

innate pharma

Company overview

November 2026

EURONEXT: IPH.PA NASDAQ: IPHA

Disclaimer on forward-looking information and risk factors

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A focused oncology company built for impact

High-conviction targets

In-house expertise and technologies to discover differentiated Ab therapeutics



Clinical & commercial value

Focused on 3 high-value clinical assets
Short-term catalysts

Smart & agile execution

Reshaped and fit-for-purpose organization

Ab: Antibody. Future commercial value based on management's expectations.

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A late-stage partnered portfolio and proprietary ADC pipeline

PARTNERED ASSETS

LACUTAMAB
Anti-KIR3DL2 mAb in CTCL

TELLOMAK-3 PHASE 3 INITIATED

sobi

- **Strategic partnership with Sobi :** Innate to conduct Phase 3 TELLOMAK-3 in CTCL, supporting planned AA filing in SS based on Phase 2 data
- Phase 2 TELLOMAK in CTCL showed durable activity and good tolerability in MF and SS

DEAL FINANCIALS
$75M Upfront
Up to $40M near-term milestones connected to SS
Up to additional $465M tied to Sobi option + regulatory/commercial milestones
Tiered double-digit royalties on future net sales

MONALIZUMAB
Anti-NKG2A mAb in NSCLC

PACIFIC-9 PHASE 3 HIGH-LEVEL DATA READOUT IN H1 2027

AstraZeneca

- **PACIFIC-9 Phase 3 enrollment completed Sept 2025**
- Phase 2 COAST in unresectable NSCLC suggested prolonged PFS of durvalumab + monalizumab versus durvalumab alone

DEAL FINANCIALS
$450M received
Up to additional $825M in milestones
50% profit share in Europe
Double-digit royalties in US and RoW

PROPRIETARY PIPELINE

IPH4502
Nectin-4 ADC in solid tumors

IPH4502 PHASE 1 DATA: H2 2026

Wholly Owned by Innate Pharma

- **Dose escalation enrollment completed July 2026**
- Preliminary anti-tumor activity with objective responses observed in post-EV UC, as well as NSCLC and HNSCC
- Favorable safety profile observed to date, with limited hematological toxicity

Preclinical ADC pipeline

- A differentiated ADC preclinical pipeline built on Innate's proprietary linker technology

mAb: Monoclonal Antibody; ADC: Antibody-Drug Conjugate; CTCL: Cutaneous T-cell Lymphoma; NSCLC: Non-Small Cell Lung Cancer; PFS: Progression-Free Survival; EV: Enfortumab Vedotin; FDA: US Food and Drug Administration; US: United States; RoW: Rest of the World. Lacutamab Monalizumab and IPH45 are investigational new drugs under clinical evaluation. They are not approved for any indication, and their safety and efficacy have not been established. All milestones, projected sales, and timelines are based on management's current expectations and subject to change. Further details regarding financials are available in the 2025 Universal Registration Document.

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Lacutamab, anti-KIR3DL2 mAb

Partnered with Sobi, progressing toward first patient in TELLOMAK-3 and a planned accelerated approval filing



mAb: Monoclonal Antibody. Lacutamab is an investigational antibody under clinical evaluation. It is not approved for any indication, and its safety and efficacy have not been established.

Strategic partnership with Sobi to license lacutamab in T-cell lymphoma

TELLOMAK-3 confirmatory Phase 3 study in cutaneous T-cell lymphoma (CTCL) initiated, a key step toward filing for accelerated approval of lacutamab in Sézary syndrome, a subtype of CTCL

Partnership overview

Agreement	1	Partnership enabled Phase 3 initiation
Phase 3 TELLOMAK-3	2	**Innate** conducting confirmatory Phase 3 in CTCL
Accelerated approval filing in SS	3	**Innate** to file for AA in Sézary syndrome based on Phase 2 data
Commercialization	4	**Sobi** will receive exclusive global rights to commercialize lacutamab upon potential AA
TELLOMAK-3 results	5	**Sobi** is eligible to full global development rights following positive Phase 3 results

Transaction Financials

$75M
Upfront payment received

Up to $40M
Near-term milestones connected to SS

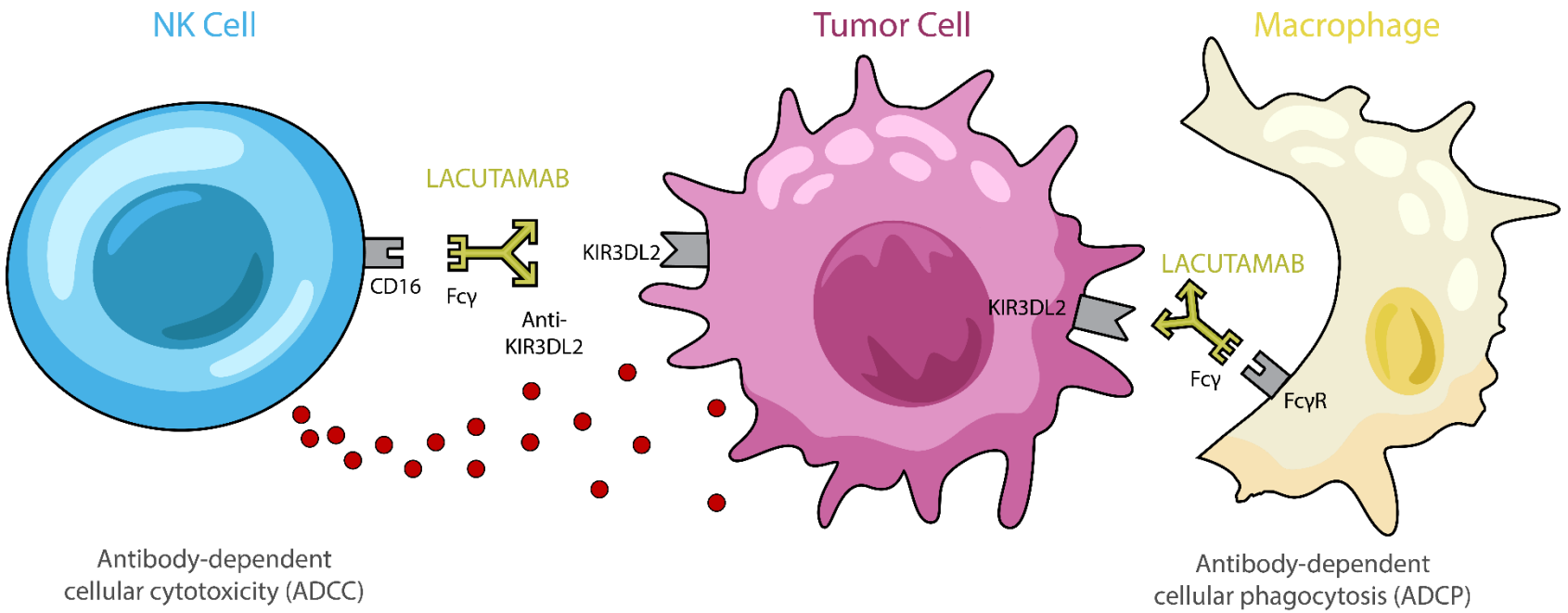
Up to additional $465M
Related to the option for Sobi to get full development rights and to future regulatory and commercial milestones

Double-digit royalties
Tiered royalties on future net sales

Lacutamab is an investigational antibody under clinical evaluation. It is not approved for any indication, and its safety and efficacy have not been established. Potential future milestone payments are contingent on contractual conditions and are not guaranteed. Regulatory outcomes depend on clinical trial results and health authority review. Approval is not guaranteed. AA: accelerated approval. SS: Sézary syndrome.

Lacutamab is a cytotoxic antibody targeting KIR3DL2 expressed on tumors

Precise targeting of tumor-specific antigen leads to deep tumor cell depletion



KIR3DL2 is a tumor-associated antigen expressed in CTCL and PTCL

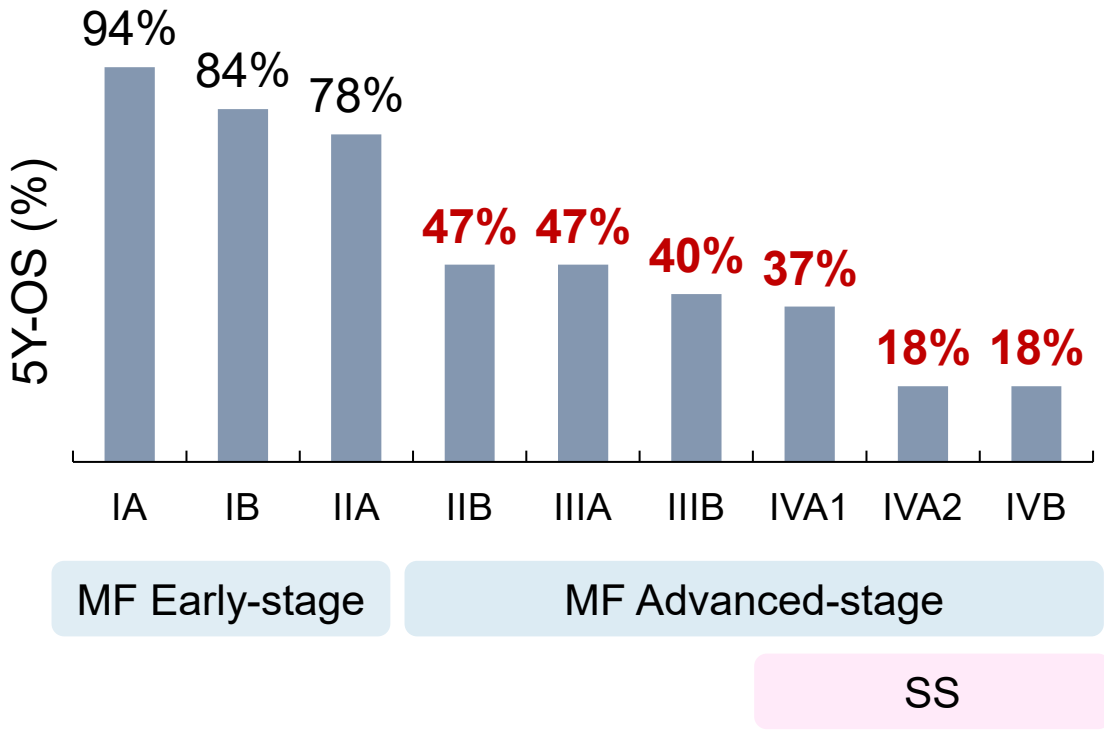
KIR3DL2 represents a high-conviction target in CTCL and PTCL with high unmet medical need

	Sézary syndrome (SS)	Mycosis fungoides (MF)	Peripheral T-cell lymphoma (PTCL)
Epidemiology in US	**~5% of CTCL** ~300 patients *incidence* ~1,000 patients *prevalence*	**~70% of CTCL** ~3,000 patients *incidence* ~12,000 patients *prevalence*	**~10% of NHL** ~7,000 patients *incidence*
KIR3DL2 expression	85–95% of patients (Expression ≥1%)	~50% of patients (Expression ≥1%)	~40% of patients (Expression ≥5%)
Disease	Aggressive disease with Significant blood involvement	Chronic disease Appearing in the skin	Aggressive disease Heterogeneous group
Prognosis	5-Year OS ~ 10-20%	Poor prognosis for advanced stages	5-Year OS ~ 30%

NHL: Non-Hodgkin Lymphoma; 5-Year OS: 5-Year Overall Survival. U.S. CTCL incidence estimates are based on real-world claims analyses using Komodo Health data conducted by ZS Associates for Innate Pharma. CTCL prognosis data are derived from Agar et al., Journal of Clinical Oncology, 2010. PTCL epidemiology and survival data are based on published registry-based analyses, including Feliciano et al., 2018. KIR3DL2 expression in CTCL is based on internal Innate Pharma (IPH) data. KIR3DL2 expression in PTCL is based on Decroos et al., 2023. Lacutamab is partnered with Sobi, effective September 2026.

CTCL patients face a high unmet medical need

Poor outcomes in advanced stages



Strong impact on quality of life





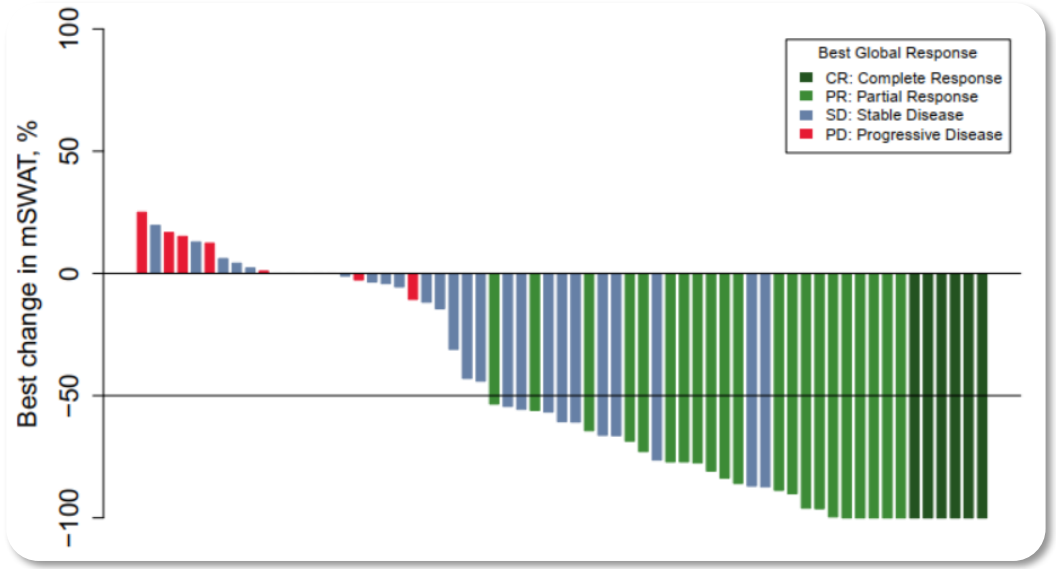
- Pruritus (itching)
- Visible disfiguring skin changes
- Fatigue and sleep disturbance

From Agar et al, J Clin Oncol, 2010. © photos from DermNet. Lacutamab is partnered with Sobi, effective September 2026.

In Phase 2 TELLOMAK, lacutamab demonstrated clinical benefit in SS patients with ≥2 prior lines of systemic therapy including mogamulizumab

TELLOMAK Phase 2 - Cohort 1 (N=63 patients) : SS patients post-mogamulizumab ≥2 prior lines of systemic therapy

Global ORR	42.9% (95% CI [31.4-55.1])
Median DoR	25.6 months (95% CI [11.0-NE])
Median time to Global Response	2.8 months (range [1-10])
Global Clinical Benefit Rate (CR+PR+SD)	87.3% (95% CI [76.9-93.4])
Median PFS	8.3 months (95% CI [5.1-18.7])



2025 ASCO ANNUAL MEETING

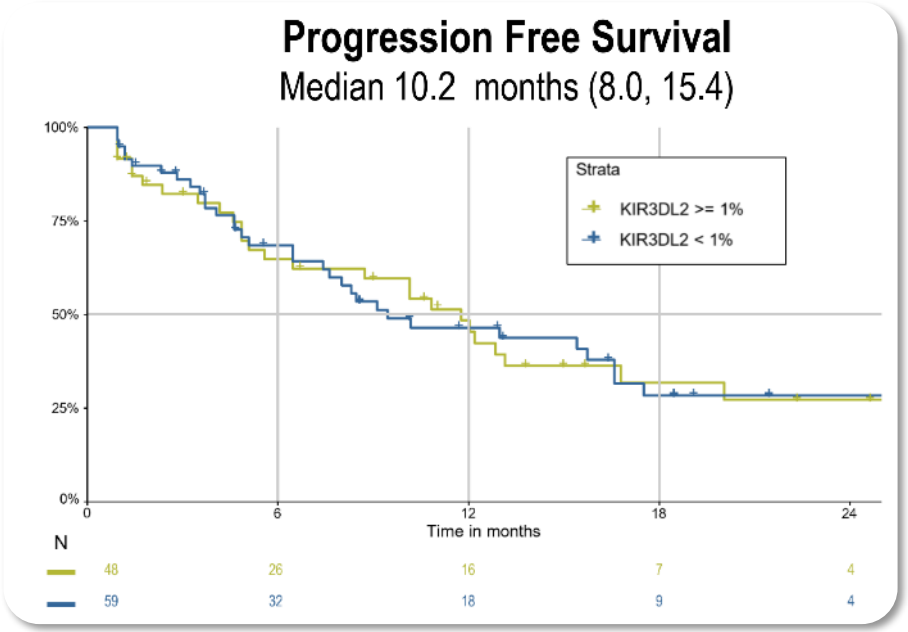
Phase 2 data intended to support a potential AA in SS post-mogamulizumab

From Porcu et al, J Clin Oncol, 2025; Data cut-off (DCO): OCT 17, 2024. CI: Confidence Interval; CR: Complete Response; PR: Partial Response; SD: Stable Disease; PD: Progressive Disease; ORR: Objective Response Rate; DoR: Duration of Response; AA: Accelerated Approval. All milestones and timelines are based on management's current expectations and subject to change. Lacutamab is an investigational antibody under clinical evaluation. It is not approved for any indication, and its safety and efficacy have not been established. Lacutamab is partnered with Sobi, effective September 2026.

In mycosis fungoides, lacutamab induced deep responses regardless of KIR3DL2 expression level

TELLOMAK Phase 2 – MF Cohorts KIR3DL2 ≥ 1% or KIR3DL2 <1% (N=107 patients), ≥2 prior lines of systemic therapy

Global ORR	19.6% (95% CI [13.2-28.1])
Median DoR	13.8 months (95% CI [7.4-NE])
Median time to Global Response	2.8 months (range [1-37])
Skin response	29.0% (95% CI [21.2-38.2])
Global Clinical Benefit Rate (CR+PR+SD)	86.0% (95% CI [78.2, 91.3])
Median PFS	10.2 months (95% CI [8.0-15.4])



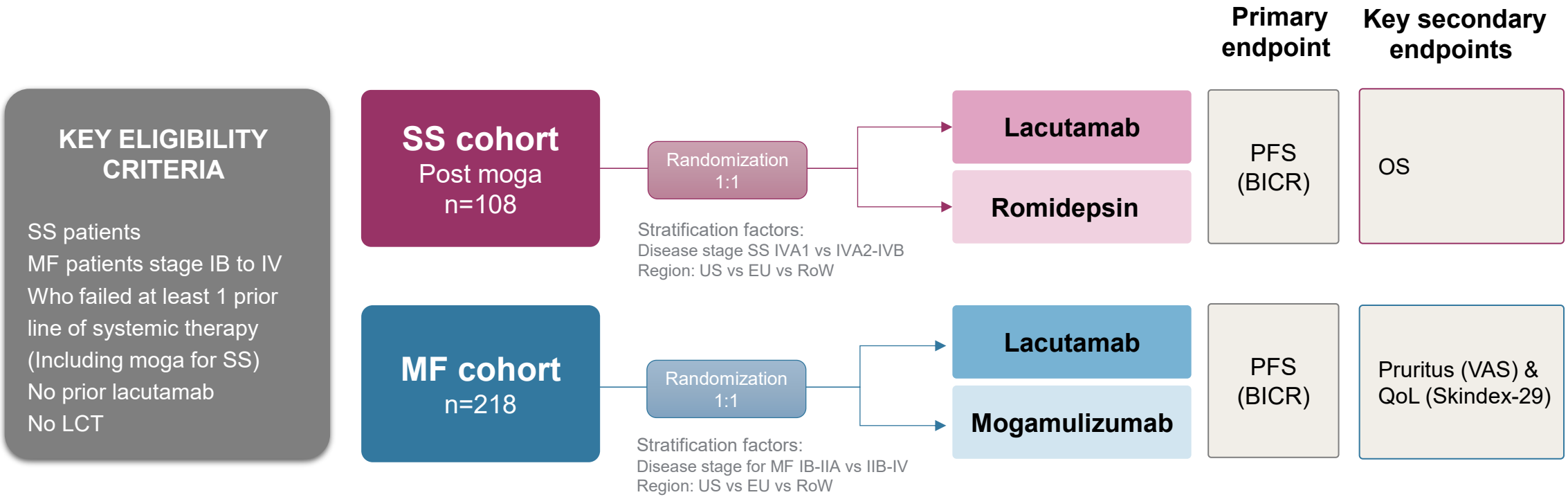
2025 ASCO ANNUAL MEETING

In MF, lacutamab induced a long PFS matched by improvement of Quality of Life

From Porcu et al, J Clin Oncol, 2025; Data cut-off (DCO): OCT 17, 2024. Lacutamab is an investigational antibody under clinical evaluation. It is not approved for any indication, and its safety and efficacy have not been established. Lacutamab is partnered with Sobi, effective September 2026.

TELLOMAK-3, a confirmatory Phase 3 trial in CTCL

Open-label, multi-center, randomized comparative Phase 3 study of lacutamab in R/R patients with MF or SS



Protocol includes separate statistical analyses by CTCL sub-type (SS & MF)

TELLOMAK-3 phase 3 initiated with FPI expected in Q1 2027

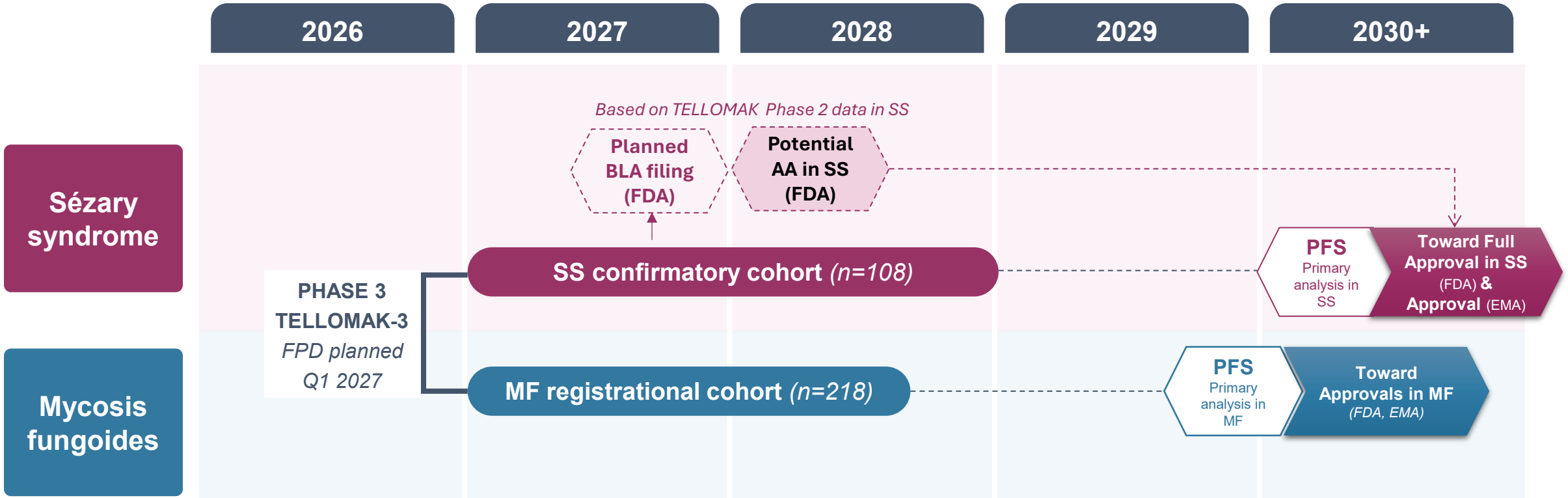
LCT: Large Cell Transformation; BICR: Blinded Independent Central Review; OS: Overall Survival; VAS: Visual Analogue Scale; FPI : First Patient In. Lacutamab is an investigational antibody under clinical evaluation. It is not approved for any indication, and its safety and efficacy have not been established. Lacutamab is partnered with Sobi, effective September 2026.

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sobi Lacutamab

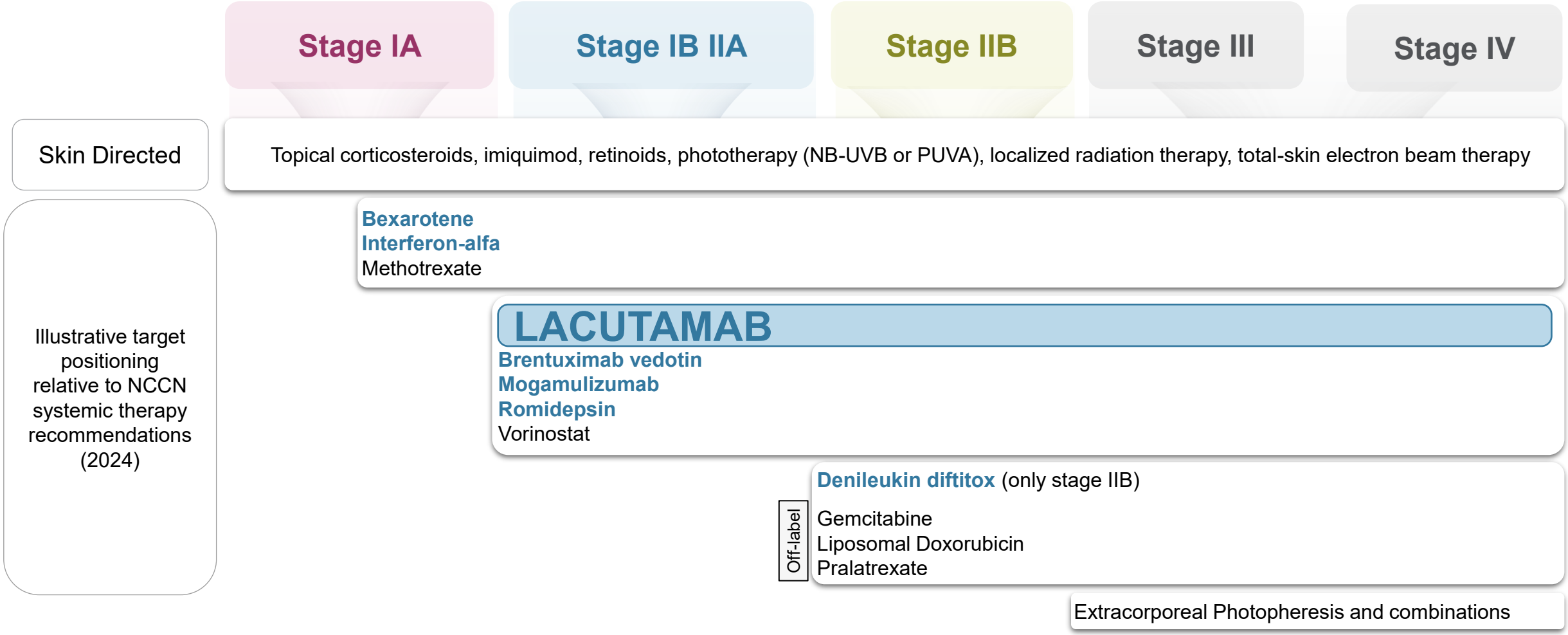
Phase 3 TELLOMAK-3: projected clinical & regulatory roadmap

Towards a potential US accelerated approval in Sézary syndrome in H1 2028



Lacutamab is investigational and is not approved for any indication. Safety and efficacy have not been established. Indicative timelines reflect management's current expectations and are subject to change. Regulatory outcomes depend on clinical trial results and health authority review. Approval is not guaranteed. MF: mycosis fungoides. BLA: biologics license application. FPD: first patient Dosed. PFS: progression-free survival.

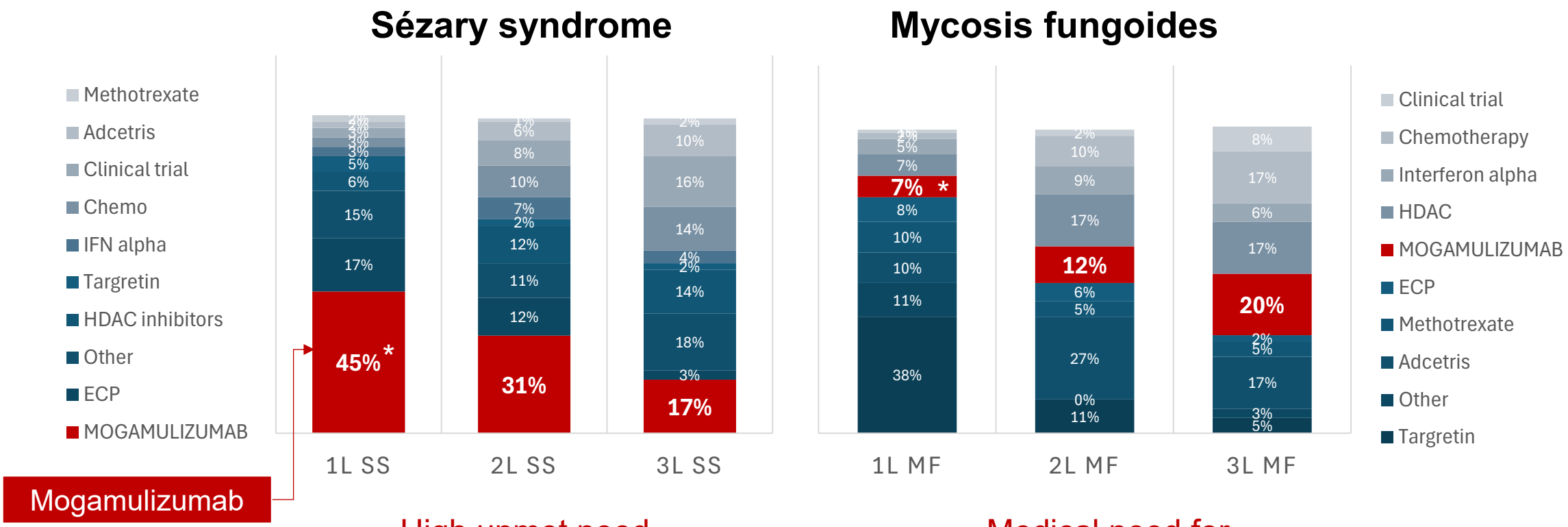
Target positioning for lacutamab in future NCCN Guidelines



NCCN: National Comprehensive Cancer Network®. At stage IA, systemic therapies should be reserved for patients with blood involvement or for whom skin-directed therapies do not provide sufficient disease control or who have disease that is not amenable to skin-directed therapy (eg, in regions where topical therapies are difficult to apply regularly). At stage IB-IIA, Systemic therapies should be considered for patients with extensive skin involvement, higher skin disease burden, predominantly plaque disease, blood involvement, and/or inadequate response to skin-directed therapy. Vorinostat is a preferred regimen in stage IB-IIA and stage IV SS only. Gemcitabine, Liposomal Doxorubicin are preferred regimens in st IIB generalized disease and st IV MF. Pralatrexate and Denileukin diftitox are preferred regimens in st IIB generalized disease only. ECP is a preferred regimen in St III MF and SS, but not st IV MF. Lacutamab is an investigational antibody under clinical evaluation. It is not approved for any indication, and its safety and efficacy have not been established. This slide illustrates the target positioning for lacutamab and should not be interpreted as reflecting current NCCN recommendations.

Current CTCL market is fragmented and needs new effective therapies

Mogamulizumab is approved for adult patients with relapsed or refractory MF or SS following at least 1 prior systemic therapy

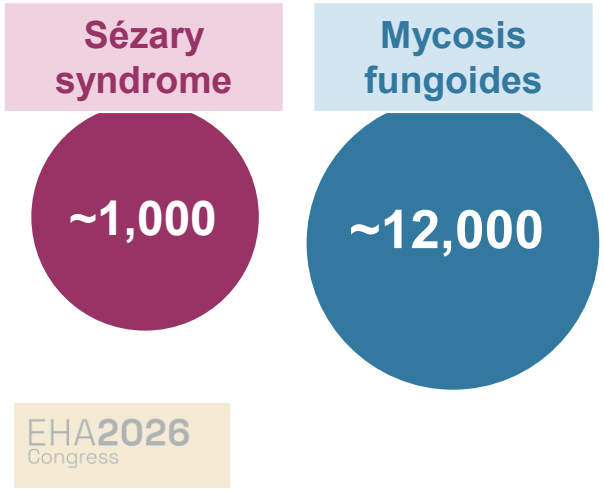


On August 8, 2018, the FDA approved mogamulizumab-kpkc (POTELIGEO) for adult patients with relapsed or refractory mycosis fungoides or Sézary syndrome after at least one prior systemic therapy. Analysis based on market research conducted by ZS Associates for Innate Pharma, including qualitative interviews with healthcare professionals / key opinion leaders (n=12). * Off-label use of Mogamulizumab. Lacutamab is partnered with Sobi, effective September 2026.

A significant untapped growth opportunity for lacutamab in CTCL

Large CTCL Patient Population

US patients[1] prevalence



Concentrated MF/SS treatment centers and prescriber base

Mogamulizumab sales validate CTCL commercial potential

POTELIGEO® (mogamulizumab-kpkc)

FDA-approved in R/R MF or SS after ≥1 prior systemic therapy

~ $300M

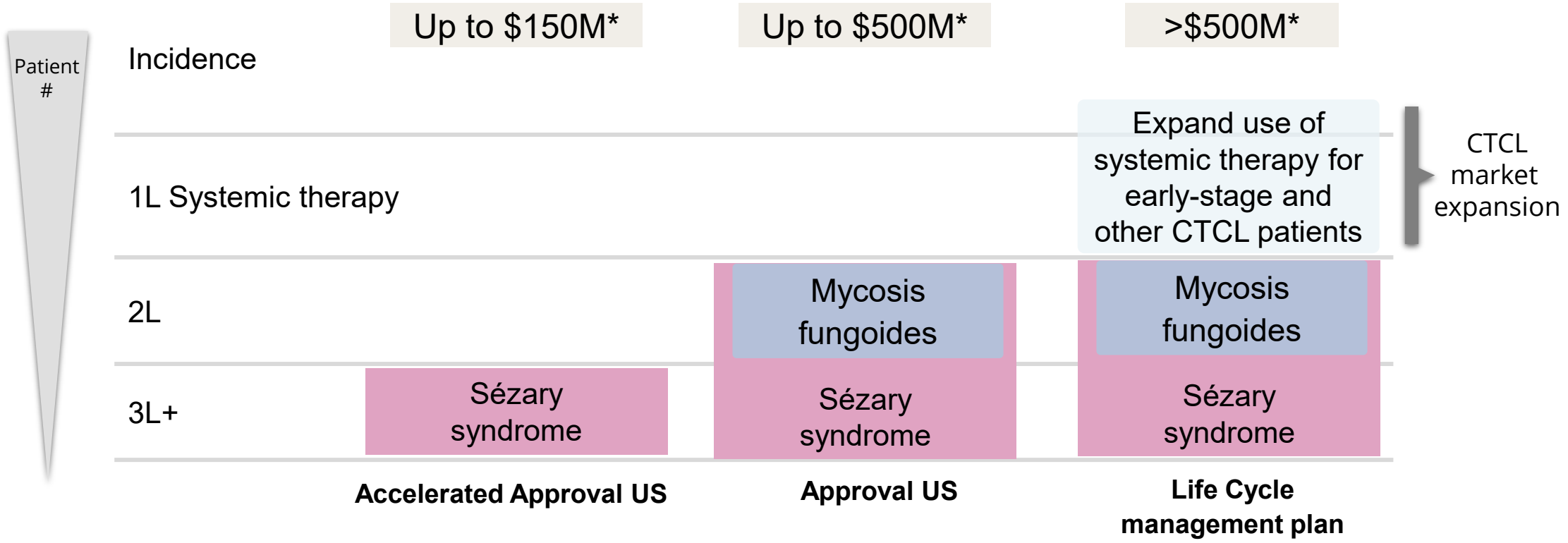
2025 Global sales[2]

Lacutamab positioned to expand the CTCL market

- Capture the post-Moga SS market
- Unlock the larger MF opportunity
- Rare disease pricing
- Treatment duration

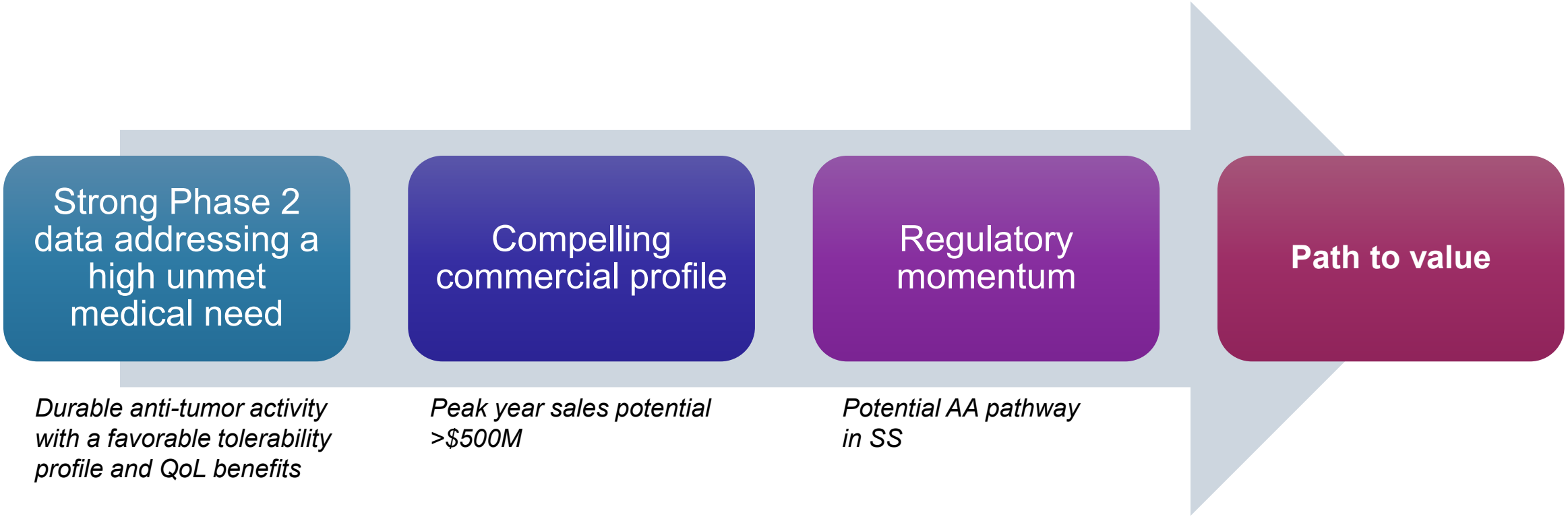
[1] US CTCL prevalence is based on 2022–2024 Komodo Health claims analyses conducted by ZS Associates for Innate Pharma and is subject to the inherent limitations of healthcare claims data. EHA 2026, Porcu P et al.. [2] Kiowa Financial report. Lacutamab is an investigational antibody under clinical evaluation. It is not approved for any indication, and its safety and efficacy have not been established. All assumptions, including commercial opportunity, market positioning, treatment duration and pricing expectations presented on this slide are based on management's current expectations and subject to change. Lacutamab is partnered with Sobi, effective September 2026.

Lacutamab market potential in CTCL is >$500M*



* Estimate Peak Year Sales US, EU4+UK are based on analyses conducted by ZS Associates for Innate Pharma. Lacutamab is an investigational antibody under clinical evaluation. It is not approved for any indication, and its safety and efficacy have not been established. All milestones and projected sales are based on management's current expectations and subject to change. Lacutamab is partnered with Sobi, effective September 2026.

Lacutamab positioned for clinical impact and commercial value in CTCL



Estimate Peak Year Sales US, EU4+UK are based on analyses conducted by ZS Associates for Innate Pharma. Lacutamab is an investigational antibody under clinical evaluation. It is not approved for any indication, and its safety and efficacy have not been established. All milestones, projected sales, and timelines are based on management's current expectations and subject to change. Lacutamab is partnered with Sobi, effective September 2026.

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IPH4502

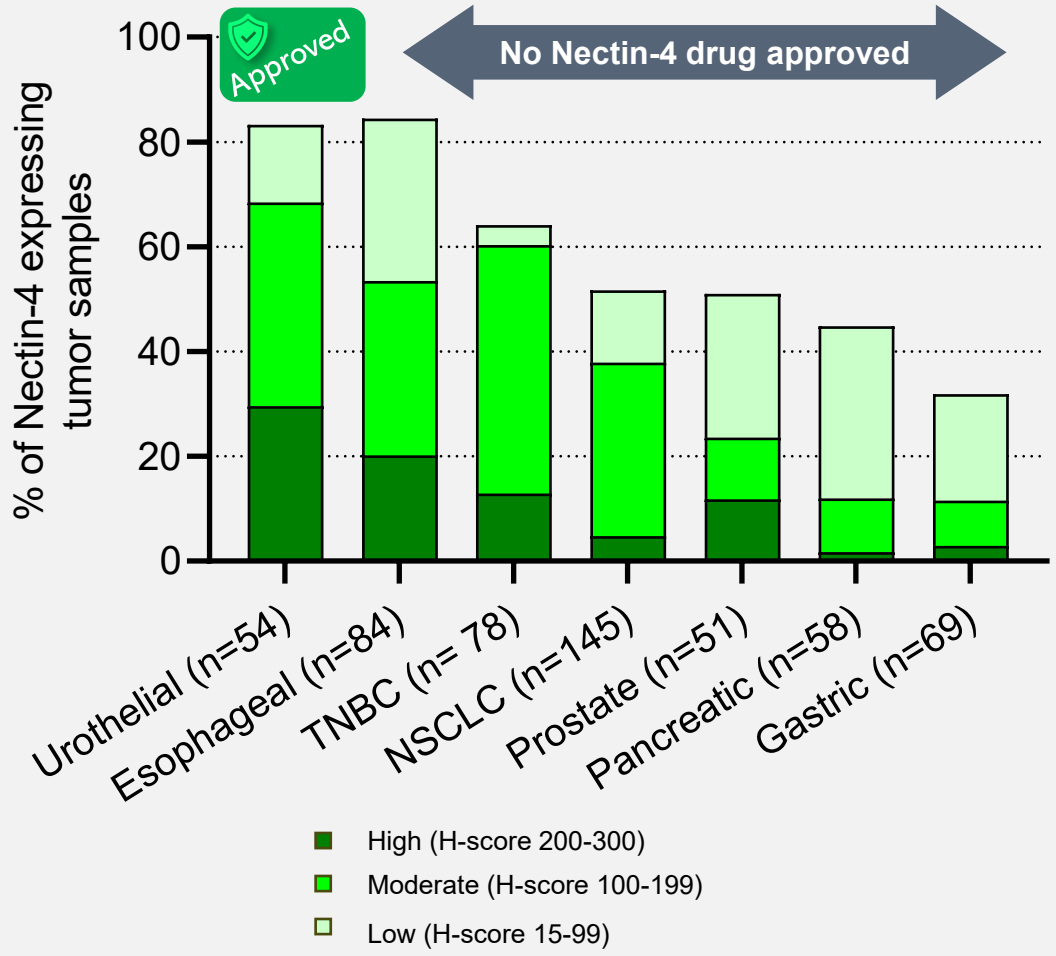
Novel and differentiated DAR8 Nectin-4 exatecan ADC



IPH4502 is an investigational antibody under clinical evaluation.
It is not approved for any indication, and its safety and efficacy have not been established.

IPH4502

Nectin-4 expression in solid tumors



01 PADCEV (EV) is approved solely for patients with urothelial cancer, where expression of Nectin-4 is the highest

02 PADCEV induced toxicity frequently leads to discontinuation of treatment

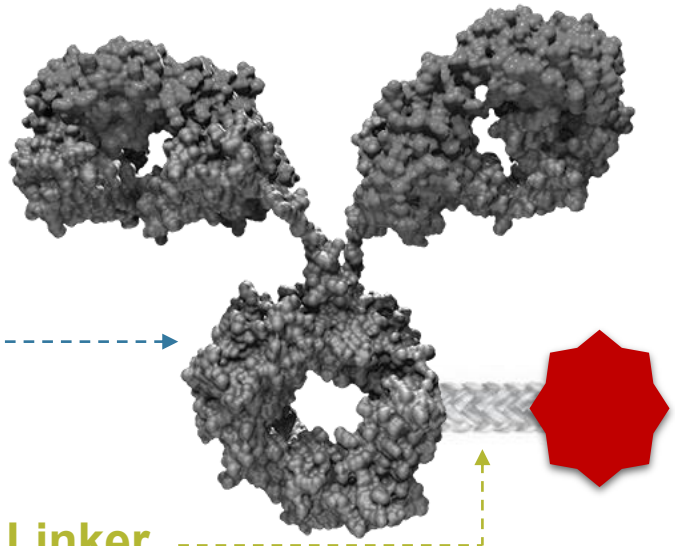
03 Relapses are frequently observed creating a growing medical need post-PADCEV

04 Limited evidence that PADCEV is active in other indications despite high to moderate expression of Nectin-4

Internal data. TNBC: Triple-Negative Breast Cancer;

IPH4502: novel and differentiated DAR8 Nectin-4 exatecan ADC

Target profile



Binder

Proprietary humanized anti-Nectin-4 antibody

- High affinity
- Non-overlapping epitope with EV
- Fc-competent IgG1, with the ability to mediate ADCC and CDC

Linker

Cleavable

- **Hydrophilic** → improved half-life, low clearance
- **Stable** → improved safety with low release of free drug
- **Excellent conjugability** → high yield manufacturing process

Payload

Exatecan, a topoisomerase I inhibitor

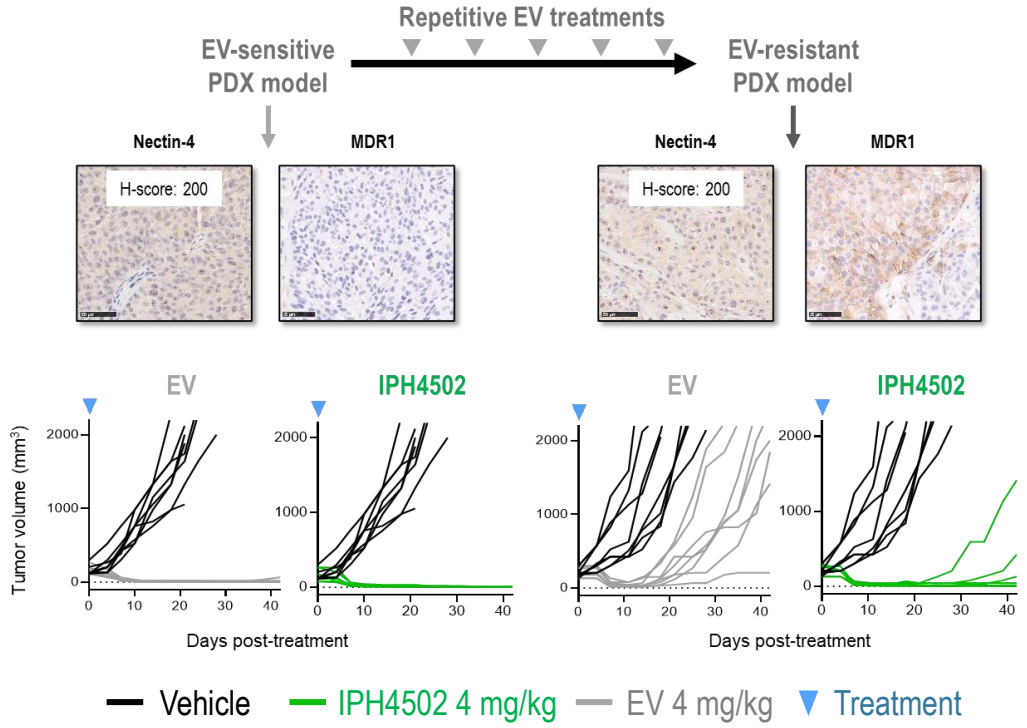
- Active in **EV/MMAE-resistant models**
- **Higher Bystander Effect than EV, leading to stronger activity in Nectin-4 low tumors**
- **Drug to antibody ratio (DAR) = 8**
- Improved **therapeutic index expected**

ADCC: Antibody-Dependent Cellular Cytotoxicity; CDC: Complement-Dependent Cytotoxicity

Preclinical activity supports IPH4502 opportunity in bladder cancer and across solid tumors

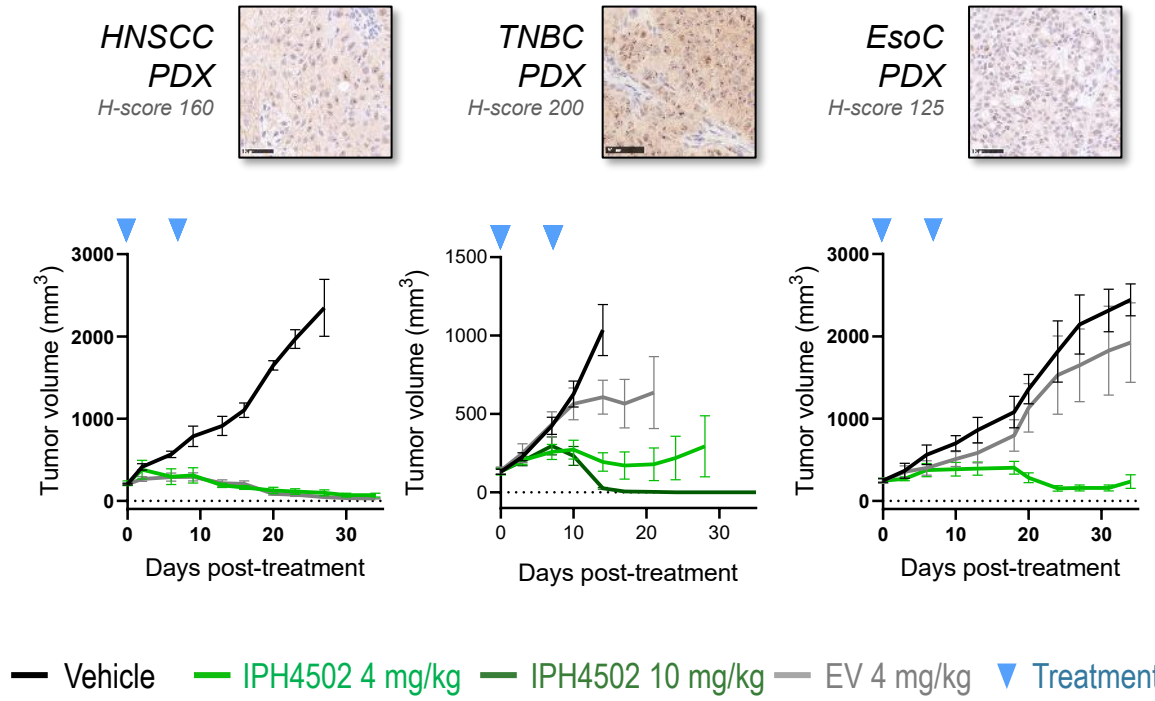
IPH4502 activity in Post-EV setting

PDX models of acquired EV resistance (bladder cancer)



IPH4502 activity in solid tumors

PDX models with low and heterogeneous Nectin-4 expression



PDX: Patient-Derived Xenograft; MDR1: Multidrug Resistance protein 1. EsoC: Esophageal Cancer; TNBC: Triple-negative Breast Cancer; HNSCC: Head & Neck Squamous Cell Carcinoma

A First-in-Human Phase 1 clinical trial evaluating IPH4502 in solid tumors

A Phase 1, open-label, multi-center study of the safety, tolerability, and efficacy of IPH4502 as a single agent in advanced solid tumors (NCT06781983)

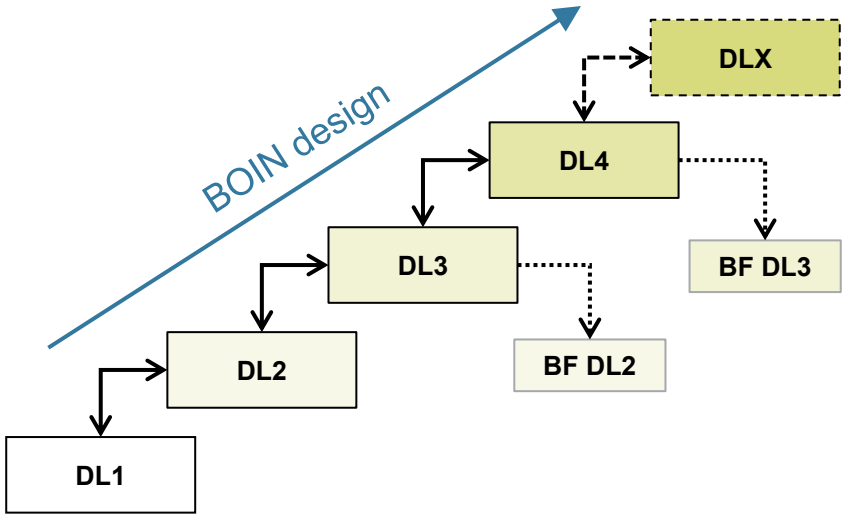
STUDY POPULATION

Solid tumor types known to express Nectin-4

Bladder (**including pts who have received prior EV**), cervical, breast, NSCLC, GC/GEJ, esophageal, HNSCC, prostate, melanoma, ovarian, CRC

Dose escalation (N=76 patients)

5 US sites and 2 FR sites



Dose optimization

n= up to 60 pts



OBJECTIVES

Primary Objectives:
- Safety (DLT, MTD) and tolerability of IPH4502
- Determine RP2D

Secondary objectives:
- PK
- Immunogenicity
- Preliminary efficacy
- PFS

2025 ASCO ANNUAL MEETING

Initial Phase 1 dose-escalation data to be presented at ENA 2026

IPH4502 is an investigational antibody under clinical evaluation. It is not approved for any indication, and its safety and efficacy have not been established. Potential indications and development opportunities are based on management's current assessment and remain subject to change based on emerging clinical, regulatory and competitive developments BF: Backfill; BOIN: Bayesian Optimal Interval Design; DL: Dose Level; MTD: Maximum Tolerated Dose; pts: Patients; R: Randomization; RP2D: Recommended Phase 2 Dose; PFS: Progression-Free Survival; DLT: Dose Limiting Toxicity; PK: Pharmacokinetics; EV: Enfortumab Vedotin; NSCLC: Non-Small Cell Lung Cancer; GC: Gastric Cancer; GEJ: Gastroesophageal Junction Cancer; HNSCC: Head and Neck Squamous Cell Carcinoma; CRC: Colorectal Cancer

A differentiated Topo I Nectin-4 ADC

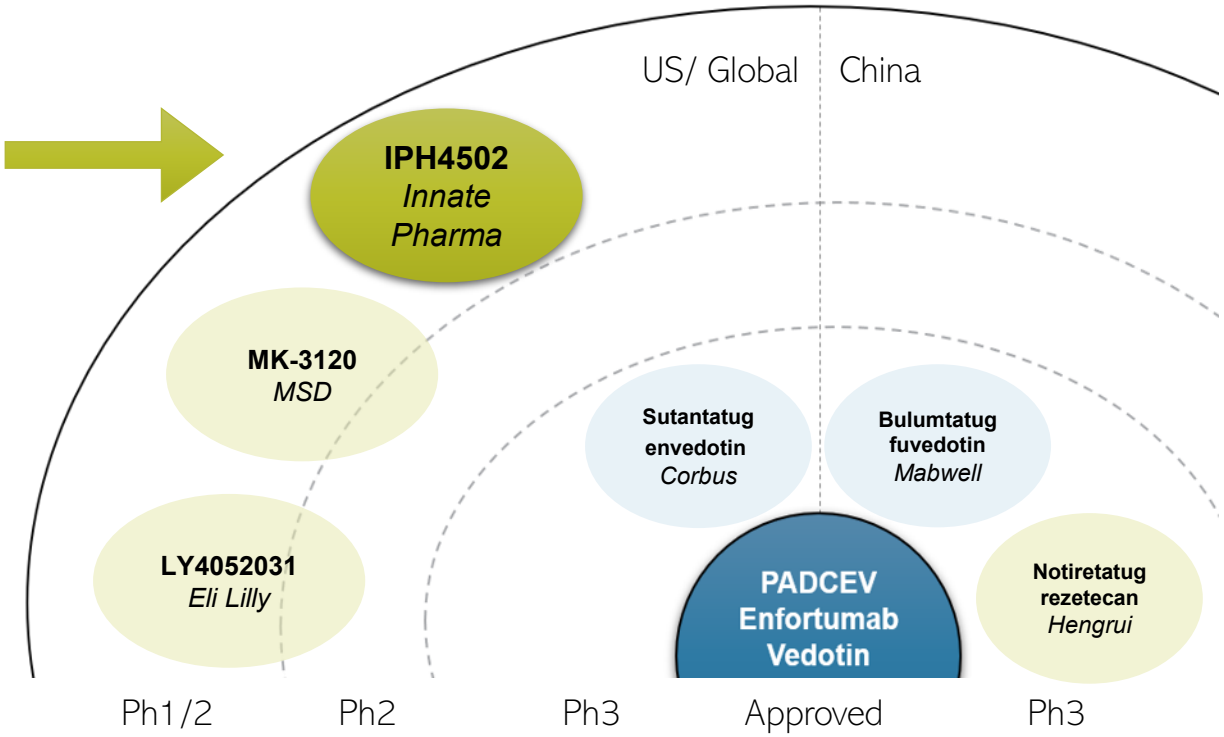
IPH4502 differentiated Nectin-4 ADC design

- **Exatecan** payload to overcome key MMAE-related limitations; no CYP2D6 genotyping requirement (unlike LY4052031)
- Proprietary **stable linker** slowing the release of free exatecan
- **High-affinity antibody** with a non-overlapping EV epitope

Phase 1 dose escalation enrollment completed

(NCT06781983)

- **Preliminary anti-tumor activity** with objective responses observed in heavily pre-treated patients with post-EV UC as well as NSCLC and HNSCC
- **Favorable safety profile to date** with limited hematological toxicity



- **PADCEV** established Nectin-4 as a validated ADC target in UC
- **Nectin-4 MMAE ADCs** advancing into late-stage development
- **Nectin-4 Topo I ADCs** emerging as a potential next-generation approach

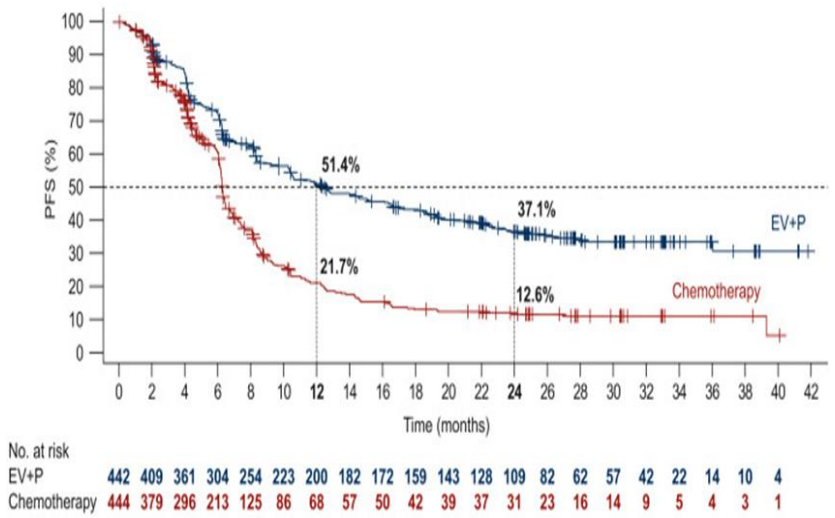
Company to host in-person event & webcast (link) - Nov 18th at 4:00 pm GMT (11:00 am ET)

IPH4502 is an investigational antibody under clinical evaluation. It is not approved for any indication, and its safety and efficacy have not been established. Preliminary clinical observations from an ongoing Phase 1 study involving a limited number of patients are not conclusive. The graph on the right presents a non-exhaustive selection of Nectin-4 ADCs by most advanced development stage, based on public information and the Company's assessment as of the presentation date. Topo I: topoisomerase I; MMAE: monomethyl auristatin E; EV: enfortumab vedotin; UC: urothelial carcinoma; NSCLC: non-small cell lung cancer; HNSCC: head and neck squamous cell carcinoma.

IPH4502: Positioned to address the treatment gap in la/m UC post-EV

Most patients progress within 2y after EV+P[1]

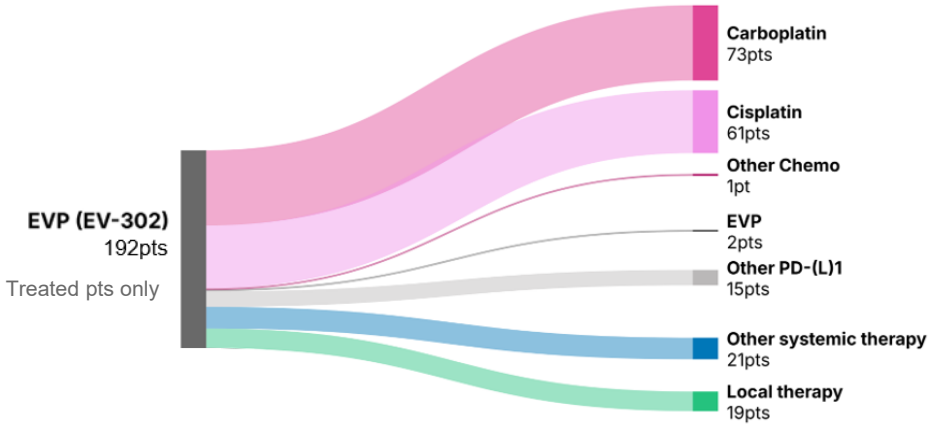
EV-302 trial



No established 2L standard after EV+P[2]

EV-302 follow-up

Subsequent treatment pathways after progression on EV+P



Platinum chemotherapy shows limited efficacy
ORR 21%, median OS 10.9 months[2]

Preliminary anti-tumor activity observed in UC post-EV in ongoing Phase 1

1, Powles et al., Annals of Oncology, 2025; 2, from Powles et al. ASCO 2026. P: Pembrolizumab; 2L, second line treatment; SOC: standard of care; la/m UC: locally advanced/metastatic urothelial cancer; pts: patients. Data shown are based on EV-302 and subsequent treatment analyses; treatment patterns may evolve as new therapies become available. IPH4502 is an investigational antibody under clinical evaluation. It is not approved for any indication, and its safety and efficacy have not been established. Any preliminary activity observations are based on an ongoing Phase 1 study and derived from a limited number of patients, and should not be considered conclusive.

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Preclinical ADCs

Next-generation ADCs to overcome current ADC limitations



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A differentiated ADC pipeline built on Innate's proprietary linker technology

Proprietary linker technology now in clinical development through IPH4502

Innate ADC platform designed to overcome current ADC limitations

Objective	**Address tumor heterogeneity** 	**Unlock activity in low-expressing tumors** 	**Overcome payload resistance** 
Approach	**Bispecific ADCs** Dual targeting to enhance tumor binding	**Enhance internalization** Increased receptor clustering through bispecific	**Dual payload** Complementary mechanisms of action

IPH4502 is an investigational antibody under clinical evaluation. It is not approved for any indication, and its safety and efficacy have not been established. The preclinical approaches presented remain investigational, and their potential benefits have not yet been demonstrated clinically.

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Monalizumab

Developed in collaboration with AstraZeneca

Phase 3 PACIFIC-9 trial ongoing in NSCLC

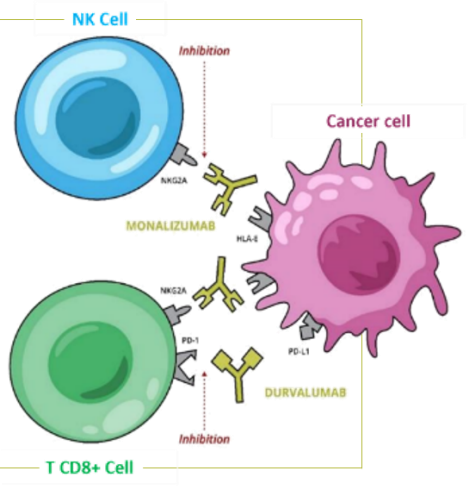


Monalizumab is an investigational antibody under clinical evaluation.
It is not approved for any indication, and its safety and efficacy have not been established.
NSCLC: Non-Small Cell Lung Cancer

Monalizumab and durvalumab act synergistically to block the inhibitory action of tumor cells on tumor-infiltrating NK and CD8 T cells

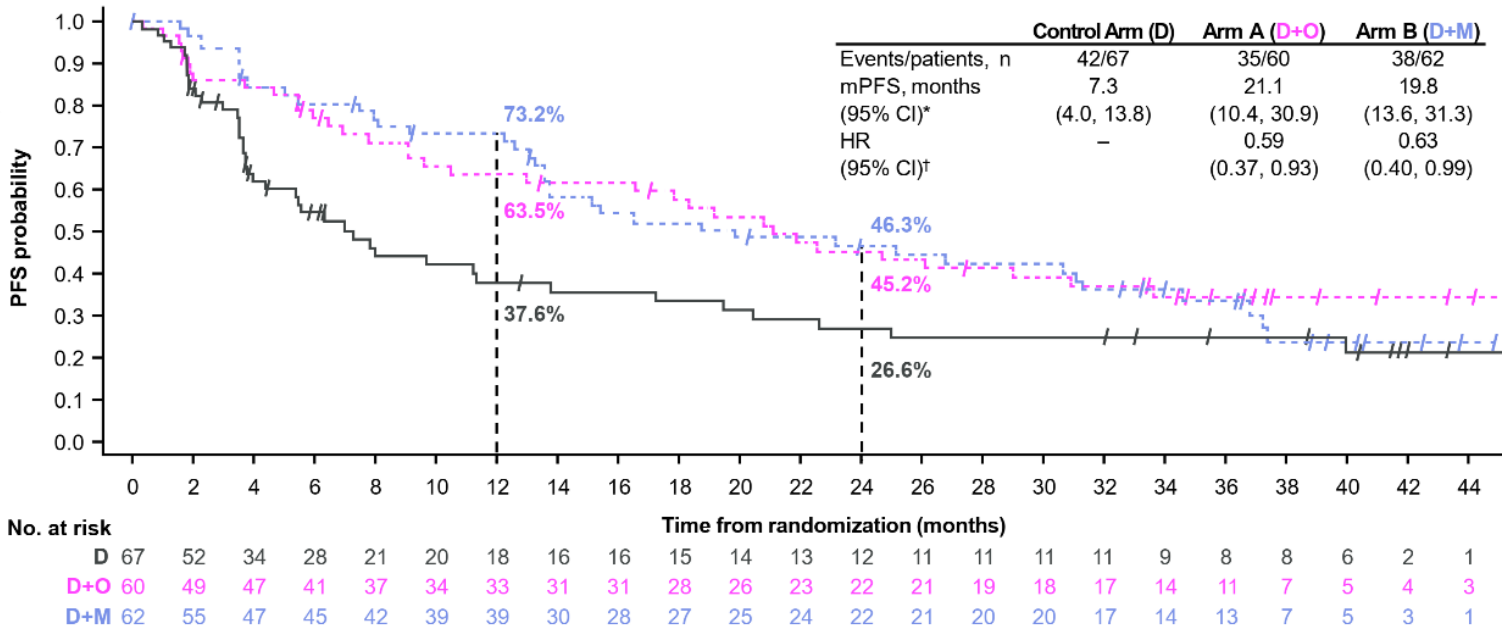
Monalizumab blocks the NKG2A inhibitory receptor on both NK cells and cytotoxic CD8+ T cells.

Durvalumab prevents binding between the inhibitory T cell receptor PD-1 and the tumor cell ligand PD-L1.



COAST, a global, open-label, Phase 2 study of durvalumab (D) alone or combined with the anti-CD73 monoclonal antibody (mAb) oleclumab (O) or anti-NKG2A mAb monalizumab (M) as consolidation therapy

2024 ASCO ANNUAL MEETING



	Control Arm (D)	Arm A (D+O)	Arm B (D+M)
Events/patients, n	42/67	35/60	38/62
mPFS, months	7.3	21.1	19.8
(95% CI)*	(4.0, 13.8)	(10.4, 30.9)	(13.6, 31.3)
HR	–	0.59	0.63
(95% CI)†		(0.37, 0.93)	(0.40, 0.99)

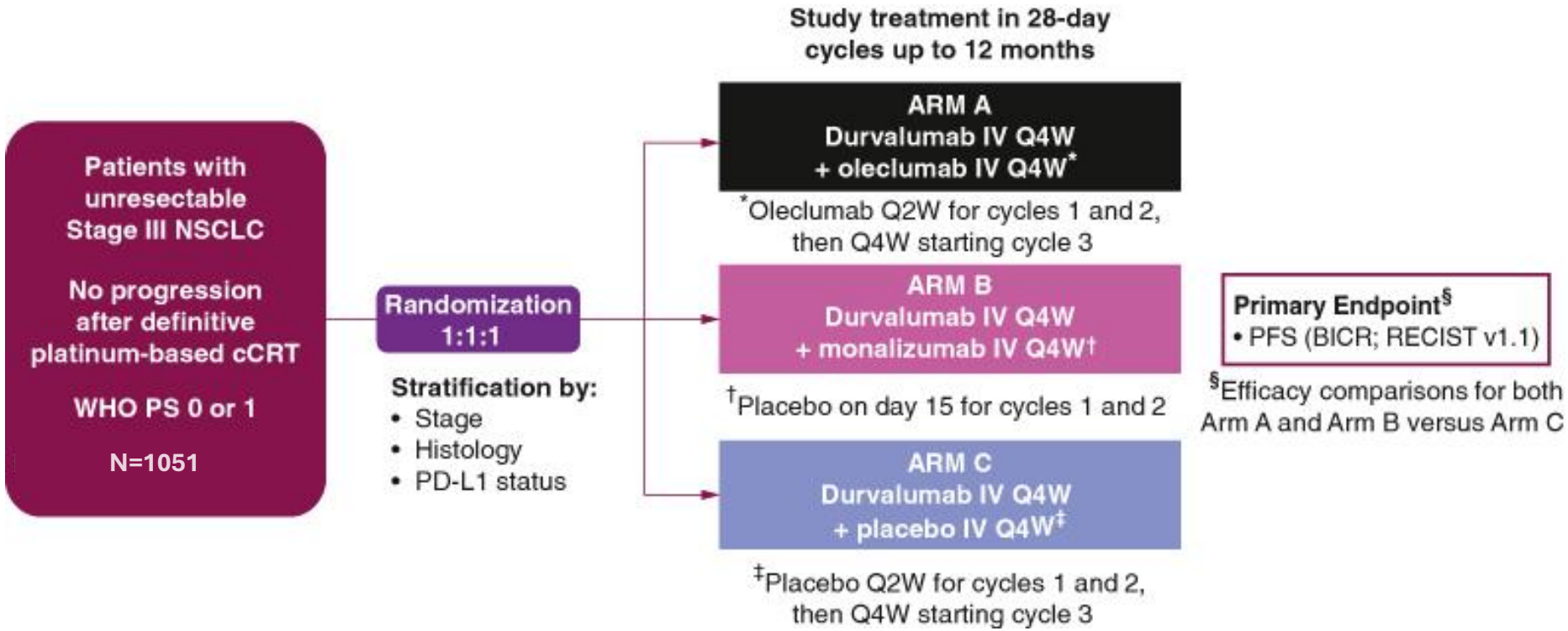
COAST Phase 2 supports added benefit of monalizumab on top of durvalumab in NSCLC

mPFS: Median Progression-Free Survival, HR: Hazard Ratio

Monalizumab is an investigational antibody under clinical evaluation. It is not approved for any indication, and its safety and efficacy have not been established. All milestones and timelines are subject to change.

PACIFIC-9: Phase 3 trial of durvalumab + oleclumab or monalizumab in unresectable stage III NSCLC

✓ Three Phase 2 trials supporting rationale of combination in early NSCLC (**COAST**, NeoCOAST, NeoCOAST-2)



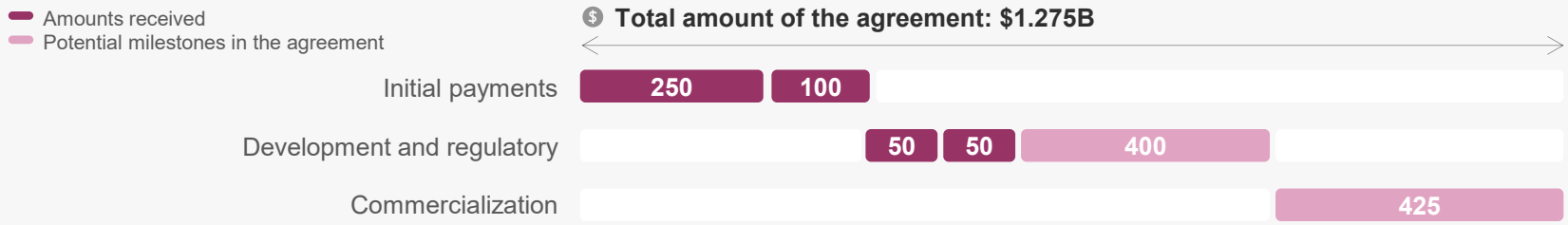
PACIFIC-9 Phase 3 trial high-level data readout expected in H1 2027

Barlesi et al. Future Oncol. 2024; cCRT: Concurrent ChemoRadioTherapy; RECIST: Response Evaluation Criteria in Solid Tumors. Monalizumab is an investigational antibody under clinical evaluation. It is not approved for any indication, and its safety and efficacy have not been established. All milestones and timelines are subject to change.

Financial highlights of the partnership with AstraZeneca on monalizumab

Milestone payments

In US$ million



Royalties on sales

Outside Europe

AstraZeneca will record all monalizumab sales and will pay Innate Pharma double-digit royalties based on net sales at commercialization.



Europe

The agreement includes a co-promotion right for Innate Pharma and a 50% profit sharing. Innate Pharma will contribute 30% of the funding for the Phase 3 clinical trials, with a pre-defined limit.

$450M received to date, with up to $825M in additional potential milestones

Monalizumab is an investigational antibody under clinical evaluation. It is not approved for any indication, and its safety and efficacy have not been established. All milestones and timelines are subject to change. Further details regarding financials are available in the 2025 Universal Registration Document.

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Conclusion

Upcoming catalysts

All milestones, projected sales, and timelines are based on management's current expectations and subject to change



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Next catalysts across Innate's focused portfolio

LACUTAMAB
Anti-KIR3DL2 mAb in CTCL

PHASE 3 INITIATED | TELLOMAK-3

sobi

PLANNED IN **Q1 2027**

First Patient Dosing in TELLOMAK-3 Phase 3 planned in Q1 2027

STATUS

TELLOMAK-3 Phase 3 initiated following closing of the strategic partnership with Sobi

IPH4502
Nectin-4 ADC in solid tumors

PHASE 1 | DOSE ESCALATION

Wholly owned by Innate Pharma

PLANNED IN **H2 2026**

Phase 1 data to be presented at ENA 2026, followed by a webcast and in-person event

STATUS

Dose escalation enrollment completed; preliminary anti-tumor activity and favorable safety profile observed to date

MONALIZUMAB
Anti-NKG2A mAb in NSCLC

PHASE 3 | PACIFIC-9

AstraZeneca

EXPECTED IN **H1 2027**

PACIFIC-9 Phase 3 trial high-level data readout expected in H1 2027

STATUS

PACIFIC-9 Phase 3 enrollment completed

Cash position of €96.8 as of September 30, 2026; anticipated cash horizon until the end of Q1 2028

Lacutamab, IPH4502 and monalizumab are investigational and are not approved for any indication. Their safety and efficacy have not been established. All milestones and timelines are based on management's current expectations and subject to change. ENA 2026: 38th EORTC-NCI-AACR Symposium on Molecular Targets and Cancer Therapeutics

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EURONEXT : IPH.PA NASDAQ : IPHA

Thank you

www.innate-pharma.com
investors@innate-pharma.fr

