

HARNESSING B-CELLS FOR CANCER IMMUNOTHERAPY

Leslie Chong

Managing Director & Chief Executive Officer July 2018 General Meeting



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A TEAM WITH TRACK RECORD IN DRUG DEVELOPMENT



Leslie Chong (Sydney, Australia)
Managing Director & Chief Executive Officer

- Over 20 years of oncology experience in Phase I III of clinical program development
- Leadership role involvement in two marketed oncology products
- Previously Senior Clinical Program Lead at Genentech, Inc., in San Francisco



Prof Ursula Wiedermann (Vienna, Austria) Chief Scientific Officer

- Co-inventor of HER-Vaxx
- Professor of Vaccinology at Medical University of Vienna



Dr Axel Hoos (Philadelphia, U.S.A.)

- **Non-Executive Director**
- Senior Vice President and Head of Oncology at GSK
- Former Medical Lead for Yervoy, the first survival improving medicine in Immuno-Oncology
- Chairman of the BoD of the Sabin Vaccine Institute
- Co-Chair of the Cancer Immunotherapy Consortium Think-Tank



Mr. Charles Walker (Brisbane, Australia)
Non-Executive Director

- Experienced listed biotech CEO and CFO (ASX;ACL)
- Experienced in financial markets including executing 55 international tech corporate transactions
- Clinical experience includes managing pipeline of drugs in all stages form discovery, through to Phase III to launched products



Paul Hopper (Sydney, Australia)

Executive Chairman

- International & ASX biotech capital markets experience particularly in immuno-oncology & vaccines
- Former Chairman of Viralytics, Founder & Director of Prescient, Founder of Imugene & Polynoma LLC, former Director pSivida, Somnomed & Fibrocell Science



Dr Nick Ede (Melbourne, Australia)

Chief Technology Officer

- Over 25 years peptide vaccine and drug development
- Former CEO Adistem, CEO Mimotopes
- VP Chemistry Chiron (now Novartis), Research Fellow CRC Vaccine Technology



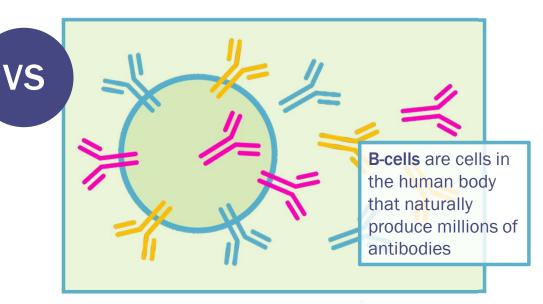
A BETTER WAY TO MAKE ANTIBODIES TO TREAT CANCER?

In a facility:



For example, Merck's Keytruda

Using B-cells in your body



Teaching B-cells to make antibodies using peptide antigens



STRATEGIC ACQUISITION

Ohio State University and Mayo Clinic B-cell peptide vaccine portfolio

- Opportunity to create the dominant position globally in B-cell peptide vaccines and therapeutics.
- Professor Kaumaya's work in the area of check-point inhibitors and tumor-associated antigens such as Her-2, is highly complementary to Imugene's existing platform and portfolio.
 - Six patent families including composition of matter and method of use patents covering PD-1, Her-1, Her-2, Her-3, VEGF, IGF-1R, CD28 peptide vaccines and therapeutics.
 - Commercially attractive upfront payment; royalty rate in low single digit royalty on sales; exclusive, world-wide and sub-licensable until expiry of the last patent.
- Broadens and accelerates key Imugene Research and Clinical programs
 - PD-1 and HER2 + PD-1 combination programs accelerate by 24+ months



OSU / Mayo Clinic

WORLDWIDE, EXCLUSIVE LICENSE



Six patent families, 22 patents

UNIVERSITY

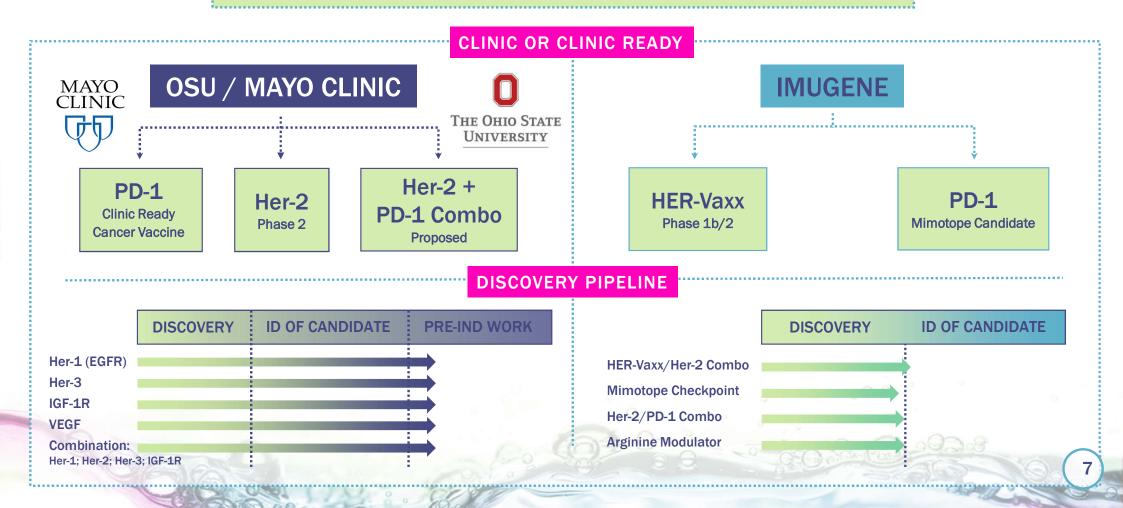
IND ready PD-1 clinical trial (Phase 1) Ongoing Her-2 clinical trial (Phase 2) Six additional clinical candidates Her-1, Her-2, Her-3, VEGF, IGF-1R CD28 Three year
R&D contract
with access to
Ohio
translational labs

Access to experience and expertise with Prof. Pravin Kaumaya and team



EXPANDED IMUGENE B-CELL VACCINE PIPELINE

Strengthens and broadens Imugene's B-cell vaccine pipeline





WHY SELECT AND TARGET PD-1 FOR B-CELL VACCINATION?

Monoclonal antibody immunotherapies
Keytruda® (Merck) and
Opdivo® (BMS) targeting PD-1 sold
USD\$3.8B and \$4.9B,
respectively, in 2017.

In industry-recognized mouse cancer models (colon cancer), the PD-1 targeting B-cell vaccine is more superior than the gold standard mouse PD-1 monoclonal antibody (used in preclinical model testing for Keytruda and Opdivo).

Whilst acknowledging the rapid rise in clinical trials involving PD-1 and their combination with other treatments*, a PD-1 B-cell vaccination approach represents a paradigm shift in cancer immunotherapy.

* Tang etal. Comprehensive analysis of the clinical immunooncology landscape, Annals of Oncology, 2017

The combination of the PD-1 vaccine with the acquired Phase II Her-2 vaccine significantly inhibits tumor growth c/w mAb control in a Her-2+ model of colon cancer.



Strengthens and broadens our B-cell cancer vaccine pipeline

Acquisition of clinic ready B-cell technology with full spectrum of indications and targets to choose from to include check point inhibitors and combination therapies

Clinical programs broaden to include US and EU centres

Expanded Imugene platforms and technologies fully patented

ACQUISITION SUMMARY

- Funding: Capital raise to fund expanded clinical programs through key clinical data readouts and value inflection points
- Management team that has delivered on all critical milestones over the last three years and created value-inflections through strategic M&A activity
- Unique opportunity to secure the dominant position globally in the R&D of B-cell peptide vaccines and complementary check-point inhibitor programs
- Synergistic technology acquisition from Ohio State University and The Mayo Clinic: expanded clinical stage pipeline (Tumour Associated Antigens) and PD-1/PD-L1 B-cell vaccines
- Leading clinical stage B-cell cancer vaccine company with multiple clinical candidates
 - Phase Ib/II HER-Vaxx combination with SOC chemo in gastric cancer
 - Phase II Her-2 vaccine monotherapy in multiple solid tumours
 - Phase I adaptive study ready PD-1 B-cell vaccine





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