Q&A

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WRITTEN QUESTIONS TO THE ANNUAL GENERAL MEETING OF MAY 19, 2020

1) In a recent interview of Pr. Raoult on the French television (BFM TV), he was asked to comment on avdoralimab in the COVID-19 and implied that the Marseille Hospitals provided avdoralimab in compassionate use, before the French drugs authority (ANSM) allowed the FORCE trial. How many patients were involved? What was observed?

Avdoralimab was not provided on a compassionate-use basis in the COVID-19.

2) Imcheck Therapeutics was created a few days after the announcement of your collaboration with the Paoli-Calmettes Institute and Daniel Olive in July 2015. For their works, they use your product, IPH1101 (BrHPP), on a regular basis. Does Innate Pharma earn any income or has any future advantage on these works? What are your industrial and/or equity links with this company?

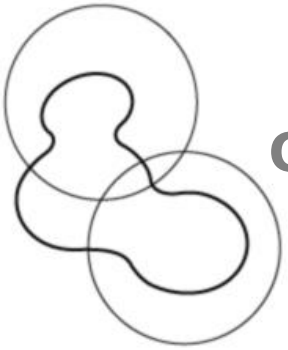
BrHPP is a research reagent that is commercially available or accessible through chemical synthesis. The Company has terminated the license on the patents protecting this component and its use in 2013, when IPH1101 development was stopped.

Neither is there equity nor industrial links between the Company and Imcheck Therapeutics.

3) Recent information found online, especially on the Korean FDA website, suggests that the monalizumab Phase III in relapsed head and neck cancer will be formalized in the near future. Is an accelerated approval in 2nd/3rd line, based on the PFS of cohort 2 and 3, still possible?

The Company announced that AstraZeneca will advance monalizumab into a Phase III randomized clinical trial evaluating monalizumab in combination with cetuximab in patients suffering from recurrent or metastatic squamous cell carcinoma of the head and neck (SCCHN) who have been previously exposed to an immune checkpoint inhibitor (IO-pretreated). From a methodological standpoint, a development that comprises a Phase II followed by a registrational Phase III is the most standard approach to clinical development.

It is too early to comment on details regarding a program stemming from cohort 3. This cohort relates to IO-naïve SCCHN patients. Preliminary data is expected for the second half of 2020. Also, it is a first-line development in which a standard of care exists. A registrational Phase III would be necessary for any approval in this indication.



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