Genprex®

Pioneering Gene Therapies for Patients in Need

September 2024

www.genprex.com | NASDAQ: GNPX

Forward-Looking Statements

Statements contained in this presentation regarding matters that are not historical facts are “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. Such statements include, but are not limited to, statements regarding our expected operating results, our ability to maintain compliance with the continued listing requirements of The Nasdaq Capital Market and to continue as a going concern and to obtain capital to meet our long-term liquidity needs on acceptable terms, or at all, including the additional capital which will be necessary to complete the clinical trials that we have initiated or plan to initiate, achievement of key milestones, our ability to advance the clinical development, manufacturing and commercialization of our product candidates in accordance with projected timelines and specifications, and the effects of our product candidates, alone and in combination with other therapies, on cancer and diabetes. Risks and uncertainties that contribute to the uncertain nature of the forward-looking statements include our ability to achieve key milestones, the timing and effect of our achieving those milestones, the competition we face from other biotechnology and pharmaceutical companies, the effects of Fast Track and/or Orphan Drug Designations, and of other factors, on the clinical development, manufacturing and commercialization of our product candidates, as well as the presence and level of our product candidates’ effect on cancer and diabetes, the timing of our IND filings and amendments, the timing and outcome of FDA action with respect to our IND filings and amendments, the timing and our ability to contract with clinical sites and to enroll patients in our clinical trials, including the impact of health epidemics and outbreaks and competition for patients on such timing, the timing and performance of our third party manufacturers, vendors and suppliers, the timing and success of our clinical trials and planned clinical trials of our product candidates, the timing and success of obtaining FDA approval of our product candidates, costs associated with developing our product candidates, and whether patents will ever be issued under patent applications filed by us or that are the subject of our license agreements or that others may be able to develop competing products that do not infringe our patent rights, such that our product candidates may not have an exclusive market position. These and other risks and uncertainties are described more fully under the caption “Risk Factors” in our annual report on form 10-K for the year ended December 31, 2023 and our other filings and reports with the United States Securities and Exchange Commission. While we believe we have identified material risks, these risks and uncertainties are not exhaustive. Moreover, we operate in a very competitive and rapidly changing environment. New risks and uncertainties emerge from time to time, and it is not possible to predict all risks and uncertainties, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements. All forward-looking statements contained in this press release speak only as of the date on which they were made. Except as required by law, we undertake no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made.

This presentation highlights basic information about our company. Because it is a summary, it does not contain all of the information you should consider before investing in our company. Further information about our company may be found in our public filings and reports with the United States Securities and Exchange Commission.

Our Mission

Advancing novel gene therapies for
patients afflicted with cancer or diabetes.

Genprex

Program Highlights

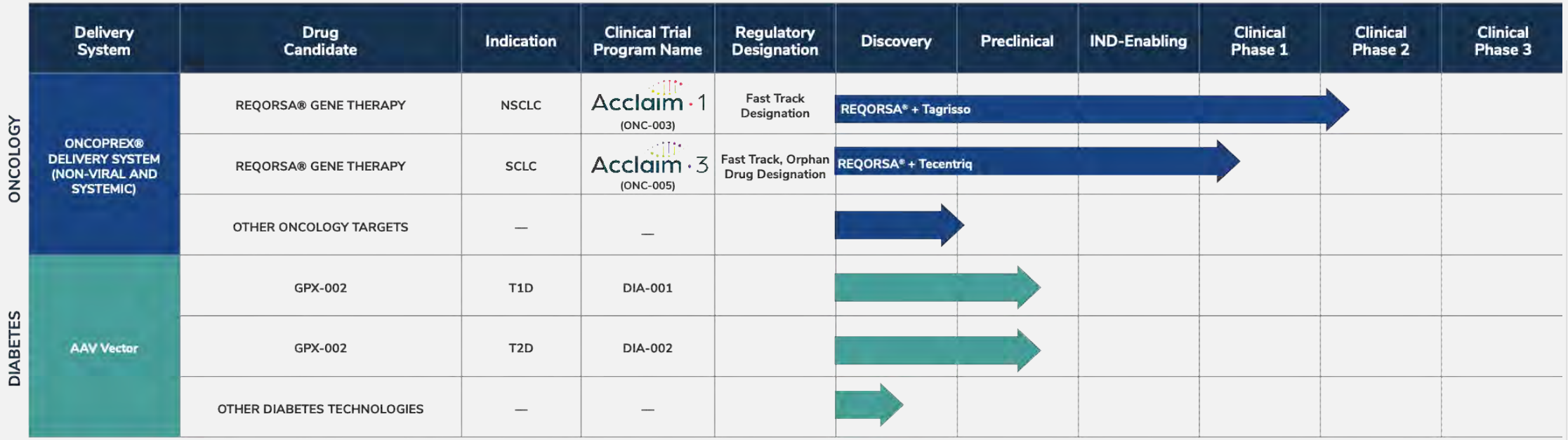
ONCOLOGY

- Non-viral gene therapy platform
- Novel approach using systemic gene therapy to replace tumor suppressor genes for cancer in humans
- Two FDA Fast Track Designations, one Orphan Drug Designation and two lung cancer trials
- Clinical achievement in Ph 1 and Ph 2 studies
- Near-term data readouts

DIABETES

- Addressing both Type 1 and Type 2 diabetes with AAV gene therapy
- Novel infusion process delivers genes to pancreas
- Demonstrated ability to stabilize glucose levels and reduce insulin requirements shown in Non-Human Primate (NHP) studies
- Poised for FDA guidance in 2025

Research and Development Pipeline



We are developing our preclinical diabetes candidate GPX-002 using the same construct for both Type 1 diabetes and Type 2 diabetes (formerly known as GPX-003 when a different construct was being considered for Type 2 diabetes).

Genprex®

ONCOLOGY

REPROGRAMMING THE COURSE OF CANCER

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Why TUSC2?

Discovery

- Tumor Suppressor Candidate 2
- Chromosome 3p21.3 deleted gene
- Previously called FUS1
- NPRL2 is in the same area of the chromosome

Tumor Suppressor Gene

- TUSC2 restoration in cancer cells in vitro inhibits cell growth and induces apoptosis
- TUSC2 is encoded by nuclear DNA but TUSC2 protein is located in inner membrane of mitochondria
- Plays a key role in mitochondrial Ca2+ regulation
- Plays a key role in mitochondrial energy metabolism
  - TUSC2 restoration decreases glycolysis
  - Decreases glucose uptake by cancer cells

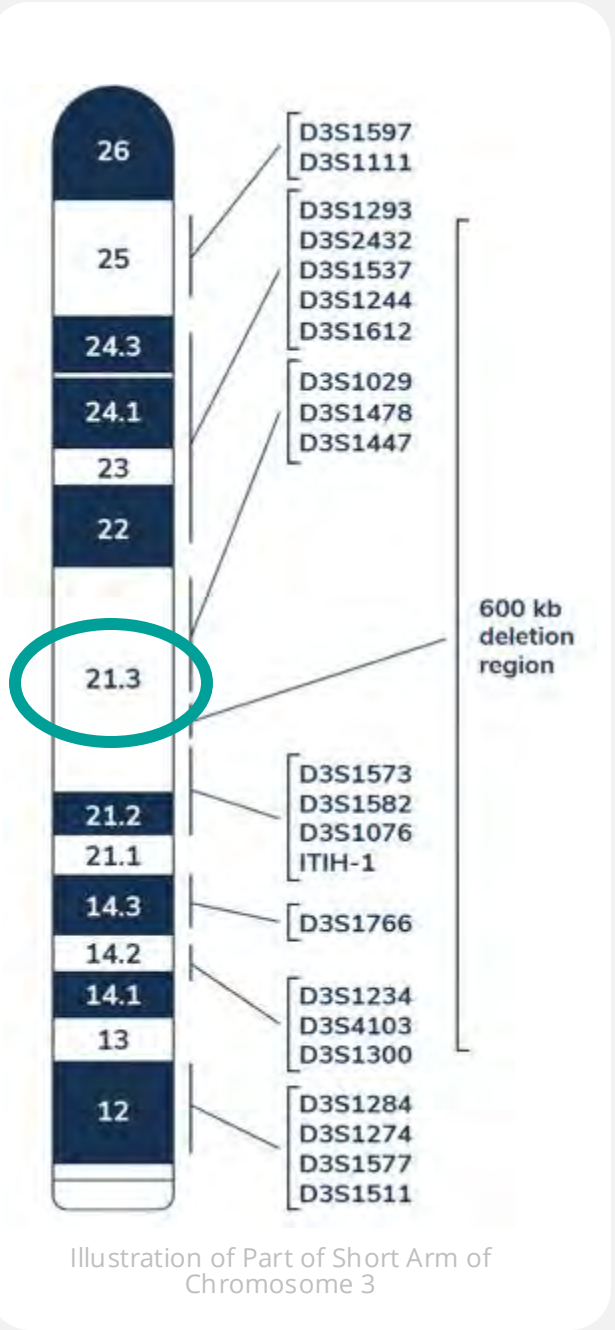

Illustration of Part of Short Arm of Chromosome 3

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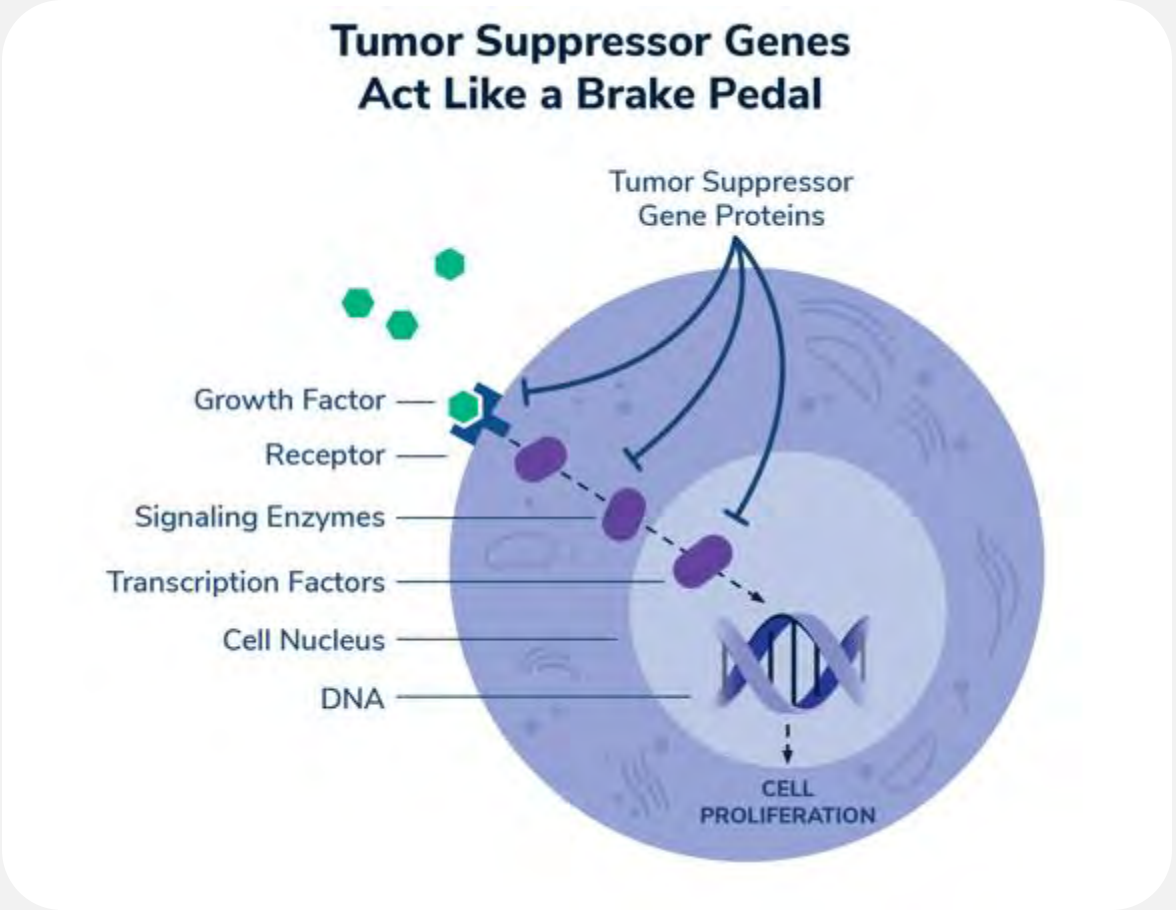
Tumor Suppressor Genes Deleted During Cancer Development

- Tumor suppressor genes are deleted early during cancer development
- 82% of all non-small cell lung cancers and 100% of all small-cell lung cancers express decreased amounts of TUSC2 tumor suppressor protein
- Loss or reduction of TUSC2 expression is associated with significantly reduced overall survival
- Led to the hypothesis that reintroduction of tumor suppressor genes may be a new method of treating cancer



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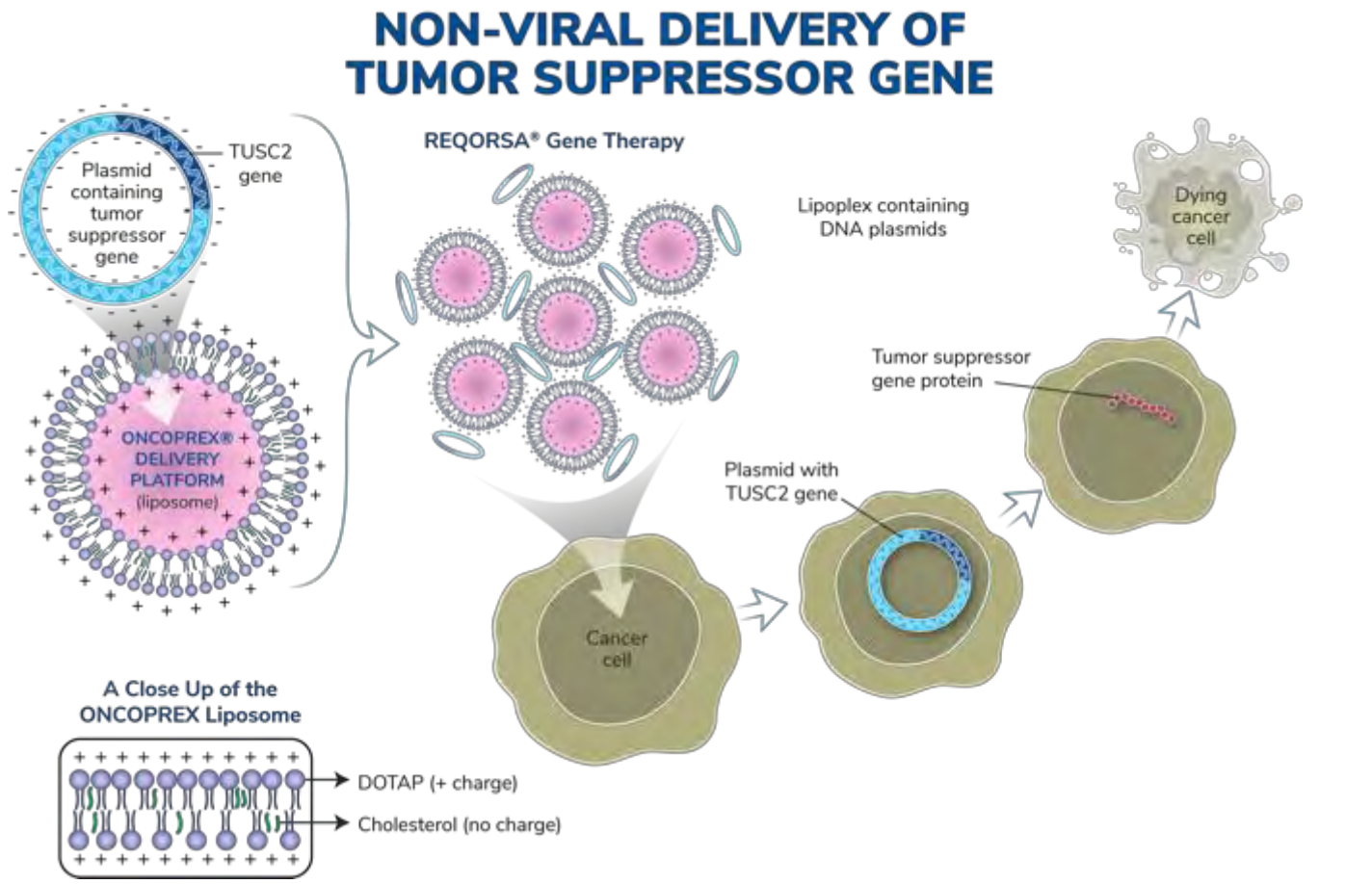
Oncoprex®
Delivery System

Non-viral, positively-charged lipid-based nanoparticle in a lipoplex form is **systemically delivered.**



Cationic lipoplex carries drug to tumors.

Genprex

Our Cancer Treatment Approach

Tumor suppressor genes are deleted early during cancer development.

Our method of treating cancer is to reintroduce tumor suppressor genes to patients.

Tumor Suppressor Gene in a DNA Plasmid

We have rights to tumor suppressor genes that may have cancer-fighting functions. These genes are expressed in a DNA plasmid.

Non-Viral Lipid Nanoparticles in a Lipoplex

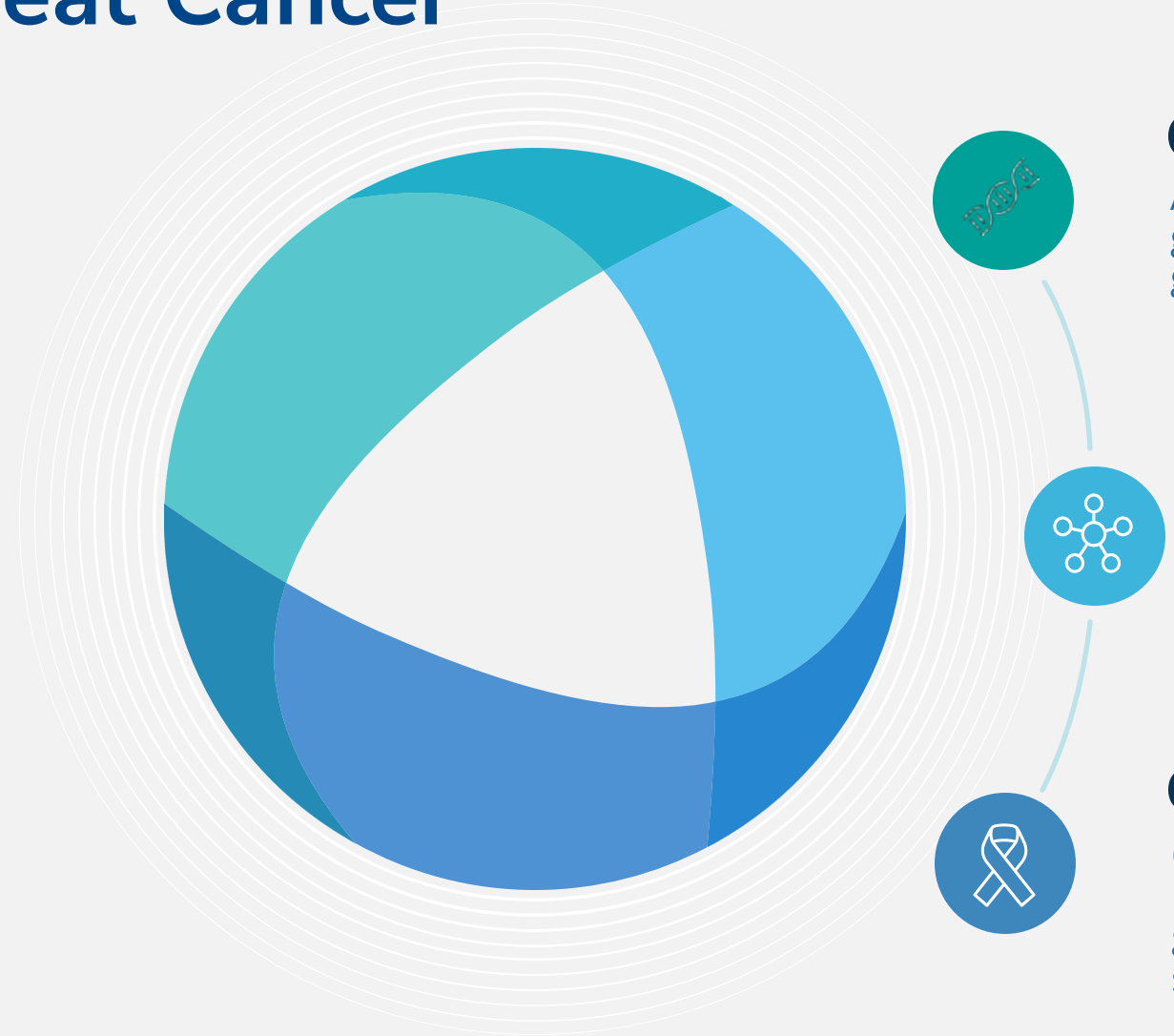
The gene expressing DNA plasmid is then encapsulated into our ONCOPREX® Delivery System, which consists of non-viral lipid-based nanoparticles in a lipoplex form.

Systemic Patient Administration

The final drug product is delivered systemically through intravenous injection and specifically targets cancer cells.

Novel Platform to Treat Cancer

Systemic Gene Therapy Platform:
Oncoprex® Delivery System



Genes

Allows for delivery of TUSC2 and NPRL2 genes and potentially a variety of other genes

Synergies

Can be used in combination with other cancer therapies such as Tagrisso® and Tecentriq®

Cancers

Could combat multiple cancers including NSCLC, SCLC, head and neck, glioblastoma, breast, kidney, thyroid and soft tissue sarcomas

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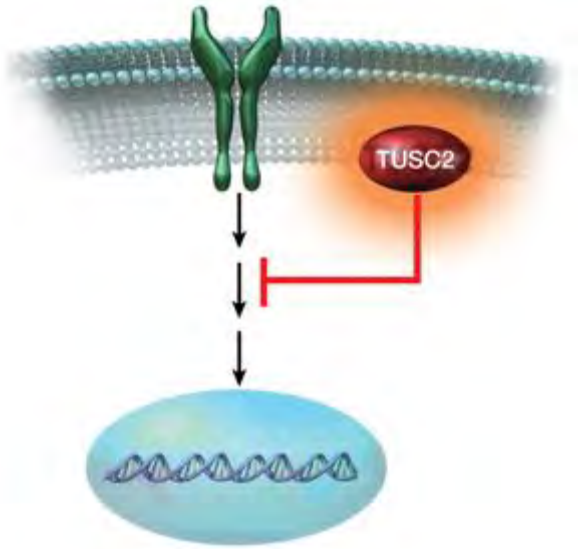
Reqorsa® Targets Cancer At Its Core

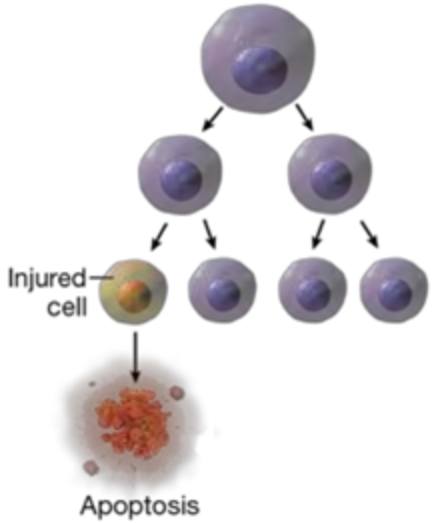
Multiple anti-cancer mechanisms of action.



1

Controls Cell Signaling

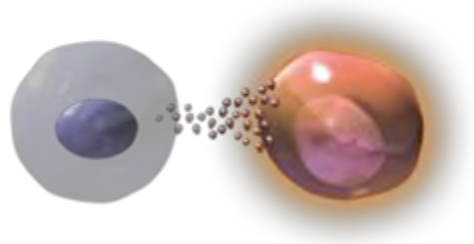
Tyrosine kinase inhibition decreases cancer cell proliferation



2

Stimulates Apoptotic Pathways

Leads to programmed cancer cell death



3

Modulates Immune Response

Promotes immune activity against cancer

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Reqorsa® Reduces Glycolysis in Cancer Cells

Cancers are detected by PET scans

- PET scanning is based on increased glucose uptake in cancer cells
- Due to high rate of glycolysis in cancer cells

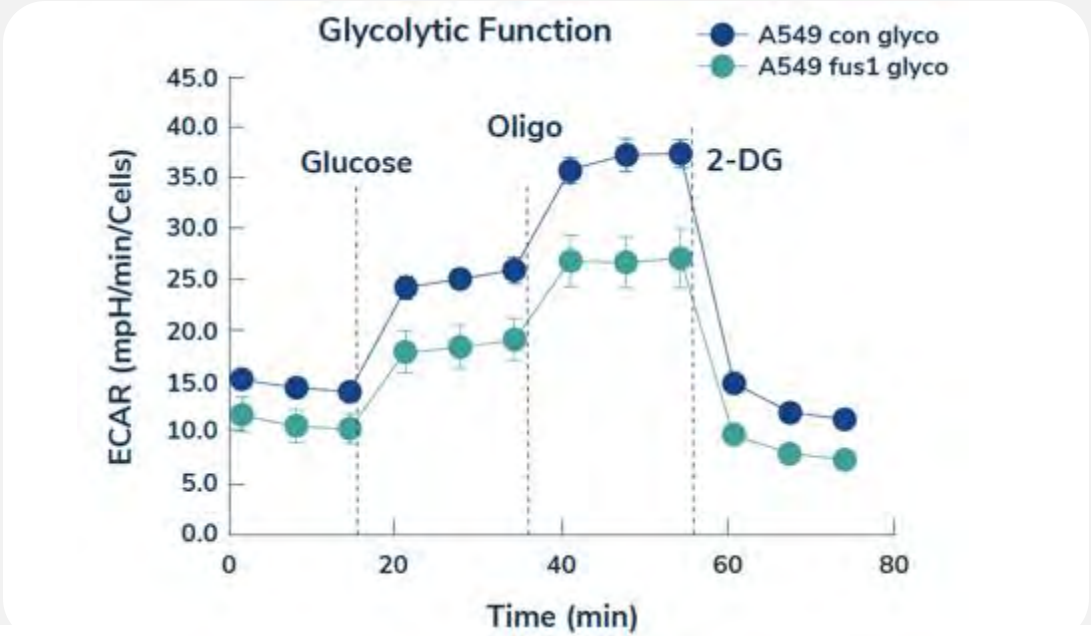
A549 cells are a NSCLC line virtually lacking TUSC2.

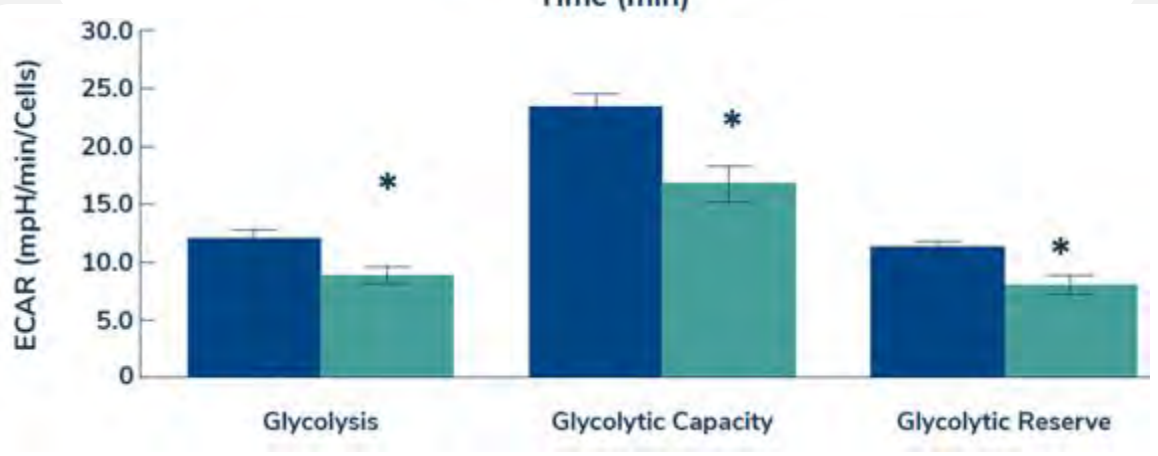
Transfected with TUSC2 gene (fus1)

- Decreased glycolysis
- Decreases glucose uptake
- May lead to negative PET scans with no change in CAT scans

Increased glycolysis is found in virtually all cancers.

REQORSA Reverses Fundamental Characteristic of Cancer





* indicates p<0.05

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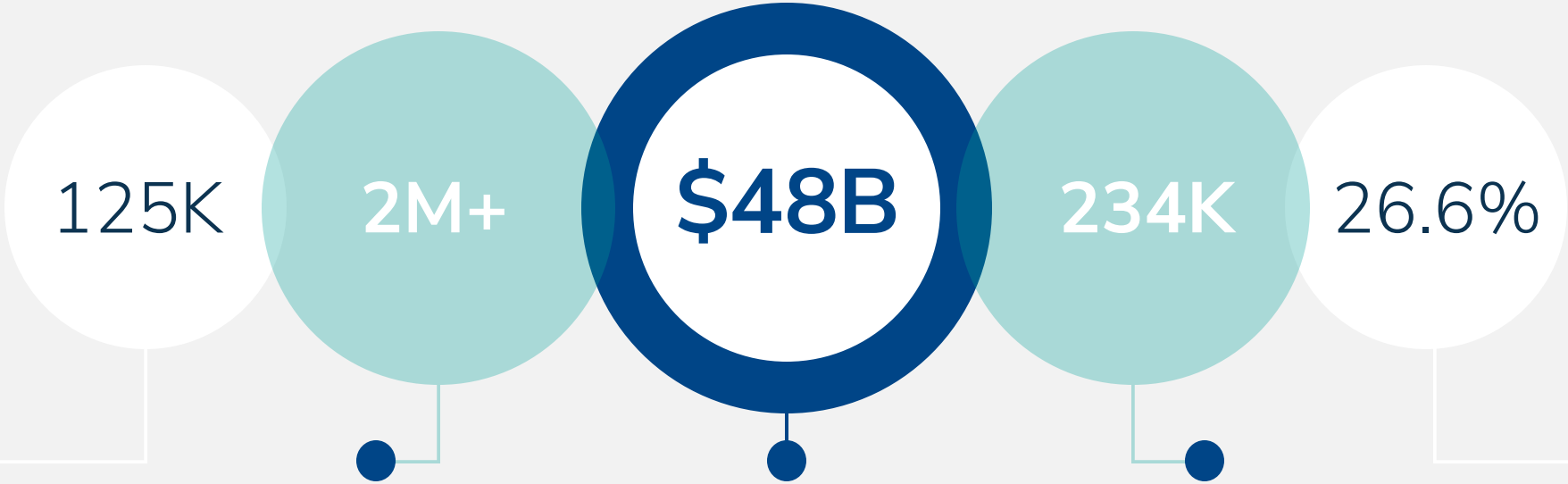
Lung Cancer:
By the Numbers



U.S. Annual Mortality

More than 125,000 deaths per year in the U.S[1].

Global Lung Cancer Incidence

More than two million new cases per year worldwide[2].

Global Market

Global market is projected to grow from $18.3 billion in 2018 to $48.7 billion by 2026[3].

U.S. Lung Cancer Incidence

More than 234,000 new cases per year in the U.S[1].

U.S. Average Lung Cancer Survival Rate

The lung cancer five-year survival rate in the U.S. is 26.6%[4].

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Reqorsa® Monotherapy

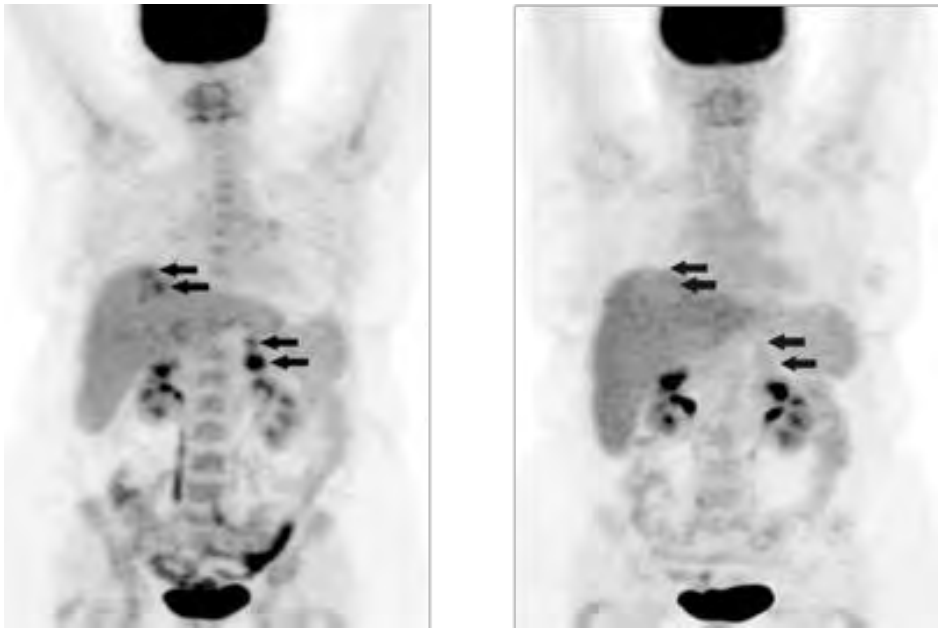
ONC-001 Trial

DOSE ESCALATION STUDY

Explored toxicity and tolerability in patients.

Phase 1 monotherapy results:

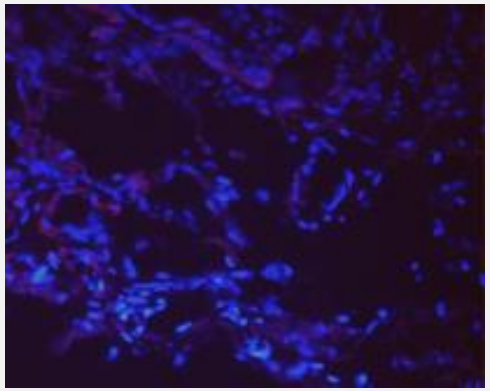
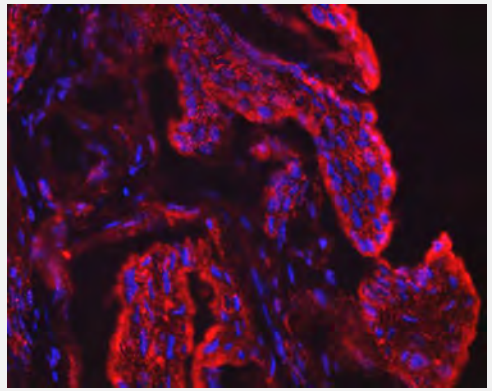
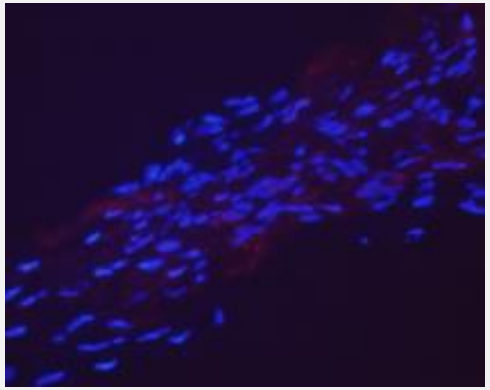
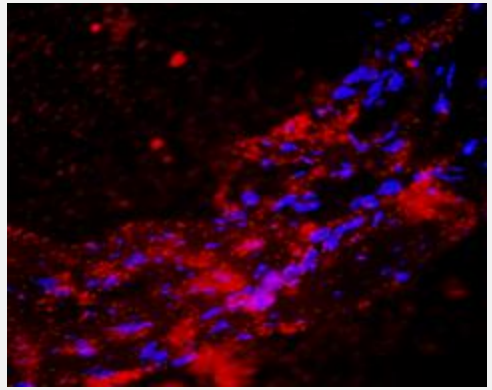
- 31 Stage IV lung cancer patients
- 0.01 – 0.09 mg/kg
- 23 patients evaluable
  - 5 patients had stable disease
  - 2 patients had tumor shrinkage
- Generally well-tolerated



Metabolic responses in late-stage metastatic lung cancer patient

Selective Uptake of Reqorsa®

REQORSA Targets Cancer Cells

	Pretreatment Biopsies	Posttreatment Biopsies
Patient 1 (.02 mg/kg)		
Patient 2 (.06 mg/kg)		

REQORSA is designed to deliver the functioning TUSC2 gene to cancer cells while minimizing its uptake by normal tissue.

Tumor biopsy studies show that, in three patients, the expression of TUSC2 was markedly increased 1 day after REQORSA treatment.

Genprex®

Reqorsa® + Tarceva

ONC-002 Phase 2 Trial

Met Simon 2-stage criteria to enroll the full 39 subjects, but was discontinued to start study with Tagrisso.

BEST OVERALL RESPONSE	NUMBER OF CYCLES	EGFR MUTATION STATUS	PRIOR THERAPY	PRIOR LINES OF THERAPY
CR	11 cycles	Positive (exon 18+20)	Chemo	3
SD 24% Regression target lesion	6 cycles	Unknown	Chemo/anti-PD1	2
SD 30% Regression one target Lesion 17% Regression all target lesions	8 cycles	Negative	Chemo/anti-PD1	6
SD	4 cycles	Positive (exon 21)	Erlotinib (10 cycles)/Chemo	3
SD	4 cycles	Positive (exon 21)	Erlotinib (12 cycles)	2
SD	4 cycles	Negative	Chemo	2
SD	4 cycles	Unknown	Chemo	4

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For most patients, **drug resistance** to Tagrisso® and Tecentriq® **is inevitable.**[1,2,3]

Our approach is designed to address drug resistance.

- REQORSA Immunogene Therapy may be complementary with targeted drugs and immunotherapies.
- REQORSA's multimodal activity may block emerging bypass pathways, thereby potentially reducing the probability that drug resistance develops.

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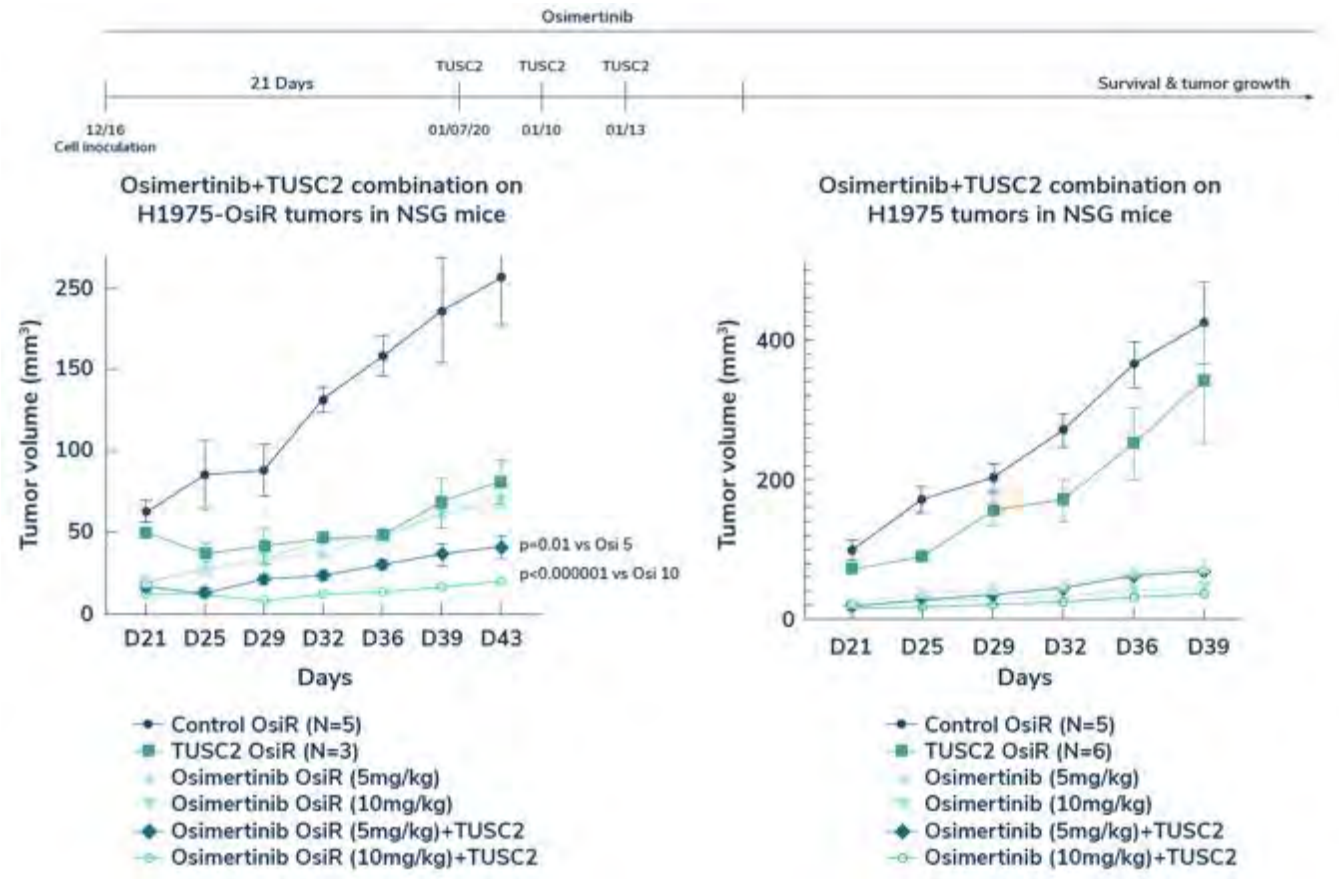
AACR 21: Reqorsa® + Tagrisso Reduce Tumor Growth in Tagrisso Resistant Tumors

Enhanced Anti-Tumor Activity

REQORSA in combination with Tagrisso demonstrated significantly increased anti-tumor efficacy in EGFR mutant Tagrisso resistant NSCLC tumors in H1975-OsiR mouse xenografts.



TUSC2 = Reqorsa
Osimertinib is the generic name for Tagrisso.

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- Patients with advanced, EGFR mutant NSCLC whose disease progressed after Tagrisso®
- FDA Fast Track Designation
- ~10-15 U.S. sites
- ~119 patients
  - Phase 1 Dose Escalation: 12 patients (completed)
  - Phase 2a Expansion: ~33 patients (opened for enrollment in Jan. 2024)
  - Phase 2b: ~74 patients
- Phase 2a Expansion interim analysis at 19 patients
- Phase 2b interim analysis at 28 events (i.e., disease progression or death)

Acclaim-1

Reqorsa® in combination with AstraZeneca's Tagrisso® for NSCLC

Phase 2b: Comparing Progression Free Survival of REQORSA + Tagrisso vs. Platinum-Based Chemotherapy

Genprex

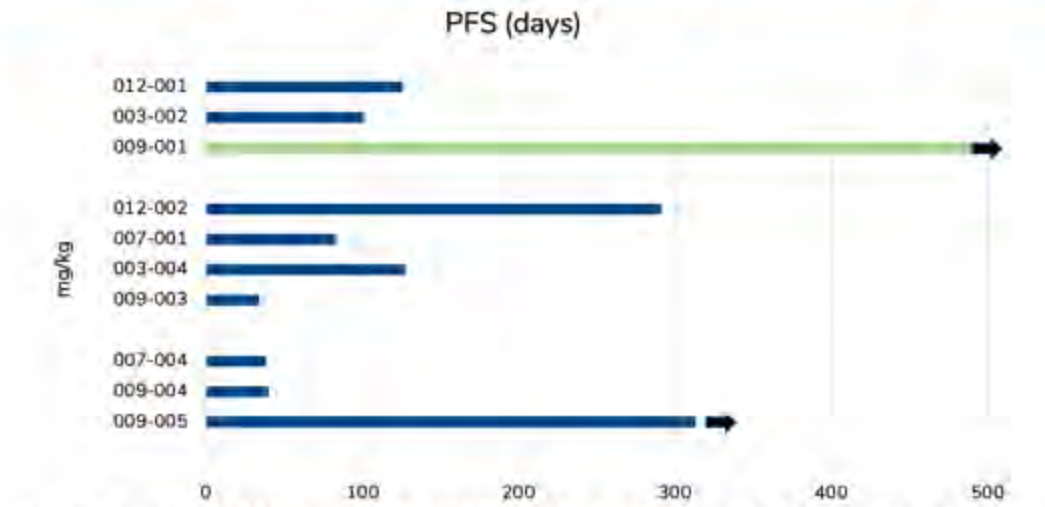
Phase 1 Dose Escalation

Enrollment and Dose Limiting Toxicities

	0.06 mg/kg	0.09 mg/kg	0.12 mg/kg	Total
# Patients	3	4◊	5^	12
M/F	0/3	2/2	1/4	3/9
Median Age (range)	59 (50-60)	51 (38-69)	59 (57-74)	59 (38-74)
DLTs	0	0	0	0

◊ 1 patient received quaratusugene ozeplasmid in 1st cycle but was excluded from RP2D assessment for reasons not related to DLT.
^ 1 patient withdrew and 1 lost to follow up before completing 1st cycle

Progression Free Survival by Dose Group



1 patient withdrew and 1 patient was lost to follow up before completing first cycle and therefore were not evaluable for PFS
➡ = Patient's study treatment ongoing
= Patient with partial remission

Excellent safety profile and efficacy in relapsed patients.

Delayed Infusion-Related Reaction

- No symptoms during 30 min infusion
- Fever, chills, and muscle aches
- Symptoms generally start 3-6 hours after infusion
- Generally lasts 2-4 hours
- Prophylaxis with dexamethasone, acetaminophen, and diphenhydramine
- Attenuated with repeat dosing

3/12 progressing on Tagrisso containing regimens had prolonged PFS

- 1 continuing treatment after 30 cycles (22 mos)
- 1 continuing treatment after 15 cycles (11 mos)
- 1 progressing after 14 cycles (10 mos)

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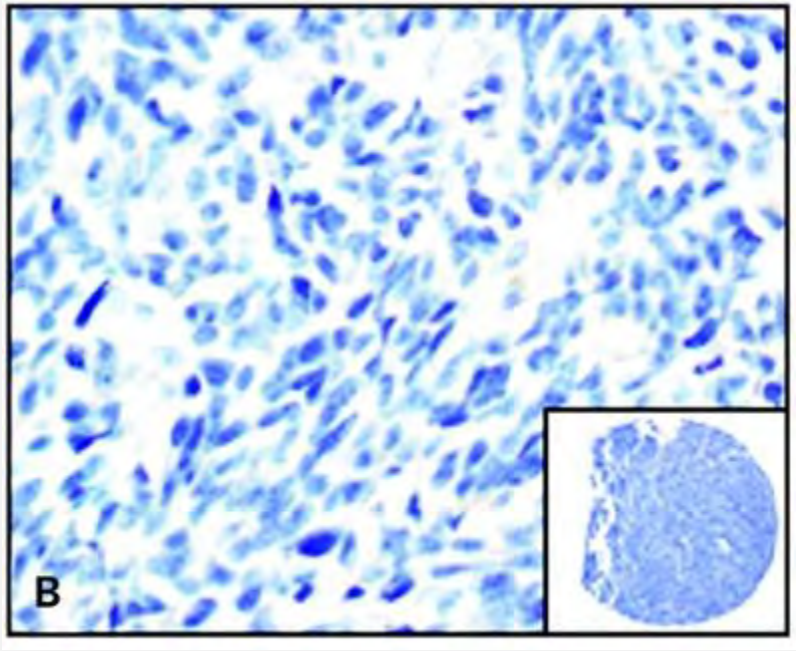
Reqorsa® in Small Cell Lung Cancer

Targeting Small Cell Lung Cancer (in addition to NSCLC) **allows Genprex to address virtually the entire lung cancer market.**

Small Cell Lung Cancer:

- Consistently has low TUSC2 protein levels
- Documented to often have deletion of at least one TUSC2 gene allele.
- Extensive stage SCLC has very poor prognosis – a median PFS of 5.2 months.



Small cell lung cancer with negative TUSC2 expression.

Image source: Clin Cancer Res 2008;14:41-7.

Another clinical opportunity to combine **REQORSA with checkpoint inhibitors**

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SCLCs Express Low Levels Of TUSC2 Protein

IHC analysis of tumor specimens

- 41% of SCLC have no TUSC2 protein expression
- 100% of SCLC have reduced or no TUSC2 protein expression

Since all SCLCs have reduced or no TUSC2 protein expression, re-expressing TUSC2 protein may lead to clinical efficacy.

Histology of samples	No. of samples	Fus1 score, mean (SD)	Fus1 score levels			
			Lost (negative) *n* (%)	Reduced (low + intermediate) *n* (%)	Preserved (high) *n* (%)	*P* value, Fus1 levels
Cancer specimens						Comparison between tumors
SCLC	22	57 (67.4)	9 (41)	13 (59)	0	0.0008
NSCLC	281	121 (87.3)	36 (13)	194 (69)	51 (18)	
Adenocarcinoma	172	127 (91.8)	25 (15)	110 (64)	37 (22)	0.07
Squamous cell carcinoma	109	111 (79.1)	11 (10)	84 (77)	14 (13)	

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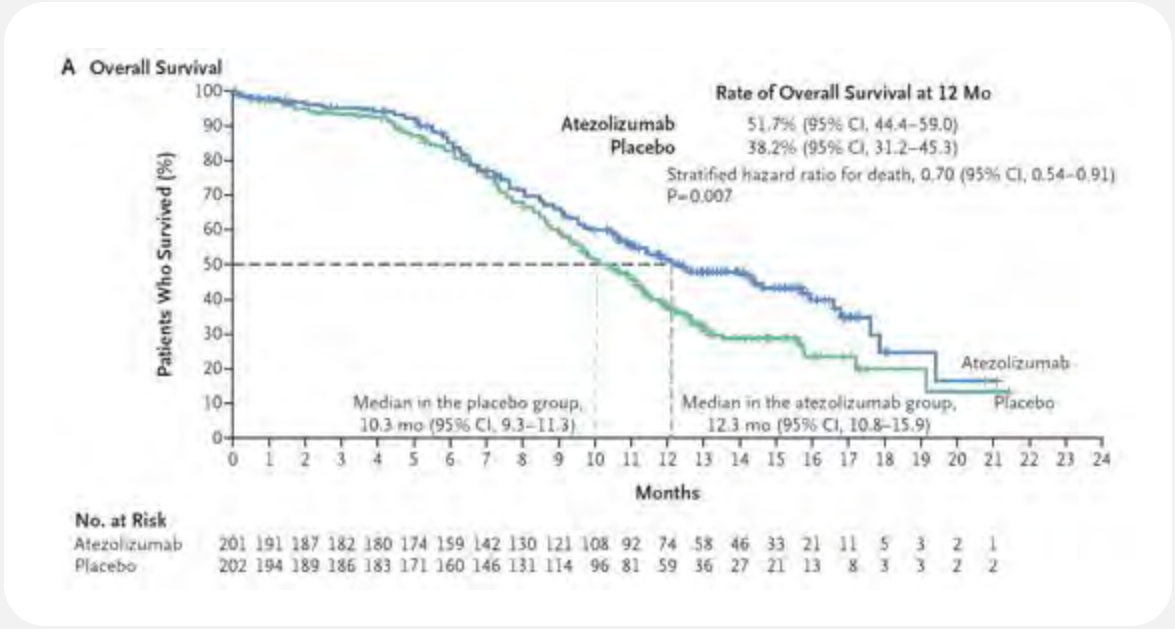
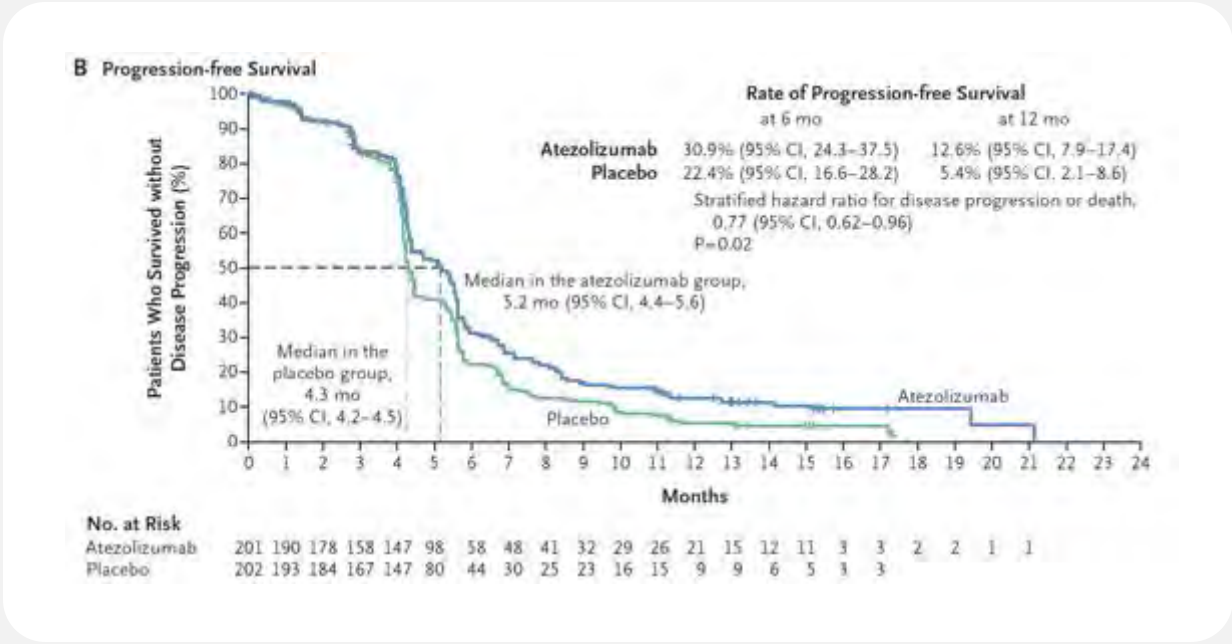
Atezolizumab (Tecentriq®) SCLC Approval Trial

IMpower133 Study

Adding Tecentriq to standard therapy improves survival in SCLC and establishes a new standard therapy for ES-SCLC.

- Untreated, extensive stage SCLC
- Carboplatin & etoposide chemotherapy + atezolizumab or placebo
  - 4 cycles, then atezolizumab maintenance therapy or placebo until progression
  - Atezolizumab 1200 mg every 3 weeks
- PFS 5.2 vs 4.3 mos (HR 0.77)
- OS 12.3 vs 10.3 mos (HR 0.70)





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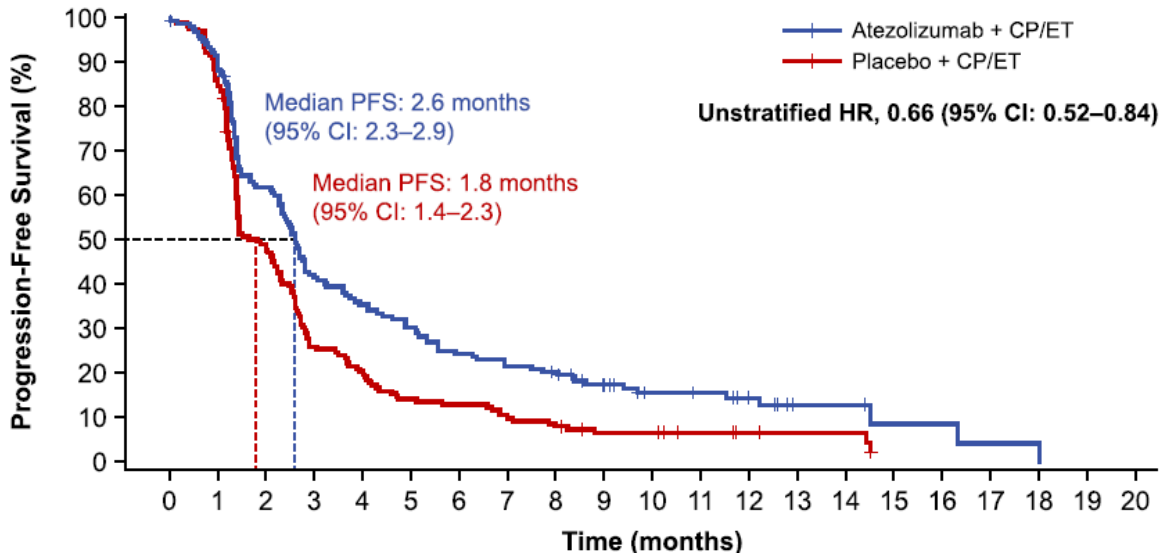
Atezolizumab Maintenance Therapy

Once patients begin maintenance therapy with Tecentriq, Progression Free Survival is very short (2.6 mos).

- Atezolizumab vs placebo
  - All CR, PR, and SD patients received maintenance therapy
  - Endpoints measured from the start of maintenance therapy
- PFS 2.6 vs 1.8 mos (HR 0.63)
- OS 12.5 vs 8.4 mos (HR 0.59)



Atezolizumab is the generic name of Tecentriq.

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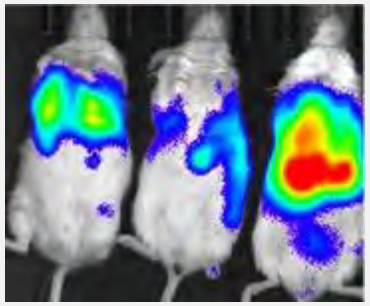
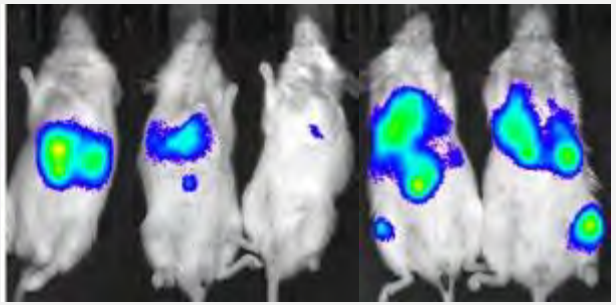
Reqorsa® Adds Significantly to Tecentriq Treatment

H841 SCLC cell xenografts in humanized mice

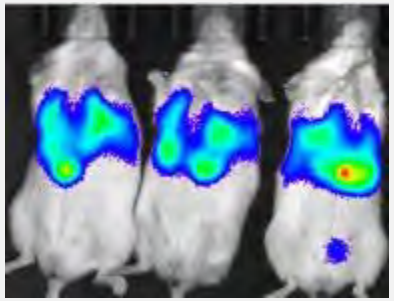
CONTROL



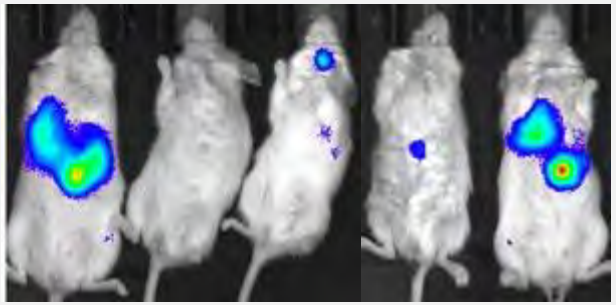
REQORSA

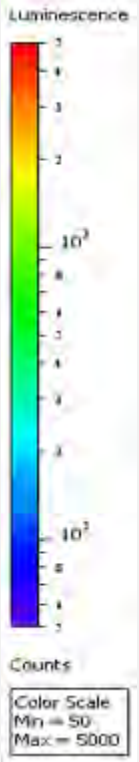


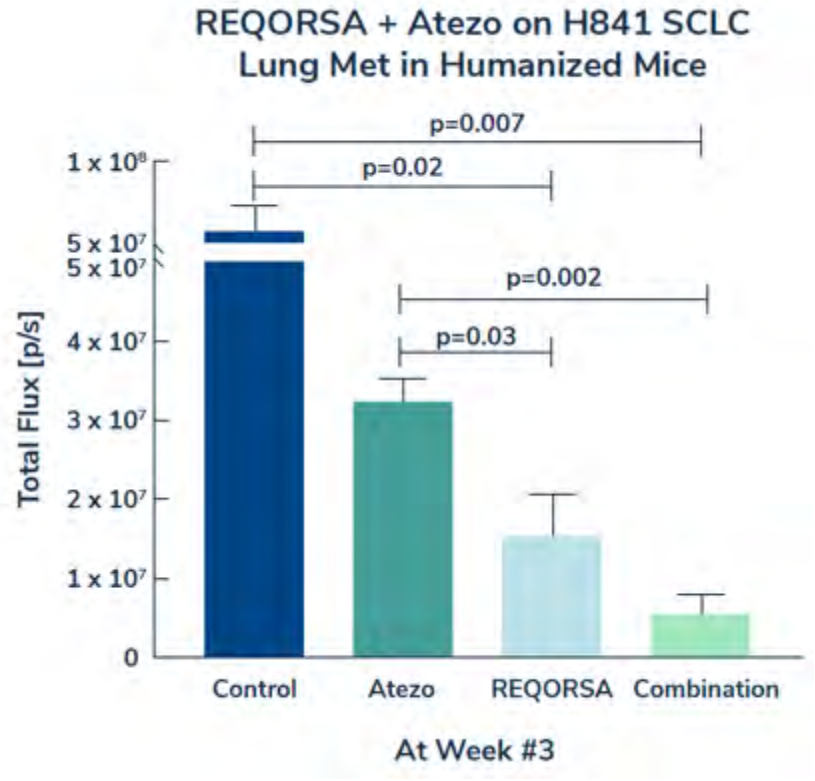
TECENTRIQ



REQORSA + TECENTRIQ







Atezolizumab is the generic name of Tecentriq.

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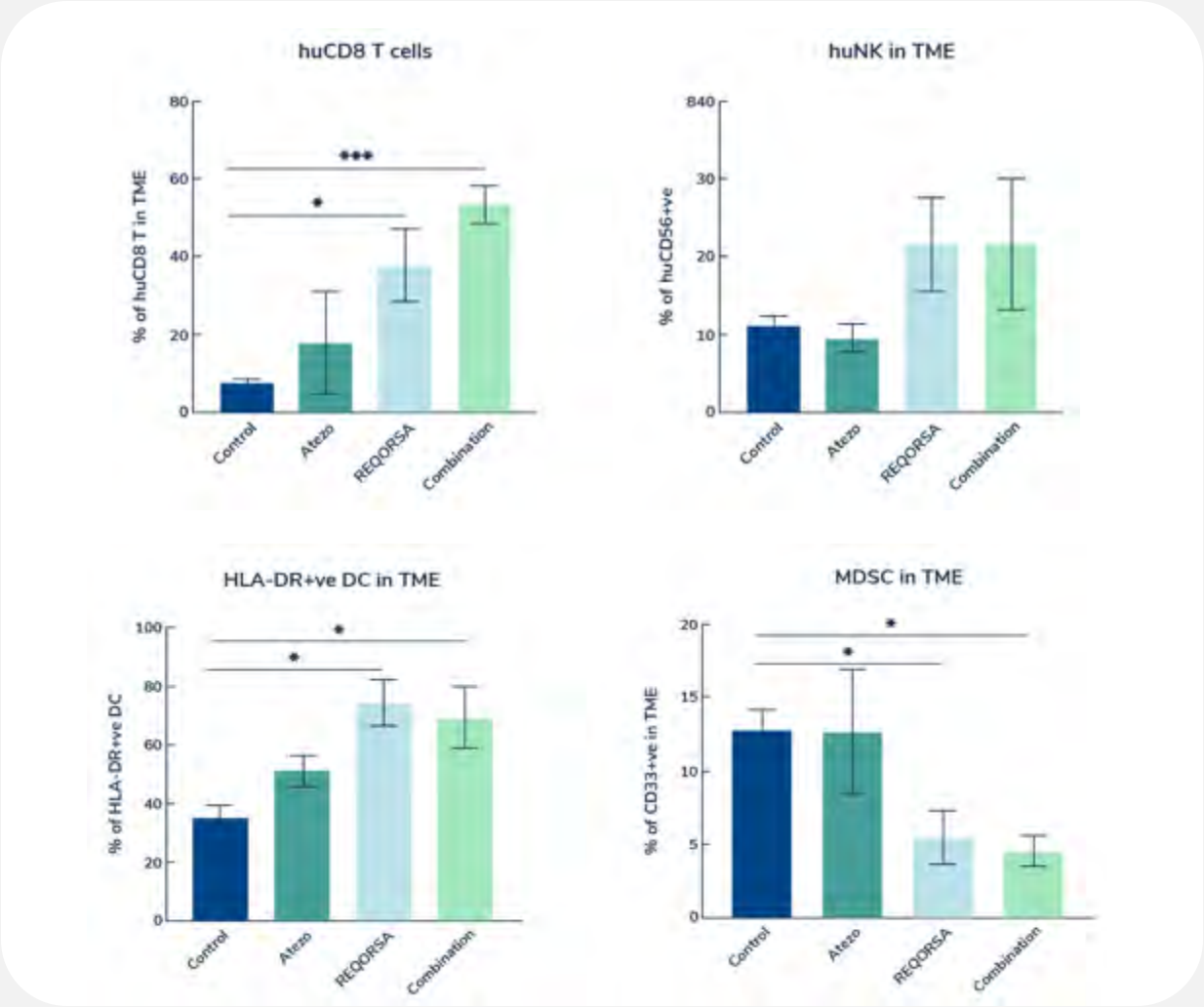
Increased Immune Response with Reqorsa® and Tecentriq



Atezolizumab (Atezo) is the generic name of Tecentriq.
huNK = human natural killer cells
DC = dendritic cells
MDSC = myeloid derived suppressor cells
TME = tumor microenvironment

Genprex®

- Patients with ES-SCLC who did not develop tumor progression after receiving Tecentriq® and chemotherapy
- Fast Track Designation and Orphan Drug Designation
- ~10 U.S. sites
- ~62 patients
  - Phase 1 Dose Escalation: Up to 12 patients (opened for enrollment in Jan. 2024)
  - Phase 2: ~50 patients
- Phase 2 futility analysis after 25th patient enrolled and treated reaches 18 weeks of follow up

Acclaim-3

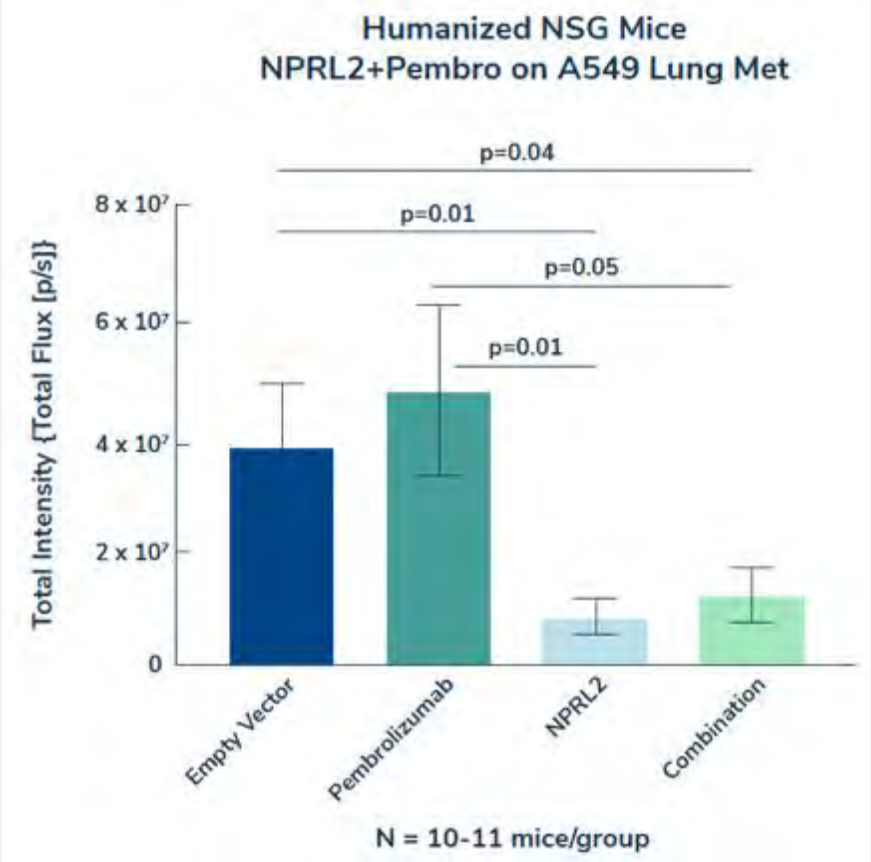
Reqorsa® in combination with Genentech, Inc.'s Tecentriq® for SCLC

Phase 2: Determine 18-week Progression Free Survival Rate of REQORSA + Tecentriq Maintenance Therapy

NPRL2 Induces Anti-tumor Activity in NSCLC

Further Evidence of Oncoprex® Delivery System as a Platform for Treatment Using Tumor Suppressor Genes

- Study investigated the antitumor responses to NPRL2 gene therapy on anti-PD1 resistant KRAS/STK11 mutant NSCLC in a humanized mouse model
- Humanized mice were treated with NPRL2 gene therapy, Keytruda®, or the combination
- A dramatic antitumor effect was observed by NPRL2 treatment, whereas Keytruda was largely ineffective
- NPRL2 gene therapy induces antitumor activity on KRAS/STK11 mutant anti-PD1 resistant NSCLC through DC mediated antigen presentation and cytotoxic immune cell activation



Provides preclinical validation of the ONCOPREX Delivery System, **which may provide a multitude of potential pipeline opportunities beyond lung cancer.**

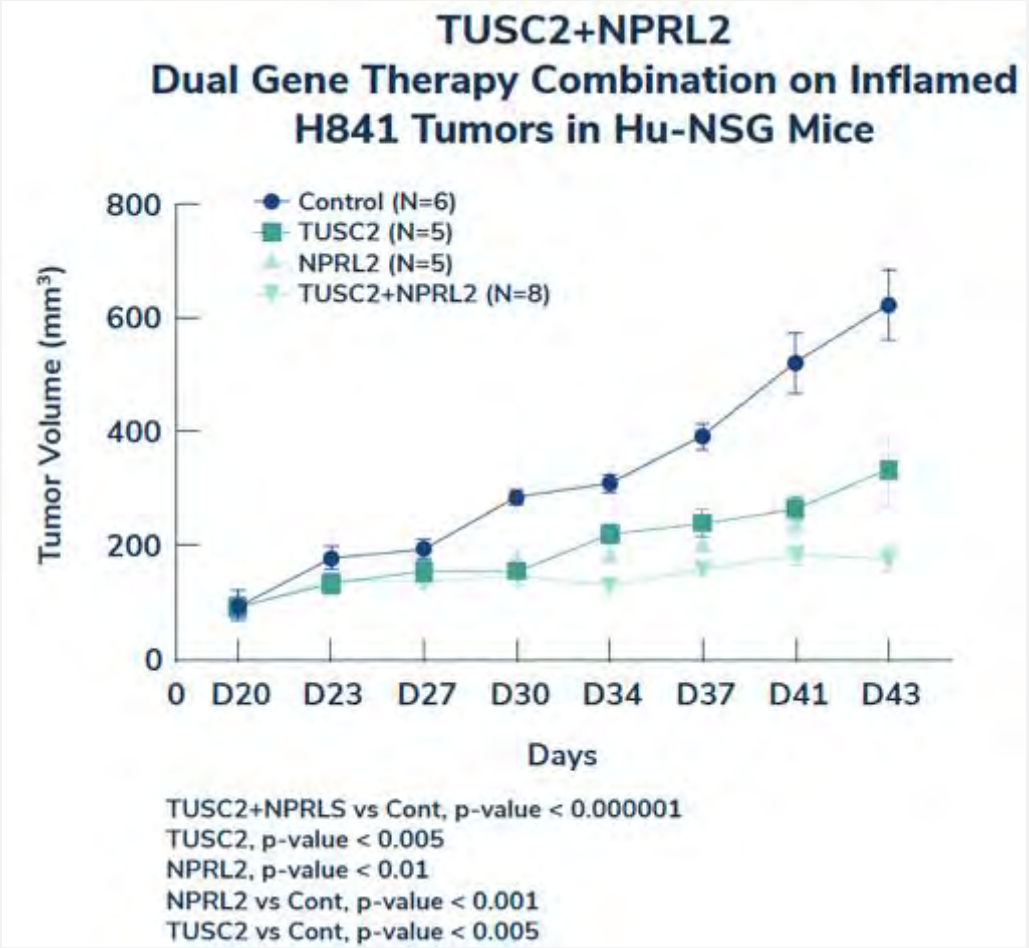
Genprex®

Combined TUSC2 and NPRL2 Re-Expression in SCLC

H841 lacks both TUSC2 and NPRL2 protein

Increased control of xenograft growth compared to:

- Control
- TUSC2 re-expression alone
- NPRL2 re-expression alone



Genprex

DIABETES

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Diabetes:
By the Numbers

Diabetes U.S.[1] Prevalence

97M U.S. adults (38% population) have prediabetes.

Diabetes Global[2] Prevalence

Expected to rise to 643M by 2030 and 783M by 2045.

Global Diabetes Expenditures

316% increase in global healthcare expenditures since 2006[3]. $415B expenditures (43%) associated with US and Caribbean

T2D Global Market (6.7% CAGR[4])

$57B expected U.S. market sales in 2029.

T1D Global Market (17.2% CAGR[5])

$20.3B expected U.S. market sales in 2029.

Genprex

Diabetes can cause serious complications.

In 2021, there was approximately
1 death every 5 seconds caused by diabetes worldwide.

Genprex

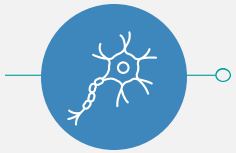
Diabetes Causes Serious Complications

Heart Disease

Leading cause of death for men and women in U.S. Diabetics are 2x as likely to have heart disease or a stroke.

Chronic Kidney Disease

Approximately 1 in 3 adults with diabetes have CKD. Kidney diseases are the 9th leading cause of death in U.S.



Nerve Damage

High blood sugar can lead to diabetic neuropathy. 50% of people with diabetes have nerve damage.

Foot Health (Diabetic Neuropathy)

Feet and legs most affected by diabetic neuropathy. 50% of annual amputations are associated w/ diabetes.

Vision Loss (Diabetic Retinopathy)

Diabetic retinopathy affects almost 1/3 of adults over 40 years old. Diabetes is leading cause of new blindness cases in adults.

Hearing Loss

Hearing loss is 2x as common in diabetics. Prediabetes have a 30% higher rate of hearing loss.

Oral Health

Gum disease can be more severe and take longer to heal. 25% of U.S. diabetics over 50 years old have severe tooth loss.

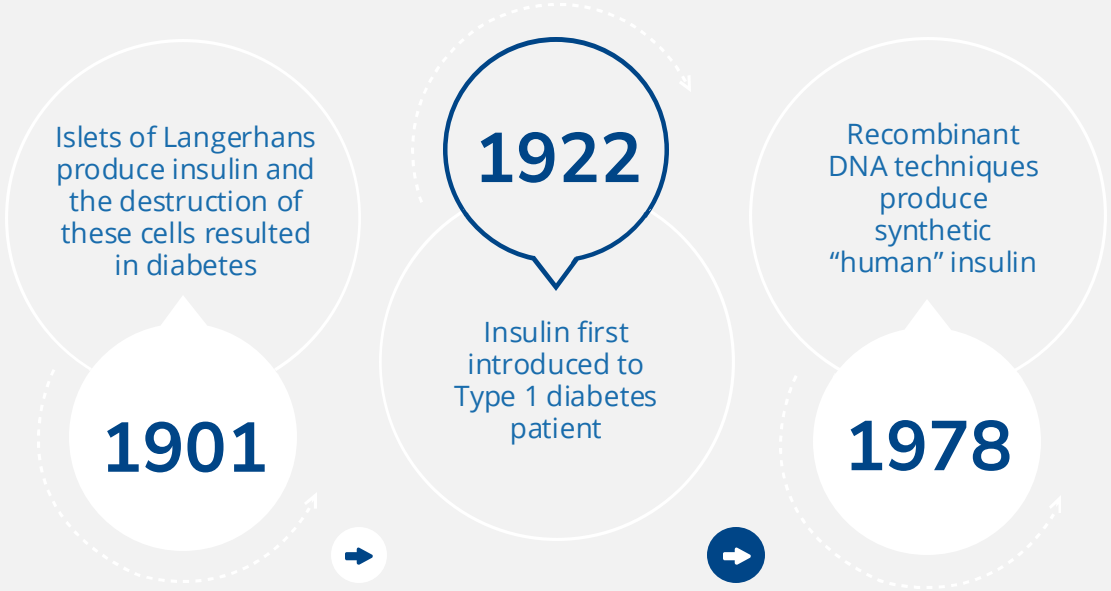
Mental Health

Blood sugar levels are affected by stress. Diabetics are 2-3x more likely to have depression.

Genprex

Diabetic Patients Are In Need of Advanced Therapy

Potential for disease modification **for long-term effectiveness.**



The most significant advancement in the treatment of diabetes happened in 1922 **– more than 100 years ago.**

Patients suffer compromised quality of life

Despite certain advancements in treatment, quality of life remains highly compromised for many individuals with diabetes.

Gene therapy has potential to be the key

Diabetes gene therapies hold the potential to provide long-term effectiveness and change the course of the disease.

Potential to improve diabetic's lifestyle

Our treatment may replace the daily burden of blood glucose monitoring and insulin replacement therapy, including finger pricks and insulin injections.

Genprex

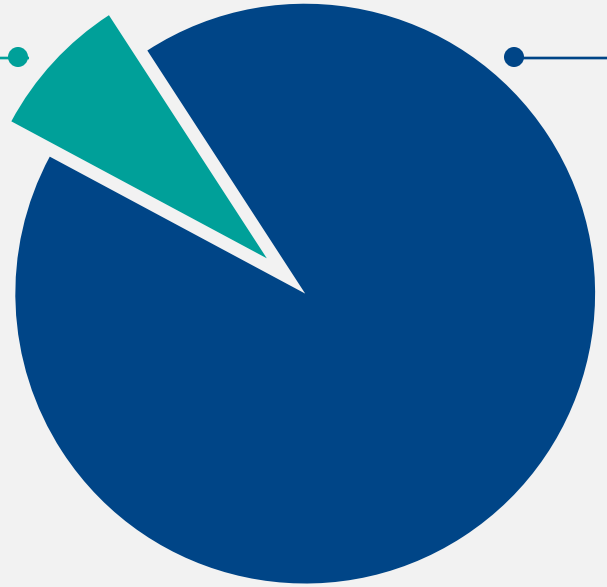
Novel Gene Therapy Diabetes Program

Collaboration with University of Pittsburgh **intends to address both T1D and T2D.**

38M or 11.6% of Americans Have Diabetes[1]

Type 1 Diabetes (5-10%)

An auto-immune condition where the body's immune system destroys pancreatic beta cells that make insulin. Generally occurs in children and adolescents.



Type 2 Diabetes (90-95%)

Inability of the pancreas to produce enough insulin due largely to resistance to insulin function. Generally occurs in adulthood, and highly related to obesity.

Genprex is positioned as an **innovator in emerging diabetes therapies.**

Genprex

GPX-002 Replenishes Levels Of Insulin

Reprograms and restores cell function in T1D.

Delivers Genes to the Pancreas

A novel infusion process uses an AAV vector to deliver the Pdx1 + MafA (PM) genes to the pancreas.

Reprograms Alpha Cells

GPX-002 **transforms alpha cells** in the pancreas into functional beta-like cells, which can produce insulin but may be distinct enough from beta cells to evade the body's immune system.

Restores Blood Glucose Levels

In vivo, preclinical studies show that **GPX-002 restored normal blood glucose levels** for an extended period of time.

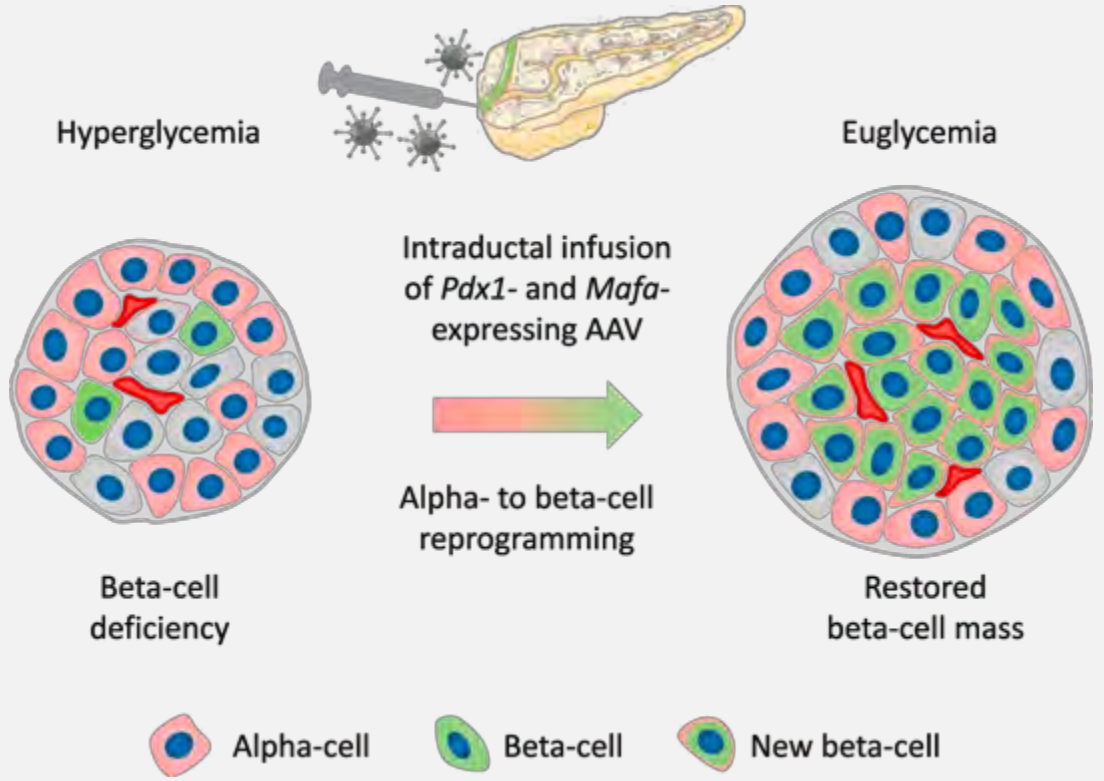
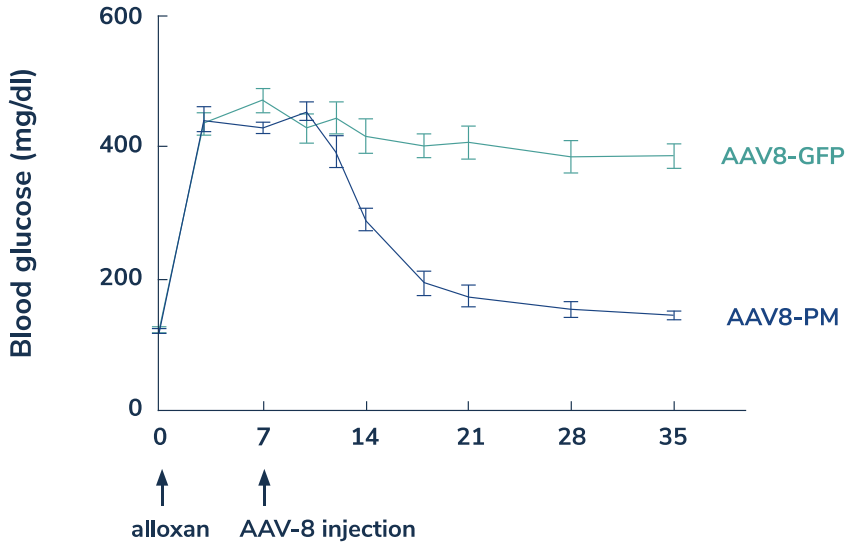


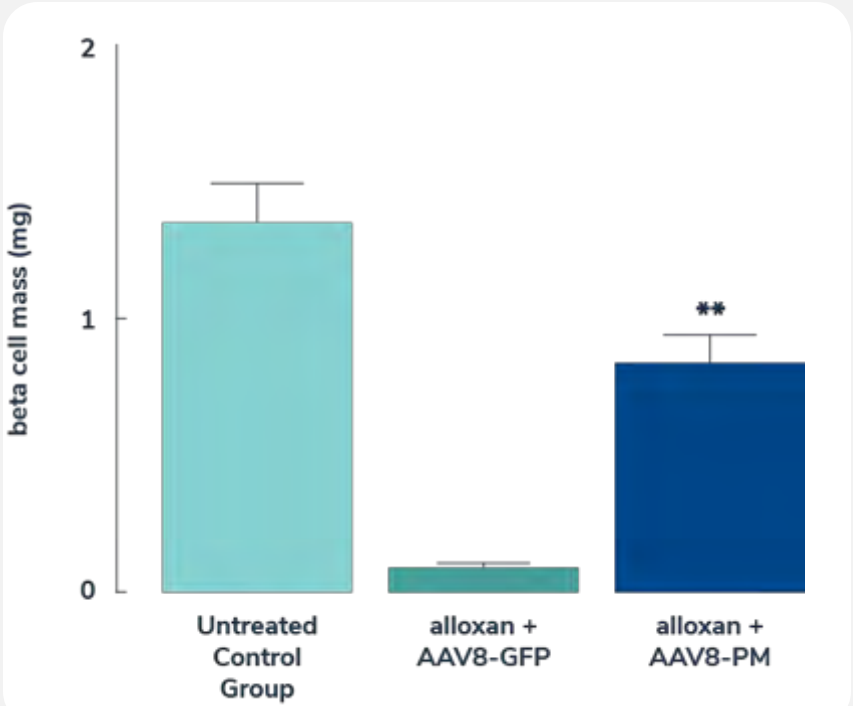
Image source: Osipovich, Anna & Magnuson, Mark. (2018). Alpha to Beta Cell Reprogramming: Stepping toward a New Treatment for Diabetes. Cell Stem Cell. 22. 12-13. 10.1016/j.stem.2017.12.012.

Genprex

Reversed Drug-Induced Diabetes in T1D Toxin-Induced Mouse Model



GFP = Green Fluorescent Protein (fluorescent marker) | PM = Pdx1 + MafA



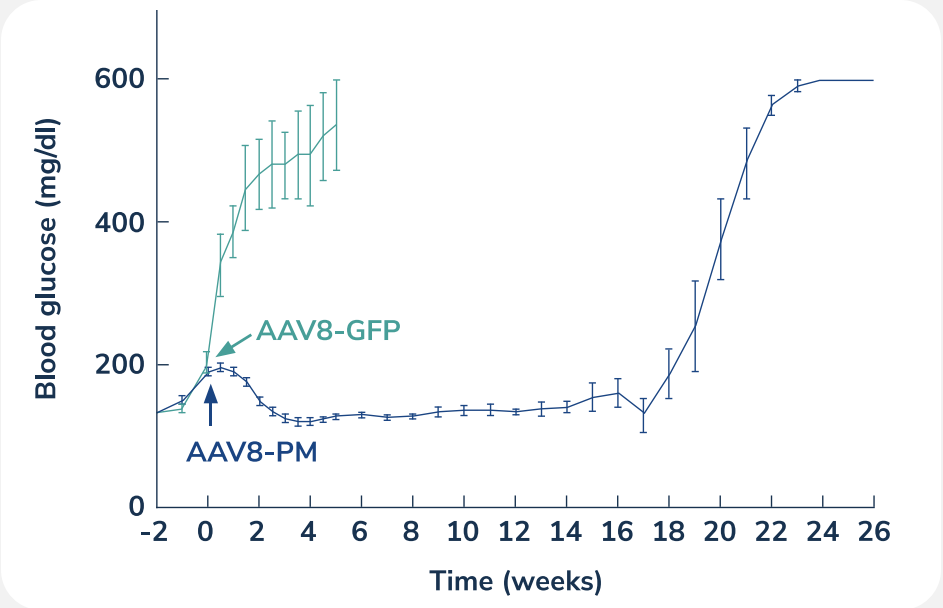
- Reprogramed alpha cells into beta-like cells that appropriately produce insulin in response to glucose levels.
- Normalized blood glucose in beta cell-toxin-induced diabetic mice.

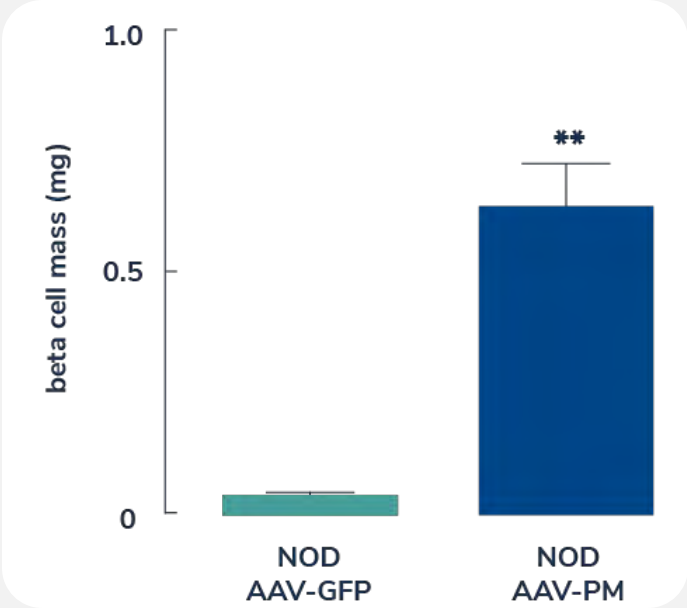
Genprex

Restored Blood Glucose in T1D In Autoimmune Mouse Model for Four Months

The duration of restored blood glucose levels in mice could potentially translate to decades in humans.

One week in a mouse tends to correlate to about one year in humans.





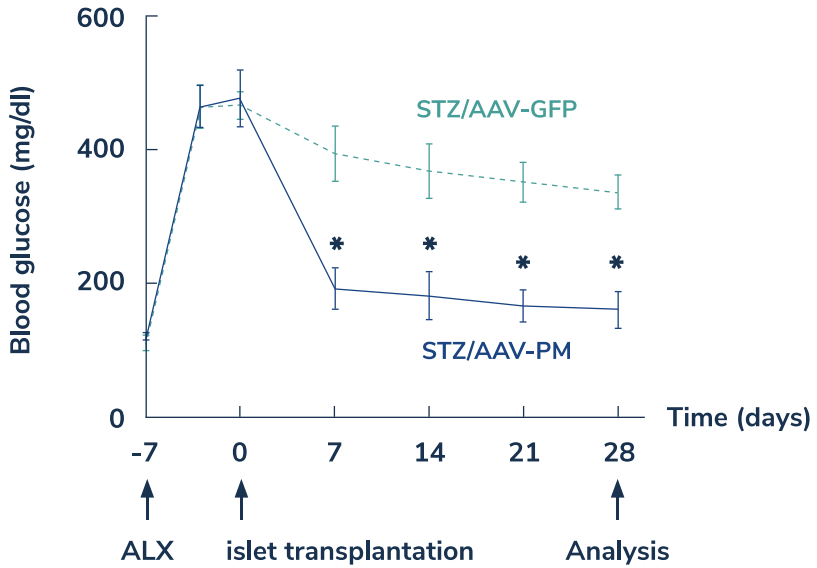
GFP = Green Fluorescent Protein (fluorescent marker) | PM = Pdx1 + MafA

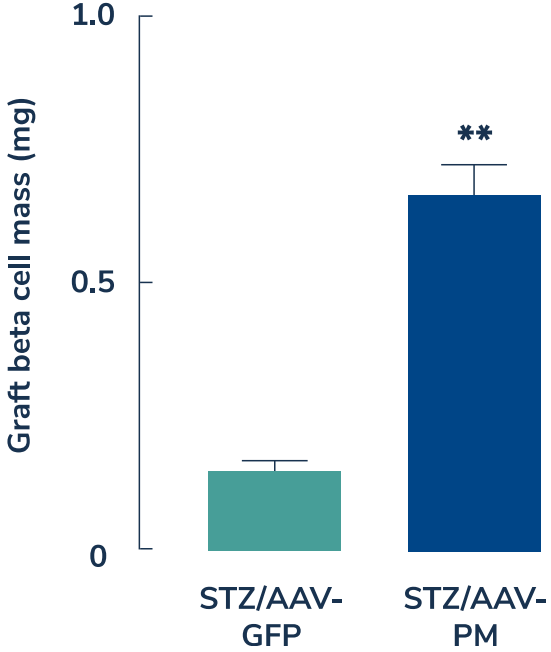
Genprex

Induced Generation of Functional Insulin-Expressing Cells from Alpha Cells in Human Islets

Provides a potential basis for further investigation in human Type 1 diabetes

- Human islets treated with streptozotocin to destroy beta-cells, then treated with either AAV-PM or AAV-GFP
- AAV treated islets then transplanted into hyperglycemic NOD/SCID mice, treated with alloxan to destroy beta cells
- NOD/SCID mice receiving AAV-PM islets had significantly lower blood glucose levels and significantly higher beta cell mass than those receiving AAV-GFP islets
- These data suggest that the **AAV-PM treatment can convert human alpha cells into human beta-like cells that secrete insulin**

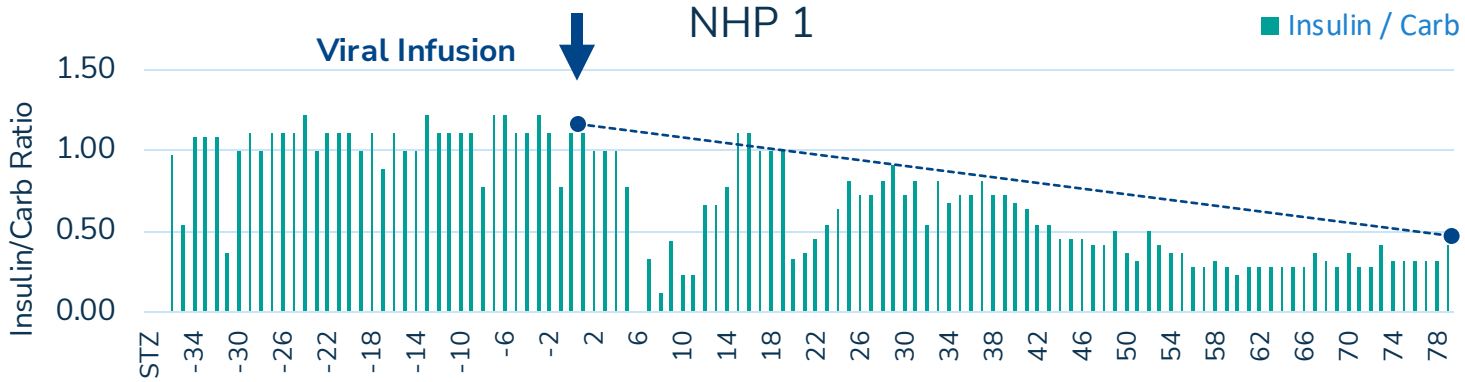


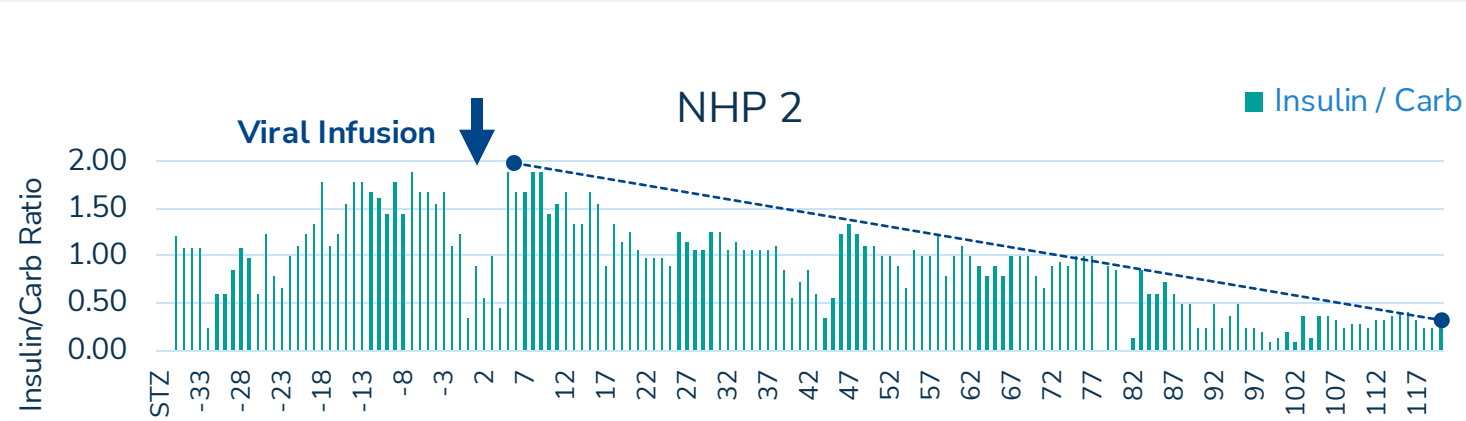


GFP = Green Fluorescent Protein (fluorescent marker) | PM = Pdx1 + MafA

Genprex

Non-Human Primate Model of T1D Reduced Insulin Requirements





NHP = Non-Human Primate

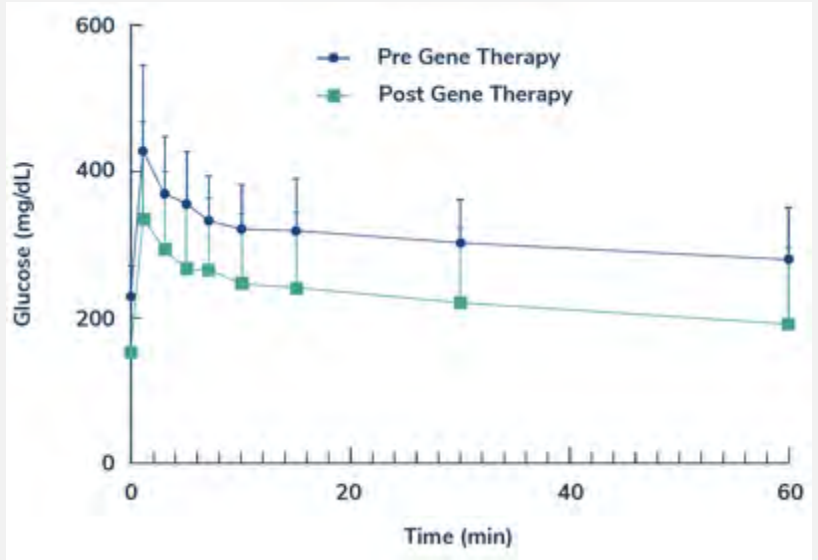
Data from University of Pittsburgh researchers show a marked reduction in insulin requirements.

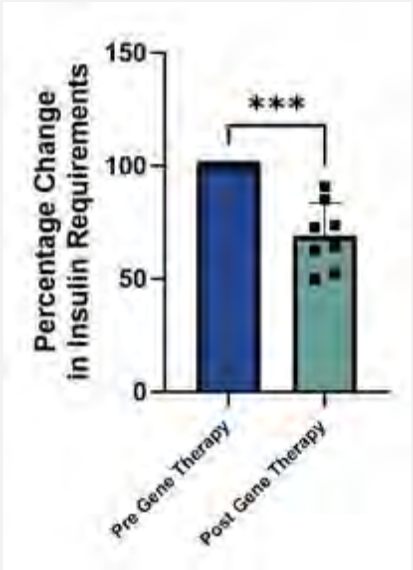
Genprex

ATTD 23: Decreased Insulin Requirements and Improved Glucose Tolerance in NHPs

Following the pancreatic intraductal infusion of the AAV engineered construct, the eight NHPs had:

- Decreased insulin requirements ($p<0.001$)
- Increased c-peptide levels ($p<0.05$)
- Improved glucose tolerance compared to baseline ($p<0.05$)
  - One NHP had normal glucose tolerance three months post-gene therapy
- The presence of more insulin-positive cells compared to non-treated diabetic controls based on immunohistochemistry (IHC)





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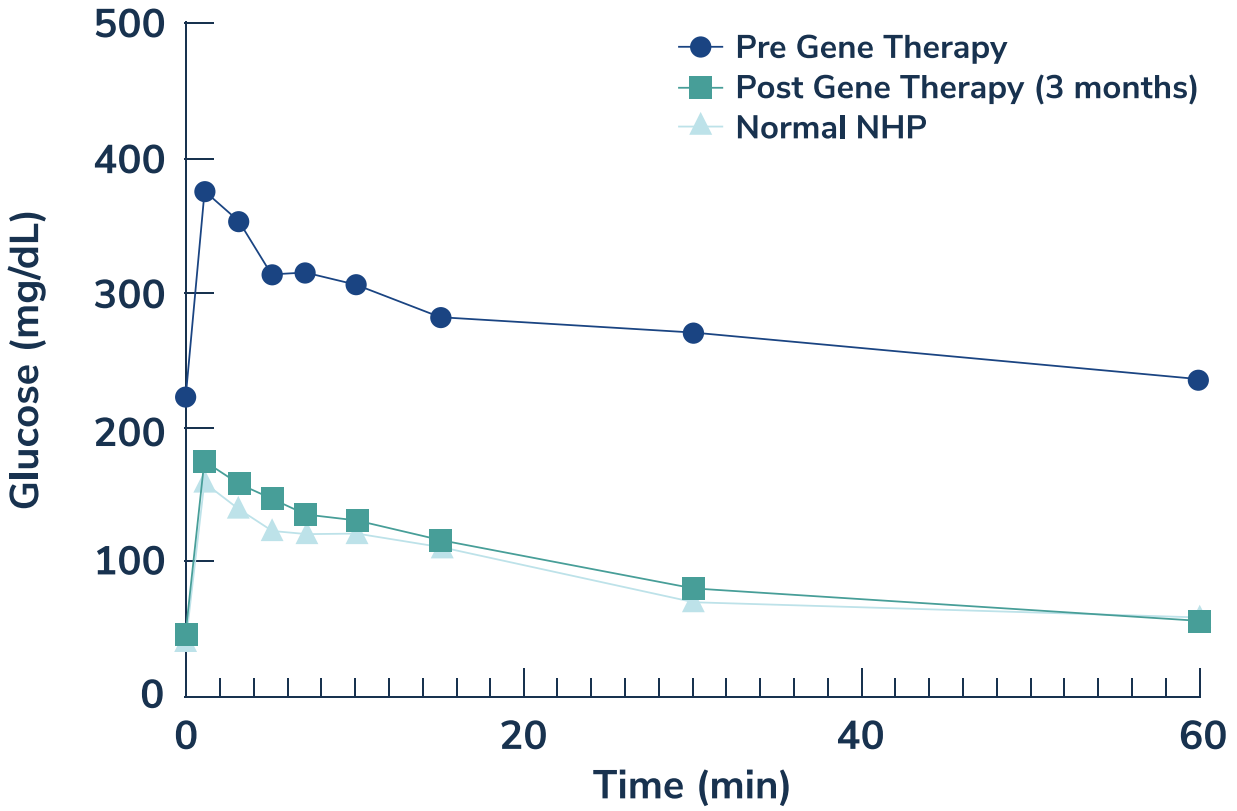
NHP2
Three-Month Glucose Tolerance Test



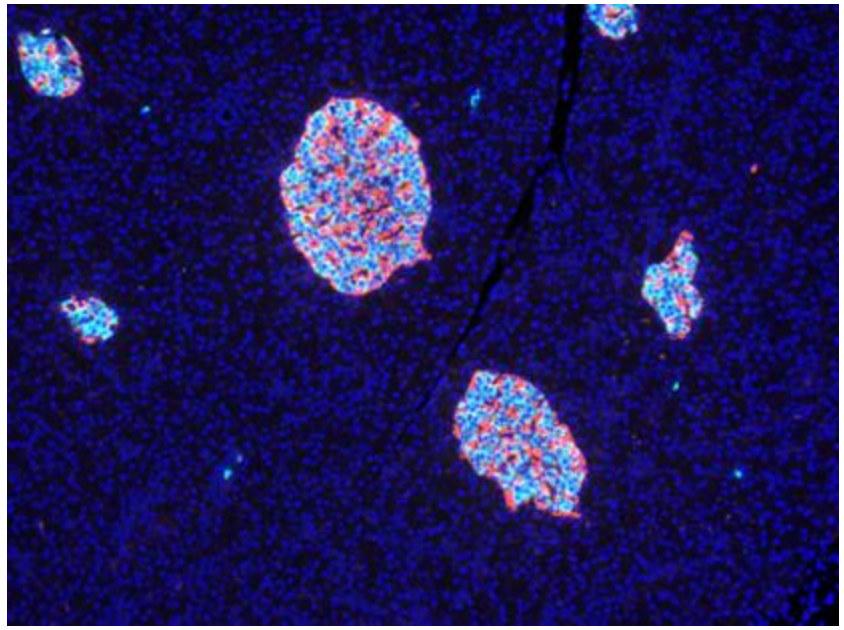
UNPUBLISHED DATA

Genprex

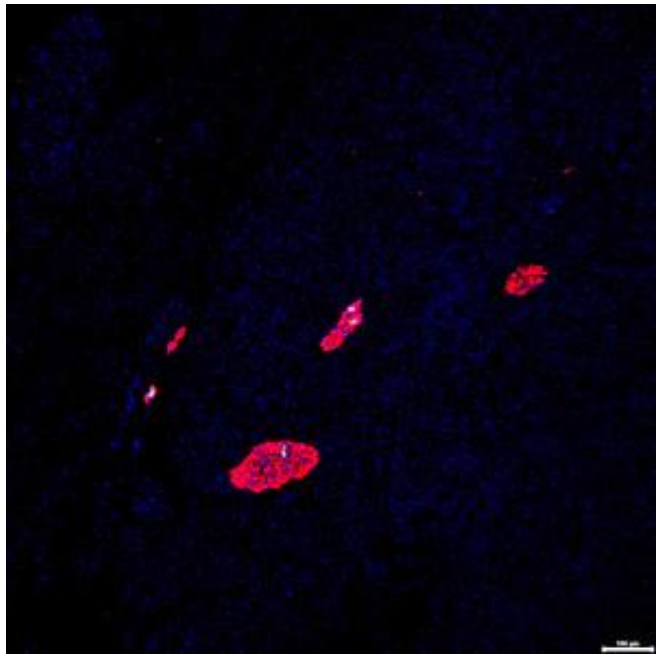
IHC Eight Weeks After Gene Therapy

Need at least 20% of normal beta cell mass to **maintain normoglycemia**

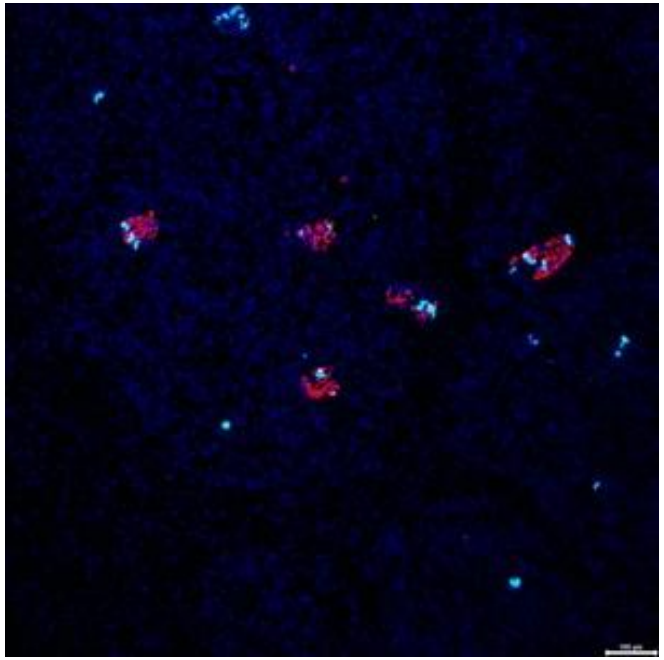
DAPI INSULIN GLUCAGON



Normal NHP



Diabetic NHP Without Gene Therapy



Diabetic NHP After Gene Therapy

Genprex

CORPORATE

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Our Team:
Company Management

Ryan Confer, MS

President, Chief Executive Officer & Chief Financial Officer

10+ years of C-Level experience in emerging technology companies

Extensive experience in investment management, deal negotiation and technology transfer

Mark S. Berger, MD

Chief Medical Officer

25 years of biotech and pharmaceutical company experience in the development of oncology therapeutics

Successfully brought two drugs through the regulatory process to approval

Thomas Gallagher, JD

Senior Vice President, IP & Licensing

20+ years of expertise in biotech IP law, business development, licensing transactions

Seasoned IP executive and attorney

David Schloss, JD

Senior Vice President, Human Resources

25+ years of experience as human resources executive and employment attorney in life sciences with a focus on biotech and cell and gene therapy

Suzanne Thornton-Jones, PhD

Senior Vice President, Regulatory Affairs

25+ years of experience in drug development and regulatory strategy and affairs for gene therapies

Our Team:
Scientific Advisory Board

Jack A. Roth

MD, FACS, Chairman

Professor and Bud Johnson Distinguished Clinical Chair, Department of Thoracic and Cardiovascular Surgery; Chief, Section of Thoracic Molecular Oncology; Professor of Molecular and Cellular Oncology; UT MD Anderson Cancer Center

Director, W.M. Keck Center for Innovative Cancer Therapies

Tony S. K. Mok

MD, FRCP(C), FHKCP, FHKAM

Professor and Chair of Clinical Oncology, the University of Hong Kong; Co-founder of the Lung Cancer Research Group

Pasi Antero Jänne

MD, PhD

Professor of Medicine, Harvard Medical School; Director of Dana Farber Cancer Institute Lowe Center for Thoracic Oncology; Scientific Director of the Belfer Center for Applied Cancer Science; Director, Chen-Huang Center for EGFR Mutant Lung Cancers; Head of The Jänne Lab

George Simon

MD

Chair, Department of Medical Oncology at Advent Health – Celebration; Executive Director of the Moffitt Cancer Center-Advent Health joint Clinical Research Unit

George K. Gittes

MD

Chief of Pediatric Surgery and Surgeon-in-Chief Emeritus at the UPMC Children's Hospital of Pittsburgh; Director of the Richard King Mellon Foundation Institute for Pediatric Research; Co-Scientific director at UPMC Children's Hospital

Our Team:
Clinical Advisory Board

Michael Morse

MD, MHS, FACP

Professor of Medicine, Division of Medical Oncology in the Department of Surgery at Duke University

Research expertise in targeted therapies and immunotherapies for cancer

Andrew Becker

MD, PhD

President and Founder, Becker Pharmaceutical Consulting

Experience in consulting biotech and pharma companies on a global basis

Col. George Peoples

MD, FACS

Chief Executive Officer of Cancer Insight, LLC, a boutique cancer immunotherapy CRO

Professor of Surgery at Uniformed Services University; Professor of Surgical Oncology at MD Anderson Cancer Center

Our Team:
Board of Directors

Jose A. Moreno Toscano

Chairman of the Board

Chief Executive Officer, LFB USA Inc

20+ years of experience in pharma and biotech industries

Ryan Confer, MS

Board Director

10+ years of C-Level experience in emerging technology companies

Extensive experience in investment management, deal negotiation and technology transfer

Brent Longnecker

Board Director

Chief Executive Officer, Longnecker & Associates

30+ years of experience consulting with BODs, CEOs, key executives and advisors in many industries

William R. Wilson, Jr.

Board Director

Chief Executive Officer, Wilson Land & Cattle Co.

40+ years of legal experience spanning health care, biotech, clinical trial management

James E. Rothman, PhD

Strategic Advisor to the Board

2013 Nobel Prize in Physiology/Medicine

Member of the National Academy of Sciences and its Institute of Medicine; Professor of Biomedical Sciences, Yale University; Chairman of the Department of Cell Biology, Yale School of Medicine; Director of the Nanobiology Institute, Yale West Campus

Achievements & Upcoming Milestones

Acclaim-1

- ✓ Open for enrollment in Phase 2a Expansion portion of the trial in Jan. 2024
- ☐ Complete enrollment of 19 patients in Phase 2a Expansion portion of the trial in 1H 2025
- ☐ Expect Phase 2a interim analyses in 1H 2025

Acclaim-3

- ✓ Open for enrollment in Phase 1 Dose Escalation portion of the trial in Jan. 2024
- ☐ Complete Phase 1 Dose Escalation during 2H 2024
- ☐ Start the Phase 2 Expansion portion of the trial in 2H 2024

GPX-002

- ✓ Request to meet with FDA by the end of 2023*
- ☐ Potential formation of diabetes-focused wholly-owned subsidiary by end of 2024
- ☐ Poised for FDA guidance on IND-enabling studies in 1H 2025

Corporate

- ✓ Engage KOLs in discussions on our oncology and diabetes programs
- ✓ Collaborators to present preclinical data at the April 2024 AACR meeting
- ✓ Expand clinical trial sites for ongoing clinical trials
- ☐ Presentation of positive preclinical data at the 2024 EROTC-NCI-AACR Symposium

Genprex

**As a result of the FDA's response, the Company will continue with its planned additional nonclinical studies before requesting regulatory guidance for the IND-enabling studies*

We believe in a future of **transformational** patient care.

21st Century Gene Therapies	Large Markets & Unmet Need	Combination Trials with Top Selling Drugs	Two FDA Fast Track Designations	Exploring New Indications & Partnerships

Genprex®

Research References

Slide 7

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Slide 41-44

1. ATTD Berlin 2023

APPENDIX

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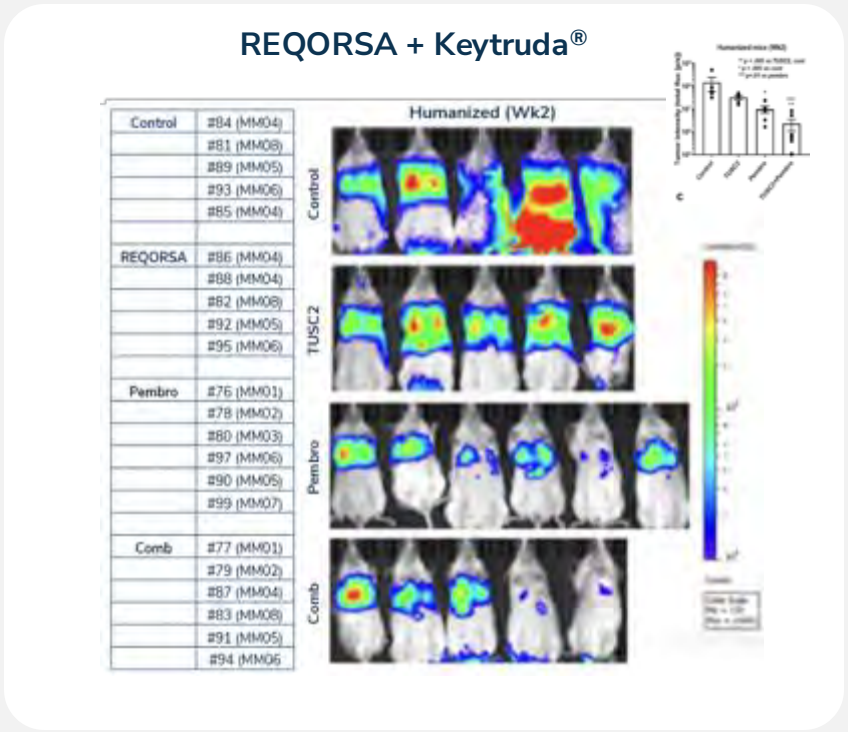
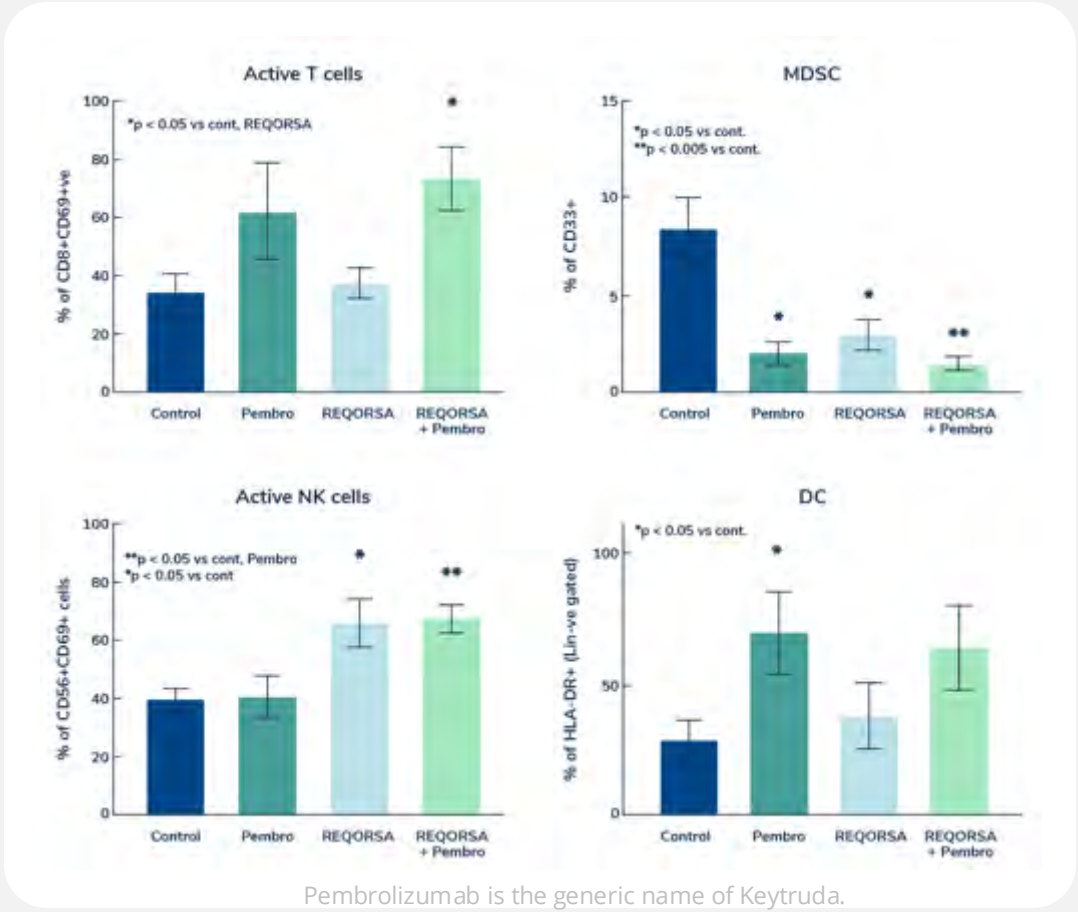
Reqorsa® + Keytruda® Significantly Reduced Tumor Growth

REQORSA increases immune response against lung cancer xenografts





Pembrolizumab is the generic name of Keytruda.

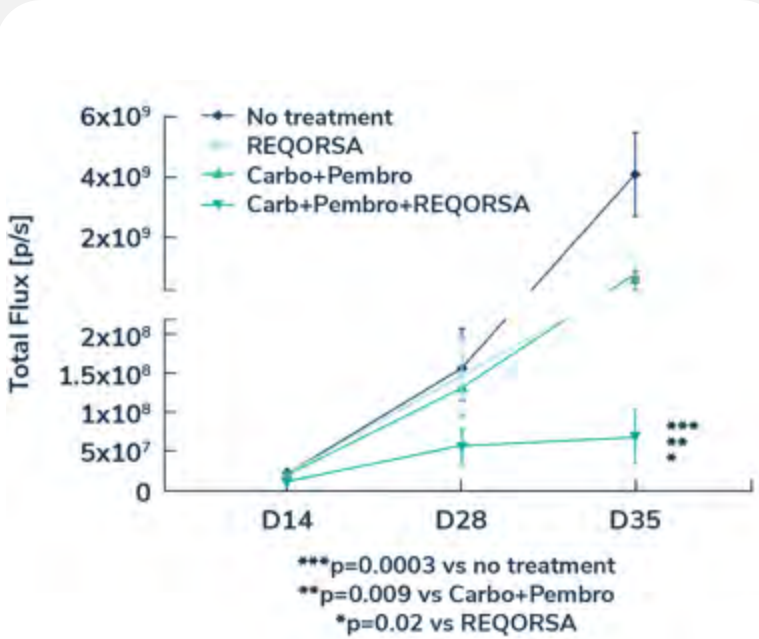
The independent immunologic effects of REQORSA and Keytruda markedly decrease tumor growth by increasing the immunologic attack on the tumor compared to PD-1 inhibition alone.

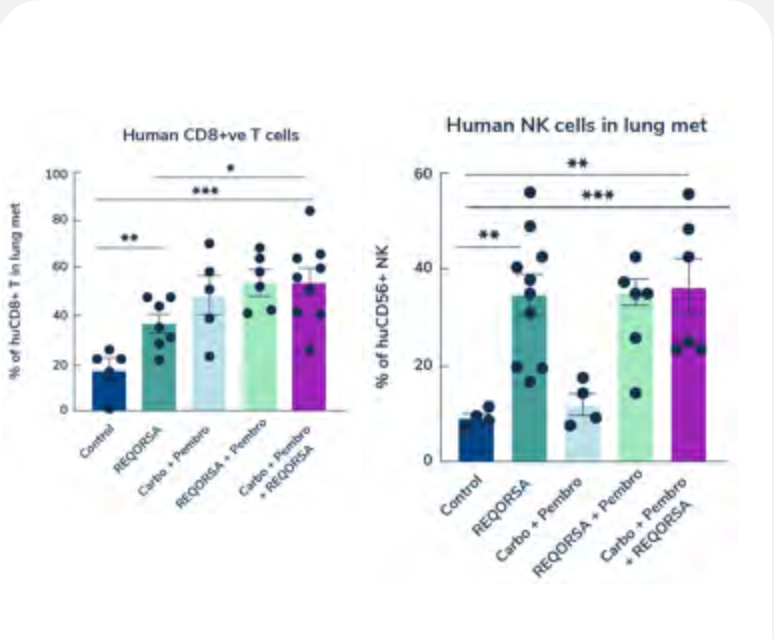
Genprex®

AACR 21: Reqorsa® May Enhance First-Line Standard of Care

Reqorsa® + Keytruda® + Chemo

- REQORSA enhances the efficacy of chemo-immunotherapy on KRAS-LKB1 (KL)-mutant lung metastases in humanized mice.
- Triple combination demonstrated strong antitumor efficacy and induced robust antitumor immunity in KL-mutant NSCLC in clinically relevant humanized mice models.





Pembrolizumab is the generic name of Keytruda.

Genprex®

Acclaim-2 is no longer enrolling new patients.

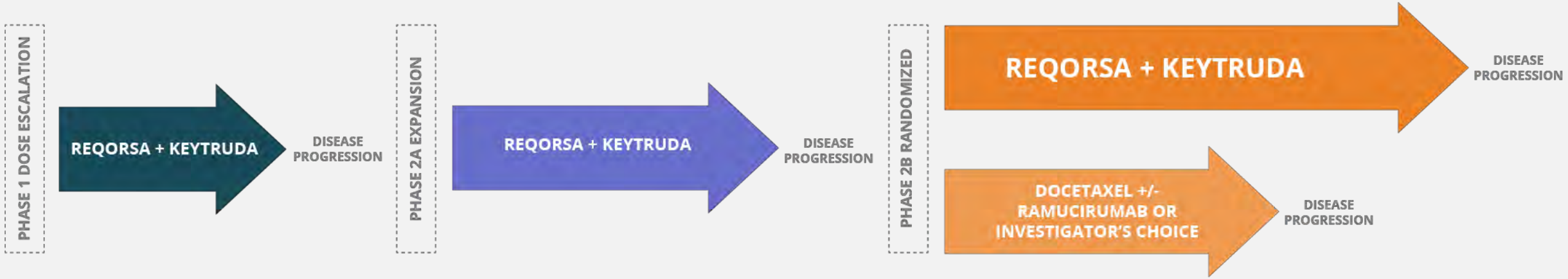
Overview of the former trial:

- Patients with advanced NSCLC whose disease progressed after treatment with Keytruda®
- FDA Fast Track Designation

Acclaim · 2

Reqorsa® in combination with Merck & Co's Keytruda® for NSCLC

Phase 2b: Comparing Progression Free Survival of REQORSA + Keytruda vs. docetaxel +/- ramucirumab or Investigator's Choice



Genprex®