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LAG-3 IMMUNOTHERAPY

The global leader in developing LAG-3 therapeutics

Cowen - 42nd Annual Health Care Conference
Corporate Presentation
March 2022

(ASX: IMM, NASDAQ: IMMP)

Notice: Forward-Looking Statements

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This presentation was authorised for release by the CEO, Marc Voigt.

Overview

Addressing major markets

Immutep's clinical program is seeking to address multi-billion dollar markets with different clinical trials underway

Compelling data points

Doubling the response rate of Merck blockbuster drug Keytruda in 1st line NSCLC and 2nd line HNSCC (TACTI-002 trial)

Leadership in LAG-3 & Towards registration

with 4 product candidates in immuno-oncology and autoimmune disease & TACTI-003 trial recruiting

Partnering deals executed with industry leaders

NOVARTIS
Pfizer
gsk GlaxoSmithKline
Merck KGaA, Darmstadt, Germany
MERCK INVENTING FOR LIFE
EOC
LabCorp

Globally active

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LAG-3 Pioneer: French immunologist

Prof Frédéric Triebel, Immutep CMO & CSO

LAG-3 is the most promising new immune checkpoint

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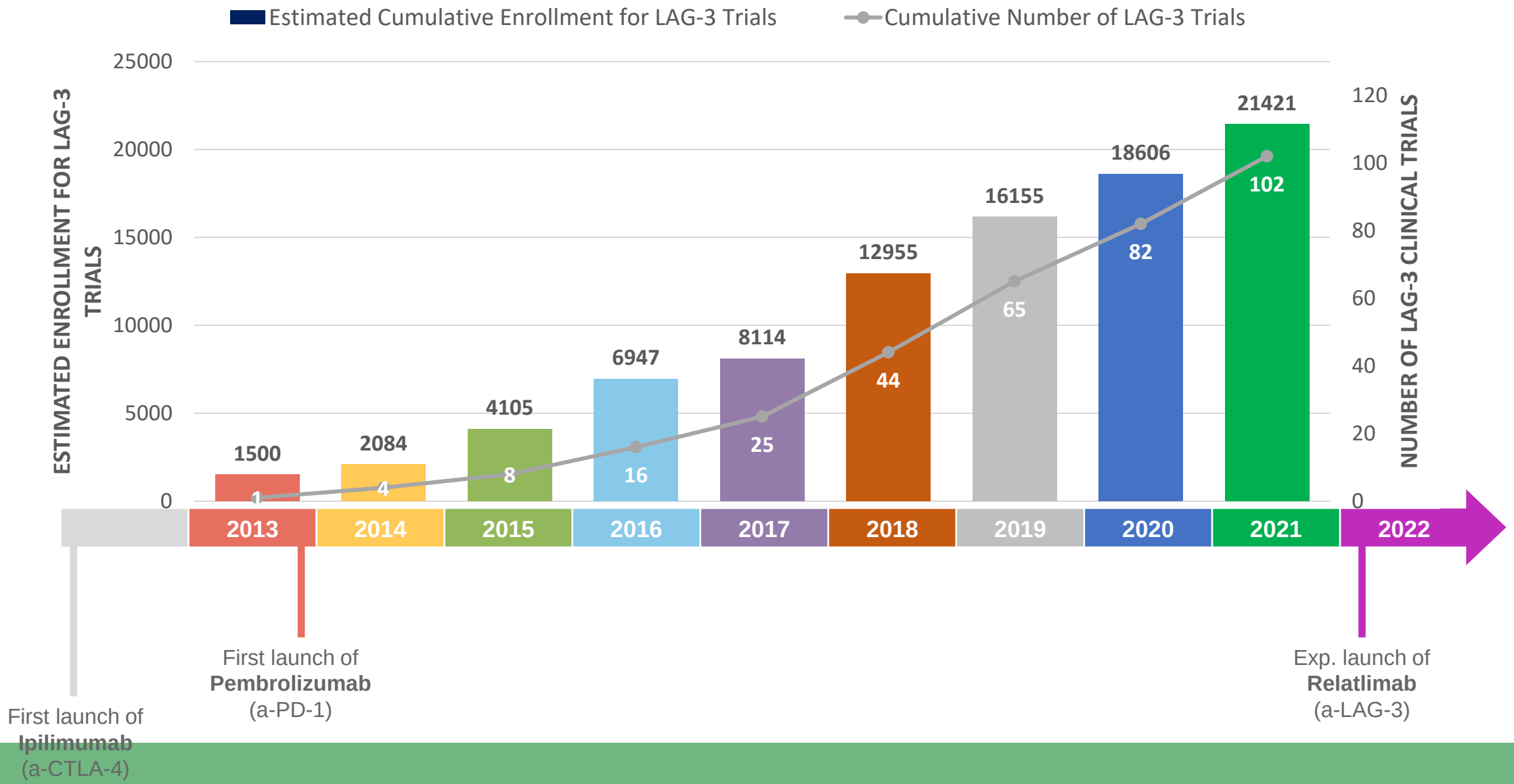
LAG-3 Overview

- A validated immune checkpoint -

Acceleration In The LAG-3 Space

The Next Checkpoint Target to Be Approved



Notes:

Source: GlobalData, Dec 2021

LAG-3 Therapeutic Landscape Overview

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		Company	Program	Preclinical	Phase I	Phase II	Phase III	Total Trials	Patients
Oncology	Agonist	immutep	Eftilagimod Alpha[5]		10	4		14	967
	Antagonist	BMS	Relatlimab[6]		7	33	2	42	9,617
		Merck & Co. Inc.	Favezelimab		1	5	1	7	1498
		NOVARTIS	Ieramilimab		1	4		5	952
		Macrogenics	Tebotelimab		3	3		6	1422
		H-L Roche	RO7247669		1	3		4	722
		B.I.	Miptenalimab		4	1		5	649
		Regeneron[1]	Fianlimab		1	1		2	836
		Innovent	IBI110		1	1		2	328
		Tesaro[3]	TSR-033		1	1		2	139
		Incyte	INCAGN02385		1	1		2	74
		Symphogen[2]	SYM022		3			3	169
		F-star	FS-118		2			2	102
		Xencor	Pavunalimab		1			1	242
Autoimmune	Agonist	immutep	IMP761					--	--
	Depleting AB	gsk[4]	GSK2831781 (IMP731)		2	1		3	207

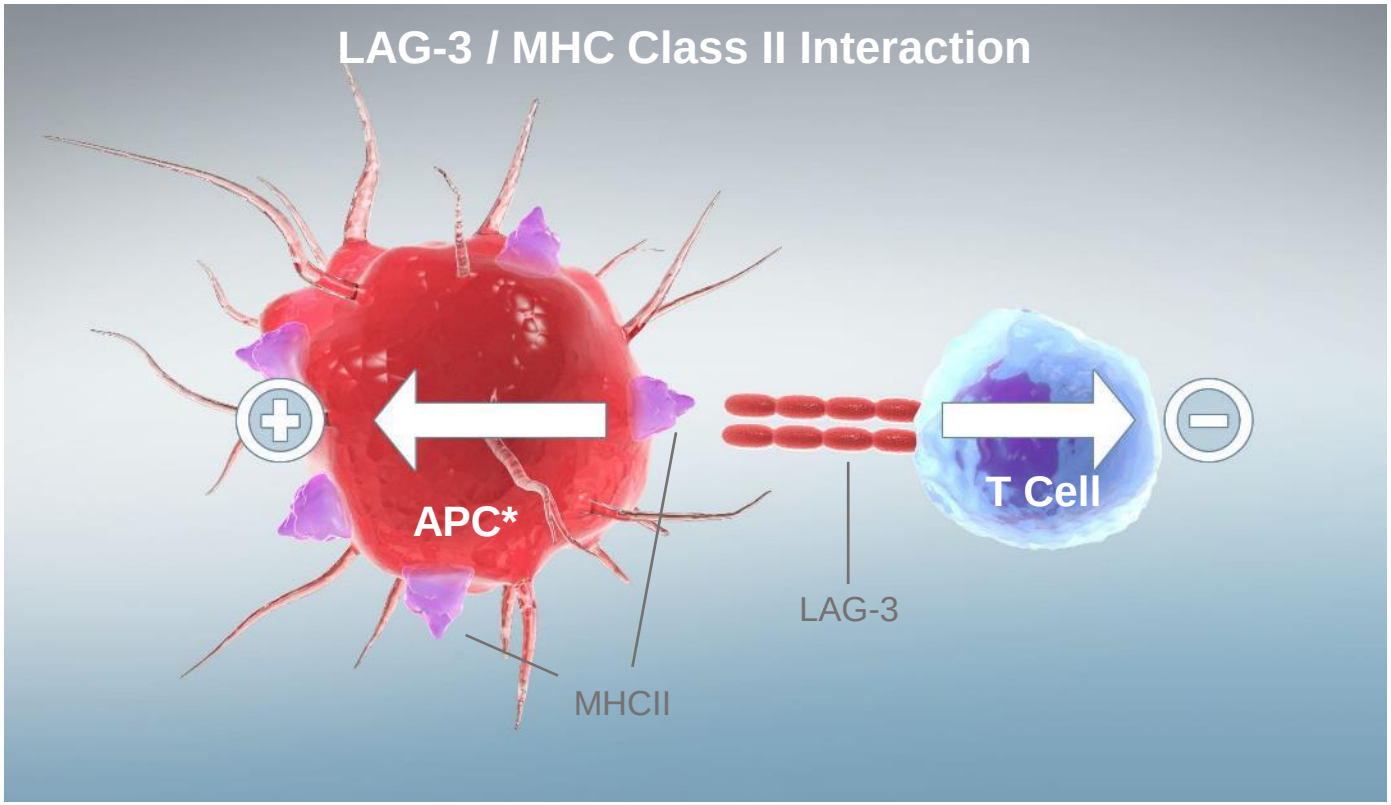
Sources: GlobalData, Company websites, clinicaltrials.gov, and sec.gov, as of 14th December **2021.** The green bars above represent programs conducted by Immutep &/or its partners. Total trials includes all active, completed &/or inactive trials. Patient totals are based on estimated total enrolled &/or to be enrolled. Not a complete list of currently existing LAG-3 products.

1) As of January 7, 2019 Regeneron is in full control of program and continuing development (https://www.sec.gov/Archives/edgar/data/872589/000110465919000977/a19-1325_18k.htm)
2) On 3 Apr. 2020 Les Laboratoires Servier acquired Symphogen
3) Tesaro was acquired by and is now part of GSK (www.gsk.com/en-gb/media/press-releases/gsk-completes-acquisition-of-tesaro-an-oncology-focused-biopharmaceutical-company/)
4) Includes two completed Phase I studies and one discontinued Phase 2 study
5) Including IITs, one planned trials (MBC trial by EOC)
6) RELATIVITY-047 (https://investors.bms.com/iframes/press-releases/press-release-details/2021/Bristol-Myers-Squibb-Announces-RELATIVITY-047-a-Trial-Evaluating-Anti-LAG-3-Antibody-Relatlimab-and-Opdivo-nivolumab-in-Patients-with-Previously-Untreated-Metastatic-or-Unresectable-Melanoma-Meets-Primary-Endpoint-of-Progression-Free-Survival/default.aspx)

MHC II / LAG-3 interaction is clinically validated as a therapeutic target

LAG-3, an immune checkpoint, is widely expressed on tumor infiltrating lymphocytes (TILs) and cytotoxic T cells, and interacts with MHC class II molecules on antigen presenting cells (APCs)

→ **Prime target for immune therapy**



Positive regulation of antigen presenting cells (**APCs**) via MHC II transferred activating signals → increase in antigen presentation to cytotoxic CD8⁺ T cells

Negative regulation of LAG-3⁺ T Cells

- Relatlimab + 15 more products in clinical development
- Clinical validation at ASCO/ESMO 2021 (RELATIVITY-047: relatlimab + nivolumab in melanoma)
- **PDUFA target action date is March 19, 2021***

MHC II (APC) / LAG-3 (T cell) interaction is important for tumor immunology

- This APC / T cell interaction is now a validated target since ASCO 2021 → 3rd validated checkpoint in immuno-oncology

Notes:

* The PDUFA date refers to the date the Food and Drug Administration (FDA) are expected to deliver their decision whether or not a approve a companies New Drug Application (NDA) or Biologics License Application (BLA).

Targeting LAG-3 / MHC II:

Immutep has multiple therapeutics in numerous diseases

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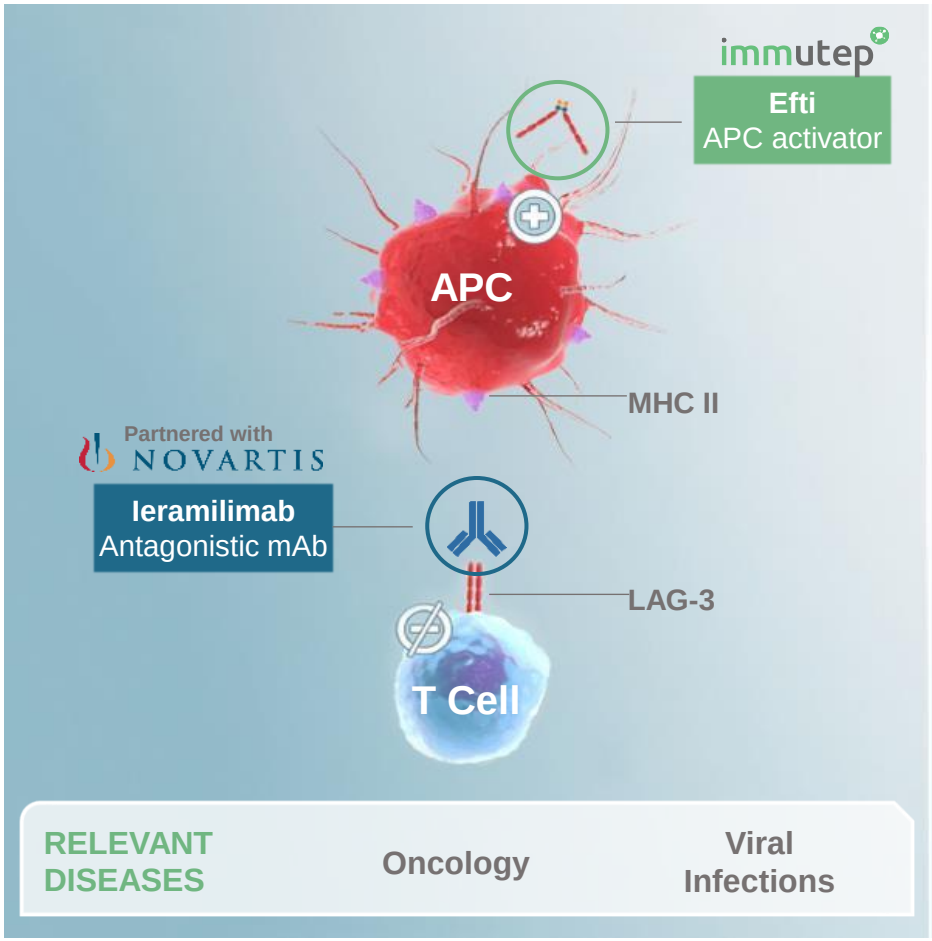
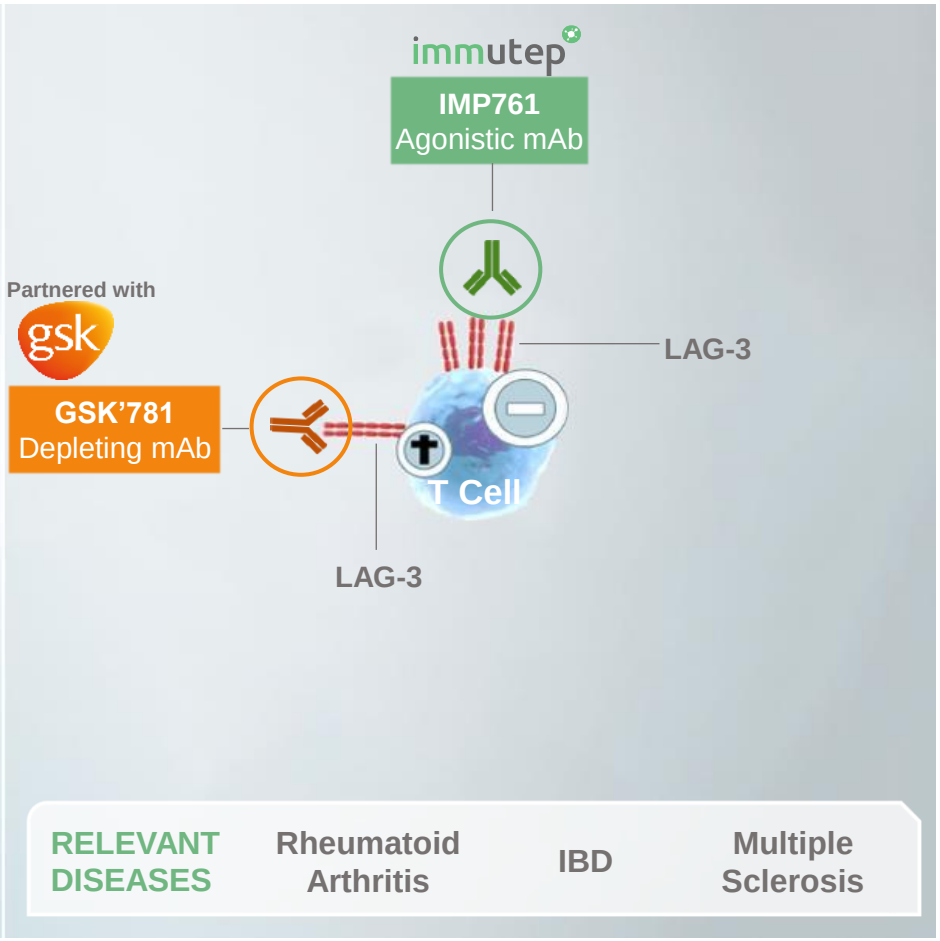
IMMUNOSTIMULATION



RELEVANT DISEASES	Oncology	Viral Infections

IMMUNOSUPPRESSION



RELEVANT DISEASES	Rheumatoid Arthritis	IBD	Multiple Sclerosis

- ✓ Immutep is the only company with four LAG-3 related compounds, each with a different mechanism of action for treatment of numerous diseases
- ✓ Two major partnerships with pharma and two products under own development

Notes:
* APC: antigen presenting cell

Immutep's LAG-3 Trial Pipeline*

Program	Preclinical	Phase I	Phase II	Late Stage[5]	Commercial Rights	Market Size[6]
Oncology						
Eftilagimod Alpha (efti or IMP321) APC activating soluble LAG-3 protein	**Metastatic Breast Cancer (Chemo – IO)** **AIPAC**				Global Rights immutep	US$29.9 billion
	Head and Neck Squamous Cell Carcinoma (IO – IO) [1b] **TACTI-003**			MSD INVENTING FOR LIFE		US$1.9 billion
	Head and Neck Squamous Cell Carcinoma (IO – IO) [1] **TACTI-002**			MSD INVENTING FOR LIFE		
	Non-Small-Cell Lung Carcinoma (IO – IO) [1] **TACTI-002**			MSD INVENTING FOR LIFE		US$22.6 billion
	Solid Tumors (IO – IO) [2], [3a] **INSIGHT-004**		Pfizer Merck KGaA, Darmstadt, Germany			
	Solid Tumors (IO – IO) [2], [3b] **INSIGHT-005**		Merck KGaA, Darmstadt, Germany			
	Solid Tumors (IO – IO – chemo) [2] **INSIGHT-003**					
	Solid Tumors (Cancer Vaccine)[4a] **YNP01 / YCP02 / CRESCENT 1**		CYTLIMIC Cytotoxic T Lymphocyte Immunotherapy in Cancer			
	Metastatic Breast Cancer (Chemo – IO)[4b]			EOC	Chinese Rights EOC	US$2.3 billion
Inf. Dis.						
Efti	**COVID-19 disease (Monotherapy)[7]** **EAT-COVID**				Global Rights[8] immutep	
Autoimm.						
IMP761 (Agonist AB)					Global Rights immutep	US$149.4 billion (2025)

Notes

* Information in pipeline chart current as at January 2022

(1) In combination with KEYTRUDA® (pembrolizumab) (1b) Planned new trial for 1st line HNSCC patients

(2) INSIGHT Investigator Initiated Trial ("IIT") is controlled by lead investigator and therefore Immutep has no control over this clinical trial

(3) a) In combination with BAVENCIO® (avelumab); b) in combination with Bintrafusp alfa

(4) a) Conducted by CYTLIMIC in Japan; b) Conducted by EOC in China. Immutep has no control over either of these trials.

(5) Late stage refers to Phase IIb clinical trials or more clinically advanced clinical trials

(6) GlobalData Market Size forecast for US, JP, EU5, Urban China and Australia; KBV Research: https://www.kbvresearch.com/autoimmune-disease-therapeutics-market/)

(7) IIT conducted by University Hospital Pilsen. Immutep has no control over this trial.

(8) Ex China

Immutep Out-Licensed Immunotherapy Pipeline*

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Program	Preclinical	Phase I	Phase II	Late Stage[1]	Commercial Rights/Partners	Updates
Oncology						
LAG525 (Antagonist AB)	Solid Tumors + Blood Cancer (IO-IO Combo)				Global Rights NOVARTIS	Novartis has five clinical trials for LAG525 in multiple cancer indications for approx. 1,000 patients[4]
	Triple Negative Breast Cancer (Chemo-IO Combo)					
	Melanoma (IO-IO-Small Molecule Combo)					
	Solid Tumors (IO-IO Combo)					
	Triple Negative Breast Cancer (Chemo-IO-Small Molecule Combo)					
Autoimmune						
GSK'781 (Depleting AB)	Ulcerative Colitis[6]				Global Rights gsk	Two successful Phase I studies. Phase II clinical study in up to 242 ulcerative colitis patients was discontinued.
	Healthy Japanese and Caucasian Subjects[2]					
	Psoriasis[3]					

Notes

* Information in pipeline chart current as at January 2022
(1) Late stage refers to Phase IIb clinical trials or more clinically advanced clinical trials
(2) Reflects completed Phase I study in healthy volunteers
(3) Reflects completed Phase I study in healthy volunteers and in patients with plaque psoriasis
(4) https://clinicaltrials.gov/ct2/results?cond=&term=LAG525&cntry=&state=&city=&dist=
(5) https://clinicaltrials.gov/ct2/results?cond=&term=GSK2831781&cntry=&state=&city=&dist= and https://www.gsk.com/media/5957/q1-2020-results-slides.pdf
(6) Discontinued in Jan 2021

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Eftilagimod Alpha

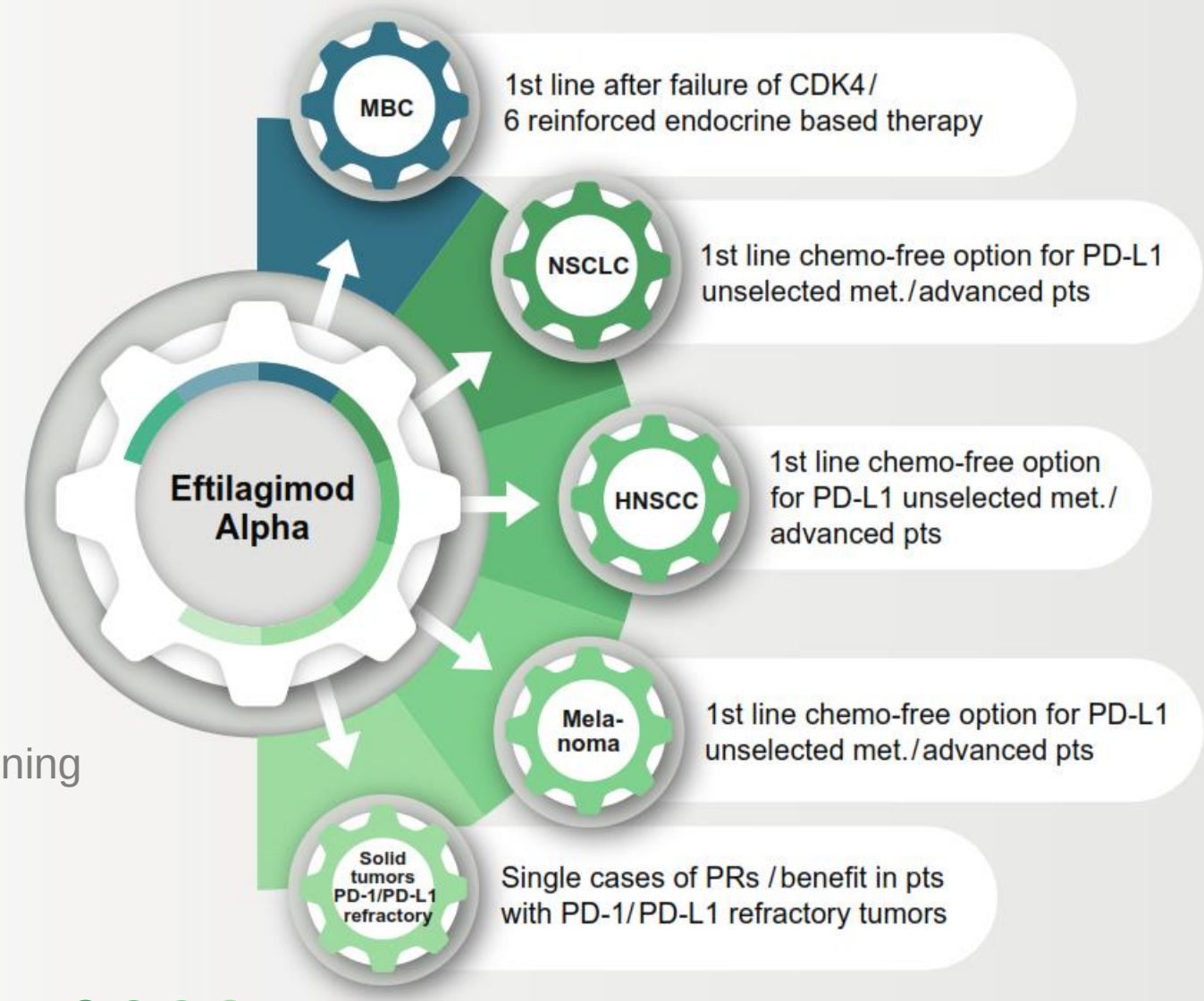
- Bringing APC Activation into Oncology -

Eftilagimod alpha ~ Efti ~ IMP321

Efti: Potential Pipeline in a Product

Potential for use in various combination settings

- Unique MHC II agonist
- Excellent safety profile
- Encouraging efficacy data
- Low cost of goods
- Unique protective IP positioning (unlike ICI mAbs)



Efti´s Clinical Potential

AIPAC – Efti + Chemo

Phase IIb in MBC

- Randomized, placebo controlled.
- OS presented in Nov 2021.

INSIGHT-004 – Efti + Avelumab

Pfizer

Merck KGaA, Darmstadt, Germany

Phase I in Solid Tumors

- 5/12 (41.6%) patients with partial responses in ICI insensitive indications
- Final data presented in 2021

TACTI-mel – Efti + Pembro

Phase I in Melanoma

- Deep & durable responses, outperforming pembrolizumab monotherapy
- Completed

TACTI-003 – Efti + Pembro

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Phase IIb in 1st line HNSCC

- Currently recruiting
- Fast Track Designation by FDA

TACTI-002 – Efti + Pembro

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Phase II in 1st and 2nd line NSCLC

- 1st line NSCLC: high increase in ORR compared to historical Pembrolizumab monotherapy.
- 1st line NSCLC: Responses in PD-L1 high/low/no expressing subgroups.
- 2nd line NSCLC, PD-X refractory: data presentation at European Lung Cancer Congress 2022.

INSIGHT-003

IKF

Phase I in Solid Tumors

- Triple combo: anti-PD1 + efti + chemo
- Started: Q4 2021 / data in 2022

TACTI-002 – Efti + Pembro

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Phase II in 2nd line HNSCC

- Durable, deep responses (app. 30% ORR, 5 CRs) in a very challenging patient population.
- Responses in PD-L1 in low expressing subgroup.

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Efti + anti-PD-1 Combination

TACTI-002 trial

TACTI-003 trial

Interim updates from ASCO 2021 and SITC 2021

TACTI-002 (Phase II)

Design & Status

TACTI-002: Two ACTive Immunotherapeutics in NSCLC and HNSCC

SCREENING

UNSELECTED FOR PD-L1

PART A:
1ST LINE MET. NSCLC

PART B:
2ND LINE MET. NSCLC, REFRACTORY TO PD-1/PD-L1 TARGETING THERAPY

PART C:
2ND LINE MET. HNSCC AFTER PLATINUM THERAPY

COMBINED IMMUNOTHERAPY
PEMBROLIZUMAB + EFTI FOR 12 MONTHS + 12 MONTHS PEMBROLIZUMAB MONO

ORR, PFS, OS, PK, biomarker, safety and tolerability

In collaboration with

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Treatment	30 mg efti (IMP321) s.c. 200 mg pembrolizumab (Keytruda®) i.v.

Recruitment Status Report

- ✓ Fully approved in all countries
- ✓ Up to 189 patients in three indications
  - ✓ Part A (N=114) completed
  - ✓ Part C (N=39) completed
  - ✓ Part B (N=36) completed

Sites in Europe / US / Australia

Notes:
ORR – overall response rate, DCR – disease control rate, PFS – progression free survival, OS – overall survival, QoL – Quality of life

TACTI-002 Results(1)

1st line NSCLC (Part A)

- ***PD-L1 distribution as expected (~70% with < 50% PD-L1 expression) → PD-L1 all comer trial***
- ***Patients are typical NSCLC 1st line pts***

Baseline parameters	N (%)
Age (years), median (range)	68.5 (53-84)
Female Male	11 (30.6) 25 (69.4)
ECOG 0 ECOG 1	15 (41.7) 21 (58.3)
Current / Ex-smokers Non-smokers	34 (94.4) 2 (5.6)
Squamous pathology Non-squamous pathology	15 (41.7) 21 (58.3)
Patients with liver metastasis	14 (38.9)

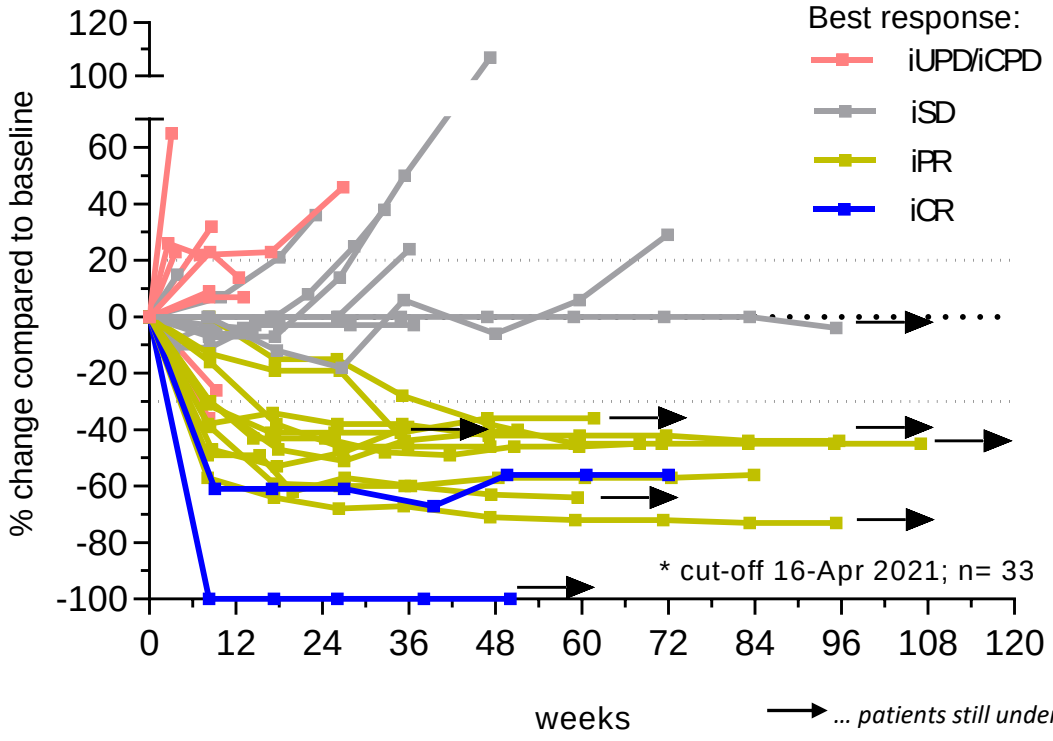
Best overall response, iRECIST, N = 36	Local Read (investigator) N (%)	Blinded Read (BICR) N (%)
Complete Response	**2 (5.6)**	**2 (5.6)**
Partial Response	11 (30.6)	13 (36.1)
Stable Disease	11 (30.6)	10 (27.8)
Progression	8 (22.2)	6 (16.7)
Not Evaluable**	4 (11.1)	5 (13.9)
Disease Control Rate	24 (66.7)	25 (69.4)
Overall Response Rate* [95% CI interval]	**13 (36.1) [20.8-53.8]**	**15 (41.7) [25.5-59.2]**
Overall Response Rate – Evaluable pts* [95% CI interval]**	**13 (40.6) [23.7-59.4]**	**15 (48.4) [30.1-60.9]**

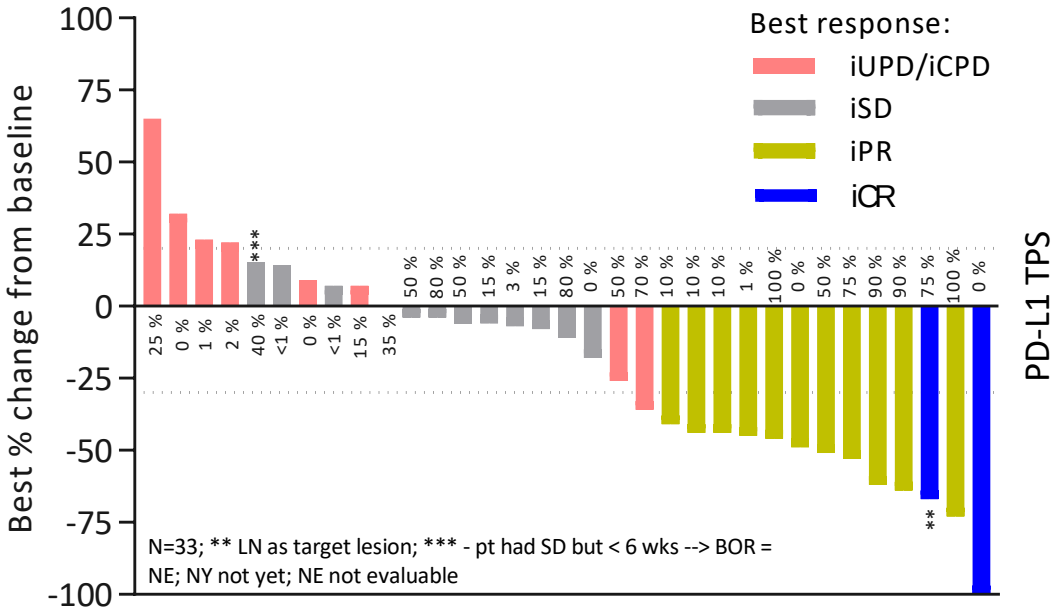
** - All patients stage 1 and 2 (N=36) with ≥ 1 treatment*
*** - dropped off prior to first staging or were not evaluable post-baseline for any reason*
**** - Evaluable for efficacy meaning ≥ 1 treatment and ≥ 1 post baseline tumor staging*

Notes:
(1) Preliminary data, cut-off Apr 16, 2021
ECOG… Eastern Cooperative Oncology Group
iRECIST… Immune Response Evaluation Criteria In Solid Tumors
BICR… Blinded Independent Central Review

TACTI-002 Results(1)

1st line NSCLC (Part A)





Duration of response (DoR)

- 92% responses confirmed
- 58% confirmed responses ongoing with 6+ months
- 42% of confirmed responses progressed after 6.5-13.8 months
- Median DoR estimated 13+ months

- Responses at all PD-L1 levels including 1 Complete Response with TPS of 0%
- At data cut-off, 7 pts still under therapy and 1 patient completed the 2 years of therapy

(1) Preliminary data, cut-off Apr 16, 2021

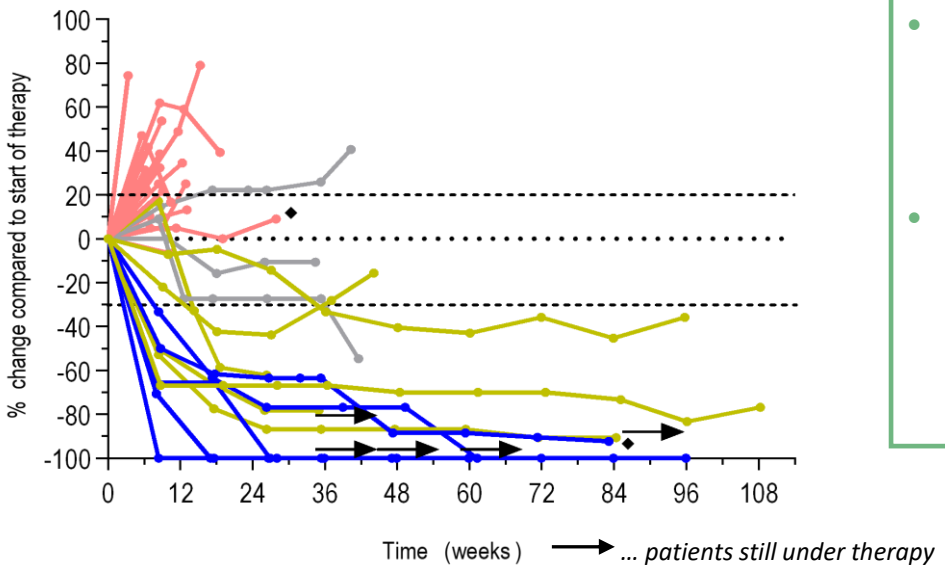
Graphs represent all patients with at least one post baseline assessment. One patient has no official RECIST assessment as this was done < 6 weeks and this does not qualify according to RECIST. Per local investigator assessment.

iRECIST… Immune Response Evaluation Criteria In Solid Tumors

TACTI-002 Results(1)

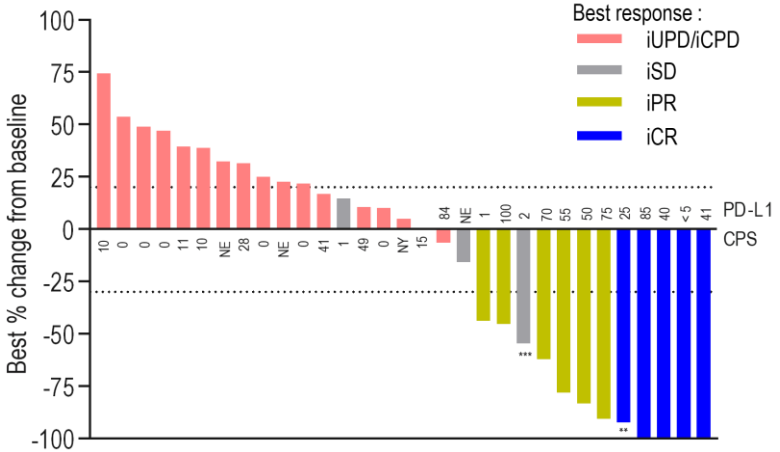
2nd line HNSCC (Part C)

Best overall response, iRECIST	Investigator assessment N (%)
Complete Response	5 (13.5)
Partial Response	6 (16.2)
Stable Disease	3 (8.1)
Progression	17 (45.9)
Not evaluable¶	6 (16.2)
Disease Control Rate	14 (37.8)
Overall Response Rate [95% CI]	11 (29.7) [15.9 – 47.0]
Overall Response Rate – Evaluable pts* [95% CI]	11 (35.5) [19.2 – 54.6]



- ORR (iRECIST) in ITT of 29.7% and 35.5% evaluable pts
- Responses are deep with 5 (13.5%) CRs and long lasting
- ORR of 40.7% (CPS ≥ 1) and 64.3 (CPS ≥ 20)
- OS rates at 12 months for all PD-L1 groups in the range of 50% or above

CPS score	All comer (N=37)	≥1 (N=27)	≥20 (n=14)
ORR (iRECIST)			
ORR, %	29.7	40.7	64.3
Overall survival			
No. of events	23	17	7
6-month OS, %	54.7	55.5	71.4
12-month OS, %	48.4	48.2	64.3
Progression-free survival			
No. of events	30	17	8
3-month PFS, %	37.8	48.2	64.3
6-month PFS, %	32.4	40.7	57.1



Notes:

(1) Database cut-off date was August 4, 2021 (efficacy)

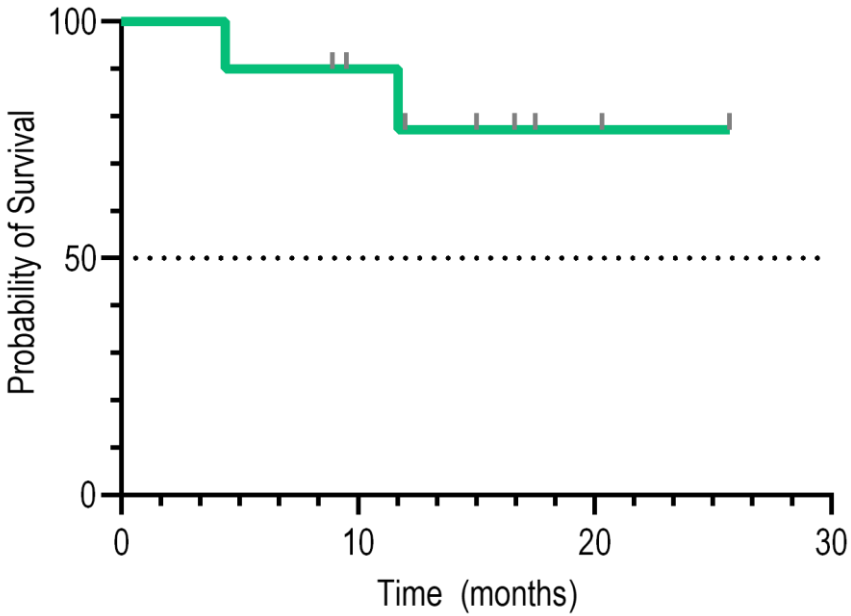
Graphs represent all patients with at least one post baseline assessment. One patient has no official RECIST assessment as this was done < 6 weeks and this does not qualify according to RECIST. Per local investigator assessment.

iRECIST = Immune Response Evaluation Criteria In Solid Tumors

TACTI-002 Results(1)

2nd line HNSCC (Part C), DoR and Benchmarking

Duration of Response (DoR)
for confirmed responders (N=10)

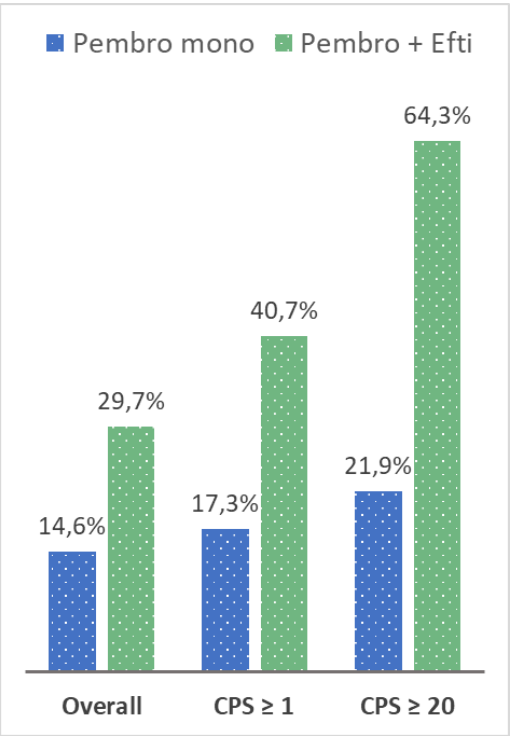


- Median duration of response not yet reached
- all ongoing responses lasting **9+ months**

Benchmarking against Pembro mono

- ORR clearly higher (≥ factor 2) in all PD-L1 subgroups and overall
- PFS and OS rates at 6 and 12 months respectively are higher in all PD-L1 subgroups and overall with efti combination

ORR

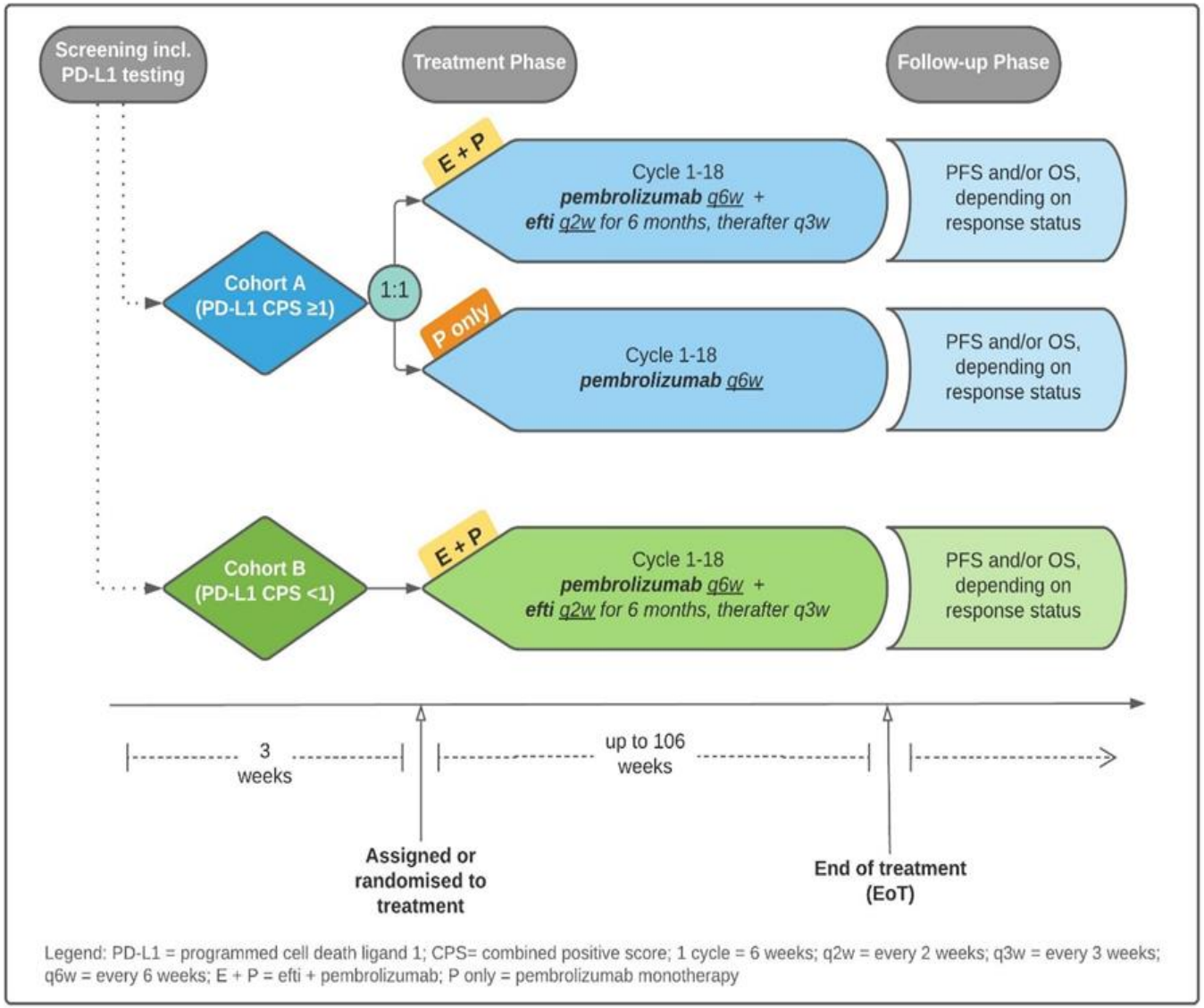


	PD-L1 (CPS)	Pembro mono**	TACTI-002
ORR (%)	≥ 20	**21.9%**	**64.3%***
	≥ 1	**17.3%** (2% CR)	**40.7%*** (20.8% CR*)
	Overall pop.	**14.6%**	**35.5%#**
mDoR (mths)	Overall pop.	18.4	Not reached with min. 9+ months at cut-off

Notes:
(1) Database cut-off date was August 4, 2021 (efficacy)
* - only patients evaluated where PD-L1 results available (N=14 for CPS ≥ 20) (N=27 for CPS ≥ 20); # - Evaluable patients (N=31); ** Data for pembro derived from KN040 (EEW Cohen et al., *The Lancet* 2018)

TACTI-003 Trial in 1st line HNSCC

Current Design + Status



Legend: PD-L1 = programmed cell death ligand 1; CPS= combined positive score; 1 cycle = 6 weeks; q2w = every 2 weeks; q3w = every 3 weeks; q6w = every 6 weeks; E + P = efti + pembrolizumab; P only = pembrolizumab monotherapy

In collaboration with

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Design:

- Randomised study with ORR as primary endpoint
- Sites worldwide (AU, US, Europe)
- Approx. 154 pts: either to be randomized to have sufficient pts in each group or in an experimental arm

Status:

- Ongoing, recruiting.
- **Fast Track designation granted by FDA in April 2021**

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Efti + Chemo Combination

AIPAC trial

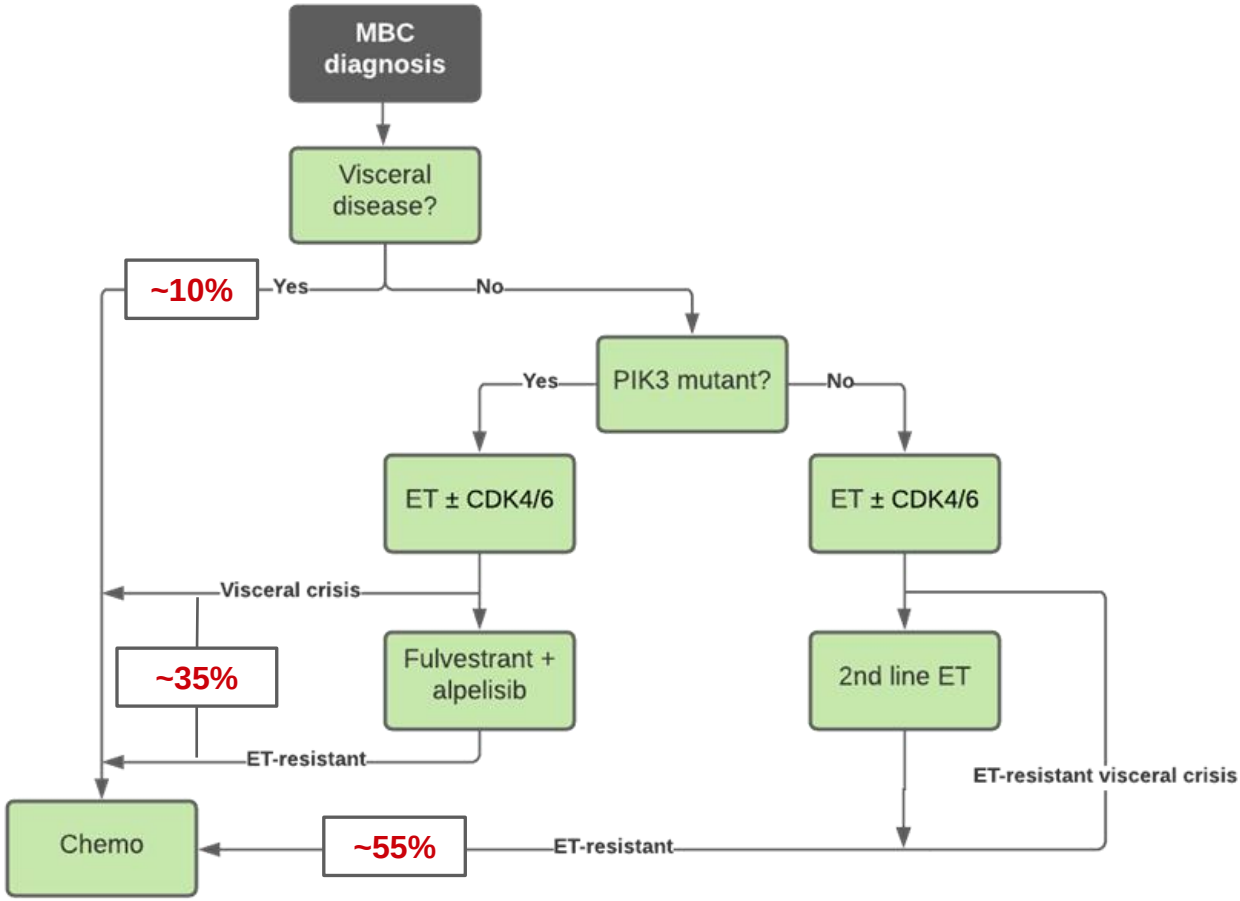
Final OS results presented at SITC 2021

Goal: Improving OS while maintaining QoL in HR^{+}/HER2^{-} MBC patients

Epidemiology:

- Breast cancer (BC) is the **most frequently diagnosed cancer**. More than 2 million breast cancer (thereof ~70% HR^{+}/HER2^{--}) diagnoses per annum worldwide.
- Up to 550,000 patients in total and app. 350,000 patients younger than 65 develop metastatic disease and are **eligible to receive chemotherapy**(1) (2)

HIGH UNMET MEDICAL NEED



Lack of Innovation

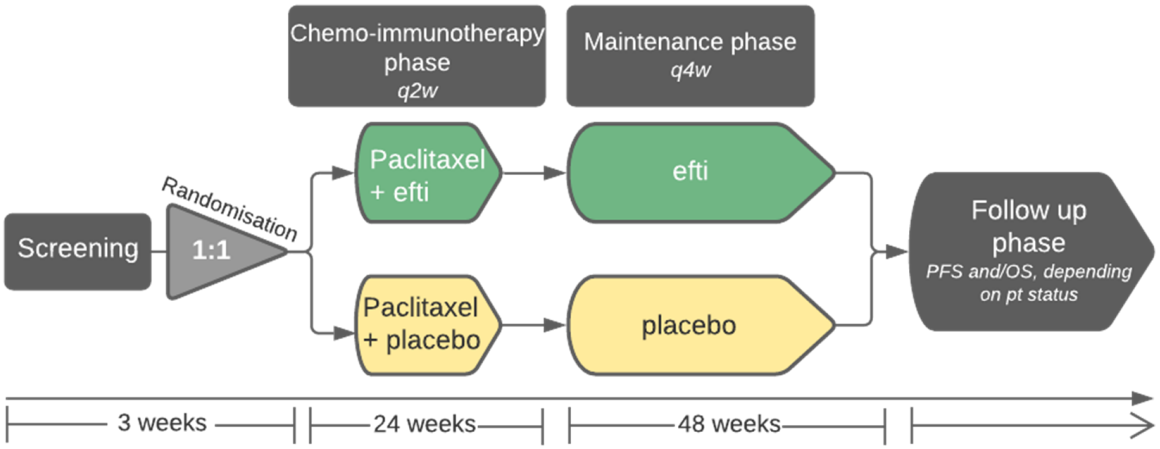
*Weekly **paclitaxel** well established SOC*

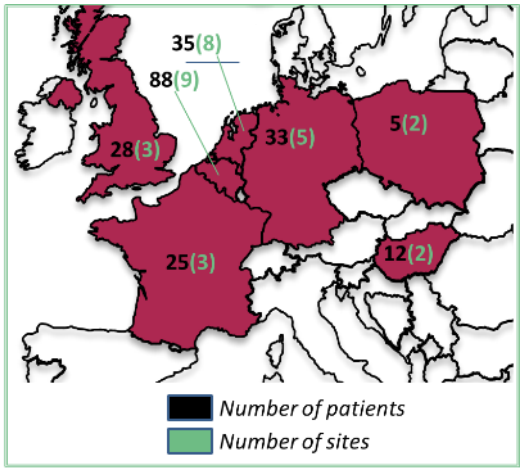
Notes

(1) Source: WHO Global Cancer Observatory 2020 and Informa Intelligence October 2020
(2) Wang et al. BMC Cancer (2019) 19:1091
MBC – metastatic breast cancer; BC – Breast Cancer

Efti: AIPAC (Phase IIb) design

AIPAC: Active Immunotherapy PAClitaxel in HER2⁻/ HR⁺ metastatic breast cancer (MBC)





Hypothesis-Generating Study

Primary endpoint(*) (presented Mar. 2020) included:

- Assessment of Progression-Free Survival (PFS)

Secondary endpoints(*) (presented Dec. 2020) included:

- Overall Survival (OS)
- Safety and tolerability
- Overall Response Rate (ORR) and other efficacy parameters
- Biomarker and Immune Monitoring

Fact sheet

- ✓ Conducted in 7 EU countries
- ✓ Local and blinded independent central read
- ✓ Last Patient In enrolled Jun. 2019
- ✓ Primary analysis PFS (immature OS) Mar. 2020
- ✓ Follow-up 1 analysis OS Sep. 2020 (SABCS Dec. 2020) – ~60% OS events
- ✓ **Final OS analysis presented at SITC 2021**

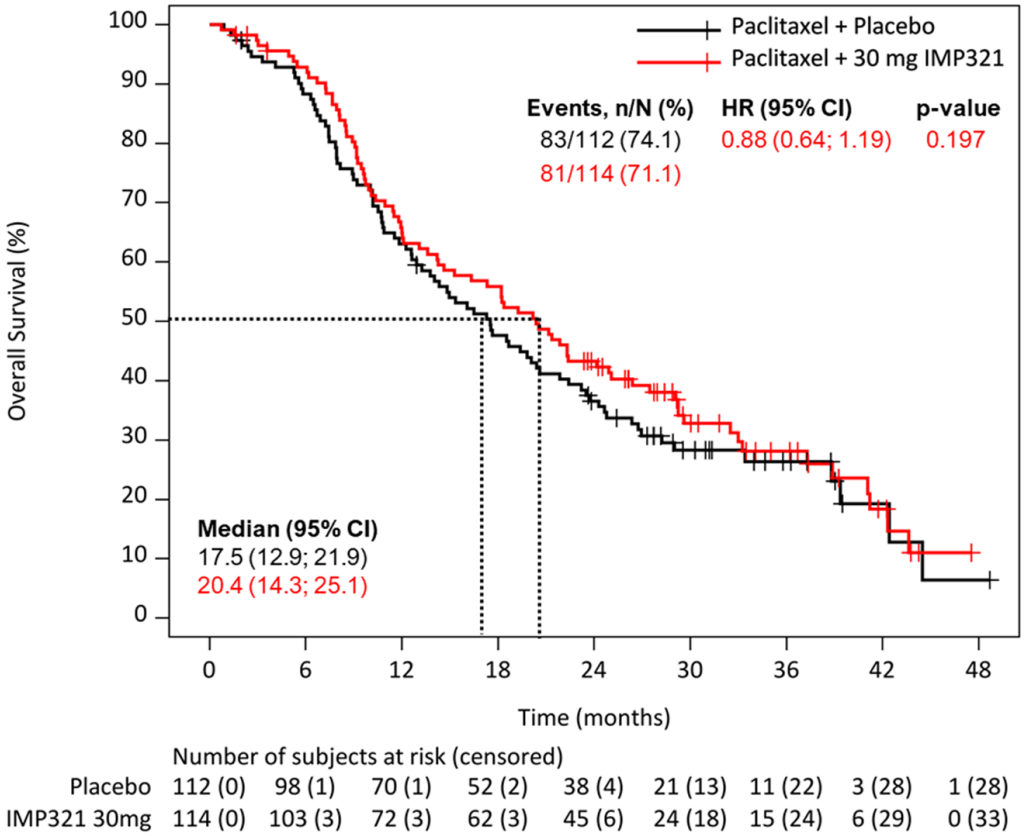
Notes:

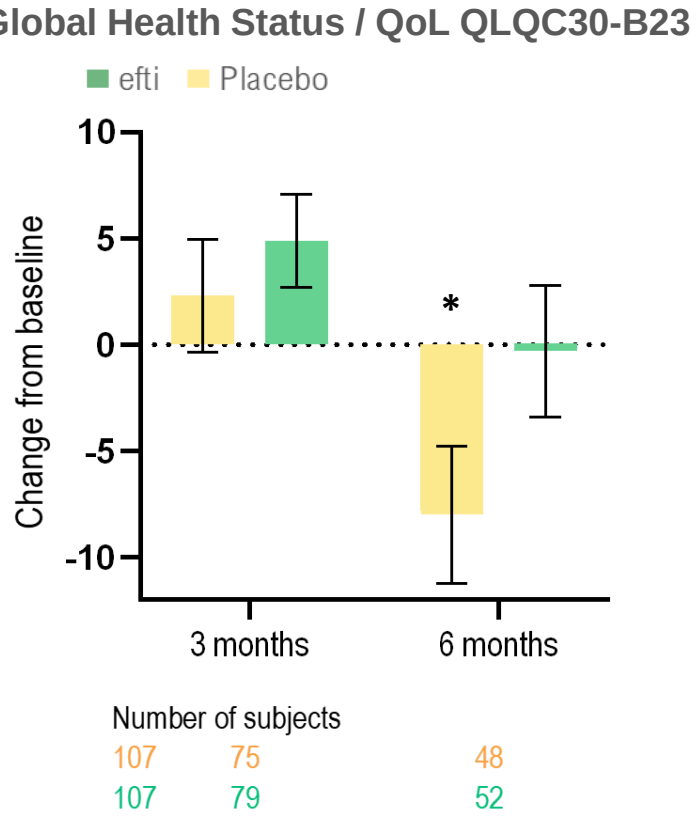
* No hypothesis testing

ORR – overall response rate, DCR – disease control rate, PFS – progression free survival, OS – overall survival, QoL – Quality of life

AIPAC Results: Overall Unselected Population*

Improving OS with better QoL





- Increase in OS: +2.9 months from median of 17.5 (95% CI: 12.9-21.9) in placebo to 20.4 (95% CI: 14.3 -25.1) in the efti group.
- Post-study treatment similar: 86% (efti) vs. 90% (placebo); majority received chemotherapy 70.2% (efti) vs. 76.8% (placebo)

- Preserving QoL in the efti arm, while significant deterioration of QoL (QLQ-C30-B23) observed in the placebo group at 6 months.
- Note: Paclitaxel treatment intensity was similar between groups

Notes:

* These results were presented at SITC 2021. Database cut-off date was May 14, 2021 (73% of events) with minimum follow up of 22 months

AIPAC Results: Prespecified Subgroups

Statistically significant median OS improvement in 3 subgroups

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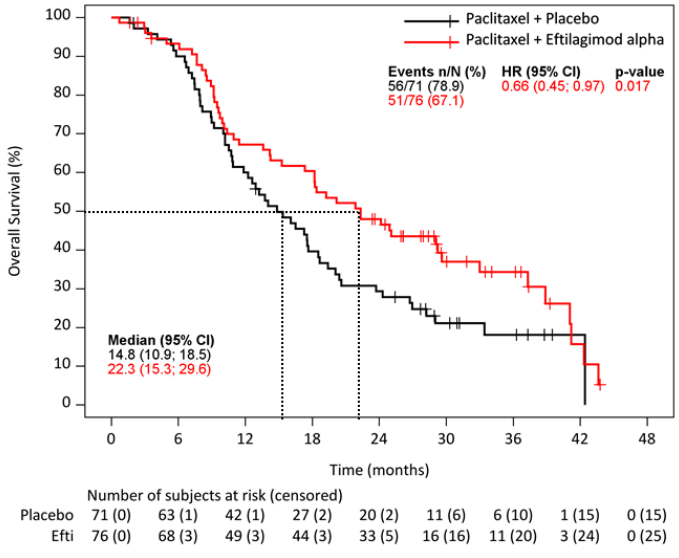
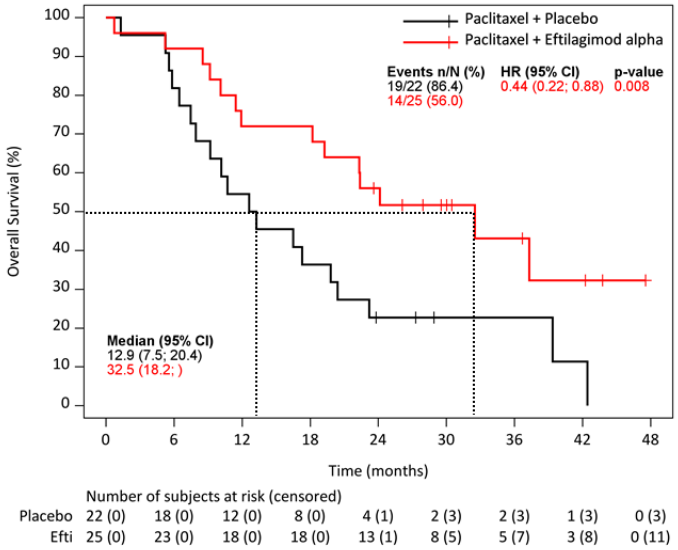
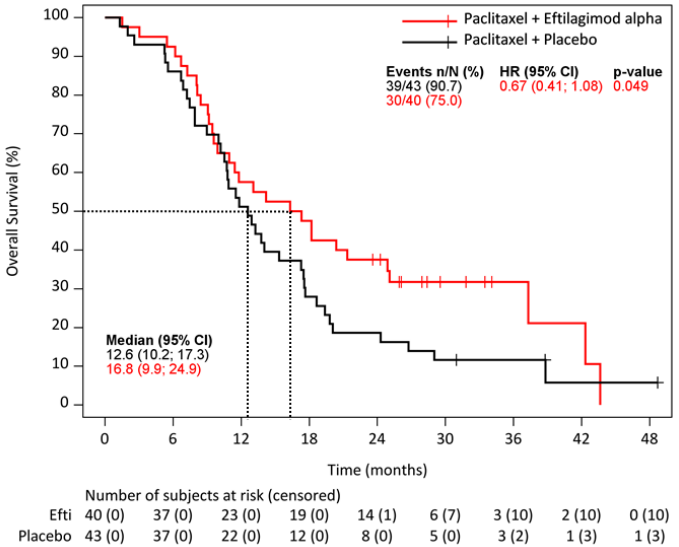
< 65 years:
+7.5 months median OS (HR 0.66; p=0.017)

Low Monocytes:
+19.6 months median OS (HR 0.44; p=0.008)

Luminal B:
+4.2 months median OS (HR 0.67, p=0.049)







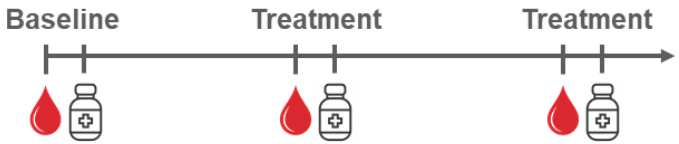
Statistically significant and clinically meaningful improvement in median OS in 3 prespecified patient subgroups: informs Phase III trial design

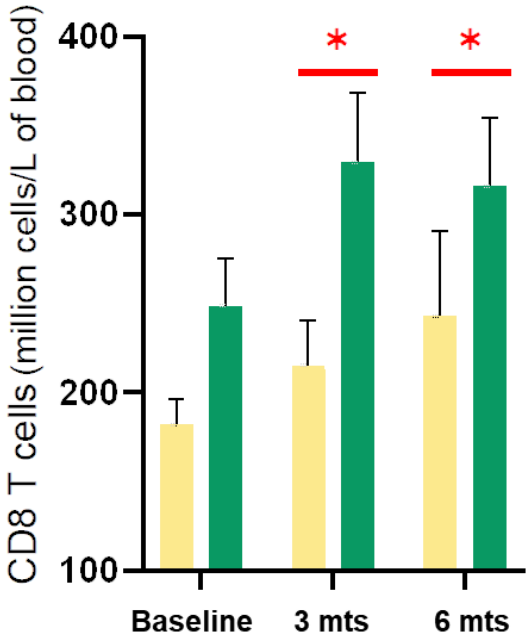
AIPAC Results

Immune Monitoring on Fresh Blood (up to 70 patients)

Significant Increase of CD8+ T Cell Count

Minimal Residual Effect: samples taken just before next treatment

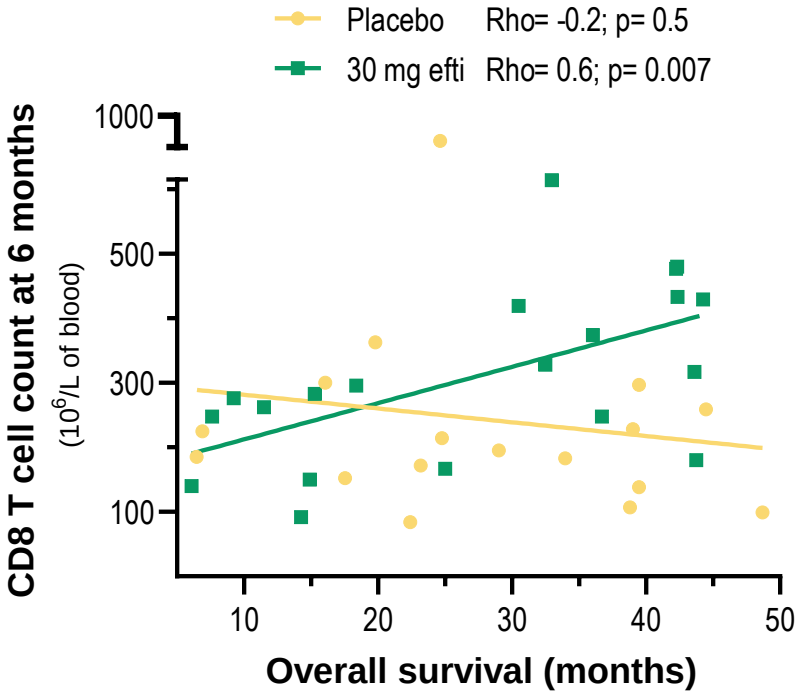




Proof of Principle
Number of T cells increased in efti group, especially cytotoxic CD8+ T cells

Significant Correlation:

OS and cytotoxic CD8$^+$ T cell count



Proof of Concept
Increased number of cytotoxic CD8+ T cells correlated with improved OS in the efti arm

Notes:
* These results were presented at SITC 2021. Database cut-off date was May 14, 2021

AIPAC-003: Phase III in MBC

General Concept (subject to further regulatory interactions)

1) Primary Endpoint: Overall Survival

- Preferred endpoint for Phase III and approval by regulatory agencies in such a patient population.
- Seems to be a better fit for active immunotherapies such as efti.

2) Treatment

- Paclitaxel will be allowed to be continued beyond 6 cycles to accommodate for EU & US standards and as a lesson from AIPAC.

3) Patient Population on Target

- Immutep will define the patient population and statistical read-out in a way to increase likelihood of success.

4) Statistical Design

- Will be robust and pre-agreed with regulatory agencies to ensure success later during MAA/BLA procedures.

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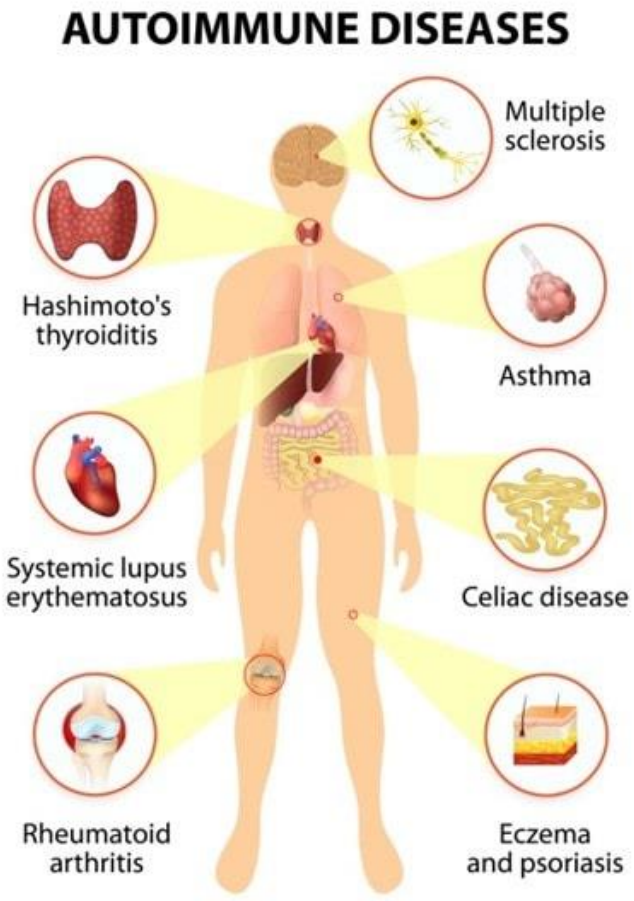
IMP761
- Autoimmune Diseases -

Broad potential in targeting auto-reactive memory T cells with IMP761

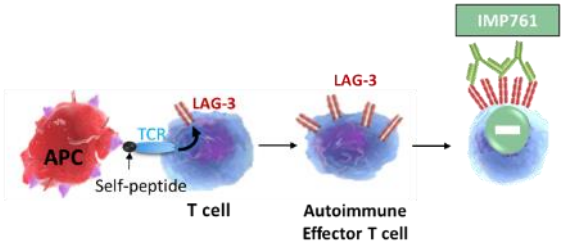


THE PRESENT: FIGHTING THE SYMPTOMS

Treating general inflammation:
corticoids, methotrexate,
anti-TNF-α, -IL-6, -IL-17, -IL-23 mAbs

THE FUTURE: FIGHTING THE CAUSE

Treating the disease process:
silencing the few autoimmune memory T cells accumulating at the disease site with IMP761



POTENTIAL GAME CHANGER IN AUTOIMMUNE DISEASES (US$153.32 billion by 2025)[1]

Notes

(1) Source: https://www.researchandmarkets.com/reports/4828880/autoimmune-disease-therapeutics-market-by-drug

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Outlook

2022 News Flow*

2022

- **Clinical data** from TACTI-002 (e.g. 1st line NSCLC)
  - **2nd line NSCLC** PD-X refractory data will be presented at the European Lung Cancer Congress 2022 (end of March/beg. April)
- Ongoing **recruitment & updates** from randomised trial in 1st line HNSCC (**TACTI-003**)
- **INSIGHT-003** recruitment & first results
- **Regulatory** updates
- Manufacturing **scale up** to 2,000 L
- **Expansion** of existing programs (incl. planned Phase III)
- Updates from **IMP761**
- Further updates from partnered programs (e.g. GSK, Novartis, EOC Pharma)

✓ Validation of LAG-3/MHC-II interaction through BMS's Phase III results in melanoma

- 2022 could be a breakthrough year for LAG-3 as it is likely to become an approved commercial target

Notes:
*The actual timing of future data readouts may differ from expected timing shown above. These dates are provided on a calendar year basis.
A tick symbol indicates a completed item.

Summary

Four LAG-3 product candidates with multiple active clinical trials

Multiple big pharma partnerships

Well funded with approx. A$100 million (US$74 million) (2) in cash

IO therapies for Oncology and Autoimmune diseases - very large and growing markets

Corporate Snapshot

Ticker Symbols	Ordinary shares on issue(1)	Market Cap (as at 7 March 2022)
IMM (ASX) IMMP (NASDAQ)	854.1m	~ A$307m (~US$227m)

(1) *Currently ~27.81% of the ordinary shares are represented by ADSs listed on NASDAQ where 1 ADS represents 10 ordinary shares as of 7 March 2022.*
(2) *According to Appendix 4C for quarter ended 31 Dec 2021.*

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Thank You