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CFT7455, IKZF1/3 Degrader, for the Potential Treatment of Relapsed Refractory Multiple Myeloma (R/R MM)

Phase 1 Dose Escalation Data

December 12, 2023

Forward-looking Statements and Intellectual Property

Forward-looking Statements

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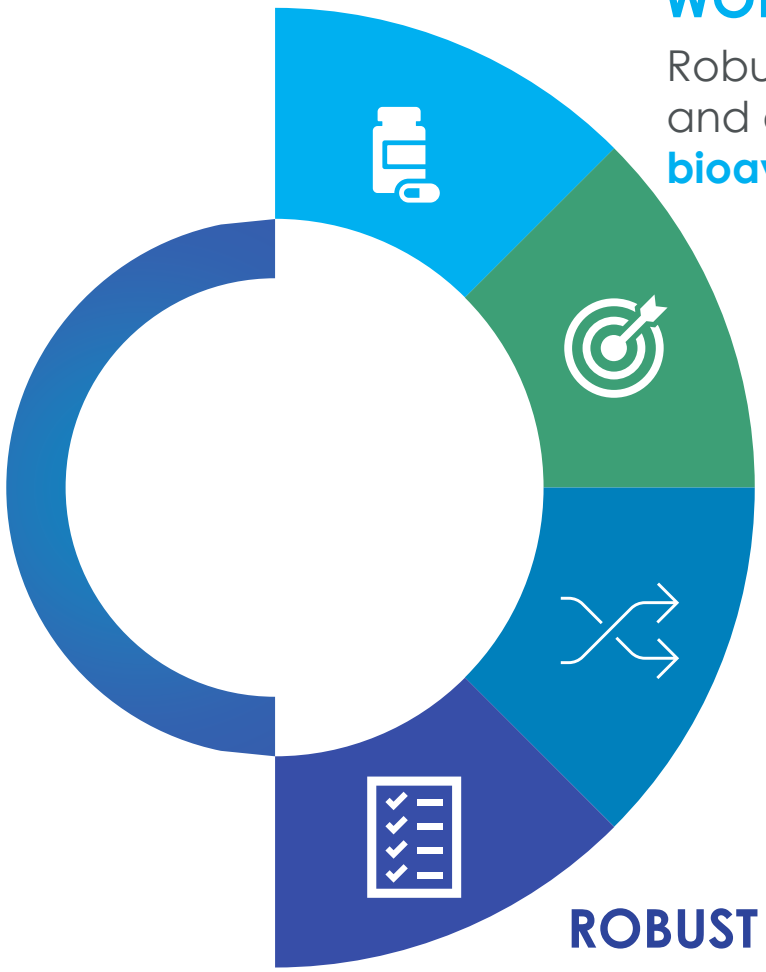
Today's Agenda

Topic	Participants
Introductions	Courtney Solberg, Senior Manager of IR
Opening Remarks	Andrew Hirsch, President and CEO
CFT7455 Preclinical Data	Stew Fisher, Ph.D., CSO
CFT7455 Phase 1 Data	Len Reyno, M.D., CMO
Q&A Session	Andrew Hirsch, President and CEO Stew Fisher, Ph.D., CSO Len Reyno, M.D., CMO Kendra Adams, CFO

C4T is a Leader in Delivering on the Promise of Targeted Protein Degradation

Our Mission

To deliver on the promise of targeted protein degradation science to create a new generation of medicines that transform patients' lives



WORLD-CLASS DEGRADER PLATFORM

Robust patent portfolio of novel cereblon binders and demonstrated ability to design **orally bioavailable, catalytically efficient degraders**

RIGOROUS TARGET SELECTION

Focus on targets with a **clear degrader rationale**

BROAD DEGRADER APPROACH

Only company with both **MonoDAC and BiDAC degraders** in the clinic

ROBUST CLINICAL PIPELINE

Oncology degraders against targets of high unmet need

Robust Pipeline of Degrader Medicines Pursuing Multiple Oncology Targets

Program	Target	Indications	Discovery	Pre-clinical	Early phase development	Late phase development	Rights
CFT7455	**IKZF1/3**	Multiple Myeloma & Non-Hodgkin's Lymphoma					
CFT1946	**BRAF-V600**	V600 Mutant Cancers					
CFT8919[1]	**EGFR L858R**	Non-Small Cell Lung Cancers					
Chromatin Regulating Targets		Various Cancers					
Oncogenic Signaling Targets		Various Cancers					
Transcription Factor Targets		Various Cancers					

1. Exclusive License and Collaboration Agreement with Betta Pharmaceuticals for the development and commercialization in Greater China

Execution Across Key 2023 Milestones

CFT7455 IKZF1/3	✓ Present Phase 1 dose escalation data from the Phase 1/2 trial in R/R MM
CFT8634 BRD9	✓ Present Phase 1 dose escalation data from the Phase 1/2 trial in Synovial Sarcoma and SMARCB1-null tumors
CFT1946 BRAF V600	✓ First patient dosed in the Phase 1/2 trial ✓ Present new preclinical data
CFT8919 EGFR L858R	✓ Secure China partnership ✓ Achieved FDA clearance of US IND
Discovery	✓ Collaboration with Merk to discover and develop degrader-antibody conjugates; $10M upfront

Relapsed/Refractory multiple myeloma (R/R MM); Investigational New Drug Application (IND)

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CFT7455 Phase 1 Update

Andrew Hirsch

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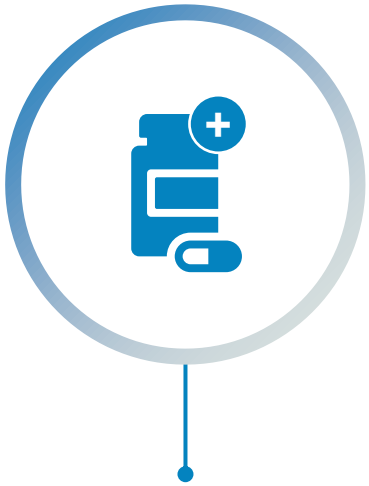
Schedule Adjustment Yielding Expected Results for CFT7455 as a Potential MM Therapy

Established Safety Profile and Dosing Schedule

- CFT7455 is well tolerated with no DLTs resulting in treatment discontinuations
- The 14 days on/14 days off schedule is optimal



Demonstrated Monotherapy Activity

- Anti-myeloma activity and immunomodulatory effects observed at well tolerated doses
- Opportunity in combination with novel MM agents for early-line patients and as a maintenance therapy option

Promising Responses with CFT7455 + Dexamethasone

- Multiple patients achieved IMWG responses at low doses with best responses in patients refractory to BCMA therapies
- Opportunity in combination with dexamethasone for multi-refractory patients

CFT7455 is a **potential treatment for multi-refractory MM patients** with the ability **to move into earlier lines** with numerous combination opportunities

Dose Limiting Toxicities (DLTs); multiple myeloma (MM); B cell maturation antigen (BCMA)
Source: C4T data on file as 11/28/2023

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CFT7455 Background & Preclinical Rationale

Stew Fisher

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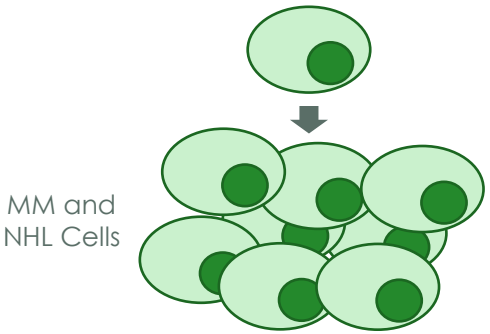
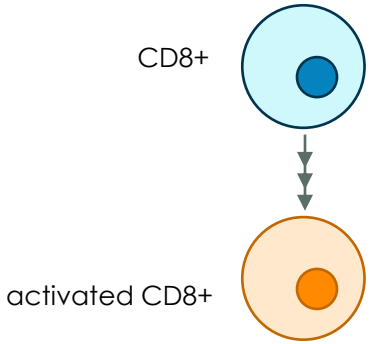
IKZF1/3 Degradation Drives Three Distinct Areas of Hematopoietic Biology; Degrading IKZF1/3 is a Validated Therapeutic Strategy in MM and NHL

IKZF1 / IKZF3 Transcription Factors

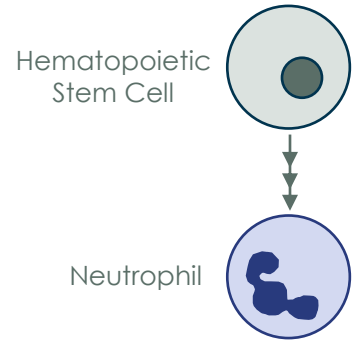
Drive MM and NHL Cell Growth and Survival



Activate Fully Differentiated T-cells



Regulate Hematopoietic Stem Cell Differentiation



Consequences of IKZF1/3 Degradation:

- **MM and NHL Cell Death**
- **T-cell Activation**
- **On-target Neutropenia**

Ikaros Family Zinc Finger proteins 1 and 3 (IKZF1/3)); Multiple Myeloma (MM); Non-Hodgkin's Lymphoma (NHL).

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IKZF1/3 Degraders are Effective Therapies that Require Drug Holidays Based on PK Properties to Overcome On-Target Neutropenia

IKZF1/3 Degrader	Half Life (hours)	Dosing Schedule	Dosed + Dexamethasone	Grade 3/4 Neutropenia Rate*
Revlimid® (lenalidomide) capsules	3-5	21 Days on / 7 Days off	✓	33%
Pomalyst® (pomalidomide) capsules	7.5	21 Days on / 7 Days off	✓	41-48%
Iberdomide	9-13	21 Days on / 7 Days off	✓	45%
Mezigdomide	~14	21 Days on / 7 Days off	✓	76%

Anti-MM and NHL Activity

Neutropenia

Effective dosing schedules of IKZF1/3 degraders require dosing breaks to balance efficacy with tolerability

Multiple Myeloma (MM); Non-Hodgkin's lymphoma (NHL)
* All data points are in combination with dexamethasone.
Source: FDA labels, Ye 2020 Clin Pharmacol Drug Dev, Richardson 2023 NEJM, Lonial 2022 Lancet Haematol.

CFT7455 was Designed to Overcome Several Shortcomings of Approved MM and NHL IKZF1/3 Degraders

Approved MM & NHL IKZF1/3 Degraders' Shortcomings

- **Modest on-target degradation** and **off-target liabilities**
- **Acquired resistance** to approved IKZF1/3 degraders[1]
- Many MM/NHL therapies require **onerous delivery** (e.g., frequent dosing, IV administration)
- High-risk MM, including **extramedullary disease**, remains difficult to treat
- ~50% of MM patients suffer from **renal impairment**[2], decreasing tolerability of renally cleared drugs

CFT7455 Preclinical Solutions

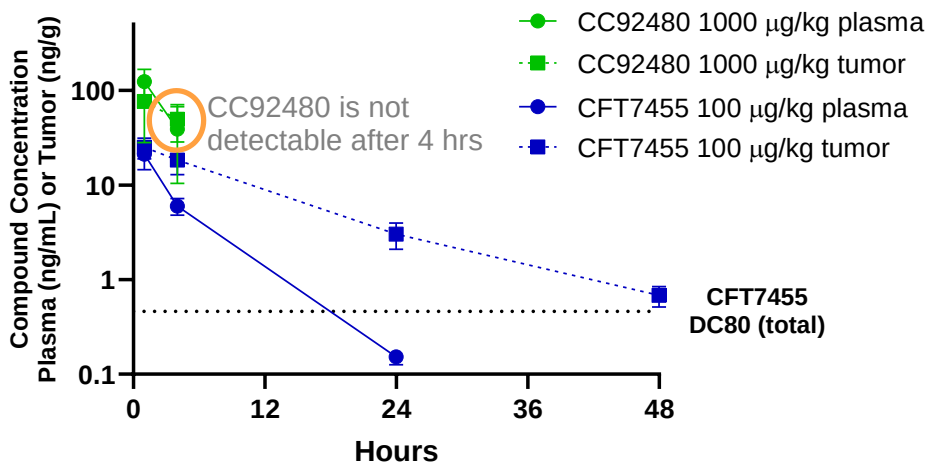
- ✓ **Reduce off-target toxicity** and provide **versatile combo potential**
- ✓ **Overcome resistance** by maintaining efficacy at low cereblon levels
- ✓ Excellent catalytic efficiency and enhanced PK profile leads to enhanced efficacy due to **predictable suppression of IKZF1/3 between doses**
- ✓ **Metabolize through the liver** to be better tolerated and potentially avoid kidney clearance

Plasma Protein Binding (PPB); Multiple Myeloma (MM); Non-Hodgkin's Lymphoma (NHL); Pharmacokinetics (PK)
Sources: 1. Includes lenalidomide, pomalidomide, and thalidomide 2. Rana 2020 Blood Advances.

Differentiated PK and Class-leading Catalytic Activity of CFT7455 Leads to Sustained Degradation Compared to Other Agents in this Class

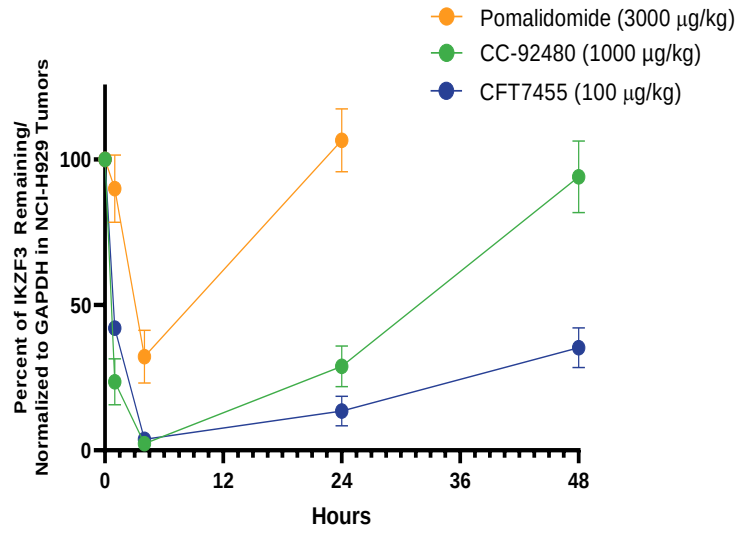
Extended Plasma and Tumor Exposure

In Vivo Tumor PK



Leads to Optimized Degradation Kinetics

In Vivo Degradation Kinetics (48 hrs.)



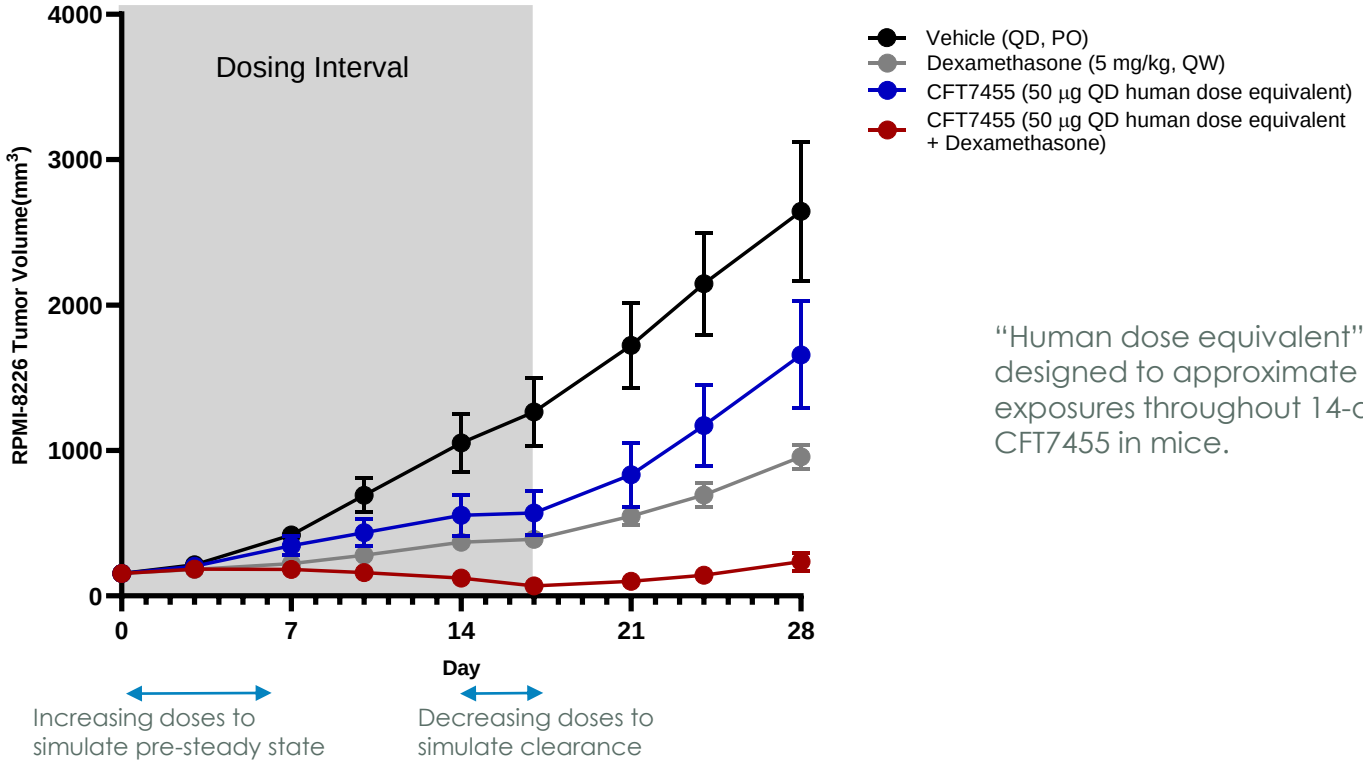
mezigdomide (CC-92480); Ikaros family zinc finger protein (IKZF3); multiple myeloma (MM); pharmacodynamics (PD); pharmacokinetics (PK); once daily (QD)
Source: AACR 2022 presentation

Preclinical Model Demonstrated Significant Synergy when CFT7455 is Combined with Dexamethasone

CFT7455 + Dexamethasone Shows Robust Tumor Regressions Compared to Monotherapy Regimens

CFT7455 50 µg QD Human Dose Equivalent +/- Dexamethasone

RPMI-8226 Multiple Myeloma Xenograft



"Human dose equivalent" dosing schedule is designed to approximate predicted human exposures throughout 14-day treatment with CFT7455 in mice.

Twice a day (BID); Human Dose (HD), Daily Dosing (QD); Oral administration (PO)
Source: C4T data on file

CFT7455 Monotherapy Dose Escalation in R/R MM

Len Reyno

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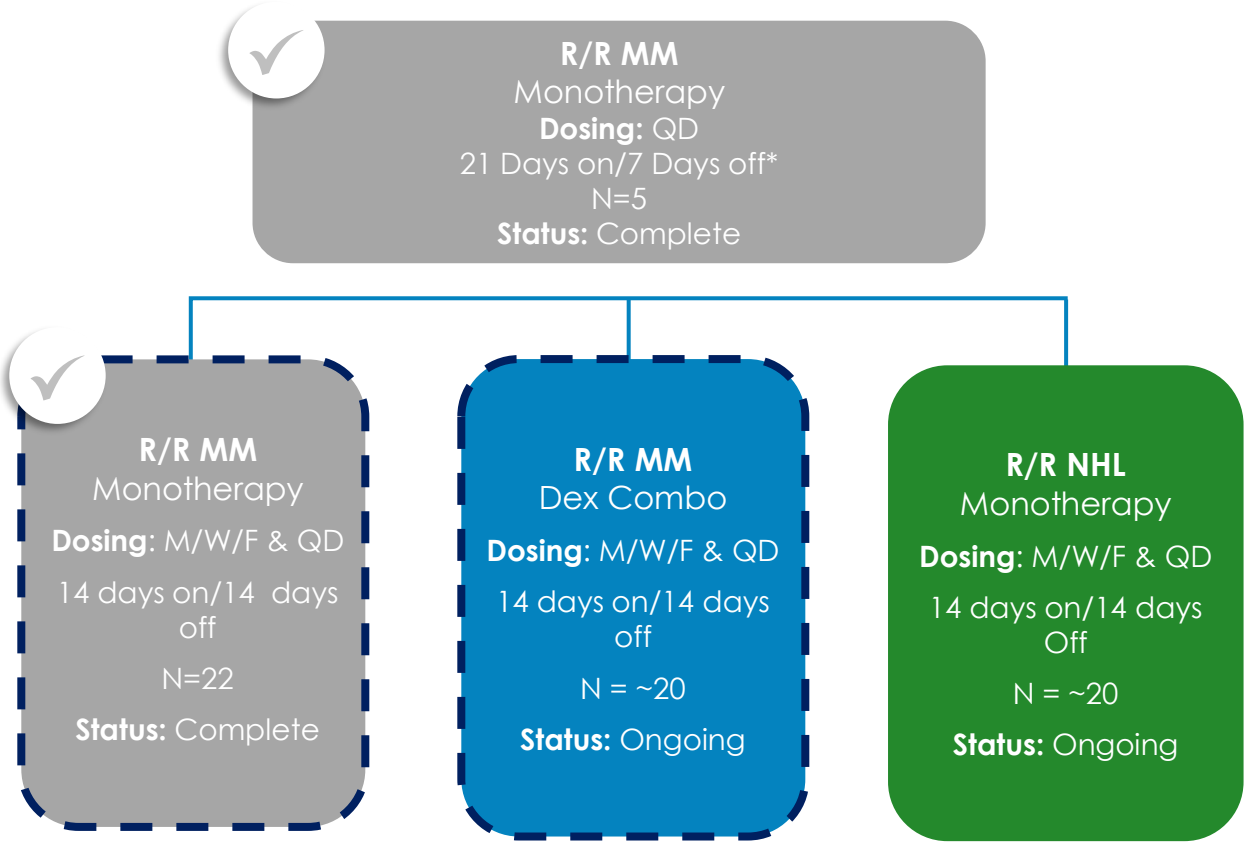
CFT7455 Phase 1 Dose Escalation Trial's Goal is to Define the Safety Profile and Identify Signs of Anti-Tumor Activity in R/R MM and R/R NHL

Phase 1 Dose Escalation Trial



Endpoints

Primary:

- Safety and tolerability
- Determine the maximum tolerated doses

Secondary:

- Estimate anti-tumor activity
- Assess PK

Exploratory:

- Characterize target engagement
- Assess kinetics, depth, recovery and consistency of target engagement
- Assess immuno-modulations

pharmacokinetic (PK); Monday, Wednesday, Friday dosing (M/W/F); once daily (QD); relapsed refractory multiple myeloma (R/R MM); relapsed refractory non-Hodgkin's lymphoma (R/R NHL)
*Monotherapy arm of 21 days on/7 days off is not included in the Phase 1 data update

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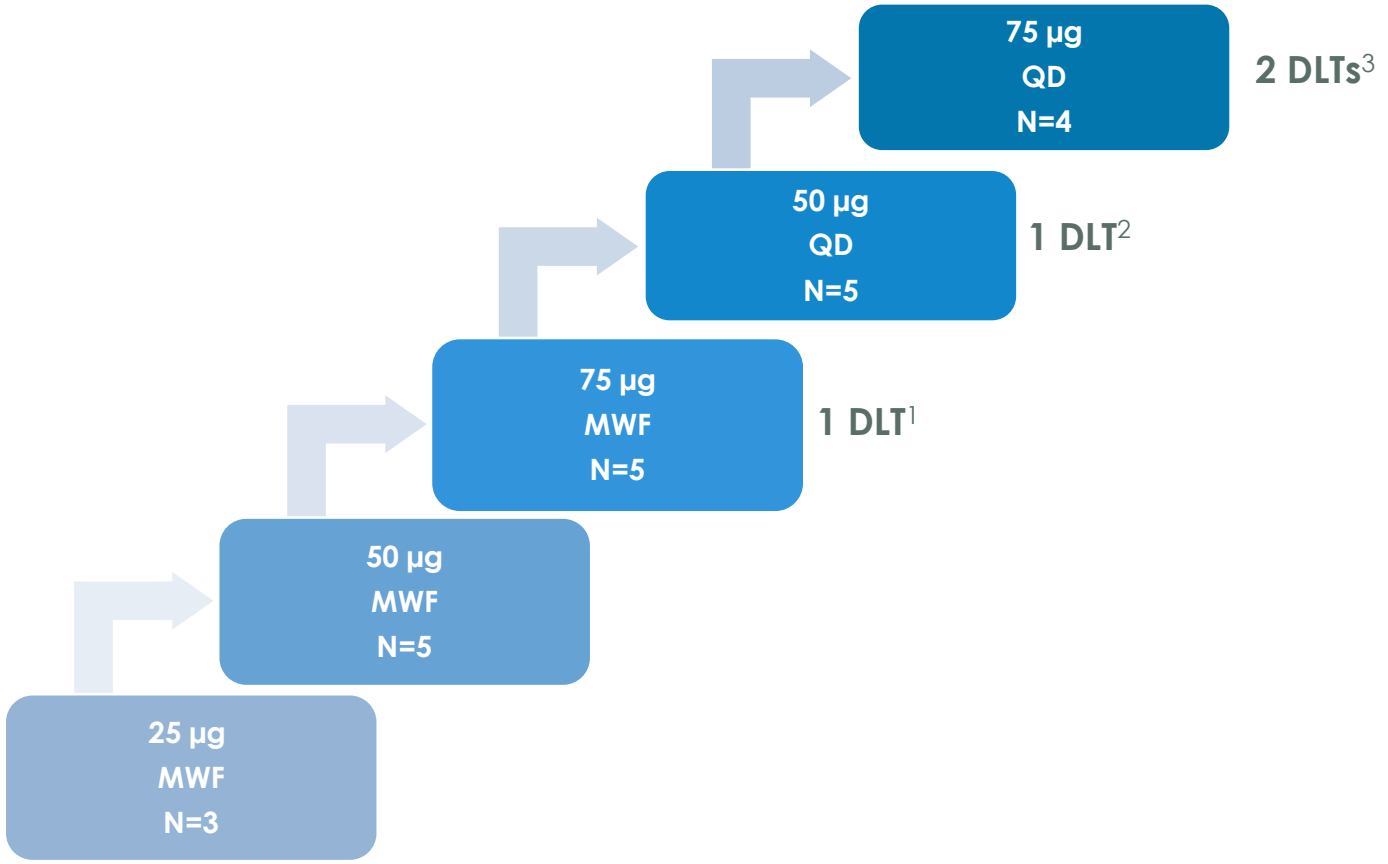
CFT7455 Monotherapy Dose Escalation Complete in R/R MM; Sufficient Data Generated to Explore CFT7455 in Combination with Novel MM Agents

Phase 1: Dose Escalation Monotherapy 14 Days On/14 Days Off

KEY INCLUSION CRITERIA

- Adults with MM, R/R at least 3 prior lines that have included lenalidomide, pomalidomide, a proteasome inhibitor, a glucocorticoid, and an anti-CD38 monoclonal antibody
- Nonresponsive to or progressed within 60 days of prior therapy
- Measurable disease
- Adequate bone marrow function (ANC ≥1000, Hgb ≥8.0, platelets ≥75,000)
- Creatinine clearance ≥40 mL/min
- ECOG ≤2



Monotherapy complete:

- 75 µg was maximum administered dose
- Sufficient data generated for CFT7455 to be combined with novel MM agents

Multiple myeloma (MM); Eastern Cooperative Oncology Group Score (ECOG); Relapsed/Refractory (R/R); absolute neutrophil count (ANC), Hemoglobin (Hgb); Monday Wednesday Friday (MWF); Daily Dosing (QD)
1. DLT was associated with febrile neutropenia; 2. DLT was associated with Grade 4 neutropenia >7 days; 3. DLTs were associated with febrile neutropenia and Grade 4 neutropenia >7 days
Source: C4T data on file as of 11/28/2023

CFT7455 Monotherapy Patient Population was Heavily Pre-treated with a Median of 7 Prior Therapies

Baseline Characteristics:

Characteristics	Safety Population (N = 22)
Age, median (range)	64 (47-79 years old)
Male, n (%)	14 (64%)
Time since initial diagnosis, median (range)	11 (3-20 years)
ECOG performance status , n (%) 0 1	 8 (36%) 14 (64%)
Revised ISS at baseline, n (%) Stage 1 Stage 2 Stage 3 Missing	 4 (18%) 9 (41%) 6 (27%) 3 (14%)
Presence of EMD, n (%)	9 (41%)

Prior Therapies:

Characteristics	Safety Population (N = 22)
Prior therapies, median (range)	7 (3-21)
Prior Len, n (%)	22 (100%)
Prior Pom, n (%)	22 (100%)
Prior CD38 Antibody, n (%)	22 (100%)
Prior CAR-T therapy, n (%)	9 (41%)
Prior T-cell engager therapy, n (%)	6 (27%)
Prior CAR-T or T-cell engager therapy, n (%)	12 (55%)

Extramedullary Disease (EMD); Eastern Cooperative Oncology Group (ECOG); Lenalidomide (Len); Pomalidomide (Pom); monoclonal antibody (mAB); International Staging System (ISS)
Source: C4T data on file as of 11/28/2023

CFT7455 Monotherapy: Treatment Disposition of 22 R/R MM Patients

Patient Disposition	Safety Population (N = 22)
Ongoing, n (%)	3 (14%)
Discontinued, n (%)	19 (86%)
Progressive disease, n(%)	12 (55%)
Physician decision, n(%)	3 (14%)
Withdrawal by patient, n(%)	2 (9%)
Death, n (%)	1 (5%)
Adverse event, n(%)	1 (5%)

- Death was not related to CFT7455
- Adverse event was a Grade 2 rash in the setting of early disease progression at the 50 µg dose on the MWF 14/14 schedule so there was limited benefit to continuing therapy

Source: C4T data on file as of 11/28/2023

CFT7455 Monotherapy is Well Tolerated with 14 Days on/14 Days off Schedule

Patients with AEs of Grade 3 or Higher, N (%)	25 µg MWF (N=3)	50 µg MWF (N=5)	75 µg MWF (N=5)	50 µg QD (N=5)	75 µg QD (N=4)	Monotherapy R/R MM Total (N=22)
Hematologic AEs						
Neutropenia	1 (33%)	1 (20%)	3 (60%)	3 (60%)	3 (75%)	11 (50%)
Anemia	1 (33%)	0	0	1 (20%)	2 (50%)	4 (18%)
Leukopenia	0	0	1 (20%)	2 (40%)	1 (25%)	4 (18%)
Thrombocytopenia	1 (33%)	0	0	1 (20%)	1 (25%)	3 (14%)
Febrile neutropenia	0	0	1 (20%)	0	1 (25%)	2 (9%)
Other AEs						
Cellulitis	0	0	1 (20%)	0	0	1 (5%)
Pseudomonas infection	0	0	0	0	1 (25%)	1 (5%)
Arrhythmia	0	0	0	1 (20%)	0	1 (5%)
Troponin T increased	0	0	0	1 (20%)	0	1 (5%)
Hypokalemia	1 (33%)	0	0	0	0	1 (5%)
Hypertension	0	0	0	0	1 (25%)	1 (5%)

Manageable neutropenia was the most common side effect; no DLTs resulted in discontinuations

Adverse Events (AEs); 14 days on/14 days off (14/14); Once Daily (QD); Monday/Wednesday/Friday dosing (MWF); Dose Limiting Toxicity (DLTs)
Note: All doses displayed are with the 14 days on/14 days off dosing schedule.
Source: C4T data on file as of 11/28/23

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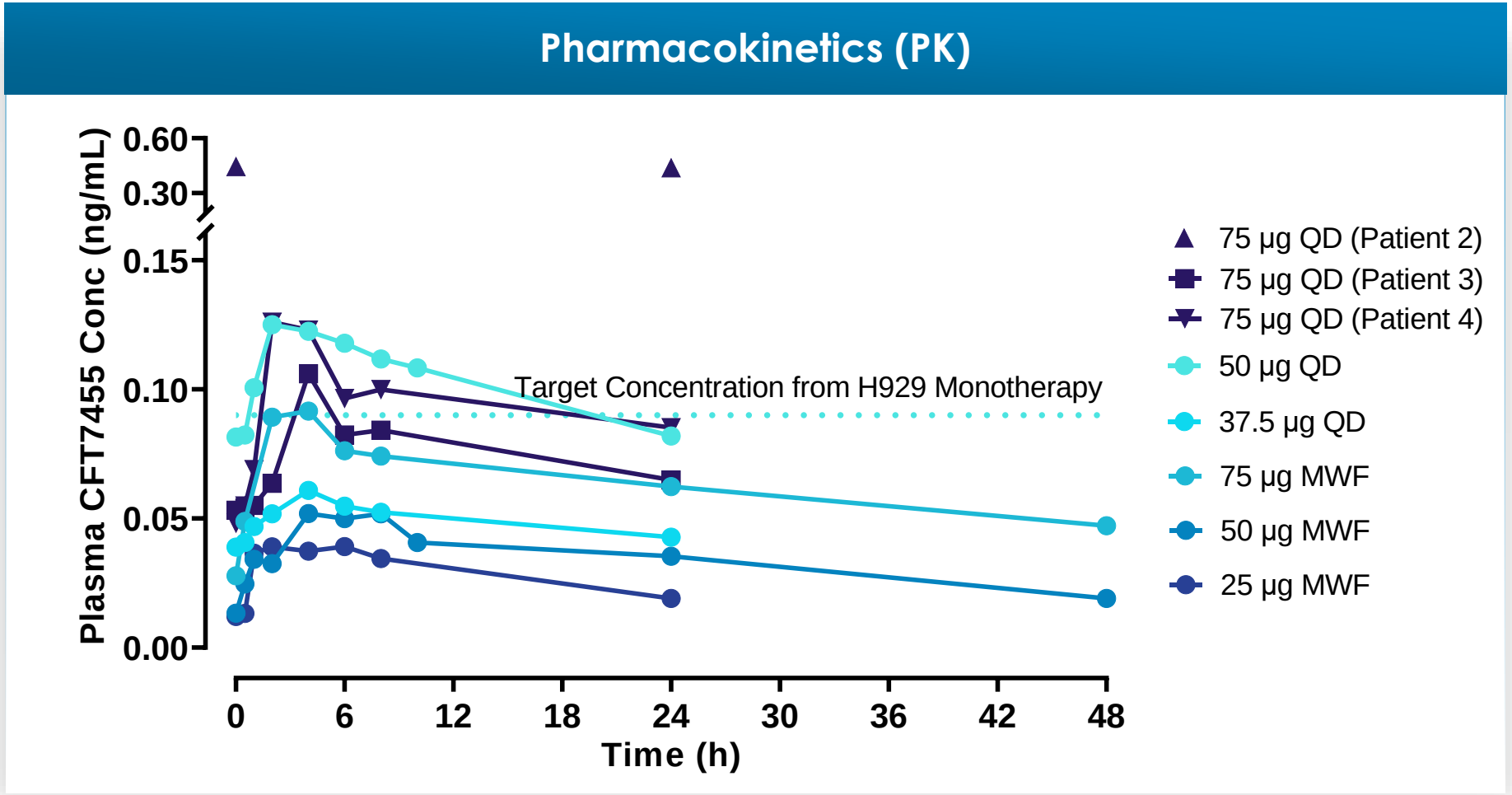
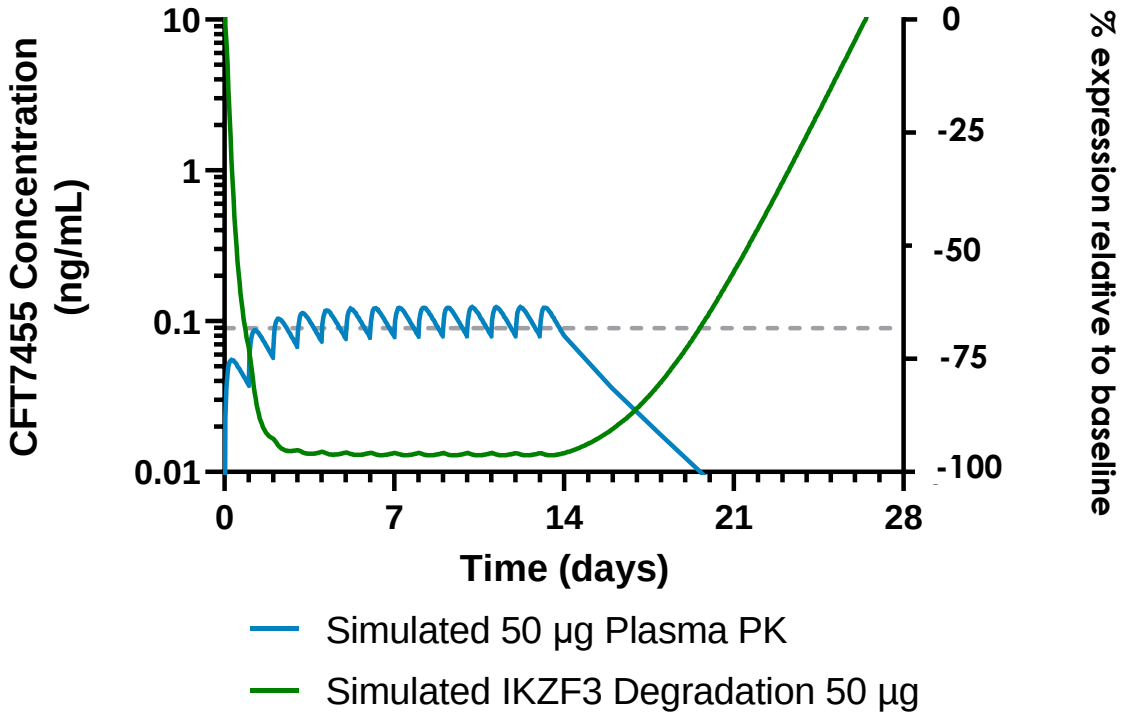
Plasma Exposure of CFT7455 Monotherapy Increased Proportionally with Cumulative Dose



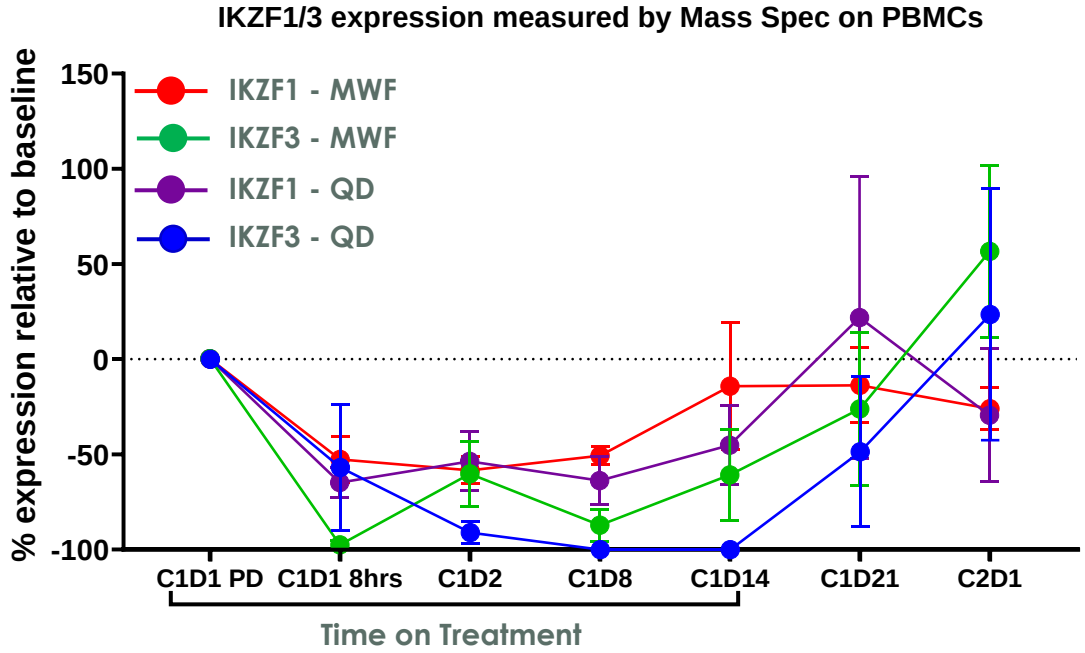
Daily dosing(QD); Monday, Wednesday, Friday dosing (MWF)
Source: C4T data on file as of 11/28/23

Pharmacodynamics Consistent with 14 Days on/14 Days off Modeling Assumptions; Schedule is Sufficient for Neutrophil Recovery

Modeled PK/PD of 14 Days on/ 14 Days off Schedule



Clinical PD of 14 Days on/ 14 Days off Schedule



- QD showed greater degradation of IKZF1 and IKZF3 than MWF during the first cycle of the 14 days on/14 days off schedule

Daily dosing (QD); Pharmacokinetic (PK); Pharmacodynamic (PD); Monday, Wednesday, Friday dosing (MWF)
All samples from clinical PD were pre-dose, except C1D1 8 hours
Source: C4T data on file as of 11/28/23

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International Myeloma Working Group (IMWG) Response Criteria

sCR Stringent Complete Response	CR Complete Response	VGPR Very Good Partial Response	PR Partial Response	MR Minimal Response	SD Stable Disease
• CR as defined to The right, plus normal FLC ratio and absence of clonal cells in bone marrow by immuno-histochemistry or immuno-fluorescence	• Negative immunofixation on the serum and urine and disappearance of any soft tissue plasmacytomas and < 5% plasma cells in bone marrow	• Serum and urine M-protein detectable by immunofixation but not on electrophoresis or > 90% reduction in serum M-protein plus urine M-protein level < 100 mg/24 h	• > 50% reduction of serum M-protein • Reduction in 24 hours urinary M-protein by >90% or to < 200 mg/24 h • > 50% decrease in the difference between involved and uninvolved FLC levels is required in place of the M-protein criteria • If serum, urine M-protein, and serum free light assay is not measurable, > 50% reduction in plasma cells is required in place of M-protein, provided baseline bone marrow plasma cell percentage was > 30% • In addition, if present at baseline, a > 50% reduction in the size of soft tissue plasmacytomas is also required	• ≥25% but ≤49% reduction of serum M-protein and reduction in 24-h urine M-protein by 50–89% • In addition to the above listed criteria, if present at baseline, a ≥50% reduction in the size (SPD) of soft tissue plasmacytomas is also required	• Not meeting criteria for sCR, CR, VGPR, PR, or progressive disease

Source: 2016 International Myeloma Working Group uniform response criteria for multiple myeloma

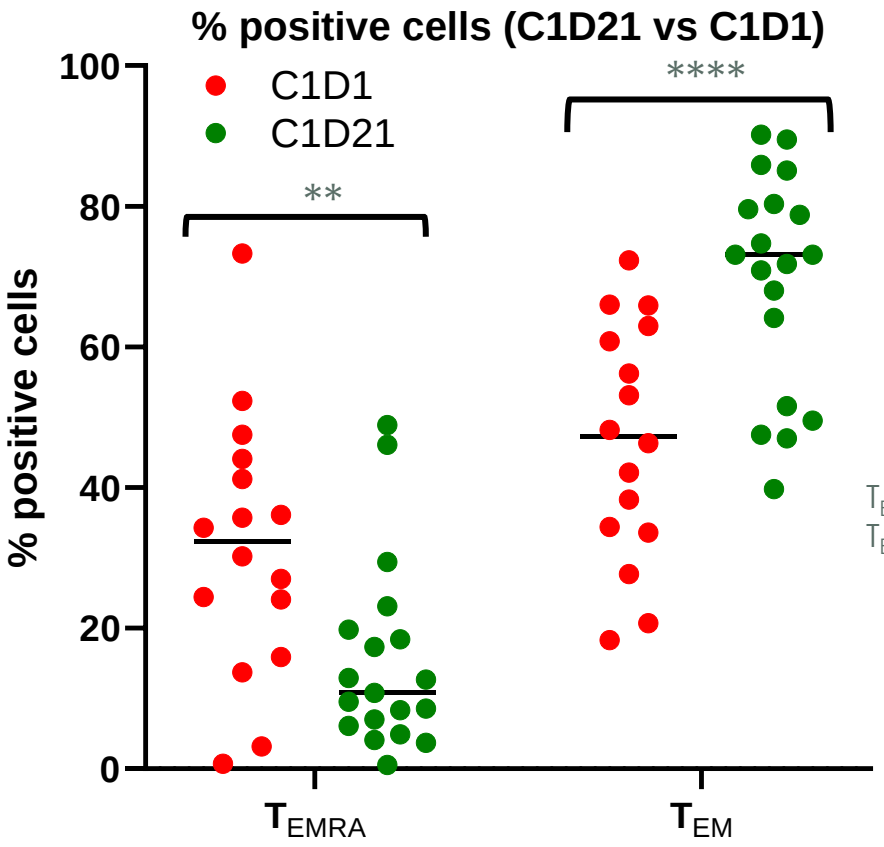
Evidence of Anti-Myeloma Monotherapy Activity: All 4 Patients at the Maximum Administered Dose Level had Stable Disease or Better

Dosing Schedule	Dose Level	EMD Status	Prior CAR-T or TCE	Prior lines	Cycles 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
14 days on/ 14 days off	25 µg M/W/F	Yes	Yes	8		PD														
		Yes	No	5		PD														
		Yes	No	6		PD														
	50 µg M/W/F	No	No	3		PD														
		No	Yes	4		MR														
		Yes	No	8		SD	PD													
		Yes	No	10		NE														
		No	No	6		PD														
	75 µg M/W/F	Yes	Yes	7		PD														
		No	No	4		PD														
		No	Yes	5		PD														
		No	Yes	9		SD														
		No	Yes	21		NE														
	50 µg QD	Yes	Yes	6		SD	PD													
		No	No	6		SD		MR		PD										
		No	Yes	8		SD														
		No	No	9		PD														
		No	Yes	17		PD														
	75 µg QD	Yes	Yes	7		SD	PD													
		Yes	Yes	4		SD		PR												
		No	Yes	9		SD														
		No	No	3		SD														

Partial Response (PR)
Minimal Response (MR)
Stable Disease (SD)
Progressive Disease (PD)
Not Evaluable (NE)
Ongoing
Withdrawal of consent or physician decision

Extramedullary Disease (EMD); T-cell Engager (TCE); Daily Dosing (QD); Monday Wednesday Friday dosing (M/W/F)
Source: C4T data on file as of 11/28/2023

Clinical Evidence of Immune T-cell Activation with CFT7455 Monotherapy



T_{EMRA}: Terminally differentiated T-cells
T_{EM}: Effector memory T-cells

- 19 patient samples (PBMCs) analyzed by flow cytometry
- Aggregate data of 25 µg, 50 µg, and 75 µg M/W/F and QD

Supports potential of CFT7455 as a maintenance therapy option and in combination with novel MM agents to improve efficacy:

- ✓ CFT7455 induces CD8+ T-cell activation by increasing effector memory T-cell subset
- ✓ T-cell activation is observed at well tolerated monotherapy clinical doses
- ✓ The clinical data consistent with the preclinical *in vitro* data reported for CFT7455

Peripheral Blood Mononuclear Cells (PBMCs); daily dosing (QD); Monday, Wednesday,Friday Dosing Schedule (MWF)
Multiple Myeloma (MM)
Source: C4T data on file as of 11/28/2023

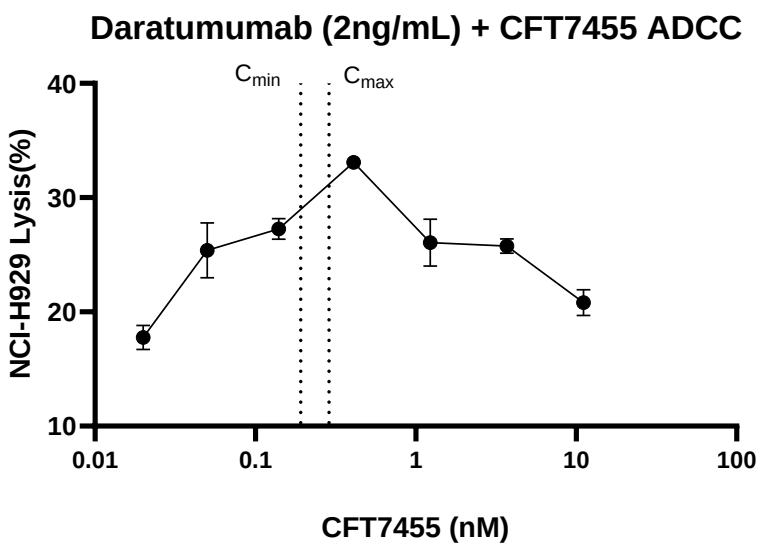
CFT7455 Enhances Immune Cell Lysis of Daratumumab and Teclistamab in Non-clinical Translational Models

DARZALEX® (daratumumab)

TECVAYLI™ (teclistamab)

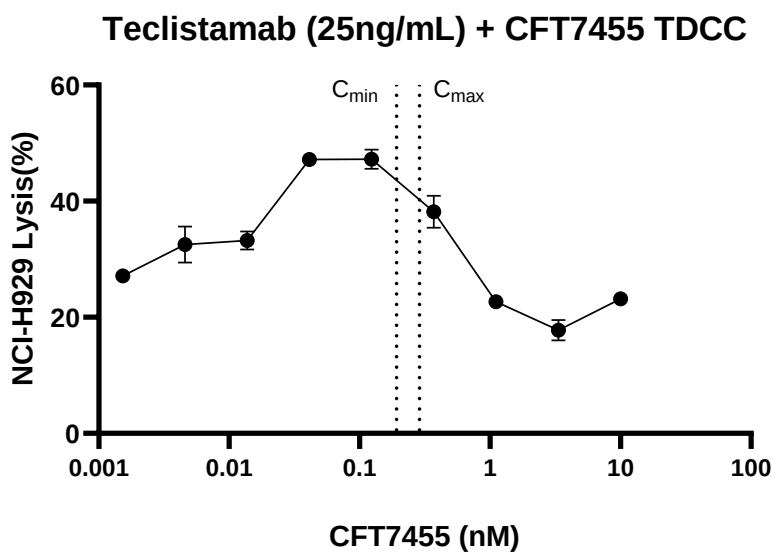
Daratumumab (Anti-CD38) Combo

Antibody-Dependent Cell-Mediated Cytotoxicity Assay (ADCC)



Teclistamab (BCMA BiTE) Combo

T-cell Dependent Cellular Cytotoxicity Assay (TDCC)



C_{min} and C_{max} represent human plasma concentrations for a 50 µg dose of CFT7455

Bispecific T-Cell Engager (BiTE)
Source: C4T data on file
Darzalex is a registered trademark of Janssen; Tecvalyi is a registered trademark of J&J

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CFT7455 Monotherapy is Well Tolerated and Demonstrates Anti-Myeloma Activity and Immunomodulatory Effects

- Continuous target degradation is associated with CFT7455 dosing across all dose levels and shows anti-myeloma activity at the highest dose level
- 14 days on/14 days off schedule provides therapeutic index with anti-myeloma activity at 75 µg
- Dose proportional increases in plasma exposure and long half-life of 48 hours supports 14 days on/14 days off schedule
- Well tolerated with manageable neutropenia in a heavily pre-treated population utilizing a 14 days on/14 days off schedule
- Clinical evidence of immune T-cell activation at doses below the maximum administered dose

CFT7455 profile supports combination with novel MM agents and as maintenance therapy

Source: C4T data on file as of 11/28/23

CFT7455 + Dexamethasone in R/R MM

Len Reyno

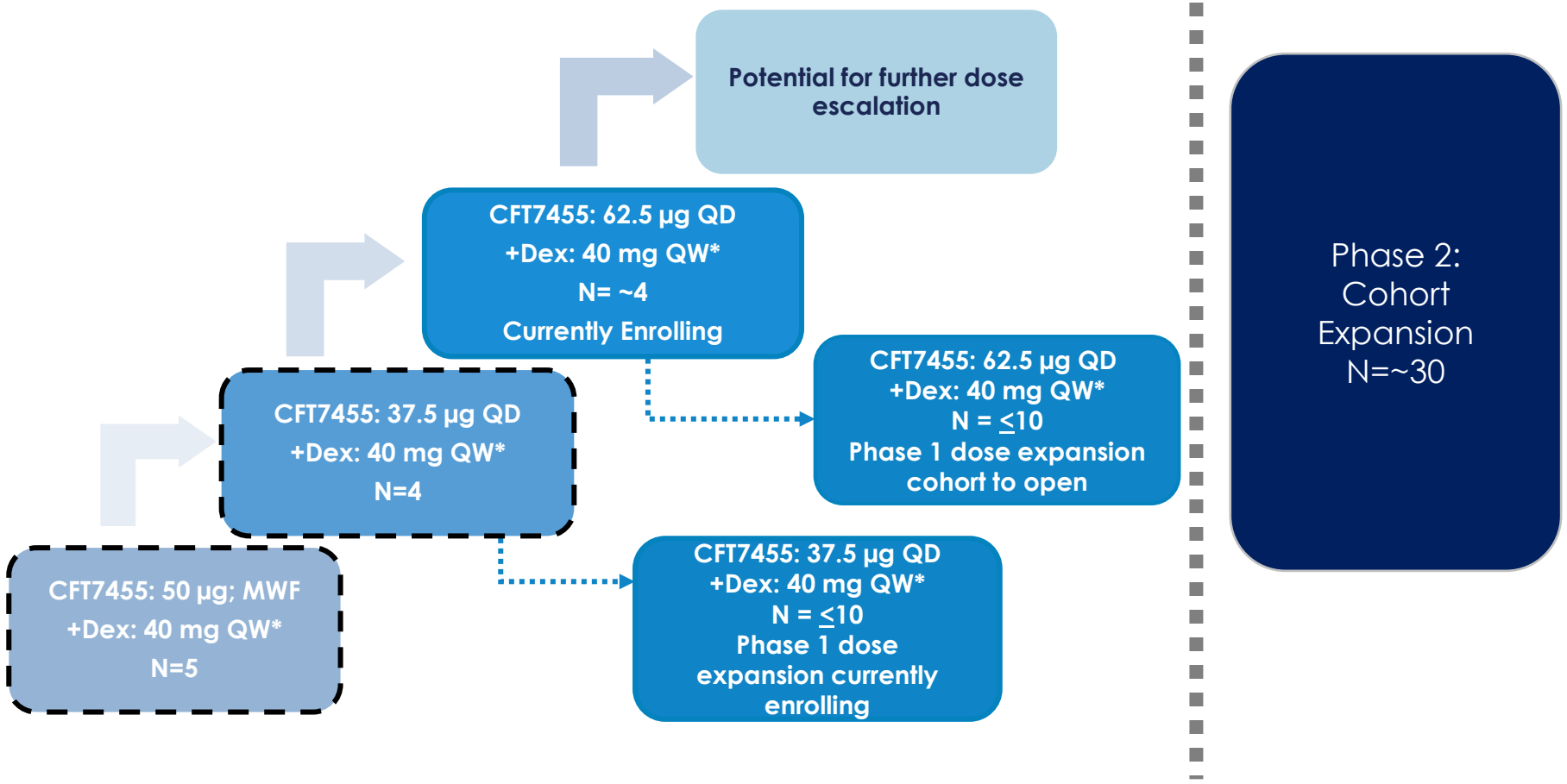
C4 Therapeutics

CFT7455 + Dexamethasone Dose Escalation in R/R MM

Phase 1: Dose Escalation + Dexamethasone 14 Days On/14 Days Off

KEY INCLUSION CRITERIA

- Adults with R/R MM, at least 3 prior lines that have included lenalidomide, pomalidomide, a proteasome inhibitor, a glucocorticoid, and an anti-CD38 monoclonal antibody
- Nonresponsive to or progressed within 60 days of prior therapy
- Measurable disease
- Adequate bone marrow function (ANC ≥1000, Hgb ≥8.0, platelets ≥75,000)
- Creatinine clearance ≥40 mL/min
- ECOG ≤2



Eastern Cooperative Oncology Group (ECOG), Monday, Wednesday, Friday dosing (MWF); Daily Dosing (QD), Relapsed/Refractory multiple myeloma (R/R MM); Absolute neutrophil count (ANC); Hemoglobin (Hgb); dexamethasone (Dex)
*+Dex is dosed on days 1,8,15, and 22 and dose is reduced for older patients.
Source: C4T data on file as of 11/28/2023

C4 Therapeutics

CFT7455 + Dexamethasone Patient Population to Date was Heavily Pre-treated with a Median of 6 Prior Therapies

Baseline Characteristics:

Characteristics	Safety Population (N = 9)
Age, median (range)	68 (59-82 years)
Male, n (%)	3 (33%)
Time since initial diagnosis, median (range)	9 (5-17 years)
ECOG performance status , n (%) 0 1	 1(11%) 8 (89%)
Revised ISS at baseline, n (%) Stage 1 Stage 2 Stage 3 Missing	 6 (67%) 1(11%) 0 2 (22%)
Presence of EMD, n (%)	3 (33%)

Prior Therapies:

Characteristics	Safety Population (N = 9)
Prior therapies, median (range)	6 (4-12)
Prior Len, n (%)	9 (100%)
Prior Pom, n (%)	8 (89%)
Anti-CD38 mAB refractory, n (%)	9 (100%)
Prior CAR-T therapy, n (%)	4 (44%)
Prior T-cell engager therapy, n (%)	2 (22%)
Prior CAR-T or T-cell engager therapy, n (%)	5 (56%)

Extramedullary Disease (EMD); Eastern Cooperative Oncology Group (ECOG); Lenalidomide (Len); Pomalidomide (Pom); monoclonal antibody (mAB); International Staging System (ISS)
Source: C4T data on file as of 11/28/2023

CFT7455 + Dexamethasone is Well Tolerated

Patients with AEs of Grade 3 or Higher, N (%)	CFT7455: 50 µg MWF +Dex: 40 mg QW (N=5)	CFT7455: 37.5 µg QD +Dex: 40 mg QW (N=4)	CFT7455+Dex Total (N=9)
Hematologic AEs			
Anemia	1 (20%)	2 (50%)	3 (33%)
Neutropenia	1 (20%)	2 (50%)	3 (33%)
Febrile neutropenia	1 (20%)	1 (25%)	2 (22%)
Thrombocytopenia	1 (20%)	0	1 (11%)
Leukopenia	1 (20%)	0	1 (11%)
Lymphocyte count decreased	0	1 (25%)	1 (11%)
Other AEs			
Pneumonia	0	1 (25%)	1 (11%)
Blood creatinine increased	1 (20%)	0	1 (11%)
Mental impairment	1 (20%)	0	1 (11%)
Hypocalcemia	0	1 (25%)	1 (11%)
Acute kidney injury	1 (20%)	0	1 (11%)
Epistaxis	1 (20%)	0	1 (11%)
Pulmonary oedema	0	1 (25%)	1 (11%)
Intracranial mass	1 (20%)	0	1 (11%)

Adverse Events (AEs); Once weekly (QW); Daily dosing (QD); Dex (Dexamethasone); Monday, Wednesday Friday dosing (MWF)
Note: All doses displayed are with the 14 days on/14 days off dosing schedule.
+Dex is dosed on days 1,8,15 and 22 and dose is reduced for older patients
Source: C4T data on file as of 11/28/2023

C4 Therapeutics

CFT7455 + Dexamethasone Resulted in Multiple Responses at Low Doses with Best Responses in Patients Refractory to BCMA Therapies

Dosing Schedule	Dose Level	EMD Status	Prior CAR-T or TCE	# of Prior Lines	Cycles 1	2	3	4	5	6	7	8	9	10	11
14 days on/ 14 days off	CFT7455: 50 µg MWF +Dex: 40 mg QW	No	No	6		PD									
		No	Yes	4		SD				PD					
		No	No	5		SD	MR		PR	→					
		Yes	Yes	12		PD									
		No	No	6		SD			■						
	CFT7455: 37.5 µg QD +Dex: 40 mg QW	No	Yes	5		VGPR	sCR		→						
		No	Yes	9		PR		→							
		Yes	No	7		SD	■								
		Yes	Yes	7		NE	→								

- Stringent Complete Response (sCR)
- Very good partial response (VGPR)
- Partial Response (PR)
- Minimal Response (MR)
- Stable Disease (SD)
- Progressive Disease (PD)
- Not Evaluable (NE)
- Ongoing
- Withdrawal of consent or physician decision

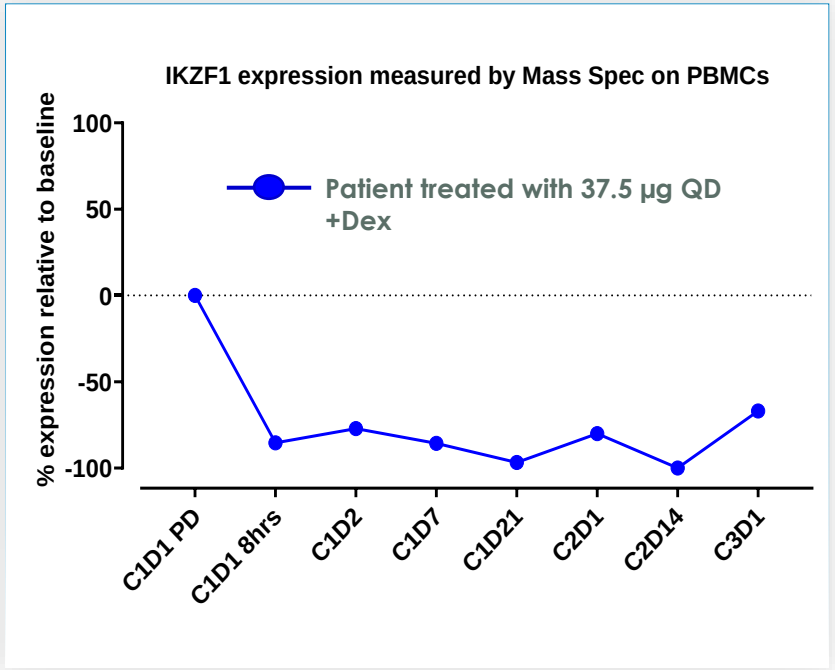
Extramedullary Disease (EMD); T-Cell Engager (TCE); Daily Dosing QD); One Weekly (QW); Monday, Wednesday, Friday Dosing (MWF); Dexamethasone (Dex); B cell maturation antigen (BCMA)
Source: C4T data on file as of 11/28/2023

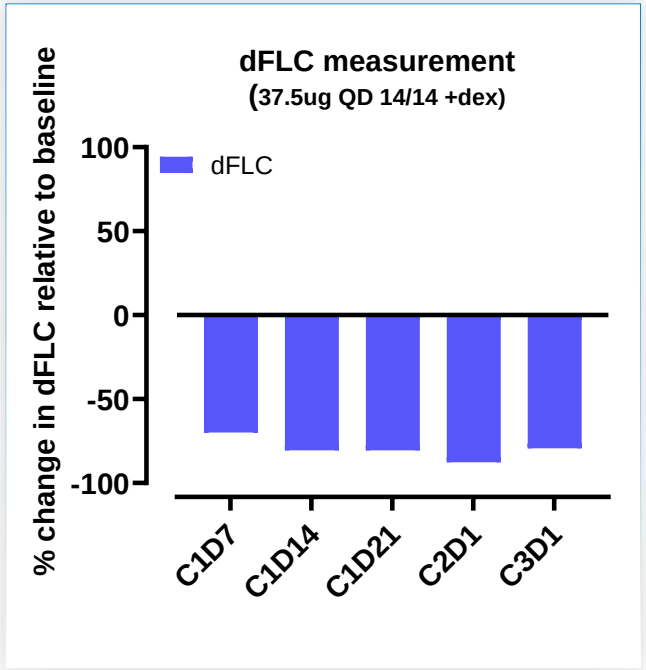
C4 Therapeutics

Patient Vignette: sCR Achieved in a Pre-treated MM Patient When Treated with CFT7455 + Dexamethasone

- 65, female, enrolled 08/23/2023 into 37.5 µg QD 14/14 CFT7455 + dexamethasone cohort
- Diagnosed with MM in 2018
- Received 5 lines of prior therapy; stage 2 R-ISS MM

Line	Therapy
1	Revlimid + Velcade
2	Daratumumab
3	Daratumumab + Pomalidomide + Dex
4	Cyclophosphamide + Carfilzomib + Dex
5	Abecma (Ide-Cel)





Per IMWG response criteria, patient achieved stringent complete response:

- Negative immunofixation on the serum and urine plus normal FLC ratio
- Absence of clonal cells in bone marrow by immunohistochemistry or immunofluorescence

Decrease in serum free light chain (dFLC); Dexamethasone (Dex); Revised International Staging System (R-ISS); multiple myeloma (MM); very good partial response (VGPR); partial response (PR); stringent complete response (sCR); 14 days on/14 days off schedule (14/14); Daily dosing (QD)
Values of the IKZF1 degradation are post dose
Source: C4T data on file as of 11/28/2023

C4 Therapeutics

CFT7455 + Dexamethasone is Well Tolerated and Demonstrates Promising Efficacy Signals, Supporting Development in Multi-refractory MM Patients

- CFT7455 combined with dexamethasone is well tolerated in a heavily pre-treated population
  - Manageable neutropenia

- Promising efficacy signals with multiple patients responding at low doses, including best responses in patients who were refractory to BCMA
  - All three patients at second dose level studied responded

Now enrolling Phase 1 dose escalation cohort at 62.5 µg and Phase 1 dose expansion cohort at 37.5 µg

Pharmacodynamic (PD); Pharmacokinetic (PK); B cell maturation antigen (BCMA)
Source: C4T data on file as of 11/28/2023

C4 Therapeutics

CFT7455 Development Plan and Next Steps

Len Reyno

C4 Therapeutics

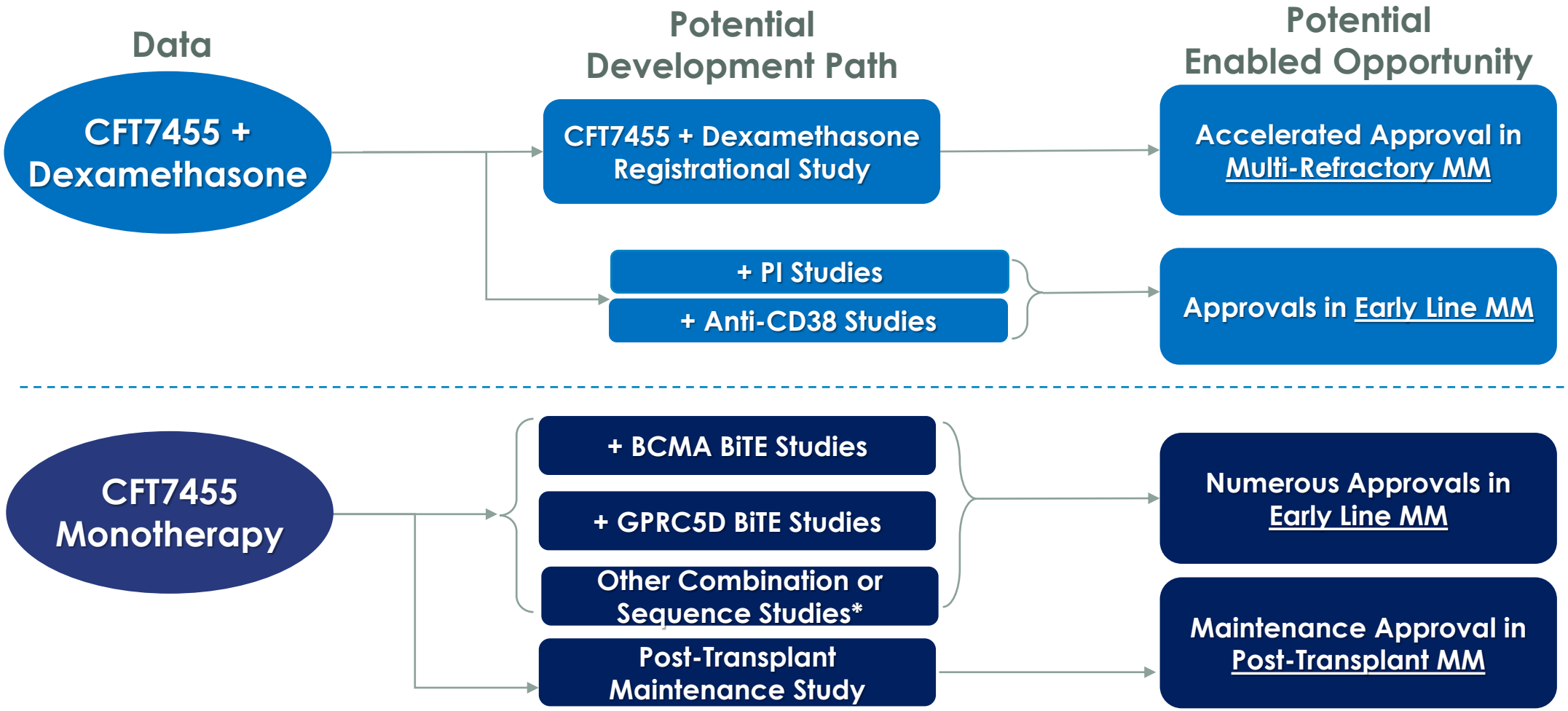
Despite Numerous Treatment Options, Many MM Patients Progress through Several Lines of Therapy, Providing Opportunities for CFT7455

MM Treatment	Annual Addressable Patients (US, 2023)		Potential Opportunity for CFT7455:
1st Line	~22,000 transplant ineligible	~11,000 transplant eligible	• Front-line triplet combinations with daratumumab or proteasome inhibitors • Maintenance therapy option post-transplant
2nd Line	~29,000		• 2/3-line triplet combinations with daratumumab or proteasome inhibitors • Combination partner for BCMA BiTEs, CAR-Ts and other 2/3-line immunomodulatory treatments
3rd Line	~25,000		
4th Line	~20,000		• Combination with novel agents or with dexamethasone may be a suitable treatment option for multi-refractory patients (patients who progress on anti-CD38s, BCMA BiTEs, CAR-Ts, and other therapies)
5th Line	~12,000		

Annual addressable patient numbers estimated from consulting work done by Health Advances and ClearView, based on primary and secondary research; Bispecific T-cell Engagers (BiTES); Multiple myeloma (MM)

C4 Therapeutics

The CFT7455 Profile Supports Multiple Opportunities Across MM Landscape



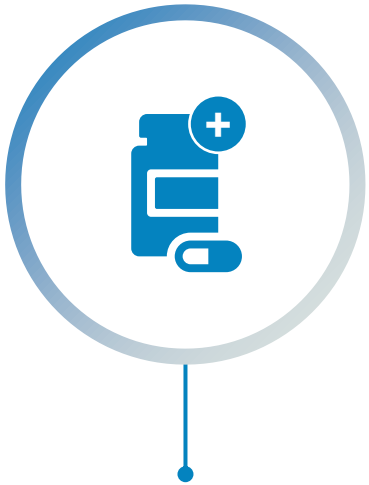
* Other combination opportunities may include CAR-T, anti-SLAMF7, XPO1 inhibitors, FcRH5 BiTE, among others.
Bi-specific T-cell Engager (BiTE); Proteasome Inhibitors (PI).

C4 Therapeutics

Schedule Adjustment Yielding Expected Results for CFT7455 as a Potential MM Therapy

Established Safety Profile and Dosing Schedule

- CFT7455 is well tolerated with no DLTs resulting in treatment discontinuations
- The 14 days on/14 days off schedule is optimal



Demonstrated Monotherapy Activity

- Anti-myeloma activity and immunomodulatory effects observed at well tolerated doses
- Opportunity in combination with novel MM agents for early-line patients and as a maintenance therapy option

Promising Responses + Dexamethasone

- Multiple patients achieved IMWG responses at low doses with best responses in patients refractory to BCMA therapies
- Opportunity in combination with dexamethasone for multi-refractory patients

Next Milestones:

- Present complete CFT7455 dose escalation data + dexamethasone for R/R MM in **2024**
- Present complete CFT7455 dose escalation data as a monotherapy for R/R NHL in **2024**

Dose Limiting Toxicities (DLTs); multiple myeloma (MM); B cell maturation antigen (BCMA)
Source: C4T data on file as 11/28/2023

C4 Therapeutics

Q&A Session

C4 Therapeutics