
**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**

October 23, 2026

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



IMA203CD8 Data Release

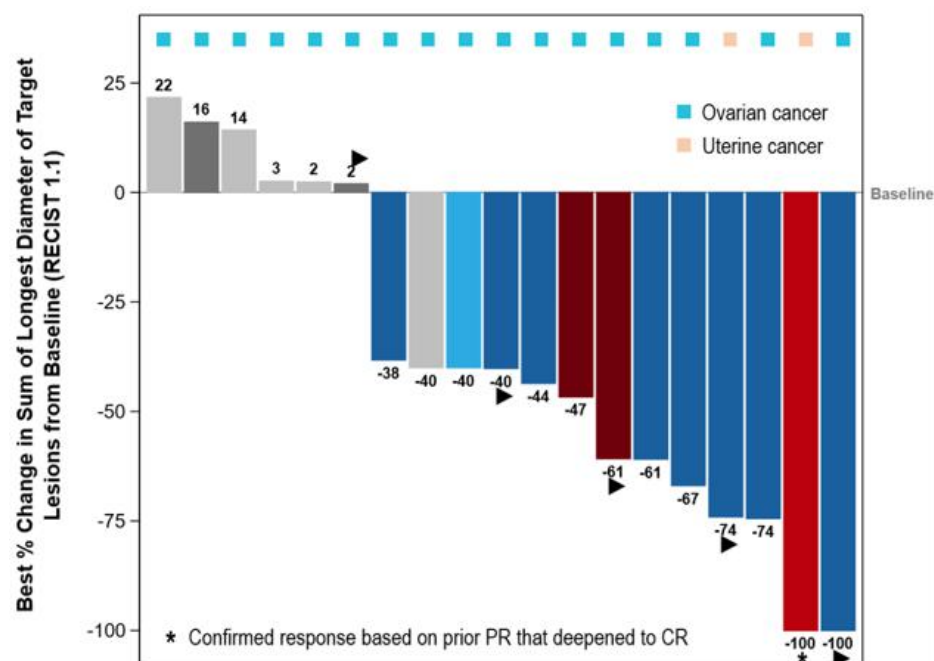
On October 23, 2026, Immatics N.V. (the “Company” or “Immatics”) announced updated Phase 1 data for its IMA203CD8 PRAME TCR T-cell therapy across multiple solid tumor types.

Patient Population. As of August 7, 2026 data cutoff, 98 heavily pretreated patients across multiple advanced solid tumor types expressing PRAME that had undergone a median of 3 prior systemic treatments were enrolled in the ongoing Phase 1 dose escalation/dose expansion trial. Of these, 90 patients were evaluable for efficacy, including 27 with gynecologic cancers (ovarian and uterine cancer), 44 with melanoma, 12 with synovial sarcoma and 7 with other solid tumor types. The median dose for the safety population was 1.81×10^9 TCR T cells (range $0.44\text{--}12.50 \times 10^9$). The median total infused dose across seven escalating dose levels was 3.55×10^9 TCR T cells (range $0.47 \times 10^9\text{--}12.50 \times 10^9$) for gynecologic cancers, 1.67×10^9 TCR T cells (range $0.44 \times 10^9\text{--}11.80 \times 10^9$) for melanoma, 1.59×10^9 TCR T cells (range $0.89 \times 10^9\text{--}10.00 \times 10^9$) for synovial sarcoma, and 1.95×10^9 TCR T cells (range $1.47 \times 10^9\text{--}10.00 \times 10^9$) for other solid tumor types. All patients were heavily pretreated, and all 24 patients with ovarian cancer had received prior platinum-based therapy. Patients with gynecologic cancers had a median of four prior lines of systemic treatment (range 1 – 7), patients with melanoma had a median of three prior lines (range 0 – 9), patients with synovial sarcoma had a median of two prior lines (range 1 – 5) and patients with other solid tumor types had a median of four prior lines (range 2 – 7). Of the 90 efficacy-evaluable patients, patients with gynecologic cancers were the largest subgroup treated at clinically relevant doses ($\geq$ DL4c).

Safety Data. IMA203CD8 demonstrated a consistent and manageable safety profile across different solid tumor types and a wide dose range (median dose 1.81×10^9 TCR T cells, range $0.44\text{--}12.50 \times 10^9$). The most frequent treatment-emergent adverse events (“TEAEs”) were expected and included transient cytopenias associated with the lymphodepletion regimen and low-grade cytokine release syndrome (“CRS”), consistent with the mechanism of action. Immune effector cell-associated neurotoxicity syndrome (“ICANS”) was infrequently observed, and no IMA203CD8-related Grade 5 events occurred. Maximum tolerated dose (“MTD”) was not reached with doses up to 12.5 billion IMA203CD8 cells.

The following table shows TEAEs occurring in 20% or more of patients:

TEAEs in $\geq$ 20% of Patients (N=98 ^a)		
Preferred term, n (%)	Any grade	Grade $\geq$ 3
Patients with any adverse event	98 (100)	97 (99)
Neutropenia	88 (90)	87 (89)
Anemia	78 (80)	54 (55)
Thrombocytopenia	71 (72)	36 (37)
Nausea	64 (65)	2 (2)
Lymphopenia	45 (46)	45 (46)
Rash	39 (40)	5 (5)
Fatigue	37 (38)	6 (6)
Transaminase elevation	37 (38)	12 (12)
Hypokalemia	34 (35)	2 (2)
Constipation	33 (34)	0
Vomiting	28 (29)	0
Abdominal pain	26 (27)	3 (3)
Leukopenia	25 (26)	23 (23)
Hyponatremia	23 (23)	2 (2)
Pyrexia	23 (23)	0
Hypophosphatemia	21 (21)	3 (3)
Diarrhea	20 (20)	3 (3)
Headache	20 (20)	1 (1)



1 patient without any post-baseline scan not evaluable for assessment of tumor reduction, not depicted in plot, but included in efficacy calculations; those patients achieving a (c)CR with <100% changes from baseline, target lesions were lymph nodes that resolved to <10 mm per RECIST 1.1; BOR, best overall response; (c)CR, (confirmed) complete response; PD, progressive disease; (c)PR, (confirmed) partial response; SD, stable disease.

Next Development Steps

Phase 1a dose escalation is complete. Immatics is currently enrolling patients with uterine cancer at clinically relevant doses to further expand the clinical dataset in this indication. In addition, a Phase 1/2 investigator-initiated trial (“IIT”) in patients with PRAME-positive pediatric cancers is planned to start in 1H 2027. The clinical activity of IMA203CD8 observed across tumor types with distinct biology and differing levels of PRAME expression, including ovarian cancer, uterine cancer, melanoma and synovial sarcoma, supports the broad applicability of IMA203CD8 across PRAME-positive cancers. The development approach for IMA203CD8 will leverage targeted cohorts of selected tumor types, such as ovarian cancer, uterine cancer, rare cancers and pediatric cancers to build the clinical evidence base for broader, tumor-agnostic application.

Certain statements in this report 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 timing, outcome and design of clinical trials, the nature of clinical trials (including whether such clinical trials will be registration-enabling), the timing and outcomes of IND, CTA, BLA and other regulatory filings, or the timing of commercial launches, estimated market opportunities of product candidates, manufacturing timetables, capacity and success rates, the potential benefits of product candidates, the Company’s focus on partnerships to advance its intended strategy, and other metrics are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as “may”, “should”, “expect”, “plan”, “target”, “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 by 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 Annual Report on Form 20-F and other filings with the Securities and Exchange Commission (SEC). Nothing in this report 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. The Company undertakes no duty to update these forward-looking statements. All the scientific and clinical data presented within this report are – by definition prior to completion of the clinical trial and a clinical study report – preliminary in nature and subject to further quality checks including customary source data verification.

In connection with the foregoing, the Company made available a presentation, a copy of which is attached hereto as Exhibit 99.1.

INCORPORATION BY REFERENCE

This Report on Form 6-K (other than the exhibits hereto) shall be deemed to be incorporated by reference into the registration statements on Form F-3 (Registration Nos. 333-240260, 333-274218 and 333-286151) of Immatics N.V. and to be a part thereof from the date on which this report is filed, to the extent not superseded by documents or reports subsequently filed or furnished.

EXHIBIT INDEX

Exhibit No.	Description
99.1	Targeting PRAME+ Tumors with IMA203CD8, a PRAME-directed TCR T-cell Therapy: Results from a Phase I Study

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: October 23, 2026

IMMATICS N.V.

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



Targeting PRAME+ Tumors with IMA203CD8, a PRAME-directed TCR T-cell Therapy: Results from a Phase 1 Study

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Prof. Dr. med. Antonia Busse

Proffered paper presentation, abstract #7231



Declaration of Interests

Employment or leadership position: None

Consultancy/advisory activities: None

Ownership of shares, stocks or investment funds: None

Patents, copyrights, licensing rights or royalties: None

Honoraria (eg, for lectures, advisory boards, consultancy): Novartis; Gilead; Hexal; BMS; Roche; MSD; AstraZeneca

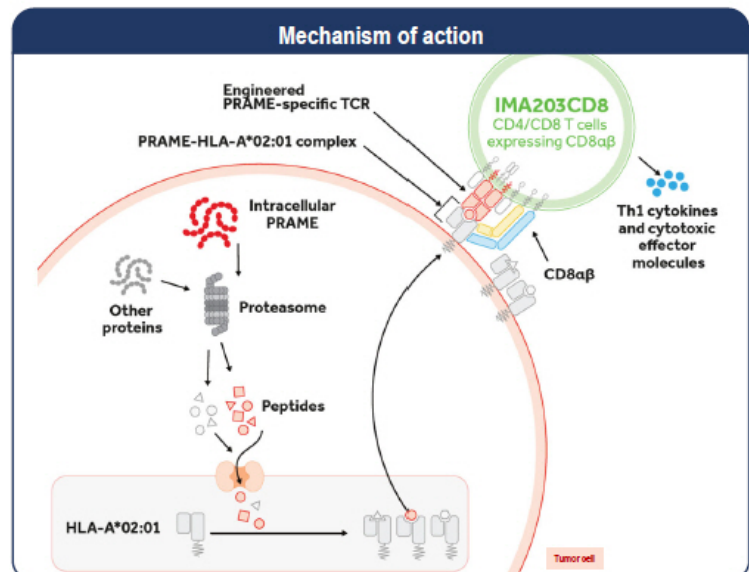
Research funding: Novartis

Other financial relationships: None

Non-financial interests: None

IMA203CD8: A Systemic TCR T-cell Therapy Designed to Target the Intracellular Tumor Antigen PRAME

PRAME is expressed in >50 cancers	
Indication	% PRAME+ patients ^a
Cutaneous melanoma	95%
Uterine carcinoma	95%
Uterine carcinosarcoma	95%
Synovial sarcoma	95%
Uveal melanoma	90%
Mucosal melanoma	90%
Ovarian carcinoma subtypes ^b	85%
Squamous cell NSCLC	70%
Triple-negative breast carcinoma	65%
Small cell lung cancer	45%
Esophageal carcinoma subtype	45%
Kidney carcinoma subtype	40%
Cholangiocarcinoma	35%
HER2-enriched breast carcinoma	30%
Adenocarcinoma NSCLC	25%
Head & neck squamous cell carcinoma	25%
Hepatocellular carcinoma	20%
Bladder carcinoma	20%



IMA203CD8 is an investigational therapy, and its use has not been proven to be safe or effective. It has not been approved by the FDA or any other regulatory agency outside of the US.

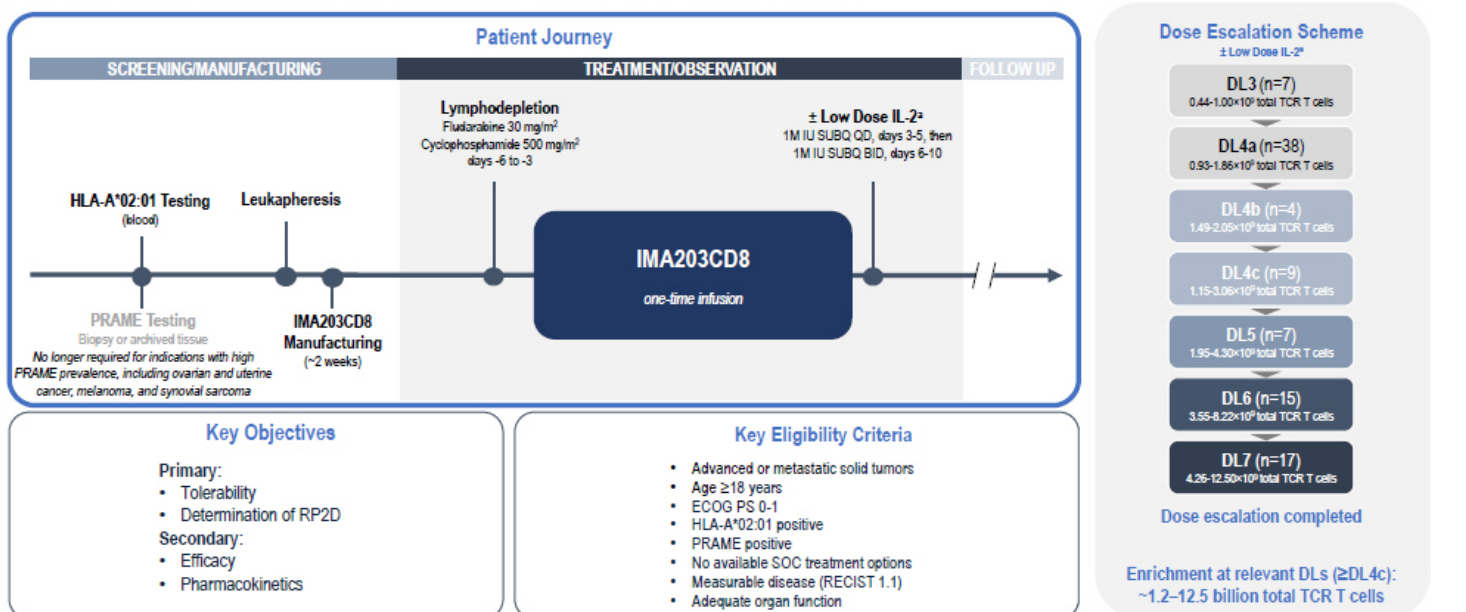
^a Data on the PRAME target prevalence is based on a proprietary mass spec-guided expression threshold applied to RNAseq data (approximate values; values between 65%-100% shown as 95%). ^b Includes the following subtypes: clear cell carcinoma, endometrioid carcinoma, serous cystadenocarcinoma, CO, cluster of differentiation; FDA, US Food and Drug Administration; HER2, human epidermal growth factor receptor 2; HLA, human leukocyte antigen; NSCLC, non-small cell lung cancer; PRAME, preferentially expressed antigen in melanoma; RNAseq, RNA sequencing; TCR, T-cell receptor; Th1, T helper 1.

Date cutoff: August 7, 2020

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Phase 1 Multicenter Trial of IMA203CD8 in PRAME+ Solid Tumors



IMA203-101: NCT03681124; Based on initial safety data observed with enzu-cci (IMA203), IMA203CD8 dose escalation was initiated at DL3. Total TCR T cells calculated from defined number of TCR T cells/m² BSA per dose level X1.8 m² BSA.

^a Dose level ≥DL4c is evaluated as: 1, starting without IL-2; if tolerable, add IL-2 at the same dose or escalate to next dose without IL-2; outpatient IL-2 administration at investigator's discretion.

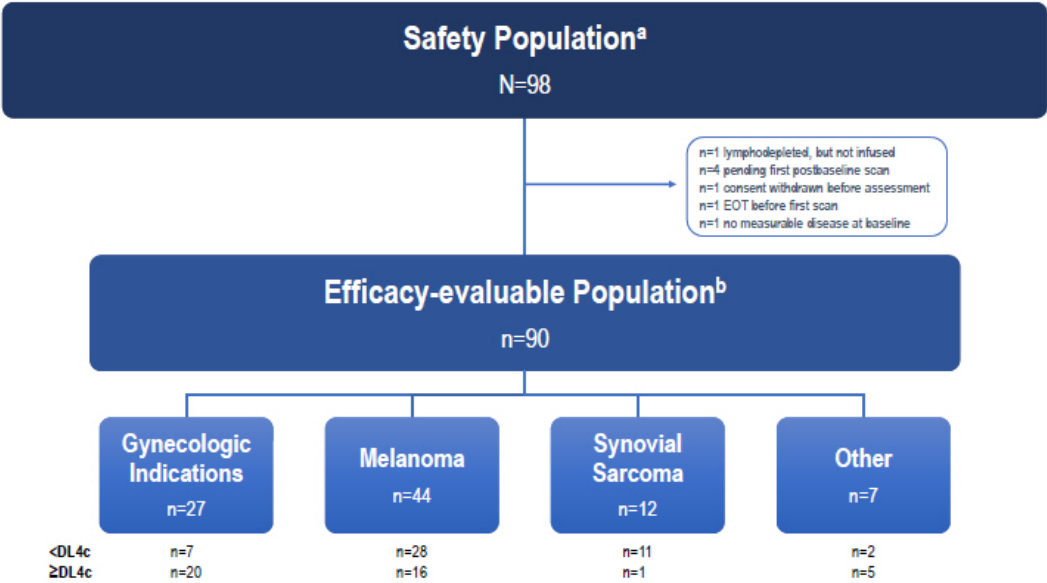
Enzu-cci, enzalutamide autophagy; bid, twice daily; BSA, body surface area; DL, dose level; ECOG, Eastern Cooperative Oncology Group; HLA, human leukocyte antigen; IL, interleukin; IU, international unit; PRAME, preferentially expressed antigen in melanoma; PS, performance status; qd, once daily; RP2D, recommended phase 2 dose; SUBQ, subcutaneous; TCR, T-cell receptor.

Date cutoff: August 7, 2020

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Patient Disposition



Gynecologic indications include ovarian cancer and uterine cancer; melanoma includes cutaneous, uveal, mucosal, acral melanoma, and melanoma of unknown primary; other indications include breast and non-small cell lung cancer. ^a All patients who started lymphodepletion. ^b All patients who received IMA202C08 infusion and had ≥1 postbaseline scan, progressive disease or death. DL, dose level; EOT, end of treatment.

Baseline Characteristics

	Safety Population ^a	Efficacy-evaluable Population ^b			
	All N=98	Gynecologic Indications n=27	Melanoma n=44	Synovial Sarcoma n=12	Other n=7
Median age (range), years	58 (20-85)	58 (35-75)	62 (23-85)	46 (20-66)	56 (38-71)
Female, n (%)	63 (64)	27 (100)	22 (50)	4 (33)	4 (57)
ECOG PS 1, n (%)	40 (41)	10 (37)	21 (48)	2 (17)	4 (57)
LDH $\geq 1 \times$ ULN, n (%)	43 (44)	11 (41)	21 (48)	4 (33)	5 (71)
Median target lesion SLD (range), cm ^c	6.8 (1.1-43.4)	6.2 (1.1-21.6)	7.9 (1.3-43.4)	8.1 (1.2-41.1)	6.4 (3.9-14.7)
Median number of tumor lesions (range) ^c	5 (1-25)	5 (1-25)	4 (1-25)	8 (1-16)	6 (5-25)
Liver metastasis, n (%)	45 (46)	14 (52)	25 (57)	1 (8)	3 (43)
Brain metastasis, n (%)	9 (9)	0 (0)	7 (16)	0 (0)	1 (14)
Bone metastasis, n (%)	16 (16)	3 (11)	7 (16)	2 (17)	4 (57)
Peritoneal disease, n (%)	32 (33)	17 (63)	9 (20)	1 (8)	2 (29)

^a All patients who started lymphodepletion. ^b All patients who received IMA203CD8 infusion and had ≥ 1 postbaseline scan, progressive disease or death. Gynecologic indications include ovarian cancer and uterine cancer; melanoma includes cutaneous, uveal, mucosal, acral melanoma, and melanoma of unknown primary; other indications include breast cancer and non-small cell lung cancer. ^c Two patients were excluded from the target lesion analysis due to unmeasurable target lesion measurements at the time of data cutoff. ECOG, Eastern Cooperative Oncology Group; LDH, lactate dehydrogenase; PS, performance status; SLD, sum of longest diameter; ULN, upper limit of normal.

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Treatment Experience

Prior Therapy	Safety Population ^a	Efficacy-evaluable Population ^b			
	All N=98	Gynecologic Indications n=27	Melanoma n=44	Synovial Sarcoma n=12	Other n=7
Treatment, n (%)					
Radiation	53 (54)	5 (19)	31 (70)	9 (75)	6 (86)
Systemic treatment	97 (99)	27 (100)	43 (98)	12 (100)	7 (100)
Lines of systemic treatment, median (range)	3 (0-9)	4 (1-7)	3 (0-9)	2 (1-5)	4 (2-7)
≥3, n (%)	77 (79)	22 (81)	37 (84)	5 (42)	6 (86)
Immune checkpoint inhibitors, n (%)	55 (56)	5 (19)	39 (89)	0	6 (86)
Chemotherapy, n (%)	68 (69)	27 (100)	14 (32)	12 (100)	7 (100)
Ovarian cancer only (n=24):					
Lines of prior platinum-based therapy, n (%)	-	24 (100)	-	-	-
Platinum-resistant, n (%)	-	19 (79)	-	-	-
Lines post-platinum resistance, median (range)	-	1 (0-4)	-	-	-
Targeted therapies (ie, ADCs, TKIs), n (%)	54 (55)	23 (85)	15 (34)	5 (42)	5 (71)
TCR-based therapies, n (%)	18 (18)	0	15 (34)	1 (8)	0
On Study	Safety Population ^a	Efficacy-evaluable Population ^b			
	All N=98	Gynecologic Indications n=27	Melanoma n=44	Synovial Sarcoma n=12	Other n=7
Total infused dose TCR T cells [$\times 10^9$], median (range)	1.81 (0.44-12.50)	3.55 (0.47-12.50)	1.67 (0.44-11.80)	1.59 (0.89-10.00)	1.95 (1.47-10.00)

^a All patients who started lymphodepletion. ^b All patients who received IMA203CD8 infusion and had ≥ 1 postbaseline scan, progressive disease or death. Gynecologic Indications include ovarian cancer and uterine cancer; melanoma includes cutaneous, uveal, mucosal, acral melanoma, and melanoma of unknown primary; other indications include breast cancer and non-small cell lung cancer. ADC, antibody drug conjugate; TKI, tyrosine kinase inhibitor; TCR, T-cell receptor.

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Tolerability in Advanced Solid Tumors

TEAEs in ≥20% of Patients (N=98 ^a)		
Preferred term, n (%)	Any grade	Grade ≥3
Patients with any adverse event	98 (100)	97 (99)
Neutropenia	88 (90)	87 (89)
Anemia	78 (80)	54 (55)
Thrombocytopenia	71 (72)	36 (37)
Nausea	64 (65)	2 (2)
Lymphopenia	45 (46)	45 (46)
Rash	39 (40)	5 (5)
Fatigue	37 (38)	6 (6)
Transaminase elevation	37 (38)	12 (12)
Hypokalemia	34 (35)	2 (2)
Constipation	33 (34)	0
Vomiting	28 (29)	0
Abdominal pain	26 (27)	3 (3)
Leukopenia	25 (26)	23 (23)
Hyponatremia	23 (23)	2 (2)
Pyrexia	23 (23)	0
Hypophosphatemia	21 (21)	3 (3)
Diarrhea	20 (20)	3 (3)
Headache	20 (20)	1 (1)

All TEAEs occurring in at least 20 patients (≥20%) are presented. Grades were determined according to National Cancer Institute Common Terminology Criteria for Adverse Events, version 5.0. Grades for CRS and ICANS were determined according to CARTOX criteria (Veenapu et al, 2018 before protocol v11.0; Neelapu et al, from protocol v11.0 onward).

Adverse Events of Special Interest (N=98 ^a)	
CRS, any grade, n (%)	94 (96)
Grade 1	38 (39)
Grade 2	47 (48)
Grade 3	8 (8)
Grade 4	1 (1)
HLH, any grade, n (%)	7 (7)
Grade 1	0
Grade 2	4 (4)
Grade 3	2 (2)
Grade 4	1 (1)
ICANS, any grade, n (%)	8 (8)
Grade 1	5 (5)
Grade 2	1 (1)
Grade 3	2 (2)

Late N-ICAHT Beyond Day 28 (N=87)	
ICAHT, any grade, n (%)	20 (23)
Grade 1-2	15 (17)
Grade 3-4	5 (6)

Late neutropenia-based Immune Effector Cell-Associated Hematotoxicity (N-ICAHT) grade was based on the second-lowest absolute neutrophil count between days 28-100 postinfusion and required ≥2 neutropenic measurements during this period, including ≥1 between days 35-60. Measurements before the day 28 visit were not used for late ICAHT grading but were considered when determining neutropenia onset and duration. Day 28 visits could have occurred ≥3 days before or after day 28. Assessments were available for n=87 patients.

- Most frequent TEAEs were cytopenias associated with lymphodepletion
- CRS was mostly grade 1-2
- DLTs in 4 of 98 patients:
 1. DL4b: grade 4 neurotoxicity/CRS with grade 3 HLH
 2. DL4b: grade 3 CRS
 3. DL5: grade 3 ICANS^b
 4. DL7: grade 4 skin infection^b
- Late grade 3-4 N-ICAHT in 5 patients was manageable with supportive treatment; all improved to grade ≤2 at a median of 69 days postinfusion (range, 42–121)
- No IMA203CD8-related grade 5 event^c
- MTD not reached with doses up to 12.5 billion IMA203CD8 cells

^a All patients who started lymphodepletion, including 1 patient who did not receive IMA203CD8 cells. ^b 2 events met DLT criteria but did not limit dose escalation: 1 in an enrichment cohort at DLS and 1 at highest dose, DL7 (1/6 patients), both within protocol-defined dose-finding rules. ^c Possibly related grade 5 event as previously reported was determined by the PI to be unlikely related to IMA203CD8 after complete assessment. Patient died from sepsis that was aggravated by immunosuppression from flutamide/cyclophosphamide (possibly related), a grade 4 HLH event, the toxicity management, and rapidly progressing disease. CARTOX, CAR T-cell therapy-associated toxicity; CRS, cytokine release syndrome; DL, dose level; DLT, dose-limiting toxicity; HLH, hemophagocytic lymphohistiocytosis; ICANS, immune effector cell-associated neurotoxicity syndrome; PI, principal investigator; MTD, maximum tolerated dose; TEAE, treatment-emergent adverse event.

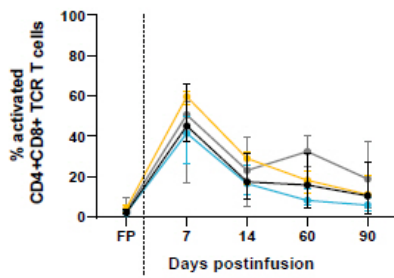
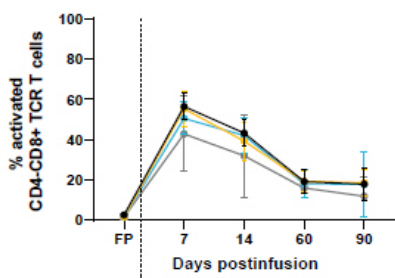
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TCR T-cell Activity Across Indications

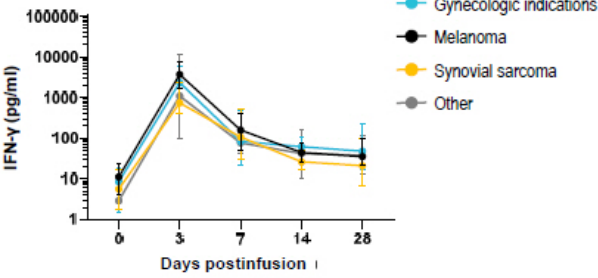
Similar PD-1 Frequency in TCR T cells Over Time

Activated CD4-CD8+ TCR T cells

Activated CD4+CD8+ TCR T cells



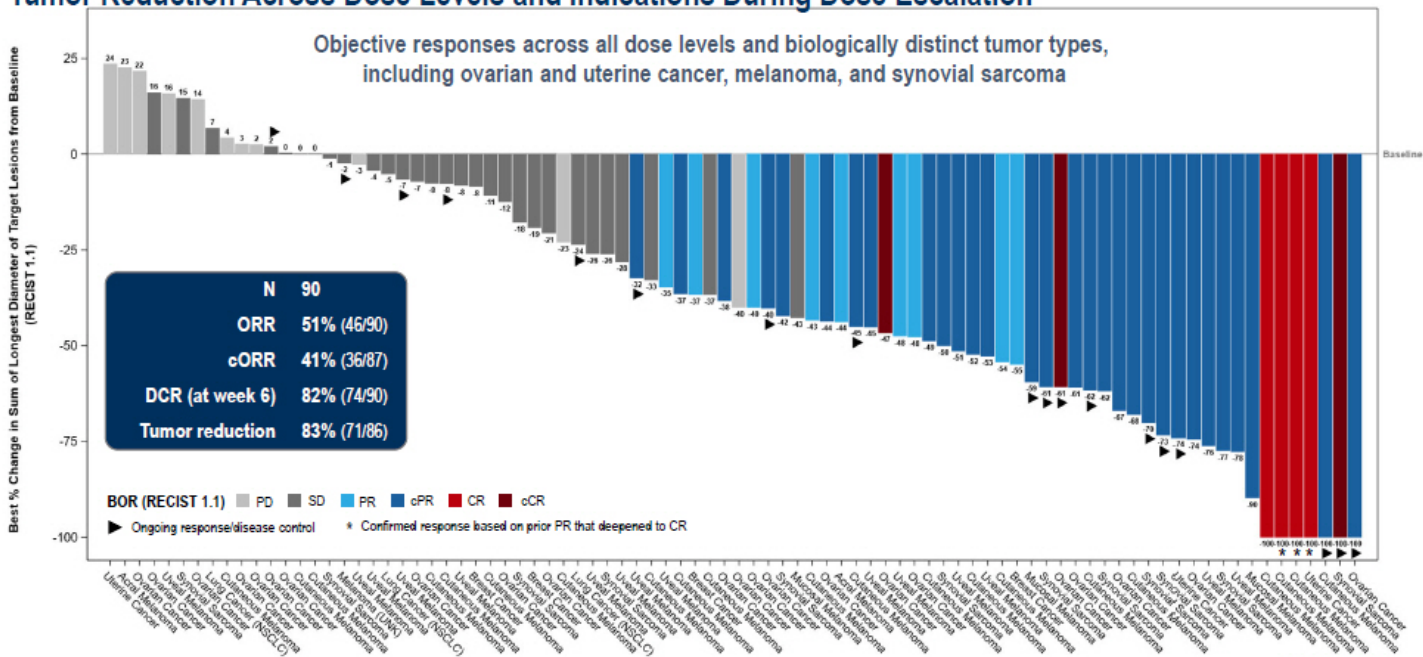
Similar Serum IFN-γ Levels Over Time



% activated TCR T cells is evaluated based on surface expression of PD-1 (% PD-1 positive TCR T cells) assessed by flow cytometry. Gynecologic indications include ovarian cancer and uterine cancer; melanoma includes cutaneous, uveal, mucosal, ecdematous, and melanoma of unknown primary; other indications include breast and non-small cell lung cancer. CD, cluster of differentiation; FP, final product; IFN-γ, interferon gamma; PD-1, programmed cell death protein-1; TCR, T-cell receptor.

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Tumor Reduction Across Dose Levels and Indications During Dose Escalation



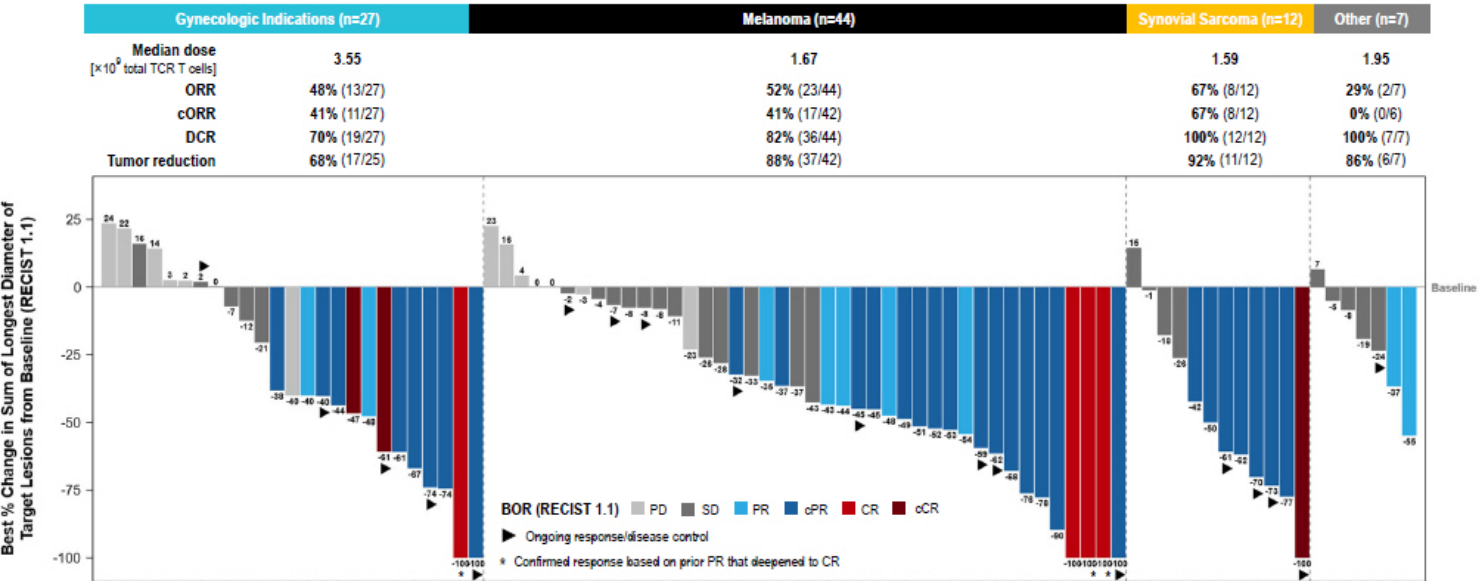
n=2 patients with ovarian cancer and n=1 patient with melanoma died before first postbaseline scan and n=1 additional patient with melanoma had a non-evaluable target lesion; these patients are not depicted in the plot but were included in the ORR, cORR and DCR calculation. ORR according to RECIST 1.1 at any postbaseline scan, PD or death at any prior timepoint; Confirmed ORR for patients with ≥2 postbaseline scans per RECIST 1.1, PD or death at any prior timepoint, those with ongoing unconfirmed PR/CR were excluded. For patients achieving a cCR with <100% change from baseline, target lesions were lymph nodes that resolved to <10 mm per RECIST 1.1. BOR, best overall response; cCR, (confirmed) complete response; DCR, disease control rate; NSCLC, non-small cell lung cancer; cORR, (confirmed) objective response rate; PD, progressive disease; cPR, (confirmed) partial response; SD, stable disease; UNK, unknown.

Date cutoff: August 7, 2020

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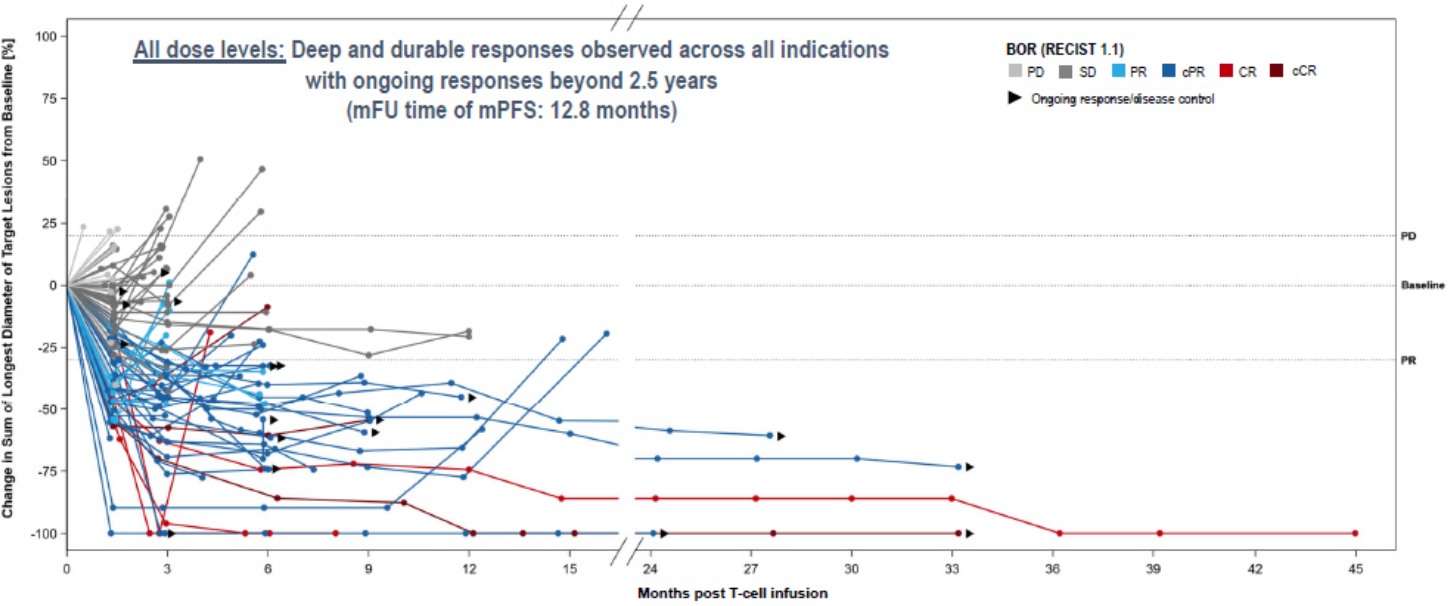
Tumor Reduction Across Dose Levels During Dose Escalation by Indication



n=2 patients with ovarian cancer and n=1 patient with melanoma died before first postbaseline scan and n=1 additional patient with melanoma had a non-evaluable target lesion; these patients are not depicted in the plot but were included in the ORR, cORR and DCR calculation. ORR according to RECIST 1.1 at any postbaseline scan, PD or death at any prior timepoint; Confirmed ORR for patients with ≥2 postbaseline scans per RECIST 1.1, PD or death at any prior timepoint, those with ongoing unconfirmed PR/CR were excluded. For patients achieving a cCR with >100% change from baseline, target lesions were lymph nodes that resolved to <10 mm per RECIST 1.1. Gynecologic indications include ovarian cancer and uterine cancer; melanoma includes cutaneous, uveal, mucosal, acral melanoma, and melanoma of unknown primary; other indications include breast cancer and non-small cell lung cancer. BOR, best overall response; (c)OR, (confirmed) complete response; DCR, disease control rate; (c)ORR, (confirmed) objective response rate; PD, progressive disease; (c)PR, (confirmed) partial response; SD, stable disease.

Date cutoff: August 7, 2020

Changes in Tumor Size Over Time



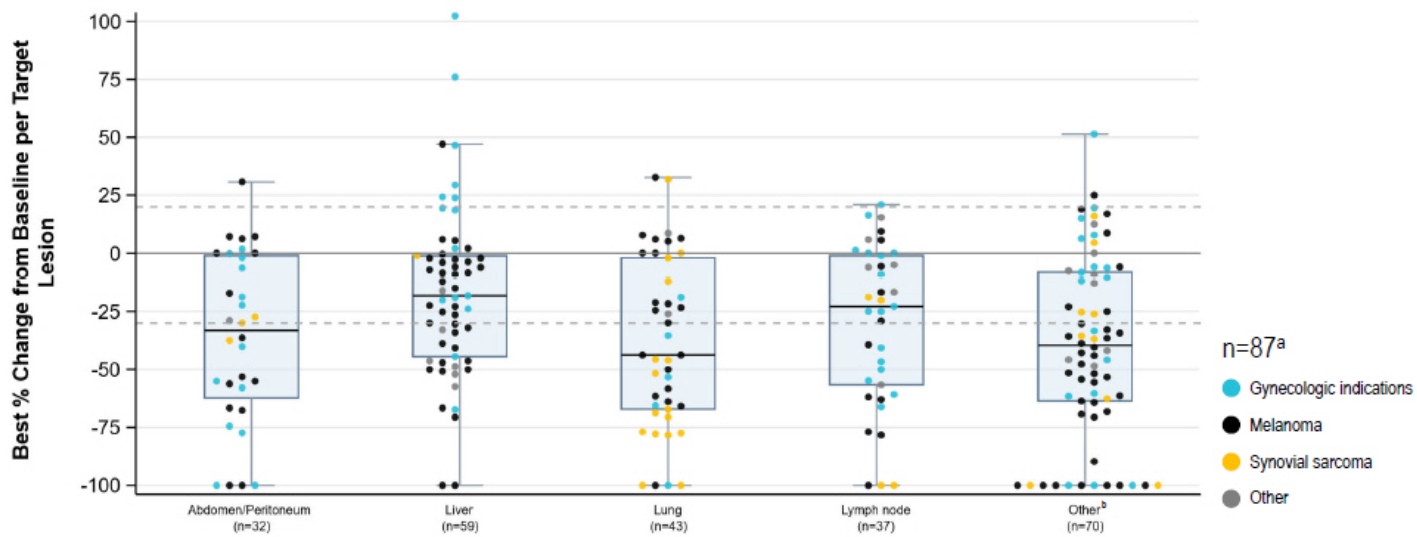
BOR, best overall response; (c)CR, (confirmed) complete response; mFU, median follow-up; PD, progressive disease; (c)PR, (confirmed) partial response; SD, stable disease

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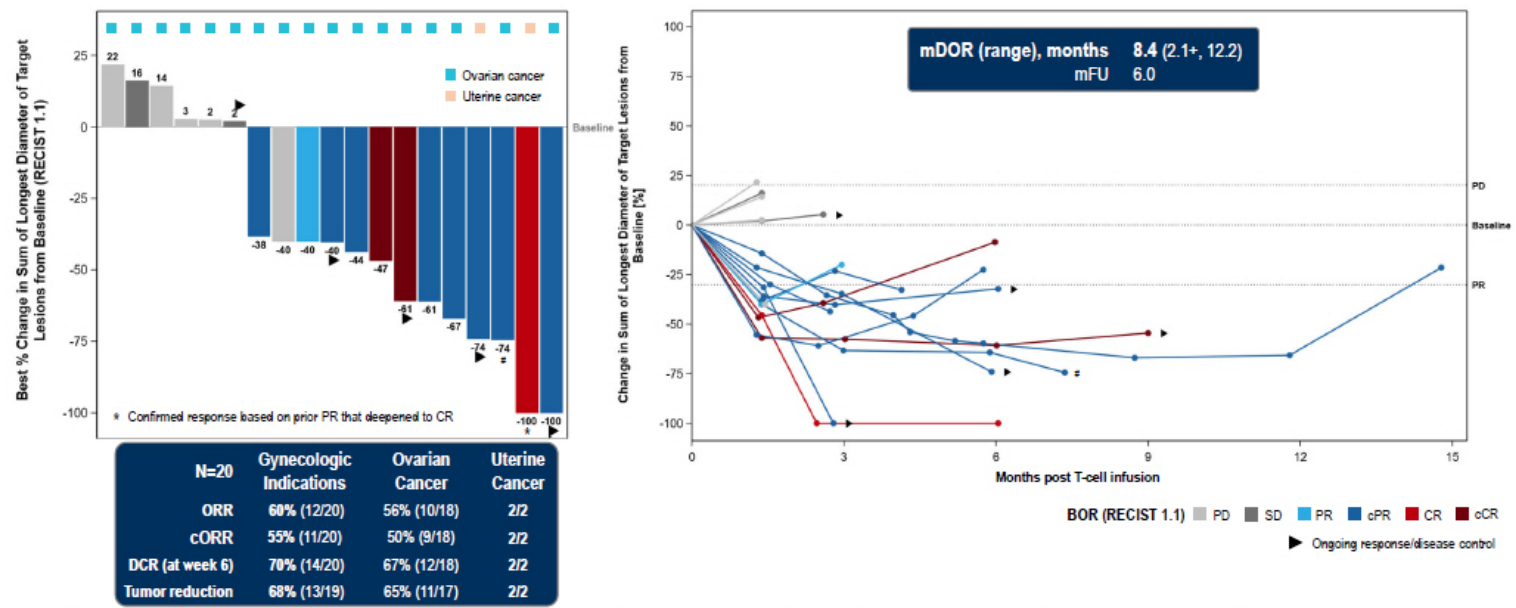
Responses of Metastatic Lesions



Each data point represents reduction of a target lesion. Total number of target lesions evaluated: 241.
^a Best overall response of target lesions not available for n=3 patients. Gynecologic indications include ovarian cancer and uterine cancer; melanoma includes cutaneous, uveal, mucosal, acral melanoma, and melanoma of unknown primary; other indications include breast cancer and non-small cell lung cancer.
^b Other: bone, breast, cervical neck, chest, colon, esophagus, gastric, kidney, pelvis, pleural effusion, skin, vagina, and other investigator-specified locations.

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Antitumor Activity at Higher Doses ≥DL4c in Patients with Gynecologic Indications



n=1 patient with ovarian cancer died prior to first post baseline scan not evaluable for assessment of tumor reduction, not depicted in plot but included in ORR, cORR and DCR calculation; ORR: according to RECIST 1.1 at any postbaseline scan, PD or death at any prior timepoint; Confirmed ORR for patients with ≥2 postbaseline scans per RECIST 1.1, PD or death at any prior timepoint, those with ongoing unconfirmed PR/OR were excluded. For those patients achieving a (c)OR with <100% changes from baseline, target lesions were lymph nodes that resolved to <10 mm per RECIST 1.1. # Ongoing confirmed PR (RECIST 1.1) as of last scan at month 7.5, suspected clinical progression by clinical site at month 8 in discrepancy to RECIST response due to tumor marker increase; patient off study at month 8 and receiving further anti-tumor treatment. Initially reported unconfirmed CR according to database entry by site referred to a lesion incorrectly classified as target lesion. Retrospective review determined that patient had no measurable target lesion at baseline and was therefore removed from efficacy population.

BOR, best overall response; (c)OR, (confirmed) complete response; DCR, disease control rate; DL, dose level; (c)ORR, (confirmed) objective response rate; mDOR, median duration of response; mFU, median follow-up; PD, progressive disease; (c)PR, (confirmed) partial response; SD, stable disease.

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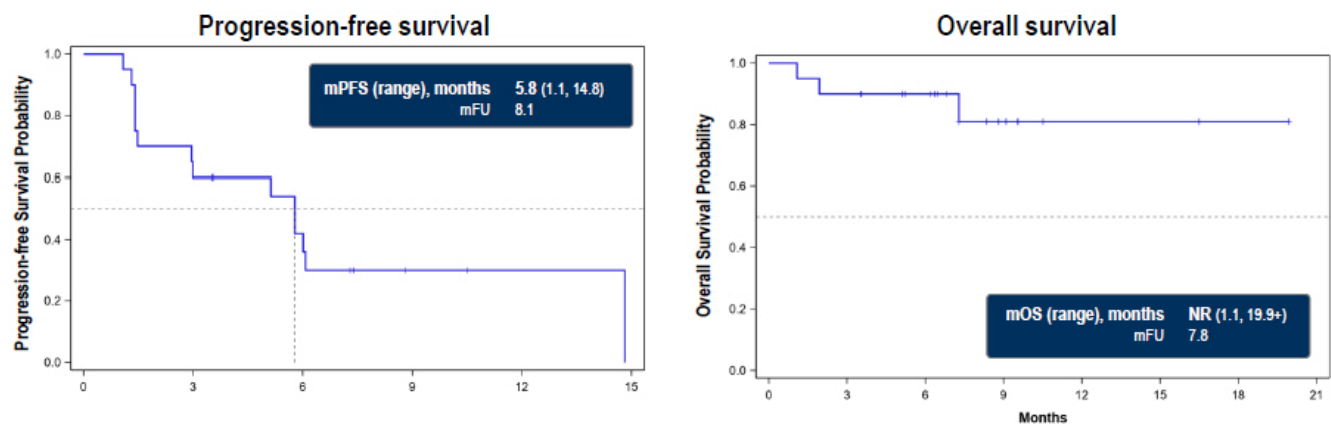
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14

Durability Potential at Higher Doses ≥DL4c in Patients with Gynecologic Indications



Conclusions

- IMA203CD8 demonstrated a **consistent and manageable safety profile** in patients with advanced PRAME-positive solid tumors
- Antitumor activity observed across multiple tumor types, with **51% ORR and 41% cORR**
- Deep and durable responses, including multiple complete responses and **responses ongoing beyond 2.5 years**
- Encouraging activity in gynecologic cancers at higher doses, with **60% ORR and 55% cORR**
- These findings support the **clinical proof-of-concept for PRAME-directed TCR T-cell therapy across multiple solid tumors** and provide a rationale for continued evaluation of IMA203CD8

(c)ORR, (confirmed) objective response rate; PRAME, preferentially expressed antigen in melanoma; TCR, T-cell receptor.

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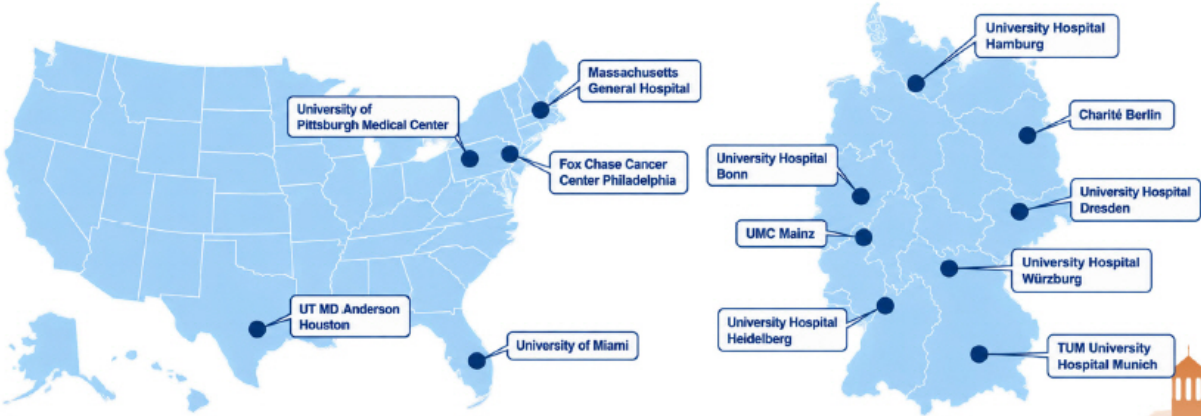
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Thank You – Trial Participants & Caregivers



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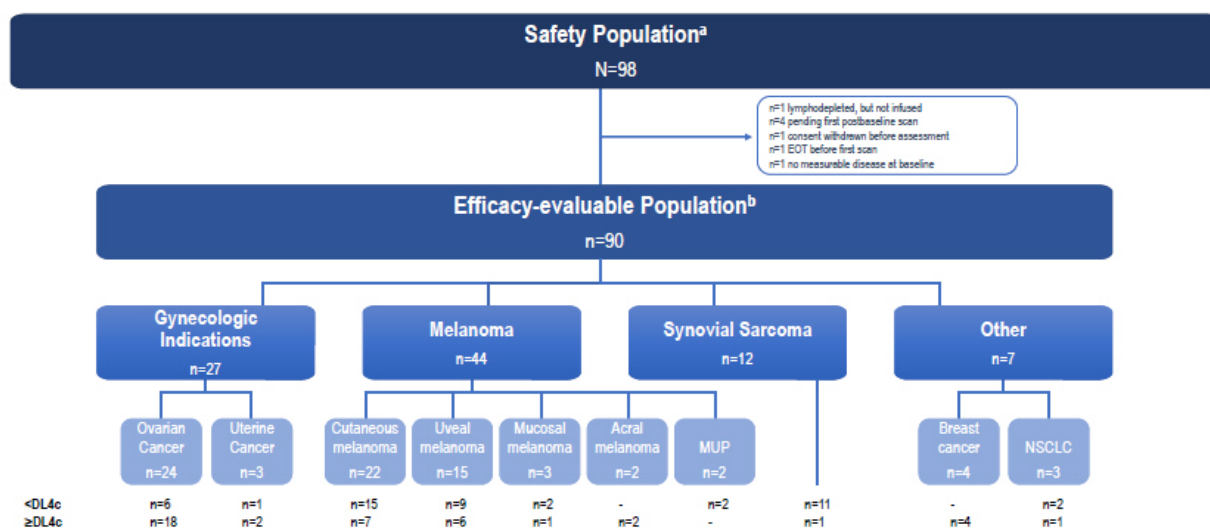
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Appendix



Patient Disposition



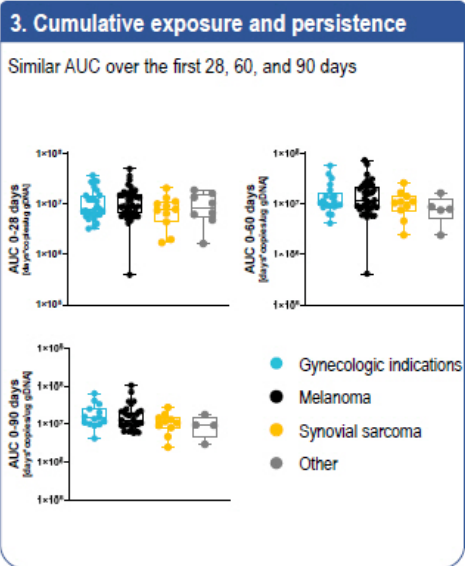
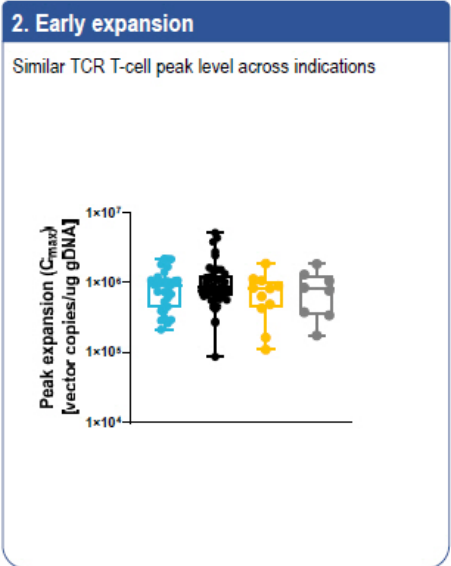
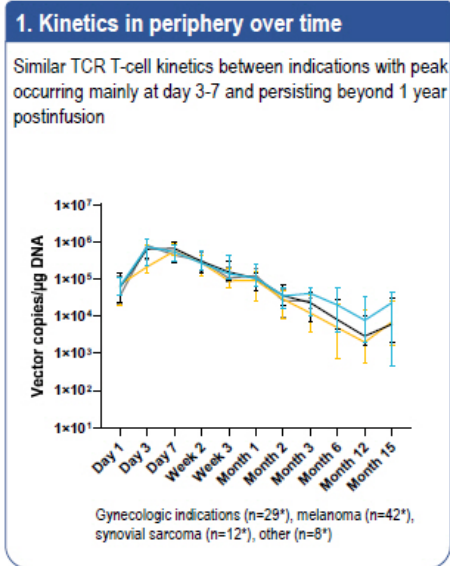
^a All patients who started lymphodepletion. ^b All patients who received IMA203CD8 infusion and had ≥1 postbaseline scan, progressive disease or death. DL, dose level; EOT, end of treatment; MUP, melanoma of unknown primary; NSCLC, non-small cell lung cancer.

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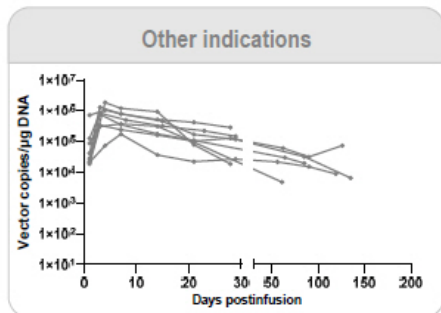
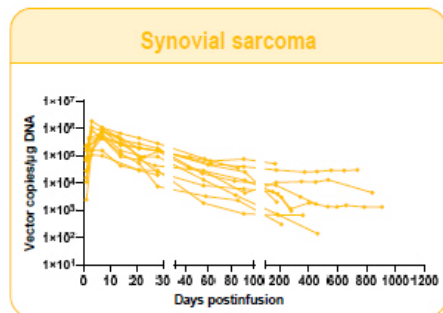
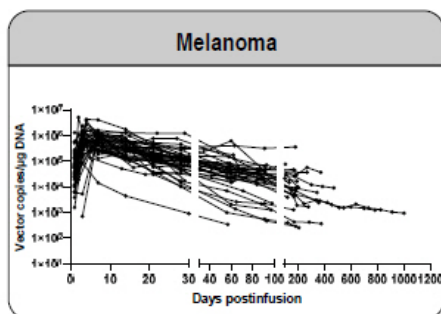
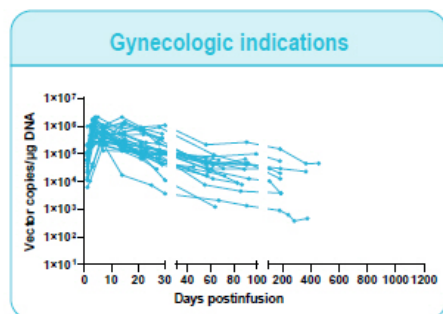
IMA203CD8 TCR T-cell Expansion and Persistence in Multiple Indications



*n indicates the maximum number of patients contributing to an individual timepoint. Sample availability varied across timepoints, with fewer patients contributing data beyond Month 3. Persistence data are presented as median with interquartile range and each point represents a patient.
AUC, area under the curve; C_{max} , maximum concentration; DNA, deoxyribonucleic acid; gDNA, genomic DNA; TCR, T-cell receptor.

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IMA203CD8 TCR T-cell Persistence in Peripheral Blood in Multiple Indications



Sustained persistence of IMA203CD8 T cells observed across multiple indications, with persistence beyond 2.5 years postinfusion in individual patients

Shorter follow-up for gynecologic indications due to later study treatment.
TCR, T-cell receptor.

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Patient-level Data in Gynecologic Cancers Treated with IMA203CD8 at ≥DL4c in Phase 1 (n=20)

Indication	Number of prior systemic treatment lines	Prior treatments	Total infused dose TCR T cells' [$\times 10^9$]	DL	BOR	BOR (Max % change of target lesions)	Comment	Reason for Progression
Uterine cancer	1	Pembrolizumab + Chemotherapy (carboplatin, paclitaxel)	3.15E+09	5	CR	-100	Response until 6.1 months PFS	New lesions
Ovarian, fallopian tube, or peritoneal cancer	5	Bevacizumab + chemotherapy (carboplatin, paclitaxel) Chemotherapy (carboplatin, doxorubicin) Chemotherapy (carboplatin, gemcitabine) Chemotherapy (paclitaxel) Chemotherapy (docetaxel)	6.22E+09	6	cCR	-60.8	Ongoing response at 10.5 months PFS	
Ovarian, fallopian tube, or peritoneal cancer	1	Chemotherapy (carboplatin, paclitaxel)	1.43E+09	4c	cCR	-46.7	Response until 6.0 months PFS	Non-target lesion progression, new lesions
Ovarian, fallopian tube, or peritoneal cancer	7	Bevacizumab + chemotherapy (carboplatin, paclitaxel) Bevacizumab Bevacizumab + chemotherapy (carboplatin, doxi) PARPi + Mirvetuximab PRT7732-01 SGR-3515 Bevacizumab + Chemotherapy (carboplatin, gemcitabine) Chemotherapy (carboplatin, paclitaxel)	8.68E+09	7	cPR	-100	Ongoing response at 3.5 months PFS	
Ovarian, fallopian tube, or peritoneal cancer	5	Bevacizumab + chemotherapy (carboplatin, paclitaxel) PARPi + chemotherapy (caelyx, carboplatin) Chemotherapy (carboplatin, cisplatin, gemcitabine) Chemotherapy (paclitaxel) Chemotherapy (carboplatin, paclitaxel)	2.30E+09	5	cPR	-74.4	Response until 7.4 months PFS	Suspected clinical progression by clinical site in discrepancy to RECIST response due to tumor marker increase
Ovarian, fallopian tube, or peritoneal cancer	4	Bevacizumab + chemotherapy (carboplatin, paclitaxel) PARPi + chemotherapy (carboplatin, gemcitabine) Chemotherapy (carboplatin, doxorubicin)	7.07E+09	6	cPR	-66.9	Response until 14.8 months PFS	Target lesion progression
Ovarian, fallopian tube, or peritoneal cancer	1	Chemotherapy (carboplatin, paclitaxel)	4.26E+09	7	cPR	-60.9	Response until 5.8 months PFS	Target lesion progression
Ovarian, fallopian tube, or peritoneal cancer	6	Chemotherapy (carboplatin, taxol) PARPi Chemotherapy (carboplatin, caelyx) PARPi PARPi Chemotherapy (carboplatin, gemcitabine)	6.59E+09	6	cPR	-43.6	Response until 5.1 months PFS	Target and non-target progression, new lesions
Ovarian, fallopian tube, or peritoneal cancer	3	Bevacizumab + PARPi + chemotherapy (paclitaxel, docetaxel, carboplatin) Chemotherapy (doxorubicin, carboplatin, gemcitabine) Chemotherapy (carboplatin, cyclophosphamide)	4.16E+09	6	cPR	-40.2	Ongoing response at 7.3 months PFS	

N=20 patients in efficacy population included.

BOR, best overall response; DL, dose level; cCR, confirmed complete response; cPR, confirmed partial response; max, maximum; OC, ovarian cancer; PARPi, poly(ADP-ribose) polymerase inhibitor; PFS, progression-free survival; RECIST, Response Evaluation Criteria in Solid Tumors; TOR, T-cell receptor.

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Patient-level Data in Gynecologic Cancers Treated with IMA203CD8 at ≥DL4c in Phase 1 (n=20)

Indication	Number of prior systemic treatment lines	Prior treatments	Total infused dose TCR-T cells ¹ [x10 ⁹]	DL	BOR	BOR (Max % change of target lesions)	Comment	Reason for Progression
Ovarian, fallopian tube, or peritoneal cancer	4	Chemotherapy (carboplatin, taxol) Chemotherapy (carboplatin, gemcitabine) Chemotherapy (mitomycin) Chemotherapy (cisplatin, paclitaxel) Chemotherapy (carboplatin, paclitaxel) Exp. therapy (selinexor) TKI + ICI	12.5E+9	7	cPR	-38.2	Response until 5.8 months PFS	Non-target progression
Uterine cancer	3	Chemotherapy (carboplatin, paclitaxel) Chemotherapy (carboplatin, gemcitabine) Durvalumab, Olaparib, UV1 injection (therapeutic cancer vaccine) Chemotherapy (paclitaxel)	10.1E+9	7	cPR	-74.1	Ongoing response at 8.8 months PFS	
Ovarian, fallopian tube, or peritoneal cancer	4	Chemotherapy (carboplatin, paclitaxel) Chemotherapy (carboplatin, gemcitabine) Durvalumab, Olaparib, UV1 injection (therapeutic cancer vaccine) Chemotherapy (paclitaxel)	11.0E+9	7	PR	-40	Response until 3.0 months PFS	Target and Non-target lesion progression
Ovarian, fallopian tube, or peritoneal cancer	6	Chemotherapy (carboplatin, taxol) Chemotherapy (carboplatin, paclitaxel) Bevacizumab Exp. therapy (A/B-001) Bevacizumab + Chemotherapy (carboplatin, gemcitabine) Chemotherapy (carboplatin, gemzar)	2.26E+09	4c	SD	16.1	Response until 3.0 months PFS	Not evaluable target and non-target lesions
Ovarian, fallopian tube, or peritoneal cancer	2	chemotherapy (carboplatin, paclitaxel) PARPI + Bevacizumab	9.22E+09	7	SD	2.0	Ongoing disease stabilization at 3.5 months PFS	
Ovarian, fallopian tube, or peritoneal cancer	4	PARPI + chemotherapy (carboplatin, paclitaxel) Bevacizumab PARPI + chemotherapy (caelyx, carboplatin) Chemotherapy (topotecan)	3.55E+09	6	PD	-40	Progressive disease at 1.5 months PFS	Target and non-target progression, new lesions
Ovarian, fallopian tube, or peritoneal cancer	3	Bevacizumab + PARPI + chemotherapy (carboplatin, paclitaxel) Chemotherapy (carboplatin, doxorubicin) Chemotherapy (paclitaxel)	5.38E+09	6	PD	2.4	Progressive disease at 1.4 months PFS	New lesions
Ovarian, fallopian tube, or peritoneal cancer	4	Chemotherapy (carboplatin, paclitaxel) Bevacizumab + PARPI + chemotherapy (carboplatin, doxorubicin) Minivetaximab Chemotherapy (topotecan)	6.46E+09	6	PD	2.6	Progressive disease at 1.4 months PFS	Non-target progression
Ovarian, fallopian tube, or peritoneal cancer	3	PARPI + chemotherapy (carboplatin, taxol) Bevacizumab + chemotherapy (carboplatin, doxorubicin) ADC (PRO1184)	3.02E+09	5	PD	14.2	Progressive disease at 1.4 months PFS	Target and non-target progression, new lesions
Ovarian, fallopian tube, or peritoneal cancer	3	Chemotherapy (carboplatin, paclitaxel) PARPI Chemotherapy (carboplatin, doxorubicin)	6.42E+09	7	PD	21.7	Progressive disease at 1.3 months PFS	Target lesion progression, new lesions
Ovarian, fallopian tube, or peritoneal cancer	3	Bevacizumab + chemotherapy (carboplatin, paclitaxel) Chemotherapy (caelyx, carboplatin) Chemotherapy (carboplatin, gemcitabine)	3.04E+09	5	PD	n/a	Progressive disease at 1.1 months	Death

N=20 patients in efficacy population included.

ADC, antibody-drug conjugate; BOR, best overall response; DL, dose level; cPR, confirmed complete response; cPR, confirmed partial response; ICI, immune checkpoint inhibitor; max, maximum; OC, ovarian cancer; PARPI, poly(ADP-ribose) polymerase inhibitor; PD, progressive disease; PFS, progression-free survival; REGIST, Response Evaluation Criteria in Solid Tumors; SD, stable disease; TCR, T-cell receptor; TKI, tyrosine kinase inhibitor.

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