Immuneering

Outpacing Cancer to Help Patients Outlive their Disease

June 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 (formerly known as IMM-1-104); the design, enrollment criteria and conduct of the Phase 1/2a clinical trial for atebimetinib; initial signs of clinical activity of atebimetinib; the translation of preclinical data into human clinical data; the ability of initial clinical data to de-risk atebimetinib and be confirmed as the trial progresses, including the safety, tolerability, pharmacokinetics, pharmacodynamics and potential efficacy of atebimetinib; 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 atebimetinib trial 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.

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 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, including proprietary technologies such as DCT and Fluency; 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.

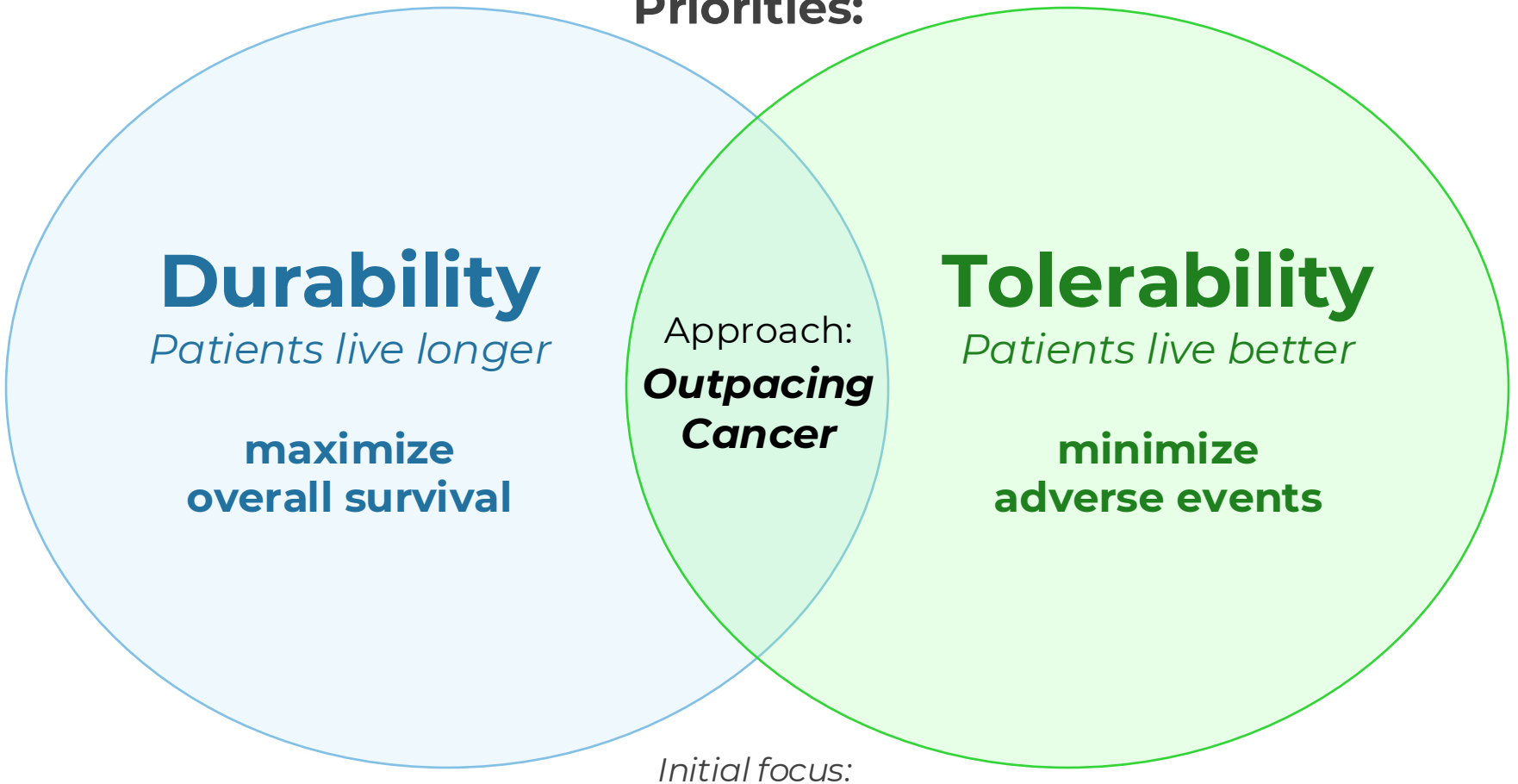
These and other important factors discussed under the caption "Risk Factors" in the Company's Quarterly Report on Form 10-Q for the three-months ended March 31, 2025 filed with the SEC and its other reports filed with the SEC could cause actual results to differ materially from those indicated by the 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 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 of atebimetinib in the following slides based on interim data collection from the 320mg intent-to-treat population (N=34), as of May 26, 2025, from an ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates.

Helping Cancer Patients Outlive Their Disease

Priorities:



Initial focus:

Phase 2a for atebimetinib (IMM-1-104) + mGnP
in first-line pancreatic cancer

~52,000 deaths in 2025; 5-year relative survival of ~13%

(Estimate for 2025 U.S. only deaths & survival - https://seer.cancer.gov/statfacts/html/pancreas.html)
mGnP = modified Gemcitabine and nab-Paclitaxel

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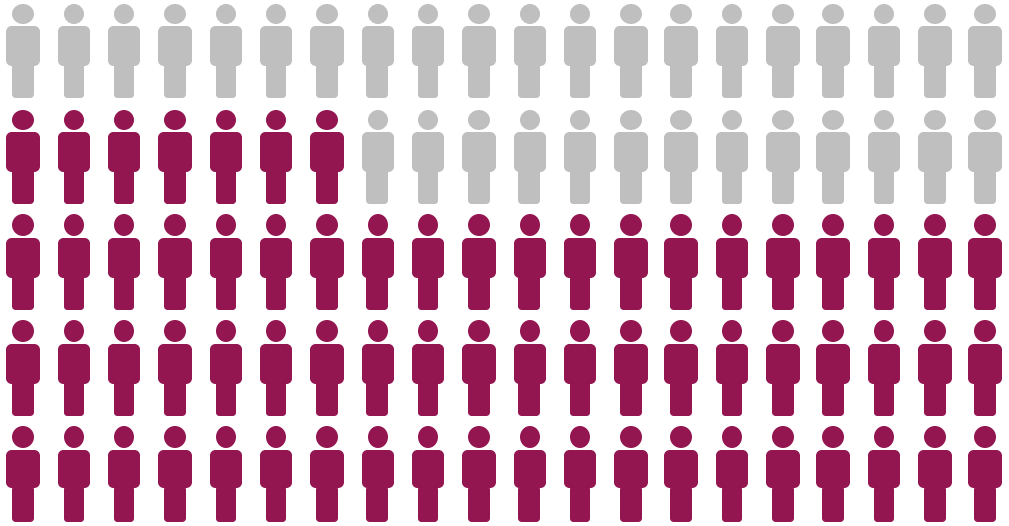
Probability of Surviving 6 Months with Pancreatic Cancer

Gemcitabine/nab-Paclitaxel (GnP)

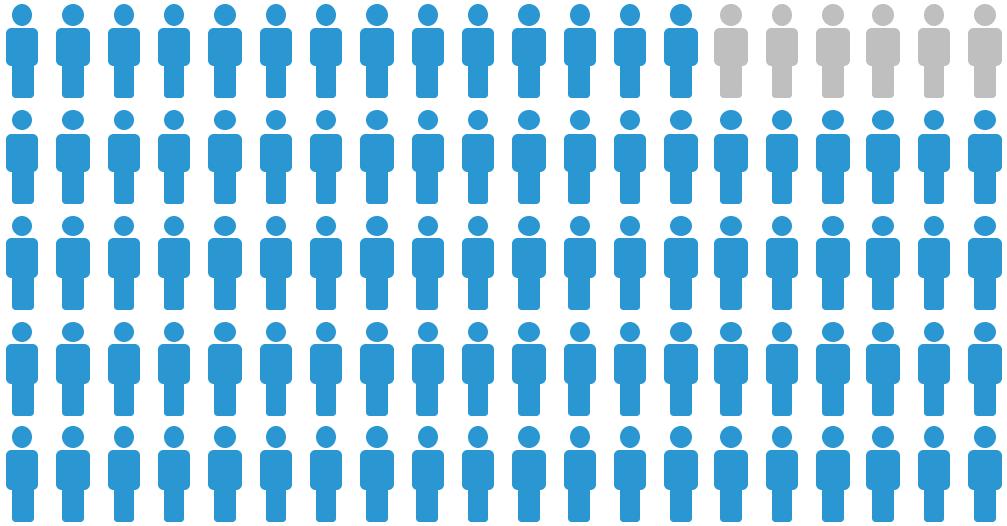
67%



Von Hoff et al, 2013 NEJM (N=431)
Standard of Care in 1L PDAC

Atebimetinib (IMM-1-104) + mGnP

94%



Atebimetinib (IMM-1-104) + mGnP Ph 2a 1L PDAC[1] (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.
[1]Data based on interim data collection from the 320mg intent-to-treat population (N = 34), as of May 26, 2025, from an ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates. mGnP = 1,000 mg/m2 (Gem) + 125 mg/m2 (nab-Pac) days 1 & 15, every 4 weeks

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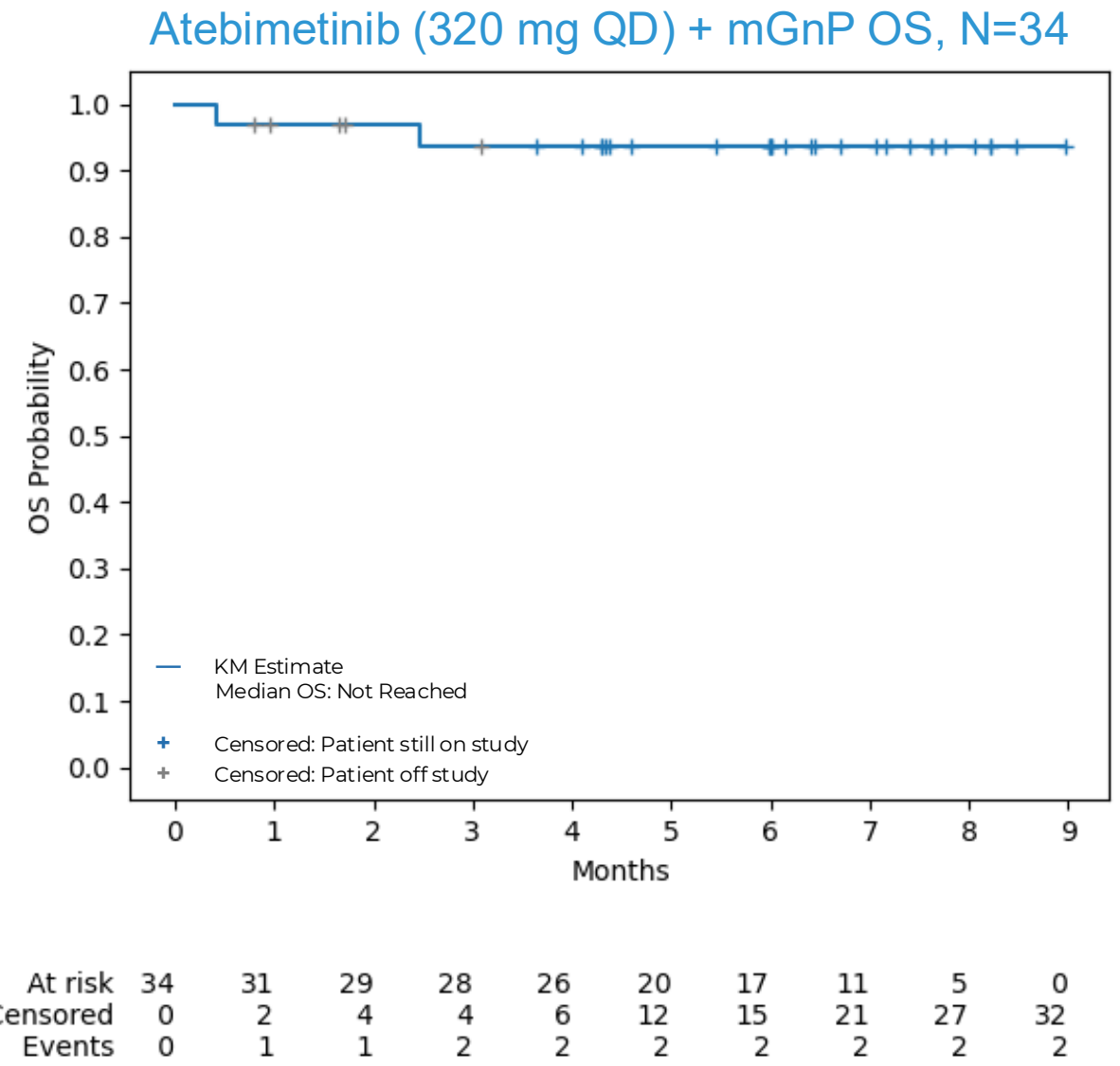
Exceptional Overall Survival (OS) Observed For Atebimetinib + mGnP in 1L PDAC



First Line (1L) Pancreatic Cancer

	Atebimetinib + mGnP (320 mg atebi-; N=34)
6-month OS	**94%** [77, 98]

Median follow-up time: 6.0 months

Unless otherwise specified, all atebimetinib data based on interim data collection from the 320mg intent-to-treat population (N=34), as of May 26, 2025, from an ongoing Phase 1/2a trial of atebimetinib. Data subject to follow-up and database updates. mGnP = 1,000 mg/m2 (Gem) + 125 mg/m2 (nab-Pac) days 1 & 15, every 4 weeks

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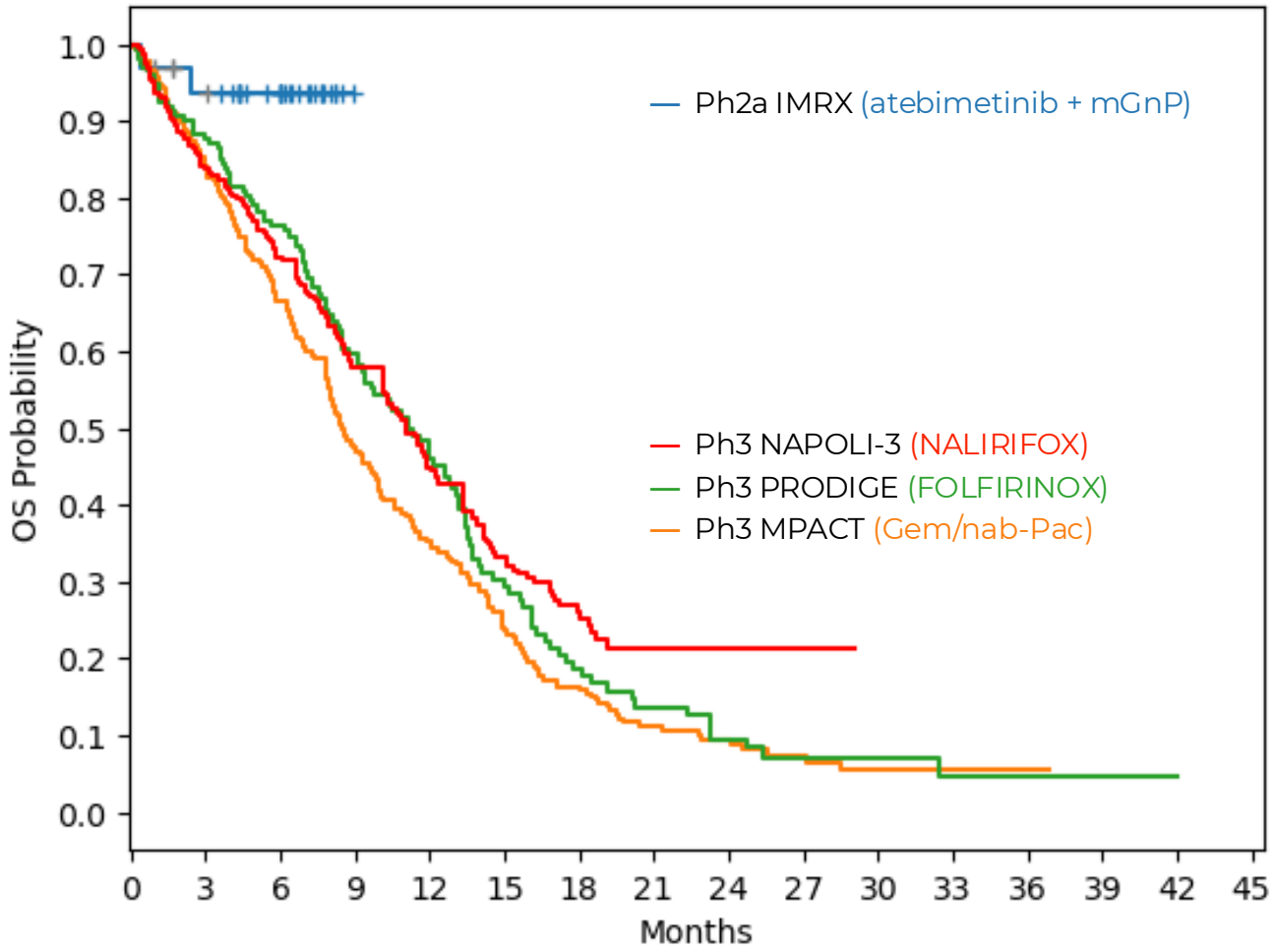
Exceptional OS Observed For Atebimetinib + mGnP in 1L PDAC

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



First Line (1L) Pancreatic Cancer

	Atebimetinib + mGnP (320 mg atebi-; N=34)
6-month OS	**94%** [77, 98]

Median follow-up time: 6.0 months

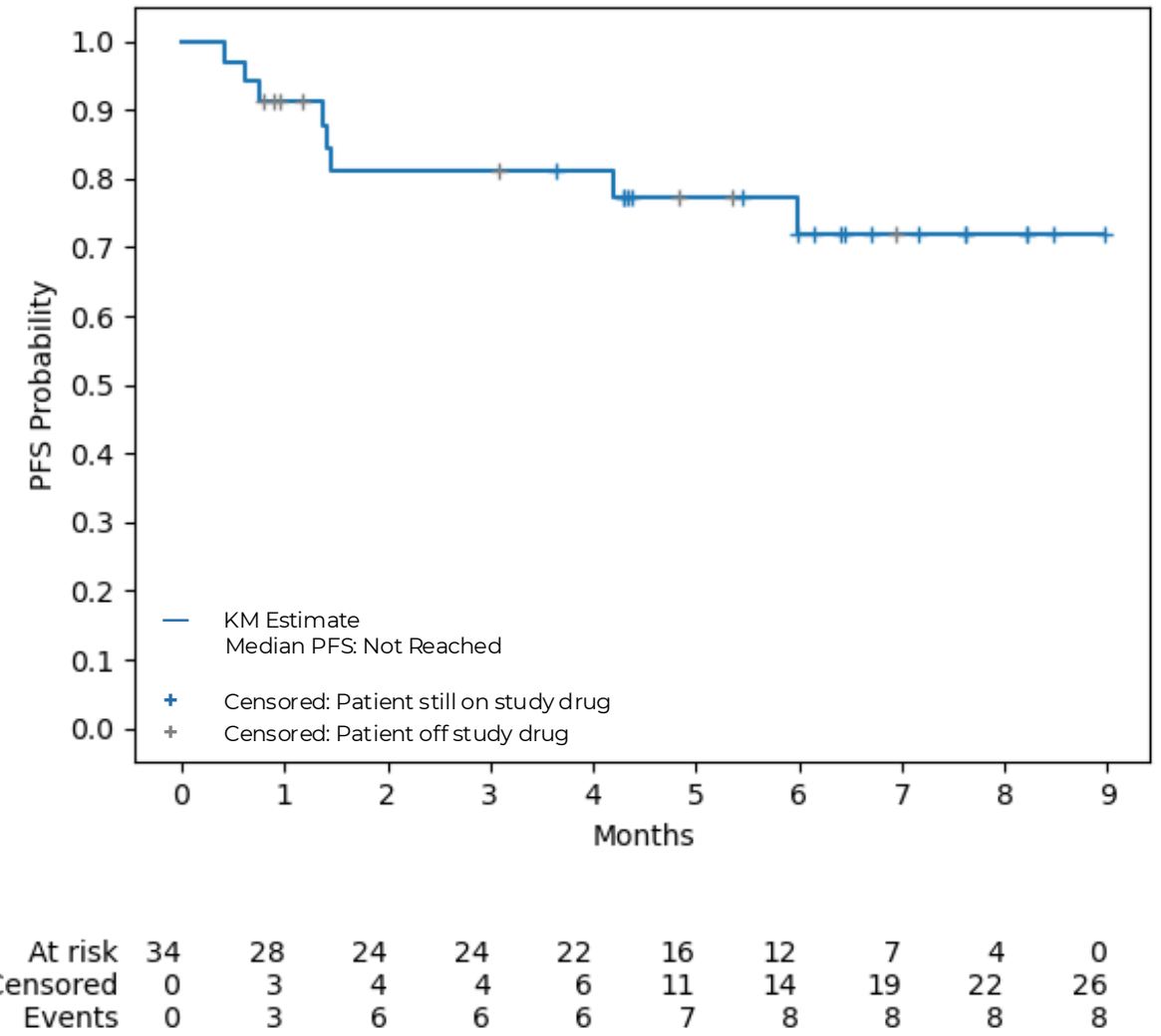
Reconstructed Kaplan-Meier (KM) Plots of Pivotal Ph3 Studies per 2024 JAMA Nichetti, et al. 7(1):e2350756

Pivotal Studies [6 mo OS]: (1.) MPACT 2013 NEJM (PMID: 24131140) N=431 [67%], (2.) PRODIGE 4 / ACCORD 11 2011 NEJM (PMID: 21561347) N=171 [76%], (3.) NAPOLI 3 2023 LANCET (PMID: 37708904) N=383 [72%]

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.

Atebimetinib + mGnP Progression Free Survival (PFS) Supports Exceptional OS

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



	0	1	2	3	4	5	6	7	8	9
At risk	34	28	24	24	22	16	12	7	4	0
Censored	0	3	4	4	6	11	14	19	22	26
Events	0	3	6	6	6	7	8	8	8	8

First Line (1L) Pancreatic Cancer

	Atebimetinib + mGnP (320 mg atebi-; N=34)
6-month PFS	**72%** [50, 85]

Median follow-up time: 6.0 months

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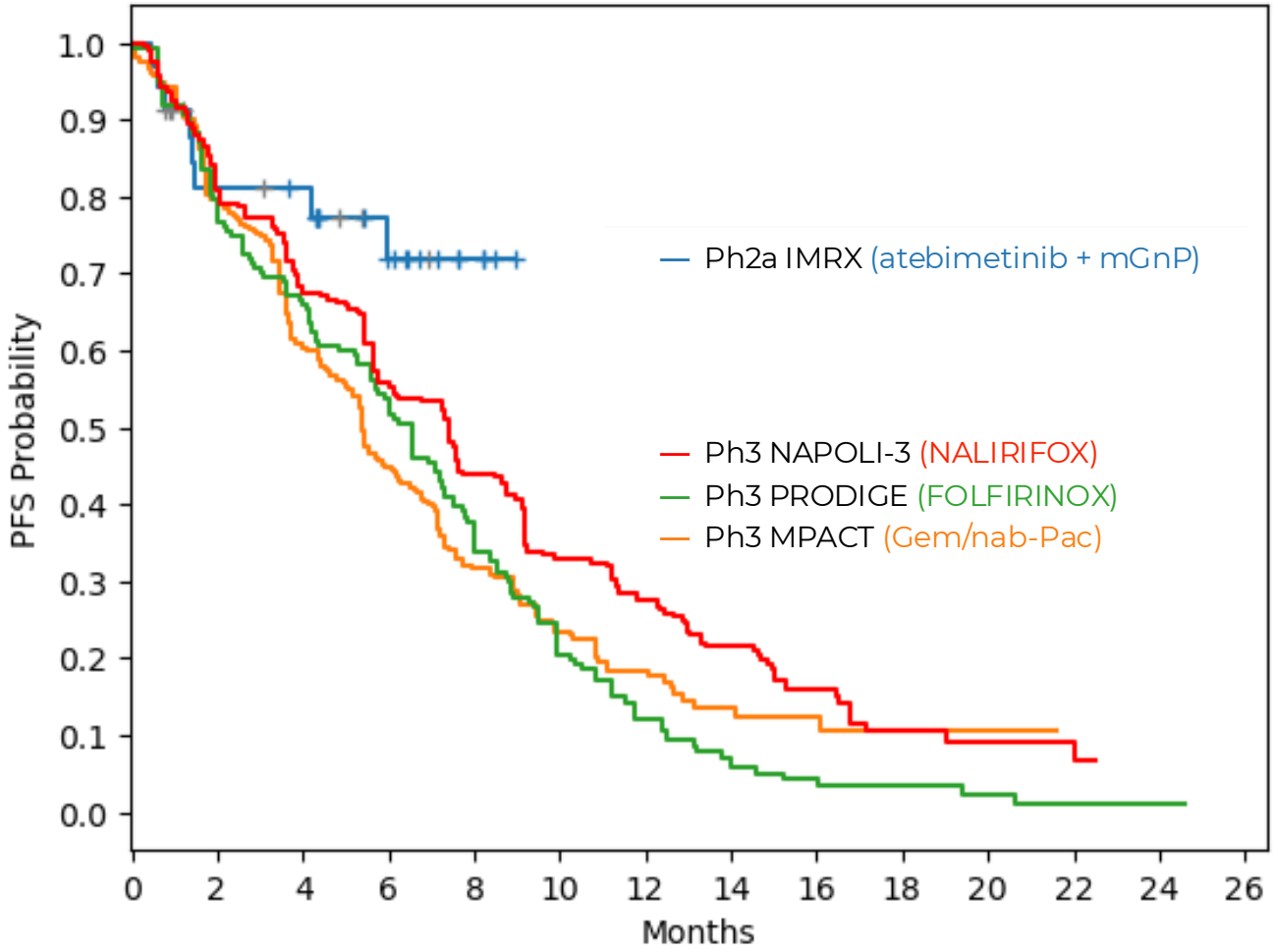
Atebimetinib + mGnP PFS Supports Exceptional OS

Atebimetinib (320 mg QD) Progression Free Survival (PFS), N=34



First Line (1L) Pancreatic Cancer

	Atebimetinib + mGnP (320 mg atebi-; N=34)
6-month PFS	**72%** [50, 85]

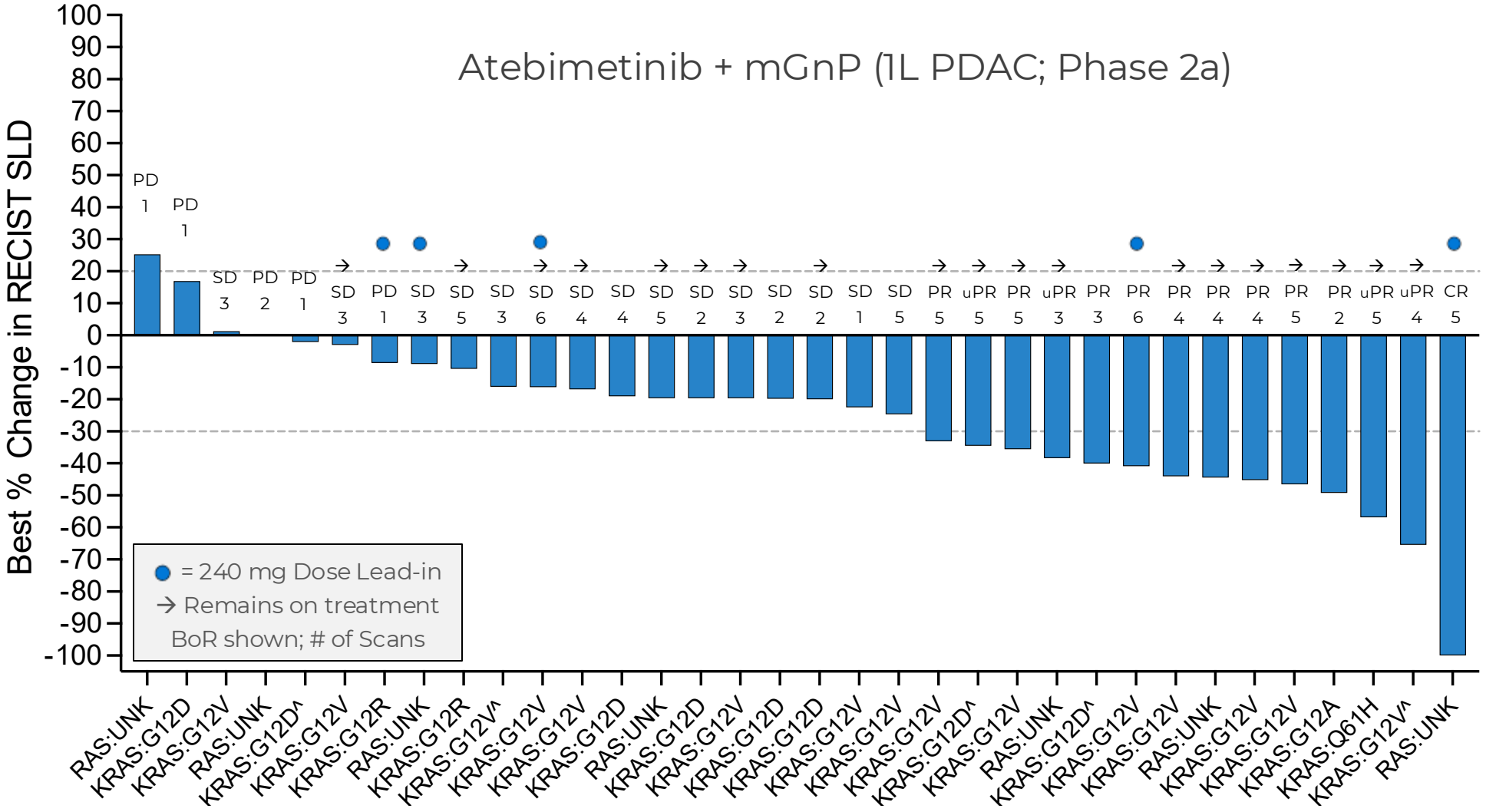
Median follow-up time: 6.0 months

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

Pivotal Studies [6 mo PFS]: (1.) MPACT 2013 NEJM (PMID: 24131140) N=431 [43%], (2.) PRODIGE 4 / ACCORD 11 2011 NEJM (PMID: 21561347) N=171 [53%], (3.) NAPOLI 3 2023 LANCET (PMID: 37708904) N=383 [56%]

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.

Overall Response Rate (ORR) and Disease Control Rate (DCR) for Atebimetinib + mGnP in 1L PDAC Supports PFS and OS



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. uPR's active on treatment counted toward ORR as PR. 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 May 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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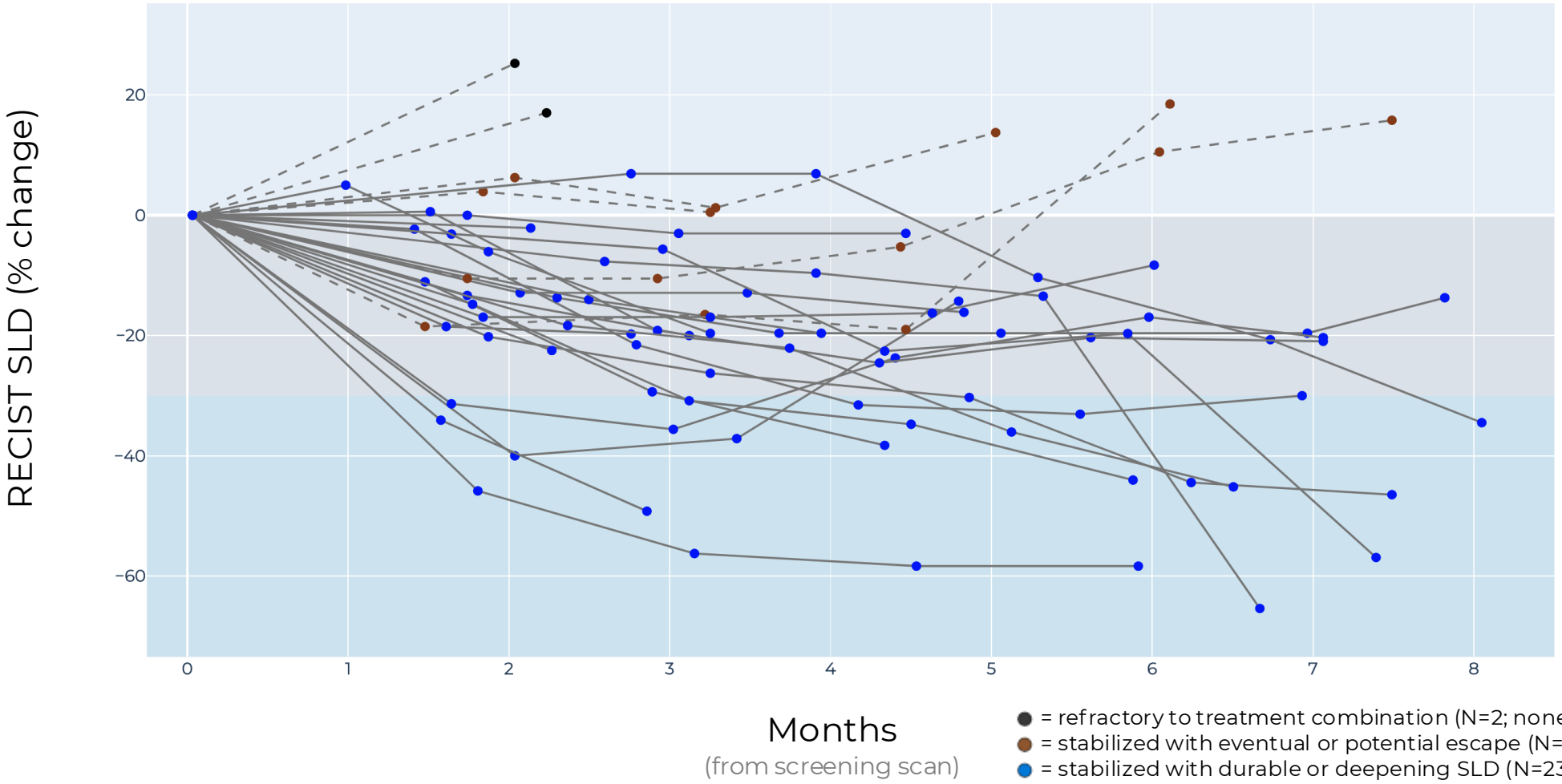
Deepening Tumor Responses With Time Supports PFS and OS

Atebimetinib (320 mg QD) + mGnP in First Line Pancreatic Cancer



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. Data subject to follow-up and database updates. SLD = RECIST sum of longest diameter for target lesions.

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Atebimetinib + mGnP Showed a Markedly Favorable Tolerability Profile

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%	15% [a]
Fatigue	17%	23.6%	6.2%	3%
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	0%
Thrombocytopenia	13%	9.1%	NR	0%
Anemia	13%	7.8%	10.5%	18% [a]
Hypokalemia	NR	NR	15.1%	3%
Nausea	NR	NR	11.9%	0%

- *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*
- *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 vs. Benchmarks

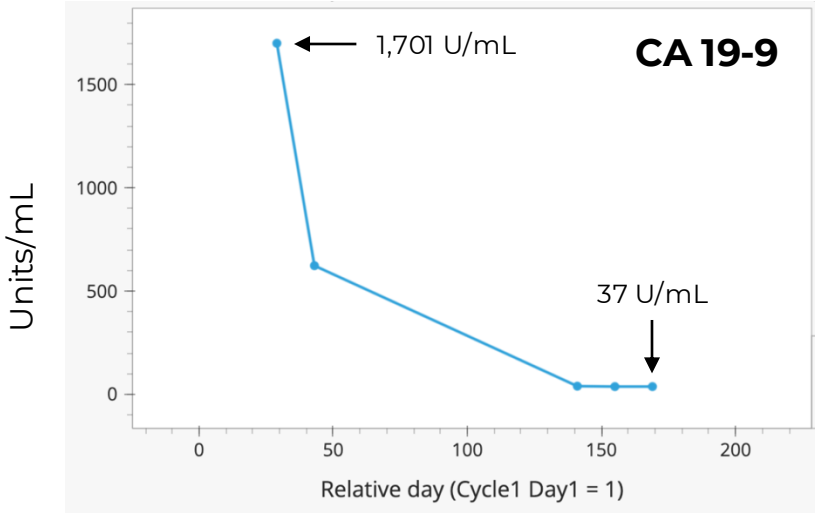
Characteristic	**IMRX Ph2a** (320 mg) Atebimetinib + mGnP	**MPACT** Gem/nab-Pac	**PRODIGE/ACCORD 11** FOLFIRINOX	**NAPOLI 3** NALIRIFOX
Trial Phase	Phase 2a	Phase 3	Phase 2/3	Phase 3
Patient Population	Metastatic PDAC (>90%)	Metastatic PDAC	Metastatic PDAC	Metastatic PDAC
N (treatment arm)	34	431	171	383
Median Age (years)	**69**	62	61	64
Age ≥ 65 (%)	**65%**	41%	28%	50%
ECOG PS 0 or 1 (%)	100%	92%	99%	100%
Male (%)	65%	57%	62%	53%
Liver, Lung and/or Peritoneal (%)	82%	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]

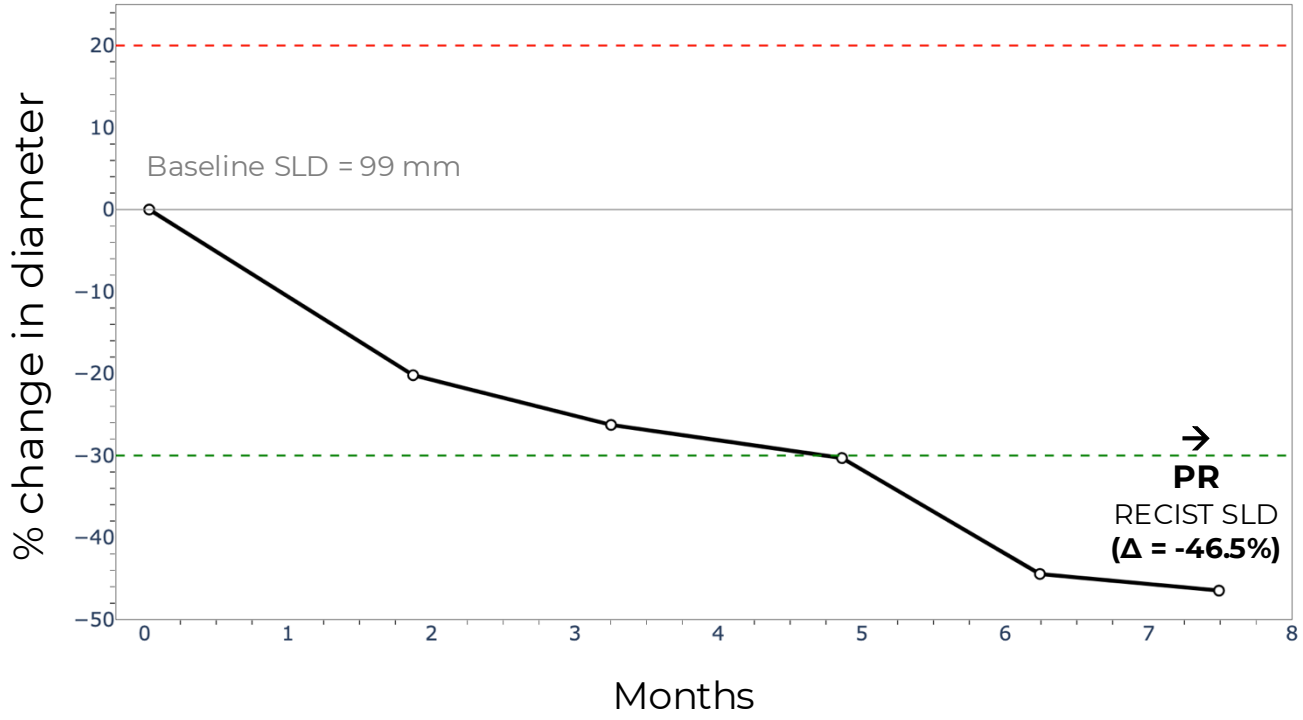
Multiple Target Lesions No Longer Detected in 1L Pancreatic Cancer Patient Treated with Atebimetinib + mGnP

Metastatic Pancreatic Cancer (PDAC)

- 1st Line: atebimetinib + mGnP (**BOR = PR**)
  - KRAS:G12V; 65-year-old male
  - 320 mg QD atebimetinib + mGnP
  - ≳ 7.5 months on drug (on treatment as of data cutoff)
  - Weight gain (+5.1%)
  - 98% reduction in peak CA 19-9 levels
  - Complete resolution of liver lesions



Atebimetinib + mGnP Combination (1L PDAC; Phase 2)



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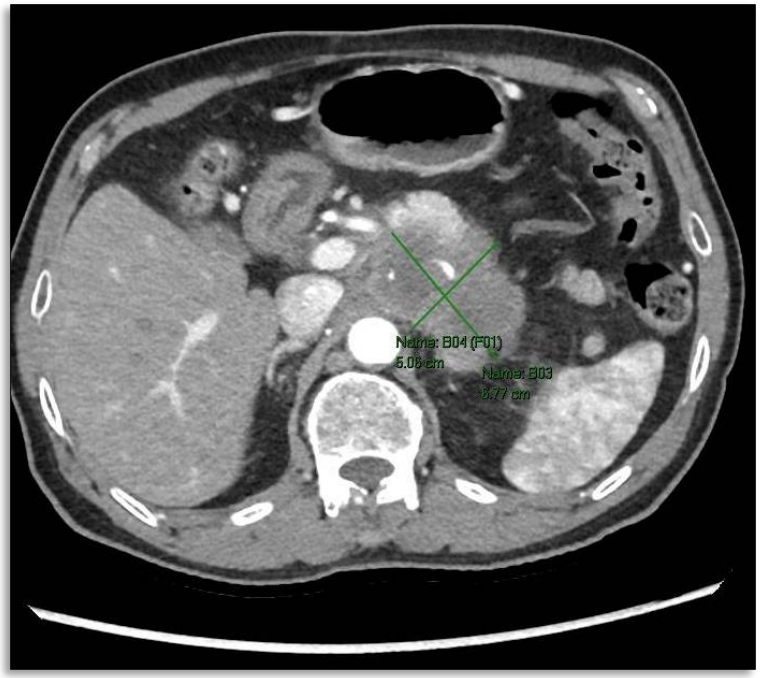
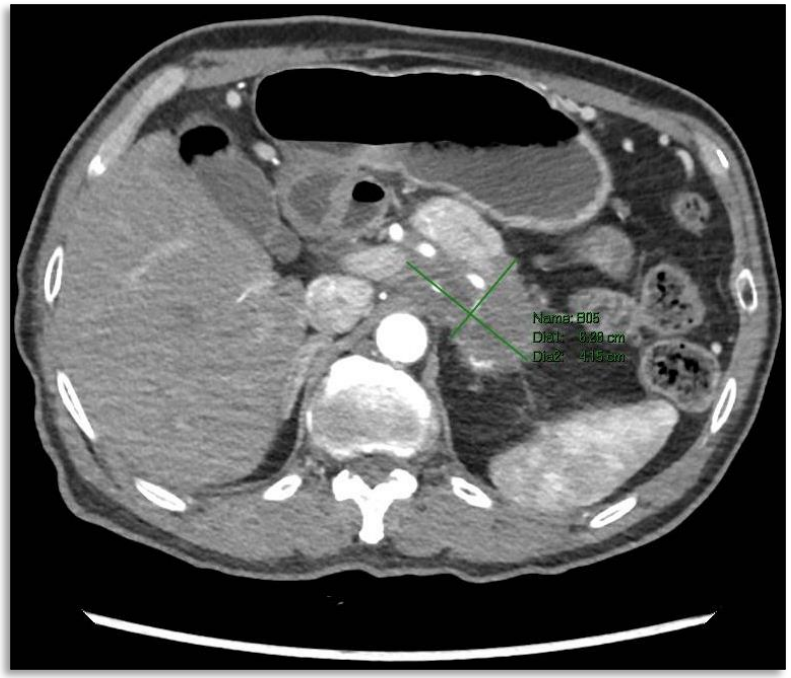
Pancreatic Mass Durable Regression Over Time in 1L Pancreatic Cancer Patient Treated with Atebimetinib + mGnP

6.8 x 5.1 cm



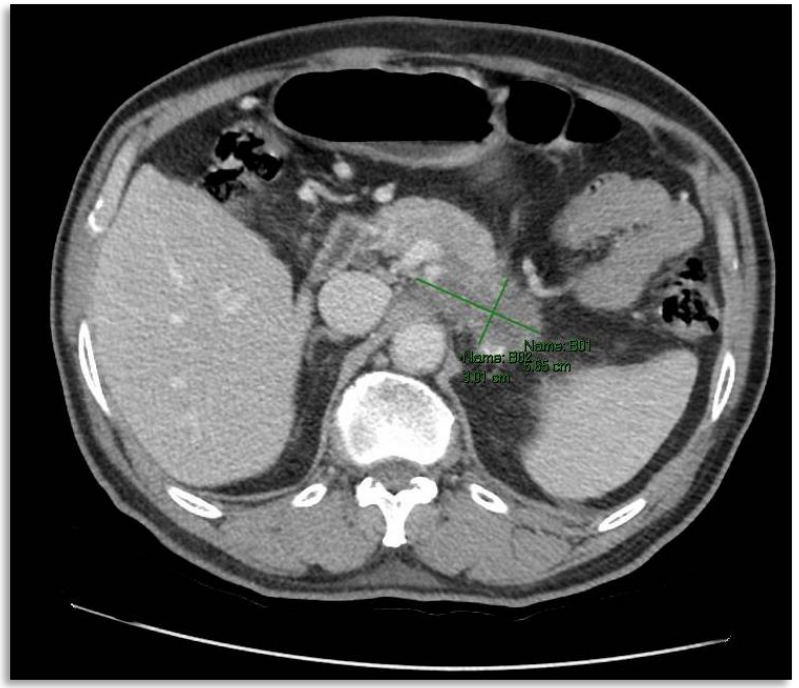
Baseline

6.3 x 4.2 cm



Scan 2 (~3 mo.)

5.5 x 2.9 cm



Scan 4 (~6 mo.)

In addition, two liver mets (next slide) completely regressed over same period

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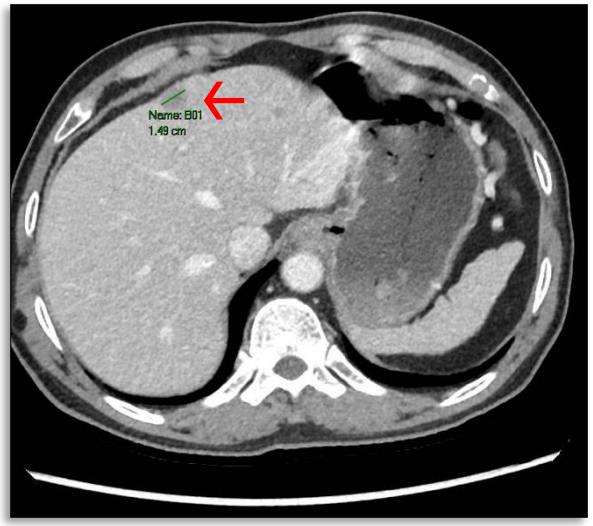
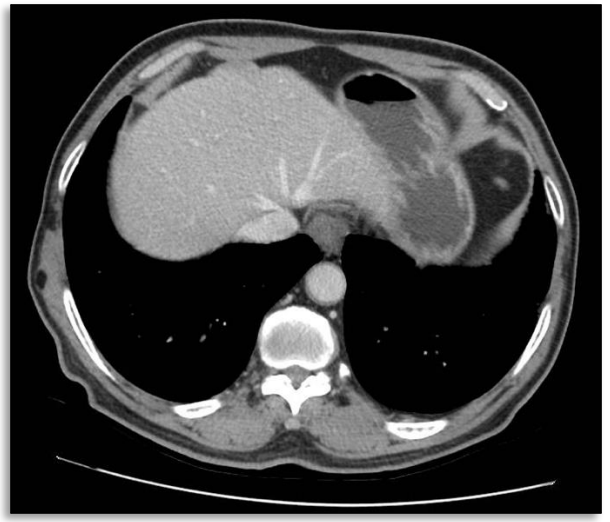
Multiple Target Lesions No Longer Detected in 1L Pancreatic Cancer Patient Treated with Atebimetinib + mGnP

Liver 4A (TL02)	
Baseline	4th Scan
1.5 cm	**0 cm**



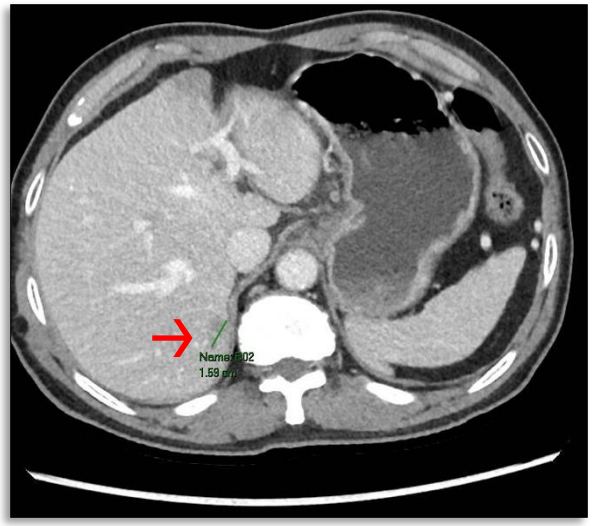
Atebimetinib
+
mGnP

~ 6 months



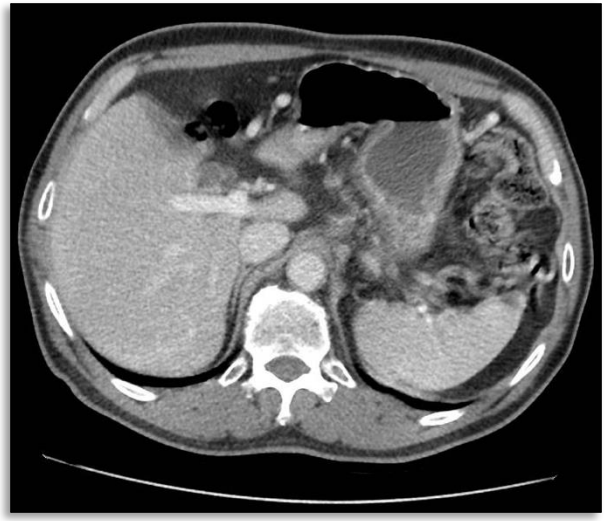
Baseline **Fourth Scan**

Liver 7 (TL03)	
Baseline	4th Scan
1.6 cm	**0 cm**



Atebimetinib
+
mGnP

~ 6 months



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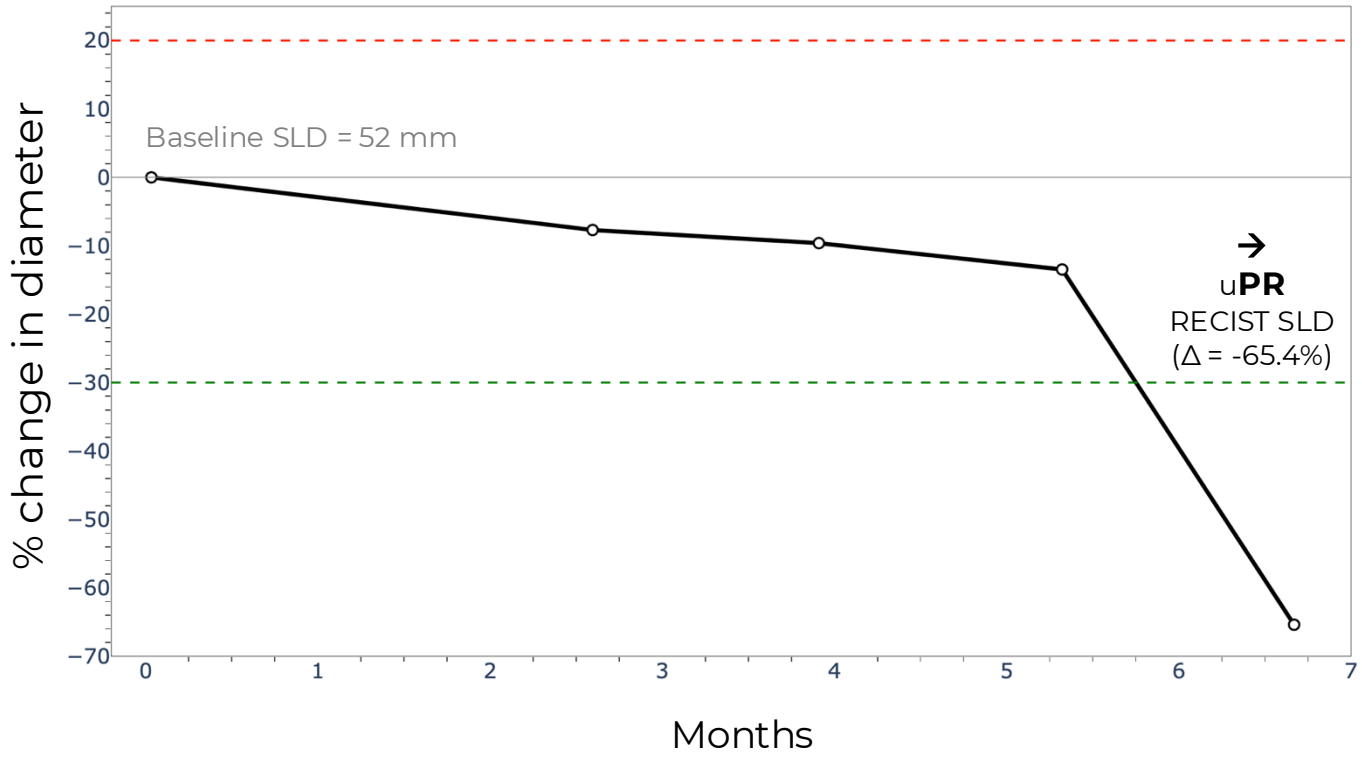
Complete Resolution of Pancreatic Lesion in 1L Pancreatic Cancer Patient Treated with Atebimetinib + mGnP

Metastatic Pancreatic Cancer (PDAC)

- 1st Line: atebimetinib + mGnP (**BOR = uPR**)
  - KRAS:G12V; 77-year-old male
  - 320 mg QD atebimetinib + mGnP
  - ≳ 6.0 months on drug
    - on treatment as of data cutoff
  - Improved QoL (PRO Instrument)
  - Weight gain (+8.6%)
  - Complete resolution of pancreatic lesion

Atebimetinib + mGnP Combination (1L PDAC; Phase 2)



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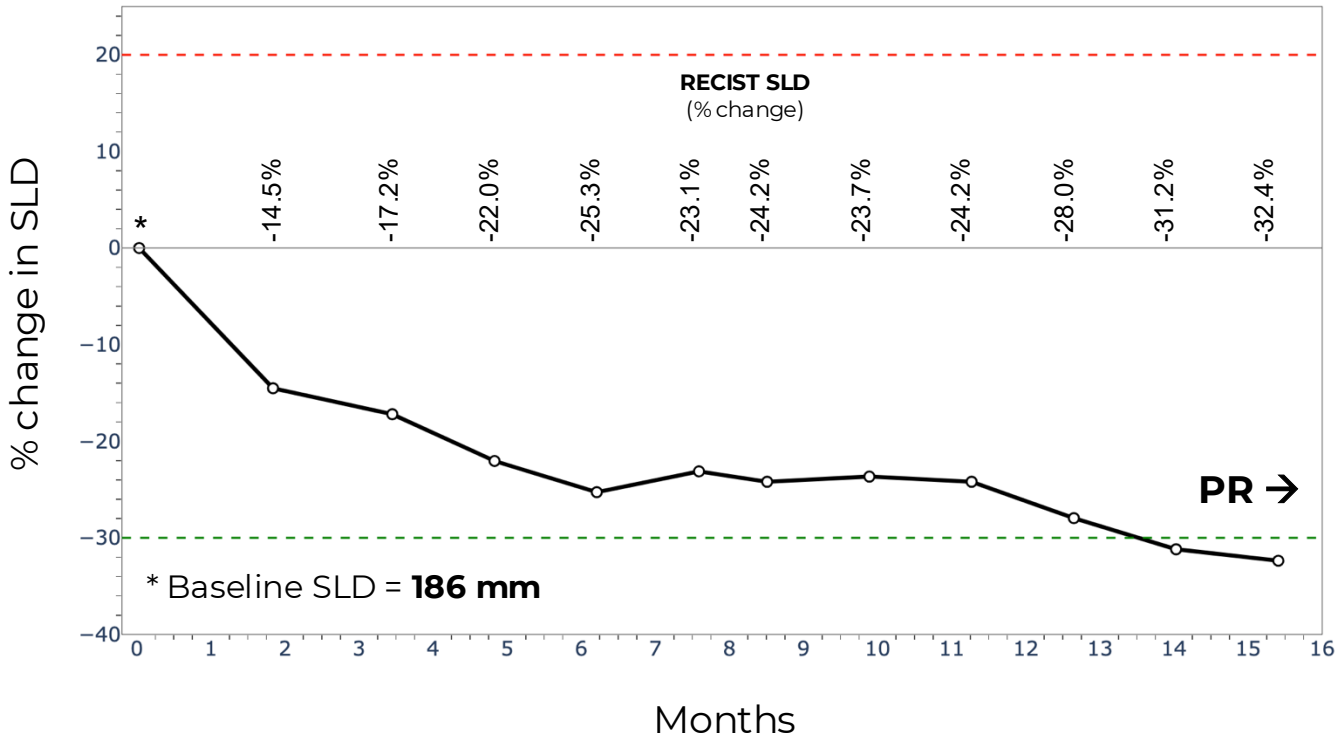
Atebimetinib Monotherapy Case Study Shows Durability and Tolerability with Complete Resolution of Bone Lesion

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.
  - ≳16 mo. on atebimetinib
    - on treatment as of data cutoff
  - Improved QoL (PRO Instrument)
  - Weight gain (+14%)
  - Reduction in $KRAS^{G12D}$ ctDNA
  - 96% reduction in peak CA 19-9 levels
  - Complete resolution of bone lesion

Atebimetinib Monotherapy (3L PDAC; Phase 1)



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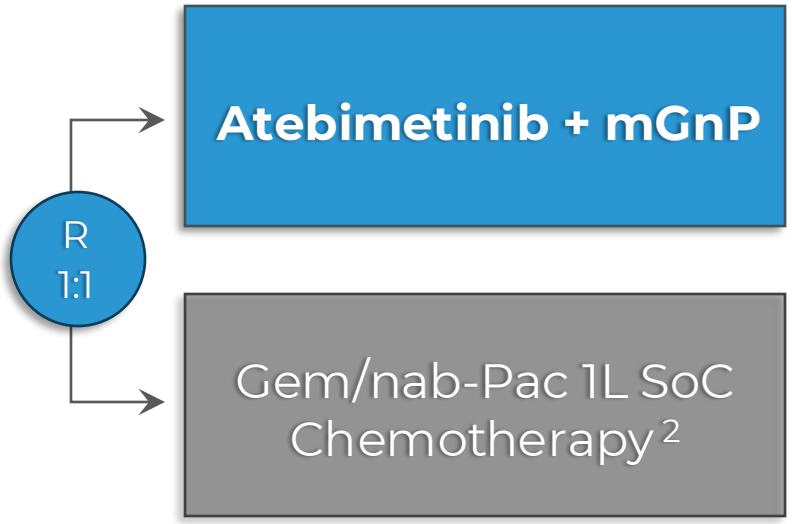
Global Randomized Pivotal Trial Plan

Designed to facilitate accelerated approval

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 0-2



Primary Endpoints
PFS
OS
Secondary Endpoints
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 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

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

How does atebimetinib work?

Atebimetinib: achieving durability by outpacing cancer

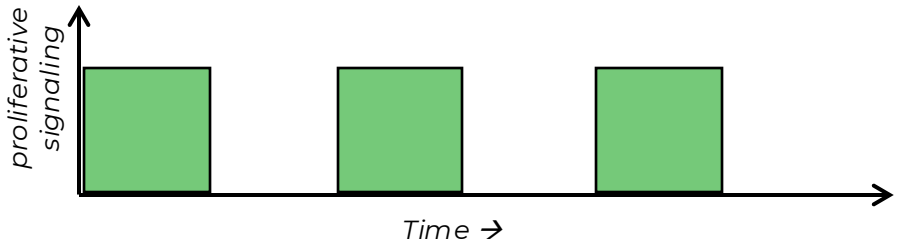
Most therapies are designed for **sustained inhibition**, driving cancer to adapt and develop resistance; tumors shrink **quickly but temporarily**

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

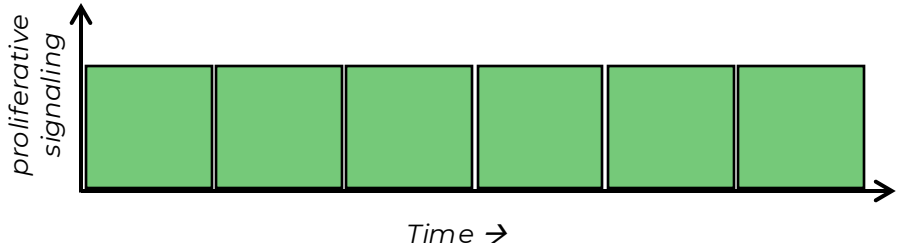
Immuneering

Atebimetinib: achieving tolerability by outpacing cancer

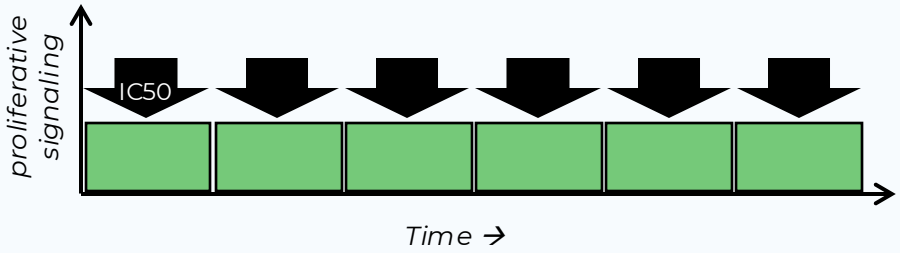
Healthy Cells:
Transient Signaling



Cancer Cells:
Sustained Signaling

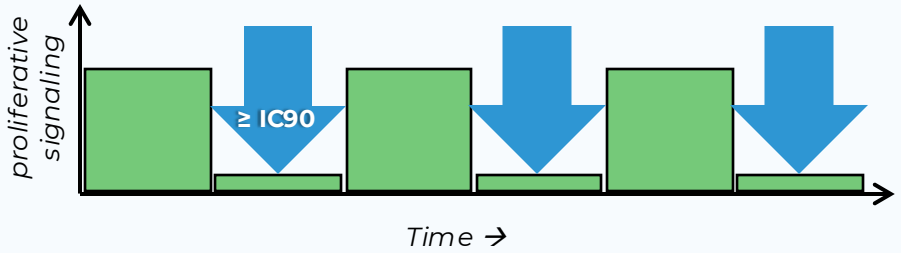


Sustained Inhibition



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

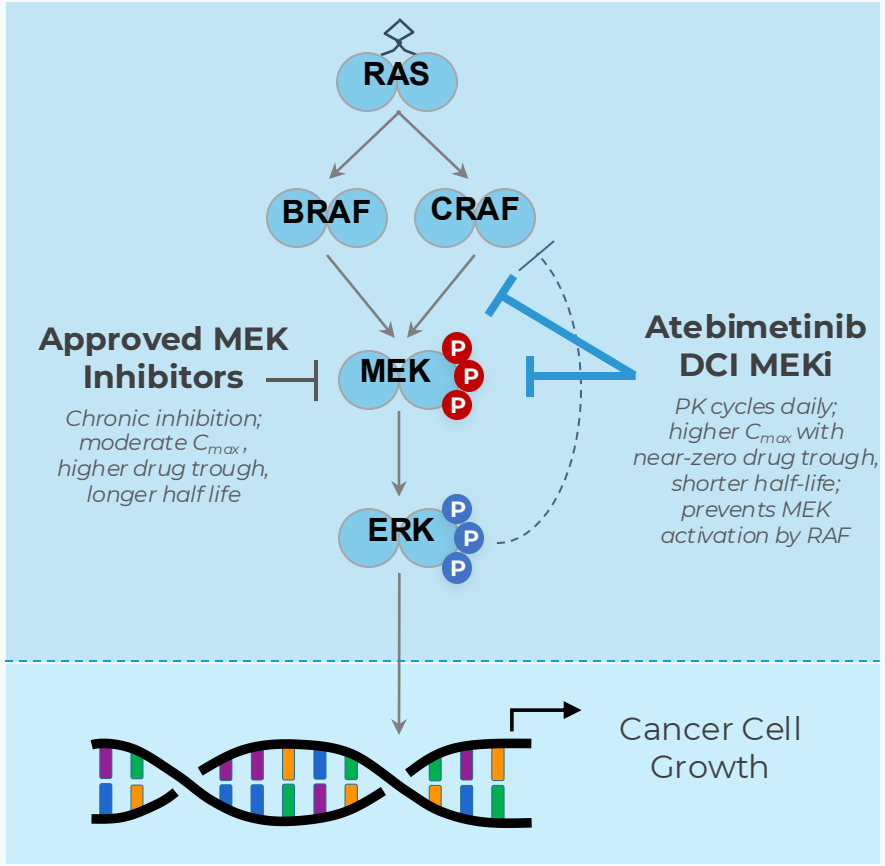
Transient vs Sustained from Hanahan and Weinberg, Cell, 2011

Atebimetinib targets MEK in the MAPK pathway 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



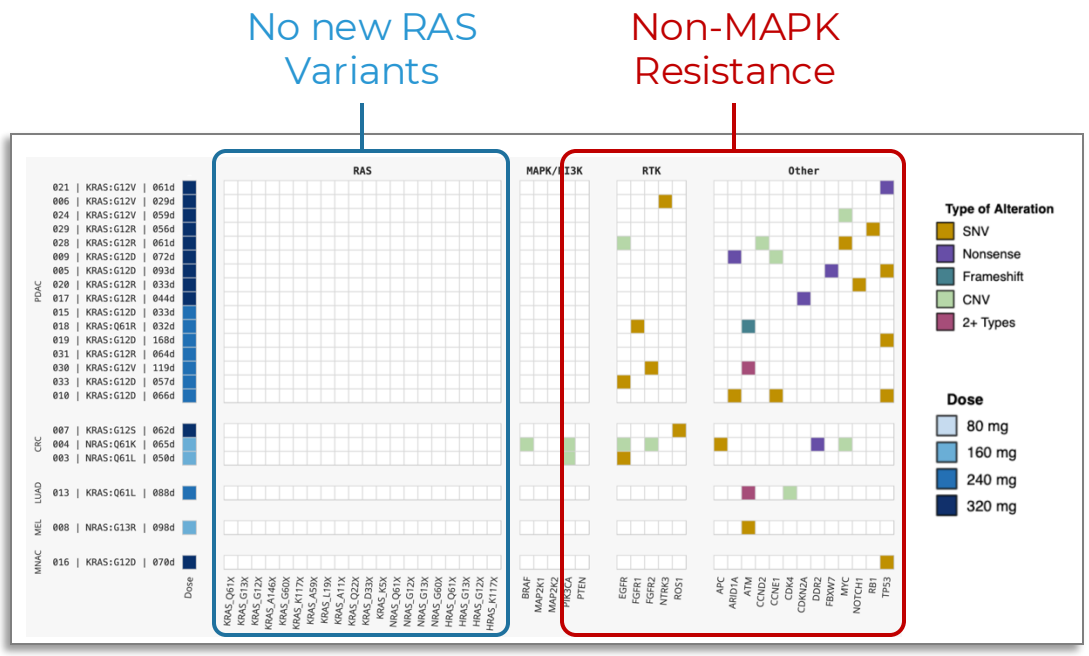
Quote Source: Yaeger and Corcoran, Cancer Discovery, 2019
Estimate for 2025 deaths https://seer.cancer.gov/statfacts/html/pancreas.html

Immuneering

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

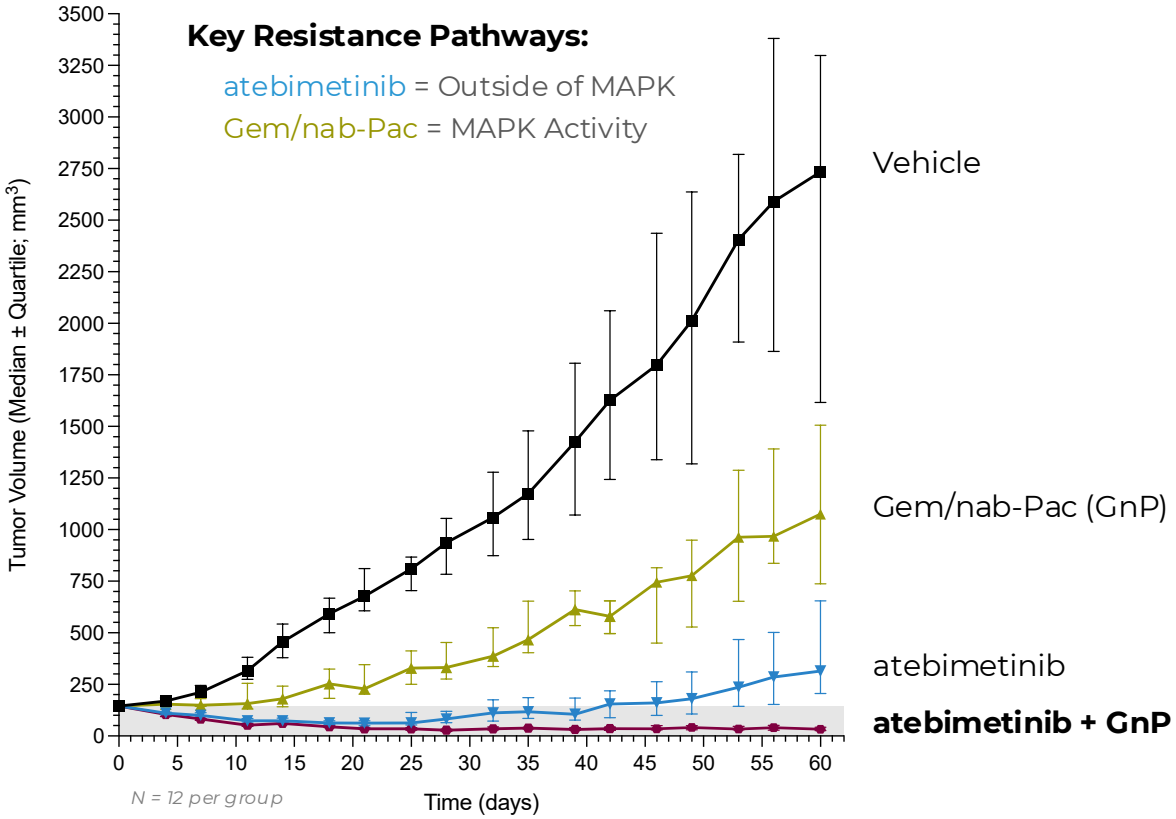
Molecular rationale for the combination

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

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

Pancreatic Cancer

<---- **Lung Cancer**

Colorectal Cancer

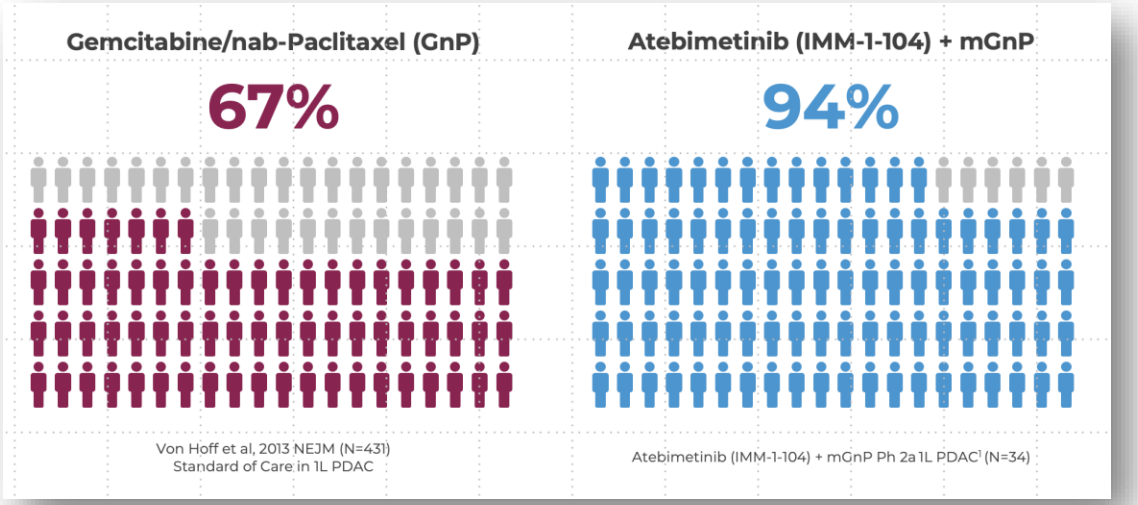
Melanoma

...and many more

Immuneering

Helping Cancer Patients Outlive Their Disease

- Atebimetinib (IMM-1-104) targets the MAPK pathway with Deep Cyclic Inhibition
- Exceptional 6-month OS of 94% and PFS of 72% observed with atebimetinib + mGnP in 1L pancreatic cancer with highly favorable tolerability profile
- Planned catalysts for atebimetinib in 1L pancreatic cancer:
  - Regulatory Feedback on Pivotal Study Plans (Q4 2025)
  - Data Update (Q4 2025)
  - Pivotal Study Start (2026)
- Many additional opportunities in a pathway that drives the majority of cancers



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