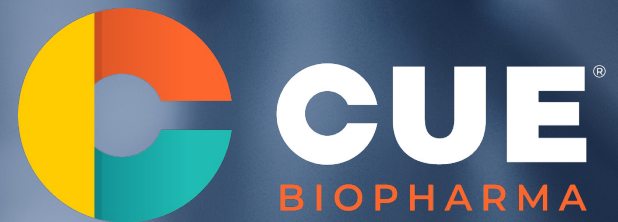




Mobilizing the Patient's Immune System to Treat Serious Diseases

May 15, 2025



Cautionary Note Regarding Forward Looking Statements

This presentation contains “forward-looking statements” within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended, that are intended to be covered by the “safe harbor” created by those sections. Forward-looking statements, which are based on certain assumptions and describe our future plans, strategies and expectations, can generally be identified by the use of forward-looking terms such as “believe,” “expect,” “may,” “will,” “should,” “would,” “could,” “seek,” “intend,” “plan,” “goal,” “project,” “estimate,” “anticipate,” “strategy,” “future,” “vision,” “likely” or other comparable terms, although not all forward-looking statements contain these identifying words. All statements other than statements of historical facts included in this presentation regarding our strategies, prospects, financial condition, operations, costs, plans and objectives are forward-looking statements. Examples of forward-looking statements include, among others, statements we make regarding our belief that CUE-401 has the potential to transform treatment across a broad spectrum of autoimmune and inflammatory diseases, our belief regarding the potential benefits, applications, novelty and market potential of our drug candidates and programs, our development plans with respect to our CUE-100, CUE-400, and CUE-500 series, our business strategies, plans and prospects, including our plans to advance CUE-401 toward the clinic and explore additional portfolio optimization and partnering opportunities, our cash runway and the sufficiency of our cash and cash equivalents to fund our operations and our expectations regarding the timing of milestone events, regulatory developments and expected future operating results. Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based only on our current beliefs, expectations and assumptions regarding the future of our business, future plans and strategies, projections, anticipated events and trends, the economy and other future conditions. Because forward-looking statements relate to the future, they are subject to inherent uncertainties, risks and changes in circumstances that are difficult to predict and many of which are outside of our control. Our actual results and financial condition may differ materially from those indicated in the forward-looking statements. Therefore, you should not rely on any of these forward-looking statements. Important factors that could cause our actual results and financial condition to differ materially from those indicated in the forward-looking statements include, among others, our limited operating history, limited cash and a history of losses; our ability to achieve profitability; potential setbacks in our research and development efforts including negative or inconclusive results from our preclinical studies, or clinical trials or our ability to replicate in later clinical trials

positive results found in preclinical studies and early-stage clinical trials of our product candidates; serious and unexpected drug-related side effects or other safety issues experienced by participants in clinical trials; our ability to secure required U.S. Food and Drug Administration (“FDA”) or other governmental approvals for our product candidates and the breadth of any approved indication; adverse effects caused by public health pandemics including possible effects on our operations and clinical trials; delays and changes in regulatory requirements, policy and guidelines including potential delays in submitting required regulatory applications to the FDA; our reliance on licensors, collaborators, contract research organizations, suppliers and other business partners; our ability to obtain adequate financing to fund our business operations in the near-term; our ability to successfully remediate our current “going concern” determination that we do not have sufficient capital on hand to continue operations beyond the next twelve months; our ability to maintain and enforce necessary patent and other intellectual property protection; competitive factors; general economic and market conditions; and the other risks and uncertainties described in the Risk Factors and in Management’s Discussion and Analysis of Financial Condition and Results of Operations sections of our most recently filed Annual Report on Form 10-K, subsequently filed Quarterly Report(s) on Form 10-Q and other filings we make with the SEC. Any forward-looking statement made by us in this presentation is based only on information currently available to us and speaks only as of the date on which it is made. We undertake no obligation to publicly update any forward-looking statement, whether written or oral, that may be made from time to time, whether as a result of new information, future developments or otherwise.



A microscopic image showing a dense network of cells with long, thin, branching processes extending across the field of view. The cells have darker, more rounded nuclei and are set against a dark blue background.

Our Mission: **To Develop Therapies that Mobilize the Immune System**

Agenda and Speakers

Mobilizing the Immune System: Cue Biopharma's Novel Biologics Portfolio

| | |
|---|---|
| Welcome – Cue's Progress and Promise | Dan Passeri, Chief Executive Officer (CEO) |
| CUE-401 | Matteo Levisetti, MD, Chief Medical Officer |
| KOL Perspective – Tregs in Context | Dr. Richard DiPaolo Dr. Andrew Cope |
| Discussion & Q&A | Cue Management & KOLs |
| Closing Remarks | Dan Passeri, CEO |



Dan Passeri, MSc, JD
Chief Executive Officer



Matteo Levisetti, MD
Chief Medical Officer



Richard DiPaolo, PhD
*Professor and Chair,
Department of
Molecular Microbiology
& Immunology, Saint
Louis University,*



Andrew Cope, MD, PhD
*Head, Centre for
Rheumatic Diseases,
King's College, London*



Key Takeaways

Mobilizing the Immune System to Treat Serious Disease

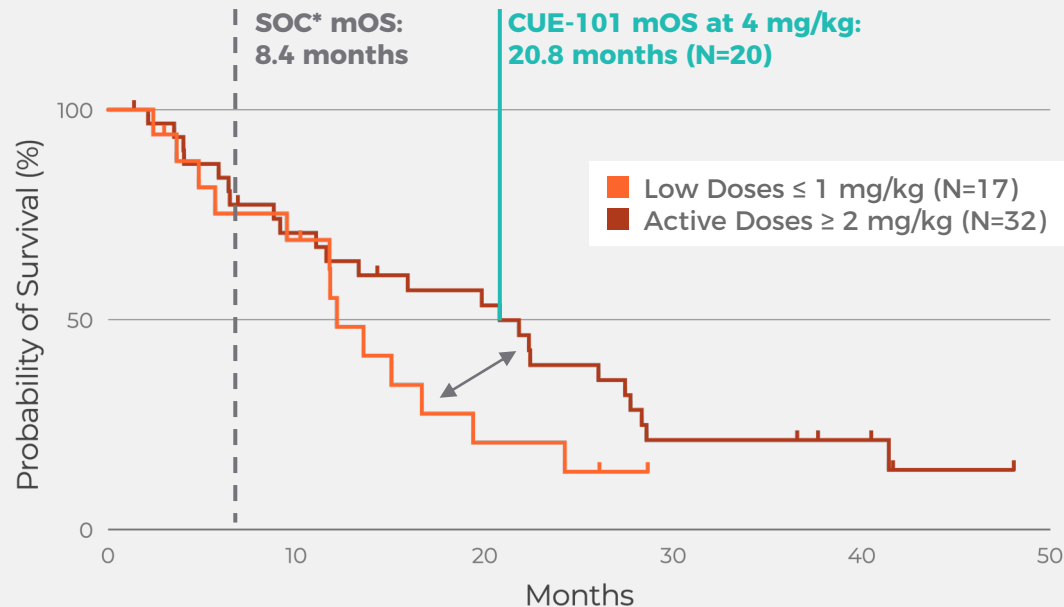
- **Specific T cell populations** play a critical role in serious diseases
- **CUE's biologics platform** is designed to enable selective modulation of T cell populations to treat immune mediated diseases
- **Maturing clinical data show notable increases in survival for CUE-100 Series** and confirm the safety and efficacy of our IL-2 mutein in this setting
- **CUE-401 is a unique Treg inducer** with potential to become a new standard of care for autoimmune and inflammatory diseases
- **Recent Boehringer Ingelheim collaboration provides validation of our approach** to redirect anti-viral T cells to treat autoimmune disease with CUE-501



CUE-100 Series

Maturing Data Shows Notable Increase in Survival

Overall Survival of CUE-101 Monotherapy



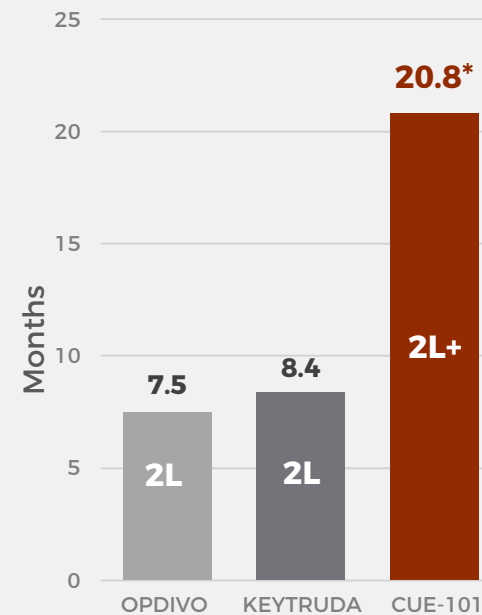
Data Extract: 04-Aug-24 from live database with active patients.

* Historic - Keytruda - Reported Median Overall Survival (mOS) for second line HNSCC patients

Cohen et al KEYNOTE-040 *Lancet*, 2018

Note:: Comparison to historic data is a cross-trial comparison and does not involve a head-to-head trial

CUE-101 Median Overall Survival vs. Benchmarks^{1,2}

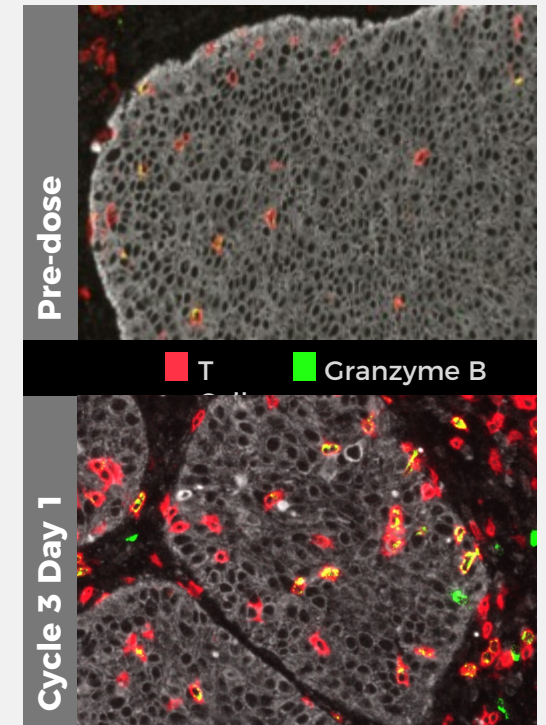


1. Ferris et al Checkmate 141 *NEJM* 375;19, 2016

2. Cohen et al KEYNOTE-040 *Lancet*, 2018

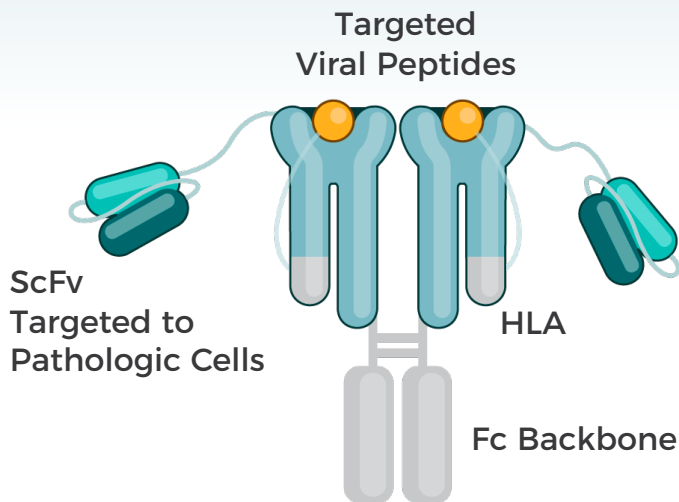
Note:: Comparison to historic data is a cross-trial comparison and does not involve a head-to-head trial

Marked Increase in T Cell Infiltration Post-CUE-101



CUE-500 Series

Partnering with Boehringer Ingelheim to Validate and Accelerate Development of CUE-501



- Paints target cell with a virus-specific epitope
- Redirects anti-viral killer T cells to eradicate pathogenic B cells, cancer cells, mast cells, and others

CUE-501 Pre-IND Enabling Studies Underway

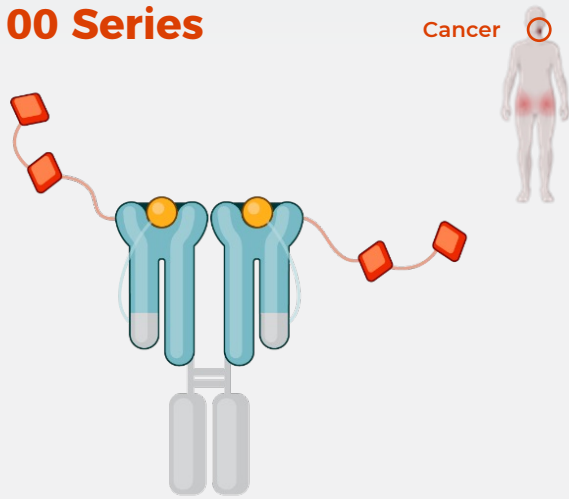
| CUE-501 Deal Terms | |
|--------------------------|---|
| Upfront | \$12 million |
| R&D Funding | Providing research support payments |
| Milestones and Royalties | Up to \$345 million in success-based milestone payments, beginning with two preclinical development milestones, plus royalties on net sales |
| Focus | Autoimmune and inflammatory diseases with potential to expand into other applications where B cells play a key role |



Innovative Growth Through our Platform

Redirecting Immune Repertoires as a Therapeutic Strategy

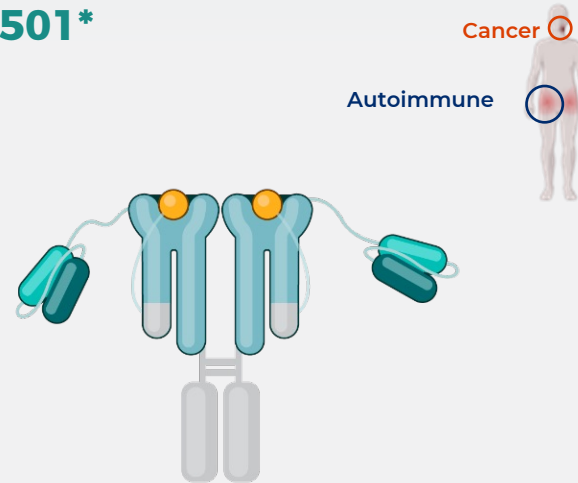
CUE-100 Series



Selectively Targeting Multiple Cancers

- Clinically de-risked
- Demonstrated Clinical Benefit: ORR and Survival
- Efficient Production

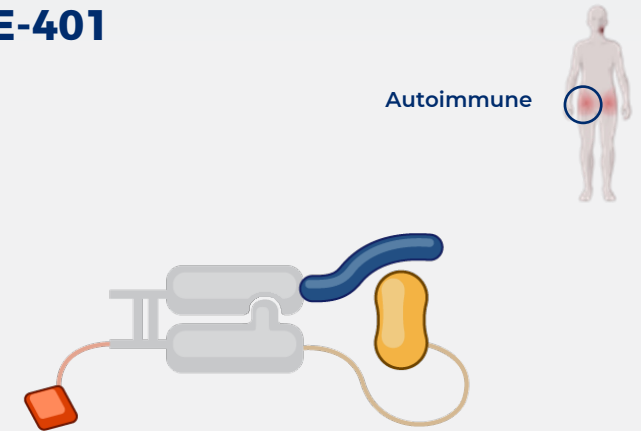
CUE-501*



Precision Approach to B Cell Depletion

- Recruitment and activation of virus specific killer T cells
- Platform opportunity for future expansion

CUE-401



Pipeline in a Product to Address Autoimmunity

- Re-establish immune balance/tolerance
- Potential to address multiple high-value indications
- Platform opportunity for future expansion

*Collaboration with Boehringer Ingelheim





Matteo Levisetti, MD

CUE-401: A Disruptive Approach in Autoimmune Disease

First-in-class mechanism using cutting-edge technology

Possibility for new standard of care

No HLA restriction



CUE-401

Transforming Effector T Cells into Regulatory T Cells

T Lymphocyte populations

- Effector T cells: Responsible for inflammatory activity in health and disease
- Regulatory T cells: Responsible for controlling unwanted/destructive inflammatory activity

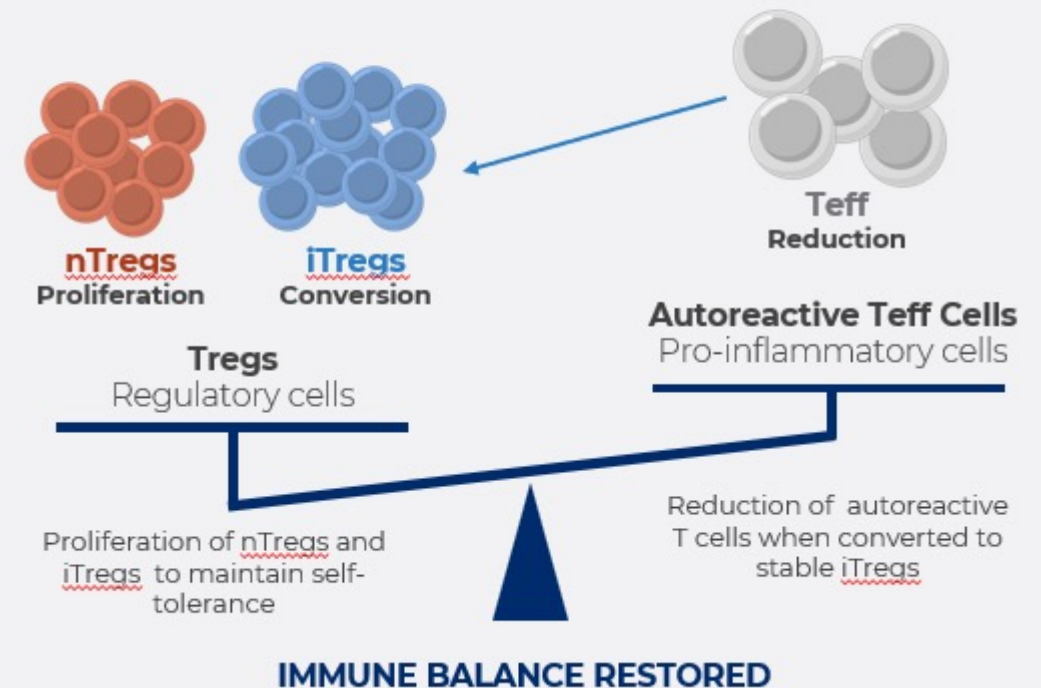
Regulatory T cells are powerful anti-inflammatory mediators that are critical for maintenance of immune balance

CUE-401 has the potential to restore immune balance and tolerance by

- Transforming effector T cells into new Tregs, and
- Expanding existing Treg populations

CUE-401

By restoring cellular immune homeostasis, acute responses and long-term maintenance are possible



CUE-401: Harnessing the Power of TGF- β

Potent Immunosuppressive Cytokine Vital to the Maintenance of Immune Tolerance and Homeostasis



Cutting Edge: IL-2 Is Essential for TGF- β -Mediated Induction of Foxp3⁺ T Regulatory Cells

Todd S. Davidson, Richard J. DiPaolo, John Andersson and Ethan M. Shevach



Critical Role of TGF- β and IL-2 Receptor Signaling in Foxp3 Induction by an Inhibitor of DNA Methylation

Kristin Freudenberger^{1†}, Nadja Lindner^{1†}, Sebastian Dohnke^{1,2}, Annette I. Garbe², Sonja Schallenberg^{1,2} and Karsten Kretschmer^{1,2,4*}

TGF- β suppresses the activity of multiple immune cell types while *inducing* immunosuppressive cell phenotypes.

PNAS

Epigenetic conversion of conventional T cells into regulatory T cells by CD28 signal deprivation

Nonhisa Mikami¹, Ryoji Kawakami¹, Kelvin Y. Chen^{1,2}, and Shimon Sakaguchi¹

Contributed by Shimon Sakaguchi, March 31, 2020 (sent for review December 26, 2019; reviewed by Ryo Abe and Benoît



Conversion of Peripheral CD4⁺CD25⁻ Naive T Cells to CD4⁺CD25⁺ Regulatory T Cells by TGF- β Induction of Transcription Factor *Foxp3*

WanJun Chen, Wenwen Jin, Neil Hardegen, Ke-jian Lei, Li Li, Nancy Marinos, George McGrady, and Sharon M. Wahl

ARTHRITIS & RHEUMATISM
Vol. 64, No. 8, August 2012, pp 2548–2558
DOI 10.1002/art.34513
© 2012, American College of Rheumatology

Antigen-Specific Transforming Growth Factor- β Induced Treg Cells, but Not Natural Treg Cells, Ameliorate Autoimmune Arthritis in Mice by Shifting the Th17/Treg Cell Balance From Th17 Predominance to Treg Cell Predominance

Science Advances

Induced, but not natural, regulatory T cells retain phenotype and function following exposure to inflamed synovial fibroblasts

Sujuan Yang^{1,2*}, Ximei Zhang^{1,2*}, Jingrong Chen^{1*}, Junlong Dang^{1,2}, Rongzhen Liang¹, Donglan Zeng¹, Huan Zhang¹, Youqiu Xue¹, Yan Liu¹, Wenbin Wu¹, Jun Zhao¹, Julie Wang¹, Yunfeng Pan¹, Hanshi Xu¹, Bing Sun¹, Feng Huang¹, Yan Lu¹, Willa Hsueh¹, Nancy Olsen¹, Song Guo Zheng^{1†}

TGF- β is regarded as one of the most potent immunosuppressive cytokines – vital to the maintenance of immune homeostasis and immunologic self-tolerance



CUE-401: High-Value Opportunity

Potential for Disruptive Efficacy in Broad Range of Autoimmune Indications

Pipeline in a Product

- Transformative First-in-class mechanism
- Cutting-edge biology compared with validated IL-2 approaches
- Efficacy shown in multiple disease models suggests broad application in the autoimmune space

Components* Clinically Derisked

- No HLA restriction
- Incorporates IL-2 and parts of Fc from CUE-100 series*
- Favorable tolerability in multiple species, including non-human primates

Clear Path to Clinic

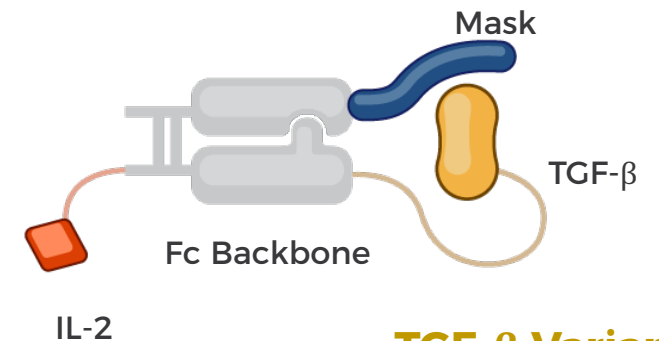
- Manufacturing and IND enabling studies underway

Near-term Value Inflection

- Phase 1 clinical data anticipated within 3-year time frame

Fc Backbone

Allows for simultaneous delivery of both IL-2 and TGF- β , along with ease of manufacturability



IL-2 Variant

Affinity attenuated; same as in CUE-100 series

TGF- β Variant

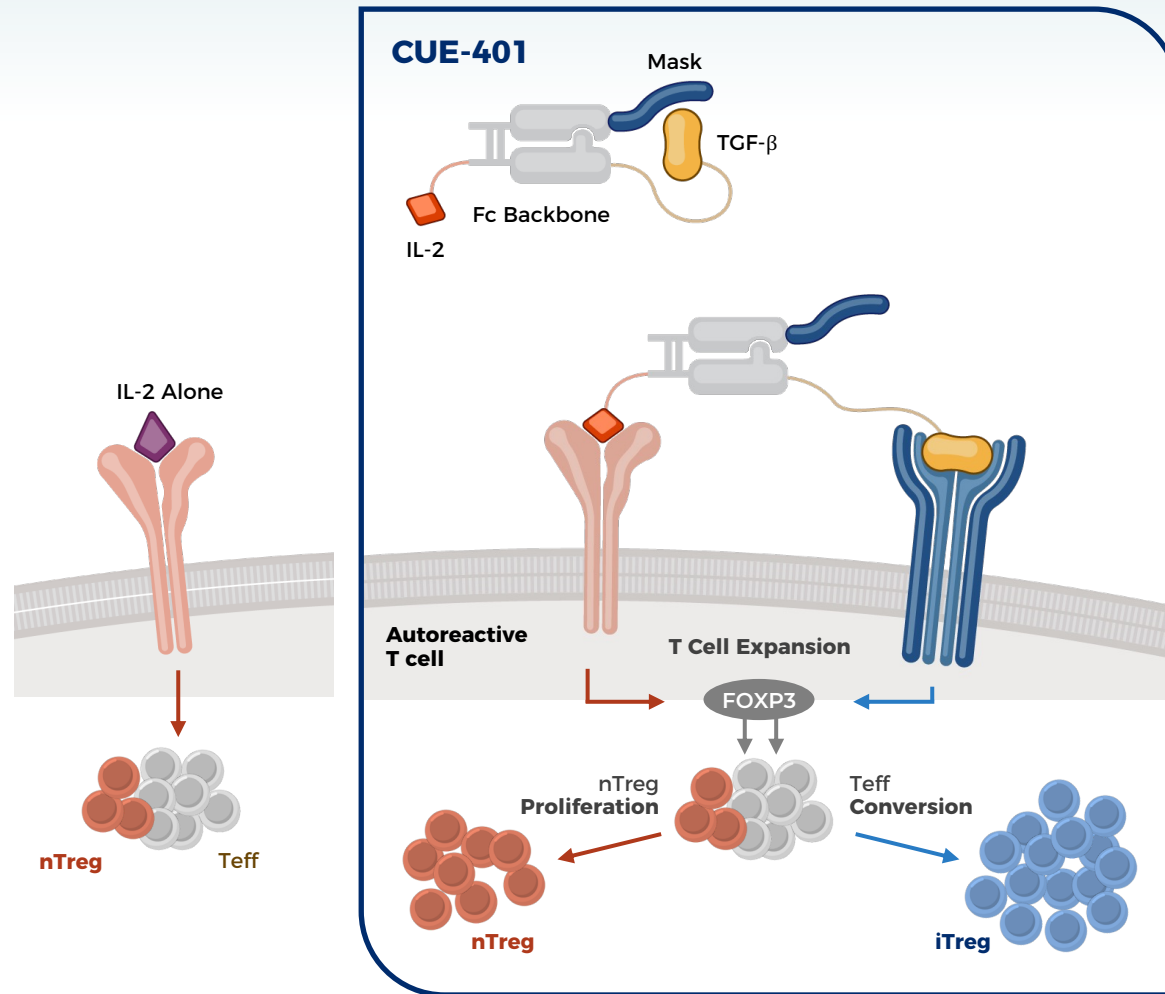
Affinity attenuated; improved safety and manufacturability

CUE-401 Masked Bispecific



CUE-401: Differentiated Mechanism

Simultaneous IL-2 and TGF- β Signaling as the Essential Inducer for Treg Cells



“Breathing Mask” design enables active but attenuated TGF- β function and differentiated mechanism of action vs IL-2 muteins

Increased Quantity of Regulatory T Cells results from the proliferation of existing nTregs as well as induction of new iTregs from T effector pool



Dr. Richard DiPaolo

Recognized Expert in Regulatory T Cells

*Professor and Chair, Department of Molecular
Microbiology & Immunology, Saint Louis University*

Background on Working with Tregs Induced by TGF β and IL-2

Volume 178, Issue 7

1 April 2007



BRIEF REPORT | APRIL 01 2007

Cutting Edge: IL-2 Is Essential for TGF- β -Mediated Induction of Foxp3⁺ T Regulatory Cells **FREE**

Todd S. Davidson; Richard J. DiPaolo; John Andersson; Ethan M. Shevach

Volume 179, Issue 7

1 October 2007



RESEARCH ARTICLE | OCTOBER 01 2007

Autoantigen-Specific TGF β -Induced Foxp3⁺ Regulatory T Cells Prevent Autoimmunity by Inhibiting Dendritic Cells from Activating Autoreactive T Cells¹ **FREE**

Richard J. DiPaolo; Carine Brinster; Todd S. Davidson; John Andersson; Deborah Glass; Ethan M. Shevach

[+ Author & Article Information](#)

J Immunol (2007) 179 (7): 1685–1692

Volume 187, Issue 4

15 August 2011



RESEARCH ARTICLE | AUGUST 15 2011

Antigen-Specific TGF- β -Induced Regulatory T Cells Secrete Chemokines, Regulate T Cell Trafficking, and Suppress Ongoing Autoimmunity **✓**

Thanh-Long M. Nguyen; Nicole L. Sullivan; Mark Ebel; Ryan M. Teague; Richard J. DiPaolo [✉](#)

[+ Author & Article Information](#)

J Immunol (2011) 187 (4): 1745–1753.

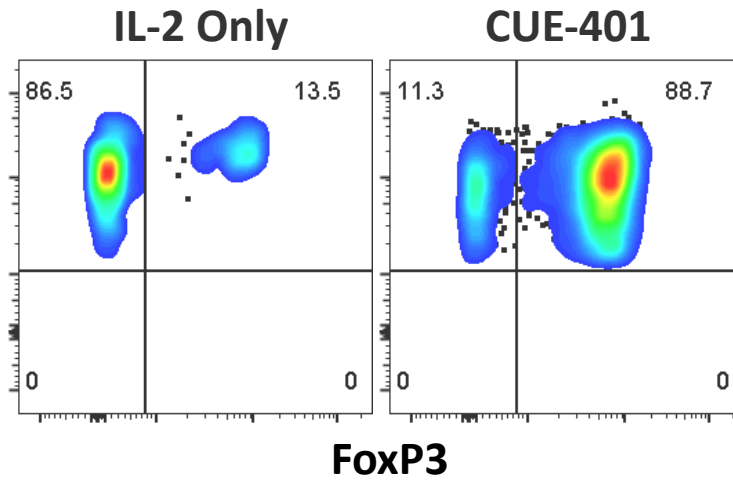
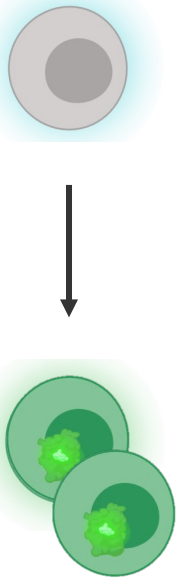
<https://doi.org/10.4049/jimmunol.1004112>

[Article history](#)  [Advertisement](#)

Testing Effects of CUE-401 on CD4⁺ T cell Activation *in vitro*

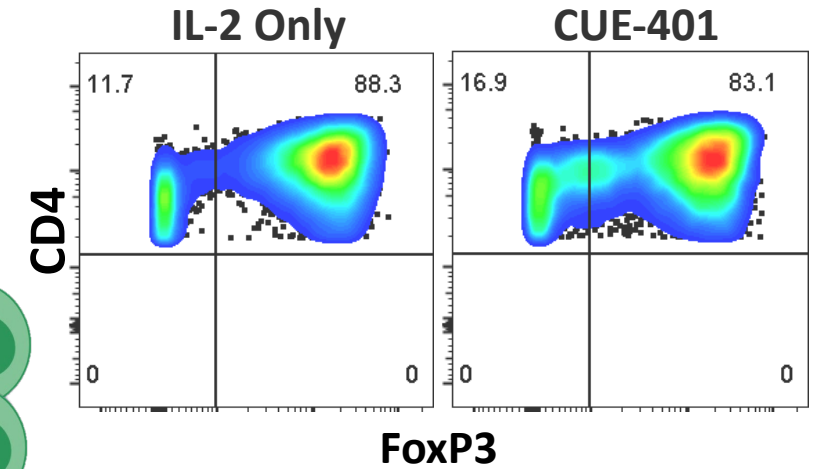
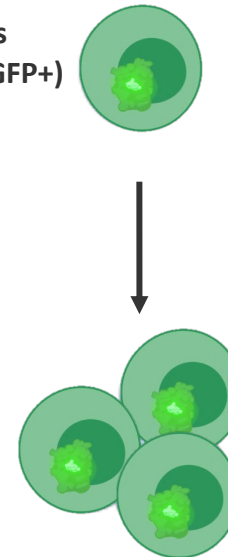
CUE-401 Induces/Expands iTregs

Naïve CD4 T cell
(Foxp3.GFP-)

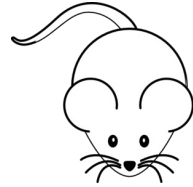


CUE-401 Expands nTregs

Tregs
(Foxp3.GFP+)



Testing the Effects of CUE-401 *in vivo*



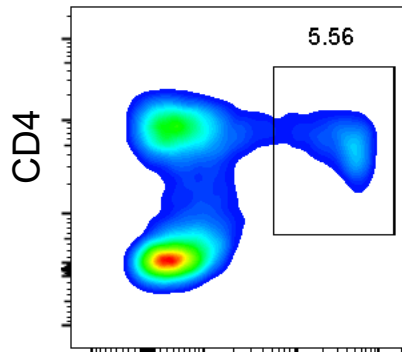
Vehicle Controls vs.
Treated with CUE-401
(1 mg/kg)



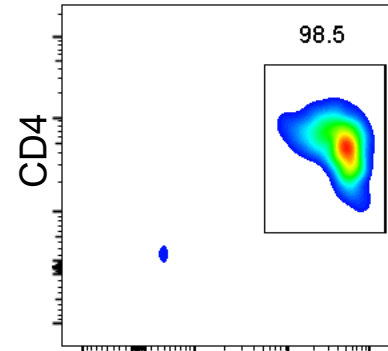
- Flow Cytometry
- Cell sorting and Foxp3 promoter TSDR methylation
- Cell Sorting and re-activation

CUE-401 Increases Tregs

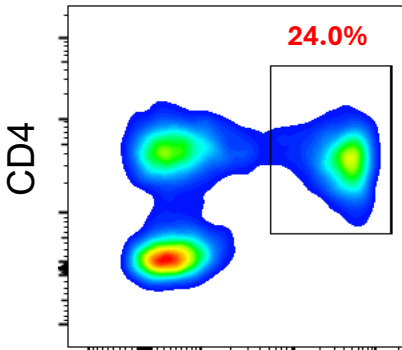
Control



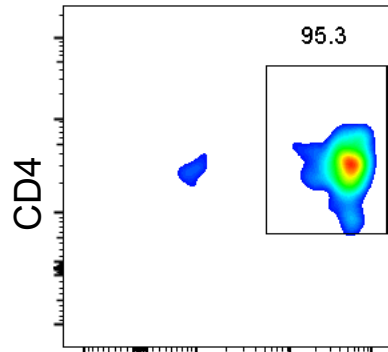
Sort Tregs



CUE-401



Sort Tregs



- Both had ~100% demethylated Foxp3 Treg-specific demethylated region (TSDR)
- Both retained Foxp3 expression after restimulation for 6 days in vitro.

Summary of *in vivo* Studies with CUE-401

- CUE-401 treatment is effective at increasing the frequency of CD4⁺Foxp3⁺ Tregs.
- Tregs induced/expanded by CUE-401 are stable.
- Tregs induced/expanded by CUE-401 have an activated phenotype (CD25^{hi}CTLA4^{hi}GITR^{hi}).
- CUE-401 did not induce the expansion/activation of effector T cells (unlike IL-2 complexes).
- A subset of the CUE-401 induced/expanded Tregs were transcriptionally distinct from Tregs expanded with IL-2 complexes
 - These Tregs shared transcripts previously associated with TGFβ + IL-2 induced Tregs *in vitro*.

Testing CUE-401's Ability to Suppress Autoimmunity

BALB/c Nude Mice

Isolate spleen cells.

Deplete CD25 expressing cells (Tregs).

Transfer 25×10^6 into T cell deficient mice.

Transfer a small number of autoreactive T cells (gastritis-causing) to track effects on autoreactive T cells



After 2 months mice develop autoimmunity **due to lack of Tregs.**

100% of mice develop **autoimmune gastritis.**

JOURNAL ARTICLE

Pillars Article: Immunologic Self-Tolerance Maintained by Activated T Cells Expressing IL-2 Receptor α -Chains (CD25). Breakdown of a Single Mechanism of Self-Tolerance Causes Various Autoimmune Diseases. *J. Immunol.* 1995. 155: 1151–1164 [Get access >](#)

Shimon Sakaguchi , Noriko Sakaguchi , Masanao Asano , Misako Itoh , Masaaki Toda

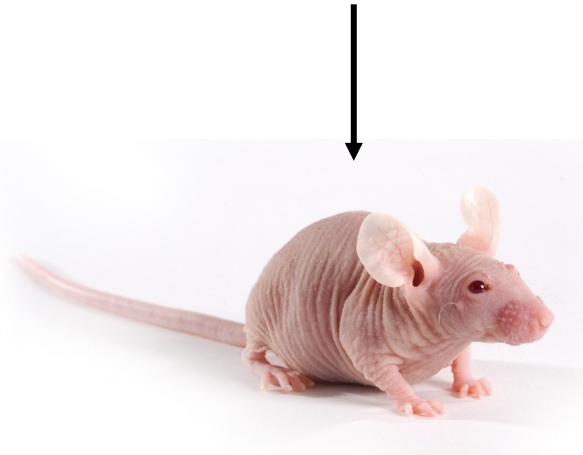
The Journal of Immunology, Volume 186, Issue 7, April 2011, Pages 3808–3821,

<https://doi.org/10.1093/jimmunol/186.7.3808>

Published: 01 April 2011

Can CUE-401 Suppress Autoimmunity?

25x10⁶ CD25-(Treg) depleted splenocytes (Thy1.2)
+50,000 TxA23-Thy1.1 autoreactive tracer cells (0.2%)



Day +1, +14

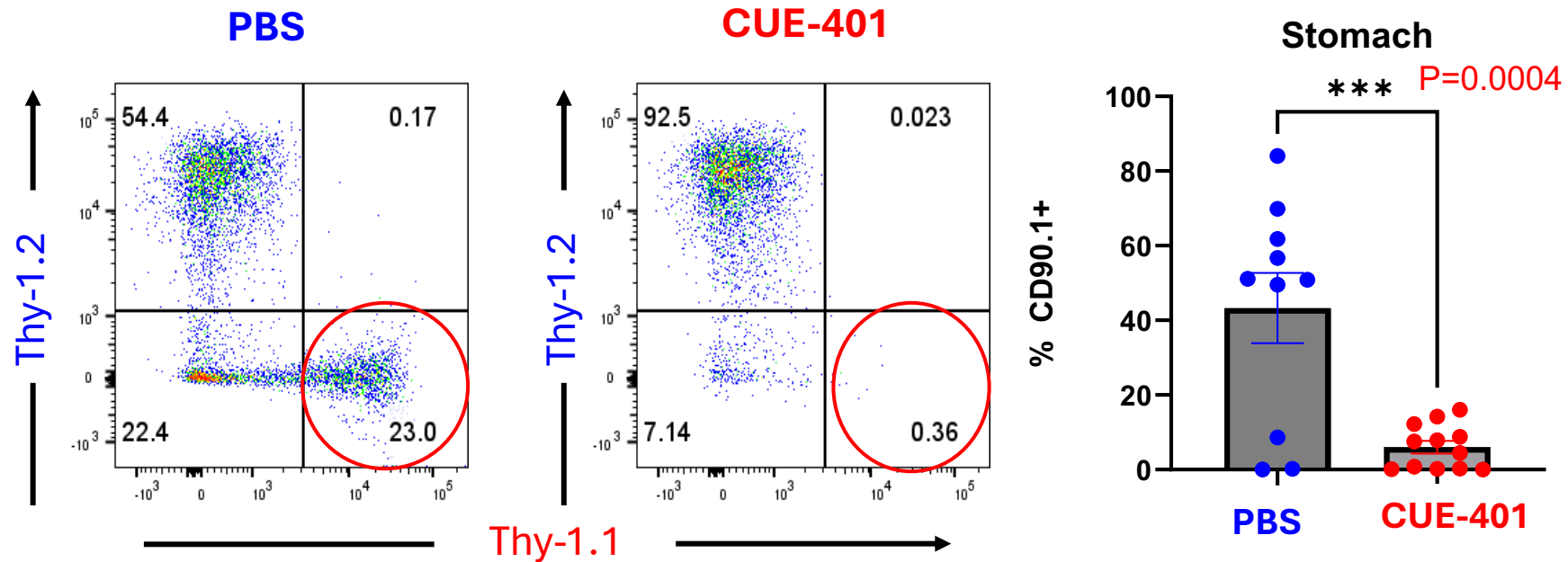
- PBS (control)
- CUE-401 (1 mg/kg)



Take Down Day 62

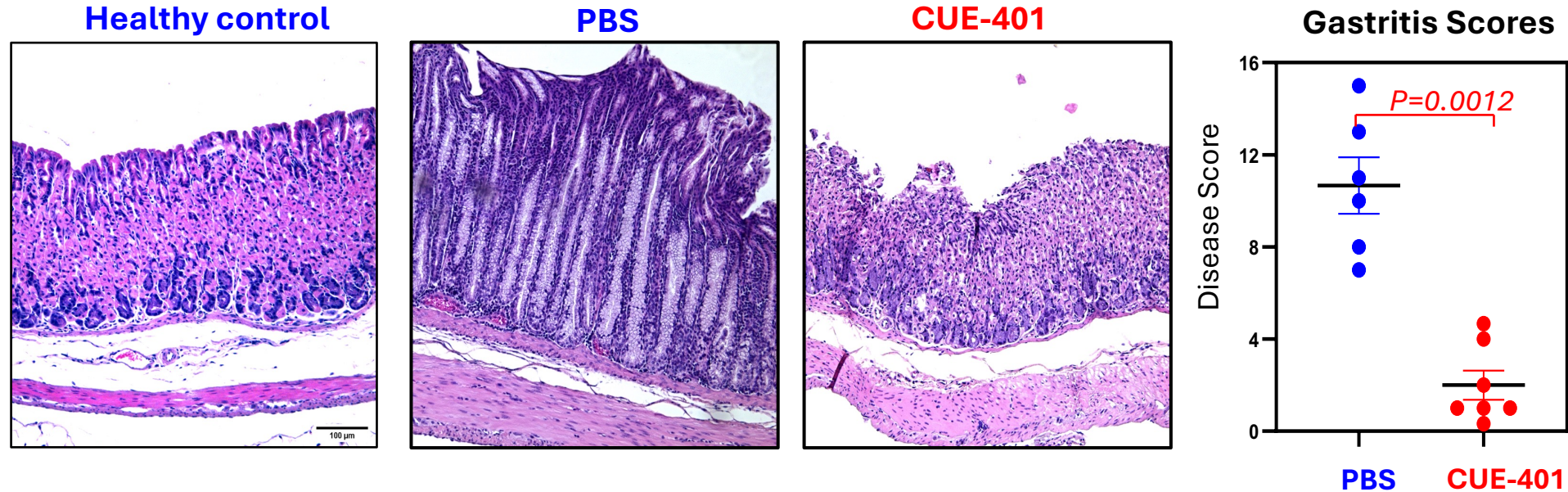
- Analyze cells in: stomachs, spleens, LNs
- Analyze gastric pathology

Significant Reduction of Autoreactive T cells in Stomach



- CUE-401 treatment resulted in significant and durable reduction of autoreactive T cells in the target tissue (stomach) that was maintained long after treatment.

Significant Reduction of Gastric Pathology in Stomach



- CUE-401 treatment results in significant protection from autoimmune gastritis caused by a deficiency in Tregs.
- Initial short-term treatment with CUE-401 resulted in long-term protection.



SAINT LOUIS UNIVERSITY

DEPARTMENT OF MOLECULAR
MICROBIOLOGY AND IMMUNOLOGY

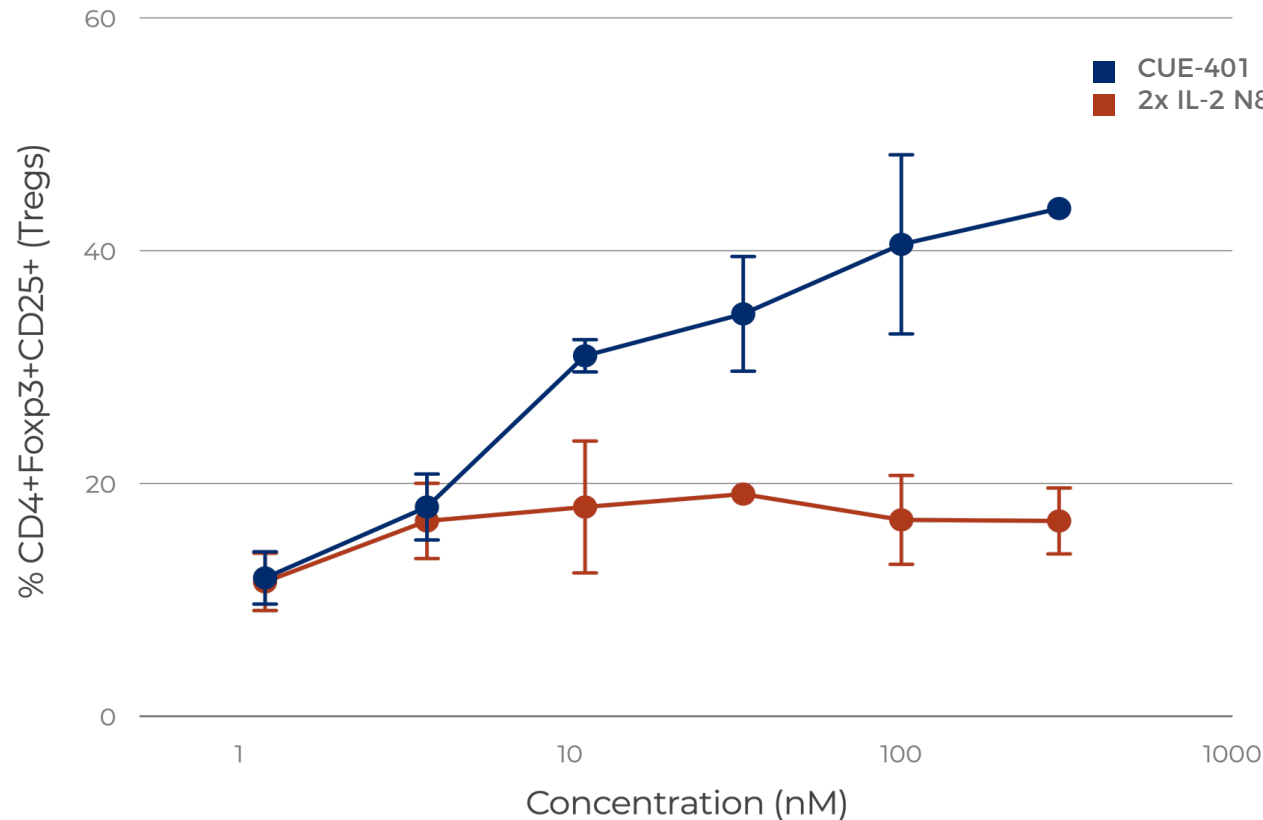
Conclusions

- **CUE-401 functions to induce new Tregs, expand existing Tregs, and suppress some effector T cell functions.**
- **In vivo administration of CUE-401 is effective at inducing/expanding and activating Tregs.**
- **Short term CUE-401 administration resulted in durable suppression of autoimmunity in a well-established model where autoimmunity develops as a result of a deficiency in Tregs.**

CUE-401 Harnesses Multiple Signals to Induce Tregs

Data Shows Evidence of Inducible Treg Expansion from Effector T Cells (Teff), Differentiating from IL-2 Muteins

Treg Generation from Effector T Cells (Teff) with CUE-401 vs IL-2 Mutein: Human MLR* (In Vitro GVHD)

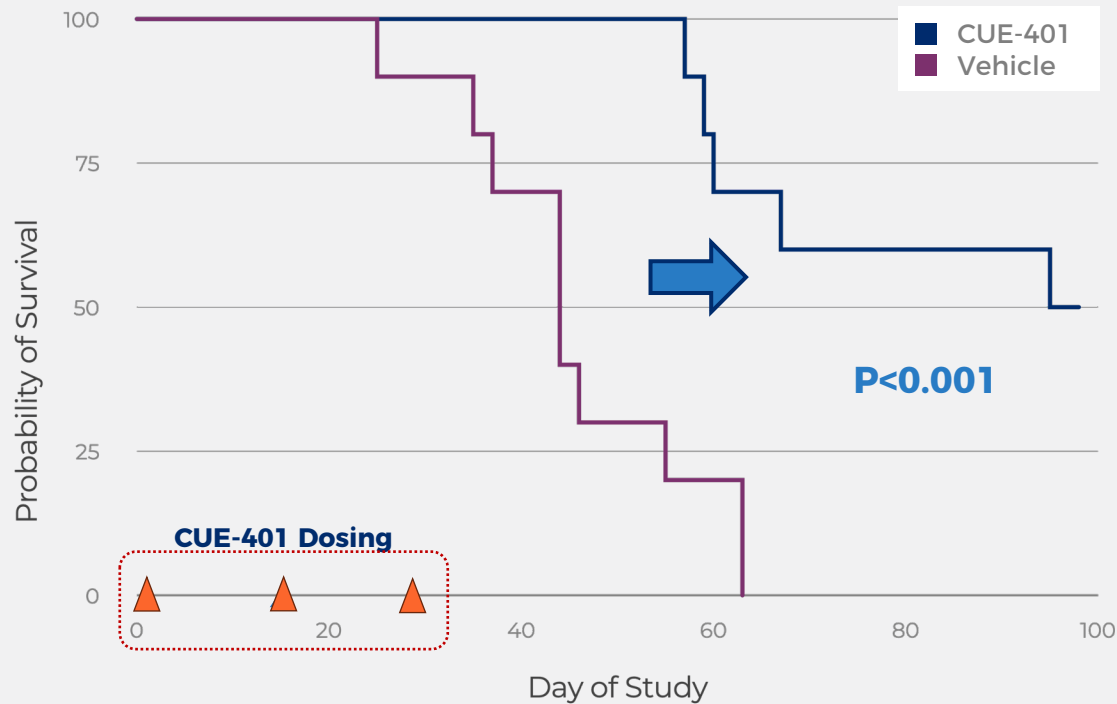


CUE-401: Differentiated Benefit in Pre-clinical Models of GVHD vs. IL-2 Mutein

CUE-401 Increased Survival 9+ Weeks Post-Treatment while IL-2 Mutein Alone Accelerated Disease

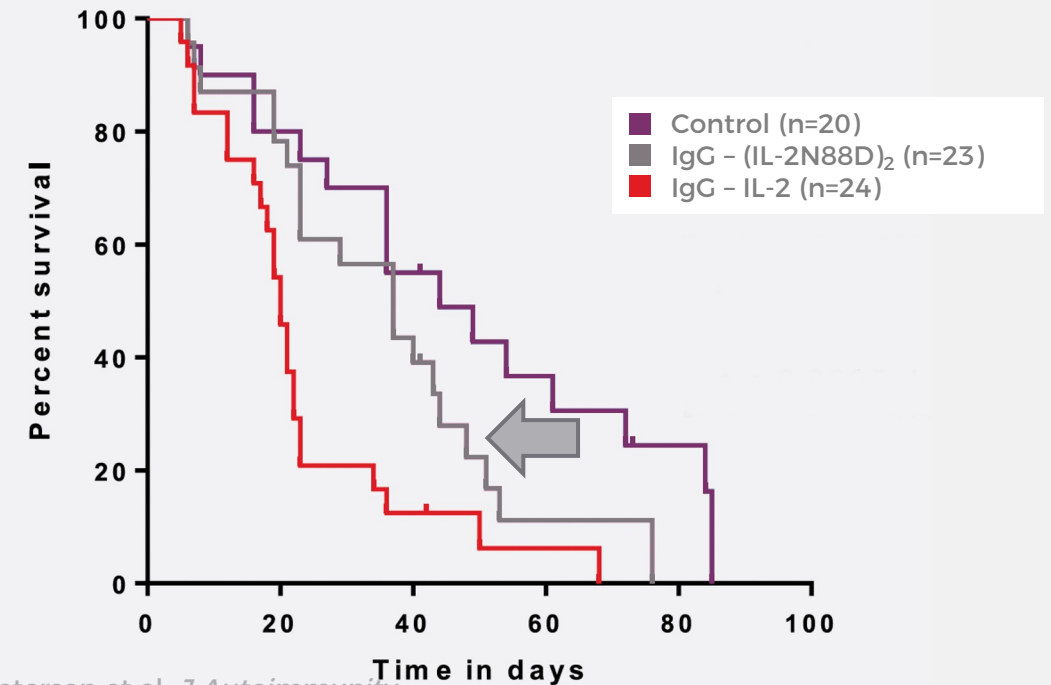
CUE-401

Significantly delayed development of GVHD & increased overall survival



IL-2 (wild type or a mutein)

Accelerated progression of GVHD & reduced overall survival



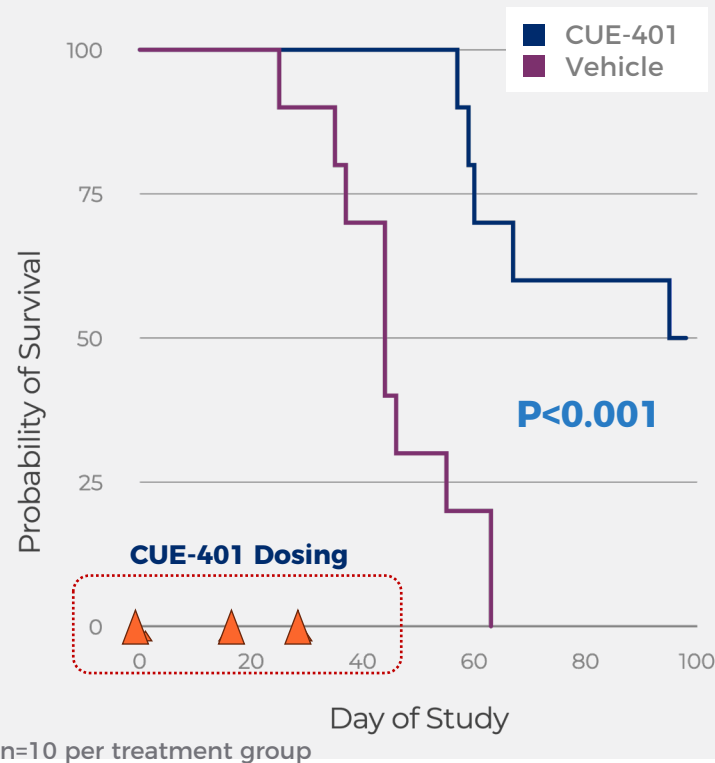
Peterson et al, *J Autoimmunity*, 2018



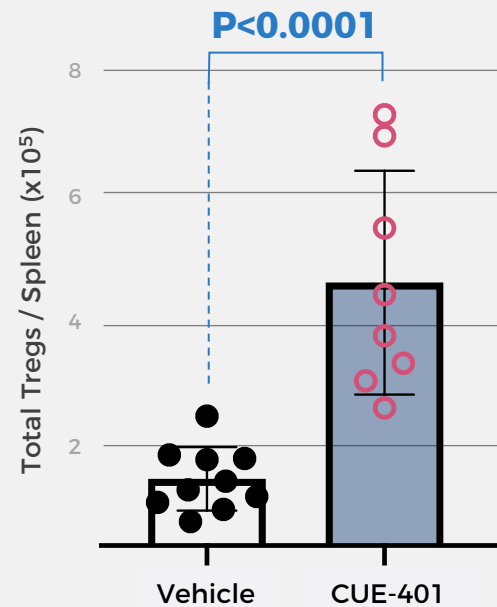
CUE-401: Durable Benefit & Pharmacodynamics in Model of Acute GVHD

Increased Tissue Tregs, Reduced Proinflammatory Cytokines, and Increases Survival 9+ Weeks Post-Treatment

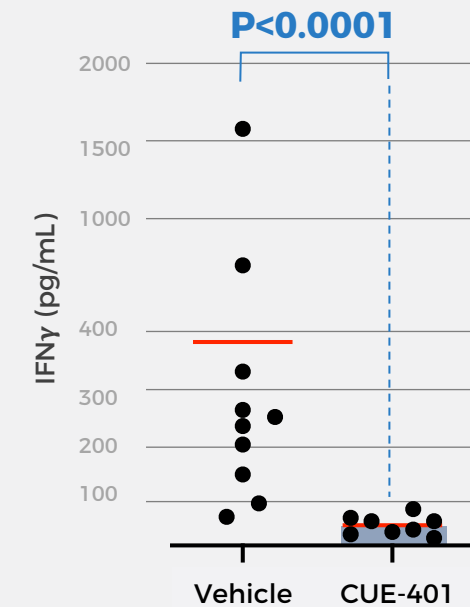
Delayed GVHD & Increased Overall Survival



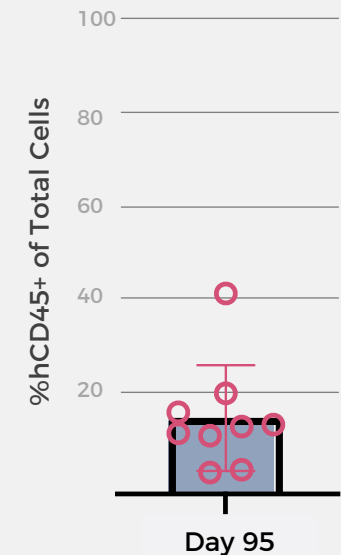
Increased Treg Numbers in GVHD Target Tissue



Reduced Systemic Inflammatory Cytokines



Persistence of Human T Cell Graft

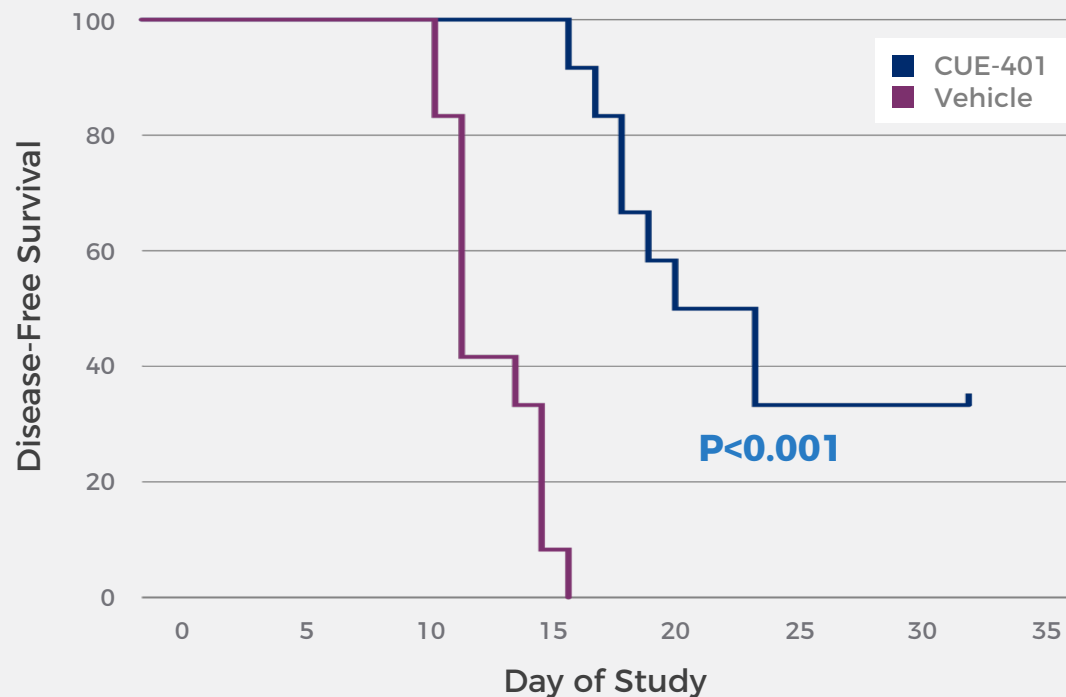


CUE-401: Efficacy Across Diverse Disease Mechanisms

Functional Suppression of Inflammation in Multiple Disease Models Supports Broad Applicability in the Clinic

EAE Model of Multiple Sclerosis

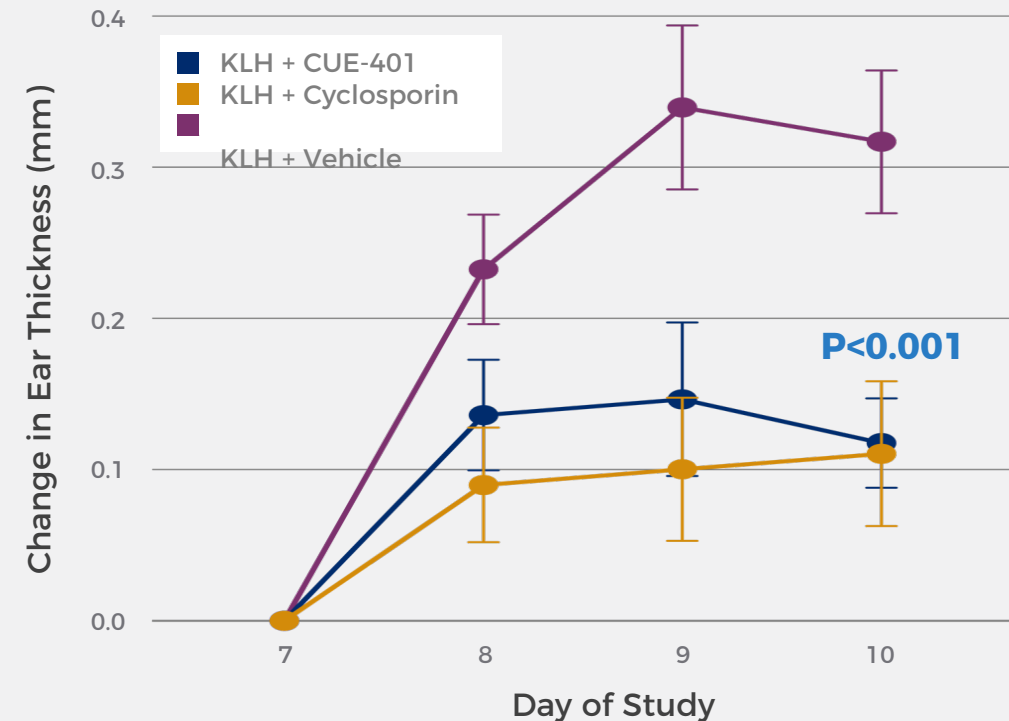
Significant inhibition and delay of disease onset



n=10 per treatment group

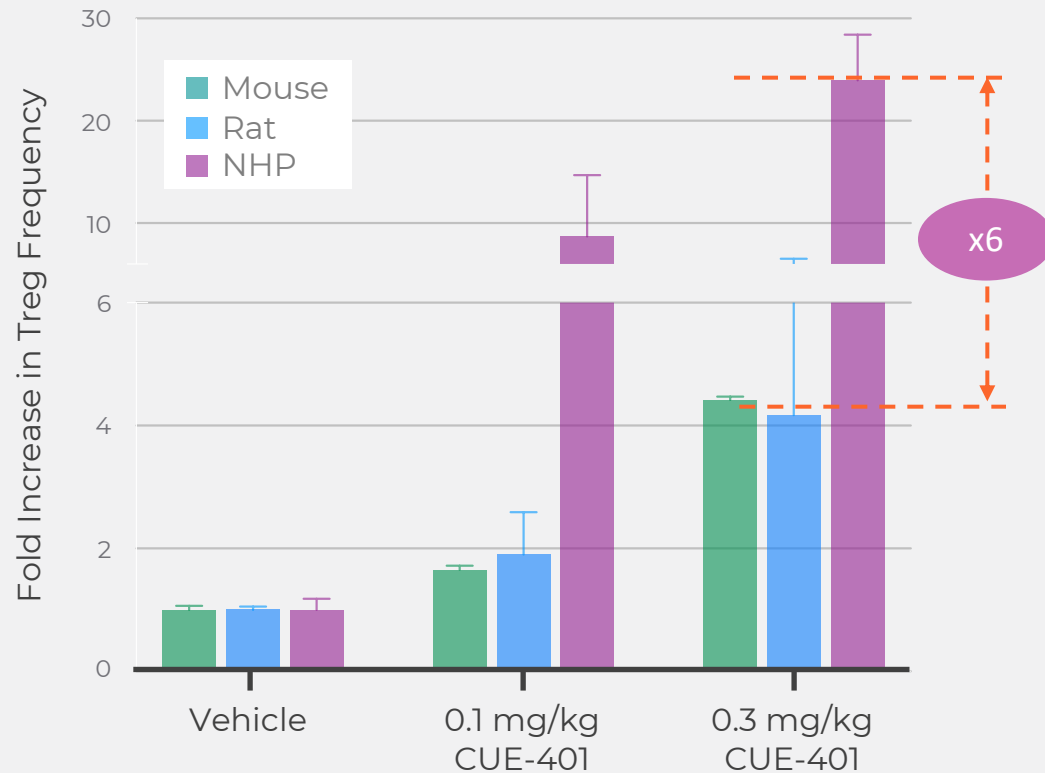
Delayed Type Hypersensitivity - T Cell Mediated

Significant inhibition of cutaneous inflammation



CUE-401: Significant Treg Expansion Across Species

Greatest Magnitude of Treg Expansion in Non-Human Primates (NHP) – Supports Strong Potential Activity in Humans



- CUE-401 is well tolerated across all species at dose levels that result in maximum Treg expansion

→ **Enables & derisks efficient IND-enabling GLP toxicology program**

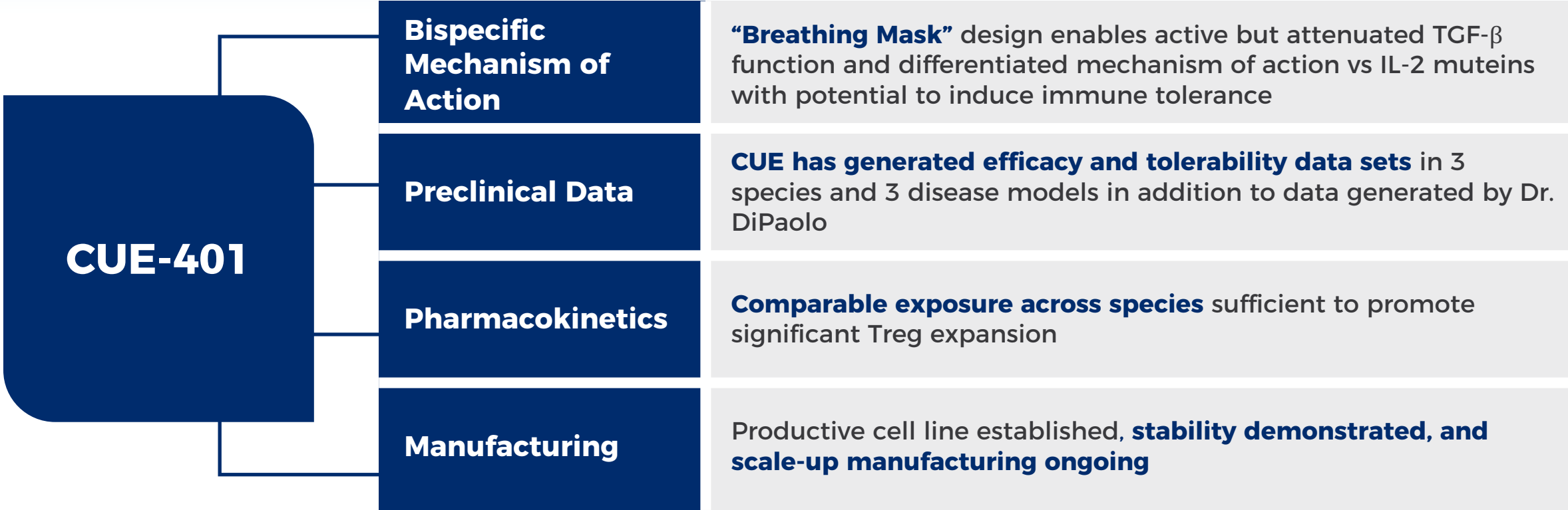
- Even low doses in NHP drive significant Treg increases well beyond that observed in rodents

→ **CUE-401 has the potential to promote meaningful increases in Tregs in humans at low dose levels**



CUE-401: Novel, First-in-Class T Cell Immunomodulator

Broad Potential Across Multiple Autoimmune Indications





Dr. Andrew Cope

The Clinical Perspective

Head, Centre for Rheumatic Diseases, King's College, London

A Commitment to T Cell Biology and “Immune Reset”

Chronic Exposure to Tumor Necrosis Factor (TNF) In Vitro Impairs the Activation of T Cells through the T Cell Receptor/CD3 Complex; Reversal In Vivo by Anti-TNF Antibodies in Patients with Rheumatoid Arthritis

Andrew P. Cope, Marco Londei, N. Randall Chu, Shara B. A. Cohen, Michael J. Elliott, Fionula M. Brennan, Ravinder N. Maini, and Marc Feldmann

The Mathilda and Terence Kennedy Institute of Rheumatology, Sunley Division, Hammersmith, London, W6 8LW, United Kingdom

nature
immunology

Complement regulator CD46 temporally regulates cytokine production by conventional and unconventional T cells

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ARTICLE

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OPEN

The cholesterol biosynthesis pathway regulates IL-10 expression in human Th1 cells

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Lessons from the Clinic:

Co-stimulation modulation delays but does not prevent RA

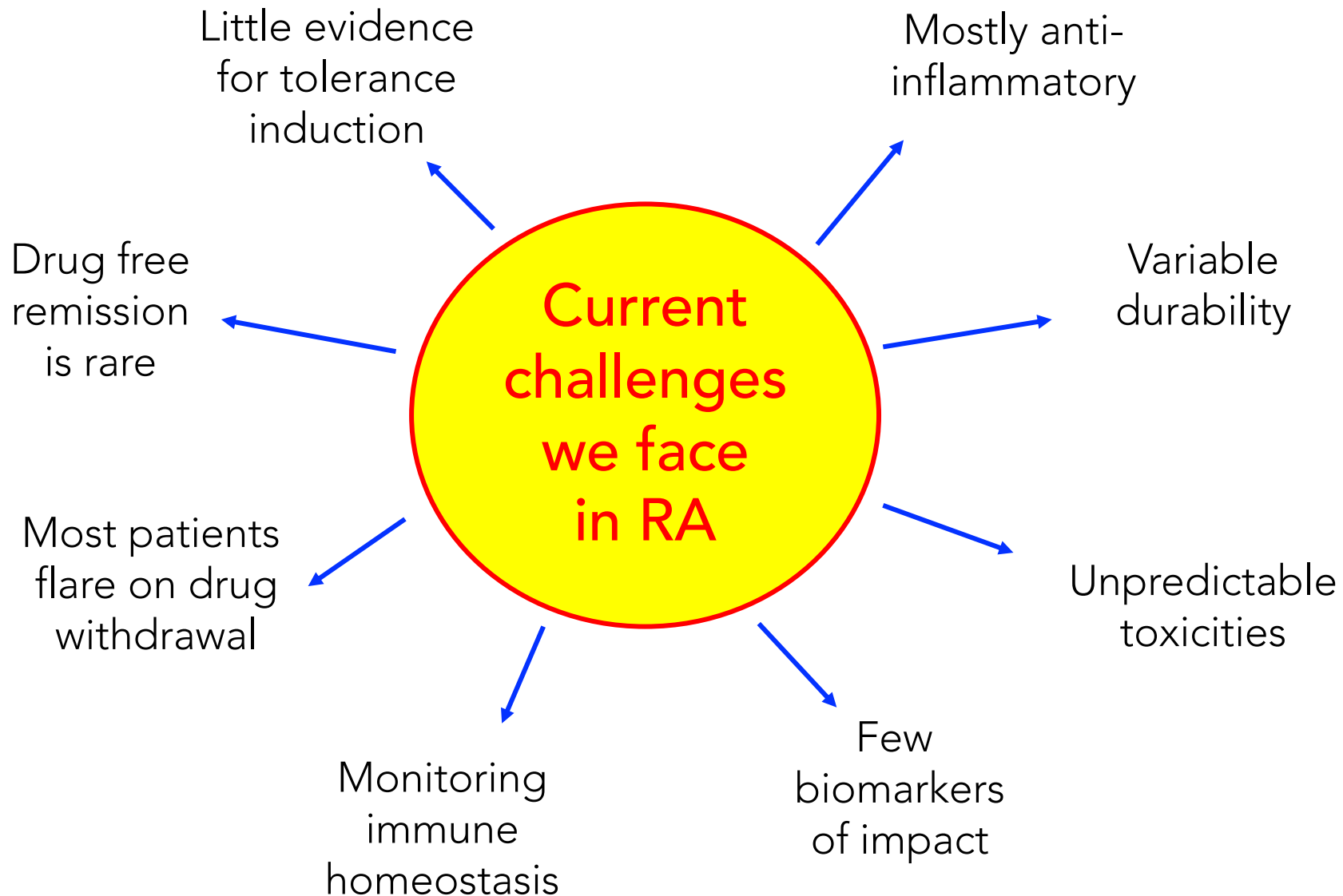


Abatacept in individuals at high risk of rheumatoid arthritis (APIPPRA): a randomised, double-blind, multicentre, parallel, placebo-controlled, phase 2b clinical trial

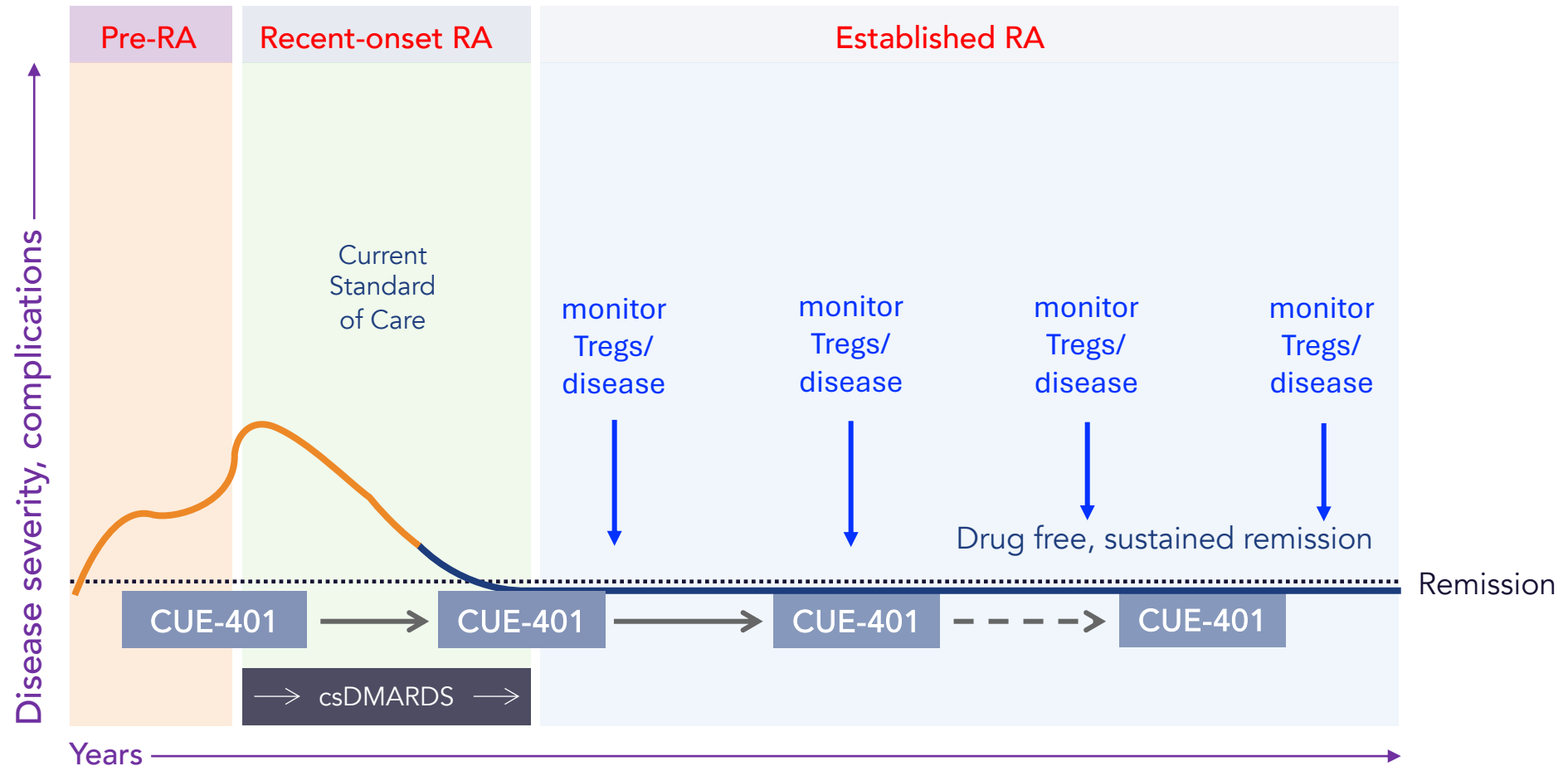


Andrew P Cope, Marianna Jasenecova, Joana C Vasconcelos, Andrew Filer, Karim Raza, Sumera Qureshi, Maria Antonietta D'Agostino, Iain B McInnes, John D Isaacs, Arthur G Pratt, Benjamin A Fisher, Christopher D Buckley, Paul Emery, Pauline Ho, Maya H Buch, Coziana Ciurtin, Dirkjan van Schaardenburg, Thomas Huizinga, René Toes, Evangelos Georgiou, Joanna Kelly, Caroline Murphy, A Toby Prevost, on behalf of the APIPPRA study investigators*

The Problem with Current Therapies for Rheumatoid Arthritis



Future Vision for Immune Reset in RA with CUE-401



CUE-401: Clinical Perspectives

- CUE-401 may be a transformative treatment for RA at several stages of disease, including pre-RA, recent-onset RA and established RA.
- Expansion and induction of Tregs by CUE-401 is an innovative approach to achieving an immune “reset” in patients with autoimmune and inflammatory disease.
- Mechanism of action of inducing and expanding Tregs is likely to be efficacious in many autoimmune diseases.
- Immune rebalance established by durable expansion of Tregs may lead to long-lasting tolerance.

KOLs & Cue Management **Discussion and Q&A Session**





Dan Passeri, CEO

Key Take Aways

Key Takeaways

Mobilizing the Immune System to Treat Serious Disease

- **Specific T cell populations** play a critical role in the immune response to serious diseases
- **CUE's unique biologics platform** enables selective modulation of select T cell populations for the treatment of autoimmune disease and cancer
- **New data suggest that CUE-401 could transform** the standard of care for autoimmune diseases and inflammation
- **Recent Boehringer Ingelheim collaboration showcases CUE-501:** potential ability to use anti-viral T cells to treat autoimmune disease
- **Maturing clinical data show notable increase in survival data for CUE-100 Series**
- **Current cash resources** expected to support key developments of our corporate strategy



Thank you.

