FORWARD-LOOKING STATEMENTS

This presentation may contain projections or other forward-looking statements regarding future events, the safety and efficacy of our product candidates, or the future financial performance of our company. These forward-looking statements may contain forward-looking words such as “may,” “might,” “should,” “would,” “could,” “expect,” “plan,” “anticipate,” “intend,” “believe,” “estimate,” “predict,” “potential” or “continue” or similar expressions. These forward-looking statements are subject to a number of risks, uncertainties, and assumptions, including those described more fully under the caption “Risk Factors” and elsewhere in our filings and reports with the Securities and Exchange Commission (“SEC”).

While we believe we have identified material risks, these risks and uncertainties are not exhaustive. Other sections of our filings and reports with the SEC describe additional factors that could adversely impact our business and financial performance. 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.

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.

All marks, materials and information used in this presentation are exclusively owned by Genprex, Inc., including the trademark Oncoprex™, with all rights reserved. No permissions of any kind whatsoever are granted to the recipient.
TARGETED AND IMMUNE-BASED THERAPIES DO NOT PROVIDE A SOLUTION FOR ALL CANCERS.

COMBINED WITH OUR GENE THERAPY APPROACH, WE CAN TREAT A MUCH LARGER POPULATION.
THE GENPREX APPROACH
NOVEL PLATFORM TO TREAT CANCER

GENES
Multiple tumor suppressor genes

SYNERGIES
Modern approach using combination therapy

CANCERS
Genetic mutations found in other cancers
ONCOPREX™ TARGETS CANCER AT ITS CORE

COMBINATION OF DOTAP: CHOL + TUSC2 GENE

CONTROLS CELL SIGNALING
Pan-kinase inhibitory effect leads to decreased cell proliferation

STIMULATES APOPTOTIC PATHWAYS
Leads to programmed cell death

IMMUNOMODULATORY ACTIVITY
Modulate immune activity against cancer cell
Developed at NIH and optimized at MD Anderson, our non-viral biodegradable positively-charged lipid nanovesicle has affinity to negatively-charged cancer cell, with a 10- to 25-fold uptake in cancer cells vs. normal cells and has been well tolerated in humans with > 50 study patients administered intravenously.
RESEARCH AND DEVELOPMENT PIPELINE
PATHWAY TO APPROVAL

Oncoprex + Targeted Therapies

**ONCOPREX + FIRST GENERATION EGFR INHIBITOR**
*Non small-cell lung cancer*

Oncoprex + Immunotherapies

**ONCOPREX + CHECKPOINT INHIBITOR**
*Non small-cell lung cancer*
## ONCOPREX + ERLOTINIB COMBINATION

### PHASE II PRELIMINARY EVIDENCE OF EFFICACY IN SUBJECTS WITH EGFR +/- MUTATIONS

<table>
<thead>
<tr>
<th>PATIENT EGFR STATUS</th>
<th>RESPONSE</th>
<th>NUMBER OF CYCLES/RESPONSE DURATION</th>
<th>PRIOR THERAPY</th>
<th>LINE OF THERAPY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive (exon 18+20)</td>
<td>CR</td>
<td>11 cycles (31 wks)</td>
<td>Chemo</td>
<td>3</td>
</tr>
<tr>
<td>Negative</td>
<td>24% regression Target Lesion</td>
<td>6 cycles (18 wks)</td>
<td>Chemo / anti-PD1</td>
<td>2</td>
</tr>
<tr>
<td>Negative</td>
<td>30% regression one Target Lesion, 18% regression all Target Lesion</td>
<td>8 cycles (25 wks)</td>
<td>Chemo / anti-PD1</td>
<td>6</td>
</tr>
<tr>
<td>Positive (exon 21) / T790M Negative</td>
<td>Tumor Regression, Metabolic response <em>PET Scan</em></td>
<td>4 cycles (12 wks)</td>
<td>Tarceva <em>Multiple cycles</em></td>
<td>3</td>
</tr>
<tr>
<td>Positive (exon 21)</td>
<td>SD</td>
<td>4 cycles (12 wks)</td>
<td>Tarceva</td>
<td>2</td>
</tr>
<tr>
<td>Negative</td>
<td>SD</td>
<td>4 cycles (12 wks)</td>
<td>Chemo</td>
<td>2</td>
</tr>
<tr>
<td>Negative</td>
<td>SD</td>
<td>4 cycles (12 wks)</td>
<td>Chemo</td>
<td>4</td>
</tr>
</tbody>
</table>

Combination therapy (re)sensitizes lung cancer cells and/or overcomes resistance to targeted therapies and other classes of drugs (i.e. checkpoint inhibitors; CPI) Slowed tumor progression in 7 out of 9 patients – 78% disease control rate (DCR; RECIST criteria)

9 out of 10 patients evaluable to date, all but one received prior treatments. One subject withdrew consent.
ONCOPREX SYNERGY WITH ANTI-PD1

TUSC2 IS SYNERGISTIC WITH ANTI-PD1 IN A SYNGENEIC MOUSE MODEL OF LUNG CANCER

Two Kras-mutant mouse models: low (4.5%) and moderate (23.7%) PD-L1 expression at baseline

Modulation of innate immune response in tumor micro-environment:
- Upregulation of NK, CD8+ T-cells
- Downregulation of PD-L1, Tregs, and MDSC

TUSC2+anti-PD1 exhibit greater antitumor activity than either agent alone or control.

TUSC2+anti-PD1 combination significantly prolonged survival in a lung metastasis model refractory to checkpoint blockade alone.
MEET OUR TEAM

COMPANY MANAGEMENT

RODNEY VARNER, JD
CEO
• 30+ years of expertise in corporate law, including corporate governance, in biotech industry
• Former owner of securities broker dealer firm

JULIEN L. PHAM, MD, MPH
President & COO
• Physician and serial entrepreneur with 15+ years exp. in clinical medicine, research, and innovation
• Former faculty at Harvard Medical School

RYAN CONFER, MSTC
CFO
• Various management roles in tech transfer and commercialization, international business development, and financial analysis

JAN STEVENS, RN
VP of Clinical Operations
• 20+ years of clinical operations experience in early to late stage oncology biotech companies
• Hands on development and management of all Phases of clinical trials from the ground up

ERIC CHAPDELAINE
Senior Director of Pharmaceutical Sciences and Manufacturing
• 14 years of experience driving growth in the pharmaceutical and biotech industry

Kalyn Dabbs
Senior Manager of Communications
• Experienced medical communicator, working with top, global healthcare companies to bring products to commercialization
MEET OUR TEAM

BOARD OF DIRECTORS

RODNEY VARNER, JD
Chairman of the Board
- 30+ years of expertise in corporate law, including corporate governance, in biotech industry
- Former owner of securities broker dealer firm

ROBERT PEARSON, MBA
Board Director
- Vice Chairman and Chief Innovation Officer, W2O Group
- Deep global media and communications experience in pharmaceutical (Novartis) and technology (Dell)

DAVID FRIEDMAN, JD
Board Director
- Partner, TCG Group Holdings; Managing Partner, ACM Investment Management
- Deep expertise in financial, legal, and operations

JAMES E. ROTHMAN, PHD
Strategic Advisor to the Board
- 2013 Nobel Prize Laureate in Medicine and Physiology
- National Academy of Sciences and Institute of Medicine. Endowed chairs at Memorial Sloan Kettering, Columbia University's College of Physicians and Surgeons, and Yale University
MEET OUR TEAM

SCIENTIFIC ADVISORY BOARD

JACK A. ROTH
MD, FACS, Chairman

- Professor and Bud Johnson Clinical Distinguished 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

PASI ANTERO JÄNNE
MD, PhD

- Professor of Medicine, Harvard Medical School and Brigham & Women's Hospital; Director of Dana Farber Cancer Institute Lowe Center for Thoracic Oncology, and Scientific Director of the Belfer Center for Applied Cancer Science

TONY S. K. MOK
MD, FRCP(C), FHKCP, FHKAM

- Past President of International Association of the Study of Lung Cancer (IASLC).
- Chairman, Department of Clinical Oncology; Professor of Clinical Oncology, Chinese University Hong Kong

GEORGE SIMON
MD

- Professor and Chief of Experimental Therapeutics, Department of Thoracic/Head and Neck Medical Oncology, Division of Cancer Medicine, UT MD Anderson Cancer Center
STRATEGIC OBJECTIVES

REPROGRAMMING THE COURSE OF CANCER

- Conduct ongoing and new clinical trials
- Pursue strategic partnerships
- Prepare to commercialize Oncoprex
- Investigate the effectiveness of Oncoprex in other cancers
- Further develop platform technology

UPCOMING MILESTONES

- Optimize product development and manufacturing
- Explore expedited approval pathways with the FDA
- Additional clinical trial data