UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 6-K

REPORT OF FOREIGN PRIVATE ISSUER
PURSUANT TO RULE 13a-16 OR 15d-16
UNDER THE SECURITIES EXCHANGE ACT OF 1934

For the Month of September 2022

Commission File Number: 001-39992

Immunocore Holdings plc

(Translation of registrant's name into English)

92 Park Drive
Milton Park
Abingdon, Oxfordshire OX14 4RY
United Kingdom
(Address of principal executive office)

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F:
☒ Form 20-F ☐ Form 40-F

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(1): ☐

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7): ☐

INCORPORATION BY REFERENCE

This Report on Form 6-K (this "Report"), including Exhibit 99.2 hereto, shall be deemed to be incorporated by reference into the Company's registration statement on Form F-3ASR (File No. 333-264105) and the Company's registration statements on Form S-8 (File Nos. 333-255182 and 333-265000) and to be a part thereof from the date on which this Report is filed, to the extent not superseded by documents or reports subsequently filed or furnished.

Exhibit 99.1 to this Report is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934 (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 or the Exchange Act.

INFORMATION CONTAINED IN THIS REPORT ON FORM 6-K

Press Release; Virtual Investor Event

On September 9, 2022, Immunocore Holdings plc (the "Company") issued a press release announcing the presentation of initial Phase 1 data from its ongoing clinical trial of IMC-F106C, the first off-the-shelf ImmTAC® targeting PRAME. The data were presented on Friday, September 9, 2022 in an oral presentation at the Investigational Immunotherapy Proffered Paper session at the European Society for Medical Oncology (ESMO) Congress 2022 in Paris, France beginning at 10:30 a.m. ET. A copy of the press release is furnished as Exhibit 99.1 to this Report.

The Company intends to host a virtual investor and analyst event to discuss the data presented at ESMO Congress 2022 beginning at 12:30 p.m. ET on September 9, 2022. The virtual event can be accessed via the Investor Relations section of the Company's website at www.immunocore.com, and will be available for 30 days following the event. The Company's website and any information contained on the Company's website are not incorporated into this Report. The related presentation materials are filed as Exhibit 99.2 to this Report.

Overview of Initial Results from the Phase 1 Portion of IMC-F106C-101 Trial

On September 9, 2022, the Company announced initial data from the Phase 1 portion of its first-in-human, Phase 1/2 dose escalation trial in patients with multiple solid tumor cancers. As of the data cut-off date of July 18, 2022, 55 patients have been treated across 10 dose cohorts. IMC-F106C was observed to be well-tolerated, with treatment-related adverse events, or AEs, that were manageable and consistent with the mechanism of action. The most frequent treatment-related AE reported was citokine release syndrome, or CRS, which was mostly Grade 1 (none were greater than Grade 3) and occurred predominantly during the time period where the initial three doses were administered. None of the related AEs led to treatment discontinuation or patient death.

Doses of greater than 20 mcg were observed in the trial to be clinically active and had consistent and robust interferon gamma induction, a specific marker of T cell activation. Most of the patients in these active dose cohorts were enrolled without prospective PRAME testing. In these patients, PRAME expression was analyzed retrospectively; the vast majority were positive, and the average expression was high (median H score 188).

In the clinically active dose cohorts, durable partial responses, or PR, were observed in 2 patients with cutaneous melanoma (6 patients enrolled), 2 patients with ovarian cancer (4 patients enrolled) and 3 patients with tebentafusp-naive uveal melanoma (6 patients enrolled). We did not observe any PR responses in patients with UM who had progressed on prior tebentafusp. All ovarian patients in the trial were platinum-resistant, and all cutaneous melanoma patients had progressed on prior anti-PD1 and anti-CTLA4. Six of the seven PRs are still ongoing, including two patients with PRs for over seven months. Ten additional efficacy evaluable patients across four other tumor types had a best RECIST response of stable disease or progressive disease. A majority of patients evaluable for circulating tumor DNA had at least a 50% reduction.

EXHIBIT INDEX

Exhibit No.	Description
99.1	Press Release dated September 9, 2022.
99.2	Investor and Analyst Presentation dated September 9, 2022.

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, thereunto duly authorized.

IMMUNOCORE HOLDINGS PLC

Date: September 9, 2022

By: /s/ Bahija Jallal, Ph.D.
Name: Bahija Jallal, Ph.D.
Title: Chief Executive Officer

IMMUNOCORE

Immunocore presents promising initial Phase 1 data for first off-the-shelf TCR therapy targeting PRAME at the ESMO 2022 Congress

Data from Phase 1 dose escalation trial shows IMC-F106C, a PRAME×CD3 ImmTAC, activates T cells and is well tolerated

Durable RECIST responses and reduction in circulating tumor DNA (ctDNA) observed across multiple solid tumors

Four expansion arms enrolling in cutaneous melanoma, ovarian, lung, and endometrial cancers

Company to host a live webcast and conference call today at 12:30 PM EDT / 6:30 PM CEST

(OXFORDSHIRE, England & CONSHOHOCKEN, Penn. & ROCKVILLE, Md., US, 9 September 2022) Immunocore Holdings plc (Nasdaq: IMCR), a commercial-stage biotechnology company pioneering the development of a novel class of T cell receptor (TCR) bispecific immunotherapies designed to treat a broad range of diseases, including cancer, autoimmune and infectious diseases, has released today initial Phase 1 data for the first off-the-shelf ImmTAC® targeting PRAME, demonstrating that IMC-F106C is well tolerated and resulted in durable responses across multiple solid tumor types.

The initial data from the ongoing Phase 1 dose escalation trial of IMC-F106C is the subject of a presentation today at 4:40 PM CEST/10:40 AM EDT, in the Investigational Immunotherapy Proffered Paper session at the European Society for Medical Oncology (ESMO) Congress. The presentation can be accessed in the 'News & Events' section of the Investor Relations section of the Company's website.

"The durable responses in heavily pre-treated patients show that our PRAME-targeted bispecific therapy, IMC-F106C, can deliver meaningful benefits to patients across a range of cancer types," said Bahija Jallal, Chief Executive Officer of Immunocore. "Based on this promising data, we have initiated expansion arms in multiple tumor types to further assess the efficacy."

Initial Phase 1 Clinical Data

As of 18 July 2022, 55 patients have been treated across 10 dose cohorts. IMC-F106C was well-tolerated, with treatment-related adverse events (AEs) that were manageable and consistent with the mechanism of action. The most frequent treatment-related AE reported was cytokine release syndrome (CRS), which was mostly Grade 1 (none were Grade ≥3) and occurred predominantly during the initial three doses. None of the related AEs led to treatment discontinuation or patient death.

Dr. Omid Hamid, Chief, Translational Research and Immunotherapy, Co-Director, Melanoma Therapeutics at Cedars-Sinai Cancer at the Angeles Clinic and Research Institute, said: "ImmTAC therapies are designed to provide potent and target-specific T-cell response, overcoming resistance in immune excluded tumors. Through redirection and activation of non-tumor-specific T cells, as shown in this trial with IMC-F106C, we can influence a diverse range of tumors leading to durable response. This trial shows tolerability and activity in a wide range of tumors, including checkpoint inhibitor pre-treated patients. I look forward to upcoming cohorts in combination with checkpoint inhibitors and chemotherapy."

Doses of ≥ 20 mcg were clinically active and had consistent and robust interferon gamma induction, a specific marker of T cell activation. Most of the patients in these active dose cohorts were enrolled without prospective PRAME testing. In these patients, PRAME expression was analyzed retrospectively; the vast majority were positive, and the average expression was high (median H score 188).

In the clinically active dose cohorts, durable partial responses (PR) were observed in 2/6 patients with cutaneous melanoma, 2/4 with ovarian cancer and 3/6 with tebentafusp-naïve uveal melanoma (UM) (0/5 response in patients with UM who had progressed on prior tebentafusp). All ovarian patients were platinum-resistant, and all cutaneous melanoma patients had progressed on prior anti-PD1 and anti-CTLA4. Six of the seven PRs are still ongoing, including two for over seven months. Ten additional efficacy evaluable patients across four other tumor types had a best RECIST response of stable disease or progressive disease. A majority of patients evaluable for circulating tumor DNA (ctDNA) had at least a 50% reduction.

Ongoing Expansion Arms in Four Cancer Types

The Company has initiated patient enrollment into four expansion arms in cutaneous melanoma, ovarian, non-small cell lung cancer (NSCLC), and endometrial cancers. The IMC-F106C-101 trial is adaptive and includes the option for Phase 2 expansion, allowing for approximately 100 patients treated per tumor type in the Phase 1 and 2 expansion arms. Dose escalation continues in additional solid tumors as well as plans for combination arms with standards-of-care.

About the Trial (IMC-F106C-101)

The Phase 1 dose escalation trial was designed to determine the maximum tolerated dose (MTD), as well as to evaluate the safety, preliminary anti-tumor activity and pharmacokinetics of IMC-F106C, a bispecific protein built on Immunocore's ImmTAC® technology, and the Company's first molecule to target the PRAME antigen.

Following pre-screening for the HLA-A*02:01 allele and, where required, for PRAME expression, patients were infused on a weekly dosing regimen, with intra-patient escalation during the initial three weeks. Tumor types with high PRAME prevalence were enrolled regardless of PRAME expression testing, which was evaluated retrospectively. Tumor types with lower PRAME prevalence required testing for PRAME expression prior to study entry. Patients were first scanned at nine weeks, and every nine weeks thereafter.

Conference Call Information

Immunocore will host a live webcast and conference call today beginning at 12:30 PM EDT to discuss the results with Dr. Omid Hamid, Chief, Translational Research and Immunotherapy, Co-Director, Melanoma Therapeutics at Cedars-Sinai Cancer at the Angeles Clinic and Research Institute. A live webcast of the conference call will be available under 'News & Events' in the Investor Relations section of Immunocore Holdings' website at www.immunocore.com. The presentation from today's call and the archived webcast will be available on Immunocore's website after the conference call concludes and will be available for 30 days following the call.

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About Immunocore
Immunocore is a commercial-stage biotechnology company pioneering the development of a novel class of TCR bispecific immunotherapies called ImmTAX – Immune mobilizing monoclonal TCRs Against X disease – designed to treat a broad range of diseases, including cancer, autoimmune, and infectious disease. Leveraging its proprietary, flexible, off-the-shelf ImmTAX platform, Immunocore is developing a deep pipeline in multiple therapeutic areas, including five clinical stage programs in oncology and infectious disease, advanced pre-clinical programs in autoimmune disease and multiple earlier pre-clinical programs. Immunocore's most advanced oncology TCR therapeutic, KIMMTRAK, has been approved for the treatment of HLA-A*02:01-positive adult patients with unresectable or metastatic uveal melanoma (mUM) in the United States, European Union, Canada, Australia and the United Kingdom, having demonstrated an overall survival benefit in a randomized Phase 3 clinical trial in mUM, a cancer that has historically proven to be insensitive to other immunotherapies.

Forward Looking Statements
This press release contains "forward-looking statements" within the meaning of the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. Words such as "may," "can," "will," "believe," "expect," "plan," "anticipate," and similar expressions (as well as other words or expressions referencing future events or circumstances) are intended to identify forward-looking statements. All statements, other than statements of historical facts, included in this press release are forward-looking statements. These statements include, but are not limited to, statements regarding the therapeutic potential and clinical benefits of IMC-F106C for a wide range of cancers, including its ability to influence a diverse range of tumors and ability to result in a durable response; the timing of patient enrollment for and expansion arms of the IMC-F106C-101 trial, including the option for Phase 2 expansion; and expectations regarding the design, progress, timing, scope and results of Immunocore's existing and planned clinical trials, including the IMC-F106C-101 trial, including statements regarding upcoming cohorts, trial expansion and the timing of the availability of future clinical trial results. Any forward-looking statements are based on management's current expectations of future events and are subject to a number of risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in or implied by such forward-looking statements, many of which are beyond the Company's control.

These risks and uncertainties include, but are not limited to, the impact of the ongoing and evolving COVID-19 pandemic on the Company's business, strategy, clinical trials and financial position, strategy and anticipated milestones, including Immunocore's ability to conduct ongoing and planned clinical trials; Immunocore's ability to obtain a clinical supply of current or future product candidates, including IMC-F106C, or commercial supply of KIMMTRAK or any future approved product, including as a result of the COVID-19 pandemic, war in Ukraine or global geopolitical tension; Immunocore's ability to obtain and maintain regulatory approvals for its product candidates, including KIMMTRAK and IMC-F106C; its ability to develop, manufacture and commercialize IMC-F106C and its other product candidates; Immunocore's ability and plans in continuing to establish and expand a commercial infrastructure and to successfully launch, market and sell KIMMTRAK and any future approved products; the delay of the IMC-F106C-101 trial or any other current or planned clinical trials, whether due to the COVID-19 pandemic, patient enrollment delays or otherwise; Immunocore's ability to successfully demonstrate the safety and efficacy of its product candidates and gain approval of its product candidates on a timely basis, if at all; actions of regulatory agencies, which may affect the initiation, timing and progress of the IMC-F106C-101 trial and Immunocore's other clinical trials or future regulatory approval; Immunocore's need for and ability to obtain additional funding, on favorable terms or at all, including as a result of rising inflation, interest rates and general market conditions, and the impacts thereon of the COVID-19 pandemic, war in Ukraine and global geopolitical tension; Immunocore's ability to obtain, maintain and enforce intellectual property protection for KIMMTRAK or any product candidates it is developing; unexpected safety or efficacy data observed during preclinical studies or clinical trials, including the IMC-F106C-101 trial; clinical trial site activation or enrollment rates that are lower than expected; changes in expected or existing competition; and the success of Immunocore's current and future collaborations, partnerships or licensing arrangements. These and other risks and uncertainties are described in greater detail in the section titled "Risk Factors" in Immunocore's filings with the Securities and Exchange Commission, including Immunocore's most recent Annual Report on Form 20-F for the year ended December 31, 2021 filed with the Securities and Exchange Commission on March 3, 2022, as well as discussions of potential risks, uncertainties, and other important factors in the Company's subsequent filings with the Securities and Exchange Commission. All information in this press release is as of the date of the release, and the Company undertakes no duty to update this information, except as required by law.

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Exhibit 99.2

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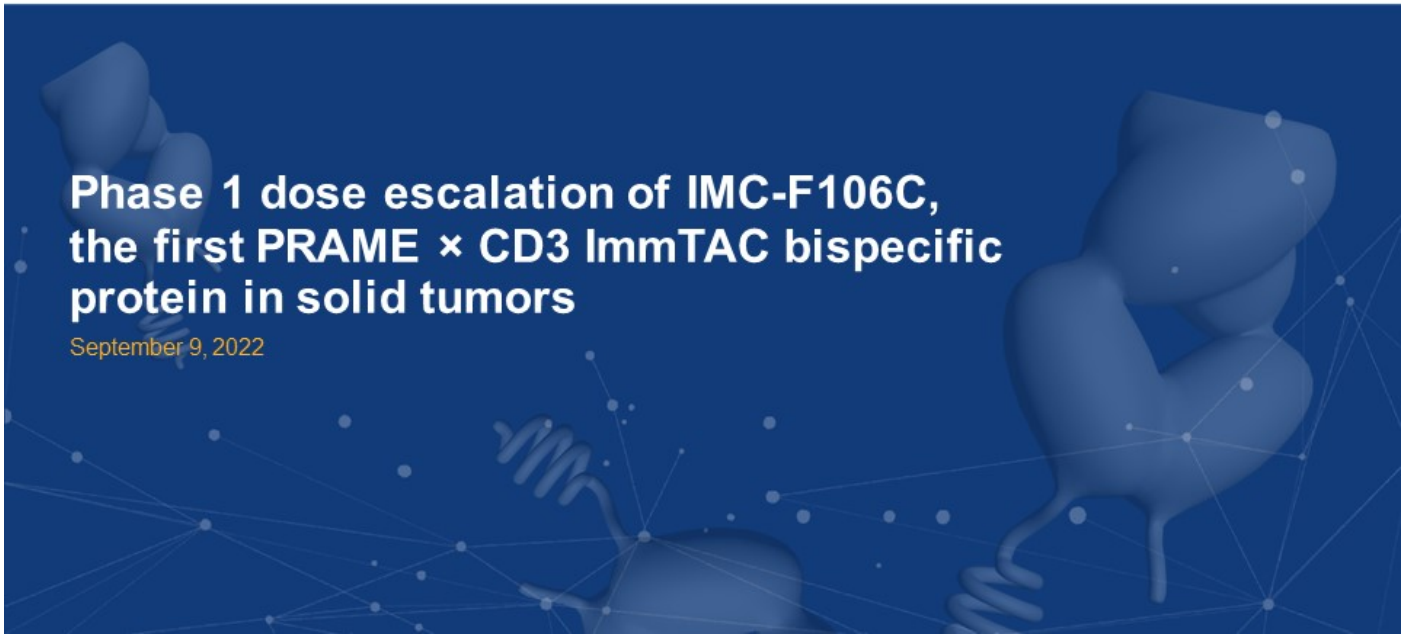

Forward-Looking Statements

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Any forward-looking statements are based on management's current expectations of future events and are subject to a number of risks and uncertainties that could cause actual results to differ materially and adversely from those set forth in or implied by such forward-looking statements, many of which are beyond the Company's control. These risks and uncertainties include, but are not limited to, the impact of the ongoing and evolving COVID-19 pandemic on the Company's business, strategy, clinical trials and financial position, strategy and anticipated milestones, including Immunocore's ability to conduct ongoing and planned clinical trials; Immunocore's ability to obtain a clinical supply of current or future product candidates, including IMC-F106C, or commercial supply of KIMMTRAK or any future approved product, including as a result of the COVID-19 pandemic, war in Ukraine or global geopolitical tension; Immunocore's ability to obtain and maintain regulatory approvals for its product candidates, including KIMMTRAK and IMC-F106C; its ability to develop, manufacture and commercialize IMC-F106C and its other product candidates; Immunocore's ability and plans in continuing to establish and expand a commercial infrastructure and to successfully launch, market and sell KIMMTRAK and any future approved products; the delay of the IMC-F106C-101 trial or any other current or planned clinical trials, whether due to the COVID-19 pandemic, patient enrollment delays or otherwise; Immunocore's ability to successfully demonstrate the safety and efficacy of its product candidates and gain approval of its product candidates on a timely basis, if at all; actions of regulatory agencies, which may affect the initiation, timing and progress of the IMC-F106C-101 trial and Immunocore's other clinical trials or future regulatory approval; Immunocore's need for and ability to obtain additional funding, on favorable terms or at all, including as a result of rising inflation, interest rates and general market conditions, and the impacts thereon of the COVID-19 pandemic, war in Ukraine and global geopolitical tension; Immunocore's ability to obtain, maintain and enforce intellectual property protection for KIMMTRAK or any product candidates it is developing; unexpected safety or efficacy data observed during preclinical studies or clinical trials, including the IMC-F106C-101 trial; clinical trial site activation or enrollment rates that are lower than expected; changes in expected or existing competition; and the success of Immunocore's current and future collaborations, partnerships or licensing arrangements. 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All forward-looking statements contained in this presentation speak only as of the date on which they were made and should not be relied upon as representing its views as of any subsequent date. Except to the extent required by law, Immunocore undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made.

This presentation contains non-IFRS financial measures, including Adjusted Cash and Cash Equivalents, which have certain limitations and should not be considered in isolation, or as alternatives or substitutes for, financial measures determined in accordance with IFRS. Certain information contained in this presentation relates to or is based on studies, publications, surveys, and other data obtained from third-party sources and Immunocore's own internal estimates and research. While Immunocore believes these third-party sources to be reliable as of the date of this presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy, or completeness of, any information obtained from third-party sources. KIMMTRAK™ is a trademark owned or licensed to Immunocore.

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Overview & ImmTAC Platform

Bahija Jallal, PhD – Chief Executive Officer

Phase 1 study of IMC-F106C Targeting PRAME

Omid Hamid, MD – Cedars-Sinai Cancer, the Angeles Clinic & Research Institute

Next steps for IMC-F106C

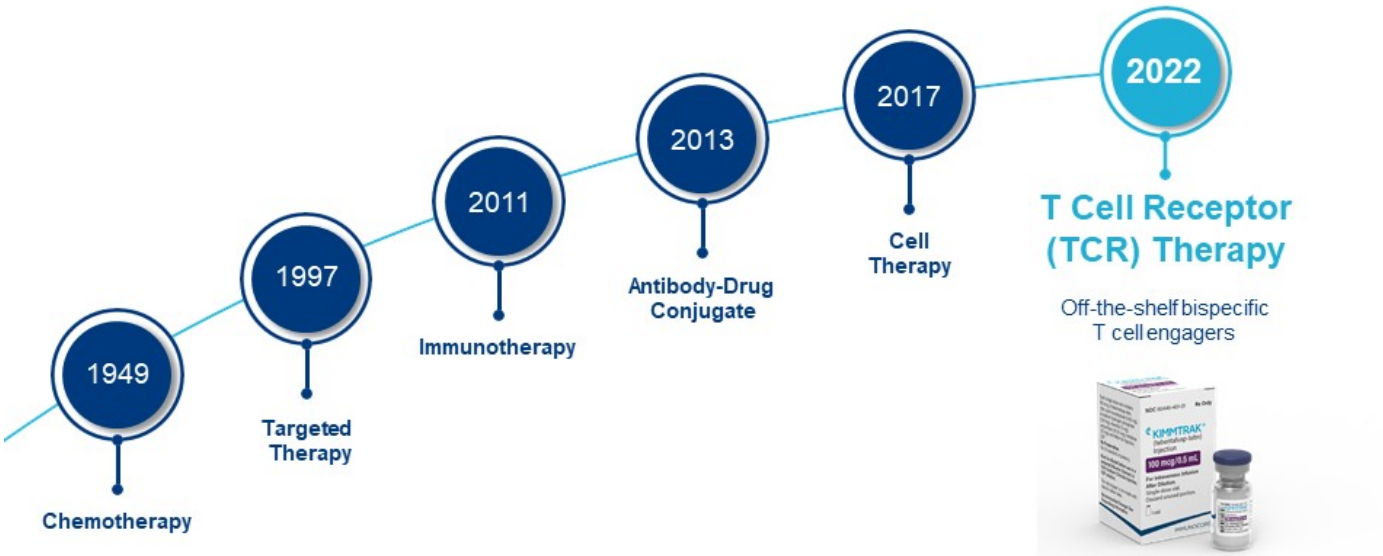
David Berman, MD, PhD – Head of R&D

Concluding Remarks

Bahija Jallal, PhD – Chief Executive Officer

Q&A Session

We are defining a new frontier of cancer treatment



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Omid Hamid, MD

Chief, Translational Research and Immunotherapy and Co-Director, Melanoma Therapeutics

The Angeles Clinic and Research Institute
A CEDARS-SINAI AFFILIATE

- Internationally recognized leader in immuno-oncology drug development and melanoma therapeutics
- Investigator in the initial trials with ipilimumab, pembrolizumab, nivolumab, atezolizumab and vemurafenib
- Current focus on next-generation checkpoint inhibitors, T cell adoptive therapies and bispecific antibodies

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PARIS 2022 ESMO congress

#7280

Phase 1 dose escalation of IMC-F106C, the first PRAME × CD3 ImmTAC bispecific protein in solid tumors

Omid Hamid,[1] Takami Sato,[2] Diwakar Davar,[3] Margaret Callahan,[4] Fiona Thistlethwaite,[5] Raid Aljumaily,[6] Melissa Johnson,[7] Hendrik-Tobias Arkenau,[8] Ecaterina Dumbrava,[9] Benjamin Izar,[10] Hui Amy Chen,[11] Shannon Marshall,[12] Yuan Yuan,[12] Mugdha Deo,[12] Sarah Stanhope,[12] Laura Collins,[12] Renee Mundy,[12] Shaad Abdullah,[12] Juanita Lopez[13]

[1]The Angeles Clinic and Research Institute, A Cedars-Sinai Affiliate, Los Angeles, CA, US; [2]Thomas Jefferson University Hospital, Philadelphia, PA, US; [3]UPMC Hillman Cancer Center, Pittsburgh, PA, US; [4]Memorial Sloan Kettering Cancer Center, New York, NY, US; [5]The Christie NHS Foundation Trust and University of Manchester, Manchester, UK; [6]University of Oklahoma Peggy and Charles Stephenson Cancer Center, Oklahoma City, OK, US; [7]Sarah Cannon Research Institute, Nashville, TN, US; [8]Sarah Cannon Research Institute, London, UK; [9]MD Anderson Cancer Center, Houston, TX, US; [10]Columbia University Medical Center, New York, NY, US; [11]University of California Davis Comprehensive Cancer Center, Sacramento, CA, US; [12]Immunocore Ltd, Abingdon, UK; [13]The Royal Marsden NHS Foundation Trust and Institute of Cancer Research, Sutton, UK

DECLARATION OF INTERESTS

Dr Omid Hamid

Advisory/Consulting: Aduro Biotech, Akeso Biopharma, Alkermes, Amgen, BeiGene, BioAtla, BMS, Genentech, GlaxoSmithKline, Idera, Immunocore, Incyte, Iovance Biotherapeutics, Janssen, Merck, NextCure, Novartis, Pfizer, Regeneron, Roche, Sanofi, Seattle Genetics, Tempus, Zelluna; Speaker's Bureau: BMS, Novartis, Pfizer, Sanofi/Regeneron

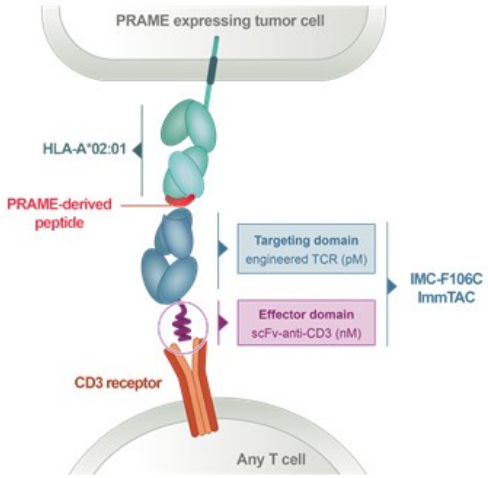
Honoraria: BMS, Novartis, Pfizer, Sanofi/Regeneron

Research Funding (Institute): Aduro Biotech, Akeso Biopharma, Amgen, Arcus Biosciences, Bioatla, BMS, CytomX Therapeutics, Exelixis, Genentech, GlaxoSmithKline, Idera, Immunocore, Incyte, Iovance Biotherapeutics, Merck, Merck Serono, Moderna Therapeutics, NextCure, Novartis, Pfizer, Regeneron, Roche, Rubius Therapeutics, Sanofi, Seattle Genetics, Torque, Zelluna

DISCLAIMER

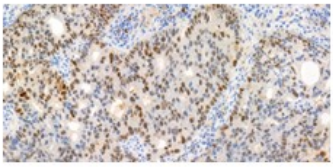
All statements contained in this presentation are based on preclinical and clinical trial data related to an investigational molecule, IMC-F106C. Development of this molecule is ongoing and, therefore, statements relating to study data to date should not be regarded as definitive reflections of safety, efficacy or the risk-benefit profile of the molecule.

IMC-F106C: ImmTAC targeting HLA-A2-presented peptide from PRAME (PRAME × CD3)

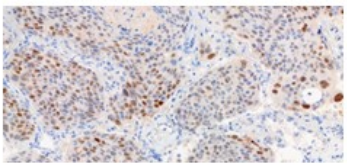


PRAME: most broadly expressed cancer-testis antigen in several tumor types but with minimal normal tissue expression

Adeno NSCLC



Squamous NSCLC



Tumor	Prevalence of PRAME expression
Melanoma, endometrial, NSCLC, TNBC, SCLC, ovarian	
RCC, esophageal, SCCHN, cervical	
Bladder, HCC, gastric	

LOW — HIGH

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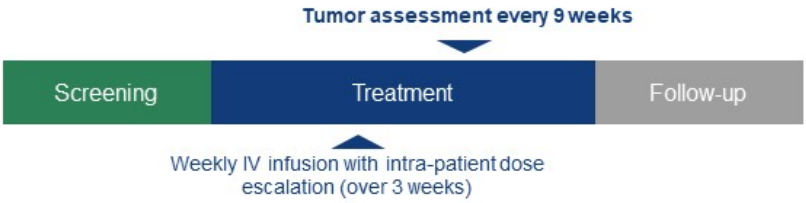
ImmTAC, Immune mobilizing T cell receptor Against Cancer; TCR, T cell receptor

Phase 1 Study Design



Key eligibility criteria

- HLA-A*02:01 (central testing)
- Select advanced solid tumors
- Tumor PRAME by immunohistochemistry
  - High PRAME prevalence: enroll all comers; test retrospectively
  - All other indications: prospective confirmation of PRAME

Key objectives

Primary endpoint

- Determine MTD/expansion dose

Secondary endpoints

- Preliminary antitumor activity
- Pharmacokinetics
- Pharmacodynamic markers

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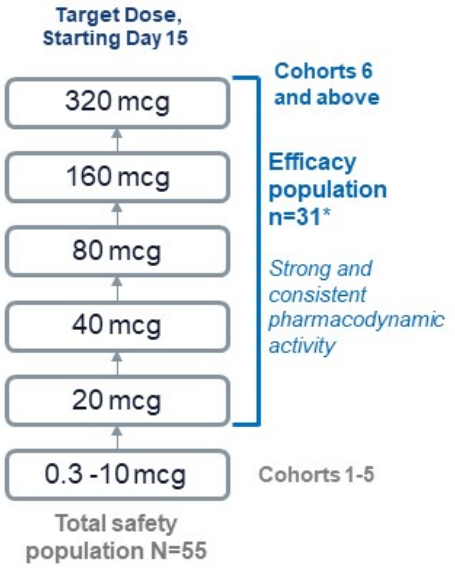
EudraCT No. 2019-004046-16; NCT04262466
Data cut-off date: 18 Jul 2022
IV, intravenous; MTD, maximum tolerated dose

Dose escalation



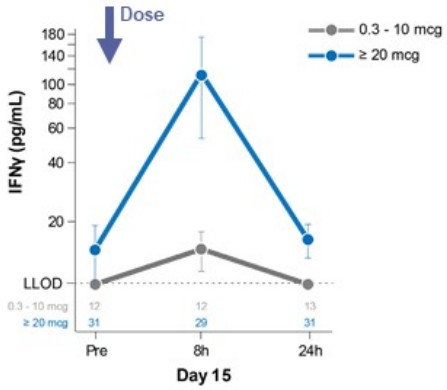
* Of 36 patients treated at target escalation dose of ≥20 mcg, 5 patients were excluded from efficacy analyses as they were PRAME-negative (n=2) or not yet had tumor assessment (n=3)

Strong and Consistent Pharmacodynamic Activity at ≥20 mcg IMC-F106C

T cell activation and re-direction into tumor seen across ImmTAC platform

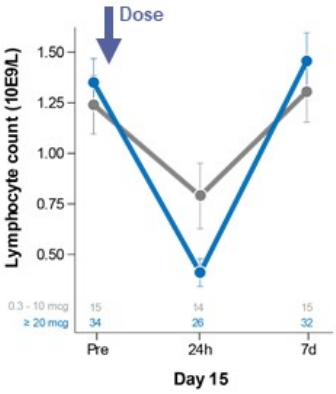
Interferonγ induction

Peripheral blood

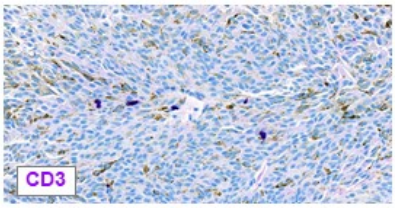


T cell trafficking

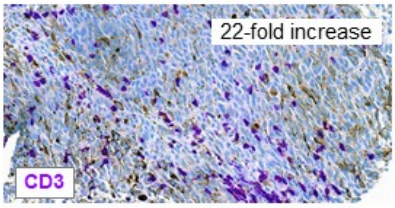
Peripheral blood ----------▸ **Tumor**



Pre-treatment



Day 28



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Results plotted as mean ± SEM

Baseline patient characteristics

Characteristic	Safety Population N=55	Efficacy Population N=31†
Age — median yr (range)	60 (26, 79)	61 (36, 79)
ECOG status 0 — n (%)	30 (55%)	19 (61%)
PRAME status (IHC)		
Positive	49 (89%)	28 (90%)
Negative	2 (4%)	0
Not evaluable	4 (7%)	3 (10%)
Median H-score	195	188
Tumor type		
Melanoma	34 (62%)	17 (55%)
Uveal (UM)	26 (47%)	11 (35%)
Cutaneous (CM)*	8 (15%)	6 (19%)
Ovarian Carcinoma	10 (18%)	5 (16%)
Serous (SOC)*	7 (13%)	4 (13%)
Non-serous	3 (5%)	1 (3%)
NSCLC	4 (7%)	4 (13%)
TNBC*	3 (5%)	3 (10%)
Endometrial*	4 (7%)	2 (6%)

- Median PRAME H-score in efficacy population was high, 188; most patients enrolled regardless of PRAME testing
- Patients in efficacy population were heavily pretreated
  - Ovarian: all platinum resistant
  - CM: all received prior anti-PD1 and anti-CTLA4
  - NSCLC: all received prior anti-PD1
  - TNBC and endometrial: 2-5 prior lines of therapy

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* In efficacy population, these tumors enrolled regardless of PRAME immunohistochemistry (IHC) testing, which was evaluated retrospectively. NSCLC squamous also enrolled regardless of PRAME testing

† Of 36 patients treated at target escalation dose of ≥20 mcg, 5 patients were excluded from efficacy analyses as they were PRAME-negative (n=2) or not yet had tumor assessment (n=3)

IMC-F106C was well tolerated

Most frequent related AE was Grade 1/2 CRS, consistent with proposed mechanism

Preferred Term (MedDRA v23.1)	0.3 – 10 mcg† (N=18)	20 – 320 mcg† (N=37)	Total (N=55)
All Grades (events in ≥ 25% of patients), n (%)			
AT LEAST ONE EVENT	18 (100)	34 (92)	52 (95)
Pyrexia*	10 (56)	21 (57)	31 (56)
Cytokine release syndrome	5 (28)	22 (59)	27 (49)
Fatigue	6 (33)	13 (35)	19 (35)
Hypotension*	3 (17)	15 (41)	18 (33)
Chills	9 (50)	8 (22)	17 (31)
Nausea	7 (39)	10 (27)	17 (31)
Rash	3 (17)	12 (32)	15 (27)
Grade ≥ 3 (Events in > 1 patient), n (%)			
AT LEAST ONE EVENT	6 (33)	13 (35)	19 (35)
Lymphopenia	1 (6)	7 (19)	8 (15)
Aspartate aminotransferase increased	3 (17)	1 (3)	4 (7)
Anemia	1 (6)	2 (5)	3 (5)
Alanine aminotransferase increased	2 (11)	0	2 (4)
Arthralgia	1 (6)	1 (3)	2 (4)
Pyrexia*	0	2 (5)	2 (4)

- MTD not reached
- No treatment-related discontinuation or Grade 5 adverse events
- CRS events were all manageable
  - Majority (77%) within first 3 doses
  - 71% Grade 1
  - 29% Grade 2
  - No Grade ≥ 3 CRS
- Adverse events attenuate over time

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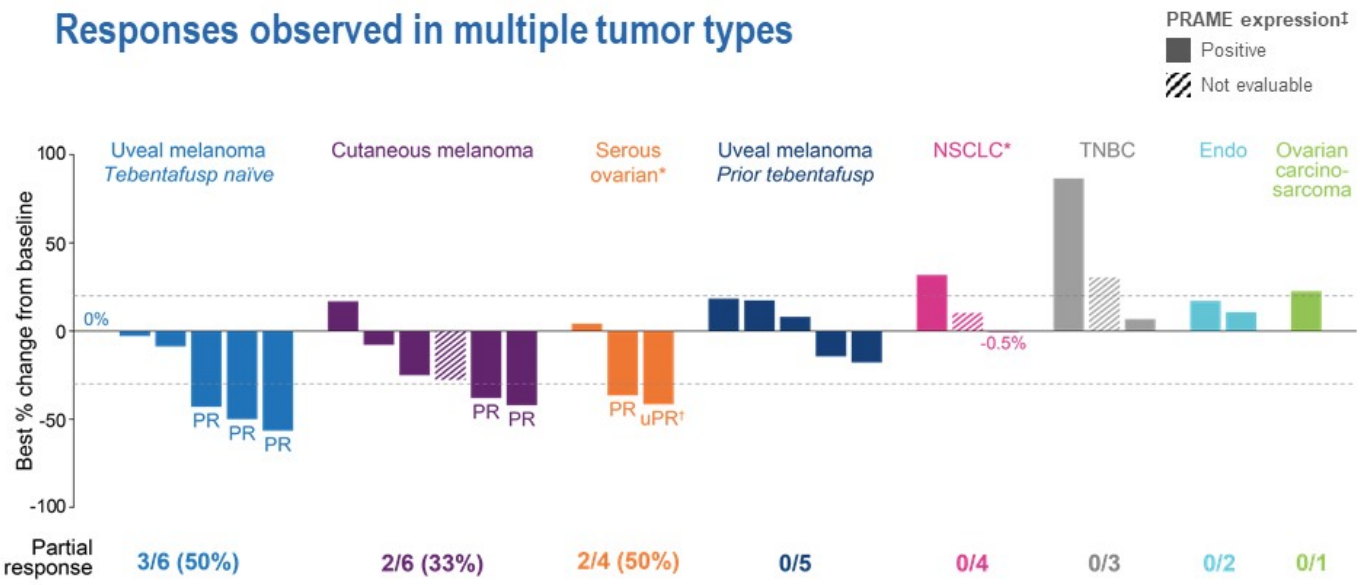
* Includes events reported as a sign/symptom of CRS

† Safety presented by intended target escalation dose on Day 15. 1/37 patients received only a single dose of 2 mcg and did not reach target dose of ≥ 20 mcg

Responses observed in multiple tumor types



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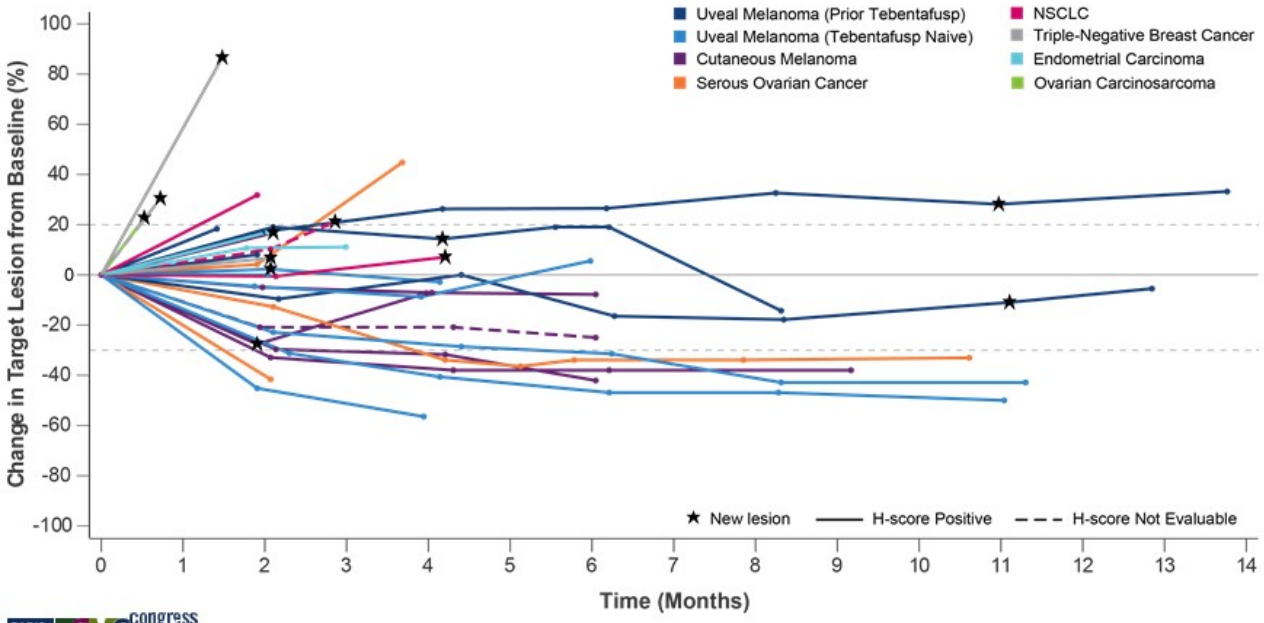
* Two patients (1 with NSCLC, 1 serous ovarian) discontinued treatment due to PD with scan data not available at DCO
† Ovarian cancer patient with unconfirmed PR (uPR) remains on treatment and eligible for confirmation
‡ PRAME expression assessed by IHC H-score
Two PRAME-negative patients both had PD (not shown)
Endo, endometrial carcinoma; NSCLC, non small cell lung carcinoma; TNBC, triple-negative breast cancer;

Majority of patients have durable tumor response or disease stabilization



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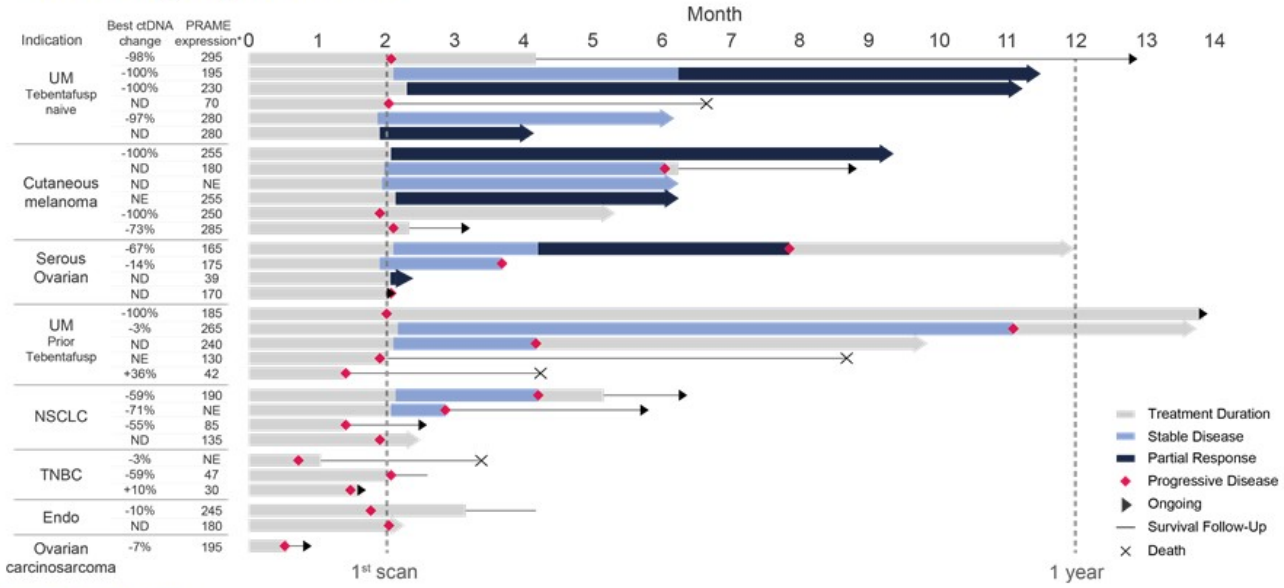
NSCLC, non small cell lung carcinoma

Responses are durable, 6 of 7 PRs still ongoing

Two PRs ongoing for 7+ months



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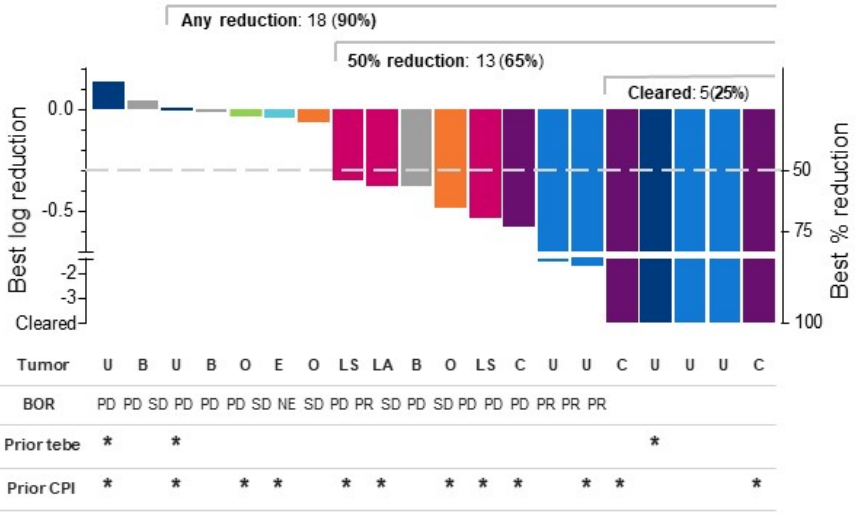
* PRAME expression assessed by IHC H-score

Endo, endometrial carcinoma; NSCLC, non small cell lung carcinoma; TNBC, triple-negative breast cancer; UM, uveal melanoma; ctDNA, circulating tumor DNA; ND, not yet determined (9 patients pending); NE, not evaluable; PR, partial response

Reduction in circulating tumor DNA observed across tumor types (n=20)†



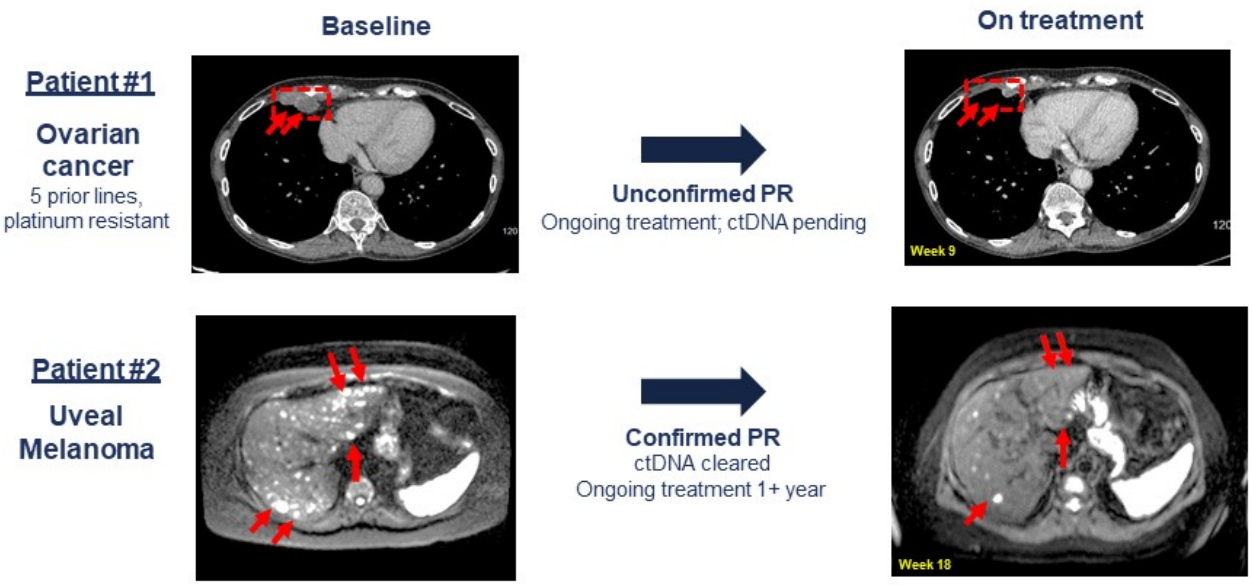
Tumor	U	B	U	B	O	E	O	LS	LA	B	O	LS	C	U	U	C	U	U	U	C
BOR	PD	PD	SD	PD	PD	PD	SD	NE	SD	PD	PR	SD	PD	SD	PD	PD	PD	PR	PR	PR
Prior tebe	*			*													*			
Prior CPI	*			*		*	*		*	*		*	*	*		*	*			*

- 4 PR patients evaluated for ctDNA had > 50% reduction, including 3 with clearance
- Two patients had ctDNA clearance despite best response of PD

† 20 of 31 efficacy evaluable patients had paired ctDNA. Data not yet available for 9 patients, including 3 PRs. Two patients did not have baseline detectable ctDNA.

B, triple-negative breast cancer; C, cutaneous melanoma; ctDNA, circulating tumor DNA; E, endometrial carcinoma; LA, non small cell lung adenocarcinoma; LS, non small cell lung squamous cell carcinoma; O, ovarian; U, uveal melanoma; CPI, checkpoint inhibitor; tebe, tebentafusp

Example responders: ovarian carcinoma and uveal melanoma



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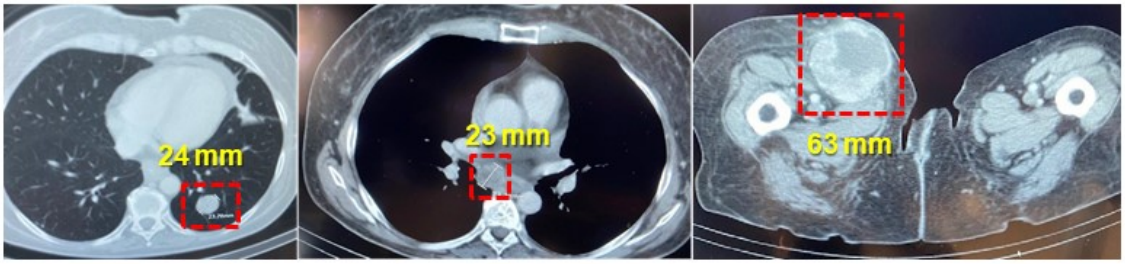
Images courtesy of Dr. Marlana Orloff (TJU) and Dr. Anja Williams (SCRI-UK)

Example responder: cutaneous melanoma

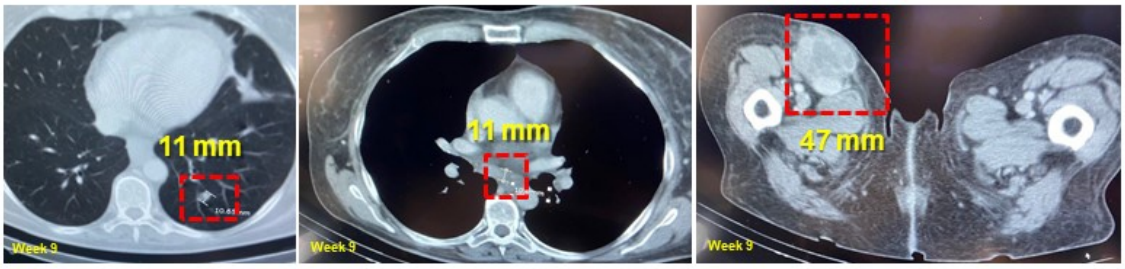
Prior anti-CTLA4, multiple anti-PD1s and oncolytic virus

Patient #3

Baseline



Confirmed PR
ongoing treatment 5+ months



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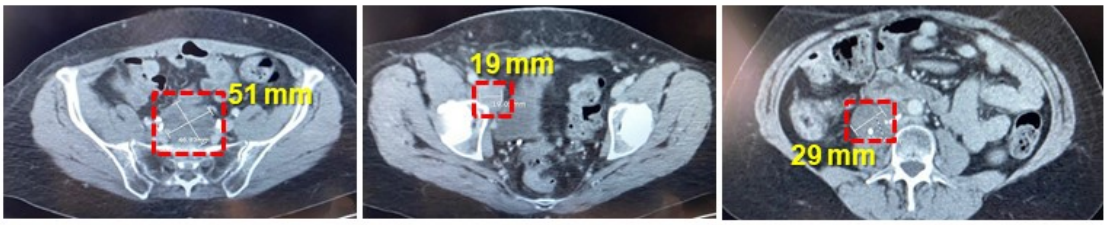
Images courtesy of Dr. Omid Hamid (Angeles Clinic)

Example responder: serous ovarian carcinoma

5 prior regimens including platinum, bevacizumab, anti-PD-1, investigational agents

Patient #4

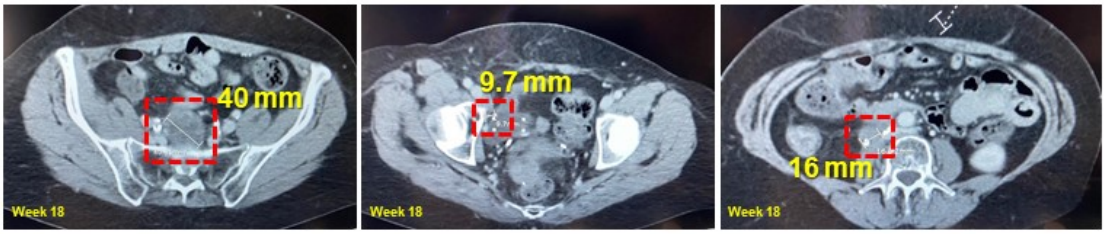
Baseline



Confirmed PR

ctDNA 67% decrease

nontarget PD at Month 8 but ongoing treatment 1+ yr



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Images courtesy of Dr. Omid Hamid (Angeles Clinic)

Conclusions

- IMC-F106C, first PRAME×CD3 ImmTAC, activates T cells and is well-tolerated
  - CRS is mostly Grade 1, no Grade ≥3, and predominantly during initial 3 doses
  - Treatment-related AEs are manageable; none have led to discontinuation or death
- Durable (up to 9+ months) RECIST PRs across multiple tumor types, including
  - Cutaneous melanoma, progressed following prior anti-PD1 and anti-CTLA4
  - Heavily pre-treated, platinum-resistant ovarian carcinoma
  - Uveal melanoma
- Benefit also apparent in disease control, including conversion of SD to PR
- Almost all evaluable patients, across multiple tumor types, have ctDNA reduction
  - Early reduction appears associated with clinical benefit
  - Complete ctDNA clearance common in melanoma
- Expansions open in cutaneous melanoma, NSCLC, endometrial and ovarian carcinoma
- Dose escalation continues and combinations with chemotherapy and checkpoint inhibitors planned

Thank you to all patients, their families and their caregivers who were involved in this global clinical trial & all investigators and their teams

Omid Hamid	The Angeles Clinic and Research Institute, A Cedars-Sinai Affiliate
Takami Sato and Marlana Orloff	Thomas Jefferson University Hospitals
Diwakar Davar	University of Pittsburgh Medical Center
Margaret Callahan	Memorial Sloan Kettering Cancer Center
Raid Aljumaily	University of Oklahoma Peggy and Charles Stephenson Cancer Center
Melissa Johnson	Sarah Cannon Research Institute, Nashville
Ecaterina Dumbrava	MD Anderson Cancer Center
Benjamin Izar	Columbia University Medical Center
Hui Amy Chen	University of California Davis Comprehensive Cancer Center

Juanita Lopez	Royal Marsden NHS Foundation Trust and Institute of Cancer Research
Anja Williams and Hendrik-Tobias Arkenau	Sarah Cannon Research Institute, London
Fiona Thistlethwaite	The Christie NHS Foundation Trust
Heather Shaw	University College London

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IMC-F106C Clinical Development Plan

DAVID BERMAN
Head of Research and Development

IMMUNOCORE

Insights from KIMMTRAK clinical development in mUM

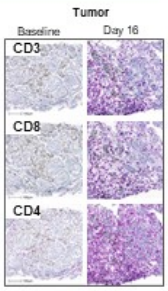
Overall Survival (OS) benefit

MEDIAN OS: **21.7** months

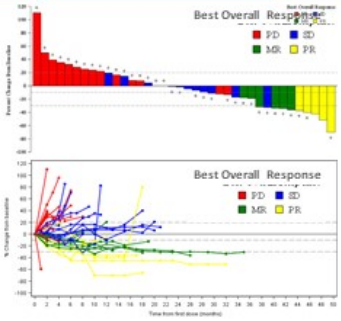
HAZARD RATIO: **0.51**

The NEW ENGLAND JOURNAL of MEDICINE

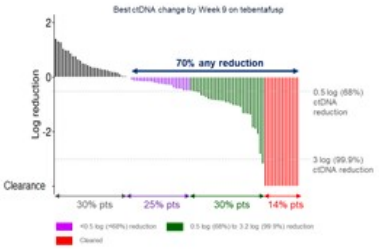
Redirects T cells into tumor[1]



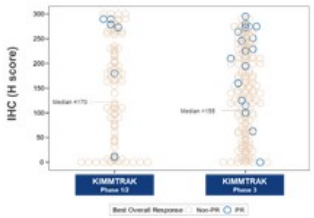
Durable clinical activity[2]



ctDNA **reduction**[3]



Activity at high and low H score[4]



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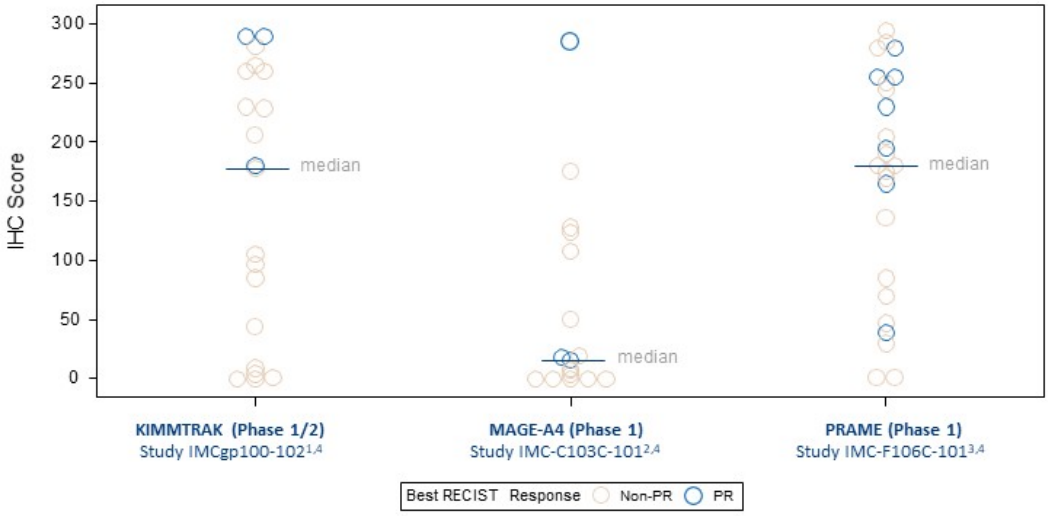
1. Butler, et. al. AACR Annual Meeting 2021; 2. Carvajal, et. al. J. Clin Oncol. 2022 Jun 10;40(17):1939-1948. doi: 10.1200/JCO.21.01805. Epub 2022 Mar 7; 3. Rantala ES et al. Melanoma Res. Published online. 2019; 4. D. Davar Annals of Oncology (2021) 32 (suppl 7): S1398-S1427. 10.1016/annonc/annonc786

RECIST responses enriched at higher H score for PRAME



1. Carvajal RD, et al. *J Clinical Oncology* 2022; 40:1939; 2. Davar D, et al. *Ann Oncol* 2021 32:S1411-S1413; 3. Hamid O et al. #728O ESMO 2022
4. All KIMMTRAK-naive patients in phase 1 trials, including those with H score =0. Excluded are patients with unevaluable H score and 5 mUM IMC-F106C patients who progressed on prior KIMMTRAK

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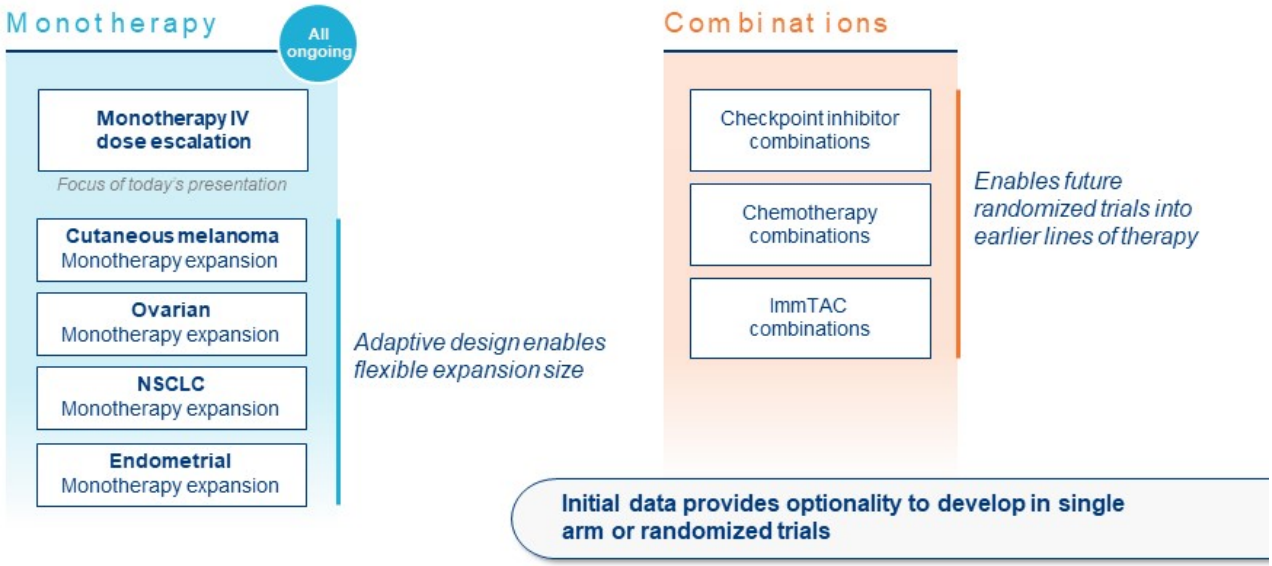
IMC-F106C-101 designed as an adaptive Phase 1/2 study



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PRAME, validated as TCR target, expressed in many solid tumors

Prevalence of PRAME expression[1]	Tumor type	HLA*02:01+, PRAME+ metastatic patients (G7)[2]
70-100%	Endometrial	>10K
	Melanoma	>10K
	Ovarian	>15K
	NSCLC-squamous	>30K
50-70%	NSCLC-adeno	>40K
	SCLC	>15K
	TNBC	>5K
20-50%	SCCHN	>30K
	Gastric	
	RCC	
	Esophageal	
	Cholangiocarcinoma	
	Cervical	

Total >150,000

PRAME+, HLA-A2 patients/year

1. PRAME prevalence derived from immunohistochemistry and RTqPCR of patient samples and analysis of TCGA
2. Epidemiology data from cancer registries and Decision Resources, Annual incidence of metastatic patients

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Concluding Remarks

BAHIJA JALLAL
Chief Executive Officer

IMMUNOCORE

Validation of ImmTAC platform in multiple solid tumors

	T cell activation	Durable tumor shrinkage	Activity even in low target expression	ctDNA reduction	Overall survival benefit
KIMMTRAK® gp100	✓ CLINICAL CANCER RESEARCH	✓ ESMO IMMUNO-ONCOLOGY VIRTUAL CONGRESS	✓ 2SITO21	✓ ESMO congress	✓ The New England Journal of Medicine
IMC-C103C MAGE-A4	✓ ESMO IMMUNO-ONCOLOGY	✓ ESMO IMMUNO-ONCOLOGY	✓ ESMO IMMUNO-ONCOLOGY	✓ *To be presented*	
IMC-F106C PRAME	✓ PARIS 2022 ESMO congress	✓ PARIS 2022 ESMO congress	✓ PARIS 2022 ESMO congress	✓ PARIS 2022 ESMO congress	

Promising rate of RECIST PRs enables broad development options

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Q&A Session

OMID HAMID, MD
The Angeles Clinic
Chief, Translational Research and Immunotherapy and Co-Director, Melanoma Therapeutics

BAHIJA JALLAL, PhD
Chief Executive Officer

BRIAN DI DONATO
Chief Financial Officer and Head of Strategy

DAVID BERMAN, MD, PhD
Head of Research and Development

MOHAMMED DAR, MD
Chief Medical Officer

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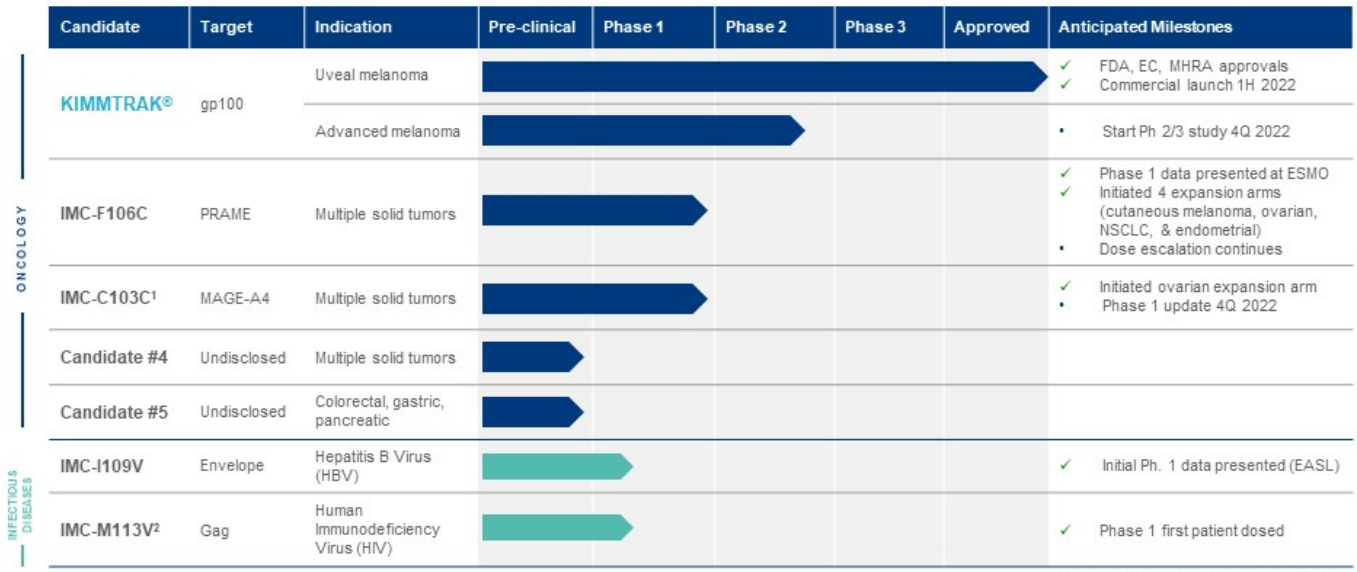
Our pipeline

Leading bispecific TCR pipeline; FDA approval for KIMMTRAK®



	Candidate	Target	Indication	Anticipated Milestones
ONCOLOGY	KIMMTRAK®	gp100	Uveal melanoma	✓ FDA, EC, MHRA approvals ✓ Commercial launch 1H 2022
			Advanced melanoma	• Start Ph 2/3 study 4Q 2022
	IMC-F106C	PRAME	Multiple solid tumors	✓ Phase 1 data presented at ESMO ✓ Initiated 4 expansion arms (cutaneous melanoma, ovarian, NSCLC, & endometrial) • Dose escalation continues
	IMC-C103C[1]	MAGE-A4	Multiple solid tumors	✓ Initiated ovarian expansion arm • Phase 1 update 4Q 2022
	Candidate #4	Undisclosed	Multiple solid tumors	
	Candidate #5	Undisclosed	Colorectal, gastric, pancreatic	
INFECTIOUS DISEASES	IMC-I109V	Envelope	Hepatitis B Virus (HBV)	✓ Initial Ph. 1 data presented (EASL)
	IMC-M113V[2]	Gag	Human Immunodeficiency Virus (HIV)	✓ Phase 1 first patient dosed

[1] Developed under a co-development/co-promotion collaboration with Genentech. [2] Program is wholly owned, development costs being provided by the Bill & Melinda Gates Foundation (BMGF). Immunocore retains all development and commercialization rights in the developed world.

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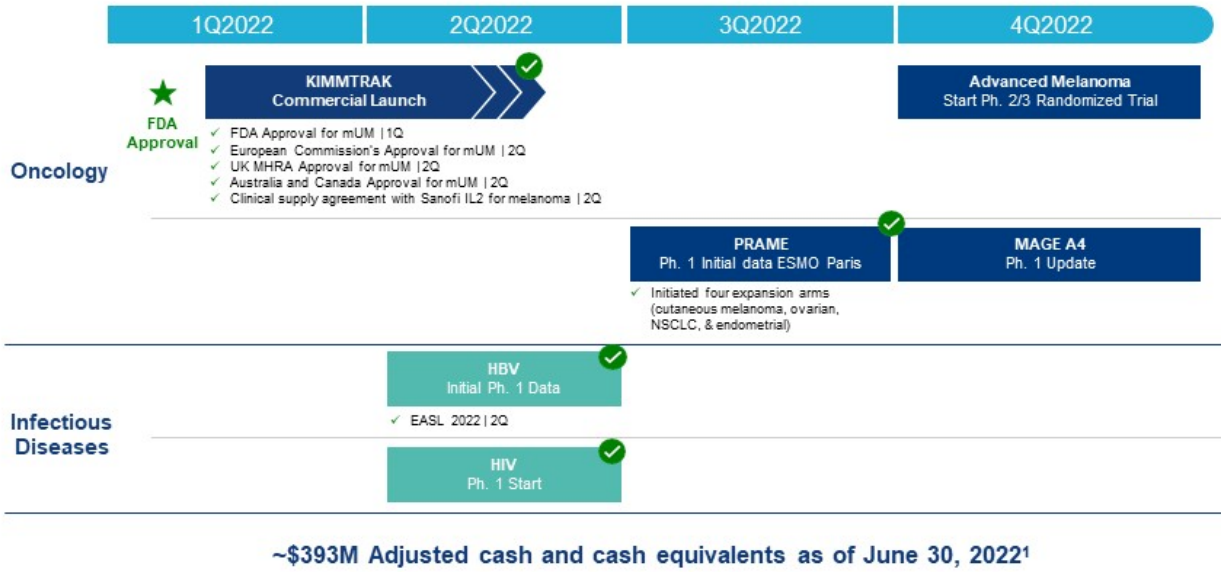
Key portfolio milestones anticipated in 2022



~$393M Adjusted cash and cash equivalents as of June 30, 2022[1]

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1. Gives effect to receipt of $139.6M proceeds from July 2022 PIPE transaction, net of offering expenses payable by the Company.