UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): October 4, 2013

SORRENTO THERAPEUTICS, INC.
(Exact name of registrant as specified in its charter)

Delaware 000-52228 33-0344842
(State or other jurisdiction (Commission IRS Employer
of incorporation or organization) File Number) Identification No.)

6042 Cornerstone Ct. West, Suite B
San Diego, CA 92121
(Address of principal executive offices)

Registrant’s telephone number, including area code: (858) 210-3700

(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communication pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))
Item 7.01 Regulation FD Disclosure

Sorrento Therapeutics, Inc. (the “Company”) intends to conduct meetings with third parties in which its corporate slide presentation will be presented. The Company’s presentation is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

The information contained in this Item 7.01, including Exhibit 99.1, shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, nor shall it be incorporated by reference in any registration statement filed under the Securities Act of 1933, as amended, unless specifically identified therein as being incorporated by reference therein.

Item 9.01. Financial Statements and Exhibits

(d) Exhibits.

99.1 Sorrento Therapeutics, Inc. Company Presentation

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Dated: October 4, 2013

SORRENTO THERAPEUTICS, INC.

By: /s/ Richard Vincent

Name: Richard Vincent

Title: Chief Financial Officer and Secretary
This presentation contains "forward-looking statements" as that term is defined under the Private Securities Litigation Reform Act of 1995 ("PSLRA"). This presentation contains "forward-looking statements" as that term is defined under the Private Securities Litigation Reform Act of 1995 ("PSLRA"). All forward-looking statements are subject to certain risks and uncertainties, which could cause actual results to differ materially from those expressed or implied by such statements. These risks and uncertainties are described in detail in our quarterly reports on Form 10-Q, our annual report on Form 10-K, and our other filings with the Securities and Exchange Commission. This presentation does not constitute an offer to sell or the solicitation of an offer to buy any securities, nor shall the offer of any security be made to any person in any jurisdiction or any person or entity who may be a "beneficial owner", as defined in Rule 13d-3 of the Exchange Act, of 5% or more of any class of our outstanding common stock as of the date hereof, or who may be deemed to be insiders under the rules promulgated under the Exchange Act, which rules are subject to change. The information contained in this presentation speaks only as of the date of this presentation. We do not undertake to update any forward-looking statement to reflect events or circumstances after the date of this presentation or to reflect the occurrence of unanticipated events. We expressly disclaim any obligation to publicly release any revisions to any forward-looking statement to reflect any event or circumstance that arises after the date of this presentation, except as required by law.
<table>
<thead>
<tr>
<th>Management Team and Board of Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Henry Ji</strong> Ph.D President &amp; CEO of Inventor of G-MAB Technology <strong>Vuong Trieu</strong> Ph.D Chief Scientific Officer Founder and CEO of IgDraSol Co-inventor of IP covering Abraxane®</td>
</tr>
<tr>
<td><strong>V Date</strong> Ph.D Chairman Celgene (former San Diego site head) <strong>Ernst-Günther Afting</strong> M.D. Ph.D Hoechst (former President) <strong>Cam Gallagher</strong> Nerveda LLC (Managing Director) <strong>Kim D.Janda</strong> Ph.D The Scripps Research Institute (Prof) <strong>Henry Ji</strong> Ph.D Sorrento (CEO) <strong>Ms.cott Salka</strong> Ambit Biosciences (former CEO) <strong>Richard Vincent</strong> CFO and Director $430M sale of Elevon to Sunovion-Dainippon $430M sale of Elevation to Sunovion-Dainippon $3.10M raise of Verus asthma program to AstaRezena (Celgene) $2.70M upfront + milestones Meritage Pharma option agreement with ViroPharma $430M sale of Elevon to Sunovion-Dainippon</td>
</tr>
<tr>
<td><strong>George Uy</strong> Chief Commercial Officer CCO of IgDraSol Directed the launches of Abraxane® Xeloda® Fusile®</td>
</tr>
</tbody>
</table>
Late Stage Oncology Drug with Exclusive US and EU Rights

Addresses multi-billion dollar paclitaxel market

Abbreviated regulatory pathway ("bioequivalence") for approval

Bioequivalence registration trial in 2014 (study direct costs ~ $5M)

Product launch in 1H 2016

Therapeutic antibody engine

First antibody drug candidate in clinic 1H 2015

Antibody market >$50B in 2012

Cynviloq™

Antibody Drug Conjugates (ADC)

Targeted Drug Delivery Combining

- Antibody as specific targeting warhead
- Small Molecule Drug as potent tumor killing payload
- Paclitaxel for Antibody Drug Conjugates (ADC)
- Toxin for Antibody Drug Conjugates (ADC)
Sorrento’s Next-Generation Cancer Therapeutics

- Next-Generation Cancer Therapeutics
- C-MAB targets approved chemotherapeutics to the tumor
- Effective against heterogeneous tumors
- Programs include VEGFR2, C-Met
- C-MAB targets toxin to cancer cell
- ADC: Antibody Formulated Drug Conjugate
- US and EU rights
- Efficiency demonstrated pathway for approval
- Bioequivalence (BE)
- Abraxane®
- Next-generation
- AfDC: Antibody Formulated Drug Conjugate
- G-MAB targets approved chemotherapeutics to the tumor
- Effective against heterogeneous tumors
- Programs include VEGFR2, C-Met
- C-MAB targets toxin to cancer cell
- Lead mAb programs include
- High-diversity human Ab library
- C-MAB®
- FcO and no stacking royalties
- PDL-1, PD-1, and CCR2
- ADC: Antibody Drug Conjugate
- G-MAB®
- G-MAB®
Pipeline

INDICATION
PHASE 2 PHASE 3 NDA FILING

Metastatic Breast Cancer
505(b)(2) Bioequivalence

Non-Small Cell Lung Cancer
Metastatic Breast Cancer
Bioregulatives

Cynivoq™

G/MAB™

ADC

Oncology, PD-L1, VEGFR2, c-Met

Infectious Disease, MRSA, C. Diff

Oncology, PD-L1, VEGFR2, c-Met

Multiple Strategic Partnership Opportunities

505(b)(2) Bioequivalence

Opportunities

Partnership

Strategic

Multiplex

Ovarian Cancer (sNDA)

Bladder Cancer (sNDA)

Pancreatic Cancer (BE or sNDA)

Ovarian Cancer (sNDA)

Bladder Cancer (sNDA)

Pancreatic Cancer (BE or sNDA)

Non-Small Cell Lung Cancer
Metastatic Breast Cancer

INDICATION > TARGET | PRECLINICAL | PHASE 1

2H 2015

2H 2015

1H 2015
Cynviloq is the 3rd Generation Paclitaxel Therapy

1st Taxol® paclitaxel
- Cremophor EL excipient: Polyoxyethylated castor oil
- Maximum Dose: 175 mg/m²
- Peak Product Sales: ~$1.6B (WW in 2000)

2nd Abraxane® nab-paclitaxel
- Mean Size: 130 nm
- Biological Polymer: Human Serum Albumin (HSA)
- Mean Size: Donor-derived Human Serum Albumin: 260 mg/m²
- Est. >$1.7B (US) ($430M in 2012)
- Mean Size: 260 mg/m²

3rd Cynviloq™ paclitaxel polymeric micelle
- Mean Size: ~25 nm
- Chemical Polymer: Poly-lactide and polyethylene glycol diblock copolymer
- >300 mg/m² (up to 435 mg/m²)
- Conversion of Abraxane® sales + new indications
- Analyst projection in Metastatic Breast Cancer + Non-Small Cell Lung Cancer + Pancreatic Cancer
- Est. >$1.7B (US) ($430M in 2012)
Cynviloq is a High Value Proposition

1. Exclusive US and EU Rights
2. Cynviloq efficacy demonstrated in Phase 2 and Phase 3 studies
3. FDA concurred
   a. Available data support pursuing 505(b)(2) regulatory pathway
4. Large market opportunity
   a. Abraxis (Abraxane®) sold to Celgene for > $3B
   b. Abraxane® peak revenues for Abraxane®
   c. $1.7B in projected US peak revenues for Abraxane®
   d. Label (Metastatic Breast Cancer and Non-Small Cell Lung Cancer)
   e. Bioequivalence (BE) study sufficient for approval of indications in Abraxane®

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Cynviloq is a High Value Proposition
Bioequivalence = Efficient Pathway to Market

Bioequivalence registration study in breast cancer patients (2014)

- 12 months of duration (including patient recruitment)
- Direct trial cost ~ $5M

Endpoints: AUC and Cmax
- Crossover for 3 weeks +
- Duration: 3 weeks +
- Infusion time: 30 min
- Dose: 260 mg/m²

Cycle 1
- Abraxane®
- 50 patients
- Cyrviloq™
- 50 patients

Cycle 2
- Abraxane®
- Cyrviloq™

Bioequivalence registration study in breast cancer patients (2014)
Cynviloq Market Opportunity

- ~70,000 patients treated with paclitaxel-based regimen in 1st line
- # of Patients Treated in 1st Line (US Only; 2012)

![Graph showing patient numbers treated in different cancer types.]

Note: In Pancreatic Cancer, the blue portion represents the number of patients treated with gem-based Rx in 2012.

Sources:
- IntrinsiQ, Synovate, Syngenta
- World Population Prospects 2008
<table>
<thead>
<tr>
<th>Advantage</th>
<th>Cynviloq</th>
<th>Abraxane</th>
<th>Taxol</th>
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<tbody>
<tr>
<td>Higher dose</td>
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<tr>
<td>Exploits PK advantage</td>
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<tr>
<td>Reduced side effects</td>
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<tr>
<td>Chemical polymer</td>
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<tr>
<td>Controlled temp storage</td>
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<tr>
<td>No requirement for controlled storage</td>
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<tr>
<td>No viral / prion concerns</td>
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<tr>
<td>Convenience for busy practices and pharmacies</td>
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<td>●</td>
</tr>
<tr>
<td>Potential for higher efficiency</td>
<td></td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

- **Dosing**:  
  - q3w & weekly
  - Exploits PK advantage at higher dose

- **Maximum Tolerated Dose (mg/m²)**  
  - >300
  - 260
  - 175
  - 25

- **Cremophor-free**  
  - No microbial growth
  - No donor-derived human serum albumin (HSA)
  - No viral / prion concerns

- **Convenient storage**  
  - No requirement for controlled temp storage
  - No microbial growth

- **Chemical polymer**  
  - Abraxane: ●
  - Taxol: ●

- **Convenience for busy practices**  
  - Cynviloq: ●
  - Abraxane: ●
  - Taxol: ●
### Potential to Expand Label Indications

- **For Example: 2nd Line Bladder Cancer**

<table>
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<th>Platinum-based Therapy</th>
<th>Overall Survival</th>
<th>Progression Free Survival</th>
<th>Overall Response Rate (ORR)</th>
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<tr>
<td>2.3 M*** / 4.3 M***</td>
<td>6.5 M</td>
<td>2.7 M</td>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- / 0%***</td>
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</table>


**AUA San Diego May 4th-8th; ***JCO (2009): 4454-61

- High unmet need - no FDA-approved 2nd line drug
- Phase 3-ready for development as 2nd line chemotherapy in patients refractory to platinum-based therapy
- Demonstrated clinical Overall Response Rate (ORR)
- Overall Survival
- Progression Free Survival
- Overall Response Rate (ORR)

**Summary:**

High unmet need - no FDA-approved 2nd line drug
Next Steps for Cynviloq

1. Bioequivalence (BE) trial: 2014
2. NDA filing: 2014 / 2015
   a. Metastatic Breast Cancer (MBC) and Non-Small Cell Lung Cancer (NSCLC)
   b. Future Abraxane® indications (Pancreatic cancer and Melanoma)
5. sNDA planning for label expansion into Bladder and Ovarian cancers

SNDA Planning for Label Expansion into Bladder and Ovarian Cancers

Product Launch for MBC and NSCLC: 2016

Future Abraxane® Indications (Pancreatic Cancer and Melanoma)

Metastatic Breast Cancer (MBC) and Non-Small Cell Lung Cancer (NSCLC)

Approval: 2015 / 2016

NDA Filing: 2014 / 2015

Bioequivalence (BE) Trial: 2014
Therapeutic Antibody Engine

G-MAB®

Extensive Pipeline
G-MAB®: Library of Therapeutic Antibodies

- RNA amplification used for 2.1 x 10^16 distinct antibodies library generation
- Freedom-to-Operate
- No stacking royalties
- Freedom from downstream applications
- Fully human antibodies
- Very high library diversity
- Large portfolio in oncology
- High successful screening hit rate
- Proprietary technology
- G Protein-Coupled Receptors (GPCR)
- Small Peptides
Anti-PD-L1 mAbs Exhibit Potent Activity

Immune Modulation

Tumor Mouse Model

* Xenograft model using H1975 human NSCLC cells; % inhibition relative to control mAb treatment
** xenograft model using H1975 human NSCLC cells; % inhibition relative to control mAb treatment
*** p<0.05 mean tumor volumes are significantly reduced in STI-A1010 group versus control groups as determined by Mann-Whitney u-test

mAbs @ 0.05 mg/mL
Anti-PD-1 mAbs Exhibit Potent Immune Modulation

IL-2 Concentration (pg/mL)

INF-γ Concentration (pg/mL)

T cell Activation (%CD25) normalized to untreated control

Sorrento mAb

Competitor mAbs

0
0.00001
0.0001
0.001
0.01
0.1
1
10
100
1000
1500

0
200
400
600
800
1000
1200
1400
1600
1800
2000

0
25
50
75
100

Potent Antibody against Difficult GPCR Target

Sorrento mAb against C-C Chemokine Receptor 2 (CCR2)

Experimental Autoimmune Encephalomyelitis (EAE) = murine model of Multiple Sclerosis

<table>
<thead>
<tr>
<th>Days After Disease Induction</th>
<th>Disease Score**</th>
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<tbody>
<tr>
<td>Sorrento mAb</td>
<td>0.17</td>
</tr>
<tr>
<td>competitor</td>
<td>3</td>
</tr>
<tr>
<td>untreated</td>
<td>2.5</td>
</tr>
</tbody>
</table>

EC50 - nM
Antibody Drug Conjugates (ADC)

Key Components:
1. Target-specific internalizing antibody
2. Potent cytotoxic produgs
3. Linker and conjugation chemistries

Drug released in CANCER CELL
Sorrento ADCs Demonstrate Enhanced Activity

**Anti-VEGFR2 ADC**

**Anti-c-Met ADC**

**Human A549 NSCLC Cells**

**Human Vascular Endothelial Cells (HUVECs)**

**Figure:** Comparative viability of Sorrento ADCs against a leading competitor mAb and toxin control. The graphs show relative cell viability (% of non-treated cells) versus IgG concentration (nM). The Sorrento ADCs (mAb + Toxin) demonstrate enhanced activity compared to the leading competitor.
Sorrento anti-GPCR ADCs Demonstrate Enhanced Activity

Anti-CXCR5 ADC

Anti-CXCR3 ADC

Enhanced Activity

Sorrento anti-GPCR ADCs Demonstrate...
Antibody Formulated Drug Conjugates (ADCs)

Drug Released in TUMOR

1. Approved chemotherapy agents with known safety profile
2. No internalization required
3. Multipotent mAbs / drug combinations
4. Effective against heterogeneous tumors

Key Features:

- Tumor antigen binding
- Drug conjugation
- Cytotoxic agent release
- Targeted therapy
ADC and AfDC Pipeline

PD-L1 (STI-A100X) 1H 2015

ONCOLOGY

PD-L1 (STI-A110X) 1H 2015

ONCOLOGY / CCR2 (STI-B020X) ADC

ONCOLOGY / CXCR3 (STI-A120X) ADC

INFECTIOUS

MRSA (STI-C020X)

MRSA (STI-B030X)

MRSA (STI-A120X)

MRSA (STI-A016X)

MRSA (STI-B160X)

MRSA (STI-B010X)

INFLAMMATION

CECRP (STI-B150X)

CECRP (STI-B120X)

CECRP (STI-B010X)

INFLAMMATION

ONCOLOGY

CGRP (STI-B150X)

CGRP (STI-B120X)

CGRP (STI-B010X)

CECRP (STI-B150X)

CECRP (STI-B120X)

CECRP (STI-B010X)

ONCOLOGY

MRSA (STI-C020X)

MRSA (STI-B030X)

MRSA (STI-A120X)

MRSA (STI-A016X)

MRSA (STI-B160X)

MRSA (STI-B010X)

ONCOLOGY

CGRP (STI-B150X)

CGRP (STI-B120X)

CGRP (STI-B010X)

CECRP (STI-B150X)

CECRP (STI-B120X)

CECRP (STI-B010X)

ONCOLOGY

MRSA (STI-C020X)

MRSA (STI-B030X)

MRSA (STI-A120X)

MRSA (STI-A016X)

MRSA (STI-B160X)

MRSA (STI-B010X)

ONCOLOGY

CGRP (STI-B150X)

CGRP (STI-B120X)

CGRP (STI-B010X)

CECRP (STI-B150X)

CECRP (STI-B120X)

CECRP (STI-B010X)

ONCOLOGY

MRSA (STI-C020X)

MRSA (STI-B030X)

MRSA (STI-A120X)

MRSA (STI-A016X)

MRSA (STI-B160X)

MRSA (STI-B010X)

ONCOLOGY

CGRP (STI-B150X)

CGRP (STI-B120X)

CGRP (STI-B010X)

CECRP (STI-B150X)

CECRP (STI-B120X)

CECRP (STI-B010X)

ONCOLOGY

MRSA (STI-C020X)

MRSA (STI-B030X)

MRSA (STI-A120X)

MRSA (STI-A016X)

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MRSA (STI-B010X)

ONCOLOGY

CGRP (STI-B150X)

CGRP (STI-B120X)

CGRP (STI-B010X)

CECRP (STI-B150X)

CECRP (STI-B120X)

CECRP (STI-B010X)

ONCOLOGY

MRSA (STI-C020X)

MRSA (STI-B030X)

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MRSA (STI-B160X)

MRSA (STI-B010X)

ONCOLOGY

CGRP (STI-B150X)

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MRSA (STI-C020X)

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MRSA (STI-A120X)

MRSA (STI-A016X)

MRSA (STI-B160X)

MRSA (STI-B010X)

ONCOLOGY

CGRP (STI-B150X)

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CECRP (STI-B150X)

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MRSA (STI-C020X)

MRSA (STI-B030X)

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MRSA (STI-A016X)

MRSA (STI-B160X)

MRSA (STI-B010X)

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MRSA (STI-A016X)

MRSA (STI-B160X)

MRSA (STI-B010X)

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MRSA (STI-A016X)

MRSA (STI-B160X)

MRSA (STI-B010X)

ONCOLOGY

CGRP (STI-B150X)

CGRP (STI-B120X)

CGRP (STI-B010X)

CECRP (STI-B150X)

CECRP (STI-B120X)

CECRP (STI-B010X)
Positioned to Become Oncology Leader

ADC/AFDC

G-MAB®

Extensive Pipeline

G-MAB® + Payload

Cynviloq™

Phase 3

ADC/AfDC
<table>
<thead>
<tr>
<th>Company</th>
<th>Small Molecule Antibody Library</th>
<th>ADC &amp; ADC Drug Delivery</th>
<th>Oncology Drug Targeted Platform</th>
<th>ADC Library</th>
<th>Antibody Library</th>
<th>Oncology Drug Platform (P3/Registration Trail)</th>
<th>ADC, MBC (Phase 1)</th>
<th>NSCLC, MBC (Phase 3)</th>
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<td>Royalty only</td>
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<td>Seattle Genetics: SGEN</td>
<td></td>
<td>Pre-revenue</td>
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<td>MorphoSys: MORDE</td>
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<td>Domantis: Acquired (2007)</td>
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<td>Seattle Genetics: SGEN</td>
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</table>
Investment Highlights

- Cynviloq™
- G-MAB®
- ADC/AtDC
- ADC/AfDC
- Late-stage Oncology Drug with exclusive US and EU Rights

Targeted Drug Delivery Combinig

- Antibody as specific targeting warhead
- Small molecule drug as potent tumor killing payload
- Paclitaxel for Antibody formulated Drug Conjugates (AfDC)
- Toxin for Antibody Drug Conjugates (adc)

Therapeutic Antibody Engine

- Antibody market >$50B in 2012
- First antibody drug candidate in clinic 1H 2015
- Bioequivalence registration trial in 2014 (study direct costs ~ $5M)
- Abbreviated regulatory pathway ("bioequivalence" for approval)
- Addresses multi-billion dollar paclitaxel market
- Product launch in 1H 2016

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- Bioequivalence registration trial in 2014 (study direct costs ~ $5M)
- Abbreviated regulatory pathway ("bioequivalence" for approval)
- Antibody market >$50B in 2012
- First antibody drug candidate in clinic 1H 2015
- Paclitaxel for Antibody formulated Drug Conjugates (AfDC)
### Financials & Capitalization

- **Cash and Cash Equivalents**: $5.7M
- **Total Debt**: $50M
- **Common Stock Outstanding**: 16,479,734
- **Options Granted & Outstanding (1)**: 512,600
- **Warrants Outstanding (2)**: 39,250
- **Current Capitalization**: 17,034,784

#### Pro Forma Issuances:
- IgDraSol Milestone: 1,306,272
- Assignment Agreement: 80,000

#### Pro Forma Capitalization:
- 18,421,056

#### Weighted average exercise price:
- $4.25
- $6.57

#### Table:

<table>
<thead>
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<th>Pro Forma Capitalization</th>
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<td>Assignment Agreement</td>
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<td>IgDraSol Milestone</td>
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<td>Warrants Outstanding</td>
<td>39,250</td>
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<tr>
<td>Options Granted &amp; Outstanding (1)</td>
<td>512,600</td>
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<tr>
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<td>16,479,734</td>
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</tbody>
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- **Cash and Cash Equivalents**: $5.7M
Sorrento Therapeutics
Next-Generation Cancer Therapeutics
Contact: Henry Ji
President and CEO
hji@sorrentotherapeutics.com
(858) 668-6923
### Cynviloq: Interim Results from Phase 3 MBC Study

#### Clinical Exposures Summary of Phase 3 Study in MBC

<table>
<thead>
<tr>
<th>Stage</th>
<th>Trial</th>
<th>Total (Safety)</th>
<th>%</th>
<th>MBC, NSCLC (Post Market)</th>
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<tbody>
<tr>
<td>Phase 1</td>
<td>MTD</td>
<td>105</td>
<td>80</td>
<td>502</td>
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<tr>
<td>Phase 2</td>
<td>PC, CC, BC</td>
<td>259</td>
<td>50</td>
<td>559</td>
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<tr>
<td>Phase 3</td>
<td>MBC</td>
<td>81</td>
<td>9</td>
<td>90</td>
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</tbody>
</table>

- **Phase 1:** MTD
- **Phase 2:** PC, CC, BC
- **Phase 3:** MBC
- **Total:** MBC, NSCLC (Post Market)

#### Phase 3 Results in MBC

- **China:**
  - Cynviloq: n=82
  - Taxol: n=81
  - p = 0.025

- **United States:**
  - Cynviloq: n=209
  - Taxol: n=205
  - p = 0.001

- **South Korea:**
  - Cynviloq: n=105
  - Taxol: n=104
  - p = 0.03

No obvious ethnic differences seen between ORR in trials. Interim data from trial; OS and PFS analyses ongoing.

US approval for Abraxane® in MBC and NSCLC for non-inferiority against Taxol® based on ORR.
Simulated PK Parameters Supportive of BE:

Cynviloq™ vs. Abraxane®

Comparison of mean non-compartmental pharmacokinetic parameters of Cynviloq™ (T) and Abraxane® (R) @ 260 mg/m² with 30 min infusion time:

<table>
<thead>
<tr>
<th></th>
<th>Cmax Ratio</th>
<th>AUCinf Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cynviloq™</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cmax (T)/Cmax (R)</td>
<td>22198</td>
<td>20324</td>
</tr>
<tr>
<td>AUCinf (T)/AUCinf (R)</td>
<td>99.6%</td>
<td>99.6%</td>
</tr>
<tr>
<td>(Simulated PK)</td>
<td>19486</td>
<td>19556</td>
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<tr>
<td>(Actual PK)</td>
<td>109.2%</td>
<td>99.6%</td>
</tr>
</tbody>
</table>

Note: Internal calculations done as 95% CI

Per FDA requirement, ratio T/R (Cmax and AUCinf) must be within 80-125%

(90% confidence interval, or CI)
Why Antibody Therapeutics

- Clinical track record of safety and efficacy
- Most successful drug class today
- Excellent target specificity and affinity
- Limited off-target effects
- Predictable PK/PD properties
- Good serum half life
- Tunable drug characteristics
- Targeted delivery of cytotoxic drugs
- Engineering of PK and effector functions
- Recruitments of patients immune system against diseased cells
- Effector functions
- Tunable drug characteristics
- Antibody Drug Conjugates (ADC) and Antibody Formulated Drug Conjugates (AfDC)
- Feb region
- Hinge region
- Feb region
- Fc region
<table>
<thead>
<tr>
<th>Rank</th>
<th>2012 Sales (US$ billions)</th>
<th>Target</th>
<th>Map</th>
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<tbody>
<tr>
<td>1</td>
<td>1.3</td>
<td>Novartis; Roche</td>
<td>IgE</td>
</tr>
<tr>
<td>2</td>
<td>1.6</td>
<td>Biogen Idec</td>
<td>TNF</td>
</tr>
<tr>
<td>3</td>
<td>1.8</td>
<td>BMS; Merck-Serono</td>
<td>EGFR</td>
</tr>
<tr>
<td>4</td>
<td>4.0</td>
<td>Roche</td>
<td>VEGF</td>
</tr>
<tr>
<td>5</td>
<td>6.6</td>
<td>Roche</td>
<td>VEGF</td>
</tr>
<tr>
<td>6</td>
<td>6.1</td>
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</tr>
<tr>
<td>7</td>
<td>6.0</td>
<td>Roche</td>
<td>HER2</td>
</tr>
<tr>
<td>8</td>
<td>4.6</td>
<td>J&amp;J; Merck, Mitsubishi Tanabe</td>
<td>JAK2; Merck</td>
</tr>
<tr>
<td>9</td>
<td>3.3</td>
<td>Roche</td>
<td>CD20</td>
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<tr>
<td>10</td>
<td>4.0</td>
<td>Amgen; Pfizer, Takeda</td>
<td>TNF</td>
</tr>
<tr>
<td></td>
<td>4.9</td>
<td>Abbott; Esai</td>
<td>TNF</td>
</tr>
</tbody>
</table>

Top 10 Selling Therapeutic Antibodies (>50B)