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

FORM 6-K

REPORT OF FOREIGN PRIVATE ISSUER PURSUANT TO RULE 13a-16 OR 15d-16 OF THE SECURITIES EXCHANGE ACT OF 1934

For the Month of June, 2024

Commission File Number: 001-39173

I-MAB

(Translation of registrant's name into English)

2440 Research Blvd, Suite 400
Rockville, MD 20850
(Address of principal executive office)

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F.

Form 20-F ☒ Form 40-F ☐

EXHIBIT INDEX

Exhibit No.	Description
99.1	Investor Presentation of I-Mab, dated June 5, 2024
99.2	Press Release of I-Mab, dated June 6, 2024

SIGNATURE

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.

Date: June 6, 2024

I-MAB

By: /s/ Joseph Skelton
Name: Joseph Skelton
Title: Chief Financial Officer

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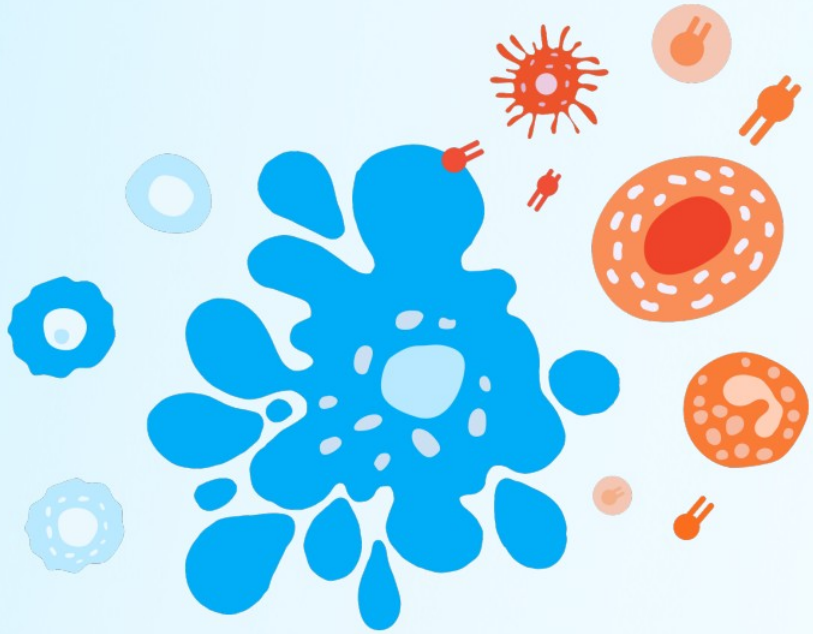

Transforming Potential into Reality

I-Mab Biopharma

June 5, 2024

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Forward Looking Statements. This presentation contains forward-looking statements. These statements are made under the "safe harbor" provisions of the U.S. Private Securities Litigation Reform Act of 1995. These forward-looking statements can be identified by terminology such as "future", "promising", "may", "plans", "potential", "will", "could position", "promise", "advance", "target", "design", "strategy", "pipeline", and "project", and similar terms or the negative thereof. Statements that are not historical facts, including statements about I-Mab's beliefs and expectations, are forward-looking statements. The forward-looking statements in this presentation include, without limitation, statements regarding the following: the Company's pipeline and capital strategy; the potential benefits, advantages, promise, attributes, and target usage of ulileclimab; the Company's plans for a U.S. IND submission for ulileclimab and the anticipated timing or outcome thereof; the potential differentiations of givastomig from other Claudin 18.2 targeted competitors; the ability to position givastomig as a best-in-class Claudin 18.2 therapy; the anticipated timing of updated monotherapy dose expansion data; the potential of ragistomig, including to enable broader use; the projected advancement of the I-M portfolio and anticipated key milestones in 2024 and related timing; the Company's belief as to its positioning for meaningful value creation; and the market opportunity and I-Mab's potential next steps (including, without limitation, the potential expansion, differentiation, or commercialization) for ulileclimab, givastomig and ragistomig. These forward-looking statements involve inherent risks and uncertainties that could cause actual results differ materially from those expressed or implied in such forward-looking statements. These risks and uncertainties include, but are not limited to, the following: I-Mab's ability to demonstrate the safety and efficacy of its drug candidates; the clinical results for its drug candidates, which may or may not support further development or new drug application/biologics license application approval; the content and timing of decisions made by relevant regulatory authorities regarding regulatory approval of I-Mab's drug candidates; I-Mab's ability to achieve commercial success for its drug candidates, if approved; I-Mab's ability to obtain and maintain protection intellectual property for its technology and drugs; I-Mab's reliance on third parties to conduct drug development, manufacturing and other services; I-Mab's limited operating history and I-Mab's ability to obtain additional funding for operations and to complete the development and commercialization of its drug candidates; and discussions of potential risks, uncertainties, and other important factors in I-Mab's most recent annual report on Form 20-F and I-Mab's subsequent filings with the U.S. Securities and Exchange Commission (the "SEC"). I-Mab may also make written or oral forward-looking statements in its periodic reports to the SEC, in its annual report to shareholders, in press releases and other written materials, and in oral statements made by its officers, directors, or employees to third parties. All forward-looking statements are based on information currently available to I-Mab. I-Mab undertakes no obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except as may be required by law.

I-Mab is Well-positioned for Meaningful Value Creation

A global biotech with an innovative portfolio and a healthy balance sheet

Advancing an Innovative Pipeline

Uliledlimab (**CD73**)

Givastomig (**CLDN18.2 x 4-1BB**)

Ragistomig (**PD-L1 x 4-1BB**)

Emerging U.S. Entity

NASDAQ-listed

US-based Leadership Team

Headquartered in Rockville, MD

Divestiture of China Operations

Transaction closed Apr-24

Aggregate consideration of up to US$80M, contingent on certain future regulatory and sales-based milestones

Disciplined Capital Strategy

Cash balance of $321.8M[1] as of December 31, 2023

Reduced cash burn following divestiture to align resources to most promising programs

1. Cash position refers to cash, cash equivalents, and short-term investments

Notes: CLDN18.2 = Claudin 18.2

Advancing a Differentiated and Commercially Attractive Pipeline

Asset	Phase 1	Phase 2	Phase 3	Market Opportunity	Status/Potential Next Steps
Uliledlimab CD73 Ab				Newly diagnosed stage 4 NSCLC: 300k+ patients[2]	**H2 2024**: First patient dosed in chemo CPI combination for treatment-naïve NSCLC
Givastomig[1] CLDN18.2 X 4-1BB Bispecific Ab				1L GC, GEJ, EAC: Target population of 100k+[2]	**H1 2024**: New combo cohort initiated enrollment **H2 2024**: Phase 1 dose expansion monotherapy data
Ragistomig/TJ-L14B[1] PD-L1 X 4-1BB Bispecific Ab				Refractory/relapsed cancers: PD-(L)1 progression impacts most patients with metastatic disease[2]	**H1 2024**: Phase 1 monotherapy data presented at ASCO 2024

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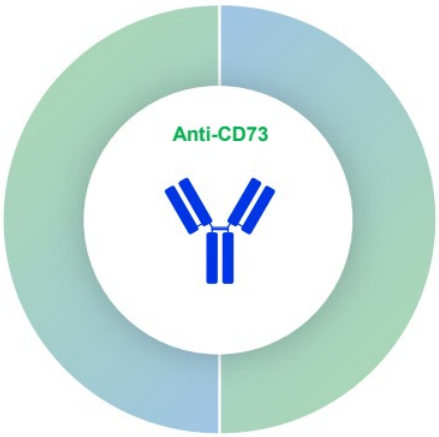
1. Co-developed with ABL Bio (also known as ABL503)
2. Global Data Epidemiology Data, Guidehouse legacy research

Notes: CPI = checkpoint inhibitors; NSCLC = non-small cell lung cancer; PD-(L)1 refers to inhibitors of PD-L1 or PD-1; Ab = antibody; GC = gastric cancers; GEJ = gastroesophageal junction; EAC = esophageal cancer

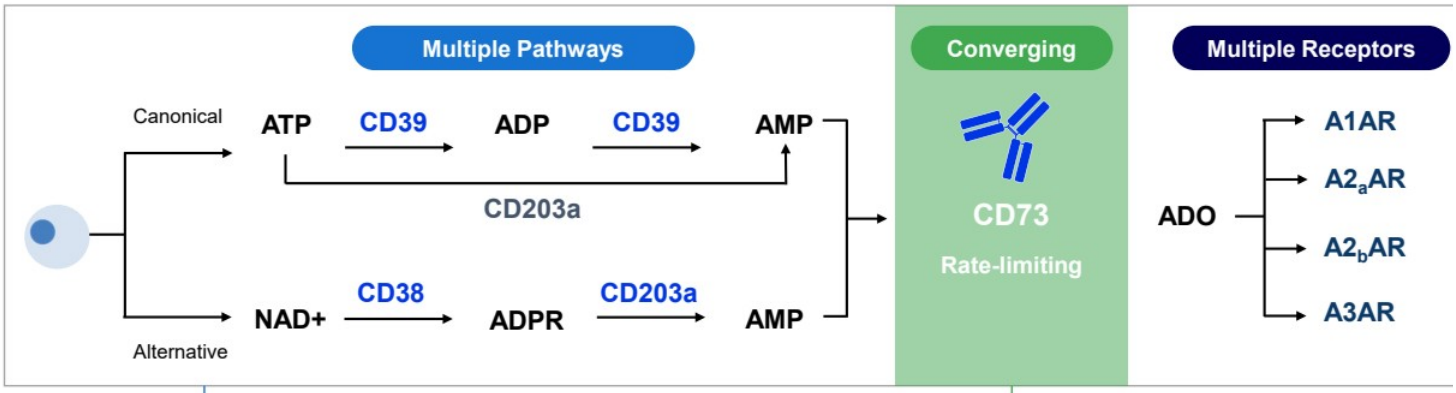
Uliledlimab (targeting CD73)

Initial development focused on newly diagnosed NSCLC with potential to expand across multiple indications i
combination with immune checkpoint inhibitors



CD73 Biology	Key Advantages
CD73 is the **only enzyme that converts AMP into immunosuppressive adenosine**	Uliledlimab **completely inhibits** CD73 activit and the production of adenosine
Blocking CD73 activity leads to **complete inhibition of the adenosine pathway**	Uliledlimab targets CD73 non-competitively **without the "hook effect"**

CD73 is the Rate-Limiting Enzyme in the Adenosine Immunosuppression Pathway



All AMP pathways converge at CD73 to generate adenosine

Advantages of targeting CD73 for cancer therap

blocking CD73 activity leads to complete inhibition of the adenosi pathway.

Known potential escape pathways (ATP, cyclic AMP, and nicotinami adenine dinucleotide through separate biochemical pathways) ex when targeting upstream CD39 or downstream adenosine receptors.

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Source: I-MAB information on file

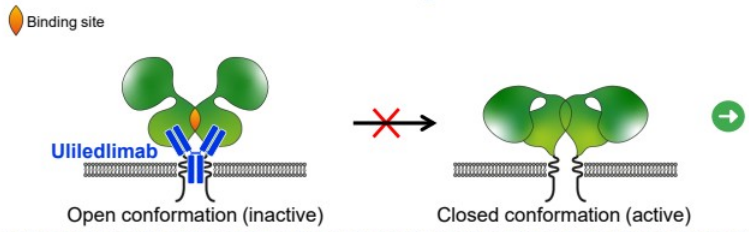
Uliledlimab: A Differentiated CD73 Antibody

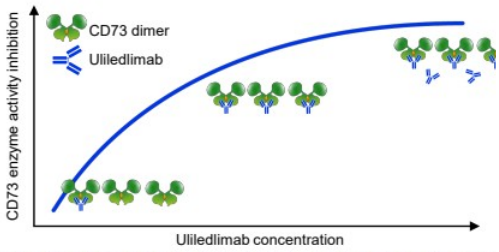
Unique intra-dimer binding through a C-terminus epitope

Complete CD73 inhibition without the "hook effect"

Intra-dimer binding mode

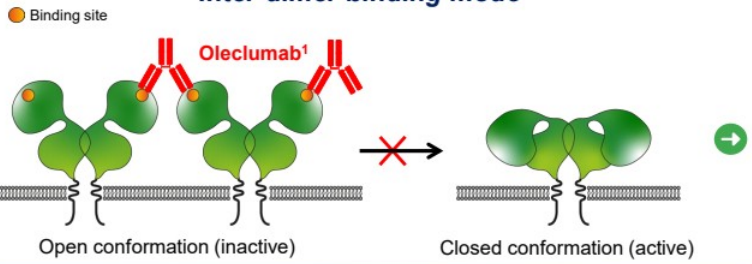
Uliledlimab inhibits CD73 by binding to the **C-terminus** and preventing CD73 dimerization

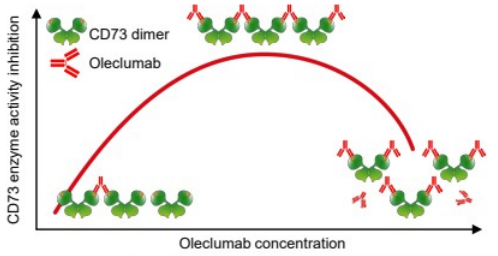




Inter-dimer binding mode

Oleclumab inhibits CD73 by binding to the **N-terminus** and preventing CD73 dimerization





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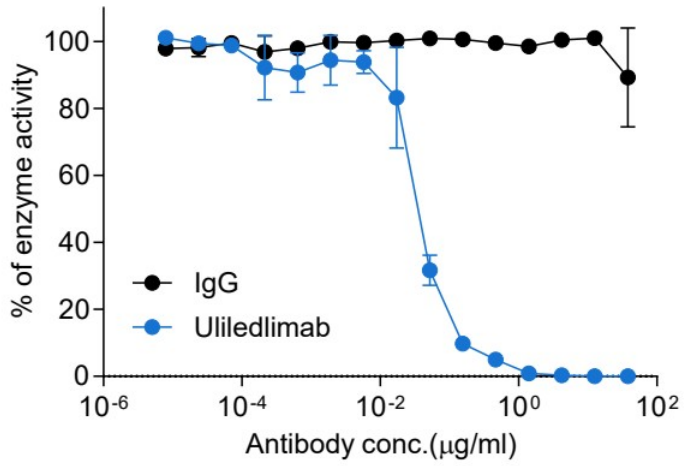
1. Oleclumab (MEDI9447) was internally produced based upon the published sequence

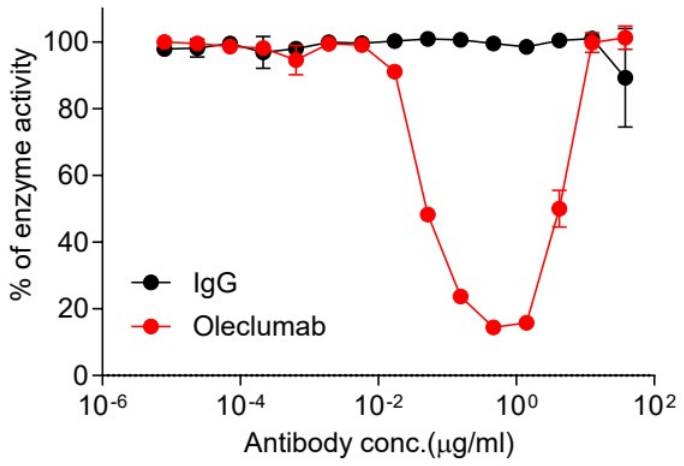
Source: I-MAB information on file

Uliledlimab Can Completely Inhibit CD73 Function *in vitro* Whereas Competit Antibody Does Not

Complete inhibition by intra-dimer binding mode



Partial inhibition by inter-dimer binding mode



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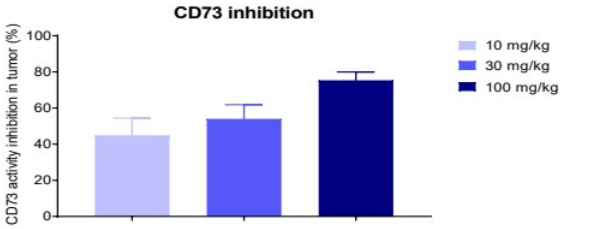
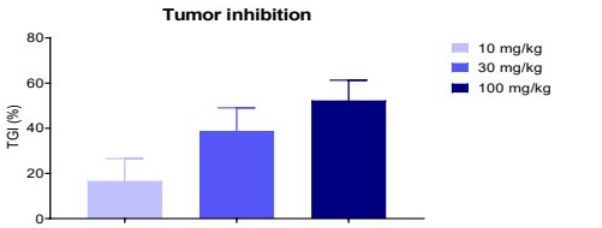
Astra Zeneca is evaluating oleclumab in a Phase 3 study in patients with Stage III NSCLC
Oleclumab (MEDI9447) was internally produced based upon the published sequence

Inhibition of CD73 Activity & Tumor Growth is Dose-Dependent for Ulileadlima

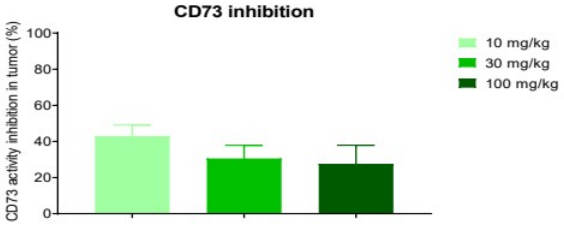
Dose-dependency not observed for oleclumab

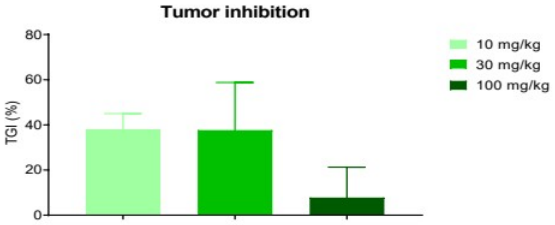
Inhibition of CD73 activity and tumor growth *in vivo* by ulileadlimab is dose-dependent





Inhibition of CD73 activity and tumor growth *in vivo* is limited by oleclumab's hook effect biology





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Source: Data on file (IMAB), based on *in vivo* study on a PDX mouse model of NSCLC (LU5212, Crown Bioscience) in which CD73 inhibition in tumor was evaluated using an enzyme-histochemistry assay
Oleclumab (MEDI9447) was internally produced based upon the published sequence

Initial Anti-Tumor Data Supports Proof of Mechanism and Promising Safety

Phase 2 ORR Data from front-line NSCLC Cohort*

ORR% (n)	PD-L1 All	PD-L1≥1%
CD73^{High}	53% (10/19)	63% (10/16)
CD73^{Low}	18% (8/45)	20% (5/25)
Pembro$^{(KN-042)}$ PD-L1+ Only	NA	27% (174/637)

Correlation of response with CD73 expression and PD-L1 levels suggest benefit driven by combination therapy

Safety observations for ulilediimab, administered to >200 patients in combination studies with CPIs

Initial safety profile of combination comparable to CPI monotherapy studies

Well tolerated up to the highest doses tested (30mg/kg Q3W), without MTD

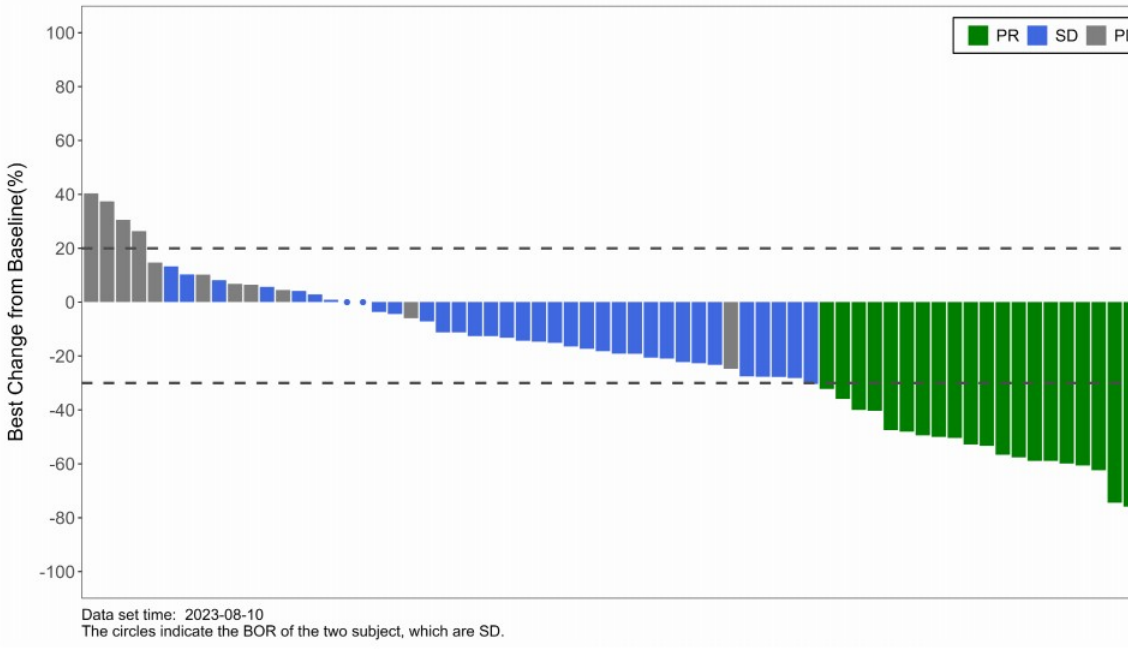
Most TRAEs/AEs were Grade 1 or 2

I-MAB BIOPHARMA

Notes: ORR = objective response rate; MTD = maximally tolerated dose; Q3W = every three weeks; AE = adverse events; CPI = checkpoint inhibitors; TRAEs = treatment-related adverse events; ASCO23 = the American Society of Clinical Oncology 2023 Annual Meeting; toripalimab (used in this study) = Approved/China and the US (Shanghai Junshi Biosciences/Coherus Biosciences)
*Patient disposition for Slides 11-13 based on ASCO23 Poster from a cohort of 70 enrolled patients with unresectable/metastatic disease, including 67 efficacy evaluable and 64 patients who received at least one post baseline tumor assessment per iRECIST. Overall study (up to n=190) enrolled 5 cohorts (3 NSCLC sub-types, 1 ovarian, 1 all comers): data in this deck are from the treatment naïve, Stage 4 NSCLC patients

Promising Early Phase 2 Data in Treatment Naïve NSCLC Patients

Most Tumors Decrease in Size



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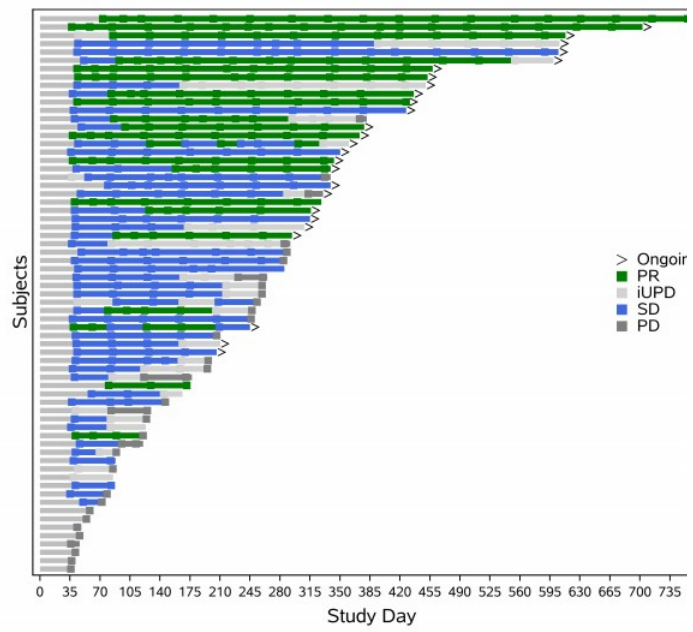
Notes: Response definitions per iRECIST criteria. PR = partial response, SD = stable disease, PD = progressive disease, BOR = best overall response
Source: ASCO23 Poster

Most Responses are Durable

18 of 21 patients with an objective response remain on treatment with a median follow-up of 10.8 months



Data set time: 2023-08-10

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Notes: Response definitions per iRECIST criteria. PR = partial response, SD = stable disease, PD = progressive disease, iUPD = unconfirmed progressive disease, NE not evaluable. IHC = immunohistochemistry
Source: ASCO23 Poster

Emerging Data Indicate that Chemotherapy May Extend the Benefit of Ulileldimab to Patients Regardless of Baseline CD73 Expression

Expanding Therapeutic Reach

Combination of chemotherapy with a checkpoint inhibitor is a standard treatment approach across multiple advanced stage malignancies

Chemotherapy co-administration may increase the immunogenicity of cancer cells

Supporting Evidence

1. Keynote-189 and Keynote-407 studies both established that co-administration with chemotherapy extends the benefit of pembrolizumab to patients with <1% PD-L1 at baseline

2. Literature reports indicate that chemotherapy upregulates CD73 expression in cancer cells[1]

Strategic Clinical Design

I-Mab plans to dose the first patient with **ulileldimab in combination with chemotherapy and checkpoint inhibitor** newly diagnosed patients with advanced NSCLC in H2 2024

1. https://doi.org/10.1073/pnas.1718197115

Developing Ulilediimab as an Immunotherapy Combination of Choice

Favorable Safety Profile as Monotherapy and in Combination with CPIs

- The lack of a “hook effect” could enable broad efficacy with optimized dosing
- Phase 2 data suggest ulilediimab is safe and well tolerated up to the highest doses tested (45

Encouraging Phase 2 NSCLC Responses Support Use in Combination Studies

- A 63% ORR observed in NSCLC patients with both high CD73 expression and PD-L1 TPS≥1% suggests that when tumors are vulnerable to PD-L1 inhibition, ulilediimab appears to augment clinical responses
- Chemotherapy co-administration may broaden the patient population that benefits from ulilediı treatment

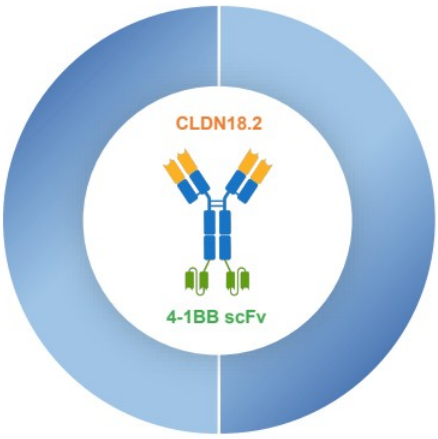
New Study Planned H2 2024

- First patient dosed with ulilediimab in combination with chemotherapy and checkpoint inhibitors newly diagnosed patients with stage 4 NSCLC is planned for H2 2024

Notes: TPS = tumor proportional score; CPI = checkpoint inhibitor; NSCLC = non-small cell lung cancer; ORR = overall response rate; IND = investigational new drug

Givastomig (targeting Claudin 18.2 and 4-1BB)

Ongoing triplet combination studies with nivolumab and chemotherapy across a wide range of Claudin 18.2 le

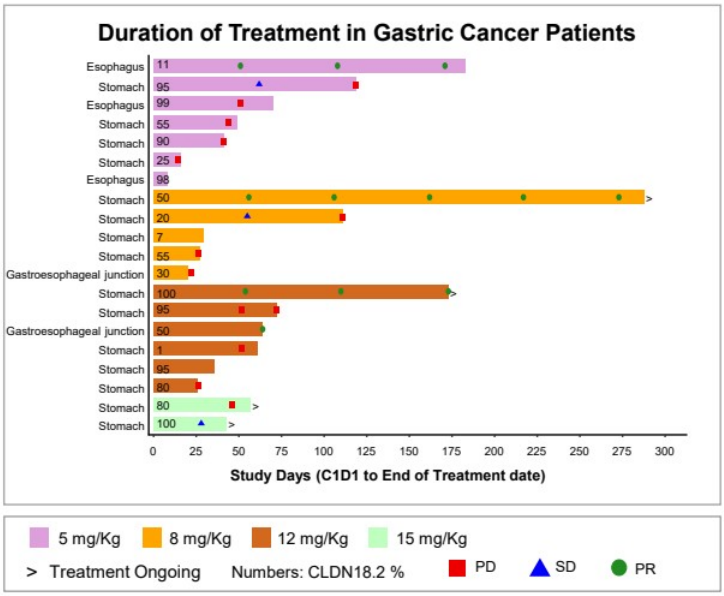


Molecular Design	Key Differentiation
Binding activity demonstrated across **various levels of CLDN18.2 expression**	Exhibits **CLDN18.2 binding** even on low expressing tumor cells
Higher-affinity binding to CLDN18.2 compared to reference antibody Zolbetuximab	Localized T cell activation in TME to **avoid 4-1BB-mediated liver toxicity** and system immune response

Unique bispecific integrates Claudin 18.2 as a tumor engager and 4-1BB as a conditional T cell activator

Notes: scFv = single chain Fragment-variable region; TME = tumor microenvironment

Early Phase 1 Responses in Heavily Pretreated Patients Provides Compellin Support for Further Studies[1]



Patient Overview:

- 20 efficacy evaluable patients with CLDN18.2+ GC/GEJ/EAC
- Three median lines of prior treatment (range 1-10)
- Dosed at 5-15 mg/kg (defined as the predicted efficacious dosing range, based on preclinical studies)
- Cohort is a subset of the Phase 1a (NCT04900818)

Responses:

- Three partial response (PR) observed; two of those had received pr anti-PD-(L)1 therapy
- Stable disease (SD) observed in four patients. Of those, one had a on the first scan and subsequently withdrew from the study (counte as SD per RECIST1.1)
- An additional PR (not on the chart) was observed in a patient with head and neck squamous cell carcinoma receiving 12mg/kg who remained on study 280 days at time of the ESMO 2023 presentatio

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1. Source: ESMO 2023
Notes: GC = gastric cancers; GEJ = gastroesophageal junction; EAC = esophageal cancer

Safety: Treatment Related AEs[1]

Treatment-related adverse events (TRAEs) occurred in ≥5% (n=55)

Preferred Term (all numbers are n(%))	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	All Grades
Nausea	10 (18.2)	3 (5.5)	0	0	0	13 (23.6)
Vomiting	7 (12.7)	2 (3.6)	0	0	0	9 (16.4)
Fatigue	7 (12.7)	1 (1.8)	0	0	0	8 (14.5)
Anemia	1 (1.8)	4 (7.3)	1 (1.8)	0	0	6 (10.9)
Abdominal pain	2 (3.6)	1 (1.8)	0	0	0	3 (5.5)
Alanine aminotransferase increased	2 (3.6)	0	1 (1.8)	0	0	3 (5.5)
Diarrhea	3 (5.5)	0	0	0	0	3 (5.5)
Headache	1 (1.8)	2 (3.6)	0	0	0	3 (5.5)
Lymphocyte count decreased	1 (1.8)	1 (1.8)	1 (1.8)	0	0	3 (5.5)
Pruritus	2 (3.6)	0	1 (1.8)	0	0	3 (5.5)
Pyrexia	3 (5.5)	0	0	0	0	3 (5.5)
White blood cell count decreased	0	2 (3.6)	1 (1.8)	0	0	3 (5.5)

- No DLT was reported up to 15mg/kg, and MTD was not reached
- Most commonly reported TRAEs (>10% of subjects): Grade 1 or 2 nausea (23.6%), vomiting (16.4% fatigue (14.5%), anemia (10.9%)
- 10 subjects (18.2%) experienced least one Grade 3 TRAE. No Gra 3 TRAEs occurred in more than o subject
- Onset of gastrointestinal TRAEs: generally, after 14 days of treatment, recovery within one week; none led to drug withdrawa

1. Source: ESMO 2023

Notes: DLT = dose-limiting toxicity, MTD = maximum tolerated dose

Givastomig Yields Better Monotherapy Responses in Patients with High and Low CLDN Expression Compared to Phase 1/2 Zolbetuximab Studies

Drug	Givastomig (bi-specific)	Zolbetuximab (mAb)	
Phase	**Phase 1**	**Phase 1**	**Phase 2**
CLDN18.2 – Expression of the Study Group	IHC ≥**1⁺ in ≥1%** cells	IHC ≥**1⁺ in ≥1%** cells	IHC ≥ **2⁺ in ≥ 50%** cells
Diagnosis	Previously treated GC/GEJ/EAC	Previously treated GC/GEJ	Previously treated GC/GEJ/EAC
Efficacy Evaluable	20	15	43
ORR	**15%** (3/20)	0	9% (4/43)
DCR (CR+PR+SD)	**35%** (7/20)	1 SD	23% (10/43)
Source	Givastomig poster #1039P ESMO 2023	U Sahin et al. European Journal of Cancer 100 (2018) 17e26	O Tureci et al. Annals of Oncology 30: 1487–1495, 2019

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Notes: Zolbetuximab (Astellas) is currently under review with the FDA; mAb = monoclonal antibody; ORR = overall response rate; DCR = disease control rate; CR = complete response; PR = partial response; SD = stable disease; GC = gastric cancers; GEJ = gastroesophageal junction; EAC = esophageal cancer. Note that the comparisons in the table above are not based on data from head-to-head trials and are not direct comparisons. Differences in trial designs, patient groups, trial endpoints, study sizes and other factors may impact the comparisons

Potential Differentiations of Givastomig from Other Claudin 18.2 Targeted Competitors

	Givastomig	Zolbetuximab	ADCs
MoA of Monotherapy	CLDN18.2 dependent T cell activation in tumor 4-1BB agonism to increase T cell expansion in tumor and reinvigorate exhausted T cells Bi-specific antibody designed to have conditional 4-1BB activation	Direct killing of CLDN18.2 tumor cells by ADCC may also release the tumor antigen	CLDN18.2 targeted chemotherapy and direct killing by ADCC Lysis of tumor cells by toxin can release th tumor antigen to mediate immune respons
Efficacy	~20% monotherapy ORR in previously treated CLDN18.2 + GC/GEJ/EC	~10% monotherapy ORR in previously treated CLDN18.2 + GC/GEJ/EC[2]	33% monotherapy ORR in previously treated CLDN18.2 + GC/GEJ[3]
Safety	No Grade 3 neutropenia No Grade 3 vomiting	22% Grade 3 vomiting[2]	20% Grade 3+ Neutropenia 10% Grade 3 vomiting[4]
Claudin 18.2 Targetable Expression	Broad expression due to Giva-mediated bystander tumor-killing[1]	Limited to targeting higher CLDN-expressing tumors	Likely limited to targeting high CLDN-expressing tumors

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1. Givastomig-mediated T cell activation by CLDN18.2-positive tumor cells leads to the killing of nearby CLDN18.2-negative tumor cells
2. ADC efficacy:
3. ASCO Plenary Series 2023 (Note: Examples reported are from representative molecules within ADC class as not all ADCs will have these specific numbers;
4. Annals of Oncology

Unique Bispecific Design Properties and Monotherapy Data in Gastric Cancers Could Position Givastomig as Best-in-Class Claudin 18.2 Therapy

Unique Design To Enable Wide Use Plus Favorable Initial Safety Profile

Bispecific design results in **CLDN18.2 conditional 4-1BB and T cell activation,** potentiall inducing long-lasting immune memory response. Conditional localized activation of 4-1BB a cells enable superior anti-tumor activity even in tumors with low levels of CLDN18.2 express

Phase 1 dose escalation reached highest planned dose **without encountering DLT or liver toxicity signals**

Encouraging Responses in Previously Treated Patients, including Those with Low CLDN18.2

Objective responses seen in patients with gastric and esophageal cancer who had receive multiple lines of prior treatment, including PD-(L)1, and had low CLDN18.2 levels

CLDN18.2 assay for patient selection is in development with a partner

Dose Expansion Data and New Chemotherapy/Nivolumab Combo Planned for 2024

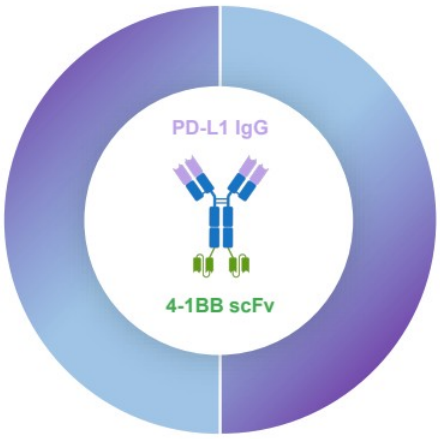
New dose expansion in combination with nivolumab and chemotherapy cohort study began in H1 2024 in treatment naïve patients with gastric cancers

Updated monotherapy dose expansion data in CLDN18.2+ patients with gastric cancers whose disease has progressed after previous treatment to be presented in 2H 2024

Notes: Gastric cancers = gastric, gastroesophageal junction and esophageal cancer

Ragistomig (ABL503/TJ-L14B, targeting PD-L1 and 4-1BB)

Unique bispecific integrates PD-L1 as a tumor engager and 4-1BB as a conditional T cell activator



Molecular Design	Key Differentiation
Designed to treat **PD-(L)1 expressing cancers**	Targeting PD-L1+ tumor cells and blocking PD-L1/PD-1 interaction
PD-L1-dependent **conditional 4-1BB activation** via tumor site	4-1BB conditional activation with **localized immune activation** in TME

Promising, early Phase 1 dose efficacy data presented at ASCO 2024

I-MAB BIOPHARMA

Notes: scFv = single chain Fragment-variable region; TME = tumor microenvironment

Unique Bispecific Design Properties and Monotherapy Data in R/R Patients

Unique Design To Enable Broader Use Plus Favorable Initial Safety Profile

Bispecific design to **stimulate 4-1BB** activation **in the presence of PD-L1** expressing tumor cells to minimize off-tumor toxicity

Maximally tolerated dose 7mg/kg Q2W

Dose expansion is ongoing with preliminary efficacy signals

Preliminary Phase 1 Efficacy Signals Observed

Objective responses seen in patients with progressive, locally advanced, or metastatic solid tumors that are relapsed or refractory following prior lines of treatment:

- One Complete Response (CR), six Partial Responses (PR), three Stable Disease (SD)[1]
- Objective Response Rate (ORR) of 26.9%, Clinical Benefit Ratio (CBR) of 69.2% at 3 mg/kg and 5 mg/kg dosing groups (combined, n=26)

The CR was observed in a heavily pretreated ovarian cancer patient dosed at 3 mg/kg (seven lines of prior therapy)

Top-line Phase 1 Clinical Data at ASCO 2024

Data support further development as a monotherapy and in combination with other agents

I-MAB BIOPHARMA

1. Data cut-off as of April 19, 2024

Notes: MTD = maximum tolerated dose; CR = complete response; PR = partial response; uPR = unconfirmed partial response; R/R = relapsed/refractory. Study design per clinicaltrials.gov

I-Mab Portfolio Projected to Substantially Advance

Key milestones in 2024

Timing	Program	Milestone
H1 2024	givastomig	**New triple combination dose expansion cohort began enrollment** Givastomig/nivolumab/chemotherapy regimen (patients with gastric, GEJ, and esophageal cancers)
H1 2024	ragistomig	**Phase 1 monotherapy data presented at ASCO 2024** Dataset included 1 CR, 6 PR, and 3 SD, resulting in a 26.9% ORR and 69.2% CBR at 3 mg/kg and 5 mg/kg dosing groups (combined, n=26)
H2 2024	givastomig	**Presentation of updated Phase 1 dose expansion data** monotherapy (CLDN18.2+ patients with gastric, GEJ, and esophageal cancers)
H2 2024	ulilediimab	**US first patient dosed:** First patient dosed in chemo + CPI combination for treatment-naïve NSCLC

Notes: CPI = checkpoint inhibitor; CLDN = Claudin; NSCLC = non-small cell lung cancer; GEJ = gastroesophageal junction

I-Mab is Well-positioned for Meaningful Value Creation

A global biotech with an innovative portfolio and a healthy balance sheet

Advancing an Innovative Pipeline

Uliledlimab (**CD73**)

Givastomig (**CLDN18.2 x 4-1BB**)

Ragistomig (**PD-L1 x 4-1BB**)

Emerging U.S. Entity

NASDAQ-listed

US-based Leadership Team

Headquartered in Rockville, MD

Divestiture of China Operations

Transaction closed Apr-24

Aggregate consideration of up to US$80M, contingent on certain future regulatory and sales-based milestones

Disciplined Capital Strategy

Cash balance of $321.8M[1] as of December 31, 2023

Reduced cash burn following divestiture to align resources to most promising programs

1. Cash position refers to cash, cash equivalents, and short-term investments

Notes: CLDN18.2 = Claudin 18.2

I-Mab Biopharma

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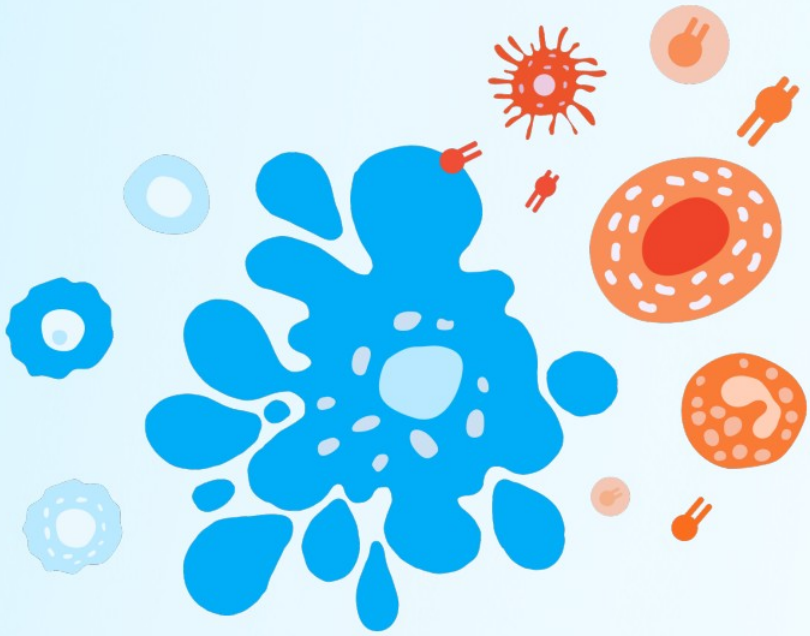

Stay connected

Exhibit 99.2

I-Mab Appoints Phillip Dennis, MD, PhD, as Chief Medical Officer

ROCKVILLE, MD, June 6, 2024 – I-Mab (NASDAQ: IMAB) (the "Company"), a U.S.-based, global biotech company, exclusively focused on the development and potential commercialization of highly differentiated immunotherapies for the treatment of cancer, today announced the appointment of Dr. Phillip Dennis as Chief Medical Officer. Dr. Dennis, who will join I-Mab effective June 17, 2024, will lead the Company's global clinical development efforts and serve as a member of I-Mab's Executive Leadership Team.

"I am pleased to welcome Dr. Phillip Dennis as our Chief Medical Officer. Dr. Dennis brings over two decades of experience in oncology drug development, including his role as a cross-functional leader of the international team that developed a novel PD-L1 inhibitor and his contributions to the development of other assets for lung and other cancers." said Raj Kannan, CEO of I-Mab. "I look forward to partnering with Phillip in further advancing our clinical development pipeline and unlocking the potential of I-Mab for patients and shareholders."

"I am pleased to join I-Mab at this critical juncture in the Company's growth," said Dr. Dennis. " I am excited about the opportunity for ulilediimab, givastomig, and ragistomig, based on data from monotherapy and combination therapy in advanced solid tumors, including lung and gastric cancers, presented at major medical meetings to date. I look forward to working with my accomplished colleagues to support the accelerated development of I-Mab's clinical pipeline."

Before joining I-Mab, Dr. Dennis was Vice President of Lung Cancer Strategy and the Global Project Head for a novel, first-in-class ADC at Sanofi (NASDAQ: SNY). Prior to Sanofi, Dr. Dennis was Vice President of Lung Cancer Strategy and Global Clinical Lead at AstraZeneca (NASDAQ: AZN). In these roles, Dr. Dennis served as the disease strategy head for lung cancer and led the cross-functional development of key assets, including IMFINZI®. Prior to his pharmaceutical career, Dr. Dennis was a widely published professor of Oncology, Medicine, and Pharmacology at Johns Hopkins University. Dr. Dennis received his MS, MD, and PhD degrees from the New York University School of Medicine as part of the Medical Scientist Training Program. Dr. Dennis completed his residency in Internal Medicine and fellowship in Medical Oncology at Johns Hopkins. Dr. Dennis also spent 14 years as a translational researcher at the US National Cancer Institute, achieving tenure as a Senior Investigator. He is an elected member of the American Society for Clinical Investigation and has won several awards, including an NIH Merit Award.

About I-Mab

I-Mab (NASDAQ: IMAB) is a U.S.-based, global biotech company, exclusively focused on the development and potential commercialization of highly differentiated immunotherapies for the treatment of cancer.

I-Mab has established operations in the U.S. in Rockville, Maryland, and in San Diego, California. For more information, please visit https://www.i-mabbiopharma.com and follow us on LinkedIn and X.

IMFINZI® is a registered trademark of AstraZeneca.

I-Mab Forward Looking Statements

This press release contains forward-looking statements. These statements are made under the "safe harbor" provisions of the U.S. Private Securities Litigation Reform Act of 1995. These forward-looking statements can be identified by terminology such as "will", "expects", "believes", "designed to", "anticipates", "future", "intends", "plan", "promise", "potential", "estimate", "confident", "explore", "optimistic about", "look forward to", and similar terms or the negative thereof. Statements that are not historical facts, including statements about I-Mab's beliefs and expectations, are forward-looking statements. The forward-looking statements in this press release include, without limitation, statements regarding: the anticipated terms, objectives, and potential for its clinical pipeline, including uliledlimab, givastomig, and ragistomig. These forward-looking statements involve inherent risks and uncertainties that could cause actual results to differ materially from those expressed or implied in such forward-looking statements. These risks and uncertainties include, but are not limited to, the following: I-Mab's ability to demonstrate the safety and efficacy of its drug candidates; the clinical results for its drug candidates, which may not support further development or New Drug Application/Biologics License Application approval; the content and timing of decisions made by the relevant regulatory authorities regarding regulatory approval of I-Mab's drug candidates; I-Mab's ability to achieve commercial success for its drug candidates, if approved; I-Mab's ability to obtain and maintain protection of intellectual property for its technology and drugs; I-Mab's reliance on third parties to conduct drug development, manufacturing and other services; I-Mab's limited operating history and I-Mab's ability to obtain additional funding for operations and to complete the development and commercialization of its drug candidates; and discussions of potential risks, uncertainties, and other important factors in I-Mab's most recent annual report on Form 20-F and I-Mab's subsequent filings with the U.S. Securities and Exchange Commission (the "SEC"). I-Mab may also make written or oral forward-looking statements in its periodic reports to the SEC, in its annual report to shareholders, in press releases and other written materials, and in oral statements made by its officers, directors, or employees to third parties. All forward-looking statements are based on information currently available to I-Mab. I-Mab undertakes no obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except as may be required by law.

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