

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

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 5, 2024

Immunocore Holdings plc

(Exact name of registrant as specified in its Charter)

England and Wales
(State or other jurisdiction of incorporation)

001-39992
(Commission File Number)

Not Applicable
(IRS Employer Identification No.)

92 Park Drive, Milton Park
Abingdon, Oxfordshire,
United Kingdom
(Address of principal executive offices)

+44 1235 438600
(Registrant's telephone number, including area code)

OX14 4RY
(Zip Code)

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
American Depositary Shares, each representing one ordinary share, nominal value £0.002 per share	IMCR	The Nasdaq Stock Market LLC
Ordinary share, nominal value £0.002 per share*	*	The Nasdaq Stock Market LLC

* Not for trading, but only in connection with the listing of the American Depositary Shares on The Nasdaq Stock Market LLC.

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 2.02. Results of Operations and Financial Condition.

On January 5, 2024, Immunocore Holdings plc (the “Company”) announced a preliminary estimate of the amount of its cash and cash equivalents at December 31, 2023. The Company preliminarily estimates that its cash and cash equivalents as of December 31, 2023 were approximately \$450 million.

The information in this Item 2.02 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, 2023. 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 Item 2.02, 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, 2023.

Item 7.01. Regulation FD Disclosure.

On January 5, 2024, the Company issued a press release announcing its strategic priorities and planned pipeline expansion for 2024. A copy of the press release is attached as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated by reference herein.

Also on January 5, 2024, the Company updated its corporate presentation to reflect certain business and strategic updates. The Company intends to use this presentation in meetings with analysts, investors and others from time to time, including its presentation by management at the 42nd Annual J.P. Morgan Healthcare Conference on January 10, 2024 at 9:00 a.m. PT. A copy of the presentation is attached as Exhibit 99.2 to this Current Report on Form 8-K and is incorporated by reference herein. The corporate presentation and a webcast of the Company’s presentation at the 42nd Annual J.P. Morgan Healthcare Conference will also be available in the “Investors/Media” section of the Company’s website at www.immunocore.com. The Company’s website and any information contained on the Company’s website are not incorporated by reference into this Current Report on Form 8-K.

The information contained in Item 7.01 of this Current Report on Form 8-K, including Exhibits 99.1 and 99.2 attached hereto, is being furnished and shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or otherwise subject to the liabilities of that section, and shall not be deemed incorporated by reference into any of the Company’s filings under the Securities Act of 1933, as amended, or the Exchange Act, whether made before or after the date hereof, regardless of any general incorporation language in such filing, except as shall be expressly set forth by specific reference in such filing.

Item 8.01 Other Events.

On January 5, 2024, the Company published an updated pipeline chart of KIMMRAK and its therapeutic candidates in development, which is filed as Exhibit 99.3 to this Current Report on Form 8-K and incorporated by reference herein.

Item 9.01. Financial Statements and Exhibits

<u>Exhibit No.</u>	<u>Description</u>
<u>99.1</u>	Press Release dated January 5, 2024.
<u>99.2</u>	January 2024 Corporate Presentation.
<u>99.3</u>	Pipeline Chart.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

IMMUNOCORE HOLDINGS PLC

Dated: January 5, 2024

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

Name: Bahija Jallal, Ph.D.

Title: Chief Executive Officer

Immunocore announces strategic priorities and pipeline expansion ahead of 42nd Annual J.P. Morgan Healthcare Conference presentation

Increasing commercial access to KIMMTRAK (tebentafusp-tebn) globally, and pursuing future growth opportunities with two registrational trials in advanced cutaneous melanoma and adjuvant uveal melanoma

Multiple clinical readouts expected to start in 2Q 2024 for IMC-F106C (PRAME HLA-A02) from Phase 1/2 clinical trial monotherapy and combination arms; IMC-P115C (PRAME HLA-A02 HLE) and IMC-T119C (PRAME HLA-A24) ImmTAC candidates on track for expected CTA/IND submission in 2024

Submitted clinical trial applications (CTA) for IMC-R117C, a first-in-class ImmTAC targeting PIWIL1 for colorectal and other gastrointestinal cancers

Data from IMC-M113V Phase 1 clinical trial in people living with HIV expected in the second half of 2024

Advancing novel TCR bispecific candidates for autoimmune diseases

Company to present at 42nd Annual J.P. Morgan Healthcare Conference on Wednesday, January 10, 2024 at 9:00 AM P.T. / 5:00 PM GMT

(OXFORDSHIRE, England & CONSHOHOCKEN, Penn. & ROCKVILLE, Md., US, 05 January, 2024) Immunocore Holdings plc (Nasdaq: IMCR) (“Immunocore” or the “Company”), a commercial-stage biotechnology company pioneering and delivering transformative immunomodulating medicines to radically improve outcomes for patients with cancer, infectious diseases and autoimmune diseases, today sets out its strategic priorities for 2024 and announced the addition of two new pre-clinical candidates for autoimmune diseases to its pipeline.

“We continue the global commercial roll out of KIMMTRAK, now launched in 10 countries, and are pursuing future growth opportunities for KIMMTRAK with two registrational trials in advanced cutaneous melanoma and in adjuvant uveal melanoma,” said **Bahija Jallal, Chief Executive Officer of Immunocore**. “We are advancing our PRAME ImmTAC including our first Phase 3 clinical trial in melanoma and expect to present clinical data from our Phase 1/2 clinical trial in melanoma, ovarian, and lung cancer throughout 2024. Today we add two new autoimmune candidates to our pipeline, expanding the potential of our platform to a third therapeutic area.”

Key Strategic Priorities 2024

Our strategic priorities are to bring transformative medicines to patients with cancer, infectious diseases, and autoimmune diseases. In 2024, our priorities will be:

- Growing sales of KIMMTRAK (tebentafusp-tebn) in the United States and globally in patients with HLA-A*02:01-positive metastatic uveal melanoma, and expanding KIMMTRAK beyond its initial approved indication with the registrational trials for advanced (second-line or later) cutaneous melanoma (TEBE-AM) and adjuvant uveal (or ocular) melanoma (ATOM).
- Advancing our PRAME franchise in multiple solid tumors and broadening the addressable population. Randomization is expected to begin in the first quarter of 2024 in the registrational trial for IMC-F106C in first-line advanced cutaneous melanoma (PRISM-MEL-301), and we expect to present data from the Phase 1/2 clinical trial monotherapy and combination cohorts throughout 2024. We further expect to submit investigational new drug (IND) applications or clinical trial applications (CTA) for IMC-P115C (PRAME HLA-A2 Half-Life-Extended) and IMC-T119C (PRAME HLA-A24) candidates in 2024.

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Registered in England no: 6456207 | VAT No. GB 939 6694 55

- Bringing novel ImmTAC candidates to the clinic, leading with IMC-R117C, a first-in-class ImmTAC candidate targeting PIWIL1 with focus on colorectal and gastrointestinal cancers.
- Evaluating the potential for a functional cure in infectious diseases with lead candidates for human immunodeficiency virus (HIV) and hepatitis B virus (HBV).
- Initiating CMC manufacturing for the Company's first two autoimmune candidates – including the first in class, tissue-specific, TCR bispecific PD1 agonist for type 1 diabetes and a novel non-HLA restricted (universal) PD1 agonist for dermatological diseases.

KIMMTRAK expansion strategy

In 2024, the Company plans to expand access to KIMMTRAK to more patients in the United States, Europe and globally, as it continues to establish the therapy as standard of care for the first line treatment for metastatic uveal melanoma in countries where it is launched. As of 2023 year-end, KIMMTRAK has been launched in ten countries and is approved in 38 countries.

The Company also continues to enroll patients into a Phase 2/3 clinical trial (TEBE-AM) to investigate the potential of KIMMTRAK in advanced cutaneous melanoma, with randomization expected to be completed in the Phase 2 portion during the third quarter of 2024. Topline data from the Phase 2 portion of the trial is expected to be available by the fourth quarter of 2024.

In addition, in 2023, the Company signed an agreement for a European Organisation for Research and Treatment of Cancer (EORTC)-sponsored trial to study KIMMTRAK as adjuvant therapy for uveal (or ocular) melanoma (ATOM). The Company anticipates that the EORTC will randomize the first patient in the second half of 2024.

PRAME franchise

PRISM-MEL301 – First PRAME Phase 3 clinical trial with IMC-F106C in first-line advanced cutaneous melanoma

In August 2023, the Company announced plans to start a registrational Phase 3 trial with IMC-F106C in cutaneous melanoma. The trial will randomize patients with HLA-A*02:01-positive, first-line advanced cutaneous melanoma to IMC-F106C + nivolumab versus a control arm of either nivolumab or nivolumab + relatlimab, depending on the country where the patient is enrolled. The Company plans to randomize the first patient in this trial in the first quarter of 2024.

Phase 1/2 clinical trial of IMC-F106C targeting PRAME-A02 in multiple solid tumors

In addition to progressing IMC-F106C into a registrational trial in cutaneous melanoma, the Company is continuing to enroll patients in the monotherapy and combination arms of the Phase 1/2 clinical trial across multiple tumor types, including expansion arms for patients with advanced ovarian, non-small cell lung carcinoma, endometrial, and melanoma. In August 2023, the Company provided an updated analysis of the original 18 melanoma patients (initially presented at ESMO in September 2022), which continued to show promising durability of the clinical activity (range of duration of partial response from 6 months to 17 months). The Company expects to report clinical data from the ongoing monotherapy and combination cohorts throughout 2024 including cutaneous melanoma (expected in Q2 2024), ovarian (expected by Q3 2024), and non-small cell lung carcinoma (expected by Q4 2024).

The Company is expanding the PRAME franchise with two new PRAME ImmTAC candidates, IMC-P115C (PRAME-A02 HLE) and IMC-T119C (PRAME-A24) for solid tumors, which are both on track for investigational new drug (IND) or clinical trial application (CTA) submissions for IMC-P115C in the second quarter of 2024 and the second half of 2024 for IMC-T119C.

IMC-R117C (PIWIL1) for colorectal and other gastrointestinal cancers

The Company has leveraged its proprietary peptidomic (ImmSPECT) 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 gastrointestinal and pancreatic cancers. PIWIL1 is also reported to be a negative prognostic marker and the Company believes IMC-R117C is the first PIWIL1-targeted immunotherapy. The Company submitted a CTA to regulatory authorities in December 2023, and expects the trial to start this year.

Enrolling ImmTAV candidates for a functional cure in infectious diseases

The Company continues to enroll people living with HIV in the multiple ascending dose (MAD) part of a Phase 1 clinical trial with IMC-M113V, to identify a safe and tolerable dosing schedule. This study will also test whether IMC-M113V could lead to reduction in the viral reservoir and, after stopping all therapies (antiretroviral therapies and IMC-M113V), delay or prevent HIV rebound (known as functional cure). The MAD part of the trial will enroll up to 28 participants. The Company expects to present a data update from the Phase 1 clinical trial in the second half of 2024.

In 2023, the Company amended the design of the ongoing Phase 1 trial with IMC-I109V for people living with HBV to include HBV-positive hepatocellular carcinoma. The Company continues to enroll patients into the trial in 2024.

Tissue-specific down modulation of the immune system for autoimmune diseases

The Company is expanding its platform into autoimmune with two first in class new bispecific candidates entering the Company's pipeline. The key differentiator of the ImmTAAI platform is tissue-specific down modulation of the immune system. When tethered to the tissue of interest, the new candidates suppress pathogenic T cells via PD1 receptor agonism.

The first candidate, IMC-S118AI (PPIxPD1), is targeted specifically to the pancreatic beta-cell and is intended for disease-modifying treatment in type 1 diabetes. IMC-S118AI recognizes a peptide from pre-proinsulin presented by HLA-A*02:01 on beta-cells.

The second target is present in the skin and intended to treat inflammatory dermatological diseases. The candidate is an antigen presenting cell (APC) tethered ImmTAAI and is not HLA restricted (e.g. universal for all populations).

Preliminary Year-End 2023 cash position

Preliminary unaudited cash and cash equivalents is approximately \$443 million USD as of December 31, 2023

42nd Annual J.P. Morgan Healthcare Conference

The Company has updated its corporate presentation to reflect these business and strategic updates. Additionally, the Immunocore management team will discuss these updates during a live and webcast presentation at the 42nd Annual J.P. Morgan Healthcare Conference, on Wednesday January 10, 2024, at 9:00 a.m. Pacific Standard Time (PST). 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 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 ImmTAV molecules and infectious diseases

ImmTAV (Immune mobilising monoclonal TCRs Against Virus) molecules are novel bispecifics 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 ImmTAAI molecules and autoimmune diseases

ImmTAAI (Immune mobilising monoclonal TCRs Against Autoimmune) molecules are novel bispecifics that are designed for tissue-specific down modulation of the immune system. When tethered to the tissue of interest, ImmTAAI candidates suppress pathogenic T cells via PD1 receptor agonism. The Company is currently advancing two candidates for autoimmune conditions, including Type 1 Diabetes and inflammatory dermatological diseases.

About PRISM-MEL301 – Phase 3 trial with IMC-F106C (PRAMExCD3) in 1L advanced cutaneous melanoma

The Phase 3 registrational trial will randomize patients with previously untreated, HLA-A*02:01-positive, advanced melanoma to IMC-F106C + nivolumab versus nivolumab or nivolumab + relatlimab, depending on the country where the patient is enrolled. The study will initially randomize to three arms: two IMC-F106C dose regimens (40 mcg and 160 mcg) and control arm and will discontinue one of the IMC-F106C dose regimens after an initial review of the first 60 patients randomized to the two experimental arms (90 patients randomized total). The primary endpoint of the trial is progression free survival (PFS) by blinded independent central review (BICR), with secondary endpoints of overall survival (OS) and overall response rate (ORR).

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 carcinomas. 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 TEBE-AM - Phase 2/3 trial with tebentafusp (gp100xCD3) in second-line or later cutaneous melanoma

The trial is randomizing patients with second-line or later cutaneous melanoma who have progressed on an anti-PD1, received prior ipilimumab and, if applicable, received a BRAF kinase inhibitor. Patients will be randomized to one of three arms including tebentafusp, as monotherapy or in combination with an anti-PD1, and a control arm. The Phase 2 portion of the trial will include 40 patients per arm.

About the ATOM Phase 3 trial

The EORTC-led Phase 3 clinical trial will include sites in 10 EU countries and the United States and will randomize patients with HLA-A*02:01-positive high-risk primary uveal melanoma after definitive treatment, by surgery or radiotherapy, and no evidence of metastatic disease on imaging. The trial is expected to enroll a total of 290 patients who will be randomized 1:1 to one of two arms: KIMMTRAK as monotherapy or observation. The primary endpoint of the trial is relapse-free survival (RFS), with secondary objectives of overall survival and safety and tolerability of tebentafusp. Exploratory objectives include the comparison of the health-related quality of life between the treatment arms and the evaluation of the role of circulating tumor DNA as a biomarker for the presence of residual disease.

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.

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 ($\geq 30\%$) 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 ($\geq 50\%$) 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”, “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 commercial performance of KIMMTRAK, including expanded access to KIMMTRAK to more patients in the United States, Europe and globally; the potential benefits and advantages KIMMTRAK will provide for patients; expectations regarding the design, progress, timing, enrollment, scope, expansion, and results of the Company’s existing and planned clinical trials, those of the Company’s collaboration partners or the combined clinical trials with the Company’s collaboration partners; the timing and sufficiency of clinical trial outcomes to support potential approval of any of the Company’s product candidates or those of, or combined with, its collaboration partners; the Company’s goals to develop and commercialize product candidates based on its KIMMTRAK platform alone or with collaboration partners; the expected submission of investigational new drug applications or clinical trial applications; the potential regulatory approval, expected clinical benefits and availability of the Company’s product candidates; the Company’s preliminary unaudited cash and cash equivalents; sales, marketing, manufacturing and distribution requirements; and potential growth opportunities and trends, including in connection with future product launches. Any forward-looking statements are based on management’s current expectations and beliefs of future events and are subject to a number of risks and uncertainties that could cause actual events or 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 worsening macroeconomic conditions on the Company’s business, 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 or commercial supply of KIMMTRAK or any future approved products, including as a result of health epidemics or pandemics, war in Ukraine, the conflict between Hamas and Israel, or global geopolitical tension; Immunocore’s ability to obtain and maintain regulatory approval of its product candidates, including KIMMTRAK; 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 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 preclinical studies or clinical trials; actions of regulatory agencies, which may affect the initiation, timing and progress of 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, including changes inflation and interest rates and unfavorable general market conditions, and the impacts thereon of the war in Ukraine, the conflict between Hamas and Israel, and global geopolitical tension; Immunocore’s ability to obtain, maintain and enforce intellectual property protection for KIMMTRAK or any of its product candidates it or its collaborators are developing; 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, 2022 filed with the Securities and Exchange Commission on March 1, 2023, 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 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, 2023, 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, 2023.

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IMMUNOCORE

Transformative immunomodulating medicines for patients

January 2024



Forward Looking Statements

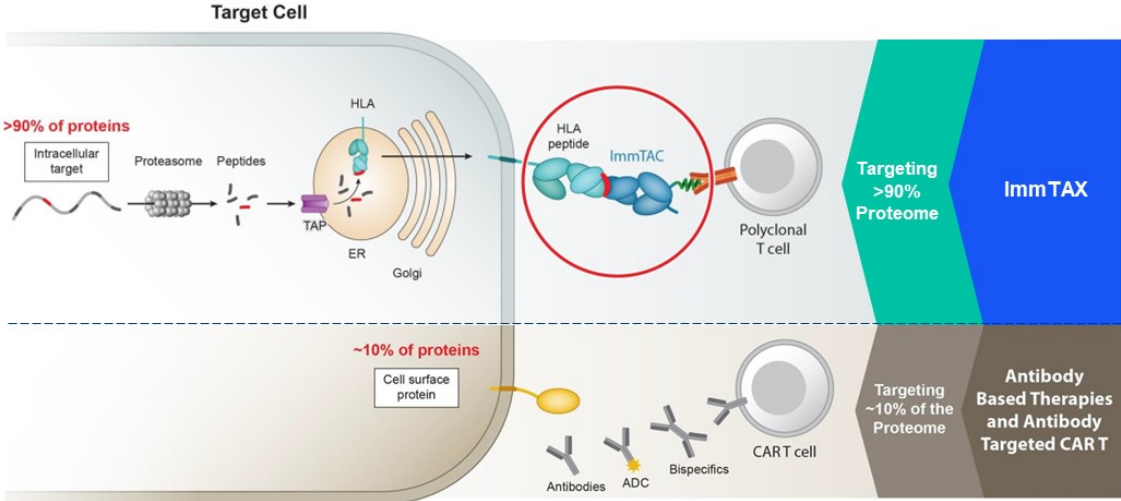
This presentation contains "forward-looking statements" within the meaning of the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. Words such as "may", "will", "believe", "expect", "plan", "anticipate" and similar expressions (as well as other words or expressions referencing future events or circumstances) are intended to identify forward-looking statements. All statements, other than statements of historical facts, included in this presentation are forward-looking statements. These statements include, but are not limited to, Immunocore's capabilities across oncology, autoimmune and infectious disease therapeutic areas and its ability to grow and further develop the PRAME franchise; the estimated market size and patient population for KIMMTRAK and Immunocore's other product candidates; the three growth areas of KIMMTRAK including HLA-A02+ melanoma, metastatic cutaneous melanoma and adjuvant uveal melanoma; expected submission of investigational new drug applications or clinical trial applications; the potential regulatory approval, expected clinical benefits and availability of Immunocore's product candidates; the commercial performance of KIMMTRAK including planned launches in additional countries, expanded access to KIMMTRAK in the United States and globally, and indication expansion; the ability of Immunocore to enter into pricing agreements and to translate such pricing agreement into a successful launch; the potential benefits and advantages KIMMTRAK and Immunocore's other product candidates will provide for patients; the benefits of Immunocore's collaboration with the European Organisation for Research and Treatment of Cancer (EORTC); expectations regarding the design, progress, timing, enrollment, scope, expansion, and results of Immunocore's existing and planned clinical trials, those of Immunocore's collaboration partners or the combined clinical trials with Immunocore's collaboration partners; the timing and sufficiency of clinical trial outcomes to support potential approval of any of Immunocore's product candidates or those of, or combined with, its collaboration partners; Immunocore's goals to develop and commercialize product candidates based on its KIMMTRAK platform alone or with collaboration partners; Immunocore's ability to develop new product candidates using its discovery engine; Immunocore's ability to initiate CMC manufacturing for autoimmune candidates on the expected timeline, or at all, potential growth opportunities and trends, including in connection with product launches; and Immunocore's preliminary unaudited cash and cash equivalents. Any forward-looking statements are based on management's current expectations and beliefs of future events and are subject to a number of risks and uncertainties that could cause actual events or 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 on Immunocore's business, financial position, strategy and anticipated milestones, including as a result of health epidemics or pandemic, war in Ukraine, the conflict between Hamas and Israel, or global geopolitical tension; Immunocore's ability to obtain and maintain regulatory approval of its product candidates, including KIMMTRAK; 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 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 preclinical studies or clinical trials; actions of regulatory agencies, which may affect the initiation, timing and progress of 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, including changes in inflation and interest rates and unfavorable general market conditions, and the impacts thereon of the war in Ukraine, the conflict between Hamas and Israel, and global geopolitical tension; Immunocore's ability to obtain, maintain and enforce intellectual property protection for KIMMTRAK or any product candidates it is developing; 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, 2022 filed with the Securities and Exchange Commission on March 1, 2023, as well as discussions of potential risks, uncertainties, and other important factors in Immunocore's subsequent filings with the Securities and Exchange Commission.

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.

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.

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



TCR therapeutics can target >90% of the human proteome

Platform candidates and capabilities across 3 therapeutic areas

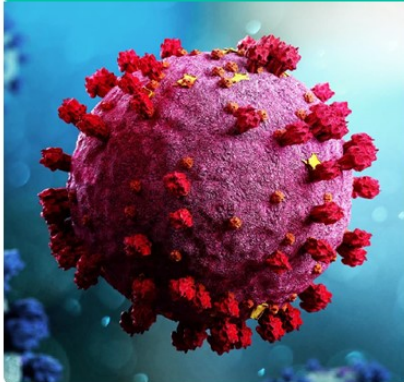
Oncology

ImmTACs



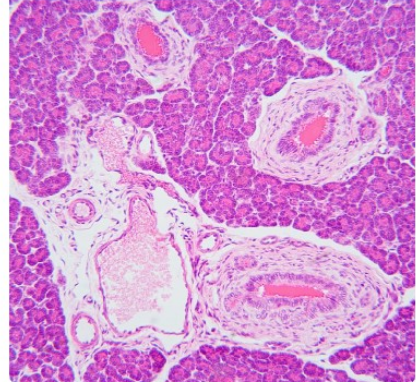
Infectious diseases

ImmTAVs



Autoimmune diseases

ImmTAAs



Activation
of the immune system



Downmodulation
of the immune system


Leading bispecific TCR pipeline

Candidate	Target (HLA type)	Indication	IND-enabling	Phase 1	Phase 2	Phase 3	Approved	Catalyst
KIMMTRAK	gp100 (A02)	Uveal (ocular) melanoma						
		Adjuvant uveal (ocular) melanoma	ATOM sponsored by EORTC					Phase 3 Start 2H24
		2L+ cutaneous melanoma	TEBE-AM					Phase 2 Data 4Q24
IMC-F106C	PRAME (A02)	1L cutaneous melanoma	PRISM-MEL-301					Phase 3 Start 1Q24
		2L+ cutaneous melanoma						
		PRR ovarian ¹						Phase 1 Clinical Data
		2L+ NSCLC						2Q24 – 4Q2024
		Advanced endometrial						
		Multiple solid tumors	Mono- & combination arms					
IMC-P115C	PRAME-HLE (A02)	Multiple solid tumors						IND/CTA Mid-24
IMC-T119C	PRAME (A24)	Multiple solid tumors						IND/CTA 4Q24
IMC-R117C	PIWIL1 (A02)	Colorectal, gastric, pancreatic						Phase 1 Start 2024
IMC-M113V ²	Gag (A02)	Human Immunodeficiency Virus (HIV)						MAD Data 2H24
		Hepatitis B Virus (HBV)						
IMC-S118AI	★ PPI (A02)	Type 1 Diabetes						
Undisclosed	★ (universal) ³	Dermatology						

Oncology

Autoimmune Infectious

¹ Platinum refractory or resistant serous ovarian carcinoma. 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. ³ Program is not HLA-restricted (i.e. universal for all populations)
 ★ New candidate added in portfolio January 2024



Maximizing potential
of KIMMTRAK[®]
in HLA-A02+
melanoma

IMMUNOCORE

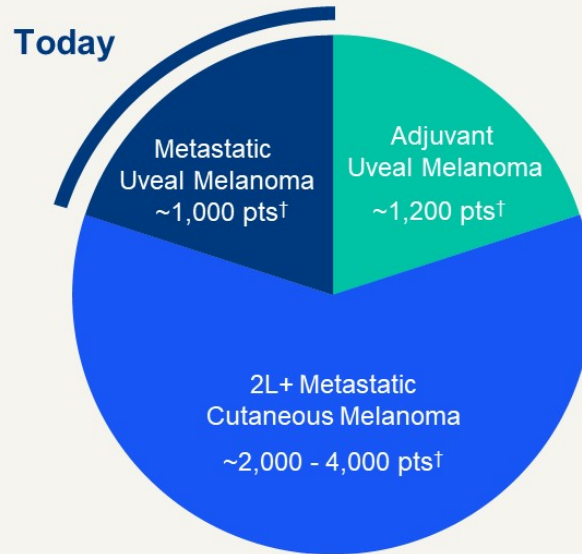
KIMMTRAK's 3 growth areas

→ Continued US & global growth in metastatic uveal melanoma

→ Phase 2/3 trial in 2L+ metastatic cutaneous melanoma (TEBE-AM)

→ Phase 3 trial in adjuvant uveal melanoma (ATOM)

KIMMTRAK Estimated Market Opportunity (HLA-A02+)



KIMMTRAK® (tebentafusp-tebn)

Delivering a survival benefit to HLA-02+ metastatic uveal melanoma patients

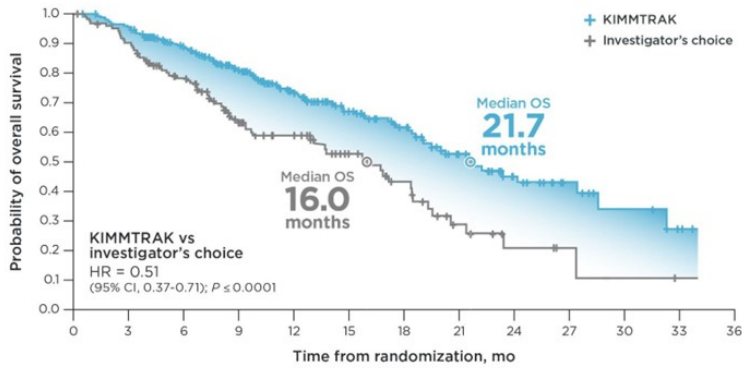


Approved in
38
countries

Launched and
reimbursed in
10
countries

~\$168M
Q1-Q3 sales

Overall survival benefit of KIMMTRAK vs investigator's choice in 1L mUM



Number of patients at risk

Time (mo)	0	3	6	9	12	15	18	21	24	27	30	33	36					
KIMMTRAK	252	242	221	197	167	132	109	90	71	59	44	33	22	17	9	6	5	0
Investigator's choice	126	116	100	86	69	48	43	34	27	20	12	7	4	4	1	1	1	0

→ **3-year OS follow-up**

27%
 KIMMTRAK arm

17%
 Investigator's choice arm²

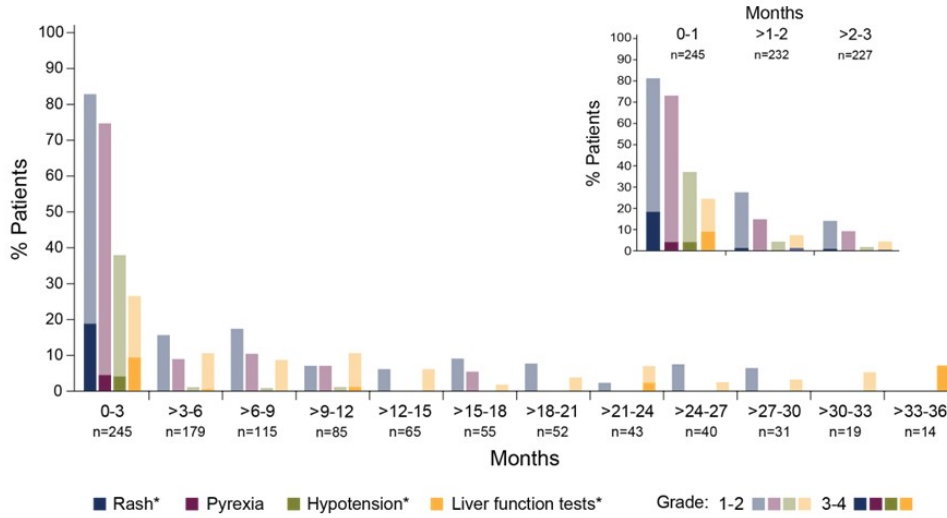


The NEW ENGLAND
 JOURNAL of MEDICINE

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KIMMTRAK TRAEs mostly in first month and decrease thereafter

Adverse events manageable, very low rate of discontinuation (2%) & no treatment-related deaths



→ The KIMMTRAK U.S. Prescribing Information has a **BOXED WARNING** for the risk of 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.

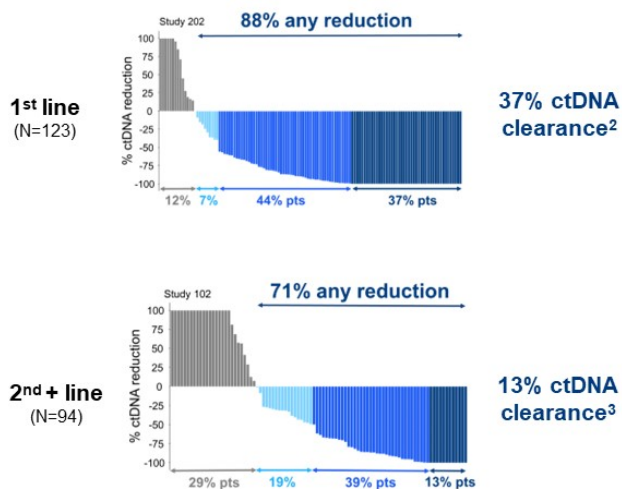
Rationale for KIMMTRAK in adjuvant uveal melanoma

Clinical activity expected to be highest in adjuvant setting with minimal disease burden

0.36 OS HR for small tumor (M1a, < 3 cm largest lesion)¹

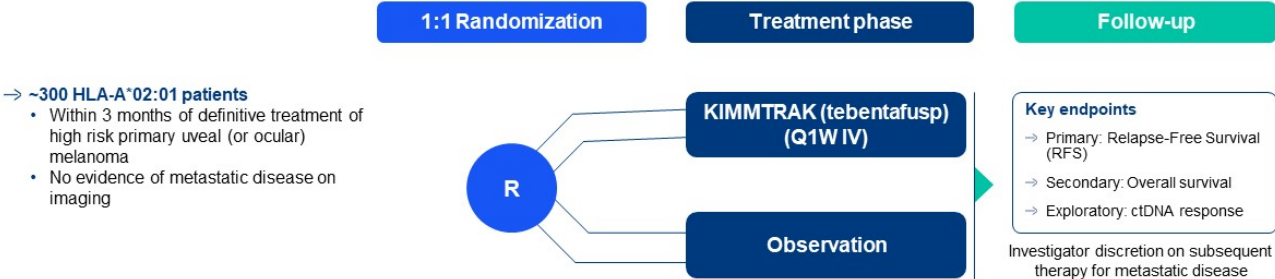
Largest metastatic lesion	OS Hazard ratio
M1a (<3.0 cm)	0.36
M1b (3.1-8.0 cm)	0.71
M1c (≥8.1 cm)	0.76

ctDNA reduction in 1st line > 2nd+ line mUM



ATOM – Phase 3 KIMMTRAK adjuvant UM trial design

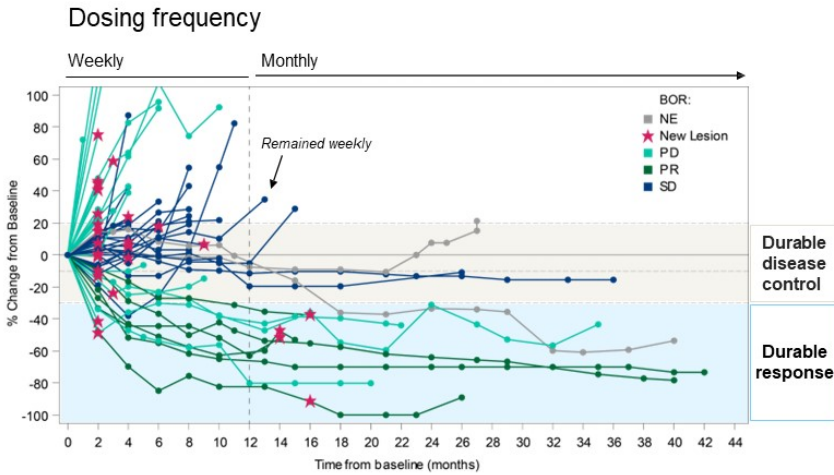
Global trial led by European Organisation for Research and Treatment of Cancer (EORTC)



→ Anticipate EORTC to start randomization in 2H 2024

KIMMTRAK active in cutaneous melanoma (CM)

Phase 1/2 study of KIMMTRAK + checkpoints in CM patients who progressed on prior anti-PD1



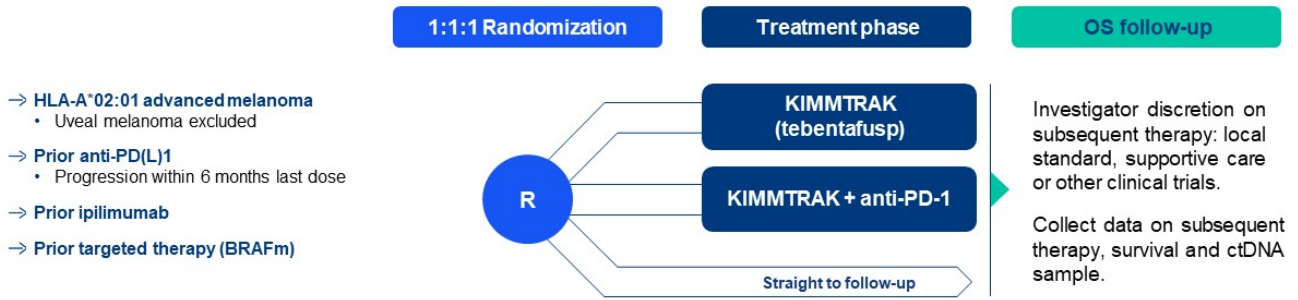
Time from prior anti-PD(L)1	1-yr OS	2-yr OS
Remote	75%	22%
Immediately prior	75%	23%
Benchmark	55%	N/A

→ Time since last dose of prior anti-PD1 does not impact outcome

60 cutaneous melanoma (all progressed on prior anti-PD1) received KIMMTRAK (tebentafusp) + durvalumab*

TEBE-AM – Phase 2/3 trial for previously treated, advanced melanoma patients

Randomization to 'real world' treatment as a control arm



→ **Anticipate Phase 2 topline data by 4Q 2024**

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 dropping an Arm and optimize powering of study



PRAME Franchise: A02, A24, A02-HLE

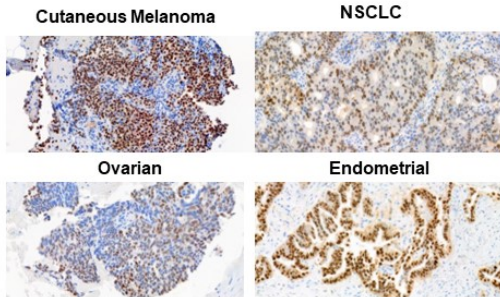
15

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PRAME prevalent in multiple solid tumors

→ PRAME is negative prognostic marker in multiple cancers

→ PRAME broadly expressed in multiple tumors including:



→ IMC-F106C demonstrated durable clinical activity in Phase 1 (ESMO 2022)

- Registrational 1L melanoma trial expected to begin in 1Q 2024
- Multiple clinical readouts from Phase 1/2 expected throughout 2024

~150,000

PRAME+, HLA-A02 + patients
per year

+30%

Additional patient opportunity
with PRAME HLA-A24

IMC-F106C was well tolerated

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

→ MTD not reached

→ No treatment-related discontinuation or Grade 5 related AEs

→ CRS events were all manageable

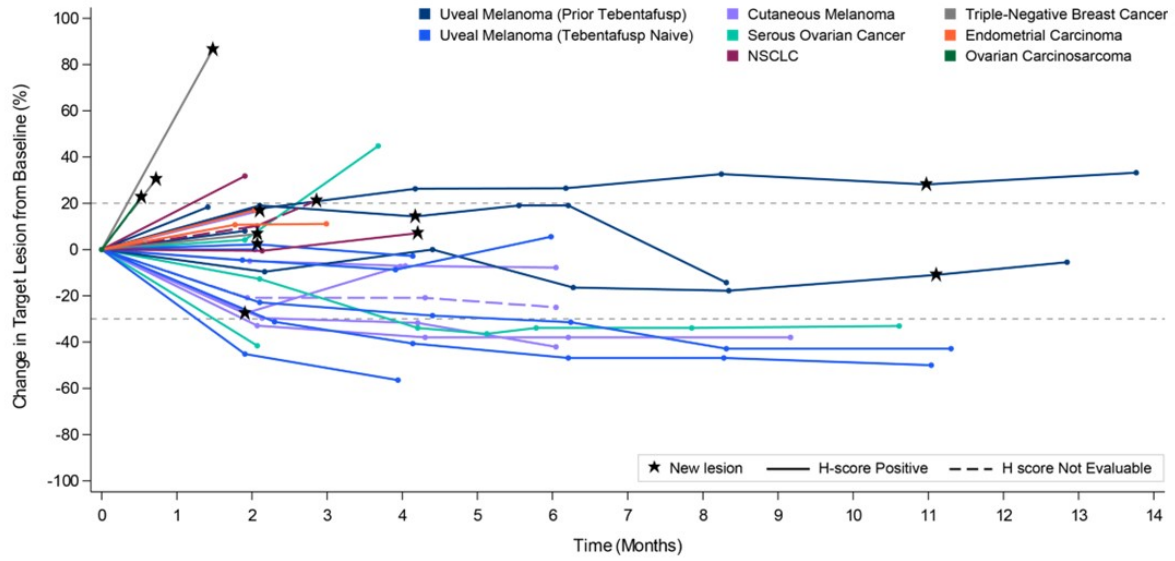
- Majority (77%) within first 3 doses
- 71% Grade 1
- 29% Grade 2
- No Grade ≥ 3 CRS

→ Adverse events attenuate over time

Preferred Term (MedDRA v23.1)	IMC-F106C (n = 55)		
	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)

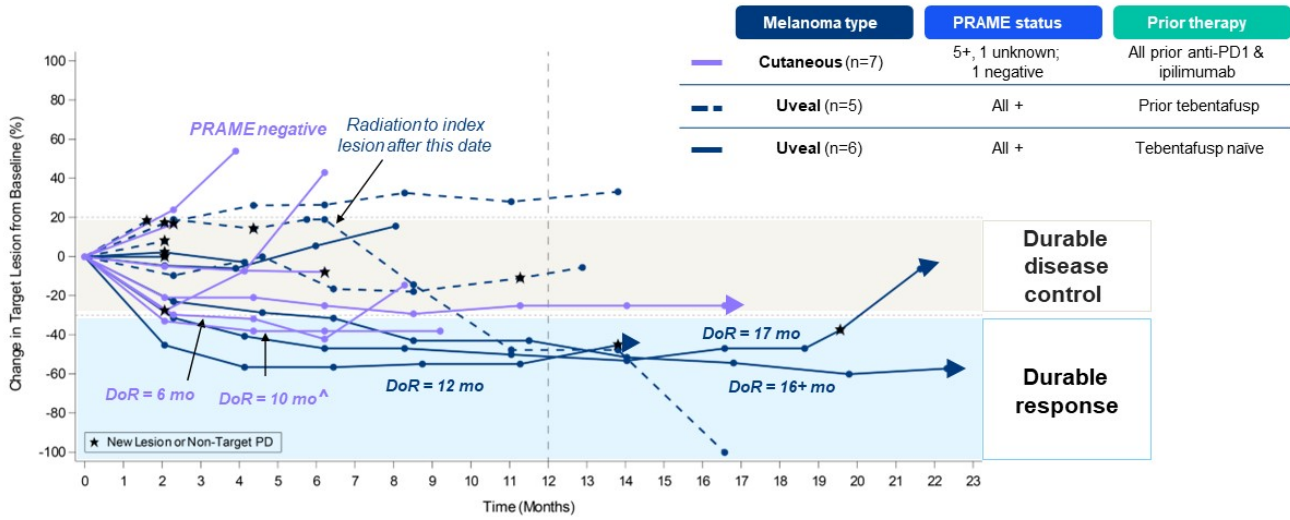
Majority of patients have durable tumor response or stabilization

IMC-F106C (ESMO 2022)

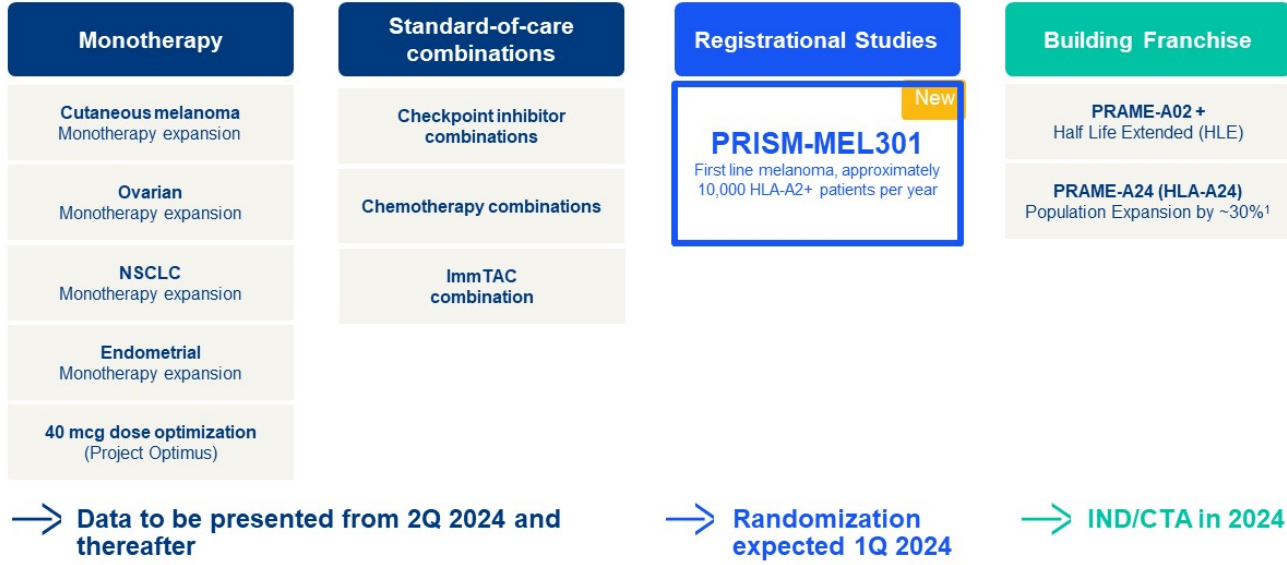


IMC-F106C monotherapy melanoma activity shows durability

Update to ESMO 2022 melanoma patients (n=18)

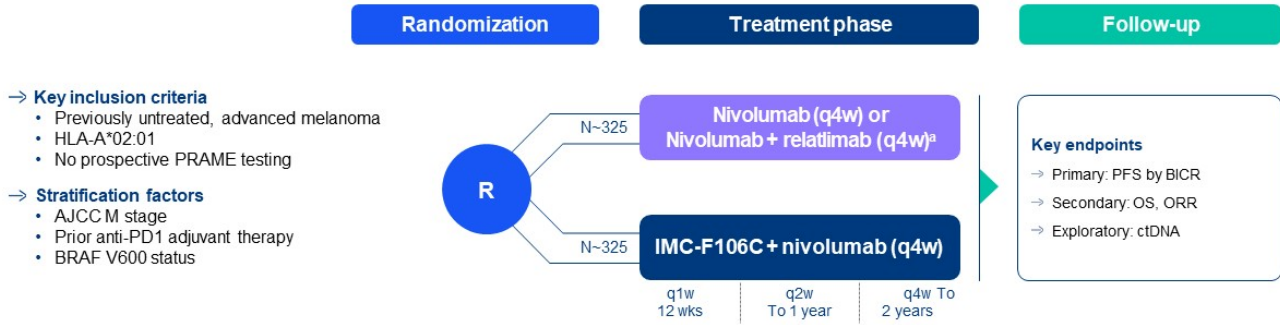


Executing across core areas for PRAME franchise



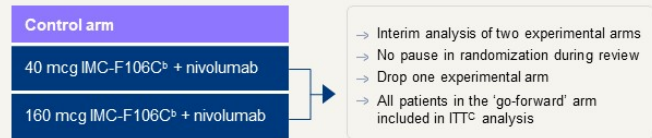
PRISM-MEL301: First-line advanced cutaneous melanoma Phase 3

Design based on Type B FDA meeting



→ **Randomization expected to start Q1 2024**

Initial randomization includes comparison of two IMC-F106C regimens (~90 patients or 30/arm)



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

Prevalence of PRAME expression ¹	Tumor type	HLA-A*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	
	Gastric	
	RCC	>30K
	Esophageal	
	Cholangiocarcinoma	
	Cervical	

Total
~150,000
PRAME+, HLA-A02 patients/year

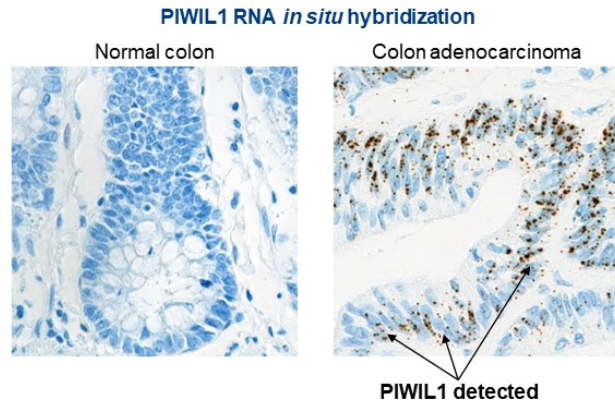


Novel ImmTAC candidate for GI cancers from our discovery engine

IMMUNOCORE

IMC-R117C: A first-in-class therapy targeting PIWIL1 in colorectal

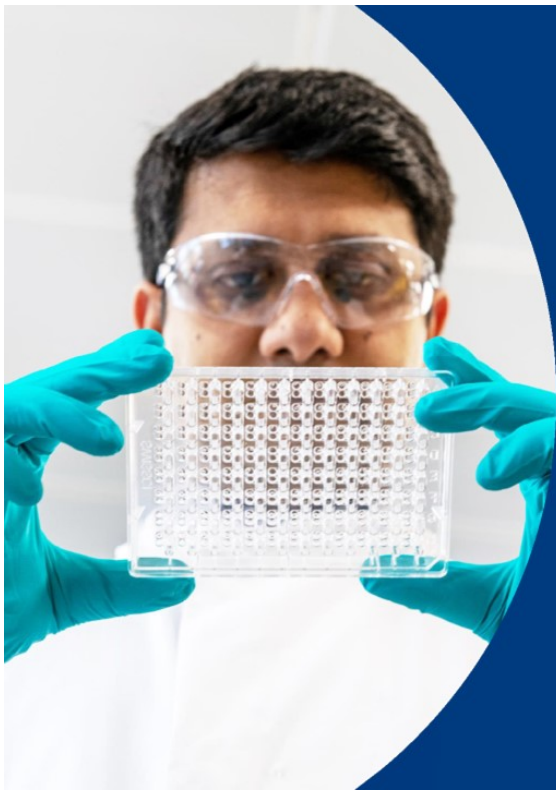
- **Negative prognostic marker in multiple cancers**, role in tumor progression
- **Expressed in CRC, historically insensitive to IO**, and across major subgroups*
- **25% CRC have broad PIWIL1 expression** (with > 75% of tumor cells positive)



~20K colorectal + ~15K other tumors
patients positive for PIWIL1 and HLA-A02

CTA submitted in December 2023

Pursuing a functional cure in infectious diseases

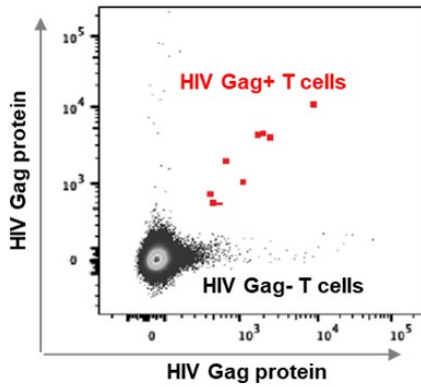


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Aiming for functional cure in HIV by reducing/eliminating the reservoir

Anti-retroviral therapy (ART) suppresses reservoir but cannot eliminate

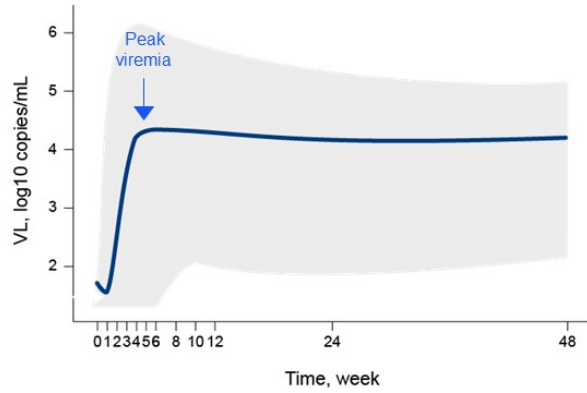
Rare (i.e. 1 in a million) HIV-infected T cells (reservoir) persist despite ART^{1,2}



Flow cytometry of CD4+ T cells from peripheral blood

ART interruption

Historically, rapid viral rebound occurs after ART interruption at median ~2 weeks³



1. Fan, Axel et al. Scientific reports vol. 7 43291, 2017
2. Parsons M et al. PLoS Pathog 15(2): 2019, e1007619
3. Palmer C et al. Open Forum Infect Dis, 2019, 6, ofz485, doi:10.1093/ofid/ofz485

Single dose of IMC-M113V well tolerated and biologically active

Phase 1 Soluble T cell Receptors In Viral Eradication ('STRIVE') HIV trial

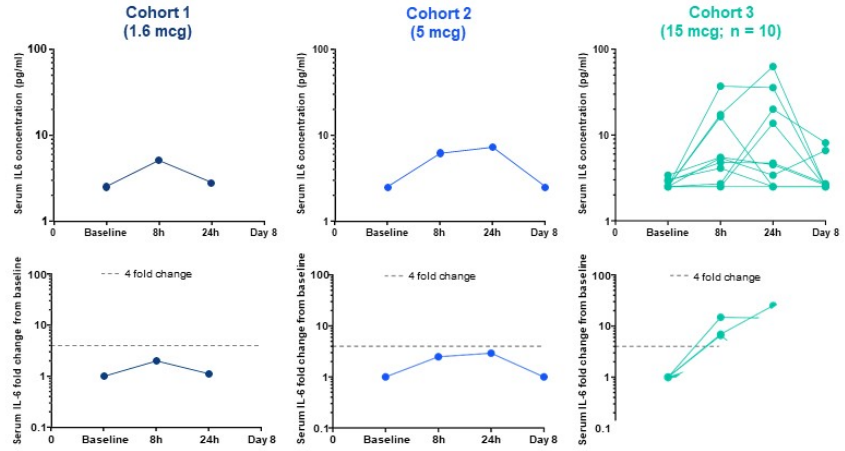


Single Ascending Dose

- **Key inclusion criteria**
 - Participants living with HIV (PLWH) on anti-retroviral therapy (ART)
- **Regimen:**
 - Single dose
- **Key endpoint:**
 - Primary: Safety
- **Key biomarker:**
 - T cell activation

- 15 mcg, n = 10**
 - 5 mcg, n = 1**
 - 1.6 mcg, n = 1**
- 15 mcg** was well tolerated and met pre-defined biomarker threshold for expansion

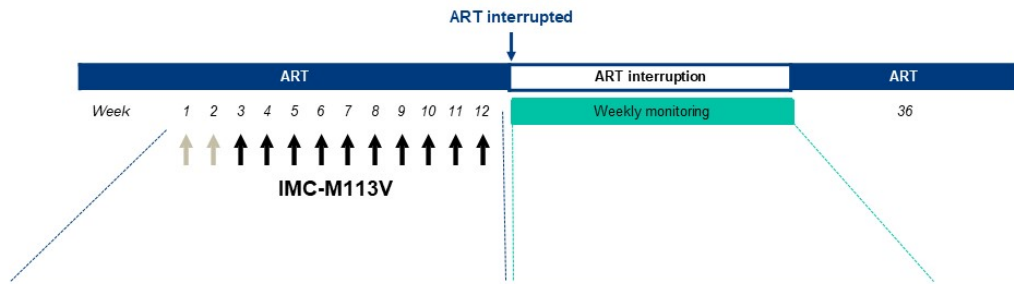
IL-6 increase (marker of T cell engagement)



HIV STRIVE multiple ascending dose portion now enrolling

Goal is to determine safety and anti-viral activity of IMC-M113V

- **Key inclusion criteria**
 - PLWH on ART
- **Regimen:**
 - Weekly for 12 weeks



→ Reservoir quantification (blood):

Endpoint	Interpretation
Cell-associated HIV Gag RNA	Active viral transcription

→ Viral rebound (magnitude and kinetics)

Endpoint	Interpretation
Plasma HIV RNA	Infectious virus

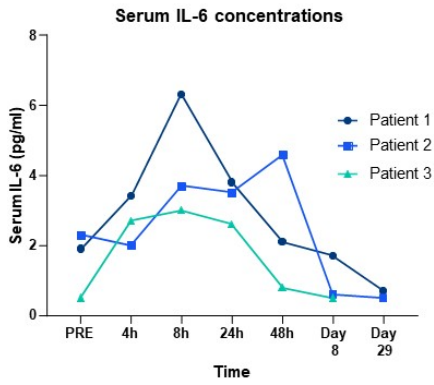
- ↑ Step dose (initially 15 mcg)
- ↑ Target dose (> 30 mcg)

IMC-I109V: Encouraging signs of activity observed in HBV

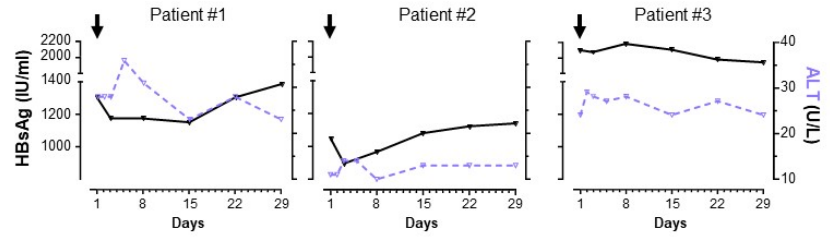



Initial results from single 0.8 mcg dose presented at EASL 2022

Induction of IL-6 in all 3 patients¹



Transient decrease in HBsAg coincided with transient increase in ALT¹



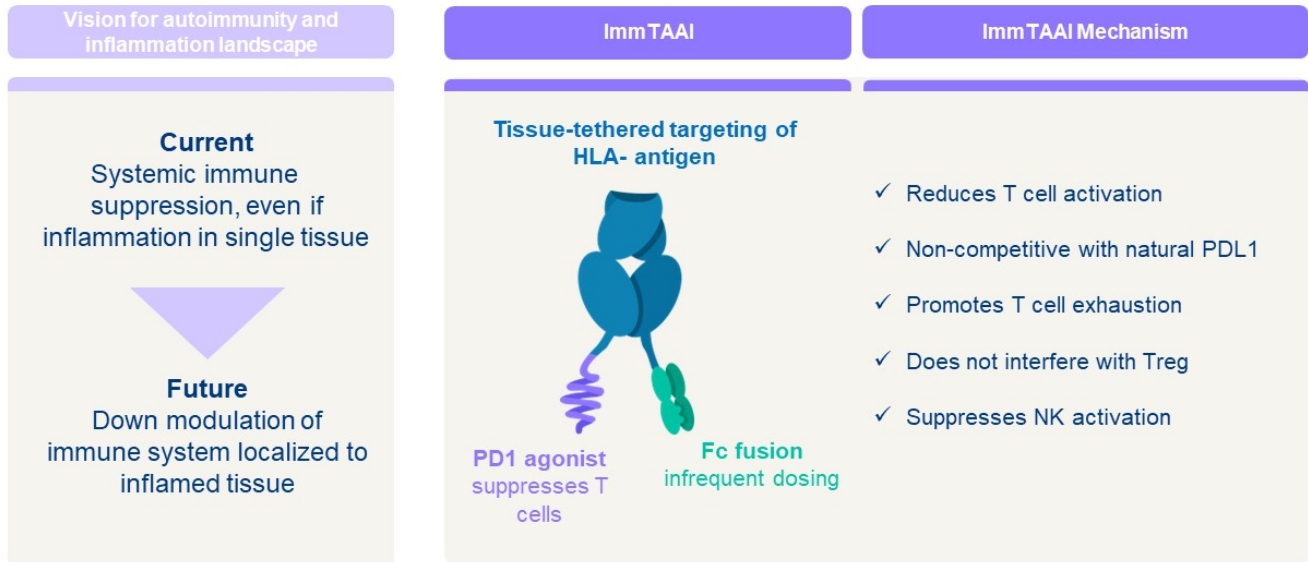


Pioneering tissue-specific immune suppression for treatment of autoimmune diseases

IMMUNOCORE

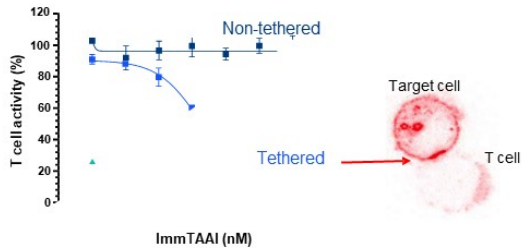
ImmTAAI: tissue-specific down modulation of the immune system

Platform suppress T-cells only when ImmTAAI is tethered to target tissue

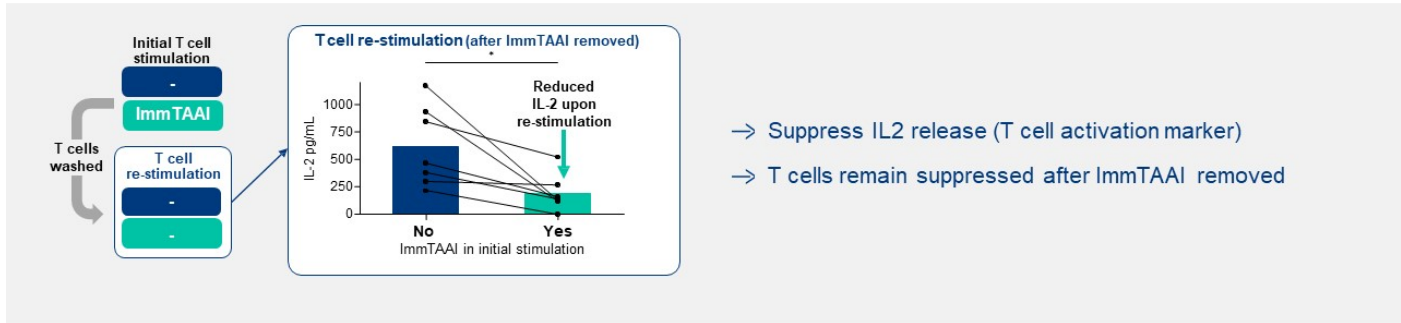


ImmTAAI: tissue-specific and lasting immune suppression

Potential to treat autoimmune disease and modify disease course



- Inhibits T cell activity only when tissue-tethered
- Clustering at immune synapse drives potency

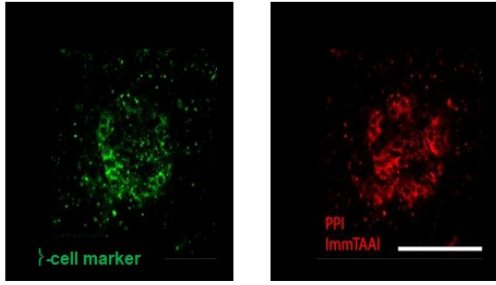


- Suppress IL2 release (T cell activation marker)
- T cells remain suppressed after ImmTAAI removed

IMC-S118AI (PPIxPD1) for type 1 diabetes

Pancreas-tethered ImmTAAI (HLA-A02) protects against killing by autoreactive T cells

ImmTAAI binds specifically to pre-pro-insulin (PPI) peptide on pancreatic β -cells



HLA-A02 restricted, ~50% of type 1 diabetes patients

Potent protection of β -cells from killing by autoreactive T cells



~1.4M

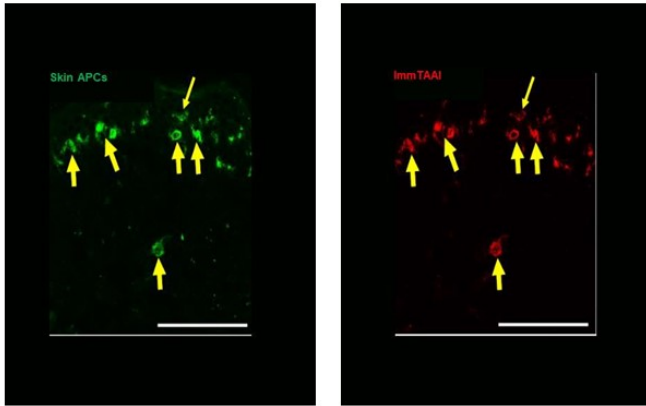
HLA-A2+ type 1 diabetes patients
(US + EU5)¹

Immune system attacks and kills the beta cells responsible for controlling glucose levels through the release of insulin

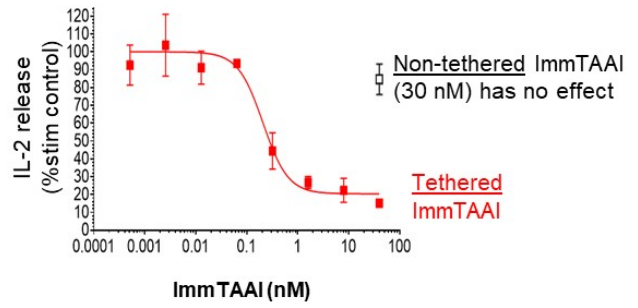
Universal (non-HLA restricted) candidate for dermatology

Antigen presenting cell (APC) tethered ImmTAAI inhibits T cell activation and promotes long-lasting immune suppression

ImmTAAI binds specifically to APC in skin



Potent inhibition of cytokine release in primary cell assays



Potential dermatological diseases: atopic dermatitis, psoriasis, and lichenoid skin diseases

A photograph of two women playing a piano together. The woman in the foreground is older, with short white hair, wearing a blue and white patterned blouse. She is smiling and looking towards the piano. The woman behind her is younger, with dark hair, wearing a striped shirt, also smiling. They are in a room with warm lighting, possibly from a window or lamp. The image is partially obscured by a blue circular graphic element.

Upcoming milestones

IMMUNOCORE

Looking ahead

Preliminary and unaudited cash position of ~\$443 million as of December 31, 2023

→ Commercial milestones

KIMMTRAK	Continued global growth including commercial launches in Australia and Canada	2024
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→ Clinical milestones

KIMMTRAK Expansion	Topline data from Ph 2 2L+ cutaneous melanoma (TEBE-AM)	4Q 2024
	First patient randomized in Ph 3 registrational adjuvant uveal melanoma trial (ATOM); led by EORTC	2H 2024
PRAME Franchise	First patient randomized in Ph 3 registrational 1L cutaneous melanoma (PRISM-MEL301)	1Q 2024
	Cutaneous melanoma data from Phase 1 PRAME trial	2Q 2024
	Serous ovarian data from Phase 1 PRAME trial	3Q 2024
	NSCLC data from Phase 1 PRAME trial	4Q 2024
	IND/CTA for PRAME-HLE trial	Mid-2024
	IND/CTA for PRAME-A24 trial	4Q 2024
PIWIL1	First patient dosed in PIWIL1 Phase 1 trial	2024
Infectious Diseases	Data from Ph 1 HIV MAD/POC trial	2H 2024
	Enroll Ph 1 HBV MAD (now including HCC) trial	2024
Autoimmune Diseases	Initiating CMC manufacturing for autoimmune candidates	2024

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Thank you

Leading bispecific TCR pipeline

Candidate	Target (HLA type)	Indication	IND-enabling	Phase 1	Phase 2	Phase 3	Approved	Catalyst	
KIMMTRAK	gp100 (A02)	Uveal (ocular) melanoma	[Progress bar]						
		Adjuvant uveal (ocular) melanoma	ATOM sponsored by EORTC						Phase 3 Start 2H24
		2L+ cutaneous melanoma	TEBE-AM						Phase 2 Data 4Q24
IMC-F106C	PRAME (A02)	1L cutaneous melanoma	PRISM-MEL-301						Phase 3 Start 1Q24
		2L+ cutaneous melanoma	[Progress bar]						
		PRR ovarian ¹	[Progress bar]						Phase 1 Clinical Data
		2L+ NSCLC	[Progress bar]						2Q24 – 4Q2024
		Advanced endometrial	[Progress bar]						
		Multiple solid tumors	Mono. & combination arms						
IMC-P115C	PRAME-HLE (A02)	Multiple solid tumors	[Progress bar]						IND/CTA Mid-24
IMC-T119C	PRAME (A24)	Multiple solid tumors	[Progress bar]						IND/CTA 4Q24
IMC-R117C	PIWIL1 (A02)	Colorectal, gastric, pancreatic	[Progress bar]						Phase 1 Start 2024
IMC-M113V ²	Gag (A02)	Human Immunodeficiency Virus (HIV)	[Progress bar]						MAD Data 2H24
		Hepatitis B Virus (HBV)	[Progress bar]						
IMC-I109V	Envelope (A02)	Hepatitis B Virus (HBV)	[Progress bar]						
IMC-S118AI	★ PPI (A02)	Type 1 Diabetes	[Progress bar]						
Undisclosed	★ (universal) ³	Dermatology	[Progress bar]						

Oncology

Infectious
Autoimmune

¹ Platinum refractory or resistant serous ovarian carcinoma.; 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.; ³ Program is not HLA restricted (i.e. universal for all populations)

★ New molecule added to pipeline January 2024