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): November 6, 2026

Immunocore Holdings plc

(Exact name of registrant as specified in its charter)

England and Wales	**001-39992**	**Not Applicable**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**
92 Park Drive, Milton Park Abingdon Oxfordshire, United Kingdom		**OX14 4RY**
(Address of principal executive offices)		**(Zip Code)**

+44 1235 438600

(Registrant's telephone number, including area 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:

- ☐ 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 November 6, 2026, Immunocore Holdings plc (the "Company") issued a press release announcing its financial results for the third quarter ended September 30, 2026, as well as other recent corporate updates. A copy of the press release is furnished as Exhibit 99.1 to this report and incorporated herein by reference.

The information in this Item 2.02 of this Current Report on 8-K, including Exhibit 99.1 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 references in such filing.

Item 9.01. Financial Statements and Exhibits

(d) The following exhibits are being filed herewith:

Exhibit No.	Description
99.1	Press Release dated November 6, 2026.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document).

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.

Dated: November 6, 2026

IMMUNOCORE HOLDINGS PLC

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

Name: Bahija Jallal, Ph.D.

Title: Chief Executive Officer

IMMUNOCORE

Immunocore reports third quarter financial results and provides a business update

KIMMTRAK® (tebentafusp-tebn) net revenues of $102.2 million in Q3 2026 and net revenues of $324.8 million for the first nine months of 2026, representing 10% year-over-year growth year to date

Phase 3 TEBE-AM trial for previously treated advanced cutaneous melanoma completed target enrollment of 540 patients – Topline overall survival data expected second quarter of 2027

Promising Phase 1 data with KIMMTRAK plus brenetafusp to be presented as a late-breaking oral at SITC - Randomized Phase 2/3 DUET-UVEAL trial planned

First person with type 1 diabetes dosed in the Phase 1 trial of IMC-S118AI, the Company's first tissue-specific autoimmune candidate

Cash, cash equivalents and marketable securities of $901 million as of September 30, 2026

(OXFORDSHIRE, England & RADNOR, PA. & GAITHERSBURG, MD., US, November 6, 2026) 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 announced its financial results for the third quarter ended September 30, 2026, and provided a business update.

"Nearly five years after launch, KIMMTRAK remains the proven standard of care in HLA-A*02:01+ metastatic uveal melanoma. With TEBE-AM fully enrolled and data expected in the second quarter of 2027, we are advancing our mission to bring this therapy to even more patients," said Bahija Jallal, CEO of Immunocore. "Recently, our platform delivered two significant firsts: what we believe is the first data demonstrating clinical activity and a manageable safety profile with the combination of two T cell engagers in a solid tumor, and the first patient dosed in our tissue-specific autoimmune program for type 1 diabetes."

Third Quarter Highlights (including post-period)

Financial Results

For the third quarter ended September 30, 2026, total net product revenue (or 'net sales') arising from the sales of KIMMTRAK was $102.2 million, compared to $103.7 million for the same period in 2025. Q3 2026 sales were $62.2 million in the United States, $34.9 million in Europe, and $5.1 million in international regions. Revenue from net product sales compared to Q3 of 2025 was impacted by (i) United States wholesaler stocking that occurred in Q2 of 2026 and (ii) one additional week of sales in the U.S. in Q3 2025. Normalizing for the two US-related items above, underlying revenue growth for this quarter was approximately 10%, as compared to Q3 2025.

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For the nine months ended September 30, 2026, net sales of KIMMTRAK were $324.8 million, compared to $295.5 million for the same period in 2025. For the nine months ended September 30, 2026, sales were $204.6 million in the United States, $103.5 million in Europe and $16.7 million in international regions. The increase in net product sales was due to continued growth in the United States, Europe and international regions.

Research and development (R&D) expenses for Q3 2026 were $74.7 million, compared to $70.6 million for Q3 2025. This increase was primarily due to advancement of our clinical programs, including our three Phase 3 trials.

Selling, general and administrative (SG&A) expenses for Q3 2026 were $40.5 million, compared to $39.8 million for Q3 2025.

Net loss for Q3 2026 was $14.2 million ($0.28 loss per share) compared to $0.2 million ($0.00 loss per share) for Q3 2025. Net loss for the nine months ended September 30, 2026, was $2.1 million ($0.04 loss per share) compared to $5.5 million ($0.11 loss per share) for the nine months ended September 30, 2025.

Cash, cash equivalents and marketable securities were $901.3 million as of September 30, 2026, as compared to $864.2 million as of December 31, 2025. The Company expects to pay, in the fourth quarter of 2026, approximately $120 million in sales-related rebate accruals.

KIMMTRAK

*The Company's lead product, KIMMTRAK, is approved in 39 countries and has been launched in over 30 countries globally to date for HLA-A*02:01 positive people with unresectable or metastatic uveal melanoma (mUM). KIMMTRAK continues to be the standard of care in all major markets where it is launched.*

The Company sees three key growth areas for KIMMTRAK as it plans to expand patient reach, including continued US community and global market penetration in mUM, the potential expansion into 2L+ advanced cutaneous melanoma (CM), and the potential expansion into adjuvant uveal melanoma.

Metastatic uveal melanoma

- The five-year overall survival (OS) data from the Phase 3 trial of KIMMTRAK in patients with unresectable or mUM, which were presented at the AACR 2026 meeting, have been accepted by the European Medicines Agency for inclusion in the European SmPC (Summary of Product Characteristics). This addition to the SmPC will allow the Company to engage more broadly with healthcare professionals in the region about the data.
- The Company received the International Prix Galien 2026 for KIMMTRAK in the orphan/rare diseases category. This is the fifth Prix Galien awarded to KIMMTRAK.

2L+ advanced cutaneous melanoma

- The registrational Phase 3 TEBE-AM trial, evaluating tebentafusp as monotherapy and in combination with pembrolizumab, versus a control arm in patients with previously treated advanced CM, has achieved its target enrollment of 540 patients. The trial is event-driven and topline overall survival data is expected in the second quarter of 2027.
- There is great unmet need in second- and later-line CM, with no therapy, to date, having shown an OS improvement following progression on checkpoint inhibitors in a randomized clinical trial. The Company estimates there are up to 4,000 HLA-A*02:01 positive, previously treated, advanced CM patients in the US and Europe.

Adjuvant uveal (or ocular) melanoma

- The European Organisation for Research and Treatment of Cancer (EORTC) is enrolling patients in the Phase 3 Adjuvant Trial in Ocular Melanoma (ATOM) in Europe and the United States.
- The Company estimates the HLA-A*02:01 positive, high-risk adjuvant uveal melanoma patient population could represent up to 1,200 patients in the US and Europe.

PRAME portfolio

Brenetafusp is the Company's lead PRAME-A02 ImmTAC bispecific candidate. Brenetafusp is being evaluated in combination with nivolumab in a Phase 3 registrational trial (PRISM-MEL-301) in patients with first-line, advanced cutaneous melanoma, and in a Phase 1/2 clinical trial as monotherapy and in combination across multiple solid tumors, including ovarian cancer, uveal melanoma, and non-small cell lung cancer (NSCLC).

PRISM-MEL-301 – First PRAME Phase 3 clinical trial with brenetafusp in first-line advanced cutaneous melanoma

- The Company continues enrollment of HLA-A*02:01 positive, first-line, advanced or metastatic cutaneous melanoma patients with 1:1 randomization to brenetafusp 160 mcg + nivolumab or a control arm of either nivolumab or nivolumab + relatlimab.
- Despite approved therapies, there remains an unmet need for improved progression-free survival and OS in the first-line setting, where there is the potential to address an estimated 10,000 HLA-A*02:01 positive patients across the US and Europe.

Phase 1/2 clinical trials of brenetafusp and IMC-P115C (PRAME-A02 Half-Life Extended) in multiple solid tumors

Combination of KIMMTRAK and brenetafusp in metastatic uveal melanoma

- As of June 2026, 22 HLA-A*02:01 positive adult patients with mUM received brenetafusp monotherapy at clinically active doses and 26 received the combination of KIMMTRAK and brenetafusp.
- Among the 16 evaluable patients who received brenetafusp monotherapy in the second-line or later setting, overall response rate (ORR) was 19%, median duration of response (mDoR) was 14.5 months, median progression-free survival (mPFS) was 4.2 months, and median OS was 20.3 months.

- Across the 17 evaluable first-line patients who received the combination, ORR was 29%, mDoR was 24.1 months, mPFS was 8.1 months, and median OS was not yet reached with 29 months of follow-up and 10 patients still on study. The two-year OS rate was 70%.
- The most common brenetafusp monotherapy treatment-related adverse events (TRAEs) were reversible and manageable cytokine release syndrome (CRS) (73%) and rash (50%) consistent with the molecule's mechanism of action. Grade 3/4 TRAEs were primarily transient lymphocyte decrease which resolved without intervention.
- Combination regimens were generally well-tolerated. The most common TRAEs were Grade 1/2 CRS and rash (77% each). These attenuated over time with no Grade ≥3 CRS reported. No TRAE led to discontinuation or death.
- The Company will present these data in a poster today at 10:00 a.m. MST / 12:00 p.m. ET and in an oral session, Saturday, November 7 at 1:45 p.m. MST / 3:45 p.m. ET, at the 2026 Society for Immunotherapy of Cancer (SITC) Annual Meeting.
- The Company believes these are the first data showing clinical activity and a manageable safety profile for a combination of two T cell engagers in a solid tumor.
- Based on these data, the Company is planning to start DUET-UVEAL, a randomized Phase 2/3 trial, to evaluate the combination for the treatment of HLA-A*02:01-positive patients with mUM.

Brenetafusp in other tumors and IMC-P115C

- After observing an initial brenetafusp monotherapy signal in platinum-resistant ovarian cancer (PROC), the Company is evaluating, as part of an ongoing Phase 1/2 trial, combination therapy with bevacizumab in earlier lines, including platinum-sensitive ovarian cancer (PSOC). In the same trial, the Company continues signal detection across multiple metastatic non-small cell lung cancer (NSCLC) cohorts, including combinations with standards of care in earlier-line NSCLC.
- The Company expects to present clinical data for brenetafusp from the ovarian and lung cohorts in the Phase 1/2 trial at a medical conference later this year.
- In parallel, the Company is continuing to enroll patients in the Phase 1 dose escalation trial evaluating IMC-P115C in patients with multiple solid tumors.

ImmTAV candidates for a functional cure in infectious diseases

The Company's bispecific TCR technology platform has the potential to offer a new approach for the treatment of certain chronic infections by eliminating the remaining virus in circulation after the patients stop taking their antiviral medication – known as a 'functional cure'. The Company is studying an investigational candidate for people living with human immunodeficiency virus (HIV).

Phase 1/2 trial of IMC-M113V (Gag-A02) for people living with HIV

- In July 2026, at the International AIDS Society meeting in Rio de Janeiro, the Company presented translational data, from the first three cohorts of the multiple ascending dose (MAD) part of the Phase 1/2 trial, demonstrating that IMC-M113V induces robust type I and II interferon-associated immune programs, with stronger induction in participants who maintained viral control after treatment interruption.

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- The data also showed that, in addition to previously demonstrated direct killing of HIV-infected cells, IMC-M113V redirection of T cells results in induction of a robust interferon-associated immune program that may contribute to post-treatment viral control.
- The Company completed enrollment of additional patients at higher dose cohorts, up to 1200 mcg, as part of the MAD portion of the Phase 1/2 trial. Analysis of the new data is ongoing with results planned to be shared early next year.

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

The key differentiator of the ImmTAAI platform is down modulation of the immune system in a tissue-specific manner. The candidates achieve this by suppressing pathogenic T cells via PD1 receptor agonism only when tethered to the target tissue.

- The Company recently announced that the first person with type 1 diabetes has been dosed in the Phase 1 trial of IMC-S118AI, its first tissue-specific autoimmune candidate.
- IMC-S118AI is designed to bind preproinsulin on beta cells of the pancreas and deliver a PD-1 agonist signal to nearby auto-reactive T cells, thereby protecting the pancreatic beta cells from T cell attack, preserving beta cell mass, and avoiding systemic immune suppression.
- The Company plans to file a clinical trial application (CTA) or investigational new drug (IND) application before the end of the year for its second autoimmune program, IMC-U120AI (CD1a x PD1), which is designed to target a variety of dermatological diseases including atopic dermatitis.

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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 cancer 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 demonstrated 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 tumors that are characterized as immune "cold" or having low mutational burden.

About ImmTAV® molecules and infectious diseases

ImmTAV (Immune mobilizing monoclonal TCRs Against Virus) molecules are novel bispecifics that are designed to enable the immune system to recognize and eliminate virally infected cells.
Immunocore is advancing a clinical candidate, aiming to achieve sustained control of HIV after people living with HIV stop anti-retroviral therapy (ART), without the risk of virological relapse or onward transmission. This is known as 'functional cure'.

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About ImmTAAI™ molecules and autoimmune diseases

ImmTAAI (Immune mobilizing monoclonal TCRs Against AutoImmune disease) 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 while minimizing the risk of systemic immune suppression. The Company is currently advancing two candidates for autoimmune diseases, including type 1 diabetes and inflammatory dermatological diseases.

About TEBE-AM – Phase 3 registrational trial with tebentafusp in previously treated advanced cutaneous melanoma

The trial has achieved target enrollment of 540 patients with second-line or later advanced cutaneous melanoma who have progressed on an anti-PD1, received prior ipilimumab and, if applicable, received a BRAF kinase inhibitor. Patients were randomized to one of three arms, including tebentafusp – as monotherapy or in combination with an anti-PD1 – or a control arm. The primary endpoint is overall survival.

About PRISM-MEL-301 (NCT06112314) – Phase 3 trial with brenetafusp (IMC-F106C, PRAME-A02) in 1L advanced cutaneous melanoma

The Phase 3 registrational trial is enrolling HLA-A*02:01-positive patients with previously untreated, advanced or metastatic cutaneous melanoma, with randomization to brenetafusp 160 mcg + nivolumab or a control arm of either nivolumab or nivolumab + relatlimab. 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 ATOM Phase 3 trial

The EORTC-sponsored Phase 3 clinical trial is enrolling HLA-A*02:01-positive patients with high-risk primary uveal melanoma after definitive treatment, by surgery or radiotherapy, and no evidence of metastatic disease on imaging. The trial will randomize patients 1:1 to one of two arms: tebentafusp as monotherapy or observation. The primary endpoint of the trial is recurrence-free survival (RFS), with secondary objectives of overall survival and safety and tolerability of tebentafusp. Exploratory objectives include comparison of health-related quality of life between the treatment arms and evaluation of circulating tumor DNA (ctDNA) as a biomarker for the presence of residual disease.

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 tumors, including non-small cell lung and ovarian cancers, as well as uveal melanoma, evaluating brenetafusp both as monotherapy and in combination arms with standards-of-care. The Phase 1 dose escalation portion of the 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 (brenetafusp) both as monotherapy and in combination with standards-of-care. Brenetafusp is a bispecific protein built on Immunocore's ImmTAC technology, and the Company's first molecule to target the PRAME antigen.

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About Uveal Melanoma

Uveal melanoma is a rare and aggressive form of melanoma, which affects the eye. This is the most common primary intraocular malignancy in adults 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 Cutaneous Melanoma

Cutaneous melanoma (CM) is the most common form of melanoma. It is the most aggressive skin carcinoma and is associated with the vast majority of skin cancer-related mortality. The majority of patients with CM are diagnosed before metastasis but survival remains poor for the large proportion of patients with metastatic disease. Despite recent progress in advanced melanoma therapy, there is still an unmet need for new therapies that improve first-line response rates and duration of response as well as for patients who are refractory to first-line treatments.

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.

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.

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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 its KIMMTRAKConnect program. The US 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 diseases and infectious diseases. Leveraging its proprietary, flexible, off-the-shelf ImmTAX platform, Immunocore is developing a deep pipeline in multiple therapeutic areas, including clinical and pre-clinical programs in oncology, infectious diseases, and autoimmune diseases. 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 39 countries including the United States, European Union, Canada, Australia, and the United Kingdom.

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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", "aim", "continue", "target" 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 Company's ability to reach more patients for KIMMTRAK, including continued U.S. community and global market penetration in mUM, the potential expansion into 2L+ advanced cutaneous melanoma, and the potential expansion into adjuvant uveal melanoma; the Company's ability to grow and advance its clinical pipeline; the estimated size of the patient populations for the Company's product candidates; expectations regarding the design, progress, timing, enrollment, randomization, scope, expansion, and results of the Company's and its collaborators' existing and planned clinical trials; 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 expected submission of clinical trial applications or investigational new drug applications; the potential regulatory approval, and expected clinical benefits and availability of the Company's product candidates, including brenetafusp alone and in combination with KIMMTRAK; the Company's ability to engage with healthcare professionals regarding clinical data following inclusion of such data in product labeling; and expectations regarding the timing and amount of sales-related rebate accruals. 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, preliminary, interim and top-line clinical trial results may not be indicative of, and may differ from, final clinical data; clinical trial data are subject to differing interpretations and assessments, including by regulatory authorities; the impact of worsening macroeconomic conditions, including as a result of health epidemics or pandemics, war in Ukraine, the conflict in the Middle East, or global geopolitical tension, on the Company's business, financial position, strategy and anticipated milestones, including the Company's ability to conduct ongoing and planned clinical trials; the Company's ability to obtain a clinical supply of current or future product candidates or commercial supply of KIMMTRAK or any future approved products; the Company's ability to obtain and maintain regulatory approval of KIMMTRAK and its other product candidates; the Company's ability and plans in continuing to establish and expand a commercial infrastructure and to successfully launch, market and sell KIMMTRAK and any future approved products; the Company'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; the Company'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; the Company's need for and ability to obtain additional funding, on favorable terms or at all, including as a result of changes in inflation and interest rates and unfavorable general market conditions; the Company'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 the Company'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 the Company's filings with the Securities and Exchange Commission, including the Company's most recent Annual Report on Form 10-K for the year ended December 31, 2025 filed with the Securities and Exchange Commission on February 25, 2026, as well as discussions of potential risks, uncertainties, and other important factors in the Company's subsequent filings with the SEC. 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.

Contact Information

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Immunocore Holdings plc
Condensed Consolidated Statement of Operations
Comparison of the Quarters and Year to Date Ended September 30, 2026 and 2025
(In thousands, except share and per share data)
(Unaudited)

	Quarter Ended		Year to Date	
	September 30, 2026	**September 30, 2025**	**September 30, 2026**	**September 30, 2025**
Revenue from sale of therapies, net	$ 102,222	$ 103,693	$ 324,826	$ 295,538
Total revenue	**102,222**	**103,693**	**324,826**	**295,538**
Cost and operating expenses:				
Cost of revenue from sale of therapies	(676)	(513)	(2,198)	(2,384)
Research and development expense	(74,703)	(70,572)	(209,761)	(196,048)
Selling, general, & administrative expense	(40,452)	(39,779)	(122,192)	(122,768)
Loss from operations	**(13,609)**	**(7,171)**	**(9,325)**	**(25,662)**
Interest income	3,606	4,123	10,606	12,570
Interest expense	(3,059)	(3,043)	(9,172)	(9,113)
Foreign currency gain (loss)	(1,770)	1,333	971	3,675
Other income, net	763	5,062	5,609	15,224
Net (loss) income before income taxes	**(14,069)**	**304**	**(1,311)**	**(3,306)**
Income tax expense	(153)	(481)	(748)	(2,148)
Net loss	**$ (14,222)**	**$ (177)**	**$ (2,059)**	**$ (5,454)**
Basic and diluted net loss per share	$ (0.28)	$ (0.00)	$ (0.04)	$ (0.11)
Basic and diluted weighted-average number of shares outstanding	51,559,315	50,403,717	51,105,338	50,262,697

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www.immunocore.com
Registered in England: 06456207
VAT registration: 415 7913 87

IMMUNOCORE

Immunocore Holdings plc
Condensed Consolidated Balance Sheets
As of September 30, 2026 and December 31, 2025
(In thousands)
(Unaudited)

	September 30, 2026	December 31, 2025
Assets		
Current assets		
Cash and cash equivalents	$ 512,245	$ 467,709
Marketable securities	389,053	396,444
Accounts receivable, net	88,032	73,977
Prepaid expenses and other current assets	63,636	51,870
Inventory, net	7,467	6,742
Total current assets	**1,060,433**	**996,742**
Property and equipment, net	14,053	11,462
Operating lease right of use assets, net	36,272	38,783
Other non-current assets	18,481	20,282
Total assets	**$ 1,129,239**	**$ 1,067,269**
Liabilities and shareholders' equity		
Current liabilities		
Accounts payable	$ 21,385	$ 24,364
Accrued expenses and other current liabilities	205,894	219,744
Deferred revenue, current	573	583
Operating lease liabilities, current	1,767	2,006
Total current liabilities	**229,619**	**246,697**
Accrued expenses, non-current	41,600	—
Deferred revenue, non-current	4,344	4,858
Operating lease liabilities, non-current	39,220	41,556
Interest-bearing loans and borrowings	394,750	393,125
Total liabilities	**709,533**	**686,236**
Shareholders' equity		
Ordinary shares	139	136
Deferred shares	1	1
Additional paid-in capital	1,286,584	1,240,255
Accumulated deficit	(833,334)	(831,275)
Accumulated other comprehensive loss	(33,684)	(28,084)
Total shareholders' equity	**419,706**	**381,033**
Total liabilities and shareholders' equity	**$ 1,129,239**	**$ 1,067,269**

IMMUNOCORE

Immunocore Holdings plc
Summary Condensed Consolidated Statements of Cash Flows
For the Nine Months Ended September 30, 2026 and 2025
(In thousands)
(Unaudited)

	2026	2025
Cash and cash equivalents at beginning of period	$ 467,709	$ 455,731
Net cash provided by operating activities	22,243	21,943
Net cash provided by (used in) investing activities	8,087	(15,460)
Net cash provided by financing activities	20,896	8,087
Net foreign exchange difference on cash held	(6,690)	28,112
Cash and cash equivalents at end of period	**$ 512,245**	**$ 498,413**

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