

A photograph of an elderly man and a woman embracing in a hospital hallway. The man is on the right, wearing a white lab coat, and the woman is on the left. They are both smiling and looking at each other. The background is a blurred hospital hallway with other people and lights.

Transforming Patients' Lives Through Precision Immunoengineering in Autoimmune Disease

February 2026



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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; 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 future; our ability to continue as a going concern and ability to comply with covenants under our loan agreement, 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 and any subsequently filed Quarterly Report(s) on Form 10-Q. 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.

This presentation contains estimates and other statistical data made by independent parties and by us relating to market size and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such data and estimates. In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.



The Problem: Immune Imbalance Underlies Autoimmunity

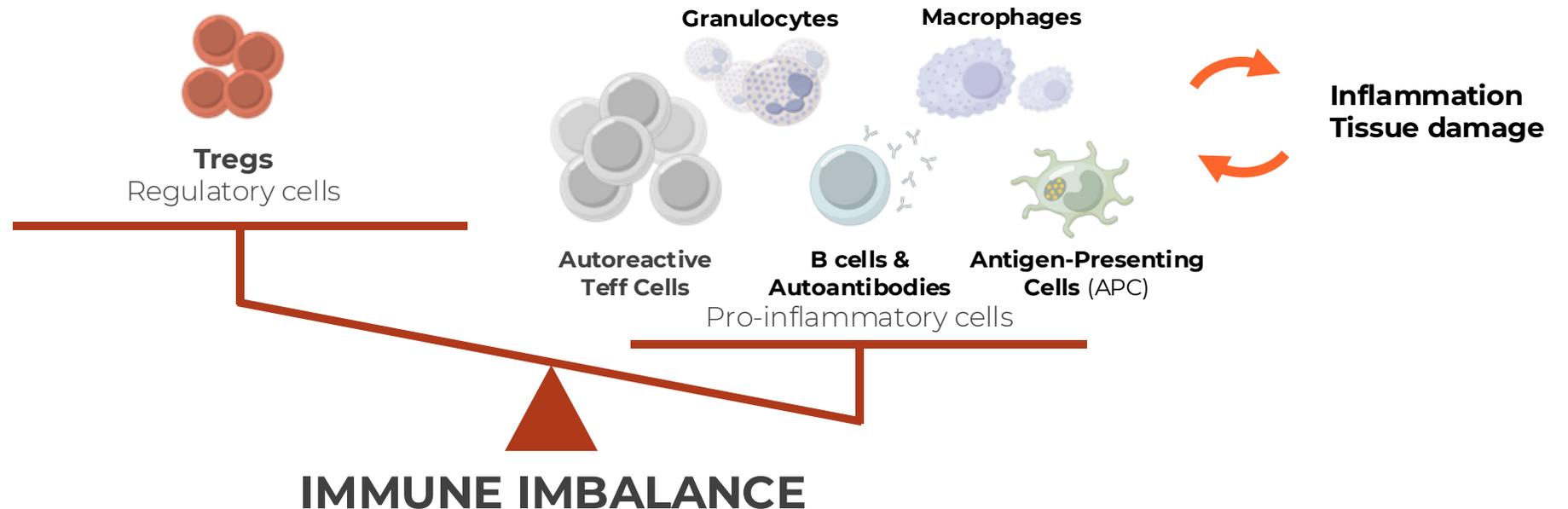
Regulation is Dominated and Suppressed by Inflammatory Players

Deficient Regulatory Cells

- ↓ IL-2
- ↓ Treg frequency
- ↓ Treg function
- ↓ Anti-inflammatory/cytokines (e.g. TGF β and IL-10)

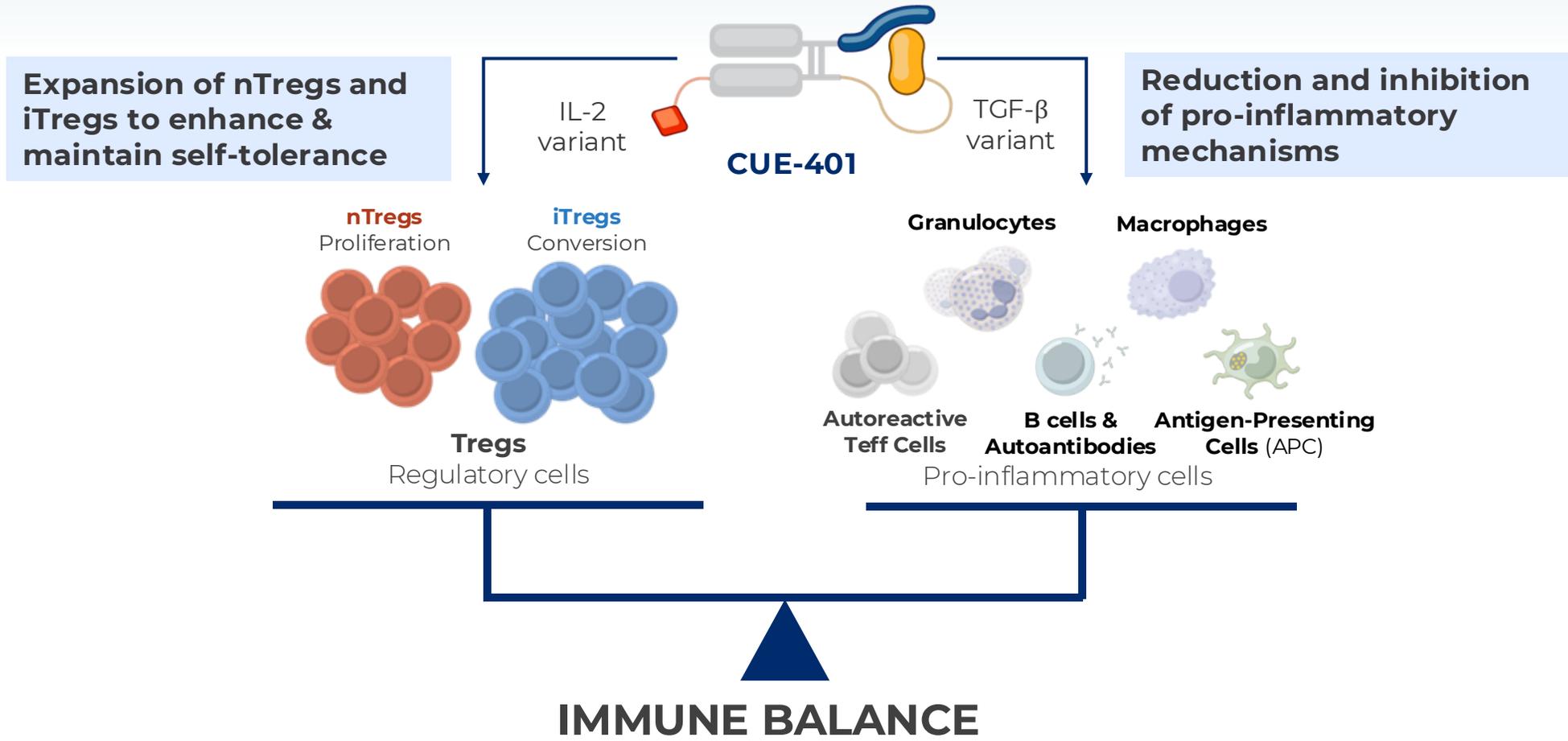
Dominant Pro-Inflammatory Cells

- ↑ Autoreactive Teffs
- ↑ B cells/Autoantibodies
- ↑ Proinflammatory innate immune cells
- ↑ Proinflammatory cytokines (e.g. IL-17 and IL-4/13)



CUE 401: A 'Master Switch' of Immune Balance

Restoring Long-Term Tolerance by Re-Establishing Balance via T regulatory cells



CUE-401: First-in-Class, Bifunctional Tolerogenic Mechanism

Transformative first-in-class molecule incorporating attenuated components of TGF- β and IL-2

Pipeline in a Product

- Unique next generation mechanism tolerizes multiple cell types involved in autoimmunity
- Pre-clinical activity shown in multiple disease models suggests broad application in the autoimmune space

Components* Clinically Derisked

- Incorporates IL-2* and parts of Fc from CUE-100 Series programs already validated in the clinic
- Tolerability demonstrated in 3 species (non-GLP)

Defined Path to Clinic

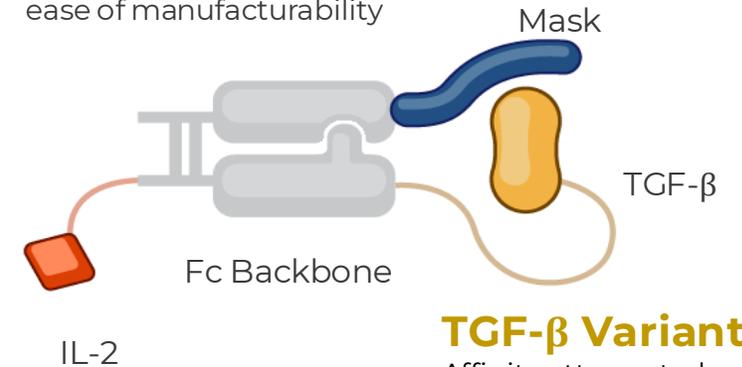
- Manufacturing and IND enabling studies underway

Near-term Value Inflection

- Projected FIH initiation in Q2 2026 and clinical PoC in 2H 2027

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 Tolerogenic Bifunctional



Nobel Prize Confirms the Role of IL-2 and TGF-β in Treg Induction

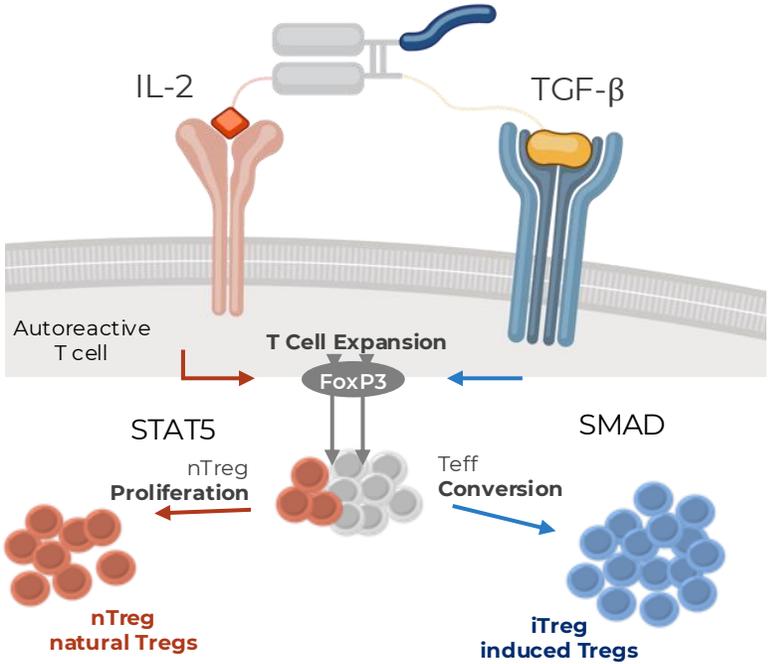
Critical Signaling Agents to Produce Induced T-regulatory Cells via FOXP3 Gene Upregulation



Nobelförsamlingen
The Nobel Assembly at Karolinska Institutet

Scientific background 2025

Immune tolerance The identification of regulatory T cells and FOXP3



TGF-β provides the “GO” signal to turn on the FOXP3 gene

- Primary cytokine that activates the SMAD pathway and directs FoxP3 transcription, protein activation, and conversion of Teff cells to Treg cells
- Contextual Differentiation – steers T cells away from inflammatory lineages towards regulatory lineages

IL-2 provides the “STAY” signal to keep the FOXP3 gene on, expand the Treg cell population, and make the phenotype functional and durable

- FoxP3 Stabilization and Maintenance – IL-2 activated STAT5 pathway and TGF-β activated SMAD pathways co-operate to cause stable and high-level expression of FoxP3
- Survival and Expansion – IL-2 acts as a T cell growth factor

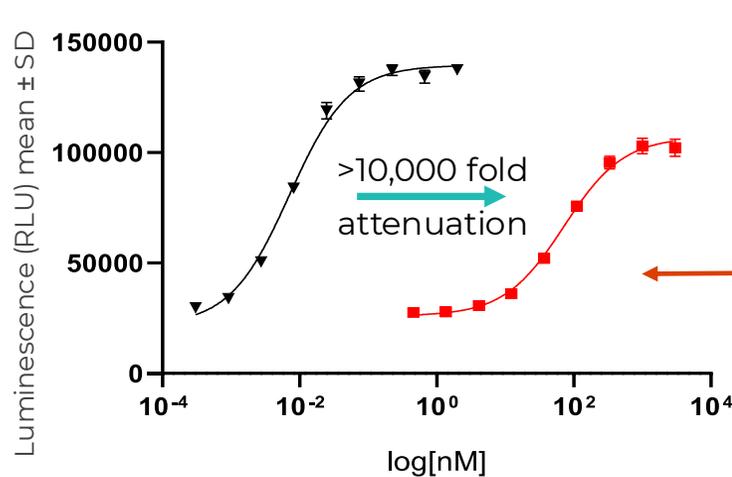
FOXP3 – Forkhead Box P3
STAT5 - Signal transducer and activator of transcription 5
SMAD - Suppressor of mothers against decapentaplegic



Optimizing Biological Activity via Protein Engineering

Attenuating Cytokine Affinities Retains Key Biologic Functions and Reduces Potential for Effects on Non-Immune Cells

IL-2 Induced Reporter



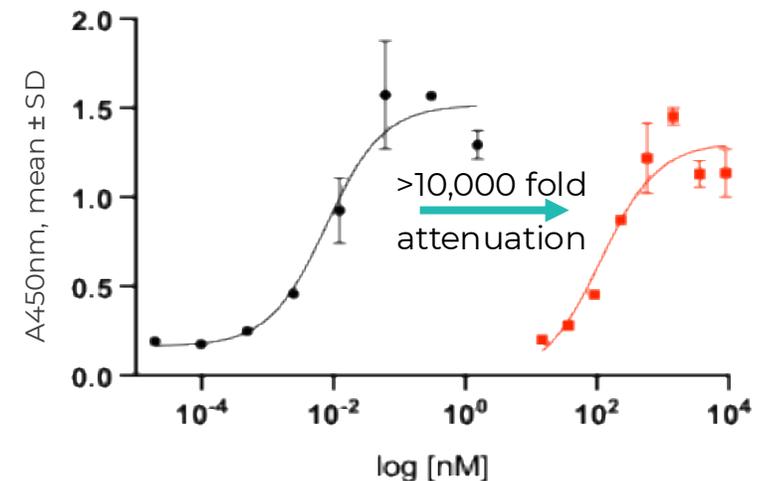
▼ rhIL-2
■ CUE-401

IL-2 Variant
Affinity attenuated;
same as in CUE-100
series

TGF-β Variant
Affinity attenuated;
improved safety and
manufacturability

Mask

TGF-β-Induced Signaling



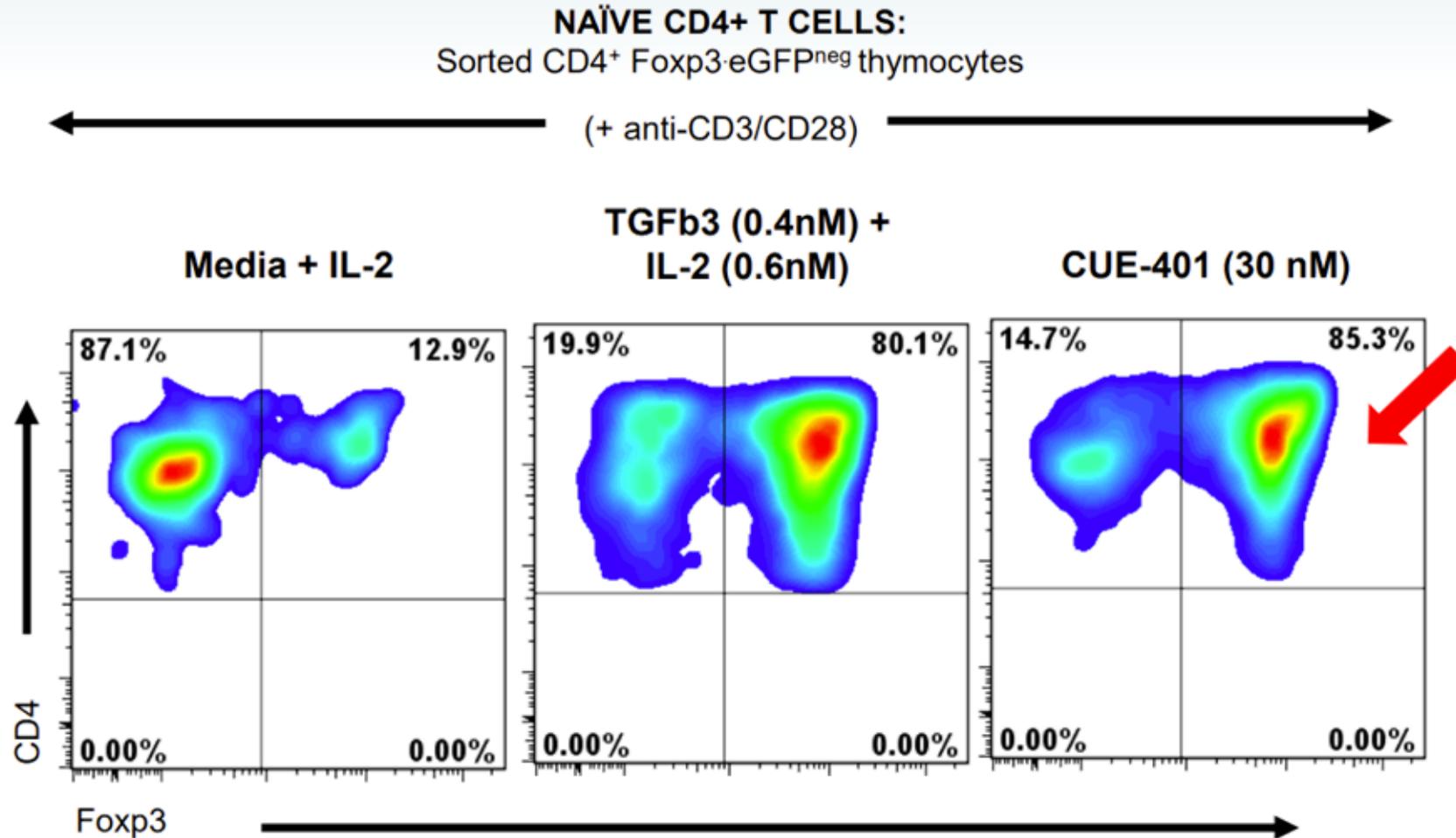
● rhTGF-β3
■ CUE-401



CUE-401 Induced FOXP3+ Suppressive iTregs From Naïve Murine CD4+ T Cells

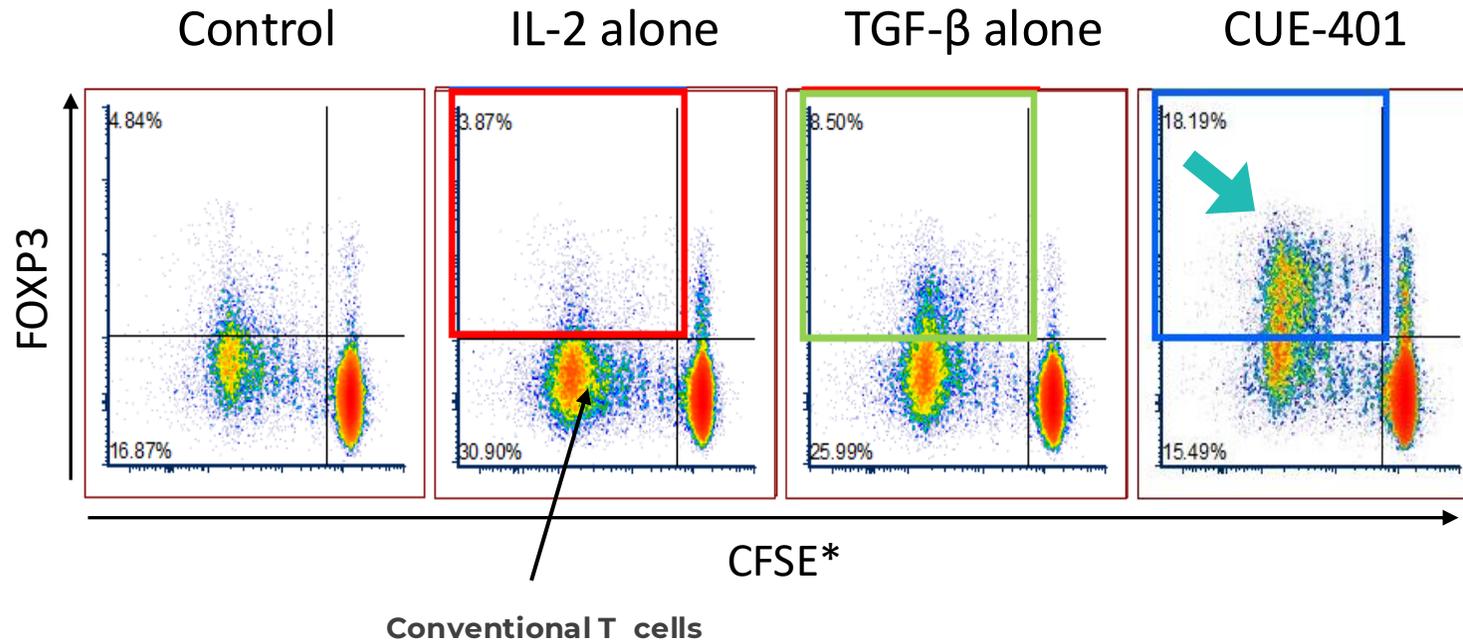
IL-2 and TGF- β are Both Critically Required Cytokines to Produce Sufficient iTregs

A



CUE-401 Harnesses Multiple Signals to Induce iTregs

Provides Both IL-2 and TGF- β Activating Signals that are Necessary for iTreg Differentiation

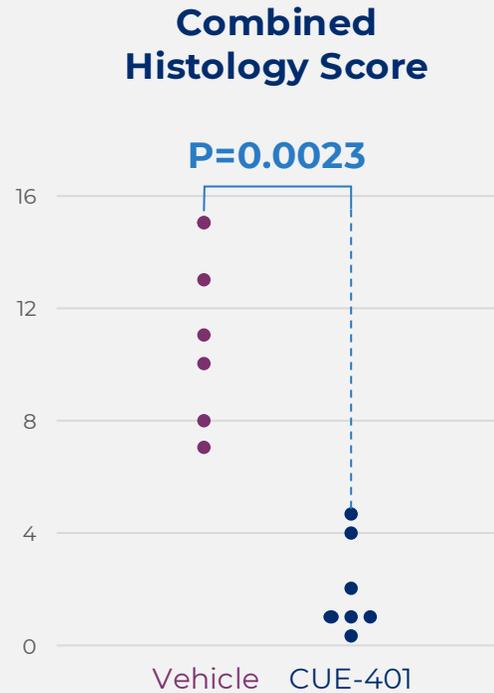
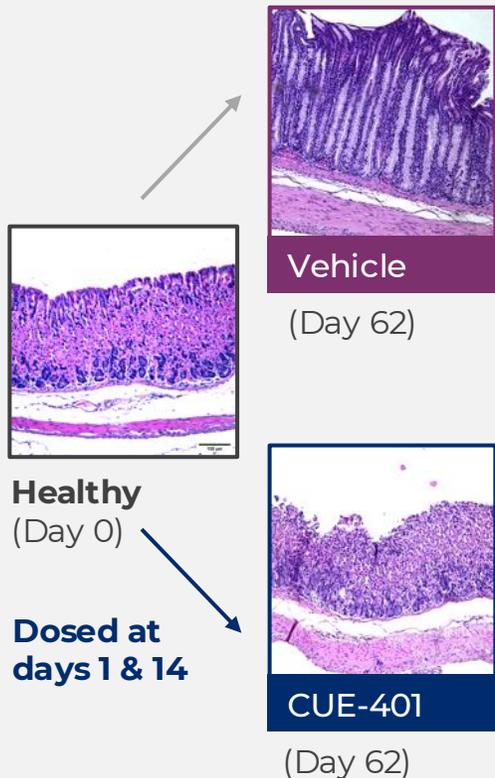


CUE-401: Durable Efficacy in Preclinical Model of Autoimmune Gastritis

Normalizes Histopathologic Gastritis Scores While Markedly Reducing Pathologic Autoimmune Effector T Cells in Tissue

Prevention of Autoimmune Gastritis

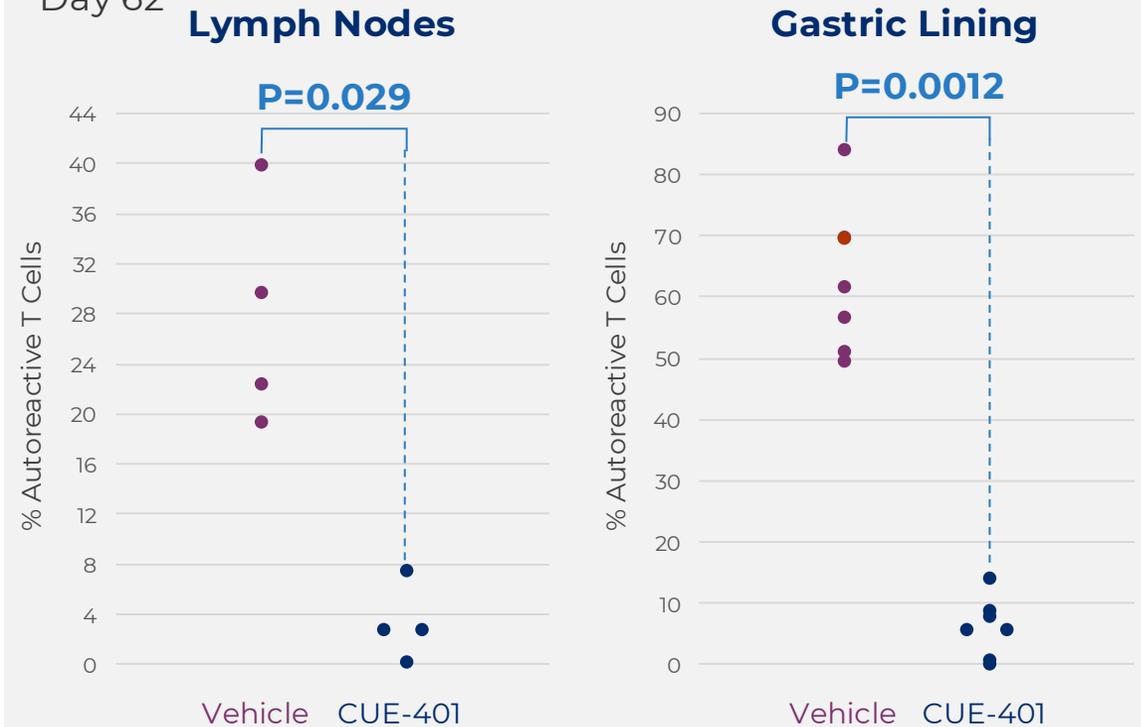
In vivo gastritis histology scores (7 weeks post-dose)



Source: Sponsored Research Collaboration with Dr. Richard DiPaolo, St. Louis University

Frequency of Self-Reactive Effector T Cells in Tissue

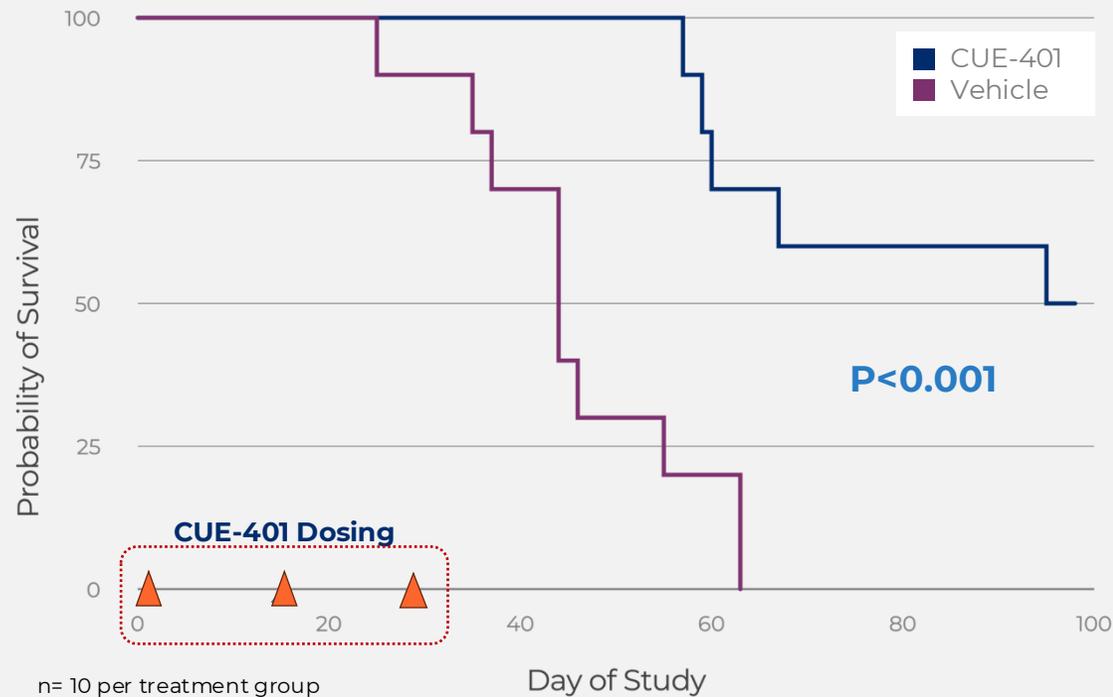
Day 62



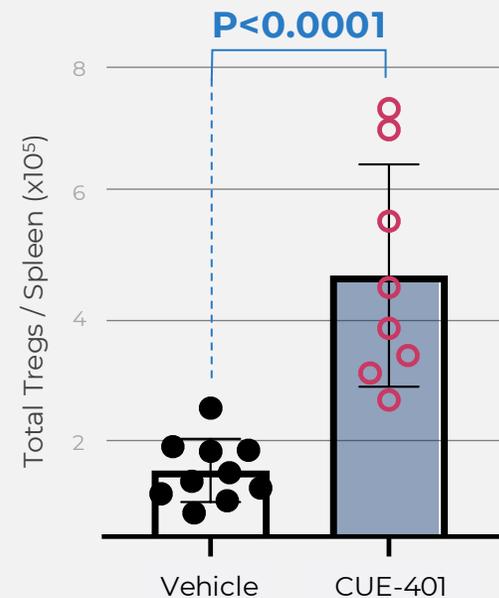
CUE-401: Durable Benefit in Model of Acute GVHD

Increased Tissue Tregs and Maintenance of Graft 9+ Weeks Post-Treatment after 3 Doses

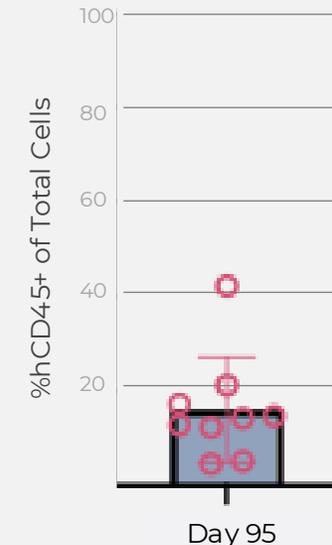
Delayed GVHD & Increased Overall Survival



Increased Treg Numbers in GVHD Target Tissue



Persistence of Human T Cell Graft Provides Evidence of Tolerance

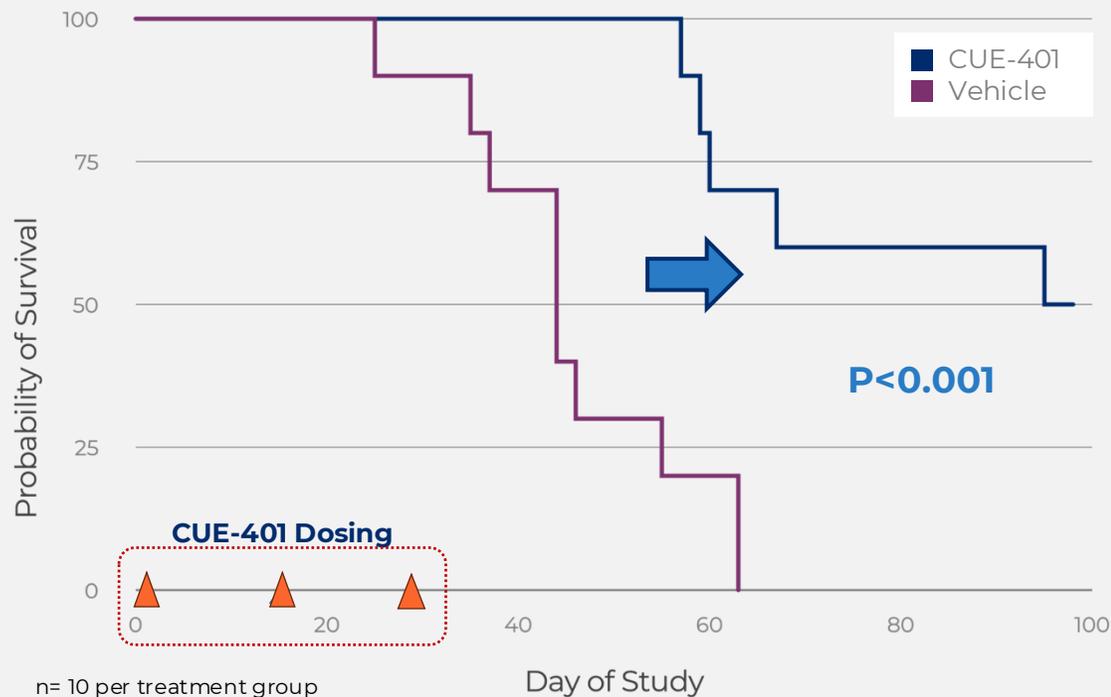


CUE-401: Differentiated Benefit in GVHD Models vs IL-2 Mutein

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

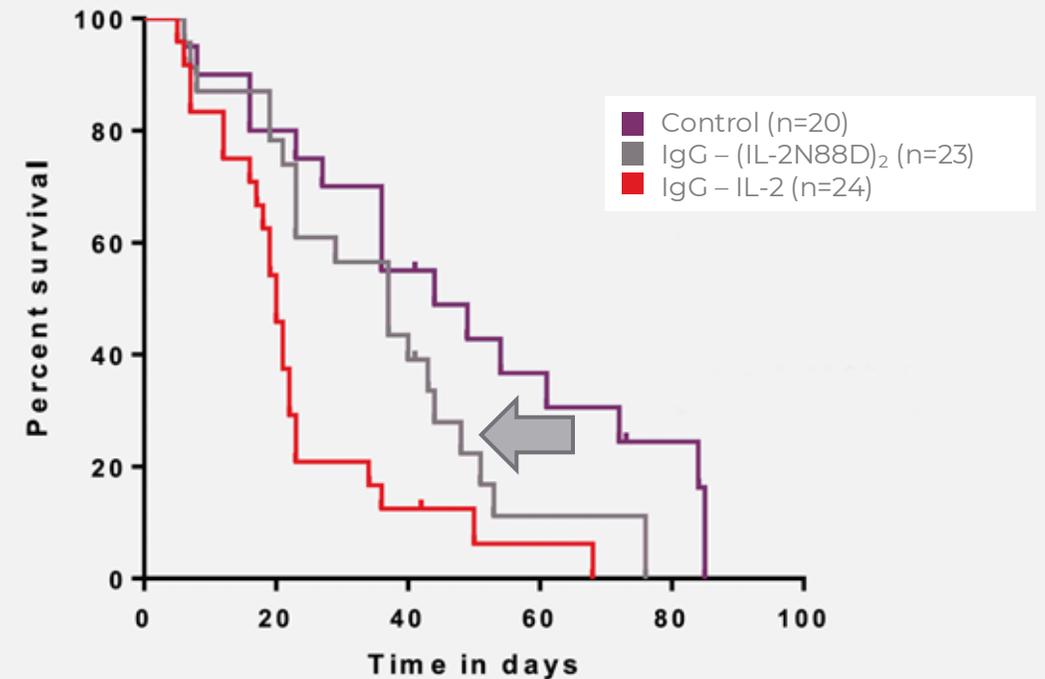
CUE-401

Significantly delayed development of GVHD & increased overall survival



IL-2 (wild type or a mutein)

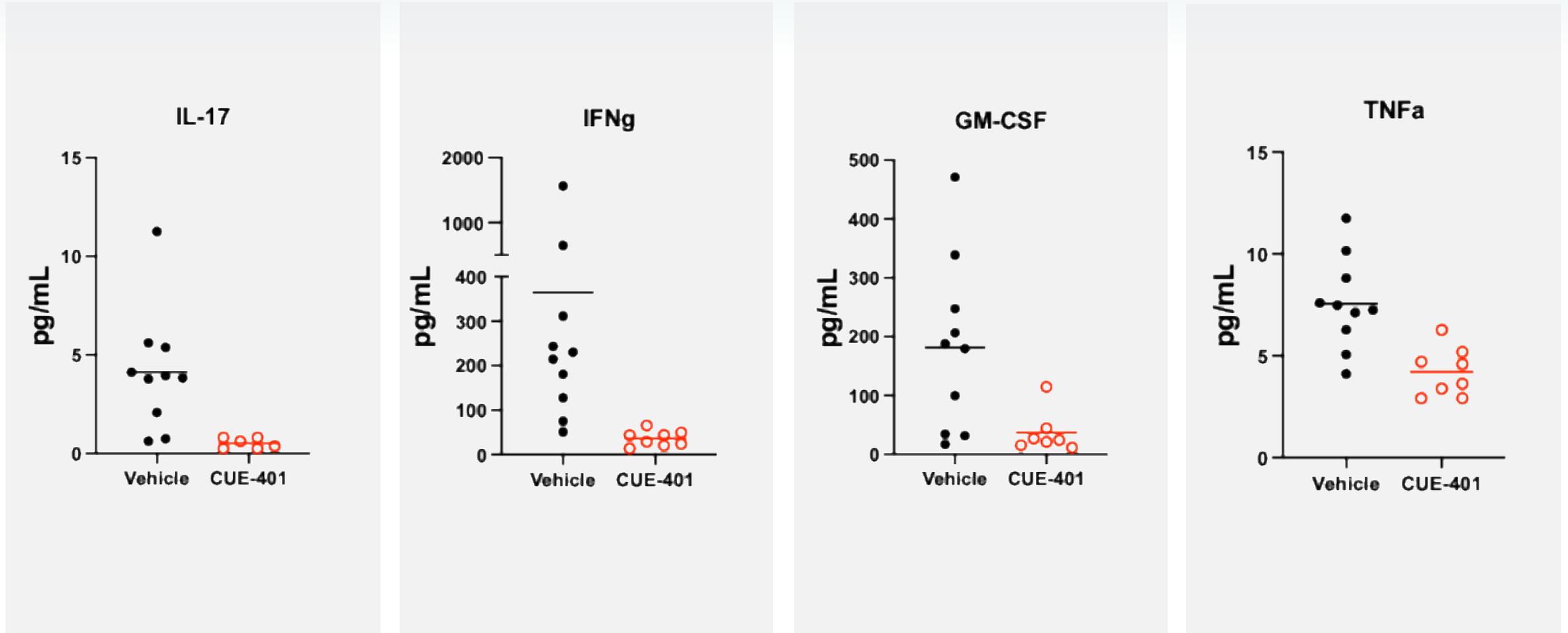
Accelerated progression of GVHD & reduced overall survival



Peterson et al, *J Autoimmunity*, 2018



CUE-401 Suppresses Effector T Cell Production of Proinflammatory Cytokines



Girgis N et al., 2025, CUE-401: A Novel TGF-beta/IL-2 Fusion Protein for the Induction Expansion of FOXP3+ Regulatory T Cells. Cytokines Conference, Seattle, Washington USA

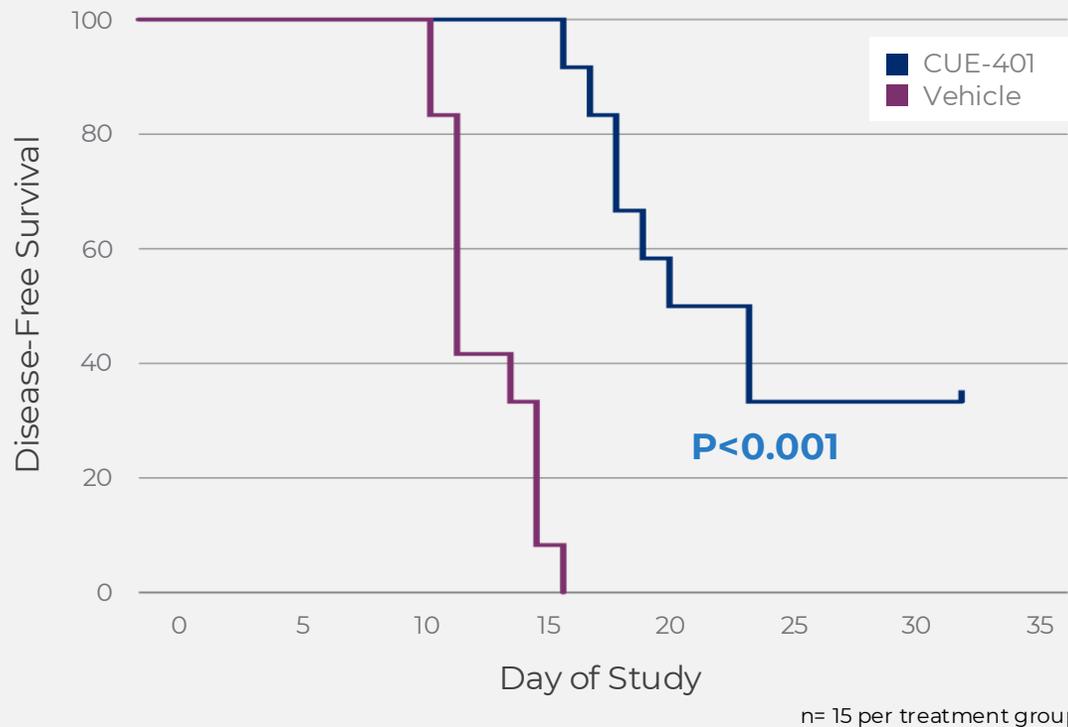


CUE-401: Suppression of Inflammation in Diverse Models of Disease

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

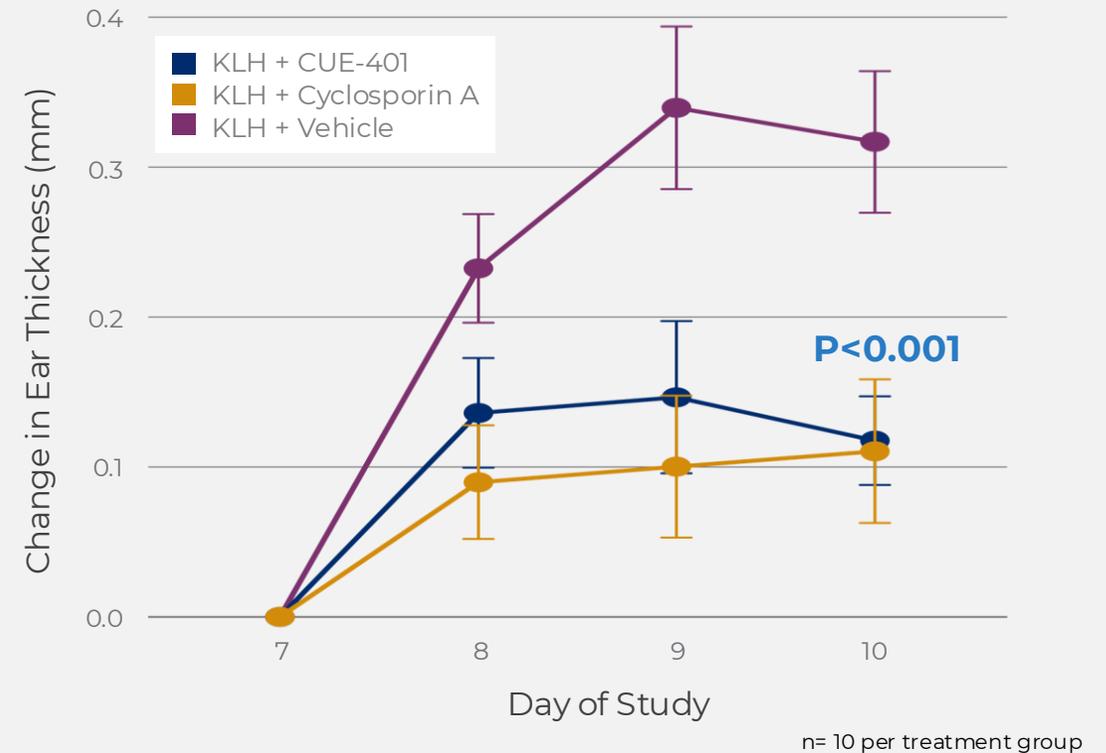


■ CUE-401 Single Dose on Day 2

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Delayed Type Hypersensitivity – T Cell Mediated

Significant inhibition of cutaneous inflammation



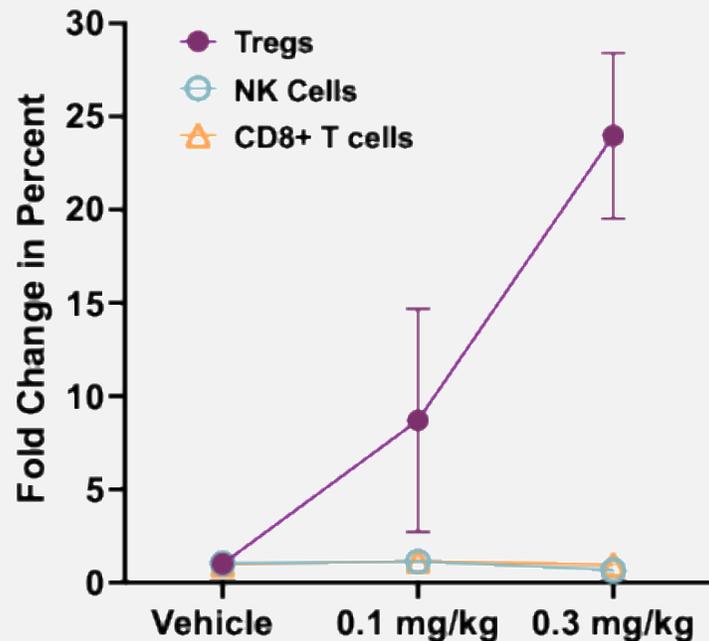
■ Cyclosporin dosed daily

■ CUE-401 dosed once on Day 1

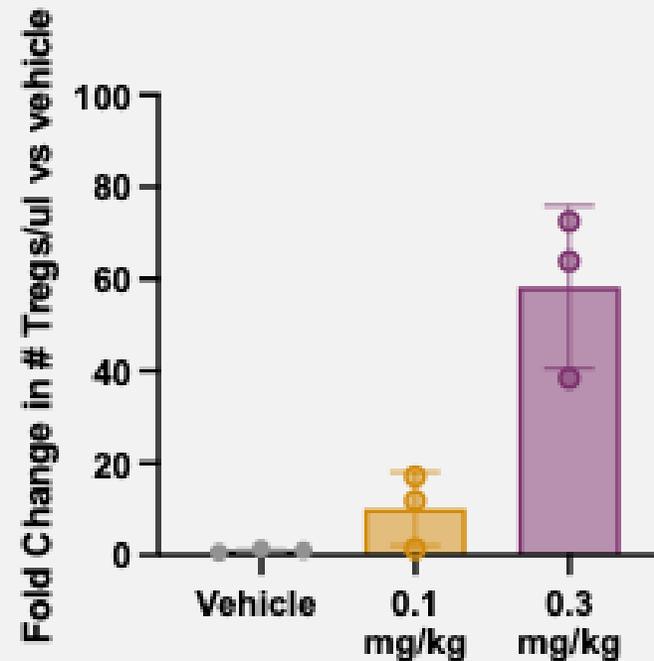


NHP Data Indicates Significant Fold Increase in Tregs After Single Dose of CUE-401

CUE-401 - Fold change in % of Tregs



CUE-401 - Fold change in number of Tregs/ul



Highly Differentiated Approach to Immune Balance

	CUE-401	Treg Expanders (E.g. IL-2 muteins)	Treg Cell Therapies	Tolerizing Vaccines	Cytokine Blockers
TGFβ-mediated suppression of inflammatory cell types	YES	NO	NO	NO	NO
Expansion of nTregs	YES	YES	YES	NO	NO
Generation of iTregs	YES	NO	YES / NO	NO	NO
Disease antigen agnostic	YES	YES	NO	NO	YES
Potential for disease antigen-specific Tregs	YES	NO	YES	YES	NO
Manufacturing & supply chain	Standard	Standard	Complex	Complex	Standard
Company Examples		Nektar	Quell Sonoma	EVOQ	Numerous Lg Pharma



Differentiated Efficacy and Safety

Unique Biology Compared with Isolated Regulatory T cell Approaches

Efficacy Profile



Increased quantity of Tregs

Proliferation of existing Tregs while inducing new self-antigen Tregs from effector cell pool



Antigen specificity of generated Tregs

Transformed autoreactive T cells (Teff) should maintain their antigen specificity (i.e. T cell receptors) resulting in more targeted and efficient suppression



Overall reduction in autoreactive Teff cells

Both transform autoreactive cells to Tregs and suppress autoreactive Teff proliferation



Effect in multiple immune cell types reduces overall inflammatory environment

Stabilizes immune homeostasis by reducing overall inflammatory environment

Safety Profile



Attenuation of both TGF- β and IL-2 prevents or limits off target signaling

Results in limited binding to tissues not expressing both IL-2 and TGF- β receptors



Short-term exposure to CUE-401 and minimal effect in T memory cells reduces risk of broad immunosuppression

Expect that several doses will provide a prolonged tolerizing outcome for autoreactivity, while exposure to infection will not be affected



Targeted effector T cell and nTreg binding localize pharmacology to sites of autoimmune activity

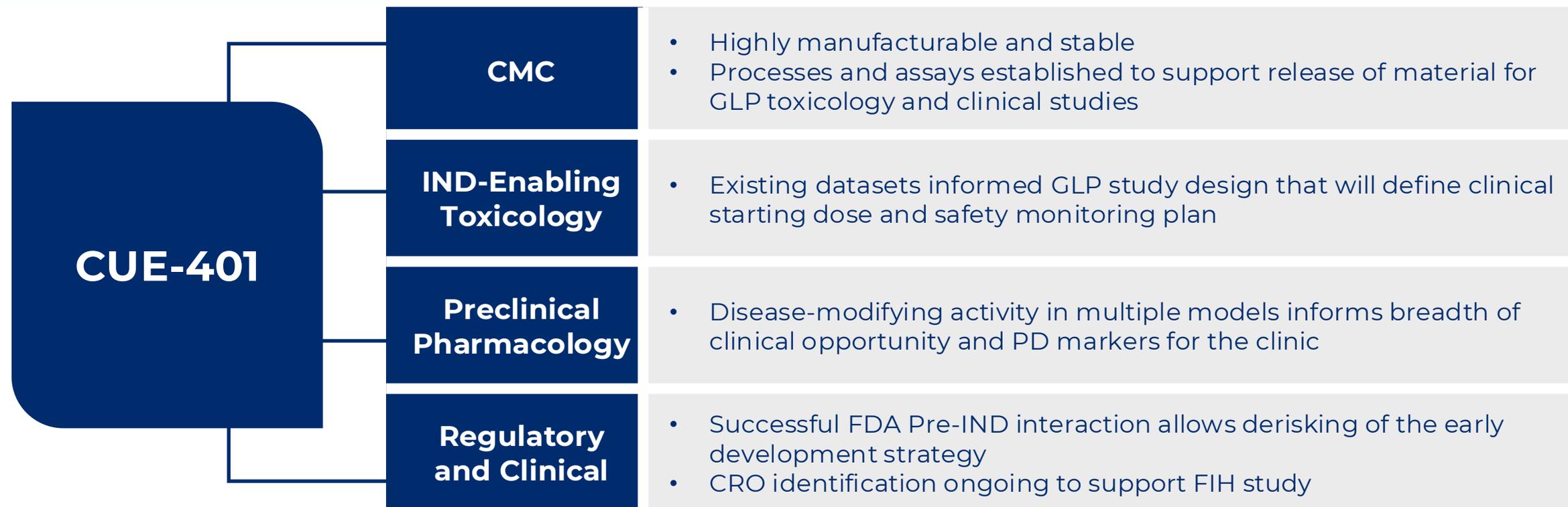
Both autoreactive effector and nTregs are concentrated at sites of active inflammation

Intermittent dosing expectation (every 6 months or longer) resulting in long periods of remission based on the tolerizing capacity of CUE-401



CUE-401: IND Enabling Studies are Ongoing

IND Submission Planned Q2 2026



Efficient Path to Characterization of CUE-401

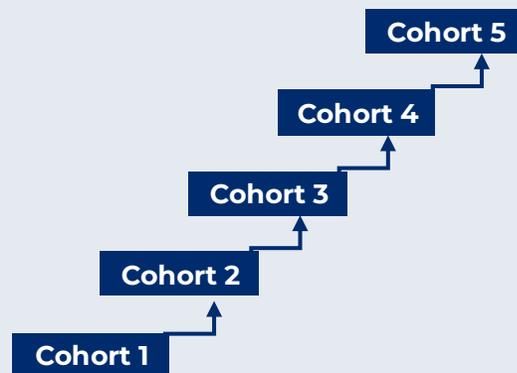
Phase 1 Single and Multiple Ascending Dose Study

PART 1

Single Ascending Dose (SAD) in Healthy Volunteers

Phase 1 (Part 1) Study Design:

- Blinded, randomized, placebo controlled
- n=40 subjects over 5 dose levels

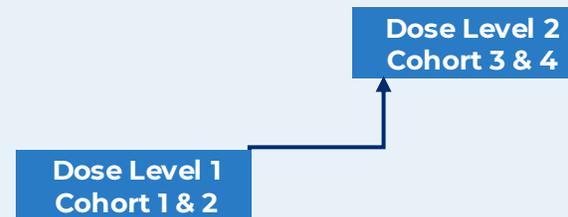


PART 2

Multiple Ascending Dose (MAD) in Healthy Volunteers

Phase 1 (Part 2) Study Design:

- Blinded, randomized, placebo controlled
- n=32 subjects over 2 dose levels



Total Study Period: 12 months

Primary endpoint:

- Safety and tolerability

Secondary endpoints:

- PK/PD
- T cell phenotyping
- Treg/Teff ratios
- T/B/NK



CUE-401: Leading Disease Indication Options for Phase 2 / 3

Phase 1 PoM May Provide Support for Multiple Opportunities

	Atopic Dermatitis	Rheumatoid Arthritis	Inflammatory Bowel Disease	Graft vs Host Disease	Systemic Lupus Erythematosus	Primary Biliary Cirrhosis
Biologic Rationale	Decreased Treg function, abnormal Treg:Teff ratio	Decreased Treg function, abnormal Treg:Teff ratio	Decreased Treg function, abnormal Treg:Teff ratio	Local Treg dysfunction, decreased Tregs in cGVHD	Decreased Treg function, abnormal Treg:Teff ratio	Decreased Treg function, abnormal Treg:Teff ratio
Treg Validation	Attenuated IL2 activation resulted in clinical benefit in Phase 2 trials	Low dose IL-2 Treg expansion, improved Treg:Teff, with preliminary clinical benefit	Treg transfer in Crohn's and UC	Low dose IL-2 Treg expansion & with partial responses	Low dose IL-2 Treg expansion with SLEDAI reductions	Preclinical data
Execution	Competition high but large population makes recruitment reasonable. Good endpoints.	Competition high but large population makes recruitment reasonable. Good endpoints.	High unmet need, good endpoints and recruitment reasonable	Some competition but increasing number of patients being treated, high unmet need	Competition and endpoints make execution challenging, but large market	Very high unmet need but small population. Recruitment reasonable.
Market Potential	~\$25B (2032) ⁵	~\$44B (2032) ³	~\$44B (2032) ³	~\$6B (2034) ¹	~\$6B (2034) ²	~\$1B (2034) ⁴

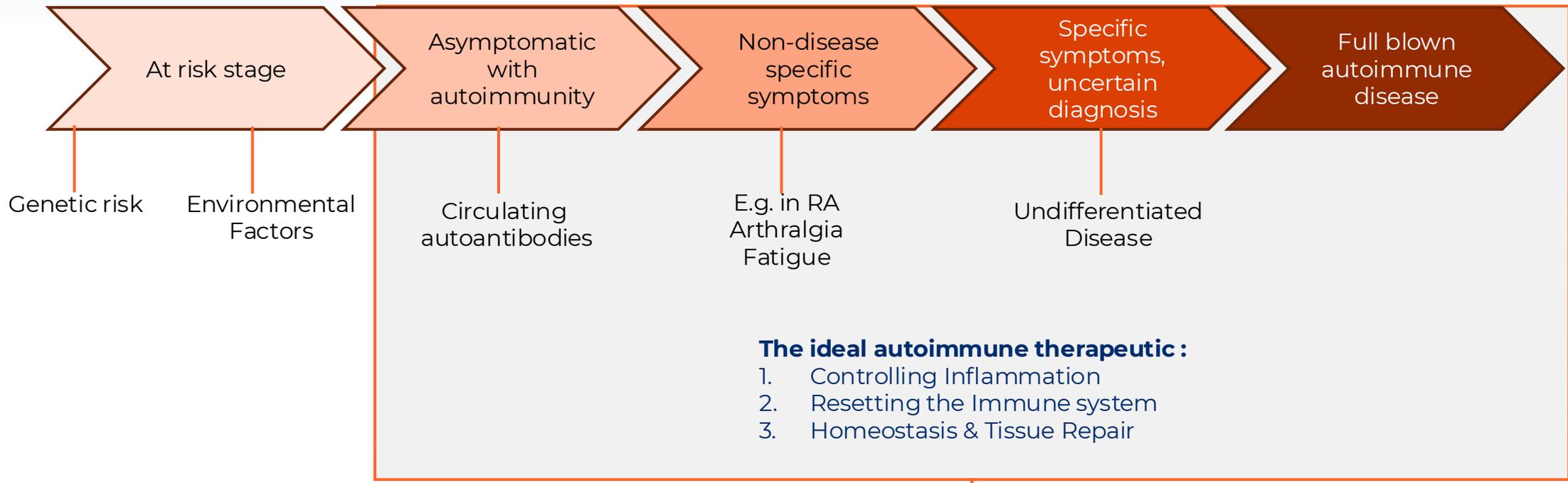
1. Biospace August 2, 2024. 2. Global News Wire Jan 16, 2025 (Source Research and Markets). 3. Fortune Business Insights May 5, 2025. 4. BioSpace August 5, 2024 (Source IMARC Group) 5. SNS Insider pvt ltd November 28, 2025



CUE-401: Redefining the Management of Autoimmune Disease

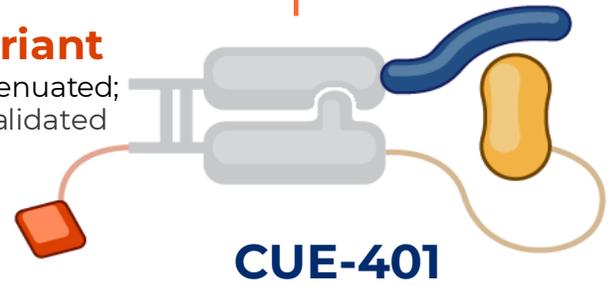
With the Potential to Address Disease Control, Maintenance and Restoration*

Classic Autoimmune Progression



IL-2 Variant
Affinity attenuated;
clinically validated

TGF-β Variant
Affinity attenuated;
improved safety and
manufacturability



Thank You



Nektar 385 ACR 2017

NKTR-358: a selective, first-in-class IL-2 pathway agonist, which increases number and suppressive function of regulatory T cells for the treatment of immune inflammatory disorders

John L. Langowski, Peter Kirk, Maral Addepalli, Thomas Chang, Vidula Dixit, Grace Kim, Yolanda Kirksey, Peiwen Kuo, Myong Lee, Mekhala Maiti, Werner Ribas, Paul Sims, Yuan Song, Yinyan Tang, Laurie VanderVeen, Ping Zhang, Stephen K. Doberstein, Jonathan Zalesky
Nektar Therapeutics, San Francisco, CA

NEKTAR

INTRODUCTION

- Impaired IL-2 production and regulatory T cell (Treg) dysfunction have been implicated as immunological mechanisms in multiple autoimmune diseases
- Low-dose IL-2 is used to stimulate Treg for clinical benefit
 - Four pharmacokinetic (PK) necessitates daily delivery of low-dose IL-2
 - Treg increases are modest and short-lived
- Nektar Therapeutics has developed NKTR-358, a novel product with the goal of selectively restoring Treg homeostasis
 - Utilize the α Interleukin (ProteinA) amino acid sequence
 - Chemically conjugated with stable polyethylene glycol (PEG) molecule
 - Intended for low dose, subcutaneous administration
 - Minimal impact on conventional T cell (Tcon) function

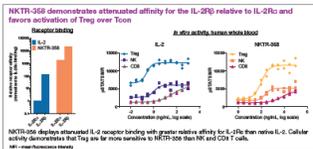
METHODS

In vitro - The affinity to the IL-2 receptor was assessed by surface plasmon resonance with chips bearing human IL-2R α or IL-2R β . Average IC₅₀ values are expressed relative to the affinity of IL-2 to IL-2R α . Affinity of human whole blood was assessed following incubation with either IL-2 or NKTR-358, and measured by pSTAT5 induction in multiple lymphocyte populations using flow cytometry.

Pharmacodynamic and functional assessments - Following a single subcutaneous administration of NKTR-358, on L-2 administered daily for 5 days, changes in blood lymphocyte numbers, activation and proliferation were measured by flow cytometry. The effect of NKTR-358 on the suppressive capacity of Treg was determined in an *in vitro* functional assay in which splenic Treg isolated from treated mice was assessed for their ability to suppress the proliferation of naive Tcon after being co-cultured in a range of Treg:Tcon ratios from 1:2 to 1:12 for three days.

Efficacy models - The ability of Treg induced by NKTR-358 administration to suppress T cell antigen-driven inflammation *in vivo* was assessed in a model of delayed type hypersensitivity (DTH). Dab1 mice were sensitized with a subcutaneous administration of ovalbumin (OVA) in an emulsion containing complete and incomplete Freund's adjuvant. Subcutaneous administration (SQ) of NKTR-358 or Cyclosporin A (20 mg/kg, QD) was initiated on Day 7 and continued through Day 14, with an equivalent volume of OVA administered daily, and was repeated on Day 20. The timing of response was assessed after administration in mice with the treatment or control. IL-2 challenge of sensitized mice was assessed after challenge with an unrelated antigen (ovalbumin, OVA). A model of contact hypersensitivity (CHS) was also added to cynomolgus monkey, which animals were sensitized at week 0, 4, 8, and week 12 to vehicle (saline), while NKTR-358 was administered every two weeks. Following a final sensitization, skin spot area, erythema and edema were measured. Efficacy in a model of systemic lupus erythematosus (SLE) was assessed using MRL-Fpr/lpr mice. Starting at week 8, NKTR-358 was administered SQ with urine protein level monitored weekly. At the end of the study (week 20), plasma autoantibodies, blood urea nitrogen and Treg levels were assessed.

RESULTS

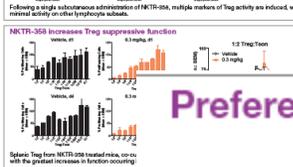
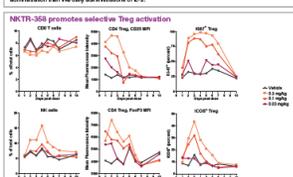


RESULTS

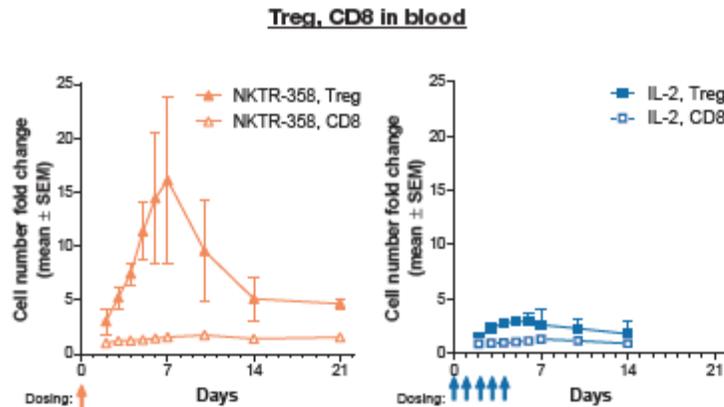
A single administration of NKTR-358 promotes greater Treg mobilization than multiple, L-2 administrations

NKTR-358 suppresses antigen-driven inflammation in the mouse DTH model

NKTR-358 is efficacious in a mouse model of systemic lupus erythematosus



Preferential and sustained Treg expansion in non-human primates



In cynomolgus monkey, a single subcutaneous NKTR-358 (0.025 mg/kg) administration led to significant Treg mobilization, which was sustained in duration for >14 days, and was concomitant with markers of proliferation and activity. This effect was far greater than an equivalent dose of IL-2 (0.005 mg/kg) delivered daily for five days. Minimal CD8 activity was noted.

