Item 8.01 Other Events.

Sorrento Therapeutics, Inc. intends to conduct meetings with third parties in which its corporate slide presentation will be presented. A copy of the presentation materials is attached as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

99.1 Sorrento Therapeutics, Inc. Corporate 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: June 3, 2015

SORRENTO THERAPEUTICS, INC.

By: /s/ Henry Ji
Name: Henry Ji
Title: President and Chief Executive Officer
Forward Looking Statements

The NASDAQ: SRNE

Certain statements contained in this presentation or in other documents of Sorrento Therapeutics Inc (the "Company") along with certain statements that may be made by management of the Company orally in presenting this material may contain "forward-looking statements" as defined in the Private Securities Litigation Reform Act of 1995. These statements can be identified by the fact that they do not relate strictly to historic or current facts. They use words such as "estimate," "expect," "intend," "believe," "plan," "anticipate," "project," and other words and terms of similar meaning in connection with any discussion of future operating or financial performance or condition. These statements are based upon the current beliefs and expectations of the Company's management and are subject to significant risks and uncertainties. Statements regarding future action, future performance and/or future results, including without limitation those relating to the timing for completion and results of scheduled or additional clinical trials and the FDA's or other regulatory review and/or approval and commercial launch and sales results (if any) of the Company's formulations and products and regulatory filings related to the same and receipt by the Company of milestone and royalty payments, may differ from those set forth in the forward-looking statements. Peak sales and market size estimates have been determined on the basis of market research and comparable product analysis, but no assurances can be given that such sales levels will be achieved if at all or that such market size estimates will prove accurate. The Company assumes no obligation to update forward-looking statements as circumstances change. Investors are advised to consult further disclosures that the Company makes or has made on related subjects in the Company's Form 10-K, 10-Q, and 8-K reports.

In presenting this material or responding to inquiries in connection with a presentation, management may refer to results projections or performance measures that are not prepared in accordance with U.S. Generally Accepted Accounting Principles ("GAAP") as reported in the Company's SEC filings. These results projections or performance measures are Non-GAAP measures and are not intended to replace or as a substitute for results measured under GAAP but rather as supplement to the GAAP reported results. Because actual results are affected by these and other potential risks, contingencies and uncertainties, the Company cautions investors that actual results may differ materially from those expressed or implied in any forward-looking statement. It is not possible to predict or identify all such risks, contingencies and uncertainties. The Company identifies some of these factors in its Securities and Exchange Commission ("SEC") filings on Forms 10-K, 10-Q, and 8-K and investors are advised to consult the Company's filings for a more complete listing of risk factors, contingencies and uncertainties affecting the Company and its business and financial performance.
A Comprehensive Approach to Cancer Treatment

Deep and complementary pipeline creates significant opportunities for novel, breakthrough mono- or combination therapies against cancer.
Sorrento Pipeline Overview

PDL1, TNK, CD123, TNK, PSMA, TNK, CAR, TNK and G-MAD are trademarks owned by Sorrento Therapeutics Inc.
Immunotherapy Program

G-MAB + Neukopect + Proprietary Toxins & Conjugation Chemistries

Bispecific Abs

G-MAB
Sorrento’s MAB Antibody Library

Most Difficult Targets: G Protein-Coupled Receptors (GPCRs)
High Value Oncology Targets
Small Molecule Targets

Highly Successful Screening Hit Rate
Fully Human Antibodies
High Diversity
No Stalking Horses
Proprietary Technology

Sorrento’s G-MAB Antibody Library
CAR-TNK and TNK Therapeutics are trademarks owned by Sorrento Therapeutics, Inc.

Wholly-owned subsidiary of Sorrento Therapeutics
The Next Generation of the Next Generation

Neukoplast

G-MAB Library

Ideal for generation of CARs

Proprietary technologies with NGO

High successfull screening rate (over 70 targets screened)

Vast diversity human antibody library

No clinical DLTs in over 40 patients treated

Broad antitumor activity in solid and liquid

NKG2 cell line (off-the-shelf)

CAR.TNK
Background of NK92 Neukoplast™: aNK
Amplified serial killing Pure NK Line Single source Master Cell Bank Large tank reactor Bioengineerable Missing
'off switch'
No T cell contamination Batch to batch consistency Cryopreservation / Pipeline Enhanced targeting Broad anti cancer activity No Graft vs Host Disease Uniform potency Off the shelf / Low cost Enhanced function Kills bulk & cancer stem cells No DLT / only 1 Gr4 SAEs in 40+ pts Highly characterized product
NK92 is hypol-immunogenic and highly potent.

**MLR Assay**

Mixed Lymphocyte Reaction (MLR) assay:

- NK92 do not stimulate allogeneic T cells.

- Lymphocytes from 2 healthy donors co-cultured with each other show vigorous proliferation.

- Co-cultured with NK92 (7 days), no proliferation.

**NK92 Cytokines Production**

- Cytokine profile shows high IL-10 production.

- An immunomodulator of T cells.

- High Granzyme Production in NK92.
Unmodified NK92 Clinically Validated: Phase I

More Than 40 Patients

Advanced metastatic disease refractory to chemotherapy, immunotherapy, and surgery

Nearly half the patients received multiple dosing regimens (up to 6 months)

cell cancer (RC), and lung cancers (SCCL, NSCLC)

Promising activity against different cancer types, including acute myeloid leukemia (AML), lymphoma (HL), melanoma, renal cell carcinoma, breast, and ovarian cancers

No ORIs, only I. Thymidine kinase (IPTK) given orally to tumor cells
**Phase I Studies: Summary of Findings**

**Excellent Safety Demonstrated**

No adverse T cell induced cytotoxic response

**A significant safety concern for CAR T cell approaches**

- No pre-conditioning or combination treatment

**Notable responses:**

- **Melanoma:** 1/1
- **Lung Cancer:** 3/4 (1 MR 2 PR)
- **Renal Cell Cancer:** 6/11 (1 MR 5 SD prolonged survival)
- **AML (relapsed):** 1/1 (1 MR)
- **Lymphoma post transplant:** 2/6

**Table:**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2/6</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1/1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1 MR, 2 PR</strong></td>
<td></td>
</tr>
<tr>
<td><strong>3/4</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1 MR</strong></td>
<td></td>
</tr>
<tr>
<td><strong>T</strong></td>
<td></td>
</tr>
</tbody>
</table>

No adverse T-cell induced cytotoxic response

Excellent safety demonstrated
TNK: CAR-Modified NK92

Clonal cell lines expressing one or more CARs to establish a range of distinct products

Multiple killing mechanisms - CAR-targeted as well as broad intrinsic anti-cancer activity of NK92 ("off-target/on-tumor")

Engages the adaptive immune system through cytokine secretion and immune cell recruitment

Titratable: repeat dosing option; controllable dose exposure to manage safety risk
Selective cytotoxicity (spares normal cells)

"Serial killing" of HER2-positive target cells even after gamma radiation with 10 Gy

Inhibition of HER2+ RCC metastases

Homing to HER2-expressing tumors

In-Vivo Preclinical Mouse Data
Tumor Homing and Potent Anti-Glioma Activity in Mice

NK92 Her2 TNK

Intracranial LN-319 glioblastoma xenografts in NSG mice

**FACS Analysis**

Survival (100%)

Days 60 120 160 200 240 280

272 Days

P<0.01

NK92

Tumor Homing of TNKs

Internalized LN-319 glioblastoma xenografts in NSG mice
### TNK vs CAR T Cells: Key Differentiators

<table>
<thead>
<tr>
<th>CAR</th>
<th>TNK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cell Production</strong></td>
<td>Off-the-shelf universal product; Autologous (patient derived) via leukapheresis;</td>
</tr>
<tr>
<td><strong>MOA</strong></td>
<td>CAR modified NK92 cells personalized therapy</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>Transduction and killing through CAR dependant and NK innate mechanisms</td>
</tr>
<tr>
<td><strong>Anti-Solid Tumor Activity</strong></td>
<td>May require additional co-stimulators; No requirement for additional co-stimulation</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td>Combination with checkpoint inhibitor antibodies; Cytokine release syndrome;</td>
</tr>
<tr>
<td><strong>Characteristics</strong></td>
<td>CAR expression levels (100% of cells express CAR)</td>
</tr>
<tr>
<td><strong>Transduction</strong></td>
<td>Multiple MOAs - Intratumoral and killing through</td>
</tr>
<tr>
<td><strong>Cell Production</strong></td>
<td>Master cell bank</td>
</tr>
<tr>
<td></td>
<td>On-target / off-tumor effect due to</td>
</tr>
<tr>
<td></td>
<td>Short half-life and lack of IL-6 production</td>
</tr>
</tbody>
</table>

### Key Differences
- **Cost (COGS):**
  - CAR: Many patients
  - TNK: Low, easy scale bioreactor manufacturing for any number of patients
- **Safety:**
  - CAR: Combination with checkpoint inhibitor antibodies
  - TNK: Short half-life and lack of IL-6 production
- **Activity:**
  - CAR: Multiple MOAs - Intratumoral and killing through
  - TNK: Combination with checkpoint inhibitor antibodies
- **Characteristics:**
  - CAR: CAR expression levels (100% of cells express CAR)
  - TNK: Combination with checkpoint inhibitor antibodies, CAR-modified NK92 cells
- **Transduction:**
  - CAR: Application of lentiviral vectors
  - TNK: Master cell bank
TNKs being generated by Sorrento

- AML CD123 TNK
- Glioma EGFRviii TNK
- Glioma EphA3 TNK
- Gastric Pancreatic NSCLC L1CAM TNK
- H&N Breast Mesothelioma CSPG4 TNK
- Myeloma BCMA TNK
- Myeloma RCC NSCLC PDL1 TNK
- Myeloma CS1 TNK
- CLL ALL MCL Breast Lung Pancreas ROR1 TNK
- CLL ALL CD19 TNK
- CLL ALL CD22 TNK
- Prostate PSMA and PSCA TNK
- Prostate CTL, ALL CTLL, ALL
- Melanoma, RCC, NSCLC, TNBC EGFR, NRAS, KRAS, MET, ALK, ROS1, BRAF, PI3K, PD-L1
- Melanoma EGFR, HER2, cMET, DC, FC, Brd, Pmel17
- Melanoma, RCC, NSCLC, GC, Pancreatic, NER
- Carcinoma Carcinoma
- Carcinoma Carcinoma
- Carcinoma

Sorrento–Conkwest Collaboration Framework:
- CAR targets selected by Joint Steering Committee
- CAR programs split between both companies
- Lead company responsible for all development, regulatory filings, and commercialization
- Profit sharing from future sales and potential strategic collaborations with other pharmaceutical partners will be determined by the development stage of the drug candidates.

TNKs being generated by Sorrento
TNK Development: Next Steps

H1 2015
- Generation of in-house CARs

H2 2015
- Generation and evaluation of stable TNK pools and cell lines

2016
- IND enabling studies
- IND submission and initiation of Phase I Studies
Anti PD-L1 mAb Exhibits Potent Activity

mAbs @ 0.05 mg/mL 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.

![Graph showing PD-1 and PD-L1 activity](image)
C57 Bl/6 mice bearing MC38 colon carcinomas (n = 7/group) were treated with 200 ìg IgG1 control or the anti-PD-L1 antibody STI-A1015 (dosed on day 8, 12, and 15) either alone or in combination with 125 mg/kg ganetespib (Synta Pharmaceuticals Corp) dosed on days 8 and 15. The combination of STI-A1015 plus ganetespib displayed significantly greater antitumor activity than either individual pharmacological agent alone on days 8 and 15. 

Average tumor volume (mm$^3$)

![Graph showing tumor volume over time with different treatment groups.](image-url)
In Vivo Proof Concept of Sorrento ADCs

VEGFR2-ADC STI-DO148

C-MET-ADC STI-DO602

In Vivo Proof-of-Concept of Sorrento ADCs
Resiniferatoxin (RTX): A Novel, Non-opioid Analgesic
**RTX Target Product Profile**

**MOA:**
Ultrapotent, highly specific TRPV1 agonist selectively targeting afferent neurons

**Efficacy:**
Meaningful analgesia with concomitant opioid reduction and improvement in function

**Safety:**
Alteration of heat sensation in the targeted area with effect on normal perception / sensation or muscle function

**Dosing:**
Targeted single injection
Two Injection Sites = Two Products for Human Use

- Epidural injection into or near the dorsal root ganglion (DRG) for unilateral or diffuse pain.
- Intrathecal injection into the cerebrospinal fluid (CSF) targeting both DRGs and dorsal horn neurons.

Spinal Cord Cross Section
12 advanced cancer patients with severe refractory pain have received a single IT RTX injection.
Patients from New Cohort (2015)

- No pain day after RTX by day 28
- Opioid utilization reduced by about 75% reduction by day 28
- No reduced thermal sensitivity
- Normal touch sensation, normal motor control
- No other severe or serious AEs
- Normal touch sensation, normal motor control
- No need for cane to assist ambulation
- Occasional use of breakthrough pain meds only
- No reduced thermal sensitivity
- Normal touch sensation, normal motor control
- No other severe or serious AEs
- Substantial pain reduction from 7-10/10 to 0-4/10 by day 14
- Uses breakthrough pain meds only
- Some days up to 6-7/10
- Most days at 0-4/10

Lung and Rectal Cancer

- Colorectal Cancer: Stage IV

- 50 year old male with severe bilateral pelvic and sacral pain
- No pain day after RTX by day 28
- Lower abdominal and rectal pain
- 43 year old female with severe rectal and rectal pain
Next Steps for RTX Development

2015
- Complete NIH dose-ranging IT safety study (cancer pain)
- Begin corporate P2 IT POC/proof-of-concept study in cancer pain
- Complete tox package to support corporate IND for IT RTX
- Begin corporate P1b EpiPG safety study in CIBP (cancer-induced bone pain (CIBP))
- Start NIH POC EpiPG safety study (cancer-induced bone pain (CIBP))

2016
- Begin corporate P1b IT POC/pivotal trial in cancer pain
- Begin corporate P2 IT safety trial in spinal cord injury with refractory pain
- Begin corporate P1b EpiPG safety trial in CIBP
- Begin corporate P1b EpiPG trial in refractory phantom pain
A Comprehensive Approach to Cancer Treatment

Deep and complementary pipeline creates significant opportunities for novel, breakthrough mono- or combination therapies against cancer.