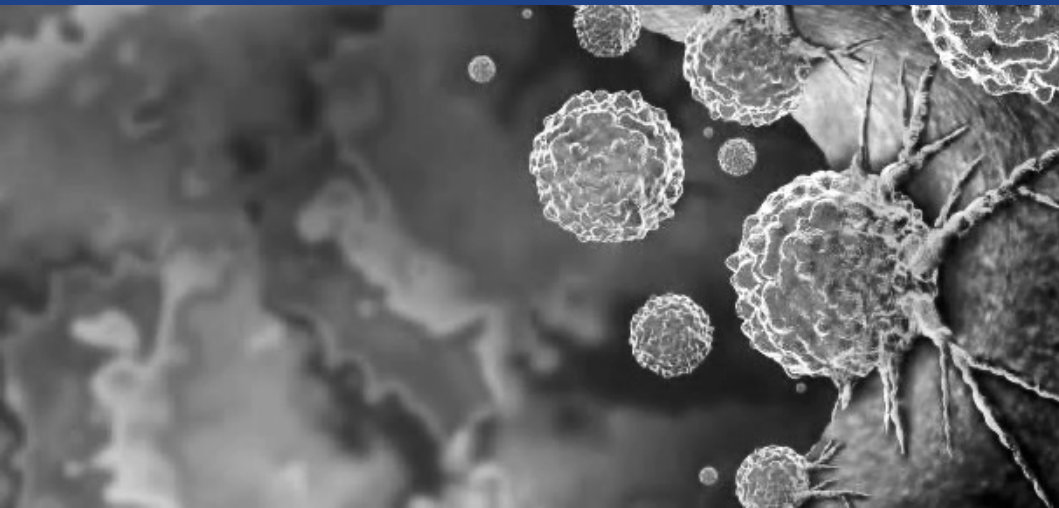
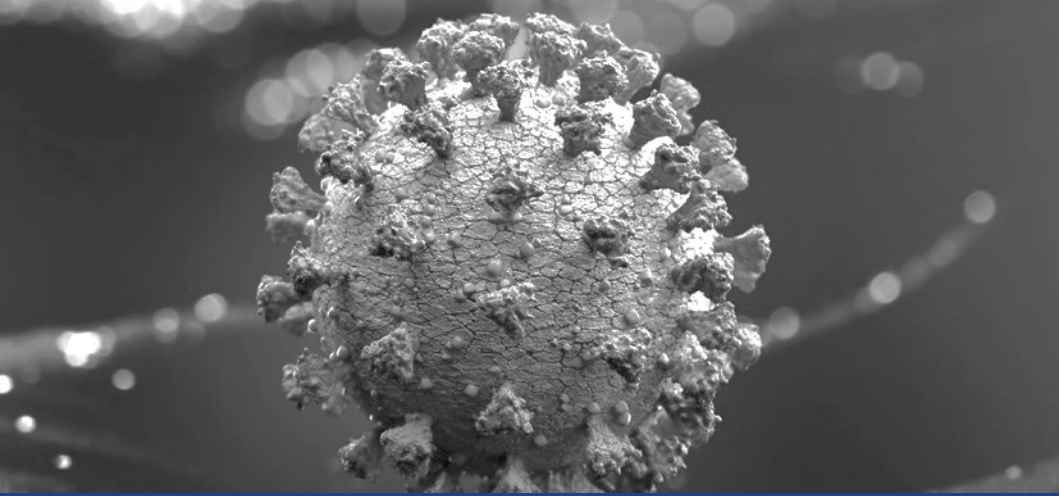




ImmunityBio Investor Presentation

August 2026

Forward-Looking Statements and Intended Use

This presentation and the accompanying verbal remarks contain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, such as statements regarding data and results from clinical trials and potential implications therefrom, commercialization plans and timelines, including product availability and shipments, potential regulatory pathways and approval requests and submissions, FDA and other regulatory agency meetings, timelines and potential results therefrom, global expansion efforts, strategic collaborations and expected results therefrom, the regulatory review process and timing thereof, market and prevalence data, potential benefits to patients, potential treatment outcomes for patients, the described mechanism of action and results and contributions therefrom, information regarding potential benefit to patients, information regarding ongoing pre-clinical studies and clinical trials, potential future uses and applications of ANKTIVA and use in cancer vaccines and across multiple tumor types, methods, ImmunityBio's financial condition, and ImmunityBio's approved product and investigational agents as compared to existing treatment options, among others. Statements in this presentation that are not statements of historical fact are considered forward-looking statements, which are usually identified by the use of words such as "anticipates," "believes," "continues," "goal," "could," "estimates," "scheduled," "expects," "intends," "may," "plans," "potential," "predicts," "indicate," "projects," "seeks," "should," "will," "strategy," and variations of such words or similar expressions. Statements of past performance, efforts, or results of our preclinical and clinical trials, about which inferences or assumptions may be made, can also be forward-looking statements and are not indicative of future performance or results. Forward-looking statements are neither forecasts, promises nor guarantees, and are based on the current beliefs of ImmunityBio's management as well as assumptions made by and information currently available to ImmunityBio. Such information may be limited or incomplete, and ImmunityBio's statements should not be read to indicate that it has conducted a thorough inquiry into, or review of, all potentially available relevant information. Such statements reflect the current views of ImmunityBio with respect to future events and are subject to known and unknown risks, including business, regulatory, economic and competitive risks, uncertainties, contingencies and assumptions about ImmunityBio, including, without limitation, (i) the risks and uncertainties associated with commercial launch execution, success and timing, (ii) risks and uncertainties related to the regulatory submission, review and approval process, (iii) the ability of ImmunityBio to continue its planned preclinical and clinical development of its development programs through itself and/or its investigators, and the timing and success of any such continued preclinical and clinical development, patient enrollment and planned regulatory submissions, (iv) potential delays in product availability and regulatory approvals, (v) risks and uncertainties associated with third party collaborations and agreements, (vi) whether ImmunityBio's and/or its collaborators' investigational agents will receive regulatory approval in the U.S. and/or other regions, (vii) ImmunityBio's ability to retain and hire key personnel, (viii) ImmunityBio's ability to obtain additional financing to fund its operations and complete the development and commercialization of its various product candidates, (ix) potential product shortages or manufacturing disruptions that may impact the availability and timing of product, (x) ImmunityBio's ability to successfully commercialize its approved product and product candidates and uncertainties around regulatory reviews and approvals, (xi) ImmunityBio's ability to scale its manufacturing and commercial supply operations for its approved product and future approved products, and (xii) ImmunityBio's ability to obtain, maintain, protect and enforce patent protection and other proprietary rights for its product candidates and technologies. More details about these and other risks that may impact ImmunityBio's business are described under the heading "Risk Factors" in the Company's Form 10-K filed with the U.S. Securities and Exchange Commission ("SEC") on February 23, 2026 and in subsequent filings made by ImmunityBio with the SEC, which are available on the SEC's website at www.sec.gov. ImmunityBio cautions you not to place undue reliance on any forward-looking statements, which speak only as of the date hereof. ImmunityBio does not undertake any duty to update any forward-looking statement or other information in this press release, except to the extent required by law.

Our product candidates are investigational agents that are restricted by federal law to investigational use only. Except as set forth in specific product approvals, safety and efficacy have not been established by any agency, including the FDA.

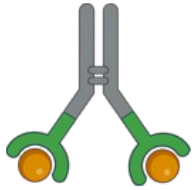
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This presentation is intended to provide a company overview and is intended for investor use only. It is not promotional and should not be used with patients or health care professionals.

ImmunityBio Platforms

Immunotherapy 2.0: Cytokines + Vaccine + Cellular Therapy Platforms

Fusion Proteins



NK & T Cell Activator
Memory T Cell

ANKTIVA

In-Vivo Lymphocyte Rescue

NMIBC CIS

US FDA Approved 2024
UK MHRA Approved 2025
EU EMA Approved 2026
UAE Approved 2026

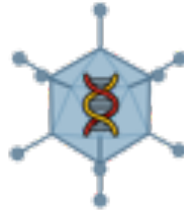
NMIBC Papillary

UAE Approved 2026

NMIBC CIS & NSCLC

Saudi FDA Approved 2026
UAE Approved 2026

DNA Vaccine



Adenovirus (hAd5)

hAd5 CEA, MUC1, Brachyury

hAd5 PSA

hAd5 HPV

In-Vivo Lymphocyte Education

Phase 2

Cellular Therapy

CAR-NK



Off-The-Shelf
CAR-NK

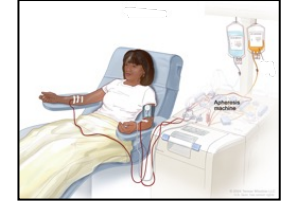
PD-L1 t-haNK

CD19 t-haNK

Ex-Vivo Lymphocyte Rescue

Phase 2

Apheresis



Ex-Vivo Cytokine Proliferation

M-ceNK

Ex-Vivo Lymphocyte Rescue

Phase 2

NASDAQ:IBRX - A Comprehensive Immunotherapy Company with Platforms
Orchestrating Natural Killer, CD4+, CD8+ Killer T Cells and Memory T Cells for Durable
Complete Responses Across Multiple Tumor Types

2025-2026 Progress*

	Indication	Agent	Progress	Status
NMIBC	BCG Unresponsive CIS with or without Papillary	ANKTIVA +BCG	• ~700% Revenue Growth with J-Code and NCCN Guidelines • UK / MHRA Approval; Approval in EMA (Feb 2026) • Saudi FDA Approved Jan 2026 (NMIBC + NSCLC) • UAE Approved July 2026 (NMIBC + NSCLC)	   
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Lymphopenia	Solid Tumors (ALC)	ANKTIVA	• Expanded Access Program Granted By the FDA	

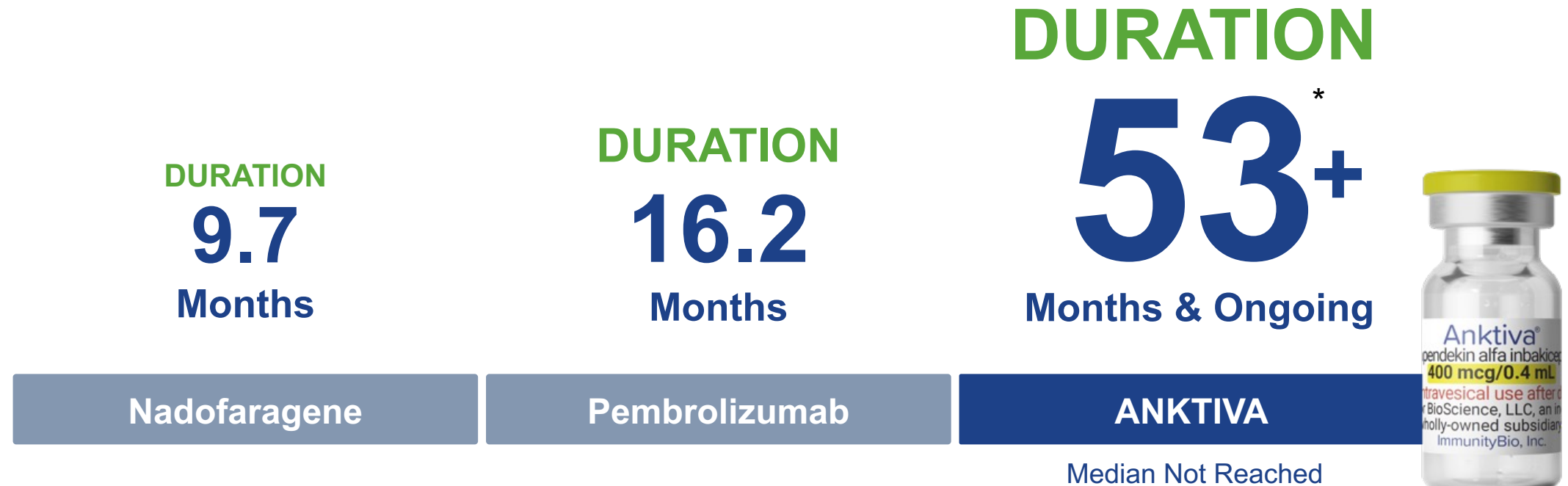
* Selected Trials in Pipeline

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Lymphopenia	Solid Tumors (ALC)	ANKTIVA	• Expanded Access Program Granted By the FDA	

* Selected Trials in Pipeline

ANKTIVA (nogapendekin alfa inbakicept) Best-in-Class Duration of Response in BCG Unresponsive NMIBC-CIS Representing Overall Cost-Benefit Value



DURATION is the key efficacy element to avoidance of cystectomy and represents overall cost-benefit value

Data from Individual Registration Trials and Package Inserts with No Direct Comparisons of Trials
Data from each respective FDA Approved product label

NMIBC CIS Key Highlights



✔ **84%** of patients who responded to ANKTIVA were able to keep their bladders at 36 months^{1, 2} (n=100)

✔ **71%** of study participants had a complete response, meaning their cancer was eliminated¹ (n=100)(95% CI=61.1,79.6)

✔ **53+** Months Duration of Response, meaning some study participants remained NMIBC-free for over 4 years¹

✔ **99%** Disease-Specific Overall Survival at 36 Months^{1, 2}

1. Chang, S. (2025, April 26-29). An Update on QUILT-3.032: Durable Complete Responses to NAI (ANKTIVA) Plus BCG Therapy in BCG-Unresponsive CIS With or Without Ta/T1 Papillary Disease and in Papillary Disease without CIS. [Conference Presentation]. AUA2025, Las Vegas, Nevada, United States.

2. These data on time to cystectomy and disease specific survival represent prespecified secondary endpoints in QUILT-3.032. These results should be interpreted with caution and in the context of the study's limitations of a single-arm study.

ANKTIVA Commercial Progress Since Launch

1 ANKTIVA Approval April 2024



2 Anktiva Launched May 2024

3 NCCN Guidelines Initial Approval May 2024

4 J-Code 9028, Effective Jan 2025

5 Global Approvals:

UK July 2025:

EU EMA Approved Feb 2026:

Saudi Arabia Jan 2026:

UAE July 2026:



Comprehensive Market Access



U.S. Department
of Veterans Affairs



EXPRESS SCRIPTS®



KAISER
PERMANENTE®



of Tennessee



Blue Cross
Blue Shield
of Michigan



EmblemHealth®



BlueCross
BlueShield
of North Dakota



BlueCross BlueShield
of North Carolina



BlueCross BlueShield
of Alabama

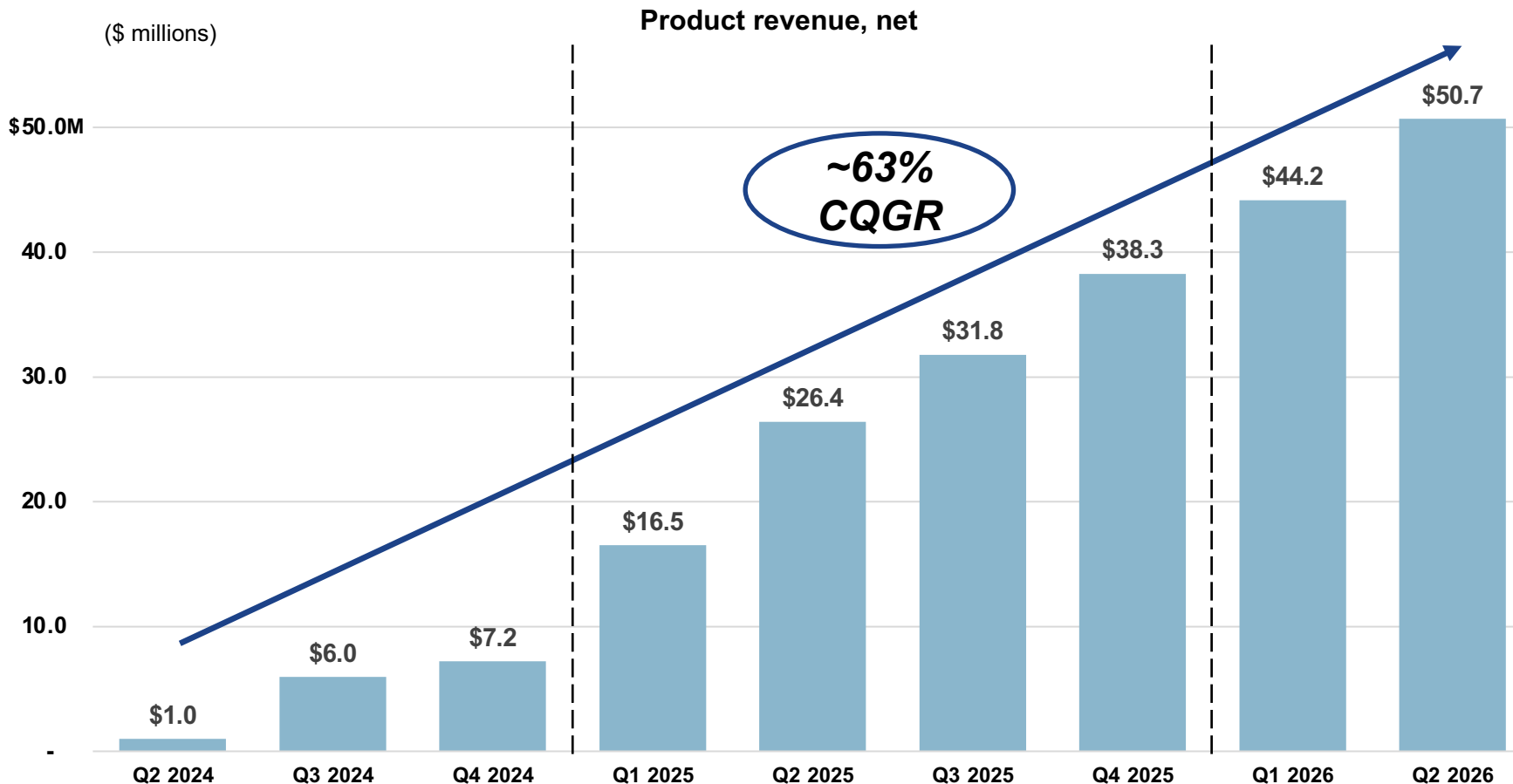


BlueCross
BlueShield
Minnesota

Continued Commercial Execution with Substantial Growth Potential

Consistent Quarterly Product Revenue Growth

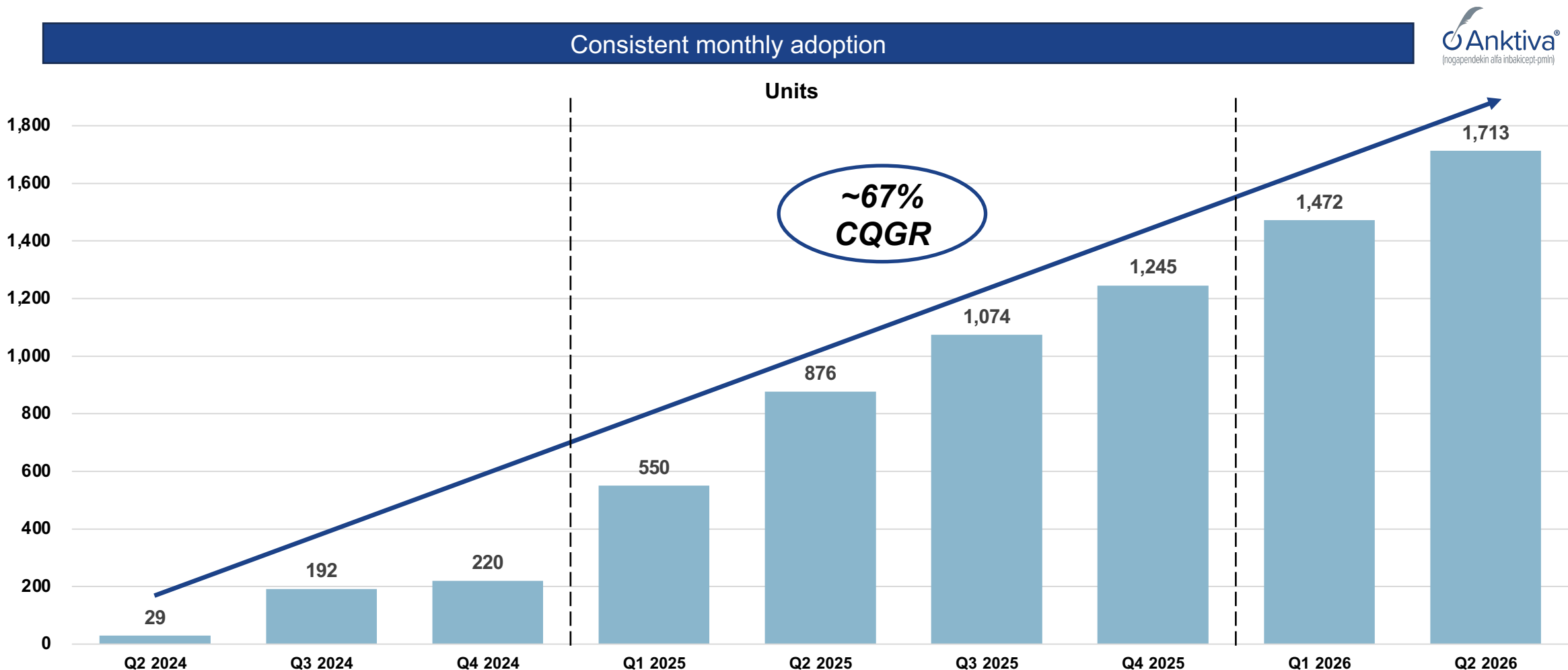
Progressive quarterly product revenue growth...



- BCG Unresponsive NMIBC, CIS with or without Papillary
 - FDA Approval
 - NCCN Guidelines Category 2A
 - MHRA, EMA, SFDA, UAE Approval
- BCG Unresponsive NMIBC, Papillary
 - FDA sBLA resubmitted
 - NCCN Guidelines Category 2A

Continued Commercial Execution with Substantial Growth Potential (Contd.)

Consistent Unit Volume Growth



Cash, Cash Equivalents and Marketable Securities

Company Positioned with adequate cash through multiple, high impact catalyst events

Balance Sheet - Cash, cash equivalents and marketable securities

(\$ in thousands)

	Q2 2026	Q1 2026	Q4 2025	Q4 2024
Cash and cash equivalents	\$75,670	\$205,194	\$88,334	\$143,428
Marketable securities	281,701	175,685	154,484	6,381
Total Cash and cash equivalents and Marketable securities	\$357,371	\$380,879	\$242,818	\$149,809

2025-2026 Progress*

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* Selected Trials in Pipeline

ANKTIVA + BCG in the NMIBC BCG Naïve Setting

Durable Complete Response and Disease Free ≥ 9.5 Years

QUILT-205 (Phase Ib/II) Trial^{1, 2}

- **Complete Response and Disease Free in 9 out of 9 (100%) 2-year trial**
- 6 out of 9 were evaluable in 2023
- 2 subjects died of natural causes independent of bladder cancer
- 1 lost to follow up
- All 6 out of 6 (100%) remain in complete response (CIS) or disease free (Papillary) for >9.5 years
- **All 6 patients avoided cystectomy for >9.5 years**

As of 2024

6 out of 6 (100%) Remain Disease Free

≥ 9.5 Years

Conclusion: ANKTIVA + BCG in BCG Naïve Patients Results in Durable Complete Response and Adverse Events Consistent with BCG Alone

1. Adapted From Rosser CJ, et al., Safety, Tolerability, and Long-Term Clinical Outcomes of an IL-15 analogue (N-803) Admixed with Bacillus Calmette-Guérin (BCG) for the Treatment of Bladder Cancer. Oncoimmunology. 2021 May 2. Data on File

Pivotal Phase 3 Trial of ANKTIVA in NMIBC BCG Naïve Enrollment Complete – Full Accrual Achieved Feb 2026

Trial Design

BCG Alone
N=188

vs.

ANKTIVA + BCG
N=188

FDA Randomized Control Trial Cohort A

FDA Requested Interim Analysis (n=43)

BCG Alone
52% CR

vs.

ANKTIVA + BCG
84% CR

Data on File, BLA Submission at 9 months,
FDA Interim Analysis Requested

Status Update

- Ongoing recruitment
- Expanding clinical trial sites internationally
- Clinical trial is live in India and in progress of going live in Europe

Potential Courses of Treatment in BCG Naïve Same as Current FDA Label for BCG Unresponsive
(Up to 36 Doses Over 37 Months)

2025-2026 Progress*

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Addressing Alternative Source of BCG

FDA Authorized Expanded Access Program for rBCG (Feb 2025) – Addressing BCG Shortage

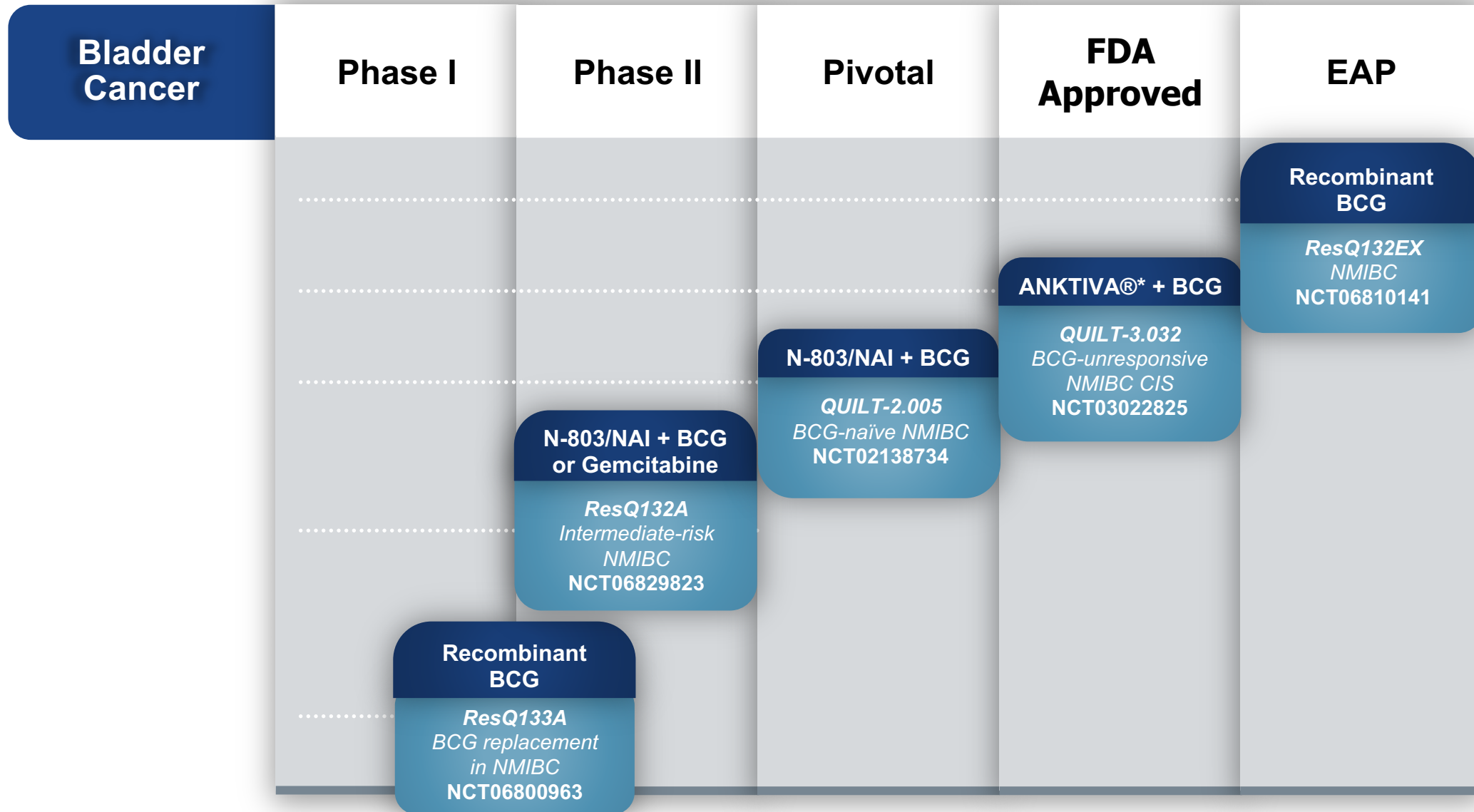
ImmunityBio, Serum Institute of India Agree on an Exclusive Arrangement for Global Supply of Bacillus Calmette-Guerin (BCG) Across All Cancer Types

Thursday, May 2, 2024

- Collaboration will result in BCG manufacture at large scale for use in combination with ANKTIVA®, ImmunityBio's recently approved treatment for non-muscle invasive bladder cancer (NMIBC)



Looking Ahead - Anktiva Bladder Pipeline



*nogapendekin alfa inbakicept-pmln.

BCG: Bacillus Calmette-Guérin; CIS: carcinoma in situ; EAP: Expanded Access Program; FDA: Food and Drug Administration; N-803/NAI: nogapendekin alfa inbakicept-pmln; NMIBC: non-muscle invasive bladder cancer.

BCG + Anktiva: Durable Response



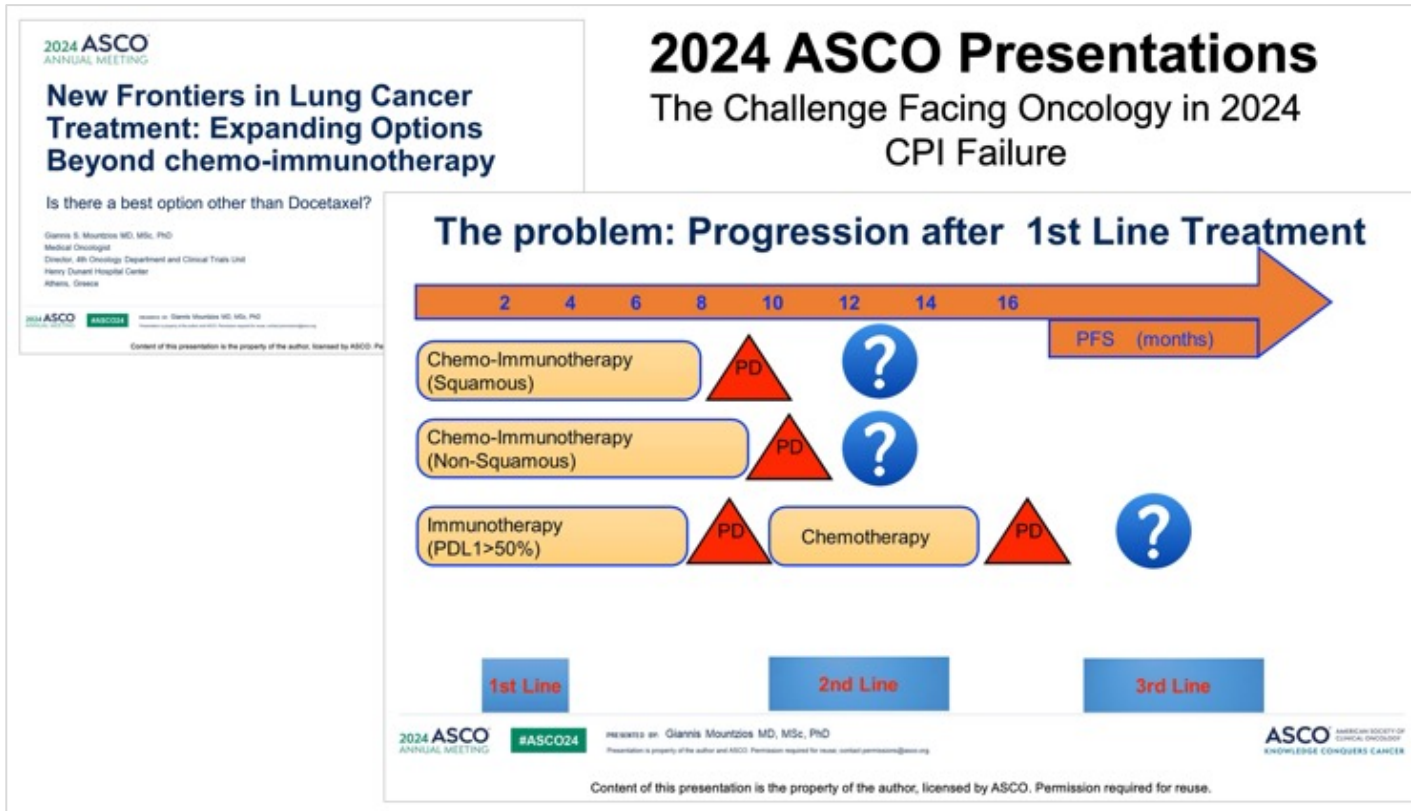
From 2014 to 2015,
nine patients with non-muscle invasive bladder cancer in Hawaii joined a Phase 1 trial
to test BCG in combination with Anktiva (N-803) as a treatment option.

2025-2026 Progress*

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Lymphopenia	Solid Tumors (ALC)	ANKTIVA	Expanded Access Program Granted By the FDA	

* Selected Trials in Pipeline

Checkpoint Failures in Lung Cancer: The Oncology Challenge in 2025



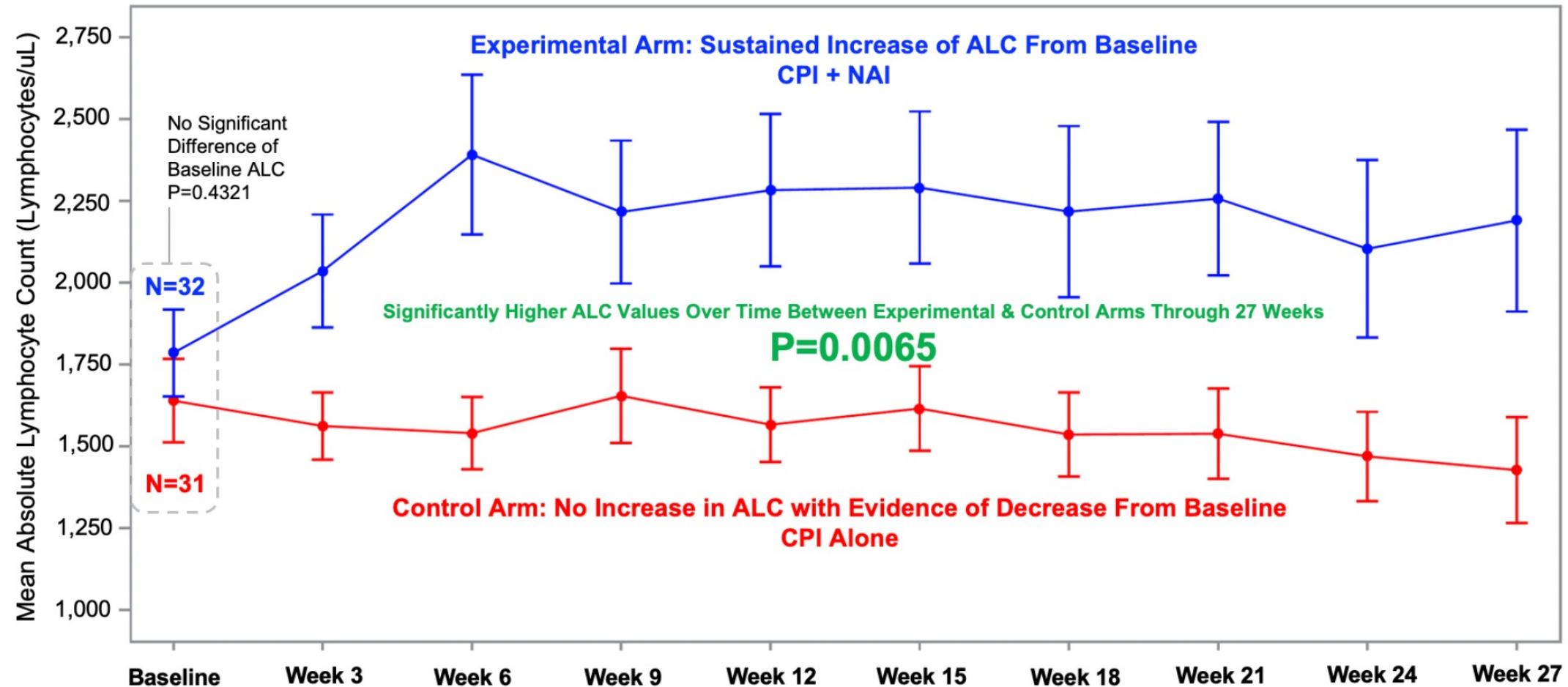
NSCLC: Current SOC patients progressing after checkpoint therapy +/- chemotherapy have a dismal prognosis

- Overall survival ≤ 10 months
- Treatment options are limited
- NCCN does not recommend retreatment with checkpoint therapy after checkpoint failure

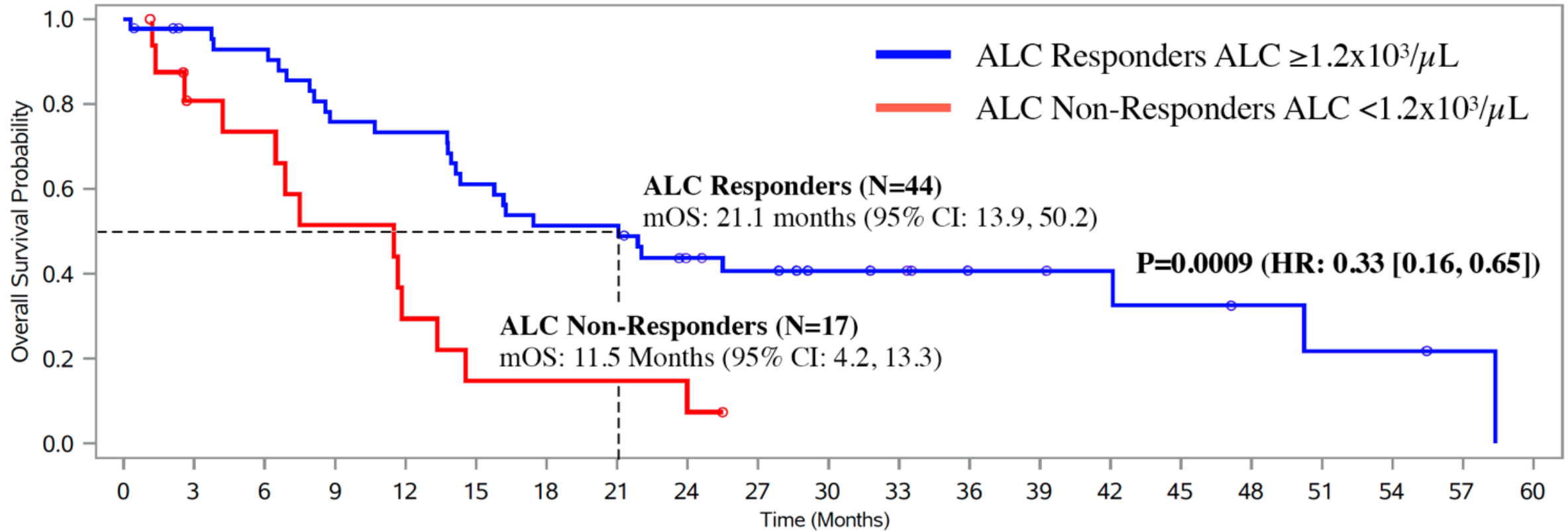
The challenge facing oncology in 2024 CPI failures

QUILT-2.023: Randomized Clinical Trial: First Line NSCLC N-803 (NAI) + CPI versus CPI Alone

Randomized Control Study Demonstrates Significant Difference ($p=0.0065$) in ALC Increase Over Time with N-803 + CPI versus CPI Alone



QUILT-3.055: Restoration and Maintenance of ALC Correlated with Prolonged Overall Survival in 2L and 3L+ NSCLC



World's First Approval for Immunotherapy 2.0 in NSCLC

Activation of NK and T Cells in Lung Cancer: ANKTIVA + Checkpoint Inhibitor



NEWS RELEASE

Saudi FDA Grants Accelerated Approval to ImmunityBio's ANKTIVA® In Combination with Checkpoint Inhibitors for Metastatic Non-Small Cell Lung Cancer

- ANKTIVA, in combination with an immune checkpoint inhibitor, has received accelerated approval from the Saudi Food and Drug Authority for the treatment of metastatic non-small cell lung cancer, marking the first approval in the world of a subcutaneously administered IL-15 receptor superagonist that restores immune competence
- ANKTIVA + checkpoint inhibitor represents the first approved chemotherapy-free immunotherapy that activates both natural killer cells and killer T cells, heralding the era of immunotherapy 2.0
- Accelerated approval was granted following SFDA review of clinical data from QUILT-3.055 in second-line and greater NSCLC patients and QUILT-2.023 in first-line NSCLC demonstrating significant immune restoration and a consistent association between lymphocyte recovery with improved survival in checkpoint-experienced patients
- Newly approved therapy supports ImmunityBio's mission to provide access to patients globally who could benefit from this chemotherapy-free combination treatment

CULVER CITY, Calif., January 14, 2026 – ImmunityBio, Inc. (NASDAQ: IBRX), a commercial-stage

Non-Small Cell Lung Cancer (NSCLC):

Therapeutic indication:

ANKTIVA is indicated in combination with immune checkpoint inhibitors for the treatment of adult patients with metastatic NSCLC with disease progression on or after standard of care (immune checkpoint inhibitors alone or in combination with chemotherapy). Patients with actionable genomic alteration should have disease progression on approved therapy for these alterations, before using ANKTIVA in combination with immune checkpoint inhibitors.

QUILT-2.023: Prolonged Survival



2025-2026 Progress*

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	BCG Naïve CIS	ANKTIVA +BCG	Enrollment Complete Feb 2026	✓
	Alternative BCG Options	ANKTIVA +BCG	- Expanded Access Program Granted By the FDA for rBCG - Exclusive U.S. Agreement with Japan BCG Laboratory for Tokyo Strain of BCG	✓ ✓
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Lymphopenia	Solid Tumors (ALC)	ANKTIVA	Expanded Access Program Granted By the FDA	✓

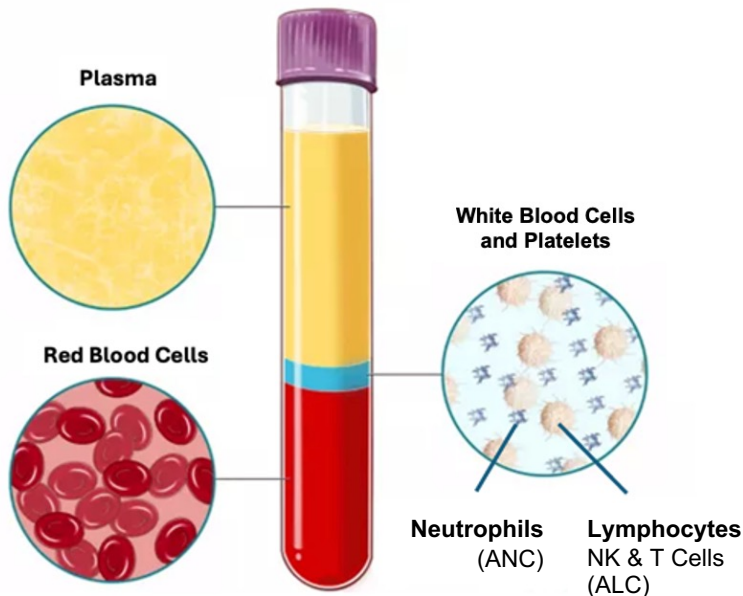
* Selected Trials in Pipeline

Standard of Care
Destroys the Very Cells that Kill Cancer

**Lymphopenia and Low ALC Results in
Reduced Overall Survival**

Introducing Absolute Lymphocyte Count (ALC) and Lymphopenia

Blood Components



ANC: Absolute Neutrophil Count
ALC: Absolute Lymphocyte Count

Red Blood Cell



Low Red Blood Count

Anemia



EPOGEN

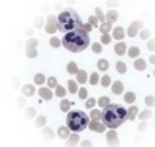


Treats Anemia

Increases Red Blood Cell Production

1989

Neutrophils



Low Neutrophil Count

Neutropenia



NEUPOGEN

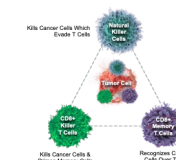


Prevents Infection

Increases Neutrophil Production

1991

NK & T Cells



Low Lymphocyte Count

Lymphopenia



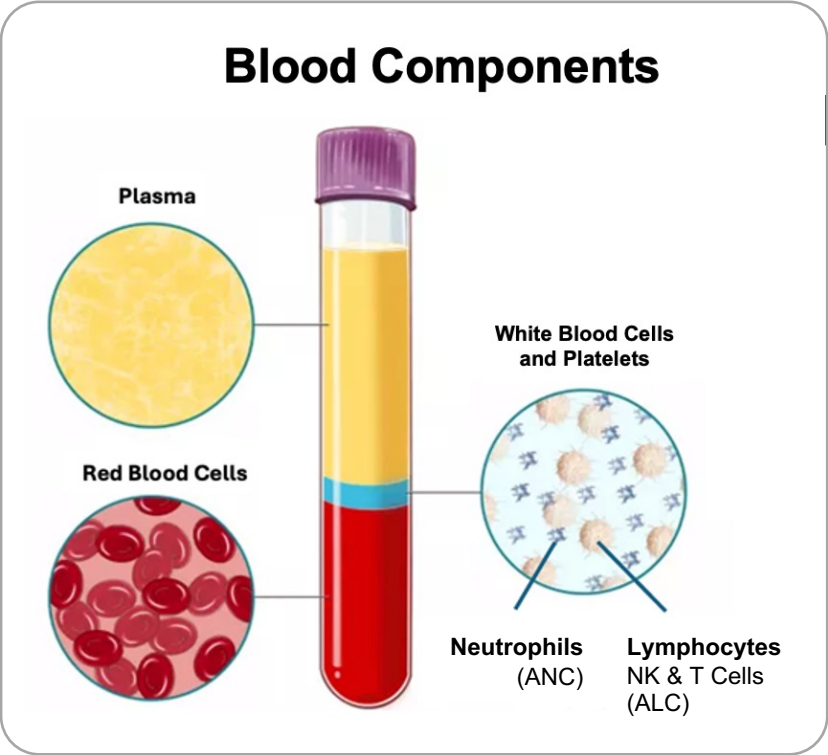
Loss of NK & T Cells
Which Kill Cancer &
Induce T Cell Memory

**No Treatment
for Over 50 Years**
The Missing Link

Proliferation and Activation

Regenerates NK and T cells and
Induces T Cell Memory

First Lymphocyte Rescue Agent in 50+ Years as Backbone to Chemo-Immunotherapy and Radiotherapy



ANC: Absolute Neutrophil Count
ALC: Absolute Lymphocyte Count

Red Blood Cell	Neutrophils	NK & T Cells
Low Red Blood Count	Low Neutrophil Count	Low Lymphocyte Count
Anemia	Neutropenia	Lymphopenia
↓	↓	↓
EPOGEN	NEUPOGEN	ANKTIVA
Treats Anemia	Prevents Infection	Proliferation and Activation
Increases Red Blood Cell Production	Increases Neutrophil Production	Regenerates NK and T cells and Induces T Cell Memory
1989	1991	ANKTIVA Approved 2024

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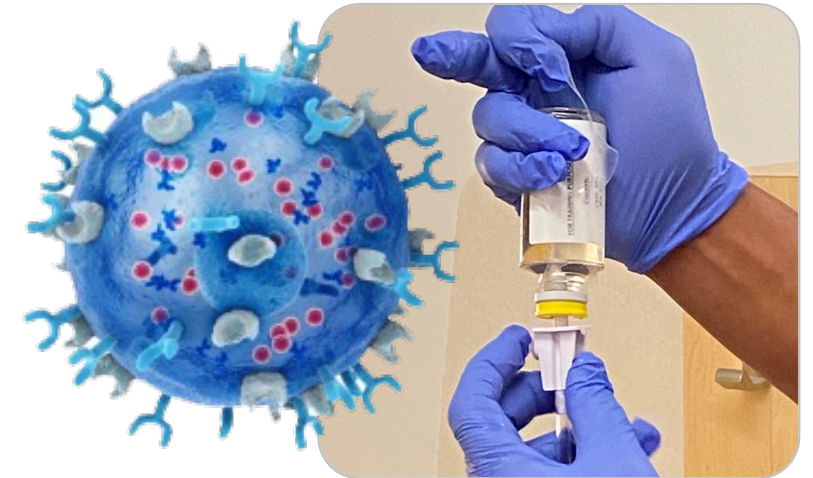
Non-Hodgkin's Lymphoma Program

QUILT-3.092 Clinical Trial of Non-Hodgkin's Lymphoma Refractory/Relapsed

Study Design:

Open-label, Phase 1/2 Study of CD19 t-haNK as a Single Agent and in Combination With an IL-15 Superagonist (N-803) and Rituximab in Subjects With Relapsed/Refractory Non-Hodgkin Lymphoma. Phase 2 Chemo-Free CAR-NK Trial Launched Feb 2026.

Up to 20 subjects will be enrolled and randomized 1:1 to 1 of 2 cohorts, as outlined below. The initial 3 subjects will be sequentially enrolled in a staggered fashion, with a 7-day interval between each subject to enable the capture and monitoring of any acute and subacute toxicities.



CD19 CAR-NK Cellular Therapy

QUILT-88: Effect of Tumor Burden and ALC Levels on Overall Survival

QUILT-88: Overall Survival by ALC Response and Median Baseline CA19-9

	All Subjects (N=50)	Average On-Treatment ALC < 0.5 (10 ³ /uL) and Baseline CA19-9 >3,852 u/mL (N=27)	Average On-Treatment ALC ≥ 0.5 (10 ³ /uL) and Baseline CA19-9 ≤3,852 u/mL (N=23)
Median Overall Survival	5.3 Months	3.1 Months	7.1 Months
P-value: <0.0001, HR: 0.28 (0.14, 0.55)			

Table 10.3

2025-2026 Progress*

	Indication	Agent	Progress	Status
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	BCG Naïve CIS	ANKTIVA +BCG	• Enrollment Complete Feb 2026	
	Alternative BCG Options	ANKTIVA +BCG	• Expanded Access Program Granted By the FDA for rBCG • Exclusive U.S. Agreement with Japan BCG Laboratory for Tokyo Strain of BCG	 
NSCLC	Lung Cancer Checkpoint Failure	ANKTIVA +Checkpoint	• Ongoing randomized clinical trial phase 3 (ResQ201A) • Trial initiated globally including US, Canada, UK, EU, Asia and Australia	 
Lymphopenia	Solid Tumors (ALC)	ANKTIVA	• Expanded Access Program Granted By the FDA	

* Selected Trials in Pipeline

Indication and Important Safety Information

INDICATION AND USAGE

ANKTIVA is an interleukin-15 (IL-15) receptor agonist indicated with Bacillus Calmette-Guerin (BCG) for the treatment of adult patients with BCG-unresponsive nonmuscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors.

WARNINGS AND PRECAUTIONS

Risk of Metastatic Bladder Cancer with Delayed Cystectomy. Delaying cystectomy can lead to the development of muscle invasive or metastatic bladder cancer, which can be lethal. If patient with CIS do not have a complete response to treatment after a second induction course of ANKTIVA with BCG, reconsider cystectomy.

CONTRAINDICATIONS: None

DOSAGE AND ADMINISTRATION

For Intravesical Use Only. Do not administer by subcutaneous or intravenous routes. Instill intravesically only after dilution. Total time from vial puncture to the completion of the intravesical instillation should not exceed 2 hours.

USE IN SPECIFIC POPULATIONS

Pregnancy: May cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception.

ADVERSE REACTIONS

The most common ($\geq 15\%$) adverse reactions, including laboratory test abnormalities, are increased creatinine, dysuria, hematuria, urinary frequency, micturition urgency, urinary tract infection, increased potassium, musculoskeletal pain, chills and pyrexia.

For more information about ANKTIVA, please see the Full Prescribing Information at www.anktiva.com. You are encouraged to report negative side effects of prescription drugs to FDA.

Visit www.FDA.gov/medwatch or call 1-800-332-1088. You may also contact ImmunityBio at 1-877-ANKTIVA (1-877-265-8482)