Immunic THERAPEUTICS

Immunic Therapeutics

Developing Selective Oral Drugs in Immunology

NASDAQ: IMUX

Stifel 2019 Healthcare Conference, November 19th 2019

Cautionary Note Regarding Forward-Looking Statements

- Certain statements contained in this presentation regarding matters that are not historical facts are forward-looking statements within the meaning of Section 21E of the Securities and Exchange Act of 1934, as amended, and the Private Securities Litigation Reform Act of 1995, known as the PSLRA. 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 PSLRA.

- Such forward-looking statements are based on our expectations and involve risks and uncertainties; consequently, actual results may differ materially from those expressed or implied in the statements due to a number of factors, including, but not limited to, risks relating to strategy, future operations, future financial position, future revenue, projected expenses, prospects, plans and objectives of management. Risks and uncertainties that may cause actual results to differ materially from those expressed or implied in any forward-looking statement include, but are not limited to: Immunic's plans to develop and commercialize its product candidates, including IMU-838, IMU-935 and IMU-856; the timing of initiation of Immunic's planned clinical trials; expectations regarding potential market size; the timing of the availability of data from Immunic's clinical trials; the timing of any planned investigational new drug application or new drug application; Immunic's plans to research, develop and commercialize its current and future product candidates; Immunic's ability to successfully collaborate with existing collaborators or enter into new collaboration agreements, and to fulfill its obligations under any such collaboration agreements; the clinical utility, potential benefits and market acceptance of Immunic's product candidates; Immunic's commercialization, marketing and manufacturing capabilities and strategy; Immunic's ability to identify additional products or product candidates with significant commercial potential; developments and projections relating to Immunic's competitors and industry; the impact of government laws and regulations; Immunic's ability to protect its intellectual property position; Immunic's listing on The Nasdaq Capital Market; expectations regarding the capitalization, resources and ownership structure of the company; the executive and board structure of the company; Immunic's estimates regarding future revenue, expenses, capital requirements and need for additional financing; and the nature, strategy and focus of the company.

- 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 to reflect events or circumstances after the date of this presentation.

Our Vision

We are developing new therapies with best-in-class potential for the treatment of chronic inflammatory and autoimmune diseases.

Key Investment Highlights

Three potential best-in-class oral therapies

- IMU-838: Potent DHODH inhibitor currently tested in **three phase 2 studies**
- IMU-935: Oral IL-17 inhibitor with substantial potential
- IMU-856: Novel target – potentially disease modifying for GI disorders

High value markets

- Autoimmune & immunology with **high unmet medical needs**
- **Large markets** for IBD, MS and psoriasis with multibillion USD sales potential

Strong IP position

- IMU-838: Granted patents **until 2031**, patent application coverage **until 2038**
- IMU-935: **New compound IP** filed in 2017
- IMU-856: Compound patent filed in 2018

Experienced global management team

- Experienced management team with strong track record and over 90 years of leadership experience in the pharmaceutical industry
- Headquartered in the US with R&D operations in Munich, Germany

Strong balance sheet

- Well financed with cash runway to near-term value-driving events
- Cash position: USD 30.5 million (as of September 30, 2019)
- **Cash expected to last into Q4 2020**

Development Pipeline

			Preclinical	Phase 1	Phase 2	Phase 3
IMU-838	Multiple Sclerosis	DHODH				
	Ulcerative Colitis	DHODH				
	Crohn's Disease	DHODH				
	PSC	DHODH				
IMU-935	Psoriasis	RORγt				
	Orphan AI Diseases	RORγt				
IMU-856	GI	Intestinal Barrier Function				

Investigator-Sponsored Trial performed at Mayo Clinic / NIH

Completed or ongoing

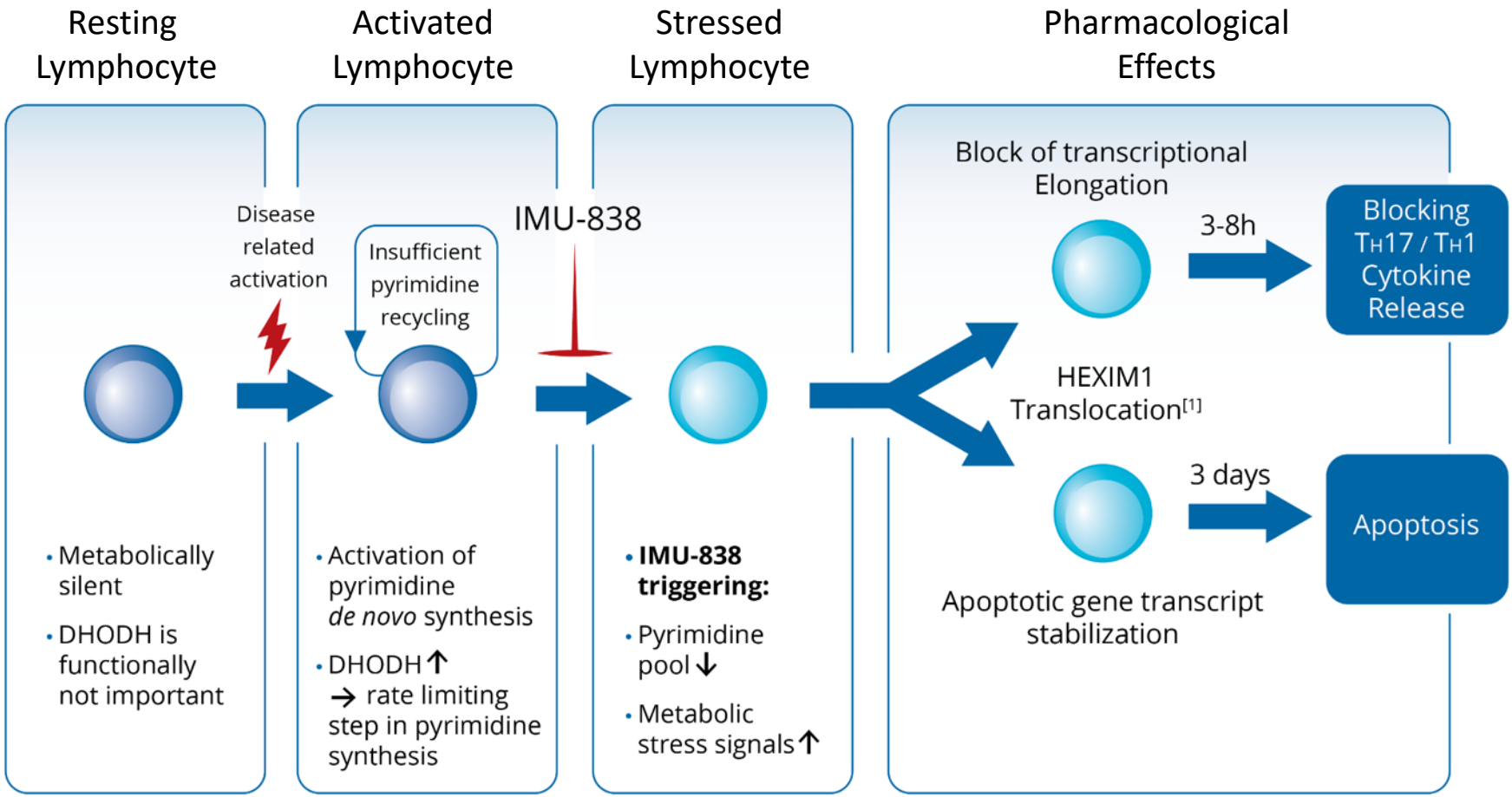
In preparation or planned

Immunic THERAPEUTICS

IMU-838 in Multiple Sclerosis

Mode of Action of IMU-838 Enables Broad Therapeutic Use

Mode of Action: DHODH Targeting Leads to Metabolic Stress in Metabolically Activated Cells



[1] Tan et al., 2016, Molecular Cell 62, 34-46

MS Opportunity

Aubagio® (teriflunomide) is currently the **only approved** DHODH inhibitor for MS

Despite its substantial side effects, Aubagio® **reached sales of around USD 1.8 billion in 2018**[1]

IMU-838 has the potential to be a **best-in-class DHODH inhibitor** and **MS drug** due to improved safety and pharmacokinetics profile

[1] http://hugin.info/152918/R/2233891/878937.PDF Accessed April 3, 2019

IMU-838: Potential Advantages in MS

- Potential advantages of IMU-838 therapy compared with Aubagio® (teriflunomide):
  - Selectivity and sensitivity[1] [2] [3] [4]
  - Pharmacokinetic parameters[5] [6]
  - Safety profile[7] [8] [9] [10]
  - Drug-drug interaction potential[6]

[1] FDA CDER Pharmacological Review Teriflunomide 2012
[2] Merrill JE, et al. J Neurol 256: 89-103, 2009
[3] Büttner R, et al. Blood 130 (suppl 1): 4426 abstract, 2017
[4] Cada DJ, et al. Hosp Pharm 48: 231-240, 2013)
[5] FDA CDER Clinical Pharmacology and Biopharmaceutics Review Teriflunomide 2012
[6] Summary of Product Characteristics Aubagio ®
[7] SmPC Aubagio®
[8] FDA CDER Medical Review Teriflunomide, 2012
[9] O'Connor et al, NEJM 365: 1293-1303, 2011
[10] O'Connor et al, NEJM 365: supplementary appendix, 2011

IMU-838: Phase 2 Clinical Trial in RRMS

- Phase 2 trial in patients with relapsing-remitting multiple sclerosis (RRMS)*
- Study Design
  - Primary endpoint: cumulative number of combined unique active (CUA) MRI lesions, up to week 24
  - **Central reading** of MRI
  - Study **enrolled 210 patients** in 36 centers across four European countries
- Timelines
  - Study started in February 2019; enrollment of 210 patients was completed in October 2019 – after 8.5 months only
  - Currently estimated to deliver top-line data in Q3 2020
  - Positive data would allow for quick start of phase 3 study in RRMS

* clinicaltrials.gov: NCT03846219

Potential Positioning of IMU-838 in RRMS

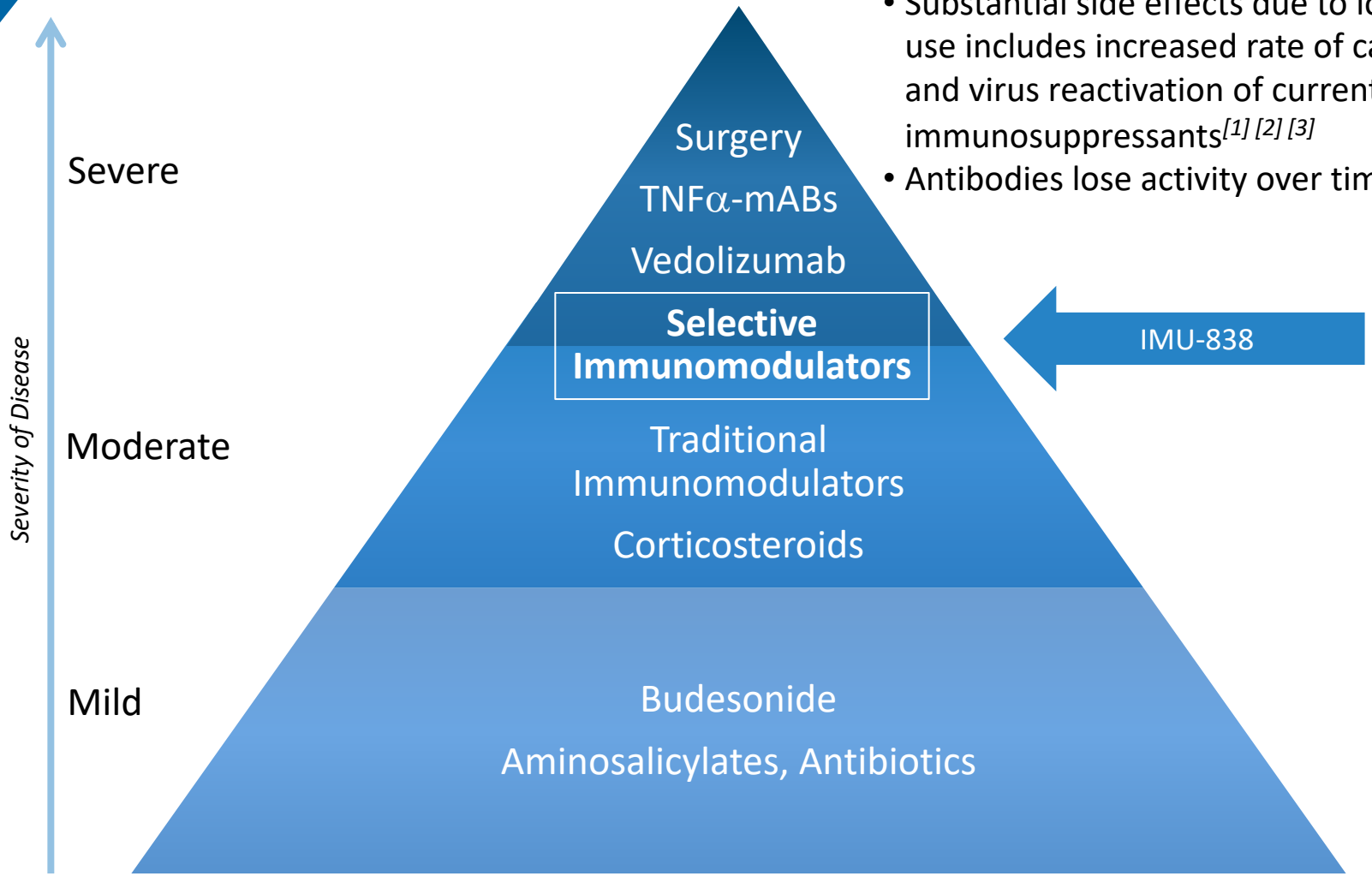
- Protection **against virus reactivations** and potentially PML
- Unique property of DHODH inhibitors on slowing disability progression
- Suggestion of **sustained activity** even after multiple prior DMT
- Unique safety profile may allow (for the first time) **combination/maintenance therapies** with highly effective DMTs

Immunic THERAPEUTICS

IMU-838 in Inflammatory Bowel Disease (IBD)

New Oral Treatment with Promising Safety Profile

IBD: Therapeutic Pyramid

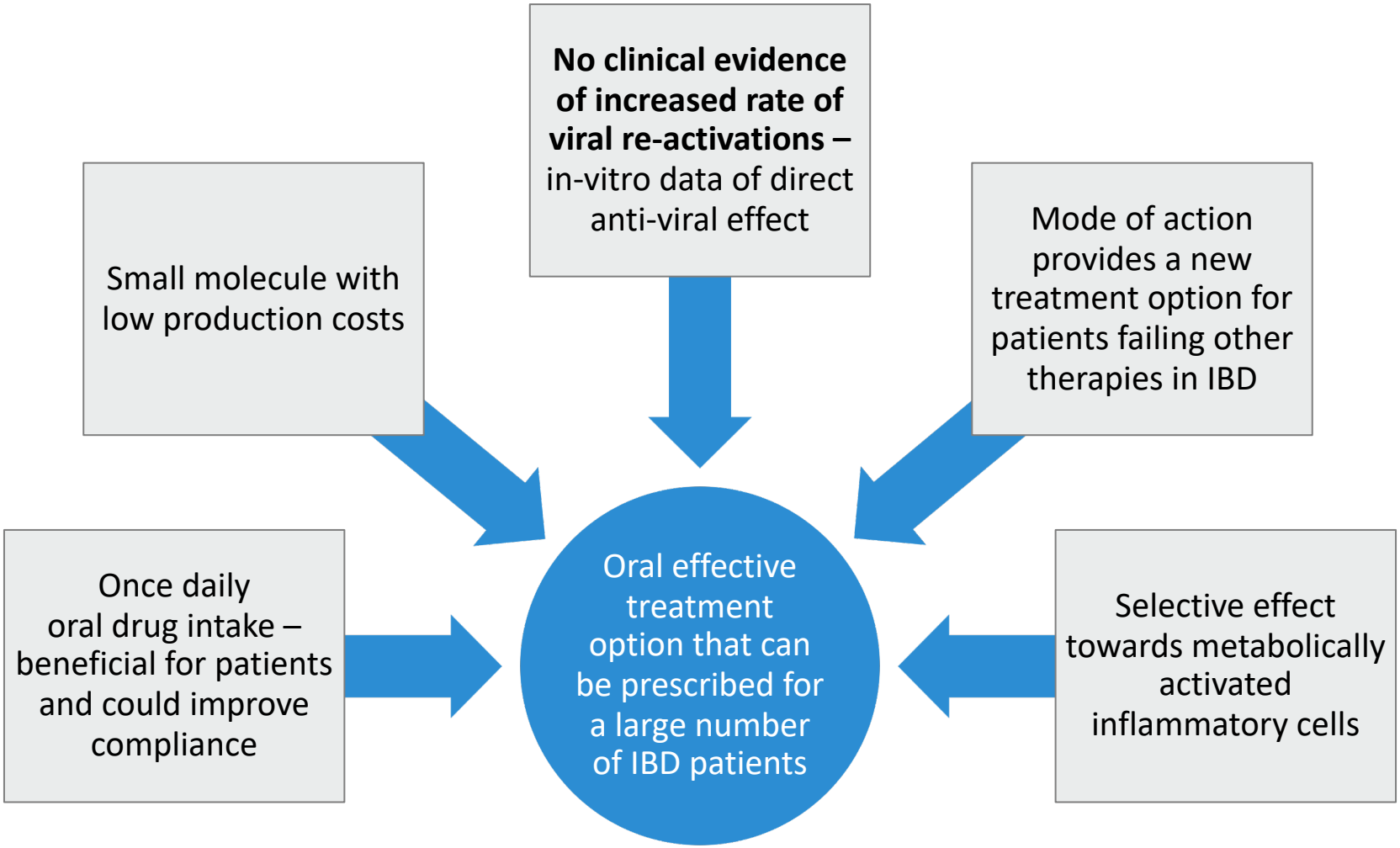


Current solutions have limitations

- Substantial side effects due to long-term use includes increased rate of cancer risk and virus reactivation of currently used immunosuppressants[1] [2] [3]
- Antibodies lose activity over time[4]

[1] Present, Daniel H., et al. *Annals of internal medicine* 1989; 111.8: 641-649.
[2] Dayharsh, Gerald A., et al. *Gastroenterology 2002;* 122.1: 72-77.
[3] Winthrop, Kevin L., et al. *Arthritis & rheumatology* 2014; 66.10: 2675-2684.
[4] Roda, Giulia, et al. *Clinical and translational gastroenterology 2017*; 7.1: e135.

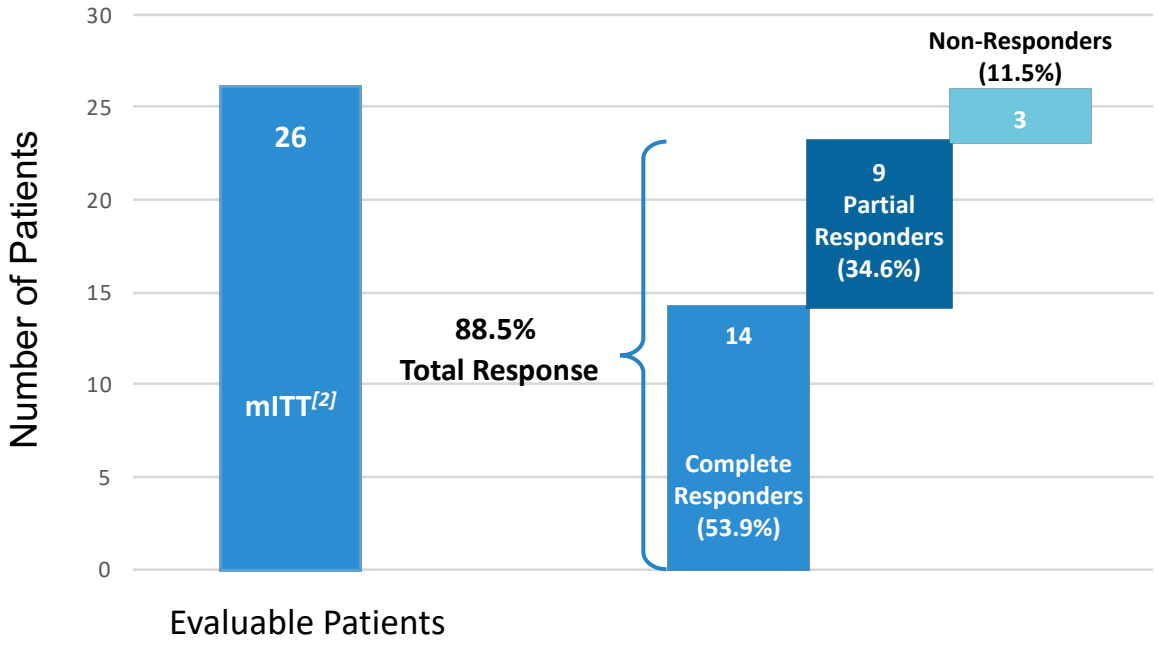
IMU-838: Key Strengths That Address Limitation of Existing Therapies in IBD



IBD Phase 2a ENTRANCE: Primary Efficacy Results

ENTRANCE study:[1]

- Study performed with active moiety vidofludimus
- All patients failed two attempts to taper down steroids
- Open-label
- Primary efficacy endpoint: steroid-free/steroid-reduced remission (week 12)



IMU-838 had response rates of:
85.7% in Crohn's disease
91.7% in ulcerative colitis

[1] Herrlinger et.al., 2011, Gastroenterology *140*:588.
[2] mITT: modified intent to treat

IMU-838: Clinical Phase 2 in UC Ongoing

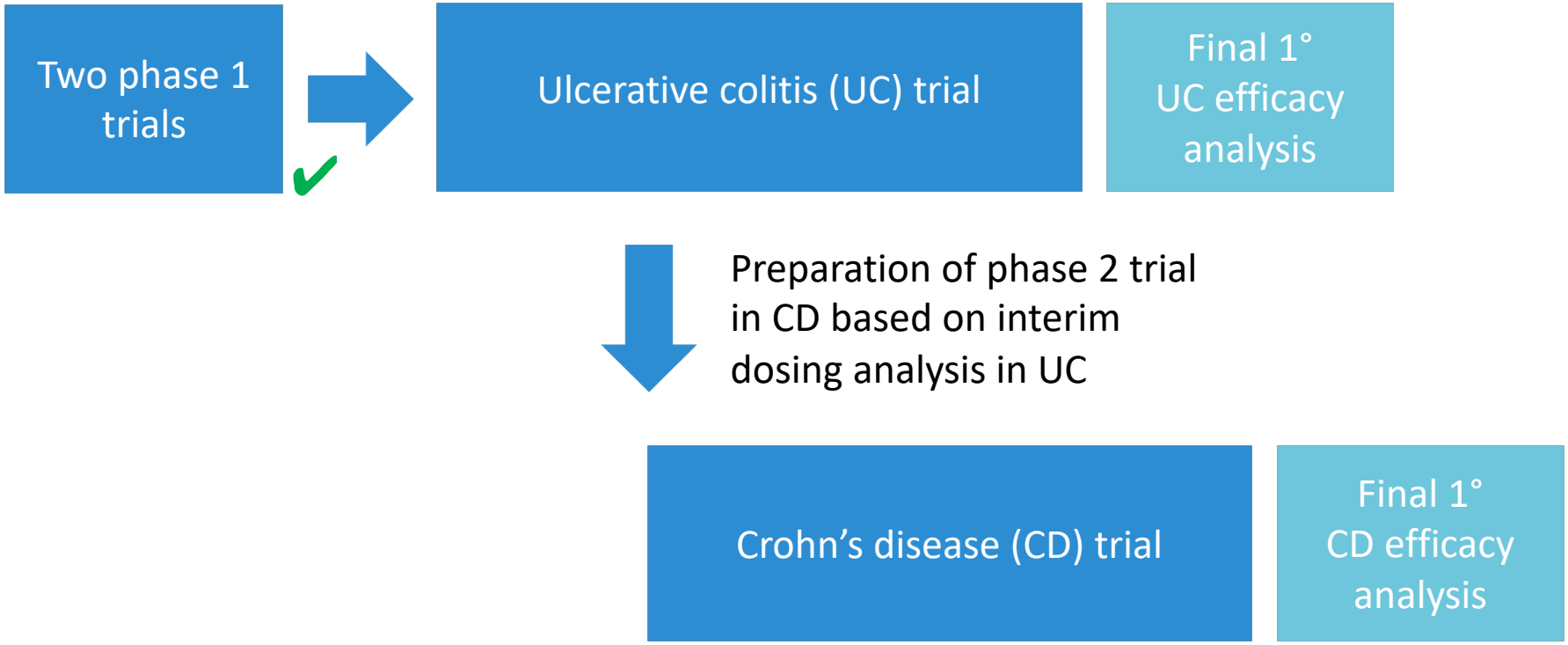
- Active IND in the US; study started in April 2018
- Study design*
  - Central endoscopy assessment for active disease for study eligibility in order to reduce placebo rate
  - Endpoint measuring proportion of patients with symptomatic remission and endoscopic healing at week 10
  - Number of patients estimated to be 240
- Currently more than 70 active sites in 10 countries
  - USA, Western, Central and Eastern Europe
- Interim dosing analysis performed end of August 2019
  - Performed by an unblinded, independent data review committee
  - Immunic hypothesized 30 mg to be the lowest effective dose and therefore anticipated that the 10 mg dose might be discontinued

    → 10 mg surprisingly also showed hints of activity

    → All three doses are being continued

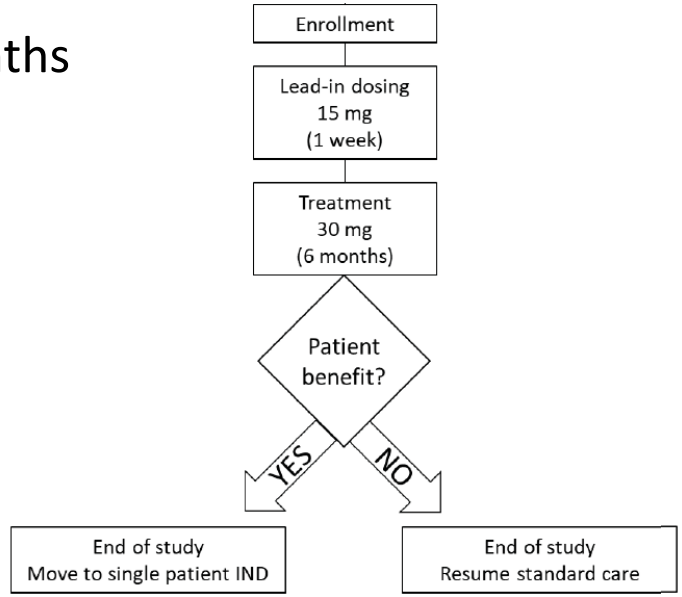
* clinicaltrials.gov: NCT03341962

IBD: Overall Study Program



IMU-838: Phase 2 Proof-of-Concept Study in PSC

- Ongoing investigator-sponsored trial (IST): Single-arm, open-label, exploratory study planning to enroll 30 patients, aged 18 to 75 years*
  - Conducted at two **Mayo Clinic** sites in Arizona and Minnesota by Prof. Keith Lindor, MD, and Elisabeth Carey, MD, supported by **NIH funding**
  - Dosing: 30 mg IMU-838 qd for six months
  - Primary endpoint: change in serum **alkaline phosphatase (ALP)** at six months compared to baseline
- Study started in **August 2019**
- Positive data should enable immediate start of a pivotal trial in this orphan indication by Immunic



Study Flow Chart

* clinicaltrials.gov: NCT03722576

Immunic THERAPEUTICS

IMU-935

Unique RORγt Inverse Agonist

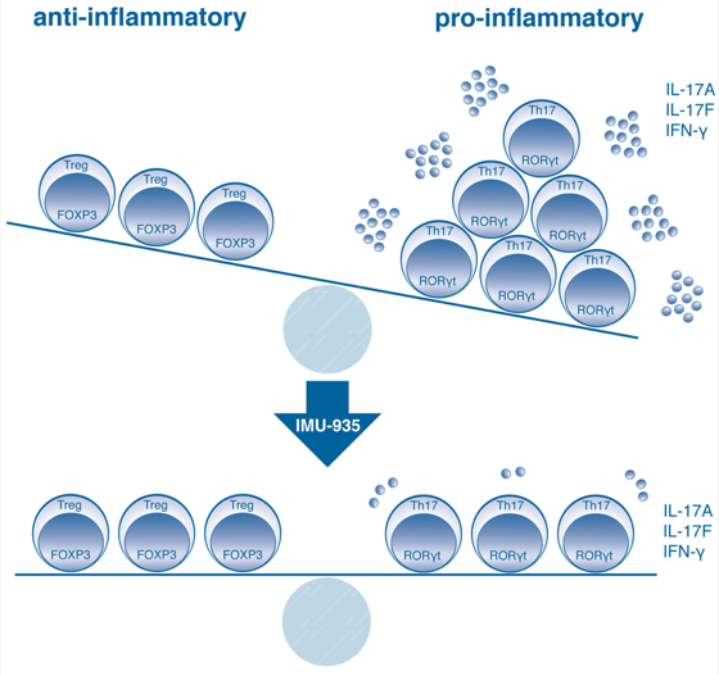
Autoimmune Diseases and IMU-935

Challenge:

- Autoimmune diseases are frequent diseases affecting millions of patients worldwide[1]
- Th17/IL-17/RORγt axis is important in auto immunity related diseases[2]
- Antibodies targeting this axis successfully demonstrated this concept but bear the disadvantage of being a non-oral drug[2]

Solution:

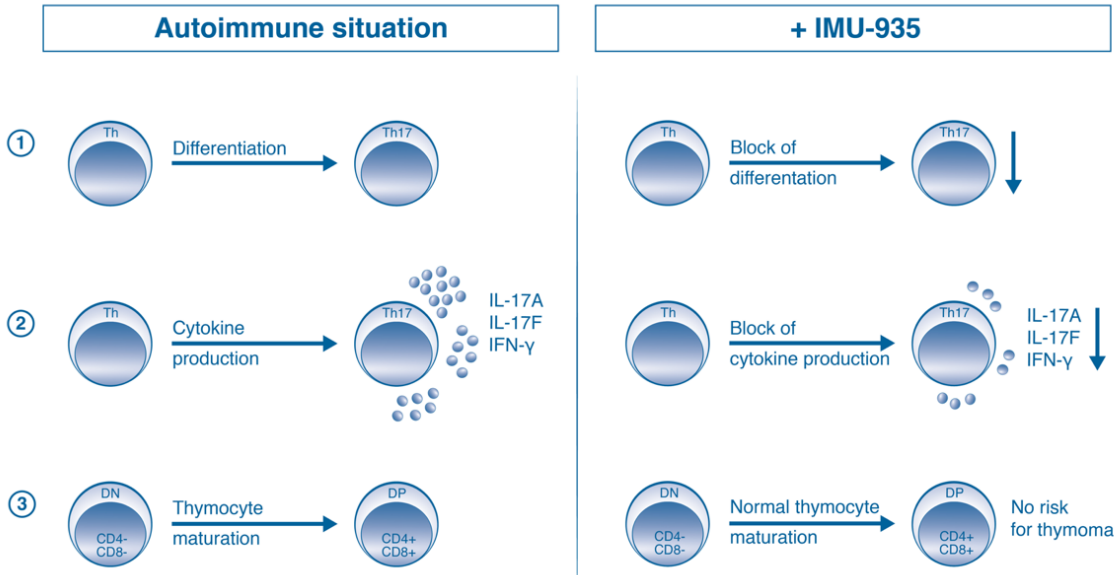
- IMU-935 is a potent small molecule targeting RORγt

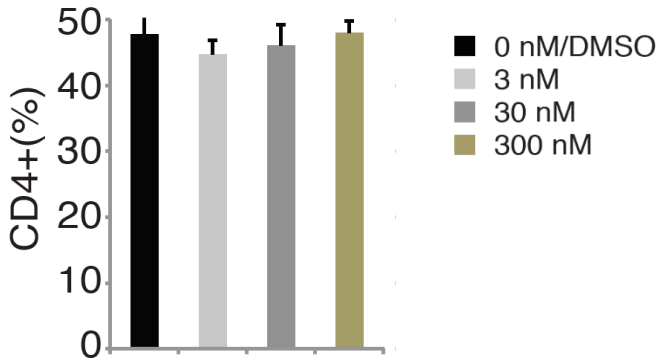


[1] Rose, Noel R. American journal of epidemiology 2016; 183.5: 403-406.
[2] Fasching, Patrizia, et al. *Molecules* 2017 22.1: 134.

IMU-935: Main Functions of RORγt

- The differentiation towards Th17 cells is inhibited by IMU-935.
- The production of IL-17A and IL-17F is inhibited by IMU-935.
- Result: **IMU-935 allows normal thymocyte maturation** from double negative towards matured CD4+ thymocytes (CD4+ and CD4+/CD8+).



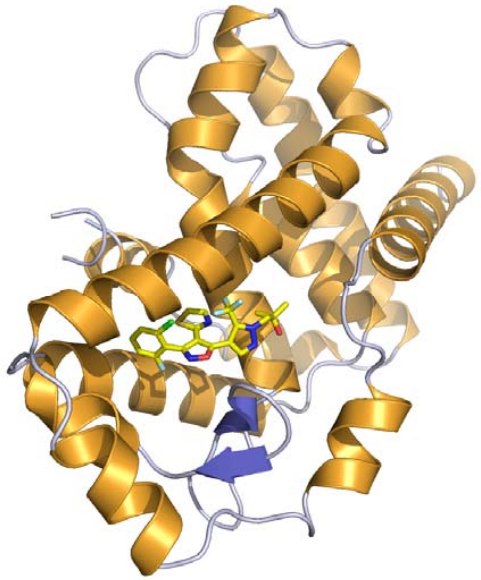


IMU-935: Cytokine Inhibition in Low Nanomolar Range

- Effect of the development compound IM105935 (IMU-935) in stimulated human PBMCs
  - Inhibition of RORγ (20 nM) and DHODH (240 nM) leads to synergistical inhibition of cytokines with IC_{50} of 3-5 nM in stimulated human lymphocytes

	IC_{50} (µM)
IL-17A	0.005
IL-17F	0.004
IFNγ	0.003
IL-1a and b	no inhibition
IL-4,5,6,8	no inhibition
RORγ (MST)	0.024
RORγ (cellular, rep.)	0.020
DHODH	0.240
Th17 differentiation	0.150

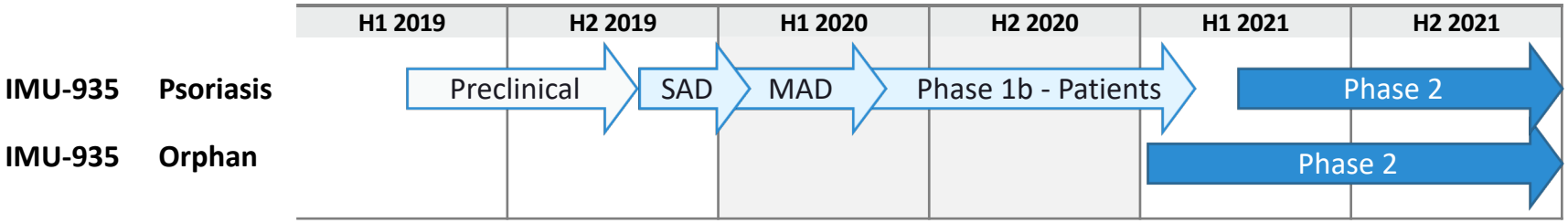
Read-out: effect on cytokine production after 48 hours in PBMCs



Resolution 2.6 A of a closely related derivative compound binds to hydroxycholesterol binding site of RORγ

IMU-935: Project Status

- Clinical phase 1 program started in September 2019
  - Ongoing double-blind, placebo-controlled, single and multiple ascending dose trials of IMU-935 in healthy volunteers
  - Extension of these studies to assess safety and mechanism-related biomarkers in patients with mild to moderate psoriasis is planned to start next year – would potentially offer early read-out of activity based on four-week treatment
- Identification of suitable orphan indications with high unmet medical need for accelerated development is ongoing

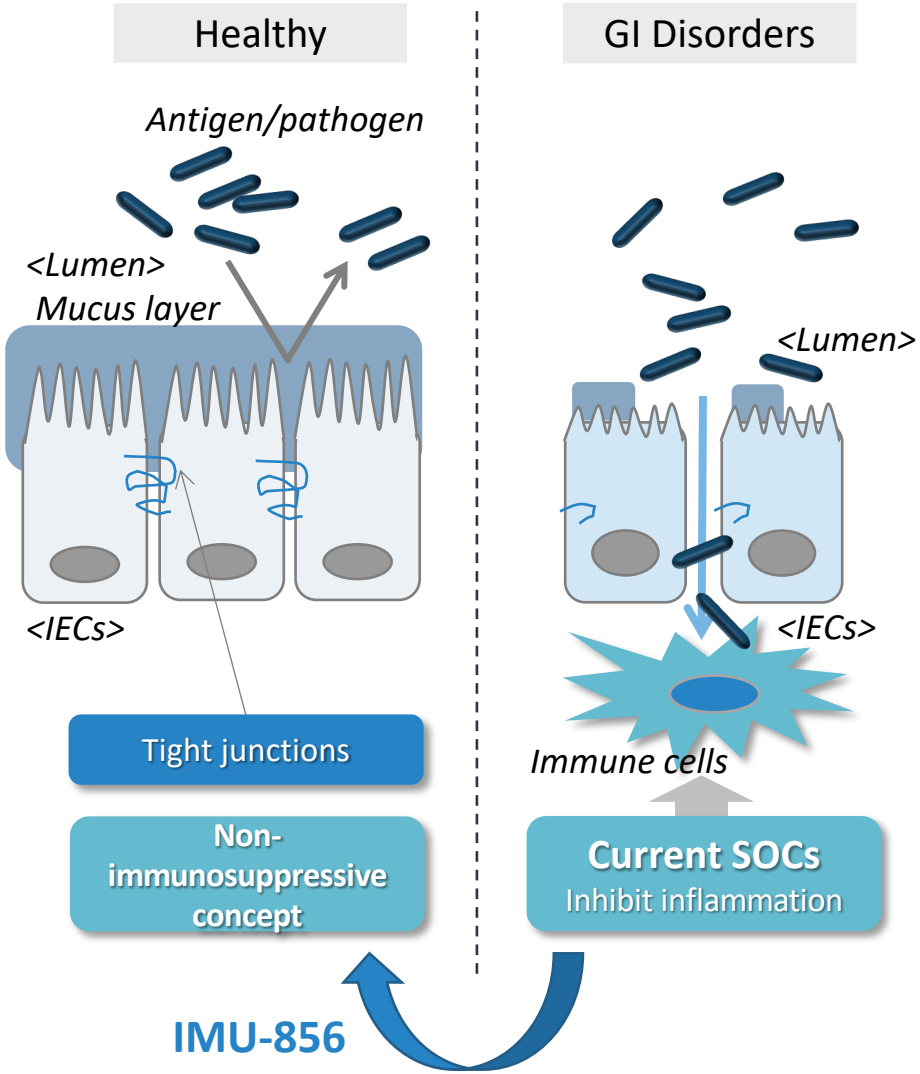


Immunic THERAPEUTICS

IMU-856

Restoring Intestinal Barrier Function

IMU-856: Targeting Gut Barrier Function With New Mode of Action



- IMU-856 is a potent inhibitor of a **novel target** which was validated in a knock-out animal model
- Targeting restoration of the intestinal barrier function without impairing the immune system
- Small **orally available** molecule suitable for once daily dosing
- Obtained through option and licensing agreement with **Daiichi Sankyo Venture Science Labs**

Source: Adopted from Daiichi Sankyo Venture Science Labs, November 2018

IMU-856: Development Plan

- Possible GI indications
  - IBD, IBS-D, ICI
- Clinical development plan
  - **Phase 1** single and multiple ascending dose studies are expected to **start in H1 2020**
- IMU-856 has substantial potential for the treatment of further diseases outside GI
- Product is covered by a global PCT patent application

Summary

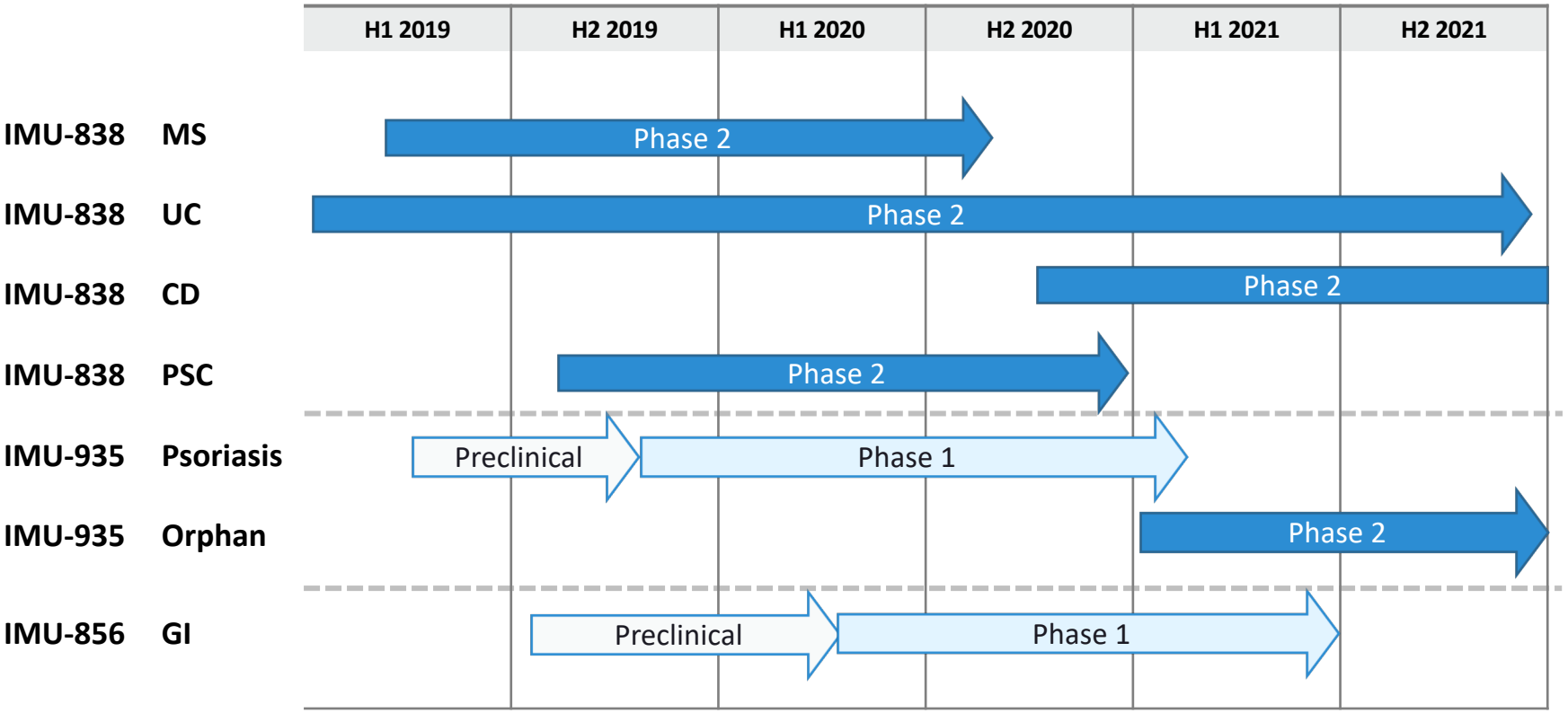
Financial Summary

- Nasdaq: **IMUX**
- Headquarters in New York
- Shares outstanding: 10.1 million (as of November 1, 2019)
- Cash position of USD 30.5 million (as of September 30, 2019)
- **Cash runway** expected to be sufficient beyond important value inflection points **into Q4 2020**
- Immunic's reverse takeover with Vital Therapies was supported by a committed investor base **investing approximately USD 30 million in April 2019**

Key Investment Highlights – Three Oral Drugs in Development

- IMU-838 currently tested in **three phase 2 trials**
- RRMS **phase 2 data** of IMU-838 expected in Q3 2020
- Very promising **data from interim dosing analysis** of UC phase 2
- Three oral programs in active development – each with unique positioning
  - Phase 1 of **IMU-935** started in Sep 2019 – 1st data expected Q1 2020
  - **IMU-856** could be a **disruptive technology** for treating GI diseases like IBS-D and IBD – restoring intestinal barrier function

Significant News Flow Potential From Three Development Programs




Australia
Melbourne
small
IBD
best-in-class
drug
selective
inhibitors
colitis
multiple
ulcerative
psoriasis
Crohn's
IMU-856
programs
preclinical
chronic
Halle/Saale
MayoClinic
Germany
RORγt
NASDAQ
biotech
IMU-856
inflammatory
agonist
bowel
Immunic
development
diseases
IMUX
novel
candidates
autoimmune
Martinsried
DaiichiSankyo
Munich
oral
healthcare
USA
proof-of-concept
immunology
inverse
clinical
molecule
sclerosis
immune
DHODH
IMU-935
PSC
therapies
intestinal
IMU-838
barrier
function
specialist

Immunic THERAPEUTICS

Thank You!

Immunic, Inc.
1200 Ave of the Americas, Suite 200
New York, NY 10036
USA

Jessica Breu
Manager IR & Communications
Phone: +49 89 250 0794 69
Email: ir@immunic.de