Welcome and Introduction

JOHN SCARLETT, M.D.
Chairman and Chief Executive Officer

OLIVIA BLOOM
EVP, Chief Financial Officer

FAYE FELLER, M.D.
EVP, Chief Medical Officer

ANIL KAPUR
EVP, Corporate Strategy and Chief Commercial Officer

Andrew J. Grethlein, Ph.D.
EVP, Chief Operating Officer
Except for the historical information contained herein, this presentation contains forward-looking statements made pursuant to the “safe harbor” provisions of the Private Securities Litigation Reform Act of 1995. Investors are cautioned that such statements, include, without limitation, those regarding: (i) that for IMerge Phase 3, Geron plans to submit a Marketing Authorization Application in the EU in the fourth quarter of 2023 and that commercial planning is on track for launch readiness in the U.S. in early 2024; (ii) that the Company expects 2023 non-GAAP total operating expenses to be up to $210 million; (iii) that the IMpactMF interim analysis is expected in the first half of 2025 and the final analysis is expected in the first half of 2026; (iv) that Geron expects its financial resources to support its projected level of operations through the end of 2025, based on assumptions set forth in the presentation; (v) that the Company believes that academic and community hematologists expect imetelstat to become the new standard of care in second line MDS, as well as an important new option for frontline ESA—ineligible MDS patients; and (vi) other statements that are not historical facts, constitute forward-looking statements. These forward-looking statements involve risks and uncertainties that can cause actual results to differ materially from those in such forward-looking statements. These risks and uncertainties, include, without limitation, risks and uncertainties related to: (a) whether Geron overcomes all of the potential delays and other adverse impacts caused by enrollment, clinical, safety, efficacy, technical, scientific, intellectual property, manufacturing and regulatory challenges in order to have the financial resources for, and to meet the expected timelines, planned milestones and expenses in (i) to (v) above; (b) whether regulatory authorities permit the further development of imetelstat on a timely basis, or at all, without any clinical holds; (c) whether imetelstat has demonstrated to regulatory authorities sufficient safety, efficacy and clinical benefit in IMerge Phase 3 that results in regulatory approvals; (d) whether any future safety or efficacy results of imetelstat treatment cause the benefit-risk profile of imetelstat to become unacceptable; (e) whether imetelstat actually demonstrates disease-modifying activity in patients and the ability to target the malignant stem and progenitor cells of the underlying disease; (f) that Geron may seek to raise substantial additional capital in order to complete the development and commercialization of imetelstat to meet the expected timelines, planned milestones and expenses in (i) to (v) above; (g) whether regulatory authorities require an additional imetelstat lower risk MDS clinical trial for approval, or post-approval; (h) whether there are failures or delays in manufacturing or supplying sufficient quantities of imetelstat or other materials that impact a commercial launch in lower risk MDS or the continuation of the IMpactMF trial; (i) whether the follow-up period of 12 months for the IMerge Phase 3 primary analysis was sufficient to demonstrate safety and efficacy, including transfusion independence and clinical benefit, and obtain regulatory approval; (j) for IMerge Phase 3, the FDA may require Geron to submit additional information or require advisory committee procedures that could cause a regulatory approval, if any, to be delayed or withheld; and (k) that the timing in (iii) above for IMpactMF may vary depending on enrollment and death rates in the trial. Additional information on the above risks and uncertainties and additional risks, uncertainties and factors that could cause actual results to differ materially from those in the forward-looking statements are contained in Geron’s filings and periodic reports filed with the Securities and Exchange Commission under the heading “Risk Factors” and elsewhere in such filings and reports, including Geron’s quarterly report on Form 10-Q for the quarter ended June 30, 2023 and future filings and reports by Geron. Undue reliance should not be placed on forward-looking statements, which speak only as of the date they are made, and the facts and assumptions underlying the forward-looking statements may change. Except as required by law, Geron disclaims any obligation to update these forward-looking statements to reflect future information, events or circumstance.
Introductory Remarks

John A. Scarlett, M.D.
Chairman and CEO
Key Q2 Achievements Drive Geron Toward Potential Launch

• Imetelstat New Drug Application in lower risk myelodysplastic syndromes (LR MDS) submitted June 2023
• New IMerge Phase 3 data and analyses presented at ASCO and EHA strengthen imetelstat value proposition
• Commercial planning on track for launch readiness in early 2024
• ~$400 million on the balance sheet as of Q2 close
• Appointment of Scott Samuels as Executive Vice President, Chief Legal Officer and Corporate Secretary

References on slide 22
ASCO: American Society of Clinical Oncology; EHA: European Hematology Association
Regulatory and Clinical Updates

Faye Feller, M.D.
Executive Vice President, Chief Medical Officer
Regulatory Updates

• LR MDS NDA Submitted June 2023
  • Requested priority review from FDA
• Expect to submit MAA in EU for LR MDS in Q4 2023
Imetelstat Expanded Access Protocol in LR MDS initiated June 2023
New IMerge Phase 3 Data and Analyses Presented at ASCO and EHA
## Presentations at ASCO and EHA
Compelling Imetelstat Profile from IMerge Phase 3

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<tr>
<th>Category</th>
<th>Description</th>
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<tr>
<td><strong>Durable transfusion independence (TI) &amp; hemoglobin increases</strong></td>
<td>Highly statistically significant (p&lt;0.001) and clinically meaningful improvements for imetelstat-treated patients versus placebo in 8-week TI, 16-week TI and 24-week TI&lt;br&gt;Highly statistically significant (p&lt;0.001) and clinically meaningful increases in mean change in hemoglobin levels over time for imetelstat-treated patients versus placebo</td>
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<td><strong>Broad efficacy across MDS subtypes</strong></td>
<td>Statistically significant (p&lt;0.05) and clinically meaningful 8-week TI rate for imetelstat-treated patients versus placebo across subtypes: high and very high transfusion burdens; Low and Intermediate-1 IPSS risk category; and RS+ and RS-</td>
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<td><strong>MDS disease modification potential</strong></td>
<td>In imetelstat-treated patients, reductions of VAF in multiple genes correlated with the clinical endpoints of TI response, longer TI duration and increase in hemoglobin levels, suggesting a direct relationship between molecular and clinical responses to imetelstat</td>
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<td><strong>Favorable patient-reported outcomes (PRO)</strong></td>
<td>PRO data on sustained meaningful improvement in fatigue for imetelstat-treated patients vs placebo</td>
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<td><strong>Safety</strong></td>
<td>Consistent with prior imetelstat clinical experience</td>
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**References on slide 22**
TI: Transfusion independence; IPSS: International Prognostic Scoring System; RS+: ring sideroblast positive; RS-: ring sideroblast negative; VAF: variant allele frequency
IMpactMF: First and Only Phase 3 Trial in the U.S. in MF with OS as Primary Endpoint

Actively enrolling global trial (>40% enrolled)
- Sites planned across North America, South America, Europe, Australia and Asia

Planned analyses
- Interim Analysis expected in 1H 2025 when ~35% of the planned enrolled patients have died; alpha spend ~0.01
- Final Analysis expected in 1H 2026 when >50% of the planned enrolled patients have died

Primary Endpoint:
- Overall survival (OS)

Key Secondary Endpoints:
- Symptom response
- Spleen response
- Patient Reported Outcomes (PROs)
First Patient Dosed in IMpress Phase 2 in June 2023

Investigator-led study of single agent imetelstat in post-HMA relapsed/refractory/intolerant AML and higher risk MDS
Commercial Updates

Anil Kapur
Executive Vice President, Corporate Strategy and Chief Commercial Officer
Academic and community hematologist feedback across U.S. and EU indicates substantial imetelstat opportunity in LR MDS

IMerge Phase 3 risk/benefit profile received favorably

Imetelstat opportunity across ESA relapsed/refractory RS- and RS+ subgroups, as well as high transfusion burdened patients

Imetelstat expected to become new standard of care in second line, as well as important new option for frontline ESA-ineligible patients

References on slide 22
LR MDS: lower risk myelodysplastic syndromes; ESA: erythropoietin stimulating agent; RS: ring sideroblast
Financial Review

Olivia Bloom
Executive Vice President and Chief Financial Officer
Financial Resources to Support Potential Commercial Launch of Imetelstat

~$52M
Q2 2023 operating expenses

~$400M
Cash and marketable securities as of 6/30/23

Up to $210M
2023 expected non-GAAP total operating expenses*

Financial resources expected to support projected level of operations through the end of 2025^

* 2023 financial guidance based on certain assumptions for timing of regulatory submissions, approval and commercial launch. If those assumptions are updated later in the year due to changes in plans, including in response to potential revised timing of FDA approval and U.S. commercial launch of imetelstat in lower risk MDS, financial guidance will be revised.

See non-GAAP financial measure definition in Appendix

^ Based on financial resources as of June 30, 2023 plus potential future proceeds from remaining warrants outstanding and estimated revenues from commercialization, current operating plan and expectations regarding the potential acceptance and approval of NDA by the FDA in the U.S. for the use of imetelstat in adult patients with lower risk MDS and the potential subsequent commercialization in 1H 2024, as well as revised timing projected for interim and final analyses for IMPactMF trial.
Closing Remarks

John A. Scarlett, M.D.
Chairman and CEO
Thank you!

Contact:
Investor Relations
info@geron.com
Appendix
Non-GAAP Financial Measure

Non-GAAP total operating expenses for fiscal year 2023 which excludes estimated non-cash items such as, stock-based compensation expense, amortization of debt discounts and issuance costs and depreciation and amortization.

To supplement our financial results and guidance presented in accordance with U.S. generally accepted accounting principles (GAAP), Geron (the Company) is presenting non-GAAP total operating expenses, which excludes stock-based compensation expense, amortization of debt discounts and issuance costs and depreciation and amortization, from GAAP total operating expenses. The Company believes this non-GAAP financial measure, when considered together with other financial information prepared in accordance with GAAP, can enhance investors’ and analysts’ ability to meaningfully compare Geron’s results from period to period and to projected forward-looking guidance, and to identify operating trends in Geron’s business. The exclusion of non-cash items, such as stock-based compensation expense, amortization of debt discounts and issuance costs and depreciation and amortization, does not directly or immediately relate to the operational performance for the periods presented. This non-GAAP financial measure is in addition to, not a substitute for, or superior to, measures of financial performance prepared in accordance with GAAP. Geron encourages investors to carefully consider the Company’s results under GAAP, as well as the supplemental non-GAAP financial information, to more fully understand Geron’s business.
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<th>Slide #</th>
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<td>5, 10</td>
<td>Zeidan et al, ASCO 2023; Platzbecker et al, EHA 2023; Santini et al, EHA 2023; Sekeres et al, EHA 2023</td>
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<tr>
<td>11</td>
<td>IMpactMF clinical trial protocol</td>
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<tr>
<td>14</td>
<td>Geron Market Research, US/EU3 May 2023</td>
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