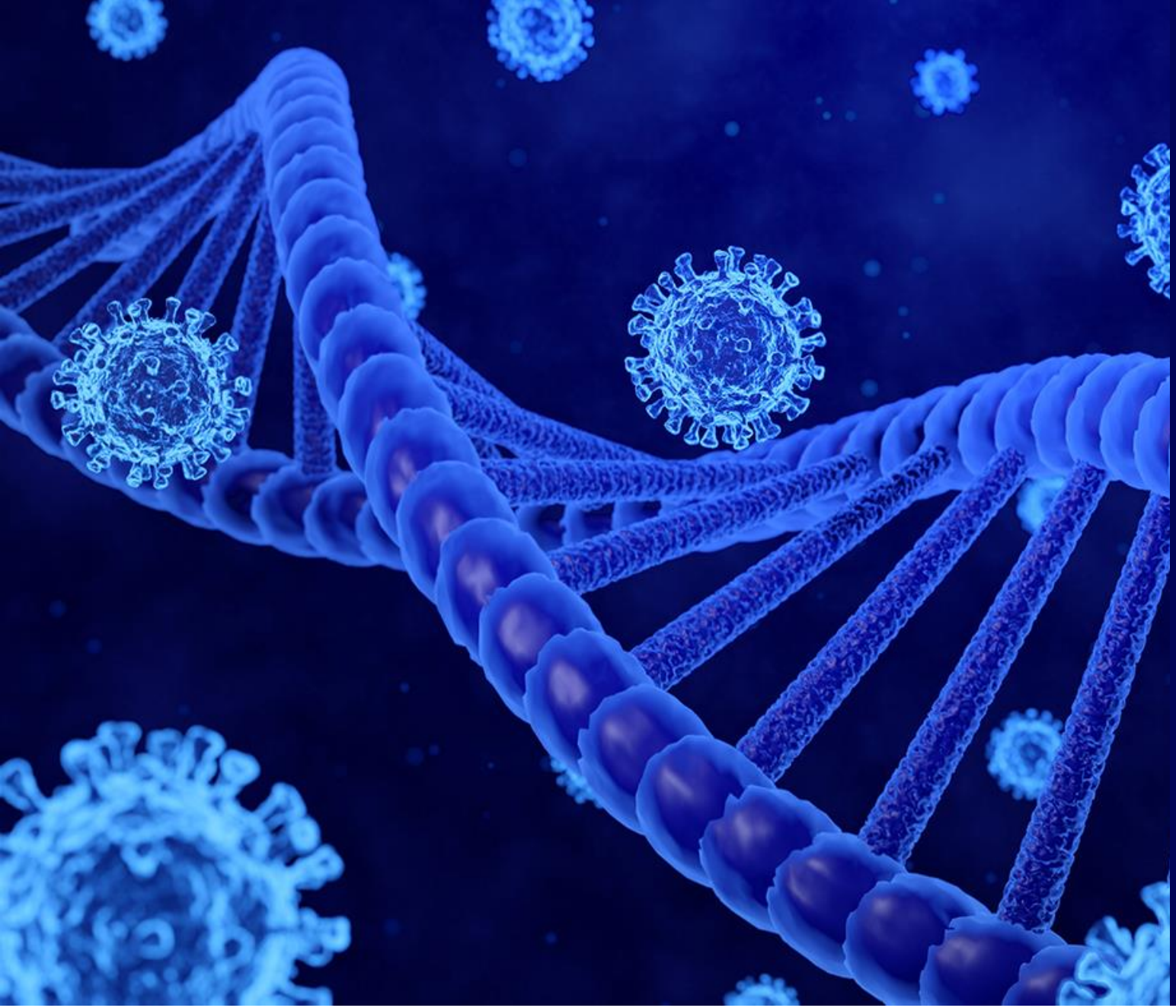

IMUNON's 2025 Investor Conference
Phase 3 Trial Update

November 10, 2025 | 7:30-10:00 AM EST
Harvard Club, New York City

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Agenda

Welcome	**Stacy Lindborg, PhD**	President and CEO, Imunon, Inc.
Advancing Ovarian Cancer Care: IMNN-001's Potential to Transform the Microtumor Environment from Cold to Hot	**Premal H. Thaker, MD**	David & Lynn Mutch Distinguished Professor of Obstetrics & Gyn, Chief of Gynecologic Oncology, Director of Gynecologic Oncology Clinical Research, Professor in Gynecologic Oncology, Washington University School of Medicine
Unveiling Progress: Safety, Tolerability, & Translational Insights for IMNN-001	**Amir Jazaeri, MD**	Vice Chair for Clinical Research, Director, Gynecologic Cancer Immunotherapy Program, Department of Gynecologic Oncology and Reproductive Med., University of Texas MD Anderson Cancer Center
OVATION 3 Probability of Success & the Statistical Properties of Phase 3 Trial Design	**Giorgio Paulon, PhD**	Statistical Scientist PhD, Statistics Berry Consultants, LLC
IMNN-001 Potential, Progress in Phase 3	**Douglas Faller, MD, PhD**	Chief Medical Officer, Imunon, Inc.

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Advancing Ovarian Cancer Care: IMNN-001's Potential to Transform the Tumor Microenvironment from Cold to Hot

Premal H. Thaker, MD
David & Lynn Mutch Distinguished Professor of Obstetrics & Gyn,
Chief of Gynecologic Oncology,
Director of Gynecologic Oncology Clinical Research,
Professor in Gynecologic Oncology
Washington University School of Medicine

Great Unmet Need: Frontline Standard of Care Unchanged for 30 years

Recurrence Rates are High and Survival Rates are Low

Epithelial ovarian cancer (EOC) is insidious and usually diagnosed at an advanced stage. Though EOC initially responds to treatment, the recurrence rate is high. Recent treatments delay progression, but overall survival has not improved. Hence there is a need for effective therapy for patients with EOC.

20,000 new cases diagnosed each year in US, **13,000** deaths

300,000 new cases diagnosed worldwide

80% diagnosed in late stage (III/IV)

70% recurrence rate within 2-5 years after initial treatment

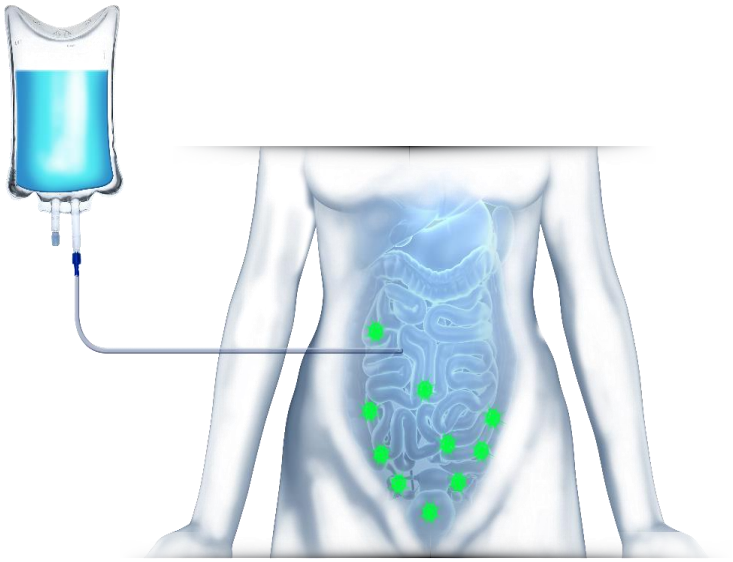
>60% will die within 5 years of diagnosis

IMNN-001 has the potential to provide a break-through in today's frontline standard of care

Sources: Cancer Statistics, American Cancer Society; Globocan; SEER database. CDC

IL-12 Immunotherapy: Renewing the Elusive Promise for Ovarian Cancer Survival

Ovarian Cancer is an immunosuppressive cancer and IL-12 is one of the most powerful anti-tumor cytokines.



IMNN-001 approached it differently

Over the last 25 years there have been many challenges based on systemically dosing recombinant IL-12.

Innovative IMNN-001 approach with local IP administration

Systemic application have resulted in dose limiting toxicities and an inability to dose-escalate and reach therapeutic concentrations at the tumor site.

Route of Administration well established, widely accepted

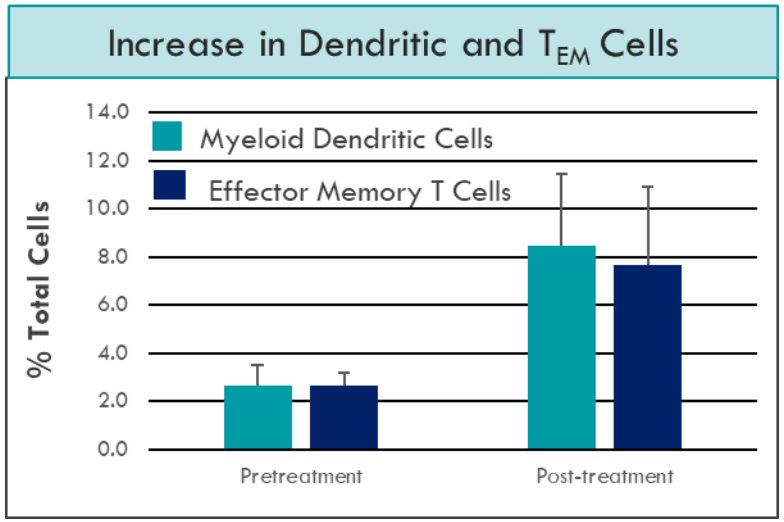
Gynecologic oncologists have extensive historical experience with IP chemotherapy.

- Intracavity infusion of IMNN-001 has demonstrated durable and local expression of IL-12 in the peritoneum.
- No supraphysiological increases in IL-12 commonly associated with the bolus rIL-12 minimizes excessive systemic exposure of IL-12, thereby giving a favorable safety profile to IMNN-001.

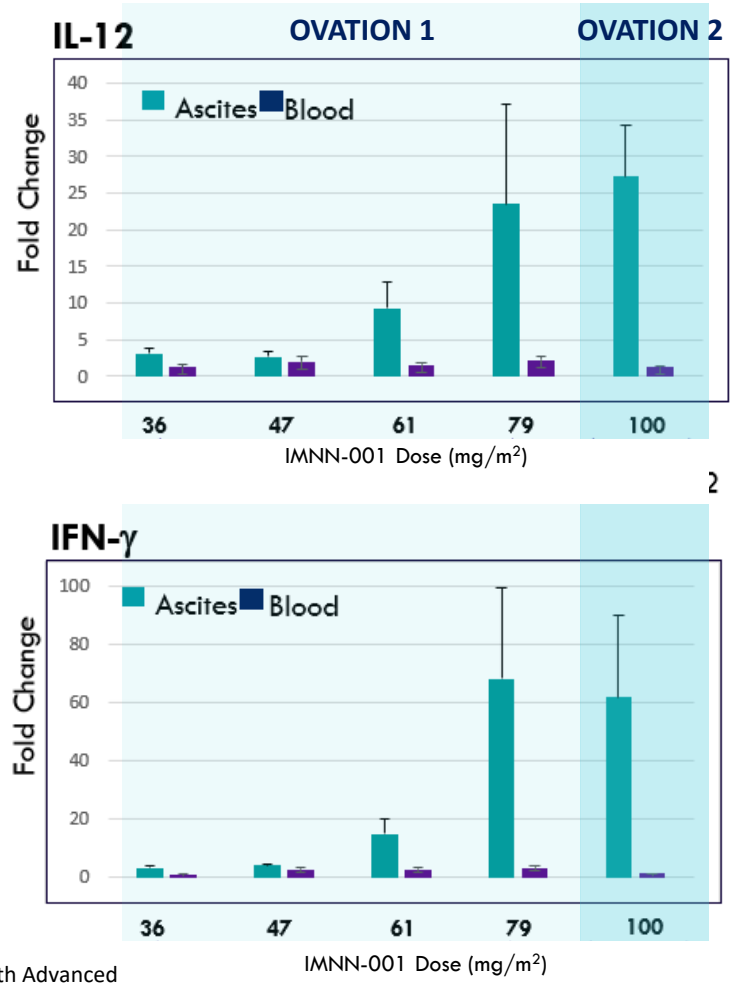
IMNN-001 Has a Broad Impact on the Tumor Microenvironment

Translational Data Sampling Confirms 100 mg/m² as the Phase 3 dose

- Increases in cytokine levels at tumor site show IMNN-001 targeted local activity.
- Low cytokine blood levels underpin IMNN-001 safety profile.
- Increase in anti-cancer dendritic cells & effector memory T-cells demonstrate activation of the cellular immune system.



IMNN-001 dose-dependent and local selective expression of IL-12 and IFN-γ levels in patients' samples



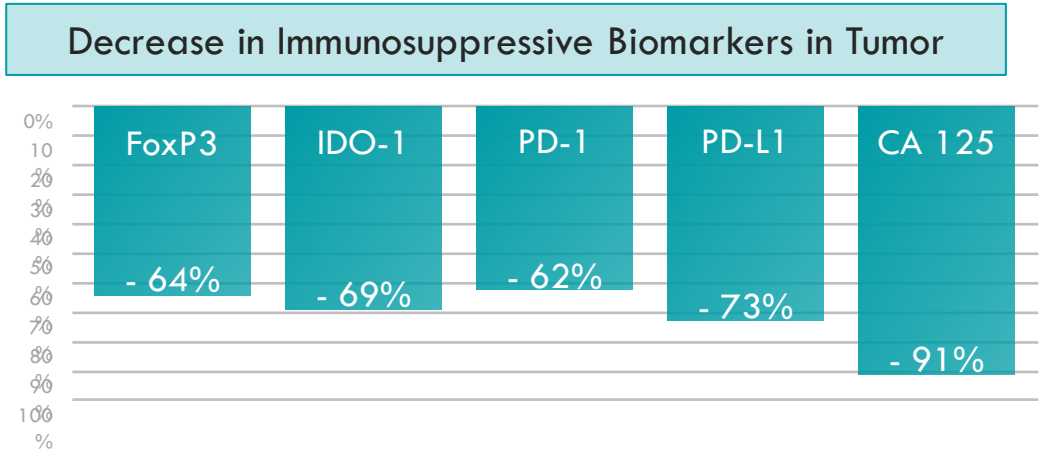
Thaker PH, Bradley WH, Leath CA III, et al. GEN-1 in Combination with Neoadjuvant Chemotherapy for Patients with Advanced Epithelial Ovarian Cancer: A Phase I Dose-escalation Study. *Clin Cancer Res*. 2021;27(20):5536-5545.
Modified with OVATION 2 data

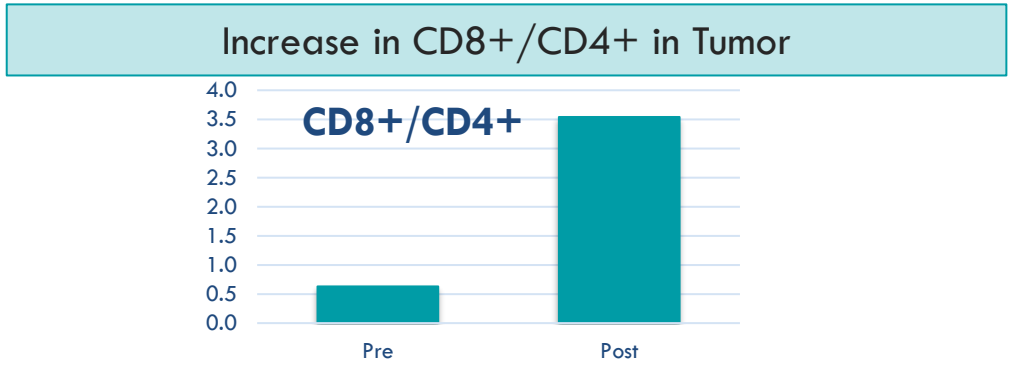
IMNN-001: Demonstrating the Ability to Fundamentally Alter the Tumor Microenvironment

Checkpoint Inhibitors (ICIs) have been unsuccessful in impacting overall survival; ICIs cannot target a "cold tumor"

IMNN-001 Works Differently

- A "cold tumor" is immunologically suppressed; this microenvironment contains cells which are known to dampen the immune response.
- IMNN-001 remodels this complex immune environment, increasing numbers of favorable immune cells from both the innate and adaptive immune systems.
- An immunologically active environment results in an improved tumor response to IMNN-001 immunotherapy.



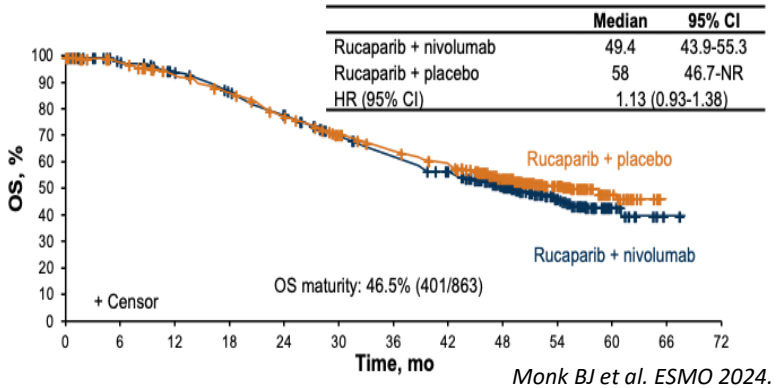


Thaker PH, Bradley WH, Leath CA III, et al. GEN-1 in Combination with Neoadjuvant Chemotherapy for Patients with Advanced Epithelial Ovarian Cancer: A Phase I Dose-escalation Study. Clin Cancer Res. 2021;27(20):5536-5545.

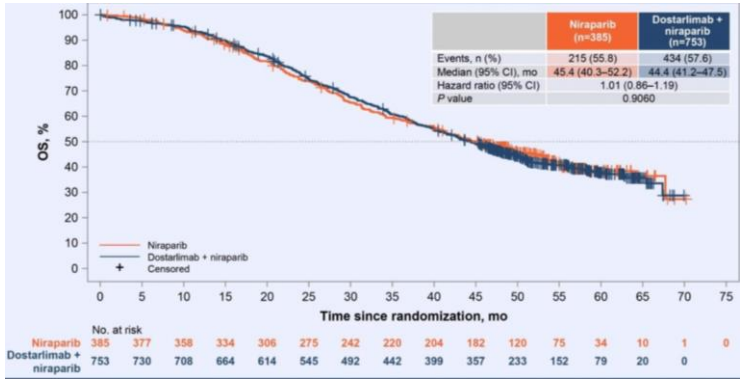
IMNN-001: Unprecedented Overall Survival Data in Frontline Ovarian Treatment

No other trial has demonstrated an OS improvement in women newly diagnosed with Ovarian Cancer, including recent Frontline Checkpoint Inhibitor trials

Checkpoint Inhibitors in Ovarian Cancer have successfully prolonged PFS but have not demonstrated any OS benefit over time due their inability to target cold tumors.

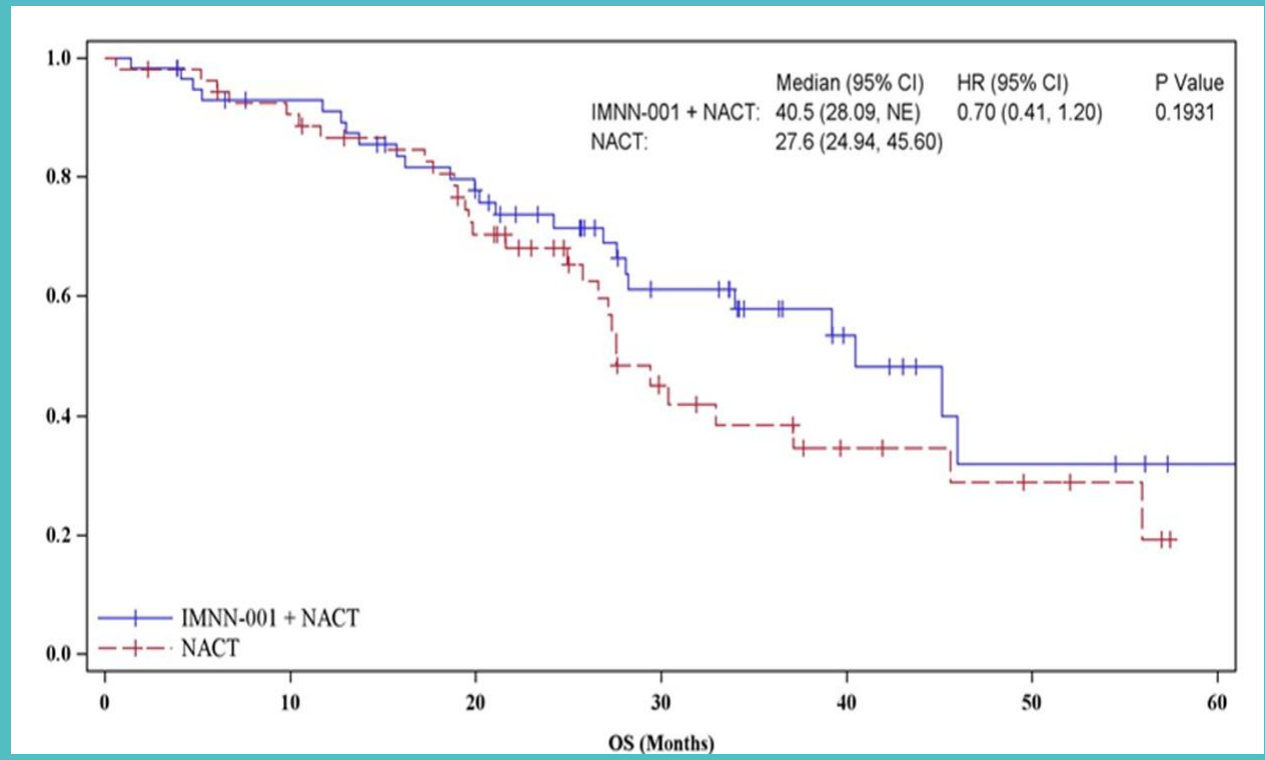


Monk BJ et al. ESMO 2024. LBA30



Hardy-Bessard AC et al. ASCO 2025 LBA 5506

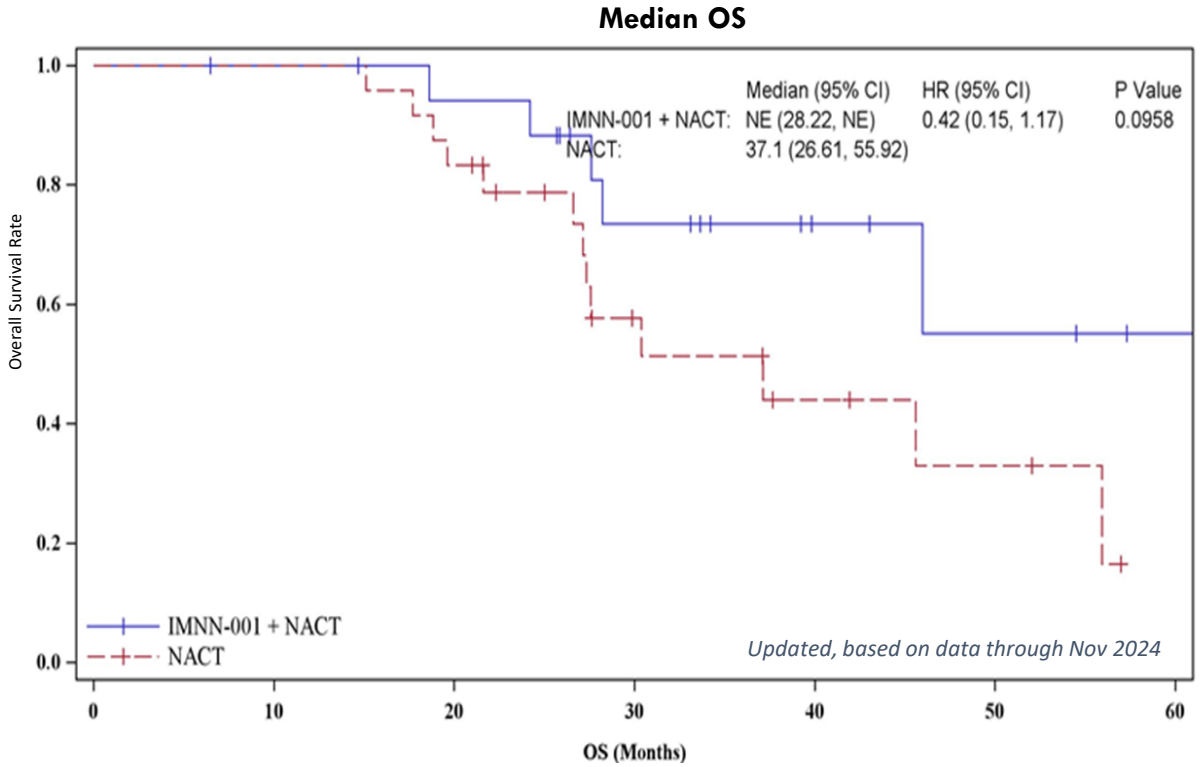
OVATION 2: 13-month IMNN-001 Improvement in OS, ITT population



Thaker PH et al. ASCO 2025 , Abstract 5516

IMNN-001 Overall Survival Data Further Strengthened in PARP-treated Population & in patients with HRD tumor genomic analysis

OVATION 2 PARP-Treated Population: Larger OS improvement with IMNN-001 (38% of ITT)



Why might we see such a dramatic response in HRD tumor and with PARP treatment?

HRD ovarian cancer: Dysregulated HR pathway impairs DNA repair, leading to mutation accumulation.

PARP inhibitors benefit HRD patients in maintenance therapy, promoting neoantigen expression.

Neoantigens enhance tumor susceptibility immunotherapy (IMNN-001), which boosts immune activation and counters suppression via IL-12.

IMNN-001: The First and Only Treatment to Demonstrate an Impact on Overall Survival

Potential to Transform the Frontline Standard of Care for Ovarian Cancer Patients

An immunotherapy that **harnesses the patient's own immune system**; not delivering IL-12 but rather activating the immune system.

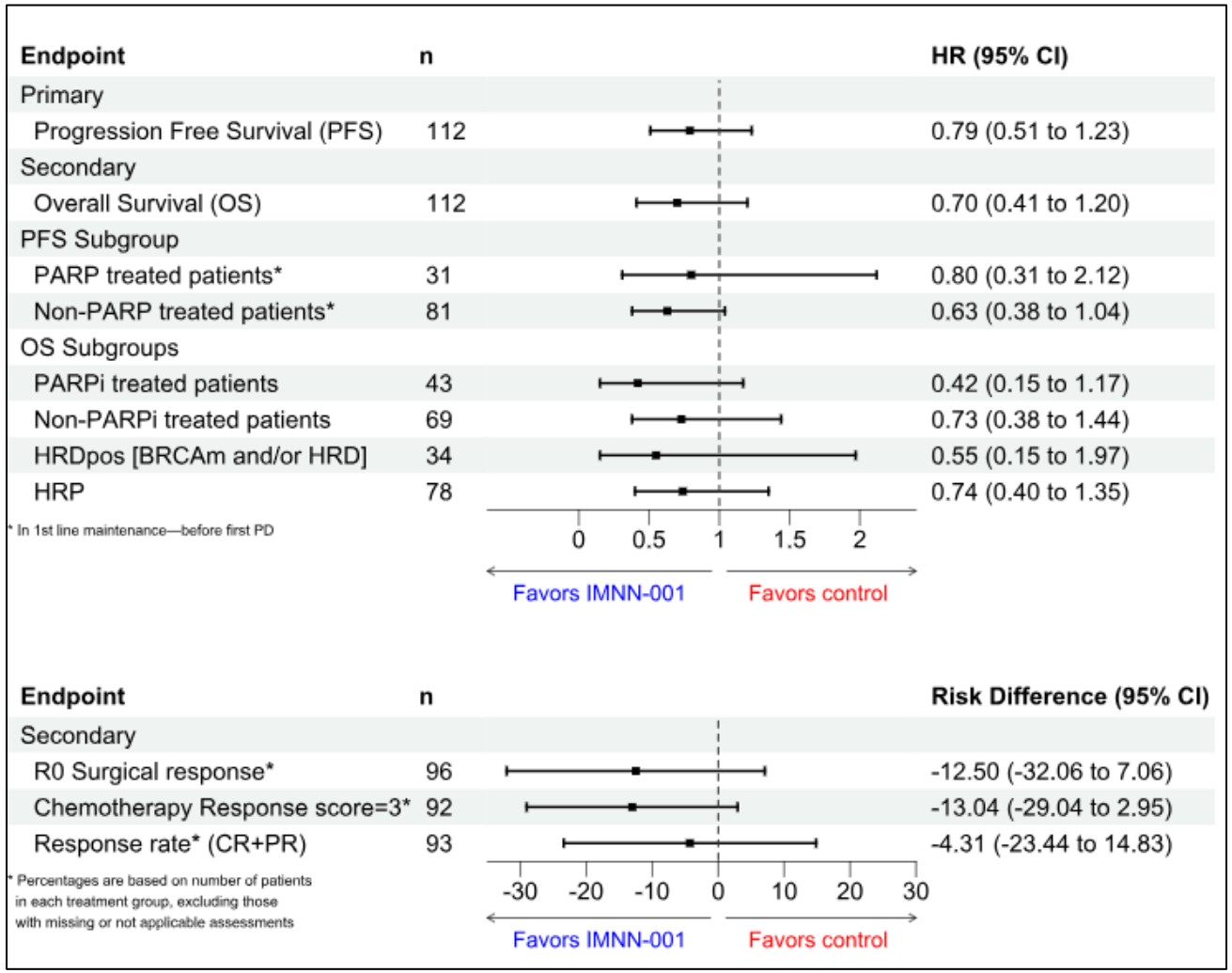
A mechanism of action that **activates both the innate and adaptive immune systems** for a more effective, durable, and comprehensive response.

IMNN-001 impacting cancer-fighting cytokines, **turning the tumor environment from "Cold" to "Hot"**, allowing immune system to continue to suppress the tumor for years after the completion of therapy.

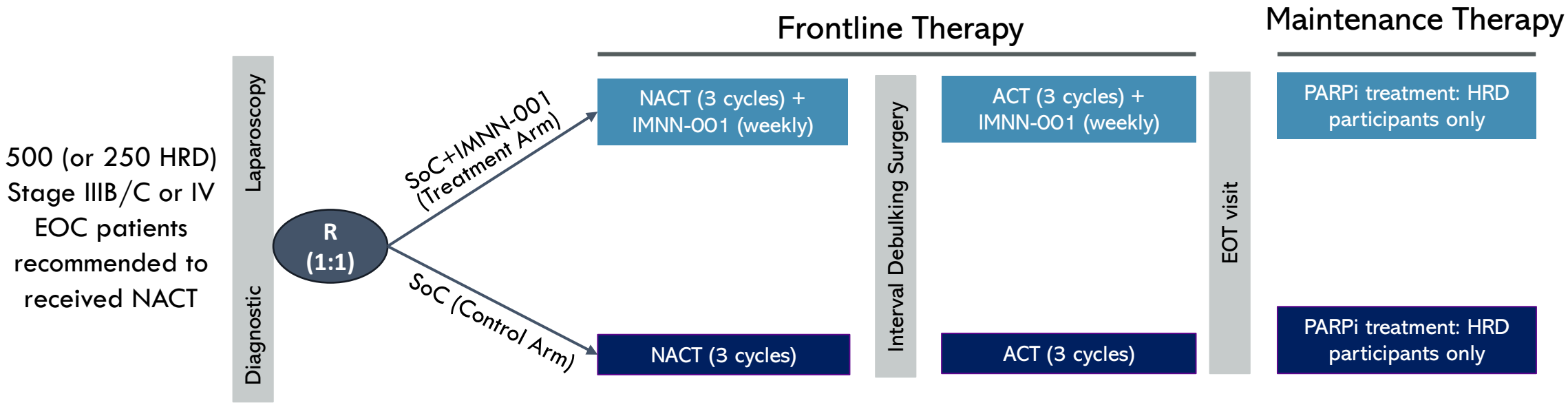
These cytokines are induced locally, at the site of the tumor, where they would be most active. No unwanted immune adverse events or **cytokine release syndrome are seen.**

OVATION 2 Treatment Effect Consistently Favors IMNN-001 Across All Trial Endpoints and Pre-specified Subgroups

- Overall Survival (OS) benefit increased with further observation.
  - HR: 0.74 → 0.70
  - Median OS: 11 months → 13 months
- Pronounced OS effect in IMNN-001 treated patients receiving PARPi (HR 0.42), median not reached in the IMNN-001 treatment
  - Clinical importance of non-PARPi effect
- A highly favorable benefit/risk profile
  - No cytokine release syndrome or elevation of immune related AEs
  - Most common treatment-emergent AE's: Abdominal pain, nausea, vomiting



OVATION 3: Purposeful Protocol Design & Rigorous Methodology



- Well controlled study with treatment and control arms, and protocol-specified maintenance
- Stratification for added confidence in balance across treatment arms (HRR Biomarker & tumor stage)
- Clinically meaningful Primary Endpoint Overall Survival
- Trial targeting the most responsive subgroup (HRD) for accelerated readout, allowing all comers' population more time
- Secondary endpoints that further evidence efficacy, safety and patient perspectives/QoL
- Event driven statistical methodology with interim analyses designed for early submission for full approval in the HRD+ Group

IMNN-001 has the potential to transform the treatment paradigm of women who are newly diagnosed with advanced OC

Compelling Scientific Evidence of IMNN-001

Phase 3 Well-Positioned for Success

- Data from Phase 2 continues to improve and further strengthen our confidence in Phase 3
- Leveraging the schema and dosing in Phase 2
- Overall survival endpoint; an activated immune system can extend survival
- Prophylactic pain protocol improved patient experience (abdominal pain), and has the potential to allow increased treatment and even improved benefits

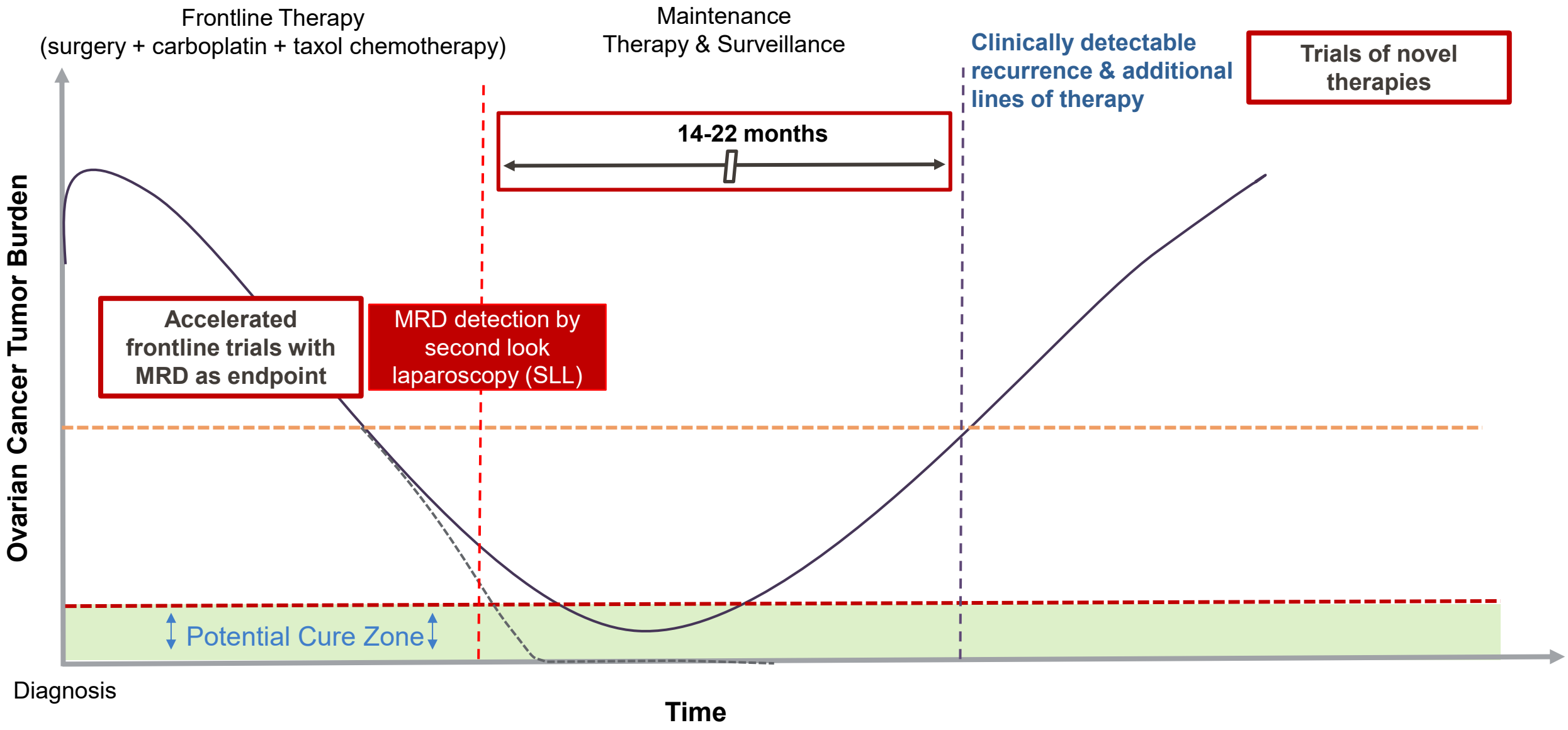
Use of IMNN-001 in Combination with Chemotherapy to Prevent Minimal Residual Disease (MRD) After Frontline Therapy (NCT05739981)

Amir A. Jazaeri, MD

Professor | Gynecologic Oncology and Reproductive Medicine
Vice Chair Clinical Research
Director of the Gynecologic Cancer Immunotherapy Program

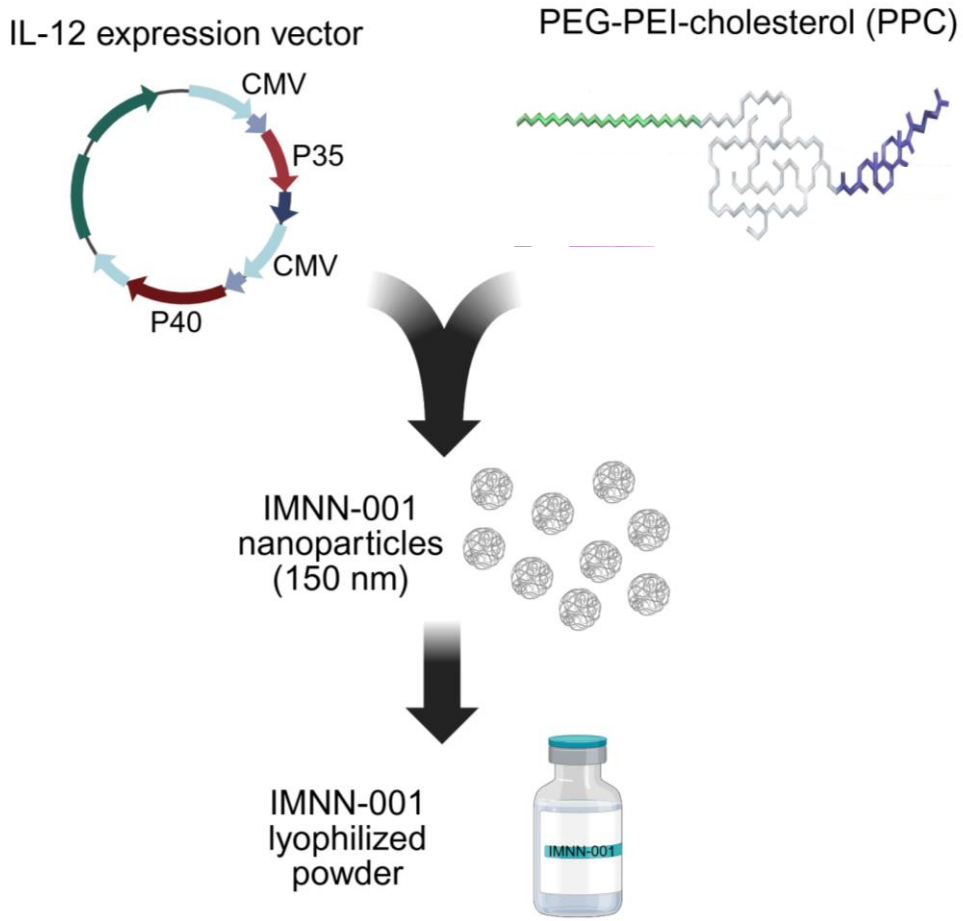
THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

Changing the Current Paradigm by Targeting MRD



Study Rationale

- Frontline therapy is the best opportunity to achieve cure for ovarian cancer
- IL-12 promotes inflammation in “cold” tumors
- Systemic IL-12 is poorly tolerated; intraperitoneal delivery has a favorable safety profile
- IMNN-001 is a nanoparticle encapsulated DNA plasmid encoding IL-12 gene
- Combining IL-12 with chemotherapy may improve frontline treatment efficacy via enhanced immune response

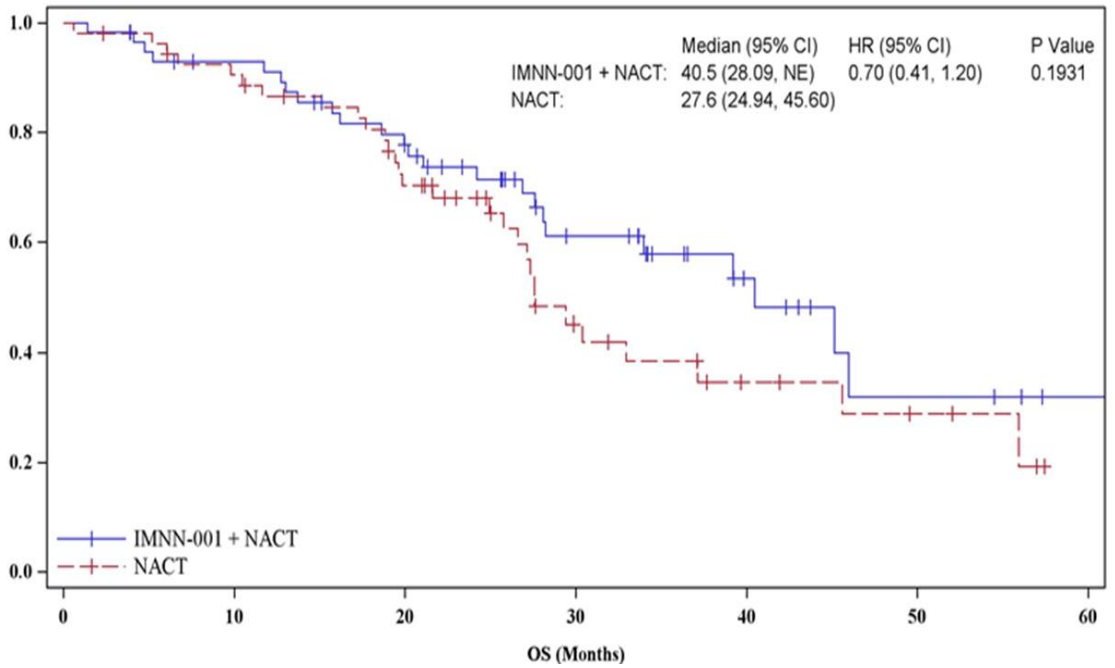


Building Off Efficacy Signal from OVATION 2

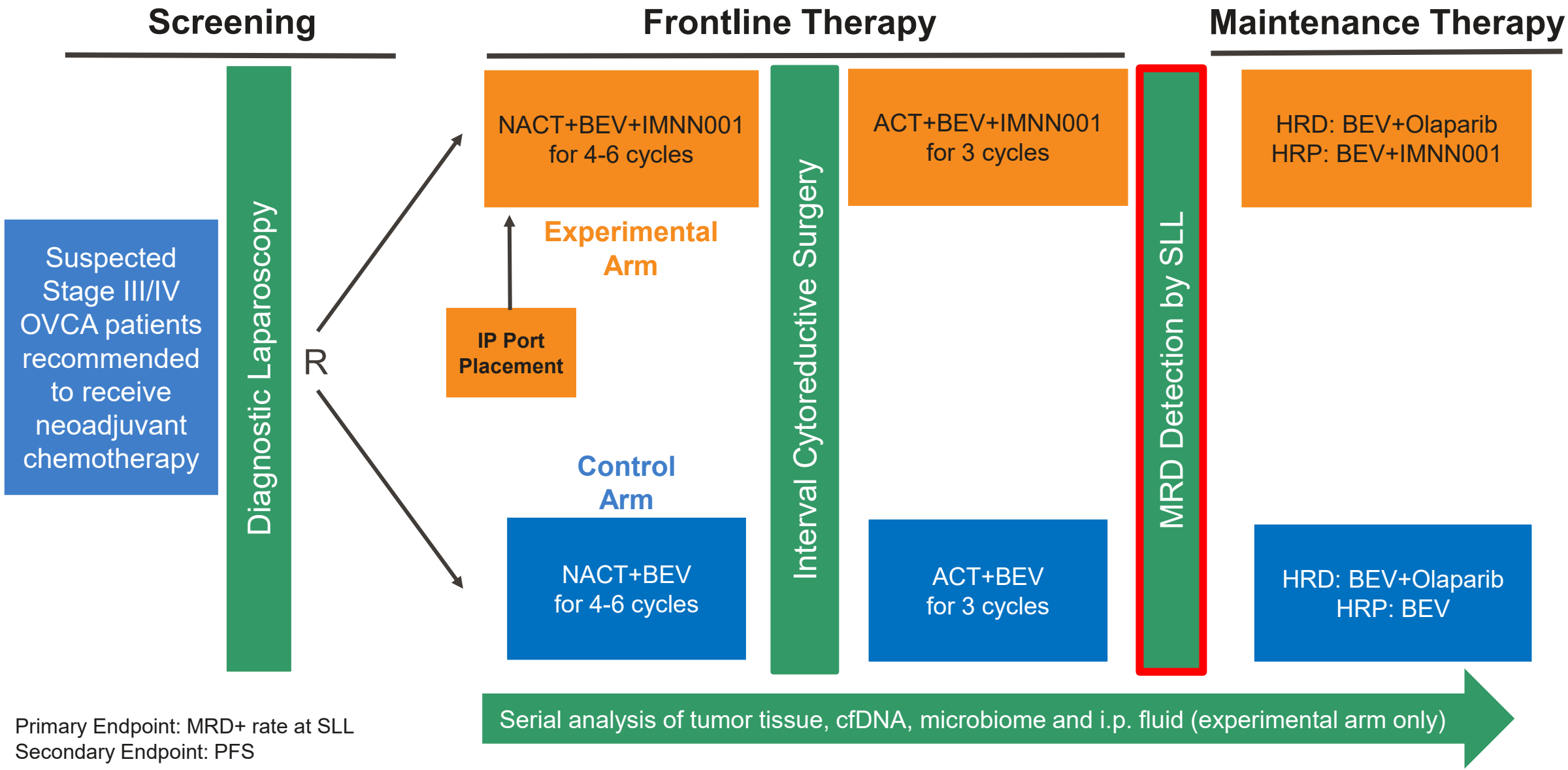
- RCT of IMNN-001 in combination with platinum-based doublet

- Differences from current study:
  - No bevacizumab or IMNN-001 maintenance
  - Survival-based phase 2 endpoint

- Key efficacy results:
  - 3-month PFS advantage
  - 13-month OS advantage
    - Higher survival in patients who received IMNN-001 in adjuvant and neoadjuvant phases
    - Potential differential effect in HRD population



Thaker et al, Gynecol Oncol (2025)



Primary Endpoint: MRD+ rate at SLL
Secondary Endpoint: PFS

Surgical MRD as a Prognostic Marker

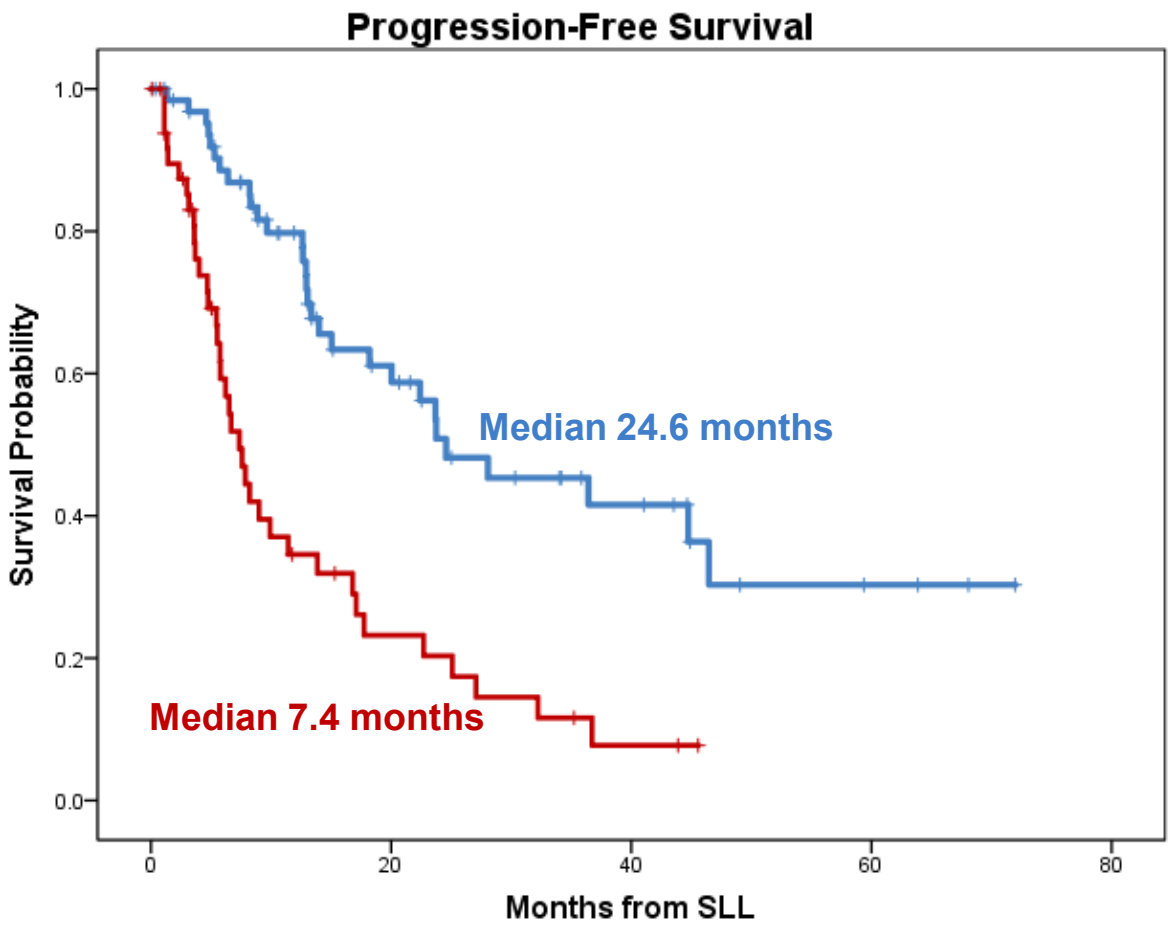
CLINICAL CANCER RESEARCH | TRANSLATIONAL CANCER MECHANISMS AND THERAPY

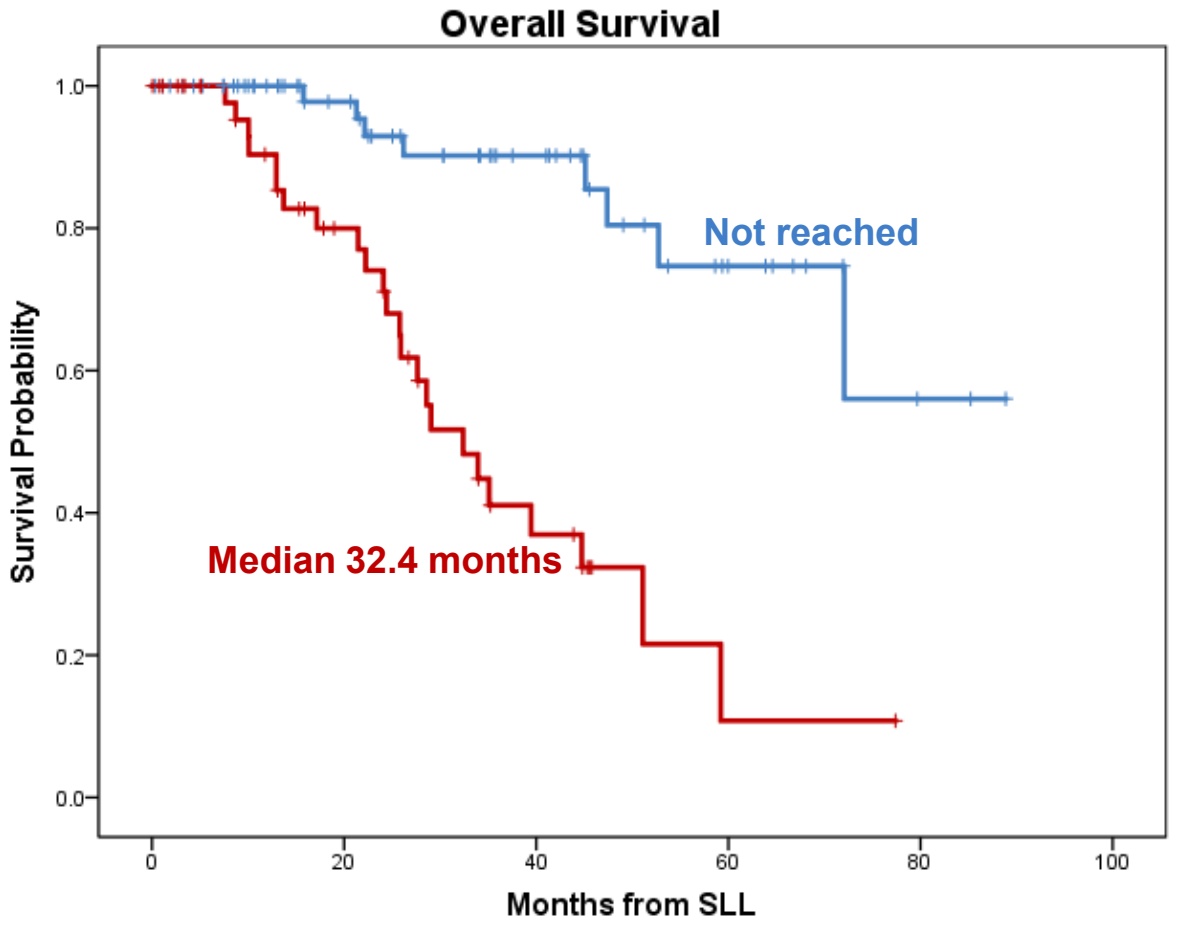
Surgical and Blood-Based Minimal Residual Disease in Patients with Ovarian Cancer after First-line Therapy: Clinical Outcomes and Translational Opportunities

Anne Knisely[1], Yibo Dai[2,3], Graham L. Barlow[4], Sanghoon Lee[1], Barrett Lawson[5], Helen Clark[1], Bryan Fellman[6], Ying Yuan[6], Wei Lu[7], Idania Carolina Lubo Julio[7], Rossana N. Lazcano[5], Manoj Chelvanambi[2,8], Brenda Melendez[8], Bharat Singh[8], Bhavana Singh[7], Khalida Wani[7], Jianfeng Chen[9], Chih-Chen Yeh[9], Jianjun Gao[9], Sean Barnes[7], Ou Shi[7], Khaja B. Khan[7], Alejandra G. Serrano[7], Lorena I. Gomez-Bolanos[7], Carly Bess Scalise[10], Samantha K. Cheung[10], Punashi Dutta[10], Sharlene Velichko[10], Adam C. ElNaggar[10], Minetta C. Liu[10], Roni N. Wilke[1], Jeffrey How[1], Lois M. Ramondetta[1], David M. Boruta[1], Gwyn Richardson[1], Aaron Shafer[1], Shannon N. Westin[1], Travis Sims[1], Anil K. Sood[1], Pedro T. Ramirez[11], Alexander J. Lazar[2,5,7], Pamela T. Soliman[1], Karen Lu[12], Cara L. Haymaker[7], Luisa M. Solis Soto[7], Jennifer A. Wargo[2,8,13,14], Rachel Grisham[15], Kai W. Wucherpfennig[4], Linghua Wang[2,3,14,16], and Amir A. Jazaeri[1]

Knisely et al, Clin Cancer Res (2025)

Surgical MRD as a Prognostic Marker



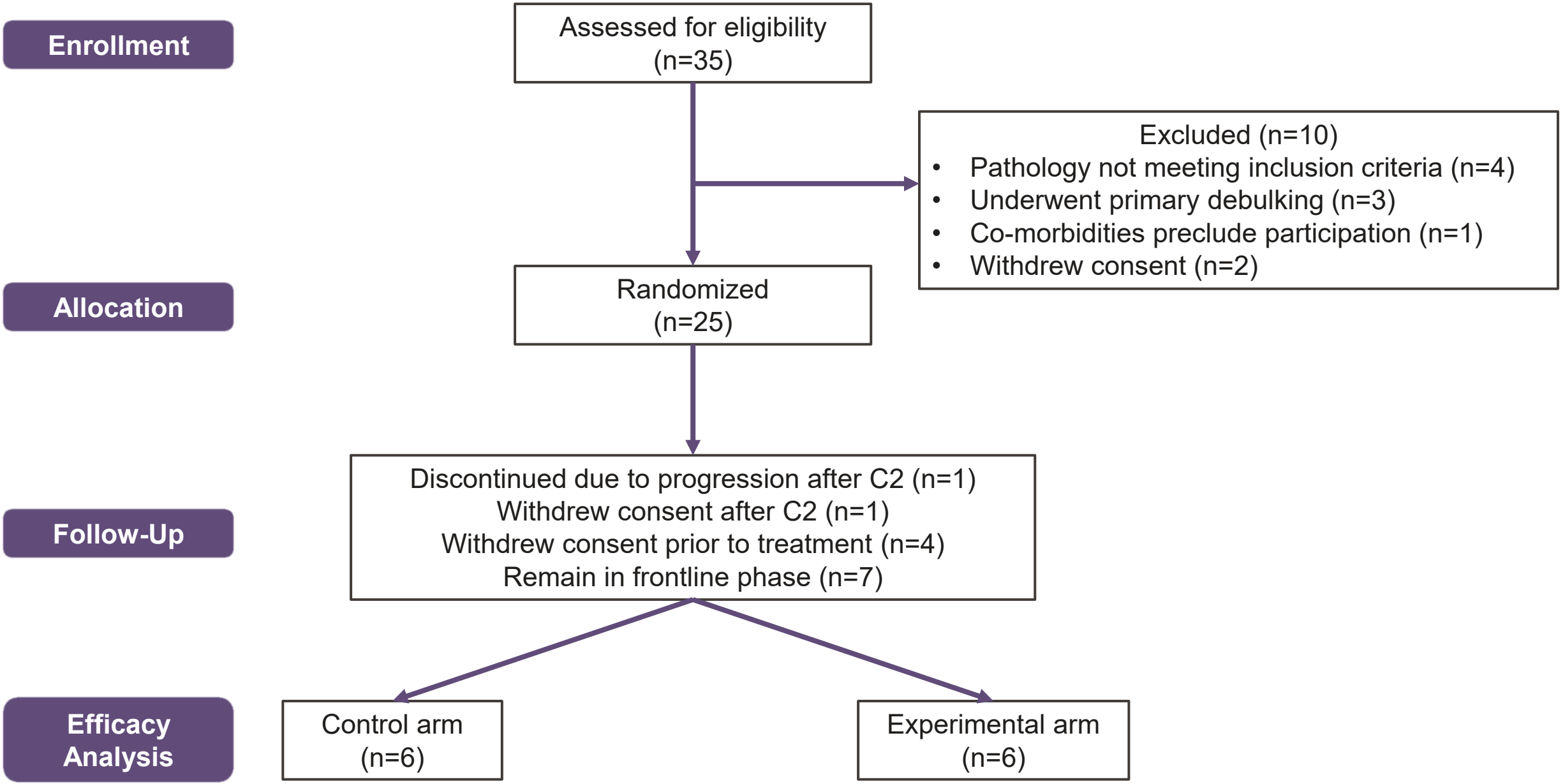


HR 3.0, 95% CI 1.8-4.9
p-value < 0.0005

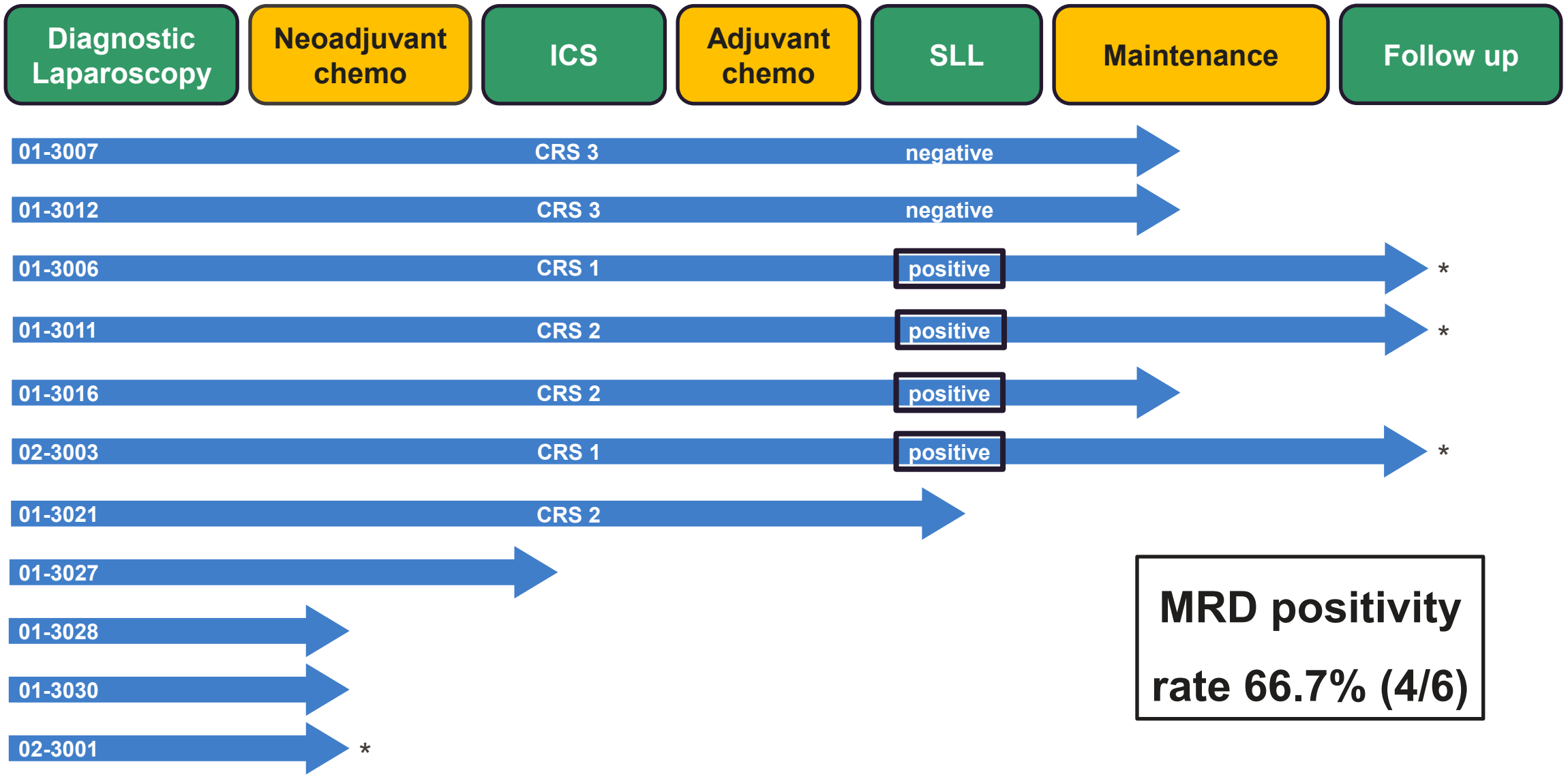
MRD neg
MRD pos

HR 6.4, 95% CI 2.8-14.6
p-value < 0.0005

Knisely et al, Clin Cancer Res (2025)


Enrollment
Assessed for eligibility
(n=35)
Excluded (n=10)
• Pathology not meeting inclusion criteria (n=4)
• Underwent primary debulking (n=3)
• Co-morbidities preclude participation (n=1)
• Withdrew consent (n=2)
Allocation
Randomized
(n=25)
Follow-Up
Discontinued due to progression after C2 (n=1)
Withdrew consent after C2 (n=1)
Withdrew consent prior to treatment (n=4)
Remain in frontline phase (n=7)
Efficacy Analysis
Control arm
(n=6)
Experimental arm
(n=6)

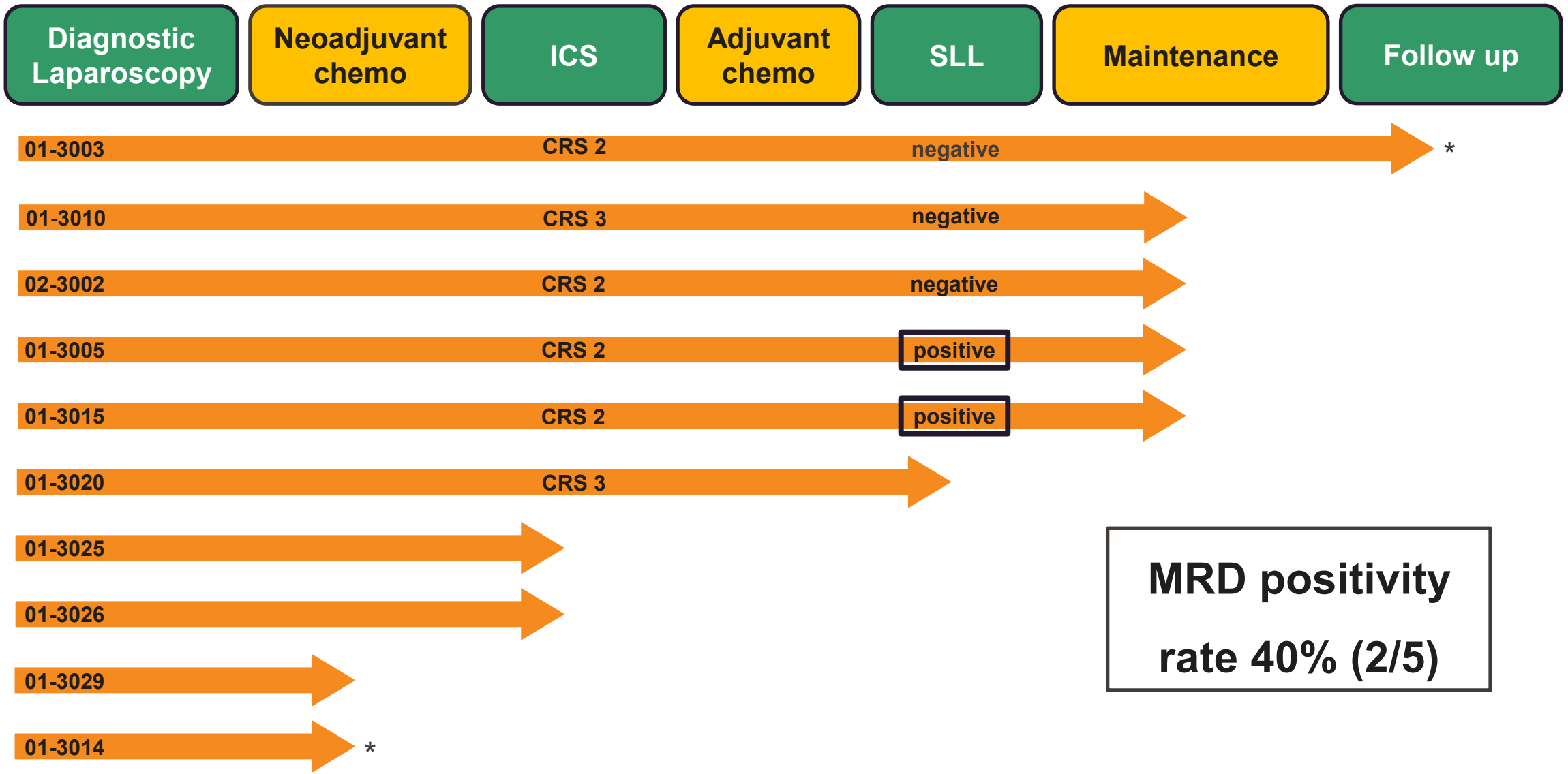
Patients Treated in the Control Arm



MRD positivity rate 66.7% (4/6)

* Off study due to progression/recurrence/withdrawal

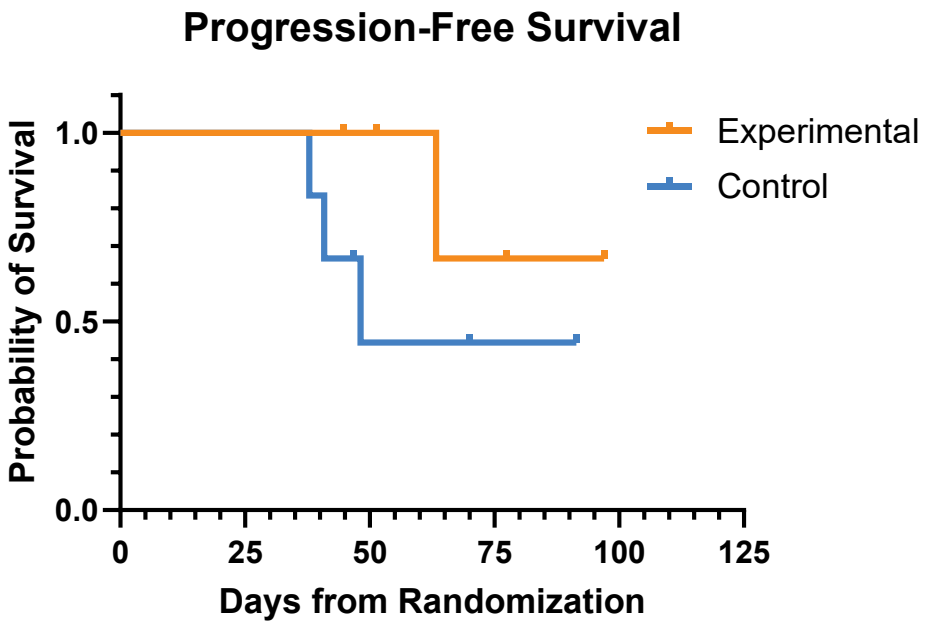
Patients Treated in the Experimental Arm



MRD positivity rate 40% (2/5)

* Off study due to progression/recurrence/withdrawal

Preliminary Clinical Read Out*



MRD positivity rate

Experimental: 40% (2/5)

Control: 66.7% (4/6)

Percentage of biopsies positive in MRD positive patients

Experimental: 9.5% (1/10, 1/11)

Control: 44.8% (6/8, 1/1, 1/12, 5/8)

Mean CRS at cytoreduction

Experimental: 2.3

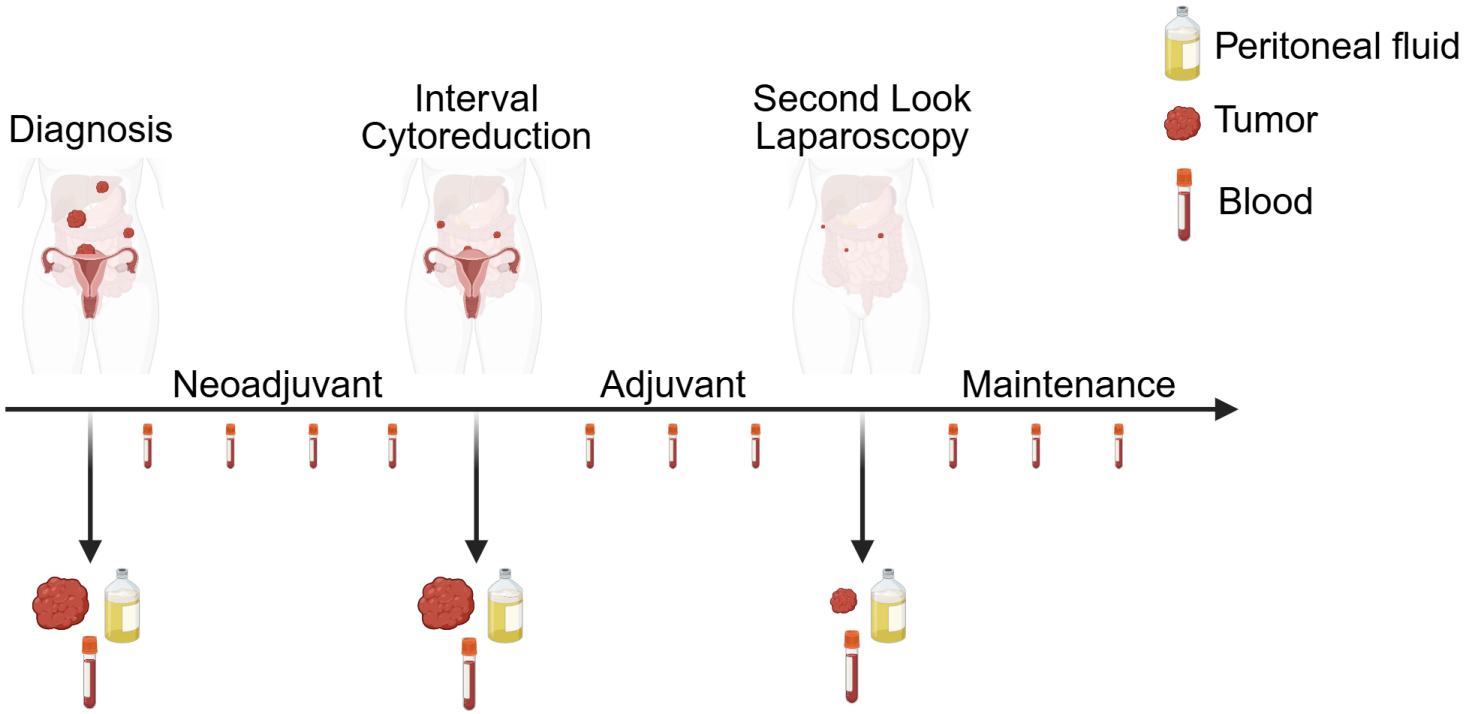
Control: 2

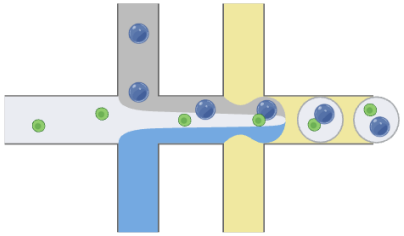
*Based on 11 efficacy evaluable patients

Key Translational Questions

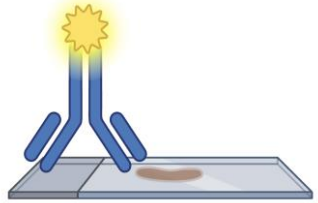
- How does treatment with IL-12 + chemotherapy reshape the tumor microenvironment and impact immune activation?
- Can surgical MRD function as a reliable surrogate endpoint for survival outcomes?
- Does ctDNA assessment correlate with surgical MRD and provide validation for ctDNA as a future surrogate endpoint?

Prospective Translational Study Design

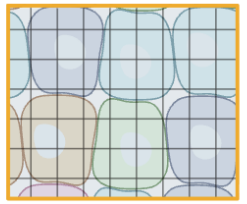




scRNA-seq



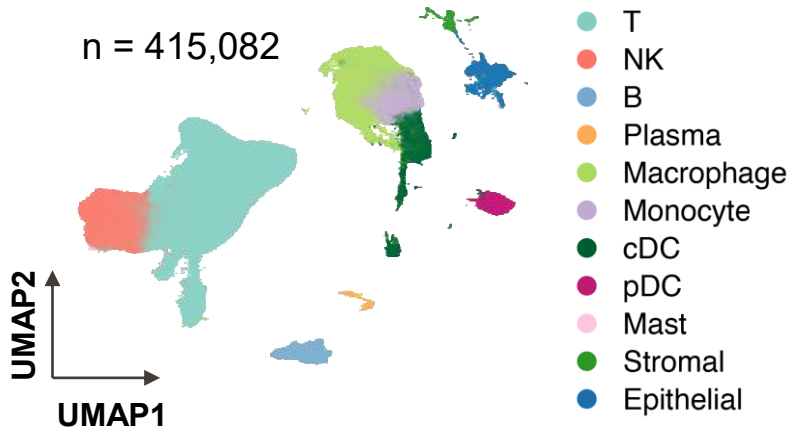
CODEX



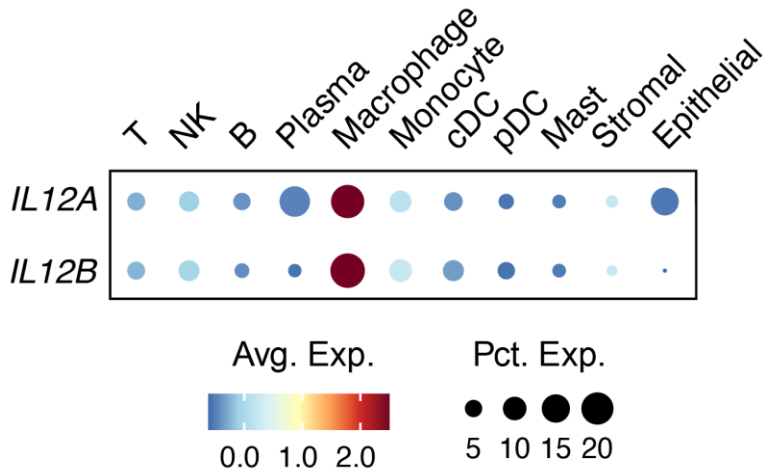
Visium HD

IMNN-001 Treatment Leads to IL12 Production by Macrophages in IP Fluid22

scRNA-seq (IP fluid)

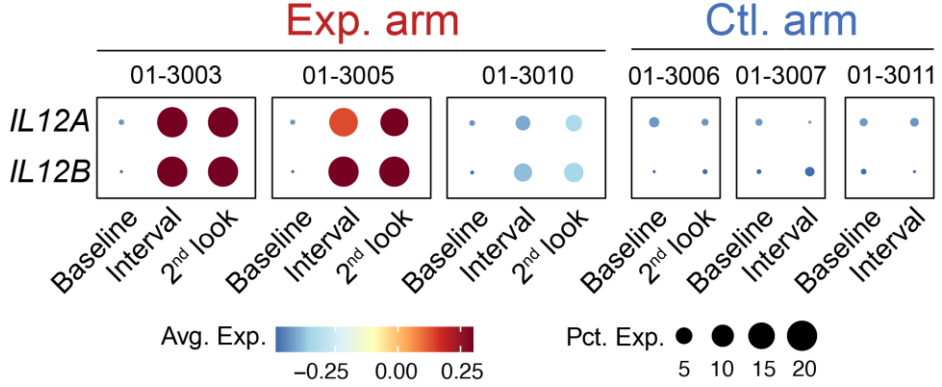


Major cell types

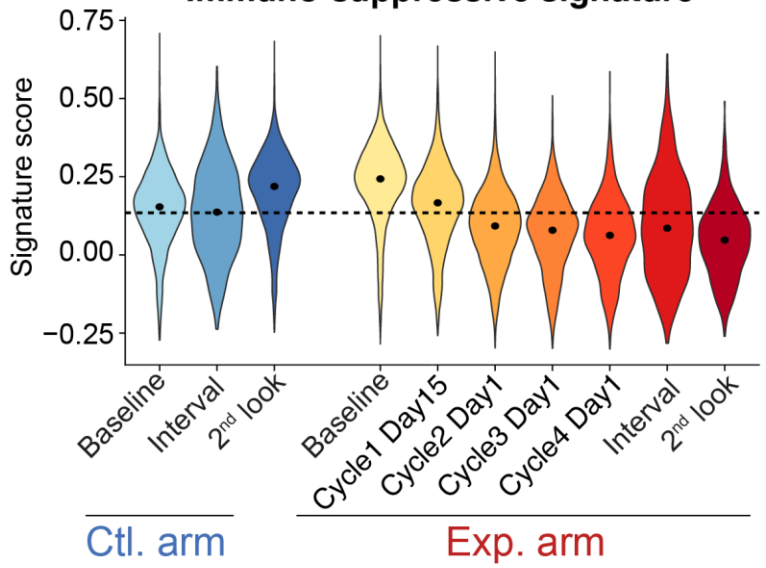


Macrophage expression profile

scRNA-seq (IP fluid)

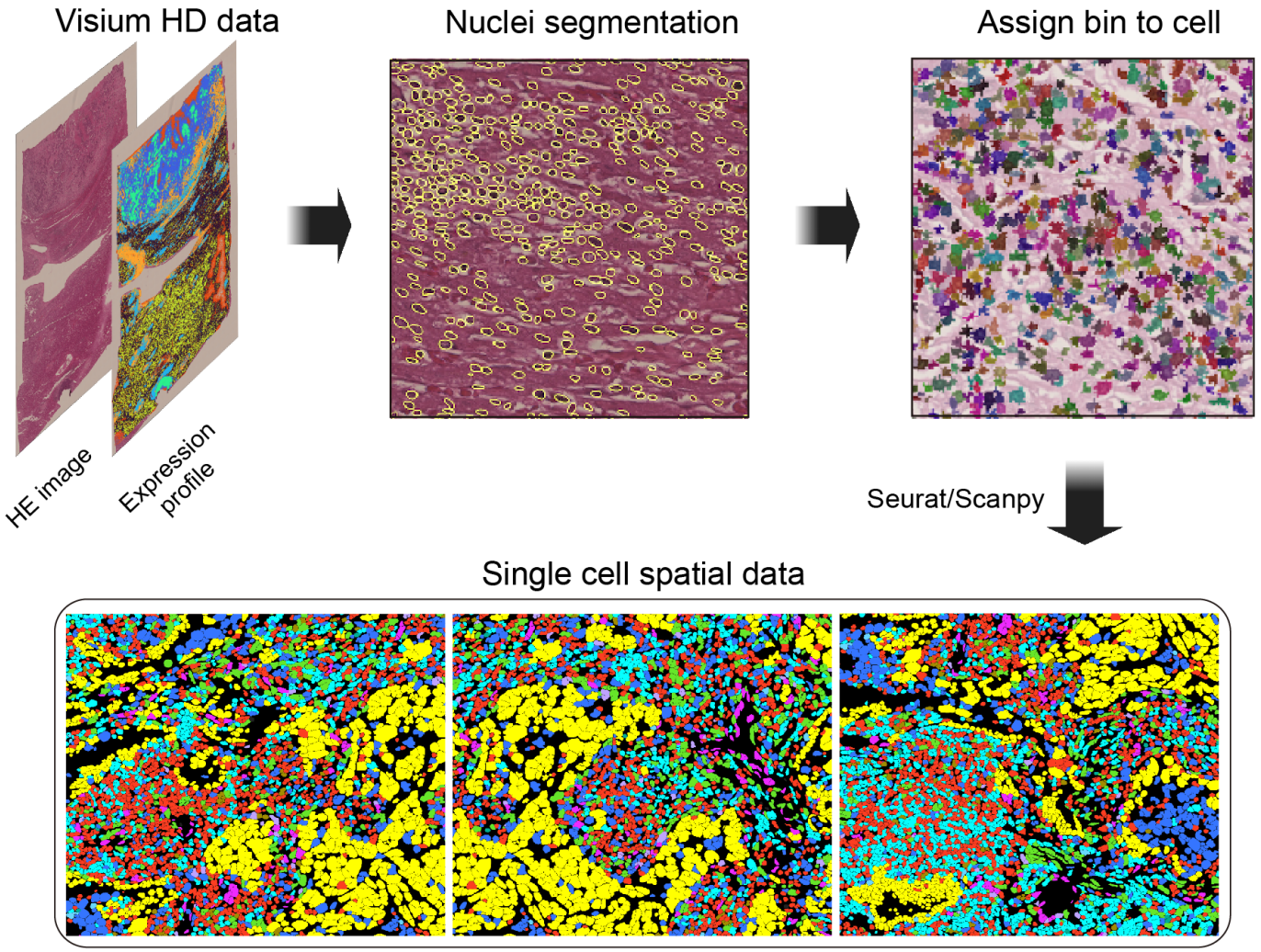


Immuno-suppressive signature



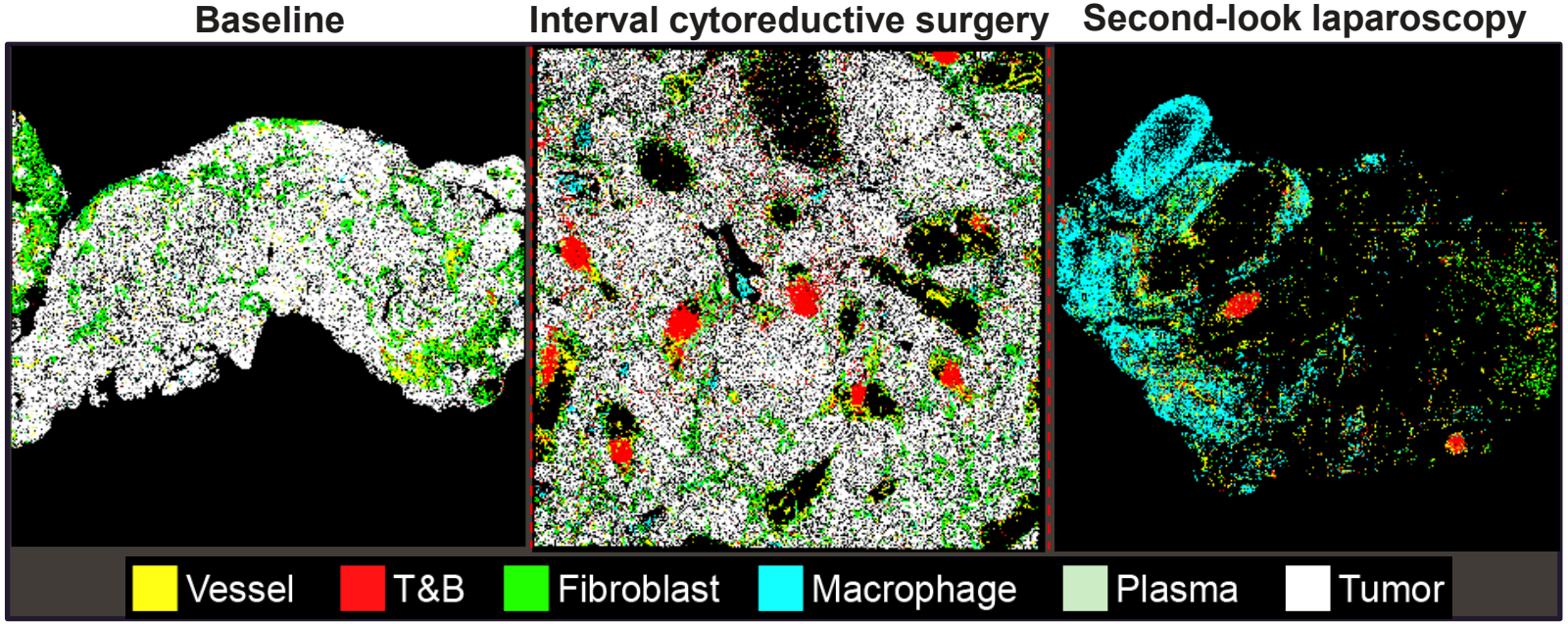
Workflow for Imunon Visium HD Data Analysis

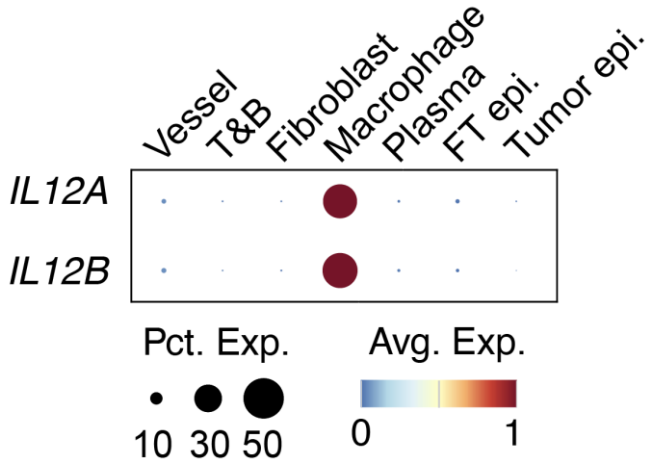
Visium HD (tumor tissue)



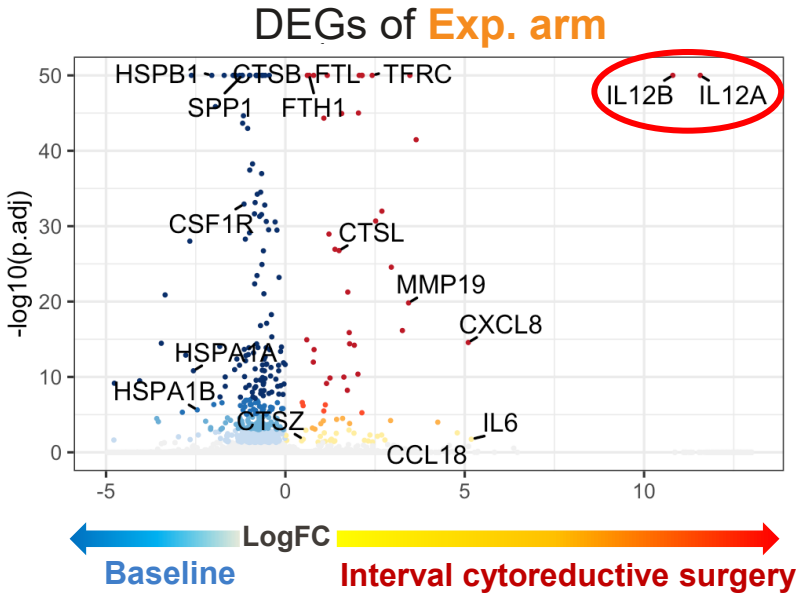
IMNN-001 Treatment Leads to IL12 Production by Macrophages in Tumor Tissues

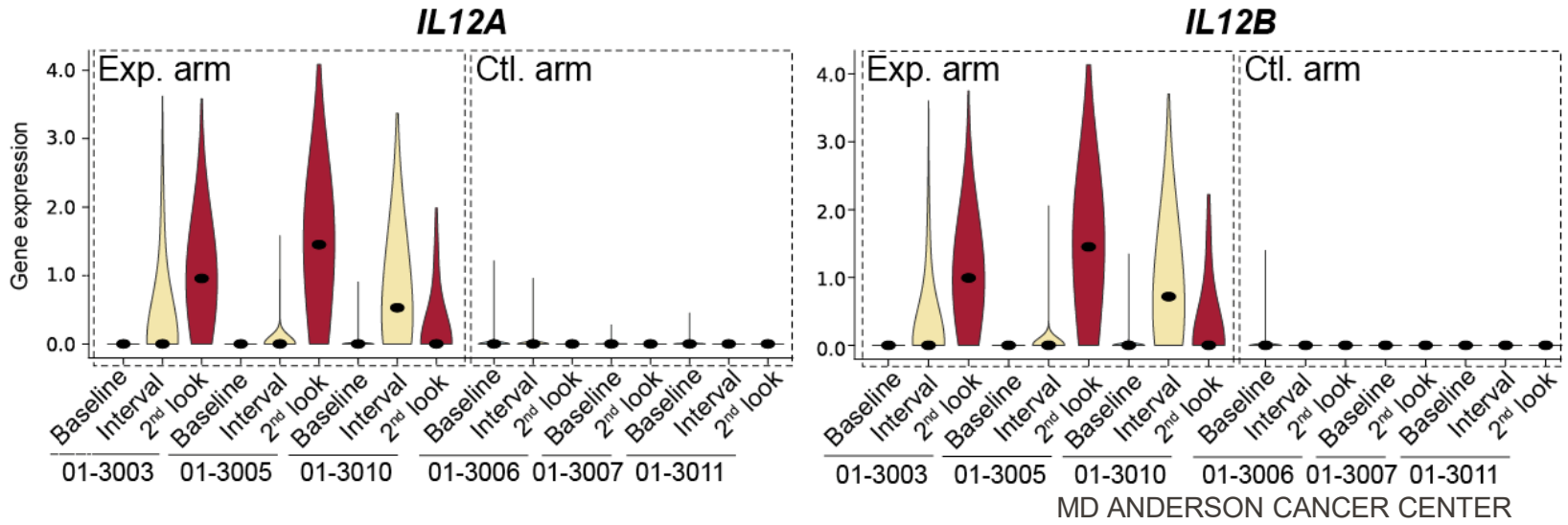
Visium HD (tumor tissue)





Macrophage expression profile





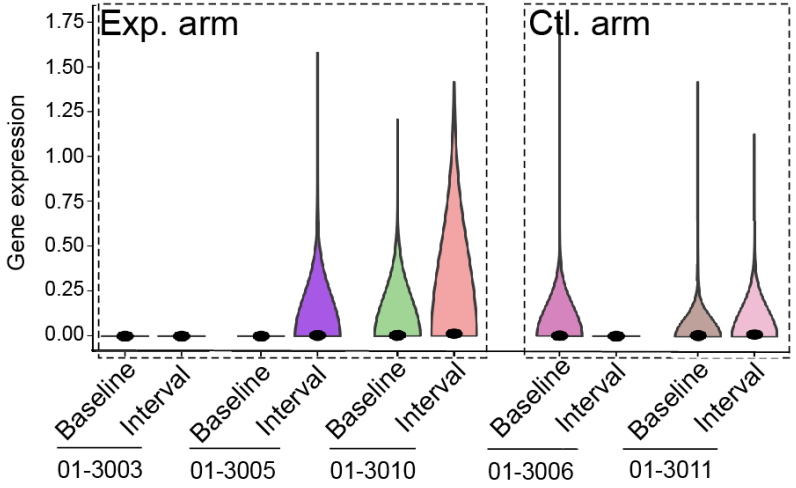
MD ANDERSON CANCER CENTER

IMNN-001 Treatment Boosts T cell Cytotoxic functions

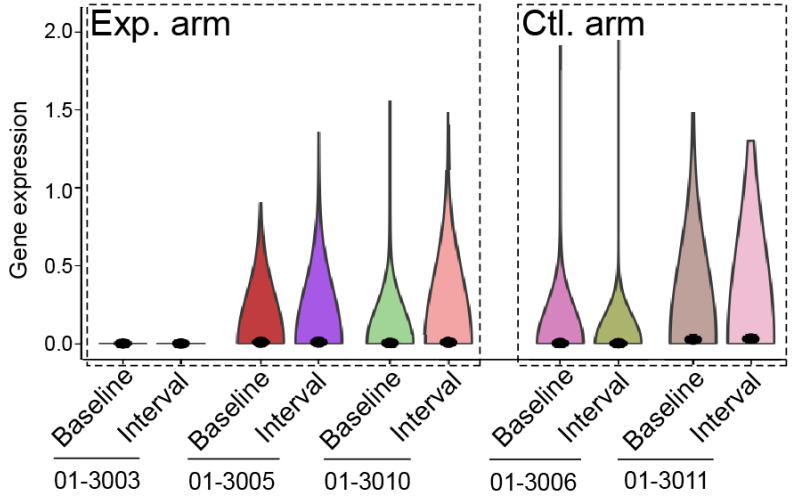
Visium HD (tumor tissue)

Visium HD (tumor tissue)

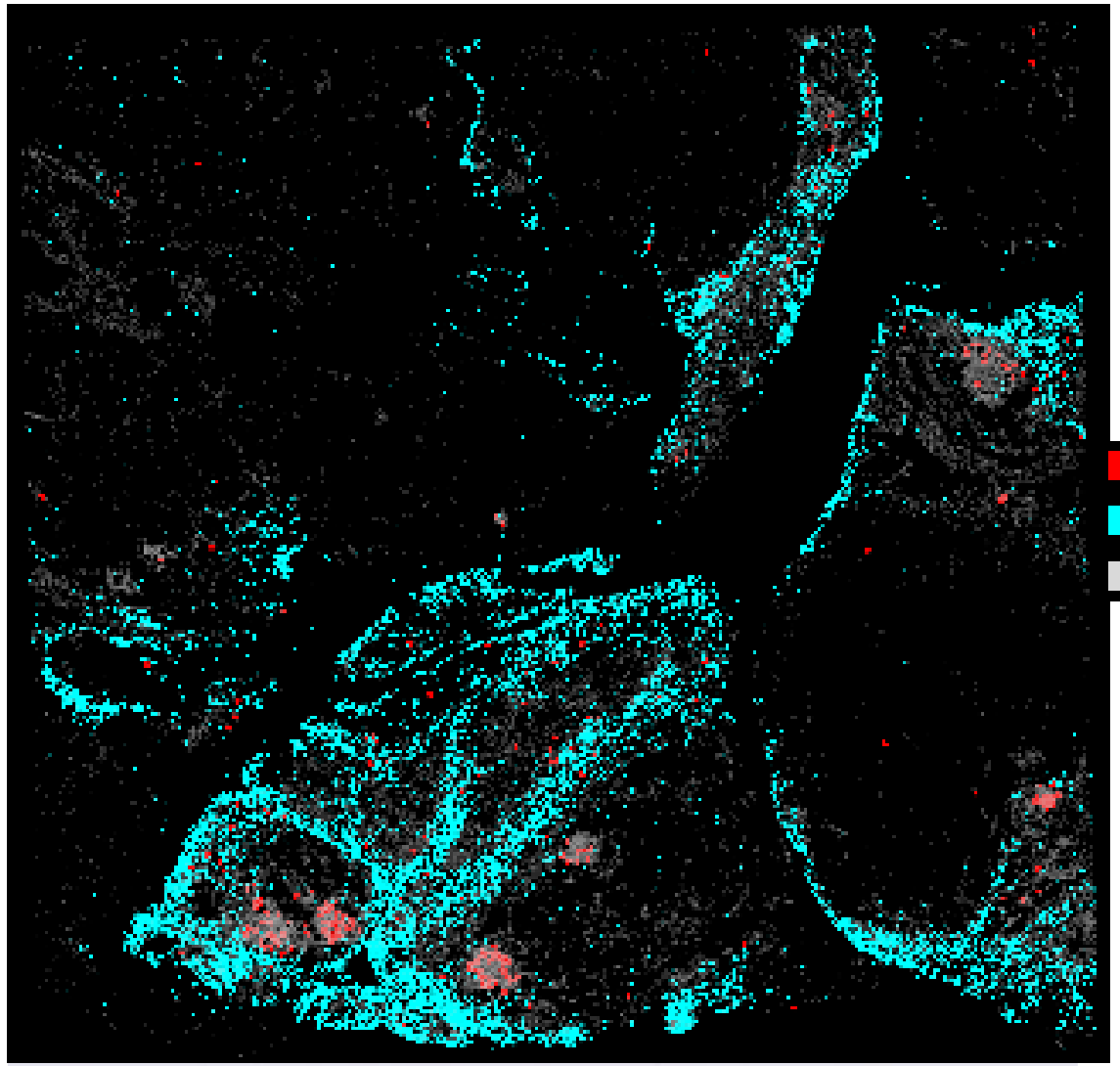
GZMB expression in T cells



GNLY expression in T cells

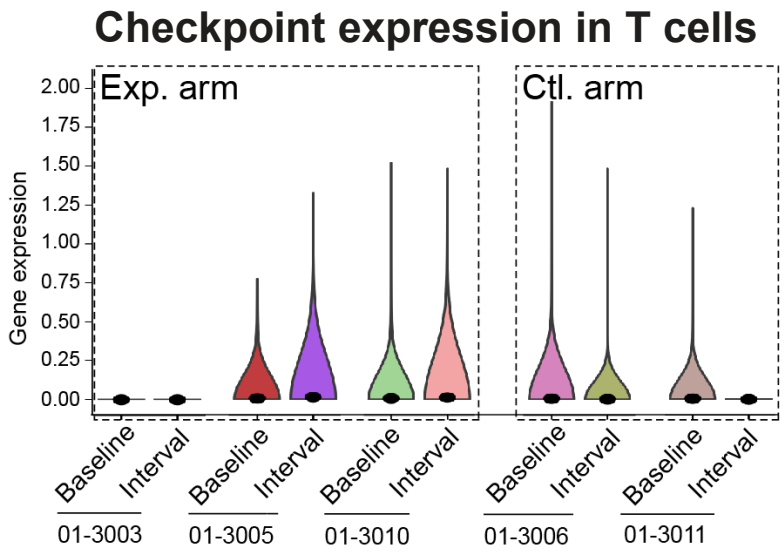


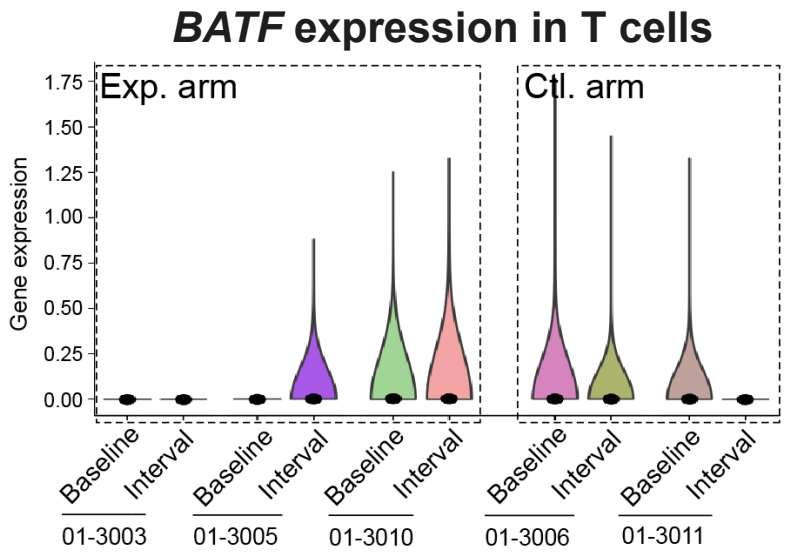
01-3010 (ICS sample)



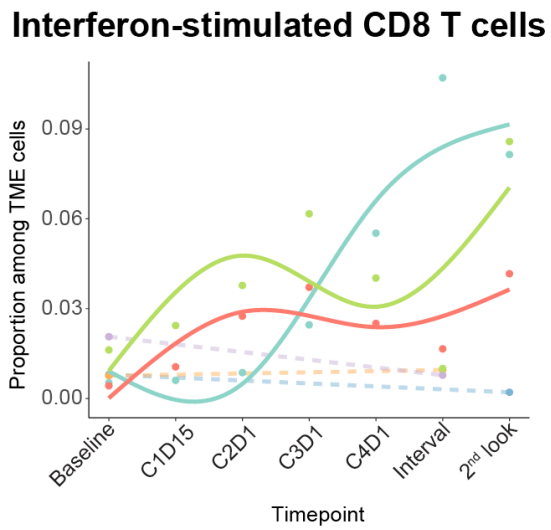
IMNN-001 Treatment Boosts T cell Cytotoxic Functions & May Synergize with ICB

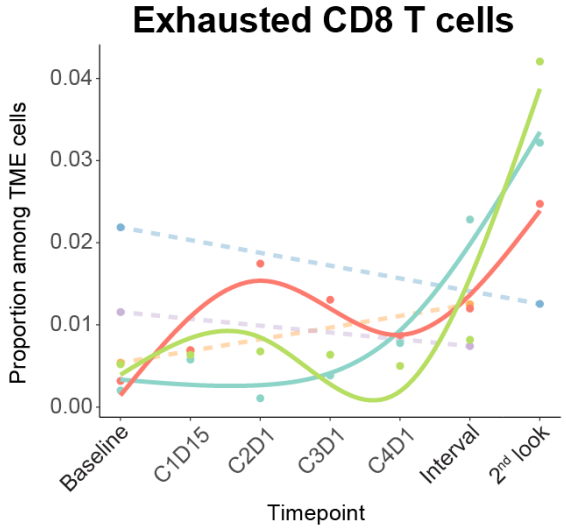
Visium HD (tumor tissue)

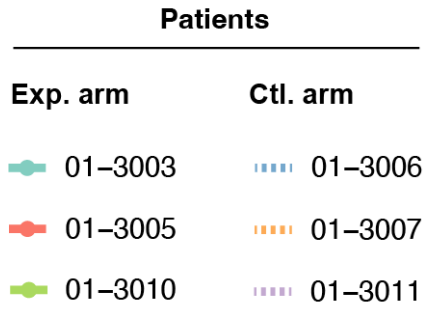




scRNA-seq (IP fluid)

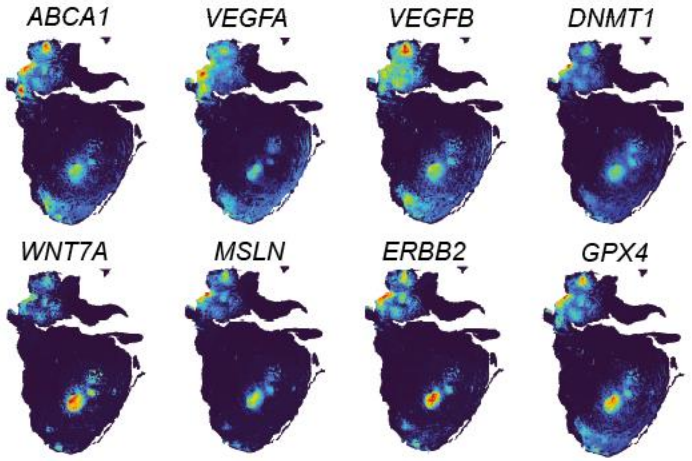




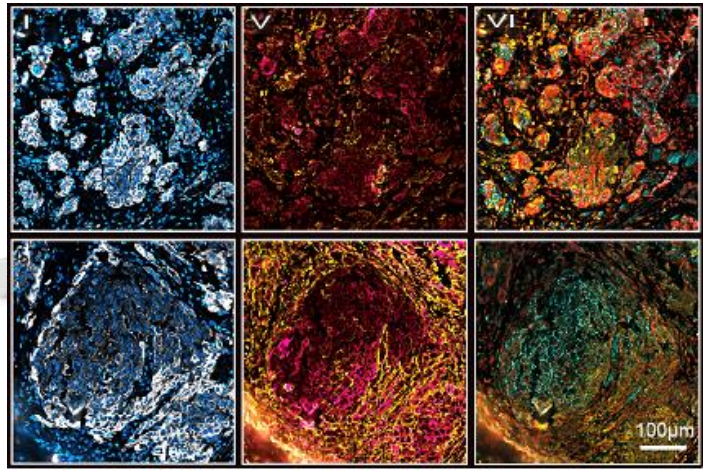


Democratization of Spatial Technology

10X Visium (HD)



Akoya PhenoCycler



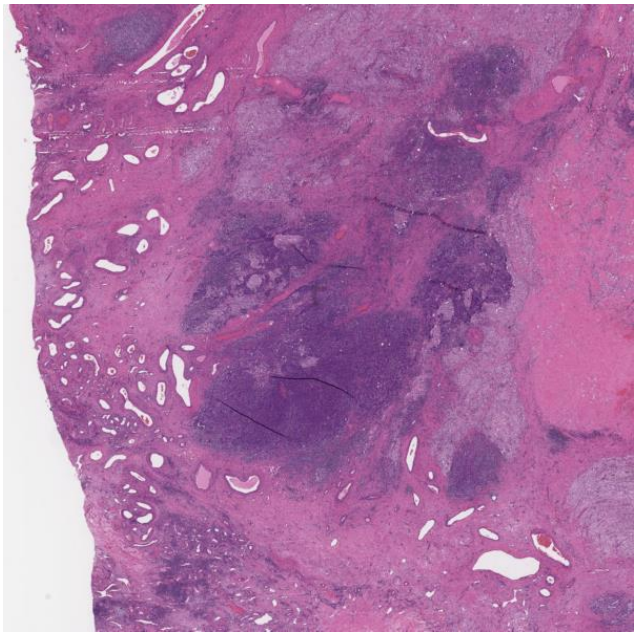
Rich molecular data, but …

Time consuming

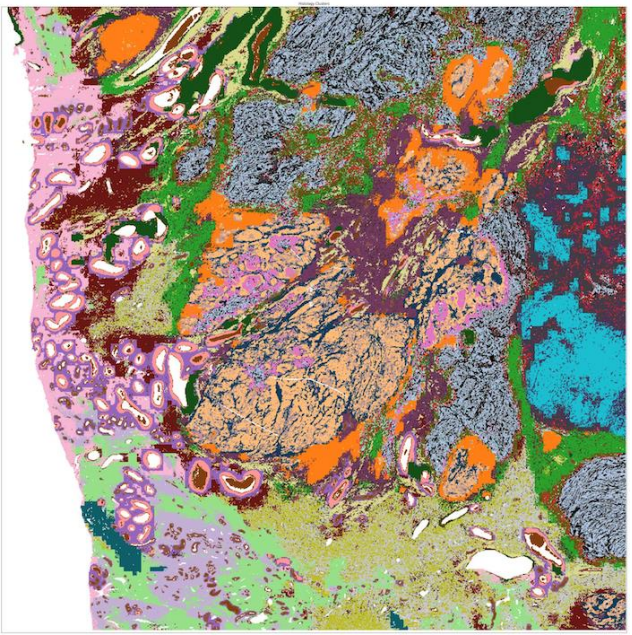
Labor intensive

Costly

H&E



AI-powered model



Scalability **Simple workflow** **Cost effectiveness**

Key Translational Findings to Date

Clinical value of MRD: Enrollment on Imunon trial, the first clinical trial to utilize MRD as a primary endpoint, is ongoing with 19 of a planned 30 patient cohort enrolled

- ✓ Favorable benefit/risk profile further strengthened
- ✓ Patients successfully treated with IMNN-001 maintenance therapy

Macrophage activation: IMNN-001 induces robust expression of IL12A and IL12B in macrophages of peritoneal fluid and tumor tissue which coincides with macrophage and T cell activation

Tumor microenvironment remodeling: The tumor immune microenvironment is more inflamed following exposure to IMNN-001

OVATION 3 Probability of Success: Statistical Properties of Phase 3 Trial Design

Giorgio Paulon, PhD
Statistical Scientist, Berry Consultants

BERRY IMUNON

Phase 2 Results: Foundation for Phase 3

IMNN-001 Program Methodologies & Data Brings Statistical Confidence to Phase 3

Phase 2 data & study design provide foundation for statistical rigor in phase 3

OVATION 2 Design

- Well-designed trial: randomized & controlled
  - Treatment Arm: Standard of Care + IMNN-001
  - Control Arm: Standard of Care alone
- Allowing clear interpretation of IMNN outcomes
- Large Phase 2 trial
  - Goal: Bring confident estimates of IMNN treatment effect and lay the foundation for Phase 3
  - Consistent with traditional Phase 2 cancer approaches, was not powered statistically, but was a large trial enabling robust conclusions

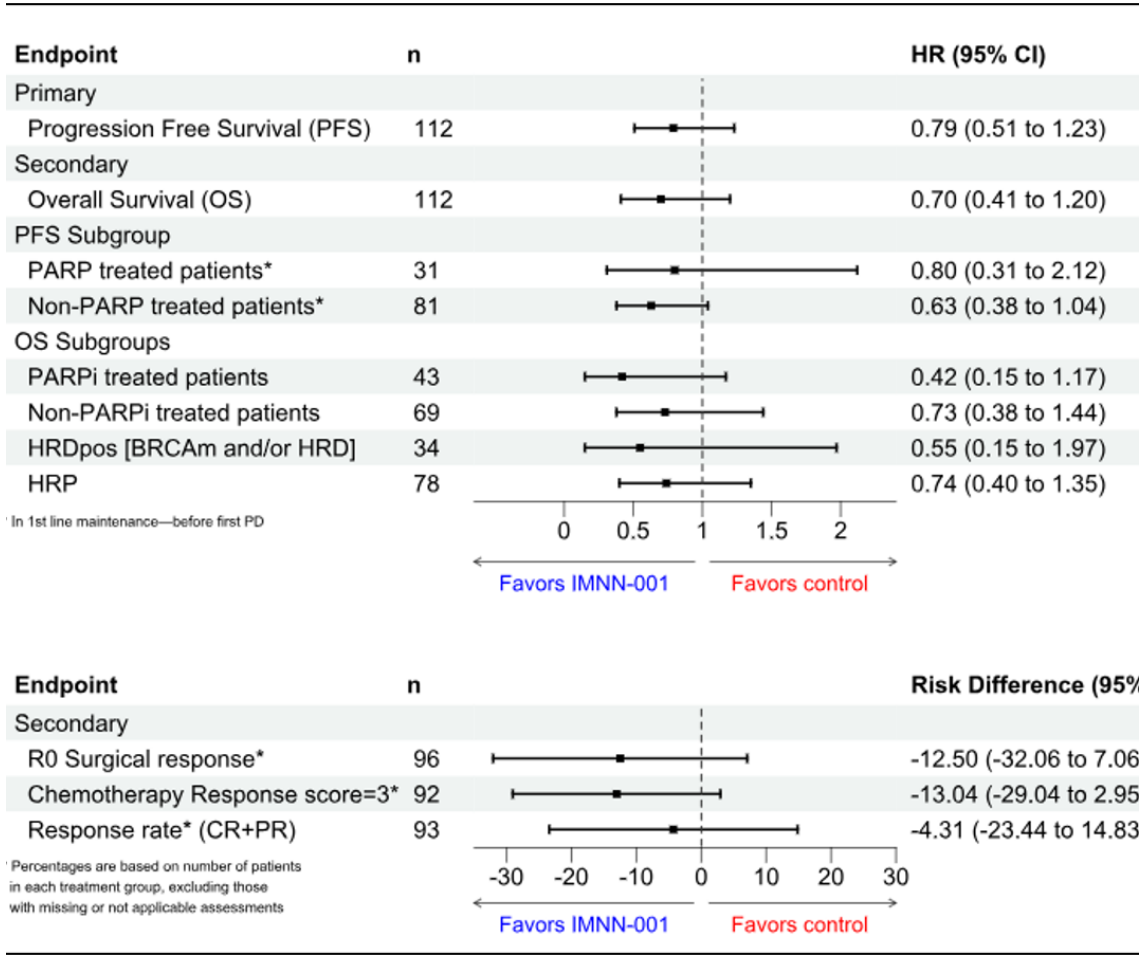
OVATION 2 Data

- Consistency of effect across all endpoints and subgroups
- Totality of Effect provides additional statistical confidence

Consistency Across Subgroups

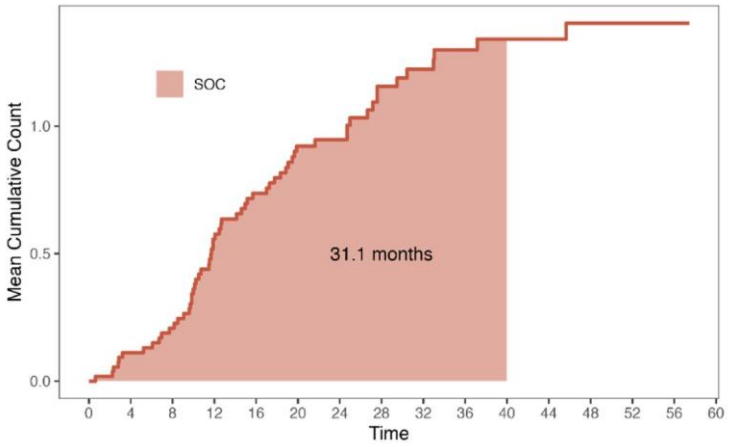
All subgroups and endpoints favor Imunon treatment – An uncommon result in Phase 2

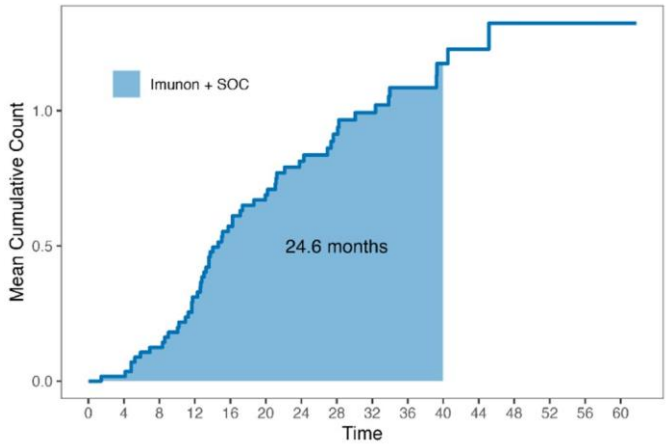
- The totality of favorable data brings great confidence in how we approach Phase 3
- Across all pre-specified participant sub-groups, a positive treatment effect of IMNN-001 is seen
- Primary and secondary endpoints all had hazard ratios or risk differences favoring IMNN-001



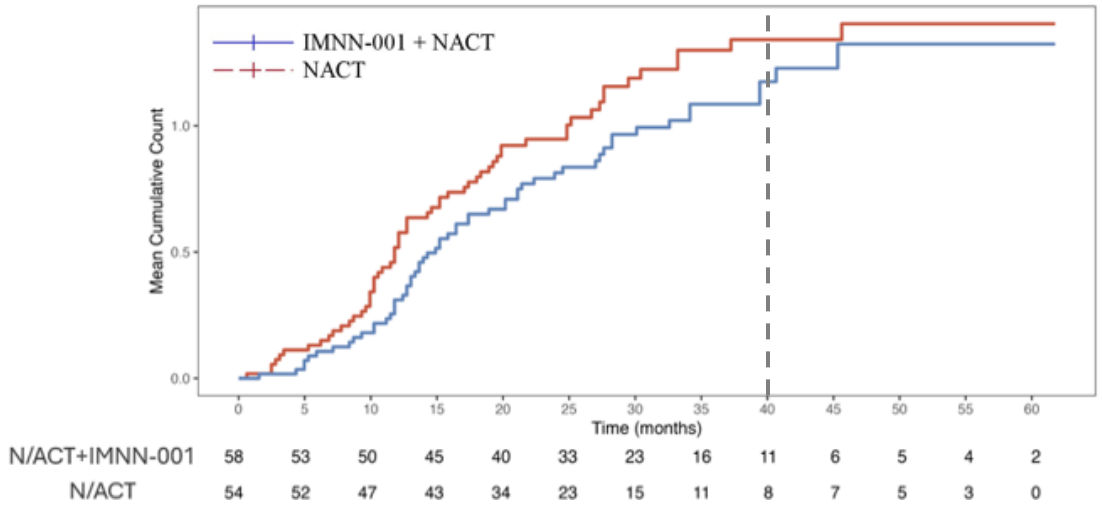
Totality of Effect

Combining PFS + OS demonstrates durable benefit across multiple clinical dimensions





- Consistency of effect is reinforced by looking at the “Totality of Effect”
- The two FDA-recommended endpoints, OS and PFS, are combined to assess the strength of the observed evidence



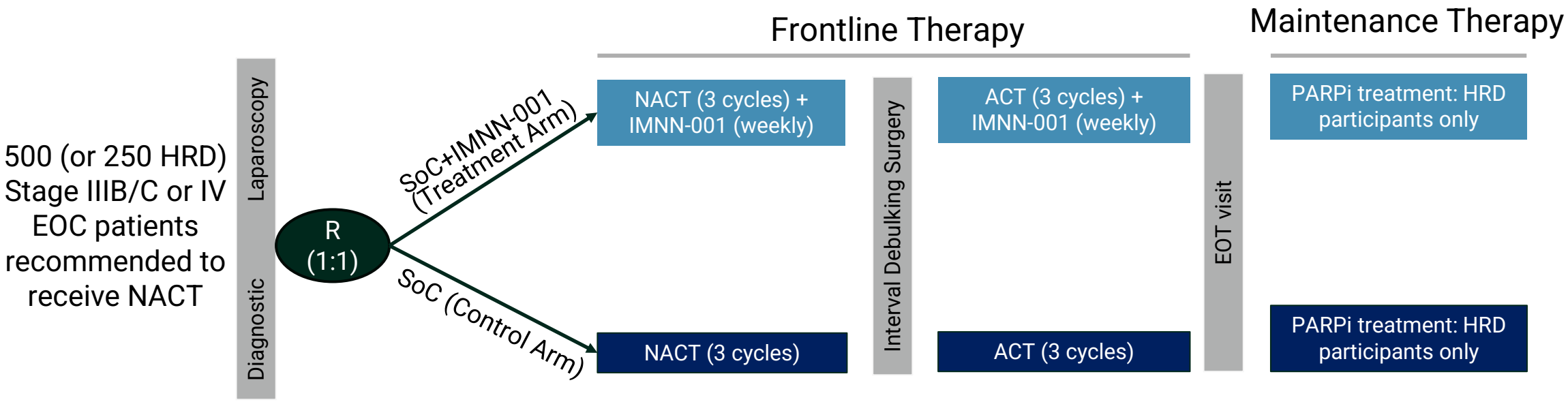
Area under the curve (@ 40 mo) representing <u>average time lost</u> due to undesirable outcomes (either PFS or OS)

Experimental Arm: 24.6 mo
Control Arm: 31.1 mo
(p= 0.0375)

Phase 3 Design and Statistical Properties

BERRY

OVATION 3: Purposeful Protocol Design & Rigorous Methodology



- Well controlled study with treatment and control arms, and protocol-specified maintenance
- Stratification for added confidence in balance across treatment arms (HRR Biomarker & tumor stage)
- Clinically meaningful Primary Endpoint: Overall Survival

- Trial targeting the most responsive subgroup (HRD) to enable accelerated readout, allowing additional follow-up for all-comers population
- Secondary endpoints that further evidence efficacy, safety and patient perspectives/QoL
- Event-driven statistical methodology with interim analyses designed for early submission, full approval in HRD+ group

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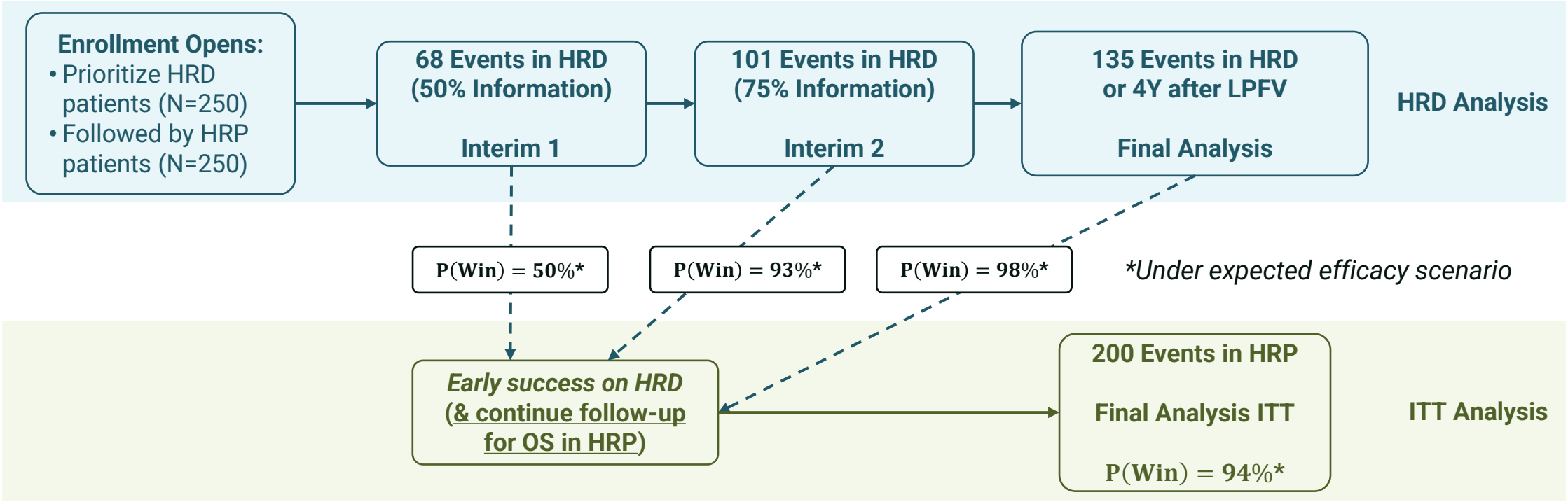
OVATION 3: Robust Positioning to Test for an Early Readout and BLA Filing for Full Approval

Purpose-built to enable early success in HRD while preserving confirmatory power in ITT

- Trial allows for early readout in an HRD+ population
- Two event-driven (OS events) interim analyses at 50% and 75% of events
- Full, combined ITT (HRD + HRP) tested later, increasing the likelihood of success
- Phase 3 design mirrors Phase 2



Regulatory Precedent of FDA Full Approval Based on Interim OS Data

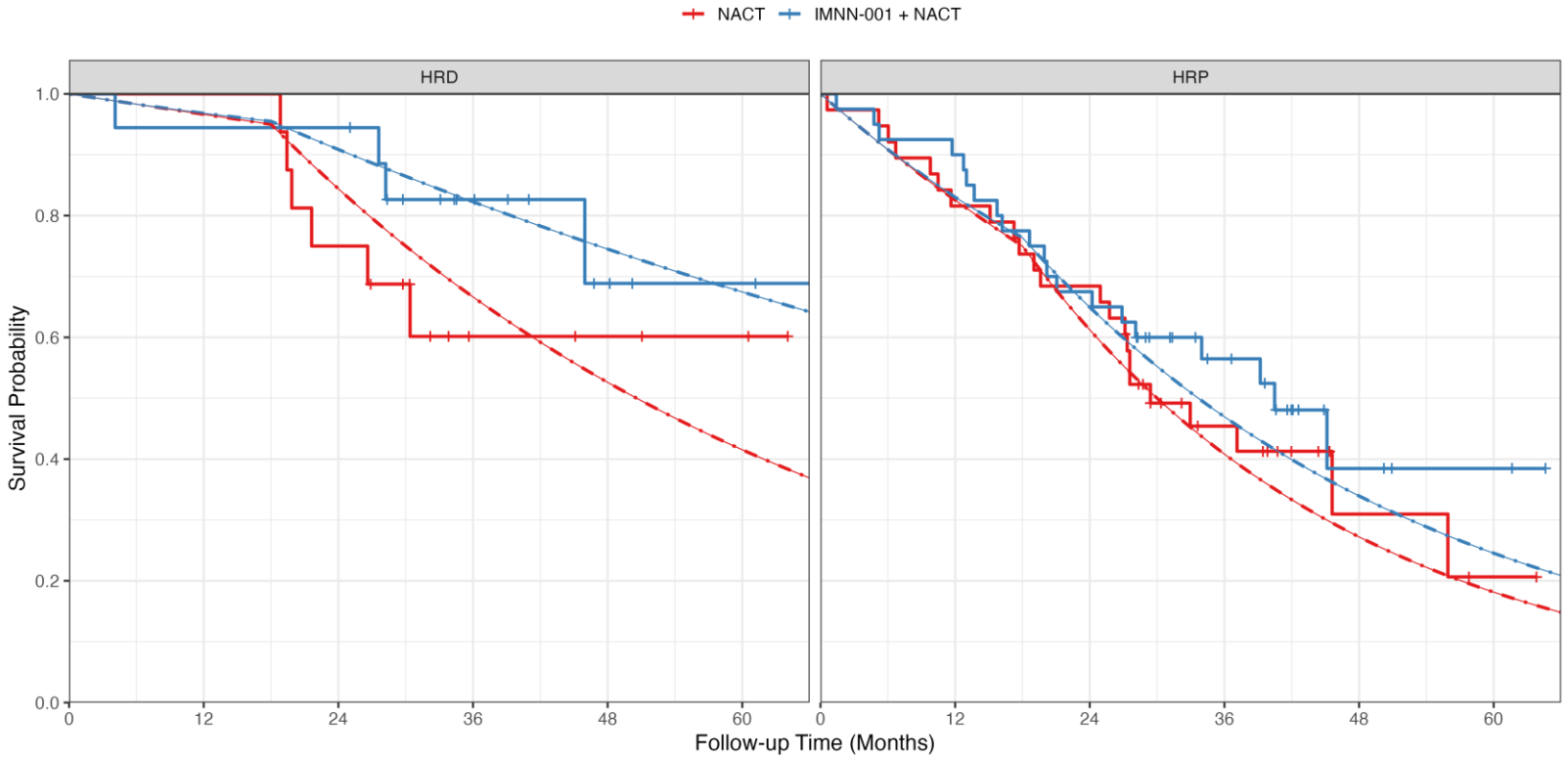
Trial / Setting	Design Features	Regulatory Outcome / Early Filing
IMpassion130 (TNBC)	Phase 3, active control, prespecified interim OS look	Accelerated approval (PD-L1+ TNBC) after interim data
CheckMate-057 (NSCLC)	Phase 3 vs standard chemo, interim OS look, early stop	Early stop for OS → rapid filing/**Full approval**
KEYNOTE-024 / KEYNOTE-189 (NSCLC)	Phase 3 with planned interim analyses for PFS/OS	First-line approval triggered by interim results
Methods / Design Tools	Use of group-sequential monitoring, RMST estimands	Enables design robust to early stop + delayed effects

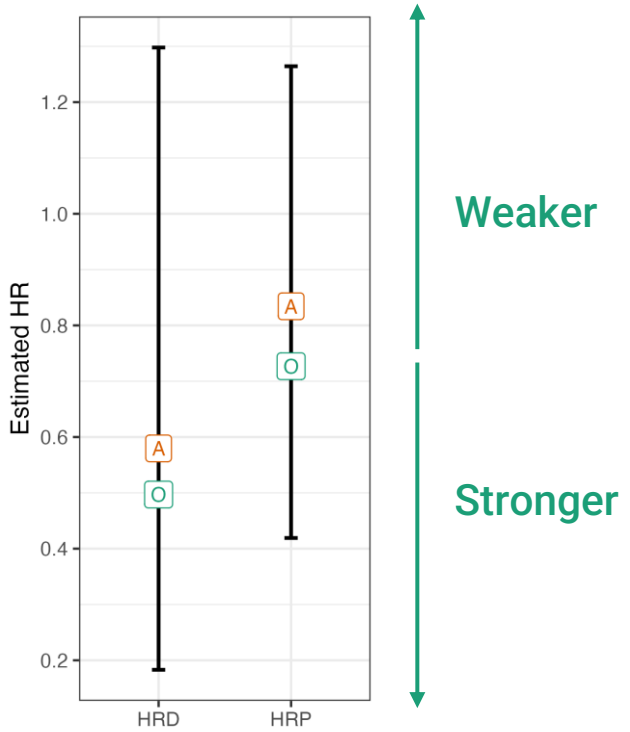
TNBC: triple negative breast cancer, NSCLC: Non-small cell lung cancer

Conservative Power Assumptions

Expected Scenario

Power = 98%



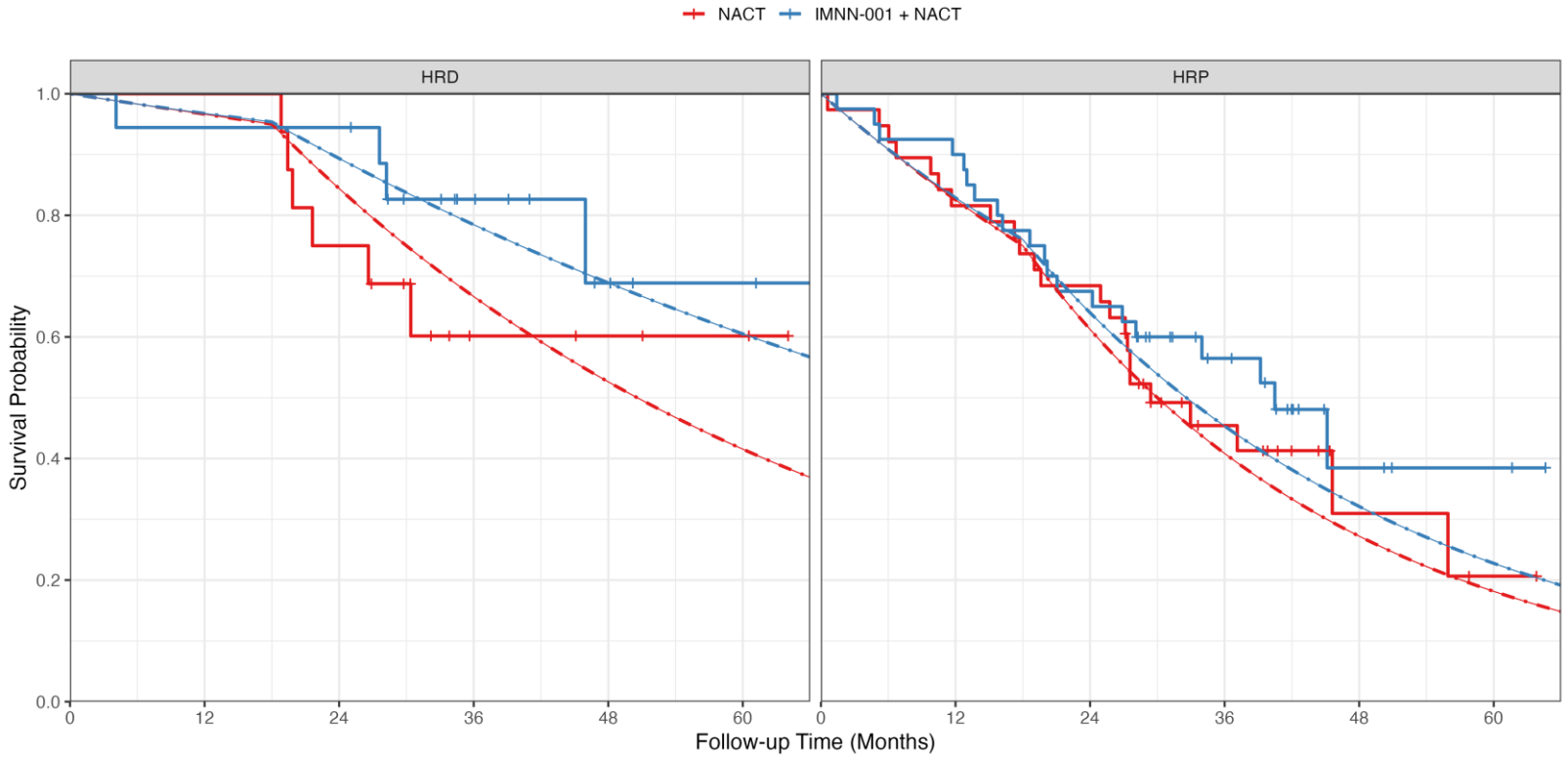


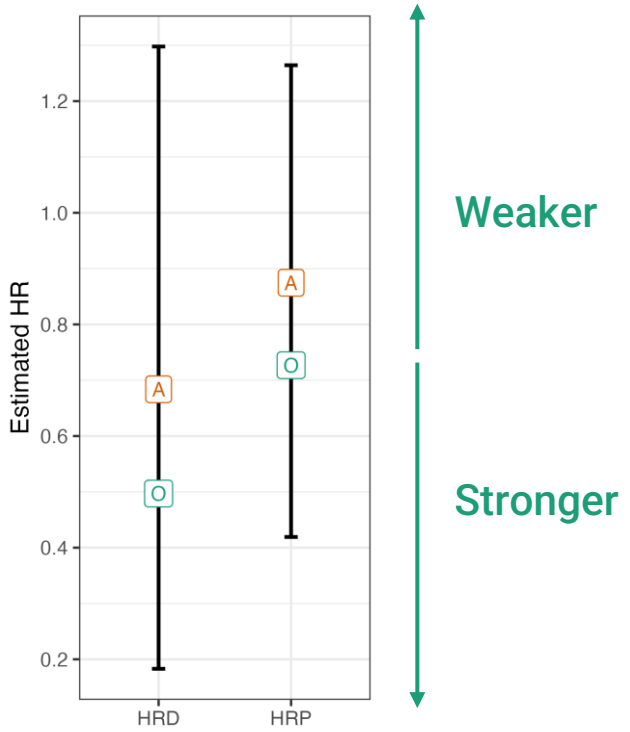
A denotes the assumed HR, **O** the observed HR in OVATION 2 (beyond Month 15). Even in the expected scenario, the assumption in the HRD subgroup is conservative.

Conservative Power Assumptions

Weaker Scenario

Power = 82%

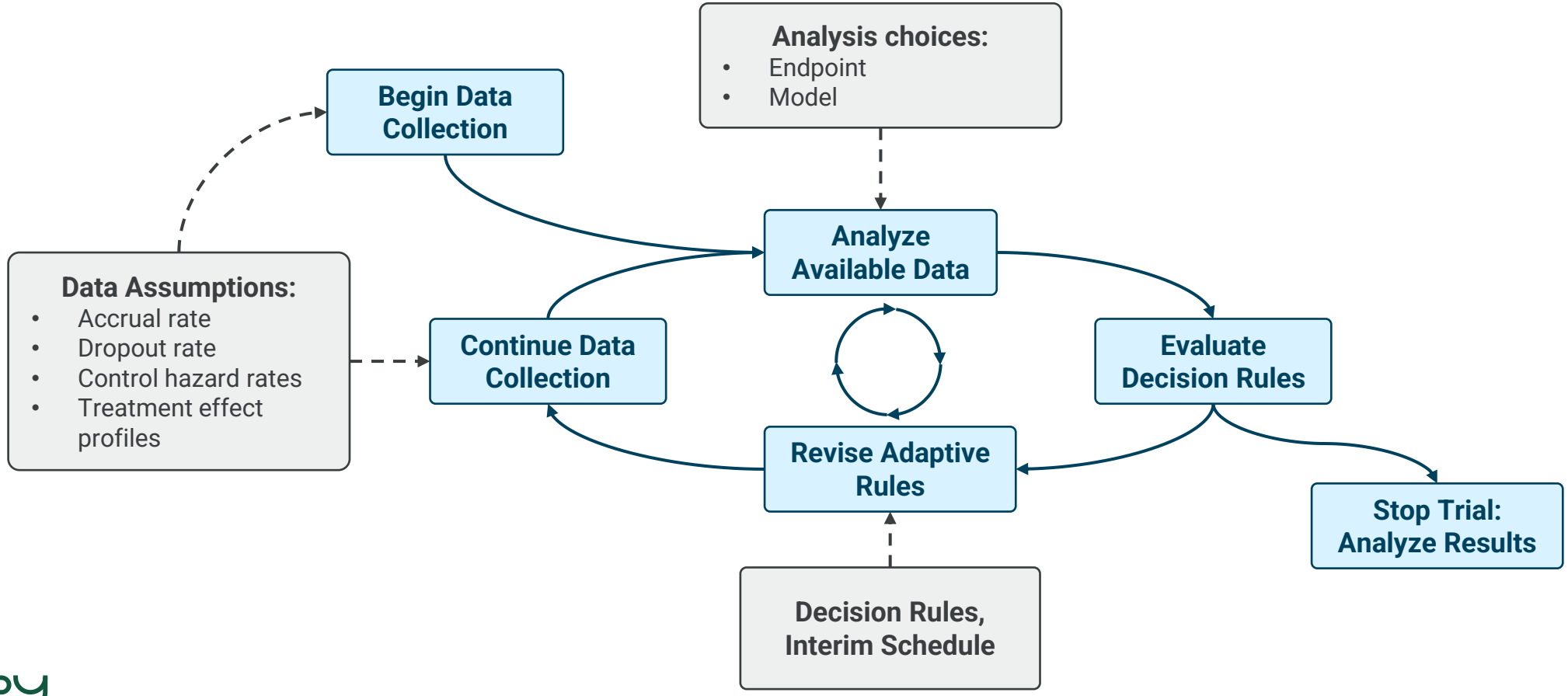




- Conservative assumptions for power provide confidence in probability of success
- Phase 3 powered using Phase II data, but dialed back assumptions to ensure robustness
- "Margin of safety" added between the observed effect and the assumed effect

Evidence-based Simulation Framework Used to Design the Trial

- Strong simulation modeling provided the framework and confidence of the innovative trial design (adaptive, event-driven)
- Expected by FDA, led to efficient, full acceptance of the statistical plan and framework



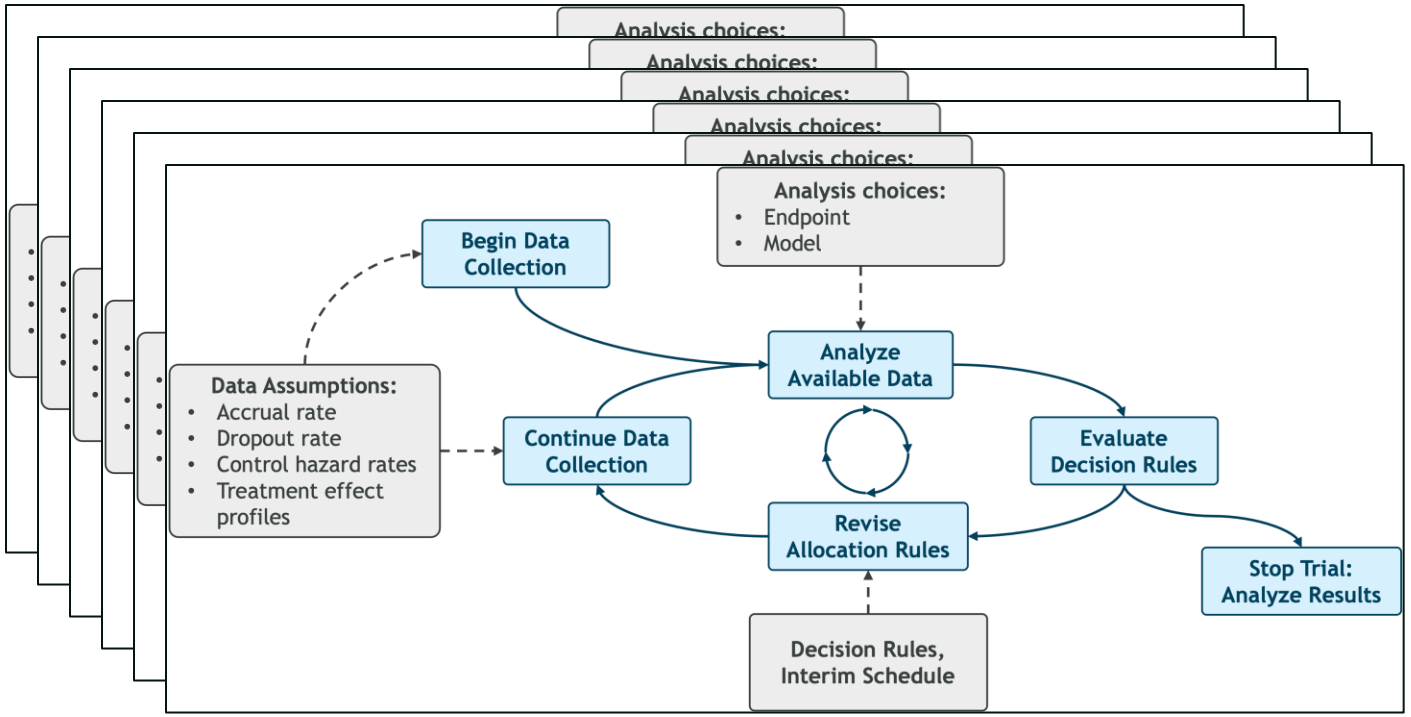
Evidence-based Simulation Framework Used to Design the Trial

Analysis choices:
- Endpoint
- Model

Check robustness

Data Assumptions:
- Accrual rate
- Dropout rate
- Control hazard rates
- Treatment effect profiles

Check robustness

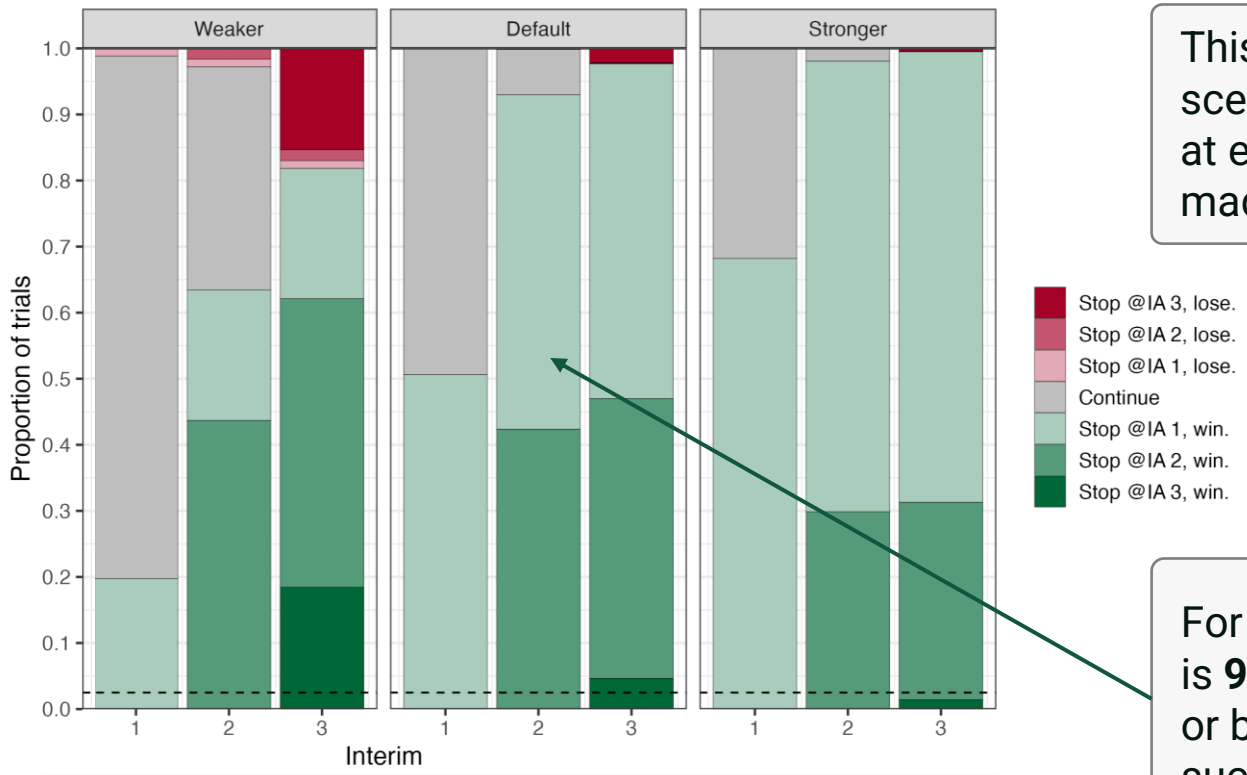


1000s of Virtual Trials

Evaluate Design
- Power / Type I Error
- Trial Duration
- Average Sample Size

Adaptive Design Enables Earlier Market Authorization

Interim analysis for early success: accelerate timelines[1] and bring the drug to patients sooner



This graph denotes, under simulated scenarios, the probability that the trial stops at each of the interims, and the decision made when stopping.

For example, the “Stop @IA2, win” probability is **93**%, meaning that **93**% of the trials stop at or before the second interim analysis for early success under the “Default” scenario.

Interim 1: On average, 2Y earlier than max target of events
Interim 2: On average, 1Y earlier than max target of events

[1]*Smith, Z. P.; DiMasi, J. A.; Getz, K. A. (2024), New Estimates on the Cost of a Delay Day in Drug Development*

Summary

Summary

- Robust design → higher probability of success
- Adaptive features → earlier insight, faster value realization
- FDA-aligned simulation framework → regulatory confidence

IMNN-001 Potential and Progress in Phase 3

Douglas V. Faller, M.D., Ph.D.

IMUNON

IMNN-001: The Potential to Transform the Standard of Care in Ovarian Cancer

- An effective mechanism of action:

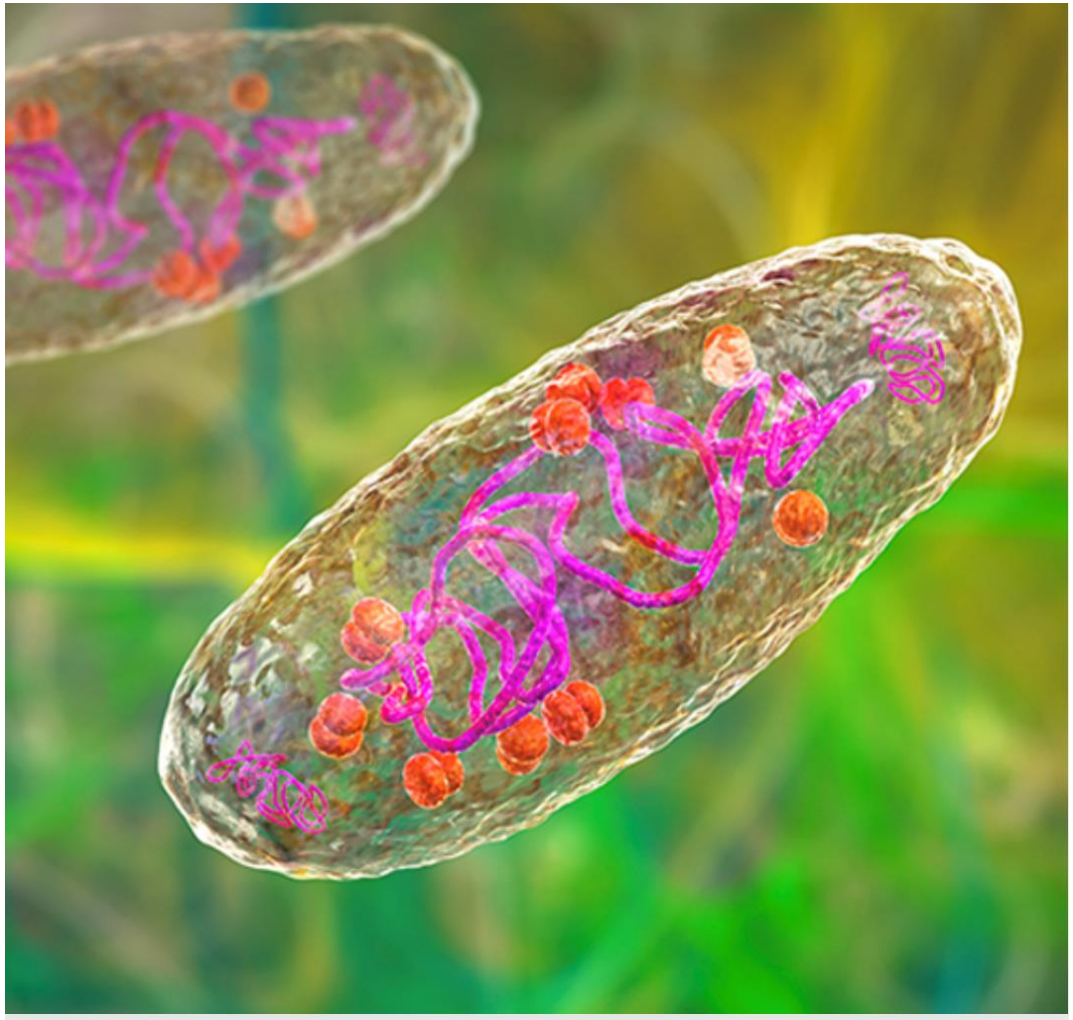
  An immunotherapy that alters the microenvironment immune from immuno-suppressive to immuno-responsive

- Activating both Innate & Adaptive Immune System:

  Allowing for a more effective, durable, and comprehensive response

- Impressive Clinical Response, OVATION 2: further evidenced with Phase 2 MRD study

- New, emerging translational data from MRD and OVATION 2 that continues to support the mechanism of action



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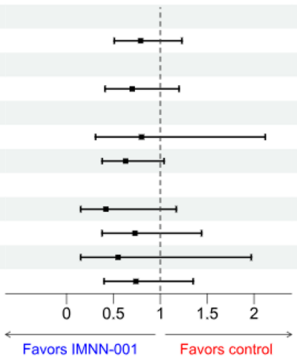
IMNN-001 Mechanism of Action and Data Provides an Extremely Compelling Promise

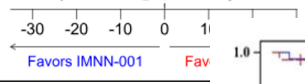
Endpoint	n	HR (95% CI)
Primary		
Progression Free Survival (PFS)	112	0.79 (0.51 to 1.23)
Secondary		
Overall Survival (OS)	112	0.70 (0.41 to 1.20)
PFS Subgroup		
PARP treated patients*	31	0.80 (0.31 to 2.12)
Non-PARP treated patients*	81	0.63 (0.38 to 1.04)
OS Subgroups		
PARPi treated patients	43	0.42 (0.15 to 1.17)
Non-PARPi treated patients	69	0.73 (0.38 to 1.44)
HRDpos [BRCAm and/or HRD]	34	0.55 (0.15 to 1.97)
HRP	78	0.74 (0.40 to 1.35)

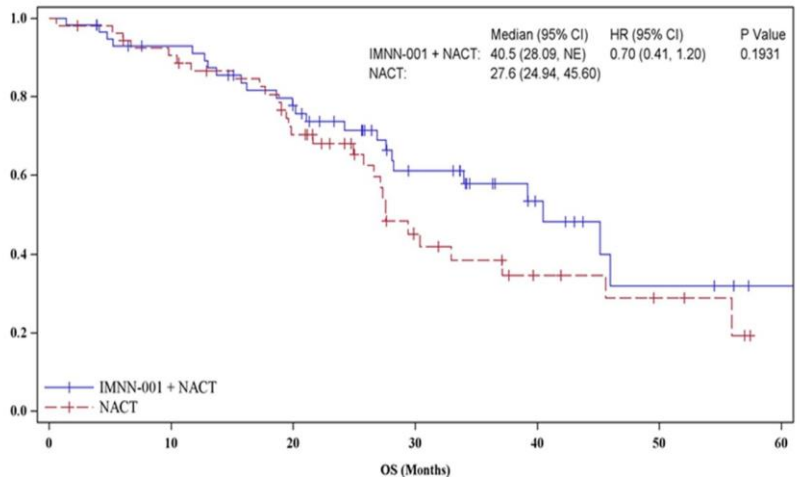
* In 1st line maintenance—before first PD



Endpoint	n	Risk Difference (95% CI)
Secondary		
R0 Surgical response*	96	-12.50 (-32.06 to 7.06)
Chemotherapy Response score=3*	92	-13.04 (-29.04 to 2.95)
Response rate* (CR+PR)	93	-4.31 (-23.44 to 14.83)

* Percentages are based on number of patients in each treatment group, excluding those with missing or not applicable assessments





- Unprecedented Overall Survival data
- Consistent benefit across other endpoints and subgroups
- No cytokine release syndrome or elevation in immune related adverse events

And Scientific Rationale

- Clear evidence of an altered tumor immune microenvironment
- Activation of the body's long lasting immune response against the tumor

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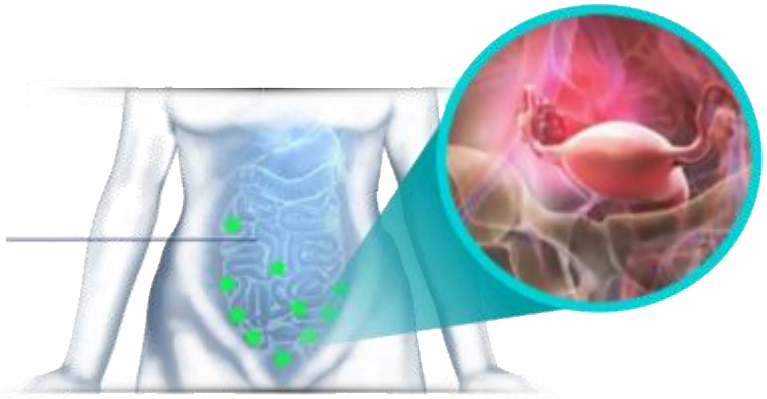
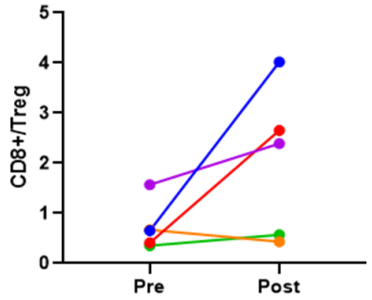
IMNN-001 Translational Data: Treatment Shifted the Balance in Favor of Immune Stimulation

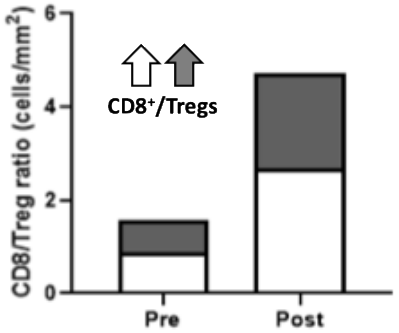
Increases seen in the Numbers and Ratios of Immunostimulatory vs Immunosuppressive Agents in the tumor and/or the tumor microenvironment

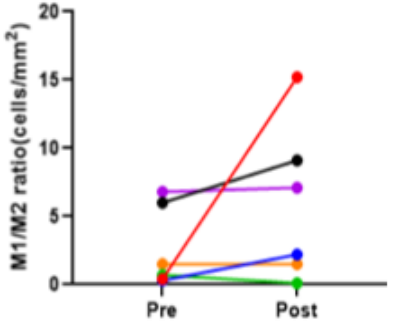
TME is shifted in favor of Immune stimulation and anti-tumor responses

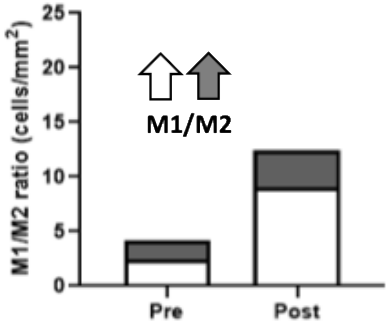
This favorable immunostimulatory environment is associated with better prognosis





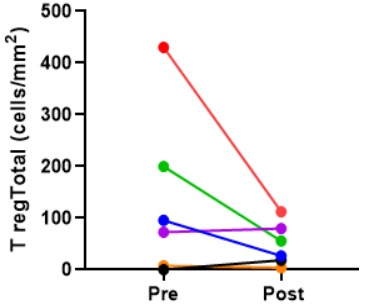


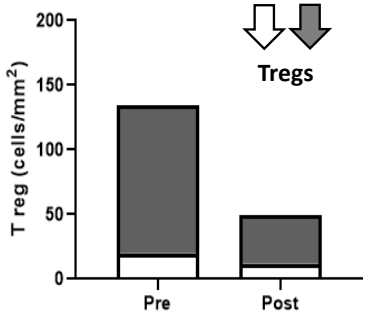


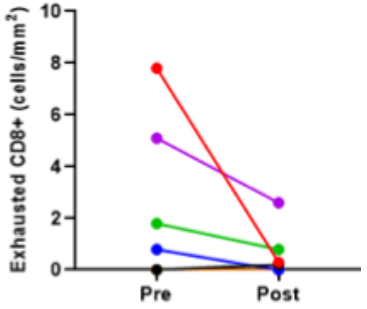


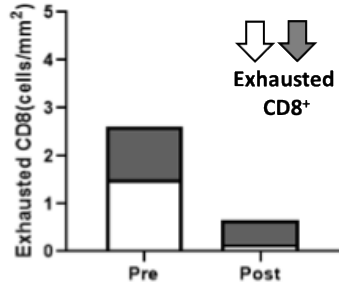
Biomarkers of immune stimulation

Biomarkers of immune suppression









Tumor
Stroma

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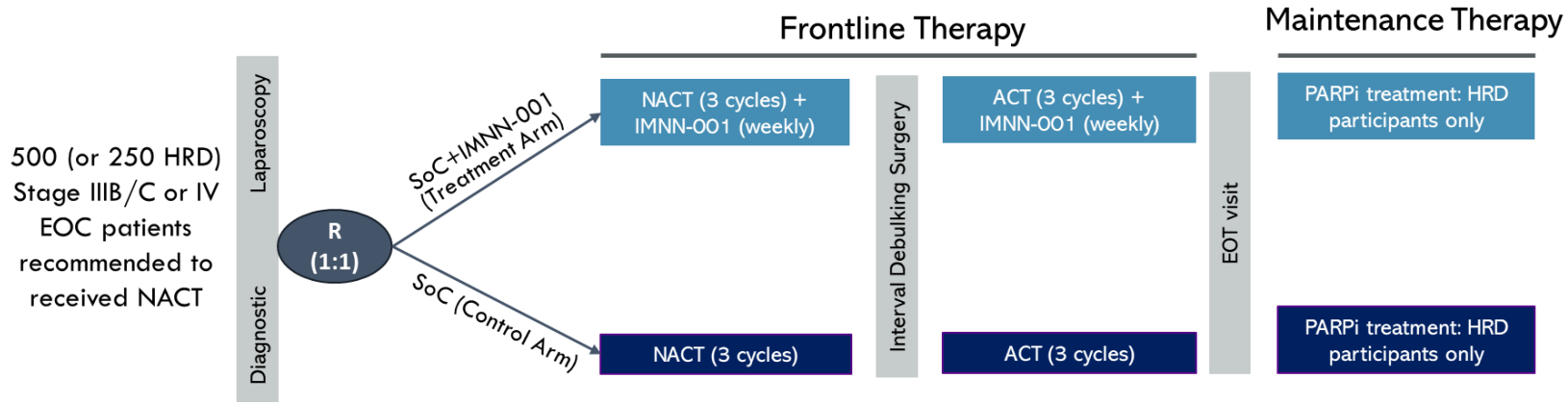
Phase 3: A Robust Study Design and Innovative Statistical Plan

- 1:1 randomized treatment/control, leveraging standard of care
- Well established biomarker, predictive of response to IMNN-001 – and a trial (and statistical plan) that takes advantage of this
- Limited duration of treatment (17 infusions across 6 months) co-administered with standard of care (vs longer dosing regimens in other studies)
- Quality of Life assessments to further demonstrate patient benefit
- Confidence in design via statistical simulation modeling



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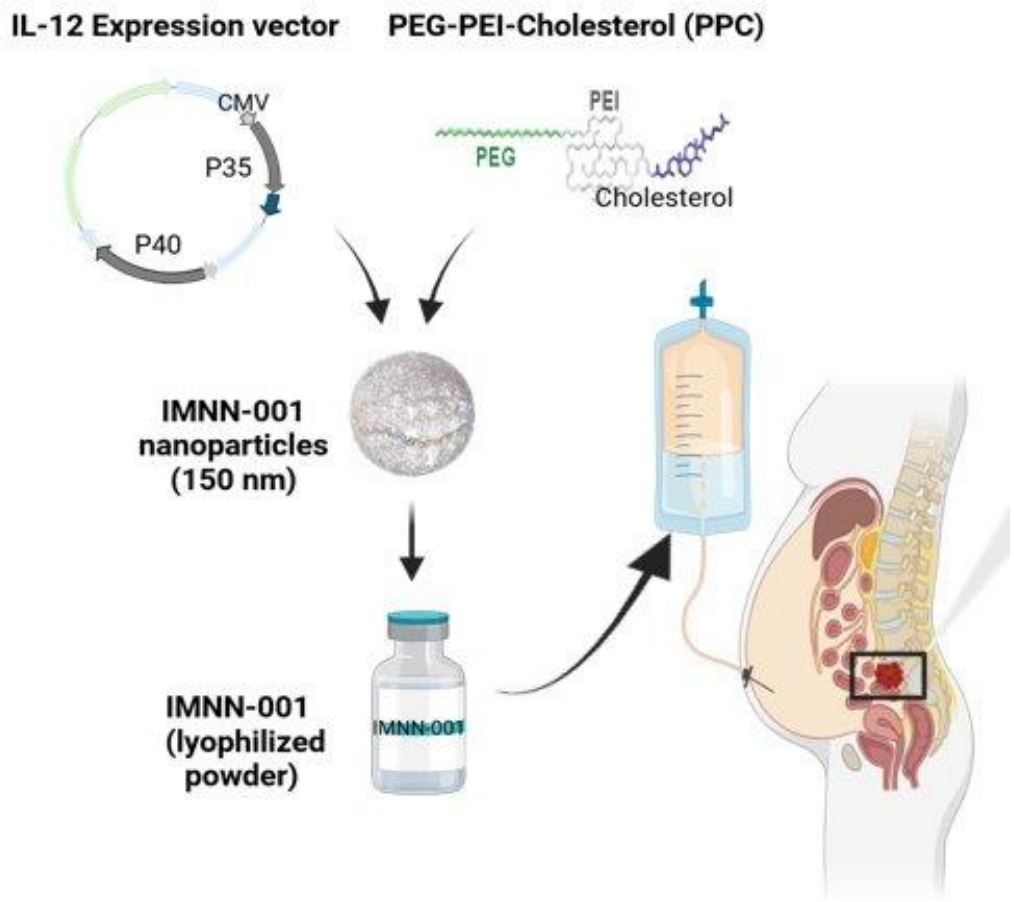
OVATION 3 Successfully Underway

- Multiple study sites activated
- Enrollment is exceeding our internal forecast
- FDA approval to treat Phase 3 participants with IMNN-001 originating in our cGMP facility
  - At a significant cost and strategic advantage
- Imunon clinical and executive teams are physically visiting sites as they open, communicating best practices
- Favorable benefit/risk profile seen in OVATION 2 further strengthened in the MRD study
- Positioned well to bring on 50 sites by second half of 2026



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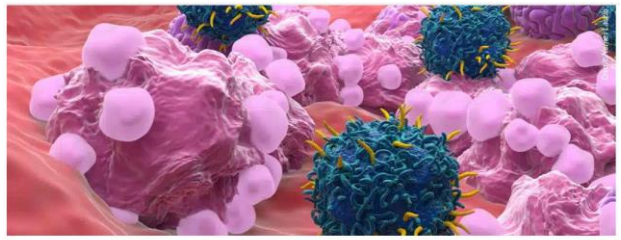
Excitement for IMNN-001 from both Investigators & Scientific Community

- Engagements at ESMO, AACR, SITC, IGCS
- Attracting new investigator interest for OVATION 3, including international interest
- Great enthusiasm for a new agent and a new mechanism of action in this difficult disease

AACR
American Association for Cancer Research®



AACR SPECIAL CONFERENCE IN CANCER RESEARCH:
ADVANCES IN OVARIAN CANCER RESEARCH

IGCS 2025
Annual Global Meeting
CAPE TOWN
November 5 - 7

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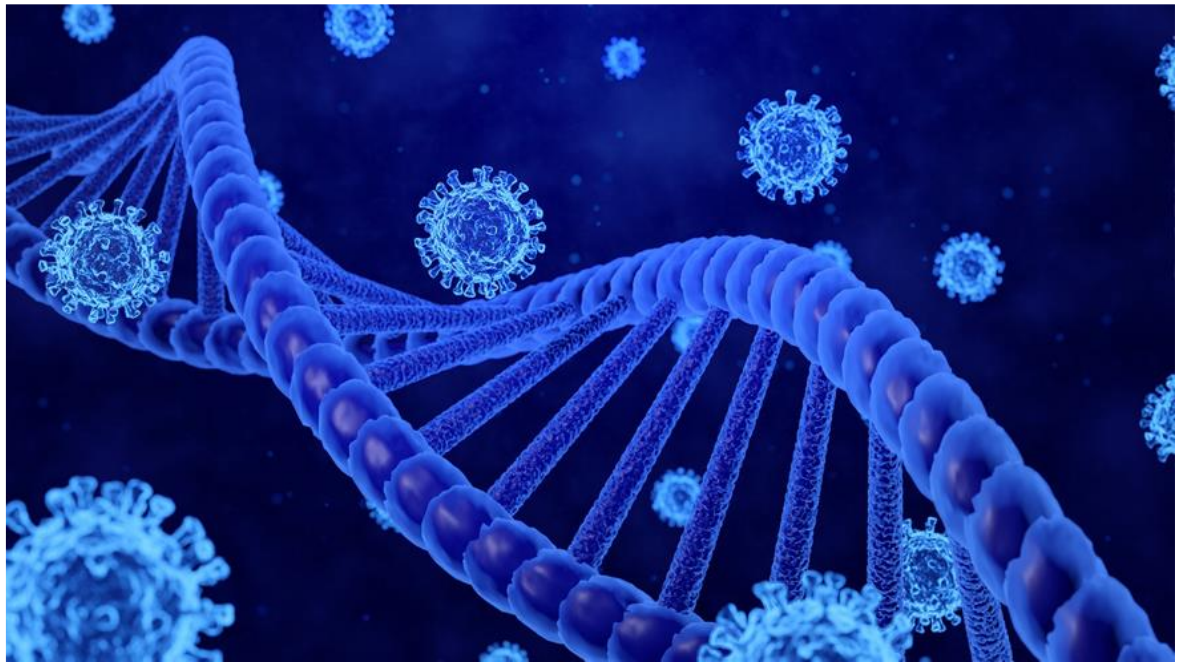
Conclusion



- Unprecedented and clinically compelling overall survival data from Phase 2 drives our Phase 3 OVATION 3 study
- Continued positive safety and efficacy data from MRD Phase 2 study, and new translational data, confirm IMNN-001 potential and novel, operative mechanism of action.
- Biomarker driven design of the registrational OVATION 3 study greatly enhances the probability of success.

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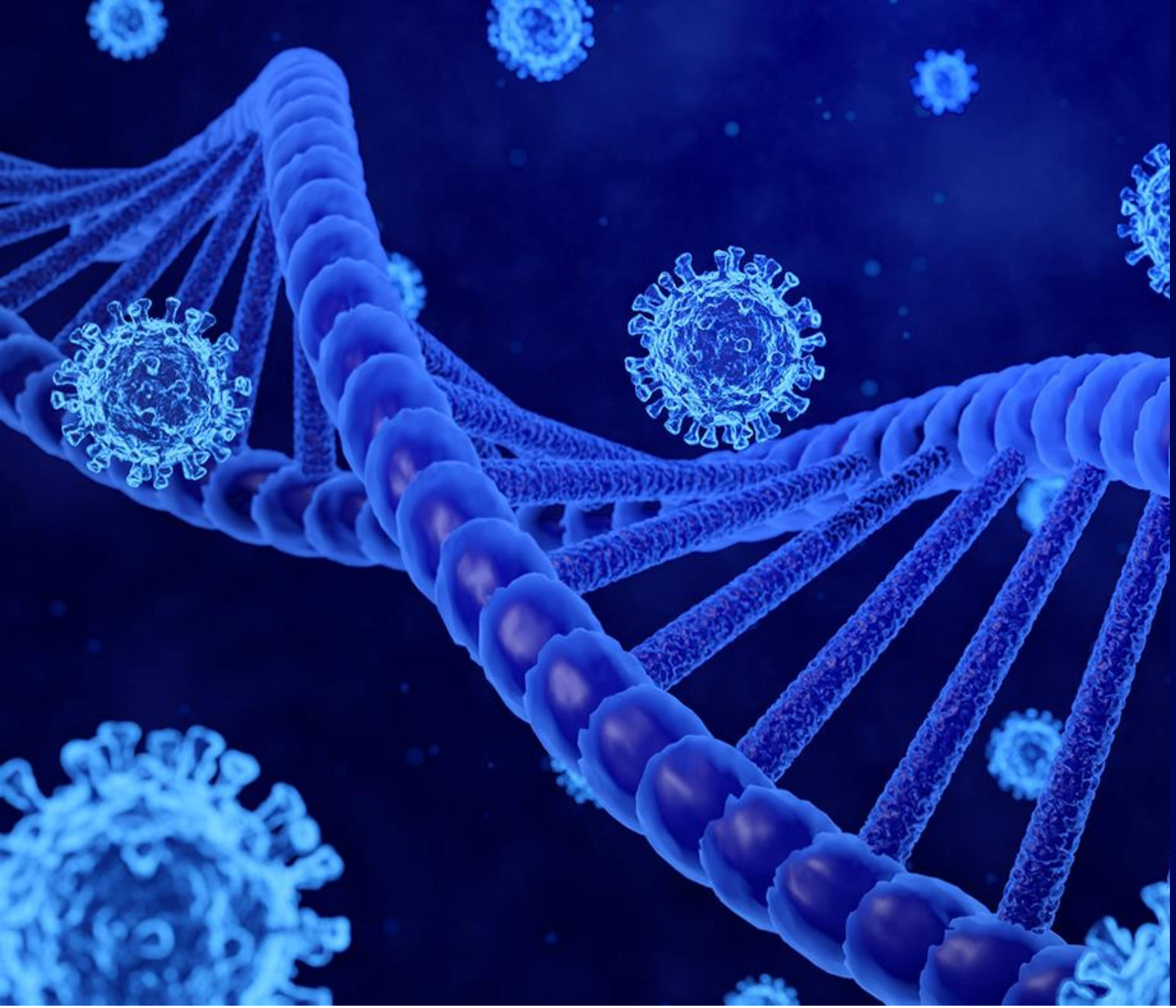

IMUNON's 2025 Investor Conference
Phase 3 Trial Update

November 10, 2025 | 7:30-10:00 AM EST
Harvard Club, New York City

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