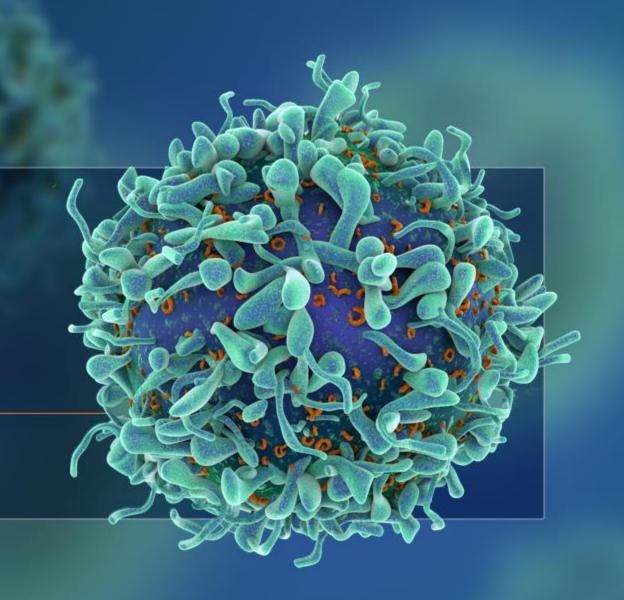


Rising to the Challenges of Rare Disease Treatment

NASDAQ: SNGX



Forward-Looking Statements

This presentation contains forward-looking statements. All statements other than statements of historical facts contained in this presentation, including statements regarding our future results of operations and financial position, business strategy, prospective products and product candidates and their development, regulatory approvals, ability to commercialize our products and product candidates and attract collaborators, reimbursement for our product candidates, research and development costs, timing and likelihood of success, plans and objectives of management for future operations, our ability to obtain and maintain intellectual property protection for our product candidates and their development, competing therapies, and future results of current and anticipated products and product candidates, are forward-looking statements. These statements involve known and unknown risks and uncertainties, such as experienced with the COVID-19 outbreak, 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, many of which are disclosed in detail in our reports and other documents filed with the Securities and Exchange Commission. Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified and some of which are beyond our control, you should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances, or otherwise. Certain information contained in this presentation and statements made orally during this presentation relate to or are based on studies, publications, surveys and other data obtained from third-party sources. In addition, no independent source has evaluated the reasonableness or accuracy of Soligenix, Inc. internal estimates and no reliance should be made on any information or statements made in this presentation relating to or based on such internal estimates.

Company Description

Soligenix, Inc. is a late-stage biopharmaceutical company focused on developing and commercializing products to treat rare diseases where there is an unmet medical need

Two areas of focus:

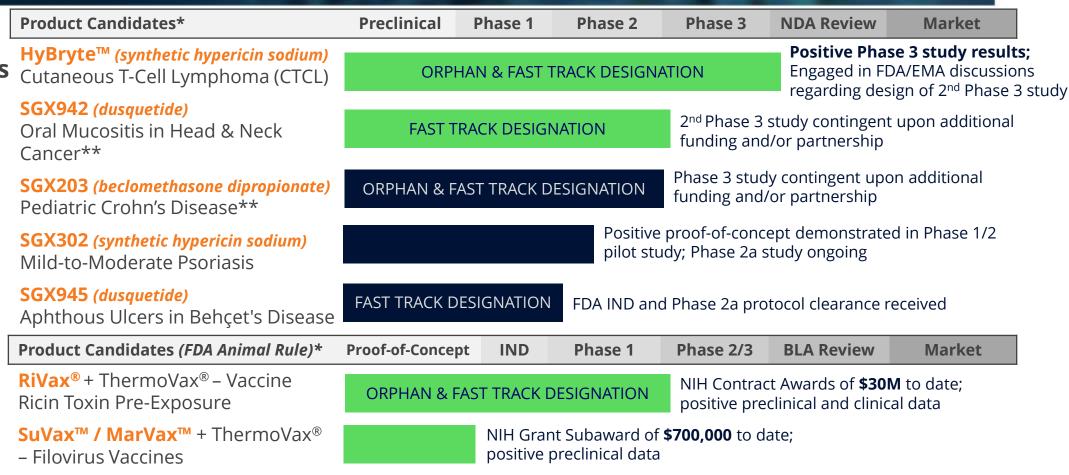
- > A **Specialized BioTherapeutics segment** dedicated to the development of products for orphan diseases and areas of unmet medical need in oncology and inflammation
- ➤ A **Public Health Solutions segment** that develops vaccines and therapeutics for military and civilian applications in the areas of ricin exposure, emerging and antibiotic resistant infectious disease, and viral disease including Ebola, Marburg and COVID-19

Investment Highlights

- ➤ Robust pipeline consisting of multiple fast track and/or orphan designated products, with potential for significant commercial returns of ~\$2B in global annual sales
- Late clinical-stage assets, one with successful Phase 3 data readout
 - **Outaneous T-cell lymphoma (HyBryte™ or SGX301)**
 - Positive statistically significant results achieved in first Phase 3 study; published JAMA Dermatology
 - Actively engaged in FDA and EMA discussions regarding feasible trial design for second confirmatory Phase 3 study
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- Collaborations with biotech, academia and government agencies
- > Non-dilutive government funding helps cover operating expenses
 - NIH grant awards supporting vaccine development; potential for up to 3 Priority Review Vouchers (PRVs)
- > Experienced management team and renowned advisors with record of success

Development Pipeline – Rare Diseases

Specialized BioTherapeutics



Public Health Solutions**

NIH Grant Award of **\$1.5M** to date:

positive preclinical data

CiVax™ + ThermoVax® – Vaccine

COVID-19

^{*} Anticipated event and timing subject to COVID-19 disruption

^{**} Potential value drivers dependent on continued government funding and/or other funding sources

Multiple Potential Value Drivers

2024** 2023** 2025** FDA meeting on 1H: Ph 3 study 2H: Initiate Ph 3 2H: Enrollment HyBryte™ * study *** 2nd Ph 3 study status update*** design agreement Ph 2a clinical study Ph 2a expanded 2H: Ph 2a contd. 1H: Ph 2a extended SGX302 * expansion/results study results enrollment (Part A) clinical results IND and Phase 2a 2H: Initiate Ph 2a 1H: Ph 2a clinical **FDA Fast Track** SGX945 * protocol clearance clinical study designation results 1H: RiVax clinical 2H: Initiate Ph 2 RiVax® * supply mfr. clinical study Preclinical animal 2H: Preclinical CiVax™ * (NHP) data animal publication SuVax™/ **Extended stability** Preclinical (NHP) 2H: Preclinical MarVax™ * publication toxicology (2 years)

Green = achieved Blue = data read-out Grey = clinical Orange = regulatory

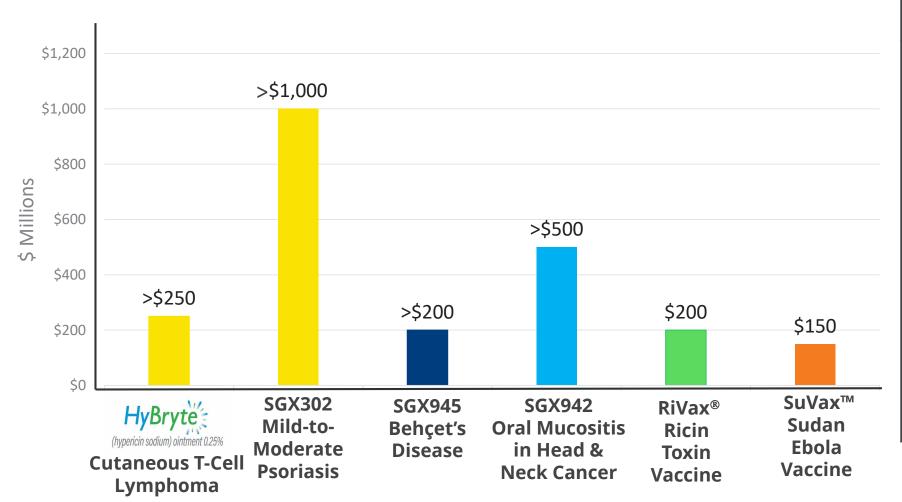
Yellow = nonclinical

^{*} Potential value drivers dependent on continued government funding and/or other funding sources

^{**} Timelines subject to potential disruption due to COVID-19 outbreak

^{***} Assumes agreement on feasible second Phase 3 trial design

Total Addressable Global Market



Assumptions⁽¹⁾

Cutaneous T-Cell Lymphoma

27,000 Patients US 20,000 Patients EU

Mild-to-Moderate Psoriasis

3,000,000 Patients US 5,000,000 Patients EU

Behçet's Disease

18,000 Patients US 80,000 Patients EU

Oral Mucositis in Head & Neck Cancer

90,000 Patients US 90,000 Patients EU

RiVax® Ricin Vaccine

Assumes 5 year procurement order of \$200 million (PRV potential)

SuVax™ Ebola Vaccine

Assumes 5 year procurement order of \$150 million (PRV potential)

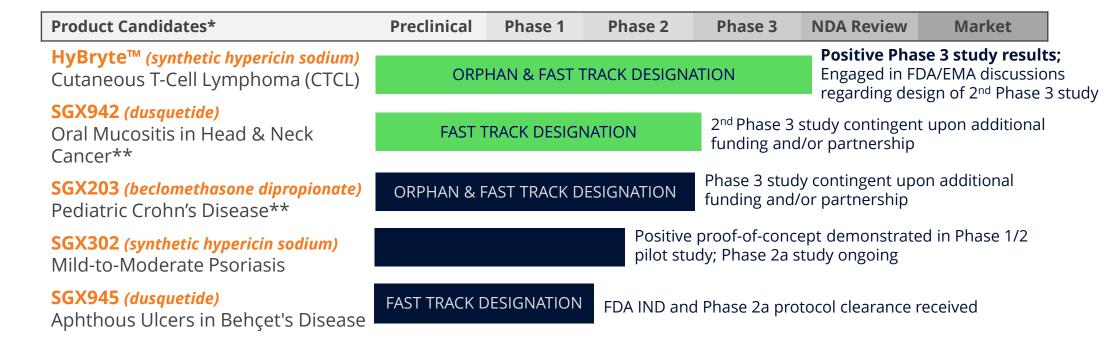
(1) Supporting data on file

Specialized BioTherapeutics

Targeted Approach to Treating Oncology & Inflammation

Specialized BioTherapeutics Segment

Commercial Targets – Unmet Medical Needs in Oncology and Inflammation



Denotes funding in whole or in part by NIH, DTRA, BARDA and/or FDA

Cutaneous T-Cell Lymphoma – Disease Overview

- Cutaneous T-cell lymphoma (CTCL)
 - Rare class of Non-Hodgkin's Lymphoma (NHL)
 - Malignant T-cells migrate to the skin
 - Cancer forms patches, lesions or tumors
- CTCL affects over 40,000 NHL patients worldwide; currently no cure
 - \$250 million total addressable global market; >\$90 million in US
- Two main subtypes of CTCL
 - Mycosis fungoides (MF) Early-stage (I-IIA) most common, 88%
 5-year survival rate
 - Sézary syndrome (SS) Advanced-stage, 24% 5-year survival rate
- No approved first-line therapy for early stage (I-IIA) CTCL (~90% of CTCL patients); unmet medical need



Atypical T-cells in dermis

HyBryte™ – Synthetic Hypericin Sodium Ointment + Light Activation, First-in-Class





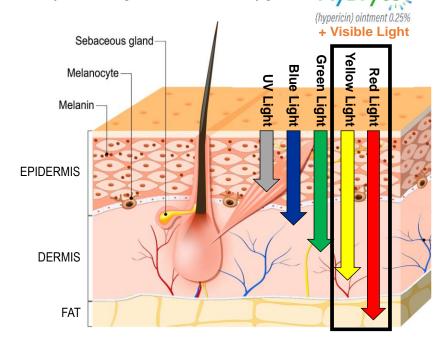




Treatment safe and well-tolerated

- Minimal reported adverse events
 - Other CTCL treatments characterized by acute and chronic side effects
- Uses visible fluorescent light
 - Not carcinogenic unlike other UV phototherapy or photodynamic therapy
 HvBrvte*

- US/EU orphan designations; US fast track status
- Rapid treatment response
 - Phase 3 data demonstrates statistically significant efficacy as early as 6 weeks with improved responses through 12 weeks (40%) and 18 weeks (49%)
 - Most early-stage CTCL treatments require at least 12 months to observe a statistically significant response
 - Effective against patch and deeper plaque lesions
 - Other early-stage CTCL treatments known to be useful against patches but lacking in efficacy against plaques



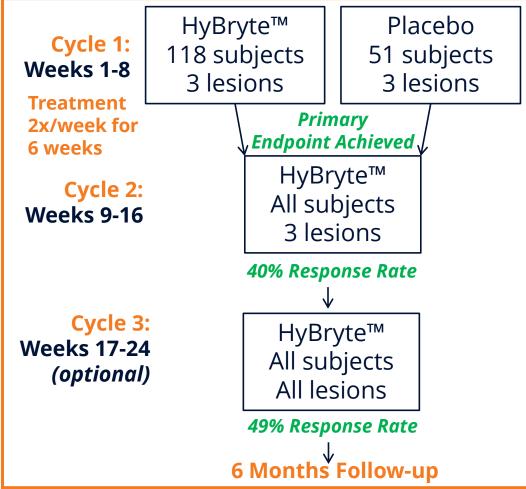
HyBryte™ – Phase 3 Clinical Trial

referred to as the "FLASH" (Fluorescent Light And Synthetic Hypericin) Study

(IAMA Dermatology. Published online July 20, 2022. doi:10.1001/jamadermatol.2022.2749)

Highly powered, double-blind, placebo-controlled, randomized

- Randomized 2:1 (HyBryte™ [synthetic hypericin 0.25%] : placebo)
- Cycle 1 complete: Primary Endpoint (response rate) statistically significant (p=0.04)
 - Primary endpoint: Percent of patients achieving ≥50% cumulative reduction as assessed by Composite
 Assessment of Index Lesion Severity (CAILS) score for 3 index lesions at the end Cycle 1 (week 8)
- Cycle 2 complete: Statistically significant improvement in treatment response of 40% (p<0.0001)
- Statistically significant improvement in BOTH patch and plaque lesion responses after Cycle 2
 - Plaque: 42% improvement (p<0.0001)
 - Patch: 37% improvement (p=0.0009)
- Optional Cycle 3 complete: Statistically significant improvement in treatment response of 49% (p<0.0001)
- Secondary Endpoints
 - Treatment response (including duration), degree of improvement, time to relapse and safety



HyBryte™ – Development Status

- Positive pivotal Phase 3 FLASH study successfully completed in 2020 to support potential US marketing approval
 - Largest double-blind, randomized, placebo-controlled clinical trial ever conducted in CTCL population
- > HyBryte™ new drug application (NDA) for early-stage CTCL submitted to FDA Dec. 2022
- FDA NDA Refusal to File (RTF) letter received Feb. 2023
- Second confirmatory Phase 3 study of similar design but longer comparative treatment duration than FLASH study required
 - FDA thinking had evolved since protocol discussions for FLASH study
- Actively engaged in discussions with both FDA and EMA to obtain agreement on a feasible design for a 2nd study that would be highly executable
 - Agreement expected 1H2024
- Phase 3 confirmatory study to be initiated in 2H2024

Empiric Tx

Significant opportunity for improvement to current treatment paradigm in early stage CTCL

Early Stage CTCL Treatment Paradigm Topical steroids (Typically pre-Dx, not often efficacious; not approved for CTCL) HyBryte: (hypericin sodium) ointment 0.25% (Approved in CTCL 1st line)¹ nbUVB² **Topical** PUVA³ Mechlorethamine Retinoids (Not approved (Not approved (2nd line) for CTCL) (2nd line) for CTCL)

Current Treatment Landscape

- Because of chronic nature of early stage CTCL and long-term treatment cycles, clinicians choose therapies with better safety profiles first and foremost
- Clinicians see critical need for additional treatment options with fewer side effects
- ➤ NB UVB and PUVA are not targeted therapies and have serious side effects with extended use (e.g., melanoma)
- ➤ NB UVB is used on 20%-50% of early-stage CTCL patients, despite not being approved

"[We] only have two FDA approved drugs with lots of side effects." — Specialist Dermatologist at Center of Excellence

HyBryte™ a Significant Commercial Opportunity Addressing a Clear Unmet Need



Unmet Need

- Clinicians see need for additional treatment options with fewer side effects
- Most patients cycle through several treatments over course of their disease
- ➤ Chronic nature of early stage CTCL and dissatisfaction with current therapies provides opportunity for HyBryte™



Positive Feedback

- Derms like efficacy of HyBryte™; rapid response with equal effect on both patches and plaques
- Derms like safety of HyBryte™; use of safe, visible light vs. UV light exposure
- → 4 of 5 Derms likely to prescribe HyBryte™



Efficient Commercialization

- > Planned launch focused on high volume CTCL specialists
- > Targeted sales force of ~20 reps; reaching >80% of high volume prescribers
- Partnership with medical device company, Daavlin, allows convenient end-toend business solution for companion light unit to customers



Sales Potential

- Treatment will not have large financial impact on payers; low/no barriers to access as reimbursement can occur under existing CPT code
- Competing 2nd line products with inferior profiles have achieved similar sales
- Life cycle management upside, with potential to transition to home use setting





Psoriasis and SGX302 (Synthetic Hypericin)

Caused by dysregulated T-cells

- Affects 60-125 Million people worldwide
- Affects 8 Million people in the US

SGX302 – visible light activated photodynamic therapy

- o Same active ingredient as HyBryte™ but may involve a new formulation
- o Focused on mild-moderate patients, especially the majority with mild-moderate plaque disease
- Positive Phase 1/2 pilot study complete
- Phase 2a clinical trial ongoing; evaluation of initial five patients (Cohort 1) demonstrated clear biological signal; subsequent four patients (Cohort 2) treated using accelerated light schedule with two patients achieving clinical success (IGA score of 1) during 18 week treatment period

Advantages

- Other photodynamic/phototherapy approaches in psoriasis use UV light, with significant side effects including risk of cancer
- Other skin-directed therapies have limited efficacy or can cause localized skin damage
- Not addressing severe disease (and therefore not competing with biologics or systemic therapies)
- Potential for in-clinic or at-home use
- Targeted skin directed therapy for mild-to-moderate psoriasis patients (~70% of psoriasis patients); underserved market opportunity

HyBryteTM Life Cycle Management

HyBryte™ (synthetic hypericin sodium) life cycle management planning includes potential for home and expanded uses

Transition to Home Use in treatment of CTCL

HyBryte™ Commercial Launch for CTCL

HyBryte™ Commercial Launch for CTCL

Additional Disease Indications

Home Use

\$250M*

Clinic Use

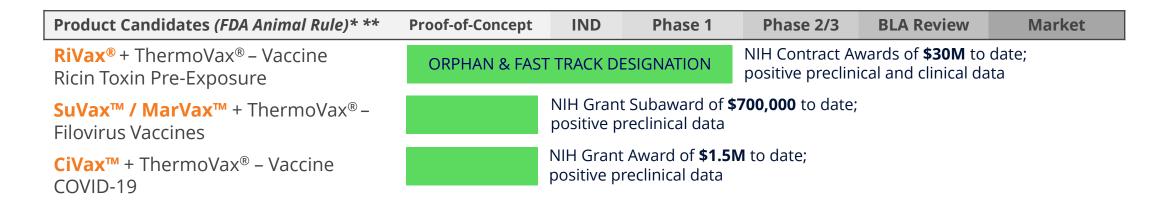
^{*} Total addressable global market

Public Health Solutions

Addressing Critical Concerns for Industry and Government

Public Health Solutions Segment

Funded by Government – Medical Countermeasures (MCMs) for Civilian and Military Use



With FDA MCM approvals, potential to be awarded:

- ▶ Up to 3 Priority Review Vouchers (PRVs have sold for ~\$100 million) to be used for future programs or sold, and/or
- Government Procurement Contracts for supplying strategic national stockpile

Denotes funding in whole or in part by NIH, DTRA, BARDA and/or FDA

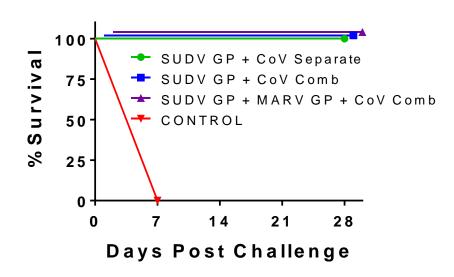
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SuVaxTM / MarVaxTM – Filovirus Vaccine Candidates

Heat-stable single-vial bivalent
SUDV + MARV vaccine provided
100% protection against
SUDV and MARV challenge:
Published in Vaccine

SUDV Challenge at Week 12



Market Opportunity

- Filovirus infections (Zaire ebolavirus, Sudan ebolavirus, Marburg marburgvirus) are deadly; only Zaire strain vaccines are available and requires ≤ -60°C shipping/storage
- Disease-endemic areas benefit from ability to avoid cold-chain distribution
- Government has placed priority on development activities, with Marburg marburgvirus and Sudan ebolavirus areas of unmet medical need
- Potential for SuVax™/MarVax™ to qualify for Priority Review Vouchers

Development Status

- Collaboration with the University of Hawai'i at Mānoa, under NIH grant
- Demonstration of efficacy in NHPs
- ➤ Bi- and Tri-valent mixtures feasible
- Stability of at least 2 years at 40°C/104°F demonstrated.

Experienced Management and Board of Directors

Christopher J. Schaber, PhD Chairman, President & CEO	 30 years of experience Discovery Laboratories (COO) Acute Therapeutics (Co-Founder) Ohmeda Pharmaceuticals The Liposome Company Wyeth Ayerst
Richard Straube, MD Chief Medical Officer	35 years of experienceStealth Peptides Inc.INO TherapeuticsOhmeda PharmaceuticalsCentocor
Oreola Donini, PhD Chief Scientific Officer	20 years of experienceInimex PharmaceuticalsESSA Pharma, Inc.Kinetek Pharmaceuticals
Jonathan Guarino, CPA, CGMA Chief Financial Officer	 25 years of experience Hepion Pharmaceuticals, Inc. Covance, Inc. BlackRock, Inc. Barnes & Noble, Inc. PricewaterhouseCoopers LLP

Gregg Lapointe, CPA, MBA	 30 years of experience Cerium Pharmaceuticals (CEO) Formerly of Sigma-Tau Pharmaceuticals, AstenJohnson, PricewaterhouseCoopers
Diane Parks	 30 years of experience Formerly of Kite Pharma, Pharmacyclics, Amgen, Genentech
Robert Rubin, MD	 40 years of experience Georgetown School of Medicine Formerly of The Lewin Group Former U.S. Assistant Surgeon General
Jerome Zeldis, MD, PhD	 35 years of experience Formerly of Celgene Corporation (CMO), Sandoz, Janssen Research Institute, Sorrento, Celularity, NexImmune

In Summary

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Thank you

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