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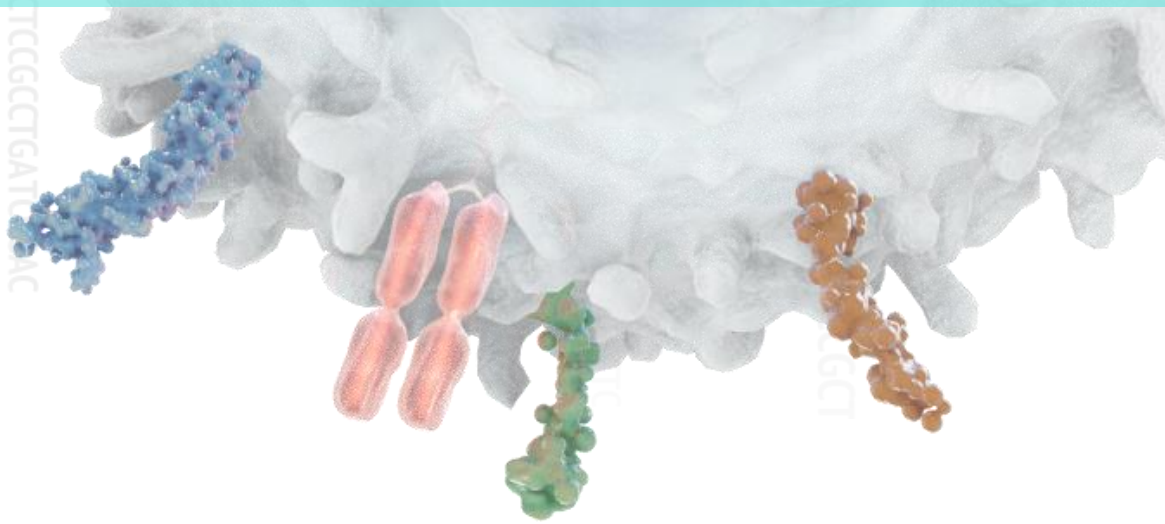

Corporate Overview

February 2022

Safe Harbor Statement

This presentation contains “forward-looking statements” within the meaning of the Securities Act of 1933 and the Securities Exchange Act of 1934, as amended, and the safe-harbor provisions of the Private Securities Litigation Reform Act of 1995. Forward-looking statements can be identified by the use of terminology such as “will,” “may,” “expects,” “anticipates,” “believes,” “potential,” “plan,” “goal,” “estimate,” “likely,” “should,” and “intends,” and similar expressions that are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. These forward-looking statements involve known and unknown risks and uncertainties that may cause the actual results, performance or achievements of Compugen to be materially different from any future results, performance or achievements expressed or implied by such forward-looking statements, including statements regarding the timing and success of our clinical trials, enrollment of patients, type and stage of clinical trials, presentation of data and our cash position expenditures and other financial information. Among these risks: The global COVID-19 pandemic may negatively impact the global economy and may also adversely affect Compugen’s business; clinical development involves a lengthy and expensive process, with an uncertain outcome and Compugen may encounter substantial delays or even an inability to begin clinical trials for any specific product, or may not be able to conduct or complete its trials on the timelines it expects; Compugen relies and expects to continue to rely on third parties to conduct its clinical trials and these third parties may not successfully carry out their contractual duties, comply with regulatory requirements or meet expected deadlines, and Compugen may experience significant delays in the conduct of its clinical trials as well as significant increased expenditures; Compugen’s business model is substantially dependent on entering into collaboration agreements with third parties and Compugen may not be successful in generating adequate revenues or commercializing aspects of its business model; Compugen’s approach to the discovery of therapeutic products is based on its proprietary computational target discovery infrastructure, which is unproven clinically; and Compugen does not know whether it will be able to discover and develop additional potential product candidates or products of commercial value. These and other factors, including the ability to finance the Company, are more fully discussed in the "Risk Factors" section of Compugen’s most recent Annual Report on Form 20-F as filed with the Securities and Exchange Commission (“SEC”) as well as other documents that may be subsequently filed by Compugen from time to time with the SEC. In addition, any forward-looking statements represent Compugen’s views only as of the date of this presentation and should not be relied upon as representing its views as of any subsequent date. Compugen does not assume any obligation to update any forward-looking statements unless required by law. Certain studies and data presented herein have been conducted for us by other entities as indicated where relevant. Intellectual property, including patents, copyrights or trade secret displayed in this presentation, whether registered or unregistered, are the intellectual property rights of Compugen. Compugen’s name and logo and other Compugen product names, slogans and logos referenced in this presentation are trademarks of Compugen Ltd. and/or its subsidiary, registered in the U.S.A., EU member states and Israel.

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Our Vision

Transforming patient lives by developing first-in-class therapeutics based on Compugen's computational target discovery platform

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Investment highlights

EXPAND
number of patients responding to treatment

- **Lead assets in Phase 1**
  - COM701 (anti-PVRIG)
  - COM902 (anti-TIGIT)
- **Encouraging clinical data**
  - Well-tolerated with immune activation & signals of antitumor activity
- **Partnered assets in Phase 1**
  - Bayer – bapotulimab (anti- ILDR2)
  - AstraZeneca- AZD2936 (TIGIT/PD-1 bispecific)

MAXIMIZE
value for patients

- **Strategic collaborations** with Pharma and academic institutions including Johns Hopkins

Bristol Myers Squibb™

BAYER

AstraZeneca

ADVANCE
immuno-oncology research

- Predictive computational platform of new drug targets
- Compugen discovered TIGIT, PVRIG & ILDR2

SOLID
financial position

Cash balance **~$118M** as of Dec 31, 2021

2022 expected cash burn **~$44-46M**

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Compugen's immuno-oncology pipeline

Executing a unique combination approach

PROGRAM TARGET	**PARTNER**	**INDICATION**	**STAGE OF DEVELOPMENT**
COM701 PVRIG		Ovarian, Breast, Endometrial, CRC (MSS) and NSCLC	Phase 1
COM701 + nivolumab PVRIG, PD-1	**Bristol Myers Squibb**	Ovarian, Breast, Endometrial and CRC (MSS)	Phase 1
COM701 + nivolumab + BMS-986207 PVRIG, PD-1, TIGIT	**Bristol Myers Squibb**	Ovarian, Endometrial, HNSCC and high PVRL-2 expressing tumors	Phase 1/2
COM902 TIGIT		Advanced Solid Tumors, Multiple Myeloma	Phase 1
COM902 + COM701 TIGIT, PVRIG		HNSCC, NSCLC, CRC (MSS)	Phase 1
Early-Stage Programs (including Myeloid Programs)		Undisclosed	Drug Discovery
Bapotulimab ILDR2	**Bayer**	Advanced solid tumors	Phase 1
Bapotulimab + Keytruda® ILDR2, PD-1	**Bayer**	Head & Neck Squamous Cell Carcinoma	Phase 1
TIGIT/PD-1 bispecific program* derived from COM902	**AstraZeneca**	Advanced or Metastatic Non-small Cell Lung Cancer	Phase 1/2

Compugen-owned programs Partner programs * AZD2936

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Partnerships with leading pharma companies

Bristol Myers Squibb™

Clinical Trial Collaboration and Equity Investment October 2018

Collaborate on COM701 combo studies

Phase 1 dual combo with nivolumab

Phase 1/2 triple combination with nivolumab and BMS-986207 (anti-TIGIT)

Bristol Myers Squibb supplies nivolumab and BMS-986207

Compugen retains ownership and commercial rights to COM701

Bristol Myers Squibb right-of-first negotiation during exclusivity period

$12M initial strategic equity investment in 2018, $20M additional investment in 2021

Bayer

Development and License Agreement
August 2013

Development of an antibody based on a target discovered by Compugen's computational platform

Bapotulimab targeting ILDR2, in Phase 1

Over $250M in future milestone and mid-to-high single digit royalty payments

Over $30M in upfront and milestone payments to date

AstraZeneca

License Agreement
March 2018

Development of bispecific and multi-specific I/O Ab candidates derived from COM902

AZD2936, a TIGIT/PD-1 bispecific in Phase 1/2

AstraZeneca responsible for R&D and commercial activities

$18M in upfront and milestone payments to date

Up to $200M milestone payments for first product. Payments for additional products and tiered royalties on future sales

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Well executed milestone rich 2021

Striding forward as the leaders in the DNAM-1 axis, executing a unique combination approach

EXPAND number of patients responding to treatment

Completed clinical studies	☑ Completed all dose escalation studies
Presented clinical data	☑ Presented COM701 mono and dual combination data with nivolumab ☑ First to present signals of mono anti-tumor activity with an IgG4 anti-TIGIT antibody, with low Fc-effector function ☑ Presented first ever data on triple combination targeting PVRIG/TIGIT/PD-1
Initiated clinical studies	☑ Initiated dual and triple combination biomarker informed cohort expansion studies in select tumors including inflamed and less inflamed tumors ☑ Only ongoing study targeting TIGIT in combination with PVRIG in an anti-PD-1 free regimen

MAXIMIZE value for patients

Progressed collaborations	☑ Expanded collaboration with Bristol Myers Squibb and $20M equity investment ☑ First patient dosed in AstraZeneca Ph1 study with TIGIT/PDL-1 bispecific derived from COM902

ADVANCE immuno-oncology research

Published research	☑ Presentation of DNAM-1 axis research at scientific conferences ☑ Published on the biology and potential therapeutic relevance of the DNAM-1 axis in Cancer Discovery [1] and on COM902 in Cancer Immunology Immunotherapy [2]

1. https://cancerdiscovery.aacrjournals.org/content/11/5/1040.abstract
2. https://link.springer.com/article/10.1007/s00262-021-02921-8

*Dual combination studies: COM701+COM902; COM701 + nivolumab
**Triple combination study: COM701+nivolumab+ BMS-986207

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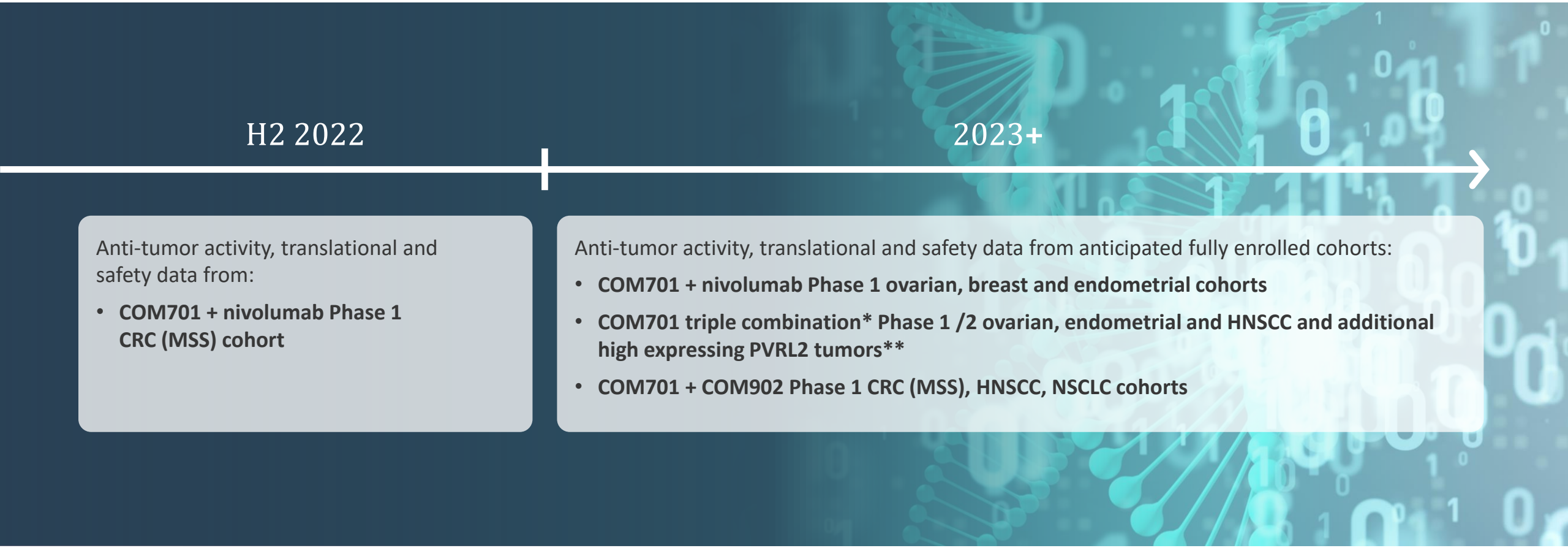
Expected 2022/2023 catalysts

Reported data will guide regulatory strategy defined on a cohort-by-cohort basis



*Triple combination of COM701 with nivolumab and BMS-986207 (anti-TIGIT)
**a cohort of subjects who have high expression of PVRL2, which we will start enrolling following the assessment of correlation between PVRL2 level of expression and response

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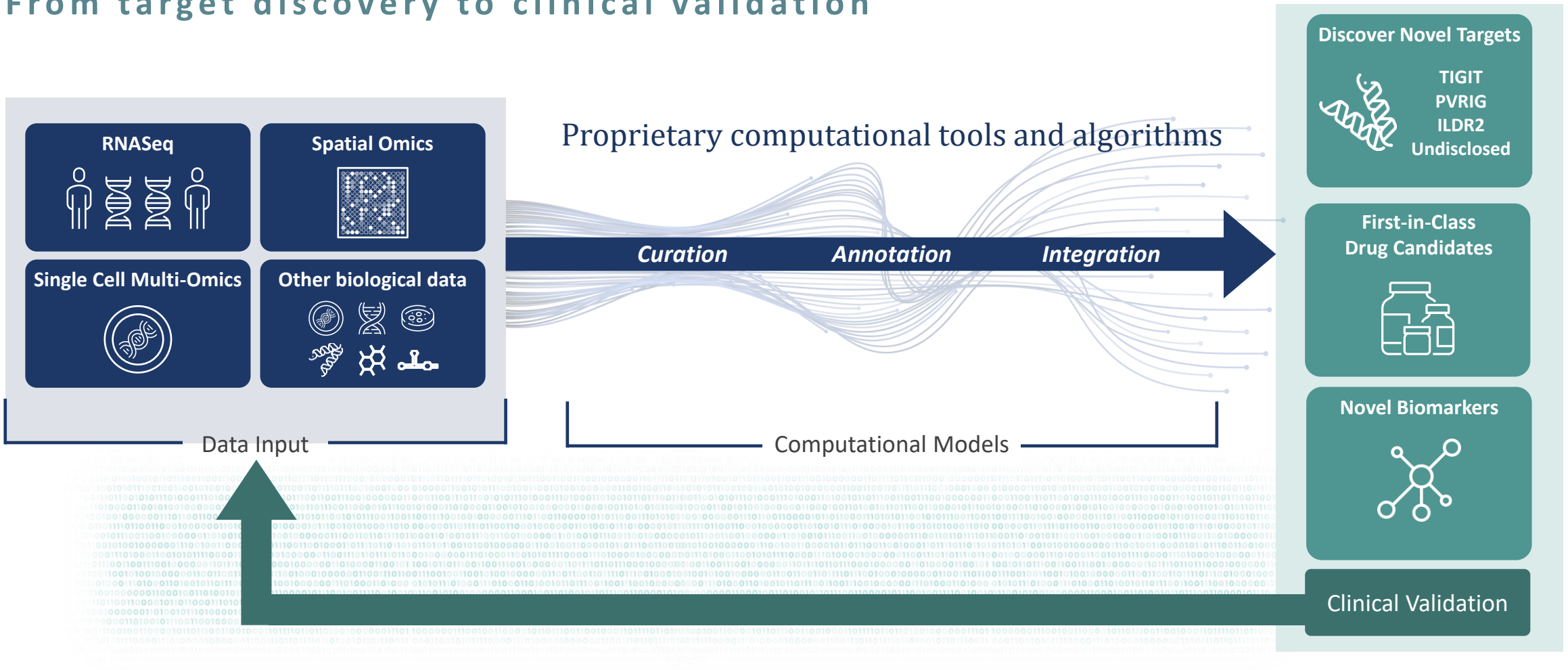
Pioneering predictive computational discovery platform

From target discovery to clinical validation



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Diverse experienced leadership team

Management team

Anat Cohen-Dayag, PhD
President & CEO

Ari Krashin
Chief Financial & Operating Officer

Henry Adewoye, MD
SVP, Chief Medical Officer

Oliver Froescheis, PhD
SVP, Business & Corporate Development

Eran Ophir, PhD
VP, Research and Drug Discovery

Zurit Levine, PhD
SVP, Technology Innovation

Pierre Ferre, PhD, Dr. Vet. Med.
Vice President, Preclinical Development

Yaron Turpaz, PhD
SVP & Sr. Advisor Computational Discovery

Dorit Amitay
VP, Human Resources

Board Of Directors

Paul Sekhri
Chairman of the Board

Anat Cohen-Dayag, PhD
President & CEO, Director

Jean-Pierre Bizzari, MD
Director

Gilead Halevy
Director

Kinneret Livnat Savitzky, PhD
Director

Eran Perry
Director

Sanford (Sandy) Zweifach
Director

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Strategic advisors

Industry veterans, renowned oncologists and immunologists

Scientific Advisory Board

Drew Pardoll, MD, PhD

Chairman

Multi-year strategic collaboration

Antoni Ribas, MD, PhD

Nils Lonberg, PhD

Former SVP, Oncology Discovery Biology
Bristol Myers Squibb

Elliott Sigal, MD, PhD

Strategic Advisor

Former CSO, EVP & Director, Bristol Myers Squibb

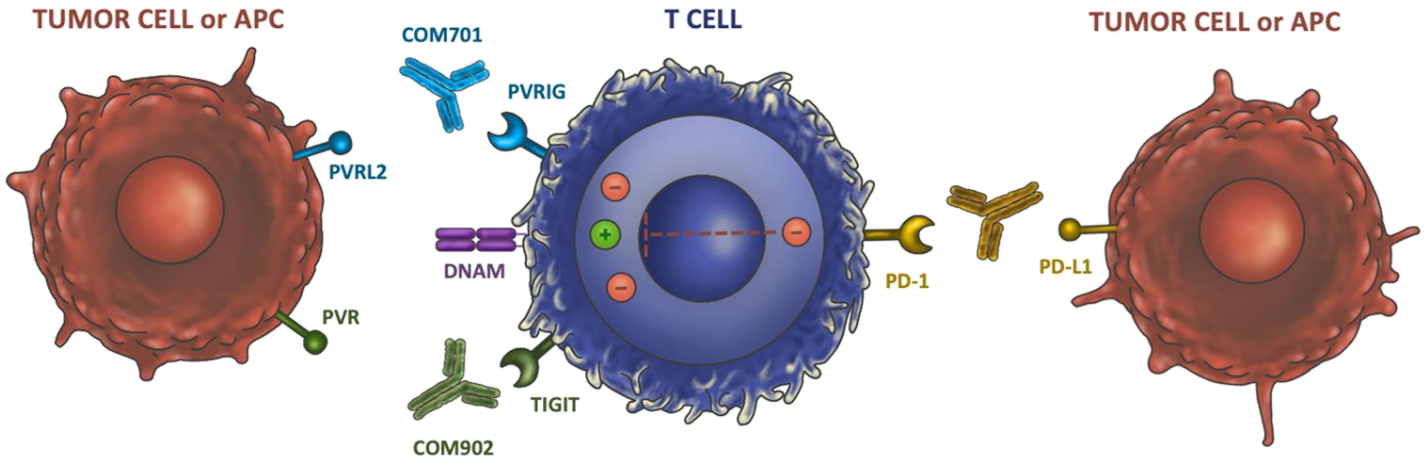
Miriam Merad, MD, PhD

Howard Soule, PhD

Iain McInnes, FRCP, PhD

DNAM axis potential to be a game changer in the fight against cancer

PVRIG may be the missing piece when current checkpoint inhibitors fail



Support combination approach to overcome immunotherapy resistance

- PVRIG and TIGIT discovered by Compugen's discovery platform
- DNAM axis – two parallel and complementary inhibitory pathways (PVRIG & TIGIT)
- Potential intersection between PVRIG/TIGIT and PD-1 pathway
- PVRIG is potentially unique in generating new waves of T cells to infiltrate the TME
- PVRL2 broadly expressed in PD-L1 high and low tumors

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PVRIG AND TIGIT – Complementary but distinct pathways

PVRIG preferentially binds PVRL2

TIGIT preferentially binds PVR

Differentially expressed in tumor types

PVRL2 expression is more dominant than PVR on certain tumor types, including breast, endometrial and ovarian

Differentially expressed on immune cell types

TIGIT and PVRIG are both expressed on T and NK cells

PVRIG more dominant on early differentiated memory T cells

TIGIT is highly expressed on Tregs relative to PVRIG

Differentially expressed in the tumor microenvironment

PVRL2 has higher expression on some myeloid lineage cells, particularly DC subsets

Biomarker driven approach

Targeting tumor types most likely to respond to treatment

Indication selection for cohort expansion studies

Driven by computational discovery prediction validated in the lab

Pre-clinical data from DNAM-1 axis members expression in tumor samples

Focus on tumor types with highest PVRIG, and PVRL2 expression and initial signals of anti-tumor activity

Anti-tumor activity reported supports the strategy

ID of biomarkers for future patient selection

Exploring correlation of expression of PVRIG pathway with clinical response

Exploratory biomarker ID approaches in paired liquid and tumor biopsies

Work ongoing in cohort expansion studies where paired biopsies are mandatory

PD biomarkers to validate MOA

Measure immune modulation induced by COM701 and combinations in peripheral blood and tumor biopsy before and during treatment

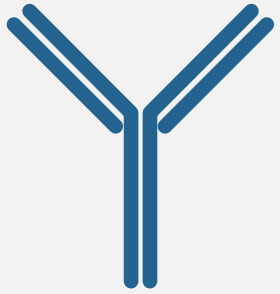
Data at ASCO June‘21 supports the immune mediated MOA of COM701

Translational data from SITC ‘21 supports potent immune activation with triple blockade

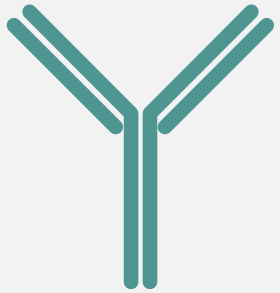
Liquid biopsy= peripheral blood

COM701, COM902 data reported

All comer patients progressed on standard of care



COM701



COM902

Open label design	COM701 dose escalation & expansion	COM701 + nivolumab dose escalation	COM701 + nivolumab + BMS-986207 dose escalation	COM902 dose escalation
Phase	1	1	1	1
# of patients	36	15	13	18
# prior therapies*	6	5	10	7
Primary endpoint	Safety & tolerability, PK/PD, preliminary anti-tumor activity			
Results presented	ASCO ‘21	ASCO ‘21	SITC ‘21	SITC ’21
CT identifier	NCT03667716	NCT03667716	NCT04570839	NCT04354246

*Median number of prior therapies

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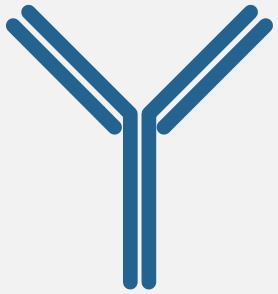
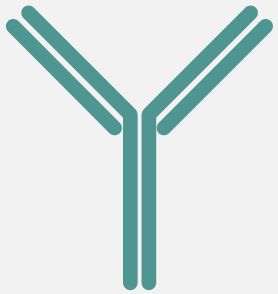
COM701, COM902 ongoing clinical cohort expansion program

Patients who have progressed on standard of care



COM701



COM902

	Open label design	COM701 + nivolumab	COM701 + nivolumab + anti-TIGIT BMS-986207	COM902 RDFE	COM701 + COM902 both at RDFE
	Phase	1	1/2	1	1
	# of patients	20 per cohort	20 per cohort	10	20 per cohort
	Tumor type	OC, BC, EC, CRC (MSS)	OC, EC, HNSCC, PVRL2 high tumors	Adv. Solid tumors MM	HNSCC, NSCLC, CRC (MSS)
	Primary endpoint	Safety & tolerability, PK/PD, preliminary anti-tumor activity			
	Status	First patient dosed Q2 ‘21	First patient dosed Q3 ‘21	Enrolling	First patient dosed Q4 ‘21
	CT identifier	NCT03667716	NCT04570839	NCT04254246	NCT04354246

HNSCC: Head and neck squamous cell cancer; 2 cohorts: IO-naïve cohort and cohort with prior IO therapy
OC: Ovarian Cancer; BC: Breast Cancer; EC: Endometrial Cancer; CRC (MSS): Colorectal Cancer Microsatellite Stable; NSCLC: Non-Small Cell Lung Cancer; MM: Multiple Myeloma
RDFE: Recommended Dose for Expansion

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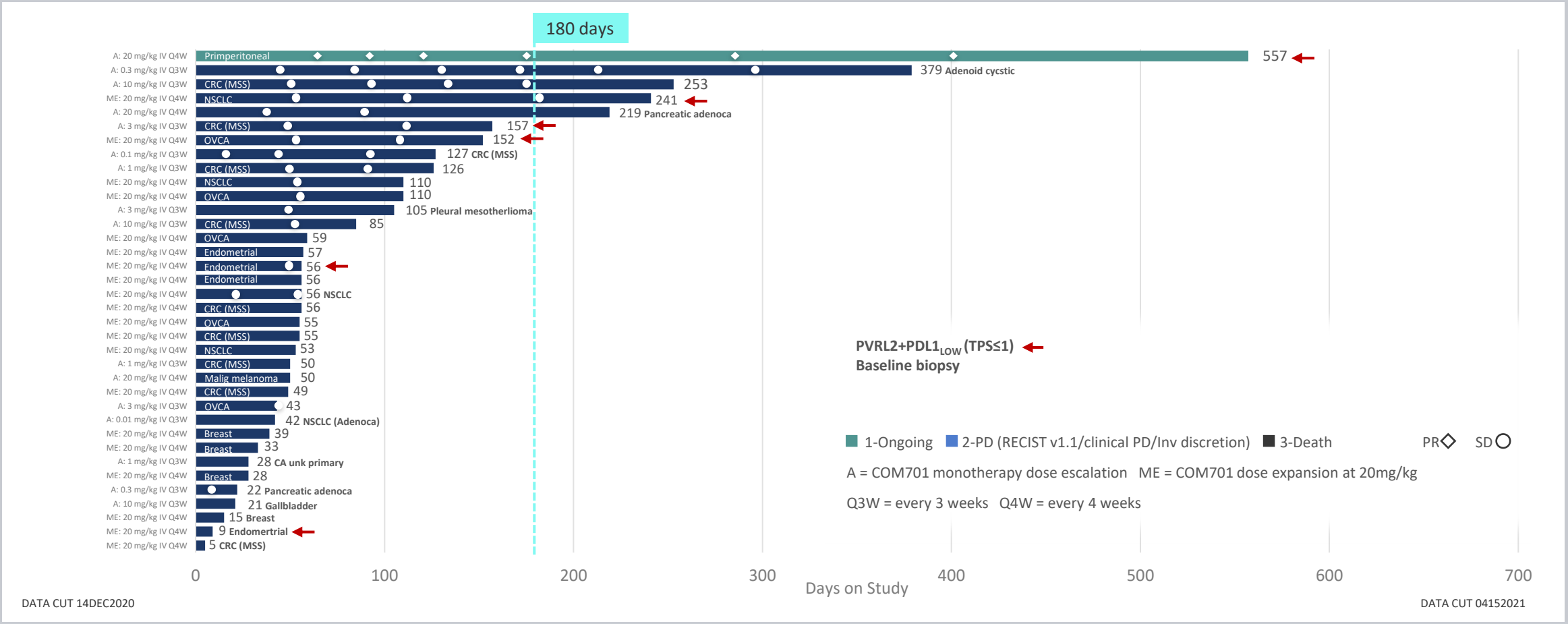
Swimmer plot COM701 monotherapy dose escalation and expansion Investigator assessed responses

Activity also seen in PD-L1 low tumors



ASCO June 2021 presentation, modified

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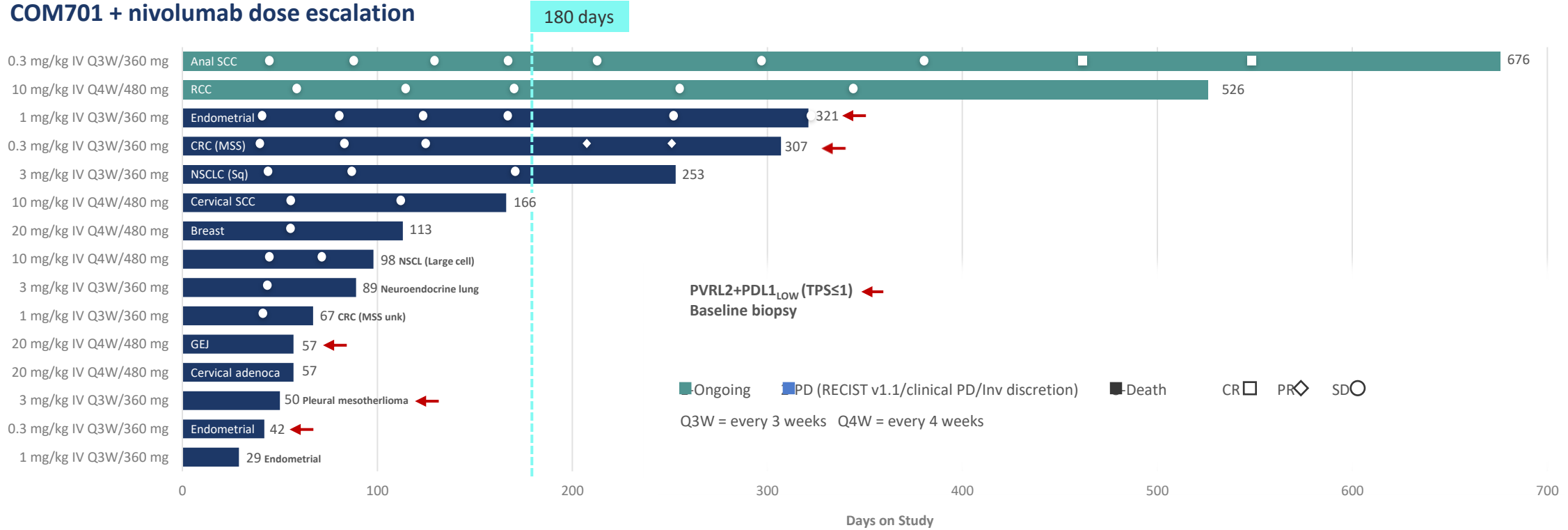
Swimmer plot COM701 with nivolumab Investigator assessed responses

Activity also seen in PD-L1 low tumors



ASCO June 2021 presentation, modified

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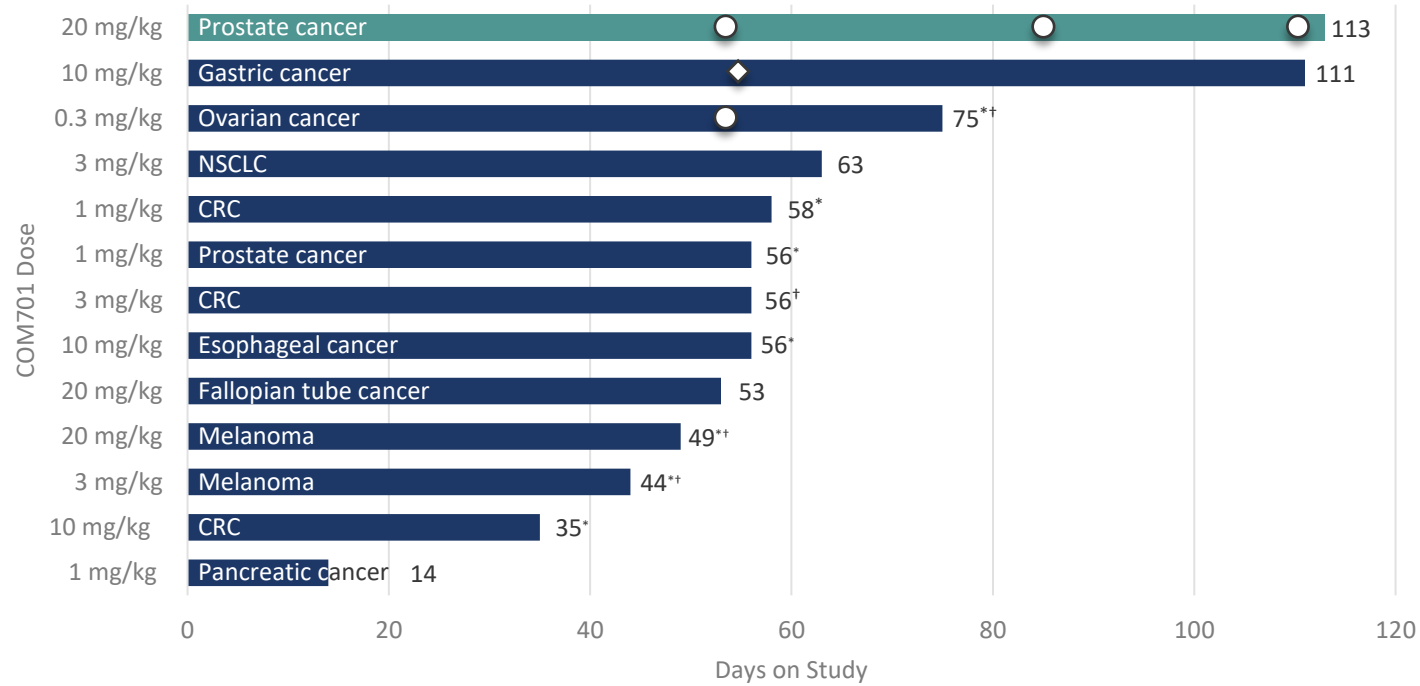
COM701, nivolumab and BMS-986207 combination well tolerated in dose escalation study

- Favorable safety and tolerability
- A maximum tolerated dose was not reached
- Best response of stable disease in a heavily pretreated all-comer patient population



Study clears the path to a comprehensive evaluation of Compugen's DNAM-1 axis hypothesis in select expansion cohorts*

*platinum resistant ovarian cancer, endometrial cancer, head and neck squamous cell cancer and basket cohort
Dumbrava et al, SITC November 2021 Poster Presentation, modified
Datacut 03 September 2021

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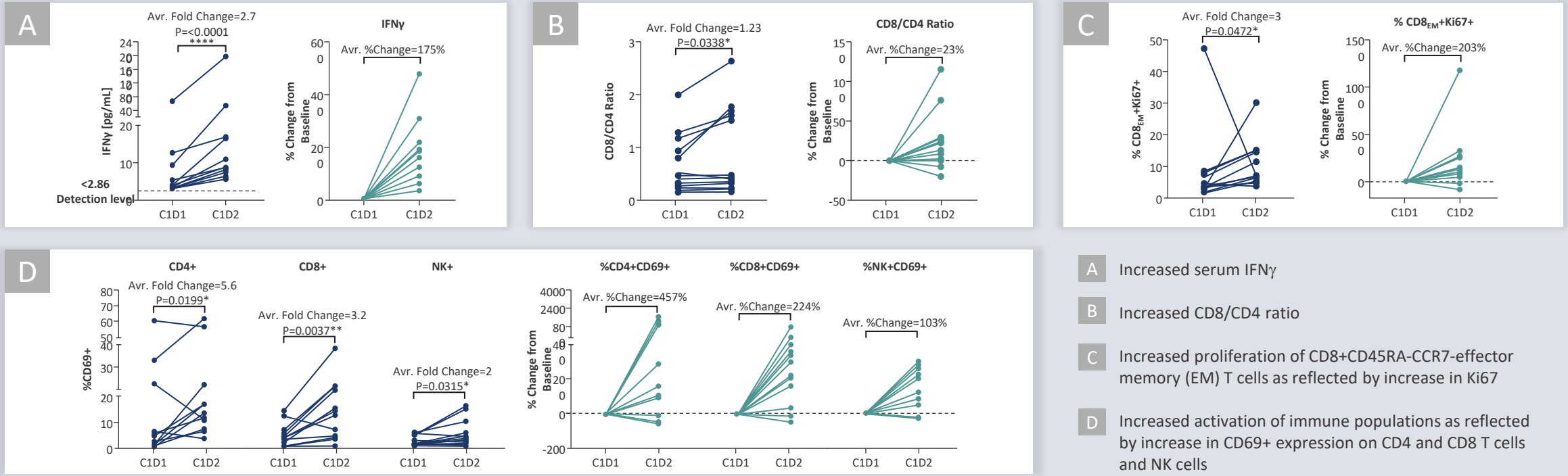
Potent activation of the immune system with COM701, nivolumab and BMS-986207 triple blockade

Increased T and NK cell activation, memory T Cell proliferation and IFNγ induction in blood at all COM701 doses



- A Increased serum IFNγ
- B Increased CD8/CD4 ratio
- C Increased proliferation of CD8+CD45RA-CCR7-effector memory (EM) T cells as reflected by increase in Ki67
- D Increased activation of immune populations as reflected by increase in CD69+ expression on CD4 and CD8 T cells and NK cells

Dumbrava et al, SITC November 2021 Poster Presentation, modified

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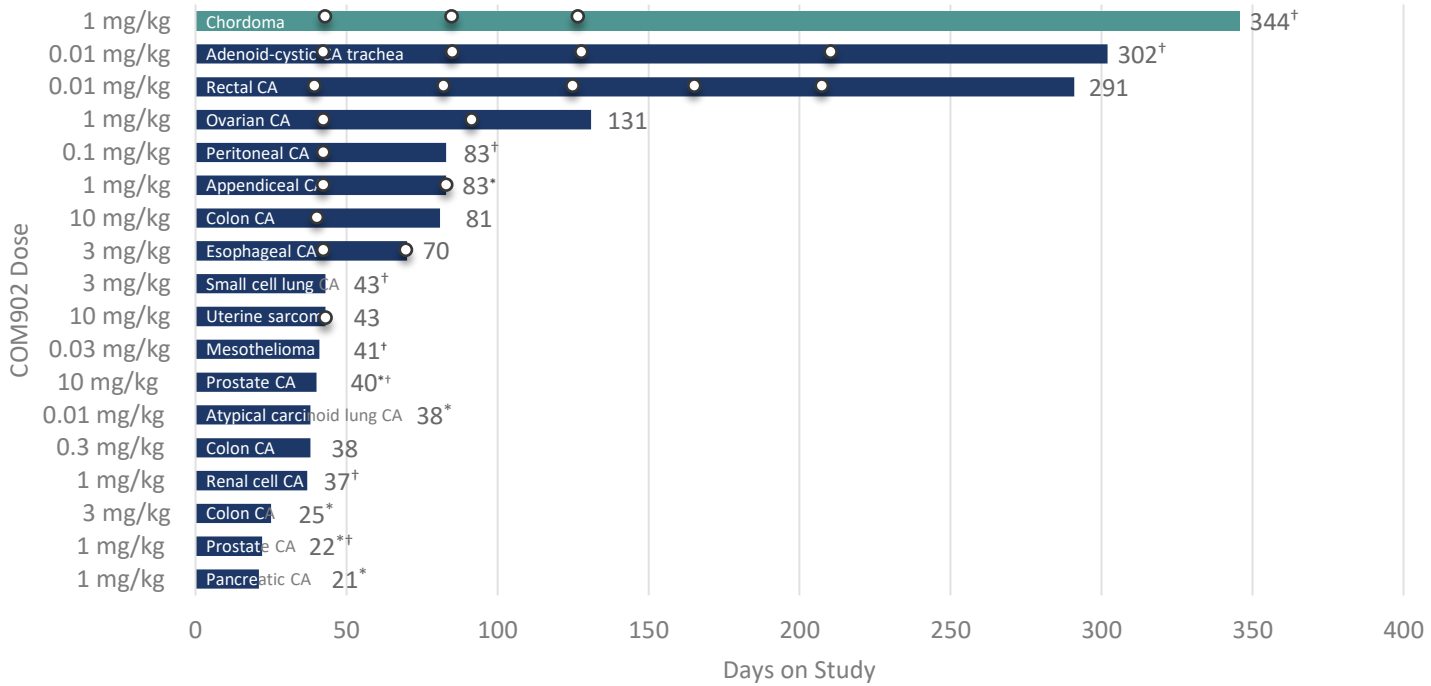
COM902 monotherapy well tolerated in dose escalation study

- Favorable safety and tolerability
- Peripheral receptor occupancy >90% from 0.1 mg/kg
- Dose proportional PK profile
- Best response of stable disease in 9 patients (50%)



COM902 + COM701 Phase 1 study Ongoing

Dumbrava et al, SITC November 2021 Poster Presentation, modified
Datacut 03 September 2021
DLT: Dose limiting toxicity PK: Pharmacokinetics ICI: Immune checkpoint inhibitor SD: Stable disease MTD: Maximum Tolerated Dose RDFE: Recommended Dose for Escalation

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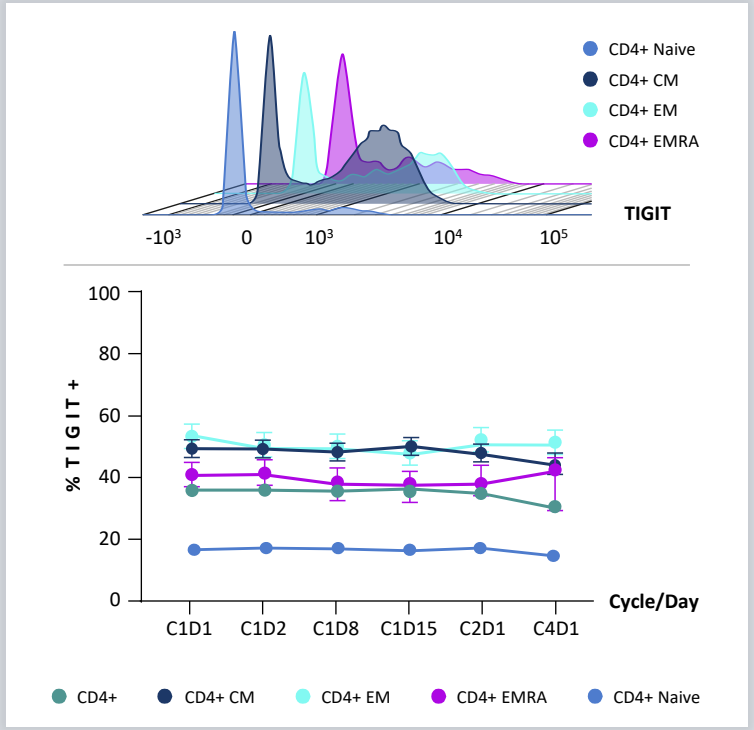
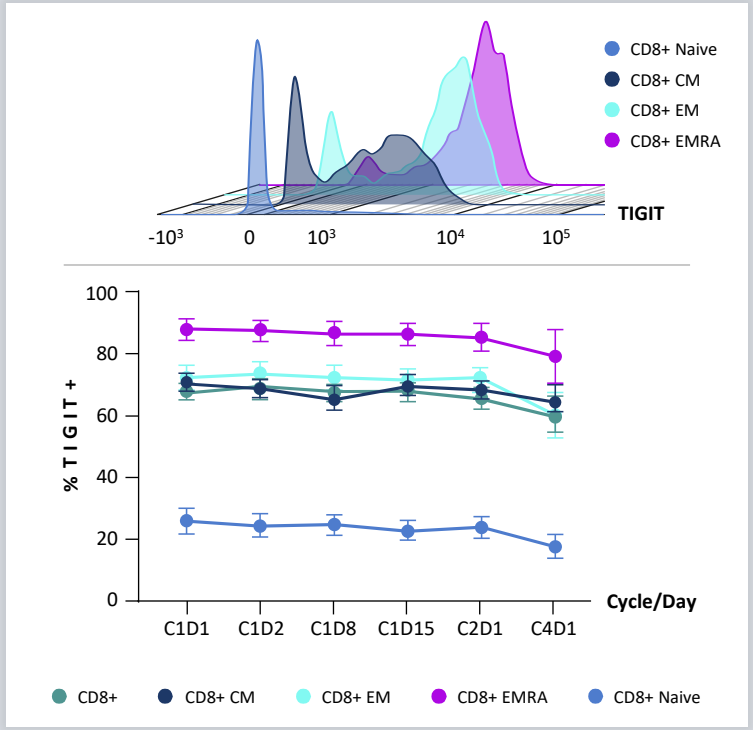
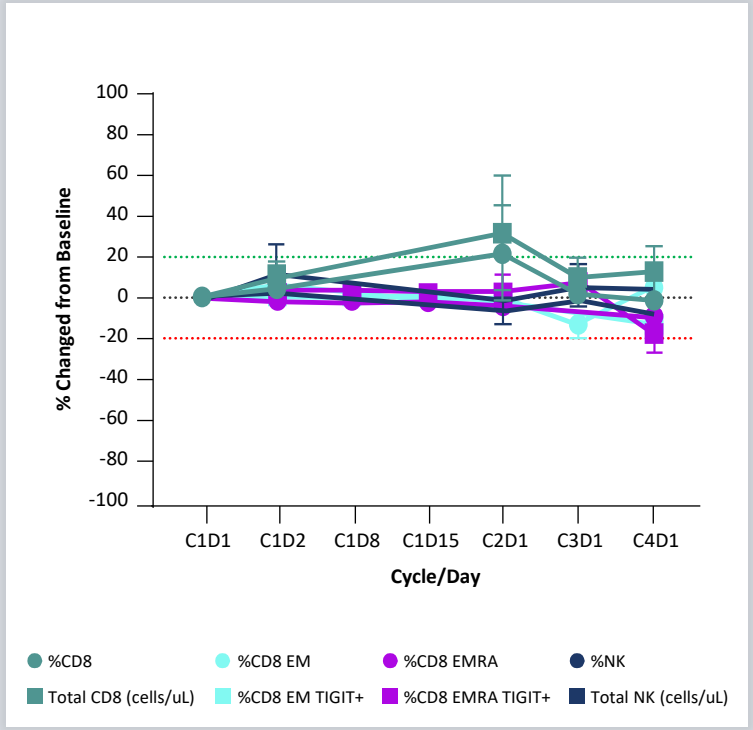
COM902 avoids depletion of major TIGIT+ expressing lymphocytes- NK, CD4 and CD8 T cells

Supporting rationale for selecting high affinity COM902 as a IgG4 reduced Fc effector function anti-TIGIT antibody







COM902 avoids CD8+ T Cells depletion and potential associated risks

Dumbrava et al, SITC November 2021 Poster Presentation, modified

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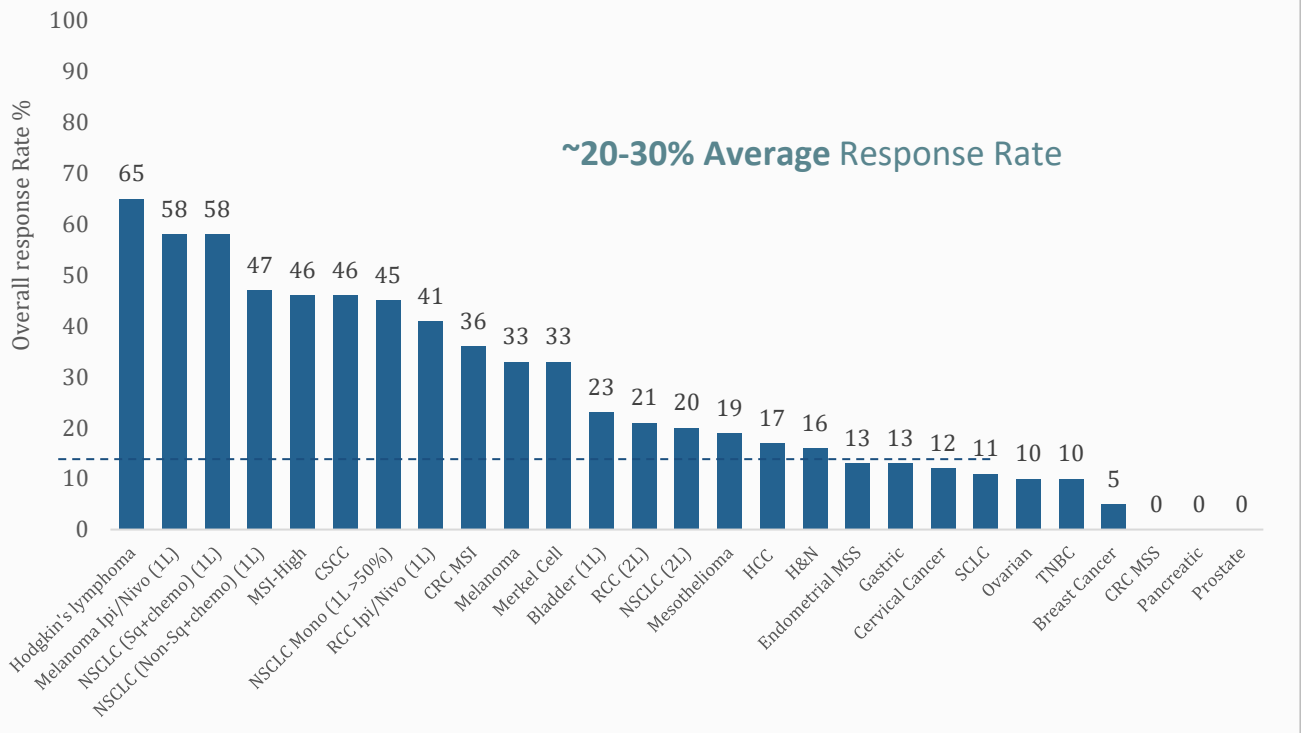
APPENDIX

An opportunity to address a significant unmet need

70-80% of patients non-responsive to approved cancer immunotherapies

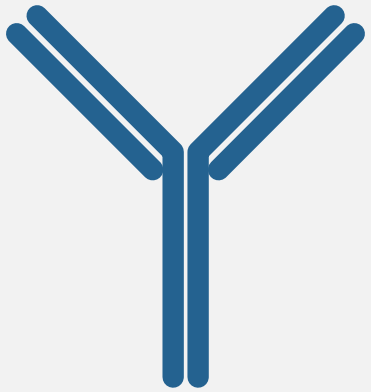
PD-1 monotherapy/combination activity across indications



- Clinical strategy primarily focused on PD-1 non-responsive cancer indications
- New drug targets and biological pathways aimed to address non-responsive patient populations
- Mechanism-driven first-in-class combinations
- Biomarker strategy to select patients based on pathway expression profile

Source: FDA label

COM701: A potentially first-in-class anti-PVRIG antibody



COM701

Dose escalation studies clear the path for ongoing cohort expansion studies in select tumor types

- Well-tolerated in mono, dual and triple combination
- Signals of antitumor activity in mono and dual combination, high DCR; confirmed CR and PRs; durable disease control
- Best response of SD in triple combination in heavily pretreated (median prior therapies n=10) all-comer population
- Translational data support potent immune activation with triple blockade

Combination therapy strategy based on deep understanding of DNAM1 axis biology

- Dual and triple combinations with TIGIT and PD-1 inhibitors have potential to address PD-1 non-responsive patient populations
- Preclinical models support anti-tumor effects with dual and triple combinations

Science-driven biomarker strategy targeting indications with elevated expression of DNAM1 axis members

- Targeting tumor types most likely to respond to treatment
- Clinical opportunities in endometrial, breast, lung, ovarian, colorectal and other solid tumors

Strong IP position

- Internally discovered and developed, potentially first-in-class asset
- Issued and pending patents for composition of matter, use and combinations worldwide

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Summary of investigator-assessed response COM701 monotherapy and dual combination with nivolumab

(Per RECIST v1.1 DLT-Evaluable Population)

Data from monotherapy and combination dose escalation and monotherapy expansion studies

	Mono (N = 36) N (%)	Dual Combo (N = 15) N (%)
Overall Response rate (CR+PR)	1 (3)	2 (13)
Disease control rate (CR+PR+SD)	17 (47)	10 (67)
Patients with CR, PR, SD ≥ 6 months	5 (14)	5 (33)
Patients who received prior treatment with ICI (any line of therapy) Best response of CR, PR or SD in pts with prior treatment with ICI	11 (31) 7 (19)	7 (47) 6* (40)
Prior treatment-refractory disease*** Best response of CR, PR or SD in patients with prior treatment -refractory disease	15 (42) 7 (19)	6 (40) 4** (27)
Best response		
Complete response	0 (0.0)	1 (7)
Partial response	1 (3)	1 (7)
Stable Disease	16 (44)	8 (53)
Progressive Disease	13 (36)	4 (27)
Not assessed per RECIST v1.1 (clinical PD prior to 1st imaging assessment)	6 (17)	1 (7)

*Includes a patient with anal SCC with confirmed CR
**Includes a patient with CRC (MSS) with confirmed PR
***Prior treatment refractory disease: Best response of PD to last therapy prior to enrollment into this study.
ASCO June 2021 presentation, modified

DLT-evaluable set: patients enrolled into dose escalation, patients in COM701 monotherapy expansion cohort

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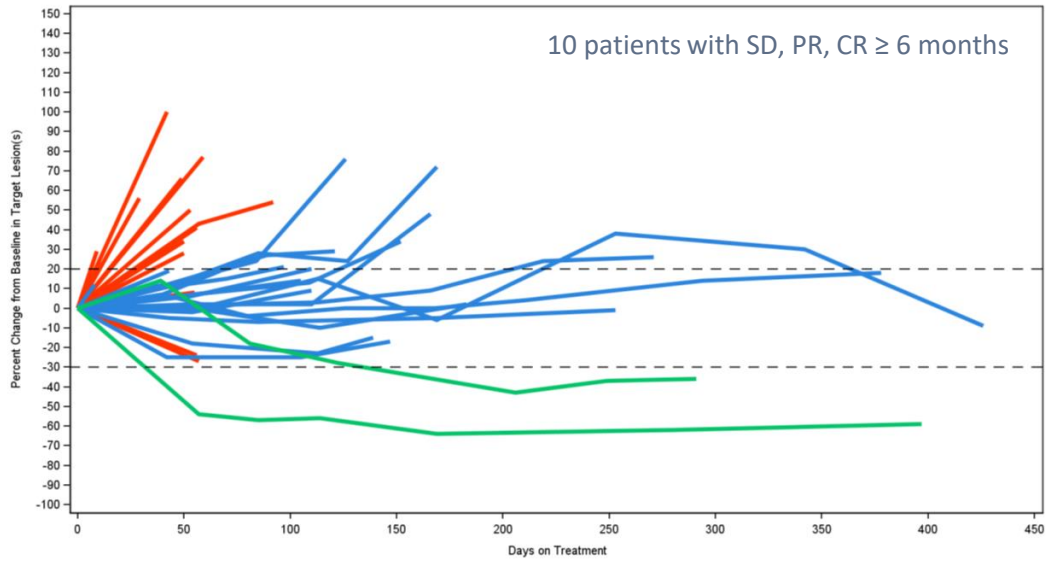
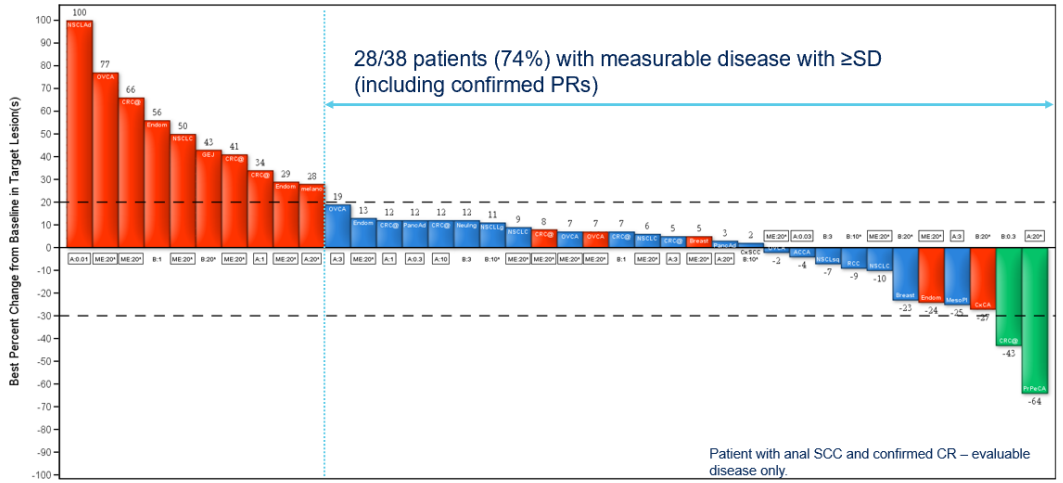
Spider and waterfall plots - COM701 mono and dual combo with nivolumab



Monotherapy and Combination Dose Escalation DLT-Evaluable Population and Monotherapy Expansion Arm with Evaluable and Measurable Target Lesions:

PD (N=15) SD (N=21) PR (N=2) @CRC-MSS



Monotherapy and Combination Dose Escalation DLT-Evaluable Population and Monotherapy Expansion Arm with Evaluable and Measurable Target Lesions:

PD SD PR @CRC-MSS

Treatment regimen (ARM:COM701 dose (mg/kg)) is displayed along the x-axis. A= monotherapy, ME= monotherapy expansion, B= combination therapy (Nivolumab 360 mg for COM701 < 10 mg/kg, Nivolumab 480 mg for higher COM701 doses, *=Q4W

Data cut 15Apr2021 DLT-evaluable set: patients with measurable disease enrolled into dose escalation, patients in COM701 monotherapy expansion cohort.
ASCO June 2021 presentation Patient with anal SCC and confirmed CR – evaluable disease only.

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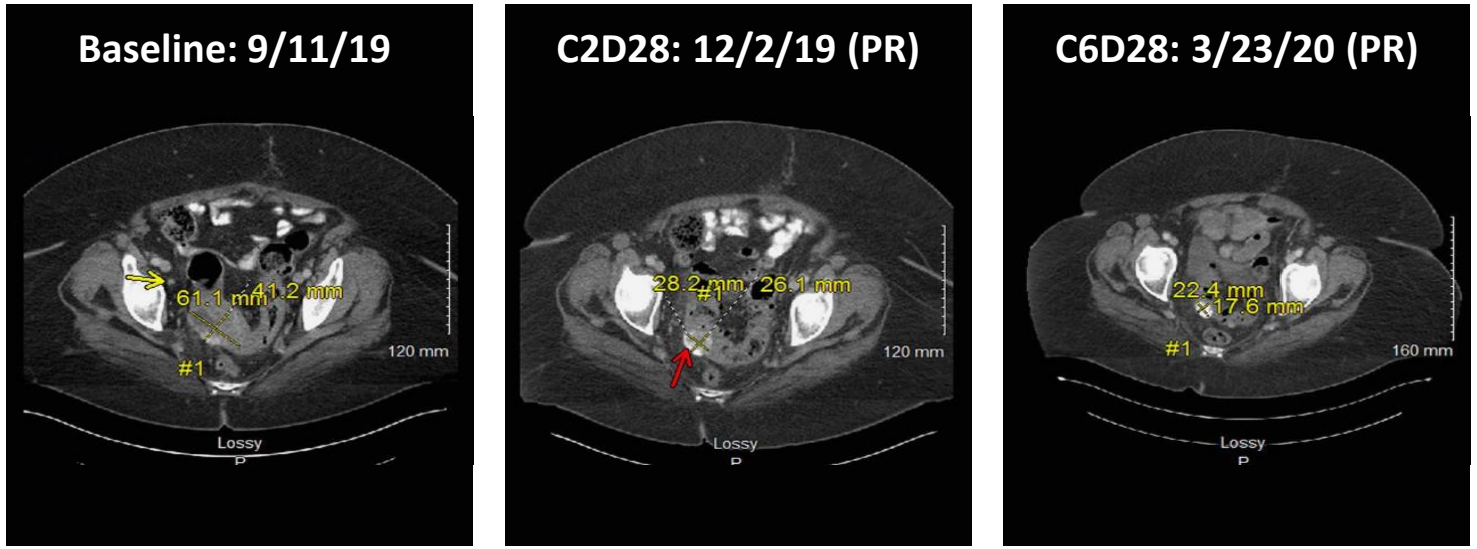
Confirmed PR ongoing treatment 18 months in patient with primary peritoneal cancer (platinum resistant, MSS)

63-year-old female with microsatellite stable platinum resistant primary peritoneal cancer

PDL1 negative, MRE11 mutation; 3 prior lines of chemotherapy

Study Treatment: COM701 20mg/kg IV Q 4 weeks



Had 3 prior lines of SOC treatment

- *1st line carboplatin/paclitaxel, SD (best response)*
- *Carboplatin/paclitaxel, PD (best response)*
- *Doxorubicin/Bevacizumab, PR (best response, d/c due to toxicity)*
- *Enrolled into mono dose escalation (COM701 20 mg/kg IV Q4 wks)*

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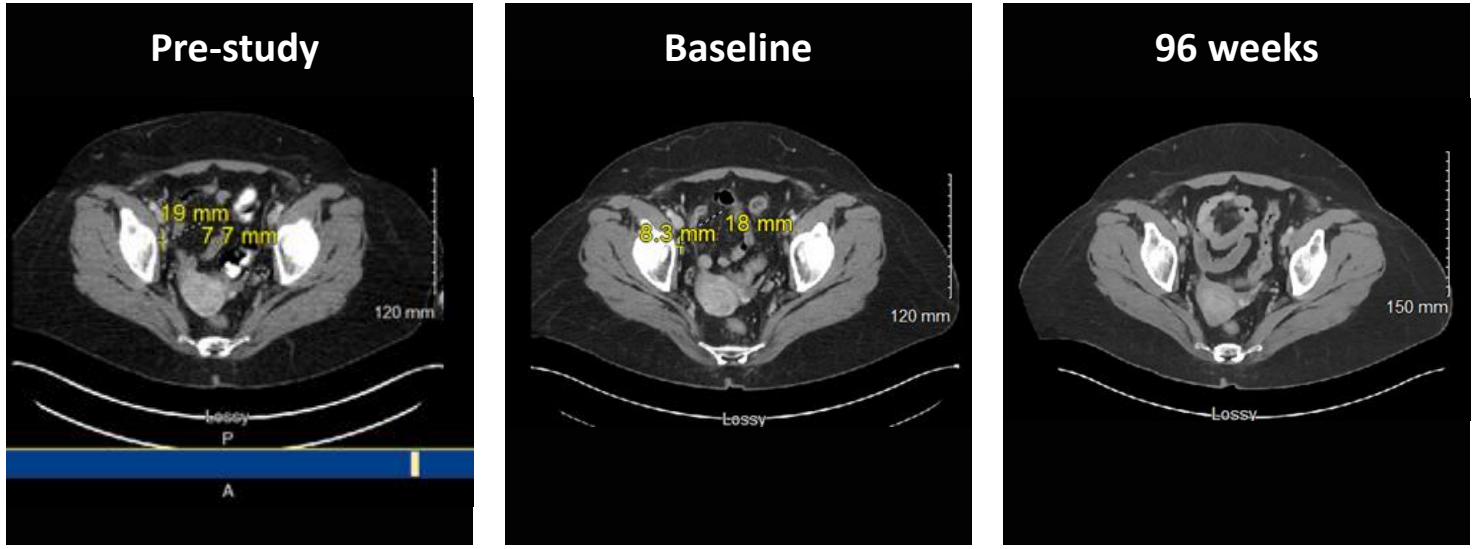
Confirmed CR ongoing treatment for 22 months in patient with anal SCC HPV+

57-year-old female patient with evaluable disease but not measurable per RECIST v1.1 at study entry (not mandatory in dose escalation)

Increasing adenopathy & SUV uptake at study entry

Node stable and felt to be reactive/resolved



Had 3 prior lines of chemotherapy

- *5-FU/mitomycin, SD (best response)*
- *5-FU/platinum, PR (best response for 8 months)*
- *Nivolumab monotherapy, CR (best response for 9 months). Enrolled (within 1 month after progression on nivolumab monotherapy) to combination dose escalation arm: COM701 0.3 mg/kg + nivolumab 360 mg both IV Q3 wks*

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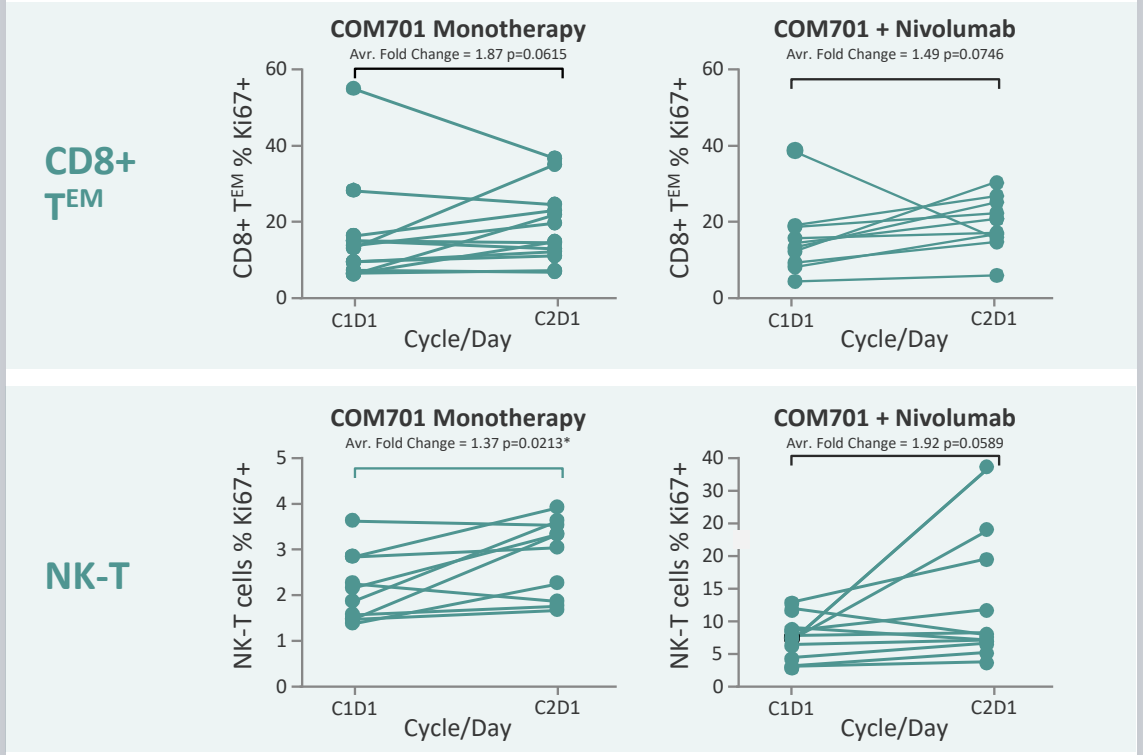
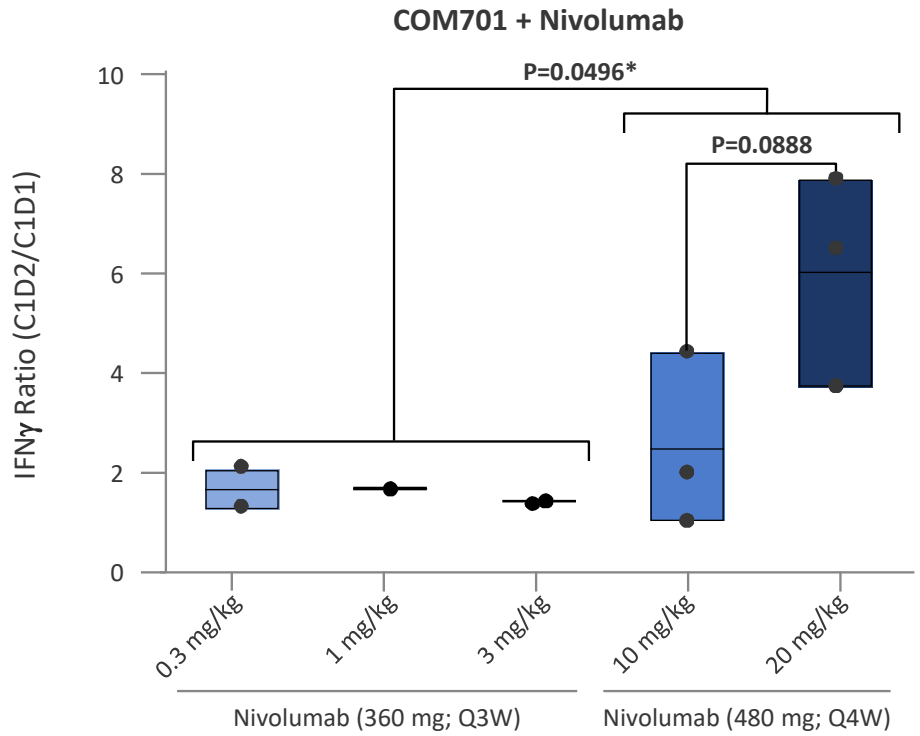
COM701 alone and with nivolumab associated with immune activation in peripheral blood

Trend of increasing proliferation of CD8+ T_{EM} (effector memory T cells) and NK-T cells



Increase in serum IFNγ with a trend for COM701 dose dependency



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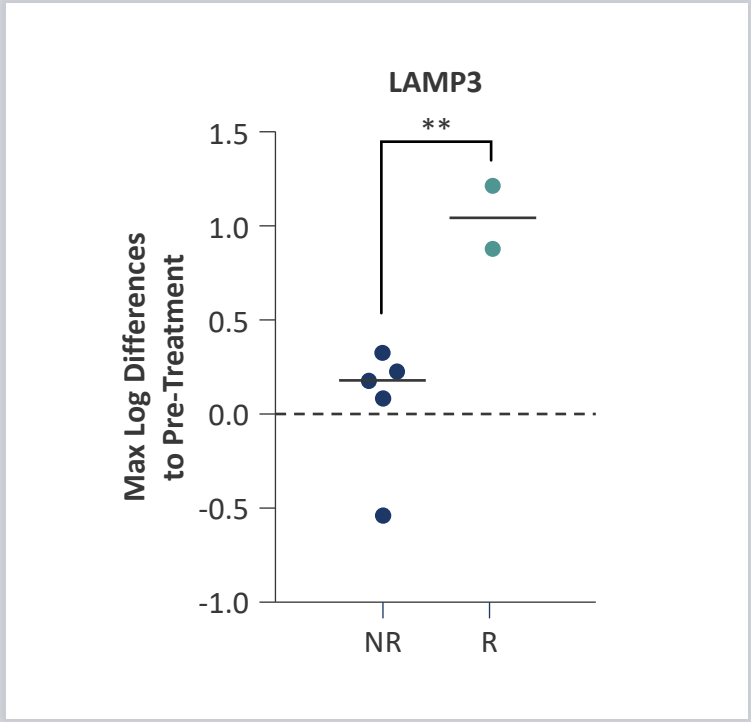
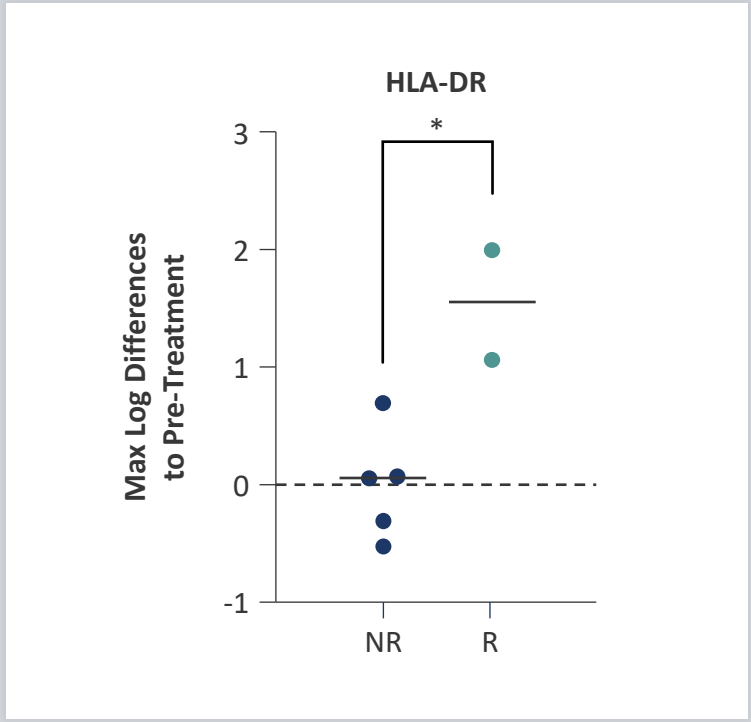
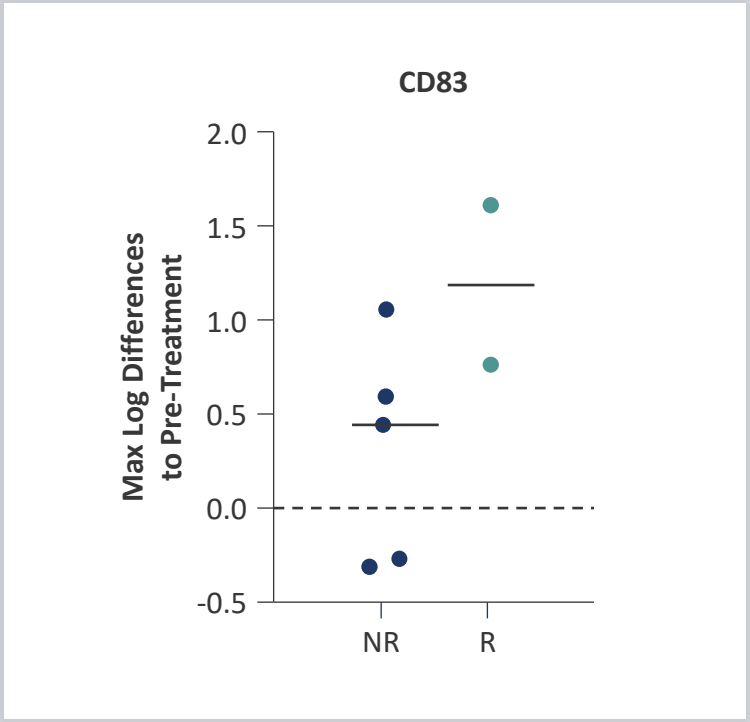
Induction of activated DC markers in serum of patients responding to COM701+ nivolumab

2 patients who responded to treatment with COM701 + nivolumab had a higher induction of activated DC markers in their serum compared to non-responders







Alteber et al, SITC November 2021 Poster Presentation, modified

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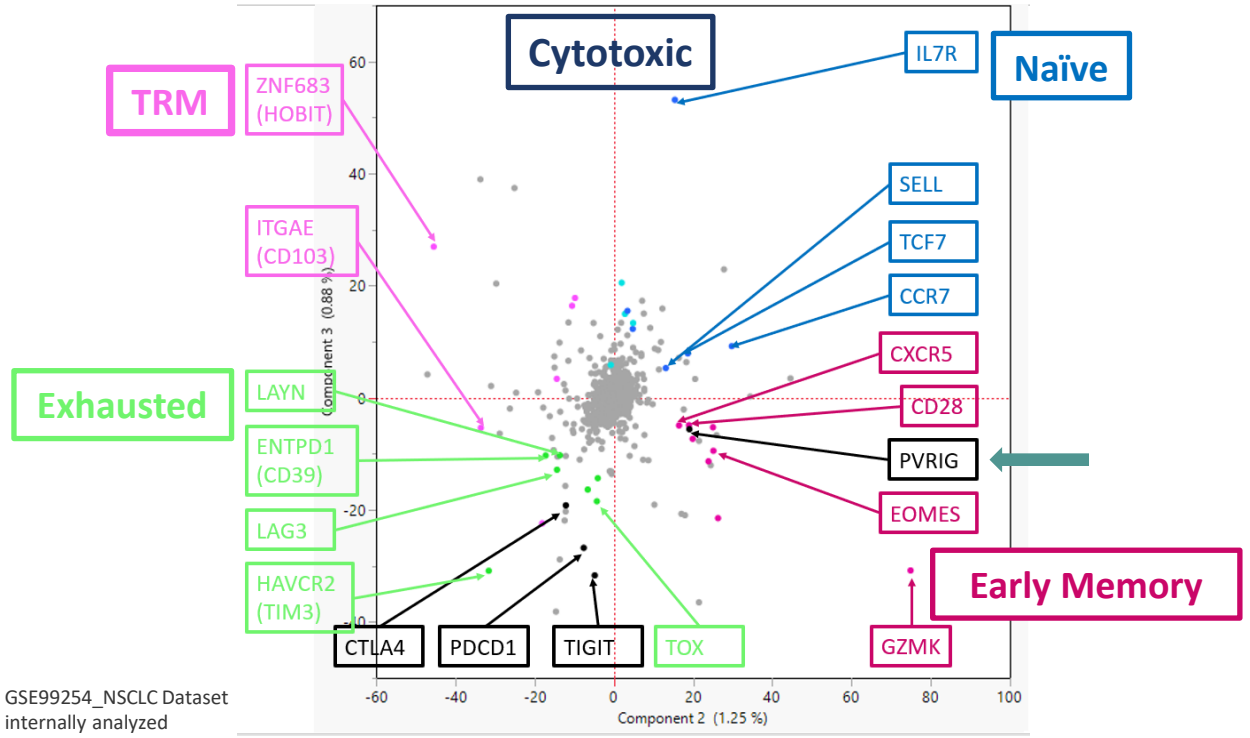
PVRIG uniquely clusters with early memory differentiation/ stem-like genes

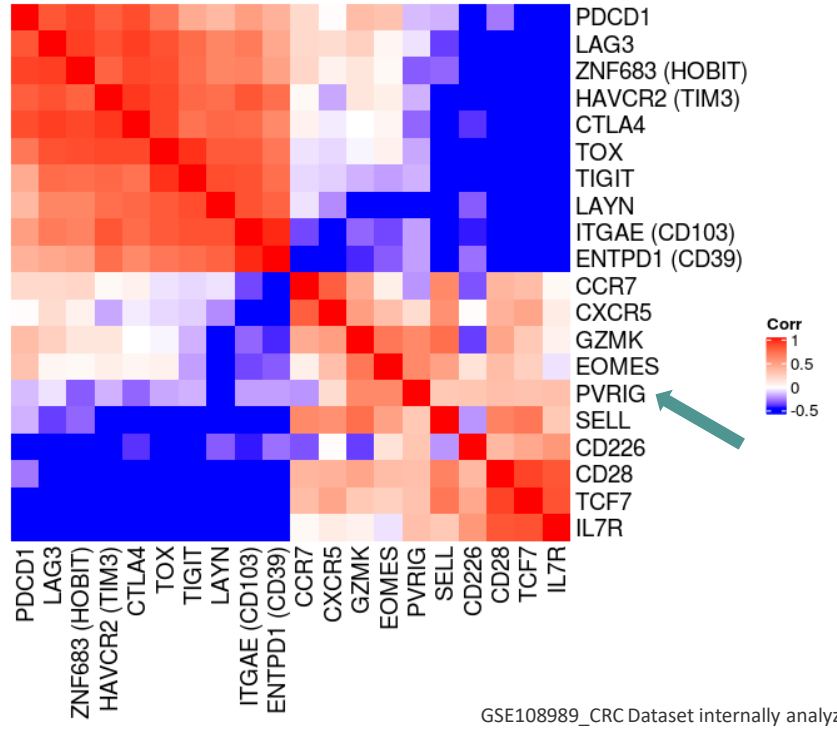
Potential for optimal Tscm activation, expansion and generation of effector T cells

PCA Analysis of CD8+ T cell genes, NSCLC



GSE99254_NSCLC Dataset internally analyzed

Unsupervised correlation analysis of scRNA, CRC



GSE108989_CRC Dataset internally analyzed

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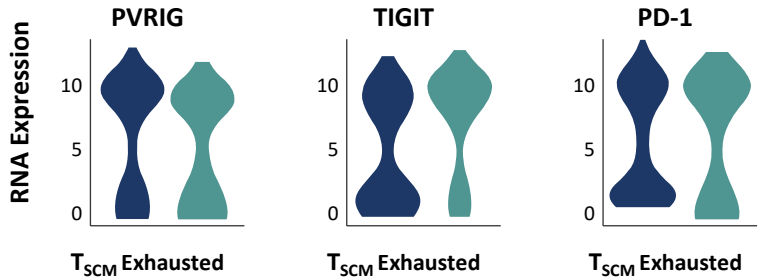
PVRIG/PVRL2 expression on key immune cell populations

Involved in T cell priming (T_{SCM}, TLS and DC)

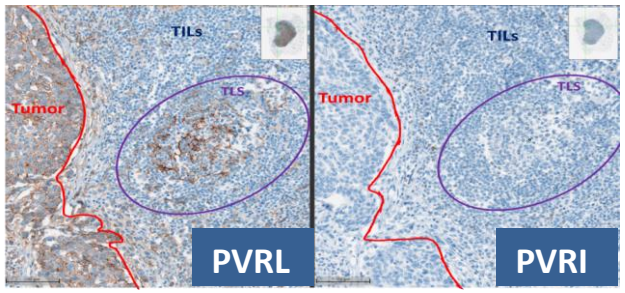
PVRIG expression on T_{SCM} cells

NSCLC sample; single cell RNA analysis of Gau et al Nat Med 2018

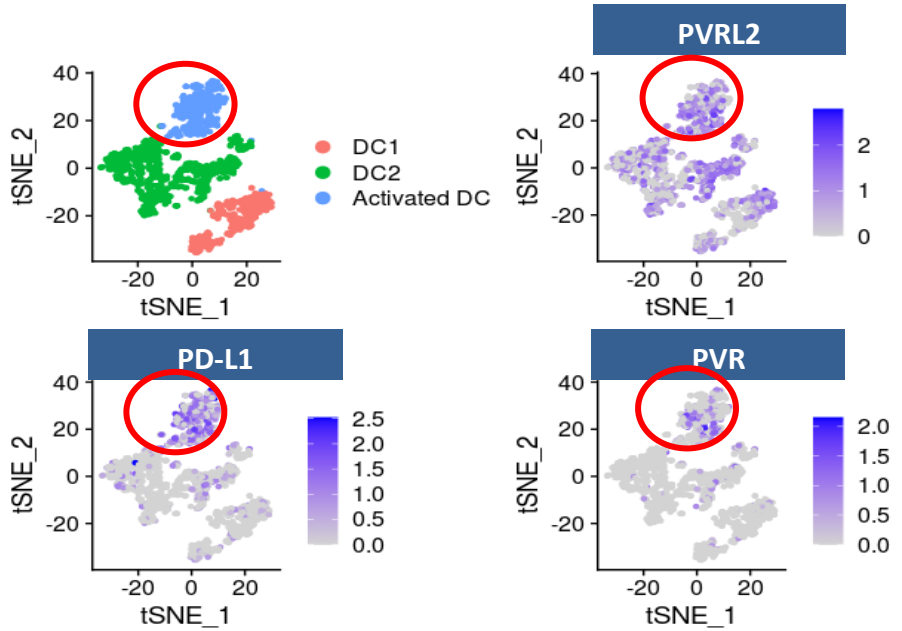


PVRL2 expression on tertiary lymphoid structures

TNBC sample, Internal IHC Data



PVRL2 expression across various dendritic cell types



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