Unlocking Immunotherapies for Solid Cancer Patients

Immatics Corporate Presentation, April 2021

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Unlocking Immunotherapies for Solid Cancer Patients

Two Transformative Treatment Modalities: Adoptive Cell Therapies and TCR Bispecifics

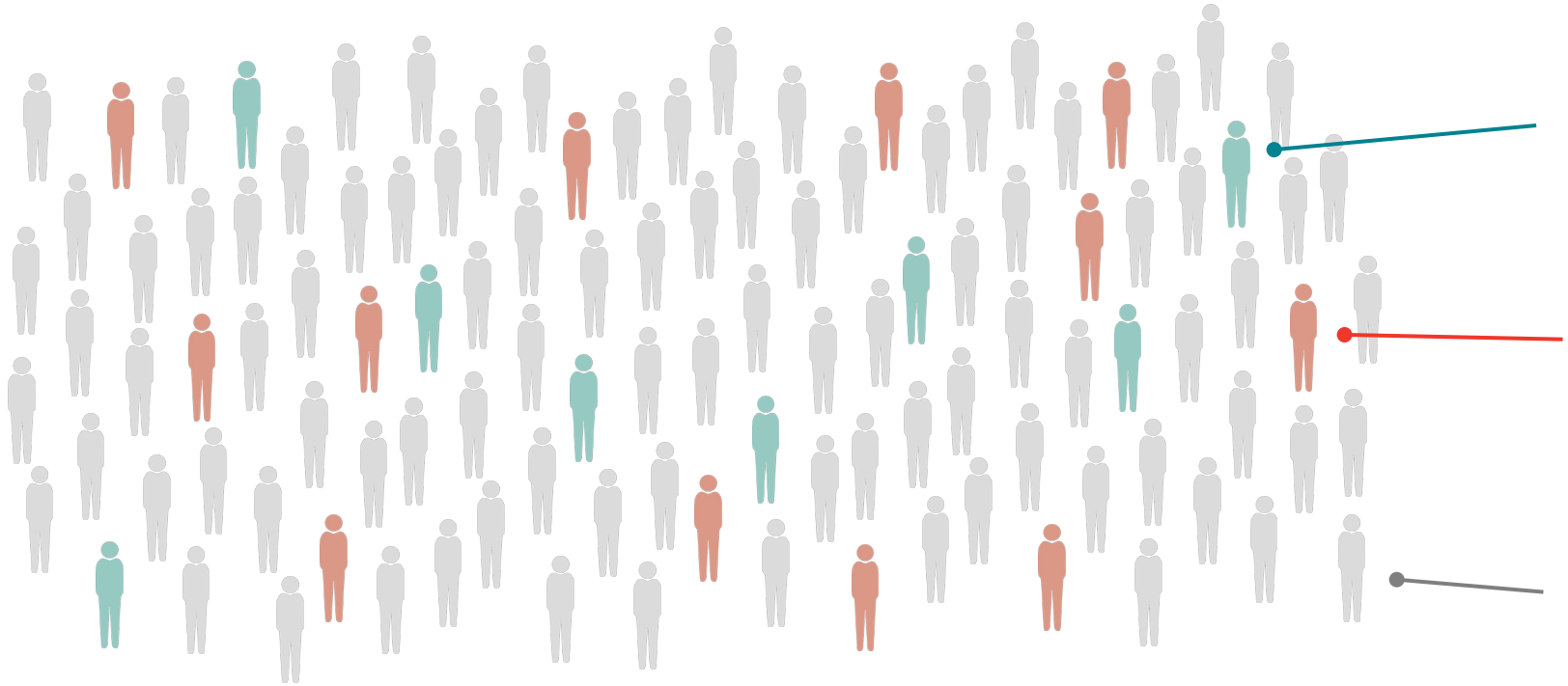
Highly Differentiated Technologies to Identify True Cancer Targets and the Right TCRs

Strategic Collaborations with World-leading Industry Players

Limitations of Current Immunotherapies in Solid Cancer Patients

… Driven by a Lack of Known Cancer-specific Targets

Most cancer patients do not benefit from current immuno-oncology approaches



Checkpoint inhibitors
mainly effective in tumors with high mutational burden
minority of all cancers[1]

CAR-T
mainly effective in hematological malignancies
minority of all cancers[2]

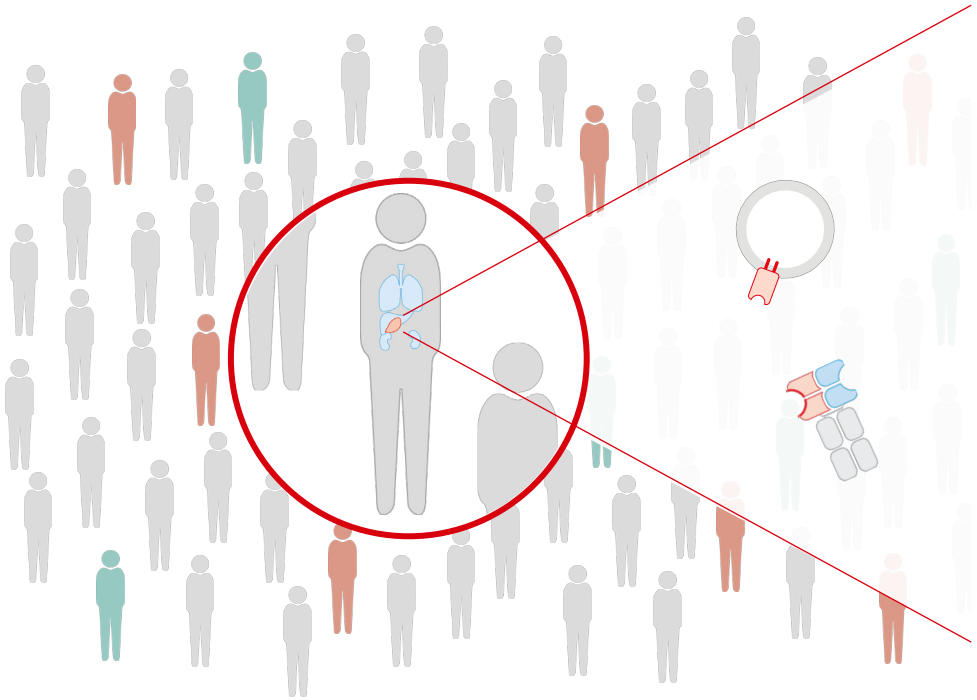
Solid tumors
limited established treatments & high medical need
majority of all cancers

We are unlocking immunotherapies for solid cancer patients with high unmet medical need by accessing intracellular cancer targets with TCR-based therapeutics

[1] Chalmers *et al.*, 2017; [2]SEER Cancer Statistics Review, 1975-2017, Estimated New Cancer Cases for 2020

The Immatics Approach to Disrupt Current Tumor Treatment Paradigms

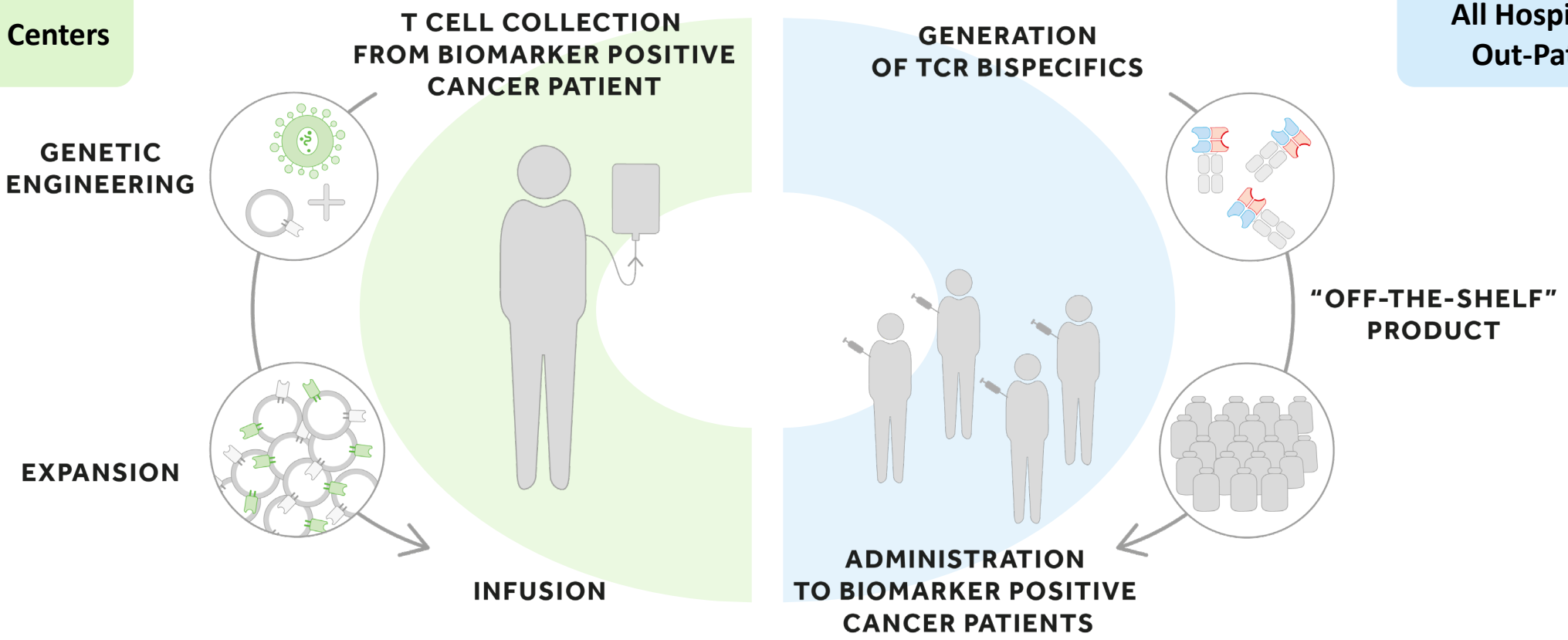
Based on 5 Defined Principles



1. True Cancer Targets & Matching Right TCRs
2. Targeted Approach in Two Distinct Modalities: Adoptive Cell Therapy & TCR Bispecifics
3. Optimized Manufacturing to Enhance T cell Persistence & Efficacy
4. Disrupting the Tumor Microenvironment by Targeting Stroma
5. Combating Tumor Heterogeneity & Escape through Multi-Target Approach

Immatics' Targeted Approach in Two Distinct Modalities

	Adoptive Cell Therapy ACTengine®	TCR Bispecifics TCER®	
High tumor burden			Lower tumor burden[1]
Specialized Centers			All Hospitals & Out-Patient



[1] Patients at earlier stage of disease, de-bulked tumors, or late-stage patients with reduced tumor burden

Immatics' Pipeline

Modality	Product Candidate	Status	Preclinical	Phase 1a[1]	Phase 1b[1]	Phase 2	Phase 3
Autologous ACT	ACTengine® IMA201 (MAGEA4/8)	Proprietary					
	ACTengine® IMA202 (MAGEA1)	Proprietary					
	ACTengine® IMA203 (PRAME)	Proprietary					
	ACTengine® IMA204 (COL6A3)	Proprietary					
	ACT programs (Undisclosed)	Bristol Myers Squibb					
Allogeneic ACT	ACT programs (Undisclosed)	gsk					
	ACTallo® IMA301 (Undisclosed)	Proprietary					
Bispecifics	TCER® IMA401 (MAGEA4/8)	Proprietary					
	TCER® IMA402 (Undisclosed)	Proprietary					
	Bispecific programs (Undisclosed)	AMGEN					
	Bispecific programs (Undisclosed)	Genmab					

[1] Phase 1a: Dose escalation, Phase 1b: Dose expansion

Significant Addressable Market in Solid Cancers

High Prevalence of MAGE4/8, MAGEA1 and PRAME in Major Tumor Indications

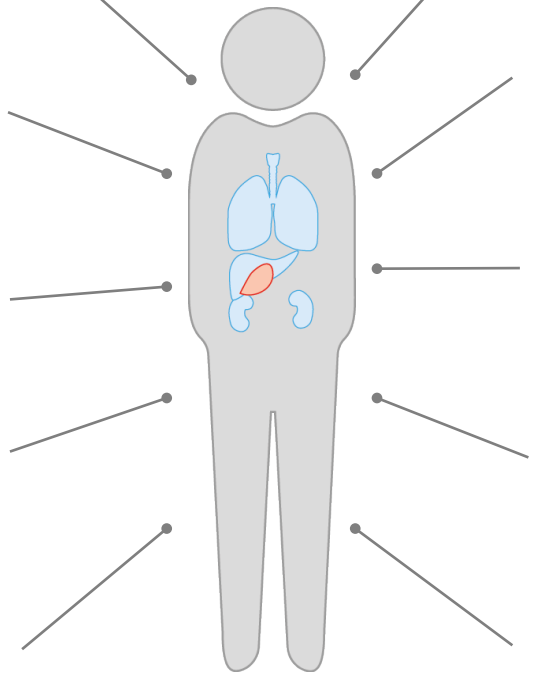
Melanoma
30%
95%
~41,000 HLA-A*02⁺ cases p.a.

Esophageal Cancer
25%
20%
~7,500 HLA-A*02⁺ cases p.a.

Hepatocellular Carcinoma
40%
~13,000 HLA-A*02⁺ cases p.a.

Bladder Cancer
30%
20%
~33,500 HLA-A*02⁺ cases p.a.

Ovarian Cancer
20%
80%
~9,000 HLA-A*02⁺ cases p.a.



HNSCC
35%
25%
~23,500 HLA-A*02⁺ cases p.a.

Breast Carcinoma
25%
~113,000 HLA-A*02⁺ cases p.a.

Squamous NSCLC
50%
35%
65%
~23,500 HLA-A*02⁺ cases p.a.

Uterine Carcinoma
100%
~27,000 HLA-A*02⁺ cases p.a.

Niche Indications with Fast Track Development Potential
Synovial Sarcoma (e.g. PRAME prevalence 100%) and other Sarcoma subtypes
Uterine Carcinosarcoma
Anal Squamous Cell Cancer
Cholangiocarinoma

MAGEA4/8
IMA201/IMA401

MAGEA1
IMA202

PRAME
IMA203

Selected tumor indications, prevalences based on IMADetect® threshold;
Based on HLA-A*02 prevalence in the US population (41%), https://seer.cancer.gov and internal market research

Adoptive Cell Therapy

Key Features of Our Clinical ACTengine® Programs

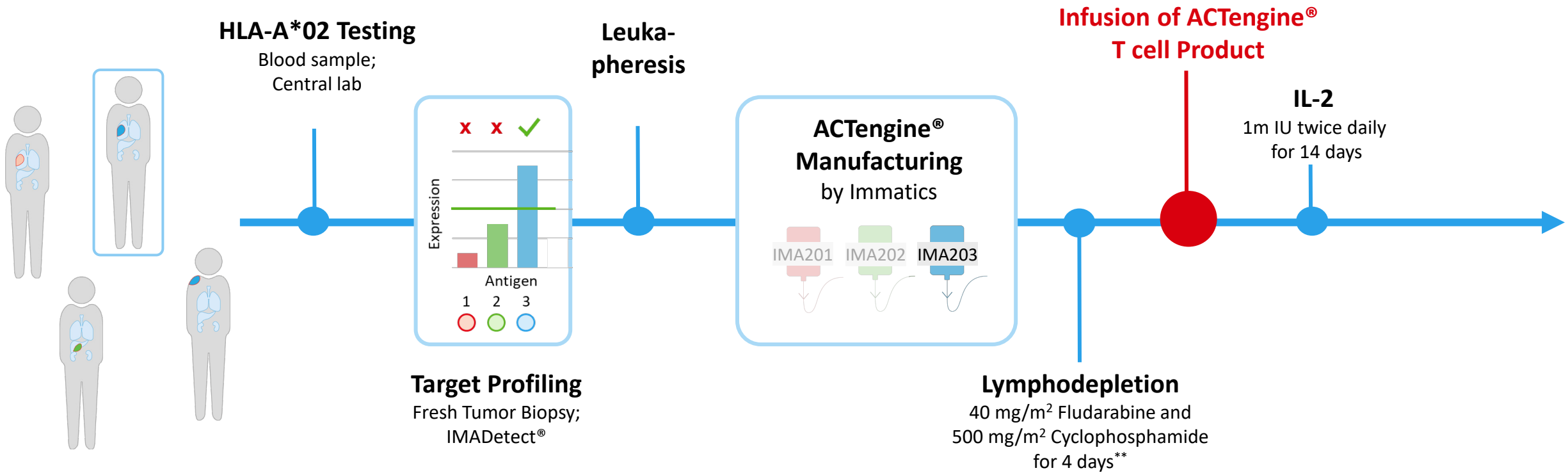
Differentiated Targets, TCRs and Cellular Manufacturing Designed to Enhance Safety and Activity

	IMA201	IMA202	IMA203
Peptide Target	HLA-A*02-presented peptide derived from		
	MAGEA4/8	**MAGEA1**	**PRAME**
	shown to be naturally and specifically presented on native tumor tissues at differentiated high peptide target density[1]		
	100-1,000 copies/cell	50-900 copies/cell	100-1,000 copies/cell
T cell Receptor (TCR)	High-affinity specific TCRs with high functional avidity[2]		
	Natural TCR ~10 ng/ml	Natural TCR ~15 ng/ml	Pairing-enhanced TCR ~5 ng/ml
T cell Product	Autologous T cells gene-engineered with lentiviral vector expressing TCR and applying proprietary short-term manufacturing process designed to achieve better T cell engraftment and persistence		
	7-10 days[3]	7-10 days[3]	6-7 days[3]

[1] Applying XPRESIDENT® quantitative mass spectrometry engine; target density: peptide copy number per tumor cell, approximate range representing the majority of tumor samples analyzed
[2] Applying XCEPTOR® TCR discovery and engineering platform; functional avidity: EC50 half maximal effective concentration , [3] Considering activation, transduction and expansion, subject to duration for release testing

ACTengine® Clinical Programs – Clinical Overview & Patient Flow

High Enrollment Efficiency through Combined Screening for Three Targets



14 Patients infused across three TCR-T Programs, as of data cut-off on Feb 16, 2021*

<1bn T cells infused per patient at dose levels 1 and 2 – presumed to be sub-therapeutic

* Thereof 10 patients evaluable for biological activity and clinical efficacy analysis at data cut-off;
** Dose modifications of lymphodepletion regimen for certain risk groups (e.g. patients with HCC & patients with reduced renal-clearance).

ACTengine® Clinical Programs – Safety Profile

Treatment-emergent Adverse Events Are Manageable, Transient and Expected for Cell Therapies

Adverse Events:

- Most frequent adverse events were transient cytopenias associated with lymphodepletion
- Transient CRS[3] (Grade 1-2) in 13/14 infused patients.
- Transient Grade 1 or 2 ICANS in 3/14 infused patients, resolved within 48h in all cases

Dose-limiting toxicities:

- IMA201 and IMA202: No DLT[5] observed
- IMA203: One transient, Grade 3 atrial fibrillation with onset on day 5 post infusion that resolved within 48h after onset. DLT triggered expansion of dose level 2 from three to six patients

TEAEs by maximum severity (N=16)

Adverse event	All Grades No.	All Grades %	≥ Grade 3 No.	≥ Grade 3 %
Patients with any adverse event	**16**	**100.0**	**16**	**100.0**
Lymphopenia	16	100.0	16	100.0
Leukopenia	16	100.0	16	100.0
Neutropenia	16	100.0	15	93.8
Anaemia	16	100.0	10	62.5
Thrombocytopenia	15	93.8	6	37.5
Nausea	11	68.8	0	0
Pyrexia	8	50.0	0	0
Vomiting	6	37.5	1	6.3
Fatigue	5	31.3	1	6.3
Hypoxia	5	31.3	1	6.3
Hyponatraemia	5	31.3	0	0
Dyspnoea[1]	3	18.8	1	6.3
Atrial fibrillation	2	12.5	1	6.3
Hypertension	2	12.5	1	6.3
Muscular weakness	2	12.5	1	6.3
Pleural effusion	2	12.5	1	6.3
Tumor pain	2	12.5	1	6.3
Blood alkaline phosphatase increased	1	6.3	1	6.3
Candida infection	1	6.3	1	6.3
Corona virus infection	1	6.3	1	6.3
Febrile neutropenia	1	6.3	1	6.3
Infection	1	6.3	1	6.3
Pneumonia[1]	1	6.3	1	6.3
Sepsis[2]	1	6.3	1	6.3
Adverse Events of Special Interest				
Cytokine release syndrome[3]	13	81.3	0	0
ICANS[4]	3	18.8	0	0

All treatment-emergent adverse events (TEAEs) with grade 1-2 occurring in at least 5 patients (incidence ≥31.3%) and additionally all events with grade 3-5 regardless of relatedness to study treatment are presented. Data source: clinical and safety database; hematological adverse events were derived from lab values. Grades were determined according to National Cancer Institute Common Terminology Criteria of Adverse Events, version 5.0. Grades for CRS and ICANS were determined according to CARTOX criteria (Neelapu et al, 2018). Patients are counted only once per adverse event and severity classification.

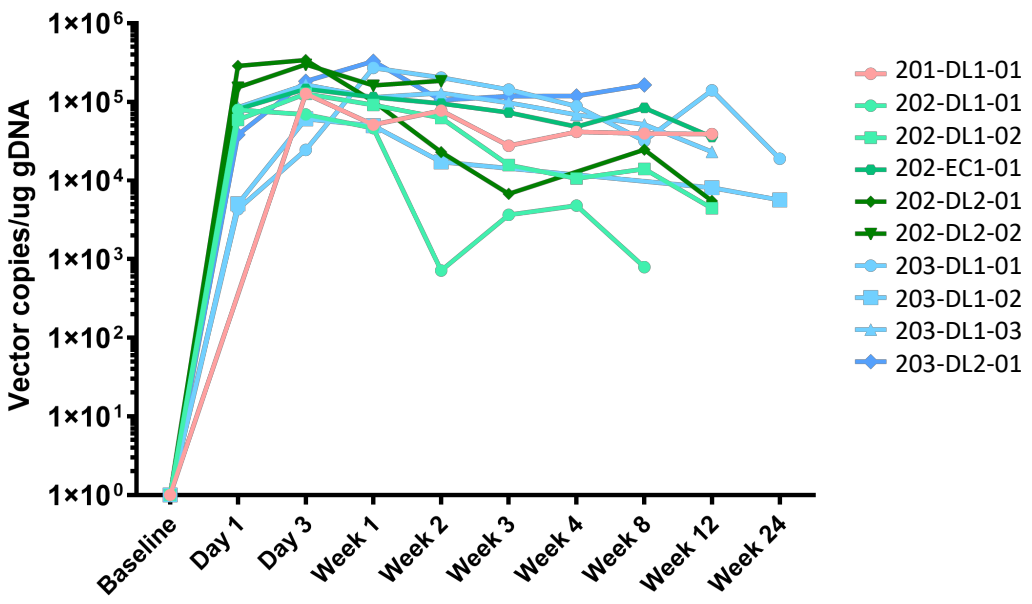
Data cut-off – February 16, 2021

[1] Patient died from tumor progression and pneumonia 69 days after IMA202 T cell infusion (determined not related to any study medication),
[2] Patient died from sepsis of unknown origin and did not receive IMA203 T cells, [3] CRS: Cytokine release syndrome, [4] ICANS: Immune effector cell associated neurotoxicity syndrome, [5]DLT: Dose limiting toxicities

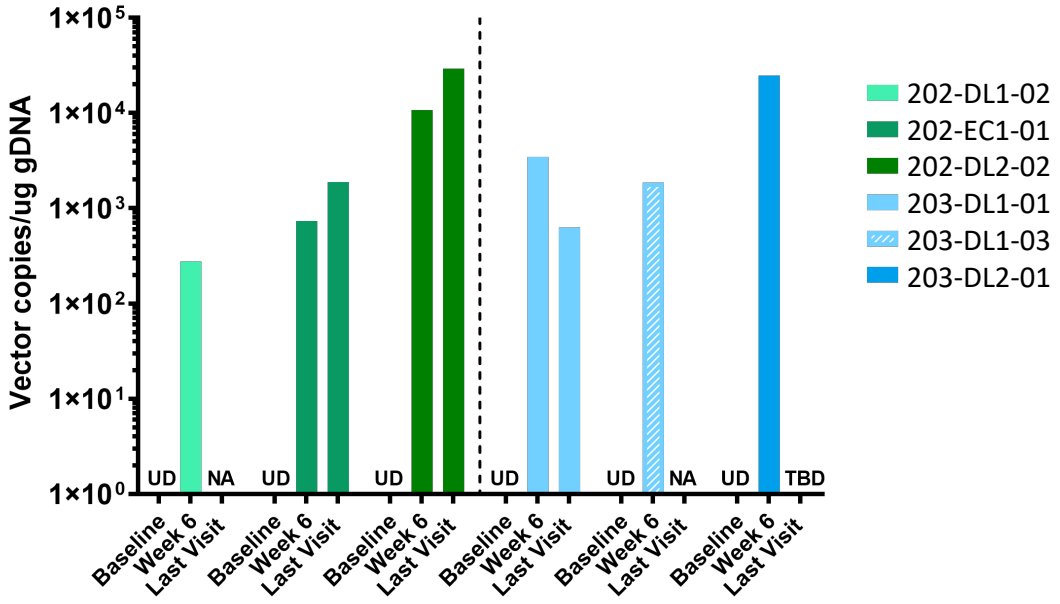
ACTengine® Clinical Programs – Biological Activity

T cells Robustly Engraft, Persist and Infiltrate into Tumor after Infusion of Low Doses of ACTengine®

Engraftment & T cell Persistence in the Blood



Detection of T cells in the Tumor



- Robust T cell engraftment and persistence post infusion until the end of the observation period as assessed by qPCR*
- Engineered T cells are detectable in serial tumor biopsies post T cell infusion in all evaluable patients by qPCR

Data cut-off – February 16, 2021

* Up to 9 months (data not shown), UD: Undetected, NA: Not available, DL: Dose level, EC1: Enrichment cohort with intermediate dose level between DL1 and DL2 , TBD: To be determined

ACTengine® Clinical Programs – Best Overall Response (BOR) Assessment

Disease Control in 9 out of 10 Patients at Dose Level 1 and 2 (below 1 Billion Transduced CD8 T cells)

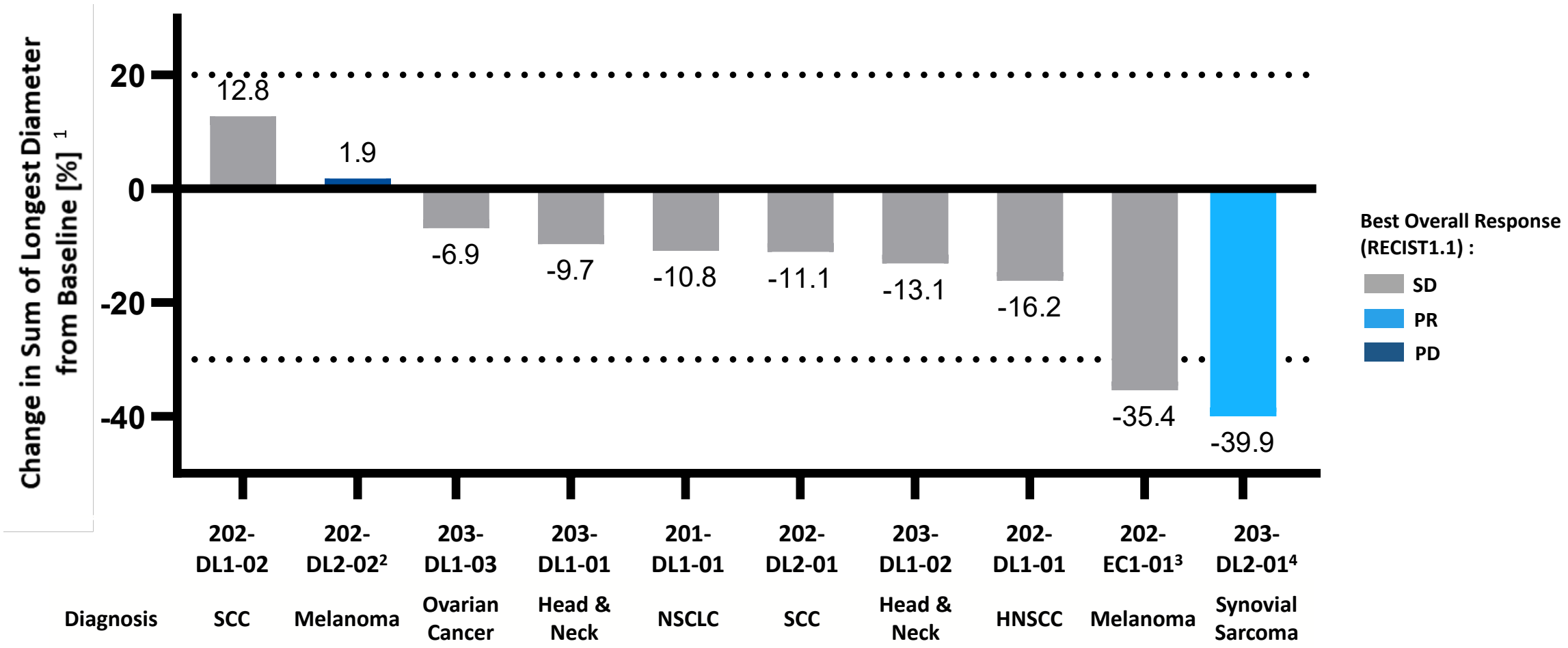
	IMA201	IMA202					IMA203			
Patient	201-DL1-01	202-DL1-01	202-DL1-02	202-EC1-01	202-DL2-01	202-DL2-02	203-DL1-01	203-DL1-02	203-DL1-03	203-DL2-01
Dose level	DL1	DL1	DL1	EC1	DL2	DL2	DL1	DL1	DL1	DL2
Total transduced cells[1]	$0.11x10^9$	$0.11x10^9$	$0.09x10^9$	$0.19x10^9$	$0.51x10^9$	$0.65x10^9$	$0.12x10^9$	$0.11x10^9$	$0.08x10^9$	$0.35x10^9$
Age (gender)	60 (M)	33 (M)	63 (F)	64 (F)	68 (F)	49 (M)	40 (F)	63 (M)	61 (F)	57 (M)
Diagnosis	NSCLC	HNSCC	Squamous Cell Cancer	Melanoma	Squamous Cell Cancer	Melanoma	Head and Neck Cancer		Ovarian Cancer	Synovial Sarcoma
Prior lines of systemic therapy	4	5	6	4	3	7	6	4	7	2
Prior lines of ICI[2] treatment	1	3	1	2	1	3	2	-	1	-
Disease status at infusion	Patients with recurrent and/or refractory solid tumors									
Best response RECIST1.1	SD	SD	SD	SD	SD	PD	SD	SD	SD	PR[3]

Data cut-off – February 16, 2021

[1] Total infused dose of transduced viable CD8 T cells; [2] Immune checkpoint inhibitor; [3] Unconfirmed as of data cut-off;
DL: Dose level, EC1: Enrichment cohort with intermediate dose level between DL1 and DL2 , SD: stable disease, PD, progressive disease, PR: partial response

ACTengine® Clinical Programs – Change of Sum of Diameters in Target Lesions

Tumor Shrinkage Observed in 8 of 10 Patients at Low Dose Levels



Data cut-off – February 16, 2021

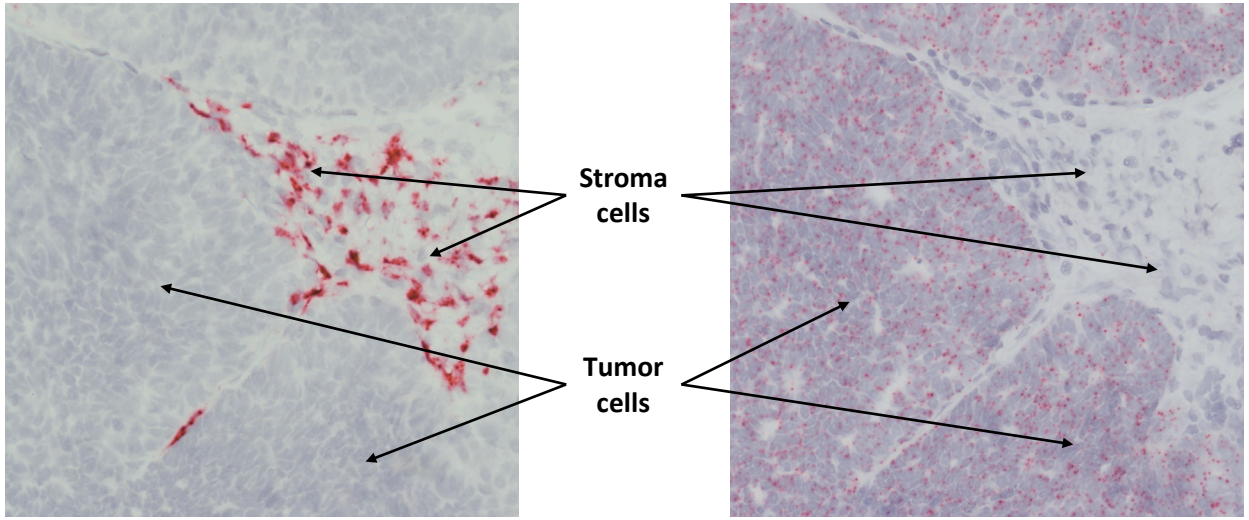
[1] Shortest diameter for nodal lesions; [2] Stable target lesions with parallel growth of a CNS non-target lesion;
[3] RECIST1.1 response at timepoint of maximum in change of target lesions (week 12): PD due to growth of non-target lesion; [4] PR unconfirmed as of data cut-off

ACTengine® IMA204 – Targeting Tumor Stroma

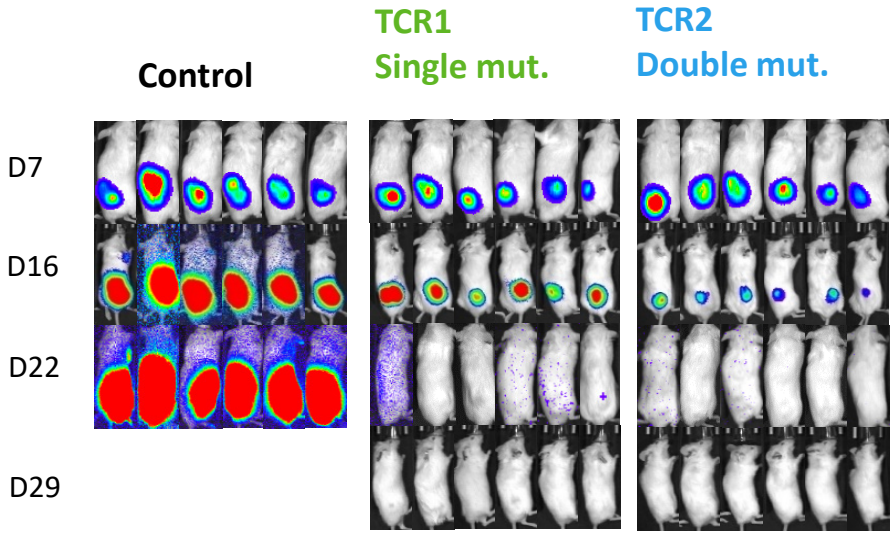
Complete Tumor Eradication *in vitro & in vivo*[1] by Affinity-enhanced IMA204 TCR Candidates

Stroma Target (COL6A3 exon 6)
in Ovarian Cancer sample

Example of a Tumor Target
in same Ovarian Cancer sample



COL6A3 exon 6 prevalently expressed at high target density
in tumor stroma across many solid cancers



One IMA204 TCR candidate leads to full functionality
of both CD8 and CD4 T cells

- Final preclinical safety evaluation of two candidate TCRs ongoing
- **IMA204 clinical trial application expected 2021**

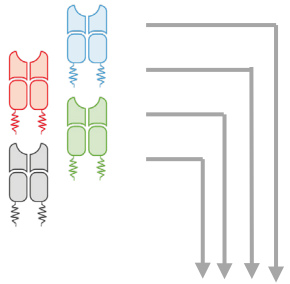
[1] *In vivo* data by Jim Riley, University of Pennsylvania, control: non-transduced T cells. TCR avidity and specificity data not shown, available in IMA204 presentation on Immatics website.

Combating Tumor Heterogeneity & Escape through Multi-Target Approach

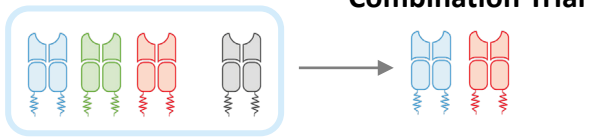
A Multi-Step Approach towards Highly Personalized Multi-TCR-T Therapy

1 **ACTolog®**

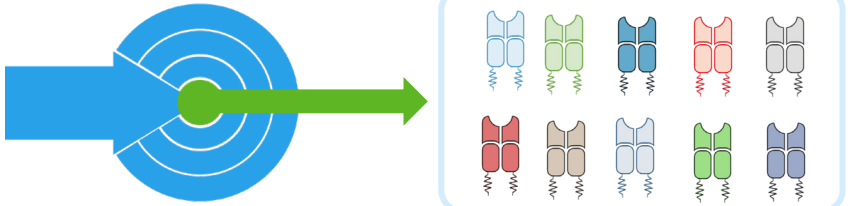
2 **ACTengine® TCR-T**



3 **ACTengine® Multi-TCR-T**



4 **Personalized Multi-TCR-T**



	HLA	Targets	T cells	Status	Objective
1	HLA-A2	Multiple	Endogenous	Completed	Demonstrate feasibility of multi-target concept
2	HLA-A2	Single	Genetically engineered	3 trials ongoing	Deliver significant clinical benefit for patients with certain tumor types
3	HLA-A2	Two	Genetically engineered	Mid-Term Perspective	Expand spectrum of tumor types and increase response durability
4	Multiple	Multiple	Genetically engineered	Long-Term Perspective	Treat every patient regardless of tumor and HLA type

ACTolog® headline data presented at annual SITC conference available on the Immatics website

ACTengine® IMA200 Series – Summary and Future Directions

First Anti-tumor Activity Consistent with Robust Biological Activity during Early Phases of Dose Escalation

Key Findings

- Transient and manageable treatment-emergent adverse events as expected for cell therapies
- Robust T cell engraftment and persistence post infusion and tumor infiltration in all evaluable patients
- Tumor shrinkage observed in 8/10 patients including one unconfirmed partial response
- IMA204: Preclinical data: In vivo tumor eradication by targeting the tumor stroma with high-affinity TCRs

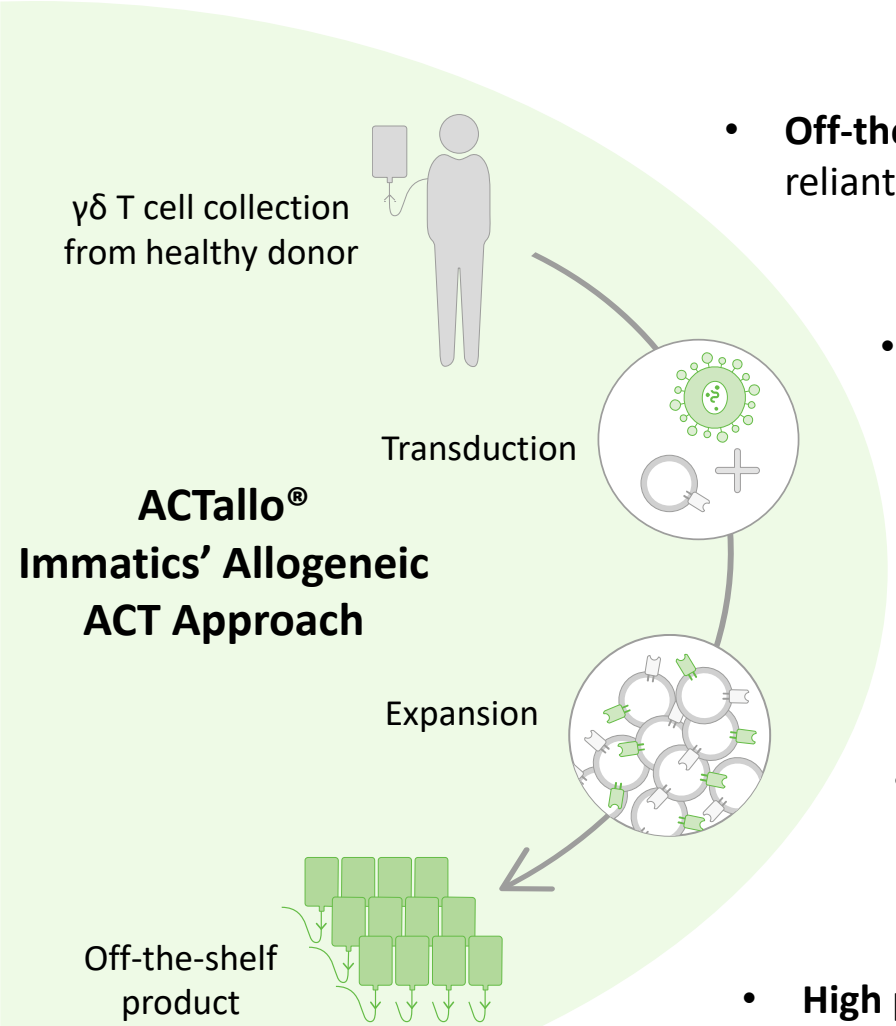
Next Steps

- IMA201, IMA202, IMA203 clinical trials
  - Complete Dose Escalation
  - Initiate Dose Expansion and treat patients at target dose
  - Update on patients treated at target dose expected for 2H2021
- IMA204 clinical trial application in 2H2021
- Preparation of first multi-TCR-T study

ACTengine® programs are supported by a grant of the Cancer Prevention & Research Institute of Texas (CPRIT)

ACTallo® IMA301 – Towards Off-the-shelf ACT

Effective Redirection of γδ T cells Using αβ TCR

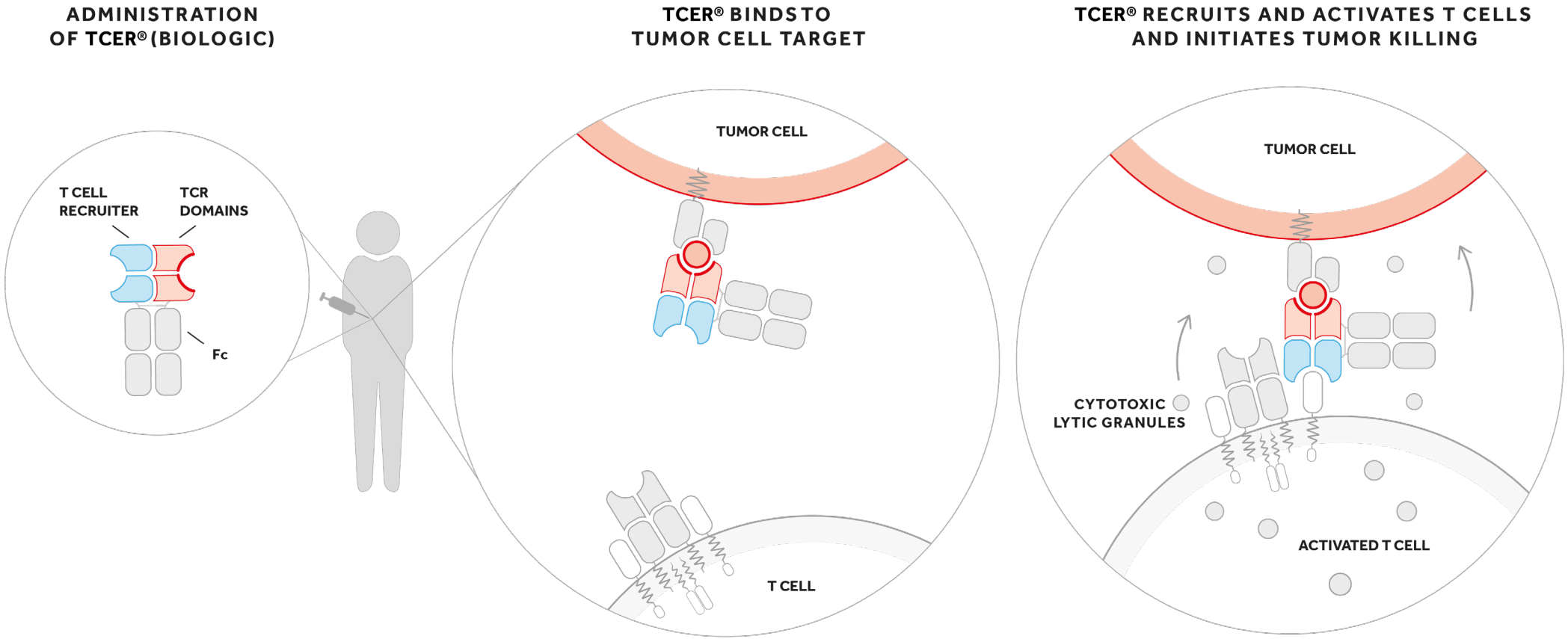


- **Off-the-shelf cell therapy**, applicable without need for personalized manufacturing and not reliant on potentially encumbered immune system of patient
- **γδ T cells** are abundant, show intrinsic anti-tumor activity, naturally infiltrate solid tumors and do not cause graft-vs-host disease
- **Proprietary manufacturing protocol** delivering robust expansion of γδ T cells with the potential for hundreds of doses from one single donor leukapheresis
- **Proprietary single lentiviral vector** system (4-in-1 construct) including TCR and CD8 alpha & beta chains
- **High potency:** TCR transduced γδ T cells show similar anti-tumor activity to αβ T cells

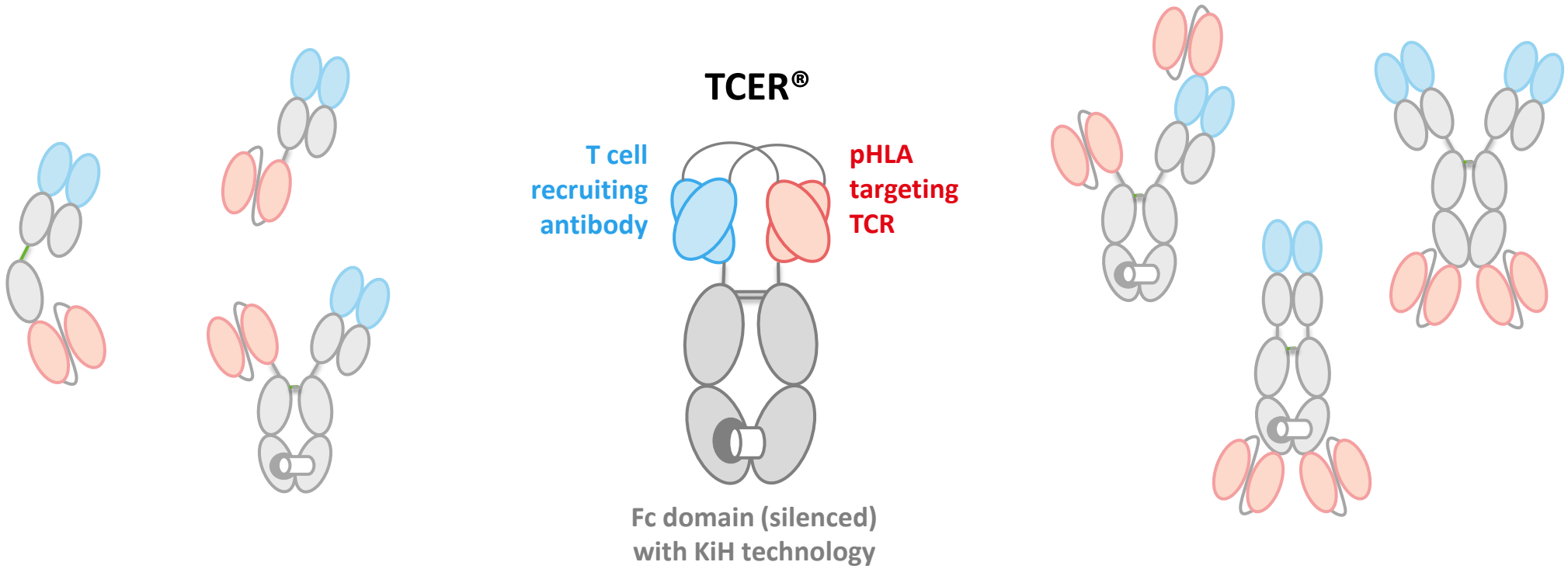
TCR Bispecifics

TCER® – Immatics' TCR Bispecifics

Off-the-shelf Biologics Linking Immune Cells to Tumor Cells



TCER® – Superior Proprietary TCR Bispecific Format



Potency and stability of proprietary TCER® format is superior to six alternative TCR Bispecific formats[1]

[1] Based on comparative preclinical testing

TCER® – Preclinical POC for IMA401

IMA401 Targeting MAGEA4/8 Results in Tumor Eradication of Established Tumors

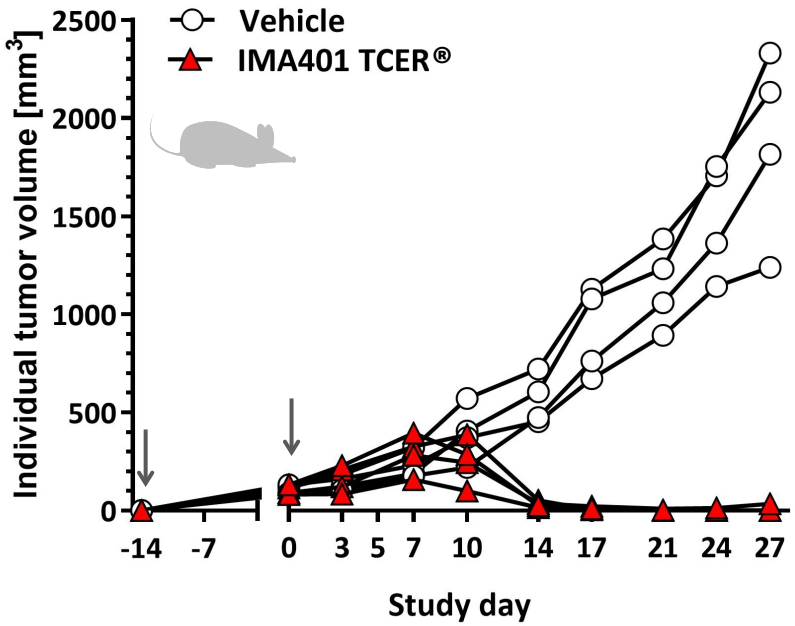
Preclinical Proof-of-Concept Data:

- High **affinity** TCR (2 nM) after >10,000-fold affinity-maturation via yeast display
- High **potency** at low concentrations *in vitro* and *in vivo* in two independent xenograft tumor models (NSCLC and melanoma)[1]
- Distinguished **specificity & broad therapeutic window** (≥ 1,000-fold concentration difference between tumor vs. healthy cell reactivity)
- Favorable pharmacokinetics with **10-11 days terminal half-life** in mice

Favorable CMC Characteristics:

- Positive **purity & stability** characteristics with high **production yields** (>2 g/L)

Patient-Derived Tumor Model[2]



Study day -14: transplantation of tumor cells
Study day 1: human PBMC transplantation & start of IMA401 weekly treatment

[1] Patient-derived LXFA 1012 (NSCLC, adenocarcinoma) tumor xenograft model in NOG mice; data not shown from cell line-derived Hs695T (melanoma cell line) tumor xenograft model in NOG mice

Advancing TCER® IMA401 Towards Clinical Development

Recent Achievements and Intended Next Steps for IMA401

CMC

- ✓ Manufacturing process development & pilot run completed
- ✓ Formulation development completed
- ➢ Next step: GMP run scheduled for 2Q2021

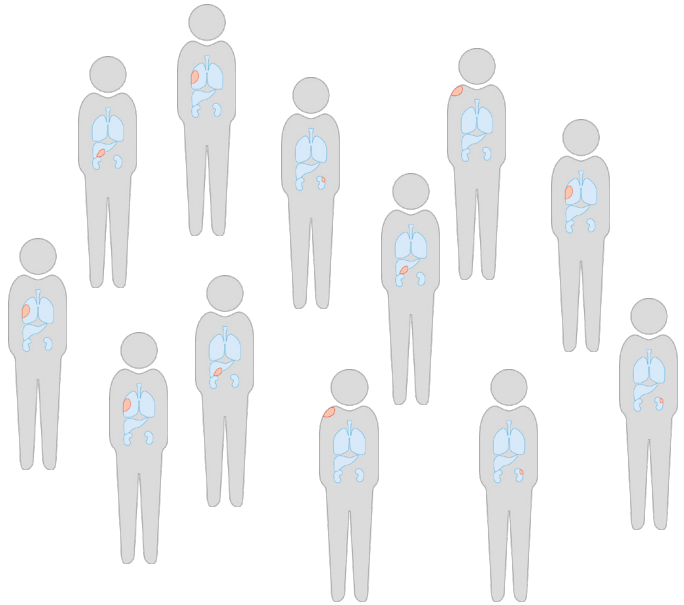
Regulatory

- ✓ Successful scientific advice with German regulatory authority[1]
- ➢ Next step: Development on track for clinical trial application **YE 2021**

Clinical

- Basket trial with adaptive design for dose escalation & expansion cohorts
  Next step: First-in-human clinical trial in preparation

First-in-human clinical trial in patients with MAGEA4/8 positive solid tumors



[1] Equivalent to FDA pre-IND Meeting

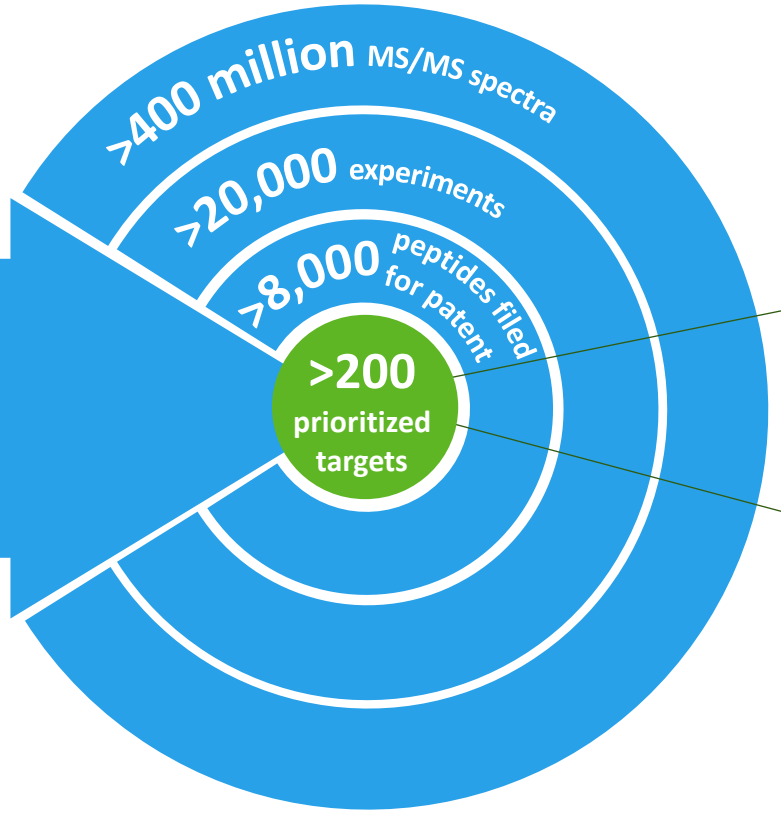
Discovery Platforms

XPRESIDENT® – Discovery of True Cancer Targets

Quantitative, Ultra-Sensitive Mass Spectrometry Expertise Developed over Two Decades

pHLA Database
based on primary tissues

>2,000 cancer & normal tissues analyzed by **Quantitative, Ultra-Sensitive Mass Spectrometry**



Unbiased Identification
& characterization of the **most relevant[1] pHLA targets** in the peptide universe

✓ Secured by extensive patent estate

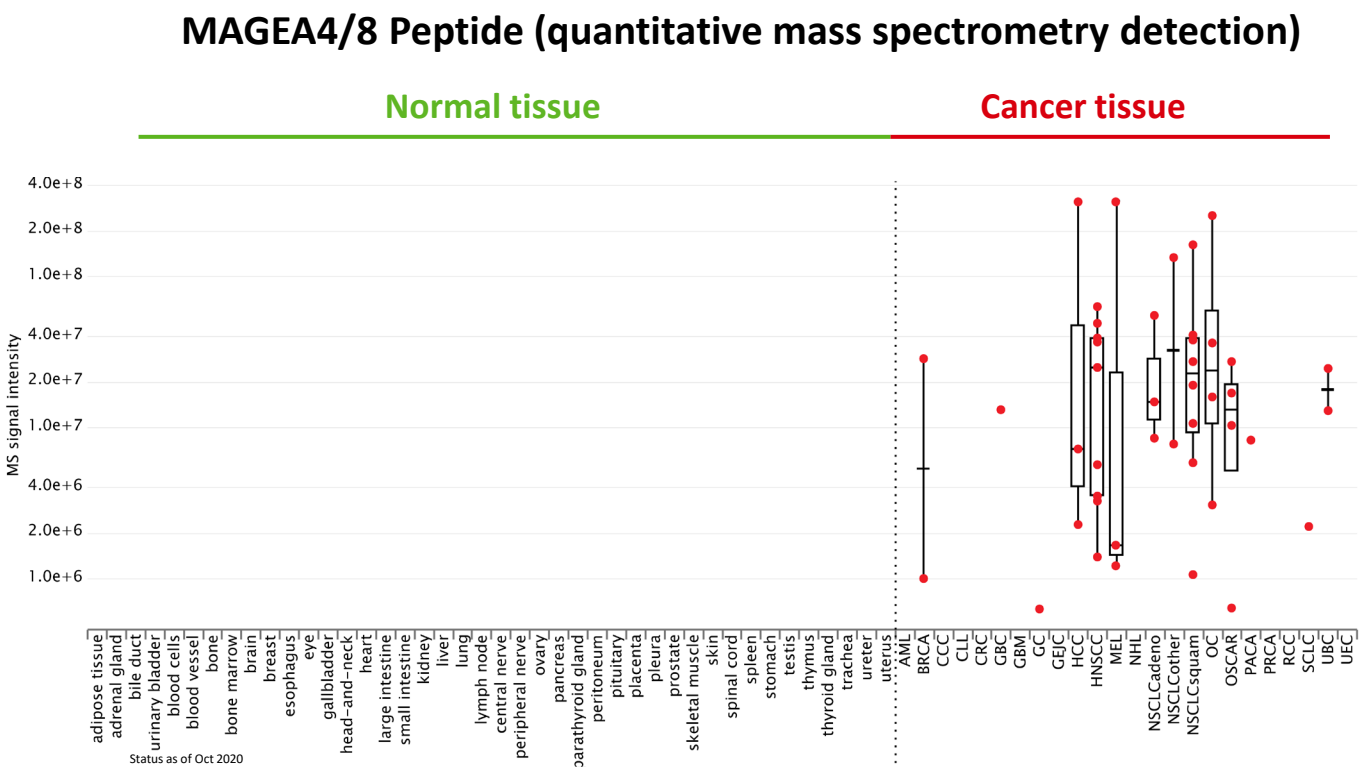
200 Prioritized Targets grouped in 3 Target Classes:

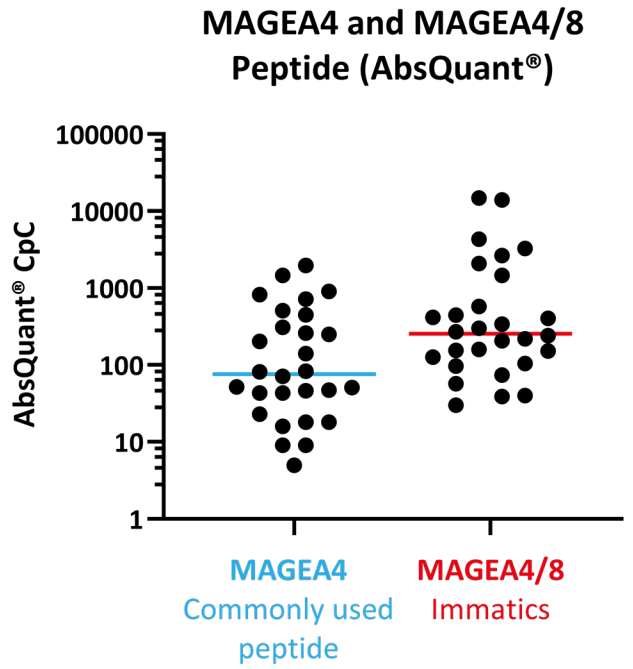
1. **Well known and characterized parent protein** e.g. MAGE family cancer testis antigens
2. **Unknown or poorly characterized parent protein** e.g. stroma target COL6A3 exon 6
3. **Crypto-targets/Neoantigens:** Novel target class which includes RNA-edited peptides & non-classical neoantigens

[1] Target expression on cancer tissue with high target levels per tumor cell but not or to a far lower extent on normal tissues

MAGEA4/8 Target in IMA201 and IMA401 Programs

Unique Target Discovery and Characterization Capabilities





MAGEA4/8 target peptide is naturally and specifically presented on native tumor tissue vs. various normal tissues

>5-fold higher target density[1] than a commonly used MAGEA4 target peptide

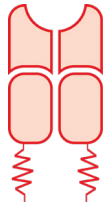
[1] Copy number per tumor cell (CpC) measured on a paired-sample basis by AbsQuant®, i.e. comparing MAGEA4 vs. MAGEA4/A8 peptide presentation on same sample

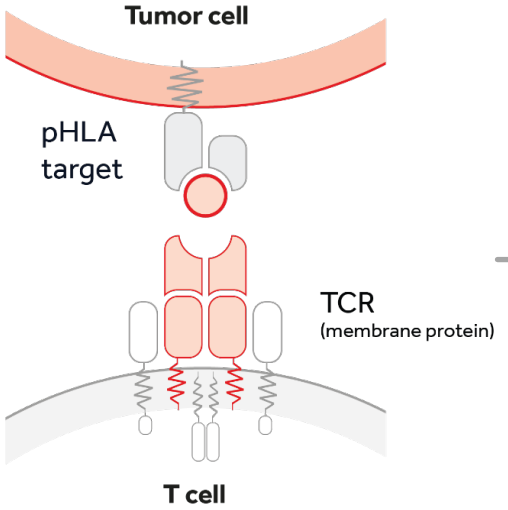
Development of the Right TCR – XCEPTOR®

Unique Cross-Talk between Target and TCR Discovery

Adoptive Cell Therapy

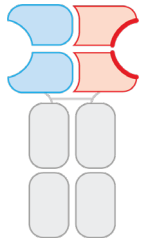
ACTengine®
ACTallo®





TCR Bispecifics

T cell engaging receptor (TCER®)



Natural or optimized natural TCR with **micromolar affinity** and favorable **specificity** profile

for genetic engineering of T cells and direct clinical application

TCR Discovery, Engineering and Validation

Fast and efficient discovery of **multiple TCRs per target**

XPRESIDENT®-guided **off-target toxicity screening** to deselect cross-reactive TCRs during discovery

Affinity-maturated natural TCR variable domains with **nanomolar affinity** and favorable **specificity** profile

XPRESIDENT®-guided **similar peptide counterselection** during maturation to deselect cross-reactive TCRs

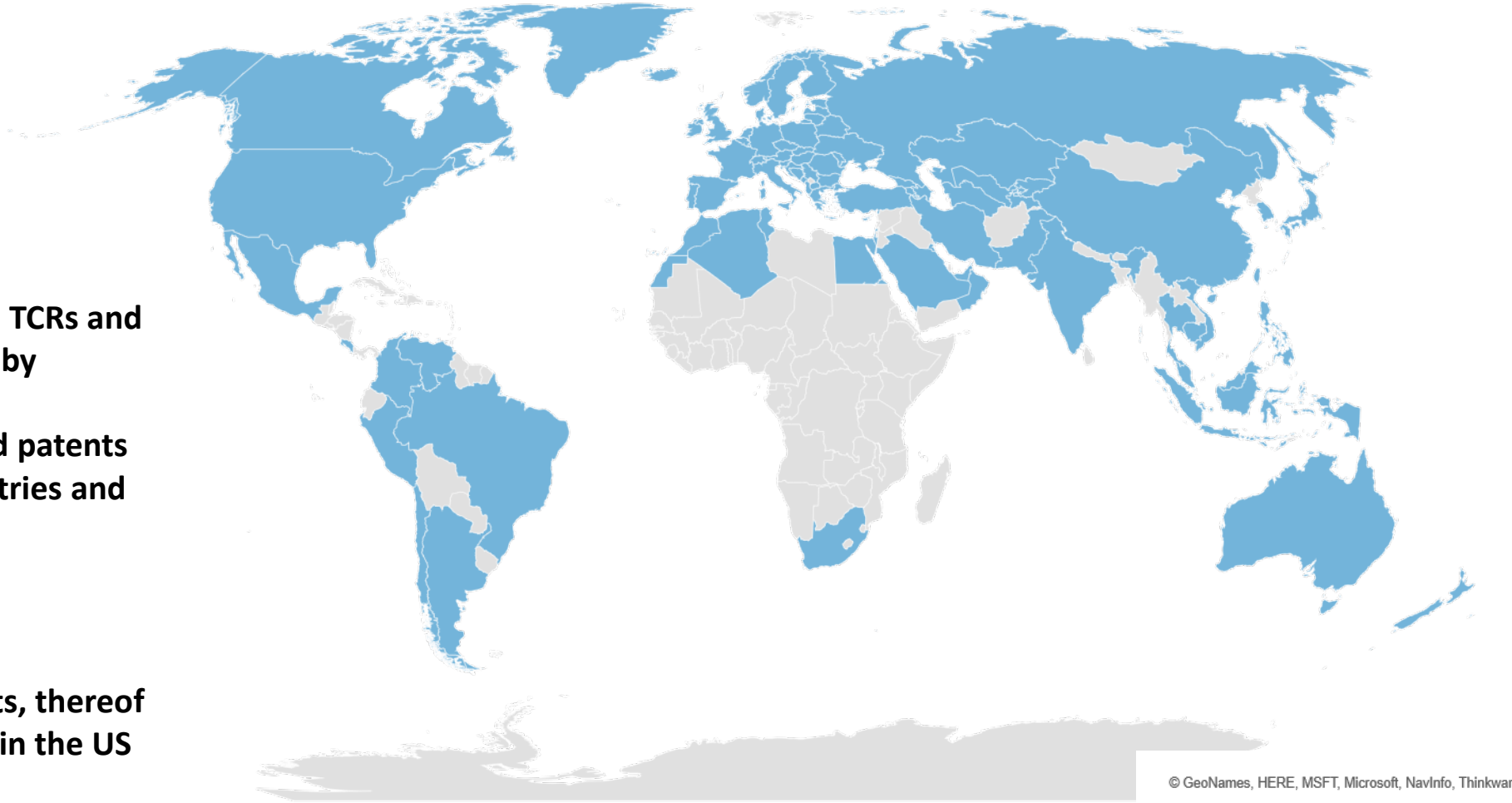
Basis for highly potent TCR Bispecifics format

Corporate Information & Milestones

Robust IP Portfolio

Immatics' Patent Estate – Territorial Coverage

- **>8,000 cancer targets, TCRs and technology protected by**
- **3,500 applications and patents filed in all major countries and regions**
- **>100 patent families**
- **>1,550 granted patents, thereof >400 granted patents in the US**



Strong, Focused and Highly Integrated Trans-Atlantic Organization

Tübingen, Germany, ~150 FTEs

Senior Leadership, Research and Development (XPRESIDENT®, XCEPTOR®, TCER®), Translational Development, Clinical Operations, Finance, HR, IT, QM

Houston, Texas , 80 FTEs

Senior Leadership, Research and Development (Adoptive Cell Therapy), CMC, Clinical Operations, Regulatory Affairs, QA/QC, HR, Investor Relations

Munich, Germany, 20 FTEs

Senior Leadership, Business Development, Intellectual Property, Regulatory Affairs, Communications

Experienced Global Leadership Team Across Europe and the US

Harpreet Singh
Chief Executive Officer
Co-Founder
20 yrs biotech experience

Arnd Christ
Chief Financial Officer
20 yrs biotech experience
(Probiodrug, NovImmune, Medigene, InflaRx)

Cedrik Britten
Chief Medical Officer
>10 yrs pharma & biotech experience
(BioNTech, GSK)

Carsten Reinhardt
Chief Development Officer
>20 yrs pharma & biotech experience
(Micromet, Roche, Fresenius)

Steffen Walter
Chief Technology Officer
Co-Founder Immatics US
>15 yrs biotech experience

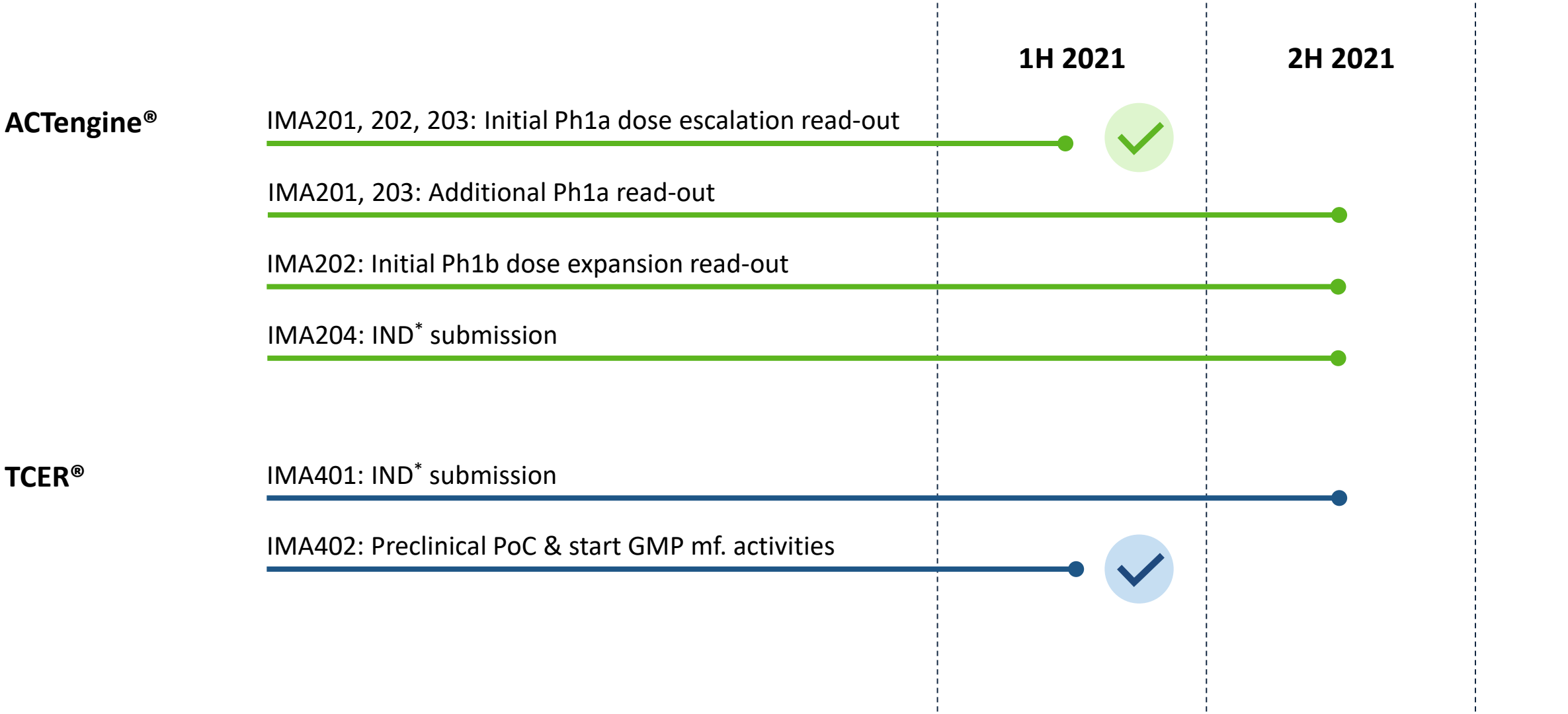
Toni Weinschenk
Chief Innovation Officer
Co-Founder
> 15 yrs biotech experience

Rainer Kramer
Chief Business Officer
25 yrs pharma & biotech experience
(Amgen, MorphoSys, Jerini, Shire, Signature Dx)

Edward Sturchio
General Counsel
>15 yrs pharma & biotech experience
(Schering, Merck, Novartis, Advanced Accelerator Applications, Abeona Therapeutics)

Jordan Silverstein
Head of Strategy
10 yrs biotech experience
(Advanced Accelerator Applications, InflaRx)

Upcoming R&D Milestones in 2021



* IND: May be investigational drug application with FDA or analogous clinical trial application (CTA) to a European regulatory agency

Immatics Key Take-Aways

- Broadly positioned in TCR therapeutics space with two distinct treatment modalities: ACT & TCR Bispecifics
- ACTengine® (TCR-T) IMA200 Clinical Series
  - Proprietary cell manufacturing resulting in younger T cells for better engraftment & persistence
  - First anti-tumor activity observed in three TCR-T trials at early phases of dose escalation – next readout in 2H21
- TCER® - Leading TCR Bispecifics platform with antibody-like stability and half-life
  - Clinical trial application on track in 4Q21 for IMA401 program against high density target
- Differentiated target and TCR discovery platforms secured by a broad patent estate including >200 prioritized targets
- Multiple strategic collaborations with world-leading industry players incl. Amgen, Genmab, BMS and GSK
- Strong cash position of approx. US$ 285m (as of December 31, 2020) with cash reach into 2023

Thank you

www.immatics.com