**Inimmune**

**Our Focus:** Discovery & development of disease modifying immunotherapies

**Our Science:** Novel compounds designed to target relevant pathways of the innate immune system and drive a therapeutic response

### Clinical Applications:

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Oncology</th>
<th>Vaccine Adjuvants</th>
<th>Infectious Diseases</th>
<th>Autoimmune Diseases</th>
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</thead>
<tbody>
<tr>
<td>Disease-modifying therapy to stop allergy symptoms before they begin</td>
<td>Activating a patient’s immune response to fight cancer</td>
<td>Developing new classes of vaccine adjuvants to treat a broad range of diseases and conditions</td>
<td>Enhancing vaccine responses through precise immune stimulation</td>
<td>Preventing the progression of autoimmune diseases by interrupting the root cause of immune system malfunction</td>
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The Inimmune Difference: Global leaders in innate immune modulator development

- Company formed in 2016 by former GSK Adjuvant Discovery and Development Team
- Over 20 years of experience in immuno-modulatory drug discovery and development
- Strong external funding and IP generation >$150 M in NIH Contracts and 20 patents in the past 10 years
- Expertise from discovery through clinical implementation

- Synthetic molecule design and synthesis
- Formulation and analytical chemistry
- Preclinical vaccine models, MOA, efficacy, tox
- Candidate selection, process development, scale-up, analytics, and regulatory QA/QC
Deep Immunotherapy Pipeline

<table>
<thead>
<tr>
<th>Candidate</th>
<th>Preclinical</th>
<th>cGMP/Tox/IND</th>
<th>Phase 1</th>
<th>Phase 2</th>
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<tbody>
<tr>
<td>INI-2004 (TLR4 Agonist) Seasonal Allergic Rhinitis (AR)</td>
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<td>Clinical stage</td>
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<tr>
<td>INI-4001 (TLR7/8 Agonist) Cancer Immunotherapy</td>
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<td>TLR agonists</td>
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<td>Opioid Vaccines</td>
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<td>SAS Vaccine Adjuvant</td>
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<td>TRAC478 Vaccine Adjuvant</td>
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<tr>
<td>INI-1098 Vaccine Adjuvant &amp; Cancer Immunotherapy</td>
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Changing the Landscape of Immunotherapy: Allergy

The Challenges:

- Symptomatic treatments: anti-histamines and intranasal corticosteroids
- Only disease-modifying therapy is allergen-specific immunotherapy (AIT):
  - Long-term treatment (3 to 5 years)
  - Low patient adherence and high patient costs
- Years after the approval of intranasal steroids and AIT, no significant increase in patient quality of life has been achieved

The Solution: INI-2004

- INI-2004 is a disease-modifying therapy for allergies with the potential to be curative
- Intranasal INI-2004 Phase I trial in progress for treatment of allergic rhinitis
- Numerous follow-on indications such as food allergies, rapid protection against upper respiratory tract infections, and oncology

1DelveInsight, Allergic Rhinitis (AR), Market insight, epidemiology, and market forecast - 2032; Year 2023
INi-2004 is potentially curative due to re-programming the immune response

**Typical Allergic Response to Allergen**

**Sensitization**

INi-2004 Redirects Response to Allergen

**Re-exposure**

Environment
Submucosa

**Allergen-specific IgE**

**Mast cell degranulation**

Clinical Effects: Rhinitis, Asthma, & Urticaria

**Th2 Cytokines**

**De-Sensitization**

DAP-TLR4 INI-2004

**INi-2004**

**Re-exposure**

**Th1 Cytokines**

**Allergen-specific IgG**

**Environment**

Submucosa

**Treatment is potentially curative due to re-programming of immune response.**

Legend

Mucosal Layer  Antigen Presenting Cell  MHC Class II Protein & Epitope  Th2-Cell  B-Cell  Cell with Mediators  Allergen-specific IgE  Allergen  Allergen-specific IgG

INI-2004: Reduces key measures of allergy in a mouse model

- No eosinophil infiltration after allergen challenge in allergic mice treated with INI-2004
- Eosinophils are innate immune cells that drive allergy symptoms
- Lung airway resistance reduced to normal levels in mice treated with INI-2004
- Methacholine-induced lung irritation is significantly reduced by INI-2004 treatment

INI-2004: Phase I clinical trial for AR

Single Ascending Dose (SAD) Study: **Dosing complete**
Multiple Ascending Dose (MAD) Study: **Enrolling patients**

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**Phase 1 Results: SAD**
- SAD study complete
- 4 dose cohorts of healthy volunteers, up to 500 µg INI-2004 administered IN
- INI-2004 well tolerated - no drug related serious adverse events

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**Phase 1: MAD**
- Four weekly doses of INI-2004 given to subjects with confirmed ragweed allergy
  - 3 dose cohorts
  - 3 ragweed challenges with symptom measurement for initial efficacy measurements
- Cohort 1 enrolled and received initial dose
- Screening and enrollment continues for cohorts 2 and 3
Changing the Landscape of Immunotherapy: Cancer

The Challenges:

- Recent therapeutic breakthroughs, such as Checkpoint Inhibitors (CPI), only benefit a small minority of patients
- Best-case estimates ~43% of patients eligible for CPI therapy only ~12.5% of patients helped by these drugs

The Solution: INI-4001

- Pre-clinical mouse models demonstrate the efficacy of INI-4001
  - INI-4001 monotherapy cures 83% in LLC
  - Synergy with anti-PD-1 and increased cure rate (70-100%) in MC38 and B16F10
- Upcoming Phase 1 clinical trial
  - Open label, all solid tumors
  - Safety and efficacy of INI-4001 alone and in combination with CPI

Vision Research Reports, Cancer Immunotherapy Market, Global Industry Analysis, Size, Share, Growth, Trends, Revenue, Regional Outlook 2021-2030
INI-4001 activates the innate immune system via TLR7/8 against cancer

The Solution: INI-4001

- Balanced TLR7 and TLR8 immunity profile
- Nanoparticle formulation enhances anti-tumor activity, maintaining high IFNα production while reducing pro-inflammatory TNFα
- Effective alone and in combination with anti-PD-1
Expanding CPI Efficacy in Combination with INI-4001

**MC38 Tumor Model: Mouse colon cancer**

Using a combination of INI-4001 + anti-PD-1, all mice were cured of MC38 tumors.

Similar results found in immunologically cold tumor model B16F10, a mouse melanoma cancer model.
INI-4001: Upcoming Phase 1 Overview

Dose Escalation and Dose Expansion Study: INI-4001 in patients with advanced solid tumors

**Step 1: Dose escalation, INI-4001 monotherapy**
- INI-4001, IV, once a week for 9 weeks
- Primary endpoint: safety and tolerability of INI-4001
- Secondary endpoints: efficacy and biomarker identification and analysis
- First patient in (FPI) January 2024

**Step 2: Combination INI-4001 and CPI**
- Combination INI-4001 and approved CPI for patients that progress on INI-4001 or achieve stable disease
- Primary endpoint: safety and tolerability of INI-4001
- Secondary endpoints: efficacy and biomarker identification and analysis
Opportunity: Seeking $60M Series B

We are actively seeking a lead series B investor who shares our vision to develop new, safe, and effective immunotherapies for the treatment and prevention of cancers, allergies, infectious and autoimmune diseases.

Advancing Opportunities
A full $60M series B would allow us to:
• Complete Phase 1 INI-4001 cancer clinical trial
• Conduct Phase 2 INI-2004 allergy clinical trial
• Advance SAS adjuvant into Phase I clinical trial
• Advance lead pre-clinical research programs in oncology and autoimmune disorders to IND
• Continue funding general overhead costs through 2025

Propelling Potential
After Phase 2 Clinical Trials (late 2025):
• Corporate partnership and licensing agreement(s)
• IPO or series C
• Merger and acquisition exit
Partnerships & Collaborations

Our partnerships with top universities and biotech companies drives innovative technology and has lead to over $150M in NIH funding

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Executive Team: Experienced Biotech & Industry Veterans

Alan Joslyn, Ph.D.,
Chief Executive Officer, & BOD Member

David Burkhart, Ph.D.,
Chief Operating Officer, Cofounder, & BOD Member

Jay Evans, Ph.D.,
Chief Scientific and Strategy Officer, Cofounder, & BOD Member

Mike Sullivan, CPA.,
Chief Financial Officer

Jon Ruckle, M.D.,
Chief Medical Officer

Helene Bazin-Lee, Ph.D.,
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Kendal Byter, Ph.D.,
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Lucy Tennant, M.S.,
VP, Clinical Operations

Michael Conger, J.D.,
VP, Legal & Business Strategy

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Chair & Professor, Department of Immunology, MD Anderson Cancer Center
2018 Nobel Prize in Physiology or Medicine for the discovery of cancer therapy by inhibition of negative immune regulation

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Scientific Director, Immunotherapy Platform & Professor of Genitourinary Medical Oncology & Immunology, MD Anderson Cancer Center
Internationally renowned expert in CPI clinical trials

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