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LAG-3 IMMUNOTHERAPY

The global leader in developing LAG-3 therapeutics

Corporate Presentation
November 2021

- Bell Potter HEALTHCARE CONFERENCE 2021-

(ASX: IMM, NASDAQ: IMMP)

Notice: Forward-Looking Statements

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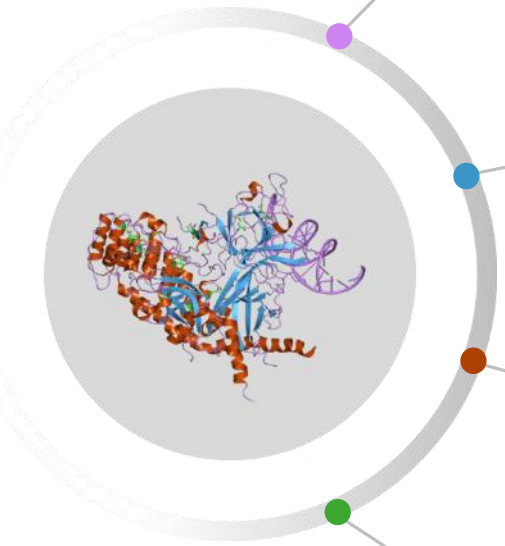
This presentation was authorised for release by the CEO, Marc Voigt.

Overview

Immutep

is an innovative biotechnology company developing novel immunotherapies for cancer and autoimmune disease



Globally active

Leadership position in LAG-3

with 4 product candidates in immuno-oncology and autoimmune disease

Clinical Potential

Immutep's product candidates have demonstrated clinical potential in a range of indications with high unmet need

Collaborating with industry leaders

NOVARTIS

Merck KGaA, Darmstadt, Germany

Pfizer

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EOC

gsk GlaxoSmithKline

LabCorp

CYTLIMIC Cytotoxic T Lymphocyte Immunotherapy in Cancer

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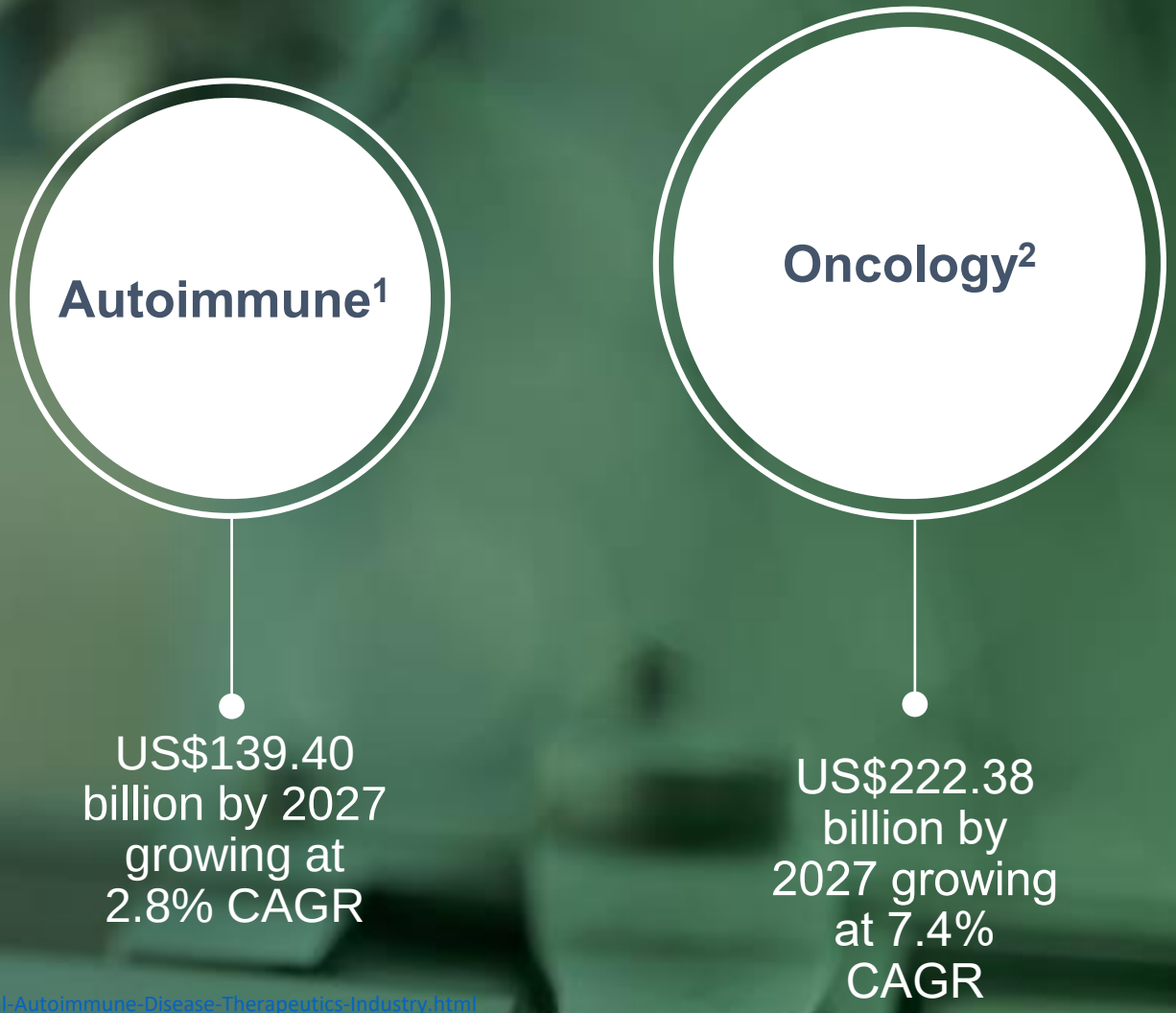
LAG-3 Pioneer: French immunologist

Prof Frédéric Triebel, Immutep CMO & CSO

LAG-3 is the most promising new immune checkpoint

Exposure to two very large and growing pharmaceutical markets



[1] https://www.reportlinker.com/p05050561/Global-Autoimmune-Disease-Therapeutics-Industry.html
[2] https://www.alliedmarketresearch.com/oncology-cancer-drugs-market

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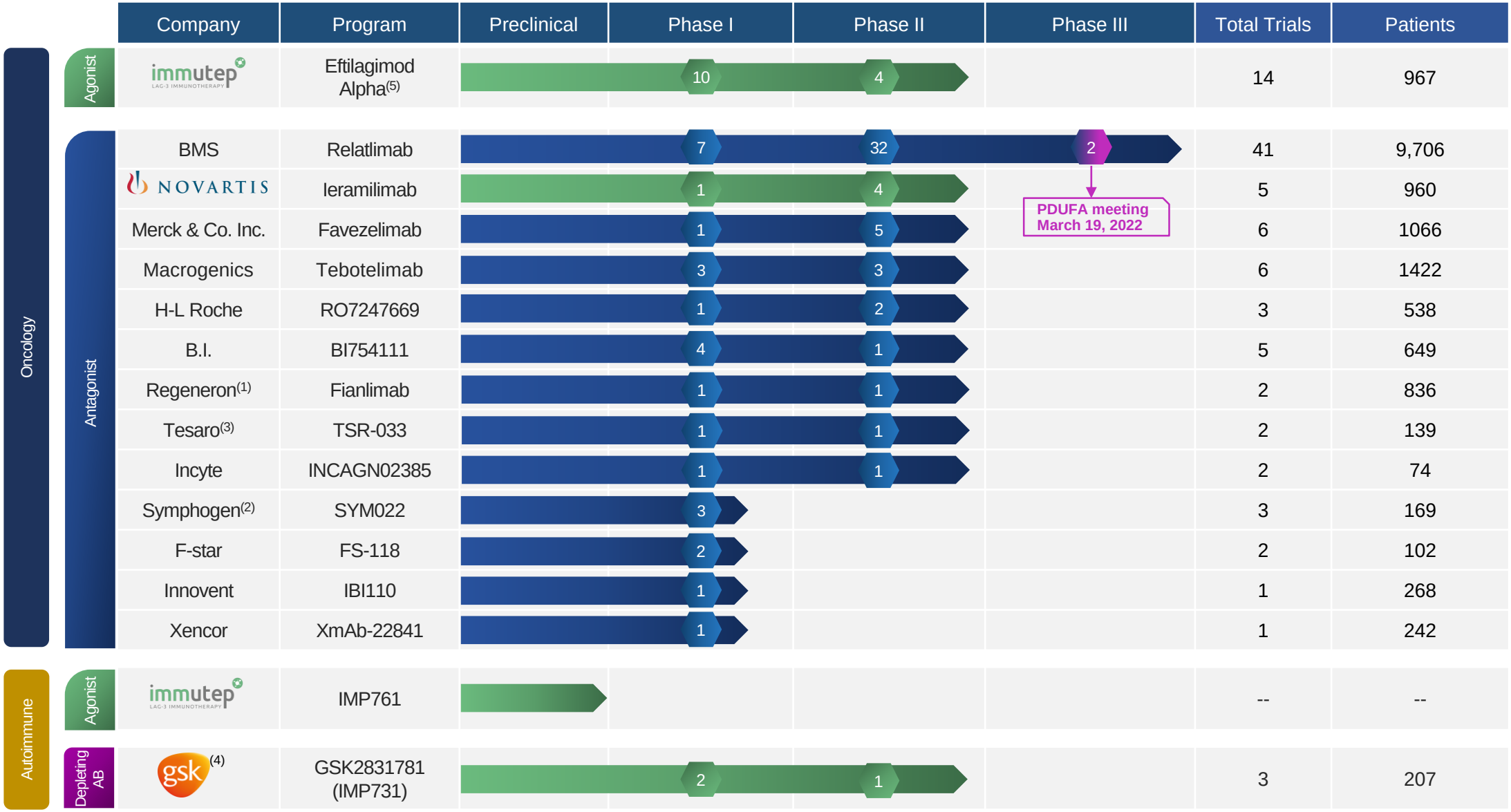
LAG-3 Overview

- A validated immune checkpoint -

LAG-3 Therapeutic Landscape Overview



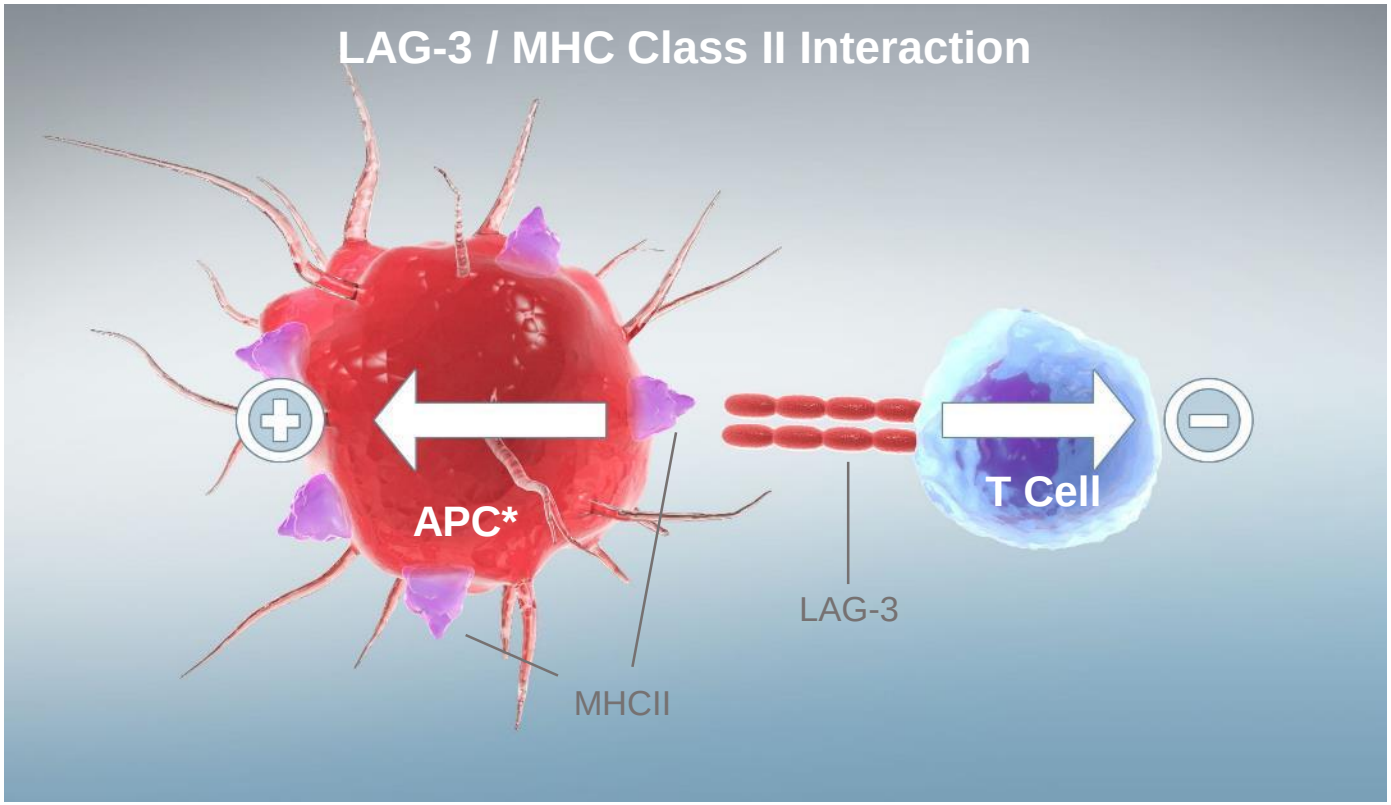
Sources: GlobalData, Company websites, clinicaltrials.gov, and sec.gov, as of **September 2021.** The green bars above represent programs conducted by Immutep &/or its partners. Total trials includes all active, completed &/or inactive trials. Patient totals are based on estimated total enrolled &/or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

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

MHC II / LAG-3 Interaction is Clinically Validated as a Therapeutic Target

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

→ **Prime target for immune therapy**



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

Negative regulation of LAG-3⁺ T Cells

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

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

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

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

Targeting LAG-3 / MHC II:

Immutep has multiple therapeutics in numerous diseases

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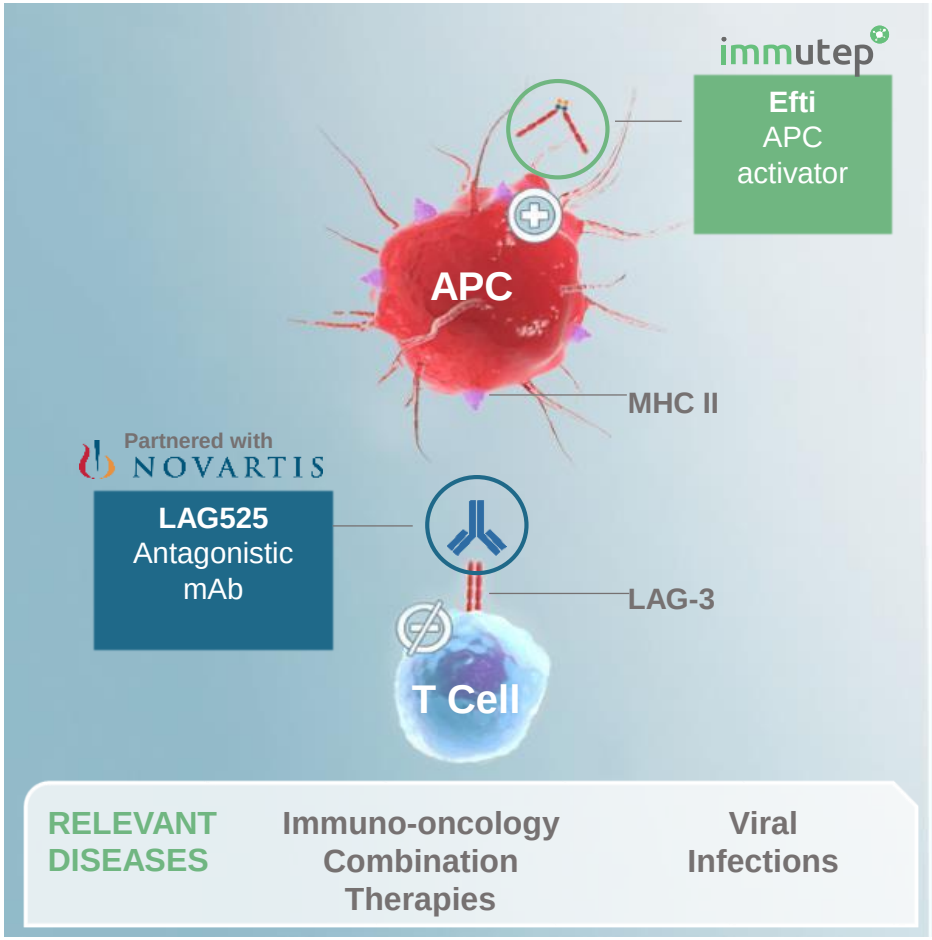
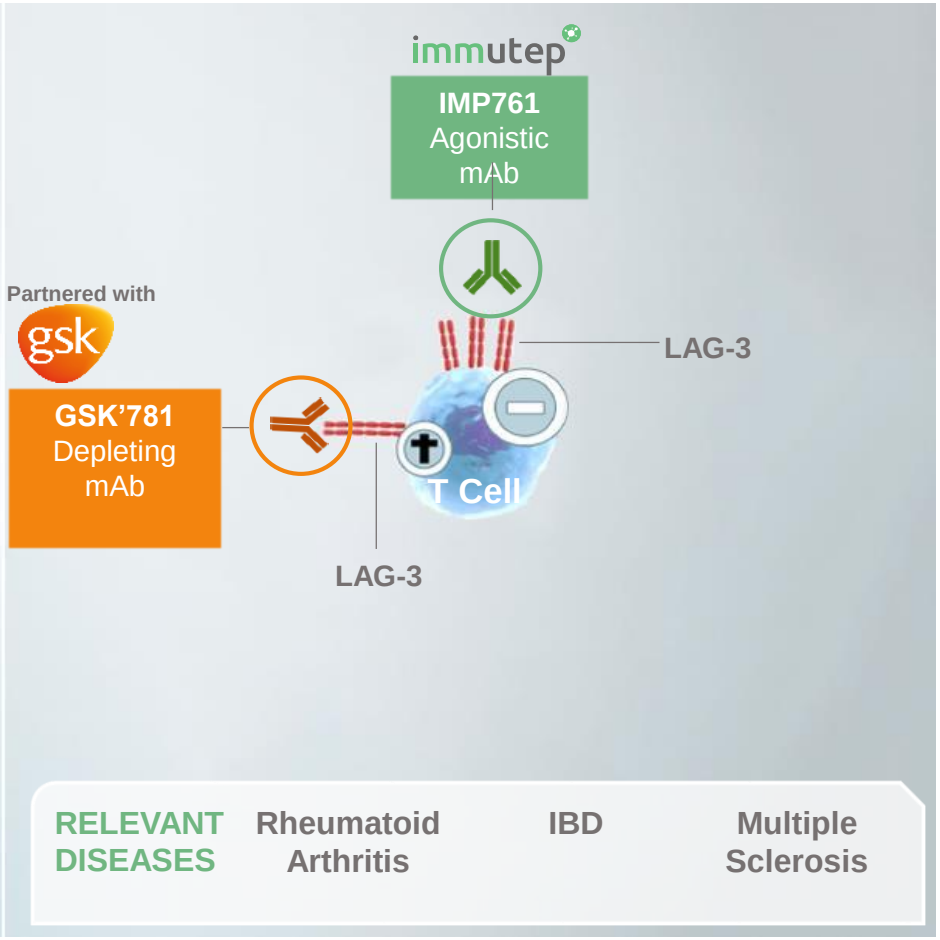
IMMUNOSTIMULATION



RELEVANT DISEASES: Immuno-oncology Combination Therapies; Viral Infections

IMMUNOSUPPRESSION



RELEVANT DISEASES: Rheumatoid Arthritis; IBD; Multiple Sclerosis

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

Notes:
* APC: antigen presenting cell

Immutep's LAG-3 Trial Pipeline*

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

Notes

* Information in pipeline chart current as at September 2021

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

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

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

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

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

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

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

(8) Ex China

Immutep Out-Licensed Immunotherapy Pipeline*

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

Notes

* Information in pipeline chart current as at September 2021

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

(2) Reflects completed Phase I study in healthy volunteers

(3) Reflects completed Phase I study in healthy volunteers and in patients with plaque psoriasis

(4) https://clinicaltrials.gov/ct2/results?cond=&term=LAG525&cntry=&state=&city=&dist=

(5) https://clinicaltrials.gov/ct2/results?cond=&term=GSK2831781&cntry=&state=&city=&dist= and https://www.gsk.com/media/5957/q1-2020-results-slides.pdf

(6) Discontinued in Jan 2021

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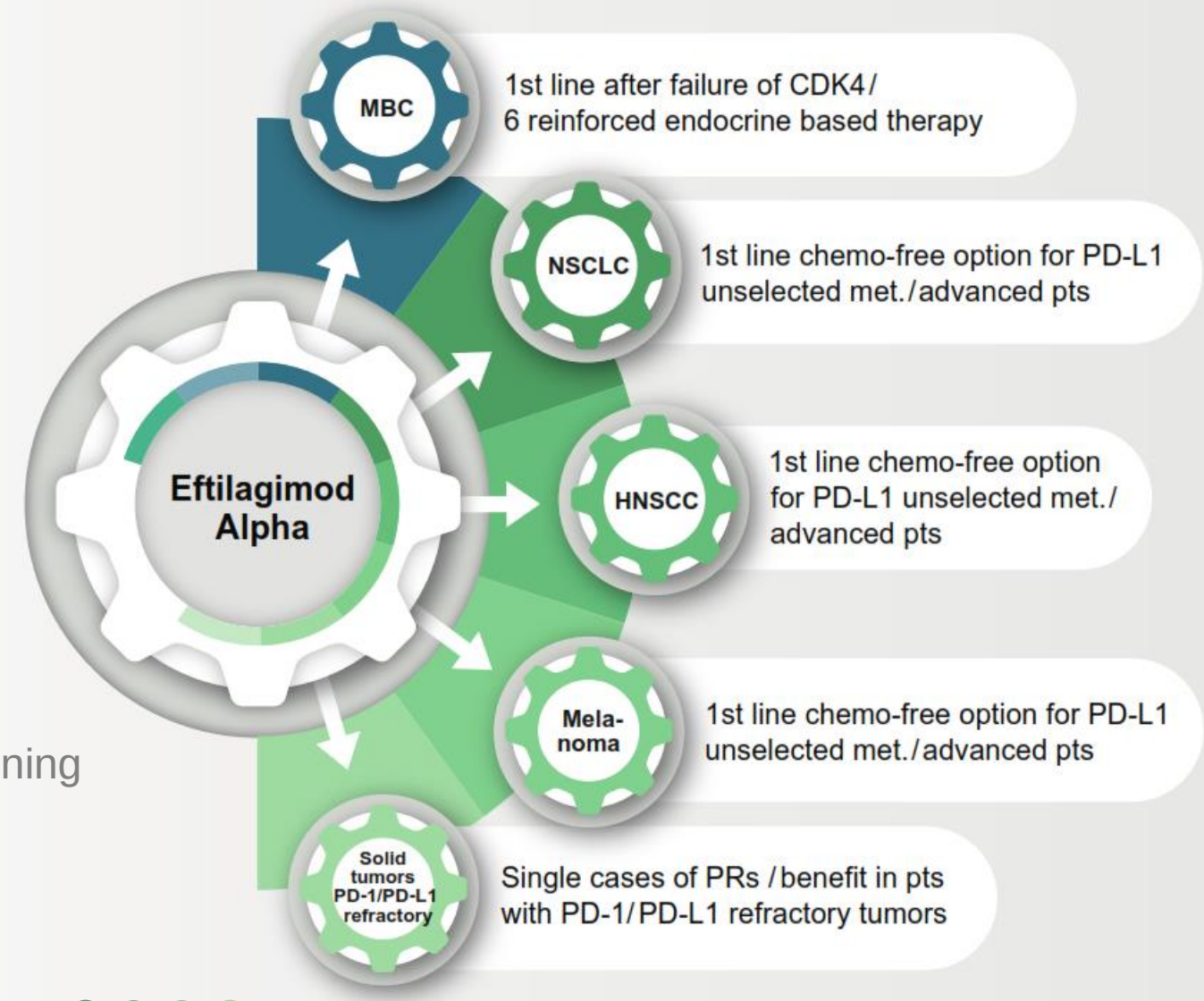
Eftilagimod Alpha (efti or IMP321)

Efti: Potential Pipeline in a Product

Potential for use in various combination settings

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



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Efti + anti-PD-1 Combination

TACTI-002

Update from ASCO 2021

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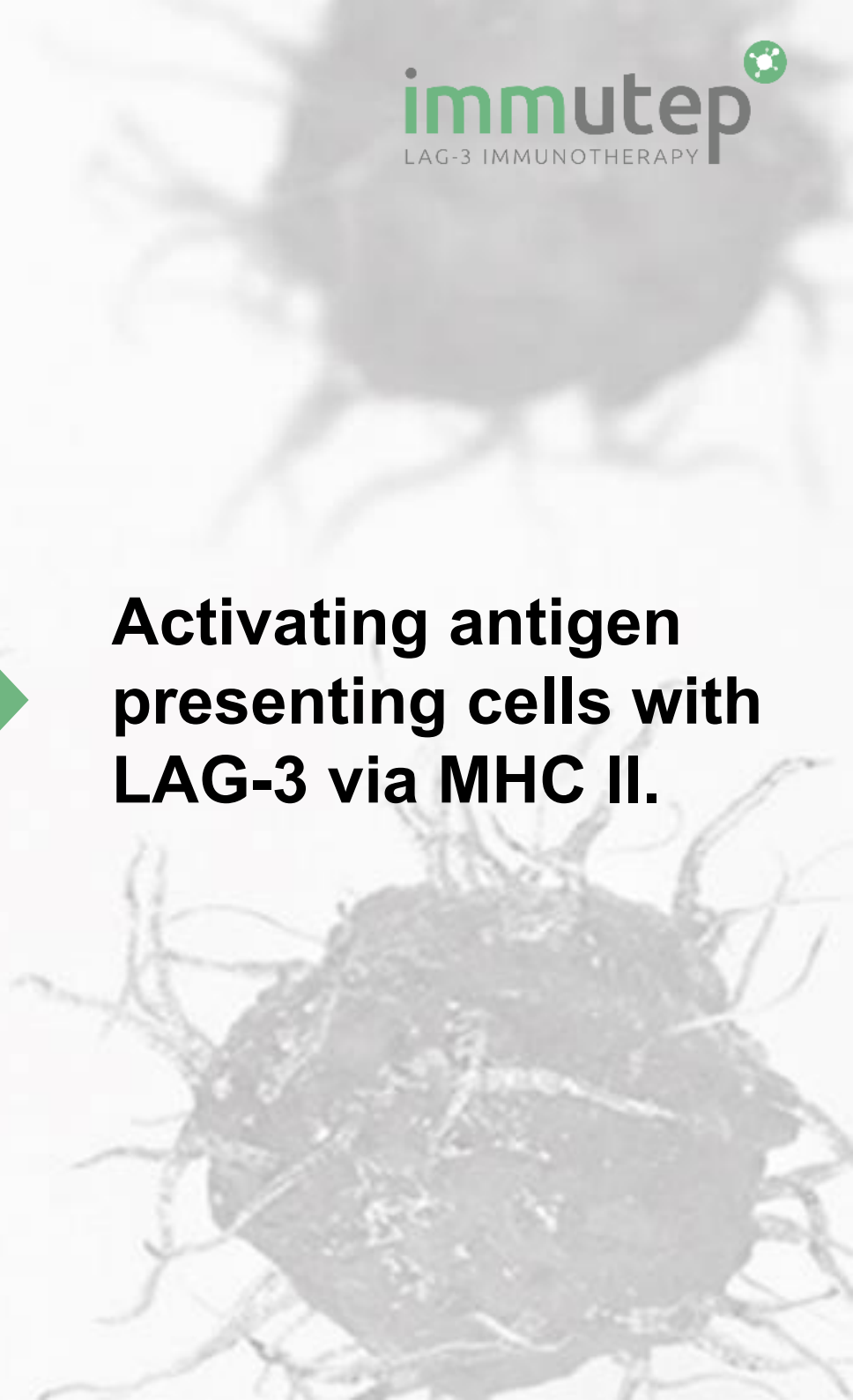
Approximately 70-80% of patients do not respond to an immune check point therapy, called anti-PD-1 monotherapy. [1]

How do we improve the immune response?

Activating antigen presenting cells with LAG-3 via MHC II.



[1] See for example Callahan at al Front. Oncol. (2015) 4:385 and Gauci at al Clin Cancer Res. (2019) Feb 1;25(3):946-956.

TACTI-002 (Phase II)

Design & Status

TACTI-002: Two ACTive Immunotherapeutics in NSCLC and HNSCC

SCREENING

UNSELECTED FOR PD-L1

PART A:
1ST LINE MET. NSCLC

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

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

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

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

In collaboration with

MERCK
INVENTING FOR LIFE

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

Recruitment Status Report

- ✓ Fully approved in all countries
- ✓ Up to 183 patients in three indications
  - Part A (N=36) completed; extension cohort (N=74 recruiting)
  - ✓ Part C (N=39) completed
  - ✓ Part B (N=36); completed

Sites in Europe / US / Australia

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

TACTI-002 Results(1)

1st line NSCLC (Part A)

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

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

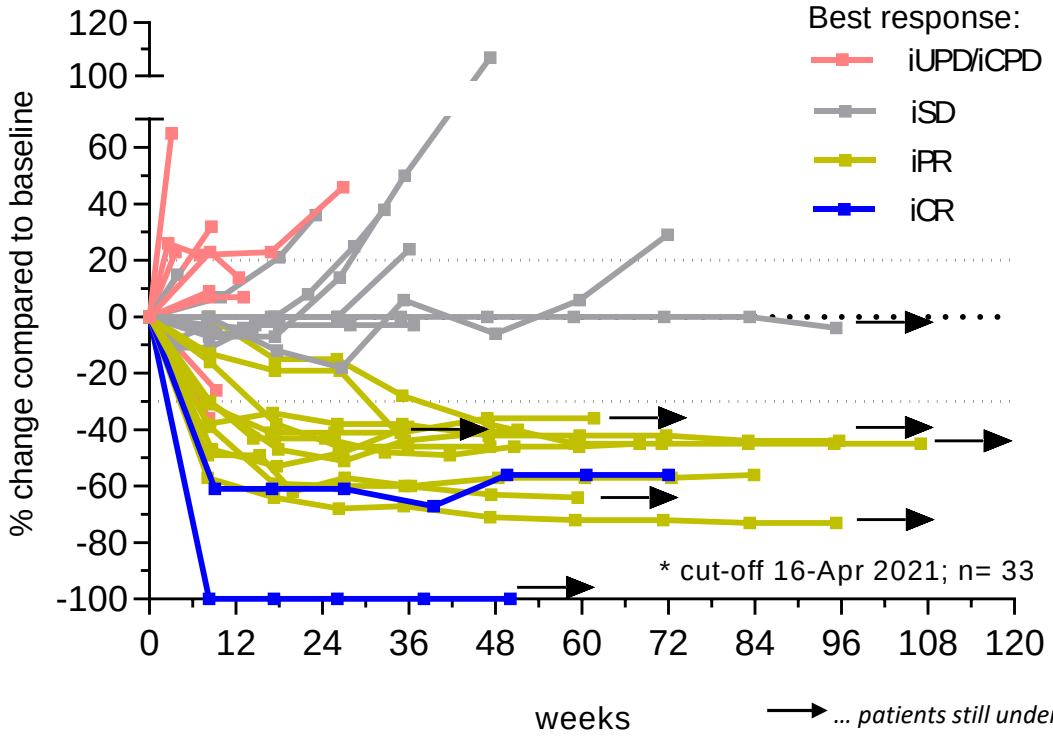
Best overall response, iRECIST, N = 36	Local Read (investigator) N (%)	Blinded Read (BICR) N (%)
Complete Response	**2 (5.6)**	**2 (5.6)**
Partial Response	11 (30.6)	13 (36.1)
Stable Disease	11 (30.6)	10 (27.8)
Progression	8 (22.2)	6 (16.7)
Not Evaluable**	4 (11.1)	5 (13.9)
Disease Control Rate	24 (66.7)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

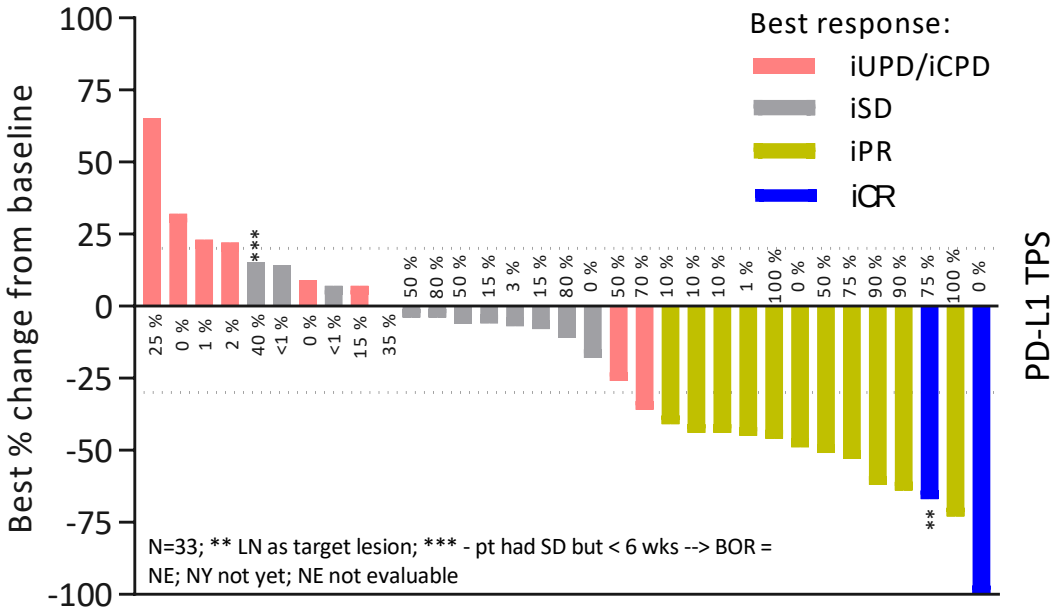
** - All patients stage 1 and 2 (N=36) with ≥ 1 treatment*
*** - dropped off prior to first staging or were not evaluable post-baseline for any reason*
**** - Evaluable for efficacy meaning ≥ 1 treatment and ≥ 1 post baseline tumor staging*

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

TACTI-002 Results(1)

1st line NSCLC (Part A)





Duration of response (DoR)

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

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

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

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

iRECIST… Immune Response Evaluation Criteria In Solid Tumors

TACTI-002 Results(1)

2nd line HNSCC (Part C)

- 2nd line treatment for patients after platinum therapy. PD-L1 all comer population
- Doubling the ORR compared to historical pembro mono results with **13.5% Complete Responses**

Baseline parameters (N=39)	N (%)
Age, median (years)	62 (37-84)
Female Male	4 (10.3) 35 (89.7)
ECOG 0 ECOG 1	13 (33.3) 26 (66.7)
Current / Ex-smokers Non-smokers	33 (84.6) 6 (15.4)
Previous chemotherapy	39 (100)
Previous cetuximab	16 (41.0)
Lung lesions Liver lesions	19 (48.7) 6 (17.6)

Primary tumor location (N=39)	N (%)
Oral cavity	12 (30.8)
Oropharynx	14 (35.9)
Hypopharynx	7 (17.9)
Larynx	6 (15.4)

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

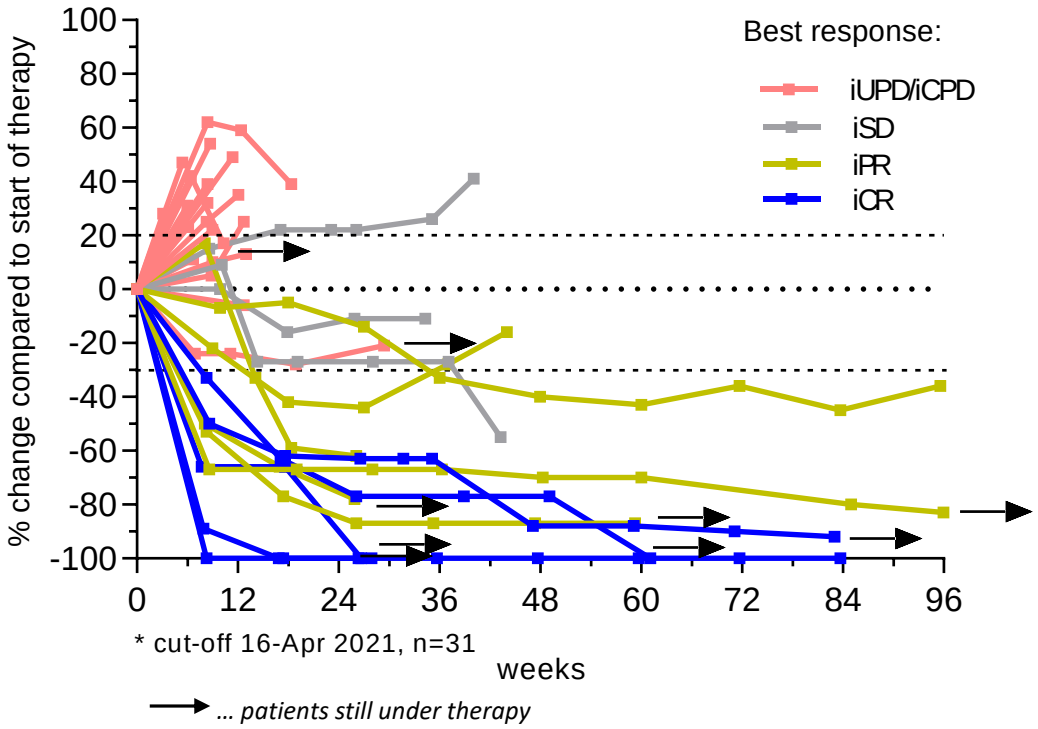
* - *All patients (N=37) with* ≥ 1 treatment and no death due to COVID-19 prior to first post-baseline staging
** - *dropped off prior to first staging or were not evaluable post-baseline for any reason*
*** - *evaluable patients (N=31):* ≥ 1 treatment and ≥ 1 post baseline tumor staging

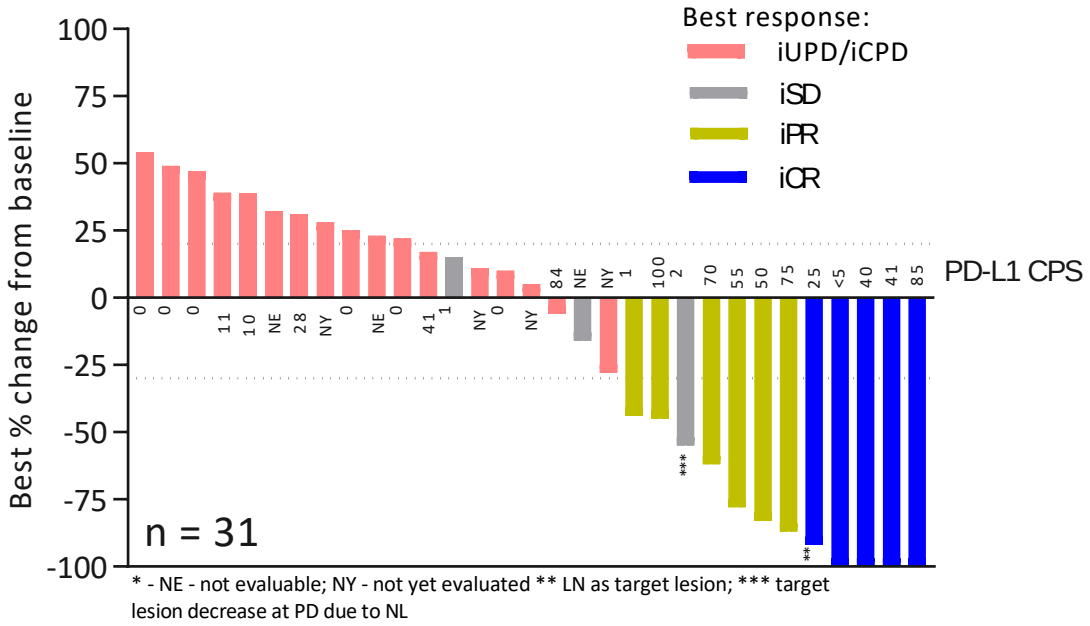
All four pathologies enrolled

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

TACTI-002 Results(1)

2nd line HNSCC (Part C)



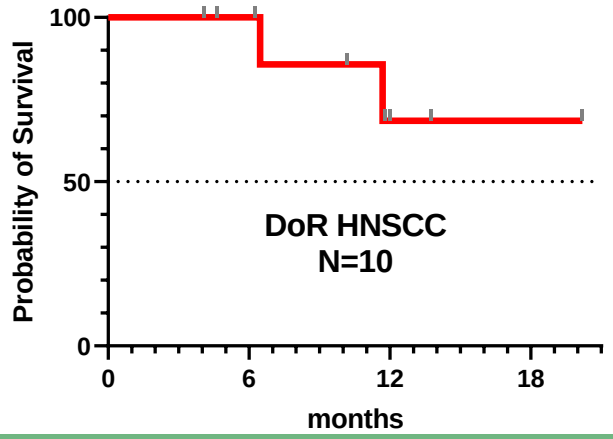


Deep responses with 5 Complete Responses

Duration of response (DoR)

- 91% confirmed responses
  - *80% confirmed responses ongoing (censoring at 4-20 months)*
  - *No progression prior to 6 months DOR*
- Median duration of response cannot be estimated yet

Figure 3: Duration of response (DOR) for confirmed responders



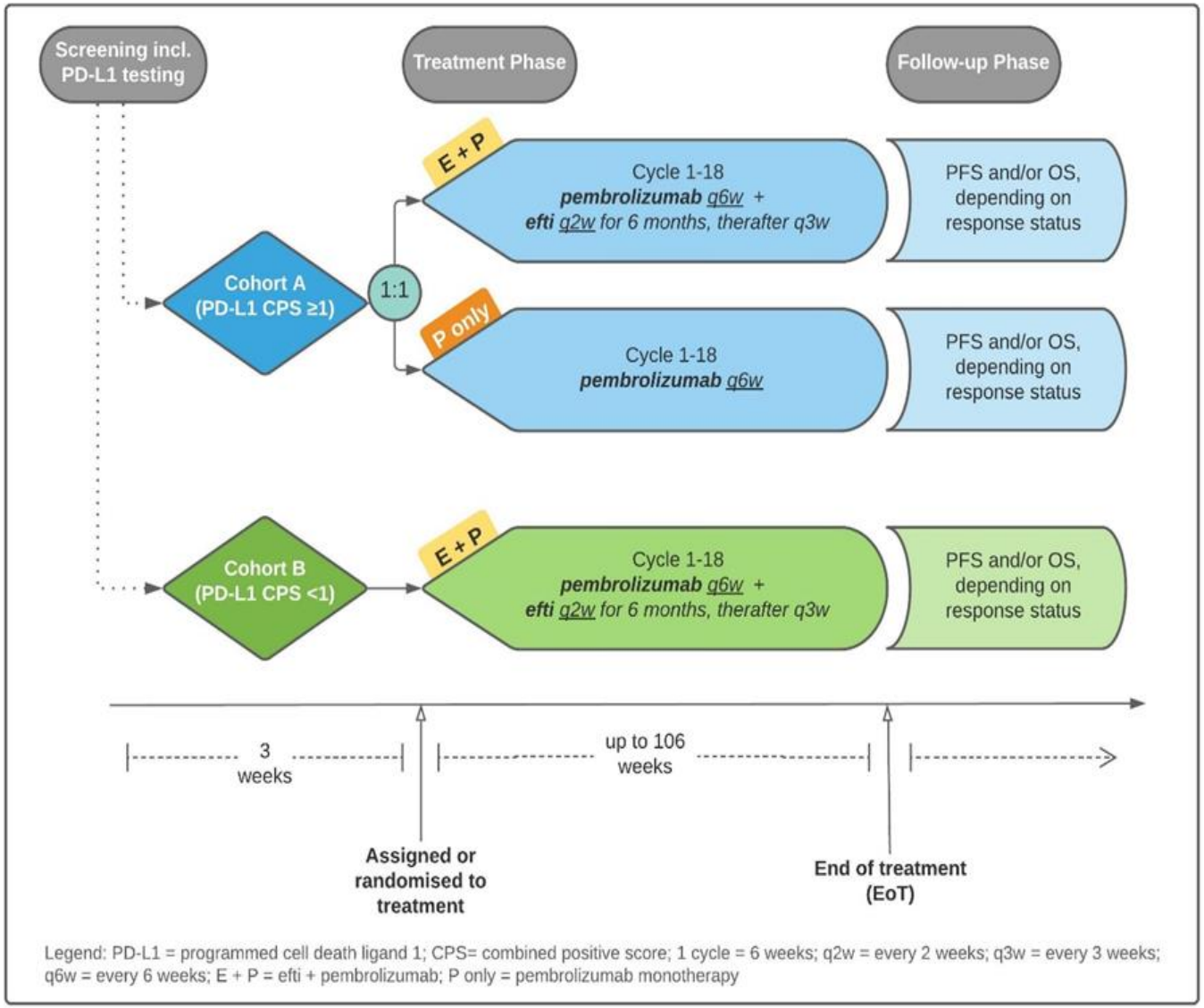
Note:

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

** >= 1 post baseline tumor staging (N=31)

New Trail: TACTI-003 in 1st line HNSCC

Design + Status



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

In collaboration with

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Design:

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

Status:

- Recruiting
- **Fast Track designation granted by FDA in April 2021**

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Efti + anti-PD-L1 Combination

INSIGHT-004

Update from ASCO 2021

INSIGHT Platform Trial in Solid Tumours

INSIGHT-004: Efti + Avelumab Combination

INSIGHT-004 is a dose escalation study evaluating efti in combination with Bavencio® (avelumab). Conducted as the 4th arm i.e. **Stratum D** of the INSIGHT trial.

In collaboration with Pfizer, Merck KGaA, Darmstadt, Germany, Institut für Klinisch-Onkologische Forschung, KRANKENHAUS NORDWEST

Phase I
Open label trial

12
Patients: 2 cohorts of 6 patients each

6 months
Combination treatment, then 6 months avelumab monotherapy

One site
Germany

Inclusion	Treatment	Results
Solid tumors • histologically confirmed locally advanced or metastatic • received ≤ 3 prior lines of therapy • no selection for immunogenic markers (e.g. PD-L1 expression levels, msi high or tmb)	**1) Avelumab + Efti (6 mg - 30 mg) s.c.** qw 2 for a maximum of 6 months **2) Avelumab monotherapy (maintenance)** qw 2 for a maximum of further 6 months	**RP2D, Safety,** ORR, PFS, PK, PD

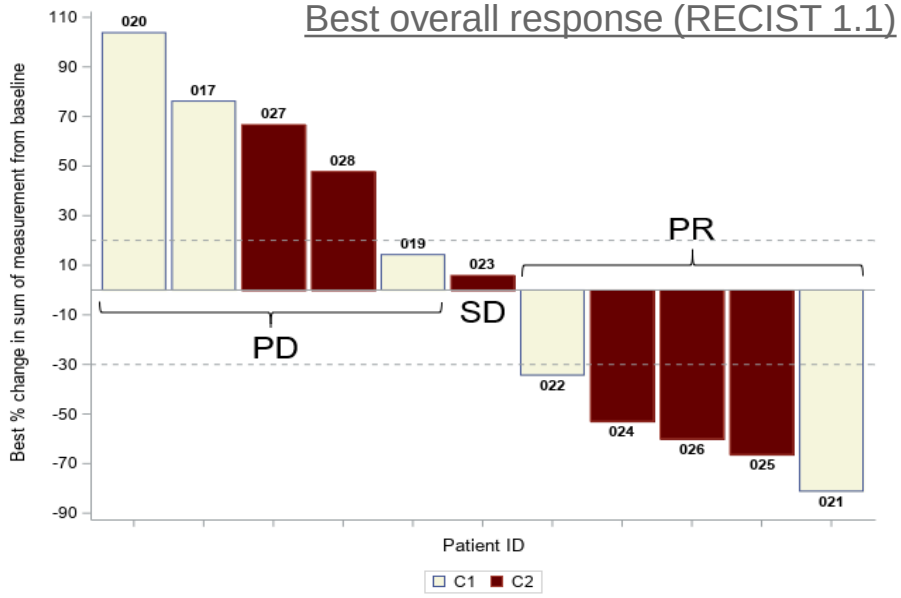
INSIGHT-004 (Stratum-D)

Final Results[1]

Activity

- 5/12 (42%) with partial responses in different indications:
  - 1st line MSI high colorectal cancer; 1st line pleural mesothelioma; after radiochemo in squamous anal cell; pre-treated squamous cervical cancer (PD-L1 TPS < 1%) carcinoma; 3rd line gastroesophageal junction
- 75% (n=9) are still alive → 66.7% (n=4) of cohort 1 and 83.3% (n=5) of cohort 2

Best overall response (RECIST 1.1)

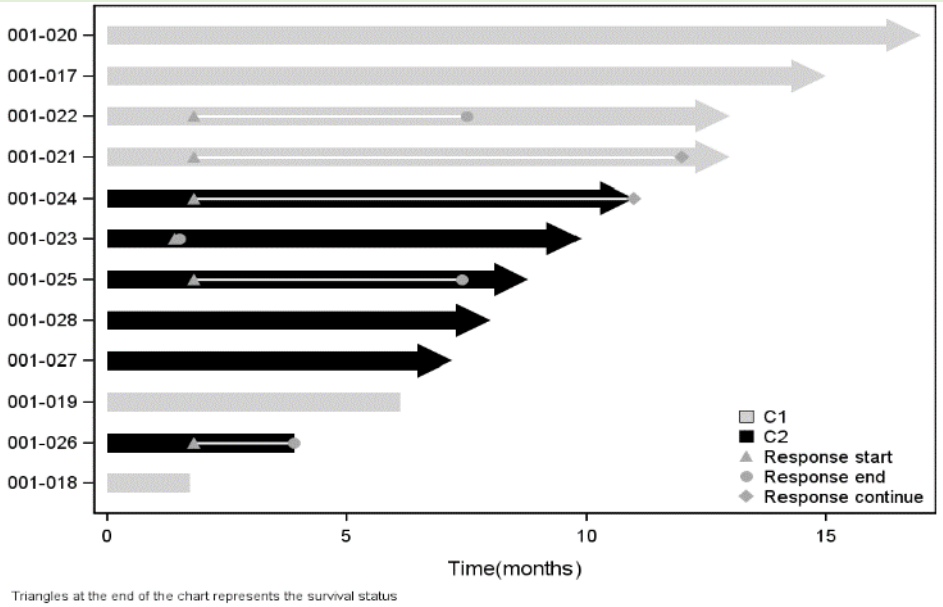


Safety

- Combo of avelumab 800 mg + efti 6 mg or 30 mg efti s.c. is feasible and safe
- No unexpected AEs

Conclusion

- Treatment with efti + avelumab safe, with promising signals of efficacy
- Efti + avelumab seems to be a potent combination for enhancing PD-L1 directed therapy and needs further evaluation in new trials



Triangles at the end of the chart represents the survival status

Note:

(1) ASCO 2021: J Clin Oncol 39, 2021 (suppl 15; abstr 2518); DOI 10.1200/JCO.2021.39.15_suppl.2518

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Efti + Chemo Combination

AIPAC

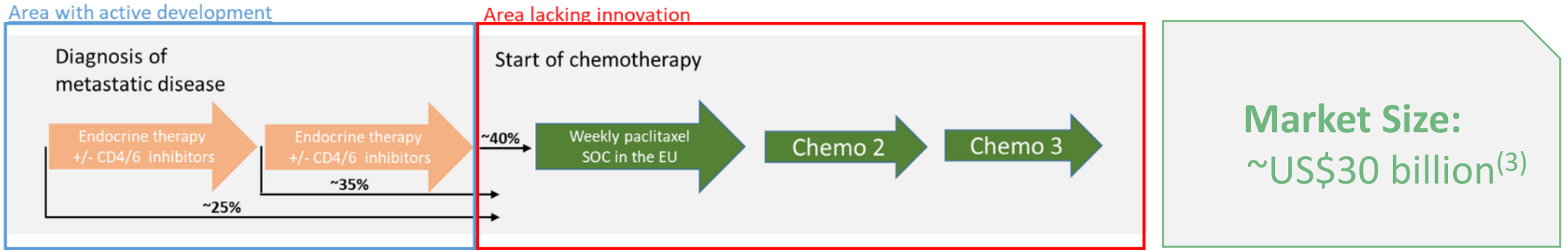
Exciting interim Overall Survival results presented at SABCS in December 2020

Final Overall Survival results to be presented at SITC, 10-14 November 2021

Goal: Improving Overall Survival while maintaining QoL in HR$^+$/HER2$^-$ MBC patients

Epidemiology:

- More than 2 million breast cancer (~70% HR$^+$/HER2^{-}) diagnoses per annum worldwide. 1.5 million of which are under the age of 65[(1)]
- Highest incidence rate among cancers: ~25% of all new cancer diagnoses among women and ~12% in the total population, including men.[(1)]
- Up to **350,000 patients younger than 65 develop metastatic disease** and are eligible to receive chemotherapy[(1) (2)]



Market Size:
~US$30 billion[(3)]

High Unmet Medical Need

efti addresses high unmet medical need with a good safety profile

Paclitaxel

Weekly paclitaxel well established SOC

Lack of Innovation

No innovation in decades & no significant innovations in the pipeline for pts receiving chemo

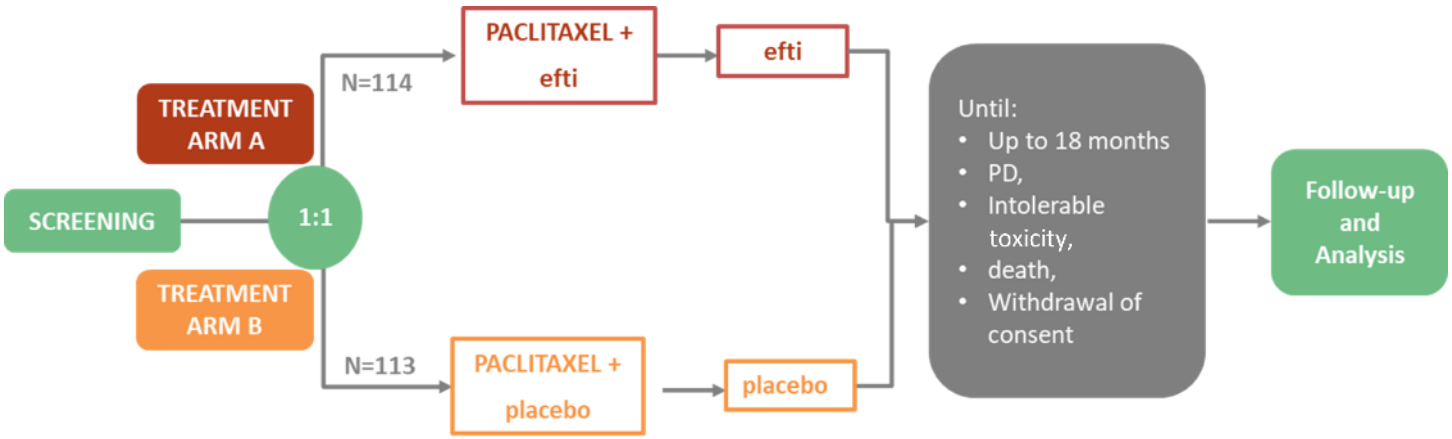
Notes

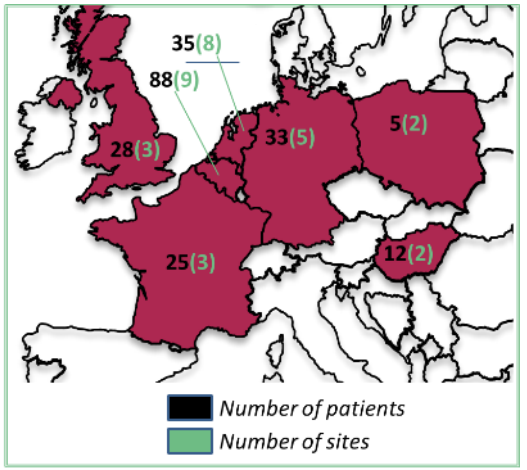
(1) Source: WHO Global Cancer Observatory 2020 and Informa Intelligence October 2020
(2) Wang et al. BMC Cancer (2019) 19:1091
(3) GlobalData Market Size forecast for US, JP, EU5, Urban China and Australia

MBC – metastatic breast cancer BC – breast Cancer

Efti: AIPAC (Phase IIb) design

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





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

- Assessment of Progression-Free Survival (PFS)

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

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

Fact sheet

✓ Conducted in 7 EU countries

✓ Local and blinded independent central read

✓ Last Patient In enrolled Jun. 2019

✓ Primary analysis PFS (immature OS) Mar. 2020

✓ Follow-up 1 analysis OS Sep. 2020 (SABCS Dec. 2020) – ~60% OS events

❖ **Final OS follow-up analysis at SITC 2021**

Notes:

* No hypothesis testing

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

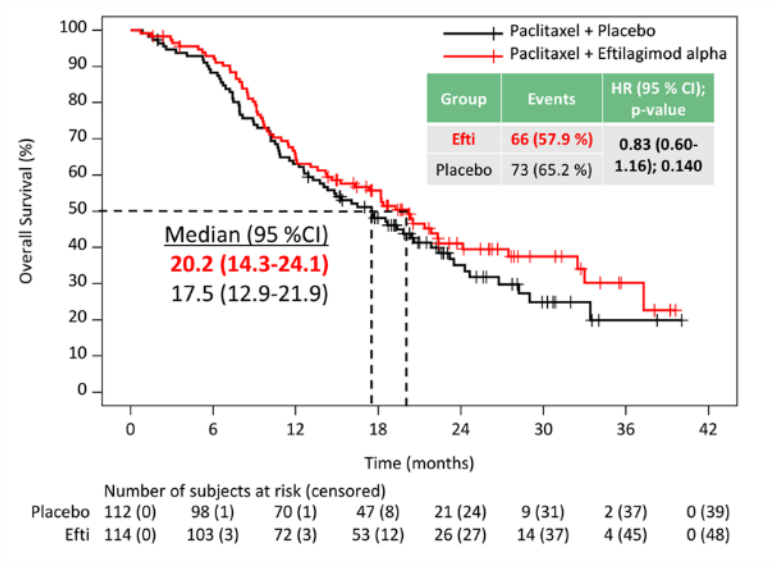
AIPAC Phase IIb Clinical Interim OS Results*

For predefined sub-groups:

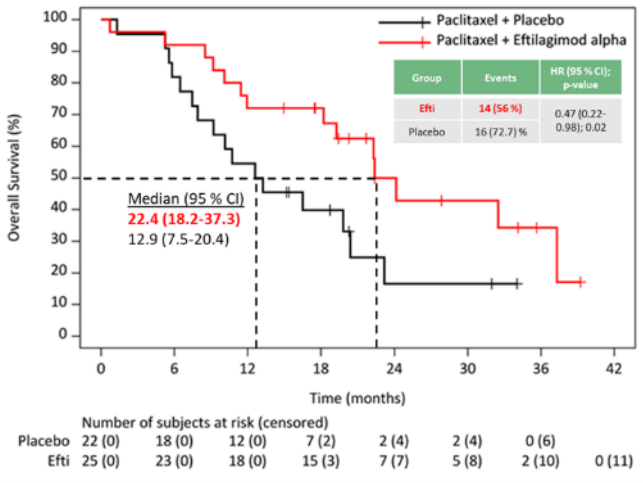
Clinically meaningful absolute and relative improvement for efficacy parameters, significance for OS

ESMO scale of magnitude = level 4 (makes reimbursement very likely)**

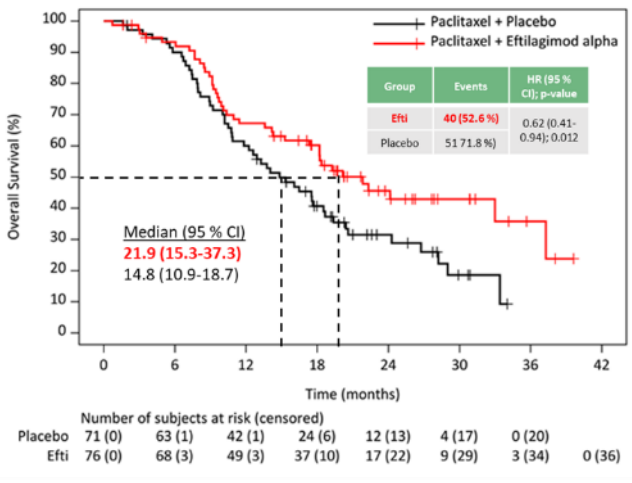
Overall Survival (Follow-up‡) – Total Population



Patients with low monocytes
- OS -



Patients with age < 65 yrs.
- OS -



+9.1 months median OS

+7.1 months median OS

Quality of Life (QLQ-C30)
Significant deterioration of overall QoL in the placebo group at week 25, which was **not** observed in the efti group
Very important for reimbursement → favorably for efti

Prior CDK 4/6
have negative impact on OS in placebo group (median reduced from 20.0 to 14.9 months), but **not** in the efti group (median OS 20.9 vs. 20.4 months)

CDK4/6 are now standard, and most patients will have received it in future studies / real world → favorably for efti

Notes:
* These results were presented at SABCS 2020. Data cut-off for interim overall survival results was 24 September 2020.
** used for reimbursement in Europe: https://www.esmo.org/guidelines/esmo-mcbs/scale-evaluation-forms-v1.0-v1.1

AIPAC Phase IIb Clinical Final OS Results*

Overall Survival in key patient subgroups at final analysis at 72.5% of events in the overall population

Group	Efti group / Comparator group	Median OS (months)	Absolute OS benefit from efti
Total Population	Efti + paclitaxel	20.4	**+2.9 months** HR = 0.88 p = 0.197
	Placebo + paclitaxel	17.5	
< 65 years	Efti + paclitaxel	22.3	**+7.5 months** HR = 0.66 p = 0.017
	Placebo + paclitaxel	14.8	
Low monocytes < 0.25/nl	Efti + paclitaxel	32.5	**+19.6 months** HR = 0.44 p = 0.008
	Placebo + paclitaxel	12.9	
Luminal B	Efti + paclitaxel	16.8	**+4.2 months** HR = 0.67 p = 0.049
	Placebo + paclitaxel	12.6	

Note: A lower HR, means a reduced risk of death, e.g. by 56% in the low monocyte group.

Notes:

* These results are being presented at SITC 2021. Database cut-off for final overall survival results was 14 May 2021.

Other Efti Partnerships

- EOC, an Eddingpharm spin-off holding the Chinese rights for efti, Phase I study in MBC completed with a Phase II trial in preparation
- Milestone and royalty bearing partnership

- Spin off from NEC, Japan: aims to develop cancer drugs discovered by artificial intelligence → mainly cancer vaccines
- Clinical Trial Collaboration (up to US$5 million for Immutep); Phase I completed

- Strategic supply partnership for the manufacture of efti
- Through WuXi, Immutep was the first company to use a Chinese manufactured biologic in a European clinical trial

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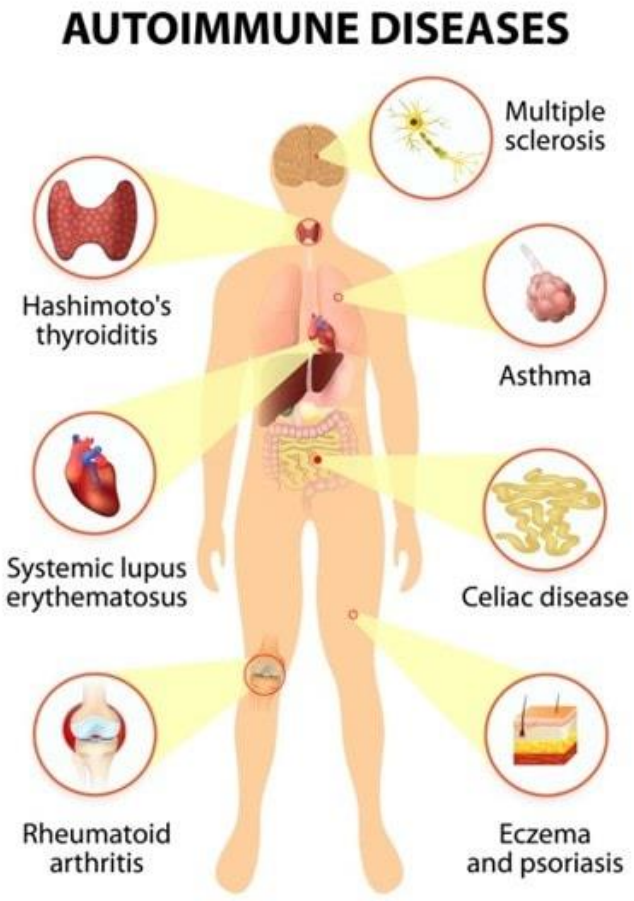
IMP761
- Autoimmune Diseases -

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

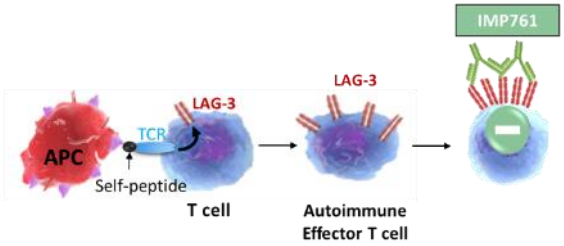


THE PRESENT: FIGHTING THE SYMPTOMS

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

THE FUTURE: FIGHTING THE CAUSE

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



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

Notes

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

immutep
LAG-3 IMMUNOTHERAPY

Outlook

2021/2022 News Flow*

H1 2021

- ✓ **Fast Track designation** granted for efti in 1st line HNSCC from US FDA
- ✓ Data from **TACTI-002** & final data from **INSIGHT-004** at ASCO
- ✓ Expansion of existing programs, adding:
  - ✓ Second collaboration with MSD for TACTI-003
  - ✓ First triple combination therapy with efti in INSIGHT-003
  - ✓ New collaboration with Merck KGaA for INSIGHT-005
- ✓ Patent protection strengthened
- ✓ Financial position significantly strengthened

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

H2 2021

- ❑ Final data from **AIPAC**: 2nd OS follow up at SITC
- ❑ Start & ongoing recruitment of **new randomised trial in 1st line HNSCC** (TACTI-003) in 2021/2022
- ✓ Part B of TACTI-002 fully recruited
- ❑ Recruitment into Part A extension & further data from **TACTI-002** in 2021 and 2022
- ✓ **INSIGHT-003** first patient enrolled in Q3 2021 and first interim results in 2022
- ❑ Manufacturing scale up to 2,000 L
- ❑ Ongoing **regulatory** engagement
- ❑ Updates from **IMP761**
- ❑ Further updates from partnered programs (e.g. GSK, Novartis, EAT COVID, CYTLIMIC and EOC Pharma)

2022

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

Corporate Snapshot

Ticker symbols	IMM (ASX) IMMP (NASDAQ)
Securities on issue(1)	~ 853.9 million ordinary shares
Cash balance as at 30 September 2021	~ A$106.4 million (US$76.7 million)
Market Cap(2)	~ A$559.3 million (US$413.8 million)

Notes:
(1) ~32.16% of the ordinary shares are represented by ADSs listed on NASDAQ where 1 ADS represents 10 ordinary shares as at 8 November 2021
(2) Market capitalization based on ASX share price of A$0.655 on 8 November 2021 and basic ordinary shares outstanding.
US equivalent of amounts above are based on foreign exchange rate for AUD/USD of 0.7398 per RBA rate as at 8 November 2021 for market capitalization, and the US cash & cash equivalents amount was calculated using FX rate of 0.7206 per RBA rate as at 30 September 2021.

Summary

Global leadership position in LAG-3 with 4 LAG-3 related product candidates in immuno-oncology and autoimmune disease

Multiple active clinical trials (including partnered candidates), with further significant data read-outs expected in 2021 and into 2022

Compelling clinical data from efti & strong rationale to combine with multiple FDA approved treatments

Established collaborations with e.g. Merck (MSD), Pfizer, Merck KGaA, Novartis and GSK

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Thank You