Fact Sheet

Company overview

GlobeImmune is a private Colorado-based company developing active immunotherapies called Tarmogens® for the treatment of cancer and infectious diseases. The Tarmogen technology is a proprietary platform for generating therapeutic products that overcome the shortcomings of previous immunotherapeutic approaches. Tarmogens are recombinant yeast, engineered to express disease-specific antigens. Tarmogens naturally couple a patient's innate immune response against the yeast, with an antigen specific T cell response against disease specific targets, resulting in the targeted elimination of diseased cells throughout the body. Tarmogens can be given repeatedly, boosting the immune response with each subsequent dose. As a fermentation process, Tarmogen manufacturing is simple and scaleable, potentially allowing for small molecule-like economics.

GlobeImmune has two products in Phase 2 clinical trials. GI-5005 is being evaluated in patients with chronic hepatitis C infection, as both a front-line therapy in combination with standard of care and as a monotherapy for 2nd line salvage or interferon intolerant patients. GI-4000 is being evaluated in patients with pancreas, lung, colorectal and ovarian cancers caused by mutations in the Ras oncogene product. To date, Tarmogens have been generally well-tolerated, generating antigen-specific immune responses and improved clinical outcomes in patients.

Clinical Programs

GI-5005

The GI-5005 Tarmogen expresses a fusion protein composed of the NS3 and Core hepatitis C virus proteins that are abundantly expressed in infected cells and are required for viral replication. GlobeImmune has recently completed enrollment of a randomized Phase 2 study of GI-5005 in combination with standard of care or as a monotherapy in 2nd line or IFN-intolerant patients.

In clinical studies to date, GI-5005:

- Is safe and well tolerated as monotherapy in chronic HCV patients
- Can convert a patient's T cell response profile to match the profile of a subject who clears the virus naturally following acute HCV infection
- Causes a dose-dependent normalization in ALT levels
- As monotherapy in chronically infected subjects, causes viral load reductions in select patients ranging from -0.75 $\log_{10}$ to -1.4 $\log_{10}$
- No placebo patients demonstrated these findings

GI-4000

The GI-4000 series expresses the seven most common mutations in the Ras oncoprotein. Mutations in Ras are seen in >160,000 new cases of cancer per year in the US alone. Patient tumors are genotyped to identify their specific Ras mutation and the appropriate (off the shelf) Tarmogen is administered. An open-label Phase 1 study of 33 end-stage, Ras-mutation positive colorectal and pancreas cancer patients demonstrated that the product:

- Is safe and well tolerated with no product-related dose-limiting toxicities, serious adverse events or discontinuations to date
- 90% of patients demonstrated an antigen and mutation specific T cell responses

A 100 patient randomized, placebo-controlled Phase 2 trial is ongoing in resected pancreas cancer patients in combination with adjuvant gemcitabine.

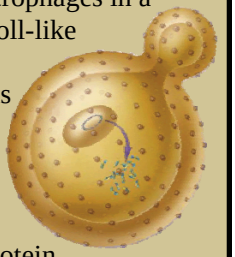
Corporate Milestones

2008

- Initiate a Phase 2 trial at Memorial Sloan Kettering evaluating GI-4000 in NSCLC
- Initiate a Phase 2 trial at UPenn evaluating GI-4000 in locally advanced pancreas cancer
- Complete enrollment in the randomized Phase 2 trial of GI-5005 for hepatitis C infection
- Complete enrollment of the randomized Phase 2 data of GI-4000 in resected pancreas cancer
- Top line Phase 2 data for GI-5005

Tarmogen Technology

Tarmogens are whole, heat-killed recombinant *S. cerevisiae* yeast that express one or more disease-related proteins. Tarmogens are avidly taken up by antigen presenting cells, such as dendritic cells and macrophages in a process mediated by Toll-like receptors found on the cell surface. Tarmogens generate activated killer T cells capable of locating and destroying any cell with the same target protein.



Leadership

Executive Management

Timothy C. Rodell, M.D.
President & Chief Executive Officer

David Apelian, M.D., Ph.D., MBA
Chief Medical Officer

Jeffrey Rona
Chief Business Officer

Alex Franzusoff, Ph.D.
VP Research & Development

John Frenz, Ph.D.
VP Operations & Manufacturing

Board of Directors

Darren Carroll
Lilly Ventures

Ralph E. Christoffersen, Ph.D.
Morgenthaler Ventures

J. William Freytag, Ph.D.

Ehud Geller, Ph.D.
Medica Venture Partners

Augustine J. Lawlor
HealthCare Ventures

Paul A. Mieyal Ph. D., CFA
Wexford Capital LLC

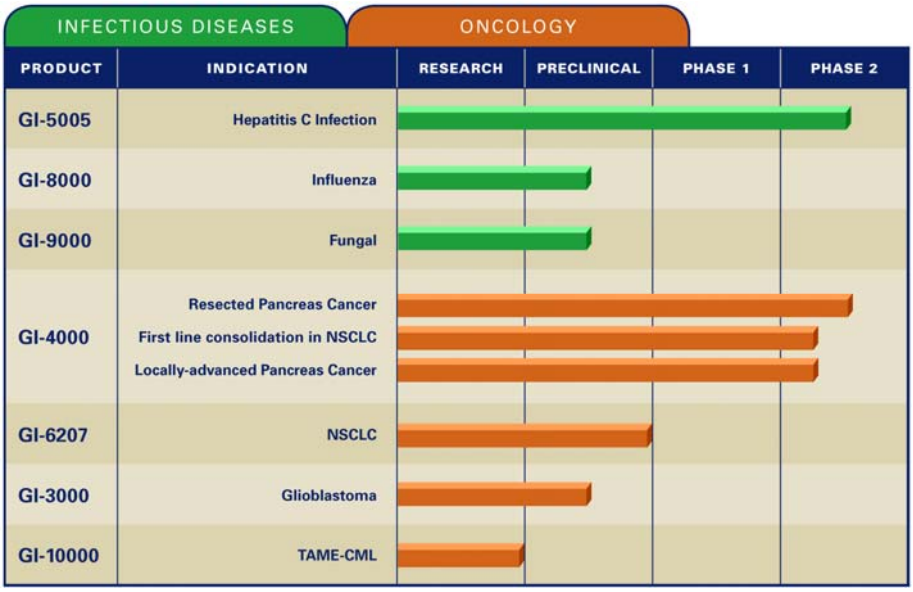
Dan Mitchell
Sequel Venture Partners

Timothy C. Rodell, M.D.
President & Chief Executive Officer

Investors (bold denotes lead)

Adams Street Partners
Biogen, Inc.
Boston Life Science Venture
Celgene, Inc.
China Investment & Development
Eminent Venture Capital
GC&H
Genentech, Inc.
HealthCare Ventures
Lilly Ventures
Medica Venture Partners
Mellon Family Investment Co.
Morgenthaler Ventures
PAC-LINK Bio-Venture Capital
Partners Healthcare
Sequel Venture Partners
WRF Capital
Wexford Capital

Pipeline



Investigator-sponsored Clinical Trials

National Cancer Institute
Dr. Jeffrey Schlom
Preclinical & Phase 1 study of CEA Tarmogens (GI-6207) in NSCLC

Memorial Sloan Kettering Cancer Center
Dr. Christopher Azzoli
Phase 2 study of mutated Ras Tarmogens (GI-4000) in NSCLC

University of Pennsylvania
Dr. Carl June
Phase 2 study of mutated Ras Tarmogens (GI-4000) in locally advanced pancreas cancer

Financing History

Series A: $8 Million
Led by Sequel Venture Partners
June 2003

Series B: $38.3 Million
Led by Lilly Ventures
September 2005

Series C: $41.2 Million
Led by Wexford Capital
July 2007

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TARGETED MOLECULAR IMMUNOTHERAPY