



IMUGENE

Developing Cancer Immunotherapies

ASX: IMU

AZER-CEL CD19 CAR T LICENSE

AUGUST, 2023



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CAR T THERAPY SUCCESSES IN BLOOD MALIGNANCIES

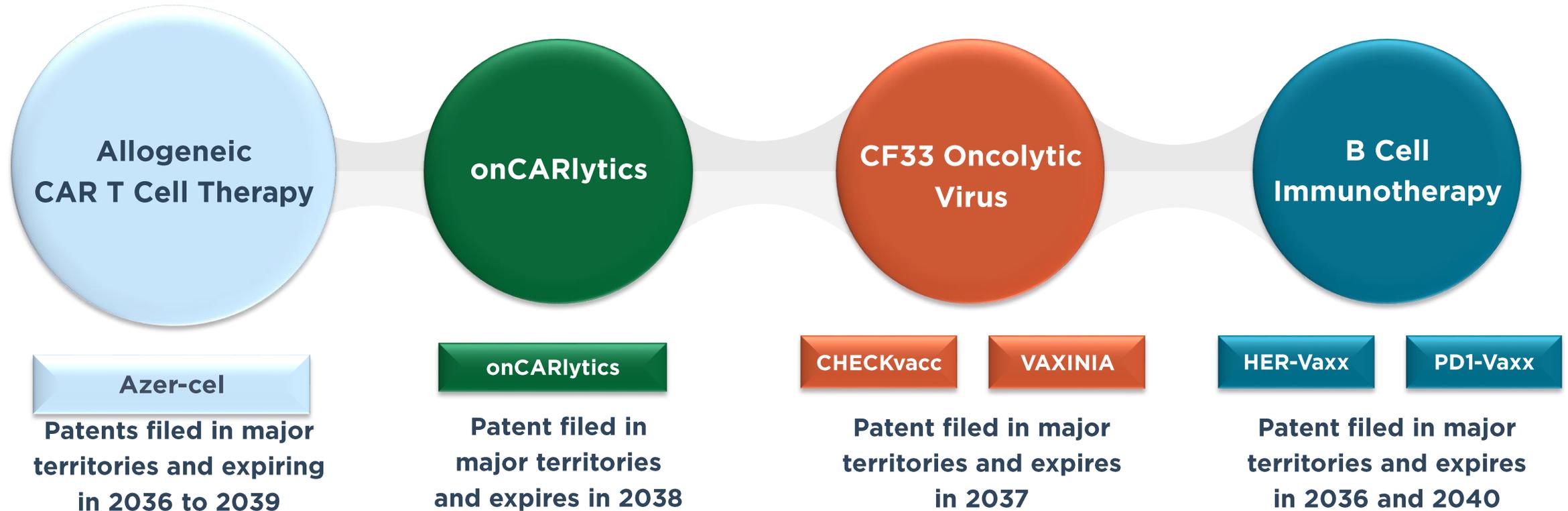
BRAND	COMPANY	FIRST FDA APPROVAL	TARGET	APPROVED CANCERS	OVERALL RESPONSE RATE
		2017	CD19	B-ALL, DLBCL	53-86%
		2017	CD19	DLBCL, R/R FL	72-91%
		2020	CD19	R/R MCL	65*-87%
		2021	CD19	DLBCL	73-87%
		2021	BCMA	R/R MM	72%
	 	2022	BCMA	R/R MM	98%

*Overall complete remission rate

<https://www.hcp.novartis.com/products/kymriah/>; <https://www.yescartahcp.com/>; <https://www.tecartushcp.com/>; <https://www.breyanzihcp.com/>; <https://www.abecmahcp.com/>; DLBCL: Diffuse large B cell lymphoma; ALL: Acute lymphoblastic leukaemia; R/R: Relapsed or refractor FL: Follicular lymphoma; MCL: Mantle cell lymphoma; MM: Multiple myeloma

FOUR UNIQUE PLATFORMS MAXIMIZE OPPORTUNITIES IN CANCER

Treatments that can be combined with and enhance outcomes of existing standards of care



INVESTMENT HIGHLIGHTS

MARKET CAPITALISATION 9 August 2023 A\$591M
US\$389M

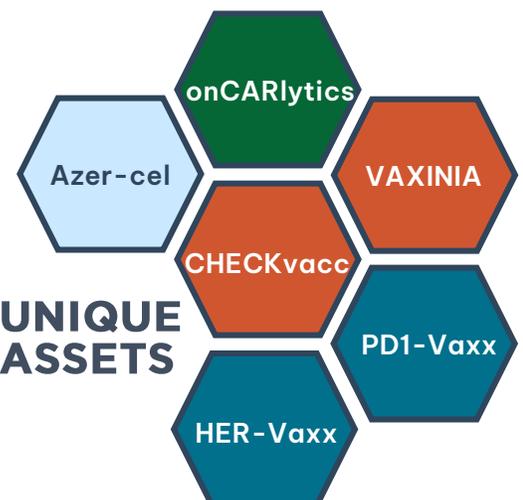


PRO-FORMA CASH AS OF 30 June 2023¹ A\$196.6M
US\$143M



- Imugene is undertaking a capital raising of A\$60m, via a \$30m Placement and \$30m share purchase plan
- Funds raised will support the license of a late-stage allogeneic cell therapy CAR T drug Azer-cel, which targets CD19 to alter blood cancer

6 UNIQUE ASSETS



*Multiple potential platform targets

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

4 PLATFORM TECHNOLOGIES

- Allogeneic CAR T cell therapy
- onCARlytics
- CF33 Oncolytic Virus
- B-Cell Immunotherapies

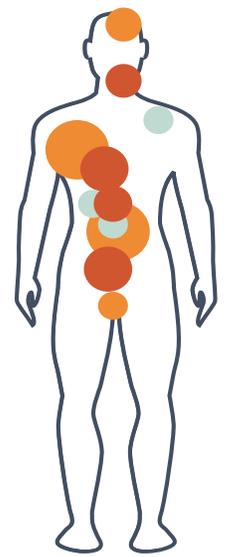
4 SCIENTIFIC COLLABORATIONS



DISEASE AREAS

Blood cancers

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

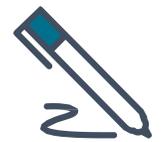


CLINICAL STUDIES



AZER-CEL DLBCL (FDA IND)	MAST: Ph1 Solid Tumors (FDA IND)
IMPRINTER: Ph1 NSCLC (FDA IND)	DOMINICA: Ph1 TNBC (FDA IND)
CHECKvacc COH IST: Ph1 TNBC (FDA IND)	onCARlytics: Ph1 Solid Tumors (FDA IND)
neoHERIZON: Ph 2 Neoadjuvant Gastric Cancer	neoPolem IST: Ph1 CRC
nextHERIZON: Ph2 Metastatic Gastric Cancer (FDA IND)	HERIZON: Ph1b/2 First line Gastric Cancer

2 SUPPLY AGREEMENTS



Merck KGaA	Roche
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¹ Refer slide 27 for pro-forma cash adjustments

AZER-CEL CD19 ALLOGENEIC CAR T



**Allogeneic
CAR T Cell Therapy**

Azer-cel

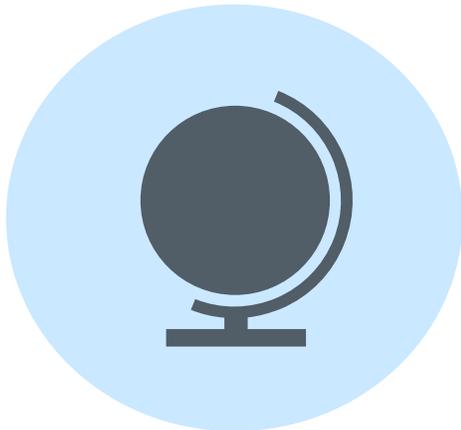


EXECUTIVE SUMMARY

Imugene has licensed a near term potential registrational stage, off-the-shelf (allogeneic) cell therapy CAR T drug azer-cel (azercabtagene zapreleucel) which targets CD19 to attack blood cancer.

Imugene can also use this drug to combine with its existing onCAR19 to treat solid tumours.

The Transaction includes:



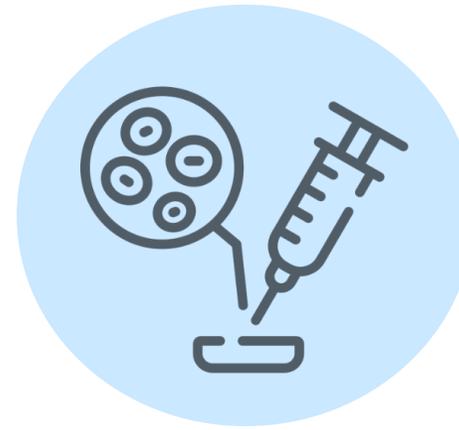
Exclusive world-wide license to the **FIRST IN CLASS** product known as azer-cel with over 84 patients treated in a Phase I trial, demonstrated safety and compelling efficacy

3 ADDITIONAL ASSET TARGETS



Encouraging FDA guidance and feedback on manufacturing for a potential **FAST TO MARKET** Phase 2 registration trial.

POTENTIAL FOR FIRST FDA APPROVED ALLOGENEIC CAR T



Completed drug material and manufacturing process



MANUFACTURING FACILITY

with a highly **technically skilled and specialised** work force

KEY HIGHLIGHTS

Unique opportunity to develop highly promising allogeneic (off the shelf) CD19 CAR T drug in blood cancers with improved safety & strong efficacy

Highly complementary to IMU's existing CD19 OnCARlytics program

Robust & compelling data package from large 84 patient Phase 1 trial with 41% Complete Responses in non-Hodgkin's Lymphoma, & 61% Complete Responses in CAR T relapse patients

Potential FDA accelerated approval for Phase 2 registrational trial [~18 months] **POTENTIAL FOR FIRST IN CLASS FDA APPROVED ALLOGENEIC CAR T CELL THERAPY**

Experienced CAR T management team & manufacturing expertise joining from Phase 1 trial

Drug product for registrational Phase 2 study manufactured in state of the art cell therapy facility in North Carolina

3 Additional Target Assets

Attractive financial licensing terms

Robust IP

TRANSACTION SUMMARY



A\$11.9M upfront

A\$19.4M deferred consideration (cash and/or equity upon Imugene's discretion)

A\$11.9M (cash and/or equity upon start of Phase 2 registrational trial)

Milestone payments industry standard rates

Royalties based on industry standard rates

AUTOLOGUS (AUTO) CAR T THERAPY – A LIVING DRUG; PERSONALISED

Auto CAR T cell therapy is a type of immunotherapy that uses a patient's own genetically modified T Cells to find and kill cancer

1



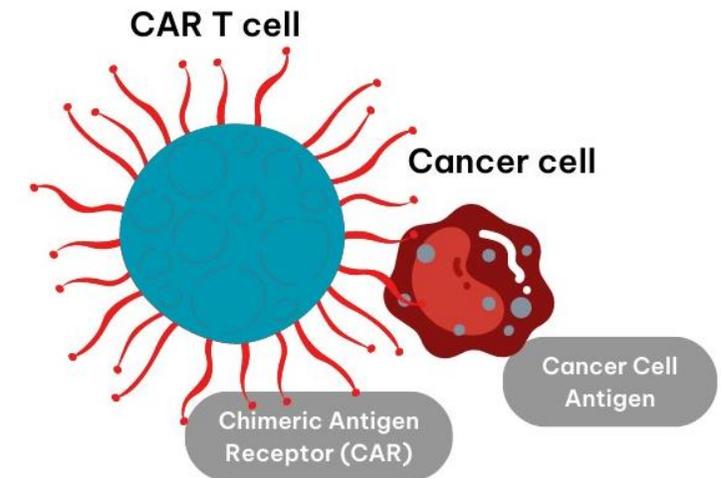
T Cells are taken from patients (highly dependent on patients' immune system) with blood cancers such as leukemia & lymphoma and reprogrammed to target CD19 cancer cells

2



The re-programmed CD 19 T Cells are then injected back into the cancer patient

3



When the CD19 T Cells see the cancer cells with CD19 on them, the T Cells attack and kill them

ALLOGENEIC (ALLO) CAR T THERAPY – A LIVING DRUG; OFF THE SHELF

Allo CAR T cell therapy is a type of immunotherapy that uses healthy donor T Cells that are genetically modified and engineered to be used "off the shelf" for multiple patients

1



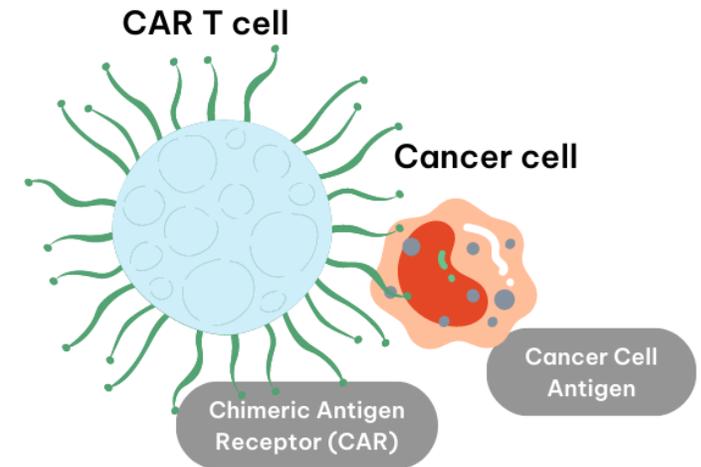
HEALTHY donors provide T Cells to make the CART product candidate. Donor T cells are processed for "universal match" and incorporated to chimeric antigen receptor designed to attack tumour cells.

2



As an "off the shelf" product, the processed batches can be frozen and shipped to multiple hospitals and clinics. **Each batch product can produce multiple doses.** The re-programmed CD 19 T Cells are then injected into the cancer patient

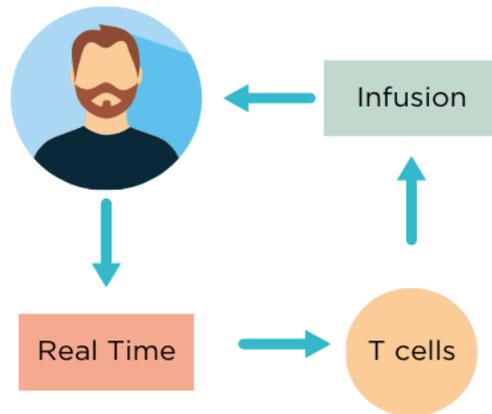
3



When the CD19 T Cells see the cancer cells with CD19 on them, the T Cells attack and kill them

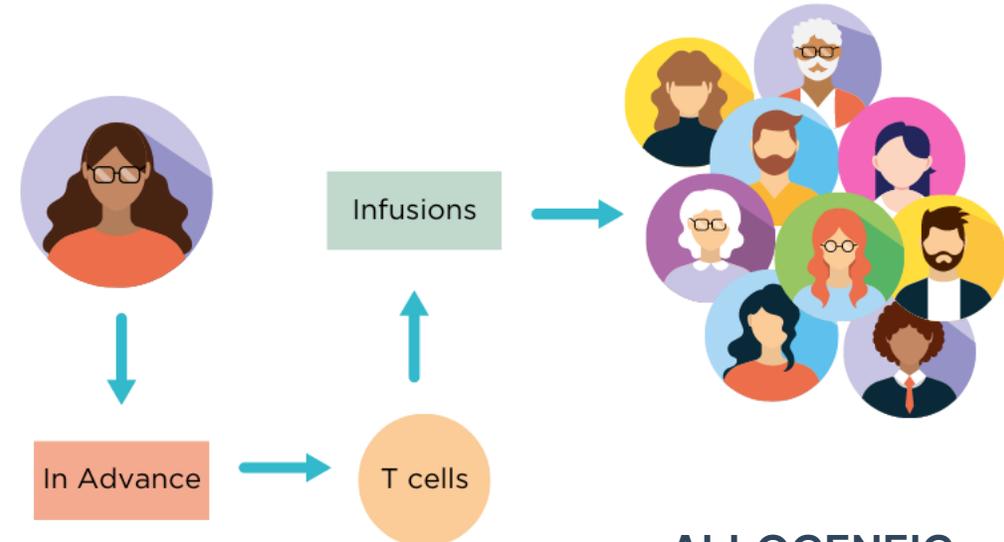
THE FUTURE OF CELL THERAPY IS OFF THE SHELF

Patients shouldn't have to wait for treatment



AUTOLOGOUS

- Limited patient access
- Long and complex manufacturing process and wait time (requires leukapheresis and bridging is often required)
- High manufacturing costs
- Variable potency



ALLOGENEIC

- Broad patient access
- Available on demand and off-the-shelf immediately (no leukapheresis and no bridging required)
- More efficient and cost-effective manufacturing
- Healthy donor cells engineered for potency and persistence

WHAT IS DIFFUSE LARGE B-CELL LYMPHOMA?

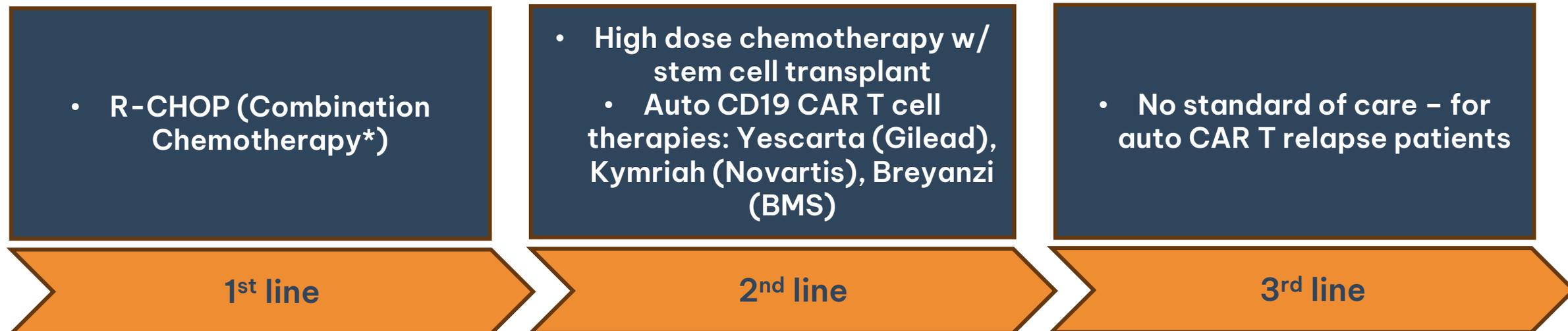
A lethal type of Blood Cancer



- Diffuse large B-cell lymphoma (DLBCL) is an **aggressive type of non-Hodgkin lymphoma (NHL)** that develops from the B-cells in the lymphatic system, which are responsible for producing antibodies typically to fight infectious disease.
- DLBCL develops when some of your **B-cells become cancerous**. They grow uncontrollably, are abnormal, and do not die when they should.
- DLBCL is the most common subtype of non-Hodgkin lymphoma (80.5k diagnosis per year) accounting for **~30% of all cases**.
- DLBCL can occur at any age but is most common in people aged over 50 years. The average age of diagnosis is 60–65 years; however, DLBCL can also affect children.
- DLBCL is **high-grade (fast-growing)** and needs to be treated quickly.
- Survival rates are poor with a **high unmet** clinical need.

HOW IS DLBCL TREATED TODAY?

~30,000 New Cases in the U.S. Annually (2020 - SEER)



~60% of patients are cured with R-CHOP (Combination Chemotherapy*)

~6,000 patients become eligible for 2nd line; 20-25% of these patients are cured

60-65% of patients treated with auto CD19 CAR T relapse

Pool of post CAR T patients needing next line therapy expected to grow as auto CAR T therapies continue to penetrate in earlier lines of therapy

TOTAL BODY OF EVIDENCE:

Azer-cel has meaningful Clinical Activity across B Cell Malignancies

84

Patients Treated With Azer-cel



¹ORR: Overall Response Rate

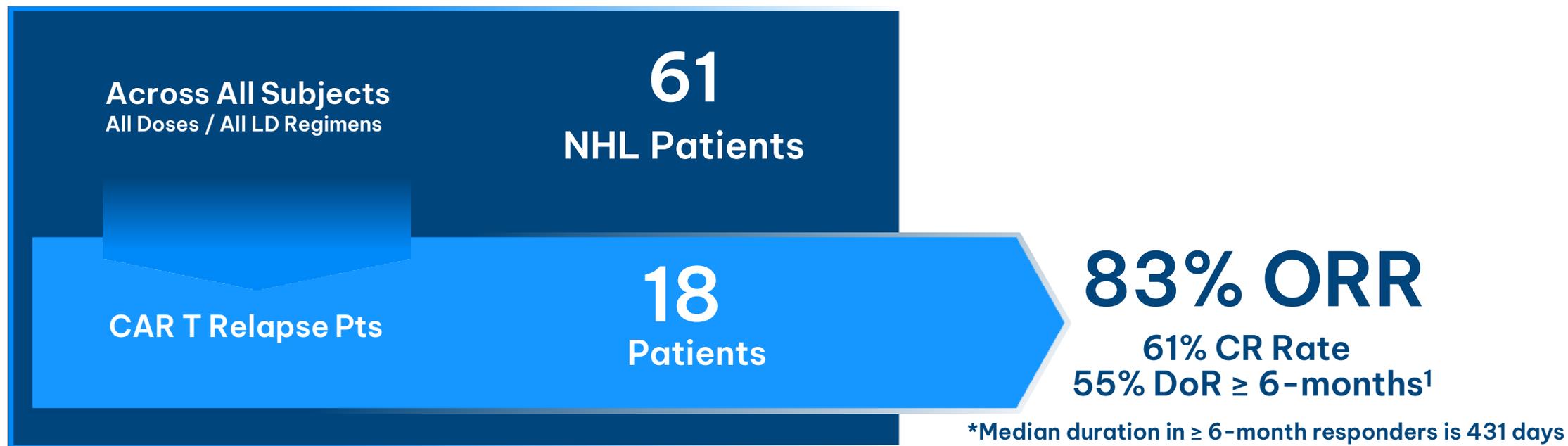
²CR: Complete Response

*lymphodepletion

Note: Based on Patients Evaluable for Efficacy

AZER-CEL IS ACTIVE IN CAR T RELAPSED PATIENTS:

Demonstrated high response rates and durability



★ Azer-cel has the potential to provide new standard of care for this high-risk population with unmet need

Note: Based on Patients Evaluable for Efficacy

1. N=11 patients evaluable for ≥ 6 months duration on response, 6 durable responders past 6 months or longer with 431 (> 1 year) median days on response; DoR measured from D0

CD19 AUTO CAR T RELAPSE MARKET IS LARGE AND GROWING

~85% of patients continue to have CD19+ disease¹

In our prospective data, patients continue to have antigen positive disease








(tisagenlecleucel) Dispersion for IV infusion

60-65% of patients currently treated with Auto CD19 CAR T will relapse (Fail)²

★ By 2025, Global CAR T Relapse Patient Pool Is Expected To Grow ~4x as Auto CAR T Drugs become the SoC in 2L+

→ Estimate total Global G8 markets to be ~18k patients per year³

Note: Retrospective Literature states that 12-28% of patients have antigen negative relapse (CD19-)
1. Precision Internal Clinical Data

2. Estimated from ZUMA 1 and ZUMA 7 EFS rates
3. G8 includes US, Japan, Canada and EU5 assuming equal access to CAR T therapies; market research, CancerMPact

MARKET SIZE: DIFFUSE LARGE B-CELL LYMPHOMA



- ~30,000¹ patients with DLBCL in the US with 33% likely to be relapsed/refractory setting (1st line chemo combo)
- 60%-65% will be refractory or relapsed post an autologous CD19 CART therapy (estimated 6,400 patients)
- Approved auto CAR T priced at \$375,000 per one-time treatment
- Azer-cel DLBCL post-auto peak sales potential of ~\$2.5B² US
- Other lines of therapy and Indications (ie acute lymphoblastic leukemia {ALL})

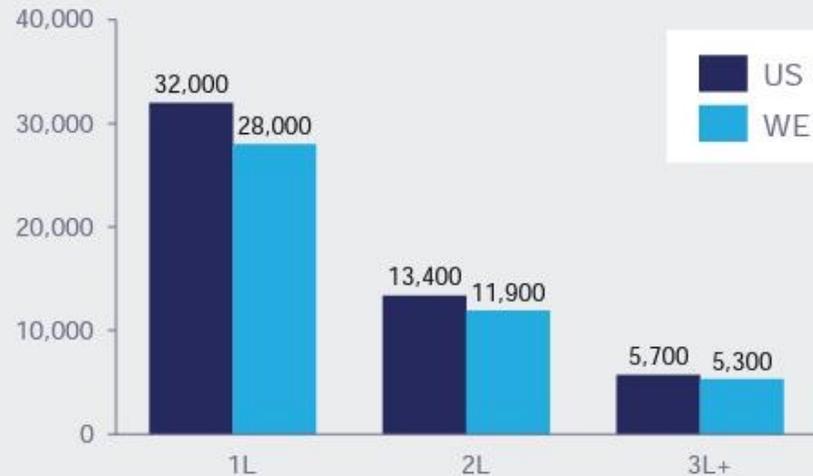
1. SEER 2020 Estimate

2. TAM: total addressable market is total number of treatable patients x price at 100% market share

UNMET NEED IN POST CAR-T: 60-70% OF PATIENTS PROGRESS

Autologous CD19 CAR T Market \$2.2B Annual Projected for 2023
 Growing: ~60-70% of Patients Progress

Estimated Treatment eligible DLBCL patients – U.S. & Western Europe (WE)* (2025)¹



% patients not achieving long-term remission with currently approved auto CD19 CAR T

~60%²

~70%³

Autologous CD19 CAR T Sales, Global (\$M)*



PHASE 2 TRIAL ASSUMPTIONS (POTENTIAL REGISTRATIONAL/TO MARKET)

- Potential registrational study (FDA approval) to start upon completion of the Phase 1B study H2 2024
- Population: auto CAR T failures in DLBCL patients
- Positive formal and informal FDA guidance on the potential registrational study
- ~35+ sites in the U.S.: Phase 1B trial currently conducted at Dana Farber, Moffit, MDACC, COH, Karmanos, U Minnesota, Cornell, Columbia
- Drug material manufactured in North Carolina at our facility



Dana-Farber
Cancer Institute

MOFFITT 
CANCER CENTER

 City of
Hope



MASONIC CANCER CENTER

UNIVERSITY OF MINNESOTA

THE UNIVERSITY OF TEXAS
MD Anderson
~~Cancer Center~~

CMC & MANUFACTURING

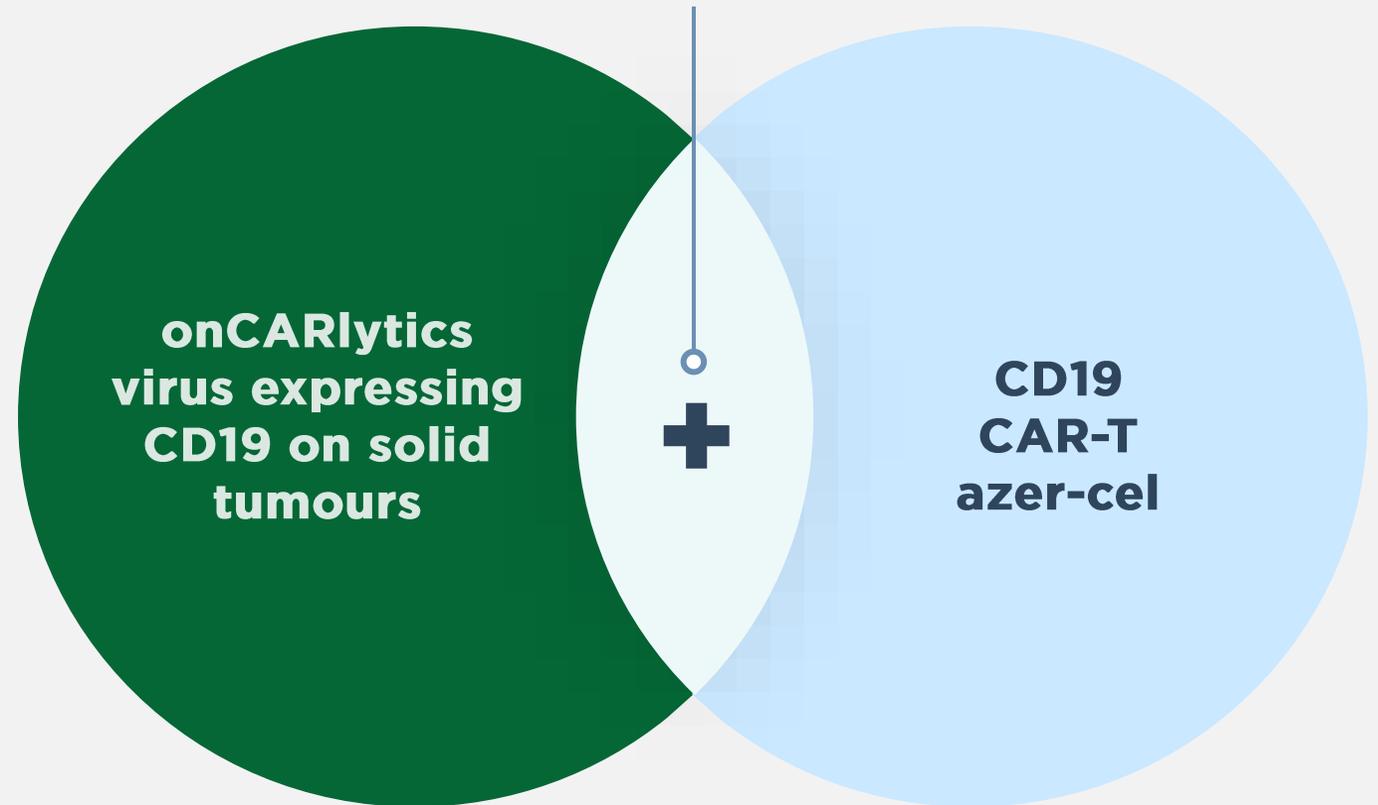
Fully GMP compliant

- Manufacturing – 32,800 (17,300 manufacturing +15,500 expansion) sq ft facility in Durham, NC
- GMP compliant / FDA inspected
- Turn-key solution ready for final registrational trial drug product supply
- Robust and validated process for 84 patients dosed to date (optimized along the way)
- Drug product for Phase 1B confirmatory trial completed
- Experts transitioning to Imugene for continuity of drug manufacturing

AZER-CEL OFFERS onCARlytics AN IN-HOUSE COMBINATION APPROACH FOR SOLID TUMOURS

Combination treatment for solid tumours

- Enables Imugene to progress its own combination solution in multiple solid tumour indications
- Strengthen current development of onCARlytics by adding an in house off the shelf CD19 CAR T
- Enables and boosts Imugene's footprint in the blood cancer and continued solid tumour oncology markets



RECENT DEALS IN ALLO CAR T CELL THERAPY

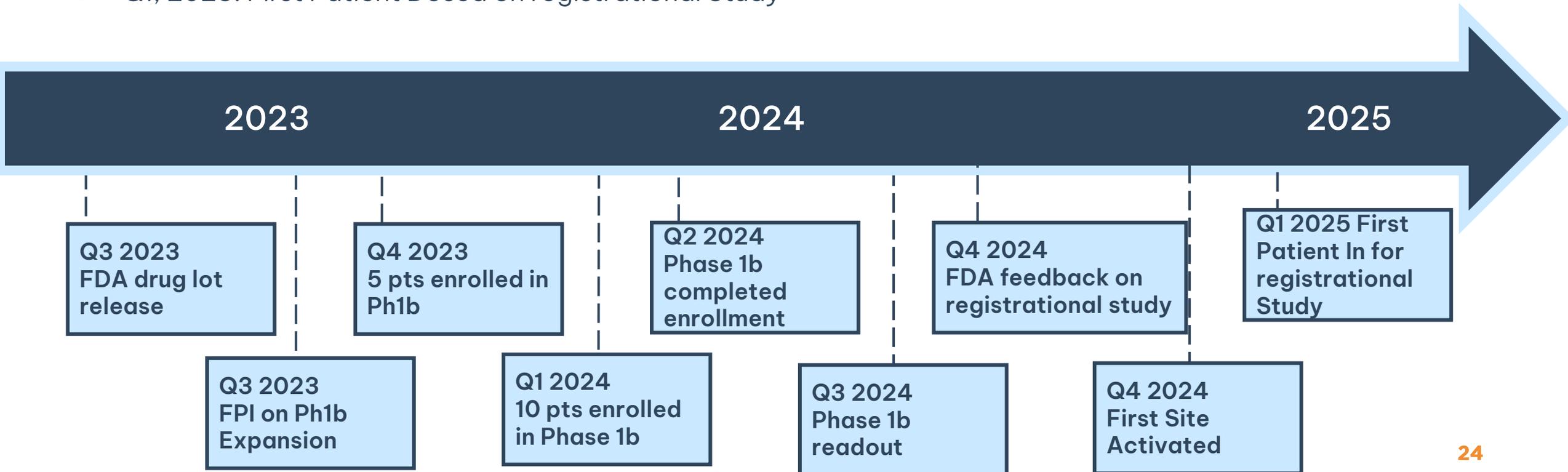
Date	Deal Type	Deal Summary (Licensor, Licensee)	Technology	Indication	Stage	Financials (\$USD)
Aug 2023	Exclusive worldwide license	Precision Bio Imugene	Allo CAR T cell therapy	Blood and Solid Tumour Oncology	Phase 1B/2 (registration to market)	\$8m upfront + \$13m deferred consideration
Aug 2023	Right of first refusal only	Poseida Therapeutics, Astellas	Allo CAR T cell therapy	MUC1-C expressing solid tumors	Phase 1	\$25m upfront + \$25m equity investment*
July 2023	Right of first refusal only	Caribou Biosciences, Pfizer	Allo CAR T cell therapies (CD19)	Blood malignancies	Phase 1	\$25m equity investment*

* First rights of refusal

AZER-CEL VALUE INFLECTION POINTS EXPECTED IN THE NEXT 12-18 MONTHS

Key Events:

- Q3, 2023: FDA Process 1.2 Drug Lot Release (validating Phase 2 registrational study drug)
- Q4, 2023: First Patient in for Phase 1b Expansion
- Q4, 2023 – Q2, 2024: Patient recruitment status and completion of enrolment of Phase 1b
- Q3, 2024 – Q4, 2024: Phase 1b readout and FDA feedback on registrational study
- Q4, 2024: Status on Site approval activity
- Q1, 2025: First Patient Dosed on registrational Study

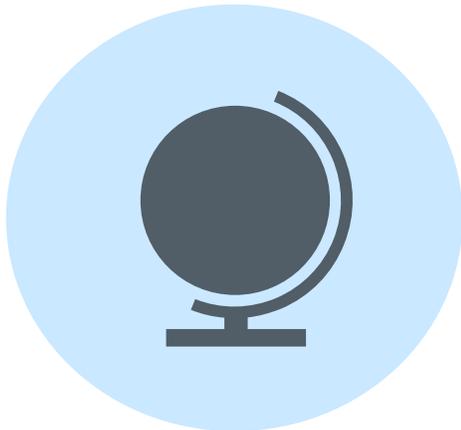


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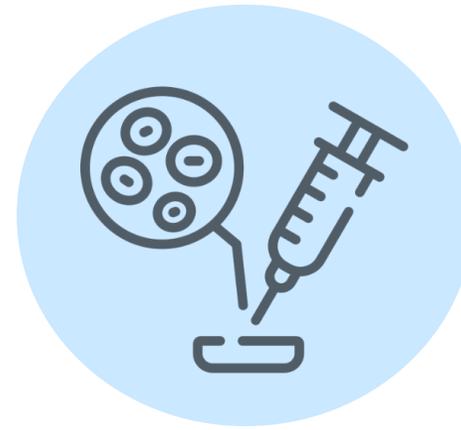
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POTENTIAL FOR FIRST FDA APPROVED ALLOGENEIC CAR T



Completed drug material and manufacturing process



MANUFACTURING FACILITY

with a highly **technically skilled and specialised** work force

CAPITAL RAISING OVERVIEW

Imugene is conducting a capital raising of up to approximately A\$60.0 million via an institutional placement and share purchase plan

Placement	<ul style="list-style-type: none">• Placement to raise approximately A\$30.0 million (“Placement”)<ul style="list-style-type: none">• Approximately 357.1m new Shares under the Company’s existing placement capacity under ASX Listing Rules 7.1
Placement Pricing	<ul style="list-style-type: none">• The offer price of A\$0.084 per share (“Placement Price”) represents:<ul style="list-style-type: none">• A discount of 10.64% to the last close of A\$0.094 on 15 August 2023• A discount of 12.38% to the 20-day VWAP of A\$0.096 up to and including 15 August 2023
Share Purchase Plan	<ul style="list-style-type: none">• Imugene intends to offer eligible shareholders an opportunity to subscribe for up to A\$30,000 of new Shares under a Share Purchase Plan (SPP), to raise approximately A\$30 million¹• The SPP will be offered at the lower of:<ul style="list-style-type: none">• \$0.084 per New Share, being the Placement Price; and• 2.5% discount to the VWAP of the Company’s shares traded on the ASX during the five trading days up to the closing date of the SPP• Record date for determining eligibility for the SPP is 7:00pm on Thursday, 17 August 2023• Further details in relation to the SPP, including the scale-back policy, will be provided to eligible shareholders in a transaction-specific prospectus
Attaching Option	<ul style="list-style-type: none">• Shares will be offered under the Placement and SPP with one free attaching option for every New Share issued (Options)• The Options are intended to be listed on the ASX with an exercise price of \$0.118 and will expire on 31 August 2026.• The Options will be offered under a transaction-specific prospectus and the issue of Options will be conditional on shareholder approval at an EGM.• The Options offer is also conditional on the Options meeting the ASX’s quotation conditions.
Ranking	<ul style="list-style-type: none">• New Shares issued under the Placement will rank pari passu with existing Shares from their date of issue
Lead Manager	<ul style="list-style-type: none">• Bell Potter Securities Limited

¹The Company reserves the right to accept over subscriptions under the SPP subject to ASX Listing Rules and Corporations Act 2001 (Cth).

USE OF FUNDS

Pro-forma cash of A\$196.6m post capital raising¹, with the potential for a further A\$45m from the exercise of attaching options

USE OF FUNDS	A\$'M
Upfront payment	11.9
Equity or cash on successful completion of Phase 1b	11.9
Equity or cash 12 months after signing	19.4
Phase 1b Clinical trial costs	8.7
CAR T CMC/Manufacturing	8.1
Total	60.0

¹ Assumes capital raising is fully subscribed and includes upfront payment under license agreement and an introduction fee of US\$3 million to Chimeric Therapeutics Limited. Excludes offer costs. If funds raised are less than A\$60m any shortfall will be met through existing cash reserves.

OFFER TIMETABLE

Event	AEST
Trading halt	Wednesday, 16 August 2023
Record Date for SPP	Thursday, 17 August 2023
Placement announced & Shares resume trading on ASX	Friday, 18 August 2023
Placement settlement of new Shares	Thursday 24 August 2023
Placement issue of new Shares	Friday, 25 August 2023
SPP opens	Monday, 28 August 2023
SPP closes	Thursday, 14 September 2023
Issue of new Shares under SPP	Friday, 15 September 2023
EGM for approval of attaching options	Tuesday, 26 September 2023
Issuance of attaching options	Wednesday, 27 September 2023

The timetable is indicative only and subject to change by the Company and Lead Manager

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- is a government agency within the meaning of clause 40 of Schedule 1 of the FMC Act; or
- is an eligible investor within the meaning of clause 41 of Schedule 1 of the FMC Act.

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