

OSE IMMUNO
THERAPEUTICS



Delivering on Our 3-Year Value Enhancing Strategic Plan

2026 Q3

Forward Looking Statement

This presentation contains express or implied information and statements that might be deemed forward-looking information and statements in respect of OSE Immunotherapeutics. They do not constitute historical facts. These information and statements include financial projections that are based upon certain assumptions and assessments made by OSE Immunotherapeutics' management in light of its experience and its perception of historical trends, current economic and industry conditions, expected future developments and other factors they believe to be appropriate.

These forward-looking statements include statements typically using conditional and containing verbs such as "expect", "anticipate", "believe", "target", "plan", or "estimate", their declensions and conjugations and words of similar import.

Although the OSE Immunotherapeutics' management believes that the forward-looking statements and information are reasonable, the OSE Immunotherapeutics' shareholders and other investors are cautioned that the completion of such expectations is by nature subject to various risks, known or not, and uncertainties which are difficult to predict and generally beyond the control of OSE Immunotherapeutics. These risks could cause actual results and developments to differ materially from those expressed in or implied or projected by the forward-looking statements. These risks include those discussed or identified in the public filings made by OSE Immunotherapeutics with the AMF. Such forward-looking statements are not guarantees of future performance.

This presentation includes only summary information and should be read with the OSE Immunotherapeutics Universal Registration Document filed with the AMF on June 4, 2026, including the 2025 financial results, all available on the OSE Immunotherapeutics' website. Other than as required by applicable law, OSE Immunotherapeutics issues this presentation at the date hereof and does not undertake any obligation to update or revise the forward-looking information or statements.

This presentation does not constitute an offer to sell the shares or soliciting an offer to purchase any of the Shares to any person in any jurisdiction where such an offer or solicitation is not permitted. The Shares may not be offered or sold, directly or indirectly, may be distributed or sent to any person or into any jurisdiction, except in circumstances that will result in the compliance with all applicable laws and regulations. Persons into whose possession this presentation may come are required to inform themselves about, and to observe all, such restrictions. The Company accept no responsibility for any violation by any person, whether or not it is a prospective purchaser of Shares, of any such restriction.

The information contained in this presentation has not been independently verified and no commitment, representation or warranty, express or implied, is given by the Company or anyone of its directors, officers or respective affiliates or any other person and may not serve as the basis for the veracity, completeness, accuracy or completeness of the information contained in this document (or for any omission of any information in this presentation) or any other information relating to the Company or its affiliates. The information contained in this document is provided only as of the date of this document and may be subject to update, supplement, revision, verification and modification.

They can be modified significantly. The Company is not subject to an obligation to update the information contained in this document and any opinion expressed in this document is subject to change without notice. The Company, its advisers, its representatives cannot be held responsible in any manner whatsoever for any loss of any nature whatsoever resulting from the use of this document or its contents or otherwise related in any way to this document.

This document contains information relating to the Company's markets and the positioning of the Company in these markets. This information is derived from various sources and estimates of the Company. Investors cannot rely on this information to make their investment decision.

A Business Oriented Team to Leverage OSE's Leading Research and Development Capabilities



Marc Le Bozec
Chief Executive Officer

- Currently supports numerous biotech companies as an advisor, board member and investor
- Previously created and managed two biotech investment funds within Financière Arbevel
- Former CFO of Cellectis



Thomas Gidoïn
Deputy Chief Executive Officer / Chief Financial Officer

- 15+ years in pharma / biotech
- 10+ years as CFO in both private and public biotechs, Euronext and US Nasdaq IPOs



Silvia Comis, MD
Chief Clinical and Medical Research Officer

- 30+ years of pharma experience
- Previously held positions of Senior Director COE, European Head of Early Products Medical Affairs and Clinical Development in Oncology
- Certified pharmacologist and endocrinologist



Jean-Jacques Mention, PhD
Chief Business Officer

- 15+ years of academic research in Immunology and virology at Necker-Enfants Malades Hospital, King's College of London & Institut Pasteur of Paris
- 10 years' experience in BD and innovation



Aurore Morello, PhD
Chief Scientific Officer

- 7 years of academic research in Immunology and oncology at the Memorial Sloan Kettering Cancer Center in New York and the French National Center for Scientific Research (CNRS) in Paris
- Joined OSE in 2016
- PhD in immunology and oncology



Memorial Sloan Kettering Cancer Center



Our 3-Year Development Plan Focused on Shareholder Value

Large Partnered Indications vs Smaller Go-Alone Indications

Strategy to maximize Return on Investment while managing risk:

- Large indication assets to be developed up to end of Phase 2
- Smaller indication assets to be developed up to commercialization

3

Development Strategies

Lusvertikimab in Chronic Pouchitis

Rare/Specialist Indication

Target population 45k patients

Phase 2 to start in H2 2026

Lusvertikimab in Ulcerative Colitis

Strong Phase 2 data as IV

Reformulation as SC

Potential to be licensed out

Multi-Billion potential

Tedopi® in NSCLC

1st Phase 3: mOS benefit vs SOC

2nd Phase 3: ongoing

Potential approval in 2029

Multi-Billion potential

Strong Pharma Partnerships Capabilities

Proven ability to deliver attractive partnerships

Over €150m in upfront received and over €2.1bn in potential milestones + tiered royalties via partnerships with AbbVie, Boehringer Ingelheim and Veloxis

Multiple Key Inflection Points Over the Next 24 Months

Key clinical announcements at least every 6 months over our 3-year development plan

Clinical Pipeline Focused on Achievable Deliverables

3-Year Plan Focused on Proprietary Assets

Product Candidate	Target	Indication	Pre-Clinical	Phase 1a/1b	Phase 2	Phase 3	Addressable Market	Upcoming Milestones
Lusvertikimab SC	Anti-IL-7R	Ulcerative Colitis				Ph 2 completed in IV SC ready mid 27	\$1bn+	Ph 2b/3 to be licensed out or financed
Lusvertikimab IV		Chronic Pouchitis					45k patients	Ph 2 interim read-out Q4 27
Tedopi	Neoepitopes immunotherapy	NSCLC Mono post-CT-ICI 2L (US Orphan Drug Designation)					\$1bn+	Futility Analysis Q3 26 Ph 3 read-out Q1 28
		Pancreatic cancer Combo (ISS)					\$500m - \$1bn	3-yr LT Survival H2 26
		Ovarian cancer Combo (ISS)					\$500m	OS data following positive topline
		NSCLC Combo 2L (ISS)					\$500m	Read-out H2 26
		NSCLC 1L Combo OSE-279					\$500m	

Partnered Clinical Assets

Product Candidate	Target	Indication	Pre-Clinical	Phase 1a/1b	Phase 2	Phase 3	Upcoming Milestones
BI 770371 	Anti-SIRPα	Solid tumors (HNSCC)					Ph 1b read-out
Pegrizеprumеnt (FR104) 	Anti-CD28	Kidney Transplantation (US Orphan Drug Designation)					

Immunology & Inflammation

Immuno-Oncology

Potential Catalysts Every 6 Months Over Our 3-Year Strategic Plan*

H1 Tedopi® ✓

ISS Phase 2 positive read-out in Ovarian Cancer as monotherapy or in combo with pembrolizumab

H2 Lusvertikimab in Chronic Pouchitis

Phase 2 start in rare disease indication leveraging IV formulation for early POC data generation

Tedopi®

ISS Phase 2 read-out in 2L NSCLC combo with nivolumab or docetaxel

Pivotal Phase 3 DSMB futility analysis on 107 events in HLA-A2+ NSCLC patients post Chemotherapy (CT) and Immune Checkpoint Inhibitors (ICI)

H1 Lusvertikimab Subcutaneous

Subcutaneous formulation ready for all indications (Ulcerative Colitis, Chronic Pouchitis)

H2 Lusvertikimab in Chronic Pouchitis

Interim Phase 2 results generating clinical PoC in a rare disease

Lusvertikimab in Ulcerative Colitis

Phase 2b/3 initiation (subject to partnering/financing)

H1 Tedopi®

Phase 3 read-out in HLA-A2+ 2L NSCLC

FY Lusvertikimab in Chronic Pouchitis

Full Phase 2 results generating clinical PoC in a rare disease

2026

2027

2028

OSE IMMUNO
THERAPEUTICS



Lusvertikimab Most Advanced Anti-IL-7R mAb

**Strong biological rationale in refractory IBD patients and
inflammatory dermatologic diseases**

IL-7 Fuels Chronic Tissues Inflammation – Lusvertikimab Tackles It

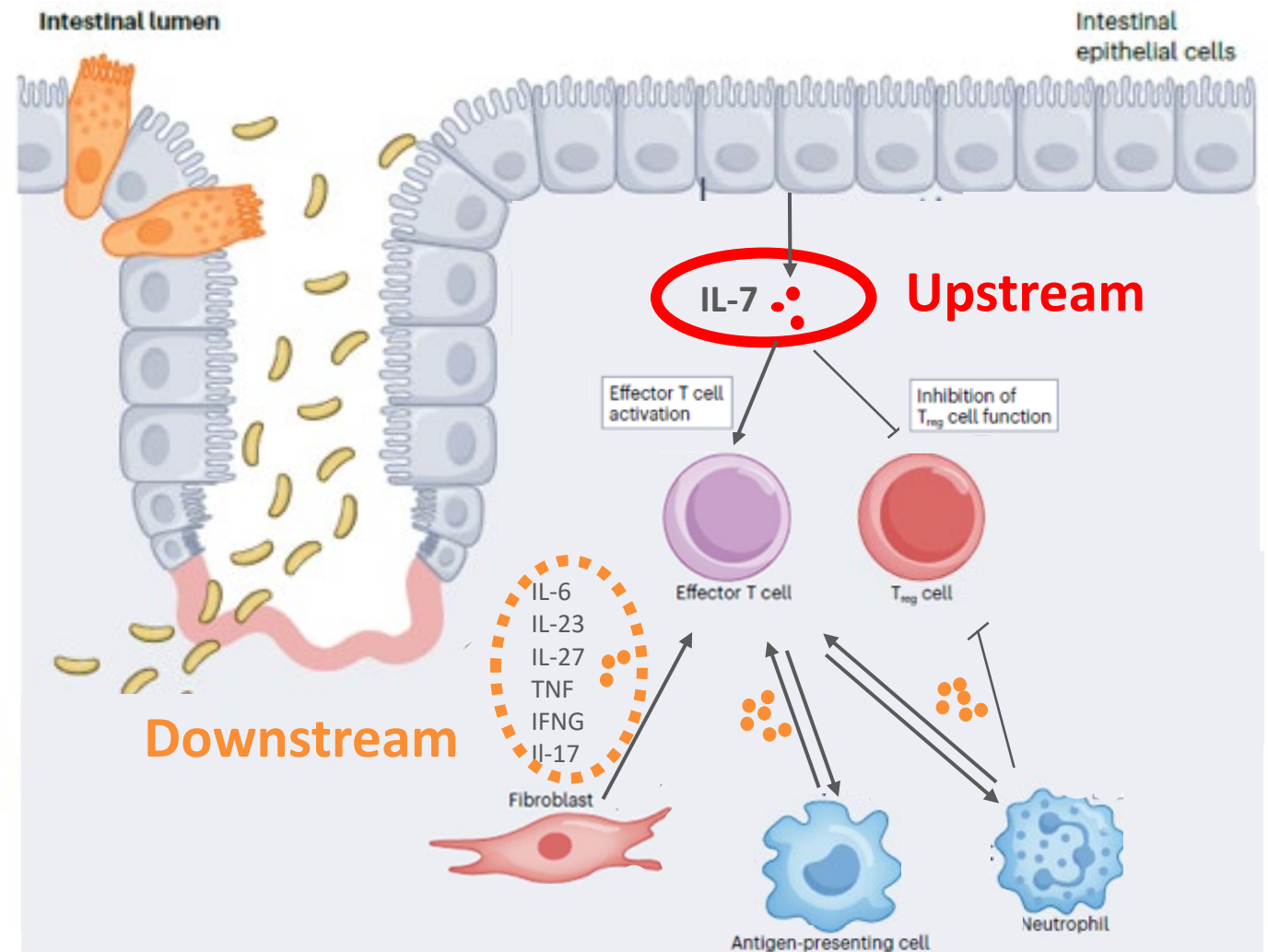
Upstream mechanism of resistance in hyper-inflammation

“...Highly pro-inflammatory cells in the intestinal mucosa in Inflammatory Bowel Disease (IBD) **drive molecular resistance** to anti-cytokine therapy (such as anti-TNF and anti-IL-12/IL-23 therapies).

Intestinal Epithelial Cells (IECs) produce cytokines such as IL-7 to activate effector T cells. **IL-7R expression on colitogenic CD4 T cells is vital for induction of chronic colitis**”

Pr. Neurath, *Nature Review Immunology* 2024

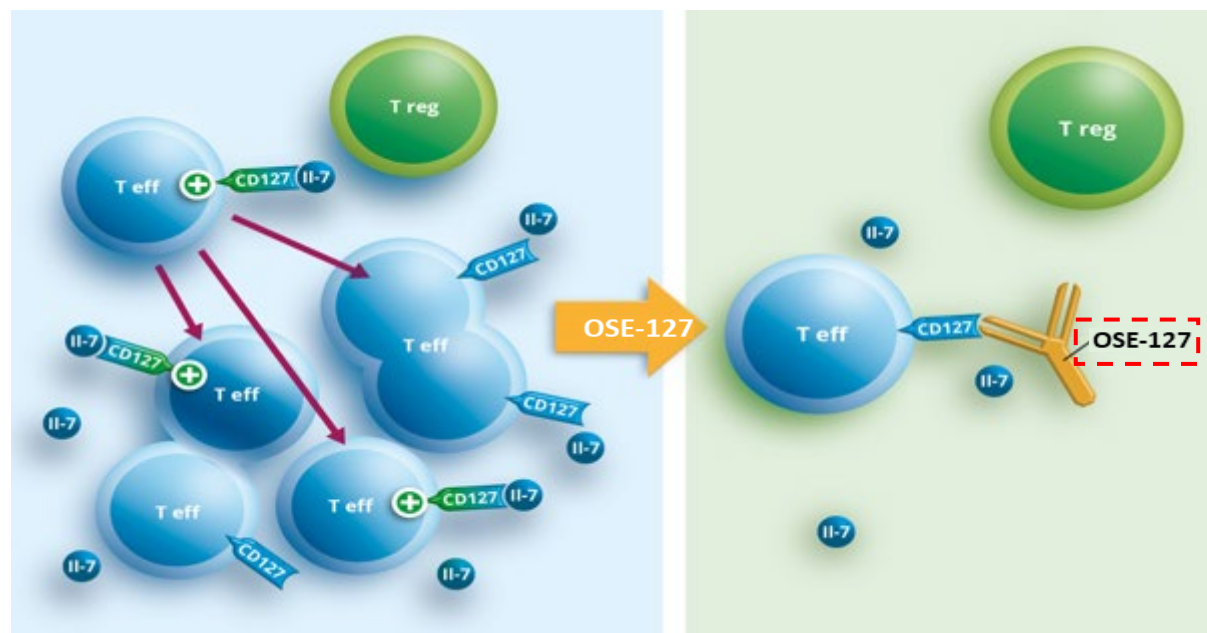
Blocking the IL-7 receptor prevents molecular signalling transmission by IL-7 through the JAK/STAT5 pathway (responsible for chronic inflammation), while sparing Tregs necessary for healthy immune response



Adapted from Neurath M. *Nature Review Immunology* 2024

Lusvertikimab – First Pure IL-7 Antagonist that Maintains Healthy Immune System

Calming down overexpressed immune response while maintaining healthy immune response



A differentiated IL-7R antagonist solely targeting the immune system at the root cause of chronic inflammation

- IL-7R pathway is overexpressed in bio-refractory IBD patients^{1,2}, Pouchitis and Hidradenitis Suppurativa
- First non-internalizing pure antagonist anti-IL-7R mAb³
- No antagonist activity on TSLP* that has a protective effect on the gut mucosa
- Inhibit activation, differentiation of pathogenic Th1, Th17 and resident memory T cells while sparing Tregs
- Limit migration of T cells into the gut
- Limit immune chronicity and favor healthy immune microenvironment
- Good safety, PK/PD profile in Clinical trials⁴; no cytokine release

Lusvertikimab – Most Advanced and Differentiated First-in-Class Anti-IL-7R mAb

		 	 	
Isotype	IgG4	IgG1	IgG1	IgG1
MoA	• Non-Internalizing¹ • Full Antagonist IL-7R • No Depletion	• TSLP Antagonist • T-cell Decrease	• Internalizing • Antago + Partial Agonist IL-7R • TSLP Antagonist • T-cell Decrease²	• Internalizing • Antago + Partial Agonist IL-7R
Phase	Phase 2	Phase 2a	Phase 1b	<i>Discontinued</i>
Indications	• Ulcerative Colitis • Chronic Antibiotic-Refractory Pouchitis	• Atopic Dermatitis <i>Failed endpoint in Part B⁵</i> • Alopecia Areata <i>Positive Ph2 Results in Jul 26</i>	• Alopecia Areata <i>Not initiated</i>	• Multiple Sclerosis <i>Discontinued post Phase 1</i> <i>High Immunogenicity^{3,4}</i>

Lusvertikimab – A Pragmatic Development Plan

Lusvertikimab in Chronic Pouchitis

Rare/Specialist Indication – To be developed by OSE

Chronic Antibiotic-Refractory Pouchitis – 45k US/EU/JP patients

- Leverage IV GMP material currently available
- c.30% of UC patients require surgery; c.70% of patients with IPAA experiencing Pouchitis over 10 years, o/w c.15% develop Chronic Pouchitis
- 35-40% of patients fail currently approved biologic drugs

Lusvertikimab in Ulcerative Colitis

To be Outlicensed or Financed

Ulcerative Colitis – 200-500k patients in the US alone require advanced therapy

- \$9-11bn Ulcerative Colitis Market mostly generated by anti-TNF α and JAK/IL-23 inhibitors
- 30-40% of patients do not respond sufficiently to anti-TNF α and JAK/IL-23 inhibitors leading to significant need for therapeutic alternatives
- Strong Phase 2 data generated with IV formulation
- Subcutaneous formulation in development to fit the current treatment paradigm
- Minimal costs expected until licensing takes place
- To be developed by partner or financed by OSE



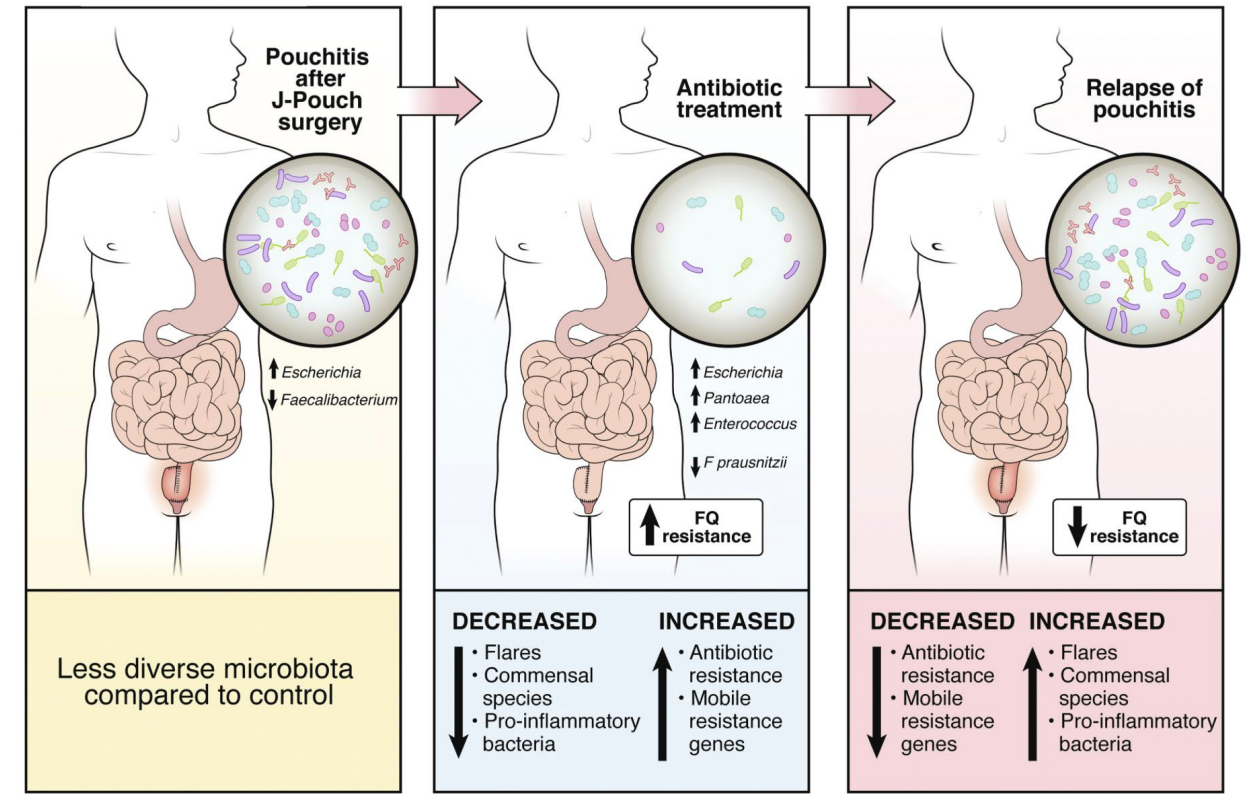
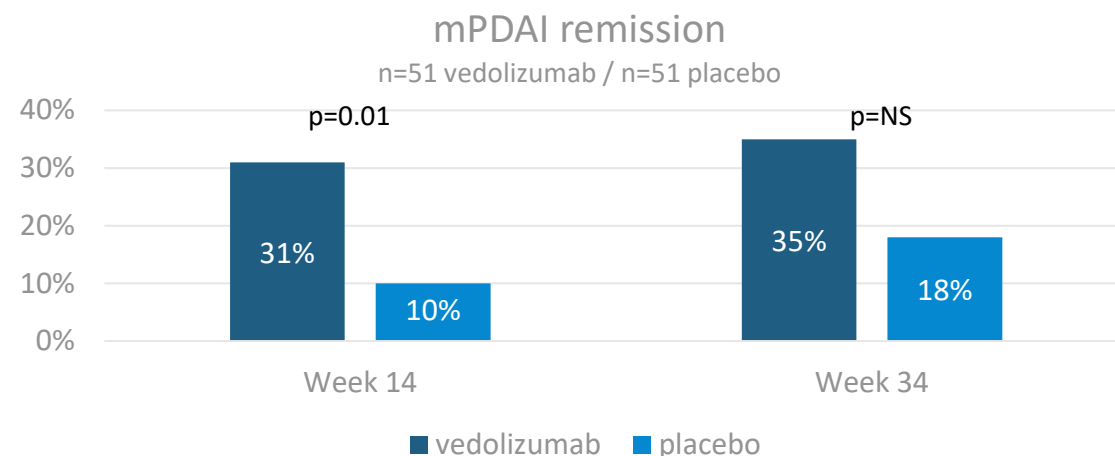
Chronic Antibiotic-Refractory Pouchitis – A Rare IBD Indication

45k patients in the US/EU/Japan

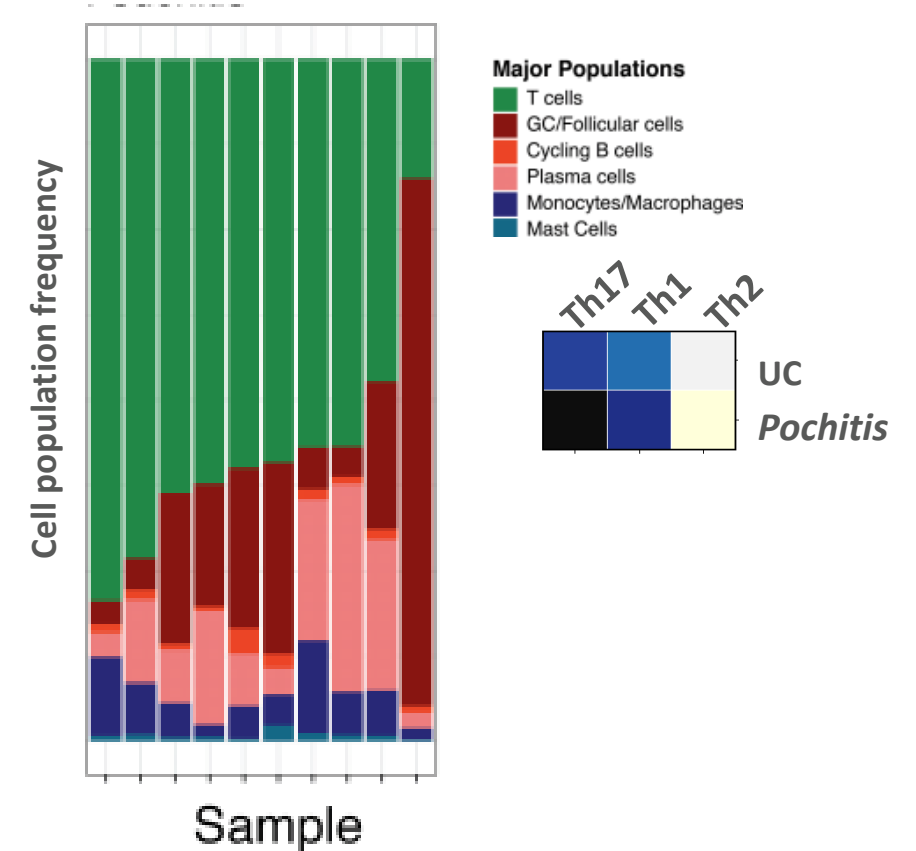
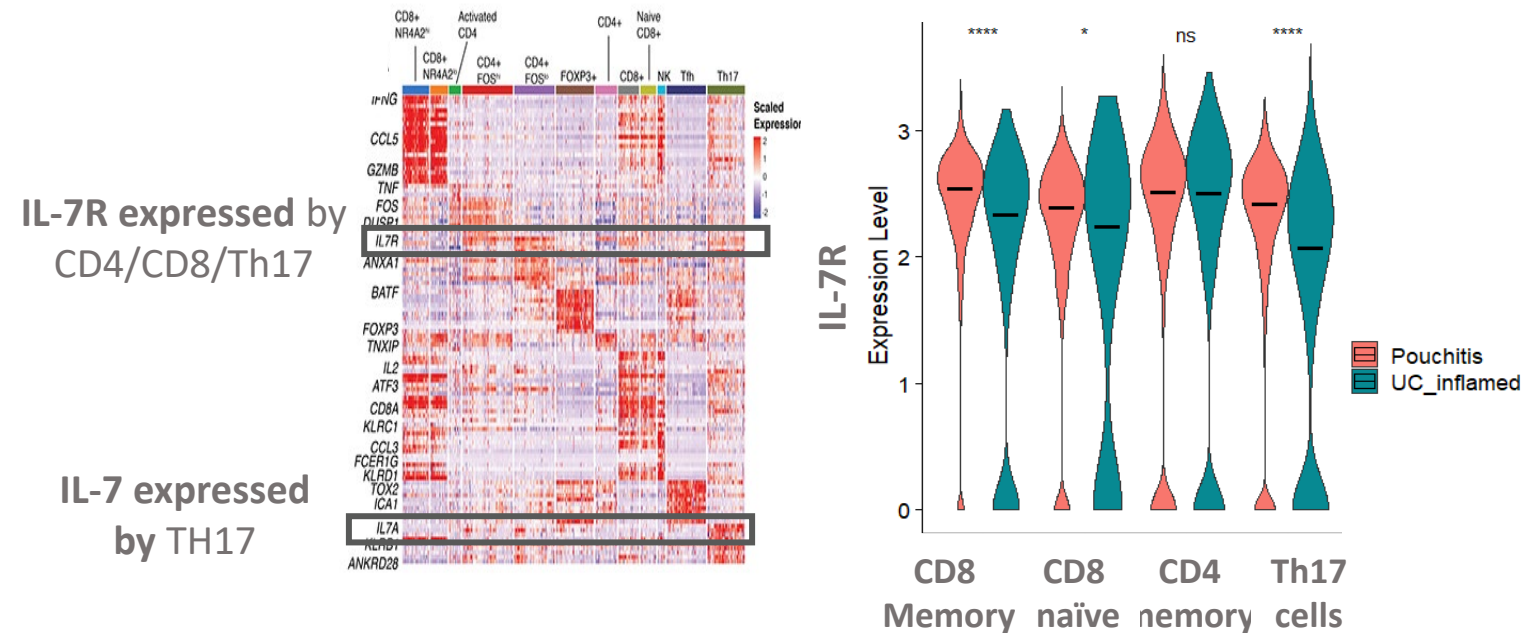
- Complication of restorative proctocolectomy with ileal pouch-anal anastomosis (IPAA) in patients with ulcerative colitis (UC) and familial adenomatous polyposis (FAP).
- 30% of UC patients are refractory to available therapies and require proctocolectomy with ileal pouch-anal anastomosis (IPAA)¹
- 70% of them develop Pouchitis of which 15% is chronic²
- Symptoms include increased stool frequency and fluidity, rectal bleeding, fecal urgency, incontinence, abdominal cramps, fever and extra-intestinal manifestations

No FDA approved biologic treatment post antibiotics

- Vedolizumab (Entyvio®) only EU approved product with limited efficacy



Chronic Antibiotic-Refractory Pouchitis – Scientific Rationale



Inflammatory disease with similar pathogenesis to UC

- Refractory Pouchitis and UC have similar inflammatory mechanisms and significant infiltration of TH1/Th17 T cells to an even higher extent than UC¹
- Overexpression of IL-7R by Th1 and Th17 mucosa infiltrating cells, high IL-7 expression in the tissue & higher expression of IL-7R over UC in CD4, CD8 T cells
- Vedolizumab in Pouchitis supports rationale for Lusvertikimab (share one MoA). Stronger clinical benefit of Lusvertikimab over Vedolizumab expected and supported by preclinical data²
- Lusvertikimab blocks Teff migration and activation while preserving Treg trafficking, whereas Vedolizumab blocks both Treg and Teff homing without blocking direct effector function of T cells, potentially enabling a more favorable safety profile in chronic indications such as Pouchitis

Lusvertikimab multi-axis efficacy

Inhibits proliferation, survival and activation of intra-tissue effector T cell subsets (Th1, Th17, CD8 memory) while maintaining Treg for tissue homeostasis

Chronic Antibiotic-Refractory Pouchitis – Ph 2a Design & Expected Timeline

- **PoC - Non-comparative** randomized design
- N=47 → 3 : 1 - Lusvertikimab : Placebo
- A primary evaluation focused on the Lusvertikimab arm
- A two-stage Fleming/Simon-type design
- An internal placebo calibration arm randomized in a 3:1 ratio
- Interim futility assessment after 17 evaluable patients in the active arm
- Final success criterion based on the # of responders observed among 35 evaluable Lusvertikimab-treated patients.

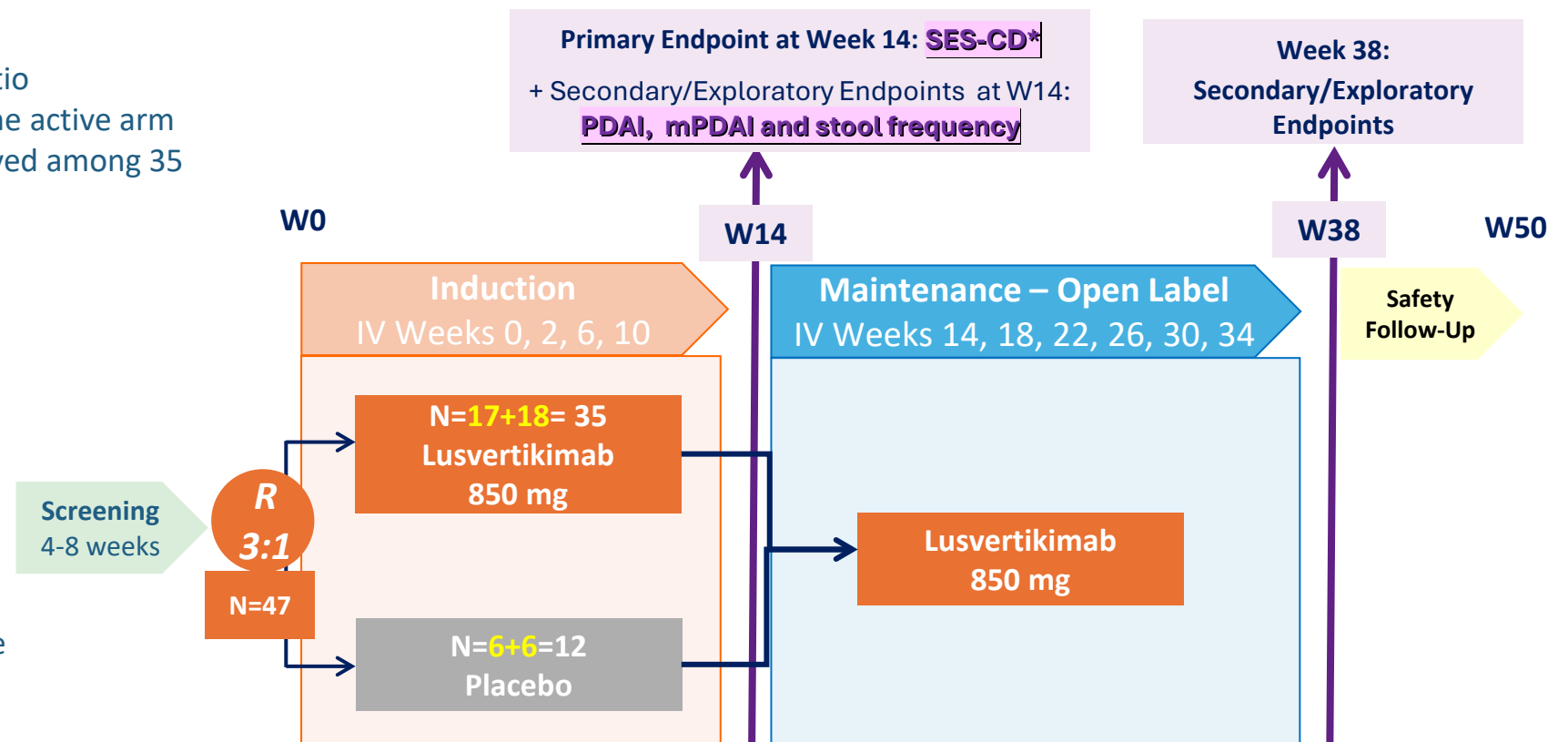
⇒ 2-stage phase II single-arm Simon design

• In the 1st stage:

- 17 subjects
- Futility if ≤ 1 respond to the treatment.
→ READ OUT 3Q27

• In the 2nd stage:

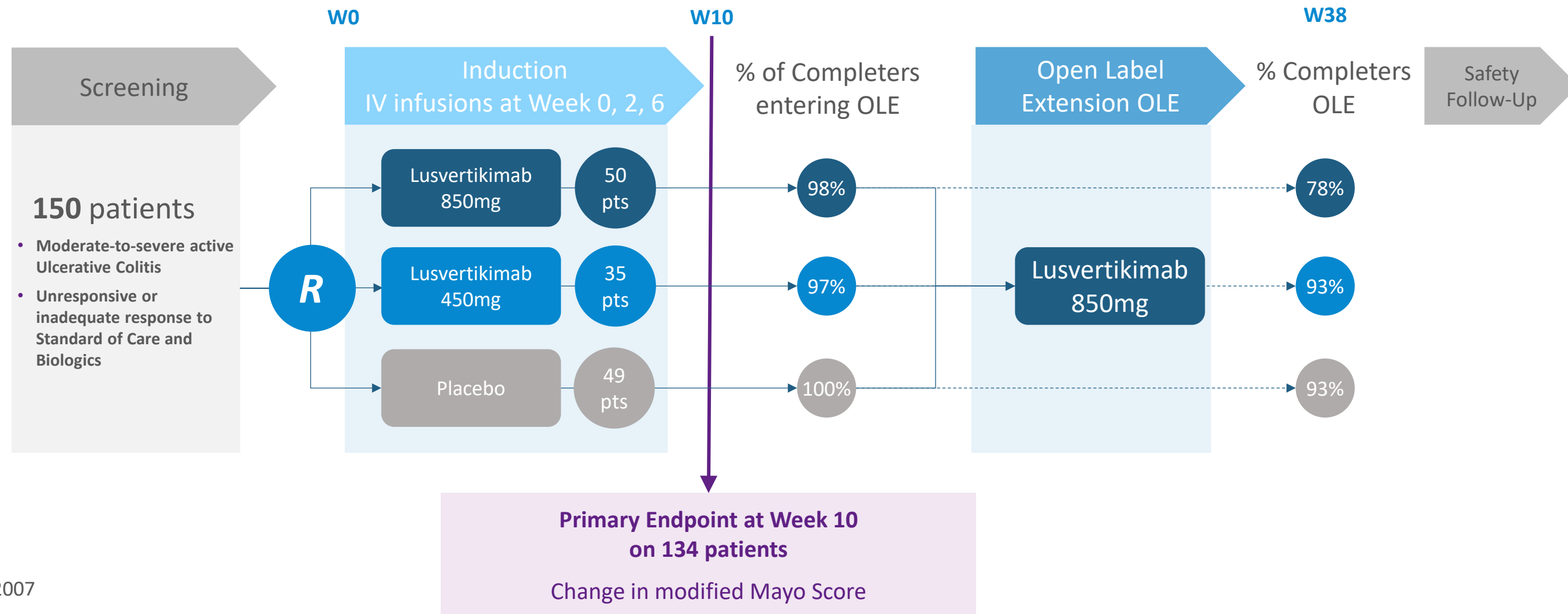
- The additional 18 subjects → 35 subjects
- If the >4 responses the study is declared positive for the continuation to the next phase.
→ READ OUT 4Q27



SES-CD: Simple Endoscopic Score for Crohn's disease (in the pouch)

CoTikiS – POC in Chronic Inflammation

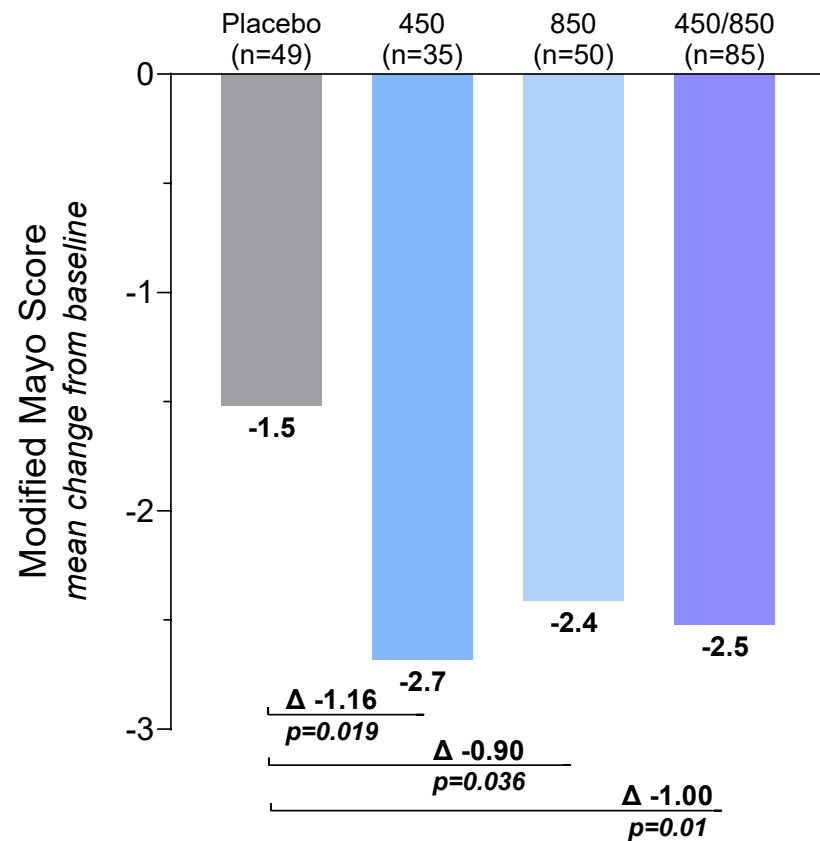
Lusvertikimab IV Phase 2 in Moderate-to-Severe UC



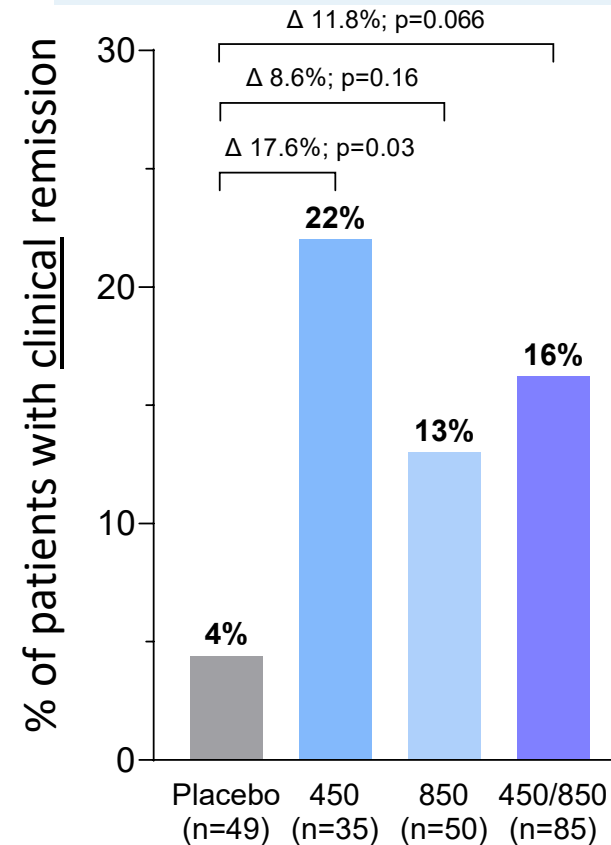
NCT04882007

Clinically and Statistically Meaningful Remission at Week 10 with Lusvertikimab

Primary Endpoint: Modified Mayo Score Improvement (MMS)*^μ at W10

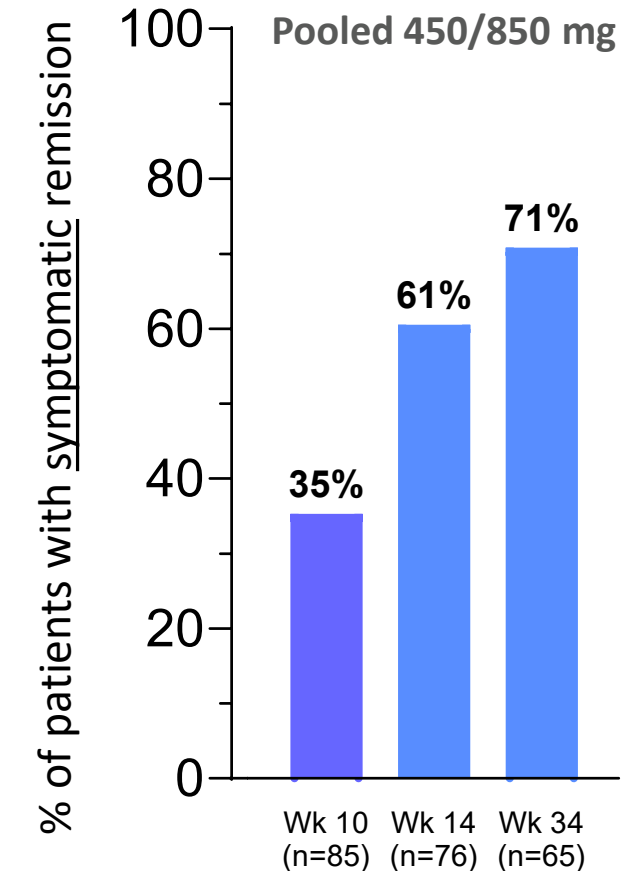


Clinical Remission at W10



clinical remission: MMS ≤2 with no subscore >1 and a RB 0, SF ≤ 1, MES 0 or 1

Sustained benefit beyond W10¹

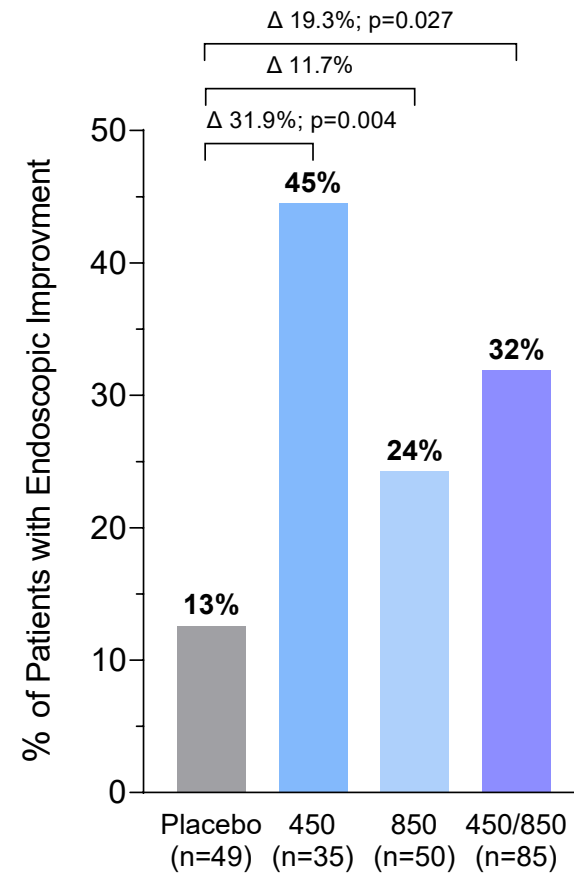


All patients received 850 mg every 4 weeks from week 10 through 34

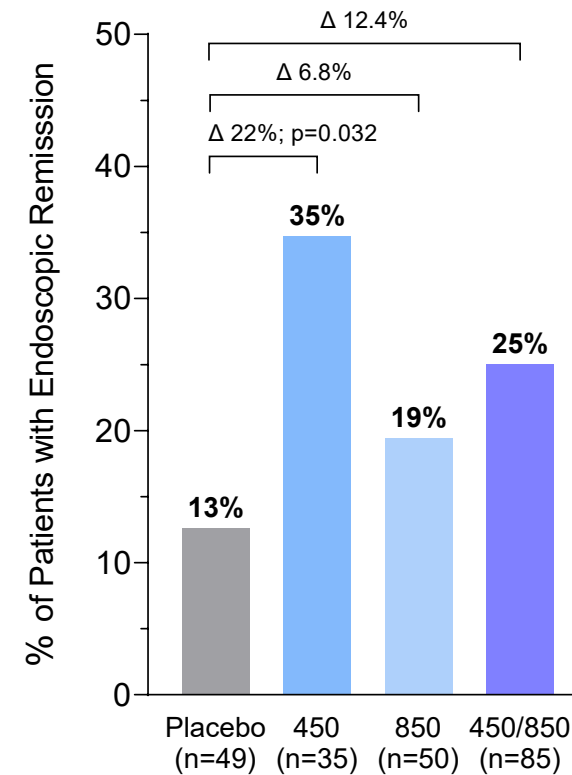
Induction Results at Week 10

Clinically meaningful and significant endoscopic improvement and remission

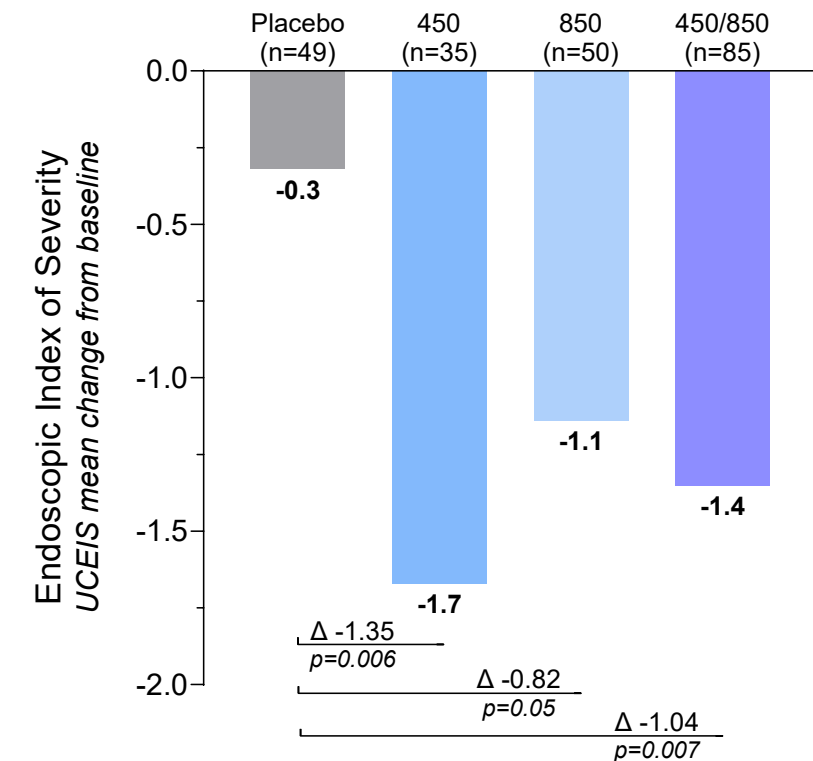
Endoscopic Improvement** at W10



Endoscopic Remission* at W10



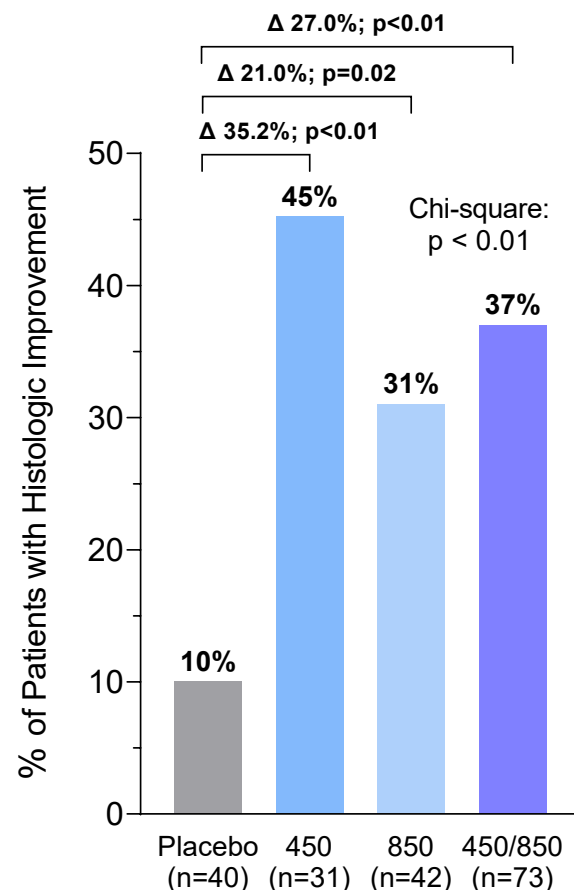
UC Endoscopic Index of Severity UCEIS*** change from baseline at W10



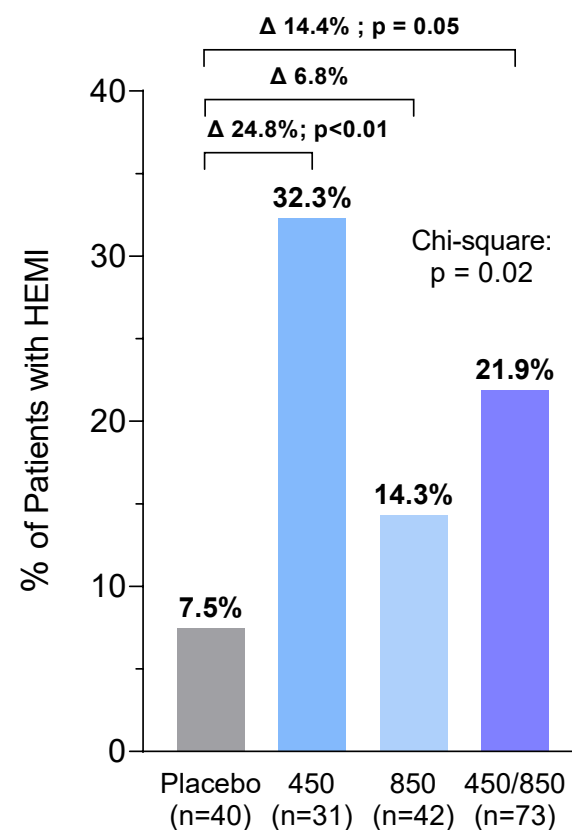
Induction Results at Week 10

Clinically meaningful and significant histologic and histo-endoscopic mucosal improvement

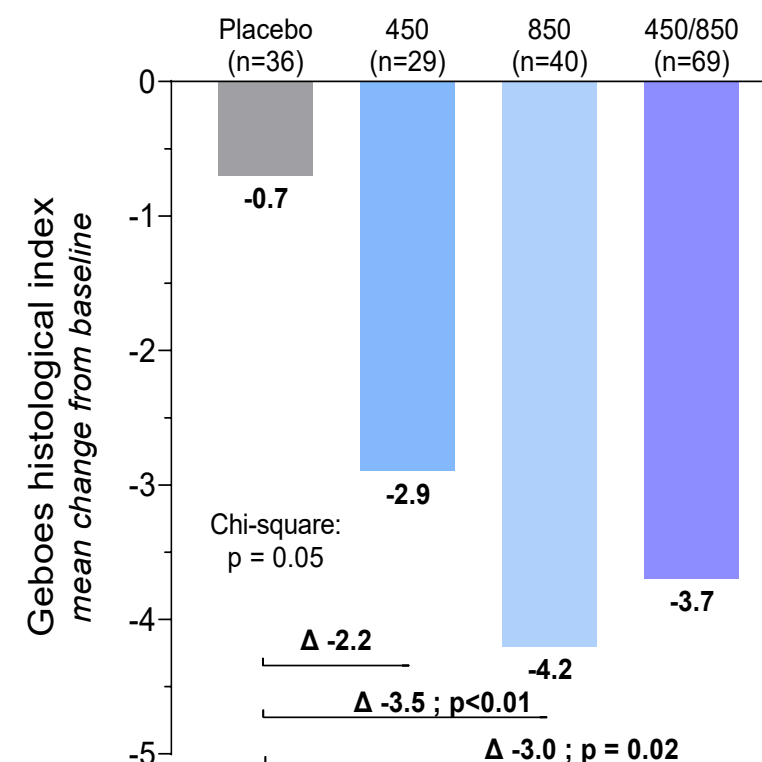
Histological Improvement at W10*



Histo-Endoscopic Mucosal Improvement (HEMI) at W10**



Histological Geboes index change from baseline at W10



CoTikiS – 850 mg Group More Severe Disease than 450 mg and/or Placebo Groups

Demographics and disease characteristics

	Placebo (n=49)	450 mg (n=35)	850 mg (n=50)	Total (n=134)
Age: mean (SD)	42.7 (15.9)	38.8 (10.5)	42.5 (15.1)	41.6 (14.4)
Sex: male	28 (57.1%)	22 (62.9%)	27 (54.0%)	77 (57.5%)
Weight (kg) mean (SD)	75.3 (15.2)	72.8 (16.2)	71.5 (18.0)	73.2 (16.5)
Never smoker	39 (79.6%)	25 (71.4%)	43 (86.0%)	107 (79.9%)
Never alcohol consumption	34 (69.4%)	25 (71.4%)	40 (80.0%)	99 (73.9%)
Region: EU Country	22 (44.9%)	8 (22.9%)	22 (44.0%)	52 (38.8%)
UC duration (years) mean (SD)	8.2 (7.5)	7.2 (6.5)	9.3 (8.6)	8.4 (7.7)
Previous exposure to biologics	19 (38.8%)	5 (14.3%)	19 (38.0%)	43 (32.1%)
<i>Previous biologics: 2+</i>	11 (57.9%)	2 (40%)	13 (68.8%)	26 (60.4%)
<i>Previous biologics: 3+</i>	5 (26.3%)	0 (0%)	6 (31.5%)	11 (25.6%)
Concomitant use of steroids	23 (46.9%)	18 (51.4%)	25 (50.0%)	66 (49.3%)
Modified mayo score (mMS) Mean (SD)	6.6 (1.2)	6.0 (1.4)	6.5 (1.0)	6.4 (1.2)
Category of mMS				
5-6	21 (42.9%)	17 (48.6%)	25 (50.0%)	63 (47.0%)
7-9	26 (53.1%)	13 (37.1%)	25 (50.0%)	64 (47.8%)
Endoscopic subscore mean (SD)	2.5 (0.5)	2.4 (0.5)	2.6 (0.5)	2.5 (0.5)
Category of endoscopic subscore: 3	26 (53.1%)	15 (42.9%)	32 (64.0%)	73 (54.5%)
C-Reactive protein (mg/L) Mean (SD)	8.6 (13.6)	9.4 (16.7)	11.2 (18.1)	9.8 (16.1)
Serum albumin (g/L) Mean (SD)	42.3 (4.4)	42.6 (4.5)	40.8 (5.4)	41.8 (4.9)
FCP (µg/g) mean (SD)	1459.5 (1865.0)	1088.0 (1600.5)	1191.8 (1603.3)	1261.6 (1696.7)

Lusvertikimab – Well Tolerated & Good Safety Profile

	Placebo (N=49) N(%) [E]	450 mg (N=36) N(%) [E]	850 mg (N=51) N(%) [E]	Total (N=136) N(%) [E]
At least one TEAE in induction phase	16 (32.7) [29]	17 (47.2) [33]	20 (39.2) [42]	53 (39.0) [104]
At least one TEAE related to study treatment	1 (2.0) [1]	3 (8.3) [4]	4 (7.8) [14]	8 (5.9) [19]
At least one serious TEAE	3 (6.1) [3]	2 (5.6) [3]	2 (3.9) [3]	7 (5.1) [9]
At least one serious TEAE related to study treatment	—	1 (2.8) [1]	—	1 (0.7) [1]
At least one severe TEAE	2 (4.1) [2]	1 (2.8) [2]	—	3 (2.2) [4]
At least one severe TEAE related to study treatment	—	1 (2.8) [1]	—	1 (0.7) [1]
At least one related TEAE leading to death	—	—	—	—
At least one TEAE leading to drug withdrawal	3 (6.1) [3]	2 (5.6) [3]	—	5 (3.7) [6]
At least one TEAE leading to drug interruption	2 (4.1) [2]	1 (2.8) [1]	—	3 (2.2) [3]
At least one TEAE leading to study discontinuation	3 (6.1) [3]	2 (5.6) [3]	—	5 (3.7) [6]
At least one AESI	6 (12.2) [7]	7 (19.4) [7]	9 (17.6) [10]	22 (16.2) [24]
At least one infection	6 (12.2) [7]	5 (13.9) [5]	7 (13.7) [8]	18 (13.2) [20]
At least one lymphopenia < 500 10 ⁶ /L	—	2 (5.6) [2]	2 (3.9) [2]	4 (2.9) [4]

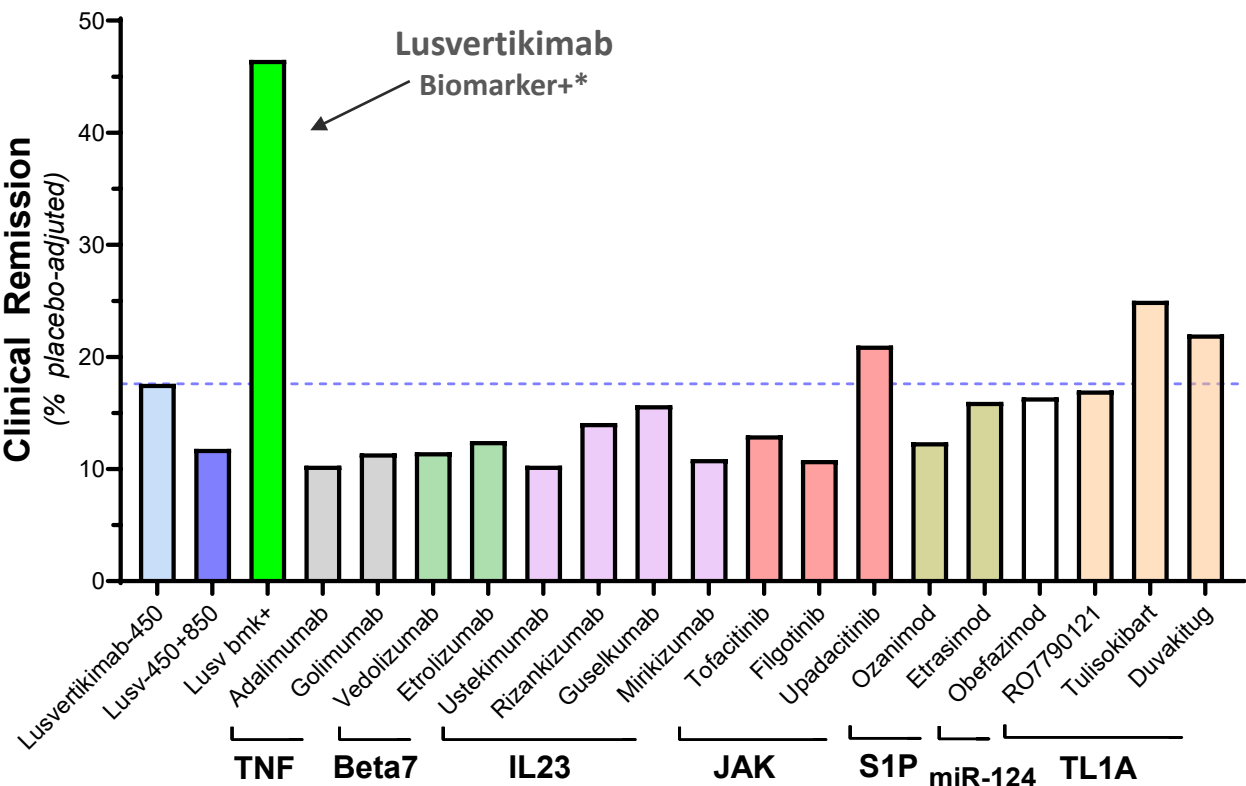
Lusvertikimab
tested in 174
individuals to
date

Lymphopenia was transient, not associated with a higher rate or severity of infection, was more frequent in patients treated with corticosteroids or with baseline values <1*10⁹/L and did not lead to treatment discontinuation

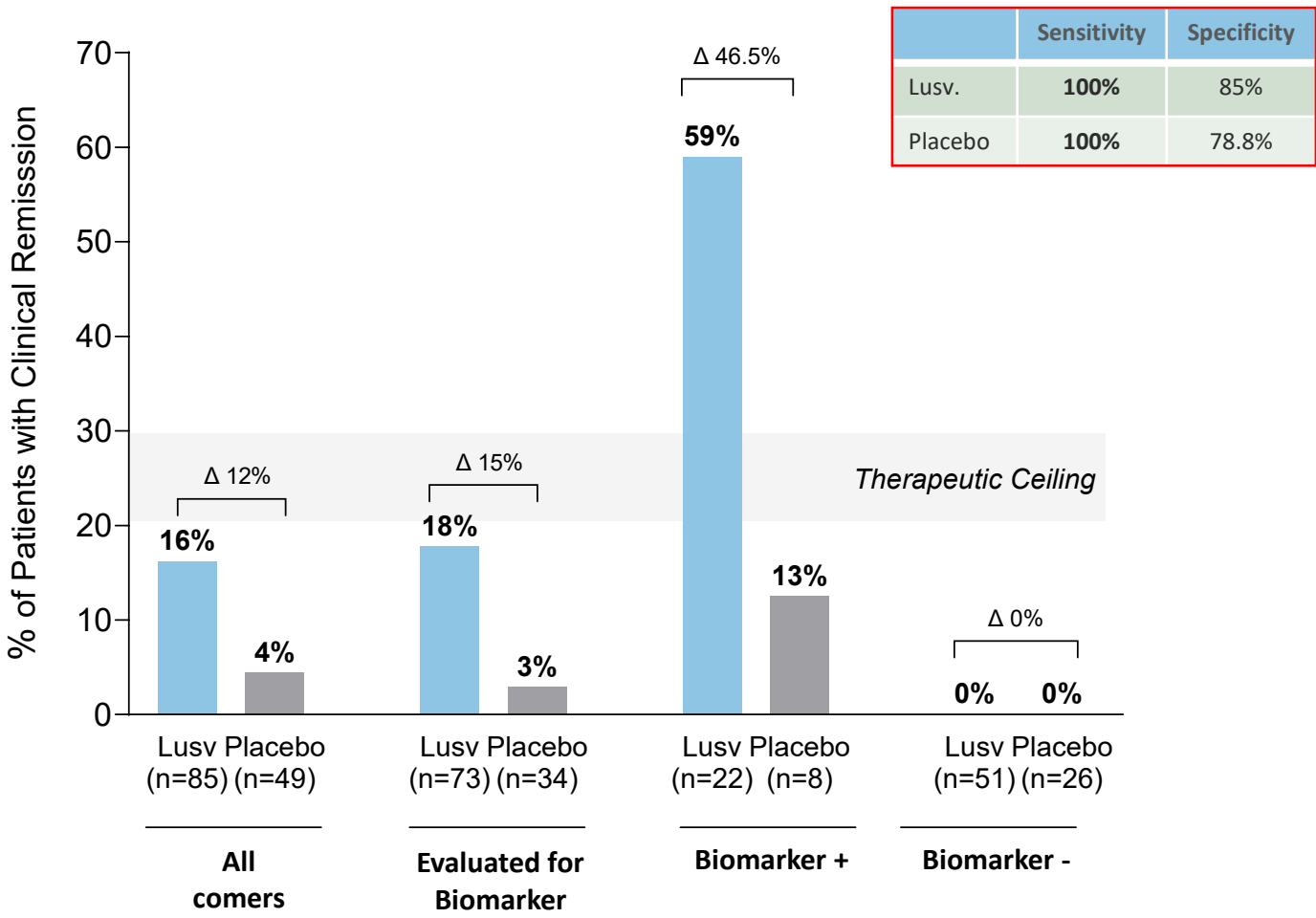
Biomarker+ Could Boost Efficacy 4x in c.30-40% of UC Population Tested*

Confirmatory ex-vivo data to be generated over next 2 years

Clinical Remission (Placebo-adjusted)



Clinical remission based on Lusvertikimab Biomarker



*Composite IL-7R axis biomarker identified with fine-tuning on CoTikiS Phase 2

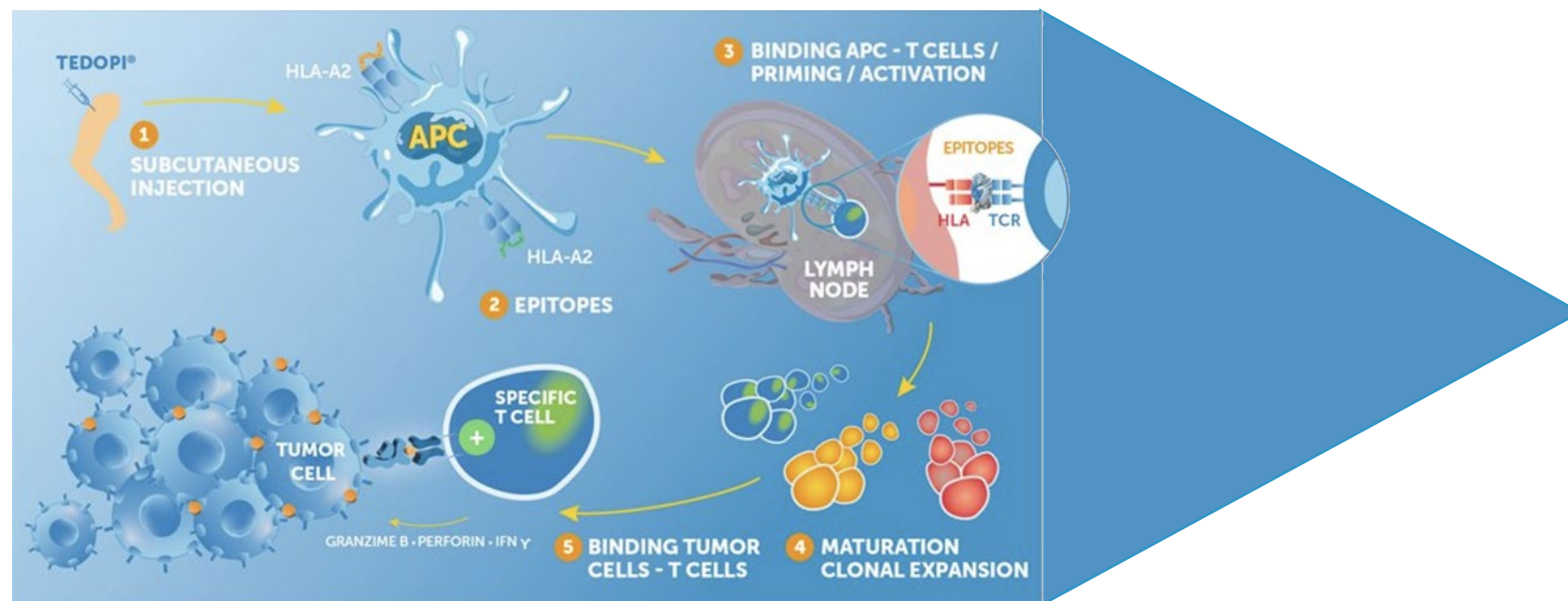
OSE IMMUNO
THERAPEUTICS



TEDOPI®
Most Advanced Therapeutic Cancer
Immunotherapy

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

An Immunotherapy Activating Specific T-Cells to Revive Anti-Tumor Response



- 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)

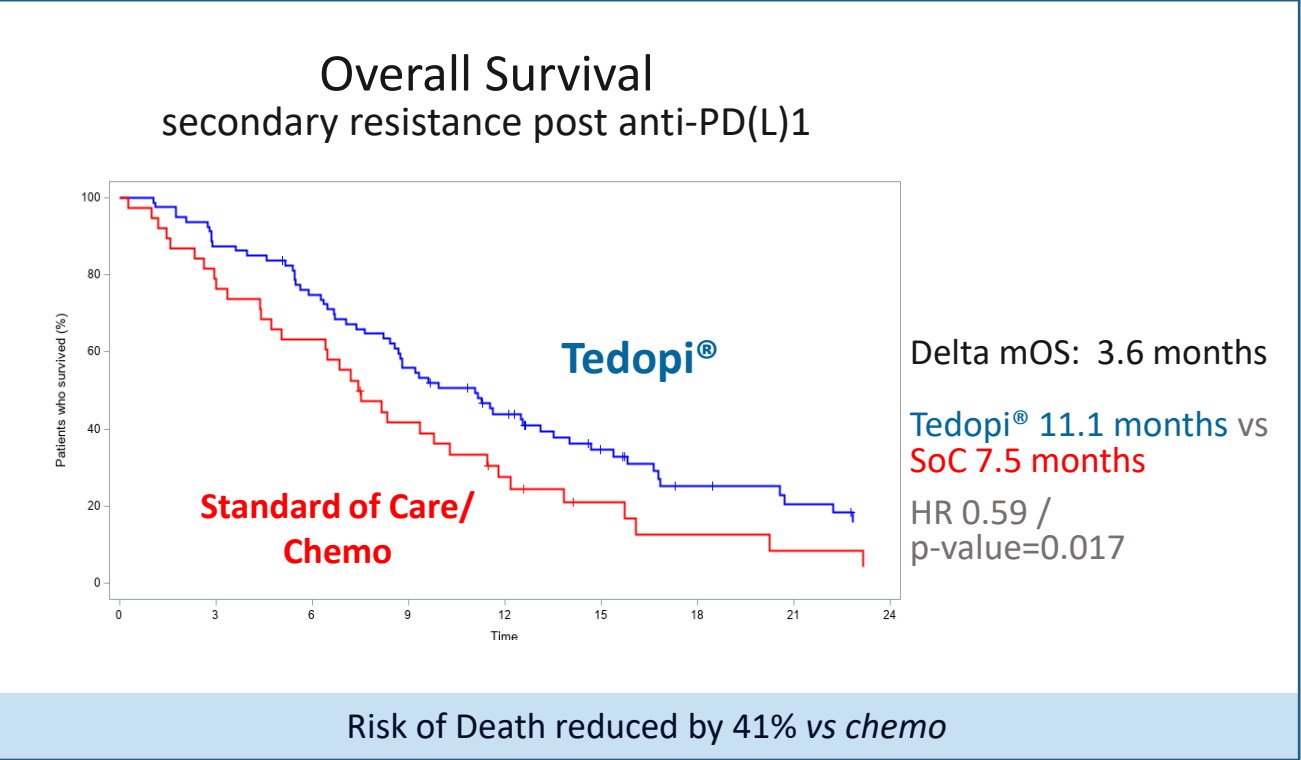
Induces early T cell
memory responses
+
Migration in tissues

Ready to Use
subcutaneous formulation
with Q3W injection

Orphan Drug
Designation (FDA)
> 700 patients treated
in clinical trials

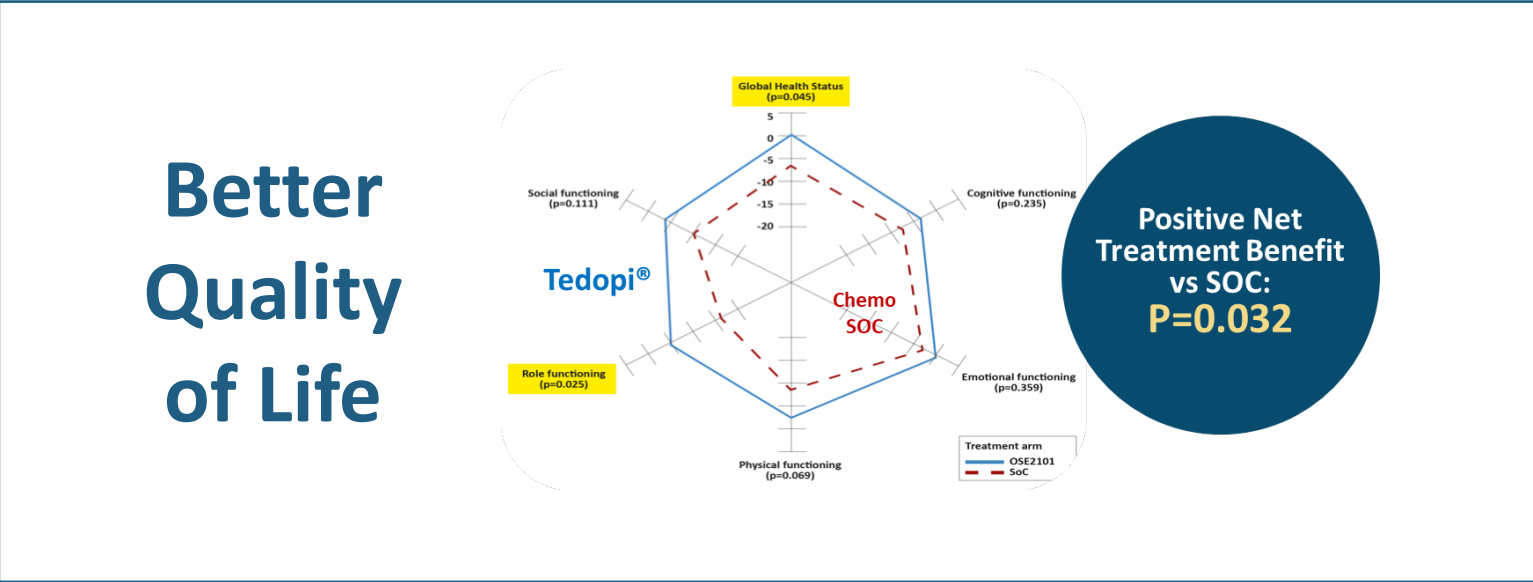
Strong IP position
until **2038**¹
(US / EU / Asia)

ATALANTE: Survival Benefit with Tedopi® in Phase 3 in 3L HLA-A2+ NSCLC with Secondary Resistance to Immune Checkpoint Inhibitors

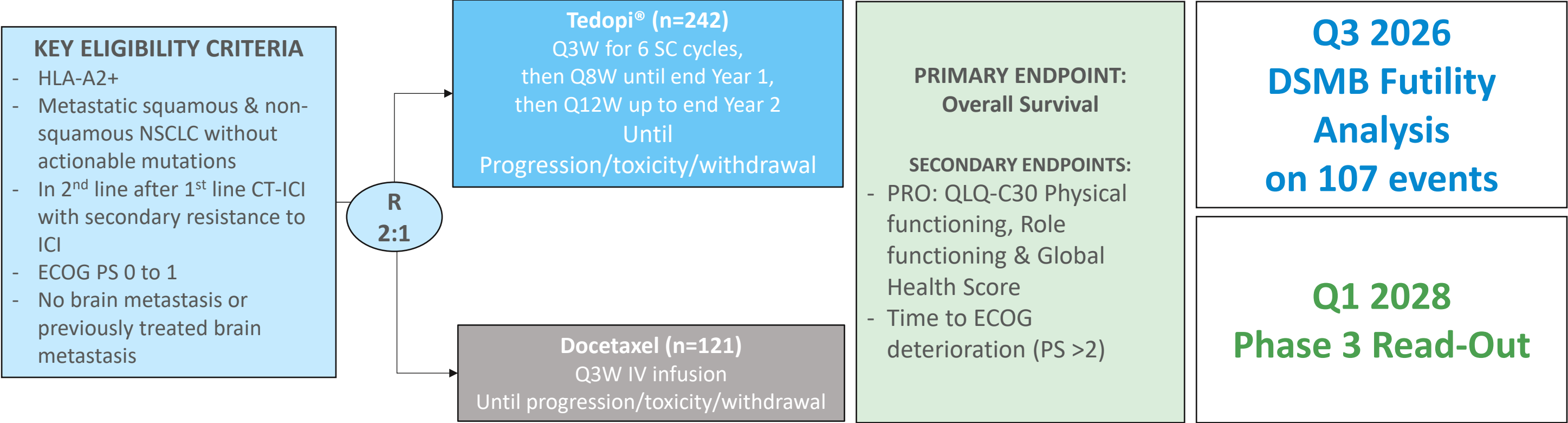


OS rate at 12 months
44% in Tedopi® vs 27.5% in SoC

Significantly safer than SoC
11% vs 35% grade 3-5 related AEs



ARTEMIA - Ongoing Tedopi® Phase 3 in HLA-A2+ NSCLC Patients Post Immune Checkpoint Inhibitors



Tedopi® Targets 100k Patients in 2nd Line NSCLC Post ICI

Tedopi® has the potential to become the new standard for recurrent patients in 2L NSCLC presenting HLA-A2 phenotype

LUNG CANCER:
High prevalence, mortality and unmet need - worldwide

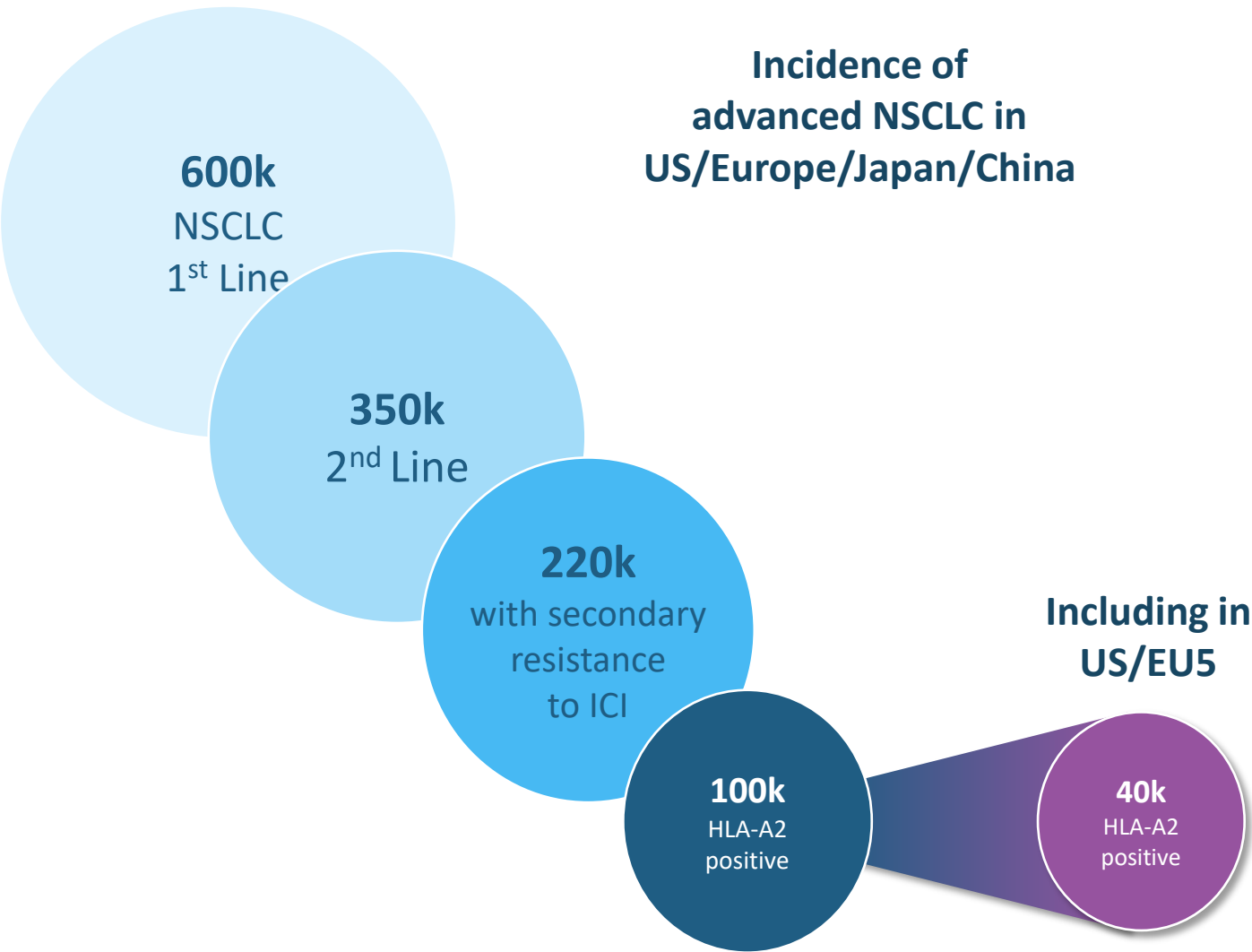
- 2nd most frequently diagnosed cancer type*
 - c.2m new cases of lung cancer diagnosed per year
 - c.1.8m deaths from lung cancer per year**
- Highest mortality among 36 cancer types
- Majority of NSCLC patients without actionable mutation are treated with Immune Checkpoint Inhibitors (ICI) as 1st line of treatment

Treatment paradigm in NSCLC with no driver mutation

- L1: anti-PD(L)1 based with / without chemotherapy
- L2: docetaxel remains standard with limited efficacy and high toxicity

Opportunity for Tedopi®

- HLA-A2+ patients represent c.45% of NSCLC patients
- Great opportunity for new standard without chemotherapy in a remaining high medical need after 1st line of treatment



Additional Read-Out in 2026 in NSCLC, Ovarian and Pancreatic Cancer

Phase 2 ISS trials in combination with immunotherapy or chemotherapy treatments

Maintenance setting post standard of care

TEDOVA - Ovarian Cancer
In combination with pembrolizumab
185 patients



TEDOPaM - Pancreatic Cancer
In combination with FOLFIRI
106 patients



2nd line post 1st line chemo IO

CombiTED - NSCLC
In combination with nivolumab
105 patients



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

Primary Endpoint: Progression Free Survival

Sponsored by **ARCAGY-GINECO**

PI: Alexandra LEARY

(Gustave Roussy Institute)

France/ Germany/ Belgium



ARCAGY - GINECO

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

Sponsored by **GERCOR PRODIGE**

PI: Cindy NEUZILLET

(Curie Institute, France)



Tedopi® + Docetaxel vs Tedopi + Nivolumab as 2nd line in Metastatic NSCLC failing standard 1st line Chemo-immunotherapy¹

Primary Endpoint: Overall Survival

Sponsored by **FoRT**

PI: Federico CAPPUZZO

(Roma Cancer Institute)

Italy /Spain/ France



Positive Topline Result⁴ in 2025

Long-term OS follow-up ongoing

Recruitment completed

Readout H2 2026

Positive Topline Result⁵ in May 2026

OSE IMMUNO
THERAPEUTICS



Financials

Financials

Company Overview	
Market Cap*:	€76m
Cash Position: (March 31, 2026)	€17.0m
Cash Runway:	End of December 2026
Outstanding Shares:	23.6m
Latest Equity Raised: (March 2021)	€18.6m
Equity raised to date	€53m
Deal upfronts to date	€179m
IPO Date	March 30, 2015

*As of July 20, 2026

Analyst Coverage	
	Jamila El Bougrini (FR)
	Arron Aatkar (UK) Jyoti Prakash (UK)
	Martial Descoutures (FR)
	Nicolas Pauillac (FR)
	David Seynnaeve (BE)
	Lionel Labourdette (FR)

2026 Corporate Calendar	Date
2025 Full-Year Financial Update and Statements	April 30, 2026
2026 1Q Cash Position	April 30, 2026
Annual General Meeting	June 24, 2026
2026 First-Half Financial Update and Statements	September 28, 2026
2026 3Q Cash Position	October 27, 2026
2026 4Q Cash Position	January 26, 2027

Our 3-Year Development Plan Focused on Shareholder Value

Large Partnered Indications vs Smaller Go-Alone Indications

Strategy to maximize Return on Investment while managing risk:

- Large indication assets to be developed up to end of Phase 2
- Smaller indication assets to be developed up to commercialization

3

Development Strategies

Lusvertikimab in Chronic Pouchitis

Rare/Specialist Indication

Target population 45k patients

Phase 2 to start in H2 2026

Lusvertikimab in Ulcerative Colitis

Strong Phase 2 data as IV

Reformulation as SC

Potential to be licensed out

Multi-Billion potential

Tedopi® in NSCLC

1st Phase 3: mOS benefit vs SOC

2nd Phase 3: ongoing

Potential approval in 2029

Multi-Billion potential

Strong Pharma Partnerships Capabilities

Proven ability to deliver attractive partnerships

Over €150m in upfront received and over €2.1bn in potential milestones + tiered royalties via partnerships with AbbVie, Boehringer Ingelheim and Veloxis

Multiple Key Inflection Points Over the Next 24 Months

Key clinical announcements at least every 6 months over our 3-year development plan

OSE IMMUNO
THERAPEUTICS



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/>