IMUGENE

Developing Cancer Immunotherapies

ASX: IMU

# Developing Cancer Immunotherapies

AGM November 2022

# DISCLAIMER

IMUGENE
Developing Cancer Immunotherapies

1. The information in this presentation does not constitute personal investment advice. The presentation is not intended to be comprehensive or provide all information required by investors to make an informed decision on any investment in Imugene Limited (Company). In preparing this presentation, the Company did not take into account the investment objectives, financial situation and particular needs of any particular investor.

2. Further advice should be obtained from a professional investment adviser before taking any action on any information dealt with in the presentation. Those acting upon any information without advice do so entirely at their own risk.

3. Whilst this presentation is based on information from sources which are considered reliable, no representation or warranty, express or implied, is made or given by or on behalf of the Company, any of its directors, or any other person about the accuracy, completeness or fairness of the information or opinions contained in this presentation. No responsibility or liability is accepted by any of them for that information or those opinions or for any errors, omissions, misstatements (negligent or otherwise) or for any communication written or otherwise, contained or referred to in this presentation.

4. Neither the Company nor any of its directors, officers, employees, advisers, associated persons or subsidiaries are liable for any direct, indirect or consequential loss or damage suffered by any person as a result of relying upon any statement in this presentation or any document supplied with this presentation, or by any future communications in connection with those documents and all of those losses and damages are expressly disclaimed.

5. Any opinions expressed reflect the Company's position at the date of this presentation and are subject to change

6. International offer restrictions - This document does not constitute an offer to sell, or a solicitation of an offer to buy, securities in the United States or any other jurisdiction in which it would be unlawful. In particular, the New Shares have not been, and will not be, registered under the US Securities Act of 1933 and may not be offered or sold in the United States except in transactions exempt from, or not subject to, the registration requirements of the US Securities Act and applicable US state securities laws. The distribution of this presentation in jurisdictions outside Australia may be restricted by law and any such restrictions should be observed.

# 2022 IMUGENE SUMMARY

**January 2022**

PD1-Vaxx IMPRINTER Phase 1a trial completed

**December 2021**

FDA IND approval for VAXINIA MAST & HER-Vaxx nextHERIZON studies

U.S. FOOD & DRUG ADMINISTRATION

**January 2022**

Clinical trial supply agreement with Roche for the IMPRINTER Study

Roche

**May 2022**

First patient dosed in VAXINIA MAST Phase 1 trial

**June 2022**

Positive overall survival results from HER-Vaxx HERIZON Phase 2 trial

**August 2022**

CHECKvacc Phase 1 trial reaches cohort 3

**September 2022**

Strategic partnership with Arovella for onCARlytic

arovella THERAPEUTICS

**September 2022**

Raises A$80m in institutional placement

**November 2022**

onCARlytics showcased in three posters at SITC annual meeting

sitc Society for Immunotherapy of Cancer

**December 2021**

CHECKvacc Phase 1 presenting at SABCS

SAN ANTONIO BREAST CANCER SYMPOSIUM

**December 2021**

HER-Vaxx Phase 2 HERIZON study oral presentation at ESMO Asia

SINGAPORE 2022 ESMO ASIA

**January 2023**

HER-Vaxx HERIZON and nextHERIZON at ASCO GI

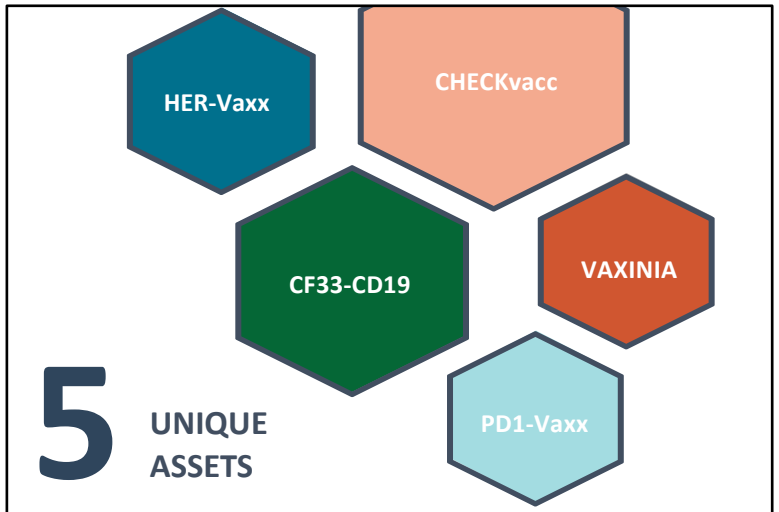
ASCO Gastrointestinal Cancers Symposium

# INVESTMENT HIGHLIGHTS

IMUGENE
Developing Cancer Immunotherapies

MARKET CAPITALISATION **16th Nov 2022** A$1.29B

CASH AS OF **30th Sep 2022** A$163.8M



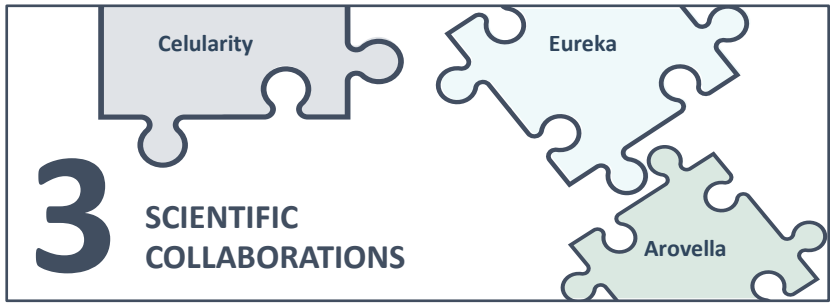

**5 UNIQUE ASSETS**

*Multiple potential platform targets

CF33-CD20 LAG3-Vaxx CTLA4-Vaxx
TIGIT-Vaxx PDL1-Vaxx TIM3-Vaxx

CF33 Oncolytic Virus | onCARlytics | B-Cell Immunotherapies

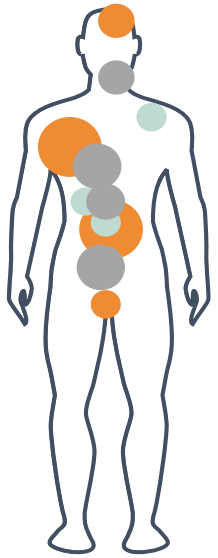
**3 PLATFORM TECHNOLOGIES**




**3 SCIENTIFIC COLLABORATIONS**

**DISEASE AREAS**

- Breast (TNBC)
- Lung (NSCLC)
- Gastric
- Gastroesophageal
- Colorectal (CRC)
- Melanoma
- Head and Neck
- Hepatocellular
- Pancreatic
- Glioblastoma (GBM)



**10 CLINICAL STUDIES**

HERIZON: Ph1b/2 First line Gastric Cancer
IMPRINTER: Ph1 NSCLC (FDA IND)
CHECKvacc COH IST: Ph1 TNBC (FDA IND)
neoHERIZON: Ph 2 Neoadjuvant Gastric Cancer
nextHERIZON: Ph2 Metastatic Gastric Cancer (FDA IND)
MAST: Ph1 Solid Tumours (FDA IND)
DOMINICA: Ph1 TNBC (FDA IND)
onCARlytics: Ph1 Solid Tumours (FDA IND)
neuHERIZON: Ph2 Biomarker Study
PD1-Vaxx IST: Ph1 CRC

**2 SUPPLY AGREEMENTS**

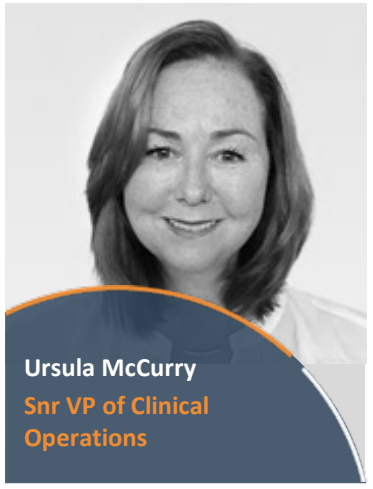
Merck KGaA/Pfizer | Roche

# IMUGENE'S MANAGEMENT TEAM

IMUGENE
Developing Cancer Immunotherapies

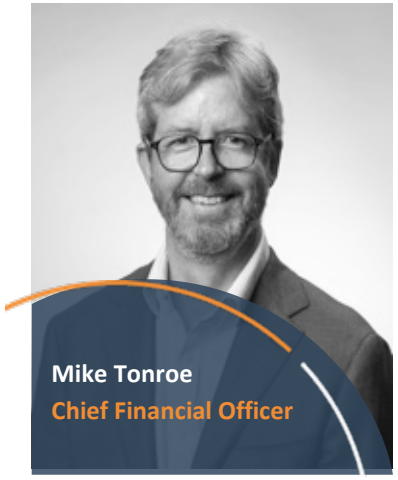
Experienced management team with significant clinical development expertise

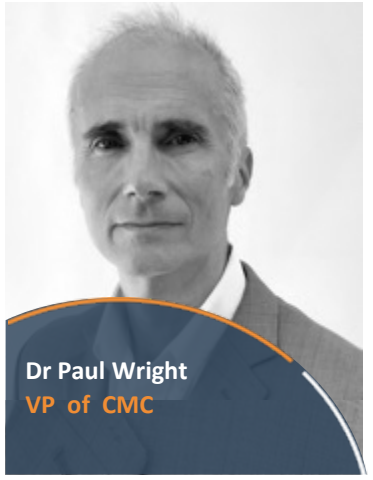







# HER-Vaxx 2022 YEAR IN REVIEW

B Cell Immunotherapy
IMUGENE

HERIZON:

- ✓ Phase 2 Final OS Readout with positive overall survival
- ✓ Poster at ESMO World GI
- ✓ Oral presentation at ESMO ASIA
- ✓ Oral presentation at ASCO GI 2023

nextHERIZON:

- ✓ FDA IND approval
- ✓ First Patient Dosed
- ✓ Abstract accepted to ASCO GI

neoHERIZON

- ✓ Clinical supply agreement with Merck KGaA and Pfizer

HER-Vaxx Immunotherapy Patents granted in:

- ✓ Europe
- ✓ China
- ✓ South Korea
- ✓ Japan

SINGAPORE 2022 ESMO ASIA

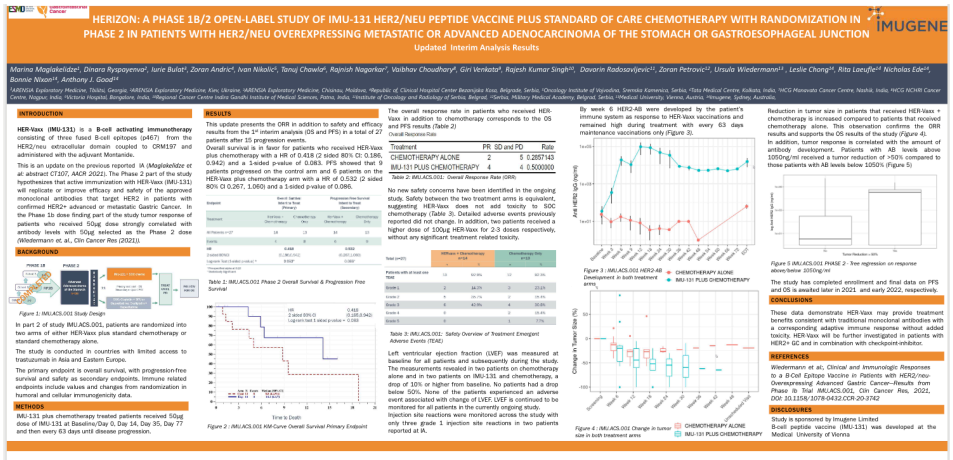
ASCO Gastrointestinal Cancers Symposium

FDA U.S. FOOD & DRUG ADMINISTRATION

KEYTRUDA® (pembrolizumab) Injection 100 mg

BAVENCIO® avelumab Injection 20 mg/mL

| ENDPOINT | OVERALL SURVIVAL Final OS Readout | |
|---|---|---|
| Treatment | HER-Vaxx + Chemo | Chemo Only |
| Sample Size | 19 | 17 |
| Events | 15 | 17 |
| Median OS (2-sided 80% CI) | 13.9 months (7.5, 14.3) | 8.3 months (6.0, 9.6) |
| Median Duration of Response | 30 weeks | 19 weeks |
| HR 2-sided 80%CI | 0.585 (0.368, 0.930) | |
| Log-rank Test (1-sided p-value)* | 0.066 + | |


HERIZON: A PHASE 1B/2 OPEN-LABEL STUDY OF IMU-131 HER2/NEU PEPTIDE VACCINE PLUS STANDARD OF CARE CHEMOTHERAPY WITH RANDOMIZATION IN PHASE 2 IN PATIENTS WITH HER2/NEU OVEREXPRESSING METASTATIC OR ADVANCED ADENOCARCINOMA OF THE STOMACH OR GASTROESOPHAGEAL JUNCTION

Updated Interim Analysis Results

IMUGENE

# PD1-Vaxx 2022 YEAR IN REVIEW

B Cell Immunotherapy
IMUGENE

IMPRINTER:

- ✓ Completed Phase 1a monotherapy dose escalation
- ✓ Clinical trial supply agreement with Roche to evaluate PD1-Vaxx in combination with Tecentriq®
- ✓ Abstract was published for ASCO 2022
- ✓ Poster presented at 2022 World Conference on Lung Cancer

TECENTRIQ®
atezolizumab 840 mg / 1200 mg INJECTION FOR IV USE

ASCO® AMERICAN SOCIETY OF CLINICAL ONCOLOGY


## Phase 1: IMU-201 (PD1-Vaxx), a B-Cell Immunotherapy as Monotherapy or in Combination with Atezolizumab, in Adults with Non-Small Cell Lung Cancer

IMUGENE Developing Cancer Immunotherapies

P1.15-08

G.E. Richardson[1], J.J. Park[2], M. Gutierrez[3], D.P. Carbone[4], P. Savvides[5], P. Kaumaya[6], T.S. Bekaii-Saab[7], T.G. Phan[2], L.M.O. Chong[8], N. Ede[8], B. Nixon[8], N.P. Withana[8], A.J. Good[8], M.J. Boyer[3]

[1]Gabriel Hospital Malvern, Malvern/AU. [2]Macquarie University, North Ryde/AU. [3]Hackensack University Medical Center, Hackensack/NJ/USA. [4]The James Comprehensive Cancer Center, Columbus/OH/USA. [5]Mayo Clinic Arizona, Phoenix/AZ/USA. [6]The Ohio State Wexner Medical Centre, Columbus/OH/USA. [7]Garvan Institute of Medical Research, Darlinghurst/AU. [8]Imugene Limited, Sydney/AU. [9]Chris O'Brien Lifehouse Hospital, Camperdown/AU

Correspondence: Prof. Michael Boyer <Michael.Boyer@ih.org.au>

### Introduction

Therapies with monoclonal antibodies targeting PD-1 and its ligands are associated with positive clinical outcomes and have revolutionized cancer treatment. However, patients treated with PD-1/PD-L1 blockade may develop a primary or secondary resistance to therapy (Sharma, 2017). Contrary to monoclonal antibodies, chimeric B-cell cancer vaccines have the advantage of producing polyclonal B-cell antibodies that can potentially induce memory B- and T-cell responses while reducing immune evasion and suppression. The hypothesis is that a polyclonal induced B cell antibody response will be more effective or as effective with improved safety over current monoclonal antibody therapy. IMU-201 (PD1-Vaxx) is being developed using an active immunization approach to treat cancers that over express PD-L1 by inducing the production of anti-PD-1 antibodies utilising a peptide epitope designed to stimulate polyclonal antibodies against PD-1 (Kaumaya, 2020). Here we present preliminary data from the ongoing Phase 1 study (NCT04432207).

### Study Design

The IMPRINTER (IMU-201.101) study is an ongoing open-label dose escalation study of IMU-201 as monotherapy (Phase I) or in combination with atezolizumab (Phase Ib) for patients with PD-L1 expressing non-small cell lung cancer (NSCLC). **Figure 1** shows the study design.

All patients enrolled in Phase 1 of the study must have previously received an immune checkpoint inhibitor (ICI) and experienced disease progression. Patients enrolled in Phase Ib of the study are either ICI naïve or have previously received an ICI containing regimen and progressed on or after this treatment. The primary objective is to evaluate the safety and tolerability of IMU-201 as monotherapy or in combination with atezolizumab and identify the optimal biological dose (OBD). The secondary objective is to evaluate the efficacy of IMU-201 as monotherapy or in combination with atezolizumab. The exploratory objective is to evaluate humoral and cellular immunogenicity data, including IMU-201 and PD-1 specific antibodies (IgG, IgM), vaccine-specific cytokine levels, and regulatory and effector T and B cells.

**Figure 1. Study Design**


### Method

In Phase I IMU-201 is administered by intramuscular (IM) injection on Days 1, 15, 29, 64, and every 63 days subsequently until end of treatment. Dose-limiting toxicity (DLT) assessment is completed after 29 days on treatment. Tumor evaluation is conducted every 42 days according to RECIST 1.1 until progression or discontinuation.

In Phase Ib IMU-201 is administered by intramuscular (IM) injection on Days 1, 15, 29, 57, and every 56 days subsequently until end of treatment. Atezolizumab 840mg is administered every 2 weeks starting at day 15 until end of treatment. Tumor evaluation is conducted every 42 days according to RECIST 1.1 until progression or discontinuation.

In this Phase 1/1b study key eligibility criteria include:

- Histologically confirmed NSCLC tumor stage IIIB (not eligible for definitive treatment) or IV. (3 major types of NSCLC are acceptable including squamous, adenocarcinoma, and large cell carcinoma)
- Age of at least 18 years
- Life expectancy of at least 12 weeks in the opinion of the investigator
- Zubrod/Eastern Cooperative Oncology Group (ECOG) score performance status 0–1
- Prior treatment criteria:
  - Phase 1: Progressed on prior PD-1 / PD-L1 containing regimen
  - Phase 1b: Treatment naïve or progressed on prior PD-1/ PD-L1 containing regimen
- PD-L1 expression criteria:
  - Phase 1: TPS/TC ≥ 50% or IC ≥ 10% (testing by 22C3, SP142, or SP263). Patients with PD-L1 TPS/TC < 50% or IC < 10% expression may be included with agreement of Sponsor
  - Phase 1b: IMU-201 + atezolizumab, TPS/TC ≥ 50% or IC ≥ 10% (testing by 22C3, SP142, or SP263)
- At least one measurable lesion as defined by Response Evaluation Criteria in Solid Tumors (RECIST) 1.1 criteria.

### Demography

Baseline characteristics of the patients in Phase 1 are summarised in **Table 1**.

**Table 1: Baseline Characteristics**

| | PD1-Vaxx 10 µg N=3 | PD1-Vaxx 50 µg N=8 | PD1-Vaxx 100 µg N=4 |
|---|---|---|---|
| **Median age, years (range)** | 70 (46–76) | 75 (71–89) | 73.5 (56–86) |
| Age ≥ 65 years, n (%) | 3 (75) | 4 (67) | 3 (75) |
| Sex, male, n (%) | 3 (75) | 5 (83) | 3 (75) |
| Sex, female, n (%) | 1 (25) | 1 (17) | 1 (25) |
| **Race, n (%)** | | | |
| Asian | 0 (0) | 0 (0) | 1 (25) |
| White | 4 (100) | 6 (100) | 3 (75) |
| **Prior ICI therapy** | | | |
| Atezolizumab | | | |
| Durvalumab | 1 | 1 | |
| Nivolumab | 1 | | 1 |
| Pembrolizumab | 1 | 4 | 3 |
| Tislelizumab | 1 | | |

### Safety Results

Safety data from patients in Phase 1 are shown in **Table 2** and **Table 3**.

**Table 2: Adverse Events ≥ Grade 3 Regardless of Attribution (n=14)**

| Adverse Event * | Grade 3 n (%) | Grade 4 n (%) | Grade 5 n (%) | Total n (%) |
|---|---|---|---|---|
| Acute kidney injury | 1 (7) | | | 1 (7) |
| Bile duct obstruction | 1 (7) | | | 1 (7) |
| Cerebrovascular accident | | 1 (7) | | 1 (7) |
| Immune-mediated pneumonitis | | | 1 (7) ** | 1 (7) |
| Non-cardiac chest pain | 1 (7) | | | 1 (7) |
| Pneumonia | 1 (7) | | | 1 (7) |

*Data cut-off (22Jul2022). Highest grade reported.
** Grade 5 event occurred after patients withdrawn from the study.

**Table 3: Adverse Events Assessed As Related to Study Drug In All Patients (n=14)**

| Adverse Event * | Grade 1 n (%) | Grade 2 n (%) | Grade 3 n (%) | Grade 4 n (%) | Grade 5 n (%) | Total n (%) |
|---|---|---|---|---|---|---|
| Cough | 1 (7) | | | | | 1 (7) |
| Decreased appetite | 1 (7) | | | | | 1 (7) |
| Diarrhoea | 1 (7) | | | | | 1 (7) |
| Dyspnoea | 1 (7) | | | | | 1 (7) |
| Fatigue | 1 (7) | 1 (7) | | | | 2 (14) |
| Immune-mediated pneumonitis | | 1 (7) | | | 1 (7) ** | 2 (14) |
| Injection site erythema | 2 (14) | | | | | 2 (14) |
| Injection site pain | 5 (36) | | | | | 5 (36) |
| Injection site tenderness | 3 (21) | | | | | 3 (21) |
| Muscle twitching | 1 (7) | | | | | 1 (7) |
| Myalgia upper extremities | 1 (7) | | | | | 1 (7) |
| Pruritus | 1 (7) | | | | | 1 (7) |
| Stomatitis | 1 (7) | | | | | 1 (7) |

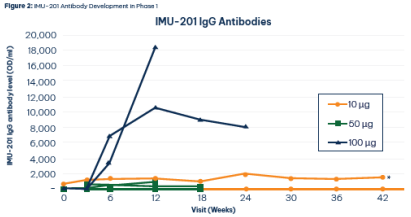
*Data cut-off (22Jul2022). Highest grade reported.
** Grade 5 event occurred after patients withdrawn from the study.

- No DLTs were observed
- Treatment was well tolerated with most adverse events reported as grade 1 and not requiring medical intervention
- Adverse events reported as related to study treatment were mainly injection site related and were low grade and manageable
- Two events of immune-mediated pneumonitis, one in the 50µg/dose cohort and one in the 100µg/dose cohort. Both patients were withdrawn from the study

### Biomarker Results

Phase 1 exploratory biomarker of IMU-201 antibody production is shown in **Figure 2**.

**Figure 2:** IMU-201 Antibody Development in Phase 1




- By week 6, antibodies to IMU-201 were generated and sustained at high titers during treatment with 100 µg PD1-Vaxx
- There was a dose dependent increase in antibody production in patients receiving the 100 µg dose
- *One patient in the 10 µg cohort exhibited anti-IMU 201 antibody at baseline, believed to be cross reactivity with the assay with prior nivolumab treatment

### Tumor Response Results

- Four patients were in the 10 µg/dose cohort, 6 patients in 50 µg/dose cohort, and 4 patients in the 100 µg/dose cohort
- In the 10 µg/dose cohort, one patient achieved a CR
- In the 50 µg/dose cohort, two patients achieved SD
- In the 100 µg/dose cohort, one patient achieved PR and two patients achieved SD
- Three patients remain on study

### Conclusion

**IMU-201 was generally safe and well tolerated. The potential for immune related adverse events requires evaluation of additional patients. IMU-201 monotherapy has shown an anti-tumor effect. Exploratory biomarker data indicates that IMU-201 is immunogenic and stimulates a sustained, antibody response. Taken together, these data support further evaluation of IMU-201 in NSCLC. Next steps are to evaluate immune mediated response to IMU-201 and to combine with the check point inhibitor, atezolizumab.**

### Reference

P. Sharma, et al., Primary, Adaptive, and Acquired Resistance to Cancer Immunotherapy. Cell. 2017 Feb 9;168(4):707–723.

P.T.P. Kaumaya, et al., Immunogenicity and antitumor efficacy of a novel human PD-1 B-cell vaccine (PD1-Vaxx) and combination immunotherapy with dual trastuzumab/pertuzumab-like HER-2 B-cell epitope vaccines (B-Vaxx) in a syngeneic mouse model. Oncoimmunology. 2020 Oct 19(1):1818437.

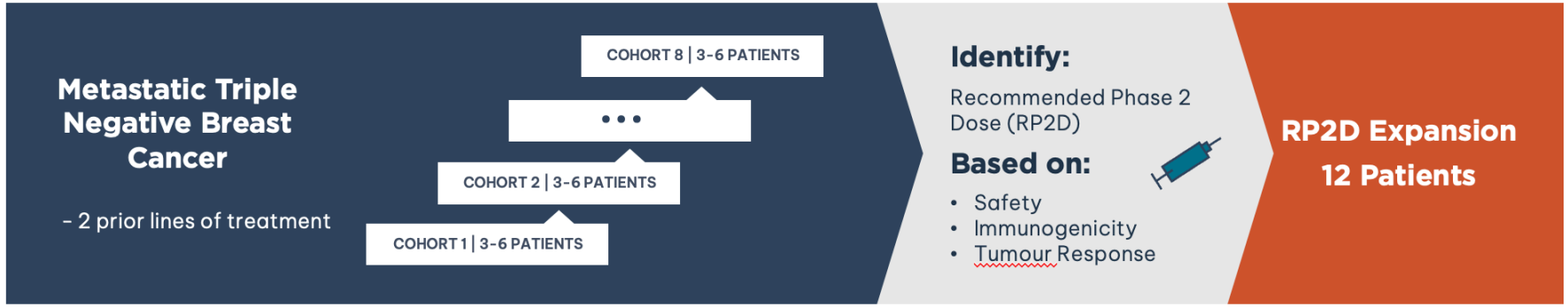
# CHECKvacc 2022 YEAR IN REVIEW

CF33 Oncolytic Virus
IMUGENE

- ✓ Phase 1, single centre, dose-escalation study in triple negative breast cancer at COH – FDA approval, first patient dosed, cohort 3 open
- ✓ Publication of abstract at American Society of Clinical Oncology Annual (ASCO) Annual Meeting
- ✓ Abstract accepted to San Antonio Breast Cancer Symposium (SABC)

ASCO AMERICAN SOCIETY OF CLINICAL ONCOLOGY

SAN ANTONIO BREAST CANCER SYMPOSIUM®




**First Patient Enrolled October 2021**

Disease of need
- 8-13 month survival for metastatic disease with few treatments

Potential target for immunotherapy
- Expresses PD1, PD-L1

Treatment responses to Atezolizumab (JAMA Oncology, 5:74, 2019)
- 1st line: 24%; 2nd line: 6%
- Approved by FDA 8 March 2019

Potential for registration in well-designed, randomised P2 study

| | |
|---|---|
| Indication | TNBC |
| FDA IND | CHECKvacc: CF33-hNIS-aPDL1 |
| N | 33-78 |
| Location | Single Center: COH |
| Admin Route | Intratumoral (IT) |

# VAXINIA 2022 YEAR IN REVIEW

CF33 Oncolytic Virus
IMUGENE

Phase 1 MAST Study:

- ✓ FDA IND Approval
- ✓ First Patient Dosed IT Cohort 1
- ✓ OGTR License Granted
- ✓ First Patient Dosed IV Cohort 1
- ✓ First Patient Dosed IT Cohort 2
- ✓ Partnership with ABL for manufacture of VAXINIA

CF33 Patent Granted:

- ✓ Japan

FDA U.S. FOOD & DRUG ADMINISTRATION

Dose Administration (Parallel Groups)

n=52-100

IT

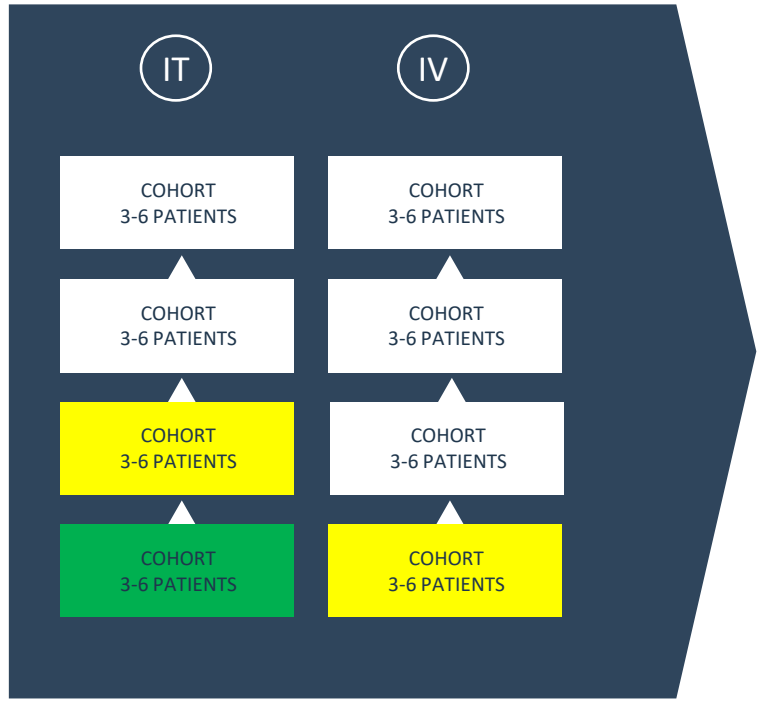
IT Administration Metastatic and Advanced Solid Tumours

IV

IV Administration Metastatic and Advanced Solid Tumors

**Site Location:** USA, AUS

VAXINIA Monotherapy Dose Escalation



# onCARlytics 2022 YEAR IN REVIEW

Showcased three abstracts at SITC :

- ✓ Combination immunotherapy using a novel chimeric oncolytic virus to redirect CD19 bispecific T cell engagers to target solid tumors
- ✓ CF33-CD19T oncolytic virus (onCARlytics) in combination with off-the-shelf allogenic CYCART-19 T-cells targeting de novo CD19T expressing tumors
- ✓ CF33-CD19t oncolytic virus (onCARlytics) targets hepatocellular carcinoma (HCC) and in combination with CD19-Redirected ARTEMIS® T cells results in significant tumor killing

New preclinical trial to be conducted with Arovella Therapeutics CAR19-iNKT cell therapy

# PROFESSOR YUMAN FONG

IMUGENE
Developing Cancer Immunotherapies

The Sangiacomo Family Chair in Surgical Oncology and chair of The City of Hope  Dept of Surgery is an internationally recognized expert in liver and pancreatic cancer. He has developed many new surgical techniques and instruments. He helped usher in robotic surgery for liver cancer. He has also led research efforts to use genetically modified viruses to destroy cancer cells.

Dr. Fong joined City of Hope in 2014 after more than three decades at Memorial Sloan-Kettering Cancer Center in New York City.

Dr. Fong has written and edited >1000 scholarly articles as well as 22 textbooks. He is the founding Editor-in-Chief of Molecular Therapy Oncolytics (Cell Press).

He is a fellow of the American Institute of Medical and Biologic Engineering, and the National Academy of Medicine.

Dr. Fong has had leadership roles in regulatory aspects of gene therapy, including serving as Chair or the Recombinant DNA Advisory Committee of the National Institutes of Health of the United States.

City of Hope, in Los Angeles, is a leading research and treatment center for cancer, diabetes and other life-threatening diseases. Founded in 1913, it is designated as a comprehensive cancer center, the highest recognition bestowed by the National Cancer Institute.  City of Hope is also a founding member of the National Comprehensive Cancer Network, with research and treatment protocols that advance care throughout the US.
City of Hope has been ranked as one of the nation's "Best Hospitals" in cancer by U.S. News & World Report for over 10 years.
City of Hope has GMP facilities that produces clinical trials materials for many academic centers and is the alpha clinic trials site for CIRM

City of Hope®

# DR SAUL PRICEMAN

IMUGENE
Developing Cancer Immunotherapies

Saul Priceman, Ph.D., is an assistant professor and associate director of Translational Sciences & Technologies in the T Cell Therapeutics Research Laboratories at City of Hope, as well as a trained tumor immunologist with expertise in T cell biology and cancer immunotherapy. He is developing chimeric antigen receptor (CAR)-based T cell immunotherapy primarily for solid cancers, with a strong focus on metastatic disease in breast, prostate and pancreatic cancer.

Dr. Priceman received his B.S. in microbiology at University of California Santa Barbara, and his Ph.D. in molecular and medical pharmacology at University of California Los Angeles.

Dr. Priceman is a principal investigator on a Prostate Cancer Foundation Young Investigator award, a co-principal investigator on a Prostate Cancer Foundation Challenge Award and a principal investigator on a National Comprehensive Cancer Network Young Investigator award, leading the development of HER2-specific CAR T therapy for metastatic breast cancers and working with his team optimizing new CAR T cell therapies for various other solid cancers.

Dr. Priceman is deeply committed to rapidly advancing potentially paradigm-shifting immunotherapy on behalf of patients with cancer, in part because of personal experiences with family and friends who have struggled with the disease. His overarching goal is to develop a range of effective immunotherapies for solid cancers, based on the powerful CAR T cell platform, with the knowledge that any single therapy will not likely provide durable responses in advanced disease.

City of Hope, in Los Angeles, is a leading research and treatment center for cancer, diabetes and other life-threatening diseases. Founded in 1913, it is designated as a comprehensive cancer center, the highest recognition bestowed by the National Cancer Institute.  City of Hope is also a founding member of the National Comprehensive Cancer Network, with research and treatment protocols that advance care throughout the US.
City of Hope has been ranked as one of the nation's "Best Hospitals" in cancer by U.S. News & World Report for over 10 years.
City of Hope has GMP facilities that produces clinical trials materials for many academic centers and is the alpha clinic trials site for CIRM

City of Hope®

# MILESTONES

IMUGENE
Developing Cancer Immunotherapies

| ✓ | TECHNOLOGY | MILESTONE |
|---|---|---|
| | onCARlytics | Phase 1 - 1st Patient Dosed |
| | HER-Vaxx | nextHERIZON Arm 2 Cleared |
| | CHECKvacc | Sponsored Study FDA IND |
| | VAXINIA | Combination – 1st Patient Dosed |
| | onCARlytics | FDA IND |
| | PD1-Vaxx | Combination - 1st Patient Dosed |
| | CHECKvacc | Cohort 3 Cleared |
| | VAXINIA | IV Cohort 1 Cleared & IT Cohort 2 Cleared |
| | CHECKvacc | Publication and Presentation (SABC) |
| | HER-Vaxx | Publication and Presentation (ESMO Asia & ASCO GI) |
| ✓ | onCARlytics | Publication and Presentation (SITC) |
| ✓ | onCARlytics | Strategic Partnership with Arovella on CAR19-iNKT |
| ✓ | VAXINIA | IV Arm - 1st Patient Dosed |
| ✓ | HER-Vaxx | nextHERIZON Phase 2 - 1st Patient Dosed |
| ✓ | HER-Vaxx | Phase 2 Final OS |
| ✓ | VAXINIA | IT Cohort 1 Cleared |
| ✓ | VAXINIA | IT Arm - 1st Patient Dosed |
| ✓ | CHECKvacc | Cohort 1 and 2 Cleared |

SAN ANTONIO BREAST CANCER SYMPOSIUM
SINGAPORE 2022 ESMO ASIA ASCO Gastrointestinal Cancers Symposium
sitc
arovella THERAPEUTICS

# FINANCIAL SUMMARY

IMUGENE
Developing Cancer Immunotherapies

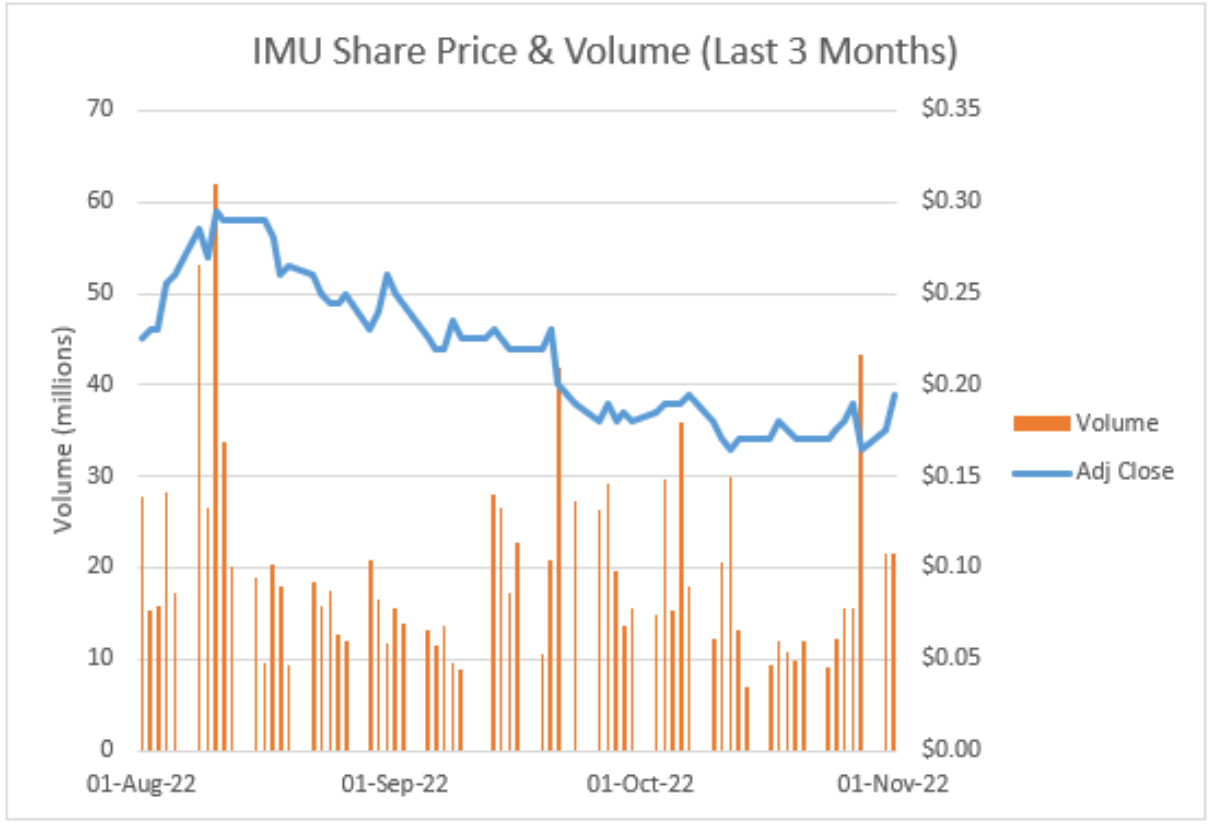
**PUBLIC MARKET OVERVIEW (16 Nov 22)**

| | |
|---|---|
| Share Price | A$0.205 |
| 52 week range | $0.13 - $0.625 |
| Market Capitalisation[1] | A$1.29B |
| Cash equivalents (30 Sep 22) | A$163.8M |
| Enterprise Value | A$1.07B |

TOP 5 SHAREHOLDERS (AS AT 11 NOVEMBER 2022)`

| | |
|---|---|
| JP Morgan Nominees Australia Pty Limited | 7.10% |
| HSBC Custody Nominees (Australia) Limited | 6.00% |
| Paul Hopper | 5.04% |
| Citicorp Nominees Pty Limited | 4.76% |
| Mann Family | 4.61% |

SHARE PRICE PERFORMANCE




**Note:**
1. Market capitalisation calculations based on ordinary shares (6.294 bn) only and excludes the dilutive impact of options outstanding (0.543 bn)

# Contact

info@imugene.com

www.imugene.com

IMUGENE

Developing Cancer Immunotherapies

ASX: IMU