MOLOGEN AG
THE POWER OF IMMUNOTHERAPIES

QUARTERLY STATEMENT AS AT 31 MARCH 2016

HIGHLIGHTS

Clinical studies with the main product, the Immune Surveillance Reactivator (ISR) lefitolimod (MGN1703) progressed with:

- Advances in patient recruitment for the IMPALA approval study
- Continuation of the TEACH study in HIV, due to the promising results from the first phase
- An agreement being made on the combination trial with checkpoint inhibitors

Investments for study progression

- Study progression led to a further increase in R&D expenses
- EBIT accordingly lower in comparison with the same period in the previous year

KEY DATA (IFRS)

According to IFRS

In million €	**Q1 2016**	**Q1 2015**	**Change %**
Revenues	0.0	0.0	-
Profit (loss) from operations (EBIT)	-4.5	-3.2	41
Expense structure			
Personnel expenses	1.3	1.3	0
R&D expenses	3.7	2.4	54
Earnings per share in € (basic)	-0.20	-0.19	5
Cash flows from operating activities	-4.4	-2.2	100

	31 March 2016	**31 December 2015**	**Change %**
Cash and cash equivalents	20.1	24.6	-18
Shareholders' equity	15.0	19.5	-23
Equity ratio	70%	74%	-5
Total assets	21.5	26.4	-19
Number of employees	63	66	-8

CONTENTS

INTERIM MANAGEMENT REPORT

for the period under review from 1 January to 31 March 2016

- The focus of the activities is placed on the continuation of clinical trials with the Immune Surveillance Reactivator (ISR) lefitolimod (MGN1703)
- EBIT decrease due to increase in R&D expenses

In the first quarter of 2016, the focus of operative business laid primarily on clinical trials with the main product, the Immune Surveillance Reactivator lefitolimod (MGN1703). Patient recruitment for the IMPALA study (phase III in colorectal cancer) has been boosted. The good results of the first phase of the TEACH study (phase I HIV) led to the decision to add an expansion phase. In addition, a cooperation agreement was concluded with MD Anderson Hospital, for the implementation of a combination trial. Recruitment for this study will start in the next few weeks.

Since January 2016, MGN1703 has a so-called international non-proprietary name (INN) “lefitolimod”, which is officially listed by the WHO. These INN are WHO-approved names for substances.

On the basis of its mechanism of action, namely to reactivate the monitoring function of the immune system, the substance class was specified by MOLOGEN: lefitolimod can be recognized as an Immune Surveillance Reactivator (ISR).

Expenditure for research and development (R&D) amounted to €3.7 million, which exceeded the total for the comparable period in the previous year (Q1 2015: €2.4 million). Accordingly, the EBIT amounted to -€4.5 million, which was lower than the -€3.2 million in the comparable period in the previous year. As of 31 March 2016, the available liquid assets amounted to €20.1 million (31.12.2015: €24.6 million).

Business development

- The focus of the activities is placed on the continuation of clinical trials with the Immune Surveillance Reactivator lefitolimod (MGN1703):
    - Advances in patient recruitment for the IMPALA approval study for colorectal cancer
    - Continuation of the study in an expansion phase, on the basis of the positive results of the phase I TEACH study in HIV

- o Cooperation agreement with MD Anderson, Texas, US, to carry out a combination trial with a checkpoint inhibitor
- o The latest research and development results were presented at scientific conferences

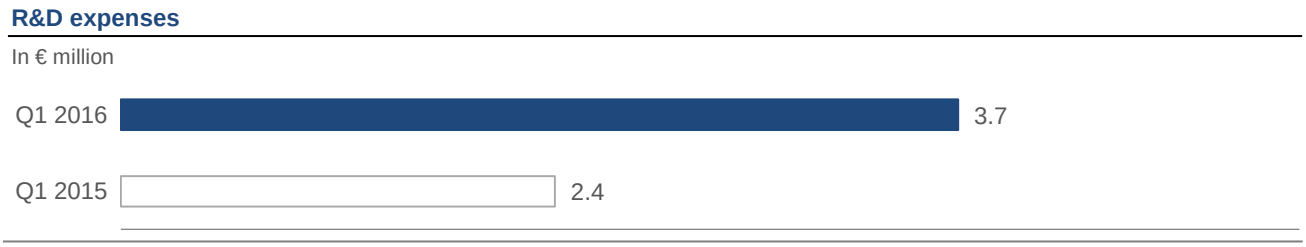
Research and development (R&D)

In the first quarter of 2016, MOLOGEN has worked in the field of R&D, especially in clinical trials promoting the key product, the Immune Surveillance Reactivator (ISR) lefitolimod (MGN1703) – the phase III approval study IMPALA for the indication of colorectal cancer; IMPULSE, the randomized clinical study in the field of lung cancer; the phase I/IIa study TEACH for the indication of HIV, and the combination trial with a checkpoint inhibitor.

During the period under review, the latest research and development results of ISR lefitolimod, as well as additional data from the IMAPALA study and the first phase of the TEACH trial, were presented at major international conferences.

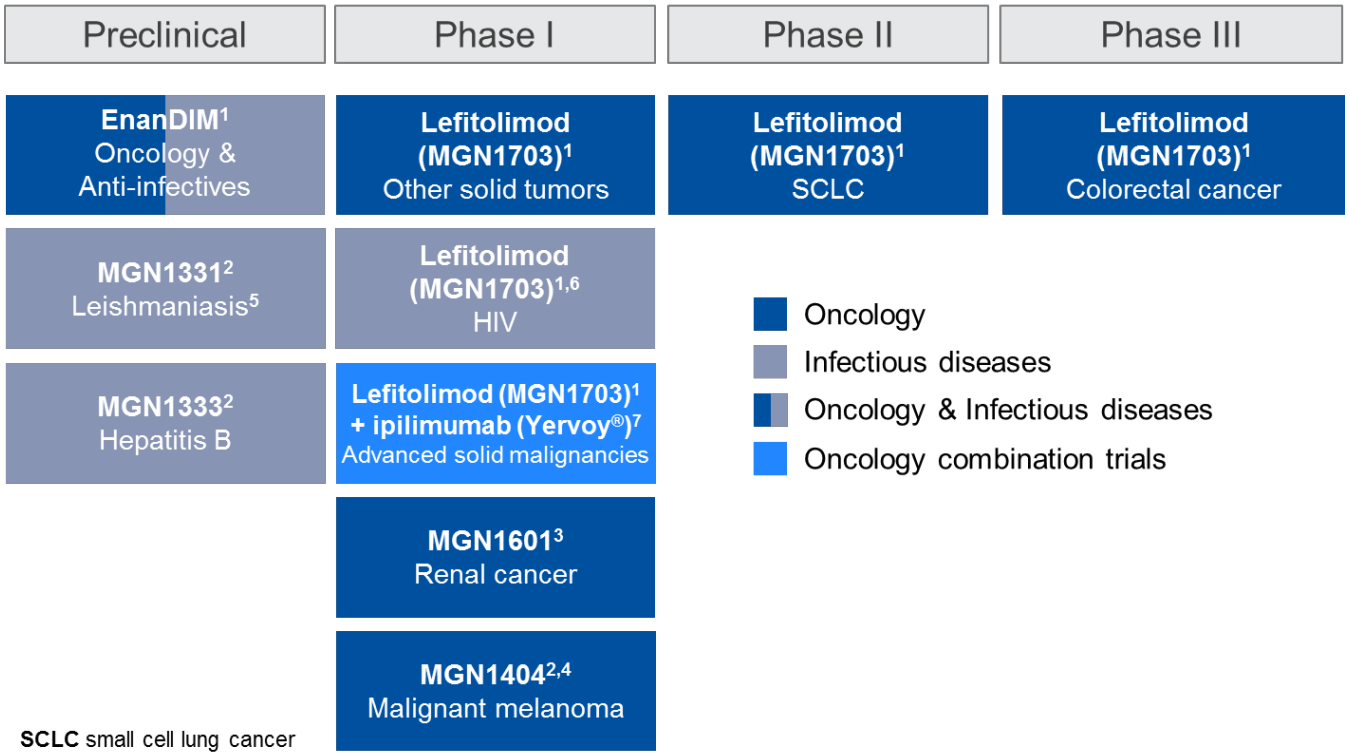
R&D expenses

In the first quarter of 2016, the expenses and investments in the field of research and development amounted to €3.7 million (Q1 2015: €2.4 million). The focus of the activities is placed on both clinical trials with the ISR lefitolimod.



Composition of the product pipeline

(As at: 31 March 2016)



MOLOGEN is one of the few companies which has three, self-developed platform technologies in the field of immunotherapy and beyond. The product candidates are aimed at diseases for which there is a high medical need for treatment. These platform technologies have resulted in the MOLOGEN pipeline:

1) DNA based TLR9 agonists (Immune Surveillance Reactivators (ISR): Lefitolimod (MGN1703), EnanDIM®). These molecules bind to TLR9 receptors, therefore leading to the widespread activation of the immune system, with a targeted effect.

2) A non-viral vector system, MIDGE® (MGN1404, MGN1331, MGN1333). The vectors act as “gene ferries”, which can be individually equipped with very specific genetic information.

3) A cell-based therapeutic vaccination (MGN1601). With the help of MIDGE® technology, the cancer cell line is genetically modified into an information carrier, and is combined with low-dosed lefitolimod as an adjuvant.

MOLOGEN's drug candidates are distinguished on the basis of the study data currently available, through good tolerance and safety. In addition, the expected effects confirm the reactivation of the immune surveillance.

THE FIRST PLATFORM TECHNOLOGY: TLR9 AGONISTS LEFITOLIMOD AND EnanDIM®

Lefitolimod (MGN1703) is a cancer immunotherapy, and the most advanced TLR9 agonist of MOLOGEN. Lefitolimod is currently being tested in three clinical studies – IMPALA, IMPULSE and TEACH.

The TEACH trial protocol was developed based on first positive study results. The first results of the first 15 patients to be treated with lefitolimod for one month showed the expected activation of the immune system in HIV-infected patients. According to the study protocol, a longer treatment period, lasting for six months and involving approx. ten or eleven additional patients, and using lefitolimod (MGN1703) is scheduled for an expansion phase. The final results are expected in the first half of 2017.

In addition, patient recruitment will begin in the next few weeks for the combination trial with ISR lefitolimod and the Checkpoint Inhibitor Ipilimumab (Yervoy®), in collaboration with the MD Anderson Cancer Center in the US.

Colorectal cancer registration study (IMPALA trial)

Patient recruitment for the IMPALA study began in September 2014, and was boosted in the first quarter of 2016.

The IMPALA study is an international phase III, randomized, non- blinded, two-arm multicenter clinical study. Based on the results of the subgroup analyses of the phase II IMPACT study, the IMPALA study includes patients with metastatic colorectal cancer, in whom a radiologically confirmed response to the first-line chemotherapy treatment, with or without the use of biological preparations ("biologics"), can be determined.

The aim of the study is to show that a so-called "switch maintenance" therapy involving the cancer immunotherapy lefitolimod (MGN1703) and metastatic colorectal cancer in patients

leads to an increase in the overall survival rate. To that effect, the primary endpoint is the overall survival rate (OS). Secondary endpoints include progressive-free survival PFS, safety and tolerability, as well as quality of life (QoL).

Around 540 patients, in more than 100 centers in eight European countries, including the five major European pharmaceutical markets, shall take part in the study. Patient recruitment should be completed by the end of 2016. The analysis of the study will be performed as soon as a certain number of so-called events could be observed. According to current estimates, this will be 12-24 months after completion of patient recruitment.

In January 2016, MOLOGEN gave a presentation about ISR lefitolimod at the 2016 Gastrointestinal Cancers Symposium (ASCO GI) in San Francisco, US. The design of the IMPALA study, including the provisional demographic data, and the stratification factors of the first 200 randomized colorectal cancer patients from the study, was presented.

In February 2016, the Company announced that the Committee of Medicinal Products for Human Use (CHMP) of the European Medicines Agency (EMA) had confirmed the lefitolimod (MGN1703) development strategy with the IMPALA approval trial, as part of its scientific advice.

Lung cancer trial (IMPULSE study)

Patient recruitment started in March 2014, and was successfully completed in October 2015, with the registration of the 100th patient.

The primary endpoint of the IMPULSE study is overall survival. The study compares lefitolimod (MGN1703) to the best standard therapy (“best standard of care”). The study accepted patients suffering from advanced stage (“extensive disease”) small cell lung cancer (SCLC), and whose tumors responded to standard first-line chemotherapy. The analysis stage of the phase II IMPULSE study investigating small cell lung cancer will begin at the end of 2016. First results are expected to be available at the beginning of 2017 and will be presented at the Annual Meeting of the American Society of Clinical Oncology (ASCO) in June 2017.

HIV study (TEACH trial)

The collaboration with Aarhus University Hospital, Denmark, to conduct an initial study of the Immune Surveillance Reactivator lefitolimod (MGN1703) for the treatment of patients with the human immunodeficiency virus (HIV) began in 2015. Lefitolimod (MGN1703) is initially tested in patients suffering from any other disease than cancer. The application range of the product could therefore be expanded.

The aim of the TEACH study is to determine whether lefitolimod (MGN1703) can activate the immune system in HIV-infected patients so that it can help to decimate HIV reservoirs in HIV-positive patients. The Aarhus University Hospital is carrying out the study in two clinical centers in Denmark, and has received subsidies from the American Foundation for AIDS Research (amfAR). MOLOGEN provides ISR lefitolimod (MGN1703).

TEACH (**T**oll-like receptor 9 **e**nhancement of **a**ntiviral immunity in **c**hronic **H**IV infection) is a non-randomized interventional phase I/IIa study with lefitolimod (MGN1703) in HIV-infected. The primary endpoint of the study is the change in the proportion of activated natural killer cells in the patients. Secondary endpoints include, inter alia, the collection of virological, immunological and pharmacodynamic results, as well as data relating to safety.

During the reporting period, MOLOGEN announced the continuation of the study in an expansion phase. Because of this, more patients can be accepted, and undergo a longer period of treatment with lefitolimod (MGN1703). This is due to the activation of the patients' immune system achieved by the substance, which is demonstrated by the significant increase of various immune markers. Accordingly, the administration of lefitolimod (MGN1703) in accordance with the underlying hypothesis, leads to a strong activation of plasmacytoid dendritic cells (PDC), natural killer cells (NK), and T cells in HIV-infected patients receiving antiretroviral therapy (ART). Lefitolimod (MGN1703) could therefore be used in the so-called "kick and kill program" as an Immune Surveillance Reactivator, with which toeradicate the HI-virus. Initially, patients received treatment for one month. In the second phase, the study protocol provides for a longer period of treatment with lefitolimod (MGN1703), lasting for six months, with a few additional patients. These patients should be recruited in the next few weeks, and the final results of the study are expected in the first half of 2017.

The first results were presented at the Keystone HIV Symposium (Keystone Symposia on Molecular and cellular biology conference) in Olympic Valley, CA, US from 20-24 March 2016.

Combination trial: Lefitolimod with the checkpoint inhibitor Yervoy®, in collaboration with MD Anderson Cancer Center

The conclusion of a cooperation agreement with the MD Anderson Cancer Center at the University of Texas (MD Anderson) was announced in January 2016. The cooperation includes a phase I study with lefitolimod (MGN1703) in combination with the commercially available immunotherapy Yervoy® (ipilimumab) in patients with advanced solid tumors. The ISR lefitolimod (MGN1703) is initially tested in combination with a checkpoint inhibitor. If lefitolimod (MGN1703) increases the effectiveness of immune checkpoint blockades, and/or favorably influences the tolerability profile, this could expand the potential application spectrum of the product. The study was initiated on the assumption that the combination of the two immunotherapies would lead to the broader activation of the immune system, and that synergies could be achieved. The combination of different cancer immunotherapies has already shown promising results in other studies. This assessments also shared by MOLOGEN. Further combination studies are to follow.

The aim of this study, which is entitled “A Phase I Trial of Ipilimumab (Immunotherapy) and MGN1703 (TLR Agonist) in Patients with Advanced Solid Malignancies” is to firstly determine the highest tolerated dosage of lefitolimod (MGN1703), which in combination with Yervoy® (ipilimumab) can be administered to patients with advanced tumors. The safety of the therapy combination is also tested. The study also aims to investigate the effectiveness of combining these two immunotherapies in an expansion phase. The combination of an Immune Surveillance Reactivator with a checkpoint inhibitor is of particular interest: Lefitolimod (MGN1703) activates the immune system as a TLR9 agonist, and with the reactivation, releases the immune surveillance forces which specifically target cancer cells. Manufactured by Brystol-Myers Squibb Co., Yervoy® is a recombinant, human monoclonal antibody and immune checkpoint inhibitor, which has already been approved for treating patients with inoperable or metastatic skin cancer.

MD Anderson is carrying out the study in its cancer treatment center in Texas, US. The first 50-60 patients are expected to be recruited in the next few weeks. MOLOGEN provides the ISR lefitolimod (MGN1703), and is financing the study.

EnanDIM®

EnanDIM® defines a new generation of immune-activating TLR9 agonists, and therefore represents successor substances from MOLOGEN's TLR9 technology with longer patent terms. Comprehensive immune activation and good tolerability can be expected from the EnanDIM® Immune Surveillance Reactivator family. The mode of action of EnanDIM® should allow its application in a number of cancer indications, either as a monotherapy or in combination with other targeted therapies, checkpoint inhibitors, and other immunotherapeutic approaches. In addition, the substances in the EnanDIM® family can be used in the field of infectious diseases – for example, HIV.

THE SECOND PLATFORM TECHNOLOGY: MIDGE®

The substances MGN1404, MGN1331 and MGN1333 are based on MIDGE® technology. DNA vectors are used to transmit specific information in the form of DNA. Furthermore, MIDGE® technology can potentially be used in the treatment of rare monogenetic diseases.

Cancer immunotherapy MGN1404

MOLOGEN is working in collaboration with the Charité-Universitätsmedizin in Berlin, and the Max Delbrück Center for Molecular Medicine, Berlin-Buch (MDC). As part of the collaboration, Charité conducts a clinical phase I study in order to investigate the safety and tolerability of MGN1404 for the treatment of malignant melanoma. Data on the mode of action are also collected. Patients are still being recruited for the study.

MGN1331 and MGN1333 – Prophylactic and therapeutic vaccines in preclinical development

MGN1331 against leishmaniasis in humans appears to have a very good toxicological profile in the preclinical development. Animal models have shown promising results for effectiveness in prophylactic and therapeutic use, and excellent tolerability towards the vaccine. The preclinical development takes place in the late phase. Further funding opportunities for the implementation of the initial clinical trials are being investigated.

Leishmaniasis is a “neglected” tropical disease, which affects a large proportion of the world’s population. Treatment and preventive measures are too short, too expensive, or unsustainable. A vaccine for the prevention, control and elimination of infections with leishmaniasis pathogens is urgently needed.

MGN1333 targets the widespread viral disease hepatitis B. The DNA vaccine can be used both preventively and therapeutically. Hepatitis B vaccines already exist, but these are usually only effective after three applications. In preclinical investigations, we were able to generate a strong immune response to an application, which indicated a very good preventative (prophylactic) effect of MGN1333.

THE THIRD PLATFORM TECHNOLOGY: CANCER IMMUNOTHERAPY MGN1601

The mode of action of the cancer immunotherapy MGN1601 is equivalent to a therapeutic inoculation, and is a vaccination based on a specific cell line. With the help of MIDGE® technology (as a vector system), the cancer cell line is genetically modified, and is combined with low-dosed lefitolimod (MGN1703) as an adjuvant.

The renal cancer clinical study ASET phase I/II with MGN1601 was successfully completed in 2013. On the basis of these positive results, the clinical development of MGN1601 could enter the next phase, involving a combination trial.

Portfolio review

The focus of the activities is still on the main product, lefitolimod (MGN1703) and its clinical studies. Potential and value-added developments of the pipeline should be explored and defined in this portfolio review. The results of this review should be available by mid-2016.

Assets, financial position and results

- Increase in R&D expenses to €3.7 million; EBIT totaled -€4.5 million and accordingly below the level of the comparison period
- Average cash burn €1.5 million per month (Q1 2015: €1.0 million per month)
- Cash and cash equivalents amounting to €20.1 million (31.12.2015: €24.6 million)

Overall, the assets, financial position, and results of operations have developed according to plan. Cash and cash equivalents available on the balance sheet date cover the short-term financial needs of the company.

Results of operations

No revenues were incurred in the first quarter of 2016 (comparison period: Q1 2015: €0.02 million). Other operating income amounted to €7 thousand (Q1 2015: €1 thousand).

Material costs amounted to €2.4 million, exceeding the previous year's figure (Q1 2015: €1.1 million) and was accrued in connection with the implementation of the clinical trials. In particular, this includes costs for third-party services, which amount to €2.3 million (Q1 2015: €1.0 million). Expenses for raw materials and consumables used in the period under review amounted to €0.05 million (Q1 2015: €0.07 million).

Other operating expenses amounted to €0.8 million, and were on the same level as the previous year (Q1 2015: €0.8 million). Increased legal and consultancy fees are offset by lower recruitment expenses and other lower fees.

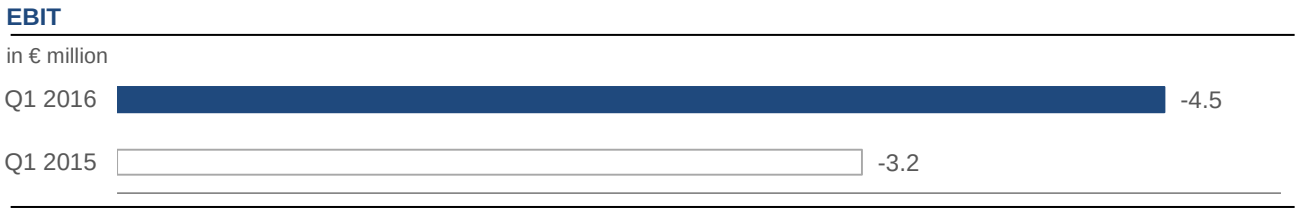
Personnel costs amounted to €1.3 million, and were on the same level as the previous year (Q1 2015: €1.3 million). Compared to the first quarter of 2015, increased wages and salaries were offset by reduced expenditure from the granting of employee share options.

The scheduled amortization of assets was higher than that of the comparison period, and amounted to €36 thousand (Q1 2015: €25 thousand).

The financial result declined to €0.1 thousand in the first quarter of 2016, due to lower interest rates compared to the same period in the previous year (Q1 2015: €1 thousand).

€3.7 million of the total expenditure was used for research and development projects (Q1 2015: €2.4 million) and was mainly due to the expenses associated with the implementation of the IMPALA and IMPULSE clinical trials.

In the first quarter of 2016, the EBIT was -€4.5 million and thus lower than in the comparison period.



Net assets and financial situation

The balance sheet total has fallen to €21.5 million (31.12.2015: €26.4 million). This is mainly due to the cash burn and the net loss during the period under review.

As at 31 March 2016, the total assets mainly consist of cash and cash equivalents in the amount of €20.1 million (31.12.2015: €24.6 million). The decrease is due to the cash burn as part of operating activities. Including the investments, this amounted to €4.5 million (Q1 2015: €2.9 million, including expenses for equity procurement).

During the period under review, MOLOGEN was always in a position to meet all its financial obligations.

The value of investments made in the first quarter of 2016 amounted to €72 thousand, and exceeded the expected amortization (€36 thousand) in the same period. The long-term assets as of 31 March 2016 amounted to €0.45 million, slightly above the level of the previous year's balance sheet date (31.12.2015: €0.41 million).

Equity and liabilities are characterized by the reported equity capital in the amount of €15 million (31.12.2015: €19.5 million). The equity ratio has fallen to 70% (31.12.2015: 74%). The reduction is essentially due to the increased net loss.

The current liabilities as of 31 March 2016 amounted to €6.5 million, below the level of the previous year's balance sheet date (31.12.2015: €6.9 million).

As at 31 March 2016, other financial obligations amounted to €20.8 million (31.12.2015: €21.7 million) and were primarily due to the completion of service contracts concluded for IMPALA and IMPULSE clinical studies which began in the financial year 2014. The planned course of the company's business activities was assumed, in order to determine other financial obligations.

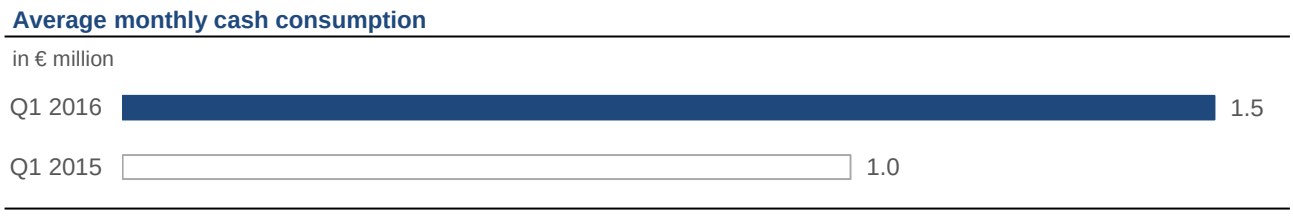
Liquidity development

Cash and cash equivalents used for operating activities in the first quarter of 2016 amounted to €4.4 million, higher than the figure for the comparison period (Q1 2015: €2.2 million) and were mainly invested in research and development.

The cash flow from investing activities has increased compared to the previous year (Q1 2016: €72 thousand; Q1 2015: €6 thousand).

Cash flow from financing activities amounted to €0 million (Q1 2015: €0.7 million). In the comparison period, costs were incurred for capital increases implemented in April 2015.

The monthly cash burn rate (incl. consideration of payments from sales, as well as equity procurement costs) amounted to an average of €1.5 million per month in the first quarter of 2016, and was therefore higher than the amount of the comparison period (€1.0 million).



Supplementary report

Since 1 April 2016, Walter Miller has been the Chief Financial Officer of MOLOGEN AG.

Forecast, risk and opportunity report

Forecast

The statements made in the Management Report of the Annual Financial Statements as at 31 December 2015, on the objectives in the fields of research and development, collaboration and partnerships, earnings and liquidity development, and personnel, still apply (see Annual Report 2015, page 51 et seq.).

Opportunities and risk report

The opportunities and risks, and the assessment thereof, identified in the Management Report of 31 December 2015, remain unchanged (see Annual Report 2015, page 52 et seqq.)

Financial Statements as at 31 March 2016

STATEMENT OF COMPREHENSIVE INCOME (IFRS)

EUR'000	**Q1 2016 unaudited**	**Q1 2015 unaudited**
Revenues	0	18
Other operating income	7	1
Cost of materials	-2,380	-1,080
Personnel expenses	-1,296	-1,329
Depreciation and amortization	-36	-25
Other operating expenses	-811	-766
Profit (loss) from operations	**-4,516**	**-3,181**
Finance costs	0	0
Finance income	0	1
Profit (loss) before taxes	**-4,516**	**-3,180**
Tax result	0	0
Profit (loss) for the period/ comprehensive income	**-4,516**	**-3,180**
Loss carried forward	-104,771	-84,235
Accumulated deficit	**-109,287**	**-87,415**
Basic earnings per share (in €)	-0.20	-0.19
Diluted earnings per share (in €)	-	-

STATEMENT OF FINANCIAL POSITION (IFRS)

EUR'000	**31 March 2016**	**31 December 2015**
	unaudited	**audited**
ASSETS		
Non-current assets	**450**	**414**
Intangible assets	222	175
Property, plant and equipment	228	239
Other non-current assets	0	0
Current assets	**21,083**	**25,981**
Cash and cash equivalents	20,116	24,592
Trade receivables	0	0
Inventories	28	28
Other current assets	938	1,360
Income tax receivables	1	1
Total Assets	**21,533**	**26,395**
EQUITY AND LIABILITIES		
Non-current liabilities	**6**	**6**
Deferred income	6	6
Current liabilities	**6,484**	**6,886**
Trade payables	6,105	6,390
Other current liabilities and deferred income	365	488
Liabilities to banks	14	8
Shareholders' equity	**15,043**	**19,503**
Issued capital	22,632	22,632
Capital reserves	101,698	101,642
Accumulated deficit	-109,287	-104,771
Total Equity & Liabilities	**21,533**	**26,395**

STATEMENT OF CASH FLOWS (IFRS)

EUR'000	**Q1 2016 unaudited**	**Q1 2015 unaudited**
Cash flows from operating activities		
Loss for the period before taxes	-4,516	-3,180
Depreciation and amortization of intangible assets and property, plant and equipment	36	25
Other non-cash expenses and income	56	163
Change in trade receivables, inventories and other assets	422	323
Change in trade payables and other liabilities	-402	504
Interest expenses/interest income	0	-1
Income tax payments	0	-7
Cash used in operating activities	**-4,404**	**-2,173**
Cash flows from investing activities		
Cash payments to acquire property, plant and equipment	-14	-4
Cash payments to acquire intangible assets	-58	-2
Cash used in investing activities	**-72**	**-6**
Cash flows from financing activities		
Cash proceeds from issuing shares	0	-673
Cash used in financing activities	**0**	**-673**
Effect of exchange rate changes on cash	**0**	**1**
Total changes in cash and cash equivalents	**-4,476**	**-2,851**
Cash and cash equivalents at the beginning of the period	**24,592**	**13,563**
Cash and cash equivalents at the end of the period	**20,116**	**10,712**

STATEMENT OF CHANGES IN EQUITY (IFRS)

EUR'000 except share data	**Issued Capital**		**Capital Reserves**	**Accumulated Deficit**	**Shareholder`s Equity**
	Number of ordinary shares	Share Capital			
As of 31 December 2014 (audited)	**16,973,626**	**16,974**	**80,559**	**-84,235**	**13,298**
Capital increase in exchange for cash contributions			-673		**-673**
Value of services rendered by employees (according to IFRS 2)			164		**164**
Loss for the period				-3,180	**-3,180**
As of 31 March 2015 (unaudited)	**16,973,626**	**16,974**	**80,050**	**-87,415**	**9,609**
As of 31 December 2015 (audited)	**22,631,501**	**22,632**	**101,642**	**-104,771**	**19,503**
Value of services rendered by employees (according to IFRS 2)			56		**56**
Loss for the period				-4,516	**-4,516**
As of 31 March 2016 (unaudited)	**22,631,501**	**22,632**	**101,698**	**-109,287**	**15,043**

FINANCIAL CALENDAR 2016

May 12, 2016
Quarterly Statement
as of March 31, 2016

Most likely August 2016
Annual General Meeting

August 11, 2016
Half-Year Report
as of June 30, 2016

November 7, 2016
Quarterly Statement
as of September 30, 2016

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DISCLAIMER

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