EHA INB-100 Clinical Update

June 13, 2024

IN8bio, Inc. | +1 646.600.6GDT (6438) | info@IN8bio.com | www.IN8bio.com

EUROPEAN HEMATOLOGY ASSOCIATION

Disclaimer

This presentation is provided solely for informational purposes and has been prepared to assist interested parties in making their own evaluation with respect to a potential private placement of securities (the "Private Placement") of IN8bio, Inc. ("we," "us," "our" or the "Company"). No representations or warranties, express or implied, are given in, or with respect to, this presentation. The information in this presentation does not contain or purport to contain all of the information that may be relevant to an investor's decision to participate in the Private Placement. It is the sole responsibility of each investor to make its own evaluation of the Company and the Private Placement and to ask such additional questions and obtain such additional information as such investor deems necessary. The securities to be issued in the Private Placement will not been registered under the Securities Act of 1933, as amended (the "Securities Act"), or the securities laws of any other jurisdiction. The Company intends to offer such securities in reliance on exemptions from the registration requirements of the Securities Act and other applicable laws. Any offer or sale of such securities will only be made to persons that are institutional "accredited investors" within the meaning of Rule 501(a) under the Securities Act or "qualified institutional buyers" within the meaning of Rule 144A under the Securities Act. These securities will not be approved or recommended by any federal, state or foreign securities authorities, nor will any of these authorities pass upon the merits of the Private Placement. This presentation shall not constitute an offer to sell or the solicitation of an offer to buy these securities, nor shall there be any sale of these securities in any state or jurisdiction in which such offer, solicitation, or sale would be unlawful prior to registration or qualification under the securities laws of any such state or jurisdiction.

This presentation and the material non-public information contained herein (the "Confidential Information") constitutes confidential information. By receiving the Confidential Information, you agree to maintain the confidentiality of the Confidential Information and that such Confidential Information is subject to any confidentiality obligations you or your affiliates have with respect to the Company, its business, or the Private Placement. Any reproduction or distribution of the Confidential Information without the prior written consent of the Company is prohibited.

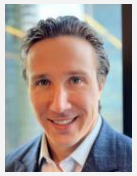
This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, that involve substantial risks and uncertainties. All statements, other than statements of historical facts, contained in this presentation, including statements regarding the design, timing of initiation, progress and scope of clinical trials for IN8bio's product candidates, including INB-100, INB-200 and INB-400; the potential of INB-100 to treat and increase the cure rates in patients with high-risk or relapsed acute myeloid leukemia (AML) and other hematologic malignancies; the proposed trial design for INB-100 and INB-400 including Arm B and Arm C of INB-400; the success of the nsCAR platform to treat solid and liquid cancers; IN8bio's ability to achieve planned milestones, including (i) IND submissions, (ii) patient enrollment and dosing and (iii) expected data readouts from its trials; IN8bio's expected cash runway into the first quarter of 2025; and IN8bio's ability to extend runway upon receipt of additional capital from the December 2023 private placement and the contemplated Private Placement. The words "may," "should," "expects," "intends," "plans," "anticipates," "believes," "estimates," "predicts," "potential," "continue," and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. The Company may not actually achieve the plans, intentions, or expectations disclosed in these forward-looking statements, and you should not place undue reliance on these forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in these forward-looking statements. In addition, the forward-looking statements included in this presentation represent the Company's views as of the date of this presentation. The Company anticipates that subsequent events and developments will cause its views to change. However, while the Company may elect to update these forward-looking statements at some point in the future, it specifically disclaims any obligation to do so. These forward-looking statements should not be relied upon as representing the Company's views as of any date subsequent to the date of this presentation.

Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and the Company's own internal estimates and research. While the Company believes these third-party sources to be reliable as of the date of this presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of any information obtained from third-party sources. In addition, all of the market data included in this presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while we believe our own internal research is reliable, such research has not been verified by any independent source.

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

Glenn Schulman, PharmD, MPH
Head IR and Corporate Communications

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

- Diverse leadership team brings decades of 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

ACHILLION · AlephPoint Capital · AstraZeneca · Aurinia · Bank of America · BIOTAGENICS · CATALYST BIOSCIENCES · CHUBB · COWEN · CURADIGM · CuraGen Corporation · Deloitte. · filament · GILEAD · Immunomedics · IMMUNOVENT · MedImmune · NEW LEAF VENTURE PARTNERS · O'NEAL COMPREHENSIVE CANCER CENTER · Palmetto Health USC MEDICAL GROUP · PiperJaffray · ProKidney · UNIVERSITY OF SOUTH CAROLINA · Stemline · TURNSTONE BIOLOGICS · X4 PHARMACEUTICALS

Guest Speakers

Tania Jain, MBBS
Director, Immune Effector Cell Therapy Program, Johns Hopkins University

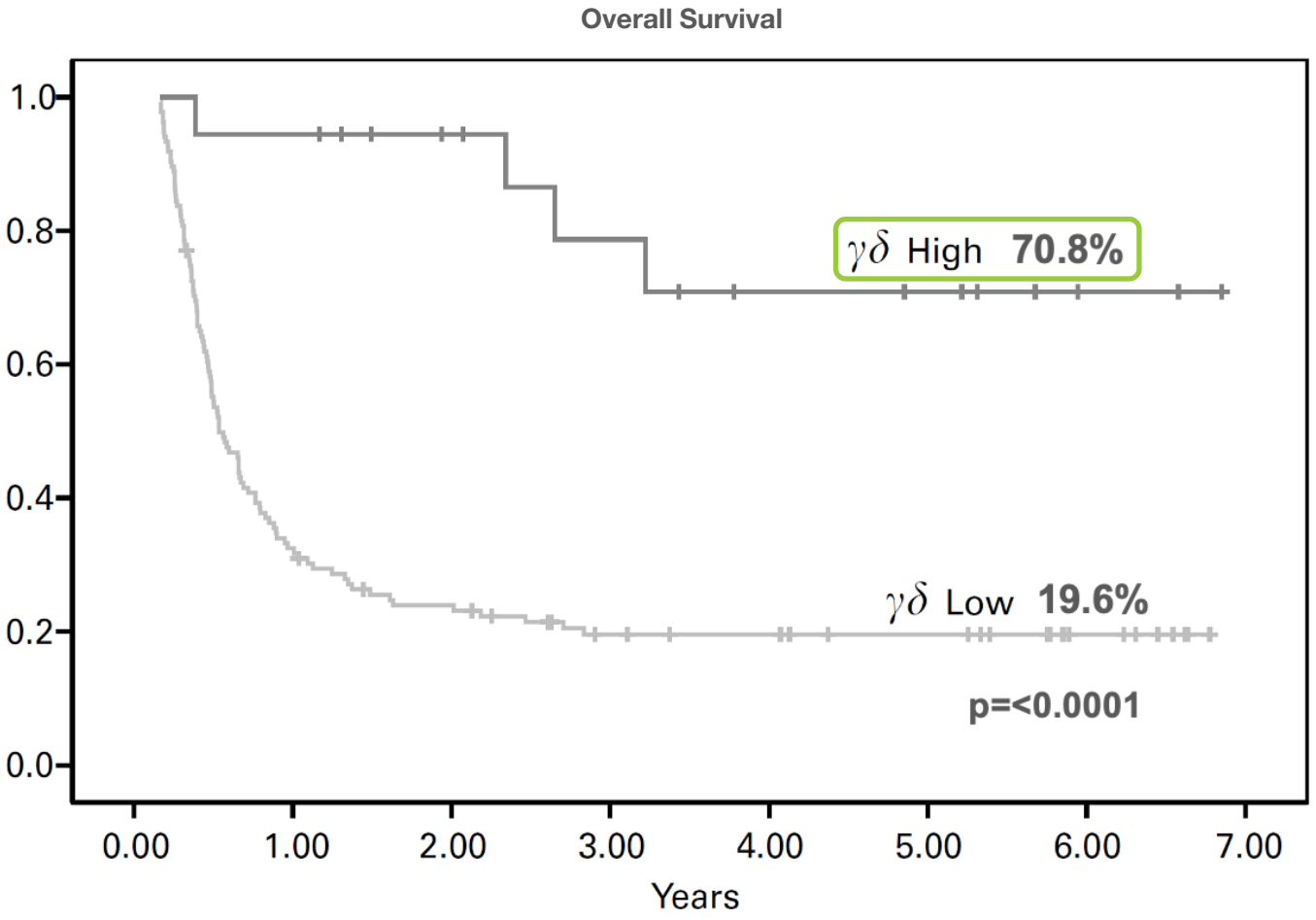
As a physician scientist in the hematological malignancies and stem cell transplantation division with Sidney Kimmel Comprehensive Cancer Center at the Johns Hopkins, Dr. Jain's focus is on the various aspects of cellular therapy in the treatment of hematological malignancies. Her primary research focus is to develop strategies to prevent relapse of hematological malignancies following allogeneic stem cell transplantation. Additionally, she serves as the Director of the adult CAR T program for hematological malignancies as Johns Hopkins Medicine grows its CAR T program to help patients with advanced hematological malignancies.

Dr. Jain's academic interest in this space lies in studying the aspects of toxicity of CAR T cell therapy with an aim to improve long term outcomes in these patients. Among hematological malignancies, myeloproliferative disorders are Dr. Jain's primary area of interest and she works to study newer drugs in early phase of development and also its treatment using allogeneic stem cell transplantation.

JOHNS HOPKINS
MEDICINE

γδ T Cell Levels Associated with Survival 25 Years Ago

Leukemia Post-HSCT:
Improved Patient Survival



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

IN8bio's Thesis for a Successful Cellular Therapy

Our three-pronged approach to targeting cancers:

Durability

Meaningful **duration of response** can be achieved by increasing the **depth of response** through novel **synergistic combinations**.

Tolerability

Utilize **novel cell types** with a natural ability to identify and kill malignant cells while **preserving healthy tissue** to avoid toxicities seen with other cell therapy approaches.

Heterogeneity

Employ an approach that can leverage **endogenous immune mechanisms** to **cover tumor heterogeneity** and drive broader immune activation.

Tania Jain, MBBS

Director, Immune Effector Cell Therapy Program, Johns Hopkins University

Guest Speakers

Tania Jain, MBBS
Director, Immune Effector Cell Therapy Program, Johns Hopkins University

As a physician scientist in the hematological malignancies and stem cell transplantation division with Sidney Kimmel Comprehensive Cancer Center at the Johns Hopkins, Dr. Jain's focus is on the various aspects of cellular therapy in the treatment of hematological malignancies. Her primary research focus is to develop strategies to prevent relapse of hematological malignancies following allogeneic stem cell transplantation. Additionally, she serves as the Director of the adult CAR T program for hematological malignancies as Johns Hopkins Medicine grows its CAR T program to help patients with advanced hematological malignancies.

Dr. Jain's academic interest in this space lies in studying the aspects of toxicity of CAR T cell therapy with an aim to improve long term outcomes in these patients. Among hematological malignancies, myeloproliferative disorders are Dr. Jain's primary area of interest and she works to study newer drugs in early phase of development and also its treatment using allogeneic stem cell transplantation.

JOHNS HOPKINS
MEDICINE

INB-100

Haploidentical Stem Cell Transplantation (HSCT)

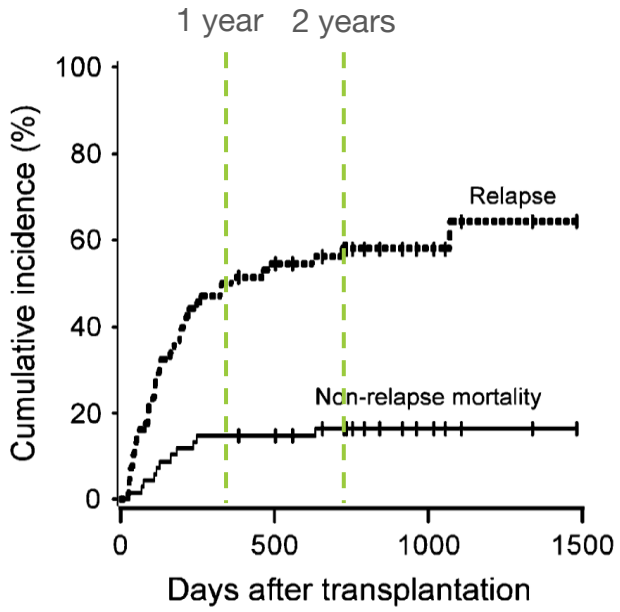
Relapse is the biggest HSCT problem

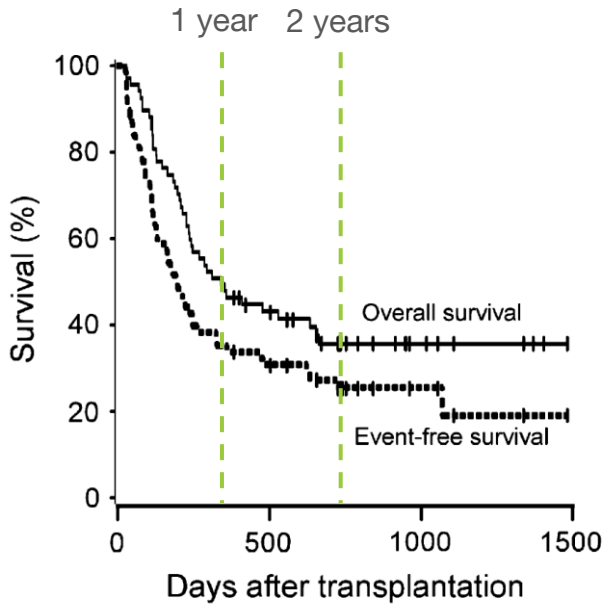
- Haploidentical transplants have expanded access to stem cell transplantation
- Relapse remains the biggest risk post-transplant with a ~51% risk of relapse at 1-year
- Gamma- delta (γδ) T cells are an inherent anti-cancer immune cell that may be able to preempt relapse in the post-transplant setting
- γδ T cells respond to stress ligands expressed on tumor cells to eliminate residual leukemia

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

Leo Luznik,[1] Paul V. O'Donnell,[2,3]* Heather J. Symons,[1] Allen R. Chen,[1] M. Susan Leffell,[1] Marianna Zahurak,[1] Ted A. Gooley,[2,3] Steve Piantadosi,[1] Michele Kaup,[1] Richard F. Ambinder,[1] Carol Ann Huff,[1] William Matsui,[1] Javier Bolaños-Meade,[1] Ivan Borrello,[1] Jonathan D. Powell,[1] Elizabeth Harrington,[2] Sandy Warnock,[2] Mary Flowers,[2,3] Robert A. Brodsky,[1] Brenda M. Sandmaier,[2,3] Rainer F. Storb,[2,3] Richard J. Jones,[1] Ephraim J. Fuchs[1]*

[1] Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Baltimore, Maryland; [2] Fred Hutchinson Cancer Research Center, Seattle, Washington; and [3] University of Washington School of Medicine Seattle, Washington





Source: Luznik L,et al. HLA-haploidentical bone marrow transplantation for hematologic malignancies using nonmyeloablative conditioning and high-dose, post-transplantation cyclophosphamide. Biol Blood Marrow Transplant. 2008 Jun;14(6):641-50.

ASH 2023 EBMT Data Supports ~50% Relapse Rate in AML

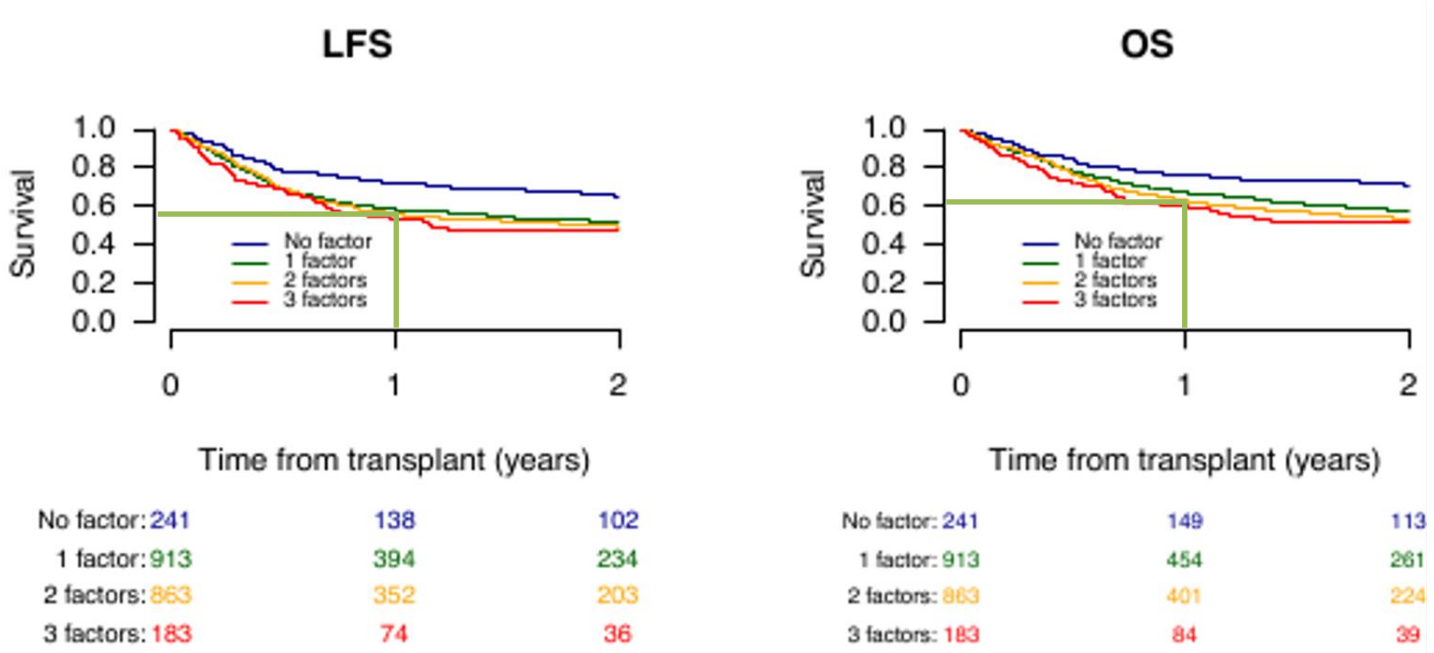
Score to guide donor choice in haploidentical stem cell transplant using post-transplant cyclophosphamide for patients with acute myeloid leukemia: A study from the Acute Leukemia Working Party of the EBMT

Jaime Sanz[1], Myriam Labopin[2], Didier Blaise[3], Anna Maria Raiola[4], Alessandro Busca[5], Jan Vydra[6], Johanna Tischer[7], Patrice Chevallier[8], Stefania Bramanti[9], Renato Fanin[10], Gérard Socié[11], Edouard Forcade[12], Nicolaus Kröger[13], Yener Koc[14], Maija Itäla-Remes[15], Marco Zecca[16], Arnon Nagler[17], Eolia Brissot[18], Alexandros Spyridonnidis[19], Ali Bazarbachi[20], Sebastian Giebel[21], Simona Piemontese[22], Mohamad Mohty[18], Fabio Ciceri[22]

1. Hematology Department, Hospital Universitari i Politècnic La Fe, Valencia, Spain, CIBERONC, Instituto Carlos III, Madrid, Spain ; 2. EBMT Paris Office, Hospital Saint Antoine, Paris, France, 3. Programme de Transplantation &Therapie Cellulaire – Marseille, France; 4. IRCCS Ospedale Policlinico San Martino – Genova, Italy; 5. S.S.C.V.D Trapianto di Cellule Staminali – Torino, Italy; 6. Institute of Hematology and Blood Transfusion – Prague, Czech Republic; 7. Klinikum Grosshadern – Munich, Germany; 8. CHU Nantes – Nantes, France; 9. Istituto Clinico Humanitas – Milano, Italy; 10. Azienda Ospedaliero Universitaria di Udine – Udine, Italy; 11. Saint-Louis Hospital, BMT Unit – Paris, France; 12. Service d'Hématologie Clinique et Thérapie Cellulaire, CHU Bordeaux, Bordeaux, France; 13. University Hospital Eppendorf – Hamburg, Germany; 14. Medicana International Hospital Istanbul – Istanbul, Turkey; 15. Turku University Hospital – Turku, Finland; 16. Pediatric Hematology / Oncology, Fondazione IRCCS Policlinico San Matteo - Pavia, Italy; 17. Division of Hematology and Bone Marrow Transplantation, The Chaim Sheba Medical Center, Tel-Hashomer, Ramat-Gan, Israel; 18. Hôpital Saint-Antoine, Sorbonne University, INSERM UMRs 938, Paris, France; 19. Department of Internal Medicine, Bone Marrow Transplantation Unit, University Hospital of Patras, Patras, Greece; 20. Bone Marrow Transplantation Program, Department of Internal Medicine, American University of Beirut Medical Center, Beirut.; 21. Department of Bone Marrow Transplantation and Oncohematology, Maria Sklodowska-Curie National Research Institute of Oncology, Gliwice, Poland; 22. IRCCS Ospedale San Raffaele, Vita-Salute San Raffaele University Milano, Italy

Patient and Transplantation Characteristics

No. of patients	2200
Follow-up in months, median (IQR)	24 (23-25)
Age in years, median (range)	56 (18-75)
Disease status at transplant, n (%)	
CR1	1331 (60.5)
CR≥ 3	411 (18.7)
More advanced	458 (20.8)
Conditioning intensity, n (%)	
Myeloablative	954 (43.4)
Reduced intensity	1246 (56.6)



Source: Sanz et al., ASH 2023

INB-100: An Allo Therapy to Reduce Leukemic Relapse

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~~

RP2D*

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

Key Eligibility Criteria

- Adult patients with a haploidentical donor identified
- KPS ≥70
- AML in mCR with intermediate/high-risk features or relapsed disease
- CML in any chronic phase
- MDS with intermediate/high-risk features
- ALL in mCR with high-risk features or relapsed disease

Primary Endpoints

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

Secondary Endpoints

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

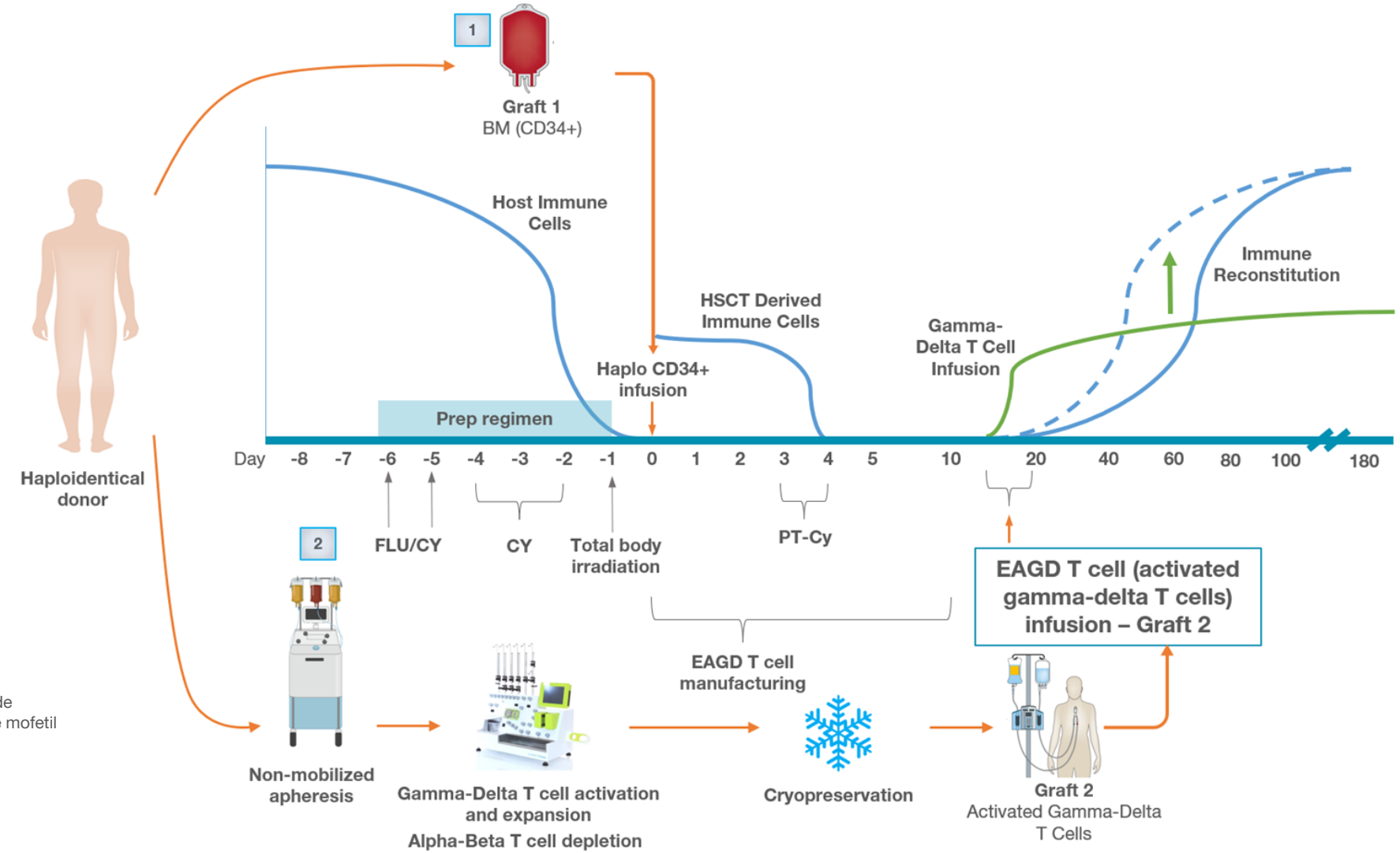
Site

THE UNIVERSITY OF KANSAS CANCER CENTER

*RP2D = Recommended Phase 2 Dose

Potential to Provide Protection During a Vulnerable Period

Expanded + activated gamma-delta T cells (EAGD) to prevent leukemic relapse



FLU = fludarabine
CY = cyclophosphamide
MMF = Mycophenolate mofetil

Patient Demographics and Summary

Patient	Dose Level	Age / Sex	Prior Therapies	Disease	Acute / Chronic GvHD	CR (mos)	OS (mos)
002	1	63 / female	Idasanutlin + 7+3	**High-risk AML trisomy 8+ and del7, FLT3 TKD**	Acute G2 skin GvHD Chronic limited mild skin GvHD	**49.6+**	**Alive**
003	1	44 / female	7+3	**High-risk AML trisomy 8+ and del7, IDH2**	Acute G2 GI, Acute G2 rash GvHD	**42.4** **LTFU**	**Alive**
006	1	66 / male	7+3 IDAC	**High-risk relapsed AML**	Acute G2 rash GvHD Chronic extensive GvHD	**35.5+**	**Alive**
007	1	71 / male	Ven/Aza+Pembrolizumab	AML	Acute G2 rash GvHD Chronic limited mod GvHD	**15.5+**	**15.5 died due to IPF**
009	2	68 / male	R-CHOP Blinatumomab Inotuzumab Flu/Mel/TBI Vincristine/steroids Flu/cy/brentuximab **CAR-T with Tecartus**	**Relapsed Ph- ALL; TP53 mutated**	Acute G2c rash GvHD	**14.7**	**Alive at 19.1+**
010	2	63 / female	7 cycles Venetoclax/Aza	AML	Acute G2b rash - GvHD	**18.9+**	**Alive**
011	2	68 / male	Hydrea/Peg-IFN	ET with **MDS/MPN overlap; TP53 mutated**	Acute G1 rash - not GvHD Acute G1 diarrhea - not GvHD	**12.5**	**Alive at 16.0+**
012	2	69 / male	2 cycles Venetoclax/Aza	AML		**12.5+**	**Alive**
013	2	71 / female	1 cycle Ven/aza/gliteritinib 2 cycles Venetoclax/Aza	AML, **FLT3**	Acute G1 diarrhea - not GvHD Oral sensitivity- not GvHD	**12.2+**	**Alive**
014	2	71 / male	Venetoclax/Dacogen	AML, del20, -Y	Acute G1 diarrhea - not GvHD Acute G1 rash - not GvHD	**11.8+**	**Alive**

Average patient age ~68 y/o

Majority have AML

Received up to 7 prior therapies

14 enrolled, n=10 dosed and evaluable for safety

- 1 patient expired prior to dosing
- 1 patient received an out of specification product at 6 x 10^5 EAGD/kg
- 1 manufacturing failure
- 1 screen failure due to relapse prior to treatment

Note: As of May 31, 2024; Early trial results are not indicative of future results, including the outcome of this trial.

Treatment Emergent AE's in ≥ 20% of Patients (n=10)

Adverse Events	Total (%)	Grade 1/2 (%)	Grade 3 (%)	Grade 4 (%)
Platelet count decreased	100	40	60	
WBC decreased	90	50	30	10
ANC decreased	80	40	10	30
ALC decreased	60		40	20
Anemia	90	50	40	
Hypomagnesemia	60	60		
Creatinine increased	50	50		
Hyperglycemia	20	10	10	
Hypokalemia	40	40		
Hyponatremia	40	40		
Hypertension	30	30		
Hypotension	20	20		
Nausea	20	10	10	
Vomiting	20	20		
Diarrhea	20	20		
Dry Mouth	40	40		
Decreased appetite	20		20	
Peripheral edema	20	20		
Peripheral sensory neuropathy	20	20		
Dyspnea	30	30		
Insomnia	20	20		
Pollakiuria	20	20		
Rash maculopapular	60	50	10	

No DLT's, CRS or ICANS to date

2 patients with CMV reactivation

Treatment-related SAE's:

- G2 Rash maculopapular
- G3 Nausea (aGvHD 2B GI)

Other non-treatment related SAE's include:

- G3 Acute Kidney Injury
- G3 Anemia
- G3 CMV reactivation
- G3 Fall
- G3 Decreased appetite

Low rates of infections

No treatment-related deaths

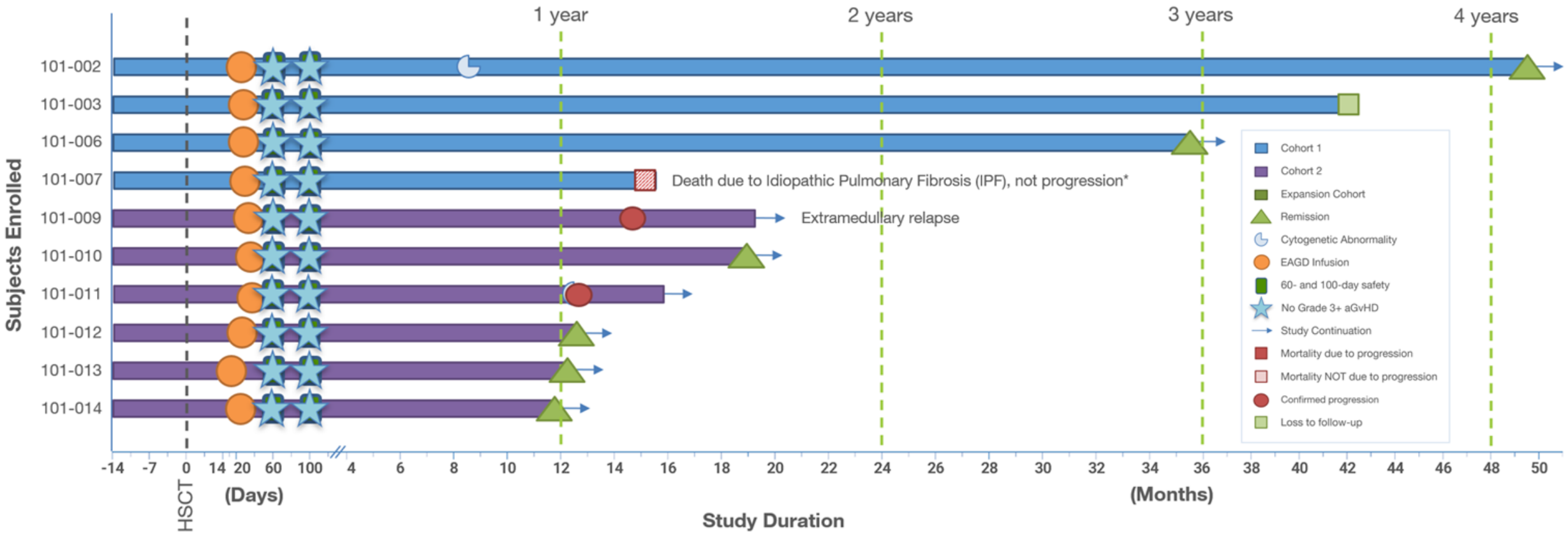
No SUSAR's or unexpected safety events

No change in AE profile from DL1 to DL2

Note: As of May 15, 2024 with no new safety signals noted since May 15th DCO; Early trial results are not indicative of future results, including the outcome of this trial.

100% Patients Remained in Morphologic CR ≥ 12 Months*

Three patients with high-risk disease remain relapse free for >35.5 months with median follow-up 17.4 months



Note: *POD = progression of disease;
*As of May 31, 2024; Early trial results are not indicative of future results, including the outcome of this trial.

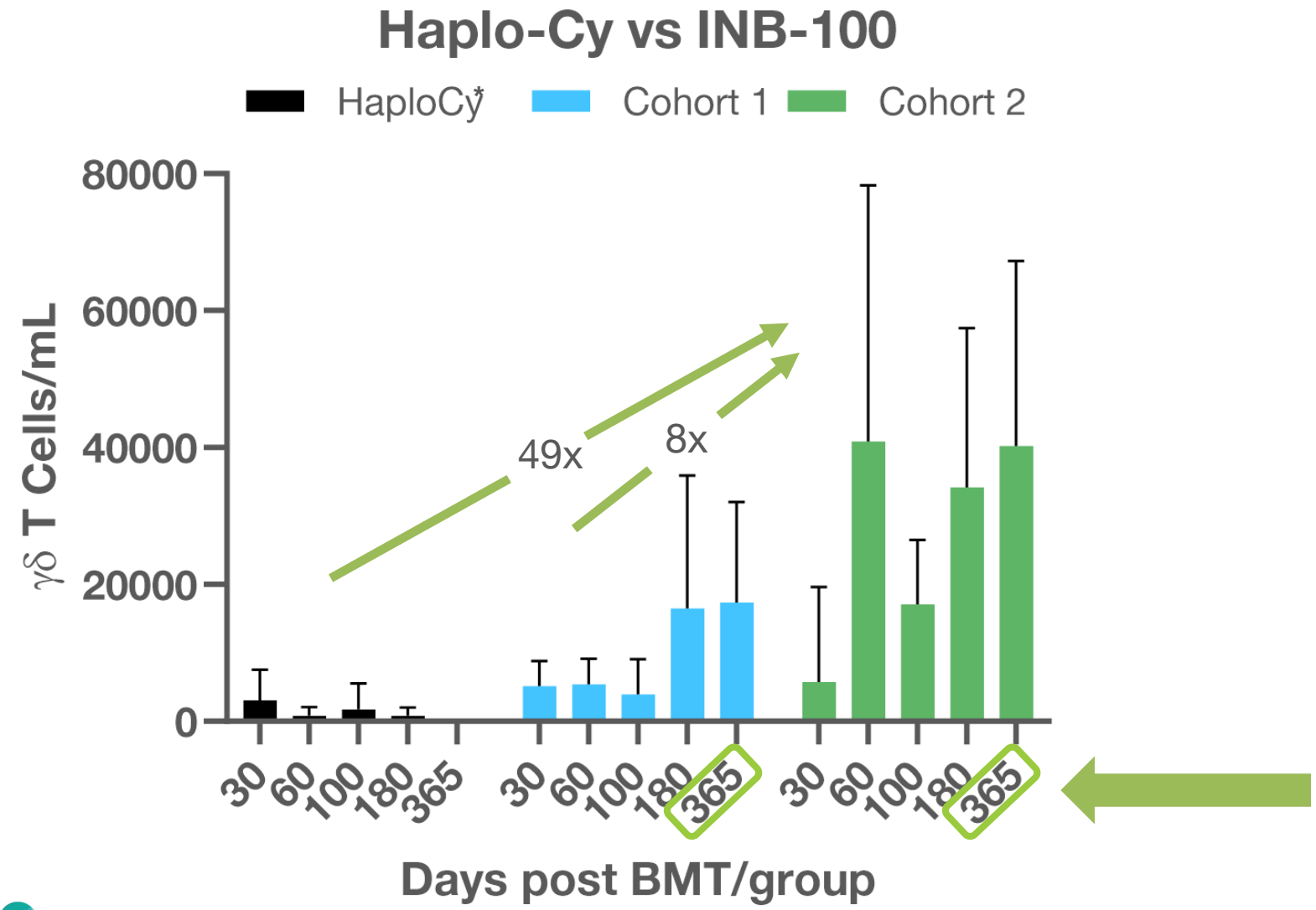
Chimerism Data on 1-year RFS for 10/10 Patients

	Dose Level 1				Dose Level 2 - RP2D					
	101-002	101-003	101-006	101-007	101-009	101-010	101-011	101-012	101-013	101-014
Infusion	●	●	●	●	●	●	●	●	●	●
Day 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Day 60	✓	✓	✓	✓	✓	✓	✓	✓	na	✓
Day 100	✓	✓	na	✓	✓	na	✓	✓	✓	✓
Day 180	⬢	na	✓	✓	✓	✓	✓	✓	✓	✓
Day 365	✓	na	✓	✓	✓	✓	⬢	✓	✓	✓
Morphologic CR @ 1yr	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

- Cohort 1
- Cohort 2
- EAGD Infusion
- ✓ Cytogenetic CR
- ✓ Morphologic CR
- ⬢ Mixed chimerism requiring clinical intervention

Note: *As of May 31, 2024; Early trial results are not indicative of future results, including the outcome of this trial.

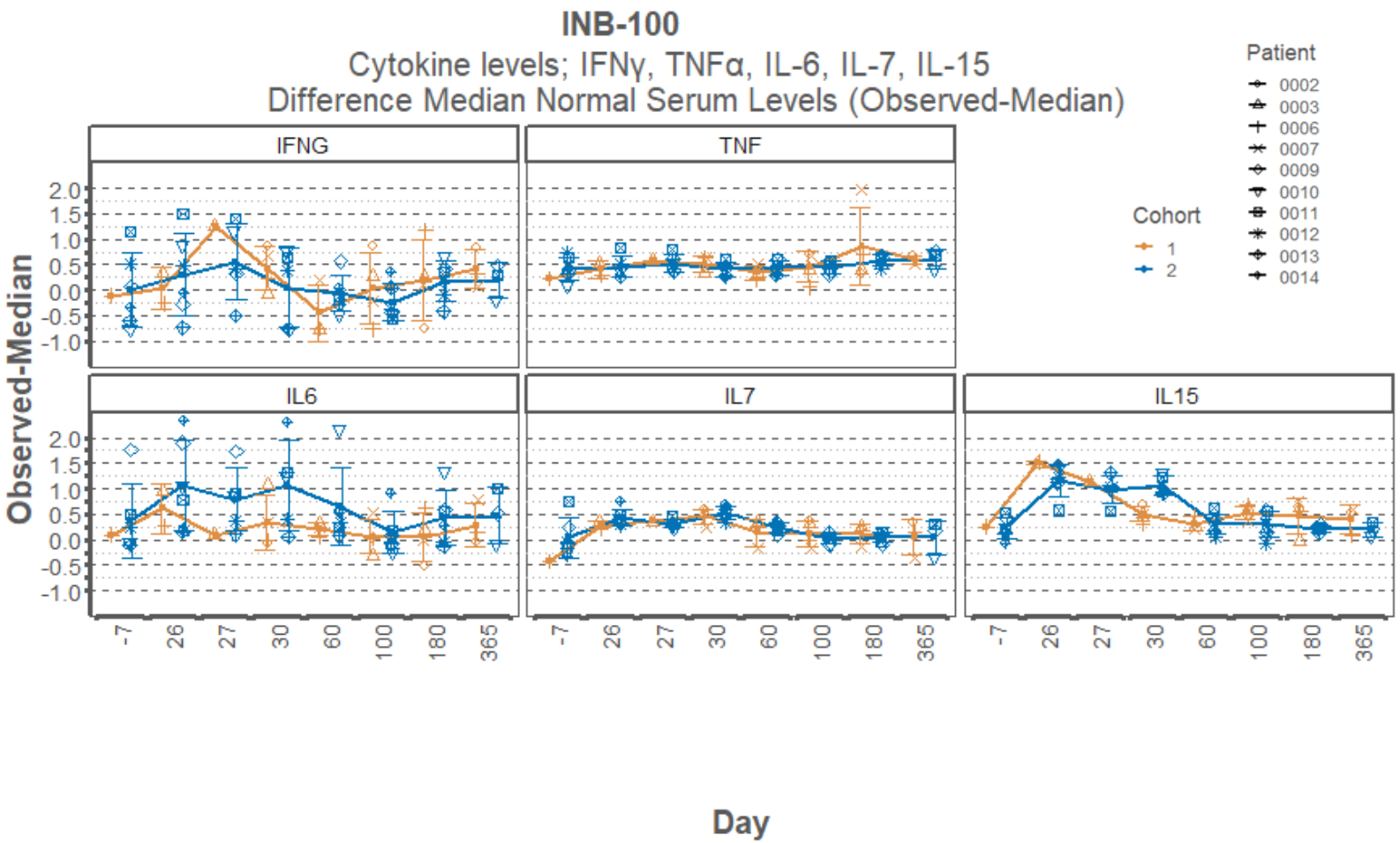
One-Year *In Vivo* Persistence and Expansion of γδ T Cells



- Comparison of γδ T cell count recovery between patients who received haploidentical BMT + post-BMT Cy without γδ T cell infusion and INB-100 patients from Cohort 1 and Cohort 2
- Dose dependent increase of circulating γδ T cells at Days +60, +100, +180 and +365 for INB-100 treated patients
- Despite Cohort 2 patients receiving 3x the γδ T cell dose as Cohort 1, an 8x increase in γδ T cells was observed at 60 days
- Continued presence at 365 days suggests **in vivo expansion AND persistence** of cells

Source: IN8bio, Inc. and UAB *previously unpublished data from laboratory of Dr. Lawrence Lamb; as of May 31, 2024

Immune Recovery: Serum Cytokine Profile



Source: IN8bio, Inc.; as May 31, 2024

- Following infusion of the γδ T cells, there is a decrease in IL-6, and IL-7, which increases post-BMT, indicating a positive impact of γδ T cells on immune function and a reduction in inflammatory cytokines.
- IFN-γ levels increase following γδ T cell infusion, suggesting immune activation and activity

Conclusions & Next Steps

- **100% of subjects treated with gamma-delta T cell infusion have maintained CR ≥12 months at an updated DCO of May 31, 2024, despite previously reported relapse rates of up to 51% at 1-year post-haploidentical transplantation**
- At a median follow-up of **17.4 months,** chimerism data confirms the 1-yr relapse free survival incidence
- Manageable consistent safety profile across dose cohorts with no new safety signals noted since May 15th DCO
- No greater than grade 2 acute GvHD and 30% incidence of chronic GVHD reported
    - One subject with chronic extensive and two with chronic limited GVHD
- No cytokine release syndrome (CRS), neurotoxicity (ICANS) or treatment related deaths with limited incidence of infections
- This is the first trial to demonstrate **in vivo expansion and persistence of γδ T cells for up to 1-year post-transplantation** suggesting continued γδ T cell surveillance against leukemic relapse
- Immune reconstitution post-γδ infusion is consistent with post-transplant immune reconstitution
- Given favorable risk:benefit ratio and prolonged relapse free survival (RFS), 10 patient expansion at DL2 is underway and the design of a confirmatory study will be announced soon
- We thank all the patients and caregivers for their participation in this study

Proposed Trial Design

Potential Registrational Trial Proposed

γδ T Cells Maintenance Therapy in AML/MDS Patients Undergoing Haploidentical Transplant

AML
N~196

- Adult AML patient with high risk features in CR1
- Adult AML patients with relapse
- High risk MDS
- KPS≥70
- Hematopoietic cell transplant comorbidity index (HCT-CI) ≤ 3
- Prior allotransplant excluded
- Exclude CrCL<50mL/min
- No active CNS involvement
- Exclude CBL or APL, biphenotypic leukemia

Arm A:Experimental n=98

RIC Haploidentical transplant with post-transplant cyclophosphamide with $3x10^6$ cells/kg unmodified γδ T cells administered at engraftment

Arm B: SOC n=98

RIC Haploidentical transplant with post-transplant cyclophosphamide with NO maintenance except for FLT3i in FLT3+/MRD+ patients

Stratification Factors:

- Age (<65, ≥65)
- <10% blasts MDS or AML/other
- Poor risk cytogenetics: *defined by ELN 2022 criteria*
- *Presence of MRD+ peri-transplant*

Primary Endpoint:

- **Relapse Free Survival**

Secondary Endpoints:

- AE's including GvHD
- Time to relapse
- OS
- QoL

Q&A

Harnessing the Power of γδ T Cells

- Utilizing innovative approaches to efficiently advance our programs
- Demonstrating the ability to execute and to build our business methodically and intentionally
- Pursuing rigorous science to achieve better patient outcomes
- Completed enrollment in INB-100 and INB-200 Phase 1 trials
- Actively enrolling patients in INB-400 Phase 2 trial
- Near-term value creating milestones with presentations and clinical data updates at medical meetings throughout 2024

The Unmet Need in Oncology Trials is Significant

"When I was first diagnosed with AML, we (my wife and I) were updating the will and planning for the worst. Dr. McGuirk and his team discussed the gamma-delta clinical trial and asked if I wanted to participate. I was hoping for a cure, but I figured if I were not to make it, others might learn something from my participation in the trial. We were resigned for the worst but Dr. McGuirk and this trial gave us hope. Today we are living a pretty normal life with people in our community, the church and family. They prayed for us and for a successful treatment. Right now I am feeling good and we are so thankful." – INB-100 patient

*Early trial results are not indicative of future results, including the outcome of this individual patient or trial.

Join Us on Our Mission to Achieve…

Cancer Zero™

IN8bio

EHA INB-100 Clinical Update

June 13, 2024

IN8bio, Inc. | +1 646.600.6GDT (6438) | info@IN8bio.com | www.IN8bio.com

Connect With Us!

www.in8bio.com

#cancerzero

@in8bio