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

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): April 1, 2024

Genelux Corporation
(Exact name of registrant as specified in its charter)

Delaware	**001-41599**	**77-0583529**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification No.)**

2625 Townsgate Road, Suite 230	
Westlake Village, California	**91361**
(Address of principal executive offices)	**(Zip Code)**

Registrant's telephone number, including area code: (805) 267-9889

Not Applicable
(Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, par value $0.001 per share	GNLX	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On April 1, 2024, Genelux Corporation (the "Company") made available the corporate presentation attached hereto as Exhibit 99.1 (the "Corporate Presentation"). Information from the Corporate Presentation may also be used by the management of the Company in future meetings regarding the Company. For important information about forward-looking statements in the Corporate Presentation, see the slide titled "Forward-Looking Statements" in Exhibit 99.1 attached hereto.

The information contained or incorporated in this Item 7.01 of this Current Report on Form 8-K, including Exhibit 99.1, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed to be incorporated by reference into any filing under the Exchange Act or the Securities Act of 1933, as amended (the "Securities Act"), except as expressly set forth by specific reference in such filing to this Current Report on Form 8-K.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Corporate Presentation, dated April 1, 2024
104	Cover Page Interactive Data File (embedded within the Inline XBRL document).

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 hereunto duly authorized.

Genelux Corporation

Date: April 1, 2024

By: */s/ Thomas Zindrick, J.D.*
Thomas Zindrick, J.D.
President and Chief Executive Officer

Exhibit 99.1


GENELUX
Redefining Immuno-Oncology
Corporate Presentation April 2024

Forward Looking Statements

This presentation contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended, which are subject to the "safe harbor" created by those sections, about Genelux Corporation ("Genelux," the "Company," "we," "us" or "our") that are based on the beliefs and assumptions of our management team, and on information currently available to such management team. These forward-looking statements include, but are not limited to, statements concerning: the expansion and advancement of our platform and pipeline and our approach and strategy related to the platform and pipeline; Olvi-Vec's potential utility and our plans and expectations for Olvi-Vec across various designs and indications; our expectations regarding the field of oncolytic viral immunotherapy; Olvi-Vec's potential to provide utility across multiple tumor types, and our expectations regarding our Phase 3 trial; the potential of our current and future pipeline to produce best-in-class drugs; our clinical trial strategy and design; our expectations regarding (i) the timing of our Phase 2 and Phase 3 clinical trials and (ii) our intellectual property rights under the Newsoara license agreement; our planned investments to meet worldwide clinical trial demand and facilitate our U.S. commercial launch; the commercial market opportunity for Olvi-Vec in the United States; our various commercial strategies for self-launching Olvi-Vec for ovarian cancer in the United States, including expected milestones related to clinical trials and commercial partnerships and collaborations; and our expectations regarding our cash operating runway, including funding from Newsoara. These forward-looking statements are subject to numerous risks and uncertainties, many of which are beyond our control. All statements, other than statements of historical fact, contained in this presentation, including statements regarding future events, future financial performance, business strategy and plans, and objectives of ours for future operations, are forward-looking statements.

Although we do not make forward- looking statements unless we believe we have a reasonable basis for doing so, we cannot guarantee their accuracy. These statements are only predictions and involve known and unknown risks, uncertainties and other factors, including the risks set forth under the heading "Risk Factors" in Annual Report on Form 10-K for the year ended December 31, 2023 and in our other filings with the SEC, which may cause our actual results, levels of activity, performance or achievements of and those of our industry to be materially different from any future results, levels of activity, performance or achievements expressed or implied by these forward-looking statements. You should not place undue reliance on any forward-looking statement. Forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified. In some cases, you can identify forward- looking statements by terminology such as "anticipate," "believe," "contemplate," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "should," "target," "will" or "would," or the negative of these terms or other comparable terminology, although not all forward-looking statements contain these identifying words. You should not put undue reliance on any forward-looking statements. Forward-looking statements should not be read as a guarantee of future performance or results, and will not necessarily be accurate indications of the times at, or by, which such performance or results will be achieved, if at all. Except as required by law, Genelux does not undertake any obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future developments or otherwise.

Trade names, trademarks and service marks of other companies appearing in this presentation are the property of their respective owners. Solely for convenience, the trademarks and tradenames referred to in this presentation appear without the ® and ™ symbols, but those references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights, or the right of the applicable licensor to these trademarks and tradenames.

This presentation discusses a product candidate that is under clinical study and which has not yet been approved for marketing by the U.S. Food and Drug Administration. No representation is made as to the safety or effectiveness of this product candidate for the use for which it is being studied.

Highlights

Olvi-Vec: De-risked late-stage Clinical Program focused on Platinum Resensitization

Ongoing pivotal Phase 3 trial in late-stage platinum resistant/refractory ovarian cancer (PRROC)
Ongoing Phase 1b/2 trial in recurrent small cell lung cancer (SCLC)
Planned Phase 2 trial in recurrent non-small-cell lung cancer (NSCLC)

CHOICE™ Platform; Broad and Diverse Discovery Engine

Library with over 500 novel vaccinia strains and 110+ transgenes

Validating Strategic Partnership

Newsoara Biopharma (Greater China rights) has paid $11M to date and Genelux is eligible for additional development, regulatory and sales milestone payments and up to mid-double-digit percentages royalties on net sales

Focused Commercial Strategy

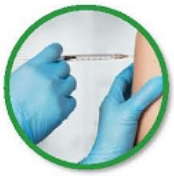
US launch in Ovarian Cancer initially; strategic partnerships for ex-US rights

Estimated Billion Dollar Plus Annual Market Opportunity in the U.S. for Ovarian Cancer

Potential well beyond ovarian and lung cancers in numerous settings via systemic administration

The Most Advanced Non-local Delivery Oncolytic Immunotherapy

Olvi-Vec: 7 Completed Clinical Trials (>150 Patients)



Physician-preferred Routes of Delivery

- Regional and systemic administration to preferentially locate, colonize and destroy tumor cells
- In Ovarian Cancer trial, catheter placement is prior to chemotherapy, with removal 2 days after initial placement
- IV therapy currently being used in small cell lung cancer Phase 1b/2 trial

Antitumor Effect and Well Tolerated

- Strong data in Phase 1b/2 trial in platinum-resistant/refractory ovarian cancer
- No Maximum Tolerated Dose (MTD) observed
- Potential utility in multiple cancers (demonstrated in 20 pre-clinical tumor models), including metastatic disease

Ideal Backbone of Combination Therapy

- Turns tumors "hot" by localized inflammation and induction of the influx of tumor infiltrating lymphocytes (TILs)
- Positively modulates anti-tumor pathways in tumor microenvironment
- Potential to use with various modalities including in patients who failed platinum-based chemotherapy in multiple tumor types

Program Builds on Completed Trials to Exploit Competitive Advantages

Estimated Billion Dollar Plus annual Olvi-Vec Commercial Opportunity (US)

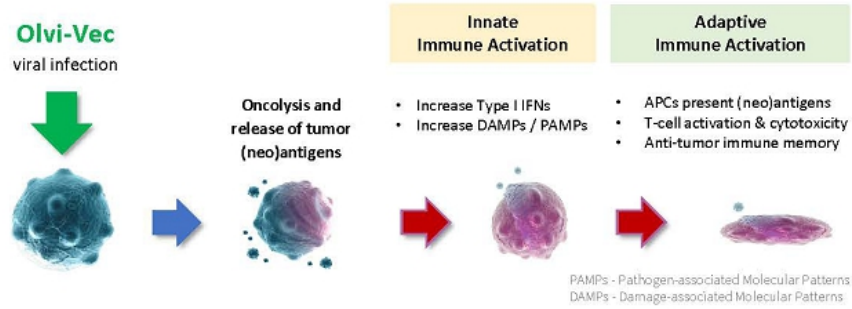
Olvi-Vec	Indication	Design	Preclinical	Phase 1	Phase 2	Phase 3	Anticipated Milestones	Collaborators
Regional Route	*Ovarian Cancer (platinum-resistant/ refractory)*	*Olvi-Vec (i.pe) +Platinum-based regimen*	*Ph3 OnPrime/GOG-3076 Study Actively Enrolling* Received FDA Fast Track Designation				*Topline results expected in 2H, 2025*	GOG FOUNDATION (Cooperative Group)
Systemic Route	*Non-Small Cell Lung Cancer (recurrent/platinum-ICI failure)*	*Olvi-Vec (IV) +Platinum/Checkpoint inhibitor-based regimen*	*Ph2 Regulatory Submission*				*Expected to initiate in 1H, 2024*	
	Small Cell Lung Cancer (recurrent/platinum failure)	*Olvi-Vec (IV) +Platinum-based regimen*	*Ph1b/2 Enrolling*				*Expected interim readout in 2H, 2024*	NEWSOARA (Greater China)
	Ovarian Cancer (recurrent/platinum failure)	*Olvi-Vec (IV) +Platinum-based regimen*	*Ph1b/2 Regulatory Submission*					
	Non-Small Cell Lung Cancer (recurrent/platinum-ICI failure)	*Olvi-Vec (IV) +Platinum/Checkpoint inhibitor-based regimen*	*Planned*					
	Pancreatic Cancer (recurrent)	*Olvi-Vec (IV) +Adoptive Cell Therapy*	*Regulatory Submission*					VACT THERAPEUTICS (Worldwide Rights Ex-Greater China)

Selective Replication In Tumors Unleashes Immune System Against Cancer

Key Takeaways

Olvi-Vec is a robust immune modulator that utilizes a triple mode of action to mount a personalized attack against cancer cells throughout the body

- Kills cancer cells directly, including cancer stem cells
- Enhances (neo)antigen presentation and stimulates a tumor-specific immune response
- Converts tumor microenvironment from immunosuppressive (cold state) to immunoreactive (hot state)



'Cold' tumor before Olvi-Vec

- No or relatively low number of immune effector cells
- Relatively high number of immune suppressor cells

'Hot' tumor following Olvi-Vec immunotherapy

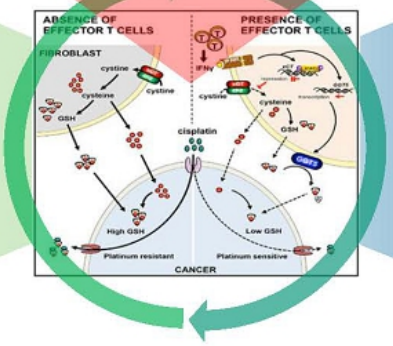
- Increase of proinflammatory cytokines/chemokines
- Influx of CD8+ effector T cells
- M2 to M1 transition of tumor-associated macrophages
- Decrease of immune suppression
- Changes of tumor gene expression profile
- Immunogenic tumor cell death
- Vascular collapse

Olvi-Vec-Primed Immunochemotherapy: Reversing Platinum Resistance

Olvi-Vec-Induced Hot Tumor

Pro-therapeutic gene expression
[VIRO-15 Monotherapy Data]

- Positive regulation of T-cell activating and trafficking[1]
- Expression profiles (e.g., STAT1) correlated to better prognosis[2]
- Promotion of sensitization[3] / response to chemotherapy[4]



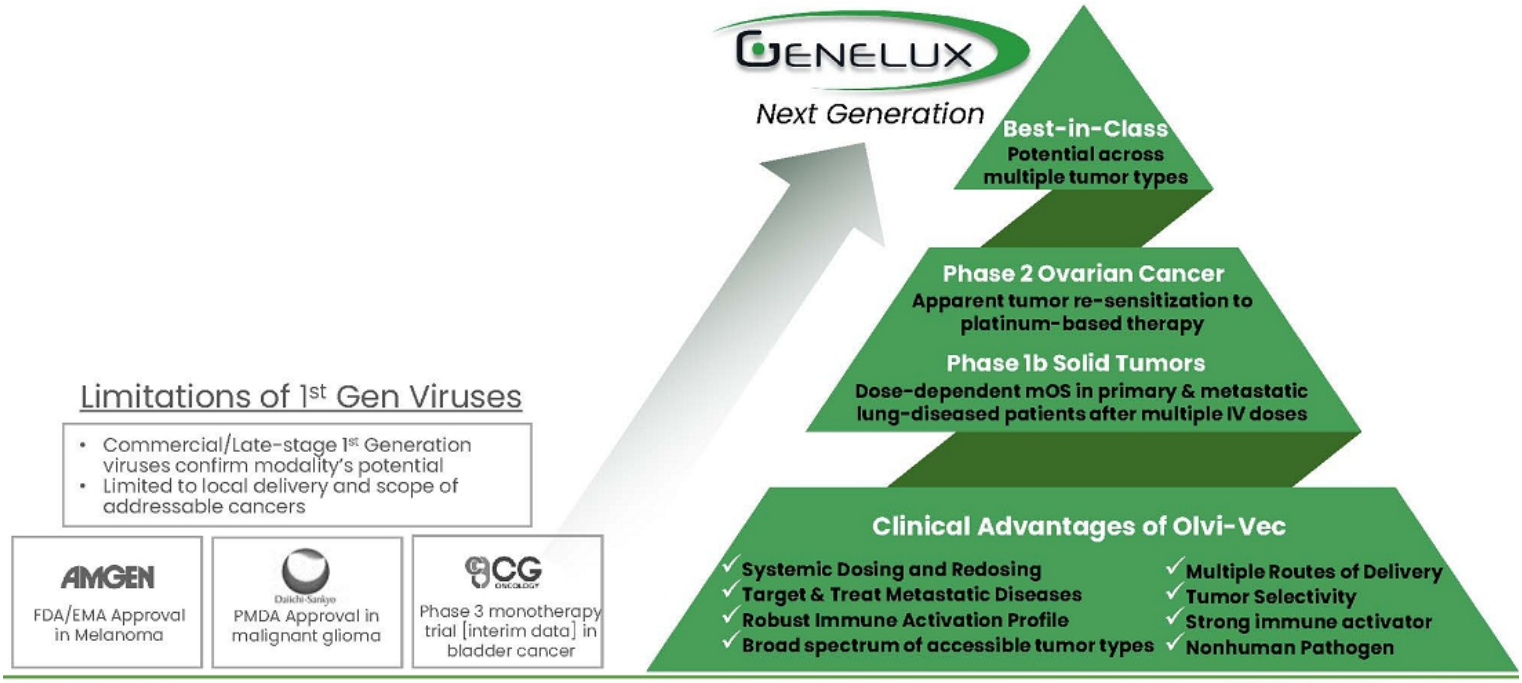
Chemotherapy synergy

- Immunogenic cell death and presentation of oncogenic neoantigens
- Depletion of suppressor cells[5]
- Increase susceptibility to cytotoxic T-lymphocytes

"Prime & Boost"

[1]Song et al. (Mol Ther (2017) 15(8):1558-1563)
[2]Wang et al., Cell. 2016; 165(5): 1092–1105
[3]Mantovani et al., J Exp Med. 2015;212(4):435–445
[4]Ahmed et al., Mol Aspects Med. 2014;39:170–25
[5]Weir et al., Cancers (Basel) (2011) 3(3):3114-3142 Emens et al, Cancer Immunol Res (2015) 3(5):436-443)

A Maturing Modality with Phase 3 Companies Validating OV Potential



Limitations of 1st Gen Viruses

- Commercial/Late-stage 1st Generation viruses confirm modality's potential
- Limited to local delivery and scope of addressable cancers

AMGEN	Daiichi-Sankyo	CG ONCOLOGY
FDA/EMA Approval in Melanoma	PMDA Approval in malignant glioma	Phase 3 monotherapy trial [interim data] in bladder cancer

mOS: median overall survival

Ovarian Cancer Program: Regional (Intraperitoneal) Delivery

Key Takeaways

- Phase 1 tested condensed dosing schedule and demonstrated tolerability with evidence of anti-tumor activity
- Phase 2 demonstrated promising Objective Response Rate (ORR) and Progression Free Survival (PFS), and clinical reversal of platinum resistance and refractoriness
- Phase 3 registrational trial ongoing with topline results expected in 2H, 2025

Completed and ongoing clinical trials in heavily pre-treated platinum resistant/refractory patients

Trial Sites Location / (#)	Clinical Stage	Design	Patients	Randomization	Status
US / (1)	Phase 1	Monotherapy (Dose Escalation)	11	Single Arm	Completed[1]
US / (2)	Phase 2	Combination (platinum-based regimen)	27	Single Arm	Completed[2]
US / (~30)	Phase 3	Combination (platinum-based regimen)	186	2:1	Enrolling[3]

[1] Manyam *et al*., Gynecol Oncol. 2021;163(3):481-489.
[2] Holloway *et al*., JAMA Oncol. 2023 Jul 1;9(7):903-908.
[3] Holloway *et al*., Int J Gynecol Cancer. 2023 Sep 4;33(9):1458-1463.

Phase 1b: Anti-tumor Activity as Monotherapy Leading into Combination

Key Clinical Takeaways

- Median progression free survival (mPFS) of 6.1 months (median 4 prior lines; 95%CI: 2.2-NA) for the six patients in Cohort 1 virus monotherapy – the dose used in Phase 2.
  1. SOC-AURELIA regimen (1-2 prior lines)
     - mPFS: 6.7 mos
  2. ELAHERE (1-3 prior lines)
     - mPFS: 5.62 mos
- Cohort 2/3 dosing done exponentially higher with no MTD reached.

Olvi-Vec Monotherapy[1]

Patient Background & Study Treatment

- Heavily pre-treated PRROC patients with documented progressive disease
- Cohort 1 received a single cycle of intraperitoneal delivery on 2 consecutive days; total dose: $6x10^9$ pfu, same dose as Phase 1/2

Tolerability:

- No Dose Limiting Toxicity (DLT)
- No Maximum Tolerated Dose (MTD)
- No Grade 4 Adverse Events (AE)

Antitumor activity:

- Clinical Benefit Rate: 73% (8/11)
- 4/11 patients had >2x PFS relative to immediate prior chemotherapy

Translational Evidence:

- Activation of tumor-specific T cell response detected in blood
- Documented immune activation in tumor microenvironment with significant influx of TILs
- Favorable immune-related genetic signatures

[1]Manyam et al., Gynecologic Oncology 163 (2021) 481 - 489

Completed Phase 2 Tested Olvi-Vec-primed Immunochemotherapy

Heavily Pretreated Patients with
Platinum-Resistant or Platinum-Refractory Ovarian Cancer

Key Inclusion Criteria

- High-grade serous, endometrioid or clear-cell ovarian cancer which includes: (1) platinum-resistant (recurrence or progression in < 6 months) or (2) platinum-refractory (progression while on platinum-based therapy) with at least two prior lines of therapy
- ECOG Performance status is at 0 or 1

Interventional Single Group Assignment
n=27

Design

Olvi-Vec via intraperitoneal infusion in multiple doses, after systemic chemotherapy administered with or without bevacizumab

Endpoints

Primary: Median progression-free survival (mPFS); Objective Response Rate (ORR) by RECIST 1.1 and by tumor biomarker Cancer Antigen-125.
Secondary: Median overall survival (mOS)

Data Presentations

1. 2020 Digital Annual Meeting of International Gynecologic Cancer Society

   Oral Plenary Session

2. JAMA Oncology

   Selected for Journal podcast series interview

OnPrime Phase 3 Trial

Ongoing Pivotal Phase 3 for the treatment of PRROC patients, using the same Experimental Arm treatment regimen

JAMA Oncology

Results of the VIRO-15 Phase 2 Trial were published in JAMA Oncology (Link)

Phase 2: Clinically-Meaningful Responses in Heavily Pretreated Patients

Key Clinical Takeaways

Promising ORR and PFS, and clinical reversal of platinum resistance and refractoriness among patients with PRROC

- All patients had documented progressive disease at enrollment
- The mPFS of the patients' immediately preceding line of therapy was ~4.5 months
- Based on historical data, the mPFS would be expected to decrease in the subsequent line of therapy

Overall Response Rate (ORR) & Progression-Free Survival (PFS)*

	ORR by RECIST1.1**	Duration of Response	ORR by CA-125	Median PFS	Median Overall Survival (OS)
All patients (n= 27) (95% CI)	**54%** (13◊/24) (33 - 74)	**7.6 mos** (3.7 - 9.6)	**85%** (22/26) (65 - 96)	**11.0 mos** (6.7 - 13.0)	**15.7 mos** (12.3 - 23.8)
Platinum-resistant (n=14) (95% CI)	**55%** (6/11) (26 - 84)	**7.6 mos** (3.7 - NA)	**85%** (11/13) (55 - 98)	**10.0 mos** (6.4 - NA)	**18.5 mos** (11.3 – 23.8)
Platinum-refractory (n=13) (95% CI)	**54%** (7/13) (27 - 81)	**8.0 mos** (3.7 - NA)	**85%** (11/13) (55 - 98)	**11.4 mos** (4.3 -13.2)	**14.7 mos** (10.8 – 33.6)

*Baseline for ORR & PFS evaluation is the timepoint immediately prior to starting post-Olvi-Vec carboplatin doublet +/- bevacizumab to allow direct comparison to historical data or patients' own previous line of chemotherapy

**Eligible for evaluation: with at least 1 measurable target lesion at baseline; including 2 patients without post-chemo scan after virotherapy, and therefore are assigned to the 'inevaluable for response' category per RECIST1.1

◊Including 3 unconfirmed; 2 in resistant and 1 in refractory groups

Demonstrated Deep and Durable Tumor Shrinkage

Key Clinical Takeaways

Refractory patients performed as well as resistant patients

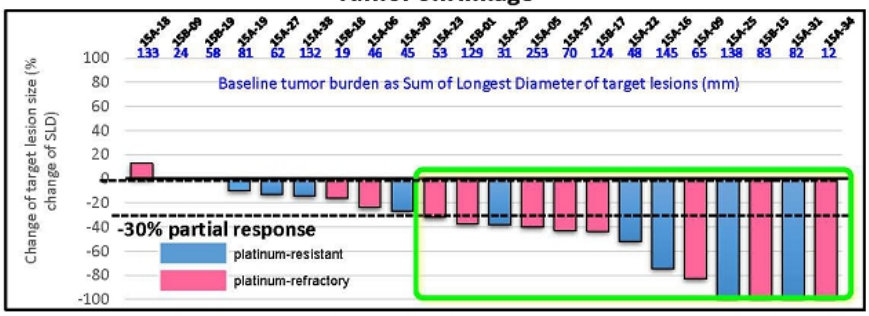
Tumor Shrinkage

- Overall, 86% of PRROC patients showed tumor reduction, with 91% of platinum-refractory patients showing tumor reduction
- Four patients had 100% reduction of target lesions (two with confirmed CR), including two platinum-refractory patients

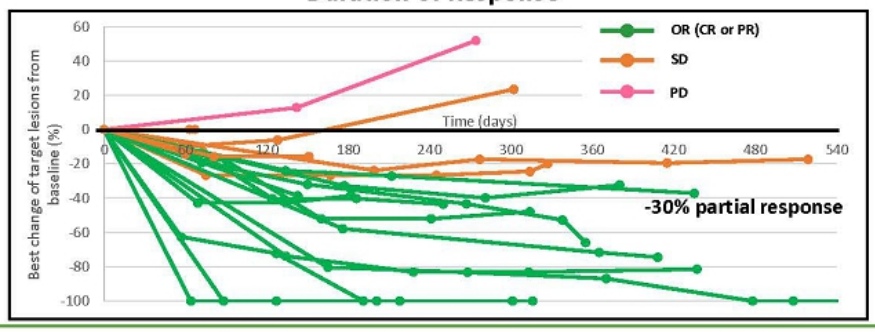
Duration of Response (DOR)

- DOR of 7.6 Months in all platinum-Resistant patients
- DOR of 8.0 Months in platinum-refractory patients

Tumor Shrinkage



Duration of Response

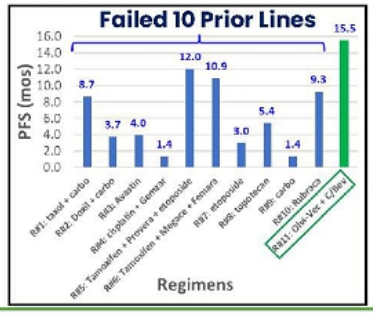


Olvi-Vec-Primed Immunochemotherapy Overcomes "Refractoriness"

Exemplary platinum-refractory patients, after platinum re-challenge,
achieved PFS exceeding any prior lines

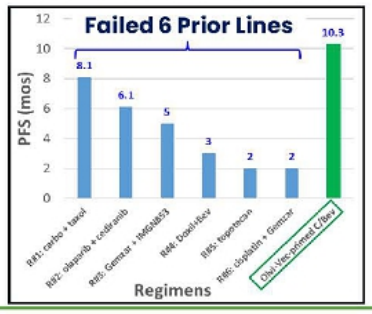
15B-01:
- Stage IIIB papillary serous
- ECOG: 0
- BRCA negative
- PD-L1 negative

Overall Survival: 23.2 Months



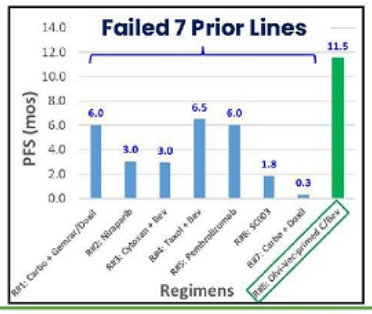
15B-15:
- Stage IIIB high-grade serous
- ECOG: 0
- BRCA negative
- PD-L1 negative

Overall Survival: 12.3 Months



15B-17:
- Stage IIIC high-grade serous
- ECOG: 1
- BRCA negative

Overall Survival: 15.7 Months



Durable Survival Benefit

Key Clinical Takeaways

Encouraging mOS and Long-term survival data

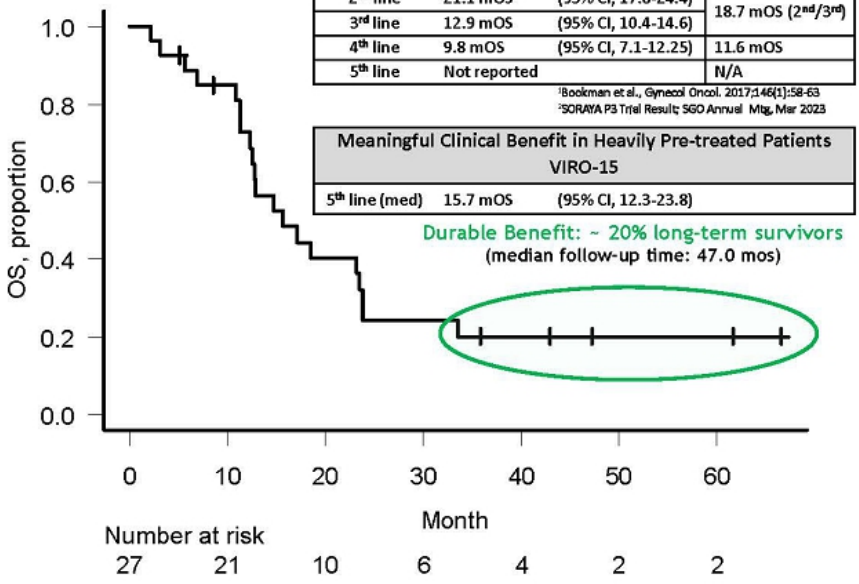
20% long-term survivors consistent with commercially successful immunotherapies

- On a median 5th line of treatment, VIRO-15 Phase 2 patients achieved a mOS of 15.7 mos
- 4 of 6 long-term survivors were platinum-refractory at enrollment

Prognosis Worsens with each Successive Line			
Historical Data[1]			ELAHARE[2]
2nd line	21.1 mOS	(95% CI, 17.8-24.4)	18.7 mOS (2nd/3rd)
3rd line	12.9 mOS	(95% CI, 10.4-14.6)	
4th line	9.8 mOS	(95% CI, 7.1-12.25)	11.6 mOS
5th line	Not reported		N/A

[1]Bookman et al., Gynecol Oncol. 2017;146(1):58-63
[2]SORAYA P3 Trial Result; SGO Annual Mtg, Mar 2023

Meaningful Clinical Benefit in Heavily Pre-treated Patients VIRO-15		
5th line (med)	15.7 mOS	(95% CI, 12.3-23.8)



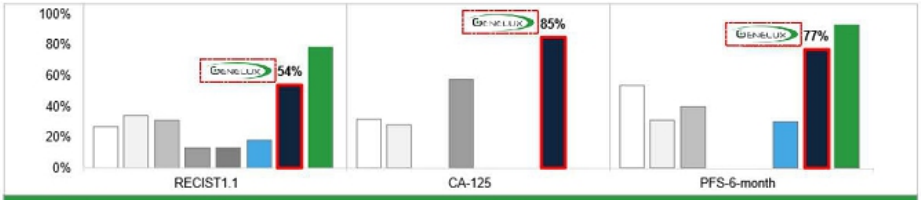
"All-comers" Approach May Reset Life Clock of Heavily Pre-treated Patients

Key Clinical Takeaways

Olvi-Vec addresses a broad and underserved pool of patients

- Olvi-Vec trial inclusion criteria allows patients regardless of
  (i) tumor biomarkers,
  (ii) platinum refractory tumors, or
  (iii) number of prior lines of treatment (i.e., no cap)
- Olvi-Vec Phase 2 results approach results in less pre-treated platinum-sensitive patients

While clinical remissions are obtainable, a majority of patients will relapse. Genelux looks to take an all-comers approach



Study	# or prior lines	Regimen
Platinum-resistant / refractory patients		
AURELIA[1]	≤ 2 prior lines	Chemo + Avastin (i.e., CT+Bev)
B-GEMOX[2]	1-2 (21%), 3-4 (63%), ≥ 5 (16%)	Oxali + Gem + Avastin
FORWARD II[3]	Median 3 prior lines	Mirvetuximab soravtansine + pembrolizumab (median/high FRα group)
VB-111[4]	≤ 3 prior lines	VB-111 + paclitaxel
JAVELIN-200	≤ 3 prior lines	Avelumab + PLD
TOPACIO[5]	≤ 4 prior lines	Niraparib + pembrolizumab
VIRO-15	**Median 4 prior lines**	**Olvi-Vec / Chemo ± Avastin**
Platinum-sensitive patients		
OCEANS[6]	*No prior chemo in recurrent setting*	Carbo + Gem + Avastin

References
(1) Pujade-Lauraine et al., J Clin Oncol 2014;32:1302-1308.
(2) Ikeda et al., Int J Gynecol Cancer 2013;23:355-360.
(3) Matulonis et al., ESMO 2018.
(4) Arend et al., Gynecol Oncol. 2020;157:578-584.
(5) Konstantinopoulos et al., J Clin Oncol 2018;36(S15)106.
(6) Aghajanian et al., Gynecol Oncol 2015;139(1):10–16.

Footnote: As the data presented is based on a cross-trial comparison and not a head-to-head clinical trial, such comparisons may not be reliable due to differences in study protocols, conditions and patient populations. Accordingly, cross-trial comparisons may not be reliable predictors of the relative efficacy or other characteristics of our candidates compared to others presented.

Phase 3 Pivotal Trial Design Founded on Phase 2 Trial Design & Results

Trial design intends to replicate previous data showing anti-tumor activity of Olvi-Vec and reversal of platinum resistance in the tumor microenvironment

Key Inclusion Criteria

- High-grade serous, endometrioid, or clear-cell ovarian cancer
- Platinum-resistant or -refractory disease
- Received prior bevacizumab (or biosimilar) treatment
- Received a minimum of 3 prior lines of systemic therapy with no maximal limit
- Performance status ECOG is at 0 or 1, and life expectancy of at least 6 months

Multi-center, randomized open-label[1]
n=186

Experimental Arm
Olvi-Vec and Platinum + single agent chemo + Bevacizumab, followed by maintenance therapy

Active Comparator Arm [2]
Single-agent chemo (+ optional platinum) + Bevacizumab, followed by maintenance therapy

Topline results expected in 2H, 2025

Primary Endpoint

Progression-Free Survival

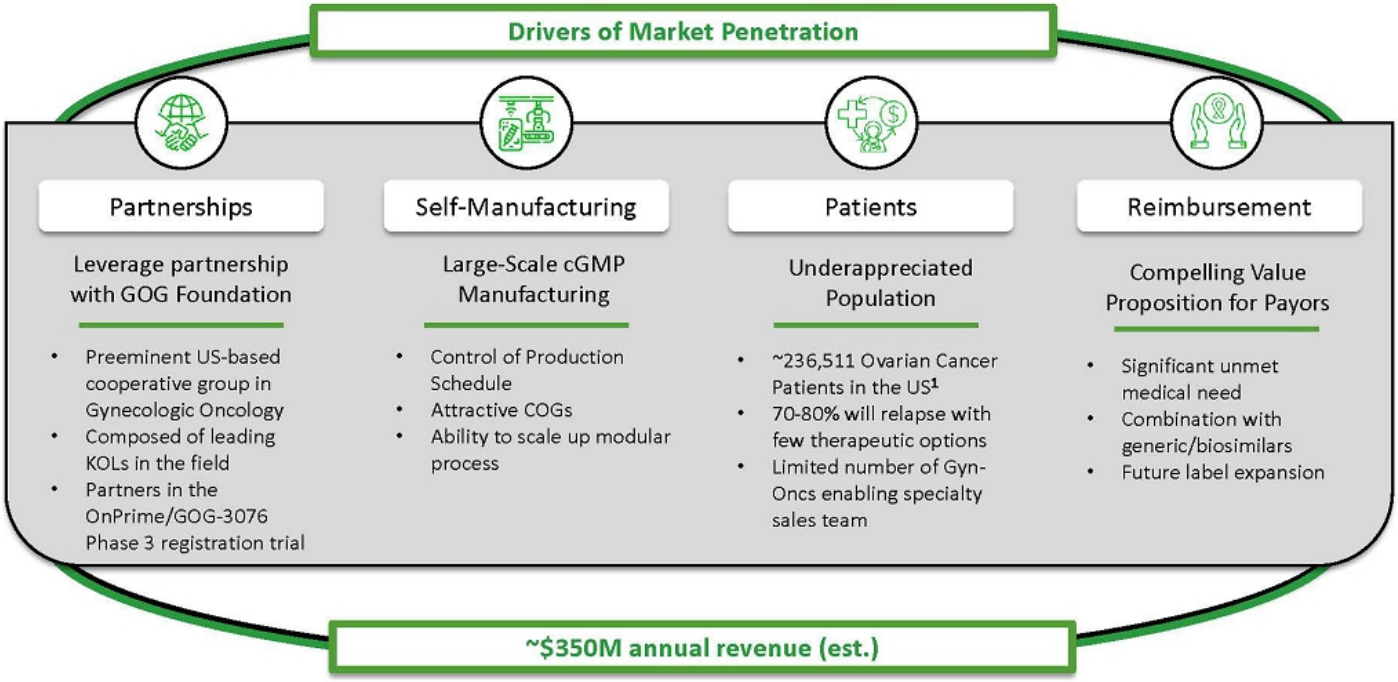
Key Secondary Endpoints

1. Treatment-emergent AEs
2. Duration of Response (DOR)
3. Overall Response Rate (ORR)
4. Overall Survival (OS)

A platinum resensitizing agent is a long-standing desirable and highly demanded mechanism of action of Gyn-Oncs, their so-called "Holy Grail".[3]

[1] International Journal of Gynecological Cancer, Holloway RW, et al. 2023;33:1458–1463.
[2] Protocol amended to make platinum optional in the Active Comparator Arm with intent to implement upon receipt of IRB approvals.
[3] Journal of Investigative Medicine High Impact Case Reports, Volume 6: 1–3, 2018 DOI: 10.1177/2324709618760080 journals.sagepub.com/home/hic

Self Launch Olvi-Vec for Ovarian Cancer in the US



1. NIH Ovarian Cancer Fact Sheet

Systemic Administration Program

Key Takeaways

- Funding commitment by Newsoara of the US-based Genelux Phase 2 trial in NSCLC
- Genelux has worldwide commercial rights (ex-Greater China) to all clinical data generated in China[1]
- All patients in these trials will be treated systemically and have previously failed platinum-based therapy

Expected Milestones

- Ph2 NSCLC: Initiate 1H, 2024
- Ph1b SCLC: Interim readout 2H, 2024

[1] Newsoara has development and commercialization rights in Greater China

Ongoing and Planned Clinical Trials

Sponsor	Trial Sites	Indication	Clinical Stage	Patients (est.)	Randomization	Status
	US	Recurrent/platinum-ICI failure NSCLC	Phase 2	~142	1:1	Regulatory Submission
NEWSOARA	China	Recurrent/platinum failure SCLC	Phase 1b/2	~110	Single Arm	Enrolling
		Recurrent/platinum failure OC	Phase 1b/2	~150	2:1	Regulatory Submission
		Recurrent/platinum-ICI failure NSCLC	Phase 1b/2	~150	2:1	Planned

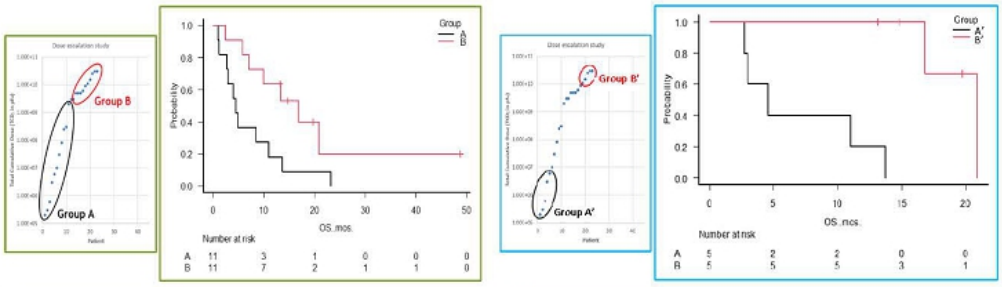
Systemic Administration Demonstrated Dose-dependent OS Benefit

Key Clinical Takeaways

Demonstrated feasibility and clinical benefit of multiple IV cycles

- Median 5 prior lines of therapy
- Regimen: various dosing levels and schedules (typically over 4-6 months)
- Well tolerated: no-MTD reached with one DLT
- Duration of Treatment (DoT): Higher cumulative-dose patients assigned to cohorts with DoT shorter than (condensed schedule) or equal to the DoT of patients assigned to lower cumulative-dose cohorts
- Clinical Benefit: statistically significant virus dose-dependent OS benefit in primary and metastatic lung diseases

Dose Escalation Phase 1b Monotherapy Study in Solid Tumors Progressed from Last Prior Therapy



Group A : (n=11; **lower-dose group** with TCD ranging from 2×10^{5} pfu - 2×10^{9} pfu)
Group B : (n=11; **higher-dose group** with TCD ranging from 3×10^{9} pfu - 3×10^{10} pfu)

Groups lower vs higher TCD:
median Overall Survival at **4.6 months** (95% CI: 1.3 – 11.0) vs **16.8 months** (95% CI: 5.9 – NA); $p = 0.026$; a statistically significant clinical benefit favoring the higher dose group.

Group A': (n=5; **lowest-dose group** with TCD ranging from 2×10^{5} pfu - 1×10^{6} pfu)
Group B': (n=5; **highest-dose group** with TCD ranging from 1×10^{10} pfu - 3×10^{10} pfu)

Groups lowest vs highest TCD:
median Overall Survival at **4.6 months** (95% CI: 2.7 – NA) vs **20.9 months** (95% CI: 16.8 – NA); $p = 0.002$; a statistically significant clinical benefit favoring the highest dose group.

The ROYAL MARSDEN NHS Foundation Trust
UNIVERSITY OF SURREY
ICR The Institute of Cancer Research

Systemic Administration + Chemo Generated Encouraging Data

Key Clinical Takeaways

Anti-tumor effect of IV Immunochemotherapy

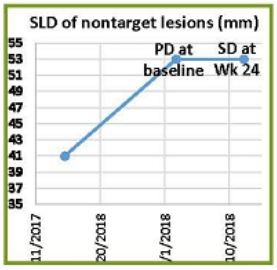
- High and Condensed Dosing (single cycle: bolus infusion on 5 consecutive days)
- Well tolerated: No DLT or MTD reached
- Monotherapy: Anti-tumor effects
- Combination therapy: Virus treatment revitalized tumors to subsequent chemotherapy with prolonged PFS and OS

AdventHealth | Cancer Institute : Expanded Access Program

Platinum refractory metastatic cervical cancer with lung mets

Case Report (Pt #21A-06)

- Received 5 consecutive daily i.v. doses
  - Transient adverse reactions: fever, nausea, bone pain (Hx arthritis)
  - Stable disease with no tumor size increase

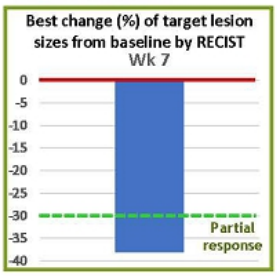


- Chemotherapy after disease progression
  - Partial Response
  - PFS: 70+ Weeks
  - OS: 53.4 Months

High-grade pancreatic cancer with lung & liver mets

Case Report (Pt.#21A-04)

- Received 5 consecutive daily i.v. doses
  - Transient adverse reactions: fever, nausea
  - 59% drop of CA19.9 tumor biomarker and Objective Response per RECIST, with PFS of 18 weeks



- Chemotherapy after disease progression
  - 83% drop of CA 19.9
  - Partial Response by RECIST
  - PFS: 31 wks

Phase 2 Trial in Recurrent Non-small Cell Lung Cancer

Patients with Non-Small-Cell Lung Cancer after First Progression While on Front-Line Immune Checkpoint Inhibitor-based Maintenance

Key Inclusion Criteria

- Advanced or metastatic NSCLC: Stage III or Stage IV
- Nonsquamous or squamous disease
- Without known targetable alterations in EGFR, ALK or ROS1
- Prior failure of platinum-containing chemotherapy and an immune checkpoint inhibitor

Multi-center, randomized open-label
n=~142

Experimental Arm
Olvi-Vec and Platinum-doublet + Immune Checkpoint Inhibitor (ICI), followed by ICI-based maintenance therapy

Active Comparator Arm
Docetaxel
(crossover allowed after progression)

Expected to initiate in 1H, 2024

Primary Endpoint

Progression-Free Survival

Key Secondary Endpoints

1. Overall Response Rate (ORR)
2. Overall Survival (OS)
3. 6-month progression free survival
4. Duration of Response (DOR)
5. Disease Control Rate

Phase 1b/2 Trial in Recurrent Small Cell Lung Cancer

Heavily Pretreated Patients with
Platinum-Relapse or Platinum-Refractory Small Cell Lung Cancer

Key Inclusion Criteria

- Prior failure of platinum containing chemotherapy and/or immunotherapy, platinum containing chemotherapy and/or Anlotinib with disease progresses or relapses.
- ECOG Performance status is at 0 or 1

Multi-center, randomized open-label
n=~110

Design

Olvi-Vec via multiple consecutive day intravenous doses, followed by systemic administered of platinum and etoposide

Interim results expected in 2H, 2024

Phase 1b Endpoints

Primary Endpoint
- Safety and tolerability

Secondary Endpoints
- ORR by RECIST 1.1
- Progression-free Survival (PFS)
- Duration of Response (DoR)
- Disease Control Rate (DCR)

Phase 2 Endpoints

Primary Endpoint
- ORR by RECIST 1.1
  (by investigator and by BICR)

Secondary Endpoints
- Safety
- Progression-free Survival (PFS)
- Duration of Response (DoR)
- Disease Control Rate (DCR)

Validating Industry Collaboration with Newsoara BioPharma Co., Ltd

Benny Li, PhD
Founder and Chief Executive Officer

20+ yrs. global and China local pharma
Former VP, GM of Takeda China Development Center and SVP, Executive GM of R&D at Hansoh Pharmaceuticals
Former Head of Clinical Development & Medical Affairs in Asia at Alcon/Novartis

NEWSOARA
HIGHLIGHTS

- **7** Pipelines, **12** Indications
- **5** Phase IIb/III, **2** Phase II
- **$850** Million Valuation
- **Top 10** Blue-chip Biotech Investors

Newsoara has paid $11M to date and GNLX is eligible for additional development, regulatory and sales milestone payments and up to mid-double-digit percentages royalties on net sales

V2ACT Therapeutics LLC: Joint Venture between GNLX and TVAX BioMedical

Key Trial Takeaways

V2ACT Immunotherapy, combines an oncolytic immunotherapy and adoptive cell therapy

- Induces an acute inflammatory response in the tumor and converts tumor microenvironment from immunosuppressive to immunostimulatory;
- Anticipated to enhance effect of neoantigen specific effector T cells

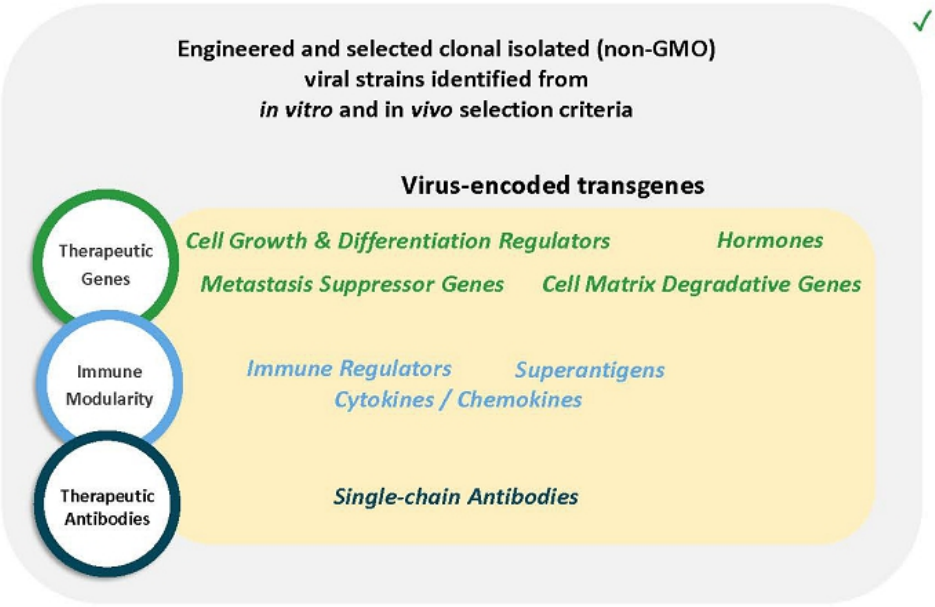
V2ACT Therapeutics is a joint venture between Genelux Corporation and TVAX Biomedical, Inc. established to develop and test V2ACT.

Vaccination increases the numbers of neoantigen-specific T cells in the body and Olvi-Vec kills cancer cells and potentiates T cells by increasing cancer tissue receptivity to adoptively transferred neoantigen-specific effector T cells.

Technology	TVI Adoptive Cell Therapy	Olvi-Vec Oncolytic Immunotherapy
Patients Dosed	~ 130	~ 150
Regulatory	Fast Track Designation / FDA Grant - glioblastoma	Phase 3 enrolling - ovarian

Novel IO modality: United States Patent No. 11,633,442, issued in April 2023

Choice Platform Library: 500+ Vectors with 110+ Transgenes



✓ ***In vitro & in vivo tested: GLP Tox ready***

Immune Modularity Molecules
- *IL-6/sIL-6R*
- *IL-24*

Cell Growth & Differentiation Regulators
- *BMP-4*

Cell Matrix-Degradative Genes
- *hMMP9*

Clonal Isolated Strains (non-GMO)
- LIVP1.1.1
- LIVP5.1.1
- V-VET1 (LIVP6.1.1)
- Cop15.1.1

Single-Chain Antibodies
- Anti-VEGF
- Anti-PD-1
- Anti-FAP
- Anti-PD-L1
- Anti-DLL4
- Anti-CTLA4
- Anti-αvβ3-integrin

Intellectual Property: Market Exclusivity & Freedom to Operate

Patent Portfolio: 33 issued patents & 7 pending;
Olvi-Vec covered by Composition of Matter (2031*)
and Manufacturing (2038)

Olvi-Vec: Worldwide operating freedom;
No third-party royalties due

Long Duration of Regulatory / Marketing Exclusivity

Strong IP & Regulatory Designations

*Reflects Patent Term Extension

Integrated R&D and Manufacturing Capabilities For Phase 3 And Launch

Key Takeaways

Facilities and Operations based in Southern California

GMP Manufacturing
- Large-scale manufacturing process
- Capacity for clinical studies and commercial launch needs

Translational Research
- Clinical Science capabilities to support development program
- Process development capabilities to support manufacturing

Headquarters
- Executive Office suite
- Right of First Refusal on 16,338 Sq. Ft of adjacent office space for build-out of Commercialization, Development & G&A functions

Facilities and Operations: Based in Southern California

Accomplished Leadership Team

Executive Team

Thomas Zindrick, JD
Chief Executive Officer

Lourie Zak
Chief Financial Officer

Paul Scigalla, MD, PhD
Chief Medical Officer

Sean Ryder, JD
General Counsel

Operations & R&D

Tony Yu, PhD
SVP, Clin Dev

Joseph Cappello, PhD
Chief Technical Officer

Caroline Jewett
Head, Quality

Ralph Smalling
Head, Regulatory Affairs

Qian Zhang, MD, PhD
VP, Clinical Sciences

Cathy Gust, PhD
VP, Program Mgmt

Board of Directors

THOMAS ZINDRICK, JD
Chairman of the Board

JAMES L. TYREE, MBA
Lead Independent Director

MARY MIRABELLI, MBA
Director

JOHN THOMAS, MBA, PhD
Director

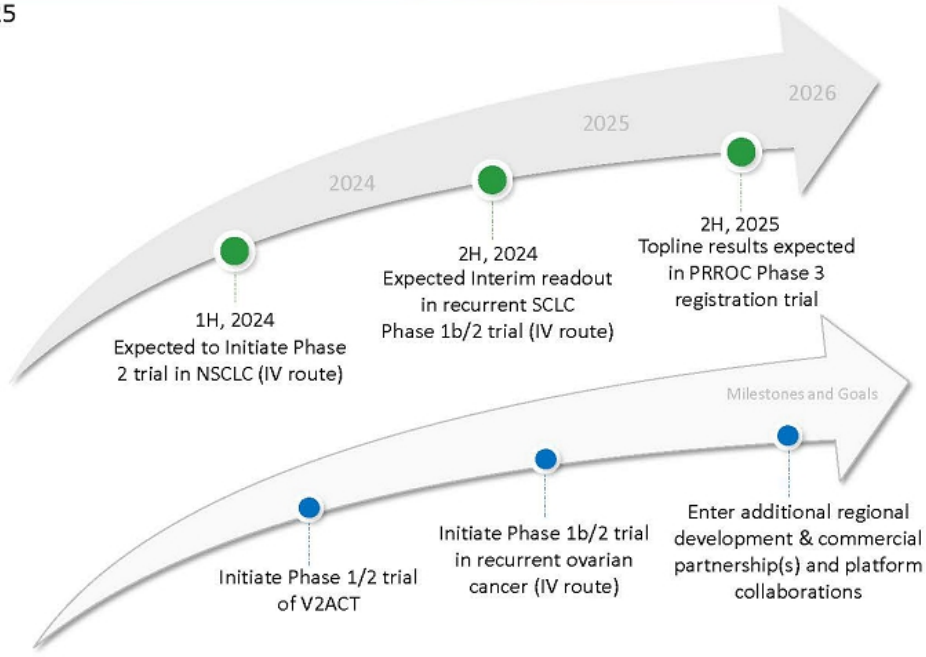
JOHN SMITHER, CPA (Inactive)
Director

Genelux Has Executed on Multiple Milestones and is Positioned for the Future

Expected Operating Runway into 2Q 2025

Executed Milestones

- Executed on go public strategy and follow on, $41.7M raised
- Initiation of Phase 3 Trial in PRROC
- Phase 2 results published in JAMA Oncology
- Collaboration and License agreement with Newsoara
- Initiation of Phase 1b/2 trial in recurrent SCLC (China)
- Issuance of V2ACT US Patent



Highlights

Olvi-Vec: De-risked late-stage Clinical Program focused on Platinum Resensitization

Ongoing pivotal Phase 3 trial in late-stage platinum resistant/refractory ovarian cancer (PRROC)
Ongoing Phase 1b/2 trial in recurrent small cell lung cancer (SCLC)
Planned Phase 2 trial in recurrent non-small-cell lung cancer (NSCLC)

CHOICE™ Platform; Broad and Diverse Discovery Engine

Library with over 500 novel vaccinia strains and 110+ transgenes

Validating Strategic Partnership

Newsoara Biopharma (Greater China rights) has paid $11M to date and Genelux is eligible for additional development, regulatory and sales milestone payments and up to mid-double-digit percentages royalties on net sales

Focused Commercial Strategy

US launch in Ovarian Cancer initially; strategic partnerships for ex-US rights

Estimated Billion Dollar Plus Annual Market Opportunity in the U.S. for Ovarian Cancer

Potential well beyond ovarian and lung cancers in numerous settings via systemic administration

GENELUX

Redefining Immuno-Oncology

Corporate Presentation | April 2024
Appendix

Accomplished Clinical Advisory Board

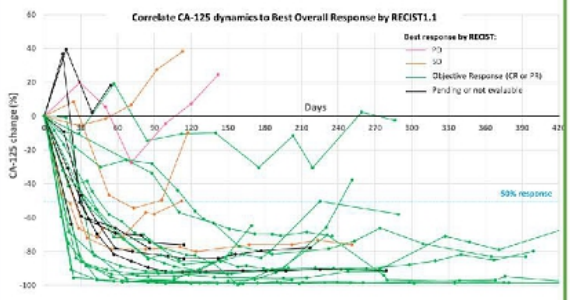
Medical Director, Gynecologic Oncology, AdventHealth Cancer Institute 	**Robert Holloway, MD** CHAIRMAN	Dr. Holloway is the principal investigator for VIRO-15 and has served on several committees of the Society of Gynecologic Oncology (SGO), including its Board of Directors.
Chief Medical Officer, Vanium Group 	**Robert Coleman, MD** Member	Dr. Coleman currently serves on the Board of Directors of Gynecologic Oncology Group and is co-Director of GOG-Partners. In addition, he is immediate Past-President of the International Gynecologic Cancer Society.
Co-Director, Gynecologic Oncology, Hoag Memorial Hospital Presbyterian 	**Albert A. Mendivil, MD** Member	Dr. Mendivil, site principal investigator for VIRO-15, serves as Co-Director of Gyn- Onc and Complex Pelvic Surgery, Hoag Hospital. He has been the principal investigator or site sub-investigator on 20+ clinical trials.
Deputy Director of the University of Cincinnati Cancer Institute 	**Thomas J. Herzog, MD** Chief Executive Officer	Dr. Herzog is President of the GOG Foundation. He has served on the leadership board or council of SGO, the Foundation for Women's Cancer, and ACOG.
Professor and Division Director, Ohio State University Comprehensive Cancer Center 	**David M. O'Malley, MD** Chief Medical Officer	Dr. O'Malley is the clinical trial advisor/lead for ovarian cancer within GOG Partners, a committee member for the NCI Gynecologic Cancer Steering Committee's Ovarian Task Force and the NRG Oncology.
Forsythe & Bear, LLC 	**Alan Forsythe, PhD** Chief Financial Officer	Dr. Forsythe has had a distinguished career in pharmaceutical drug development. As Vice President of Corporate Biomedical Information at Amgen, Alan led the Biostatistics, Epidemiology and HOER depts.

Olvi-Vec-primed Immunochemotherapy Anti-tumor Activity: CA-125 Biomarker

Rapid, Common and Durable Responses

CA-125 Decrease

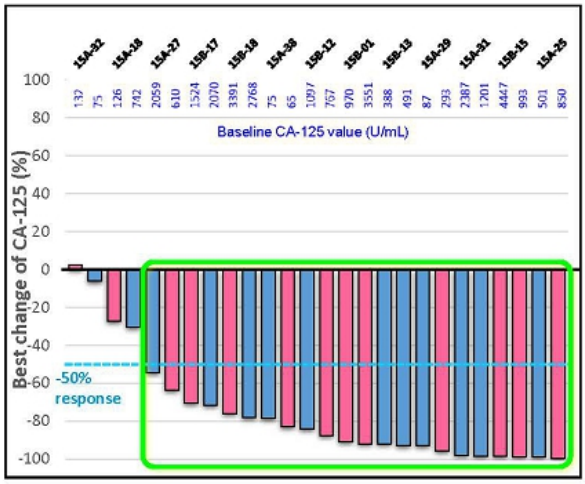
- **All PRROC Patients: 96% (25/26)**
- **Platinum refractory patients: 85% (11/13)**



- All 11 patients with > 90% decrease of CA-125 achieved RECIST response
- RECIST responses correlate to CA-125 responses (p = 0.007)

ORR by CA-125

- **All PRROC Patients: 85% (22/26)**
- **Platinum refractory patients: 85% (11/13)**



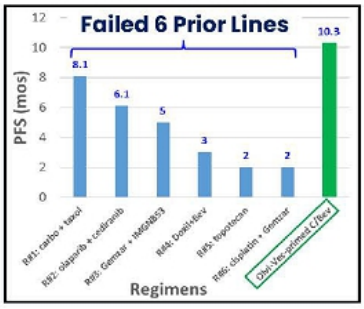
Olvi-Vec-Primed Immunochemotherapy Overcomes "Refractoriness"

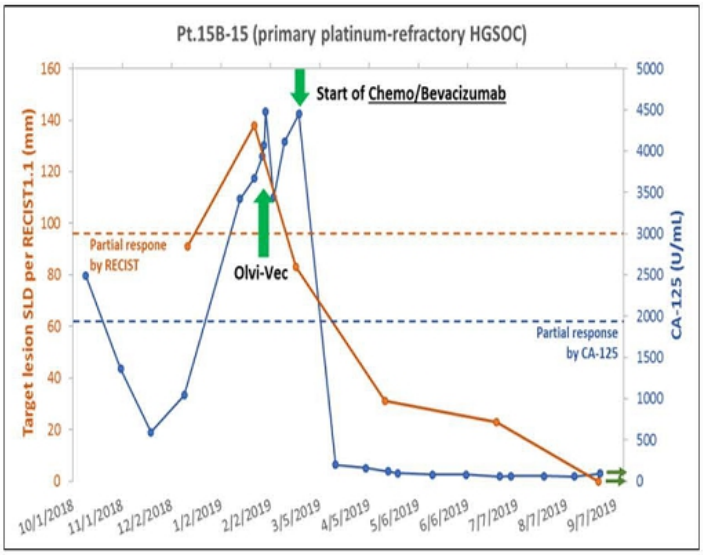
Exemplary platinum-refractory patients, after platinum re-challenge, achieved ***PFS exceeding any prior lines***

15B-15:

- Stage IIIB high-grade serous
- ECOG: 0
- BRCA negative
- PD-L1 negative

Overall Survival: 12.3 Months





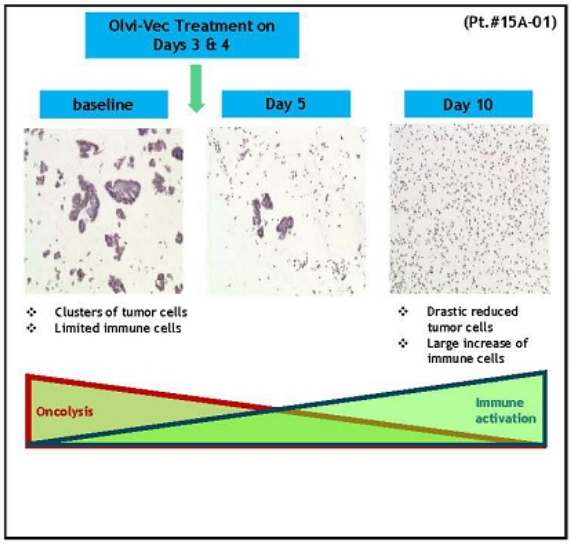
Olvi-Vec Monotherapy Demonstrates Oncolysis and Immune Activation

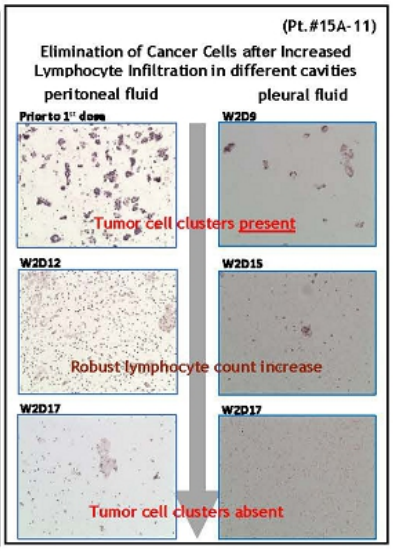
Data from Phase 1b Monotherapy portion of VIRO-15 trial

Key Takeaways

Olvi-Vec monotherapy shows decreased tumor cells and increase immune activation

- Olvi-Vec treatment was able to dramatically decrease or eliminate tumor cells in multiple patient samples
- The Activation of Immunosurveillance by Olvi-Vec after 2 doses was seen in multiple cavities as monotherapy

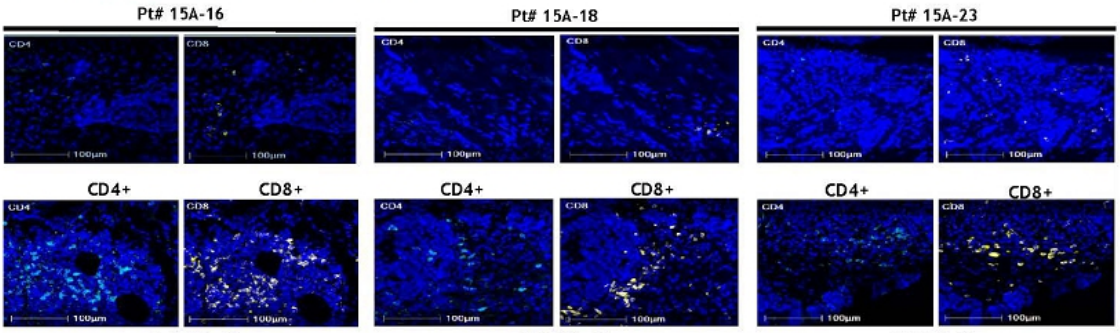




CD8+ T-cells: Infiltrating Lymphocytes are Prognostic for Response/Survival

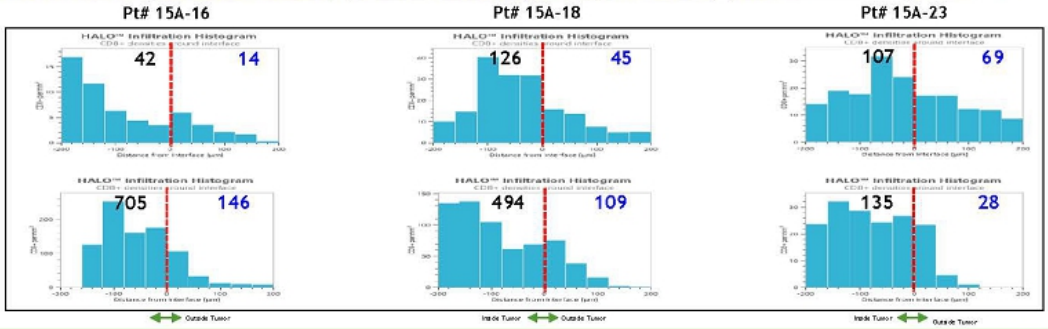
Data from Phase 1b Monotherapy portion of VIRO-15 trial

Olvi-Vec Induced Infiltration of CD8+ cells into Tumors



Endogenous TILs (intra-tumoral and stromal) are very low in ovarian cancer, i.e., immunologically 'cold'.

Shift of CD8+ cells into epithelial tumor tissue



Long-lasting, Tumor-specific T cell Response Corresponds to Tumor Reduction

Data from Phase 1b Monotherapy portion of VIRO-15 trial

Key Takeaways

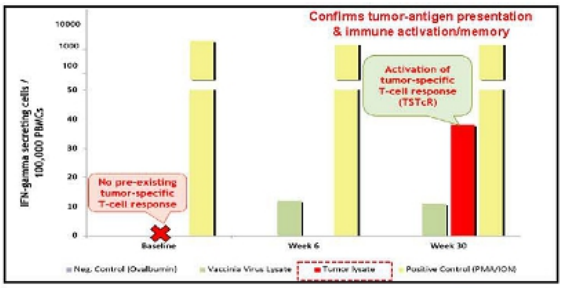
Off-the-Shelf Personalized Medicine: Single Agent generates Individualized Results

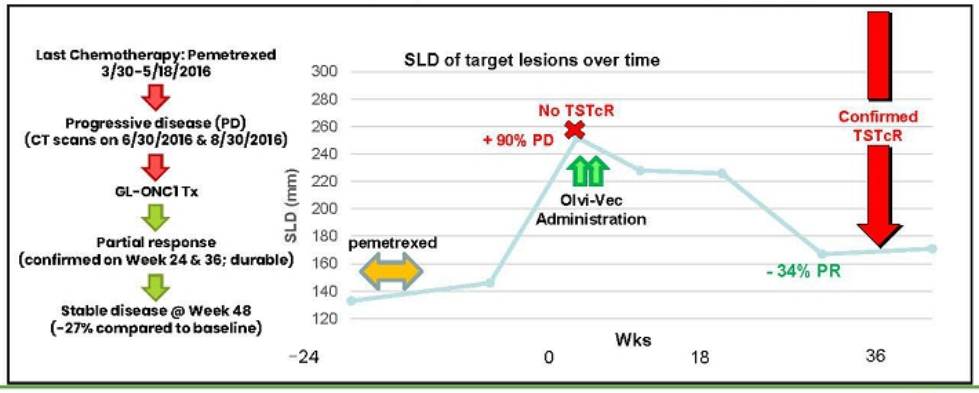
- Olvi-Vec induces favorable & long-lasting Tumor-specific T-cell Response (TSTcR) by ELISPOT analysis in patient in heavily treated patient w/ 9 prior regimens of chemo; no Tumor-specific T-cell response at baseline
- Documented OR from Olvi-Vec treatment after failure of last chemotherapy

Case Report (Pt #15A-05)

Heavily pre-treated:
9 prior regimens of chemo+Avastin;
no pre-existing tumor-specific T-cells

Post treatment:
Consequential amount (~3%) of all activatable T cells at Week 30 are tumor-specific T-cells



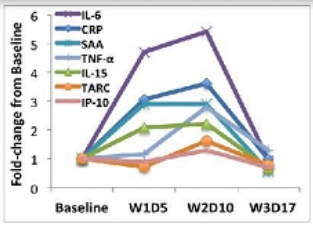


Olvi-Vec: Ideal Backbone for Combination Therapy

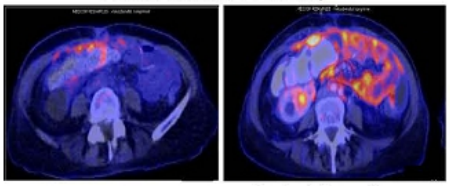
Converts Tumor Microenvironment to Inflammatory "Hot Spot"

Induction of acute inflammatory cytokines (Th1-type related)

VIRO-15 Study



NCT01443260/TUE Study

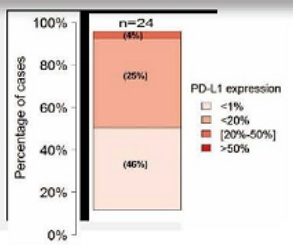


Baseline | **Massive inflammatory response after (C1D24) single dose of virus**

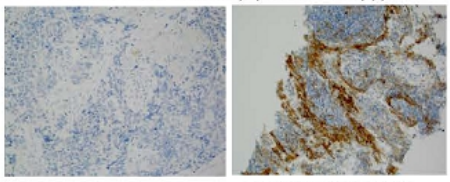
Up Regulates Immunomodulatory Target Proteins, such as PD-L1

Endogenous PD-L1 expression in ovarian tumor is low, hence limiting target by anti-PD-1/PD-L1 therapy

Rodriguez-Freixinos et al. J Clin Oncol 36, 2018 (suppl; abstr 5595)



PD-L1: VIRO-15 Study (monotherapy)



Baseline | **Post treatment (20d)** Strong PD-L1 staining at the tumor-stromal interface