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

FORM 6-K

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

For the Month of October 2021

Commission File Number: 001-40241

LAVA Therapeutics N.V.

(Translation of registrant's name into English)

Yalelaan 60

3584 CM Utrecht, the Netherlands

(Address of principal executive office)

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

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(1): ☐

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7): ☐

INCORPORATION BY REFERENCE

Exhibit 99.1 to this Report on Form 6-K (this "Report") shall be deemed to be incorporated by reference into the registration statement on Form S-8 (File no. 333-256655) of LAVA Therapeutics N.V. (the "Company") (including any prospectuses forming a part of such registration statement) and to be a part thereof from the date on which this report is filed, to the extent not superseded by documents or reports subsequently filed or furnished.

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.

Date: October 13, 2021

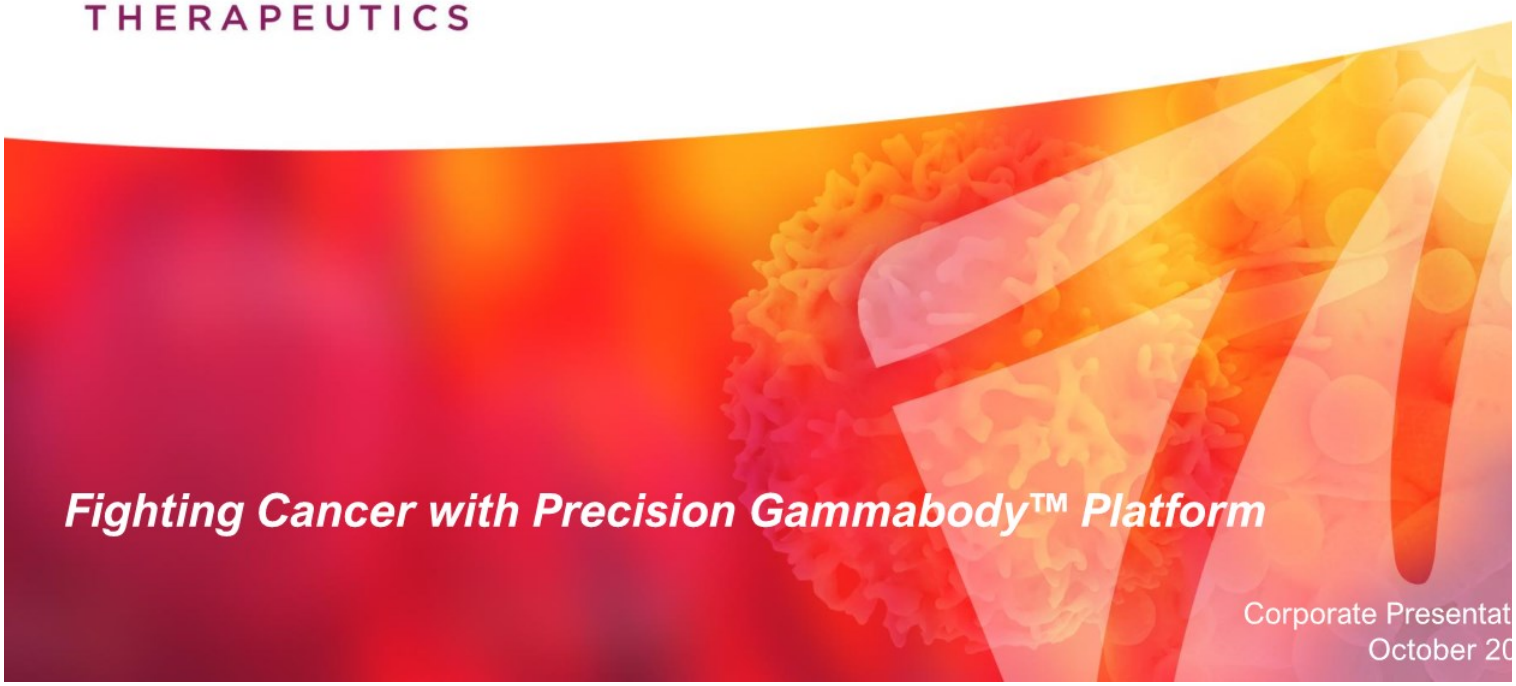
By: /s/ Edward F. Smith

Name : Edward F. Smith

Title: Chief Financial Officer

LAVA THERAPEUTICS

Exhibit 99.1



Legal Disclosure: Forward-looking Statements

This presentation contains statements that constitute forward-looking statements. Many of the forward-looking statements contained in this presentatio can be identified by the use of forward-looking words such as “anticipate,” “believe,” “could,” “expect,” “should,” “plan,” “intend,” “estimate” and “potential,” and similar terms and phrases. Forward-looking statements appear in a number of places in this presentation and include, but are not limitec to, statements regarding our intent, belief or current expectations. Forward-looking statements are based on our management’s beliefs and assumptions and on information currently available to our management. Such statements are subject to risks and uncertainties, and actual results may differ materiall from those expressed or implied in the forward-looking statements due to various important factors. These risk and 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 clinical trials fo 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 commercialize any of our product candidates; our ability to leverage our initial programs to 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 subsequent trials or success in earl stage clinical trials may not be predictive of results in later stage clinical trials. For a discussion of other risks and uncertainties, and other important facto any of which could cause our actual results to differ from those contained in the 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 the 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 whic are beyond our control, 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 statement 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 materially from those projected in the forward-looking statements. We qualify all 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 subseque date. The Company 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 undue 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 of the Company.

Investment Highlights: Gammabody™ Platform

Bispecific Gamma Delta T Cell Engagers

Proprietary Platform – Gammabody™	• Novel Gammabody™ platform triggers the potent and precise antitumor properties of Vγ9Vδ2 T c • Targeting both novel and well-characterized targets in liquid and solid tumors
Differentiated Approach	• First off-the-shelf bispecific γδ T cell engager platform; leverages unique characteristics of Vγ9Vδ T cells to provide a wider therapeutic window • High potency with potential for durable responses and low risk for on-target/off-tumor-mediated toxicity, co-activation of suppressor T cells and cytokine release syndrome
POC & Broad Applicability	• Strong *in/ex vivo* preclinical data set, including well-tolerated safety profile • Potential to address broad patient populations with high unmet medical needs regardless of tumor mutational load
Lead Assets With Multiple Catalysts	• LAVA-051 targets CD1d with initial indications in hematological cancer - CLL, MM & AML • LAVA-1207 is our first solid tumor Gammabody™ and targets PSMA for treating mCRPC • LAVA-1223 targets EGFR; IND is planned late 2022 for the treatment of solid tumors
Well-Funded; Experienced Leadership	• Leaders in therapeutic bispecific antibody approaches leveraging Vγ9Vδ2 -T cells • $151M (Q2 2021) in cash and investments provide ample cash runway into 2H 2023 • Collaboration with Janssen (J&J)

Established Leadership with Proven Experience in Drug Discovery & Developme

Steve Hurly, MSc, MBA
President & CEO

- 25+ years leadership experience in life sciences industry
- Former President & CEO, Sesen Bio, a NASDAQ-listed oncology biotech
- Veteran in strategic drug development
- 15+ years investment banking experience

Ton Adang, PhD
CDO

- Vast experience in drug development
- Former roles at Organon, Schering-Plough & Merck/MSD
- Leadership positions in Lead Discovery and Project Management (i.e., Merck's KEYTRUDA)

Amy Garabedian
General Counsel

- Extensive global, diversified legal and team building experience; 15+ years practicing law
- Most recently Associate General Counsel, Spark Therapeutics (Roche), serving as a strategic advisor for U.S. launch of first gene therapy
- Previously at Sandoz (Novartis) and Ballard Spahr LLP as business and transactional attorney

Paul Parren, PhD
EVP, Head of R&D

- Industry leader in antibody science and drug development
- Former Head of Preclinical Development & Research, Genmab
- Inventor of five marketed therapeutic antibodies, including a bispecific
- Vast experience inventing, developing therapeutic antibodies and technologies, including DARZALEX & DuoBody

Edward Smith
CFO

- 20+ years of executive finance and operational leadership experience in publicly traded biotechnology companies
- Former CFO, Marinus Pharmaceuticals, PolyMedix, Inc
- Substantial experience in capital raising and financial oversight for emerging life science companies

Hans van der Vliet, MD, PhD
CSO

- Medical oncologist, professor at the Department of Medical Oncology, Amsterdam UMC
- Inventor of LAVA's gamma delta T cell engager platform
- Extensive experience as clinical investigator

Benjamin Winogra
CMO

- Expertise in dru development pr in hematology a oncology, includ several success regulatory filing
- Former roles at Bristol-Myers S Pharmacia, Sch Plough & Celge
- Previous Head Clinical R&D for Multiple Myelom Celgene

Differentiated Gammabody™ Pipeline in Hematologic & Solid Tumor Indicatio

Candidate	Antigen Target	Indication(s)	Discovery	Preclinical	Phase 1	Phase 2	Phase 3	Milestones
LAVA-051	CD1d	MM CLL AML						• Phase 1 data 1H 2022 • Phase 2a expansion cohort data 2H 2(
LAVA-1207	PSMA	mCRPC						• Phase 1/2a expected to start 4Q 202 • Phase 1 data 2H 2022 • Phase 2a expansion cohort data 1H 2
LAVA-1223	EGFR	Solid Tumors						• IND / CTA filing expected YE 2022
LAVA-1278	CD40	Hematologic Malignancies						
Janssen Biotech Collaboration		undisclosed	janssen					

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

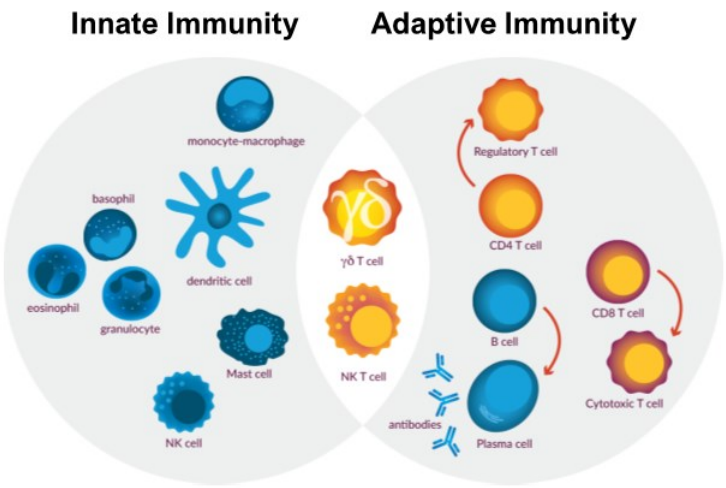
Hematologic malignancy Solid Tumor

Gamma Delta T Cells

Vγ9Vδ2 T Cells

Uniquely suited for an anti-cancer T cell engager approach

γδ T Cells are Uniquely Positioned to Leverage Innate & Adaptive Immunity



Vγ9Vδ2 T Cells:

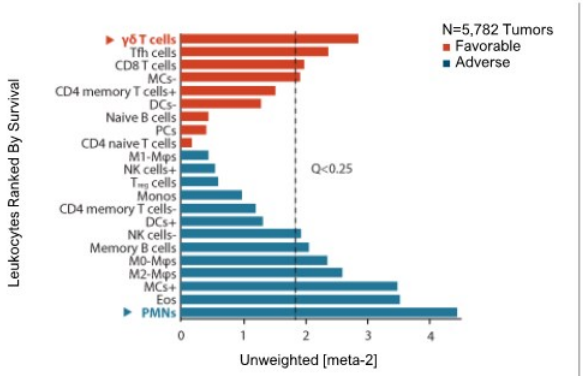
- Important immunosurveillance function
- Natural ability to recognize and kill tumor cells
- Homogeneous, highly cytotoxic effector T cell population
- Infiltrate tumors independent of mutational load
- Most prevalent gamma delta T cell clonotype in blood
- Bridge innate and adaptive immune responses
- Antigen presenting capability, potentially triggering deep and durable responses

Vγ9Vδ2 T cells are a natural first line of defense against cancer, with potential to elicit deep and durable clinical responses

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

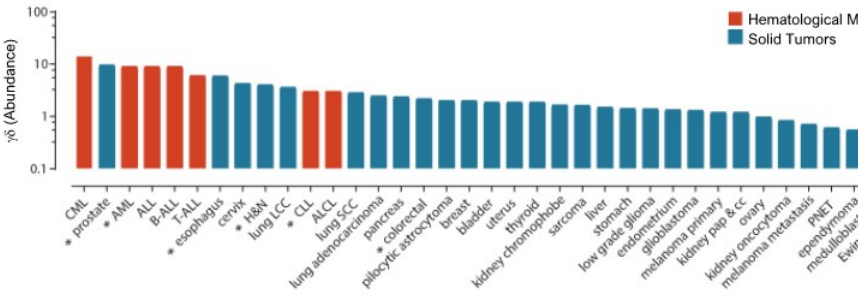
γδ T Cells Present in Many Cancers & Correlate With Favorable Prognosis

Global Prognostics Associations for 22 Leukocyte Types Across 25 Cancers



Adapted from Gentles A et al, Nature Medicine 2015; 21:938-945

Abundance of Tumor-Infiltrating Vγ9Vδ2 T Cells



* *In vivo/ex vivo* data generated using Lava's γδ–bsTCEs

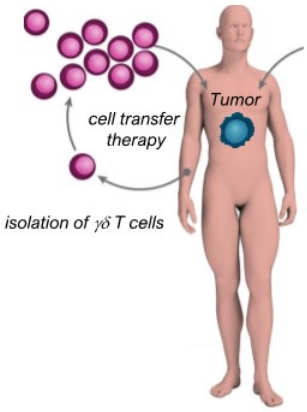
Adapted from Tosolini M et al. Oncoimmunology 2017; 6, e1284723

γδ T cells indicate highest correlation with favorable outcome among all leukocyte subsets analyzed

Vγ9Vδ2 T cells are present across a wide array of hematological and solid malignancies

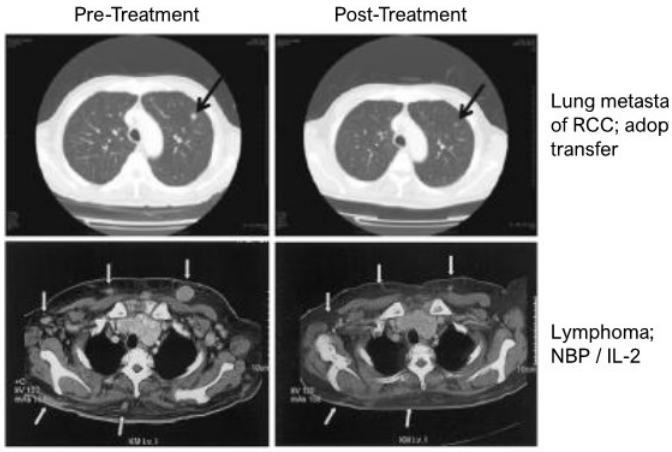
Systemic Activation of Vγ9Vδ2 T Cells Showed Promise

***ex vivo* activation**



***in vivo* activation**

- Systemic activation and proliferation via treatment with Vγ9Vδ2 T cell-based therapy (synthetic phosphoantigens (BrHPP) / aminobisphosphonates ± low-dose IL-2)



- Clinical trials with *in/ex vivo* activation protocols showed promising objective responses and safety
- No signs of cytokine release syndrome (CRS) as a result of Vγ9Vδ2 T cell activation

Early attempts with Vγ9Vδ2 T cell-based therapy showed promise, but efficacy may have been limited by systemic, non-tumor specific activation of Vγ9Vδ2 T cells and exhaustion

Kobayashi H et al., Cancer Immunol Immunother 2011; 60: 1075-1084
Wilhelm M et al., Blood 2003; 102: 200-206

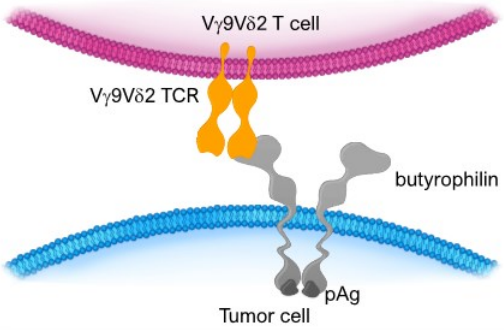
LAVA's Proprietary Gammabody™ Platfor

Bispecific Gamma Delta T Cell Engagers

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

Natural Activation Mechanism

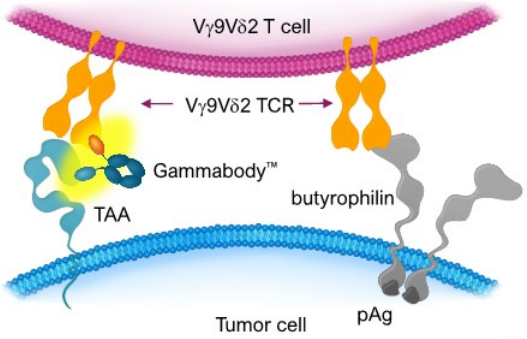
1 Vγ9Vδ2 T cells recognize stress signals – TCR interacts with pAg-butyrophilin complex



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

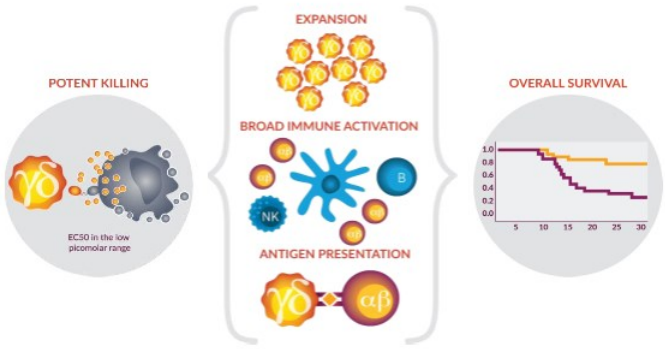
1 Conditionally activate Vγ9Vδ2 T cells upon crosslinking with tumor associated antigen (TAA)

2 Retains recognition of natural stress signals



LAVA's Gammabody™ adds antigen-specific recognition, while retaining stress signal recognition, to target and activate Vγ9Vδ2 T cells to induce both direct tumor cell killing and orchestrate an immunological cascade of anti-cancer responses

Cascade Response – Potential Translation to Clinical Efficacy Benefit



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

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 tur

Safety:

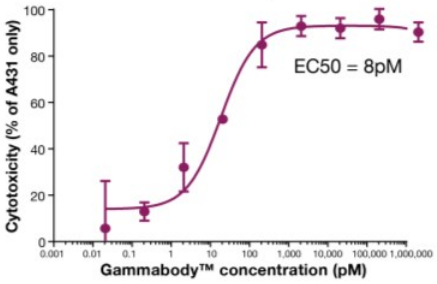
- Conditional activation with high accuracy
- Greatly reduced potential for cytokine release syndrom (CRS); No evidence of CRS in NHP studies

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

Potent Killing of Cancer Cells in Preclinical Models

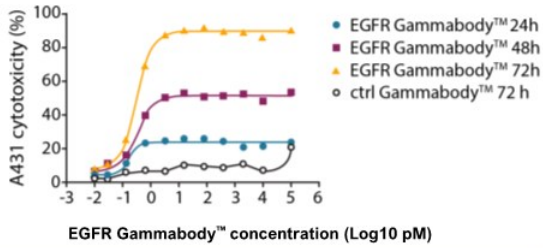
Highly Potent

EGFR Gammabody™- Induced Cytotoxicity



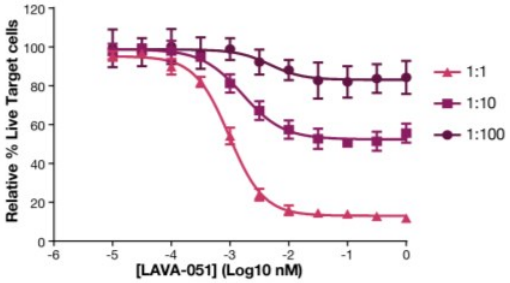
Durable

Sustained EGFR Gammabody™- Mediated Killing of Tumor Cells by Vγ9Vδ2 T Cells



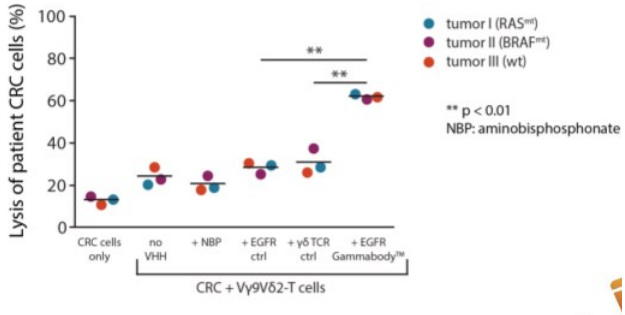
Dose Dependent and Serial Killing

CD1d Gammabody™ Triggers Lysis of CCRF-CEM Tumor Cells



Conditional Activation

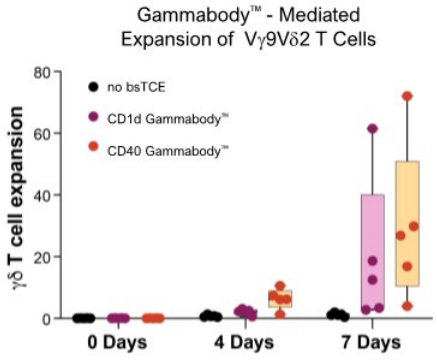
Killing of Primary Colorectal Cancer Cells by EGFR Gammabody™



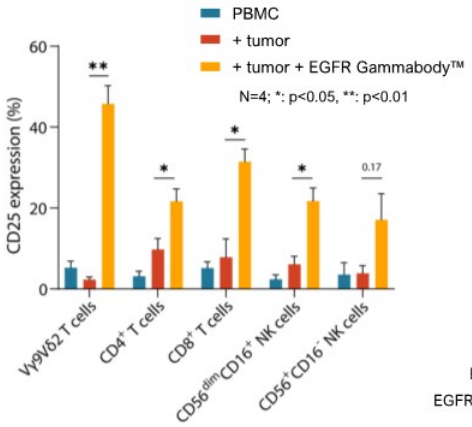
de Bruin RC et al., OncoImmunology 2017; 7: e1375641, right bottom
Data on file: LAVA Therapeutics N.V., top row and left bottom

Expansion & Cascade Response Without Treg Activation in Preclinical Models

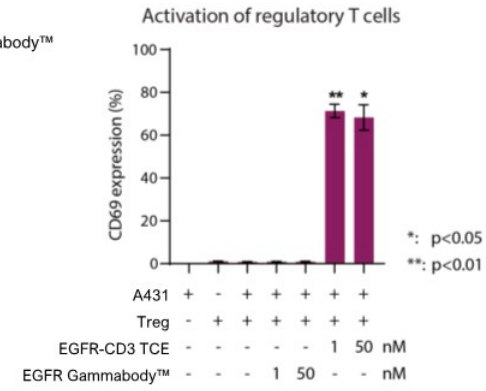
Expansion



Cascade Response



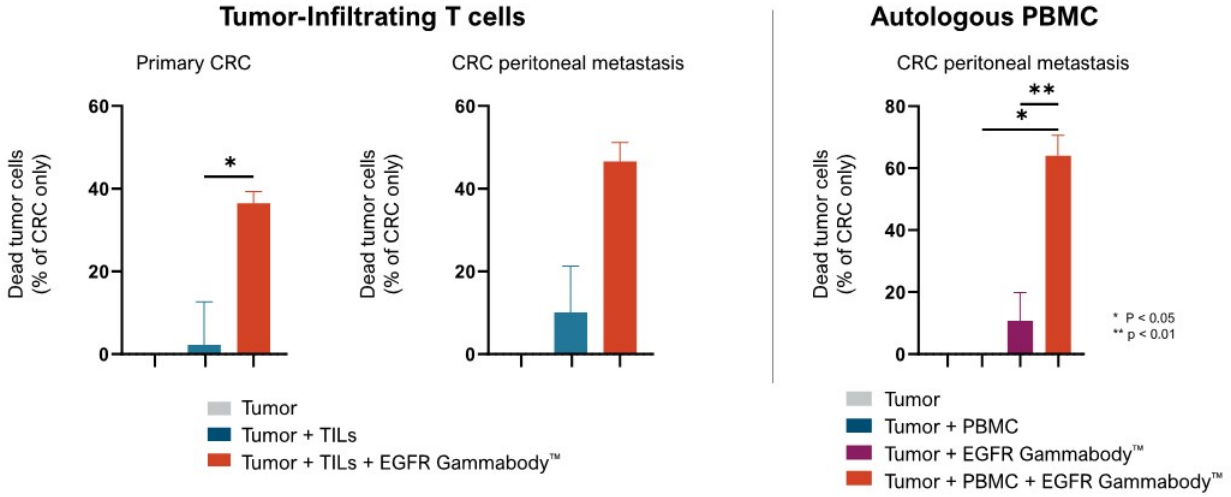
No Treg Activation



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.
@lava therapeutics 2021

Potent Antitumor Effect Against Patient-Derived Tumor Tissue Using Both Autologous PBMC and Tumor-Infiltrating Lymphocytes



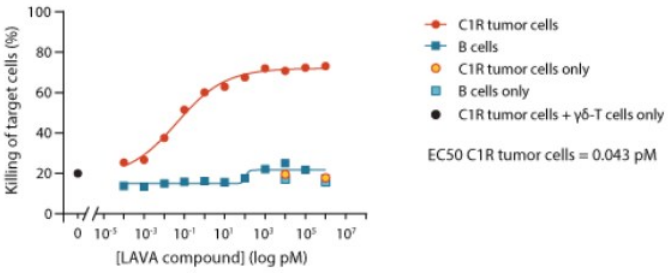
24 hr culture of CRC cells, derived from the primary tumor (n=4) or from peritoneal metastases (n=3) with tumor infiltrating T cells (E:T=1:1) or autologous PBMC (n=3, E:T=5-:1) ± 50nM EGFR Gammabody™. Mean ± SEM.

EGFR Gammabody™ induces potent killing of autologous cancer cells using patient derived Vγ9Vδ2 T cells

Data on file: LAVA Therapeutics N.V.
@lava therapeutics 2021

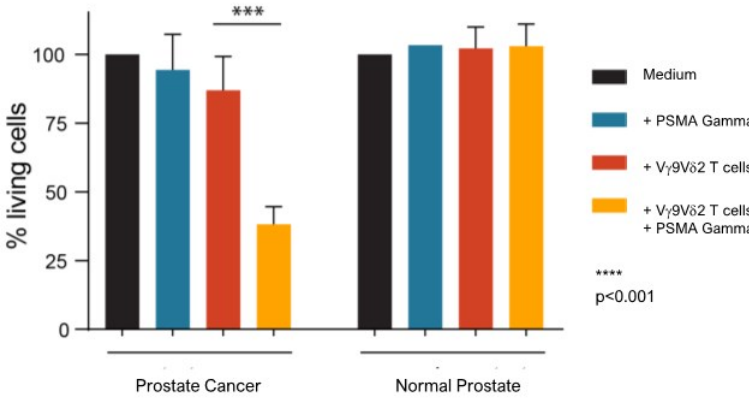
Gammabody™ Can Selectively Kill Cancer Cells While Sparing Healthy Cells i Hematologic Malignancy and Solid Tumor models

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.

Fully Cross-Reactive γδ bsTCEs are Well-Tolerated in Non-Human Primates

CD1d-, CD20-targeting monkey-cross-reactive γδ bsTCEs 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 monkey-cross-reactive γδ bsTCEs were dosed up to 10 mg/kg (4 hr infusion, 4 doses, every 2 days)

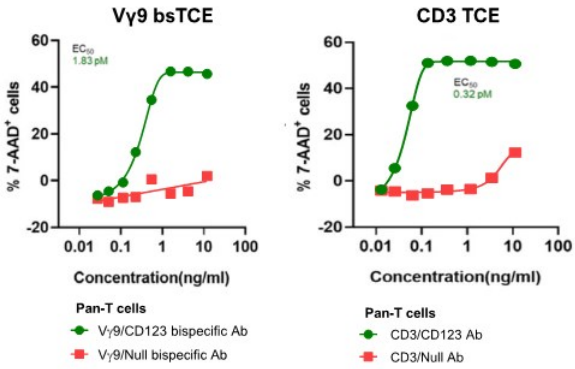
- Mild to no clinical signs of toxicity
- Low cytokine spike, which did not result in CRS
- No clinical chemistry abnormalities
- No histopathological abnormalities
- Gammabody™ detectable on peripheral blood and lymph node gamma delta T cells

NHP data support the potential benign safety profile of LAVA's Gammabody™ platform

Data on file: LAVA Therapeutics N.V.

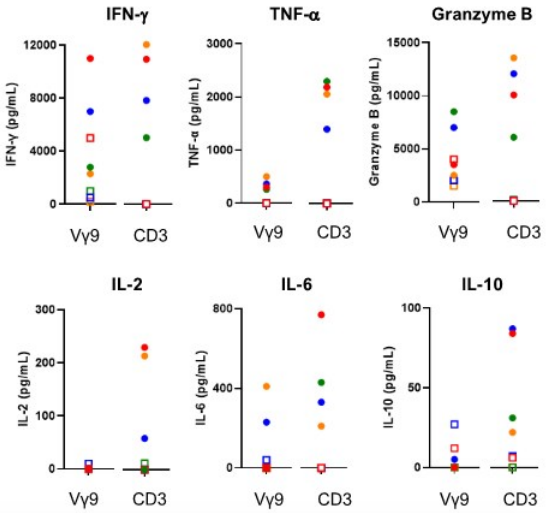
CD123 γδ T Cell Engager Vs. a CD123 (CD3-Based) Pan T Cell Engager

Similar lysis of CD123⁺ tumor cells



Co-culture of pan-T cells (lysis) or PBMC (cytokine release) and the CD123⁺ AML tumor cell line Kasumi-3 (E:T= 1:10-20) ± Abs. Lysis (7-AAD⁺ tumor cells) assessed at day 5. Cytokine release assessed at day 3. n=4 donors. Mean Vγ9 T cell frequency 4% (of total CD3 T cells)

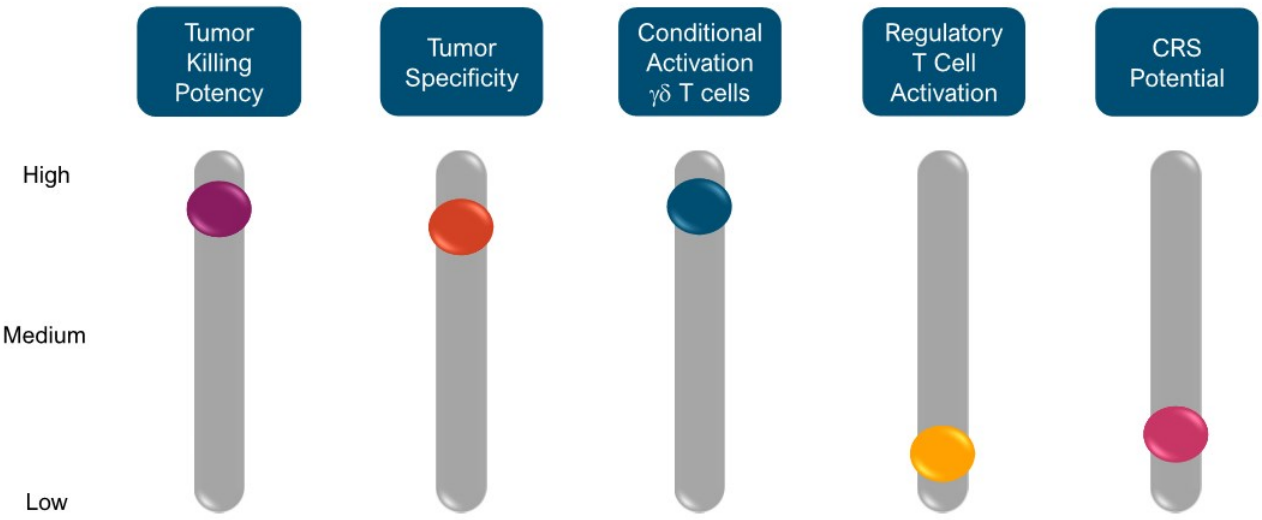
Less cytokine release after 3 days



Recent third-party publication compared a CD123 γδ T cell engager to a CD123 (CD3-based) pan T cell engager and showed similar tumor lysis capability yet less cytokine release

Adapted from Ganesan et al., Leukemia 2021; 35: 2274-2284

Gammabody™ Platform: Potent, Specific & Well-Tolerated

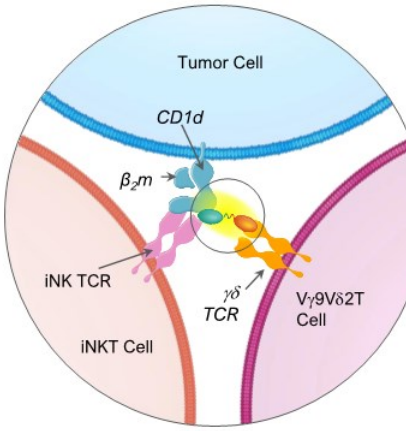


LAVA-051

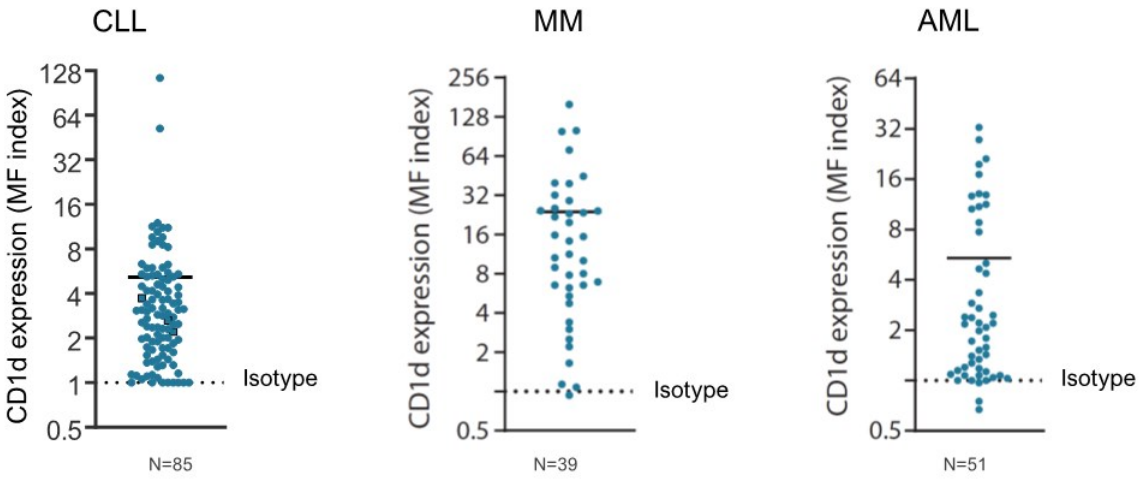
Activates $\gamma\delta$ T Cells and iNK T Cells by Targeting CD1d for the Treatment of CLL, MM & AML

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

- Principal Mechanism of Action (MoA): Targets and activates Vγ9Vδ2 T cells in the presence of CD1d-expressing tumor cells
- Secondary MoA: Activates iNKT cells against CD1d-expressing tumor cells
  - Direct cytotoxicity against CD1d-positive tumor cells
  - Promotes the cytotoxic activity of Vγ9Vδ2 T cells and iNKT cells
- Pre-clinical data support MoA, anti-cancer activity, expansion, cascade effect and selectivity
- Enrollment underway in Phase 1/2a clinical trial
  - MM, CLL, and, at higher dose levels, AML
  - Data expected in 2022
- Potential accelerated approval pathways available



LAVA-051: Targeting CD1d for Hematological Cancers

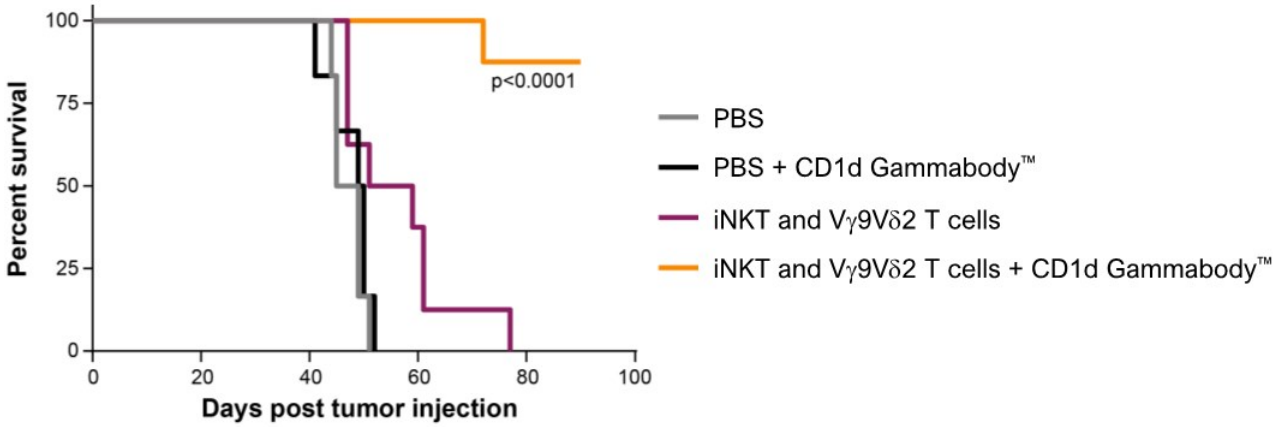


CD1d is expressed on tumors cells in a high proportion of patients with CLL, MM & AML

Data on file: LAVA Therapeutics N.V.

CD1d Gammabody™ Extends Survival In Multiple Myeloma Mouse Model

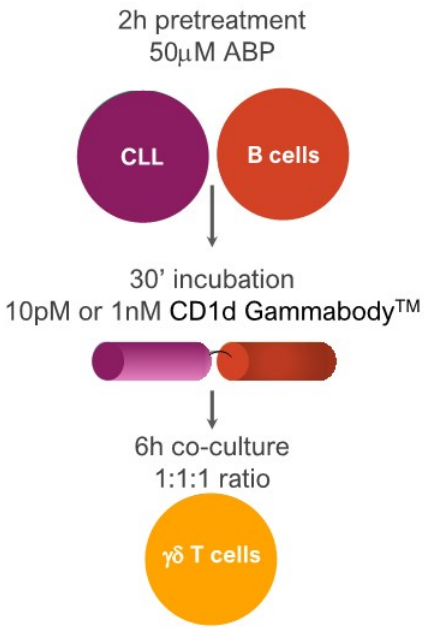
CD1d Gammabody™ induced anti-tumor activity of iNKT and Vγ9Vδ2 T cells



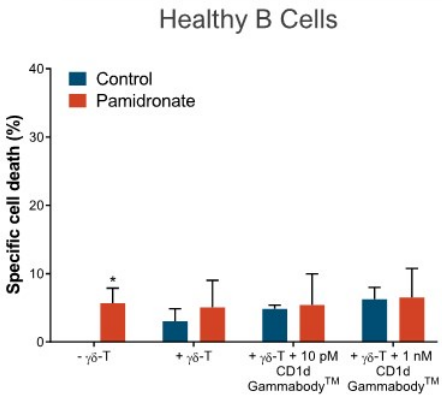
Gammabody™ triggered Vγ9Vδ2 and iNK T cell activity to control CD1d+ MM tumor cell growth, resulting in substantial improvement of survival

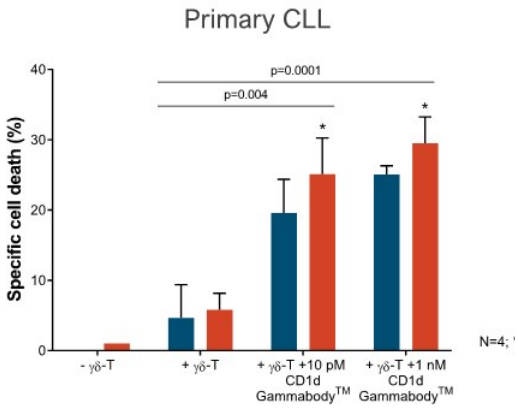
Data on file: LAVA Therapeutics N.V.

Selectively Kills Cancer Cells & Spares Healthy Cells



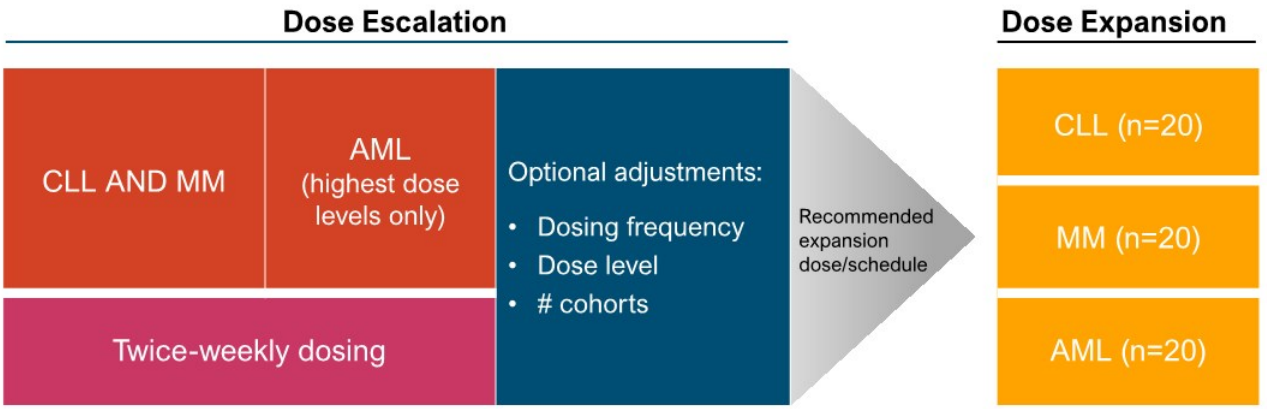
CD1d Gammabody™ potently killed CLL patient cells and spared healthy volunteer B cells *ex vivo*





De Weerdt I et al., Clin Cancer Res 2021; 27: 1744-1755

LAVA-051 Phase 1/2a Initiated in Hematological Malignancies



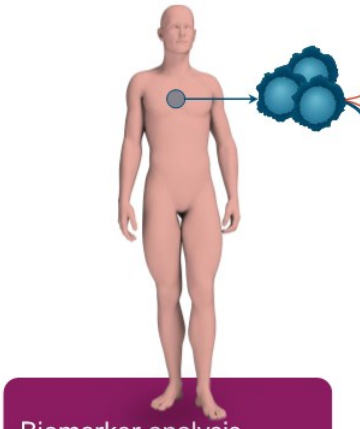
Goal: Determine recommended dose and schedule based on maximum tolerated dose (MTD) or optimal biological dose

Goal: Determine preliminary level of activity per disease

n= estimated number of patients per indication

Data from Phase 1 expected in 1H 2022;
Phase 2a dose expansion expected in 2H 2022

LAVA-051 Phase 1/2a: Extensive Biomarker Analysis

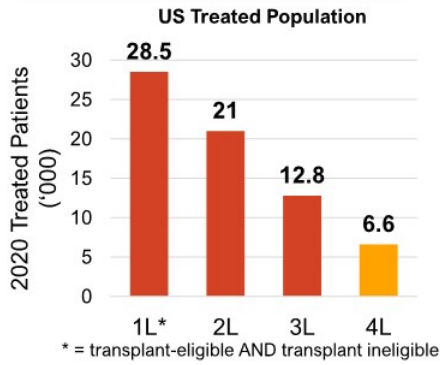


Biomarker analysis to validate whether LAVA's Gammabody™ platform performs in humans as predicted based on preclinical data

Pharmacodynamics	Cytokines (IL-1β, IL-2, IL-6, IL-8, TNF-α, IFN-γ, GM-CSF)	
	a.	Binding of LAVA-051: Vγ9Vδ2-T cells | CD1d positive tumor cells
	b.	Activation status & frequency: Vγ9Vδ2-T cells | iNKT cells
	c.	Induction of activation of Vγ9Vδ2-T cells *ex vivo* when exposed to CD1d (functional assay)
	d.	Immune-monitoring (frequency and activation status of B cells, T cell subsets, NK cells, monocytes, dendritic cells)
Disease assessments	Tumor-defining markers/CD1d/BTN3A	- MM (peripheral blood, urine, CT scan, bone marrow biopsy) - CLL (peripheral blood, CT scan, bone marrow biopsy) - AML (peripheral blood, bone marrow biopsy)
Safety	Chemistry / hematology / urine	
Pharmacokinetics		
Anti-Drug Antibodies		

Patient Population & US Market Size in Relapsed / Refractory MM, CLL & AML

Multiple Myeloma[1]

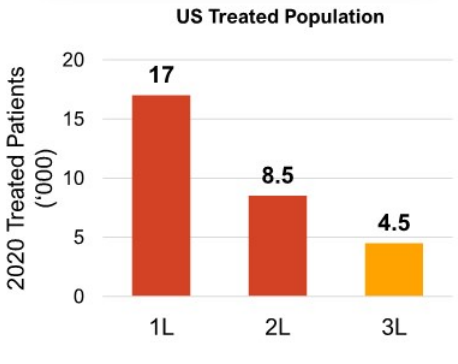


* = transplant-eligible AND transplant ineligible

4L Efficacy, Current Standard of Care[3,4,5]

- PFS = 3-4 mos

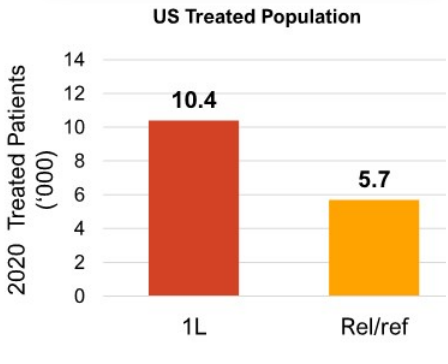
CLL[1]



3L Efficacy, Current Standard of Care[3,4]

- ORR = 30-50%
- CR = 10-20%
- PFS = 6-12 mos

AML[2]



Rel / Ref Efficacy, Current Standard of Care[3,4]

- PFS = 4 mos

(PFS: progression-free survival; ORR: overall response rate; CR: complete responses)

[1] Decision Resources Group; Datamonitor Healthcare; Roche Investor Presentation, 2019
[2] Decision Resources Group
[3] LAVA HCP market research
[4] Product PIs
[5] July 2019 Putnam market sizing study

Feasible Threshold for Accelerated Approval Pathway in RRMM

Multiple Myeloma

PEPAXTO (Oncopeptides) – Feb 2021

Indication: failed ≥4 lines of therapy, triple-class refractory disease

BLENREP (GSK) – May 2020

Indication: failed ≥4 lines of therapy, triple-class refractory disease

XPOVIO (Karyopharm) – Mar 2019

Indication: penta-refractory disease

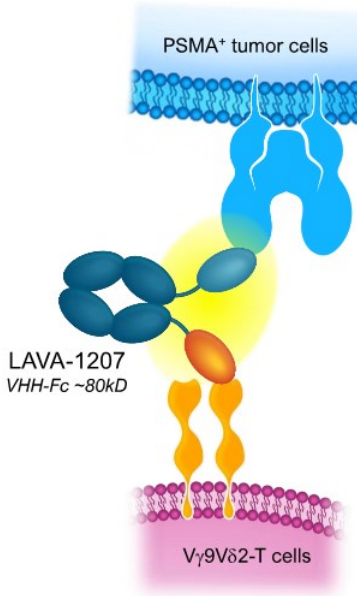
Pivotal Studies Efficacy		
N	**ORR**	**mDOR**
97	24%	4.2 mos
97	31%	11 mos
83	21%	3.8 mos

LAVA-1207

Activates γδ T Cells by Targeting PSMA for the Treatment of mCRPC

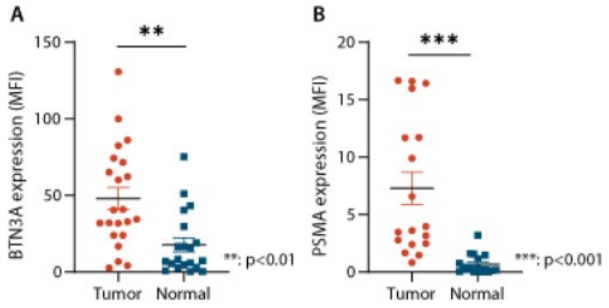
LAVA-1207: Targeting PSMA for Prostate Cancer

- Specifically targets and activates Vγ9Vδ2 T cells against PSMA-expressing tumor cells
- PSMA is a well-validated tumor target
  - Mediates PSMA-dependent activation of Vγ9Vδ2 T cells resulting in potent killing of PSMA-positive tumor cells
- Fc added to extend half life, silenced to avoid Fc-mediated effector functions
- Pre-clinical data support MoA, anti-cancer activity & selectivity
- Initiating Phase 1/2a clinical trial 2H 2021
  - Metastatic castration-resistant prostate cancer (mCRPC)
  - Data expected in 2022 / 2023



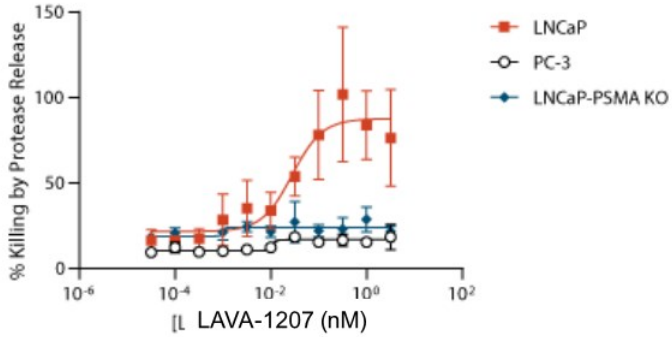
LAVA-1207: Targeting PSMA for Prostate Cancer

Butyrophilin (BTN3A) & PSMA are elevated on tumor cells in samples of prostate cancer patients



Cell Killing

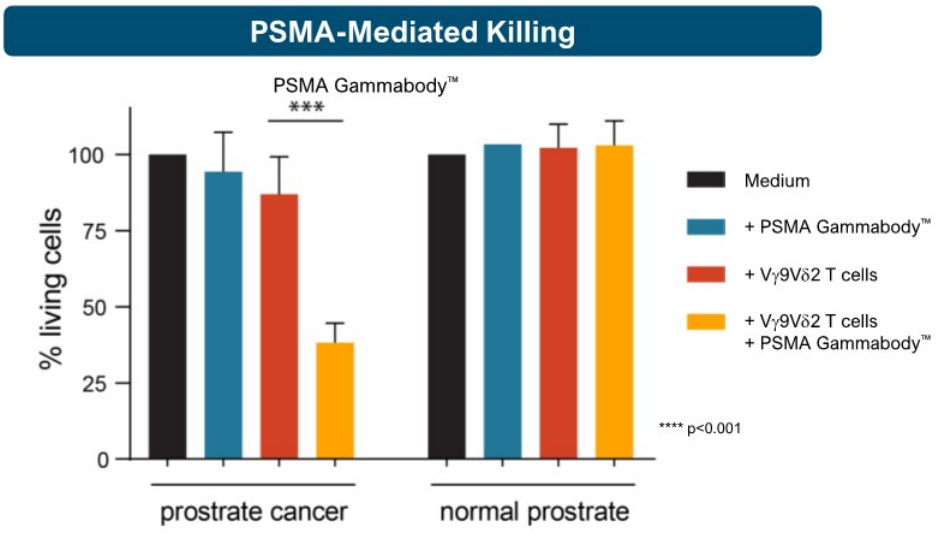
Cytotoxicity assay using γδ-T cells



PSMA is a validated target. LAVA-1207, a PSMA Gammabody™, demonstrated potent, dose dependent cytotoxicity and is a potential first-in-class therapeutic for PSMA-expressing cancer

Data on file: LAVA Therapeutics N.V.

PSMA Gammabody™ Selectivity in Preclinical Models

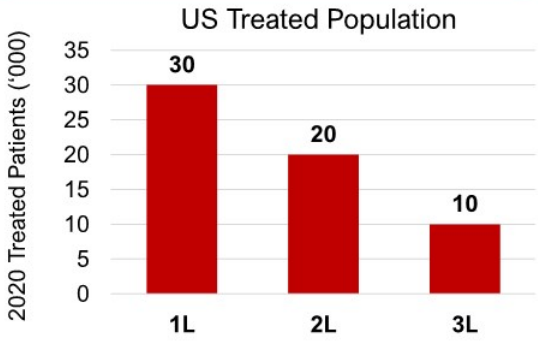


PSMA Gammabody™ demonstrates preferential killing of tumor cells while sparing healthy cells *ex vivo*

Data on file: LAVA Therapeutics N.V.

Unmet Need Remains In mCRPC: Initial Opportunity in 3rd Line

mCRPC[1,2]



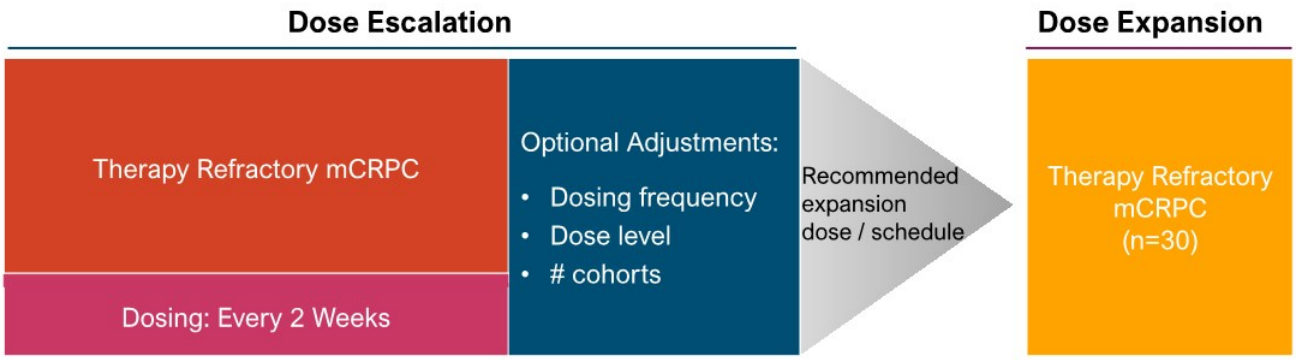
3L Efficacy, Current Standard of Care[3,4]

- ORR = 30%
- PFS = 3-6 mo.

Class	Lava Potential for Differentiation
TCE	• Does not co-activate Tregs • No CRS • Reduced on-target / off-tumor-related toxicities • No immune effector cell-associated neurotoxicity syndrome (ICANS)
CAR-T	• Preconditioning not required for Gammabody™ • No CRS, ICANS • 'Off-the-shelf' approach
Radioligand	• Ease of manufacturing / administration

[1] Decision Resources Group; Datamonitor Healthcare; AstraZeneca, Feb. 14, 2020; SVBLeerink, April 22, 2020
[2] *Journal of Clinical Oncology 38, no. 6_suppl (Feb. 20, 2020) 229-229*
[3] LAVA HCP Market Research
[4] Product PIs

LAVA-1207 Phase 1/2a in Metastatic Castration-Resistant Prostate Cancer (mCRPC)



Goal: Determine recommended dose and schedule based on MTD or optimal biological dose

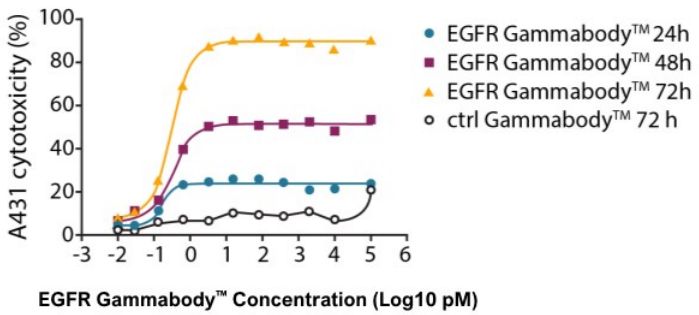
Goal: Determine preliminary level of activity

LAVA-1207 Phase 1/2a Expected to Begin in Q421

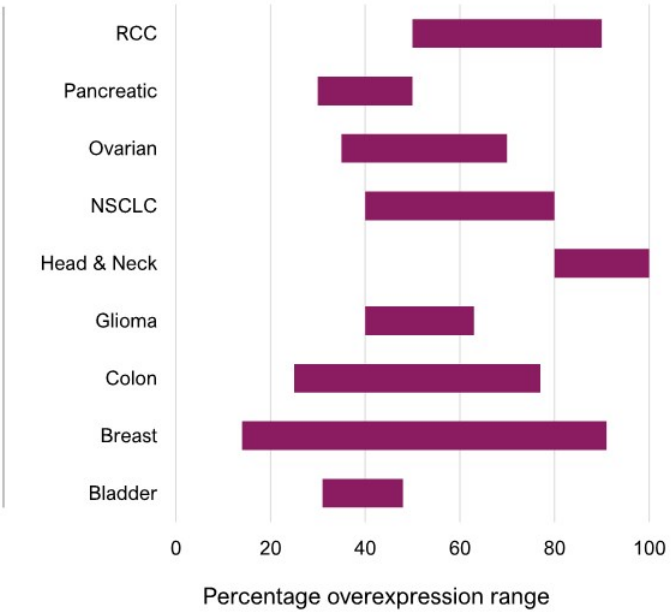
Key Preclinical Programs

Potential for LAVA-1223 Across a Number of EGFR-Expressing Solid Tumors

Sustained EGFR Gammabody™ Mediated Killing of Tumor Cells by Vγ9Vδ2 T Cells



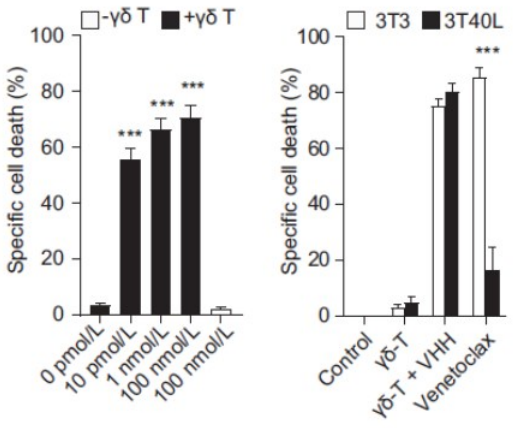
EGFR Expression by Tumor Type (Range)



Data on file: LAVA Therapeutics N.V. and Janssen Biotech Inc.

CD40 Gammabody™ for Multiple Solid Tumors & Hematologic Malignancies

Specific Lysis of Primary CLL Cells by CD40 Gammabody™



**** p<0.001

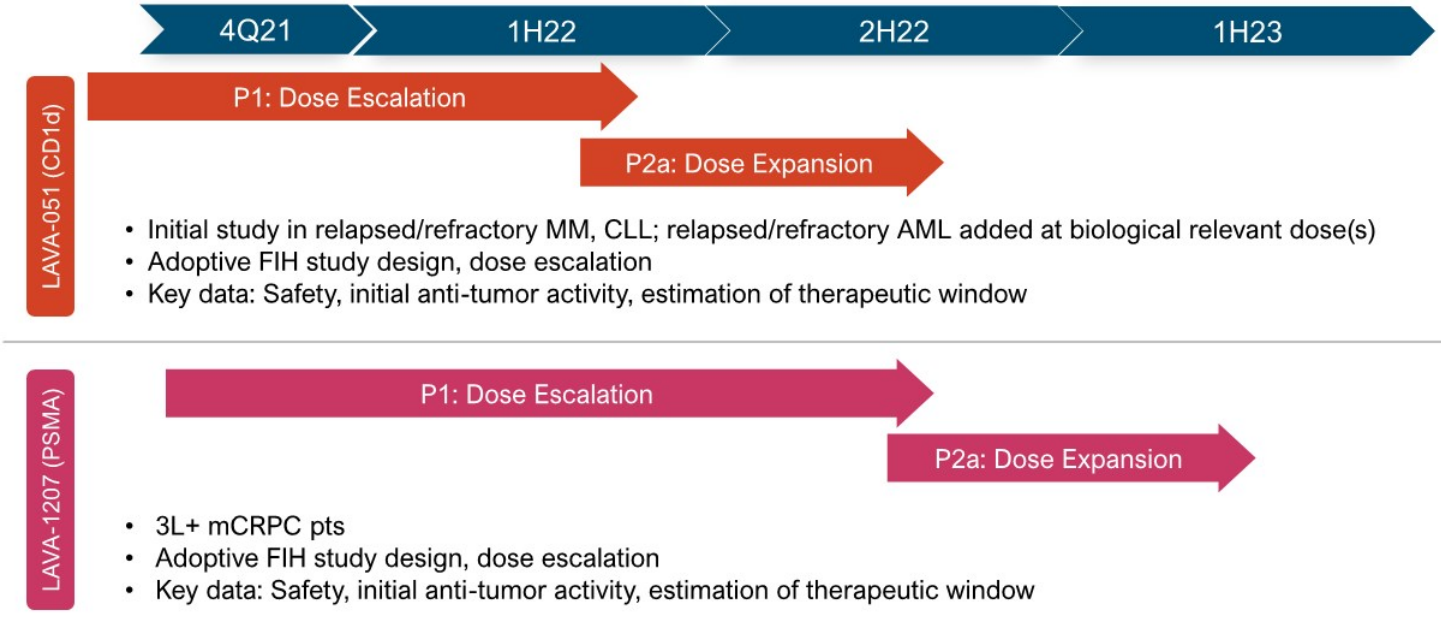
CD40 Overexpression

Hematologic Malignancies	Solid Tumors
• CLL	• Bladder
• DLBCL	• Colon
• MM	• Esophageal
	• Lung
	• Ovarian
	• Melanoma
	• Renal
	• Pancreatic
	• Prostate
	• Thymoma

De Weerdt I et al., Cancer Immunol Res 2021; 9: 50-61

Milestones

LAVA Now Clinical Stage - Two Lead Programs Expected in Clinic in 2021



Cash expected to be sufficient to fund operations into 2H 2023

Investment Highlights: Gammabody™ Platform

Bispecific Gamma Delta T Cell Engagers

Proprietary Platform – Gammabody™	• Novel Gammabody™ platform triggers the potent and precise antitumor properties of Vγ9Vδ2 T c • Targeting both novel and well-characterized targets in liquid and solid tumors
Differentiated Approach	• First off-the-shelf bispecific γδ T cell engager platform; leverages unique characteristics of Vγ9Vδ T cells to provide a wider therapeutic window • High potency with potential for durable responses and low risk for on-target/off-tumor-mediated toxicity, co-activation of suppressor T cells and cytokine release syndrome
POC & Broad Applicability	• Strong *in/ex vivo* preclinical data set, including well-tolerated safety profile • Potential to address broad patient populations with high unmet medical needs regardless of tumor mutational load
Lead Assets With Multiple Catalysts	• LAVA-051 targets CD1d with initial indications in hematological cancer - CLL, MM & AML • LAVA-1207 is our first solid tumor Gammabody™ and targets PSMA for treating mCRPC • LAVA-1223 targets EGFR; IND is planned late 2022 for the treatment of solid tumors
Well-Funded; Experienced Leadership	• Leaders in therapeutic bispecific antibody approaches leveraging Vγ9Vδ2 -T cells • $151M (Q2 2021) in cash and investments provide ample cash runway into 2H 2023 • Collaboration with Janssen (J&J)

LAVA THERAPEUTICS