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): January 11, 2016

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

Delaware
(State or other jurisdiction of
incorporation or organization)

001-36150
(Commission
File Number)

33-0344842
(IRS Employer
Identification No.)

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.

On January 11, 2016, Sorrento Therapeutics, Inc. (the “Company”) issued a press release announcing that it has formed an exclusive partnership with the world-renowned Karolinska Institutet (KI) in Stockholm, Sweden, to perform cutting-edge immuno-oncology research and to develop new natural killer (NK) cell-based therapies. A copy of the press release is attached as Exhibit 99.1 and is incorporated herein by reference.

On January 11, 2016, the Company issued a press release announcing that its partner, MabTech Ltd. has successfully completed Phase 3 conical trials in China for STI-001, a biosimilar/biobetter antibody for Cetuximab (Erbitux®) and STI-002, a biosimilar/biobetter antibody for Infliximab (Remicade®). Both STI-001 and STI-002 met their primary endpoints in confirmatory, randomized, controlled, two-part Phase 3 studies. A copy of the press release is attached as Exhibit 99.2 and is incorporated herein by reference.

The Company 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 99.3 to this Current Report on Form 8-K and is incorporated herein by reference.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

99.3 Sorrento Therapeutics, Inc. Corporate Presentation
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: January 11, 2016

SORRENTO THERAPEUTICS, INC.

By: /s/ Henry Ji
Name: Henry Ji
Title: President and Chief Executive Officer
Sorrento and Karolinska Institutet Establish Exclusive Partnership for Research and Development of Natural Killer Cell-based Therapies

SAN DIEGO, USA and STOCKHOLM, SWEDEN, January 11, 2016 — Sorrento Therapeutics, Inc. (NASDAQ: SRNE; Sorrento), an antibody-centric, clinical-stage biopharmaceutical company developing new treatments for cancer and other unmet medical needs, announced today that it has formed an exclusive partnership with the world-renowned Karolinska Institutet (KI) in Stockholm, Sweden, to perform cutting-edge immuno-oncology research and to develop new natural killer (NK) cell-based therapies.

Under the agreement, Sorrento will sponsor preclinical and clinical research & development programs focused on NK biology as well as adoptive NK cell therapies and, in return, obtain full rights to the resulting discoveries and developments. The research will be performed at KI, but there will also be an active research exchange with Sorrento R&D in San Diego. A joint steering committee with members from both Sorrento and KI will guide the program activities.

“Given the fact that NK cells were discovered at Karolinska Institutet, it is of course now exciting to take part in the ongoing developments involving these cells in settings of adoptive immunotherapies targeting human malignancies”, said Professor Hans-Gustaf Ljunggren, Dean of Research at Karolinska Institutet. “We look forward to teaming up our world-leading NK cell experts with Sorrento’s outstanding scientific team to gain new insights into NK biology and applying these to develop novel cellular therapies.”

“We are honored to work with the distinguished KI faculty on discovering and developing new adoptive NK cell immunotherapies”, said Dr. Henry Ji, President and CEO of Sorrento. “Through this partnership, Sorrento further establishes its subsidiary, TNK Therapeutics, as one of the premier companies in the cellular therapy space. Building upon the academic and clinical excellence at KI and Sorrento’s expertise in antibody research and development, our partnership will stimulate innovation and may ultimately lead to new ground breaking therapies to improve the lives of cancer patients and their caretakers.”
About Sorrento Therapeutics, Inc.

Sorrento is an antibody-centric, clinical stage biopharmaceutical company developing new treatments for cancer, inflammation and autoimmune diseases. Sorrento’s lead products are multiple late-stage biosimilar and biobetter antibodies, as well as clinical CAR-T therapies targeting solid tumors.

About Karolinska Institutet.

Karolinska Institutet is one of the world’s leading medical universities. Its mission is to contribute to the improvement of human health through research and education. Karolinska Institutet accounts for over 40 per cent of the medical academic research conducted in Sweden and offers the country’s broadest range of education in medicine and health sciences. Since 1901 the Nobel Assembly at Karolinska Institutet has selected the Nobel laureates in Physiology or Medicine.

Research at Karolinska Institutet is conducted in 22 departments, most of which are situated or adjacent to Stockholm’s teaching hospitals. This creates ample opportunities for translational research in which new experimental results are rapidly implemented for patient benefit, and where clinical observations provide a basis for new research ideas.

Karolinska Institutet has collaboration agreements in research and education with a large number of universities the world over, with companies in the biomed and biotech sectors and also with individual countries.

Forward-Looking Statements

This press release contains forward-looking statements related to Sorrento Therapeutics, Inc. under the safe harbor provisions of Section 21E of the Private Securities Litigation Reform Act of 1995 and subject to risks and uncertainties that could cause actual results to differ materially from those projected. Forward-looking statements include statements about Sorrento’s prospects, including, but not limited to, any statements about its and its affiliates’ technologies, including, but not limited to, NK cell-based therapies; Sorrento’s (and its subsidiaries’ and affiliates’) business and technology prospects; chimeric antigen receptor (CAR) T cell programs; potential combination therapies; Sorrento’s expectations for NK cell-based therapies; the development of NK cell-based therapy, CAR-T and biosimilar/biobetter programs; Sorrento’s ability to leverage the expertise of its employees and partners to assist the company in the execution of its strategies; Sorrento’s advances made in developing its programs, including, but not limited to, NK cell-based therapies, if any; and other matters that are described in Sorrento’s Annual Report on Form 10-K for the year ended December 31, 2014, and subsequent Quarterly Reports on Form 10-Q filed with the Securities and Exchange Commission, including the risk factors set forth in those filings. Investors are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date of this release and we undertake no obligation to update any forward-looking statement in this press release except as required by law.
Sorrento Announces Positive Data from Phase 3 studies of Biosimilar Antibodies, STI-001 and STI-002.

SAN DIEGO, California, January 11, 2016 — Sorrento Therapeutics, Inc. (NASDAQ: SRNE; Sorrento), an antibody-centric, clinical-stage biopharmaceutical company developing new treatments for cancer and other unmet medical needs, announced today that its partner, MabTech Ltd. has successfully completed Phase 3 clinical trials in China for STI-001, a biosimilar/biobetter antibody for Cetuximab (Erbitux®) and STI-002, a biosimilar/biobetter antibody for Infliximab (Remicade®). Both STI-001 and STI-002 met their primary endpoints in confirmatory, randomized, controlled, two-part Phase 3 studies.

STI-001, a chimeric monoclonal antibody that binds to the epidermal growth factor receptor (EGFR) was used for treatment of EGFR-expressing metastatic colorectal carcinoma patients in combination with irinotecan versus irinotecan alone. The combination therapy showed significant improvement compared to chemotherapy alone in Overall Response Rate (ORR: 32.9% vs 12.8%) and Progress-free Survival (PFS: 5.6 vs 3.2 months) as well as longer Overall Survival (OS: 14.1 vs 13.4 months). The ORR, PFS and OS using STI-001 and irinotecan are increased significantly than previously reported in similar medical settings using Erbitux and irinotecan (32.9% vs 10%; 5.6 vs 4.0 months; 14.1 vs 11.6 months).1

During the 501 patient double-blind, randomized Phase 3 trial, STI-001 was well tolerated. Adverse events (AEs), especially Grade 3 and 4 AEs were found to be significantly fewer than those previously reported using Erbitux. It was confirmed that STI-001, which was produced using CHO cells, possesses N-Acetylneuraminic acid (NANA), whereas Erbitux made in the murine SP2/0 cell line contains N-Glycolyneuraminic acid (NGNA), which is believed to cause side effects, such immunogenicity and hypersensitivity. While it was reported that more than 10% of patients using Erbitux showed hypersensitive reaction (Grade 3/4), none was recorded in the completed Phase 3 study of STI-001.

STI-002, a chimeric monoclonal antibody produced in CHO cell line binds to soluble and transmembrane forms of tumor necrosis factor α (TNFα) and inhibits TNFα binding to receptors thereby neutralizing the biological activity of TNFα. In the current Phase 3 study with 330 patients conducted in China for the treatment of rheumatoid arthritis (RA) patients, STI-002 demonstrated an improvement in RA patients’ pain symptoms, functions, quality of life and inflammation markers while also inhibiting bone and joint injuries. STI-002 (3mg/kg) plus MTX demonstrated significant improvement in ACR 20, 50 and 70 (77%, 50% and 20% respectively), similar clinical efficacy reported for Remicade and biosimilars of Remicade. Notably, the immunogenicity and anti-drug antibody formation (ADA) is drastically reduced for STI-002 compared to Remicade (<5% vs ~40%).

“STI-001 and STI-002 have demonstrated clinical efficacy during the confirmatory Phase 3 trials conducted in China by our partner, MabTech Ltd. Due to its novel manufacturing technologies, the products showed improved safety profile, a great benefit for patients”; said by Dr. Henry Ji,

1 Sobrero AF et al.; Journal of Clinical Oncology 2008; 28(14): 2311-2319
President and CEO of Sorrento. “While MabTech is applying for marketing approval of STI-001 and STI-002 in China, Sorrento Biologics, our wholly-owned subsidiary, is expediting our efforts for the development and commercialization of these products in Sorrento territory, including the North America, Europe and Japan”, added Dr. Ji.

**About Sorrento Therapeutics, Inc.**

Sorrento is an antibody-centric, clinical stage biopharmaceutical company developing new treatments for cancer, inflammation and autoimmune diseases. Sorrento’s lead products are multiple late-stage biosimilar and biobetter antibodies, as well as clinical CAR-T therapies targeting solid tumors.

**About Sorrento Biologics, Inc.**

Sorrento Biologics Inc., a wholly-owned subsidiary of Sorrento, will be responsible for the development of the biosimilar/biobetter products. Sorrento Biologics is advancing four late-stage clinical products towards commercialization, STI-001 (Erbitux biosimilar/Biobetter), STI-002 (Remicade biosimilar/biobetter), STI-003 (Simulect biosimilar/Biobetter), and STI-004 (Xolair Biosimilar) as well as developing a robust pipeline of future products.

**Forward-Looking Statements**

This press release contains forward-looking statements related to Sorrento Therapeutics, Inc. under the safe harbor provisions of Section 21E of the Private Securities Litigation Reform Act of 1995 and subject to risks and uncertainties that could cause actual results to differ materially from those projected. Forward-looking statements include statements about Sorrento’s prospects, including, but not limited to, any statements about its and its affiliates’ technologies, including, but not limited to, NK cell-based therapies; Sorrento’s (and its subsidiaries’ and affiliates’) business and technology prospects; chimeric antigen receptor (CAR) T cell programs; potential combination therapies; Sorrento’s expectations for NK cell-based therapies; the development of NK cell-based therapy, CAR-T and biosimilar/biobetter programs; Sorrento’s ability to leverage the expertise of its employees and partners to assist the company in the execution of its strategies; Sorrento’s advances made in developing its programs, including, but not limited to, NK cell-based therapies, if any; and other matters that are described in Sorrento’s Annual Report on Form 10-K for the year ended December 31, 2014, and subsequent Quarterly Reports on Form 10-Q filed with the Securities and Exchange Commission, including the risk factors set forth in those filings. Investors are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date of this release and we undertake no obligation to update any forward-looking statement in this press release except as required by law.
For additional information, please visit www.sorrentotherapeutics.com

Contact:

Henry Ji, President and CEO – (858) 668-6923.

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SOURCE Sorrento Therapeutics, Inc.

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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," "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 actions, 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 be realized. If all or part of the forward-looking information contained in documents or presentations filed with or furnished to the SEC does not come to pass, the Company's investors may experience a significant decline in the value of their investment in the Company's common stock. 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 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.

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NASDAQ: SREN
Highly Successful Screening Hit Rate

Fully Human Antibodies (100+ targets screened)

Proprietary Technology

Very High Diversity

2.1 x 10^16 Distinct Antibodies

Difficult Targets

High Value Oncology Targets

Small Peptides & Tumor Neo-epitopes

Most Difficult Targets:

6 Protein-Coupled Receptors (GPCRs)

PD-L1, CD123, PSMA, CD47

Difficult Targets
Antibodies against Secreted Targets

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Antibodies Against Intracellular Targets

KRAS

STAT3
Bispecific Antibodies

Met

PD-L1

L1

PD-1

EGFR

Bispecific Antibodies
Antibody Drug Conjugates (ADCs)
Chimeric Antigen Receptors (CARs)
Positioning

NK

T

cells

Natural Killer cells

CAR

NK

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Sorrento Immunotherapy Platform

ADCs
Antibody Drug Conjugates
Proprietary Toxins
Intracellular c-MET Conjugation Chemistries
Targets
Adoptive Immunotherapy
PD-L1 Bispecific Abs
Secreted Targets Chemical BsAb (CBAs)
IgG-based Proprietary Biochemistry
CAR NK CAR

I m m u n o - O n c o l o g y

Bispecific Abs

Sorrento Immunotherapy Platform
Pipeline

<table>
<thead>
<tr>
<th>Code</th>
<th>Target</th>
<th>Preclinical</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
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<tbody>
<tr>
<td>STI 001</td>
<td>EGFR</td>
<td>Resiniferatoxin</td>
<td>** Partnered with NantKwest</td>
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<td>TNF-α mAbs</td>
<td>ROR1</td>
<td>CAR.T</td>
<td>CAR</td>
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Significant Near-Term Commercial Opportunities

Worldwide market for biosimilar products with Originators’ global sales of $100 B+ in 2014

Four leading biosimilar / biobetter products have completed Phase 3 trials (in China)

Targeting $12 B+ market

Significant opportunities for combination therapies

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<th>Product</th>
<th>Generic</th>
<th>Target</th>
<th>2014 Global Sales (US$)</th>
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<tr>
<td>STI-001</td>
<td>Cetuximab</td>
<td>EGFR</td>
<td>$19B</td>
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<td>STI-002</td>
<td>Infliximab</td>
<td>TNFα</td>
<td>$9B</td>
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<td>STI-003</td>
<td>Basiliximab</td>
<td>CD25</td>
<td>$114M</td>
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<td>STI-004</td>
<td>Omalizumab</td>
<td>IgE</td>
<td>$11B</td>
</tr>
</tbody>
</table>

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STI-001 Biosimilar/Biobetter mAb to Cetuximab
| Cetuximab: STI-001 vs Erbitux STI-001 PBS buffer Modified (C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved |
|---|---|---|
| **Low** | **High** | **IgG1** |
| NANA | NGA | **Sidc acid** |
| Gal-(2,3,6)-Gal | Gal-(1,3)-Gal | **E|glycosylation Pattern** |
| **N-Amin** | **N-Amin** | **N-Amin** |
| Same | Same | **N-Amin** |
| **Modified** | **PBS buffer** | **Expression system** |
| CHO | Same | SP 2/0 |
| Same | Same | Amino acid sequence |
STI-001: Comparable to Erbitux in vitro and in vivo
STI-001: Demonstrated Clinical Efficacy

Erbitux

Overall Survival (OS)

Time to Progression (TTP)

Erlotinib

STI-001 Ph3 2004;351:337-345

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STI-001: Favorable Carbohydrate Structure With Fewer Side Effects
STI-001: Improved Safety Compared to Erbitux

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<th>Study</th>
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<th>STI-001+ Irinotecan</th>
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<td>12 (15.7)</td>
<td>14 (11.7)</td>
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<thead>
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<td>Nausea and vomiting</td>
<td>16 (4.7)</td>
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<td>Abdominal pain</td>
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<td>0 (0.9)</td>
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<td>Fatigue</td>
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<tr>
<td>Nausea and vomiting</td>
<td>15 (4.7)</td>
<td>15 (4.7)</td>
<td>111 (28.5)</td>
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<table>
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<tr>
<th>Low</th>
<th>High</th>
<th>Immunogenicity</th>
<th>Glycosylation Pattern</th>
<th>N-Glycosylation Site</th>
<th>Specifications</th>
<th>Formulation</th>
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STI-002: Comparable Structure and Function to Remicade
STI-002 Demonstrated Clinical Efficacy in RA Patients
**STI-002 Showed Reduced Immunogenic Reactions**

### Phase I (Healthy volunteers and RA patients)

<table>
<thead>
<tr>
<th>Dosage (mg/kg)</th>
<th>Multi-dose (w 0, 2, 6, 10, 14) (combined with MTX)</th>
<th>Single dose (w)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 mg/kg</td>
<td>0/9</td>
<td>0/9</td>
</tr>
<tr>
<td>6 mg/kg</td>
<td>0/10</td>
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<tr>
<td>9 mg/kg</td>
<td>2/9</td>
<td>1/10</td>
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### Phase III (RA patients)

<table>
<thead>
<tr>
<th>Dosage (mg/kg)</th>
<th>Multi-dose (w 0, 2, 6, 10, 14) combined with MTX</th>
<th>Single dose (w)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 mg/kg</td>
<td>8/339</td>
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</table>

**STI-001**

Table 2: Summary of Immunogenicity Testing - Healthy volunteers - RA patients

<p>| | | |</p>
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</table>

**Remicade**

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STI-003 Bisimilars/Biobetter Mab to Basiliximab
<table>
<thead>
<tr>
<th>Low</th>
<th>High</th>
<th>Immuno-</th>
<th>Sialic acid</th>
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<tr>
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Basiliximab: STI-003 vs Simulect

STI-003 Simulect
**STI-004 Biosimilar mAb to Omalizumab**

**EU:** Children 6-11 years with severe persistent allergic asthma
during long-term glucocorticosteroids or oral steroids

due to patients 12 years or older

**US/CA:** Moderate to severe allergic asthma that is inadequately controlled with inhaled

**Backgrounds**

Omalizumab - Nortiris/Genentech

Omalizumab (omalizumab; Rastor, Nortiris) a humanized monoclonal antibody product, measures

**Market Size**

Event sales forecast - $28.9 billion in 2015, $24.2 billion in 2016

2014: approximately $1.88 billion (1.18 billion in US)

2015: approximately $1.59 billion (580 million in US)

**Indications**

**Approvals**
<table>
<thead>
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<th>Low</th>
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<th>Immunoglobulin</th>
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<tbody>
<tr>
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<td>Stabilized</td>
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</table>

Omalizumab: STI-004 vs Xolair
Cell-Internallyizing Antibodies Penetrate into Live Cells and Recognize Their Targets

1. Modified anti-MYC tag antibody stains live CHO cells transfected with MYC and FLAG-tagged tubulin.

2. Cells were fixed and then stained with unmodified anti-FLAG tag antibody.

3. Yellow signal (overlay of green & red fluorescent signals) shows colocalization of both antibodies to tubulin.
Anti-tumor Effect of Modified anti-KRAS G12D mAbs in PANC-1 Tumors

KRAS mutations especially KRAS G12D common in pancreatic and lung cancers

No drugs yet that directly inhibit KRAS oncogenic activities

Human PANC-1 pancreatic cancer cells were engrafted in athymic nude mice. Once tumors reached 5 mm in diameter, they were treated locally with:

- Modified anti-KRAS G12D mAbs
- Modified control mAb
- Vehicle

Potential anti-tumor effects:

- Inhibit KRAS oncogenic activity in vivo, leading to
  Modified KRAS G12D antibodies effectively
- Inhibits growth of PANC-1 tumors in mice

Tumor growth (mm²)

Time (day)

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Targeting Foxp3 by the Cell-Internalizing Antibody Reduces Tumor-associated Tregs and Tumor Growth.

Regulatory T cells (Tregs) suppress anti-tumor immune responses.

Foxp3 is essential for Tregs maintenance.

However, Foxp3 is deemed undruggable.

Modified Foxp3 antibodies inhibit Foxp3.

The study concluded on day 20 and tumor lymphocytes were isolated and stained for intracellular levels of Foxp3 and CTLA-4.

1.5 x 10^6 B16 tumor cells were injected s.c. and modified control mAbs or Foxp3 antibodies (10 μg/mouse) were administered on days 2, 5, 7, 9, and 11.

Tumor growth is reduced with tumor lymphocytes isolated and stained for intracellular levels of Foxp3 and CTLA-4.
Anti-tumor Efficacy of Modified Antibodies Targeting HPV16/18 E6 Oncoprotein in Cervical Cancer

Human papillomavirus (HPV) E6 and E7 proteins represent promising targets for therapy of cervical cancer and head-and-neck cancer. Currently, no effective antiviral agent available for antiviral therapy is available. Modified antibodies against HPV16/18 E6 effectively inhibit E6 function in cervical cancer cell lines and lead to the inhibition of tumor growth.

Human CaSki cancer cells were engrafted in athymic nude mice and treated systemically every other day with vehicle, modified IgG control, or anti-E6. The graph below shows the tumor growth in treated and control groups. The tumor volume was measured every two days, and the inhibition of tumor growth was evident in the anti-E6 antibody-treated group compared to the control groups.
The Cell-Penetrating Antibody Delivery Platform

Conjugation of antibodies with specifically modified short oligonucleotides enables efficient cellular internalization, intercellular target recognition and inhibition of antibodies with specifically-modified short oligonucleotides.

Various conjugation chemistries, including both covalent and non-covalent attachment.

Broad range of indications, e.g., oncology, infectious diseases, and inflammation.

Use with other modalities (proteins, peptides, nucleic acids).

The Cell-Penetrating Antibody Delivery Platform

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Clinical stage programs for solid tumors

Chimeric Antigen Receptor (CAR) based Immunotherapies harnessing:

- T cell immunity with CAR-T therapy (autologous)
- Natural Killer cell immunity with CAR-NK therapy (off-the-shelf)

Combination Treatment:

- Overcoming tumor-induced immunosuppression
- Increasing tumor killing and reducing systemic toxicity

Local Delivery:

- Treating cancer patients with matched CAR-based Immunotherapies

Precision Medicine Approach:

- Multi-pronged strategy to increase safety and efficacy

Clinical stage programs for solid tumors
Autologous CAR-T Manufacturing

- Leukapheresis
- PBMC collection
- T-cell activation
- CAR-T Cell Expansion
- Viral Transduction
- Drug Product
- CAR-T Infusion
CEA CAR-T in Metastatic Liver Cancer Patients

Survival

ACTIVITY IN HEAVILY PRE-TREATED GROUP

Source: Katz et al. (Clin Cancer Res 2015 July 15)

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- 4 patients with >10 liver tumors
- Average size of largest tumor = 8.4 cm
- Average of 2.5 lines prior chemotherapy
- 5% alive > 120 weeks
- PRE-TREATED GROUP
- ACTIVITY IN HEAVILY PRE-TREATED GROUP
IL13 CAR-T: Inhibition of Tumor Growth of Xenograft Glioma


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CAR-TNK cGMP Manufacturing Process

- Of-the-shelf Drug Product
- BioReactor
- Electroporation cell expansion or NK92 CAR-TNK
- Viral Transduction
- CAR-TNK cGMP Manufacturing

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HER2.TNK in Glioma Model

Survival 100%

p < 0.01

Days 80 120 160 200 240 280

Source: Schönfeld et al. Mol Ther 23(2):330-8, 2015

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Days

Medium

NK92

CAR.TNK

272 Days

p > 0.01

HER2.TNK in Glioma Model
CTC Panel for Cancer Patients

CTC (Circulating Tumor Cells)

Exclusive License for
cell-based therapies

G-MAB sorrento

Fully human antibody library

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