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): October 3, 2023

Century Therapeutics, Inc.

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction of incorporation or organization) 001-40498

(Commission File Number)

84-2040295

(I.R.S. Employer Identification No.)

19104

(Zip Code)

3675 Market Street Philadelphia, Pennsylvania (Address of principal executive offices)

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

Not Applicable

(Former name or former address, if changed since last report)

Check th	he 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:

Name of Exchange on Which Registered Nasdaq Global Select Market Title of Each Class Trading Symbol Common Stock, par value \$0.0001 per share

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. \square

Item 8.01 Other Events

On October 3, 2023, 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

 No.
 Investor Presentation of Century Therapeutics, Inc., dated October 3, 2023

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 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: Name: Title:

/s/ Gregory Russotti, Ph.D. Gregory Russotti, Ph.D.. Interim President and Chief Executive Officer

Date: October 3, 2023



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 clinica on the maintenance on certain key collaborative relat manufacturing and development of our product cand scope and likelihood of regulatory filings and approva regulatory approval of our product candidates; the im pandemic, geopolitical issues and inflation on our bus operations, supply chain and labor force; the performa in connection with the development of our product ca third parties conducting our future clinical trials as we suppliers and manufacturers; our ability to successfull product candidates and develop sales and marketing product candidates are approved; and our ability to m successfully enforce adequate intellectual property pr other risks and uncertainties are described more fully section of our most recent filings with the Securities a Commission and available at www.sec.gov. You should forward-looking statements as predictions of future e and circumstances reflected in our forward-looking st be achieved or occur, and actual results could differ m projected in the forward-looking statements. Moreove dynamic industry and economy. New risk factors and emerge from time to time, and it is not possible for many predict all risk factors and uncertainties that we may f required by applicable law, we do not plan to publicly forward-looking statements contained herein, whether new information, future events, changed circumstanc

Investment Thesis



Next generation platforms for iNK and gamma delta iT candidates

Foundational investments in iPSC technology, genetic editing, and ma

Experienced team in R&D, immuno-oncology, manufacturing and commercialization

Exemplified by FDA clearance of Century's first IND for CNTY-101 & trial

Well capitalized with cash runway into 2026

\$301.0M in cash, cash equivalents and investments at the end of 2Q23; efficiencies designed to enable delivery on key milestones, clinical data



iPSC Platform

Building a next generation allogeneic cell therapy platform

iPSC Reprogramming



 Comprehensive collection of clinical grade lines (CD34+ HSC, αβ T cell, γδ T cell derived)

Gene Editing

- Proprietary gene editing platform
 - CRISPR MAD7-derived gene editir precise transgene integration

iPSC Differentiation/Manufacturing



 Scalable protocols and processes to produce highly functional iNK and iT cell products

Protein Engineering

- Developing proprietary next-generation
- · Universal tumor targeting platform

Vertically integrated capabilities differentiate Century's approach

Foundational investments in iPSC know-how and manufacturing





iPSC license and collaboration agreement established in 2018

- · Access to clinical grade iPSC lines
- Exclusive IP and know-how to generate immune effector cells using feeder-free methods (NK, T, Mac, DC)
- FCDI GMP manufacturing capacity for Century's product candidates
- Leveraging two decades of research & investment at University of Wisconsin and FCDI

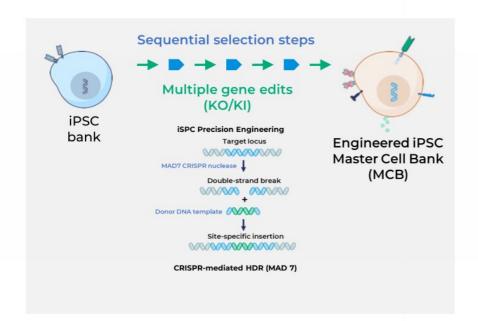


Established in-house manufacturing accelerates learnings and enables fast product iteration

- 53,000 ft² facility
- Designed to produce multiple immune cell
- Two sites provides optionality and maximize flexibility



Precision CRISPR MAD7 mediated sequential gene editing of il generates uniform product candidates



Advantages of Century's Platfo

Precise CRISPR mediated homology d repair reduces off-target integration

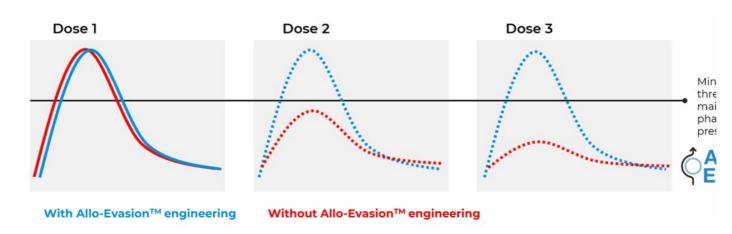
Stepwise and efficient gene editing **av**im**ultiplex modification** and structural

Quality control through generation of homogenous MCB establishes genomi **integrity**

Manufacturing begins at the MCB, con be **free from genetic aberrations**

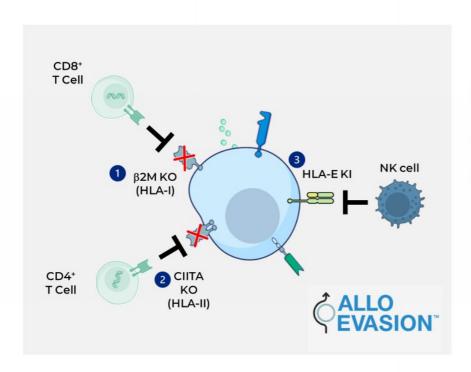
Potential to drive durable responses with engineering to resist rejection

Allo-Evasion™ edits + repeat dosing = potential greater durabilit



Next-wave of allogeneic cell therapies must solve for challenge of rejecti

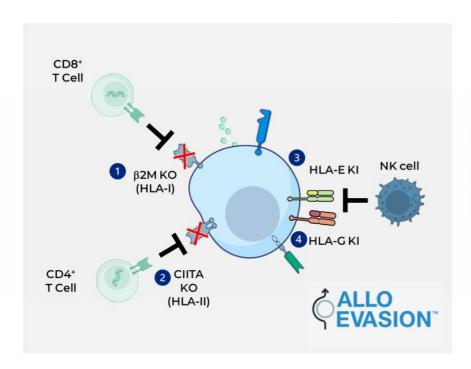
Allo-Evasion™ 1.0 designed to overcome 3 major pathways of h graft rejection



3 core edits disarm host cells freeliminating therapy

- Deletion of β2M, a protein required to HLA-1 on the cell surface prevents recc CD8 T cells
- 2. Knock out of CIITA eliminates HLA-II execape elimination by CD4 T cells
- 3. Knock-in of HLA-E prevents killing by I

Allo-Evasion™ 3.0 Provides Additional Protection Against NK C

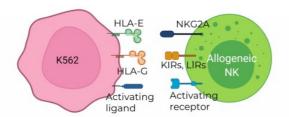


4 core edits disarm host cells fr eliminating therapy

- Deletion of β2M, a protein required to HLA-1 on the cell surface prevents reco CD8 T cells
- 2. Knock out of CIITA eliminates HLA-II execape elimination by CD4 T cells
- 3. Knock-in of HLA-E prevents killing by I
- 4. Knock-in of HLA-G improves protectio killing by NK cells

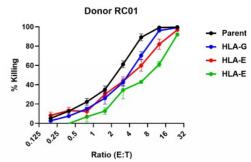
Expression of HLA-E + HLA-G further protects from NK cell killi

Proof-of-Concept Study with HLA-I Null K562 Cells Engineered with HLA-E and HLA-G

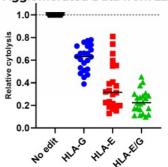


- HLA-E and HLA-G engage different receptors on NK cells including NKG2A, KIRs, and LIRs
- The expression of NKG2A, KIRs, and LIRs varies among NK cells from different donors

The Combination of HLA-E + HLA-G Im Protection to Killing by Allogeneic NI



Agglomerated Data from 22 NK Cell Donc





Pipeline

PipelineProduct candidate pipeline across cell platforms and targets in solid and hematologic cancers

Product	iPSC Platform	Targets	Indications	Discovery	Preclinical		Clinical	
						PΙ	P2	P3
CNTY-101	ink	CD19	B-Cell Malignancies					
CNTY-102	iΤ	CD19 + CD22	B-Cell Malignancies					
CNTY-107	iΤ	Nectin-4	Solid Tumors					
Programs in Collaboration								
CNTY-104	ink/iT	Multi-specific	Acute Myeloid Leukemia					
CNTY-106	ink/iT	Multi-specific	Multiple Myeloma					
Research Programs								
Discovery	iNK/iT	TBD	Hematological / Solid Tumors					
Solid Tumors Hematologic Tumors								

Promise of allogeneic cell therapies in lymphoma



Large unmet need remains despite progress with autologous cell therapies

- ~25% of eligible patients receive CAR-T therapy¹
- ~35% of patients achieve longterm remission even in earlier lines of therapy¹



Off-the-shelf modalities approaching bar set by autologous but falling short on durability

- Rejection limits potential of durable responses for first wave of allogeneic cell products
- Bispecifics lack curative potential of cell therapy

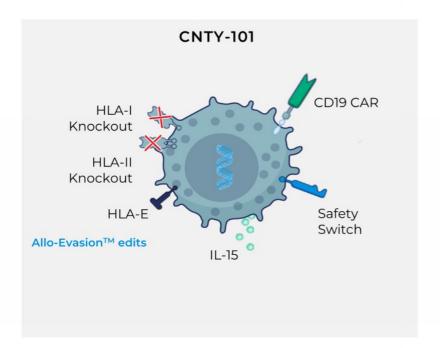


Goal to deliver more response rates vs a

- Century candidate realize benefit of renabled by Allo-En
- Shift from "one ar repeat dosing to i pharmacological

1. Targeted Oncology, Many Challenges, Opportunities for CAR T-Cell Therapies in Lymphoma, Sept 2022

CNTY-101: Differentiated next-gen CD19 targeted product



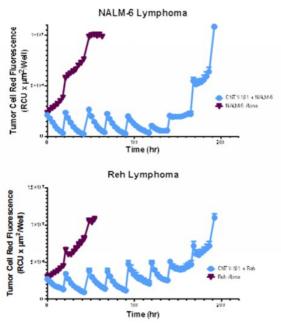
Delivering on our vision to chang therapy treatment paradigm

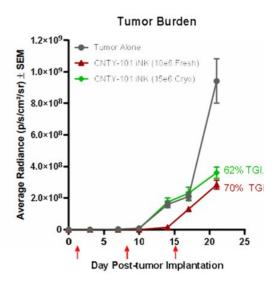
- Goal to improve durability, toler and ease of outpatient adminis
- Potential to eliminate need for lymphodepletion with subsequ of therapy
- First CD19-targeted agent to test durability benefit of repeat dosi enabled by Allo-Evasion™ edits

CNTY-101 shows strong pre-clinical anti-tumor activity

In Vitro Serial killing assay

Robust activity against lymphoma xer





Borges, et al, ASH 2021

ELiPSE-1: Ongoing first-in-Human Study CNTY-101 in patients w patients with relapsed/refractory CD19+ B-cell lymphomas

Schedule A: Single ascending dose study (3+3 escalation design)

Schedule B: Accessing I doses per cycle

DL1 DL2 DL3	Day 1
100M 300M 1Bn	***
le of single dose allowed for patients who demonstrate benef	

Study to assess:

Impact of Allo-Evasion™ on iNK cell persistence and PK after multiple dosing (Schedule B)

Multiple dose regimen with up to 6 doses with single lymphodepletion conditioning

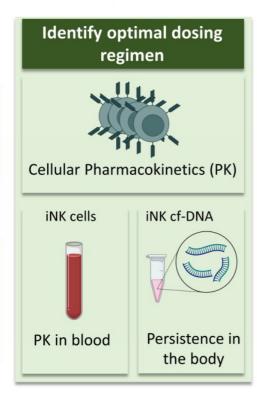
Potential to increase durability of responses with Allo-Evasion™ enabled repeat dosing regimen

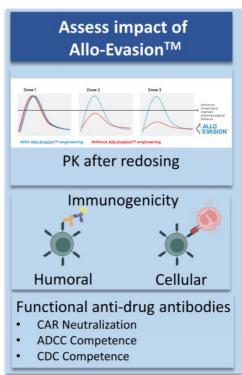
Initial clinical data including PK, PD and safety data from Schedule A expected by
 Clinical data providing initial proof-of-concept expected in 2024

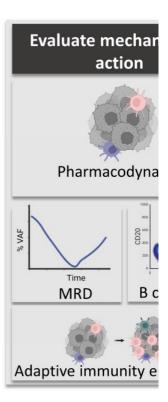
Elipse-1 Translational Approach

Readouts

Key Methods

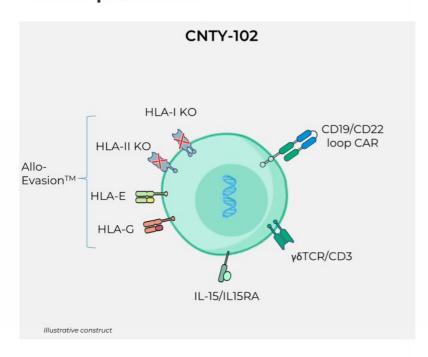






MRD= minimum residual disease; CDC=complement-dependent cytotoxicity; ADCC= antibody-dependent cellular cytotoxicity; CAR=chimeric antigen receptor; cf-DNA=cell free deoxyribonucleic acid

CNTY-102: Leveraging the $\gamma\delta$ iT platform designed to deliver beclass potential



Designed to address factors that durability of cell therapy in B-cell malignancies

- γδ iT cells demonstrate high pro persistence, trafficking leading to potentially sustained anti-tumo
- Dual targeting designed to coulantigen escape relapse a major factor for durability of CD19 CAF therapies
- Armed with Allo-Evasion[™] edits repeat dosing to potentially deli durable responses

Vision for winning in solid tumors with $\gamma\delta$ iT platform

Challenges

Century's Solution

Trafficking and infiltration

 $\gamma\delta$ iT cells - tissue homing

Tumor heterogeneity

Engage endogenous immunity

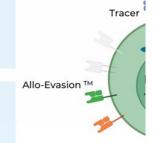
Multi tumor targeting pathways

Requirement for chemotherapy conditioning

Novel conditioning regimens

· Genetic engineering

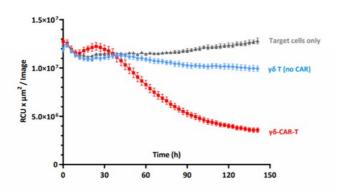
Future engineering strategies



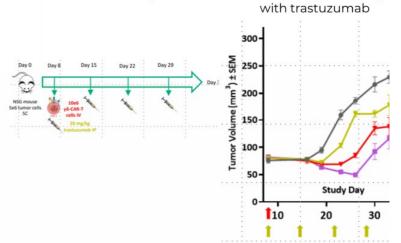
TME / Immunosuppressive environment

iPSC-derived $\gamma\delta$ T cells effective at tumor control as monothera combination with antibody

γδ-EGFR-CAR-T cells demonstrate significant CAR killing of ovarian spheroids



γδCAR-T demonstrate additive efficacy i

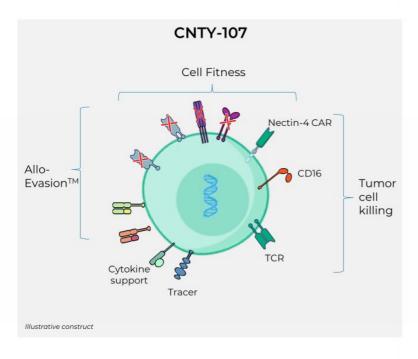


Treatment	% TGI	Significance
trastuzumab	0	P=0.9980
γδ-CAR-T	18	P=0.7073
γδ-CAR-T + trastuzumab	42	P=0.0358

TGI = Tumor Growth Inhibition

Millar, et al, SITC 2022

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



Leveraging the power of the $\gamma\delta$ iT cell pl solid tumors

Nectin-4 has been validated by ADC app

- Opportunity to address multiple Nectir solid tumors
 - Potential indications include blad pancreatic, non-small cell lung ca esophageal/gastric, head and nec ovarian cancers¹

GD iT allogeneic therapies provide poter improve upon ADC toxicity profile and e

- Intrinsic homing of GD iT cells to tissue malignancies
- Multi-tumor killing modalities to tackle heterogeneity

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

Investment Thesis



Next generation platforms for iNK and gamma delta iT candidates

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Well capitalized with cash runway into 2026

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Emerging leader in cell therapies for cancer

Comprehensive iPSC cell platform

For immune effector

Technical Expertise

Genetic and protein engineering, process development and immuno-oncology

Foundation in Science

Continuing investment in innovation drives R&D

State-ofmanufact

Fully opera improve produ

Financial Strength

Cash runway into 2026, Ended 2Q23 with cash, cash equivalents, and investments of \$301M

Emerging pipeline of candidates

Product engine anticipated to deliver additional candidates and INDs in the coming years

BMS Discovery Collaboration

Initial focus on AML (CNTY-104) and Multiple Myeloma (CNTY-106) Employe experier and ent

