

Letter To IMU Shareholders

10 August 2026

Dear Fellow Shareholders,

Following a leadership change since our last update, Imugene's primary operational focus remains firmly on advancing our core clinical program, azer-cel. On 27 July, we announced Leslie Chong had stepped down as Chief Executive Officer and Managing Director for personal reasons, completing nearly eleven years of dedicated service. On behalf of the Board, I thank Leslie for her immense contributions in building Imugene into a global, clinical-stage business and appreciate her assistance during this transition period.

In the interim, the senior leadership team will report directly to me, and we will update the market via the ASX once an appointment is finalised.

Crucially, our primary focus remains unchanged: moving our key technology, azer-cel through the clinic. Our clinical operations team continue to work closely with trial sites across Australia and the United States to drive patient enrolment and evaluate incoming data. Additionally, the recent appointments of Dr. Charmaine Gittleston (former CMO of CSL) and Mr. Michael Kotsanis (former CEO of Acrux) to our Board add valuable clinical, regulatory, and commercial depth as we progress this program.

Upcoming Extraordinary General Meeting (EGM)

On 7 July 2026, Imugene announced a two-tranche placement raising approximately **\$11.12 million** (at \$0.095 per share), backed by new institutional investors, Imugene directors, and an international commercial-stage biopharmaceutical firm (~14% subscription).

While the initial tranche of \$7.0 million has been received, Tranche 2 (\$4.12 million) requires shareholder approval at our upcoming EGM. These proceeds directly support



our clinical readouts over the next 6 to 12 months, ongoing trial enrolment across US and Australian sites, major conference presentations, and strategic partnership discussions.

I strongly encourage all shareholders to participate and lodge their votes:

- **Date & Time:** 19 August 2026 at 9:00 AM (AEST)
- **Location:** Automic Group, Level 5, 126 Phillip St, Sydney NSW 2000
- **Online Portal:** investor.automic.com.au
- **Proxy Voting:** Proxy forms must be received 48 hours prior to the meeting. Online lodgement is available at singleholding.automic.com.au/login.

Azer-cel Clinical Update

Promising Early Data in the Concurrent BTKi Cohort

Earlier this year, we added a third cohort to the Phase 1b trial, evaluating azer-cel delivered alongside a BTK inhibitor (BTKi). This group targets patients who have relapsed on or stopped responding to standard BTKi therapies—a US\$12.0 billion global market in 2025 where remaining treatment options are severely limited.

Enrolment is actively ongoing across 10 US and 5 Australian sites, with five patients dosed to date. Early data is encouraging:

- **30 June 2026:** First follicular lymphoma patient achieved a **Complete Response**
- **1 July 2026:** First mantle cell lymphoma patient achieved a **Complete Response**
- **27 July 2026:** Second follicular lymphoma patient achieved a **Partial Response**

*(Note: A **Complete Response** means no detectable cancer remains following treatment, while a **Partial Response** indicates a meaningful reduction, >50%, in tumour burden.)*

The Science & Strategic Momentum

While a BTK inhibitor blocks a single route the cancer relies on, the disease often finds a way around that block over time. Dosing a BTKi concurrently with azer-cel aims to close off multiple cancer survival pathways at once. Crucially, as an **allogeneic ("off-the-shelf") CAR T therapy**, azer-cel is manufactured from healthy donor cells and ready to



administer within days, unlike personalized CAR-T treatments that require 3 to 6 weeks to manufacture. For a patient with progressing disease, that timing advantage is critical.

These results build on major momentum established earlier this year, including high response rates in a broad range of indications across 24 evaluable patients in our CAR-T naïve cohort (presented at ASCO in May), and FDA Fast Track Designation granted for CLL/SLL and Marginal Zone Lymphoma in June.

Research & Governance

Following our ASCO presentation and FDA Fast Track designations, updated independent research notes were published in June by **RaaS Research Group** and **Diamond Equity Research**. Both reports are available on our [website](#).

Separately, the Remuneration Committee's review of our executive framework continues, and we look forward to presenting an updated policy at the 2026 AGM.

In Closing

Imugene's core science and clinical momentum, remains robust. Further trial results will be reported through the ASX as data matures.

Thank you for your continued support.

Yours sincerely,

Paul Hopper
Executive Chairman
Imugene Limited

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About Imugene (ASX:IMU)

Imugene is a clinical stage cell therapy company developing an allogeneic CAR T for blood cancers. Our lead asset is an off-the-shelf (allogeneic) cell therapy CAR T drug azer-cel (azercabtagene zapreleucel) which targets CD19 to treat blood cancers. We are supported by a leading team of international cancer experts with extensive experience in developing novel cancer therapies.

Our vision is to help transform and improve the treatment of cancer and the lives of the millions of patients who need effective treatments. This vision is backed by a growing body of clinical evidence and together with leading specialists and medical professionals, we believe Imugene's cellular therapy may become foundation treatments for cancer. Our goal is to ensure that Imugene is at the forefront of this rapidly growing global market.

Release authorised by the Executive Chairman, Imugene Limited.