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):
March 15, 2021

Immunome, Inc.
(Exact name of registrant as specified in its charter)

Delaware
(state or other jurisdiction
of incorporation)

001-39580
(Commission
File Number)

77-0694340
(L.R.S. Employer
Identification No.)

665 Stockton Drive, Suite 300
Exton, Pennsylvania
(Address of principal executive offices)

19341
(Zip Code)

Registrant’s telephone number, including area code: (610) 321-3700

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:

<table>
<thead>
<tr>
<th>Title of each class</th>
<th>Trading Symbol</th>
<th>Name of each exchange on which registered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock, $0.0001 par value per share</td>
<td>IMNM</td>
<td>The Nasdaq Stock Market LLC</td>
</tr>
</tbody>
</table>

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 7.01 Regulation FD Disclosure.

On or about March 16, 2021, Immunome, Inc. (the “Company”) will be posting a presentation to its website that may be used by the Company from time to time with investors, analysts, collaborators, vendors or other third parties. A copy of the presentation is furnished as Exhibit 99.1.

The information in this Item 7.01, including the attached exhibit, is furnished solely pursuant to Item 7.01 of Form 8-K. Consequently, such information is not deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, or otherwise subject to the liabilities of that section. Further, the information in this Item 7.01, including the exhibit, shall not be deemed to be incorporated by reference into the filings of the registrant under the Securities Act of 1933.

Cautionary Statement Regarding Forward-Looking Information

This current report on Form 8-K contains “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than those of historical fact in this presentation and accompanying oral commentary are forward-looking statements. Forward-looking statements may be identified by terminology such as “believe,” “anticipate,” “plan,” “may,” “intend,” “will,” “should,” “expect,” “estimate,” “potential” and “continue” and similar expressions, including the negative of these words, but not all forward-looking statements contain these words. Forward-looking statements include, but are not limited to, statements regarding our financial position, strategy, business plans; expectations regarding the timing, progress and achievement of our research and development activities, preclinical studies, any clinical trials and regulatory filings and submissions; our ability to secure and execute on partnerships and collaborations; our expectations regarding the activity and therapeutic potential of our current and future product candidates; our achievement of corporate milestones and the implementation of our business model; and the adequacy of our financial resources to support our operations. Forward-looking statements are based on our current expectations and are subject to inherent uncertainties, risks and assumptions applicable to Immunome and our industry in general that are difficult to predict. Factors that could cause actual results to differ include, but are not limited to, those risks and uncertainties associated with our ability to execute on our strategy, including with respect to the timing of our R&D efforts, regulatory filings, initiation of clinical studies and other anticipated milestones; the timing and effectiveness of any antibody therapeutics which may be developed by us; our ability to finance our operations; the impact of the COVID-19 pandemic on our business, operations, strategy, goals and anticipated milestones; and the additional risks and uncertainties set forth more fully under the caption “Risk Factors” in our final prospectus dated October 1, 2020 and filed pursuant to Rule 424(b) under the Securities Act of 1933 with the United States Securities and Exchange Commission (SEC) and elsewhere in our filings and reports with the SEC. These risks, uncertainties and other factors may cause our actual results to differ materially and adversely from what is contained in (or may be implied from) any forward-looking statements. Forward-looking statements speak as of the date they are made, and the Company undertakes no obligation to update them except as may be required under applicable law.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

<table>
<thead>
<tr>
<th>Exhibit No.</th>
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<tbody>
<tr>
<td>99.1</td>
<td>Presentation dated March 15, 2021 (furnished herewith)</td>
</tr>
<tr>
<td>104</td>
<td>Cover Page Interactive Data File (embedded within the Inline XBRL document)</td>
</tr>
</tbody>
</table>
Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

IMMUNOME, INC.

By: /s/ Purnanand D. Sarma
   Purnanand D. Sarma, Ph.D.
   President and Chief Executive Officer

Dated: March 15, 2021
Harnessing the Human Memory B Cell Response
To Develop Antibody-Based Therapeutics
Forward Looking Statements

This presentation and any accompanying oral commentary contain "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than those of historical fact in this presentation and accompanying oral commentary are forward-looking statements. Forward-looking statements may be identified by terminology such as "believe," "anticipate," "plan," "may," "intend," "will," "should," "expect," "estimate," "potential" and "continue" and similar expressions, including the negative of these words, but not all forward-looking statements contain these words. Forward-looking statements include, but are not limited to, statements regarding our financial position, strategy, business plans, expectations regarding the timing, progress and achievement of our research and development activities, preclinical studies, any clinical trials and regulatory filings and submissions; our ability to secure and execute on partnerships and collaborations; our expectations regarding the activity and therapeutic potential of our current and future product candidates; our achievement of corporate milestones and the implementation of our business model; and the adequacy of our financial resources to support our operations. Forward-looking statements are based on our current expectations and are subject to inherent uncertainties, risks and assumptions applicable to us and our industry in general that are difficult to predict. Factors that could cause actual results to differ include, but are not limited to, those risks and uncertainties associated with our ability to execute on our strategy, including with respect to the timelines of our R&D efforts, regulatory filings, initiation of clinical studies and other anticipated milestones; the timing and effectiveness of any antibody therapeutics which may be developed by us; our ability to finance our operations; the impact of the COVID-19 pandemic on our business, operations, strategy, goals and anticipated milestones; and the additional risks and uncertainties set forth more fully under the caption "Risk Factors" in our final prospectus dated October 1, 2020 and filed pursuant to Rule 424(b) under the Securities Act of 1933, as amended, with the United States Securities and Exchange Commission (SEC) and elsewhere in our filings and reports with the SEC. These risks, uncertainties and other factors may cause our actual results to differ materially and adversely from what is contained in (or may be implied from) any forward-looking statements.

We operate in a quickly evolving industry and it is not possible to predict all risks and uncertainties. Forward-looking statements speak as of the date they are made, and the Company undertakes no obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except as required under applicable law. In addition, statements that "we believe" and similar statements reflect our beliefs and opinions on the relevant subject. These statements are based on information available to us as of the date of this presentation. While we believe that information provides a reasonable basis for these statements, that information may be limited or incomplete. Our statements should not be read to indicate that we have conducted an exhaustive inquiry into, or review of, all relevant information.

In this presentation and oral commentary, we may discuss our current and potential future product candidates that have not yet been approved for marketing by the U.S. Food and Drug Administration. No representation is made as to the safety or effectiveness of these current or potential future product candidates for the use for which such product candidates are being studied.

This presentation does not constitute an offering of securities of any kind.
Harness the Power of the Most Educated Components of the Human Immune System

- Rapid and unbiased interrogation of human memory B cells to identify novel targets and antibodies directed at them
- Output has potential to advance 1-2 candidates into IND-enabling studies per year
- Broad applicability across therapeutic areas allows for partnering opportunities

- First-in-class fully human antibody targeting IL-38 protein
- IND filing anticipated in 2H 2021
- Growing portfolio of over 50 novel antibody-target pairs for additional therapeutic candidates

- COVID-19 Multi-Antibody Cocktail targeting SARS-CoV-2
- IND filing anticipated in 1H 2021
- $13.3M contract from U.S. Department of Defense to fund IMM-BCP-O1 research and development
- Rapid B cell interrogation potentially enables rapid response to future infectious disease threats

Immunome, Inc. | Page 3
Memory B cells are the most educated component of the immune response:

- Memory B cells remember specific antigens and allow for a rapid antibody response.
- The antibodies that these cells produce are a primary component of the body’s response to a number of diseases:
  - In cancer, the presence of memory B cells in tumors is associated with favorable outcomes in response to I/O therapy.
  - In infectious disease, these cells produce the high-affinity antibodies that are responsible for fighting disease.
Unbiased Interrogation of Memory B Cells Yields a Deep and Diverse Set of Potential Therapies

**Immunome Discovery Engine**

**Patient Sampling**
Ongoing access to new and diverse patient memory B cells to feed the engine

**Patient Response**
Capture memory B cells from cancer or infectious disease patients

**Antibody Screening**
Deep, multiplexed interrogation of patient memory B cell responses

**Antibody Validation**
Definitive target identification and characterization of antibody / target interactions

**Discovery Engine Output**
Unique therapeutic antibody / antigen target pairs

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**Immunome Discovery Engine Differentiators**

- Primary human memory B cells immortalized as stable hybridomas - **thousands** of hybridomas per patient
- High-throughput screening - **20,000 antibodies per array**
- Deep **interrogation of patient response** to generate "hits," high conversion rate from hits to targets
- Directly isolates **potential therapeutic antibodies** for use in oncology and infectious diseases
<table>
<thead>
<tr>
<th>Oncology</th>
<th>Target</th>
<th>Product Candidate Description</th>
<th>Discovery</th>
<th>Preclinical</th>
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<td>IMM-3CF-01</td>
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T cell targeted immuno-oncology approaches have redefined the way we treat cancer.

However, large number of patients cannot be treated using T cell-targeted approaches.

Tumors subvert immunity through multiple mechanisms, often simultaneously.

T cell compartment is only one component of a complex immune response to tumors.

B cells offers untapped biology and a new approach to advancing a novel wave of targets and therapies.
Immunome's Discovery & Output

Memory B Cell Interrogation Reveals Target "Clusters"

Provides critical insights into cancer biology such as:

- Common biological processes that may have disease relevance, such as exosome control of the tumor microenvironment
- Novel immune checkpoints that serve as functional, tumor-derived inhibitors of immunity

A Highly Productive Platform; Outputs To Date:

- 300,000 hybridomas
- 1,300 hits
- 50+ antibody / antigen pairs

3. Including some immunochemistry-related targets such as IHC.
IL-38: A Novel Oncology Target

IL-38 Appears to Dampen Anti-Tumor Immunity

Blocking IL-38 is expected to boost anti-tumor immunity

- IL-38 is an IL-1 cytokine family member, but most closely resembles the natural antagonists of the family (IL-1Ra and IL-36a)
- IL-38 inhibits infiltration & pro-inflammatory activity of innate immune cells (e.g., MØ, γδT cells, DCs)
- IL-38 inhibits innate immune responses by dendritic cell precursors, macrophages
IL-38 Expression in Solid Tumors

TCGA (The Cancer Genome Atlas) Analysis Suggests IL-38 is Expressed Across Multiple Solid Tumor Types

Inverse relationship between IL-38 expression and immune cell infiltration in tumors

- IL-38 expressed at high levels in subsets of biopsies of major solid tumors.¹
- Biopsy material from 400 lung cancer patients revealed association between high IL-38 expression levels and poor patient outcomes.²

¹ Immune analysis of the Cancer Genome Atlas (TCGA) data from Firehouse Legacy dataset
² Takada et al. JCO 2017 doi.org/10.1215/jcbrms.2017.1295
Low IL-38 correlates with longer disease-free & overall survival in lung adenocarcinoma patients

High IL-38 expression correlates with PD-L1 positive cases in lung cancer

Takada et al. PLOS ONE 2017 doi.org/10.1371/journal.pone.0181598
IL-38 and Innate Immunity

IL-38 Inhibits Myeloid Cell Activation in Vitro

Blocks IL-36 mediated inflammatory signals

Suppresses Dendritic Cell Function

Inhibits macrophage inflammatory response

IL-36γ induced IL-8 in PBAICs
PNAS 2012;109 (8):3001

Reduction of DC Stimulatory Capacity

LPS induced RNA expression in THP-1
Immunome Data
IL-38 Antibody
In Vivo Efficacy

**IMM-ONC-01 Inhibits Tumor Growth in Animal Model**

- B16 F10 mouse melanoma model: immunologically cold
- Expresses IL-38: Immune-suppressive tumor microenvironment
- Mouse CTLA4 inhibitor: relevant I/O control for this model
IMM-ONC-01 is a first-in-class, fully-human antibody candidate targeting IL-38

- IL-38 regulates adaptive and innate immunity by binding receptors found on immune cell subsets
- IL-38 is highly expressed in multiple human solid tumors
- Modulation of IL-38 levels in mouse models correlates with immune responsiveness, tumor growth
- Immunome's anti-IL-38 antibody candidate binds and antagonizes IL-38 activity in vitro and demonstrates efficacy in mouse syngeneic tumor models
- Potential indications include multiple cancers with high unmet medical need, both as single-agent and in combination with standards of care including PD1-axis
- IMM-ONC-01 IND filing anticipated in 2H 2021
| Discovery engine enables rapid isolation of antibodies against SARS-CoV-2 and potentially other infectious agents |
|---|---|---|
| **Select convalescent patients with strong anti-viral titer** | **Deep repertoire screening against multiple viral proteins** | **Antibody cocktail for potential prophylaxis and treatment** |
| Collect blood and isolate memory B cells from super responders | Screen for anti-viral antibodies | Produce antibody mixture (up to 6 Abs) using recombinant manufacture |

Collaboration with U.S. DoD awarded, up to $13.3M in funding
**Hypothesis**

**Single Neutralizing Antibody**
- Targets single protein
- New strains may readily evade

**IMM-BCP-01**
- Targets multiple viral proteins
- Broader coverage across multiple variants

**IMM-BCP-01 Profile**
- Multiple antibodies against diverse viral antigens
- Approach can be exploited as a rapid response platform for use against other emerging infections
More than 50% of the antibodies identified bind to SARS-CoV-2 proteins other than Spike.

- Open Reading Frame-coded (ORF) proteins and nucleocapsid represent the most prevalent non-spike targets.
- Antibody response to neutralizing and non-neutralizing epitopes on spike protein are committed to B cell memory.
- Response appears to extend beyond Immunoglobulin G (IgG), comprising of affinity-matured antibodies with specialized function (IgA and IgM).

B Cell Interrogation of Super-Responders

Anti-SARS-CoV-2 Antibodies from “Super Responders”

Somatic Hypermutations in Identified Antibodies (All isotypes)
**Anti-Spike Antibodies**

Super Responders Express Broadly Neutralizing Antibodies, Including Those Binding to Conserved Epitopes of SARS-CoV-1 and SARS-CoV-2

**SARS-CoV2 super responders mount a robust immune response**

- Antibodies identified against non-overlapping regions of SARS-CoV-2 spike protein, including those regions containing critical mutational variants
- Certain antibodies also neutralize pseudoviruses expressing the spike protein of the South African Variant (B.1.351)
- Our discovery engine has identified antibodies that bind to conserved epitopes of SARS-CoV-1 and SARS-CoV-2 spike
IMM-BCP-01: potential as therapy and prophylaxis for SARS-CoV-2

- Immunome data confirm that patients mount immune response against multiple SARS-CoV-2 antigens
- IMM-BCP-01 antibody selection is currently underway
- Anti-Spike antibodies demonstrate capability of neutralizing multiple SARS-CoV-2 variants
- Contract Development and Manufacturing Organization has been selected
- Planned IND filing in H1 2021
## Immunome Pipeline & Anticipated Milestones

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Proprietary Discovery Engine enables the interrogation of human memory B cells to simultaneously identify potential first-in-class antibody therapeutics and novel antigen targets
  - Unbiased, broad, deep and fast

Two lead preclinical programs in oncology and infectious disease, with INDs expected in 2021
  - IMM-ONC-01: First-in-class fully-humanized anti-IL38 antibody
  - IMM-BCP-01: Antibody cocktail against diverse SARS-CoV-2 antigens

The Discovery Engine efficiency potentially allows 1-2 programs IND-enabling studies per year
  - Over 1,300 oncology hits; 50+ targets
  - Significant potential as a rapid response platform against future infectious agents
Management Team

Leadership with experience in the fields of oncology, infectious disease, drug discovery and leveraging platform technologies for drug development

Permanand Sarma, PhD
President & CEO
Former CEO, TARIS Biomedical, VP & GM, Cephalon, VP & Managing Director, Nektar Therapeutics

Michael Morin, PhD
Chief Science Officer
Oversaw cancer, immunology and anti-bacterial drug discovery

Diane Marou
Chief Financial Officer

Sandra Stoneman, Esq.
Chief Legal Officer

Matthew Robinson, PhD
SVP, Research & Development

Fong Shen, PhD
VP, Research & Translational Biology

Dennis Dong, PhD
VP, Product Development

Pavel Nikitin, PhD
Director, Antibody Engineering

Jillian DiMusio
Senior Director, HTS & Automation

Ben Herman, PhD
Director, Target Identification

Lifang Liang, PhD
Head of Anti-Infectives & Government Liaison
Scientific Advisory Board

**Oncology**

Scott Dessain, MD, PhD  
Chair, Founder  
Joseph and Ray Gordon Chair of Clinical Oncology and Research  
at Lankenau Institute for Medical Research

George Prandorgast, PhD  
Cancer Biology  
Former Editor of Cancer Research  
President and CEO of Lankenau Institute for Medical Research

William Strohl, PhD  
Antibody Engineering & GMP  
Formerly Centocor, Biologics Lead at J&J

Anthony Tolcher, MD, FRCP  
Early Clinical Development  
NEXT Oncology, San Antonio Medical Center

Louis Weiner, MD  
Immunos Oncology  
Director, Georgetown Lombardi Comprehensive Cancer Center  
and Director, MedStar Georgetown Cancer Institute

**COVID-19**

Michael Diamond, MD, PhD  
Washington University School of Medicine  
The Herbert S. Gasser Professor of Medicine and Professor of Molecular Biology  
Pathology and Immunology  
Associate Director, the Andrew M. and Jane M. Bursky Center for Human Immunology and Immunotherapy Programs

Jeffery Henderson, MD, PhD  
Washington University  
Associate Professor of Medicine and Molecular Biology  
Member, National Convalescent Plasma Project (CCPP19)

Shmuel Shoham, MD  
Johns Hopkins University School of Medicine  
Associate Professor of Medicine  
Member, National Convalescent Plasma Project (CCPP19)

Susan Weiss, PhD  
University of Pennsylvania Perelman School of Medicine  
Professor and Vice Chair, Department of Microbiology  
Co-Director, Penn Center for Research on Coronaviruses and Other Emerging Pathogens
Michael Rapp  
Managing Partner, Broadband Capital Investments, LLC

Richard Baron  
Formerly Chief Financial Officer, Zynerba Pharmaceuticals

John LaMattina, PhD  
Formerly President, Pfizer Global Research & Development

Michael Lefenfeld  
President and CEO, Cyano International  
Co-founder of SiGNa Chemistry

Purnanand Sarma, PhD  
President & CEO, Immunome Inc.

Philip Wagenheim  
Managing Partner, Broadband Capital Partners, LLC

Michael Widlitz, MD  
Formerly of clinical development & medical affairs at Pfizer