INOVIO
POWERING DNA MEDICINES™

Powering a New Decade of DNA Medicines

June 2022

Nasdaq:INO

Forward-Looking Statements

This presentation includes statements that are, or may be deemed, “forward-looking statements,”” within the meaning of Section 27A of the Securities Act of 1933, as amended. All statements, other than statements of historical facts, included in this presentation regarding our strategy, future operations, future financial position, future revenue, projected costs, prospects, plans and objectives of management are forward-looking statements. In some cases, you can identify forward-looking statements by terms such as “may,” “might,” “will,” “objective,” “intend,” “should,” “could,” “can,” “would,” “expect,” “believe,” “anticipate,” “project,” “target,” “design,” “estimate,” “predict,” “opportunity,” “proposition,” “strategy,” “potential,” “plan” or the negative of these terms and similar expressions intended to identify forward-looking statements.

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In addition, the forward-looking statements included in this presentation represent INOVIO's views as of the date hereof. INOVIO anticipates that subsequent events and developments may cause its views to change. However, while INOVIO may elect to update these forward-looking statements at some point in the future, the company specifically disclaims any obligation to do so, except as may be required by law. These forward-looking statements should not be relied upon as representing INOVIO's views as of any date subsequent to the date of this presentation.

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Powering DNA Medicines

INOVIO is focused on developing and commercializing DNA medicines to help protect people from infectious diseases and help treat people with cancer and HPV-associated diseases.

Optimized DNA plasmids delivered through **proprietary smart device**

Extensive patent portfolio protecting technology platform

Designed to **treat and prevent cancers & infectious diseases**

Targets multiple antigenic sequences; combining multiple antigens into single vial

Balanced humoral and cellular immune responses to a wide range of antigen targets

Well-tolerated in more than 15,000 administrations (~5k participants)

No frozen storage issues (room temp storage >1 yr.)

No anti-vector response; ability to readminister and boost

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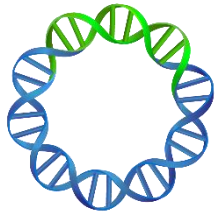
INOVIO's Proprietary Technology

OPTIMIZED PLASMID DESIGN AND DELIVERY TECHNOLOGY

PRECISELY DESIGNED PLASMIDS (SynCon®)



PROPRIETARY SMART DEVICES (CELLECTRA®)

Intramuscular (IM) Device for Pre-Cancers & Cancers

Intradermal (ID) Device for Vaccines

IN VIVO

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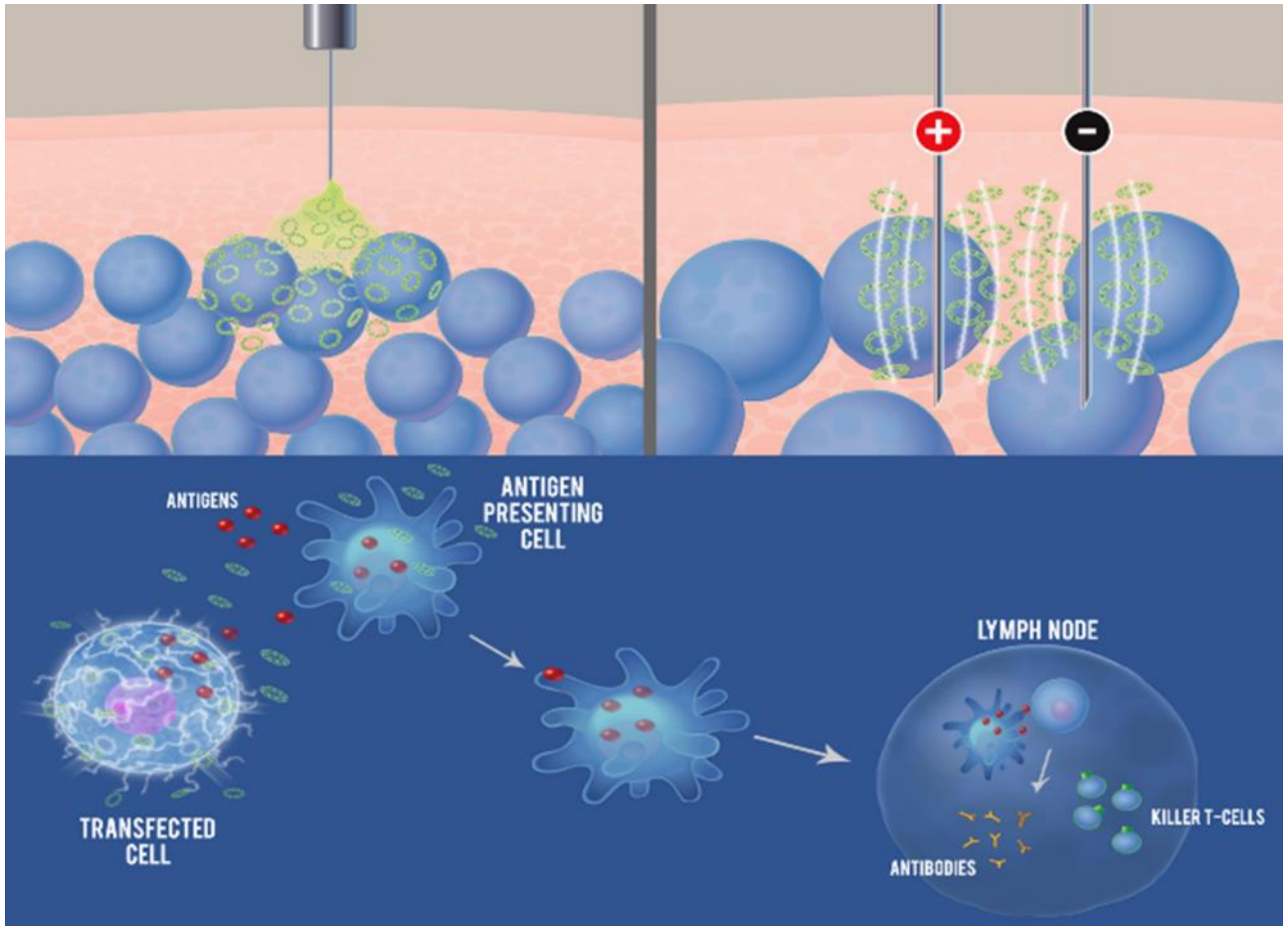
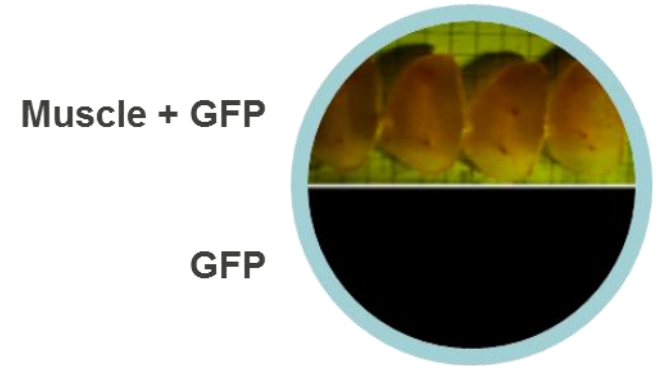
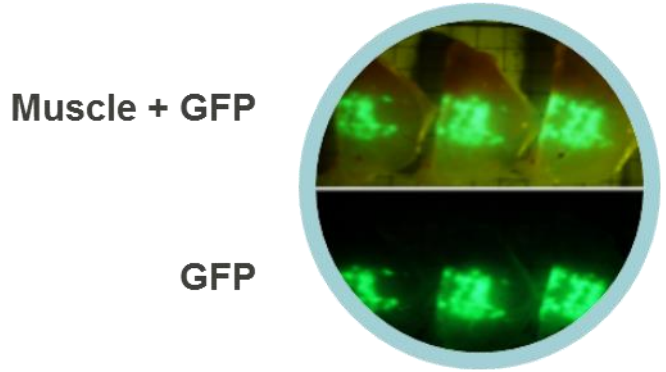
DNA Delivered with CELLECTRA Results in Improved Immune Responses



No CELLECTRA



With CELLECTRA



Sardesai NY, et al. *Curr Opin Immunol.* 2011;23(3):421–429.
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"GFP" – Green Fluorescent Protein

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INOVIO DNA Medicines Pipeline

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COVID-19
& Infectious Diseases

INOVIO DNA Platform Key Attributes

INOVIO's DNA platform is an important novel vaccine technology, as it provides favorable CD8 T cell response, ability to readminister, and temperature stability.

SELECT DIMENSIONS	ADVANTAGES	ONGOING AND FUTURE PANDEMIC IMPACT
CD8+ RESPONSE	Drives **CD8+ responses** – likely to mitigate the threat of new circulating strains	T-cell responses may be an **effective countermeasure** for the **next pathogen**
ANTIBODY RESPONSE	Binding antibodies & neutralizing antibodies **at all doses and age groups**	Platform can direct **cross-neutralizing responses**
BOOSTABILITY	Can be **re-administered multiple times**, leading to potentially increased CD8 response	Opportunity for **homologous and heterologous boosting**
SAFETY, TOLERABILITY, REACTOGENICITY	**Well-tolerated** in 5,000+ participants and 15,000+ doses	Immunogenic with **minimal side effects** and no increased reactogenicity with boosting
STORAGE AND TRANSPORTATION	**Reduced reliance on cold chain** - stores at 2-8° C for 5 years and at ambient for 1 year	**No frozen cold chain requirement** – simplified logistics for mass vaccinations and remote locations
RAPID DESIGN AND MANUFACTURE	INOVIO's DNA medicines can be **designed quickly** through optimized SynCon® technology	**Quick response to emerging threats** with clinical trials started in 3 months
COMMERCIAL READINESS	Invested in **manufacturing** equipment, manufacturing capacity **reservations**, and operational **infrastructure**	Prepared to **manufacture** volumes within a **short period**

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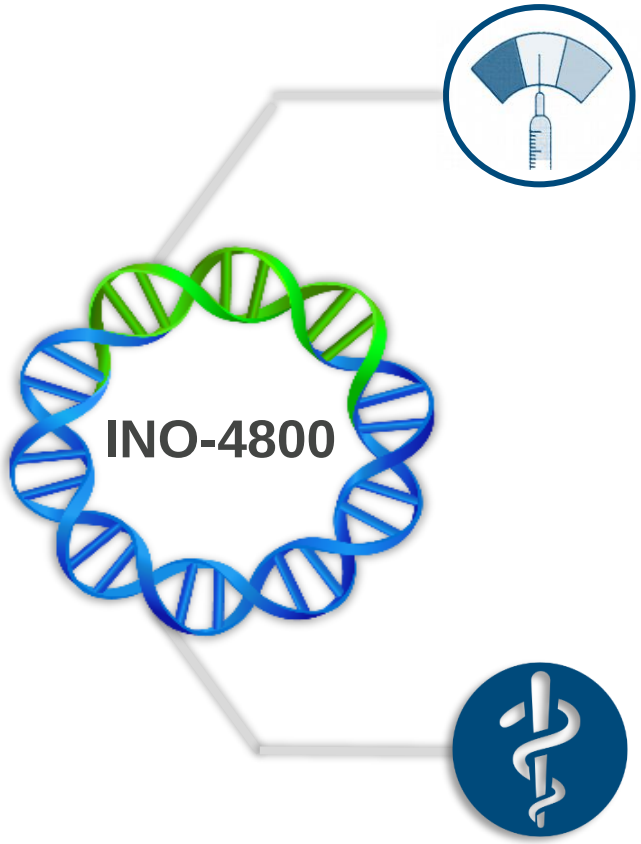
COVID-19 Vaccine Candidate INO-4800 Pathways



Heterologous Boost

- HB strategy represents a greater opportunity as COVID-19 enters the endemic phase
- Currently in discussions with regulators in key countries regarding trial and pathways to licensure
- Key characteristics of INO-4800 could make it an ideal Heterologous Boost candidate
  - Cross reactive CD8 T cell response and associated durability of response
  - Ability to readminister (no anti-vector response)
  - Temperature stability
- Preliminary T cell response data from Advaccine's booster trials in China support INO-4800's potential as a booster

WHO-Sponsored Solidarity Trial Vaccines

- Global Phase 3 placebo-controlled trial will enroll 40,000 participants
- Trial represents the largest global clinical trial for COVID-19 vaccine candidates
- INO-4800 was selected by the WHO's independent vaccine prioritization advisory group

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Heterologous Boost – INO-4800

Path Forward

- **Evaluating the feasibility of an additional ex-US heterologous boost trial with INO-4800** as a booster in a non-inferiority clinical trial compared to viral and inactivated COVID-19 vaccines

Global Demand

- Currently licensed vaccines may not meet the global demand for boosters to **address waning protection** from these primary vaccinations

Key Features

- INOVIO's DNA vaccine technology make it a potential booster candidate including:
  - **Cross-reactive T-cell responses**
  - **Tolerability of re-administration**
  - **Temperature stability for transport, storage, and distribution**

Preliminary T Cell Data from China Homologous and Heterologous Boost Data

- Two doses of inactivated vaccine followed by a boost with INO-4800 resulted in an increase in the T cell immune response by 6.3 fold
- In a separate study Advaccine assessed three doses of inactivated vaccine. The cellular response was increased by 1.7 fold.

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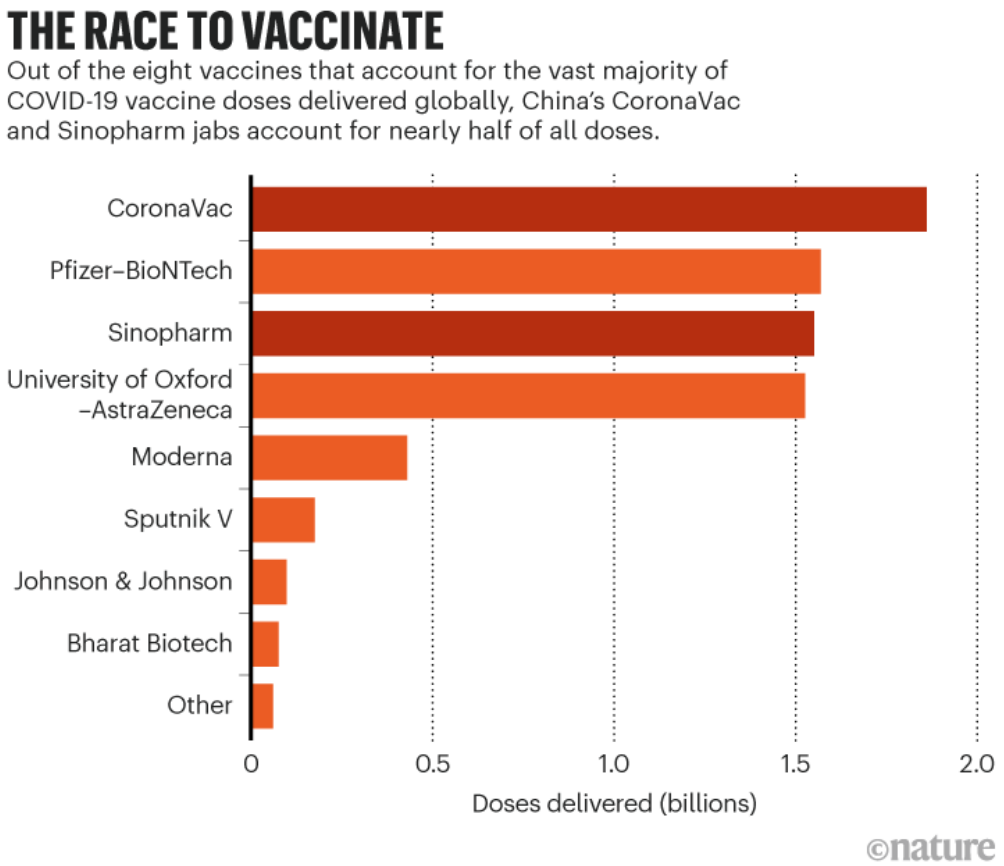
Heterologous Boost Market Potential



Source: Data from Airfinity.

- Booster market is much larger than primary vaccine market
- Inactivated and viral vector vaccines have been administered primarily in Low- and Middle-Income countries
- About 2.4 billion doses of the Chinese vaccines have been administered in China, but almost 1 billion doses have gone to 110 other countries
- Global demand for heterologous boosters may not be met with currently licensed vaccines (EUA or full authorization) for primary series or those not currently licensed but with Phase 3 data efficacy data
- Market reset focused now on heterologous boost

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Infectious Disease Pipeline Progress

INO-4500 for Lassa Fever

- Phase 1b clinical trial
- **Completed enrollment of 220 participants**
- Funded by CEPI
- Conducted in Ghana

INO-4700 for MERS

- Phase 2 clinical trial in approximately 500 participants
- **Completed enrollment for dose-finding stage (192 participants)**
- Funded by the CEPI
- Conducted at sites in Jordan, Lebanon, and Kenya

INO-4201 for Ebola

- Phase 1b clinical trial
- **Completed enrollment of 46 participants**
- Funded by DARPA
- Evaluating INO-4201 as a booster in participants previously vaccinated with Ervebo®

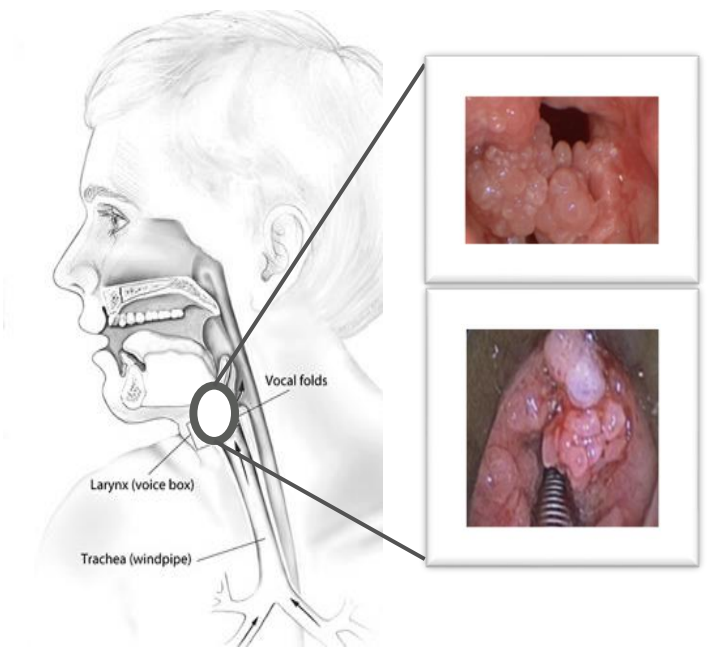
Collaborations & Partnerships for ID Programs

HPV Programs

INO-3107 against Recurrent Respiratory Papillomatosis (RRP) caused by HPV 6/11

- **HPV-associated disease; caused by HPV 6/11**
- Rare, orphan disease with **~approx. 7,330 total active cases within the U.S.**[1], where virtually all of those require surgical procedures
  - **~3,000 new cases per yr. in the U.S.**
- Growths can lead to life-threatening airway obstructions
  - **Standard of care is lifelong surgery, repeated as needed to address symptoms**
  - Currently, disease is incurable and can only be treated as needed by surgery to remove tumors to temporarily restore the airway
- RRP may occur in adults as well as in children

Areas affected by Recurrent Respiratory Papillomatosis (RRP)



INO-3107 Update & Catalysts

- **Granted Orphan Drug Designation** in July 2020
- **Completed enrollment of 32 participants** in an open-label, multicenter **Phase 1/2 clinical trial** in participants with HPV 6/11-associated RRP (1Q22)
- Immune responses and **early clinical benefit data from Phase 1/2 trial in 2H22**
- **Phase 3 trial expected in 1H23**

Source: [1] Hughes K, Herring TA, Yang J, Doherty M, Briggs M, Brown AS, Skolnik J, & Seeger J. Recurrent Respiratory Papillomatosis (RRP) – All-Ages US Prevalence in 2018. Oral presentation at the 34th International Papillomavirus Conference, Nov. 15-19, 2021.

INO-3107 Phase 1/2 Study in RRP – Data Expected in 2H22

TRIAL: INO-3107 (for HPV Subtypes 6 and/or 11-caused RRP)

Granted Orphan Drug Designation

Phase 1/2 open-label, multi-center clinical study

x32

Target enrollment

4 doses of vaccine, 3 weeks apart on Day 0, Weeks 3, 6, 9

CELLECTRA-delivered INO-3107 plasmid encoded antigens (Intramuscular)

Enrollment criteria: Participants who have required at least two surgical interventions per year for the past three years for the removal of associated papilloma(s)

Primary endpoint: A doubling or more in the time between surgical interventions following the first dose of INO-3107 relative to the frequency prior to study therapy

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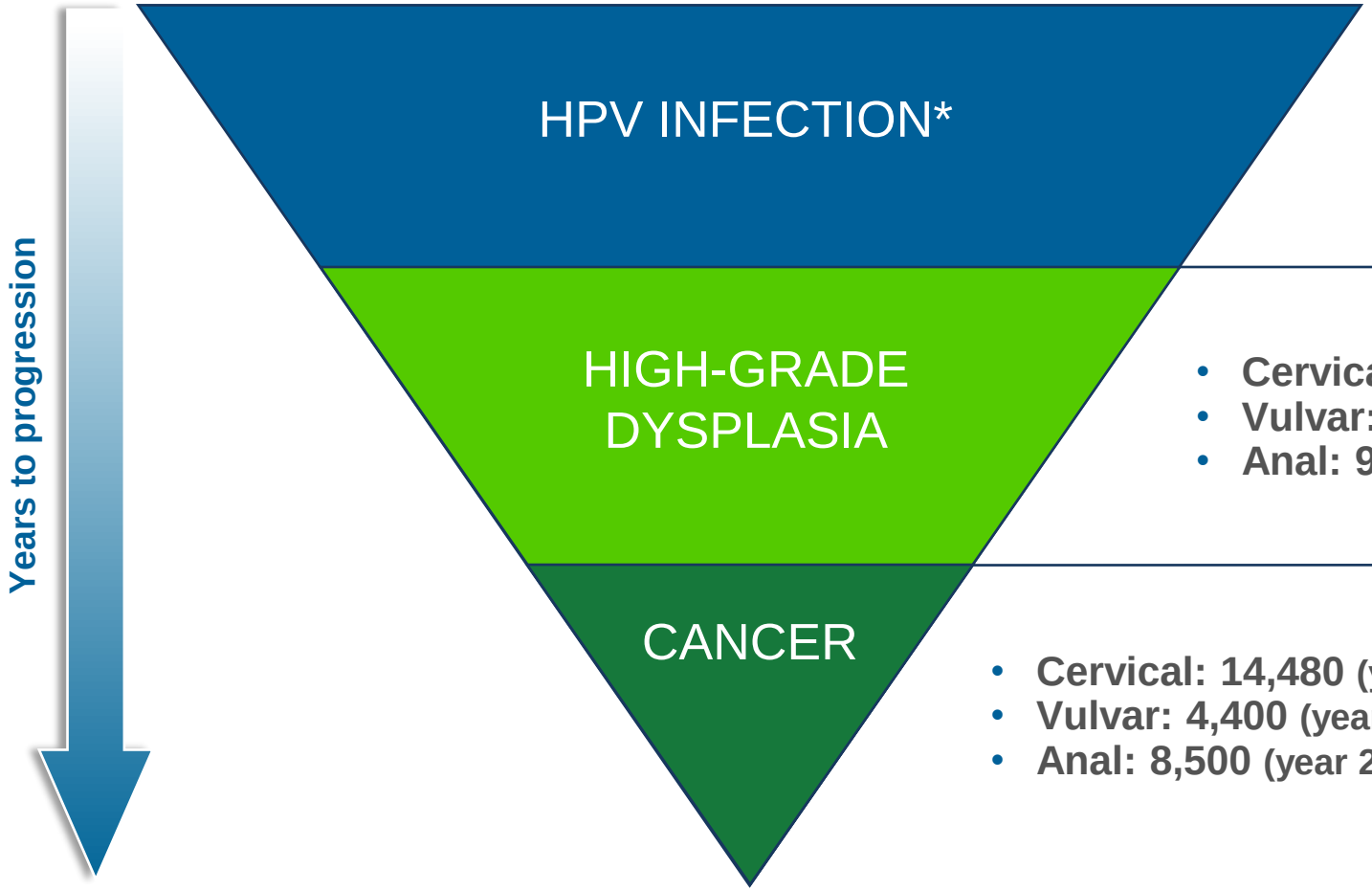
HPV-Associated Anogenital Disease Burden Overview

Estimated US cases per year :



- **42.5M infected**
  (age 15-59 years; year 2018)[1]
- **13M new infections**
  (age 15-59 years; year 2018)[1]
  ***Urinary or genital organ HPV infection**

- **Cervical: 196,000 (year 2016)[2a, 2b]**
- **Vulvar: 10,960 to 13,700 (year 2019)[3]**
- **Anal: 9,580 to 11,975 (year 2019)[4]**

- **Cervical: 14,480 (year 2022)[5]**
- **Vulvar: 4,400 (year 2022)[2b, 6]**
- **Anal: 8,500 (year 2022)[2b, 6]**

Sources: [1] Kreisel KM, Spicknall IH, Gargano JW, Lewis FMT, Lewis RM, Markowitz LE, Roberts H, Johnson AS, Song R, St Cyr SB, Weston EJ, Torrone EA, Weinstock HS. **Sexually Transmitted Infections Among US Women and Men: Prevalence and Incidence Estimates, 2018**. Sex Transm Dis. 2021 Apr 1;48(4):208-214. [2a] McClung NM, Gargano JW, Park IU, Whitney E, Abdullah N, Ehlers S, Bennett NM, Scahill M, Niccolai LM, Brackney M, Griffin MR, Pemmaraju M, Querec TD, Cleveland AA, Unger ER, Markowitz LE; HPV-IMPACT Working Group. **Estimated Number of Cases of High-Grade Cervical Lesions Diagnosed Among Women - United States, 2008 and 2016**. MMWR Morb Mortal Wkly Rep. 2019 Apr 19;68(15):337-343. [2b] Inovio Pharmaceuticals, internal estimates from published data 2015-2022). [3] Herring TA; Buzinec P; Bancroft T; Nowak LM; Bhuyan PK; and Briggs M. **Vulvar High-Grade Squamous Intraepithelial Lesion (HSIL): US Epidemiology Burden in the Post-HPV Vaccine Introduction Era of 2015 – 2019**. Poster presentation at the 34th International Papillomavirus Conference, Nov. 15-19, 2021. [4] Herring TA; Buzinec P; Bancroft T; Nowak LM, Skolnik J, Bhuyan PK; and Briggs M. **Anal High-Grade Squamous Intraepithelial Lesion (HSIL): US Epidemiology Burden in the Post-HPV Vaccine Introduction Era of 2015 – 2019**. Oral presentation at the 34th International Papillomavirus Conference, Nov. 15-19, 2021. [5] Siegel RL, Miller KD, Fuchs HE, Jemal A. **Cancer statistics, 2022**. CA Cancer J Clin. 2022 Jan;72(1):7-33. doi: 10.3322/caac.21708. Epub 2022 Jan 12. [6] Centers for Disease Control and Prevention. **Cancers Associated with Human Papillomavirus, United States—2014–2018**. USCS Data Brief, no. 26. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2021.

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VGX-3100 Phase 3 Program: HPV-Associated Cervical HSIL

TRIAL: VGX-3100

- Targets HPV 16/18 subtypes; E6/E7 oncogenes
- Designed to treat cervical high-grade squamous intraepithelial lesions (HSIL)

Phase 3 consists of 2 studies in parallel:

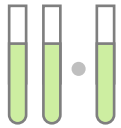
REVEAL1 (primary) n=201 – Enrollment Closed
Study follow-up through week 88 (as in Phase 2b)
Topline efficacy data reported 1Q21

REVEAL2 (confirmatory) n=198 – Enrollment Closed
Study follow-up through week 40
Topline efficacy data expected in Q422

Primary endpoint:
Regression of HSIL (CIN2/3) AND clearance of HPV 16/18 in the cervix

6 mo. Primary endpoint measured six months after completion of dosing (as in Phase 2b)

2:1 Randomized (2:1), double-blind, placebo-controlled



Dosing: month 0, 1, 3 (as in Phase 2b)

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VGX-3100: Phase 3 Program for HPV-Associated Cervical HSIL

- **REVEAL1: Achieved statistical significance for primary objective in all evaluable participants:** regression of cervical HSIL combined with virologic clearance of HPV subtypes 16/18, 6 months after administration
  - 23.7% (31/131) in treatment group vs. 11.3% (7/62) in placebo group
  - p=0.022; 12.4 difference in percentage, 95%CI: 0.4,22.5
  - mITT includes all participants w/ endpoint data (N=193)*
  - All secondary efficacy objectives achieved
- **REVEAL2:** Currently ongoing (**Topline data by Q422**)
  - Partnership with QIAGEN to develop pre-treatment predictive biomarker to help identify those likely to respond to VGX-3100
  - One or two additional well-controlled trials in the biomarker-positive population post REVEAL2 may be necessary to support approval of a marketing application for VGX-3100

** mITT, ITT and a third per-protocol (PP) were pre-specified in trial protocol. PP analysis will be performed upon trial completion.*

Immuno-Oncology

INO-5401 for Newly Diagnosed GBM

INO-5401/INO-9012 and Cemiplimab for Newly Diagnosed GBM

- INO-5401 is a DNA medicine composed of plasmids that encode for three tumor-associated antigens: human telomerase (hTERT), Wilms tumor-1 (WT-1), and prostate-specific membrane antigen (PSMA)
- INO-9012 is a synthetic DNA plasmid that encodes for human IL-12 designed to stimulate T cells locally without a systemic effect
- Cemiplimab is a high-affinity, highly potent, human, hinge-stabilized IgG4 monoclonal antibody to the PD-1 receptor
- In this study, INO-5401 and INO-9012 are combined with cemiplimab, in order to create an antigen-specific, activated T cell population
- **INOVIO has shown that INO-5401+INO-9012 delivered intramuscularly with cemiplimab and 40 Gy radiation/TMZ have an acceptable safety profile and are immunogenic**
- **Abstract providing follow-up Phase 1/2 data (including OS for MGMT-methylated cohort) presented at 2022 ASCO Annual Meeting**

INO-5401 for Newly Diagnosed GBM in Phase 1/2 Study in Collaboration with Regeneron

INO-5401 (encoding tumor-associated antigens: hTERT, WT1, PSMA) plus **INO-9012**, encoding IL-12

Phase 1b/2 open label study for **newly diagnosed glioblastoma (GBM)**

Combination with Regeneron's PD-1 checkpoint inhibitor cemiplimab

Primary Endpoints:
Safety, tolerability

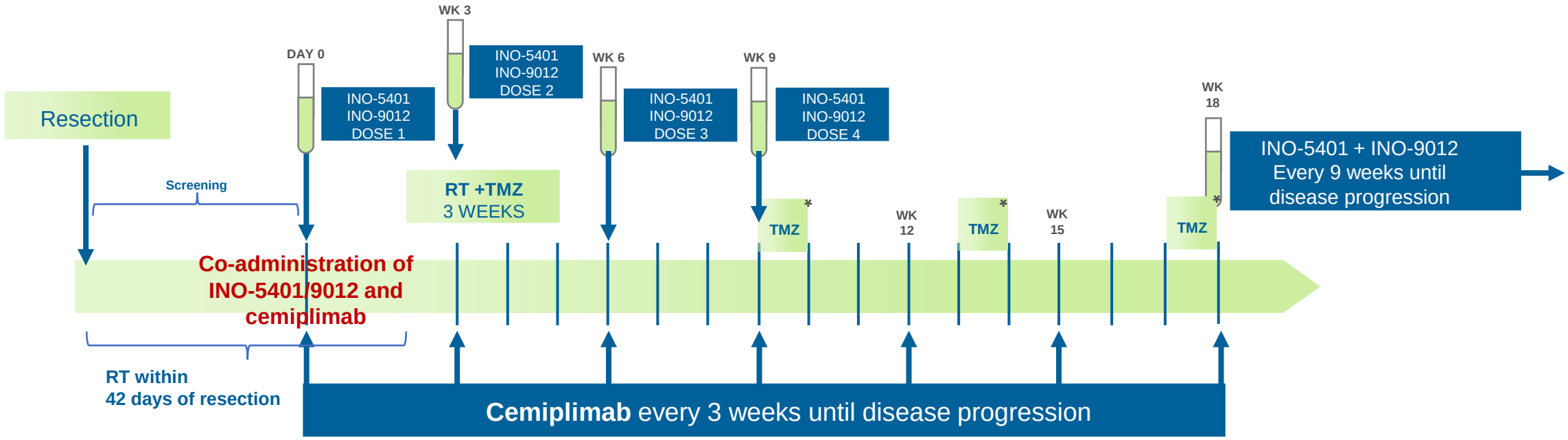
Secondary Endpoints:
Immunological impact, **PFS and OS**

x32

Cohort A:
MGMT Promoter Unmethylated:
32 participants

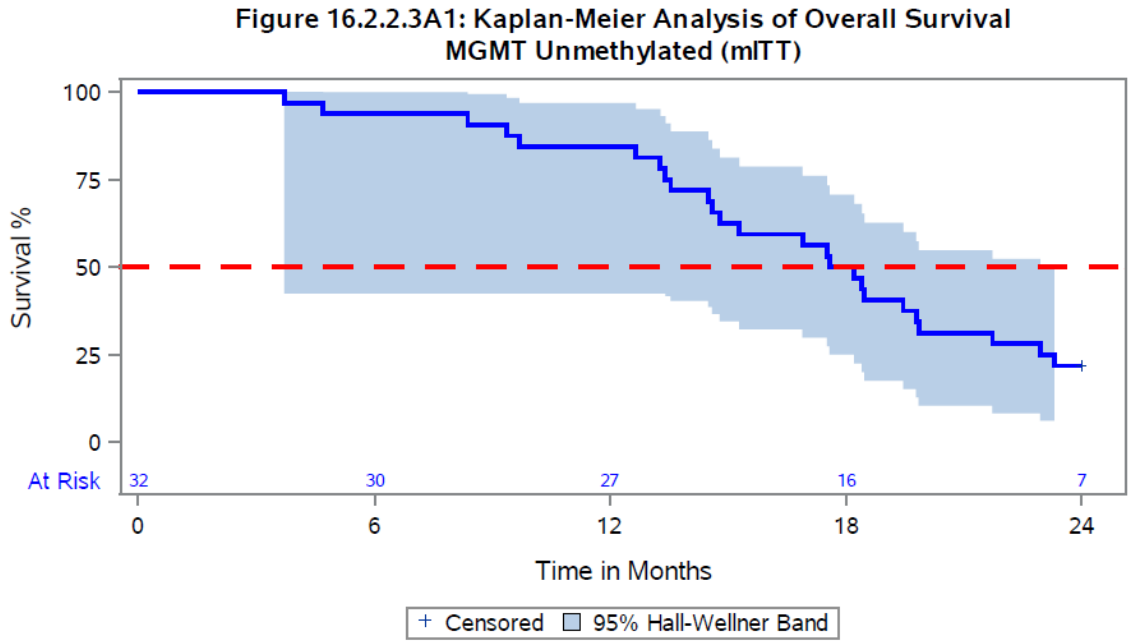
x20

Cohort B:
MGMT Promoter Methylated:
20 participants

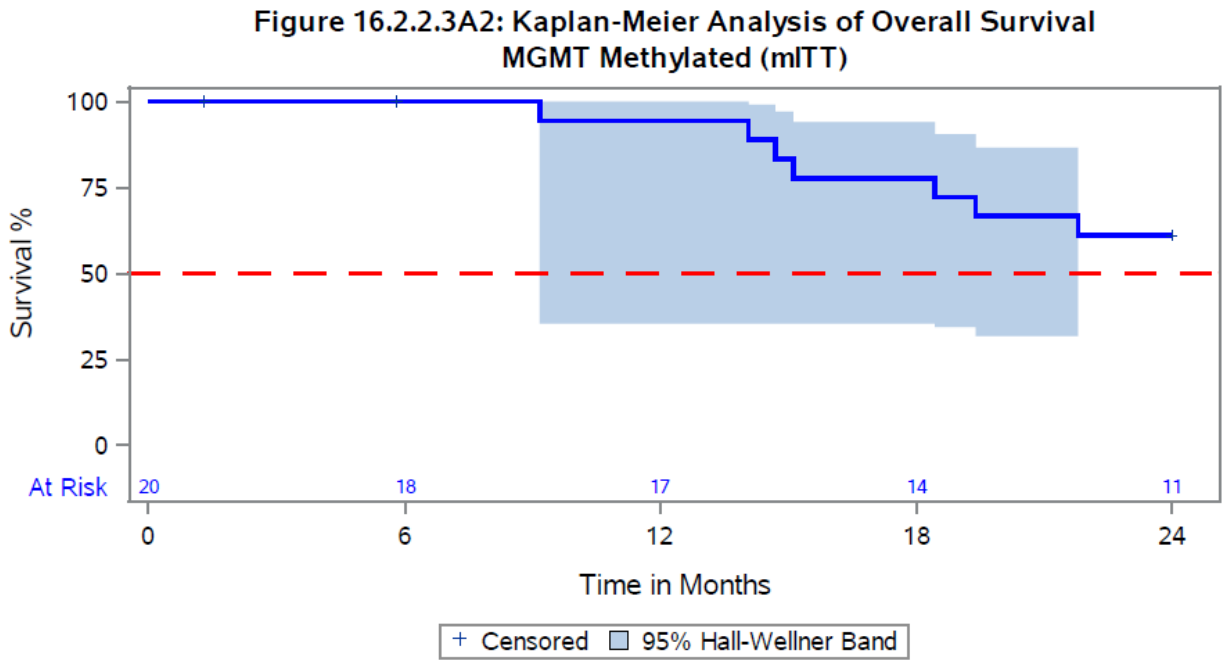


Kaplan-Meier Survival Estimates of OS

Cohort A:



Cohort B:



Median OS; unmethylated (A)	17.9 mo. (14.5 – 19.8)	*Historical 14.6-16 mo.*
Median OS; methylated (B)	32.5 (18.4 – NR)	*Historical 23.2-25 mo.*
Median OS; combined (A+B)	19.5 (16.9 – 23.3)	-

NR: not reached.
Gilbert et al. J Clin Oncol 2013; Gilbert et al. N Eng J Med 2014. Comparison is limited due to differences in study population.
Data was presented at 2022 ASCO Annual Meeting.

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Median OS in GBM-001 is Higher Than Historical Controls

Median OS; unmethylated (A)	17.9 mo. (14.5 – 19.8)	*Historical 14.6-16 mo.*
Median OS; methylated (B)	32.5 (18.4 – NR)	*Historical 23.2-25 mo.*
Median OS; combined (A+B)	19.5 (16.9 – 23.3)	

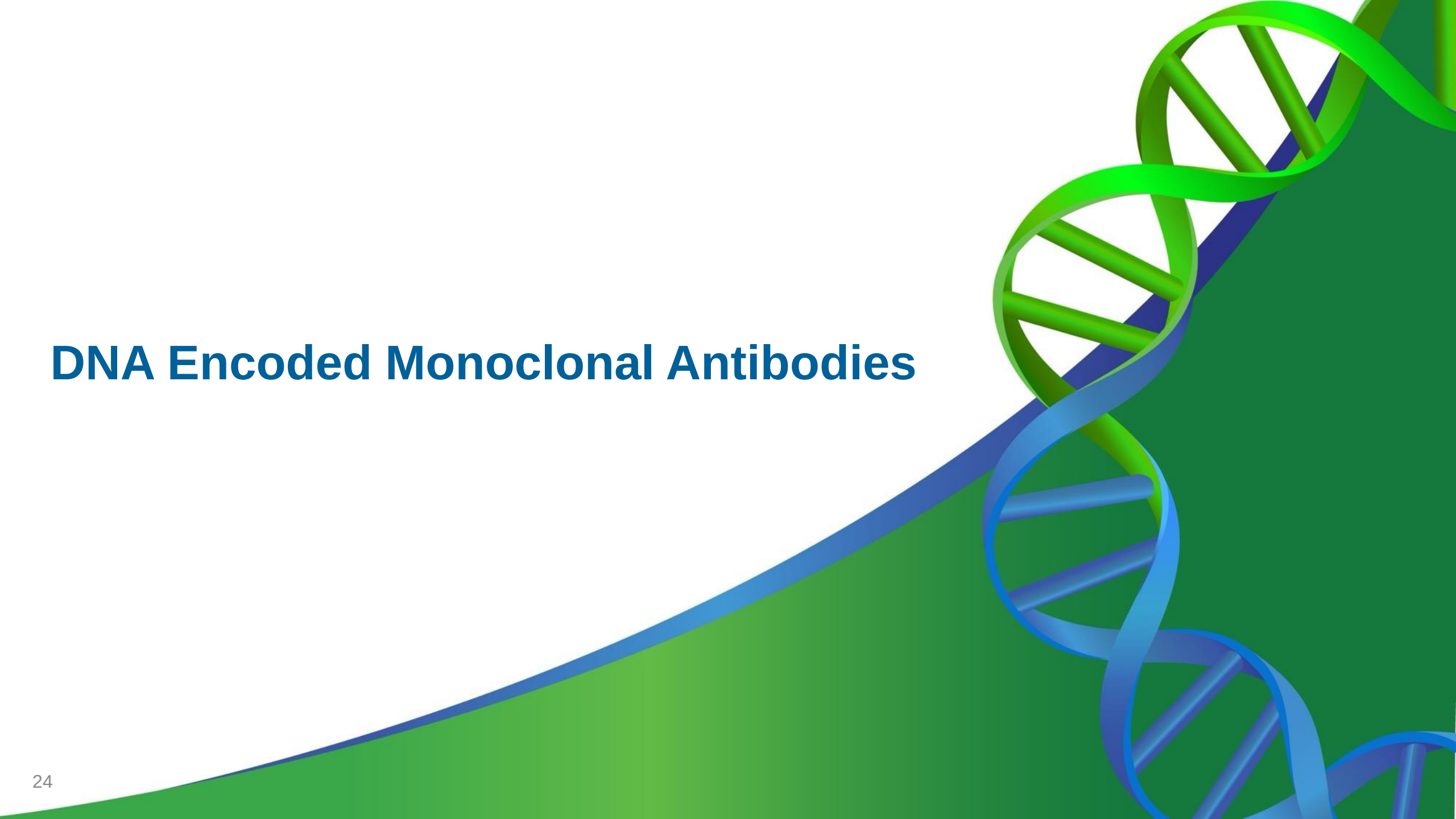
Overall Survival at 12 Months	**n Alive/N Total**	**OS12% (95% CI)**
MGMT Unmethylated (Cohort A)	27/32	84.4 (67.2-94.7)
MGMT Methylated (Cohort B)	17/20	85.0 (62.1-96.8)
Combined	44/52	84.6 (71.9-93.1)

Overall Survival at 18 Months	**n Alive/N Total**	**OS18% (95% CI)**
MGMT Unmethylated (Cohort A)	16/32	50 (31.9 - 68.1)
MGMT Methylated (Cohort B)	14/20*	70 (45.7 – 88.1)
Combined	30/52	57.7 (14.5 – 71.3)

Overall Survival at 24 Months	**n Alive/N Total**	**OS24% (95% CI)**
MGMT Unmethylated (Cohort A)	7/32	**21.9** (9.3 - 40)
MGMT Methylated (Cohort B)	11/20*	**55** (31.5 – 76.9)
Combined	18/52	**34.6** (23.1 – 49.1)

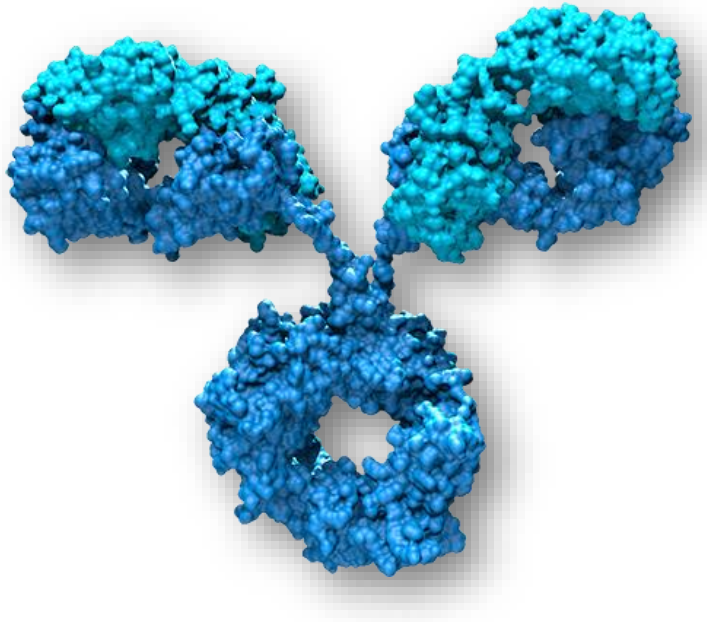
NR: not reached. Two participants in Cohort B withdrew consent for additional follow-up at Week 3 and were considered deceased
Gilbert et al. J Clin Oncol 2013; Gilbert et al. N Eng J Med 2014. Comparison is limited due to differences in study population.
Data was presented at 2022 ASCO Annual Meeting.

DNA Encoded Monoclonal Antibodies

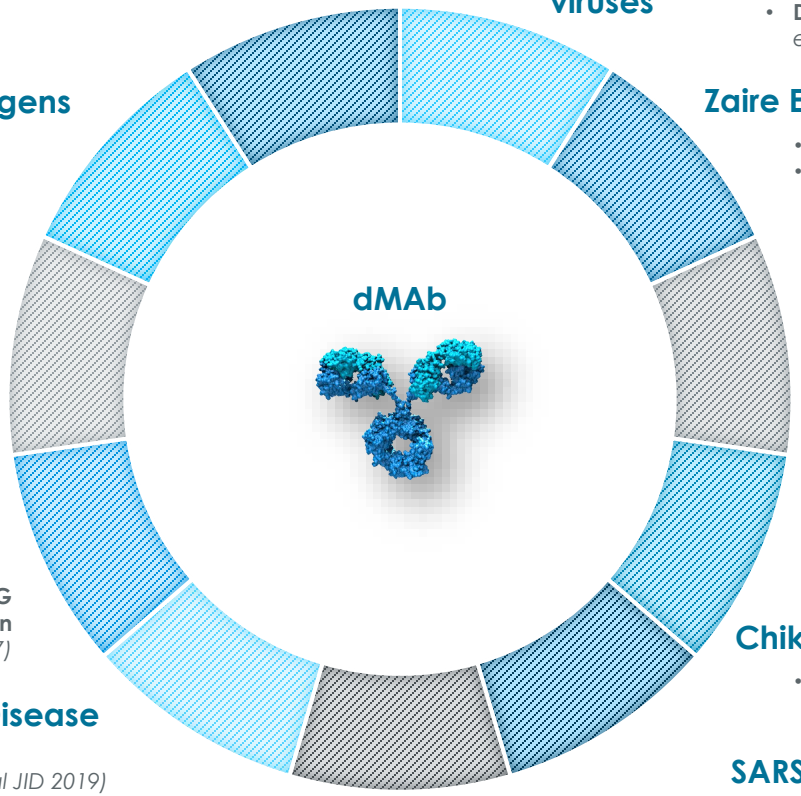


DNA Encoded Monoclonal Antibody (dMAb™) and Bi-Specific T Cell Antibody (dBTA) Platform

- INOVIO is developing a groundbreaking DNA-encoded monoclonal antibody technology (dMAb) enabled by its smart technology platforms, with the potential to be groundbreaking
- The dMAb platform facilitates direct *in vivo* transfection to target tissue to produce and secrete mAbs into the blood at biologically relevant levels
- Additional DNA-encoded bi-specific T cell antibodies (dBTAs) are in development for the treatment of cancer
- dMAbs and dBTAs are a potentially transformative approach for the prevention and treatment of infectious diseases and cancer
- **First-in-man Phase 1 clinical trial ongoing for Zika dMAb funded by Bill and Melinda Gates Foundation**



INOVIO's dMAbs/dBTAs May Be Efficacious in Multiple Disease Models



PCSK-9

- **Delivery of anti PCSK-9 in mice lowers LDL cholesterol** (*Khoshnejad et al Mol Ther 2018*)

Influenza A & B viruses

- **Broadly neutralizing pan-influenza A & B approach**
- **Delivery of multiple antibodies** (*Elliott et al NJV 2017*)
- **Demonstrated disease protection in pig model** (*McNee et al. JI 2020*)

Cancer Antigens

- **Demonstrated HER2/CD3 dBTEs can reduce tumor burden in mice** (Perales-Puchalt et al. JCI Insight. 2019)
- **Delivery of anti PSMA in mice impacted tumor challenge** (*Muthumani et al Cancer Immuno 2017*)

Zaire Ebolavirus

- **DMAb modifications and mouse model development**
- **Pre-exposure protection against highly lethal challenge in mice** (*Patel et al Cell Reports 2018*)

Checkpoint Inhibitors

- **Delivery of CPI in mice impacted and cured tumor challenge** (Perales-Puchalt et al. *Oncotarget. 2019, Duperret et al. Cancer Res 2018*)

Dengue virus (DENV)

- **Protection against ADE** (*Flingai et al. Sci Rep 2015*)

Zika virus – First DMAb in P1 Clinical Trial

- **scFV approach**
- **Protection from disease in NHPs** (*Esquivel et al. Mol Ther. 2019*)

Multi-drug resistant Pseudomonas aeruginosa

- **Multiple forms of DMAbs: monospecific, bispecific IgG**
- **Lowering pathogen burden and complementation in antibiotic resistant model** (*Patel et al Nat Comm. 2017*)

Chikungunya virus (CHIKV)

- **Rapid protection & complementarity with a vaccine** (*Muthumani et al., JID 2016*)

Lyme Disease

- **DMAb modifications** (*Yang et al JID 2019*)

SARS-CoV-2

- **Highly potent dMAbs expressed in vivo** (candidates under preclinical development)

RSV

- **scFV approach** *(Schultheis et al. HVI 2020)*

HIV

- **Delivery of multiple DMabs to a single animal**
- **>10ug/ml in NHPs** (*Wise et al JCI 2020*)
- **DNA encoded post translational modifications** (*Xu, Wise et al EbioMed 2018*)

Seeking Product Development Partnerships to Advance Candidates

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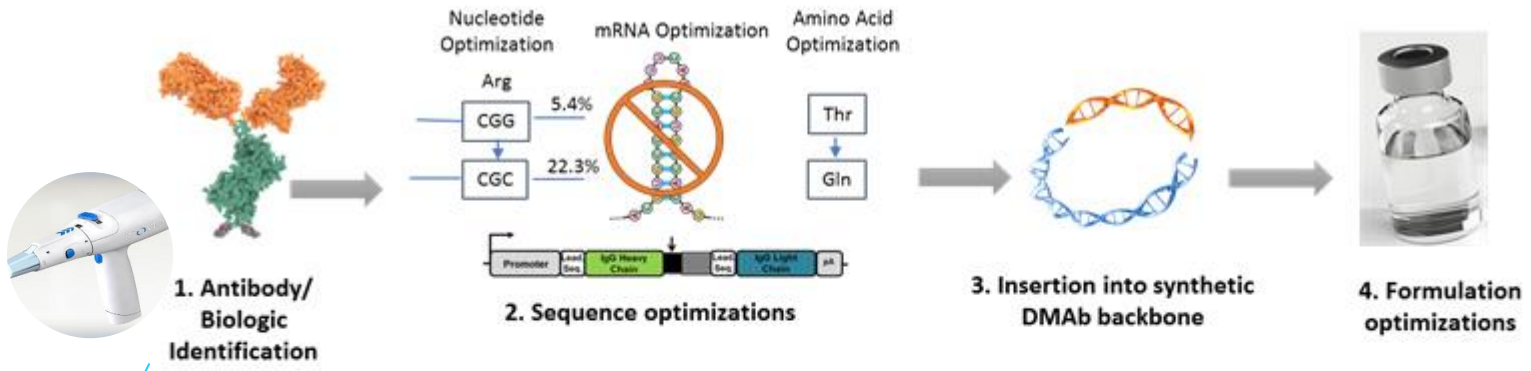
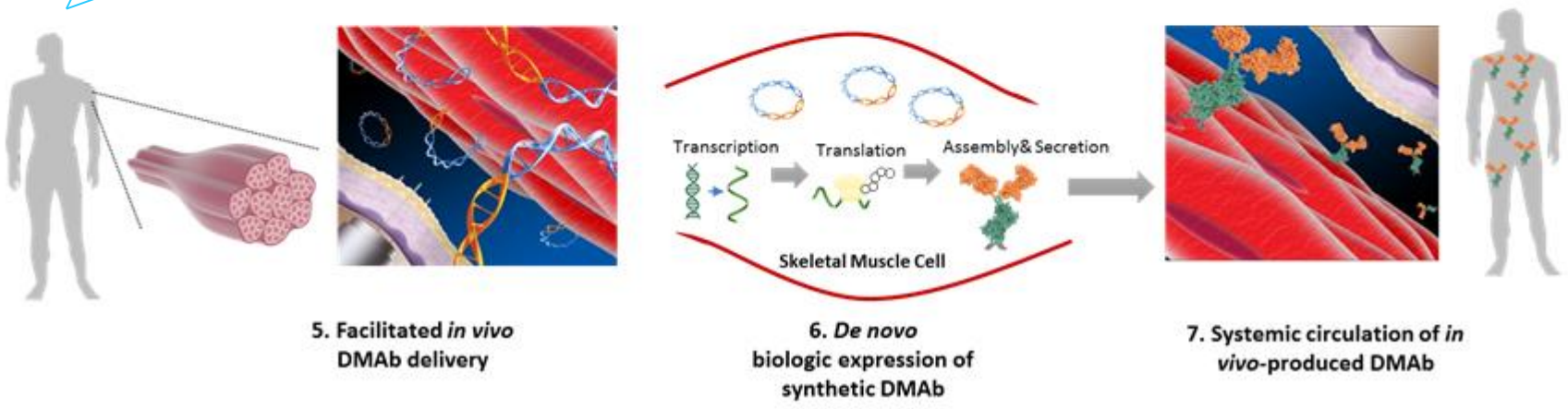
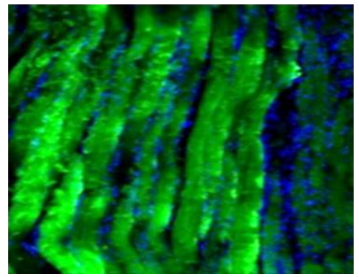
INOVIO's DNA-Encoded Monoclonal Antibody Platform



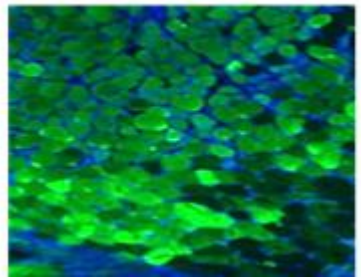
CELLECTRA® Device Administration



Longitudinal-Section



Cross-Section



DAPI
Anti-Human IgG

Section of mouse skeletal muscle expressing dMAb *in vivo*

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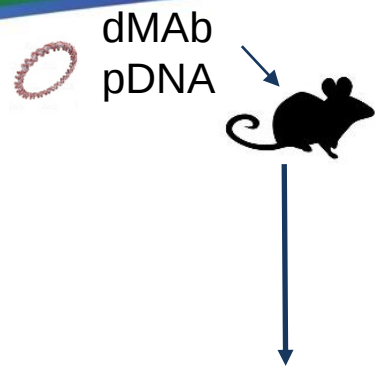
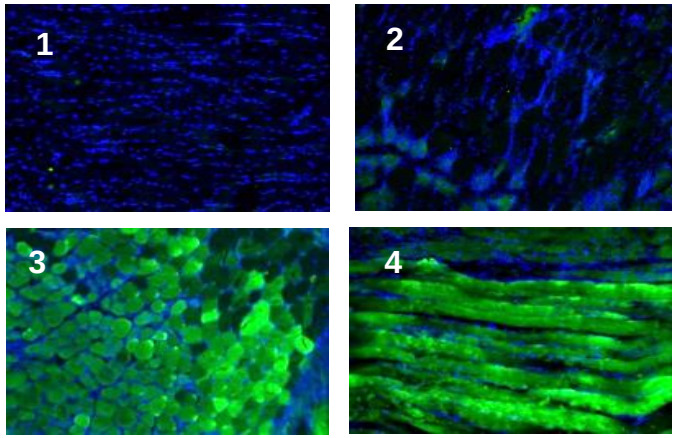
In Vivo Transfer of dMAb pDNA Into Muscle Employing Enhanced Delivery Protocol Results in Robust Levels of Functional mAbs



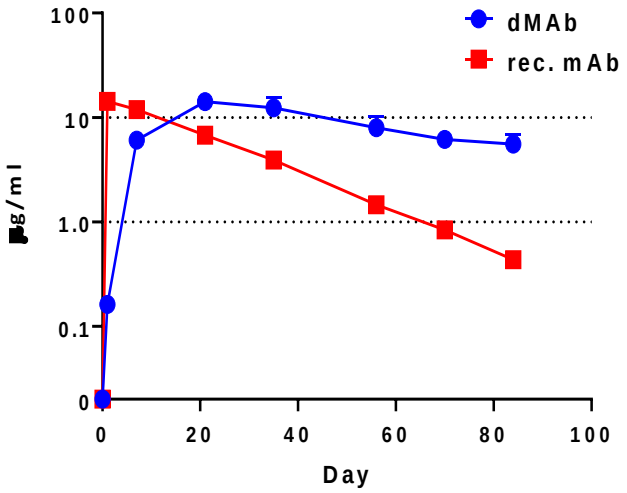
Local expression in muscle:



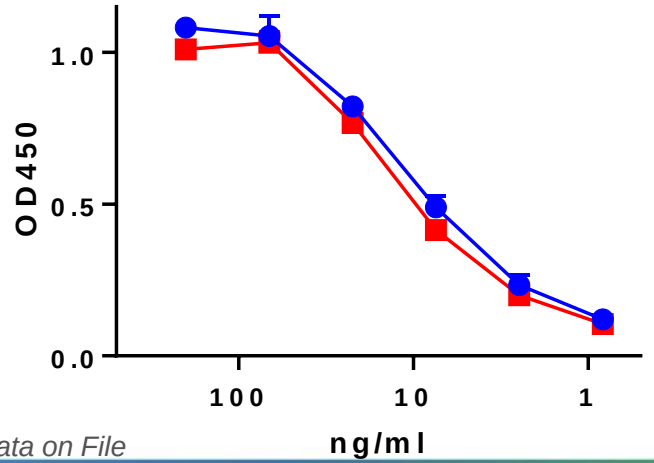
hIgG expression

1: No Treatment
2: Empty plasmid
3: dMAb plasmid (perpendicular)
4: dMAb plasmid (parallel)

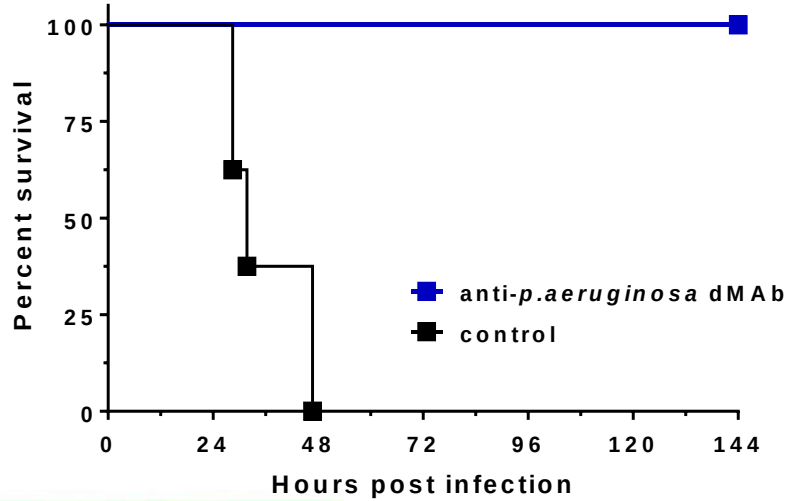
Serum levels



Antigen binding (serum)



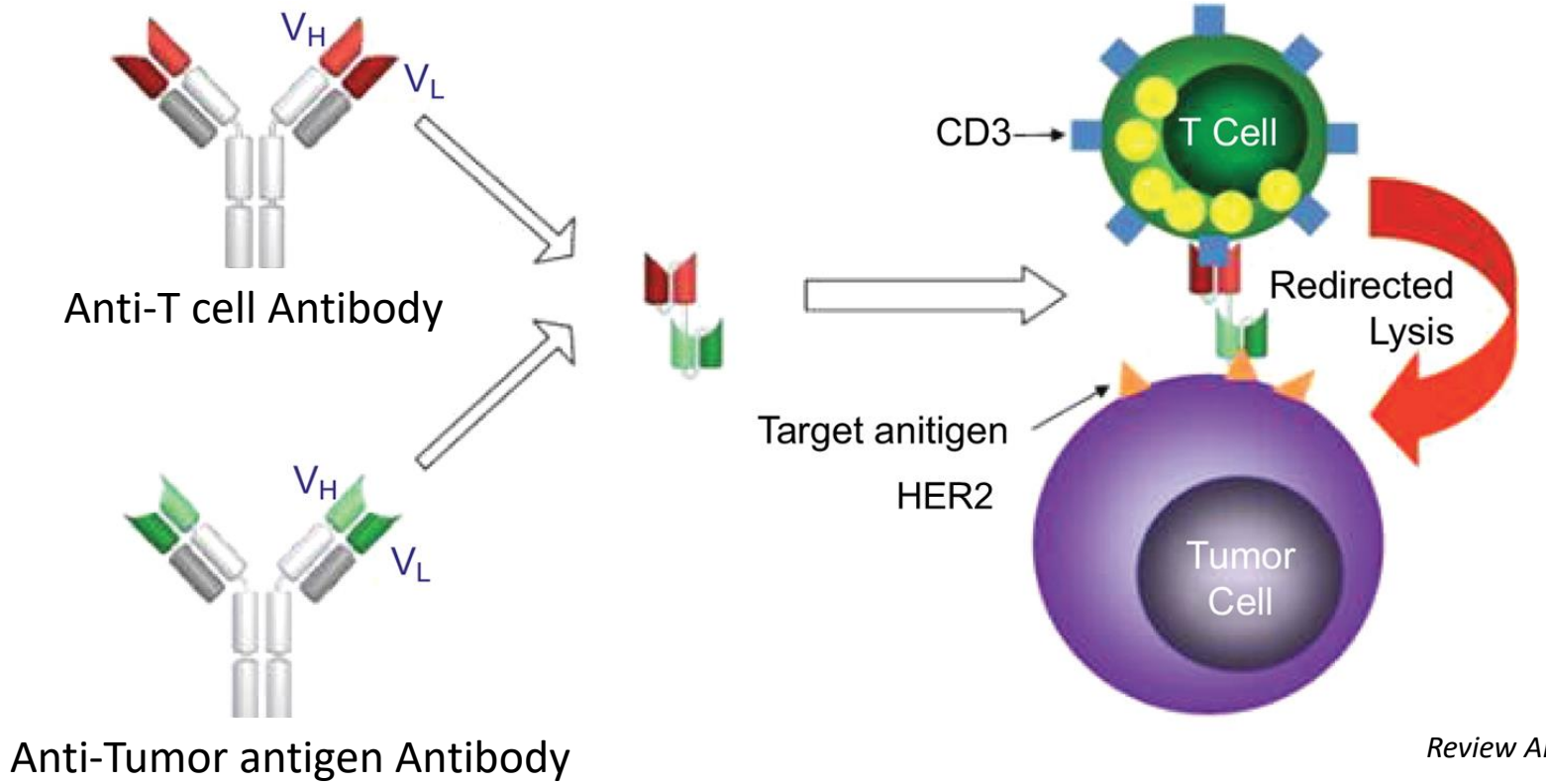
Disease protection



INOVIO Data on File

dBTA: DNA Encoded Bi-specific T Cell Antibodies: Connect Killer T Cells to Cancer Cells

A new class of immunotherapeutic molecules for the treatment of cancer



Review Article: Goebeler and Bargou Nature 2020

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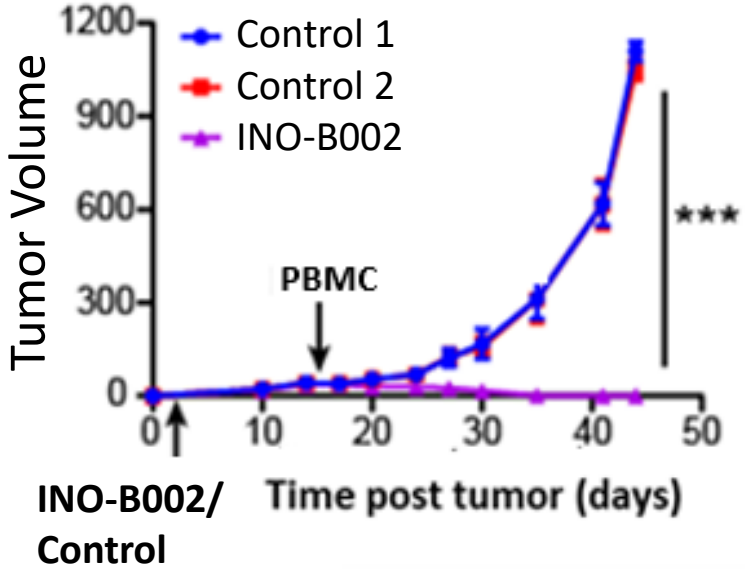
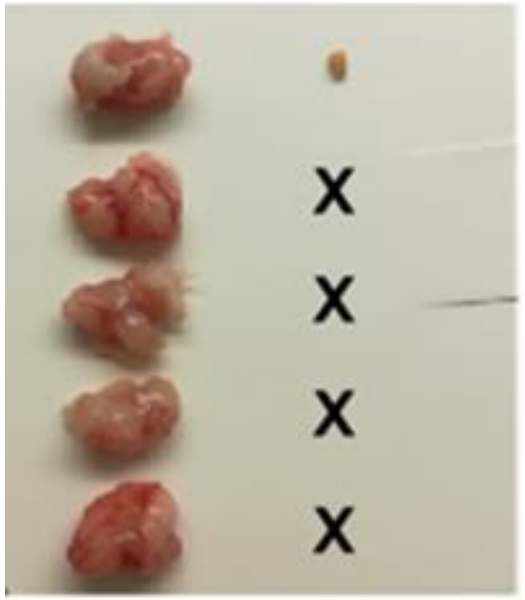
INO-B002 Treatment Prevents HER2 Tumor Growth in Preclinical Models



Tumor collection on day 45



Alfredo Perales-Puchalt et al. JCI Insight 2019

INO-B002 Being Prepared to Enter Phase 1 Clinical Trial

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First in Human Trial Ongoing

- A clinical trial of INO-A002 in Healthy Dengue Virus-naive Adults
- Phase 1, open label, single center, dose escalation study (0.5 – 4 mg) to evaluate the safety, tolerability and pharmacokinetic profile of dMAb-ZK190 following delivery of INO-A002 with Hylenex® recombinant delivered IM followed by EP in healthy adult Dengue naïve volunteers ages 18-60 years.
- ClinicalTrials.gov Identifier: NCT03831503

Penn
University of Pennsylvania
THE WISTAR INSTITUTE
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COVID-19 dMAb Updates

- SARS-CoV-2 dMAb cocktail demonstrates
  - Durable expression
  - Activity against SARS-CoV-2 VOCs
  - Protects against disease in multiple animal models
- dMAbs targeting SARS-CoV-2 may provide a pre-exposure prophylactic option with enhanced durability
  - SARS-CoV-2 dMAbs: “A Phase 1, Open-Label, Single Center, Dose Escalation Study of the Safety and Pharmacokinetics of dMAbs in Healthy Adults” (ClinicalTrials.gov Identifier: NCT05293249)

Management & Financials

Experienced Executive Team and Board of Directors

Jacqueline Shea, Ph.D.
President & CEO

- Former CEO/COO of Aeras
- Held management positions at Emergent BioSolutions and Microscience Ltd.

Peter Kies
CFO

- Ernst & Young
- Experience with growth companies

Laurent Humeau, Ph.D.
CSO

- Extensive R&D leadership exp. in vaccine, cell and gene therapy developments at Intrexon and VIRxSYS

Board of Directors

Simon X. Benito
Chairman of the Board, Former SVP, Merck Vaccine Division

Roger Dansey, M.D.
Former Head of Late-Stage Oncology at Merck & Co.

Ann C. Miller, M.D.
Former Head of Sanofi Oncology Global Marketing

Jacqueline Shea, Ph.D.
President & CEO, INOVIO Pharmaceuticals

Jay Shepard
Former President & CEO, Aravive

David B. Weiner, Ph.D.
Executive VP, Director, Vaccine Center, The Wistar Institute

Wendy L. Yarno, Ph.D.,
Former Executive VP and Chief Marketing Officer, Merck

Lota S. Zoth
Former CFO, MedImmune

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Well-Balanced Pipeline of Milestones Supported by Strong Balance Sheet

NASDAQ:INO

$360.4M
Cash and short-term investments

As of March 31, 2022

226.5M
Common stock shares outstanding

As of March 31, 2022

INO-4800

- ✓ 1Q22: Completed enrollment of heterologous and homologous boost Phase 1/2 trials with Advaccine
- ❑ 2Q22: Report full data set from heterologous and homologous boost Phase 1/2 trials with Advaccine

VGX-3100

- ❑ 4Q22/1Q23: Report REVEAL2 efficacy data and safety follow-up through week 40

INO-3107

- ❑ 2H22: Phase 1/2 immune responses and early clinical benefit data

INO-5401

- ❑ 2Q22: Present additional overall survival data including median OS for MGMT-methylated cohort at ASCO 2022

Platform Development

- ❑ 1H22: Initiate COVID-19 dMAb trial
- ❑ 1H22: Report INO-4500 Lassa Phase 1b data
- ❑ 2H22: Report INO-4700 MERS Phase 2 data
- ❑ 2H22: Report INO-4201 Ebola Phase 1b booster data

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