7.1 INCLUSION CRITERIA

I 01. The patient has 1 of the following relapsed or refractory lymphoma or leukemia subtypes:

A) Mantle cell lymphoma (MCL): Patients must have diagnosis confirmed by histology and with cyclin D1 overexpression and/or evidence of translocation (11:14) (q13;q32) according to the WHO criteria (2001) and for which they have received at least 2 but no more than 4 prior antineoplastic regimens,

B) Follicular lymphoma (FL): Patients must have a current diagnosis of Grade 1, Grade 2, or Grade 3a according to the WHO criteria (2001) with no clinical suspicion of transformation to an aggressive subtype and for which they have received at least 2 but no more than 6 prior antineoplastic regimens. Patients with Grade 1 or Grade 2 FL must have documented disease status within 12 months before first dose of IMP by 1 of following assessments: fine needle aspirate, excisional or core biopsy, bone marrow aspirate or biopsy, or flow cytometry of peripheral blood or bone marrow

C) Chronic lymphocytic leukemia (CLL)/ Small lymphocytic lymphoma (SLL):
   a) Patients must have confirmed diagnosis, demonstration of clonality of the lymphocytes by flow cytometry, and no clinical suspicion of transformation to an aggressive subtype with documented disease status within 12 months before first dose of IMP by 1 of the following assessments: fine needle aspirate, excisional or core biopsy, bone marrow aspirate or biopsy, or flow cytometry of peripheral blood or bone marrow, and
   b) Patients must either have symptomatic modified Rai Stage III-IV disease, or earlier stage disease with evidence of "active" disease as defined by meeting at least 1 of the criteria listed below at the time of study entry (based on the International Workshop on CLL recommendations) and for which they have received at least 2 but no more than 6 prior antineoplastic regimens.
   - Symptomatic and/or clinically significant evidence of progressive marrow failure as manifested by the development of, or worsening of, anemia and/or thrombocytopenia
   - Progressive, symptomatic or massive splenomegaly or lymph adenopathy. Massive is defined as ≥6 cm below left costal margin for splenomegaly and ≥10 cm in longest diameter for lymphadenopathy
   - Progressive lymphocytosis with an increase of absolute lymphocyte count >50% over a 2 month period or lymphocyte doubling time (LDT) of less than 6 months. Lymphocyte doubling time can be obtained by linear regression extrapolation of absolute lymphocyte counts obtained at intervals of 2 weeks over 2 to 3 months

D) Diffuse Large B Cell Lymphoma (DLBCL): Patients must have a diagnosis of either relapsed/refractory de novo DLBCL or relapsed/refractory transformed DLBCL from a prior indolent B cell lymphoma confirmed by histology.
   a) Patients must have relapsed or been refractory to at least one prior systemic therapy that included an anthracycline (unless contraindicated) and rituximab. (There is no limit of the prior number of therapies.)
   b) Patients must have
      - relapsed after autologous stem cell transplantation (ASCT), or
      - have been ineligible for ASCT in the opinion of the investigator,
      - or refused ASCT.
   c) Patients who have relapsed following allogeneic transplantation are only eligible if:
      - the transplant occurred > 6 months prior to C1D1, and
      - there is no evidence of acute Graft versus Host Disease (GVHD), and there is no
requirement for systemic therapy for chronic GVHD.
NOTE: When determining the number of prior regimens, consolidation strategies (eg, autologous BMT) or maintenance therapy with agents such as rituximab are not considered separate antineoplastic regimen. If a patient is retreated with the same anti-neoplastic agent(s) after having been discontinued from therapy because of clinical benefit (ie, not a drug holiday or a rest period), this is considered a separate regimen.
NOTE: Fine needle biopsy is not sufficient for an original diagnosis of lymphoma.
I 02. Patients with MCL, FL or DLBCL must have at least 1 evaluable target lesion. Patients with CLL/SLL may or may not have evaluable target lesions. An evaluable target lesion is defined as a lymph node measuring ≥1.5 cm in the longest transverse diameter and clearly measurable in at least 2 perpendicular dimensions, by CT (or magnetic resonance imaging [MRI] if CT scan cannot be performed) or contrast enhance positron emission tomography (PET)/CT, that has not been previously irradiated or has increased in size following irradiation.
I 03. The patient is ≥18 years old.
I 04. Patients with MCL, FL or CLL/SLL have an Eastern Cooperative Oncology Group (ECOG) Performance Status ≤2. Patients with DLBCL have an Eastern Cooperative Oncology Group (ECOG) Performance Status of 0 or 1.
I 05. The patient has organ and marrow function as follows:
- Absolute neutrophil count (ANC) ≥1000/mm³. Patients with CLL/SLL have ANC ≥500/mm³
- Platelets ≥30 000/mm³ with no active bleeding
- Hemoglobin ≥8 g/dL
- Patients with confirmed bone marrow involvement not meeting these criteria may be enrolled at the discretion of the investigator after discussion with the Sponsor
- Calculated creatinine clearance ≥40 mL/min using the Cockcroft-Gault formula
- Alanine aminotransferase (ALT) and aspartate aminotransferase (AST) ≤1.5 × ULN
- Bilirubin ≤1.5 × ULN
- Fasting plasma glucose <160 mg/dL
- Prothrombin time (PT)/International Normalized Ratio (INR) and partial thromboplastin time (aPTT) test results at screening that are ≤1.5 × ULN
I 06. The patient has had no evidence of other malignancy or treatment for another malignancy <2 years prior to the start of IMP.
NOTE: Non melanoma skin cancer, in situ carcinoma of the cervix, Stage I or Stage II solid tumor malignancy for which the patient has been treated with potentially curable therapy and has no evidence of recurrence or no current requirement for anticancer therapy diagnosed at any time are I 07. For MCL, FL and DLBCL patients, at least 150 microns of tissue from the diagnosis of MCL, FL, DLBCL or a tissue block of the patient’s cancer should be identified, in the possession of the participating site/institution, and designated for shipment to the Sponsor and/or designee. Patients for whom archival tissue is not available or for whom fewer than 150 microns of tissue section are available may undergo a new core biopsy procedure if their cancer tissue is amenable to biopsy. This fresh biopsy material will be designated for
shipment to the Sponsor and/or designee. Eligibility of patients with <150 microns of tissue and who are not amenable to biopsy must be discussed with Sponsor.

I 08. For CLL/SLL patients, at a minimum, peripheral blood buffy coat sample is required. Investigators should make every reasonable effort to obtain 150 microns of tissue obtained by archival tissue obtained by an excisional or core biopsy of lymph node or a bone marrow aspirate/biopsy.

I 09. The patient is capable of understanding and complying with the protocol requirements and has signed the informed consent document.

I 10. All sexually active patients (men and women) must agree to use medically-accepted barrier methods of contraception (ie, male condom or female condom) during the course of the study and for 3 months after the last dose of IMP. For all patients of reproductive potential (men and women), a barrier method and a second method of contraception must be used.

I 11. Women of childbearing potential must have a negative pregnancy test at screening. Women of childbearing potential include any woman who has experienced menarche and who has not undergone successful surgical sterilization (hysterectomy, bilateral tubal ligation, or bilateral oophorectomy) or is not postmenopausal. Postmenopause is defined as:
- Amenorrhea ≥12 consecutive months without another cause (eg, chemotherapy, ovarian suppression), or
- For women with irregular menstrual periods and on hormone replacement therapy, a documented serum follicle stimulating hormone (FSH) level >35 mIU/mL.

### 7.2 EXCLUSION CRITERIA

E 01. Treatment with cytotoxic chemotherapy (including investigational cytotoxic agents) or biologic agents (antibodies including maintenance rituximab, immune modulators, and cytokines) within 4 weeks, or nitrosoureas or mitomycin C within 6 weeks, before the first dose of SAR245409.

E 02. Treatment with a small-molecule kinase inhibitor (including investigational smallmolecule kinase inhibitors) within 2 weeks, or 5 half-lives of the drug or active metabolites, before the first dose of SAR245409, whichever is longer E 03. Prior treatment with an inhibitor of PI3K, mTOR, or Akt. Prior treatment with temsirolimus is allowed for patients with MCL enrolled in countries where it is approved by the governing regulatory agencies for the treatment of this indication.

E 04. Radiation therapy within 2 weeks before the first dose of SAR245409

E 05. Autologous stem cell transplantation within 16 weeks before first dose of SAR245409

E 06. Prior allogeneic transplant except for patients with R/R DLBCL who meet inclusion criteria.

E 07. The patient required systemic treatment with prednisone >20 mg/day or equivalent within 2 weeks before Cycle 1, Day 1 of SAR245409. Oral prednisone ≤10 mg daily and inhalation maintenance steroids are permitted but may not be dose escalated.

E 08. Any other investigational therapy within 4 weeks before the first dose of SAR245409

E 09. The patient has not recovered from AEs related to prior therapy to Grade ≤1 (excluding Grade 2 alopecia, paresthesia, and neuropathy). Patients with other Grade 2 toxicities from prior therapy deemed irreversible may be eligible if agreed to by Sponsor. (Note: this does not apply to specific Grade 2 and higher laboratory values listed in inclusion criteria I 05).
10. The patient has autoimmune disease including autoimmune hemolytic anemia or immune thrombocytopenia requiring immunosuppressive therapy

11. Conditions or situations:

a) Evidence of active infection requiring hospitalization or parenteral antiinfective therapy within 2 weeks before Cycle 1, Day 1 of SAR245409.

b) Had a major surgical procedure (requiring general anesthesia) within 28 days prior to baseline.

c) Active CNS or leptomeningeal involvement as assessed by medical history and physical examination (patients with MCL, FL or CLL/SLL). Patients with DLBCL may have active CNS or leptomeningeal involvement.

d) Positive serologies for Hepatitis B surface antigen (HBsAg) or Hepatitis C antibody (anti-HCV)

e) Known hereditary or acquired immunodeficiency syndrome or human immunodeficiency virus (HIV)

f) Any gastrointestinal malabsorptive condition that, in the opinion of the Investigator, would interfere with intestinal absorption of SAR245409

g) Any condition requiring treatment with proton pump inhibitors or Type 2 histamine antagonists

h) Corrected QT interval (QTc) >470 msec at baseline and screening

i) Psychiatric illness/social situation(s) that would limit compliance with study requirements

j) Class 3 or Class 4 New York Heart Association congestive heart failure, acute coronary syndrome, myocardial infarction, or cerebrovascular accident within 6 months prior to Cycle 1, Day 1

k) Cardiac arrhythmias >Grade 1 using the current National Cancer Institute (NCI) Common Terminology Criteria for Adverse Events (CTCAE) criteria. Patients with Grade 2 chronic atrial fibrillation without rapid ventricular response who have been stable on medications may be enrolled.

12. Unable or unwilling to abide by the study protocol or cooperate fully with the Investigator or designee

13. Primary CNS lymphoma

14. Primary mediastinal B-cell lymphoma