**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 January 2023**

**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

**INCORPORATION BY REFERENCE**

The information in this Report on Form 6-K ("Report"), other than Exhibit 99.3 hereto, 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.

Exhibit 99.3 to this Report shall be deemed to be incorporated by reference into the registration statements on Form S-8 (File Nos. 333-255182 and 333-265000) and the registration statement on Form F-3ASR (File No. 333-264105) of Immunocore Holdings plc (the "Company") and to be a part thereof from the date on which this Report is furnished, to the extent not superseded by documents or reports subsequently filed or furnished.

**INFORMATION CONTAINED IN THIS REPORT ON FORM 6-K**

**Preliminary Full Year and Fourth Quarter 2022 KIMMTRAK and tebentafusp Net Sales; Preliminary Year-End 2022 Cash and Cash Equivalents**

On Monday, January 9, 2023, the Company announced preliminary estimates of (1) total net product and pre-product revenue arising from the sales of KIMMTRAK and tebentafusp ("net sales") for the fourth quarter and twelve months ended December 31, 2022 and (2) the amount of cash and cash equivalents at December 31, 2022. While the Company has not finalized its financial results for the twelve months ended December 31, 2022, the Company preliminarily estimates that its total net sales were approximately $50 million for the fourth quarter ended December 31, 2022, an increase of approximately 25% compared to the third quarter ended September 30, 2022, and approximately $140 million for the fiscal year ended December 31, 2022. The Company preliminarily estimates that its cash and cash equivalents as of December 31, 2022 were approximately $400 million. The foregoing dollar amounts were converted using the December 31, 2022 convenience rate of 1 British pound sterling to 1.21 U.S. dollars.

The information in this subheading is preliminary, has not been audited and is subject to change pending completion of the Company's audited financial statements for the year ended December 31, 2022. It is possible that the Company or its independent registered public accounting firm may identify items that require the Company to make adjustments to the amounts included in this subheading, and such changes could be material. Additional information and disclosures would also be required for a more complete understanding of the Company's financial position and results of operations as of December 31, 2022.

**Press Release Announcing Strategic Priorities for 2023; Updated Corporate Presentation and Pipeline Chart**

On Monday, January 9, 2023, the Company announced its updated strategic priorities and pipeline expansion for 2023. A copy of the press release is furnished as Exhibit 99.1 to this Report on Form 6-K.

Also on January 9, 2023, the Company posted an updated corporate presentation reflecting these updates and the updated disclosure regarding the Company's preliminary unaudited net sales for the fourth quarter and fiscal year ended December 31, 2022 and preliminary unaudited cash and cash equivalents as of December 31, 2022. The updated corporate presentation is available in the 'Investors/Media' section of the Company's website at www.immunocore.com. The Company intends to use this presentation in meetings with analysts, investors and others from time to time, including its meetings at the 41st Annual J.P. Morgan Healthcare Conference. A copy of the presentation is being furnished hereto as Exhibit 99.2 and is incorporated herein by reference.

The Company published an updated pipeline chart of KIMMRAK and its therapeutic candidates in development, which is filed as Exhibit 99.3 to this Report and incorporated by reference herein.

**Presentation at 41st Annual J.P. Morgan Healthcare Conference**

Bahija Jallal, the Company's Chief Executive Officer, will present at the upcoming 41st Annual J.P. Morgan Healthcare Conference on Wednesday, January 11, 2023 at 12:00 p.m. ET. The presentation will be webcast live and will be available in the "Investors/Media" section of the Company's website, located at www.immunocore.com.

The Company's website and any information contained on the Company's website are not incorporated into this Report.

## CAUTIONARY NOTE ON FORWARD-LOOKING STATEMENTS

This Report contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Words such as “may,” “will,” “expect,” “plan,” “anticipate,” “estimate,” “intend” and similar expressions (as well as other words or expressions referencing future events, conditions or circumstances) are intended to identify forward-looking statements. These statements include, but are not limited to, statements regarding the Company’s strategic priorities, pipeline and expansion thereof, and preliminary unaudited net sales and cash and cash equivalents. These forward-looking statements are based on the Company’s expectations and assumptions as of the date of this Report, 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. Actual results may differ materially from those expressed or implied by these forward-looking statements. For a discussion of risk factors that may cause the Company’s actual results to differ from those expressed or implied in the forward-looking statements in this Report, you should refer to the Company’s filings with the U.S. SEC, including the “Risk Factors” sections contained therein. Except as required by law, the Company undertakes no obligation to publicly update any forward-looking statements, whether as a result of new information, future events or otherwise. You should, therefore, not rely on these forward-looking statements as representing the Company’s views as of any date subsequent to the date of this Report.

**EXHIBIT INDEX**

| Exhibit No. | Description |
|---|---|
| 99.1 | Press Release dated January 9, 2023. |
| 99.2 | Corporate Presentation. |
| 99.3 | Pipeline Chart. |

**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: January 9, 2023

By: /s/ Bahija Jallal, Ph.D.

**Exhibit 99.1**

IMMUNOCORE

**Immunocore announces strategic priorities including pipeline expansion for 2023 -2024**

*KIMMTRAK (tebentafusp-tebn) approved in over 30 countries with continued global expansion in 2023-2024; preliminary unaudited net sales of ~$50 million in Q4 and ~$140 million for full year 2022*

*Priority for IMC-F106C (PRAME HLA-A02) is enrollment in monotherapy and combination arms of Phase 1/2 clinical trial, with data planned by 1H 2024*

*Expanding PRAME franchise, including targeting PRAME HLA-A24 with a first-in-class ImmTAC to broaden the addressable patient population, and a PRAME HLA-A02 half-life extended ImmTAC for patient convenience*

*First-in-class ImmTAC targeting PIWIL1 for colorectal and other gastrointestinal cancers – IND planned for Q4 2023*

*Company to present at 41st Annual J.P. Morgan Healthcare Conference on Wednesday, January 11, 2023 at 9:00 AM P.T.*

(OXFORDSHIRE, England & CONSHOHOCKEN, Penn. & ROCKVILLE, Md., US, 09 January, 2023) Immunocore Holdings plc (Nasdaq: IMCR) ("Immunocore" or the "Company"), 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, today announces the addition of three new ImmTAC product candidates (targeting PRAME-A24, PRAME-A02 half-life extended [HLE], and PIWIL1) to its pipeline and preliminary unaudited KIMMTRAK (tebentafusp-tebn) 2022 year-end net sales.

"We are so proud of what we have delivered for patients with metastatic uveal melanoma, thanks to the talent and hard work of our experienced team. With $140 million of preliminary net sales for KIMMTRAK for 2022, our solid financial position has enabled us to accelerate the development of our existing pipeline and expand our platform," said **Bahija Jallal, Chief Executive Office of Immunocore**. "2023 is off to a great start with the continued execution of our ambitious development plan for IMC-F106C as well as today's announcement of the expansion of our PRAME franchise and the nomination of a novel ImmTAC candidate for GI cancers."

**Preliminary Year-End 2022 KIMMTRAK and tebentafusp net sales**

The preliminary unaudited total net product and net pre-product revenue (or "net sales") arising from the sales of KIMMTRAK and tebentafusp was ~$50 million in Q4 2022, an increase of ~25% compared to the previous quarter, and ~$140 million for full year 2022. Preliminary unaudited cash and cash equivalents were ~$400 million USD year end 2022.[1]

[1] These dollar amounts were converted using the Dec. 31, 2022 convenience rate of £1 to $1.21.

In 2023, the Company will continue to launch in additional countries and establish KIMMTRAK globally as first line treatment for metastatic uveal melanoma, while exploring how to enhance patient convenience. In addition, the Company is enrolling patients into a Phase 2/3 trial to investigate the potential of tebentafusp in advanced cutaneous melanoma.

**Expansion of ImmTAC franchise targeting PRAME**

*IMC-F106C (PRAME-A02)*

Initial Phase 1 data with IMC-F106C targeting PRAME, in the context of HLA-A02, presented in September 2022 at the ESMO Congress 2022, demonstrated multiple durable confirmed RECIST responses and a reduction in circulating tumor DNA (ctDNA) in multiple solid tumors.

As previously announced, and following the promising initial data, patient enrollment is ongoing in the four monotherapy expansion arms and multiple combination arms of the trial: cutaneous melanoma, ovarian, non-small cell lung cancer (NSCLC), and endometrial cancers. The IMC-F106C-101 trial is adaptive and enables combinations with standards-of-care including checkpoint inhibitors, chemotherapy, and tebentafusp. These combinations will position the Company to explore IMC-F106C in earlier lines of treatment.

In 2023, the Company plans to continue to expand the clinical trial footprint globally; enrolling additional patients in the expansion arms to understand the breadth of clinical activity across multiple tumor types. The Company expects to report initial data from the monotherapy and combination arms by the first half of 2024.

*IMC-T119C (PRAME-A24) & IMC-P115C (PRAME-A02 Half-Life Extended)*

IMC-F106C is an ImmTAC targeting PRAME for patients with HLA-A02, which is expressed in approximately 40% of Western populations (United States, Canada, EU). In order to expand the potential of TCR therapy targeting PRAME, the Company is developing IMC-T119C, a first-in-class ImmTAC product candidate targeting a PRAME peptide presented by HLA-A24. HLA-24 is an HLA-type that is estimated to be present in 60% of people in Japan and 15-20% in Western populations.

In addition, the Company is developing IMC-P115C, a half-life extended (HLE) ImmTAC product candidate targeting PRAME-A02, with the aim of improving patient convenience. IMC-P115C targets the same PRAME-A02 peptide and uses the same CD3 end and TCR specificity as IMC-F106C.

**First-in-class ImmTAC candidate – IMC-R117C (PIWIL1) for colorectal and other gastrointestinal cancers**

The Company has leveraged its proprietary peptidomic database to validate a novel target, PIWIL1. PIWIL1 is believed to play a role in tumor progression and is expressed across a range of tumors including colorectal, which is historically insensitive to immune checkpoints, as well as gastro-esophageal, and pancreatic cancer. PIWIL1 is also reported to be a negative prognostic marker. The Company believes IMC-R117C is the first PIWIL1 targeted immunotherapy and plans to submit an IND in Q4 2023.

**Enrolling ImmTAV candidates for a functional cure in HIV & HBV**

The Company continues to enroll patients in the HIV and HBV global Phase 1 clinical trials. The Company plans to report data from the Single Ascending Dose portion of the Phase 1 HIV trial in 2023.

**41st Annual J.P. Morgan Healthcare Conference**

The Company has updated its corporate presentation to reflect these updates. Additionally, the Immunocore management team will discuss these updates during a live and webcast presentation at the 41st Annual J.P. Morgan Healthcare Conference, on Wednesday January 11, 2023, at 9:00AM P.T. The presentation and webcast will be available in the 'Investors/Media' section of Immunocore's website at www.immunocore.com. A replay of the presentation will be made available for a limited time.

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**About ImmTAV molecules and infectious diseases**
ImmTAV (Immune mobilising monoclonal TCRs Against Virus) molecules are novel bispecific molecules that, like ImmTAC (Immune mobilising monoclonal TCRs Against Cancer) molecules, are designed to enable the immune system to recognize and eliminate virally infected cells.

Immunocore is advancing clinical candidates to cure patients with HIV and hepatitis B virus (HBV). The Company aims to achieve sustained control of HIV after patients stop anti-retroviral therapy (ART), without the risk of virological relapse or onward transmission. This is known as 'functional cure'. For the treatment of HBV, the Company aims to achieve sustained loss of circulating viral antigens and markers of viral replication after stopping medication for people living with chronic HBV.

**About ImmTAC® molecules for cancer**
Immunocore's proprietary T cell receptor (TCR) technology generates a novel class of bispecific biologics called ImmTAC (Immune mobilizing monoclonal TCRs Against Cancer) molecules that are designed to redirect the immune system to recognize and kill cancerous cells. ImmTAC molecules are soluble TCRs engineered to recognize intracellular cancer antigens with ultra-high affinity and selectively kill these cancer cells via an anti-CD3 immune-activating effector function. Based on the demonstrated mechanism of T cell infiltration into human tumors, the ImmTAC mechanism of action holds the potential to treat hematologic and solid tumors, regardless of mutational burden or immune infiltration, including immune "cold" low mutation rate tumors.

**About the IMC-F106C-101 Phase 1/2 Trial**
IMC-F106C-101 is a first-in-human, Phase 1/2 dose escalation trial in patients with multiple solid tumor cancers including non-small cell lung cancer (NSCLC), small-cell lung cancer (SCLC), endometrial, ovarian, cutaneous melanoma, and breast cancers. 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. The Company has initiated patient enrollment into four expansion arms in cutaneous melanoma, ovarian, 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, including checkpoint inhibitors, chemotherapy, and tebentafusp.

**About Uveal Melanoma**
Uveal melanoma is a rare and aggressive form of melanoma, which affects the eye. Although it is the most common primary intraocular malignancy in adults, the diagnosis is rare, and up to 50% of people with uveal melanoma will eventually develop metastatic disease. Unresectable or metastatic uveal melanoma typically has a poor prognosis and had no approved treatment until KIMMTRAK.

**About KIMMTRAK®**
KIMMTRAK is a novel bispecific protein comprised of a soluble T cell receptor fused to an anti-CD3 immune-effector function. KIMMTRAK specifically targets gp100, a lineage antigen expressed in melanocytes and melanoma. This is the first molecule developed using Immunocore's ImmTAC technology platform designed to redirect and activate T cells to recognise and kill tumour cells. KIMMTRAK has been approved for the treatment of HLA-A*02:01-positive adult patients with unresectable or metastatic uveal melanoma in the United States, European Union, Canada, Australia, and the United Kingdom.

**About Phase 3 IMCgp100-202 Trial**
IMCgp100-202 (NCT03070392) is a randomized pivotal trial that evaluated overall survival (OS) of KIMMTRAK compared to investigator's choice (either pembrolizumab, ipilimumab, or dacarbazine) in HLA-A*02:01-positive adult patients with previously untreated mUM. KIMMTRAK demonstrated an unprecedented OS benefit with a Hazard Ratio (HR) in the intent-to-treat population favoring KIMMTRAK, HR=0.51 (95% CI: 0.37, 0.71); p< 0.0001, over investigator's choice (82% pembrolizumab; 13% ipilimumab; 6% dacarbazine).

**IMPORTANT SAFETY INFORMATION**

**Cytokine Release Syndrome (CRS), which may be serious or life-threatening, occurred in patients receiving KIMMTRAK. Monitor for at least 16 hours following first three infusions and then as clinically indicated.** Manifestations of CRS may include fever, hypotension, hypoxia, chills, nausea, vomiting, rash, elevated transaminases, fatigue, and headache. CRS occurred in 89% of patients who received KIMMTRAK with 0.8% being grade 3 or 4. Ensure immediate access to medications and resuscitative equipment to manage CRS. Ensure patients are euvolemic prior to initiating the infusions. Closely monitor patients for signs or symptoms of CRS following infusions of KIMMTRAK. Monitor fluid status, vital signs, and oxygenation level and provide appropriate therapy. Withhold or discontinue KIMMTRAK depending on persistence and severity of CRS.

**Skin Reactions**

Skin reactions, including rash, pruritus, and cutaneous edema occurred in 91% of patients treated with KIMMTRAK. Monitor patients for skin reactions. If skin reactions occur, treat with antihistamine and topical or systemic steroids based on persistence and severity of symptoms. Withhold or permanently discontinue KIMMTRAK depending on the severity of skin reactions.

**Elevated Liver Enzymes**

Elevations in liver enzymes occurred in 65% of patients treated with KIMMTRAK. Monitor alanine aminotransferase (ALT), aspartate aminotransferase (AST), and total blood bilirubin prior to the start of and during treatment with KIMMTRAK. Withhold KIMMTRAK according to severity.

**Embryo-Fetal Toxicity**
KIMMTRAK may cause fetal harm. Advise pregnant patients of potential risk to the fetus and patients of reproductive potential to use effective contraception during treatment with KIMMTRAK and 1 week after the last dose.

The most common adverse reactions (≥30%) in patients who received KIMMTRAK were cytokine release syndrome, rash, pyrexia, pruritus, fatigue, nausea, chills, abdominal pain, edema, hypotension, dry skin, headache, and vomiting. The most common (≥50%) laboratory abnormalities were decreased lymphocyte count, increased creatinine, increased glucose, increased AST, increased ALT, decreased hemoglobin, and decreased phosphate.

For more information, please see full Summary of Product Characteristics (SmPC) or full U.S. Prescribing Information (including BOXED WARNING for CRS).

**About KIMMTRAKConnect**
Immunocore is committed to helping patients who need KIMMTRAK obtain access via our KIMMTRAKConnect program. The program provides services with dedicated nurse case managers who provide personalized support, including educational resources, financial assistance, and site of care coordination. To learn more, visit KIMMTRAKConnect.com or call 844-775-2273.

**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. The Company'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 in the United States, European Union, Canada, Australia, and the United Kingdom.

**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 expected clinical benefits, including overall survival benefit, of Immunocore’s products and product candidates, including KIMMTRAK, IMC-F106C, IMC-T119C, IMC-P115C, IMC-R117C, and IMC-M113V ; statements that IMC-T119C is first-in-class ImmTAC and that IMC-R117C is first in class and first PIWIL targeted immunotherapy for colorectal and other gastrointestinal cancers; expectations regarding the development and expansion of Immunocore’s pipeline and the design, progress, timing, enrollment, scope, expansion and results of Immunocore’s existing and planned clinical trials, including statements regarding the ongoing enrollment of patients in the Phase 2/3 trial to investigate the potential of tebentafusp in advanced cutaneous melanoma, the continued expansion of, enrollment of additional patients in, and timing for reporting data from the monotherapy and combination arms of the IMC-F106C-101 trial, the planned IND timing for IMC-R117C, and the timing for reporting data from the single ascending dose portion of the IMC-M113V Phase 1 HIV clinical trial; Immunocore’s ability to obtain and maintain regulatory approval for its products and product candidates; expectations regarding the potential market opportunity and potential commercial performance of KIMMTRAK and Immunocore’s other product candidates, if approved; statements regarding the continued launch of KIMMTRAK in additional countries; statements regarding the establishment of KIMMTRAK globally as a first line treatment for metastatic uveal melanoma; statements regarding the planned exploration of patient convenience; preliminary unaudited net sales of KIMMTRAK and tebentafusp; and preliminary unaudited cash and cash equivalents. 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 Immunocore’s control.

These risks and uncertainties include, but are not limited to, the impact of worsening macroeconomic conditions and the ongoing and evolving COVID-19 pandemic on Immunocore’s business, strategy, clinical trials, financial position 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, or commercial supply of KIMMTRAK or any future approved products, including as a result of supply chain disruptions, the COVID-19 pandemic, the war in Ukraine or global geopolitical tension; Immunocore’s ability to obtain and maintain regulatory approvals for its product candidates; Immunocore’s ability to develop, manufacture and commercialize its 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; Immunocore’s ability to successfully expand the approved indications for KIMMTRAK or obtain marketing approval for KIMMTRAK in additional geographies in the future; the delay of any 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; competition with respect to market opportunities; unexpected safety or efficacy data observed during pre-clinical studies or clinical trials; actions of regulatory agencies, which may affect the initiation, timing and progress of Immunocore’s 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 worsening macroeconomic conditions such as rising inflation and interest rates, volatility in the capital markets and related market uncertainty, the COVID-19 pandemic, the 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; clinical trial site activation or enrollment rates that are lower than expected; 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. In addition, as the reported net sales and cash and cash equivalents in this press release are preliminary, have not been audited and are subject to change pending completion of the Company’s audited financial statements for the year ended December 31, 2022, it is possible that the Company or its independent registered public accounting firm may identify items that require the Company to make adjustments to the amount included in this release, and such changes could be material. Additional information and disclosures would also be required for a more complete understanding of the Company’s financial position and results of operations as of December 31, 2022.

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Exhibit 99.2


IMMUNOCORE
Transformative Medicines for Patients
JANUARY 2023

# Forward-looking statement

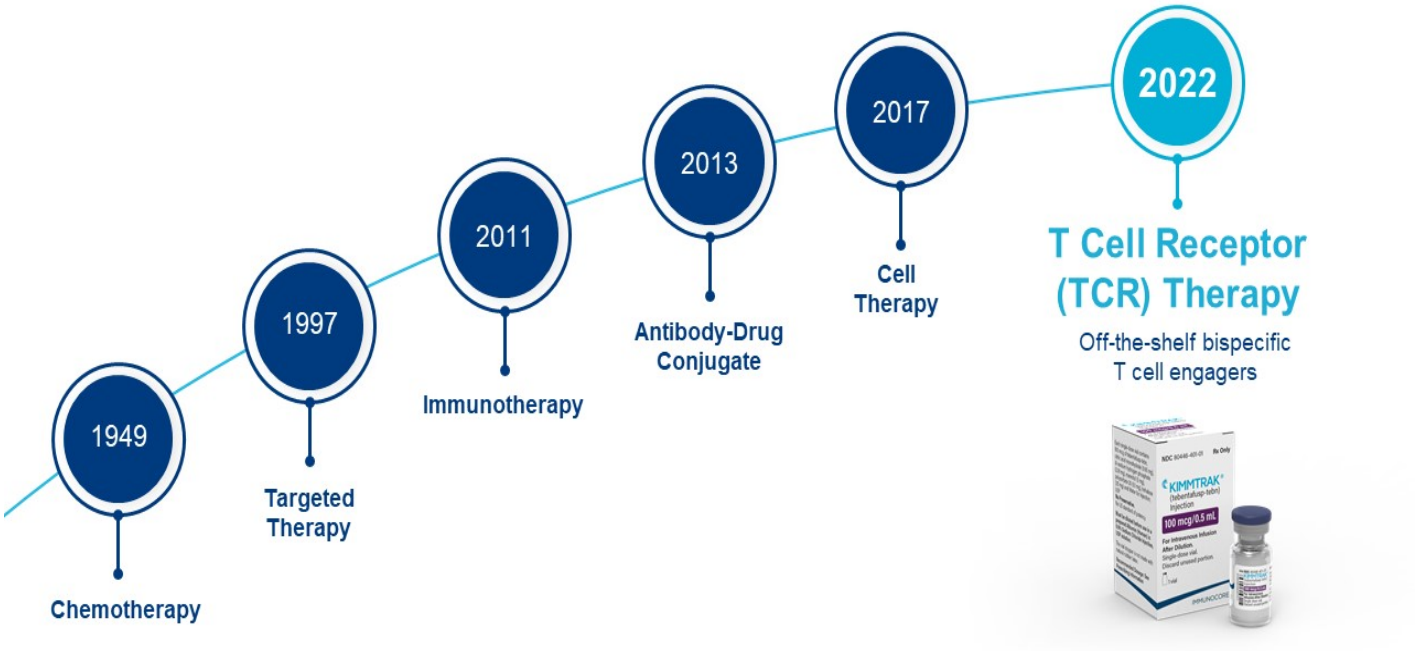
This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Words such as "may," "can," "will," "believe," "expect," "plan," "anticipate," "potential" and similar expressions (as well as other words or expressions referencing future events or circumstances) are intended to identify forward-looking statements. All statements, other than statements of historical facts, included in this presentation are forward-looking statements. These statements include, but are not limited to, statements regarding the marketing, therapeutic potential, and expected clinical benefits, including extended overall survival benefit and reduction in circulating tumor DNA, of Immunocore's products and product candidates; expectations regarding the development of Immunocore's pipeline and the design, progress, timing, enrollment, scope, expansion and results of Immunocore's existing, planned and other future clinical trials and IND enabling studies, including the targeted delivery of IND for three new product candidates, the expansion of, and timing for reporting data from the monotherapy and combination arms of, the PRAME-A02 trial and the timing for reporting data from the single ascending dose portion of the IMC-M113V Phase 1 HIV clinical trial; the ability of TCR therapeutics to target 90% of the human proteome; statements regarding the durability, efficacy and toleration of Immunocore's product candidates; expectations regarding the commercialization of KIMMTRAK including potential growth opportunities and trends and increasing access to KIMMTRAK; expectations regarding the value proposition of KIMMTRAK in metastatic uveal melanoma (mUM) and advanced melanoma; expectations regarding the potential market size and opportunity for Immunocore's products and product candidates, including statements with respect to potential patient population; expectations regarding the potential of PRAME-A02 to benefit a large number of patients; the Company's belief that IMC-R117C is potentially the first-in-class PIWIL1-targeted immunotherapy for colorectal and other gastrointestinal cancers; statements regarding the planned IND timing for IMC-R117C; expectations regarding future milestones; future development plans of tebentafusp and Immunocore's other product candidates; the ability to obtain and maintain regulatory approval for its products and product candidates; expectations regarding the sustained or potential commercial performance and uptake of KIMMTRAK and Immunocore's other product candidates, if approved; expectations regarding Immunocore's management of resources and expected cash runway; and preliminary unaudited net sales and cash and cash equivalents of KIMMTRAK and tebentafusp; and the validation of the ImmTAC platform.

These forward-looking statements are based on management's current expectations and beliefs and are subject to a number of risks, uncertainties and important factors that may cause actual events or results to differ materially and adversely from those expressed or implied by any forward-looking statements, many of which are beyond Immunocore's control. These include, without limitation, risks and uncertainties related to the impact of worsening macroeconomic conditions and the ongoing and evolving COVID-19 pandemic, the war in Ukraine or global geopolitical tension on Immunocore's business, strategy, clinical trials, financial position and anticipated milestones, including Immunocore's ability to conduct ongoing and planned clinical trials; Immunocore's ability to obtain and maintain regulatory approval of its product candidates; Immunocore's ability to obtain clinical supply of current or future product candidates or commercial supply of KIMMTRAK or any future approved products, including as a result of supply chain disruptions; Immunocore's ability to develop, manufacture and commercialize its product candidates; Immunocore's ability and plans to launch, market and sell KIMMTRAK or any future approved products, to continue to establish and expand a commercial infrastructure; Immunocore's ability to successfully expand the approved indications for KIMMTRAK, or obtain marketing approval for KIMMTRAK in additional geographies in the future; the delay of any current or planned clinical trials, whether due to the COVID-19 pandemic, patient enrollment delays or otherwise; unexpected safety or efficacy data observed during preclinical studies or clinical trials and 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; competition with respect to market opportunities; actions of regulatory agencies, which may affect the initiation, timing and progress of clinical trials or future regulatory approval; Immunocore's ability to obtain, maintain and enforce intellectual property protection for KIMMTRAK or any product candidates it is developing; clinical trial site activation or enrollment rates that are lower than expected; Immunocore's need for and ability to obtain additional funding on favorable terms or at all, including as a result of worsening macroeconomic conditions such as rising inflation and interest rates, volatility in the capital markets and related market uncertainty; 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, as supplemented by its most recent filings that Immunocore has made or may make with the SEC in the future. Such risks may be amplified by the COVID-19 pandemic and its potential impact on Immunocore's business and the overall global economy. Any forward-looking statements represent Immunocore's views only as of the date of this presentation and should not be relied upon as representing its views as of any subsequent date. Immunocore does not assume any obligation to update any forward-looking statements, except as may be required by law. In addition, as the reported net sales and cash and cash equivalents in this presentation are preliminary, have not been audited and are subject to change pending completion of our audited financial statements for the year ended December 31, 2022, it is possible that Immunocore or its independent registered public accounting firm may identify items that require Immunocore to make adjustments to the amount included in this presentation, and such changes could be material. Additional information and disclosures would also be required for a more complete understanding of Immunocore's financial position and results of operations as of December 31, 2022.

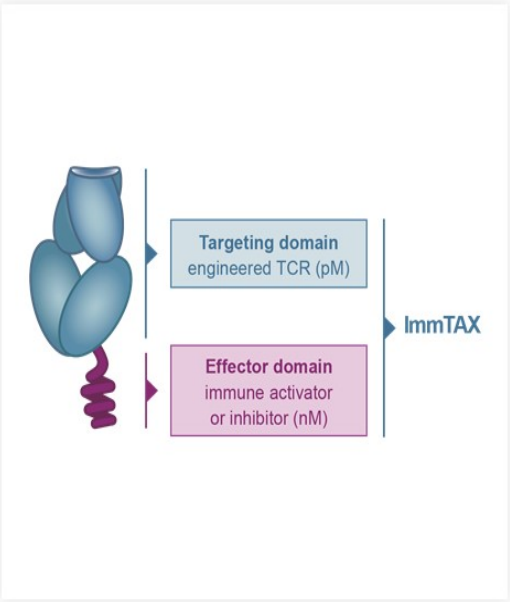
Certain information contained in this presentation relates to or is based on studies, publications, surveys, and other data obtained from third-party sources and Immunocore's own internal estimates and research. While Immunocore believes these third-party sources to be reliable as of the date of this 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.

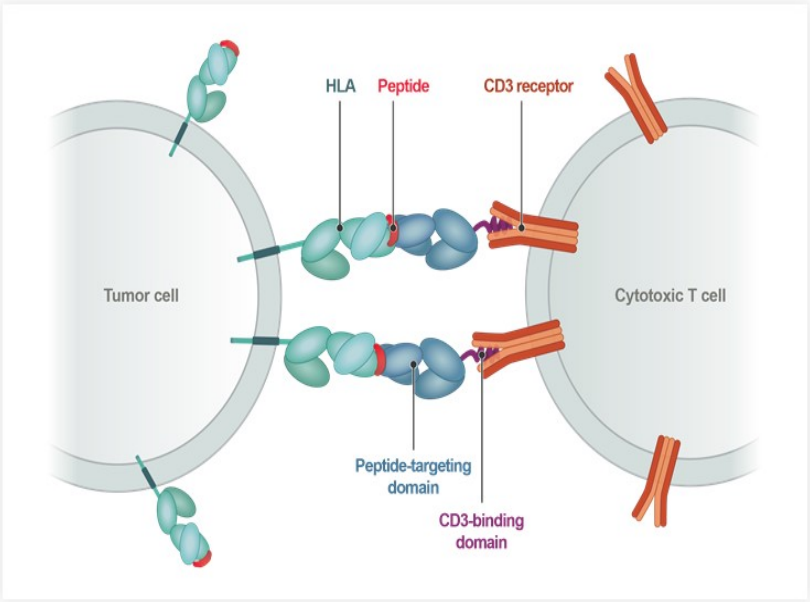
KIMMTRAK™ is a trademark owned or licensed to Immunocore.

# We have written the next chapter in cancer treatment



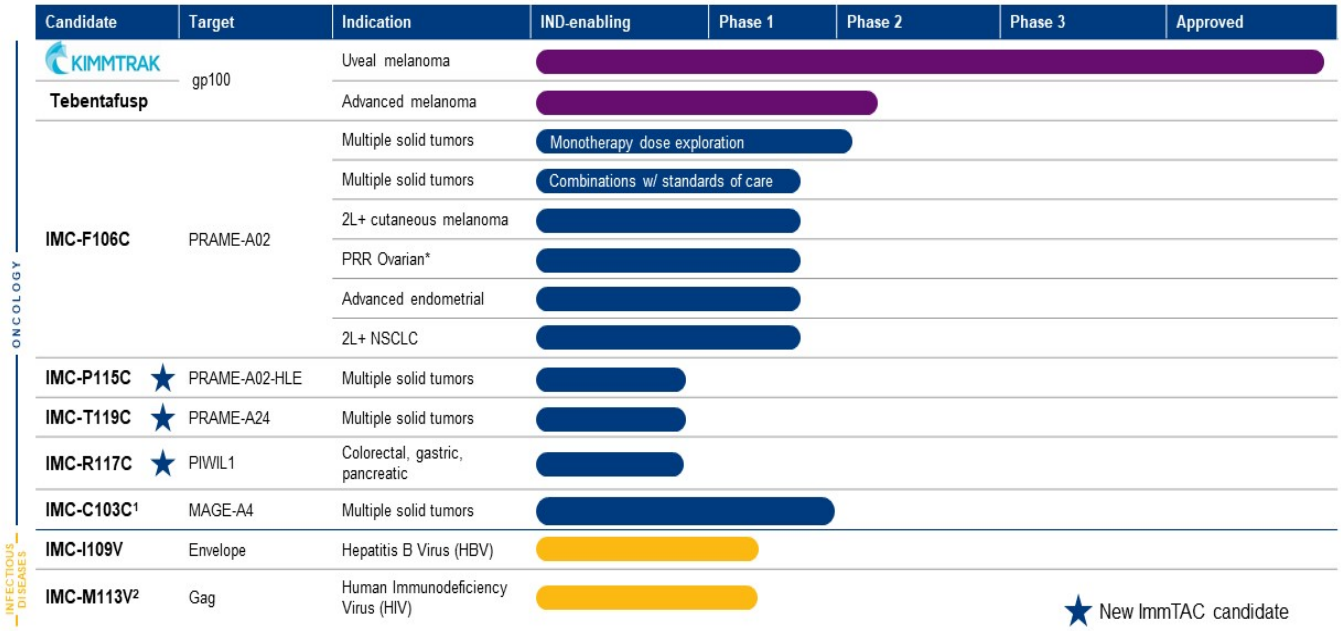
# Harnessing the immune system to fight disease with targeted, off-the-shelf, bispecific, soluble T cell receptors (TCRs)



# Delivering leading bispecific TCR pipeline

## Multiple candidates in oncology and infectious diseases

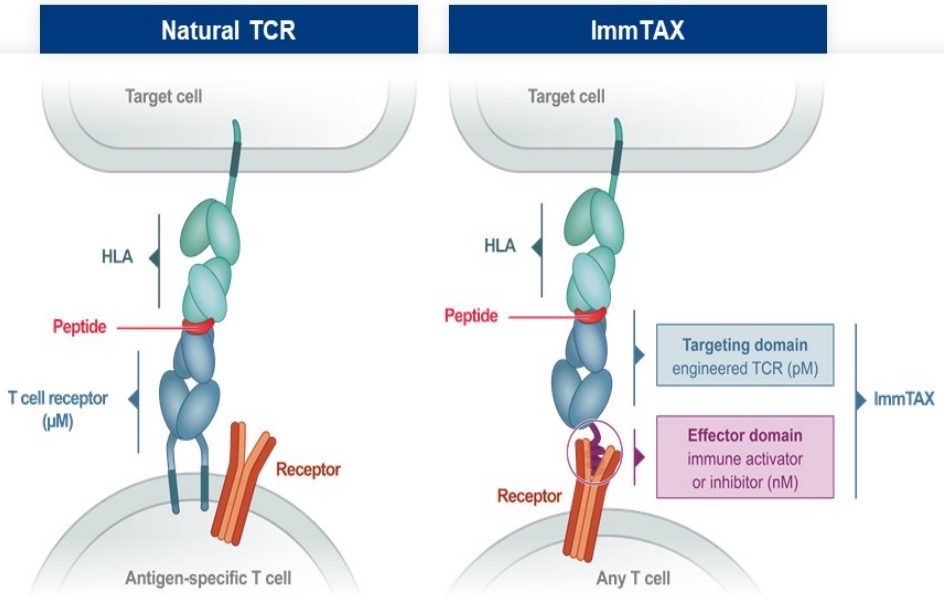



1. Developed under a co-development/co-promotion collaboration with Genentech; 2. Program is wholly owned, development costs being provided by the Bill & Melinda Gates Foundation (BMGF), Immunocore retains all development and commercialization rights in the developed world. * Platinum refractory or resistant serous ovarian carcinoma

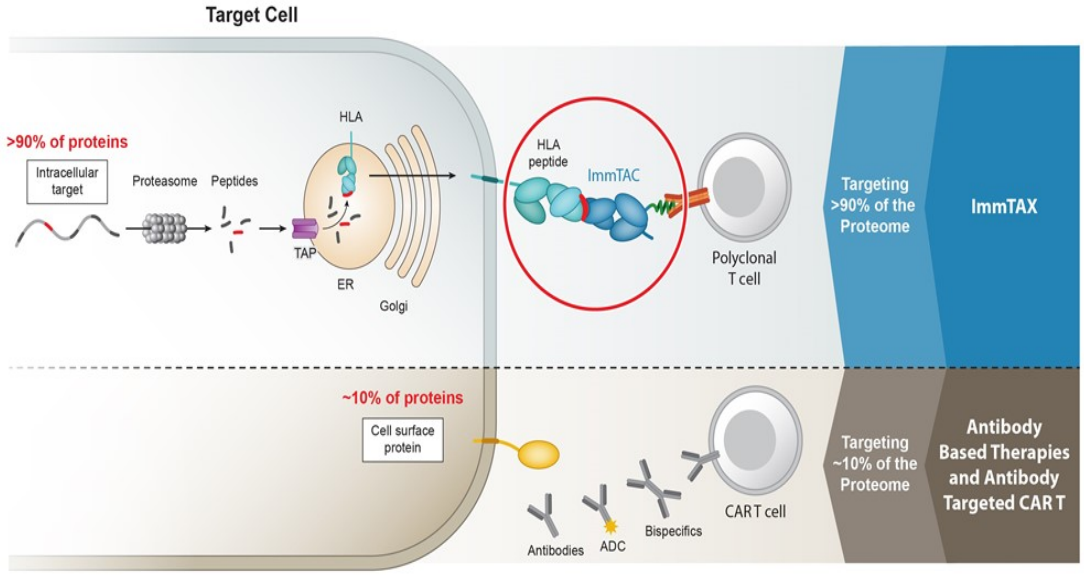

Technology
platform

# We pioneered converting membrane-bound T cell receptors…

…into soluble, off-the-shelf, bispecific therapeutics (ImmTAX)



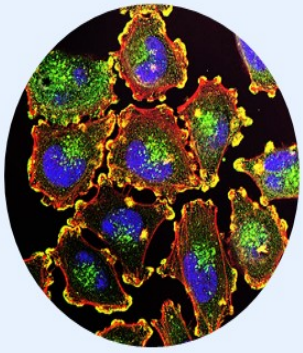
# TCR therapeutics target >90% of the human proteome



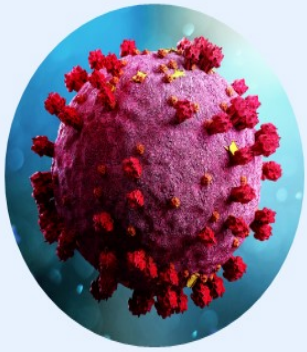
# Our platform is modular

Applicable across 3 therapeutic areas

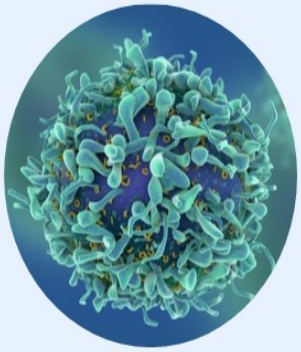
## Oncology



## Infectious Diseases



## Autoimmune Conditions



**UPREGULATION**
OF THE IMMUNE SYSTEM

**DOWNREGULATION**
OF THE IMMUNE SYSTEM


KIMMTRAK® in
metastatic
melanoma

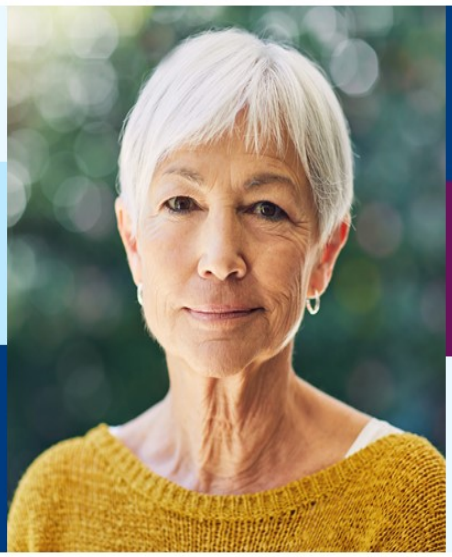
# Metastatic Uveal Melanoma (mUM): is an ultra-rare and aggressive tumor

We are using our TCR technology to target gp100 protein in melanoma

Originates from melanocytes within the uveal tract of the eye

**Median age at diagnosis is 62 years[1]**

**Up to 50%** may develop metastatic disease; liver primary site of metastasis[1]



**~1,000** HLA-02 mUM pts per year in the US/EU[2]

Until KIMMTRAK, no approved treatment[3]

Historic median survival with metastatic disease[2]

**~12 months**

1. Yang J *et al.* Ther Adv Med Oncol. 2018 ; 2. Carvajal RD *et al.* Br J Ophthalmol. 2017; 3. Rantala ES *et al.* Melanoma Res. Published online. 2019

# Primary endpoint: Overall Survival (OS) statistically significant

KIMMTRAK®: First-in-class, off-the-shelf, bispecific TCR

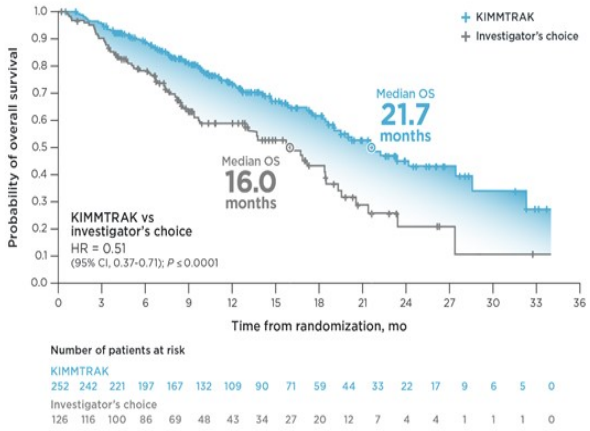
## KIMMTRAK was proven to extend median OS by 6 months

**21.7** months median OS

**0.51** hazard ratio

The NEW ENGLAND JOURNAL of MEDICINE

## Overall Survival benefit in patients treated with KIMMTRAK or investigator's choice in first-line




Nathan, P. *et. al.* New England Journal of Medicine 2021; 385:1196-1206

# Safety profile of KIMMTRAK was predictable and manageable

## Key KIMMTRAK findings

- Adverse Reactions (ARs) consistent with mechanism of action
- Majority of ARs in first 3 weeks
- Low discontinuation rate: KIMMTRAK 2% vs. Investigator's Choice of 4.5%
- No treatment related deaths

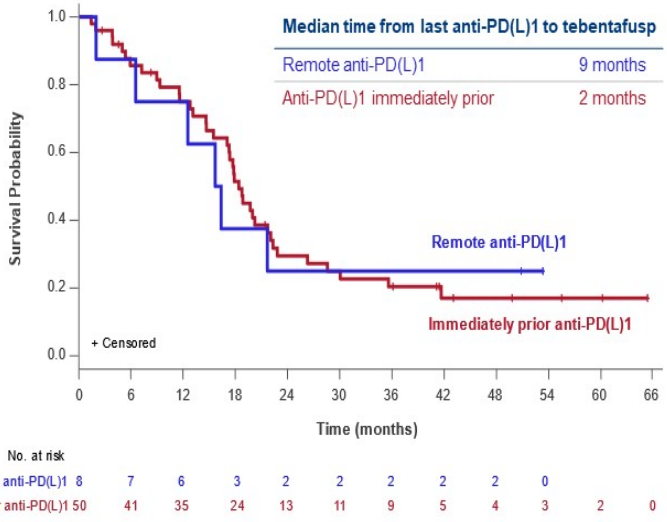
378 previously untreated mUM patients randomized 2:1 KIMMTRAK vs. Investigator's Choice (pembrolizumab 82%, ipilimumab 13%, dacarbazine 6%)

| | KIMMTRAK (n = 245)* | |
|---|---|---|
| **Adverse Reactions (AR)** | **Any Grade, %** | **Grade 3 or 4, %** |
| **Any** | 244 (99.6) | 110 (45) |
| Cytokine release syndrome[a] | 89 | 0.8 |
| Rash[b] | 83 | 18.4 |
| Pyrexia | 76 | 3.7 |
| Pruritus | 69 | 4.5 |
| Fatigue[b] | 64 | 5.7 |
| Nausea | 49 | 2 |
| Chills | 48 | 0.4 |
| Hypo-/hyperpigmentation[b] | 47 | 0.4 |
| Abdominal pain[b] | 45 | 2.9 |
| Edema[b] | 45 | 0 |

* KIMMTRAK. US Package insert. Immunocore Ltd.; 2021. Adverse reactions listed are those with any grade >45%; a. Represents algorithmic identification of CRS cases based on ASTCT grading criteria (Lee *et al.* 2019). b. Represents a composite of multiple related terms.

# Tebentafusp active in cutaneous melanoma

OS by whether prior anti-PD(L)1 therapy was remote or most recent therapy



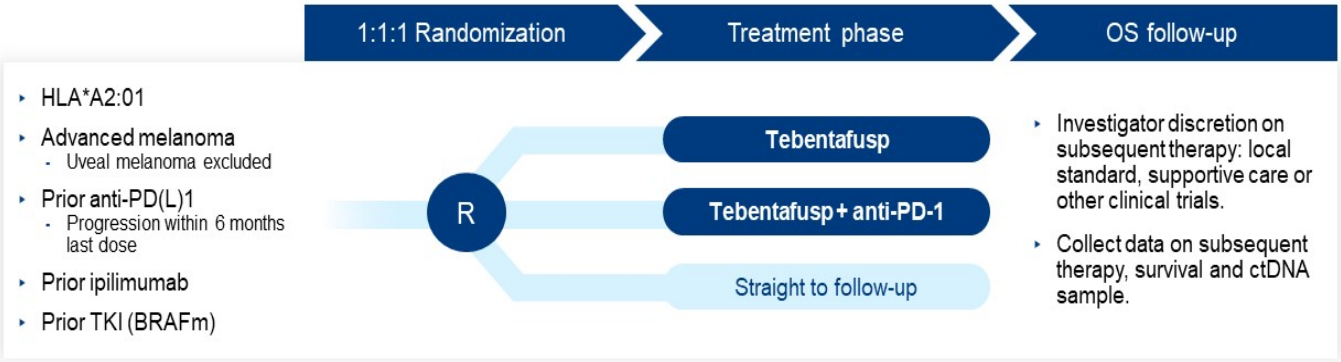

| Time from prior anti-PD(L)1 | 1-yr OS | 2-yr OS |
|---|---|---|
| Remote | 75% | 22% |
| Immediately prior | 75% | 23% |
| Benchmark | 55% | N/A |

**Time since last dose of prior anti-PD(L)1 does not impact OS**

Remote = Patients received prior anti-PD1 but it was not most recent therapy prior to enrolment
Immediately prior = anti-PD1 was most recent therapy prior to enrolment
Middleton *et al.*, ASCO 2022

# Phase 2/3 trial for previously treated, advanced melanoma patients

Randomization to 'real world' treatment as a control arm

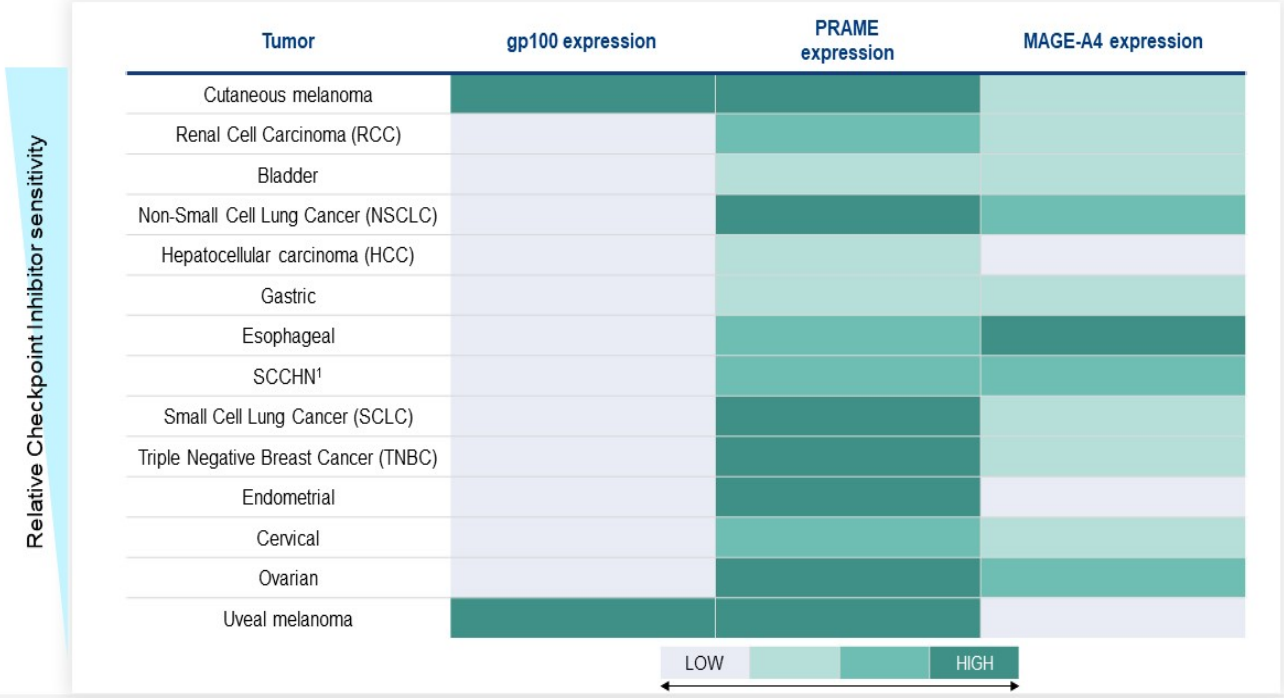



| Phase | Primary endpoint | Per arm size |
|---|---|---|
| 2 | ctDNA and OS | 40 |
| 3 | OS | 170 |

Optionality to review Phase 2 data to inform changes to Phase 3, including line of prior therapy, dropping an Arm and optimize powering of study


PRAME
Franchise:
A02, A24, A02-HLE

# PRAME heavily expressed in multiple solid tumor types

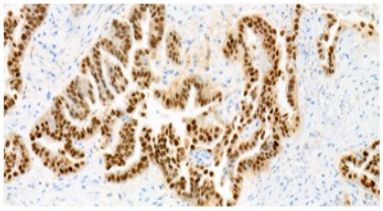



Epidemiology data from cancer registries and Decision Resources, Annual incidence of metastatic patients; 1. Squamous cell carcinoma of head and neck cancer

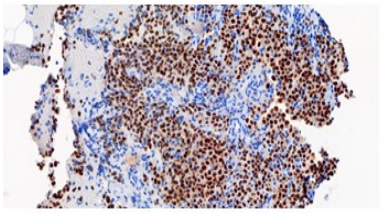
# IMC-F106C: ImmTAC targeting HLA-A2-presented peptide from PRAME

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

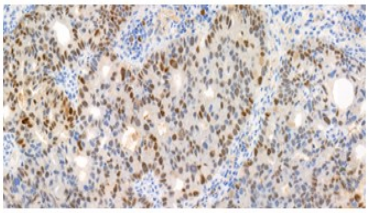
Endometrial adenocarcinoma



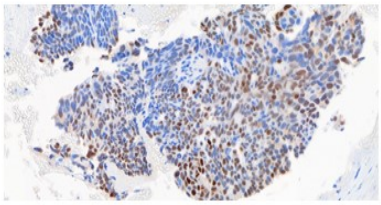
Cutaneous melanoma



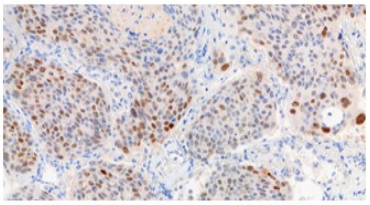
Adeno NSCLC



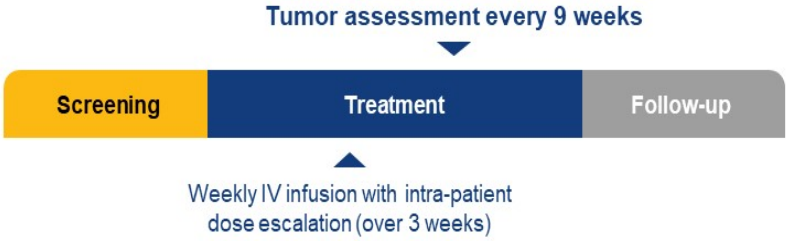
Ovarian serous carcinoma



Squamous NSCLC



# IMC-F106C-101 PRAME Phase 1 study design

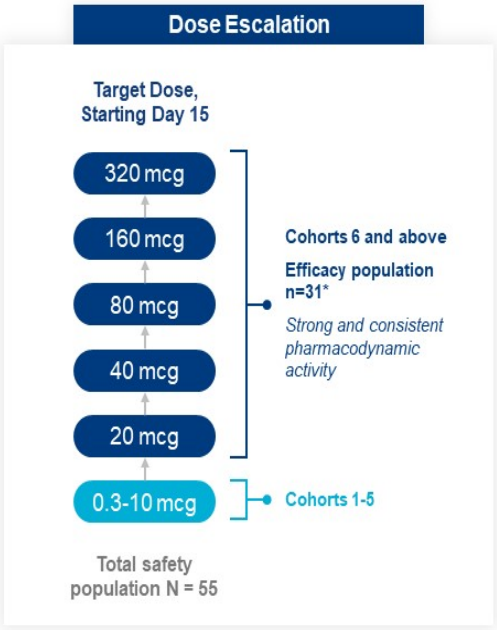



**Key eligibility criteria**

- 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 endpoint**
  - Preliminary antitumor activity
  - Pharmacokinetics
  - Pharmacodynamic markers

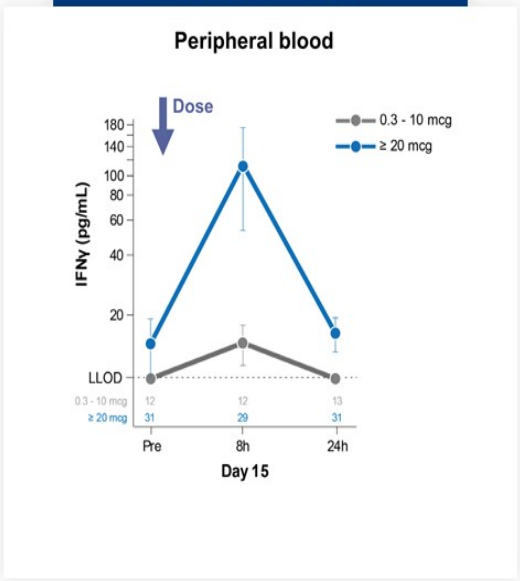



* Of 36 patients treated at target escalation dose of ≥20 mcg, 5 patients were excluded from efficacy analyses as they were PRAME-negative (n=2) or not yet had tumor assessment (n=3)

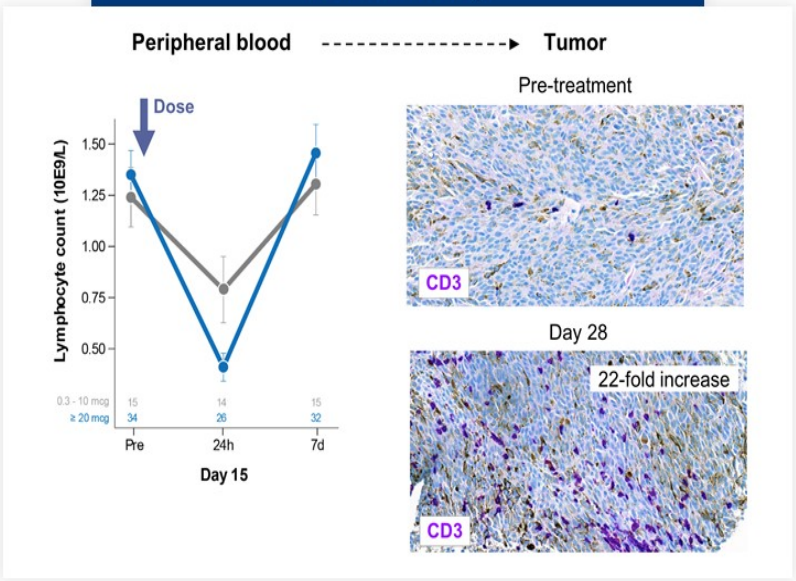
# Strong and consistent pharmacodynamic activity at ≥20 mcg IMC-F106C

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

## Interferon$\gamma$ induction




## T cell trafficking




Hamid, O., et. al, Annals of Oncology (ESMO 2022) 33 (suppl_7): S331-S355.

# Baseline patient characteristics

| Characteristic | Safety Population N=55 | Efficacy Population N=31† |
|---|---|---|
| **Age** – Mean (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 (188) in efficacy population was high
- Efficacy population 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

* 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)
Hamid, O., et. al, Annals of Oncology (ESMO 2022) 33 (suppl_7): S331-S355.

# 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 related AEs
- 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

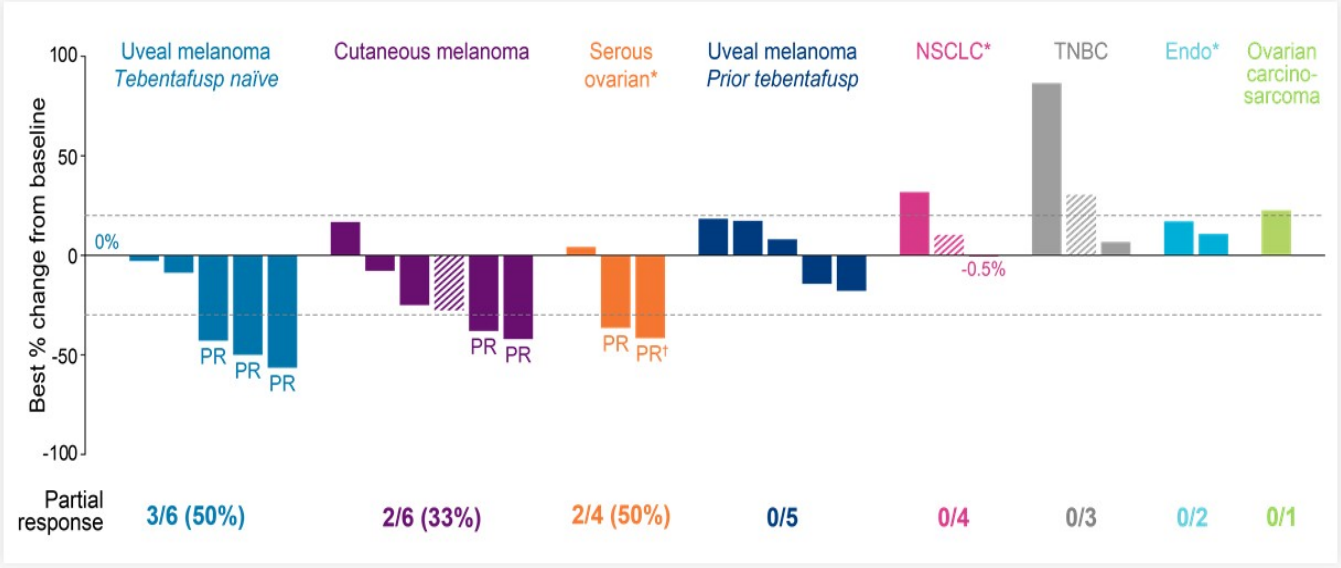
* Includes events reported as a sign/symptom of CRS

† 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

Hamid, O., et. al, Annals of Oncology (ESMO 2022) 33 (suppl_7): S331-S355.

# Responses observed in multiple tumor types

IMC-F106C ESMO 2022

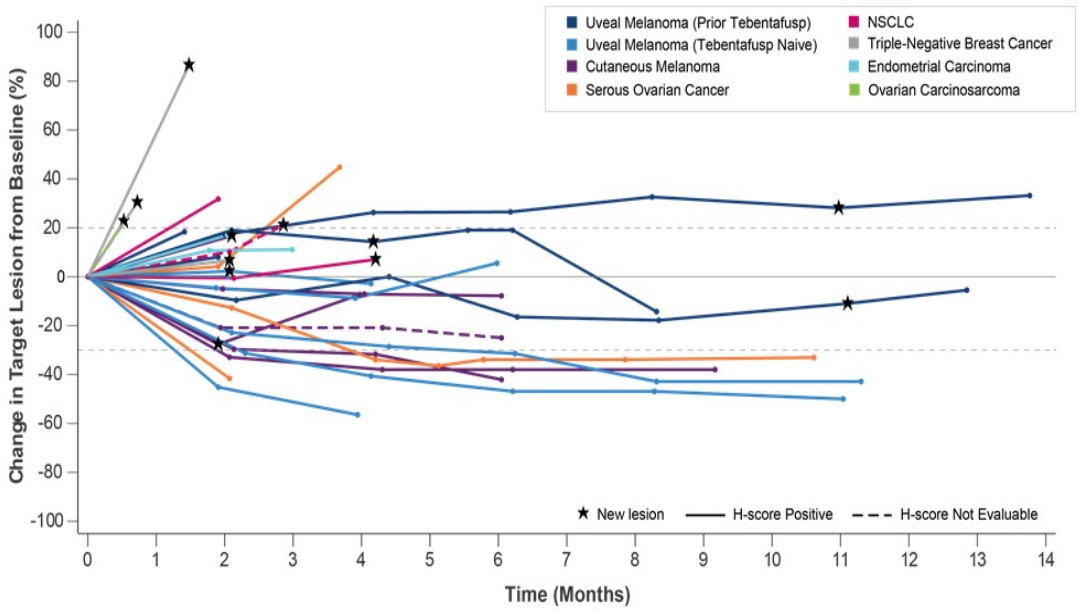



* Two patients (1 with NSCLC, 1 serous ovarian) discontinued treatment due to PD with scan data not available at DCO ; † This serous ovarian patient (H-score 39) had an unconfirmed partial response (uPR) at the time of the ESMO Congress September 2022 presentation, that was subsequently confirmed.; ‡ 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.

Hamid, O., et. al, Annals of Oncology (ESMO 2022) 33 (suppl_7): S331-S355.

# Majority of patients have durable tumor response or stabilization

IMC-F106C ESMO 2022

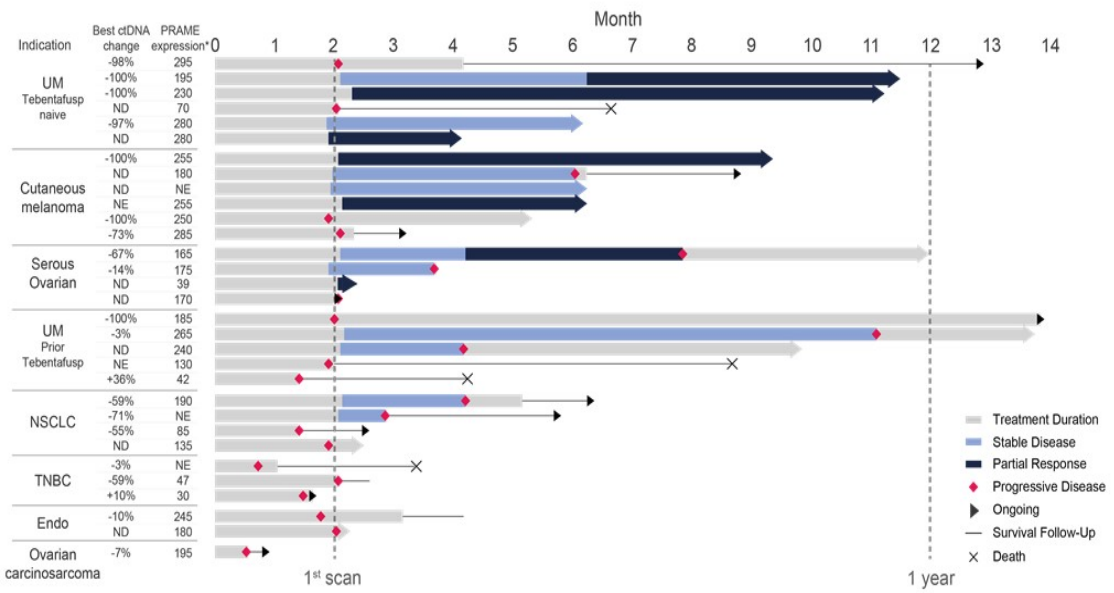



NSCLC, non small cell lung carcinoma

Hamid, O., et. al, Annals of Oncology (ESMO 2022) 33 (suppl_7): S331-S355.

# Responses are durable, 6 of 7 PRs still ongoing

## IMC-F106C ESMO 2022 | Two PRs ongoing for 7+ months

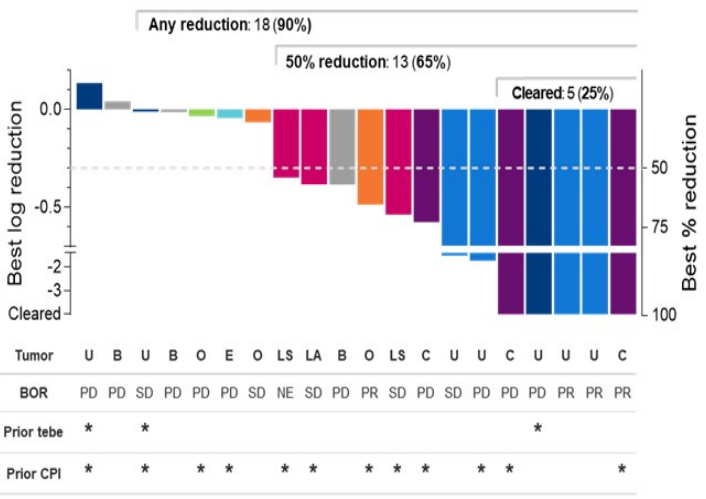



* PRAME expression assessed by IHC H-score

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; Hamid, O., et. al, Annals of Oncology (ESMO 2022) 33 (suppl_7): S331-S355.

# Reduction in circulating tumor DNA observed across tumor types

IMC-F106C ESMO 2022



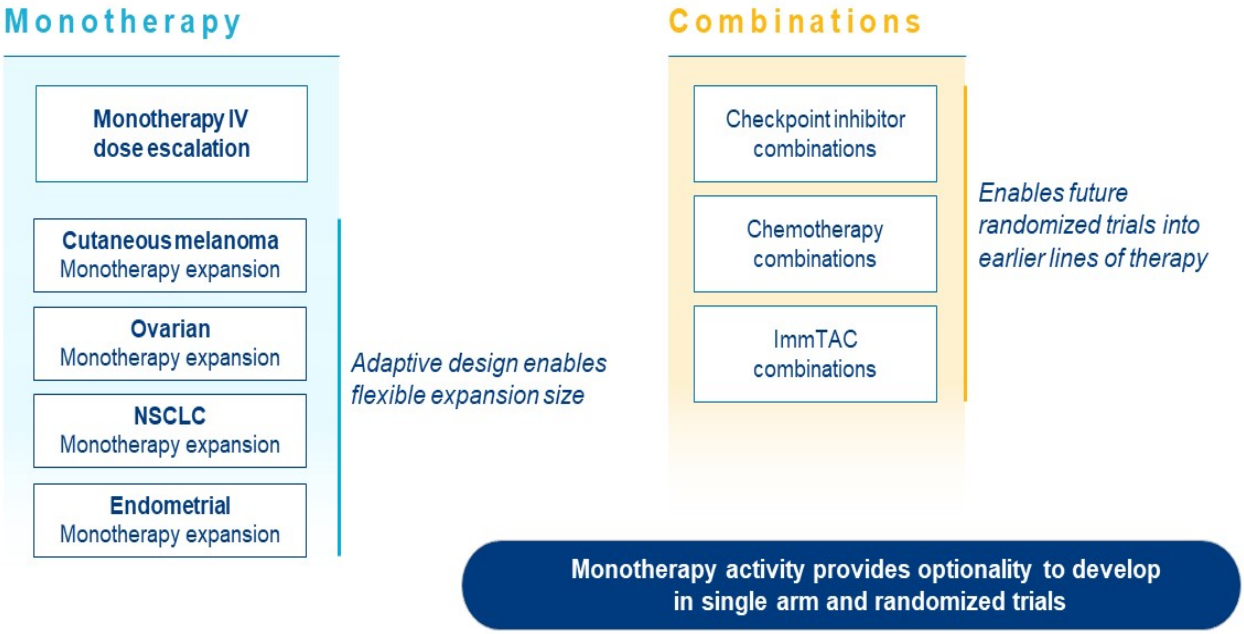

- 4 PR patients evaluated for ctDNA had > 50% reduction, including 3 with clearance
- Two patients had ctDNA clearance despite best response of PD

**ctDNA reduction correlated with OS in KIMMTRAK mUM study**

† 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.; Hamid, O., et. al, Annals of Oncology (ESMO 2022) 33 (suppl_7): S331-S355.

# Enrolling patients globally in adaptive trial with multiple arms

Expanding clinical trial footprint | Aim to understand breadth of clinical activity in solid tumors




**Monotherapy activity provides optionality to develop in single arm and randomized trials**

# PRAME-A02 has the potential to benefit a large number of patients

| 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 | |

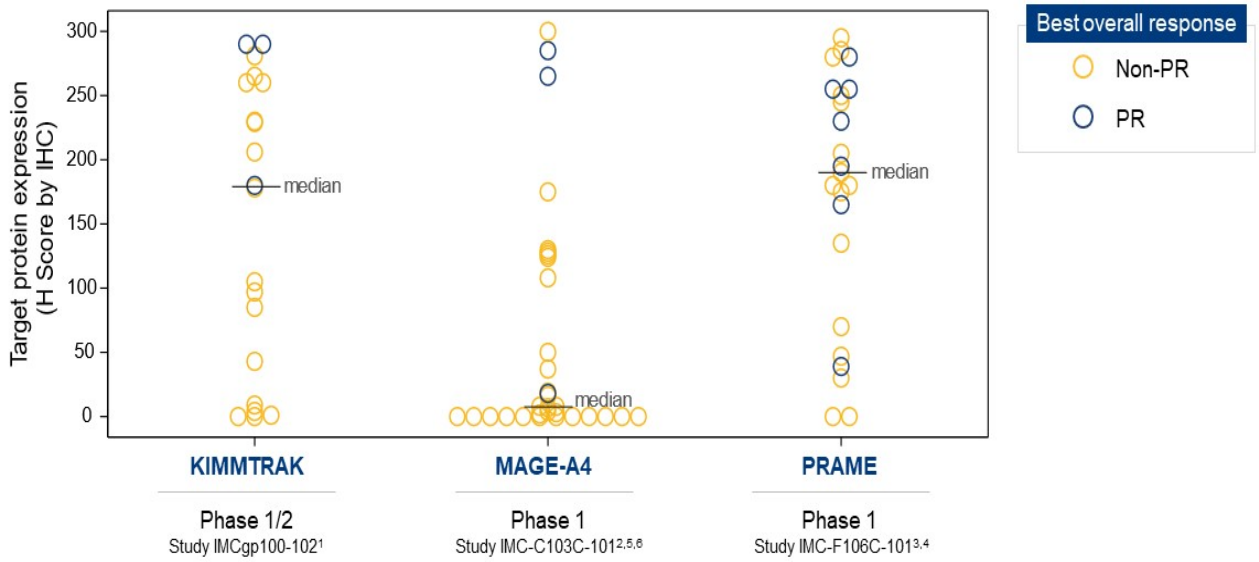
**Total ~150,000**

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

# Consistency of RECIST responses enriched at higher H scores

## KIMMTRAK demonstrated ctDNA reduction and OS benefit at high and low H score




1. Carvajal RD, *et al.* Nat Med 2022 28:2364-2373; 2. Davar D, *et al.* Ann Oncol 2021 32:S1411-S1413; 3. Hamid, O., et. al, Annals of Oncology (ESMO 2022) 33 (suppl_7): S331-S355; Sweis, R. et. al., Ann Oncol 2022 (ESMO I-O 2022); 4. Includes H score negative and positive patients who received ≥ 20 mcg target dose and were efficacy evaluable. Excluded are patients with unevaluable H score and 5 mUM IMC-F106C patients who progressed on prior KIMMTRAK; 5. includes H score negative and positive patients who received ≥ 90 mcg target dose and were efficacy evaluable. 6. One patient (MAGE-A4 H score 265) had an SD convert to an uPR after the data cutoff for the presentation and remains on study as of 05Dec2022. Medians represent all patients.

# Consistency of ImmTAC platform beyond gp100

# Expansion of ImmTAC franchise targeting PRAME

Building on enthusiasm for IMC-F106C targeting PRAME HLA-A02

| | Target | HLA subtype | Format | |
|---|---|---|---|---|
| **IMC-F106C** | PRAME | HLA-A02 | TCRxCD3 | ▸ Clinically validated<br>▸ Focus on expanding clinical program |
| **IMC-T119C** | PRAME | HLA-A24 | TCRxCD3 | ▸ Expands potential addressable population by ~30% (G7)<br>▸ High prevalence in Japan |
| **IMC-P115C** | PRAME | HLA-A02 | TCRxCD3 HLE | ▸ Half-life extended (HLE) for less frequent dosing |

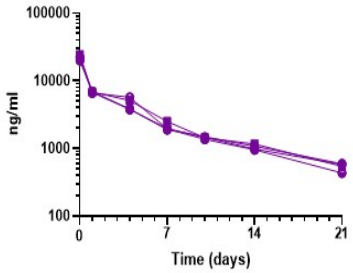
HLE, Half-life extension

# IMC-P115C: Half-Life Extended (HLE) ImmTAC targeting PRAME-A02

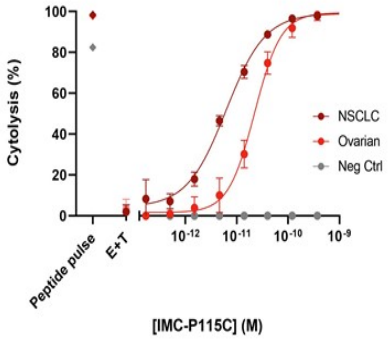
IND enabling studies ongoing

- Same PRAME peptide
- Same CD3 end
- Same TCR specificity
- Less frequent dosing

**Half-life ~ 7 days in mouse PK study***




**Highly potent *in vitro***



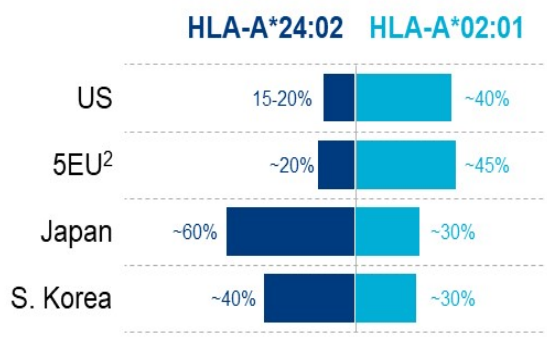

* Half-life estimated using a research tool version of IMC-P115C

# IMC-T119C: ImmTAC targeting PRAME-A24

IND enabling studies ongoing

- **Patient diversity, including Japan**
- **Expands beyond PRAME-A02 by ~30% in non-overlapping patients**
- **PRAME-A02 development as a blueprint**

**Expands & diversifies patient population[1]**



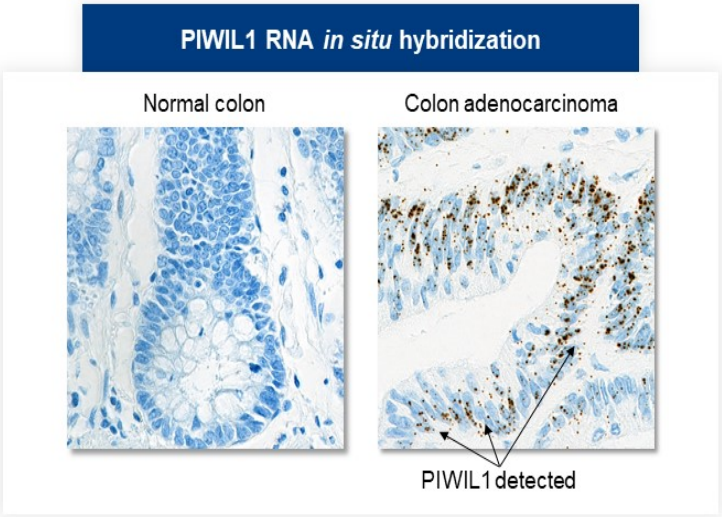

1. Prevalence of individual HLA subtypes 2. 5EU: France, Germany, Italy, Spain, and the United Kingdom


Novel ImmTAC
Candidate for GI
cancers from our
discovery engine

# PIWIL1: promising target in colorectal cancer (CRC)

CRC is historically insensitive to immune checkpoints

- **Negative prognostic marker in multiple cancers**, involved in tumor progression
- **Expressed in CRC, historically insensitive to IO,** and across major subgroups^
- **25% CRC patients have broad PIWIL1 expression** (e.g., > 75% of tumor cells positive)

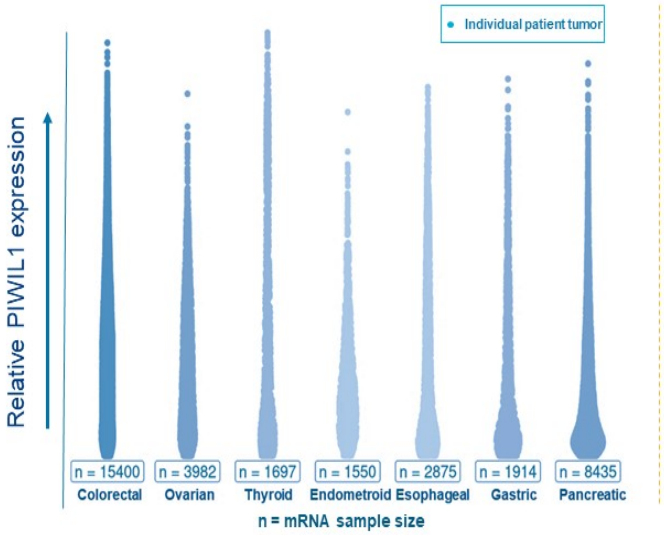



PIWIL1, piwi-like protein1, MSS,
^ including mutant & wildtype RAS and BRAF; microsatellite stable (MSS) and Microsatellite instability (MSI)-high

# IMC-R117C: First-in-class immunotherapy targeting PIWIL1 (PIWIL1 x CD3)

IND planned Q4 2023

## PIWIL RNA expression




## Total >35,000

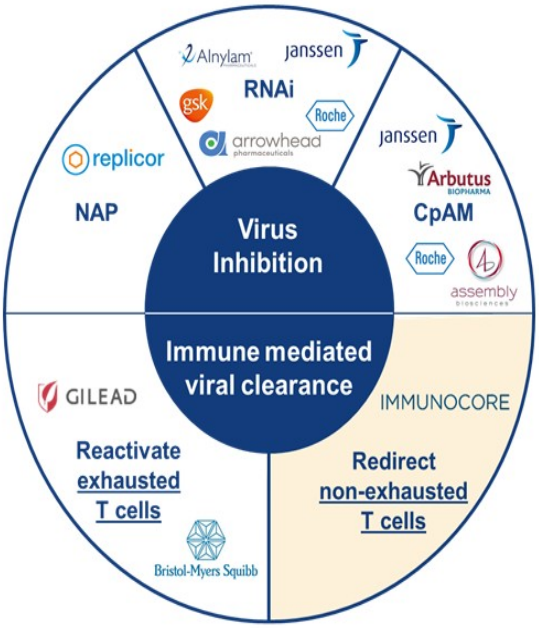
PIWIL1+, HLA-A2 patients/year

| Prevalence of PIWIL1 expression | Tumor type | HLA*02:01+, PIWIL1+ metastatic patients (G7) |
|---|---|---|
| 20-30% | Colorectal | >20K |
| | Esophageal | |
| 15-20% | Ovarian | ~10K |
| | Gastric | |
| ~10-15% | Endometroid | ~6K |
| | Pancreatic | |

ImmTAC, Immune mobilizing T cell receptor Against Cancer; PIWIL, piwi-like protein 1


Pursuing a
functional cure
in infectious
diseases

# Our unique approach for functional cure of chronic Hepatitis B




**Key advantages of redirecting non-exhausted T cells**

- Same CD3 MoA validated in oncology
- Independent of natural T cell reactivity to Hep B
- Goal is functional cure with finite treatment

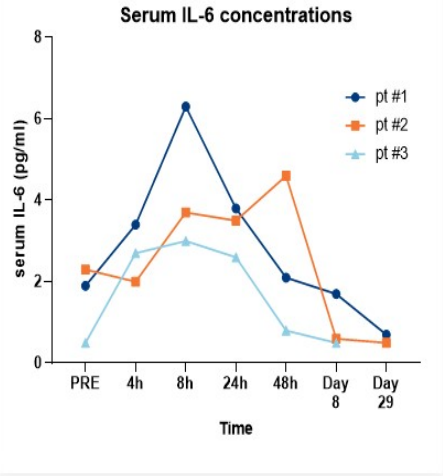
**Mass-spectrometry antigen discovery engine for HBV**

- Pipeline funnel (e.g., conserved sequences, pHLA presentation/stability, mimetic risk)
- Seven optimal targets identified from envelope, core capsid, and polymerase

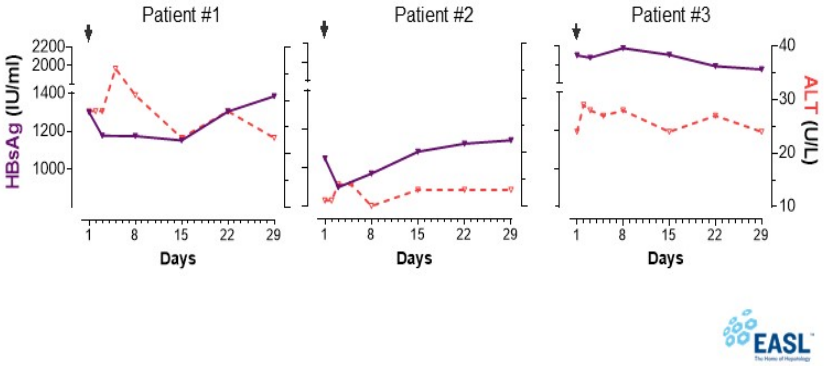
# IMC-I109V: Encouraging signs of activity observed in HBV

Initial results from single 0.8 mcg dose presented at EASL 2022

**Induction of IL-6 in all 3 patients[1]**




**Transient decrease in HBsAg transiently coincided with transient increase in ALT [1]**




EASL

1. Bourgeois, *et al.* EASL 2022

# Functional cure program for HIV with goal of eliminating HIV reservoirs

American Society of Gene + Cell Therapy

**Elimination of Latently HIV-infected Cells from Antiretroviral Therapy-suppressed Subjects by Engineered Immune-mobilizing T-cell Receptors**

Hongbing Yang[1], Sandrine Buisson[2], Giovanna Bossi[2], Zoë Wallace[1], Gemma Hancock[1], Chun So[1], Rebecca Ashfield[2], Annelise Vuidepot[2], Tara Mahon[2], Peter Molloy[2], Joanne Oates[2], Samantha J Paston[2], Milos Aleksic[2], Namir J Hassan[2], Bent K Jakobsen[2] and Lucy Dorrell[1]

- Same MoA as tebentafusp, but optimized for low target viral peptide presentation
- Bypasses exhausted T cells
- Targets highly conserved & functionally constrained viral epitopes
- Active in *ex vivo* assays of infected CD4+ T cells from ART-treated HIV patients
- Soluble format access to tissue reservoirs

**Initial IMC-M113V Phase 1 data in 2023**

# KIMMTRAK commercial performance

# Preliminary 2022 Financial Results

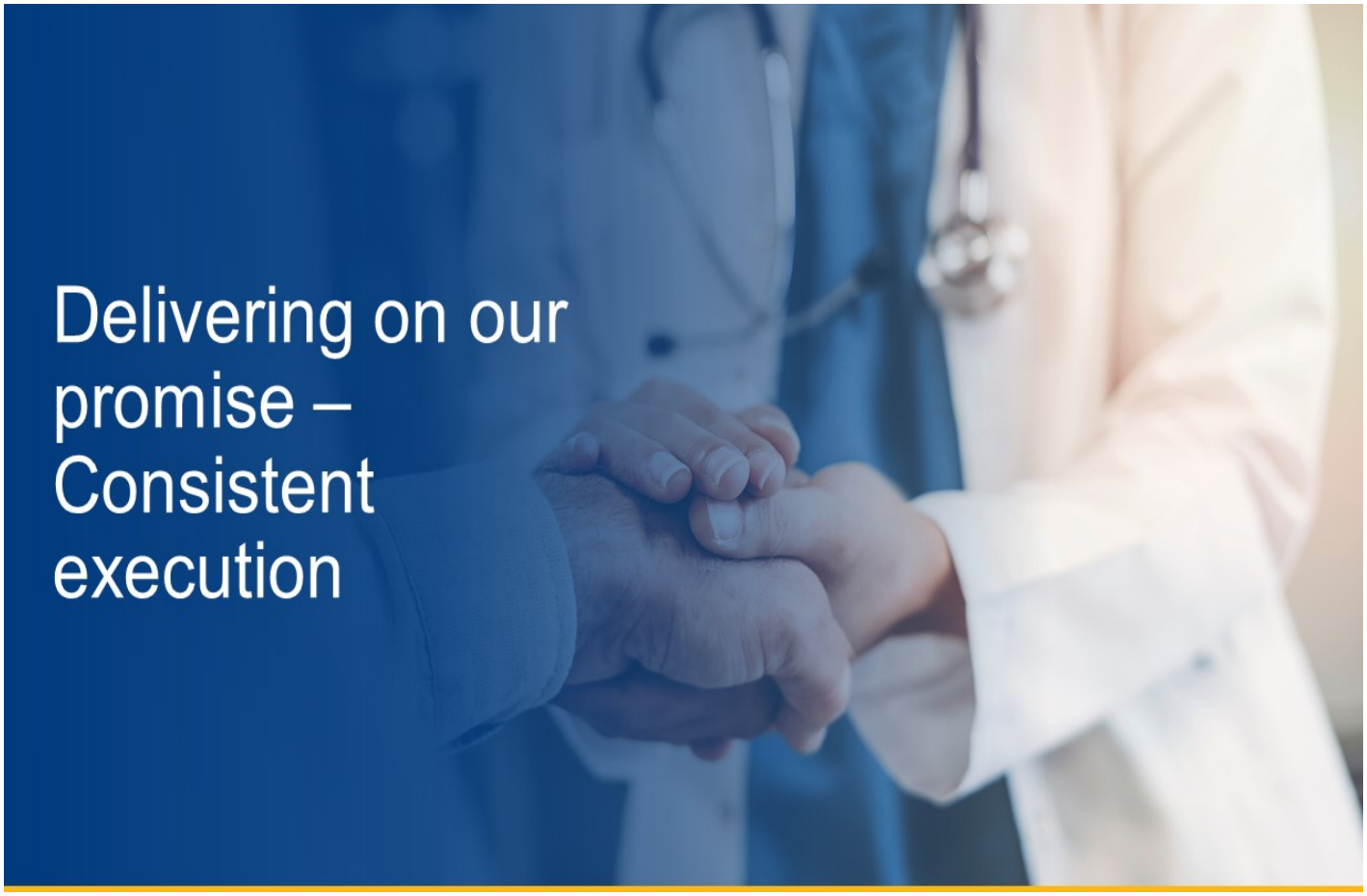
Cash runway projected into 2026 with anticipated KIMMTRAK revenues

**~$50M**
Q4 preliminary net sales of KIMMTRAK / tebentafusp[1,2]

**~$140M**
YE preliminary net sales of KIMMTRAK / tebentafusp[1,2]

**~$400M**
Preliminary cash and cash equivalents as of December 31, 2022[2]

*Preliminary financial results are approximated and unaudited. 1. "Net sales" refers to total net product and net pre-product revenue of KIMMTRAK and tebentafusp. 2. Dollar amounts based on conversion rate of approximately 1.21.


Delivering on our promise – Consistent execution

# Looking ahead

Continuing to write the next chapter of cancer and infectious diseases treatment

Sustain and grow KIMMTRAK

Global site expansion for PRAME-A02 trial (data by 1H 2024)

Deliver IND for 3 new ImmTAC candidates

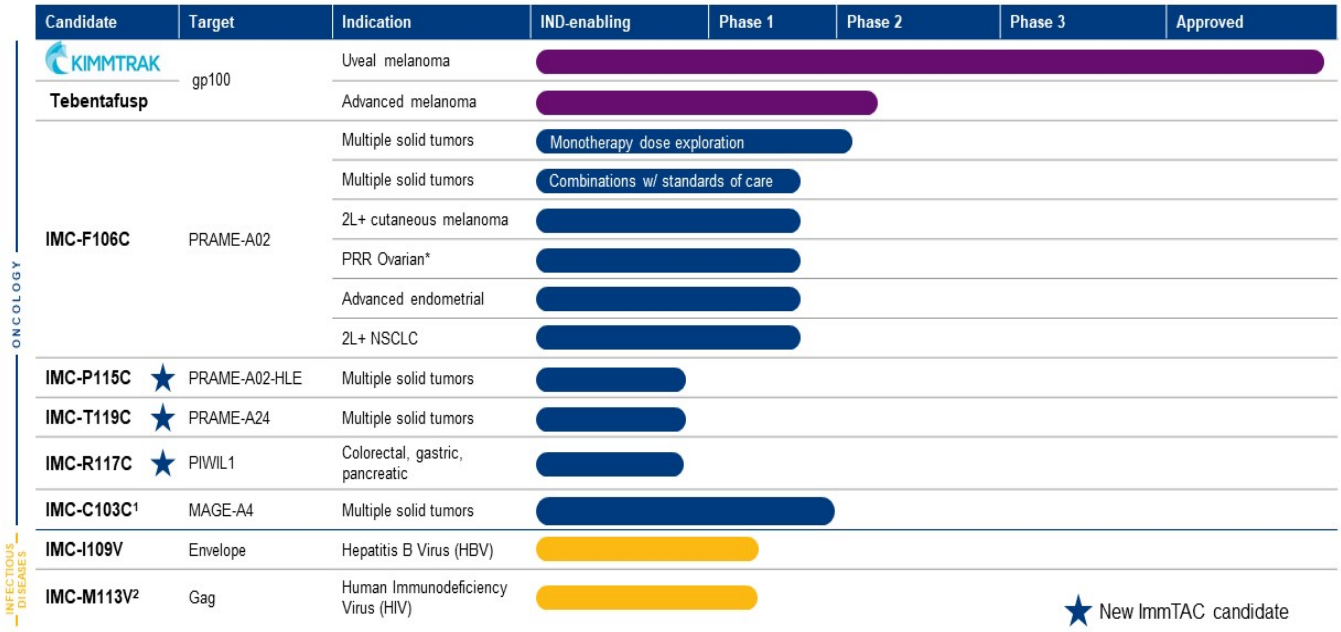
HIV Phase 1 SAD data expected 2023

Continue responsible management of resources


THANK YOU

# Delivering leading bispecific TCR pipeline

## Multiple candidates in oncology and infectious diseases




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. * Platinum refractory or resistant serous ovarian carcinoma