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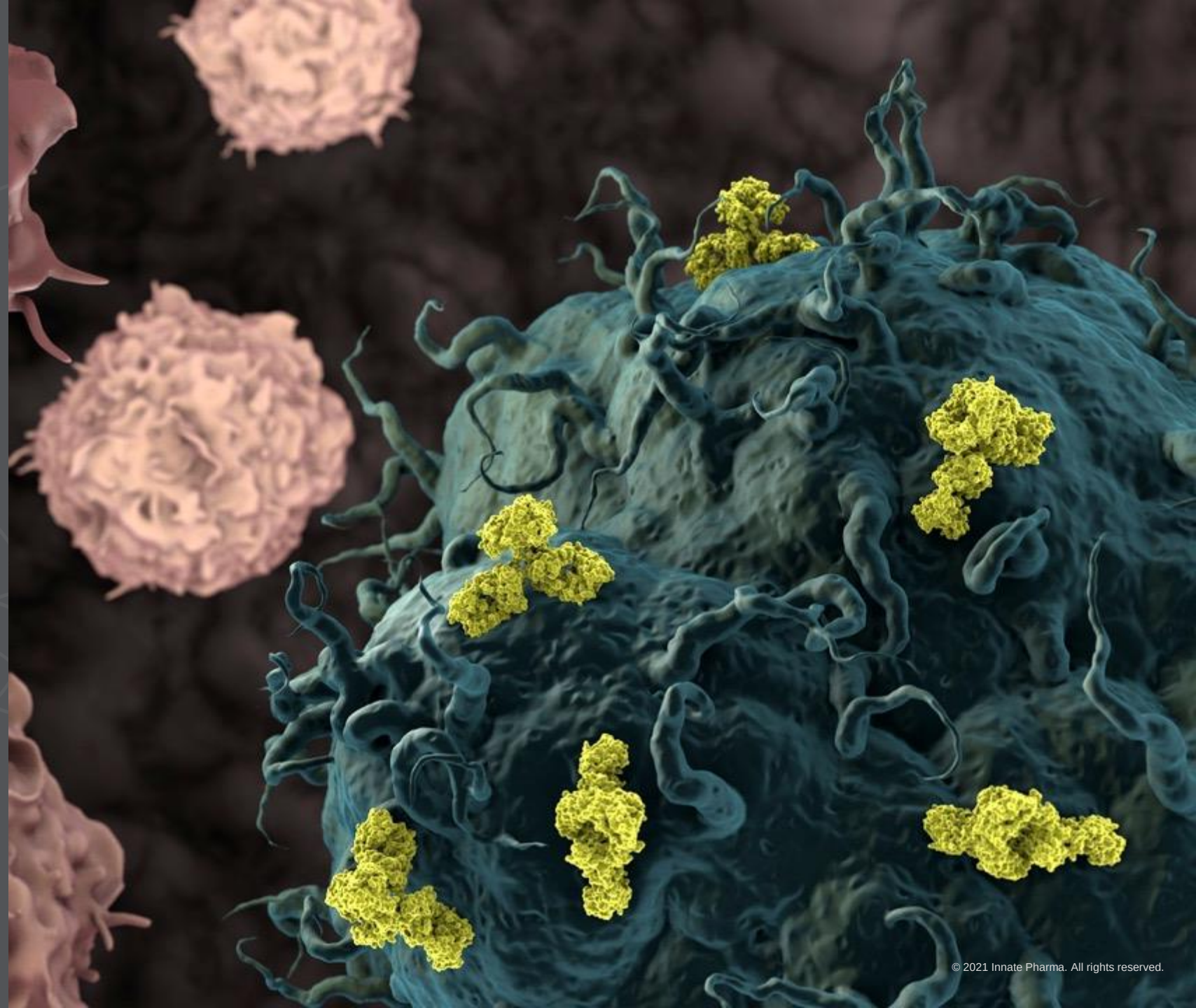
Q3 2022 Financial Results and Business Update

November 14, 2022

PARIS: IPH.PA NASDAQ: IPHA



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Speakers on Today's Call



Mondher Mahjoubi, MD
Chief Executive Officer
Chairman of the Executive Board



Joyson Karakunnel, MD, MSc, FACP
EVP, Chief Medical Officer



Yannis Morel, PhD
EVP, Business Development and Product Portfolio Strategy



Frédéric Lombard, MBA
SVP, Chief Financial Officer (Q&A)

Early R&D Focus to Drive Value Through Later Stage Partnerships

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Drive near-term value with Lacutamab

- Data-driven clinical development plan for PTCL underway
- Preliminary MF Phase 2 data in September at EORTC 2022
- Preliminary SS Phase 2 data at ASH 2022

Advance our innovative R&D pipeline

- IPH6401 ANKET™ BCMA selected by Sanofi
- IPH6101 ANKET™ CD123 Phase 1 trial underway
- IPH6501 ANKET™ CD20 progress towards IND

Build sustainable business through partnerships

- PACIFIC-9 Phase 3 NSCLC start
- $50M milestone received
- Phase 2 NeoCOAST data
- NeoCOAST-2 trial underway

PTCL: peripheral T cell lymphoma, MF: mycosis fungoides ; SS: Sezary syndrome ; IND: Investigational new drug, EORTC: European Organisation for Research and Treatment of Cancer, ASH: American Society of Hematology, NSCLC: non-small cell lung cancer

Our Robust Pipeline of Proprietary & Partnered Assets

Program	Target	Indication	Pre-Clinical	Phase 1	Phase 2	Phase 3	Comments
Lacutamab	KIR3DL2	Sézary syndrome		TELLOMAK (FDA FAST TRACK/EMA PRIME DESIGNATION)			Preliminary Phase 2 data at ASH 2022
		Mycosis Fungoides		TELLOMAK			Preliminary Phase 2 data presented EORTC 2022
		PTCL (combo with GemOx)		KILT			IST with LYSA
		PTCL (mono)		PHASE 1b			
Monalizumab*	NKG2A	Unresectable Stg III NSCLC				PACIFIC-9	
		Neoadjuvant NSCLC			NeoCOAST-2		
		Other		Other			
Avdoralimab	C5aR	BP			PHASE 2		Data expected 2024
IPH5201*	CD39	NSCLC			PHASE 2		Phase 2 announced
IPH5301	CD73	Cancer (solid tumors)		PHASE 1			
ANKET™	IPH6101** (CD123 tri-specific) IPH6401** (BCMA tri-specific) IPH6501 (CD20 tetra-specific) IPH62			PHASE 1 Pre-clinical			IPH6501 IND in 2023
Other preclinical	IPH25, IPH26 (Siglec-9), IPH43 (MICA/B ADC), IPH45			Pre-clinical			

GemOx: gemcitabine and oxaliplatin; PDX: anti-PD-1/L1; BP: Bullous Pemphigoid; NSCLC: Non-small cell lung cancer; PTCL: Peripheral T Cell Lymphoma; IND: Investigational new drug

* AstraZeneca ** sanofi

TELLOMAK Phase 2 Study in Two CTCL Subtypes

Potential for Sézary syndrome cohort to serve as pivotal trial

Sézary syndrome (N~60) ≥ 2 prior systemic therapies	Mycosis Fungoides (N~100) ≥ 2 prior systemic therapies		
Cohort 1	**Cohort 2#**	**Cohort 3#**	**All Comers***
All comers, SS, must include mogalizumab as prior therapy	KIR3DL2+ Simon 2 Stage	KIR3DL2- Simon 2 Stage	KIR3DL2+/-
Enrollment ongoing; *Preliminary data at ASH 2022, final data 2023*	*Cohort 2 advanced to Stage 2; Cohort 3 did not progress to Stage 2. Preliminary Stage 1 data presented in 2021. Preliminary data at EORTC 2022, final data in 2023*		

STUDY ENDPOINTS

- Primary endpoint: objective response rate
- Key secondary endpoints: progression-free survival, duration of response, quality of life and adverse events

TARGET EXPRESSION

- KIR3DL2 +/expression is defined as ≥1% using central evaluation of KIR3DL2 by immunohistochemistry
- *FFPE based Companion Diagnostic under development
- # Frozen assay

FFPE - formalin-fixed paraffin embedded

Encouraging Preliminary Results in KIR3DL2-Expressing Mycosis Fungoides Cohort of TELLOMAK trial

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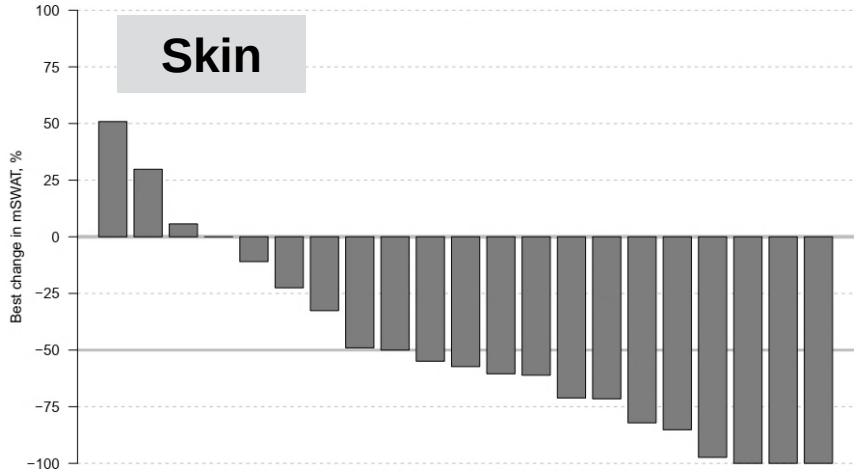
EORTC European Organisation for Research and Treatment of Cancer
The future of cancer therapy

Stage 1 results in MF patients with <u>at least 2 prior line therapy</u>

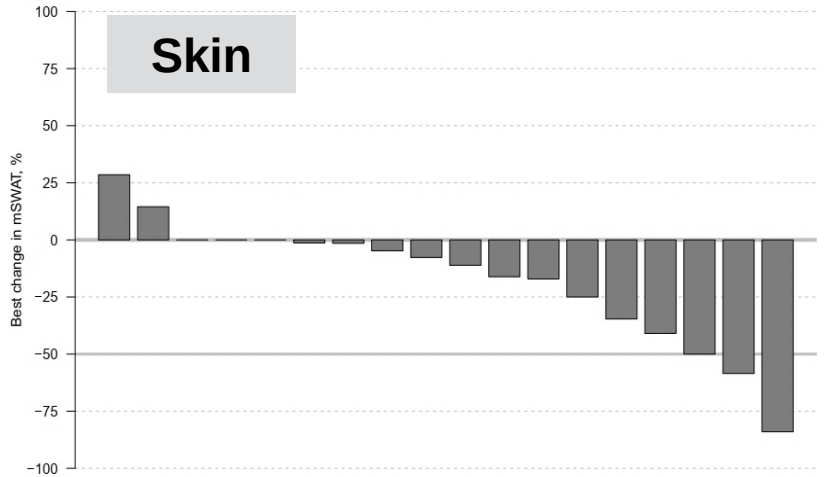
Cohort 2
KIR3DL2 expressors (n=21)



	N	% [95%CI]
Global ORR	6 (2CR; 4PR)	**28.6%** [13.8-50.0]
Skin	12 (2CR; 10 PR)	**57.1%** [36.5-75.5]

- Median PFS = 12.0 mo (4.6–15.4)
- Median DOR = 10.2 mo (4.6 – NA)
- N prior systemic therapies , Median (range) = 4 (2-8)

Cohort 3
KIR3DL2 non expressors (n=18)



	N	% [95%CI]
Global ORR	2 (2PR)	**11.1%** [3.1-32.8]
Skin	3 (3PR)	**16.7%** [5.8-39.2]

- Median PFS = 8.5 mo (4.1-NA)
- Median DOR = NA
- N prior systemic therapies , Median (range) = 4.5 (2-15)

* reported after data cut off (DCO) date, March 4, 2022. Bagot et al. EORTC CLTG 2022. ORR: objective response rate, PFS: progression-free survival, DOR: duration of respons, CR: complete response, PR: partial response

ASH abstract - Preliminary lacutamab Sézary syndrome Phase 2 data

Preliminary Sézary syndrome Phase 2 TELLOMAK data, final data due in 2023

1631 Lacutamab in Patients with Advanced Sezary Syndrome: Results from an Interim Analysis of the Tellomak Phase 2 Trial

Oral and Poster Abstracts
Session: 626. Aggressive Lymphomas: Prospective Therapeutic Trials: Poster I

Saturday, December 10, 2022, 5:30 PM-7:30 PM

Martine Bagot[1*], *Youn H. Kim, MD*[2], *Pablo L. Ortiz-Romero*[3*], *Pier Luigi Zinzani, MD, PhD*[4], *Neha Mehta-Shah, MD, MSCI*[5], *Olivier Dereure*[6*], *Marie Beylot-Barry*[7*], *Stéphane Dalle*[8*], *Eric D Jacobsen*[9], *Auris Huen, MD, PharmD*[10*], *Andrea Combalia*[11*], *Maxime Battistella, MD, PhD*[12*], *Alejandro A. Gru, MD*[13*], *Hélène Moins-Teisserenc, MD, PhD*[14*], *Michael S. Khodadoust, MD PhD*[15], *Julien Viotti*[16*], *Christine Paiva*[16*], *Marianna Muller*[16*] *and Pierluigi Porcu, MD*[17]

Introduction:

Cutaneous T-cell lymphoma (CTCL) is a rare form of non-Hodgkin lymphoma. Sezary syndrome (SS) is a rare and aggressive type of CTCL. It has a unique biology, with high expression of KIR3DL2 reported in more than 85% of patients (pts). SS is characterized by erythroderma, significant blood involvement with malignant SS cells, and lymphadenopathy. These pts suffer from debilitating itching and recurrent skin infections, often affecting quality of life (QoL). SS is distinguished by its poor prognosis, as the median survival of pts is approximately 5 years. To date vorinostat, is the only drug that has been approved by the FDA for the treatment of pts with CTCL with cutaneous manifestations who have received 2 prior systemic therapies.

Methods

TELLOMAK is an international, open-label, phase 2 trial with multiple cohorts (NCT03902184). Cohort 1, for which preliminary data is reported here, is designed to evaluate safety and efficacy of single agent lacutamab in pts with relapsed/refractory SS after at least 2 prior systemic therapies including mogamulizumab. Pts should have blood stage B2 at screening based on central evaluation by flow cytometry. Pts with evidence of large cell transformation are excluded. lacutamab 750 mg is administered as an intravenous infusion weekly × 5 weeks (w), every 2 w × 10, then every 4 w until progression or unacceptable toxicity. Primary endpoint is Objective Response Rate (ORR) by global response score. Secondary endpoints include additional efficacy endpoints, safety, QoL and translational assessments.

Results

At the data cut-off of April 29, 2022, 38 pts were enrolled and 37 pts treated with a median follow-up of 10.9 months (m) (range: <1, 34 m). Median age was 69 years (range: 50, 86). At study entry, the median prior lines of systemic therapies was 6 (range: 2, 11), 94.6% (n=35) had stage IVA and 5.4% (n=2) had stage IVB.

In the ITT population, Global Confirmed ORR was 21.6% (8/37; 95% CI 11.4, 37.2). Confirmed ORR in skin was 35.1% (13/37; 95% CI 21.8, 51.2). Confirmed ORR in blood was 37.8% (14/37; 95% CI 24.1, 53.9), with 21.6% (8/37) CR as best overall response. Furthermore, 1 of the 28 pts with lymph node involvement at baseline achieved a CR. Grade ≥ 3 Treatment-related (TR) Treatment-Emergent Adverse events (TEAEs) were observed in 6/37 (16.2%) pts, Serious TR TEAEs were observed in 2/37 (5.4%) and 4/37 (10.8%) pts discontinued study drug due to TEAE. Data from additional key endpoints will be presented.

Conclusion

In this highly refractory SS cohort from the TELLOMAK study, our preliminary data demonstrate that lacutamab shows clinical activity and favourable safety profile. Continued evaluation of this new targeted treatment option for patients with SS is warranted.

Patient baseline characteristics

37 post mogamulizumab patients with advanced, highly refractory and heavily pre-treated disease

6 median lines of prior therapy

10.9 months median follow up

Preliminary efficacy results

21.6% Global confirmed ORR

35.1% Skin confirmed ORR

37.8% Blood confirmed ORR

ASH 2022 abstracts; https://ash.confex.com/ash/2022/webprogram/Paper160239.html

Developing a New Standard of Care Across KIR3DL2 Expressing T-Cell Lymphomas

Cutaneous T-Cell Lymphoma (CTCL)

Phase 2 TELLOMAK Trial

Sézary Syndome

80-200 patients
>90% KIR3DL2 expression

- Trial expanded (pivotal potential)
- Fast Track & PRIME Designation
- Preliminary data at ASH 2022

Mycosis Fungoides

2,200-4,400 patients
~50% KIR3DL2 expression

- Advanced Cohort 2 to Stage 2 with earlier-than-expected efficacy signal
- 2 active cohorts – KIR3DL2 expressing and all comers
- Reported preliminary Cohort 2, Stage 1 data at ICML – 28.6% ORR
- Preliminary data presented at EORTC

Peripheral T-Cell Lymphoma (PTCL)

Multi-trial Strategy From Relapsed to Frontline PTCL

~18,000 patients
~50% KIR3DL2 expression

- Monotherapy + combination with GemOX (LYSA) & SOC in relapsed setting
- Follow data into earlier lines (in combination with CHOP)

GemOX: gemcitabine and oxaliplatin SOC: Standard of care, CHOP: cyclophosphamide, hydroxydaunomycin, oncovin, prednisolone

Monalizumab: Early NSCLC

Phase 3 program underway, sponsored by AstraZeneca, for patients with unresectable, Stage III NSCLC

NSCLC
Phase 3 in unresectable, Stage III

NSCLC

STAGE I | STAGE II | STAGE III | STAGE IV

Phase 2 NeoCOAST*
Stg I-IIIA NSCLC
monalizumab + durvalumab
Data at ESMO 2022

Phase 2 COAST*
Unresect. Stg III NSCLC
monalizumab + durvalumab
Data published in JCO

Phase 2 NeoCOAST-2*
Stg II-IIIA NSCLC
monalizumab + durvalumab + chemo
In progress TiP AACR 2022

Phase 3 PACIFIC-9*
Unresect. Stg III NSCLC
monalizumab + durvalumab
In progress

Illustrative

NSCLC: Non-small cell lung cancer; Chemo: chemotherapy; Unresect.:unresectable; Stg: stage; JCO: Journal of clinical oncology

*Study run by AstraZeneca

ANKET™: Innate's Proprietary NK Cell Engager Platform

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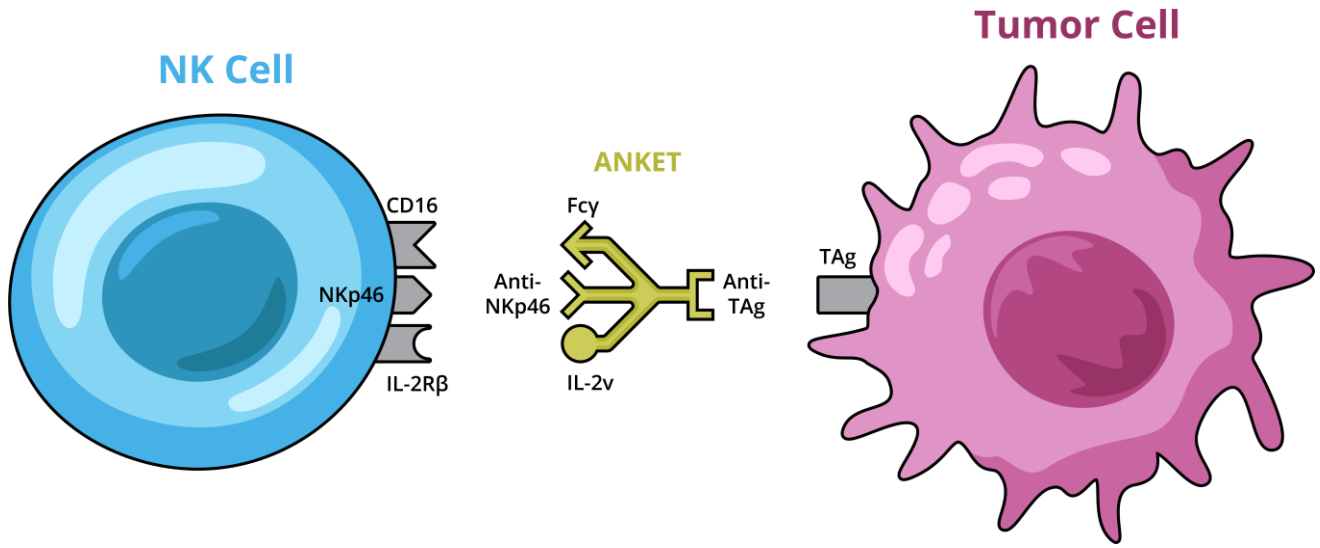
ANKET™
Antibody-based NK cell Engager Therapeutics

is a versatile, fit-for-purpose technology
that is creating
an entirely new class
of tri- and tetra-specific molecules
to induce synthetic immunity
against cancer



TAg: Tumor antigen

Gauthier et al. Cell 2019 ; Demaria et al., Cell Reports Medicine 2022

ANKET™ molecules have the potential to strongly control tumor proliferation via the proliferation and activation of NK cells

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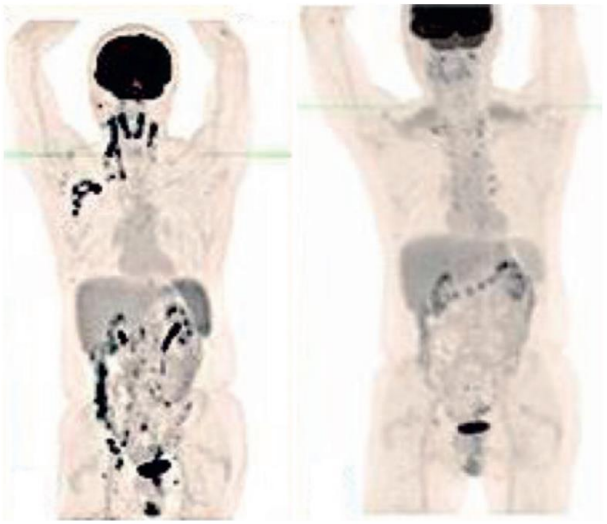
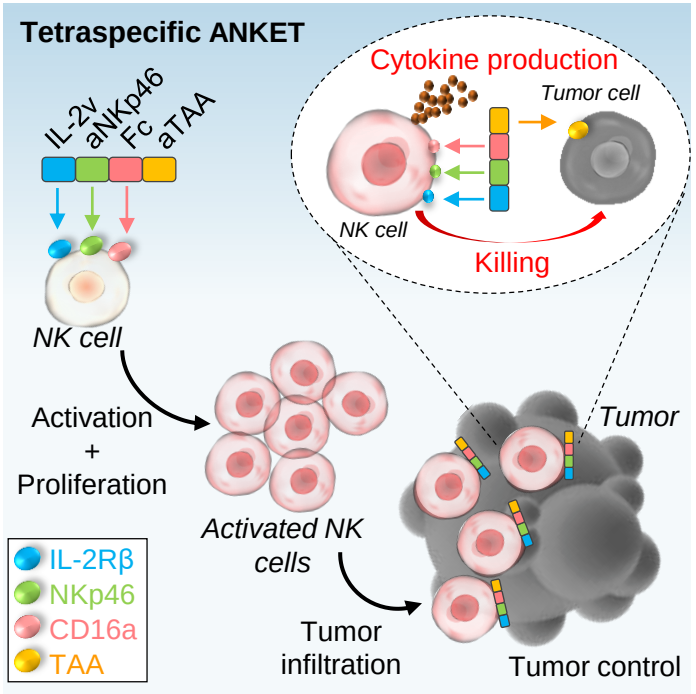
NK cells are proven anti-tumor cells



Before-and-after PET scans of a complete responder from the MDACC trial.

CANCER DISCOVERY APRIL 2020

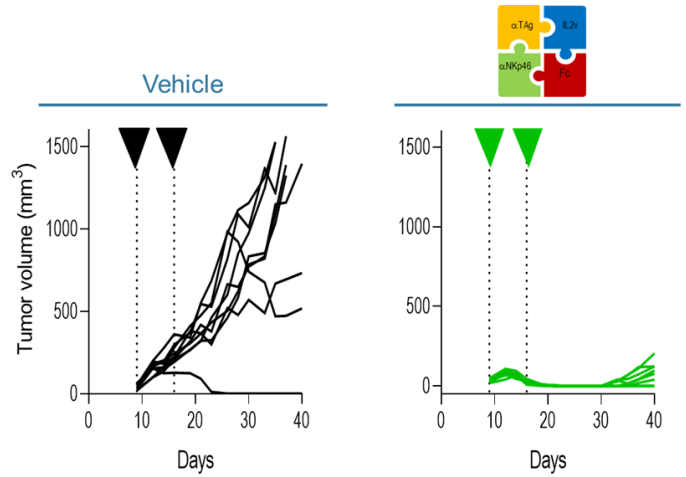
Innate Pharma differentiated MoA



ANKET™
Antibody-based NK cell Engager Therapeutics

CELL REPORTS MEDECINE OCTOBRE 2022

Strong preclinical activity



Growing clinical pipeline

IPH6101 (CD123)	sanofi	Phase 1
IPH6401 (BCMA)	sanofi	Pre-IND
IPH6501 (CD20)		Pre-IND
Multiple Targets		Preclinical

Two molecules from Innate ANKET™ engine selected by Sanofi

Anti-CD123 IPH6101/SAR'579 currently in Phase 1 in AML ; Anti-BCMA IPH6401/SAR'514 progressing toward IND

Multispecific antibody engineering targeting a tumor antigen, NKp46 and CD16a

IPH6101/SAR'579

ANKET™ Platform

Anti-CD123

Phase 1 in AML

IPH6401/SAR'514

ANKET™ X CROSSODILE®

Anti-BCMA

Progressing toward IND

€13M milestone payments announced to Innate to date

€400m potential total milestones

Royalties on net sales

Sanofi is responsible for the development, manufacturing and commercialization of products resulting from the research collaboration

sanofi + innate pharma

Presentations at the ASH 2022 Annual Congress

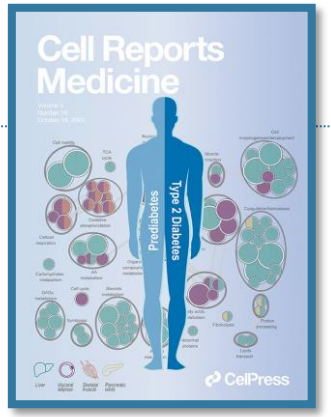
What will be presented?

December 2022

- Lacutamab Phase 2 SS Cohort 1
- Antibody-Based NK Cell Engager Therapeutics
- IPH6101 (CD123 ANKET) (Sanofi)
- IPH6401 (BCMA ANKET) (Sanofi)

Publications

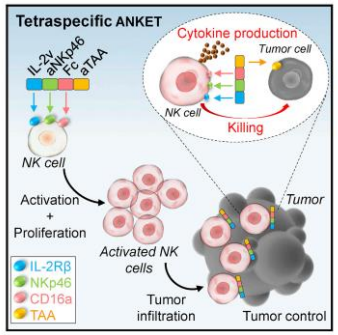
October 2022



Cell Reports
Medicine

Antitumor immunity induced by antibody-based natural killer cell engager therapeutics armed with not-alpha IL-2 variant

Graphical abstract



Highlights

- Tetraspecific ANKETs constitute a technological platform to harness NK cells in cancer
- Tetraspecific ANKETs target NKp46, CD16a, IL-2Rβ, and a tumor antigen
- Tetraspecific ANKETs stimulate NK cell proliferation, activation, and antitumor functions
- *In vivo*, tetraspecific ANKETs promote NK cell tumor accumulation and antitumor activity

Tetraspecific antibodies from ANKETs highlighted in October 2022 issue of Cell Reports Medicine

Cell Reports October- https://www.cell.com/cell-reports-medicine/home / ANKET https://www.cell.com/cell-reports-medicine/fulltext/S2666-3791(22)00338-X

Upcoming catalysts

Delivering across our strategic objectives

2022

- Lacutamab Phase 2 TELLOMAK
  Preliminary data (SS) @ ASH 2022

2023

- IPH6501 ANKET™ (CD20) | IND Filing
- IPH6401 ANKET™ (BCMA) | IND progress
- Lacutamab Phase 2 TELLOMAK
  Final data SS & MF
- Lacutamab Phase 1 PTCL
  preliminary data

2024+

- Monalizumab PACIFIC-9 | Phase 3 readout
- Monalizumab NeoCOAST-2 | Phase 2 readout
- IPH5201 (CD39) MATISSE | Phase 2 readout
- IPH6501 ANKET™ (CD20) | Phase 1 data
- IPH6101 ANKET™ (CD123) | Phase 1 data
- IPH6401 ANKET™ (BCMA) | Next steps
- Lacutamab SS & MF | Next steps
- Lacutamab Phase 1 PTCL | Phase 1 data

IND : Investigational new drug

Early R&D Focus to Drive Value Through Later Stage Partnerships

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Lacutamab

- TELLOMAK preliminary data presentations in MF and SS in 2022
- PTCL studies underway

R&D pipeline

- Advancing proprietary CD20 tetra-specific NK cell-targeted platform and portfolio
- Advancing our adenosine franchise

Partnerships

- Phase 3 monalizumab collaboration with AstraZeneca
- Sanofi anti-CD123 and anti-BCMA tri-specific development plan underway

Cash runway into H2 2024 with €151.4 million* as of September 30, 2022

** Including short term investments (€21.6 million) and non-current financial instruments (€34.3 million).*



Questions and Answers

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