innate pharma

INVESTOR PRESENTATION

23 OCTOBER 2018

IPH
LISTED
EURONEXT

FORWARD LOOKING STATEMENT

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TRANSACTION HIGHLIGHTS
ACCELERATION OF INNATE PHARMA'S STRATEGY

1. Innate Pharma ("IPH") to become fully integrated oncology-focused biotech
2. Lumoxiti, an innovative treatment for relapsed/refractory HCL patients
3. Building rare cancers franchise & leveraging synergy with IPH4102
4. Following promising data AstraZeneca ("AZ") obtains full rights to monalizumab in oncology
5. Expansion of R&D collaboration broadens potential and accelerates development
6. Strong financial position allows sustainable investment in science

The transaction enables the leveraging of each parties' strengths, with IPH benefiting from AZ's product development and commercialization expertise and AZ benefiting from IPH's world class R&D capabilities

TRANSACTION SUMMARY – KEY COMPONENTS
BUILDING LONG-TERM STRATEGIC PARTNERSHIP

1	IPH acquires US & EU rights to **Lumoxiti** with **staged collaborative transition** of operations from AZ(1,2)
2	AZ will obtain full oncology rights to **monalizumab**, expanding its partnership pursuant to the 2015 agreement
3	IPH to grant AZ an exclusive option to **IPH5201** (anti-CD39), with IPH retaining co-commercialization rights in Europe
4	AZ acquires **options to four additional pre-clinical** IPH programs
5	AZ to acquire a **9.8%** post money equity stake at **EUR10.00 per share** with a lock-up and standstill agreement in place

(1) U.S. commercial rights. Innate will continue development and commercialization in the EU, pending regulatory submission and approval
(2) Lumoxiti refers to Moxetumomab Pasudotox-tdfk

IPH PORTFOLIO
BROAD & BALANCED IMMUNO-ONCOLOGY FRANCHISE

IPH Proprietary Portfolio / Pipeline

Product	Indications	Pre-clinical / Dose Escalation / Signal Detection / Pivotal / Approved	Upcoming Events
Lumoxiti (moxetumomab pasudotox-tdfk)	Hairy Cell Leukaemia	Approved	• Commercialization following FDA approval on 13 Sep 2018 in Hairy Cell Leukaemia
IPH4102 (KIR3DL2)	CTCL / Sézary Syndrome	Signal Detection	• **H1 19**: Ph-II initiation
IPH5401 (C5aR)	NSCLC / HCC, with Durvalumab	Dose Escalation	• **H2 19**: Dose escalation data and start of cohort expansion
IPH5301 (CD73)	Cancer	Pre-clinical	• Development towards the clinic
Various Pre-Clinical Programmes	Cancer	Pre-clinical	• Development towards the clinic

IPH Partnered Pipeline

Product	Indications	Pre-clinical / Dose Escalation / Signal Detection / Pivotal / Approved	Upcoming Events
Monalizumab (NKG2A)	SCCHN – Post chemo, with Cetuximab	Signal Detection	• **H2 19:** data in PD1 pre-treated patients • Next steps currently in development
	SCCHN – IO Pre-treated, with Cetuximab	Signal Detection	
	MSS CRC, with Durvalumab	Signal Detection	
IPH5201 (CD39)	Cancer	Pre-clinical	• **H2 19:** Potential IND submission and first patient into trials
Additional AZ Research Collaboration	Cancer	**Not Disclosed**	
IPH61[1]	Cancer	Pre-clinical	• N/A

(1) Collaboration with Sanofi

LUMOXITI – A STRATEGIC FIRST STEP TO BUILD A COMMERCIAL PORTFOLIO
BRINGING INNOVATIVE TREATMENT TO PATIENTS

First-In-Class Treatment for HCL

Label

- Approved under **FDA priority review**
- Adult patients with relapsed or refractory HCL who received at least two prior systemic therapies including treatment with a PNA
- Lumoxiti is not recommended in patients with severe renal impairment (CrCl ≤ 29 mL/min)

Mechanism of Action

- A recombinant mouse scFv coupled to **bacterial toxin**
- Selective binding to CD22
- Internalization and cell death induction triggered by toxin

Addressable Patient Population

- ~1,000 people are diagnosed with HCL in the US each year
- Over **1/3 of patients** would be eligible for Lumoxiti

Significant Near-Term Opportunity

Imminent launch in the US

Filing in the EU expected in H2 2019

Pivotal Trial Efficacy Results

80% Hematologic remission

30% Durable CR

34% Negative MRD

Addressing Significant Unmet Need

Relapses occur in about half of the patients in the long-term

Lumoxiti marks first new treatment option for HCL patients in over 20 years

LUMOXITI – STUDIED IN THE LARGEST TRIAL TO DATE IN PATIENTS WITH R/R HCL
CLINICAL PERFORMANCE VS. BENCHMARKS

Unmet Medical Need In HCL

- **Durable CR**
- **Eradication of MRD**

Clinical Performance vs. Benchmarks[1]

		Moxetumomab Pasudotox	Vemurafenib[2]	Ibrutinib[2]	Rituximab[2]	PNA[4]
		N=80	N=28 & 26	N=28	N=24	N<30
CR Rate	INV	**51.3%**	35% & 42%[3]	14%	13%	20%-75%
	BICR	**41.3%**	N/A	N/A	N/A	N/A
Durable CR Rate	BICR	**30.0%**	N/A	N/A	N/A	N/A
MRD negativity CR Rate by IHC	BICR	**33.8%**	0% Central Lab	N/A	8% INV	N/A

Note: BICR – Blinded Independent Central Review; CR – Complete Response; IHC – Immunohistochemistry; INV - Investigator Assessment; MRD – Minimal Residual Disease; N/A Not Available

(1) Cross-trial comparisons should not be made given differences in response evaluation

(2) Tiacci et al, NEJM 2015; Jones et al, ASH 2016; Nieva et al, Blood 2003; Tiacci et al, Blood 2017

(3) Based on response, evaluable patients N=26 & 24

(4) Activity of PNA is not well documented in the literature, data based on Zinzani P et al; Cancer 2010 and Rosenberg J et al; Blood 2014

LUMOXITI – ESTIMATED US PATIENT POPULATION
TREATMENT DETERMINED BY DURATION OF RESPONSE TO PREVIOUS THERAPY

1st Line Treatment

Treatment Option	Estimated Number of Patients
PNA – Cladribine or Pentostatine	**~950**

2nd Line Treatment

Treatment Option	Estimated Number of Patients
• Relapse > 2 years – Retreat with same **PNA +/-R** • Relapse < 2 years – Alternate **PNA + R**	**~550**

3rd & 4th Line Treatment

Treatment Option	Estimated Number of Patients
Lumoxiti	**~380**

PNA – purine nucleosides analogs . R – Rituximab

LUMOXITI – IPH HAS FULL COMMERCIAL RIGHTS TO US AND EU TERRITORIES
STAGED COLLABORATIVE TRANSITION WITH AZ

US Rights

- In agreement with IPH, AZ will commercialize Lumoxiti in the US up to mid-2020, with IPH beginning co-commercialization activity in mid-2019
  - $10m sales milestone
- IPH is responsible for all costs except for some cost sharing in 2019 and will book all revenues for Lumoxiti in the US

EU Rights

- IPH will be immediately responsible for all commercialization activities as well as for all costs and revenues for Lumoxiti in the EU territory, pending regulatory approval
  - IPH to receive regulatory and development support from AZ
- Development and regulatory strategy ongoing

MONALIZUMAB – IN COMBINATION WITH CETUXIMAB IN R/R SCCHN
ENCOURAGING CLINICAL DATA PRESENTED AT ESMO

	Monalizumab+ Cetuximab	Cetuximab	Pembrolizumab	Nivolumab
N patients	40	103	247	240
ORR	**27.5%**	**12.6%**	**14.6%**	**13.3%**
Med. PFS	**5.0** mo	**2.3** mo	**2.1** mo	**2.0** mo
Median OS	**10.3** mo	**5.8** mo	**8.4** mo	**7.5** mo
	Fayette et al, ESMO 2018	Vermorken et al, JCO 2007	Soulieres et al, AACR 2018	Ferris et al, NEJM 2016

AstraZeneca to exercise its option to gain exclusive rights to co-develop and commercialize monalizumab

EXPANDED RESEARCH COLLABORATION WITH AZ
VALIDATES IPH'S LEADING IMMUNO-ONCOLOGY PLATFORM

IPH5201 (anti-CD39)

Overview

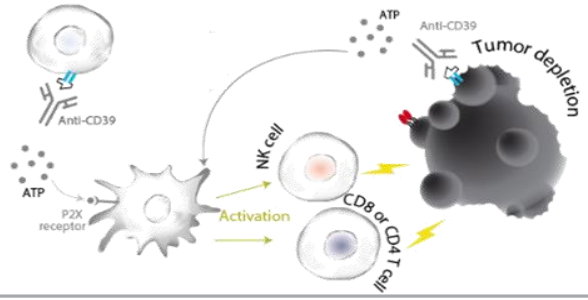
- Anti-CD39 antibody
- Blocks the enzyme activity of both soluble and membrane-associated forms

MoA

- CD39 promotes immuno-suppression by degrading pro-inflammatory ATP into immunosuppressive adenosine

Potential Applications

- Multiple solid and liquid tumors



Research Collaborations – Key Terms

Rights Granted	• IPH to grant AZ the option to an exclusive license to IPH5201
Option Period	• Before Ph-III trial start
Split of Responsibilities	• IPH remains responsible for most pre-clinical activities subject to close coordination with AZ
Late Stage Opt-in	• Prior to first registration trial, IPH may elect to co-fund late stage development costs in exchange of EU profit sharing

FINANCIAL TERMS – TRANSACTION STRENGTHENS IPH'S CASH POSITION AND ABILITY TO INVEST IN ITS PIPELINE AND PLATFORM

Payments by AZ

Monalizumab

- **Opt-in Payment:**
  - > USD100m
- **Next Milestone:**
  - > USD100m, paid at the initiation of Ph-III trials
- **Other Development & Regulatory Milestones:**
  - > Up to USD400m
- **Commercial Milestones:**
  - > Up to USD425m
- **Royalties:**
  - > Double digit tiered
- **Co-promotion scheme:**
  - > Innate retains the right to participate in profit sharing scheme within the EU in exchange for co-funding Ph-III development

IPH5201

- **Upfront Payments:**
  - > USD50m
- **Near Term and Opt-in Future Payments:**
  - > USD35m
- **Further Development & Regulatory Milestones:**
  - > Up to USD300m
- **Commercial Milestones:**
  - > Up to USD500m
- **Royalties:**
  - > High single digit-double digit tiered
- **Other Information:**
  - > AstraZeneca to take charge of development costs up to Ph-III
- **Co-promotion scheme:**
  - > Same as monalizumab

Additional 4 Preclinical Molecules

- **Upfront Payments:**
  - > USD20m (for all targets)
- **Opt-in Future Payments:**
  - > USD35m per target
- **Further Development & Regulatory Milestones:**
  - > Up to USD320m per target
- **Commercial Milestones:**
  - > Same as IPH5201 per target
- **Royalties:**
  - > Same as IPH5201
- **Other Information:**
  - > After opt-in and up to Ph-III, AstraZeneca will take all the development costs
- **Co-promotion scheme:**
  - > Same as monalizumab

Payments by IPH

Lumoxiti

- **Upfront Payments**
  - > $50m
- **Near Term Payments**
  - > $10m based on 2019 US sales
  - > $15m at EU regulatory submission

Equity Investment

9.8% of basic shares outstanding post transaction: (i) investment price of EUR10.00 / share (ii) investment value of c.EUR63m

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