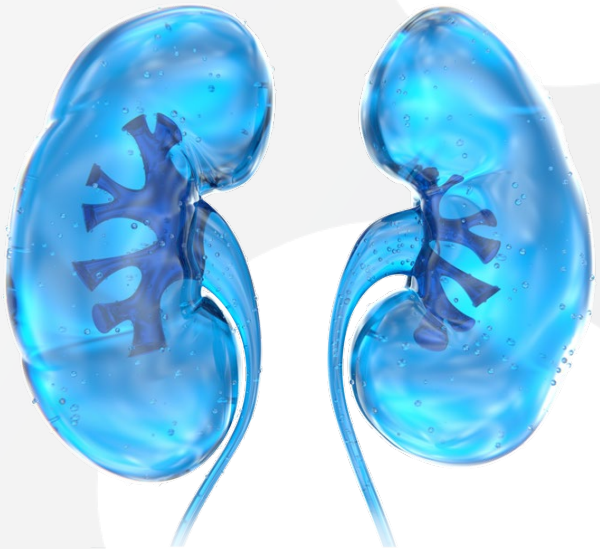
UROTHELIAL CARCINOMA
COMMON, COSTLY CANCER WITH SIGNIFICANT QOL IMPACT

Urothelial carcinoma (UC) is the **9th most common** cancer globally[1]

UC is the **most costly cancer** in the US health care system on a per-patient basis[1]

LOW-GRADE UPPER TRACT UROTHELIAL CARCINOMA (UTUC)

Cancer that happens in the lining of the kidneys or the ureters



LOW-GRADE UTUC

- Kidney-sparing treatments are achievable and may decrease overtreatment and loss of renal units
- 70%-80% of LG UTUC patients receive nephroureterectomies

Yeung et al. (2014) Pharmacoeconomics

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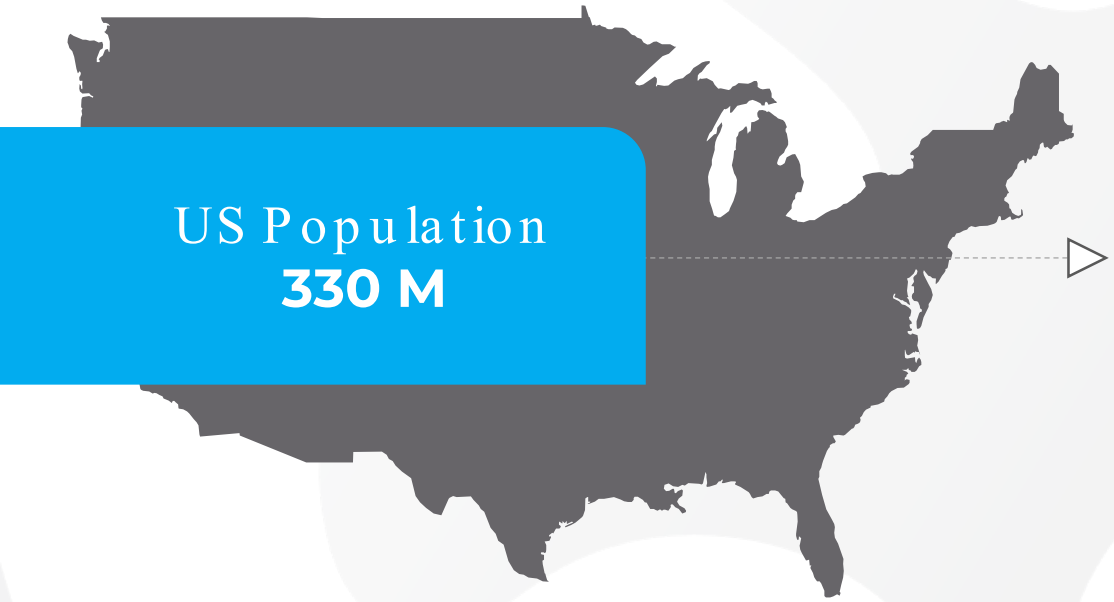
POTENTIAL OPPORTUNITY IS ~6,000 US PATIENTS



US Population
330 M

LG UTUC
Prevalence:
15,000-18,000

Newly Incident:
2,500-2,700

Recurrent:
3,000-4,000

Remission:
10,000-11,800

~6,000 potential patients annually.

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UPDATED **UGN-101** TOPLINE

	RESPONSE RATE	
	Overall (n=71)	**Endoscopically Unresectable Tumors 48% (34/71)**
CR Rate	59%	59%
6-month CR Durability*	89%	85%
12-month*	84%	84%

- Majority of adverse events were reported as mild or moderate
- Serious adverse events occurred in 36.6% of patients, most notably ureteric stenosis, hydronephrosis, flank pain, and urosepsis

❖ More complete discussion of UGN-101's efficacy and safety profile is reserved for clinical presentation.

*Kaplan-Meier Analysis

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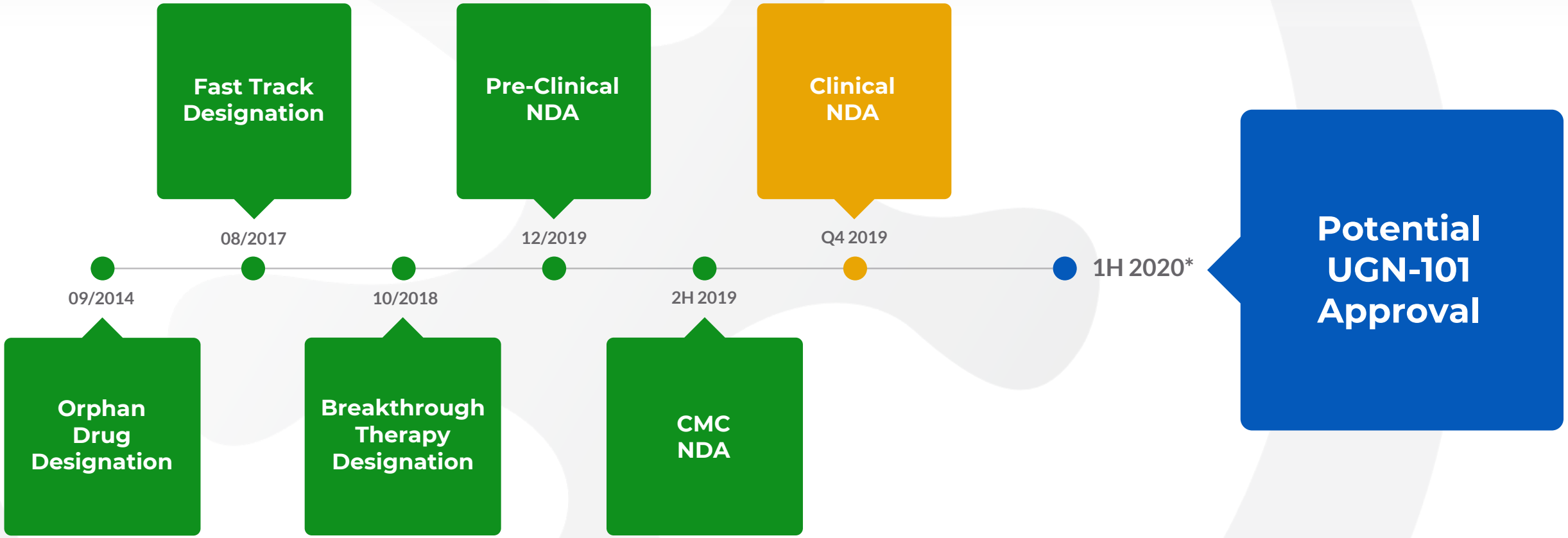
ON TRACK FOR NDA SUBMISSION: ROADMAP TO ANTICIPATED FDA APPROVAL OF UGN-101



*Assumes 6-month PDUFA based on Fast Track & Breakthrough Therapy Designations

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THE ROAD TO ANTICIPATED LAUNCH: **UGN-101**

Focusing on and planning for the anticipated approval

ORGANIZATIONAL READINESS: UROGEN IS ON TRACK TO BE LAUNCH READY FOR UGN-101 BY JANUARY 2020

LAUNCH READINESS

PREPARE THE *MARKET*

- ✓ Field Medical Team hired and active
- ✓ Field National Account Directors calling on payers
- ✓ Increased awareness in urology community

PREPARE THE *BRAND*

- ✓ Distribution strategy set and brand name selected
- ✓ Reimbursement support HUB established

PREPARE THE *COMPANY*

- ✓ Full commercial leadership team hired
- ✓ Field leadership team hired and recruiting sales force

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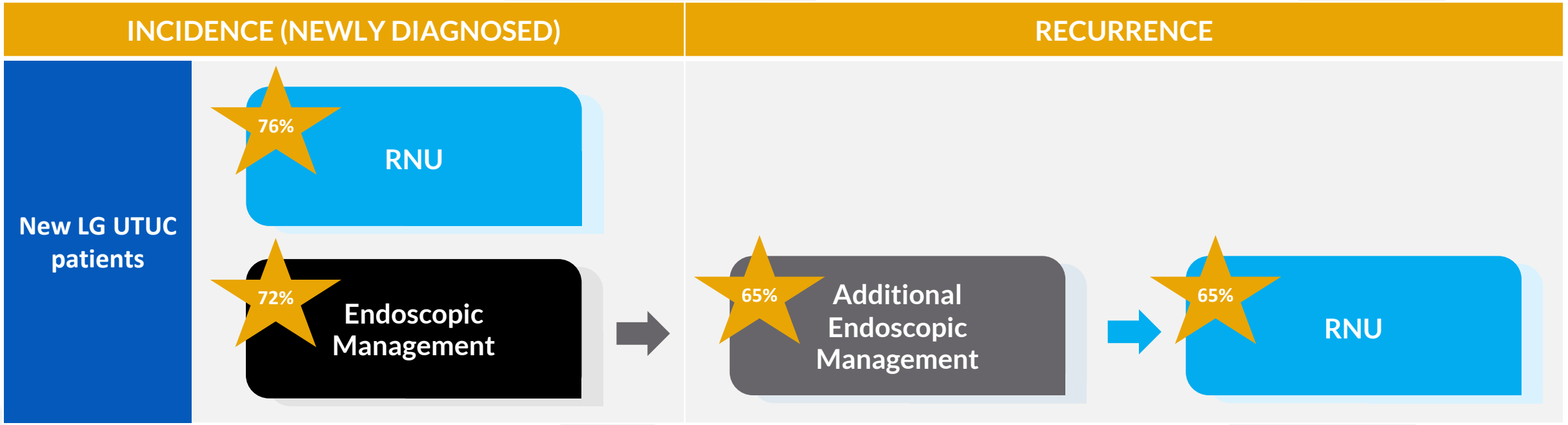
UGN-101 OPPORTUNITY: UROLOGISTS RECOGNIZE THE NEED TO DELAY RADICAL SURGERY, AND IDENTIFY MULTIPLE OPPORTUNITIES TO INCORPORATE UGN-101 INTO THEIR TREATMENT OF LG UTUC, FOLLOWING ANTICIPATED FDA APPROVAL

Treatment Continuum: Low-Grade UTUC



★ = Percent of urologists who are "likely/very likely to use" UGN-101 in each specific setting.

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CREATIVE SOLUTIONS TO REMOVE BARRIERS

UGN-101 Awareness	• Hire experienced field teams with **expertise in uro-oncology, rare disease** • Strong **marketing awareness** efforts • **Real-time patient alerts** where possible
Ensure Reimbursement Confidence	• **Early Payer engagement** -- National Account Directors in field 2019 • **Dedicated team of Field Reimbursement Managers + independent HUB services** to support appropriate coding, benefits verifications, issue resolution
Product Distribution	• **National Pharmacy partner** will provide pre-mixed formulation to urology clinics • **All-in-one convenience kit** will be provided to hospital pharmacies who prefer to self-mix

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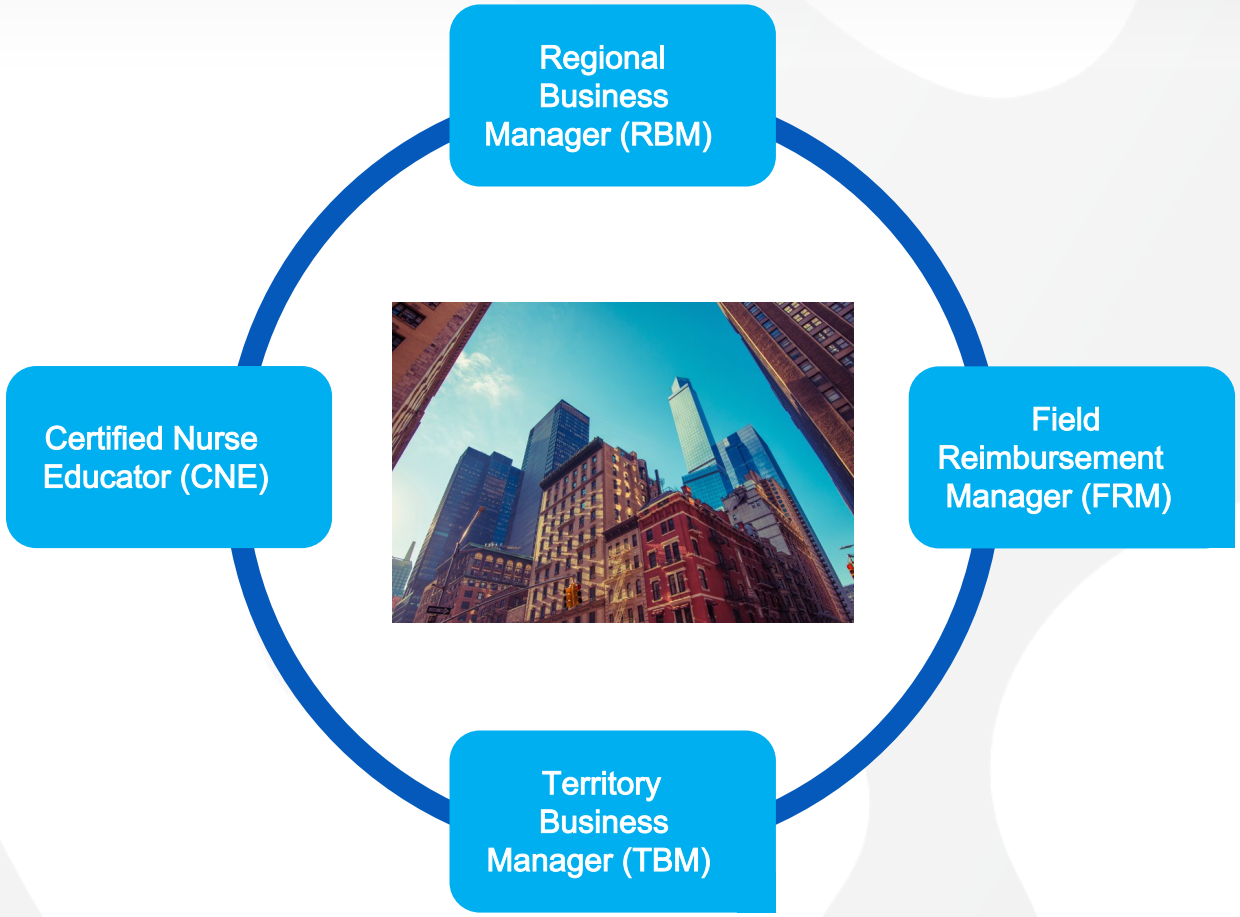
ROLES TO SUPPORT ACCOUNT-BASED APPROACH

33% OF ACCOUNTS HAVE 90% OF THE PATIENT POTENTIAL



7 RBM: Regional Business Manager

Responsible for all commercial activity

48 TBM: Territory Business Manager

Customer lead and demand generation

7 FRM: Field Reimbursement Manager

Account experts on billing and coding

7 CNE: Certified Nurse Educator

Provide technical training and support for mixing and product instillation

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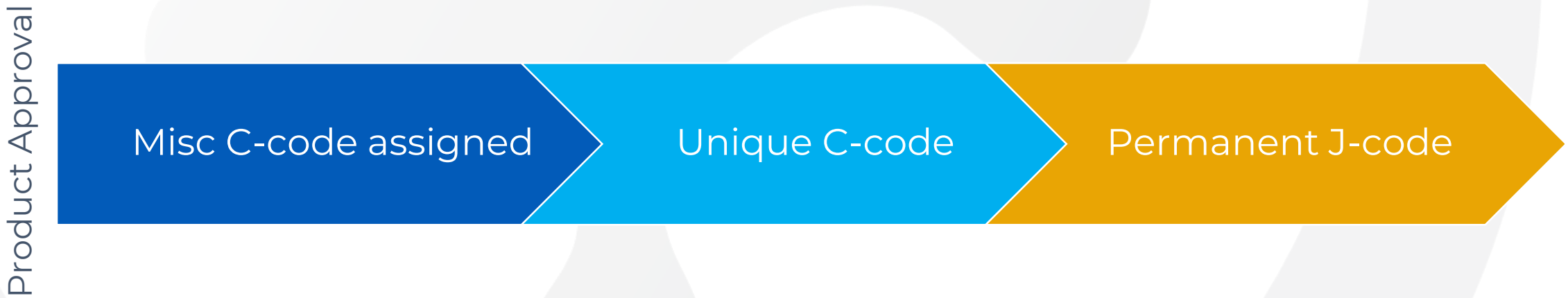
UGN-101 TREATMENT IS EXPECTED TO **FIT WELL** INTO EXISTING PHYSICIAN REIMBURSEMENT MODELS

- **Professional fee:** Physicians expected to utilize existing CPT codes for UGN-101 instillation
- **Technical fee:** Hospitals and surgery centers expected to use existing codes for facility reimbursement
- **Product reimbursement:** UGN-101 will ultimately be reimbursed via a product-specific **J-Code**. In the interim, a **C-Code** will be utilized to facilitate smooth reimbursement in the hospital/ASC setting



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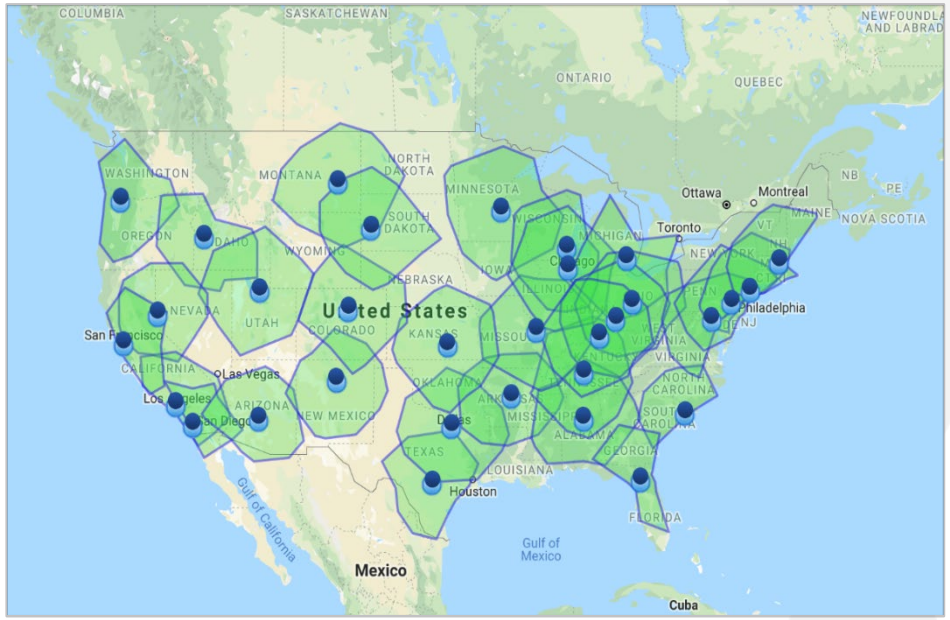
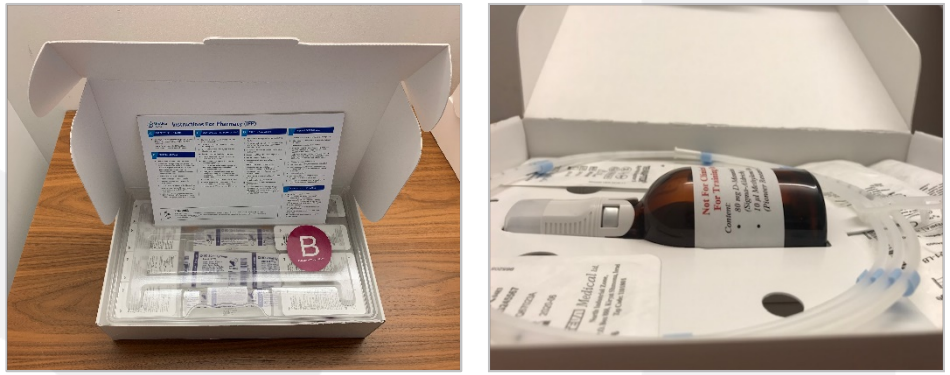
PLANNED UGN-101 ALL-IN-ONE KIT: MAKING UGN-101 PREPARATION AND ADMINISTRATION CONVENIENT FOR PRACTITIONERS

Network of pharmacies will be established to ensure delivery of pre-mixed product to all practitioners needing mixing services



All-in-one kit will be available to any practice in the US



Packaging Prototype

UroGen will coordinate all logistics through a reimbursement support center for a seamless customer experience

*The UGN-101 All-In-One Kit remains subject to ongoing internal development and future FDA evaluation. FDA approved packaging for UGN-101 may differ from current planned packaging.

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EXPERIENCED TEAM IS PRIMED FOR LAUNCH UPON APPROVAL

- ✓ Hired an internal team with a **track record of success** in oncology
- ✓ Hired a veteran sales force leadership team with **deep uro-oncology relationships**
- ✓ Consulted with our customers, and we are **ready to deliver** on their needs
  - HCPs
  - Pharmacists
  - Payers
- ✓ Launched a **successful** disease education campaign
- ✓ **Tested and validated** a launch campaign with urologists
- ✓ Developed **partnerships** with seasoned vendors

✓ Aligned and prepared for **launch readiness January 2020**

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OUR PIPELINE: **UGN-102**

Low-grade non-muscle invasive bladder cancer (LG NMIBC)

UGN-102 is an investigational agent. The safety and effectiveness of UGN-102 have not been established.

UGN-102 TOPLINE

UGN-102 enrollment complete ahead of schedule

- CR 63%*

**Interim CR based on half of patients*

Safety: Most AEs mild to moderate in severity, related to local tolerability, no related SAEs

- More complete discussion of UGN-102's efficacy and safety profile is reserved for clinical presentation.

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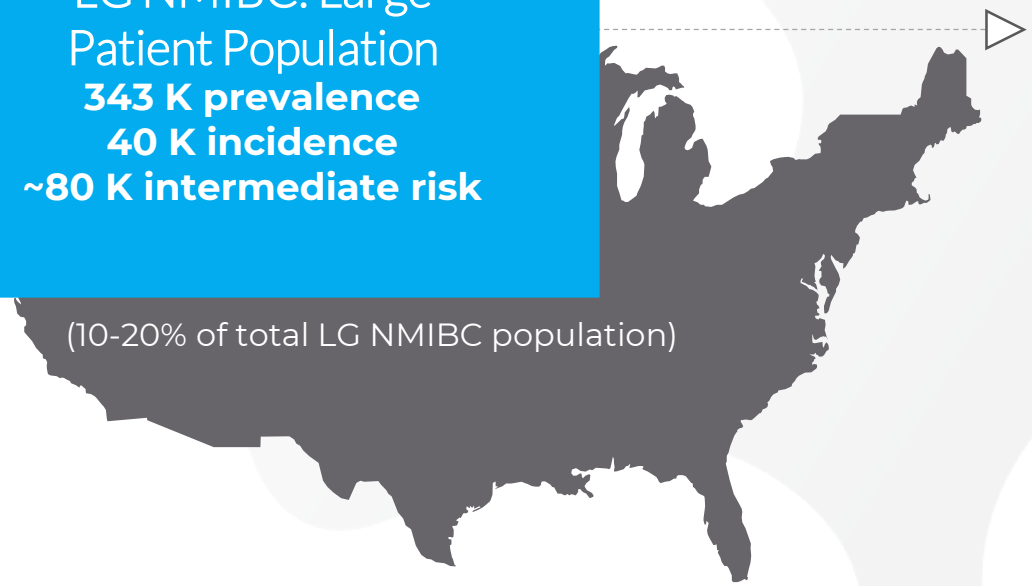
BLADDER CANCER MARKET OPPORTUNITY

POTENTIAL TO BE THE FIRST PRIMARY NON-SURGICAL CHEMOABLATIVE THERAPY FOR BLADDER CANCER

LG NMIBC: Large Patient Population

343 K prevalence
40 K incidence
~80 K intermediate risk



(10-20% of total LG NMIBC population)

Surgical SOC with high relapse rate for intermediate risk

High rate of relapse after TURBT (SOC)

Drug therapy outdated, unused

Drugs currently used **only as adjuvant** after surgery

UGN-102: POTENTIAL TO REPLACE SOC:
Moves care from **OR to office/ASC** with a potential to **decrease cost** and morbidity of contemporary therapy

SEER Data – US
UGN-102 is an investigational product candidate not approved by the FDA

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OUR PIPELINE: **UGN-201**

UGN-201 is an investigational agent. The safety and effectiveness of UGN-201 have not been established.

UGN-201 PROVIDES US WITH **MULTIPLE SHOTS** ON GOAL

- UGN-201 is a TLR 7/8 agonist that is believed to stimulate innate and adaptive antitumor immunity. It likely works in conjunction with other potent immunoregulatory molecules
- Preclinical experiments as monotherapy and in combination with checkpoint inhibitors provide signals of efficacy
- Plan is to optimize combinations and move into human studies as soon as is feasible

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COLLABORATIONS & PARTNERSHIPS

ADVANCING LOCAL DELIVERY THROUGH STRATEGIC COLLABORATIONS

Strategic collaborations in urology and oncology

ALLERGAN™
Overactive bladder (phase 2)

JANSSEN™
Early-stage feasibility evaluation

RTGel has the potential to provide meaningful improvement over the current standard of care across urologic cancers and beyond

*The above trademarks are the property of their respective owners.

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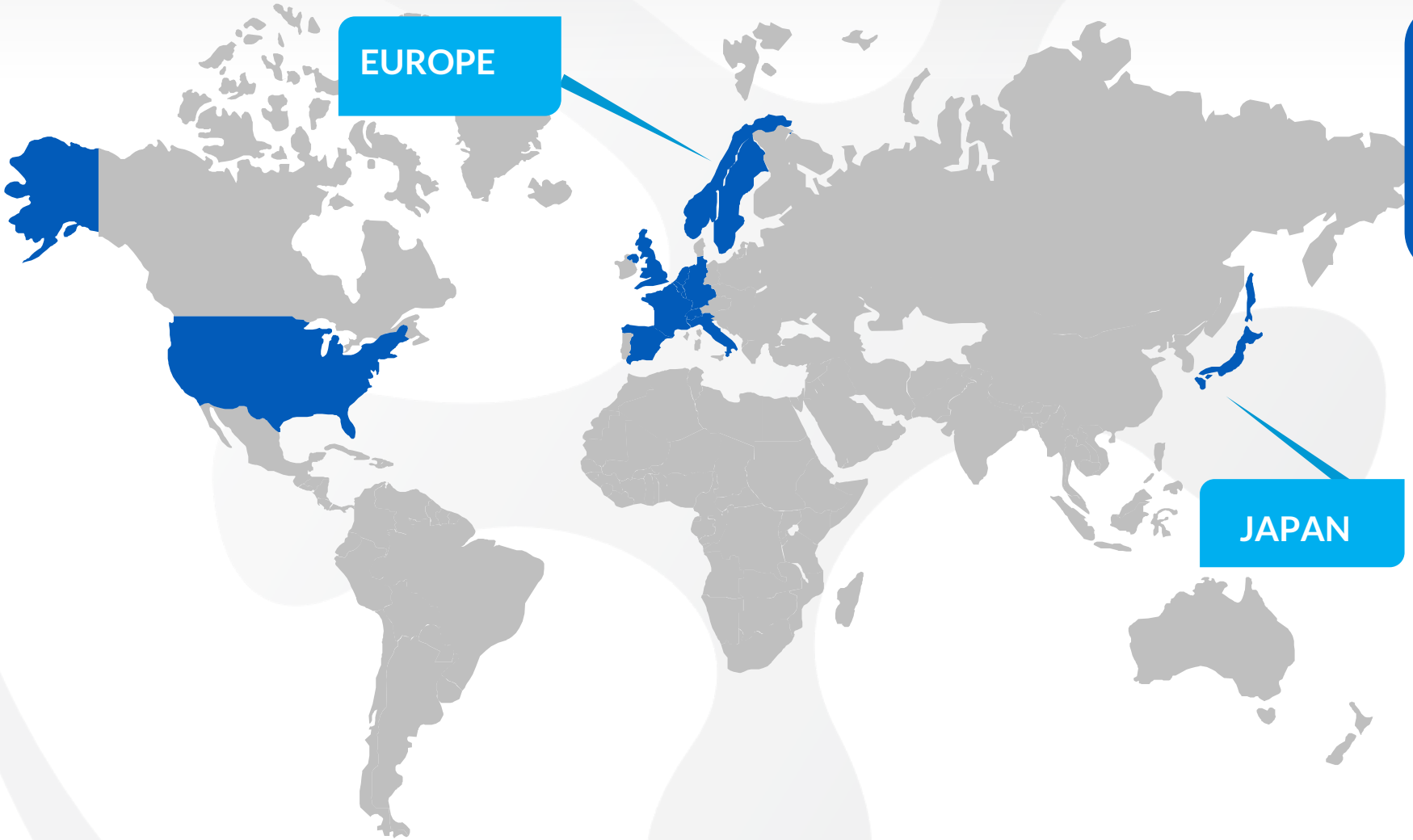
BUILDING UROGEN'S **GLOBAL FOOTPRINT**



* Gathering data for EU and Japan

* Develop plan and decide on next steps-License/partner

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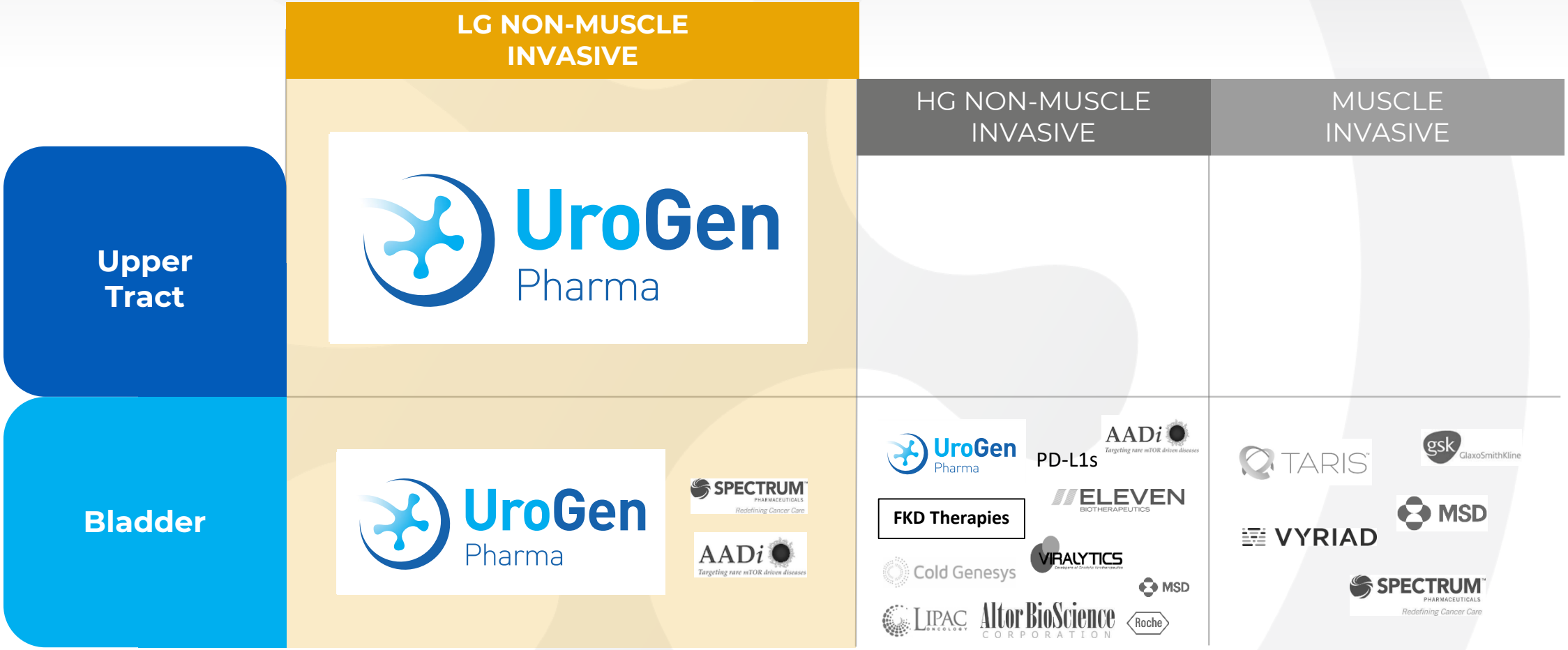
LEADING IN **URO-ONCOLOGY & BEYOND**

Building a growth company starts with the unmet need

UROGEN LEADERSHIP POSITION IN LOW-GRADE UROLOGIC DISEASE



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UGN-101 & **UGN-102** ADVANCE SOC AND PROVIDE A **STRONG FOUNDATION TO BUILD A SUSTAINABLE COMPANY**

DRIVING INNOVATION IN URO-ONCOLOGY WITH **RTGEL**

LG UPPER TRACT UROTHELIAL CANCER

UGN-101 (LG)
Phase 3
*Annual US addressable market: ~**6 K***

LG NON-MUSCLE INVASIVE BLADDER CANCER

Intermediate-Risk LG-NMIBC Phase 2B
*Annual US addressable market: **~80 K***

~$1 BILLION POTENTIAL PEAK REVENUE OPPORTUNITY

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WE **BUILD NOVEL SOLUTIONS** TO TREAT SPECIALTY CANCERS AND UROLOGIC DISEASES BECAUSE **PATIENTS DESERVE BETTER**

ADDRESS CHALLENGING DISEASE WITH TRANSFORMATIVE THERAPIES

Addressing ***high unmet need diseases*** *in* ***Urology & gyn/GI cancers***

Must advance SOC

MAXIMIZE BENEFIT OF LOCAL DELIVERY

Leverage ***RTGel capabilities and expertise*** where unique solutions are needed to overcome anatomical and biological barriers

Opportunistically gain access to additional delivery platforms

PATIENT CENTRICITY

Ensure patients who can benefit from our ***medicines*** have ***access*** to them.

Provide a **holistic approach** with tools that help patients manage their disease and live their ***best lives*** possible

NIMBLE, SOLUTION-ORIENTED ORGANIZATION

Through our ***nimble approach***, UroGen is designed to develop and commercialize medicines faster and more efficiently while creating a dynamic environment for employees

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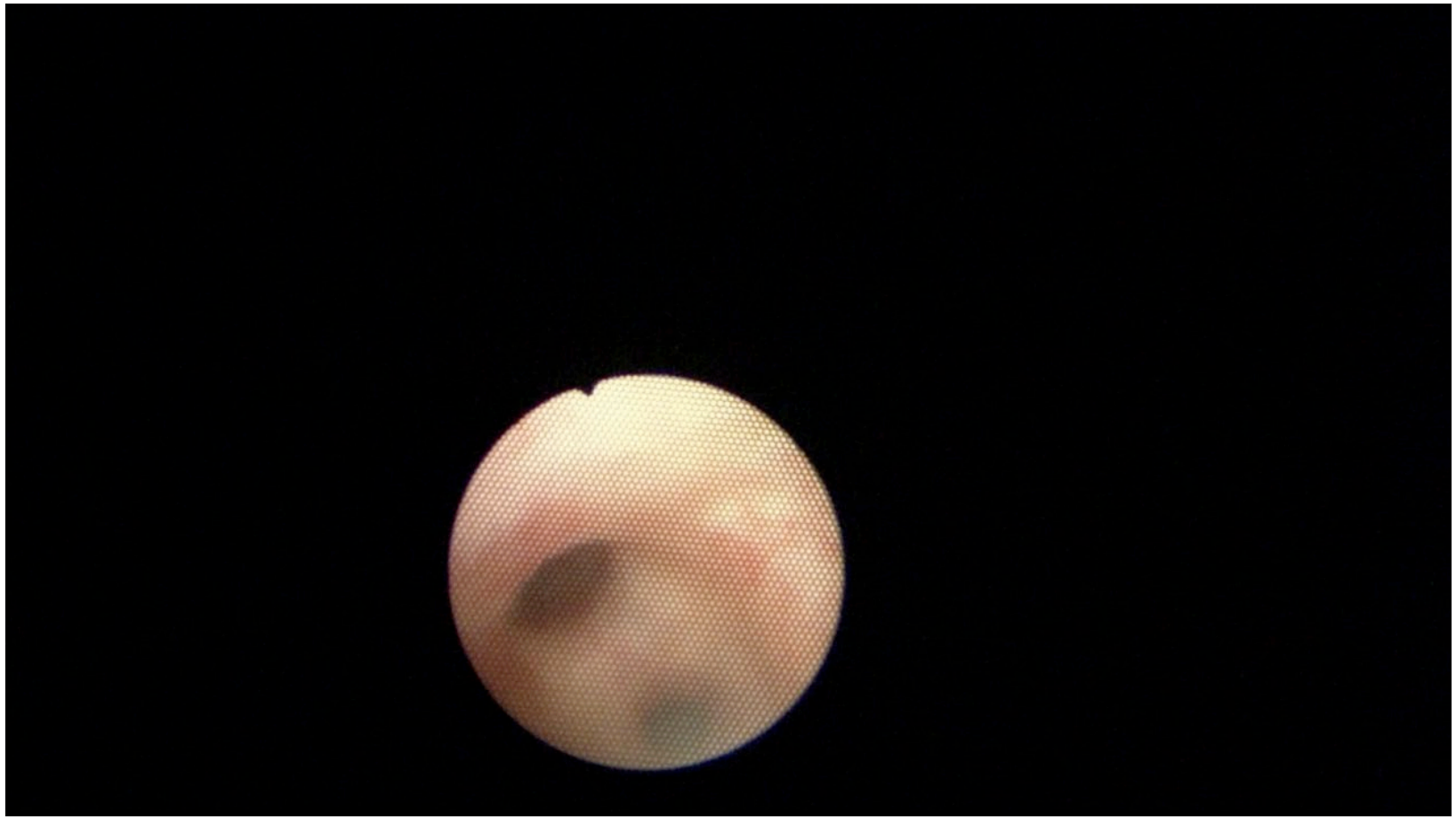
CLINICAL UPDATE: UGN-101, UGN-102, UGN-201

MARK SCHOENBERG, MD

Chief Medical Officer, UroGen Pharma

LASER RESECTION OF LG UTUC



Courtesy of Dr. Scott Hubosky, Dept. of Urology, Jefferson University, Philadelphia, PA

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DEFINING LOW-GRADE VERSUS HIGH-GRADE DISEASE

LOW GRADE

- Chronic relapse
- Current treatment
  - Repetitive surgery
  - Risks
  - Incidence: 42 K
  - Prevalence: ~500 K

HIGH GRADE

- Progression
  - Metastasis & death
- Current treatment:
  - TURBT
  - BCG
  - Clinical trials
  - RCP/TMT
- Incidence: ~18 K
- Prevalence: ~200 K

BCG is not used in low-grade disease

THE UNMET MEDICAL NEED IN LG UTUC

70%-80%

will lose
their kidney

RNU is a major surgery with complications

Repetitive endoscopic ablation

- Average time to recurrence: 6 months
- Treats visible disease but not occult disease

Elderly patient population

Complications associated with loss of kidney

- Chronic renal insufficiency
- Risk of dialysis
- Exacerbation of comorbidities (eg, cardiac disease)

45% of patients have unresectable tumors at presentation

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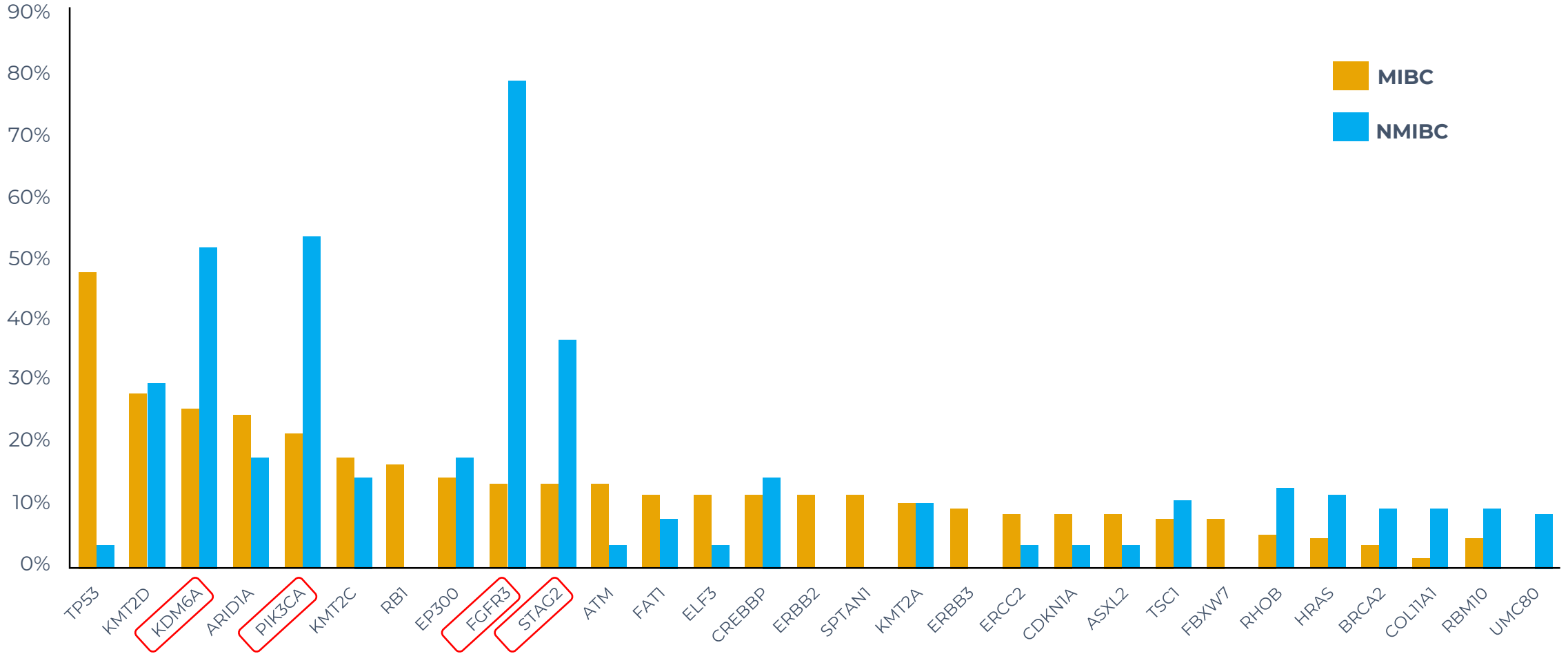
THE MUTATIONAL LANDSCAPE OF UCB DEMONSTRATES MAJOR DIFFERENCES IN INVASIVE AND NON-INVASIVE DISEASE



Hurst & Knowles (2017) Urol Oncol

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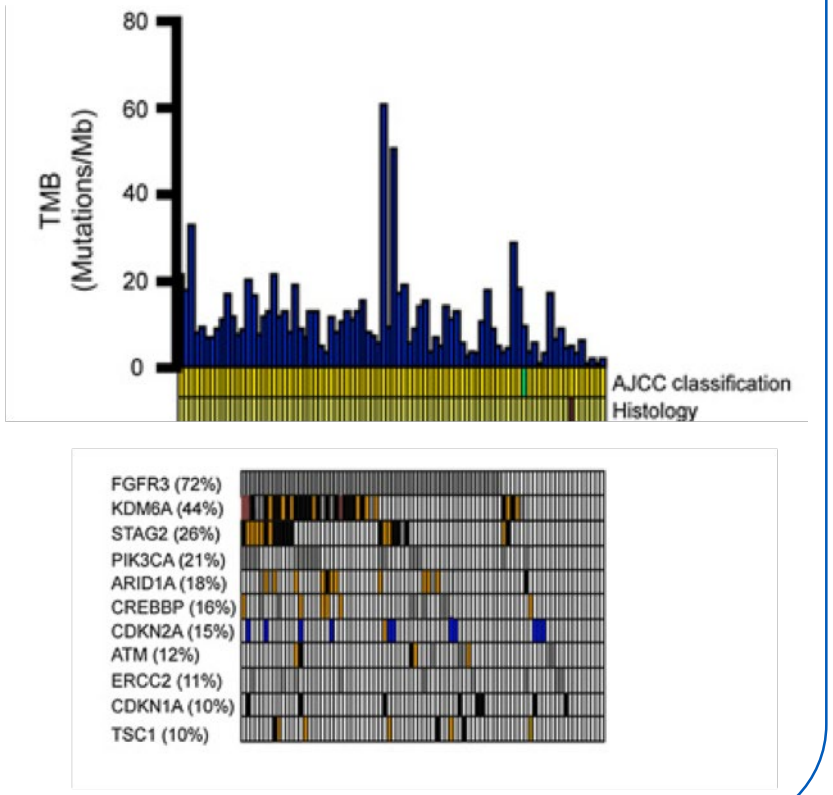
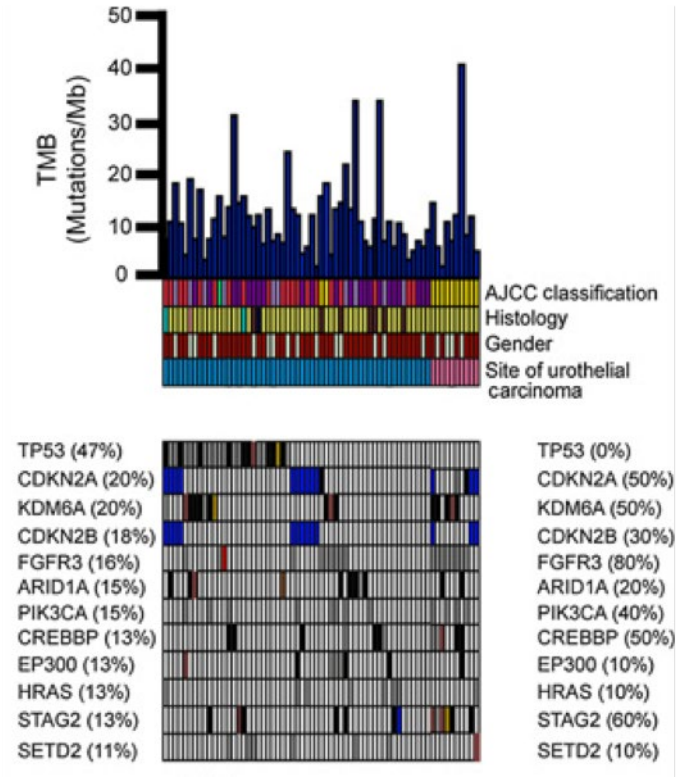
MOLECULAR PROFILING REVEALS: LG BC=LG UTUC

LG-NMIBC (n=82)



IBC (n=126)



Nassar et al. (2019) Clin Ca Res.

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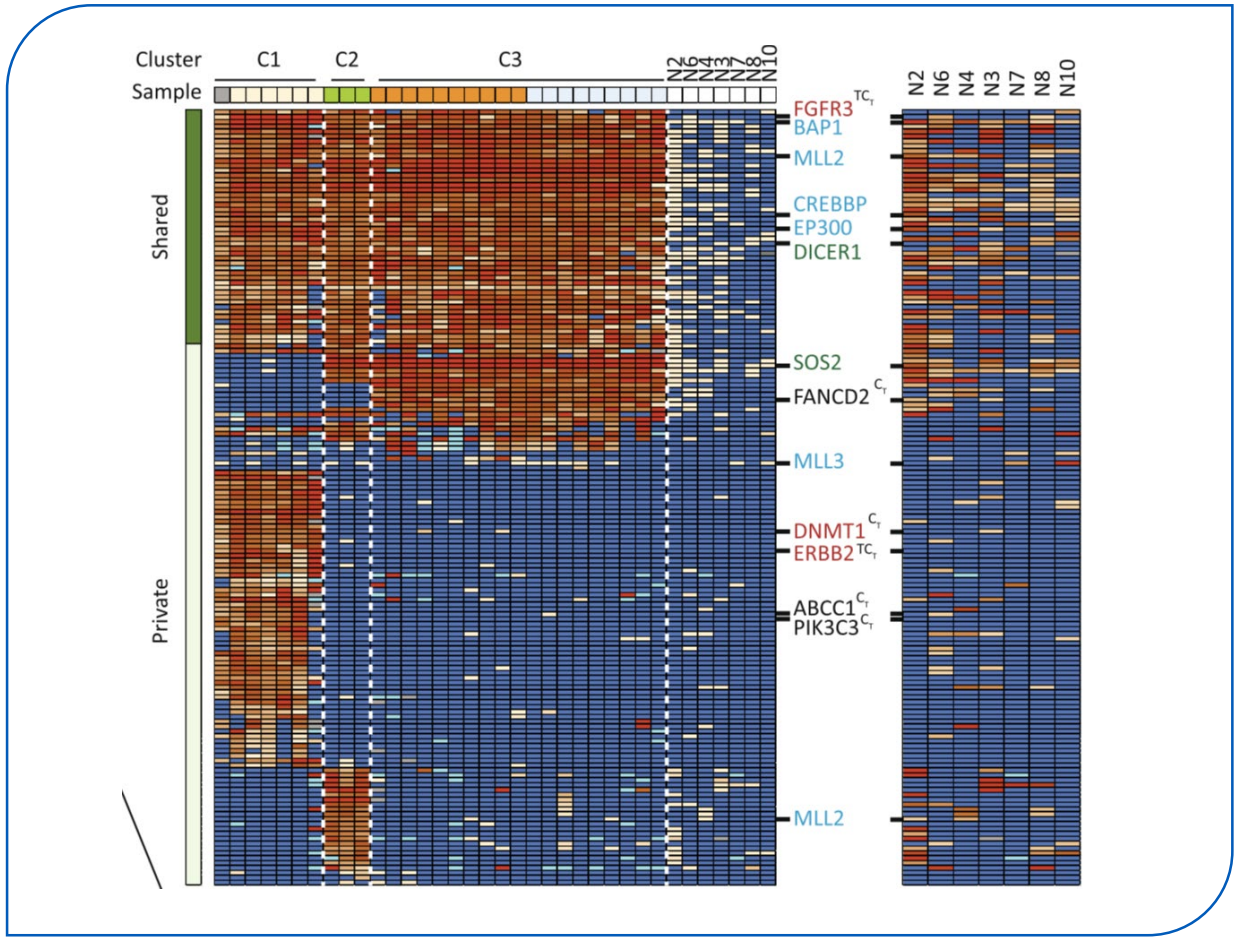
MOLECULAR ANALYSIS REVEALS "NORMAL TISSUE" HARBORS CANCER MUTATIONS



Thomsen et al. (2017) Nature/Scientific Reports

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OLYMPUS TRIAL

Enrollment Criteria

- New & recurrent LG UTUC
  - Solitary or multifocal
- Renal pelvis
- 5 mm-15 mm
- No HG, CIS
  - Cytology negative for HG
- Partial resection permitted

Rationale

- LG UTUC like LG NMIBC
- Anatomic complexity
- Limitation of current tools
- RNU ~70%-80%

Goal: Decrease renal loss and avoid repetitive surgery

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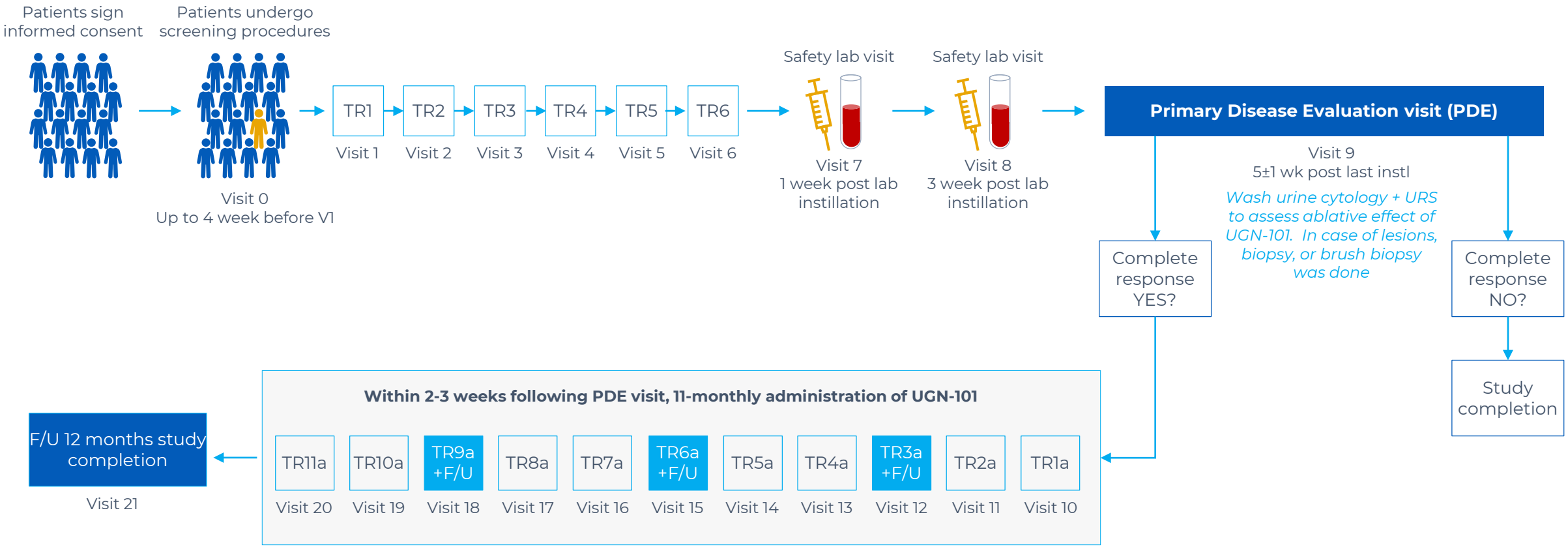
STUDY FLOW CHART FOR PROTOCOL TC-UT-03



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OLYMPUS STUDY DATA SUMMARY (DATABASE LOCK: 5/22/19)

74 enrolled
71 treated
87% Caucasian
68% male
75% >65 yo

	RESPONSE RATE*	
	Overall (n=71)	Endoscopically unresectable tumors 48% (34/71)
CR rate at PDE	**59% (42/71)**	**59% (20/34)**

*76% of CR cohort through 6-month follow-up.

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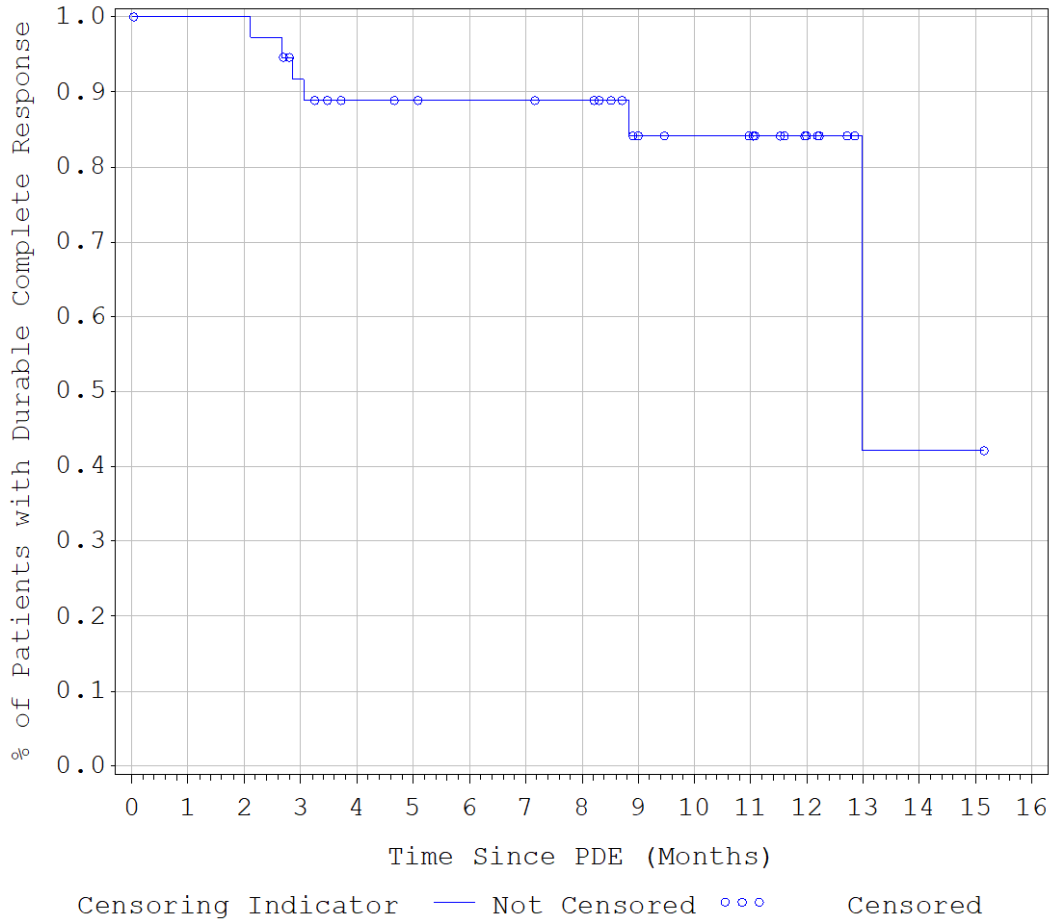
KAPLAN-MEIER CURVE OF DURABILITY OF RESPONSE DURING THE MAINTENANCE PERIOD (PDE_{CR} ANALYSIS SET)



MOST COMMON GRADE 3 OR HIGHER TREATMENT-EMERGENT ADVERSE EVENTS

Adverse Event	Graded as Severe N (%)
Ureteric stenosis	6 (8.5)
UTI	2 (2.8)
Hematuria	2 (2.8)
Flank pain	2 (2.8)
Nausea	1 (1.4)
Renal impairment	1 (1.4)
Vomiting	3 (4.2)
Abdominal pain	1 (1.4)
Hydronephrosis	4 (5.6)

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RENAL URINARY TOXICITY

48 patients

11 (23%) no surgical intervention

24 (50%) transient stent

11 (23%) long-term stent

2 (4%) RNU

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PEER REVIEWED LITERATURE: URETERAL STRICTURES FOLLOWING ENDOSCOPIC SURGERY

Study	N (%)	Follow-Up months	Complication/Stricture Rate N/%
Schmeller et al 1989	16 (50)	Median 14	4 (25) strictures
Engelmeyer et al 1996	10 (70)	Mean 43	2 (20) strictures
Martinez-Pinero et al 1996	59 (24)	Mean 31	9/39 (23) strictures/ureteric perforations
Daneshmand et al 2003	30	Mean 31	5 (17) strictures
Reisiger et al 2007	10	Mean 73	1 (10) stricture
Krambeck et al 2007	37 (100)	Mean 32	19 (51) overall; 5 (14) strictures
Cutress et al 2012	73 (11)	Median 54	12 (16) strictures; 1x bowel perforation with Nd:YAG laser

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OLYMPUS SUMMARY

- 71 patients treated
- 59% CR
  - –Efficacy consistent in endoscopically unresectable pts
- Durability stable at 6 and 12 months (84% per KM analysis)
- AE profile
  - –Consistent with upper tract manipulation for cancer
  - –Stricture consistent with published literature
- Follow-up ongoing

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UGN-102 PROGRAM FOR INTERMEDIATE-RISK LG UBC

- Similarities between LG NMIBC and LG UTUC
  - Histology
  - Recurrence pattern
  - Clinical behavior
  - **High risk of recurrence**
  - **Low risk of progression**
- New molecular data
- Sensitivity to locally administered drugs

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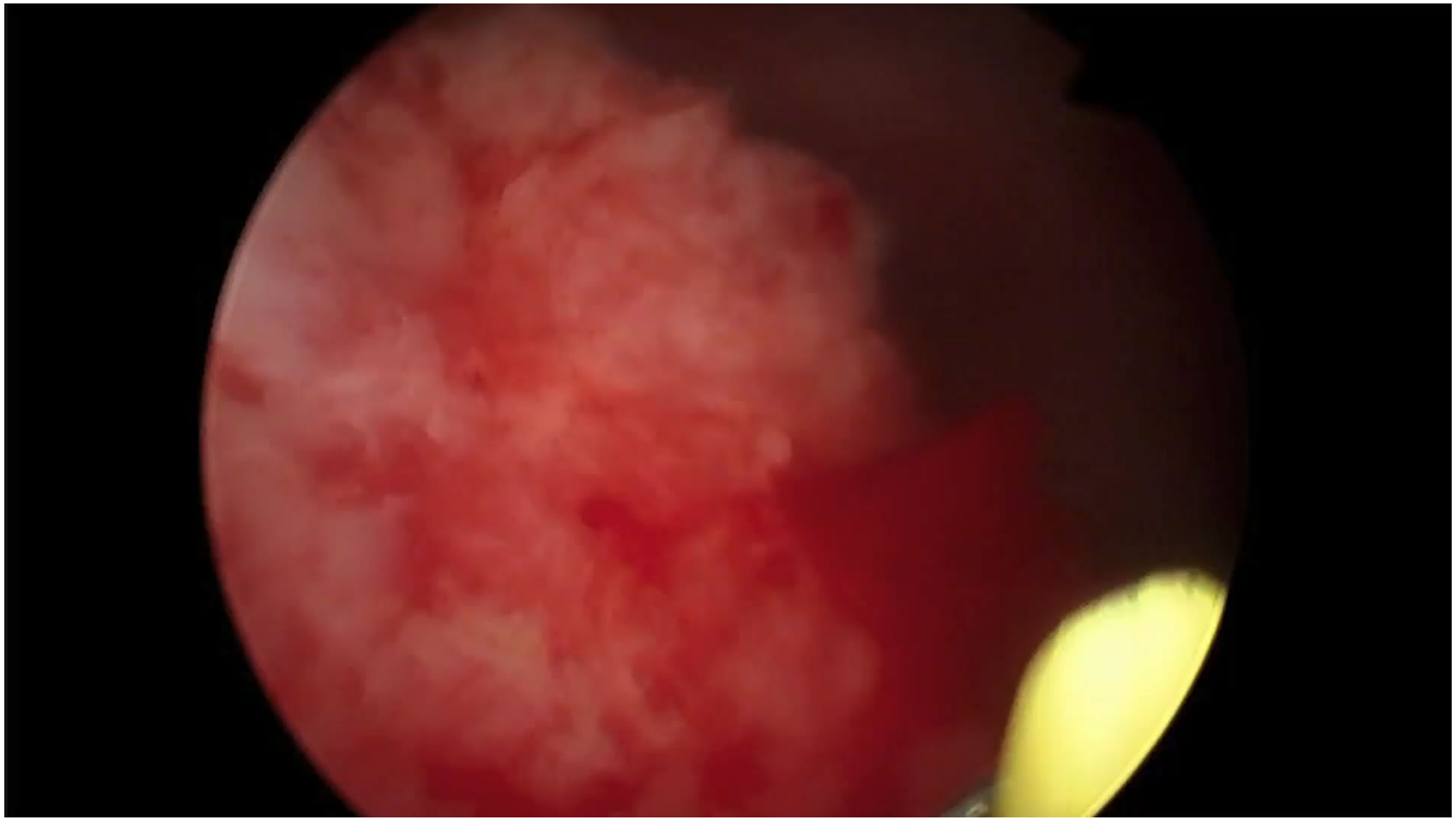
CYSTOSCOPIC APPEARANCE OF TURBT



Courtesy of Alex Sankin, MD, Montefiore Medical Center & The Albert Einstein College of Medicine, Bronx, NY

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WHY INTERMEDIATE-RISK NMIBC?

- **“Surgical failure”** cohort: risk of progression low, recurrence high
- Cost & morbidity of repetitive surgery

How many of the following 4 factors does the patient have?

- Multiple tumors
- Tumor size >3cm
- Early recurrence (<1 year)
- Frequent recurrences (>1 per year)

0

Treatment similar to low risk

- TURBT + single immediate post-op chemotherapeutic dose, or
- Office fulguration
- Intravesical chemotherapy

1-2

Treatment as intermediate risk

- TURBT plus adjuvant intravesical therapy

≥3

Treatment as high risk

- TURBT + BCG induction + maintenance

Kamat et al. (2014) J. Urology

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OPTIMA II DESIGN

- Patients with IR NMIBC (1-2/3: multifocal, lesion >3 cm, recurrence within 12 months)
- UGN-102 q wk X 6
- Primary endpoint: CR at 3-month visit
  –CR pts followed quarterly x 9 months
- Secondary endpoint: 12-month durability & safety

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UGN-102 INTERIM ANALYSIS

- The majority of adverse events were reported as mild or moderate; the most commonly reported AEs were:
  - –Dysuria (38%),
  - –Hematuria (16%),
  - –Frequency (13%),
  - –Urinary tract infection (13%)

	RESPONSE RATE*
	Total enrolled (n=32)
CR rate	**63% (20/32)**

*PDE based on evaluation at 3 months. Patients will continue to be followed for durability at 12 months.

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NEXT STEPS FOR UGN-102

- Continued follow-up of patients in the trial
- Discuss with FDA
- Scenario planning for phase 3 pivotal study
  - –Streamline & expedite registrational path
  - –Randomized H2H vs TURBT likely
    - We are prepared to execute
- Pivotal study planned for 2020

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UGN-201

UC is an “immune” responsive tumor

- “Early” experience with BCG (local)
- CPI trials for MIBC (systemic)

201: TLR 7/8 agonist

- Activates “innate” immune response
- May potentiate “adaptive” antitumor response
- Phase 1b: “signal” when applied locally to CIS

Hypothesis:

Combinatorial immunotherapy is feasible and clinically meaningful

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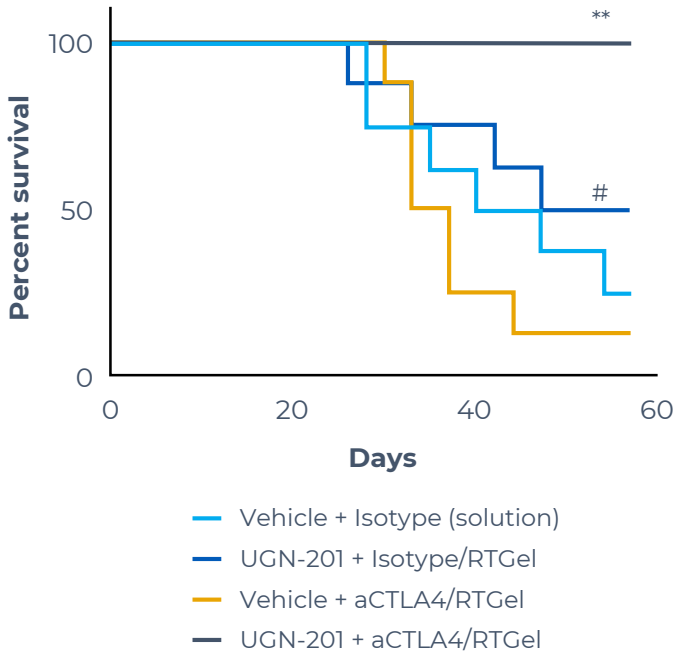
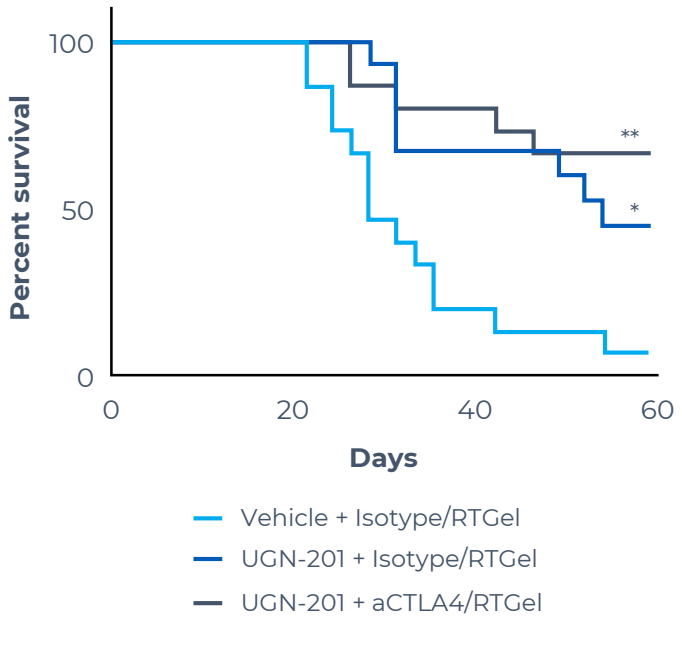
IN MICE: UGN-201 + aCTLA4/RTGEL RESULT IN BETTER SURVIVAL

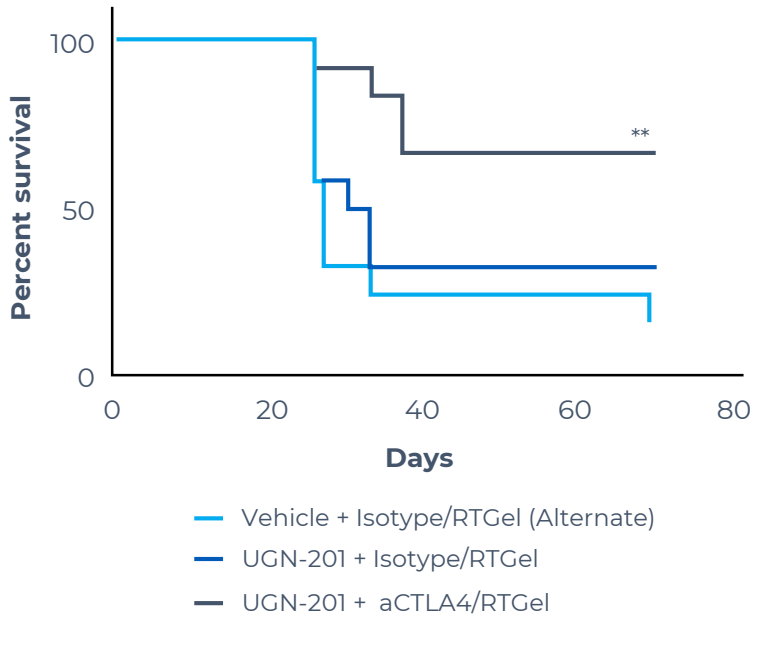
Study I



Study II



Study III



*$P \leq 0.05$ vs control
**$P \leq 0.005$ vs control
#$P \leq 0.05$ vs combo

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SUMMARY OF MAJOR FINDINGS FROM MURINE STUDIES

- Intravesical UGN-201+aCTLA4/RTGel:
  - –Smaller tumors and better survival rate
  - –Decreases T regulatory cells
  - –Increases the ratio of CD8+/T regulatory cells
- Data support continued progression toward human trials
- May represent a novel approach to HG NMIBC

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SUMMARY

UGN-101: First primary chemoablative therapy for urothelial cancer

- Robust efficacy & durability in LG UTUC
  - CR: 59%
  - 12-month durability 84% (KM) including “unresectable” pts

UGN-102 in IR NMIBC:

- Interim data encouraging
  - CR: 63%
  - AE profile: mostly mild to moderate, local & transient

UGN-201 Immunotherapy:

- Local aCTLA4+UGN-201 increased survival UBC (Murine)

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CREDIT WHERE CREDIT IS DUE

- Elyse Seltzer, MD
- Jim Ottinger, RPh
- Marina Konorty, PhD
- Dalit Strauss-Ayali, PhD DVM
- Ifat Klein, PhD
- Yael Agmon
- Nimrod Gabai
- Elinor Schreiber
- Dima Zolotaryov
- Baruch Narotzki
- Pallavi Rajput
- Roman Bromblin
- Diana Licis
- Eric Smith
- Madlen Malinowski
- Tami Gerassi
- Swati Chiktara
- Ruby Salmo
- Sunil Raju, MD
- Robert Kirshoff

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INNOVATION IN PRACTICE

KOL Panel and Q&A

MANAGEMENT Q&A

CLOSING REMARKS

Liz Barrett

IN SUMMARY

UroGen is committed to leading in challenging areas of **high unmet need**

UroGen is poised for near-term catalysts behind positive data in **UGN-101** and **UGN-102**

UroGen will focus on **urology** and **Gyn/GI oncology**

UroGen plans to leverage our **proprietary expertise in RTGel** but grow beyond local delivery

UroGen is in a **strong financial position** that will take us through launch and advance the pipeline

UroGen is designed to build a **sustainable** growth company while maintaining the culture of **creativity** and **problem solving** that got us here

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