Corporate Overview

The information in this slide deck is current as of October 1, 2018, unless otherwise noted. The information in this slide deck is qualified in its entirety by reference to MacroGenics’ Annual, Quarterly and Current Reports filed with the SEC. MacroGenics undertakes no obligation to update any of the information herein.
Legal Notices

Cautionary Note on Forward-Looking Statements
Any statements in these materials about future expectations, plans and prospects for MacroGenics ("Company"), including statements about the Company’s strategy, future operations, clinical development of the Company’s therapeutic candidates, milestone or opt-in payments from the Company’s collaborators, the Company’s anticipated milestones and future expectations and plans and prospects for the Company and other statements containing the words “subject to”, "believe", “anticipate”, “plan”, “expect”, “intend”, “estimate”, “project”, “may”, “will”, “should”, “would”, “could”, “can”, the negatives thereof, variations thereon and similar expressions, or by discussions of strategy constitute forward-looking statements within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including: the uncertainties inherent in the initiation and enrollment of future clinical trials, expectations of expanding ongoing clinical trials, availability and timing of data from ongoing clinical trials, expectations for regulatory approvals, other matters that could affect the availability or commercial potential of the Company’s product candidates and other risks described in the Company’s filings with the Securities and Exchange Commission. In addition, the forward-looking statements included in this presentation represent the Company’s views only as of the date hereof. The Company anticipates that subsequent events and developments will cause the Company’s views to change. However, while the Company may elect to update these forward-looking statements at some point in the future, the Company specifically disclaims any obligation to do so, except as may be required by law. These forward-looking statements should not be relied upon as representing the Company’s views as of any date subsequent to the date hereof.

Trademarks
DART, TRIDENT, MacroGenics, the MacroGenics logo and “Breakthrough Biologics, Life-Changing Medicines” are trademarks or registered trademarks of MacroGenics, Inc. The Incyte logo is a registered trademark of Incyte Corporation. The Servier logo is a registered trademark of Les Laboratoires Servier. The Merck logo is a trademark of Merck Sharp & Dohme Corp.
Committed to Developing Life-changing Medicines

Cutting-edge Therapeutics
- Eight immuno-oncology clinical candidates
- Innovative combinatorial approaches
- Innate and adaptive immune system engagement

Proprietary Antibody-based Platforms
- DART® and TRIDENT™ multi-specific monoclonal antibodies (mAb) technologies
- Fc Optimization to enhance mAb potency
- Applicability across broad therapeutic domains

Resourced for Success
- $301M Cash, equiv. & marketable sec. @ 6/30/18
- Multiple alliances with leading biopharmas
- Commercial scale GMP manufacturing facility
- 370 Employees @ 10/1/18 (Rockville, MD & SF Bay Area)
## Our Growing Immuno-Oncology Pipeline

*Retain major market commercial rights for 8 of 9 development candidates*

<table>
<thead>
<tr>
<th>Program (Target)</th>
<th>Indication</th>
<th>Pre-IND</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Collaborator</th>
<th>Our Commercial Rights</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Margetuximab (HER2)</strong></td>
<td>Breast (HER2+) “SOPHIA”</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Green Cross</td>
<td>Worldwide, excl. South Korea</td>
</tr>
<tr>
<td></td>
<td>Gastric (+anti-PD-1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Flotetuzumab (CD123 x CD3)</strong></td>
<td>AML</td>
<td></td>
<td></td>
<td></td>
<td>Planned</td>
<td>Servier</td>
<td>North Amer., Japan, Korea, India</td>
</tr>
<tr>
<td></td>
<td>AML (+MGA012)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MGA012 (PD-1)</strong></td>
<td>Solid Tumors</td>
<td>Planned 2H18</td>
<td></td>
<td></td>
<td></td>
<td>Incyte(b)</td>
<td>—</td>
</tr>
<tr>
<td><strong>MGD013 (PD-1 x LAG-3)</strong></td>
<td>Solid Tumors/Heme Mal.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>—</td>
<td>Worldwide</td>
</tr>
<tr>
<td><strong>MGD019 (PD-1 x CTLA-4)</strong></td>
<td>Solid Tumors</td>
<td>2H18 IND</td>
<td></td>
<td></td>
<td></td>
<td>—</td>
<td>Worldwide</td>
</tr>
<tr>
<td><strong>Enoblituzumab (B7-H3)</strong></td>
<td>Solid Tumors (+anti-PD-1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>—</td>
<td>Worldwide</td>
</tr>
<tr>
<td><strong>Orlotamab (B7-H3 x CD3)</strong></td>
<td>Solid Tumors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>—</td>
<td>Worldwide</td>
</tr>
<tr>
<td></td>
<td>Solid Tumors (+MGA012)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MGC018 (B7-H3)</strong>(a)</td>
<td>Solid Tumors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>—</td>
<td>Worldwide</td>
</tr>
<tr>
<td><strong>MGD007 (gpA33 x CD3)</strong></td>
<td>Colorectal (+MGA012)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Servier option</td>
<td>Worldwide</td>
</tr>
</tbody>
</table>

(a) MGC018 is an antibody-drug conjugate (ADC) based on a duocarmycin payload with cleavable peptide linker that was licensed from Synthon Biopharmaceuticals.

(b) MacroGenics retains rights to develop its pipeline assets in combination with MGA012 and to manufacture a portion of global clinical and commercial supply needs of MGA012. Incyte has designated this molecule as “INCMGA0012”.

**Legend:**

- **MGD** = DART
- **MGA** = Antibody
- **MGC** = ADC
Significant Near-term Value-creating Opportunities

**B7-H3 Franchise**
- Distinctive target with attractive expression profile
- Three product candidates with complementary MOAs
- 4Q18: Report enoblituzumab/PD-1 combo data

**MGD013 (PD-1 x LAG-3)**
- First clinical bispecific that targets multiple checkpoints
- 2H18: Establish dose/schedule, initiate dose expansion

**Flotetuzumab (CD123 x CD3)**
- Encouraging Ph. 1 activity in R/R AML
- 4Q18: Present additional dose expansion data
- Planned: Commence combo w/MGA012

**Margetuximab (HER2)**
- 4Q18: Complete SOPHIA enrollment
- 1Q19: Disclose topline PFS data (SOPHIA)
- 1Q19: Disclose add’l gastric cancer data

---

1) Relapsed or refractory acute myeloid leukemia
2) Metastatic breast cancer
Margetuximab: Potential Best-in-Class Anti-HER2 mAb

Leveraging immune modulation through Fc optimization

**Candidate**
- Fc-optimized anti-HER2 mAb

**Function/MoA**
- Inhibits HER2 signaling (consistent with trastuzumab)
- Fc optimization: enhances Fc-mediated activities, including antibody dependent cellular cytotoxic (ADCC)
  - **Increases** binding to activating FcγR, CD16A, including low-affinity allele
  - **Decreases** binding to inhibitory FcγR, CD32B
- Designed to be CD16A allele independent (effector function)

**Lead Indications**
- HER2+ metastatic breast cancer (Ph. 3 SOPHIA study)
- HER2+ gastric cancer (Ph. 2 combo study with PD-1)

**Partner**
- MacroGenics retains global rights (ex-South Korea)
Ph. 3 Study Designed to Establish Superiority to Trastuzumab

Enrollment completion expected 4Q18; Anticipate topline PFS disclosure 1Q19

# of Global sites: ~200

Sequential primary endpoints: Progression-Free Survival (PFS) & Overall Survival (OS):

- PFS (N=257, HR=0.67, α=0.05, power=90%)
- OS (N=385, HR=0.75, α=0.05, power=80%)
Phase 2 Study in Advanced Metastatic Gastric Cancer

Enrolling add’l 25 gastric cancer patients; Anticipate data disclosure 1Q19

**Dose Escalation ✓**
(n=3-6 per margetuximab dose)

Margetuximab 10 – 15 mg/kg q3w + pembrolizumab 200 mg q3w

**Dose Expansion**
(margetuximab 15 mg/kg q3W + pembrolizumab 200 mg q3W)

Gastric (n=25) ✓
Gastroesophageal Junction (n=26) ✓
Gastric (IHC 3+) (n=25)

**Treatment**
- Potential for chemotherapy-free regimen
- Margetuximab and pembro administered Day 1 of every 3 week cycle

**Inclusion/Exclusion Criteria**
- Received ≥ 1 prior line of chemotherapy treatment
- No prior immunotherapy

**Endpoints**
- Primary: safety, tolerability and efficacy (as evaluated by objective response rate (ORR)) of combo
- Secondary: PFS, 6-month PFS, 6-month OS/OS, Immunogenicity
36% ORR in HER2 3+ (by IHC) \(^{(a)}\) gastric cancer \((71\% \text{ Disease Control Rate})^{(b)}\)

\(^{(a)}\) The immunohistochemistry (IHC) test gives a score of 0 to 3+ that measures the amount of HER2 receptor protein on the surface of cells in a cancer tissue sample. If the score is 0 to 1+, it’s called “HER2 negative.” If the score is 2+, it’s called “borderline.” A score of 3+ is called “HER2 positive.”

\(^{(b)}\) Data presented at ASCO, June 2018. Data cut-off at May 10, 2018 and includes patients who received at least one M+P dose and had baseline measurable disease.
# HER2+ Gastric Cancer Therapeutic Landscape

*Margetuximab has potential to displace 2nd line standard-of-care therapy*

<table>
<thead>
<tr>
<th>1st Line</th>
<th>2nd Line</th>
<th>Ongoing</th>
<th>Failed</th>
<th>3rd Line</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOC</strong></td>
<td><strong>SOC</strong></td>
<td><strong>SOC</strong></td>
<td><strong>SOC</strong></td>
<td><strong>SOC</strong></td>
</tr>
<tr>
<td><strong>Agent (Study)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trastuzumab + Chemo&lt;sup&gt;(a)&lt;/sup&gt; (TOGA)</td>
<td>Ram. + Paclitaxel&lt;sup&gt;(b)&lt;/sup&gt; (RAINFLOW)</td>
<td>Ram.&lt;sup&gt;(c)&lt;/sup&gt; ( REGARD)</td>
<td>Marge.&lt;sup&gt;(d)&lt;/sup&gt; + Pembro.&lt;sup&gt;(d)&lt;/sup&gt; (Ongoing Ph.2)</td>
<td>Anti-PD-1: Nivo.&lt;sup&gt;(h)&lt;/sup&gt;/Pembro.&lt;sup&gt;(i)&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>ORR</strong></td>
<td>47%</td>
<td>28%</td>
<td>3%</td>
<td>36%</td>
</tr>
<tr>
<td><strong>Median PFS</strong></td>
<td>6.7 mos.</td>
<td>4.4 mos.</td>
<td>2.1 mos.</td>
<td>5.5 mos.</td>
</tr>
<tr>
<td><strong>Median OS</strong></td>
<td>13.1 mos.</td>
<td>9.6 mos.</td>
<td>5.2 mos.</td>
<td>Overall 15.6; GC not reached</td>
</tr>
<tr>
<td><strong>≥ Grade 3 TRAEs</strong></td>
<td>68%&lt;sup&gt;(Black Box Warn.)&lt;/sup&gt; Overall: N/A 41% Neutropenia 15% Hypertension 12% Fatigue&lt;sup&gt;(Black Box Warn.)&lt;/sup&gt;</td>
<td>Overall: N/A 8% Hypertension&lt;sup&gt;(Black Box Warn.)&lt;/sup&gt;</td>
<td>15.6%</td>
<td>60%&lt;sup&gt;(Black Box Warn.)&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Gastric/GEJ Patient Mix</strong></td>
<td>80/20%</td>
<td>80/20%</td>
<td>75/25%</td>
<td>100%&lt;sup&gt;(IHC 3+ Gastric)&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

**SOC = Standard of Care**

- <sup>(a)</sup> Data from Herceptin package insert; Bang, et al., *Lancet*, 2010; Black box warning: cardiomyopathy, infusion reactions, embryo-fetal toxicity and pulmonary toxicity.
- <sup>(b)</sup> Data from Cyramza package insert; Wilkes et al., *Lancet Oncology*, 2014; Black box warning: hemorrhage, GI perforation, impaired wound healing.
- <sup>(c)</sup> Data from Cyramza package insert; Fuchs, et al., *Lancet* 2014.
- <sup>(d)</sup> Data presented at ASCO GI 2018. 11.9% of all patients in dose escalation (n=67, including GEJ) had ≥ Grade 3 treatment-related AEs. mPFS, mos. and ORR for gastric cancer pts only (n=25).
- <sup>(e)</sup> Data from Thuss-Patience, et al., *Lancet Oncology*, 2017; Black box warning: hepatotoxicity, cardiac toxicity, embryo-fetal toxicity.
- <sup>(f)</sup> Data presented at ASCO 2018 Abstract 4062.
- <sup>(g)</sup> Note: Avelumab (anti-PD-L1) failed 3L JAVELIN Gastric300 study (Merck KGaA and Pfizer press release, November 28, 2017).
- <sup>(i)</sup> Keytruda package insert; KEYNOTE-059, ESMO 2017.
DART and TRIDENT: Multi-specific Platforms

- Robust, flexible platforms
  - Multiple applications across different disease areas
  - Ability to tailor half-life and valency

- Multiple DART molecules in clinical testing
  - Predictable manufacturability
  - Long-term stability

- Validating partnerships with large biopharma

(a) Crystallography of Pfizer’s P-Cadherin x CD3 DART molecule. The two antigen binding sites (shown by red dot circles) are separated from each other by approximately 30 Å and are facing away from each other at an angle of approximately 90°. Source: Root, et al., Antibodies 2016, 5, 6; March 4, 2016.
# Flotetuzumab: CD123 x CD3 DART Molecule

<table>
<thead>
<tr>
<th>Candidate</th>
<th>• Humanized CD123 x CD3 DART molecule</th>
</tr>
</thead>
</table>
| Function/MoA | • Redirected T-cell killing against targeted leukemia cells  
  – Elimination of leukemic stem cells  
  – Sparing of normal hematopoietic stem cells  
  – Capable of engaging any T-cell without HLA-restriction |
| Indications | • Lead: AML  
  • Other hematologic neoplasms, including B-cell ALL |
| Development | • Phase 1 study ongoing in US and EU  
  • Data presented at ESMO and ASH 2017  
  – Preliminary anti-leukemic activity  
  – Durable responses  
  – Acceptable tolerability |
| Partner | • MacroGenics retains full rights in North America, Japan, Korea & India  
  • Servier has exclusive rights in all other territories |

October 1, 2018
Anti-Leukemic Activity at Threshold Dose ≥ 500 ng/kg/day†

Evaluable patients who received ≥ one cycle of flotetuzumab and had post-treatment bone marrow biopsy

Dose Escalation – ESMO 2017

- Rapid responses after single cycle of therapy in majority of patients that respond (cycles ≤ 2)
- Anti-leukemic activity observed in 8/14 pts (57%)
- CR/CRi/MLF/PR rate: 6/14 pts (43%)
- CR rate: 4/14 (28%) (CR/CRi)

Ongoing Dose Expansion – ASH 2017

- Six of eight relapse/refractory AML patients (75%) have evidence of anti-leukemic activity
- Three patients achieved CR/CRi/MLF and were still ongoing as of data cut-off

CR = Complete Response; CRm = molecular CR; CRi = Complete Response with incomplete hematological improvement; MLF = Morphologic Leukemia-free state; PR = Partial Response; SD/OB = Stable Disease/Other Anti-Leukemic Benefit; TF = Treatment Failure (ENL)

† ESMO 2017 data cut-off: August 1, 2017; ASH data cut-off: December 4, 2017.
**PD-1/PD-L1 Expression in R/R AML Patients**

*Flotetuzumab + MGA012 (anti-PD-1) combo rationale*

↑PD-L1 at Baseline Associated with ↓Flotetuzumab Activity

Patients on Flotetuzumab with Residual Disease: ↑PD-L1+ AML Blasts w/Stable CD123 Expression

---

Flotetuzumab + MGA012 combo study planned

* From poster presentation at ASH 2017.
MGA012 Global Collaboration with Incyte

Significantly expands and accelerates MGA012 (anti-PD-1) development efforts

• Incyte gains exclusive, worldwide development and commercialization rights to MGA012 in all indications

• MacroGenics receives:
  – Upfront cash payment of $150M
  – Up to $750M in milestone payments ($420M development and regulatory, $330M commercial)
  – Tiered royalties of 15 – 24% on future sales of MGA012
  – Right to develop its pipeline assets in combination with MGA012
  – Right to manufacture portion of global MGA012 clinical and commercial supply
Broad MGA012 Combination Opportunities

Each may individually combine their proprietary agents with MGA012

- epacadostat
- Pi3Kδ
- FGFR1/2/3
- GITR
- OX40
- arginase
- AXL/MER
- LAG-3
- TIM-3
- + others

- margetuximab
- enoblituzumab
- flotetuzumab
- MGD007
- orlotamab
- MGC018
- + Future Candidates

October 1, 2018
### MGD013: First Bispecific Checkpoint Molecule in Clinic

| Candidate | • Humanized, proprietary PD-1 x LAG-3 DART molecule  
|           |   – Hinge-stabilized human IgG4  
|           |   – Benchmarks favorably against leading mAbs |
| Function/MoA | • Reactivation of exhausted T cells |
| Indications | • Patients with solid and liquid tumors:  
|           |   – Progressed on prior checkpoint inhibitor  
|           |   – Not targeted by PD-1/LAG-3 separate mAb combination  
|           |   – PD-1 monotherapy or PD-1/LAG-3 combinations demonstrate activity |
| Development | • Phase 1 study ongoing (dose escalation) |
| Partner | • MacroGenics retains global rights |
DART enhances T-cell activation vs. anti-PD-1 + anti-LAG-3 mAbs

MG013 (PD-1 x LAG-3 DART)
MGA012 + MG Anti-LAG-3
Nivo* + 25F7*
MGA012 Anti-PD-1
Nivo* Anti-PD-1
MG’s Anti-LAG-3
BMS’ Anti-LAG-3 (25F*)
Control IgG

Relative IFN-γ Induction (% of 25 nM MGA012, mean ± sem)

Ratio-paired t-test (25 nM group):
*p = 0.0262
**p = 0.0022
NS = not significant
No. of subjects = 11–13

*IFNγ release by 25 nM MGA012 = 3276±744 pg/ml.
# Comprehensive B7-H3 Franchise

*MacroGenics retains global rights*

<table>
<thead>
<tr>
<th>Candidate</th>
<th>Enoblituzumab</th>
<th>Orlotamab</th>
<th>MGC018</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fc-optimized mAb</td>
<td>• B7-H3 x CD3 DART (Fc-bearing)</td>
<td>• B7-H3 Antibody-Drug Conjugate</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intended MoA</th>
<th>Enoblituzumab</th>
<th>Orlotamab</th>
<th>MGC018</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fc-mediated tumor cell killing</td>
<td>• Recruitment and expansion of T cells</td>
<td>• Direct tumor killing</td>
<td></td>
</tr>
<tr>
<td>• Potential enhancement of adaptive immune responses</td>
<td>• Potent redirection of T cells to kill tumor cells</td>
<td>• Leverage Synthon’s linker/payload</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Development Status</th>
<th>Enoblituzumab</th>
<th>Orlotamab</th>
<th>MGC018</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Combo study with anti-PD-1</td>
<td>• Phase 1 dose escalation</td>
<td>• IND cleared</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Combo study with MGA012 initiated</td>
<td>• Plan to initiate Phase 1 study in 2H18</td>
<td></td>
</tr>
</tbody>
</table>
Rationale for Targeting B7-H3 in Cancer

**Tumor Cells**
- Direct expression by primary and metastatic tumors
- Role in mediating migration, invasion, resistance and tumor metabolism
- Role in T cell immune modulation

**CSCs**
- Expression on cancer stem cell population

**Tumor Vasculature**
- Expression on tumor vasculature and stroma

**T Cells**
- Role in T cell immune modulation
Enoblituzumab Studies in B7-H3+ Tumors

Anticipate clinical update in 4Q18

**Dose Escalation**
( ✓ Dosing completed)

Cohorts 1-3
3, 10, 15 mg/kg enoblituzumab + 2 mg/kg pembrolizumab

**Dose Expansion**
( ✓ Enrollment completed)

- Bladder (n=16)
- NSCLC (n=30-40)
- SCCHN (n=30-40)
- Melanoma (n=16)

**Neoadj. Prostate Study**

Single arm trial with early stopping rules for safety

- High-Risk PC (Gleason ≥ 7, RP Eligible) (n=16)
- Enoblituzumab Weekly 15 mg/kg IV x 6
- Radical Prostatectomy

**Study Endpoints**

- Apoptosis (TUNEL staining)
- Cell proliferation (Ki-67 staining)
- CD8+, CD4+ T cell and Treg infiltration
- Proportion of pathological CRs
- PSA response rates
- Time to PSA recurrence

Enrollment completed: October 1, 2018
Orlotamab Study Designs (in B7-H3\(^+\) Tumors)

*Includes first combination study of DART + MGA012 (anti-PD-1 mAb)*

**Phase 1 Dose Escalation**

- **Dose Escalation Completed ✓**
  - 3+3+3 Design
  - (Open to Selected B7-H3\(^+\) Tumor Types)
  - **Cohorts 1-7**
  - 0.3 - 100 µg/kg orlotamab q2w

**Dose Expansion**

- **Six Tumor Cohorts** \((n=16\ each)\)
  - NSCLC, Bladder, SCCHN, Mesothelioma, Melanoma, Prostate

**Orlotamab + MGA012**

- **Dose Escalation Ongoing**
  - 3+3+3 Design
  - (Open to Selected B7-H3\(^+\) Tumor Types)
  - **Cohorts 1-5**
  - 3-30 µg/kg orlotamab q2w
  - (w/3 µg/kg LiD)
  - + 3 mg/kg q2w MGA012

**Dose Expansion**

- **Six Tumor Cohorts** \((n=20\ each)\)
  - NSCLC, RCC, Sarcoma, Mesothelioma, Prostate, High-Mutational Load Tumors
Financial Overview

- $301M Cash, cash equivalents and marketable securities as of 6/30/18
- Historical financial details:

<table>
<thead>
<tr>
<th>$ in Millions</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$48</td>
<td>$101</td>
<td>$92</td>
<td>$158</td>
<td>$4</td>
<td>$24</td>
</tr>
<tr>
<td><strong>R&amp;D Expense</strong></td>
<td>70</td>
<td>98</td>
<td>122</td>
<td>147</td>
<td>67</td>
<td>98</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>86</td>
<td>121</td>
<td>152</td>
<td>180</td>
<td>83</td>
<td>118</td>
</tr>
<tr>
<td><strong>Cash &amp; Investments</strong></td>
<td>158</td>
<td>339</td>
<td>285</td>
<td>305</td>
<td>244</td>
<td>301</td>
</tr>
</tbody>
</table>

- Revenues from collaborative and government agreements:
## Anticipated Pipeline Progress Into 2019

<table>
<thead>
<tr>
<th>Program</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Half 2018</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Half 2018</th>
<th>2019</th>
</tr>
</thead>
</table>
| margetuximab (HER2 mAb)  | ✓ Ph. 1b/2 gastric data (ASCO GI)  
✓ SOPHIA interim futility ("Go")  
✓ Present gastric data at ASCO                                                                                   | □ Fully enroll SOPHIA  
□ Fully enroll add’l 25 gastric pts.                                                                 | □ Topline SOPHIA PFS data (1Q)  
□ Gastric cancer data (1Q)                                                                                     |
| flotetuzumab (CD123 x CD3 DART) | ✓ Enrolled dose expan. cohort                                                                                           | □ Present dose expan. data (4Q)  
□ MGA012 combo planned (TBD)  
□ Disclose further dev’t. plan                                                   | TBA                                                                                       |
| MGA012<sup>(a)</sup> (PD-1 mAb) |                                                                                                               | □ Initiate mono. dev’t in 3 indic.  
□ Present clinical update                                                      | TBA                                                                                       |
| MGD013 (PD-1 x LAG-3 DART) |                                                                                                               | □ Establish dose/schedule  
□ Initiate dose expansion cohorts                                                              | □ Present clinical data                                                                                   |
| MGD019 (PD-1 x CTLA-4 DART) |                                                                                                               | □ Submit IND                                                                  | □ Initiate Phase 1 study                                                                                   |
| enoblituzumab (B7-H3 mAb) | ✓ Enrolled PD-1 combo study                                                                                  | □ Report PD-1 combo data (4Q)  
TBA                                                                                                  | TBA                                                                                       |
| orlotamab (B7-H3 x CD3 DART) | ✓ Commenced MGA012 combo  
✓ Established mono. dose/sched.  
✓ Initiated mono. dose expan.                                                                                       | □ Present mono. clinical data                                                                                         |
| MGC018 (B7-H3 ADC) | ✓ Submitted IND  
□ Initiate Phase 1 study                                                                                       | TBA                                                                                       |
| MGD007 (gpA33 x CD3 DART) | ✓ Commenced MGA012 combo                                                                                       | TBA                                                                                       |

<sup>(a)</sup> Incyte leads monotherapy development and may initiate combo trials with its pipeline assets. MacroGenics retains rights to develop its pipeline assets in combination with MGA012 and to manufacture a portion of global clinical and commercial supply needs. Incyte has designated this molecule as "INCMGA0012".
Thank You!

Jim Karrels – Senior Vice President, CFO
301-354-2681 | karrelsj@macrogenics.com

Karen Sharma – Senior Vice President
MacDougall Biomedical Communications
781-235-3060 | ksharma@macbiocom.com

Eric Risser – Senior Vice President, Chief Business Officer
301-354-2640 | rissere@macrogenics.com

www.macrogenics.com
Link to our latest presentations:
http://ir.macrogenics.com/events.cfm