HANSA BIOPHARMA

Corporate Presentation

June 2026

Forward-looking statements

This presentation may contain certain forward-looking statements and forecasts based on our current expectations and beliefs regarding future events and are subject to significant uncertainties and risks since they relate to events and depend on circumstances that will occur in the future. Some of these forward-looking statements, by their nature, could have an impact on Hansa Biopharma's business, financial condition and results of operations or that of its affiliates or subsidiary companies. Terms such as "anticipates", "assumes", "believes", "can", "could", "estimates", "expects", "forecasts", "intends", "may", "might", "plans", "should", "projects", "will", "would" or, in each case, their negative, or other variations or comparable terminology are used to identify forward-looking statements. There are a number of factors that could cause actual results and developments to differ materially from those projected, whether expressly or impliedly, in a forward-looking statement or affect the extent to which a particular projection is realized. Such factors may include, but are not limited to, changes in implementation of Hansa Biopharma's strategy and its ability to further grow; risks and uncertainties associated with the development and/or approval of Hansa Biopharma's product candidates; ongoing clinical trials and expected trial results; the ability to commercialize imlifidase if approved; changes in legal or regulatory frameworks, requirements, or standards; technology changes and new products in Hansa Biopharma's potential market and industry; the ability to develop new products and enhance existing products; the impact of competition, changes in general economy and industry conditions and legislative, regulatory and political factors.

The factors set forth above are not exhaustive and additional factors could adversely affect our business and financial performance. We operate in a very competitive and rapidly changing environment, and it is not possible to predict all factors, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements. Given these risks and uncertainties, investors should not place undue reliance on forward-looking statements as a prediction of actual results.

Hansa Biopharma expressly disclaims any obligation to update or revise any forward-looking statements to reflect changes in underlying assumptions or factors, new information, future events or otherwise, and disclaims any express or implied representations or warranties that may arise from any forward-looking statements. You should not rely upon these forward-looking statements after the date of this presentation.

Novel, first-in-class IgG-cleaving enzyme from proprietary technology platform

What is IgG

- Immunoglobulin G (IgG): a protective antibody
- Transplantation / Gene Therapy: High antibody (IgG) levels prevent delivery of therapy or procedure
- Autoimmune Disease: IgG becomes harmful and attacks the body's cells and tissues

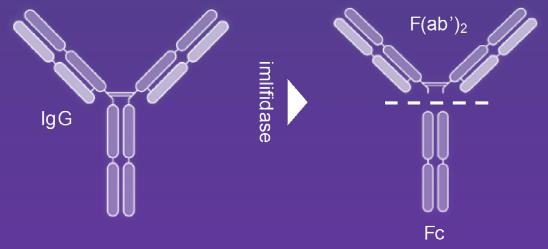
Benefits / Opportunity of IgG Reduction

- Rapid IgG reduction key to enable life saving treatments such as transplants
- Targeted treatments to rapidly cleave antibodies and enable dosing of gene therapy for appropriate patients
- Potential to address acute / severe autoimmune diseases

Hansa's IgG-cleaving Platform

Imlifidase – proprietary, first in class IgG cleaving enzyme

- Rapid and targeted reduction of all IgG to > 95% in 2-6 hours
- Have run 11 clinical programs from preclinical to market
- Cleaves all types of IgG both intra and extra vascularly

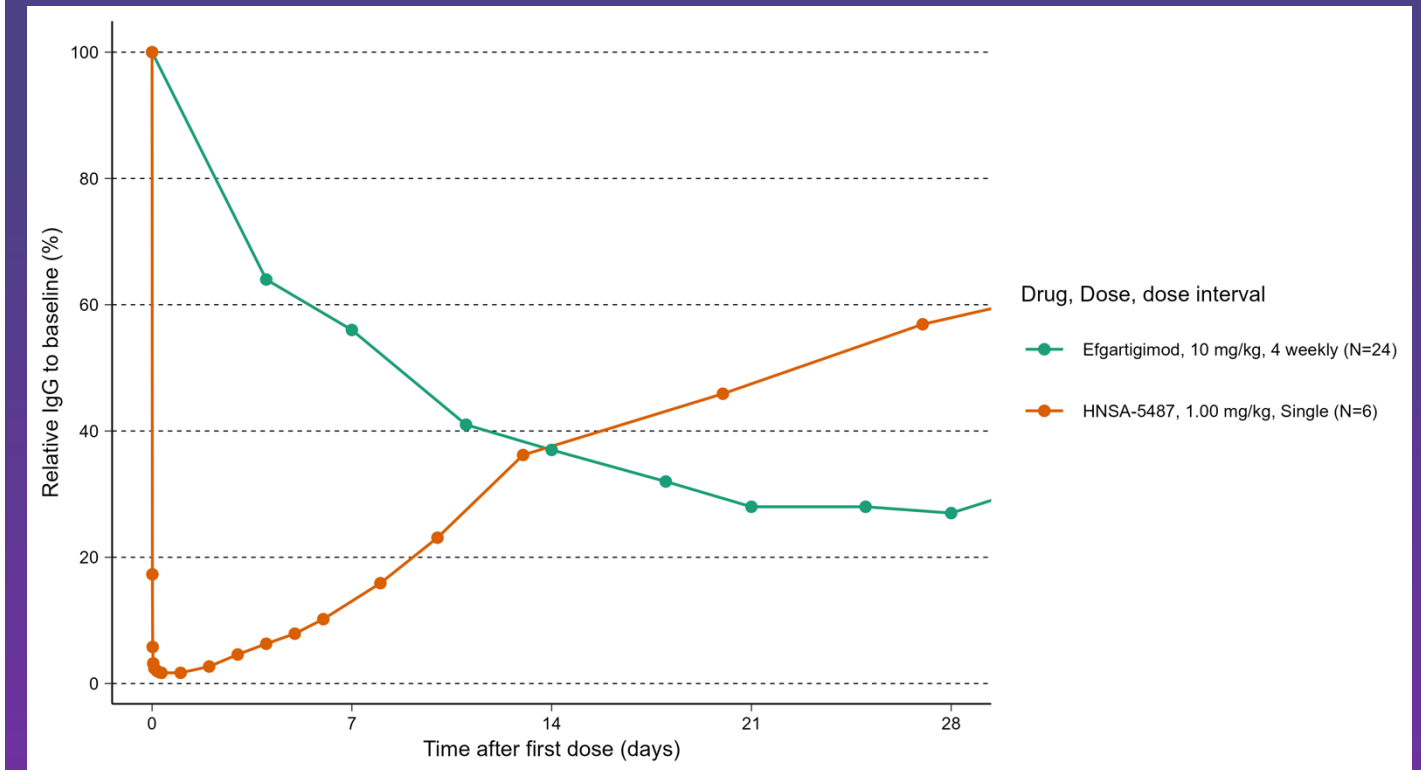


HNSA-5487 – next gen, IgG cleaving enzyme

- Targeting late-stage clinical program in GBS, a serious autoimmune disease with no approved drugs.
- FDA interactions in Q2 2026 to advance clinical development program

Unique platform targeting serious immune mediated conditions; rapid IgG reduction

Provides unmatched speed in reducing IgG



IgG cleaving enzymes cleave antibodies across all domains

IgG lowering modalities	Intravascular IgG	Extravascular IgG	Cell bound IgG
Imlifidase	✓	✓	✓
HNSA-5487	✓	✓	✓
FcRn inhibitor	✓	-	✗
PLEX	✓	✗	✗

IDEFIRIX Summary of Product Characteristics. https://www.ema.europa.eu/en/documents/product-information/idefirix-epar-product-information_en.pdf. Accessed June 2024.
Gil I. Wolfe, E. Sally Ward, Hans de Haard, Peter Ulrichts, Tahseen Mozaffar, Mamatha Pasnoor, Gestur Vidarsson,. gG regulation through FcRn blocking: A novel mechanism for the treatment of myasthenia gravis, Journal of the Neurological Sciences,Volume 430, 2021,118074, ISSN 0022-510X,https://doi.org/10.1016/j.jns.2021.118074.(https://www.sciencedirect.com/science/article/pii/S0022510X2100770X).

Addressing orphan / rare indications

THERAPEUTIC FOCUS

Desensitization

Enabling Transplantation
Paradigm shift for highly sensitized kidney transplant patients

Enabling Gene Therapy
Partnerships for pre-treatment to enable AAV gene therapy treatments

Rare autoimmune disease

GBS
Following successful POC Phase 2 trial; plan FDA interaction in Q2 2026 for clinical development program

23+
Countries with reimbursement

11
Clinical & preclinical programs

+200
Highly sensitized patients treated

idefirix®

Idefirix conditionally approved in EU & the UK
For desensitization prior to kidney transplantation deceased donor

Out-licensing Agreement SERB Pharma, May 2026
Transaction is subject to typical closing conditions incl FDI review

US Regulatory Process for imlifidase

Acceptance of BLA (Feb 18, 2026)

PDUFA* date (Dec 19, 2026)

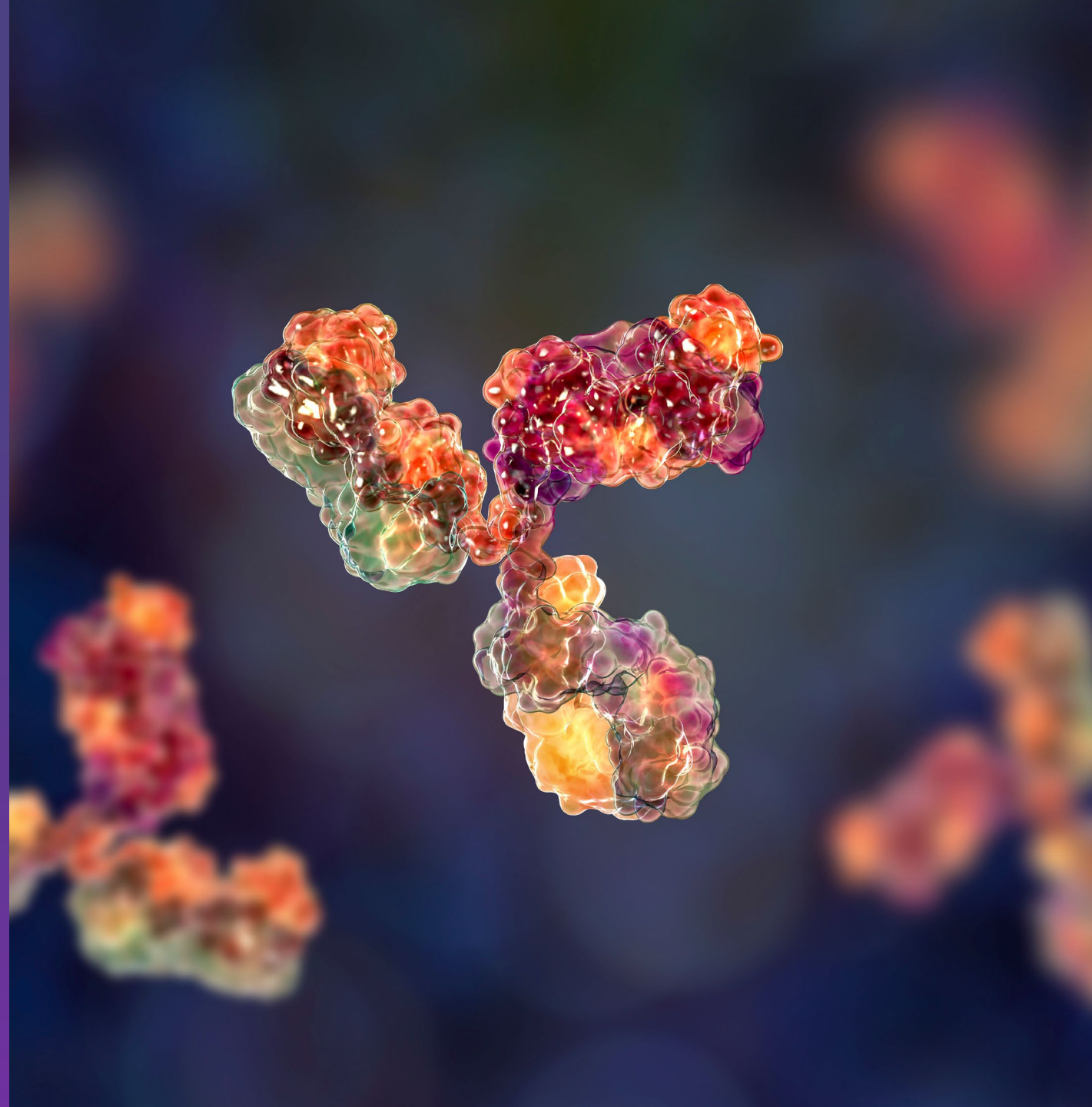
*PDUFA= Prescription Drug User Fee Act

Listed on Nasdaq OMX Stockholm (HNSA)

HANSA BIOPHARMA

DESENSITIZATION

Transplantation



Transplantation: High Unmet Need with Significant Market Potential

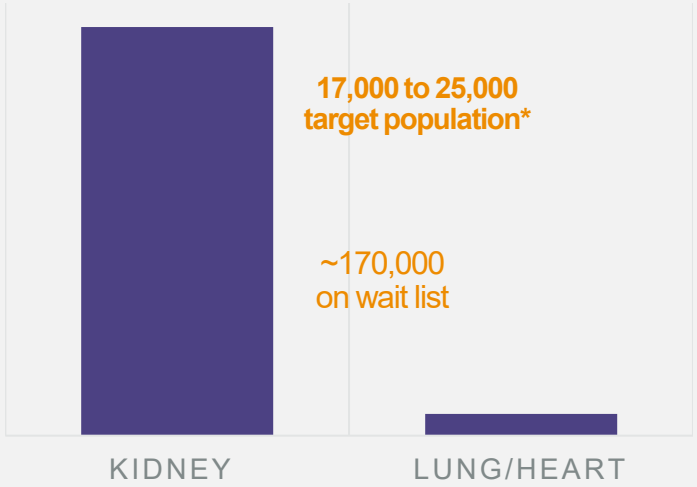
- Imlifidase represents a pioneering breakthrough for highly sensitized patients
- Commercially available in Europe - Idefirix
- PDUFA date Dec 2026, no approved therapies in the US
- Highly sensitized patients stay on the wait list for a long time and may never find a matching organ
- Organ availability & allocation rules, guidelines, clinical data and physician experience key factors for adoption

Desensitization

TRANSPLANTATION

Potential market opportunity > $2bn

Europe and the US



* Highly sensitized patients cPRA > 80% :

- Potentially significantly larger population as not all patients are referred to the waitlist (over 550,000 patients on dialysis in the US)
- Need for a consistent, predictable and efficacious procedure to address this unmet need
- Significant number of new patients being referred to the waitlist on annual basis – list remains stable or grows year over year

Kindey Transplant
EU source Global Observatory on donation and transplant, 2023 report, https://www.transplant-observatory.org/wp-content/uploads/2025/02/2023-data-global-report-20022025.pdf US:Organ data on Procurement and Transplantation Network (OPTN) as of March 30 2025

Lung Transplant
Global Observatory on Donation and Transplantation. https://www.transplant-observatory.org/export-database/. Accessed February 24, 2025.
Appel J, Hartwig M, R. Davis D, Reinsmoen N, Utility of Peritransplant and Rescue Intravenous Immunoglobulin and Extracorporeal Immunoadsorption in Lung Transplant Recipients Sensitized to HLA Antigens, Human Immunology, Volume 66, Issue 4. 2005, Pages 378-386, ISSN 0198-8859,htttps://doi.org/10.1016/j.humimm.2005.01.025.
Witt CA, Gaut JP, Yusen RD, Byers DE, Iuppa JA, Bennett Bain K, Alexander Patterson G, Mohanakumar T, Trulock EP, Hachem RR. Acute antibody-mediated rejection after lung transplantation. J Heart Lung Transplant. 2013 Oct;32(10):1034-40. doi: 10.1016/j.healun.2013.07.004. Epub 2013 Aug 13. PMID: 23953920; PMCID: PMC3822761.

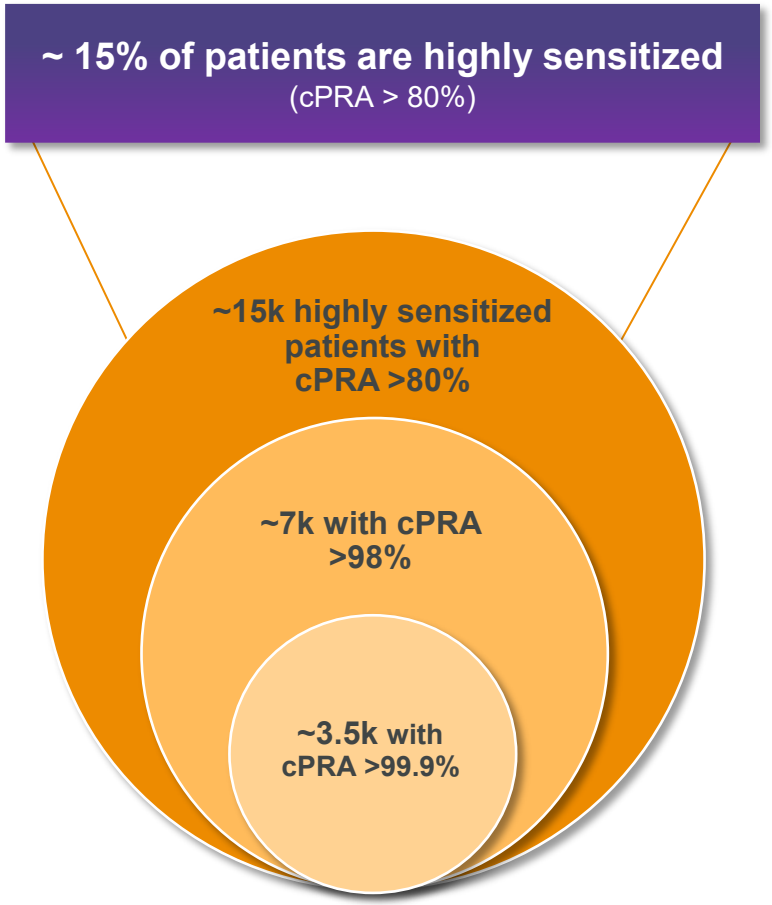
Heart
Wu GW, Kobashigawa JA, Fishbein MC, Patel JK, Kittleson MM, Reed EF, Kiyosaki KK, Ardehali A. Asymptomatic antibody-mediated rejection after heart transplantation predicts poor outcomes. J Heart Lung Transplant. 2009 May;28(5):417-22. doi: 10.1016/j.healun.2009.01.015. Epub 2009 Mar 14. PMID: 19416767; PMCID: PMC3829690.
Kobashigawa, J.A. et al.. Post-Transplant Outcome of the Highly Sensitized Patient Awaiting Heart Transplant Treated with Desensitization. The Journal of Heart and Lung Transplantation, Volume 40, Issue 4, S44

Unmet need: Highly sensitized U.S. patients face indefinite dialysis

Significant Unmet Medical Need

Inability to match or effectively desensitize patients remains a barrier for transplantation in highly sensitized patients

Estimated market opportunity of > $2bn for cPRA score > 98%



US Transplant Waitlist

The US represents a significant market opportunity

~100,000
on the wait list

~45,000
new additions to the wait list each year with highly sensitized representing 20%

~10,000
die or become too sick to transplant, with highly sensitized representing 25%

7 years
median time on waitlist for highly sensitized patients

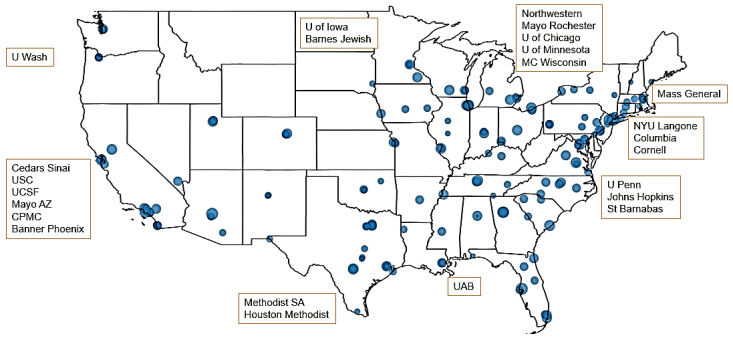
~27,000
transplants each year with deceased donor representing 80%

Calculated Panel Reactive Antibodies (cPRA) is a measure for HLA-sensitization

Robust U.S. commercialization strategy established

Concentrated Market

~200 adult transplant centers



100 Centers › **~80%** of transplant volume

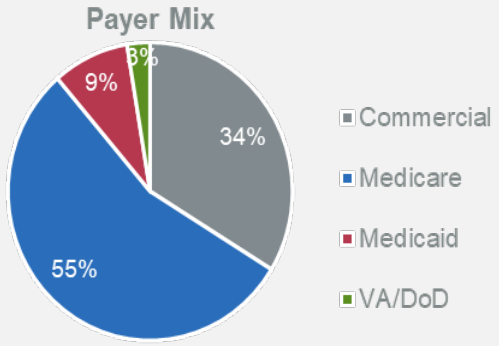
50 Centers › **~50%** of transplant volume

25 Centers in ConfIdeS › **~25%** of transplant volume

- Significant clinical experience creates foundation for commercial launch

Pricing and Reimbursement

~55%
paid by Medicare



- Kidney transplants are in-patient care covered by DRG codes
- NTAP can be applied for in 2026; precedence exists from other new therapies
- Pricing research will inform US price

Experienced US Team

Medical Affairs
Focused field-based team with strong transplant market experience

Market Access
SVP Market Access with recent launch experience in nephrology and multiple other US launches

Analytical Capabilities
Inhouse Business Analytics expertise with recent US launch experience in nephrology

Commercial & Marketing
SVP US Commercial with transplant and nephrology expertise; HCP and patient advocacy resources. Expect to hire a field team of ~20 FTEs

NTAP= New Technology Add on Payment

Successful US ConfIdeS Phase 3 study

Highly statistically significant outcome (p<0.0001)

	Imlifidase n	Control n	Imlifidase eGFR (mean)	Control eGFR (mean)	p-value
Primary endpoint eGFR at 12 months in FAS	32	32	51.5	19.3	<0.0001
Rank-based non-parametric analysis of eGFR at 12 months *Median	32	32	50.0*	0*	0.0001
eGFR at 12 months in patients transplanted based on organ offer at randomization	27	3	59.3	23.1	0.0138

- Randomized and controlled study with 64 patients enrolled across 25 sites
- Primary Endpoint (12 months):
  - Mean eGFR: 51.5 (imlifidase) vs 19.3 (control) mL/min/1.73m²
  - Difference: 32.2 mL/min/1.73m² (p<0.0001)
- Secondary Endpoint:
  - "Dialysis dependency at 12 months strongly favouring imlifidase treatment (p=0.0007)
  - Good tolerability with consistent safety profile

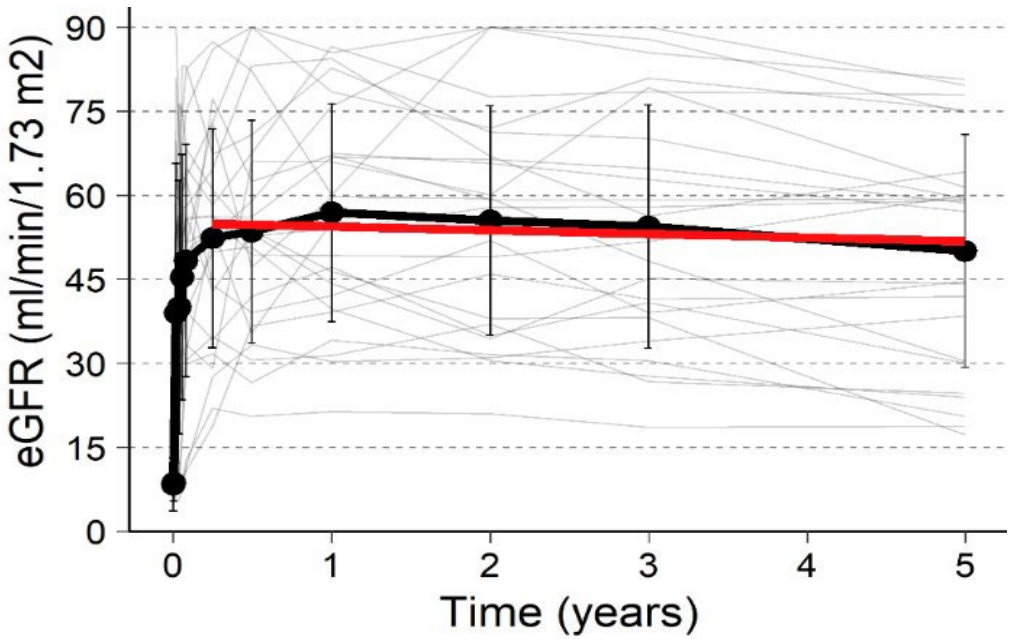
"There have been few major breakthroughs in desensitization strategies in kidney transplantation for the last 30 years. The unmet need remains high for kidney transplant patients who are considered highly sensitized, with many remaining on the wait list with little to no hope of receiving a suitable match for transplantation. The result from the US ConfIdeS trial are highly encouraging and demonstrate the significant potential for imlifidase to transform standard of care for highly sensitized table match kidney transplant patients."

Robert Montgomery, MD, PhD, New York University Langone Health

Long-term follow-up study showed durable graft and patient survival

Study Overview

- Extended pooled analysis from the 17-HMedIdeS-14 study
- A long-term follow-up study of patients who have received a kidney transplant following desensitization with imlifidase



Key Takeaways

(outcomes similar to non sensitized patients)

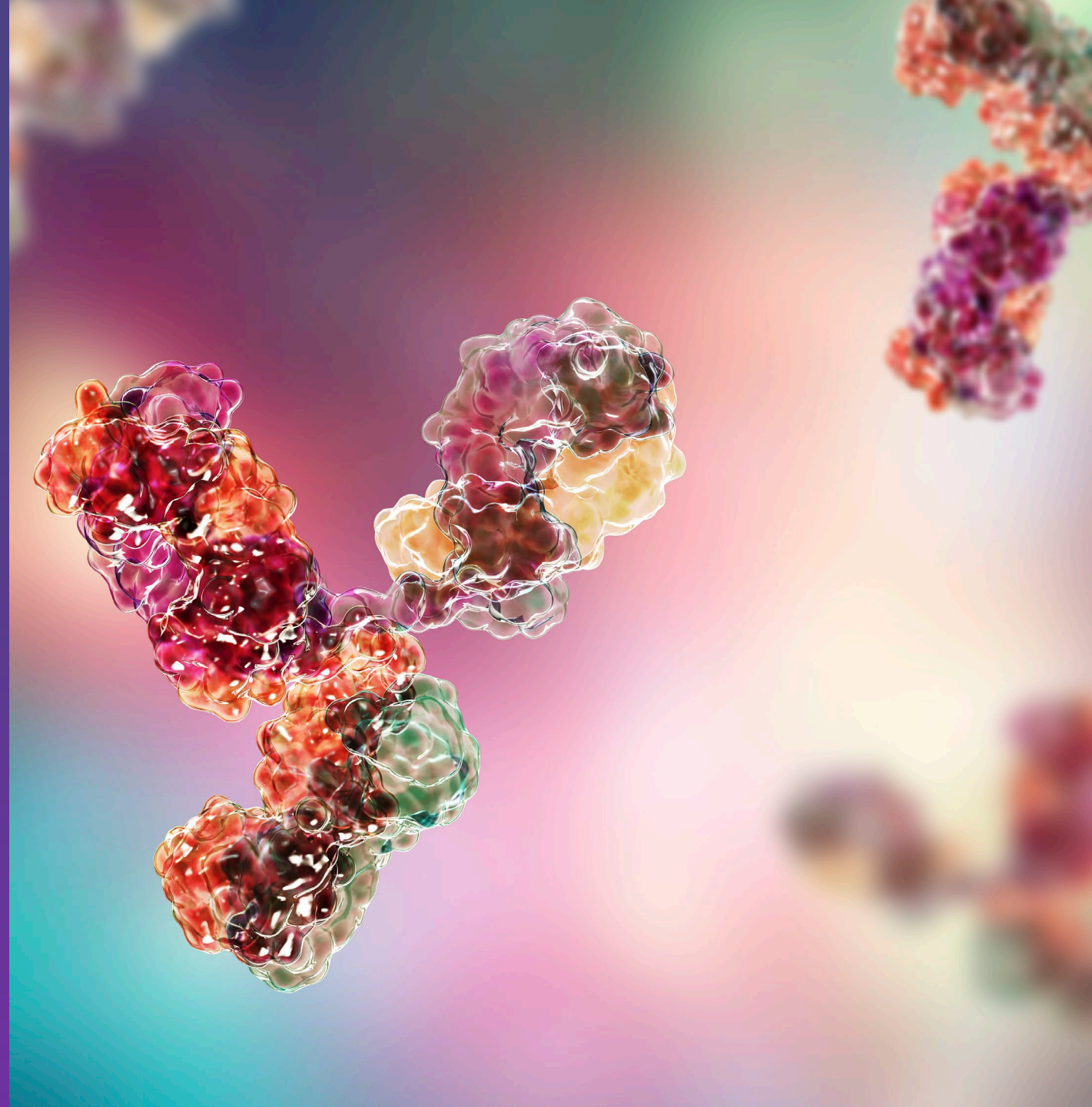
- 82% five-year graft survival*
- 90% patient survival
- 50 ml/min/m^2 eGFR
- Presented at AST (June 2024)
- ESOT: recommended imlifidase as a desensitization strategy for kidney transplant
- Kidney International Reports/AST: Real World Evidence Study (June 2024)

EGFR estimated glomerular filtration rate is a measure of how well kidneys are functioning

* Graft survival at 5 years ranges from 75% to 85% for transplant patients. Frontiers in Transplantation March 2024

Licensing Agreement for IDEFIRIX in EU, UK and MENA

Transplantation



Transaction Overview:
€115 million licensing agreement for IDEFIRIX in Europe and MENA

Transaction Scope

Exclusive out-licensing of IDEFIRIX for transplantation in EU, UK, Switzerland, Norway, Liechtenstein, Iceland and MENA to SERB.

Agreement signed May 19th 2026.

Transaction Financials

- **€110 million paid upfront upon closing.**
- Upon **acceptance by EMA of filing for full approval**, additional payment of **€5 million**

Transition and Next Steps

- The transaction is subject to customary regulatory approvals, including foreign direct investment (FDI)
- Transfer of European MAH to SERB to be initiated immediately post-closing
- Hansa and SERB to focus on ensuring a smooth, well-coordinated handover

Partnership Responsibilities

SERB

- **Commercialization & medical affairs** across licensed territories from closing
- **Post transfer of Marketing Authorization Holdership (MAH):**
  - Filing and obtaining full marketing authorization with EMA
  - Sponsorship of long-term PAES follow-up and pediatric study

Hansa

- **Positive PAES topline data readout**
- Hansa to initiate **transfer of MAH** to SERB
- **Support SERB** in its EMA submission for full marketing authorization of Idefirix, and the EMA review process
- **Supply of Idefirix** to the licensed region

Estimated Financial Impact of €115 million licensing agreement for IDEFIRIX in Europe and MENA

Cash Position

- Transaction (upfront €110M or 1.3 BSEK) significantly increases Hansa's cash position
- Pro forma cash based on Q1 2026 cash on hand ~1.9 BSEK
- Upon EMA acceptance of filing for approval; payment of €5M (~55 MSEK)

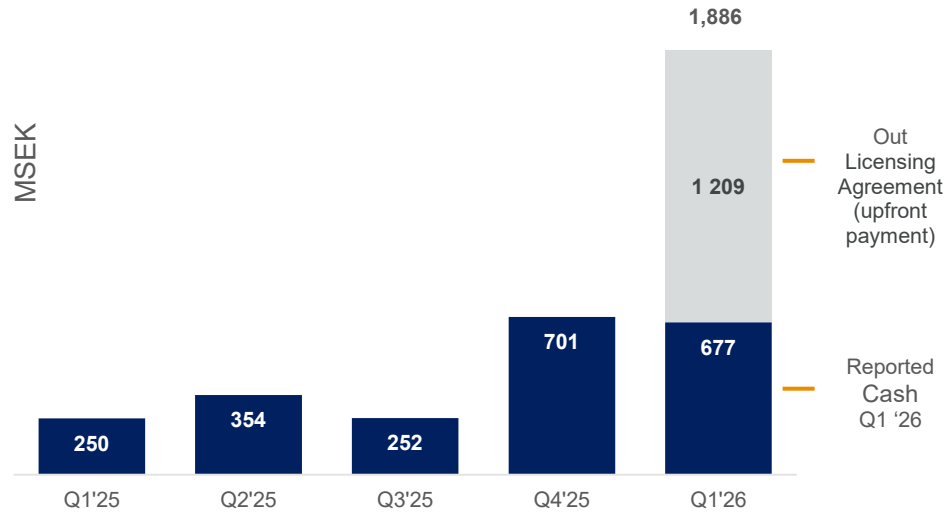
Reduced Cost Base

- Improves **Hansa's cost** base in 2H 2026 by up to 50 MSEK. Savings in 2027 up to 150 MSEK compared to budget
- Impact from:
  - Reduced Medical Affairs & Commercial costs, subject to consultation
  - Reduced R&D costs (PAES long-term follow-up and paediatric study transferred to SERB post MAH transfer)

Cash Runway

- Out licensing agreement provides path to **profitability, subject to US approval**
- Part of proceeds used to de-lever the company. US$15M payable at closing to Novaquest with $10 million offsetting the mid 2027 payment and the balance going towards 2028 and 2029 payments. In addition, a $3M lien release fee will be payable to NovaQuest at closing.

Pro Forma Q1 2026 Cash
with Out Licensing Agreement*



Before payment of fees and debt repayments

Euro to US$ 1.16
Euro to SEK 10.99
US$ to SEK 9.45

Europe: Positive Data from Post Approval Confirmatory Study (PAES)

- 50 highly sensitized patients transplanted across 23 sites
- Primary objective: failure free graft survival at 12 months: 90%
- eGFR levels at 12 months was 52.4 mL/min/1.73 m², outcomes substantially similar to reference cohort of non sensitized patients
- Graft survival at 12 months: 92%
- Survival at 12 months: 98%

Current Status in Europe

Reimbursement

23+ markets across the EU representing 90% of the transplant market

Product revenue

Full Year 2025 product sales of ~205 MSEK (~$21m)
+ 46% growth YoY

Clinical adoption

~ 40 clinics with clinical experience; ~ 70% have repeat utilization; >200 patients treated

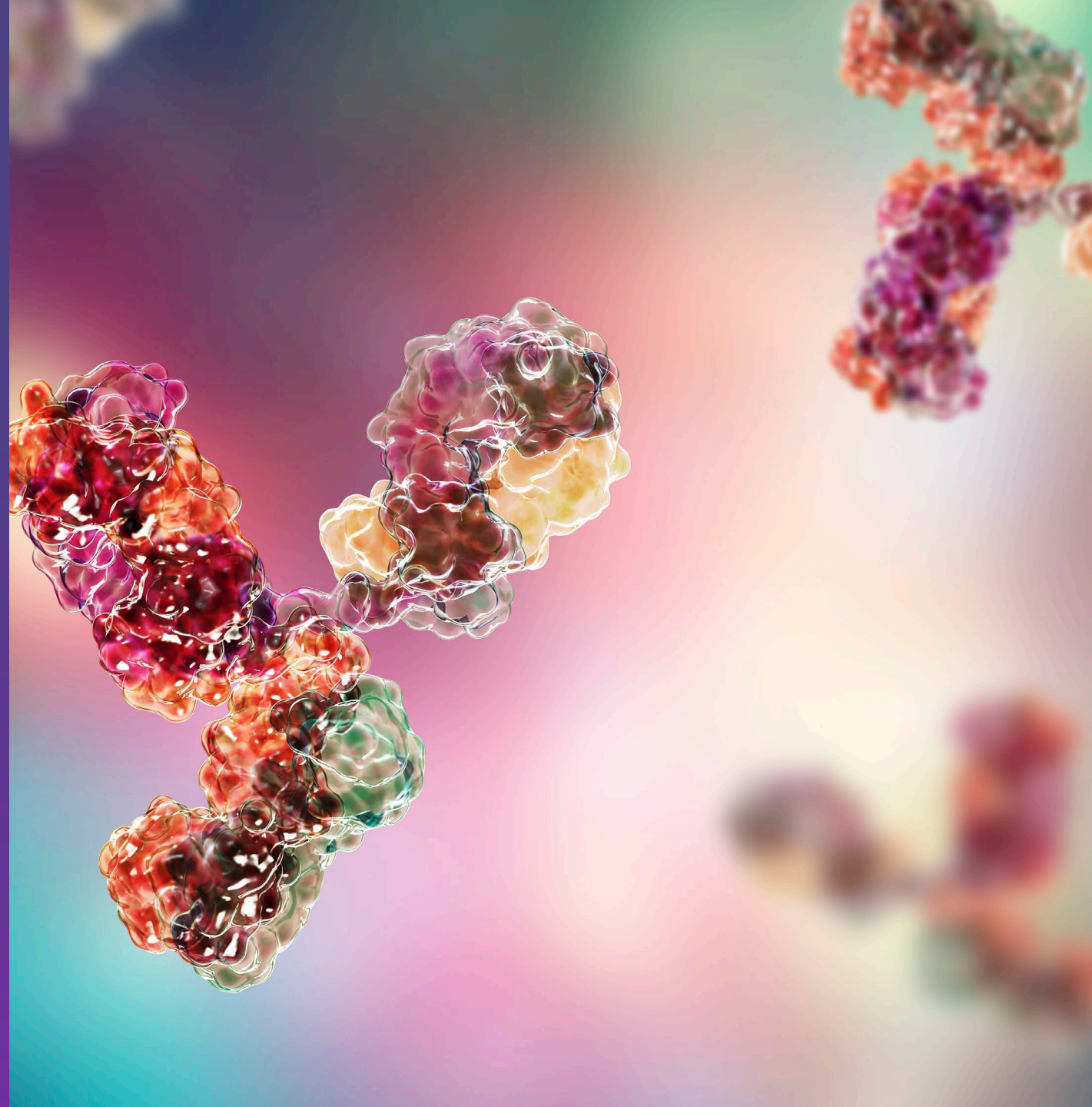
Next Step

- Focus on business as usual until closing of SERB Pharma transaction
- Preparation for EMA filing in Q4
- Coordination of transition period activities in collaboration with SERB.
- FDI review 30 – 60 days, results in potential closing in July timeframe

HANSA BIOPHARMA

DESENSITIZATION

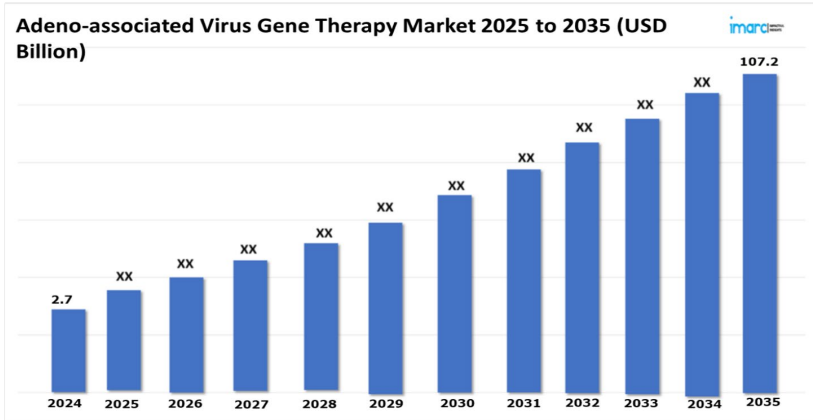
Gene Therapy



Compelling opportunity in high-growth gene therapy sector

GENE THERAPY MARKET
SIGNIFICANT GROWTH EXPECTED

Existing $2B+ market in 2024
Expected to reach $23.9B by 2028

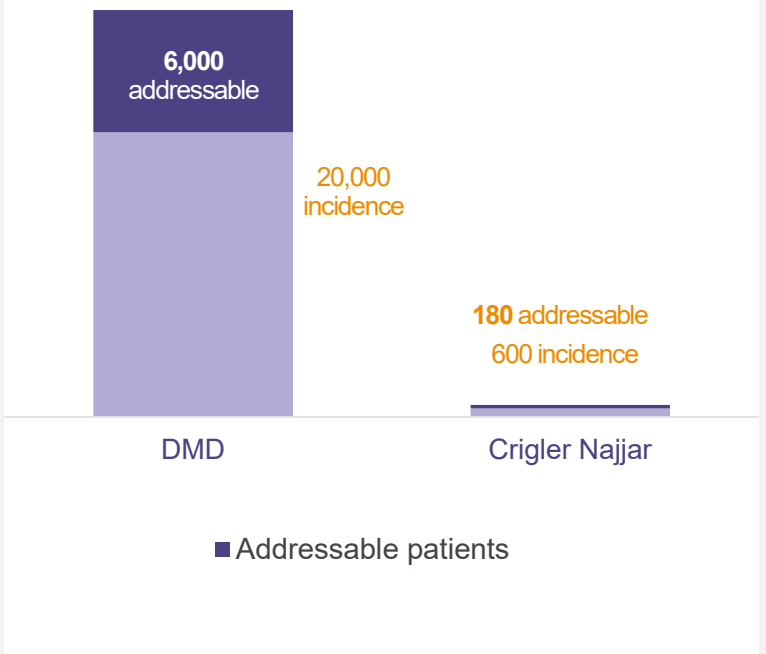


7 Major markets - Annual Compound Growth ~ 39%

Global Annual Compound Growth ~ 19%

DESENSITIZATION
GENE THERAPY

Europe and US



- Multiple gene therapy drugs with 10 - 40% of patients eligible who cannot be treated due to AAV vector antibodies
- Existing Hansa partnerships estimated to address ~ 6,000 patients with high levels of anti-AAV antibodies
- Clinical data supports ability to cleave AAV antibodies to enable gene therapy dosing
- Over 300 ongoing clinical trials with AAV vector-based gene therapies

Gene Therapy
Muscular Dystrophy Association. Duchenne Musclar Dystrophy Fact Sheet.
https://www.mda.org/sites/default/files/2019/03/Duchenne_Muscular_Dystrophy_Fact_Sheet.pdf. Accessed February 2025.
Market Research Future, June 2025. Biospace Report 2025. Roots Analysis 2025.

Collaborating to bridge access to gene therapies for more patients

Current partnerships

SAREPTA THERAPEUTICS

Indication exclusivity

- Duchenne Muscular Dystrophy (DMD) - 1/3,500 to 5,000 male births worldwide

GENETHON
CURE THROUGH INNOVATION

Indication exclusivity

- Crigler-Najjar syndrome – ultrarare condition with approximate incidence is 0.6-1 case per one million people

Clinical Progress

Reported supportive DMD topline data and safety in three patients treated with imlifidase prior to ELEVIDYS

Reported the first successful treatment of a Crigler–Najjar patient with pre-existing AAV8 antibodies.

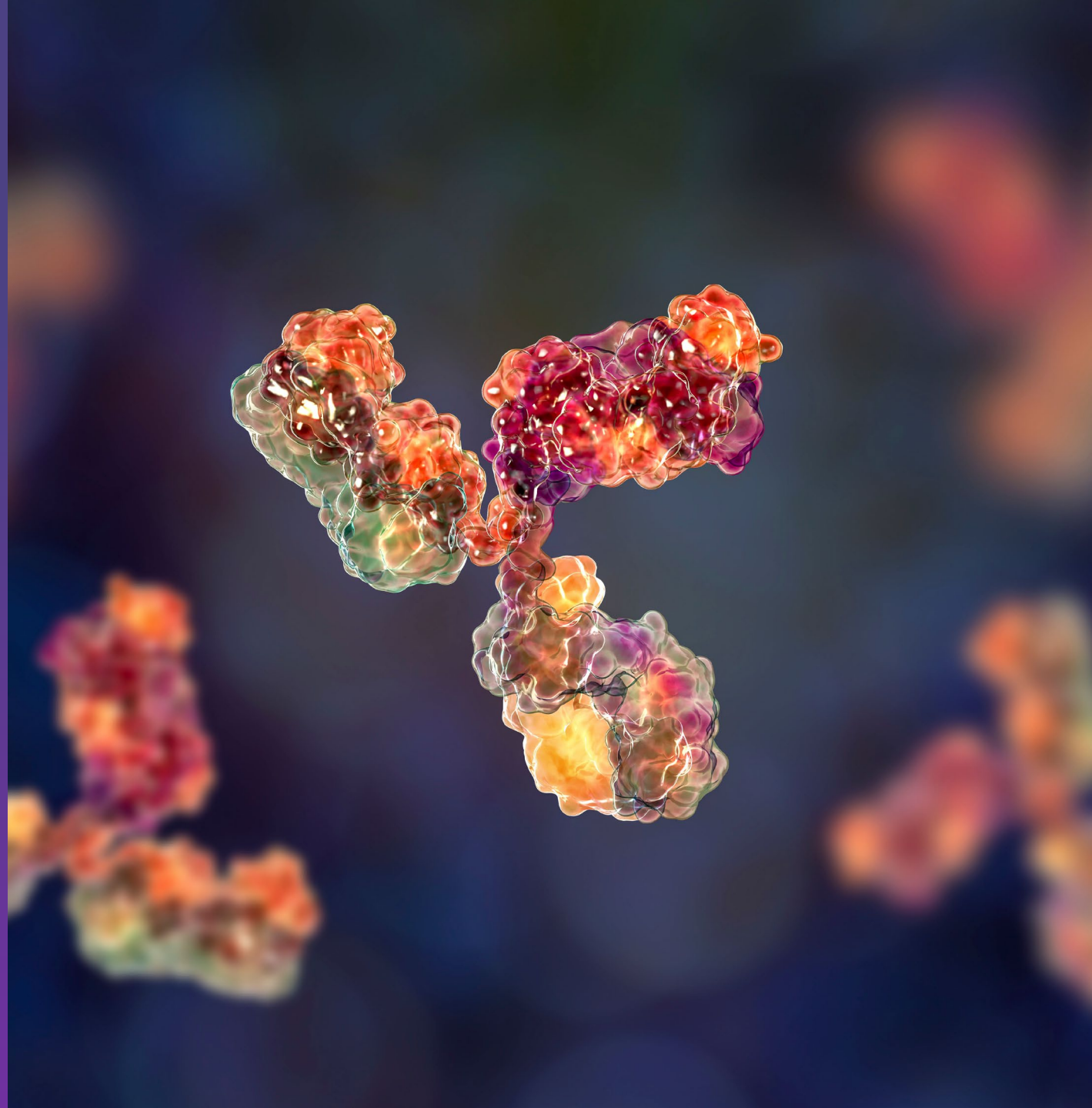
We partner with gene therapy companies at the forefront of innovation to leverage our technology platform and ensure reach for all eligible patients

Together we generate program-specific, partner-led evidence with regulatory alignment

Our goal is to bridge the anti-AAV antibody access gap, enabling life-changing treatment to patients otherwise excluded due to immune related issues

Next generation Compound – Autoimmune Focus

HNSA-5487



Non-human host derived; Phase 1 clinical data

Data demonstrated significantly lower immunogenicity for HNSA-5487 with rapid and robust IgG reduction – targeting FDA interaction in 1H 2026 for GBS

Study Overview

- Double blind, randomized, placebo-controlled trial in 36 healthy volunteers received a single ascending doses of HNSA-5487 administered as a single intravenous (IV) infusion.
- Assessed safety, tolerability, PK and PD, and immunogenicity.

Rapid and robust IgG reduction by more than 95% within a few hours

Significantly reduced ADA response

Efficient IgG cleaving ability in serum samples at 6 and 12 months post initial dose

At least as efficacious as imlifidase in reducing total IgG levels

Phase 2 Study demonstrated the role imlifidase may play in halting the progression of GBS

Guillain-Barré Syndrome

A rare, acute, paralyzing, inflammatory disease of the peripheral nervous system caused by the immune system damaging nerve cells and structures.

Symptoms

Rapid onset and progression of muscle weakness leading to severe paralysis of the arms and legs. Most GBS patients also have sensory disturbance (tingling, numbness or ataxia) and pain, and some patients have double vision or problems with swallowing.

Treatment

No FDA approved treatments. IVIg/PLEX are considered standard of care. IVIg is approved in the EU.

Prevalence

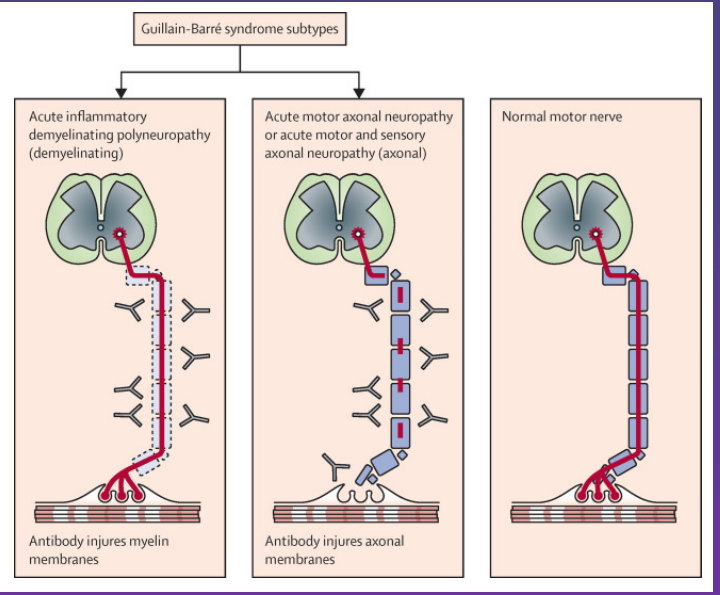
Affects 1.2-3 in 100,000 people annually. Approximately 4,000 – 10,000 cases annually in the US.

Unmet Need

~25% of patients require mechanical ventilation for days to months following the acute autoimmune attack[1] and 20% are unable to walk after six months.

Phase 2 Study Results

- Rapid overall improvement in functional status including expedited muscle recovery
- 37% of patients able to walk independently at Week 1
- 67% of patients able to walk independently at Week 8
- 63% of patients able to run or had no functional disability (GBS DS<1) at 6 months
- Administration of imlifidase was overall safe and well tolerated



"In the treatment of GBS and subsequent recovery process, early improvement and the ability to walk independently are important clinical milestones as they indicate a return to basic mobility and independence, and to an improved quality of life for patients. This analysis supports the potential role of imlifidase followed by standard of care IVIg as a potentially new treatment option in GBS. These are important results for patients and clinicians in the GBS community."

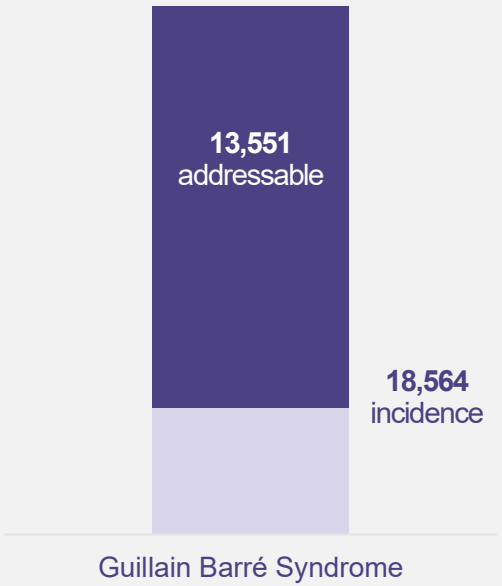
Professor Shahram Attarian,
Head of Department of Neuromuscular Diseases and ALS, Hopitaux Universitaires de Marseille (APHM).

GBS disability score (DS) is defined as: 0 = Healthy; 1 = Minor symptoms and capable of running; 2 = Able to walk independently 10 meters or more but unable to run; 3 = Able to walk more than 10 meters across an open space with help; 4 = Bedridden or chair bound; 5 = Needing mechanical ventilation; 6 = Dead

Rare disease focus; IgG mediated conditions

Guillan Barré Syndrome

Europe and US



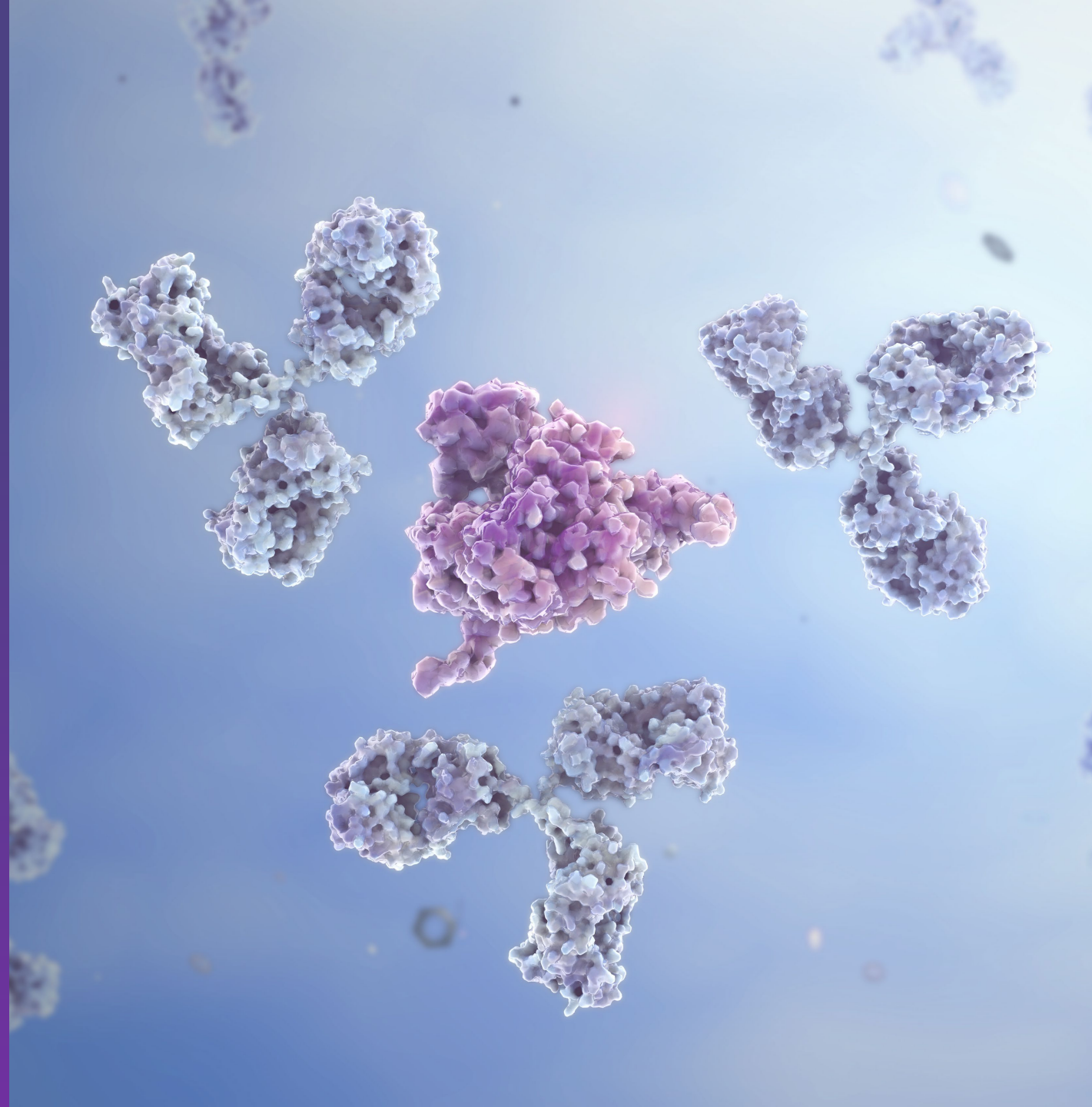
Significant unmet medical need – nothing approved in Europe or the US for GBS

Strong Phase 2 data with imlifidase provides basis for further clinical development

FDA interaction in Q2 2026 to discuss and agree clinical development plan in GBS with HNSA-5487

GBS
McGrogan, A., Madle, G.C., Seaman, H.E., et al. (2009) The Epidemiology of Guillain-Barré Syndrome Worldwide. Neuroepidemiology, 32, 150-163

FINANCIALS AND OUTLOOK



Company profile & financial highlights

Idefirix® conditionally approved in Europe. Product sales grew by **+46% in 2025**, reflecting **continued adoption**

European out licensing transaction to SERB Pharma, **Euro 115 million** value. Subject to FDI review expected July closing.

Ended Q1 **2026** with **677 MSEK in cash**, (~ $73 M), proforma for SERB transaction ~ **1.9 BSEK** (~ $203 M) **runway into 2028 without any product revenues**

Headquartered in Lund, **Sweden** with offices in Stockholm and New York. Total of ~120 FTEs

Listed on Nasdaq OMX Stockholm

Ticker: HNSA

# of Shares Outstanding

101.8 million

Authorized Shares

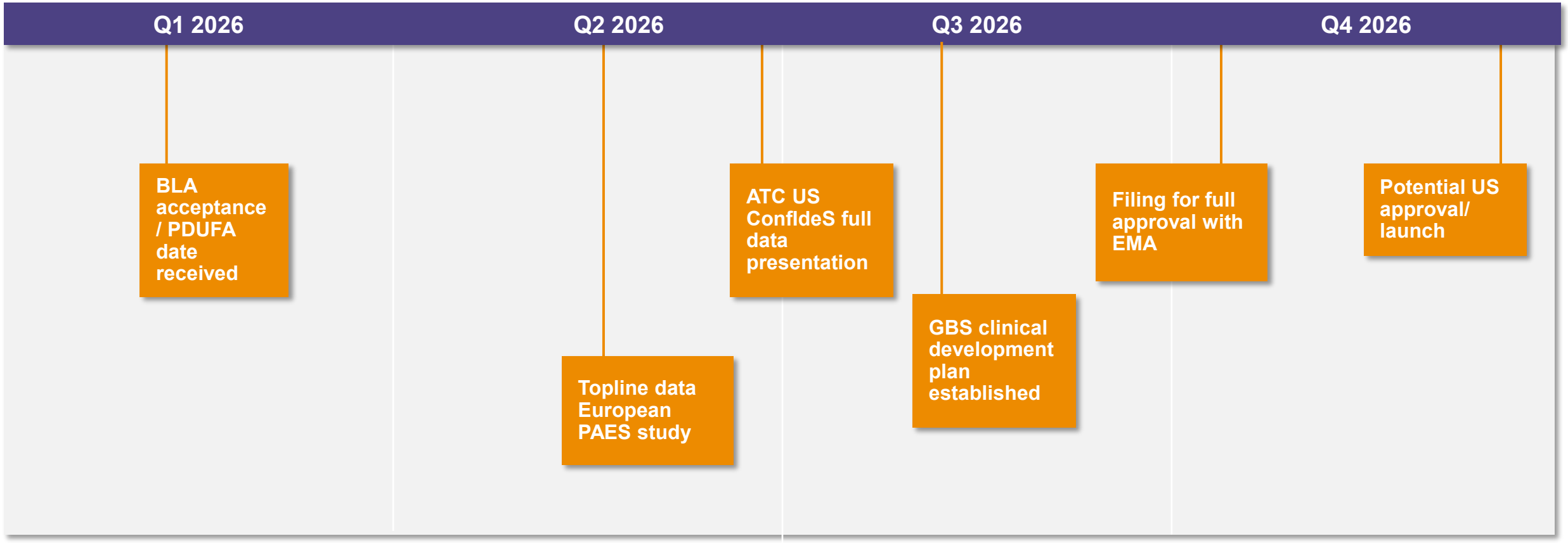
26.5 million available

Cash & Equivalents

March 31, 2026

677 MSEK (~$73 M)

Validated, high value pipeline with transformative milestones ahead



Diversified Market Segments

- Desensitization kidney transplant – highly sensitized patients
- Desensitization gene therapy dosing
- Rare autoimmune mediated diseases

Extensive exclusivity protection

- Orphan indication
- 12 years data exclusivity
- IP portfolio with coverage until mid 2030s

Focused Pipeline in Desensitization and Autoimmune Diseases

	Preclinical	Phase 1	Phase 2	Phase 3	Marketed	Partner	Upcoming Milestone
idefirix (imlifidase)	Desensitization Kidney Transplantation						YE 2026: EMA filing for full marketing authorization
	Desensitization Kidney Transplantation						PDUFA* date Dec 19, 2026
	Desensitization Gene Therapy (Crigler Najjar)					GENETHON	2H 2026: complete enrollment
	Desensitization Gene Therapy (DMD)					SAREPTA THERAPEUTICS	Discussions ongoing regarding next steps
	Autoimmune ANCA Investigator Initiated Trial (IIT)[1]						Recruitment phase concluded
HNSA-5487	Autoimmune GBS						Q3: Clinical development plan established based on dialogue with FDA

[1] Investigator-initiated study by Dr. Adrian Schreiber and Dr. Philipp Enghard, at Charité Universitätsmedizin, Berlin, Germany

*Prescription Drug User Fee Act

Experienced and Proven Leadership Team

Proven track record delivering growth, approvals, and launches across renal, rare disease, and immunology

Renée Aguiar-Lucander

Chief Executive Officer

20+ yrs rare disease leader and former investor, took Calliditas to US commercial success and a $1.1bn exit

Adam Cutler

Chief Financial Officer

Seasoned biotech CFO with significant public company experience, previously with Mural Oncology and Q32 Bio.

Hitto Kaufmann, PhD

Chief Scientific and Technology Officer

20+ years of immunology drug development from Sanofi and Boehringer Ingelheim

Frank Bringstrup

Chief Regulatory Affairs Officer

25+ years of pharmaceutical industry experience; successfully filed several BLAs with Novo Nordisk

Maria Törnsén

Chief Operating Officer, President US

Successfully launched multiple orphan drugs in the US. Previous roles at Calliditas, Sarepta Therapeutics, Sanofi Genzyme and Shire plc

Richard Philipson, MD, PhD

Chief Medical Officer

Four approvals over 25+ years incl. rare disease & gene therapy; senior roles at Calliditas, GSK and Takeda

Brian Gorman

Chief Legal Officer and Corporate Secretary

Seasoned life-sciences lawyer at Sinclair, Calliditas, Endo, AstraZeneca; led acquisitions, integrations and global expansion

Sandra Frithiof

Chief Human Resources Officer

25+ years of experience in human resources in different industries


HANSA
BIOPHARMA