Immuneering

Improving Survival in First Line Pancreatic Cancer and Beyond

February 2026

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 dosing and completion of a pivotal trial of atebimetinib in combination with mGnP; 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 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 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 and Phase 3 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 September 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 December 15, 2025. This represents the same cohort of patients from the Company's September 2025 data update, the primary Phase 2 population enrolled as part of the Simon two-stage design from the ongoing Phase 1/2a trial. The median follow-up for overall survival (OS) was 13.4 months as estimated by the reverse Kaplan–Meier method. .All data remains subject to follow-up and database updates.

Improving Survival in 1L Pancreatic Cancer & Beyond

Atebimetinib is the First in a New Category of Oral Drug Candidates, Deep Cyclic Inhibitors, Designed to Improve Overall Survival by 3 Mechanisms

- **64% Overall Survival at 12 Months** in ongoing Phase 2a study of atebimetinib + mGnP in 1L pancreatic cancer (PDAC), vs. 35% standard of care GnP benchmark
- **Phase 3 FDA/EMA Aligned & Fully Funded in 1L PDAC, MAPKeeper 301:** global randomized pivotal trial of atebimetinib+mGnP vs. standard of care GnP; OS primary endpoint; N = 510; expect to dose first patient in mid-2026
- **3 Mechanisms Well-Established to Improve Survival:** 1) shrinking tumors durably with less resistance; 2) preserving body mass (countering cachexia), and 3) minimizing side effects to maximize combinability and performance status
- **Broad Potential:** Atebimetinib targets MEK and is applicable to a broad range of RAS, RAF, and other MAPK-driven cancers. Phase 2 trial of atebimetinib + Libtayo in NSCLC starts 2H26, other combinations to follow. Preclinical Pipeline.

Atebimetinib: Differentiated Profile vs RAS and Other MEK Inhibitors

	Shrinking Tumors		Preserving Body Mass (Countering Cachexia)	Minimizing Side Effects
	RAS-driven	RAF-driven		
Atebimetinib	✓	✓	✓	✓
RAS Inhibitors	✓	✗	✗	✗
Other MEK Inhibitors	✗	✓	✓	✗

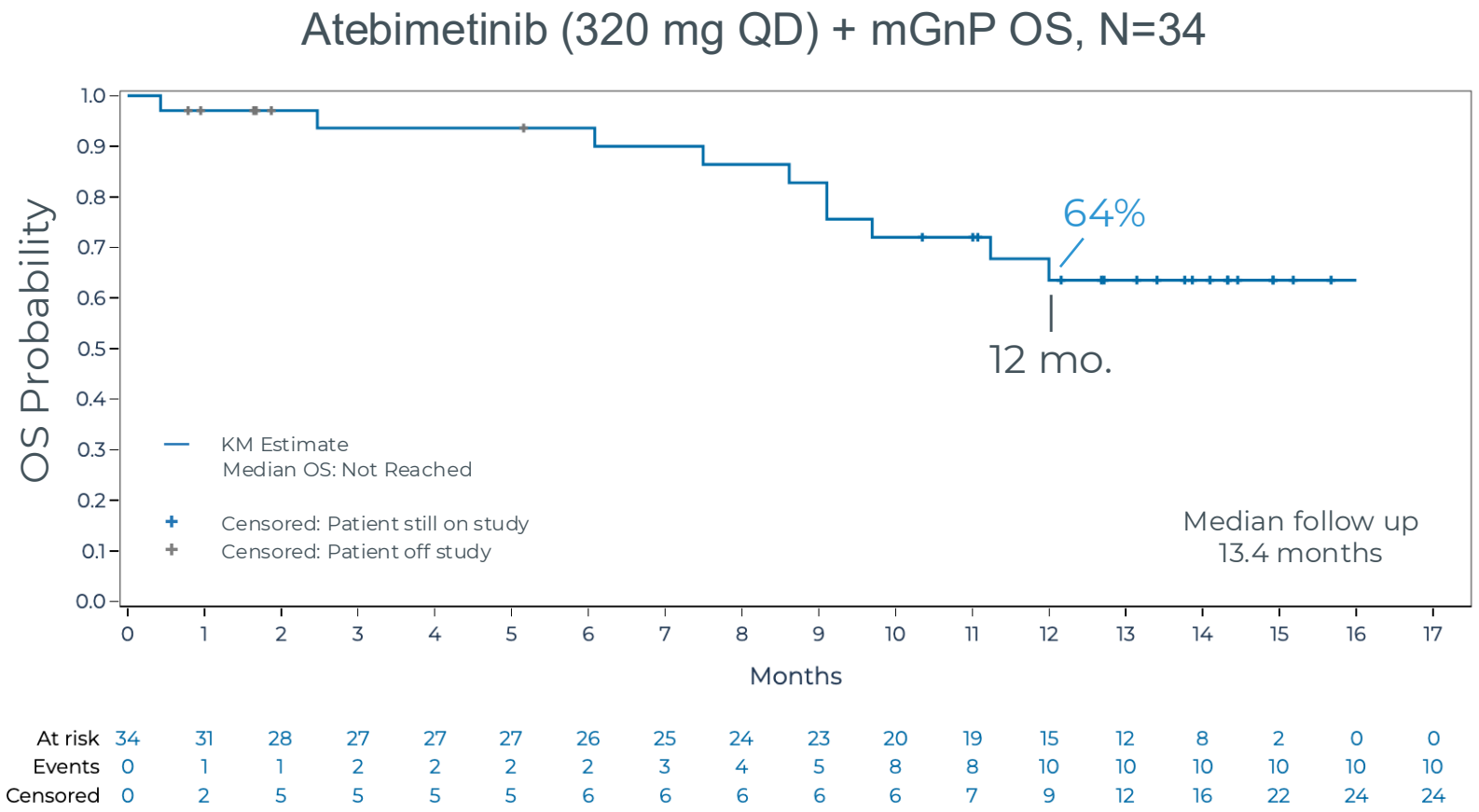
3 Mechanisms Well-Established to Improve Survival

	Shrinking Tumors	Preserving Body Mass (Countering Cachexia)	Minimizing Side Effects
Atebimetinib+ mGnP - Clinical Evidence	Disease Control Rate (DCR) = 81%	84% of patients stable or gain weight	Only 2 categories of Grade 3+ AEs in ≥10% of patients
Published Studies Linking Mechanism to Overall Survival in PDAC	OS correlation coefficient[1] with DCR = 0.74 ($p < 0.001$)	Weight Loss[2] HR = 1.55 *"1/3 of pancreatic cancer patients die from complications of cachexia"*[3]	Decline to ECOG 2 HR = 1.48 No 2L treatment[4] HR = 1.51

Atebimetinib + mGnP Clinical Evidence in 1L PDAC, N = 34, data cutoff Dec 15, 2025. 84% of patients with weight data at baseline and 3 months showed either stable weight (within 5%) or gain weight at 3 months.

References: [1] Makris et al, 2017. [2] Wang et al, 2025. [3] Yoo et al, 2021 [4]Weiss et al, 2024

64% Overall Survival (OS) Observed at 12 Months in First-Line Pancreatic Cancer



Overall Survival (OS)	
	Atebimetinib + mGnP
12 months	**64%** [42, 79]
Median	Not yet reached

As of the December 15, 2025 data cutoff, the median follow-up for overall survival (OS) was 13.4 months as estimated by the reverse Kaplan–Meier method. Data subject to follow-up and database updates. OS probability at max time is 64%.

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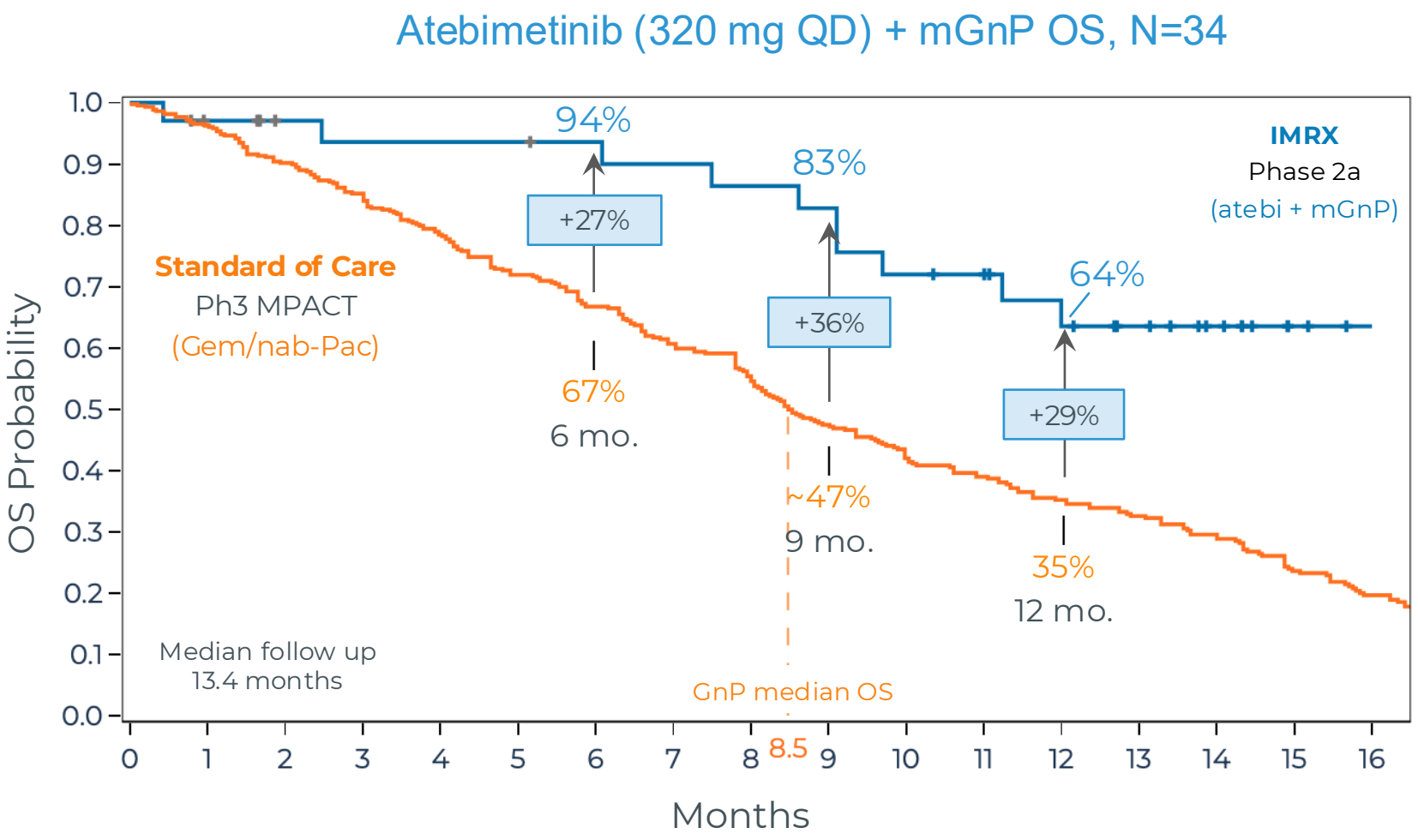
Atebimetinib + mGnP Continues to Demonstrate a Consistent Overall Survival Advantage vs Standard of Care Benchmark



Overall Survival (OS)		
	Atebimetinib + mGnP	**Standard of Care GnP**
6 months	**94%** [77, 98]	67%
9 months	**83%** [63, 92]	~47%
12 months	**64%** [42, 79]	35%
Median OS	Not yet reached	8.5 mo.

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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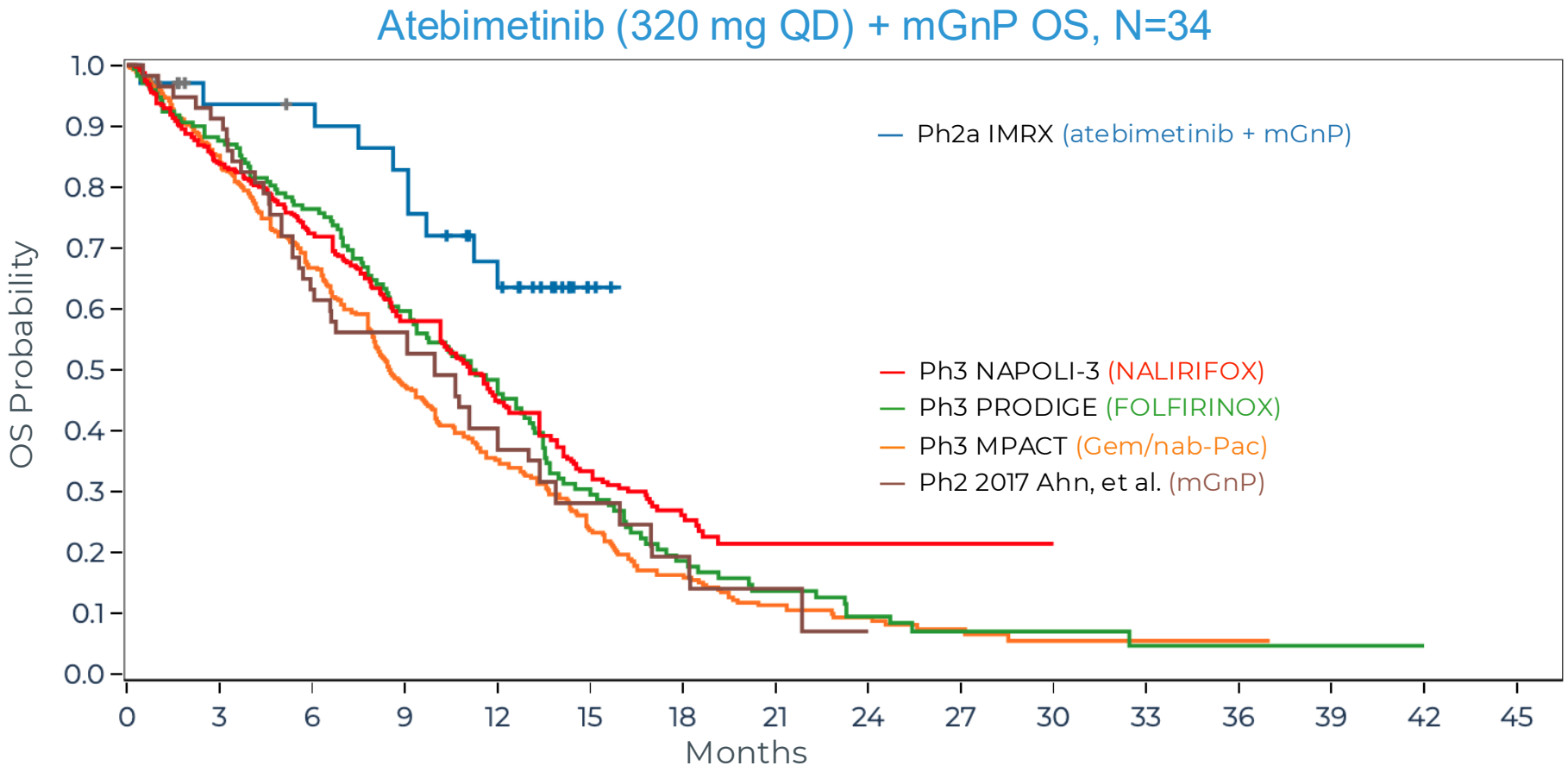
Atebimetinib + mGnP Continues to Demonstrate a Consistent Overall Survival Advantage vs Standard of Care Benchmarks



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

Benchmark Studies [12 mo OS, as cited or extrapolated from reconstructed plots]: (1.) MPACT 2013 NEJM (PMID: 24131140) N=431 [35%], (2.) PRODIGE 4 / ACCORD 11 2011 NEJM (PMID: 21561347) N=171 [48.4%], (3.) NAPOLI 3 2023 LANCET (PMID: 37708904) N=383 [45.6%], (4.) Ph2 - 2017 Ahn, et al. (PMID: 28203300) N=57 [~37%]

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Secondary Endpoints Also Show Strong Separation from Standard of Care Gem/nab-Pac Benchmarks

Primary Endpoint: Overall Survival (OS)		
	Atebimetinib + mGnP	**Standard of Care GnP**
6 months	**94%** [77, 98]	67%
9 months	**83%** [63, 92]	~47%
12 months	**64%** [42, 79]	35%
Median OS	Not yet reached	8.5 mo

Secondary Endpoints: PFS, ORR, DCR		
	Atebimetinib + mGnP	**Standard of Care GnP**
Median PFS months	**8.5** [6.0, 10.6]	5.5
ORR*	**39%**	23%
DCR*	**81%**	48%

Primary Endpoint for Phase 3 trial is Overall Survival (OS). Secondary endpoints include progression-free survival (PFS), disease control rate (DCR), overall response rate (ORR).

*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). As of the December 15, 2025 data cutoff, the median follow-up for overall survival (OS) was 13.4 months as estimated by the reverse Kaplan–Meier method; OS and PFS outcomes are reported at this same cutoff date. 95% confidence interval = [x, y]

Continued Favorable Tolerability Profile in First-Line Pancreatic Cancer

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

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

- *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 were neutropenia and anemia*
- *(b) = All Anemia AE ≤ Grade 3. Grade ≥3 Anemia updated from September to reflect that two Gr 3 instances were later determined by the clinical sites not to be Gr 3*
- *Neutropenia: Neutropenia, Neutrophil Count Decreased; Leukopenia: Leukopenia, White Blood Cell Count Decreased; Sensory Neuropathy: Peripheral Sensory Neuropathy, Neuropathy Peripheral*
- *No related Gr 5 events; Patients received combination of 320mg atebi + mGnP (N=34)*

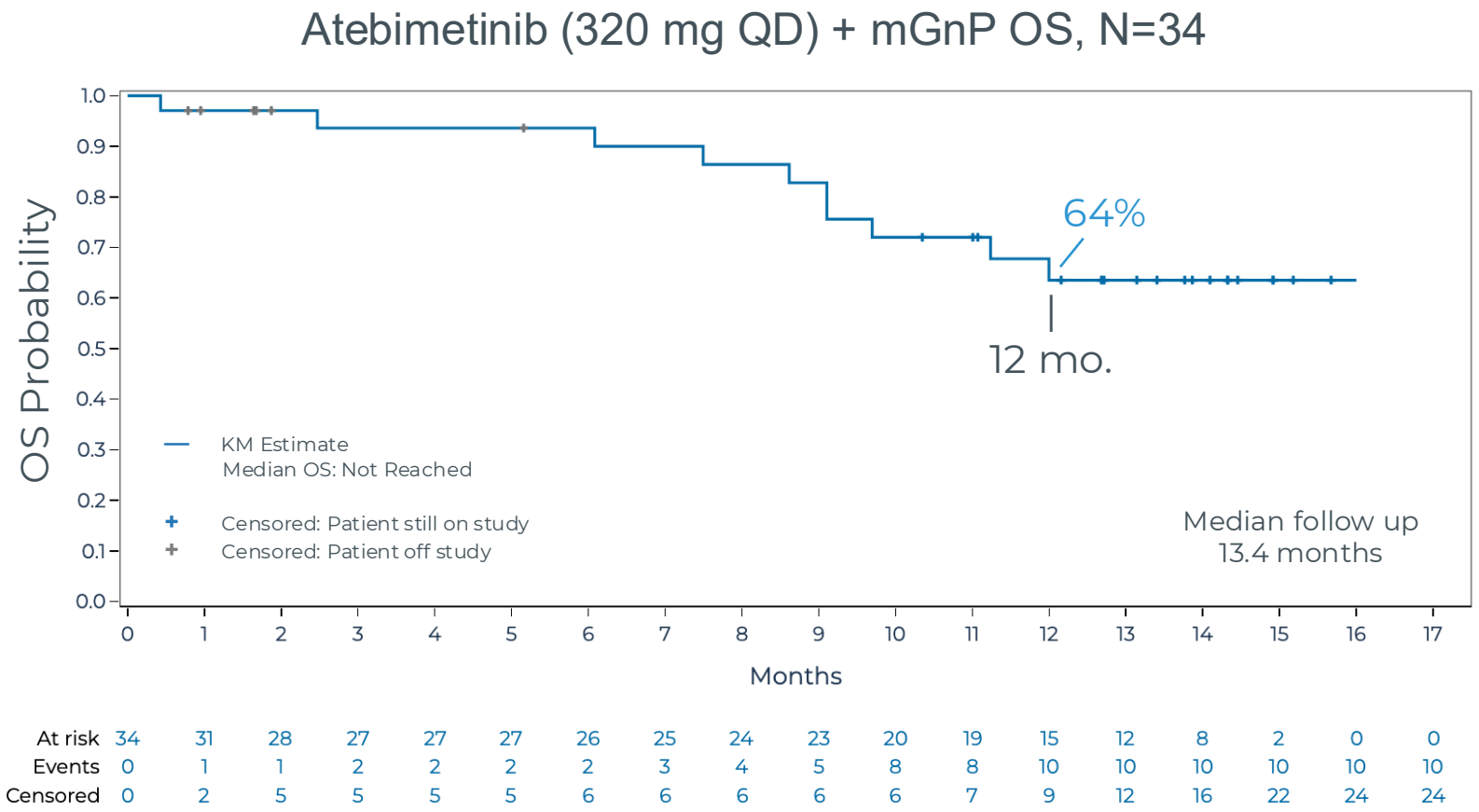
FOR ILLUSTRATIVE PURPOSES ONLY: No head-to-head clinical trial has been conducted evaluating atebimetinib and other candidates or products. Differences exist between trial designs, subject characteristics and other factors, and caution should be exercised when comparing data across studies. mGnP = 1,000 mg/m2 (Gem) + 125 mg/m2 (nab-Pac) days 1 & 15, every 4 weeks

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 32 of 34 (94%)	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 (note: only 2 of 34 or 6% were lung only metastasis).

64% Overall Survival (OS) Observed at 12 Months in First-Line Pancreatic Cancer



As of the December 15, 2025 data cutoff, the median follow-up for overall survival (OS) was 13.4 months as estimated by the reverse Kaplan–Meier method. Data subject to follow-up and database updates. OS probability at max time is 64%.

Next Data Catalyst

- **1H 2026**: Report overall survival data from **expanded cohort** of over 50 first-line pancreatic cancer patients treated with atebimetinib + mGnP
- **Expanded cohort** includes original 34 patients + additional enrolled patients approaching sufficient median follow up time

OS in expanded cohort trending consistently with OS in original 34 patients

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Case Study

Meredith Pelster, MD, MSCI

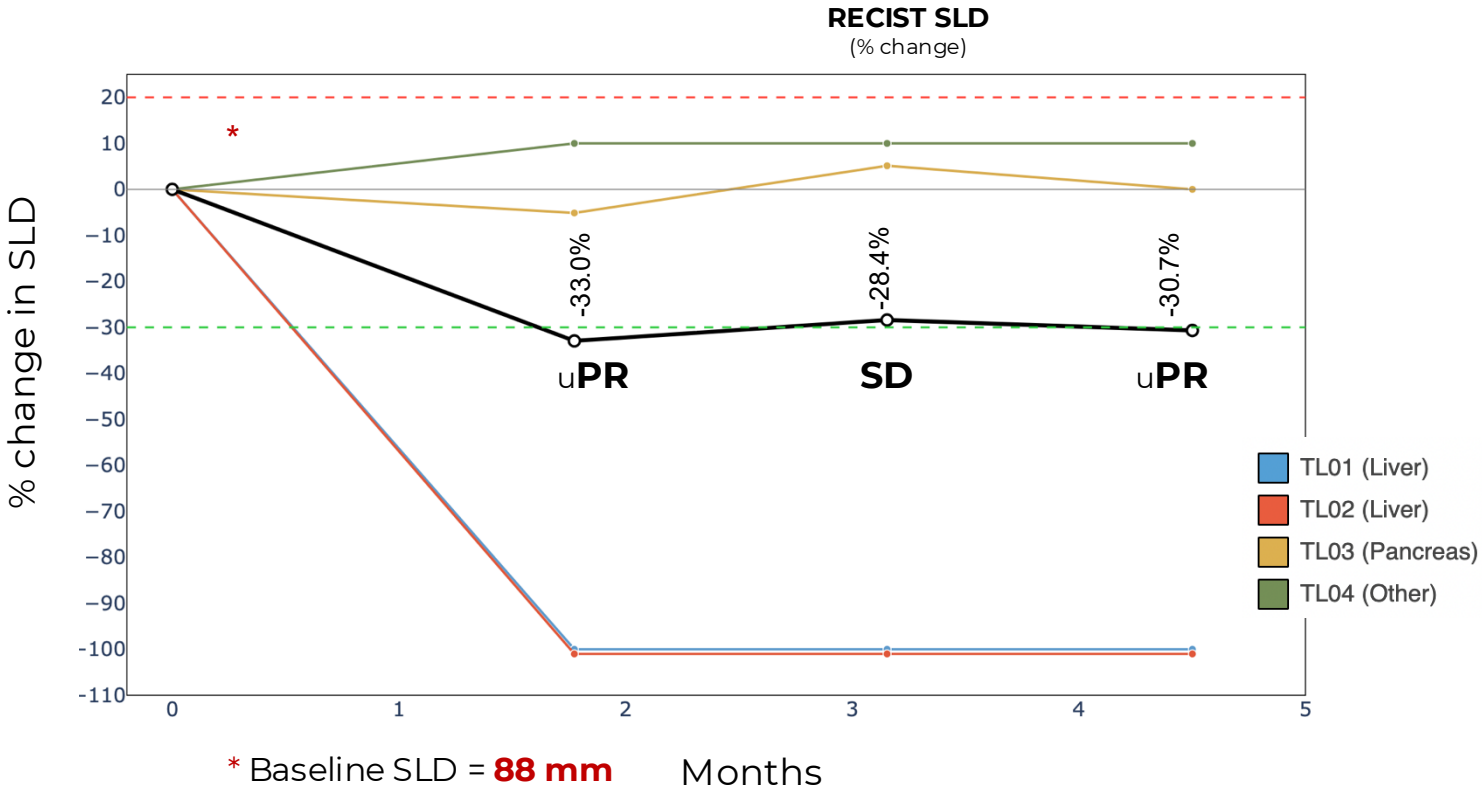
Associate Director, Gastrointestinal Cancer Research
Executive Chair, Gastrointestinal Cancer Research Executive Committee, Sarah Cannon Research Institute
Investigator of the Phase 2a clinical trial

Atebimetinib + mGnP Case Study: Complete Resolution of Liver Lesions

Ongoing Phase 2 Case Study
(1L Metastatic PDAC)

- 1st Line (1L): Atebi + mGnP (**BOR =** u**PR**)
  - 64-year-old female
  - ~5 mo. on atebimetinib
    - on treatment as of data cutoff
  - Improved QoL (PRO Instrument)
  - Weight gain +31% (15 kg/33 lb)
  - $KRAS^{G12V}$ mutated tumor
  - Complete resolution of 2 liver lesions
  - Patient regained ability to drive independently

Atebimetinib + mGnP (1L PDAC; Phase 2)



* Baseline SLD = **88 mm**

uPR = unconfirmed Partial Response; SD = Stable Disease; TL = Target Lesion

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MAPKeeper 301: Global Randomized Pivotal Trial: Designed to Demonstrate Best-in-Class Profile in 1L PDAC

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

MAPKeeper 301

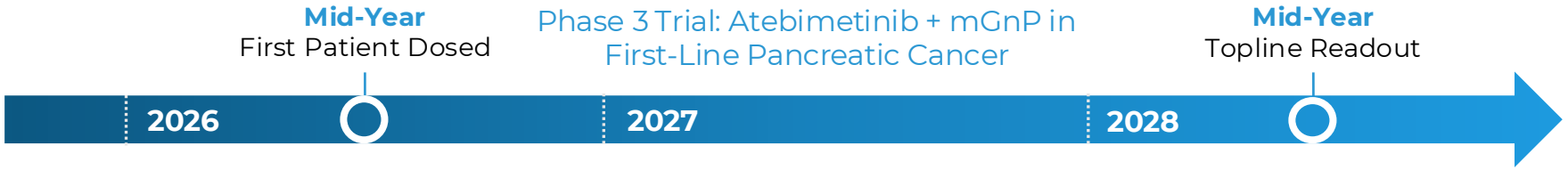
- First line (1L) PDAC
- Metastatic setting
- ECOG PS 0-1
- Geography
- Treatment beyond progression permitted[1]

R 1:1

Atebimetinib + mGnP[2] (N=255)

Gem/nab-Pac 1L SoC Chemotherapy[3] (N=255)

Primary Endpoint
OS
Secondary Endpoints
PFS
DCR
ORR
QoL



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) At investigator's discretion
(2) Atebimetinib 320 mg PO QD + mGnP = 1,000 mg/m2 (Gem) + 125 mg/m2 (nab-Pac) days 1 & 15, every 4 weeks
(3) SOC chemotherapy = full schedule Gemcitabine + nab-Paclitaxel (3 wk on/ 1 wk off)

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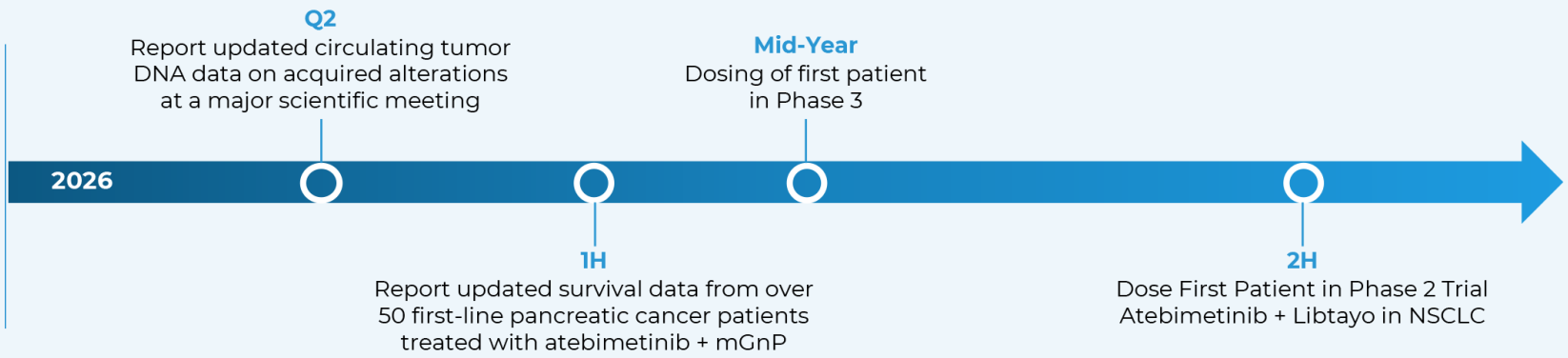
- **Phase 3 Fully Defined and Funded in 1L PDAC, MAPKeeper 301:** global randomized pivotal trial of atebimetinib+mGnP vs. standard of care GnP; OS primary endpoint; N = 510; expect to dose first patient in mid-2026
- **3 Mechanisms Well-Established to Improve Survival:** 1) shrinking tumors durably with less resistance; 2) preserving body mass (countering cachexia), and 3) minimizing side effects to maximize combinability and performance status
- **Broad Potential:** Atebimetinib targets MEK and is applicable to a broad range of RAS, RAF, and other MAPK-driven cancers. Phase 2 trial of atebimetinib + Libtayo in NSCLC starts 2H26, other combinations to follow. Preclinical Pipeline.

Key 2026 Milestones



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Appendix

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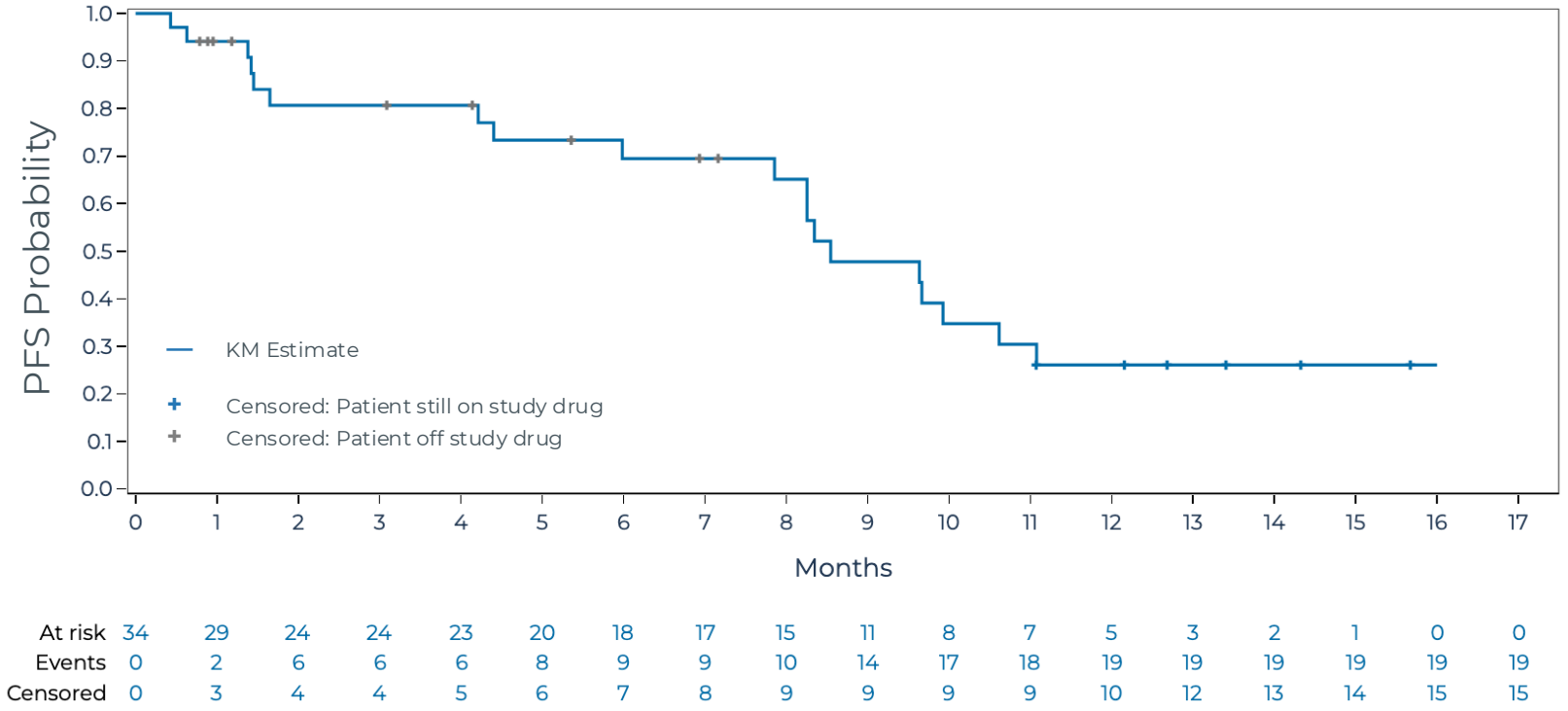
Progression-Free Survival (PFS) Supports Improved Overall Survival in First-Line Pancreatic Cancer

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



Based on interim data collection from the 320mg intent-to-treat population (N=34), as of December 15, 2025. Data subject to follow-up and database updates.

	Atebimetinib + mGnP (320 mg atebi-; N=34)
median PFS	**8.5** months

	Reported mPFS	**Target 1L Population**
Gem/nab-Pac	**5.5** months	Broad
FOLFIRINOX	**6.4** months	High-fitness
NALIRIFOX	**7.4** months	High-fitness

Benchmarks from respective pivotal studies*. As of the December 15, 2025 data cutoff, the median follow-up time for overall survival (OS) was 13.4 months as estimated by the reverse Kaplan–Meier method; OS and PFS outcomes are reported at this same cutoff date.

*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.

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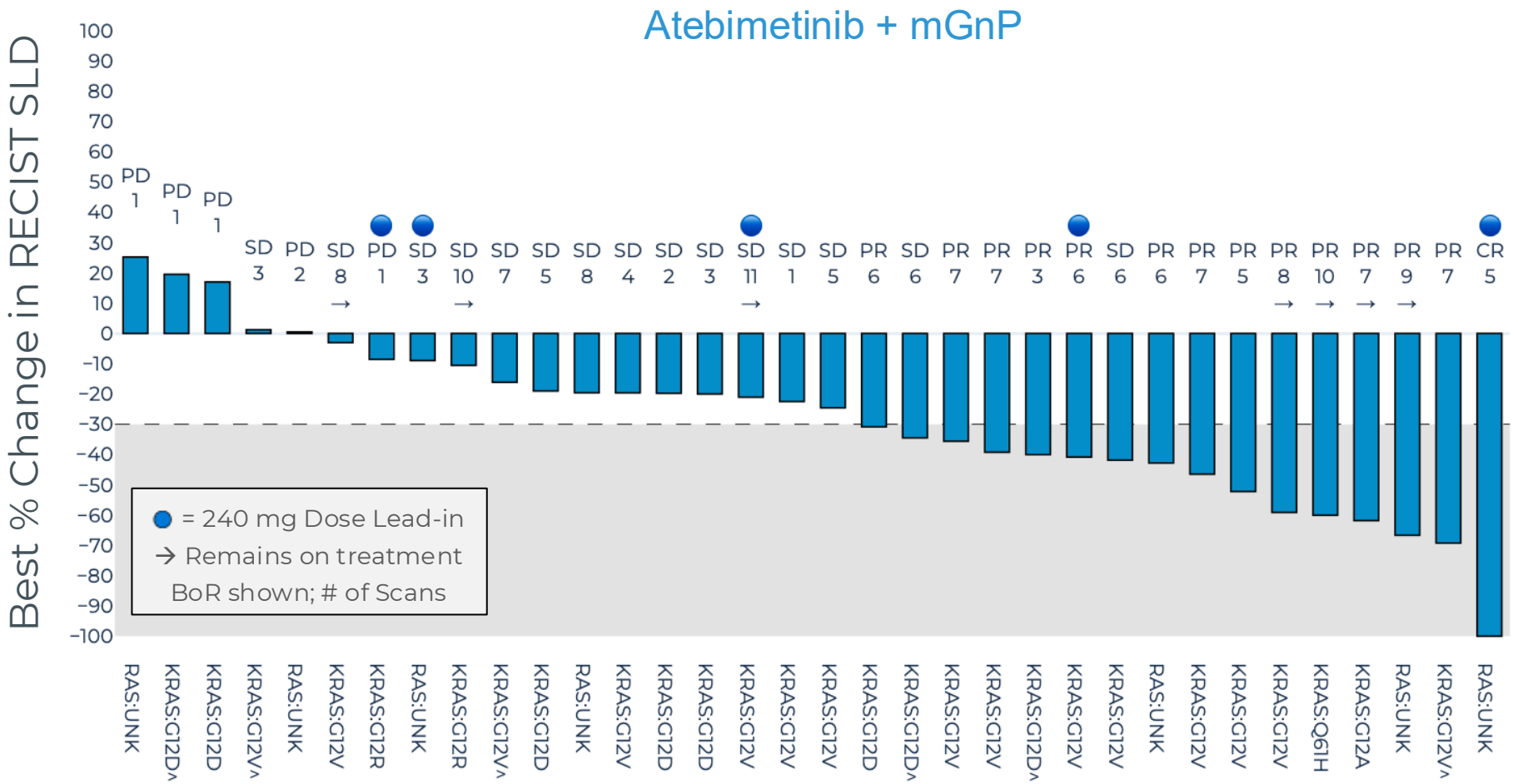
Overall Response Rate (ORR) and Disease Control Rate (DCR) Support Improved Overall Survival in First-Line Pancreatic Cancer



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 December 15, 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: "ʌ" 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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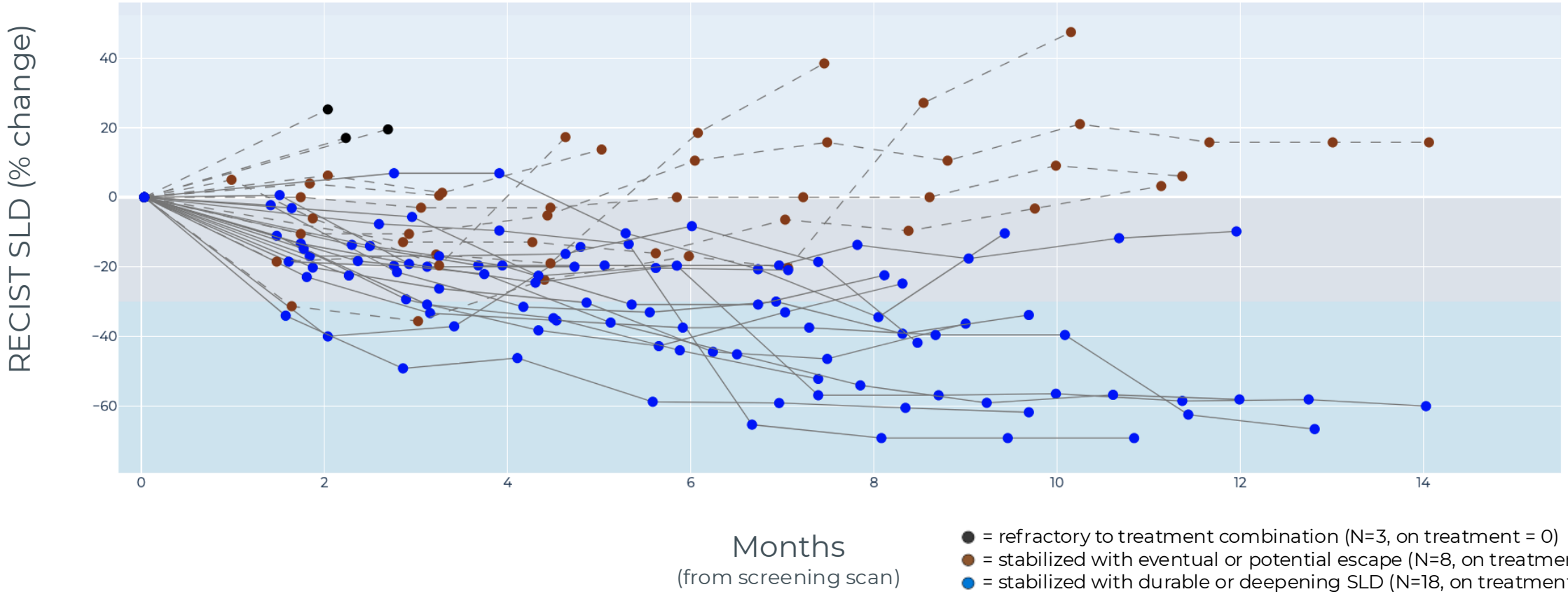
Deepening Durable Tumor Responses Over Time Observed

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 December 15, 2025, of response evaluable patients from an ongoing Phase 1/2a trial of atebimetinib.

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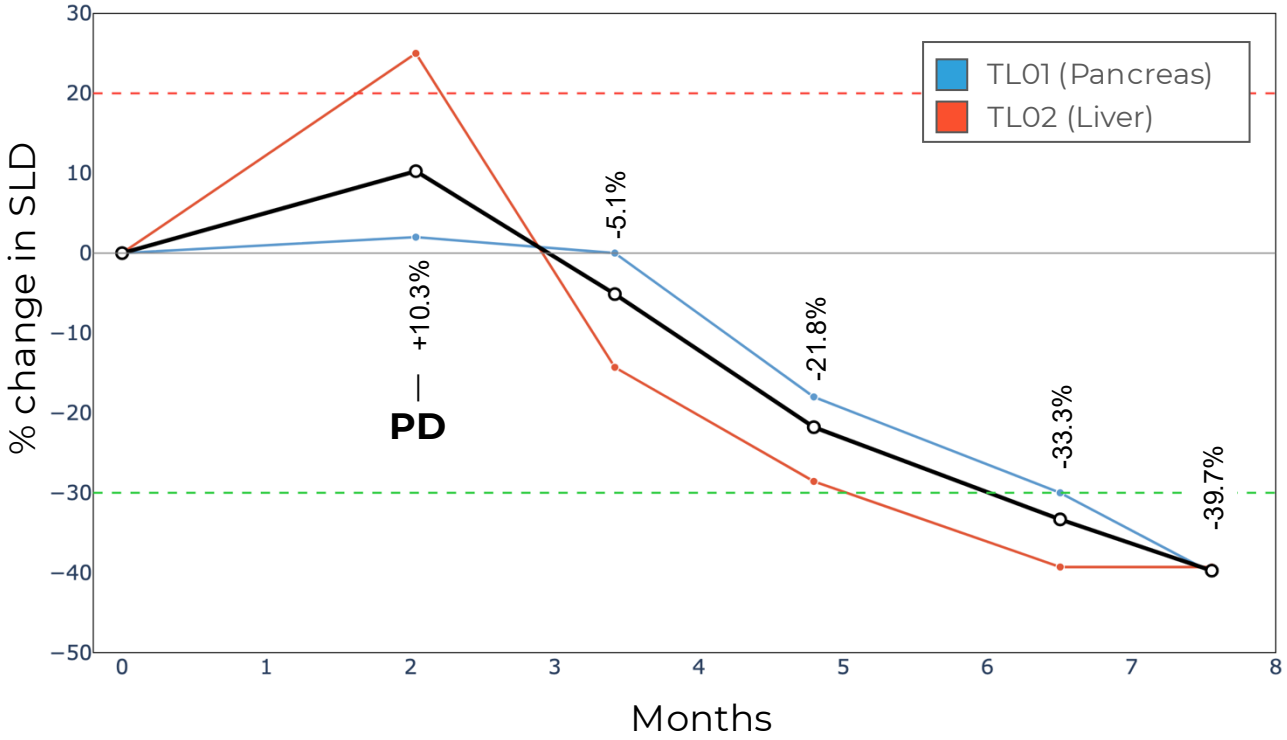
Atebimetinib + mGnP Case Study: Treatment Beyond Progression

Ongoing Phase 2 Case Study
(1L Metastatic PDAC)

- 1st Line (1L): Atebi + mGnP (**BOR = PD**)
  - 70-year-old male
  - 7.5 mo. on atebimetinib
    - Progressed on first staging scan for new lesions
  - Treatment beyond progression; new lesions under control/absent in subsequent scans
  - $KRAS^{G12D}$ mutated tumor
  - CA19-9 reduced from 20,000 to 1,680 U/mL (-92%)
  - Reduced ctDNA burden for KRAS G12D (-95%)
  - KRAS mutant allele CNV was not detected by C2D15

320 mg QD Atebimetinib + mGnP



December 24, 2025, from an ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates. 3 of 34 patients (9%) received treatment beyond progression. All were first documented as progressive disease per RECIST. None, however, received radiation therapy.

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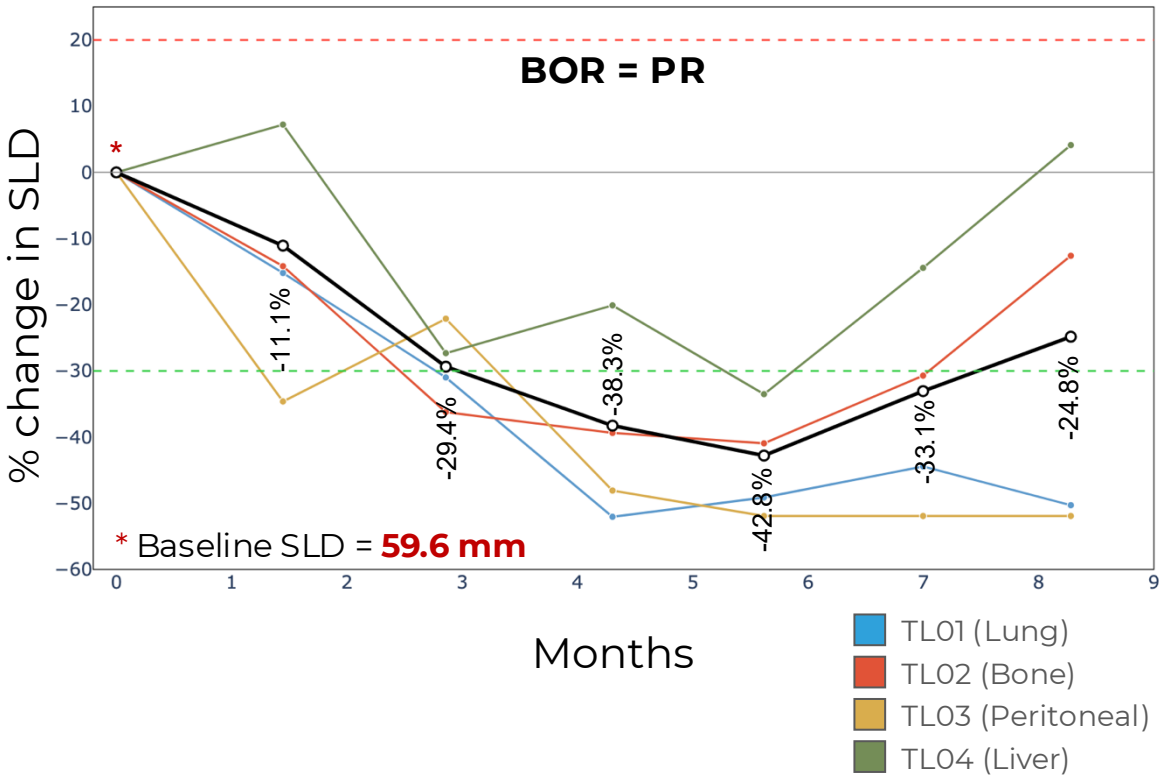
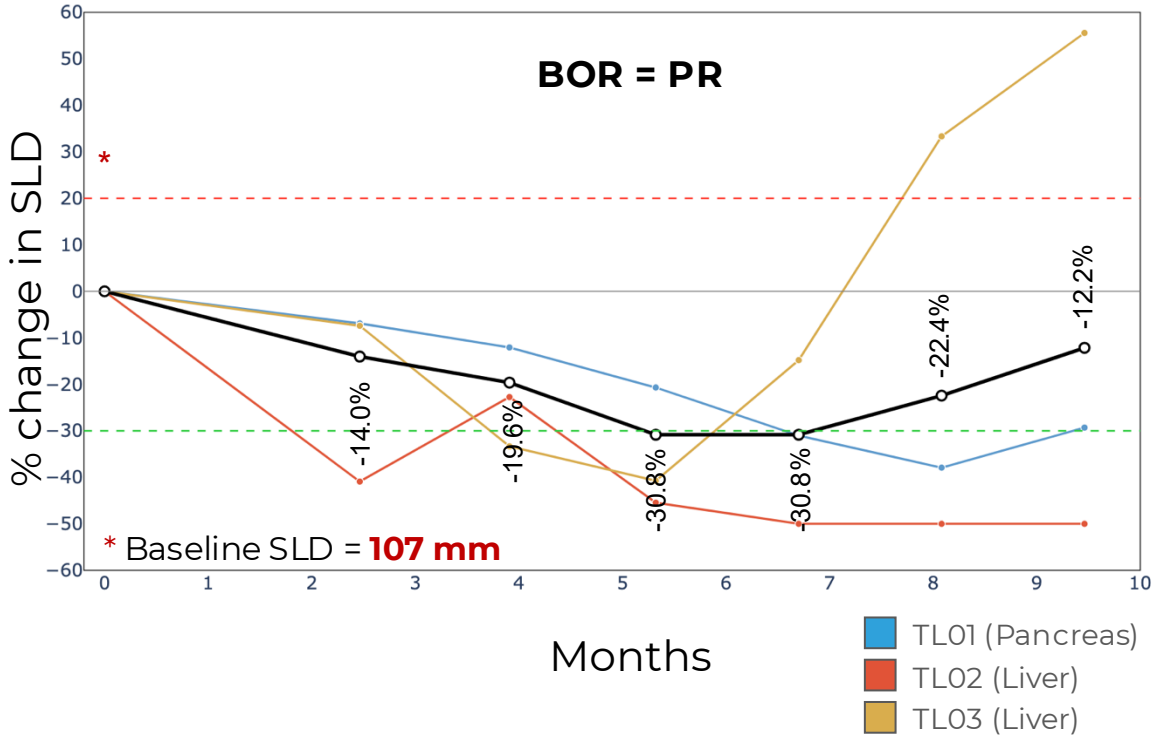
Atebimetinib + mGnP Case Studies: Initial Durable Response with Lesion-Selective RECIST Progressive Disease at 8-9 months

320 mg QD Atebi + mGnP



320 mg QD Atebi + mGnP

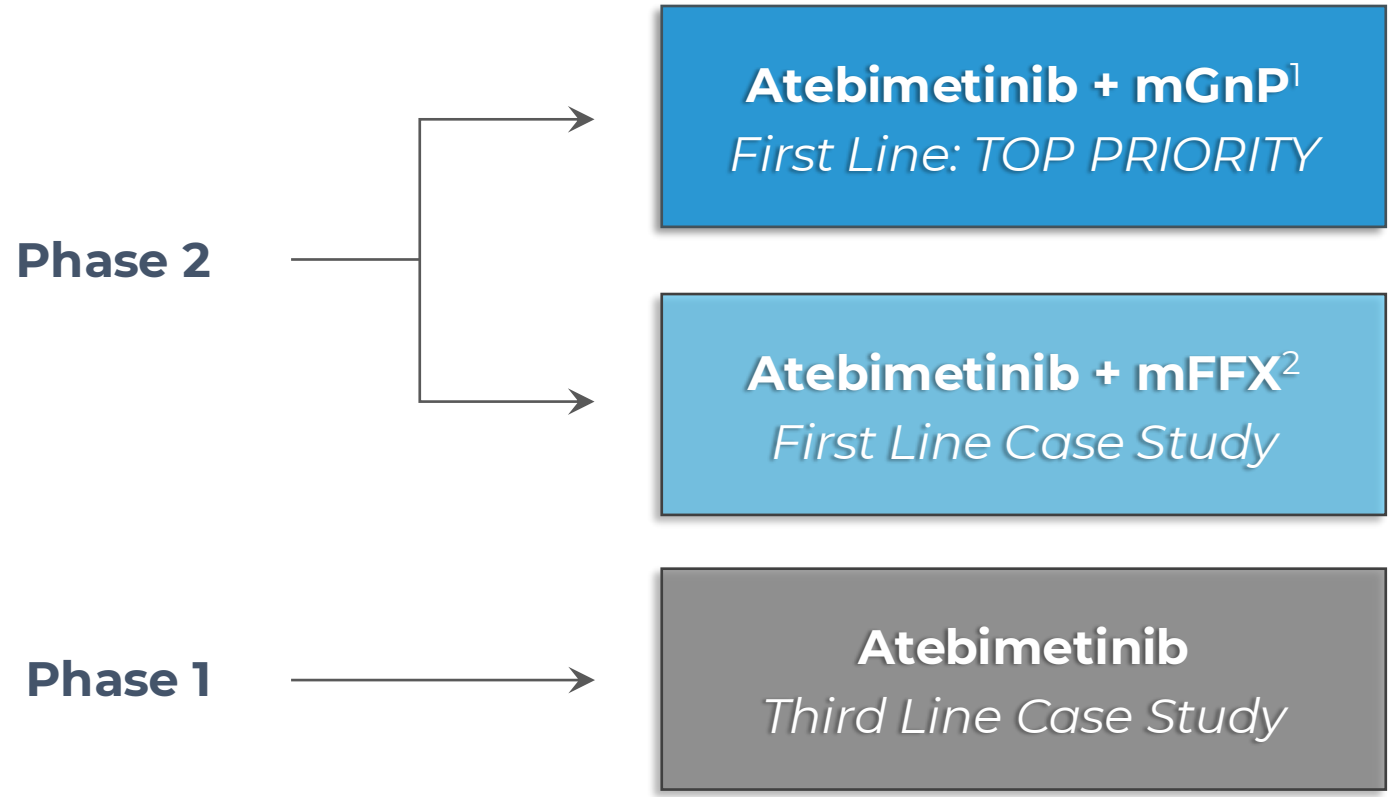


- These patients highlight the challenge of lesion-to-lesion heterogeneity
- In Phase 3, our protocol will allow a “real world” approach: treatment beyond progression at investigator's discretion, while utilizing local therapy for progressive lesion(s)

Ludmir, et al. 2024 JCO 42(32):3795

Immuneering

Atebimetinib Delivers Striking Outcomes in Case Studies from Additional Settings



- Mechanistic rationale supports synergy across standard 1L PDAC chemotherapy backbones
- Ongoing atebi + mFFX Phase 2 arm in 1L PDAC designed to evaluate distinct treatment setting
- Early emerging signals highlight potential for broad therapeutic reach in 1L PDAC

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

(2) Atebimetinib 320 mg PO QD + mFFX = 85 mg/m2 (Oxaliplatin) + 400 mg/m2 (leucovorin) + 150 mg/m2 (irinotecan) + 2,400 mg/m2 (5-FU) infusion

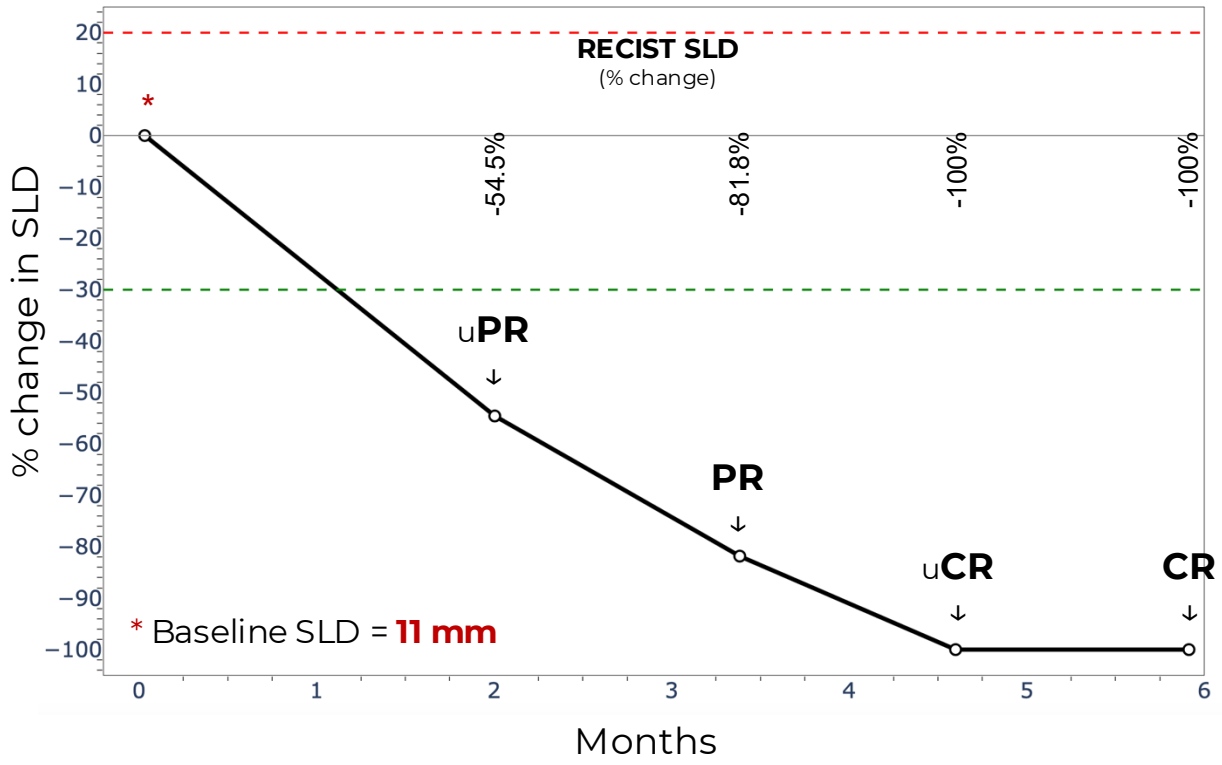
Immuneering

Atebimetinib + mFFX Case Study: Observed Durability and Tolerability with Complete Resolution of Liver Metastasis

Ongoing Phase 2 Case Study
(1L Metastatic PDAC)

- 1st Line (1L): Atebi + mFFX (**BOR = CR**)
  - 71-year-old female
  - >6 mo. on atebimetinib
    - on treatment as of data cutoff
  - Improved QoL (PRO Instrument)
  - Weight stable
  - $KRAS^{G12D}$ mutated tumor
  - ctDNA not detected (baseline or C2D15)
  - Complete resolution of liver lesion

Atebimetinib + mFFX (1L PDAC; Phase 2)



Data based on interim data collection from a Phase 2a arm as of December 15, 2025, from an ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates. uCR = Unconfirmed Complete Response; PR = confirmed Partial Response

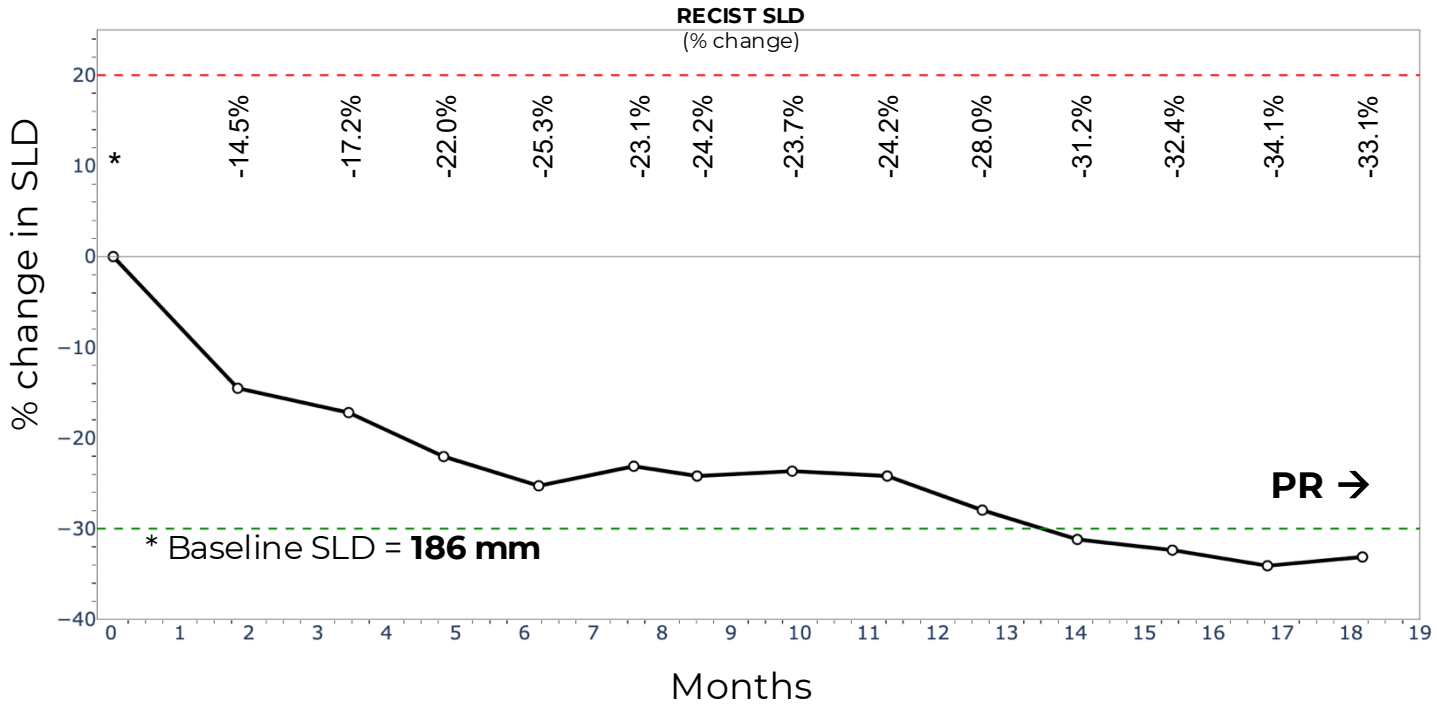
Immuneering

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.
  - >19 mo. on atebimetinib
    - on treatment as of data cutoff
  - Improved QoL (PRO Instrument)
  - Weight gain +16% (12 kg/26 lb)
  - Reduction in $KRAS^{G12D}$ ctDNA
  - 95% 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 September 17, 2025 from an ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates.

Immuneering

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**

1. *Gatenby, et al. 2009 Can Res – Adaptive Therapy – 1;69(11):4894*
2. *Zhang et al. (Gatenby) eLife 2022;11:e76284.*
3. *Seyedi (Maley), et al. 2024 Can Res – Resistance Management – 84(22):3715*

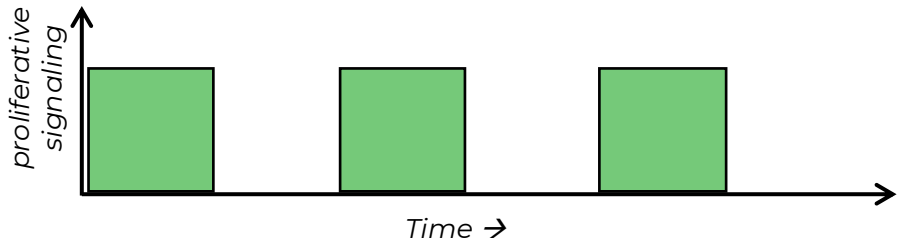
Immuneering

Atebimetinib: Scientific Rationale

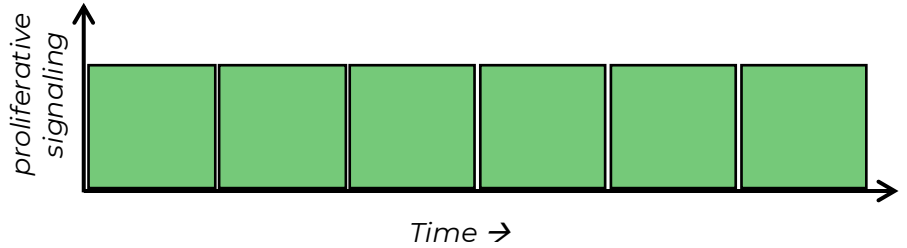
- Deep, pulsatile inhibition of MEK1 + MEK2
- Atebimetinib is designed to rapidly reach a high C_{max}
- Short half-life (2-2.5 hours) allows for near-zero daily drug troughs
- This mechanism destabilizes tumor cells reliant on MAPK signaling
  - Yet, allows normal healthy cells to recover
- With this unique cadence, called deep cyclic inhibition (DCI), atebimetinib inhibits MEK activation of ERK and prevents RAF-mediated pathway reactivation
  - No common mechanisms of resistance or escape
  - Broader MAPK pathway activity (e.g., RAS, RAF, other MAPK mutations)
  - Designed for improved tolerability and durability

Atebimetinib goal: achieve tolerability by outpacing cancer

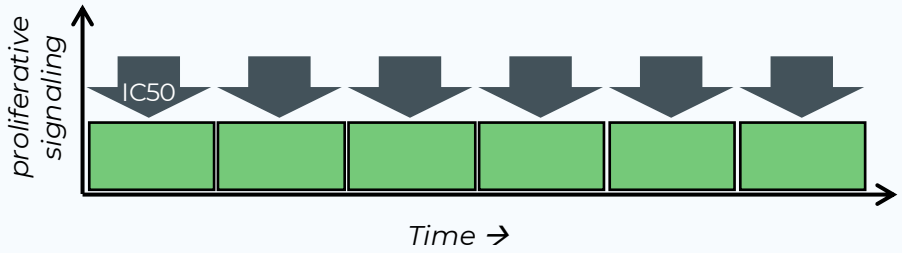
Healthy Cells:
Transient Signaling



Cancer Cells:
Sustained Signaling

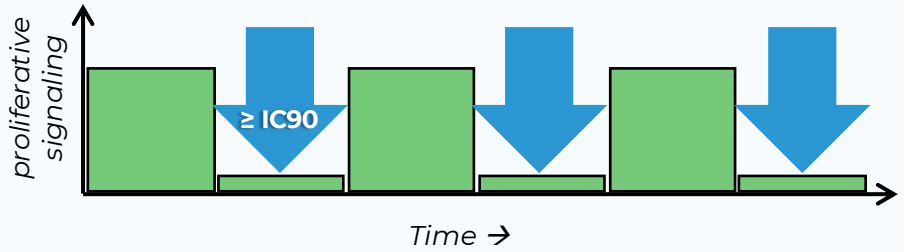


Sustained Inhibition



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

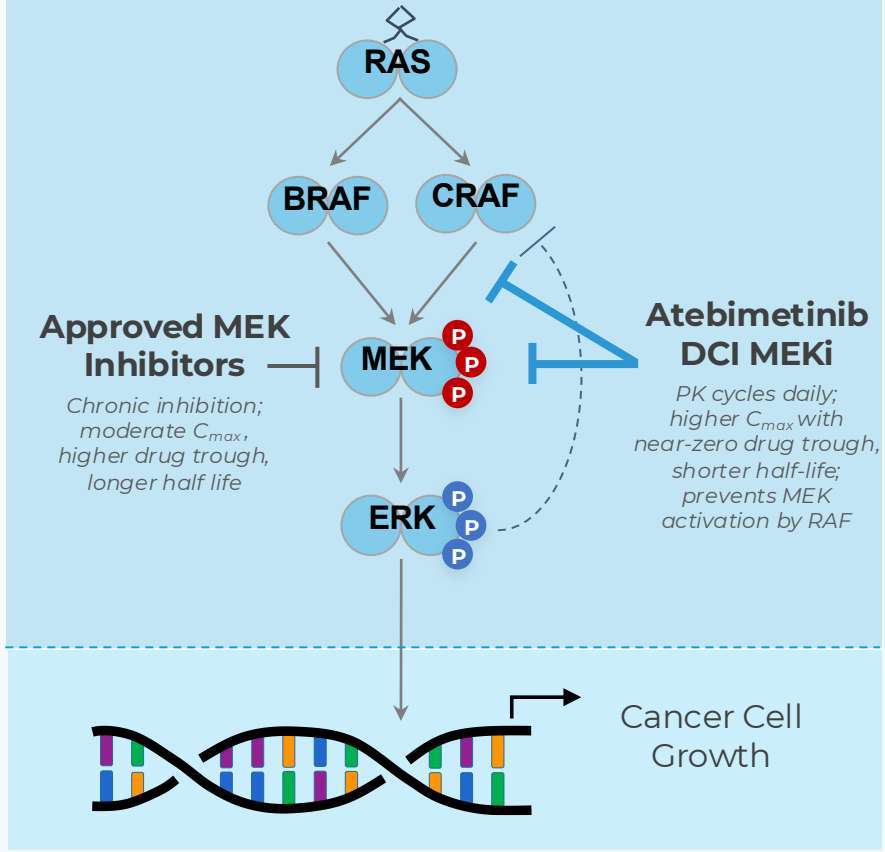
Transient vs Sustained from Hanahan and Weinberg, Cell, 2011

Atebimetinib 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



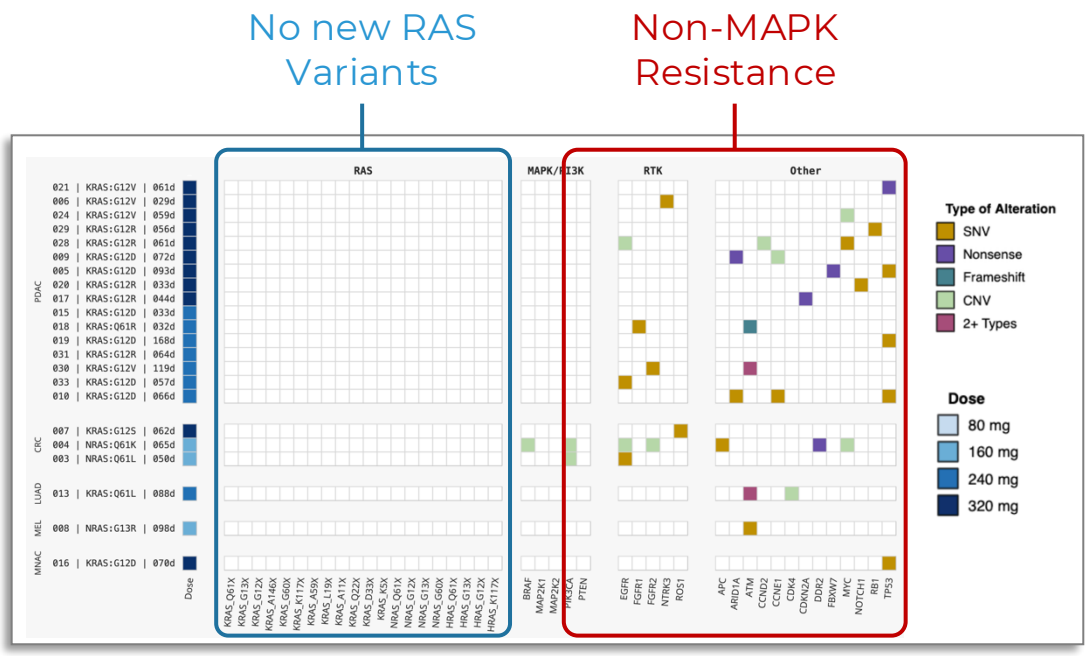
Quote Source: Yaeger and Corcoran, Cancer Discovery, 2019
Estimate for 2025 deaths https://seer.cancer.gov/statfacts/html/pancreas.html

Immuneering

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

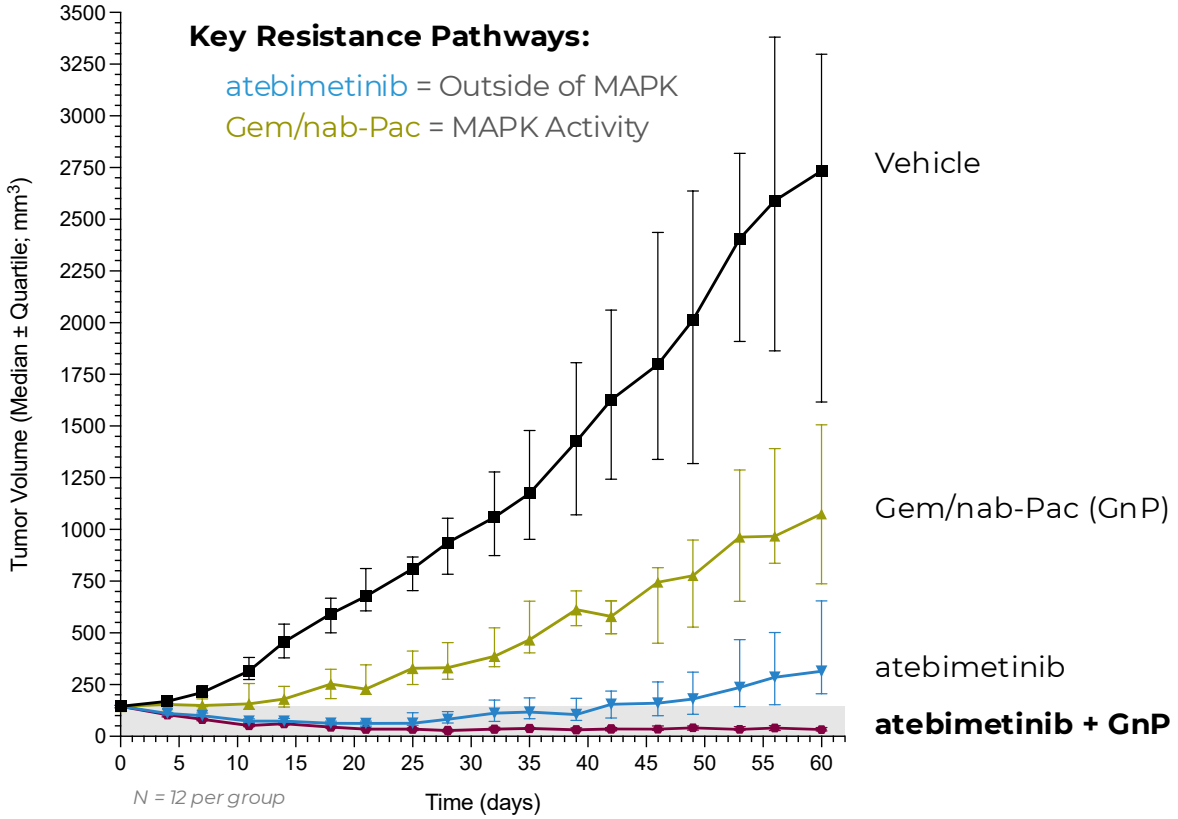
Molecular rationale for the combination

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

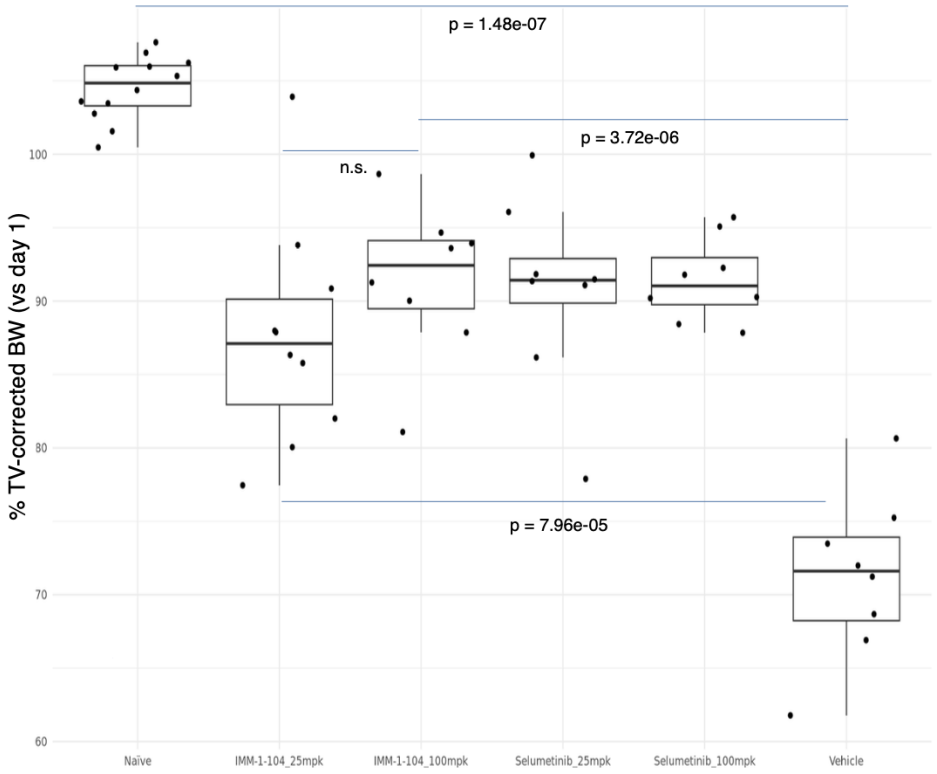


2024 AACR King, et al.

Immuneering

Atebimetinib reduces body weight loss in tumor-bearing animals

IMM-1-104 preserved body weight similarly to selumetinib. No significant difference was seen between 25 mpk and 100mpk doses.



Data for vehicle and 100 mpk dose from this study as previously reported in [2].

2024, Kolitz, et al. 17th International Conference on Cachexia, Sarcopenia, & Muscle Wasting (SCWD)

Immuneering

Emergent Atebimetinib Monotherapy and Combinations

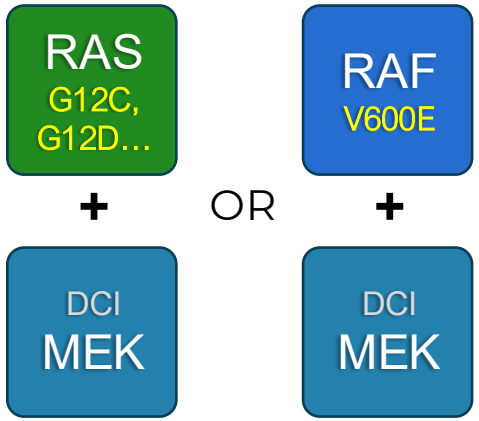
Monotherapy

Pulsatile MAPK Pathway Inhibition

Ideal: In patients with broad MAPK pathway addiction

Vertical Combinations

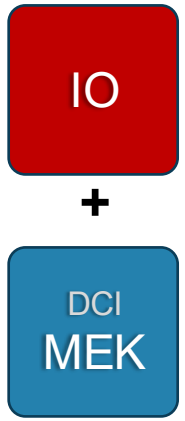
Selective Vertical Drug Combinations



Goal: Greater Depth & Durability of Response

Immune Modifying Combinations

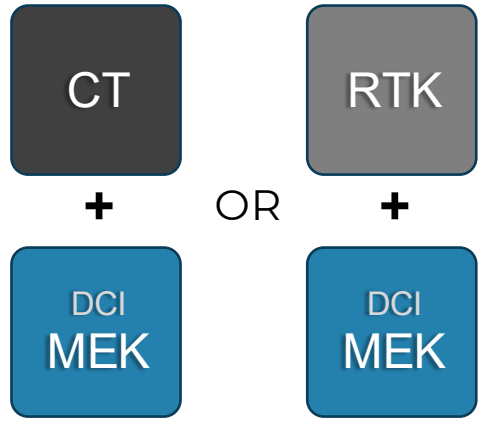
Dual-targeting of Tumor & Immune System



Goal: Break MAPK Addiction; Enhance Antitumor Immunity

Orthogonal MoA Combinations

Non-overlapping Mechanism of Action Combinations



Goal: Expand & Improve Overall Antitumor Response

Activity along with DCI MEKi safety & tolerability expand combination opportunities

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

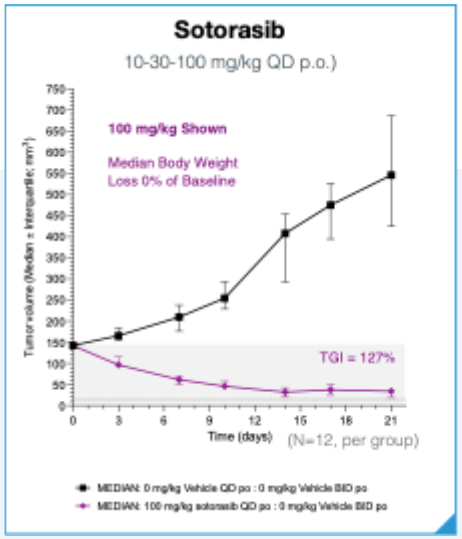
Immuneering

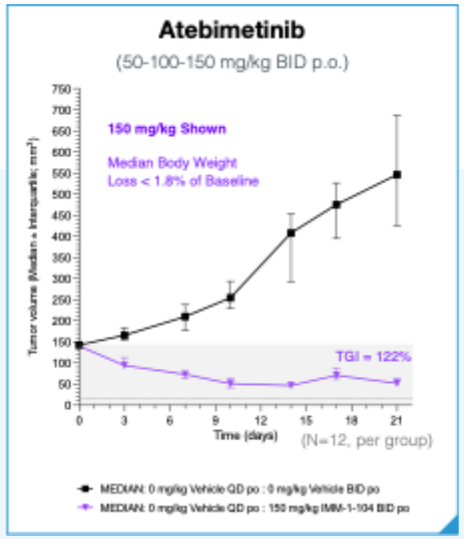
Head-to-Head Comparison of Atebimetinib +/- Sotorasib in KRAS^{G12C} PANC

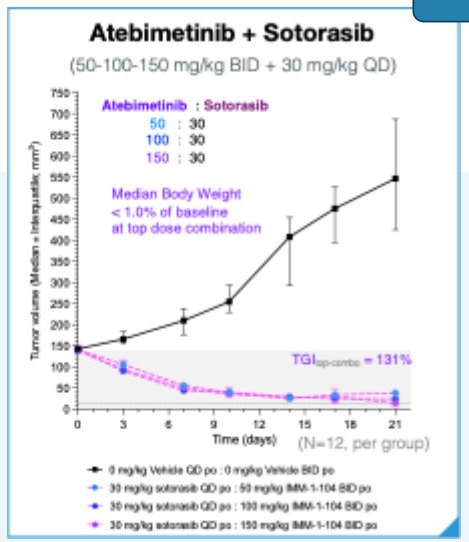
Atebimetinib plus sotorasib demonstrated deeper, more durable tumor regressions with insignificant BWL

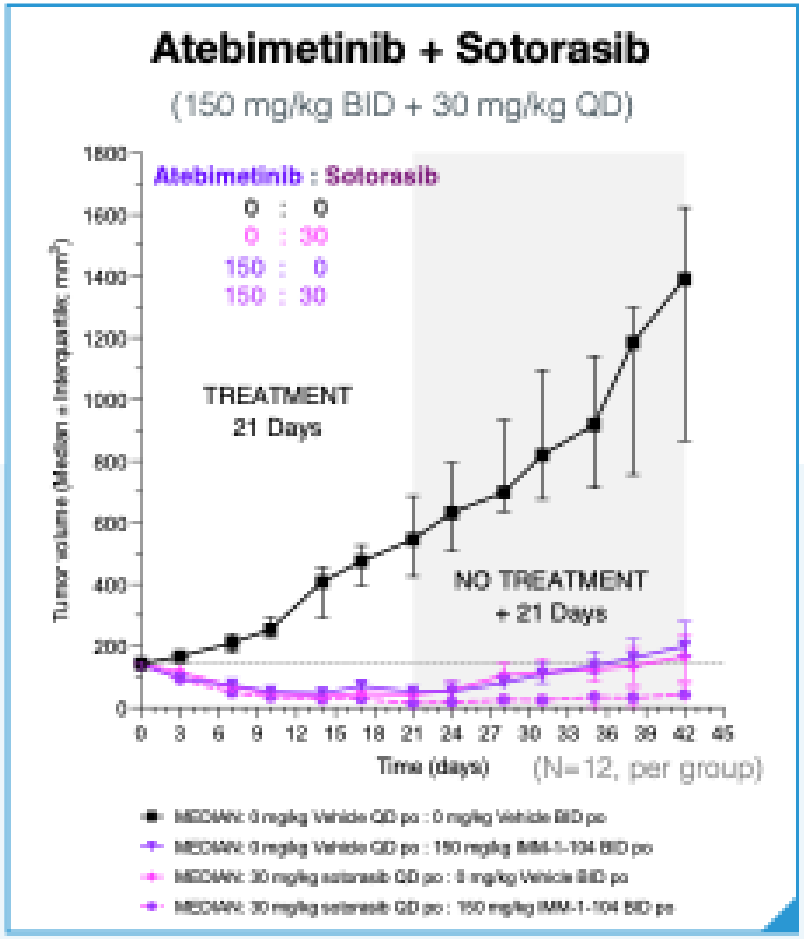
KRAS^{G12C} PANC

RAS G12C + DCI MEK









› 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)

Cell Reports
Article

Pulsatile MEK Inhibition Improves Anti-tumor Immunity and T Cell Function in Murine Kras Mutant Lung Cancer

Hyejin Choi,[1,10] Jiehui Deng,[3,10] Shuai Li,[3,10] Tarik Silk,[1] Lauren Dong,[1] Elliott J. Brea,[4,9] Sean Houghton,[1] David Redmond,[1] Hong Zhong,[1] Jonathan Boiarsky,[1] Esra A. Akbay,[5,6] Paul D. Smith,[7] Taha Merghoub,[1,2,8,9,11,*] Kwok-Kin Wong,[3,*] and Jedd D. Wolchok[1,2,8,9,*]

Favorable Safety Results Observed for Monotherapy IMM-1-104 in 2L PDAC

"Patients on IMM-1-104 monotherapy have described feeling almost like their pre-diagnosis selves – a truly significant outcome for individuals battling such a debilitating cancer." – 104 Investigator

Safety: Phase 2a Monotherapy in 2L PDAC at 320 mg QD (n = 24)

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*	6 (25%)	1 (4%)	0	0	7 (29%)
2. Diarrhea	4 (17%)	2 (8%)	0	0	6 (25%)
3. Fatigue	4 (17%)	1 (4%)	0	0	5 (21%)
4. Aspartate aminotransferase increased	4 (17%)	0	0	0	4 (17%)
5. Vision blurred	3 (13%)	1 (4%)	0	0	4 (17%)
6. Alanine aminotransferase increased	3 (13%)	0	0	0	3 (13%)
7. Hypokalemia	2 (8%)	1 (4%)	0	0	3 (13%)
8. Nausea	3 (13%)	0	0	0	3 (13%)
9. Vomiting	3 (13%)	0	0	0	3 (13%)

- *TRAE = Treatment Related Adverse Event*
- *Patient population includes one 1L PDAC patient; all patients (n=24) in above table were dosed at 320 mg QD p.o.*
- **Preferred Terms within the Rash term include: Dermatitis acneiform; Rash; Rash maculo-papular; Rash pustular*

Data based on interim data collection, as of December 15, 2025, from an ongoing Phase 1/2a trial of IMM-1-104. Data subject to follow-up and database updates.


Immuneering
Immuneering