UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 6-K

REPORT OF FOREIGN ISSUER
PURSUANT TO RULE 13a-16 OR 15d-16
OF THE SECURITIES EXCHANGE ACT OF 1934

For the month of April 2023

(Commission File No. 001-40241)

LAVA Therapeutics N.V.
(Translation of registrant's name into English)

Yalelaan 62
3584 CM Utrecht, The Netherlands
(Address of principal executive offices)

Indicate by check mark whether the registrant files or will file annual reports under cover Form 20-F or Form 40-F.
Form 20-F ☒ Form 40-F ☐

EXHIBIT LIST

Exhibit	Description
99.1	LAVA Therapeutics, N.V. Investor Presentation

SIGNATURES

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, thereunto duly authorized.

LAVA Therapeutics, N.V.

(Registrant)

Date: April 24, 2023

By: /s/ Fred Powell

Fred Powell

Chief Financial Officer

LAVA THERAPEUTICS

Gamma delta T cell engagers for the development of next-generation cancer therapeutics

Corporate Presentation

April 2023

Legal Disclosure: Forward-looking Statements

This presentation contains statements that constitute forward-looking statements. Many of the forward-looking statements contained in this presentation can be identified by th use of forward-looking words such as “anticipate,” “believe,” “could,” “expect,” “should,” “plan,” “intend,” “estimate” and “potential,” and similar terms and phrases. Forward-looki statements appear in a number of places in this presentation and include, but are not limited to, statements regarding our intent, belief or current expectations. Forward-looki statements are based on our management’s beliefs and assumptions and on information currently available to our management. Such statements are subject to risks ar uncertainties, and actual results may differ materially from those expressed or implied in the forward-looking statements due to various important factors. These risk ar uncertainties include, among other things, the timing and results of our research and development programs, preclinical studies and clinical trials, including the timing of our clinic trials for LAVA-051 and LAVA-1207, and the submission of INDs or CTAs for our other product candidates; our ability to develop and obtain regulatory approval for and commerciali any of our product candidates; the failure of LAVA’s collaborators to support or advance collaborations or our product candidates; our ability to leverage our initial programs develop additional product candidates using our Gammabody™ platform; and the risk that positive results in a preclinical study or clinical trial may not be replicated in subseque trials or success in early stage clinical trials may not be predictive of results in later stage clinical trials. In addition, there may be adverse effects on our business condition ar results from general economic and market conditions and overall fluctuations in the United States and international equity markets, including deteriorating market conditions due investor concerns regarding inflation and hostilities between Russia and Ukraine, and recent and potential future disruptions in access to bank deposits or lending commitments du to bank failures. For a discussion of other risks and uncertainties, and other important factors, any of which could cause our actual results to differ from those contained in th forward-looking statements, see the "Risk Factors" section, as well as discussions of potential risks, uncertainties and other important factors, in the filings we make with th Securities and Exchange Commission from time to time.

Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified and some of which are beyond our contr you should not rely on these forward-looking statements as predictions of future events. Although we believe that we have a reasonable basis for each forward-looking stateme contained in this presentation, the events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materia from those projected in the forward-looking statements. We qualify all of our forward-looking statements by these cautionary statements.

Any forward-looking statements represent the Company’s views only as of the date of this presentation and do not represent its views as of any subsequent date. The Compa explicitly disclaims any obligation to update any forward-looking statements. By attending this presentation, you acknowledge and agree that you are cautioned not to place und reliance on any forward-looking statements, and that you will conduct your own analysis and be solely responsible for forming your own view of the potential future performance the Company.

Pioneering Next-Generation Cancer Therapeutics

Proprietary Gammabody™ platform

- Bispecific antibody platform to engage Vγ9Vδ2 T cells for highly specific tumor cell killing
  - Leverage the unique quality of Vγ9Vδ2 T cells to selectively kill tumor cells while sparing normal cells
  - Fully modular approach amenable to the use of existing and newly generated antibodies from any platform
  - Gammabody™ combines potent tumor cell killing with no **activation of suppressor T cells**, low potential for on-target/off-tumor toxicity, and cytokine release syndrome

Clinical stage company

- 2 programs in Phase 1/2a trials
  - LAVA-051 (CD1d) most recent data released at ASH Dec 2022
  - LAVA-1207 (PSMA) most recent data released at ASCO GU Feb 2023

Robust pipeline

- LAVA-1266 (CD123) IND/CTA filing expected in 2024
- SGN-EGFRd2 (LAVA-1223) licensed to Seagen
- Multiple additional preclinical programs
  - Includes partnered discovery program with Janssen (J&J)

Solid financials

- $132.9M (Q4 2022) in cash and investments; cash runway into 2026

Gammabody™ Pipeline: Potential in Hematological and Solid Tumor Indication

Candidate	Target	Indication(s)	Discovery	Preclinical	Phase 1	Phase 2	Milestones
LAVA-051	CD1d	MM CLL AML					• Most recent data released: ASH Dec 2022
LAVA-1207	PSMA	mCRPC					• Most recent data released: ASCO GU Feb 20
SGN-EGFRd2 (LAVA-1223)	EGFR	Solid Tumors			Seagen		• Licensed to Seagen Sep 2022
LAVA-1266	CD123	Hematologic Malignancies					• IND/CTA filing expected in 2024
LAVA-1278	CD40	Hematologic Malignancies					
Janssen Collaboration	undisclosed		Janssen				

Hematologic malignancy Solid Tumor

MM: multiple myeloma
CLL: chronic lymphocytic leukemia
AML: acute myeloid leukemia
PSMA: prostate-specific membrane antigen
EGFR: epidermal growth factor receptor
mCRPC: metastatic castration-resistant prostate cancer

Team Led by Experienced Leaders in the Biotech and Pharma Field

Steve Hurly, MSc, MBA
President & CEO

- 25+ years leadership experience in life sciences industry
- Seasoned drug developer and biotech strategist

Ton Adang, PhD
CDO

- Vast experience in drug development
- Extensive experience in product discovery and project management (e.g., KEYTRUDA)

Amy Garabedian, MSc, JD
General Counsel

- Extensive global, diversified legal and team building experience
- Almost 20 years practicing law, including over 15 years in the biotech and pharmaceutical industry

Charles Morris, MBChB, MRCP
CMO

- Medical oncologist, seasoned CMO with 25+ years of global oncology drug development
- Supported several approvals including including TREANDA® (bendamustine and Faslodex® (fulvestrant)

Fred Powell
CFO

- 20+ years of global CFO/leadership experience in biopharma
- Deep expertise across investor relations, finance, capital markets, operations and information technology

Hans van der Vliet, MD, PhD
CSO

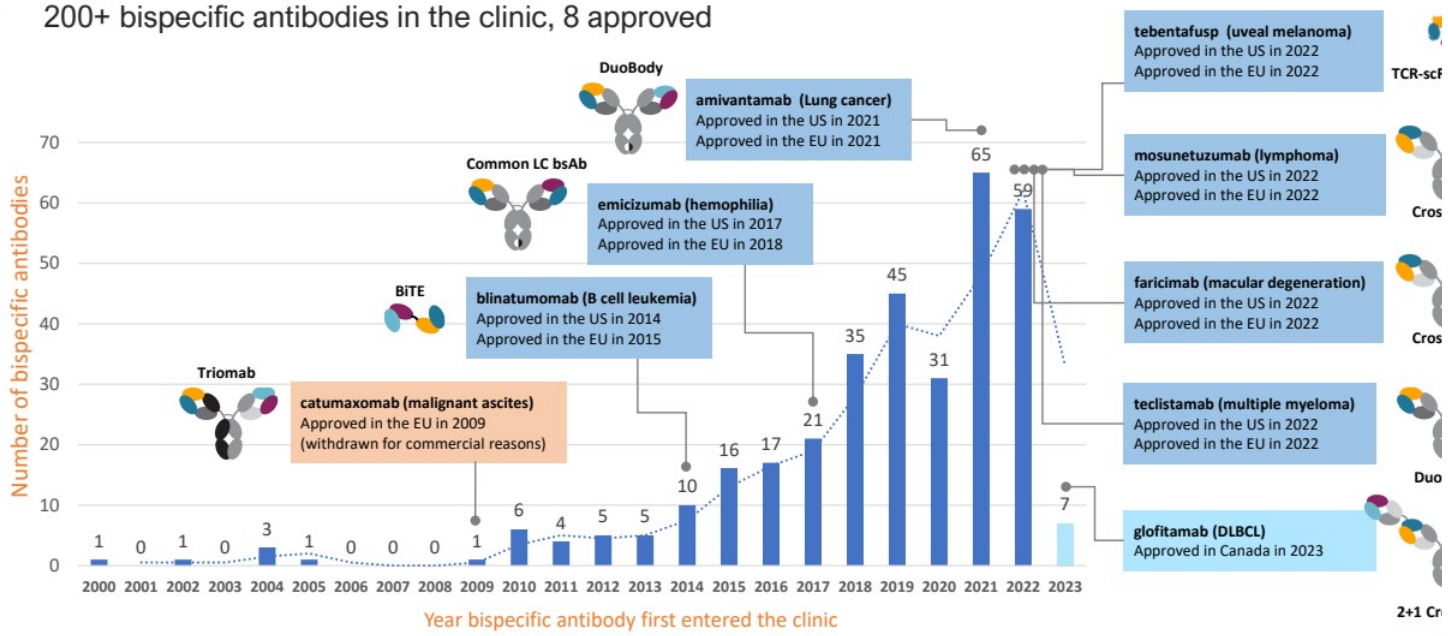
- Inventor of LAVA's gamma delta T cell engager platform
- Medical oncologist, extensive experience in pre-clinical and clinical research

LAVA's Proprietary Gammabody™ Platform

Bispecific Gamma Delta T Cell Engagers

Enthusiasm for Bispecific T Cell Engagers

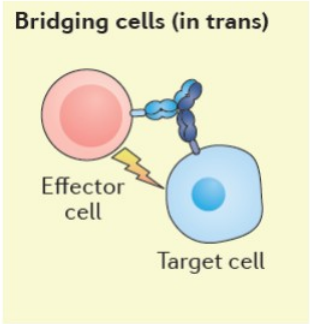
- High expectations for T cell bispecific therapies driving significant development
- 200+ bispecific antibodies in the clinic, 8 approved

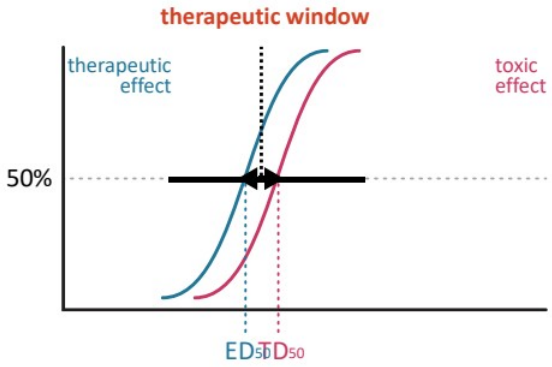


Source: The Antibody Society
Data as of Apr 14, 2023

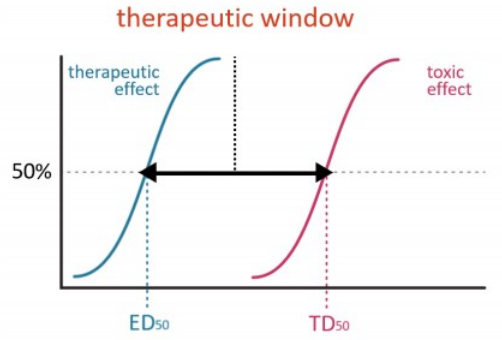
Enthusiasm for Bispecific T Cell Engagers

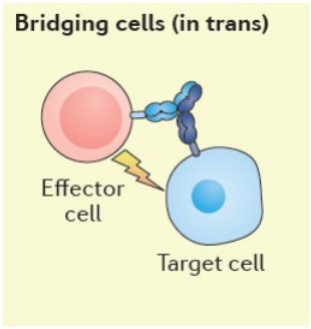
- High expectations for targeted T cell therapies in cancer, but often:
  - Narrow therapeutic window:
  - Cytokine Release Syndrome
  - On-target/off-tumor-related toxicities
  - Activates immunosuppressive T cells
  - Sporadic efficacy in solid tumors





Strategies for Widening the Therapeutic Window





- Selecting 'tumor-specific' targets
- Step-dosing / subcutaneous dosing
- Decreasing affinity for T cells
- Masking/site-specific activation

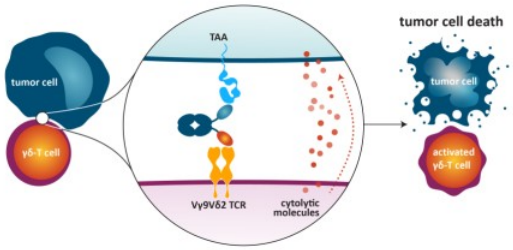
→
- Address only narrow target range, and/or
- Cumbersome, and/or
- Strongly decrease potency

- **Recruiting alternative effector cells**

Gammabody™ Platform: Bispecific γδ T Cell Engagers

DIFFERENTIAL APPROACH

A versatile bispecific antibody platform for developing novel cancer therapeutics



MECHANISM OF ACTION

LAVA's proprietary bispecific antibodies are designed to:

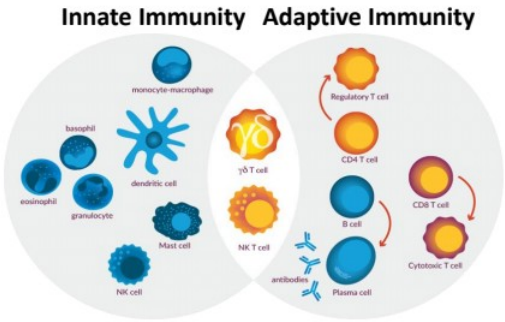
- Target Vγ9Vδ2 T cells to tumor antigens initiating selective tumor cell killing while sparing normal cells
- Carry a low potential for on-target/off-tumor toxicity and cytokine release syndrome (CRS)

OFF-THE-SHELF THERAPEUTICS

- ✓ Fully modular platform
- ✓ High developability
- ✓ Small size favors tumor penetration
- ✓ Proven quality of antibody products
- ✓ 2 formats in the clinic : bsVHH and bsVHH-Fc

Bispecific γδ T cell-engagers aim to harness innate & adaptive immunity

- Largest γδ-T cell subset in blood: (~90-95% of total γδ-T cells)
- Natural ability to recognize and kill tumor cells
- Highly cytotoxic
- Relatively abundant in tumor-infiltrating lymphocytes
- Presence of γδ T cells associated with improved outcomes in cancer patients
- Recognize tumors through phosphoantigen-BTN2A1/3A1 complex
- Consistent proinflammatory cytotoxic effector T cell population
- Does not contain immune-dampening regulatory T cell subsets
- Ability to present antigen and orchestrate immune responses

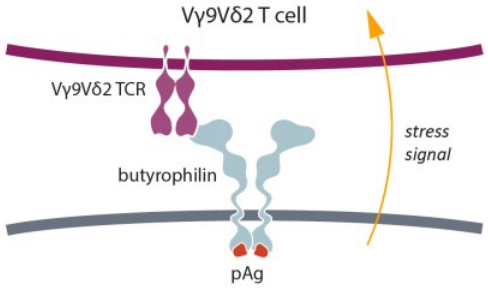


Adapted from Dranoff G., Nature Rev. Cancer 2004; 4: 11-22

Off-the-Shelf Gammabody™ Platform: Enhances Innate Tumor Recognition by Directing Vγ9Vδ2 T Cells to the Cancer Cells

Natural Activation Mechanism

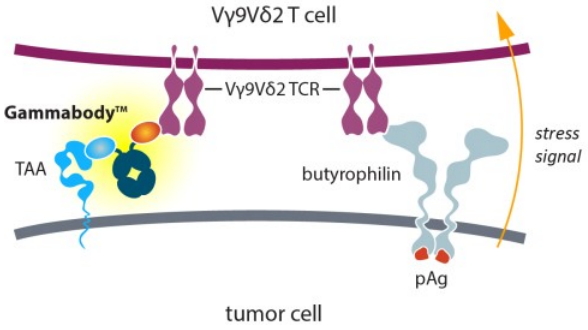
Vγ9Vδ2 T cells recognize stress signals
TCR interacts with pAg-butyrophilin complex



Gammabody™ Provides Tumor Recognition to Trigger Vγ9Vδ2 T Cell-Mediated Immunity

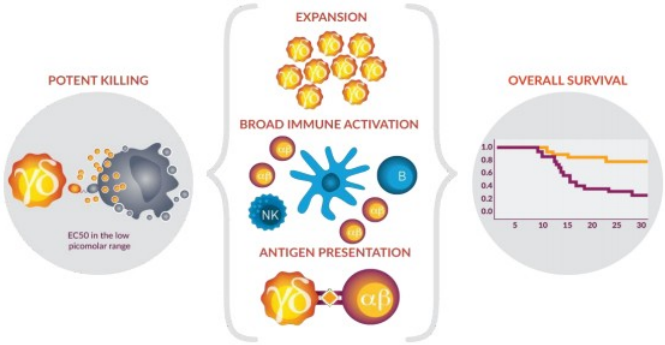
Conditionally activate Vγ9Vδ2 T cells upon crosslinking with tumor associated antigen (TAA)

Retains recognition of natural stress signals



LAVA's Gammabody™ directs Vγ9Vδ2 T cells to tumors with high affinity to induce direct tumor cell killing and orchestrate an immunological cascade of anti-cancer responses and while retaining tumor selectivity

Cascade of Anti-Cancer Responses – Potential Translation to Favorable Therapeutic Window



In addition to direct tumor cell killing, Vγ9Vδ2 T cells have the potential to orchestrate an immunological cascade response that includes activation of innate and adaptive immune cells in the tumor microenvironment

Adapted from Dranoff G, Nature Rev Cancer 2004; 4: 11-22
Kabelitz D et al., Cell Mol Immunol 2020; 17: 925–939

Efficacy:

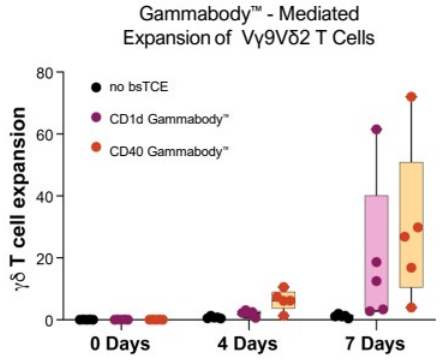
- Potent killing of cancer cells (EC_{50}s in the low picomolar range)
- No co-activation of immune-suppressive Tregs which dampen antitumor efficacy of cytotoxic T cells
- Orchestrate innate and adaptive immune responses, potentially resulting in potent and durable responses
- Activity against hematologic malignancies and solid tumo including immunologically "cold" tumors
- Potential for expansion of Vγ9Vδ2 T cells can result in an increased number of anti-tumor Vγ9Vδ2 T cells in the tu

Safety:

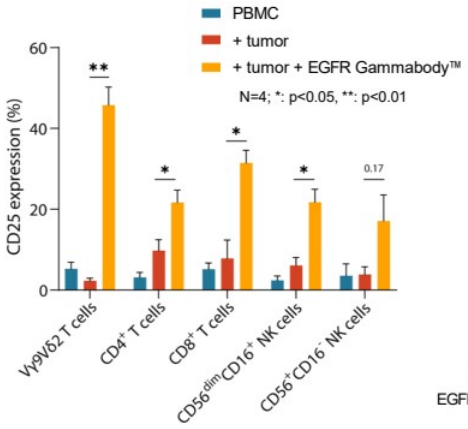
- Conditional activation with high accuracy
- Greatly reduced potential for cytokine release syndrome (CRS); No evidence of CRS in NHP studies

Expansion & Cascade Response Without Treg Activation in Preclinical Mode

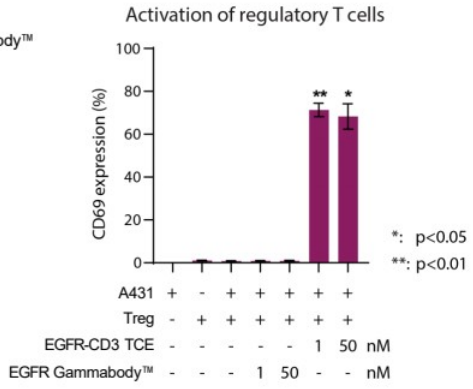
Expansion



Cascade Response



No Treg Activation

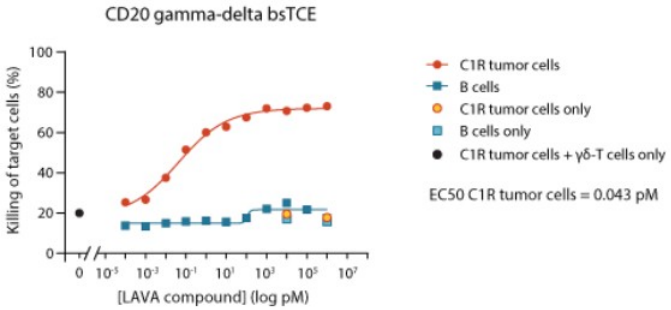


Gammabody™ can induce robust gamma delta T cell expansion and can amplify the anti-tumor immune response via downstream activation of other immune cells while avoiding co-activation of immunosuppressive T cells such as Tregs

Data on file: LAVA Therapeutics N.V.

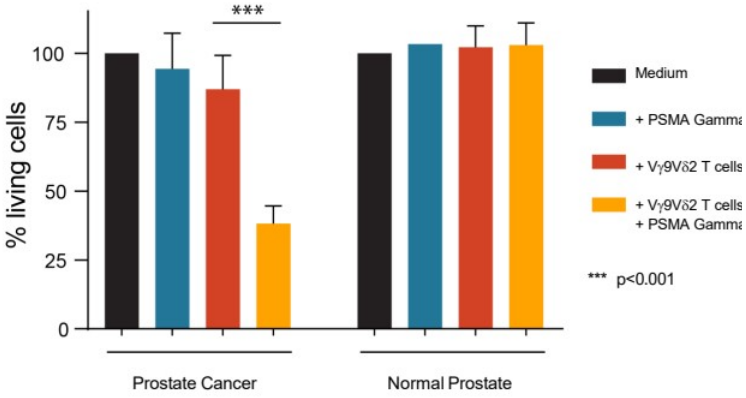
Gammabody™ Can Selectively Kill Cancer Cells While Sparing Healthy Cells in Hematologic Malignancy and Solid Tumor models

CD20 Gammabody™ Mediated Killing



- 2:1 ratio (γδ T cells : Target cells)
- Similar CD20 expression levels on C1R neo and B-cells

PSMA Gammabody™ Mediated Killing

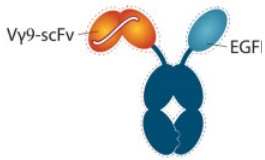


Preferential killing of cancer versus healthy cells demonstrated *in vitro* and *ex vivo*;
May prevent on-target/off-tumor mediated toxicity and allow for targeting of widely expressed tumor associated antigens

Data on file: LAVA Therapeutics N.V.

Non-Clinical Safety Data Indicate Good Tolerability

- Non-clinical safety studies using Gammabody™ molecules designed for cross-reactivity support the benign safety profile of the platform
- NHP studies completed with Gammabody™ molecules targeting CD1d, CD20 and EGFR
  - CD1d, CD20 targeting surrogate Gammabody™ (without Fc) were dosed up to 10 mg/kg (4 hr infusion, 4 doses, every 2 days) and biweekly at 1 mg/kg for 1 month
  - EGFR targeting surrogate Gammabody™ (without Fc) was dosed up to 10 mg/kg (4 hr infusion, 4 doses, every 2 days)
  - EGFR-targeting surrogate Gammabody™ (Fc-containing) was dosed up to 23 mg/kg (0.5 hr infusion, 4 weekly doses)
- **No signs of cytokine release syndrome, no changes in general health parameters, relevant clinical chemistry, hematology or histopathology observed**
- In contrast, EGFR-targeting is severely toxic for first generation bsTCEs
  - NHPs infused with a CD3xEGFR BiTE required euthanasia within 3 days at doses that were 200-fold lower (on a molar basis) compared to an EGFR Gammabody with cell death observed in all tissues expressing EGFR (Lutterbuese et al., PNAS 2010)



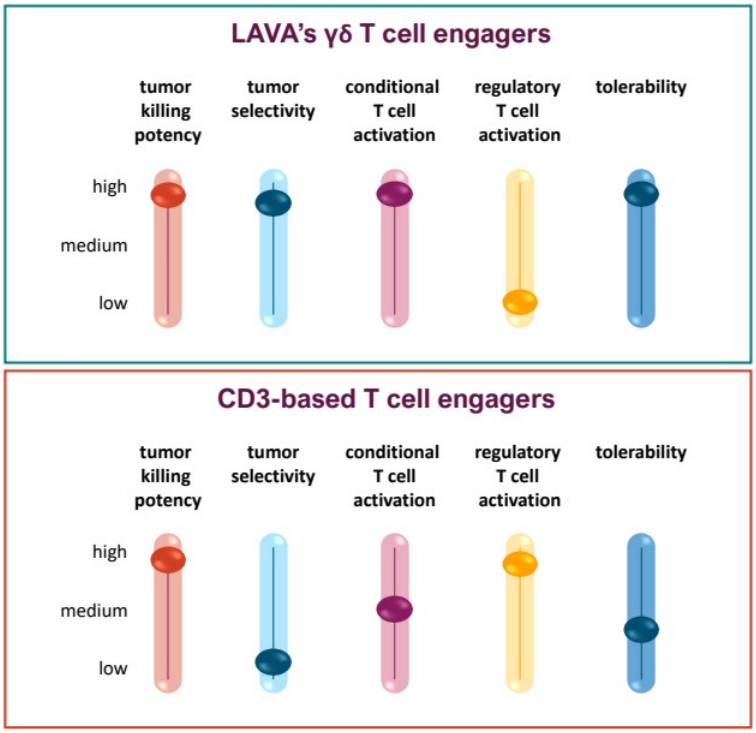
Gammabody™ Platform: A Novel T cell engager approach for cancer therapy

γδ T cell engager platform

- Highly potent (kills at picomolar concentrations)
- Recruits additional immune effector cells by antigen presentation and cascade response
- No activation of regulatory T-cells

- Tumor-cell selective, relative sparing of healthy cells expressing the target
- Low risk for on-target / off-tumor toxicity
- Low risk for CRS anticipated
- Potential for a wide therapeutic window

- Applicable to hematological and solid tumor indications (including 'cold' tumors)



LAVA-051

Targets CD1d to Activate Vγ9Vδ2 T Cells and iNKT Cells for the Potential Treatment of CLL, MM & AML

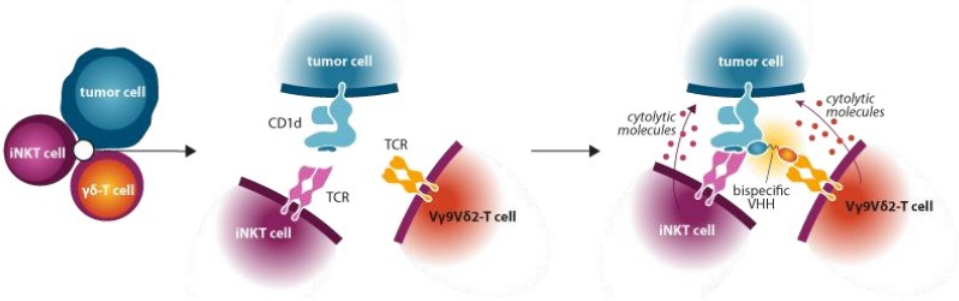
LAVA-051: First-in-Class Gammabody™ Targeting CD1d

Format

- Humanized bispecific single domain antibody (bsVHH) of 27kDa
  - Short plasma half-life, prolonged functional half-life through high affinity TCR binding

Mechanism of Action

- Engages Vγ9Vδ2 T cells to mediate potent killing of CD1d-expressing tumor cells
  - Activates iNKT cells to mediate killing of CD1d-expressing tumor cells as a secondary mechanism of action
  - CD1d is expressed on tumor cells in CLL, MM and AML
  - Pre-clinical data support mechanism of action, anti-cancer activity, effector cell expansion and tumor selectivity

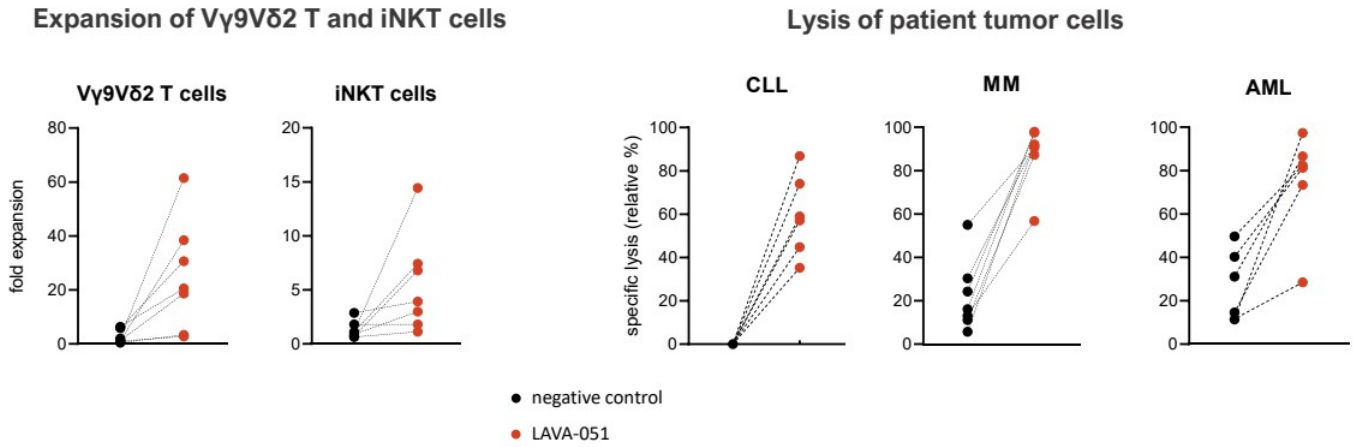


Status

- Phase 1/2a clinical trial ongoing in MM, CLL and AML

Data on file: LAVA Therapeutics N.V

LAVA-051: Pre-Clinical Data Support Mechanism of Action and Function

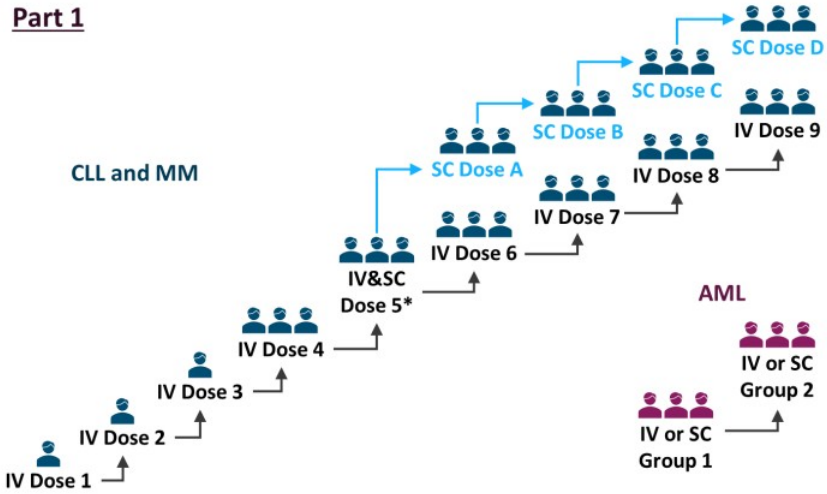


- LAVA-051 triggers expansion of Vγ9Vδ2 T and iNKT cells in the presence of CD1d-positive tumor cells
- LAVA-051 mediates Vγ9Vδ2 T and iNKT cell-mediated cytotoxicity of patient CLL, MM and AML cells

Adapted from Lameris et al., submitted
Data on file: LAVA Therapeutics N.V

LAVA-051 Phase 1/2a in Hematological Malignancies

- Primary objectives: investigate safety and tolerability of LAVA-051 and determine the recommended Phase 2 dose
- Secondary objectives: include evaluation of PK, PD, immunogenicity and preliminary antitumor activity
- LAVA-051 administered as 2-hour infusion (IV), or subcutaneous injection (SC) (day 1, 8 and twice a week thereafter)



* Cohort 5 only: 2nd dose administered SC, remaining doses IV

Clinicaltrials.gov NCT04887259
Data on file: LAVA Therapeutics N.V

LAVA-051 – Initial Phase 1 Data - Safety

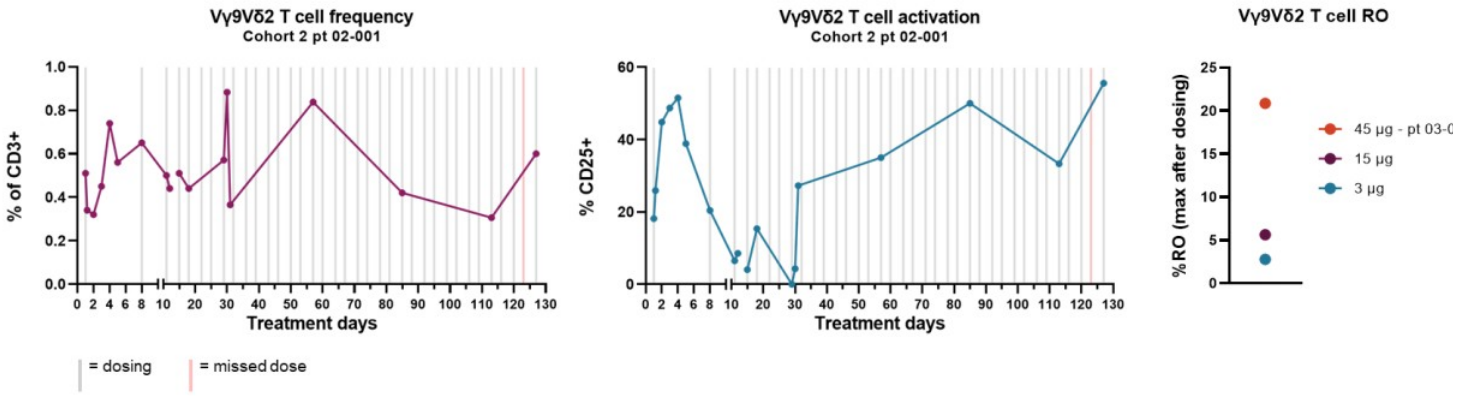
- LAVA-051 has reached a dose of 200 μg (~400x the starting dose) in MM and CLL patients
- Most observed AEs have not been suspected to be related
- Frequency and severity of AEs have not correlated with increasing dose levels
- No CRS and no ICANS (ASTCT) and no clinically relevant increase in the CRS-related cytokine IL-6

Data cut-off date: 11 Nov 2022

ASH 2022 abstract #2014

ICANS = Immune Effector Cell Associated Neurotoxicity Syndrome;
DLT = Dose Limiting Toxicity; ASTCT = American Society for Transplantation and Cellular Therapy
Data on file: LAVA Therapeutics N.V

LAVA-051 – Initial Phase 1 Data – Pharmacodynamics



- Pharmacodynamic parameters reflect changes expected for the LAVA-051 mechanism of action
  - Vγ9Vδ2-T cell activation markers (CD25 and CD69) upregulated following dosing
  - Maximum Vγ9Vδ2 T cell receptor occupancy (RO) increased with dose

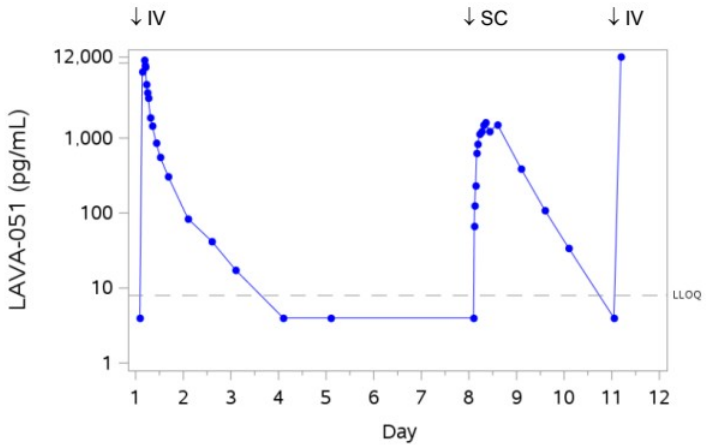
Data cut-off date: 11 Nov 2022

ASCO 2022 abstract 2577; ASH 2022 abstract #2014

Data on file: LAVA Therapeutics N.V

LAVA-051 – Pharmacokinetics

Pharmacokinetics 1st dose IV, 2nd dose SC patient 32-001 cohort #5



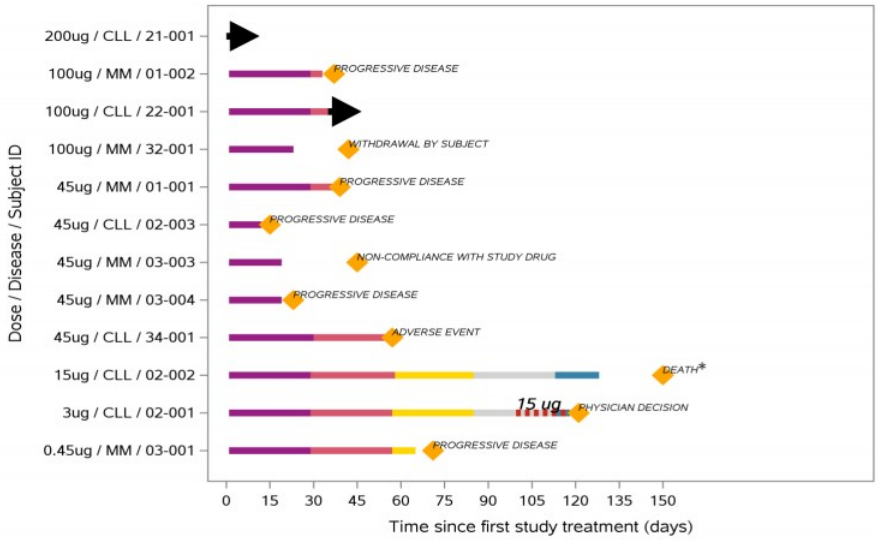
- Linear LAVA-051 pharmacokinetics
- SC bioavailability 74% compared to IV (based on data from Pt 32-001)

Data cut-off date: 11 Nov 2022

ASH 2022 abstract #2014

Data on file: LAVA Therapeutics N.V

LAVA-051 – Initial Phase 1 Data - Patient Characteristics and Time on Treatme



MM/CLL	6/6
Male/Female	8/4
Median age (range)	69 (59-76)
Prior therapies, median (range) – MM/CLL	4 (3-5) / 5.5 (4-13)

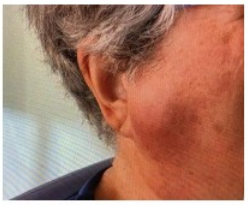
Data cut-off date: 11 Nov 2022

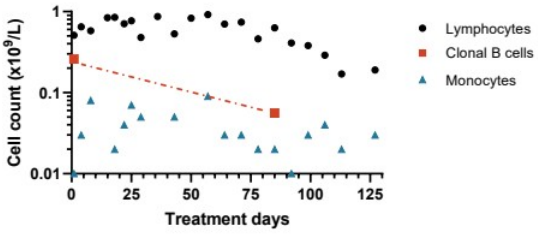
ASH 2022 abstract #2014, corrected
Data on file: LAVA Therapeutics N.V

LAVA-051 – Initial Phase 1 Data - Potential Signs of Activity

CLL

- Patient with R/R CLL (15 μg)
- Temporary enlargement and tenderness of several involved lymph nodes accompanied by grade 2 fever during Cycle 1
  - Resembled a tumor-flare reaction, as reported in CLL with lenalidomide
- **Patient assessed as having stable disease**
- **Percent of clonal B cells in peripheral blood decreased**
- **Numbers of CD1d expressing monocytes remained similar**





MM

- High-risk MM patient (45 μg)
- 4 prior lines of therapy within 6 years from diagnosis
- Refractory to last 3 lines of treatment
- **23% reduction in M-protein**

Both patients ceased treatment due to COVID

EHA 2002 abstract #1463
R/R = Relapsed/Refractory
Permission for photo obtained
Data on file: LAVA Therapeutics N.V

LAVA-051: Summary of Initial Phase 1 Data Presented

- LAVA-051 is a next-generation bispecific γδ T cell engager designed for a broad therapeutic window
- LAVA-051 has reached a dose of 200 μg (400x the starting dose) in MM and CLL patients
  - Most observed Adverse Events (AEs) have not been suspected to be related to LAVA-051 treatment
  - Frequency and severity of AEs have not correlated with increasing dose levels
  - No Cytokine Release Syndrome (CRS) and no ICANS (ASTCT - criteria)
  - No significant increase in the CRS-related cytokine IL-6
- Linear pharmacokinetics and satisfactory SC bioavailability
- PD parameters reflect changes as expected per Mechanism of Action
- Potential signs of clinical activity
- Trial continuing, including US sites (IND cleared) and evaluation of SC dosing

Data cut-off date: 11 Nov 2022

ICANS = Immune Effector Cell Associated Neurotoxicity Syndrome
ASTCT = American Society for Transplantation and Cellular Therapy
DLT = Dose Limiting Toxicity

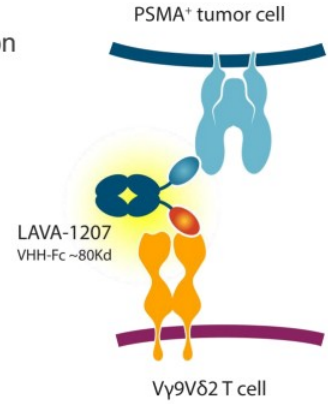
LAVA-1207

Gammabody™ that Activates Vγ9Vδ2 T Cells by Targeting PSMA for the Treatment of mCRPC

LAVA-1207: PSMA-targeting Gammabody™ for Prostate Cancer

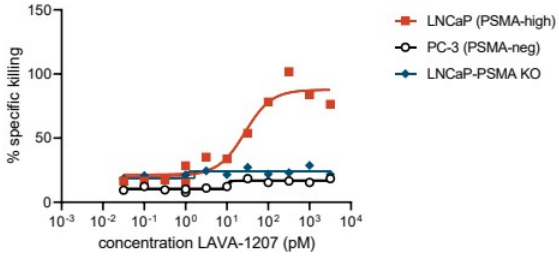
Format

- Contains a Fc domain for extended plasma half-life; silenced to avoid off-target T cell activation
- Small size (compared to regular IgG antibodies) to facilitate tumor penetration



Mechanism of Action

- Specifically directs Vγ9Vδ2 T cells to PSMA-expressing tumor cells
  - PSMA is a well-validated tumor target
- Mediates potent killing of PSMA-positive tumor cells
- Pre-clinical data support mechanism of action, anti-cancer activity & selectivity



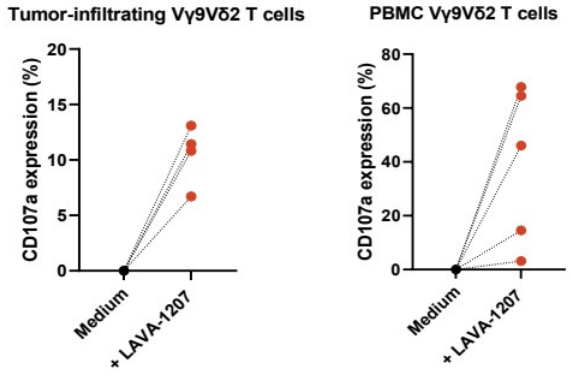
Status

- Phase 1/2a trial in mCRPC; patient recruitment ongoing (NCT05369000)

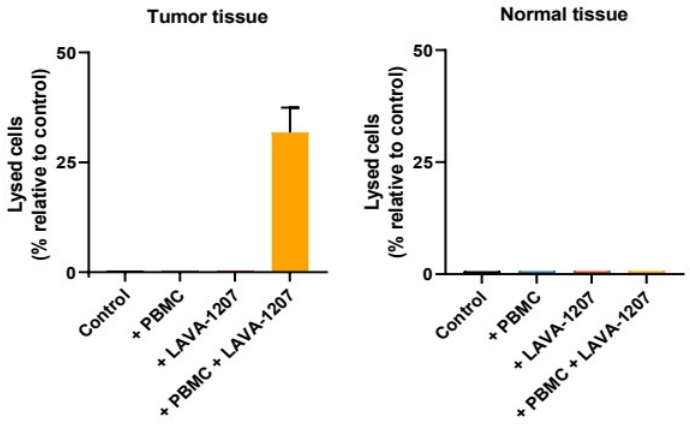
Data on file: LAVA Therapeutics N.V

LAVA-1207: Preclinical Data Support Activity and Selectivity in Patient Sampl

Vγ9Vδ2 T cell degranulation



Preferential lysis of prostate tumor cells

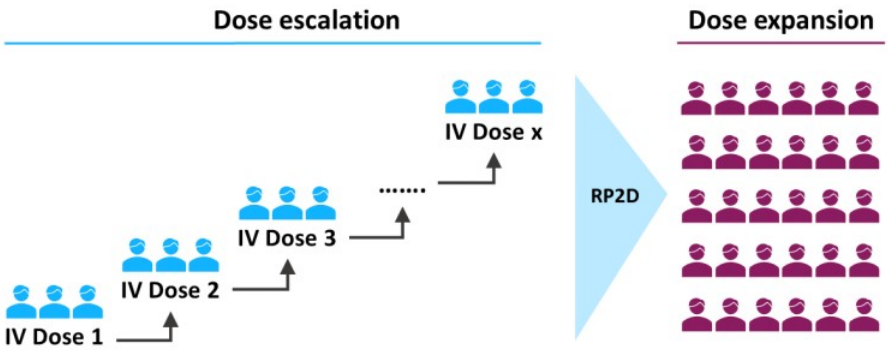


- LAVA-1207 triggers activation of autologous Vγ9Vδ2 T cells in the presence of patient-derived tumor cells
- LAVA-1207 induces selective tumor cell lysis

Data on file: LAVA Therapeutics N.V

LAVA-1207 – Phase1/2a Study Design

- Dose escalation in patients with mCRPC (EudraCT 2021-001789-39; NCT05369000)
- Primary objectives: investigate safety and tolerability of LAVA-1207
- Secondary objectives: evaluate PK, PD, immunogenicity and preliminary signs of antitumor activit
- LAVA-1207 administered via IV infusion every 2 weeks



ASCO GU 2023 abstract #153
Data on file: LAVA Therapeutics N.V

LAVA-1207 – Patient Baseline Characteristics

Age, median (range)	68 (51-76)
Years since diagnosis, median (range)	9 (3-21)
Prior systemic therapies, median (range)	4 (3-10)
Location of metastases	
Bone	19
Lymph node	14
Lung	2
Liver	5
Other visceral	2
Type of progression	
PSA	17
Bone	12
Nodal	12
Visceral	10

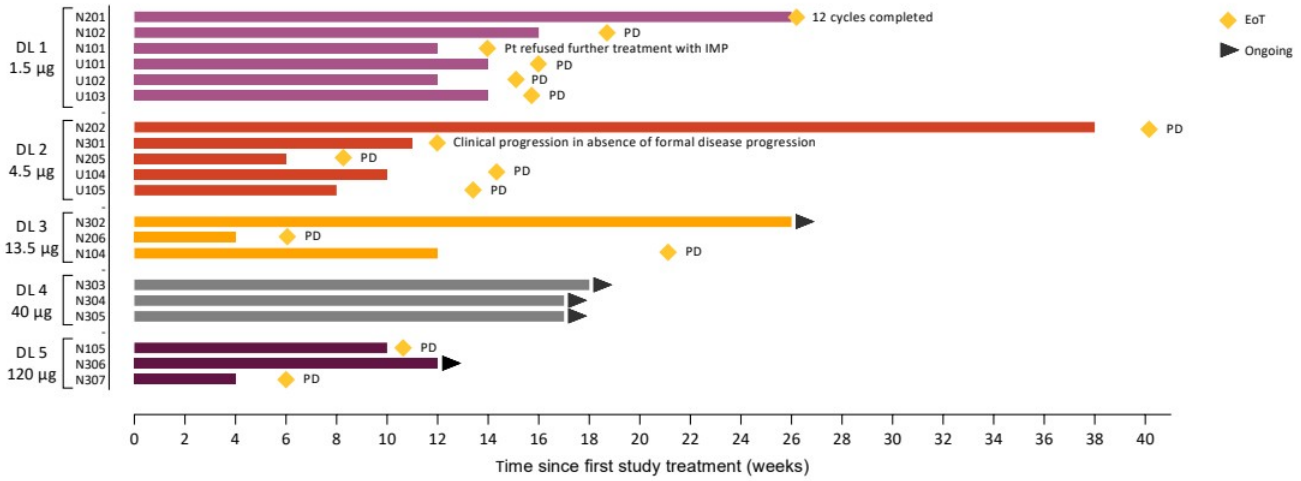
N=20

Data cut-off date: 8 Dec 2022

ASCO GU 2023 abstract #153

Data on file: LAVA Therapeutics N.V

LAVA-1207 – Time on Treatment



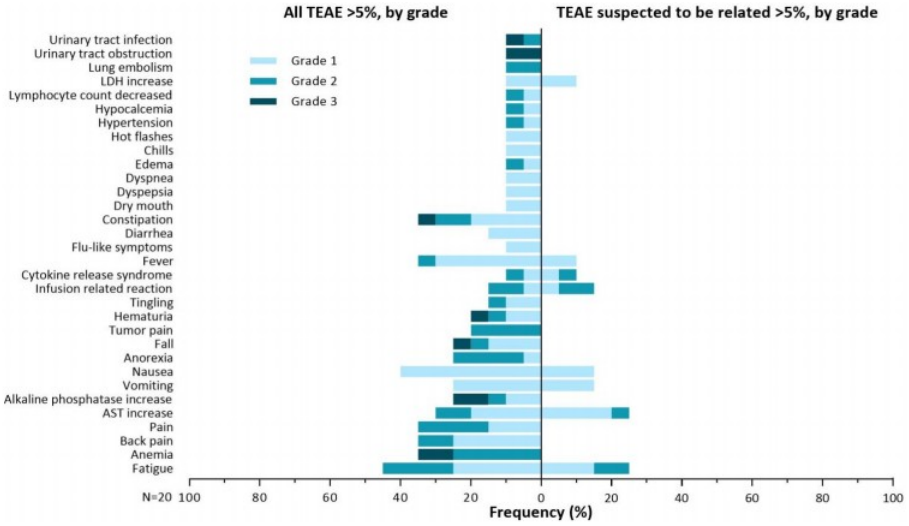
- A dose level (DL) of 120 µg (starting dose, 1.5 µg, MABEL approach) completed
  - DL 1 included 6 pts, 3 from EU, 3 from US; DL 2 included 5 pts, 3 from EU, 2 from US
- A total of 20 patients have been treated with LAVA-1207 with treatment duration ranging from 4 to 38 weeks
- Next dose level: 360 µg

Data cut-off date: 8 Dec 2022

ASCO GU 2023 abstract #153

Data on file: LAVA Therapeutics N.V

LAVA-1207 – Initial Phase 1 Data - Safety

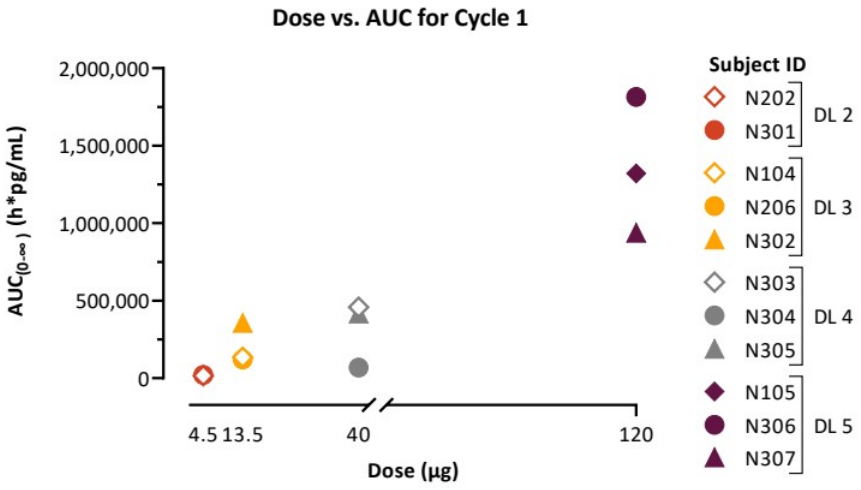


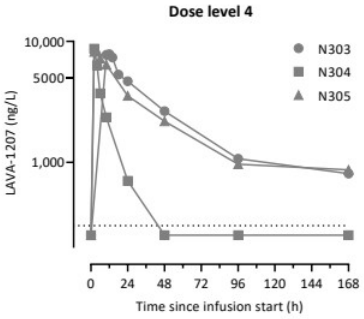
- Most observed AEs not suspected to be related and no DLT
- Treatment emergent AEs (TEAEs) that were suspected to be related were grade 1 or 2
- No CRS greater than grade 2
- No increase in severity or frequency of TEAEs with increasing doses and no patient discontinued treatment due to AE
- One grade 4 AE occurred (spinal cord compression, DL 5), which was non-related

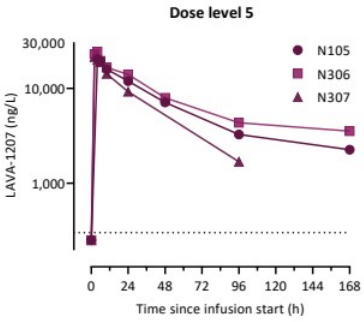
Data cut-off date: 8 Dec 2022

ASCO GU 2023 abstract #153
Data on file: LAVA Therapeutics N.V

LAVA-1207 – Pharmacokinetics







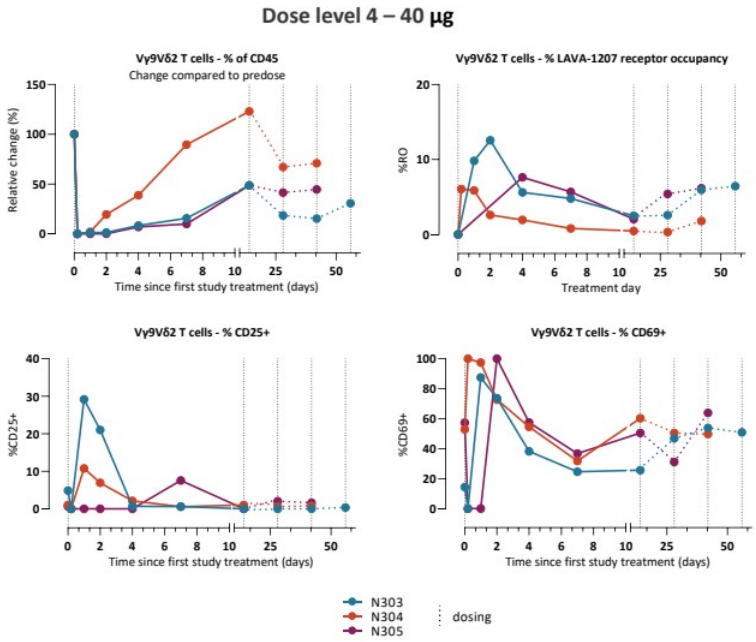
- Pharmacokinetics of LAVA-1207 appears linear

Data cut-off date: 8 Dec 2022

ASCO GU 2023 abstract #153

Data on file: LAVA Therapeutics N.V

LAVA-1207 – Pharmacodynamics



- Pharmacodynamics reflect changes expecte as per MoA
  - Pronounced drop in Vγ9Vδ2-T cell frequency 2 after dosing, suggesting Vγ9Vδ2-T cell re-distribution, with subsequent recovery
  - Vγ9Vδ2-T cell activation markers (CD25 and CD69) upregulated following dosing
  - Receptor occupancy detectable up to day 14 aft EoI, with peak levels ranging from 6.1% to 12.6%

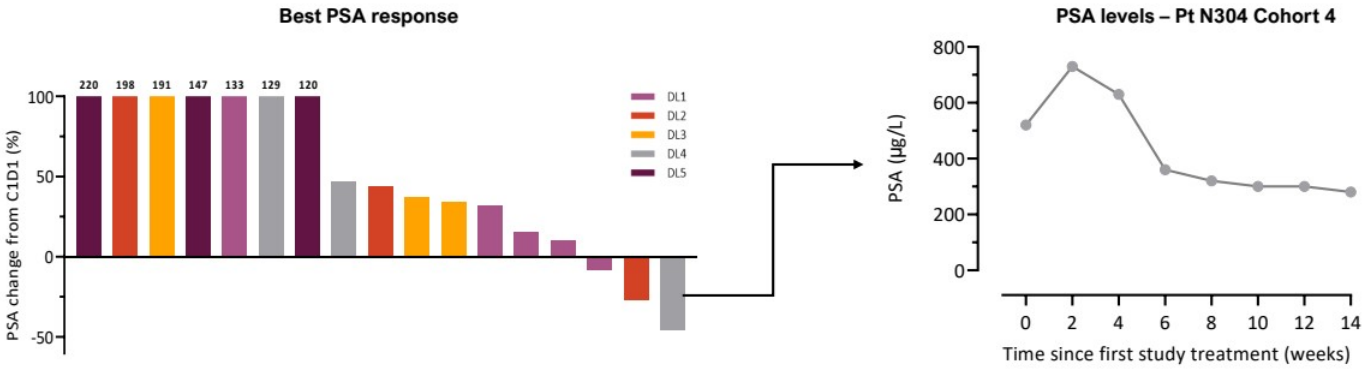
Data cut-off date: 8 Dec 2022

ASCO GU 2023 abstract #153

Data on file: LAVA Therapeutics N.V

LAVA-1207 – Preliminary Signs of Antitumor Activity

Out of 14 iRECIST evaluable patients, 8 had iSD at week 8



Patient N304 – 40 µg

- Largest overall decrease in PSA was 61% (46% vs baseline)
- Per treating physician, the patient improved clinically with improvement in pain and fatigue
- Ongoing in the study

Data cut-off date: 8 Dec 2022

ASCO GU 2023 abstract #153

Data on file: LAVA Therapeutics N.V

Summary of Initial Phase 1 Data Presented

- LAVA-1207 is a PSMA targeting bispecific antibody belonging to a novel class of γδ T cell engagers (Gammabody™)
- LAVA-1207 has reached a dose of 120 μg (starting dose 1.5 μg) without the occurrence of high-grade (>2) CRS or DLTs in therapy refractory mCRPC patients
  - Frequency and severity of AEs do not appear to be dose-dependent
  - Most observed AEs were not suspected to be related
  - Next dose level (360 μg) is ongoing
- Preliminary signs of clinical activity observed with disease stabilization and PSA reduction during dose escalation
- Pharmacodynamics reflect changes as expected per MoA
- Dose escalation continues in both the EU and the US

Data cut-off date: 8 Dec 2022

ASCO GU 2023 abstract #153
Data on file: LAVA Therapeutics N.V

SGN-EGFRd2 (LAVA-1223) – Licensed to Seagen

Gammabody™ for the treatment of EGFR-expressing solid tumors

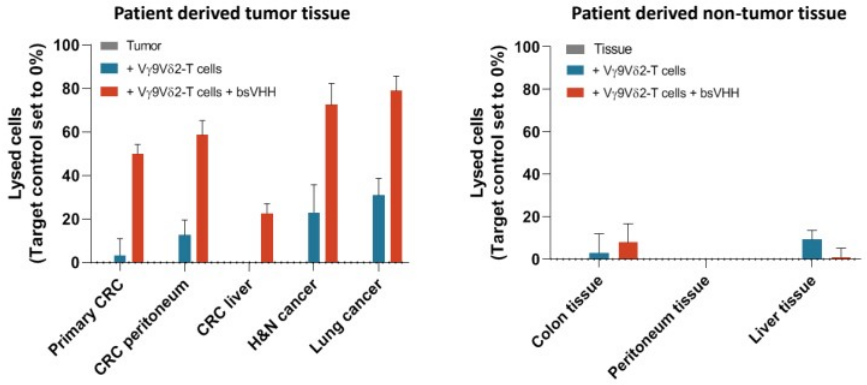
SGN-EGFRd2 (LAVA-1223) – EGFR-Targeting Gammabody™

Format

- Gammabody™ format containing a silenced Fc domain

Mechanism of Action

- Induces preferential lysis of EGFR-expressing tumor cells while relatively sparing EGFR-expressing normal cells



Status

- Exclusive worldwide license agreement with Seagen Inc.
- Seagen to develop and commercialize SGN-EGFRd2 (LAVA-1223), potential for milestones of up to approximately $650 million and royalties

King et al., submitted
Data on file: LAVA Therapeutics N.V

LAVA-1266

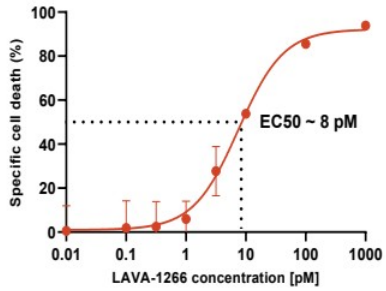
CD123 Targeting Gammabody™ for the Treatment of Hematologic Malignancies

LAVA-1266: CD123-Targeting Gammabody™
In Development for Treating Hematological Malignancies

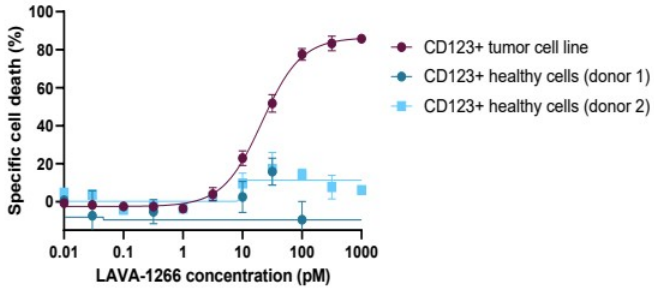
Mechanism of Action

- Induces preferential lysis of CD123-expressing tumor cells while relatively sparing CD123-expressing normal cells
  - CD123 is overexpressed in a wide range of hematological malignancies

Potent lysis of primary AML cells



Preferential lysis of tumor cells



Status

- CTA/IND enabling studies ongoing; filing anticipated in 2024

Data on file: LAVA Therapeutics N.V

Milestones

Gammabody™ Pipeline: Potential in Hematological and Solid Tumor Indication

Candidate	Target	Indication(s)	Discovery	Preclinical	Phase 1	Phase 2	Milestones
LAVA-051	CD1d	MM CLL AML					• Most recent data released: ASH Dec 2022
LAVA-1207	PSMA	mCRPC					• Most recent data released: ASCO GU Feb 20
SGN-EGFRd2 (LAVA-1223)	EGFR	Solid Tumors			Seagen		• Licensed to Seagen Sep 2022
LAVA-1266	CD123	Hematologic Malignancies					• IND/CTA filing expected in 2024
LAVA-1278	CD40	Hematologic Malignancies					
Janssen Collaboration	undisclosed		Janssen				

Hematologic malignancy Solid Tumor

MM: multiple myeloma
CLL: chronic lymphocytic leukemia
AML: acute myeloid leukemia
PSMA: prostate-specific membrane antigen
EGFR: epidermal growth factor receptor
mCRPC: metastatic castration-resistant prostate cancer

LAVA THERAPEUTICS

Gamma delta T cell engagers for the development of next-generation cancer therapeutics

Corporate Presentation

April 2023