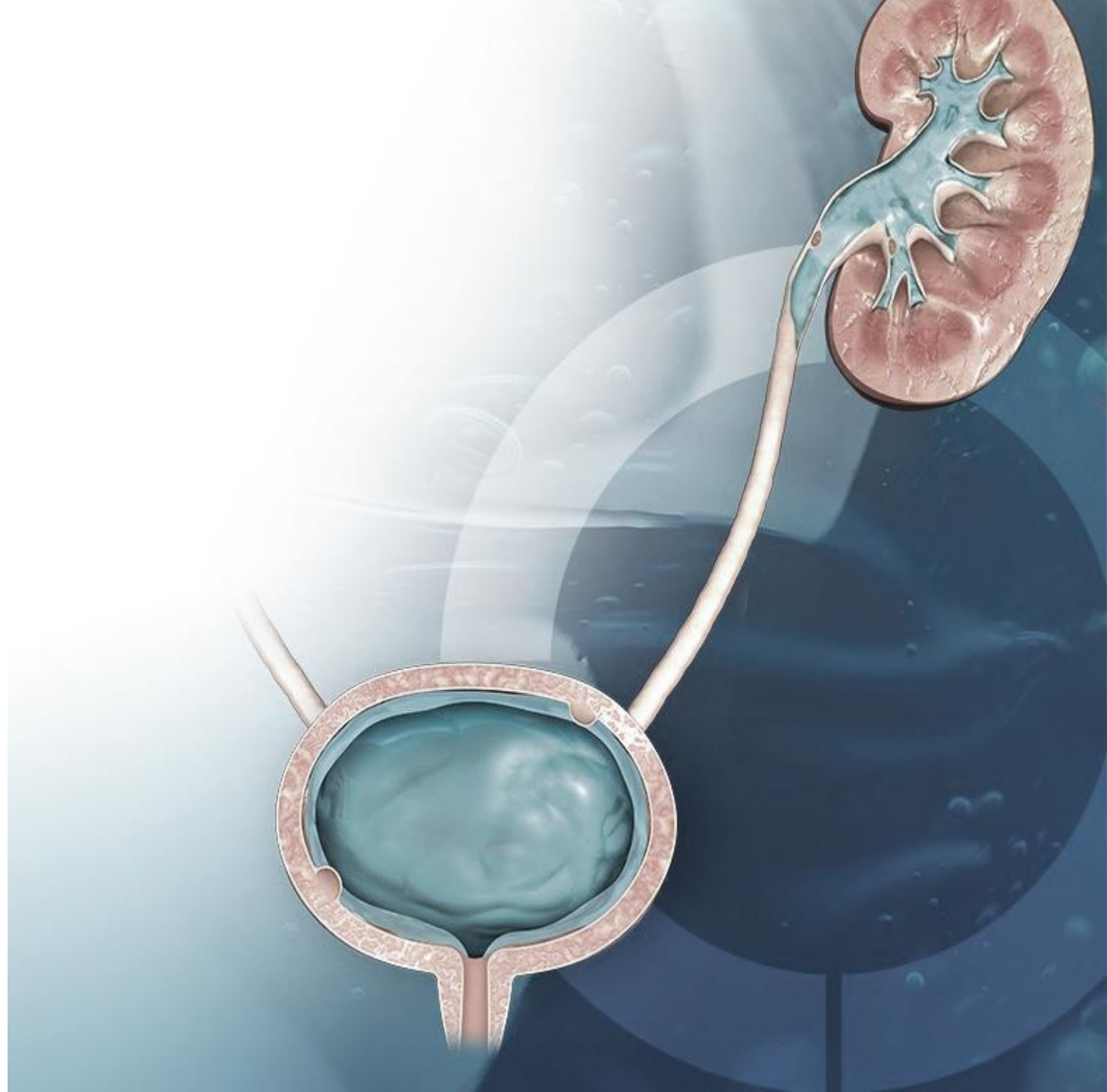




A Mission to Revolutionize Treatment in Uro-Oncology

March 2018



Forward-Looking Statements

This presentation and the accompanying oral presentation by UroGen Pharma Ltd. (“UroGen”) contains forward-looking statements. All statements contained herein other than statements of historical fact constitute forward-looking statements, including statements regarding UroGen’s anticipated results of operations and financial position, business strategy and operating plans and UroGen’s expectations for future operations.

These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including, but not limited to: the timing and success of preclinical studies and clinical trials conducted by or on behalf of UroGen, including with respect to the efficacy and safety of UroGen’s product candidates; UroGen’s ability to obtain and maintain regulatory approval of its product candidates, and the labeling for any approved products; the scope, progress, expansion and costs of developing and commercializing UroGen’s product candidates; UroGen’s ability to obtain and maintain intellectual property protection for its product candidates; UroGen’s anticipated growth strategies; UroGen’s expectations regarding competition; the anticipated trends and challenges in UroGen’s business and the markets in which it operates; UroGen’s ability to attract or retain key management and personnel; the size and growth of the potential markets for UroGen’s product candidates and its ability to serve those markets; the rate and degree of market acceptance of UroGen’s product candidates vis-à-vis alternative or existing therapies; UroGen’s expectations regarding regulatory requirements; developments in applicable regulatory regimes; and the manner in which UroGen intends to use its cash resources and the sufficiency thereof. Moreover, UroGen operates in a very competitive and rapidly changing environment in which new risks emerge from time to time. It is not possible for UroGen’s management to predict all risks, nor can UroGen assess the impact of all factors on its business or the extent to which any such factor or combination of factors may cause actual results to differ materially from those contained herein. In light of these risks, uncertainties and assumptions, the forward-looking events and circumstances discussed herein may not occur, and UroGen’s actual results could differ materially and adversely from those anticipated or implied by the forward-looking statements contained herein. Except as required by law, UroGen undertakes no obligation to update any such forward-looking statements after the date hereof to conform to actual results or changes in UroGen’s expectations.

About UroGen

- Clinical-stage biopharmaceutical company developing advanced non-surgical treatments to address unmet needs in the field of urology, focusing on uro-oncology.
- Developed **RTGel™**, a proprietary sustained release, hydrogel-based platform technology that has the potential to be used in a range of body cavities in which increased dwell time has the potential to improve therapeutic profiles of existing drugs.
- Lead investigational therapies in clinical trials for non-surgical removal of tumors in several forms of non-muscle invasive urothelial cancer
 - **UGN-101** (MitoGel™) for the treatment of Low-Grade Upper Tract Urothelial Carcinoma (UTUC)
 - **UGN-102** (VesiGel™) for the treatment of Low-Grade Non-Muscle Invasive Bladder Cancer (NMIBC)

The Management Team:

Experience in Oncology Drug Development & Business Efficiencies

Arie Beldegrun, MD, FACS

Chairman



Ron Bentsur

Chief Executive Officer



Gil Hakim

President, Israeli Operations



Gary Titus

Chief Financial Officer



Mark Schoenberg, MD

Chief Medical Officer



Stephen Mullennix

Chief Operating Officer



Christine Cassiano

Corporate Affairs Officer



Elyse Seltzer, MD

SVP, Clinical Development



Paul Chu

VP, Business Development



Jeffrey Bova

VP, Commercial



James Ottinger, R.PH

VP, Regulatory Affairs



The Board of Directors: Established Industry Leadership

Arie Beldegrun, MD, FACS
Executive Chairman



Ron Bentsur
Chief Executive Officer



Kate Falberg
Audit Committee Chair



Cynthia Butitta



Fred Cohen, MD



Stuart Holden, MD



Ran Nussbaum

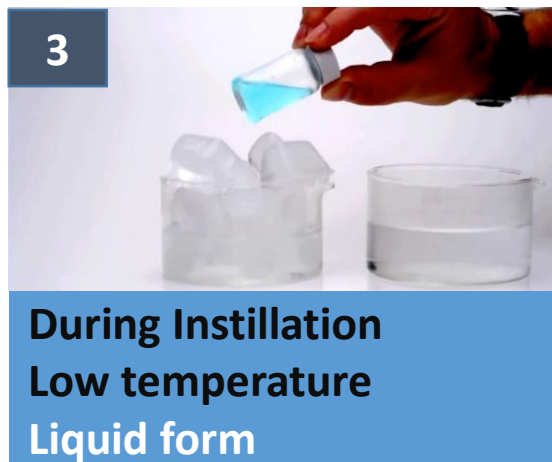


Our Strategy to Revolutionize Treatment in Uro-Oncology

- 1** RTGel: Leverage innovative technology platform technology with potential for use beyond oncology to improve therapeutic profiles of existing drugs in a range of body cavities
- 2** UGN-101: Obtain first U.S. Food & Drug Administration (FDA) approval for the treatment of UTUC (FDA Orphan Drug & Fast Track Designations Granted)
- 3** UGN-102: Change the treatment paradigm for low-grade NMIBC
- 4** UGN-201: Develop immunotherapy drug to treat high-grade urothelial carcinoma

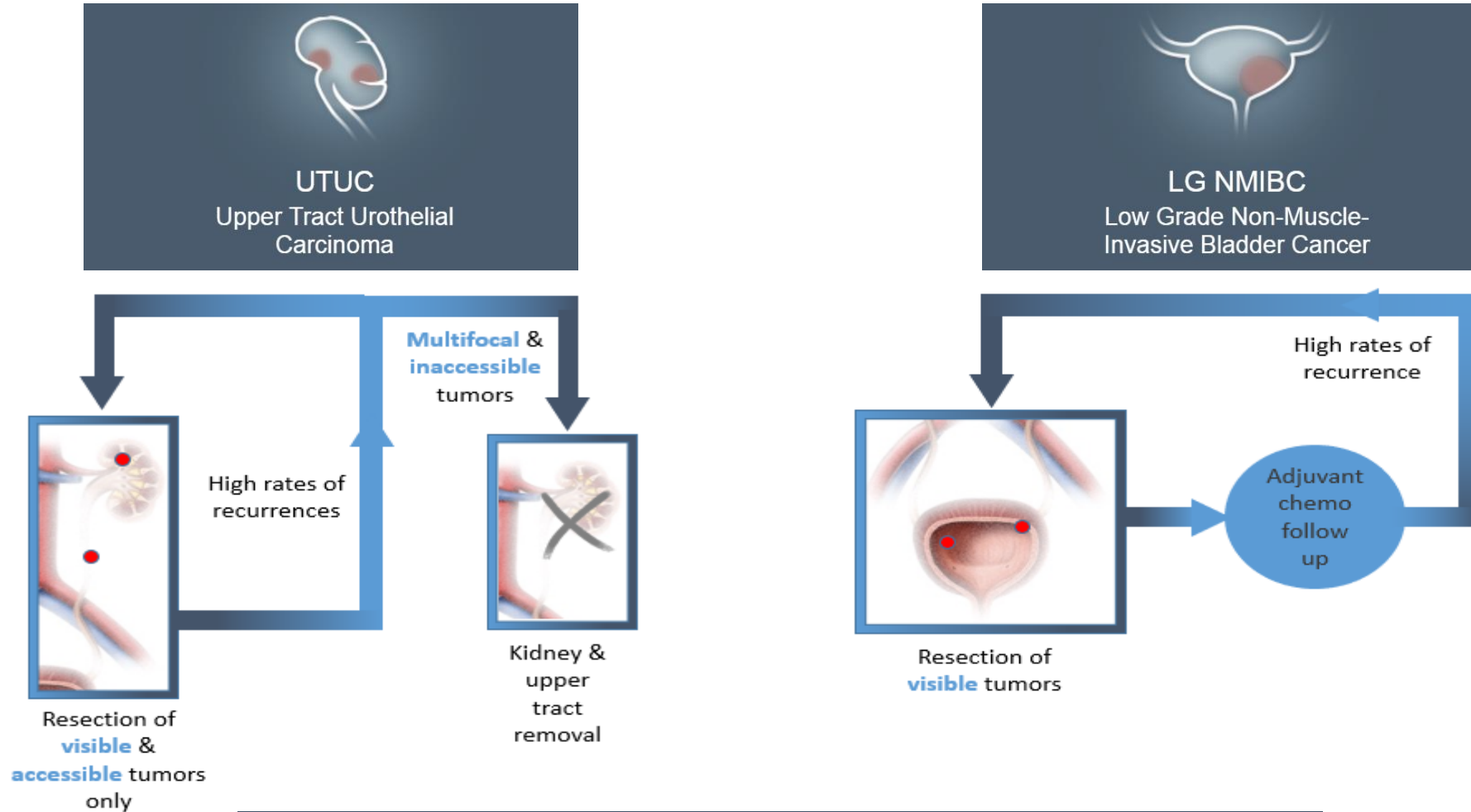
Our Innovative RTGel Technology Platform

RTGel⁽¹⁾: Liquid at low temperature (LT) and converts into gel form at body temperature (BT) following intravesical instillation



⁽¹⁾ RTGel: Reverse Thermal Gelation Hydrogel.

Current Standard of Care for UTUC & NMIBC



Repeated Cycle of Surgical Therapy in Urology

Limitations of Current Treatment Options & Procedures

UT Physiology Limits Drug Exposure

Upper Tract = ~ 5 Minutes

Bladder = ~ 30 Minutes

- Constant urine creation
- Bladder and upper tract movement
- Voiding
- Drug washes out before it has a chance to work properly



UT Anatomy Limits Surgical Therapy

Upper Tract = Intricate Structures

Bladder = Hard to See All Tumors

- Renal pelvis anatomy makes it hard to see and reach all tumors
- Not all bladder tumors are easily seen, making complete tumor resection difficult



Significant Market Opportunity in Urologic Cancers

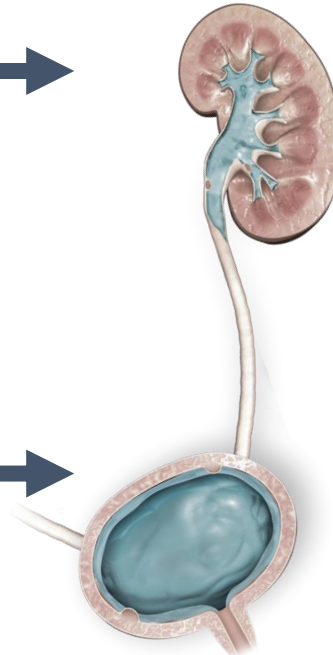
- Bladder cancer is one of the top 10 most common cancers in the world
- Lack of FDA-approved drugs for the treatment of urinary tract diseases

UTUC:
Upper Tract Urothelial
Carcinoma

No drugs approved by FDA

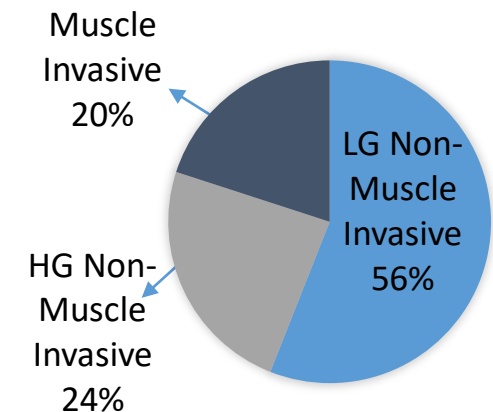
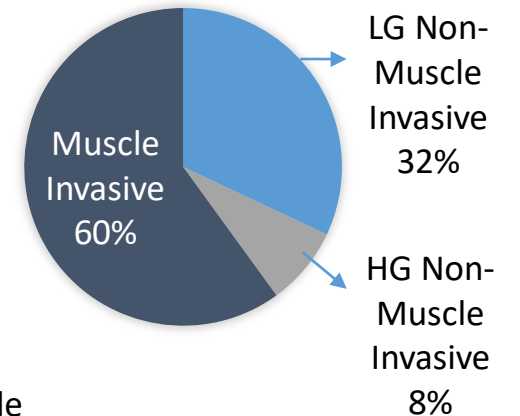
NMIBC:
Non-Muscle Invasive
Bladder Cancer

No drugs approved in over
15 years by FDA



US Prevalence
45,000
US Incidence
7,500/yr

US Prevalence
580,000
US Incidence
80,500/yr



Potential to Create New First-Line Treatment Option


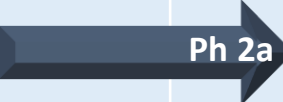




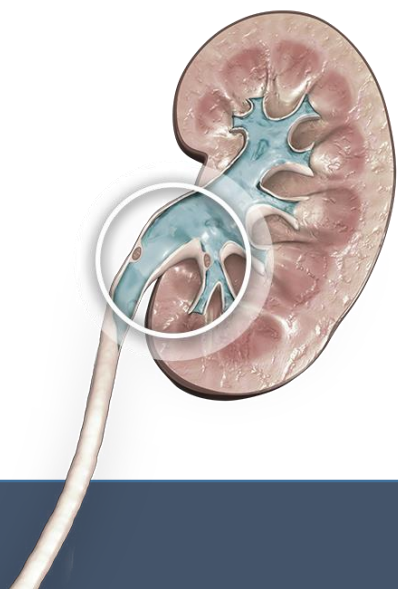
Avoiding Complications of Surgery

- Avoids the need for hospitalization, general anesthesia and associated risks of surgery
- TURBT¹ surgery has limitations due to the inability to properly identify, reach and resect all tumors
- In UTUC, inability to resect tumors often results in kidney and upper tract removal

¹ TURBT: Transurethral Resection of Bladder Tumor (current standard of care)

Clinical Development Pipeline

	Product Candidate	Proposed Indication	Phase 1	Phase 2	Phase 3	Next Milestone	Commercial Rights
CHEMOABLATION	UGN-101 (MitoGel) <i>(Orphan)</i>	Low-Grade Upper Tract Urothelial Carcinoma (UTUC)				<ul style="list-style-type: none"> Ph 3 Interim Data Ph 3 Topline Data = Q3 2018 	UroGen
	UGN-102 (VesiGel)	Low-Grade Non-Muscle Invasive Bladder Cancer (NMIBC)				<ul style="list-style-type: none"> Submit IND = Q2 2018 Ph 2b Trial Initiation 	UroGen
IMMUNOTHERAPY	UGN-201 (Vesimune) <i>(Orphan)</i>	Carcinoma in Situ (CIS) Bladder Cancer				<ul style="list-style-type: none"> Ph2 Trial Initiation Combination Therapies 	UroGen
NEUROMODULATION	BotuGel	Overactive Bladder				<ul style="list-style-type: none"> Ph 2 Initiated by Allergan in November 2017 	Allergan



UGN-101 (MitoGel)

For Low-Grade UTUC

- Potential to become first drug ever approved as a first-line chemoablation treatment of low-grade UTUC
- FDA Orphan Drug Designation
- FDA Fast Track Designation
- Planned NDA filing in Q1 2019

UGN-101: Proof of Concept in UTUC

Response at PDE⁽¹⁾

- 44% Complete Response (8 of 18)⁽²⁾
- 28% Partial Response (5 of 18)

Durability

- 8 original patients achieved CR, 4 remain in CR
- 3 have remained in CR for 18+ months.

100% response to UGN-101 therapy at PDE time point

- Localized treatment of hard to resect tumors; extensive tumor burden; some with solitary kidney
- Conducted in the United States, Europe and Israel
- Observed to be generally well-tolerated and feasible to administer

22

Patients with UTUC treated with MitoGel



18

Biopsies confirmed low-grade



14

Completed six weekly instillations



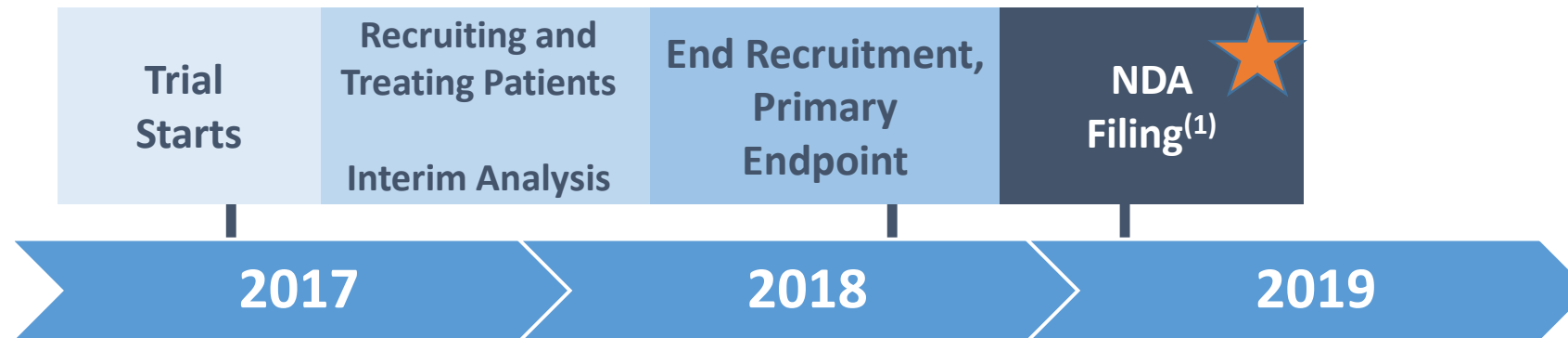
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Evaluable



⁽¹⁾ PDE=Primary Disease Evaluation; ⁽²⁾ Intent to Treat Analysis (ITT)

UGN-101: Pivotal Trial Design & Expected Timing



Design:

- Single pivotal, open-label, single-arm, Phase 3 trial

Patient Group:

- Patients with low-grade UTUC

Number of Patients:

- ~70 patients

Treatment Regimen:

- Six weekly instillations of UGN-101

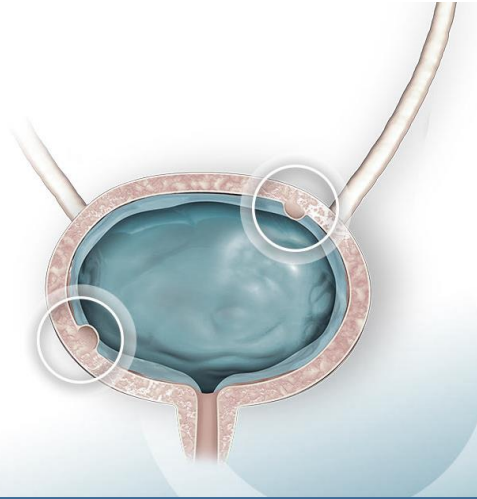
Primary Efficacy Endpoint:

- CR⁽²⁾ at ~four weeks after last instillation
- Patients with CR will be:
 - Followed for durability
 - Treated with UGN-101 monthly for up to 12 months of maintenance therapy

Regulatory Pathway:

- 505(b)(2)

⁽¹⁾ Only if clinical trial is successfully completed; ⁽²⁾ CR: Complete Response

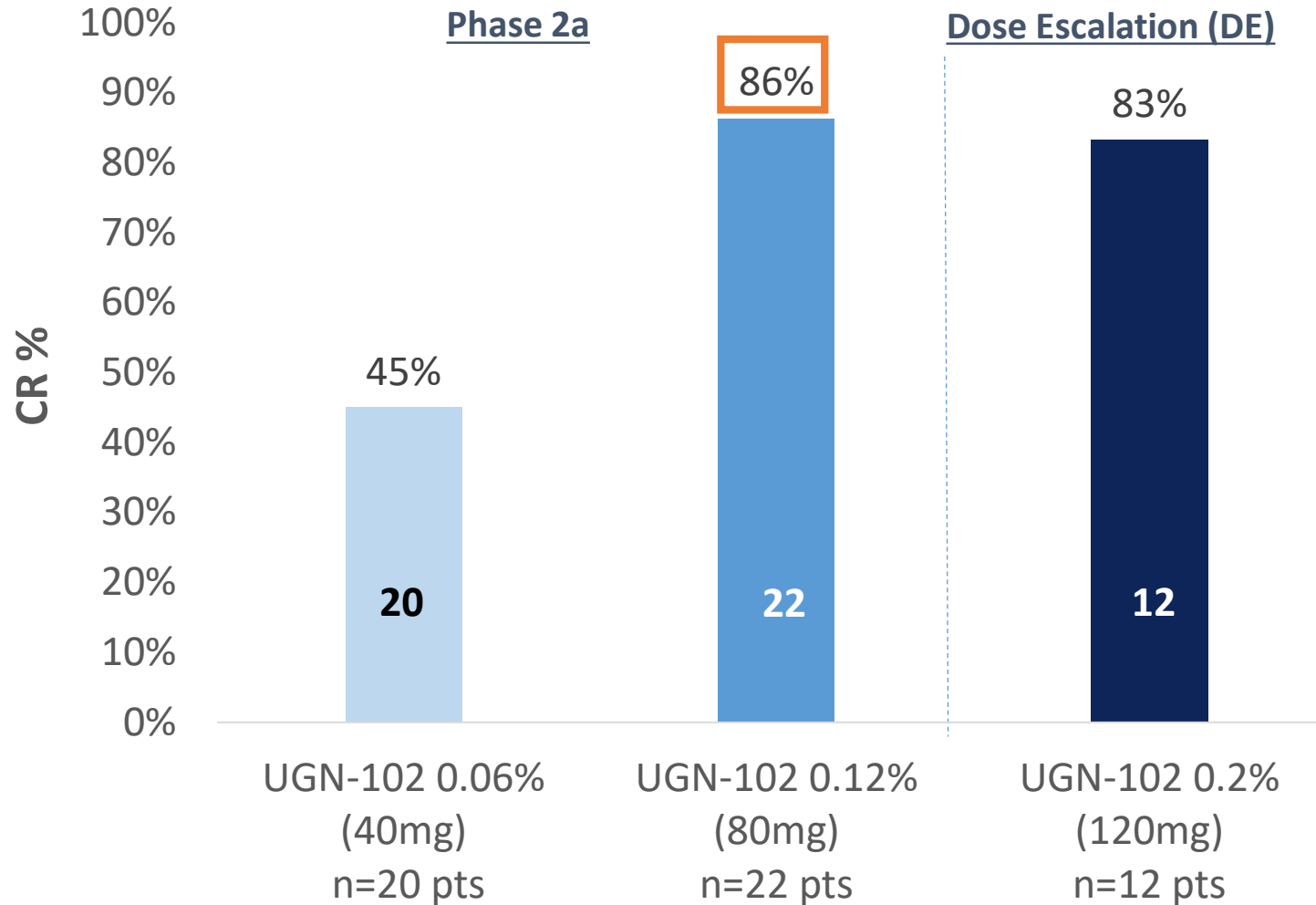


UGN-102 (VesiGel)

For Low-Grade NMIBC

- RTGel / high dose MMC sustained-release formulation
- Potential alternative to TURBT
- Potential first-line chemoablation treatment of low-grade NMIBC

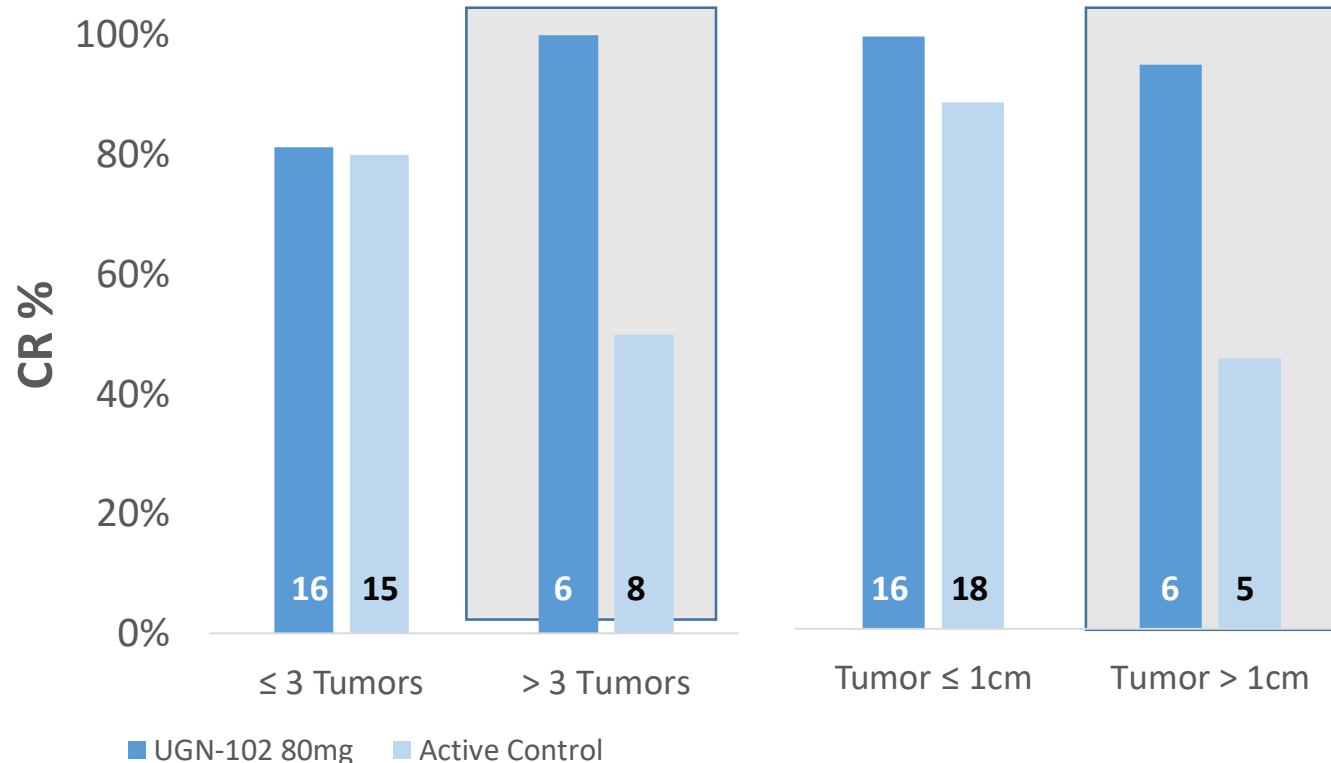
UGN-102: Dose Response Study



- 86% complete response with UGN-102 0.12% (80mg)
- Using higher doses may not increase efficacy

UGN-102: Potential Alternative to TURBT

UGN-102 vs. Active Control (0.1% MMC)



Eligibility for TURBT:

- Tumor size: > 1cm
- Multifocal: > 3 tumors

Shortcomings of TURBT:

- Nonvisible lesions
- Incomplete resection
- Hospitalization
- Anesthesia

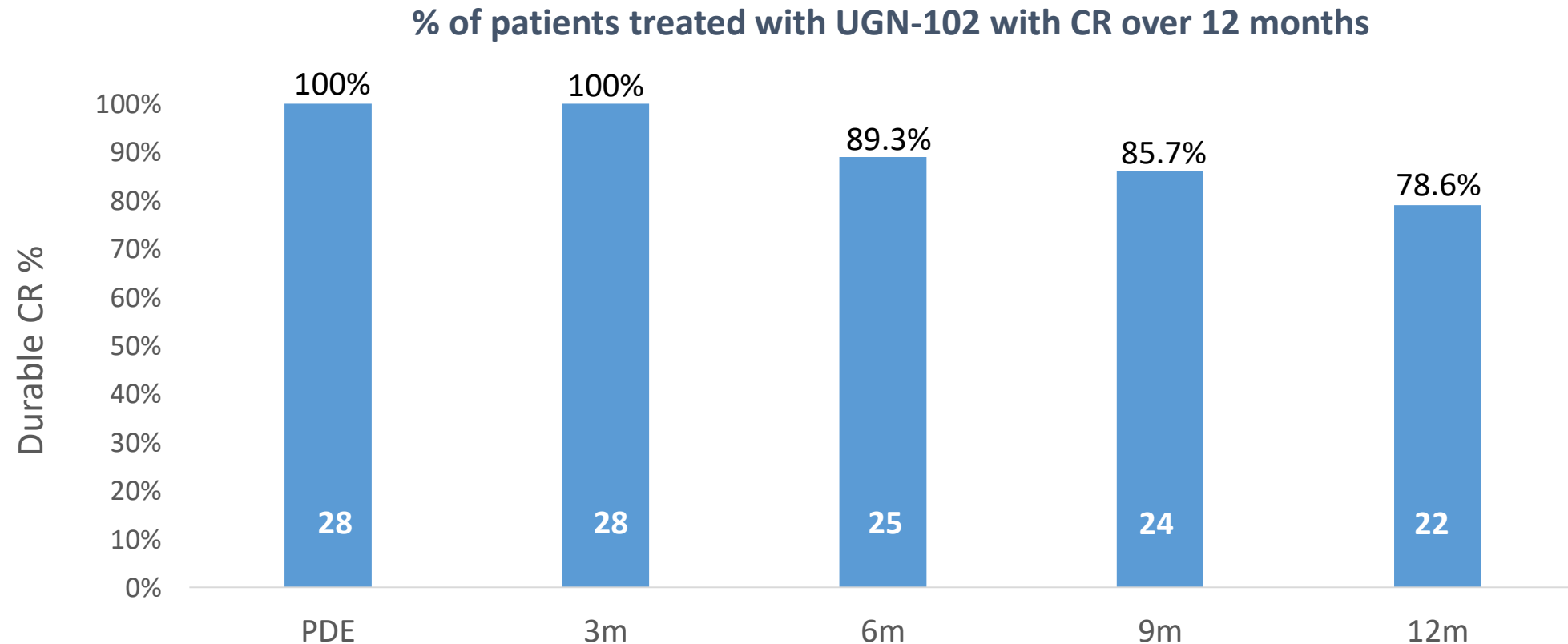
VesiGel vs. Active Control:

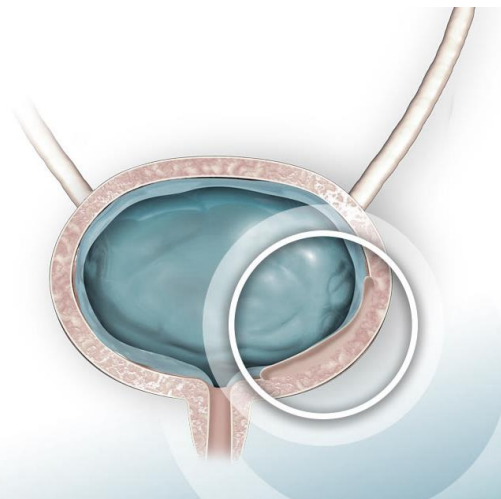
- Higher CR rates in TURBT eligible group

UGN-102 can allow for increased coverage of the bladder tissue designed to overcome shortcomings of TURBT surgery

UGN-102: Durable CRs in Clinical Program

~80% durability at 12 months
No additional treatments were given during this period



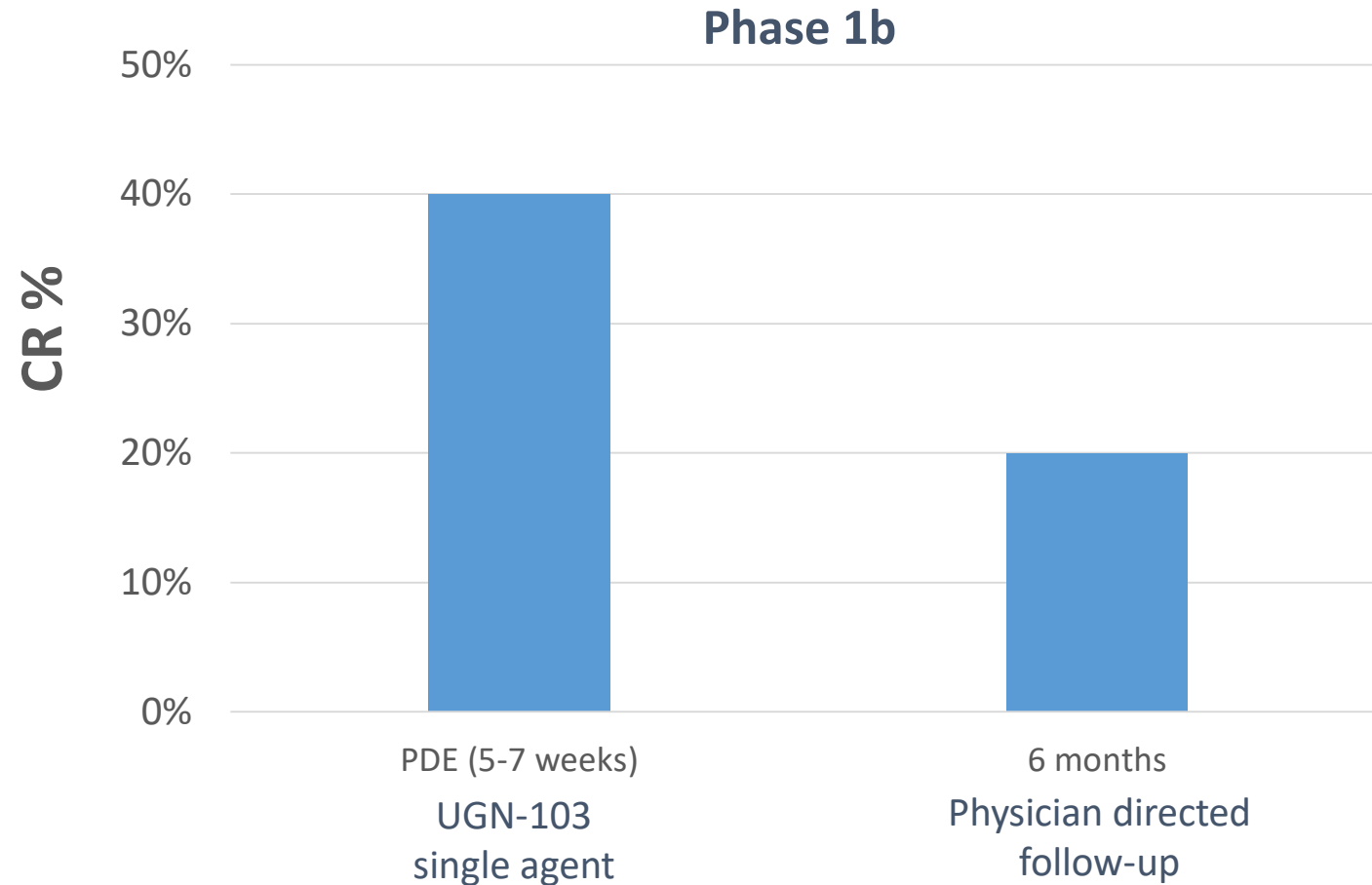


UGN-201

(Vesimune)
For CIS Bladder Cancer

- Novel Imiquimod formulation for bladder instillation
- Orphan Drug Designation for CIS bladder cancer
- Potential local immunotherapy for the treatment of CIS bladder cancer

UGN-201: Preliminary Proof of Concept Data



Patient Group:

- Patients with NMIBC

Number of Evaluable Patients:

- DE: 23 (not shown)
- Phase 1: 10 (under U.S. IND)

Treatment Regimen:

- Six weekly instillations
- No TURBT to CIS patients

Primary Efficacy Endpoint:

- CR at 5-7 weeks post last instillation

- Novel local immunotherapy drug for high-grade NMIBC
- Potential synergism with immune checkpoint inhibitors

Validating the RTGel Platform Beyond Oncology

BotuGel for Overactive Bladder



- Exclusive license agreement with Allergan
- Potential to evolve from multiple injections of BOTOX into the bladder to a single instillation into the bladder
- Up to \$225 million (\$25 million already received and \$200 million in pending milestones) and tiered royalties on net sales
- Phase 2 trial initiated by Allergan in November 2017

UroGen: Emerging Leader in the Treatment of Urothelial Cancers and Other Urological Indications

Innovative technology platform with potential for use beyond oncology to improve therapeutic profiles of existing drugs in a wide range of body cavities

Potential for first ever FDA drug approval for the treatment of Upper Tract Cancer

Management team with experience in drug development, oncology/urology and business efficiencies

Strong cash position of ~\$73.0 million as of December 31, 2017 plus net proceeds of \$64 million from follow-on offering in January 2018



UroGen
Pharma

Thank you

