CORPORATE OVERVIEW

October 7, 2024

Vincerx PHARMA®

Safe Harbor Statement and Trademarks

CAUTIONARY STATEMENT

No representations or warranties, expressed or implied are given in, or in respect of, this presentation. To the fullest extent permitted by law, in no circumstances will Vincerx Pharma, Inc. ("Vincerx" or the "Company") or any of its subsidiaries, stockholders, affiliates, representatives, partners, directors, officers, employees, advisers or agents be responsible or liable for any direct, indirect or consequential loss or loss of profit arising from the use of this presentation, its contents, its omissions, reliance on the information contained within it, or on opinions communicated in relation thereto or otherwise arising in connection therewith. Industry and market data used in this presentation have been obtained from third-party industry publications and sources as well as from research reports prepared for other purposes. Vincerx has not independently verified the data obtained from these sources and cannot assure you of the data's accuracy or completeness. This data is subject to change. In addition, this presentation does not purport to be all-inclusive or to contain all of the information that may be required to make a full analysis of Vincerx. Viewers of this presentation should each make their own evaluation of Vincerx and of the relevance and adequacy of the information and should make such other investigations as they deem necessary.

This presentation contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended, that are intended to be covered by the "safe harbor" created by those sections. Forward-looking statements, which are based on certain assumptions and describe future plans, strategies, expectations and events, can generally be identified by the use of forward-looking terms such as "believe," "expect," "may," "will," "should," "would," "could," "suggest," "scheduled," "seek," "intend," "plan," "goal," "potential," "on-target," "on track," "project," "estimate," "anticipate," or other comparable terms. All statements other than statements of historical facts included in this presentation are forward-looking statements. Forward-looking statements include, but are not limited to: Vincerx's business model, pipeline, strategy, timeline, product candidates and attributes, and preclinical and clinical development, timing, and results. Forward-looking statements are neither historical facts nor assurances of future performance or events. Instead, they are based only on current beliefs, expectations, and assumptions regarding future business developments, future plans and strategies, projections, anticipated events and trends, the economy, and other future conditions. Forward-looking statements are subject to inherent uncertainties, risks, and changes in circumstances that are difficult to predict and many of which are outside of Vincerx's control.

Actual results, conditions, and events may differ materially from those indicated in the forward-looking statements. Therefore, you should not rely on any of these forward-looking statements. Important factors that could cause actual results, conditions, and events to differ materially from those indicated in the forward-looking statements include, but are not limited to: general economic, financial, legal, political, and business conditions; risks associated with preclinical or clinical development and trials, including those conducted prior to Vincerx's in-licensing; failure to realize the benefits of Vincerx's license agreement with Bayer; risks related to the timing of expected business and product development milestones; changes in the assumptions underlying Vincerx's expectations regarding its future business or business model; Vincerx's ability to successfully develop and commercialize product candidates; Vincerx's capital requirements, availability and uses of capital, and cash runway; and the risks and uncertainties set forth in Forms 10-K, 10-Q, and 8-K most recently filed with or furnished to the Securities and Exchange Commission by Vincerx. Forward-looking statements speak only as of the date hereof, and Vincerx disclaims any obligation to update any forward-looking statements.

TRADEMARKS

Vincerx®, Vincerx Pharma®, the Vincerx Wings logo design, VersAptx™ and CellTrapper® are trademarks or registered trademarks of the Company. This presentation may also contain trademarks and trade names of other companies, which are the property of their respective owners.

Vincerx PHARMA

Vincerx PHARMA

VIP943: Potentially First- and Best-in-Class CD123 ADC with Clinical Proof of Concept

- 1 CR_L (33%) in high-risk MDS and 1 CRi (25%) in R/R AML at anticipated efficacious dose levels
  - Phase 1 dose-escalation study, in progress
  - Four patients continue on study trending positively at efficacious dose levels
- No myelosuppression, cytokine release syndrome, interstitial lung disease, peripheral neuropathy, or veno-occulsive disease
- Proprietary next-generation linker-payload

VersAptx™ Next-Generation Platform

- Clinically validated versatile and adaptable bioconjugation platform
- Resulting ADCs combine optimized targeting, linker, and payload technologies
- Overcomes safety and efficacy issues of first-generation ADCs

Diverse Pipeline With Three Clinically Validated Potentially First- and/or Best-in-Class Opportunities

- VIP236: small molecule drug conjugate in Phase 1 dose escalation
- Enitociclib: CDK9 inhibitor with four partial responses in peripheral T-cell lymphoma and diffuse large B-cell lymphoma
- Phase 1 dose-escalation study with NIH ongoing

Expert Management Team with First- and Best-in-Class Approvals

Proven track record in ADC and oncology drug discovery and development

ADC, antibody-drug conjugate; AML, acute myeloid leukemia; CDK, cyclin-dependent kinase; CRi, complete remission with incomplete hematologic improvement; CRL, complete remission with limited count recovery; DLBCL, diffuse large B-cell Lymphoma; GCB, germinal center B-cell; KSPi, kinesin spindle protein inhibitor; MDS, myelodysplastic syndrome; NIH, National Institutes of Health, optCPT, optimized camptothecin; PTCL, peripheral T-cell lymphoma; P-TEFb, positive transcription elongation factor B; R/R, relapse and refractory.

Experienced Leadership Team

Ahmed Hamdy
CEO

Raquel Izumi
COO

Steven Bloom
CBO

Hans-Georg Lerchen
CSO

Alex Seelenberger
CFO

Beatrix Stelte-Ludwig
CDO

Tom Thomas
CLO

Roche · AMGEN · AstraZeneca · Acerta Pharma · ONYX PHARMACEUTICALS · NOVARTIS · Verastem Oncology · Genentech · PDL BioPharma

pharmacyclics An AbbVie Company · GILEAD · Bristol Myers Squibb · Lilly · janssen Pharmaceutical Companies of Johnson & Johnson · Seagen · ZIOPHARM Oncology · BAYER · Solasia Brightening the Future with Better Medicines for Cancer · CSL Behring Biotherapies for Life

imbruvica (ibrutinib)
560, 420, 280, 140 mg tablets | 140, 70 mg capsules
70 mg/mL oral suspension

$975M partnership with Janssen in 2011 ($150 up front, $825M in milestones)$21B acquisition of Pharmacyclics by AbbVie in 2015

Management Team's Contribution: Developed ibrutinib from preclinical through Phase 2 in <3 years. All 3 Phase 2 studies garnered break through therapy designation and accelerated approvals

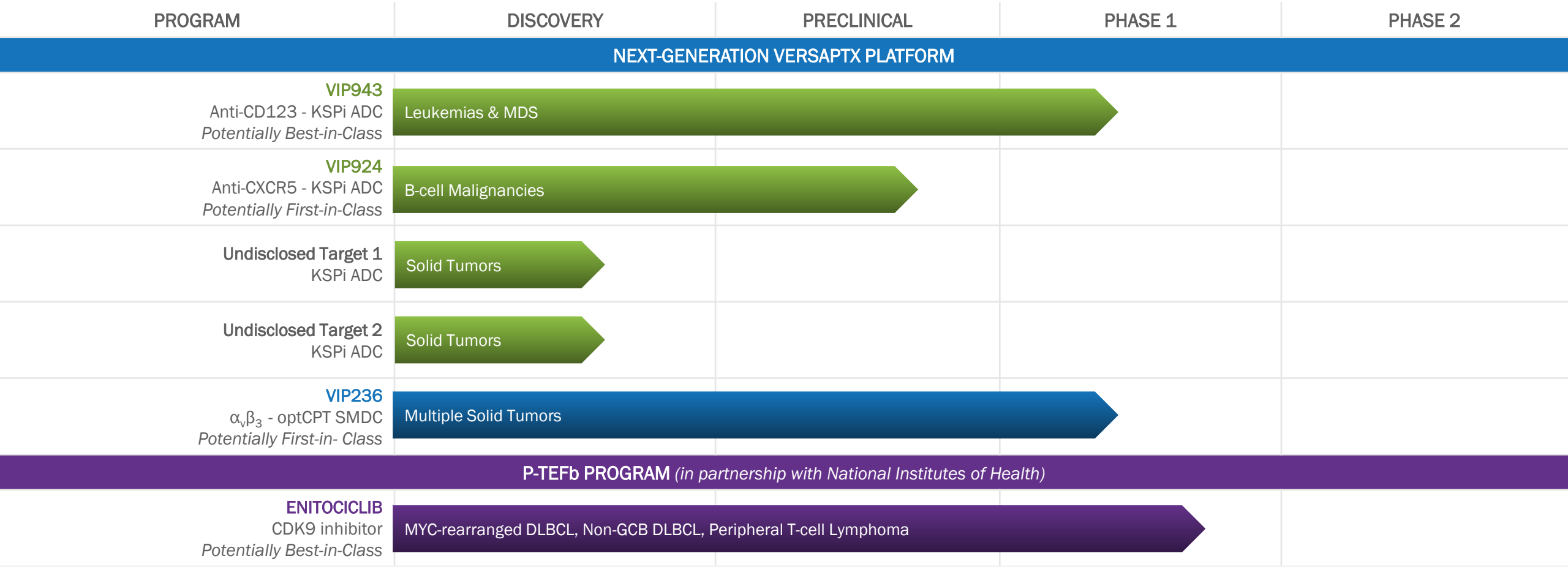
CALQUENCE (acalabrutinib) 100 mg capsules

$7B acquisition by AstraZeneca (AZ) in 2016 for acalabrutinib in phase 3

Management Team's Contribution: Founded Acerta with acalabrutinib at preclinical stage. Accelerated approval in 4 years

Vincerx PHARMA

Drug Conjugate Pipeline Using Clinically Validated VersAptx™ Platform



ADC, antibody-drug conjugate; CDK, cyclin-dependent kinase; DLBCL, diffuse large B-cell Lymphoma; GCB, germinal center B-cell; KSPi, kinesin spindle protein inhibitor; MDS, myelodysplastic syndrome; optCPT, optimized camptothecin; P-TEFb, positive transcription elongation factor B; SMDC, small molecule drug conjugate.

Vincerx PHARMA

Solving ADC Challenges With the VersAptx™ Platform

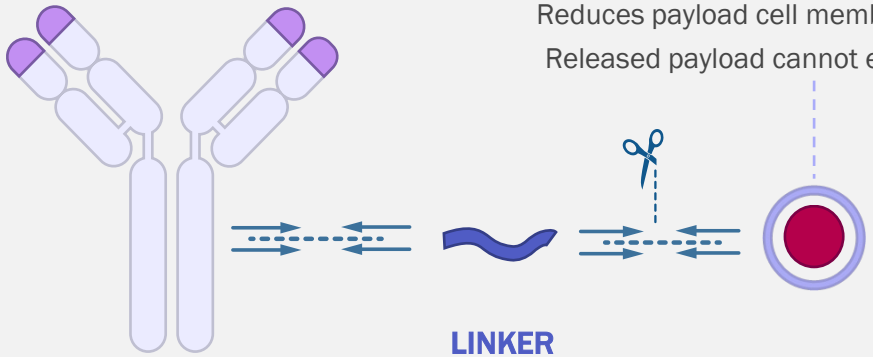
INCREASING THE THERAPEUTIC WINDOW BY IMPROVING EFFICACY AND SAFETY

Known ADC Challenges

- Premature loss of cytotoxic payload
- Damage to Healthy Cells
- ADC aggregation and unspecific cellular uptake

LEADS TO
severe myelosuppression, infections, peripheral neuropathy, hepatotoxicity, and others

VersAptx™
PLATFORM



CELLTRAPPER®
Reduces payload cell membrane permeability
Released payload cannot enter healthy cells

LINKER
Exclusive intracellular cleavage by legumain, overexpressed in tumors

PAYLOAD
KSPi, a novel, high-potency payload with a MoA specific for dividing cells

Benefits

Legumain Linker
- Second level of tumor targeting via specific ADC activation

KSPi payload + Cell Trapper
- Potential for improved safety and tolerability
- Low/no toxicity in nondividing cells, no neurotoxicity
- Drug accumulation in target cells improves efficacy

Hydrophilic linker-payload
- Allows for high DAR without affecting PK
- No side effects associated with aggregation

Vincerx PHARMA

VIP943

CD123-KSPi ANTIBODY-DRUG CONJUGATE

VIP943
CD123-KSPi

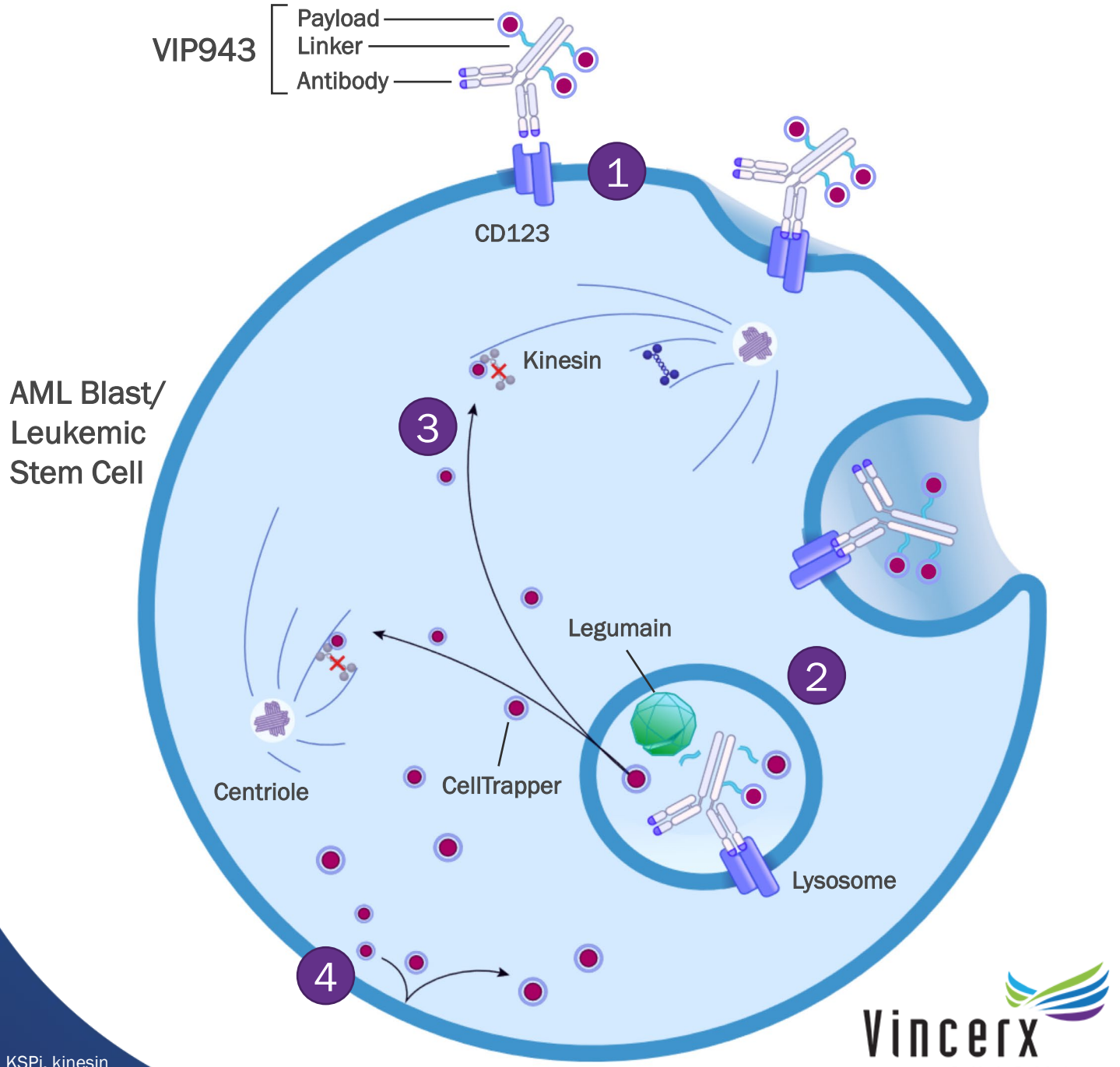
ANTIBODY-DRUG CONJUGATE FOR TREATMENT OF AML & MDS

1. CD123 is a validated target in myeloid malignancies and a potential leukemic stem cell target

2. VIP943-targeting Ab is internalized upon binding to CD123 and releases KSPi upon legumain cleavage of the linker

3. Payload inhibits KSP stopping cell division and causing catastrophic cell death

4. CellTrapper® modified payload is hydrophilic and accumulates in the tumor cell for improved safety and tolerability for long-term therapy and targeting leukemic stem cells



Ab, antibody; AML, acute myeloid leukemia; KSPi, kinesin spindle protein inhibitor; MDS, myelodysplastic syndrome.

Vincerx PHARMA

Phase 1 Dose-Escalation Study in Patients with CD123+ Relapsed/Refractory Hematologic Malignancies

VNC-943-101

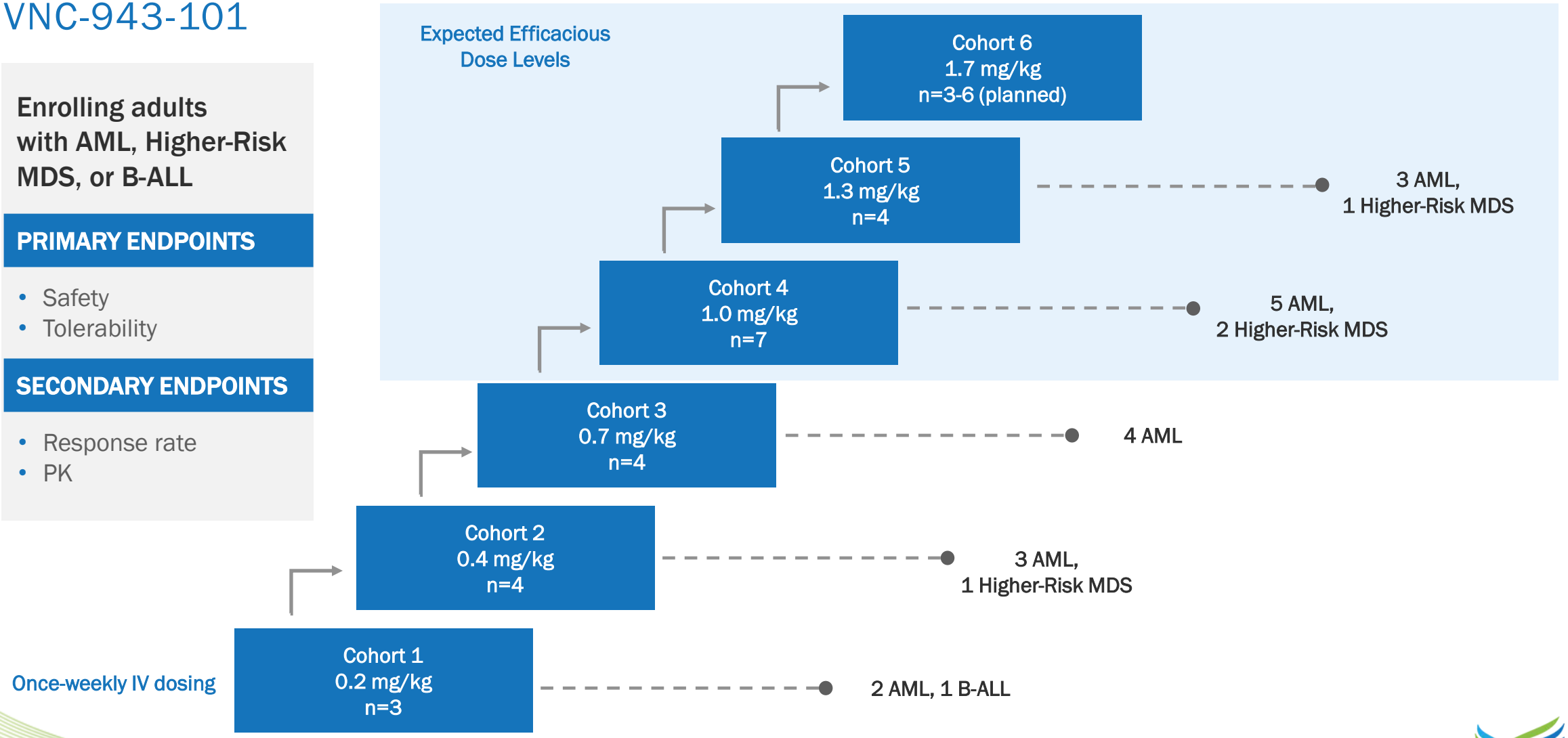
Enrolling adults with AML, Higher-Risk MDS, or B-ALL

PRIMARY ENDPOINTS

- Safety
- Tolerability

SECONDARY ENDPOINTS

- Response rate
- PK



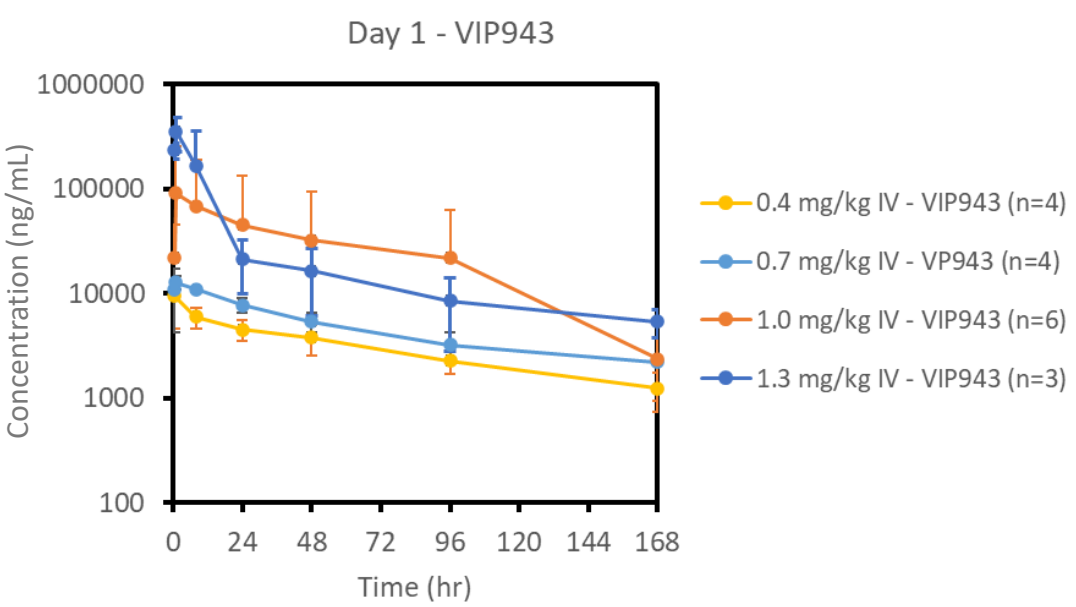
As of 29 Aug 2024

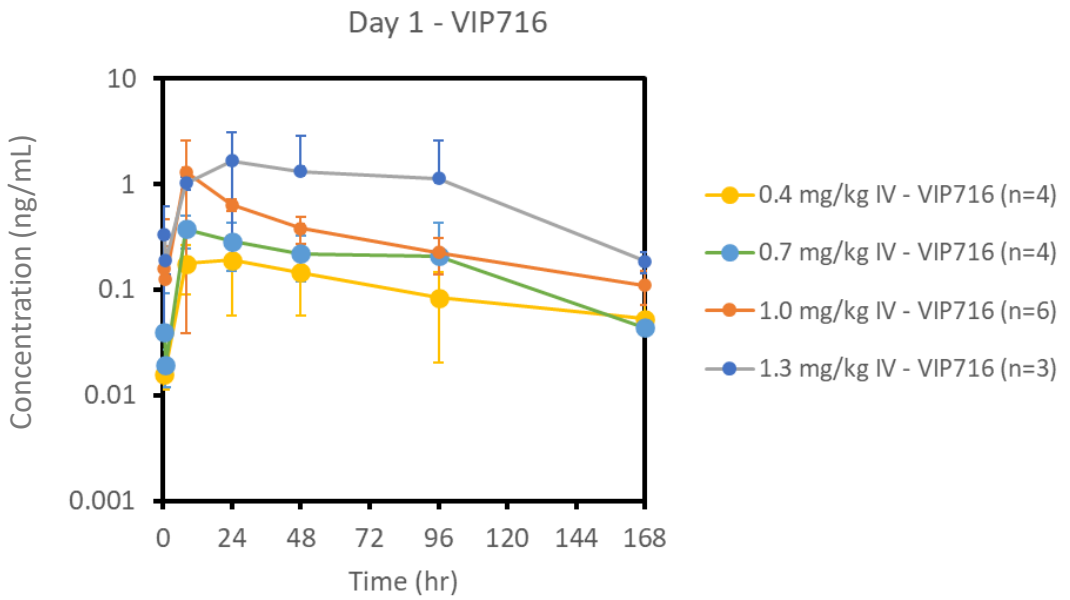
NCT06034275

Vincerx PHARMA

Strong Legumain Linker Stability Confirmed by Low Levels of Circulating Payload

ON AVERAGE, ≤1% OF THE PAYLOAD FOUND IN THE PLASMA BETWEEN 0.4 TO 1.3 MG/KG





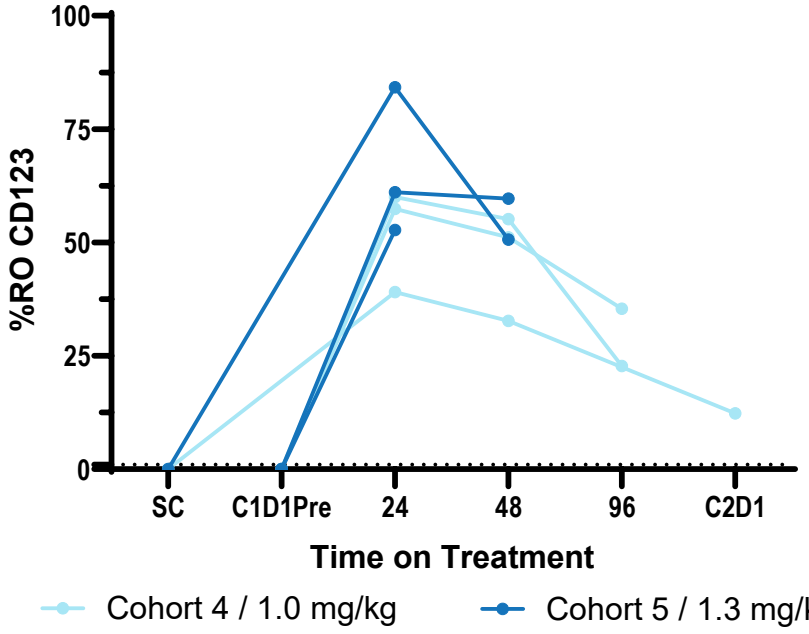
- Mean Metabolite:Parent (M:P) ratio of ≤1% on a molar basis indicating a stable linker
- Exposures of payload VIP716 are considered nontoxic (ie significantly below the IC50 values in cellular cytotoxicity assays)

Vincerx PHARMA

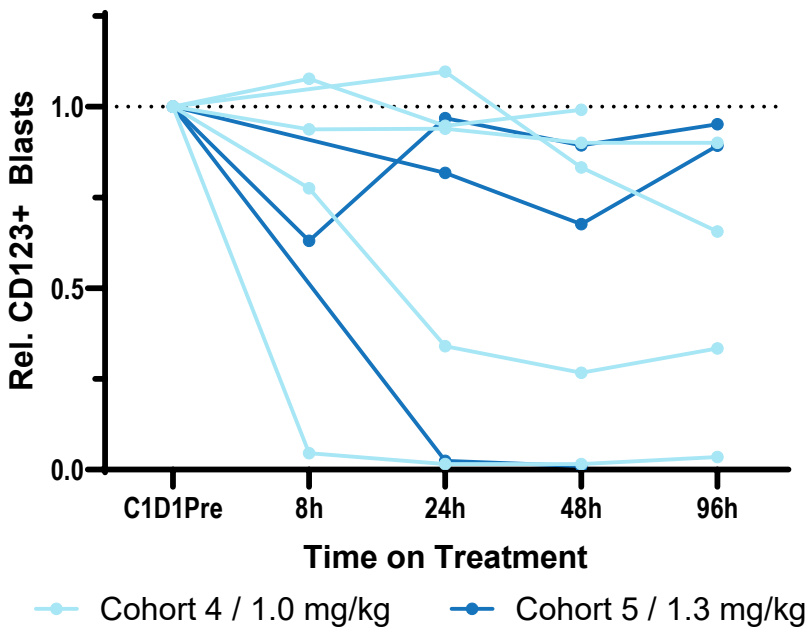
Elimination of CD123+ Blasts Validates ADC Cleavage and KSPi

REDUCTIONS SUSTAINED FOR 96 HOURS

Receptor Occupancy for VIP943 during the Start of Cycle 1



Relative % of CD123+ Blasts During the Start of Cycle 1 of VIP943 Treatment

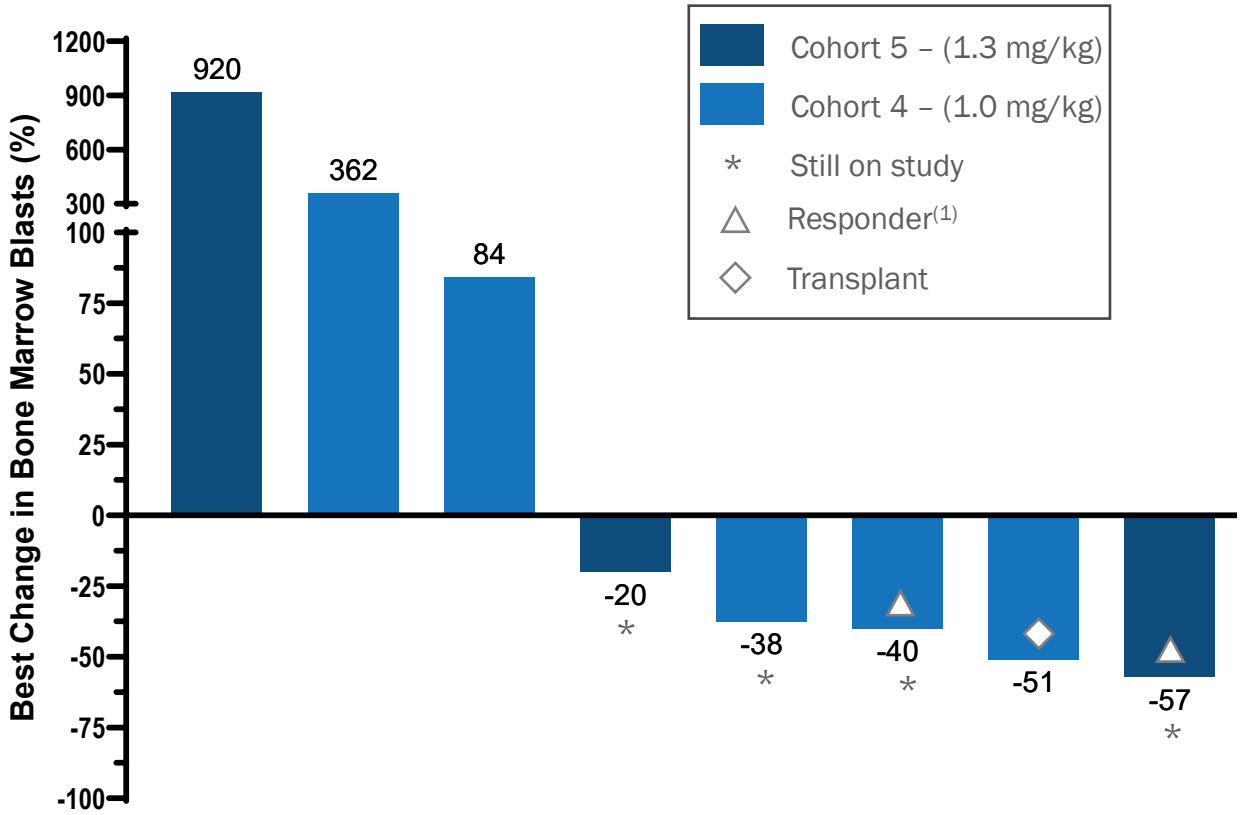


- Confirmed target engagement and selective internalization of the ADC
- Efficient ADC trafficking into the lysosome and linker cleavage by legumain
- KSP inhibition leads to apoptosis

Unaudited data. Subject to change.

Vincerx PHARMA

Bone Marrow Blast Reductions Evident at Efficacious Dose Levels



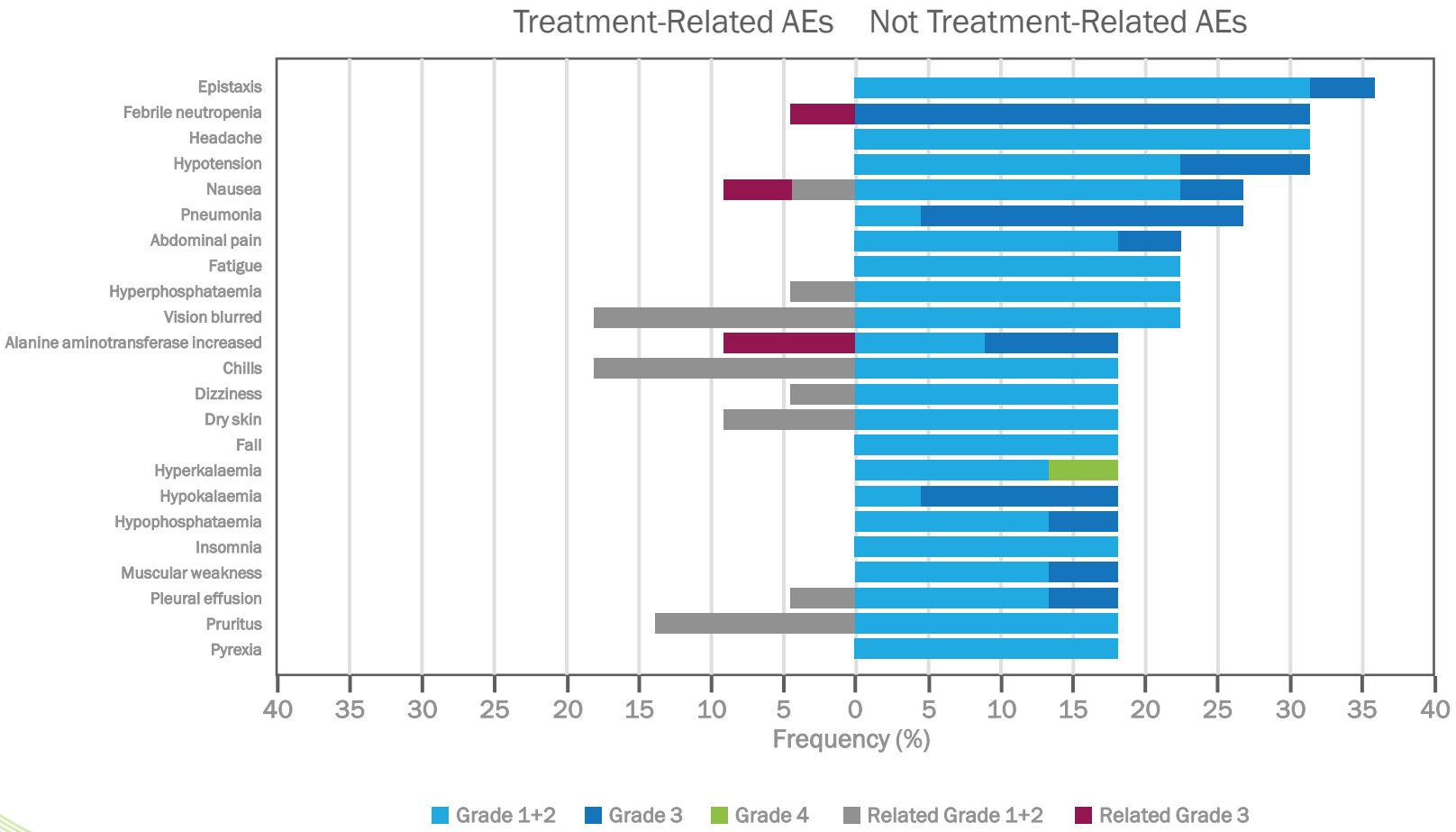
(1) De novo AML patient responder in cohort 4 is a CRi; refractory HR-MDS patient responder in cohort 5 is a CR_L

Unaudited data. Subject to change.

Vincerx PHARMA

Demonstrated Safety in Phase 1 Dose Escalation Study

TREATMENT-EMERGENT ADVERSE EVENTS (>15%), ALL DOSE-LEVELS, N=22



VIP943 shows favorable safety and tolerability:

- No myelosuppression, cytokine release syndrome, interstitial lung disease, peripheral neuropathy, or veno-occlusive disease
- Grade 3-4 toxicities were generally manageable or reversible
- No dose-limiting toxicities to date

Data extract: 29AUG2024

Unaudited data. Subject to change.

Vincerx PHARMA

Overview of Efficacy and Safety by Cohort

EARLY SIGNS OF DIFFERENTIATED THERAPEUTIC INDEX

	Dose Cohort				
	1 (0.2 mg/kg QW)	2 (0.4 mg/kg QW)	3 (0.7 mg/kg QW)	4 (1.0 mg/kg QW)	5 (1.3 mg/kg QW)
AML responses*	0/2	0/3	0/3	1/4 CRi	0/2
HR-MDS responses*	--	0/1	--	0/2	1/1 CR_L
B-ALL responses*	0/1	--	--	--	--
Transplant	0/3	0/4	1/3	1/6	0/3
DLTs	0/3	0/4	0/3	0/6	0/3
On study	0/3	0/4	0/3	2/6	2/3
Time on study (min, max months)	1.7-3.5	1.2-3.4	1.5-4.9	1.0-4.5+	1.0-3.0+

EMERGING SIGNS OF EFFICACY STARTING WITH COHORT 4 WITH NO INCREASE IN TOXICITIES

- No dose-limiting toxicities to date
- Patients remain on study in cohorts 4 and 5
- Dose escalation continues

CRi = complete remission with incomplete hematologic improvement; CR_L = complete remission with limited count recovery

European LeukemiaNet (ELN) Criteria: https://doi.org/10.1182/blood.2022016867

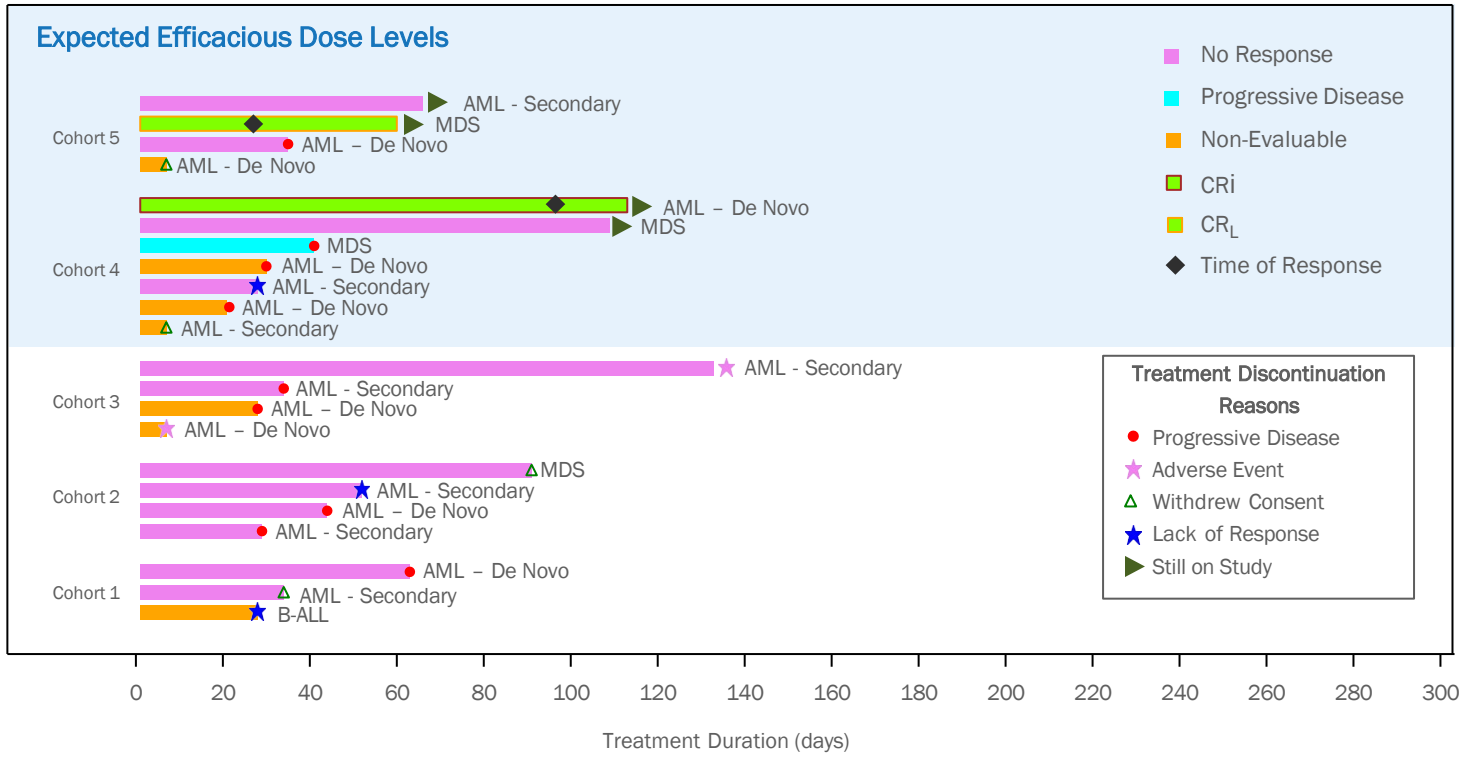
International Working Group Criteria: https://doi.org/10.1182/blood.2022018604

*Patients with at least 1 cycle of VIP943 or 1 on-treatment bone marrow assessment
QW = once weekly

Vincerx PHARMA

Responses Achieved at Anticipated Efficacious Dose Levels

CRi and CR_L ACHIEVED AT ≥ 1.0 MG/KG DOSE LEVEL; FOUR PATIENTS REMAIN ON STUDY



- Per investigator assessment using IWG criteria:
  - One patient with AML has achieved CRi
  - One patient with HR-MDS has achieved CR_L
- In cohorts 4 and 5, 44% of evaluable* patients (4 out of 9) remain on study

CRi = complete remission with incomplete hematologic improvement; CR_L = complete remission with limited count recovery

European LeukemiaNet (ELN) Criteria: https://doi.org/10.1182/blood.2022016867

International Working Group Criteria: https://doi.org/10.1182/blood.2022018604

*1 AML patient in each dose level (n=2) withdrew consent after 1 dose of VIP943 and were not evaluable for response

Data extract: 29AUG2024; Unaudited data. Subject to change.

Vincerx PHARMA

Promising Patient Responses Observed in HR-MDS and Relapsed AML

NOTABLE BLAST REDUCTION AND CLINICAL IMPROVEMENT IN EARLY CYCLES OF TREATMENT

74-year-old man with relapsed de novo AML	
Prior SOC included allogeneic stem cell transplant *On study since 09MAY*	
VIP943 at 1.0 mg/kg (Cohort 4)	**Response** • CRi on Cycle 4 Day 1 • Bone marrow blast <5% • ANC >1.0 x 10^9/L • Substantial reduction in CD123+ blasts to 20% observed 48 h after 1st dose
Patient remains on study.	

48-year-old woman with refractory HR-MDS and high IPSS-R (>4.5-6)	
Refractory to decitabine therapy *On study since 01JUL*	
VIP943 at 1.3 mg/kg (Cohort 5)	**Response** • CR_L on Cycle 2 Day 1 • Bone marrow blast <5% • Hematologic parameters stable • Potential candidate for subsequent allogeneic stem cell transplant
Patient remains on study.	

Vincerx PHARMA

Additional Encouraging Results

CLINICAL IMPROVEMENT IN CHALLENGING CASES, WITH PATIENTS STILL ON STUDY

Bone marrow results showed trend toward improvement at Cycle 4 Day 1

VIP943 at 1.0 mg/kg (Cohort 4)

Background
- 76-year-old man with refractory HR-MDS and very high IPSS-R (>6)
- *Refractory to azacitidine treatment*

Primary Results
- At Cycle 4, Day 1, **bone marrow blasts were reduced by 37.5%,** bringing blast count down to 10% with an improvement to normocellular marrow

Patient planning for hospice elected to stay on study after discussing results with treating physician.

Bone marrow blast reduction after 1 cycle of treatment with VIP943

VIP943 at 1.3 mg/kg (Cohort 5)

Background
- 52-year-old man with refractory secondary AML with TP53 mutation
- Refractory to 6 different chemotherapies including venetoclax

Primary Results
- **20% reduction in bone marrow blast after one cycle** of treatment, bringing blast count down to 24%

Subject's experience of blurry vision with VIP943 has reversed and patient continues treatment as he believes VIP943 is making him feel better.

VIP943 treatment allowed for subsequent allogeneic stem cell transplant

VIP943 at 0.7 mg/kg (Cohort 3)

Background
- 62-year-old woman with MDS that transformed to AML
- AML refractory to azacitidine + venetoclax (2 cycles)

Outcome
- Ineligible for transplant during treatment with aza+ven due to poor performance status (nausea, vomiting, weight loss)
- Received 5 cycles of VIP943
- 2 episodes of blurry vision were managed and resolved
- Patient performance significantly improved allowing for transplant

Patient is off study. She has received FLAG-IDA-ven without issue and will be admitted soon for allogeneic transplant.

TP53 mutated AML represents an unmet medical need in AML and is a potential AA pathway.

Vincerx PHARMA

VIP943 Completely Differentiated from Immunogen's IMGN632[1]

IMGN632 PHASE 1 RESULTS SUGGEST A NARROW THERAPEUTIC WINDOW AND MAY PRESENT PROBLEMS IN COMBINATION

Asset	Binder	Linker	Payload	MoA	DAR
IMGN632	CD123 mAb (G4723A)	Cathepsin B	DGN549 (IGN*)	DNA Damager	2
		A common protease that causes premature linker cleavage, leading to systemic exposure of the payload.	Extremely high potency payload with significant off target activity.	Non-specific MoA causes damage to healthy cells.	Limited drug load required due to toxicity risks, which demands higher target expression.
VIP943	CD123 mAb (VIP375)	Legumain	KSPi + CellTrapper™	Mitotic Inhibitor	~6
		Highly selective release mechanism preventing premature loss of payload, ensuring targeted delivery to cancer cells.	Payload is selective for dividing cancer cells and accumulates in target cells. CellTrapper provides better control over the payload.	KSPi is selectively active in dividing tumor cells; its inhibition stops cell division. This MoA prevents off-target activity in non-dividing healthy cells.	Improved safety profile allows for optimal payload:antibody ratio.

Instability in the effector chemistry of IMGN632 leads to off-target activity, potentially limiting clinical use

NEXT-GENERATION EFFECTOR-CHEMISTRY IMPROVES THERAPEUTIC WINDOW

Potentially allows us to use VIP943 in in earlier lines of therapy and more combination treatments

[1]IMGN632 also known as pivekimab sunirine.

*Indolinobenzodiazepine dimer.

Vincerx PHARMA

Twice-Weekly Dosing Could Maximize Therapeutic Benefit for Patients

VIP943 SAFETY PROFILE ALLOWS FOR NEW DOSING SCHEDULE

Enrolling adults with AML, Higher-Risk MDS, or B-ALL

PRIMARY ENDPOINTS

- Safety
- Tolerability

SECONDARY ENDPOINTS

- Response rate
- PK

Once-Weekly Dosing

- Cohort 1: 0.2 mg/kg, n=3
- Cohort 2: 0.4 mg/kg, n=4
- Cohort 3: 0.7 mg/kg, n=4
- Cohort 4: 1.0 mg/kg, n=7
- Cohort 5: 1.3 mg/kg, n= 4
- Cohort 6: 1.7 mg/kg, n= 3 – 6

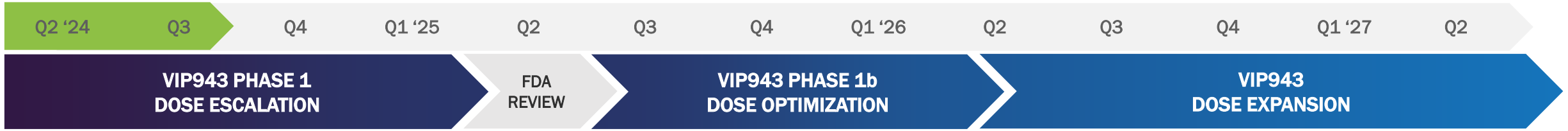
Amendment 4 BIW Dosing (Day 1 / Day 4)

- Cohort 3a: 0.7 mg/kg (twice per week), n= 3 – 6 — In Progress
- Cohort 4a: 1.0 mg/kg (twice per week), n= 3 – 6
- Cohort 5a: 1.3 mg/kg (twice per week), n= 3 – 6
- Cohort 6a: 1.7 mg/kg (twice per week), n= 3 – 6

Vincerx PHARMA

VIP943 Clinical Development Plan

PIPELINE WITHIN A MOLECULE



- Patients with AML, higher-risk MDS, and B-ALL, currently ongoing
- Continue dose escalation and test twice-weekly dosing until we reach a biologically active dose
- Anticipated study conclusion: Q1 2025

- Choose two or more doses, based on data from dose escalation study and continue monotherapy study
- Anticipated timing: Q3 2025 – Q1 2026

VIP943
R/R AML, INCLUDING MUTATED TP53

- Monotherapy and in combination with VEN + AZA
- Anticipated timing: Q2 2026 – Q2 2027

VIP943
FRONTLINE AML, INCLUDING MUTATED TP53

- Anticipated timing: Q2 2026 – Q4 2026

VIP943
HIGH-RISK MDS

- Anticipated timing: Q2 2026 – Q3 2026

Vincerx PHARMA

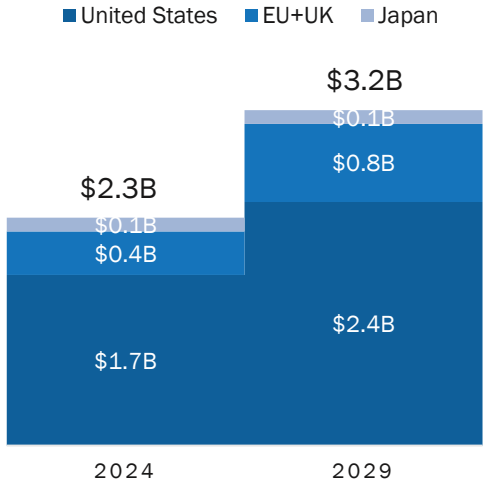
VIP943 Potentially Best-in-Class Opportunity

STRATEGICALLY POSITIONED FOR NEAR-TERM VALUE CREATION, AND FUTURE EXPANSIONS

VIP943 NEAR-TERM MARKET OPPORTUNITIES

NEXT-GENERATION INDICATIONS

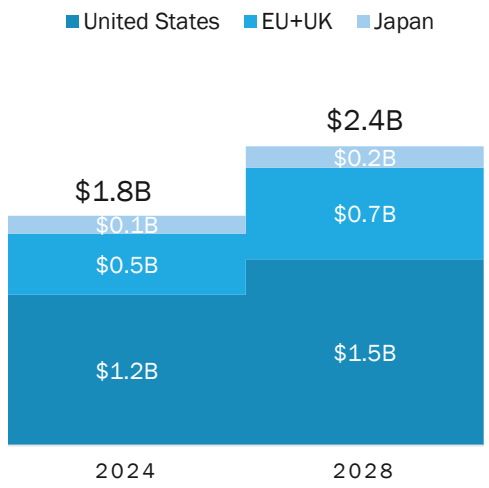
AML MARKET SIZE



- CAGR : 4.7%
- US Peak Year Sales: $580M across all potential indications
- US market with ~70% of sales
- **FastTrack Approval Opportunity in TP53 mutated AML**

Acute Myeloid Leukemia: Opportunity Assessment and Forecast
Friday, September 29, 2023 | DRFCode: GDHCOA023

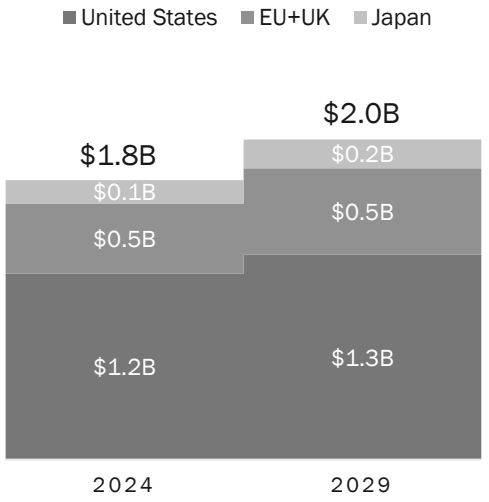
MDS MARKET SIZE



- CAGR : 4.4%
- S Peak Year Sales: $277M
- US market with ~60% of sales

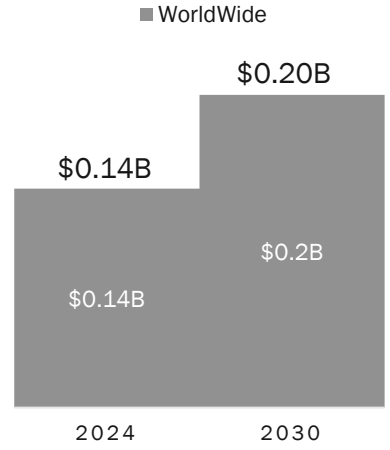
Myelodysplastic Syndrome: Epidemiology Forecast to 2028
Friday, May 22, 2020 | DRFCode: GDHCER240-20

HL MARKET SIZE



Hodgkin Lymphoma: Epidemiology Forecast to 2029
Wednesday, June 17, 2020 | DRFCode: GDHCER243-20

BPDCN MARKET SIZE



GVR-4-68040-427-8

Vincerx PHARMA

VIP943 Investment Summary

POTENTIALLY FIRST- AND BEST-IN-CLASS CD123-ADC, USING NOVEL KSPi PAYLOAD AND LEGUMAIN LINKER

CRL IN REFRACTORY HIGH-RISK MDS AND CRi IN RELAPSED AML PER IWG CRITIERIA AND PI ASSESSMENT

CD123+ BLAST REDUCTIONS SUSTAINED FOR 96H

HIGHLY FAVORABLE SAFETY PROFILE DEMONSTRATED IN PHASE 1 DOSE ESCALATION STUDY

ABSENCE OF MYELOSUPPRESSION SUPPORTS DEVELOPMENT IN AML/MDS AND A STRONG COMBINATION AGENT

Vincerx PHARMA

Next-Generation Bioconjugation Platform

Solving ADC Challenges With the VersAptx™ Platform

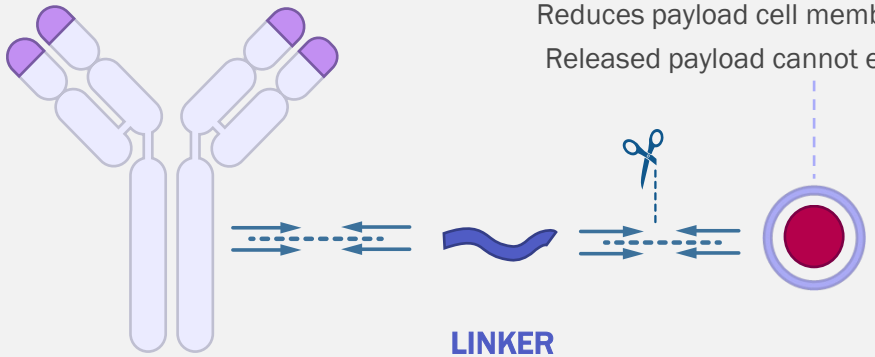
INCREASING THE THERAPEUTIC WINDOW BY IMPROVING EFFICACY AND SAFETY

Known ADC Challenges

- Premature loss of cytotoxic payload
- Damage healthy cells
- ADC aggregation and unspecific cellular uptake

LEADS TO
severe myelosuppression, infections, peripheral neuropathy, hepatotoxicity, and others

VersAptx™ PLATFORM



CELLTRAPPER®
Reduces payload cell membrane permeability
Released payload cannot enter healthy cells

LINKER
Exclusive intracellular cleavage by legumain, overexpressed in tumors

PAYLOAD
KSPi, a novel, high-potency payload with a MoA specific for dividing cells

Benefits

Legumain Linker
- Second level of tumor targeting via specific ADC activation

KSPi payload + Cell Trapper
- Potential for improved safety and tolerability
- Low/no toxicity in nondividing cells, no neurotoxicity
- Drug accumulation in target cells improves efficacy

Hydrophilic linker-payload
- Allows for high DAR without affecting PK
- No side effects associated with aggregation

Vincerx PHARMA

Legumain – KSPi has the Potential to Improve the Efficacy of TROP2 and HER2 ADCs

A CASE STUDY ON THE BENEFITS OF OUR NEXT GENERATION EFFECTOR CHEMISTRY

Brand Name	Substance/ Vehicle	DAR	Linker	Payload	NCI N87 IC_{50} (M)	Fold-Improvement
	Isotype-ADC	5.6	Legumain	KSPi	>1.0E-06	
Trodelvy®	Sacituzumab govitecan	7.6	CL2A	SN38	5.93E-09	1
	Sacituzumab-Legumain-KSPi	5.7	Legumain	KSPi	2.90E-10	20
ENHERTU®	fam-Trastuzumab-Deruxtecan	8.0	Cathepsin B	Dxd	9.62E-10	1
	Trastuzumab-Legumain-KSPi	8.4	Legumain	KSPi	1.24E-10	8
	Pertuzumab-Legumain-KSPi	5.6	Legumain	KSPi	2.04E-10	

- Legumain-KSPi delivers improved cytotoxicity compared to established effector chemistries on HER2 and TROP2 targeting antibodies
- With the enhanced safety profile of the linker-payload, this approach has the potential to increase the therapeutic window of these ADCs.

Vincerx PHARMA

VersAptx™
PLATFORM

STRATEGICALLY POSITIONED TO BE A PREFERRED PLATFORM FOR PHARMA PARTNERS

CLINICALLY VALIDATED TECHNOLOGY

With exclusive legumain cleavable linkers, KSPi payloads, and CellTrapper™ technologies, the VersAptx platform's modular design enables the creation of unique ADCs, that offer broader clinical applications and improved patient outcomes.

IMPROVED SAFETY AND EFFICACY

With multiple layers of safety that don't compromise payload efficacy, VersAptx™ minimizes off-target effects while maximizing therapeutic impact.

FULLY INTEGRATED EXPERTISE

A team experienced in ADCs and drug development, can streamline the development process from discovery to clinical validation.

Vincerx PHARMA

VIP236

$\alpha_v\beta_3$ - OPTIMIZED CAMPTOTHECIN
SMALL MOLECULE DRUG CONJUGATE

Vincerx PHARMA®

Differentiated and Favorable Safety in Dose Escalation Study

POSITIONS VIP236 AS A STRONG COMBINATION PARTNER

Drug-related Adverse Events		All Cohorts (2/5, Q3W, Q2W) (n=29)			
Preferred Term	ALL	G1	G2	G3	G4
Nausea	13 (44.8%)	12 (41.4%)	1 (3.4%)	0	0
Alopecia	11(37.9%)	4 (13.8%)	7 (24.1%)	0	0
Diarrhea	9 (31.0%)	8 (27.6%)	1 (3.4)	0	0
Fatigue	9 (31.0%)	5 (17.2%)	2 (6.9%%)	2 (6.9%)	0
Neutropenia	9 (31.0%)	0	1 (3.4%)	2 (6.9%)	6 (20.7%)
White blood cell count decreased	9 (31.0%)	0	1 (3.4%)	7 (24.1%)	1 (3.4%)
Vomiting	8 (27.6%)	5 (17.2%)	3 (10.3%)	0	0
Thrombocytopenia	8 (27.6%)	3 (10.3%)	2 (6.9%)	1 (3.4%)	2 (6.9%)
Anemia	6 (20.7%)	0	0	6 (20.7%)	0
Decreased appetite	4 (13.8%)	1 (3.4%)	2 (6.9%)	1 (3.4%)	0
Lymphocyte count decreased	4 (13.8%)	0	1 (3.4%)	2 (6.9%)	1 (3.4%)

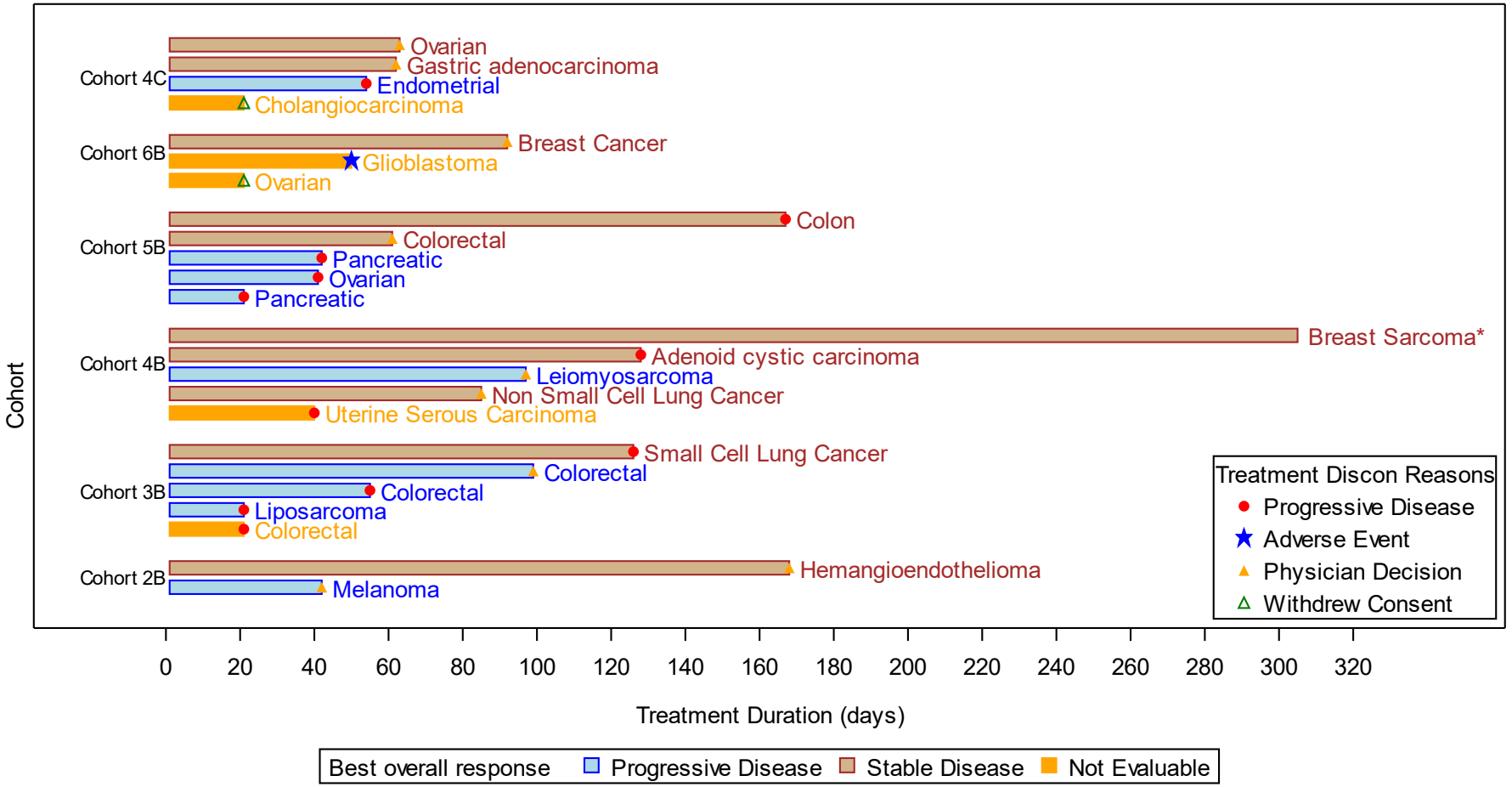
- VIP236's optimized CPT payload successfully mitigates severe diarrhea, with no observed grade 3/4 cases in the study.
- Severe diarrhea is a common and serious adverse event seen with 1st and 2nd generation camptothecins.

Data taken from data cut – 04 SEP 2024
Unaudited data subject to change

Vincerx PHARMA

Promising Durability (>120 Days) in Challenging Cancers and in Heavily Pretreated Patient Populations

N=24



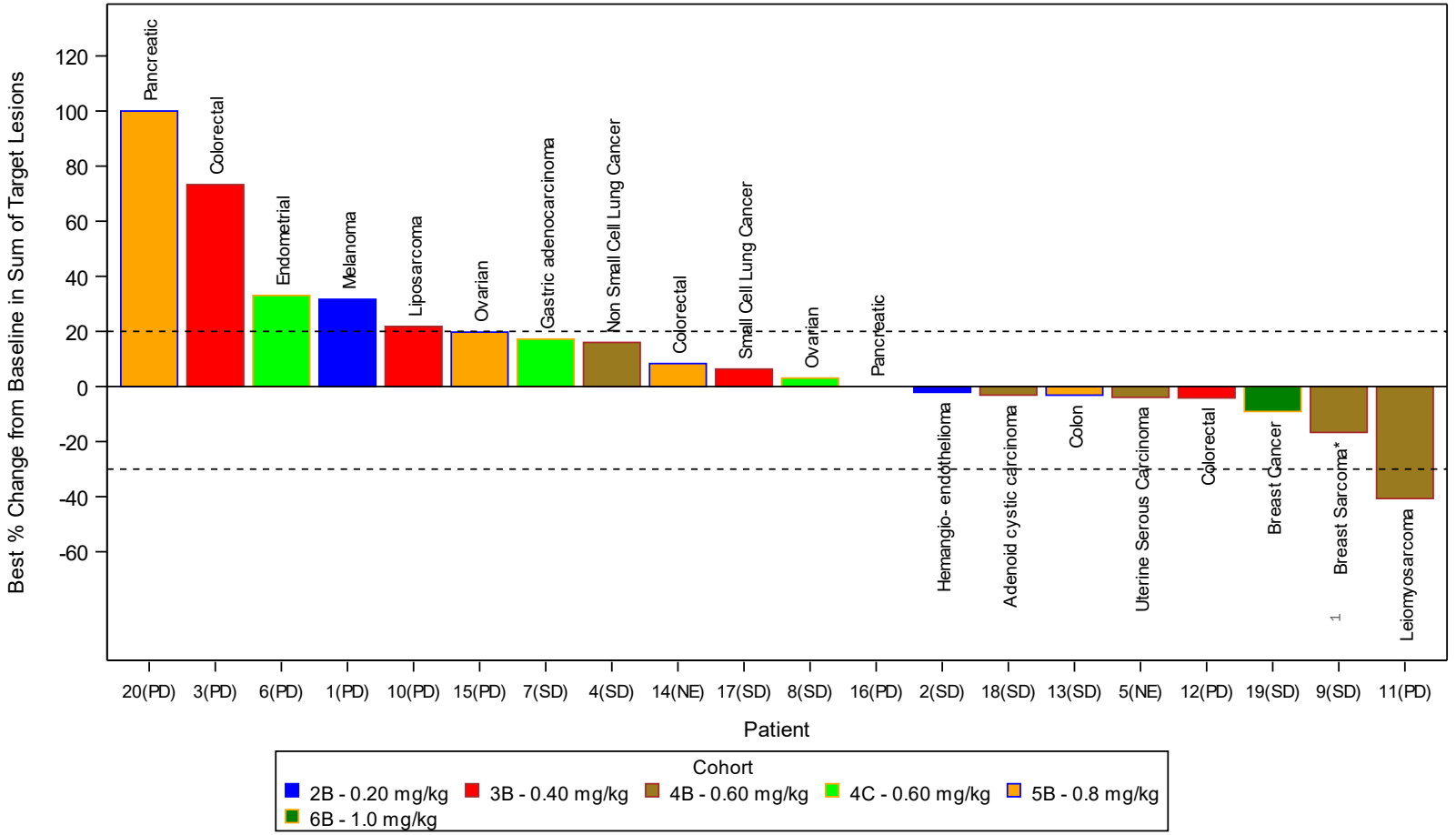
* = Still on treatment.

Data Extract: 04SEP24

Vincerx PHARMA

Disease Control in Heavily Pretreated Patients

COHORTS 2b-6b (Q3W SCHEDULE) AND COHORT 4c (Q2W SCHEDULE); N=20 (EVALUABLE FOR CT-SCAN)



DISEASE CONTROL (STABLE DISEASE) IN 45% OF EVALUABLE PATIENTS PER PROTOCOL

*Still on study

[1]The leiomyosarcoma patient had a 41% decrease in two target lesions, but a new 2cm lesion was detected at first scan

Unaudited data; subject to change

Data Extract: 04SEP24

Vincerx PHARMA

VIP236 Positioned as Strong Agent for Combination Therapies

PURSUING STRATEGIC PARTNERSHIPS TO CHAMPION FUTURE DEVELOPMENT

FIRST AND SECOND-GENERATION CAMPTOTHECINS

- Camptothecin-derived therapies have been a cornerstone for treating cancer for decades
- First- and second-generation camptothecins were highly potent but came with many liabilities like:
  - Bone marrow suppression (eg, neutropenia, thrombocytopenia, anemia).
  - Life-threatening diarrhea
  - Pulmonary inflammation
  - Sever stomatitis
- The approvals of Trodelvy® and ENHERTU® show that the potency of camptothecins can be enhanced with tumor-directed targeting

VIP236 A THIRD-GENERATION SOLUTION

- Pan-tumor targeted optimized camptothecin delivery to the tumor
- Linker designed to release in the tumor microenvironment
- Payload optimized to resist transporter-mediated resistance and prevent recirculation

LEADS TO IMPROVED SAFETY IN THE CLINIC

- **No severe diarrhea, stomatitis, or ILD observed in the clinic**
- **Improved safety profile allows for combination with other agents and longer time on treatment**

OPPORTUNITY IN INDICATIONS WITH HIGH UNMET MEDICAL NEED

- TNBC
- Gastric cancer
- Lung cancer
- Ovarian cancer

Vincerx PHARMA

Enitociclib

CDK9 INHIBITOR

Phase 1 Dose Escalation Study in Collaboration with the National Institutes of Health

ONGOING; CURRENTLY RECRUITING DOSE LEVEL 3

- Study Objectives:
  - Phase 1: To determine the maximum tolerated dose, recommended phase 2 dose, and the safety and toxicity profile of the combination of VIP152 with venetoclax and prednisone (VVIP)
    - MYC-rearranged DLBCL
    - Non-GCB DLBCL
    - Peripheral T-cell lymphoma
  - Phase 2: To determine the complete response rate of the combination of VIP152 with venetoclax and prednisone

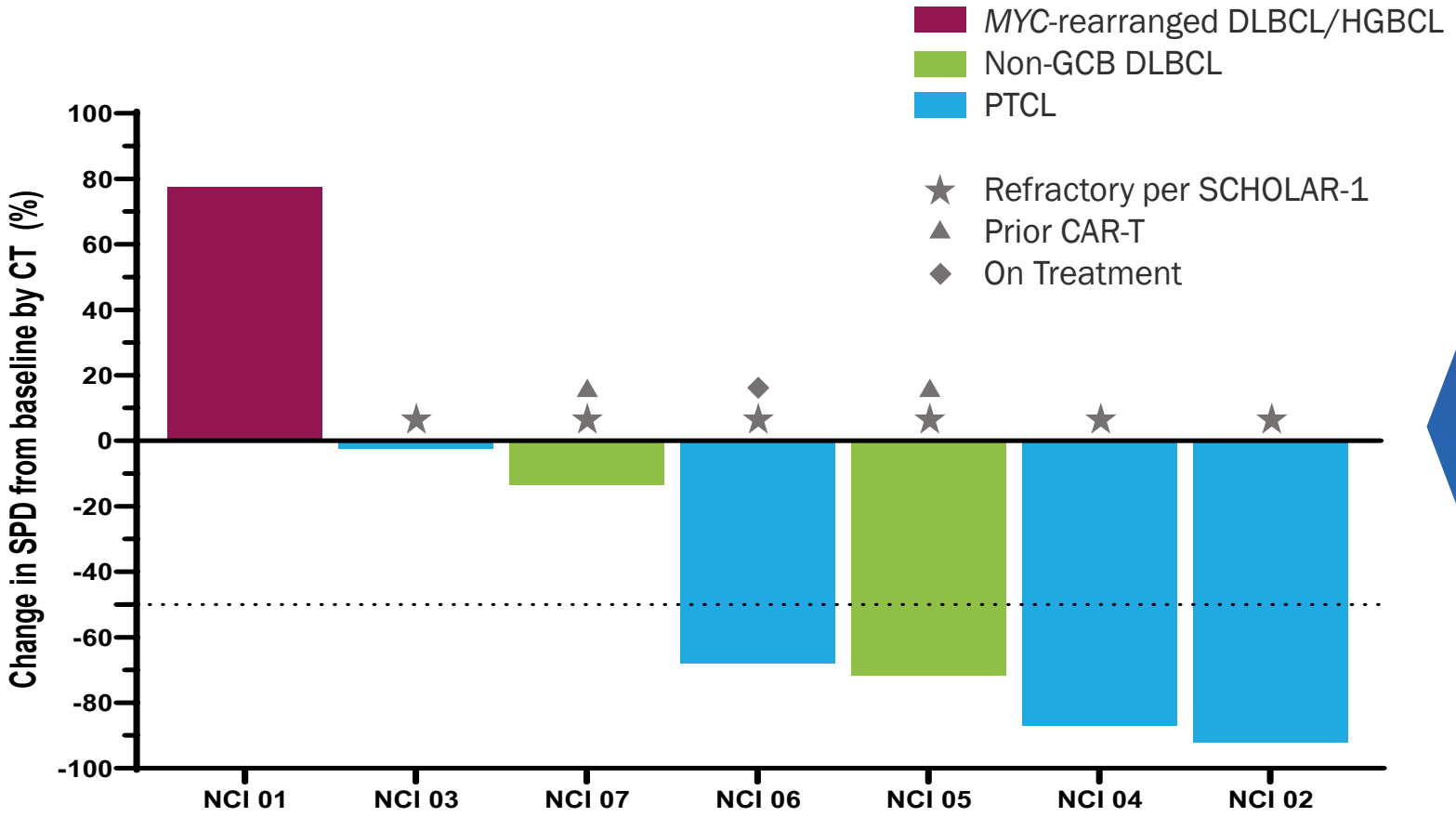
Dose Escalation Levels			
Dose Level	Dose of VIP152	Dose of Venetoclax	
1	15 mg IV on D2 & D9	600 mg PO daily 1-10	
2	22.5 mg IV on D2 & D9	600 mg PO daily 1-10	
3	30 mg IV on D2 & D9	600 mg PO daily 1-10	In Progress
4	30 mg IV on D2 & D9	800 mg PO daily 1-10	

VNC-152-801: VVIP in R/R Lymphoid Malignancies NCT05371054

Vincerx PHARMA

Enitociclib In Combination with Venetoclax and Prednisone Induces Four Partial Responses

DOSE ESCALATION CONTINUES



- Patient with R/R AITL
  - 91% decrease in tumor burden
  - **Partial response on dose level 1**
- Patient with HGBCL-DH-BCL2
  - ~70% decrease in tumor burden
  - **Partial response on dose level 2**
- Patient with EBV+ PTCL
  - 80% decrease in pulmonary lesion
  - **Partial response on dose level 2**
- Patient with ALK-ALCL
  - Reduction in LNs and skin lesions
  - **Partial response on dose level 2**

Vincerx PHARMA

Phase 1 Dose Escalation Study of Enitociclib Monotherapy Achieves Durable Complete Remissions

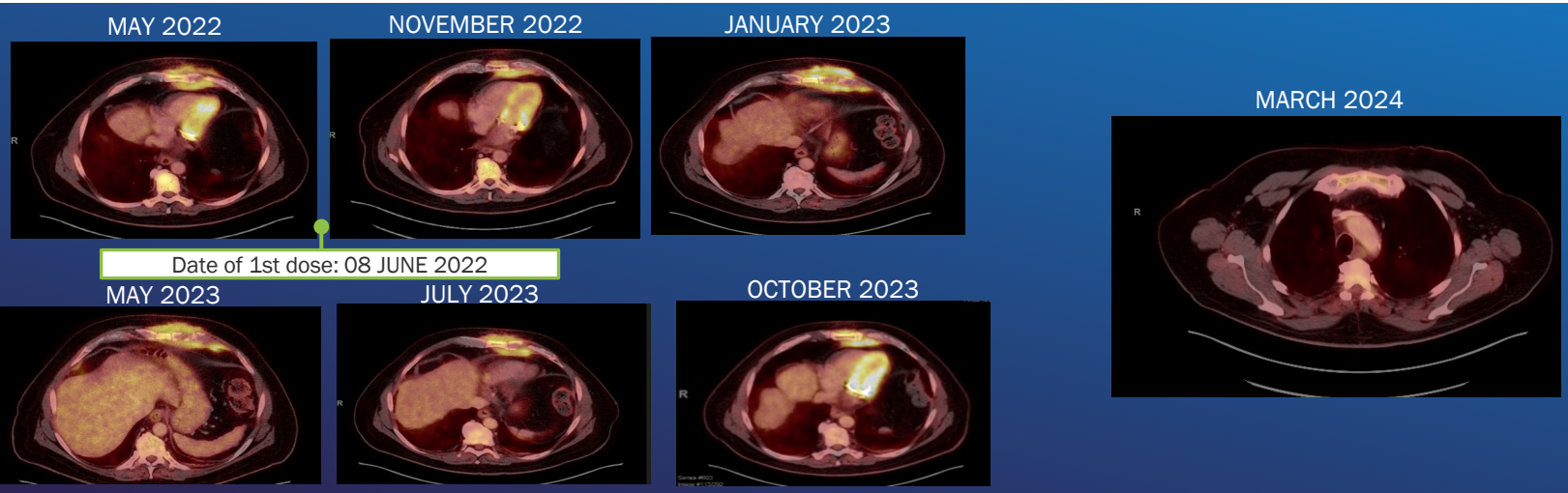
TREATMENT WAS WELL TOLERATED WITH ONE PATIENT STILL ON TREATMENT >26 MONTHS

- **2 CRs of 7 DH-DLBCL (29% CR rate)**
  - Both patients continue in full remission ~2 years after stopping treatment
- **13 patients with solid tumors had stable disease as best response**
- **1 patient with transformed follicular lymphoma achieved a Partial Response (PR)**
  - Best response was 65% tumor reduction (currently in cycle 39)
  - On treatment for >26 months

PATIENT: Diagnosis tFL

Age: 72 years
Cell of origin: GCB
Prior therapy (response):
- R-EPOCH (CR for 5 years)

Status: Active in Cycle 39
Latest Response: Partial Metabolic Response /PR



Data Extract: 13SEP24

Vincerx PHARMA

Enitociclib

BUILDING COLLABORATIVE PARTNERSHIPS TO SUPPORT ONGOING DEVELOPMENT

POTENTIAL CLINICAL DEVELOPMENT PATH

- Monotherapy in DH-DLBCL
- In combination with:
  - Venetoclax in PTCL
  - Venetoclax and a BTK inhibitor in CLL
  - Standard of care in ovarian with MYC overexpression

Vincerx PHARMA

WE ASPIRE TO CONQUER CANCER

by addressing the unmet medical needs of patients with paradigm-shifting therapeutics.

Confidential Presentation | October 2024

Vincerx PHARMA