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Management

**William Ho – Co-Founder, President and Chief Executive Officer**
- 21+ years in biotech; launched public investing at New Leaf Venture Partners in 2010 and AlephPoint Capital in 2014; previously FP&A at CuraGen Corporation, equity research at Bank of America and Piper and healthcare investment banking at Cowen
- PhD in Molecular Biology and Genetics from Weill Cornell

**Lawrence Lamb, PhD – Co-Founder and Chief Scientific Officer**
- 30 years of clinical and translational research; previously Professor and the Director of the Cell Therapy Laboratory at the University of Alabama Birmingham (UAB) School of Medicine
- Leader in the field of γδ T cells

**Patrick McCall, CPA – Chief Financial Officer**
- 17+ years of finance, accounting and capital raising experience; previously VP finance at Turnstone Biologics and Controller at Catalyst Biosciences
- CPA and MBA from Cornell University

**Trishna Goswami, MD – Chief Medical Officer**
- Triple board-certified hematologist oncologist with 10+ years of experience in industry, most recently at Gilead as VP, Clinical Dev. and previously at Immunomedics
- Multiple BLA filings including two approvals for Trodelvy®

**Kate Rochlin, PhD – Chief Operating Officer**
- 16+ years of science, research and operations experience, most recently Chief Business Officer at Curadigm; co-founder of Immunovent
- PhD in Molecular Biology and Genetics from Weill Cornell

**Ken LaMontagne, PhD – SVP, Business Development**
- 20+ years of oncology development, commercial and business development experience in both small and large pharma
- Scientific training at Cold Spring Harbor Laboratory and Harvard Medical School
Haploidentical Stem Cell Transplantation

The Hopkins Protocol

- Haploidentical transplants have increased the population eligible for stem cell transplantation but retain 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 and infections in the post-transplant setting

Reducing Relapse in Leukemias

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

Treatment Regimen & Timing

- 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

IN8bio
Potential to Provide Protection During a Vulnerable Period

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

Source: IN8bio
Key Eligibility Criteria

• Adult patients with a haploidentical donor identified and successfully apheresed

• KPS ≥70

• Acute myeloid leukemia (AML) in morphologic complete remission (mCR) with intermediate/high-risk features or relapsed disease

• Chronic myelogenous leukemia (CML) in any chronic phase

• Myelodysplastic syndromes (MDS) with intermediate/high risk features

• Acute lymphocytic leukemia (ALL) in mCR with high-risk features or relapsed disease
## Status of Patients Currently on Study

<table>
<thead>
<tr>
<th>Patient</th>
<th>Dose Level</th>
<th>Age / Sex</th>
<th>Cytogenetics</th>
<th>Prior lines</th>
<th>Treatment Related Safety Events</th>
<th>Morphologic CR Duration (mos)</th>
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<tbody>
<tr>
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<td>1</td>
<td>54 / female</td>
<td>High-risk AML trisomy 8+ and del7; FLT3 TKD, DNMT3A</td>
<td>7+3+Idasanutlin</td>
<td>Gr.2 skin GvHD- resolved</td>
<td>31.9+</td>
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<tr>
<td>003</td>
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<td>45 / female</td>
<td>High-risk AML trisomy 8+ and del7; IDH2</td>
<td>7+3</td>
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<td>29.5+</td>
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<td>7+3</td>
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<td>Ph- ALL; p53 mutated, DNMT3A, GATA2</td>
<td>Induction E1910, blincyto, inotuzumab x2 cycles, CAR-T with Tecartus</td>
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<td>1.4+</td>
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<td>Relapsed AML</td>
<td>Hydrea; vidaza/ venetoclax x7 cycles</td>
<td></td>
<td>1.2+</td>
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</table>

*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

Note: “As of December 9, 2022; Early trial results are not indicative of future results, including the outcome of this trial.”
Peripheral Blood Sampling

Haploidentical donor

Apheresis

Expansion

Peripheral blood

Cell product

• Lymphocyte phenotyping (fresh)
• Serum cytokines (frozen batch)
• Processing & storage in biorepository

Patients monitored for safety, acute/chronic GvHD, rate of infection, relapse and OS

0d 1d 7d 14d

30d 60d 90d 180d 365d

• Lymphocyte phenotyping (frozen batch)
• Serum cytokines (frozen batch)
• DNA/RNA extraction & genomics (frozen batch)
Immune Reconstitution

Normalization of function with no evidence of Cytokine Release Syndrome (CRS)

- Serum cytokine/chemokine environment reveals an initial inflammatory environment that gradually normalizes.

- Ongoing analysis revealed an initial inflammatory environment with predominant expression of IFN-γ and TNF-α that gradually declines as recovery progresses.

- IL-6, IL-8 and TNF-α declined at day 100 for subjects 101-002 and 101-006, with recovery after 180 days at which time cytokine levels increase overall to moderate levels.
Gradual immune recovery consistent with haploidentical HSCT

- NK cells remain generally within normal range throughout recovery
- B cell recovery initiates approximately 2 months post-HSCT
- T cell subsets 3-6 months recovery
- γδ T cells (primarily Vδ2+ subtype) slowly increasing toward normal levels
- T cells transitioned from a CD45+CD27- effector phenotype to CD45RA CD27+ central to effector memory phenotype as recovery progressed
INB-400 – IND Filing
**Proposed Clinical Trial Design for INB-400**

**Phase 1b**
- Recurrent GBM pts
- N=6
- Treatment: 6 doses of $1 \times 10^7$ cells with 150mg/m² IV TMZ on D1 q28 days
- N=34

**Arm A**: Newly diagnosed Auto DRI T cells + 150mg/m² IV/PO TMZ C1 and 200mg/m² C2-6 TMZ q28 days
- N=6

**Arm B**: Relapsed GBM pts
- Allo DRI T cells with 150mg/m² IV TMZ on D1 q28 days
- N=34

**Arm C**: Newly diagnosed GBM pts
- Allo DRI T cells +150mg/m² IV/PO TMZ C1 and 200mg/m² C2-6 TMZ q28 days
- N=40

**Phase 2**

**Arm A**
- Newly diagnosed Auto DRI T cells + 150mg/m² IV/PO TMZ C1 and 200mg/m² C2-6 TMZ q28 days
- N=40

**Arm B**
- Relapsed GBM pts
- Allo DRI T cells with 150mg/m² IV TMZ on D1 q28 days
- N=34

**Arm C**
- Newly diagnosed GBM pts
- Allo DRI T cells +150mg/m² IV/PO TMZ C1 and 200mg/m² C2-6 TMZ q28 days
- N=40

**Primary Endpoint:**
- **Phase 1**: MTD
- **Phase 2**:
  - Arm B: 9 mos OS Rate
  - Arms A and C: 12 mos OS rate

**Secondary Endpoints:**
- PFS, ORR, TTP, safety

*Note: Arm B and C subject to additional IND for allo drug product as per FDA Guidance for Industry updated Nov. 2022*
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<tr>
<th>Company/Hospital/ Institution</th>
<th>City (Investigator)</th>
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<tr>
<td>2. UCLA-Neuro-Oncology</td>
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<tr>
<td>3. University of Louisville Health Care - James Graham Brown Cancer Center</td>
<td>Louisville, KY</td>
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<tr>
<td>4. OSUWMC--James Cancer Hospital</td>
<td>Columbus, OH</td>
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<td>5. The Preston Robert Tisch Brain Tumor Center (Duke)</td>
<td>Durham, NC</td>
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<tr>
<td>6. H. Lee Moffitt Cancer Center and Research Institute</td>
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<td>7. Cleveland Clinic Foundation</td>
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<td>8. University of Alabama at Birmingham UAB - The Kirklin Clinic</td>
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<td>10. Yale University/Yale New Haven Hospital</td>
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<td>11. UCSD Medical Center</td>
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<td>12. City of Hope</td>
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* Principle Investigator