Investor Presentation

Immuneering

Nasdaq: IMRX

January 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 IMM-1-104 and IMM-6-415; the design, enrollment criteria and conduct of the Phase 1/2a clinical trials for IMM-1-104 and IMM-6-415; initial signs of clinical activity of IMM-1-104; the translation of preclinical data into human clinical data; the ability of initial clinical data to de-risk IMM-1-104 and / or IMM-6-415 and be confirmed as the trials progress, including the safety, tolerability, pharmacokinetics, pharmacodynamics and potential efficacy of IMM-1-104 and / or IMM-6-415; the potential advantages and effectiveness of the Company's clinical and preclinical candidates; the timing of additional trial updates; the indications to be pursued by the Company including in the Phase 2a portions of the trials and timing to results; 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.

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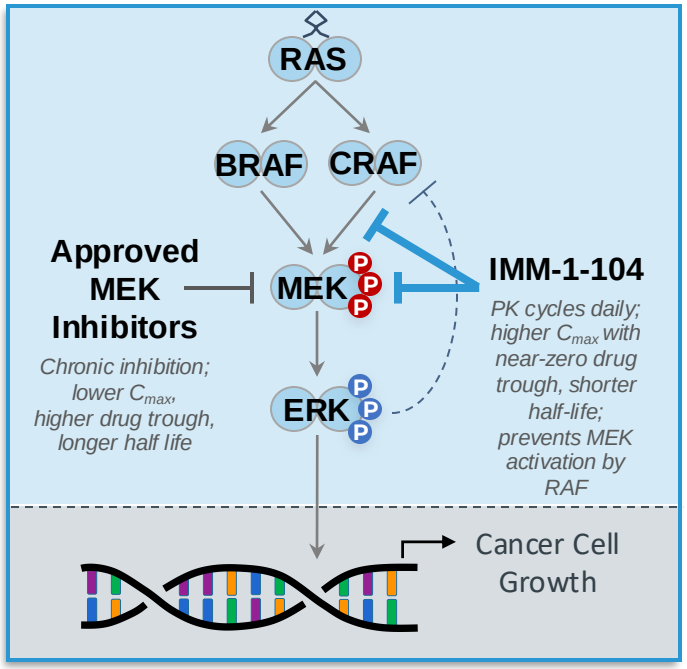
MEK Inhibitors Already Help Patients Live Longer; Drive $2.4B In Sales
Our Clinical Data Show IMM-1-104's Potential To Do Better



Goal → Expand Indications

beyond BRAF, to RAS-driven cancers and more

- **43% ORR, 86% DCR observed for 104+mGnP in 1st line pancreatic cancer** (including a complete response)
- Responses observed for 104+mFFX in 1st line (-100% PR), 104 in 2nd line (-67% PR) pancreatic cancer
- Planning for 104+mGnP pivotal trial underway; additional Phase 2a combo arms planned for 2025

Goal → Improve Tolerability

in existing and new indications

- **Observed highly differentiated tolerability in 96 patients treated with IMM-1-104 alone or in combination with mGnP**
- Broad potential of IMM-1-104 to enable new combinations, and replace existing MEK inhibitors in established combinations, for patients with tumors driven by BRAF, RAS, and beyond

Unless otherwise noted, all data reported as of Dec 5, 2024. Adding MEKINIST to TAFINLAR increased overall survival by ~6 months per COMBI-d results in MEKINIST label. TAFINLAR+MEKINIST combination net sales were ~$1.9B in 2023 per Novartis annual report. Additional ~$500M in net sales in 2023 from 3 other MEK inhibitors MEKTOVI, KOSELUGO, and COTELLIC per reports of their respective manufacturers.

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The First 5 Arms Of Our Ongoing Phase 2a Study Seek To Expand Beyond Approved MEK Inhibitor Indications

INDICATION	TYPE	DISCOVERY	IND-ENABLING	PHASE 1	PHASE 2	PHASE 3	Bench-mark (ORR)	FDA Designations for IMM-1-104
Pancreatic	Combination	1L – 104 + mGem/nab-Pac					23%[a]	Orphan Drug Fast Track 1L Fast Track 2L
	Combination	1L – 104 + mFOLFIRINOX					32%[b]	
	Monotherapy	2L (or 1L)					3%[c]	
Melanoma (RAS^{mut})	Monotherapy	2L, 3L post-IO (or 1L)						Fast Track
NSCLC (RAS^{mut})	Monotherapy	2L, 3L						

75+ pancreatic cancer patients enrolled as of December 5th, 2024

[a]Phase III MPACT trial (link) [b]Phase III PRODIGE/ACCORD 11 trial (link) [c]Phase II QUILT-3.010 trial (link)

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To Date, 1st Line Pancreatic Cancer Patients Have Faced A Difficult Choice: Live Longer OR Feel Better

	FOLFIRINOX[1]	Gemcitabine + nab Paclitaxel (GnP)[1]	IMM-1-104 + mGnP
Efficacy			We aim to give patients a better option
Tolerability			

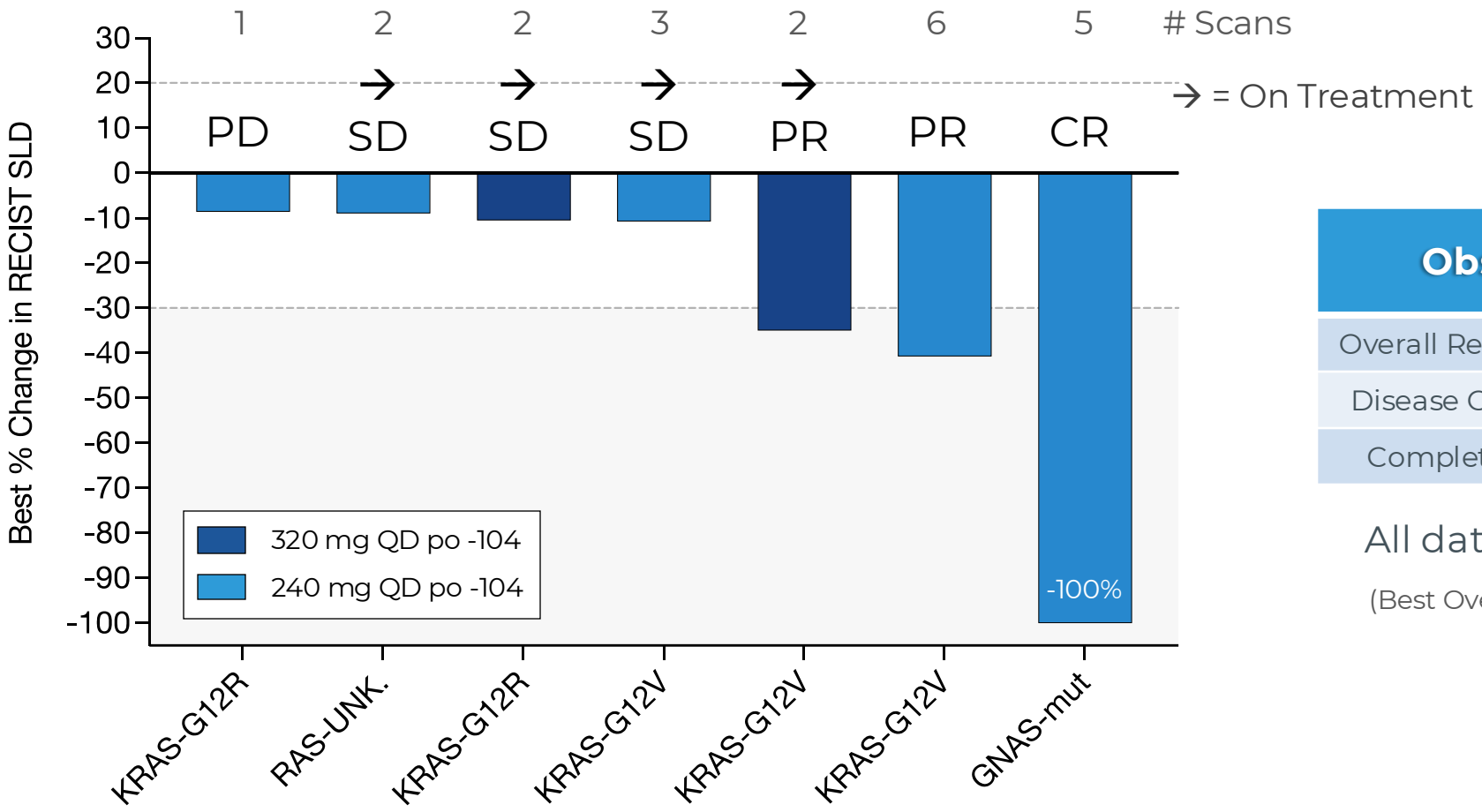
(1) Per GlobalData: in the U.S., approximately half of first-line pancreatic cancer patients are treated with FOLFIRINOX or Fluorouracil-related treatments, as compared to approximately half with GnP or Gemcitabine-related treatments

At Best, Only ~ 32% Of Patients Reported To Respond To Current Standard Of Care For 1st Line Pancreatic Cancer

	FOLFIRINOX*	Gemcitabine + nab Paclitaxel (GnP)**	IMM-1-104 + mGnP
Efficacy	⊕	⊖	We aim to give patients a better option
Objective Response Rate (ORR)	32%	23%	
Disease Control Rate (DCR)	70%	48%	
Complete Response (CR)	0.6%	0.2%	
Progression Free Survival (PFS)	6.4 months	5.5 months	
Overall Survival (OS)	11.1 months	8.5 months	
Safety	⊖	⊕	
Grade 3-4 neutropenia	46%	38%	
Grade 3-4 fatigue	24%	17%	
Grade 3-4 diarrhea	13%	6%	

*Phase III PRODIGE/ACCORD 11 trial (link) **Phase III MPACT trial (link)

43% Of Patients Responded To IMM-1-104 + Modified GnP For 1st Line Pancreatic Cancer, Including A Complete Response



Observation	IMM-1-104 + mGnP
Overall Response Rate (ORR)	**43%**
Disease Control Rate (DCR)	**86%**
Complete Response (CR)	**14%**

All data as of December 5, 2024

(Best Overall Response (BOR) to date Shown)

- ORR analyses included all evaluable patients who received their first dose of IMM-1-104 at least 14 weeks prior to data cutoff of December 5th, 2024 (to allow 2 potential scans beyond baseline scan – patients who had 2 such scans prior to 14 weeks were also included). Scans typically occur every 6 weeks (+/- 1 week)
- Glossary: PD = progressive disease; PR = partial response; SD = Stable Disease; SLD = sum of longest tumor diameter; DCR = disease control rate (CR+PR+SD)

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Favorable Tolerability Observed For IMM-1-104 In Combination With Modified Gem/nab-Pac (mGnP) For 1st Line Pancreatic Cancer

Safety: Phase 2a Combination in 1L PDAC at 240 (n=6) & 320 mg QD (n = 15)

Maximum Severity of TEAEs for combination: TEAE's observed in >10% of patients,	**Grade 1** n(%)	**Grade 2** n(%)	**Grade 3** n(%)	**Grade 4** n(%)	**Any Grade** n(%)
1. Anaemia	1 (5%)	2 (10%)	3 (14%)	0	6 (29%)
2. Fatigue	3 (14%)	3 (14%)	0	0	6 (29%)
3. Diarrhoea	1 (5%)	3 (14%)	1 (5%)	0	5 (24%)
4. Nausea	4 (19%)	1 (5%)	0	0	5 (24%)
5. Pyrexia	5 (24%)	0	0	0	5 (24%)
6. Aspartate Aminotransferase (AST) Increased	0	3 (14%)	1 (5%)	0	4 (19%)
7. Alanine Aminotransferase (ALT) Increased	1 (5%)	1 (5%)	2 (10%)	0	4 (19%)
8. Neutrophil Count Decreased	0	2 (10%)	2 (10%)	0	4 (19%)
9. Oedema Peripheral	4 (19%)	0	0	0	4 (19%)
10. Vomiting	1 (5%)	2 (10%)	1 (5%)	0	4 (19%)
11. Hyperglycaemia	2 (10%)	0	1 (5%)	0	3 (14%)
12. Neuropathy Peripheral	3 (14%)	0	0	0	3 (14%)
13. Platelet Count Decreased	1 (5%)	2 (10%)	0	0	3 (14%)
14. Rash	2 (10%)	0	1 (5%)	0	3 (14%)
15. Retinopathy	2 (10%)	1 (5%)	0	0	3 (14%)

- *TEAE = Treatment-Emergent Adverse Events*
- *All data as of December 5, 2024. All patients treated with drug combination; no Serious Adverse Events (SAE) were related to IMM-1-104*

Encouraging Response And Safety Profile Observed For IMM-1-104 + mGnP In 1st Line Pancreatic Cancer

	FOLFIRINOX	Gemcitabine + nab Paclitaxel (GnP)	IMM-1-104 + mGnP
Efficacy			✚
Overall Response Rate (ORR)			**43%**
Disease Control Rate (DCR)			**86%**
Complete Response (CR)			**14%**
Progression Free Survival (PFS)			TBD
Overall Survival (OS)			TBD
Safety			✚
Grade 3-4 neutropenia			**10%**
Grade 3-4 fatigue			**0%**
Grade 3-4 diarrhea			**5%**

We aim to give patients a better option

Efficacy analyses included all evaluable patients who received their first dose of IMM-1-104 at least 14 weeks prior to data cutoff of December 5th, 2024. All safety data as of December 5, 2024.

KOLs: IMM-1-104 + Modified Gem/nab-Pac (mGnP) May Have A Unique Profile For Response And Tolerability

Tanios (Toni) Bekaii-Saab, MD (Mayo Clinic. IMRX SAB member since 2019)

"Immuneering's Phase 2a data in first line pancreatic cancer are **very promising** … If current trends continue, the combination of IMM-1-104 with modified gemcitabine/nab-paclitaxel **may provide improved efficacy and tolerability** vs. gemcitabine/nab-paclitaxel **in the first-line pancreatic cancer setting**, where patients continue to urgently need better options. In addition, **having a MEK inhibitor that appears to be as well-tolerated as IMM-1-104 may provide new opportunities for patients with different types of cancer**."

Additional SAB Members:

Vincent Chung, MD	Shubham Pant, MD	Jordan Berlin, MD
City of Hope	MD Anderson	Vanderbilt

The First 5 Arms Of Our Ongoing Phase 2a Study Seek To Expand Beyond Approved MEK Inhibitor Indications

INDICATION	TYPE	DISCOVERY	IND-ENABLING	PHASE 1	PHASE 2	PHASE 3	Bench-mark (ORR)	FDA Designations for IMM-1-104
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75+ pancreatic cancer patients enrolled as of December 5th, 2024

[a]Phase III MPACT trial (link) [b]Phase III PRODIGE/ACCORD 11 trial (link) [c]Phase II QUILT-3.010 trial (link)

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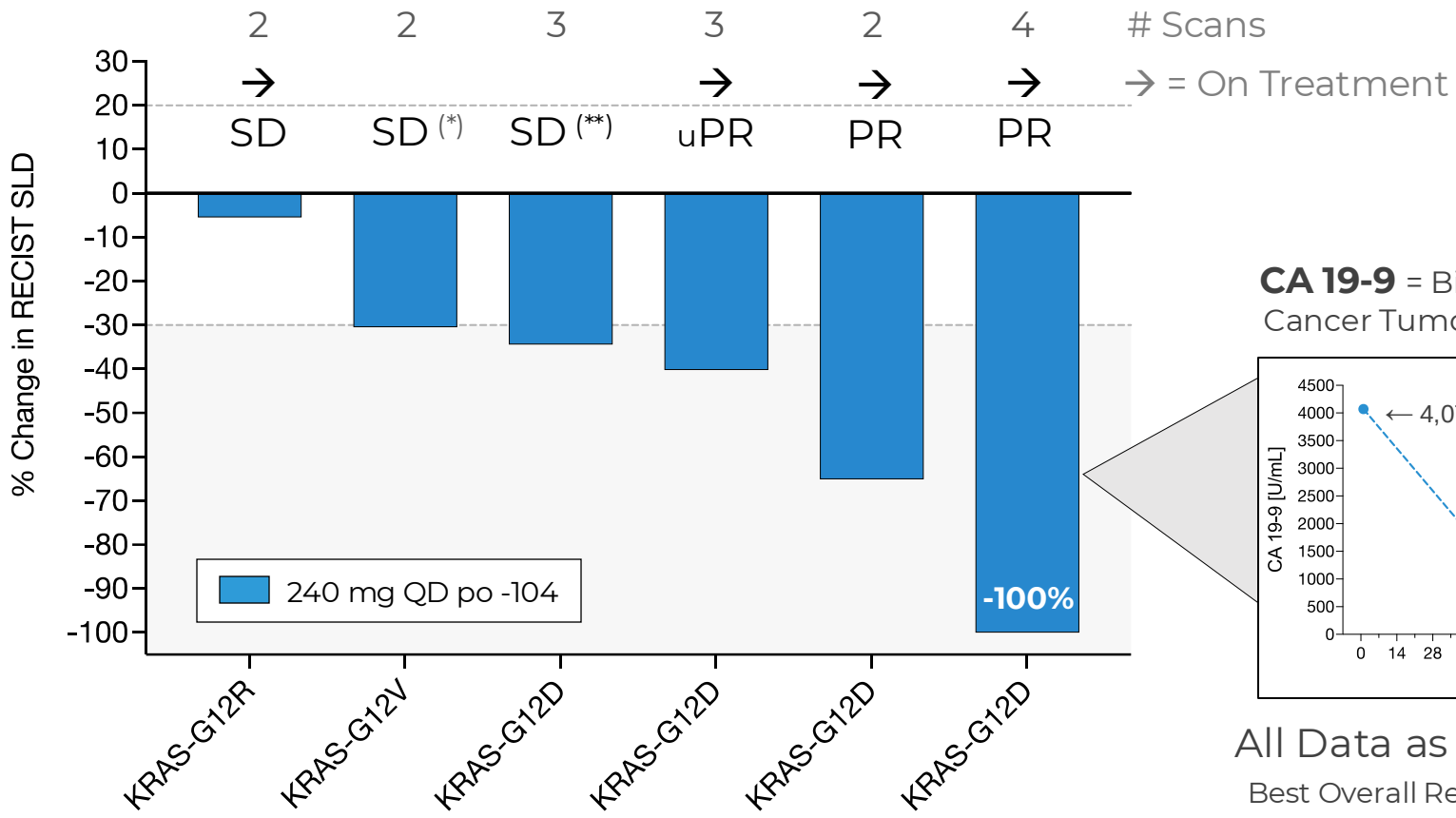
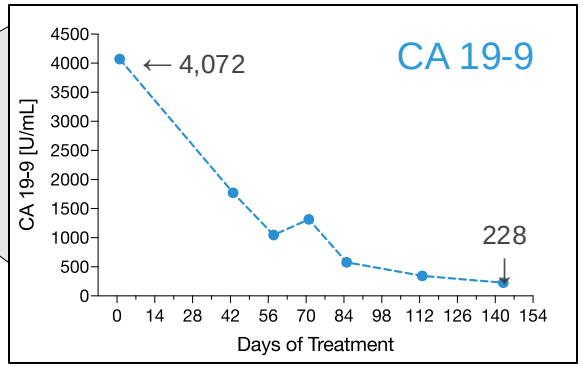
50% Of Patients Responded To IMM-1-104 + Modified FOLFIRINOX For 1st Line Pancreatic Cancer, Including A -100% SLD Reduction



Observation	IMM-1-104 + mFFX
Overall Response Rate (ORR)	**50%**
Disease Control Rate (DCR)	**100%**

CA 19-9 = Biomarker of Pancreatic Cancer Tumor Burden and Survival



All Data as of January 6th, 2025

Best Overall Response (BOR) to date shown

- Includes all evaluable patients who received their first dose of IMM-1-104 at least 14 weeks prior to data cutoff of January 6th, 2025 (to allow 2 potential scans beyond baseline scan – patients who had 2 such scans prior to 14 weeks were also included). ORR (by RECIST v1.1) included confirmed CRs/PRs and unconfirmed CRs/PRs who were still on treatment and may yet be confirmed. Unconfirmed PRs (uPR*) with treatment discontinued (and thus will never confirm) were not considered responders, but remain in the ORR denominator
- Two patients with subsequently verified rare genomic variants (e.g., DPD, UGT1A1) that significantly impact ability to metabolize chemotherapy had their chemotherapy regimens dose reduced and are excluded in the analysis (both still achieved overall RECIST SLD regressions)
- (*) Patient's second scan was uPR, however patient withdrew prior to confirmatory scan or evidence of disease progression (Final BOR = SD)
- (**) Patient's second scan was uPR; however, new mets were observed in third scan (Final BOR = SD)
- IMM-1-104 + modified FOLFIRINOX (mFFX) was observed to be generally well tolerated
- SLD = Sum of Longest Tumor Diameter; CR = Complete Response; PR = Partial Response; SD = Stable Disease; DCR = CR + PR + SD

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The First 5 Arms Of Our Ongoing Phase 2a Study Seek To Expand Beyond Approved MEK Inhibitor Indications

INDICATION	TYPE	DISCOVERY	IND-ENABLING	PHASE 1	PHASE 2	PHASE 3	Bench-mark (ORR)	FDA Designations for IMM-1-104
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	Combination	1L – 104 + mFOLFIRINOX					32%[b]	
	Monotherapy	2L (or 1L)					3%[c]	
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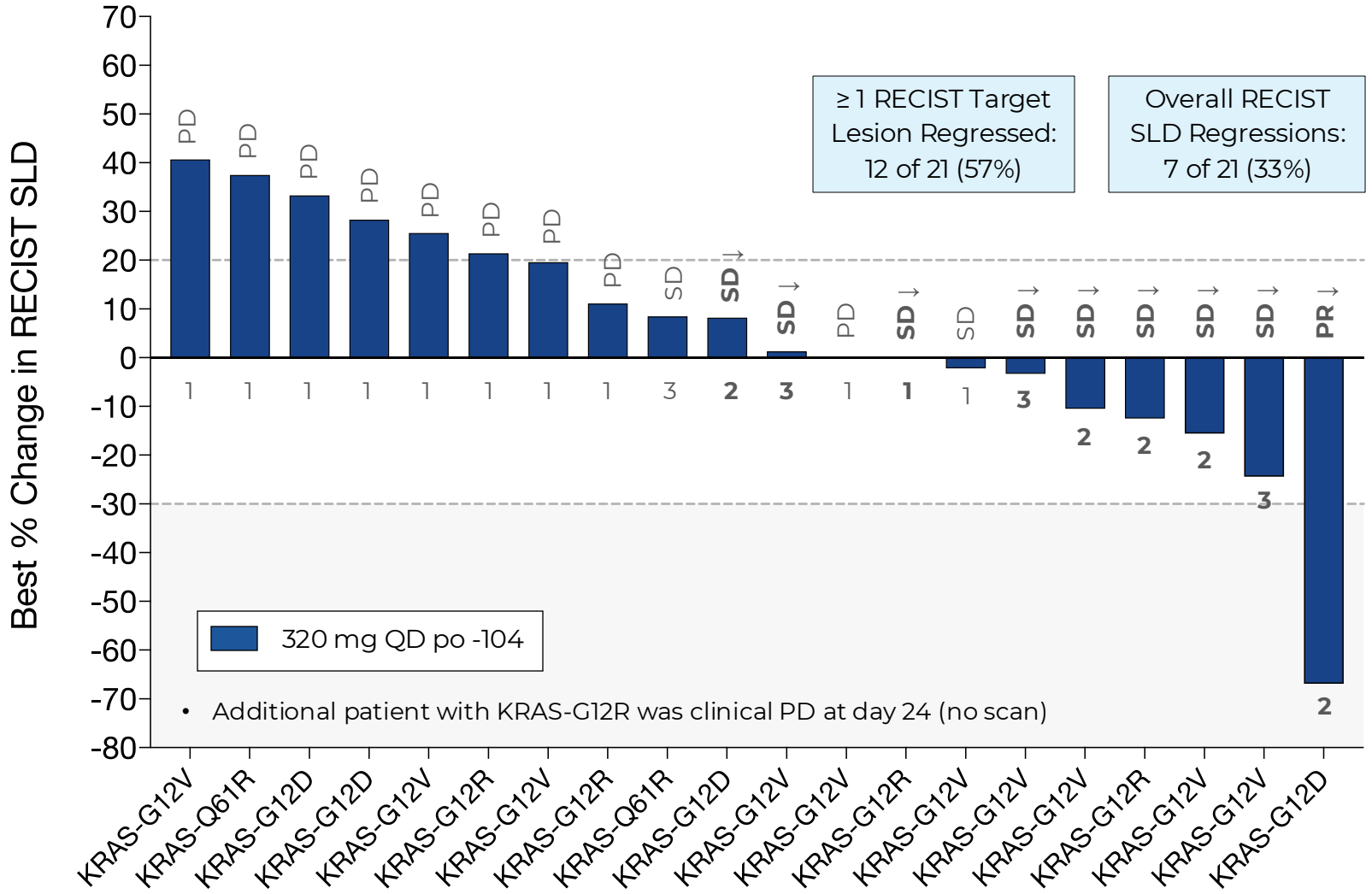
Encouraging Monotherapy IMM-1-104 Activity For 2nd Line Pancreatic Cancer Supports Observations In 1st Line Combinations



ORR:	**5**%

RECIST ORR:	
CR:	0
PR:	1
SD:	10
PD:	10

DCR:	**52**%

→ On Treatment (9/21) 43%

(BOR to date Shown)

scans shown below bars

All Data as of December 5, 2024

- ORR analyses included all evaluable patients who received their first dose of IMM-1-104 at least 14 weeks prior to data cutoff of December 5th, 2024 (to allow 2 potential scans beyond baseline scan – patients who had 2 such scans prior to 14 weeks were also included). Scans typically occur every 6 weeks (+/- 1 week)
- Glossary: ORR = overall response rate; CR = complete response; PD = progressive disease; PR = partial response; SD = Stable Disease; SLD = sum of longest tumor diameter; DCR = disease control rate (CR+PR+SD); BOR = best overall response

IMM-1-104 Monotherapy In 2nd Line Pancreatic Cancer Observed To Be Very Well Tolerated

We believe IMM-1-104 is highly suitable for monotherapy and combination therapy

Safety: Phase 2a Monotherapy in 2L PDAC at 320 mg QD (n = 21)

Maximum Severity of TRAEs: TRAE's observed in ≥10.0% of patients, n(%)	**Grade 1**	**Grade 2**	**Grade 3**	**Grade 4**	**Any Grade**
1. Rash*	5 (24%)	1 (5%)	0	0	6 (29%)
2. Diarrhea	3 (14%)	2 (10%)	0	0	5 (24%)
3. Fatigue	3 (14%)	1 (5%)	0	0	4 (19%)
4. Nausea/Vomiting	3 (14%)	0	0	0	3 (14%)
5. Blurred Vision	2 (10%)	1 (5%)	0	0	3 (14%)

- *All data as of December 5, 2024. TRAE = Treatment Related Adverse Event*
- *IMM-1-104 TRAE's above have been reversible; no TRAEs in the table above were deemed serious*
- *Patient population includes one 1L PDAC patient; all patients were dosed at 320 (N=21) mg QD p.o.*
- *(*) Preferred Terms Included in the Rash term include: Dermatitis acneiform, Photosensitivity reaction, Rash, Rash macular, Rash maculo-papular, Rash pruritic, Rash pustular*

Additional Phase 2a Combination Arms Planned

INDICATION	TYPE	DISCOVERY	IND-ENABLING	PHASE 1	PHASE 2	PHASE 3	Bench-mark (ORR)	FDA Designations for IMM-1-104
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	Combination	1L – 104 + mFOLFIRINOX					32%[b]	
	Monotherapy	2L (or 1L)					3%[c]	
Melanoma (RAS^{mut})	Monotherapy	2L, 3L post-IO (or 1L)						Fast Track
NSCLC (RAS^{mut})	Monotherapy	2L, 3L						
Melanoma	Combination	Planned → 104 + RAF inhibitor						
Melanoma & NSCLC	Combination	Planned → 104 + anti-PD-1						

Plus, inbound investigator-initiated trial requests under consideration

[a]Phase III MPACT trial (link) [b]Phase III PRODIGE/ACCORD 11 trial (link) [c]Phase II QUILT-3.010 trial (link)

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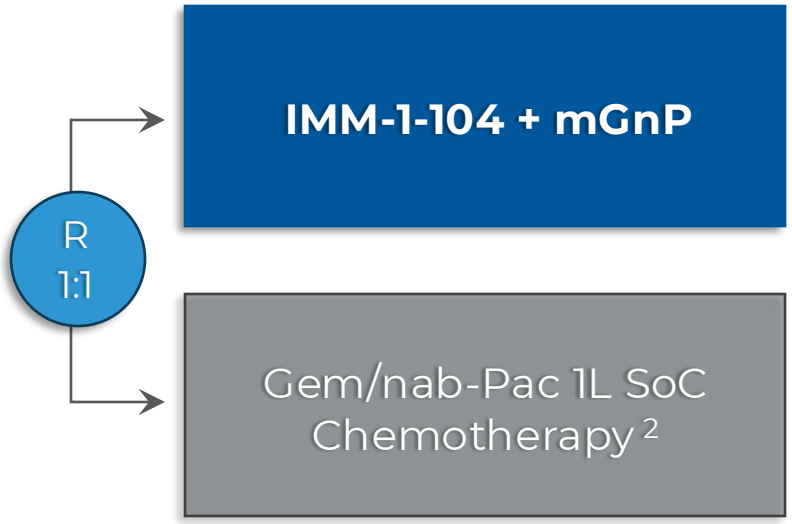
Potential Future Clinical Development Considerations

Prospective Global Randomized Phase 3 Trial Based on Trending Phase 2 Data[1]

Proposed Patient Population: First-line locally-advanced unresectable or metastatic Pancreatic Ductal Adenocarcinoma (PDAC)

- PDAC
- First-line setting
- Locally-advanced unresectable or metastatic
- ECOG PS 0-1



Primary Endpoints
PFS
OS
Secondary Endpoints
ORR
DCR
QoL

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

(2) SOC chemotherapy options: full schedule Gemcitabine + nab-Paclitaxel. 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

2025 Milestones

Program	Milestone	Expected Timing
IMM-1-104	Further IMM-1-104 Phase 2a data	2Q 2025
IMM-1-104	Initiation of Phase 2a arm of IMM-1-104 in combination with BRAF inhibitor in melanoma	2025
IMM-1-104	Initiation of Phase 2a arms of IMM-1-104 in combination with checkpoint inhibitors in both melanoma and NSCLC	2025

“Is This The MEK Inhibitor We’ve Been Waiting For?” *- IMM-1-104 trial investigator*

Goal → Expand Indications

beyond BRAF, to RAS-driven cancers and more

- **43% ORR, 86% DCR observed for 104+mGnP in 1st line pancreatic cancer** (including a complete response)
- Responses observed for 104+mFFX in 1st line (-100% PR), 104 in 2nd line (-67% PR) pancreatic cancer
- Planning for 104+mGnP pivotal trial underway; additional Phase 2a combo arms planned for 2025

Goal → Improve Tolerability

in existing and new indications

- **Observed highly differentiated tolerability in 96 patients treated with IMM-1-104 alone or in combination with mGnP**
- Broad potential of IMM-1-104 to enable new combinations, and replace existing MEK inhibitors in established combinations, for patients with tumors driven by BRAF, RAS, and beyond

Appendix

Immuneering

- Nasdaq: IMRX

Promising IMM-1-104 Monotherapy Durability: Ph-1 in 3L PDAC

Patient with longest Phase 1 monotherapy treatment to date (>11 months)

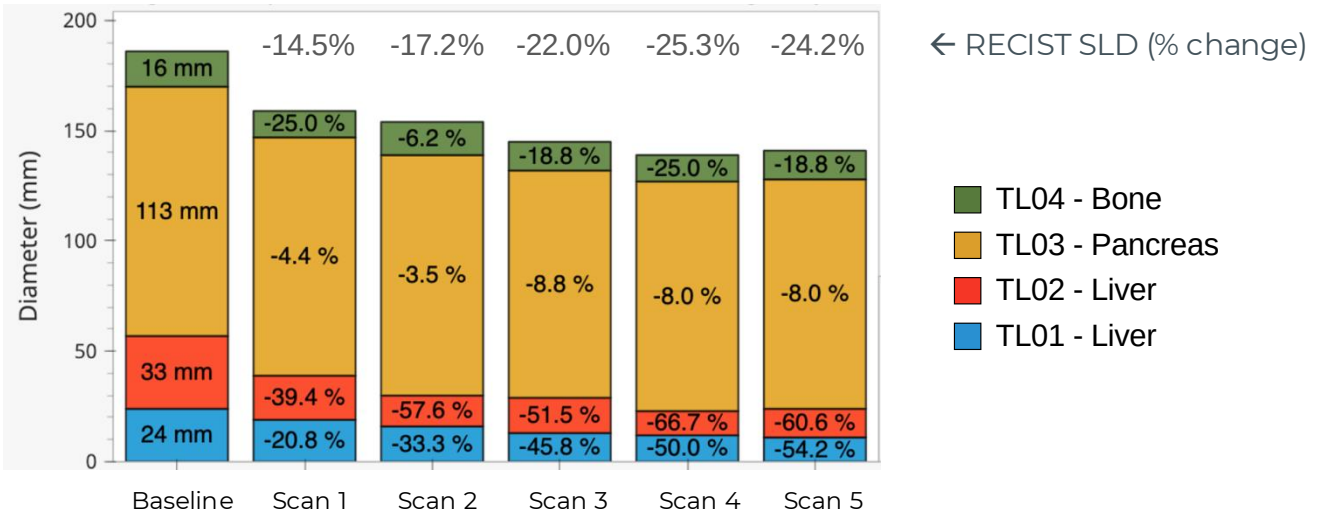
IMM-1-104 monotherapy

3L PDAC $KRAS^{G12D}$

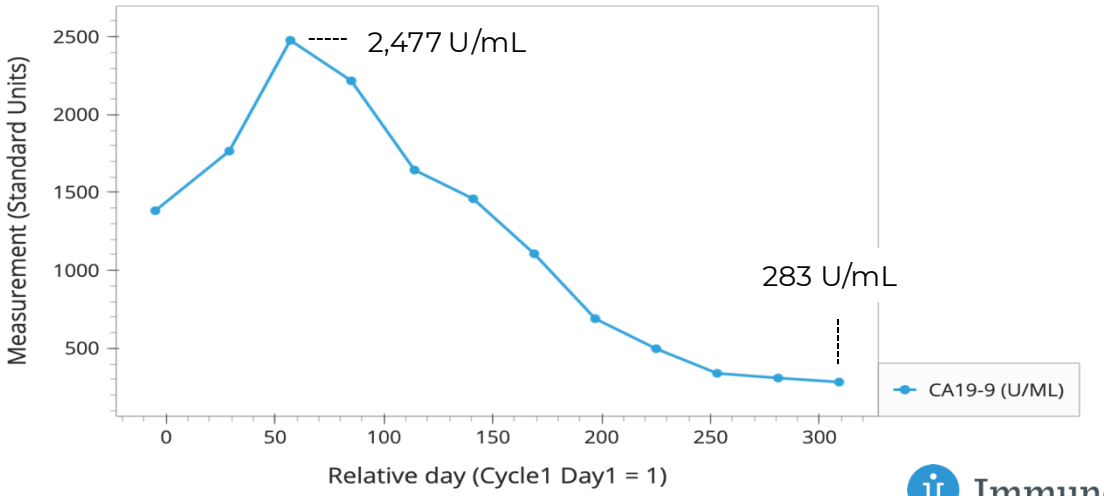
- Metastatic Pancreatic Cancer (PDAC)
- 70-year-old Caucasian male
  - 1st Line: FOLFIRINOX (**BOR = PD**)
  - 2nd Line: Gem/Cis/nab-Pac (**BOR = PD**)
- **3rd Line: 240 mg QD p.o. IMM-1-104**
  - IMM-1-104 BOR = Stable Disease (SD)
  - >11 months on IMM-1-104 (remains on treatment)
  - Reduction in $KRAS^{G12D}$ ctDNA[1]
  - 89% reduction in peak CA 19-9 levels
  - Improved QoL[1] and weight gain (+12%)

[1] *Update on patient '4' from 2024 ESMO (Chung, et al.); January 6th, 2025*

RECIST Lesions



CA 19-9



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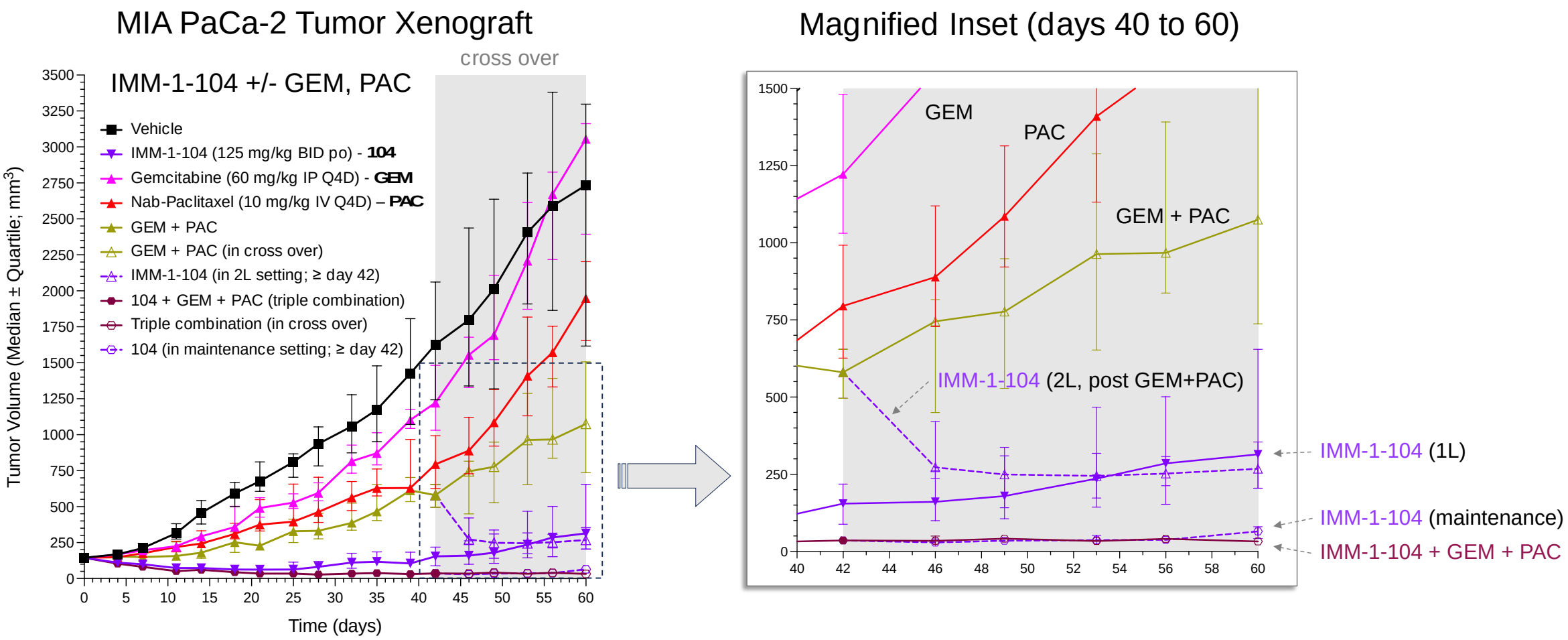
IMM-1-104 + GnP Drives Deeper Response than GnP Alone in KRAS-Mutant Pancreatic Cancer Model



IMM-1-104 +/- chemotherapy in MIA PaCa-2 pancreatic xenograft model

Presented at AACR 2024, San Diego, CA (April 9, 2024)

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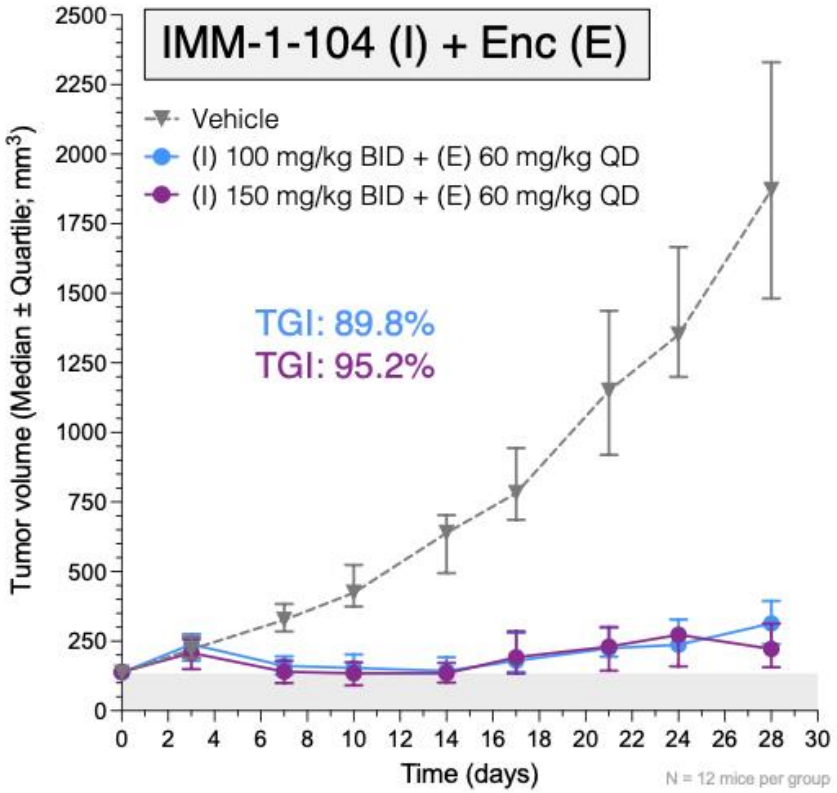
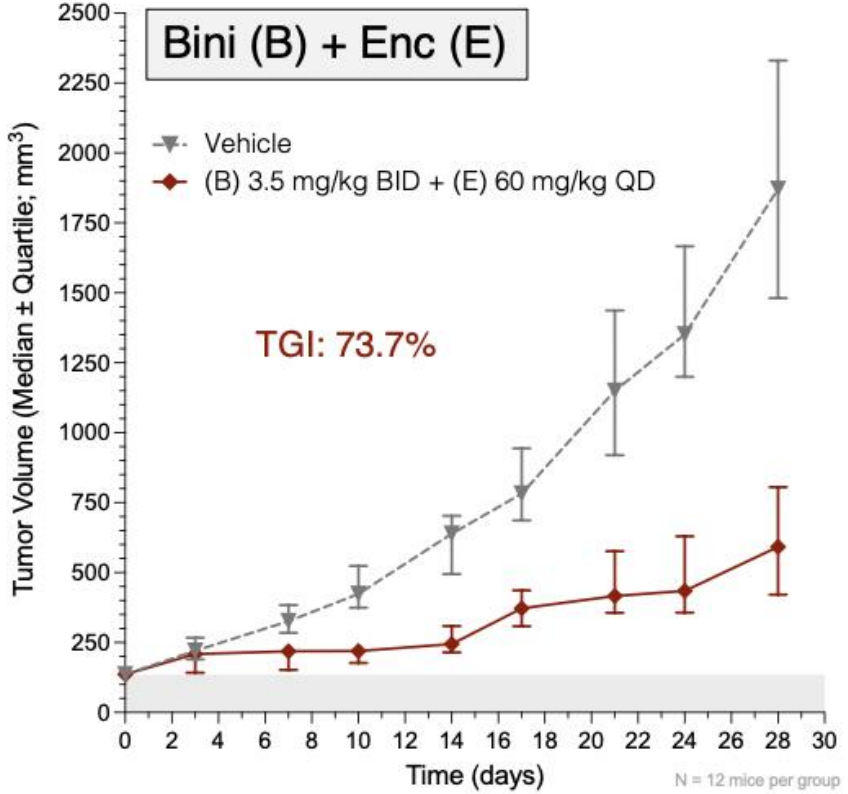
IMM-1-104 + RAF Inhibitor Drives Deeper Response than Registered MEK Inhibitor + RAF Inhibitor in BRAF-Mutant Model

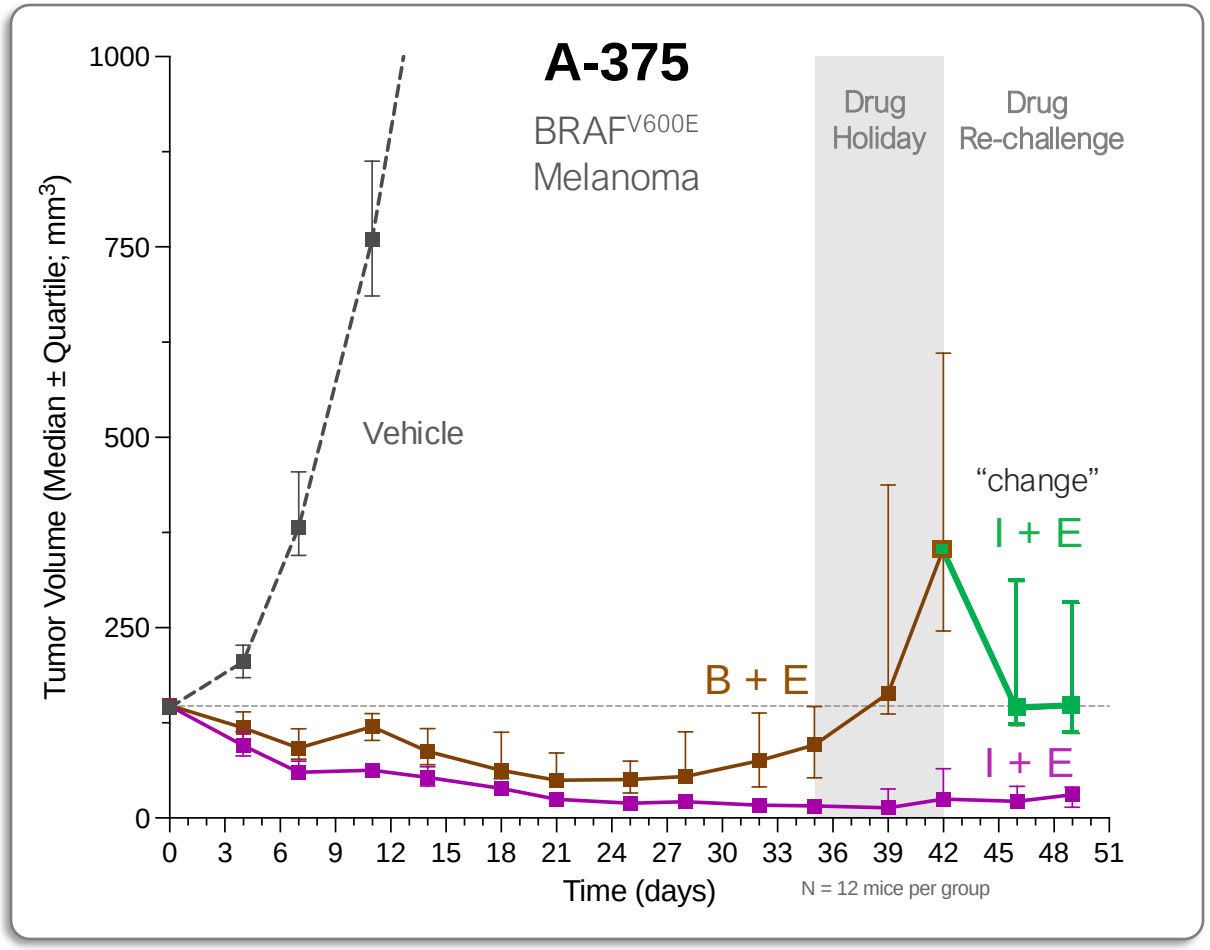




HT-29 $BRAF^{V600E}$ Colorectal Cancer (CRC) xenograft tumor model in athymic nude mice. Binimetinib (MEK inhibitor) and encorafenib (BRAF inhibitor) were commercially purchased. Tumor Growth Inhibition (TGI) % = [1-(Ti-To)/(Ci-Co)]x100%. No median body weight loss was noted.

Nair et al, Presented at AACR-NCI-EORTC International Conference on Molecular Targets and Cancer Therapeutics 2023, Boston, MA (Oct 12, 2023)

IMM-6-415 + RAF Inhibitor Drives Deeper Response than Registered MEK Inhibitor + RAF Inhibitor in BRAF-Mutant Model



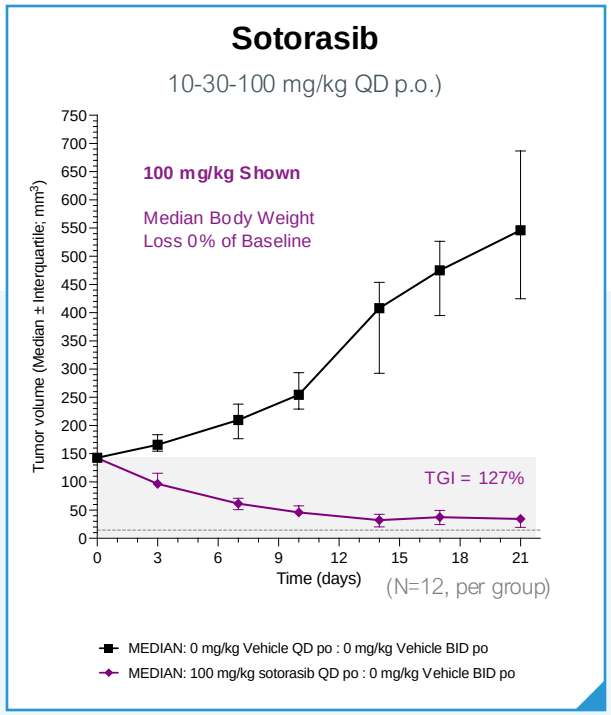
- Vehicle
- (B) 3.5 mg/kg BID PO + (E) 60 mg/kg QD PO; TGI = 103.9%
- (I) 180 mg/kg BID PO + (E) 60 mg/kg QD PO; TGI = 104.9%
- Replace with I+E after holiday → (I) 180 mg/kg BID PO + (E) 60 mg/kg QD PO

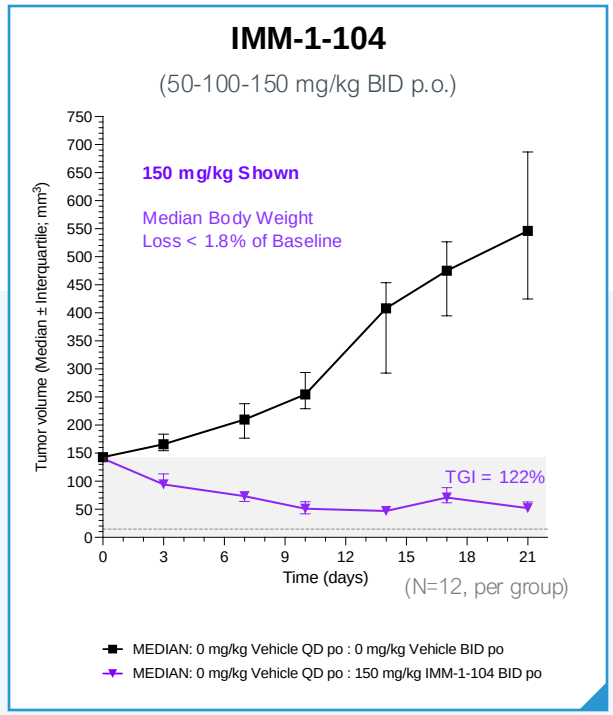
A-375 Melanoma BRAF^{V600E} xenograft tumor models in athymic nude mice. Binimetinib (MEK inhibitor) and encorafenib (BRAF inhibitor) were commercially purchased. Tumor Growth Inhibition (TGI) % = [1-(Ti-To)/(Ci-Co)]x100%. No median body weight loss was noted.

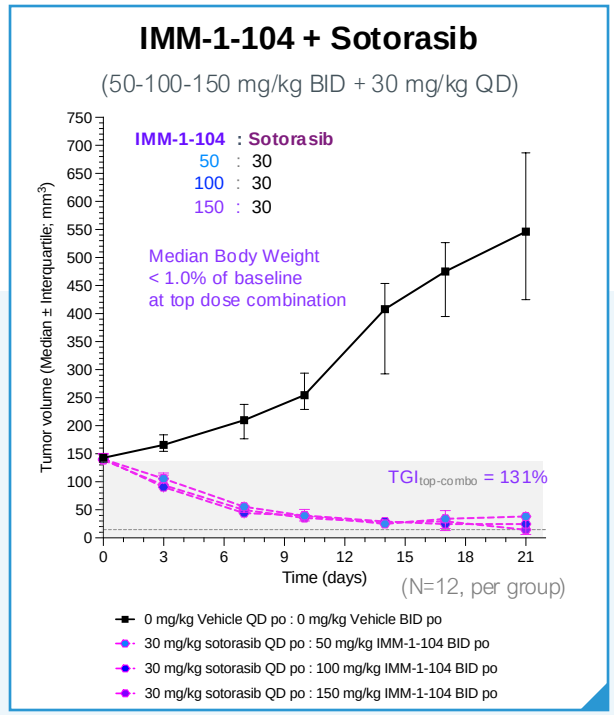
Travesa, et al. 2023 AACR: EORTC (Boston, MA)

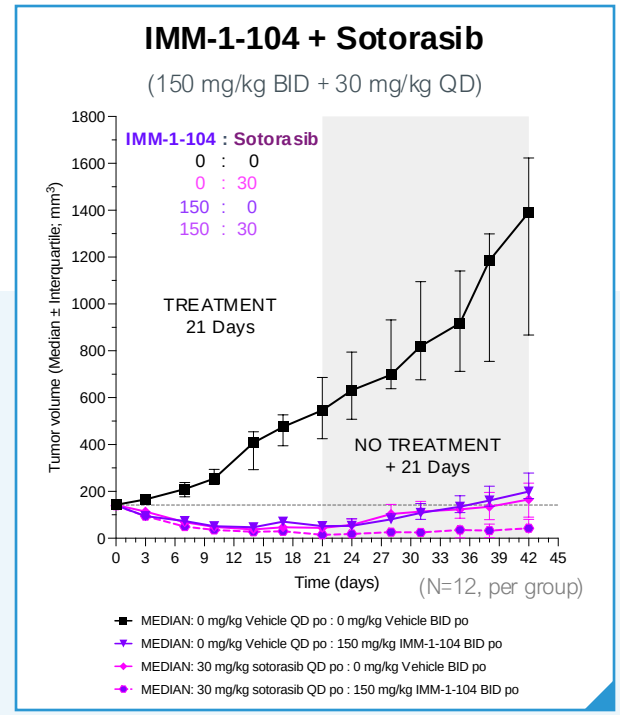
Immuneering

IMM-1-104 + G12C Inhibitor Drives Deeper Response than G12C Inhibitor Alone in KRAS-Mutant Pancreatic Cancer Model









› MIA PaCa-2 ($KRAS^{G12C}$) Pancreatic Xenograft Tumor Model in Athymic Nude Mice

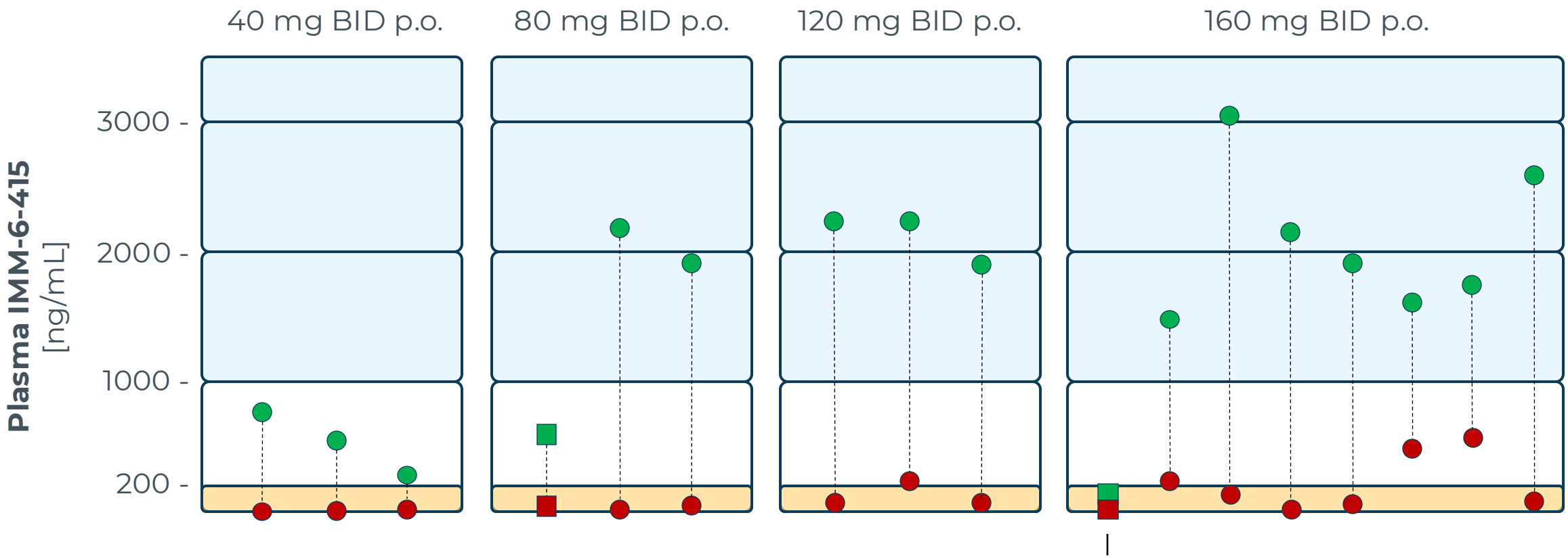
› *Sotorasib was commercially purchased*

Tumor Growth Inhibition (TGI) % = $[1 – (T_i – T_0)/(C_i – C_0)]x100\%$; Expanded TGI formula vs. previous 1-[T/C]x100% method

King, et al. 2021 AACR: EORTC (Philadelphia, PA)

Immuneering

IMM-6-415 Phase 1: Monotherapy PK/PD Summary



- C1D15/16 used when C1D1/2 was: below quantification limit (<1.00); not collected; or otherwise not available
- Maximum pERK inhibition = normalized to C1D1 pre-dose value (%)
- Currently in dose expansion at 120 mg BID po (N= 15 to 20 patients total)
- Cleared DLT (dose limiting toxicity) assessments at 40, 80, then 160 mg BID po (MTD not reached)
- PK = pharmacokinetics; PD = pharmacodynamics; BID p.o. = twice per day oral administration

Immuneering

IMM-6-415 Phase 1: Monotherapy Safety/Tolerability Summary

Observed safety profile suggests that IMM-6-415 is well-tolerated and we believe highly suitable for monotherapy and combination therapy

Safety Summary: Phase 1 Monotherapy at 40, 80, 120, 160 mg BID p.o. (n = 22)

Maximum Severity of TRAEs: TRAE's observed in ≥10.0% of patients, n(%)	**Grade 1**	**Grade 2**	**Grade 3**	**Grade 4**	**Any Grade**
1. Rash*	5 (23%)	0	0	0	5 (23%)
2. Peripheral Edema	3 (14%)	0	0	0	3 (14%)

- *All data as of December 23, 2024. TRAE = Treatment Related Adverse Event*
- *IMM-6-415 TRAE's have been reversible; no reported TRAEs deemed serious*
- *Patient population includes diverse tumor types; patients dosed at 40 (N=3), 80 (N=3), 120 (N=8) 160 (N=8) mg BID p.o.*
- *(*) Preferred Terms Included in the Rash term include: Dermatitis acneiform, Photosensitivity reaction, Rash, Rash macular, Rash maculo-papular, Rash pruritic, Rash pustular*

EDC Snapshot as of 23DEC2024

Decades of drug discovery and development experience

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Immuneering