Immuneering

Keeping Cancer Patients Alive and Helping Them Thrive

September 2025

FORWARD-LOOKING STATEMENTS AND OTHER DISCLAIMERS

This presentation contains forward-looking statements, including within the meaning of the Private Securities Litigation Reform Act of 1995. All statements contained in this presentation that do not relate to matters of historical fact should be considered forward-looking statements including, without limitation, statements regarding: Immuneering Corporation's (the "Company") plans to develop, manufacture and commercialize its product candidates; the treatment potential of its product candidates, including atebimetinib (also referred to as "atebi" and formerly known as IMM-1-104); the design, enrollment criteria and conduct of the Phase 1/2a clinical trial for atebimetinib; the ability of interim clinical data to support further development of atebimetinib and be confirmed as the trial progresses, including the safety, tolerability, pharmacokinetics, pharmacodynamics and potential efficacy of atebimetinib, alone or in combination with other therapeutic agents including modified gemcitabine/nab-paclitaxel ("mGnP"); the potential advantages and effectiveness of the Company's clinical and preclinical candidates; the timing of additional trial updates; the timing of the initiation and completion of a pivotal trial of atebimetinib in combination with mGnP, including trial design, and the timing and substance of FDA feedback on the pivotal trial; the filing with, and approval by, regulatory authorities of the Company's product candidates; the sufficiency of funds to operate the business of the Company; statements regarding the Company's ability to advance its pipeline and further diversify its portfolio and make progress towards its longstanding goal of creating better medicines for cancer patients; the Company's cash needs and availability, including related to the Company's projected cash runway, current operating plans and ability to continue as a going concern; and the plans and objectives of Company management for future operations, including with respect to the planning and execution of additional combination or potential pivotal clinical trials.

These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including, without limitation: the Company's limited operating history; the Company's history of operating losses; the Company's ability to raise the substantial additional capital that will be required to finance its operations; the Company's ability to continue as a going concern; the difficulty of obtaining regulatory approval for any of the Company's current or future product candidates; the Company's ability to submit an Investigational New Drug application ("IND"), or IND amendments or comparable documents in foreign jurisdictions in order to commence and continue clinical trials on the timelines expected; the Company's limited experience in designing and conducting clinical trials; the timing of the initiation, progress and potential results of the Company's ongoing and planned preclinical studies and clinical trials and research programs, including the Company's Phase 1/2a clinical trial; the Company's ability to successfully complete its Phase 1/2a clinical trial for atebimetinib, or any planned or future clinical trials, including pivotal trials, and for those trials to produce positive results; the risk of substantial delays in completing, if at all, the development and commercialization of the Company's current or future product candidates; risks related to adverse events, toxicities or other undesirable side effects caused by the Company's current or future product candidates; the risk of delays or difficulties in the enrollment and/or maintenance of patients in clinical trials; the Company's substantial reliance on the successful development of its current and future product candidates, as well as its platform and proprietary technologies; risks related to competition in the Company's industry; the market opportunity for the Company's product candidates, if approved; risks related to manufacturing; risks related to the Company's reliance on third parties; risks related to the Company's intellectual property; and risks related to ongoing and / or future pandemics.

These and other important factors discussed under the caption "Risk Factors" in the Company's Quarterly Report on Form 10-Q for the period ended June 30, 2025 filed with the SEC and its other reports filed with the SEC could cause actual results to differ materially from those indicated by the forward-looking statements made in this presentation. Any such forward-looking statements represent Company management's estimates as of the date of this presentation. While the Company may elect to update such forward-looking statements at some point in the future, other than as required by law it disclaims any obligation to do so, even if subsequent events cause its views to change. These forward-looking statements should not be relied upon as representing the Company's views as of any date subsequent to the date of this presentation.

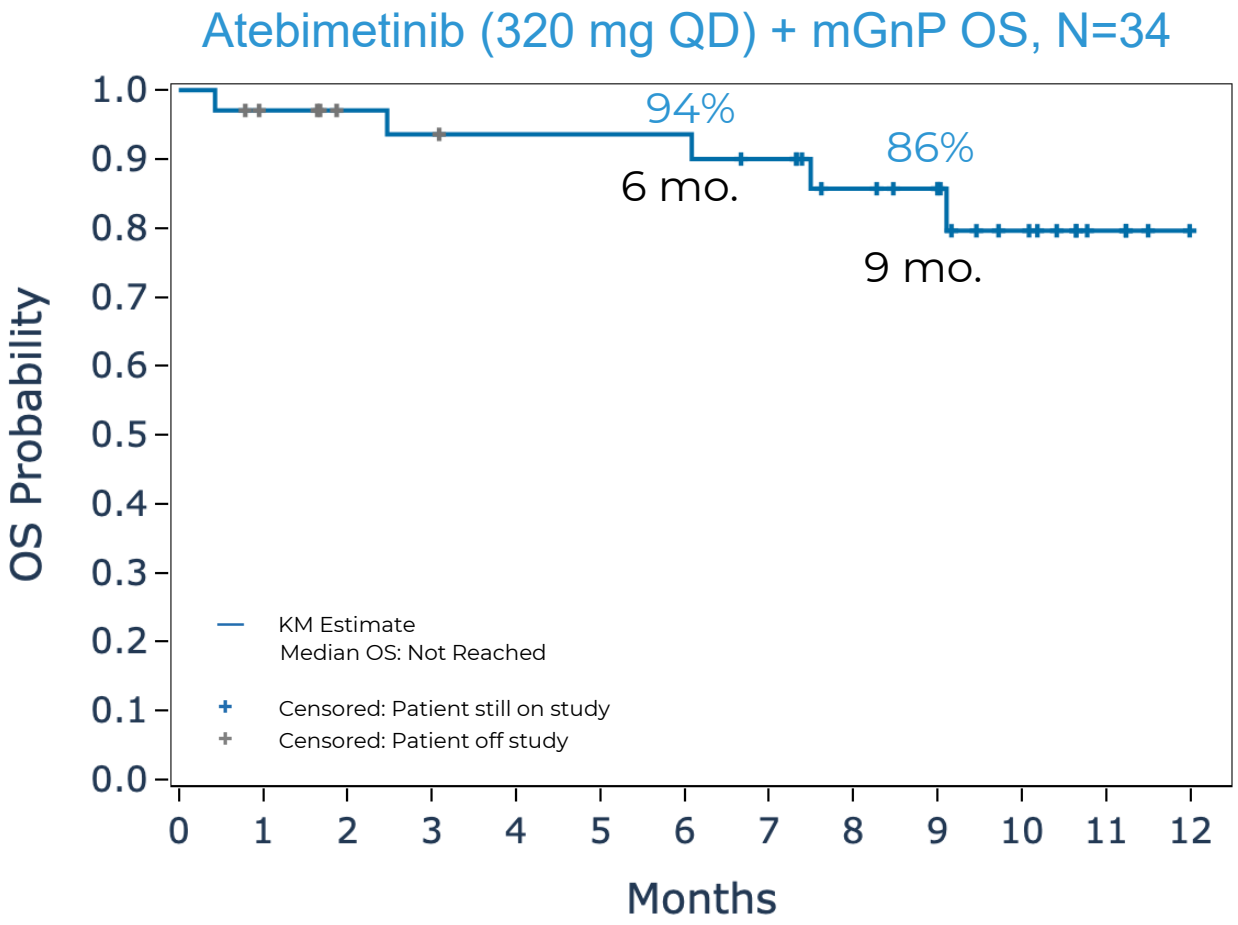
This presentation may also contain estimates and other statistical data made by independent parties and by the Company, including without limitation relating to market size and other data about the Company's industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such data and estimates. In addition, projections, assumptions and estimates of the Company's future performance and the future performance of the markets in which the Company operate are necessarily subject to a high degree of uncertainty and risk. Neither the Company's nor its affiliates, advisors or representatives makes any representation as to the accuracy or completeness of that data or undertake to update such data after the date of this presentation.

Unless otherwise specified, all clinical data in the following slides is based on an interim data collection from the intent-to-treat population of 34 patients dosed at the 320 mg once-daily dose level of atebimetinib in combination with modified gemcitabine/nab-paclitaxel ("mGnP" = 1,000 mg/m2 (Gem) + 125 mg/m2 (nab-Pac) days 1 & 15, every 4 weeks) in the Company's ongoing Phase 1/2a clinical trial, as of August 26, 2025. This represents the same cohort of patients from the Company's June 2025 data release, the primary Phase 2 population enrolled as part of the Simon two-stage design from the ongoing Phase 1/2a trial. All data remains subject to follow-up and database updates.

What We Will Discuss Today

- **Extraordinary overall survival** for first-line pancreatic cancer patients treated with atebimetinib + chemo
- **Favorable tolerability** and potential for best-in-class profile
- **Pushing forward:** Phase 3 in first-line pancreatic cancer; new Phase 2 studies in lung cancer; Deep Cyclic Inhibitor pipeline
- **Financing and strategic investment:** unprecedented value creation opportunity for patients and shareholders

Extraordinary Overall Survival (OS) Observed at 9 Months in First-Line Pancreatic Cancer



	Atebimetinib + mGnP (320 mg atebi; N=34)
9-month OS	**86%** [66, 94]

As of the August 26, 2025 data cutoff, the median follow-up for overall survival (OS) was 9.0 months as estimated by the reverse Kaplan–Meier method; OS and PFS outcomes are reported at this same cutoff date.

Based on interim data collection from the 320mg intent-to-treat population (N=34), as of August 26, 2025. Data subject to follow-up and database updates. OS probability at max time is 80%.

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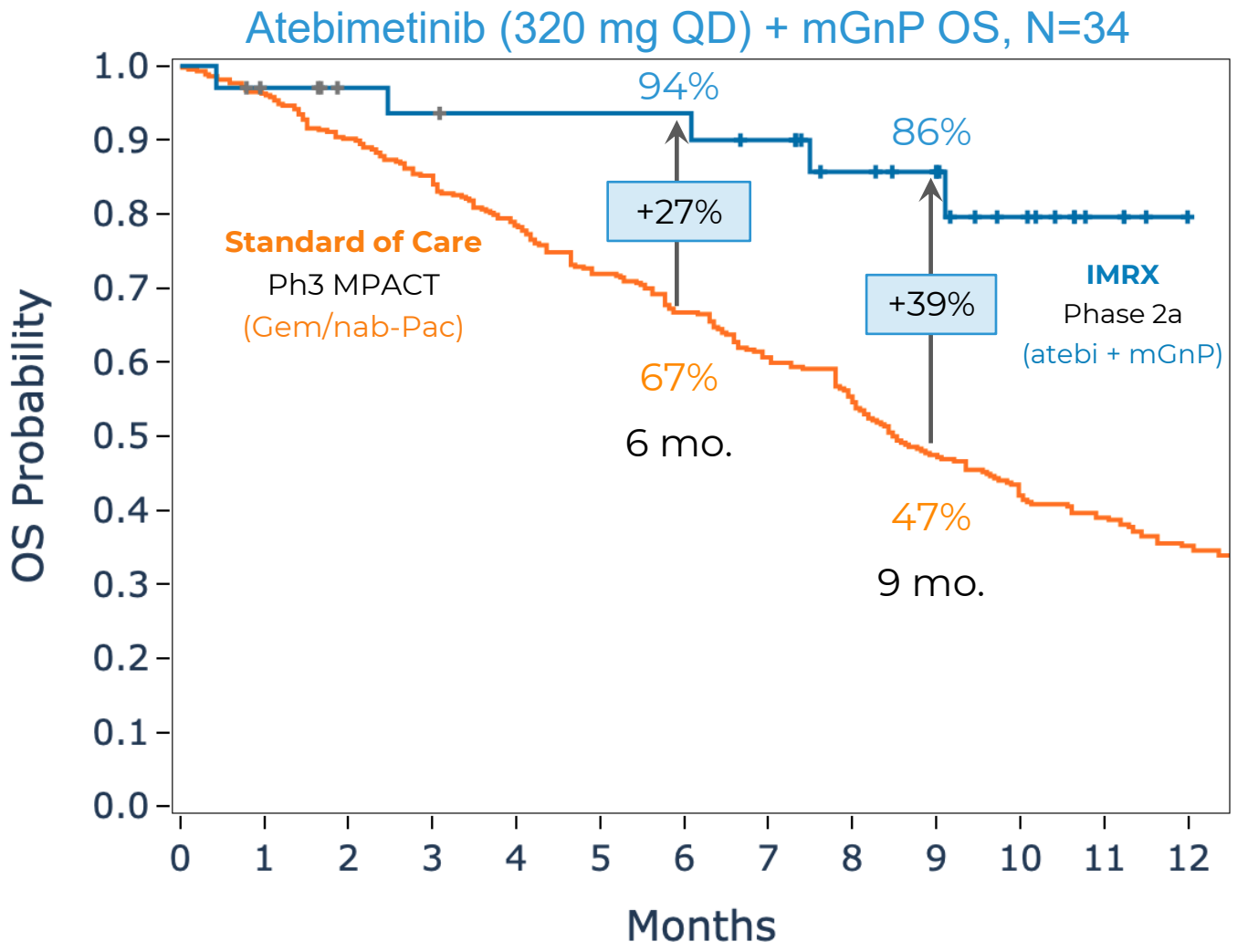
Extraordinary Overall Survival (OS) Observed at 9 Months in First-Line Pancreatic Cancer



9-month OS

atebimetinib + mGnP	**86%** [66, 94]
Standard of Care GnP	~47%

6-month OS

atebimetinib + mGnP	**94%** [77, 98]
Standard of Care GnP	67%

As of the August 26, 2025 data cutoff, the median follow-up for overall survival (OS) was 9.0 months as estimated by the reverse Kaplan–Meier method; OS and PFS outcomes are reported at this same cutoff date.

FOR ILLUSTRATIVE PURPOSES ONLY: No head-to-head clinical trial has been conducted evaluating atebimetinib and other candidates or products. Differences exist between trial designs, subject characteristics and other factors, and caution should be exercised when comparing data across studies. Reconstructed Kaplan-Meier (KM) Plot of Pivotal Ph3 Study MPACT 2013 NEJM (PMID: 24131140) per 2024 JAMA Nichetti, et al. 7(1):e2350756

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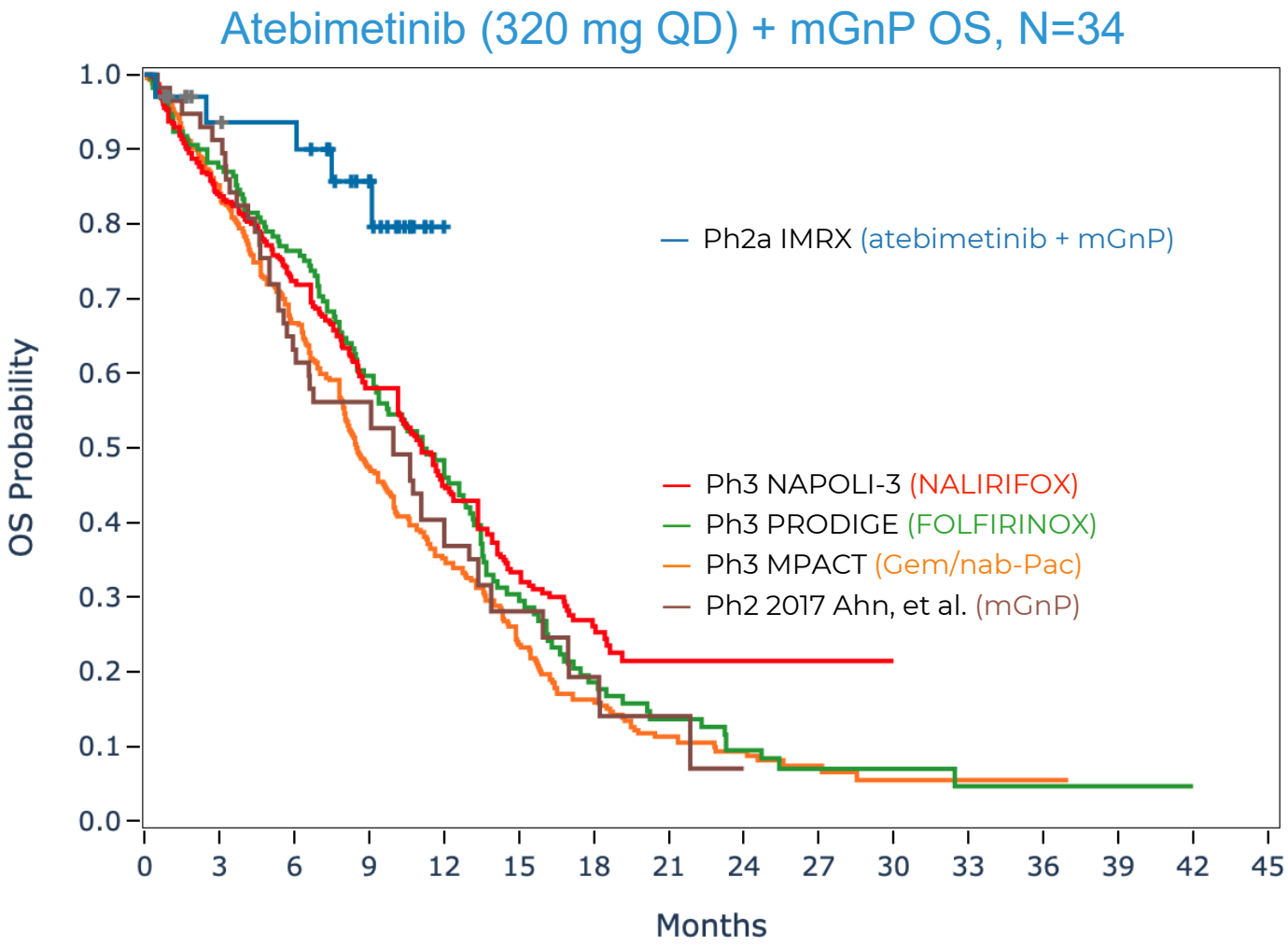
Extraordinary Overall Survival (OS) Observed at 9 Months in First-Line Pancreatic Cancer



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Reconstructed Kaplan-Meier (KM) Plots of Pivotal Ph3 Studies per 2024 JAMA Nichetti, et al. 7(1):e2350756

Benchmark Studies [9 mo OS, extrapolated from reconstructed plots]: (1.) MPACT 2013 NEJM (PMID: 24131140) N=431 [~47%], (2.) PRODIGE 4 / ACCORD 11 2011 NEJM (PMID: 21561347) N=171 [~60%], (3.) NAPOLI 3 2023 LANCET (PMID: 37708904) N=383 [~58%], (4.) Ph2 - 2017 Ahn, et al. (PMID: 28203300) N=57 [~56%]

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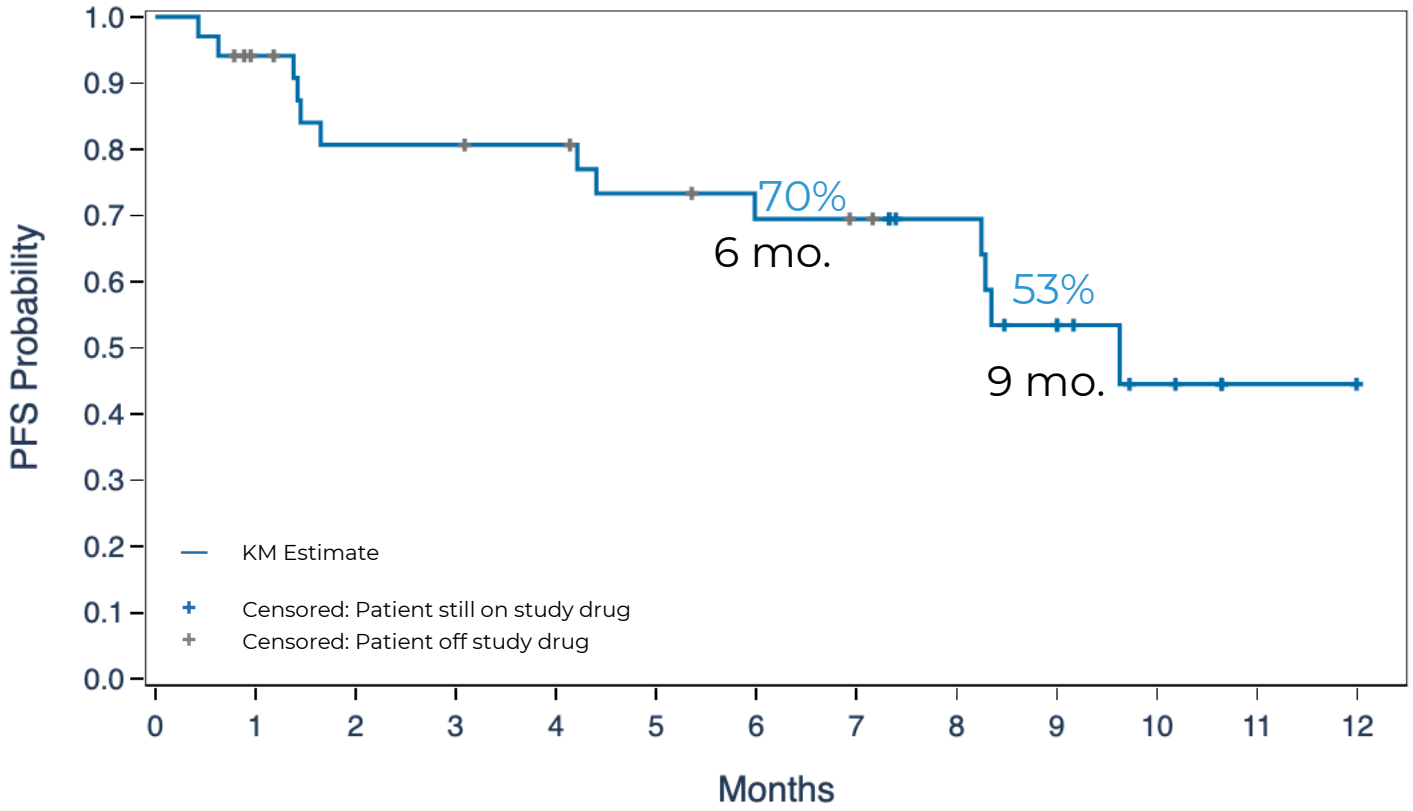
Progression-Free Survival (PFS) Supports Extraordinary Overall Survival in First-Line Pancreatic Cancer

Atebimetinib (320 mg QD) + mGnP PFS, N=34



	Atebimetinib + mGnP (320 mg atebi-; N=34)
9-month PFS	**53%** [31, 71]

As of the August 26, 2025 data cutoff, the median follow-up for overall survival (OS) was 9.0 months as estimated by the reverse Kaplan–Meier method; OS and PFS outcomes are reported at this same cutoff date.

Median PFS (mPFS) Benchmarks

	Reported mPFS	Target 1L Population
Atebi + mGnP	**9.6 months**	**Broad**
GnP	**5.5** months	Broad
FOLFIRINOX	**6.4** months	High-fitness
NALIRIFOX	**7.4** months	High-fitness

Based on interim data collection from the 320mg intent-to-treat population (N=34), as of August 26, 2025. Data subject to follow-up and database updates.

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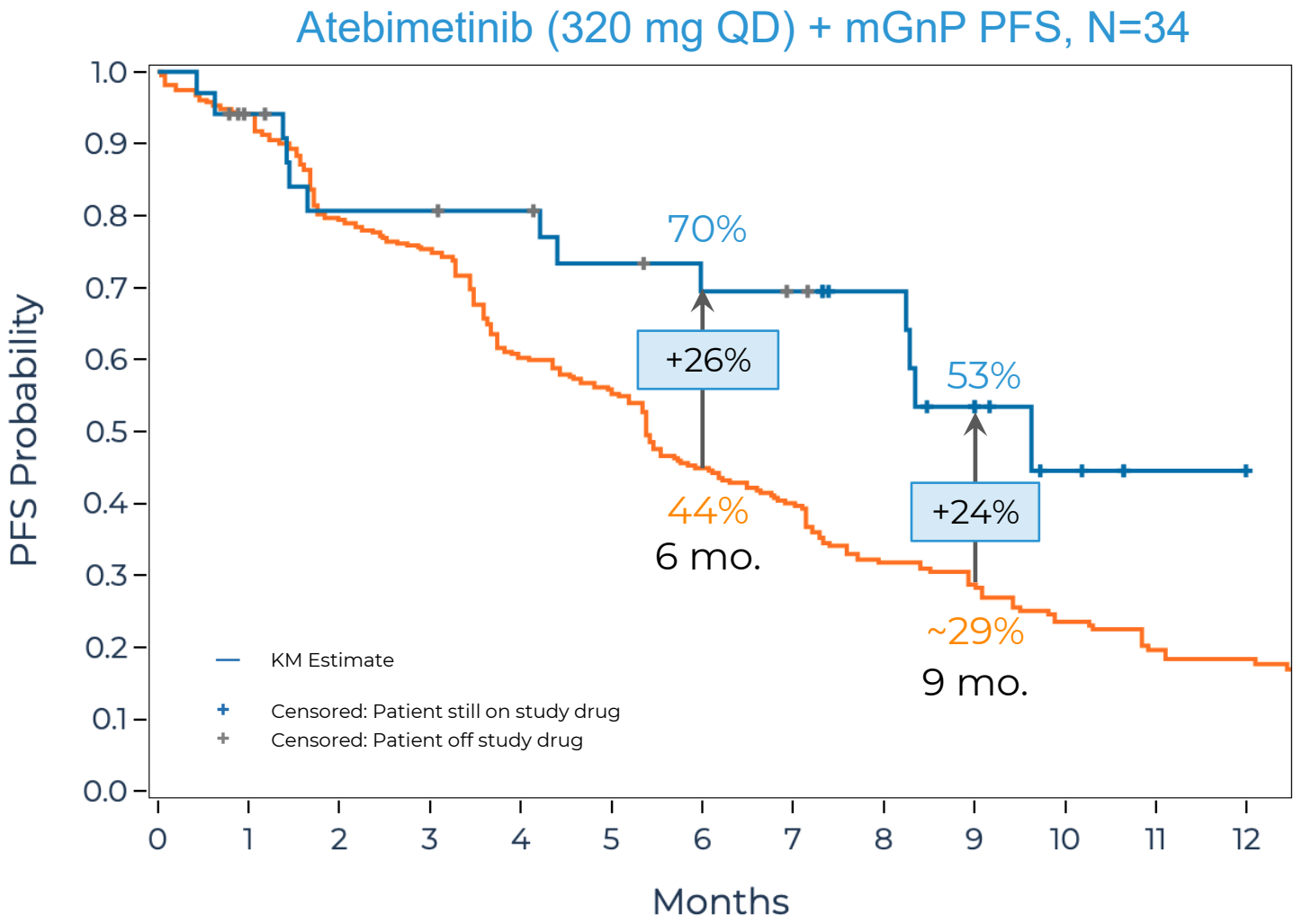
Progression-Free Survival (PFS) Supports Extraordinary Overall Survival in First-Line Pancreatic Cancer



9-month PFS

atebimetinib + mGnP	**53%** [31, 71]
Standard of Care GnP	~29%

6-month PFS

atebimetinib + mGnP	**70%** [49, 83]
Standard of Care GnP	44%

As of the August 26, 2025 data cutoff, the median follow-up for overall survival (OS) was 9.0 months as estimated by the reverse Kaplan–Meier method; OS and PFS outcomes are reported at this same cutoff date.

Benchmark Study [9 mo PFS, extrapolated from reconstructed plots per 2024 JAMA Nichetti, et al. 7(1):e2350756]: (1.) MPACT 2013 NEJM (PMID: 24131140) N=431 [~29%]

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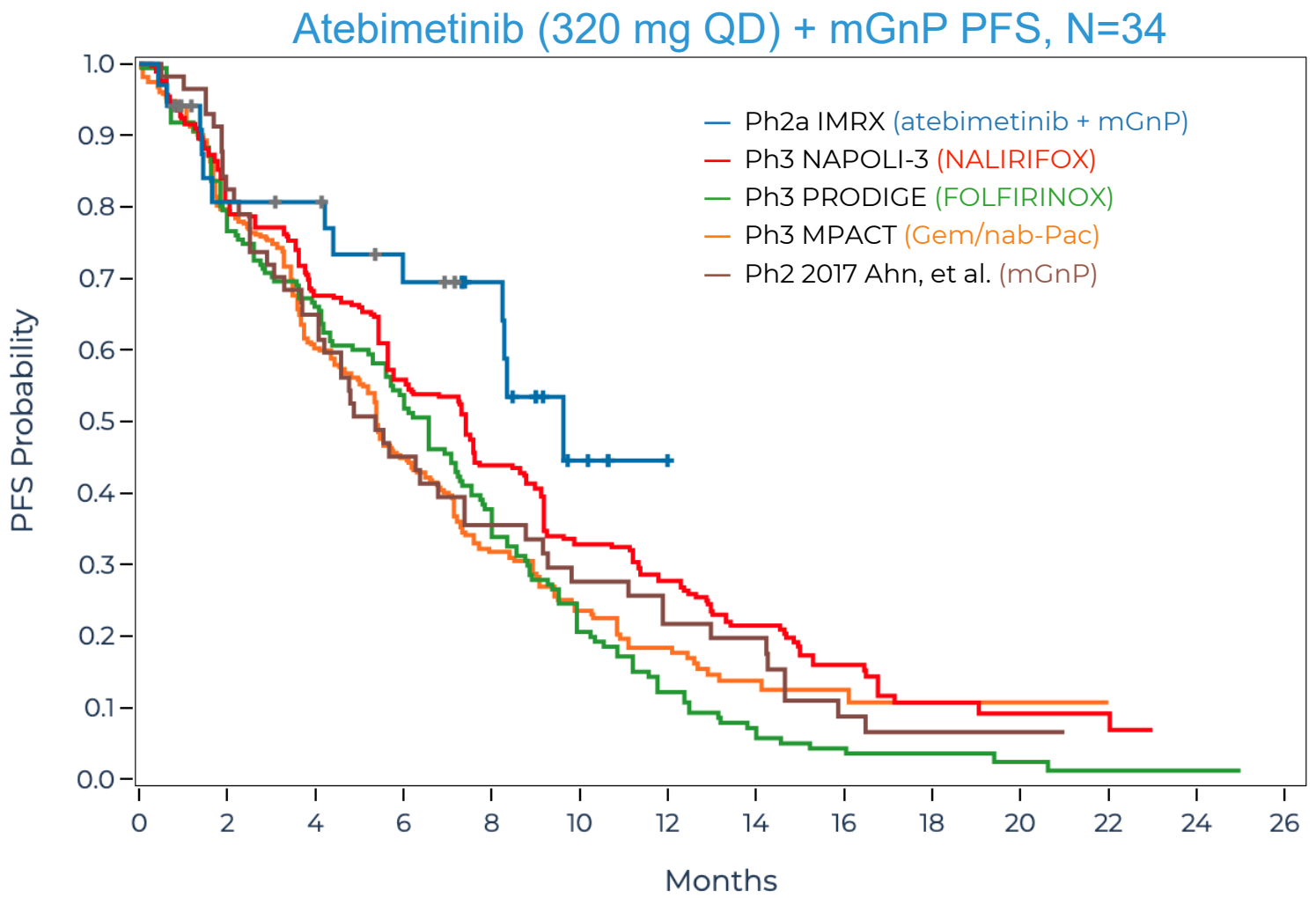
Progression-Free Survival (PFS) Supports Extraordinary Overall Survival in First-Line Pancreatic Cancer



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Reconstructed Kaplan-Meier (KM) Plots of Pivotal Ph3 Studies per 2024 JAMA Nichetti, et al. 7(1):e2350756

Benchmark Studies [9 mo PFS, extrapolated from reconstructed plots per 2024 JAMA Nichetti, et al. 7(1):e2350756]: (1.) MPACT 2013 NEJM (PMID: 24131140) N=431 [~29%], (2.) PRODIGE 4 / ACCORD 11 2011 NEJM (PMID: 21561347) N=171 [~28%], (3.) NAPOLI 3 2023 LANCET (PMID: 37708904) N=383 [~41%], (4.) Ph2 - 2017 Ahn, et al. (PMID: 28203300) N=57 [~34%]

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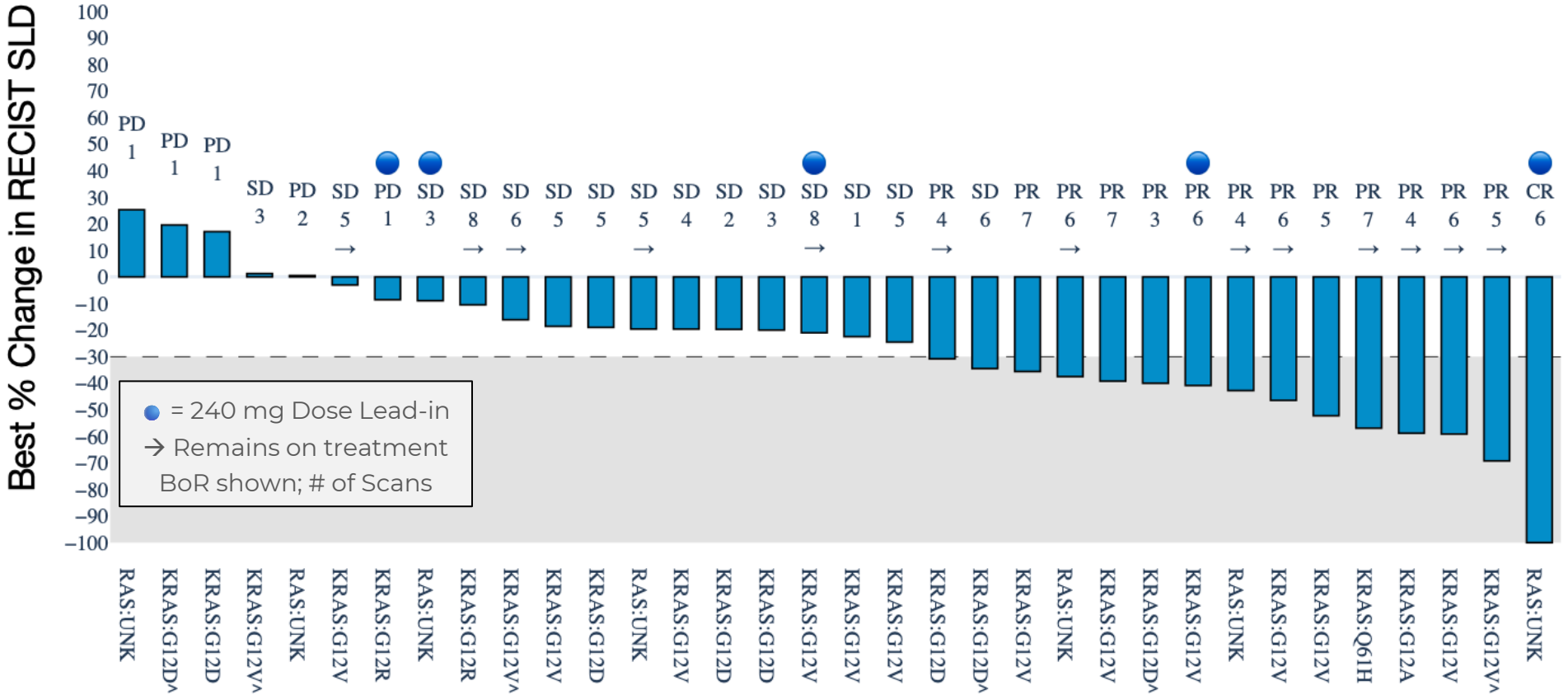
Overall Response Rate (ORR) and Disease Control Rate (DCR) Support Extraordinary Overall Survival in First-Line Pancreatic Cancer

Atebimetinib + mGnP



Overall Response (ORR) & Disease Control (DCR) Rates

	Atebimetinib + mGnP Ph 2a 1L PDAC[1]
ORR	**39%** (14/36)
DCR	**81%** (29/36)

Prior Phase 3 Benchmark Overall Response (ORR) & Disease Control (DCR) Rates

	MPACT Pivotal Study in 1L PDAC[2]
ORR	**23%** (99/431)
DCR	**48%** (206/431)

[1] N=36 of response evaluable patients. Atebimetinib dosed at 320 mg (n=31) and 240 mg (n=5). Scans occur approx. every 6 weeks. Two patients progressed without complete radiographic scans and are not presented in graph but are counted in ORR/DCR analyses. Four patients that withdrew or discontinued early (≤28 days) for non atebimetinib reasons deemed non-evaluable (NE). Data based on interim data collection, as of August 26, 2025, of response evaluable patients from an ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates. [2] MPACT Study 2013 NEJM (PMID: 24131140) N=431 GnP.
Glossary: "^" denotation on x-axis = ctDNA-defined RAS mutation; RAS:UNK = RAS mutation status is unknown; CR = complete response; PR = partial response; SD = stable disease.; PD = progressive disease; BoR = best overall response

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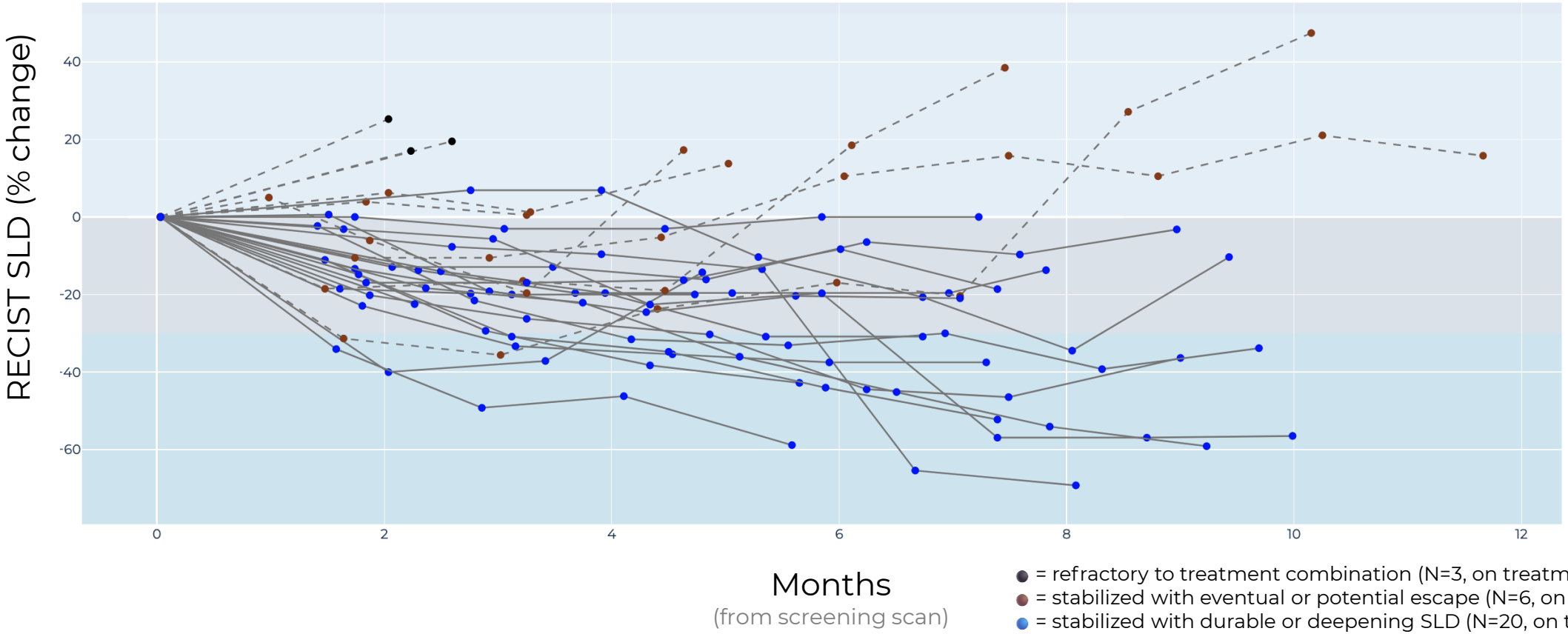
Deepening Tumor Responses Over Time Observed

Atebimetinib (320 mg QD) + mGnP



In the above graph, N=29, consisting of response evaluable patients who also had ≥ 1 matched RECIST-evaluable post-baseline scan. Color coded categorization based on Company's initial assessment. SLD = RECIST sum of longest diameter for target lesions. Data based on interim data collection, as of August 26, 2025, of response evaluable patients from an ongoing Phase 1/2a trial of atebimetinib. One patient's target lesion measurement was corrected by the clinical site between the 6-month and 9-month median follow-up data cuts, resulting in a change in percent SLD reduction from approximately −60% to −40%. This correction did not affect the calculated ORR, DCR, PFS, or OS for the study population.

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Favorable Tolerability Profile in First-Line Pancreatic Cancer

Safety Data for Pivotal Trials and for Atebimetinib + mGnP in 1L PDAC

PIVOTAL STUDY	**Gem/nab-Pac** ([1] MPACT; N=431)	**FOLFIRINOX** ([2] PRODIGE/ACCORD 11; N=171)	**NALIRIFOX** ([3] NAPOLI 3; N=383)	**Atebimetinib + mGnP** (320 mg atebi-; N=34)
Adverse Event (AE)	Grade ≥ 3 Incidence (%)	Grade ≥ 3 Incidence (%)	Grade ≥ 3 Incidence (%)	Grade ≥ 3 Incidence (%)
Neutropenia	38%	45.7%	14.1%	18% [a]
Fatigue	17%	23.6%	6.2%	6%
Diarrhea	6%	12.7%	20.3%	0%
Sensory Neuropathy	17%	9%	3.2%	0%
Leukopenia	31%	NR	NR	0%
Vomiting	NR	14.5%	7%	3%
Febrile Neutropenia	3%	5.4%	NR	3%
Thrombocytopenia	13%	9.1%	NR	0%
Anemia	13%	7.8%	10.5%	24% [a]
Hypokalemia	NR	NR	15.1%	3%
Nausea	NR	NR	11.9%	3%

- *Pivotal Studies: (1.) MPACT 2013 NEJM (PMID: 24131140) N=431, (2.) PRODIGE 4 / ACCORD 11 2011 NEJM (PMID: 21561347) N=171, (3.) NAPOLI 3 2023 LANCET (PMID: 37708904) N=383, (4.) FFX pivotal study follow up (PMID: 27765912), and NR = not reported or not clearly reported*
- *Not all pivotal trials reported on all AE's or used fully consistent terminology*
- *(a) = only AE groups in this atebi + mGnP arm (N=34) that reached ≥ 10% Gr3 event level. For Anemia, all Grade 3, not SAE's, older patient population vs. historical benchmarks*
- *Neutropenia: Neutropenia, Neutrophil Count Decreased*
- *Sensory Neuropathy: Peripheral Sensory Neuropathy, Neuropathy Peripheral*
- *No Gr 5 events; Patients received combination of 320mg atebi + mGnP (N=34)*

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mGnP = 1,000 mg/m2 (Gem) + 125 mg/m2 (nab-Pac) days 1 & 15, every 4 weeks

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Atebimetinib + mGnP Evaluated in Older Patient Population

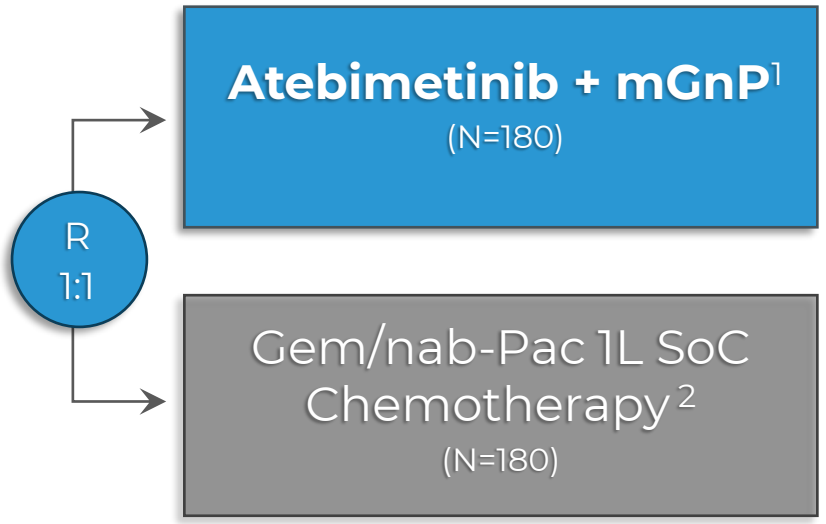
Characteristic	**IMRX Ph2a** (320 mg) Atebimetinib + mGnP	**MPACT** Gem/nab-Pac	**PRODIGE/ACCORD 11** FOLFIRINOX	**NAPOLI 3** NALIRIFOX
Trial Phase	Phase 2a	Phase 3	Phase 2/3	Phase 3
Patient Population	Metastatic PDAC (>90%)	Metastatic PDAC	Metastatic PDAC	Metastatic PDAC
N (treatment arm)	34	431	171	383
Median Age (years)	**69**	62	61	64
Age ≥ 65 (%)	**68%**	41%	28%	50%
ECOG PS 0 or 1 (%)	100%	92%	99%	100%
Male (%)	65%	57%	62%	53%
Liver, Lung and/or Peritoneal (%)	88%	85%	88%	80%
CA 19-9 Elevated (≥ 37 U/mL)	**90%** (N = 27/30)	84%*	85%	84%

Pivotal Studies: (1.) MPACT 2013 NEJM (PMID: 24131140) N=431, (2.) PRODIGE 4 / ACCORD 11 2011 NEJM (PMID: 21561347) N=171, (3.) NAPOLI 3 2023 LANCET (PMID: 37708904) N=383; FOR ILLUSTRATIVE PURPOSES ONLY: No head-to-head clinical trial has been conducted evaluating atebimetinib and other candidates or products. Differences exist between trial designs, subject characteristics and other factors, and caution should be exercised when comparing data across studies. [* = CA 19-9 > 35 U/mL] 47% of patients had liver metastases, 35% had peritoneal metastases, and 35% had lung metastases. In the 16 patients with liver metastases, median PFS was 9.6 months (same as in the ITT = 34 patients) and median OS was not reached.

Global Randomized Pivotal Trial Plan: Designed to Demonstrate Best-in-Class Profile in 1L PDAC

Planned Patient Population: First-line (1L) metastatic Pancreatic Ductal Adenocarcinoma (PDAC)

- First line (1L) PDAC
- Metastatic setting
- ECOG PS 0-1



Primary Endpoint
OS
Secondary Endpoints
PFS
ORR
DCR
QoL

Trial design and development path subject to change, including based on results of Phase 1/2a trial and regulatory authority feedback

SOC = standard of care; R = randomize; PFS = progression-free survival; OS = overall survival; ORR = overall response rate; DCR = disease control rate; QoL = Quality of Life

(1) Atebimetinib 320 mg PO QD + mGnP = 1,000 mg/m2 (Gem) + 125 mg/m2 (nab-Pac) days 1 & 15, every 4 weeks

(2) SOC chemotherapy = full schedule Gemcitabine + nab-Paclitaxel (3 wk on/ 1 wk off)

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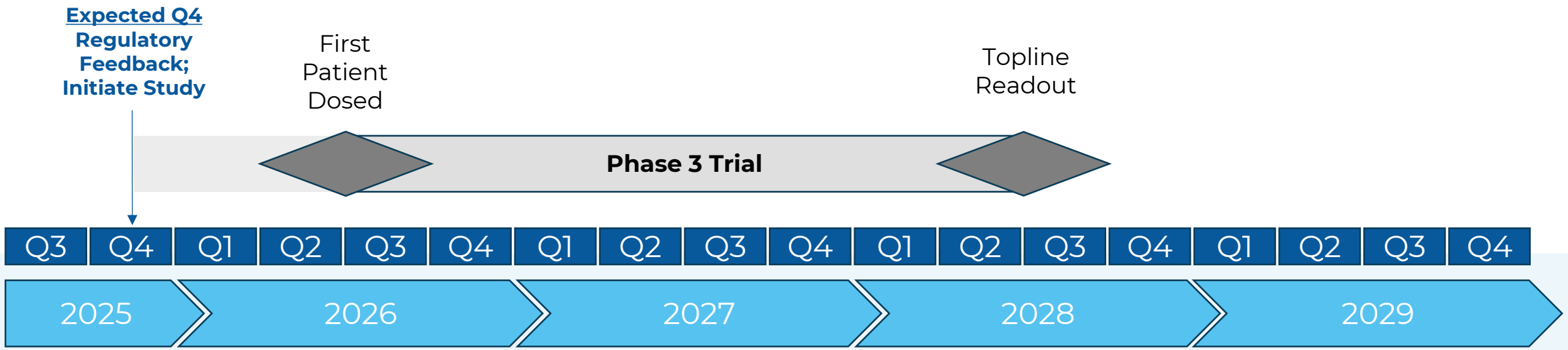
Projected Timeline for Phase 3 Study of Atebimetinib + mGnP in First-Line Pancreatic Cancer



Projected timelines are estimates only and may change, including without limitation due to: regulatory feedback, enrollment rates, site start-up/IRB approvals, competing trials/standard-of-care changes, patient access/logistics, protocol amendments, interim outcomes, and/or data review needs.

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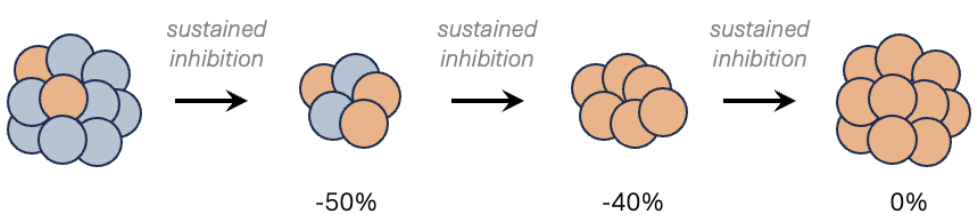
Changing the paradigm for targeted therapy, to improve durability and tolerability.

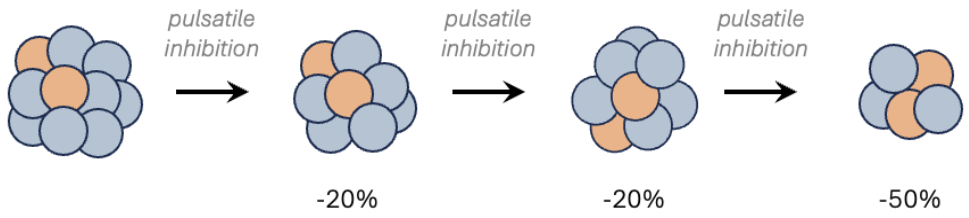
How does atebimetinib work?

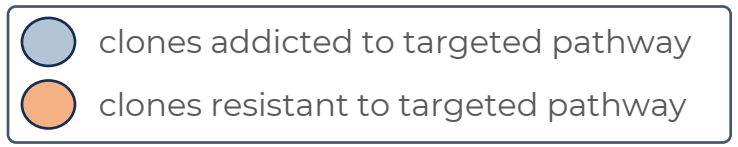
Atebimetinib goal: achieve durability by outpacing cancer

Most therapies are designed for **sustained inhibition**, driving cancer to adapt and develop resistance; tumors shrink **quickly but temporarily**

Our drug candidates are designed for **deep cyclic inhibition**, pulsing faster than cancer can adapt; tumors shrink **slowly but durably**







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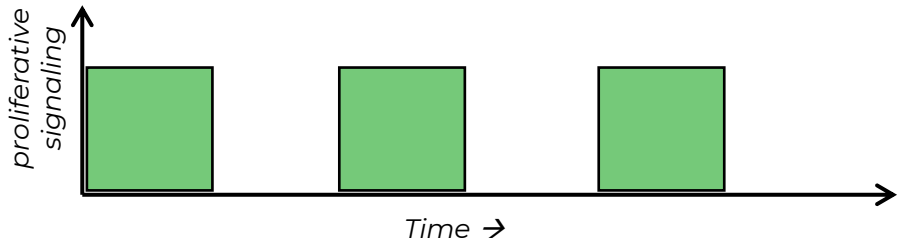
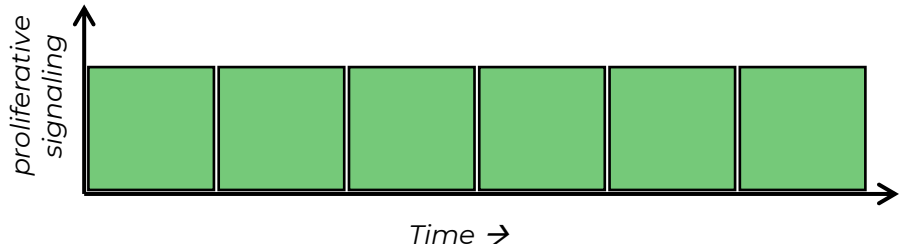
Atebimetinib goal: achieve tolerability by outpacing cancer

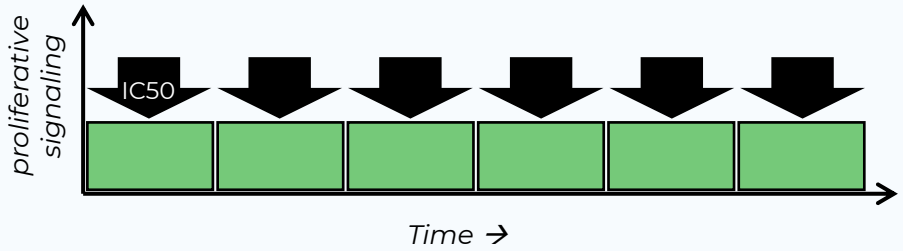
Healthy Cells:
Transient Signaling



Cancer Cells:
Sustained Signaling

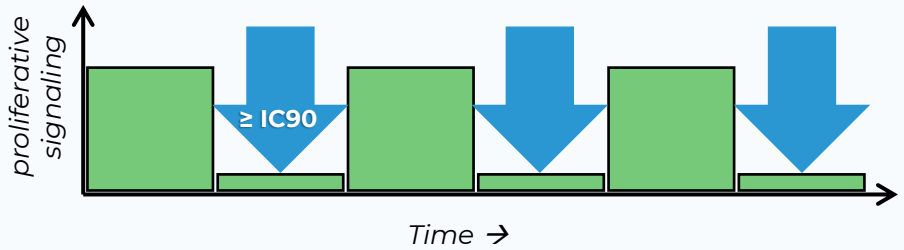


Sustained Inhibition



Results in suppressed transient signaling in healthy cells: many adverse events

Deep Cyclic Inhibition (DCI)



Aims to restore full transient signaling to healthy cells: fewer adverse events

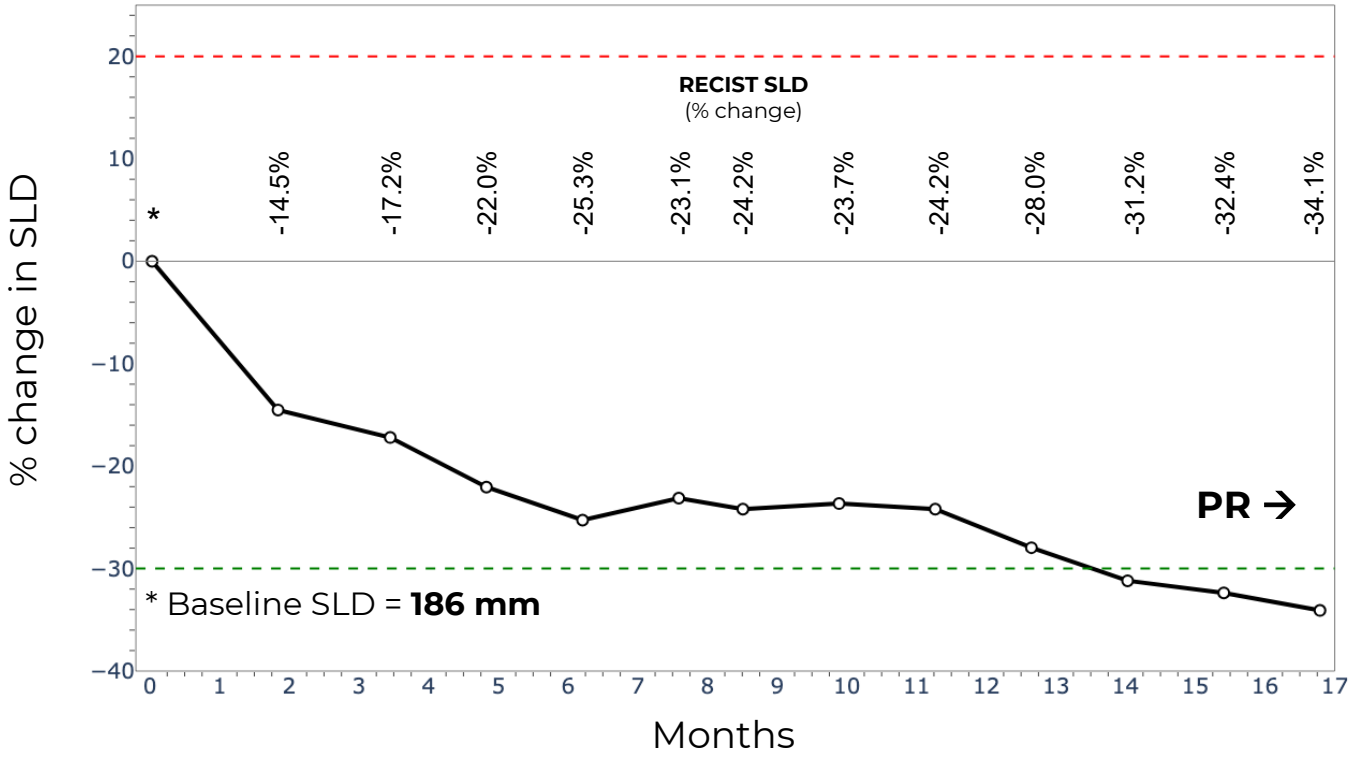
Transient vs Sustained from Hanahan and Weinberg, Cell, 2011

Atebimetinib Monotherapy Case Study Showed Durability and Tolerability with Complete Resolution of Bone Lesion

Ongoing Phase 1 Case Study
(3L Metastatic PDAC)

- 1st Line (1L): FOLFIRINOX (**BOR = PD**)
- 2nd Line (2L): Gem/Cis/nab-Pac (**BOR = PD**)
- 3rd Line (3L): atebimetinib (**BOR = PR**)
  - 70-year-old male; 240 mg QD p.o.
  - >18 mo. on atebimetinib
    - on treatment as of data cutoff
  - Improved QoL (PRO Instrument)
  - Weight gain (+16%)
  - Reduction in $KRAS^{G12D}$ ctDNA
  - 96% reduction in peak CA 19-9 levels
  - Complete resolution of bone lesion

Atebimetinib Monotherapy (3L PDAC; Phase 1)



Data based on interim data collection from Phase 1 dose expansion as of August 26, 2025, from an ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates.

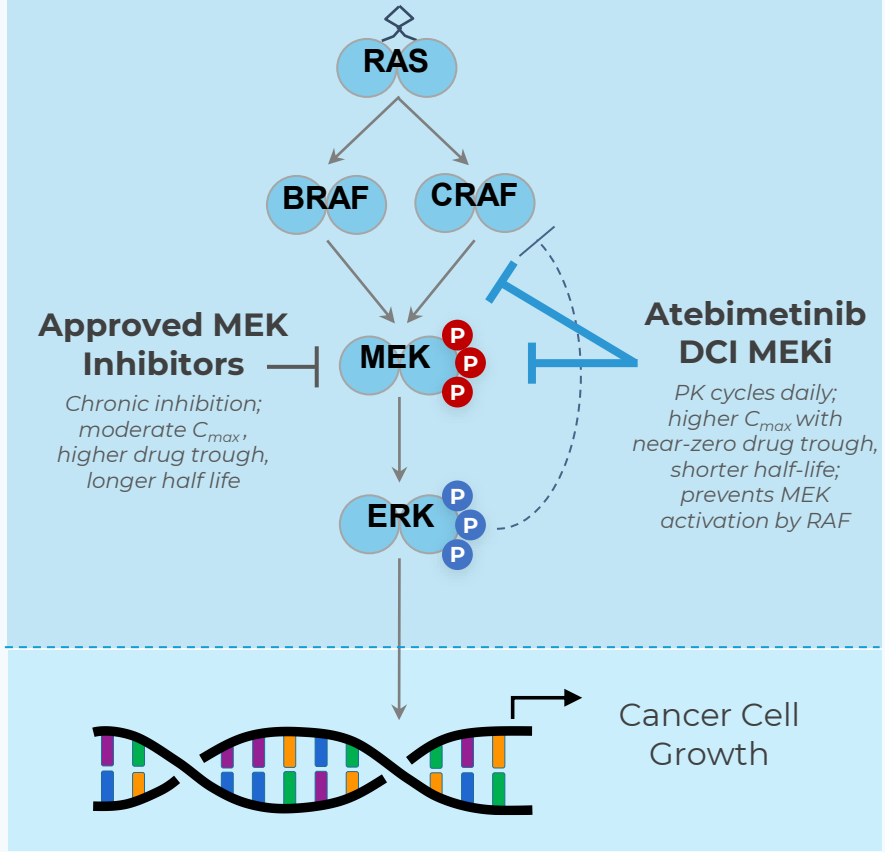
Immuneering

Atebimetinib targets MEK in the MAPK pathway, designed to outpace cancer with durability and tolerability

"the **MAPK pathway** is altered or inappropriately activated in a majority of cancers"

Our initial focus for atebimetinib is **pancreatic cancer**.

~97% driven by the MAPK pathway
51,180 deaths in US estimated for 2025



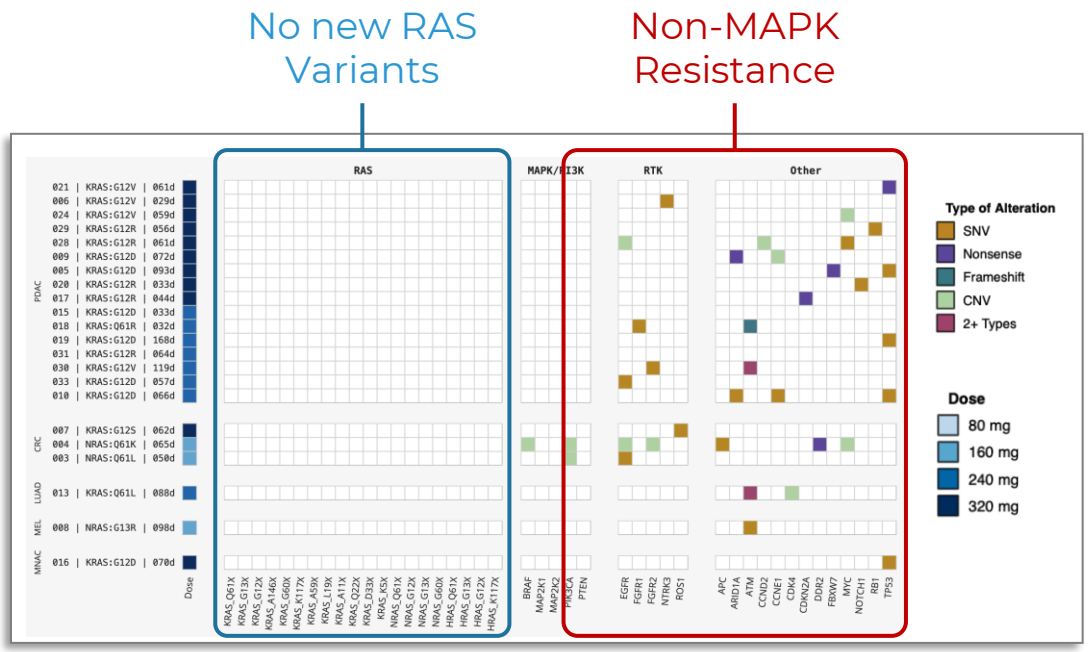
Quote Source: Yaeger and Corcoran, Cancer Discovery, 2019
Estimate for 2025 deaths https://seer.cancer.gov/statfacts/html/pancreas.html

Immuneering

Phase 1: Atebimetinib monotherapy showed activity, durability, and tolerability
Phase 2a: Evaluating atebimetinib + mGnP in first line pancreatic cancer

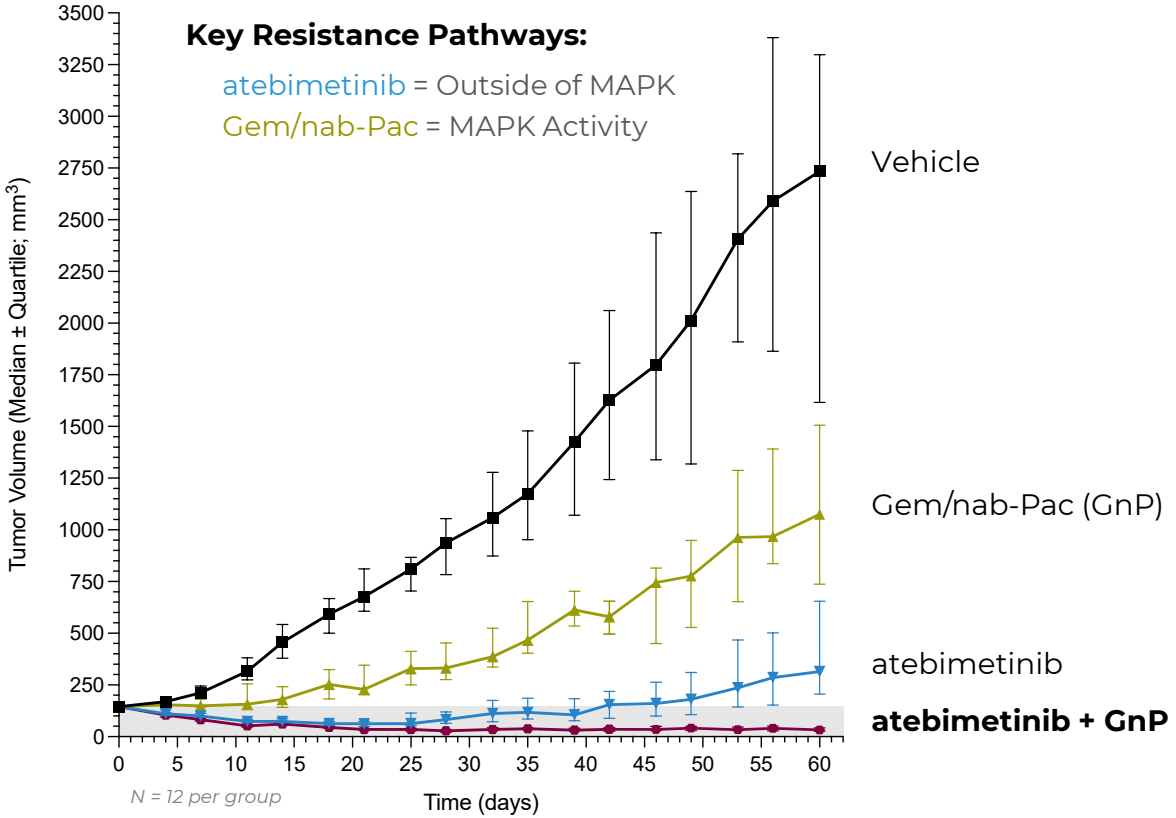
Molecular rationale for the combination

Phase 1: ctDNA Monotherapy atebimetinib



Newly arising variants detected by Guardant Health circulating tumor DNA (ctDNA) test on ~day 28 or end of treatment (EoT). Data received by February 20, 2024

MIA PaCa-2: Human PDAC Xenograft



2024 AACR King, et al.

Immuneering

Targeting the MAPK Pathway:

Broad Relevance in Most Cancers, Expansive Opportunity

REGENERON
SCIENCE TO MEDICINE®

LIBTAYO®
(cemiplimab-rwlc)
Injection 350 mg

Lilly

LOXO ONCOLOGY

Immuneering Announces Clinical Supply Agreement with Regeneron Pharmaceuticals to Evaluate IMM-1-104 in Combination with Libtayo® (cemiplimab)

February 06, 2025 07:00 ET | Source: Immuneering Corporation

Follow

Immuneering Announces Clinical Supply Agreement with Lilly to Evaluate Atebimetinib in Combination with Olomorasib

August 25, 2025 08:00 ET | Source: Immuneering Corporation

Follow

Pancreatic Cancer

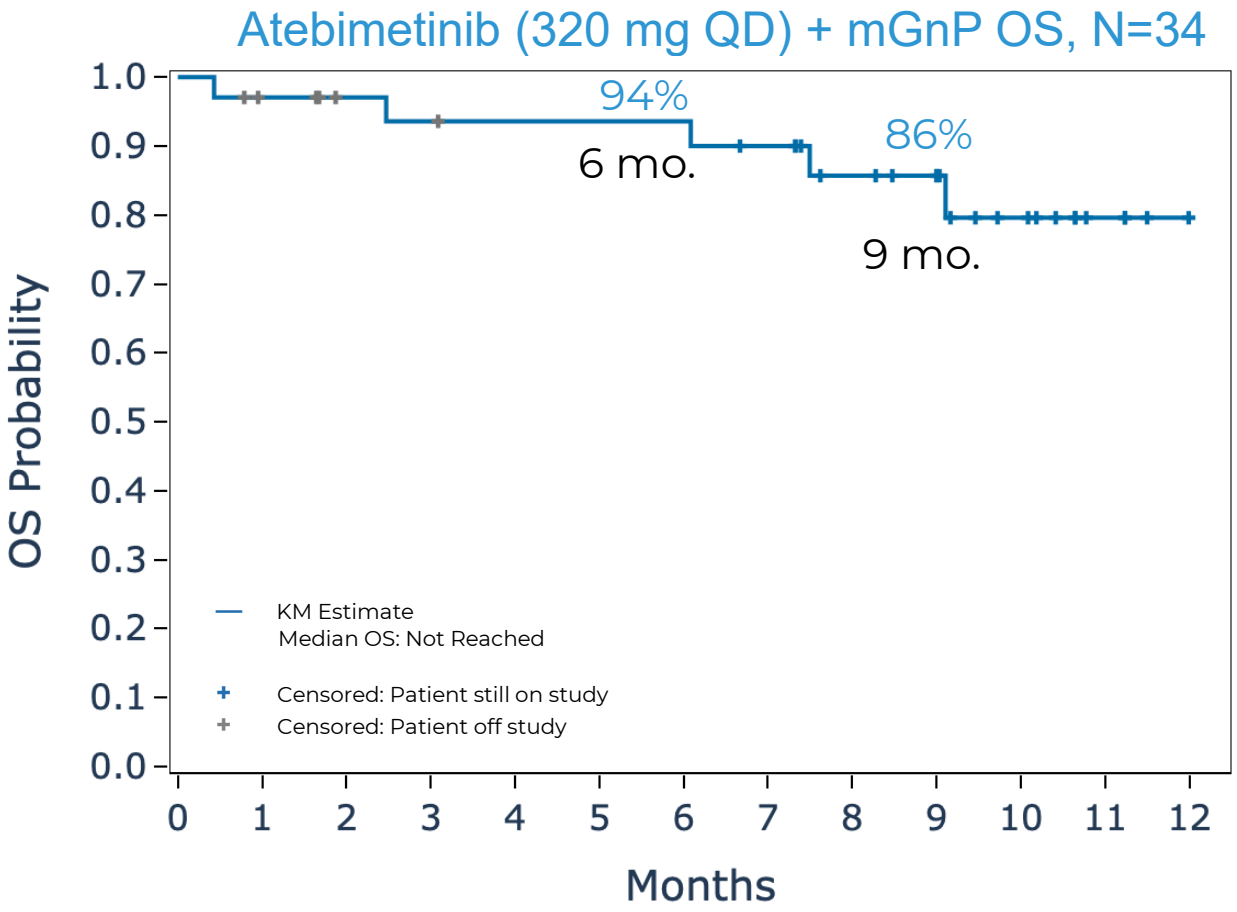
Lung Cancer

Colorectal Cancer

Melanoma

...and many more

Extraordinary Overall Survival (OS) Observed at 9 Months in First-Line Pancreatic Cancer With Clear Anticipated Milestones Ahead



Expected Timing	Expected Milestones
Q4 2025	• Regulatory feedback on pivotal trial plans • Pending FDA feedback, initiate Phase 3 pivotal trial
2026	• Further updated PFS/OS data (N=34) in 2026 • Initiate additional atebimetinib clinical trial combinations • Dosing of first patient in Phase 3 by mid-2026
Mid-2028	Topline Readout of Phase 3

Immuneering

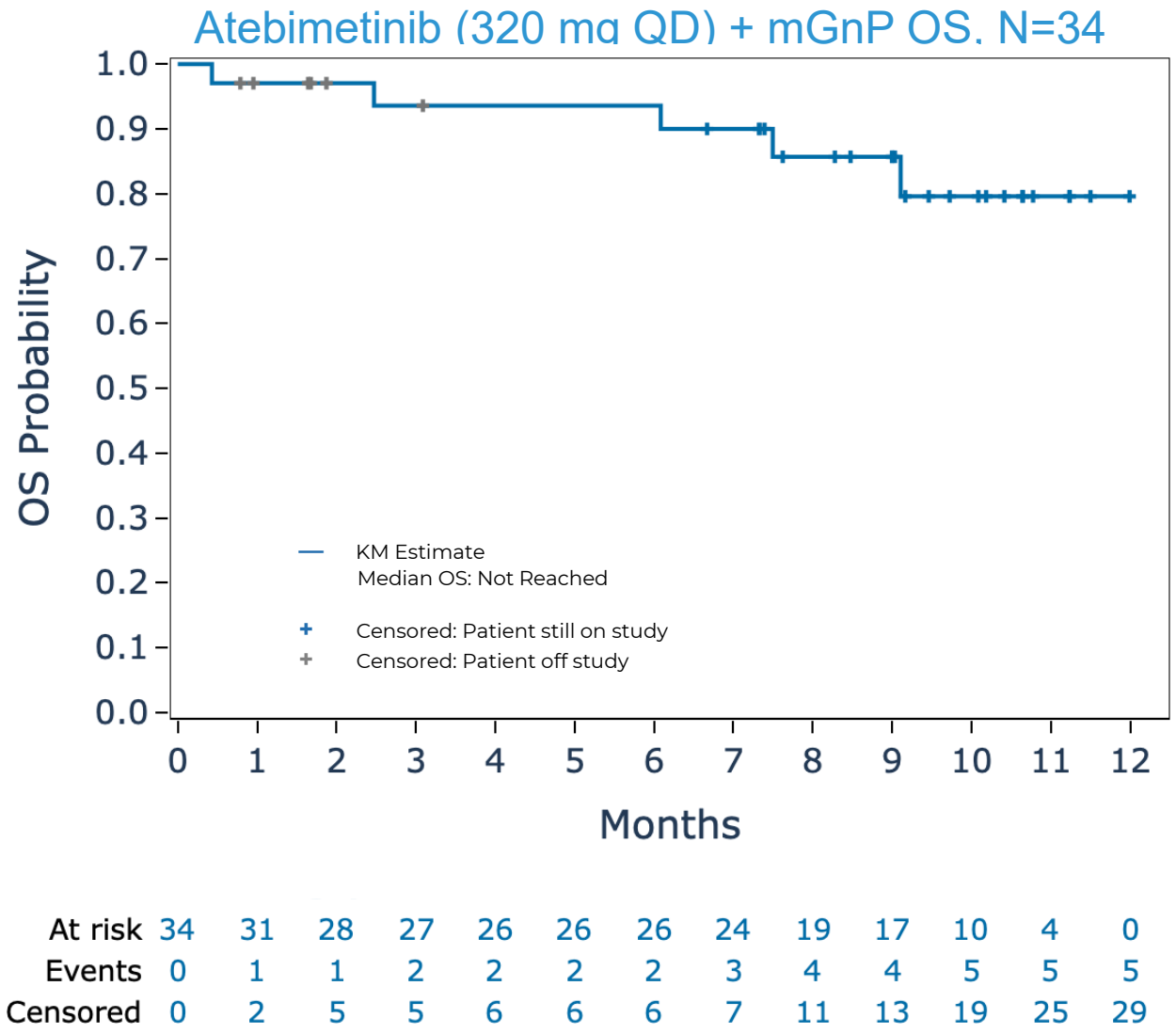
What We Learned Today

- **Extraordinary overall survival** for first-line pancreatic cancer patients treated with atebimetinib + chemo
- **Favorable tolerability** and potential for best-in-class profile
- **Pushing forward:** Phase 3 in first-line pancreatic cancer; new Phase 2 studies in lung cancer; Deep Cyclic Inhibitor pipeline
- **Financing and strategic investment:** unprecedented value creation opportunity for patients and shareholders

Appendix

Immuneering

Extraordinary Overall Survival (OS) Observed at 9 Months in First-Line Pancreatic Cancer



	Atebimetinib + mGnP (320 mg atebi-; N=34)
9-month OS	**86%** [66, 94]

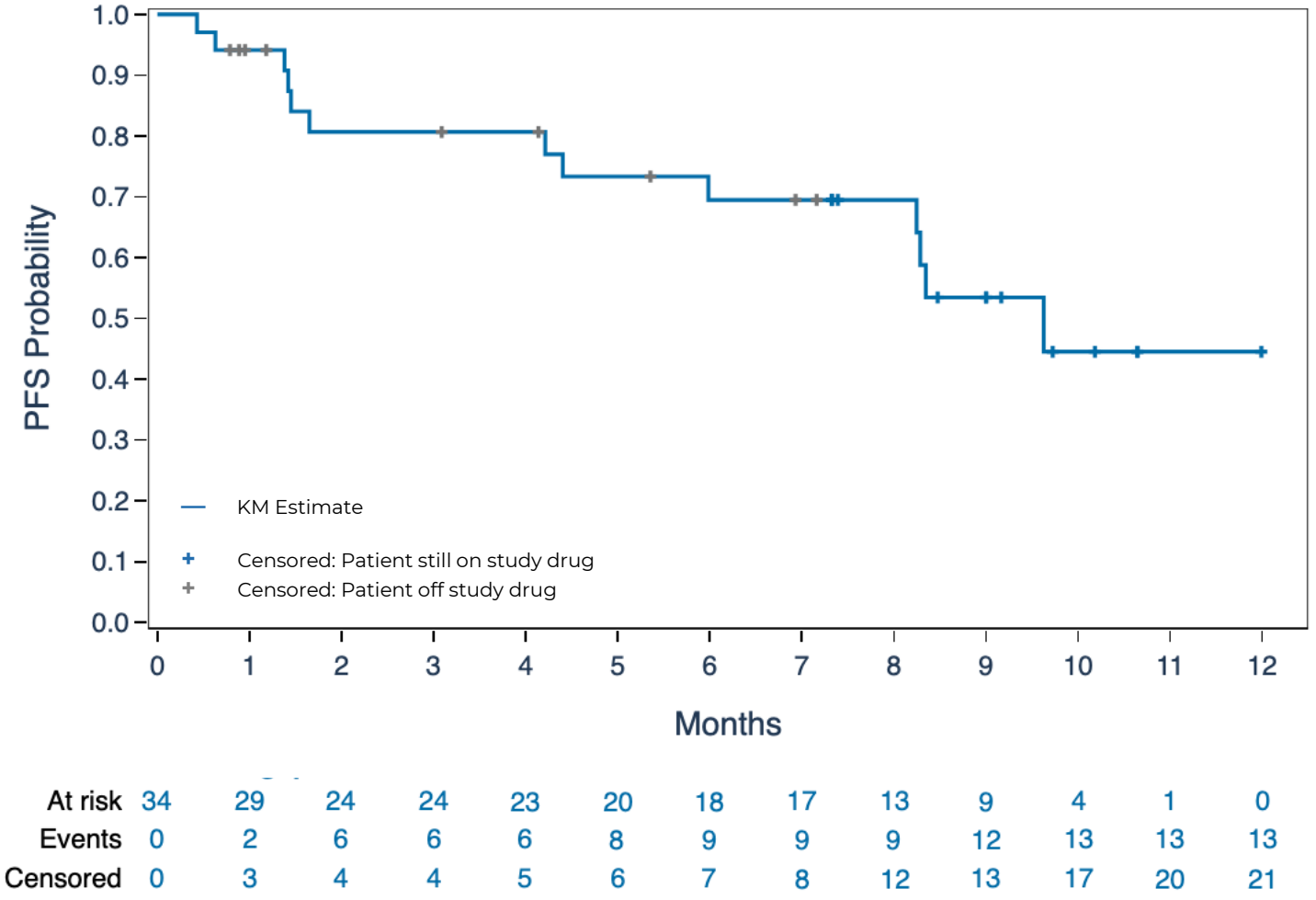
As of the August 26 data cutoff, the median follow-up for overall survival (OS) was 9.0 months as estimated by the reverse Kaplan–Meier method; OS and PFS outcomes are reported at this same cutoff date.

Based on interim data collection from the 320mg intent-to-treat population (N=34), as of August 26, 2025,. This represents the same cohort of patients from the June 2025 data release, the primary Phase 2 population enrolled as part of the Simon two-stage design from the ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates. OS probability at max time is 80%.

Immuneering

Progression-Free Survival (PFS) Supports Extraordinary Overall Survival in First-Line Pancreatic Cancer

Atebimetinib (320 mg QD) + mGnP PFS, N=34



	Atebimetinib + mGnP (320 mg atebi-; N=34)
9-month PFS	**53%** [31, 71]

As of the August 26 data cutoff, the median follow-up for overall survival (OS) was 9.0 months as estimated by the reverse Kaplan–Meier method; OS and PFS outcomes are reported at this same cutoff date.

Median PFS (mPFS) = **9.6 months**

Based on interim data collection from the 320mg intent-to-treat population (N=34), as of August 26, 2025,. This represents the same cohort of patients from the June 2025 data release, the primary Phase 2 population enrolled as part of the Simon two-stage design from the ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates.

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