Conditionally **A**ctive **B**iologics: Transforming Cancer Therapy

Corporate Presentation

August 2022

bioatla

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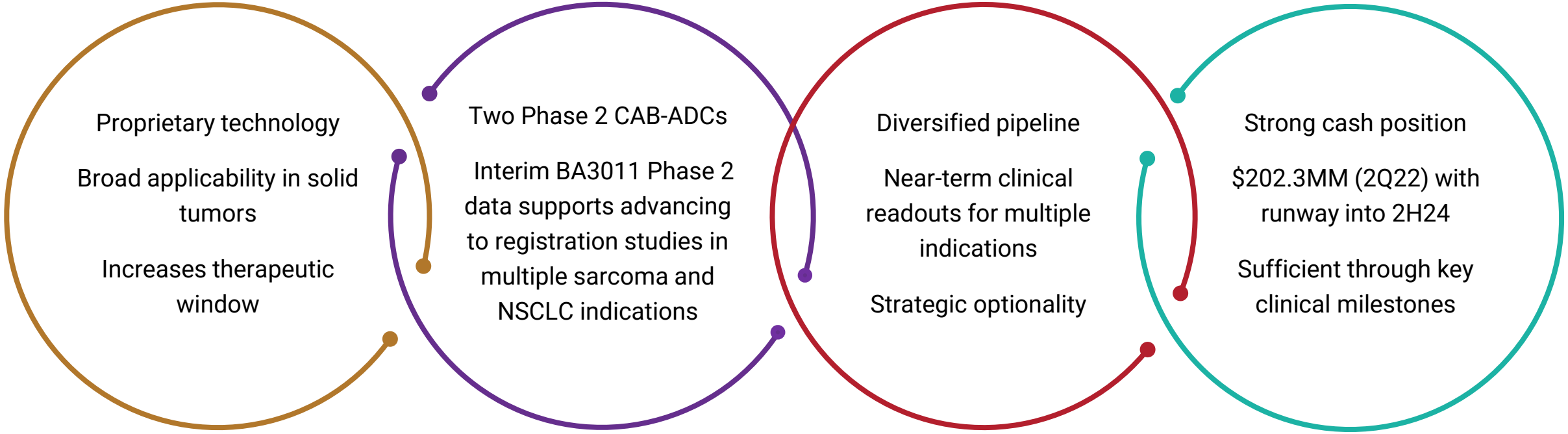
BioAtla© is a clinical stage company focused on transforming cancer therapy

with **C**onditionally **A**ctive **B**iologics (CABs)



Leadership Team

Jay Short, Ph.D.

Chairman, CEO and Cofounder

Scott Smith, M.S., M.B.A.

President

Richard Waldron, M.B.A.

Chief Financial Officer

Philippe Martin, M.S., M.B.A.

Chief of Clinical Dev & Operations

Sheri Lydick

Sr. VP, Commercial Strategy

Eric Sievers, M.D.

Chief Medical Officer

Cathy Chang, Ph.D.

Sr. VP, Research & Development

William Boyle, Ph.D.

Sr. Research Fellow

Monica Sullivan

Sr. VP, Intellectual Property & Contracts

Susie Melody

Sr. VP, Human Resources

Selective and targeted CAB technology widens therapeutic window,

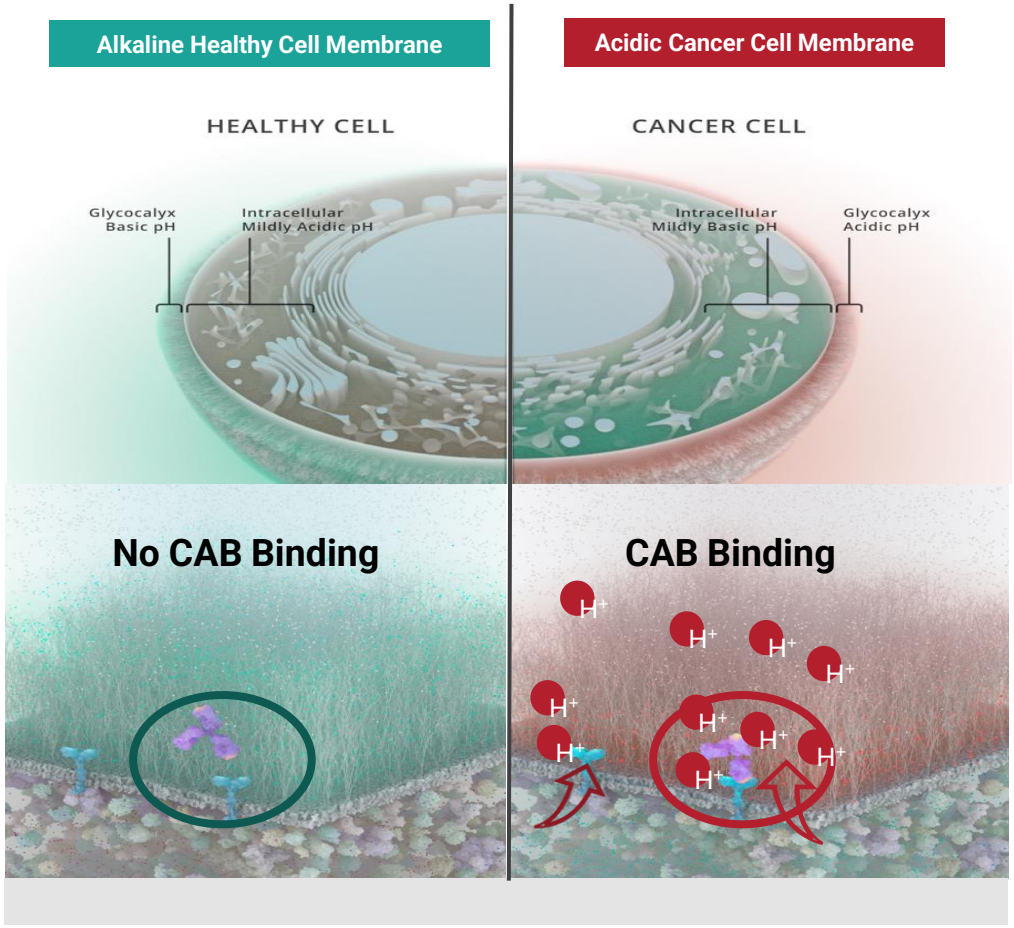
thus has the potential to enhance clinical outcomes in multiple tumor types

BioAtla discovered that acidic pH at the cancer cell surface unveils binding sites that are shielded at normal pH of healthy cells

BioAtla invented CAB technology, creating antibodies that bind ***only*** to these unveiled sites on cancer cells

CAB binding region is not masked or caged and thus different from prodrugs that require irreversible enzymatic cleavage to become activated

CAB antibodies have the potential for increased efficacy with improved safety relative to traditional antibodies



Chang, H.W., Frey, G., Liu, H., Xing, C., Steinman, L, Boyle, B.J., & Short, J.M. (2021) PNAS 118(9): 1-10, Suppl. 1-19.

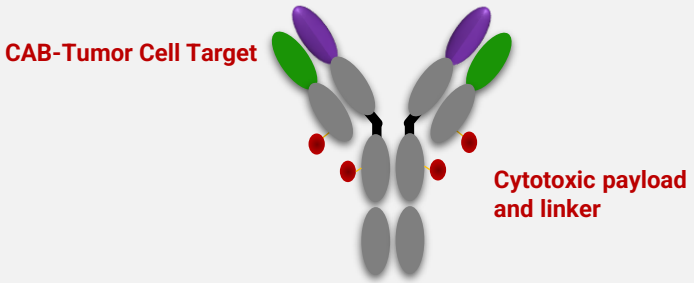
Broad applicability of BioAtla's CAB platform across several antibody types

has the potential to treat multiple solid tumors

ADCs

Targets: AXL, ROR2

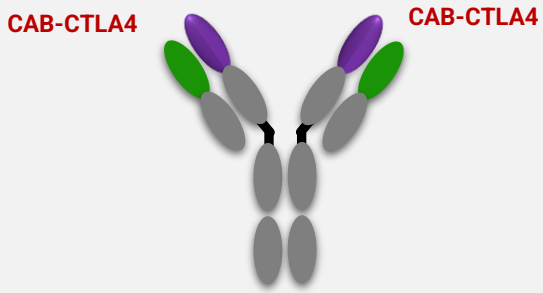
Widely expressed in a variety of tumor types, AXL and ROR2 overexpression correlates with poor prognosis, metastasis, and drug resistance to PD-1 and EGFR therapies



Naked Antibodies

Target: CTLA-4

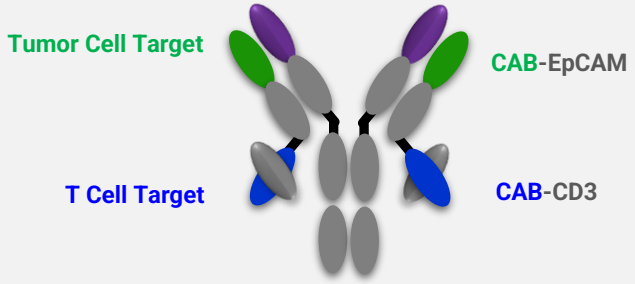
CTLA-4 blockade activates effector T cells, thereby enhancing anti-tumor immunity



Bispecifics

Target: EpCAM & CD3

Bispecific antibodies bridge cancer cells and cytotoxic T lymphocytes, activating T cells and promoting cancer cell lysis



Focused pipeline with broad applicability of differentiated CAB assets designed to deliver near-term value

	CAB Program	Target	Indications	IND Enabling Pre-Clinical / Phase 1 Clinical / Phase 2 Clinical	Anticipated Milestones
CAB-ADCs	**BA3011** *Mecbotamab Vedotin*	AXL	STS & Bone Sarcoma NSCLC Ovarian Cancer*		✓ Interim sarcoma results – achieved go criteria to advance UPS and osteosarcoma into Phase 2 part 2 ✓ Initial interim NSCLC results – achieved go criteria to advance to Phase 2 part 2 ✓ Ovarian IIT dosing
CAB-ADCs	**BA3021** *Ozuriftamab Vedotin*	ROR2	NSCLC Melanoma SCCHN Ovarian Cancer*		• Phase 2 interim NSCLC data and melanoma update 2H22 • SCCHN trial dosing 3Q ✓ Ovarian IIT dosing
CAB-I/O	**BA3071**	CTLA-4	Multiple tumor types**		✓ Phase 1 / 2 dosing
CAB-Bi-specifics	**BA3182**	EpCAM & CD3	Adenocarcinoma** Multiple tumor types**		• IND submission and Phase 1 initiation 2H2022
	Additional programs	Various	Multiple tumor types**		• 2023 and beyond

IIT, investigator-initiated trial; IND, investigational new drug; NSCLC, Non-small Cell Lung Cancer; RCC, Renal Cell Carcinoma; SCCHN, Squamous Cell Carcinoma of the Head and Neck; STS, Soft Tissue Sarcoma.

* Phase 2 investigator-initiated trial for Ovarian Cancer ** Indications based upon tumor target expression

CAB-AXL-ADC Platform

BA3011 Mecbotamab Vedotin: Sarcoma and NSCLC

Potential market opportunity in UPS and Osteosarcoma

UPS

1. 2nd most common Soft Tissue Sarcoma (STS) subtype (~15% of all STS)[1]
2. High-grade aggressive subtype with high recurrence rates[1]
3. 3k – 4k AXL+ addressable patients per year in the U.S.[1,4]

Current Treatments

- Chemotherapy, chemoradiation or regional limb therapy for unresectable cases
- No approved targeted therapies for UPS
- Approved treatments for sarcoma ORR ~15%[5]

Osteosarcoma

1. Most common malignant primary bone tumor (30% of all such malignancies)[2]
2. ~20% of patients have metastases at diagnosis; of the remainder, 50% progress to clinical metastasis[3]
3. 2k – 3k AXL+ addressable patients per year in the U.S.[2-4]

Current Treatments

- 1st-line surgical resection +/- chemo / radiation
- No approved therapies for 2L+
- Independent Phase 2 study showed PFS rate for placebo at 8 weeks = ~0%[6]

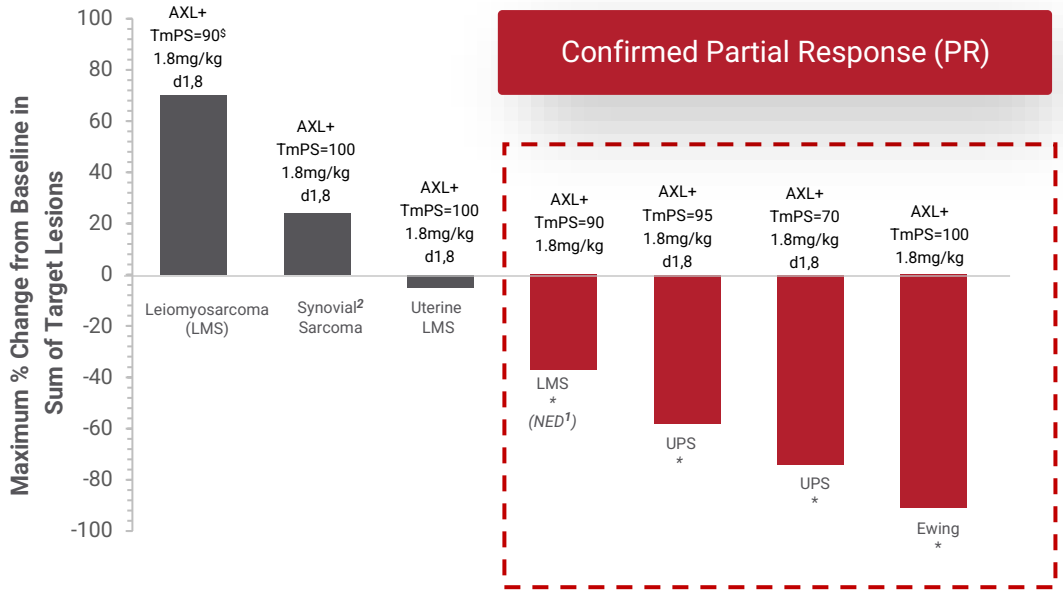
[1]Undifferentiated Pleomorphic Sarcoma - StatPearls - NCBI Bookshelf (nih.gov); Annals of Oncology 30: 1143–1153, 2019. [2]https://www.cancernetwork.com/view/bone-sarcomas. [3]https://www.cancer.org/cancer/osteosarcoma/detection-diagnosis-staging/staging.html; https://www.texasoncology.com/types-of-cancer/bone-cancer/osteosarcoma-overview/recurrent-osteosarcoma. [4]Company estimates [5]Product USPIs. [6]*Lancel Oncol* 2019 Jan;20(1):120-133.

2L, second line; 2L+, second line or greater; ORR, objective response rate (best objective response as confirmed complete response or partial response); PBO, placebo; STS, soft tissue sarcoma; UPS, undifferentiated pleomorphic sarcoma.

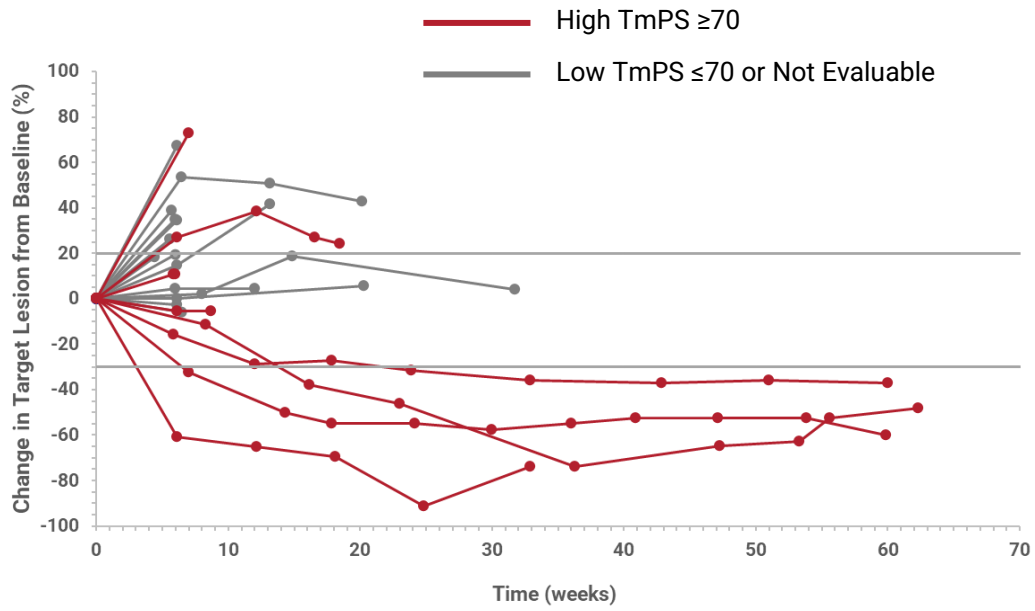
Encouraging Phase 1 results with Mecbotamab Vedotin (BA3011)

in refractory sarcoma

Confirmed TmPS* ≥70; 1.8mg/kg Q3W or 2Q3W



Evaluable Patients in Phase 1 at All Doses

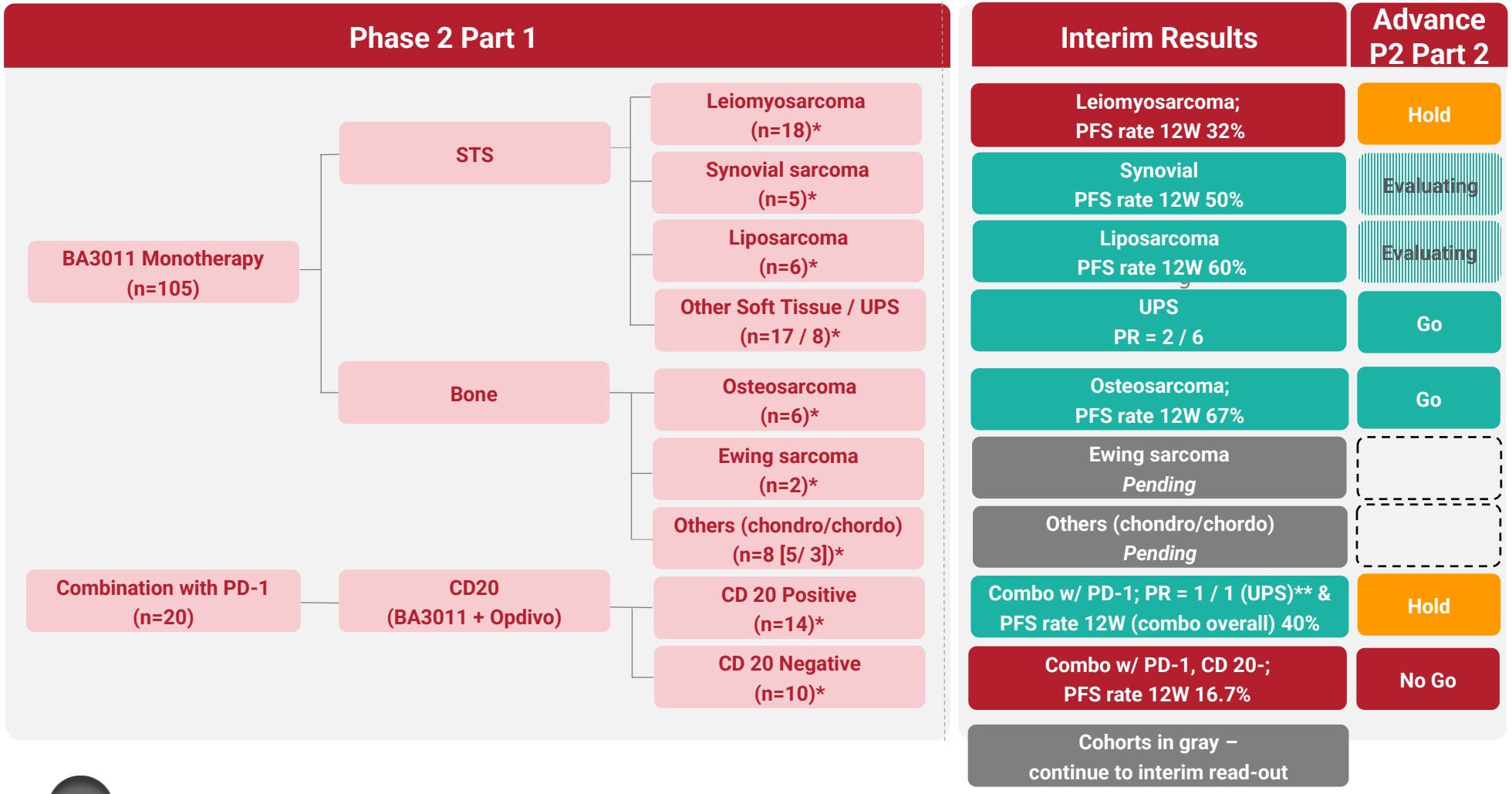


- PR was achieved in 4/7 high TmPS patients receiving the clinically-meaningful 1.8 mg/kg dose
- Antitumor activity correlates with higher levels of AXL tumor membrane expression in sarcoma patients

Notes:
All patients: Multiple cycles of antineoplastic agents received prior to starting treatment with BA3011
*AXL Tumor membrane Percent Score or TmPS = % Score ≥1+; $Tissue biopsy from resection, over 1 year old prior to trial entry
1 NED = No evidence of disease; 2 Synovial sarcoma patient delayed treatment due to unrelated SAE led to progression

Phase 2 Part 1 Topline Interim Analysis Results Confirm Phase 1 Signal

following BA3011 in refractory sarcoma subtypes



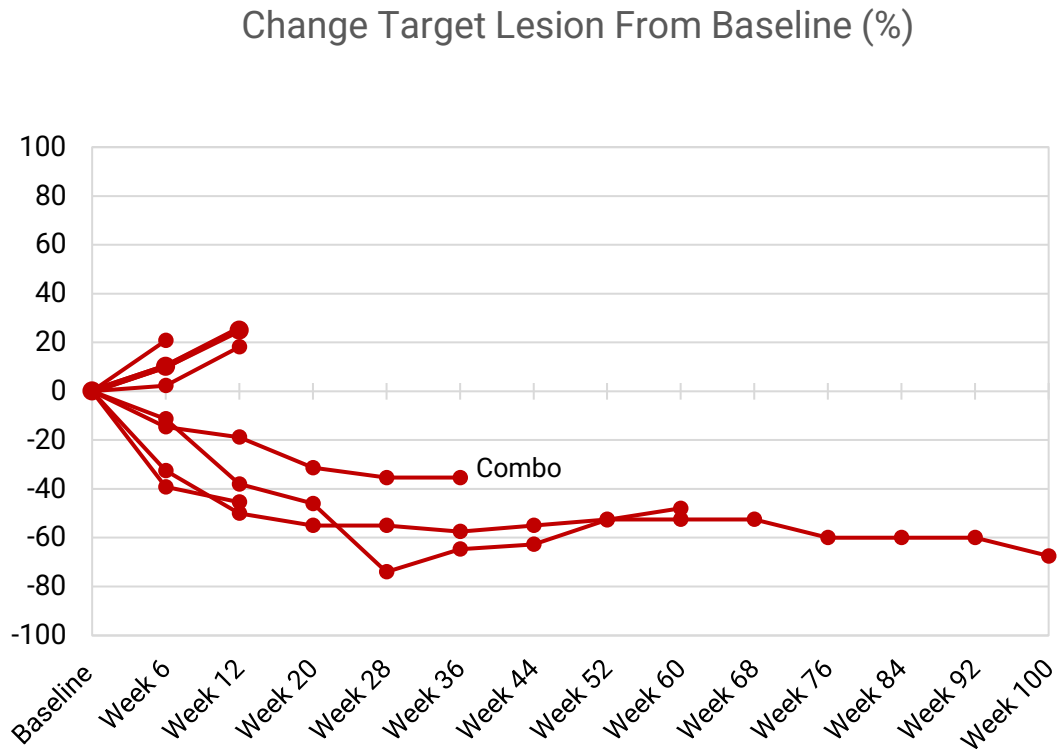
Interim results satisfied pre-defined 'Go' criteria into part 2 of the Phase 2 BA3011 study in multiple sarcoma subtypes:

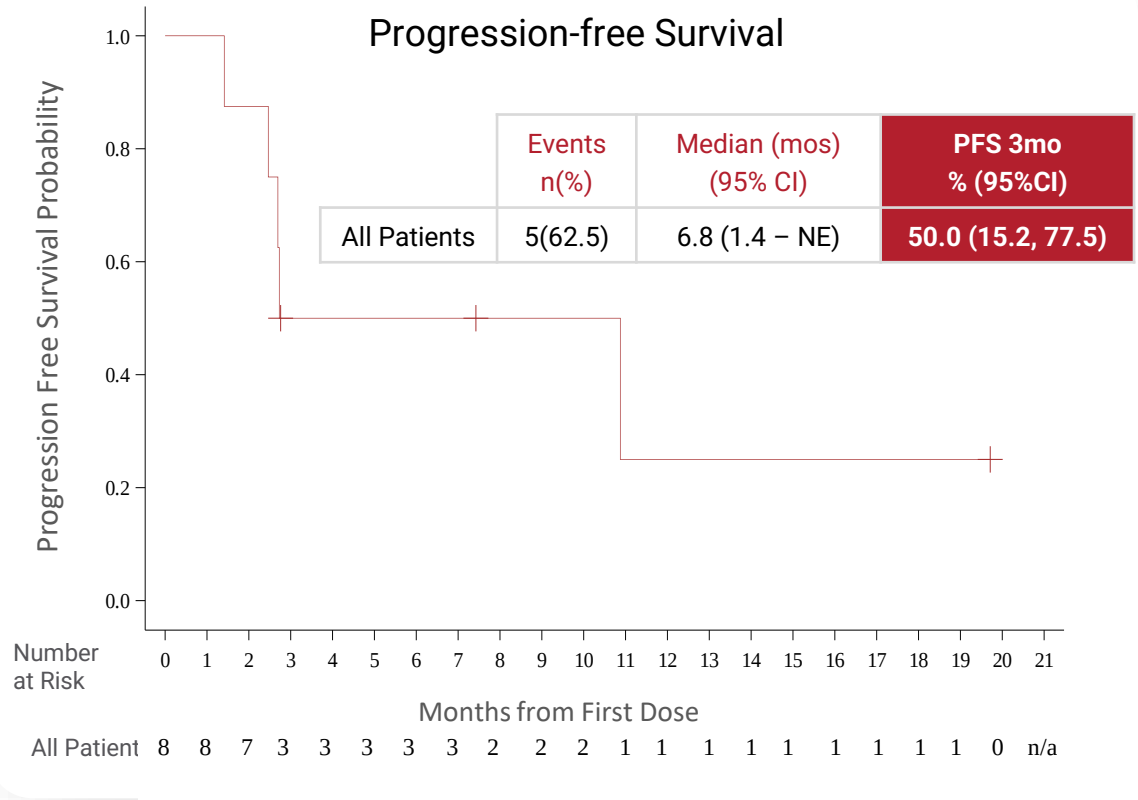
- UPS and osteosarcoma advancing as separate cohorts to potentially registration studies (Phase 2 part 2).
  - Additional detail for part 2 will become available following FDA written response
- Liposarcoma and synovial sarcoma next steps under evaluation

Pre-defined criteria for each subgroup up to 10 patients: 'No Go' if 0 CR/PR and PFS rate at 3 months <40%; 'Go' if ≥1 CR/PR or PFS rate at 3 months ≥40%. * As of data cut-off Jul 25, 2022; Cohorts in gray continuing enrollment until sufficient sample size is achieved. **Included in UPS cohort. BA3011 dose 1.8 mg/kg Q2W. PFS, progression-free survival; PR, partial response; UPS, undifferentiated pleomorphic sarcoma.

Undifferentiated Pleomorphic Sarcoma (UPS):

Phase 1 & 2 Change in Target Lesion and Progression Free Survival (1.8mg/kg; n=8)



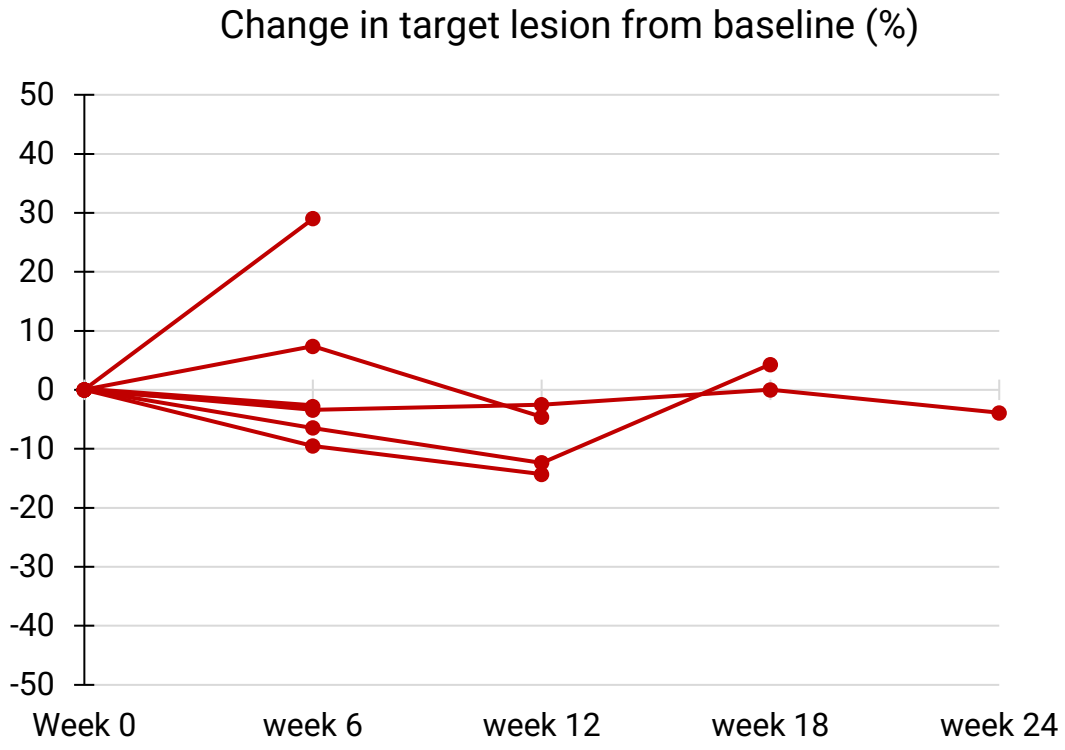


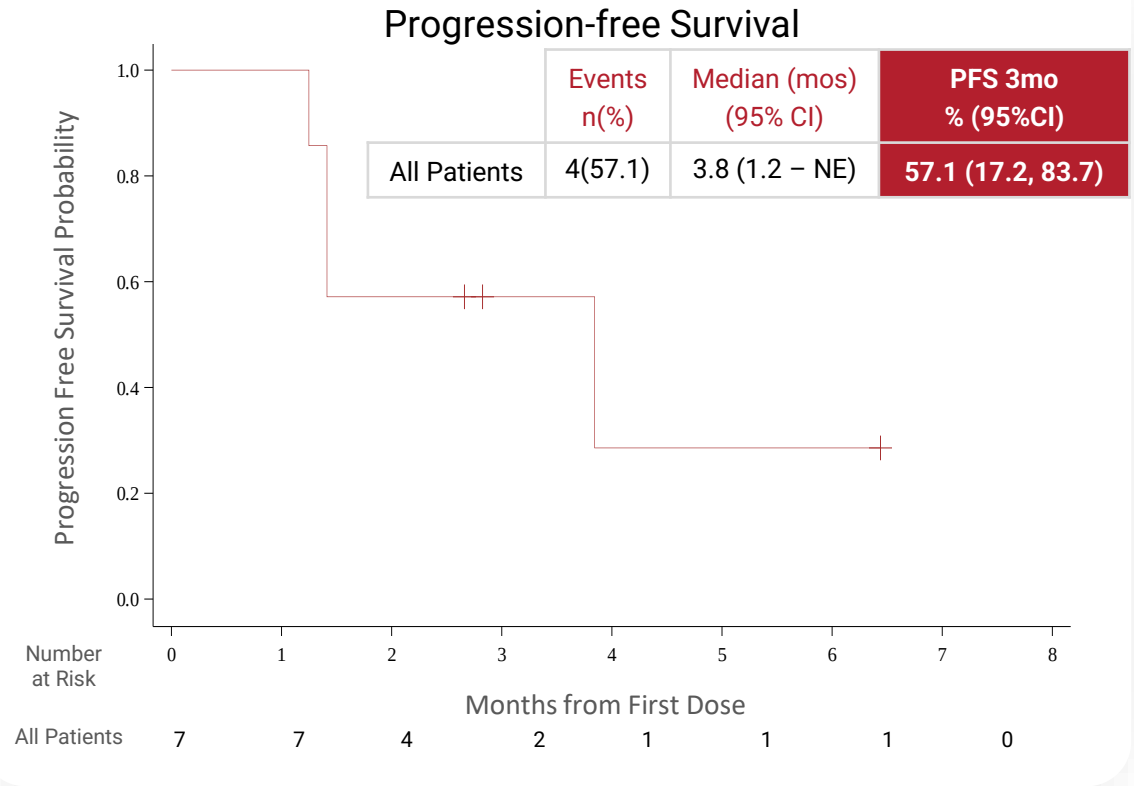
- 4 / 8 patients achieved PRs, with an ORR of 50% and PFS rate at 3 months of 50%
- Responses to BA3011 treatment are durable, with partial responders remaining on treatment for extended periods of time
- Interim results satisfied the pre-defined Go criteria of UPS cohort into part 2 of the Phase 2 study

Interim data- Data cut-off of April 28, 2022

Osteosarcoma:

Phase 1 & 2 Change in Target Lesion and Progression Free Survival (1.8mg/kg; n=7)





- Of 7 patients enrolled, PFS rate at 3 months was 57%
- When combining all Phase 1 & 2 bone sarcoma patients, a total of 7 patients were enrolled and observed a PFS rate at 3 months of 56%
- Interim results satisfied the pre-defined Go criteria of osteosarcoma cohort into part 2 of the Phase 2 study

Interim data- Data cut-off of April 28, 2022
Recent independent phase 2 study demonstrated placebo PFS rate at 2 months for 1st and 2nd line metastatic osteosarcoma of ~0% (www.thelancet.com/oncology Vol 20 January 2019)

Liposarcoma and Synovial sarcoma:

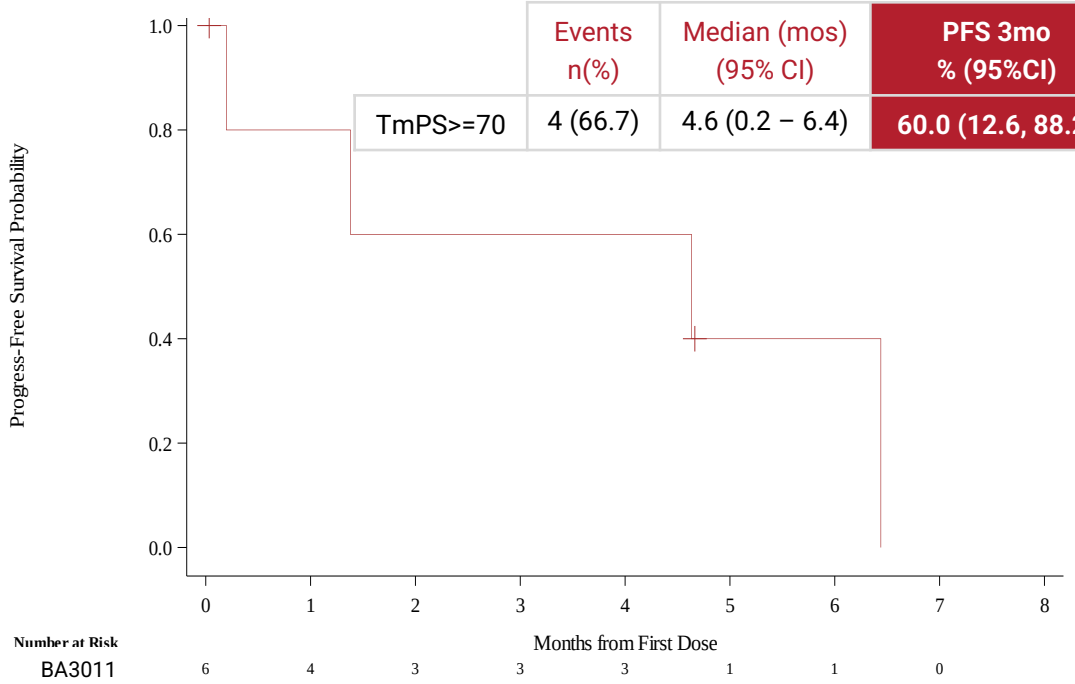
Phase 2 Progression Free Survival

Liposarcoma

BA3011 1.8mg/kg Q2W

n=6

	Events n(%)	Median (mos) (95% CI)	PFS 3mo % (95%CI)
TmPS>=70	4 (66.7)	4.6 (0.2 – 6.4)	60.0 (12.6, 88.2)

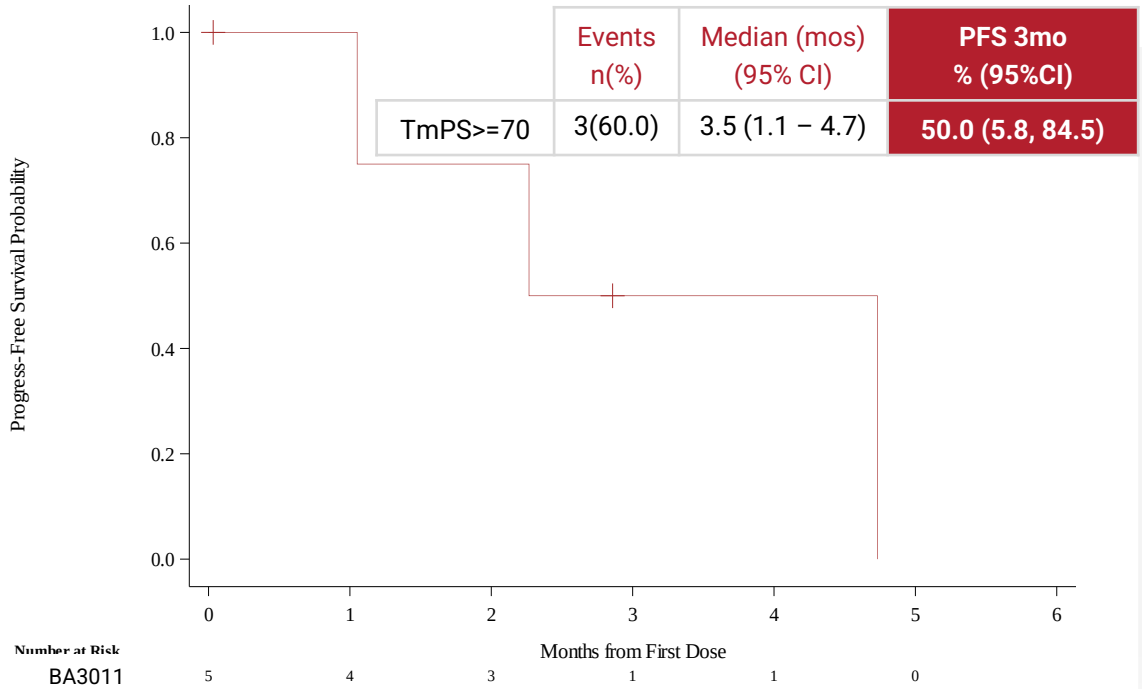


Synovial Sarcoma

BA3011 1.8mg/kg Q2W

n=5

	Events n(%)	Median (mos) (95% CI)	PFS 3mo % (95%CI)
TmPS>=70	3(60.0)	3.5 (1.1 – 4.7)	50.0 (5.8, 84.5)



- Phase 2 PFS rate at 3 months of 60% for liposarcoma and 50% for synovial sarcoma BA3011 monotherapy in patients with 3 or more prior systemic therapies
- Interim results satisfied the pre-defined Go criteria of liposarcoma and synovial sarcoma cohorts into part 2 of the Phase 2 study. Next steps under evaluation.

Interim data- Data cut-off of Jul 25, 2022

Continued promising safety and tolerability profile in Sarcoma

Phase 2 at the RP2D 1.8 mg/kg Q2W

Characteristic	BA3011 (N=71)
Any Adverse Events (AEs)	64 (90%)
Related AEs with CTCAE[1] Grade 3 or 4[2]	17 (24%)
Any related serious AEs[2]	6 (8%)
Related AEs leading to death[2]	0
Related AEs leading to treatment discontinuation[2]	2 (3%)§

Constipation	Grade 1-2 (19%)
	Grade 3-4 (0%)
Peripheral Neuropathy	All Grade 1-2 (21%)
Diarrhea	Grade 1-2 (19%)
	Grade 3-4 (0%)

Low-grade constipation observed is consistent with baseline levels seen in advanced cancer patients

- No treatment-related deaths
- Few treatment-related SAEs, consistent with MMAE-based toxicity, including reversible myelosuppression, transient liver enzyme elevation, metabolic disturbances
- Very few related AEs leading to treatment discontinuation
- No clinically meaningful on-target toxicity observed over background
- Differentiated profile due to avoiding on-target off-tumor toxicity

Interim data- Data cut-off of May 16, 2022

Note: [1]CTCAE: Common Terminology Criteria for Adverse Events. The NCI Common Terminology Criteria for Adverse Events is a descriptive terminology which is utilized for Adverse Event (AE) reporting. A grading (severity) scale is provided for each AE term. [2]As assessed by the investigator. Missing responses are counted as related.
§Grade 2 peripheral neuropathy

Potential market opportunity in metastatic NSCLC

>540K	people in the U.S. living with lung cancer[1]
~200K	newly diagnosed patients / year (U.S.) – **majority** advanced / metastatic[2]
2L+	despite advances in 1L care, **majority** of patients **progress**[3]
~75%	non-squamous cell represents **majority** of patients[4]

Available Treatment:

1L: Chemo + ICI 50% ORR[5]

2L+: SOC 10% - 20% ORR[6,7]

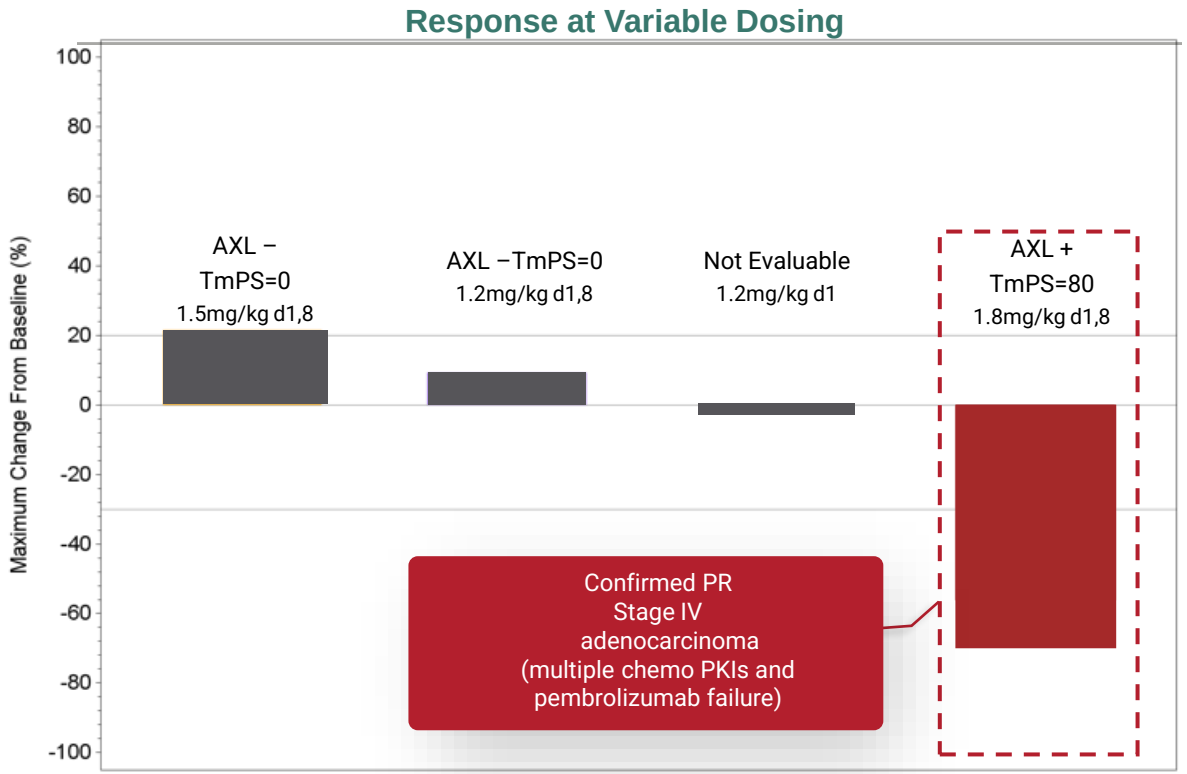
- **Target population: ~50K AXL+ addressable 2L+ patients/year in the U.S.[8], based on AXL positivity rate of ~35%**
- **Internal success threshold: 2L+ ORR of ~15% - 20% (approvability bar); 20%+ (commercially relevant) following BA3011 monotherapy**

[1]https://www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/resource-library/lung-cancer-fact-sheet [2]https://www.cancer.net/cancer-types/lung-cancer-non-small-cell/statistics, [3]Wang F, Wang S and Zhou Q (2020) The Resistance Mechanisms of Lung Cancer Immunotherapy. *Front. Oncol.* 10:568059. doi: 10.3389/fonc.2020.568059, [4]https://thoracickey.com/carcinomas-of-the-lung-classification-and-genetics/#F1-72 [5]*Transl Lung Cancer Res* 2021;10(7):3093-3105. [6]*Ann Oncol.* 2017;28(11):2698–706. [7]DOI: 10.1200/JCO.22.00912 *Journal of Clinical Oncology* Published online June 03, 2022. [8]Clarivate, Disease Landscape and Forecast: NSCLC (2022).

1L, first line; 2L+, second line or greater; NSCLC, non-small cell lung cancer; ORR, objective response rate (best objective response as confirmed complete response or partial response), SOC, standard of care (docetaxel, docetaxel + ramucirumab, gemcitabine, pemetrexed)

Encouraging Phase 1 results with Mecbotamab Vedotin (BA3011)

in refractory NSCLC patients



- A partial response was achieved in the AXL-high NSCLC patient refractory to multiple chemo PKIs and pembrolizumab failure

Phase 2 study design with BA3011 (Mecbotamab Vedotin)

in refractory NSCLC patients

Initial interim analysis

AXL+ ≥1 TmPS

Monotherapy and Combination with PD-1/L1

All patients refractory to PD-1/L1, EGFR and / or ALK inhibitors

Targeting up to ~20 pts

Next step

If definitive, move into part 2

Ability to continue interim enrollment up to ~40 patients, if desired

Phase 2 part 2

Monotherapy (BA3011)

and / or

Combination (BA3011+Opdivo)

n=TBD *pending discussions with FDA*

Endpoints

Primary endpoints

Confirmed ORR per RECIST v1.1

AEs or SAEs

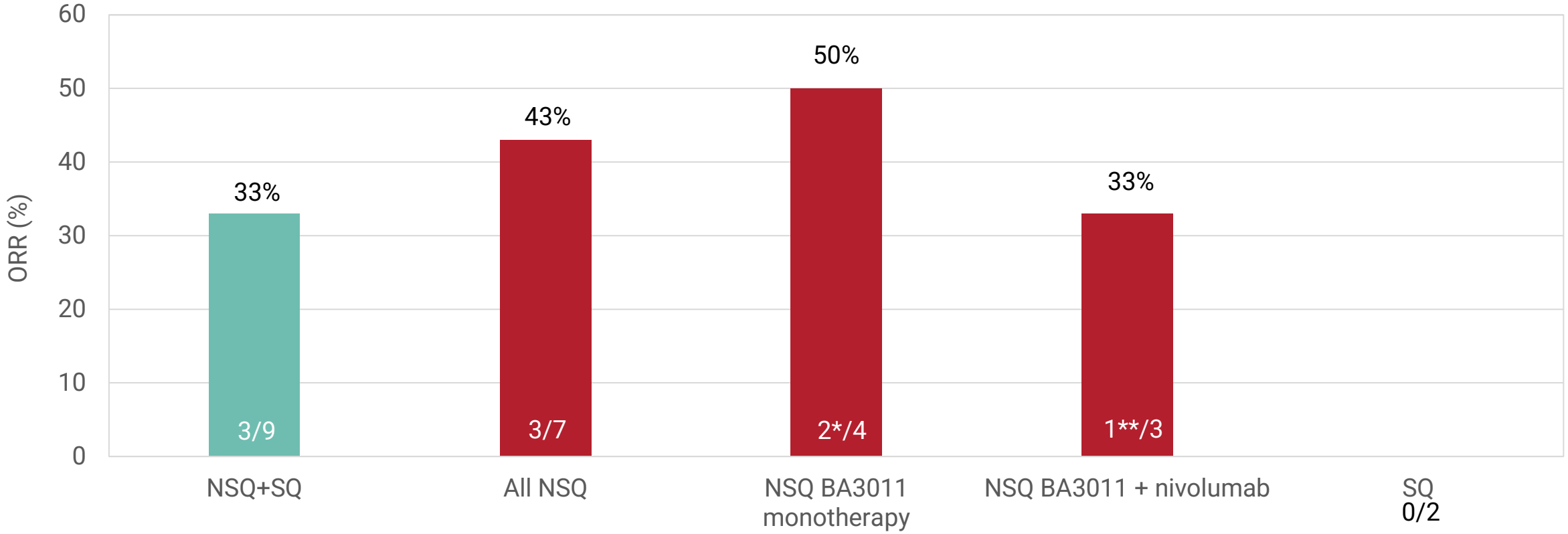
Secondary endpoints

DOR, PFS, ORR, DCR, TTR, OS

BA3011 dose 1.8 mg/kg Q2W. Inclusion criteria: measurable disease, ≥ 18 years, ECOG performance status 0 or 1.
AE, adverse event; BOR, best overall response; DCR, disease control rate; DOR, duration of response; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; SAE, serious adverse event; TTR, time to response.

Phase 2 part 1 BA3011 NSCLC initial interim analysis confirms Phase 1 signal

supports advancing preparations for part 2 in refractory NSCLC



NSQ – non-squamous; SQ – squamous
Responses include 2 confirmed partial responses (*) and one confirmed complete response (**)

15 patients enrolled as of July 2022: 4 patients currently on treatment did not yet have the opportunity to be followed for 3 months; 2 patients are not efficacy-evaluable; 9 efficacy evaluable patients - All patients failed prior PD-1 treatment(s) – median prior lines of therapy = 2.5

Promising safety and tolerability profile emerging in NSCLC

Phase 2 at the RP2D 1.8 mg/kg Q2W

Characteristic	BA3011 (N=7)	BA3011 + Opdivo (N=4)
Any Adverse Events (AEs)	6 (86%)	4 (100%)
Related AEs with CTCAE[1] Grade 3 or 4[2]	1 (14%)	2 (50%)
Any related serious AEs[2]	1 (14%)*	2 (50%)^
Related AEs leading to death[2]	0	0
Related AEs leading to treatment discontinuation[2]	0	0

Constipation	Grade 1-2 (9%)
	Grade 3-4 (0%)
Peripheral Neuropathy	All Grade 1-2 (0%)
Diarrhea	Grade 1-2 (18%)
	Grade 3-4 (0%)

Low-grade constipation observed is consistent with baseline levels seen in advanced cancer patients

- No treatment-related deaths
- Few treatment-related SAEs
- No AEs leading to treatment discontinuation
- No clinically meaningful on-target toxicity observed over background
- Differentiated profile due to avoiding on-target off-tumor toxicity

Interim data- Data cut-off of June 2, 2022

Note: [1]CTCAE: Common Terminology Criteria for Adverse Events. The NCI Common Terminology Criteria for Adverse Events is a descriptive terminology which is utilized for Adverse Event (AE) reporting. A grading (severity) scale is provided for each AE term. [2]As assessed by the investigator. Missing responses are counted as related. * Hyperglycemia; ^creatinine increase & Acute kidney injury

CAB-ROR2-ADC Platform

BA3021 Ozuriftamab Vedotin – NSCLC, Melanoma, SSCHN

Potential market opportunity in metastatic NSCLC

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~200K	newly diagnosed patients / year (U.S.) – **majority** advanced / metastatic[2]
2L+	despite advances in 1L care, **majority** of patients **progress**[3]
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Available Treatment:

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- **Target population: ~40K ROR2+ addressable 2L+ patients/year in the U.S.[8], based on ROR2 positivity rate of ~30%**
- **Internal success threshold: 2L+ ORR of ~15% - 20% (approvability bar); 20%+ (commercially relevant) following BA3011 monotherapy**

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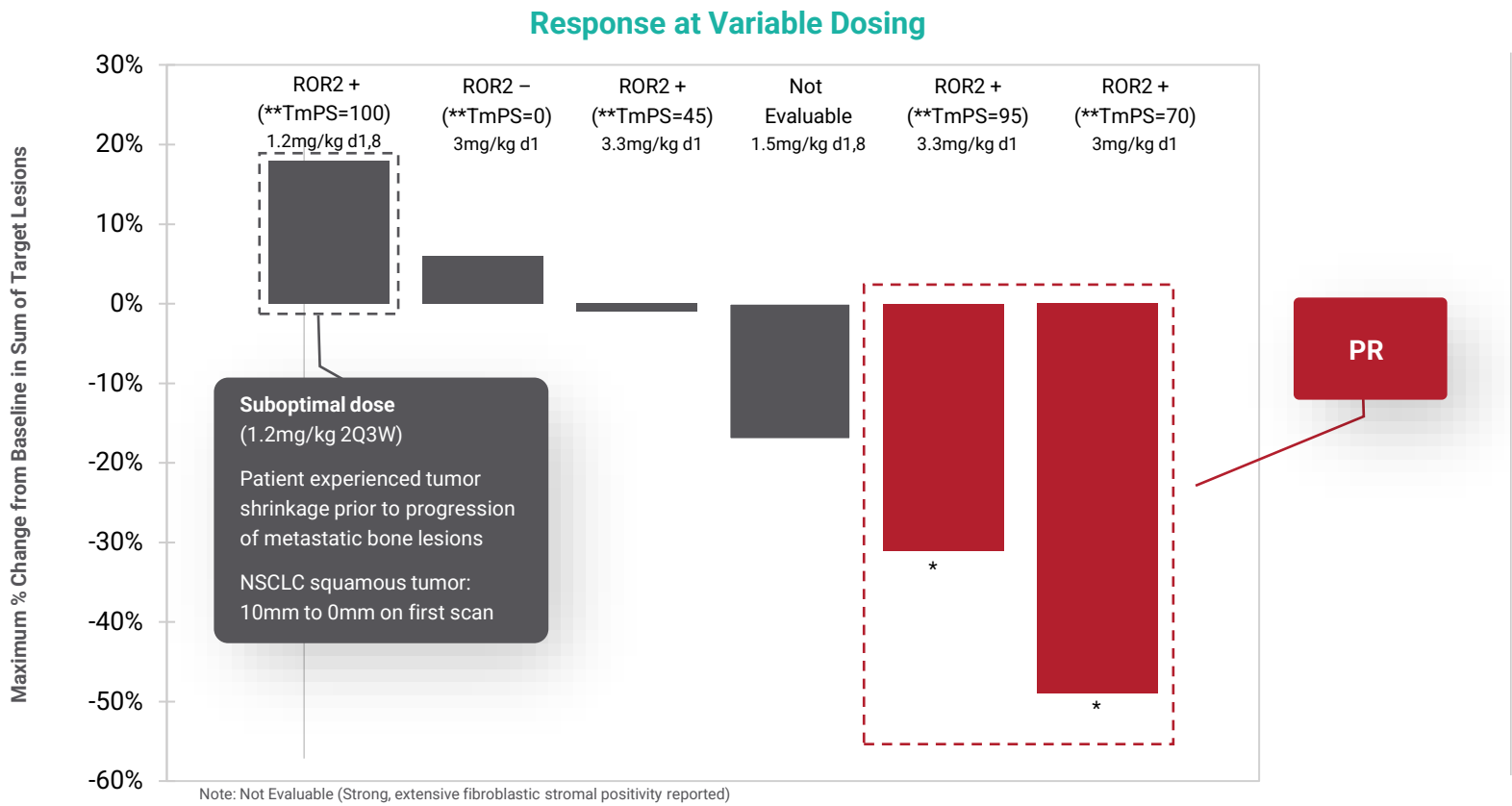
1L, first line; 2L+, second line or greater; NSCLC, non-small cell lung cancer; ORR, objective response rate (best objective response as confirmed complete response or partial response), SOC, standard of care (docetaxel, docetaxel + ramucirumab, gemcitabine, pemetrexed)

Encouraging Phase 1 results with BA3021 (Ozuriftamab Vedotin)

in refractory patients with NSCLC



- Two out of three ROR2+ patients had a confirmed partial response following ozuriftamab vedotin treatment

**Suboptimal dose 1.2 mg/kg 2Q3W. Tumor shrinkage occurred prior to progression of metastatic bone lesions. NSCLC squamous tumor 10mm to 0mm on first scan. TmPS = 16%, patient was refractory to four prior lines of therapy including cetuximab and pembrolizumab.

Potential market opportunity in metastatic melanoma

~1.3MM	people in the U.S. **living with** melanoma[1]
~100K	**newly diagnosed** invasive cases / year (U.S.)[1]
~50%	**do not respond** to PD-1 therapy in 1L setting[2]
30-40%	initial responders **progress**[2]

Available Treatment

1L: ICIs 33% - 50% ORR[3]; (BRAF / Mek inhibitors for BRAF+)

2L+: ICIs 9% - 28% ORR (mono – combo, respectively)[4]

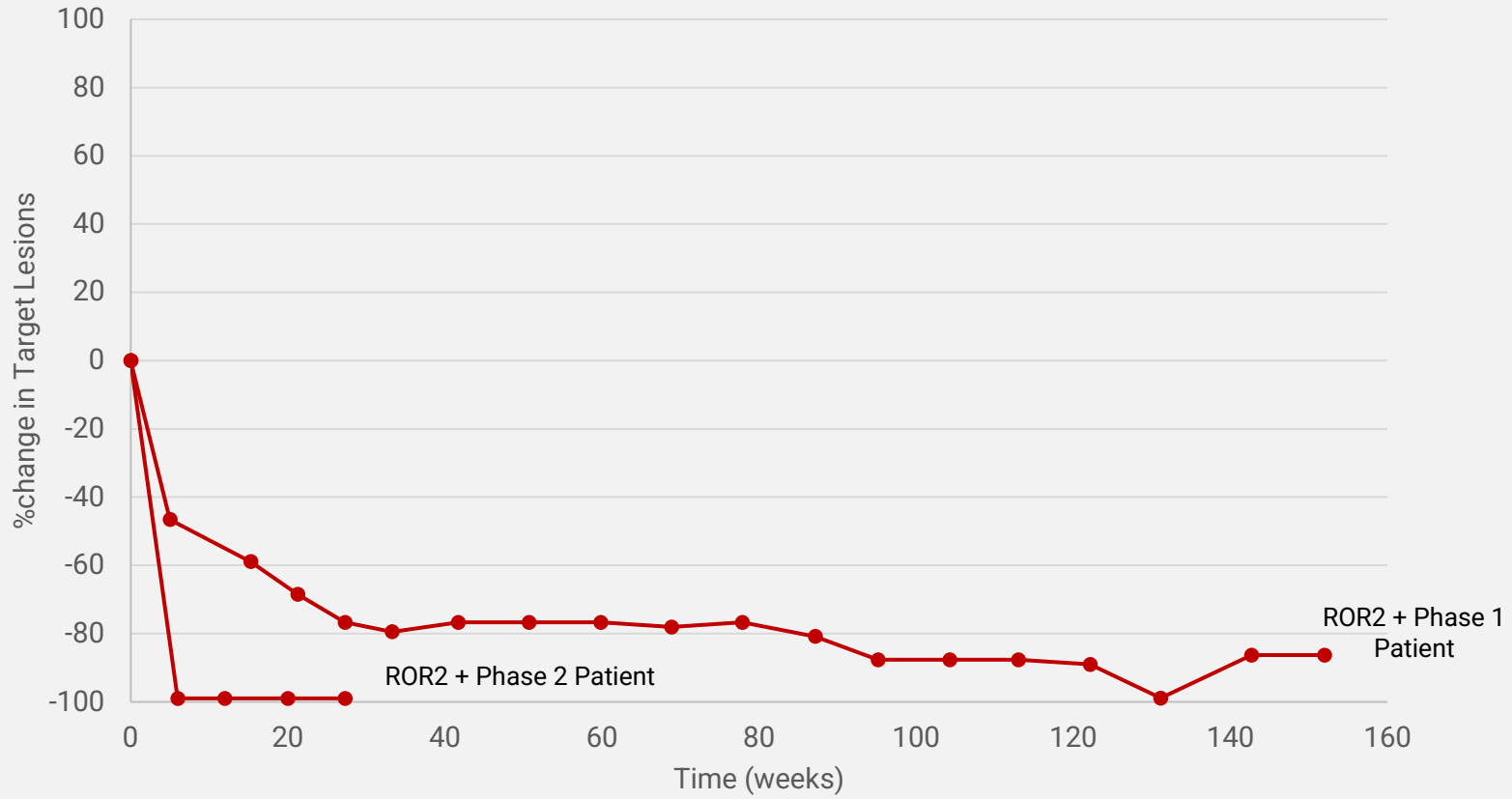
- **Target population: ~5K ROR2+ addressable 2L+ patients/year in the U.S.[1], based on a ROR2 positivity rate of ~10%**
- **Internal success threshold: 2L+ ORR of ~20% (approvability bar); 25%+ (commercially relevant) following BA3011 monotherapy**

[1]Clarivate, Disease Landscape and Forecast: Malignant Melanoma (2022). www.cancer.net; www.cancer.org; [2]Oncology (Williston Park). 33(4):141-8. [3]Keytruda USPI accessed June 2022; Opdivo USPI accessed June 2022. [4]VanderWalde A, Moon J, Bellasea S, et al. Ipilimumab plus nivolumab versus ipilimumab alone in patients with metastatic or unresectable melanoma that did not respond to anti-PD-1 therapy. Presented at: 2022 AACR Annual Meeting; April 8-13, 2022; New Orleans, LA. Abstract CT013.

1L, first line; 2L+, second line or greater; ICIs – Immune checkpoint inhibitors.

Phase 1 & 2 Results in Stage IV Multi-Refractory Melanoma

Complete Response Observed in 2 out of 2 ROR2+ Patients



Phase 1

Patient Details:

- ✓ Prior treatment failure: nivolumab followed by nivolumab + ipilimumab combination
- ✓ Clearance of pulmonary metastases followed by normalization of adenopathy
- ✓ Continued CR off-treatment for over 2 yrs

Phase 2

Patient Details:

- ✓ Prior treatment failure: nivolumab followed by Dacarbazine
- ✓ Complete Response on 1st scan (3 doses)

Data on file.

Potential market opportunity in SCCHN

>400K	people **living with** head and neck cancer (U.S.)[1]
~66K	**newly diagnosed** cases / year (U.S.)[1]
~50%	with locally advanced disease **develop recurrent or refractory** disease[2]
2L+	**limited** effective options post IL[3]

Available Treatment

1L: Pembro, cetuximab, platinum 36% ORR[4]

2L+: ICIs 13% - 16% ORR[4]

- **Target population: ~12K ROR2+ addressable 2L+ patients/year in the U.S.[1], based on a ROR2 positivity rate of ~60%**
- **Internal success threshold: 2L+ ORR of ~15% (approvability bar); 15%+ (commercially relevant) following BA3011 monotherapy**

[1]Clarivate, Disease Landscape and Forecast: SCCHN (2022). www.cancer.net; [2]Argiris A, et al.(2017) Evidence-Based Treatment Options in Recurrent and/or Metastatic Squamous Cell Carcinoma of the Head and Neck. *Front. Oncol.* 7:72; [3]Future Oncology, Jan. 2019. Vol. 15, No. 8; [4]Ketruda USPI accessed June 2022; Opdivo USPI access June 2022.

SCCHN, squamous cell carcinoma of the head and neck; 1L, first line; 2L, second line; 2L+, second line or greater; ICIs – Immune checkpoint inhibitors.

Phase 1 results with BA3021 support advancing into Phase 2

in multiple indications

ROR2+ Tumor Types	Results
NSCLC	▪ PR in 2 / 3 patients who previously experienced failure on PD-1 and who received Ph2 dose or higher
Melanoma	▪ CR in 1 / 1 patient who previously experienced failure on PD-1 ▪ Clearance of pulmonary metastases followed by normalization of adenopathy ▪ Continued CR off treatment for over 2 years
SCCHN	▪ PR in 1 / 1 ROR2+ refractory to four prior lines of therapy including cetuximab and PD-1 (pembrolizumab)
Promising safety and tolerability profile across multiple tumor types	

No ROR2 ADC or small molecules in the clinic to date, suggesting CAB-ROR2-ADC is a first-in-class therapy across multiple tumor types

Phase 2 study design with BA3021 (Ozuriftamab Vedotin) in refractory patients

for each indication: NSCLC, Melanoma, and SCCHN

Initial interim analysis

ROR2+ ≥1 TmPS

- Melanoma*: PD1 failure
- NSCLC: PD1, EGFR or ALK failure
- SCCHN: PD1 alone or in combination w/ platinum failure

Monotherapy and Combination with PD-1/L1

Targeting up to ~20 pts

Next step

If definitive, move into part 2

Ability to continue enrollment up to ~40 patients, if desired

Phase 2 part 2

Monotherapy (BA3021)

and / or

Combination(BA3021+Opdivo)

n=TBD *pending discussions with FDA*

Endpoints

Primary endpoints

- Confirmed ORR per RECIST v1.1
- AEs or SAEs

Secondary endpoints

- DOR, PFS, ORR, DCR, TTR, OS, tumor size

*To date, CR on first scan (3 doses), n=1

BA3011 dose 1.8 mg/kg Q2W. Inclusion criteria: measurable disease, ≥ 18 years, ECOG performance status 0 or 1.
AE, adverse event; BOR, best overall response; DCR, disease control rate; DOR, duration of response; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; SAE, serious adverse event; TTR, time to response.

Naked Antibody Platform:

CTLA-4 (BA3071) – Basket Trial

BA3071 (CAB-CTLA-4)

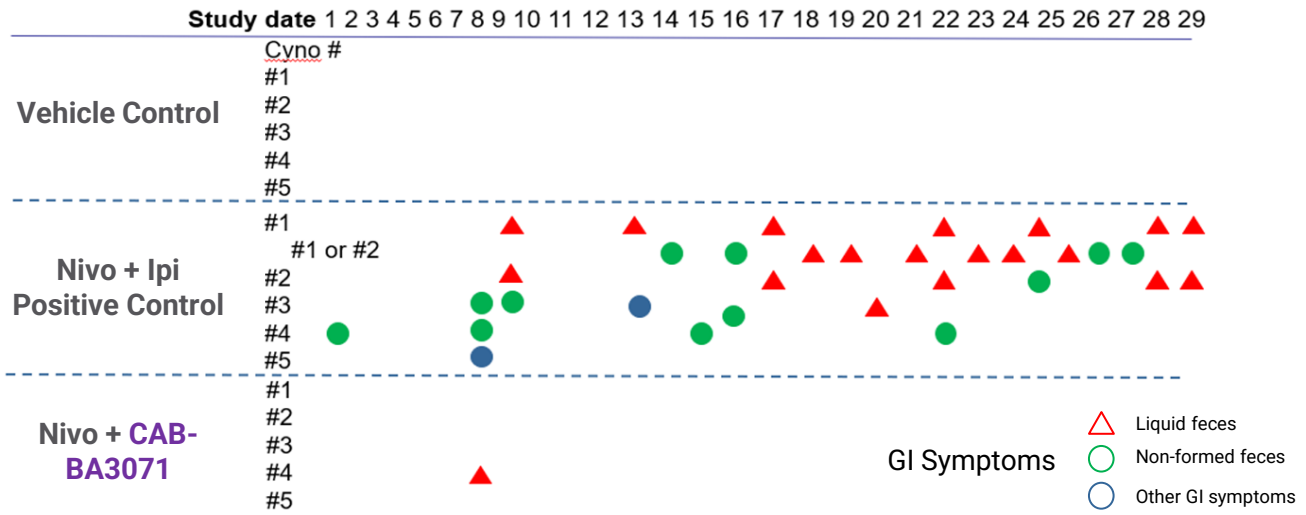
Best-in-class and potential for disruption of the I/O Market

Research demonstrates challenges and opportunity in combining two Immune Checkpoint Inhibitors*

- Improves efficacy, but increases adverse events
- Greater % of patients discontinue therapy relative to monotherapy

Clinical Endpoint	Nivolumab (PD-1)	Nivolumab (PD-1) + Ipilimumab (CTLA4)
Progression Free Survival	6.9 months	**11.5 months**
Grade 3 or 4 Adverse Events	16.3%	**55.0%**
Discontinued Treatment	7.7%	**36.4%**

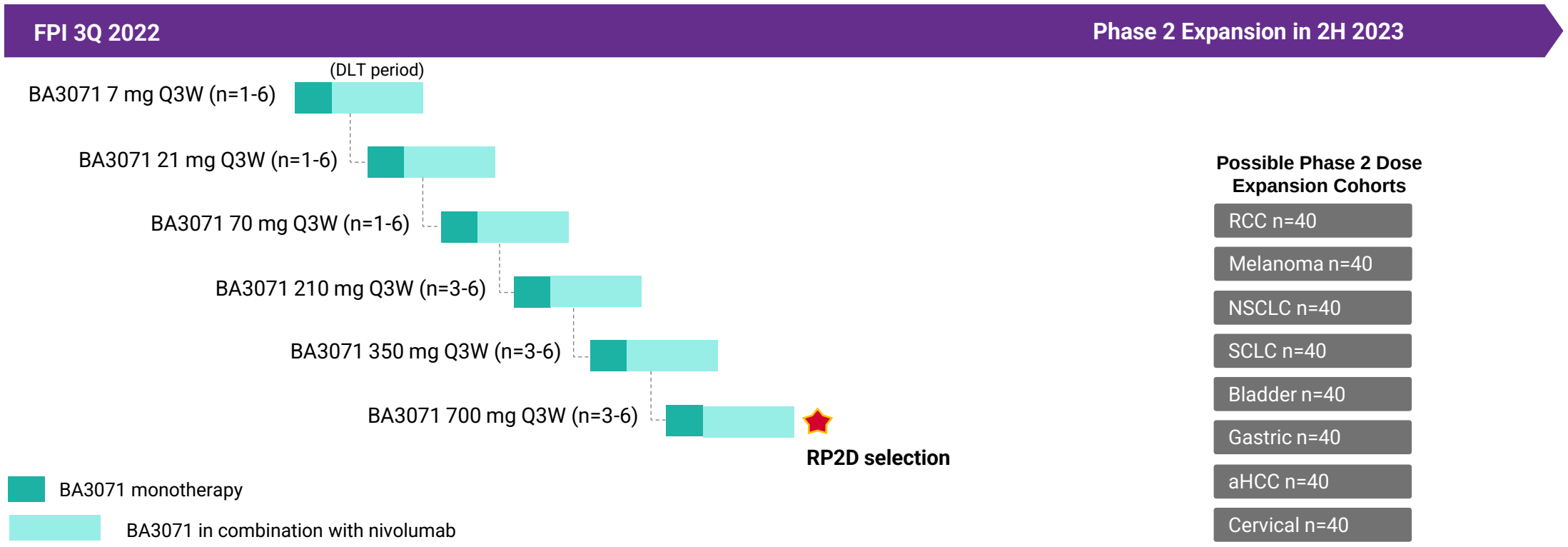
In NHP study, BA3071 achieved similar exposure levels to Ipi analog with significantly less toxicity in combination with nivo**



*Larkin et al., New Eng. J. Med.,373: 23-34, 2015
**Chang et al., PNAS 118 (9): 1-10, 2021
Nivo: 20mg/kg QW (12X human dose); Ipi or CAB-CTLA: 15mg/kg QW (45 – 60X human dose)
Once weekly for four weeks exposure to Nivo + Ipi or CAB CTLA4
AUC_{168} = Area under the serum drug concentration-time curve from time zero to 168 hours; C_{max} = Highest drug concentration observed in serum

Phase 1/2 trial design for CAB-CTLA-4 Naked Antibody (BA3071)

A basket study



Objectives

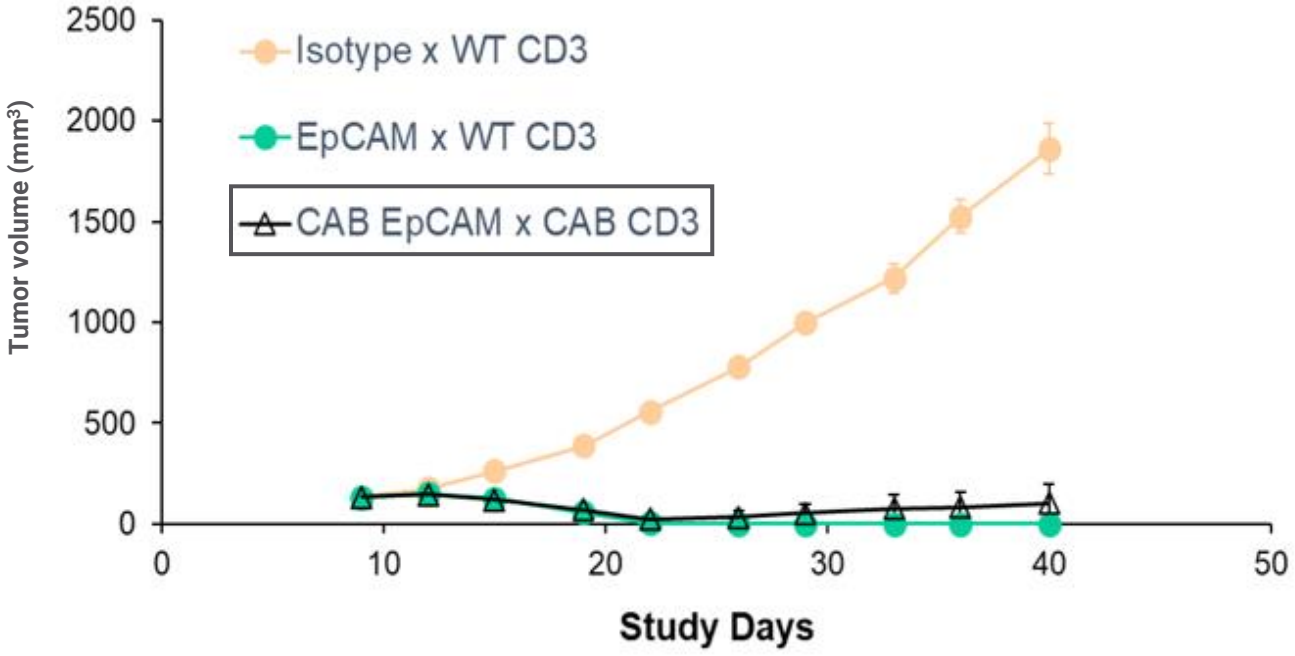
- Determine Phase 2 dose and MTD
- Characterize safety and clinical activity of BA3071 monotherapy and in combination with a PD-1 inhibitor (Nivolumab)
- Characterize PK, ADA and biomarkers

Bispecific Platform

EpCAM x CD3 (BA3182) – Basket Trial

Promising preclinical results with CAB-EpCAM x CAB-CD3 bispecific antibody

in NHP and a colorectal cell line



MiXeno Model with HCT116 = Colorectal Cancer Cell Line

1mg/kg twice/week in mice (equivalent to 0.25mg/kg in non-human primates)

- CAB-EpCAM x CAB-CD3 bispecific demonstrates efficient tumor shrinkage in a colorectal cancer cell line
- In non-GLP and GLP tox studies in NHP, dual selection results in high selectivity
  - >160x higher therapeutic index
  - MTD not reached (5mg/kg highest dose studied=NOAEL)
    - No Cytokine release observed
  - Long half-life in Cyno (~4 days)
- These promising results will enable IND submission and Phase 1 initiation for multiple solid tumors 2H2022

MTD, maximum tolerate dose; NHP, non-human primate; WT = wild type; *from independent experiments.

A number of key upcoming milestones in 2022

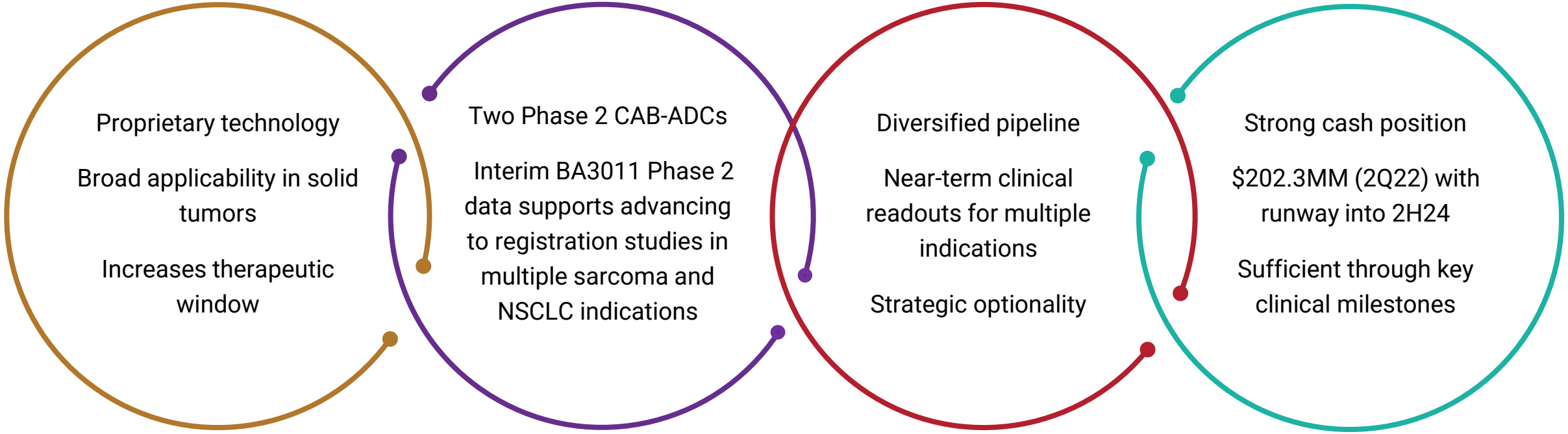
Program	Indications	2022 1H	2022 2H
BA3011 *Mecbotamab Vedotin*	STS and bone sarcoma	✓ Phase 2 interim update	★ Phase 2 part 2 initiation
	NSCLC		✓ Phase 2 initial interim data; ★ Phase 2 interim data
	Ovarian*	✓ Phase 2 IIT dosing	
BA3021 *Ozuriftamab Vedotin*	NSCLC		★ Phase 2 initial interim data
	Melanoma		★ Phase 2 interim update
	SCCHN		★ Phase 2 dosing
	Ovarian*	✓ Phase 2 IIT dosing	
BA3071	Multiple tumor types**		✓ Phase 1 / 2 dosing
BA3182	Adenocarcinoma** Multiple tumor types**		★ IND submission / Phase 1 initiation

CAB-ADCs | CAB-I/O | CAB-Bispecifics

*Phase 2 Investigator-initiated trial combination with PD-1 (n=60) in platinum failure patients. Initial sites activated. **Anticipated indications based upon tumor target expression.

BioAtla© is a clinical stage company focused on transforming cancer therapy

with **C**onditionally **A**ctive **B**iologics (CABs)



APPENDIX

Board of Directors and Advisors

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