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): August 17, 2015

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

9380 Judicial Drive
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 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: August 17, 2015

SORRENTO THERAPEUTICS, INC.

By: /s/ Henry Ji
Name: Henry Ji
Title: President and Chief Executive Officer
Certain statements contained in this presentation or in other documents of Sorrento Therapeutics Inc (the "Company") 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," "projected," 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 estimates will be achieved if at all, or that such market size estimates will be achieved in accordance with the assumptions that underlie such estimates. 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 serve as substitutes for results measured under GAAP but rather as supplements 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.
<table>
<thead>
<tr>
<th>Pipeline Code</th>
<th>Target</th>
<th>Preclinical</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
</tr>
</thead>
<tbody>
<tr>
<td>STI 001</td>
<td>EGFR</td>
<td>Resiniferatoxin*</td>
<td>** Partnered with NantKwest</td>
<td>Completed Phase III in China</td>
<td></td>
</tr>
<tr>
<td>STI 002</td>
<td>TNFα mAbs</td>
<td>CAR.T</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STI 003</td>
<td>CD25</td>
<td>CAR.T</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STI 004</td>
<td>IgE</td>
<td>CAR.T</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STI 1014</td>
<td>PD-L1</td>
<td>CAR.T</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STI 1110</td>
<td>PD-L1</td>
<td>CAR.T</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resiniferatoxin*</td>
<td>** Partnered with NantKwest</td>
<td>CAR.T</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

© 2015 Sorrento Therapeutics. All rights reserved.
<table>
<thead>
<tr>
<th>Entity/Transaction</th>
<th>Assets</th>
<th>Economics/Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>NantNetworks</td>
<td>NantCell</td>
<td>Neo-epitope GMABs</td>
<td>510M equity in JV, 1 x Phase 3 mAb, 40% equity in JV</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>IgG bispecific antibodies (formerly CyvivoLog)</td>
<td>NantPharma JV, 510M JV capitalization, 5% ownership in CyvivoLog, 560+M in sales milestones, 560+M in regulatory milestones, 590+M in upfront</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Targeted Small Molecules (formally Transduction)</td>
<td>TRAIL modulators, HIF 1a inhibitor, MYC inhibitor, NantCancerStem cell JV, 40% equity in JV</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>510M License fee + future royalties, 2 CAR.TNKs, License Pre-specified GMABs NantIBody JV, Immunotherapy JV, NantIBody JV</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
<tr>
<td>NantNetworks</td>
<td>NantPharma</td>
<td>Pre-specified GMABs</td>
<td>NantIBody JV, Immunotherapy JV, Pre-specified GMABs</td>
</tr>
</tbody>
</table>
| NantNetworks | NantPharma | Pre-specified GMABs | NantIBody JV, Immunotherapy J
G-MAB Library

Highly Successful Screening Hit Rate

Fully Human Antibodies (100+ targets screened)

Proprietary Technology

Very High Diversity

High Value Oncology Targets

Most Difficult Targets:

Small Peptides & Tumor Neo-epitopes

Difficult Targets:

PD-1, PD-L1, CD123, PSMA, CD47

G Protein-Coupled Receptors (GPCRs)

© 2015 Sorrento Therapeutics Inc. ALL RIGHTS RESERVED
Sorrento Immunotherapy Platform

ADCs
Antibody Drug Conjugates

Proprietary Toxins Intracellular c-MET Conjugation Chemistries

Targets
Adoptive Immunotherapy
PD-L1 Bispecific Abs
Secreted

Chemical BsAb (CBAs)
IgG-based Proprietary Biochemistry

Bispecific Abs

Immuno-Oncology

PD-1

Immuno-Oncology

Adoptive Immunotherapy

PD-L1

Sorrento Immunotherapy Platform
In Vivo Synergy of Anti-PD-L1 mAb with Clinical HSP90 Inhibitor

The combination of STI-A1015 plus ganetespib displayed significantly greater antitumor activity than either individual agent (p < 0.02) on days 8 and 15.

Ganetespib (Synta Pharmaceuticals Corp.) was dosed on days 8 and 15, either alone or in combination with 125 mg/kg the anti-PD-L1 antibody STI-A1015 (dosed on day 8) in C57BL/6 mice bearing MC38 colon carcinomas (n = 7/group) were treated with 200 mg IgG1 control or IgG1 + STI-A1015 plus ganetespib. The combination of STI-A1015 plus ganetespib displayed significantly greater antitumor activity than either individual agent (* P < 0.02).

Bispecific Antibodies
Chemically Generated Bispecific Antibodies (CBA) Technology

Antibody 1

1. Reduction

2. Linker Conjugation

Orthogonal

Antibody 2

B-Linker

A-Linker

© 2015 Sorrento Therapeutics Inc. ALL RIGHTS RESERVED.
Functional Activity of Chemically generated Bispecific Abs (CBA) Binding to MDA-MB-231 cells Anti-PD-L1 activity of CBA Anti-c-Met activity of CBA (TNBC cell line)

Source: Sorrento data on file © 2015 Sorrento Therapeutics Inc ALL RIGHTS RESERVED
Antibody Drug Conjugates (ADCs)

Concordia/Sorrento Enabling ADC Technologies

Highly Potent Proprietary Payloads

Duostatins™ (Tubulin inhibitors)
Duomycins™ (DNA alkylating agents)
New MOA payloads

Site-specific Conjugation Methods

Highly Potent Proprietary Payloads

HER2

Combination of ADC and Immunotherapy

Dispecific ADCs
Dual drug ADCs
Multifunctional ADCs

Optimized combinations of payloads and linkers from antibody to ADC leads in 2 months

Powerful Screening Panels

C-Lock™
K-Lock™

© 2015 Sorrento Therapeutics Inc ALL RIGHTS RESERVED
**cMET ADCs Exhibits Potent Antitumor Activity In H292 and EBC-1 NSCLC Xenograft Models**

In H292 and EBC-1 NSCLC xenograft models, cMET ADCs exhibit potent antitumor activity. The graphs show the tumor volume over days after treatment with different dosages of cMET ADCs compared to vehicle. The graphs indicate significant antitumor activity with p<0.01 compared to vehicle. Source: Sorrento data on file. © 2015 Sorrento Therapeutics Inc. All Rights Reserved.
STI-001 BioSimilar / Biobetter mAb to Cetuximab

Cetuximab

Eli Lilly/BMS/Merck KGaA

Backgrounds

Chimeric monoclonal antibody that binds to the extracellular domain of the epidermal growth factor receptor (EGFR)

May induce immune system activation through antibody-dependent and complement-dependent cytotoxicity (ADCC and CDC)

Approvals

Future sales forecast - decrease in sales from $1.98 billion in 2015 to $1.18 by 2020

2013: approximately $1.98 billion globally ($560m in US)

2014: approximately $1.98 billion globally ($560m in US)

Indications

- With irinotecan in advanced colorectal cancer
- With FOLFIRI for 1st-line treatment of metastatic colorectal cancer
- With chemotherapy in late-stage metastatic head and neck cancer
- With irinotecan in advanced colorectal cancer

Market Size

Source: Datamonitor Healthcare (www.datamonitorhealthcare.com)
**Backgrounds**

Chimeric monoclonal antibody against tumour necrosis factor alpha (TNF-α)

<table>
<thead>
<tr>
<th>Infliximab</th>
<th>Remicade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janssen</td>
<td>Janssen</td>
</tr>
</tbody>
</table>

**Approvals**

- Indicated for Crohn's Disease, Psoriatic Arthritis, Psoriasis, Rheumatoid Arthritis, Spondyloarthritis, Plaque Psoriasis, Inflammatory Bowel Disease, Ulcerative Colitis, Pediatrics, plaque psoriasis.

**Indications**

- Rheumatoid Arthritis
- Psoriatic Arthritis
- Inflammatory bowel disease
- Ulcerative Colitis
- Pediatric Ulcerative Colitis
- Pediatric Inflammatory Bowel Disease
- Psoriasis

**Market Size**

<table>
<thead>
<tr>
<th>Year</th>
<th>Global Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>$9 billion</td>
</tr>
<tr>
<td>2014</td>
<td>$9 billion</td>
</tr>
</tbody>
</table>

Future sales forecast - decrease in sales from $8.9 billion in 2015 to $7.4 billion by 2020.

**Source:** DataMonitor Healthcare (www.datamonitorhealthcare.com)
STI-003 Biosimilar / Biobetter mAb to Basiliximab

**Backgrounds**

Chimeric monoclonal antibody (IgG1k) that binds to and blocks the binding of IL-2 to IL-2R (ακ CD25)

Indicated for the prophylaxis of acute organ rejection in patients receiving renal transplantation when used as part of an immunosuppressive regimen that includes cyclosporin and corticosteroids.

This species-specific, high affinity binding to IL-2Ra competitively inhibits IL-2-mediated activation of lymphocytes, a critical pathway in the cellular immune response involved in allograft rejection.

Basiliximab - Novartis

**Approvals / Indications**

Indicated for the prophylaxis of acute organ rejection in patients receiving renal transplantation when used as part of an immunosuppressive regimen that includes cyclosporin and corticosteroids.

Future sales forecast - decreases in sales as the result of SPC protection loss in EU as of April 2013:

2012: approximately $117M globally

2013: approximately $114M globally

**Market Size**

2012: approximately $117M globally

2013: approximately $114M globally

Source: Simulect® package insert


Source: http://www.genericsweb.com/Pipeline%20Watch/Pipeline%20Watch%20April%202013%20Basiliximab.pdf

© 2015 Sorrento Therapeutics Inc. ALL RIGHTS RESERVED
STI-004 BioSimilar mAb to Omalizumab

Omalizumab
Novartis/Genentech

Backgrounds

Xolair (omalizumab; Roche/Novartis) a humanized monoclonal antibody product inactivates immunoglobulin E (IgE) preventing the inflammatory events that lead to asthma exacerbations.

This is the only FDA approved biologic used in treatment of asthma.

Omalizumab inhibits the binding of IgE to the high-affinity IgE receptor on the surface of mast cells and immunoglobulin E (IgE), preventing the inflammatory events that lead to asthma exacerbations.

Indications

Approval

EH: Children 6-17 years with severe persistent allergic asthma

EU: Chronic idiopathic urticaria/chronic spontaneous urticaria (CIU/CSU)

Market Size

2013: Approximately $1.5B globally ($880m in US)
2014: Approximately $1.8B globally ($1.1B in US)
2015: Approximately $2.2B globally
2016: Decrease to $1.8B by 2020

Future sales forecast - $2B globally in 2015, $2.2B in 2016, decrease to $1.8B by 2020

This is the only FDA approved antibody used in treatment of asthma.

Omalizumab – Novartis/Genentech

STI-004 BioSimilar mAb to Omalizumab
Harnessing Adaptive and Innate Immunity

HK92

T Cell

TKK Therapeutics

© 2015 Sorrento Therapeutics Inc. ALL RIGHTS RESERVED
Synergistic Effect

CAR & CAR-TNK

Delayed killing

Rapid killing

Transient effect due to irradiation
Repeated dosing

Persistent effect via engraftment
CAR-T cell proliferation
Delayed killing

Persistent effect via engraftment
CAR-T cell proliferation
Clinical stage programs for solid tumors

**Combination Treatment:**
- Combating tumor-induced immunosuppression
- Increasing tumor killing and reducing systemic toxicity
- Local delivery

**Precision Medicine Approach:**
- Treating cancer patients with matched CAR-based immunotherapies

**Multi-pronged Strategy to Increase Safety and Efficacy:**
- Natural Killer cell immunity with CAR-TNK therapy (off-the-shelf)
- T-cell immunity with CAR-T therapy (autologous)
- Chimera Antigen Receptor (CARR)-based Immunotherapies harnessing:

- G-MAB™
Autologous CAR-T Manufacturing

Leukapheresis PBMC collection → T-cell activation (Peripheral Blood Mononuclear Cells) (CD3 antibody + cytokines)

CAR-T Cell Expansion

Viral Transduction

Drug Product

CAR-T Cell Therapy

Infusion
CEA CAR-T in Metastatic Liver Cancer Patients

Source: Clin Cancer Res. 2015 Jul 15;21(14):3149-59
IL13 CAR-T: Inhibition of Tumor Growth of Xenograft Glioma

HER2 TNK in Glioma Model

Survival (%): p<0.01

80 272 Days

Schönfeld et al, Mother, 23(2):330-8. 2015

© 2015 Sorrento Therapeutics Inc. ALL RIGHTS RESERVED

Days 80 120 160 200 240 280

CAR.TNK

Medium

NK92

272 Days
p>0.01

HER2.TNK in Glioma Model

Survival (%)
Cytolumina: Circulating Tumor Cell (CTC) Profiling Technology

1. CTCs in circulation
2. CTCs captured by NanoVelcro Chip
3. CTCs detected and profiled

Source: Cytolumina Data

© 2015 Sorrento Therapeutics Inc. ALL RIGHTS RESERVED
Combination Immunotherapy

CAR-T

CAR-TNK

CAR-Based Therapy

+ Anti-Tumor Mab

Small Molecule
Mechanism of Action  Efficacy

Ultrapotent highly specific TRPV1 agonist that selectively ablates concomitant opioid reduction and afferent neurons ("molecular neurolysis")

Meaningful analgesia with targeted single injection

Targeted single injection

Safety

Alteration of heat sensation in targeted area with no effects on normal perception / sensation or muscle function

Dosing

Improvement in function concomitant opioid reduction and meaningful analgesia with

RTX Target Product Profile
Two Injection Sites = Two Products for Human Use

Dorsal Root Dorsal Horn

Epidural Injection

Targeting both DRGs and dorsal into cerebrospinal fluid space (CSF)

Intrathecal Injection

Into or near dorsal root ganglion (DRG) for unilateral or diffuse pain

© 2015 Sorrento Therapeutics Inc. ALL RIGHTS RESERVED
Scintilla Human Pipeline

1. Refractory Cancer Pain Intrathecal injection into the CFS targeting both DRG and Spinal Cord Injury Pain
2. Chronic Phantom Limb Pain Epidural injection into or near the DRG for unilateral or Spinal Cord Injury Pain
3. Cancer-Induced Bone Pain Epidural Injection

Diffuse pain into or near the DRG for unilateral or Spinal Cord Injury Pain

Refactory Cancer Pain

Chronic Phantom Limb Pain

Cancer-Induced Bone Pain
RTX: Results from First-In-Human Study

- Improved pain and increased activity with reduced opioid utilization
- No unexpected toxicities
- MTD not reached with 1 mL RTX over 2 min via infusion pump
- 3 non or poorly ambulatory patients able to become ambulatory
- 12 patients with advanced cancer (ages 43-67 years old)
- NIH National Institutes of Health

© 2015 Sorrento Therapeutics Inc. All Rights Reserved
Lung and Rectal Cancer

40 year old male with severe bilateral pelvic and lower abdominal pain

No need for cane to assist ambulation

Occasionally uses breakthrough pain meds only

Post RTX Treatment

Reduced Spread = Broader Therapeutic Window

Colorectal Cancer: Stage IV

43 year old female with severe lower abdominal and rectal pain

- No need for cane to assist ambulation
- No reduced thermal sensitivity
- No reduced motor control

40 year old male with severe bilateral pelvic and lower abdominal pain

- No need for cane to assist ambulation
- No reduced thermal sensitivity
- No reduced motor control

Opioid utilization reduced by about 75% reduction by day 28

7/10 by day 14

Substantial pain reduction from 7-10/10

© 2015 Sorrento Therapeutics, Inc. All Rights Reserved
ARK's Pipeline: Multiple Products from 2 APIs

- Mastitis, Ark-006
- Neuropathic Pain, Ark-002
- Ocular Abrasion, Ark-004
- Cancer Pain, Ark-001
- Pyoderma, Ark-005

- Pyoderma, Ark-005
- Idiopathic Cystitis, Ark-003
Sorrento Therapeutics

Contact

Henry Ji, PhD - President and CEO

(858) 698-6923
hji@sorrentotherapeutics.com