Immunic Therapeutics

Developing Selective Oral Therapies in Immunology

NASDAQ: IMUX | May 4, 2023 | Aegis Virtual Conference

Cautionary Note Regarding Forward-Looking Statements

This presentation contains “forward-looking statements” that involve substantial risks and uncertainties for purposes of the safe harbor within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. These include statements regarding management’s intentions, plans, beliefs, expectations or forecasts for the future, and, therefore, you are cautioned not to place undue reliance on them. No forward-looking statement can be guaranteed, and actual results may differ materially from those projected. Immunic undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events or otherwise, except to the extent required by law. We use words such as “anticipates,” “believes,” “plans,” “expects,” “projects,” “future,” “intends,” “may,” “will,” “should,” “could,” “estimates,” “predicts,” “potential,” “continue,” “guidance,” and similar expressions to identify these forward-looking statements that are intended to be covered by the safe-harbor provisions of the Private Securities Litigation Reform Act of 1995.

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Forward-looking statements included in this presentation are based on information available to Immunic as of the date of this presentation. Immunic does not undertake any obligation to update such forward-looking statements except as required by applicable law.

Our Mission

We are developing a pipeline of next-generation selective oral therapies focused on offering patients with chronic inflammatory and autoimmune diseases new and clinically meaningful treatment options.

Advanced Clinical Pipeline

Well-Differentiated Programs in Various Phases of Clinical Development

Program	Target	Preclinical	Phase 1	Phase 2	Phase 3	Key Milestones
Vidofludimus Calcium (IMU-838)	DHODH	Relapsing Multiple Sclerosis (RMS) – ENSURE Trials				▪ Interim analysis of CALLIPER trial in PMS planned after half of the patients completed 24 weeks of treatment, estimated for H2/2023 ▪ CALLIPER trial estimated to readout end of 2024 ▪ Interim analysis of first ENSURE trial in RMS planned after approximately half of the events occurred, estimated for late 2024 ▪ ENSURE-1 trial estimated to readout end of 2025, ENSURE-2 soon thereafter
		Progressive Multiple Sclerosis (PMS) – CALLIPER Trial				
		Ulcerative Colitis (UC) – CALDOSE-1 Trial				
IMU-856	Intestinal Barrier Function	Celiac Disease				

■ Completed or ongoing ■ In preparation or planned

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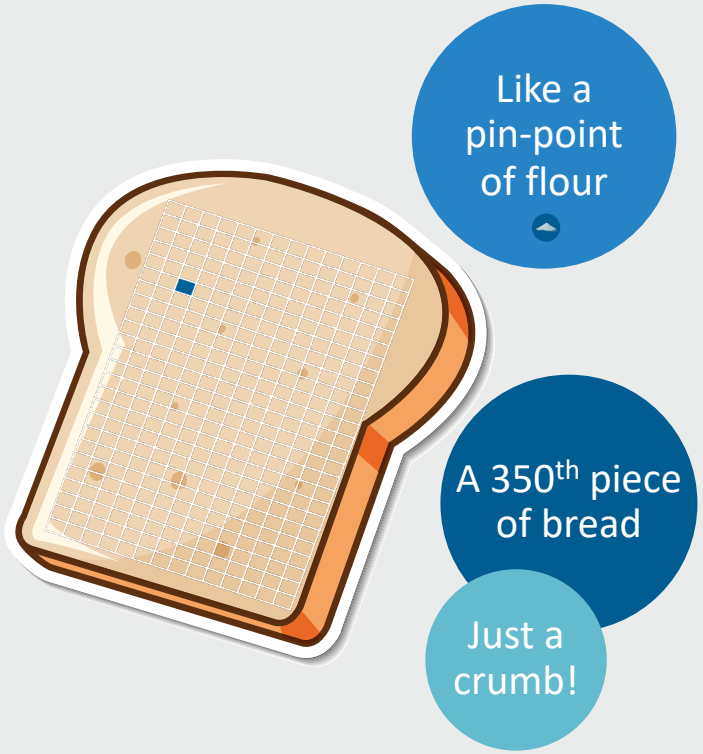
IMU-856

Restoring a Healthy Gut by Renewal of the Gut Wall

Celiac Disease Currently Has No Adequate Treatment Options

- Two million patients diagnosed with celiac disease in the US; more than one million more undiagnosed[1,2]
- Most studies report between **24% and 47%**[3-8] of patients with signs and symptoms of ongoing active celiac disease (OACD) **despite a gluten-free diet,** most likely due to continuous (inadvertent) gluten exposure
- **Only established therapeutic option is a life-long strict adherence to a gluten-free diet**[9], which involves complete avoidance of proteins from wheat, barley, and rye
- Gluten challenge is an accepted concept for clinical trials in celiac disease

10 mg of gluten is the total limit for all foods combined for the entire day.



How much is 10 mg of gluten?

[1] Singh et al., Clinical Gastroenterology and Hepatology 2018;16:823–836 [2] Choung et al., Mayo Clin Proc. 2016 Dec 5:S0025-6196(16)30634-6 [3] Lebwohl et al., Aliment Pharmacol Ther. 2014 March ; 39(5): 488–495 [4] Lanzini et al., Aliment Pharmacol Ther. 2009; 29(12):1299–308 [5] Ciacci et al., Digestion. 2002; 66(3):178–85 [6] Selby et al., Scand J Gastroenterol. 1999; 34(9):909–14 [7] Rubio-Tapia et al., Am J Gastroenterol. 2010; 105(6):1412–20 [8] Sharkey et al., Aliment Pharmacol Ther. 2013; 38(10):1278–91 [9]: https://nationalceliac.org/celiac-disease-questions/understanding-gluten-levels/ (text and picture)

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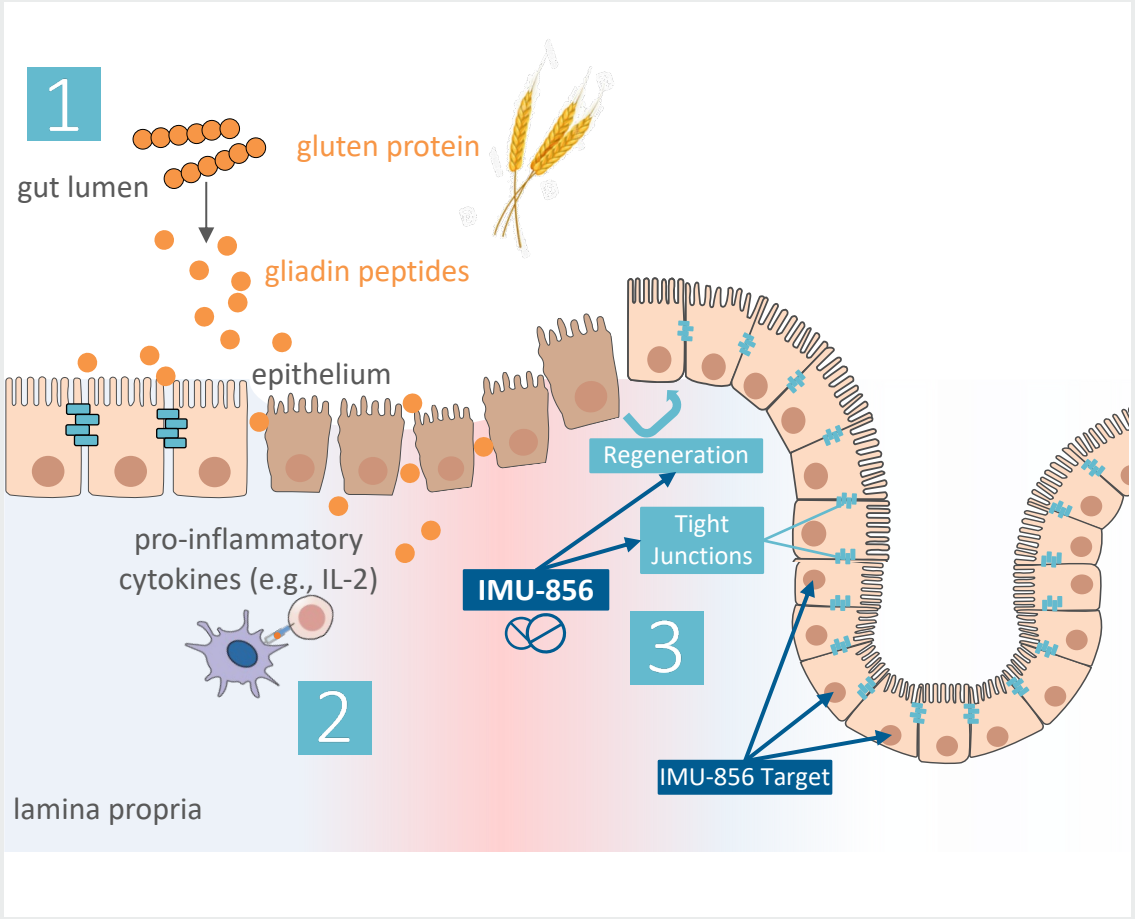
First Proof-of-Concept for Gastrointestinal Disorders in Celiac Disease

Celiac Disease is a Serious Life-Long Disease



Celiac disease is a **multifactorial, complex autoimmune disease** caused by an immune reaction against a degradation product of gluten and is strongly associated with **specific HLA class II gene variants** (HLA-DQ2 and -DQ8)[1]

1
- Gluten is degraded into **gliadin peptides** which are taken up by the bowel epithelium (trans- or paracellular)

2
- In patients with a specific HLA protein (DQ2 and DQ8) composition, deaminated gliadin (by TG2) is recognized by CD4+ T cells and can trigger an immune response which leads upon continued gliadin uptake to
  - **Increased intestinal permeability**
  - **Epithelial and mucosal damage** with negative changes of the gut architecture, including villous atrophy leading to malabsorption of nutrients

3
- Hypothesis for IMU-856's mode of action:
  - Restores villous architecture by triggering regenerative processes of the epithelial lining
  - Improves intestinal barrier function

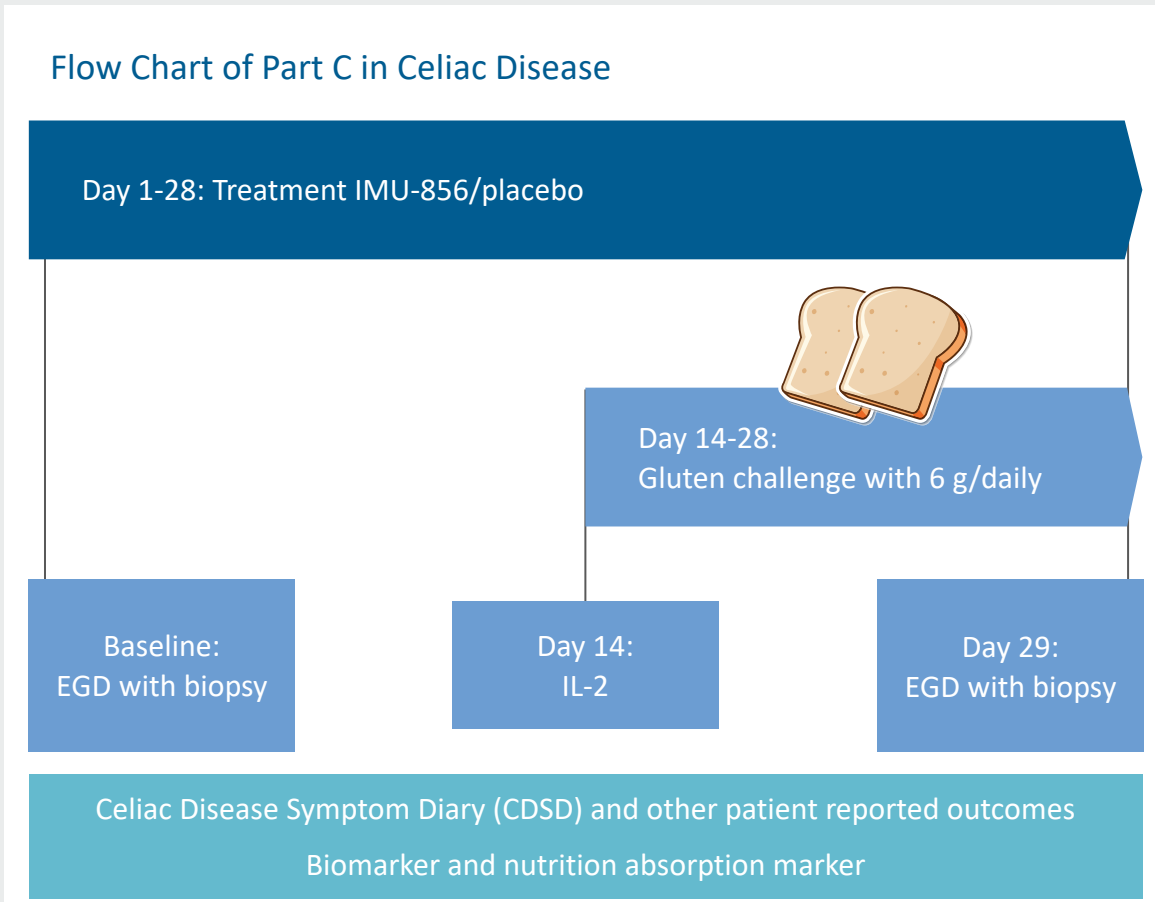
Picture: self-drawn; [1] Caio et al. BMC Medicine (2019) 17:142
HLA: human leukocyte antigen; TG2: tissue transglutaminase 2; CD: cluster of differentiation; IL: interleukin

Phase 1b Clinical Trial of IMU-856 in Celiac Disease

Designed as a Gluten Challenge Trial

Proof-of-Concept Study

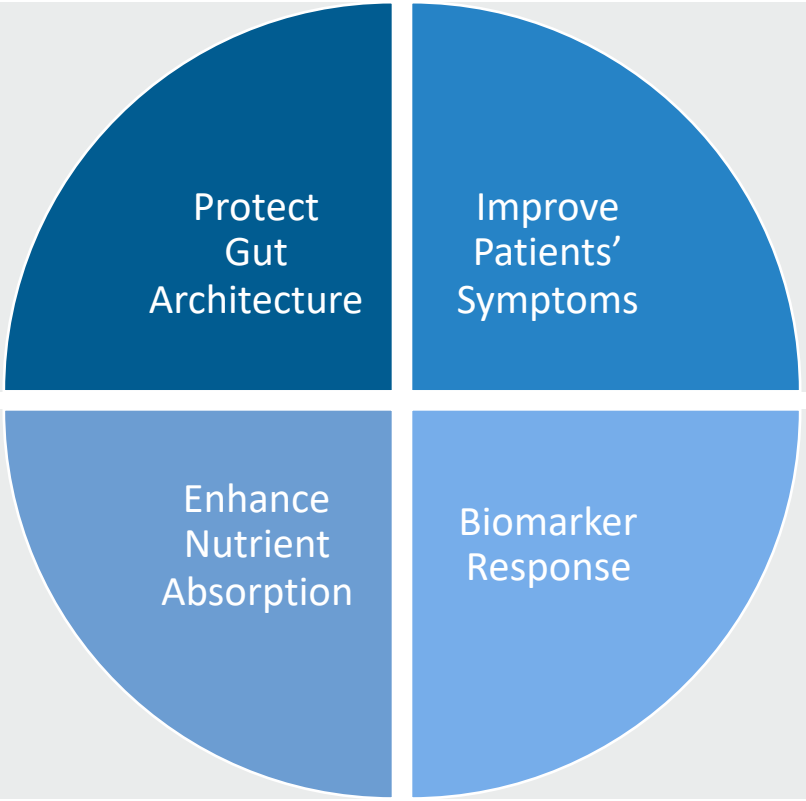
- Part C planned to include a well-controlled celiac disease patient population
- Dosing: 80 and 160 mg QD of IMU-856
- 43 patients enrolled
- Performed at sites in Australia and New Zealand
- Designed to assess safety, tolerability and pharmacokinetics of IMU-856
- Measured histologic changes, blood biomarkers, nutrient uptake and disease-related symptoms



EGD: esophagogastroduodenoscopy; IL: interleukin

IMU-856 Shows Positive Effects in Main Four Dimensions of Clinical Outcome in Celiac Disease Patients

IMU-856 effectively reduces gluten-induced intestinal damage, as measured by villous height



IMU-856 reduces/reverses gluten-induced symptoms reported by patients

IMU-856 restores villi absorptive function resulting in improved uptake of nutrients such as vitamin B12

IMU-856 dampens gluten-induced immune activation, as measured by IL-2, and shows positive impact on citrulline

All these effects achieved without any known suppression of the immune system

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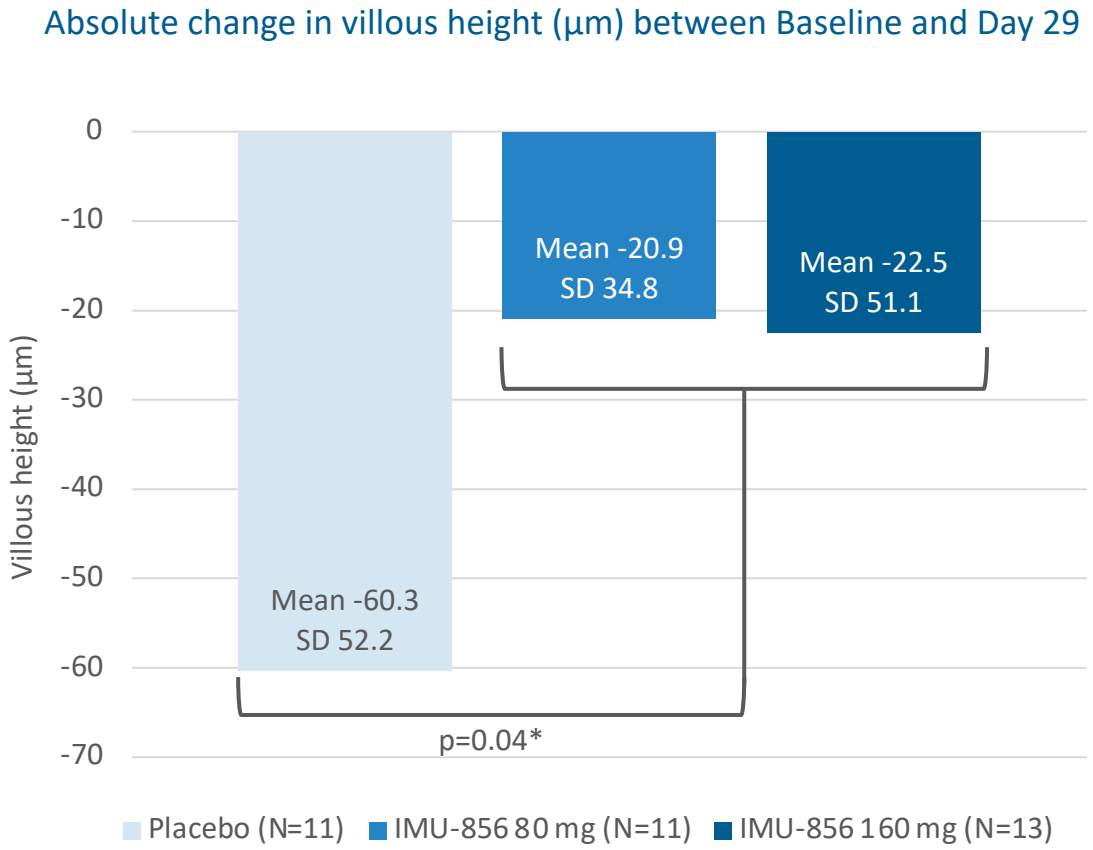
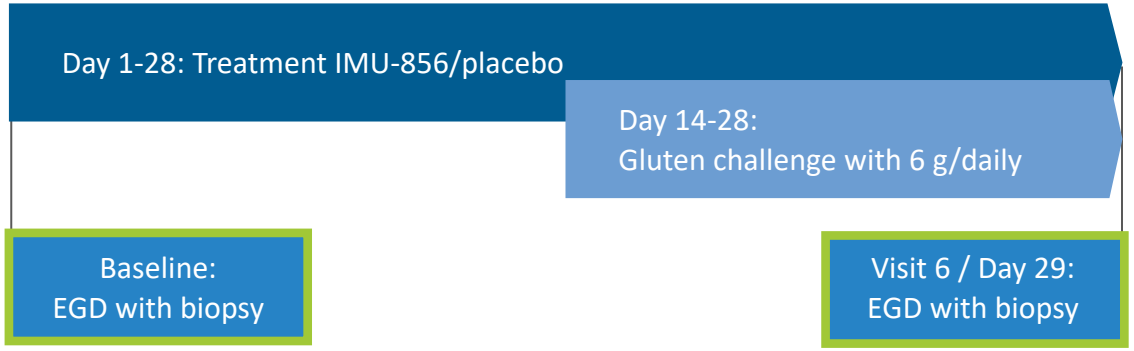
IMU-856 Protects Villous Height as Compared to Placebo





- Substantial protection for IMU-856 treatment groups as compared to placebo
- Reached statistical significance* for this objective readout which is known to be relevant to influence future medical complications of celiac disease
- Assessed by central pathology laboratory and blinded pathology reader

* Wilcoxon Two-Sample Test comparison between pooled IMU-856 groups and placebo, performed as post-hoc exploratory statistical analysis
Disease Analysis Set: N=35/43 included in histology analysis set. 8 patients not included in this analysis due to early termination. Gluten Challenge for 15 days with 6 g daily. Central pathology laboratory: Jilab Inc. Tampere, Finland
EGD: esophagogastroduodenoscopy; SD: standard deviation

IMU-856 Could Become a Game Changer for the Treatment of Gastrointestinal Disorders

- IMU-856 is poised to be a **potential paradigm shift** in how to treat gastrointestinal diseases.
- Dozens of endpoints were investigated in this small exploratory trial and all demonstrated that **IMU-856 has a beneficial effect** in the treated celiac disease patients.
- IMU-856 was shown to be **safe and well-tolerated** in this trial.
- Immunic is **preparing clinical phase 2b testing** of IMU-856 in ongoing active celiac disease.
- IMU-856 has the potential for broad development where renewal of the gut wall is important; **multiple indications** are under evaluation.

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Vidofludimus Calcium in Multiple Sclerosis (MS)

Targeted to Elevate the Standard of Care With a Holistic Solution for the Full Spectrum of MS Patients

Vidofludimus Calcium Aimed to Go Above and Beyond Current Care to Comprehensively Address Patients' Needs

Targeted to Elevate the Standard of Care With a Holistic Solution for MS Patients

Uniquely matched to the multi-faceted neurodegeneration of smoldering and active MS

- Anti-viral effects
- Anti-inflammatory effects
- Neuroprotective effects

Seeks to provide unrivaled safety, tolerability & convenience

- Targeted to set the new standard for patient preference, exceeding all options including glatiramer acetate

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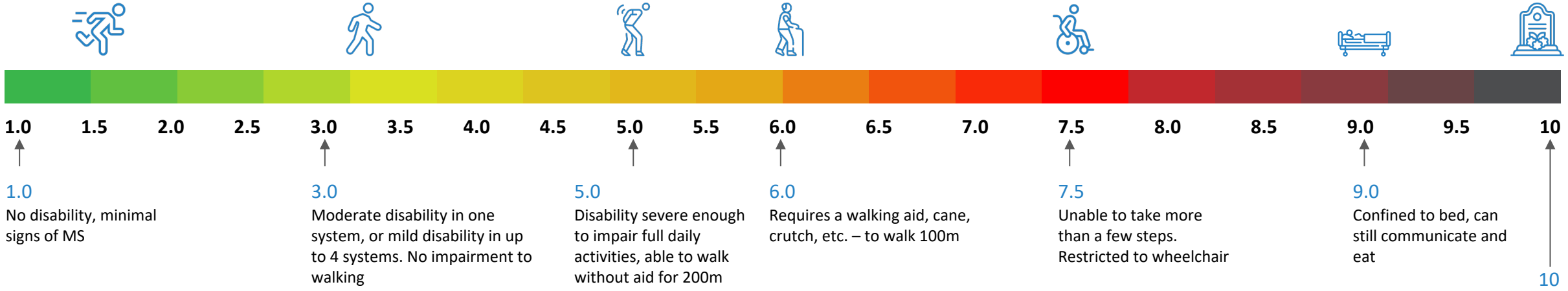
MS is a Lifelong Neurodegenerative Disease

Lifelong Disease Requiring Decades of Therapy

- ~2.8 million people affected worldwide (~1M in US)[1]
- Often diagnosed in younger adults (3:1 women:men)
- Epidemiologic study showed a clear association between EBV infection and occurrence of MS; 32-fold increased risk in EBV-infected patients[2]

Therapeutic Goal: Preventing Disability Worsening

- Key unmet need prevention or slowing of long-term disability worsening
- Historical focus has been on prevention of relapses via broad immunosuppression



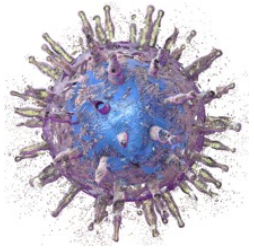
[1] MS International Federation (2020): Atlas of MS, https://www.atlasofms.org/map/global/epidemiology/number-of-people-with-ms; Illustration adapted from: VOX, https://futurism.com/reversal-of-multiple-sclerosis-via-risky-stem-cell-treatment-confirmed, and Multiple Sclerosis Trust, https://www.mstrust.org.uk/; [2] Bjornevik K. et al., Science. 10.1126/science.abj8222; PML: progressive multifocal leukoencephalopathy; M: million; Source: mistrust.org.uk

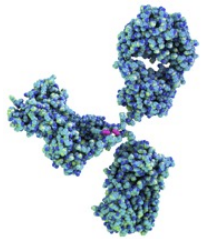
Vidofludimus Calcium Addresses Smoldering Neurodegeneration

Dual Mode of Action on Confirmed Disability Worsening (CDW) and Beyond

DHODH

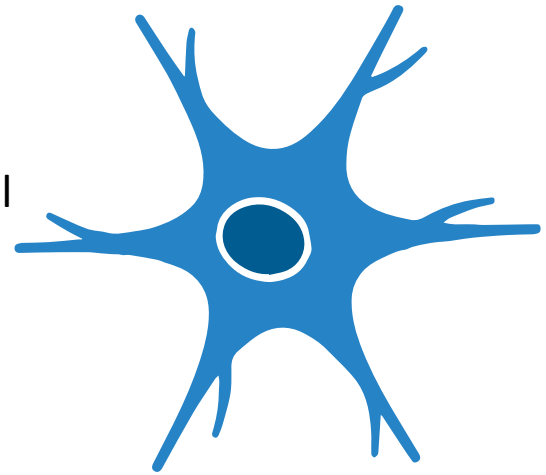
- Antiviral effect prevents reactivation of EBV and could stop cross reactive antibody generation/evolution
- Selective anti-inflammatory effect reduces focal inflammation





Second Target X

- Protecting Neurons from cell death
- Continuous effect independent from focal inflammation



DHODH: dihydroorotate dehydrogenase; EBV: Epstein-Barr virus

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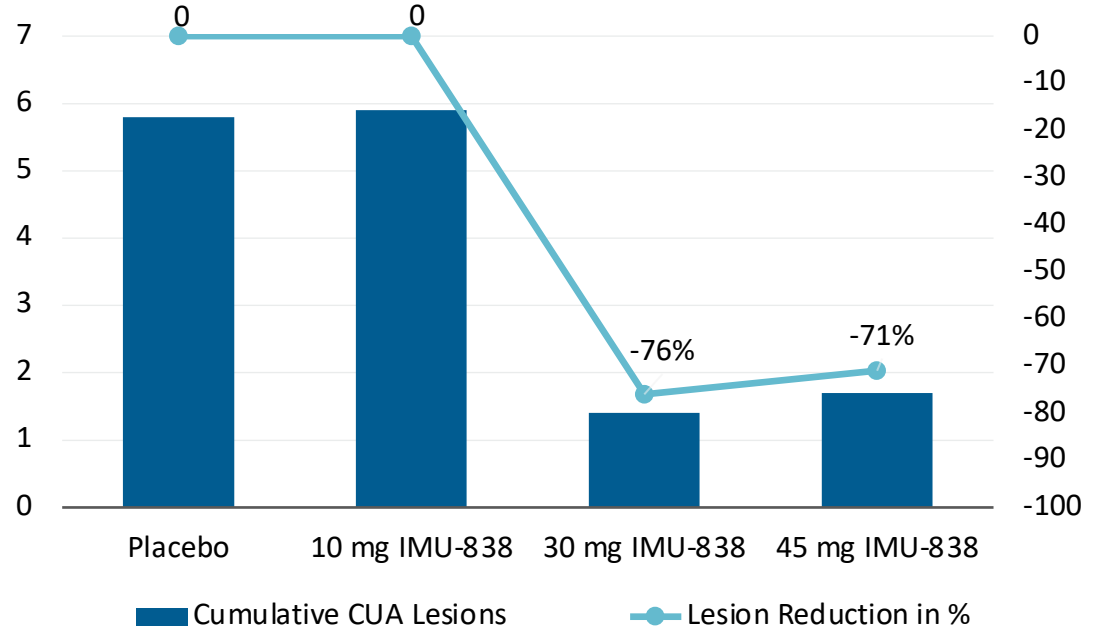
EMPhASIS Trial: Strong Reduction of MRI Lesion Activity

Primary Endpoint Hit With High Statistical Significance, Pooled Cohorts 1 & 2

Vidofludimus Calcium Showed Strong Activity on Primary Study Endpoint in Phase 2 EMPhASIS Trial

- Double-blind, placebo-controlled, randomized, parallel-group phase 2 trial in RRMS
- Blinded main treatment period of 24 weeks
- Randomized 268 patients in 36 centers across four European countries
- Cohort 1: 30 and 45 mg or placebo
- Cohort 2: 10 mg or placebo
- Extended treatment period of up to 9.5 years to observe long-term safety is ongoing

Study endpoint:
Reduction in cumulative CUA lesions up to week 24



Primary and key secondary endpoints met with high statistical significance (primary: p = 0.0002 / key secondary: p < 0.0001)

As Cohort 2 only allowed MRI machines of 1.5T, pooled data of Cohorts 1 & 2 only include patients that were evaluated at MRI field strength of 1.5 Tesla. Modified full analysis set C1/C2 (N10 = 47, N30 = 65, N45 = 66, NPBO C1 = 59, NPBO C2 = 12)
Data displayed are as adjusted mean values. Estimates are adjusted for baseline volume of T2 lesions and baseline number of Gd+ lesions (0, >=1) using a generalized linear model with a negative binomial distribution and a logarithmic link function. Log transformation of time from first investigational medicinal product (IMP) dose to date of last MRI assessment with non-missing values is used as offset term. RRMS: relapsing-remitting multiple sclerosis; MRI: magnetic resonance imaging; CUA: cumulative unique active, Gd+: gadolinium-enhancing

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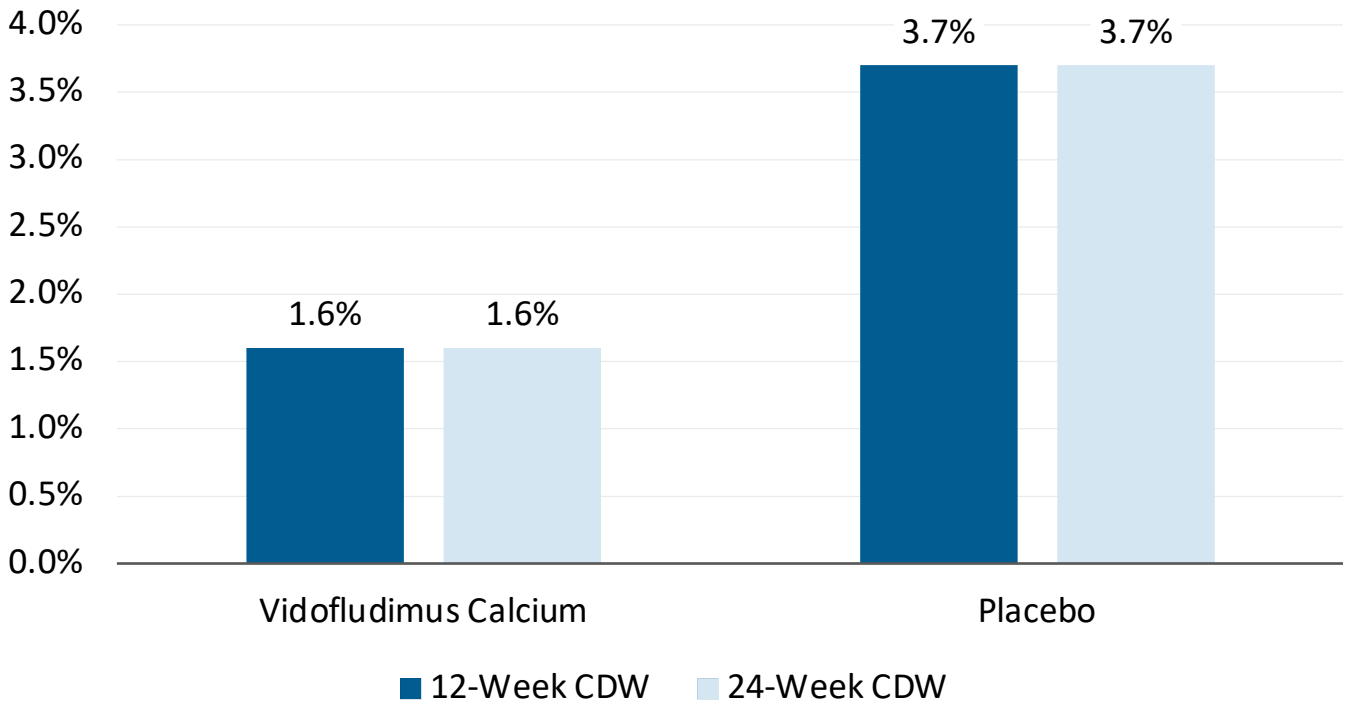
EMPhASIS Trial: Confirmed Disability Worsening Events

End of 24-Week Blinded Treatment Period

CDW Events at the End of the 24-Week Blinded Treatment Period



CDW: confirmed disability worsening; EDSS: Expanded Disability Status Scale
Only disability worsenings with a trigger point during the 24-wek blinded treatment period are considered. The EDSS increases during the blinded treatment phase were subsequently confirmed during open-label extension phase of the trial. Patients at risk in this analysis are 187 for vidofludimus calcium (pooling 10, 30 and 45 mg data) and 81 for placebo. The trigger event is an EDSS progression defined as an increase in the EDSS compared to Baseline of at least 1.5 points if Baseline EDSS = 0, of at least 1.0 points if Baseline EDSS of 1-5, or of at least 0.5 points if Baseline EDSS ≥ 5.5
12-week CDW: The confirmation event is at least 77 days after the trigger event. At the confirmation event and each assessment between trigger and possible confirmation event, EDSS must be at least as high as at the trigger event.
24-week CDW is are defined analogously, the only difference being the time interval between trigger event and confirmation visit, which is at least 161 days.
Full analysis set pooled cohorts 1&2 (N10 = 47, N30 = 71, N45 = 69, NPBO C1 = 69, NPBO C2 = 12)

Data confirm a signal in preventing 12-week and 24-week confirmed disability worsening events as compared to placebo. Confirmatory data will be obtained in the phase 3 ENSURE clinical program.

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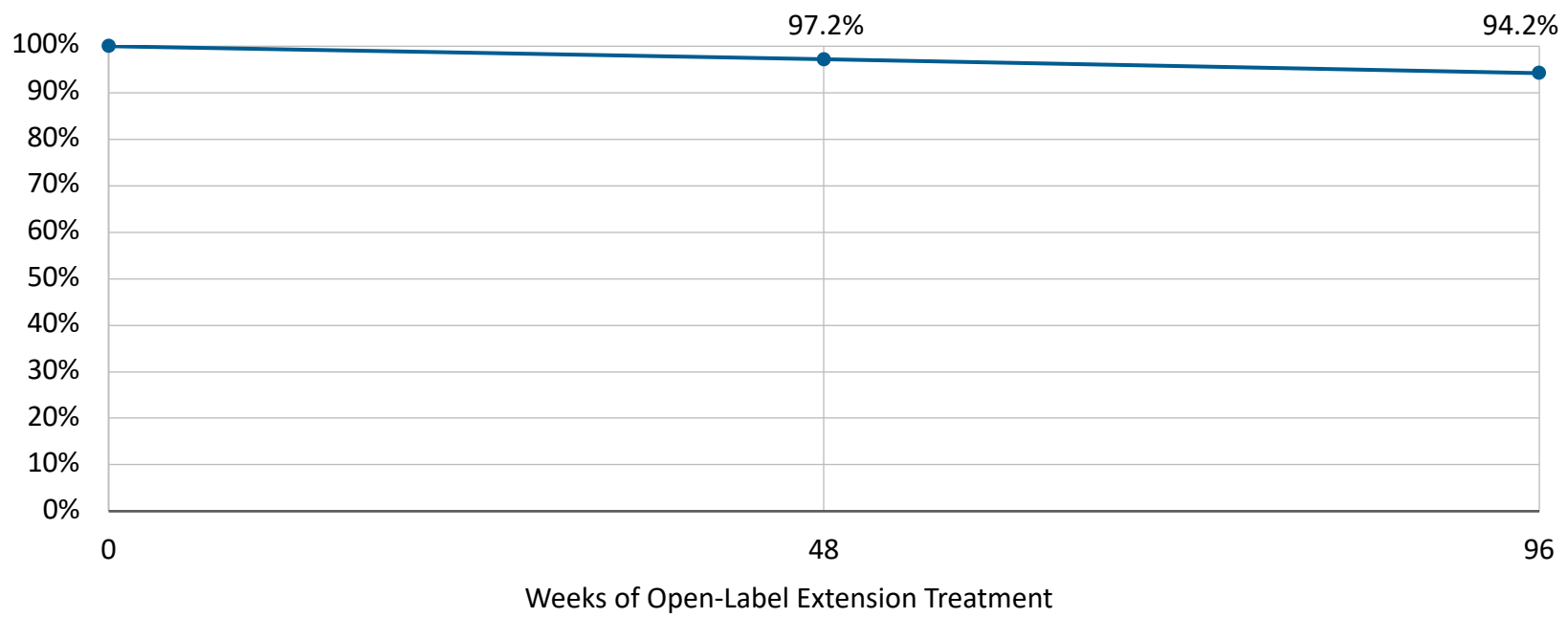
EMPhASIS Trial: Interim Analysis Regarding 12-Week CDW Events

Patients Free of 12-Week CDW After 1 and 2 Years of OLE Vidofludimus Calcium Treatment



Data confirm that only a few patients on continuous treatment with vidofludimus calcium develop 12-week confirmed CDW events over a 2-year time frame.

CDW: confirmed disability worsening; EDSS: Expanded Disability Status Scale; Only disability worsenings compared to start of extended treatment are considered. Patients at risk in this analysis are 223 at 48 weeks and 158 for 96 weeks. This includes all patients randomized to either placebo or any dose of vidofludimus calcium. After 24 week of blinded treatment, all patients continued with open-label treatment with either 30 mg or 45 mg vidofludimus calcium. Survival rates and times estimated by the Kaplan-Meier method. 95% CI for rates based on Greenwood's formula.; The trigger event is an EDSS progression defined as an increase in the EDSS compared to Baseline of at least 1.5 points if Baseline EDSS = 0, of at least 1.0 points if Baseline EDSS of 1-5, or of at least 0.5 points if Baseline EDSS ≥ 5.5
12-week CDW: The confirmation event is at least 77 days after the trigger event. At the confirmation event and each assessment between trigger and possible confirmation event, EDSS must be at least as high as at the trigger event.

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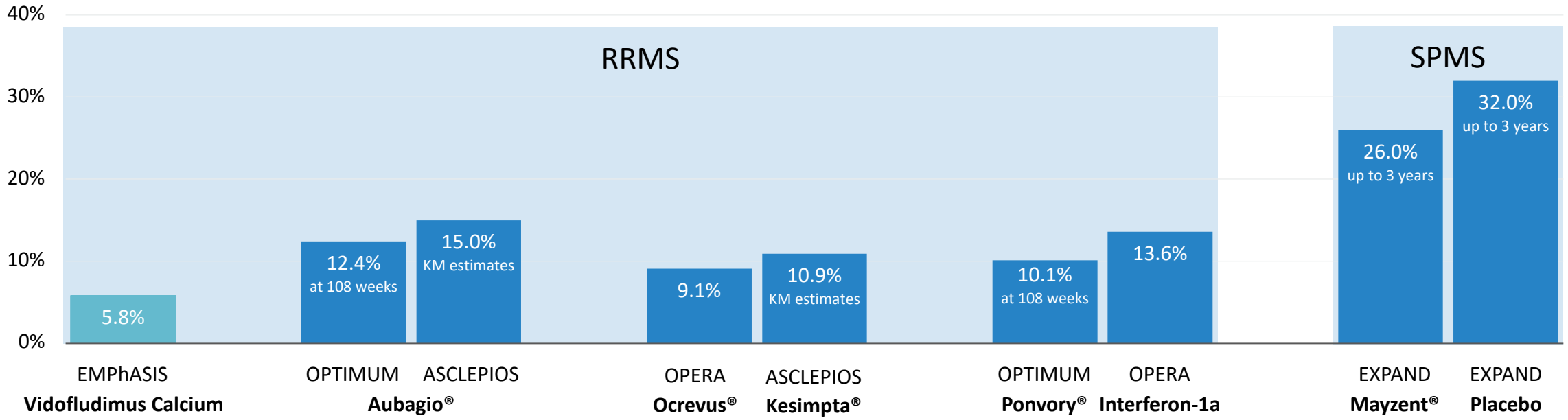
12-Week Confirmed Disease Worsening after 2 Years (96 Weeks)

EMPhASIS Data from OLE Interim Analysis 2022 Compared to Select Historical Trials

Patients With 12-Week/3-Months Confirmed Disability Worsening (% of Patients at Risk)



The trigger event is any EDSS progression during the open-label extension (OLE) period defined as an increase in the EDSS compared to start of the OLE period (Baseline) of at least 1.5 points if Baseline EDSS = 0, of at least 1.0 points if Baseline EDSS of 1-5, or of at least 0.5 points if Baseline EDSS ≥ 5.5. Patients with RRMS at risk in this EMPhASIS analysis are 158 at 96 weeks. Data cut-off was Oct 16, 2022. This includes all patients randomized to either placebo or any dose of vidofludimus calcium during the 24-week blinded treatment period and then continued with open-label treatment with either 30 mg or 45 mg vidofludimus calcium. Survival rates and times estimated by the Kaplan-Meier method. 95% CI for rates based on Greenwood's formula.; 12-week CDW: The confirmation event is at least 77 days after the trigger event. At the confirmation event and each assessment between trigger and possible confirmation event, EDSS must be at least as high as at the trigger event.; 24-week CDW is are defined analogously, the only difference being the time interval between trigger event and confirmation visit, which is at least 161 days.; KM: graphical estimates from published Kaplan-Meier curves; EDSS: Expanded Disability Status Scale; RRMS: relapsing-remitting multiple sclerosis; SPMS: secondary progressive multiple sclerosis. All trials performed in relapsing-remitting Multiple Sclerosis. Except EXPAND trial was performed in patients with active and non-active secondary progressive MS (SPMS).; Vidofludimus Calcium: Immunic data; OPTIMUM: Kappos et al. 2021; ASCLEPIOS: Hauser et al. 2020; EXPAND: Kappos et al. 2018; ULTIMATE: Steinman et al. 2022; OPERA: Hauser et al. 2017

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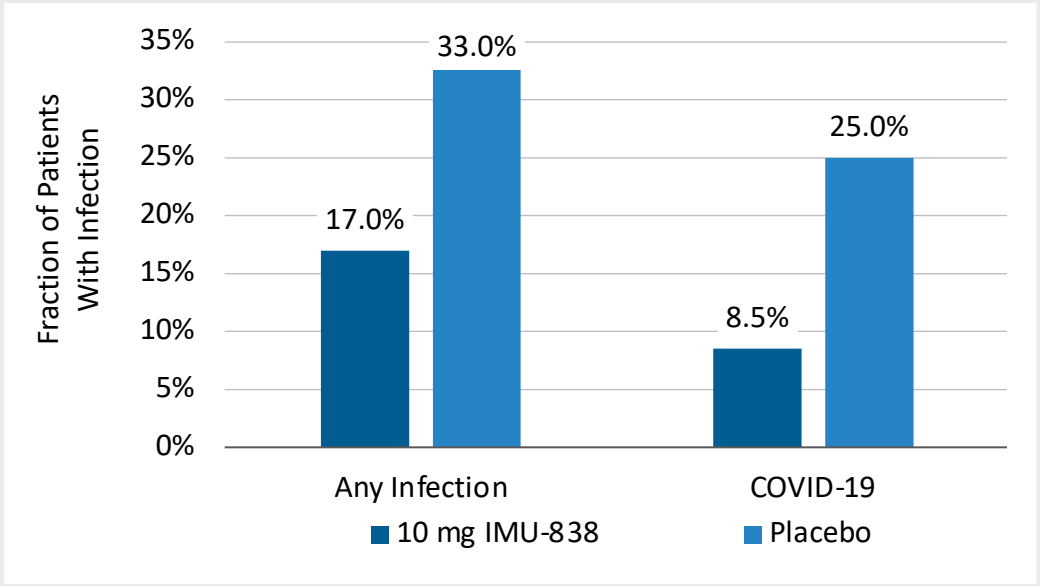
Vidofludimus Calcium Showed Interesting Hints for Clinical Anti-SARS-CoV-2 Activity and Maintaining Humoral Response

Treatment Corresponds with Decreased Number of Opportunistic SARS-CoV-2 Infections



Phase 2 EMPhASIS Trial in RRMS

Number of reported COVID-19 cases in Cohort 2

Treatment Does Not Interfere With Antibody Development During SARS-CoV-2 Infection

	Day 6		Day 14		Day 28	
	IgA	IgG	IgA	IgG	IgA	IgG
Placebo	84%	88%	94%	94%	97%	99%
Vidofludimus Calcium	86%	93%	97%	97%	95%	100%

Phase 2 CALVID-1 Trial in COVID-19

Proportion of patients with anti-SARS-CoV-2 IgA or IgG antibodies

COVID-19: coronavirus disease 2019; SARS-CoV-2: severe acute respiratory syndrome coronavirus; RRMS: relapsing-remitting multiple sclerosis; QD: quaque die = once-daily; IgA: immunoglobulin A; IgG: immunoglobulin G

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Unrivaled Safety and Tolerability Profile Observed in Multiple Clinical Trials

- Safety profile similar to placebo: no general safety signals observed in clinical trials so far
- No increased rates of diarrhea, neutropenia, or alopecia
- No increased rates of infections and infestations or hematology values
- Drug exposure tested in more than 1,400 human subjects and patients, to date
- Low rates of adverse events
- No signals for hepatotoxicity or elevations of liver enzymes and no Hy's law cases observed

EMPhASIS Trial: No Signal for an Increase of Infections and Infestations

TEAE of SOC: Infections and Infestations	30 mg IMU-838	45 mg IMU-838	Placebo
Patients with TEAE	18.3%	23.2%	23.2%

EMPhASIS Trial: Absence of Hepatotoxicity Signals

Liver Enzyme Elevations	IMU-838 (30 mg and 45 mg pooled)	Placebo
Number of Patients	140	69
ALT or AST >5xULN	2.9% (4)	2.9% (2)
ALT or AST >10xULN	0.7% (1)	1.4% (1)
ALT or AST >15xULN	0.0% (0)	0.0% (0)

TEAE: treatment-emergent adverse events; SOC: system organ class

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Vidofludimus Calcium's Safety Profile to Date is Unique

	Vidofludimus Calcium [1]	Aubagio® [2]	Ocrevus® [3]	Tecfidera® [4]	Mavenclad® [5]	Gilenya® [6]	Mayzent® [7]	Zeposia® [8]
PML risk	●	●	●	●	●	●	●	●
Increased number of infections	●	●	●	●	●	●	●	●
Vaccination limitations	●	●	●	●	●	●	●	●
Gastrointestinal toxicities, incl. diarrhea	●	●	●	●	●	●	●	●
Cardiovascular risks, incl. blood pressure	●	●	●	●	●	●	●	●
Lymphopenia	●	●	●	●	●	●	●	●
Neutropenia	●	●	●	●	●	●	●	●
Risk of liver injury	●	!	●	●	●	●	●	●
Rebound effect	○	●	●	●	●	●	●	●
Increased risk of cancer	●	●	●	●	!	●	●	●
Macular edema	●	●	●	●	●	●	●	●

● Favorable Profile ● Clinical Concern / Risk ● Substantial Risk ! Black Box Warning ○ No data available

This classification is based on Immunic's assumptions according to clinical trial results regarding likelihood and severity of risk as well as FDA labels of the drugs displayed: [1] https://imux.com/immunic-inc-publishes-full-unblinded-clinical-data-from-phase-2-emphasis-trial-of-imu-838-in-patients-with-relapsing-remitting-multiple-sclerosis-and-announces-poster-presentation-at-the-msvirtual20/ [2] O'Connor et al., 2011 NEJM [3] oiajfoij. Hauser et al. 2017., NEJM, Montalban et al. 2017, NEJM [4] Gold et al., 2012 NEJM, Fox et al., 2012 NEJM [5] Giovannoni et al., 2010 NEJM [6] Kappos et al., 2010 NEJM, Cohen et al., 2010 NEJM [7] Kappos et al 2018 Lancet [8] Comi et al., 2020 Lancet, Cohen et al., 2020 Lancet

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Straightforward Approval Strategy in Multiple Sclerosis

Enables Clear Demonstration of Effect on Smoldering MS

Phase 3 ENSURE Program in RMS[1]

- Two identical pivotal trials in RMS patients
- Goal: Low risk clinical program for regulatory approval of vidofludimus calcium
- Dosage: 30 mg vidofludimus calcium QD

Phase 2 CALLIPER Trial in PMS[2]

- Phase 2 trial in PMS patients
- Goal: Demonstrate vidofludimus calcium's potential for neuroprotective activity in a non-relapse setting
- Dosage: 45 mg vidofludimus calcium QD

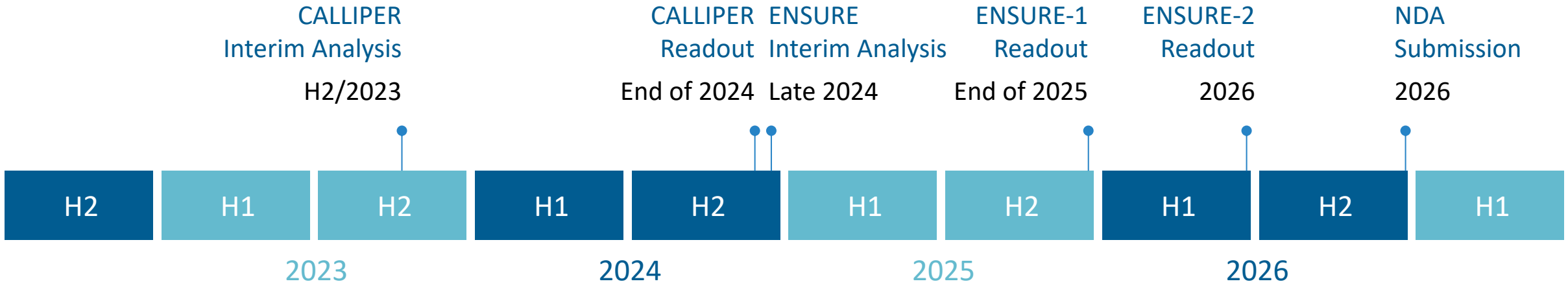
Intended to Provide a Straightforward Path Towards Potential Regulatory Approval:

- Immunic believes that the phase 3 ENSURE program provides a straight-forward path towards regulatory approval of vidofludimus calcium in RMS.
- CALLIPER is designed to corroborate vidofludimus calcium's neuroprotective potential to support the drug's unique profile.

[1] ClinicalTrials.gov: NCT05134441 & NCT05201638; [2] ClinicalTrials.gov: NCT05054140
RMS: relapsing multiple sclerosis; PMS: progressive multiple sclerosis; QD: quaque die = once-daily

Immunic THERAPEUTICS

Straightforward Path Towards Potential Approval



RMS ENSURE-1 – Phase 3

RMS ENSURE-2 – Phase 3

PMS CALLIPER – Phase 2

PMS Phase 3

Although we currently believe that each of these goals is achievable, they are each dependent on numerous factors, most of which are not under our direct control and can be difficult to predict. We plan to periodically review this assessment and provide updates of material changes as appropriate.

Immunic THERAPEUTICS

Vidofludimus Calcium Targeted to Elevate the Standard of Care With a Holistic Solution for the Full Spectrum of MS Patients

Phase 3 program of vidofludimus calcium in RMS ongoing based on **excellent clinical data** package

- Strong effect on all relevant endpoints in 268 RRMS patients, including anti-inflammatory and neuroprotective effects
- Unrivaled safety, to date, with over 1,400 individuals treated

New third-party data clearly highlights the unmet need of **preventing disability progression**, with relapse-independent disease progression being dominant even in early RRMS

- The understanding of MS has evolved, with evidence showing a smoldering disease that is connected to Epstein-Barr virus and subsequent inflammation & neurodegeneration

Vidofludimus calcium selectively manages all three components needed to **quell smoldering MS**

- Anti-viral effects
- Anti-inflammatory effects
- Neuroprotective effects

Large market opportunity exists for a therapy that can holistically and sustainably address patients' needs

- Even current market leaders only optimize for one feature
- Current treatment options have serious tolerability downsides

RMS: relapsing multiple sclerosis; RRMS: relapsing-remitting multiple sclerosis

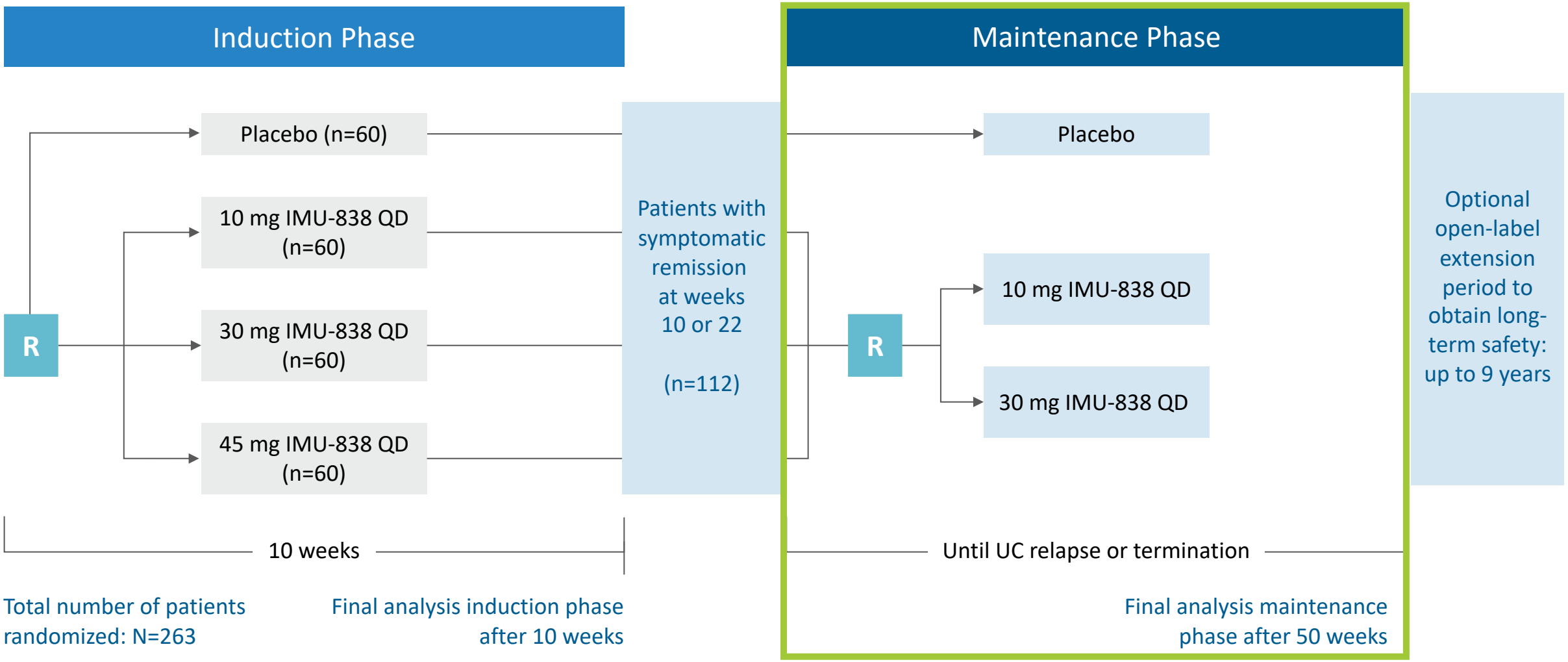
Immunic THERAPEUTICS

Vidofludimus Calcium in Ulcerative Colitis (UC)

CALDOSE-1: Final Week 50 Maintenance Phase Data

CALDOSE-1: Phase 2 Trial Design in UC

NCT03341962



Total number of patients randomized: N=263

Final analysis induction phase after 10 weeks

Final analysis maintenance phase after 50 weeks

R: randomization; QD: quaque die = once-daily

Immunic THERAPEUTICS

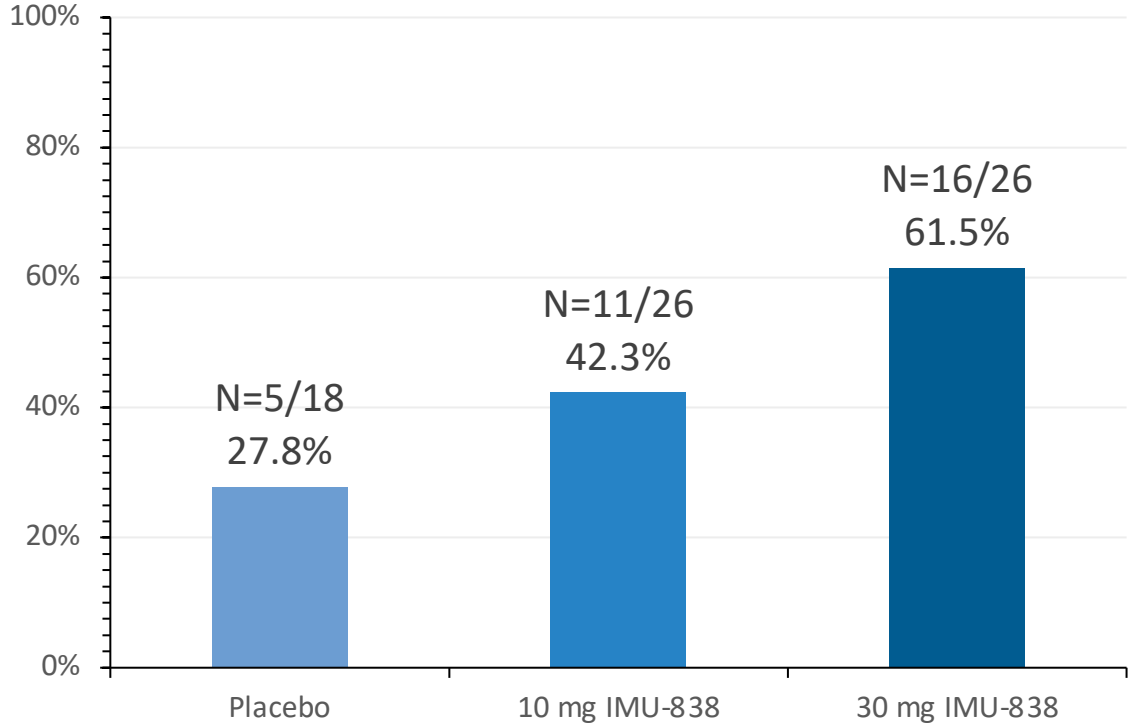
Dose-Linear Increase in Clinical Remission at Week 50 For Vidofludimus Calcium as Compared to Placebo

Clinical Remission at Week 50

Full Analysis Set$_{MP}$ (N_{PBO} = 27, N_{10} = 45, N_{30} = 40)

Data Set: (n-evaluable/n-total of group)	Placebo (N=18/21)	10 mg IMU-838 (N=26/35)	30 mg IMU-838 (N=26/29)
Number of patients with clinical remission	5	11	16
Clinical remission rate	**27.8%**	**42.3%**	**61.5%**

Clinical Remission at Week 50

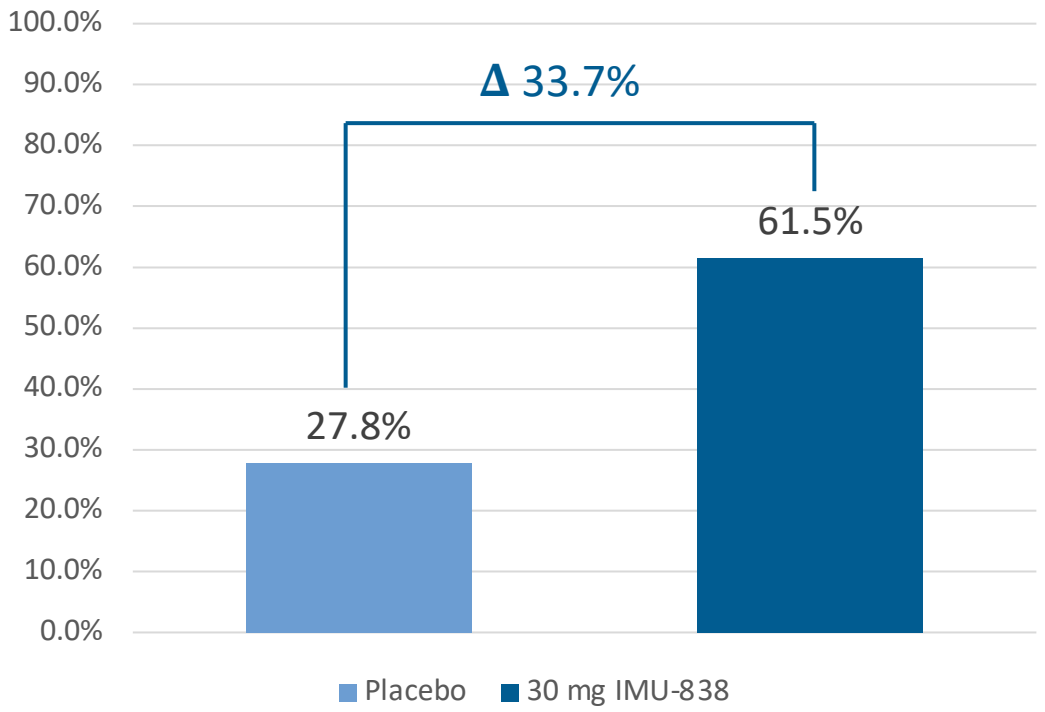


Clinical remission: composite of patient-reported symptomatic remission (stool frequency Mayo subscore of 0 or 1, rectal bleeding Mayo score of 0) and modified Mayo endoscopy subscore of 0 or 1; PBO: placebo
Full Analysis Set MP: all patients randomized into maintenance phase.

Exploratory Statistical Analysis of Clinical Remission

Statistically Significant Difference in Favor of 30 mg Vidofludimus Calcium Versus Placebo

Clinical Remission at Week 50



30 mg of vidofludimus calcium found to be statistically superior to achieve clinical remission during maintenance treatment at week 50 as compared to placebo

Planned treatment	Clinical remission at week 50	Number of patients (N)	Proportion of patients (%)	Statistical output (t-test)
30 mg IMU-838	Yes	16	61.5%	p-value (two-sided) **p=0.0358** odds ratio (30 mg IMU-838 / placebo) 4.1600
	No	10	38.5%	
Placebo	Yes	5	27.8%	
	No	13	72.8%	

Clinical remission: composite of patient-reported symptomatic remission (stool frequency Mayo subscore of 0 or 1, rectal bleeding Mayo score of 0) and modified Mayo endoscopy subscore of 0 or 1
Full Analysis Set of Maintenance Phase (N10 = 45, N30 = 40, NPBO = 27), Post-Hoc Unplanned Analysis: Two-sided Pearson's chi-square test (significance level alpha=0.05) for achieving clinical remission at week 50 between 30 mg IMU-838 and placebo

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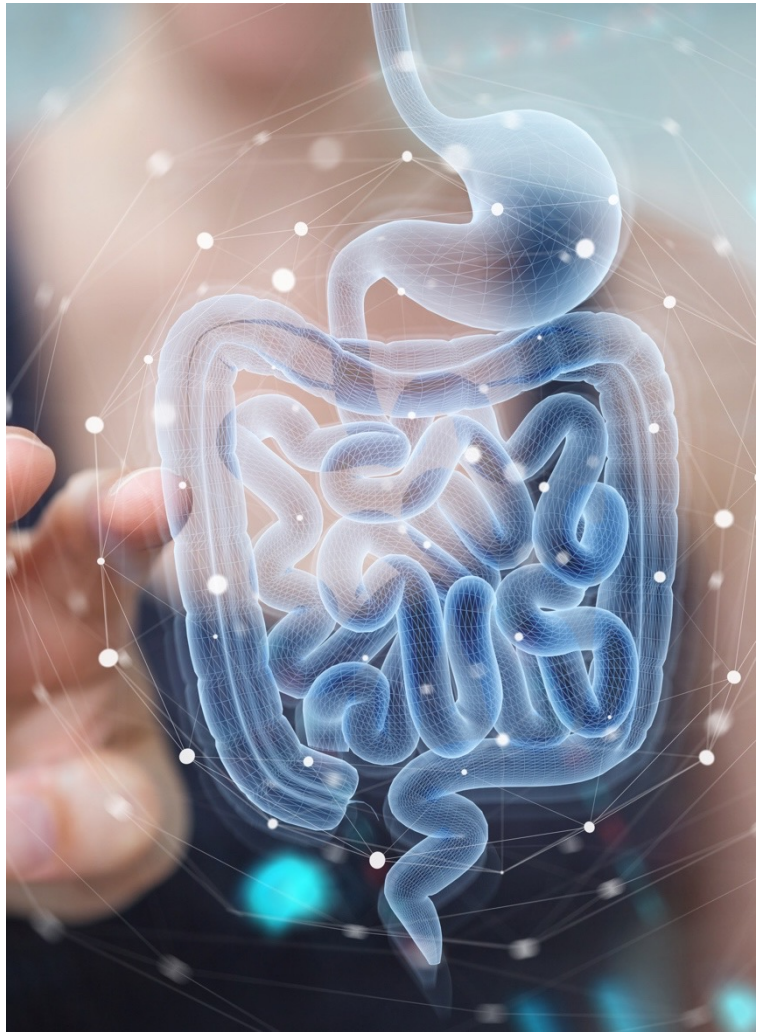
Summary Safety Results



- Administration of vidofludimus calcium during maintenance phase found to be safe and well-tolerated
- Incidence of TEAEs for vidofludimus calcium comparable to placebo
- Very few serious TEAEs observed
- As compared to placebo, the incidence in the vidofludimus calcium treatment groups showed:
  - No increased rate of liver events or liver enzyme elevations
  - No increased rate of renal events or adverse events of special interest
- Overall, the safety and tolerability profile of vidofludimus calcium in UC patients is comparable to placebo and in line with prior data sets in other patient populations

TEAE: treatment-emergent adverse event

Immunic Therapeutics

Summary

Summary: Advanced Pipeline of Next-Generation Oral Therapies

Advanced clinical pipeline:

well-differentiated investigational medicines in various phases of clinical development

RMS phase 3 program of vidofludimus calcium ongoing

intended to provide a straightforward path towards regulatory approval

PMS phase 2 trial of vidofludimus calcium ongoing

designed to corroborate vidofludimus calcium's neuroprotective potential

Vidofludimus calcium active in UC:

maintenance therapy in moderate-to-severe UC patients showed significant benefit in clinical remission

IMU-856 for intestinal barrier function:

demonstrated clinical proof-of-concept in phase 1b trial in celiac disease; in preparations for phase 2 testing

Cash runway into Q4/2024

Cash position: USD 116.4 million (as of Dec 31, 2022)

Shares outstanding: 44,403,838 (as of Feb 17, 2023)

Thank You!

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