



OncoSec's ImmunoPulse® platform is a powerful technology for delivering DNA-based therapeutics directly into tumor cells. Studies to-date have focused on the intratumoral delivery of DNA expressing interleukin-12 (IL-12), a naturally occurring protein with immune-stimulating functions. Positive data from these studies have validated ImmunoPulse™ as a viable delivery platform and laid the groundwork for the Company's current expansion into new immune targets and tumor indications.

ImmunoPulse® IL-12 demonstrated significant clinical efficacy in a multi-center Phase II trial in patients with metastatic melanoma

- 31% best overall response
- 14% complete response
- 48% disease control rate
- 50% of patients with regression in at least one untreated lesion

ImmunoPulse® IL-12 may enhance response to anti-PD-1 and other immune checkpoint therapies

- Checkpoint therapies are projected to become standard of care for a wide variety of diseases, with a market opportunity of up to \$24 billion
- Anti-PD-1/PD-L1 non-responders constitute the majority of patients, even in "immune therapy" tractable tumors like melanoma
- Data suggest that patients who are PD-L1 positive and have increased tumor-infiltrating lymphocytes (TILs) are more likely to respond to anti-PD-1/PD-L1 therapies
- Local delivery and expression of IL-12 with ImmunoPulse promotes tumor immunogenicity and increases TILs
- Data support a strong scientific rationale for combining ImmunoPulse® IL-12 with checkpoint therapies to enhance response in low-TIL melanoma patients
- OncoSec is currently conducting a Phase II clinical trial evaluating the combination of ImmunoPulse® IL-12 and Merck's anti-PD-1 drug, KEYTRUDA® in patients with metastatic melanoma

Favorable safety profile supports ongoing clinical development

- ImmunoPulse® IL-12 is safe and well-tolerated across multiple treatment cycles
- No treatment-related grade 4 or 5 adverse events reported
- No treatment-related serious adverse events reported

Extensive R&D and preclinical operations

- Researching the delivery of any DNA-encoded immunomodulatory molecules to overcome tumor immune tolerance
- Exploring new immune targets and tumor indications
- Developing new devices to access tumors anywhere in the body
- Conducting preclinical collaborations with industry leading companies and key academic centers of excellence

Expanding the immuno-oncology market

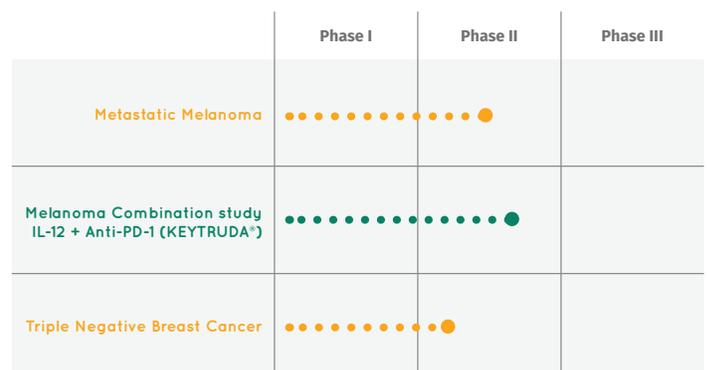
- Immunotherapy market projected to reach up to \$35 billion a year over the next decade
- ImmunoPulse® IL-12 may enhance response to other immune-targeted therapies, and thus has the potential to expand the current market opportunity in immunotherapy
- ImmunoPulse® platform could be used to deliver a variety of potent immune-targeted therapeutics without the toxicities associated with systemic delivery
- ImmunoPulse® platform could offer a simplified and tractable approach for combination-based immunotherapies

THE UNMET MEDICAL NEED

TUMOR TYPE	ANTI-PD-1/PD-L1 MAB NON-RESPONSE
Melanoma	~ 60 - 80%
Triple Negative Breast (TNBC)	~ 70% - 82% ¹
Renal Cell Carcinoma (RCC)	~ 71%
Lung Carcinoma (NSCLC)	~ 79 - 83%
Head & Neck (H&N)	~ 80% ²
Bladder	~ 84% ³
Gastric	~ 69% ²

Anti-PD-1 non-responders constitute the majority of patients, even in "immune therapy" tractable tumors like melanoma and RCC

CLINICAL PIPELINE



Orange = Monotherapy with IL-12 Green = Combination Therapy

1. PD-L1 selected patients; 18.5% (5/27) ORR using Merck 22C3 assay and pembrolizumab; 33% (3/9) using Genentech's PCD4989g assay and MPL3280A

2. Patients were preselected by Merck PD-L1 IHC assay

3. 11% in PD-L1 (Roche) negative; 43% in PD-L1 + population.

RECENT ACHIEVEMENTS

- Reported Phase I long-term survival data in melanoma
- Reported positive single-agent Phase II final data in melanoma
- Reported positive single-agent Phase II data in Merkel cell carcinoma
- Enrollment initiated in Phase II combination trial with Merck's KEYTRUDA®
- Enrollment initiated in Phase II head & neck study
- Enrollment initiated in triple negative breast cancer pilot study
- Announced preclinical collaborations with Plexxikon's CSF-1R inhibitor and Heat Biologics' ImPACT platform
- Announced a collaboration with PerkinElmer and the University of California, Los Angeles to develop biomarker tests to evaluate a patient's immune response to cancer
- Entered Sponsored Research Agreements with the University of Washington and Massachusetts General Hospital to evaluate immunologic mechanisms
- Dr. Robert H. Pierce, co-authored the Nature study, "PD-1 blockade induces responses by inhibiting adaptive immune resistance", published in the November 27, 2014 issue of Nature, vol. 515: pp. 568-571

UPCOMING MILESTONES

- Announce a new lead candidate for our ImmunoPulse™ platform
- Announce a new key academic or industry collaboration
- Have preliminary clinical and biomarker data from the metastatic melanoma IST combination trial, squamous cell carcinoma head and neck cancer trial, and triple negative breast cancer trial
- Provide updates on our preclinical program including studies with our existing industry collaborators as well as the continued expansion of our R&D pipeline

CONTACT

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ABOUT THE COMPANY

Exchange Symbol	NASDAQ ONCS
Shares Outstanding *	\$22.5M
Market Cap *	\$30 M
Cash, Cash Equivalents and Short-Term Investments *	\$33 M
Cash Runway *	Q1 2018
Debt *	\$0
Analyst Coverage	H.C. Wainwright
Analyst Coverage	Maxim Group
Analyst Coverage	Noble Life Science Partners

Senior Management	Board of Directors
Punit Dhillon Chief Executive Officer	Avtar Dhillon, M.D. Chairman
Richard Slansky Chief Financial Officer	Punit Dhillon
Robert H. Pierce, M.D. Chief Scientific Strategist	James M DeMesa, M.D.
Sheela Mohan-Peterson, JD, MS Chief Legal and Compliance Officer	Anthony E. Maida, Ph.D.
Sharron Gargosky, Ph.D. Chief Clinical and Regulatory Officer	

Scientific Advisory Board	Melanoma Advisory Board
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Iacob Mathiesen, Ph.D.	Sanjiv Agarwala, M.D.

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