This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. These statements are often, but not always, made through the use of words or phrases such as “anticipates”, “expects”, “plans”, “believes”, “intends”, and similar words or phrases. Such statements involve risks and uncertainties that could cause TG Therapeutics’ actual results to differ materially from the anticipated results and expectations expressed in these forward-looking statements. These statements are only predictions based on current information and expectations and involve a number of risks and uncertainties. Actual events or results may differ materially from those projected in any of such statements due to various factors, including the risks and uncertainties inherent in clinical trials, drug development, and commercialization. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof. All forward-looking statements are qualified in their entirety by this cautionary statement and TG Therapeutics undertakes no obligation to update these statements, except as required by law.
TG is a biotechnology company focused on developing medicines for patients with B-cell diseases:

**Cancer**
- Chronic Lymphocytic Leukemia
- Marginal Zone Lymphoma
- Follicular Lymphoma
- Diffuse Large B-Cell Lymphoma

**Autoimmune**
- Multiple Sclerosis
- Myasthenia Gravis
- Rheumatoid Arthritis
- Lupus
Unique Approach to Drug Development

IDENTIFY

- Identify validated targets for B-cell diseases
  - Based on preclinical or clinical data known to be important in the treatment of B-cell disease

ACQUIRE

- Search & Acquire "Best-in-Class" Compounds
  - Compounds that have the potential to offer improvements over available therapies

DEVELOP

- Develop Multi-drug Combinations
  - To develop functional cures for cancers requires multiple drugs...solutions development
# B-Cell Focused Platform

## Clinical Stage Portfolio Overview

<table>
<thead>
<tr>
<th>Product</th>
<th>Mechanism of Action</th>
<th>Stage of Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Umbralisib</td>
<td>PI3Kδ/CK1ε</td>
<td>Phase 3</td>
</tr>
<tr>
<td>(TGR-1202)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ublituximab</td>
<td>Anti-CD20</td>
<td>Phase 3</td>
</tr>
<tr>
<td>(TG-1101)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TG-1501</td>
<td>Anti-PD-L1</td>
<td>Phase 1b</td>
</tr>
<tr>
<td>TG-1701</td>
<td>BTKi</td>
<td>Phase 1</td>
</tr>
<tr>
<td>TG-1801</td>
<td>Anti-CD47/CD19</td>
<td>Phase 1</td>
</tr>
</tbody>
</table>
Umbralisib: Investigational Targeted Therapy with “Best-in-Class” Potential

- **Marginal Zone Lymphoma**: YE 2019
- **CLL (in combo with Ublituximab)**: 1H2020
- **Follicular Lymphoma**: 2020
- **Small Lymphocytic Lymphoma**: 2020

**Umbralisib**

- Next Generation PI3K delta inhibitor
- Overcomes 1st generation Toxicity
- Activity across NHL and CLL
- Once daily oral dosing vs. BID or IV
First Generation PI3K-delta’s are highly active but tolerability has limited market utilization

- **Idelalisib**
  - Black-Box Warning (1)
  - Fatal and/or serious hepatotoxicity occurred in 16% - 18% of Zydelig-treated patients
  - Fatal and/or serious diarrhea or colitis occurred in 14% - 20% of Zydelig-treated patients
  - Fatal and/or serious pneumonitis occurred in 4% of Zydelig-treated patients
  - Fatal and/or serious infections occurred in 21% - 48% of patients treated with Zydelig monotherapy

- **Duvelisib**
  - Black-Box Warning (2)
  - Fatal and/or serious infections occurred in 31% of Copiktra-treated patients
  - Fatal and/or serious diarrhea or colitis occurred in 18% of Copiktra-treated patients
  - Fatal and/or serious cutaneous reactions occurred in 5% of Copiktra-treated patients
  - Fatal and/or serious pneumonitis occurred in 5% of Copiktra-treated patients

- **Copanlisib**
  - Warnings and Precautions (3)
  - Fatal and/or serious infections occurred in 31% of Copiktra-treated patients
  - Fatal and/or serious diarrhea or colitis occurred in 18% of Copiktra-treated patients
  - Fatal and/or serious pneumonitis occurred in 5% of Copiktra-treated patients
  - Fatal and/or serious infections occurred in 31% of Copiktra-treated patients
  - Fatal and/or serious diarrhea or colitis occurred in 18% of Copiktra-treated patients
  - Fatal and/or serious pneumonitis occurred in 5% of Copiktra-treated patients
  - Infections: Serious, including fatal, infections occurred in 19% of Aliqopa-treated patients
  - Hyperglycemia: Grade 3 or 4 hyperglycemia occurred in 41% of Aliqopa-treated patients
  - Hypertension: Grade 3 hypertension occurred in 26% of Aliqopa-treated patients
  - Non-Infection Pneumonitis: Occurred in 5% of Aliqopa-treated patients
  - Severe Cutaneous Reactions: Grade 3 and 4 cutaneous reactions occurred in 2.8% and 0.6% of Aliqopa-treated patients, respectively

➤ Market is in need of a well tolerated PI3K-delta

(1) Zydelig full-prescribing information; (2) Copiktra full-prescribing information; (3) Aliqopa full-prescribing information
Umbralisib: Selectivity

- Umbralisib exhibits greater selectivity to PI3k-delta compared to other PI3K inhibitors
- Red circles indicate which kinase is being inhibited
- The larger the red circle, the stronger the relative inhibition of the kinase

*In-vitro kinase profiling – all compounds at 1µM*
Umbralisib: Selectivity

PI3K associated immune-mediated toxicities are thought to be related to impaired Tregs (Lampson et al., Blood 2016)

Umbraliib uniquely inhibits CK1-epsilon, an important conduit which may play a role in Treg development and function

Combination of CK1-epsilon targeting and lack of inhibition of PI3K gamma may prevent impairment of Tregs, explaining the improved tolerability profile observed for umbralisib.
Umbralisib: Tolerability

Integrated Safety Analysis of Umbralisib (n=347)

<table>
<thead>
<tr>
<th>All Grades, All Causality, AEs</th>
<th>Occurring in &gt;15% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea</td>
<td>44%</td>
</tr>
<tr>
<td>Nausea</td>
<td>39%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>35%</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>22%</td>
</tr>
<tr>
<td>Anemia</td>
<td>20%</td>
</tr>
<tr>
<td>Vomiting</td>
<td>19%</td>
</tr>
<tr>
<td>Dizziness</td>
<td>18%</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>18%</td>
</tr>
<tr>
<td>Cough</td>
<td>17%</td>
</tr>
<tr>
<td>Decreased appetite</td>
<td>16%</td>
</tr>
<tr>
<td>Headache</td>
<td>16%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade 3/4, All Causality, AEs</th>
<th>Occurring in &gt;2% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutropenia</td>
<td>16%</td>
</tr>
<tr>
<td>Anemia</td>
<td>5%</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>5%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>4%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>4%</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>3%</td>
</tr>
<tr>
<td>Hypokalemia</td>
<td>3%</td>
</tr>
</tbody>
</table>

Immune-mediated adverse events were infrequent:
- transaminitis (9%; Gr.3/4 2%);
- colitis (<1.5%; Gr.3/4 <1%);
- pneumonitis (<1.5%; Gr.3/4 <0.5%)

- Discontinuations due to AEs were rare at under 10%

Davids et al, EHA 2018
Data Supporting Planned Umbralisib Filing In MZL Breakthrough Therapy Designation Granted

- MZL Trial met primary endpoint exceeding target 40% ORR

- **Following Discussions with FDA Plan to Commence Rolling Submission around YE2019**

**MZL Preliminary Safety & Tolerability**

- Umbralisib was deemed to be well tolerated
- No events of colitis reported
- AE’s leading to dose reduction occurred in 6 subjects (9%)
- 10 subjects (14%) discontinued umbralisib due to an AE considered at least possibly related to treatment
- No deaths occurred on study
- Grade 3 infections were limited, occurring in 3 patients (bronchitis, pneumonia, and influenza)

**MZL Preliminary Efficacy**

- 52% ORR
- 19% CR (n=42)
- 86% of patients (36/42) had a reduction in tumor burden
- Median time to initial response: 2.7 months

Fowler N, et. al., ASCO 2019
MZL patients have few treatment options and no available cures

- Approximately 7,500 new cases per year, with ~3,000 relapsed patients needing treatment each year
- Second largest indolent form of NHL
- Affects mostly elderly individuals

- **Chemo-immunotherapy**: non-specific, toxic contraindicated in certain unfit elderly patients
- **R²**: recently approved Revlimid plus Rituxan – can cause severe neutropenia and rash; secondary malignancy risks
- **Ibrutinib**: accelerated approval – less than half of patients respond; tolerability issues
- **PI3K Delta inhibitors**: none approved

- Need for highly active, well-tolerated treatment option for MZL

*Umbralisib: Convenient oral daily dosing appears well tolerated with ~50% ORR in MZL*
UNITY-NHL Umbralisib Monotherapy Cohort
Follicular Lymphoma (FL)

- Follicular Cohort Met Primary End Point
  - Exceeding 40% ORR hurdle

- Umbralisib monotherapy appeared to be well tolerated with a safety profile consistent with previous reports

- TG plans to discuss the results with the FDA to determine submission opportunities for accelerated approval in FL

- Other PI3K delta’s obtained accelerated approved (range: 42% - 59% ORR)

- Approximately 15,000 new FL cases per year with ~7,500 relapsed patients needing treatment per year

UNITY-NHL Trial
FL Cohort

**Fully Enrolled**

Umbralisib (TGR-1202) Monotherapy

<table>
<thead>
<tr>
<th>Full Enrollment Complete</th>
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<tbody>
<tr>
<td>Target ORR</td>
</tr>
<tr>
<td>Enrollment Complete</td>
</tr>
<tr>
<td>Target Full Data</td>
</tr>
<tr>
<td>Presentation</td>
</tr>
</tbody>
</table>
Relapsed/Refractory Indolent Commercial Opportunity

Market Overview

Two largest group of indolent lymphomas (FL & MZL)\(^1\)

- Median age at diagnosis is 60 years.\(^1\)
- Vast majority of patients will experience a relapse.\(^3\)

\(~6,000-10,000\) Patients in R/R Setting\(^2\)

Current Landscape

For a patient population that will ultimately experience multiple lines of therapy, current options represent suboptimal tradeoff between efficacy and safety

- CD20 Regimens
- Umbra &U2
- BTK
- PI3K Delta’s

Efficacy

Safety

Umbralisib (MZL)

Once-daily, oral, non-chemotherapy treatment that is well tolerated and efficacious\(^4\)

- ORR = \(~50\%\)
- CR = \(~20\%\)
- No colitis

Sources: (1) Lymphoma Research Foundation; (2) Putnam Associates, 2018; (3) Thieblemont C., et al. Blood 2016; (4) TG Therapeutics AACR 2019
Ublituximab:
Investigational Next Generation Anti-CD20 Monoclonal Antibody

**LATE CLINICAL DEVELOPMENT**

**US REGULATORY SUBMISSION PLAN**

**CLL (in combo with umbralisib)**
1H 2020

**Multiple Sclerosis**
YE 2020

---

**Ublituximab**

Glycoengineered for enhanced potency over 1st generation

Activity in Rituxan refractory patients

Shorter infusions than all other anti-CD20s (1-1.5 v 3-4 hours)
Early Clinical Data for Umbralisib and U2 in CLL Support Successful Phase 3 Study Enrollment

**Progression-Free Survival**

- **Median PFS for Umbralisib Monotherapy:** 24 Months
- **Median PFS and DOR not reached for U2**

**Primary Endpoint:** PFS

**Target PFS Readout:** 2H-19/1H-20

**Patient Population:** 1L/2L+

**Enrollment Complete**

**Study Enrollment:** ~420

**Conducted under Special Protocol Assessment**

85% ORR Umbralisib monotherapy (at higher doses) *(Published in Lancet Oncology February 2018)*

Mato A, et. al, EHA 2016
CLL is One of the Fastest Growing Global Hematology Markets

- ~115,000 Americans living with CLL
- ~20,000 newly-diagnosed patients each year
- ~20,000 previously treated patients seeking treatment each year

Global CLL Market 2018-2024*

2025 Estimated Global Sales: $10bn+ (*)

*Evaluate Pharma
CLL remains incurable despite new treatment options

- **Chemo-immunotherapy**: non-specific, toxic contraindicated in certain unfit elderly patients
- **BTK inhibitors**: tolerability issues can be significant
- **PI3K delta inhibitors**: tolerability prevents widespread utilization; idelalisib contraindicated in first line therapy
- **BCL2 inhibitors**: potential for severe tumor lysis syndrome requires enhanced monitoring and hospitalization in many cases

- 50,000+ patients treated in the US
- 135,000 patients treated WW

➢ Need for additional highly active, well-tolerated treatments for CLL
U2 Offers a Needed Novel Treatment Option for CLL Alternative to or Complementary with Standard of Care

~36,000 CLL Patients Initiate a New Line of Therapy Annually in the US

<table>
<thead>
<tr>
<th>Community Practices 85%</th>
<th>Academic Practices 15%</th>
</tr>
</thead>
<tbody>
<tr>
<td>In poor candidates for BTK</td>
<td>In patients rel/ref/intolerant to BTK</td>
</tr>
<tr>
<td>+ BTK to enhance efficacy</td>
<td>+ Ven with curative intent</td>
</tr>
<tr>
<td>*Venetoclax currently has limited utilization in the community due to monitoring/safety challenges</td>
<td></td>
</tr>
</tbody>
</table>

BTK Experienced

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In patients rel/ref/intolerant to BTK</td>
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</tr>
<tr>
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<td>+ BTK to enhance efficacy</td>
</tr>
</tbody>
</table>

This slide represents the landscape from the Company’s perspective. Actual results may differ materially from those assumed by the Company and should not be relied upon for any purpose.
B-Cell Platform Provides Next Gen Combo’s

**U2+TG-1701:**
- Rel/Ref MZL/FL
- 100% ORR at lowest dose tested of 1701

**U2+Venetoclax:**
- Rel/Ref CLL
- 100% PB MRD-
- Best reported to date

---

**Ublituximab + Umbralisib (U2) + Ibrutinib**

<table>
<thead>
<tr>
<th>Type</th>
<th>Pts (n)</th>
<th>CR⁺ (n)</th>
<th>PR (n)</th>
<th>ORR n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLL/SLL</td>
<td>19</td>
<td>6</td>
<td>13</td>
<td>19 (100%)</td>
</tr>
<tr>
<td>MZL</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2 (100%)</td>
</tr>
<tr>
<td>MCL</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>4 (100%)</td>
</tr>
<tr>
<td>FL</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>4 (80%)</td>
</tr>
<tr>
<td>DLBCL</td>
<td>6</td>
<td>-</td>
<td>1</td>
<td>1 (17%)</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>10</td>
<td>20</td>
<td>30 (83%)</td>
</tr>
</tbody>
</table>

**Ublituximab + Umbralisib + Pembro**

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>CR N (%)</th>
<th>PR N (%)</th>
<th>ORR N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLL</td>
<td>10</td>
<td>1 (10%)</td>
<td>8 (80%)</td>
<td>9 (90%)</td>
</tr>
<tr>
<td>RT</td>
<td>4</td>
<td>2 (50%)</td>
<td>0</td>
<td>2 (50%)</td>
</tr>
</tbody>
</table>

Nastoupil et al, Lugano 2017

Mato, et al. ASH 2018
Ublituximab in Multiple Sclerosis

- ~1M Americans living with MS
- Completed Phase 2
- **ECTRIMS 2019:**
  - Final Phase 2 efficacy data & long-term safety data
  - First look at ULTIMATE I & II Phase 3 study design & patient demographic data
- Fully Enrolled Phase 3 ULTIMATE Trials under Special Protocol Assessment (SPA)
MS – Phase 2 ARR Comparison

Annualized Relapse Rate (ARR) Comparator

- Final Ublituximab Phase 2 Data at Week 48
  - 48 patients through 48 weeks of treatment
  - Annualized Relapse Rate of .07

Fox et al., ECTRIMS October 2018
Hauser SL et al. NEJM. 2017; 376:221-234
Ublituximab Phase 2: MRI-Gd Enhancing Lesions

No T1 Gd-enhancing lesions were detected in any subjects at Week 24 or Week 48 (100% reduction; p=0.003)

Subject T1 Gd MRI at Baseline, Week 24 & Week 48
Significant Opportunity for Ublituximab in MS

Global Prevalence = ~2.3 Million
Global Market Size >$30 Billion by 2025

- Current estimated ocrelizumab share: ~12% of total MS market
- Ocrelizumab >$2 Billion in 2018 annual sales
# Multiple Treatment Options Coexist & Account for Meaningful Market Share

<table>
<thead>
<tr>
<th>Class</th>
<th>Drug</th>
<th>U.S. Approval Date</th>
<th>Route of Administration</th>
<th>Dosing</th>
<th>Global 2018 Revenues by Drug/Class (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interferons</td>
<td>Betaseron</td>
<td>1993</td>
<td>Subcutaneously</td>
<td>1x / 2 days</td>
<td>$643</td>
</tr>
<tr>
<td></td>
<td>Avonex</td>
<td>1996</td>
<td>Intramuscularly</td>
<td>1x / week</td>
<td>$1,915</td>
</tr>
<tr>
<td></td>
<td>Rebif</td>
<td>2002</td>
<td>Subcutaneously</td>
<td>3x / week</td>
<td>$1,732</td>
</tr>
<tr>
<td></td>
<td>Extavia</td>
<td>2009</td>
<td>Subcutaneously</td>
<td>1x / 2 days</td>
<td>$162</td>
</tr>
<tr>
<td></td>
<td>Plegridy</td>
<td>2014</td>
<td>Subcutaneously</td>
<td>1x / 2 weeks</td>
<td>$448</td>
</tr>
<tr>
<td></td>
<td>Tysabri</td>
<td>2004</td>
<td>Intravenously</td>
<td>1x / 4 weeks</td>
<td>$1,864</td>
</tr>
<tr>
<td></td>
<td>Lemtrada</td>
<td>2014</td>
<td>Intravenously</td>
<td>3x / year</td>
<td>$475</td>
</tr>
<tr>
<td>IV Potent</td>
<td>Gilenya</td>
<td>2010</td>
<td>Orally</td>
<td>1x / day</td>
<td>$3,380</td>
</tr>
<tr>
<td>Immunomodulators</td>
<td>Aubagio</td>
<td>2012</td>
<td>Orally</td>
<td>1x / day</td>
<td>$1,945</td>
</tr>
<tr>
<td></td>
<td>Tecfidera</td>
<td>2013</td>
<td>Orally</td>
<td>2x / day</td>
<td>$4,274</td>
</tr>
<tr>
<td></td>
<td>Ocrevus</td>
<td>2017</td>
<td>Intravenously</td>
<td>2x / year</td>
<td>$2,406</td>
</tr>
<tr>
<td></td>
<td>Ofatumumab</td>
<td>2020</td>
<td>Subcutaneously</td>
<td>1x / 4 weeks</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>Ublituximab</td>
<td>2021</td>
<td>Intravenously</td>
<td>2x / year</td>
<td>TBD</td>
</tr>
</tbody>
</table>

Source: Evaluate Pharma, Wall Street Research
Ublituximab Value Proposition in MS

- Equal to better activity with comparable safety
- Convenience of 1 hour infusion every 6 months v. 3-4 hours for Ocrelizumab
- Strategically priced to optimize patient access
- *Estimate $1-2B annual market opportunity in the US alone for ublituximab in MS*
Targeted Key Data & Potential Filings/Approvals

Clinical
- Top-Line UNITY-FL
- Top-Line UNITY-CLL
- Top-Line ULTIMATE MS

Regulatory
- Rolling NDA submission for Umbra in MZL
- sNDA/BLA filing for UNITY-CLL
- Approval Umbra in MZL
# Corporate & Financial

## Key Financial Statistics

<table>
<thead>
<tr>
<th>Ticker:</th>
<th>TGTX (NASDAQ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price:</td>
<td>$7.93 (close on 11/19/2019)</td>
</tr>
<tr>
<td>Shares:</td>
<td>~103M (fully-diluted, as of 8/2/2019)</td>
</tr>
<tr>
<td>Cash:</td>
<td>~$96M (proforma as of 9/30/19)</td>
</tr>
</tbody>
</table>