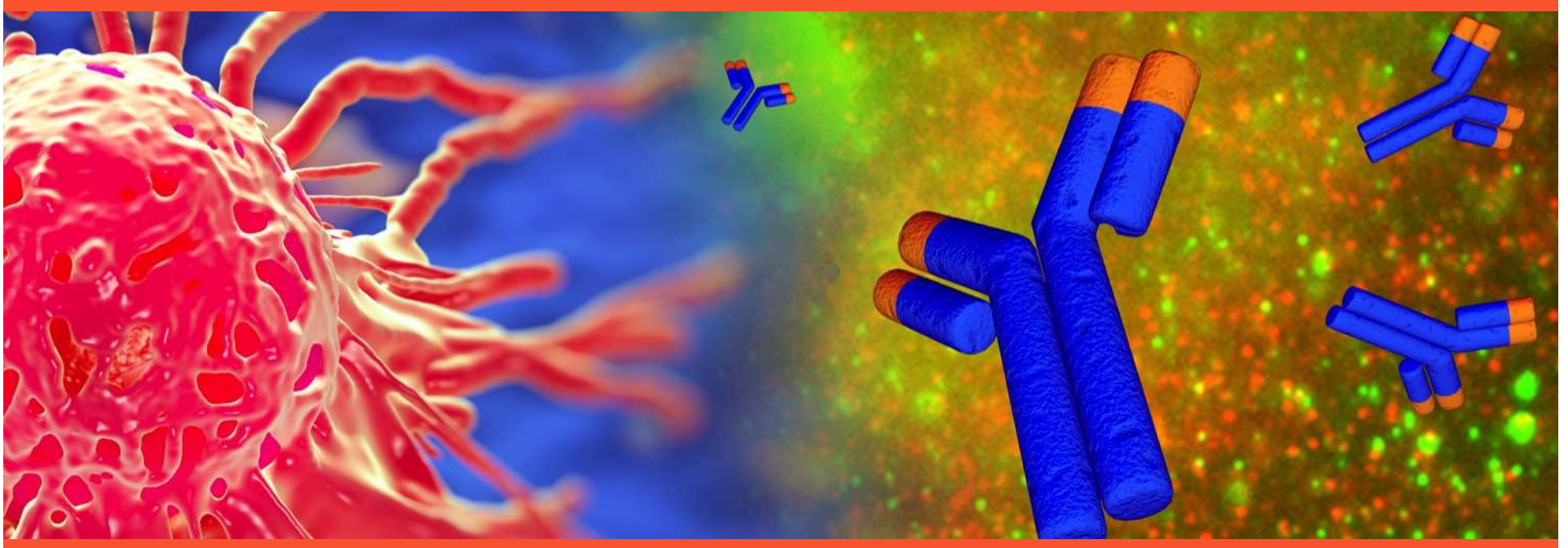


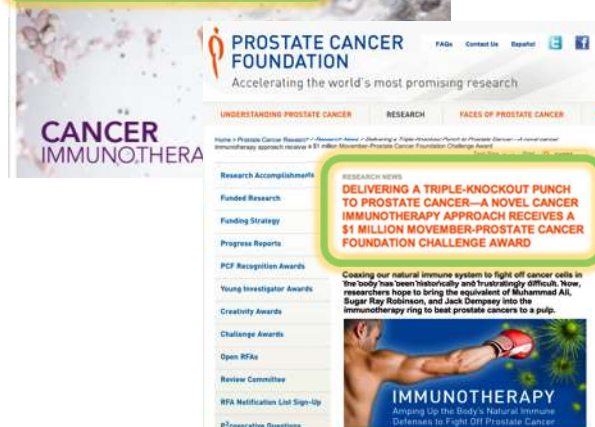
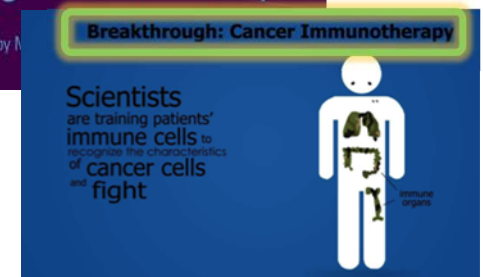
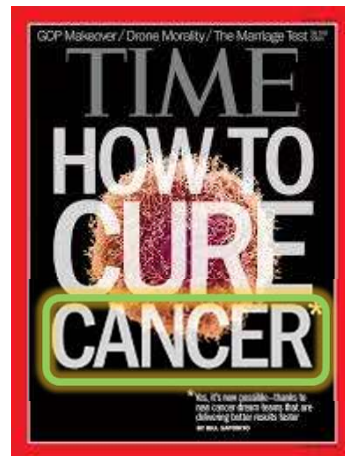


Corporate Presentation AGM 2015

IMU is in the Most Prospective Area of Oncology Today



Imugene is an immunotherapy company developing B-cell based vaccines for HER-2 positive cancers, in the most promising area of oncology today – IMMUNO-ONCOLOGY





Investment Highlights



Compelling Science

- B-cell peptide cancer immunotherapy that induces antibody responses targeting HER-2 over expressing tumors + major new initiative into mimotopes

Phase 1 Completed

- Anti- HER-2 antibody responses, T helper cytokines, T reg cells suppressed, therapy safe

Commercially Validated Target

- Targeting same receptor as Roche's \$6.4 bn breast cancer drug Herceptin

News Flow

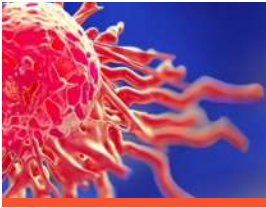
- Numerous milestone announcements & valuation inflection points over next 12-24 months

Robust IP

- IP with exclusivity until 2030, granted in all major jurisdictions. Further patent life extensions under way

Leadership

- Experienced management & board – Board & management own 13%



Company History



- Technology identified in 2012 by Axel Hoos
- Start-up company incorporated in late 2012, as Biolife Science Ltd
- Early stage funding secured 2013 from private investors in Australia & US
- Manufacturing, clinical and regulatory initiatives began in 2013
- Public listing on ASX in December 2013 via reverse merger into listed shell, Imugene Ltd with \$3.0m raised
- Axel Hoos joins the Board – his only Board worldwide
- 2014 – manufacturing, clinical & regulatory development continues
- Dec 2014 - \$3.0m raised
- Oct 2015 - \$3.0m raised

Imugene At A Glance (ASX:IMU)



- Developing B-cell based immunotherapy/vaccines known as HER-Vaxx, for HER-2 positive cancers plus major new initiative into mimotopes
- Phase 1 trial completed in patients with HER-2+/++ breast cancer
- Phase 1b/2 gastric cancer trial to begin early 2016
- Technology originates from Medical University of Vienna, one of Europe's leading cancer institutes
- Market capitalisation (Oct 2015): AUD17.0m (includes Sept raise)
- Share price (Sept 20 2015): AUD0.10¢
- Average daily trade: 1.1m shares
- Shares outstanding: 1.73B
- Cash & equivalents (Jun 30 2015): AUD\$1.96m
- + Cash raised Sept 2015: AUD\$3.0m



Leadership – Extensive Drug Development Experience



Leslie Chong – *Chief Operating Officer*

- Previously Senior Clinical Program Lead at Genentech, Inc., in San Francisco, widely regarded as one of the world's most successful biotech companies with a significant oncology franchise including the best-selling breast cancer drug, Herceptin.
- Appointment as COO in August 2015

Genentech
A Member of the Roche Group



Prof Ursula Weidemann – *Chief Scientific Officer*

- Co-inventor of technology
- Prof of Vaccinology at Medical University of Vienna



Dr Axel Hoos – *Non-Executive Director*

- Currently Vice President Oncology R&D at GlaxoSmithKline
- Previously Clinical Lead on Ipilumimab at Bristol-Myers Squibb
- Co-Director of the think-tank Cancer Immunotherapy Consortium; **Imugene is his only Board seat worldwide**



Dr Nick Ede – *Head of Manufacturing*

- Former CTO Consegna, CEO Adistem Ltd, CEO Mimotopes P/L, COO EQiTX Ltd (ZingoTX & VacTX)
- VP Chemistry Chiron (now Novartis), Research Fellow CRC Vaccine Technology



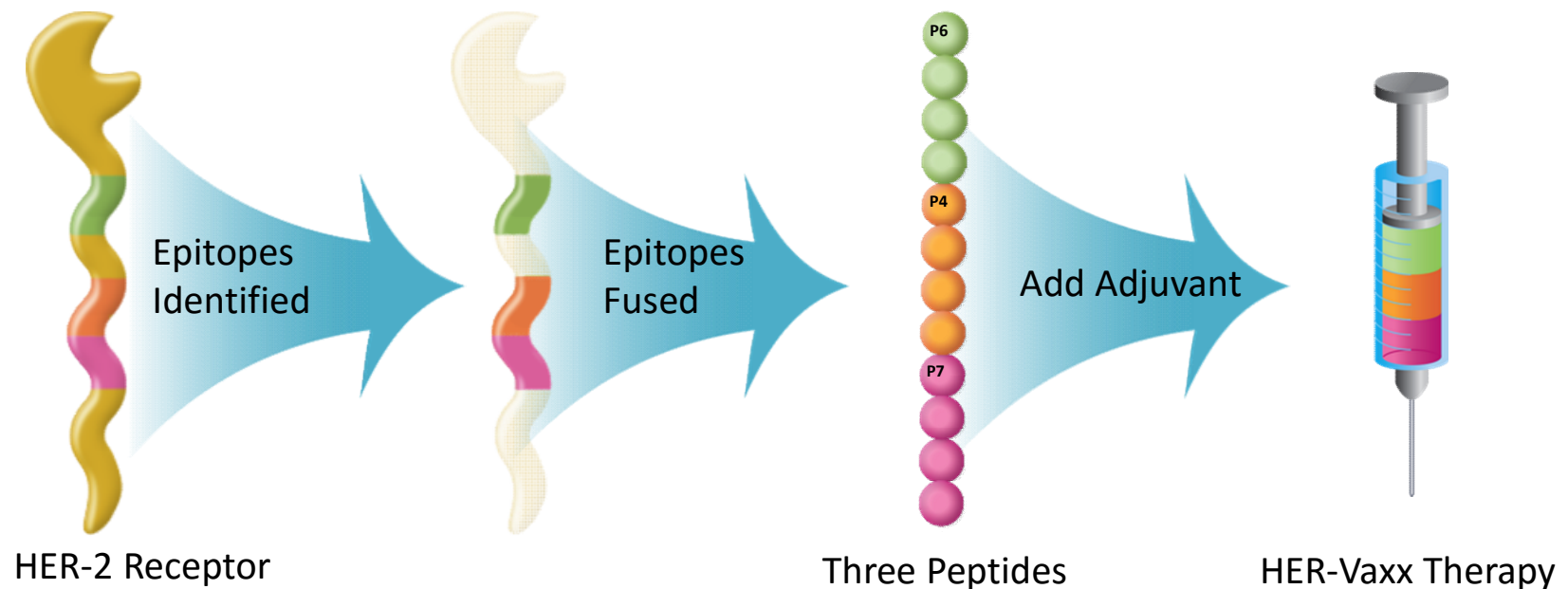
Paul Hopper – *Executive Chairman*

- International & ASX biotech capital markets experience particularly in immuno-oncology & vaccines
- Head of Life Sciences Desk & Australia Desk at Los Angeles-based investment bank, Cappello Group
- Director Prescient Therapeutics, Chairman Viralytics, former Director pSivida, Somnomed & Fibrocell Science

What is HER-Vaxx Therapy?



- HER-Vaxx is a B-cell vaccine designed to stimulate a patient's own immune system to produce antibodies to repeatedly attack the cancer
- Stimulates a patient's B cells to produce polyclonal antibody responses that target cells with overexpressing HER-2 receptors on their surface
- Targets HER-2 positive cancer – about 20% of patients with gastric cancer are “HER-2 positive” i.e., they have the HER-2 receptor on their cancer cells





WHY B-CELL PEPTIDE VACCINES?



- High chemical stability
- Easy construction and manufacturing

- No oncogenic potential
- Immunogenic – break of tumour tolerance

Long-Lasting Immunity

B-Cell Vaccines Offer



- Anti-tumor activity of antibodies induced by B cell epitopes
- Patient produces their own antibodies against the target
- Polyclonal responses (superior to treatment with monoclonal antibodies)
- **No HLA restriction!** (advantage over T cell responses)
- Induction of T cell responses and cytokine production via effective carrier system
- Multi-epitope approach means broad antigen recognition
- Identification via computer aided algorithms or mimotope technology

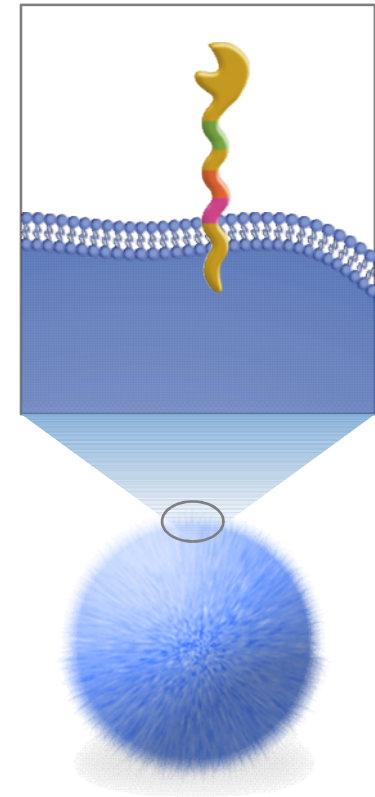
What IS HER-2?

A Clinically & Commercially Validated Cancer Target



- HER-2 is a “hair-like” receptor found on the surface of many gastric & breast cancer cells (20-30%)
- HER-Vaxx targets HER-2 – if you attack Her-2 the cancer cell will die
- Too much HER-2 (over expression) in breast cancer is associated with:
 - High chance that the tumour grows quickly and spreads
 - Greater probability of local & systemic recurrence
 - Resistance to treatment
- HER-Vaxx targets HER-2 – if HER-2 is successfully targeted, the cancer will stop growing and die
- HER-2 is a clinically & commercially validated cancer target with Roche's Herceptin being the largest selling drug in the world for HER-2 positive breast cancer

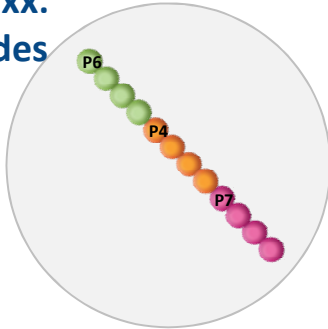
HER-2 Receptor



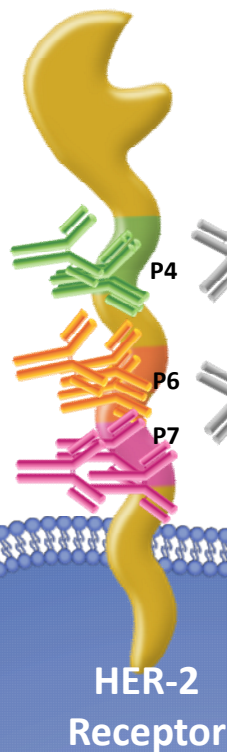
HER-Vaxx Attacks the Same Cancer Receptor as 3rd Largest Cancer Drug Worldwide



HER-Vaxx:
3 peptides



HER-Vaxx: x3
polyclonal
responses



Tumor cell

Binding site of



Binding site of

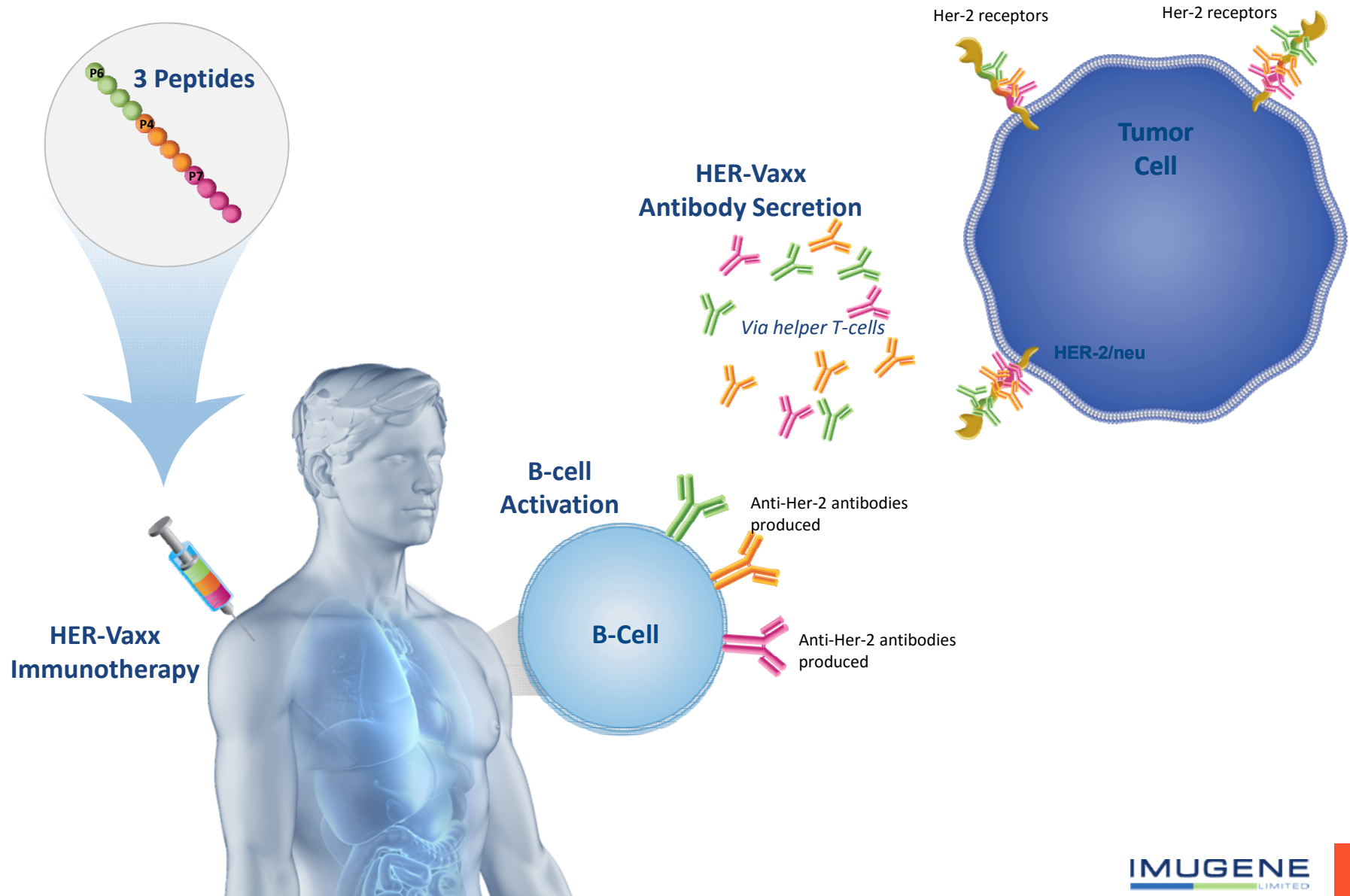


Monoclonal
response

\$6.4bn worldwide sales

* \$USD
<http://www.medscape.com/viewarticle/826649>

HER-Vaxx: Mechanism of Action – How it Works



Clinical Status:

Phase 1 Breast Trial Completed



Design

- n=10
- All metastatic breast cancer patients
- HER-2 +/++
- Life expectancy > 4 months
- Conducted at Medical University of Vienna

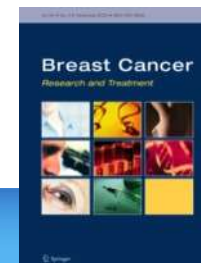
Clinical Endpoints

- 1 Safety and Tolerability
- 2 **Immunogenicity:** antibodies/humoral and cellular responses

Clinical Status: Phase 1 Breast Trial Completed



Wiedermann et al.,
Breast Cancer Res Treat
(2010)119:673 - 683



Observations

- Patients developed anti-HER-2 antibodies
- Induction of cytokines (Th1 biased; IFN γ)
- Induction of memory T & B cells post vaccination
- Reduction in T reg cells post vaccination, indicating strong vaccine response
- Antibodies induced displayed potent anti-tumor activity
- Results were even more promising given patients were in the end stage of disease and not the primary target group



Phase 1b/2 Trial Design Gastric Cancer



Combined Phase 1b/2 clinical trial under IND

CRO appointed



EUROPEAN MEDICINES AGENCY
SCIENCE · MEDICINES · HEALTH



Phase 1b lead-in

- Open label
- US IND
- 18 patients, x3 groups of 6 patients
- Combination with chemo
- Endpoints:
 - Dose of HER-Vaxx to use in Phase 2 part of study
 - Safety: any HER-Vaxx toxicity
 - Immunogenicity (anti-HER-2 antibody titers)
 - Test booster schedule (q 4 weeks or 8 weeks)

Phase 2 Trial

- ~68 patients from Eastern Europe (2 arms by 34)
- Combination with chemo
- Efficacy, safety & immune response
- Randomised
- Endpoints:
 - Overall survival
 - Progression-free survival
- Secondary endpoint:
 - Immune response





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