



Breaking Through the Therapeutic Ceiling with First-In-Class Immunotherapies

March 2024

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OSE's strong foundation & recurrent track record of success

10 years of validated innovation in immunology thanks to an Extra[not]Ordinary R&D engine



Validated science in high-impact publications



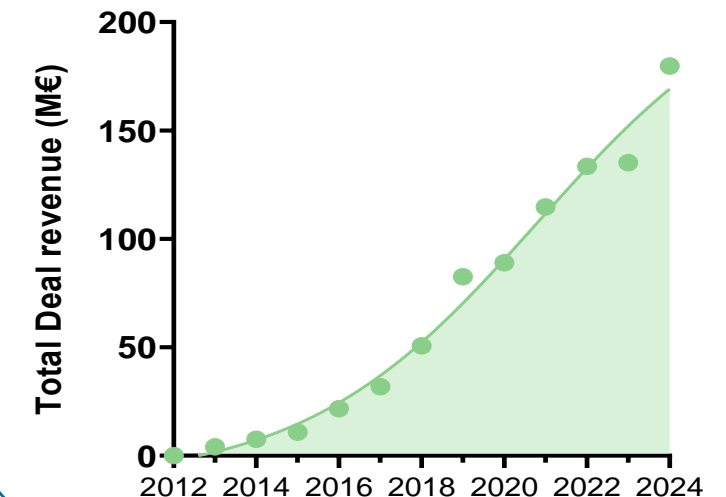
500+ granted patents



Strong track record of Pharma partnerships



Recurrent revenues Robust first-in-class business model



Delivering First-in-Class immunotherapies from Target to Clinic

Key strategic pharma partnerships driving long-term value

- Founded in **2012**
- IPO/Euronext in **2015**
- **60+ FTEs**
- **500+ granted patents**

- **52 M€** : Equity
- **180 M€** : Partnerships*
+75% non-dilutive funding

First-in-class immunotherapies



Phase 3 asset in **Oncology**

Tedopi® most advanced cancer vaccine

NSCLC 2L post-CPI market: +5b\$/year



Phase 2 asset in **Inflammation**

Lusvertikimimab anti-IL7R mAb

Ulcerative colitis market: +10b\$/year

3 Strategic Pharma Partners

+2.1b€ potential milestones

abbvie

Boehringer
Ingelheim

Veloxis
PHARMACEUTICALS

5 Clinical stage assets

- 3 **Fully** owned (Phase 1, 2, 3)
- 2 **Partnered** (Phase 1, 2)

3 **Pre-clinical** platforms
Assets approaching development

- **Innovative MoA & Targets** to address critical unmet need
- International Research Collaboration

HARVARD
UNIVERSITY

UK
SH
UNIVERSITÄTSKLINIKUM
Schleswig-Holstein

Nantes
Université



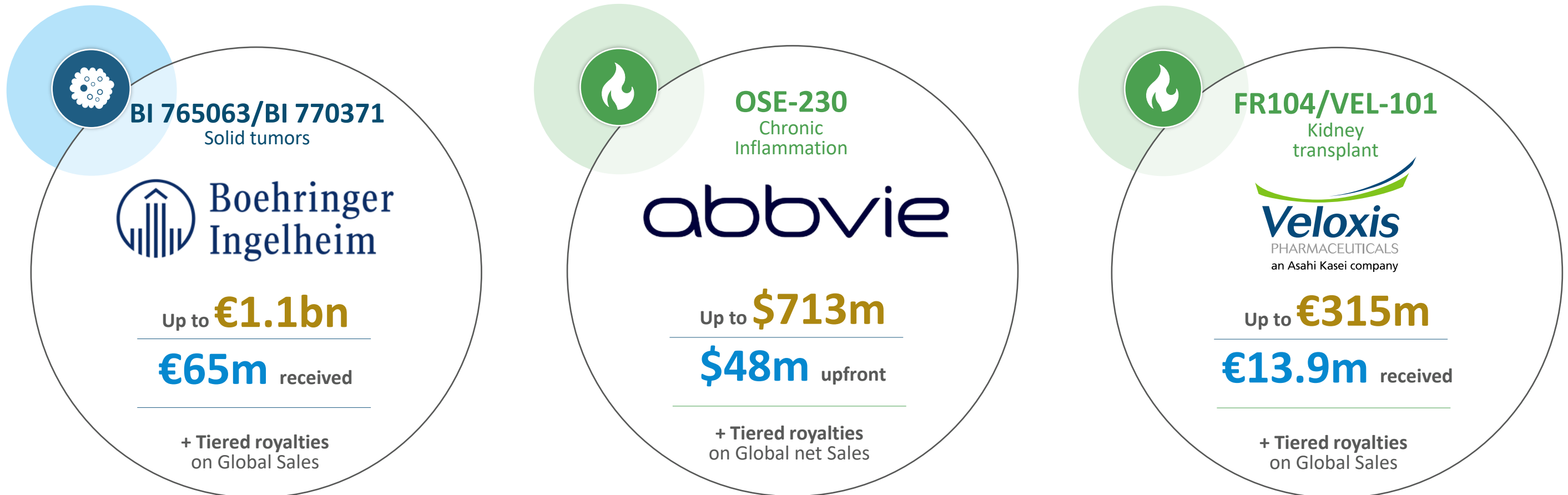
Memorial Sloan Kettering
Cancer Center

Inserm

Strategic partners provide industry-leading clinical support & strong financial foundations

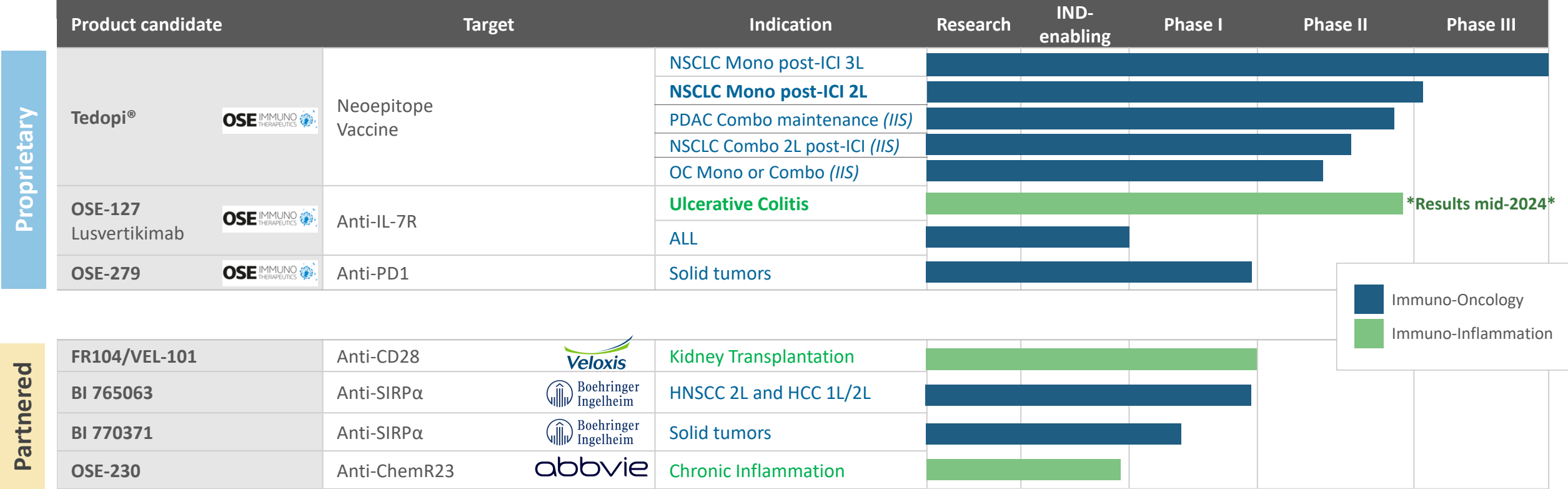
Over €2.1bn in potential milestones; €180m* already received

■ Immuno-Oncology
■ Immuno-Inflammation
■ Potential
■ Received



OSE's Clinical pipeline

Combining a clinical portfolio of first-in-class immunotherapies and diversified assets in IO and I&I



OSE's Research platforms

Extra[*not*]Ordinary Research PowerHouse



Pro-resolutive mAb

Partnered Asset :
Anti-ChemR23*

Ongoing programs
Undisclosed new
pro-resolutive GPCRs

Cis-Targeted Augmented Cytokine

Main Asset :
Anti-PD1-IL7v

Ongoing programs
Cis-Demasking
new technologies



Myeloid Checkpoint

Partnered Asset :
Anti-SIRPa[#]

Ongoing programs
Anti-CLEC-1 mAbs
preclinical program

Key catalysts



Readouts

- **Lusvertikimab**
Phase 2 **results** in UC
- **OSE-279**
Phase 1 **results**
- **BI 765063/BI 770371 (partnered)**
Phase 1/2 **results** in solid tumors
- **FR104/VEL-101 (partnered)**
Phase 1/2 **results** in Kidney Transplantation



Progress

- **Tedopi®**
Phase 3 start in NSCLC 2L
- **FR104/VEL-101 (partnered)**
Phase 2 start in Kidney Transplantation
- **OSE-230 (partnered)**
IND/Phase 1
- **R&D programs & Lusvertikimab**
New partnering opportunities



Readouts

- **Tedopi®**
Phase 3 **results** in NSCLC 2L
- **BI 765063/BI 770371 (partnered)**
Phase 2 **results**
- **FR104/VEL-101 (partnered)**
Phase 2 **results** in Kidney Transplantation
- **OSE-230 (partnered)**
Phase 1 **results** + Phase 2 **results**



Progress

- **Lusvertikimab (to partner)**
Phase 3 start
- **BiCKI®-IL7v**
IND/Phase 1
- **CLEC-1**
IND/Phase 1
- **New R&D programs/platforms**

2024

2025-2027

Investment highlights

Late-stage compelling product

Promising clinical data from the lead asset Tedopi®

- Met primary overall survival endpoint in monotherapy in PoI pivotal NSCLC post-ICI study
- Significant better Safety profile & Quality of Life with positive Net Treatment Benefit versus SOC

Large market opportunities

Focus on multi-billion \$ markets

- **I/O:** NSCLC (2L, 3L), HCC (1L, 2L), HNSCC (2L), Leukemia
- **I&I:** IBD (Ulcerative Colitis), Kidney Transplantation

Strong pharma partnerships

Sustainable business through multi-partnership strategy

>€2.1bn milestones: AbbVie, Boehringer Ingelheim, Veloxis

Long duration IP portfolio

IP extends to 2040's

I/O: Tedopi® (>2038), OSE-172 (>2037), OSE-279 (>2039), CLEC-1 (>2040) **I&I:** OSE-127 (>2037), FR104 (>2035), OSE-230 (>2040)

Multiple upcoming catalysts

Multiple key clinical and regulatory milestones expected in next 12 months

- **Tedopi®:** Confirmatory pivotal phase 3 NSCLC 2L start
- **Lusvertikimab (OSE-127):** Top-line results Ulcerative Colitis Phase 2
- **BI 765063/BI 770371:** Phase 1b results in solid tumors
- **FR104/VEL-101:** Phase 2 start in Kidney Transplantation
- **OSE-230:** Phase 1

Financial position

Cash visibility until 2026

€15m available cash as of December 30, 2023, + \$48m payments on recent pharma partnership

Our plan to build a leading immunotherapy company



Position Tedopi® as the best treatment option after ICI-failure in cancer patients



Leverage the clinical advantage of anti-SIRPα in Solid Tumors



Demonstrate Lusvertikimab (OSE-127) clinical activity
Phase 2 in Ulcerative Colitis

Confirm FR104/VEL-101 benefit as maintenance therapy
in kidney transplantation



Explore the pro-resolutive mAb potential
in chronic & severe inflammation



Advanced proprietary early-stage assets from OSE's research platforms
+ *New Partnering Opportunities*



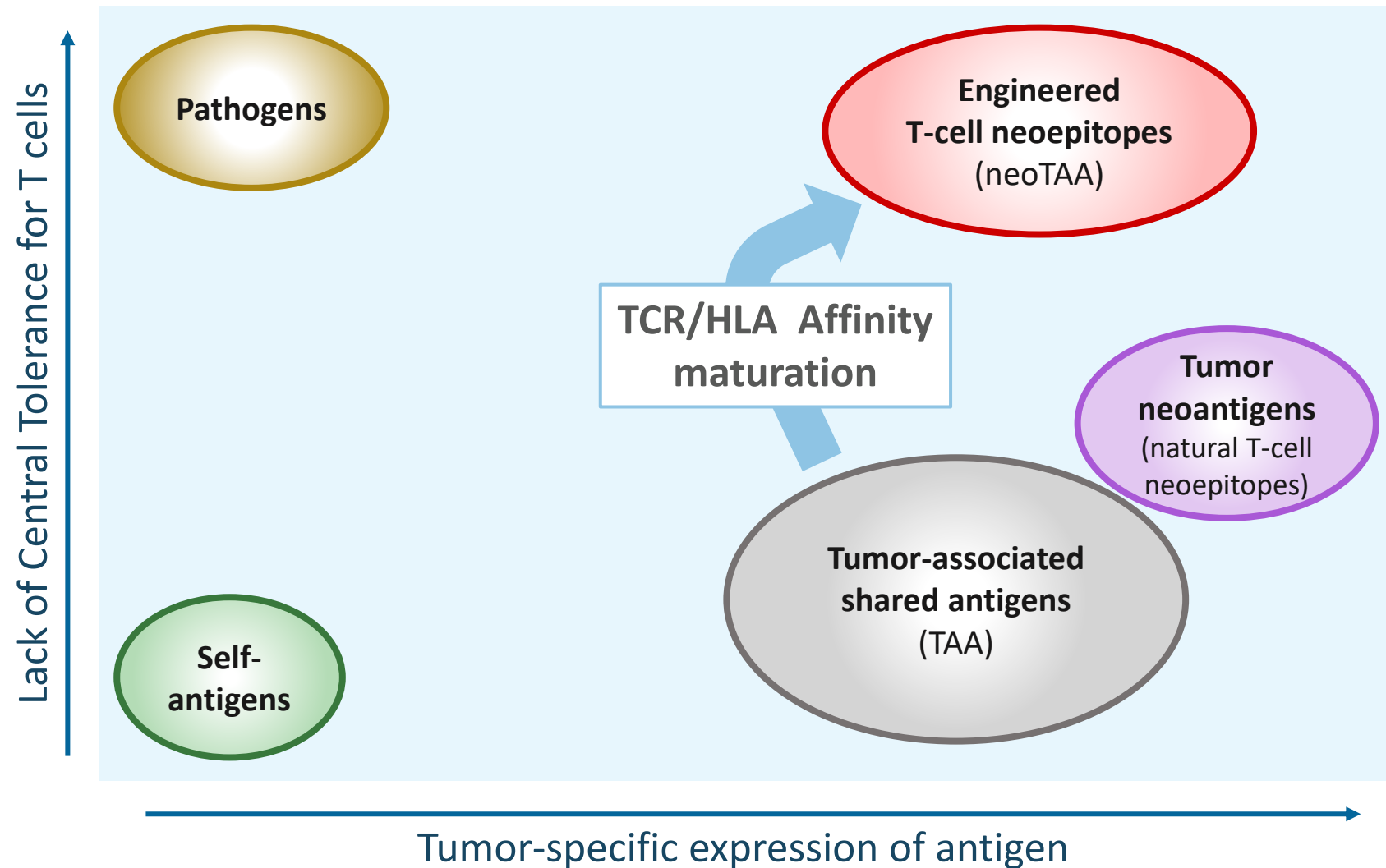
Proprietary clinical programs

TEDOPI®

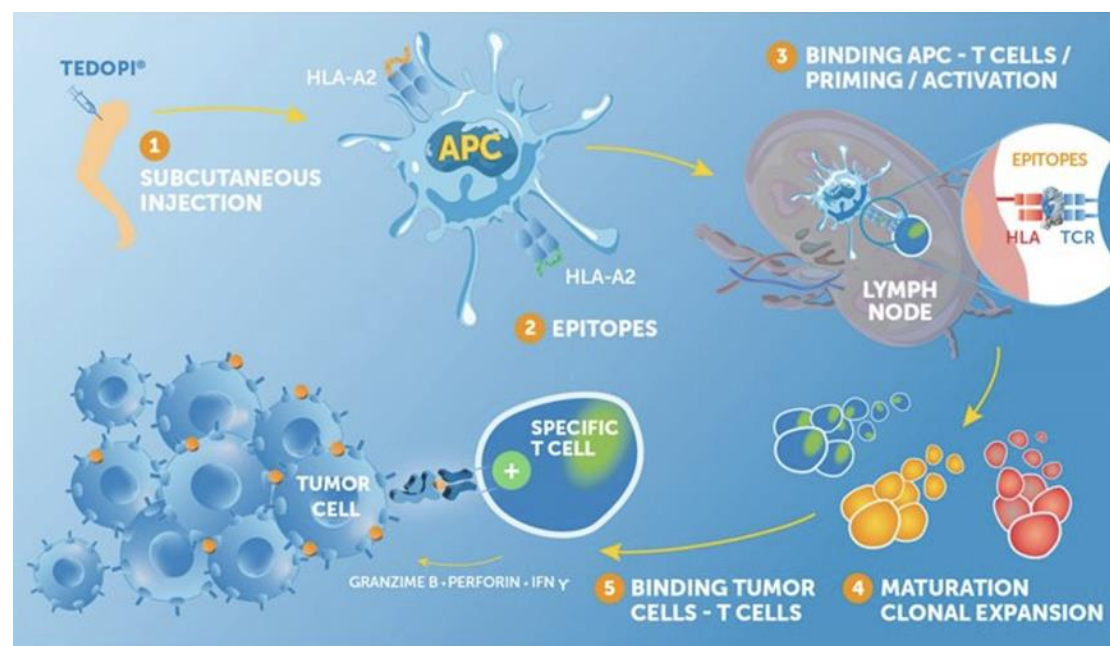
Most Advanced Therapeutic Cancer Vaccine

*Bringing new hope to patients
in the fight against ICI resistant NSCLC*

Cancer Antigens Immunogenicity



An immunotherapy activating specific T-cells to revive anti-tumor response



Most advanced Cancer Vaccine in clinical development

- **Unique** combination of **neoepitopes**: small peptides deriving from **tumor specific** antigens* expressed in various cancers
- Strong **binding to HLA-A2** receptor (45% population)
- **Direct activation of tumor specific T-cells differs from checkpoint inhibitors** releasing the break of immune response

Proprietary combination
(9 **optimized neoepitopes**
+ 1 epitope giving universal
T helper response)

Induces early T cell
memory responses
+
Migration in tissues

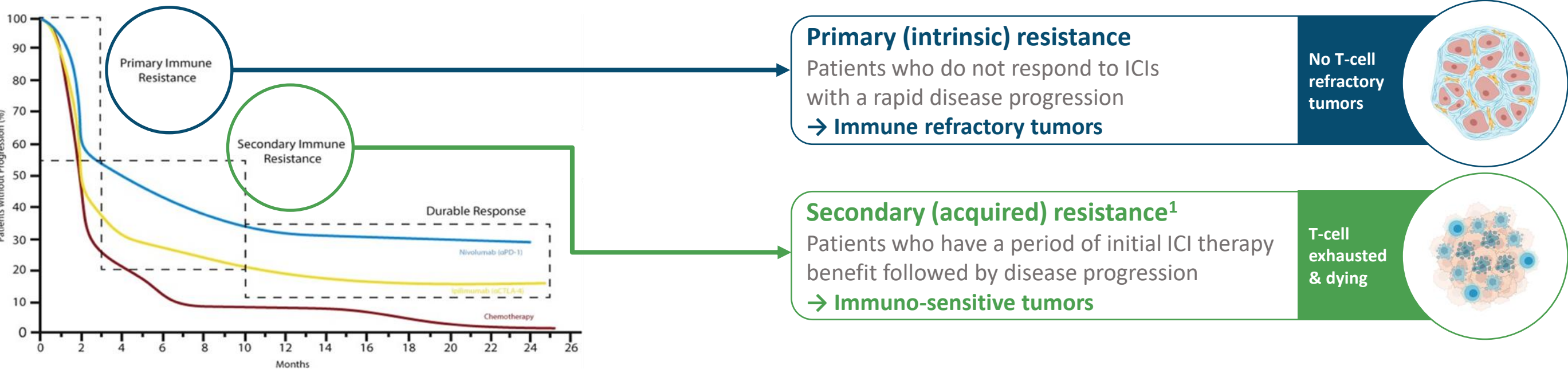
Ready to Use
subcutaneous formulation
with Q3W injection

Orphan Drug
Designation (FDA)
>1,000 injection
in clinical trials

Strong IP position
until **2038**¹
(US / EU / Asia)

Tedopi® is a novel cancer vaccine with a strong biological rational in post-ICI secondary resistance

Shifting paradigms with cancer vaccine immunotherapy



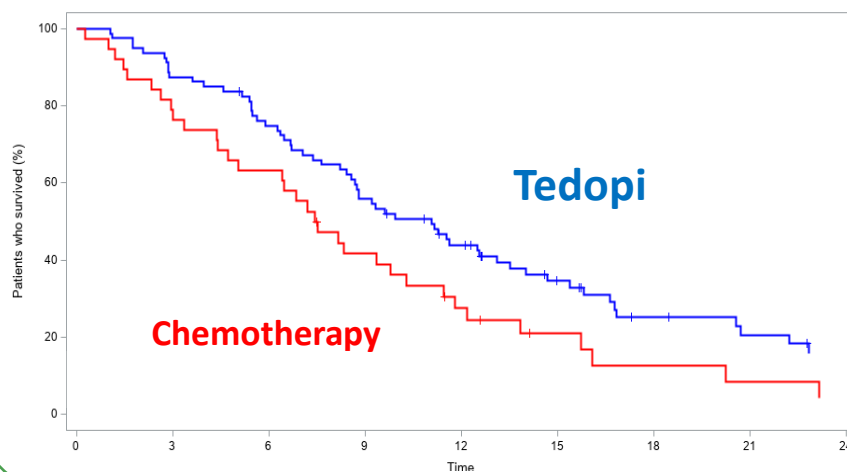
Tedopi® has the **potential to rejuvenate & refresh specific TILs** in immuno-sensitive tumors.
 Neoepitope-specific T cells have tumor killing potential and limited side effects.

Clinically meaningful benefit of Tedopi®

First randomized Phase 3 with positive results vs. standard of care (SOC)

Overall Survival

secondary resistance post anti-PD(L)1



OS rate at
12 months

44%

in Tedopi® vs.

27.5%

in SoC

Delta OS: **3.6** months

Tedopi® 11.1 months

VS

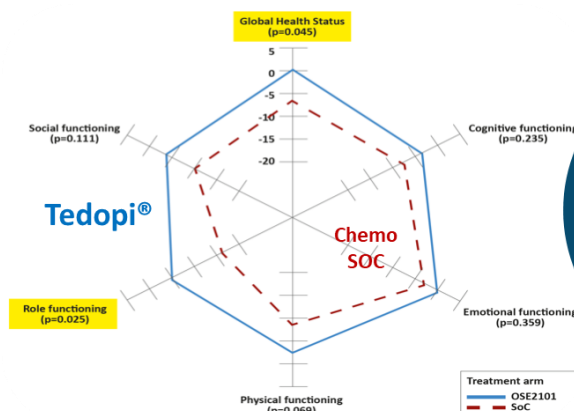
SoC 7.5 months

HR 0.59 /
p-value=0.017

Significantly safer than Chemo.

11% vs **35%** *grade 3-5 AEs*

Better Quality of Life



Positive Net
Treatment Benefit
vs SOC:
P=0.032

Risk of Death reduced by 41% *versus chemo.*

Position Tedopi® as the best treatment option after ICI-failure in cancer patients



OBJECTIVES



Compassionate use in 3L NSCLC



FDA/EMA optimal regulatory paths for the new confirmatory pivotal phase 3 trial and CDx for potential approval in 2L NSCLC after ICI-failure

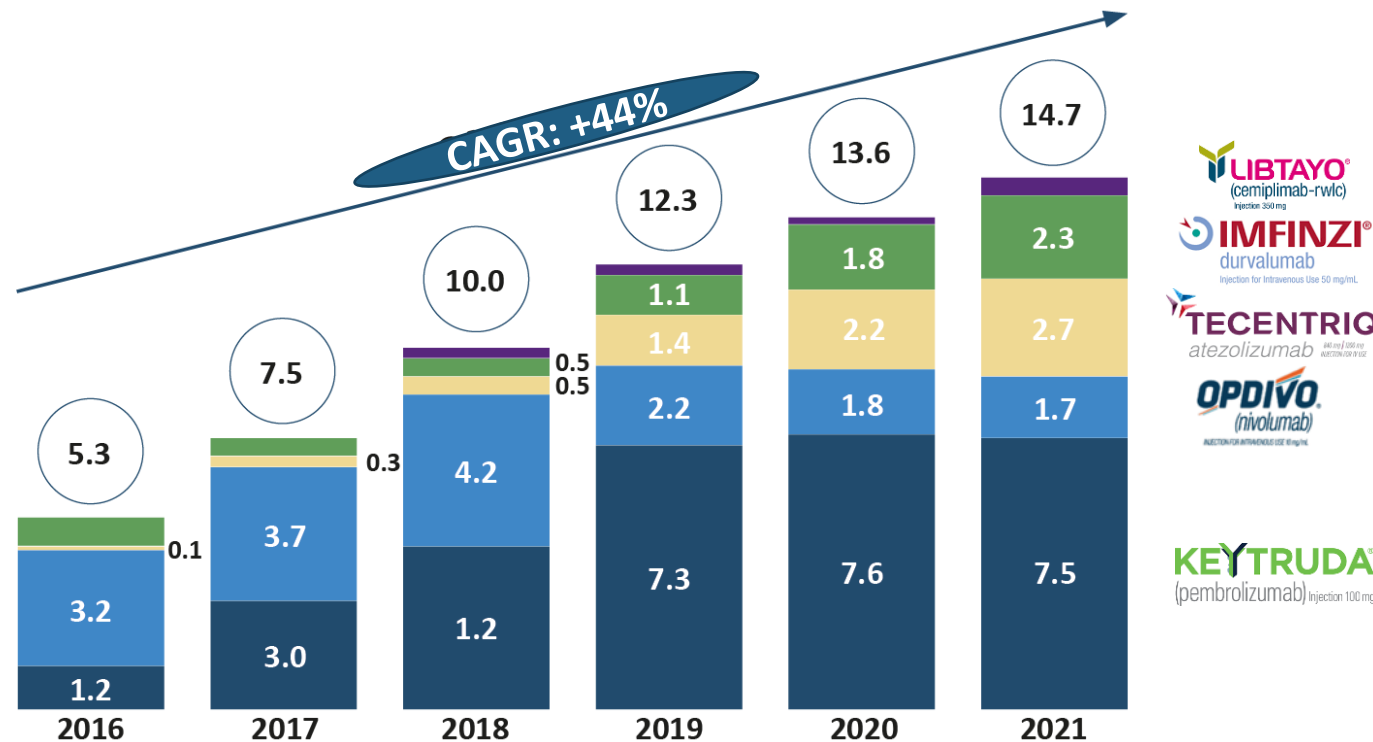


Additional Phase 2 clinical trials in combination (NSCLC, Pancreatic, Ovarian)

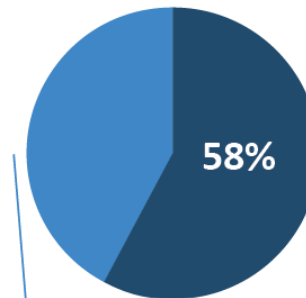


Target population estimated at 100k patients/year in NSCLC post-ICI (2nd line)

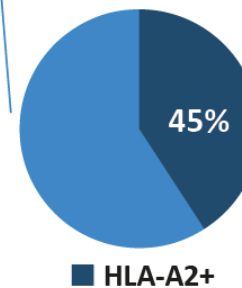
PD-(L)1 NSCLC market is growing (US\$bn)¹



Expanding the potential in 2L post-ICI in G7 years



■ mNSCLC 2L - drug treated















■ HLA-A2+

- Lung cancer is the leading cause of cancer mortality worldwide, accounting for about 1.8m deaths each year.²
- NSCLC is the most common type of lung cancer, accounting for 85% of all lung cancers.³
- ~60% of 1L patients progress within 18 months.
- HLA-A2 phenotype in about 45% of the population.
- Target NSCLC population: ~10%

Tedopi® delivers important clinical benefits vs competition

Better Safety profile and QoL in current landscape of late-stage drug development post CT-IO

Company			 	 						
Target	Multi-epitopes vaccine	TKIs (anti-angiogenic)			Checkpoint Inhibitors		ADCs			
					TIM-3	CTLA-4	TROP2	TROP2	CEACAM5	c-MET
Current Study	ATALANTE-1	SAPPHIRE	CONTACT-01	LEAP-008	COSTAR Lung	PRESERVE-003	Tropion-LUNG1	EVOKE-01	CARMEN-LC03	NCT04928846
n	219 118 (secondary resistant)	500	350	405	750	600	604	580	554	698
Therapy	Tedopi® vs docetaxel	Sitra + Opdivo vs. docetaxel	Cabo+Tecentriq vs. docetaxel	Lenvi + Keytruda vs. docetaxel	Cobolimab + Jemperli vs. docetaxel	Gostistobart vs. docetaxel	datopotamab deruxtecan vs docetaxel	Sacituzumab Govitecan-hziy vs docetaxel	SAR408701 vs. docetaxel	Telisotuzumab Vedotin vs. Docetaxel
Primary endpoints	OS	OS	OS	PFS and OS	OS	OS	PFS and OS	OS	PFS and OS	PFS and OS
Initiation	2017	Q3 2019	Q3 2020	Q2 2019	Dec 2020	Q2 2023	Q4 2020	Q4 2021	Q1 2020	Q1 2022
Read-out	2022	Failed	Failed	Failed	2024+	2027+	Failed OS (interim analysis)	Failed	Failed	2025+
		Safety data from early-stage trials in NSCLC post-ICI								
- TEAEs G3/4	11%	60%	39%	78%	n.a.	43%	25-30%	> 30%	36%	36%
Source	Besse et al. 2023	Leal, et al ESMO 2021	Neal et al, ASCO 2022	Taylor et al, J. Clin. Oncol. 38, 1154–1163.	Davar et al, SITC 2018	He et al, ASCO 2023	Lisberg et al, ESMO 2023	Suk Heist et al. JCO 2017	Gazzah et al, ASCO 2020	Camidge DR, et al. WCLC 2021

Further additional potential clinical value in combination NSCLC, PDAC and OC

Phase 2 ISS trials in combination with immunotherapy or chemotherapy treatments

2nd line post 1st line chemo IO

CombiTED - NSCLC In combination with nivolumab



Tedopi® Plus Docetaxel or Tedopi Plus Nivolumab as 2nd line Therapy in Metastatic NSCLC failing standard 1st line Chemo-immunotherapy¹

Sponsored by FoRT
PI: Federico CAPPUZZO
(Roma Cancer Institute)
Italy /Spain/ France



Readout expected 2025

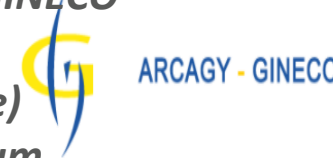
Maintenance setting post standard of care

TEDOVA - Ovarian Cancer In combination with pembrolizumab



Tedopi® Alone or in Combination With Pembrolizumab vs Best Supportive Care as Maintenance in Patients with Platinum-Sensitive Recurrent Ovarian Cancer²

Sponsored by ARCAGY-GINECO
PI: Alexandra LEARY
(Gustave Roussy Institute)
France/ Germany/ Belgium



Readout expected in 2025

TEDOPaM - Pancreatic Cancer In combination with FOLFIRI



Tedopi® plus FOLFIRI vs FOLFIRI as Maintenance Treatment in Controlled Advanced or Metastatic Pancreatic Ductal Adenocarcinoma after 8 Cycles of Folfirinox³

Sponsored by GERCOR PRODIGE
PI: Cindy NEUZILLET
(Curie Institute)
France



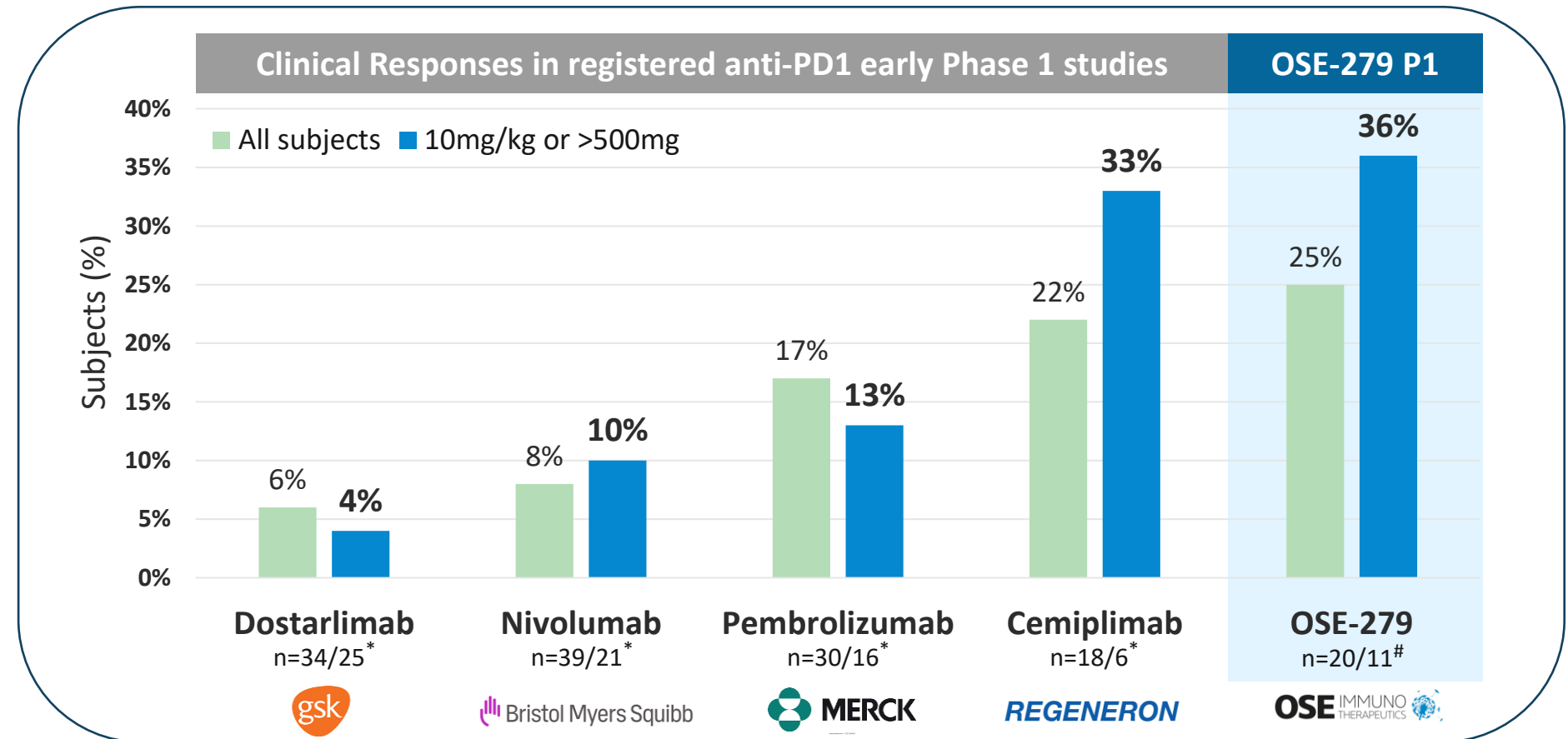
Recruitment completed Q2 2023

Readout expected in 2024

OSE-279: Proprietary anti-PD1 mAb

High affinity PD-1 antibody, recent patent granted in US, Europe, China, Japan

- ❖ Potential of combo with internal asset
- ❖ Potential for partnership with biotech/biopharma in combo with external assets
- ❖ Potential future marketing approvals in orphan indications with strong unmet medical needs



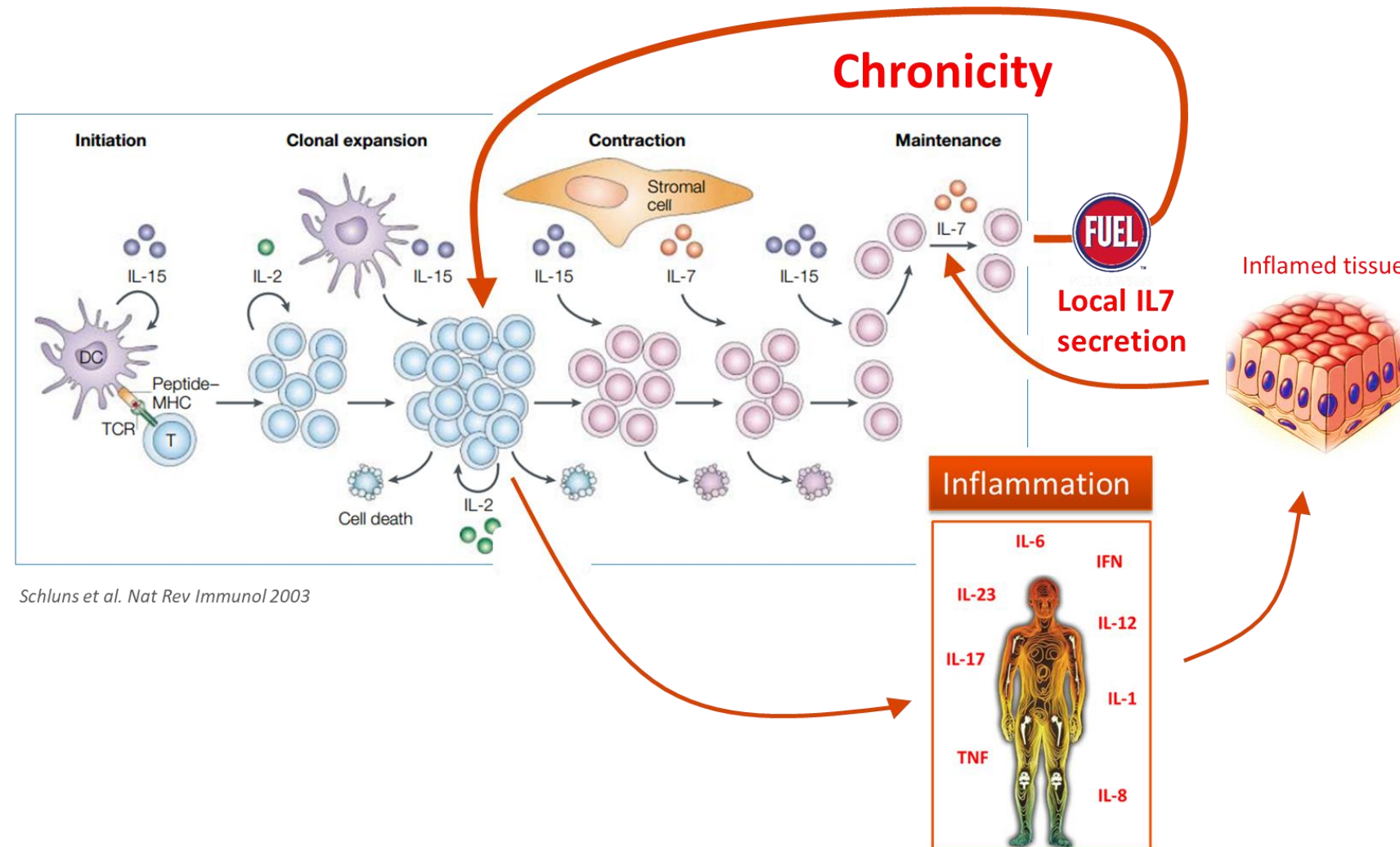
Not a head-to-head comparison. Differences exist between trial designs and subject characteristics, and caution should be exercised when comparing data across trials.
For illustrative purposes only.

Lusvertikimab

Most advanced anti-IL-7R mAb
Strong biological rationale in refractory IBD patients

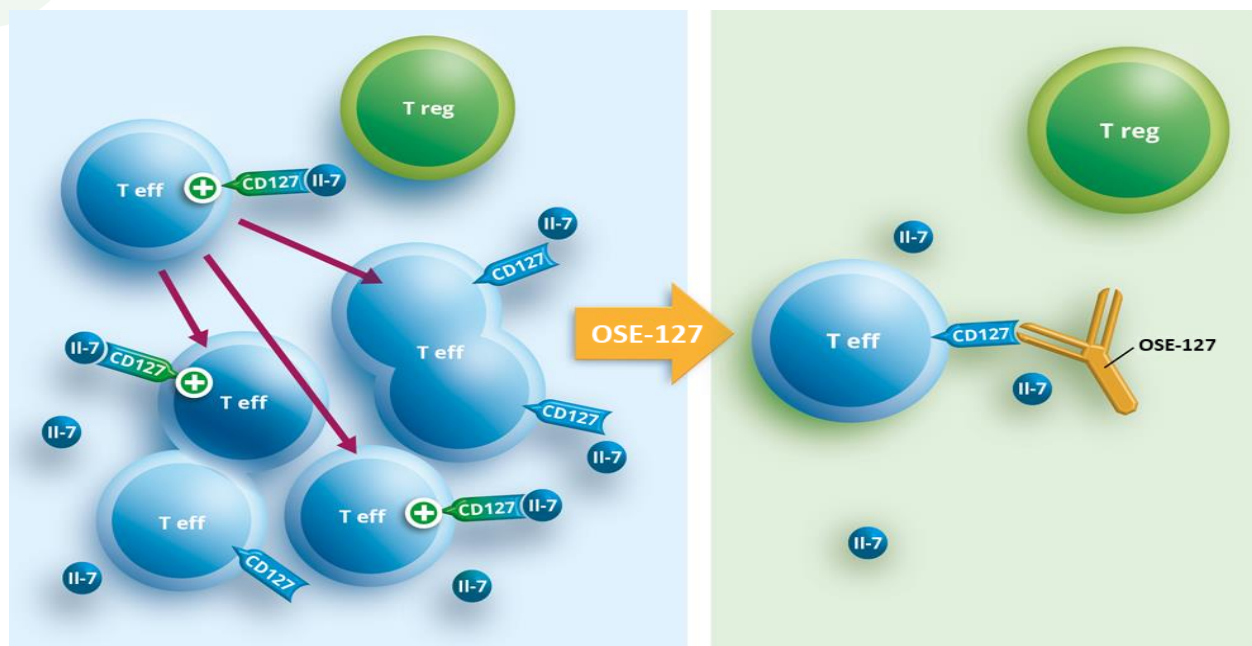
IL-7 fuels chronic inflammation in tissues

Lusvertikimab controls pathogenic memory T-cell persistence



Lusvertikimab/OSE-127 - Differentiated MoA as full IL-7 receptor antagonist

Tackling the fuel of memory T-lymphocytes while sparing Tregs



A differentiated and highly qualified candidate

- Lusvertikimab, first non-internalizing (fully antagonist) anti-IL-7R mAb¹ and **most advanced** IL-7R antagonist in clinic
- IL7 produced by inflamed tissues sustain **T-cell survival and chronicity**
- IL-7R pathway overexpression in anti-TNF IBD non-responders²
- Good safety, PK/PD profile in Phase 1³, no cytokine release, confirmed target-engagement
- High preclinical activity in acute leukemia (T and B-ALL)⁴
ASH Merit Award
- On-going Phase 2 study in UC with [clinical readout mid-2024](#)



Lusvertikimab most advanced First-in-Class anti-IL-7R mAb

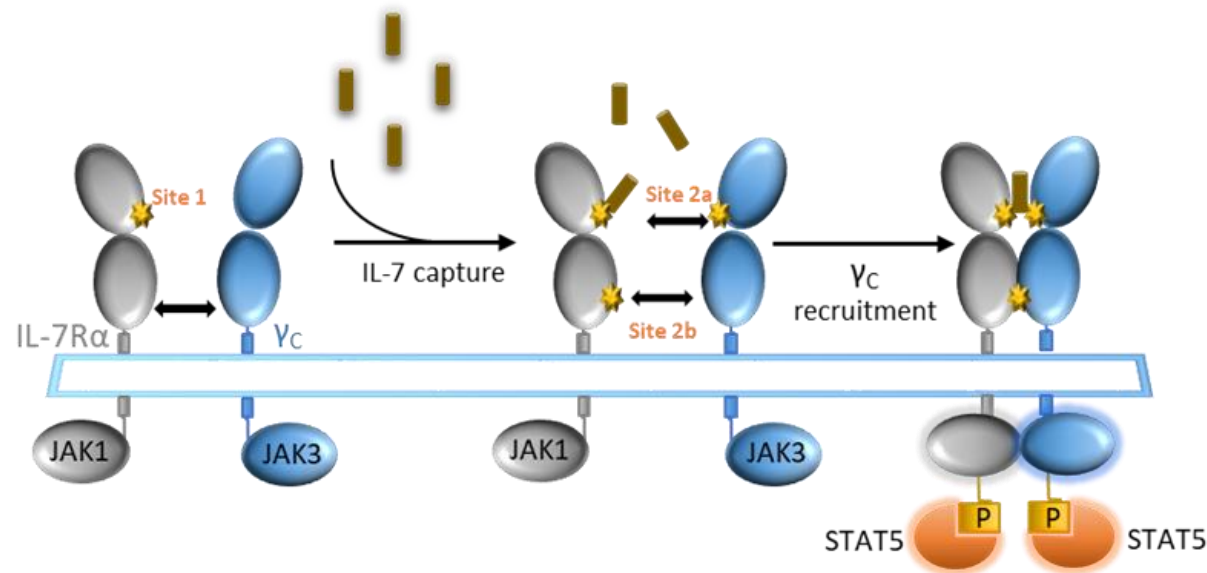
Differentiated by its Mechanism of Action

				
Isotype	IgG4	IgG1	IgG1	IgG1
MoA	<ul style="list-style-type: none"> - Non-Internalizing¹ - Full Antagonist IL7R 	<ul style="list-style-type: none"> - Internalizing - Antago + Partial Agonist IL7R - TSLP Antago - T-cell Depletion² 	<ul style="list-style-type: none"> - TSLP Antago 	<ul style="list-style-type: none"> - Internalizing - Antago + Partial Agonist IL7R
Phase	2	1b	2a	1
Indication	Ulcerative Colitis (IBD) <i>(Completion Enrollment Q4 2023)</i>	Alopecia Areata <i>(not initiated)</i>	Atopic Dermatitis <i>(Initiated Q4 2022)</i> Alopecia Areata <i>(Initiated Q3 2023)</i>	Multiple Sclerosis <i>(Discontinued, High Immunogenicity^{3,4})</i>

Lusvertikimab - Targets a specific “site 1/2b” Epitope

Full antagonist, preventing receptor internalization & signaling

Cytokine-induced receptor heterodimerization signaling mechanism



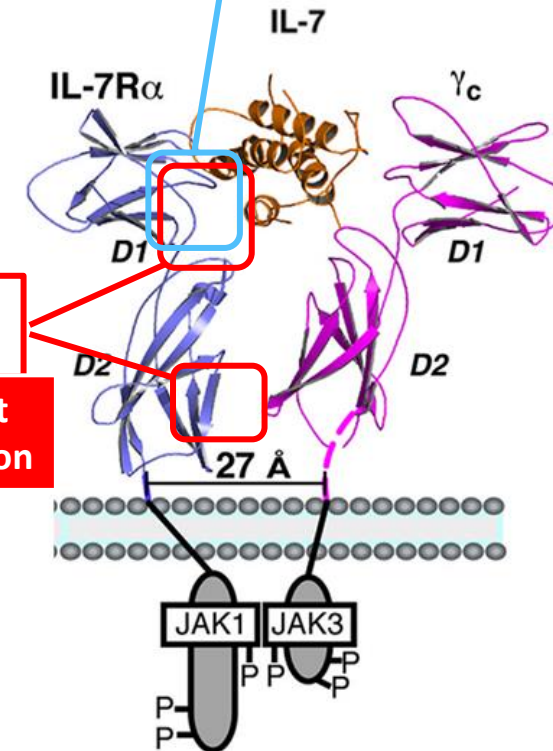
Walsh ST et al Immunol. Rev. 2012

Pfizer mAbs
GSK mAbs

Dual Agonist/Antagonist
mAb-induced
receptor internalization

OSE-127

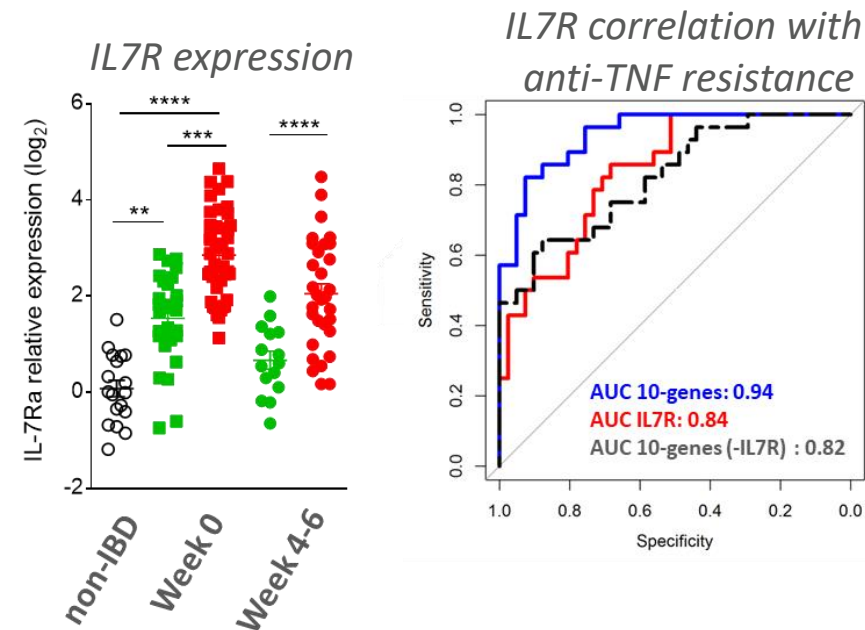
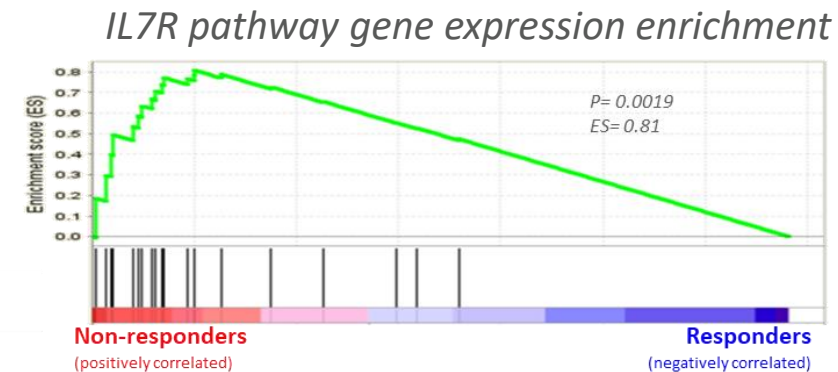
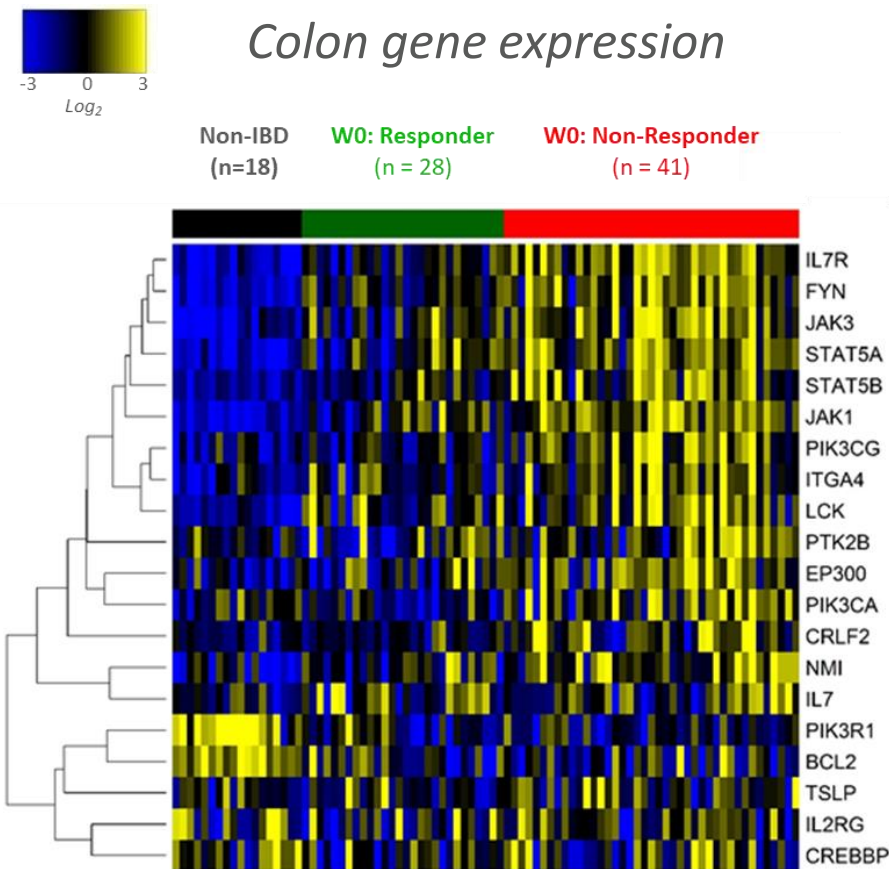
Full Antagonist
No internalization



Belarif et al. Nature Com 2018

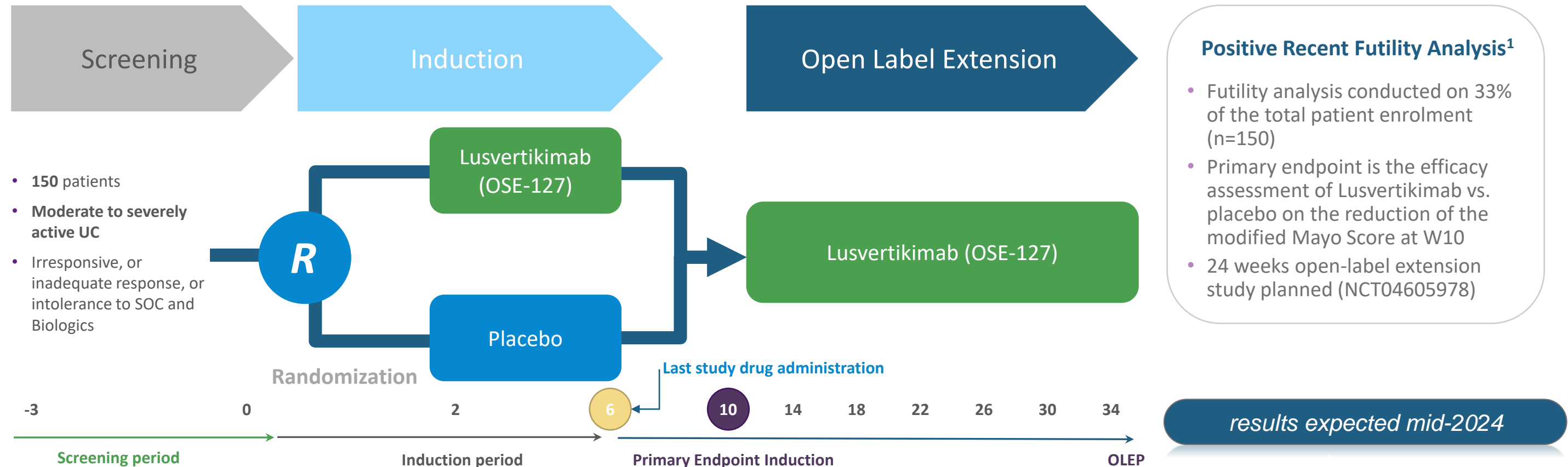
Mucosal IL-7R pathway over-expression in IBD tissues

High IL-7R expression in anti-TNF refractory patients



Anti-TNF Responder patients
Anti-TNF Refractory patients

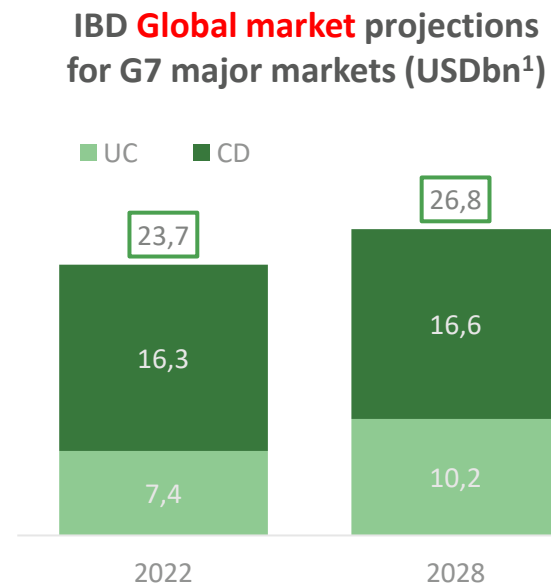
Lusvertikimab in moderate-to-severe ulcerative colitis



Significant opportunity in Ulcerative Colitis & Acute Lymphoblastic Leukemia targeted markets

Ulcerative Colitis (UC)

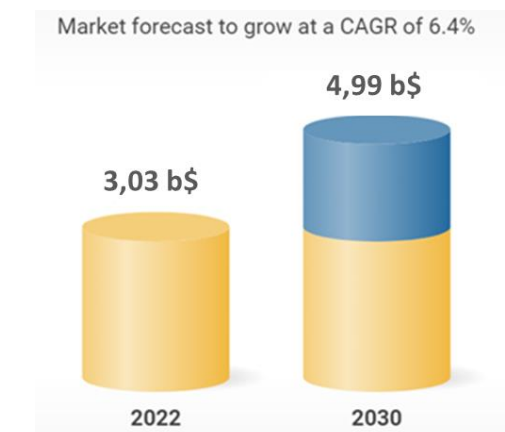
- UC affects **3.3 million patients** in US, Europe and Japan
- ~50% UC patients “moderate to severe”, requiring methotrexate, corticosteroids, anti-TNFa, JAK etc.
- Despite broad options, remission rates are of only 25-30% leaving most patients without satisfactory treatment



Acute Lymphoblastic Leukemia (ALL)

- ALL is a rare disease with a diagnosed incident cases in EU, US, China, Japan estimated to achieve 26,482 in 2029².
- 40% cases of ALL diagnosed are in adults and among them about 50% present refractory disease or undergo relapse under current conventional therapies³.
- IL-7R expression in >84% of B-ALL and T-ALL samples⁴

ALL Global market projections for G7 major markets (USDbn⁵)



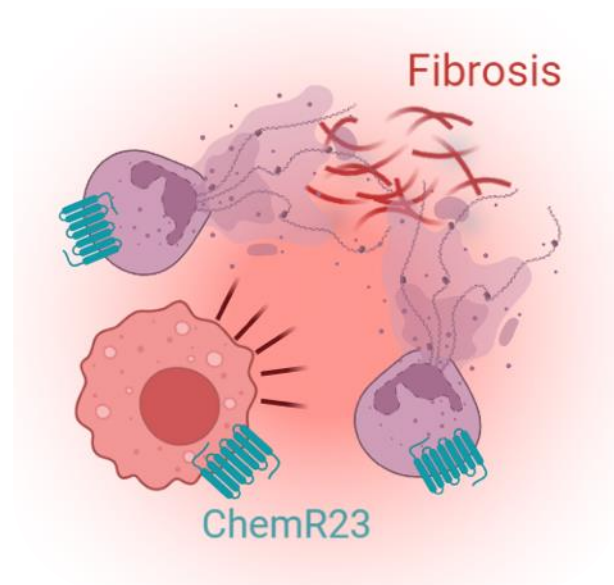
Partnered clinical programs

OSE-230 - Resolving inflammation is an active immune process

abbvie

During chronic inflammation

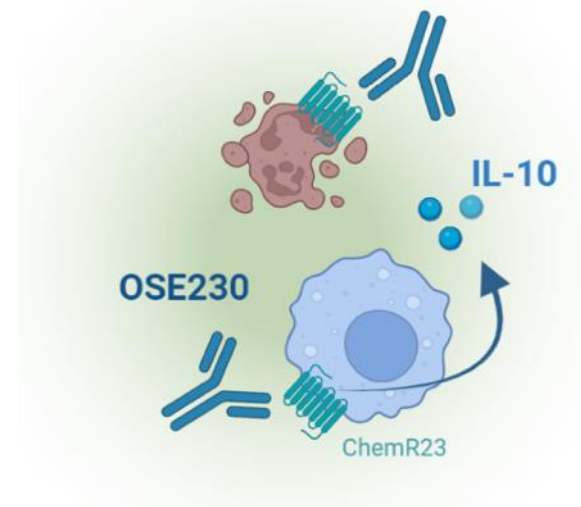
Dying neutrophils **send out inflammatory signals (e.g. NETosis)** that are important in maintaining chronic inflammation & fibrosis



With ChemR23 agonistic mAbs

OSE-230 limits recruitment, survival & NETosis of inflammatory neutrophils & reprograms macrophages, **removing further chronic inflammatory signals**

Restoration of homeostasis



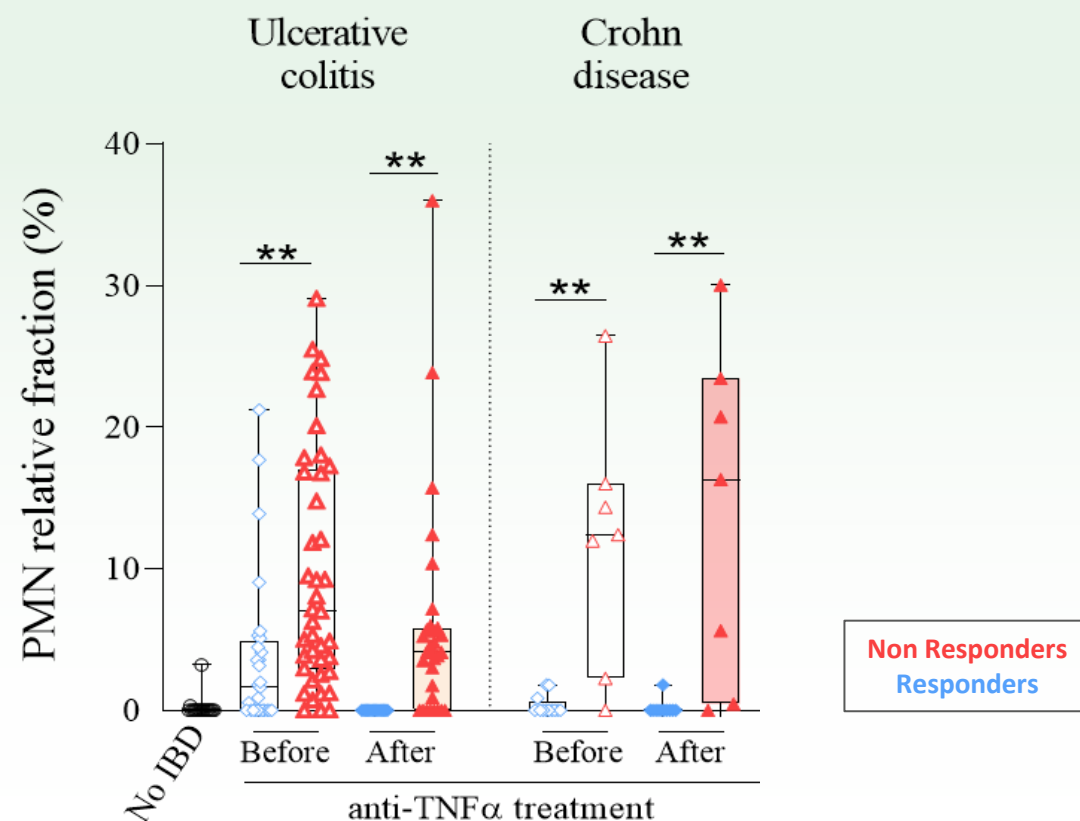
Potential First-in-class pre-IND candidate

Published in **ScienceAdvances**
MAAAS

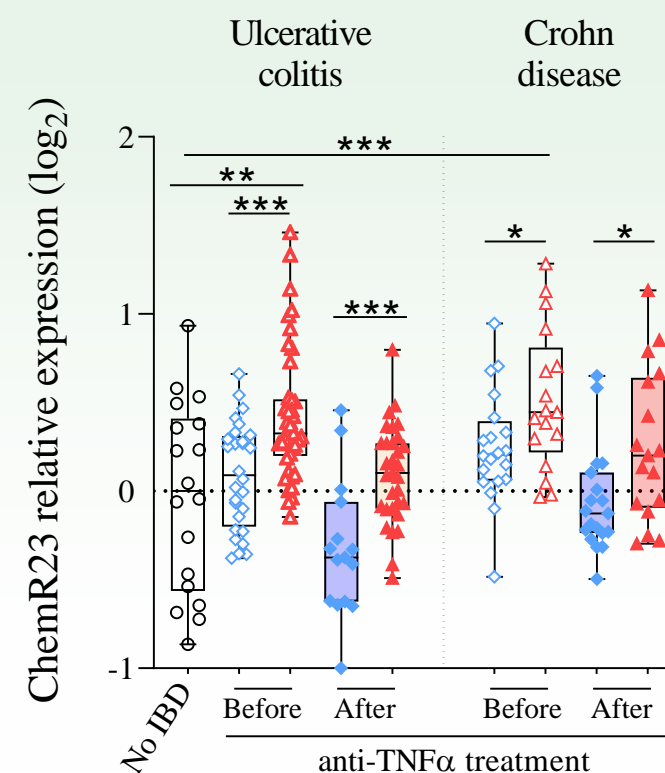
OSE-230 - Strong rationale in IBD



High Neutrophil infiltrates in anti-TNF α refractory patients

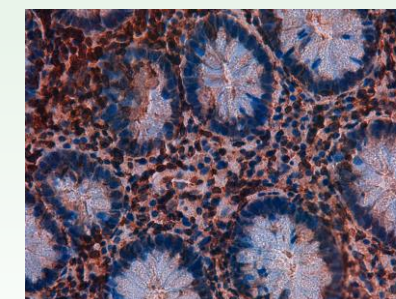


High ChemR23 expression in anti-TNF α refractory patients

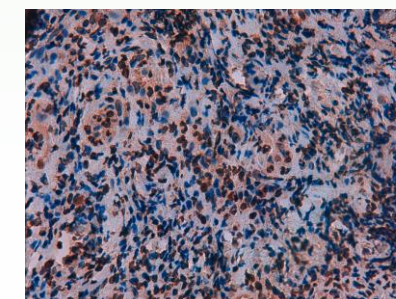


ChemR23 staining

Crohn Disease



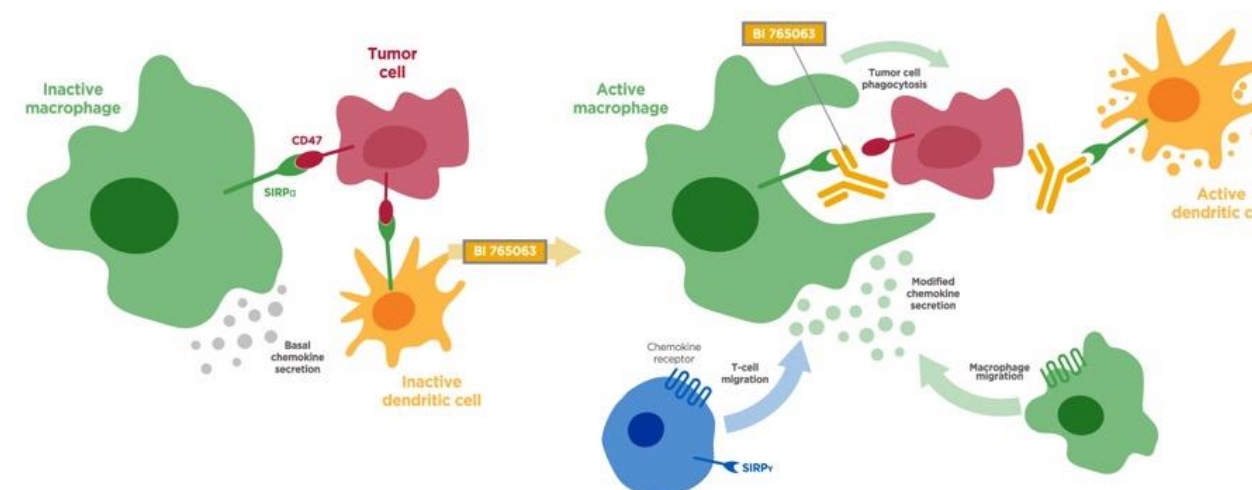
Ulcerative colitis



SIRPα inhibition may have a synergistic antitumour effect when combined with ICIs

- Infiltrating **myeloid cells promotes immune evasion**, and this has generated interest in **myeloid-immune targets**^{1,2}
 - The CD47–SIRPα interaction transduces inhibitory signals on macrophages and other myeloid cells²
- Preclinical studies have indicated that **CD47 or SIRPα blockade in combination with ICIs** may have a synergistic antitumour effect³

The use of SIRPα antagonists to enhance antitumour immunity is currently being explored⁴



	Anti-CD47	Anti-SIRPα
Broad/restricted expression	Broad	Restricted to cells of the myeloid lineage
Safety signals	Acute anemia, Thrombocytopenia	No hematotoxicity
Interaction CD47/SIRPγ	Inhibit human T cells	OSE-172 is SIRPα specific

Limited **side effects** expected and less frequent dosing

Higher therapeutic window expected









Favors T cell responses in solid tumors

CD: cluster of differentiation; ICI: immune checkpoint inhibitor; SIRPα: signal regulatory protein-α.

Clinical development overview

Most advanced clinically-tested SIRPα



	Dose Escalation & Expansion studies		ONGOING Studies	
Trial number	NCT03990233	NCT04653142	NCT05249426	NCT05327946
Phase	Ia	Ia	Ib	Ia
N	108	36	150	42
Treatment	BI 765063 +/- Ezabenlimab	BI 765063 +/- Ezabenlimab	BI 765063 + Ezabenlimab ± chemotherapy, cetuximab or VEGF/Ang2 inhibitor	BI 770371 +/- Ezabenlimab
Patient population	Solid tumors	Solid tumors	HNSCC HCC	Solid tumors
Region			  	  

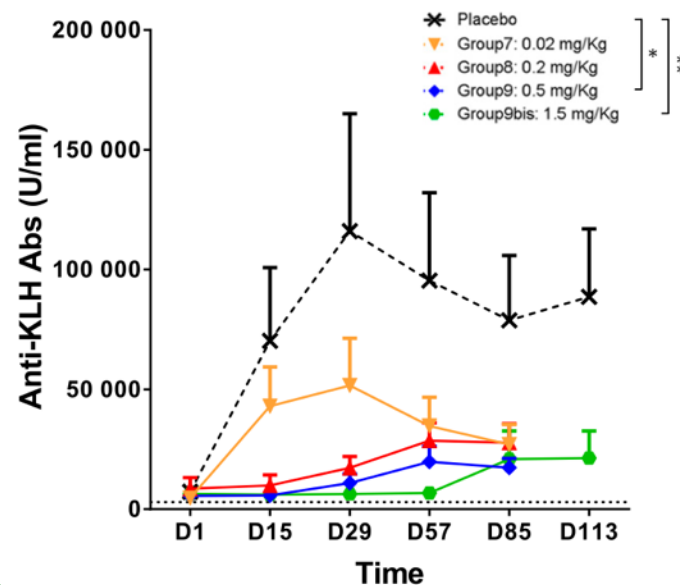
Key takeaways from dose escalation

- **Safety**
No hematotoxicity reported, no DLTs, MTD not reached^{1,2}
- **Efficacy BI765063 in P1a**
 - 1 PR in HCC, **45% clinical benefit rate as a single agent**¹
 - 3 PRs in MSS endometrial cancer and CRC in combination with a checkpoint inhibitor²

FR104/VEL-101

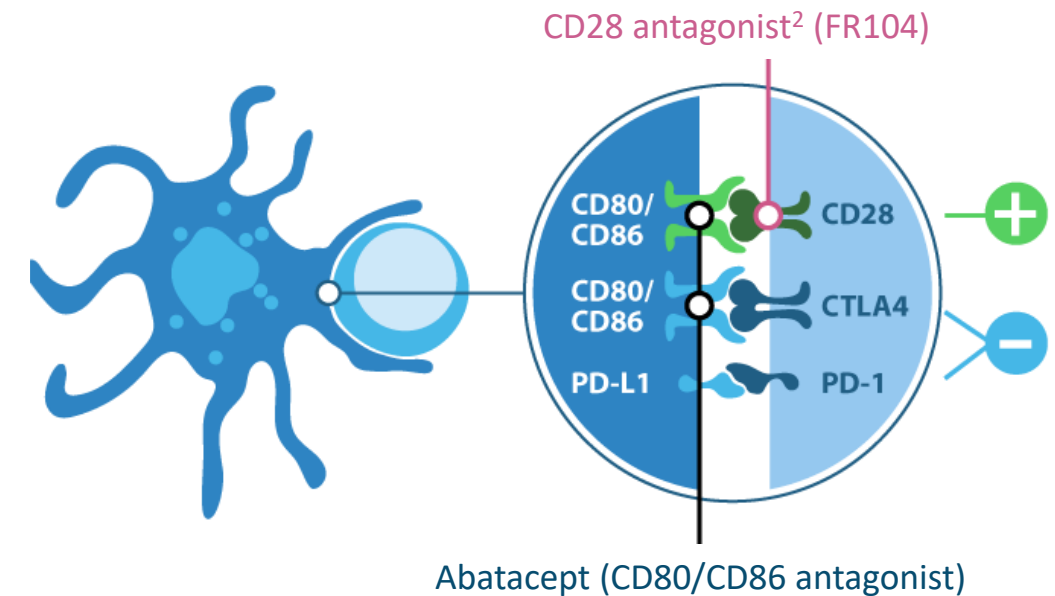
CD28 antagonist in transplantation

Phase 1 results: Selective CD28 antagonist FR104 persistently reduces antibody responses



- **Good safety¹** - demonstrated
 - Absence of clinical or biological events
 - No change in total lymphocyte counts
- No cytokine elevation
- Controls model IgG (anti-KLH) response for up to 57 days
- Controls T follicular helper and IgG responses
- Tfh cells correlated with autoimmune diseases activity

Ongoing Phase 1/2 trial in Kidney Transplantation



FR104/VEL-101 - Transforming kidney transplant management



Ambitious Partnership with Veloxis

- Deal value: EUR 315m¹ and tiered royalties on sales
 - **Veloxis** is a global leader in transplantation with leading product Envarsus XR (tacrolimus) realizing **c. USD 140m²** turnover
 - Joined **Asahi Kasei** in FY2019³, a **USD 17bn** annual turnover conglomerate with healthcare representing 17% of sales
 - First patient dosed by Veloxis⁴
- **Phase 1/2 in kidney transplantation**, sponsored and conducted by the Nantes University Hospital, patient enrolment completed

Kidney Transplant Market Opportunity

- **40k+ new kidney transplant** annually for an estimated **500k+ people living** with a functioning kidney graft in G7 countries
- Chronic exposure to **CNIs** is associated with **renal toxicity**, cardio-metabolic complications, **insufficient** graft protection as well as **cancer** and **infections**
- FR104/VEL-101 seeks to address challenges associated with current immunosuppressive transplantation regimens using CNI-based therapies
- Potential to provide “One Transplant for Life” with improved patient and graft survival and become the new SoC in transplant



Our Innovative Discovery Engines

Designed to deliver next generation first-in-class immunotherapies

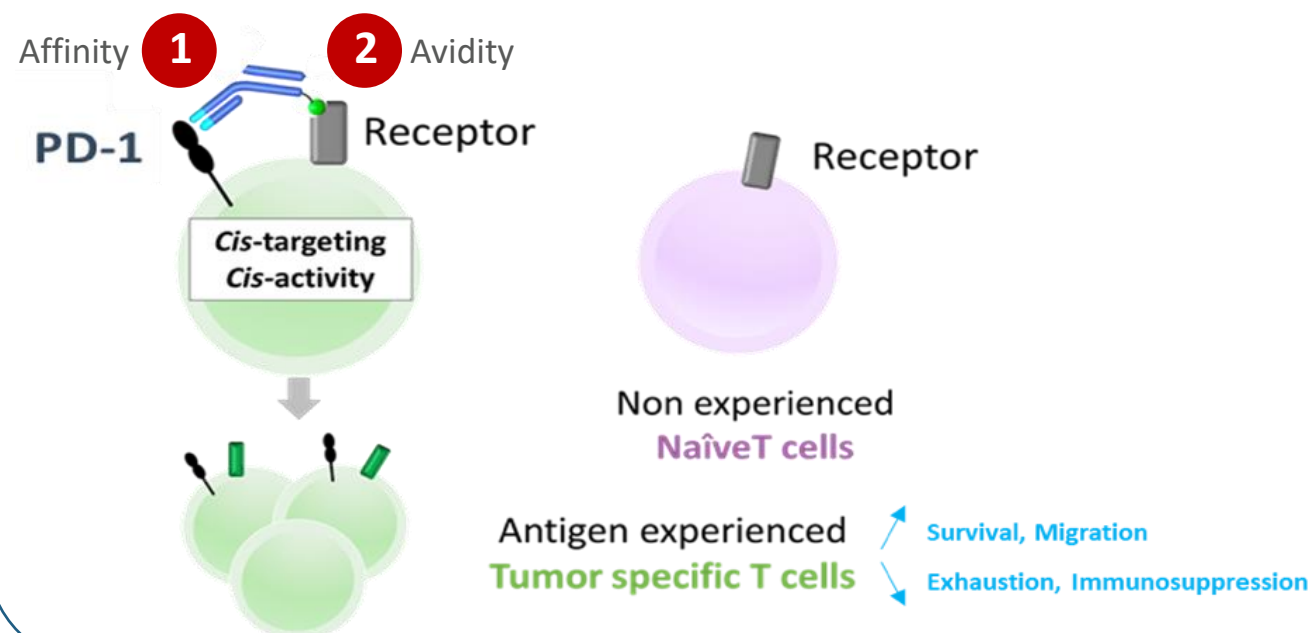
Next-generation anti-PD1 bispecifics

Improving the quality of tumor-specific T-cell responses both in TME & Lymph Nodes

Anti-PD1
bispecifics

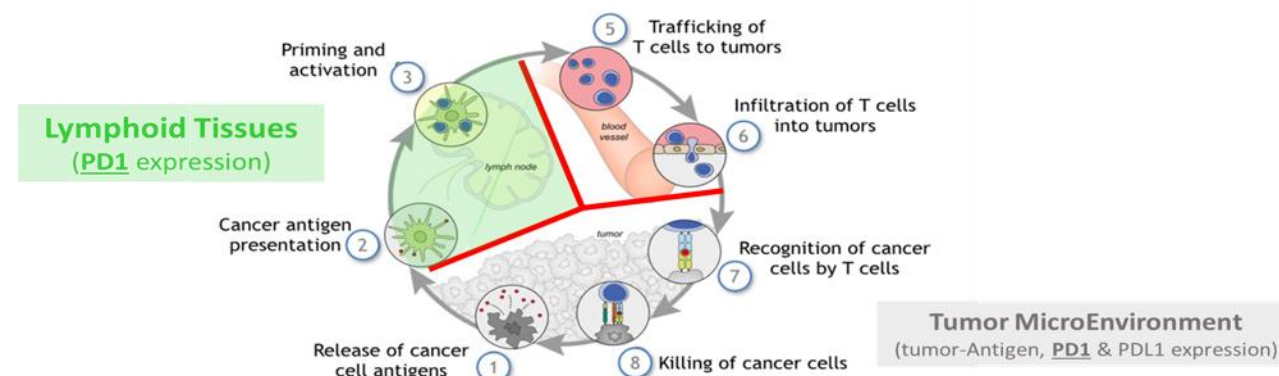
Targeting the RIGHT T-cells...

Selective targeting of Tumor-specific PD1+ T cells



...at the right place

Selective Biodistribution in TME + Lymphoid tissues



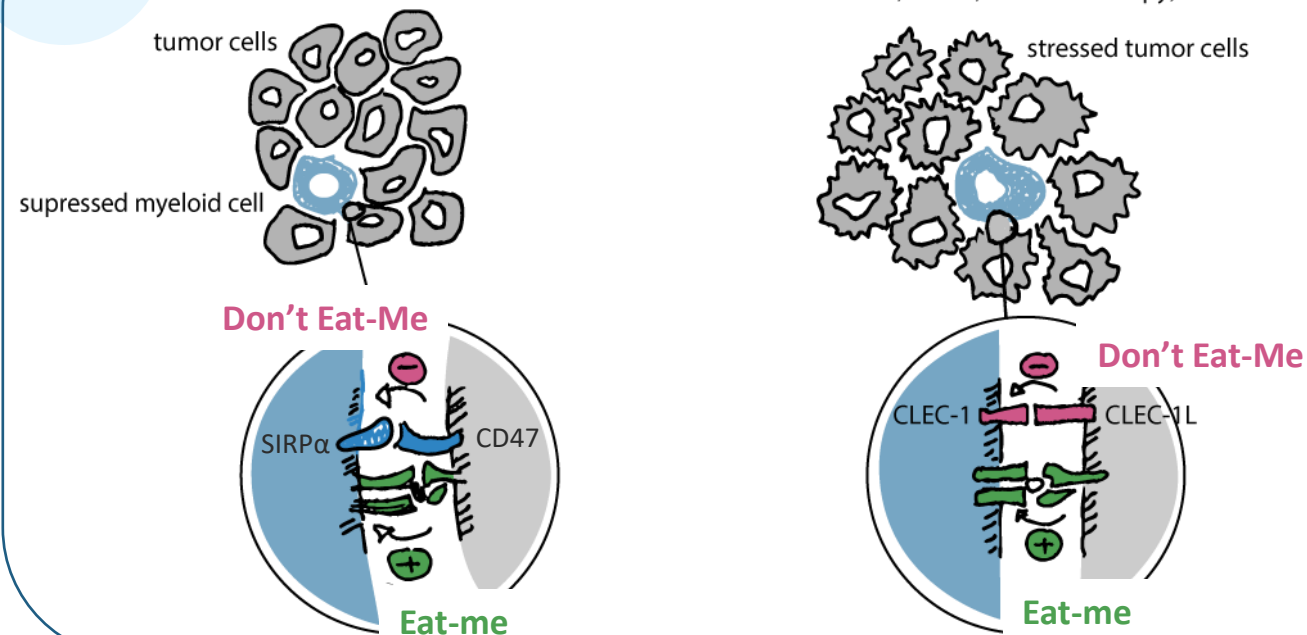
BiCKI®-IL7v* candidate
highlighted at AACR 2022*

CLEC-1 - Another way to not get eaten

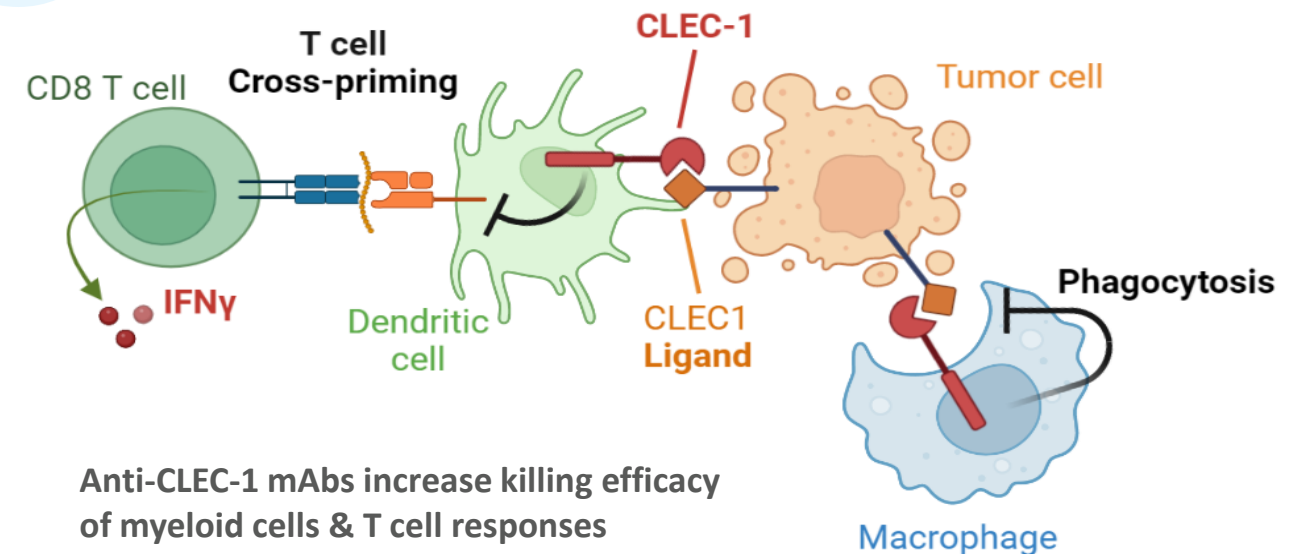
Blocking myeloid immune checkpoint from delivering another “Don’t-eat-me” signal

Myeloid
checkpoint

Tumor homeostasis



CLEC-1 mAbs disrupt tumor homeostasis²



First-in-class preclinical LEAD validation¹

Published in **ScienceAdvances**
MAAS

The OSE team



An experienced Executive leadership team



Nicolas Poirier, PhD
CEO, CSO

- 18+ year experience in biotech/immunotherapy
- Advanced 5 novel immunotherapies to clinic
- Leading to 4 pharma deals
- Global Management & Finance (INSEAD, HEC)



Anne-Laure Autret-Cornet
Chief Financial Officer

- 15+ year experience in Finance / Biotech
- Graduated from ESSCA Management school
- Corporate Finance, HEC



Dominique Costantini, MD
Chief Development & Strategy

- 30+ years in product development/marketing
- Chairwoman, Co-founder
- IPO completion in 2015



Jean-Jacques Mention, PhD
Chief Business Officer

- 15+ years of Research in Immunology at King's College London, Institut Pasteur
- 7+ year experience in Business Development



Aurore Morello, PhD
Head of Research

- 13+ year experience in Immunotherapy
- International Post-doctoral Fellowship (MSKCC, NYC)



Silvia Comis, MD
Head of Clinical

- 30+ year experience in Pharma
- Previously Senior Medical Director IQVIA, and European Head of Early Products Medical Affairs in oncology at Novartis



Valérie Gabarre, PharmD
Medico-Marketing Director

- 25+ years of experience in Pharma/Biotech, in Medico-Marketing & Sales - EU & Global, Immunotherapy & Oncology
- Global Network of Leaders & Corporative Groups in Oncology
- PharmD



A Board of Directors combining international expertise in drug development, industry & finance & experience in listed biotech companies



Dominique Costantini, MD
Chairwoman, Chief Development & Strategy

- 30+ years in product development/ marketing
- Chairwoman, Co-founder
- IPO completion in 2015



Maryvonne Hiance
Vice Chairwoman

- Founder and CEO of Effimune
- General Manager SangStat Atlantic, DrugAbuse Sciences
- Former President & Vice President of France Biotech



Nicolas Poirier, PhD
Director, Chief Executive Officer & Chief Scientific Officer

- 15+ year experience in biotech/immunotherapy
- Advanced 5 novel therapies to clinic
- 4 pharma deals
- Global Management, INSEAD



Elsy Boglioli
Independent Director

- Founder & CEO of Bio-Up
- Healthcare advisor
- 10+ years Partner & Managing Director at the Boston Consulting Group (BCG)



Eric Leire, MD
Independent Director

- Genflow Bioscience CEO
- Previously chairman & CEO of several biotech listed in US
- Previous Marketing Director position in Pharma US & EU



Brigitte Dréno, MD
Independent Director

- Head Depart of Dermatology Nantes
- Director of Biotherapy Clinical Investigation Centre
- Operational functions and research responsibilities



Didier Hoch, MD
Independent Director

- 25+ years in pharma and vaccine industry
- Several functions incl. commercial, marketing, general management



Anne-Laure Autret-Cornet
Director representing the employee shareholders, Chief Financial Officer

- 15+ years in Finance & Biotech
- ESSCA Management School
- Finance Corporate, HEC

International SAB - Renowned experts in IO and I&I



Wolf-Hervé Fridman, MD
Chairman of the SAB, Professor Emeritus of Immunology at the Université de Paris, France



Myriam Merad, MD, PhD
Director of the Precision Immunology Institute at Mount Sinai School of Medicine in New York and the Director of the Mount Sinai Human Immune Monitoring Center (HIMC)



Charles N. Serhan, PhD, DSc
Professor of Anaesthesia (Biochemistry and Molecular Pharmacology) at Harvard Medical School, Professor of Oral medicine, Infection and Immunity at Harvard School of Dental Medicine



Jennifer Wargo, MD, M.M.Sc
Professor of Genomic Medicine & Surgical Oncology, UT MD Anderson Cancer Center



Bernard Malissen, PhD
Group Leader at Centre d'Immunologie de Marseille-Luminy and Founding-Director of Center for Immunophenomics, Marseille, France



Sophie Brouard, PhD
Immunologist and Director in Veterinary Sciences, Director of Research at the Institut National de la Santé et Recherche Médicale (Inserm, National Institute for Health and Medical Research) in Nantes

OSE IMMUNO
THERAPEUTICS



Breaking through the
therapeutic ceiling with
first-in-class immunotherapies

Immuno-Oncology & Immuno-Inflammation

Head Office
22, boulevard Bénoni Goullin
44200 Nantes, France

Paris Office
10, Place de Catalogne
75014 Paris, France

Company Information: <http://ose-immuno.com/en/>