

Merus

Pioneering Bispecific Antibodies

September 4, 2019



Disclaimer

This presentation (including any oral commentary that accompanies this presentation) contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements contained in this presentation that do not relate to matters of historical fact should be considered forward-looking statements, including without limitation statements regarding the impact our Biclomics® platform can have on cancer, our product candidates' potential to treat certain types of tumors, the timing of regulatory filings and the timing and anticipated data read outs or results from our clinical trials. These forward-looking statements are based on management's current expectations. These statements are neither promises nor guarantees, but involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements, including, but not limited to, the following: we have incurred significant losses, are not currently profitable and may never become profitable; our need for additional funding, which may not be available and which may require us to restrict our operations or require us to relinquish rights to our technologies or bispecific antibody candidates; potential delays in regulatory approval, which would impact our ability to commercialize our product candidates and affect our ability to generate revenue; the unproven approach to therapeutic intervention of our Biclomics® technology; our limited operating history; economic, political, regulatory and other risks involved with international operations; the lengthy and expensive process of clinical drug development, which has an uncertain outcome; the unpredictable nature of our

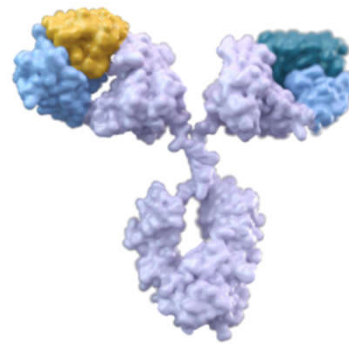
early stage development efforts for marketable drugs; potential adverse public reaction to the use of cancer immunotherapies; potential delays in enrollment of patients, which could affect the receipt of necessary regulatory approvals; failure to obtain marketing approval internationally; failure to compete successfully against other drug companies; potential competition from other drug companies if we fail to obtain orphan drug designation or maintain orphan drug exclusivity for our products; our reliance on third parties to conduct our clinical trials and the potential for those third parties to not perform satisfactorily; our reliance on third parties to manufacture our product candidates, which may delay, prevent or impair our development and commercialization efforts; protection of our proprietary technology; our patents being found invalid or unenforceable; potential lawsuits for infringement of third-party intellectual property; our ability to attract and retain key personnel; managing our growth could result in difficulties; and we may lose our foreign private issuer status and incur significant expenses as a result.

These and other important factors discussed under the caption "Risk Factors" in our Annual Report on Form 20-F filed with the Securities and Exchange Commission, or SEC, on April 3, 2019, and our other reports filed with the SEC, could cause actual results to differ materially from those indicated by the forward-looking statements made in this presentation. Any such forward-looking statements represent management's estimates as of the date of this presentation. While we may elect to update such forward-looking statements at some point in the future, we disclaim any obligation to do so, even if subsequent events cause our views to change.

Merus: Pioneering Bispecific Antibodies Since 2006

4 clinical-stage
bispecific antibodies
in oncology

Multiple near term
milestones
anticipated in next 12
months



**Designed by nature.
Selected by Merus.**

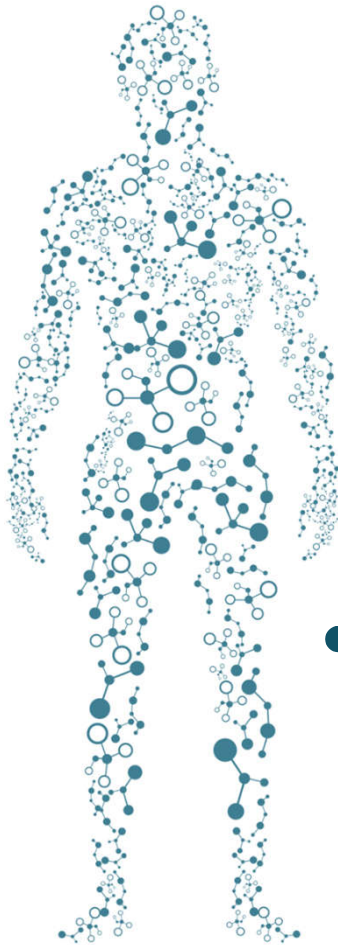
Fully integrated
discovery-to-manufacturing capabilities

Discovery of novel modes of
action based on target
combinations

Sophisticated
proprietary Biclonics®
and Triclonics™
technology platforms

Merus

The Next Wave of Antibodies in Cancer Treatment



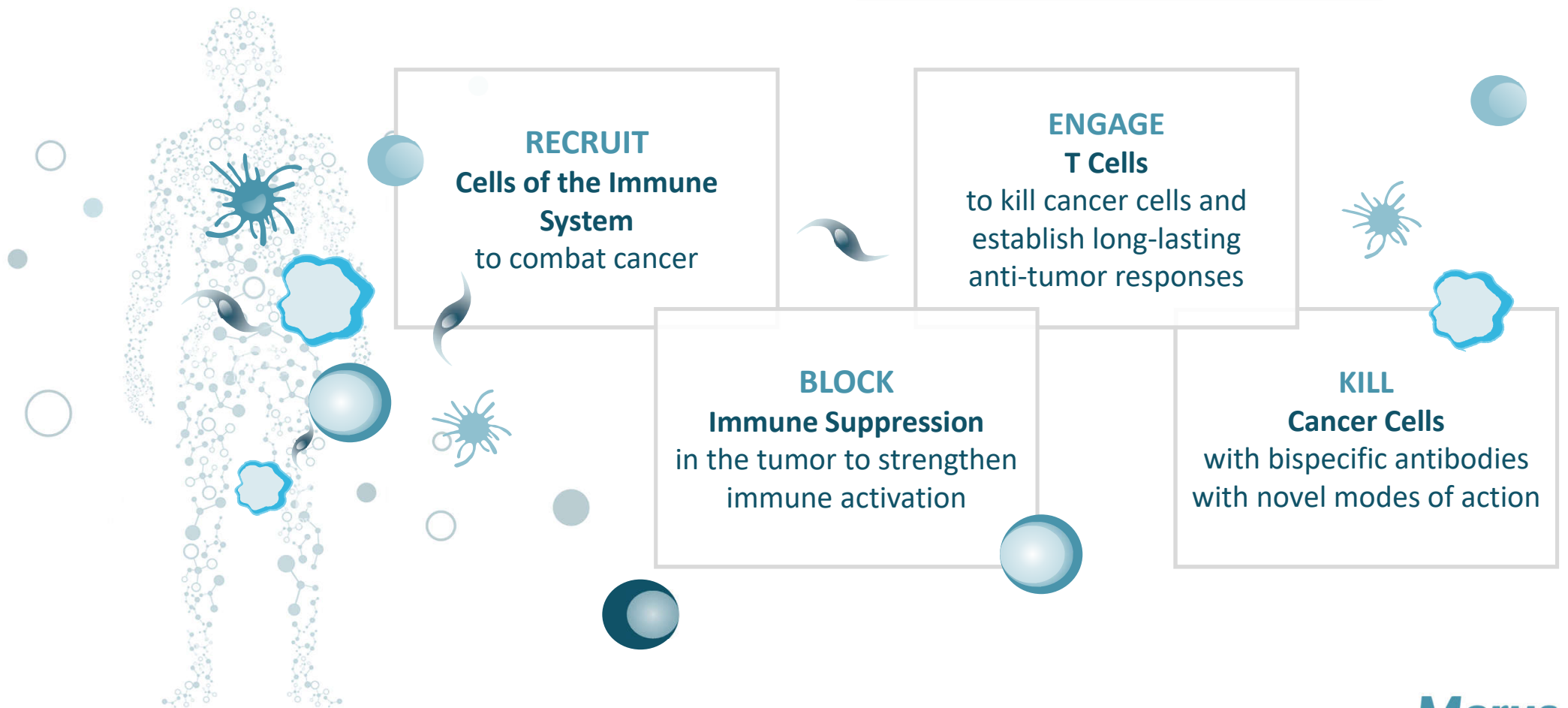
MONOCLONAL ANTIBODIES

Game-changing impact,
but limited success
combining multiple
mAbs for greater
efficacy

**BISPECIFIC
ANTIBODIES**
Offering novel
modes of action and
new biology

High Potential for
Cancer Immunotherapy
and More

The Promise of Bispecific Antibodies



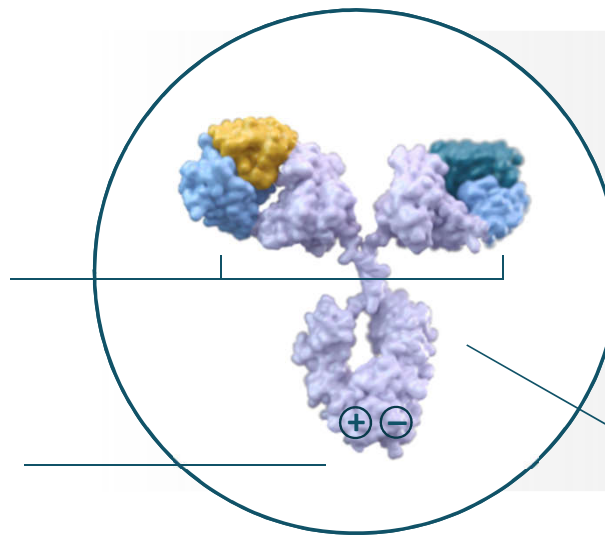
Biclomics[®] — Designed by Nature. Selected by Merus.

BICLONICS[®]

Merus' Bispecific Antibody Format produced by a single cell

Common Light Chain
for 'unforced', natural pairing
with 2 different heavy chains

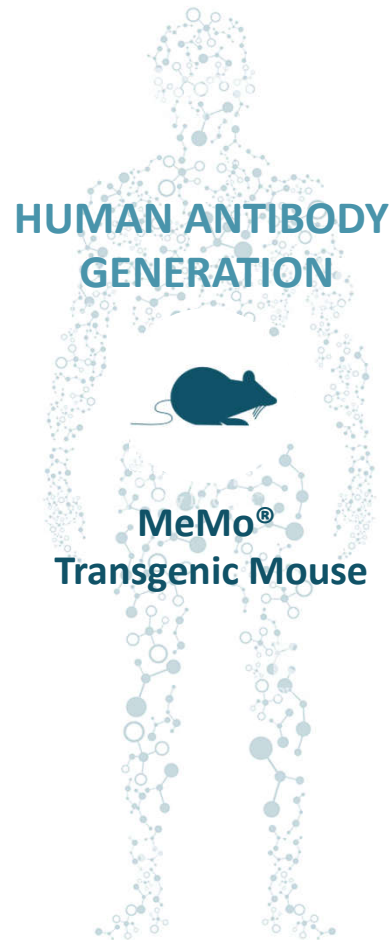
Electrostatic attraction
to efficiently drive
formation of Biclonics[®]



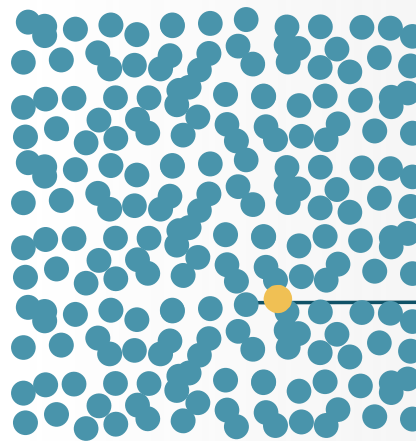
IgG Format
for efficient manufacturing and
predictable *in vivo* behavior

Fc Modifications
for Improved functionality
(ADCC or silencing)

Biclomics® — Designed by Nature. Selected by Merus.

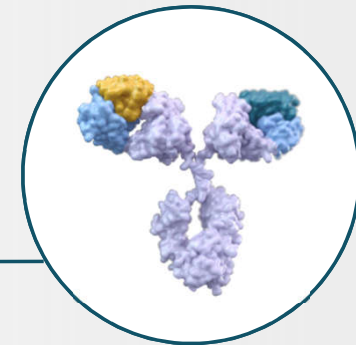


PANEL GENERATION



We create up to
1,000 Biclonics® against
any target pair of choice

FUNCTIONAL SCREENING

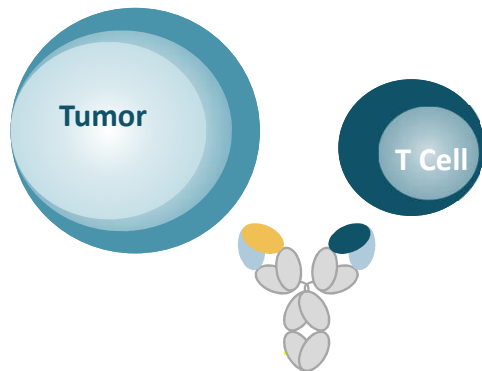


We use functional screening in cell-based
assays to identify Biclonics® with novel
modes of action

Biclonics® Recruit Innate & Adaptive Immunity To Kill Tumors

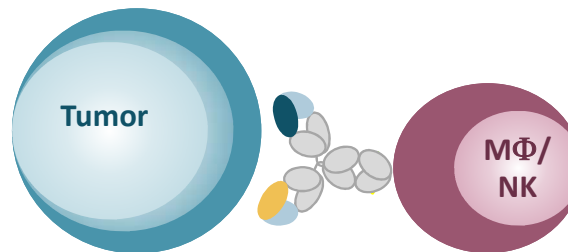
Our Optimal Target Pairs Have First or Best in Class Potential

T CELL ENGAGE AND KILL



MCLA-117: CLEC12A x CD3

DUAL TUMOR TARGETING TO RECRUIT AND KILL

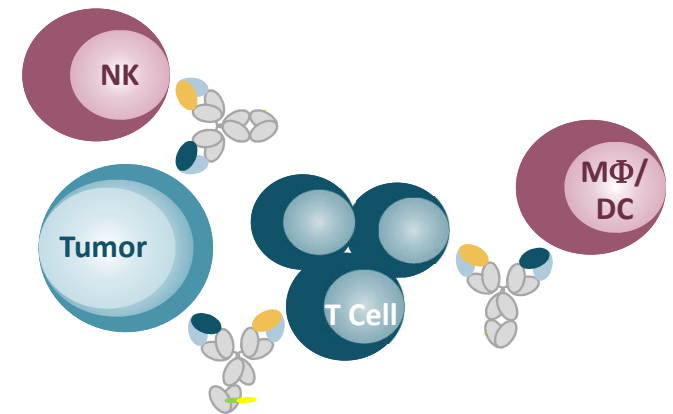


MCLA-158: Lgr5 x EGFR

MCLA-128: HER3 x HER2





MCLA-129: EGFR x c-MET

ACTIVATE ANTI-TUMOR IMMUNITY TO KILL



MCLA-145: CD137 x PD-L1

Leading Clinical Pipeline with Multiple 2019 Milestones

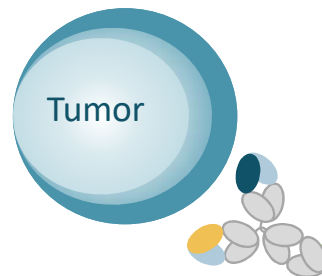
PROGRAM	TARGETS	INDICATION / DRUG COMBINATION	PRE-IND	PHASE 1	PHASE 2
MCLA-128	HER3 x HER2	NRG1 Solid tumors (monotherapy)*			
		Metastatic Breast (2 cohorts)			Trial Update 4Q 2019
MCLA-117	CLEC12A x CD3	Acute Myeloid Leukemia (AML)		Initial Data 1H 2020	
MCLA-158	Lgr5 x EGFR	Solid tumors		YE 2019	
MCLA-145	CD137 x PD-L1	Solid tumors  (ex- U.S.)		First Patient Treated	
MCLA-129	EGFR x c-MET	Solid tumors  (China)			
ONO-4685	PD-1 x CD3	Autoimmune disease 		IND Submitted	
....	Undisclosed	Autoimmune disease 			

MCLA-128 – HER3 x HER2

**Unique DOCK & BLOCK® approach potently inhibits tumor cell growth and survival;
In clinic for multiple solid tumor indications**

Block HER3

Blocks signaling even in high heregulin stress environments



KILL TUMOR CELLS

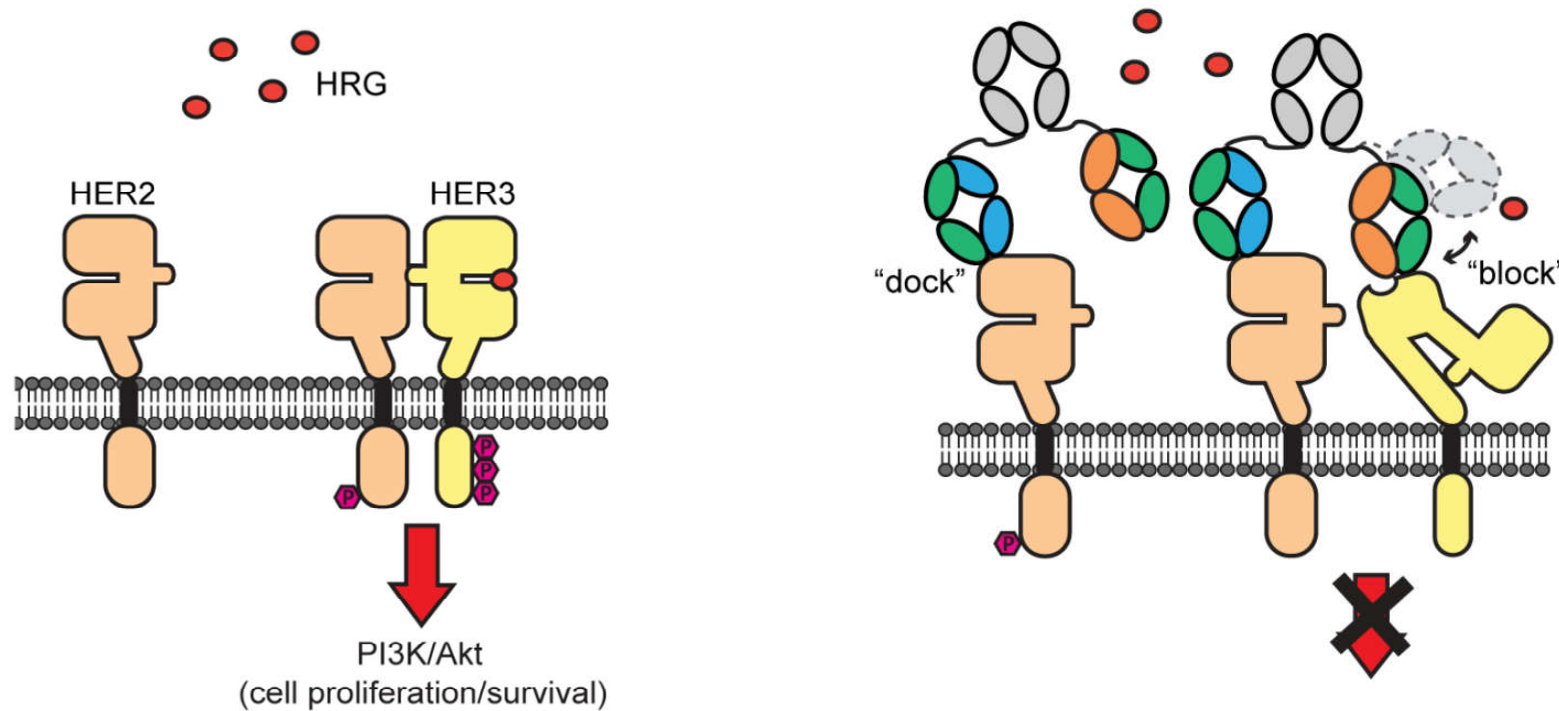
Dock HER2

Docks to HER2 abundantly expressed on tumor cells to access HER3

Combinations with HER2 targeted therapies possible

Metastatic Breast Cohort Phase 2 Trial Update Expected 4Q 2019

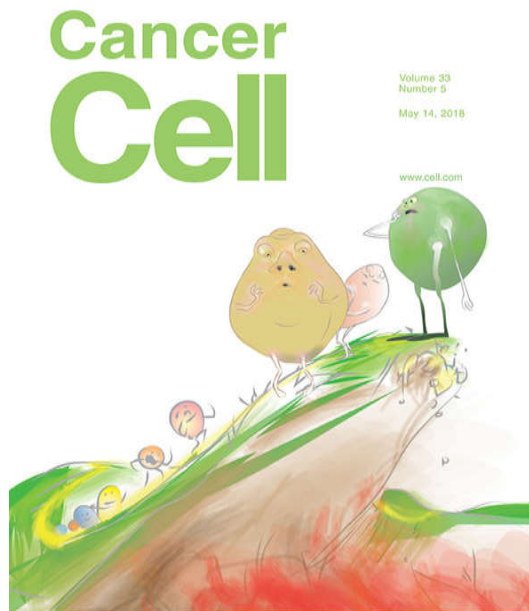
MCLA-128 – Potently Inhibiting the HER3 Signaling Pathway, a Known Driver of Tumor Growth and Survival



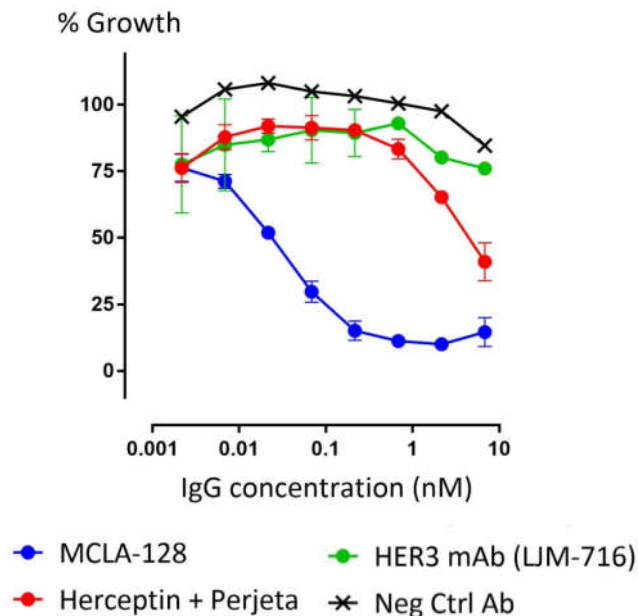
Note: neuregulin (NRG) is another name for the gene that expresses heregulin

MCLA-128 – Potently Inhibits Heregulin-Driven Growth

PUBLISHED MAY 2018



SUPERIOR ACTIVITY SHOWN PRECLINICAL DATA



SAFETY AND TOLERABILITY DEMONSTRATED IN PHASE 1/2 TRIAL

>100 PATIENTS EVALUATED

MCLA-128 Dosing: 750 mg q3w

- Single agent well tolerated
- Low risk for immunogenicity

MCLA-128 – Phase 1/2 in Solid Tumors, Phase 2 in Combo MBC

WHOLLY-OWNED	TARGETS	INDICATION / DRUG COMBINATION	PRE-IND	PHASE 1	PHASE 2
MCLA-128	HER3 x HER2	NRG1 Solid tumors (monotherapy)*			
		Metastatic Breast (2 cohorts)			4Q 2019

DESIGN		ENDPOINTS	STATUS
NRG1 Solid Tumors (Monotherapy)	Phase 1/2 Study Phase 1 : dose escalation Phase 2 : exploration in solid tumor cohorts	<ul style="list-style-type: none"> Safety, preliminary anti-tumor activity 	<ul style="list-style-type: none"> Well tolerated Clinical POC established in MBC Clinical POC established in Gastric
Metastatic Breast Cancer (MBC)	Phase 2 Study in combination with 2 cohorts in MBC Cohort 1: HER2+ (MCLA-128 + Herceptin + Chemo) Cohort 2: ER+/HER2 ^{low} (MCLA-128 + Hormone Therapy) Size: up to 120 patients in U.S. and Europe Dose: 750mg every 3 weeks	<ul style="list-style-type: none"> Clinical benefit at 24 weeks 	<ul style="list-style-type: none"> Trial update 4Q 2019

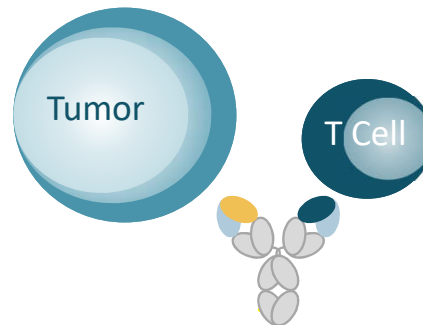
MCLA-117 – Harnessing the Killing Power of T Lymphocytes

MCLA-117 efficiently activates and redirects T cells to kill CLEC12A-expressing AML (stem) cells

CLEC12A

Expressed by tumor (stem) cells in
~ 90-95% of AML patients

Expression restricted to
hematopoietic system =
potential less off-tumor toxicity



ENGAGE AND KILL

CD3

Low affinity CD3 arm and
silenced Fc for controlled T cell
activation to avoid toxicity and
off-target effects

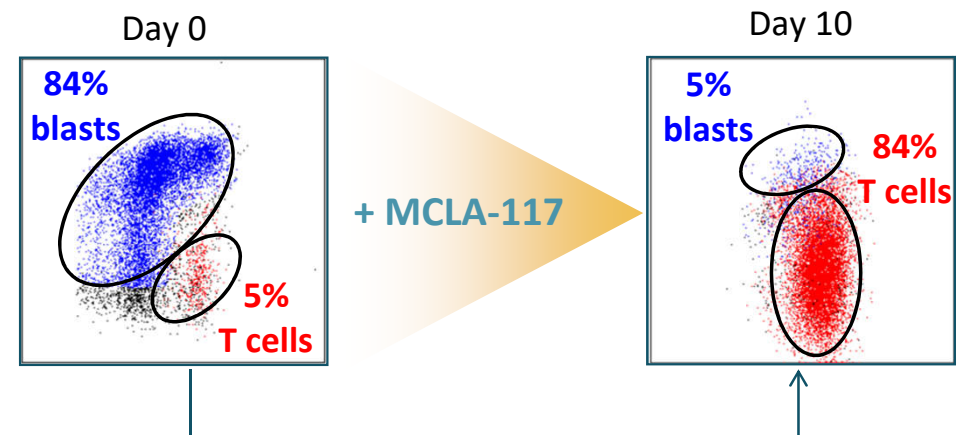
Balanced strategy for
activity and safety

Initial data expected at medical conference 1H 2020

MCLA-117 – Demonstrated Controlled, Potent Activation of T Cells in Preclinical Studies

- MCLA-117 efficiently activates and redirects T cells to kill CLEC12A-expressing AML(stem) cells
- Designed to spare the formation of platelets and red blood cells during therapy
- Active across AML patient subpopulations

MCLA-117 MEDIATED ACTIVATION OF T CELLS AND KILLING OF TUMOR CELLS



>60-fold T Cell Expansion
>90% AML Tumor Cell Killing

MCLA-117 – Phase 1 Trial

	TARGETS	INDICATION / DRUG COMBINATION	PRE-IND	PHASE 1	PHASE 2
MCLA-117	CLEC12A x CD3	Acute Myeloid Leukemia (AML)			1H 2019

DESIGN	ENDPOINTS	STATUS
<p>Single-arm, open-label, dose escalation w/ safety dose expansion</p> <ul style="list-style-type: none"> Up to 50 patients with relapsed / refractory AML Starting dose determined using MABEL dose escalation requirements Protocol amended July 2019 to allow for the exploration of higher doses 	<ul style="list-style-type: none"> Primary Endpoints: safety, tolerability Secondary Endpoints: PK/PD, anti-tumor response, clinical benefit 	<ul style="list-style-type: none"> Ongoing in Europe and the U.S. Preliminary anti-tumor activity has been observed Initial data expected at medical conference 1H 2020

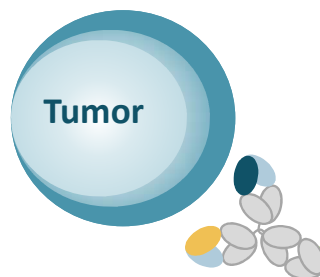
MCLA-158 – Lgr5 x EGFR

Potential to be first colorectal cancer treatment to block growth of tumors with RAS mutations (~50% of patients), a high unmet need

Lgr5

Expressed by intestinal cancer initiating cells

Identified through Merus functional screening and organoid discovery methods



KILL TUMOR CELLS

EGFR

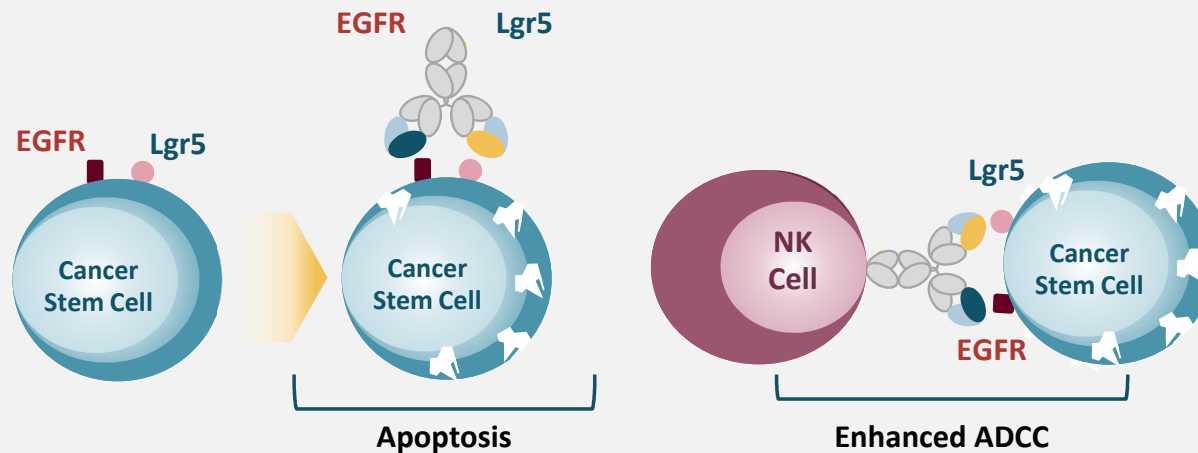
Blocks growth in Wnt dysregulated tumors including RAS^{mut}

Preclinical data shows higher potency than Cetuximab

Emerging Phase 1 safety data expected end of 2019

MCLA-158 – Differentiated Target and MOA

MCLA-158 Mechanism of Action



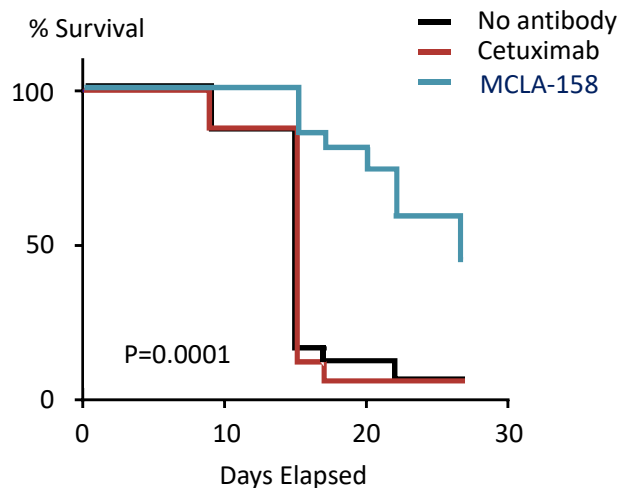
- MCLA-158 designed to eliminate cancer initiating cells that cause growth and metastasis
- Lgr5+ cells are the origin of gastrointestinal cancer
- EGFR x Lgr5 induces apoptosis, potentially blocks EGFR signaling in Wnt dysregulated solid tumors

MCLA-158 – Key Preclinical Results in Colorectal Cancer (CRC)

Demonstrated Superior Growth Inhibition, Tolerability and Selectivity of Tumor vs. Healthy Tissue

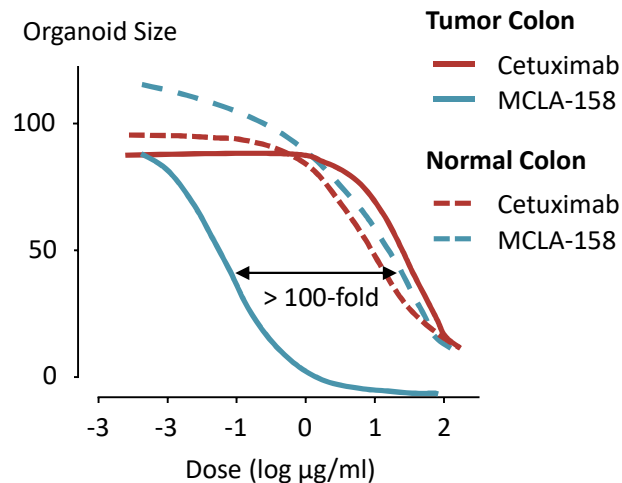
INHIBITION OF ORGANOID GROWTH

Superior **ACTIVITY**



KILLING OF ORGANOIDS FROM TUMOR AND HEALTH TISSUE

Superior **SELECTIVITY**




Superior **TOLERABILITY**

No skin rash in cynomolgus monkeys



MCLA-158 – Phase 1 Trial

	TARGETS	INDICATION / DRUG COMBINATION	PRE-IND	PHASE 1	PHASE 2
MCLA-158	Lgr5 x EGFR	Solid tumors			

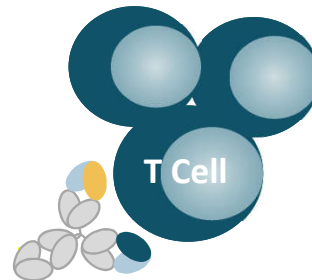
DESIGN	ENDPOINTS	STATUS
Global open-label, multicenter dose escalation w/ safety dose expansion phase <ul style="list-style-type: none"> Patients with solid tumors Initial focus on metastatic colorectal cancer 	<ul style="list-style-type: none"> Primary endpoint: safety and tolerability of defined dose Secondary endpoint: single-agent preliminary anti-tumor activity 	<ul style="list-style-type: none"> On track Emerging Phase 1 safety data expected YE 2019

MCLA-145 – CD137 x PD-L1

Potent triple action designed to recruit and activate T cells and prevent their exhaustion for patients with solid tumors

CD137

Activate immune effector cells in context of tumor microenvironment



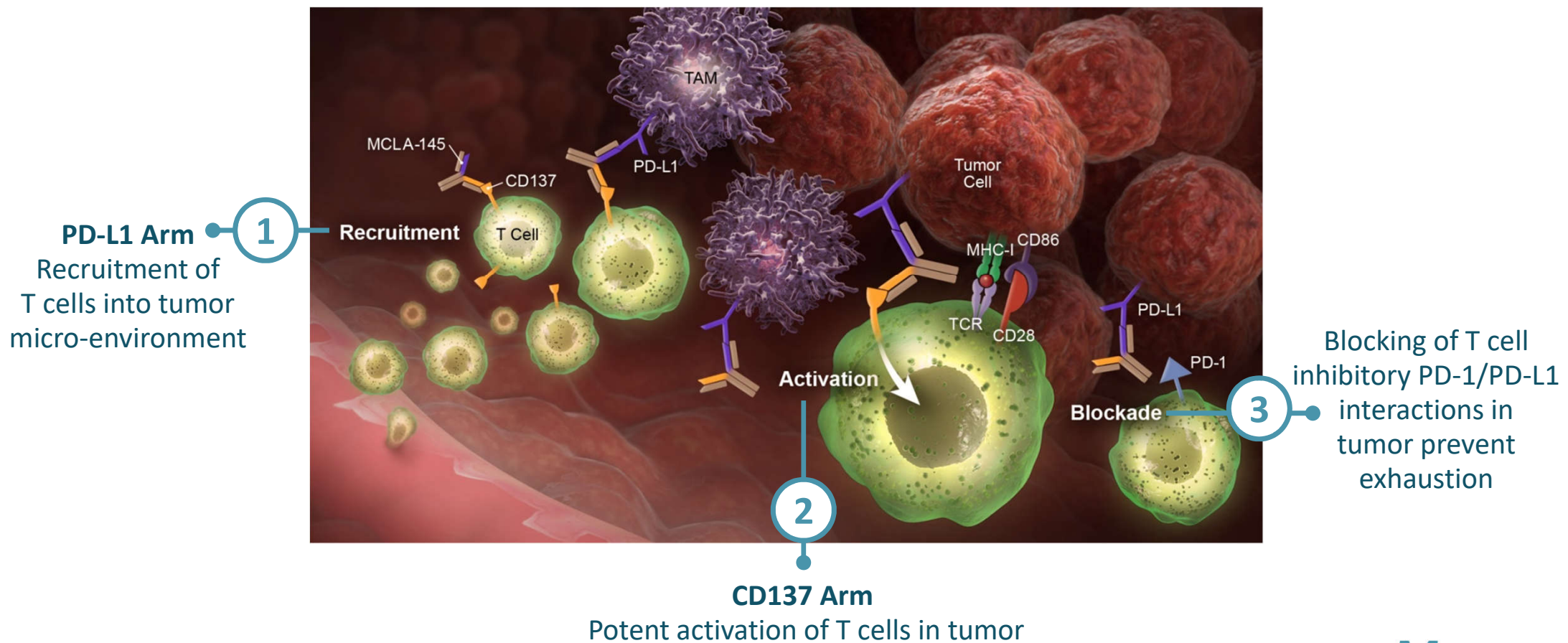
TUMOR T CELL REVIVAL

PD-L1

Attract T cells into the tumor and block inhibitory signals

Phase 1 First Patient Treated May 9 2019

MCLA-145 – Triple Activity by a Single Biclomics®

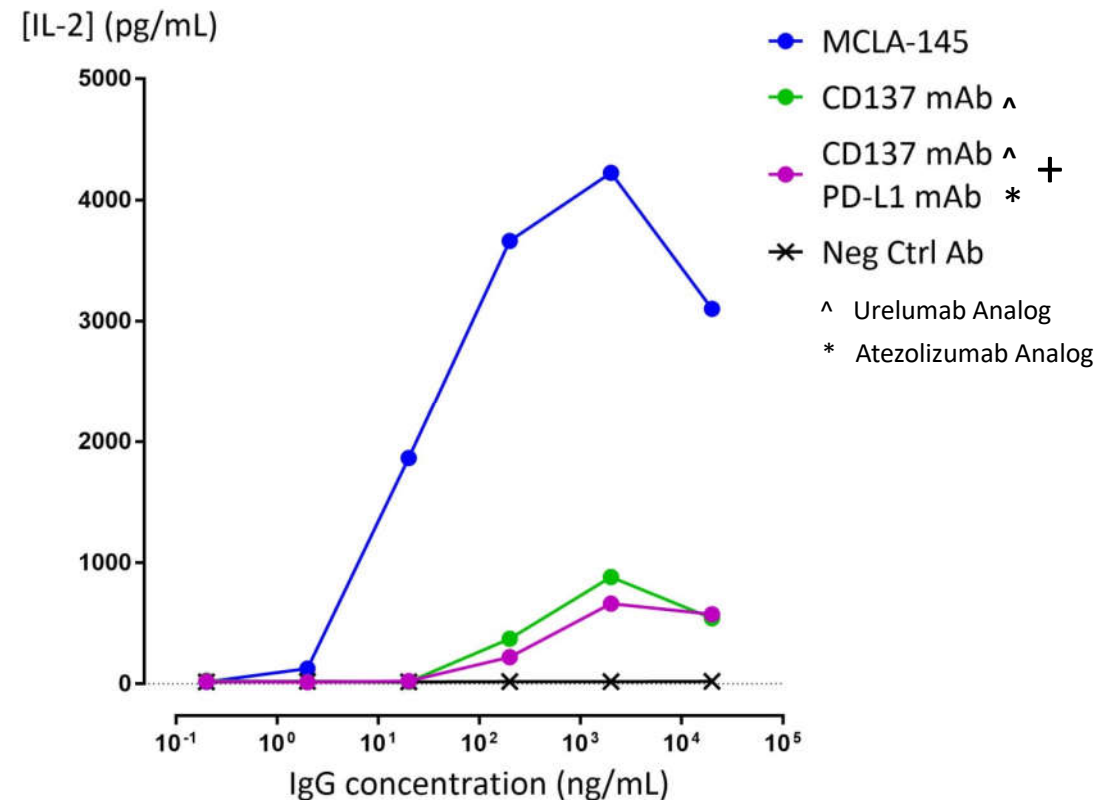


MCLA-145 – Demonstrated Potent T Cell Activation

- Binds to PD-L1 and CD137
- Preclinical work demonstrates
 - recruitment of T cells into the tumor
 - blocking of inhibitory PD-1/PD-L1 axis
 - potent T cell activation
- Potential to overcome the known side effects of CD137 agonists in development

MCLA-145 preclinical data presented at AACR 2019

PRIMARY T CELL TRANSACTIVATION ASSAY



Experiment Conditions: T cells PBMC donor stimulated with antibody in the presence of PD-L1 on CHO cells. Antibody added to pre-coated anti-CD3 clone OKT3 plates. Purified T cells, CHO-PD-L1 cells added and incubated for 72 hrs at 37°C. Readout IL-2.

MCLA-145 – Phase 1 Trial Initiated May 2019

	TARGETS	INDICATION / DRUG COMBINATION	PRE-IND	PHASE 1	PHASE 2
MCLA-145	CD137 x PD-L1	Solid tumors			May 9 2019

DESIGN	ENDPOINTS	STATUS
Global open-label, multicenter dose escalation w/ dose expansion phase <ul style="list-style-type: none"> Patients with advanced solid tumors 	<ul style="list-style-type: none"> Primary endpoint: dose finding, safety and tolerability Secondary endpoint: single-agent preliminary activity 	<ul style="list-style-type: none"> IND cleared January 2019 First patient dosed May 9 2019

Leading Collaborators Increasing Bionics® Reach



Collaborator Focus On

Ex U.S. Development



Merus retains MCLA-145 U.S. rights



Collaborator Focus On

China Development

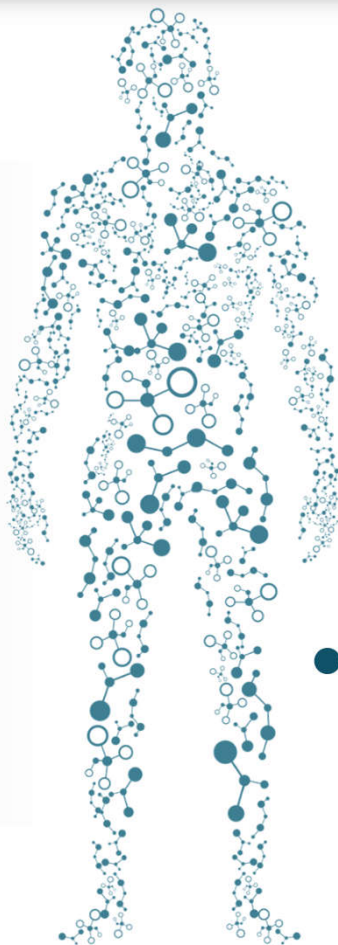


Merus retains Rest-of-World rights

Expanding Biclonics® Platform

Cancer

Next-Gen Tech



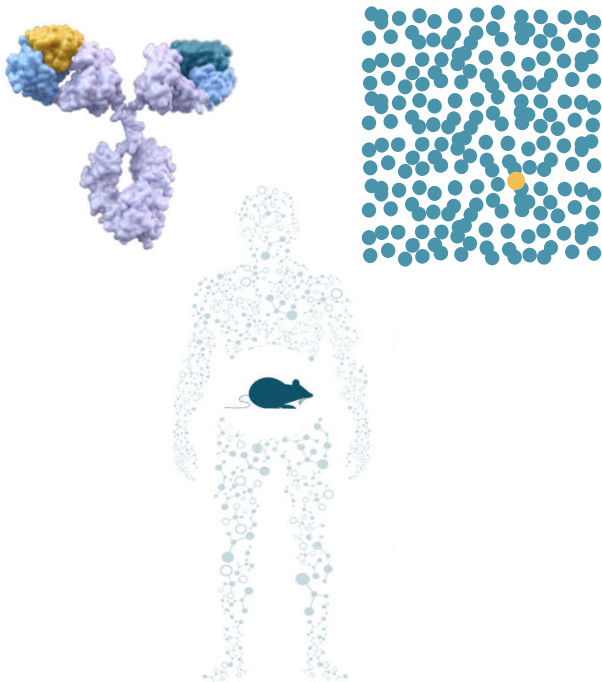
Autoimmune Disease

 ONO PHARMACEUTICAL CO.,LTD.

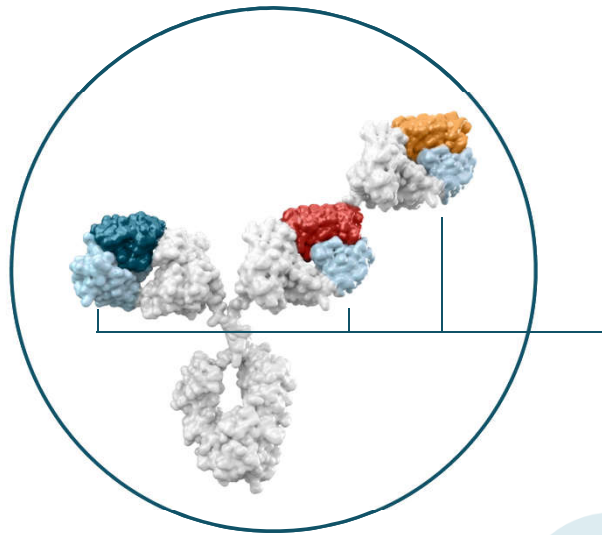
Exploring new formats,
designs and targets

Proprietary Triclonics™ Platform...Expanding Merus Capabilities

The BICLONICS® Base
Our existing foundation...



TRICLONICS™ Platform
for 2 and 3 different target combinations

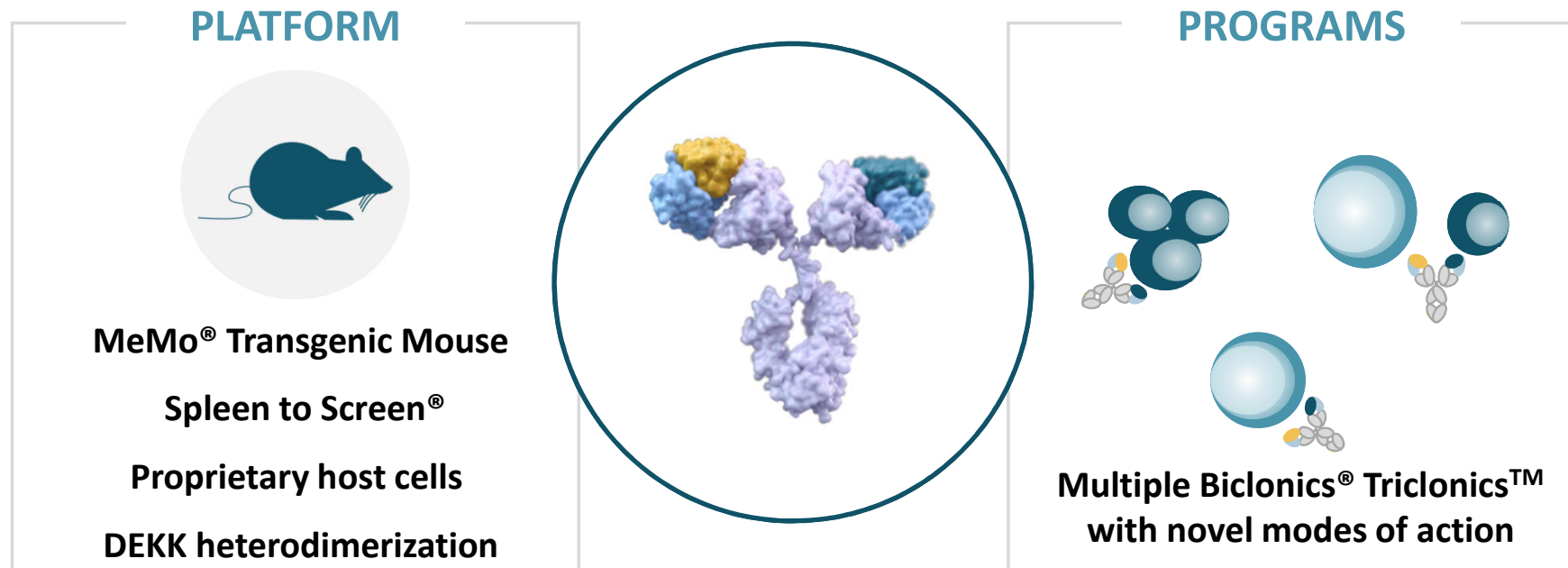


1:1:1 or 2:1 format

Common light chain for
unforced, natural pairing with
three (different) V_H regions

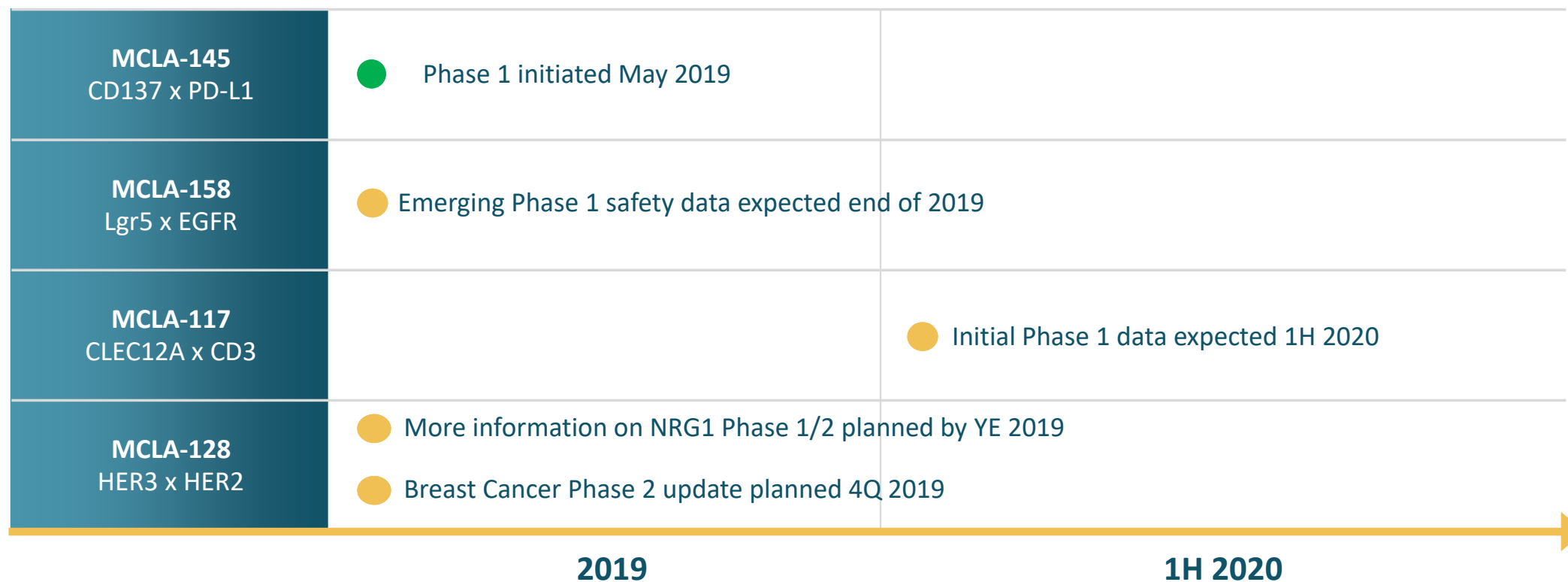
New biology and modes of action

Strong Intellectual Property Positioning



Uniquely positioned to develop innovative bispecific antibody therapeutics

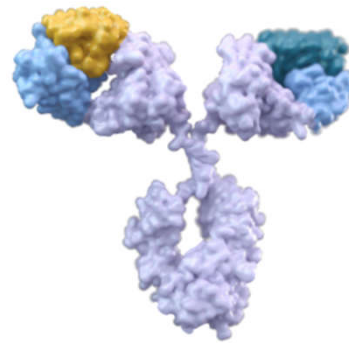
Multiple Near Term Milestones Anticipated



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