Harnessing the Power of Gamma-Delta T Cells

IN8bio R&D Day

October 12, 2023

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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

AlephPoint Capital · AstraZeneca · Bank of America · BIOTAGENICS · CATALYST BIOSCIENCES · CHUBB · COWEN · CURADIGM EXPANDING LIFE · CuraGen Corporation · Deloitte. · filament BIOSOLUTIONS INC. · GILEAD · Immunomedics · IMMUNOVENT · MedImmune · NEW LEAF VENTURE PARTNERS · O'NEAL COMPREHENSIVE CANCER CENTER UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM · Palmetto Health USC MEDICAL GROUP · PiperJaffray · Stemline · TURNSTONE BIOLOGICS · UNIVERSITY OF SOUTH CAROLINA

Guest Speakers

Leo Luznik, MD, Johns Hopkins Medicine

- Dr. Luznik's primary research interest is in the area of allogeneic blood and marrow stem cell transplantation (alloBMT). In the laboratory, there are two main areas of ongoing research. The first area focuses on understanding the mechanisms of antitumor immunity after alloBMT. The strategy is to induce immune response against antigens expressed on the tumor (tumor-specific antigens) but not on the normal host hematopoietic and epithelial tissue. A second area of interest focuses on understanding the critical cellular and molecular mechanisms of acute and chronic GVHD. The long-term goal of these studies is to translate them into the clinic to achieve better antitumor efficacy of alloBMT and to extend the application of this procedure to patients with non-hematopoietic disorders by early induction of tolerance and better prevention of acute and chronic GVHD. He has a strong track record of translating insights from his laboratory studies to clinical testing in patients with hematologic malignancies undergoing transplants and is credited with the discovery and original translation of posttransplant cyclophosphamide (PTCy) for GVHD prevention

Michael Bishop, MD, University of Chicago

- Michael R. Bishop, MD, specializes in the diagnosis and treatment of lymphomas. In particular, he cares for patients with hematologic malignancies that have not responded to first-line treatments. An expert in hematopoietic stem cell transplantation (bone marrow transplantation) and cellular therapy, Dr. Bishop and his team are working to address the unique social, economic, physiological and biological issues that patients face while undergoing this treatment. Dr. Bishop's research focuses on the prevention and treatment of relapse after stem cell transplantation. Relapse is the primary cause of treatment failure and death after stem cell transplantation. He has served as the primary investigator on studies designed to prevent and treat disease recurrence after transplantation. Specifically, he works on ways to enhance immune effects of the transplanted cells against cancer. An active contributor to medical literature, Dr. Bishop has authored more than 150 peer-reviewed articles, in addition to more than 30 book chapters and two books on cancer treatment and research. He also serves on the editorial board of numerous scientific journals, including Biology of Blood and Marrow Transplantation. Since 2001, Dr. Bishop has consistently been named one of the "Best Doctors in America" by Best Doctors, Inc. He previously served as a senior investigator and as the clinical head of stem cell transplantation for the National Cancer Institute at the National Institutes of Health. He is a faculty member and on the planning committee of the ASTCT/EBMT Conference on Relapse After Transplant and Cellular Therapy.

Our Mission – **CANCER ZERO**

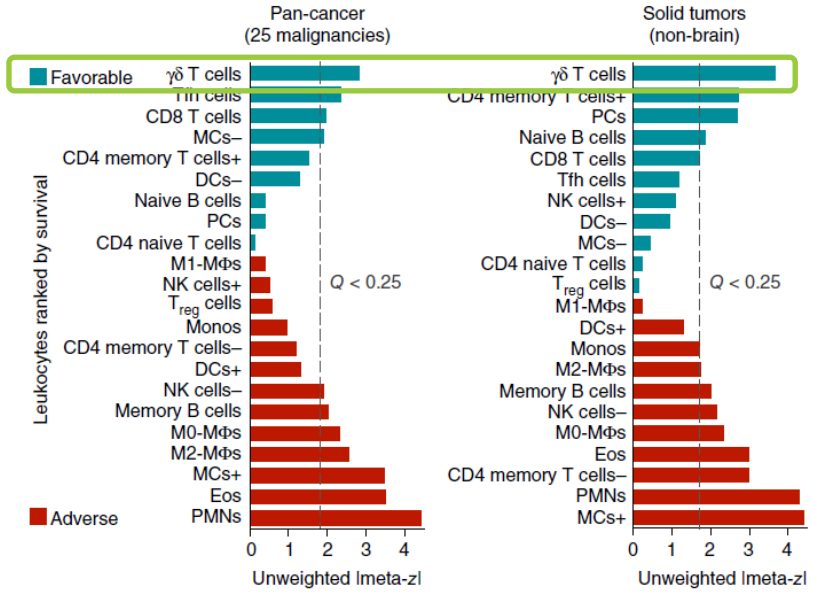
We believe CANCER ZERO can be a reality

Seeking to give patients their lives back through proprietary gamma-delta (γδ) T cell programs that can both protect the immune system and target cancer cells

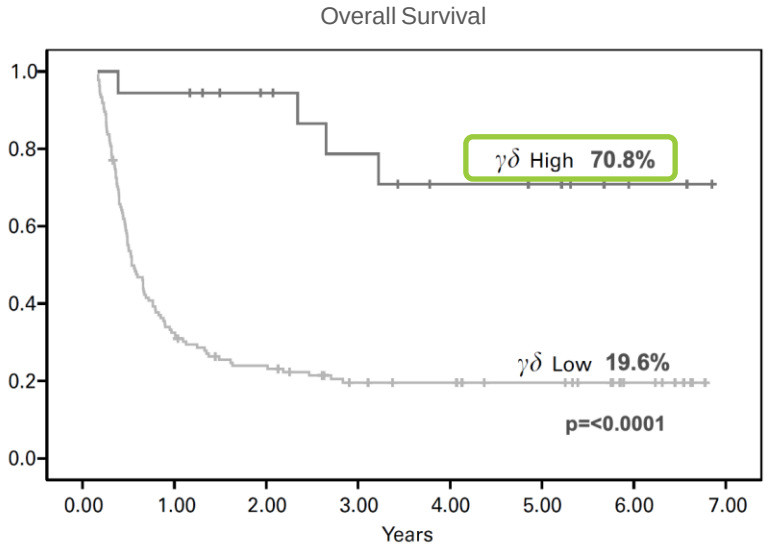
γδ T Cells are Key to Better Survival

Human Trials demonstrate that γδ T Cell Levels Strongly Correlate with Positive Clinical Outcomes

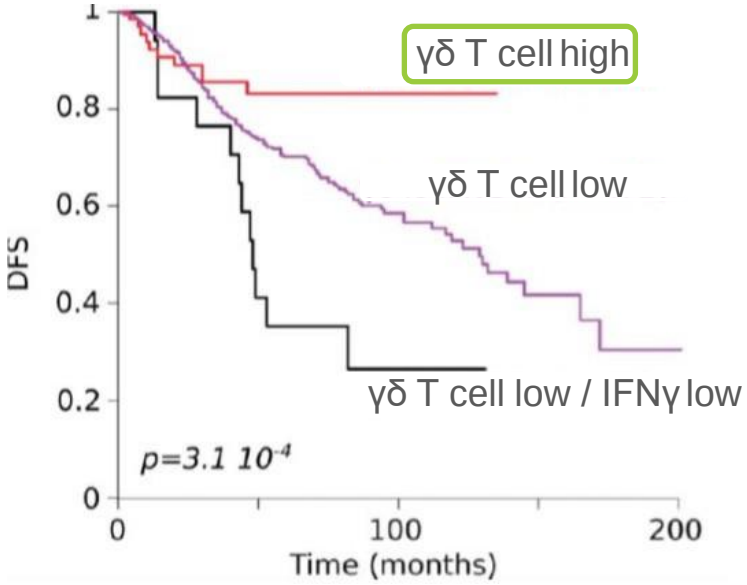
Pan-Cancer:
Improved Patient Overall Prognosis



Leukemia Post-HSCT:
Improved Patient Survival



Colorectal Cancer:
Improved Patient Disease-Free Progression



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

What Makes Us Different?

IN8bio Cell Therapy Thesis

IN8bio's three-pronged approach to targeting cancers:

Durability

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

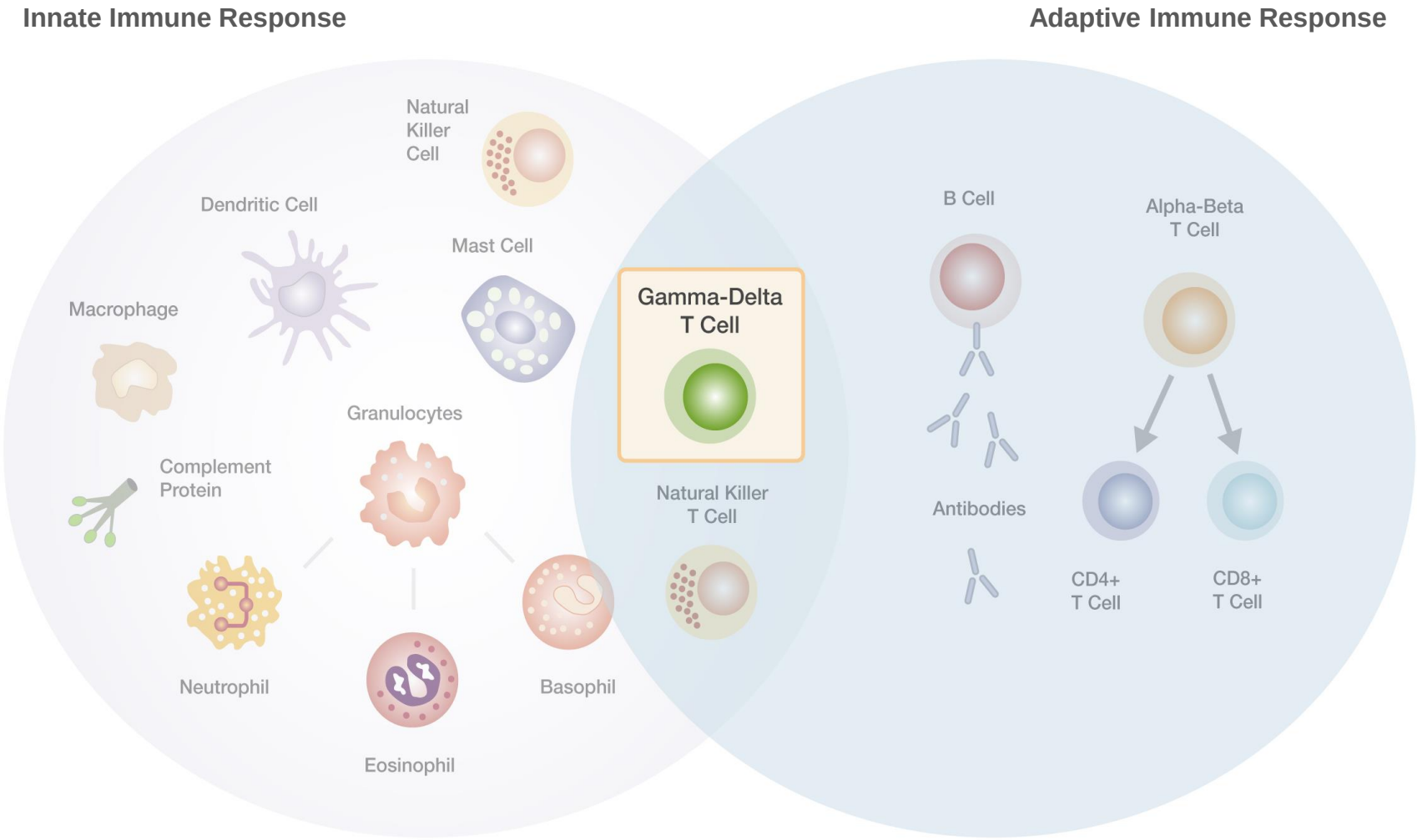
Tolerability

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.

γδ T Cells – Leveraging the Nexus of the Immune System



Source: IN8bio – adapted with permission from Dranoff et al. Nature Rev. Can., Jan. 2004, fig 1.

Robust Pipeline with Multiple Near-Term Clinical Readouts

Product Candidate	Approach	Initial Indication	Stage of Development				Next Anticipated Milestone(s)^
			Preclinical	Phase 1	Phase 2	Phase 3	
INB-200	DeltEx DRI*	Glioblastoma (GBM)					• Complete enrollment of Cohort 3 with clinical update expected at SNO 2023 • Long-term follow-up in 2024
INB-100	DeltEx Allo	Leukemia					• Updated results at ASH 2023 • 2024: Announce long-term follow-up results
INB-400	DeltEx DRI Auto	GBM (front-line)					• Initial enrollment in 2H23
	DeltEx DRI Allo	GBM (R/R and front-line) Ovarian					• 2024: File IND for Allo Phase 1b in relapsed GBM
INB-300	Non-signaling CAR-T	Solid Tumors					• Present updated proof-of-concept data on nsCAR platform targeting AML at R&D Day
INB-500	iPSC gamma-delta T cells	TBD					

* DRI = Drug Resistant Immunotherapy, or a chemotherapy resistant cell therapy
^Timing of Next Anticipated Milestones are estimates based on the successful raise of additional capital to fund our programs

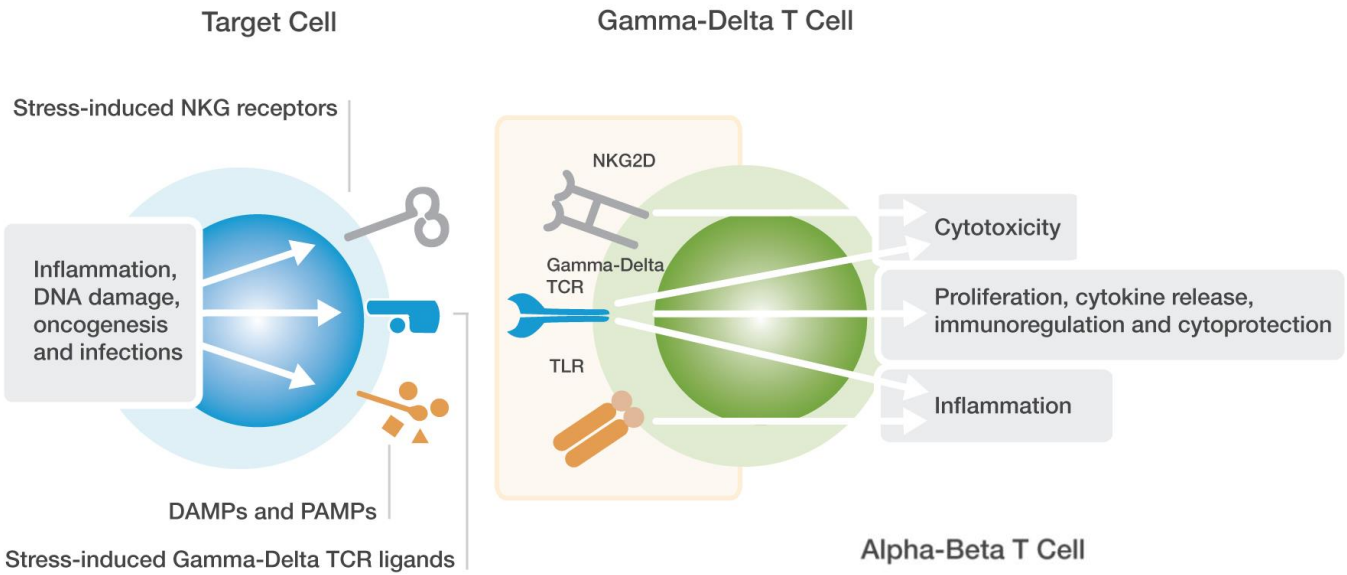
γδ T Cells

Lawrence Lamb, Ph.D. – Chief Scientific Officer

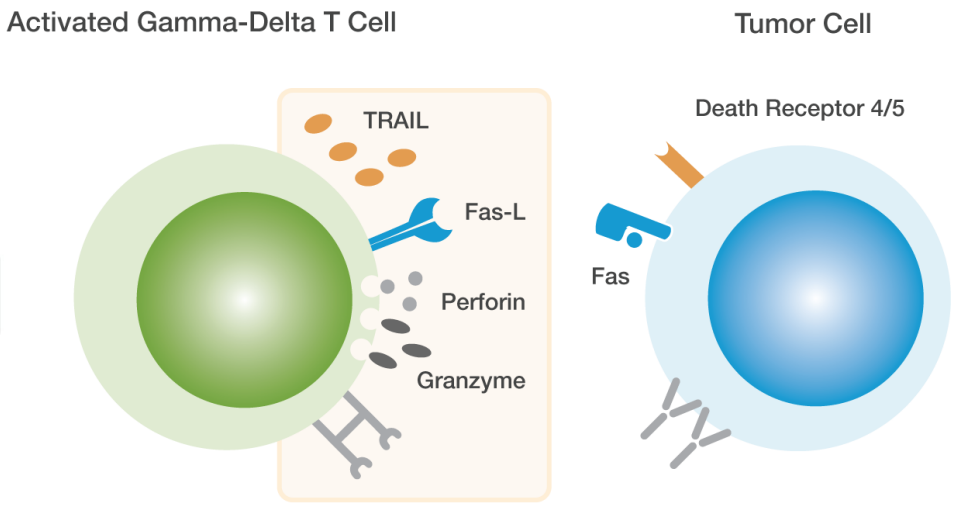
γδ T Cells Offer a Broad-Based and Response to Threats…

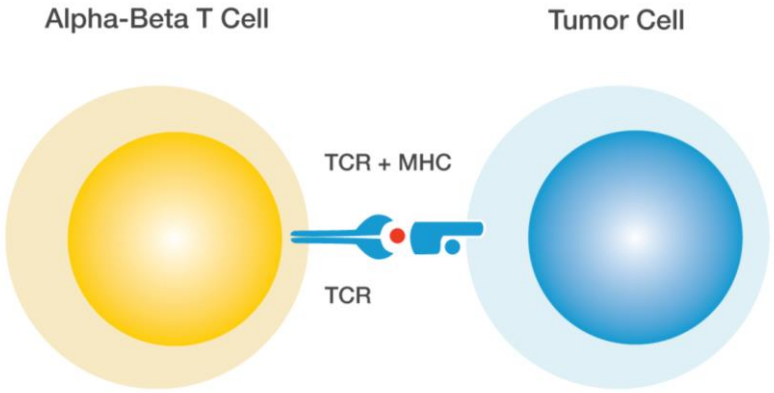
Multiple innate sensing and killing mechanisms are in place to initially repel invaders and stop neoplasia

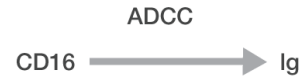
Sensing Cellular Stress with Gamma-Delta T cells



Effector Functions of Gamma-Delta T cells



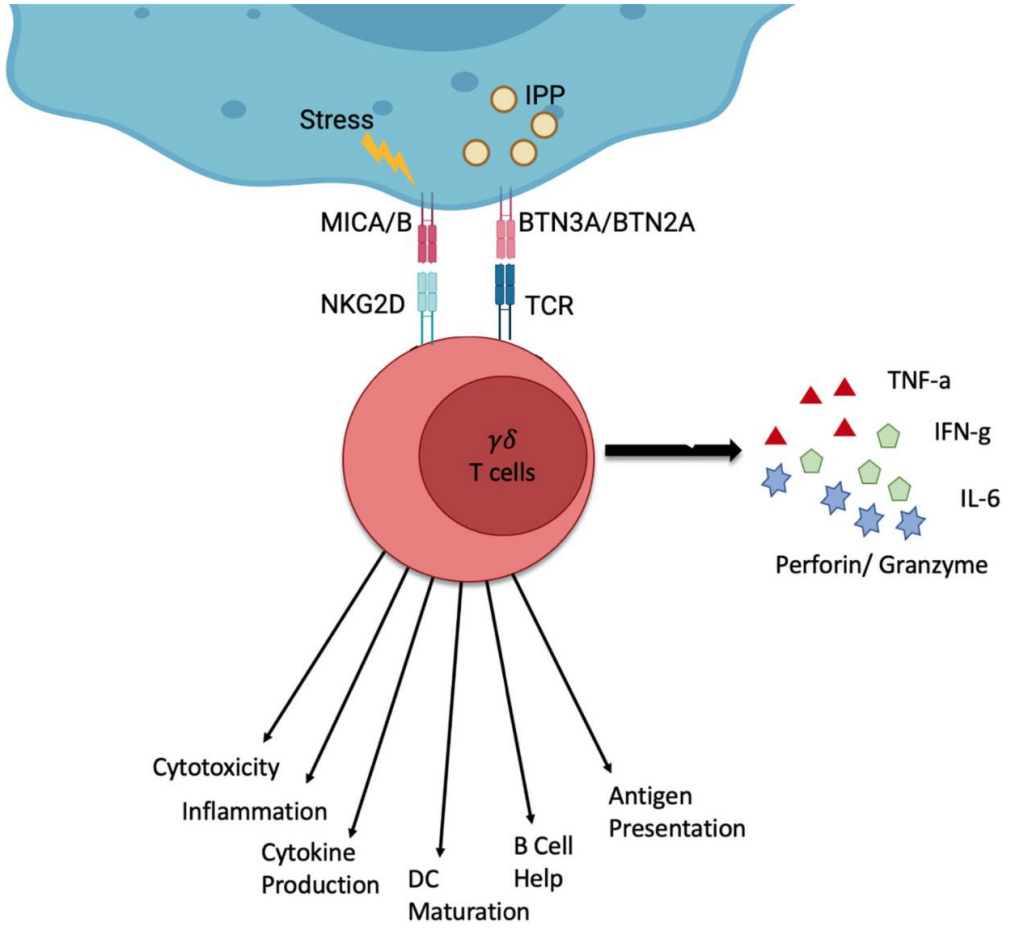




Alpha-beta (αβ) cytotoxic T Lymphocytes (CTL) are only narrowly specific for TAA peptides

Source: IN8bio – adapted with permission from Dranoff et al. Nature Rev. Can., Jan. 2004, fig 1. and Lafont, V et al. Frontiers in Immunology 2014, Fig 1.

γδ T Cells Identify and Kill Infected and Transformed Cells



- Schematic of the function of gd T cells. gd T cells can be activated by stress signals from infected or tumour cells. Stressed or infected cells can express MICA and MICB which gd T cells can recognise via the NKG2D receptor. Furthermore, the overexpression of certain molecules such as IPP can be recognised through the gd TCR by recognising BTN3A and BTN2A on stressed or infected cells. gd T cells can respond via different channels. This can be the production of cytokines (IFN-g, TNF-a, IL-6, IL-17) or cytolysis (Perforin, Granzyme). Additionally, gd T cells can interact with other immune cells and present antigens. Created by BioRender.

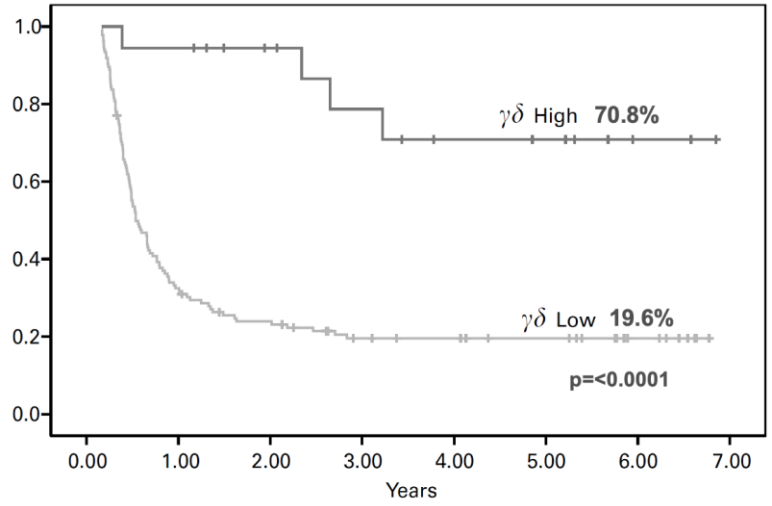
Sourcevon Massow G, Oh S, Lam A and Gustafsson K (2021) Gamma Delta T Cells and Their Involvement in COVID-19 Virus Infections. Front. Immunol. 12:741218. doi: 10.3389/fimmu.2021.741218

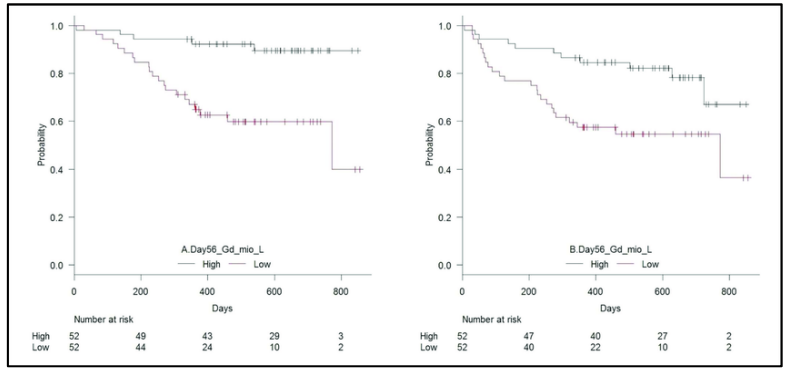
Vδ1+ and Vδ2+ T Cell Subtypes

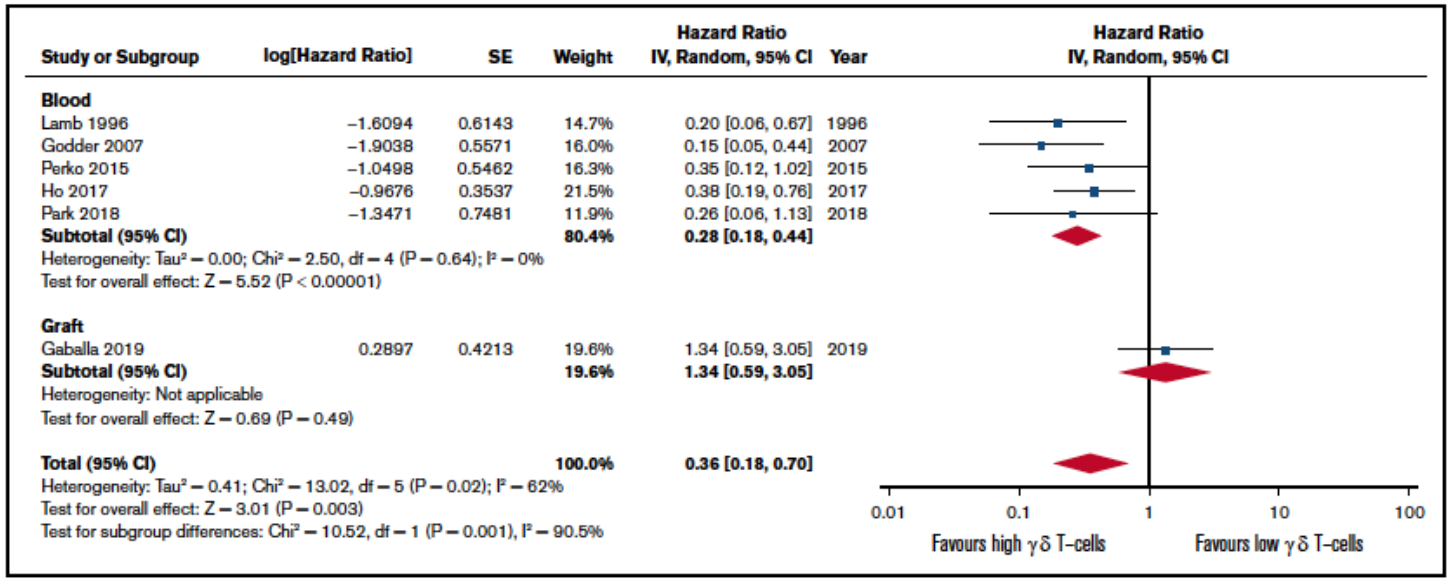
	Feature	Vδ1+	Vδ2+	Comment
Activity	Programmed adaptations for tissue survival			Vδ1+ and Vδ2+ T cells tolerate hypoxic and low nutrient conditions
	Expression of tumor homing receptors			Vδ2+ T cells express CCR5 and tumor homing receptors
	MHC unrestricted T cell receptor (TCR)			Vδ1+ and Vδ2+ T cells recognized antigen independent of MHC
	NKG2D & broad NCR expression			Vδ1+ and Vδ2+ T cells show TCR-independent tumor killing
	High granzyme & perforin expression			Vδ1+ and Vδ2+ T cells are highly cytolytic
	Broad anti-tumor toxicity			Vδ1+ and Vδ2+ T cells recognize numerous malignant cell types
	Longer-term persistence			>3 years for circulating Vδ1+ T cells (tumor persistence undetermined)
	Professional Antigen Presentation capabilities			Vδ2+ T cells are p-APC's and can elicit adaptive immune responses
	High expansion without exhaustion			Vδ1+ T have potential for 2E11 fold expansion
	Low / no KIR Expression			Vδ1+ and Vδ2+ T cells display low inhibitory KIR
Potential Safety	GvHD incompatible TCR			Vδ1+ Vδ2+ T cells cannot be activated by unmatched MHC
	Low IL-6 expression			Vδ1+ Vδ2+ T cells have low potential for Cytokine Release Syndrome (CRS)
	IL-17 / RORγt expression (Th17)			Vδ1+ T cells may reprogram to express "pro-tumoral" IL-17 or RORγt

Gentles, A. et al. Nat. Med. 21, 938–945 (2015); Girardi, M. et al. J. Exp. Med. 198, 747–755 (2003); Girardi, M. et al. Science 294, 605–609 (2001); Godder, K. T. et al. Bone Marrow Transplant. 39, 751–757 (2007); Minculescu, L. et al. Front. Immunol. https://doi.org/10.3389/fimmu.2019.01997 (2019); Nussbaumer, O. & Koslowski, M. Immuno-Oncology Technol. 1, 3–10 (2019) Cazzetta, V et. Al. Cell Reports 37:109871 (2021); Glatzel, A et al J. Immunol 2002: 4920 (2002), Melenhorst et al., Nature. 602, 503-509 (2022), Reis et al. Science, 377, 276-284, 2022.

Lymphodepletion and Homeostatic Reconstitution can Drive γδ T Cells to Repopulate and have a Positive Effect on Survival







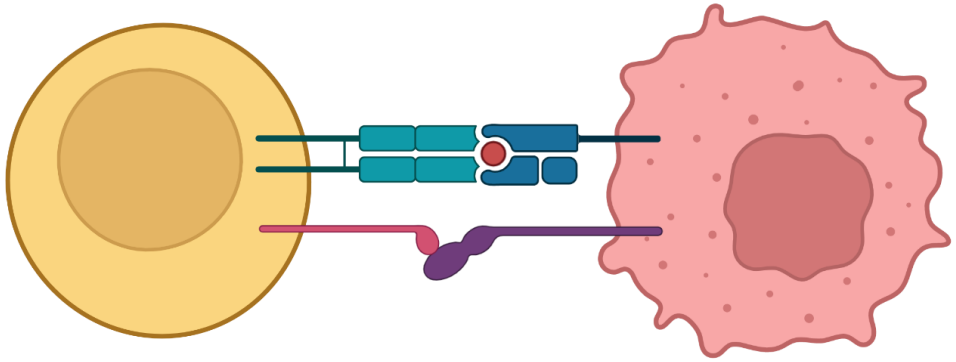
Source: Minculescu L. et al Frontiers in Immunology DOI:10.3389/fimmu.2019.01997; Arruda LMM Blood Advances 3:21 (2019)

Preclinical Platforms

INB-300: nsCAR-γδ Ts

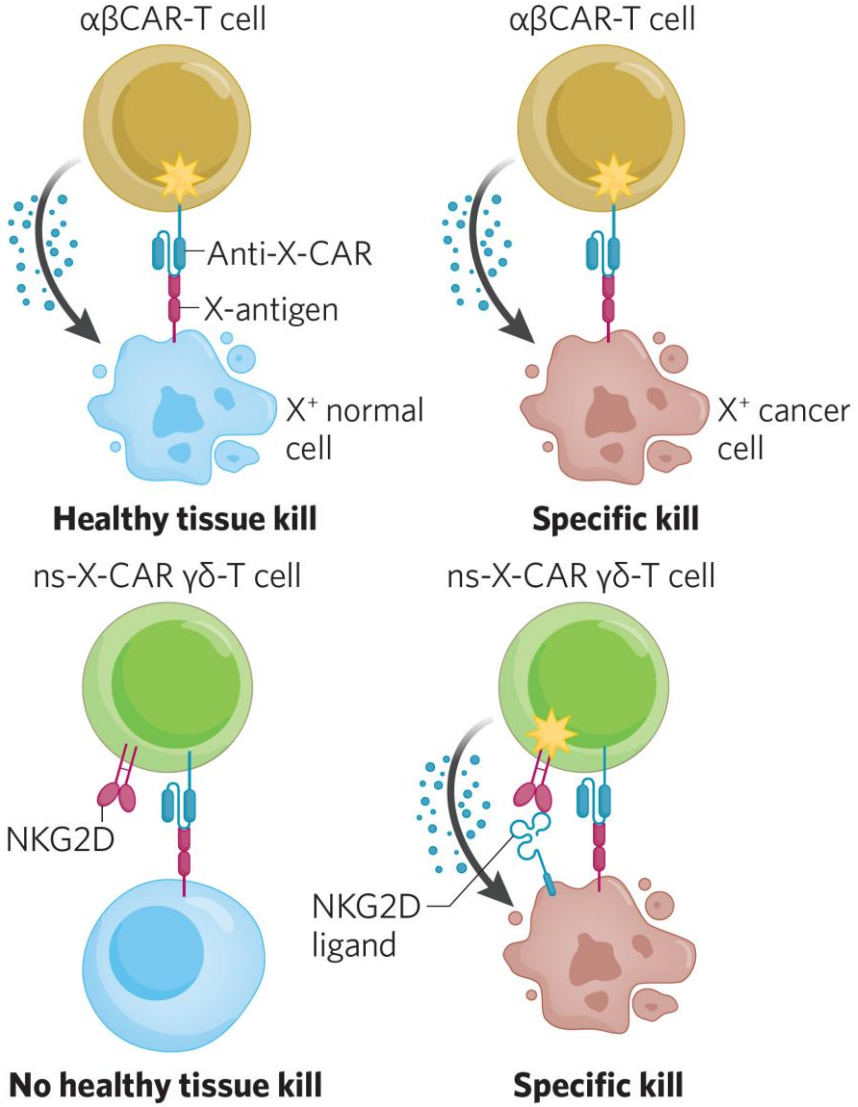
A Unique CAR-T Platform that Spares Healthy Tissue

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



αβ CTL Cancer cell

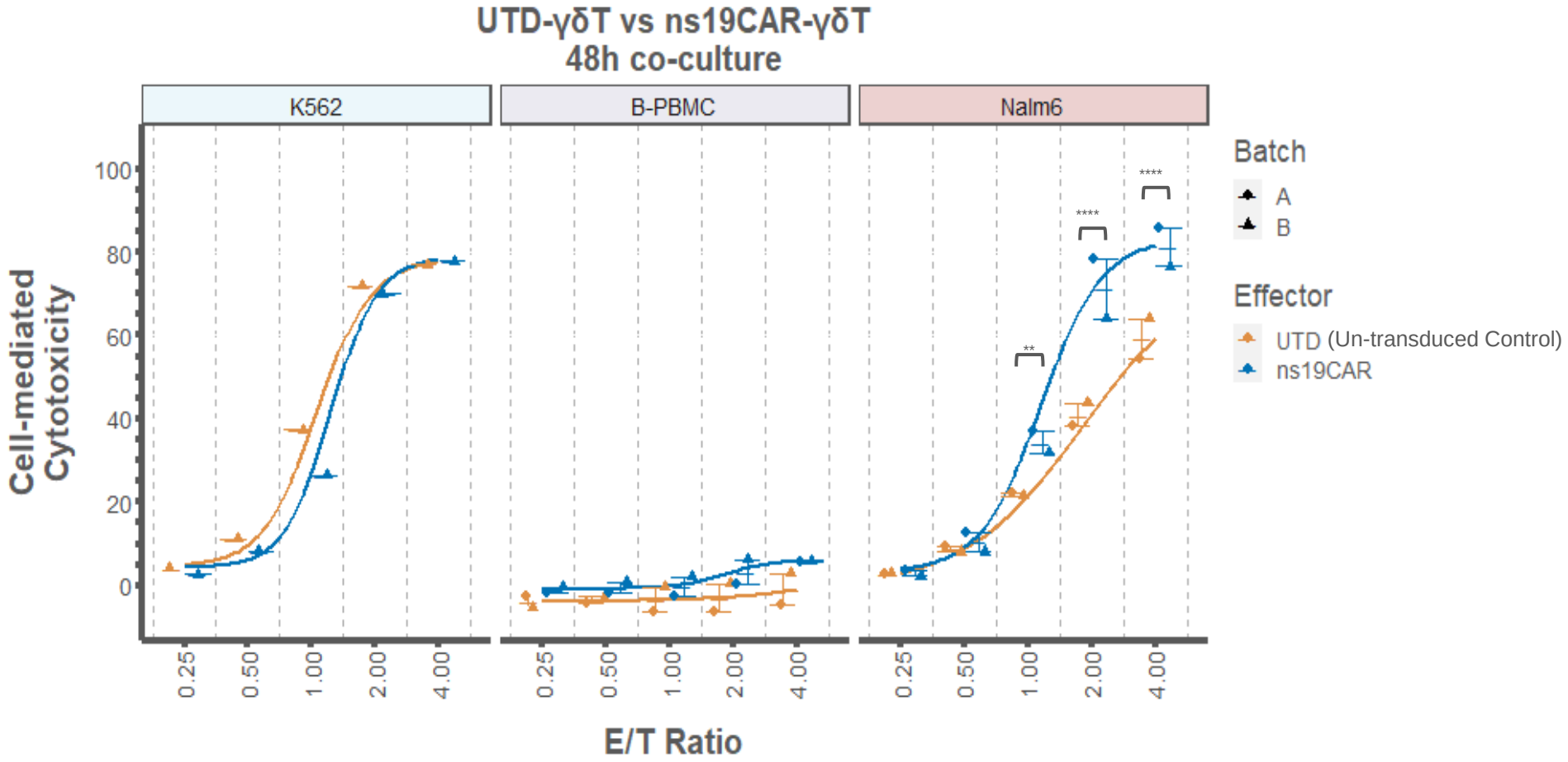
- Alpha-beta (αβ) cytotoxic T Lymphocytes (CTL) are narrowly specific for TAA peptides, but CAR-T constructs will bind to any cell expressing the target antigen



(1) Dardevet et al., Toxins (Basel), 2015 Apr; 7(4): 1079-1101 and Cancer Res November 1 1998 (58) (21) 4871-4879; Nature Biopharma Dealmakers 2023

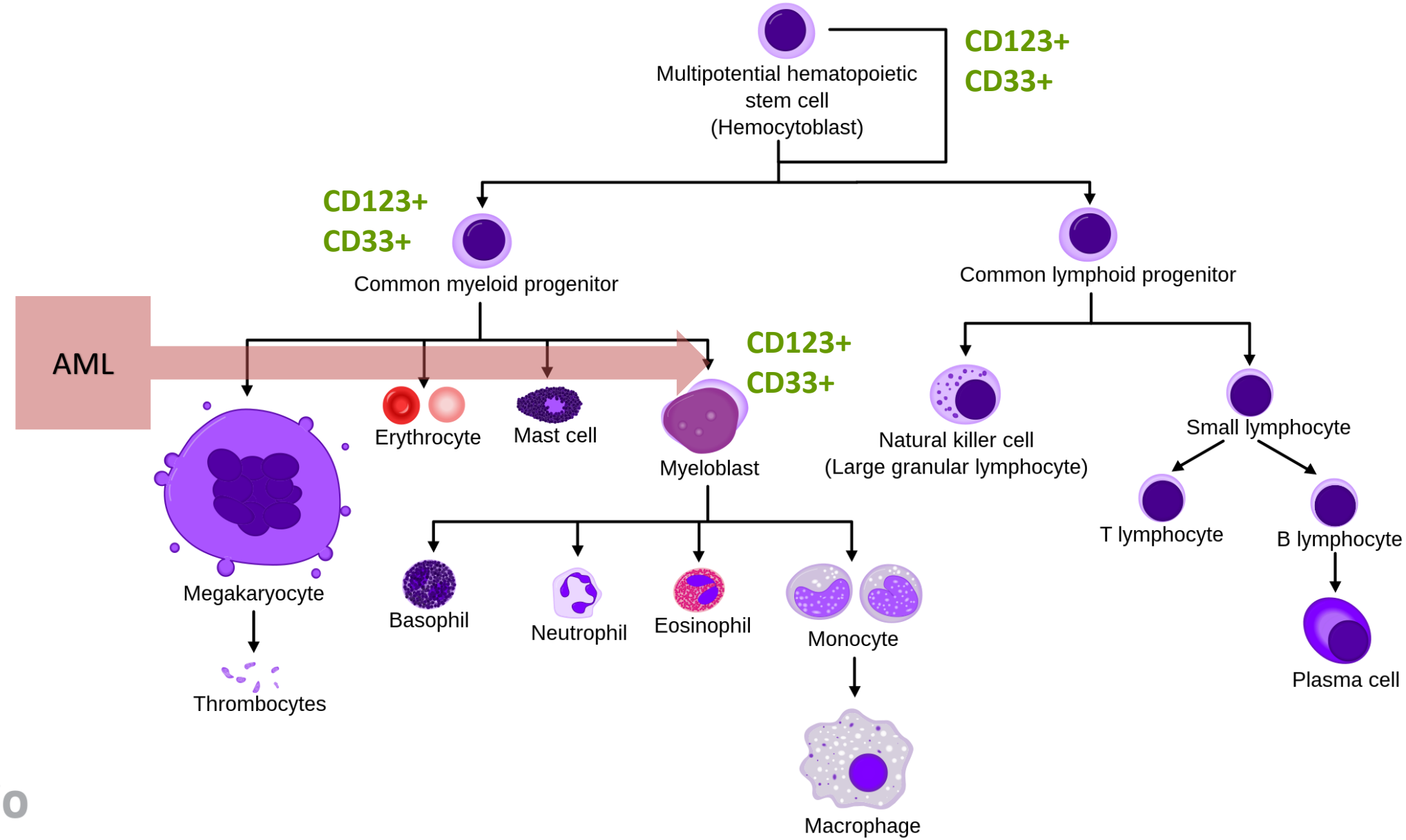
POC: Differentiating ns19CAR γδ T Cytotoxicity

K562 (CD19-), Nalm6 (CD19+) and B-PBMC (CD19+) cells; 2 experiments, 48hr. Co-culture, normalized



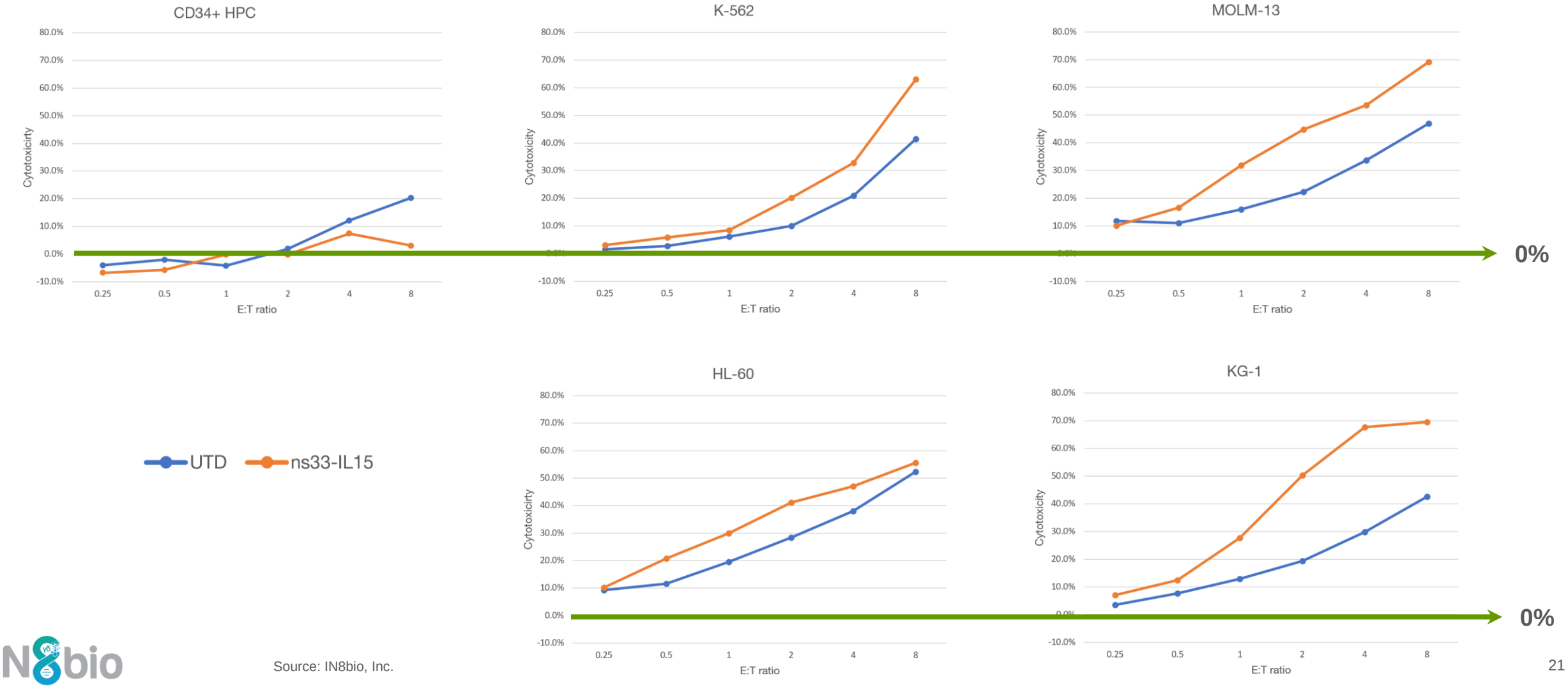
Source: IN8bio, Inc. as presented AACR 2023

Overview: Hematopoiesis and AML



ns33CAR+IL15 γδ T vs. AML: Normalized Results

CD34+ HPC, K562, HL-60, MOLM-13, KG-1, all CD33+ cells



Source: IN8bio, Inc.

Manufacturing

Kate Rochlin, Ph.D. – Chief Operating Officer

Our DeltEx Platform

IN8bio's Ex-vivo, Expanded, Activated Gamma-Delta T Cell Core Technology

Advanced expertise in ex-vivo, expanded γδ T cells

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

Differentiated proprietary γδ T cell engineering

DeltEx Drug Resistant Immunotherapy, or DRI 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

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

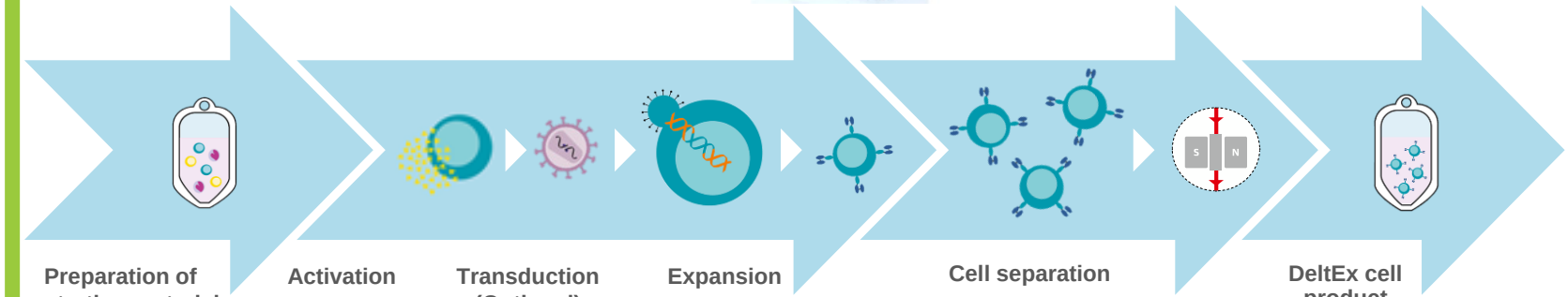
Manufacturing Primary γδ T Cells

Clinical Manufacturing for INB-100, 200, 400

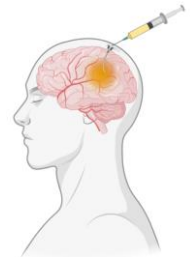
- Automated, robust and scalable cell manufacturing in a single closed system to increase output and reduce risks of contamination
- Quick and efficient scaling for clinical trials and commercial capabilities
- IN8bio's technology can generate **Autologous, Allogeneic and/or Genetically Modified GMP gamma-delta T cells at clinical scale**

Process Steps:

Obtain peripheral blood



Cryopreservation



Patient infusion

Process time: 9-14 days

Source: IN8bio, Miltenyi, and biorender.com

Manufacturing Clinical and Commercial Strategy

Academic Manufacturing Partnerships

INB-200

- IN8bio contracted direct access to two-suite GMP facility to manufacture
- Rapid deployment and cost/capital effective
- Facilitates continuous process improvements

INB-100

- Point-of-Care manufacturing moving to centralized model

Manufacturing Collaboration

- Phase 1 validated process transferred to cell therapy specialist in collaboration with IN8bio
- Streamlines manufacturing for multicenter phase 2
- Scale-out through addition of additional Miltenyi Prodigy® machines

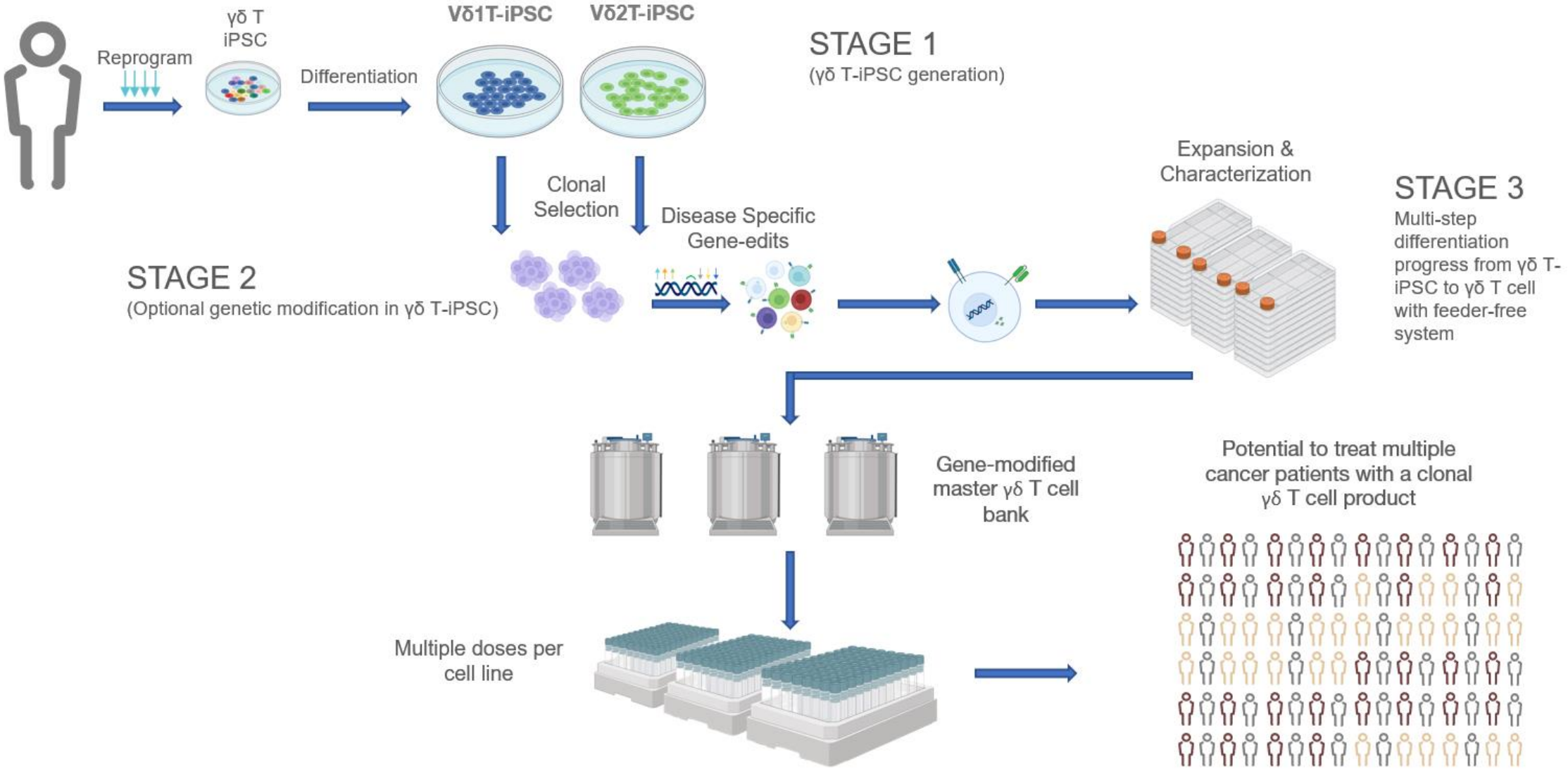
IN8bio Manufacturing Facility

- De-risked buildout with successful phase 1b/2 data
- Modular design for phase 3 to commercial scale-up
- Strategic location for logistics and large-scale distribution

Phase 1 → **Phase 2** → **Phase 3 / Commercial**

INB-500: iPSC-γδ Ts

Manufacturing iPSC γδ T Cells



Source: IN8bio; created with biorender.com

Clinical Programs

Trishna Goswami, MD – Chief Medical Officer

INB-200

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.

2023 ASCO® ANNUAL MEETING

INB-200: Phase I Study of Gene Modified Autologous Gamma-delta (γδ) T Cells in Newly Diagnosed Glioblastoma Multiforme (GBM) Patients Receiving Maintenance Temozolomide

M Lobbous[1], T Goswami[2], LS Lamb[2], K Rochlin[2], T Pillay[1], S Youngblood[2], M ter Haak[2], LB Nabors[1]
Department of Neurology, University of Alabama at Birmingham, Birmingham, AL, USA[1]
IN8bio, Inc New York, New York[2]

PRESENTED BY: Mina Lobbous, MD, MSPH

INB-200: Study Design and Treatment Schema

Treatment Arms

Fixed dose level (DL) of DRI in a 3+3 design (N=18):

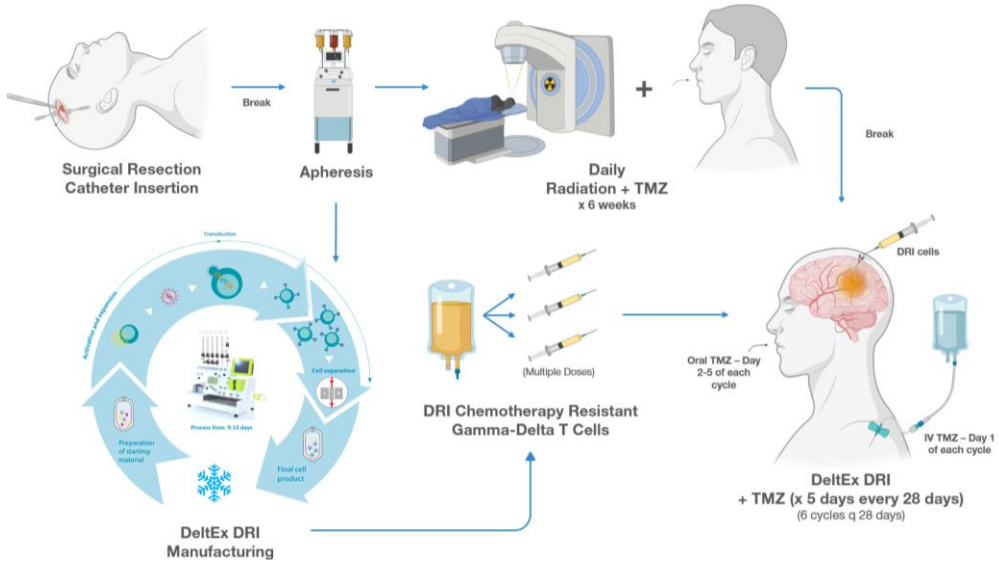
DL1: N = 3 (up to 6) patients, single dose of 1 x 10^7 cells on C1D1
DL2: N = 3 (up to 6) patients, three doses of 1 x 10^7 cells, one dose every 28 D1 of C1-C3
DL3: N = 3 (up to 6) patients, six doses of 1 x 10^7 cells, one dose every 28 days on D1 of C1-C6

Treatment Regimen & Timing

Surgical resection followed by apheresis

6 weeks induction TMZ + radiation

6 cycles maintenance TMZ + DRI



Primary Endpoints

- Safety
- Maximum tolerated dose (MTD) of DeltEx DRI 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

Source: IN8bio, image created with biorender.com

IN8bio

Poor Survival and 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

Safety Data and Adverse Events

All 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%		

TEAE in > 1 Subject (n=8)

Adverse Events	All Grades	≥ Grade 3
Balance Disorder	25%	
Headache	25%	
Hydrocephalus	25%	12.5%
Platelet count decreased	37.5%	37.5%
WBC count decreased	37.5%	12.5%
Lymphocyte count decreased	12.5%	12.5%
Neutrophil count decreased	12.5%	12.5%
Asthenia	25%	
Urinary tract infection	25%	

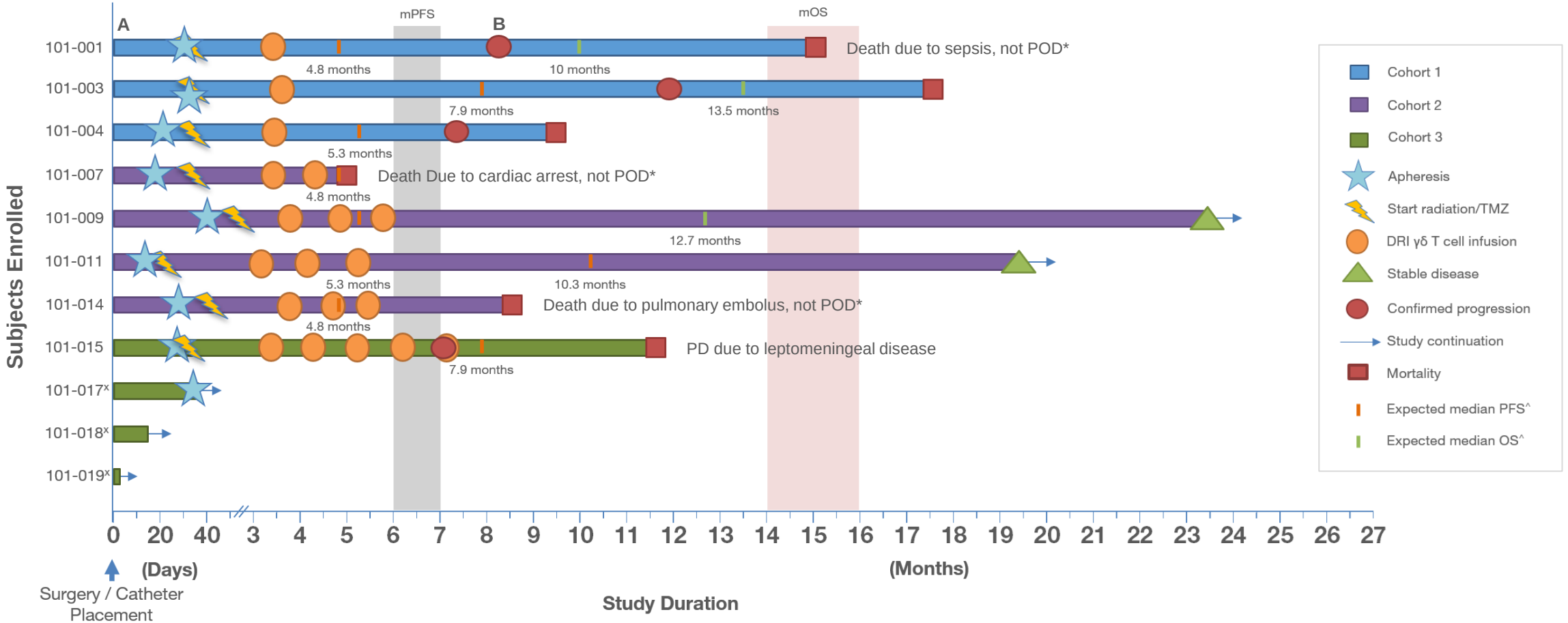
- No DRI-related toxicity
- **No DLT's to date***
- **No ICANS/CRS**
- Majority of toxicities are grade 1 or 2 and attributable to TMZ
- Unrelated TESAE's of cardiac arrest, pulmonary embolus, temporal cyst drainage, dysarthria, hydrocephalus
- **No treatment-related deaths**
- **Repeat dosing DOES NOT demonstrate change in toxicity profile to date**

*As of April 30, 2023; 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

- 19 patients enrolled, 8 treated, 3 patients advancing towards treatment
- no DLTs, no CRS or ICANs
- Majority of treated patients exceeded expected PFS based on age and MGMT status as per NEJM data^



Note: ***POD = progression of disease***; As of May 19, 2023; 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; [X] Not yet treated; Early trial results are not indicative of future results, including the outcome of this trial.

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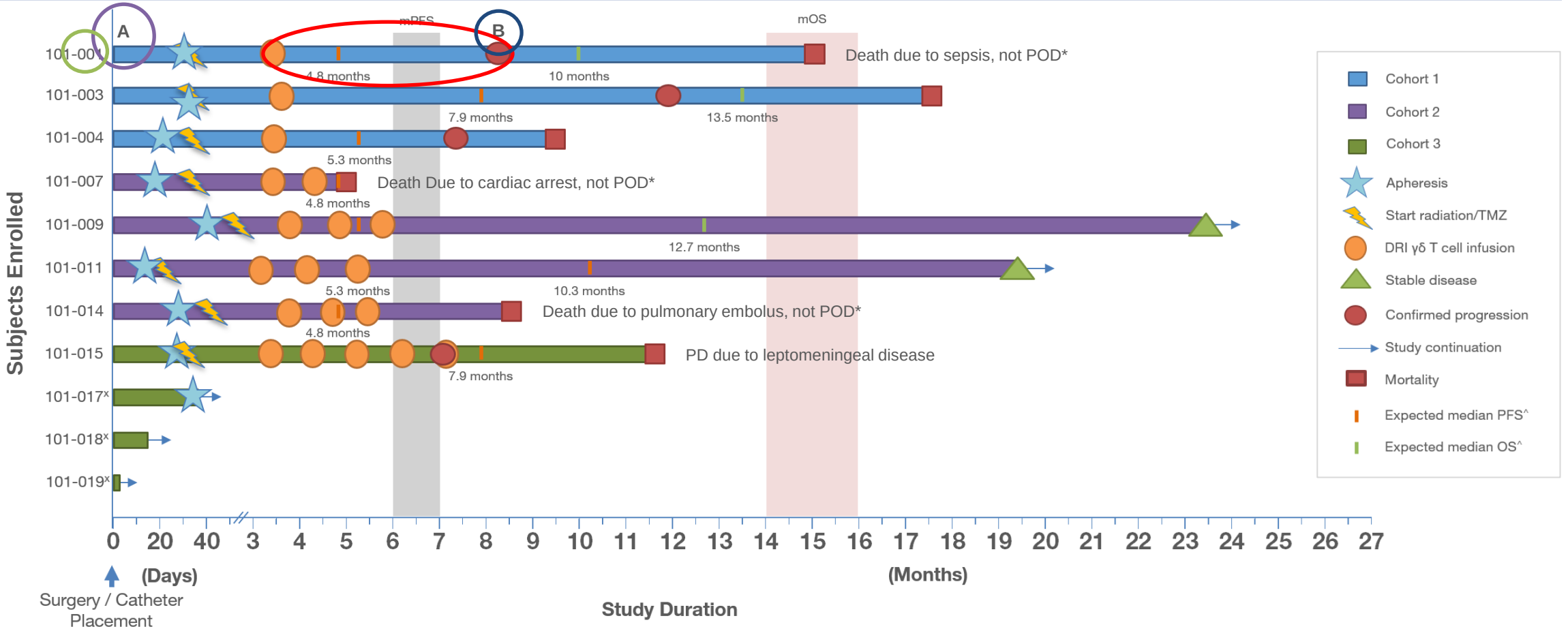

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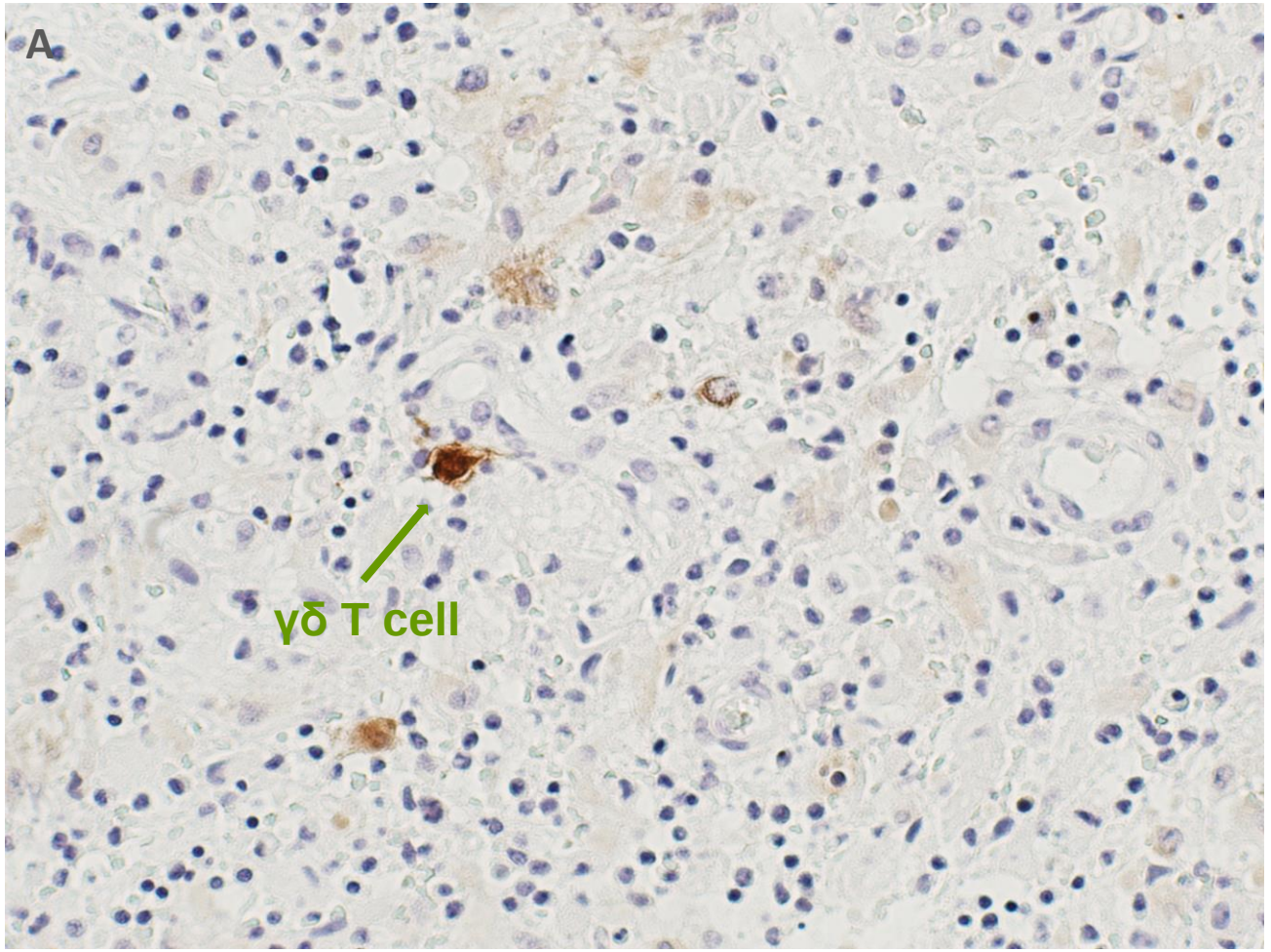
101-001: γδ T Cells Infiltrating and Persisting in Tumor Tissue

Biopsies - **A)** at diagnoses

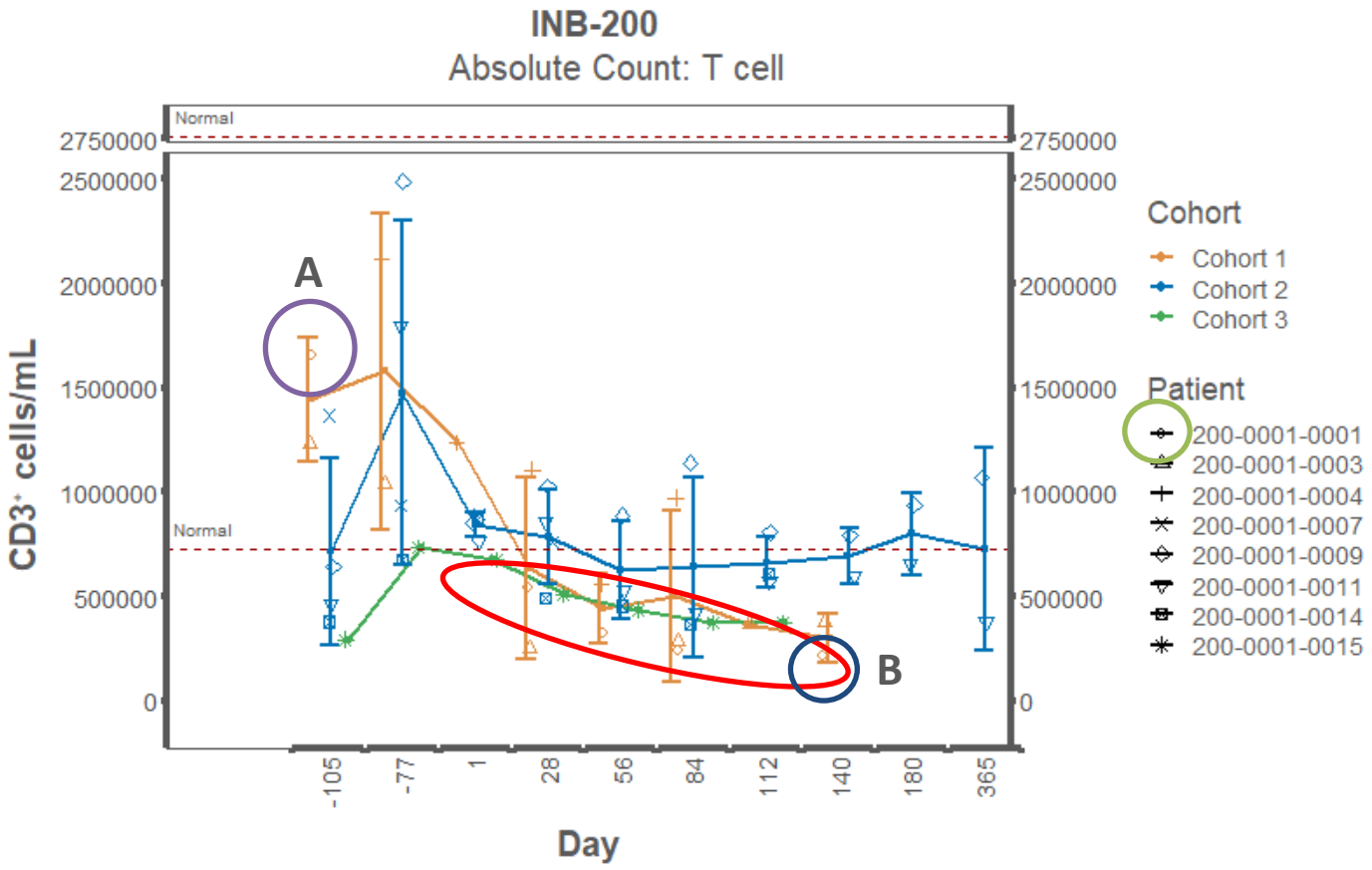


001 – Primary GBM – 20x

*IN8bio and UAB

Peripheral Immunophenotyping

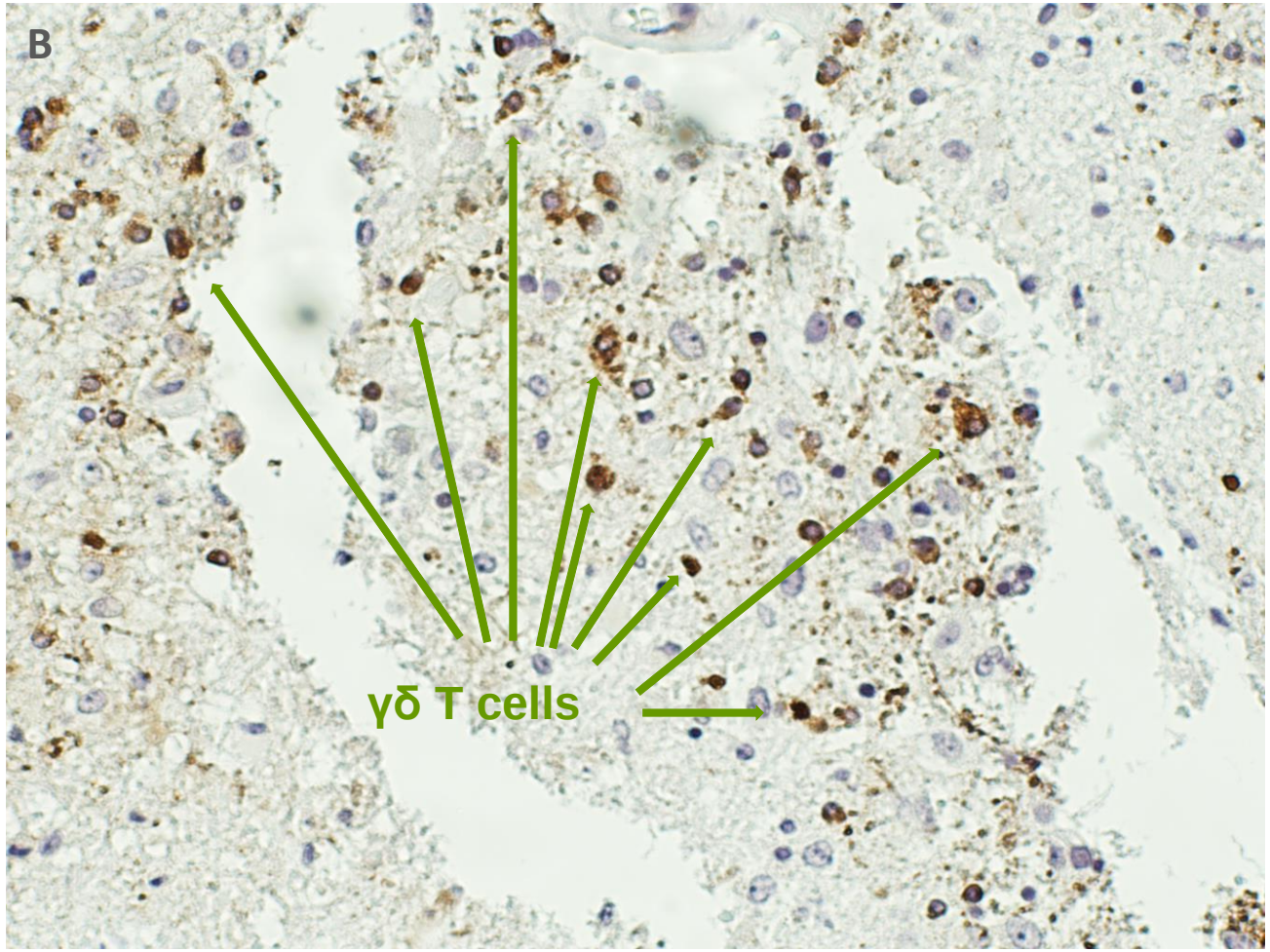
TMZ is an effective lymphodepleting agent for cell therapy



*IN8bio and UAB

101-001: γδ T Cells Infiltrating and Persisting in Tumor Tissue

Biopsies - **B)** 148 days following a single infusion of INB-200 despite TMZ lymphodepletion



001 – **Re-resection – 20x**

*IN8bio and UAB

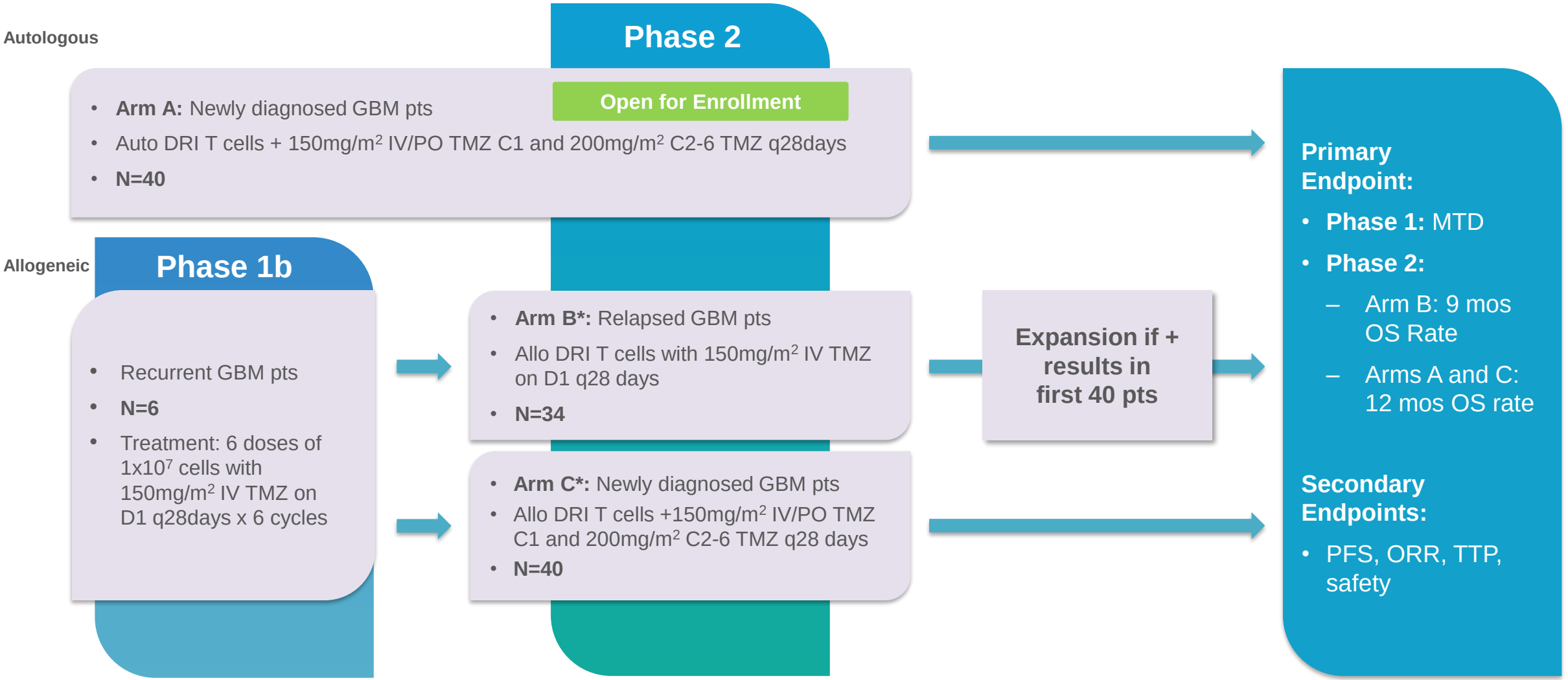
INB-200
Clinical Data Update
SNO 2023

November 17, 2023

INB-400 – Phase 1b/2

Phase 2 – “Arm A” Open for Enrollment

INB-400: Study Design and Treatment Schema



*Arm B and C subject to additional IND for allogeneic drug product (INB-400) as per FDA Guidance for Industry updated Nov. 2022 (https://clinicaltrials.gov/ct2/show/NCT05664243)

INB-400: Enrolling Centers - NCT05664243

	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

*UAB is lead center and UofL and Cleveland Clinic are first centers to be activated; other centers have been identified, screened and in process of site activation

Leo Luznik, MD

Johns Hopkins Medicine

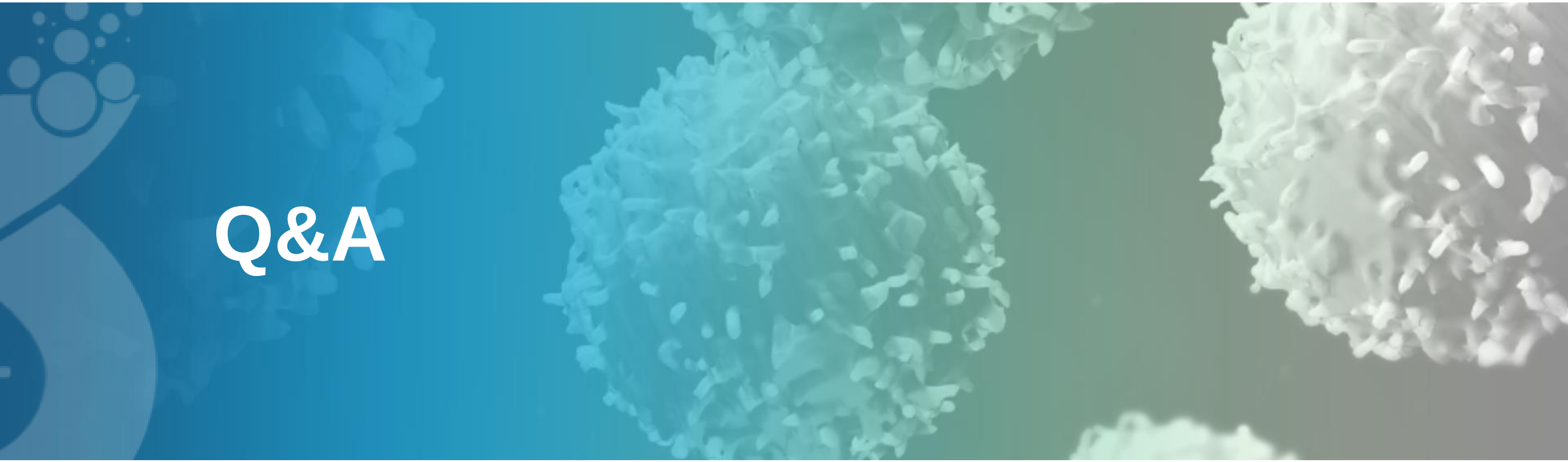
Post-transplant Cyclophosphamide: Past, Present and Future

Leo Luznik, MD

JOHNS HOPKINS MEDICINE
THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER

JOHNS HOPKINS UNIVERSITY

Q&A

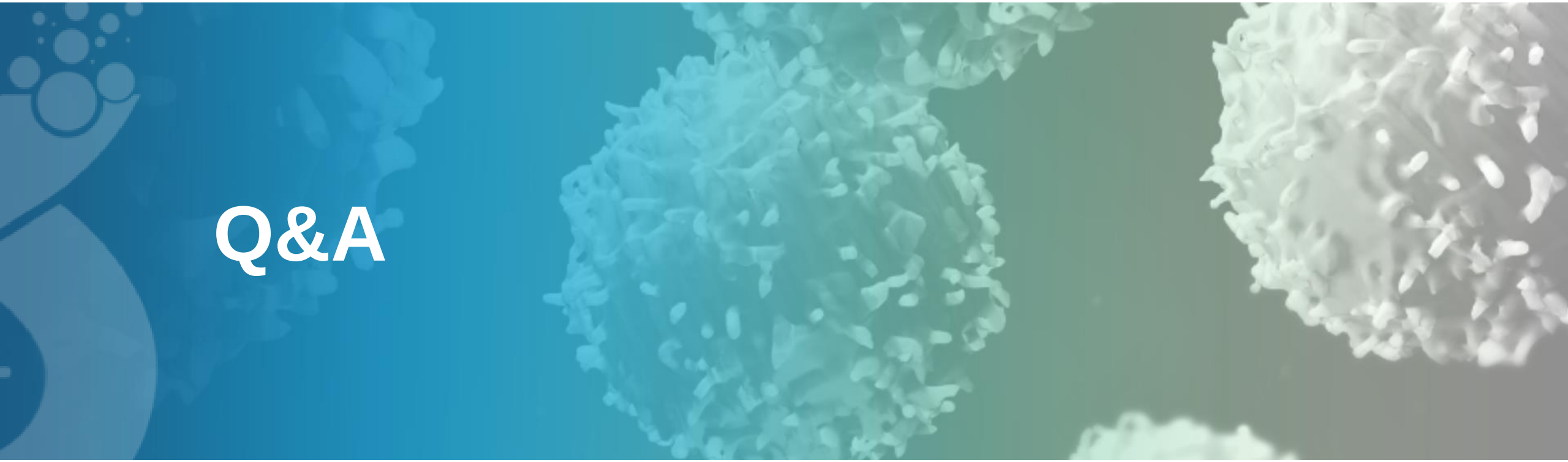


AT THE FOREFRONT
UChicago Medicine

Relapse after Allogeneic Hematopoietic Stem Cell Transplantation

Michael Bishop, MD

Q&A



INB-100

Trishna Goswami, MD – Chief Medical Officer

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~~

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

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

Status of Patients Currently on Study

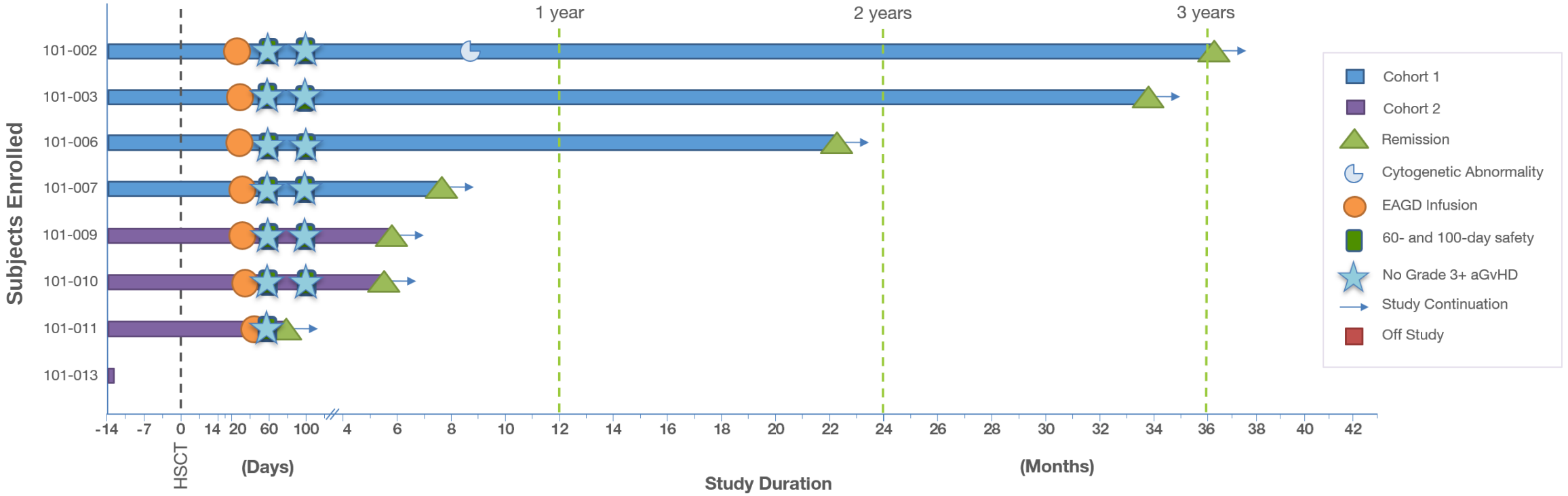
Patient	Dose Level	Age / Sex	Cytogenetics	Prior lines	Treatment Related Safety Events	Morphologic CR Duration (mos)
002	1	54 / female	High-risk AML trisomy 8+ and del7; FLT3 TKD, DNMT3A,	7+3+Idasanutlin	Gr.2 skin aGvHD- resolved	36.2+
003	1	45 / female	High-risk AML trisomy 8+ and del7: IDH2	7+3	Gr.2 GI aGvHD and Gr.2 skin rash Remains on Jakafi for skin GvHD	33.9+
006	1	66 / male	Relapsed AML s/p 7+3, ASXL1	7+3	Gr.2 skin aGvHD-resolved	22.2+
007	1	71 / male	Relapsed AML s/p 7+3, ASXL1	Pembrolizumab	Gr.2 skin aGvHD-resolved	7.8+
009	2	68 / male	Ph- ALL; p53 mutated, DNMT3A, GATA2	Induction E1910, blincyto, inotuzumab x2 cycles, CAR-T with Tecartus	Gr.1-2 skin GvHD within 2 weeks of γδ infusion and Gr.2 diarrhea of unclear etiology	5.8+
010	2	62 / female	Relapsed AML	Hydrea; vidaza/ venetoclax x7 cycles	Gr.2 skin GvHD within 30 days of γδ infusion with undefined GI symptoms	5.6+
011	2	68/ male	ET, triple neg, with MDS/MPN overlap	Hydrea		2.6+
013	2	71/ female	AML	s/p vidaza and venetoclax		

Note:*As of April 21, 2023; Early trial results are not indicative of future results, including the outcome of this trial.

INB-100: Demonstrating Potential Long-Term Durability

Clinical Results to Date

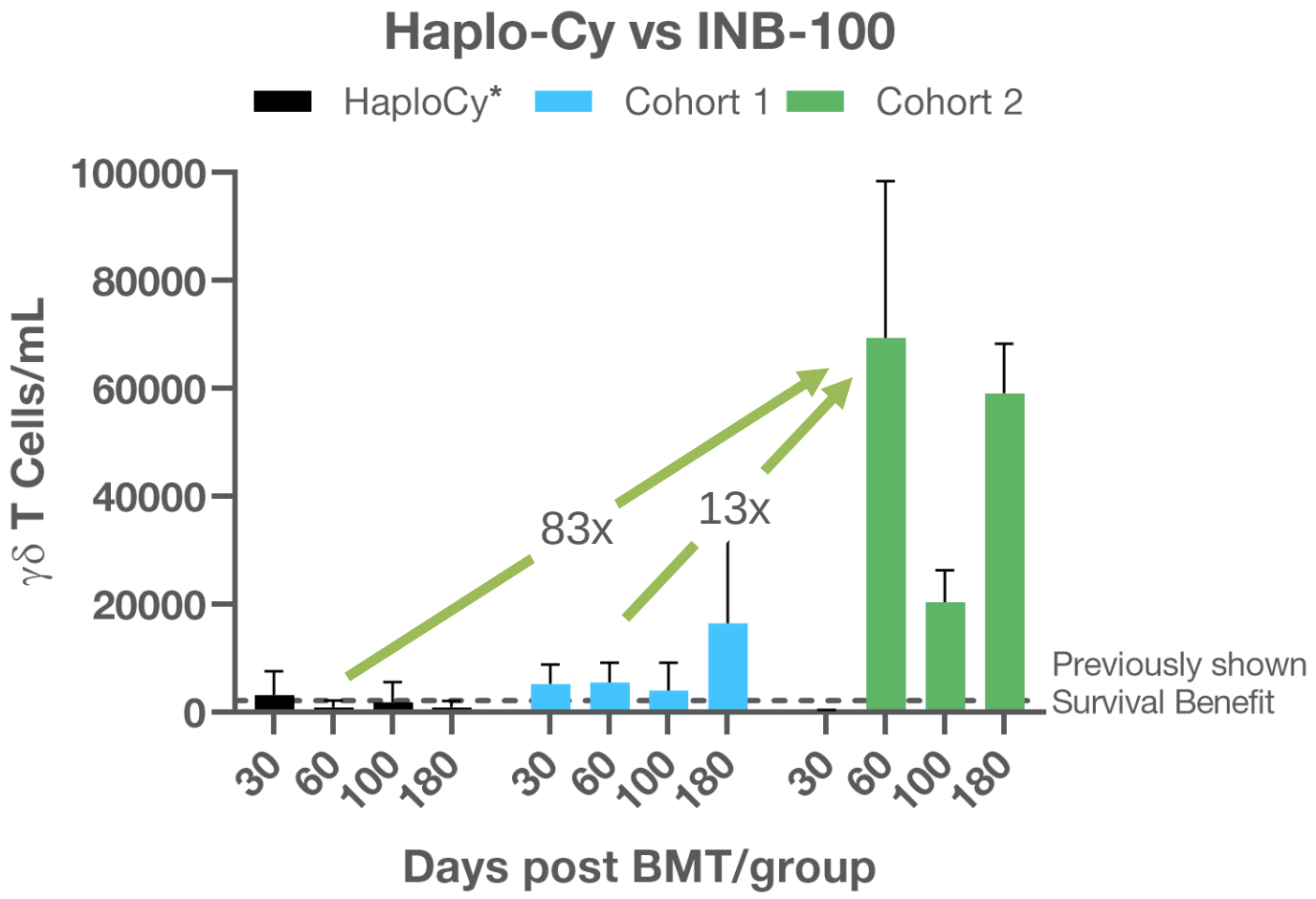
- 7 patients treated
- no DLTs, no CRS, ICANs or GvHD of grade 3 or greater
- Two of three patients surpassing 2 years and one patient nearing 2 years remaining in morphological complete remission



First patient surpassing 3 years without leukemic relapse – Data cutoff EBMT 2023

Note:*As of April 21, 2023; Early trial results are not indicative of future results, including the outcome of this trial.

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
- Cohort 2 patients receive 3x the γδ T cell dose as Cohort 1
- Dose dependent increase of circulating γδ T cells at Days +60, +100 and +180 for INB-100 treated patients

Source: IN8bio, Inc. and UAB *previously unpublished data from laboratory of Dr. Lawrence Lamb, as of April 21, 2023

INB-100
Clinical Data Update
ASH 2023

December 11, 2023

Corporate

Patrick McCall – Chief Financial Officer

Multiple Near-Term Anticipated Milestones Across Pipeline

Balance Sheet

(as of June 30, 2023)

- Cash of ~$17M provides runway into 2Q24, through key clinical milestones
- $0 debt, no warrants
- $76.5M accumulated deficit on $99.3M raised

- Ticker: **INAB**
- 31,601,145 common shares outstanding

2023 2H

INB-100	Additional Phase 1 data in leukemia (ASH Dec 11, 2023)
INB-200	Additional Phase 1 data (cohorts 2 & 3) in GBM (SNO Nov 17, 2023)
	Immunobiologic correlative data (SITC Nov 3, 2023)
INB-300	Additional preclinical data demonstrating proof-of-concept of nsCAR CD33 platform @ R&D Day
INB-400	Enrollment of first patient in 2H23
INB-500	iPSC development update (SITC Nov 4, 2023)

2024

INB-400	Enroll Phase 2 trial in front-line GBM (autologous)
	Submit IND for Phase 1b trial in relapsed GBM (allogeneic, cash dependent)
INB-200	Long-term follow-up in newly diagnosed GBM
INB-100	Long-term follow-up in leukemia

Wrap-Up

William Ho – Chief Executive Officer

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

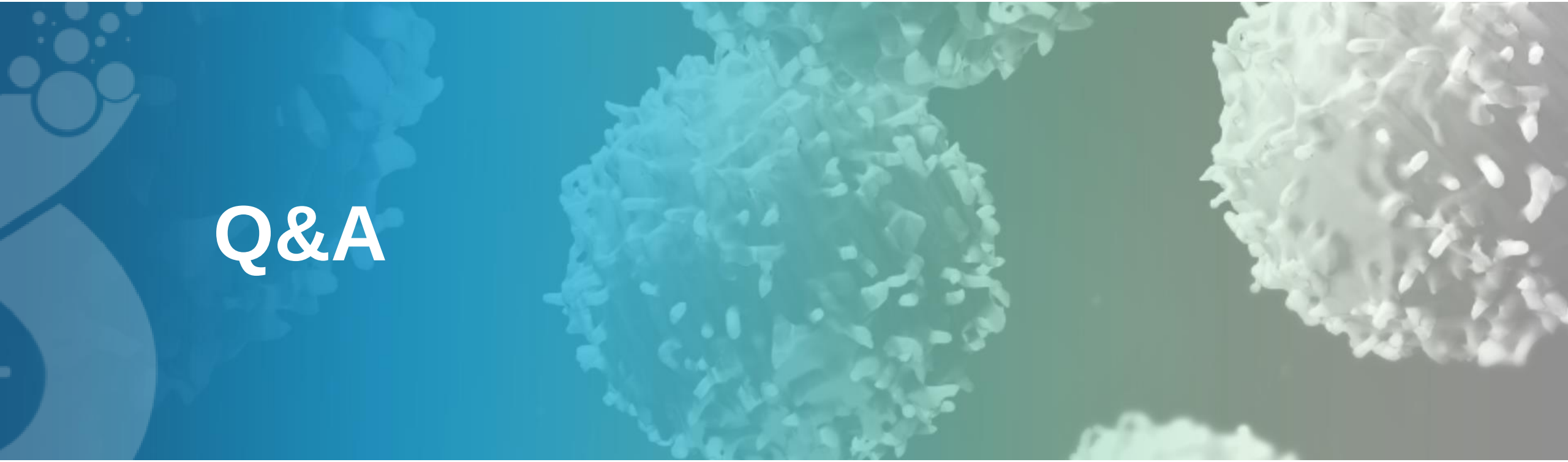
*Early trial results are not indicative of future results, including the outcome of this individual patient or trial.

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 Phase 1 trial
- Initiating enrollment in INB-400 Phase 2 trial
- Near-term value creating milestones with presentations and clinical data updates at SITC, SNO and ASH in 4Q 2023

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

Q&A



Connect With Us!

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Harnessing the Power of Gamma-Delta T Cells

IN8bio R&D Day

October 12, 2023

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