# 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): January 8, 2018**

# Aduro Biotech, Inc.
**(Exact name of registrant as specified in its charter)**

| **Delaware** | **001-37345** | **94-3348934** |
|---|---|---|
| **(State or other jurisdiction of incorporation)** | **(Commission File Number)** | **(IRS Employer Identification No.)** |

| | |
|---|---|
| **740 Heinz Avenue**<br>**Berkeley, California** | **94710** |
| **(Address of principal executive offices)** | **(Zip Code)** |

**Registrant's telephone number, including area code: (510) 848-4400**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligations 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))

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 8.01 Other Events**

Attached hereto as Exhibit 99.1 is an investor presentation that Aduro Biotech, Inc. plans to present during the 36th Annual J.P. Morgan Healthcare Conference commencing on January 8, 2018.

**Item 9.01 Financial Statements and Exhibits**

(d) Exhibits.

| Exhibit | Description |
| --- | --- |
| 99.1 | Aduro Biotech, Inc. Investor Presentation. |

**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.

Dated: January 8, 2018

**ADURO BIOTECH, INC.**

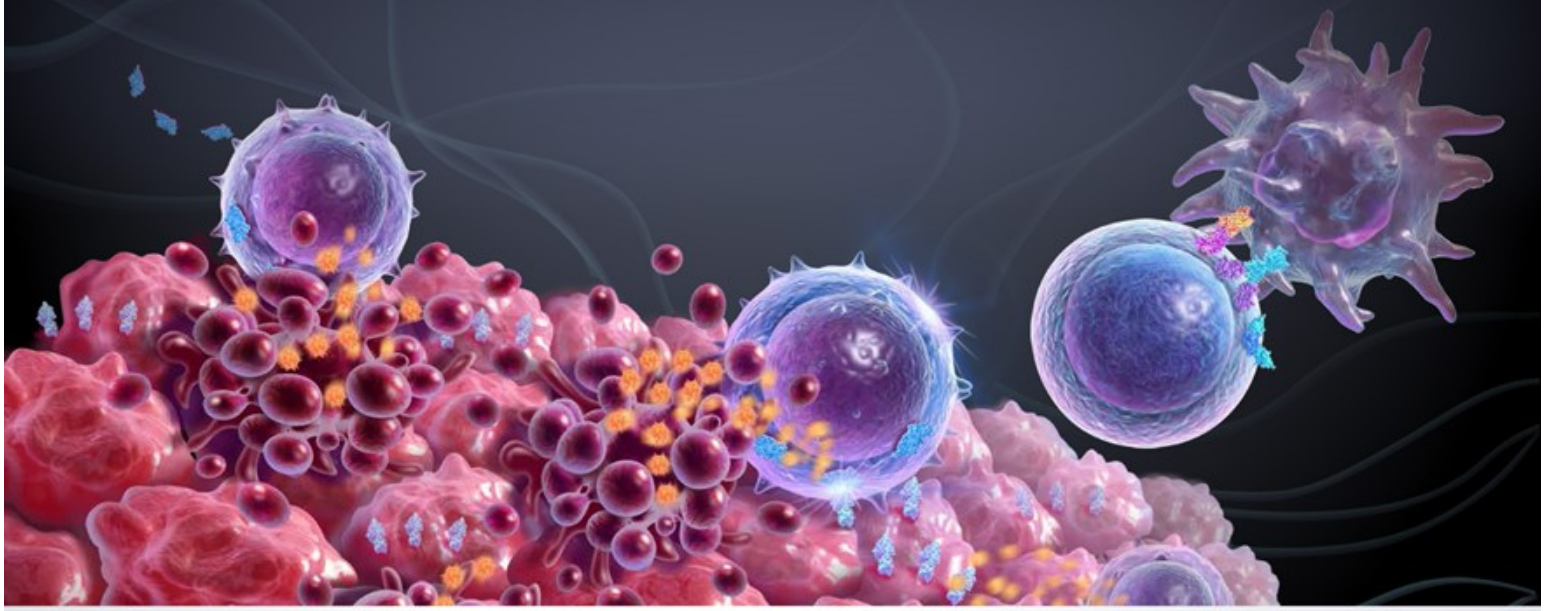
By: /s/ Jennifer Lew
Jennifer Lew
Chief Financial Officer

**Exhibit 99.1**

# Corporate Presentation

January 2018

ADURO BIOTECH



PIONEERING IMMUNOTHERAPY. TRANSFORMING LIVES.

# Disclaimer

**Special Note Regarding Forward-Looking Statements**

This presentation and the accompanying oral presentation include express and implied forward-looking statements regarding the current intentions, expectations, estimates, opinions and beliefs of Aduro Biotech, Inc. ("Aduro") that are not historical facts. These forward-looking statements include statements regarding Aduro's expectations for its product candidates (including their therapeutic and commercial potential, anticipated future development activities, anticipated timing of development activities, the indications Aduro and its collaborators plan to pursue, anticipated submissions to the U.S. Food and Drug Administration, potential for eventual regulatory approval, commercialization and launch of Aduro's product candidates), future results of operations and financial position, business strategy, strategic collaborations, any royalty or milestone payments and Aduro's ability to obtain and maintain intellectual property protection for its product candidates. Such forward-looking statements may be identified by words such as "believes", "may", "will", "expects", "endeavors", "anticipates", "intends", "plans", "estimates", "projects", "should", "objective" and variations of such words and similar words. Forward-looking statements are not guarantees of future performance and are subject to risks and uncertainties that could cause actual results and events to differ materially from those anticipated, including, but not limited to, Aduro's history of net operating losses and uncertainty regarding its ability to achieve profitability, Aduro's ability to develop and commercialize its product candidates, Aduro's ability to use and expand its technology platforms to build a pipeline of product candidates, Aduro's ability to obtain and maintain regulatory approval of its product candidates, Aduro's ability to operate in a competitive industry and compete successfully against competitors that have greater resources than it does, Aduro's reliance on third parties, and Aduro's ability to obtain and adequately protect intellectual property rights for its product candidates. Aduro discusses many of these risks in greater detail under the heading "Risk Factors" in its most recent Quarterly or Annual Report on Form 10-Q or Form 10-K filed with the Securities and Exchange Commission. Any forward-looking statements that Aduro makes in this presentation and the accompanying oral presentation speak only as of the date of these presentations. Except as required by law, Aduro assumes no obligation to update its forward-looking statements whether as a result of new information, future events or otherwise, after the date hereof.

Nothing contained in this presentation is, or should be construed as, a recommendation, promise or representation by the presenter or Aduro or any director, employee, agent, or adviser of Aduro. This presentation does not purport to be all-inclusive or to contain all of the information you may desire.

# Aduro Highlights

# Aduro's Development Pipeline

| | | | | |
|---|---|---|---|---|
| **STING Pathway Activators**<br>Using a tumor's composition to activate a patient-specific anti-cancer response | **ADU-S100**<br>Multiple tumors<br>Phase 1<br>NOVARTIS | **ADU-S100 + αPD-1**<br>Multiple tumors<br>Phase 1b<br>NOVARTIS | **ADU-S100 + Ipi**<br>***Planned***<br>Melanoma<br>Phase 1<br>NOVARTIS | **STING Discovery**<br>STING-Blok Autoimmune<br>Adjuvant Infectious Disease |
| **B-select Antibodies**<br>Panning technology to yield high-affinity antibodies targeting functional epitopes | **Anti-APRIL**<br>Multiple Myeloma<br>Phase 1/2 | **Anti-CTLA-4**<br>Oncology<br>Preclinical | **Antibody Discovery**<br>Evaluating other unique antibody targets | |
| **pLADD**<br>Personalized therapy using a patient's own unique tumor antigens | **pLADD**<br>MSS Colorectal<br>Phase 1 | | | |
| **Out-Licensed**<br>Strategic collaborations to advance agents developed at Aduro | **ADU-214**<br>***Planned***<br>Lung<br>Phase 1b/2<br>janssen | **Anti-CD27 agonist**<br>Oncology<br>Preclinical<br>MERCK | | |



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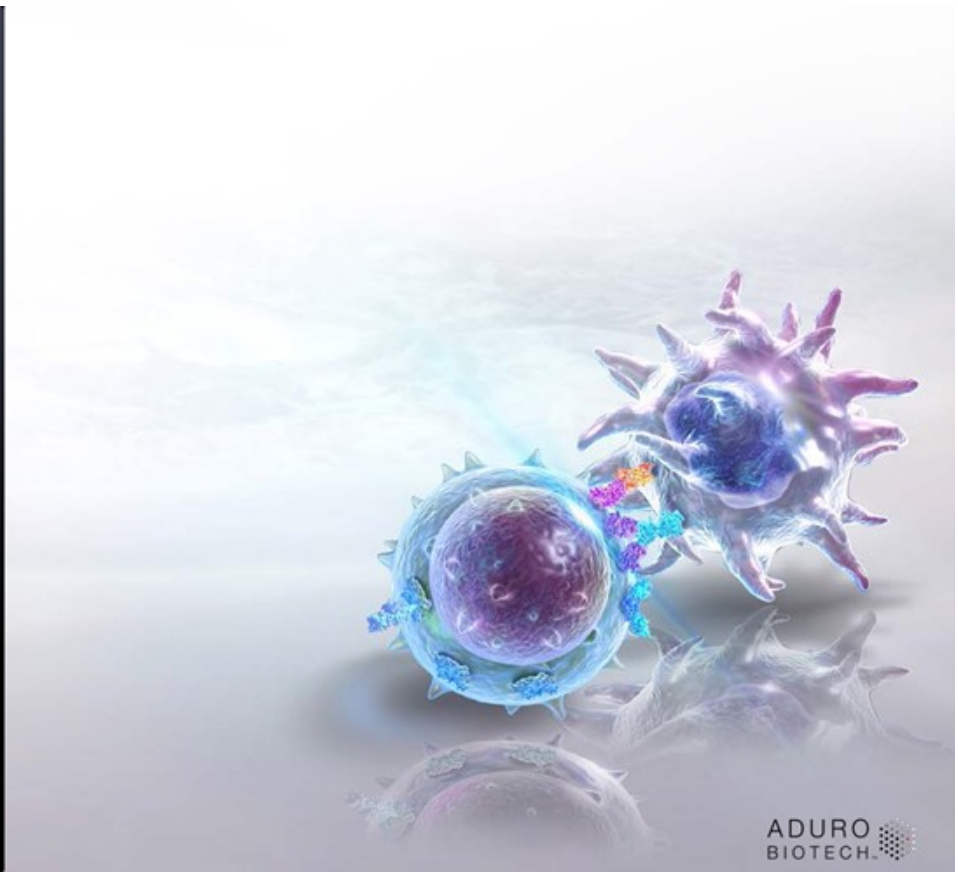
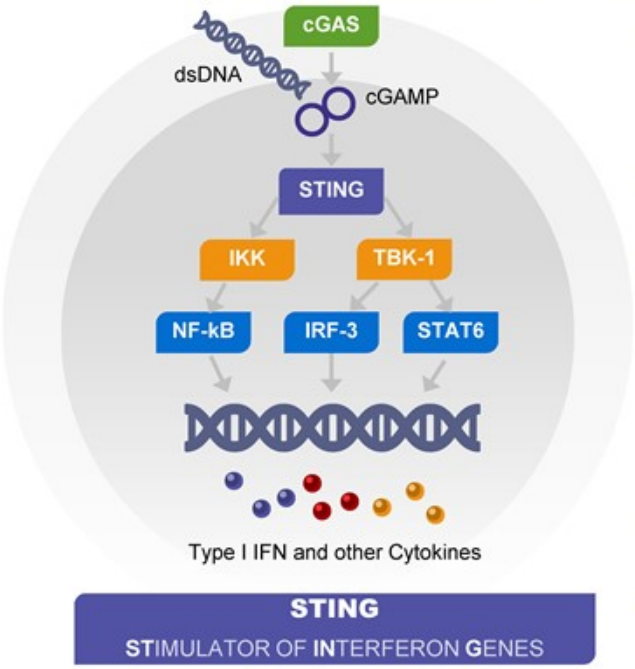
# Notable 2017 Accomplishments

- Corporate achievements and notable news
  - ✓ Expanded Scientific Advisory Board with the appointment of several new key opinion leaders
  - ✓ Received $2 million in development milestone payment from Merck
  - ✓ Bolstered intellectual property position with three new STING patents
  - ✓ Awarded East Bay Innovation Award for contributions in Life Sciences and the San Francisco East Bay Community
- Development achievements
  - ✓ Advanced ADU-S100 into a global combination trial with the anti-PD-1 PDR001 for the treatment of solid tumors and lymphomas
  - ✓ Dosed the first patient in the FIH Phase 1/2 clinical trial of novel anti-APRIL antibody, BION-1301, for the treatment of multiple myeloma
  - ✓ Dosed the first patient in the FIH Phase 1 clinical trial of personalized immunotherapy pLADD
  - ✓ Entered into exclusive license agreement for proprietary neoantigen identification technology with Stanford University for use with Listeria-based therapeutics
  - ✓ Presented preclinical data on efficacy of pLADD
  - ✓ Presented preclinical data on anti-APRIL antibody demonstrating that its blocking of TACI in addition to BCMA results in inhibition of regulatory T cells
  - ✓ Presented preclinical data showing anti-CTLA-4 antibody inhibiting tumor growth and enhancing T cell-dependent antibody responses
  - ✓ Janssen reported encouraging results from a Phase 1 study of ADU-214 in lung cancer

# STING



# STING: Off-the-Shelf Patient-Specific Therapy




**STING**

**ST**IMULATOR OF **IN**TERFERON **G**ENES

- Family of proprietary small molecules
  - Synthetic compounds more potent than natural STING ligands
  - Strong IP position
- ADU-S100 – first-in-class lead oncology product candidate
  - Activates all known human STING receptors
- ADU-S100 demonstrated preclinical anti-tumor activity
  - Induced 'inflamed' tumor microenvironment
  - Induced tumor antigen-specific T cell immunity
  - Induced durable systemic tumor rejection
  - Combination with anti-PD1 resulted in complete eradication of local & distal tumors resistant to anti-PD1
- Two ongoing Phase 1 studies and multiple additional combination trials being considered
- STING Pathway antagonists for autoimmune disease



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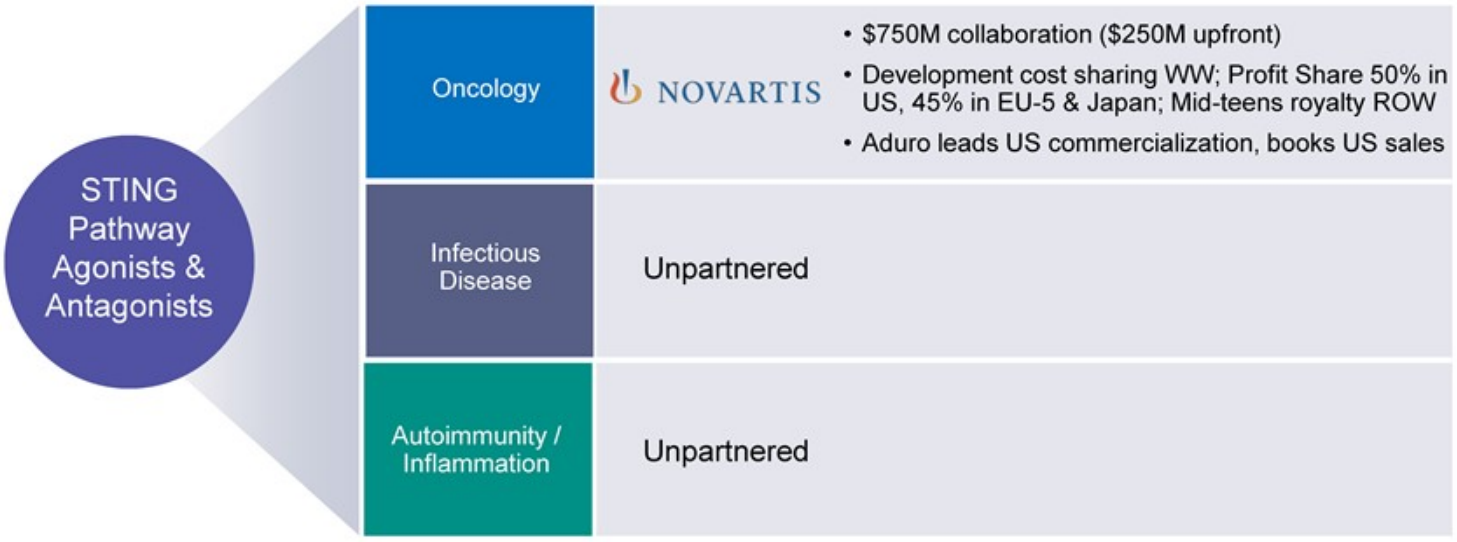
# STING Pathway Activators and Inhibitors

*Breadth of Potential STING Pathway Opportunities*



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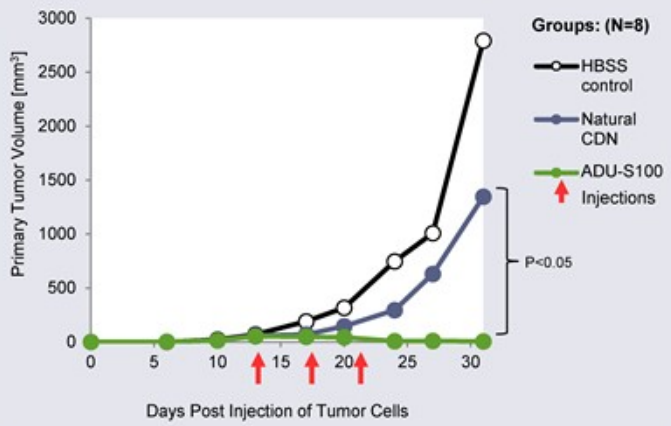
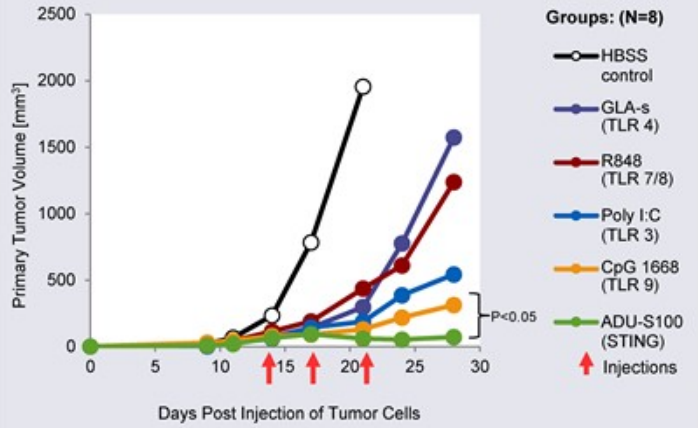
# ADU-S100: A Proprietary Highly Active Cyclic Dinucleotide

*Activity in B16 Melanoma Tumor Model Significantly Better than TLR Agonists*

ADU-S100 More Efficacious than Naturally Occurring CDN




ADU-S100 More Efficacious Than TLR Agonists



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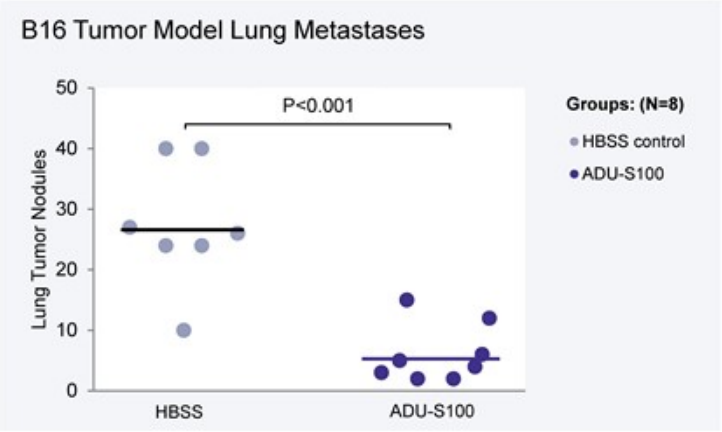
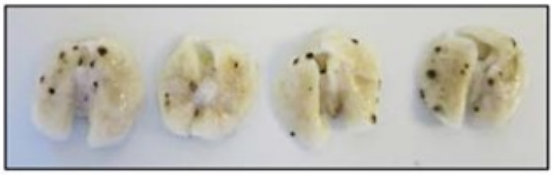
# ADU-S100: Protective Immunity in Preclinical Model

*Immunity in Lung Metastases Following IT Injection of Primary Tumor*




HBSS



ADU-S100

- B16 subcutaneous injection in the flank (Day 0) followed by IV injection (Day 7)
- ADU-S100 IT treatment course (Days 14, 17, 21) on primary flank tumor



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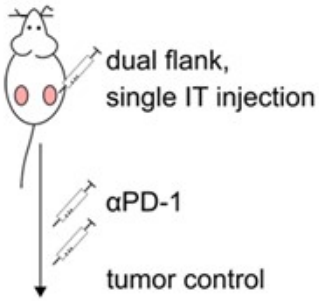
# ADU-S100: Synergistic Activity in Combination with Anti-PD1

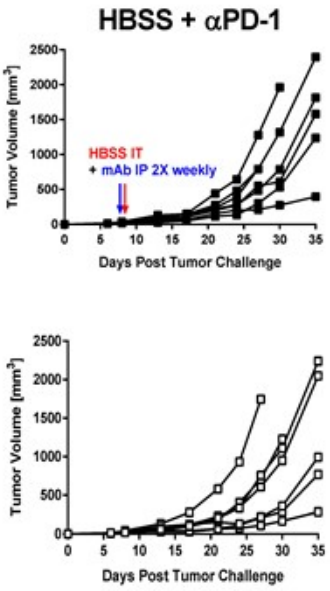
*ADU-S100 Renders Anti-PD-1 Resistant Tumors Sensitive to Checkpoint Therapy*

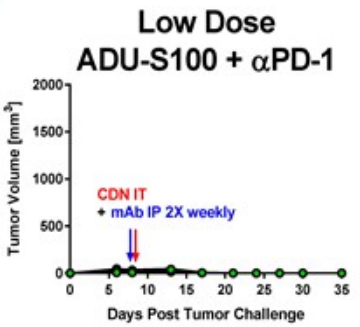
4T1 mammary carcinoma model




**Injected Tumor**

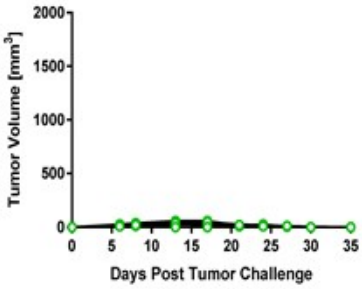
**Distal Tumor**









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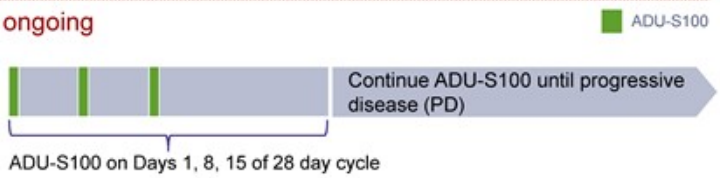
# PHASE 1 - MONOTHERAPY

**DOSE ESCALATION**

**Patients:** Cutaneously accessible, treatment-refractory, advanced or metastatic solid tumors or lymphomas

**Primary Objective:** Safety and tolerability

## Part 1: Dose Escalation - ongoing




## Part 2: Expansion

(approximately 50 patients each arm)

# Part 1: Monotherapy Dose Escalation Ongoing

- MTD not reached
  - No dose-limiting toxicities observed
  - Safety profile favorable for use in combination therapy
- Determining a dose that triggers optimal biologic activity
- Heterogenous population of heavily pre-treated patients
  - Includes patients who had previously received checkpoint therapy
  - Some immunogenic, but mostly non-immunogenic tumor types
    - Breast, melanoma, merkel cell, pancreas, lymphoma, ovarian, esophageal, rectal, epithelioid, anal
- Conclusion of dose escalation expected this year
- Report dose escalation results in 2018

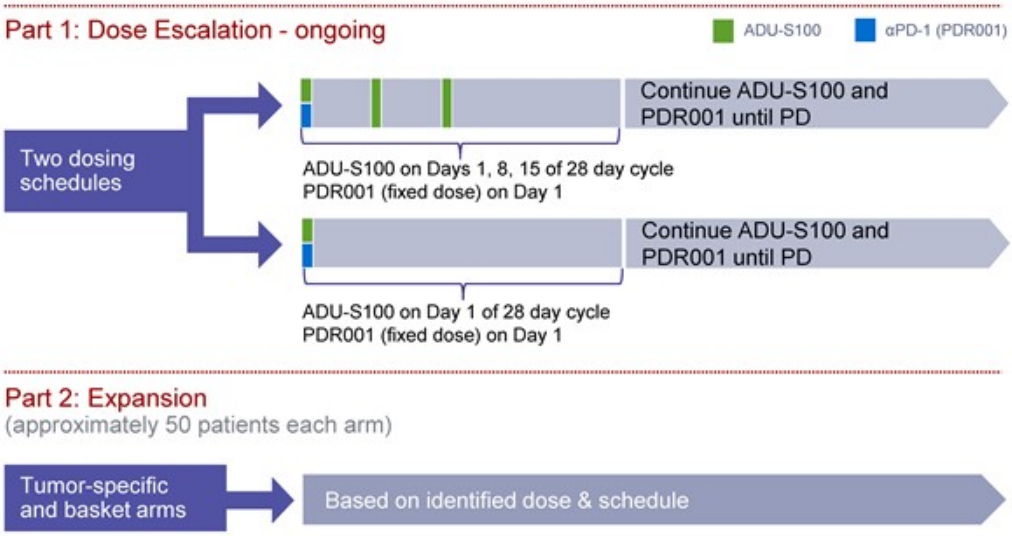
# PHASE 1b – PDR001 COMBINATION

**DOSE ESCALATION OF COMBINATION THERAPY**

**Patients:** Patients with advanced/metastatic solid tumors or lymphomas

**Primary Objective:** Safety and tolerability

**N~175**




**Part 2: Expansion**
(approximately 50 patients each arm)

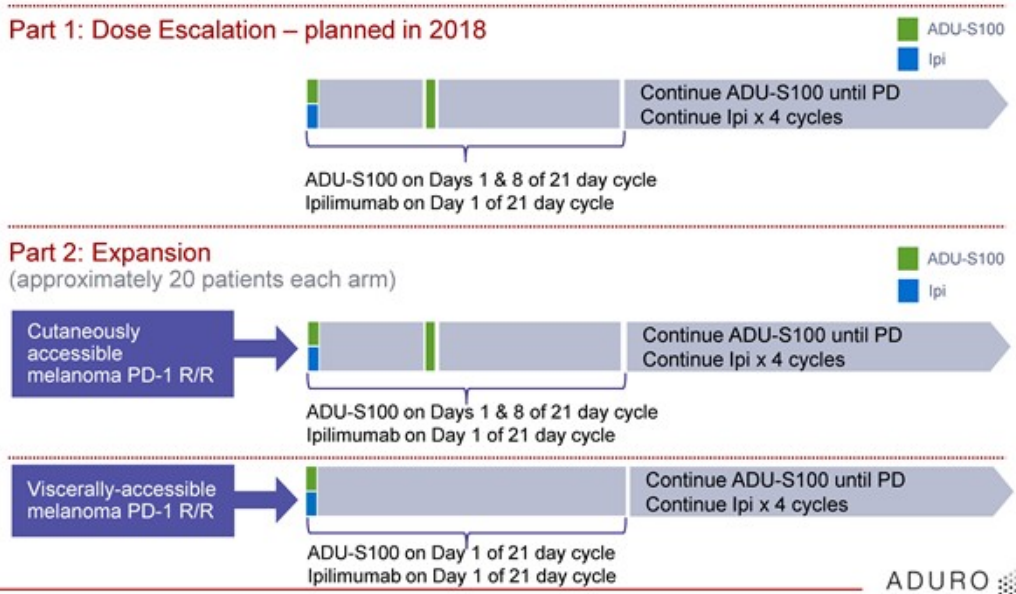
# ADU-S100 (MIW815): Combination with Ipilimumab Planned

## PHASE 1 – PLANNED IPILIMUMAB COMBINATION

**DOSE ESCALATION**

**Patients:** PD-1 relapsed or refractory melanoma

**Primary Objective:** Safety and tolerability



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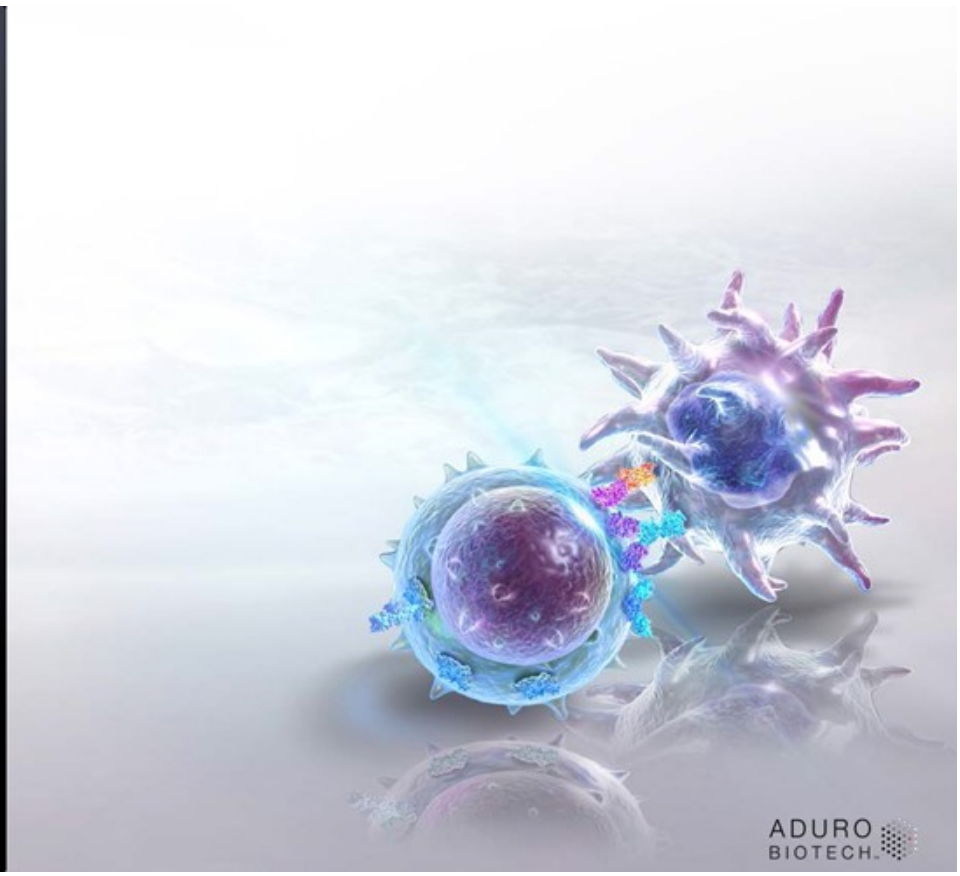
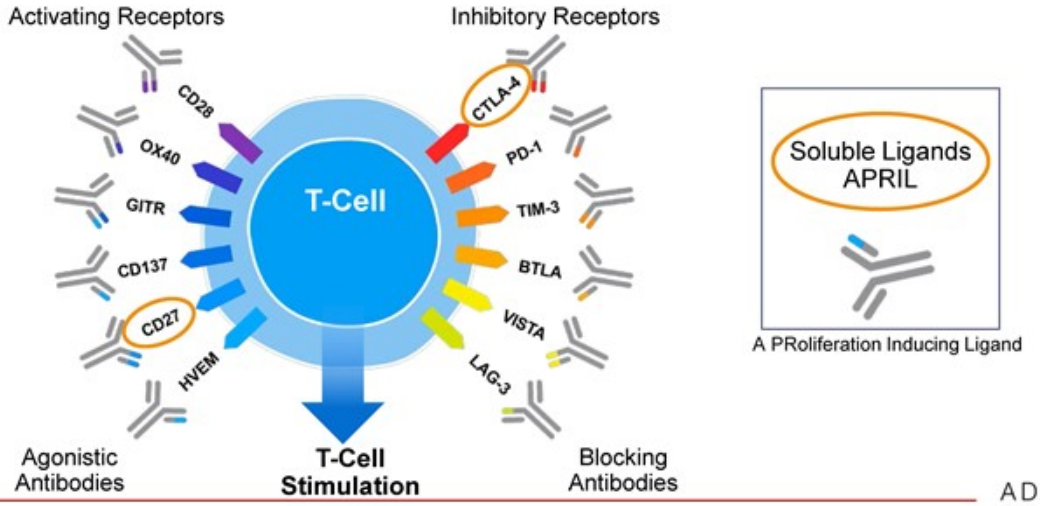
# B-select



# B-select Monoclonal Antibodies

- Proprietary ultra-selective B-cell panning method coupled with rigorous functional screening
  - Earlier iteration of technology at Organon led to discovery of pembrolizumab
- Technology probes the entire B-cell immune response to yield high-affinity antibody candidates targeting functional epitopes (e.g. CD27 agonist)



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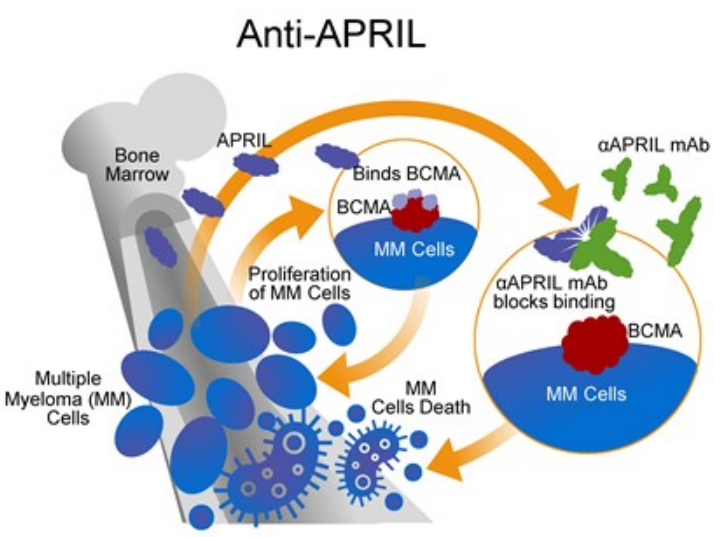
# Anti-APRIL: BION-1301 a First-in-Class Antagonist Antibody

*Blocking APRIL Inhibits Multiple Myeloma Tumor Growth, Drug Resistance & Immune Suppression in Preclinical Studies*




- APRIL: A Proliferation Inducing Ligand
  - Soluble factor that binds to BCMA and TACI receptors and induces signaling
  - Implicated in Multiple Myeloma (MM), CLL, CRC, and IgA Nephropathy
- BION-1301 preclinical activity
  - Inhibits MM proliferation and survival
  - Enhanced MM sensitivity to drug (lenalidomide, bortezomib)
- Anti-APRIL distinct from BCMA targeting
  - Preclinical data suggests a benign safety profile associated with APRIL blockade
  - Enhanced MM killing by anti-BCMA, anti-CD38
  - Inhibits immunosuppressive phenotype (PDL1, IL-10)
  - Inhibits regulatory T-cells



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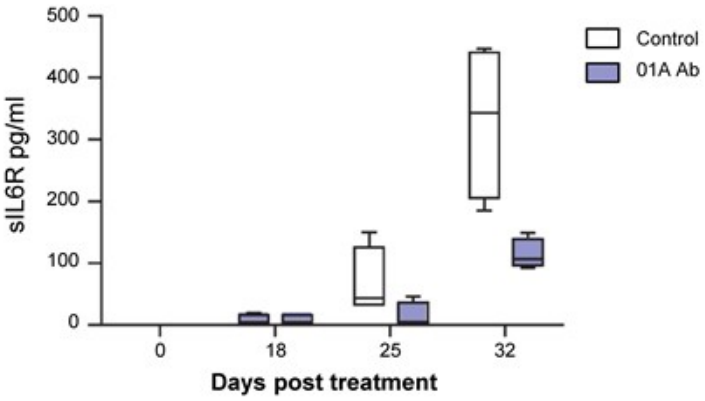
# Anti-APRIL: Compelling Preclinical Data

*Anti-APRIL Displays Anti-tumor Activity and Inhibits Regulatory T cells (novel mechanism driven through TACI)*

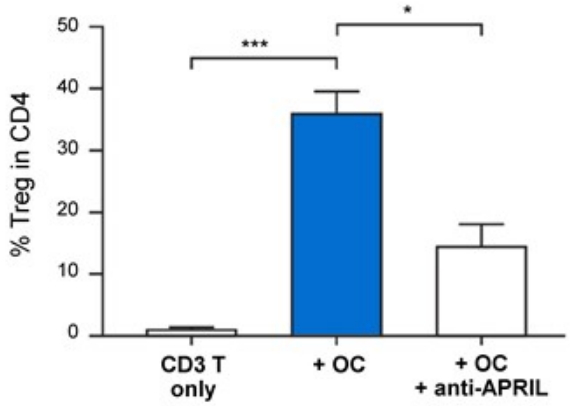
**Single Agent Anti-tumor Activity *in vivo***

Human INA6 MM cells engrafted into fetal bone chips (NOD-Scid mice) controlled by anti-APRIL




**Anti-APRIL Inhibits T-regs**

Human osteoclasts (OC) produce APRIL driving T-reg expansion and function through TACI*






*Tai et al. (2016) Blood 127:3225-3236; *Tai et al. ASH 2017*

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# Anti-APRIL: BION-1301 Phase 1/2 Monotherapy Trial Ongoing

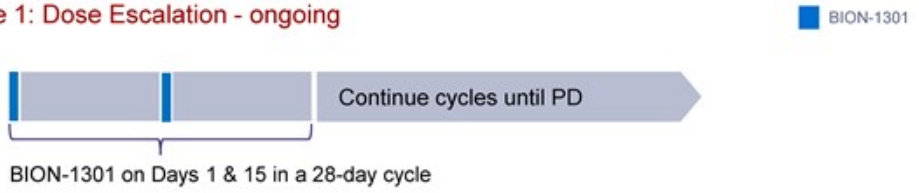
**Patient population:** relapsed or refractory multiple myeloma whose disease has progressed after at least 3 prior systemic therapies

## PHASE 1 – Dose Escalation

**Primary Objective:** Safety and establish recommended dose for expansion

**N:** 3 per dosing cohort

Phase 1: Dose Escalation - ongoing




## PHASE 2

**Primary Objective:** Safety and activity (ORR)

**N**~12-21

Phase 2: Expansion

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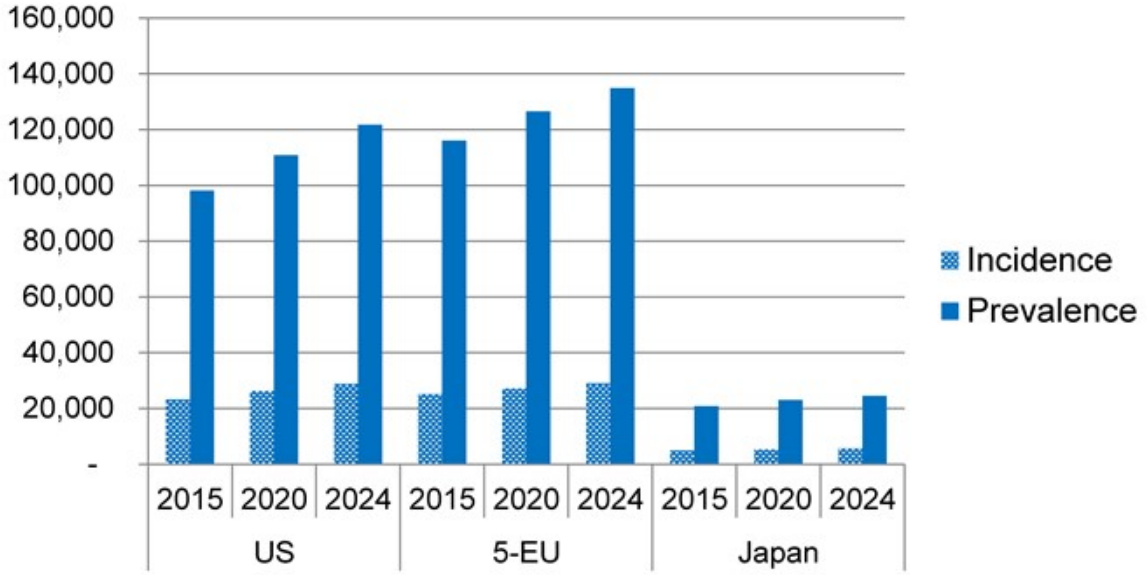
# Anti-APRIL: Multiple Myeloma Incidence Increasing

*Despite New Entrants, There are no Curative Options; All Patients Relapse and Become Refractory*



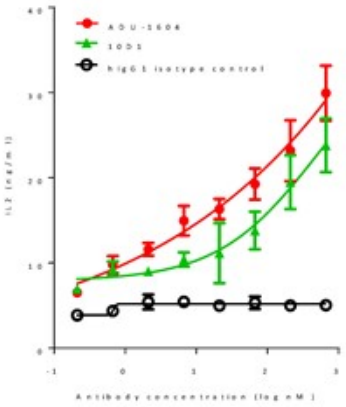



*Source: Datamonitor*

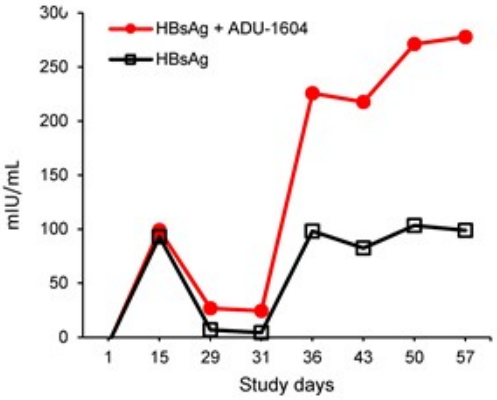
# Anti-CTLA-4: ADU-1604 Humanized IgG1 Antibody

- ADU-1604 targets unique epitope; IND-enabling work underway
  - Potent inhibitor of CTLA-4 in vitro and in vivo
- Strongly enhanced T cell responses

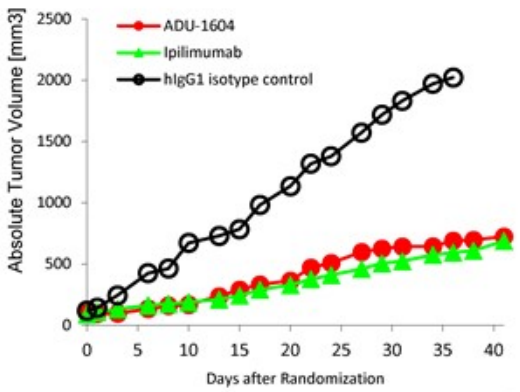
**Human *(in vitro)***
**T cell activation**




**Non-Human Primate**
**T / B cell activation**




**NSCLC Patient-Derived Xenograft**
**Anti-Tumor Activity**





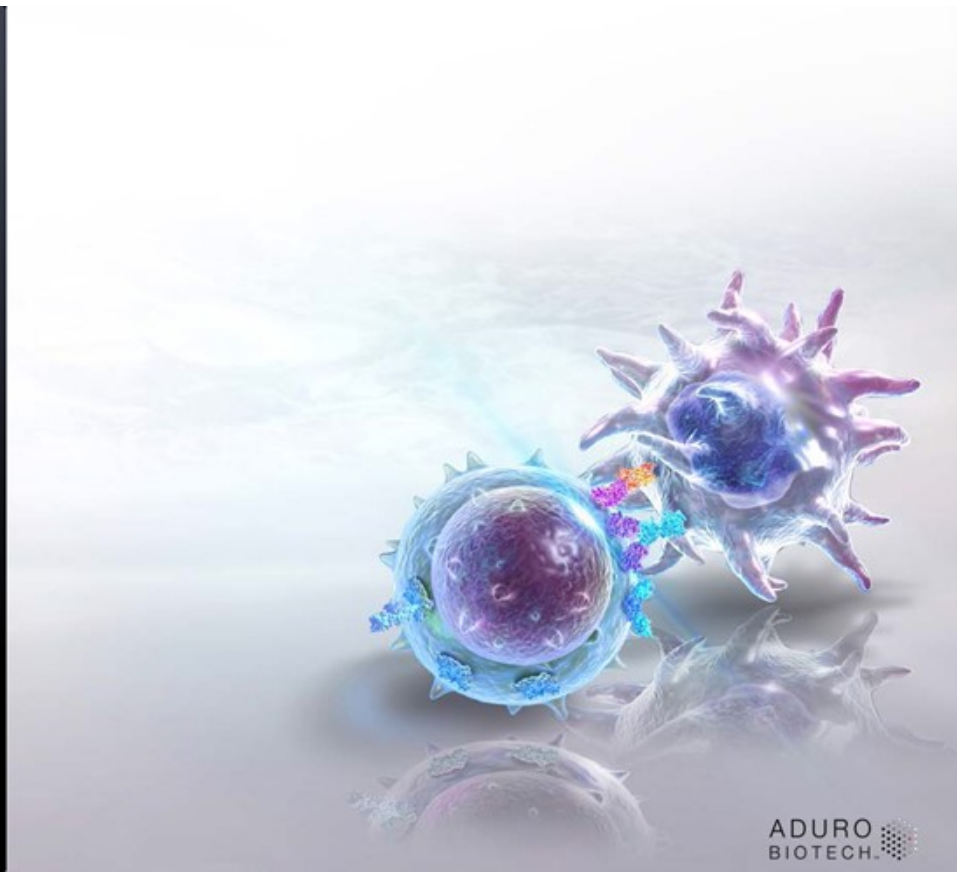

[2] Animals received Hepatitis B surface antigen vaccine (HBsAg) with or without ADU-1604 on Day 1 and 29
[3] Mice were treated with ADU-1604 on Day 0, 3, 7 and 10

# Opportunity with Anti-CTLA-4

*Phase 1 Study to Begin in 2018*

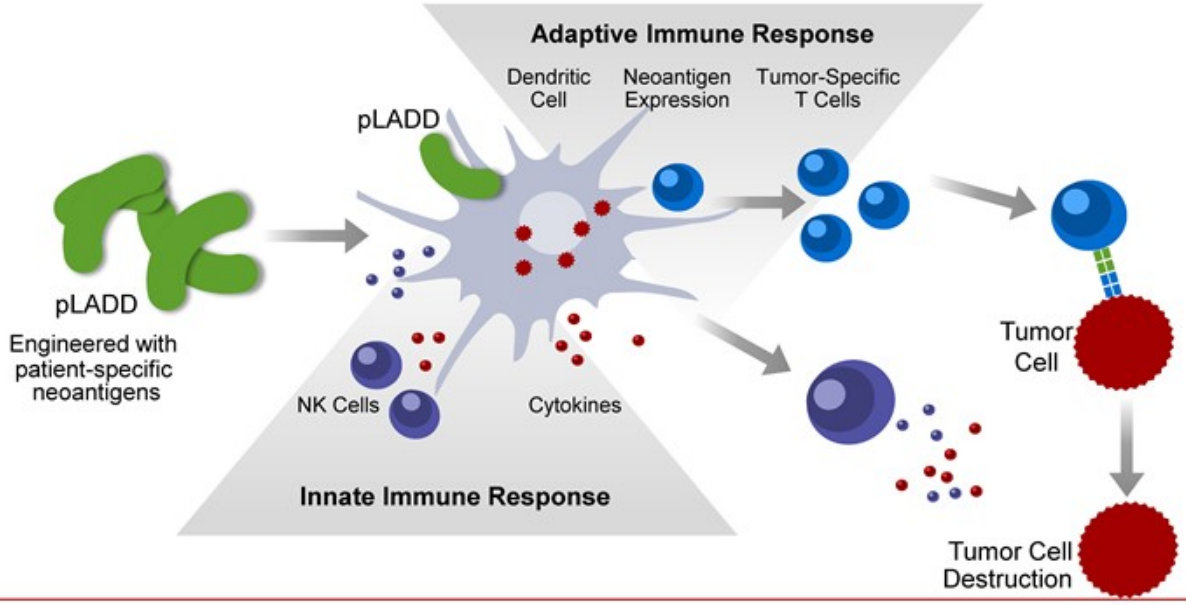
- Checkpoint inhibitors have been transformational therapies in diverse cancers
- Anti-CTLA-4 MOA validated with demonstrated anti-cancer activity
  - Relatively rare development asset
  - Established in melanoma; promising combo data in other tumor types
  - IO landscape continuing to evolve
- Option for Aduro proprietary combinations to control clinical development and pricing
  - ADU-S100 in combination with anti-CTLA-4 supported by preclinical data
  - Potential for synergy with other Aduro assets, such as pLADD
- Potential for partnering opportunities

# pLADD



# pLADD: Listeria-based Delivery and Antigen-presenting Platform

*Designed to Stimulate Innate Immune Response (cytokines, chemokines, gamma delta T cells and NK cells) & Antigen-specific Adaptive T cell Response (CD4+ and CD8 + T cells)*



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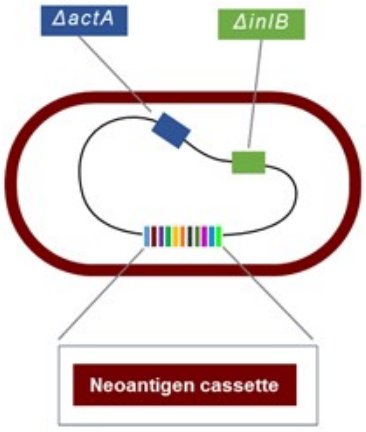
# pLADD: Personalized Neoantigen Immunotherapy

*Utilizing Patient-Specific Tumor Antigens*

Stanford MEDICINE

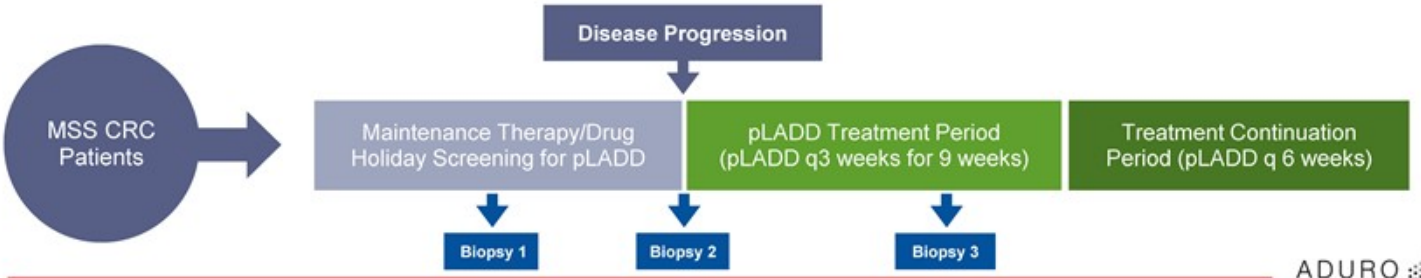
## pLADD approach




- Technology well-suited to maximize the potential of personalized therapy
  - Allows for engineering of ~25 antigens
  - Manufactured through small-scale process
  - Deletion of two virulence genes in bacterial vector
- Preclinical data demonstrated anti-tumor immune responses specific to neoantigens that correlated with survival
- Collaboration with Hanlee Ji at Stanford University to use proprietary algorithm for neoantigen selection

# pLADD: Phase 1 Proof-of-Concept Ongoing

- MSS Colorectal Cancer
  - Checkpoint inhibitor monotherapy has not been effective in this patient population
  - Medium mutational burden; ~10-100 potential neoantigens
- pLADD well-suited for MSS CRC: innate and adaptive anti-tumor immunity
  - Recruits NK cells to the liver (common metastasis site) and drives their expansion and activation
- Primary endpoints: Safety and immunogenicity
- Secondary endpoints: ORR, DOR, PFS, OS



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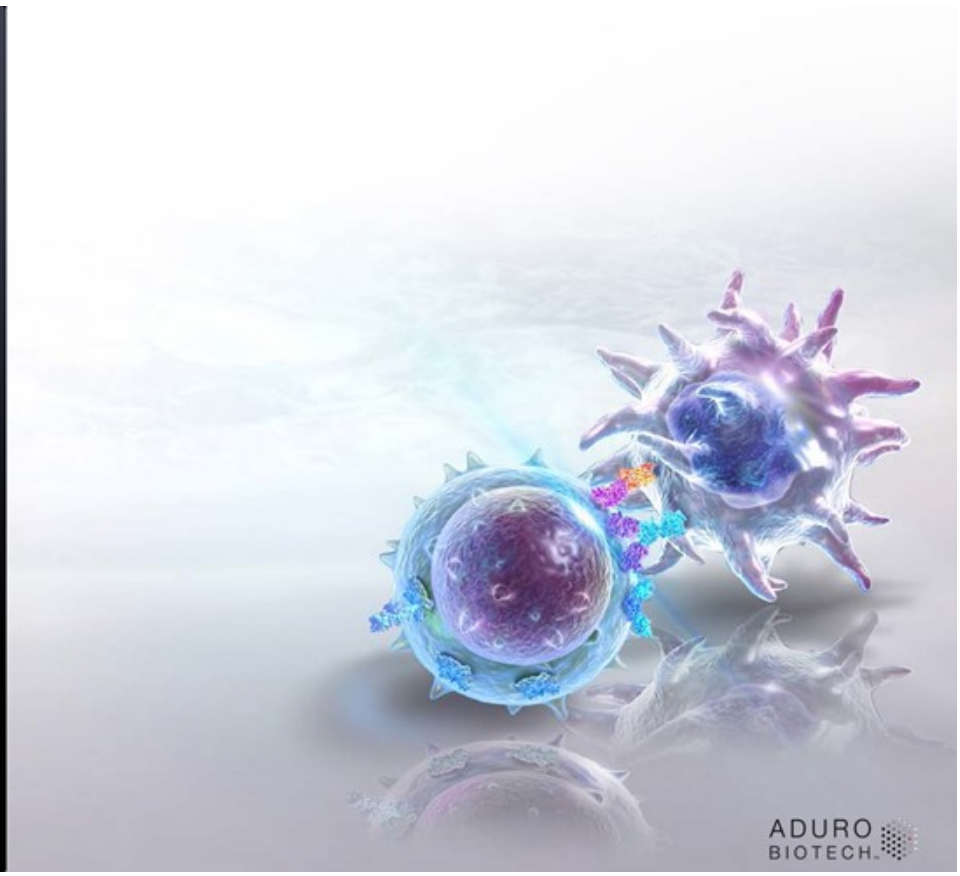
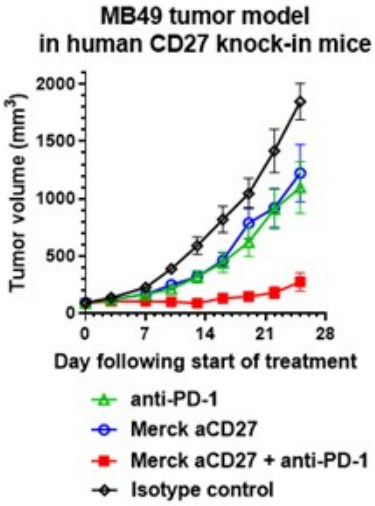
# Out-licensed



# Novel CD27 Agonist Licensed to Merck

MERCK

- Distinctly targets previously undiscovered functional epitope on CD27
  - Triggers CD27 in solution
  - Leads to potent activation of the CD27 co-stimulatory pathway
- In preclinical studies, anti-CD27 agonist induced T cell-mediated anti-cancer response
  - Complete tumor eradication achieved in anti-PD-1 combination
  - CD27 co-stimulates T-cell receptor mediated CD4 and CD8 response
  - CD27 promotes T cell response relevant to cancer rejection
- Merck leading preclinical and clinical development
  - Initiation of first-in-human Phase 1 study expected in 2018
  - Total potential development milestones $312M, commercial milestones $135M, tiered royalties



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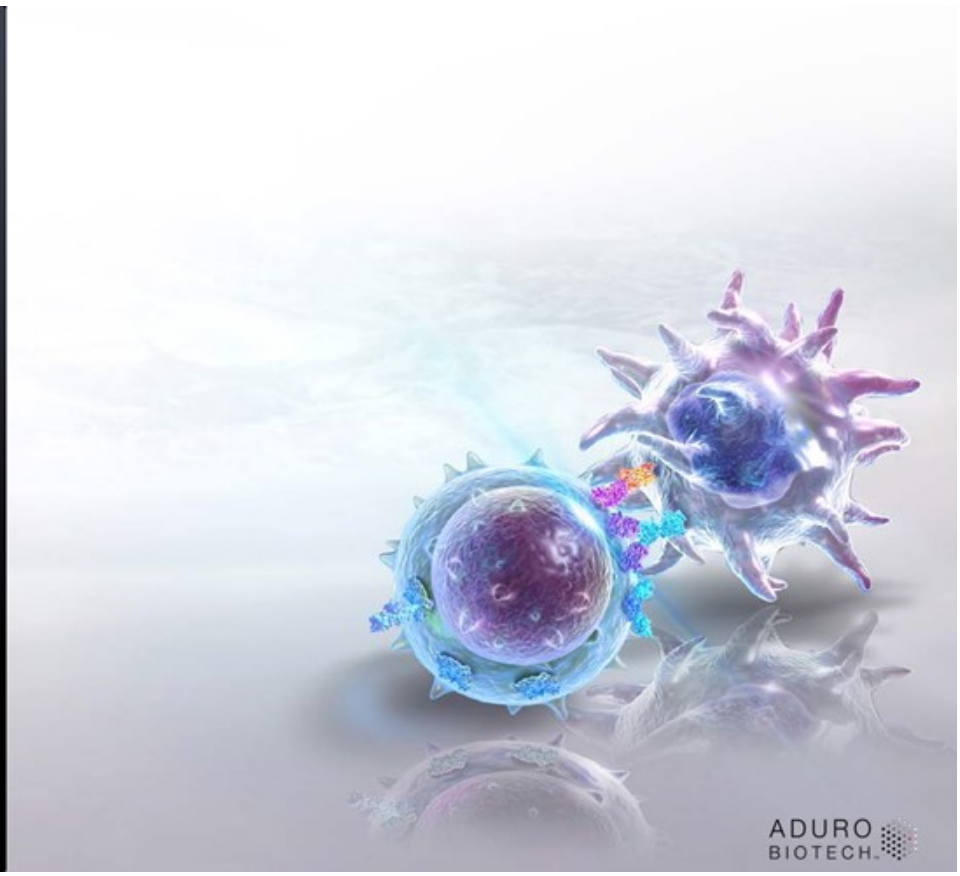
# ADU-214: Advanced by Janssen in Lung Cancer

- ADU-214/JNJ-64041757
  - Expresses mesothelin and EGFR VIII
- Encouraging initial results in monotherapy Phase 1 study
  - Patients with advanced (stage IIIb) or metastatic (stage IV) NSCLC
  - 5/9 patients achieved stable disease
  - Evidence of mesothelin-specific T cell responses
- Janssen expected to advance into Phase 1b/2 combination study with nivolumab
- Global license
  - $30M upfront; $817M total upfront and potential milestones
  - Tiered high single-digit to low teens royalties

# Business Overview



# Portfolio of Wholly-Owned & Partnered Assets

## Aduro Programs

| | Program | Collaboration | Indication | Terms | Commercial |
|---|---|---|---|---|---|
| STING | ADU-S100 & Others | NOVARTIS | Oncology | $700M (upfront & potential milestones); $50M equity; Co-development & co-commercialization | Aduro leads US sales; Profit/expense share U.S., major EU and Japan; Royalties ROW |
| | Other STING Activators | Aduro owned | Infectious Disease | | |
| | STING-Blok | Aduro owned | Autoimmune | | |
| B-select | Anti-APRIL | Aduro owned | Multiple Myeloma | | |
| | Anti-CTLA-4 | Aduro owned | Oncology | | |
| pLADD | pLADD | Aduro owned | MSS CRC | | |

## Out-licensed

| | Program | Collaboration | Indication | Terms | Commercial |
|---|---|---|---|---|---|
| B-select | Anti-CD27 agonist | MERCK | Oncology | $447M (potential milestones) Global license | Mid single-digit to low teens royalties |
| LADD | ADU-214 | janssen | Lung | $817M (upfront & potential milestones); Global license | Tiered high single-digit to low teens royalties |
| | ADU-741 | janssen | Prostate | $365M (upfront & potential milestones); Global license | Tiered mid single-digit to low teens royalties |

# 3Q17 Financials and Patent Position

## Strong Financial Position

| | |
|---|---|
| Cash & cash equivalents as of 9/30/2017 | $373.5 M |
| Operating expenses for third quarter 2017 | $33.1 M |
| Shares outstanding as of 10/25/2017 | 77.3 M |

## Extensive Patent Portfolio

- Global Rights (inclusive of in-licensed patents)
  - >100 issued composition and methods patents
  - >200 pending applications
- Nominal Expiration
  - STING: 2025-38
  - B-select: 2030-38
  - LADD: 2022-37

# Upcoming Milestones

| | | | H1 2018 | H2 2018 |
|---|---|---|---|---|
| Anti-CD27 Merck Milestone Payment | | Clinical progress | ★ | |
| Anti-CTLA-4 | | Submit filing to initiate clinical evaluation | ★ | |
| ADU-S100 + Ipilimumab | Multiple tumors | Initiate dose escalation | | ★ |
| ADU-S100 monotherapy | Multiple tumors | Complete dose escalation portion of Phase 1 study | | ★ |
| ADU-S100 monotherapy | Multiple tumors | Report dose escalation results | | ★ |
| ADU-S100 + Anti-PD-1 | Multiple tumors | Discuss preliminary observations | | ★ |
| Anti-APRIL | Multiple myeloma | Publish pre-clinical data | | ★ |
| pLADD | MSS CRC | Report preliminary Phase 1 biomarker observations | | ★ |
| Anti-CTLA-4 | | Initiate Phase 1 study | | ★ |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