Cell Source

Breakthrough Immunotherapy Technologies

Corporate Overview

CLCS (OTCQB)

Safe Harbor Statement

With the exception of historical information, the matters discussed in this presentation are forward-looking statements that involve a number of risks and uncertainties. The actual future results of Cell Source could differ significantly from those statements. Factors that could cause actual results to differ materially include risks and uncertainties such as the inability to finance the company's operations, inability to hire and retain qualified personnel, and changes in the general economic climate. In some cases, you can identify forward-looking statements by terminology such as "may," "will," "should," "expect," "plan," "anticipate," "believe," "estimate," "predict," "potential" or "continue," the negative of such terms, or other comparable terminology. These statements are only predictions. Although we believe that the expectations reflected in the forward-looking statements are reasonable, such statements should not be regarded as a representation by Cell Source, or any other person, that such forward-looking statements will be achieved. We undertake no duty to update any of the forward-looking statements, whether as a result of new information, future events or otherwise. In light of the foregoing, readers are cautioned not to place undue reliance on such forward-looking statements. This release does not constitute an offer to sell or a solicitation of offers to buy any securities of any entity.

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Veto Cell Immunotherapy

Cell Source is an immunotherapy company developing breakthrough Veto Cell therapy technologies that:

- Facilitate safer and more accessible bone marrow transplants (BMT) and organ transplantation by addressing both immune system rejection and viral infections, thus potentially both broadening the donor pool and improving transplantation survival and success rates
- Broaden the use of bone marrow transplantation in the treatment of blood cell cancers (e.g. leukemia, lymphoma) as well as congenital blood diseases (e.g. sickle cell anemia and beta thalassemia)
- Enable other immuno-oncology cell therapies (e.g., CAR-T) to become “drug like” off-the-shelf products for treatment of both leukemia and solid tumors (e.g. lung, breast cancer)

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Professor Yair Reisner: Veto Cell Inventor

- Director of Stem Cell Research at the University of Texas **MD Anderson Cancer Center**, the top ranked cancer hospital and largest bone marrow transplantation (BMT) center in the United States
- Pioneered donor mismatched “haploidentical” BMT
  - First successful mismatched BMT at **Memorial Sloan Kettering Cancer Center** cured “bubble boy” SCID*
  - Scientific advisor for Russian Ministry of Health following Chernobyl accident
- Pre-eminent International immunology research scientist
  - Former Head of Immunology **Weizmann Institute of Science**
  - Former Head of Gabrielle Rich Center for Transplantation Biology Research
  - Research collaborations with Columbia University, Skirball Institute of Biomolecular Medicine, NYU Medical Center, NYC
  - **Dana Farber Cancer Institute**, Harvard University, Boston
  - Former President of Israeli Stem Cell Society
- Involved in key immunology and transplantation journals and advising bodies
  - Deputy editor of Journal of BMT
  - Member of European Bone Marrow Transplantation Society
  - American Society of Hematology Committee on Transplantation
  - California Institute for Regenerative Medicine

* Severe combined immunodeficiency

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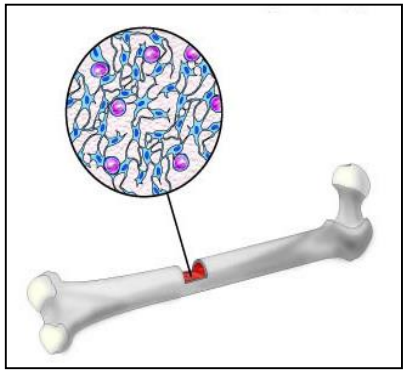
Veto Cells Manage Immune Response

Veto Cells manage immune response to make transplantation safer and more effective

Veto cells avoid "Graft versus Host "rejection"….

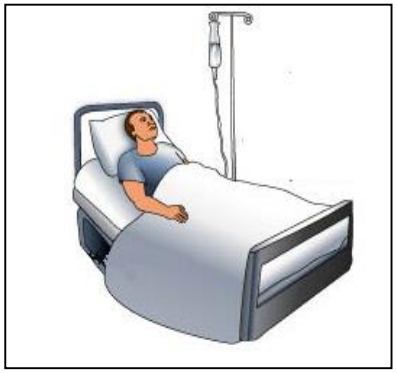
Bone Marrow Transplant*



T cells

Graft rejects host

Host



Host rejects graft

T cells

….and also "Veto" host rejection of graft by deleting attacking cells

- Virtually all patients find donors
- Reduced use of harmful immune suppression
- Higher success rates
- Broader use of bone marrow transplantation

* Transplantation using bone marrow from donor as opposed to autologous (patient's own cells) transplantation

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Veto Cell in Bone Marrow Transplants

Disease	Current* care	Veto Cell Value Added (based on preclinical data)
Blood cell cancer: leukemia, lymphoma, myeloma (70% of patients unable to find a matched family donor)	• T cell replete bone marrow transplant (BMT) with reduced intensity conditioning (RIC) – lowered levels of immune suppression • High risk for both chronic and acute, often lethal or debilitating GVHD**	• T cell depleted BMT with RIC • Vastly reduce or eliminate GVHD • Thus make BMT available to more older or weaker patients • Increased success and survival rates, improved patient quality of life
Blood disease: sickle cell, aplastic anemia; beta thalassemia	• BMT only used in limited cases • Impaired quality of life • Reduced life expectancy	• Make BMT safe for most patients • Facilitate mismatched donors • Potential disease correction for many patients

* For patients requiring haploidentical (partially mismatched donor) BMT
** Graft versus host disease effects over 30% of allogeneic BMT patients

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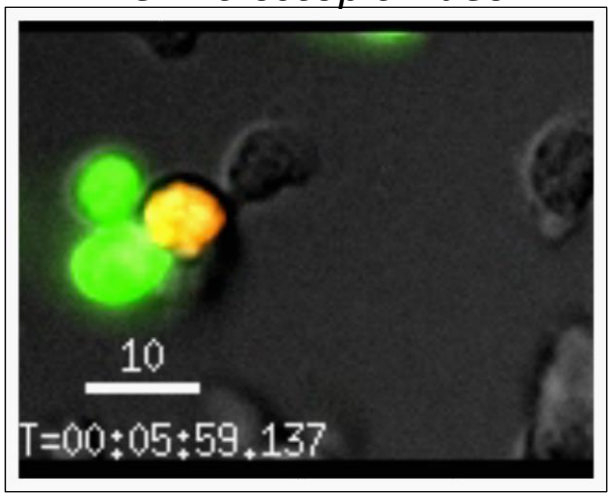
Veto Cell Mechanism of Action

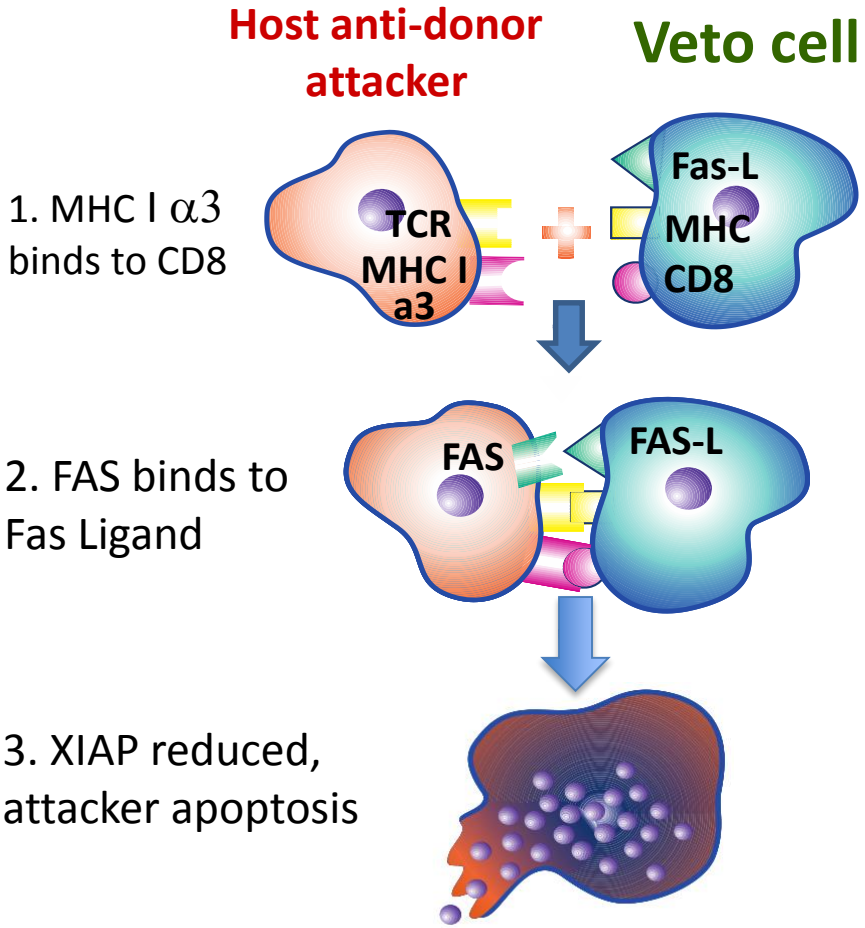
Veto cell acts as decoy, attracts then kill host's donor rejecting cells

*live microscopic video**



Attacking cells

Veto cell



* Central Memory T-cell counterattacks rejecting host clones after partially mismatched BMT in preclinical mouse study

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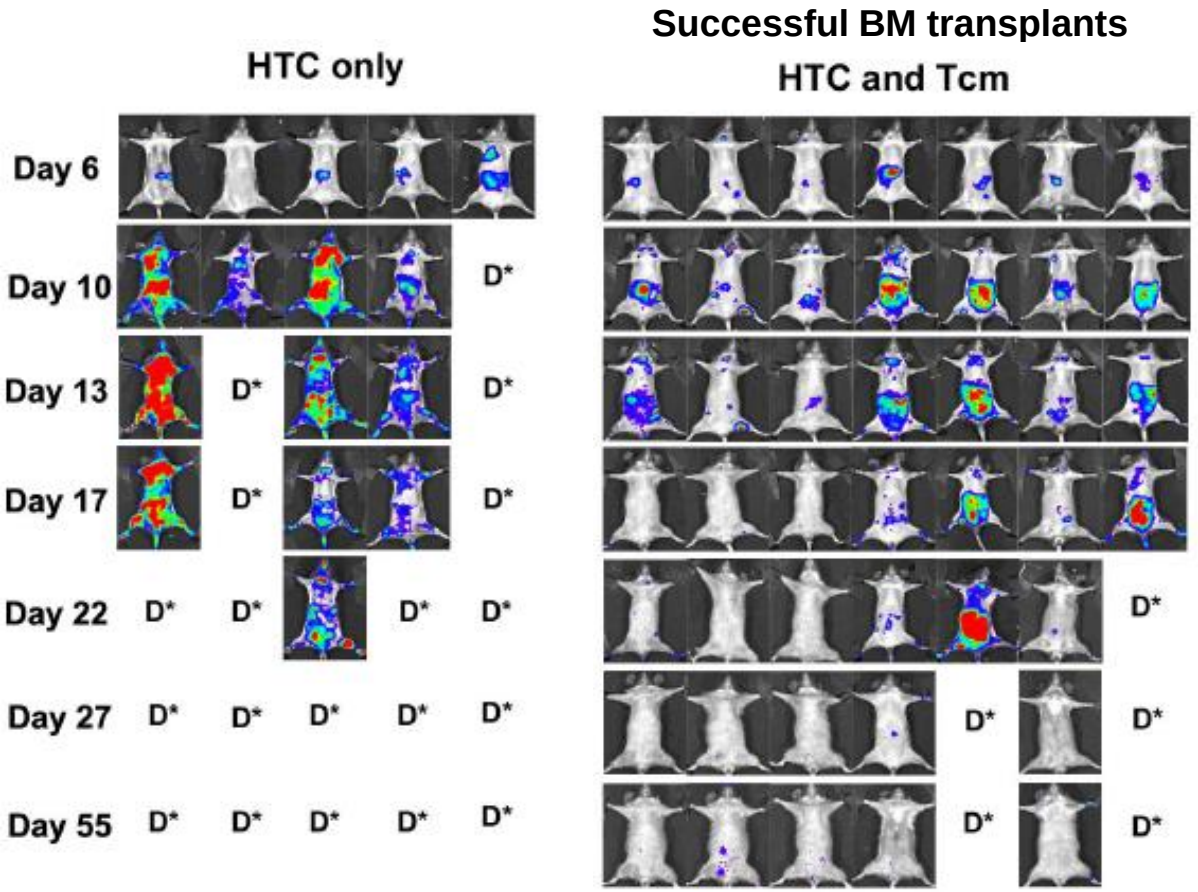
Veto Cell Preclinical Results: Safer BMT

Veto Tcm (central memory) T cells given to mice along with HTC (haploidentical T cell) BMT under RIC greatly increase survival rate



* D = Dead

As published in ***Blood*** December, 2012 and February, 2013

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Veto Cells: Organ Transplants

Disease	Current Treatment	Epidemiology*	Veto Cell Value Added
End stage renal disease	• Full donor match required, therefore many patients unable to find donor at all • Lifelong post transplant anti-rejection medication • Impaired quality of life due to compromised immune system • Reduced life expectancy	• US prevalence >650,000 • US incidence >115,000 • US annual deaths >50,000 • US waiting list for kidney transplant >100,000 • US annual kidney transplantations >19,000	• Partially mismatched donors may be possible • Organ transplant combined with BMT in order to induce permanent tolerance to donor tissue • Reduce or eliminate anti-rejection medication • Improved life quality • Normal life expectancy

*Source: National Kidney Foundation, CDC, UNOS

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Veto Cells: Cancer Cell Therapy

Disease	Epidemiology*	Veto Cell Value Added
Blood cell cancer: leukemia, lymphoma, myeloma	• US prevalence >1,100,000 • US incidence 170,000 • US annual deaths 57,500	• Facilitation of off-the-shelf CAR-T cell therapy without GVHD for both liquid and solid tumors • Increased persistence leads to improved efficacy • Better economics and safety can lead to increased market penetration for successful treatments (e.g. CAR-T cell therapy)
Breast , Colon and Lung cancer	• US prevalence >5,000,000 • US incidence 600,000 • US annual deaths 250,000	

*Sources: American Cancer Society, Leukemia & Lymphoma Society, ASCO, NCI

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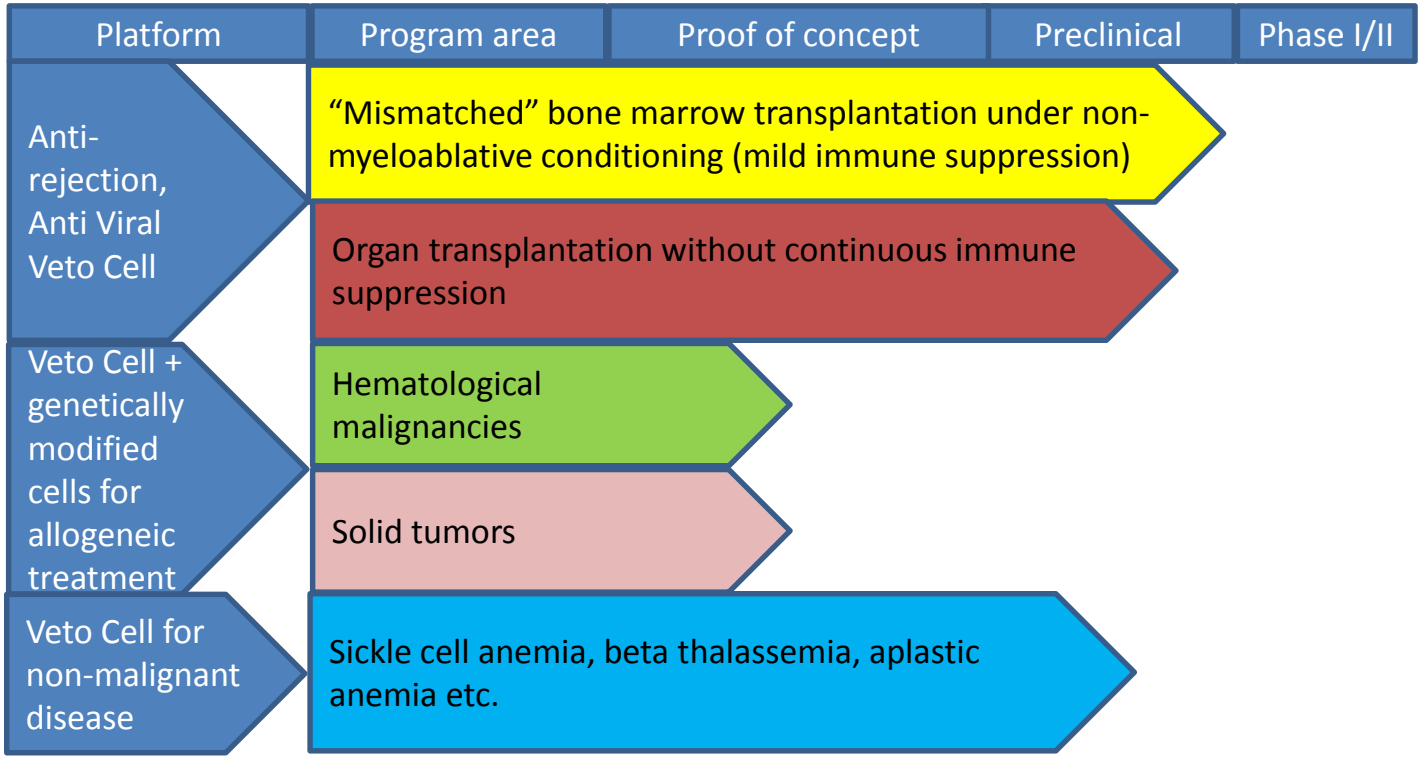
Cell Source Product Pipeline



* Estimated timing, actual result may vary

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Sector Valuations

Comparable Company	Ticker	Market Cap	Phase & Indication
CURRENT VALUATIONS			
Kite Pharma	KITE	***$11.9 Billion (Acquisition – all cash – by Gilead Sciences)***	Immunotherapy: FDA approved Yescarta for lymphoma treatment, partnered with Amgen for CAR-T development
Bluebird Bio	BLUE	***$8.5 Billion***	Immunotherapy: multiple myeloma Phase I/II; beta-thalassemia Phase III; sickle cell Phase I/II; Celgene CAR-T partnership
Juno Therapeutics	JUNO	***$9 Billion (Acquisition by Celgene)***	CAR-T for lymphoma and leukemia; currently in Phase II pivotal trial

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Veto Cells Developed at Weizmann Institute of Science

- **Israel's leading academic research institution**

- Over 1000 professors and scientists, all students MSc and PhD only
- Most US patents (top university, top 5 overall along with IBM, Intel and Teva)

- **Among top institutions in the world**

- Ranked 10th in the world for quality of research, only non-US institution to make the top ten – MIT and Harvard were ranked 1 and 2 respectively
- "Best Place in Academia" ranked No.1 among international academic Institutions
- License income in line with top US Top 10 (e.g., NYU, MIT, Columbia, Princeton, Sloan Kettering, University of California System, Mass. General)

- **Ideal partner for Cell Source**

- 57% of research in biotechnology
- Israel's national center for personalized medicine
- Proactive approach to commercializing basic science

- **Proven technology transfer success by Yeda* Research & Development Ltd.**

- Over 50 new companies were established around Yeda's technologies
- Largest patent portfolio in Israel (1,700 inventions, 550 "live" patents)
- Annual sales of "Weizmann-Inside" invented products over $17 billion

*Yeda Research & Development Ltd. Is the commercial arm of the Weizmann Institute

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Scientific Advisory Board

Herman Waldmann, PhD

- Pathology Dept. Head Emeritus and Past Head of Immunology at ***Oxford*** (UK)
- Starzl Immunology (Pittsburg) and SCRIP Lifetime Achievement award winner
- Pioneered monoclonal antibodies (e.g. Lemtrada with $250 million annual sales)

Steven Burakoff, MD

- Director, Tisch Cancer Institute, ***Mount Sinai*** (NY); Professor, Icahn Shool of Medicine
- Past Director, NYU Cancer Institute; Pediatric Oncology, Dana Farber Cancer Institute
- Served on Genzyme Board with Icahn when sold to Sanofi-Aventis for over $20 billion

Robert Negrin, MD

- Director, Bone and Marrow Transplantation, Professor of Medicine ***Stanford***
- Past President, American Society of Bone & Marrow Transplantation
- Past President of the International Society of Cellular Therapy

Hermann Einsele, PhD

- Director, Internal Medicine, Professor at ***Julius Maximilian University***, (Germany)
- Director (German) and member (European) Blood & Marrow Transplantation Group
- Taught at ***Fred Hutchinson Cancer Center*** in Seattle and City of Hope Hospital in CA

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Investment Highlights

- Breakthrough proprietary immunotherapy technology for transplantation and cancer treatment from one of world's top scientific institutions
- Invented by world class scientist who has pioneered use of immunotherapy for
  - Treatment of SCID "boy in the bubble" disease
  - Donor mismatched bone marrow transplantation
- Currently pioneering anti-viral Veto cell therapy for HSCT and allogeneic CAR-T cell therapy
- Prestigious Scientific Advisory Board including national leaders in transplantation, cancer treatment from Stanford (CA), Mount Sinai (NY), Oxford (UK) and Germany
- Significant and expanding major markets opportunities for
  - Global allogeneic bone marrow transplant market $6.4 B in 2015*
  - US HSCT market $8.7 B in 2016**

* Source: Technavio Research
** Source: TMR Analysis 2016

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Follow Up Information

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