This presentation, in addition to historical information, contains certain forward-looking statements made pursuant to the Private Securities Litigation Reform Act of 1995. Such statements may involve significant risks and uncertainties, and actual results could differ materially from those expressed or implied herein. Factors that could cause such differences include, but are not limited to, new product development (including clinical trials outcome and regulatory requirements/actions); competitive risks to marketed products; forecasts of future operating results; availability of required financing and other sources of funds on acceptable terms, if at all; as well as those discussed in the Company's filings with the Securities and Exchange Commission.
Evolving the Strategy to Drive Shareholder Value

**Old Strategy**

**In-house Development** → **Out-licensed**

- Conducted a thorough, multi-faceted review by new Board of Directors
- Focused on organizational, operational, clinical and regulatory capabilities
- Led by independent experts with best-in-class experience

Resulted in new set of mandates and strategic objectives for Immunomedics
New Vision For Value Creation

Become a fully-integrated biopharmaceutical company pursuing multiple ways to maximize value for all stakeholders

- Bring IMMU-132 to Market On Our Own
  - Initially focused on metastatic triple-negative breast cancer (mTNBC) in the 3rd line setting

- Develop plans to expand IMMU-132 commercially beyond mTNBC

- Evaluate strategic opportunities with regional partners for IMMU-132

- Explore potential partnerships for other product candidates in clinical pipeline
Key Business Objectives for 2017/2018

• Submit BLA for Accelerated Approval in mTNBC
  - As planned in the first quarter of 2018

• Continue confirmatory Phase 3 study in mTNBC
  - First patient dosed in November 2017 in the U.S.

• Continue CMC preparations for commercial launch
  - Pre-approval inspection activities continue
  - Commercial drug manufacturing continues

• Continue Phase 2 basket trial
  - Metastatic urothelial, metastatic castrate-resistant prostate, metastatic breast, and other cancers

• Build out Company leadership team
  - Identify and hire best-in-class CEO and executive leaders
  - Orient towards becoming a commercial entity
# Proposed Timeline for AA in mTNBC

<table>
<thead>
<tr>
<th>Approval Needs</th>
<th>Q3 2017</th>
<th>Q4 2017</th>
<th>Q1 2018</th>
<th>Q2 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CMC</strong></td>
<td></td>
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<tr>
<td>Antibody Second Source: CMO Selection to Commercial Scale-Up; sBLA anticipated early 2019</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Validation by Spring-to-Summer 2018</td>
<td></td>
<td></td>
<td>Inspection Readiness, PAI</td>
<td></td>
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<tr>
<td><strong>Clinical</strong></td>
<td></td>
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<tr>
<td>Phase 2 TNBC Completion</td>
<td></td>
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<tr>
<td>CRO</td>
<td>Phase 3 TNBC Start-up</td>
<td></td>
<td>Phase 3 TNBC Enrollment</td>
<td></td>
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<tr>
<td><strong>Regulatory</strong></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>BLA Submission</td>
<td>Q1 2018</td>
</tr>
<tr>
<td><strong>Commercial</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Commercial planning, preparedness, staffing</td>
<td></td>
</tr>
</tbody>
</table>
## Anticipated Upcoming Events

<table>
<thead>
<tr>
<th>Program</th>
<th>Event</th>
<th>Expected Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMMU-132</td>
<td>Present updated Phase 2 data in mTNBC at SABCS</td>
<td>December 2017</td>
</tr>
<tr>
<td>IMMU-132</td>
<td>Submit BLA to FDA for accelerated approval in mTNBC</td>
<td>Q1 2018</td>
</tr>
</tbody>
</table>
IMMU-132 (Sacituzumab Govitecan): Overview

- **Breakthrough Therapy designation granted in mTNBC**
  - Fast Track designation in TNBC, small-cell and non-small-cell lung cancers
  - Orphan Drug designation in small-cell lung and pancreatic cancers

- **Targets Trop-2**
  - Highly expressed on many solid cancer cells
  - Internalizes rapidly into target cancer cells when bound
  - Ideal target for enhanced drug delivery with ADCs

- **Strong results in Phase 2 study for mTNBC**
  - 29% ORR in 85 patients treated
  - Promising durable responses
    - Achieved median PFS / OS of 6.0 / 18.8 months, respectively
  - Acceptable safety profile in heavily pretreated patients
IMMU-132: Best Response from mTNBC Patients (N=85)

Confirmed ORR (RECIST 1.1) = 29%
Median # prior therapies = 5 (range, 2 – 12)

Overall response assessment descriptor
- Complete response (confirmed)
- Partial response (confirmed)
- Partial response (pending)
- Partial response (unconfirmed)
- Stable disease
- Stable disease
- Progression

79/85 response assessable pts who completed 1 treatment cycle are represented
3 progressed, but TL measurement unavailable
3 did not have a CT response assessment

Presented at Immunomedics Investor R&D Day in January 2017
Triple-Negative Breast Cancer Facts

- ~15% of all breast cancer diagnosed
- No optimal standard therapy in the adjuvant or metastatic setting
- Metastatic TNBC
  - Median survival ~12 months
  - Short PFS - ~1.7 to 3.7 months
- Large unmet need in the breast cancer community
Phase 3 Confirmatory Trial Design in mTNBC

Designed to Replicate Success
- Primary endpoint is PFS
- Two arms: IMMU-132 vs physician’s choice of 1 from 4 chemotherapies
- 328 patients to be enrolled, 1:1 randomization

Attention to Execution
- Trial will be conducted under a SPA and is expected to take ~3 years
- Key powering considerations:
  - 99% powering for PFS

Phase 3 Design
- **Treatment Arm**
  - 164 patients to receive IMMU-132
- **Control Arm**
  - 164 patients to receive physician’s choice of 1 from 4 chemotherapies (Eribulin, Capecitabine, Gemcitabine and Vinorelbine)
- Primary Endpoint: PFS

328 patients with mTNBC failed 2+ prior lines of treatment
Randomized 1:1
What Makes IMMU’s ADCs Different?

Â Unique approach to ADC therapeutics for cancer
  • Highly cancer-specific antibodies based on 30 years of experience
  • Utilize antibodies with dual activity
  • Moderately potent payloads → increased therapeutic index

Â Proprietary linker designed for SN-38
  • High drug-to-antibody ratio (~7.6:1)
  • Rapid payload release at or inside tumor

Â SN-38 payload
  • Active metabolite more potent than parent compound, irinotecan (a commonly used chemotherapeutic)
  • ADCs’ unique chemistry avoids low solubility and selectively delivers SN-38 to the tumor
First-in-Class ADC Technology Platform

- **Common properties of IMMU’s ADCs**
  - Greater dose of drug delivered to tumor
  - Reduced toxicity
  - Opportunity for long-term, repeated treatments
  - Improved therapeutic window

- **Two ADCs completed Phase 2 for solid cancers**
  - IMMU-132 targeting Trop-2
  - IMMU-130 targeting CEACAM5

- **One ADC in preclinical development for solid/liquid cancers**
  - IMMU-140 targeting HLA-DR
IMMU-132: Intellectual Property Protection

- 37 issued U.S. and 22 foreign patents
  - Covering composition of matter, synthesis and uses

- IP coverage through 2036 (plus potential term extension up to 5 years) protecting
  - Methods of treating cancer over broad range of dosages
  - Methods of production, and certain combination therapies
  - Composition of matter patents expire in 2023 in the U.S., and in 2029 in Europe

- Patent applications prosecuted in all major countries
  - Patents issued in Australia, Canada, China, Europe, Israel, Japan, Mexico and South Korea
### Sufficient Cash Runway to Reach AA in mTNBC

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash balance</td>
<td>$140 million</td>
</tr>
<tr>
<td>Debt (convertible senior notes)</td>
<td>$20 million</td>
</tr>
<tr>
<td>Basic shares outstanding</td>
<td>152 million</td>
</tr>
<tr>
<td>Market capitalization</td>
<td>$2.13 billion</td>
</tr>
</tbody>
</table>

Data as of September 30, 2017
# IMMU-132: Additional Efficacy Data

## Patients with at least one post-treatment response evaluation

<table>
<thead>
<tr>
<th>Cancer Type&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Number of Patients</th>
<th>Confirmed % ORR&lt;sup&gt;2&lt;/sup&gt;</th>
<th>DOR</th>
<th>PFS&lt;sup&gt;3&lt;/sup&gt;</th>
<th>OS&lt;sup&gt;3&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Medians (months / 95% CI)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TNBC</td>
<td>85</td>
<td>29%</td>
<td>10.8 (6.8 – 12.7)</td>
<td>6.0 (5.0 – 7.1)</td>
<td>18.8 (11.5 – 20.6)</td>
</tr>
<tr>
<td>UC</td>
<td>41</td>
<td>34%</td>
<td>12.6 (7.5 – 12.9)</td>
<td>7.1 (5.0 – 10.7)</td>
<td>16.1 (10.5 – 17.2)</td>
</tr>
<tr>
<td>SCLC</td>
<td>50</td>
<td>14%</td>
<td>5.7 (3.6 – 19.9)</td>
<td>3.7 (2.1 – 4.3)</td>
<td>7.5 (6.2 – 8.8)</td>
</tr>
<tr>
<td>NSCLC</td>
<td>47</td>
<td>19%</td>
<td>6.0 (4.8 – 8.3)</td>
<td>5.2 (3.2 – 7.1)</td>
<td>9.5 (5.9 – 16.7)</td>
</tr>
</tbody>
</table>

<sup>1</sup> TNBC = triple-negative breast, UC = urothelial, SCLC = small-cell lung, NSCLC = non-small-cell lung cancer

<sup>2</sup> Objective response rate (%ORR) = (complete response + partial response)/number of patients

<sup>3</sup> Based on number of intention-to-treat patients of 89, 41, 50 and 54 for TNBC, UC, SCLC and NSCLC, respectively

IMMU-132: Best Response from mUC Patients (N=41)

Confirmed ORR (RECIST 1.1) = 34%
Median # prior therapies = 3 (range, 1 – 6)
**IMMU-132: Best Response from mSCLC Patients (N=50)**

Confirmed ORR (RECIST 1.1) = 14%

Median # prior therapies = 2 (range, 1 – 7)

- **Partial response**
- **Stable disease**
- **Progression**

8 mg/kg (all others, 10 mg/kg)

43/50 response assessable pts who completed 1 treatment cycle are represented. 7 pts did not complete 1 treatment cycle and did not have a CT-response assessment.
IMMU-132: Best Response from mNSCLC Patients (N=47)

Confirmed ORR (RECIST 1.1) = 19%

Median # prior therapies = 3 (range, 2 – 7)
# IMMU-132: Mild, Predictable and Manageable Toxicity

<table>
<thead>
<tr>
<th>Interim Adverse Events (ranked by Grades 3+)</th>
<th>Grade 3+</th>
<th>All Grades</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutropenia</td>
<td>25%</td>
<td>37%</td>
</tr>
<tr>
<td>Anemia</td>
<td>8%</td>
<td>28%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>7%</td>
<td>41%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>7%</td>
<td>32%</td>
</tr>
<tr>
<td>Febrile neutropenia</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Nausea</td>
<td>4%</td>
<td>46%</td>
</tr>
<tr>
<td>Vomiting</td>
<td>3%</td>
<td>28%</td>
</tr>
<tr>
<td>Alopecia</td>
<td>N/A</td>
<td>25%</td>
</tr>
</tbody>
</table>

*Camptosar (irinotecan) US Prescribing Information (USPI) “boxed warnings”*
- Early and late forms of diarrhea can occur (Grades 3 & 4: 38%)
- Severe myelosuppression may occur (Neutropenia: Grades 3 & 4: 31%)
# Broad Pipeline of Antibody-Based Therapies

## First-in-Class Antibody-Drug Conjugate (ADC) Programs

- **IMMU-132/sacituzumab govitecan (anti-Trop-2-SN-38 ADC)**
  - Metastatic triple-negative breast cancer
  - Metastatic solid cancers (urothelial/lung/endometrial/prostate)
- **IMMU-130/labetuzumab govitecan (anti-CEACAM5-SN-38 ADC)**
  - Metastatic colorectal cancer
- **IMMU-140 (anti-HLA-DR-SN-38 ADC)**
  - Solid and liquid cancers

## Other Product Candidates

- Epratuzumab (anti-CD22) for pediatric acute lymphoblastic leukemia*
- Veltuzumab (anti-CD20) for cancer and autoimmune diseases
- Milatuzumab (anti-CD74) for autoimmune diseases
- IMMU-114 (anti-HLA-DR) for hematologic malignancies
- (E1)-3s (T-cell-directing bispecific antibody)

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*The International clinical trial on childhood relapsed acute lymphoblastic leukemia (IntReALL) is funded by the European Commission.*
IMMU-130: Active in Metastatic Colorectal Cancer

Mechanism of action
- Binds to CEACAM5 on colorectal and other tumor cells
- SN-38 is released locally from IMMU-130 for diffusion into tumor cells

Promising activity in metastatic CRC previously treated with irinotecan therapy

Acceptable safety profile in heavily pretreated patients (n=86, all doses, Grade 3 and 4)
- Neutropenia (16%)
- Diarrhea (7%)
- Leukopenia (11%)

Repeated doses given over months without interfering host antibodies
## IMMU-130: Efficacy in Metastatic Colorectal Cancer

<table>
<thead>
<tr>
<th></th>
<th>Once-Weekly Dosing</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>8 mg/kg</td>
<td>10 mg/kg</td>
<td></td>
</tr>
<tr>
<td>Number of Patients</td>
<td>21</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Median Progression-Free Survival (PFS) (months)</td>
<td>4.6 (3.9 – 6.1)</td>
<td>3.6 (2.1 – 6.0)</td>
<td></td>
</tr>
<tr>
<td>Median Overall Survival (OS) (months)</td>
<td>7.5 (5.7 – 16.1)</td>
<td>6.4 (5.0 – 11.2)</td>
<td></td>
</tr>
</tbody>
</table>

Median PFS of 4.0 months and median OS of 6.7 months in 23 patients with prior treatment with regorafenib