UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 6-K

REPORT OF FOREIGN PRIVATE ISSUER PURSUANT TO RULE 13a-16 OR 15d-16
UNDER THE SECURITIES EXCHANGE ACT OF 1934

July 15, 2021

Commission File Number: 001-39363

IMMATICS N.V.

Paul-Ehrlich-Straße 15
72076 Tübingen, Federal Republic of Germany
(Address of principal executive office)

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F:

Form 20-F ☒ Form 40-F ☐

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(1): ☐

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7): ☐

INFORMATION CONTAINED IN THIS REPORT ON FORM 6-K

On July 15, 2021, Immatics N.V. (the "Company") made available an updated investor presentation on its website. A copy the investor presentation is attached hereto as Exhibit 99.1. The fact that this presentation is being made available and filed herewith is not an admission as to the materiality of any information contained in the presentation. The information contained in the presentation is being provided as of July 15, 2021 and the Company does not undertake any obligation to update the presentation in the future or to update forward-looking statements to reflect subsequent actual results.

EXHIBIT INDEX

Exhibit No.	**Description**
99.1	Investor presentation dated July 2021

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

Date: July 15, 2021

IMMATICS N.V.

By: /s/ Harpreet Singh
Name: Harpreet Singh
Title: Chief Executive Officer

Exhibit 99.1

Unlocking Immunotherapies for Solid Cancer Patients

Immatics Corporate Presentation, July 2021

Forward-Looking Statements

This presentation ("Presentation") is provided by Immatics N.V. ("Immatics" or the "Company") for informational purposes only. The information contained herein does not purport to be all-inclusive and Immatics nor any of its affiliates nor any of its or their control persons, officers, directors, employees or representatives makes any representation or warranty, express or implied, as to the accuracy, completeness or reliability of the information contained in this Presentation. You should consult your own counsel and tax and financial advisors as to legal and related matters concerning the matters described herein, and, by accepting this presentation, you confirm that you are not relying upon the information contained herein to make any decision.

Forward-Looking Statements. Certain statements in this presentation may be considered forward-looking statements. Forward-looking statements generally relate to future events or the Company's future financial or operating performance. For example, statements concerning timing of data read-outs for product candidates, the clinical trial application for IMA204, IMA301, IMA401, the Company's focus on partnerships to advance its strategy, projections of future cash on hand and other metrics are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as "may", "should", "expect", "intend", "will", "estimate", "anticipate", "believe", "predict", "potential" or "continue", or the negatives of these terms or variations of them or similar terminology. Such forward-looking statements are subject to risks, uncertainties, and other factors which could cause actual results to differ materially from those expressed or implied by such forward looking statements. These forward-looking statements are based upon estimates and assumptions that, while considered reasonable Immatics and its management, are inherently uncertain. New risks and uncertainties may emerge from time to time, and it is not possible to predict all risks and uncertainties. Factors that may cause actual results to differ materially from current expectations include, but are not limited to, various factors beyond management's control including general economic conditions and other risks, uncertainties and factors set forth in the Company's filings with the Securities and Exchange Commission (SEC). Nothing in this presentation should be regarded as a representation by any person that the forward-looking statements set forth herein will be achieved or that any of the contemplated results of such forward-looking statements will be achieved. You should not place undue reliance on forward-looking statements, which speak only as of the date they are made. Company undertakes no duty to update these forward-looking statements.

No Offer or Solicitation. This communication is for informational purposes only and does not constitute, or form a part of, an offer to sell or the solicitation of an offer to sell or an offer to buy or the solicitation of an offer to buy any securities, and there shall be no sale of securities, in any jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such jurisdiction. No offer of securities shall be made except by means of a prospectus meeting the requirements of Section 10 of the Securities Act of 1933, as amended, and otherwise in accordance with applicable law.

Certain information contained in this Presentation relates to or is based on studies, publications, surveys and the Company's own internal estimates and research. In addition, all of the market data included in this presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while the Company believes its internal research is reliable, such research has not been verified by any independent source. Clinical study results and associated biomarker studies presented within this presentation are by definition prior to completion of the clinical trial and a clinical study report and, are therefore, preliminary in nature and subject to further quality checks including customary source data verification. This meeting and any information communicated at this meeting are strictly confidential and should not be discussed outside your organization.

Unlocking Immunotherapies for Solid Cancer Patients

Building a leading TCR Therapeutics Company with a Pipeline in Cell Therapies and 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]

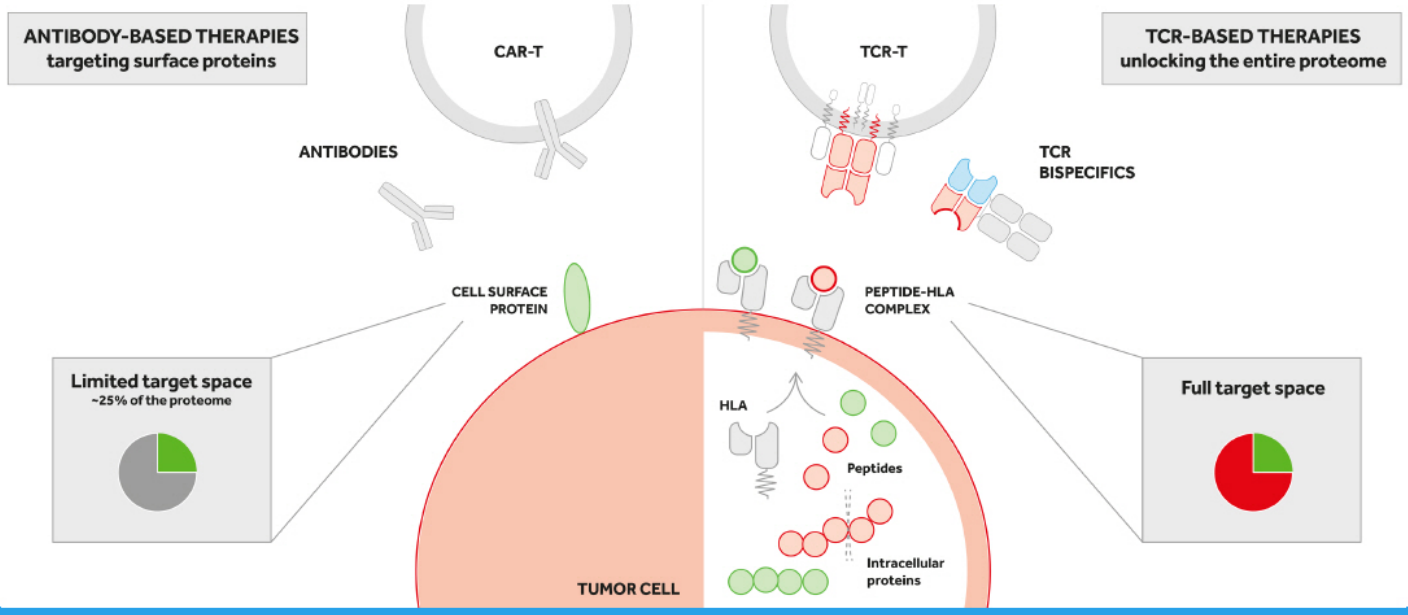
Solid tumors
limited established treatments & high medical need
majority of all cancers

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

Accessing Intracellular Cancer Targets with TCR-based Therapeutics

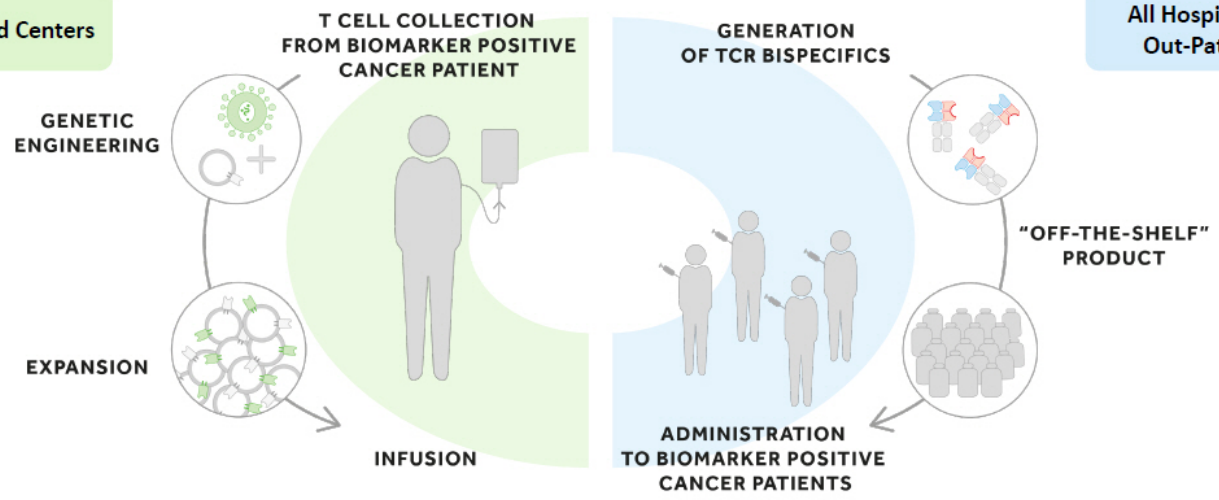
To Unlock Immunotherapies for Solid Cancer Patients



Immatics' Targeted Approach in Two Distinct Therapeutic Modalities

High tumor burden

Specialized Centers



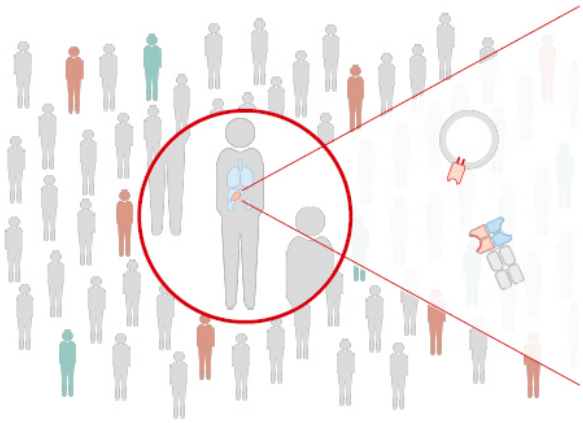
Lower tumor burden[1]

All Hospitals & Out-Patient

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

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

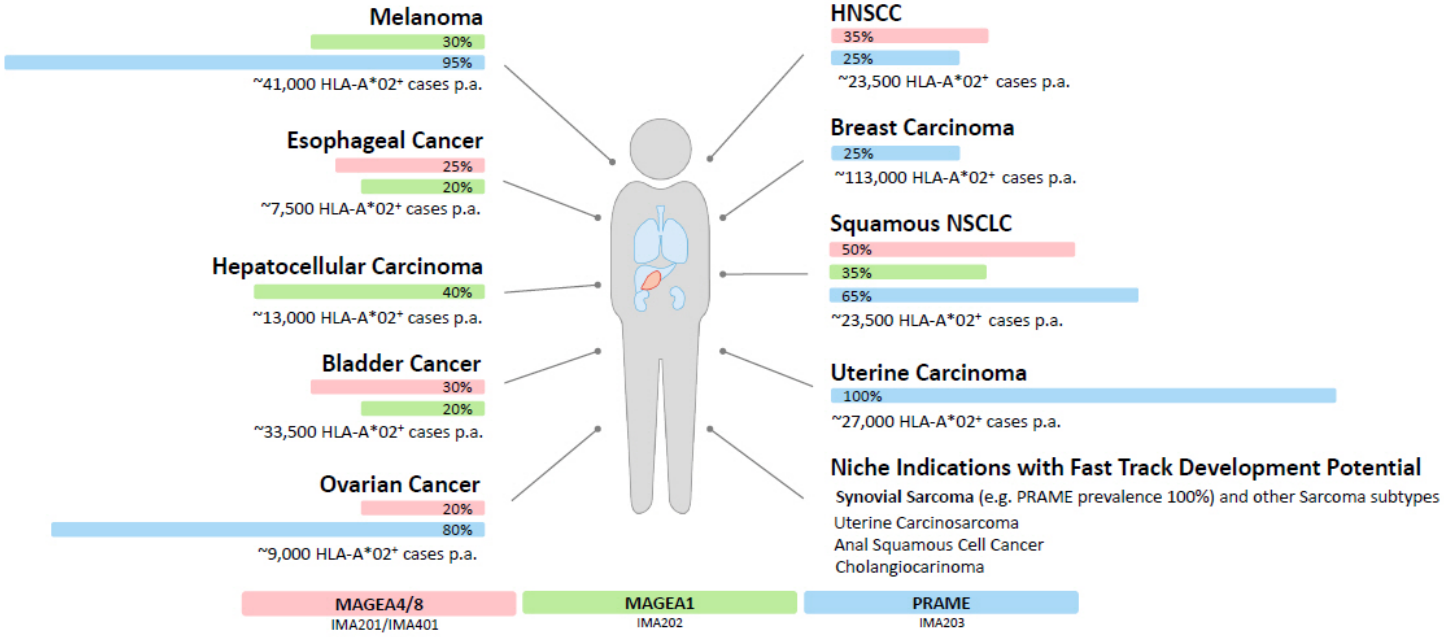
Immatics' Pipeline

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					
	ACT programs (Undisclosed)	gsk					
Allogeneic ACT	ACTallo® IMA301 (Undisclosed)	Proprietary					
Bispecifics	TCER® IMA401 (MAGEA4/8)	Proprietary					
	TCER® IMA402 (PRAME)	Proprietary					
	Bispecific programs (Undisclosed)	AMGEN					
	Bispecific programs (Undisclosed)	Genmab					

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

Immatics' Pipeline Addresses Significant Number of Cancer Patients

Prevalence of MAGE4/8, MAGEA1 and PRAME in Major Solid Cancer Indications



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

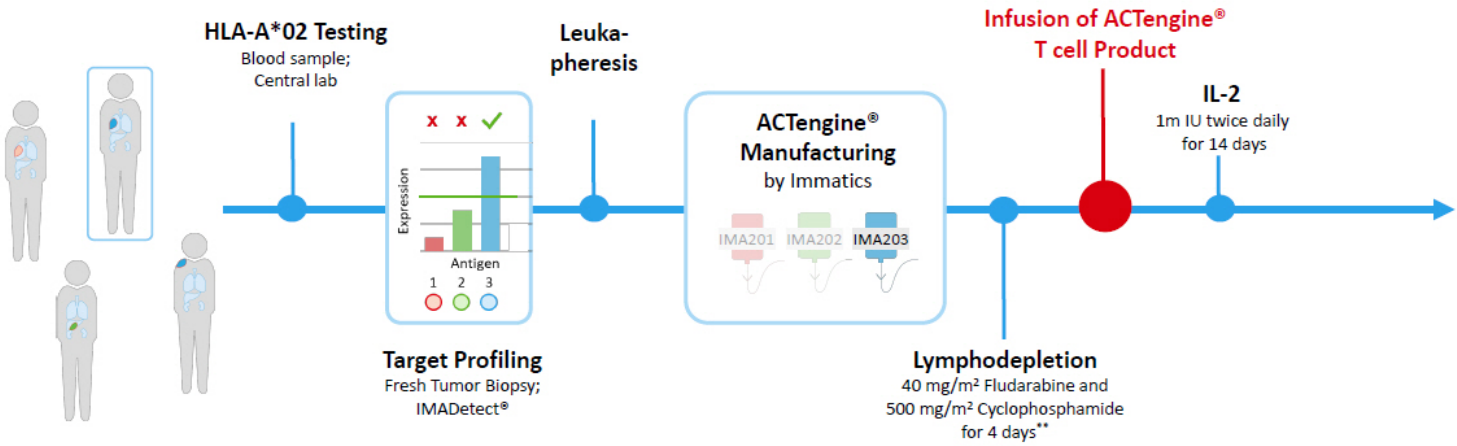
Differentiated Targets, TCRs and Cellular Manufacturing Designed to Enhance Safety and Activity

	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 (25-75% percentiles)
[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

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.

TEAEs by maximum severity (N=16)				
	All Grades		≥ Grade 3	
Adverse event	No.	%	No.	%
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

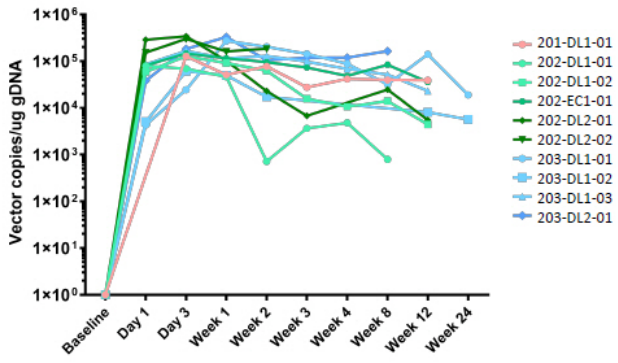
Data cut-off – February 16, 2021

[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

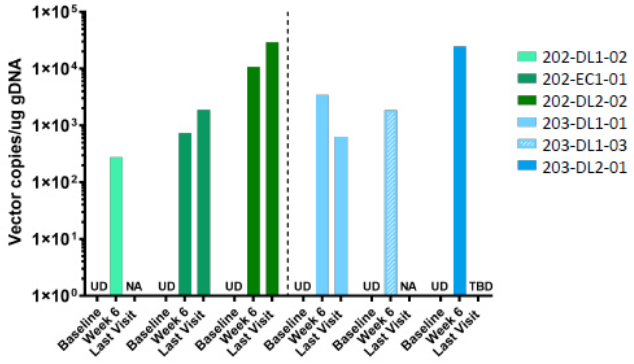
ACTengine® Clinical Programs – Biological Activity

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)

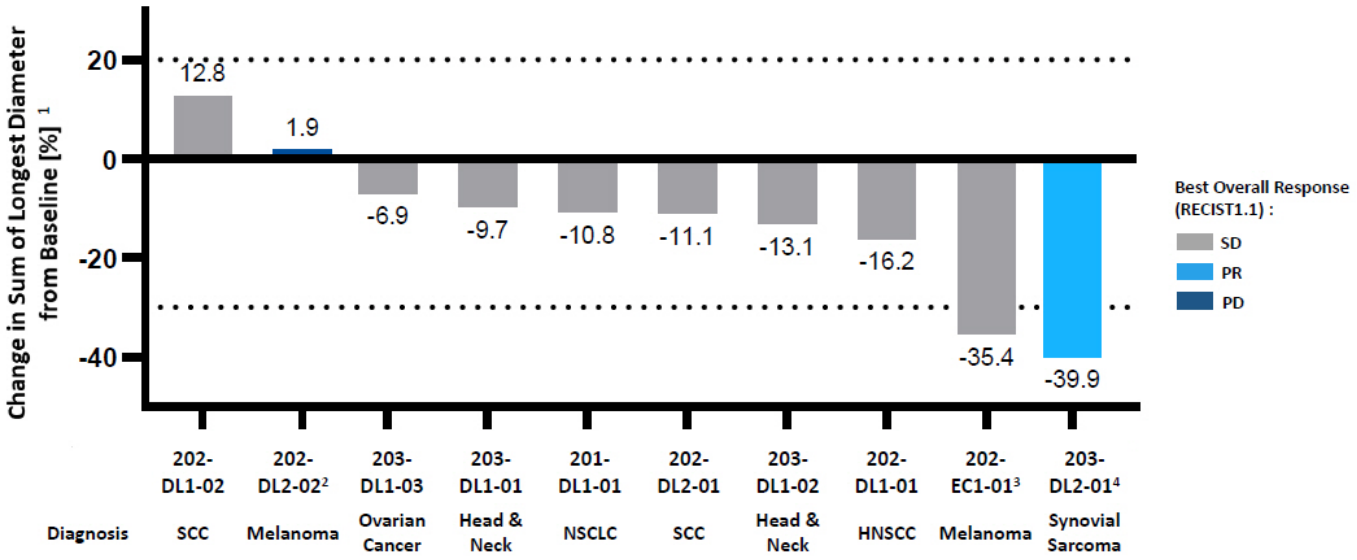
	IMA201	IMA202					IMA203			
Patient	201-DL1-01	202-DL1-01	202-DL1-02	202-EC1-01	202-DL2-01	202-DL2-02	203-DL1-01	203-DL1-02	203-DL1-03	203-DL2-01
Dose level	DL1	DL1	DL1	EC1	DL2	DL2	DL1	DL1	DL1	DL2
Total transduced cells[1]	$0.11x10^9$	$0.11x10^9$	$0.09x10^9$	$0.19x10^9$	$0.51x10^9$	$0.65x10^9$	$0.12x10^9$	$0.11x10^9$	$0.08x10^9$	$0.35x10^9$
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

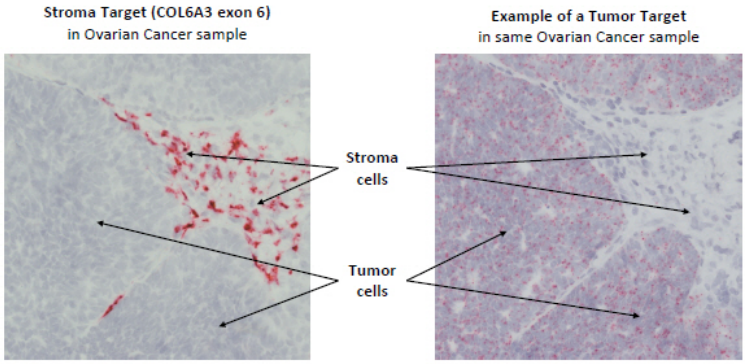


Data cut-off – February 16, 2021

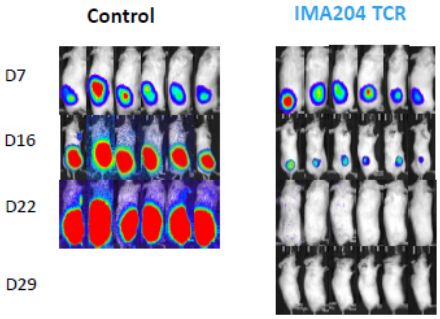
[1] Shortest diameter for nodal lesions; [2] Stable target lesions with parallel growth of a CNS non-target lesion;
[3] RECIST1.1 response at timepoint of maximum in change of target lesions (week 12): PD due to growth of non-target lesion; [4] PR unconfirmed as of data cut-off

ACTengine® IMA204 – Targeting Tumor Stroma

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



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



CD8-independent TCR leads to tumor eradication in all mice treated

- **CD8-independent, next-generation TCR activates CD8 and CD4 T cells**
- **Final preclinical safety evaluation 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

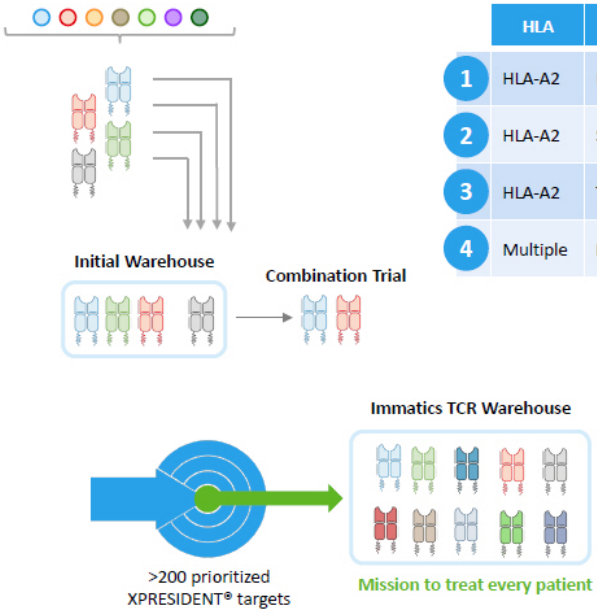
A Multi-Step Approach towards Highly Personalized Multi-TCR-T Therapy

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

ACT 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

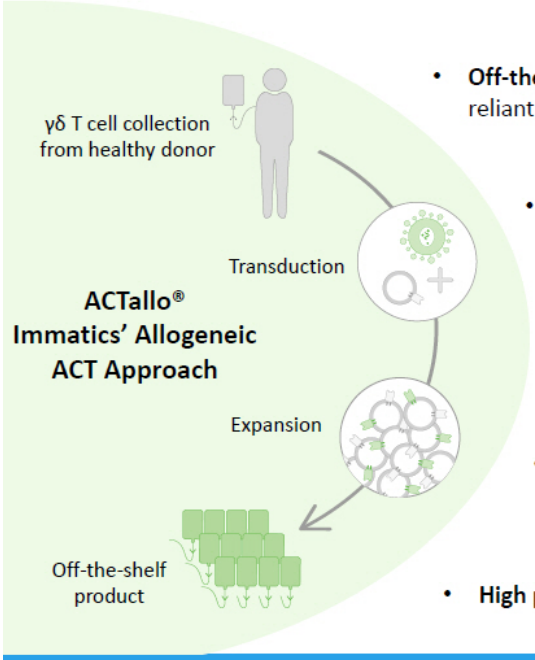
Next Steps

- 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

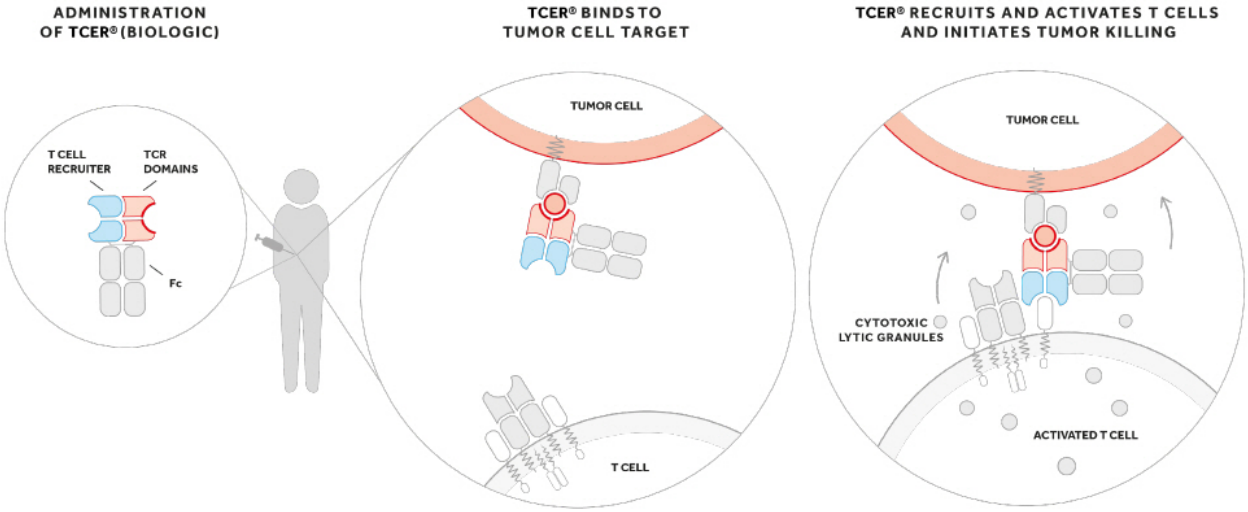


- **Off-the-shelf cell therapy**, applicable without need for personalized manufacturing and not reliant on potentially encumbered immune system of patient
- **γδ T cells** are abundant, show intrinsic anti-tumor activity, naturally infiltrate solid tumors and do not cause graft-vs-host disease
- **Proprietary 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

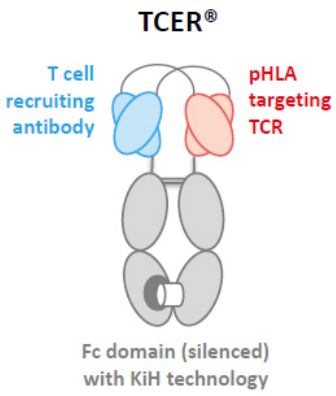
TCR Bispecifics

TCER® – Immatics' TCR Bispecifics

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



TCER® – Superior Proprietary TCR Bispecific Format



Maximizing efficacy

- ✓ **Selection of cancer peptide targets with unusually high target density (peptide copy number)**
- ✓ Individual maturation TCR CDR regions leading to **>1000x enhanced affinity**
- ✓ **Stability & Potency Optimized Format superior to six alternative Bispecific formats**[1] leading to tumor eradication preclinically and targeting favorable treatment regimen in clinical trials (expected terminal half life: 1-2 weeks)

Minimizing toxicity

- ✓ **Retention of high TCR specificity following affinity maturation** by XPRESIDENT®-guided similar peptide counterselection
- ✓ **Optimized Affinity** of T cell engager vs. TCR targeting compound enrichment in tumor

[1] Based on comparative preclinical testing

TCER® IMA401 Targeting MAGEA4/8

High Specificity, Potency in Animal Models and Favorable Half-life

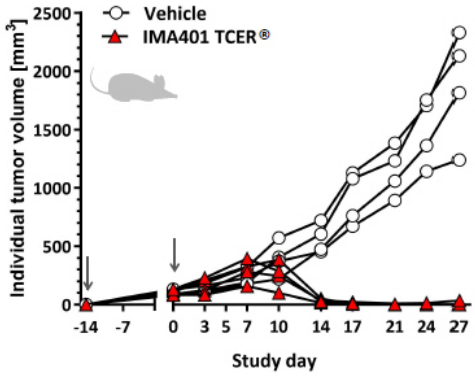
Preclinical Proof-of-Concept Data:

- 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 CMC characteristics and pharmacokinetics with **10-11 days terminal half-life** in mice

Development Status

- GMP production of clinical batch completed with high production yield
- Positive feedback on trial design, preclinical safety and efficacy package from regulators in scientific advice meetings
- Clinical Trial Application on track for 4Q 2021

Patient-Derived Tumor Model[2]

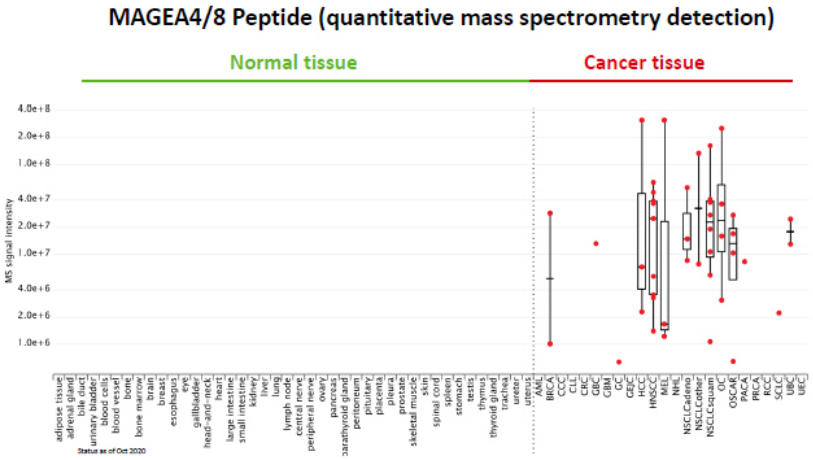


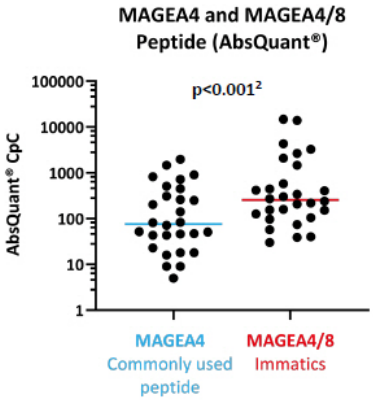
Study day -14: transplantation of tumor cells
Study day 1: human PBMC transplantation & start of IMA401 weekly treatment

[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

TCER® IMA401 Targeting MAGEA4/8

High Target Density Across Multiple Tumor Indications





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, [2]Students paired T test

TCER® IMA402 Targeting PRAME

High Specificity and Anti-tumor Activity *in vitro* and in Mice Studies

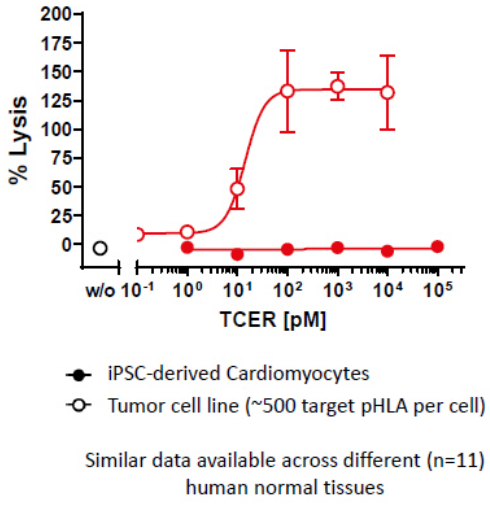
Preclinical Proof-of-Concept Data:

- High-**affinity** TCR Candidates after affinity-maturation via yeast display
- High **potency** at low concentrations and physiological target density *in vitro* and *in vivo* in xenograft tumor model (data not shown)
- Distinguished **specificity & broad therapeutic window** (≥ 1,000-fold concentration difference between tumor vs. healthy cell reactivity, exemplary data)

Development Status

- Service Agreement with CDMO signed & manufacturing activities started

IMA402 candidate



iPSC-derived Cardiomyocytes

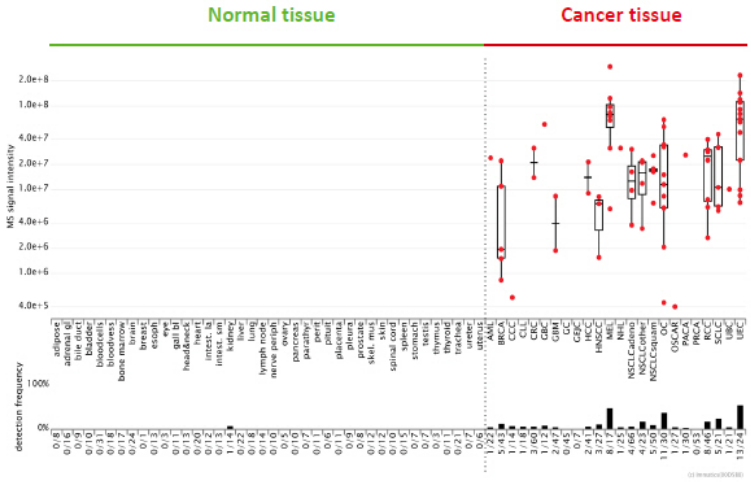
Tumor cell line (~500 target pHLA per cell)

Similar data available across different (n=11) human normal tissues

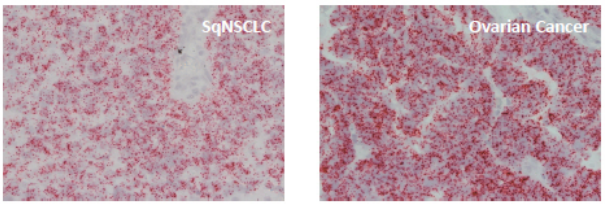
TCER® IMA402 Targeting PRAME

High Prevalence and Homogeneity of PRAME across Multiple Tumor Indications

PRAME Peptide detection (MS)



PRAME RNA detection in tumor samples (ISH)



PRAME target prevalence in selected cancer indications

Indications	Target prevalence [%]
Uterine carcinoma	100
Melanoma	95
Ovarian carcinoma	80
Squamous non-small cell lung carcinoma	65
Uveal melanoma	50
Cholangiocarcinoma	35
Diffuse large B-cell lymphoma	30
Breast carcinoma	25
Head & neck squamous cell carcinoma	25
plus several further indications	

TCER®

PRAME target prevalences are based on TCGA data combined with a XPRESIDENT®-determined target individual MS-based mRNA expression threshold

Discovery Platforms

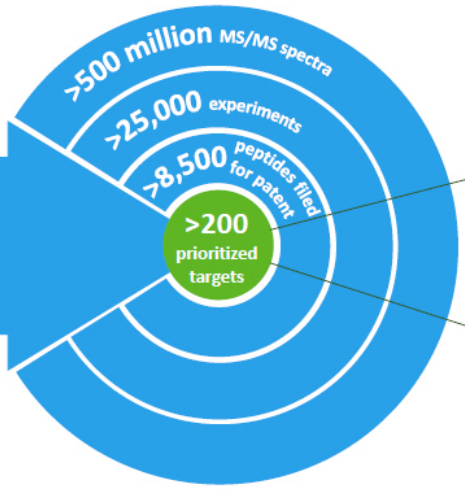
XPRESIDENT® – Discovery of True Cancer Targets

Pool of 200 Targets as Foundation for our Future Pipeline

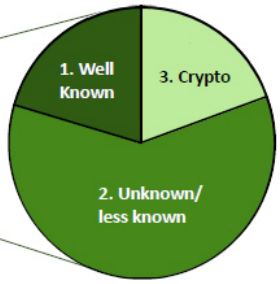
pHLA Database

based on primary tissues

>2,500 cancer & normal tissues analyzed by Quantitative, Ultra-Sensitive Mass Spectrometry



200 Prioritized Targets Grouped in 3 Target Classes:

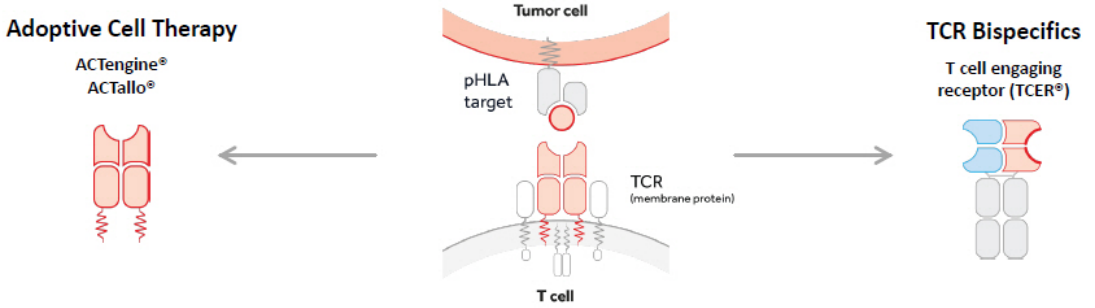


Unbiased Identification of the most relevant pHLA targets in the accessible cancer immunopeptidome

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

Development of the Right TCR – XCEPTOR®

Unique Cross-Talk between Target and TCR Discovery



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

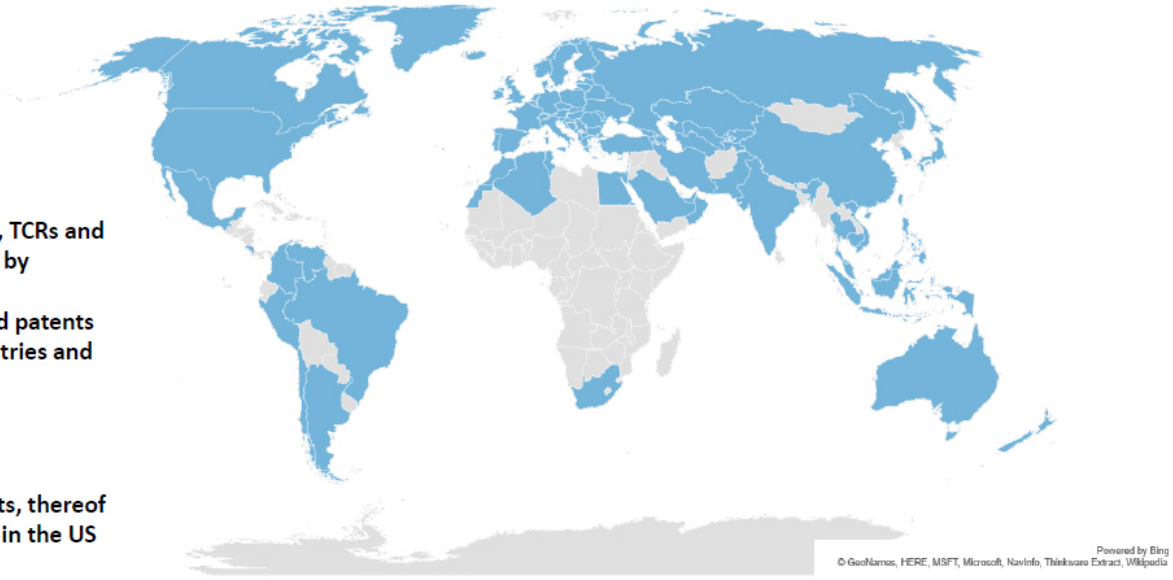
Basis for highly potent TCR Bispecifics format

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, ~160 FTEs

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

Houston, Texas , ~100 FTEs

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

Munich, Germany, ~40 FTEs

Senior Leadership, Business Development, Clinical Operations, 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

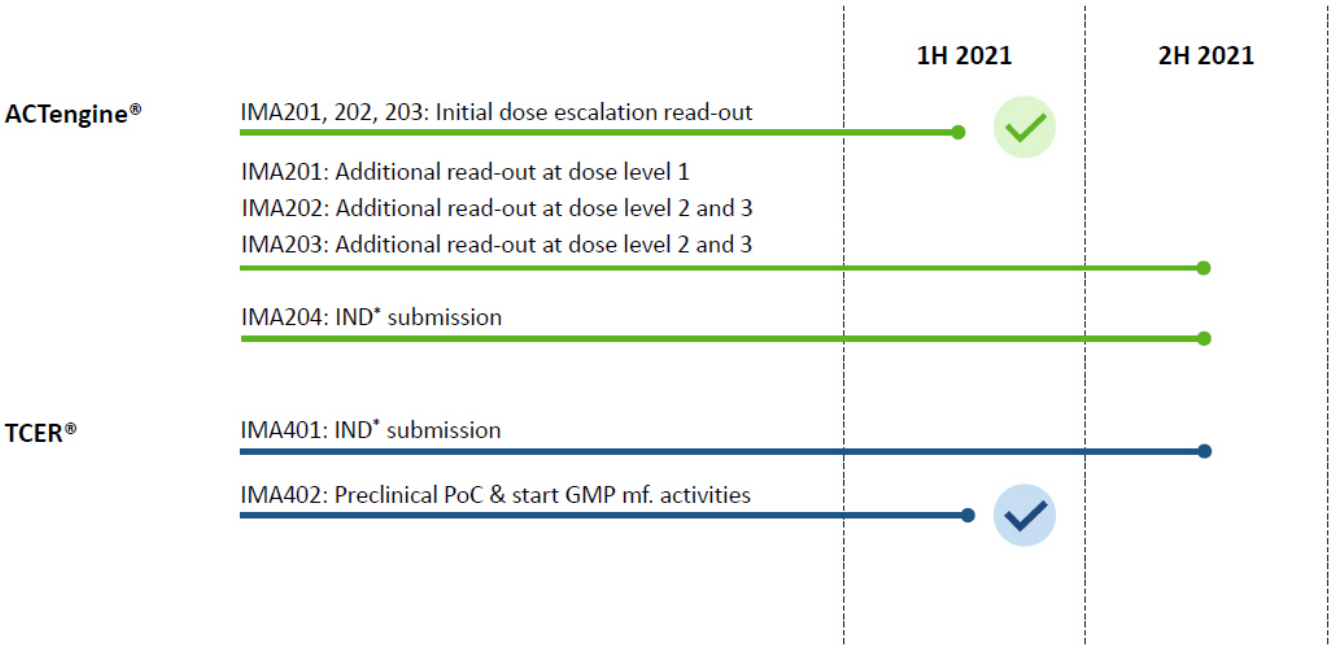
Toni Weinschenk
Chief Innovation Officer
Co-Founder
> 15 yrs biotech experience

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
  - Preclinical proof-of-concept demonstrated for IMA402 against highly prevalent target PRAME
- 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$ 254m (as of March 30, 2020) with cash reach into 2023

Thank you

www.immatics.com