UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): June 8, 2022

IMMUNOVANT, INC.
(Exact name of Registrant as specified in its Charter)

Delaware	**001-38906**	**83-2771572**
(State or other jurisdiction of incorporation or organization)	**(Commission File Number)**	**(IRS Employer Identification No.)**

320 West 37th Street	
New York, NY	**10018**
(Address of principal executive offices)	**(Zip Code)**

Registrant's telephone number, including area code: (917) 580-3099

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.0001 par value per share	**IMVT**	**The Nasdaq Stock Market LLC**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).
Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02 Results of Operations and Financial Condition.

On June 8, 2022, Immunovant, Inc., or the Company, issued a press release announcing its financial results for its fourth quarter and fiscal year ended March 31, 2022. A copy of the press release is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

The information contained in this Item 2.02, including Exhibit 99.1, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or the Exchange Act, or subject to the liabilities of that section or Sections 11 and 12(a)(2) of the Securities Act of 1933, as amended, or the Securities Act. The information in this Item 2.02 shall not be incorporated by reference in any filing with the U.S. Securities and Exchange Commission, or the SEC, made by the Company, whether made before or after the date hereof, regardless of any general incorporation language in such filing.

Item 7.01 Regulation FD Disclosure.

On June 8, 2022, the Company will host a pre-announced corporate update webcast and conference call. A copy of the presentation to be used during the webcast is attached hereto as Exhibit 99.2 and is incorporated herein by reference.

The information furnished under this Item 7.01, including Exhibit 99.2, shall not be deemed "filed" for purposes of Section 18 of the Exchange Act, or subject to the liabilities of that section or Sections 11 and 12(a)(2) of the Securities Act. The information in this Current Report shall not be deemed incorporated by reference into any other filing with the SEC made by the Company, whether made before or after the date hereof, regardless of any general incorporation language in such filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Press release dated June 8, 2022.
99.2	Investor Presentation dated June 8, 2022.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

IMMUNOVANT, INC.

By: /s/ Eva Renee Barnett
Eva Renee Barnett
Chief Financial Officer

Date: June 8, 2022

Exhibit 99.1

Immunovant Achieves Alignment with FDA on Plans for Phase 3 Clinical Trials of Batoclimab in Thyroid Eye Disease and Reports Financial Results for the Fourth Quarter and Fiscal Year Ended March 31, 2022

- Immunovant plans to initiate two placebo-controlled Phase 3 clinical trials of batoclimab in thyroid eye disease (TED) in the second half of calendar year 2022 with top-line data expected for both in the first half of calendar year 2025
- Immunovant estimates annual addressable U.S. TED population for a new mechanism of action to be 8,000-18,000 patients
- Immunovant on track to initiate pivotal Phase 3 clinical trial of batoclimab in myasthenia gravis (MG), by the end of June 2022
- Cash balance of $494 million as of March 31, 2022 expected to provide cash runway into calendar year 2025

NEW YORK, June 8, 2022 (GLOBE NEWSWIRE) –Immunovant, Inc. (Nasdaq: IMVT), a clinical-stage biopharmaceutical company focused on enabling normal lives for people with autoimmune diseases, today announced that it has achieved alignment with the United States Food and Drug Administration (FDA) Division of Ophthalmology on plans to initiate two placebo-controlled Phase 3 clinical trials to evaluate batoclimab in TED. Immunovant expects to initiate its Phase 3 TED program in the second half of calendar year 2022.

“TED represents a unique opportunity with meaningful unmet need despite recent therapeutic innovation. As a heterogeneous disease with varied symptom presentation, we believe this indication lends itself well to new mechanistic approaches,” said Pete Salzmann, M.D., Chief Executive Officer of Immunovant. “In our TED Phase 2 program, we observed batoclimab’s potential to provide deep reductions of stimulating anti-TSHR autoantibodies and we are enthusiastic about the potential of this first-in-class program in TED,” continued Dr. Salzmann.

Immunovant’s Phase 3 development program for TED will include two placebo-controlled trials (run in-parallel) followed by an open label extension that will enroll subjects from both Phase 3 studies. The Phase 3 trials will have the same design and are expected to enroll about 100 subjects for each trial. After randomization to either treatment or placebo, the standard 24-week treatment period will include 12 weeks of 680 mg of batoclimab followed by 12 weeks of 340 mg of batoclimab. Batoclimab and placebo will be delivered weekly by a simple subcutaneous injection. The primary efficacy endpoint will be a responder analysis versus placebo, where responders are defined as patients with a ≥ 2 mm reduction from baseline in proptosis.

If successful, Immunovant believes these trials can support registration of batoclimab for TED. Top-line results from both trials are expected in the first half of calendar year 2025. Additional details of Immunovant’s clinical program in TED will be presented in an investor call described below.

Immunovant’s upcoming Phase 3 TED trials represent the Company’s second pivotal program, with a Phase 3 pivotal trial in MG expected to initiate by the end of June 2022, and a top-line readout expected in the second half of calendar year 2024. The Company continues to make meaningful progress on additional strategic priorities for batoclimab’s broad development and expects to announce two new indications by August 2022.

The Company also reported today its financial results for its fiscal fourth quarter and fiscal year ended March 31, 2022.

Financial Highlights for Fiscal Fourth Quarter ended March 31, 2022 and Fiscal Year ended March 31, 2022:

Cash Position: As of March 31, 2022, Immunovant's cash balance was $493.8 million. Based on its existing cash balance as of March 31, 2022 of $493.8 million, its research and development plans and the timing expectations related to its development programs for batoclimab, the Company expects to be able to fund its operating expenses and capital expenditure requirements into calendar year 2025.

R&D Expenses: Research and development expenses were $32.0 million for the three months ended March 31, 2022, compared to $18.6 million for the three months ended March 31, 2021. Research and development expenses were $101.8 million for the year ended March 31, 2022, compared to $68.6 million for the year ended March 31, 2021. The year-over-year increase was primarily due to increases in cross-indication clinical studies and clinical research costs, an increase in contract manufacturing costs, and higher personnel-related expenses primarily reflecting the enhancement of Immunovant's capabilities to support its strategic objectives as the Company prepares to resume its clinical activities.

G&A Expenses: General and administrative expenses were $15.2 million for the three months ended March 31, 2022, compared to $10.3 million for the three months ended March 31, 2021. General and administrative expenses were $54.2 million for the year ended March 31, 2022, compared to $39.5 million for the year ended March 31, 2021. The year-over-year increase was primarily due to higher personnel-related costs, as well as financial advisory, legal and other professional costs.

Net Loss: Net loss was $47.2 million ($0.41 per common share) for the three months ended March 31, 2022, compared to $28.2 million ($0.29 per common share) for the three months ended March 31, 2021. Net loss was $156.7 million ($1.43 per common share) for the year ended March 31, 2022, compared to $107.4 million ($1.22 per common share) for the year ended March 31, 2021. Net loss for the year ended March 31, 2022 and 2021 included $34.2 million and $18.8 million, respectively, related to non-cash stock-based compensation expense.

Common Stock: As of March 31, 2022, there were 116,482,899 shares of common stock issued and outstanding.

Conference Call Information:

Immunovant will hold a live conference call and webcast today, June 8, 2022 at 8:00 AM ET to discuss its clinical development plan updates. Following prepared remarks, the call will include a live question-and-answer session for the investment community. To access the webcast and the presentation being shared on the call, please visit Immunovant's website at https://www.immunovant.com/investors/news-events.

Participants may also dial in using the numbers provided below:
Toll Free: 1-877-407-9039
Toll/International: 1-201-689-8470

An archived recording of the webcast will be available on Immunovant's website for a limited time following its conclusion.

About Immunovant, Inc.

Immunovant, Inc. is a clinical-stage biopharmaceutical company dedicated to enabling normal lives for people with autoimmune diseases. As a leader in FcRn inhibitor technology, the Company is boldly developing innovative therapies for a range of debilitating autoimmune diseases with significant unmet patient needs. The Company's investigational compound, batoclimab, is a novel, fully human, monoclonal antibody targeting the neonatal Fc receptor (FcRn). For additional information on the Company, please visit www.immunovant.com.

Forward-Looking Statements

This press release contains forward-looking statements for the purposes of the safe harbor provisions under The Private Securities Litigation Reform Act of 1995 and other federal securities laws. The use of words such as "may," "might," "will," "would," "should," "expect," "believe," "estimate," "intend," and other similar expressions are intended to identify forward-looking statements. Such forward looking statements include Immunovant's plan to initiate two Phase 3 clinical trials for batoclimab in TED in the second half of calendar year 2022 with expected topline data readouts in the first half of calendar year 2025; Immunovant's plan to initiate a Phase 3 clinical trial in MG by the end of June 2022, with an expected topline data readout in the second half of calendar year 2024; the timing of the announcement of additional indications; Immunovant's expected cash runway; and Immunovant's plan to develop batoclimab across a broad range of autoimmune indications. All forward-looking statements are based on estimates and assumptions by Immunovant's management that, although Immunovant believes to be reasonable, are inherently uncertain. All forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those that Immunovant expected. Such risks and uncertainties include, among others: initial results or other preliminary analyses or results of early clinical trials may not be predictive final trial results or of the results of later clinical trials; the timing and availability of data from clinical trials; the timing of discussions with regulatory agencies, as well as regulatory submissions and potential approvals; the continued development of Immunovant's product candidate, including the timing of the commencement of additional clinical trials and resumption of current trials; Immunovant's scientific approach, clinical trial design, indication selection and general development progress; future clinical trials may not confirm any safety, potency or other product characteristics described or assumed in this press release; any product candidate that Immunovant develops may not progress through clinical development or receive required regulatory approvals within expected timelines or at all; Immunovant's product candidate may not be beneficial to patients, or even if approved by regulatory authorities, successfully commercialized; the potential impact of the ongoing COVID-19 pandemic on Immunovant's clinical development plans and timelines; Immunovant's business is heavily dependent on the successful development, regulatory approval and commercialization of its sole product candidate, batoclimab; Immunovant is at an early stage in development of batoclimab; and Immunovant will require additional capital to fund its operations and advance batoclimab through clinical development. These and other risks and uncertainties are more fully described in Immunovant's periodic and other reports filed with the Securities and Exchange Commission (SEC), including in the section titled "Risk Factors" in Immunovant's most recent Quarterly Report on Form 10-Q, its Annual Report on Form 10-K for the year ended March 31, 2022 to be filed with the SEC on June 8, 2022, and Immunovant's subsequent filings with the SEC. Any forward-looking statement speaks only as of the date on which it was made. Immunovant undertakes no obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future events or otherwise.

IMMUNOVANT, INC.

Consolidated Statements of Operations

(In thousands, except share and per share data)

	Three Months Ended March 31,		Years Ended March 31,	
	2022	**2021**	**2022**	**2021**
	(Unaudited)	**(Unaudited)**		
Operating expenses:				
Research and development (includes $5,606 and $3,008 of stock-based compensation expense for the three months ended March 31, 2022 and 2021, respectively, and $14,308 and $7,033 of stock-based compensation expense for the years ended March 31, 2022 and 2021, respectively) [(1)]	$ 31,986	$ 18,615	$ 101,808	$ 68,604
General and administrative (includes $6,258 and $2,480 of stock-based compensation expense for the three months ended March 31, 2022 and 2021, respectively, and $19,936 and $11,789 of stock-based compensation expense for the years ended March 31, 2022 and 2021, respectively) [(2)]	15,241	10,302	54,225	39,513
Total operating expenses	47,227	28,917	156,033	108,117
Other expense (income), net	(44)	(680)	781	(328)
Loss before benefit for income taxes	(47,183)	(28,237)	(156,814)	(107,789)
Benefit for income taxes	(12)	(79)	(84)	(358)
Net loss	**$ (47,171)**	**$ (28,158)**	**$ (156,730)**	**$ (107,431)**
Net loss per common share — basic and diluted [(3)]	$ (0.41)	$ (0.29)	$ (1.43)	$ (1.22)
Weighted average shares outstanding — basic and diluted	116,337,733	97,971,243	109,679,256	87,756,513

(1) Includes $59 and $164 of costs allocated from Roivant Sciences Ltd. for the three months ended March 31, 2022 and 2021, respectively, and $312 and $340 for the years ended March 31, 2022 and 2021, respectively.

(2) Includes $289 and $658 of costs allocated from Roivant Sciences Ltd. for the three months ended March 31, 2022 and 2021, respectively, and $1,299 and $1,180 for the years ended March 31, 2022 and 2021, respectively.

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Consolidated Balance Sheets

(In thousands, except share and per share data)

	March 31,	
	2022	**2021**
Assets		
Current assets:		
Cash	$ 493,817	$ 400,146
Accounts receivable	12,229	596
Prepaid expenses and other current assets	6,253	7,716
Income tax receivable	632	548
Total current assets	512,931	409,006
Operating lease right-of-use assets	2,303	3,282
Property and equipment, net	330	201
Total assets	**$ 515,564**	**$ 412,489**
Liabilities and Stockholders' Equity		
Current liabilities:		
Accounts payable	$ 18,629	$ 2,432
Accrued expenses	24,575	15,160
Current portion of operating lease liabilities	1,145	1,179
Due to Roivant Sciences Ltd.	171	—
Total current liabilities	44,520	18,771
Operating lease liabilities, net of current portion	1,219	2,238
Total liabilities	45,739	21,009
Commitments and contingencies		
Stockholders' equity:		
Series A preferred stock, par value $0.0001 per share, 10,000 shares authorized, issued and outstanding at March 31, 2022 and March 31, 2021	—	—
Preferred stock, par value $0.0001 per share, 10,000,000 shares authorized, no shares issued and outstanding at March 31, 2022 and March 31, 2021	—	—
Common stock, par value $0.0001 per share, 500,000,000 shares authorized, 116,482,899 shares issued and outstanding at March 31, 2022 and 500,000,000 shares authorized, 97,971,243 shares issued and outstanding at March 31, 2021	12	10
Additional paid-in capital	824,796	590,425
Accumulated other comprehensive income (loss)	404	(298)
Accumulated deficit	(355,387)	(198,657)
Total stockholders' equity	469,825	391,480
Total liabilities and stockholders' equity	**$ 515,564**	**$ 412,489**

Contact:
Tom Dorney, MS, MBA
Director, Investor Relations & Strategy
Immunovant, Inc.
info@immunovant.com

Exhibit 99.2

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Phase 3 Development for Batoclimab in Thyroid Eye Disease

Investor Presentation June 8, 2022

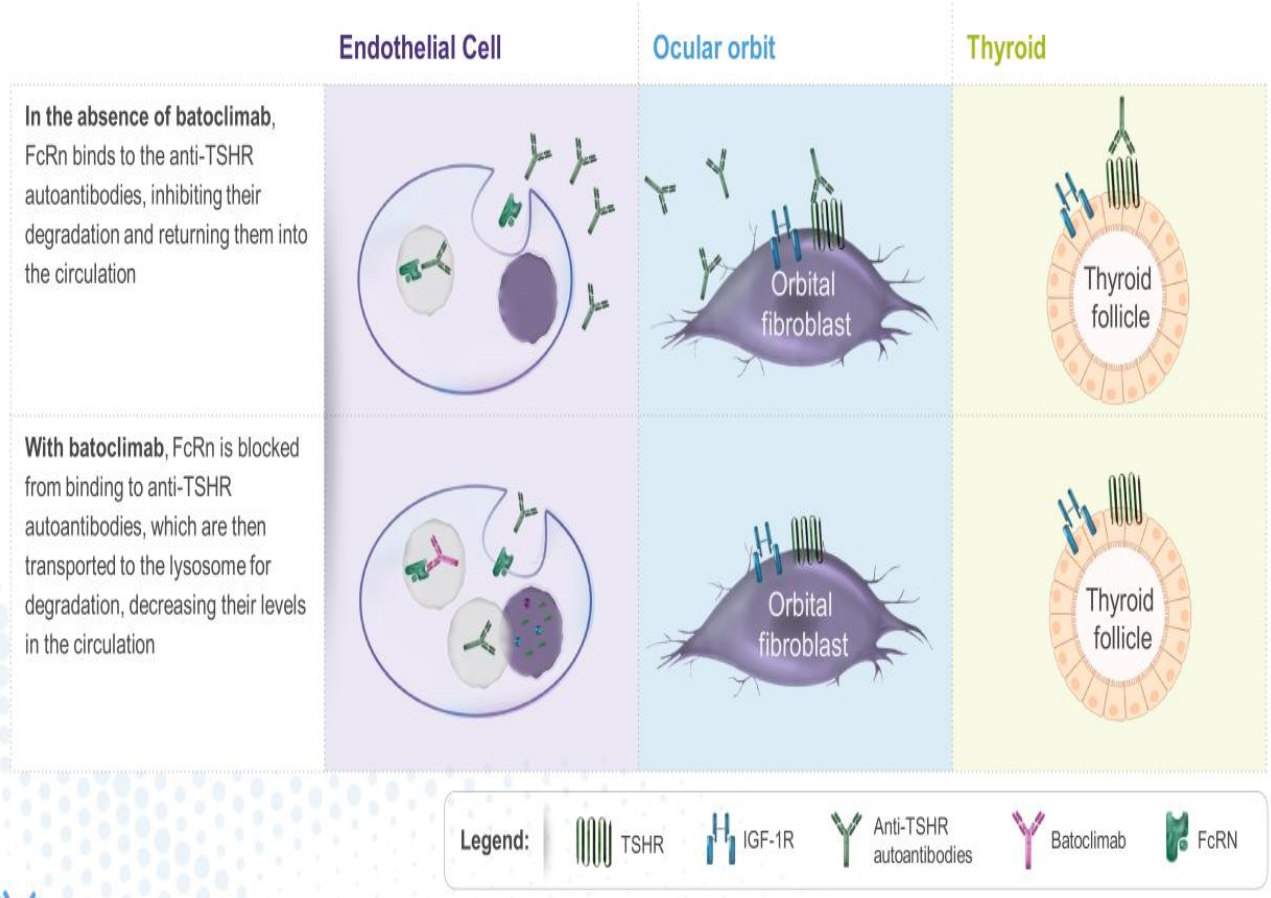
Forward-looking statements

This presentation contains forward-looking statements for the purposes of the safe harbor provisions under The Private Securities Litigation Reform Act of 1995 and other federal securities laws. The use of words such as "may," "might," "will," "would," "should," "expect," "believe," "estimate," "design," "plan," "potential," "intend," and other similar expressions are intended to identify forward-looking statements. Such forward looking statements include Immunovant's plan to initiate a Phase 3 clinical trial for batoclimab in myasthenia gravis (MG) by the end of June 2022 with an expected topline data readout in the second half of calendar year 2024, and expectations with respect to the safety and monitoring plan and size of the safety database; Immunovant's plan to initiate two Phase 3 clinical trials for batoclimab in thyroid eye disease (TED) in the second half of calendar year 2022 with expected topline data readouts in the first half of calendar year 2025; Immunovant's plan to explore in subsequent study periods follow-on treatment with alternative dosing regimens; Immunovant's plan to develop batoclimab across a broad range of autoimmune indications; Immunovant's expectations regarding timing, the design and results of clinical trials of its product candidates and indication selections; the potential benefits of batoclimab's unique product attributes; whether, if approved, batoclimab will be successfully distributed, marketed and commercialized; and Immunovant's expected cash runway. All forward-looking statements are based on estimates and assumptions by Immunovant's management that, although Immunovant believes to be reasonable, are inherently uncertain. All forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those that Immunovant expected. Such risks and uncertainties include, among others: initial results or other preliminary analyses or results of early clinical trials may not be predictive final trial results or of the results of later clinical trials; the timing and availability of data from clinical trials; the timing of discussions with regulatory agencies, as well as regulatory submissions and potential approvals; the continued development of Immunovant's product candidate, including the timing of the commencement of additional clinical trials and resumption of current trials; Immunovant's scientific approach, clinical trial design, indication selection and general development progress; future clinical trials may not confirm any safety, potency or other product characteristics described or assumed in this presentation; any product candidate that Immunovant develops may not progress through clinical development or receive required regulatory approvals within expected timelines or at all; Immunovant's product candidate may not be beneficial to patients, or even if approved by regulatory authorities, successfully commercialized; the potential impact of the ongoing COVID-19 pandemic on Immunovant's clinical development plans and timelines; Immunovant's business is heavily dependent on the successful development, regulatory approval and commercialization of its sole product candidate, batoclimab; Immunovant is at an early stage in development of batoclimab; and Immunovant will require additional capital to fund its operations and advance batoclimab through clinical development. These and other risks and uncertainties are more fully described in Immunovant's periodic and other reports filed with the Securities and Exchange Commission (SEC), including in the section titled "Risk Factors" in Immunovant's Annual Report on Form 10-K for the year ended March 31, 2022 filed with the SEC on June 8, 2022, and Immunovant's subsequent filings with the SEC. Any forward-looking statement speaks only as of the date on which it was made. Immunovant undertakes no obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future events or otherwise.

We have achieved alignment with the FDA to move forward in Thyroid Eye Disease (TED) as our second pivotal program with batoclimab

- TED represents a meaningful and unique opportunity – program designed to show a differentiated clinical benefit in an exciting indication
- Pivotal program to include two placebo-controlled Phase 3 clinical trials that will run in parallel and that are each expected to enroll approximately 100 subjects
- Planning to initiate TED Phase 3 program in calendar year 2022, with topline results expected from both trials in the first half of calendar year 2025

Batoclimab's MOA is designed to foster the degradation of autoantibodies, such as pathogenic IgG anti-TSHR autoantibodies



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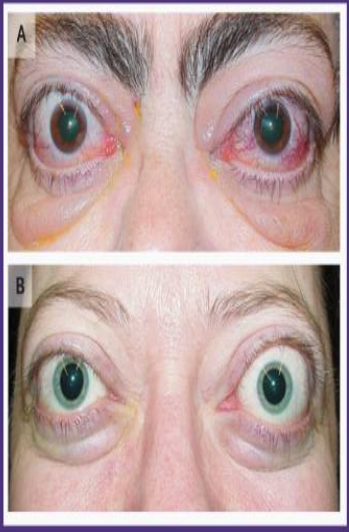
MOA, mechanism of action; TSHR, thyroid stimulating hormone receptor; IGF-1R insulin growth factor-1 receptor.
Adapted from: Smith TJ, Hegedüs L. *N Engl J Med*. 2016;375(16):1552-1565. Kahaly GJ. *J Clin Endocrinol Metab*. 2020;105(12):3704–20.

Thyroid eye disease is a heterogeneous condition that presents with a variety of clinical symptoms

UNDERSTANDING TED:

- Progressive disease marked by inflammation that can lead to fibrosis
- Clinical features are variable, including but not limited to[1]:
  - Eye bulging ("proptosis")
  - Eye pain
  - Double vision ("diplopia")
  - Swollen/red eyes
  - Impaired visual ability
- May become sight-threatening if under-treated[2]
- Most patients with active TED on therapy report making substantial lifestyle modifications around their disease[3]
- Beyond IV teprotumumab, disease-modifying treatments are currently limited



Bahn, 2010
Figure 1. Patients with Thyroid Eye Disease
Panel A shows a 59-year-old woman with excess proptosis, moderate eyelid edema, and erythema with moderate eyelid retraction affecting all four eyelids. Conjunctival chemosis (edema) and erythema with bilateral edema of the caruncles, with prolapse of the right caruncle, are evident. Panel B shows a 40-year old woman with excess proptosis, minimal bilateral injection, and chemosis with slight erythema of the eyelids. She also had evidence, on slit-lamp examination, of moderate superior limbic keratoconjunctivitis.

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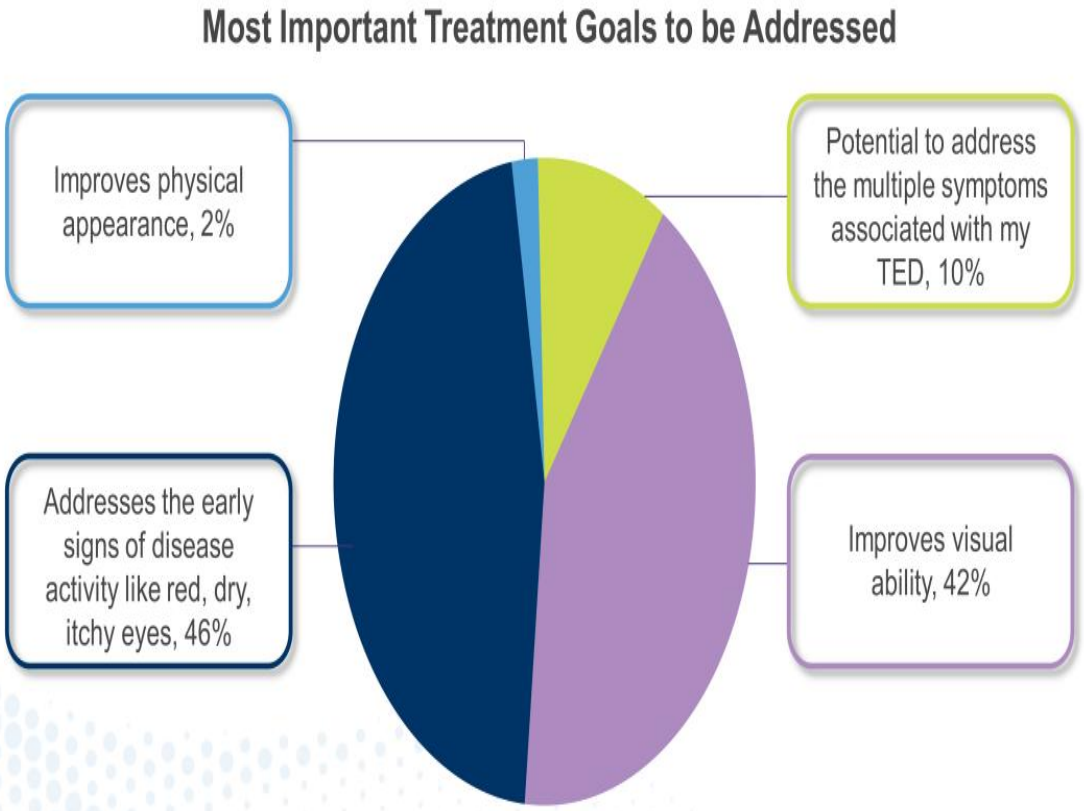
1. Davies T. and Burch H.B. Clinical features and diagnosis of Graves' orbitopathy (ophthalmopathy), *UpToDate*, 2018.
2. McAlinden C. An overview of thyroid eye disease. *Eye and Vision*, 2014.
3. TED Patient Quantitative Survey (n=50) by Immunovant, 2022

Not surprisingly for a heterogeneous disease, people with active TED prioritize different treatment goals



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Source: TED Patient Quantitative Survey (n=50) by Immunovant, 2022

Unique dynamics of thyroid eye disease market make this a very favorable commercial opportunity for new mechanisms of action

- Reimbursement is often strictly to label for specialty products. TED products will likely continue to be labeled for a fixed duration equal to the controlled period of the registration trials
- In the OPTIC 48-week off-treatment follow-up period[1], 44% of Tepezza patients who were proptosis responders at Week 24 in OPTIC were not proptosis responders at Week 72 illustrating the opportunity for additional treatment
- We anticipate that patients who do not maintain their proptosis response will be candidates for a new mechanism of action
- We believe that a simple subcutaneous route of administration is also important to patients, and perhaps more so during retreatment due to total duration

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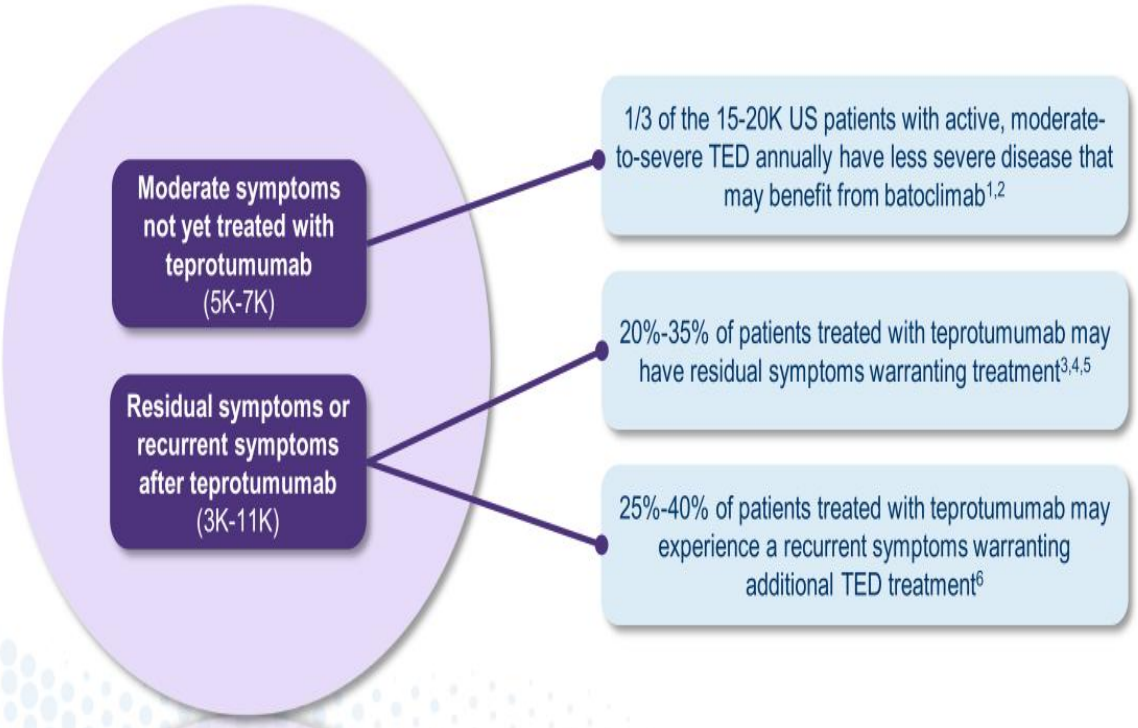
1. Horizon Therapeutics, 2020, New Topline TEPEZZA® (teprotumumab-trbw) Data Underscore its Efficacy in Longer Disease Duration, Long-Term Durability and Potential for Retreatment in People Living with Thyroid Eye Disease (TED)

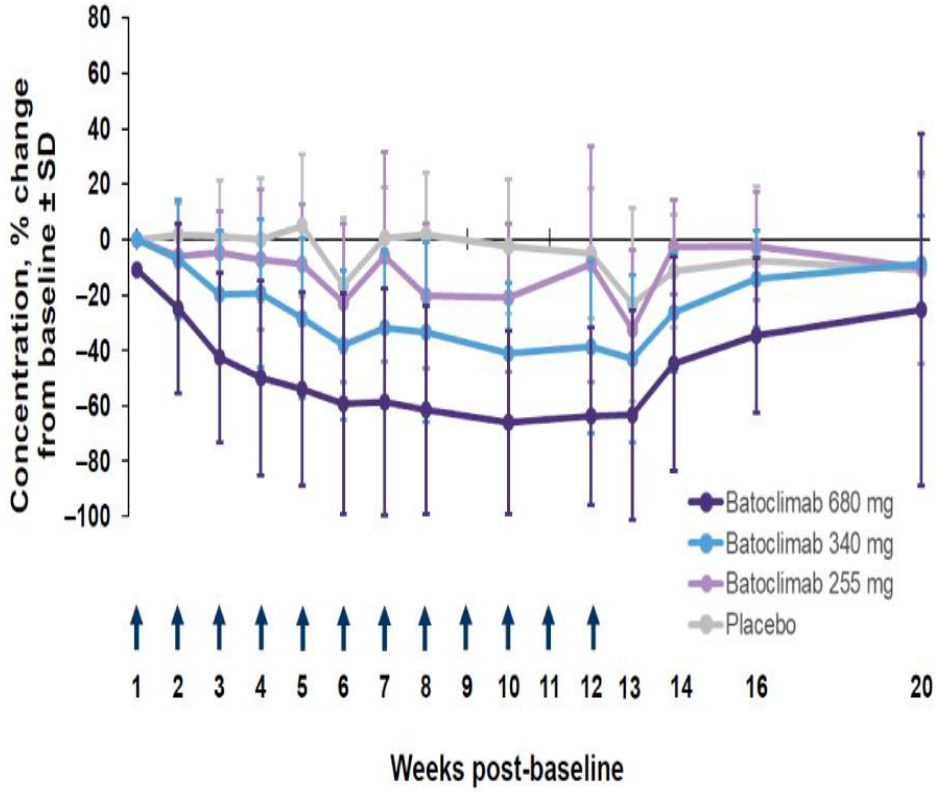
Many TED patients can benefit from a new therapy

A Total Addressable Population of 8K – 18K (US)



Sources: 1. Lazarus JH et al. *Best Practice & Research Clinical Endocrinology & Metabolism*. v26 (2012) 273-279 . 2. HCP Qualitative Research, Immunovant, 2020 3. 2021 Cowen Equity Research, March 2022 - surveyed 25 clinicians who treat 3,000+ patients with TED annually 4. Horizon Therapeutics Investor Presentations. 5. Teprotumumab's US Prescribing Information. 6. Douglas R et al. *American Academy of Ophthalmology*, v129, No. 4,

Observed reductions in stimulatory anti-TSHR antibodies with batoclimab TED Phase 2b clinical trial



Percentage of subjects with Stimulatory Anti-TSHR antibody below 140 at week 12[1]	
680 mg	50%
340 mg	15%
255 mg	0%
Placebo	0%

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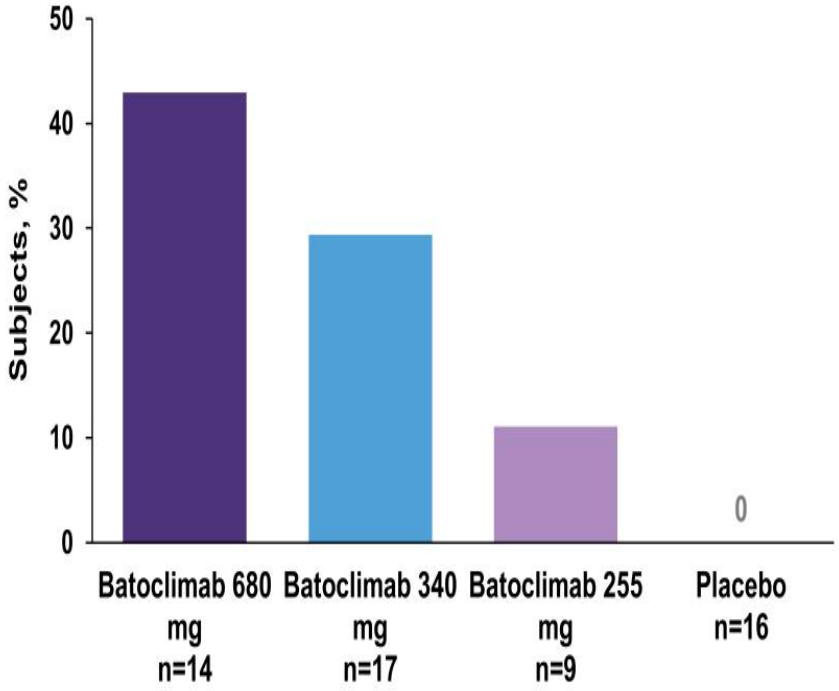
Source: Data on File, Immunovant, Inc.

[1]SRR is the "Sample to Reference Ratio". This cell-based assay readout is the ratio of the sample signal to that of a reference control, expressed as %. A value less than 140 is considered negative for stimulatory antibody; a value greater than or equal, positive for stimulatory antibody.

The efficacy of batoclimab and clinical outcomes were deemed inconclusive, in part, because the study was terminated early.

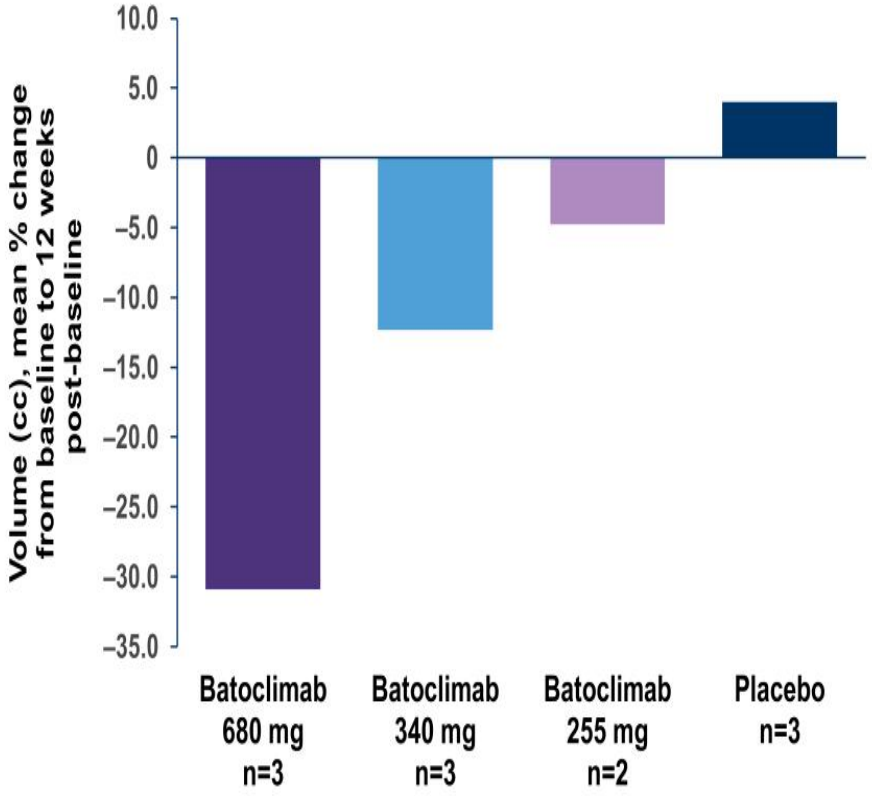
Post-hoc analysis of proptosis response at week 6[1]



Effect size similar at week 12 though confidence intervals wide

1 Proptosis response defined as proptosis reduction ≥2 mm in study eye, without ≥2 mm increase in non-study eye at same visit. Week 6 data selected as it represents the latest time point at which the largest amount of patient data is available prior to the voluntary pause
Source: Data on File, Immunovant, Inc.
The efficacy of batoclimab and clinical outcomes were deemed inconclusive, in part, because the study was terminated early.

Total muscle volume at 12 weeks post-baseline in all subjects with baseline and end of treatment CT scans



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CT: computed tomography.
Represents all patients who had a baseline and week 12 CT scan, a subset of all study participants
Source: Data on File, Immunovant, Inc.
The efficacy of batoclimab and clinical outcomes were deemed inconclusive, in part, because the study was terminated early.

TED Phase 3 clinical trial design – two studies to be run in parallel

Inclusion

- Subjects with clinical diagnosis of TED (active, moderate to severe TED with a **CAS ≥ 4**)
- Moderate to severe active TED (not sight-threatening but **has an appreciable impact on daily life**)
- Graves' disease as evidenced by **positive anti-TSHR-Ab titers**

Randomization (2:1)

Study 1 and 2:
Active Treatment Phase

Placebo-controlled,
two dose regimens:

680mg batoclimab QW SC
12 wks

340mg batoclimab QW SC
12 wks

Placebo QW SC
24 wks

Follow up (4 wks)

Planning for two studies to run in parallel that follow trial design outlined above

Primary endpoint:
proptosis responders at Week 24 vs placebo where responders defined as ≥ 2 mm reduction from baseline in proptosis in the study eye without deterioration (≥ 2 mm increase) in the fellow eye

Participants that complete the active treatment phase may enter an open-label extension study, which will evaluate the response rate and durability of response over time

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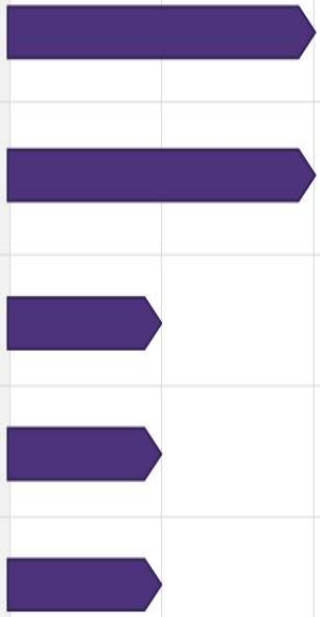
Note: subset of inclusion criteria for TED Ph3 trial shown on slide
CAS = Clinical Activity Score, anti-TSHR-Ab = anti-TSHR antibody, QW = weekly; SC = subcutaneous injection

Pursuing a broad development program with batoclimab

$494M[1] in cash expected to fund Immunovant's operating plans into calendar year 2025[2]

Target Indication	Phase 1	Phase 2	Phase 3	Anticipated Milestones
Myasthenia Gravis (MG)				Phase 3 initiation planned by end of June 2022; topline results expected in second half of calendar year 2024
Thyroid Eye Disease (TED)				Phase 3 initiation planned in second half of calendar year 2022; topline results expected in first half of calendar year 2025
Warm Autoimmune Hemolytic Anemia (WAIHA)				One of these three indications expected to be initiated as a pivotal trial (for a total of three planned pivotal trials to be initiated in calendar year 2022)
Indication 4*				
Indication 5*				



***Two new indications expected to be announced by August 2022**

IMMUNOVANT

1. As of March 31, 2022, per Annual Report on Form 10-K filed with the SEC on June 8, 2022
2. The assumptions upon which we have based our estimates are routinely evaluated and may be subject to change

Thank you

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