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UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

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**FORM 6-K**

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**Report of Foreign Private Issuer  
Pursuant to Rule 13a-16 or 15d-16 of  
the Securities Exchange Act of 1934**

For the month of January, 2016

Commission File Number: 001-36619

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**Affimed N.V.**

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**Im Neuenheimer Feld 582,  
69120 Heidelberg,  
Germany**  
(Address of principal executive offices)

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Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F.

Form 20-F

Form 40-F

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(1):

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7):

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**AFFIMED N.V.**

Beginning on January 9, 2016, representatives from Affimed N.V. ("Affimed") will be in San Francisco attending various conferences and meetings with investors and corporations.

The slide presentation to be presented by Affimed in connection with those meetings is attached as an exhibit to this Form 6-K and is incorporated by reference herein.

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## 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, thereunto duly authorized, in Heidelberg, Germany, January 8, 2016.

AFFIMED N.V.

By: /s/ Adi Hoess

Name: Adi Hoess

Title: Chief Executive Officer

By: /s/ Florian Fischer

Name: Florian Fischer

Title: Chief Financial Officer

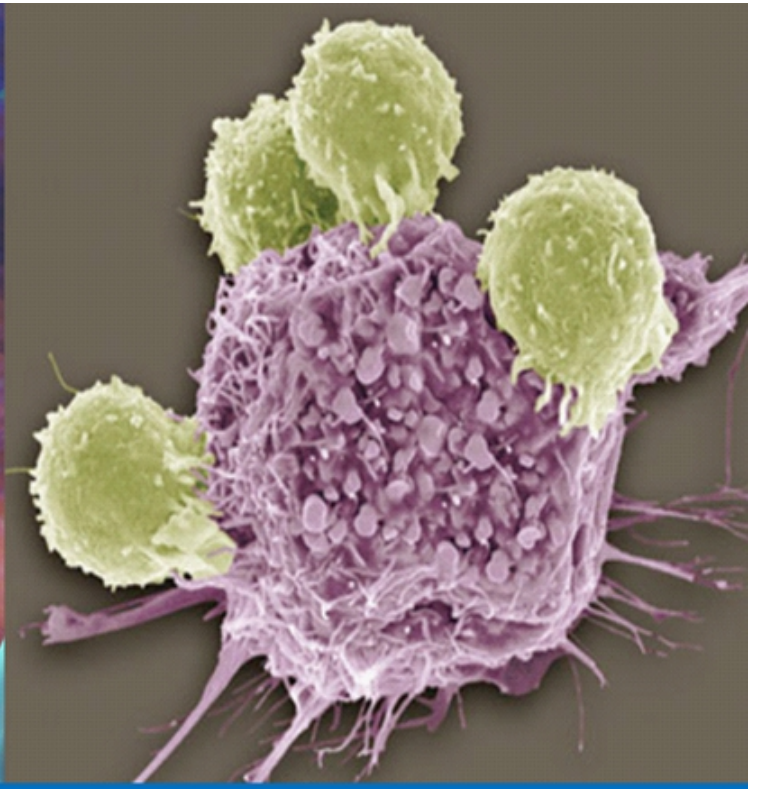
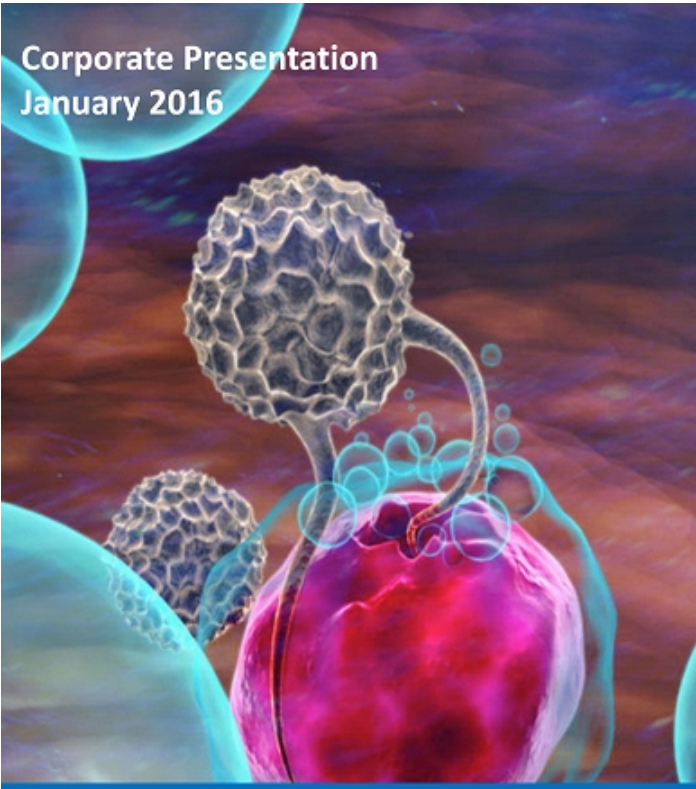
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## EXHIBIT INDEX

Exhibit	Description of Exhibit
1	Affimed N.V. January 2016 Corporate Presentation

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Corporate Presentation  
January 2016



**Transforming Immuno-Oncology  
Using Next-Generation Immune Cell Engagers**

## Forward-looking statements / safe harbor



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, 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 AFM13, AFM11 and AFM21, our intellectual property position, our collaboration activities, our ability to develop commercial functions, expectations regarding 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 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.

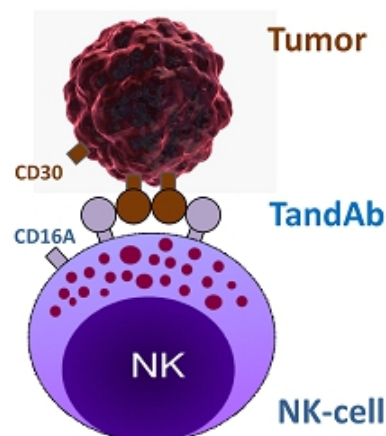
## Legacy of cutting-edge science, innovation, and entrepreneurship poised to meet need



- Nasdaq-listed company with headquarters in Heidelberg, Germany and offices in the U.S.
- Clinical and pre-clinical pipeline based on bi- and trispecific TandAb antibodies
- Eliminate tumor cells by recruiting NK-cells or T-cells
- Experienced management team with documented track record of success in development and commercialization of new medicines
- Partnerships with industry, academic, and advocacy groups



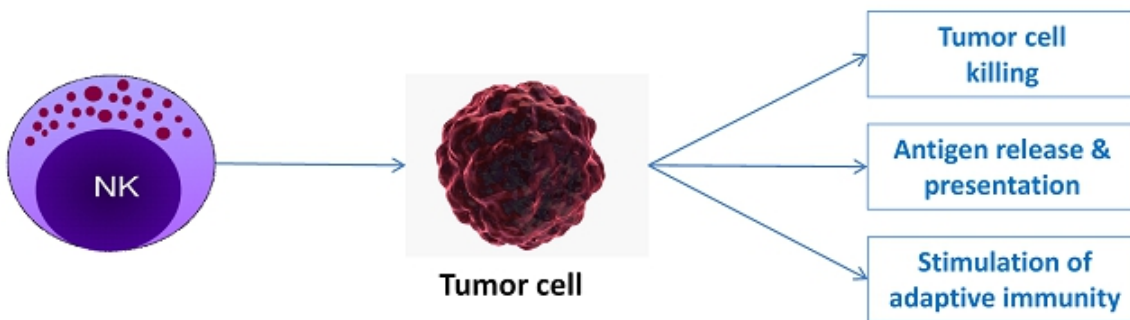
- **AFM13 (CD30/CD16A TandAb)**
  - Is the most advanced natural killer (NK-) cell-engaging antibody in clinical development
  - Attaches to both cells and thereby brings NK-cells (cytotoxic innate immune cells) into proximity with tumor cells leading to activation and killing of tumor cells
  - Demonstrated clinical and PD activity in heavily pretreated Hodgkin lymphoma patients
  - Favorable safety profile, therefore excellent partner for combination with wide range of other drugs
- Further NK-cell-engaging TandAbs planned to enter IND-enabling studies in 2016





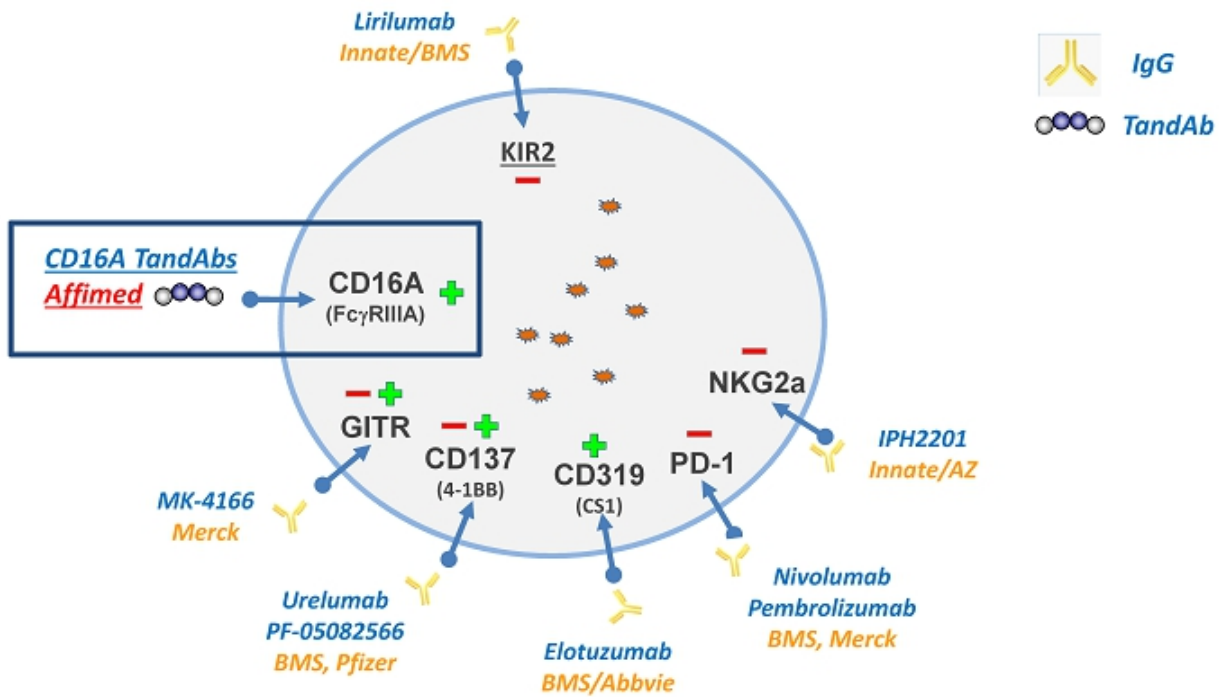
# NK-cells are potent killers of cancer cells and the gatekeeper of adaptive immunity

- NK-cells represent the most prevalent pathway by which tumors evade the immune system
- NK-cells ignite the entire immune cascade, beginning with antigen presentation and leading to T-cell activation
- CD16A is the most potent known “on/off” switch on NK-cells



# NK-cell engagement and modulation

## Key modulators are identical to known T-cell CPIs

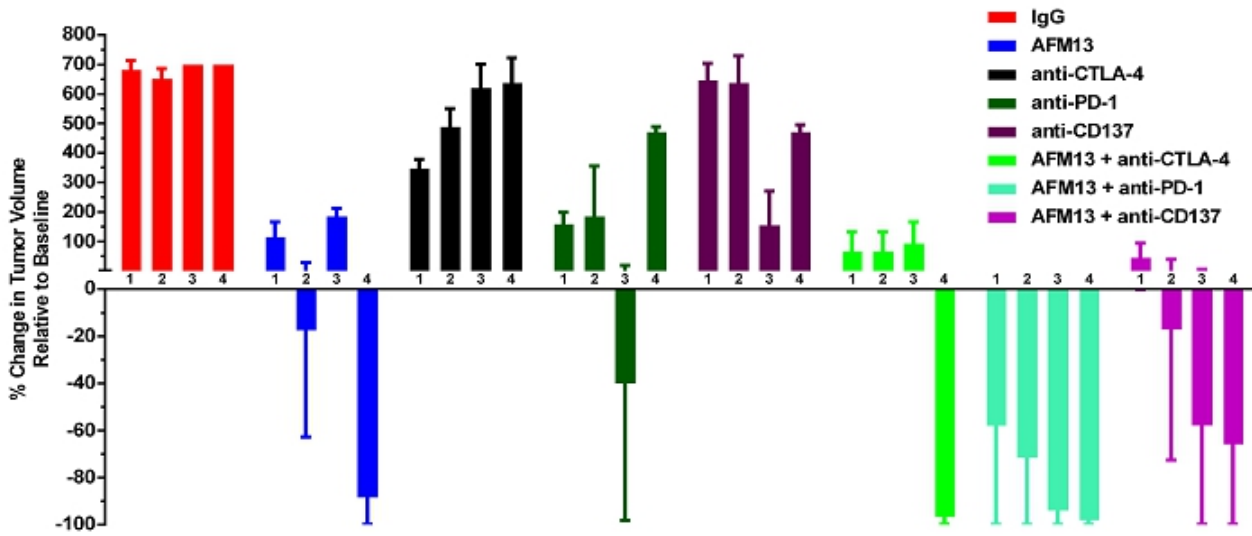


## AFM13: Proof-of-concept for the Natural Killer cell-based approach



- **AFM13**
  - TandAb antibody engages CD16A on NK-cells and CD30 on tumor cells
  - AFM13 redirects NK-cells which becomes cytotoxic only upon binding to the tumor
- **Phase 1 data**
  - AFM13 showed a very good safety profile in the Phase 1 trial and is therefore well suited for a combination with a wide range of other drugs
  - Tumor shrinkage in 8/13 (62%) and PRs in 3/13 (23%) patients treated with just 4 weekly doses of 1.5 mg/kg or greater
  - Effective even in patients refractory to Adcetris given as most recent therapy
- **Combination opportunity**
  - Synergistic with check-point inhibitors (PDX models)
  - Increased NK-cell and T-cell infiltration in tumor microenvironment (PDX models)

# AFM13: Significant synergy of AFM13 in combination with PD-1 inhibitor



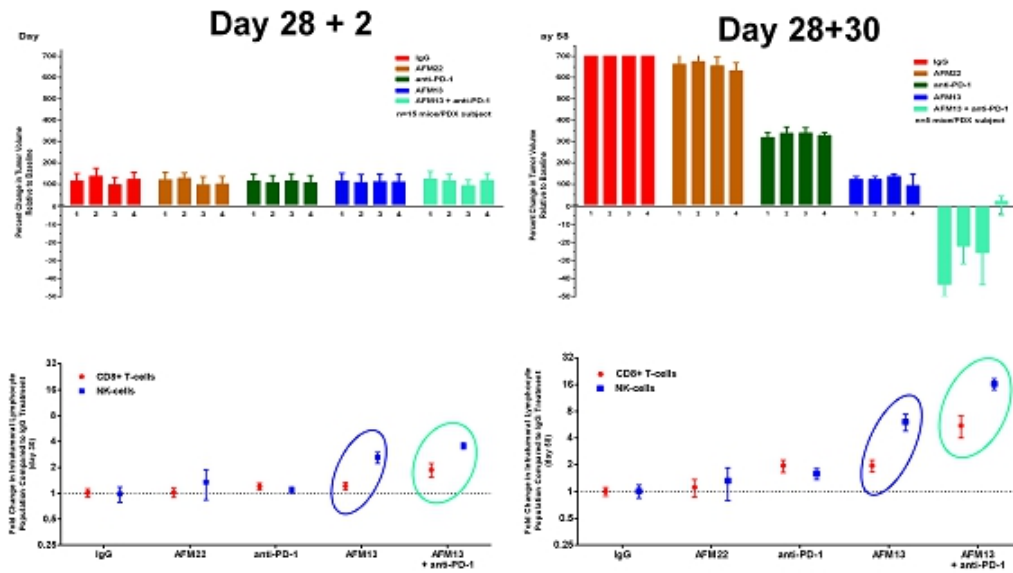
- Tumor sections (8x8 mm) were derived from surgical specimens of a newly diagnosed CD30+ Hodgkin lymphoma patients; Tumor sections (8x8 mm) were xenografted and mice were randomized into 8 groups on day 28.
- Autologous PBMCs were infused on day 28 (2x10<sup>6</sup> PBMCs/mouse) i.p.
- Therapy with AFM13 and CPI began on day 28 and continued weekly for a total of three i.p. injections.
- Tumor size was compared between groups on day 58.

# AFM13 (CD30/CD16A)

## Cross-talk between innate and adaptive immunity



- Additional *in vivo* models performed extended previous data
- Strong evidence for cross-talk between innate and adaptive immunity



## AFM13 and NK-cell TandAb platform

### Transforming approach to treat cancer

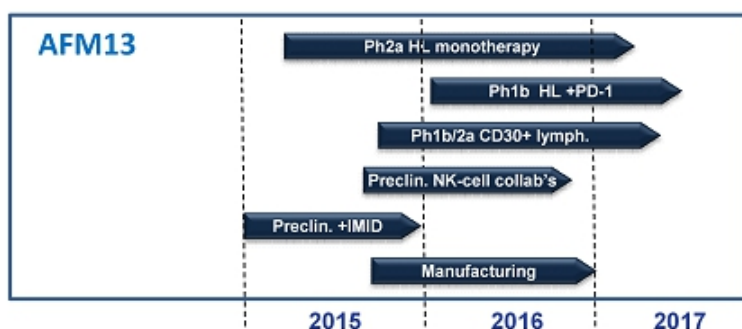


- **The only CD16A-targeting bispecific in clinical development**
  - Distinguishes between NK-cells and neutrophils
  - Redirects NK-cells to the tumor
  - Patent protected until 2026
- **The only tetravalent bispecific molecule in clinical development**
  - Avidity effect with 10-100x stronger binding than monovalent
- **The only NK-cell platform currently for commercially viable bispecifics**
  - Single gene construct
  - Homogeneity greater than 97%, critically important for commercial material
  - Half-life enables convenient dosing

## AFM13: Dual opportunity Lymphoma drug / platform validation



- The only specific NK-cell engager in the clinic increasing tumor penetration
- Potential to restore the entire immune cascade for a more robust and lasting fight against cancer cells
- To date, the NK-cell approach has demonstrated impressive safety (no CRS) with no MTD reached in the AFM13 Phase 1 study
- Opportunity for mono- and combination therapies
- Multiple near-term milestones



# NK-cell pipeline

## Application to solid tumors



- **AFM22 targets EGFRvIII, which is a highly tumor-specific molecule**
  - EGFRvIII expression demonstrated in GBM, H&N, lung
  - Highly potent (*in vitro* cytotoxicity: 1-5pM) and well expressed
  - IND-enabling studies expected to start in 2016
  - Possible IND-filing in 2017
- **AFM24 targets validated tumor target**
  - Expression demonstrated in lung, colon, H&N
  - Highly potent (*in vitro* cytotoxicity: 1-5pM) and well expressed
  - IND-enabling studies expected to start in 2016
  - Possible IND-filing in 2017






- **T-cells are highly potent to eliminate tumor cells**
  - Efficacy demonstrated in blood cancers – first T-cell engager approved in the US
  - Further data is highly promising though early stage
  - Safety issues to be carefully managed, bispecific T-cell approach in ALL showed that interruption of dosing was an effective way of resolving critical issues
  - Convenience and COGs remain key issues
- **Conventional antibodies cannot overcome the tumor's escape mechanism via T-cell engagement because T-cells lack Fcγ receptors**
- **Hence, other options are required**
  - Bispecific antibodies
  - Chimeric antigen receptor modified T-cells (CAR-T)
  - Other cell-based platforms

# AFM11: Advantages of T-cell TandAbs



- Robust manufacturing with low COGs and filled in a vial (“off-the-shelf” CAR-T)
- Avidity effect (~100-fold higher affinity to CD3 vs Blincyto)
- Cytotoxicity maintained at low effector-to-target ratio
- Prolonged half-life allows regular i.v. infusion



	Blincyto	AFM11
MW	~55 kDa	~104 kDa
Binding sites	1 for each, CD3 & CD19	2 for each, CD3 & CD19
Affinity to CD3 <sup>+</sup> cells	100 nM	1 nM

- Blincyto is first T-cell engager approved by the FDA for treatment of ALL

## AFM11: Most advanced T-cell engager in the clinic next to Blincyto with well differentiated TPP



- Phase 1 dose escalation in NHL/ALL patients initiated with intensive dosing regimen
- Phase 1 protocol was amended changing the regimen to a less frequent dosing
- In addition, NHL and ALL indications were split into separate studies
- AFM11 is well differentiated from competition
  - Potency, convenience
- Strong market potential in large indications such as NHL and ALL

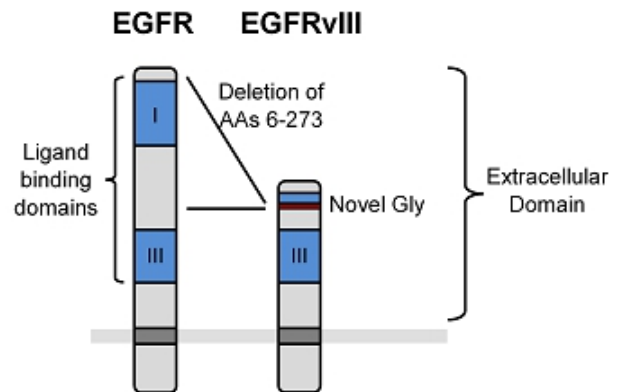


# AFM21

## An EGFRvIII targeting T-cell engager



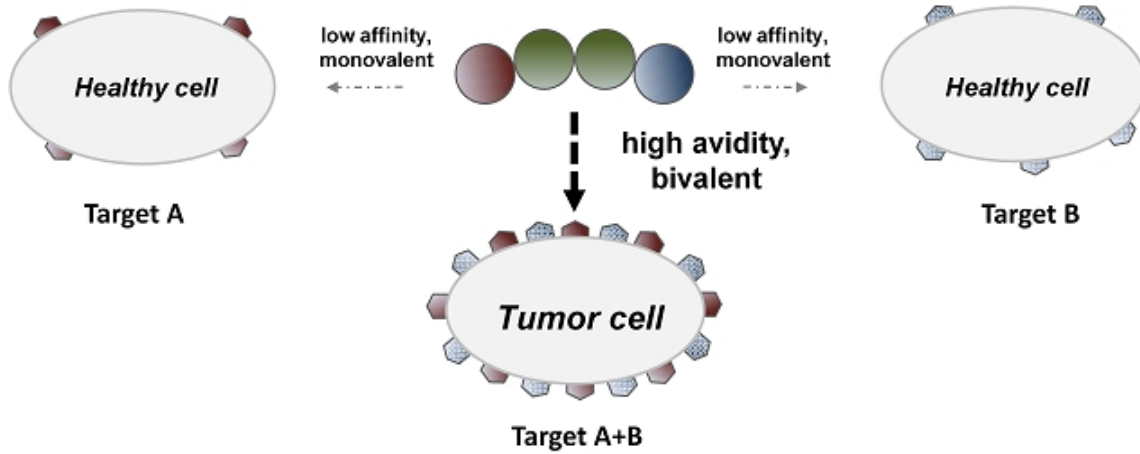
- AFM21 targets EGFRvIII, which is a highly tumor-specific molecule
- EGFRvIII expression demonstrated in GBM, H&N, lung
- AFM21 is truly specific for the EGFRvIII deletion mutation
- Highly potent (*in vitro* cytotoxicity: 1-5pM) and well expressed
- IND filing of AFM21 possible for H2/2017



# Trispecific Abs

## Multiple novel opportunities

- **Binding to three different targets enables**
  - **Combination of tumor targeting, checkpoint modulation and immune cell engagement**
  - **Dual targeting of tumor cells (with targets co-expressed only on tumor cell) with recruitment of T- or NK-cells**



# Trispecific Abs

## TriFlex – design, yield and homogeneity

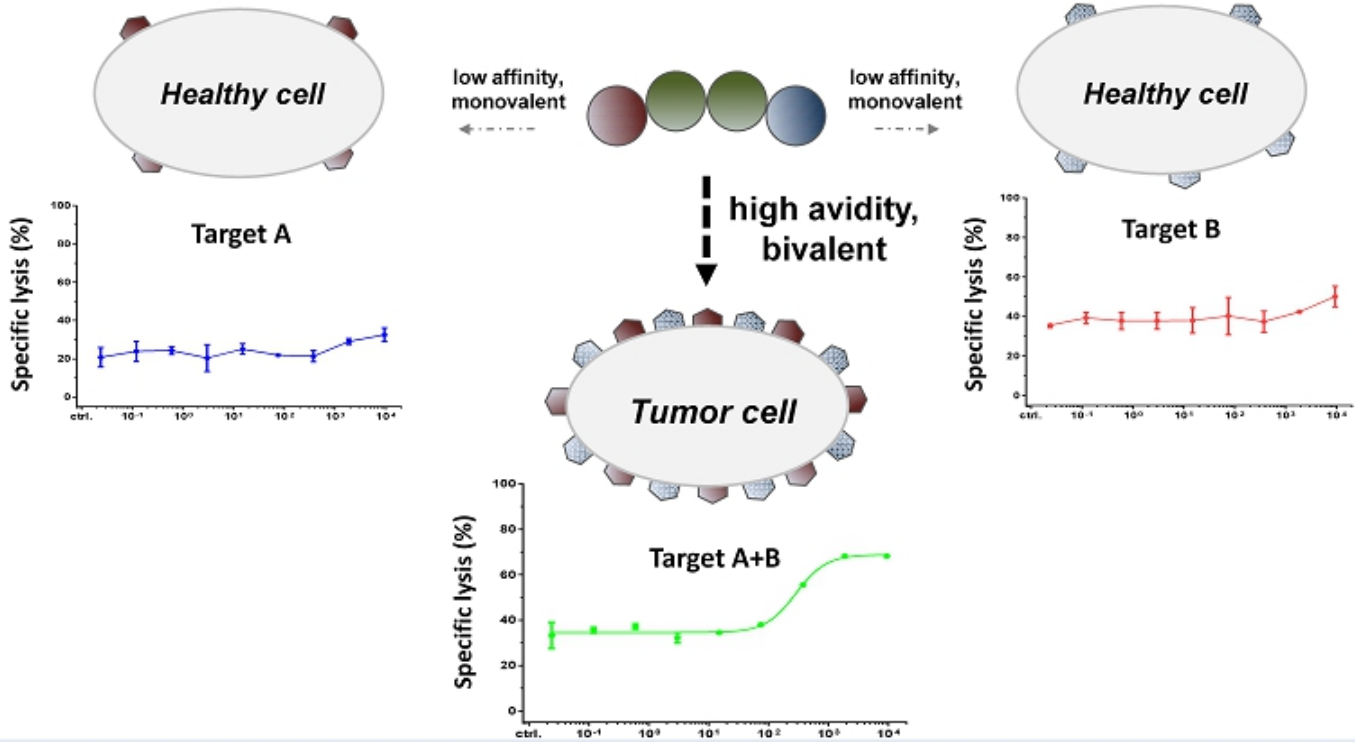


- **TriFlex design is based on TandAb related bispecific format, called Flexibody**
  - Two gene heterodimeric protein constructs
  - Novel IP filed in 2015



- **Purified TriFlex protein**
  - Homogeneous protein with similar good yield as for TandAbs
  - High thermal, freeze/thaw and acid stability
  - Excellent cytotoxicity

# Dual targeting with Trispecific Abs Proof-Of-Concept





- Rapid identification of preclinical CD33/CD3 candidate (<18 months) for therapy of AML
- T564 is stable, highly expressed, and displays significant *in vitro* and *in vivo* cytotoxicity
- Corroborative evidence of direct correlation between binding affinity and potency (3 posters presented at ASCO 2015)



**someday is today**

- Major financial contribution for NK-cell TandAb AFM13



# Current pipeline and programs

## Global rights retained with 5 candidates

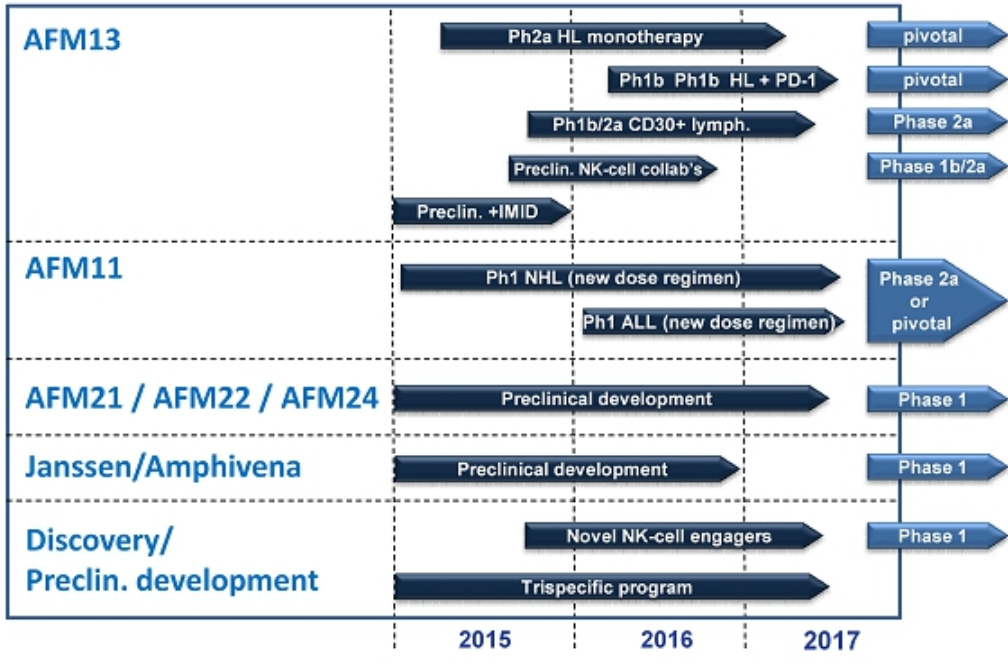


Compound	Disease Target	Immune Cell Target	Indication	Discovery	Preclinical	Phase 1	Phase 2	Phase 3	
AFM13	CD30	CD16A / NK-cell	Hodgkin Lymphoma						
			CD30+ Lymphoma						
			Hodgkin Lymphoma Combination with PD-1						
			Hodgkin Lymphoma Combination with Lenalidomide						
AFM11	CD19	CD3 / T-cell	Non-Hodgkin Lymphoma						
			Acute Lymphocytic Leukemia						
AFM21	EGFRvIII	CD3 / T-cell	Solid Tumors						
AFM22	EGFRvIII	CD16A / NK-cell	Solid Tumors						
AFM24	undisclosed	CD16A / NK-cell	Solid Tumors						
TandAb	CD33	CD3 / T-cell	Acute Myeloid Leukemia						
Trispecific Abs	undisclosed	undisclosed	Multiple Myeloma						

Worldwide rights with Affimed

Partnered program

# Anticipated news flow



## Q3/2015 Cash flow statement



in thousands of €	For the nine months ended September 30, 2015
Cash and Cash equivalents at the beginning of the period	39,725
FX related changes to Cash and Cash equivalents	1,006
Net cash used in operating activities	(14,526)
Cash Flow from investing activities	(214)
Cash Flow from financing activities	34,434
Cash and Cash equivalents as of September 30, 2015	60,425

- **In October 2015 an additional \$21.8 million (€19.1 million) were raised in a private placement**
- **Cash reach is projected into Q1/2018**

- **Leverage first product AFM13 to establish a market in key indication**
  - Salvage settings enable fast development path and cost-efficient M&S structure
  - Investigation of AFM13 both as monotherapy and in combination with PD-1 reduces development risk and guides the application of NK-cell platform to solid tumors
- **Use pipeline and technologies to create value through both next-generation products and deal opportunities**
  - Develop AFM11 through Phase 2 POC studies
  - Advance EGFRvIII TandAb (AFM21 or AFM22) and further CD16A/NK-cell TandAb in solid tumors such as GBM, lung, head and neck, colon
  - Develop TandAb and Trispecific Ab in multiple myeloma

