Issuer Free Writing Prospectus
Filed pursuant to Rule 433
Registration Number 333-260565

Intensity THERAPEUTICS

A NEW WEAPON IN THE WAR ON CANCER

Novel, Highly Tumor Diffusive Cytotoxic Drug Products Dosed into Tumors

Directly killing tumors to activate a patient-specific immune response

Treating all stages of cancer

April 2022

SAFE HARBOR AND FORWARD-LOOKING STATEMENTS

Intensity Therapeutics, Inc. (the "Company" or "we") has filed a registration statement, including a preliminary prospectus, with the U.S. Securities and Exchange Commission (the "SEC") (File No. 333-260565) in connection with the offering to which this presentation relates. Sales of the securities of the Company offered pursuant to the registration statement may not be made or offers for such securities accepted prior to the registration statement becoming effective. Before you invest, you should read the registration statement, the preliminary prospectus included within the registration statement and other documents the Company has filed with the SEC for more complete information about the Company and this offering. You can obtain a copy of the preliminary prospectus for free by visiting EDGAR on the SEC website at www.sec.gov. Alternatively, the Company will arrange to send you the preliminary prospectus, which you may request by emailing jwesolowski@intensitytherapeutics.com.

This presentation may not be reproduced, forwarded to any person or published, in whole or in part. The Company is not soliciting offers to buy securities of the Company in any jurisdiction where the offer or sale is not permitted. This presentation contains forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995 that involve substantial risks and uncertainties, including statements regarding the development and regulatory status of our product candidates, such as statements with respect to our lead product candidate INT230-6, and the timing of clinical trials and data from those trials for our product candidates, and our discovery programs that may lead to our development of additional product candidates, the potential utility of our technology and therapeutic potential of our product candidates, the potential commercialization of any of our product candidates, and the sufficiency of our cash resources. All statements, other than statements of historical facts, contained in this presentation, including statements regarding our strategy, future operations, future financial position, future revenues, projected costs, prospects, plans and objectives of management, are forward-looking statements. The words "anticipate," "believe," "estimate," "expect," "intend," "may," "might," "plan," "predict," "project," "target," "potential," "will," "would," "could," "should," "continue," and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

We may not actually achieve the plans, intentions or expectations disclosed in our forward-looking statements, and you should not place undue reliance on our forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements we make as a result of various risks and uncertainties, including but not limited to: whether we will be able to successfully conduct Phase 1, 2 or 3 clinical trials for INT230-6, whether we complete other clinical trials for our product candidates, whether we receive results from our clinical trials on our expected timelines, or at all, whether our cash resources will be sufficient to fund our foreseeable and unforeseeable operating expenses and capital expenditure requirements on our expected timeline, whether the COVID-19 pandemic impacts our operations, and other factors included in the "Risk Factors" section of the Company's filings with the SEC in the future. Any of these outcomes could cause our actual results to differ from those contained in the forward-looking statements of the Company's filings with the SEC.

The forward-looking statements contained in this presentation reflect our current views as of the date of this presentation with respect to future events, and we assume no obligation to update any forward-looking statements except as required by applicable law. The Intensity Therapeutics, Inc. name and logo are our trademarks. We also own the service mark and the registered U.S. trademark for DfuseRx. The trademarks, trade names and service marks appearing in this presentation are the property of the Company. We have omitted the ® and ™ designations, as applicable, for the trademarks named in this presentation.

OFFERING SUMMARY

Issuer	Intensity Therapeutics	
Symbol	INTS	
Intended Listing Exchange	Nasdaq Capital Market	
Offering Size	$17.25 Million (includes 15% overallotment)	
Securities Offered	Units: Each Unit is comprised of one share of common stock and one warrant to purchase one share of common stock	
Price Range	TBD	
Expected Use of Proceeds	• Phase 3 sarcoma study (IT-03) • Phase 2 neoadjuvant TNBC and on-going trials • Related operating costs associated with SHAO and INT230-6 • Development of our second product candidate, INT33X • General corporate purposes and working capital	
Capitalization as of 3/31/2022	Total outstanding shares Warrants issued to shareholders Options issued to employees under 2013 Stock Option Plan Warrants issued to consultants All current and potential shares	15,069,930 243,000 1,822,500 403,500 ~17,538,930
Bookrunner	Roth Capital Partners, LLC	

MANAGEMENT TEAM:
EXTENSIVE ONCOLOGY AND DRUG DEVELOPMENT EXPERIENCE

Founder, CEO

Lewis H. Bender, *MIT ChE, MS, MA, MBA*

- CEO, CTO, VP, BD & Manufacturing: Emisphere
- CEO: Genomic testing, Interleukin Genetics
- Roche, Manufacturing
- Drug delivery expertise Preclinical through Phase 3
- Public biotech company CEO experience

Chief Medical Officer

Ian B. Walters, *MD, MBA*

- Clinical Development 30+ compounds: BMS, Millennium, PDL, Rockefeller University
- Translational Medicine: Rockefeller At BMS 7+ years: Oversaw oncology protocol review, and IO clin

Chief Financial Officer

James M. Ahlers

- Danforth Advisors
- Intarcia Therapeutics, CFO
- 25 years, multiple transactions
- Titan Pharmaceutics, IPO

Executive VP, Clinical Development

Brian Schwartz, MD

- Mereo
- Arqule
- Ziopharm
- Life Sci

VP, Project Management

Steve Innaimo
Bristol-Myers Squibb

VP, Regulatory & Quality

Rebecca Drain
Bristol-Myers Squibb

Principal Accounting Officer and Controller

John Wesolowski, *MBA, CPA*
Yale, KMG Main Hurdman

BOARD OF DIRECTORS

Declan Doogan, Ph.D.
Former VP Development Pfizer

Emer Leahy, Ph.D.
CEO Psychogenics

Mark A. Goldberg, MD
Former President & COO of PAREXEL

Lewis H. Bender
CEO Intensity

(INTS) INVESTMENT HIGHLIGHTS

Localized Cancer Kill Leading to Immune Activation and Extended Survival

- Novel product candidate (INT230-6) containing cytotoxic agents with a diffusion enhancing molecule
- **Favorable safety with efficacy; 168 patients treated through March 31, 2022,**
- No maximum tolerated dose; adverse events are mostly low grade; >95% of drug remaining in tumor

Multiple Phase 2 Studies ongoing; Phase 3 Registration Sarcoma Study Designed – FDA alignment On Protocol

- Regulatory path to approval in sarcoma and triple negative breast cancer (TNBC); **FDA Fast Track designation granted for TNBC**

Robust IP Position

- US Patents: 3 issued, 1 pending: 10,888,618; 9,636,406; 9,351,997: 12 issued foreign patents (4 pending) 100% owned by Intensity (INTS)

Platform Validated Through Partnerships

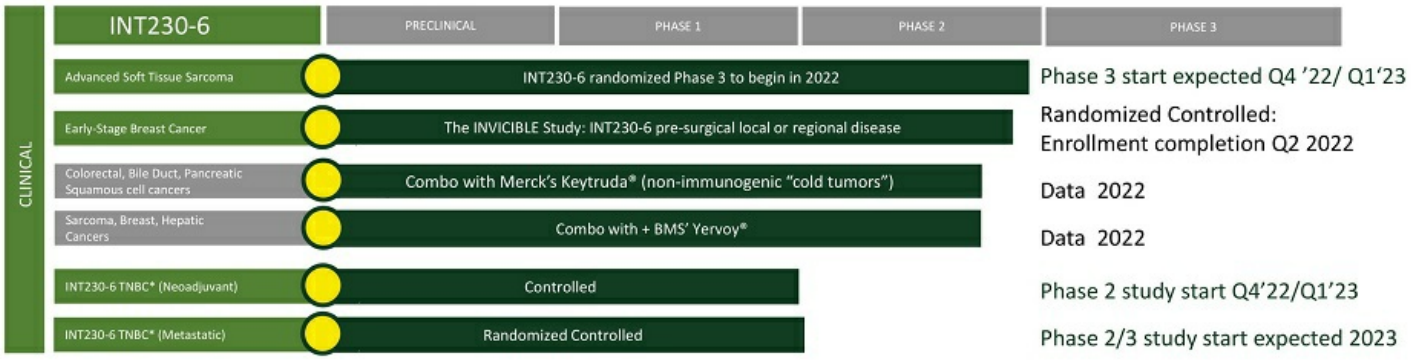
- Awarded CRADA by the National Cancer Institute (NCI)
- Clinical trial with Ottawa Hospital & Ontario Institute of Cancer Research
- **Clinical collaborations with world leading immunotherapies Merck's Keytruda® & Bristol-Myers Squibb's Yervoy®**

KEYTRUDA® (pembrolizumab) Injection 100 mg

YERVOY™ (ipilimumab)

MULTIPLE LATE-STAGE PIPELINE PROGRAMS
CLINICAL PROGRAMS ACROSS METASTATIC AND PRESURGICAL SETTINGS

Multiple Ongoing Phase 2 Studies or Cohorts; Phase 3 Programs Designed and Discussed with FDA



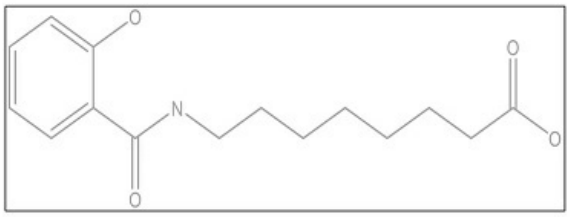
*TNBC is triple negative breast cancer

DFUSERX[SM] PROPRIETARY DISCOVERY PLATFORM
PRODUCT CANDIDATE: INT230-6 – USES PROVEN ANTI-CANCER AGENTS

Intensity THERAPEUTICS

INT230-6: designed for intratumoral (IT) use; scaled-up, stable, reproducible

INT230-6 vials contains the amphiphilic agent (SHAO) with 2 potent cytotoxic drugs



Amphiphilic Molecule SHAO

CISPLATIN

- **Direct killing**: Binds to DNA to cause apoptotic cell death
- **Immune effects**: Attracts and binds
- T-Cells via TL9 receptors

Clin Cancer Res; 20(11) June 1, 2014

VINBLASTINE

- **Direct killing**: Destroys tubulin to stop replication
- **Immune effects**: induces dendritic cell maturation

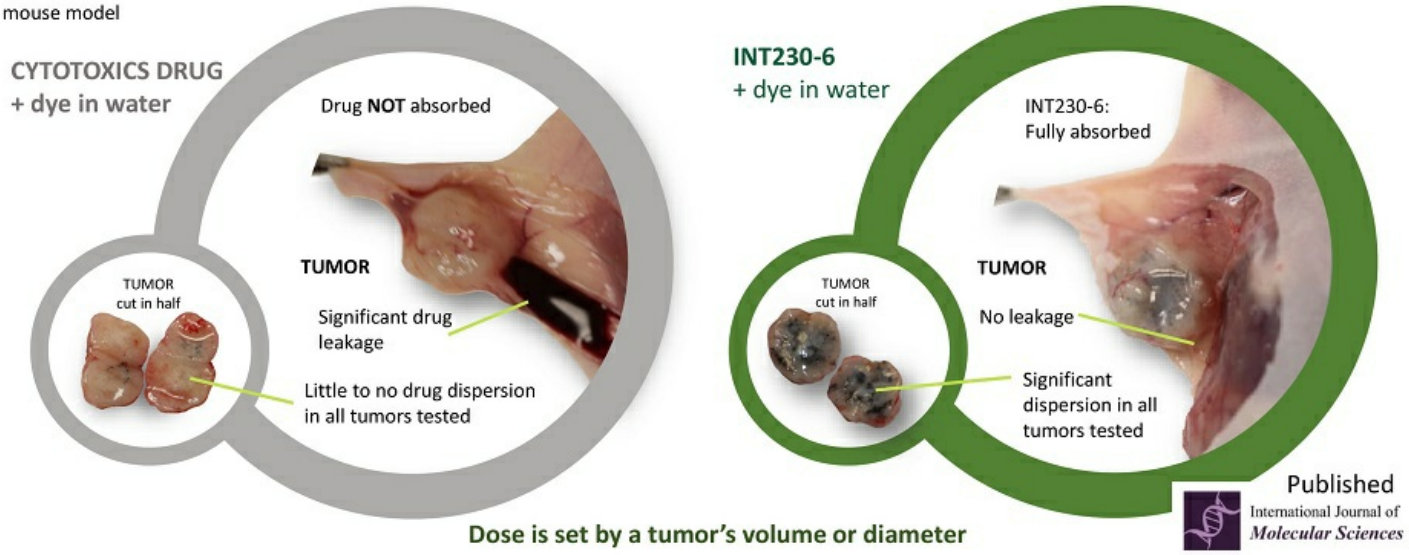
Cancer Res; 2009 Sept 1: 69(17): 6987-6994

INT230-6: A UNIQUE, ANTI-CANCER THERAPY
WATER SOLUTION THAT DIFFUSES THROUGHOUT FATTY TUMORS DOES NOT HARM HEALTHY TISSUE

Intensity THERAPEUTICS

Human pancreatic cancer in mouse model

*Tumors contain high percentages of fat and are under high pressure

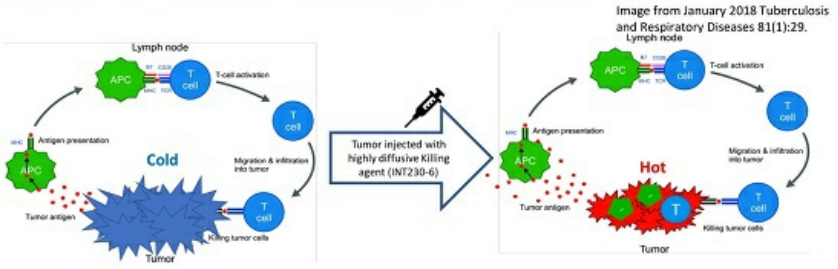


Dose is set by a tumor's volume or diameter

Published International Journal of *Molecular Sciences*

OUR DELIVERY TECHNOLOGY IS BASED ON A PROVEN SCIENCE

EMISPHERE WAS ACQUIRED BY NOVO NORDISK FOR $1.8 BILLION



Technology First Developed for Oral Semaglutide Tablets (Rybelsus)

Intensity's ISSUED patents claim use with therapeutic agents for intratumoral delivery

Intensity has patent protection in 37 countries

Systemic therapies:

- Drugs do not reach hypoxic areas
- Tumors can exclude T-cells
- Tumors prevent immune recognition

Our solution:

- Tumor saturated with cytotoxics dies; **cancer cell intact**
- Large quantities of antigen are released to immune cells
- Tumor now favorable to T-cell influx

CLINICAL STUDIES ENROLLMENT: MARCH 31, 2022

Attacking the Tumors – Sparing the Patient

PATIENTS TREATED: 168

- **STUDY IT-01**: Metastatic refractory cancer (25 types): 107 Patients (+ 2 repeats)
  - INT230-6 alone (61 patients)
  - With Keytruda (30 patients)
  - With Yervoy (16 patients)
  - Average tumor burden ~200 cc at enrollment
  - First patient max dose 5 mL 1x per 28 days; Currently 175 mL 1x every 14 days
- **INVINCIBLE STUDY:** Early-Stage Breast Cancer:
  - 61 patients

FAVORABLE SAFETY:
ACTIVE DRUGS STAY IN TUMOR: LOW GRADE ADVERSE EVENTS

Little to no adverse events (AEs) typical of cytotoxic agents

Most common AEs; mild injection site pain, fatigue, nausea
Only 12% of adverse events are grade 3 (no grade 4 or 5)

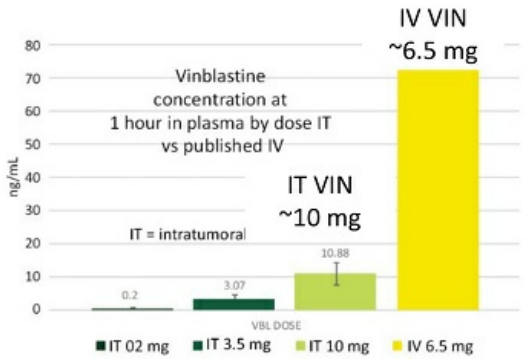
SHAO has no toxicity and is **G**enerally **R**egarded **A**s **S**afe

No measurable levels of **cisplatin** in blood;
Drug is reduced to inert platinum metal in the tumor

Dose-dependent blood levels of **vinblastine** across all INT230-6 doses ranging from 2 to 118 mL, ***independent of cancer type, tumor position or size***

Low VIN plasma levels after INT230-6 injection

<5% of active drug enters plasma versus IV dosing



IV PK estimate from Owelien, J. Cancer Research Vol 37; Aug. 1977 pg. 2598

DATA SHOWS EXTENDED MEDIAN OVERALL SURVIVAL
PATIENTS HAVING TRIED ALL APPROVED TREATMENTS FOR THEIR CANCER

	mOS	
All Subjects dosed INT230-6 alone*	**360 to 410 days**	**(n=56)**
*mOS in typical Phase 1 / 2 trials^*	*90 to 120 days^*	

^ Ref. on Phase 1/2 basket studies, see Chau, N., BMC Cancer volume 11, 426 (2011)

Dosed >40% total tumor burden (TTB)	**Not reached**	**(n=42)**
Subjects dosed to <40% of TTB	**96 days**	**(n=14)**

Orange to **purple** Curves: Hazard Ratio 0.104 CI (0.04, 0.29)
Sample size is too small to conclude whether the incoming tumor burdens were identical. The dose per total tumor burden appears important for survival

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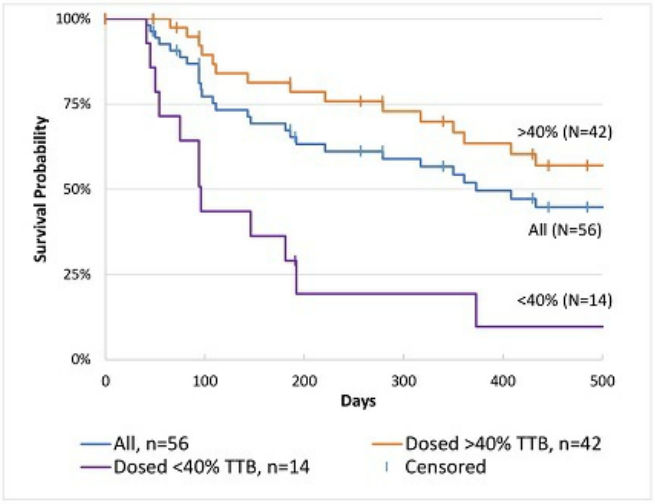
INT230-6 with pembrolizumab **375 days**
(Curve not shown)

Note: The distribution of cancers types for INY230-6 alone is different from the combo with pembro, which is primarily panc, CRC, bile duct and TNBC subjects

Data with cut-off of December 31, 2021

Kaplan Meier estimates of INT230-6 monotherapy patients



**INT230-6 alone subjects with reported total tumor burdens >2 cc and <700 cc.*

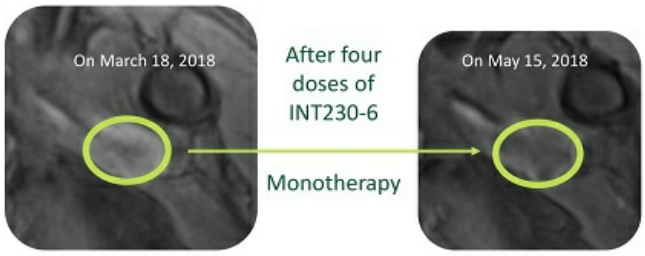
Average incoming tumor burden was ~200 cc

INT230-6 CAUSES TUMORS TO BECOME NECROTIC
CASE STUDY

PATIENT: Has multiple surgeries, radiation, chemotherapy
- (Jan '18), Two 10 cm^3 deep nodules appear in upper arm
- **MD's Recommendation: Total arm and shoulder amputation**

Subject received 4 doses of INT230-6 equal to 100% of his tumor volume

First tumor scan showed increase in necrosis, inflammation and size

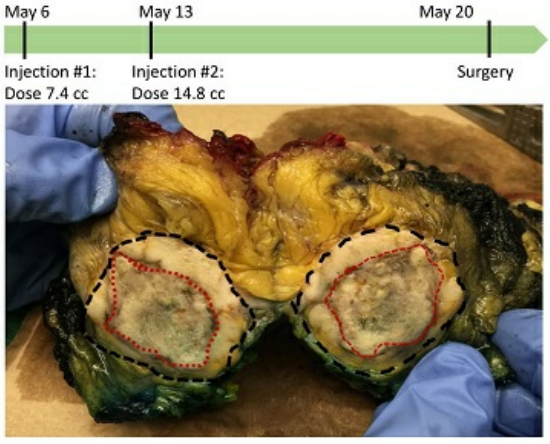


Darker contrast indicates increased tumor necrosis

Necrosis and response seen in several cancers
- Adrenocortical
- Breast
- Chordoma
- Colon
- Head and Neck
- Lung
- Sarcoma
- Squamous cell

PHASE 2 INVINCIBLE STUDY: NECROSIS OF EARLY, INVASIVE BREAST CANCER (WHOLE TUMOR RESECTIONS)
DOSE DEPENDENT DIFFUSION ACHIEVES SIGNIFICANT CANCER KILLING

Patient #14:
3.9 cm invasive ductal cancer: Grade 3 (high grade): ER+PR+Her2+ 2 injections

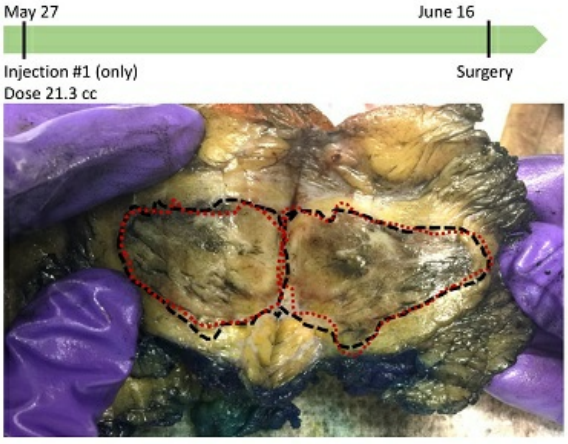


Final Pathology (significant necrosis ~85%)

..... Tumor Extent

..... Extent of Necrosis within Tumor

Patient #20:
4.4 cm invasive lobular cancer: Grade 2 (intermediate grade): ER+PR+Her2-

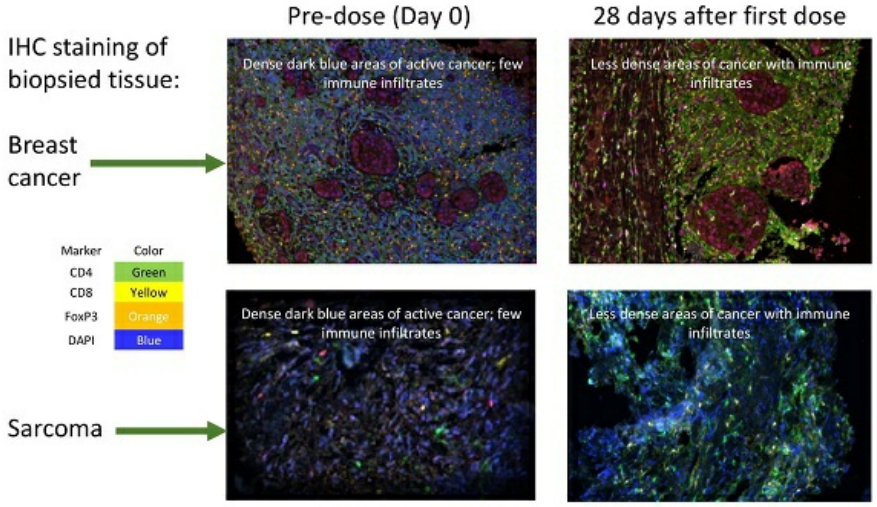


Final Pathology (significant necrosis ~95%) cancer is mostly ghost cells

IMMUNE ACTIVATION OBSERVED IN MULTIPLE CANCER TYPES AT 28 DAYS
MODIFICATION OF THE TUMOR MICROENVIRONMENT OBSERVED

Intensity Therapeutics

Biopsies taken on day 0 and 28
INT230-6 dosed twice: Day 0 and Day 14



- **Blue color indicates live cancer, DAPI; Green & yellow indicates immune cells**

Multiplex IHC shows:

- Decrease in markers of cancer cell proliferation (Ki67)
- Decreases in cells that inhibit the immune system (FoxP3 Treg)
- Increase throughout the tumor in active immune T cells (CD4+ and CD8+)

POTENTIAL TREATMENT OF SOFT TISSUE SARCOMA (STS)
HIGH UNMET MEDICAL NEED – SIGNIFICANT MARKET POTENTIAL

Intensity Therapeutics

26 metastatic sarcoma subjects treated as of December 31, 2021

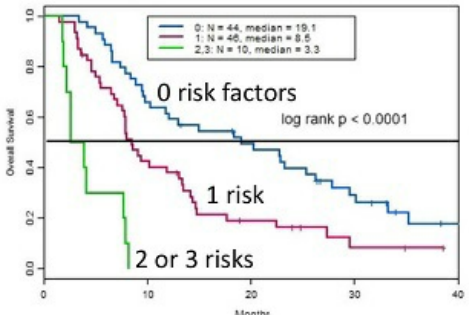
- Soft tissue sarcomas cancer is from fat, muscle, nerves
- US: 12,000 new cases per year; more than 157,000 total cases
- Toxic, anthracycline drugs are 1st treatment
- Sarcoma' survival prognosis is quite poor:
  *median overall survival (**mOS**) in P1/2 trials

Study	Jones	Cassier	Subbiah
Median OS	7.6 months CI (4.8-10.4)	9.1 months CI (6.3-11.8)	9.6 months (CI (8.1-14.2)

* mOS of 2nd/3rd line therapy is 11 to 15 months

Demographic	Value
Median prior therapies in INTS P1/2 study	3 (2 to 10) ~75% had 1 or more risk factors

Overall Sarcoma Survival Based on Number of Risk Factors (Subbiah data)



mOS

Jones Cancer Chemother Pharmacol (2011) 68:423–429,
Cassier et. al., Annals of Oncology 25: 1222–1228, 2014
Subbiah et. al., Scientific Reports | 6:35448 2016

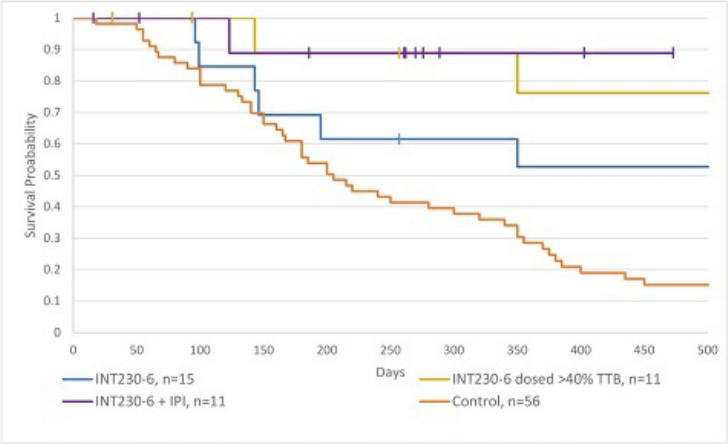
IT INT230-6 EXTENDS SURVIVAL COMPARED TO HISTORICAL PHASE 1/2 RESULTS
ADVANCED SOFT TISSUE SARCOMAS (aSTS) – KAPLAN MEIER (KM) ESTIMATES

	KM estimate of % alive at 1 year
• Matched Risk Control phase 1/2 pop. (From Subbiah dataset)	28%
• INT230-6 mono phase 1 / 2(n=15)	52%
• INT230-6 mono >40% of TTB (n=11)	77%
• IO combo (n=11) (>90% Yervoy IPI) (data still very early)	90%

*** INT2306 alone was without retreatment or optimized tumor loading**

%TTB is the % treated of the patient's Total Tumor Burden at enrollment

Kaplan Meier (KM) estimates aSTS patients (Data as of December 31)
Compared to comparable Subbiah study population



**For historical survival data in Phase 1/2 sarcoma see Subbiah, V Scientific Reports Note: Data for INT230-6 with Checkpoints is early. Many subjects were recently enrolled; median follow up is 262 days*

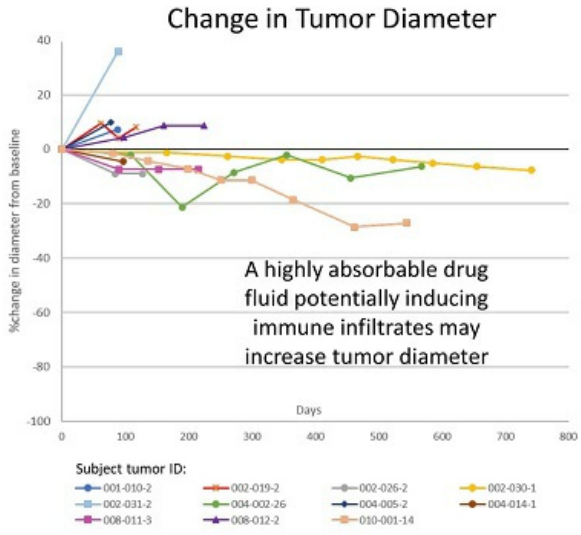
Data as of December 31, 2021

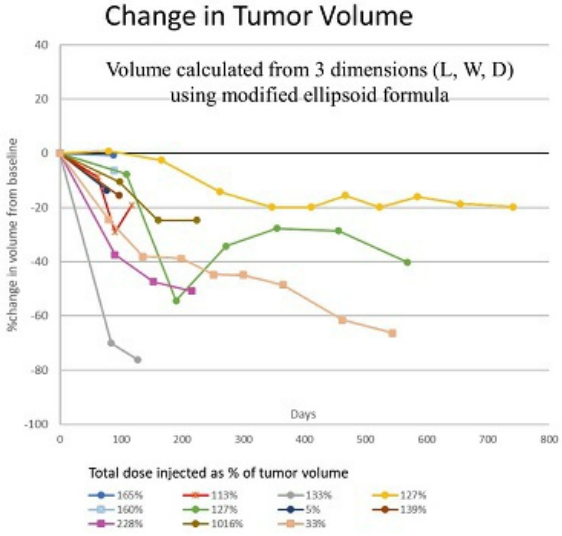
DECREASED TUMOR VOLUME SEEN POST-TREATMENT DESPITE INCREASE IN DIAMETER
RECIST/iRECIST MAY NOT BE A GOOD METRIC FOR EFFICACY USING OUR TECHNOLOGY: TUMOR DIAMETERS INCREASE WHILE VOLUME DECREASES

Each color represents a different sarcoma' patient's injected tumor

The left panel is each tumor's change in longest diameter over time.

The right panel is the change in tumor volume (dose shown)





PHASE 3 TRIAL DESIGN FOR INT230-6 IN SOFT TISSUE SARCOMA (STS)
EXPECTED TO OFFER SURVIVAL IMPROVEMENT VS CURRENT 2ND AND 3RD LINE SOC

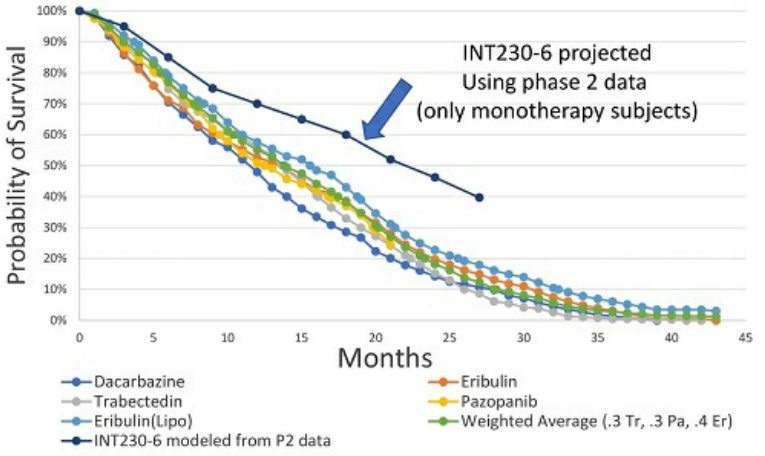
- Intent to treat (ITT) population: all STS
- Size: N=331
- Enrollment: 2:1 INT230-6 to standard of care
- INT230-6 dosed every 2 weeks for 5 doses with maintenance treatments

Two Interim Analyses:

1. At 50% of events needed for final analysis
2. At 75% of events needed for final analysis

Achieved alignment on study design with FDA

Median OS Curve for STS standard of care drugs and projected INT230-6 in Phase 3



Standard of care drug references:
Trabectedin: Cancer. 2019 Aug 1;125(15):2610-2620
Eribulin: Lancet. 2016 Apr 16;387(10028):1629-37
Pazopanib: Lancet. 2012 May 19;379(9829):1879-86

PLATFORM VALIDATED BY WORLD LEADING PARTNERSHIPS

RESEARCH

NIH National Cancer Institute

MERCK

OICR Ontario Institute for Cancer Research

Bristol Myers Squibb

CLINICAL TRIAL SITES

Johns Hopkins Medicine – The Sidney Kimmel Comprehensive Cancer Center

Keck Medical Center of USC – Keck Medicine of USC

Fox Chase Cancer Center – Temple Health

Columbia – Columbia University Herbert Irving Comprehensive Cancer Center

UMassMemorial

UHN Princess Margaret Cancer Centre

Houston Methodist – Leading Medicine

The Ottawa Hospital Research Institute | L'Hôpital d'Ottawa Institut de recherche

MULTIPLE UPCOMING MILESTONES Next 24 months

MILESTONES	TIMING
Multiple data presentations made in Q4 2021; SITC (2) (immunotherapy), CTOS (sarcoma Oral Podium) SABCS (breast cancer) Reported safety and efficacy data of monotherapy and both I/O combinations	Q4 2021 ✓
Report Phase 2 INVINCIBLE Study data (Part 1)	Q2 2022
Report interim IT-01 data on combination with Keytruda	Q2 2022
Report interim IT-01 data on combination with Yervoy	Q2 2022
Initiate randomized Phase 3 international study of INT230-6 in the 2nd/3rd line sarcoma setting	Q4'22/Q1'23
Report Yervoy and Keytruda Final data	2023
Report Phase 2 Part 2 INVINCIBLE early-stage breast cancer immune and primary efficacy outcome results	1H 2023
Complete Enrollment of Phase 3 Sarcoma Study	2H 2023
Report Phase 2 neoadjuvant TNBC results	1H 2024

INTS INVESTMENT SUMMARY
A unique and **new** cancer killing, treatment approach

Experienced Oncology Drug Development Management Team

Novel Technology to Kill Cancer and Activate the Immune System; Extended Patient Survival
Favorable safety; 168 patients as of 03/31/2022

On-going Phase 2 Studies; Phase 3 Sarcoma Registration Study Designed with FDA Alignment

Robust IP Position (100% INTS owned) **Protection in all Major Markets**

Platform Validated Through Partnerships **Clinical collaborations with world leading organizations**

NIH NATIONAL CANCER INSTITUTE · OICR Ontario Institute for Cancer Research · MERCK · Bristol Myers Squibb

INTENSITY THERAPEUTICS

A NEW WEAPON
IN THE WAR ON CANCER

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Thank you!