UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported):
March 17, 2021

ImmunityBio, Inc.
(Exact name of registrant as specified in its charter)

Delaware	001-37507	43-1979754
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

3530 John Hopkins Court
San Diego, California 92121
(Address of principal executive offices, including zip code)

(858) 633-0300
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report)

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.0001 per share	**IBRX**	**Nasdaq Global Select Market**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01

Upon the closing of the merger transaction on March 9, 2021 as previously disclosed, the number of shares of common stock outstanding of ImmunityBio, Inc. (the "Company") was 383,179,376.

A copy of a slide presentation that the Company intends to present to investors is attached to this Current Report on Form 8-K as Exhibit 99.1 and is incorporated herein solely for purposes of this Item 7.01 disclosure.

The information referenced under Item 7.01 (including Exhibit 99.1 referenced in Item 9.01 below) of this Current Report shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or under the Exchange Act, whether made before or after the date hereof, except as expressly set forth by specific reference in such filing to this Current Report. This Current Report shall not be deemed an admission as to the materiality of any information in the Current Report that is required to be disclosed solely by Regulation FD.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	ImmunityBio, Inc. Presentation
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

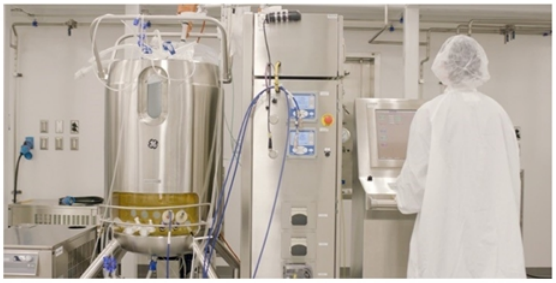
SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

IMMUNITYBIO, INC.

Date: March 17, 2021

By: /s/ David Sachs
Chief Financial Officer



ImmunityBio

NASDAQ:IBRX

A Leading Immunotherapy Biotech Company

Broadest Late-Stage Clinical Platform of Antibody Cytokine Fusion Proteins, Albumin-Linked Chemo-Immunomodulators, Vaccine Vectors and Natural Killer cells

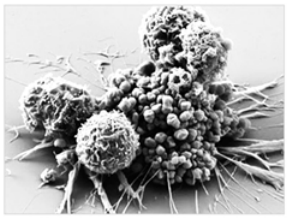
Forward Looking Statements

This press release contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Statements in this press release 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”, “could”, “estimates,” “expects,” “intends,” “may,” “plans,” “potential”, “predicts”, “projects,” “seeks,” “should,” “will,” and variations of such words or similar expressions. These 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 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) potential adverse effects or changes to relationships with employees, suppliers or other parties resulting from the completion of the merger , (ii) the outcome of any legal proceedings that may be instituted against the parties and others related to the merger, (iii) unexpected costs, charges or expenses resulting from the merger, (iv) uncertainty of the expected financial performance of the combined company following completion of the merger, including the possibility that the expected synergies and value creation from the merger will not be realized or will not be realized within the expected time period, (v) the ability of ImmunityBio to continue its planned preclinical and clinical development of its development programs, and the timing and success of any such continued preclinical and clinical development and planned regulatory submissions, (vi) inability to retain and hire key personnel, and (vii) the unknown future impact of the COVID-19 pandemic delay on certain clinical trial milestones and/or ImmunityBio’s operations or operating expenses. 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 8-K filed with the U.S. Securities and Exchange Commission (“SEC”) on March 10, 2021 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.

ImmunityBio: A Leading Immunotherapy Company

ImmunityBio
NASDAQ: IBRX

40
Phase I / II / III Clinical Trials



1,800+
Patients Studied

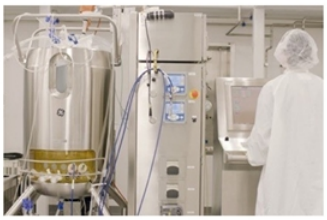
25
Phase II / III Clinical Trials

17
First in Human Immunotherapy Molecules and cells

Antibody Cytokine Fusion Proteins | **Chemo Immuno Modulators** | **Vaccine Technologies** | **Natural Killer Cells**

A Leading Immunotherapy Platform in Oncology & Infectious Diseases

2035+
Worldwide Patents Extending to 2035 and Beyond



400,000
Square Feet of Manufacturing and R&D Facilities

>3 Trillion
Over 3 Trillion Natural Killer Cells Manufactured to Date

Highly Experienced Management Team with Proven Track Record

Patrick Soon-Shiong, MD
Executive Chairman

Rich Adcock, MBA
Chief Executive Officer

David Sachs, MBA
Chief Financial Officer

Lennie Sender, MD
Chief Operating Officer

Fabio Benedetti, MD
Chief Strategy Officer

Bobby Reddy, MD
Chief Medical Officer

Sarah Singleton
Chief Communications Officer

Hans Klingemann, MD, PhD
Chief Scientific Officer
Cellular Therapy

Shahrooz Rabizadeh, PhD
Chief Scientific Officer
Fusion Protein & Neoepitope

Kayvan Niazi, PhD
Chief Science Officer
Immunology and Vaccinology

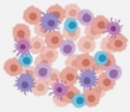
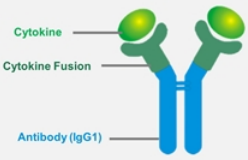
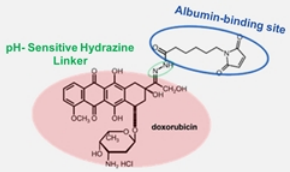
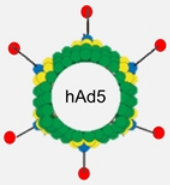
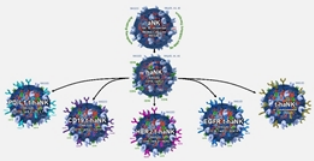
Barry Simon, MD
Chief Corporate Affairs Officer

Elizabeth Gabitzsch
Vice President, Vaccines

Sylvain Roy
Vice President, Manufacturing

Manju Saxena, PhD
Vice President, Product Dev
Cell Therapy Program

A Leading Immunotherapy Platform in Oncology and Infectious Diseases

	Antibody Cytokine Fusion Proteins	Albumin-Bound Immuno-Modulators	Vaccine Technologies	Natural Killer
Core Modalities	 Activating NK & T Cells	 Tumoricidal Macrophages	 Memory T Cells	 Off-the-Shelf NK Cells Autologous Memory ceNK
Lead	Anktiva (N-803)	Aldoxorubicin	Adenovirus (hAd5)	Natural Killer (NK)
Mechanism of Action				

ImmunityBio's Immunotherapy Platform: Antibody Cytokine Fusion Proteins

Core Modalities

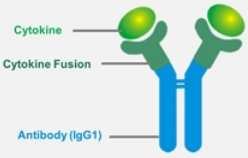
Antibody Cytokine Fusion Proteins

Activating NK & T Cells

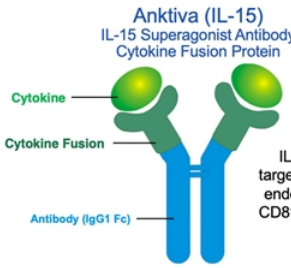
Lead

Anktiva (N-803)

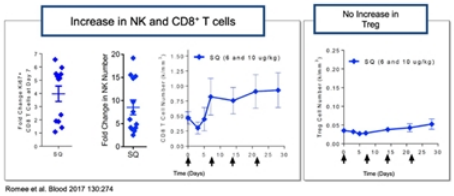
Mechanism of Action



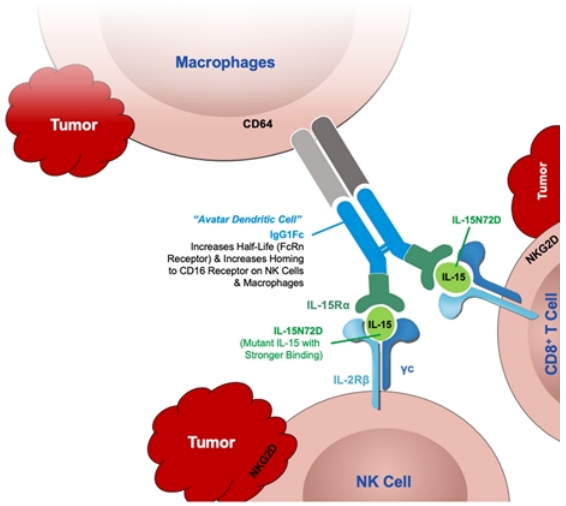
Anktiva (IL-15) Mechanism of Action



IL-15N72D and IgG1 Fc target, activate and proliferate endogenous killing cells NK, CD8⁺ T Cells without inducing T Reg stimulation



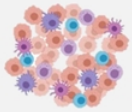
Romee et al. Blood 2017 130:274



ImmunityBio's Immunotherapy Platform: Albumin-Bound Immuno-Modulators

Core Modalities

Albumin-Bound Immuno-Modulators

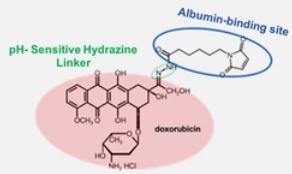


Tumoricidal Macrophages

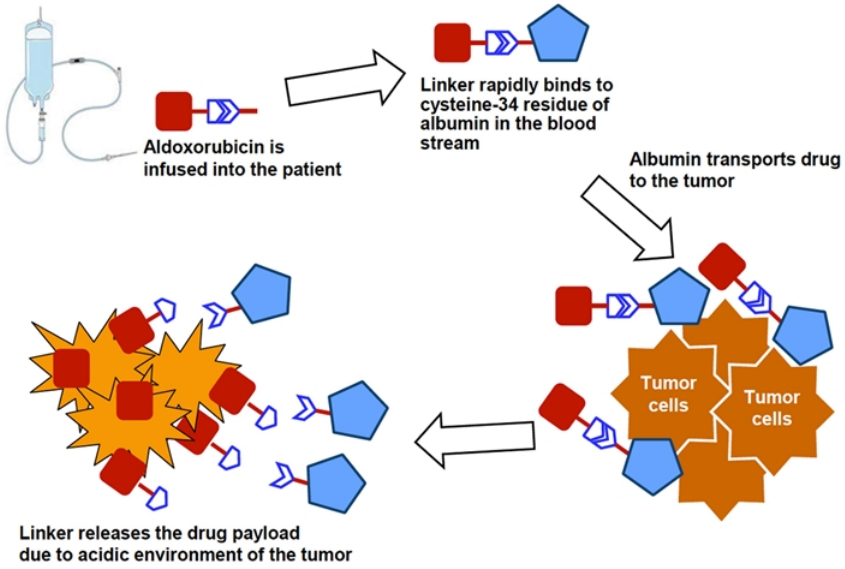
Lead

Aldoxorubicin

Mechanism of Action



Aldoxorubicin: Mechanism of Action



ImmunityBio's Immunotherapy Platform: Vaccine Technologies

Core Modalities

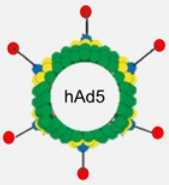
Vaccine Technologies

Memory T Cells

Lead

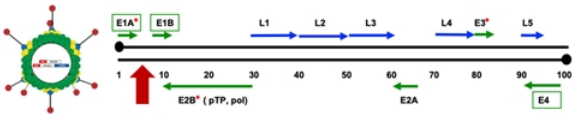
Adenovirus (hAd5)

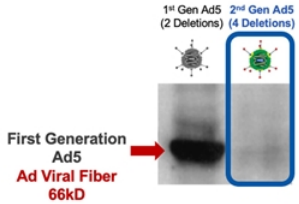
Mechanism of Action



A Second Generation Human Adenovirus Serotype 5 (hAd5) with Four Deletions Enabling Multiple Reinjections Even in the Presence of Ad Immunity

hAd5 [E1-, E2b-, E3-]





Second Generation Human Ad5 (hAd5)
hAd5 [E1-, E2b-, E3- Deleted]

- "Immunogenically Stealth"
- Overcomes Pre-Existing Ad Immunity
- Demonstrated Safety and Immunogenicity in >150 Patients Across 14 Phase 1 / 2 Clinical Trials

ImmunityBio's 2nd generation platform hAd5 is **"immunologically quiet"** enabling immune response even in the face of pre-existing immunity

Reduced antigenic competition between vector and target antigens results in **longevity of disease target protein expression**

Reduced adverse effects of vector-viral proteins

Mass manufacturing capacity established for drug substance and oral capsule finished dosage form, **turnkey today**

No needles, **self-administration**; **low cost distribution and storage**

Amalfitano, A., Hauser, M.A., Hu, H., Serra, D., Begy, C.R., and Chamberlain, J.S. (1998). Production and characterization of improved adenovirus vectors with the E1, E2b, and E3 genes deleted. J Virol 72, 926-933.

ImmunityBio's Immunotherapy Platform: Natural Killer Cell Therapy

Core Modalities

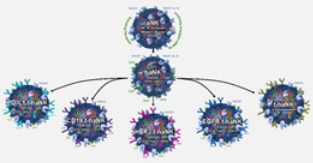
Natural Killer

Off-the-Shelf NK Cells
Autologous Memory ceNK

Lead

Natural Killer (NK)

Mechanism of Action



1

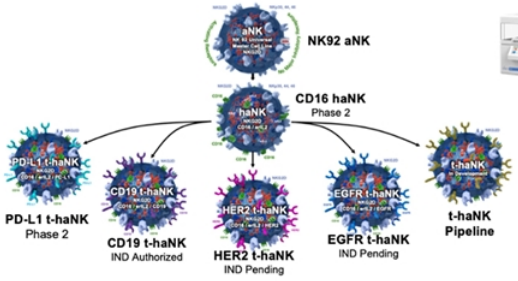
NK-92
Universal NK
Cell Line

2

M-ceNK
Memory Cytokine
Enriched Natural Killer

3

MSCs
Mesenchymal
Stem Cells



A Leading Immunotherapy Platform in:

I. Solid Tumors

Solid Tumors	Phase	Target Indication	Preclinical / Ph I / Ph II / Ph III	Anktiva	Aldox	Vectors	NK Cells	
Bladder	II / III	BCG Unresponsive NMIBC Carcinoma In-Situ (CIS)	***Breakthrough & Fast Track***	Anktiva				NCT0302282
	II	BCG Unresponsive NMIBC Papillary	***Fast Track***	Anktiva				NCT0213873
Lung	I / II	Advanced or Metastatic NSCLC Relapsed or Refractory Checkpoint	Single Arm CPI Relapsed, Phase 1/2, Lung	Anktiva				NCT0252346
	II	2L or Greater Lung Cancer, Checkpoint Relapsed	Single Arm CPI Relapsed Basket, Phase 2, Lung	Anktiva			PD-L1 t-haNK	NCT0322866
	III	2L NSCLC Checkpoint Relapsed and Refractory LungMAP – S1800D (SWOG)	Randomized Phase 3, 2L Lung	Anktiva				Pending
	III	1L Squamous & Non-Squamous Non-Small Cell Lung Cancer Checkpoint Alone	Randomized Phase 3, 1L Lung Chemo Free	Anktiva				NCT0352068
	III	1L Non-Small Cell Lung Cancer Checkpoint + Concurrent Chemo	Randomized Phase 3, 1L Lung Chemo	Anktiva				NCT0352068
Pancreatic	I	Advanced Metastatic Pancreatic Cancer	Single Arm, Phase 1, Pancreatic	Anktiva	Aldox	hAd5-CEA, MUC1, Brachyury, HER2	haNK	NCT0358686
	II / III	3L Metastatic Pancreatic Cancer	Single Arm Phase 2, 3L Pancreas	Anktiva	Aldox		PD-L1 t-haNK	NCT0439039
	II / III	2L Metastatic Pancreatic Cancer	Randomized, Phase 2/3 2L Pancreas	Anktiva	Aldox		PD-L1 t-haNK	NCT0439039
	II / III	1L Metastatic Pancreatic Cancer	Randomized, Phase 2/3 1L Pancreas	Anktiva	Aldox		PD-L1 t-haNK	NCT0439039
Breast	I	3L or Greater Triple Negative Breast Cancer	Single Arm, Phase 1, 3L TNBC	Anktiva	Aldox	hAd5-CEA, MUC1, Brachyury	haNK	NCT0338708
	I / II / III	3L or Greater Triple Negative Breast Cancer	Randomized, Phase 1/2/3, 3L TNBC	Anktiva			PD-L1 t-haNK	Pending NCT
Colon	I	CEA Expressing Tumors	Single Arm, Phase 1, CEA	Anktiva		hAd5-CEA		NCT0312709
	II	3L Metastatic Colon Cancer	Single Arm, Phase 2, 3L Colon			hAd5-CEA		NCT0114796
	II	Metastatic or Unresectable Colon Cancer	Randomized, Phase 2, 2L or Greater Colon, NCI			hAd5-CEA		NCT0305081

A Leading Immunotherapy Platform in:

I. Solid Tumors (Continued)

Solid Tumors	Phase	Target Indication	Preclinical / Ph I / Ph II / Ph III	Anktiva	Aldox	Vectors	NK Cells	
Merkel	II	Recurrent Merkel Cell Carcinoma	Single Arm, Phase 2, Merkel	Anktiva			haNK	NCT0385331
Glioblastoma	II	Recurrent Glioblastoma	Single Arm, Phase 2, Glioblastoma		Aldox			NCT0201484
	I	Recurrent Glioblastoma	Single Arm, Phase 1, Glioblastoma, Frankfurt University				HER2 t-haNK	NCT0338397
Head & Neck	I	1L Recurrent & Neoadjuvant Head & Neck	Single Arm, Phase 1, Head & Neck, NCI	Anktiva		hAd5-CEA, MUC1, Brachyury		NCT0424728
Prostate	I / II	Castration Resistant Prostate Cancer Quick Efficacy Seeking Trial (QuEST1)	Randomized, Phase 1/2, Prostate, NCI	Anktiva				NCT0349394
	I	Castration Resistant Prostate Cancer	Single Arm, Phase I, Castration Resistant, NCI			hAd5-PSA, MUC1, Brachyury		NCT0348181
Ovarian	I	Advanced Ovarian Cancer – Intraperitoneal (IP) and/or Subcutaneous (SC) Alone	Randomized, Phase 1, Ovarian, University of Minnesota	Anktiva				NCT0305490
Sarcoma	I / II	Metastatic Soft Tissue Sarcoma Aldox + Ifosfamide	Single Arm, Phase 1 / 2, Sarcoma		Aldox			NCT0223570
	II	Advanced Soft Tissue Sarcoma Aldox vs Doxorubicin	Randomized, Phase 2, Sarcoma		Aldox			NCT0151418
	III	Metastatic, Locally Advanced Sarcoma	Randomized, Phase 3, Sarcoma		Aldox			NCT0204990
Advanced Solid Tumors	I	Multi-Targeted Recombinant Ad5 CEA, MUC1, Brachyury Vaccine Regimen in Adv. Cancer (NCI)	Single Arm, Phase 1, NCI			hAd5-CEA, MUC1, Brachyury		NCT0338431
	I	Advanced Solid Tumors, Yeast Neoepitope	Single Arm, Phase 1, Advanced Solid Tumors			Ye-NEO		NCT0355271
	I	Advanced Solid Tumors, M-ceNK	Single Arm, Phase 1, IND Filed				M-ceNK	Pending

A Leading Immunotherapy Platform in:

II. Liquid Tumors (Oncology)

Liquid	Phase	Target Indication	Preclinical / Ph I / Ph II / Ph III	Anktiva	NK Cells	
iNHL	I / II	Relapsed / Refractory Indolent Non-Hodgkin's Lymphoma	Single Arm, Phase 1 / 2, iNHL	Anktiva		NCT02384954
Multiple Myeloma	I / II	Relapsed or Refractory Multiple Myeloma	Single Arm Phase 1 / 2, Multiple Myeloma	Anktiva		NCT02099539
	I	Multiple Myeloma & Lymphoma Relapse after Transplantation	Single Arm, Phase 1, Lymphoma & MM		aNK	NCT00990717
Lymphomas, AML, MDS	I	Hematological Malignancies Relapse After Allogenic Transplantation	Single Arm, Phase 1, Liquid Tumors	Anktiva		NCT01885897
	II	Adults w/ Relapsed or Refractory AML	Single Arm, Phase 2, AML	Anktiva		NCT03050216
	I	Acute Myeloid Leukemia & Lymphomas	Single Arm, Phase 1, AML & Lymphomas	Anktiva	Donor NK	NCT02890758
	II	Acute Myeloid Leukemia & Myelodysplastic Syndrome (MDS) Relapsed Prophylaxis	Single Arm, Phase 2, AML and MDS	Anktiva		NCT02782546
	I / II	Cytokine Induced Memory Like NK Cell After Hematopoietic Transplantation	Single Arm, Phase 1 / 2, AML	Anktiva	M-ceNK	NCT02989844
	I / II	Acute Myeloid Leukemia or Myelodysplastic Syndrome (MDS)	Single Arm, Phase 1 / 2, AML, MDS	Anktiva	M-ceNK	NCT01898793
	I	Diffuse Large B Cell Lymphoma	Single Arm, Phase 1, IND Authorized		CD-19 t-haNK	NCT04052061

A Leading Immunotherapy Platform in:

III. Infectious Diseases

Infectious Dis.	Phase	Target Indication	Preclinical	Ph I	Ph II	Ph III	Anktiva	Adenovirus
HIV	I	ACTG / NIAID: HIV Broadly Neutralizing Antibodies	Single Arm, Phase 1, HIV				✓ Anktiva	
	II	Thai Red Cross: Reducing HIV Persistence by IL-15	Randomized, Phase 2, HIV				✓ Anktiva	
COVID-19	I	COVID-19 Vaccine: hAd5 S+N USA (SC, SC)	Single Arm, Phase 1, COVID	Subcutaneous				✓ hAd5 S+N
		COVID-19 Vaccine: hAd5 S+N USA (SC, SL)	Single Arm, Phase 1, COVID	Sublingual				✓ hAd5 S+N
	I	COVID-19 Vaccine: hAd5 S+N USA (SC, Oral)	Single Arm, Phase 1, COVID	Oral Capsule				✓ hAd5 S+N
	I	COVID-19 Vaccine: hAd5 S+N South Africa (SC, SC)	Single Arm, Phase 1, COVID	Subcutaneous				✓ hAd5 S+N

A Leading Immunotherapy Platform in:

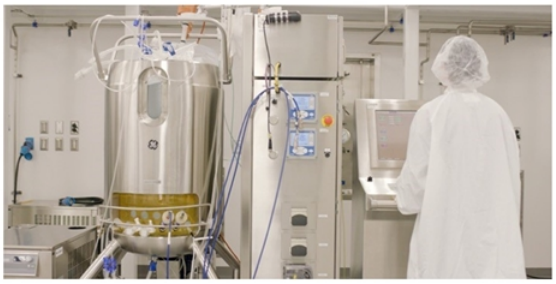
IV. Pre-Clinical & Pre-IND Pipeline

Platforms	Phase	Product Description	Preclinical	Pre-IND	IND Filed	IND Auth	Fusion Proteins	Adenovirus	Natural Killer
Antibody Cytokine Fusion Proteins	Pre-IND	IL-15 Superagonist + Anti CD20 Fusion Protein	N-820				N-820: IL-15 / CD20		
	Pre-IND	IL-15 Superagonist + Anti PD-L1 Fusion Protein	N-809				N-809: IL-15 / PD-L1		
	Pre-IND	Tumor Necrosis Targeting (TNT) TNT + TGFb Trap Fusion Protein	N-830				N-830: TNT / TGFb		
	Pre-IND	Tumor Necrosis Targeting (TNT) TNT + IL-12 Fusion Protein	N-812				N-812: TNT / IL-12		
NK Platform	Pre-IND	HER2 t-haNK	HER2 t-haNK						HER2 t-haNK
	Pre-IND	EGFR t-haNK	EGFR t-haNK						EGFR t-haNK
	Pre-IND	TxM Induced M-ceNK	M-ceNK				TxM IL-12 / IL-18 / IL-15		M-ceNK
	Pre-IND	Nanatinostat – Epigenetic Modifier	Nanatinostat						
Peptides	Pre-IND	M2 Macrophage Polarizer to M1	RP-182				RP-182		
Adenovirus	Pre-IND	hAd5 Human Papillomavirus (HPV)	hAd5 E6/E7					hAd5 E6/E7	
	Pre-IND	hAd5 to N-803	hAd5 N-803					hAd5 N-803	
	Pre-Clin	hAd5 Influenza	hAd5 HA/M					hAd5 HA / M	
	Pre-Clin	hAd5 COVID-19 ACE2 Decoy	hAd5 ACE2					hAd5 ACE2 Decoy	
MSC	Phase 1	Mesenchymal Stem Cell w/ GMP-in-a-Box	MSCs w/ GMP-in-a-Box						Mesenchymal Stem Cells (MSC)

A Leading Immunotherapy Platform in:

I. Solid Tumors

Solid Tumors	Phase	Target Indication	Preclinical / Ph I / Ph II / Ph III	Anktiva	Aldox	Vectors	NK Cells	
Bladder	II / III	BCG Unresponsive NMIBC Carcinoma In-Situ (CIS)	***Breakthrough & Fast Track***	Anktiva				NCT0302282
	II	BCG Unresponsive NMIBC Papillary	***Fast Track***	Anktiva				NCT0213873
Lung	I / II	Advanced or Metastatic NSCLC Relapsed or Refractory Checkpoint	Single Arm CPI Relapsed, Phase 1/2, Lung	Anktiva				NCT0252346
	II	2L or Greater Lung Cancer, Checkpoint Relapsed	Single Arm CPI Relapsed Basket, Phase 2, Lung	Anktiva			PD-L1 t-haNK	NCT0322866
	III	2L NSCLC Checkpoint Relapsed and Refractory LungMAP – S1800D (SWOG)	Randomized Phase 3, 2L Lung	Anktiva				Pending
	III	1L Squamous & Non-Squamous Non-Small Cell Lung Cancer Checkpoint Alone	Randomized Phase 3, 1L Lung Chemo Free	Anktiva				NCT0352068
	III	1L Non-Small Cell Lung Cancer Checkpoint + Concurrent Chemo	Randomized Phase 3, 1L Lung Chemo	Anktiva				NCT0352068
Pancreatic	I	Advanced Metastatic Pancreatic Cancer	Single Arm, Phase 1, Pancreatic	Anktiva	Aldox	hAd5-CEA, MUC1, Brachyury, HER2	haNK	NCT0358686
	II / III	3L Metastatic Pancreatic Cancer	Single Arm Phase 2, 3L Pancreas	Anktiva	Aldox		PD-L1 t-haNK	NCT0439039
	II / III	2L Metastatic Pancreatic Cancer	Randomized, Phase 2/3 2L Pancreas	Anktiva	Aldox		PD-L1 t-haNK	NCT0439039
	II / III	1L Metastatic Pancreatic Cancer	Randomized, Phase 2/3 1L Pancreas	Anktiva	Aldox		PD-L1 t-haNK	NCT0439039
Breast	I	3L or Greater Triple Negative Breast Cancer	Single Arm, Phase 1, 3L TNBC	Anktiva	Aldox	hAd5-CEA, MUC1, Brachyury	haNK	NCT0338708
	I / II / III	3L or Greater Triple Negative Breast Cancer	Randomized, Phase 1/2/3, 3L TNBC	Anktiva			PD-L1 t-haNK	Pending NCT
Colon	I	CEA Expressing Tumors	Single Arm, Phase 1, CEA	Anktiva		hAd5-CEA		NCT0312709
	II	3L Metastatic Colon Cancer	Single Arm, Phase 2, 3L Colon			hAd5-CEA		NCT0114796
	II	Metastatic or Unresectable Colon Cancer	Randomized, Phase 2, 2L or Greater Colon, NCI			hAd5-CEA		NCT0305081



ImmunityBio

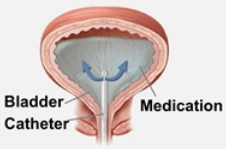
Bladder Cancer

Updated March 2021

Overview of Non-Muscle Invasive Bladder Cancer (NMIBC)

Current Standard of Care

Intravesical BCG



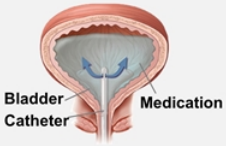
BCG
Administered Intravesically

ImmunityBio's Approach

Intravesical BCG

+

Anktiva



BCG + Anktiva
Administered Intravesically

BREAKTHROUGH THERAPY DESIGNATION
for BCG-Unresponsive NMIBC CIS

- **High rates of progression and recurrence** for NMIBC make it one of the **most expensive cancer** to treat
- Current standard of treatment is Transurethral **resection of bladder tumor** (TURBT), with or without intravesical therapy
- Intravesical BCG is commonly used as an adjuvant treatment after TURBT for intermediate-high-risk NMIBC – **side effects are common**
- Patients who have failed BCG therapy **require radical cystectomy with urinary diversion** or chemotherapy and radiation
- Only **50% of patients undergoing radical cystectomy will survive** at 5 years

80k
Annual New Cases

18k
Annual Deaths

Phase I Results in NMIBC

Anktiva + BCG in High-Risk NMIBC – Phase I Results

Dose (intravesicular instillation)	Patient	Stage	Response Assessments							
			W12	6M	9M	12M	15M	18M	21M	24M
100 µg	1	Pap T1	CR*	CR	CR	CR	CR	CR	CR	CR
	2	Pap Ta	CR*	CR	CR	CR	CR	CR	CR	CR
	3	Pap T1	CR*	CR	CR	CR	CR	CR	CR	CR
200 µg	4	Pap T1	IC	CR*	CR	CR	CR	CR	CR	CR
	5	CIS	IC	IC	IC	CR	CR	CR	CR	CR
	6	Pap T1	CR*	CR	CR	CR	CR	CR	CR	CR
400 µg	7	Pap T1	CR*	CR	CR	CR	CR	CR	CR	CR
	8	CIS	CR*	CR	CR	CR	CR	CR	CR	CR**
	9	Pap Ta	CR*	CR	CR	CR	CR	CR	CR	CR

Data as of Feb 2018

CR – Complete Response
CR* – No Recurrence (NR) in Papillary Disease
CR** – Negative Cystoscopy Inconclusive Cytology

FDA granted Fast Track Designation to the pivotal trial based on this Phase I data.

Standard of Care historical response rate is 58-81% at 3-6 months post BCG alone

9 of 9 (100%) Patients Disease-Free at 24 Months

Phase II / III Data in BCG-Unresponsive NMIBC **CIS**

Ongoing Study

Primary Endpoint | Complete Response at Any Time

Primary Endpoint: CR at any time, with lower bound of 95% CI ≥ 20%

To meet the primary endpoint, **24** out of 80 patients must have had a CR at any time

- 80 patients accrued to date (fully accrued)
- Results: **51 CRs at any time have been reached**
- CR Rate at Any Time of **71% (95% CI: 59%, 81%)**
- **Overall SAE rate of 11%, no treatment-related SAEs**
- Individual SAE events were all **≤ 1%**

Anticipated Next Steps

1H 2021: **Initial FDA Readout** Ph II / III BCG Unresponsive NMIBC Carcinoma In-Situ CIS 2nd Line

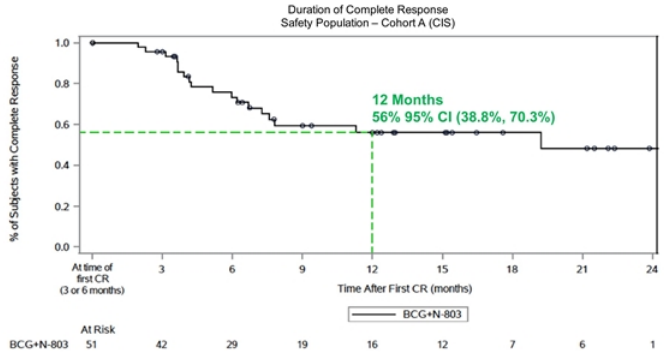
2H 2021: CIS **BLA Filing** Ph II / III BCG Unresponsive NMIBC

Updated Jan 2021

Secondary Endpoint | Duration of Complete Response

Duration of CR at **12 months**

- **56%** (95% CI: 38.8%, 70.3%) probability of patients maintaining CR for 12 months



Late-Breaking Presentation ASCO GU 2021 (Feb 12)

Presented by Dr. Karim Chamie (UCLA)

https://meetinglibrary.asco.org/record/195299/abstract

Drug	N	CR Rate at Anytime	Median Duration of CR in responders	Median follow up (months)	Cystectomy Free Rate to date	% with Extra Vesical Disease
Anktiva (N-803)	**80**	**71%**	**19.2 Months***	**10.7**	**88%**	**1**
Pembrolizumab[1]	**97**	**41%**	**16.2 Months**	**24.1**	**63%**	**3**
Nadofaragene[2]	**103**	**53%**	**9.7 Months**	**19.7**	**71%**	**1**

***Kaplan-Meier estimate**

1. ODAC: https://www.fda.gov/media/133542/download, ASCO 2020
2. Boorjian et al. Lancet 2020

A historical comparison. Not a head to head comparison

Efficacy & Safety in Patients with BCG-Unresponsive NMIBC CIS in QUILT-3.032 and Historical Comparison to Keytruda

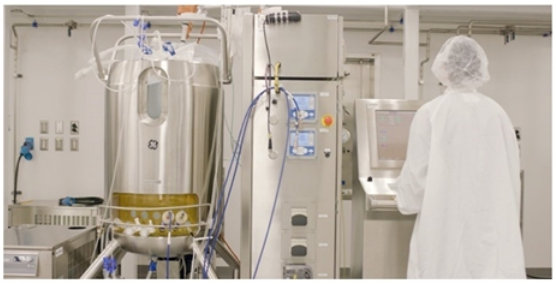
Approved Jan 2020

ImmunityBio

Efficacy Endpoints	KEYNOTE-057 Keytruda	QUILT-3.032 Anktiva + BCG
CR Rate (95% CI)		
At any time or 3 months	**41%** (31%, 52%)	**71%** (59%, 81%)
Duration of Response in Responding Patients		
Median Duration of CR in Months (range)	**16.2** (0.0+ – 26.8)	**19.2** (0.0+ – 26.4)
Cystectomy Free Rate		
% Cystectomy Free	**63%**	**89%**

Immune-Mediated Adverse Event	KEYNOTE-057 Keytruda	QUILT-3.032 Anktiva + BCG
Any Immune-Mediated AE	**21%**	**0**
Grade 3-5 Immune-Mediated AEs	**3%**	**0**
Any Immune-Mediated SAE	**5%**	**0**
Discontinuation due to Immune-Mediated AEs	**4%**	**0**
Discontinuation due to Immune-Mediated SAEs	**2%**	**0**

A historical comparison. Not a head to head comparison



ImmunityBio

Pancreatic Cancer

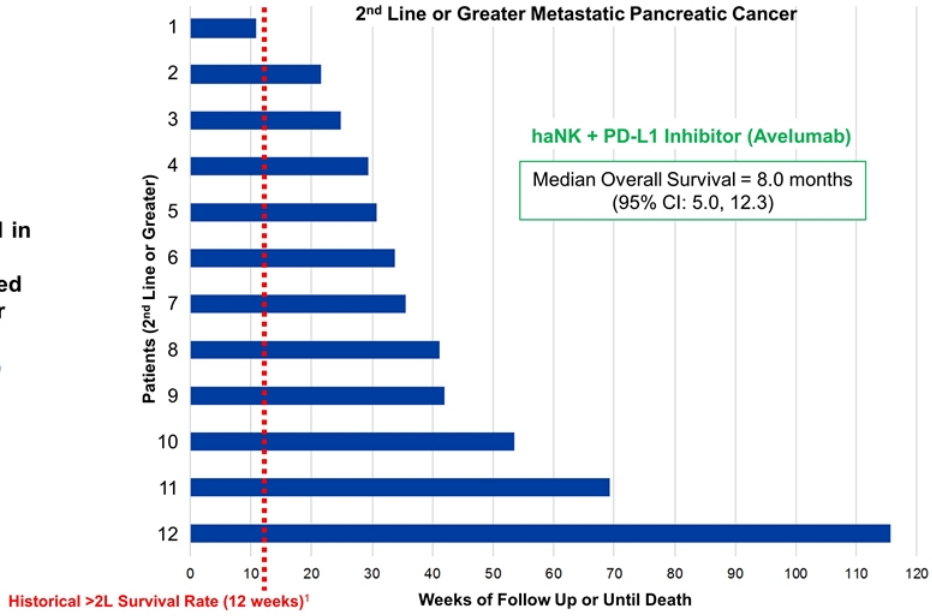
Updated March 2021

haNK + PD-L1 inhibitor (Avelumab) in Metastatic Pancreatic Cancer
Median Overall Survival 8.0 Months

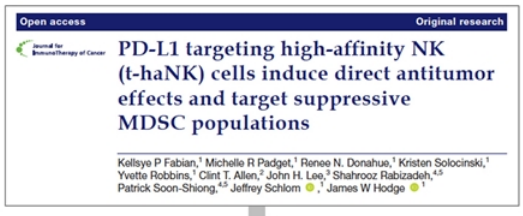
Preliminary Data Lock

Phase 1/2 Trial of haNK + PD-L1 in Combination with Chemo Immunomodulation in Advanced Metastatic Pancreatic Cancer

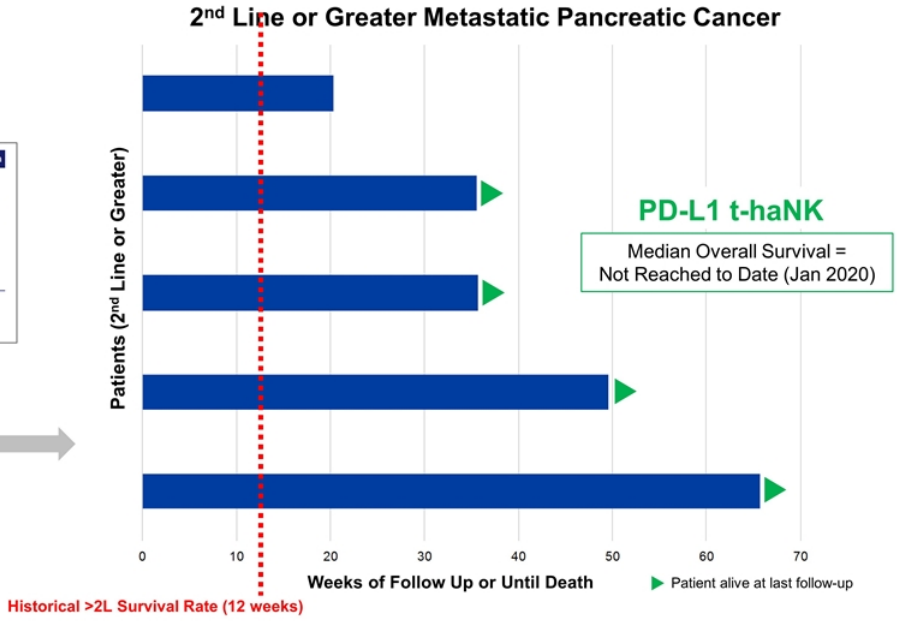
NCT03329248 (Closed)
QUILT 3.039, 3.060, 3.070, 3.080
NANT Cancer Vaccine



PD-L1 t-haNK Favorable to haNK + PD-L1 inhibitor (Avelumab) in Metastatic Pancreatic Cancer Median Overall Survival to Date (As of Jan 2020) Not Reached



Exploratory Trial of PD-L1 t-haNK in Combination with Chemo Immunomodulation in Advanced Metastatic Pancreatic Cancer



PD-L1 t-haNK + Chemo Immunomodulation in Locally Advanced or Metastatic Pancreatic Cancer (QUILT-88)

Actively Enrolling

Phase 2 Trial of PD-L1 t-haNK in Combination with Chemo Immunomodulation in Advanced Metastatic Pancreatic Cancer

NCT04390399 (QUILT-88) N=248

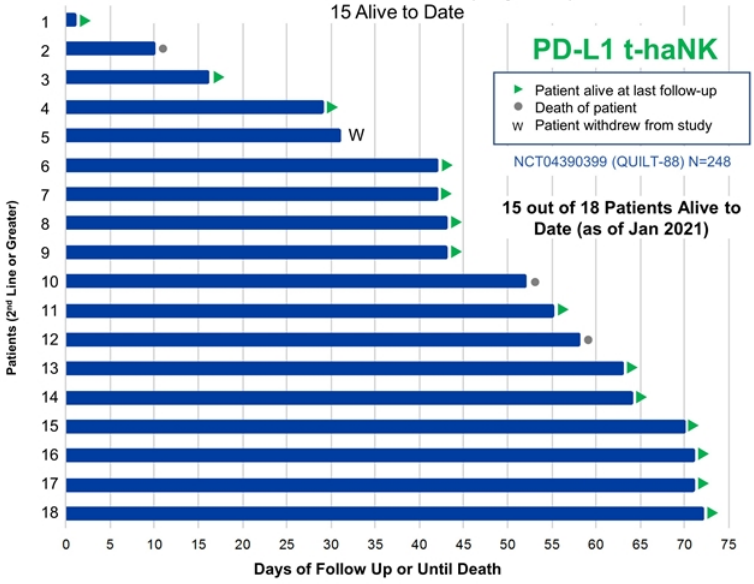
Aldoxorubicin HCl, N-803 and PD-L1 t-haNK — ImmunityBio, Inc.
Clinical Trial Protocol: QUILT-88 Amendment 3

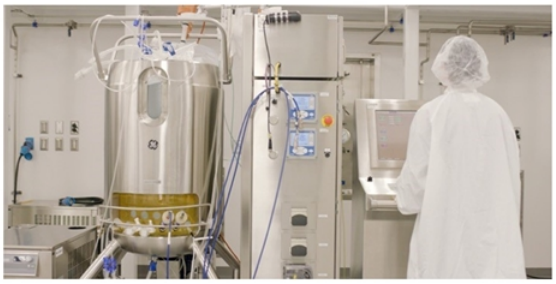
OPEN-LABEL, RANDOMIZED, COMPARATIVE PHASE 2 STUDY OF COMBINATION IMMUNOTHERAPY PLUS STANDARD-OF-CARE CHEMOTHERAPY VERSUS STANDARD-OF-CARE CHEMOTHERAPY FOR THE TREATMENT OF LOCALLY ADVANCED OR METASTATIC PANCREATIC CANCER

Status: Enrolling • **Cohort A** 1st Line therapy (Randomized)
Enrolling • **Cohort B** 2nd Line therapy (Randomized)
Enrolling • **Cohort C** 3rd Line or greater therapy (Single-Arm)

This is a Phase 2, three-cohort (2 randomized and 1 single-arm), open-label study to evaluate the comparative efficacy and overall safety of standard-of-care chemotherapy versus standard-of-care chemotherapy in combination with **Aldoxorubicin, N-803, and PD-L1 t-haNK** in subjects with locally advanced or metastatic pancreatic cancer. Each treatment setting (ie, first line maintenance, second line, or third line or greater) will be evaluated independently as a separate cohort.

Data as of Jan 2021:
18 accrued to date in 3rd Line or Greater (Single Arm) – Cohort C
15 Alive to Date





ImmunityBio

Lung Cancer

Updated March 2021

Phase IIb Data in Lung Cancer
2nd and 3rd Line NSCLC (QUILT 3.055)
In Discussions with Lung-MAP

Multi-Cohort Basket and Status

- QUILT 3.055 is an ongoing Phase IIb, basket trial of 11 anatomical tumor types of **combination Anktiva + checkpoint**
- **131 patients** have been enrolled to date
- **81 / 131 of these have lung cancer (78 NSCLC and 3 SCLC)**

Anticipated Next Steps

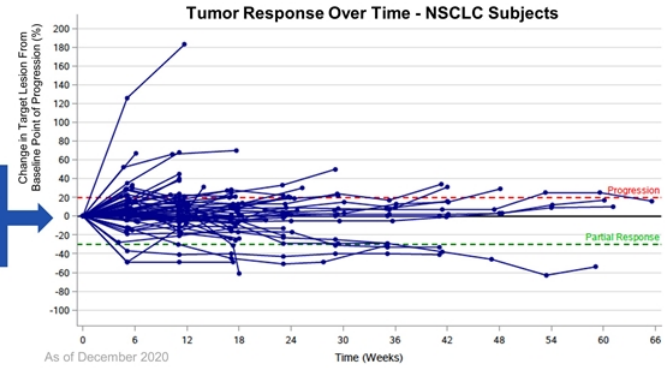
1H 2021: Data lock anticipated for the QUILT 3.055 lung cancer cohorts

In Discussions with Lung-MAP

Patients Receiving Checkpoint + Anktiva

Shows preliminary evidence of long-term stable disease in 2L/3L NSCLC patients who previously progressed

0 point baseline represents patients who were actively progressing on CPI prior to enrollment of study with Anktiva + CPI



As of December 2020

Anktiva as the Backbone to Checkpoint Therapy Registrational Trial: Anktiva + Checkpoint in First Line Lung Cancer (QUILT 2.023)

	Phase	Target Indication	Pre-clinical	Ph I	Ph II	Ph III	Fusion Proteins	Aldoxorubicin	Adenovirus	Natural Killer
Lung	III	1L Squamous & Non-Squamous Non-Small Cell Lung Cancer CPI Alone					✓ Anktiva			
	III	1L Non-Small Cell Lung Cancer CPI + Concurrent Chemo					✓ Anktiva			
	IIb	2L or Greater Checkpoint Relapsed Non-Small Cell Lung Cancer					✓ Anktiva			✓ PD-L1 t-haNK

1L Squamous & Non-Squamous Non-Small Cell Lung Cancer CPI Alone

N = 726

First Line

Stage 3 or Stage 4 NSCLC with PD-L1 Expression (TPS ≥ 1%)

Stratify:
- Squamous vs non-squamous
- PD-L1 expression (TPS ≥ 50% vs 1-49%)

Randomize 1:1

Control Arm	Experimental Arm
• **Pembrolizumab** (200 mg IV infusion) Every 3 Weeks	• **Pembrolizumab** (200 mg IV infusion) Every 3 Weeks + • **Anktiva** (15 ug/kg subcutaneous) Every 3 Weeks

1L Non-Small Cell Lung Cancer CPI + Concurrent Chemo

N = 404

First Line Squamous NSCLC

Stage 3 or Stage 4 NSCLC with PD-L1 Expression (TPS ≥ 1%)

Stratify:
- Squamous vs non-squamous
- PD-L1 expression (TPS ≥ 50% vs 1-49%)

Randomize 1:1

Control Arm	Experimental Arm
Squamous NSCLC • Induction Phase: Carboplatin + Taxane **+ Pembrolizumab** • Maintenance Phase: **Pembrolizumab**	**Squamous NSCLC** • Induction Phase: Carboplatin + Taxane **+ Pembrolizumab + Anktiva** • Maintenance Phase: **Pembrolizumab + Anktiva**

1L Non-Small Cell Lung Cancer CPI + Concurrent Chemo

N = 408

First Line Non-Squamous NSCLC

Stage 3 or Stage 4 NSCLC with PD-L1 Expression (TPS ≥ 1%)

Stratify:
- Squamous vs non-squamous
- PD-L1 expression (TPS ≥ 50% vs 1-49%)

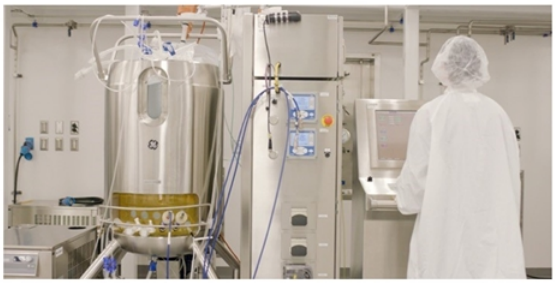
Randomize 1:1

Control Arm	Experimental Arm
Non-Squamous NSCLC • Induction Phase: Platinum + Pemetrexed **+ Pembrolizumab** • Maintenance Phase: Pemetrexed **+ Pembrolizumab**	**Non-Squamous NSCLC** • Induction Phase: Platinum + Pemetrexed **+ Pembrolizumab + Anktiva** • Maintenance Phase: Pemetrexed **+ Pembrolizumab + Anktiva**

Actively Enrolling

Checkpoint Failure Basket Trial – 135 Patients Enrolled

Phase IIb: Multi-Cohort Basket Trial of CPI Failures	Enrolled Patients
Lung Cancer: Non-Small Cell	18 / 18 Enrolling
Lung Cancer: Small Cell	10 / 10 Enrolled
Head & Neck Squamous Cell Carcinoma	8 / 18 Enrolling
Melanoma	15 / 18 Enrolling
Renal Cell Carcinoma	7 / 18 Enrolling
Gastric	3 / 18 Enrolling
Urothelial	1 / 18 Enrolling
Cervical	2 / 18 Enrolling
High PD-L1 NSCLC	10 / 20 Enrolling
NSCLC	19 / 19 Completed Enrollment



ImmunityBio

Triple Negative Breast Cancer (TNBC)

Updated March 2021

Triple Negative Breast Cancer Phase Ib/II

IND Filing by Q1 2021 for Randomized Phase 3 in TNBC

April 2020

FDA grants accelerated approval to sacituzumab govitecan-hziy for metastatic triple negative breast cancer

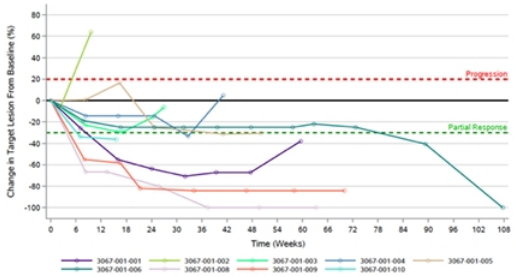
ORR was 33.3% (95% CI: 24.6, 43.1)
Median response duration was 7.7 months (95% CI: 4.9, 10.8)

A historical comparison. Not a head to head comparison

NantKwest Phase 1b / 2 TNBC Data (2nd Line or Greater)

ORR: 67%
Median PFS: 14.3 months
Median OS: 20.2 months

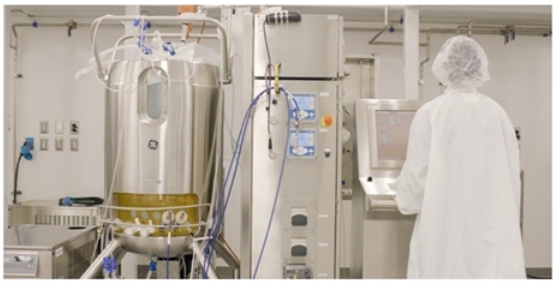
89%
(8/9) Subjects with Disease Control



Phase 3: Open-label, randomized, controlled, phase 3 trial of sacituzumab versus sacituzumab plus **Anktiva** and **PD-L1 t-haNK** for the treatment of subjects with advanced triple-negative breast cancer after prior therapy.
Planned N=374 (N=187 per Arm), Randomized 1:1, TNBC >2 Prior Treatments for Metastatic Disease

Anticipated Next Steps

- **Q1 2021: Protocol completed for Phase 3 TNBC**
- **Q3 2021: Confirm registrational protocol design**



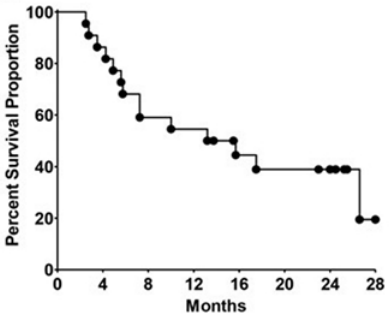
ImmunityBio

Metastatic Colon Cancer

Updated March 2021

Adenovirus Experience in Colon Cancer

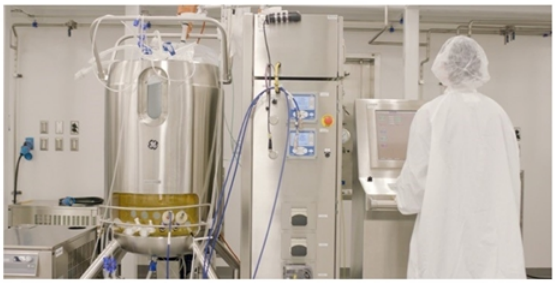
Solid Tumors	Phase	Target Indication	Preclinical	Ph I	Ph II	Ph III	Anktiva	Adenovirus
Colon	I	CEA Expressing Tumors		Single Arm, Phase 1, CEA			✓Anktiva	✓ hAd5-CEA
	II	3L Metastatic Colon Cancer			Single Arm, Phase 2, 3L Colon			✓ hAd5-CEA
	II	Metastatic or Unresectable Colon Cancer			Randomized, Phase 2, 2L or Greater Colon, NCI			✓ hAd5-CEA



Published in final edited form as:
Cancer Immunol Immunother. 2015 August ; 64(8): 977–987. doi:10.1007/s00262-015-1706-4.

Extended evaluation of a Phase 1/2 trial on dosing, safety, immunogenicity, and overall survival after immunizations with an advanced generation Ad5 [E1-, E2b-]-CEA(6D) vaccine in late stage colorectal cancer

- Kaplan-Meier survival plot on long-term overall survival of metastatic colorectal cancer patients immunized 3 times with the highest doses of our vaccine candidate, demonstrating a **median survival of 13 months**, with 19% of patients surviving 28-months.
- Cytolytic T cell responses increased after immunizations and cell-mediated immune (CMI) responses were induced
- Preliminary results revealed that activated CD4+ and CD8+ T cells were detected in a post-immunization sample exhibiting high CMI activity.
- While no head-to-head studies have been performed, this data compares favorably to historical controls of patients with late-stage metastatic colorectal cancer.
- In light of these favorable results, we are exploring a trial in late-stage colorectal cancer patients



ImmunityBio

Liquid Tumors

Updated March 2021

A Leading Immunotherapy Platform in:

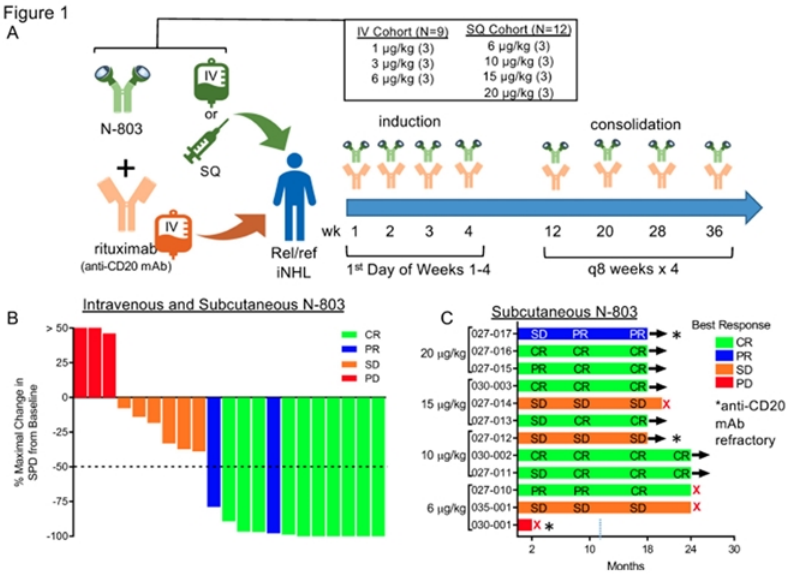
II. Liquid Tumors (Oncology)

Liquid	Phase	Target Indication	Preclinical / Ph I / Ph II / Ph III	Anktiva	NK Cells	
iNHL	I / II	Relapsed / Refractory Indolent Non-Hodgkin's Lymphoma	Single Arm, Phase 1 / 2, iNHL	Anktiva		NCT02384954
Multiple Myeloma	I / II	Relapsed or Refractory Multiple Myeloma	Single Arm Phase 1 / 2, Multiple Myeloma	Anktiva		NCT02099539
	I	Multiple Myeloma & Lymphoma Relapse after Transplantation	Single Arm, Phase 1, Lymphoma & MM		aNK	NCT00990717
Lymphomas, AML, MDS	I	Hematological Malignancies Relapse After Allogenic Transplantation	Single Arm, Phase 1, Liquid Tumors	Anktiva		NCT01885897
	II	Adults w/ Relapsed or Refractory AML	Single Arm, Phase 2, AML	Anktiva		NCT03050216
	I	Acute Myeloid Leukemia & Lymphomas	Single Arm, Phase 1, AML & Lymphomas	Anktiva	Donor NK	NCT02890758
	II	Acute Myeloid Leukemia & Myelodysplastic Syndrome (MDS) Relapsed Prophylaxis	Single Arm, Phase 2, AML and MDS	Anktiva		NCT02782546
	I / II	Cytokine Induced Memory Like NK Cell After Hematopoietic Transplantation	Single Arm, Phase 1 / 2, AML	Anktiva	M-ceNK	NCT02989844
	I / II	Acute Myeloid Leukemia or Myelodysplastic Syndrome (MDS)	Single Arm, Phase 1 / 2, AML, MDS	Anktiva	M-ceNK	NCT01898793
	I	Diffuse Large B Cell Lymphoma	Single Arm, Phase 1, IND Authorized		CD-19 t-haNK	NCT04052061

Liquid Tumor Experience: Non-Hodgkin's Lymphoma

Liquid	Phase	Target Indication	Preclinical	Ph I	Ph II	Ph III	Anktiva	NK Cells	
iNHL	I / II	Relapsed / Refractory Indolent Non-Hodgkin's Lymphoma	Single Arm, Phase 1 / 2, iNHL				Anktiva		NCT02384954

Figure 1

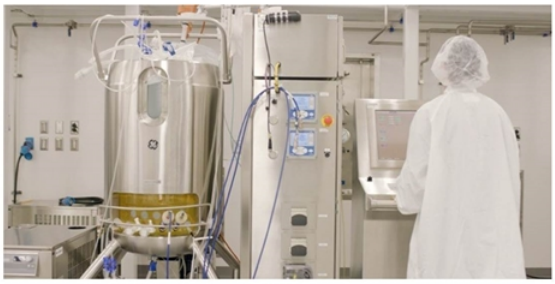


- **In the SQ dose finding, overall response rate (ORR) was 67% (8 of 12) in the SQ cohort.**
- The majority of patients experienced reductions in the size of their lymph nodes.
- In the highest dose of SQ cohort, for patients with anti-CD20 mAb sensitive disease, the **ORR in the SQ cohort was 78% (7 of 9).**
  - **In the SQ cohort of the 7 who responded, 7 of 7 (100%) responses were complete remissions (CR).**

A Leading Immunotherapy Platform in:

III. Infectious Diseases

Infectious Dis.	Phase	Target Indication	Preclinical	Ph I	Ph II	Ph III	Anktiva	Adenovirus
HIV	I	ACTG / NIAID: HIV Broadly Neutralizing Antibodies	Single Arm, Phase 1, HIV				✓ Anktiva	
	II	Thai Red Cross: Reducing HIV Persistence by IL-15	Randomized, Phase 2, HIV				✓ Anktiva	
COVID-19	I	COVID-19 Vaccine: hAd5 S+N USA (SC, SC)	Single Arm, Phase 1, COVID	Subcutaneous				✓ hAd5 S+N
		COVID-19 Vaccine: hAd5 S+N USA (SC, SL)	Single Arm, Phase 1, COVID	Sublingual				✓ hAd5 S+N
	I	COVID-19 Vaccine: hAd5 S+N USA (SC, Oral)	Single Arm, Phase 1, COVID	Oral Capsule				✓ hAd5 S+N
	I	COVID-19 Vaccine: hAd5 S+N South Africa (SC, SC)	Single Arm, Phase 1, COVID	Subcutaneous				✓ hAd5 S+N



ImmunityBio

COVID-19

Updated March 2021

ImmunityBio, A Leading 2nd Generation COVID-19 Vaccine

Addressing the Limitations of First Generation Vaccines

hAd5 S + N as the Universal T Cell Boost

Antigenic drift

Broader protection

Protection from Covid-19 mutations.

Dual construct approach S+N

Quad immunity

Enhanced protection

Antibody and T cell.

Mucosal and systemic immunity

Thermally stable

Global distribution

Distribution by mail.

Cold-chain free distribution means global market can be addressed

Oral delivery

Self-administration

No healthcare worker required.

No needles

No plastics, vials.

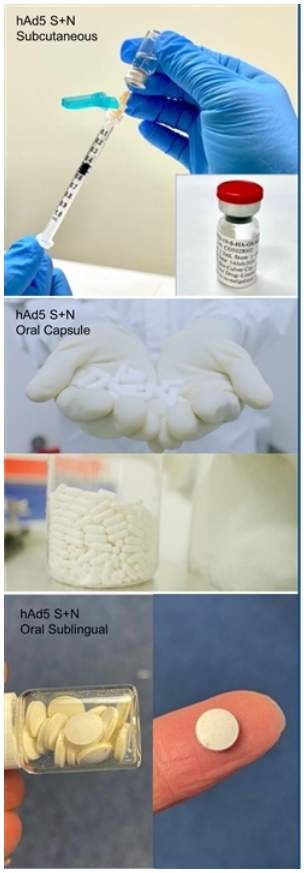
Repeat dosing

Reuse of vector

Oral dosing means no treatment limiting anti-vector immune response unlike injected administration.

E2b- deletion

ImmunityBio



One Vaccine, Three Routes of Protection
Second Generation Universal Boost to S-Based Vaccines

In-House Large Scale hAd5 GMP Manufacturing Capacity

ImmunityBio

ImmunityBio Announces Positive Interim Phase I Safety Data of hAd5 T-Cell COVID-19 Vaccine Candidate in Oral and Sublingual Formulations

PRESS RELEASES

Mar 15, 2021

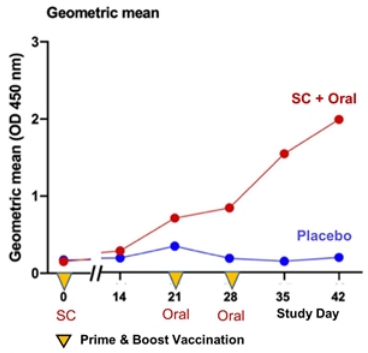
- Safety assessments completed for first 12 participants and no serious adverse events (SAEs) reported; trials expected to be fully enrolled in Q2
- First COVID-19 vaccine trials designed to deliver both S and N SARS-CoV-2 viral proteins via multiple routes—subcutaneous, sublingual, and oral
- Pre-clinical data from SARS-CoV-2 challenge study involving subcutaneous and oral immunization shows ImmunityBio's lead hAd5-COVID-19 T-cell vaccine candidate is protective in non-human primates (NHP) against high SARS-CoV-2 titer exposures
- Robust T cell and Memory B cell response to virus challenge results in inhibition of virus growth in nose and lungs with subcutaneous/oral vaccine combination in NHP study

CULVER CITY, Calif., March 15, 2021 — ImmunityBio, Inc. (NASDAQ: IBRX), a clinical-stage immunotherapy company, today announced it has met the safety requirements for the first 12 participants in its Phase Ib human adenovirus (hAd5)-based T-cell COVID-19 vaccine

hAd5 S+N: NHP Challenge Study – Operation Warp Speed

Antibodies

Anti-Spike IgG levels rise sharply after oral dosing



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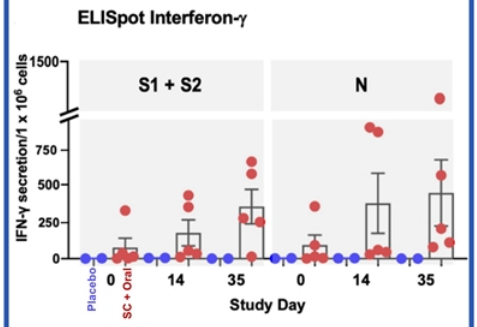
T cells

Induction of memory T cell ($CD4^+$) response to both antigens



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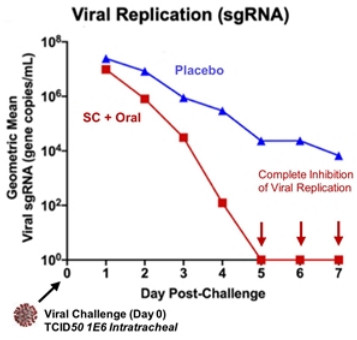
Protection

Rapid clearance of SARS-CoV-2 from nasal and airway tissue



In collaboration with:

NIH National Institute of Allergy and Infectious Diseases · BARDA · NIH National Institutes of Health · BATTELLE

3/17/2021 Gabitzsch E, *et al.*, (2020) https://doi.org/10.1101/2020.12.08.416297

2009-2020 Clinical Experience with Second Generation E2b-Deleted Human Ad5 (hAd5) Humoral and Cell Mediated Immunity Even in the Presence of Previous Adeno Immunity

hAd5: Cell Mediated Immunity Focus

INFECTIOUS hAd5 EXPERIENCE

H1N1 Pandemic - 2009

NIH Public Access
Author Manuscript

Control of SIV infection and subsequent induction of pandemic H1N1 immunity in rhesus macaques using an Ad5 [E1-, E2b-] vector platform

HIV - 2009

Novel Adenovirus type 5 vaccine platform induces cellular immunity against HIV-1 Gag, Pol, Nef despite the presence of Ad5 immunity

H1N1 Pandemic - 2009

Vaccine

Prevention of influenza virus shedding and protection from lethal H1N1 challenge using a consensus 2009 H1N1 HA and NA adenovirus vector vaccine

SIV - 2011

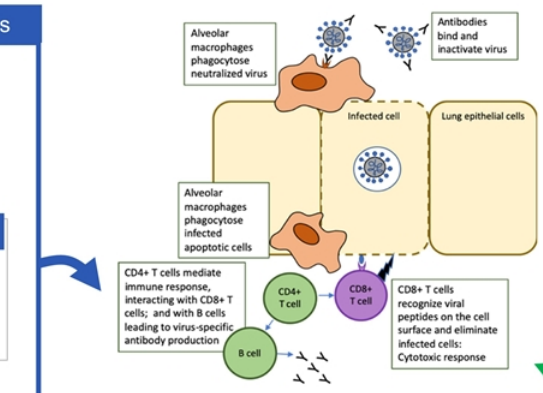
NIH Public Access
Author Manuscript

Induction and Comparison of SIV immunity in Ad5 Naïve and Ad5 Immune Non-human Primates using an Ad5 [E1-, E2b-] based vaccine

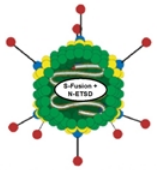
Lassa Fever - 2019

Vaccine

Adenoviral vector-based vaccine is fully protective against lethal Lassa fever challenge in Hartley guinea pigs



SARS-CoV-2 - 2020



Non-Replicating Viral Vector Second Generation (E2b-Deleted) Human Adenovirus Type 5 (hAd5)

Coronavirus Vaccine Candidate: hAd5 S-Fusion + N-ETSD TCELLVACCINE Trial

hAd5: Cell Mediated Immunity Focus

CANCER hAd5 EXPERIENCE

Cancer – 2009-2013

A Preliminary and Comparative Evaluation of a Novel Ad5 [E1-, Eb2-] Recombinant Based Vaccine Used to Induce Cell Mediated Immune Responses

hAd5 CEA

Cancer CEA - 2010

SHORT COMMUNICATION

Anti-tumor immunotherapy despite immunity to adenovirus using a novel adenoviral vector Ad5 [E1-, E2b-]-CEA

hAd5 CEA

Multiple Antigens - 2019

The Oncologist

A Phase I Trial Using a Multitargeted Recombinant Adenovirus 5 (CEA/MUC1/Brachyury)-Based Immunotherapy Vaccine Regimen in Patients with Advanced Cancer

hAd5 CEA
hAd5 MUC1
hAd5 Brachyury

Neoepitope - 2019

Cancer Immunology Research

Efficient Tumor Clearance and Diversified Immunity through Neoepitope Vaccines and Combinatorial Immunotherapy

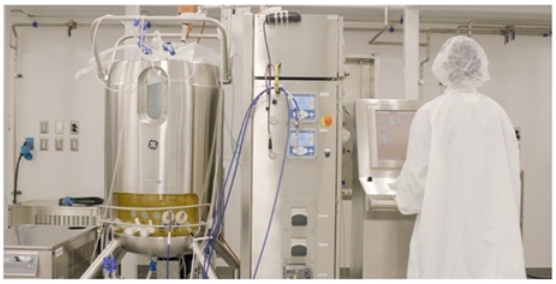
hAd5 Neoepitope

QUILT Immunotherapy Trials - 2020

ClinicalTrials.gov

QUILT-3.055: A Study of Combination Immunotherapies in Patients Who Have Previously Received Treatment With Immune Checkpoint Inhibitors

hAd5 PSA
hAd5 CEA
hAd5 MUC1



ImmunityBio

Summary

Updated March 2021

Combined Immunotherapy Platforms Better Positioned to Treat Patients

Expansive clinical-stage pipeline. 17 first-in-human molecules in 25 Phase II to III clinical trials across solid tumors, liquid tumors and infectious diseases. Breakthrough Therapy and Fast Track Designations for Anktiva for BCG-unresponsive NMIBC CIS.

Differentiated technology and assets. Best-in-class combined discovery and development platforms for novel therapies and next-generation early-stage candidates across immunotherapy, neoepitopes and molecules enhancing allogenic and autologous NK and T-cell therapies.

Cutting-edge cell manufacturing expertise and ready-to-scale facilities. GMP large scale adeno, protein and cell therapy manufacturing capacity. Extensive and seasoned R&D, clinical trial, and regulatory operations and development teams, will together occupy over 400,000 square feet of facilities.

Completed merger between ImmunityBio and NantKwest. ImmunityBio has the scale that will allow us to advance development of more novel therapies in oncology and infectious diseases, and accelerate work on ImmunityBio's unique COVID-19 vaccine.