This presentation contains “forward-looking” statements that are based on the beliefs and assumptions and on information currently available to management of Kadmon Holdings, Inc. (the “Company”). All statements other than statements of historical fact contained in this presentation are forward-looking statements. Forward-looking statements include information concerning the approval, launch and marketing of our approved product(s), including information pertaining to potential revenues, forecasts, pricing and/or market opportunity(ies) associated with REZUROCK™ (belumosudil), initiation, timing, progress and results of clinical trials of the Company’s product candidates, the timing or likelihood of regulatory filings and approvals for any of its product candidates, and estimates regarding the Company’s expenses, future revenues and future capital requirements. In some cases, you can identify forward-looking statements by terminology such as “may,” “will,” “should,” “expects,” “plans,” “anticipates,” “believes,” “estimates,” “predicts,” “potential” or “continue” or the negative of these terms or other comparable terminology. There are important factors that could cause the Company’s actual results to differ materially from those expressed or implied by the forward-looking statements, including those factors discussed under the caption entitled “Risk Factors” in the Company’s filings with the U.S. Securities and Exchange Commission (“SEC”).

Forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause the Company’s actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. Forward-looking statements represent the Company’s beliefs and assumptions only as of the date of this presentation. Although the Company believes that the expectations reflected in the forward-looking statements are reasonable, it cannot guarantee future results, levels of activity, performance or achievements. Except as required by law, the Company assumes no obligation to publicly update any forward-looking statements for any reason after the date of this presentation to conform any of the forward-looking statements to actual results or to changes in its expectations.
Biopharmaceutical company headquartered in New York, NY (Nasdaq: KDMN)

Therapeutic focus areas:
- Immune and fibrotic diseases
- Immuno-oncology (I-O)

July 16, 2021: U.S. FDA approval of REZUROCK™ (belumosudil) in chronic GVHD
<table>
<thead>
<tr>
<th>CANDIDATE</th>
<th>INDICATION</th>
<th>Details</th>
</tr>
</thead>
</table>
| **REZUROCK™** (belumosudil) (Selective ROCK2 inhibitor) | Chronic Graft-Versus-Host Disease (cGVHD) | - FDA approved for the treatment of adult and pediatric patients 12 years and older with cGVHD after failure of at least two prior lines of systemic therapy  
  - Reviewed under Real-Time Oncology Review (RTOR)  
  - Participation in Project Orbis  
  - Granted Priority Review and Breakthrough Therapy Designation |
|                           | Systemic Sclerosis                  | - Open-label Phase 2 clinical trial ongoing; initial data expected YE 2021  
  - Phase 2 placebo-controlled clinical trial ongoing |
| **KD033** (anti-PD-L1/IL-15 fusion protein) | Immuno-oncology                      | - Phase 1 clinical trial ongoing |


Belumosudil: Oral, Selective ROCK2 Inhibitor

- Rho-associated coiled-coil kinase (ROCK) mediates cell movement, shape, differentiation and function\(^1\)
  - ROCK plays key role in immune and fibrotic diseases
- Belumosudil: Oral ROCK2-selective inhibitor
  - >550 individuals have received belumosudil in completed and ongoing studies
  - Well tolerated
- IP protection (composition of matter) through 2034

\(^1\) Small GTPases. 2014; 5: e29846.
ROCK2 Plays Key Role in Immune Diseases

ROCK2 Inhibition Rebalances Immune Response to Treat Immune Dysfunction\textsuperscript{1,2}

• ROCK2 inhibition rebalances the immune system:
  – Downregulates pro-inflammatory Th17 cells
  – Increases regulatory T (Treg) cells

\textsuperscript{1} Proc Natl Acad Sci, 2014
\textsuperscript{2} Blood, 2016
ROCK is an Intracellular Integrator of Pro-Fibrotic Signals

ROCK Regulates Multiple Profibrotic Processes

- ROCK is downstream of major pro-fibrotic mediators
  - ROCK mediates stress fiber formation
  - ROCK regulates transcription of pro-fibrotic genes

Am J Pathol. 2015 Apr;185(4):909-12
REZUROCK™ FDA Approved for Chronic GVHD

- Full U.S. FDA approval on July 16, 2021
- Indicated for the treatment of adult and pediatric patients 12 years and older with cGVHD after failure of at least two prior lines of systemic therapy
- First and only FDA-approved small molecule inhibitor of ROCK2
REZUROCK: 75% Overall Response Rate (ORR)\(^1\)

CR, complete response.
\(^1\)REZUROCK FDA Label, July 2021
\(^2\)P<.0001
### The ROCKstar Study: Responses Observed Across All Key Subgroups

<table>
<thead>
<tr>
<th>Group name</th>
<th>ORR, % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All patients (N=132)</td>
<td>76 (68-83)</td>
</tr>
<tr>
<td>Belumosudil 200 mg QD (n=66)</td>
<td>74 (62-84)</td>
</tr>
<tr>
<td>Belumosudil 200 mg BID (n=66)</td>
<td>77 (65-87)</td>
</tr>
<tr>
<td>Severe cGVHD at screening&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Yes (n=89)</td>
<td>75 (65-84)</td>
</tr>
<tr>
<td>No (n=43)</td>
<td>77 (61-88)</td>
</tr>
<tr>
<td>Best response to last prior line of systemic therapy</td>
<td></td>
</tr>
<tr>
<td>Refractory (n=79)</td>
<td>75 (64-84)</td>
</tr>
<tr>
<td>Nonrefractory (n=31)</td>
<td>74 (55-88)</td>
</tr>
<tr>
<td>Duration of cGVHD before enrollment</td>
<td></td>
</tr>
<tr>
<td>&gt;50th percentile (n=66)</td>
<td>68 (56-79)</td>
</tr>
<tr>
<td>≤50th percentile (n=66)</td>
<td>83 (72-91)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group name</th>
<th>ORR, % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of organs involved at baseline</td>
<td></td>
</tr>
<tr>
<td>≥4 (n=68)</td>
<td>72 (60-82)</td>
</tr>
<tr>
<td>&lt;4 (n=64)</td>
<td>80 (68-89)</td>
</tr>
<tr>
<td>Number of prior lines of systemic therapy</td>
<td></td>
</tr>
<tr>
<td>≥4 (n=65)</td>
<td>74 (62-84)</td>
</tr>
<tr>
<td>&lt;4 (n=67)</td>
<td>78 (66-87)</td>
</tr>
<tr>
<td>Prior ibrutinib&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Yes (n=46)</td>
<td>74 (59-86)</td>
</tr>
<tr>
<td>Prior ruxolitinib</td>
<td></td>
</tr>
<tr>
<td>Yes (n=38)</td>
<td>68 (51-83)</td>
</tr>
</tbody>
</table>

<sup>a</sup>CI is calculated using the Clopper-Pearson interval (exact) method.

<sup>b</sup>Indicates stratification factors.

Response assessments performed on or after the initiation of a new systemic therapy for cGVHD were excluded from the analysis.

Pooled responses across arms, unless stated.
The ROCKstar Study: Responses Observed Across All Organ Systems

ROCKstar Study, Blood, July 2021
The ROCKstar Study: DOR

Overall, 44% of patients have remained on belumosudil therapy for >1 years.

The median DOR was **54 weeks**, and 60% of responders maintained responses for ≥20 weeks.
The ROCKstar Study: Safety and Tolerability

AEs were overall consistent with those expected in patients with cGVHD receiving corticosteroids and other immunosuppressants

– There was 1 reported case of Epstein-Barr virus and 1 reported case of CMV reactivation.

<table>
<thead>
<tr>
<th>Commonly reported AEs, n (%)</th>
<th>Belumosudil 200 mg QD (n=66)</th>
<th>Belumosudil 200 mg BID (n=66)</th>
<th>Overall (N=132)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All grades in ≥20% of patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>30 (46)</td>
<td>20 (30)</td>
<td>50 (38)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>23 (35)</td>
<td>21 (32)</td>
<td>44 (33)</td>
</tr>
<tr>
<td>Nausea</td>
<td>23 (35)</td>
<td>18 (27)</td>
<td>41 (31)</td>
</tr>
<tr>
<td>Cough</td>
<td>20 (30)</td>
<td>17 (26)</td>
<td>37 (28)</td>
</tr>
<tr>
<td>Upper respiratory tract infection</td>
<td>17 (26)</td>
<td>18 (27)</td>
<td>35 (27)</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>21 (32)</td>
<td>12 (18)</td>
<td>33 (25)</td>
</tr>
<tr>
<td>Headache</td>
<td>13 (20)</td>
<td>18 (27)</td>
<td>31 (24)</td>
</tr>
<tr>
<td>Liver-related AEs</td>
<td>12 (18)</td>
<td>19 (29)</td>
<td>31 (24)</td>
</tr>
<tr>
<td>Peripheral edema</td>
<td>17 (26)</td>
<td>13 (20)</td>
<td>30 (23)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>18 (27)</td>
<td>10 (15)</td>
<td>28 (21)</td>
</tr>
<tr>
<td>Muscle spasms</td>
<td>13 (20)</td>
<td>13 (20)</td>
<td>26 (20)</td>
</tr>
<tr>
<td>Grade ≥3 in ≥5% of patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>6 (9)</td>
<td>4 (6)</td>
<td>10 (8)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>4 (6)</td>
<td>4 (6)</td>
<td>8 (6)</td>
</tr>
<tr>
<td>Hyperglycemia</td>
<td>3 (5)</td>
<td>3 (5)</td>
<td>6 (5)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety overview</th>
<th>Belumosudil 200 mg QD (n=66)</th>
<th>Belumosudil 200 mg BID (n=66)</th>
<th>Overall (N=132)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median duration of treatment, mo</td>
<td>9.4</td>
<td>11.8</td>
<td>10.4</td>
</tr>
<tr>
<td>Any AE, n (%)</td>
<td>65 (99)</td>
<td>66 (100)</td>
<td>131 (99)</td>
</tr>
<tr>
<td>Grade ≥3 AE, n (%)</td>
<td>37 (56)</td>
<td>34 (52)</td>
<td>71 (54)</td>
</tr>
<tr>
<td>SAE, n (%)</td>
<td>27 (41)</td>
<td>23 (35)</td>
<td>50 (38)</td>
</tr>
<tr>
<td>Drug-related AE, n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any related AE</td>
<td>49 (74)</td>
<td>40 (61)</td>
<td>89 (67)</td>
</tr>
<tr>
<td>Related SAE</td>
<td>5 (8)</td>
<td>2 (3)</td>
<td>7 (5)</td>
</tr>
<tr>
<td>On study deaths,* n (%)</td>
<td>4 (6)</td>
<td>4 (6)</td>
<td>8 (6)</td>
</tr>
</tbody>
</table>

* Belumosudil QD: aspiration pneumonia; hemoptysis; MODS/septic shock; relapse AML.
Belumosudil BID: cardiac arrest (2); infection; respiratory failure.
The ROCKstar Study: Additional Endpoints

• Corticosteroid dose and CNI reductions:
  – 65% of patients were able to reduce their CS dose, and 21% discontinued CS therapy
  – 22% of patients discontinued CNI therapy

• LSS score:
  – 60% of patients experienced clinically meaningful improvement in LSS score from baseline
  – Both responders and nonresponders achieved clinically meaningful improvements in LSS

CNI, calcineurin inhibitor; CS, corticosteroid.
The ROCKstar Study: Conclusions$^{1,2}$

- 75% ORR
  - Responses in all affected organ systems, including in organs with fibrotic disease
- 54-week median duration of response
- 52% achieved symptom improvement (LSS score)
- 65% reduced corticosteroid doses; 21% completely discontinued corticosteroids
- Well tolerated
  - AEs have been consistent with those expected in patients with advanced cGVHD receiving corticosteroids and/or other immunosuppressants

$^1$REZUROCK FDA Label, July 2021  
$^2$ROCKstar Study, Blood, July 2021
REZUROCK: Commercial Overview
Significant cGVHD Market with Unmet Medical Needs

~14,000 cGVHD patients (U.S.)

7,000-10,000 require additional cGVHD therapy beyond systemic corticosteroids

~60% of cGVHD patients fail 2 or more lines of systemic therapy

• Unmet medical needs in cGVHD
  – Steroids are standard of care in frontline cGVHD treatment
  – cGVHD patients cycle rapidly through multiple lines of immunosuppressive therapies

• Addressable patient population (U.S.): 7,000 – 10,000 (prevalence)

• Incidence: 5,000 patients annually (U.S.)

1Bachier CR. et al. ASH Annual Meeting 2019, Abstract #2109
3Unique patient IDs in Symphony Anonymous Patient Level Data (APLD) coded for ICD-10 diagnosis of cGVHD/GVHD unspecified.
90% of cGVHD Patients are Treated at 100 Transplant Centers

REZUROCK Field Territory Map

Efficient Field Footprint
16 field associates to address cGVHD market
ROCKstar pivotal trial conducted at 28 of 100 U.S. sites

Regional Business Director
Field
Medical Science Liaison (MSL)
National Account Director (NAD)
Belumosudil in SSc
Belumosudil in Systemic Sclerosis (SSc)

• SSc: Chronic immune disease characterized by fibrosis of the skin and internal organs
  – Affects 75,000 people in the United States\(^1\)

• KD025-215: Ongoing, open-label, Phase 2 clinical trial of belumosudil in up to 15 patients with diffuse cutaneous SSc
  – Initial data expected YE 2021

• KD025-209: Ongoing, double-blind, randomized, placebo-controlled, 60-patient Phase 2 clinical trial of belumosudil in diffuse cutaneous SSc
  – Primary endpoint: Combined Response Index for Systemic Sclerosis (CRISS) score
  – Data expected YE 2022

\(^1\) American College of Rheumatology, 2017
IL-15-Focused Biologics Platform
IL-15-Focused Immuno-oncology (I-O) Platform

• KD033: Anti-PD-L1 antibody fused to two IL-15 cytokines
  – IL-15 cytokines:
    – Stimulate immune response without immuno-suppression
    – Expand tumor-fighting NK and memory CD8+ T cells to induce long-lasting responses
    – IL-15 fusion to IL-15 receptor alpha sushi domain enhances stability of the antibody complex
  – PD-L1 antibody:
    – Targets IL-15 to the tumor microenvironment to mitigate safety concerns
• KD033 Phase 1 clinical trial ongoing
KD033-101: Phase 1a/1b Clinical Trial

Phase 1a: Escalation (KD033 monotherapy)

- Subjects with metastatic or locally advanced solid tumors
- Dosing every 2 weeks as a 30-minute IV infusion
- 3 patients per cohort
- DLT* period: 28 days

Phase 1b: Expansion

- PD-1/PD-L1 Relapsed/Refractory (n~15)

Endpoints

- Safety
- Efficacy
- Pharmacokinetics (PK)
- Anti-drug antibodies (ADA)
- Pharmacodynamics (PD)

Initial safety data presented at ASCO (June 2021);
Additional clinical data in Q4 2021

*DLT* = Dose-limiting toxicity
*MTD* = Maximum tolerated dose
Financial Profile
• Cash, cash equivalents and marketable debt securities of $295.9 million as of March 31, 2021
• 171,973,864 common shares outstanding as of May 3, 2021
• Own ~0.7mm shares of MeiraGTx (Nasdaq: MGTX), a clinical-stage gene therapy company, as of March 31, 2021