UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, DC 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 11, 2024

Century Therapeutics, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**001-40498**	**84-2040295**
(State or other jurisdiction of incorporation or organization)	(Commission File Number)	(I.R.S. Employer Identification No.)

25 North 38th Street, 11th Floor **Philadelphia, Pennsylvania** (Address of principal executive offices)	**19104** (Zip Code)

Registrant's telephone number, including area code: **(267) 817-5790**

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 (see General Instruction A.2. below):

☐ 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**	**Name of Exchange on Which Registered**
Common Stock, par value $0.0001 per share	**IPSC**	**Nasdaq Global Select Market**

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 8.01 Other Events

On April 11, 2024, Century Therapeutics, Inc. (the "Company") updated information reflected in a slide presentation, which is attached hereto as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference. Representatives of the Company will use the updated presentation in various meetings with investors from time to time.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit No.	Document
99.1	Investor Presentation of Century Therapeutics, Inc., dated April 11, 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.

CENTURY THERAPEUTICS, INC.

By: /s/ Brent Pfeiffenberger, Pharm.D.
Name: Brent Pfeiffenberger, Pharm.D.
Title: President and Chief Executive Officer

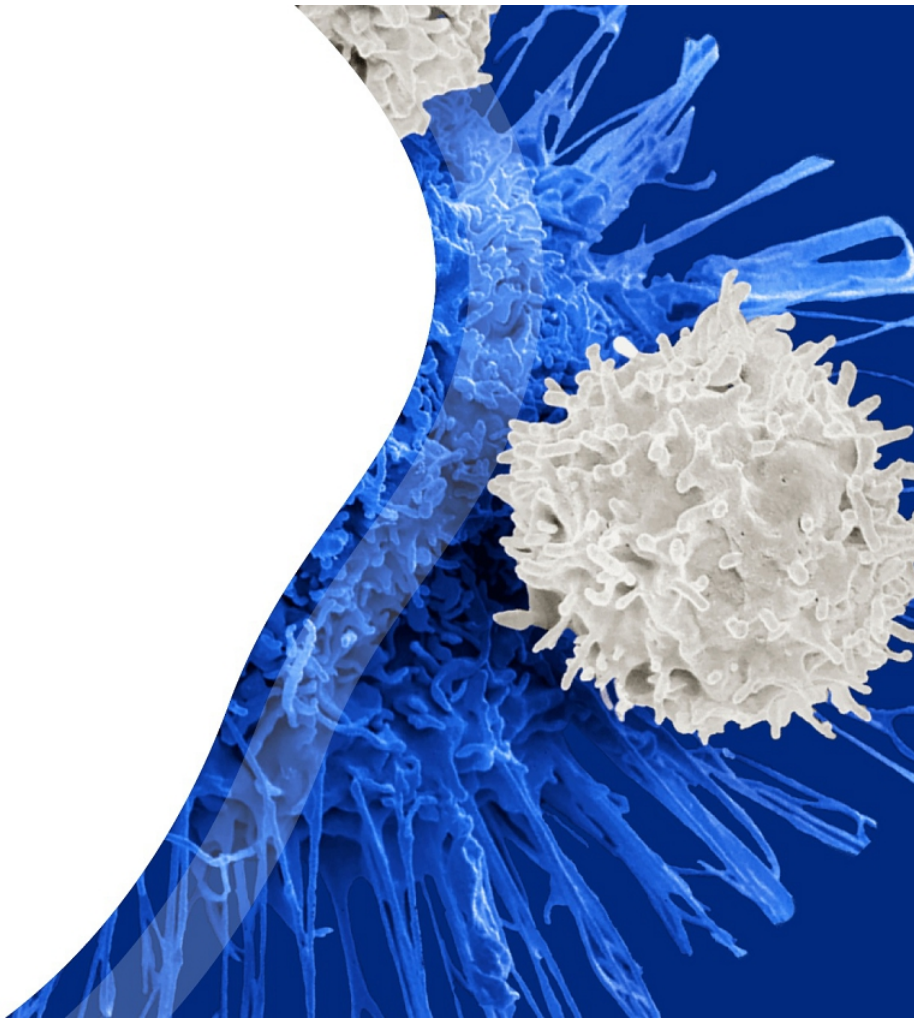
Date: April 11, 2024

Exhibit 99.1

CENTURY THERAPEUTICS

Corporate Overview

April 2024



Forward-looking statements

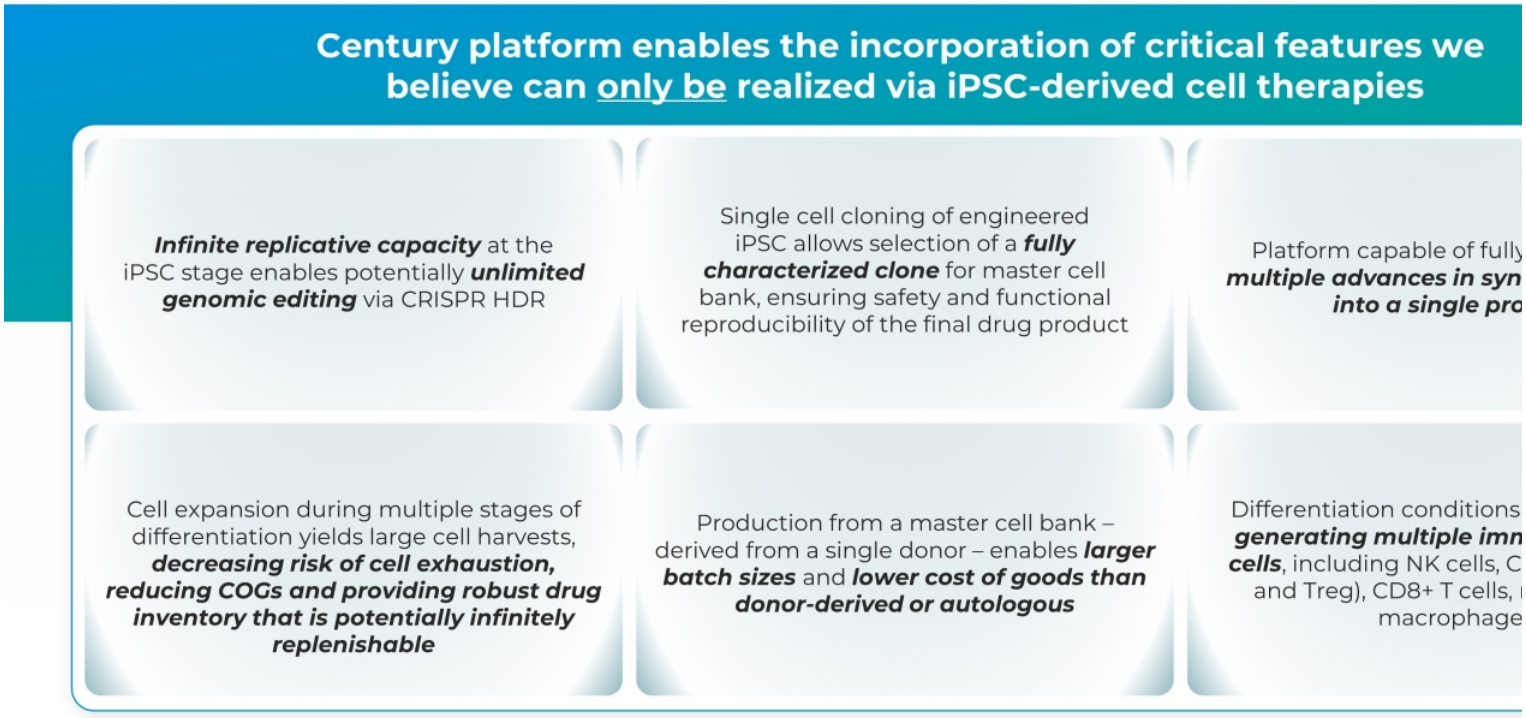
This presentation contains forward-looking statements within the meaning of, and made pursuant to the safe harbour provisions of, The Private Securities Litigation Reform Act of 1995. All statements contained in this document, other than statements of historical facts or statements that relate to present facts or current conditions, including but not limited to, statements regarding possible or assumed future results of operations, business strategies, research and development plans, regulatory activities, market opportunity, competitive position and potential growth opportunities are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. In some cases, you can identify forward-looking statements by terms such as "may," "might," "will," "should," "expect," "plan," "aim," "seek," "anticipate," "could," "intend," "target," "project," "contemplate," "believe," "estimate," "predict," "forecast," "potential" or "continue" or the negative of these terms or other similar expressions. The forward-looking statements in this presentation are only predictions. We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition and results of operations. These forward-looking statements speak only as of the date of this presentation and are subject to a number of risks, uncertainties and assumptions, some of which cannot be predicted or quantified and some of which are beyond our control, including, among others: our ability to successfully advance our current and future product candidates through development activities, preclinical studies, and clinical tr the maintenance on certain key collaborative relationshi manufacturing and development of our product candid scope and likelihood of regulatory filings and approvals, regulatory approval of our product candidates; our abilit integrate operations with Clade Therapeutics, geopolitic on our business and operations, supply chain and labor f performance of third parties in connection with the deve product candidates, including third parties conducting c trials as well as third-party suppliers and manufacturers; successfully commercialize our product candidates and marketing capabilities, if our product candidates are ap to maintain and successfully enforce adequate intellectu protection. These and other risks and uncertainties are d in the "Risk Factors" section of our most recent filings wi Exchange Commission and available at www.sec.gov. Yo these forward-looking statements as predictions of futu and circumstances reflected in our forward-looking stat achieved or occur, and actual results could differ materia projected in the forward-looking statements. Moreover, dynamic industry and economy. New risk factors and un emerge from time to time, and it is not possible for man all risk factors and uncertainties that we may face. Excep applicable law, we do not plan to publicly update or revis looking statements contained herein, whether as a resul information, future events, changed circumstances or ot

Century Therapeutics: Building an industry-leading, n
generation allogeneic iPSC-derived cell therapy platfo

CENTURY
THERAPEUTICS

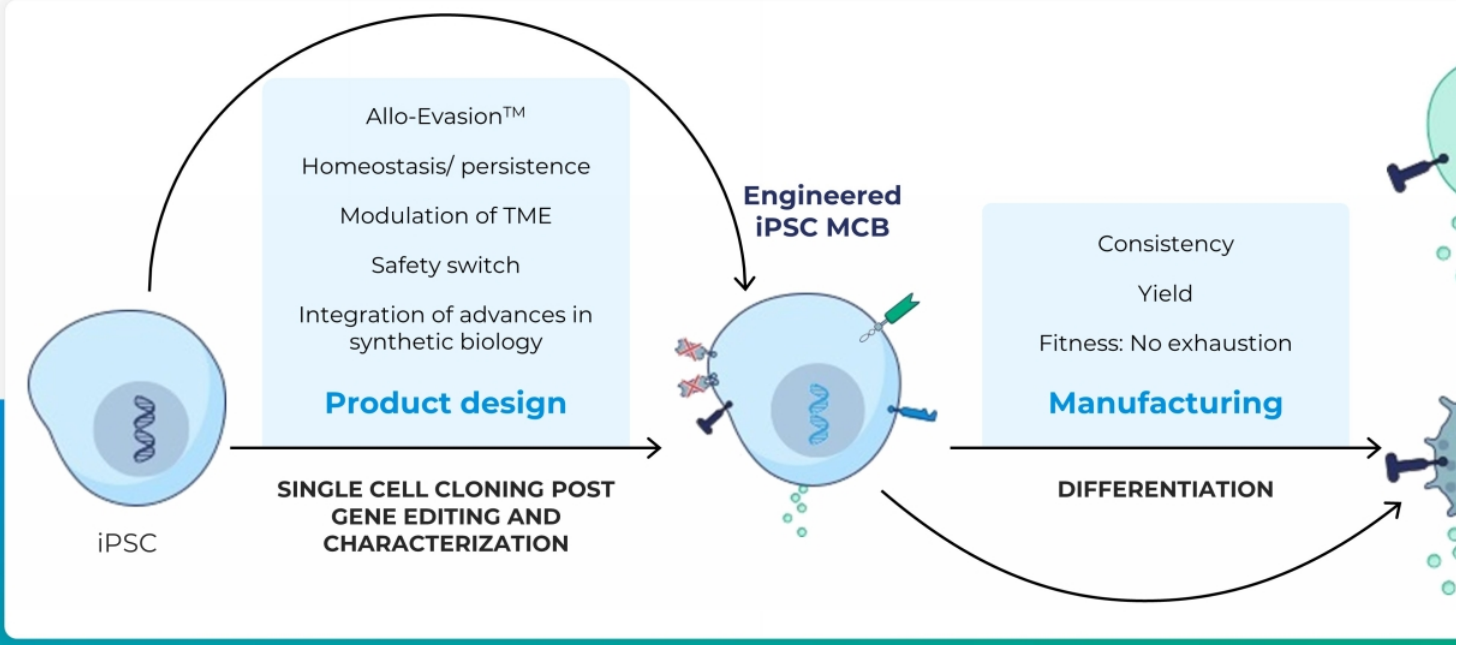
Overview of Foundationa Platform Technologies

Century's singular focus:
To deliver best-in-class iPSC-derived cell therapies



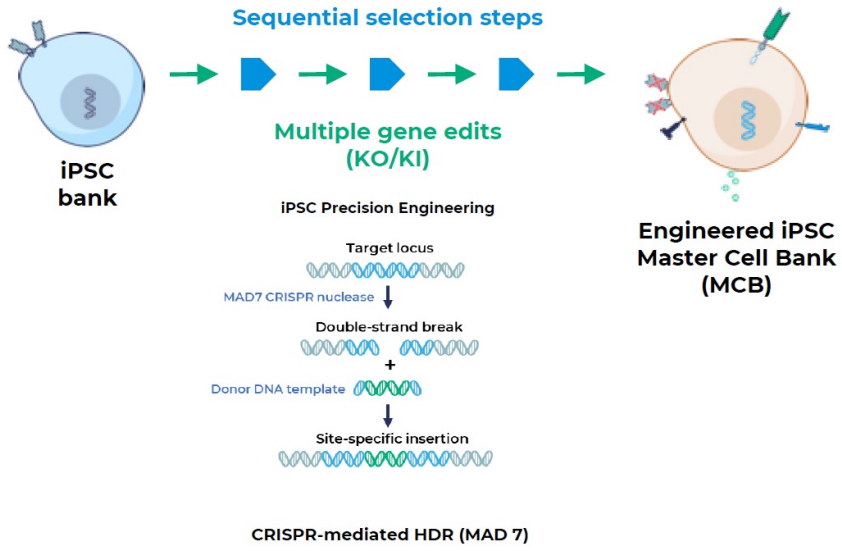
Century's next-generation allogeneic iPSC technology platform

Versatility and unprecedented control



Rapid Integration of major advances in product functionality and manufactu

Precision CRISPR MAD7 mediated sequential gene ed iPSC cells generates uniform product candidates



Advantages of Century's

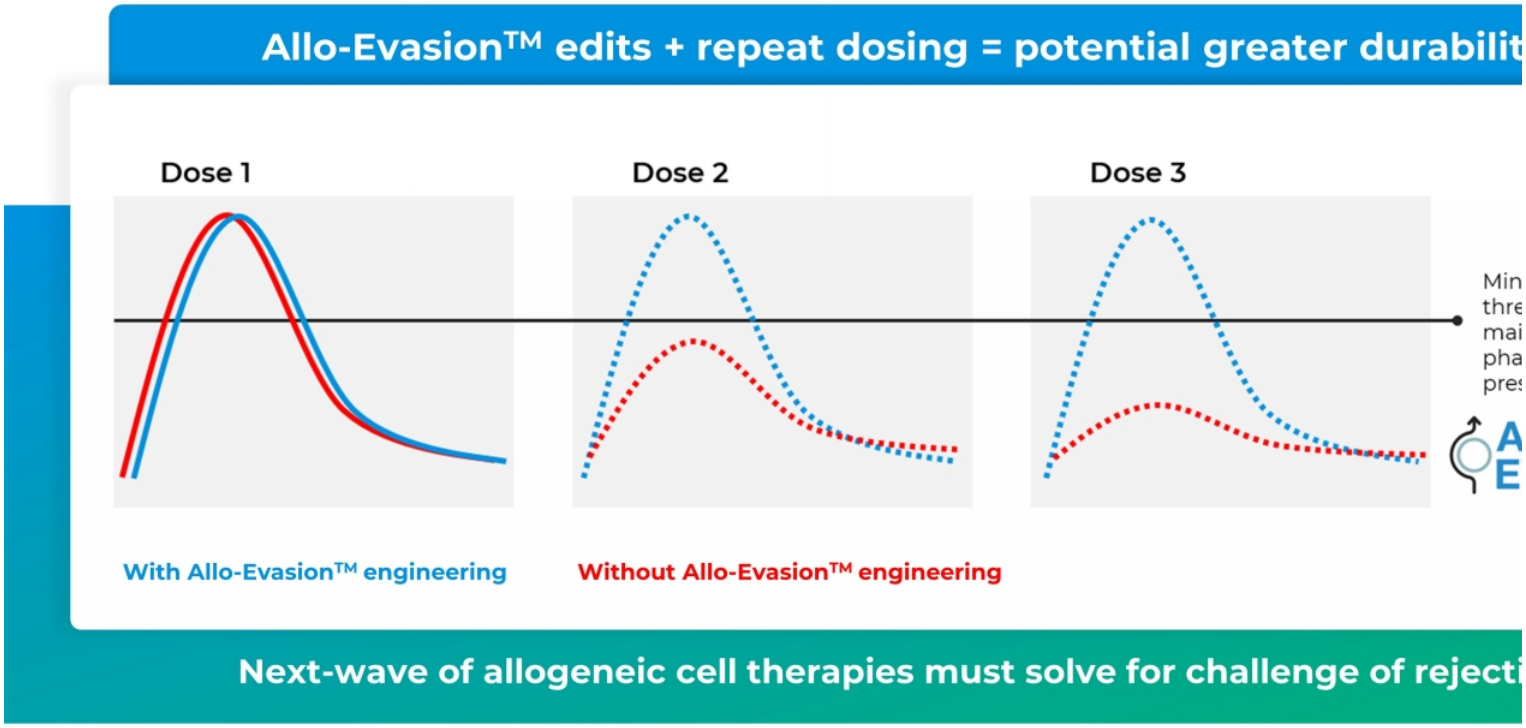
Precise CRISPR mediated hom repair reduces off-target integr

Stepwise and efficient gene ed **risky multiplex modification** a variants

Quality control through genera homogenous MCB establishes product **integrity**

Manufacturing begins at the M to be **free from genetic aberra**

Potential to drive durable responses with engineering resist immune rejection

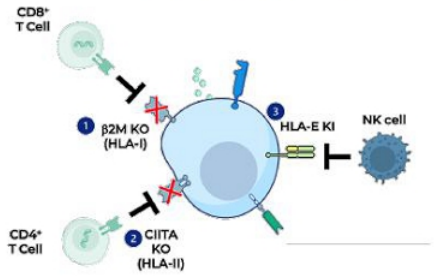


Advancing our leadership in Allo-Evasion™ technolog

Continuous improvement in holistic immune protection designed to overcome major pathways of host vs. graft rejection

Allo-Evasion™ 1.0

Core edits disarm host cells from eliminating therapy



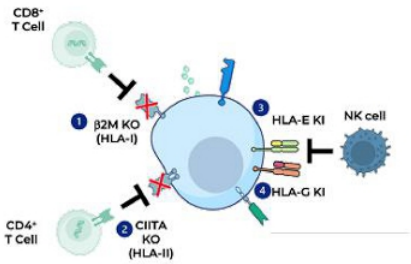
Deletion of β2M, a protein required to express HLA-1 on the cell surface prevents recognition by CD8 T cells

Knock out of CIITA eliminates HLA-II expression to escape elimination by CD4 T cells

Knock-in of HLA-E prevents killing by NK cells

ALLO EVASION™

Allo-Evasion™ 3.0

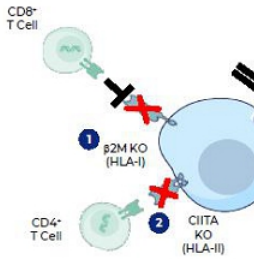


Allo-Evasion™ 1.0 edits plus the incorporation of:

Knock-in of HLA-G improves protection against killing by NK cells

ALLO EVASION™

Allo-Evasion™



Deletion of β2M, a protein requ
on the cell surface prevents re

Knock out of CIITA eliminates
elimination by CD4 T cells

Pan-NK inhibitory ligand to pr
against killing by NK cells

IgG degrading protease desig
humoral immunity

ALLO EVASION™

Foundational investments in iPSC manufacturing

Established in-house manufacturing	Developing fit-for-purpose products
• Century 53,000 ft^2 GMP facility	• Increased process and product consistency
• Designed to produce multiple immune cell types	• Scalable platforms and optimized processes yield, reduce COGs, and meet demand
• Accelerates learnings and enables faster product iteration	• Increases in cell fitness, as cells do not unde expansion cycles which often result in cell e
• Two sites (FCDI GMP manufacturing, Century in-house manufacturing) provide optionality and maximizes flexibility	• Homogeneity of the manufacturing proces product candidate that can be readily chara

CENTURY THERAPEUTICS

Pipeline

Newly expanded and diversified pipeline

Product candidates spanning cell types and targets in cancer and autoimmune and inflamma

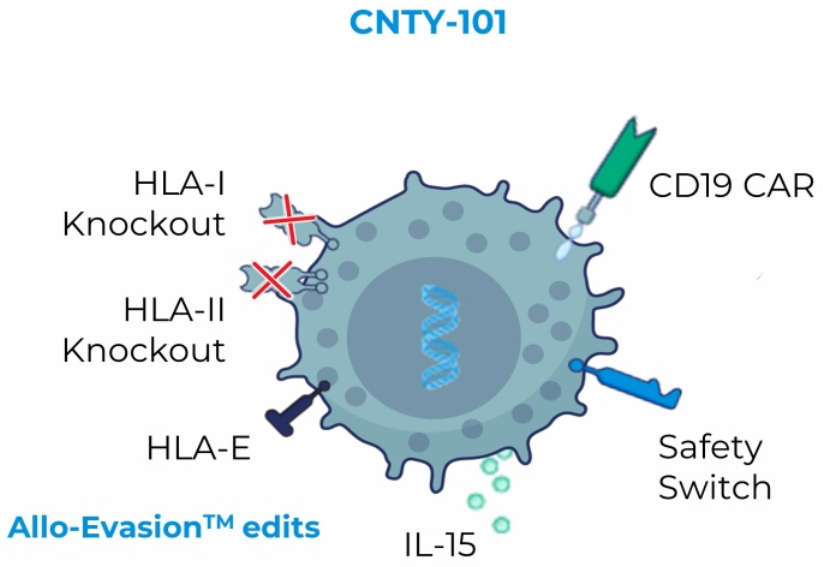
Product	iPSC Platform	Targets	Indications	Research	IND-Enabling	Clinical P1	Clinical P2	Clinical P3	Co
Autoimmune and Inflammatory Diseases									
CNTY-101	iNK	CD19	Systemic Lupus Erythematosus	CALiPSO-1		IND cleared			
			Autoimmune Diseases						
CNTY-108	iNK/γδ iT	CD19	Autoimmune Diseases						
CLDE-308	αβ iT	CD19	Autoimmune Diseases						
CLDE-361	αβ iT	BCMA	Myasthenia Gravis						
Hematologic and Solid Tumors									
CNTY-101	iNK	CD19	B-Cell Malignancies	ELiPSE-1					
CNTY-102	iNK/γδ iT	CD19 + CD22	B-Cell Malignancies						
CLDE-308	αβ iT	CD19	B-Cell Malignancies						
CNTY-104	iNK/iT	Multi-specific	AML						B
CNTY-106	iNK/iT	Multi-specific	MM						B
CNTY-107	γδ iT	Nectin-4	Solid Tumors						
Research	iT	Not disclosed	Solid Tumors						
Research	iNK/iT	TBD	Hematologic and Solid Tumors						

Autoimmune and Inflammatory Diseases Hematologic Tumors Solid Tumors


CENTURY
THERAPEUTICS
CNTY-101 Clinical Program

CNTY-101: Differentiated next-gen CD19 targeted product

Only cell therapy with six precision gene edits currently in the clinic



Delivering on our vision to cl cell therapy treatment parad

- Goal to improve durability, tol ease of outpatient administra
- Potential to eliminate need fo lymphodepletion with subsec of therapy
- First CD19-targeted agent to t benefit of repeat dosing enab Allo-Evasion™ edits

CNTY-101 in relapsed/refractory B-cell lymphomas

Aim: To deliver durable responses via repeat dosing facilitated by Allo-Evasi
extending the period of pharmacologic pressure on tumor cells

Unmet need:	Potential solution from Century's platf
• Autologous CD19 CAR-T is curative in ~40%[1] of patients • Autologous CD19 CAR-T access is limited and/or can fail in manufacturing as quality is dependent on patient-derived starting material • Limited options and poor prognosis for patients who fail autologous CAR-T	• Off-the-shelf product offers immediate acce and consistency • Multiple doses to increase pharmacological increase durability • Host rejection addressed by Allo-Evasion™

R/R: Relapsed or Refractory, NHL: Non-Hodgkin Lymphoma, CAR-T: Chimeric Antigen Receptor T cell therapy
[1] Cappell, Nature Reviews Clinical Oncology (2023)

CNTY-101: ELiPSE-1 (NCT05336409) Phase 1 BOIN desig

Inclusion:

- R/R CD19+ NHL
- Aggressive B cell lymphoma (DLBCL, tFL, high-grade B cell lymphoma, PMBCL, MCL, FL3B)
- High-risk indolent lymphoma

Endpoints:

- Primary: MTD based on DLTs; RP2R
- Key Secondary: Safety, tolerability, Efficacy (OR
- Exploratory: Feasibility of additional cycles, All

Patient enrollment
N=15 dose esc
N=20 expansion

LYMPHO-DEPLETION[1]

Initial Dose

Schedule A

- Dose level 1: 100e6
- Dose level 2: 300e6
- Dose level 3: 1000e6

DAY 1
CNTY-101
IL-2 x 8 days

Schedule B

- Dose level 2: 300e6
- Dose level 3: 1000e6

DAY 1 (CNTY-101) DAY 8 (CNTY-101) DAY 15 (CNTY-101)
IL-2 x 22 days

28-DAY DLT PERIOD RESPONSE ASSESSMENT

Additional Cycles[2]

First additional cycle: Lymphodepleti
at investigator's discretion
No lymphodepletion for following cy

DAY 1
CNTY-101
IL-2 x 8 days

DAY 1 (CNTY-101) DAY 8 (CNTY-101) DAY 15 (CNTY-101)
IL-2 x 22 days

[1] *Standard lymphodepletion regimen: Fludarabine (30 mg/m2/d) and cyclophosphamide IV (300 mg/m2/d) for 3 days*
[2] *Subjects who are assessed as stable disease or better may receive additional cycles of CNTY-101*
BOIN: Bayesian Optimal Interval, DLBCL: Diffuse large B-cell lymphoma, tFL: Transformed follicular lymphoma, PMBCL: Primary mediastinal B-cell lymphoma, MCL: Mantle Cell Lymphoma, FL3B: Follicular lymphoma grade 3B, DLT: Dose-limiting toxicity, RP2R: Recommended Phase 2 regimen, ORR: Objective response rate, CRR: Complete response rate, DoR: Duration of response, PK: Pharmacokinetics, IL-2: Interleukin-2

ELiPSE-1 enrolled heavily pretreated patients

Baseline characteristics	
Patients treated	7
Median age (range)	68 (60-72)
Prior therapy	
Median # of prior therapies (range)	4 (2-6)
Prior CD-19-targeted CAR T-cell therapy	3[a] (43%)
Disease characteristics	
Aggressive histology	5 (71%)
Refractory to last line of therapy	6 (86%)
Elevated LDH at screening	5 (71%)
Stage 4 (Dx | Screening)	5 (71%) | 7 (100%)
Median baseline target lesion SPD (mm^2) (range)	2044 (641-29716)

Data cutoff date of November 13, 2023; represents data verified post data cut
a. One additional subject had CAR T-cell manufacturing failure
LDH: Lactate dehydrogenase, SPD: sum of the products of diameters

ELiPSE-1: Favorable initial safety profile

COHORT	PATIENT	DISEASE HISTORY				TREATMENT		SAFE		
		Indication	Prior Lines Therapy	Prior CAR T?	Relapse or Refractory to Last Line	Dose	Cycles Completed	DLTs	CRS (Grade)	ICA
DOSE LEVEL 1	1	iFL	4	N	Refractory	100×10^6	7	N	N	N
	2	DLBCL/tFL	4	Y	Refractory	100×10^6	1	N	N	N
	3	DLBCL	2	N[a]	Refractory	100×10^6	1	N	N	N
	4	DLBCL/tMZL	4	N	Refractory	100×10^6	1	N	Y(1)	N
DOSE LEVEL 2	5	MZL	4	N	Refractory	300×10^6	2	N	Y(2)	N
	6	DLBCL	4	Y	Refractory	300×10^6	1	N	N	N
	7	DLBCL/tFL	6	Y	Relapsed	300×10^6	1*	N*	N*	N

*Data cutoff date of November 13, 2023; represents data verified post data cut
a. CAR T manufacturing failure

ELiPSE-1: Early evidence of anti-lymphoma activity at dose levels

COHORT	PATIENT	DISEASE HISTORY				TREATMENT		SAFETY			
		Indication	Prior Lines Therapy	Prior CAR T?	Relapse or Refractory to Last Line	Dose	Cycles Completed	DLTs	CRS	ICANS	CNTY-Relat Gr3- AE/S
DOSE LEVEL 1	1	iFL	4	N	Refractory	100 x 10^6	7	N	N	N	N
	2	DLBCL/tFL	4	Y	Refractory	100 x 10^6	1	N	N	N	N
	3	DLBCL	2	N[a]	Refractory	100 x 10^6	1	N	N	N	N
	4	DLBCL/tMZL	4	N	Refractory	100 x 10^6	1	N	Y	N	Y
DOSE LEVEL 2	5	MZL	4	N	Refractory	300 x 10^6	2	N	Y	N	Y
	6	DLBCL	4	Y	Refractory	300 x 10^6	1	N	N	N	N
	7	DLBCL/tFL	6	Y	Relapsed	300 x 10^6	1*	N*	N*	N*	N*

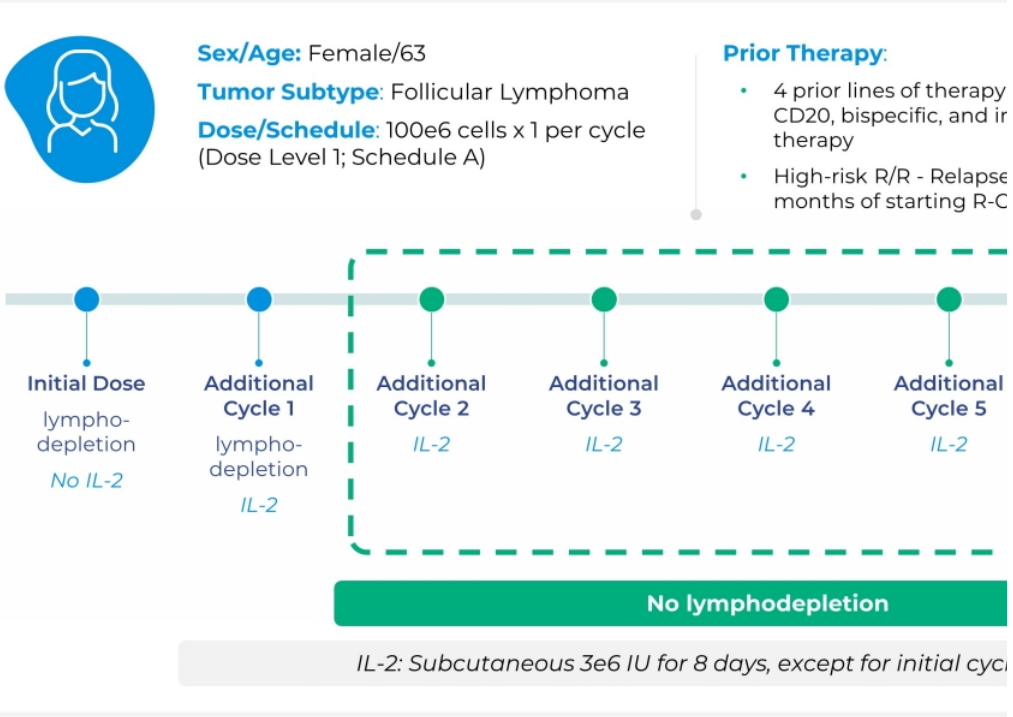
*Data cutoff date of November 13, 2023; represents data verified post data cut
a. CAR T manufacturing failure

ASH case study: Dose level 1 patient with 6-month du complete response^

Multiple Doses of CNTY-101, an iPSC-Derived Allogeneic CD19 Targeting CAR-NK Product, are Safe and Result in Tumor Microenvironment Changes Associated with Response: A Case Study

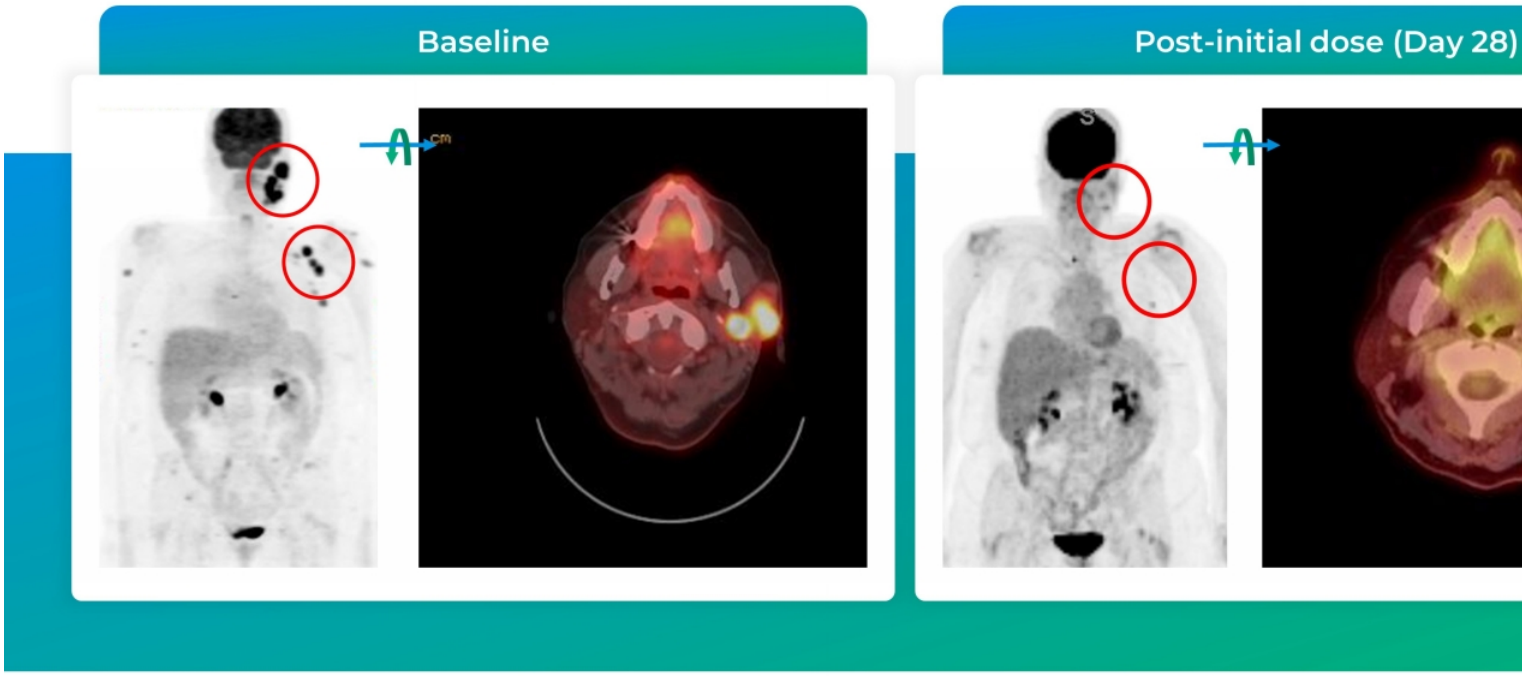
Indu Ramachandran[1], Sarah Rothman[1], Mariano Clausi[1], Kile McFadden[1], Brenda Salantes[1], Gloria Jih[1], Thomas Brigman[1], Sam Kelly[1], Matthew S. Hall[1], Stephanie Yee[1], Iphigenia Koumenis[1], Poulomee Das[1], Jordan Briggs[2], Tori Braun[2], Ying Yuan[3], Elizabeth Devlin[1], Adrienne Farid[1], Nikolaus Trede[1], Tamara K. Moyo[5], Tahir Latif[4], Krish Patel[2]

[1]Century Therapeutics, Philadelphia, PA [2]Swedish Cancer Institute, Seattle, WA [3]MD Anderson Cancer Center, Houston, TX [4]Atrium Health Levine Cancer Institute, Charlotte, NC [5]University of Cincinnati Medical Center, Cincinnati, OH



*Data cutoff date of November 13, 2023; represents data verified post data cut
^Patient subsequently progressed
Ramachandran, et al. 2023 ASH Annual Conference

ASH case study: Early evidence of anti-lymphoma acti with durable 6-month complete response^

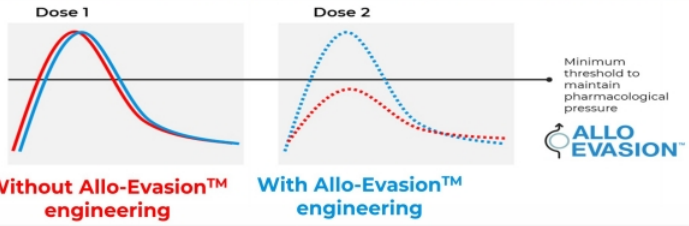


^Patient subsequently progressed
Ramachandran, et al. 2023 ASH Annual Conference

Allo-Evasion™ enables repeat dosing without the need for continued lymph

Initial clinical evidence indicates no sign of allo-rejection for CNTY-101 (ASH case study

Allo-Evasion™ edits + repeat dosing without the need for LD



Allo-Evasion™ provides potenti
tightly control drug exposure t
sustained pressure on the t

ELiPSE-1 Clinical Data

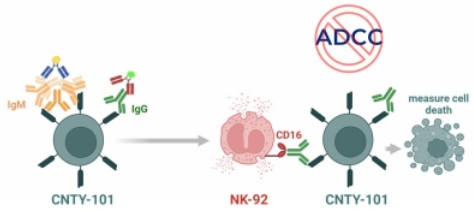
CNTY-101 cells persist in tissues for at least 3 days as measured by cfDNA; observed with and without LD

	Initial Cycle	AC1	No LD AC2	AC3	AC4	AC5	AC6
DAY 3	not collected	30 [+]	16 [+]	24 [+]	21 [+]	30 [+]	19 [+]
DAY 10	not collected	3 [+]	6 [+]	3 [+]	0 [–]	not collected	not collected
DAY 15	not collected	2 [–]	not collected	2 [–]	1 [–]	not collected	2 [–]
DAY 28	6 [+]	2 [–]	6 [+]	2 [–]	2 [–]	1 [–]	3 [+]

p value: < 1e−10, 1e−8, 1e−6, 1e−4, 1e−2, 1 — positive [+] negative [–]

Clinical patient case from Ph1 ELiPSE-1 trial.
Detectable signal [+] was determined to be significantly above negative controls using two sample Poisson test, p < 0.05; transgene copies detected in 1 mL of plasma is indicated

Anti-drug antibodies and functional humoral im against CNTY-101 are not detected (seven cyc



ADCC: Antibody-dependent cellular cytotoxicity
CDC: Complement dependent cytotoxicity

Summary of ELiPSE-1 data

Heavily pretreated and refractory patient population treated in first-in-human dose escalation trial

Favorable safety profile; can be delivered in an outpatient setting

Encouraging early efficacy signals at lowest dose levels

- 2 patients achieving CR, including 1 patient with 6-month durable CR

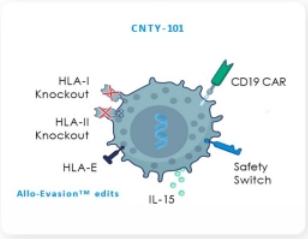
No evidence of allo-rejection

Initial data for CNTY-101 supports the potential for Allo-Evasion™ to enable a multi-dosing regimen w need for continued lymphodepletion

We believe CNTY-101's manageable initial safety profile, initial response data, and PK/PD supports c higher doses to potentially deepen and prolong clinical response

Cohorts of 3 billion cells/1 monthly dose and 300 million/weekly x 3 doses are open; Additional clinical data expected in mid-2024

Key differentiators of CNTY-101 in autoimmune disease treatm



CNTY-101: CD-19 targeted iNK cell therapy with 6 precision gene edits i Allo-Evasion™ technology

- Currently being studied in Ph1 ELiPSE-1 trial in R/R NHL
- Ph1 CALiPSO-1 trial in SLE initiating in H1 2024

Key differentiators in AID: (1) Allogeneic (2) NK cells (3) Allo-Evasion™

Allogeneic

- Available “off-the-shelf”
- No patient apheresis required
- No manufacturing wait time
- Platform enables lower COGs than donor-derived or autologous

NK cells

- Killing potency ≥ primary CAR-T
- Trafficking to secondary lymphoid tissues and marrow favors pathogenic B-cell targeting
- Limited *in vivo* expansion

Allo-Evasio

- Avoiding host immu
- Ability to repeat dose continued lymphode
- Ability to retreat, if ne

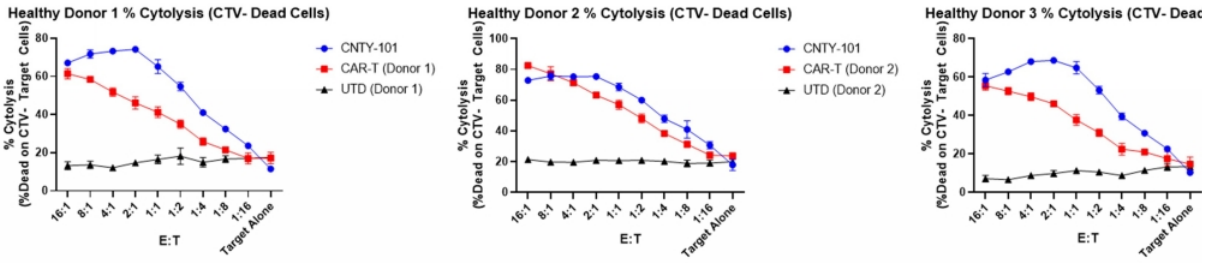
Tighter control over drug exposure:
B-cell depletion without prolonged B-cell aplas

CNTY-101: Potential to drive B-cell depletion with tighter control over drug

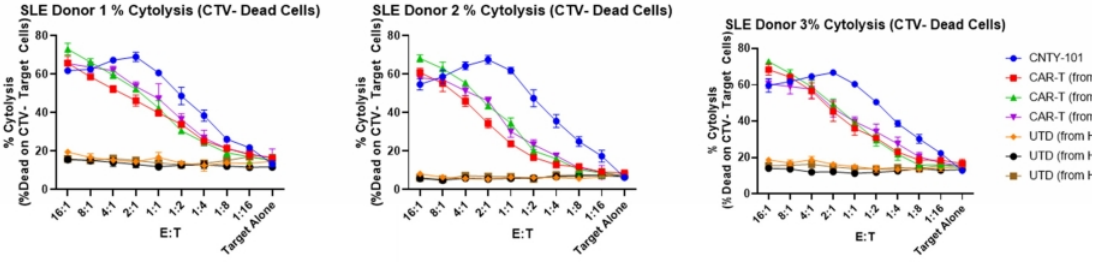
More potent than primary CAR-T at B-cell killing in pre-clinical comparison

CNTY-101 more potent than primary CAR-T cells at B-cell killing at 24 hours in pre-clinical comparison

CNTY-101 & Autologous CAR-T on B Cells Isolated from Healthy Donors



CNTY-101 & CAR-Ts from Healthy Donors on B Cells Isolated from SLE Patients



Isolated B cells or CD19+ target cells were co-cultured with CNTY-101 or primary CAR-T at several E:Ts in 96-well U bottom plates in NKCM with assay harvested at 24h. Assay plates were harvested and stained for Fixable Live/Dead. Cells were fixed and run on cytometer to determine Target+Dead Cell populations.

Opportunity in systemic lupus erythematosus to impr long-term disease control

Estimated global prevalence of 3.4 million patients[1]

- Abnormal B cell function and autoantibody production are central to disease pathogenesis
- Major causes of morbidity and mortality involve multiple systems
  - Renal, CNS and cardiovascular involvement are major causes of morbidity and mortality

Despite approved treatments, significant unmet need remains

- Chronic treatment with broad-acting anti-inflammatory and immunosuppressives
- Current treatments fail to significantly impact morbidity in the moderate to severe population
- Treatment toxicity and disease flares remain common

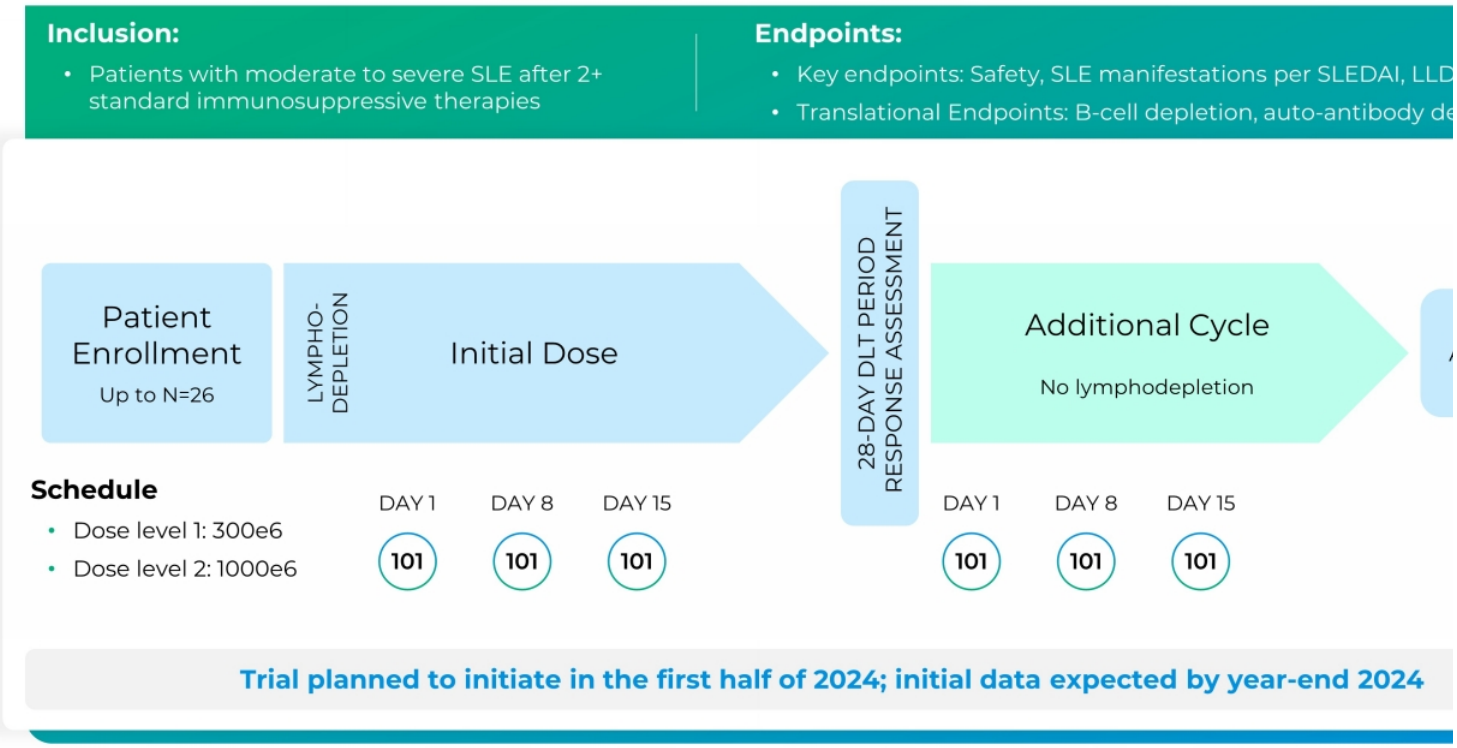
Autologous anti-CD19 therapies have establi promising efficacy pr concept in SLE[2]

- Challenges remain potential exposure ICANS, product ava long-term risks incl aplasia

1. Tian J, et al. Ann Rheum Dis 2023;82:351–356 http://dx.doi.org/10.1136/ard-2022-223035
2. Mackensen A, et al.. Nature Medicine 2022 28:10 (2124-2132) https://doi.org/10.1038/s41591-022-02017-5

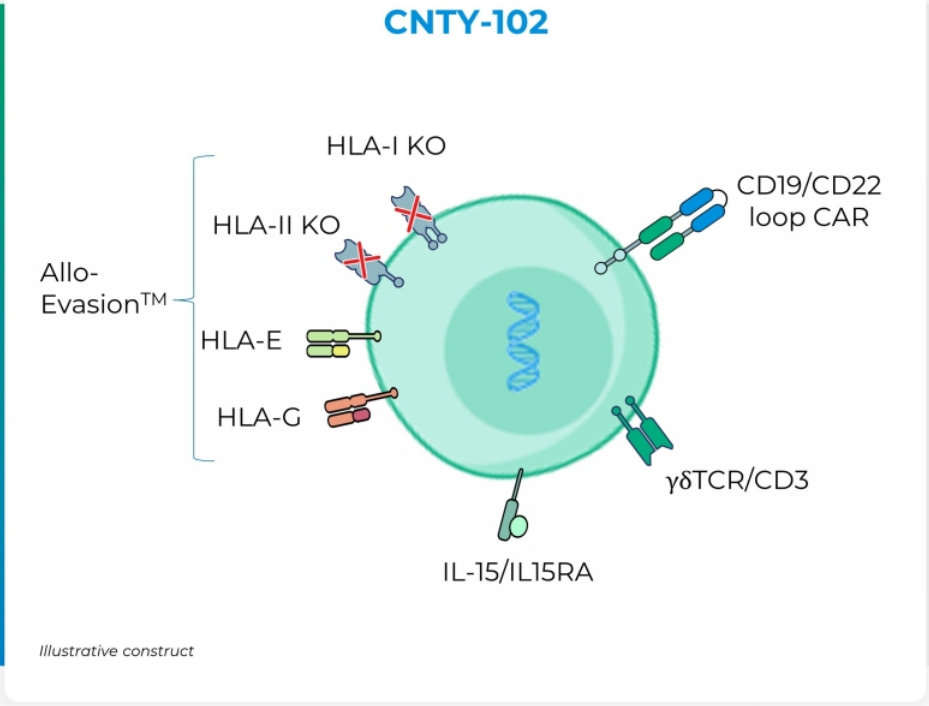
CNS: Central Nervous System, SLE: Systemic Lupus Erythematosus

CNTY-101: CALiPSO-1 systemic lupus erythematosus Phase 1 stu




CENTURY
THERAPEUTICS
Discovery Programs

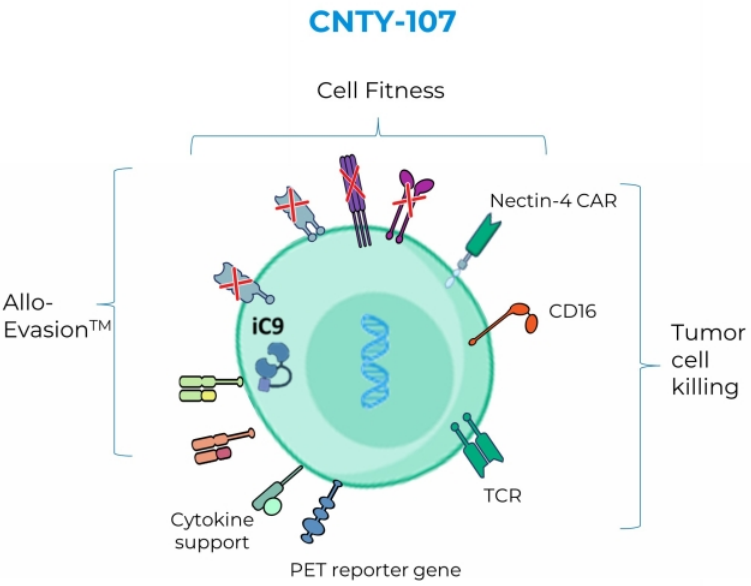
CNTY-102: Leveraging the next generation γδ iT and iN platform designed to deliver best-in-class potential



Designed to address factors durability of cell therapy in B malignancies

- iNK and γδiT cells have distinc that provide optionality in the different biological challenges
- Dual targeting designed to co antigen escape relapse - a ma factor for durability of CD19 CA therapies
- Armed with Allo-Evasion™ ed repeat dosing to potentially d durable responses

CNTY-107: First in class Nectin-4 targeted γδ iT cell the



Illustrative construct

Leveraging the power of the γδ i platform for solid tumors

Nectin-4 has been validated by ADC

- Opportunity to address multiple N positive solid tumors
  - Potential indications include b pancreatic, non-small cell lung esophageal/gastric, head and n ovarian cancers[1]

γδ iT allogeneic therapies provide po improve upon ADC toxicity profile ar

- Intrinsic homing of γδ iT cells to tiss malignancies
- Multi-tumor killing modalities to ta heterogeneity

1. Cancer Res . 2016 May 15;76(10):3003-13

CENTURY THERAPEUTICS

Corporate Position & Upcoming Milestones

Advancing next-generation iPSC-derived allogeneic NK and T cell therapy candidates for the treatment of cancer and autoimmunity

Differentiated pipeline based on Allo-Evasion™ technology
- *Potential to overcome limitations of conventional allogeneic cell therapy*

Encouraging preliminary clinical data from Phase 1 trial of CNTY-101 in R/R B-cell lymphomas
- *Well-tolerated with early evidence of anti-lymphoma activity, and supports the ability to re-dose without lymphodepletion*

Expanding into additional autoimmune indications
- *CNTY-101 has differentiated profile in AID (allogeneic, iNK with Allo-Evasion™)*
- *Clade Therapeutics acquisition further expands and enhances autoimmune opportunities and platform technology*

In-house manufacturing capabilities
- *Ability to accelerate learnings and enable faster product iteration*

MULTIPLE NEAR-TERM CA

Phase 1 ELiPSE-1 trial of CNTY-101 in B
- Additional data expected in mid-20

Phase 1 trial of CNTY-101 in SLE
- IND clearance obtained & initiation
- Initial clinical data expected by YE 2

Pursuing additional autoimmune hea filings for CNTY-101 in 2024

CASH RESOURCES

Cash runway into 202

Ended 4Q23 with cash, cash equivalent of $261.8M

Century Therapeutics: Building an industry-leading, r
generation allogeneic iPSC-derived cell therapy platfo