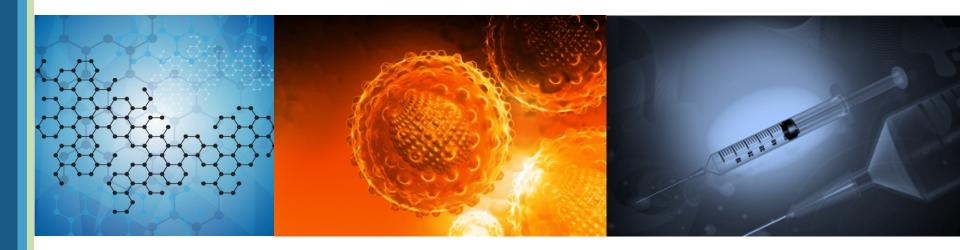
IMUGENE

ASX: IMU









Disclaimer

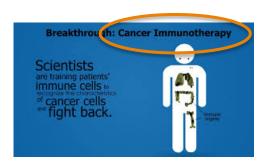
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Imugene is an immuno-oncology company developing B-cell based immunotherapies, known as HER-Vaxx, for HER-2 positive gastric and breast cancer, in the highest profile area of oncology today – immunotherapy.







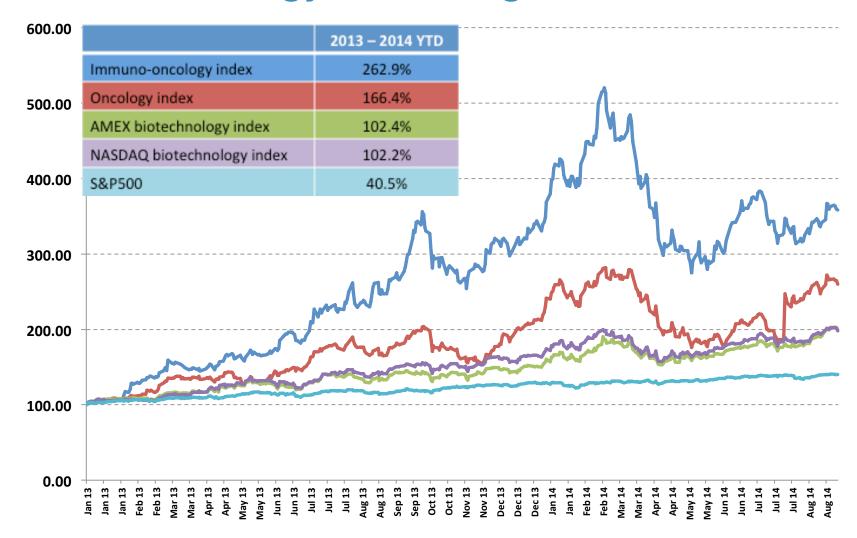


What is Immuno-oncology?

- 1 Immuno-oncology is an emerging therapeutic approach being studied for its potential in the fight against cancer
- Immuno-oncology focuses on understanding how cancer evades the immune system
- Immuno-oncology is different from other approaches for treating cancer because it uses the natural capability of the patient's own immune system to fight the cancer
- Imugene's technology is being developed to stimulate a patient's immune system to produce its own antibodies to a known and validated target for cancer the HER-2 receptor



Immuno-oncology: Gathering Momentum



Source: Oppenheimer & Co., FactSet and company websites **Notes:**

2. Oncology index excludes Immune Design, Kite Pharma, and Loxo Oncology as they have traded for less than 90 days

^{1.} Immuno-oncology index includes Advaxis, Argenus, Argos, Celldex, Cellectis, Five Prime, Heat Biologics, Innate Pharma, Idera, Inovio, Macrogenics, NewLink and Northwest Bio. Excludes Imune Design, Kite Pharma as theyhave traded for less than 90 days



Why Invest?

Strong Scientific Provenance

Compelling science from one of Europe's leading cancer institutes

Low Valuation

Pronounced valuation anomaly compared with other immuno-oncology companies or ASX listed biotechnology companies at similar development stages

Proven Leadership and Management

The right, experienced, successful team on board to aggressively drive HER-Vaxx development

Significant Investment to Date

Approximately \$10 million invested to date

News Flow

Numerous milestone announcements and valuation inflexion points over next 12 months for investors

Robust IP

Long-life patents up to 2030, granted in all major jurisdictions

Upside

Potential to improve on Roche's \$6.9bn drug, Herceptin

Leadership – Experience and Track Record



Charles Walker CEO



Paul Hopper Executive Chairman



Dr Axel HoosNon-Executive Director



Otto Buttula
Non-Executive Director



Dr Nick Ede Head of Manufacturing & Operations

- Former CEO and CFO of ASX-listed Alchemia, a late stage oncology biotech company
- 20+ years in the life science industry including a decade in specialist corporate finance in London
- Executed ~50 capital markets transactions as principal and advisor
- Extensive international and ASX biotech capital markets experience particularly in cancer vaccines
- Head of Life Sciences Desk and Australia Desk at Los Angeles-based investment bank,
 Cappello Capital Corp
- Currently Vice President Oncology R&D at GlaxoSmithKline
- Previously Clinical Lead on Ipilumimab at Bristol-Myers Squibb
- Co-Director of the think-tank Cancer Immunotherapy Consortium; Imugene is his only Board seat world wide
- Mr Buttula has an extensive and successful research and financial services management history spanning 25+ years
- Since 2012 he has been an active investor in the biotechnology sector with a particular focus
 on the oncology opportunities. He has built significant positions in several ASX listed
 companies including Imagene
- Former CTO Consegna, CEO Adistem Ltd, CEO Mimotopes P/L, COO EQiTX Ltd (ZingoTX & VacTX)
- VP Chemistry Chiron (now Novartis), Research Fellow CRC Vaccine Technology



Strong Scientific Advisory Board



Prof Christophe Zelinski

- Director, Clinical Division of Oncology and Chairman, Department of Medicine at Medical University Vienna, Austria
- Coordinator of the Comprehensive Cancer Center at Medical University
 Vienna and the General Hospital in Vienna, Austria
- · President, Central European Cooperative Oncology Group





Prof Ursula Wiederman

- Professor of Vaccinology at Medical University of Vienna, and Chair of the Vaccinology Committee of the Austrian Society of Allergy and Immunology
- Deep vaccine experience with over 100 scientific publications and numerous citations





Dr Neil H. Segal

- Oncologist at the Memorial Sloan Kettering Cancer Center in New York, the oldest and largest private cancer centre in the US
- His research interests focus on the development of new therapies and more specifically, ways to use the immune system to treat cancer
- Has clinical expertise in colorectal, pancreatic, bile duct &and other GI cancers





HER-Vaxx



HER-Vaxx is a cancer immunotherapy designed to stimulate a patient's own immune system to attack the cancer



HER-Vaxx stimulates a patient's B cells to produce antibodies that target only those cancer cells with HER-2 on their surface



About 20% of patients with gastric cancer have the HER-2 molecule – known as being "HER-2 positive (+)"

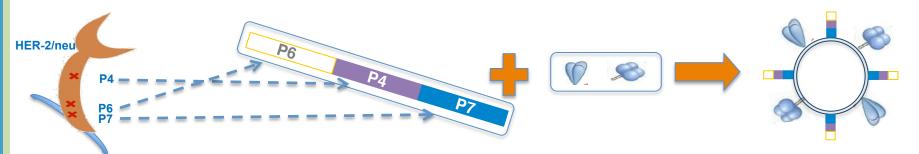


A Phase I study has shown:

- Generation of anti HER-2 antibodies by patients
- Patient antibodies showed potent anti-tumour activity
- Patients generated immune responses



A Phase Ib/II clinical study is planned in patients with HER-2 overexpression with gastric cancer





Why Is HER-2 A Prime Target?

HER-2 stimulates cancer cells to grow and appears in ~20-30% of patients with cancers such as gastric, breast, ovarian and pancreatic

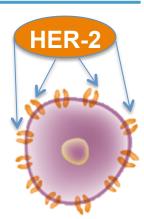
Too much HER-2 (known as over expression) is associated with:

- · Higher chance of cancer spreading
- Greater probability of cancer recurrence (local and systemic)

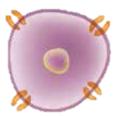
HER-2 is a clinically and commercially validated target

- Roche's Herceptin is an antibody targeting HER-2 for breast cancer and HER-2 positive gastric cancer in some countries
- Herceptin sales of \$6.9bn pa
- Roche's newly launched Perjeta also targets HER-2

By targeting HER-2 and stimulating patients to make their own antibodies, HER-Vaxx has the potential to improve upon Herceptin and Perjeta



Cancer cell over expressing HER-2

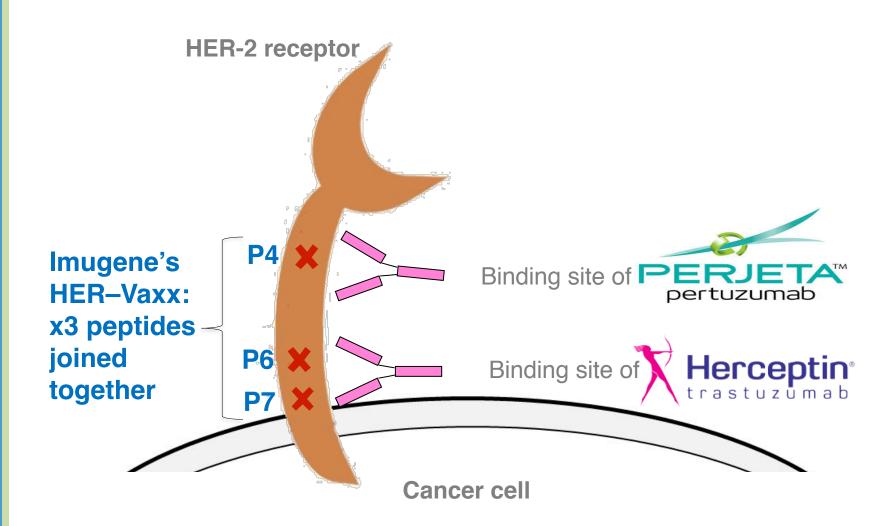


Normal cell



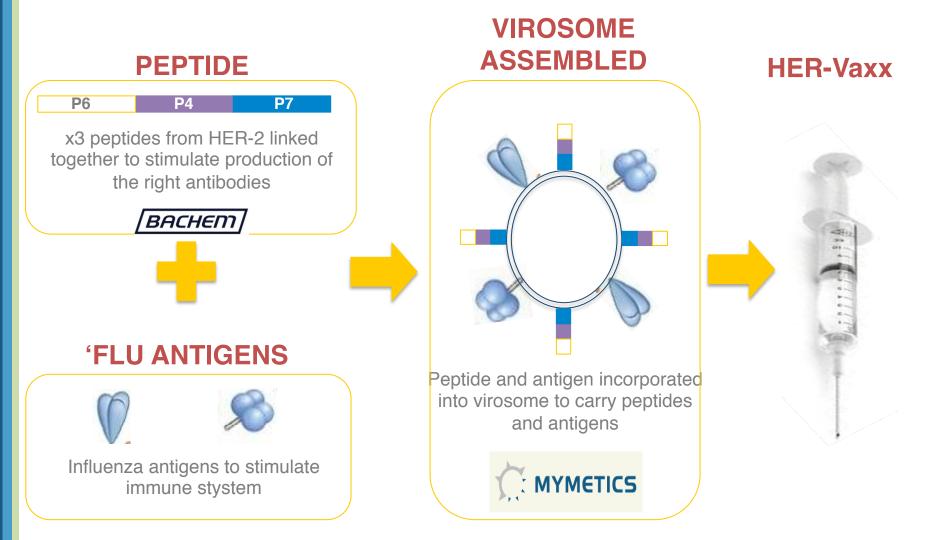


HER-2 Target





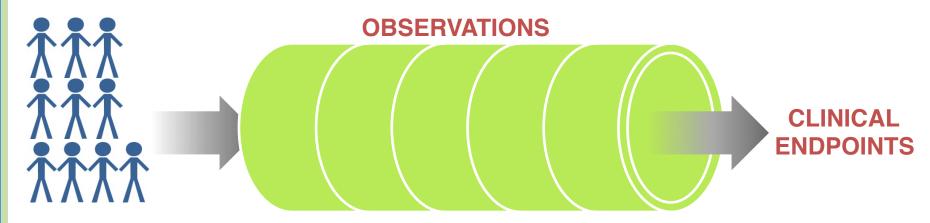
HER-Vaxx Manufacture Process



"Peptide vaccines have the benefit of being easy to construct and manufacture on a large scale, they're inexpensive, and very importantly they are off-the-shelf therapy," Elizabeth Mittendorf, associate professor of surgical oncology, MD Anderson Cancer Center



Clinical Status: Phase I Completed



- **1** n=10
- All metastatic breast cancer patients
- 3 HER-2 +/++
- 4 Endocrine dependent disease
- **5** Life expectancy > 4 months
- 6 Conducted at University of Vienna

- Patients developed anti-HER-2 antibodies
- Antibodies induced displayed potent antitumour activity
- Showed immune response

- Safety and Tolerability
- 2 Immunogenicity: antibodies/humoral and cellular responses

Phase I trial in patients with breast cancer published:
Wiedermann et al., Breast Cancer Res Treat (2010)119:673 - 683



Positive Phase I Trial Results

Hun • Pro

Humoral

Produced Her-2 specific antibodies

Cellular

Cellular immune responses (PBMCs): IL-2, IFN γ , TNF α indicated induction of TH-1 biased immune responses

Sufficient induction of memory T & B cells after vaccination (comparable to healthy controls)

 Significant reduction of reg T cells after vaccination (indicating a good vaccine responsiveness as well as beneficial anti-tumour effect)

3

Disease

- Stable disease in 50% of patients
- 1 patient in remission, indicating a beneficial effect of the immune responses induced by vaccination, even in a non-target population

Safety / Toxicity

- No side-effects
- Negligible toxicity

"We believe this data is encouraging given the trial was conducted in a non target population"
- RM Research



Clinical Trials

Combined Phase Ib / II clinical trial planned to confirm safety, evaluate optimal dosing and to show efficacy

Phase Ib Lead in to Phase II Trial

- Open label
- ❖ 18 patients, x3 groups of 6 patients
- Endpoints:
 - Dose of HER-Vaxx to use in Phase II part of study
 - Safety: any HER-Vaxx toxicity
 - Immunogenicity (anti-HER2/neu antibody titers)
 - Test booster schedule (q 4 weeks or 8 weeks)

Phase II Trial

- ~68 patients from Australia and Europe
- Efficacy, safety and immune response
- Blinded, placebo controlled
- Primary endpoints:
 - Overall survival
 - Progression-free survival
- Secondary endpoint;
 - Immune response



Robust Phase II Clinical Design: Big Pharma Focused

Double blind, randomised, placebo-controlled study

Small open label lead-in phase (n=18), to determine dosing

1:1 randomisation

Arm1: n=34; Arm 2: n=34

Relapsed metastatic gastric cancer patients over expressing HER-2/neu

ENDPOINTS

Phase II N>=68

Primary End-point

- Overall survival (OS)
- Progression-free survival (PFS) as assessed by immune-related response criteria

Secondary End-point:

• Immune response

34 patients with HER-Vaxx + Chemo

34 patients with Chemo alone

Gastric Cancer

Gastric cancer is the second leading cause of cancer mortality and the fourth most common cancer in the world

Approximately 934,000 new cases diagnosed and an anticipated 700,000 deaths annually accounting for 10.4% of cancer deaths worldwide

In European Union (EU27) there were estimated to be around 83,000 new cases of stomach cancer diagnosed, with 55,896 deaths.

Incidence

- ❖ In the US, an estimated 21,300 new cases and 10,540 deaths in 2012
- In Australia, there are approximately 1,900 new cases each year
- China has the largest patient population with 42% worldwide cases

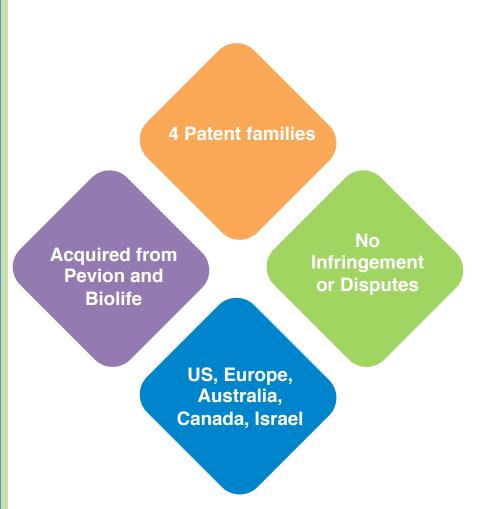
Median overall survival in advanced gastric cancer is under 12 months

Sources:

Int J Cancer. 2012 Feb 15;130(4):745-53 Expert Rev Gastroenterol Hepatol, 2012



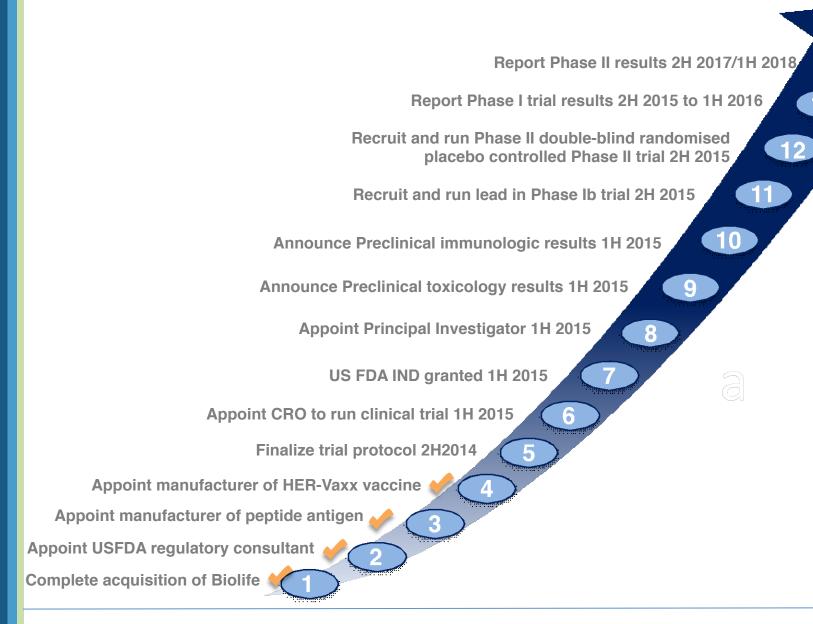
Intellectual Property



| Claim | Expiry Date | | |
|---|-------------|--|--|
| "Vaccine against diseaes that are associated with the HER-2/Neu oncogene" | 27 Feb 2022 | | |
| "HER-2/Neu Multi-peptide vaccine" | 11 Apr 2027 | | |
| "Multi-epitope vaccines for HER-2/Neu associated cancers | 18 Aug 2030 | | |
| "Lyophilisation of virosomes" | 21 Dec 2025 | | |



Newsflow and Milestones





Pronounced Valuation Anomaly – Below US Peers

| Company | Market Cap (USDm) | Development Phase |
|--|-------------------|-------------------|
| Agios Pharmaceuticals, Inc. | \$2,900 | Phase I |
| Karyopharm Therapeutics, Inc. | \$1,340 | Phase I |
| Dicerna Pharmaceuticals, Inc. | \$166 | Phase I |
| Immune Design Corp. | \$523 | Phase I |
| Heat Biologics, Inc. | \$42 | Phase I |
| Imugene Ltd. | \$9 | Phase I |
| Loxo Oncology, Inc. | \$179 | Phase I |
| Epizyme, Inc. | \$892 | Phase I/II |
| Kite Pharma, Inc. | \$1,420 | Phase I/II |
| Idera Pharmaceuticals, Inc. | \$214 | Phase I/II |
| Ignyta, Inc. | \$135 | Phase I/II |
| Inovio Pharmaceuticals, Inc. | \$686 | Phase I/lia |
| Five Prime Therapeutics, Inc. | \$281 | Phase Ib |
| OncoMed Pharmaceuticals, Inc. | \$618 | Phase Ib/II |
| Acceleron Pharma, Inc. | \$1,180 | Phase II |
| Innate Pharma S.A. | \$389 | Phase II |
| MacroGenics, Inc. | \$591 | Phase II |
| Array BioPharma, Inc. | \$473 | Phase II |
| TG Therapeutics, Inc. | \$419 | Phase II |
| ZIOPHARM Oncology, Inc. | \$341 | Phase II |
| Bionomics Ltd. | \$232 | Phase II |
| Verastem, Inc. | \$246 | Phase II |
| BIND Therapeutics, Inc. | \$133 | Phase II |
| MEI Pharma, Inc. | \$174 | Phase II |
| Fate Therapeutics, Inc. | \$96 | Phase II |
| TetraLogic Pharmaceuticals Corporation | \$87 | Phase II |
| Cerulean Pharma Inc. | \$98 | Phase II |
| Endocyte, Inc. | \$249 | Phase IIb |
| Stemline Therapeutics, Inc. | \$204 | Phase IIb |

Source: Oppenheimer & Co.; Google Finance

As of 1 November 2014 for US companies; and 12.00pm AEST 3 November for Australian companies



Pronounced Valuation Anomaly – Below ASX Peers

| Company | Market Cap (A\$m) | Development Phase | | |
|----------------------------|-------------------|-------------------|--|--|
| Cellmid | \$20 | Pre-clinical | | |
| Phylogica | \$15 | Pre-clinical | | |
| Antisense Therapeutics | \$17 | Phase I | | |
| Benitec Biopharma | \$65 | Phase I | | |
| Circadian Technologies | \$12 | Phase I | | |
| Patrys | \$16 | Phase I | | |
| lmugene | \$10 | Phase I/II | | |
| Oncosil Medical | \$39 | Phase II | | |
| Viralytics | \$54 | Phase II | | |
| Innate Immuno Therapeutics | \$33 | Phase II | | |
| Bionomics | \$232 | Phase II | | |
| Neuren Pharmaceuticals | \$127 | Phase II | | |

Source: Google Finance

As of 12.00pm AEST, 3 November 2014



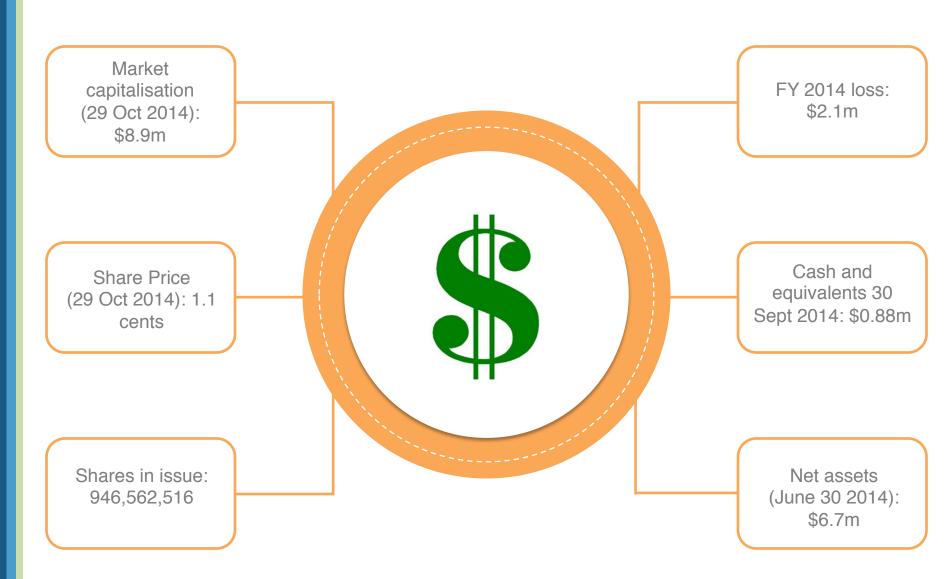
Recent Immuno-oncology Licensing Deals

| Date | Date Licensor | LICONSOO | Technology/ | Dev Status | Amount (USD) | |
|-----------|----------------------------|-----------|---------------------------|---------------|--------------|----------|
| | | | Product | | Upfront | Total |
| 28-Oct-14 | F-Star | BMS | FS-102 targeting HER-2 | Phase I ready | ~\$50m | \$475m |
| 20-Oct-14 | NewLink Genetics | Genentech | NLG919 | Phase I | \$150m | \$1,150m |
| 16-Oct-14 | Aduro Biotech | Janssen | Several candidates | Discovery | \$30m | \$847m |
| 19-Aug-14 | Emergent Biosolutions | Morphosys | ES414 | Preclinical | \$20m | \$183m |
| 18-Jun-14 | Cellectis | Pfizer | CAR-T therapy program | Preclinical | \$80m | \$299m |
| 27-May-14 | CytomX | BMS | Probody plaform | Discovery | \$50m | \$348m |
| 17-Mar-14 | Five Prime Therapeutics | BMS | Immuno-oncology therapies | Discovery | \$20m | \$351m |

Source: Oppenheimer & Co., Company news, internet



Financial Information



Where applicable, currency in A\$



Financing Overview

Company raising approximately \$2.25m (excluding costs) via a placement:

- sophisticated investors
- includes participation by Otto Buttula, Non-Executive Director for \$150,000 (15m shares @ \$0.01) per share; to be approved by shareholders at AGM
- SPP to follow for smaller shareholders on same terms

Issue price:

- \$0.01 per share
- 30 day* VWAP: \$0.0127 per share
- Discount of 21% to 30 day VWAP

Use of funds**:

- Manufacturing and clinical trials
- Corporate, general and admin (incl. consultants)
- Preclinical work
- Fundraising fees
- IP

^{*} Business days

^{**} Use of funds depends on level of participation from SPP



Financing Timetable*

SPP

Record Date: 7pm, 31st Oct 2014

Opening Date: 7th Nov' 14

Closing Date: 5 pm AEDT 28th Nov' 14

Allotment Date: 8th Dec' 14

Quotation Date: 10th Dec '14

Placement

Trading Halt: 3rd Nov' 14

Allotment Date: 7th Nov' 14

Quotation Date: 11th Nov' 14

Other

AGM: 25th Nov' 14

^{*} Timings subject to change without notice at the board's discretion



Why Invest?

High Quality Science

- > The subject of numerous peer reviewed published journals
- Medical University of Vienna, one of Europe's leading cancer institutes
- Technology developed over 10 years

Superior Approach Against a Validated Target Unlike many immunotherapies, **HER-Vaxx** is directed against a **validated target**, **HER-2**

- HER-Vaxx addresses the targets of Herceptin and Perjeta combined
- Herceptin and Perjeta have proven synergy
- Herceptin sales of \$6.9bn in 2013

Robust IP

➢ IP portfolio 100% owned with 2030 horizon

Leadership

Leading clinical and scientific experts; experienced and well incentivised management

High Quality Phase II
Trial

HER-Vaxx FDA Phase II trial designed to be robust and big pharma orientated

News Flow

> Focused 24 month program to deliver results/value inflection

Competitive Valuation

Attractively priced and heavily discounted to ASX and international peers



Contact:

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Chief Executive Officer
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+ 61 450 44 6990

IMUGENE



Appendix - Key risks

- ❖ HER-Vaxx is still in development and Imagene has not generated any product sales or revenues
- Imugene clinical trials are costly and time-consuming, may be subject to suspension or delay and may ultimately prove unsuccessful. There is also no guarantee that an adequate number of patients can be recruited on time, or at all, for clinical trials
- Imugene may not obtain the regulatory approvals that it requires for sale of its products or the reimbursement approvals required for sales growth, or such approvals may be subject to delay
- As Imagene currently has no material revenues, it may need to raise further capital in the future, which may dilute existing shareholders. In addition, there can be no guarantee that additional capital can be raised at terms acceptable to shareholders
- Imugene is dependant on the performance of its contract suppliers (including manufacturers and researchers) and third-party collaborators, as well as the retention of key consultants and personnel
- Imugene may be impacted if its intellectual property is not able to be adequately protected or is subject to challenge by a third party
- ❖ There are a number of groups around the world working on technology that could compete with HER-Vaxx and its application in oncology, and as such, Imugene may be impacted by competitive or alternative products or technologies