Harnessing the Power of Gamma-Delta T Cells

January 2023

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Our Mission – CANCER ZERO

We believe CANCER ZERO can be a reality

We challenge the status quo by designing gamma-delta (γδ) T cells that can both protect the immune system and target solid tumor cells

We are committed to durable outcomes to give people' s lives back!

Harnessing the Power of Gamma-Delta (γδ) T Cells with Synergistic Immunotherapy

Unique Platform

We are using γδ T cell therapy in a differentiated way, focusing on synergistic combinations

Approach based on biology unique to γδ T cells

Most comprehensive in the industry, with proprietary genetic engineering and cell-type specific manufacturing capabilities

Platform to be applied across multiple indications

Robust Pipeline

Most advanced and deepest γδ T cell pipeline targeting multiple oncologic indications

3 clinical stage candidates
- INB-100 in GBM
- INB-200 in leukemias
- INB-400 in GBM

2 preclinical platforms, with multiple planned INDs over the next three years
- INB 410 – allogeneic in GBM
- INB 300 – non-signaling CAR-T
- INB 500 – iPSCs

Multiple clinical milestones in 2023
- INB-100 in GBM
- INB-200 in leukemias

Strong Expertise

Experts in γδ T cell development

Team's acumen and experience have significantly de-risked our CMC processes and procedures

Successfully advanced a novel approach to the use of gamma-delta T cells as part of a synergistic immunotherapy approach

Recognized leaders with seminal contributions to development and manufacturing of γδ T cells

Seasoned management team with strong drug development expertise

Ambitious Company

First to bring genetically modified γδ T cells into the clinic

Pursuing rigorous science to achieve better patient outcomes

Standing up for patients with limited to no treatment options

Working to achieve "Cancer Zero" the complete removal of cancer cells in patients

Nasdaq: INAB

Cash of $27.6M as of Sept. 30, 2022 to fund company through key clinical milestones into 3Q 2023

IN8bio

With our knowledge and experience we are aiming to achieve our mission of Cancer Zero

IN8bio Cell Therapy Thesis

IN8bio's three-pronged approach to targeting cancers:

Durability

Tolerability

Heterogeneity

Robust Pipeline with Multiple Near-Term Clinical Readouts

Product Candidate	Approach	Initial Indication	Stage of Development	Next Anticipated Milestone(s)
INB-200	DeltEx CRCT*	Glioblastoma (GBM)	Phase 1	• Complete enrollment of Cohort 3 with clinical updates expected throughout 2023 • Long-term follow-up in 2024
INB-100	DeltEx Allo	Leukemia	Phase 1	• Complete enrollment and determine maximum tolerated dose (MTD) with updated results throughout 2023 • 2024: Announce topline results
INB-400	DeltEx CRCT Auto	GBM (front-line)	Phase 1	• 1H23 site initiations • Initial enrollment by 3Q 2023
INB-410	DeltEx CRCT Allo	GBM (relapsed and front-line)	Preclinical	• 2H23: File IND for Allo Phase 1b in relapsed GBM
INB-300	Non-signaling CAR-T	Solid Tumors	Preclinical	• 1H23: Present proof-of-concept data on ns-CAR platform
INB-500	iPSC gamma-delta T cells	TBD	Preclinical	

* CRCT = Chemotherapy Resistant Cell Therapy

Our γδ T Cell Therapy Thesis

Our Unique Approach to γδ T Cell Therapy

1 First Generation Cell Therapy → **2 Traditional γδ T Cell Therapy Approach** → **3 IN8bio Synergistic Immunotherapy** → **Cancer Zero**

Alpha-Beta (αβ) T cells kill cancer cells effectively, BUT toxicities lead to patient deaths

Natural Killer Cells Effectively kill cancer cells, with gentler toxicity, BUT concerns around durability of response

Bridging the gap between the innate and adaptive immune response, with properties of both, offering:

- ✓ Memory
- ✓ Antigen-presenting cells
- ✓ Favorable toxicity profile
- ✓ Ability to distinguish between dangerous and healthy tissue

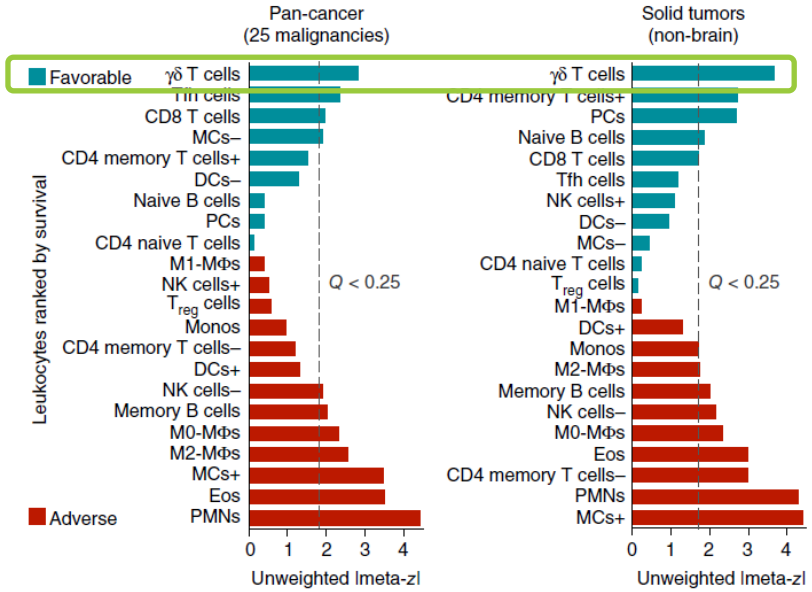
Pairing γδ T cell therapy with chemotherapy has the potential to take a patient over the finish line and achieve Cancer Zero

IN8bio is harnessing the power of γδ T cells by genetically engineering them at scale

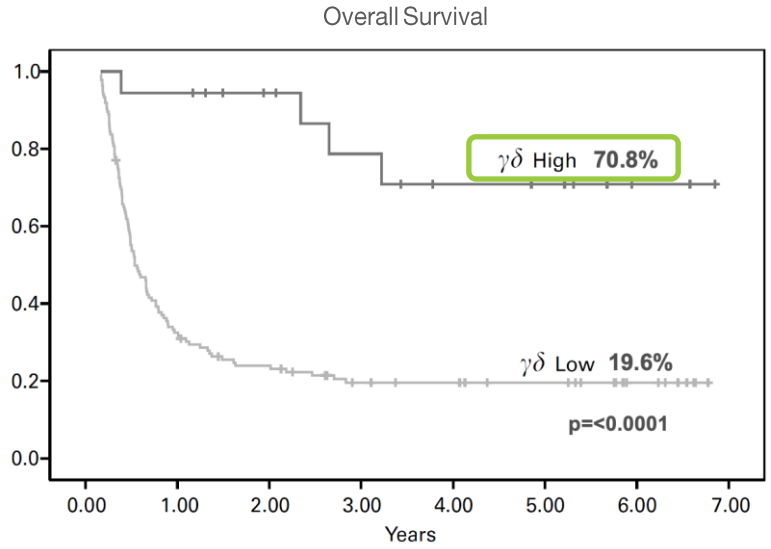
γδ T Cells are Key to Better Survival

γδ T Cells Observed to Strongly Correlate with Positive Clinical Outcomes

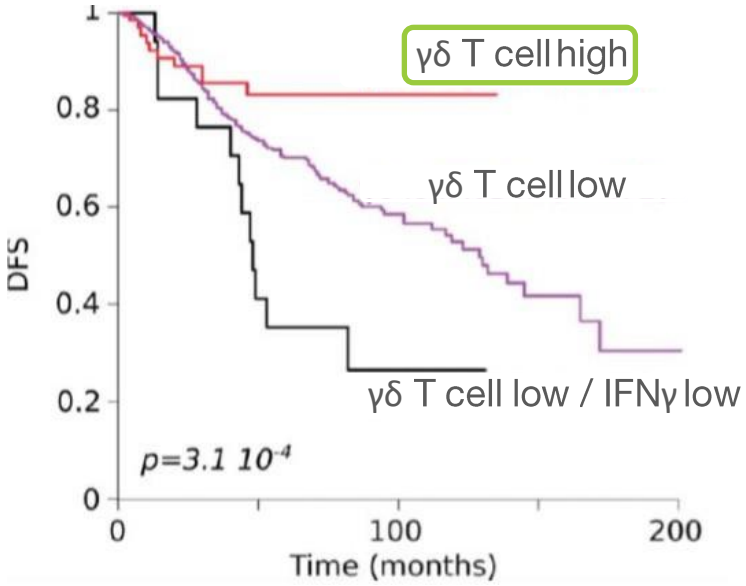
Pan-Cancer: Improved Overall Prognosis



Post-HSCT Improved Survival



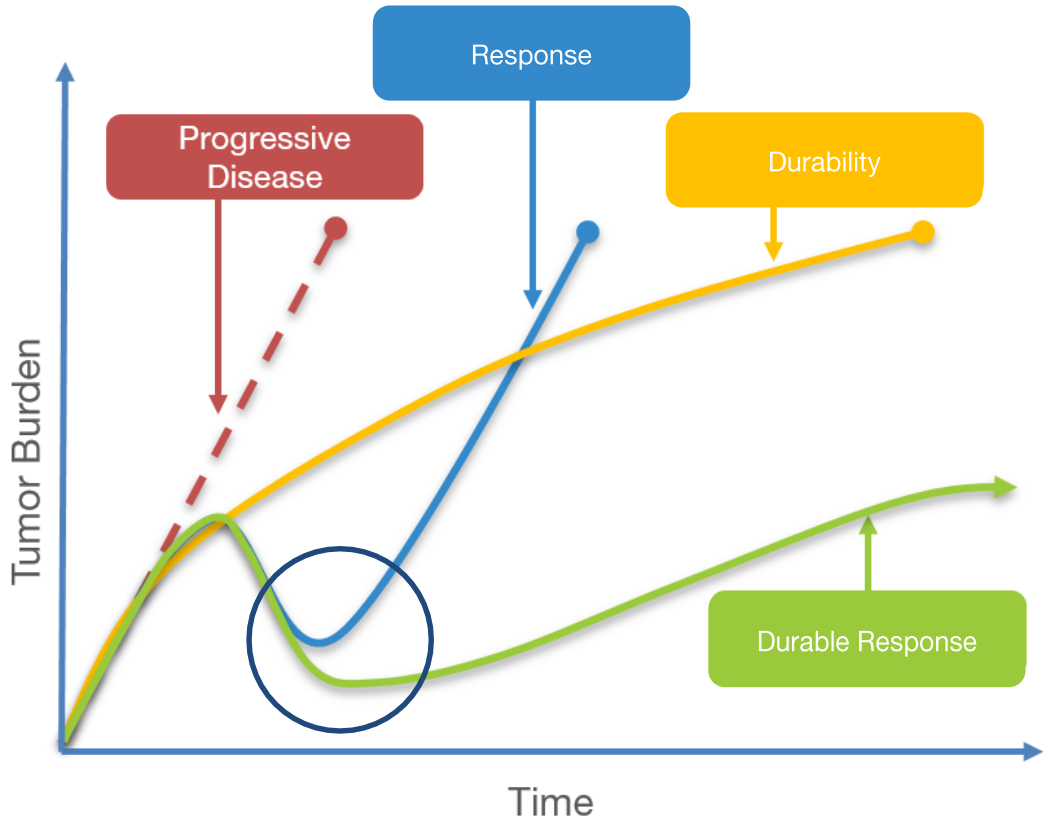
Improved Disease-Free Progression Colorectal Cancer



Source: Gentles et al. 2015, Godder et al. (Lamb), 2007 and Meraviglia et al. 2017

Targeting Cancers by Driving Deeper Responses

γδ T cells Genetically Engineered to Survive Chemotherapy Induced Cell Death



Source: Adapted from Madan et al. Sem in Onc. 2012, Vol 39, No 3 and Ribas et al. Clin Canc Res, 18(2), Jan. 2012

Our DeltEx Platform

Advanced expertise in ex-vivo, expanded γδ T cells

Significant advantages over *in vivo* expansion, for development of therapeutic candidates

First-in-class proprietary γδ T cell engineering

DeltEx Chemotherapy Resistant Cell Therapy, or CRCT protects cells to survive chemotherapy and maintains natural ability to recognize, engage and kill cancer cells

Broadly applicable across multiple solid tumor indications

Advanced next-gen γδ T cell manufacturing

Automated closed-system manufacturing –operating at clinical-scale

Novel iPSC capabilities provide significant technical and manufacturing advantages

IN8bio

We believe we have the unique ability to genetically engineer and expand **γδ** T cells at scale

Manufacturing Primary γδ T Cells

- Automated, robust and scalable cell manufacturing that consolidates entire manufacturing process in a single closed system to reduce risks of contamination
- Allows quick and efficient scaling for clinical trials and commercial capabilities

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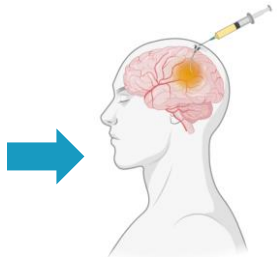
Process Steps:

Obtain peripheral blood

Process time: 9-14 days

Cryopreservation

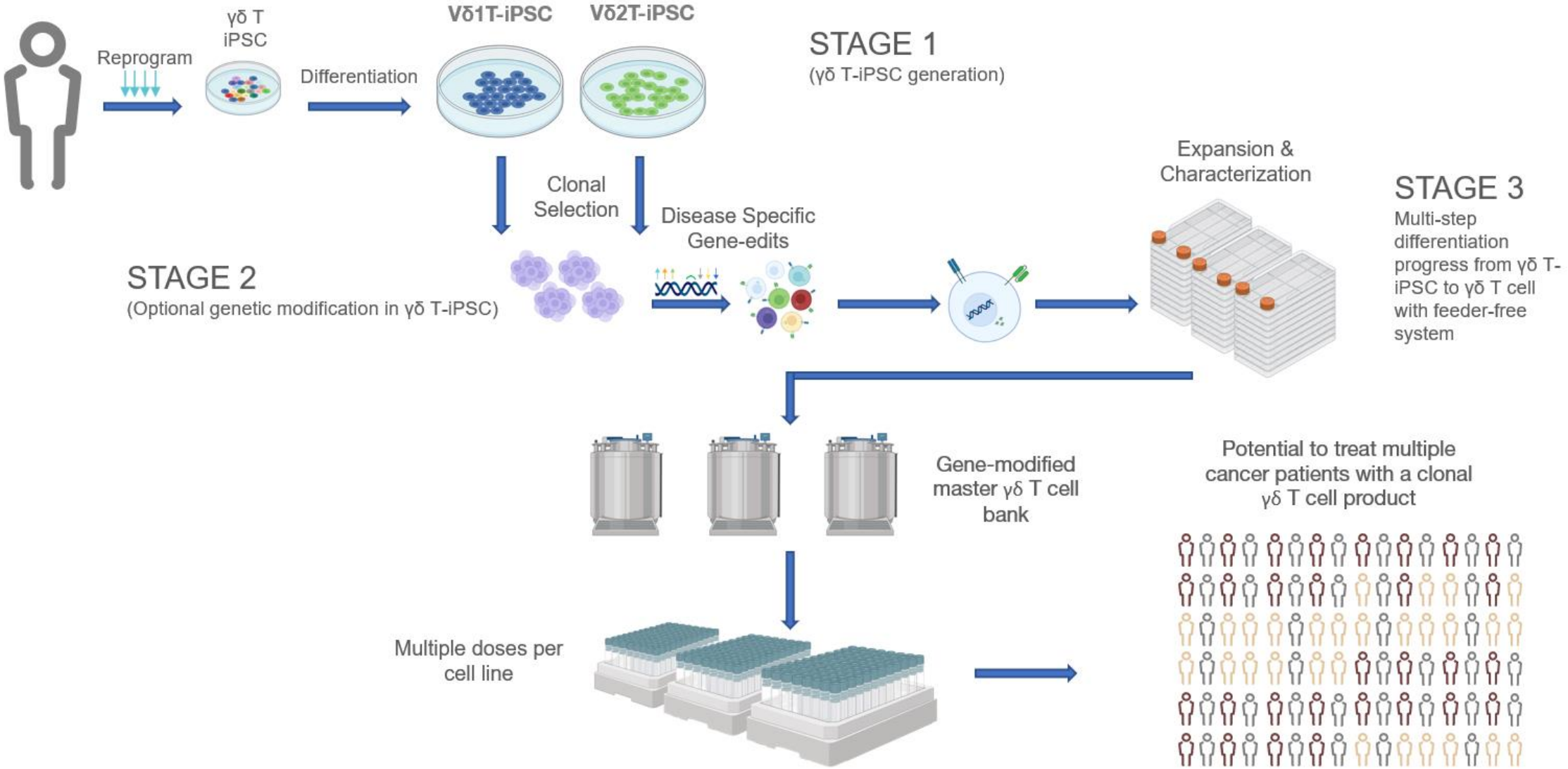


Patient infusion

IN8bio

Source: IN8bio

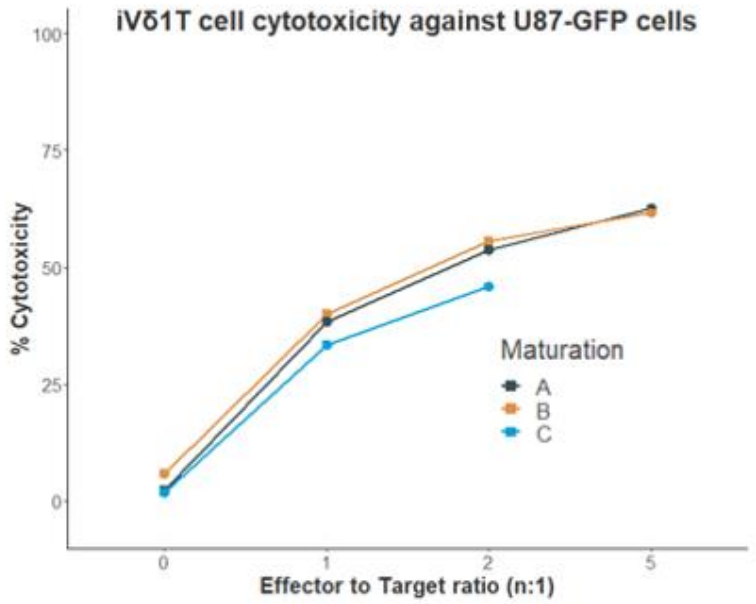
Manufacturing iPSC γδ T Cells

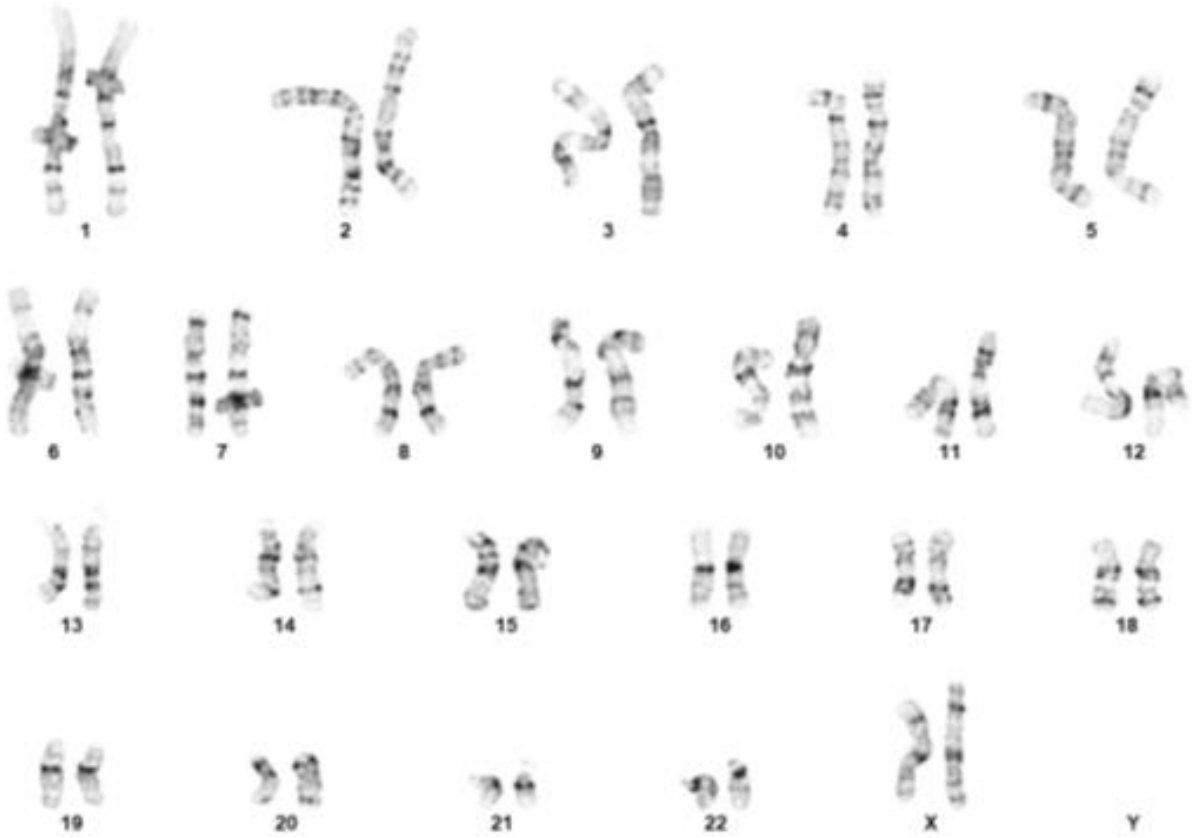


Source: IN8bio; created with biorender.com

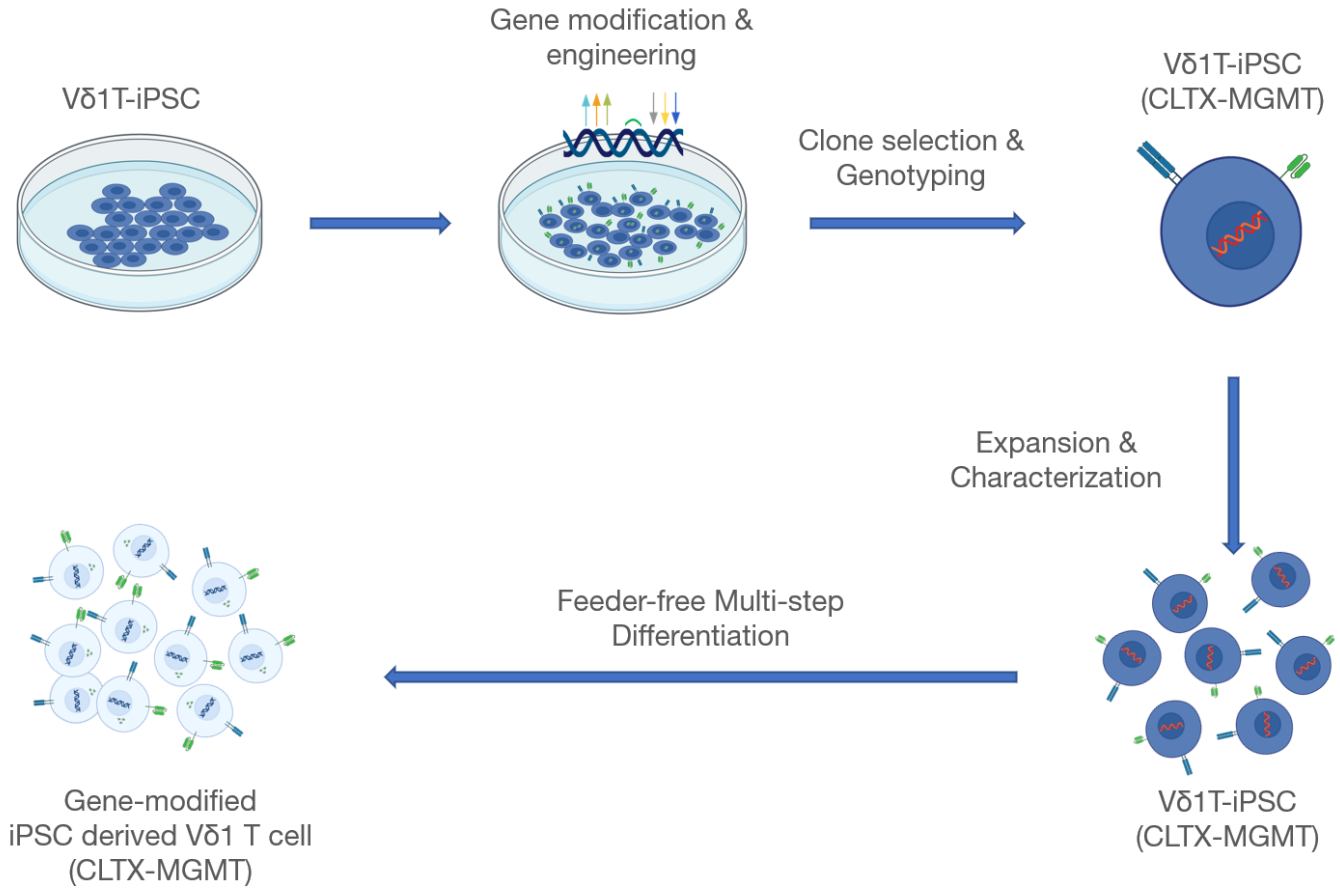
IN8bio iPSC Derived γδ T Cell Generation

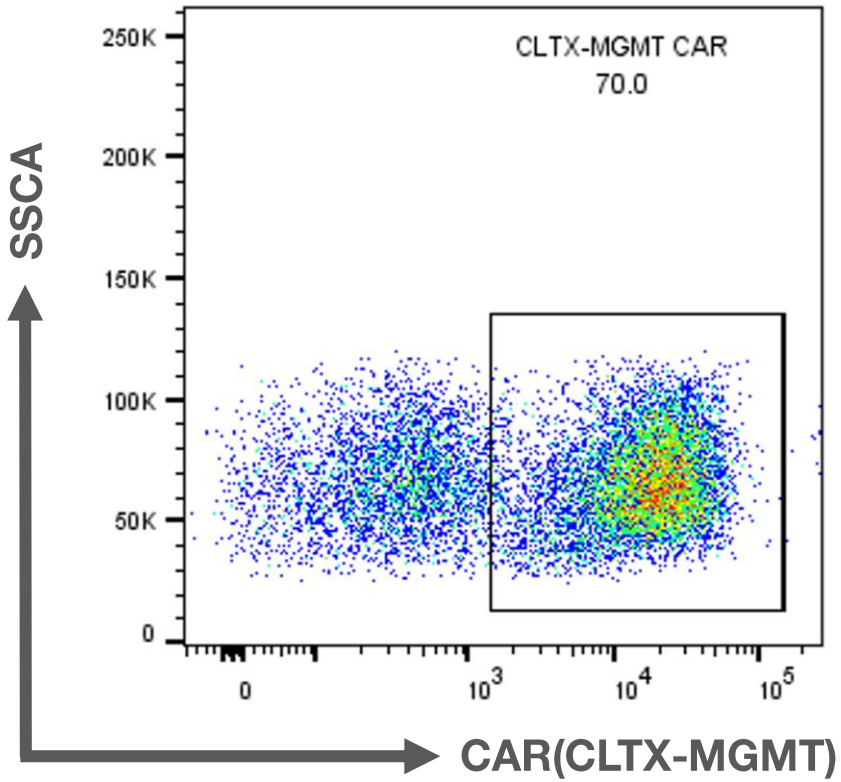
- Dozens of individual γδ T-iPSC colonies were obtained, including both δ1T-iPSC and δ2T-iPSCs
- Normal karyotype with G-band Cytogenetic analysis
- Cell and serum free process demonstrates reproducible linear cytotoxicity



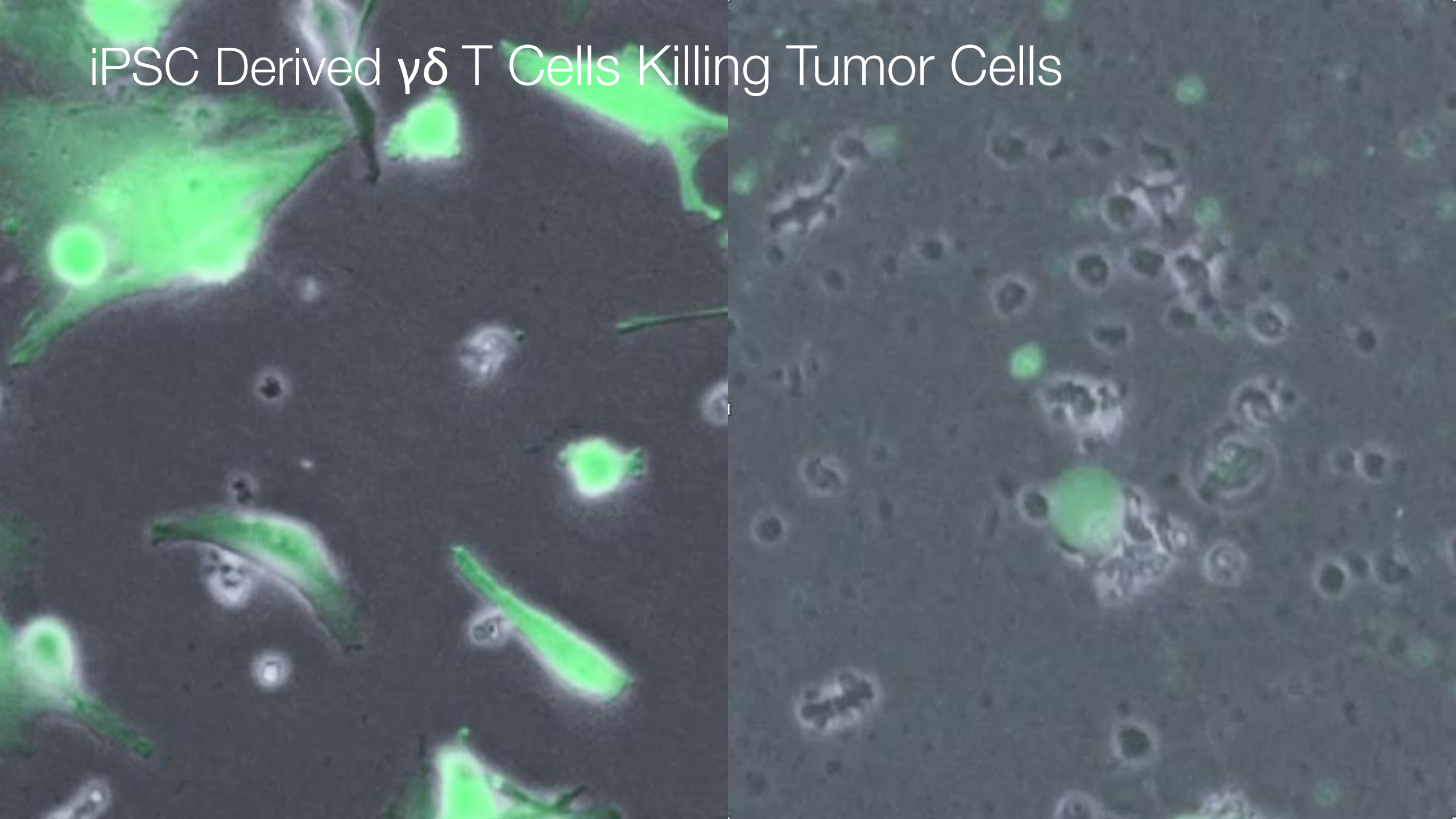


Successful Genetic Modification of iPSC γδ T Cells





iPSC Derived γδ T Cells Killing Tumor Cells



Two Factors to Developing a γδ T Cell Therapy

γδ T Cell Sourcing

Vδ1+

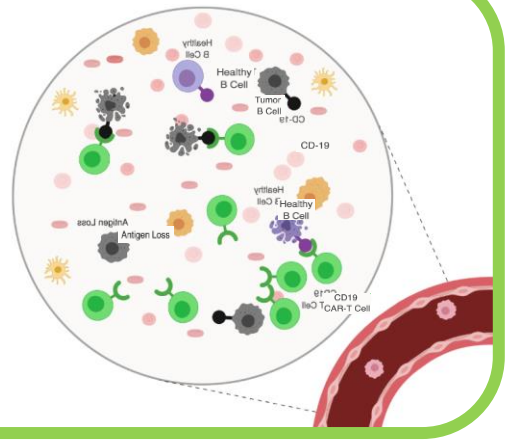
Vδ2+

iPSC

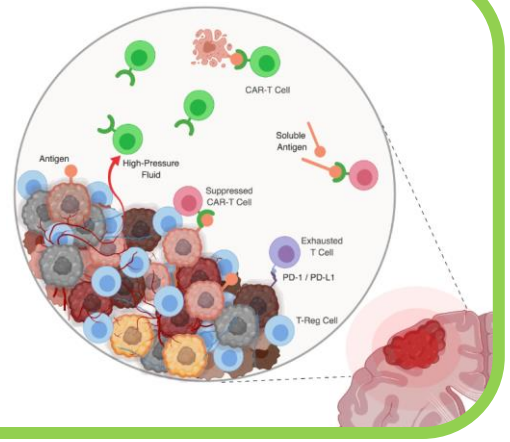
γδ

Tumor Targeting

Hematological Cancers



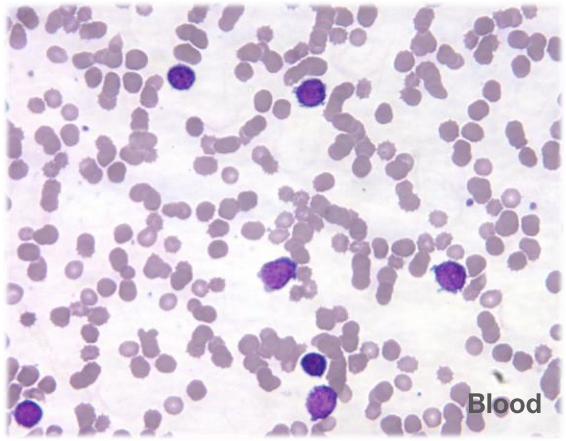
Solid Tumor Cancers



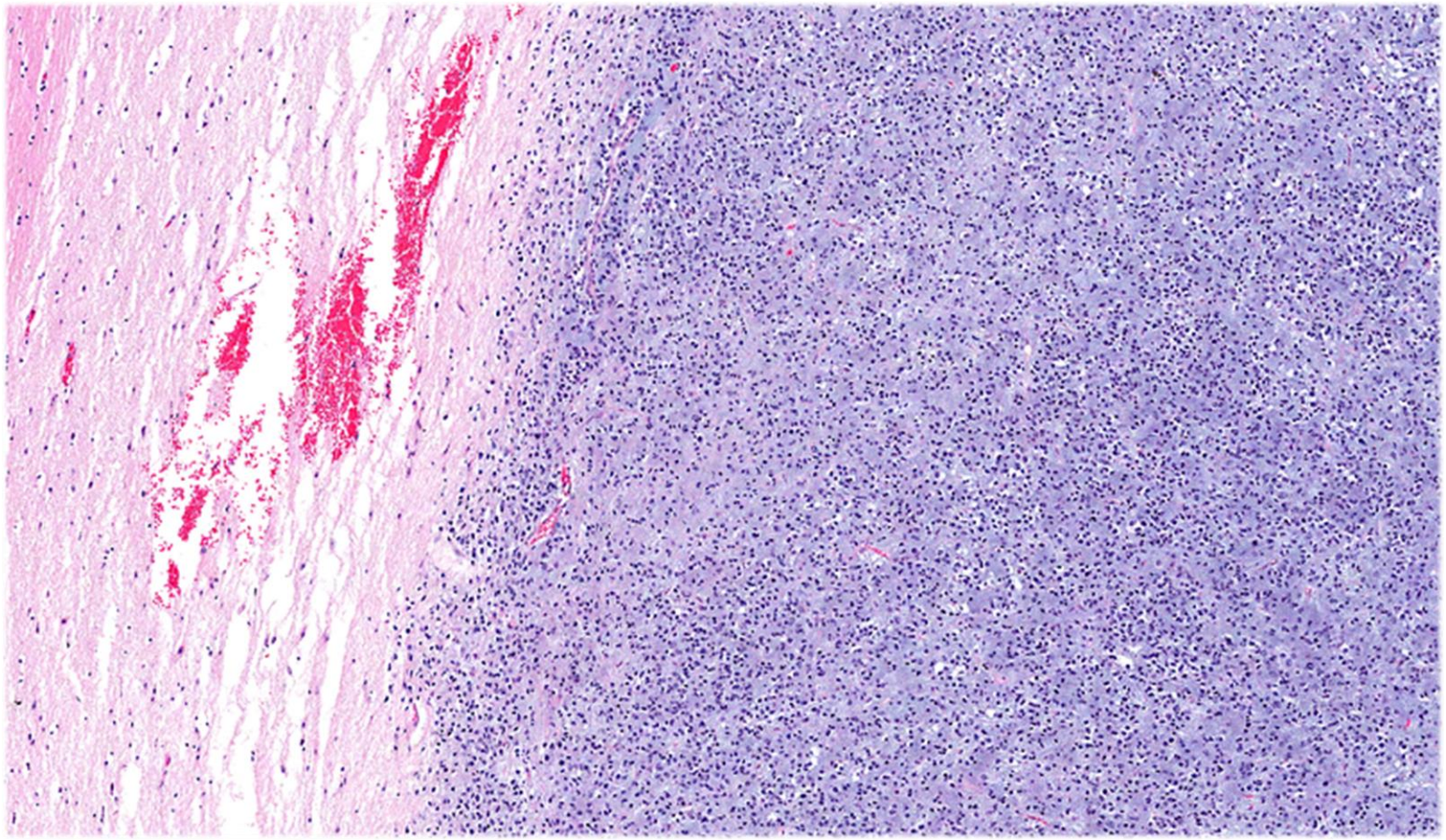
Source: IN8bio, image created with Shutterstock and biorender.com

Overcoming Challenges to Targeting Solid Tumors

Acute Lymphocytic Leukemia

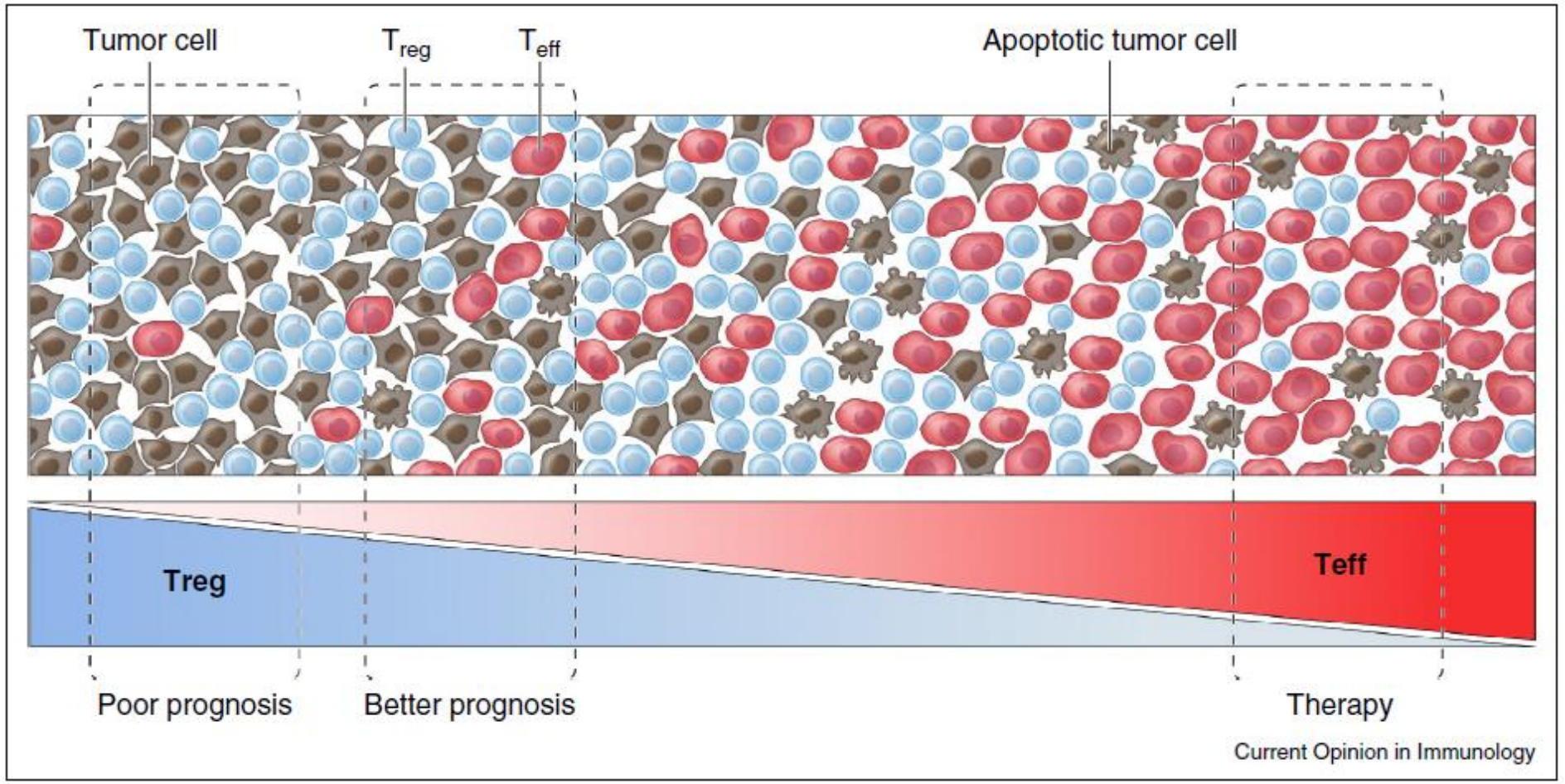


Glioma



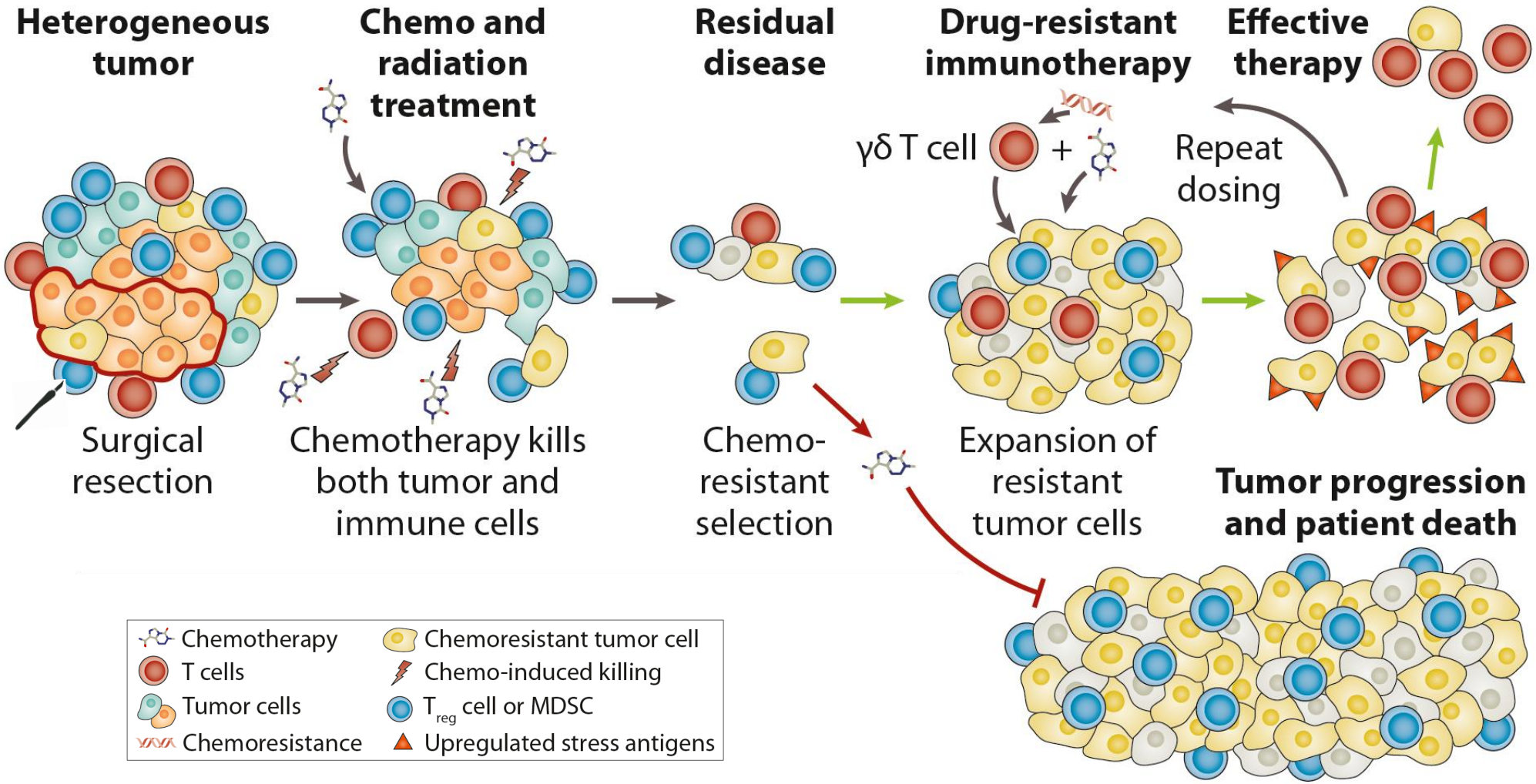
Source: Shutterstock; https://serc.carleton.edu/woburn/overarching/hema_leuk.html

E:T Ratio Matters - We Need to Shift the Balance…



Source: Roychoudhuri et al. Curr Opin Imm, 2015, 33:101–111

IN8bio's CRCT Approach to Solid Tumor Therapy

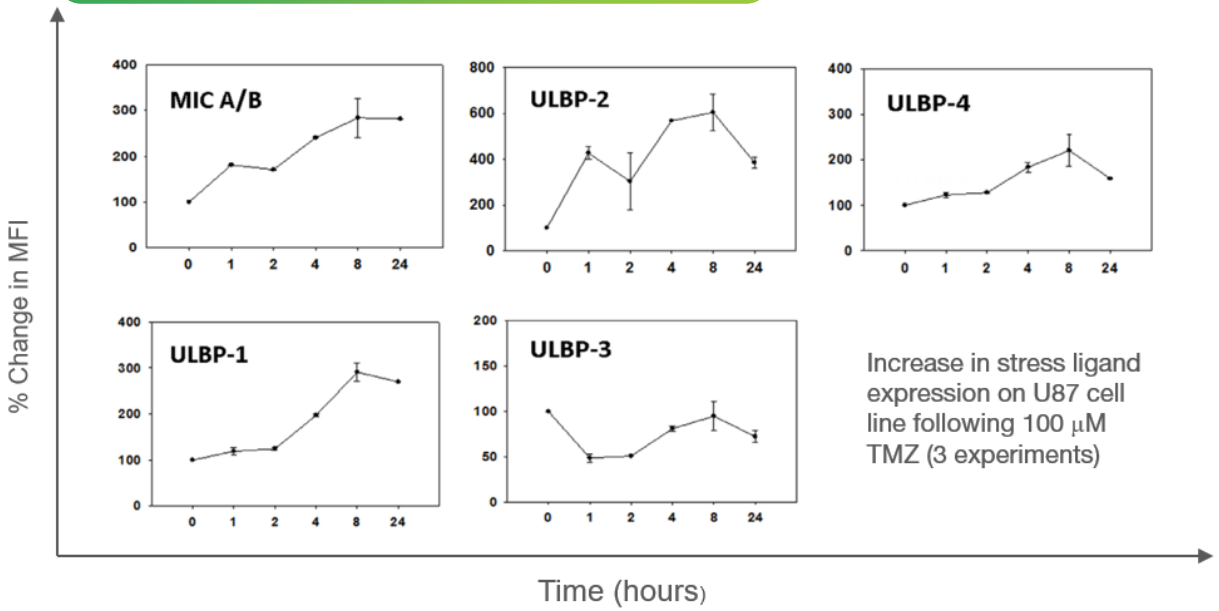


Source: BioPharma Dealmakers, September 2019

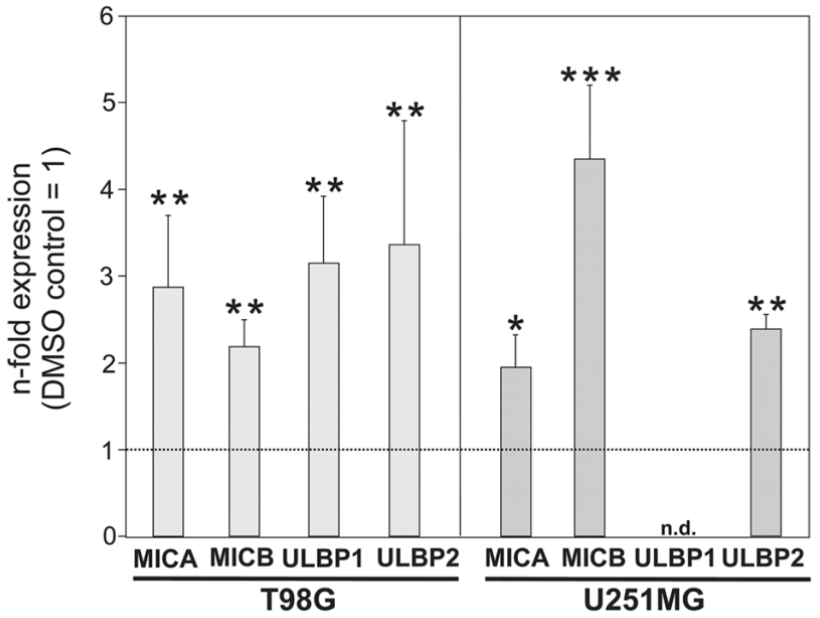
TMZ Increases NKG2D-L Expression

DDR is a biological process that can detect and eliminate resistant cells and cancer stem cells

Versus: Chemo-resistant GBM lines



Versus: Glioma stem-like cells



Source: IN8bio, Lamb et al. Plos One, (2013) Vol 8., Issue 1, Held-Feindt et al. Histochemistry and Cell Biology, (2018) 149: 2019-233; https://doi.org/10.1007/s00418-018-1633-5

INB-200

The Leading γδ T Cell Program for Solid Tumors

INB-200: Single-center, single and multiple dose trial of autologous, DeltEx CRCT gamma-delta T cells in combination with maintenance TMZ following surgical resection

Treatment Arms

Fixed dose level (DL) of CRCT in a 3+3 design:

1. N = 3 (up to 6) patients, single dose of 1 x 10^7 cells (DL1)
2. N = 3 (up to 6) patients, three doses of 1 x 10^7 cells, one dose every 28 days (DL2)
3. N = 3 (up to 6) patients, six doses of 1 x 10^7 cells, one dose every 28 days (DL3)*

Treatment Regimen & Timing

Surgical resection followed by apheresis → 6 weeks induction TMZ + radiation → 6 cycles maintenance TMZ + CRCT*

Primary Endpoints

- Safety
- Maximum tolerated dose (MTD) of CRCT in two dose frequencies

Secondary Endpoints

- Time to progression
- Overall survival
- Biologic response

Site

O'NEAL COMPREHENSIVE CANCER CENTER
UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

UAB HEERSINK SCHOOL OF MEDICINE

INBbio

Pursuing Treatment in GBM: Following the Biology

The biology shows us the multiple advantages of γδ T cells in the solid tumor setting, particularly in glioblastoma, where patients have **very limited available treatment options**.

The brain offers a separate compartment that allows direct delivery of cells through a catheter directly to the site of the tumor, increasing E:T ratio and reducing the variable of cell trafficking.

As we move towards allogeneic cell therapy in the solid tumor setting it simplifies the challenges around dealing with host-versus-graft (HvG) effect and the persistence of the delivered cells.

The advantage of going into the brain is that it is one of three organ centers in the body historically considered immune-privileged.

In neuro oncology, the standard of care, Temodar, is lymphodepleting in itself. We don't have to bring in a separate lymphodepleting protocol such as Flu/Cy.

Standard of Care Hasn't Changed in 18 Years!

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Radiotherapy plus Concomitant and Adjuvant Temozolomide for Glioblastoma

Roger Stupp, M.D., Warren P. Mason, M.D., Martin J. van den Bent, M.D., Michael Weller, M.D., Barbara Fisher, M.D., Martin J.B. Taphoorn, M.D., Karl Belanger, M.D., Alba A. Brandes, M.D., Christine Marosi, M.D., Ulrich Bogdahn, M.D., Jürgen Curschmann, M.D., Robert C. Janzer, M.D., et al., for the European Organisation for Research and Treatment of Cancer Brain Tumor and Radiotherapy Groups and the National Cancer Institute of Canada Clinical Trials Group*

- N = 573
- Median age 56 (range 19-71)
- PS 2 only 12%
- RT+TMZ median OS 14.6 months
- RT+TMZ median PFS 6.9 months (95% CI 5.8-8.2)
  - MGMT methylated 10.3 months
  - **MGMT unmethylated 5.3 months**

ORIGINAL ARTICLE

Short-Course Radiation plus Temozolomide in Elderly Patients with Glioblastoma

James R. Perry, M.D., Normand Laperriere, M.D., Christopher J. O'Callaghan, D.V.M., Alba A. Brandes, M.D., Johan Menten, M.D., Claire Phillips, M.B., B.S., Michael Fay, M.B., Ch.B., Ryo Nishikawa, M.D., J. Gregory Cairncross, M.D., Wilson Roa, M.D., David Osoba, M.D., John P. Rossiter, M.B., B.Ch., et al., for the Trial Investigators*

- N = 562
- Median age 73 (range 65-90)
- PS 1 – 54%; PS 2 – 23%
- RT+TMZ median OS 9.3 months
- RT+TMZ median PFS 5.3 months
  - MGMT methylated 7.9 months
  - **MGMT unmethylated 4.8 months**

IN8bio

Source: NEJM 2005; 352:987-996 DOI: 10.1056/NEJMoa043330; NEJM 2017; 376:1027-1037 DOI: 10.1056/NEJMoa1611977

Treatment Emergent Adverse Events in > 1 Subject (n=8)

Adverse Events	Grade 1/2	Grade 3	Grade 4
WBC decreased	25%	12.5%	
ALC decreased	12.5%	12.5%	
ANC decreased			12.5%
Platelet count decreased		37.5%	12.5%
Nausea	50%		
Vomiting	25%		
Constipation	25%		
Anorexia	25%		
Asthenia/lethargy/fatigue	50%		
Headache	37.5%		
Fever/pyrexia	50%		
Urinary tract infection	12.5%	12.5%	
Seizures	12.5%		
Sepsis	12.5%		12.5%
Hydrocephalus	12.5%	12.5%	
Dehydration	12.5%	12.5%	
Incision site pain	37.5%		

- No CRCT-related toxicity
- No DLT's to date
- Majority of toxicities are grade 1 or 2
- Unrelated SAE's of seizures, UTI, cardiac arrest, pulmonary embolus, temporal cyst drainage, dysarthria
- No treatment-related deaths
- 3 unrelated deaths due to cardiac arrest, sepsis from a pancreatic cyst and pulmonary embolus
- Repeat dosing DOES NOT demonstrate change in toxicity profile to date

IN8bio

*As of December 31, 2022; Early trial results are not indicative of future results, including the outcome of this trial.

Demographics and Efficacy

Subject	Age / Sex	Cytogenetics	Dose level	TMZ Maint. Cycles Received	Response	PFS (mos)	OS (mos)
001	68 / M	IDH-WT, MGMT-unmethylated	1	5	SD	8.3	15.6
003	74 / F	IDH-WT, MGMT-methylated	1	6	SD	11.9	17.7
004	21 / F	IDH-WT, MGMT-unmethylated	1	3	SD	7.4	9.6
007	74 / M	IDH-WT, MGMT-unmethylated	2	2	Unevaluable	-	5.1
009	32 / M	IDH-mutant, MGMT-unmethylated	2	12	SD	18.9+	Alive
011	56 / F	IDH-WT, MGMT-methylated	2	6	SD	14.8+	Alive
014	73 / F	IDH-WT, MGMT-unmethylated	2	5	SD	8.7	8.7 Died without progression
015	73 / M	IDH-WT, MGMT methylated	3	5	SD	7.1	Alive

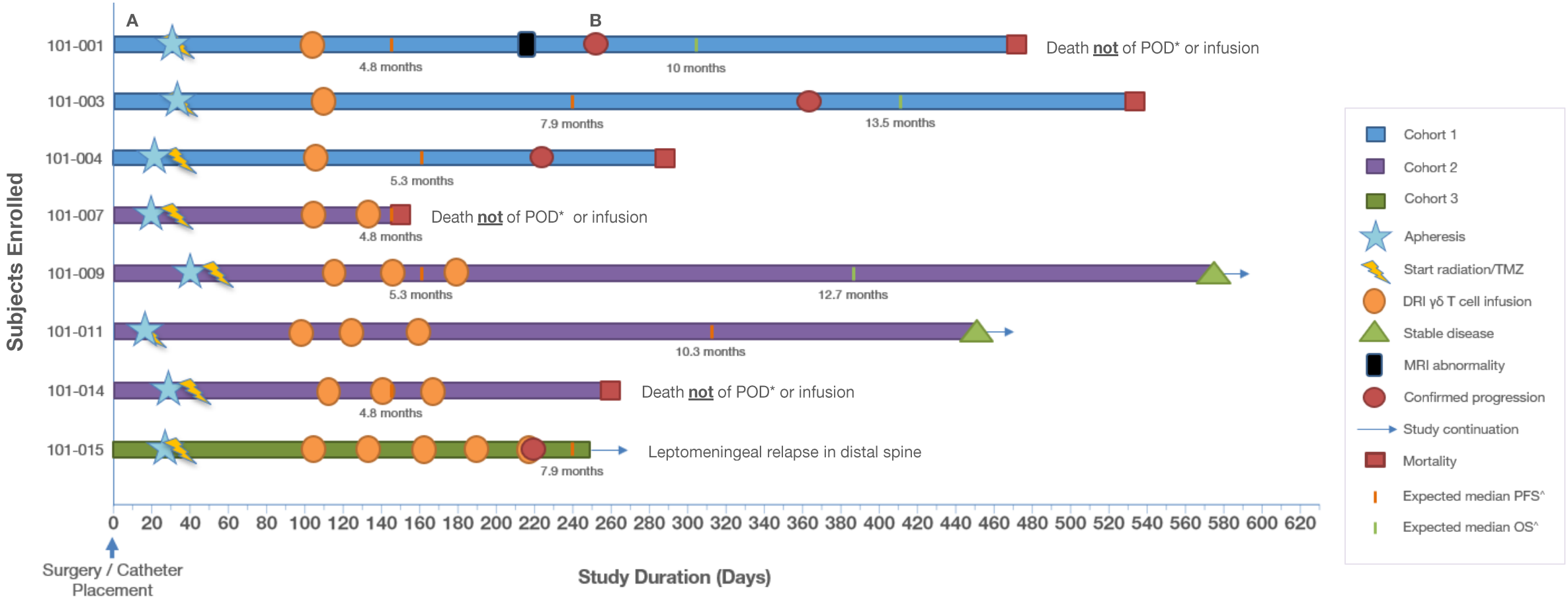
- All Cohort 1 and 2 patients exceeded median PFS of 6-7 months
- Of 8 treated, 3 remain in follow-up
- First two patients to receive 3 repeat doses crossed 1-year PFS
- 5 deaths:
  - 2 due to PD (003 and 004)
  - 3 unrelated deaths: sepsis (001), cardiac event (007), pulmonary embolus (014)

*As of December 31, 2022; Early trial results are not indicative of future results, including the outcome of this trial.

INB-200: Long-Term Durability Observed

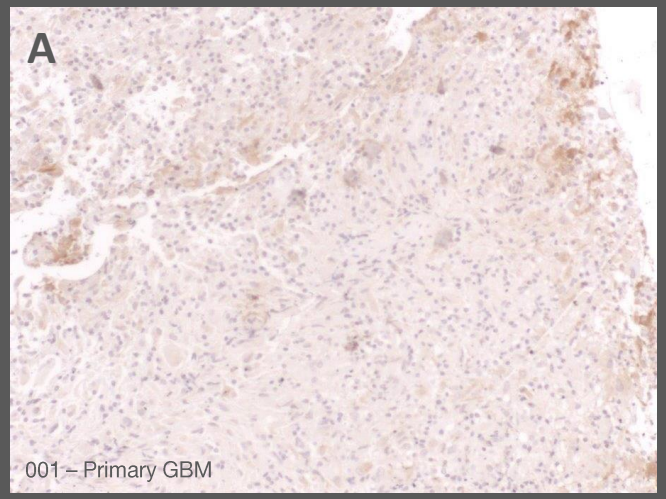
Clinical Results to Date

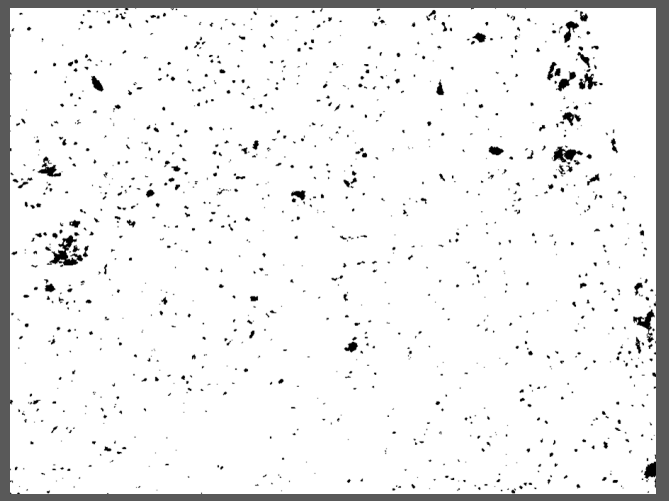
- 8 patients treated
- no DLTs, no CRS or ICANs
- all treated patients exceeded median progression free survival (PFS) as per NEJM data^

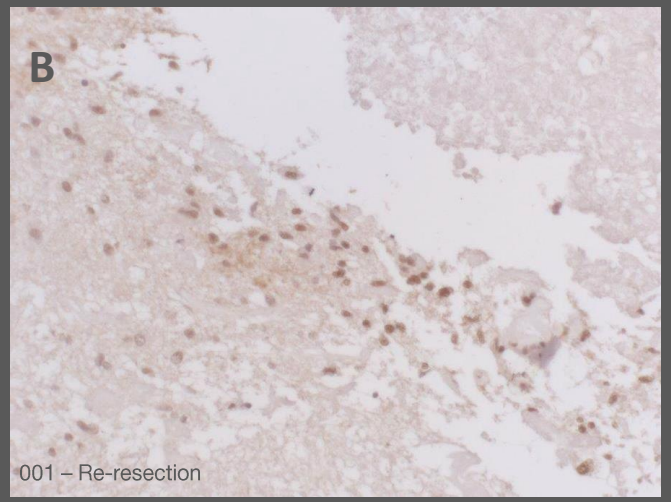


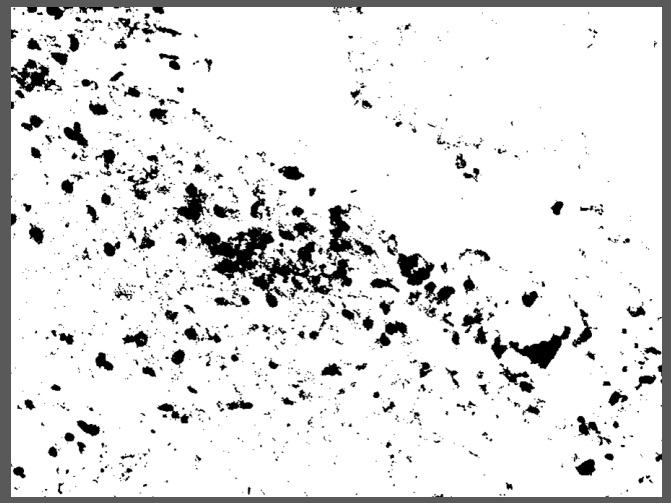
Note: ***POD = progression of disease***; As of December 31, 2022; Source: ^ NEJM 2005; 352:987-996 & 352:997-1003 DOI: 10.1056/NEJMoa043330, DOI: 10.1056/NEJMoa043331; NEJM 2017; 376:1027-1037 DOI: 10.1056/NEJMoa1611977; Early trial results are not indicative of future results, including the outcome of this trial.

γδ T Cells Infiltrating and Persisting in Tumor Tissue









Source: * UAB and IN8bio

INB-100

An Allogeneic Therapy to Reduce Leukemic Relapse

INB-100: Single-center, dose-escalation trial of DeltEx Allo gamma-delta T cells post-haploidentical HSCT

Treatment Arms

Single, ascending dose levels in a 3+3 design:

1. N = 3 (up to 6) patients, single dose of 1 x 10^6 cells/kg
2. N = 3 (up to 6) patients, single dose of 3 x 10^6 cells/kg
3. N = 3 (up to 6) patients, single dose of 1 x 10^7 cells/kg

Treatment Regimen & Timing

Fludarabine + cyclophosphamide + TBI = 6 days → Haploidentical HSCT* → INB-100 infusion within 7 days after engraftment

*Neutrophil engraftment is ~15-20 days following HSCT

Primary Endpoints

- Safety
- Maximum tolerated dose (MTD) of DeltEx Allo gamma-delta T cell infusion
- Dose limiting toxicity (DLT)

Secondary Endpoints

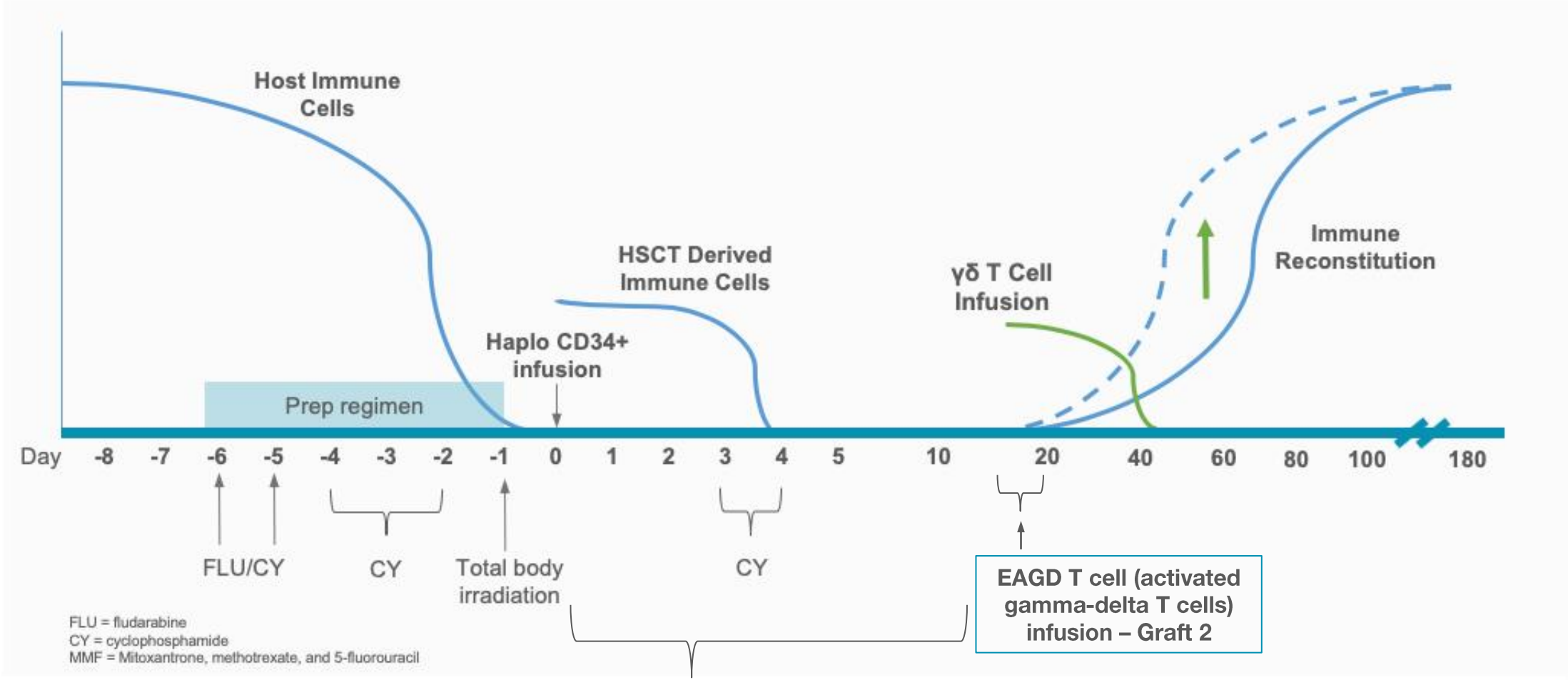
- Rate of acute and chronic graft versus host disease (aGVHD), relapse, and overall survival

Site

THE UNIVERSITY OF KANSAS CANCER CENTER

Potential to Provide Protection During a Vulnerable Period

Gamma-Delta T Cell Expansion + Activation (EAGD) for Prophylaxis Against Leukemic Relapse



Source: IN8bio

The Hopkins Protocol

HLA-Haploidentical Bone Marrow Transplantation for Hematologic Malignancies Using Nonmyeloablative Conditioning and High-Dose, Posttransplantation Cyclophosphamide

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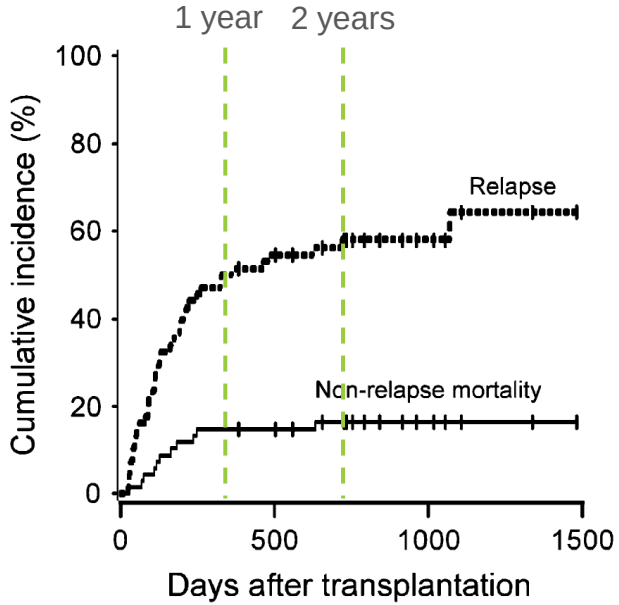
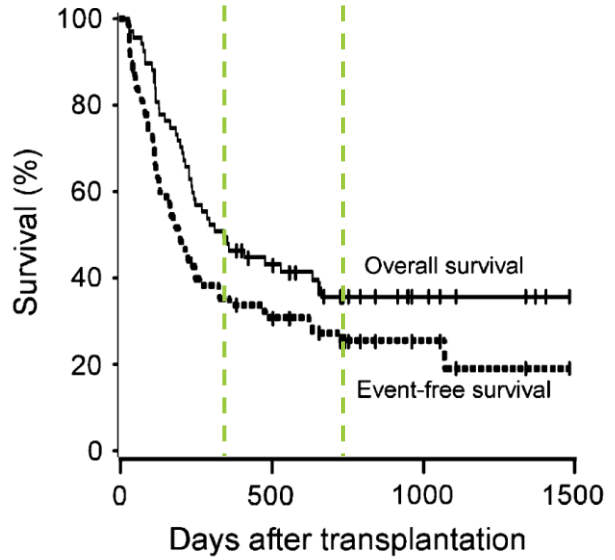
ABSTRACT

We evaluated the safety and efficacy of high-dose, posttransplantation cyclophosphamide (Cy) to prevent graft rejection and graft-versus-host disease (GVHD) after outpatient nonmyeloablative conditioning and T cell-replete bone marrow transplantation from partially HLA-mismatched (haploidentical) related donors. Patients with advanced hematologic malignancies (n = 67) or paroxysmal nocturnal hemoglobinuria (n = 1) received Cy 50 mg/kg i.v. on day 3 (n = 28) or on days 3 and 4 (n = 40) after transplantation. The median times to neutrophil (>500/μL) and platelet recovery (>20,000/μL) were 15 and 24 days, respectively. Graft failure occurred in 9 of 66 (13%) evaluable patients, and was fatal in 1. The cumulative incidences of grades II-IV and grades III-IV acute (aGVHD) by day 200 were 34% and 6%, respectively. There was a trend toward a lower risk of extensive chronic GVHD (cGVHD) among recipients of 2 versus 1 dose of posttransplantation Cy ($P = .05$), the only difference between those groups. The cumulative incidences of nonrelapse mortality (NRM) and relapse at 1 year were 15% and 51%, respectively. Actuarial overall survival (OS) and event-free survival (EFS) at 2 years after transplantation were 36% and 26%, respectively. Patients with lymphoid malignancies had an improved EFS compared to those with myelogenous malignancies ($P = .02$). Nonmyeloablative HLA-haploidentical BMT with posttransplantation Cy is associated with acceptable rates of fatal graft failure and severe aGVHD or cGVHD.





Status of Patients Currently on Study

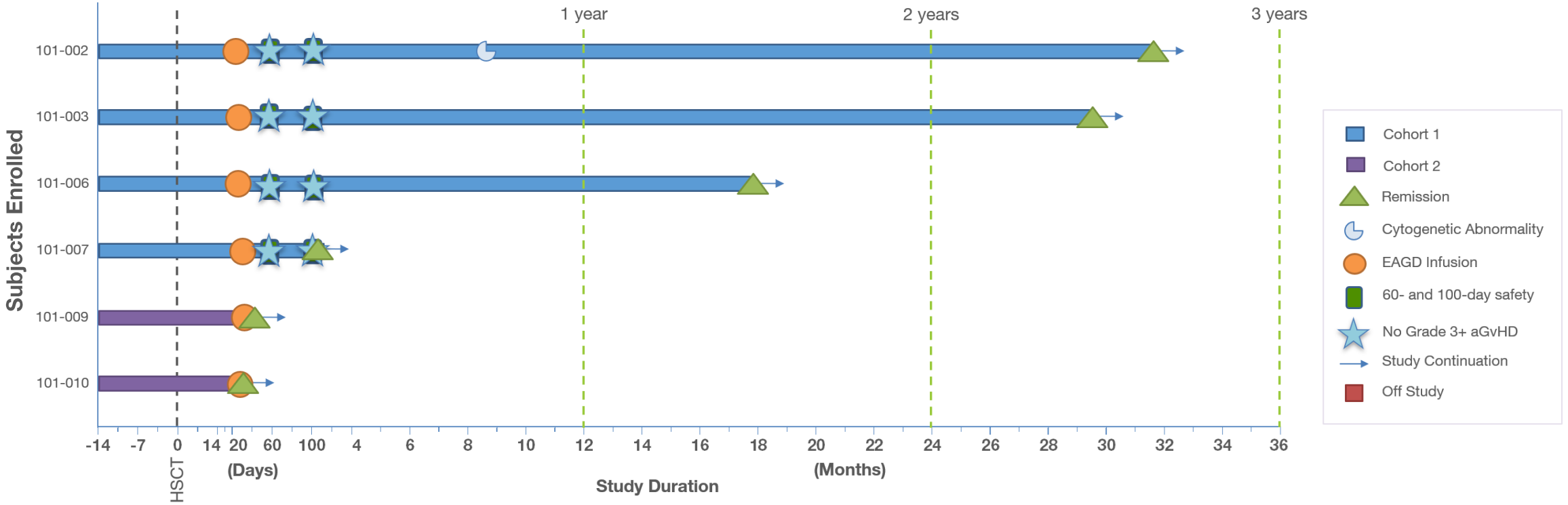
Patient	Dose Level	Age / Sex	Cytogenetics	Prior lines	Treatment Related Safety Events	Morphologic CR Duration (mos)
002	1	54 / female	High-risk AML trisomy 8+ and del7; FLT3 TKD, DNMT3A	7+3+Idasanutlin	Gr.2 skin GvHD- resolved	31.9+
003	1	45 / female	High-risk AML trisomy 8+ and del7: IDH2	7+3	Gr.2 GI GvHD and Gr.2 skin GvHD Remains on Jakafi for skin GvHD	29.5+
006	1	66 / male	Relapsed AML s/p 7+3, ASXL1	7+3	Gr.2 GvHD-resolved	17.8+
007	1	71 / male	Relapsed AML s/p 7+3, ASXL1	Pembrolizumab	Gr.2 skin GvHD-resolved	3.5+
009	2	68 / male	Ph- ALL; p53 mutated, DNMT3A, GATA2	Induction E1910, blincyto, inotuzumab x2 cycles, CAR-T with Tecartus		1.4+
010	2	62 / female	Relapsed AML	Hydrea; vidaza/ venetoclax x7 cycles		1.2+

*As of December 9, 2022; Early trial results are not indicative of future results, including the outcome of this trial.

INB-100: Long-term Durability of Responses

Clinical Results to Date

- 6 patients treated
- no DLTs, no CRS, ICANs or GvHD of grade 3 or greater
- Two of three patients surpassing 2 years and one patient passing 1 year remaining in morphological complete remission



Patients surpassed 2 years without leukemic relapse

*As of December 9, 2022; Early trial results are not indicative of future results, including the outcome of this trial.

INB-400 & INB-410

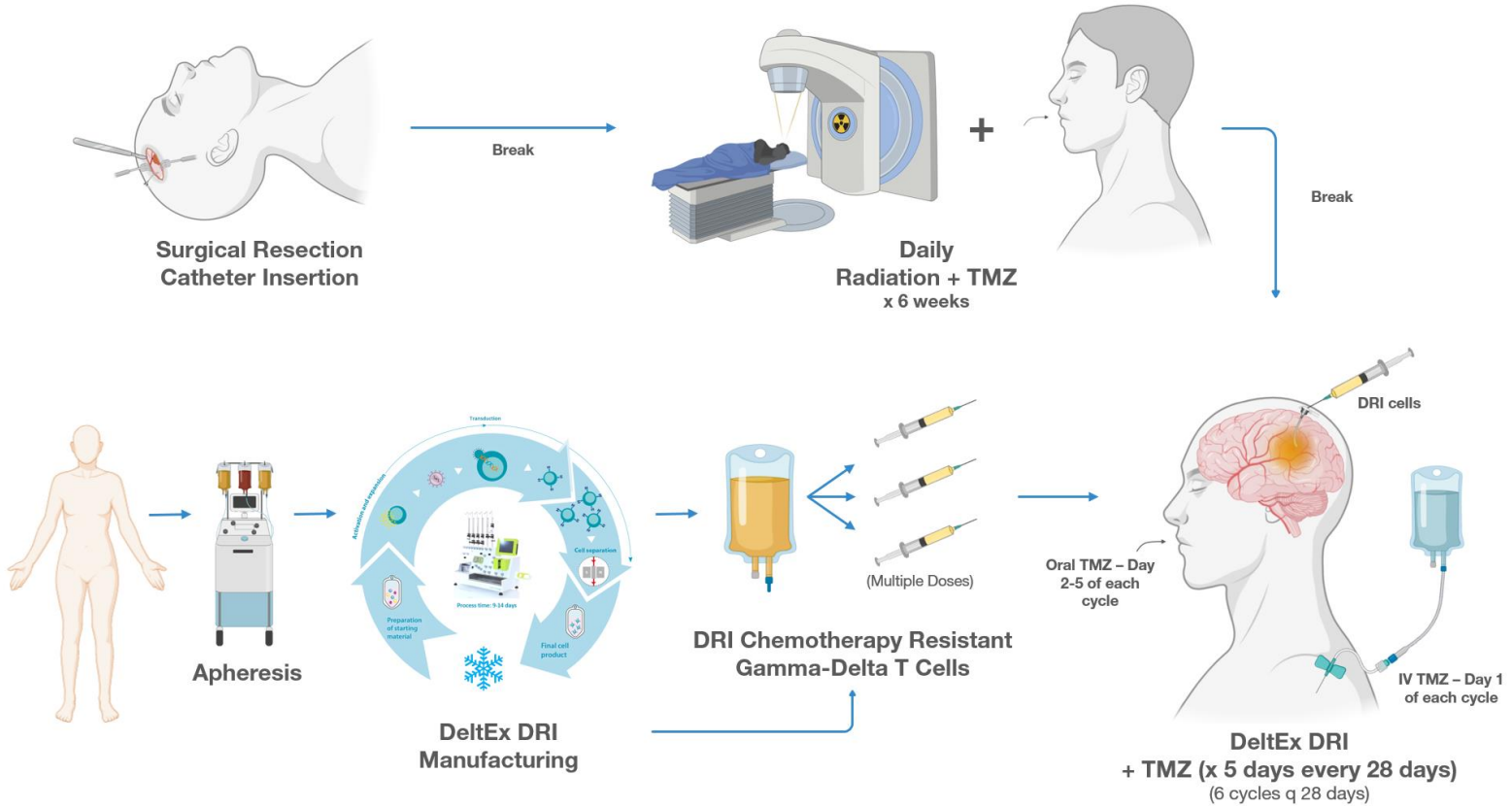
Moving Towards Allogeneic Therapies for Solid Tumors

Allogeneic and Autologous DeltEx CRCT

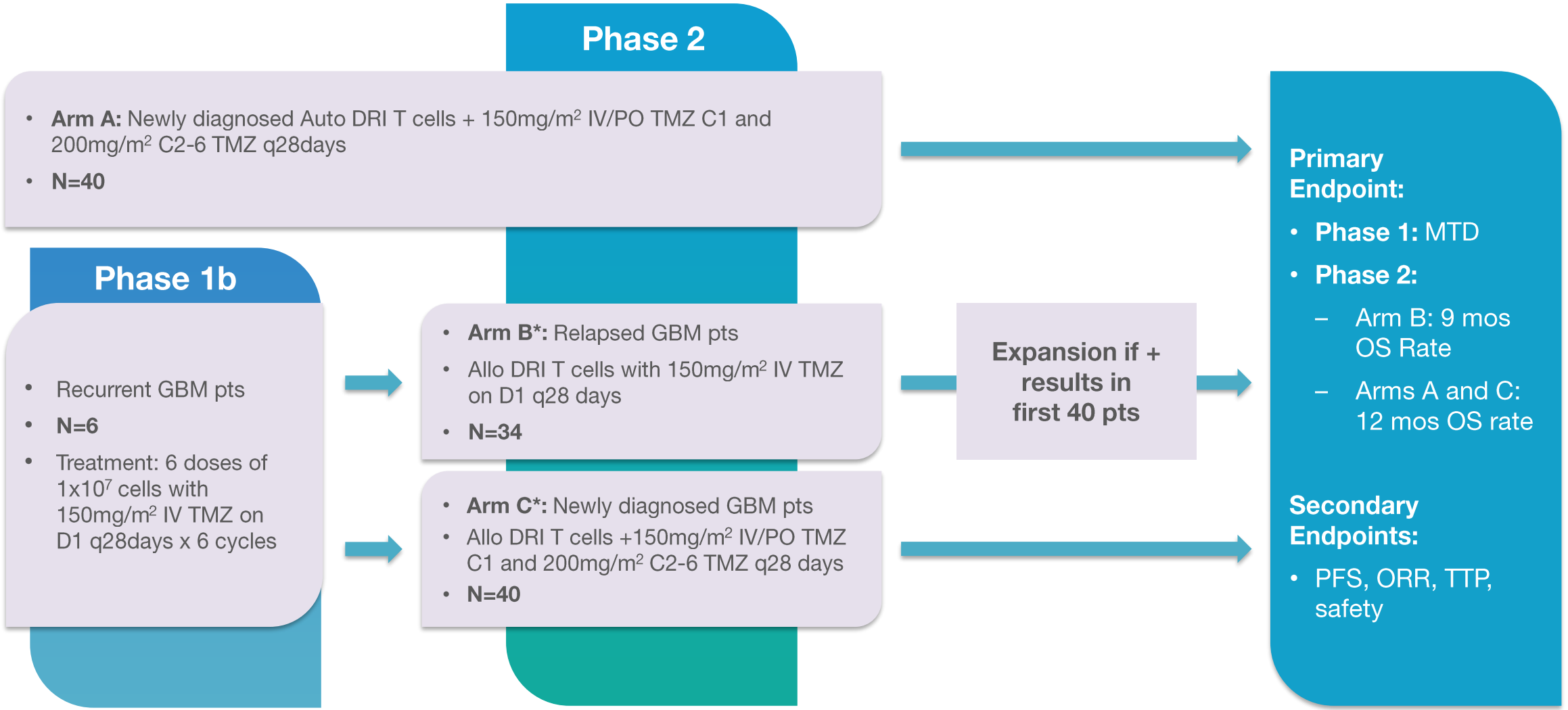
INB-400 & INB-410 Overview

- INB-400 autologous IND clearance received in 2H 2022
- Site initiation has begun
- Developing INB-410, our allogeneic DeltEx CRCT product candidate with IND for Phase 1b expected in 2H 2023
- Based on clinical data from INB-100 to-date, we anticipate a low risk of gamma-delta T cells driving severe dose-limiting acute GvHD
- Further assessing autologous DeltEX CRCT product potential in the GBM population

INB-410 Treatment Protocol



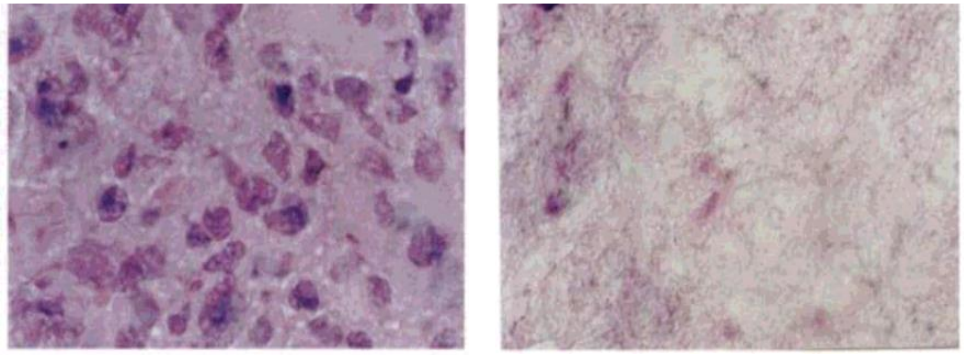
Proposed Clinical Trial Design for INB-400 / INB-410



*Arm B and C subject to additional IND for allogeneic drug product (INB-410) as per FDA Guidance for Industry updated Nov. 2022, IND expected in 2H 2023

A Unique CAR-T Platform that Spares Healthy Tissue

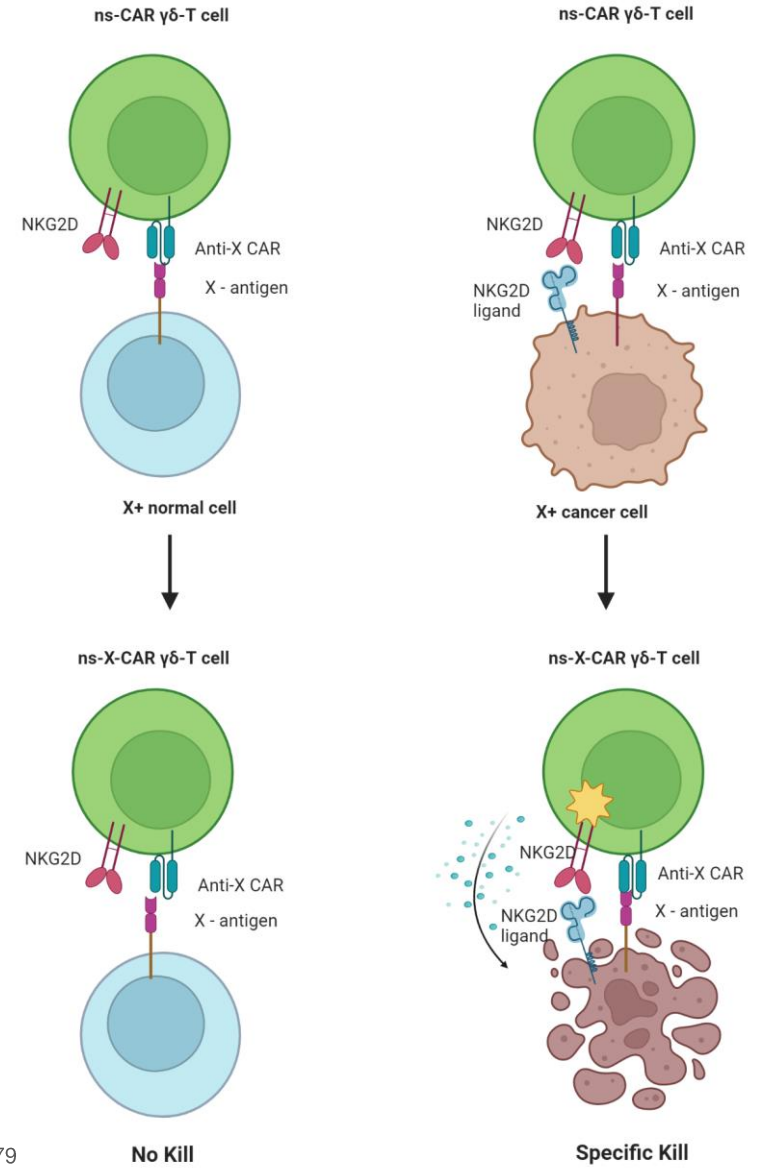
Novel Non-Signaling γδ CAR-T Platform (ns-CAR)



GBM+CLTX Normal+CLTX

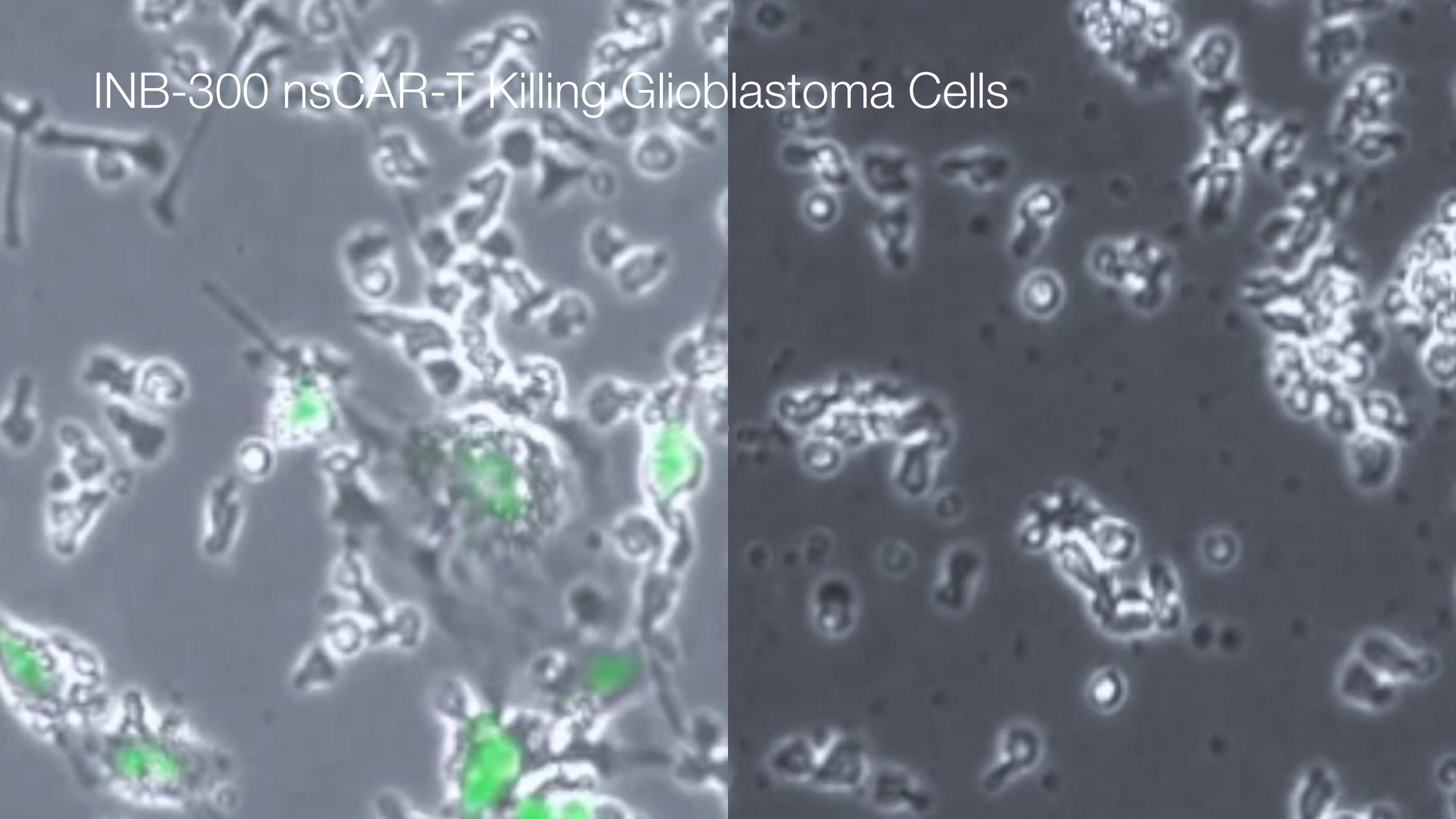
CTX stains tumors but not healthy tissue

- ns-CAR platform lacks CD3z signaling domain
- Multiple recognition domains can be utilized:
  - Peptides such as chlorotoxin (CLTX) that bind glioma and numerous other solid tumor cancers with limited binding to healthy tissues(1)
  - Traditional CAR targets utilizing ScFv against antigens that may be co-expressed on healthy tissues



(1) Dardevet et al., Toxins (Basel), 2015 Apr; 7(4): 1079-1101 and Cancer Res November 1 1998 (58) (21) 4871-4879

INB-300 nsCAR-T Killing Glioblastoma Cells



Financials & Milestones

Multiple Near-Term Anticipated Milestones Across Pipeline

2022

- **INB-200** - Phase 1 data in GBM
- **INB-100** - Phase 1 data in leukemia
- **INB-400** – FDA Cleared IND for Phase 2 trial in GBM (autologous)

Cash of ~$27.6M

(as of September 30, 2022) provides runway into 3Q23, through key clinical milestones

2023

1H

INB-100	Additional Phase 1 data in leukemia
INB-200	Additional Phase 1 data (cohorts 2) in GBM
INB-400	First patient enrolled in Phase 2 trial in GBM (autologous), Preclinical data in new solid tumor indication
INB-300	Preclinical data demonstrating proof-of-concept of ns-CAR platform

2H

INB-200	Topline Phase 1 data in newly diagnosed GBM
INB-410	Submit IND for Phase 1b trial in relapsed GBM (allogeneic)

2024

INB-410	FPD in Phase 1b trial in relapsed GBM (allogeneic) with initial safety data
INB-400	Initial Phase 2 data in front-line GBM (autologous)
INB-200	Long-term follow-up in newly diagnosed GBM
INB-100	Topline Phase 1 data in leukemia with long-term follow-up

Deep Experience Across Development and Biotechnology

William Ho
Co-Founder, President and Chief Executive Officer

Lawrence Lamb, PhD
Co-Founder and Chief Scientific Officer

Patrick McCall, CPA
Chief Financial Officer

Trishna Goswami, MD
Chief Medical Officer

Kate Rochlin, PhD
Chief Operating Officer

IN8bio's team has deep experience in cell therapy & oncology expertise:

- Diverse leadership team brings extensive background in oncology discovery, business insights, franchise creation, product development, regulatory affairs, and commercialization
- Business development and licensing expertise across biopharmaceutical and biotechnology companies. Founding of a private healthcare investment fund and management of public investments and cross-over portfolio at leading healthcare venture capital firm, New Leaf Venture Partners
- Specialization in transplantation immunology and recognized innovation in the field of γδ T cells
- Leadership of Curadigm's spin-out from Nanobiotix and platform collaborations and partnerships
- Proven and measurable successes in bringing high profile candidates to market including Stemline, Immunomedics and Gilead Sciences

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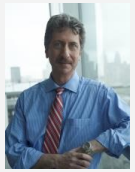

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IN8bio

Harnessing the Power of Gamma-Delta (γδ) T Cells with Synergistic Immunotherapy

Unique Platform

We are using γδ T cell therapy in a differentiated way, focusing on synergistic combinations

Approach based on biology unique to γδ T cells

Most comprehensive in the industry, with proprietary genetic engineering and cell-type specific manufacturing capabilities

Platform to be applied across multiple indications

Robust Pipeline

Most advanced and deepest γδ T cell pipeline targeting multiple oncologic indications

3 clinical stage candidates
- INB-100 in GBM
- INB-200 in leukemias
- INB-400 in GBM

2 preclinical platforms, with multiple planned INDs over the next three years
- INB 410 – allogeneic in GBM
- INB 300 – non-signaling CAR-T
- INB 500 – iPSCs

Multiple clinical milestones in 2023
- INB-100 in GBM
- INB-200 in leukemias

Strong Expertise

Experts in γδ T cell development

Team's acumen and experience have significantly de-risked our CMC processes and procedures

Successfully advanced a novel approach to the use of gamma-delta T cells as part of a synergistic immunotherapy approach

Recognized leaders with seminal contributions to development and manufacturing of γδ T cells

Seasoned management team with strong drug development expertise

Ambitious Company

First to bring genetically modified γδ T cells into the clinic

Pursuing rigorous science to achieve better patient outcomes

Standing up for patients with limited to no treatment options

Working to achieve "Cancer Zero" the complete removal of cancer cells in patients

Nasdaq: INAB

Cash of $27.6M as of Sept. 30, 2022 to fund company through key clinical milestones into 3Q 2023

IN8bio

With our knowledge and experience we are aiming to achieve our mission of Cancer Zero

Harnessing the Power of Gamma-Delta T Cells

January 2023

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