ASH and INB-400 IND Update

December 12, 2022

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Experienced Leadership

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

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

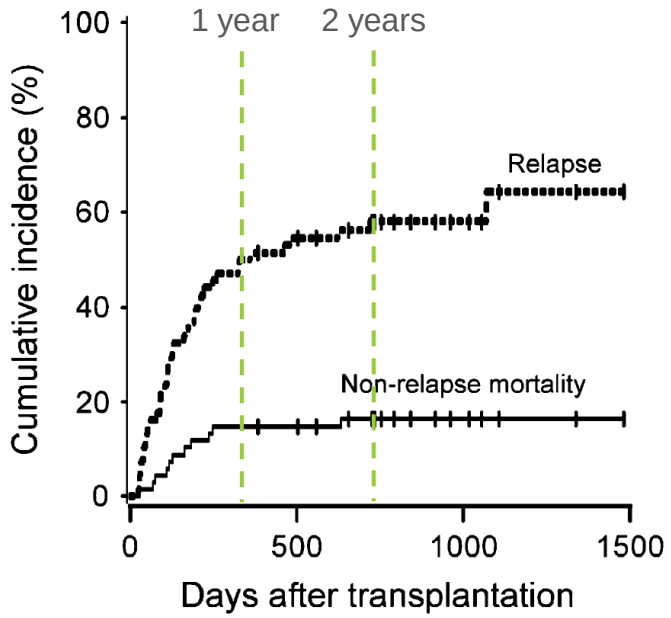
IN8bio

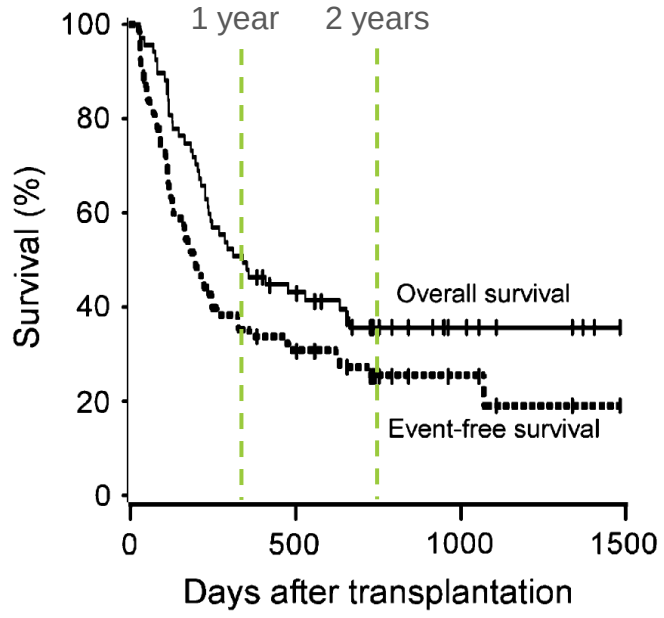
INB-100 - ASH 2022 Update

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





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

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 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

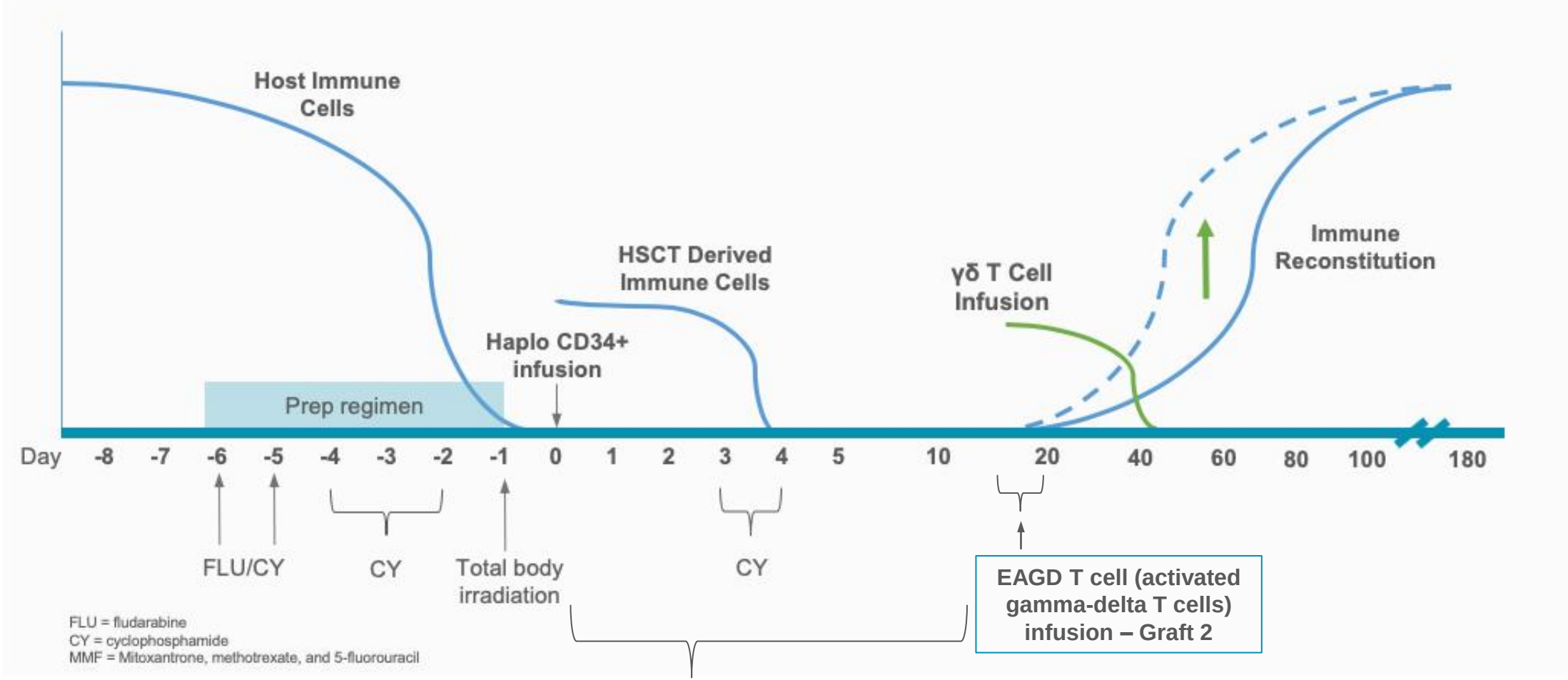
- Rate of acute and chronic graft versus host disease (aGVHD), relapse, and overall survival

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

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

Source: IN8bio

Status of Patients Currently on Study

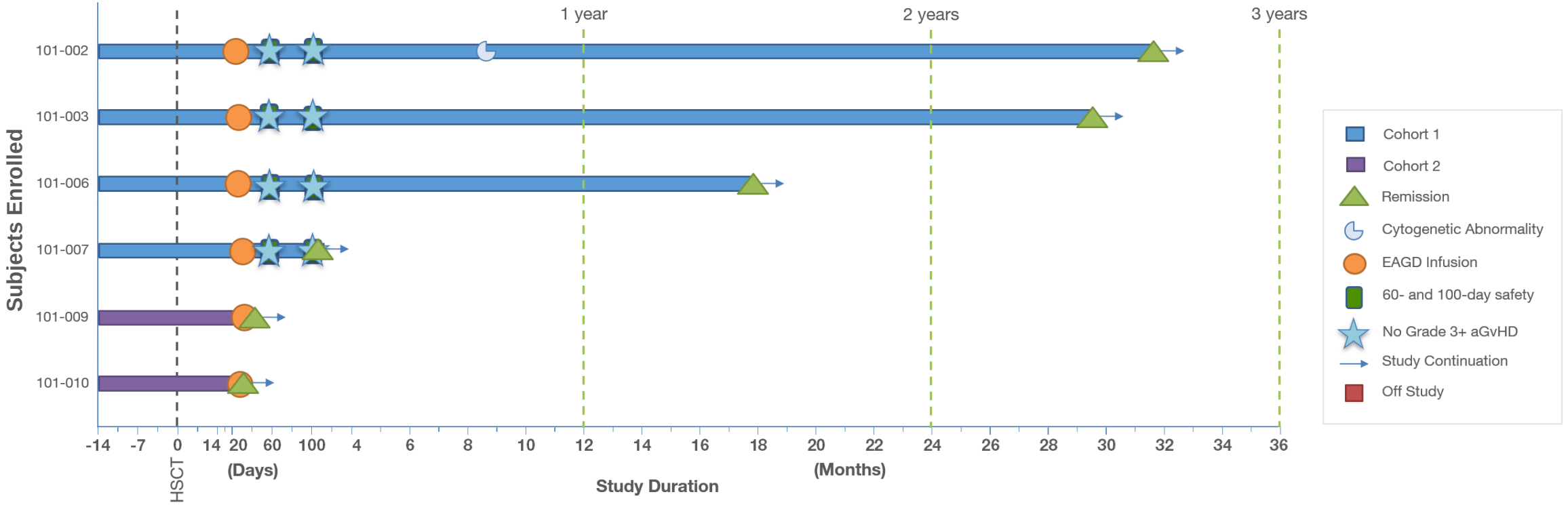
Patient	Dose Level	Age / Sex	Cytogenetics	Prior lines	Treatment Related Safety Events	Morphologic CR Duration (mos)
002	1	54 / female	High-risk AML trisomy 8+ and del7; FLT3 TKD, DNMT3A	7+3+Idasanutlin	Gr.2 skin GvHD- resolved	31.9+
003	1	45 / female	High-risk AML trisomy 8+ and del7: IDH2	7+3	Gr.2 GI 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+

Note:*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

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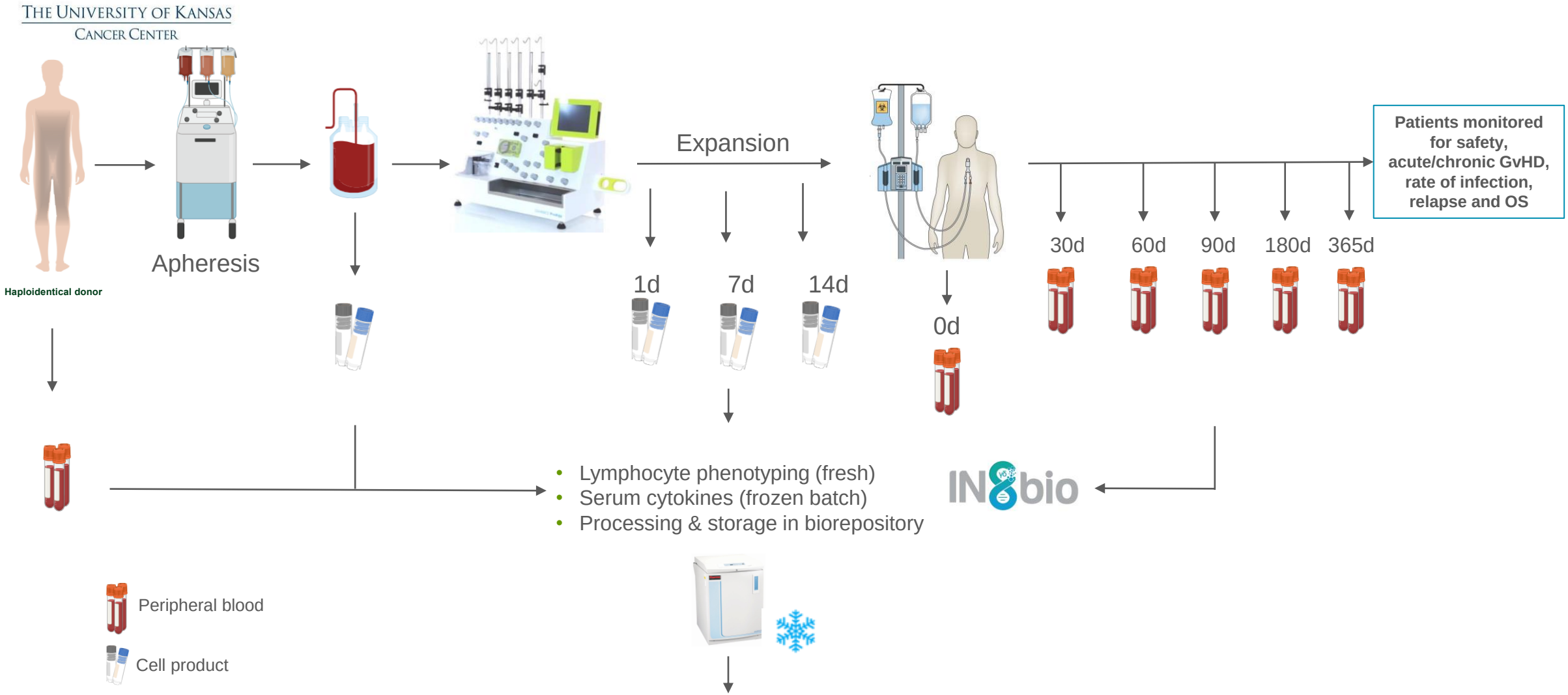
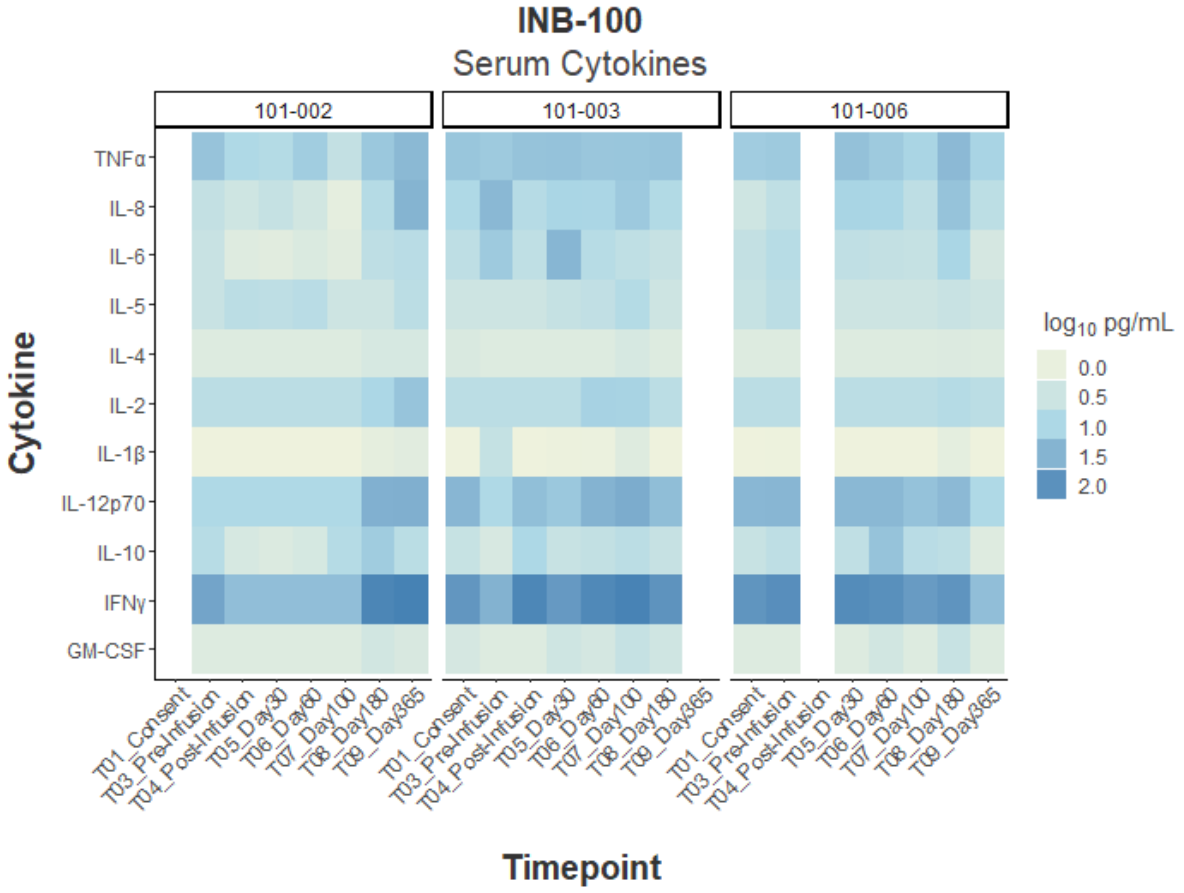
Peripheral Blood Sampling



Source: IN8bio, Inc.

Immune Reconstitution

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

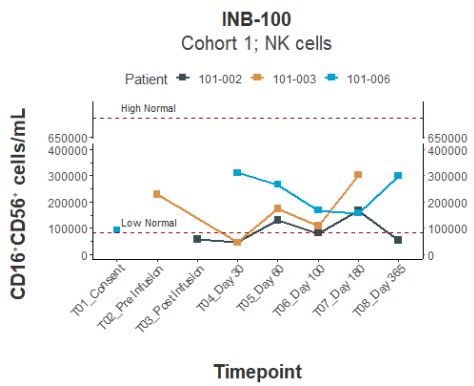


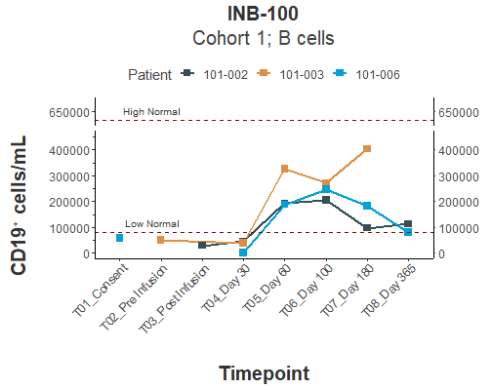
- Serum cytokine/chemokine environment reveals an initial inflammatory environment that gradually normalizes
- Ongoing analysis revealed an initial inflammatory environment with predominant expression of IFN-γ and TNF-α that gradually declines as recovery progresses
- IL-6, IL-8 and TNF-α declined at day 100 for subjects 101-002 and 101-006, with recovery after 180 days at which time cytokine levels increase overall to moderate levels

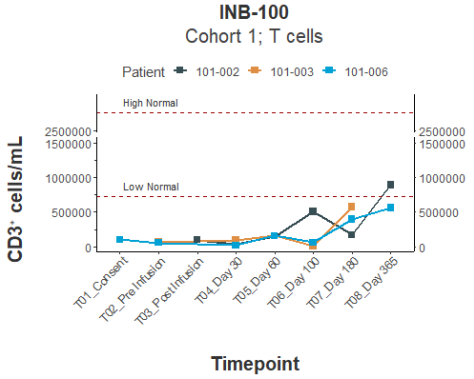
Source: IN8bio, Inc.

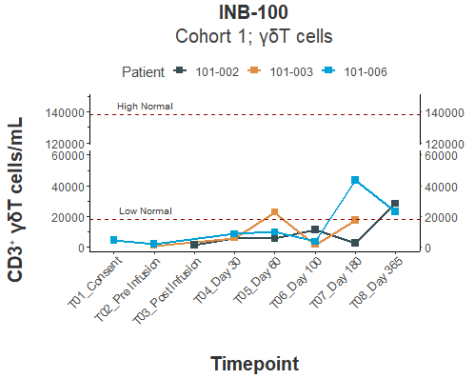
Immune Reconstitution (continued)

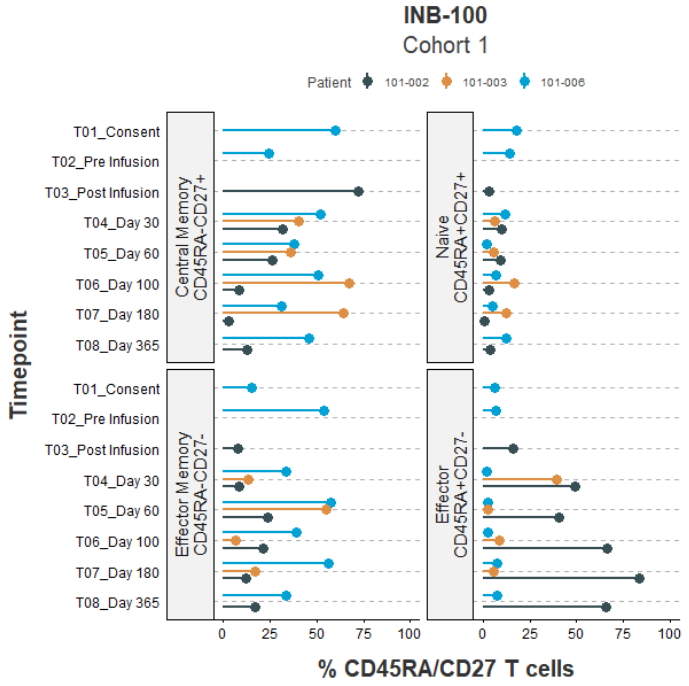
Gradual immune recovery consistent with haploidentical HSCT

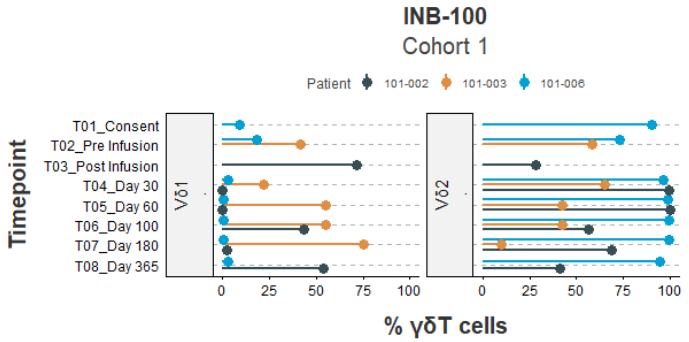










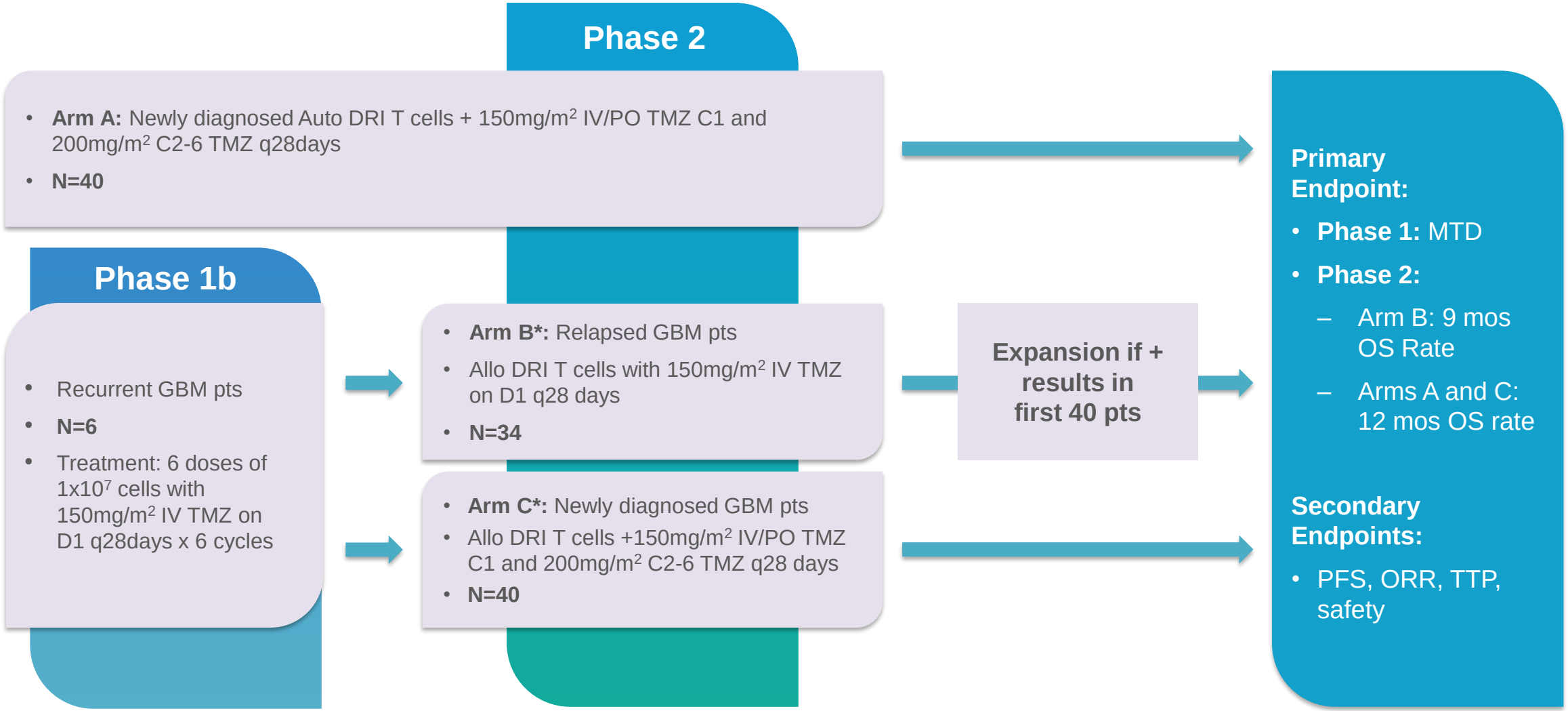


- NK cells remain generally within normal range throughout recovery
- B cell recovery initiates approximately 2 months post-HSCT
- T cell subsets 3-6 months recovery
- γδ T cells (primarily Vδ2+ subtype) slowly increasing toward normal levels
- T cells transitioned from a CD45+CD27- effector phenotype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

Source: IN8bio, Inc.

INB-400 – IND Filing

Proposed Clinical Trial Design for INB-400



* Note: Arm B and C subject to additional IND for allo drug product as per FDA Guidance for Industry updated Nov. 2022

Initial Proposed Enrolling Centers for INB-400

	Company/ Hospital/ Institution	City (Investigator)
1	Board of Regents of the University of Wisconsin	Madison, WI
2	UCLA-Neuro-Oncology	Los Angeles, CA
3	University of Louisville Health Care - James Graham Brown Cancer Center	Louisville, KY
4	OSUWMC--James Cancer Hospital	Columbus, OH
5	The Preston Robert Tisch Brain Tumor Center (Duke)	Durham, NC
6	H. Lee Moffitt Cancer Center and Research Institute	Tampa, FL
7	Cleveland Clinic Foundation	Cleveland, OH
8	University of Alabama at Birmingham UAB - The Kirklin Clinic	Birmingham, AL
9	University of Minnesota	Minneapolis, MN
10	Yale University/Yale New Haven Hospital	New Haven, CT
11	UCSD Medical Center	La Jolla, CA
12	City of Hope	Duarte, CA

* Principle Investigator

Source: IN8bio, Inc.

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