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

Intensity THERAPEUTICS

A NEW WEAPON IN THE WAR ON CANCER

Our vision:

To extend patient life while maintaining good quality

Products that directly kill tumors to activate a patient-specific immune response

Treating all stages of cancer

September 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	2,222,223 shares based on mid range price of $4.50 (does not include 15% overallotment)	
Securities Offered	Common stock	
Price Range	$4 to $5 per common share	
Expected Use of Proceeds	• Phase 2/3 neoadjuvant TNBC and on-going trials • Phase 3 sarcoma study (IT-03) • 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 6/30/2022	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; The Benchmark Company, LLC	

(INTS) INVESTMENT HIGHLIGHTS

Localized Cancer Kill Leading to Immune Activation and Extended Survival

- **Favorable safety with efficacy; over 200 patients enrolled**

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

- **FDA Fast Track designation granted for TNBC**

Robust IP Position

- **Multiple US Patents: 12 issued foreign patents 100% owned by Intensity (INTS)**

Platform Validated Through R&D Partnerships

- Awarded CRADA by the National Cancer Institute (NCI)
- **Clinical collaborations with world leading Companies: Merck's for Keytruda® & Bristol-Myers Squibb's for Yervoy®**

KEYTRUDA® (pembrolizumab) Injection 100 mg

YERVOY™ (ipilimumab)

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

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

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

CLINICAL

INT230-6	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3
Neoadjuvant Breast Cancer		INT230-6 randomized Phase 2/3 designed		Phase 3 start expected 2023*
Advanced Soft Tissue Sarcoma		INT230-6 randomized Phase 3 planned with CRO engaged		Phase 2/3 start expected 2023*
Early-Stage Breast Cancer on-going		The INVICIBLE Study: INT230-6 pre-surgical local or regional disease		#Randomized Controlled: Data expected Q4 & Final mid 2023
Colorectal, Bile Duct, Pancreatic Squamous cell cancers (on-going)		Combo with Merck's Keytruda® (non-immunogenic "cold tumors")		#Final Data expected 2023
Sarcoma, Breast, Hepatic Cancers (on-going)		Combo with + BMS' Yervoy®		#Final Data expected 2023
INT230-6 TNBC* (Metastatic)		Randomized Controlled		*Phase 2/3 study per fast track

*TNBC is triple negative breast cancer

*Depends on capital
#Enrollment completed

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

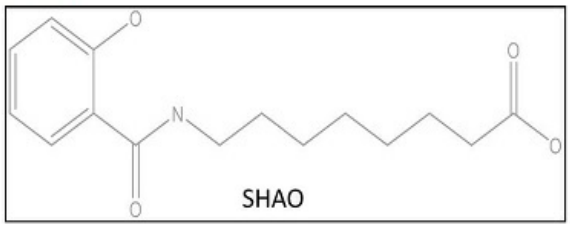
Intensity Therapeutics

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

INT230-6 contains 2 proven anti-cancer drugs that are used intravenously: **CISPLATIN, VINBLASTINE**

- **Both drugs kill cancer directly via different mechanisms and cause anti-cancer immune activation.**

Vials also contain a diffusion enhancer molecule (SHAO). The drugs become soluble in fat and water, disperse throughout the tumor and diffuse into cancer calls



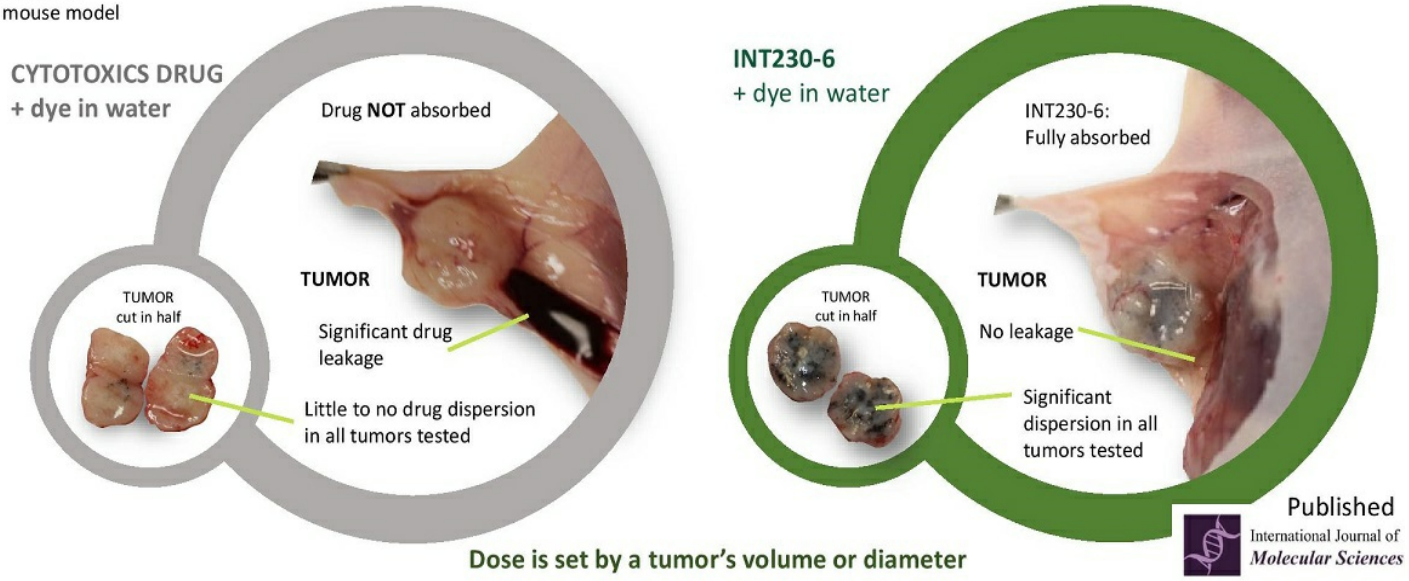
SHAO

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*

PHASE 2 INVINCIBLE STUDY:
INT230-6 ACHIEVES SIGNIFICANT CANCER KILLING WITH ONE OR TWO DOSES IN MULTIPLE TYPES OF BREAST CANCERS

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

May 6 — Injection #1: Dose 7.4 cc
May 13 — Injection #2: Dose 14.8 cc
May 20 — Surgery

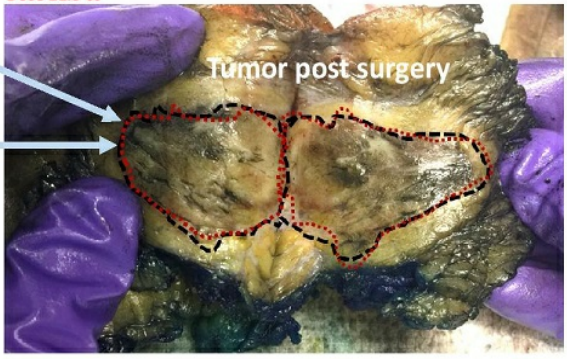
Final Pathology (significant necrosis ~85%)

Tumor Extent

Extent of Necrosis within Tumor

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

May 27 — Injection #1 (only) Dose 21.3 cc
June 16 — Surgery



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

Data presented at ASCO 2022

Tumor death is dependent on total dose given per treatment

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OUR DELIVERY TECHNOLOGY IS BASED ON A PROVEN SCIENCE USED FOR ORAL DELIVERY OF PROTEINS

EMISPHERE WAS ACQUIRED BY NOVO NORDISK FOR $1.8 BILLION

Technology First Developed for Oral delivery of Protein (Semaglutide); Tablet Product (Rybelsus)

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

Intensity has patent protection in 37 countries

Intensity's mechanism: direct killing leading to immune activation

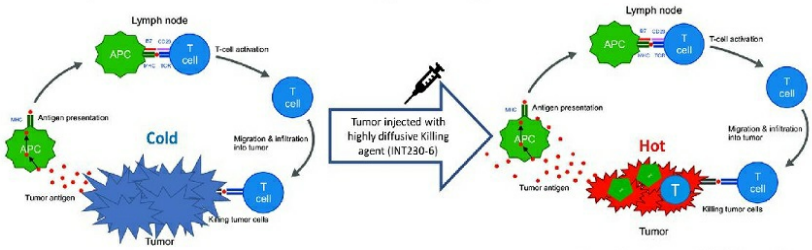

Image from January 2018 Tuberculosis and Respiratory Diseases 81(1):29.

Issues with current systemic therapies:

- Drugs do not reach areas away from blood vessels
- Tumors can exclude T-cells
- Tumors prevent immune recognition

Our solution:

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

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CLINICAL STUDIES ENROLLMENT: June 2022

Attacking the Tumors – Sparing the Patient

PATIENTS ENROLLED: 201

- **STUDY IT-01**: Metastatic refractory cancer (25 types): 110 Patients
- INT230-6 alone (63 patients)
  With Keytruda (30 patients)
  With Yervoy (17 patients)
  Injections into lung, liver, peritoneum, pancreas, breast, limbs, lymph nodes
  Dosed started with 5 mL once per month. Current dose 175 mL every two weeks.
- **INVINCIBLE STUDY:** Early-Stage Breast Cancer: 91 patients
  All types of breast cancer

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INVINCIBLE STUDY: 91 PATIENTS COMPLETED
PRESURGICAL USE OF INT230-6 IN EARLY BREAST CANCER

Background:

- Chemotherapy with Keytruda is used prior to surgery to try and kill all visible cancer, a pathological complete response (pCR).
- Having a pCR delays disease recurrence. Yet only 63% of such patients achieve a pCR.
- FDA accepts pCR as an accelerated approval endpoint

INVINCIBLE Study Purposes:

- Evaluate tumor cell death and immune response in the period from diagnosis to surgery (non-chemo patients)
- Assess potential for INT230-6 to increase the pCR rate in high-risk BC patients if added to current treatments

Objectives:

- Determine INT230-6 loading dose, safety and immune activity (part I)
- Evaluate tumor necrosis, cancer proliferation rates and immune activity (part II)

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NEOADJUVANT STUDY SAFETY
INT230-6 HAD FAVORABLE SAFETY

- No surgery was delayed or cancelled
- No surgical procedure was altered
- No cosmetic differences noted
- Mean wait time to surgery: 24 days (range 14-34 days) - normal timeframe
- 89% of adverse events were grade 1; all resolved within 7 days

PHASE 2 INVINCIBLE STUDY: PART 1 COMPLETED
INT230-6 ACHIEVES IMMUNE ACTIVATION IN EARLY STAGE BC

Pre vs. Post treatment

- In tumor: **increase in abundance of CD4 naïve and B and NK T cells**
- In tumor microenvironment: **increase in CD8 memory T, CD4 naïve and B cells**
- Over 200 immune cell genes activated

INVINCIBLE STUDY SAFETY AND NEXT DATA SETS

PART II (ongoing) increased INT230-6 loading

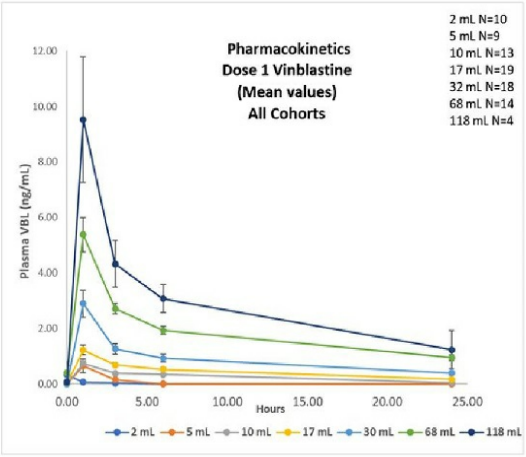
- INT230-6 treatment compared to saline sham injection (% necrosis, effect on Ki67)
- Evaluate other immunomodulatory (T-cell repertoire) and biologic effects

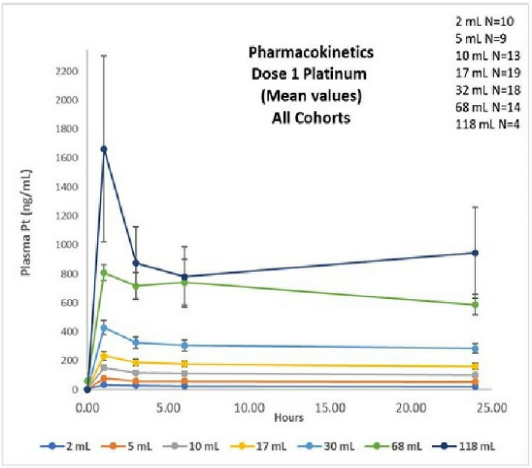
Design of Phase 3 Program: INT230-6 + Standard of care in Triple Negative Breast Cancer and/or HER2+

DATA PRESENTED AT ASCO 2022

Results in Metastatic Cancers: INT230-6 Monotherapy or with immunotherapy

METASTATIC STUDY: IT-01
FAVORABLE SAFETY: ACTIVE AGENTS REMAIN IN TUMOR





INT230-6

>95% of the active agents remain in the tumor relative to IV dosing at 1 to 6 hours

Retention is independent of cancer type, location or size

Cisplatin levels are not measured - only (non-toxic) platinum metal is seen in the blood

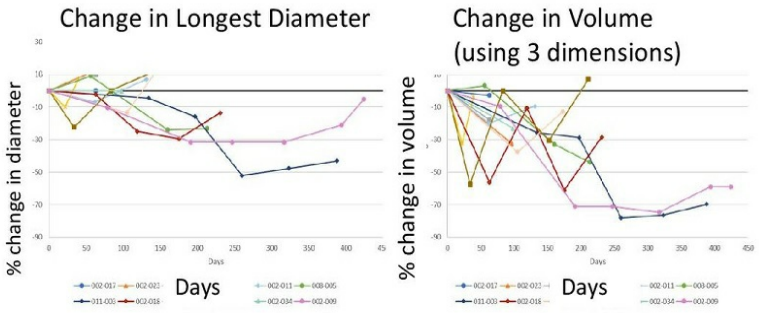
SAFETY OF INT230-6 ALONE
DATA AS OF APRIL 1, 2022

Treatment-Related Adverse Events for INT230-6 of Study IT-01, n (%), – All Treated Population (>4 events)

INT230-6 Monotherapy

Preferred Term	Grade 1	Grade 2	Grade 3	Grade 4/5	Total
No. of subjects with least 1 AE	21 (33.3%)	26 (41.3%)	7 (11.1%)	0	54 (85.7%)
Localized tumor-related pain	23 (34.9%)	12 (19.0%)	2 (3.2%)	0	37 (58.7%)
Nausea	20 (31.7%)	5 (7.93%)	0	0	25 (39.7%)
Fatigue	5 (7.9%)	12 (19.0%)	1 (1.6%)	0	18 (28.6%)
Vomiting	12 (19.0%)	3 (4.8%)	0	0	15 (23.8%)
Decreased appetite	5 (7.9%)	8 (12.7%)	0	0	13 (20.6%)
Anaemia	1 (1.6%)	5 (7.9%)	2 (3.2%)	0	8 (12.7%)
Abdominal pain	2 (3.2%)	2 (3.2%)	1 (1.6%)	0	5 (7.9%)
Dizziness	4 (6.3%)	1 (1.6%)	0	0	5 (7.9%)

RECIST MEASURES, WHICH ARE BASED ON DIAMETER, DO NOT CAPTURE EFFICACY BENEFIT OF INT230-6



RECIST metrics use longest diameter (LD)

INT230-6 is highly absorbed by tumors

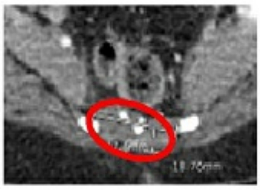
There is potential for immune infiltration

There is a lack of correlation between diameter and volume in many subjects

Often diameter increases or changes slightly while volume decreases

IN METASTATIC DISEASE INJECTED TUMORS SHRINK OVER TIME
SHRINKAGE OF UNINJECTED TUMORS OBSERVED

55.65 mm x 32.48 mm



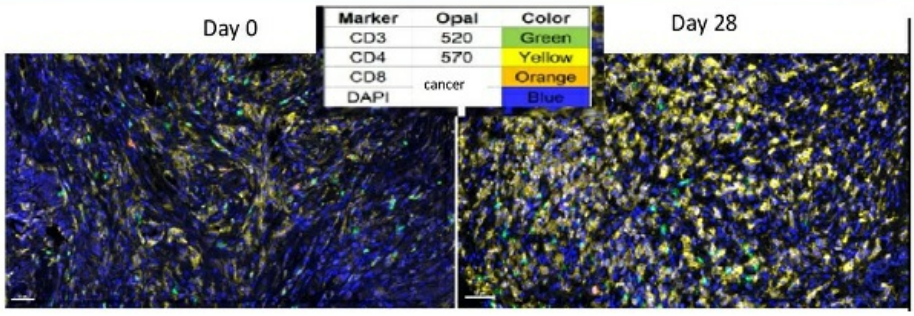
47.5 mm x 18.78 mm

A scan of a monotherapy sarcoma tumor highlights tumor regression.

Longest diameter declines 15%, whereas 2nd longest diameter declines 42%

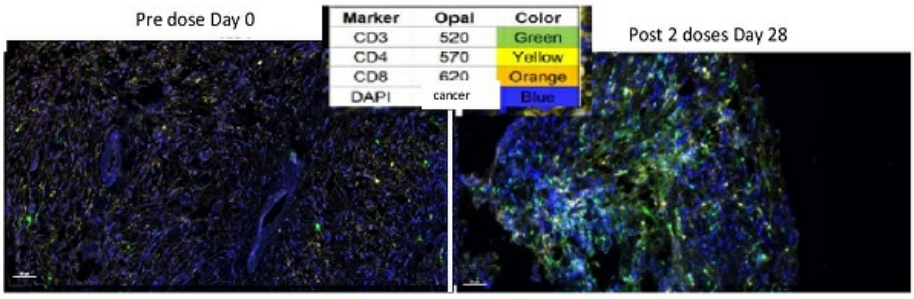
Using WHO Criteria: Partial Response;
Using RECIST Criteria: Stable Disease

IMMUNE ACTIVIATON ACHIEVED IN NON-IMMUNOGENIC CANCERS



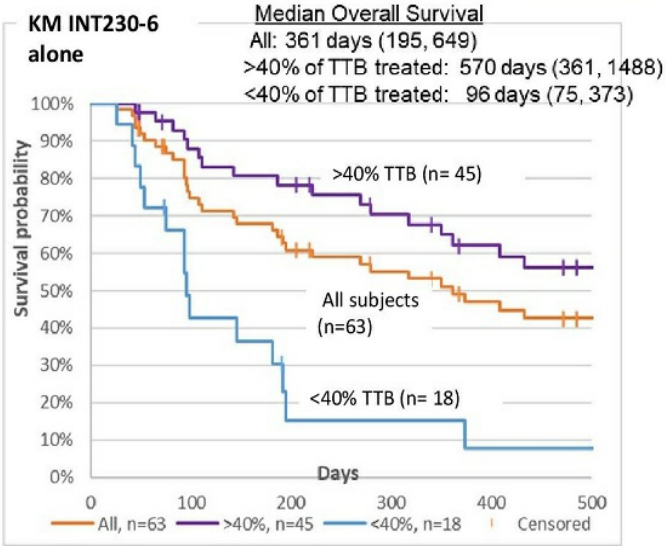
After 2 doses of INT230-6 alone there is an anti-cancer immune cell influx into the tumor

Ovarian cancer



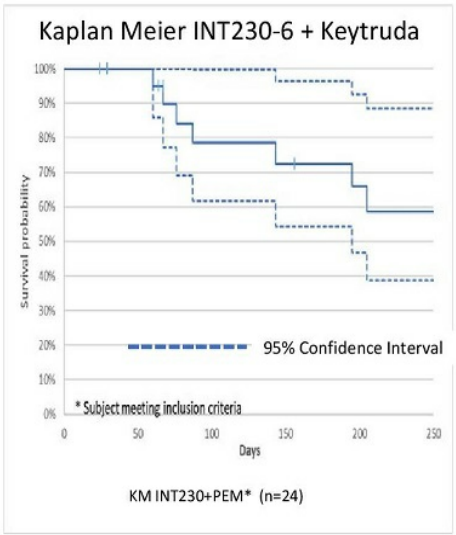
Liposarcoma

SURVIVAL INCREASED RELATIVE TO HISTORICAL DATA: INT230-6 ALONE OR WITH KEYTRUDA®



Monotherapy: 19 different cancers

An exploratory analysis of dose relative to a subject's incoming total tumor burden (TTB) was performed.



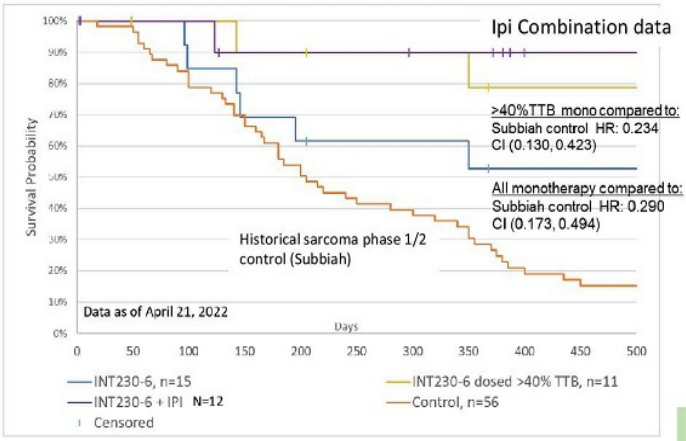
mOS not yet reached with 143 days of median follow up

Combination: 7 cancer types primarily; PC, CRC, Biliary, TNBC

Data as of April 1, 2022

OVERALL SURVIVAL INCREASED COMPARED TO HISTORICAL RESULTS
INT230-6 ALONE OR WITH YERVOY® IN SARCOMA

Kaplan Meier estimates sarcoma patients



Dose relative to incoming total tumor burden (TTB) show increased survival with higher drug

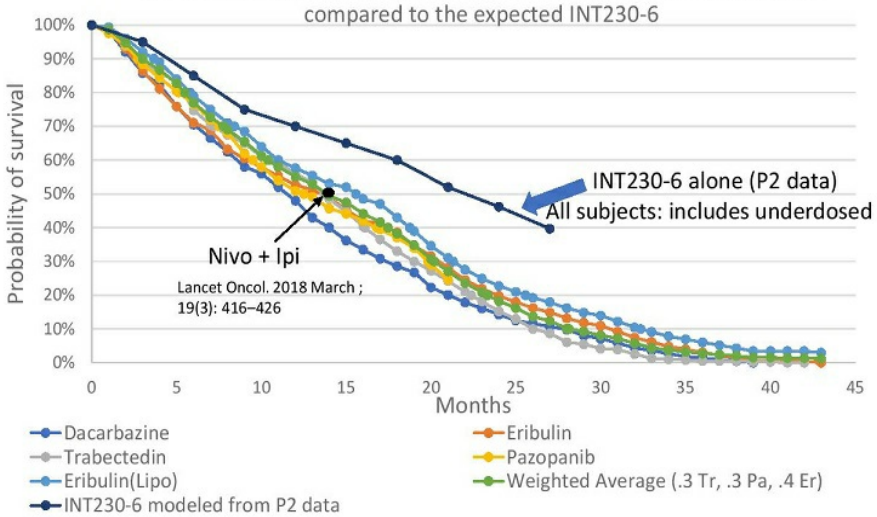
Favorable hazard ratios (HR) for sarcoma subjects administered INT230-6 compared to control

Abscopal responses seen were primarily in subjects dosed to ≥ 40% total tumor burden

	Control (Subbiah data)	INT230-6 all	INT2306 >40% TTB	INT230-6 + IPI
mOS , CI	205 days	649 (146, 1219)	715 (649, 1219)	**Not reached median follow-up: 297 days**

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

Median OS Curves for STS Trabectedin, Eribulin, and Pazopanib Trials compared to the expected INT230-6



Current Drugs
Dacarbazine
Trabectedin
Eribulin
Pazopanib

333 subjects

Endpoint: overall survival

2:1 randomization INT230-6 to Standard of care

2nd/3rd line treatment

Two interim looks at 50% and 75% of events

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

Intensity Therapeutics

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

Intensity Therapeutics

MILESTONES	EXPECTED TIMING
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 ✓
Report INVINCIBLE immune data (Part2)	Q4 2022
Report Sarcoma IPI combination and pembro combination data	Q4 2022
Report Phase 2 INVINCIBLE early-stage breast cancer immune and primary efficacy outcome results	1H 2023
Report Yervoy and Keytruda Final data	1H 2023
Initiate randomized phase 3 international study in breast cancer (pCR for accelerated approval and event free survival endpoint for full approval) priority 1	2023*
Initiate randomized phase 3 international study in soft tissue sarcoma (overall survival endpoint) priority 2	2023*
Complete Enrollment of Phase 2/3 neoadjuvant BC phase 2/3 study for pCR and EFS	2024*
Potential phase 2/3 neoadjuvant pCR data readout for accelerated approval NDA submission	2024*

* Pending financing

CONCLUSIONS AND FIRST MARKET OPPORTUNITIES

- INT230-6 has induced up to 95% necrosis in large tumors following a single IT dose with immune activation in non-immunogenic cancer types: potential for presurgical use
- INT230-6 has shown favorable safety and promising efficacy of increased survival alone or combined with immunotherapies in metastatic disease
- **INT230-6 represents a new approach to cancer treatment (immunological cell killing) with applications in multiple existing and new cancer settings**
- Planned phase 3 programs have large market opportunities:
  - Breast cancer: pre-surgery - with chemo 30,000 patients; no chemo: 170,000 cases;
  - Metastatic sarcoma: 157,000 patients in US; 12,000 new cases each year.

INTENSITY THERAPEUTICS

A NEW WEAPON IN THE WAR ON CANCER

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Thank you!