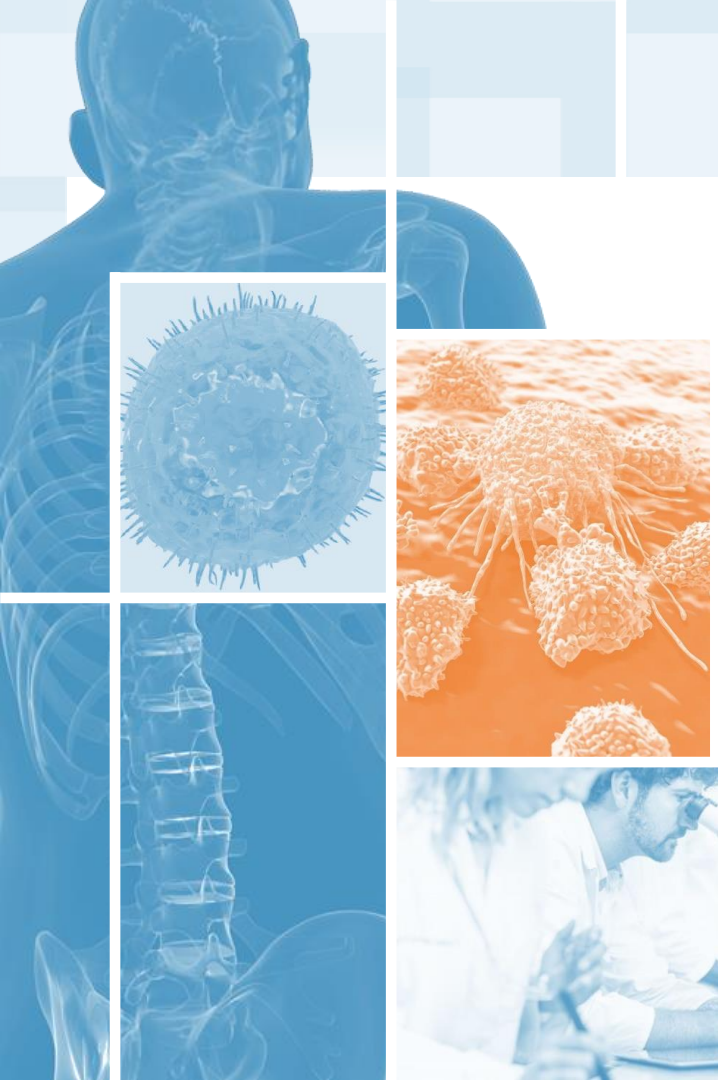


REDIRECT (AFM13-202)

Interim Analysis

March 10, 2021

Forward-Looking Statements / Cautionary Note

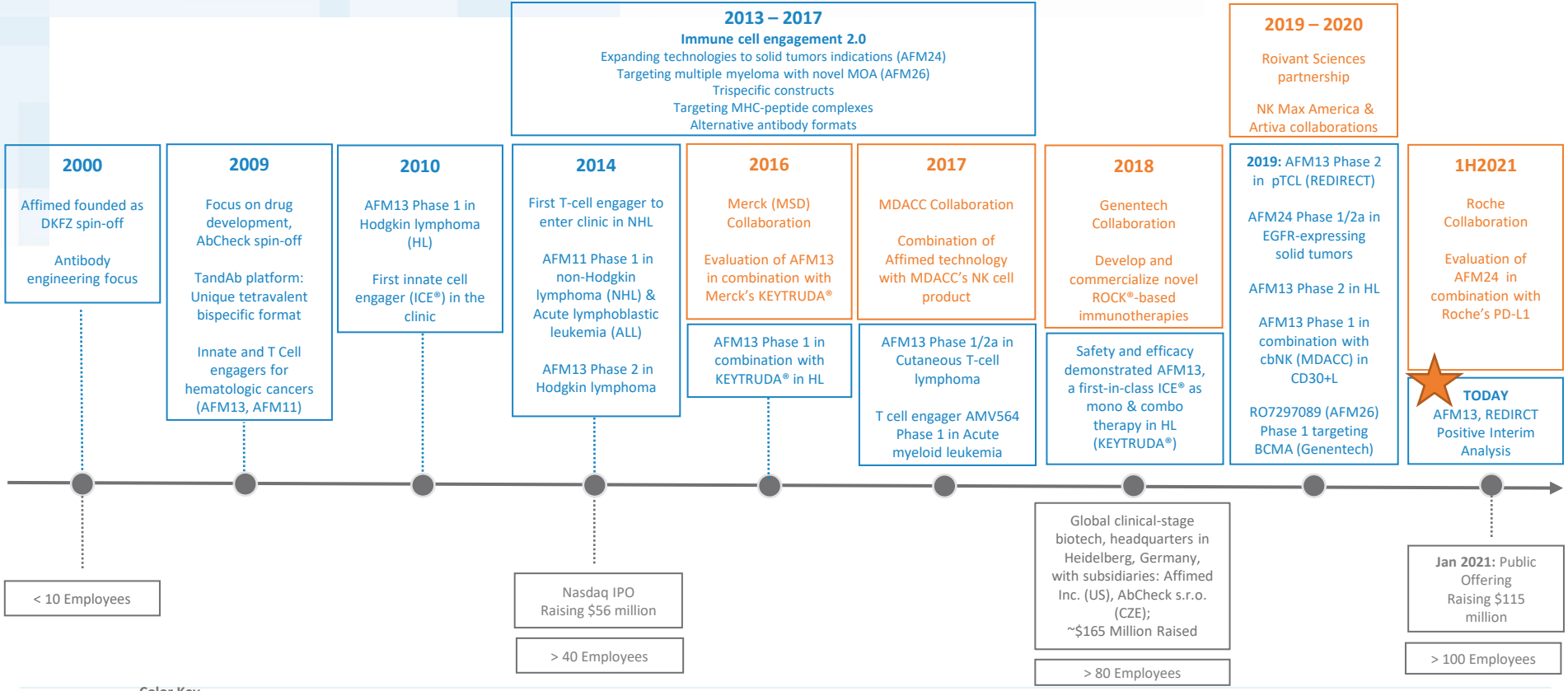
This presentation and the accompanying oral commentary contain “forward-looking” statements that involve substantial risks and uncertainties. All statements other than statements of historical facts contained in this presentation and the accompanying oral commentary, including statements regarding our future financial condition, business strategy and plans and objectives of management for future operations, are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as “believe,” “will,” “may,” “estimate,” “continue,” “anticipate,” “intend,” “should,” “plan,” “might,” “approximately,” “expect,” “predict,” “could,” “potentially” or the negative of these terms or other similar expressions.

Forward-looking statements appear in a number of places throughout this presentation and the accompanying oral commentary and include statements regarding our intentions, beliefs, projections, outlook, analyses and current expectations concerning, among other things, the value of our ROCK® platform, the safety and efficacy of our product candidates, our ongoing and planned preclinical development and clinical trials, our collaborations and development of our products in combination with other therapies, the timing of and our ability to make regulatory filings and obtain and maintain regulatory approvals for our product candidates, our intellectual property position, our collaboration activities, our ability to develop commercial functions, clinical trial data, our results of operations, cash needs, financial condition, liquidity, prospects, future transactions, growth and strategies, the industry in which we operate, the trends that may affect the industry or us, impacts of the COVID-19 pandemic and the risks, uncertainties and other factors described under the heading “Risk Factors” in Affimed’s filings with the Securities and Exchange Commission.

Forward-looking statements involve known and unknown risks, uncertainties, assumptions and other 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. Forward-looking statements represent our management’s beliefs and assumptions only as of the date of this presentation. Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to update the reasons why actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future.

Affimed Timeline of Transformation

From engineering and research focused to a late-stage clinical biotech leader in innate immunity



Blueprint for Delivering Transformative, Indication-Specific Medicines

Pioneer Powerful ICE® Monotherapies

In indications where the innate immune system is functional

Combine ICE® With NK Cells

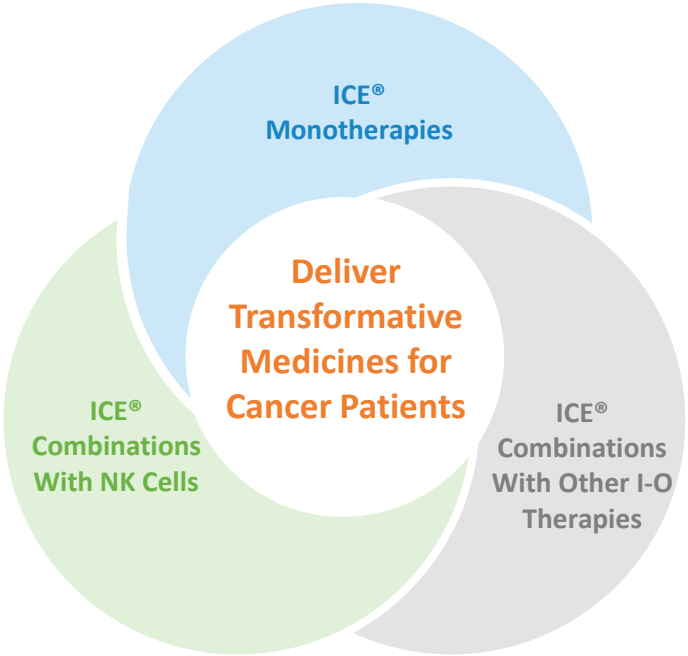
Supplement patients with dysregulated innate immune systems with targeted cellular therapy

Combine ICE® With Other I-O Therapies

Co-activation of innate and adaptive immune systems

Expand and Accelerate With Partnerships

Maximize potential of pipeline through partnership strategy



Expand and Accelerate With Partnerships

ICE®: Innate cell engager

AFM13: Strong Clinical and Pre-Clinical Data Supports Additional Development

AFM13 showed anti-tumor responses as single agent, including in patients who are r/r to B.V. and PD-1

Monotherapy

- Showed single agent anti-tumor responses in TCL (42% ORR, n=14)[1] and in HL (16.6%-23% ORR; n>50, different studies)[2,3]
- Reponses seen in patients pretreated with B.V. and PD-1

Cohort	Disease	Toxicity	Response
1.5 mg/kg IV weekly	S-ALCL Alk-	No AE	PR
	T-MF	No AE	POD
	C-ALCL	Rash (G4), Skin infection (G3)	CR
7 mg/kg IV weekly	MF	IRR (G1)	SD
	T-MF*	IRR (G1)	SD
	T-MF	Skin infection (G3), IRR (G1)	Not assessed
7 mg/kg CIVI	T-MF	No AE	PR
	S-ALCL Alk-*	No AE	PR
	MF	No AE	POD
200 mg weekly	T-MF	No AE	PR
	MF	No AE	SD
	PTCL-NOS	No AE	SD
	T-PLL*	No AE	SD
	AITL	No AE	POD
	T-MF*	No AE	PR

The ORR is 42%

*Patients progressed on Brentuximab vedotin prior to AFM 13 exposure

AE: Adverse Events
AITL: Angioimmunoblastic T-cell lymphoma
C-ALCL: Cutaneous Anaplastic Large Cell lymphoma
CR: Complete Response
PR: Partial Response
POD: Progression of Disease
PTCL-NOS: Peripheral T-cell lymphoma not otherwise specified
MF: Mycosis Fungoides
S-ALCL Alk-: Systemic Anaplastic Large Cell Lymphoma-ALK negative
SD: Stable Disease
T-MF: Transformed Mycosis Fungoides
T-PLL: T-cell Prolymphocytic Leukemia

+ Anti-PD-1

- HL P1b data: 88% ORR, 42%/46% CR rate (local/central read); N=24[4]
- All patients pretreated with B.V.

MERCK

+ Adoptive NK Cells

- Preclinical data in partnership with MD Anderson Cancer Center (MDACC) show promising signs of potential efficacy[5]
- P1 NK cell therapy combo with MDACC enrolling heavily pretreated patients (HSCT, B.V., PD-1)
- First patient assessed as partial response
- Initial clinical data to be presented at AACR in April 2021

1. Sawas A. et al. Clinical and biological evaluation of the novel CD30/CD16A tetravalent bispecific antibody (AFM13) in relapsed or refractory CD30-positive lymphoma with cutaneous presentation: a biomarker phase 1b/IIa study (NCT03192202). Presented at the ASH Virtual Annual Meeting; December 5-8, 2020. 2. Rothe A. et al. *Blood*. 2015;125(26):4024-4031). 3. Sasse S. et al. AFM13 in patients with relapsed or refractory Hodgkin Lymphoma: Final results of an open-label, randomized, multicenter phase II trial. Presented at the ASH Virtual Annual Meeting; December 5-8, 2020. 4. Bartlett NL. et al. *Blood*. 2020;136(21):2401-2409. 5. Marin N. et al. AFM13-targeted blood and cord-blood-derived memory-like NK cells as therapy for CD30+ malignancies. Virtual data presentation at the 35th Annual Meeting of the Society for Immunotherapy of Cancer; November 11-14, 2020.

AFM13: CD30+ Lymphoma Patients Need More Treatment Options

Unmet need and market opportunities for CD30+ lymphomas

- CD30+ lymphomas comprise different subtypes: HL, PTCL, CTCL, DLBCL and FL
- Current treatment options largely chemo-based with limitations on duration of response (DoR) and high toxicity
- Initial focus of AFM13 development in R/R patients with HL and TCL
- Expansion opportunity in different CD30+ lymphomas of AFM13 in combination with NK cells
- Despite limitations, there is a significant market opportunity: brentuximab vedotin (B.V.) annual revenue >$1B in 2019 and growing

R/R PTCL Opportunity

- PTCL provides opportunity for accelerated approval, if final results from REDIRECT are positive
- New clear standard of care

HL: Hodgkin lymphoma; **CTCL:** cutaneous T cell lymphoma; **PTCL:** peripheral T cell lymphoma; **DLBCL:** diffuse large B cell lymphoma; **FL:** follicular lymphoma

REDIRECT Study Design

Primary Objective:

- To assess the antitumor activity of AFM13 by Independent Review Committee confirmed objective response rate (ORR)

Secondary Objectives:

- Assess investigator assessed ORR
- Assess duration of response (DOR)
- Assess safety & tolerability
- Assess serum pharmacokinetics
- Assess immunogenicity
- Assess Quality of Life of patients while on treatment

AFM13 Treatment:

- Administered weekly at 200 mg until disease progression, unacceptable toxicity, investigator discretion or withdrawal of consent

Cohort A
R/R CD30+ PTCL
(≥10% by IHC)

Cohort B
R/R CD30+ PTCL
(≥1% - ≤10% by IHC)

Cohort C
R/R CD30+ TMF
(≥1% by IHC)
(ON HOLD)

Planned interim analysis at 40 pts
(20 pts in each of Cohort A and B)
- formal futility threshold for A
- comparability to A required for B

Observations & Conclusions

Positive interim analysis supports continuing the study with merging of cohorts A and B

High unmet need exists in hematological cancers; patients need more options

Decision to continue REDIRECT enrollment in support of potential registration of AFM13 in PTCL

Objective responses observed in heavily pretreated patients in both cohorts

Safety profile consistent with previous experience of AFM13

Clinically proven efficacy, both as monotherapy and in combination