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

Intensity® THERAPEUTICS

A NEW WEAPON IN THE WAR ON CANCER

Directly killing tumors to activate a patient-specific immune response

Treating all stages of cancer

January 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.

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

SVP, Clinical Development

Syed Mahmood, *MD*

- Novartis, GSK and Progenics
- Launches include AZEDRA and PyL, and GSK's/Novartis's Tafinlar, Mekinist, Votrient, Luminespib and Buparlisib

Chief Financial Officer

James M. Ahlers

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

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

INVESTMENT HIGHLIGHTS

Localized Cancer Kill Leading to Immune Activation and Extended Survival

- Novel drug product candidate (INT230-6) containing cytotoxic agents with a unique amphiphilic diffusion enhancing molecule
- **Favorable safety with efficacy; 115 patients treated through September 30, 2021 – >95% of drug remains in tumor**
- No maximum tolerated dose; adverse events are mostly low grade; clinical proof of concept demonstrated

Multiple Phase 2 Studies ongoing; Phase 3 Registration Sarcoma Study Designed – FDA alignment 10/14/2021

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

Robust IP Position

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

- 11 issued foreign patents with 5 pending

Platform Validated Through Partnerships

- Awarded CRADA by the National Cancer Institute (NCI)
- Phase 2 trial with two Canadian Centers of Cancer Research
- **Clinical collaborations testing INT230-6 with world leading immunotherapies Merck's Keytruda® & Bristol-Myers Squibb's Yervoy®**

KEYTRUDA® (pembrolizumab) Injection 100 mg

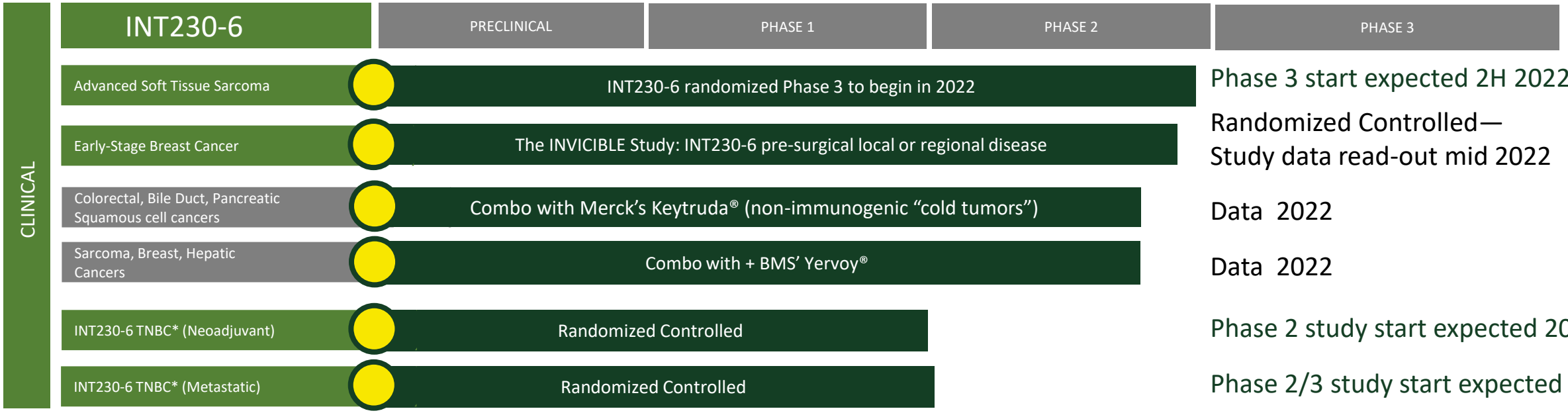
YERVOY™ (ipilimumab)

MULTIPLE LATE STAGE PIPELINE PROGRAMS

CLINICAL PROGRAMS ACROSS "COLD" AND "HOT" CANCERS, METASTATIC AND PRESURGICAL SETTINGS

Intensity THERAPEUTICS

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



*TNBC is triple negative breast cancer

OUR DELIVERY TECHNOLOGY IS BASED ON A PROVEN SCIENCE

AMPHIPHILIC MOLECULES ARE SOLUBLE IN FAT AND WATER SIMULTANEOUSLY

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

Intratumoral drug dispersion & diffusion leads to anti-cancer efficacy.

1. Drug saturates tumors
2. Cancer cells die and create personalized "antigen" from the tumor
3. Antigen induces a systemic, anti-cancer immune activation
4. Extended survival and favorable safety observed

EMISPHERE WAS ACQUIRED BY NOVO NORDISK FOR

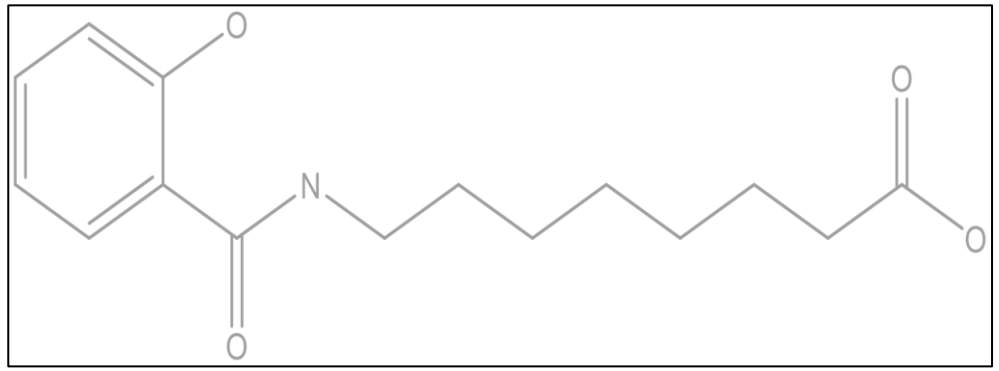
$1.8 BILLION

IN NOVEMBER 2020

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

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

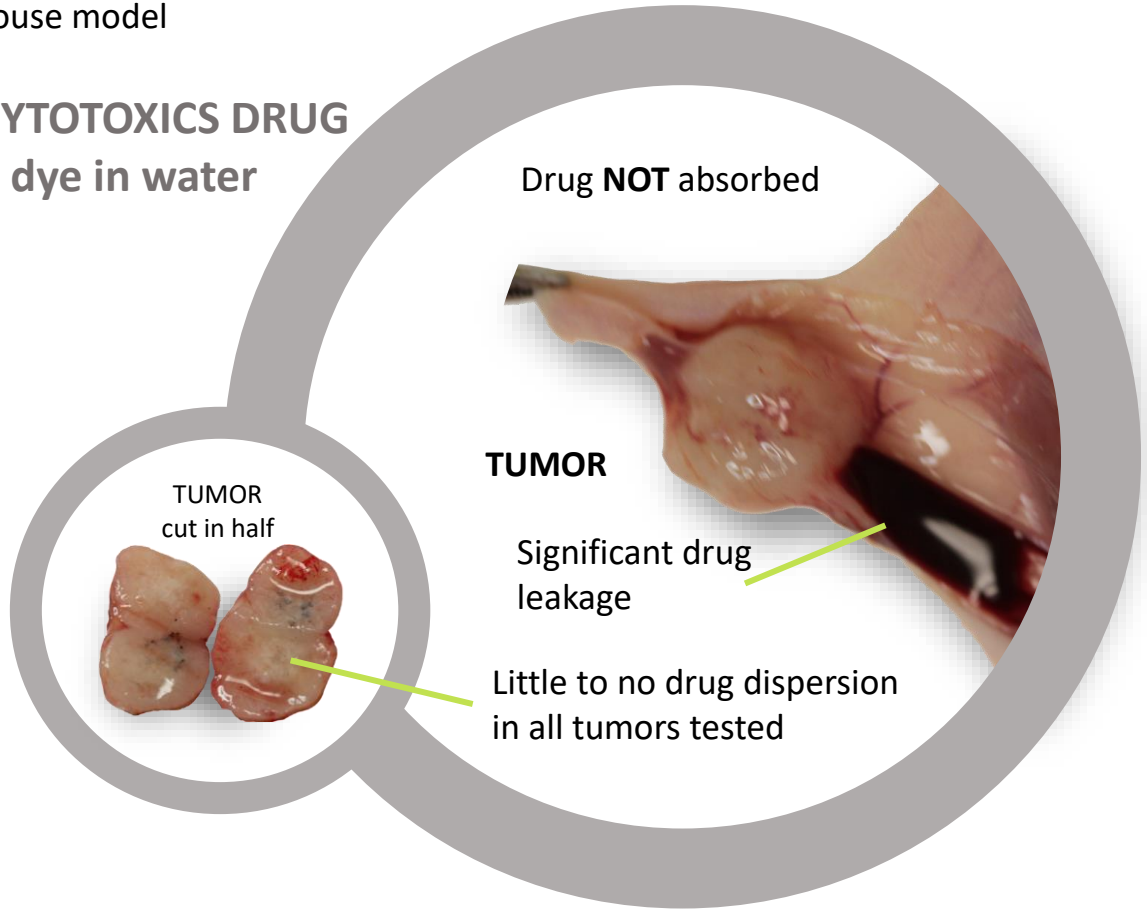
INT230-6: A UNIQUE, ANTI-CANCER THERAPY

100% WATER SOLUTION THAT DISPERSES, DIFFUSES AND IS HIGHLY RETAINED IN TUMORS – DOES NOT HARM HEALTHY TISSUE

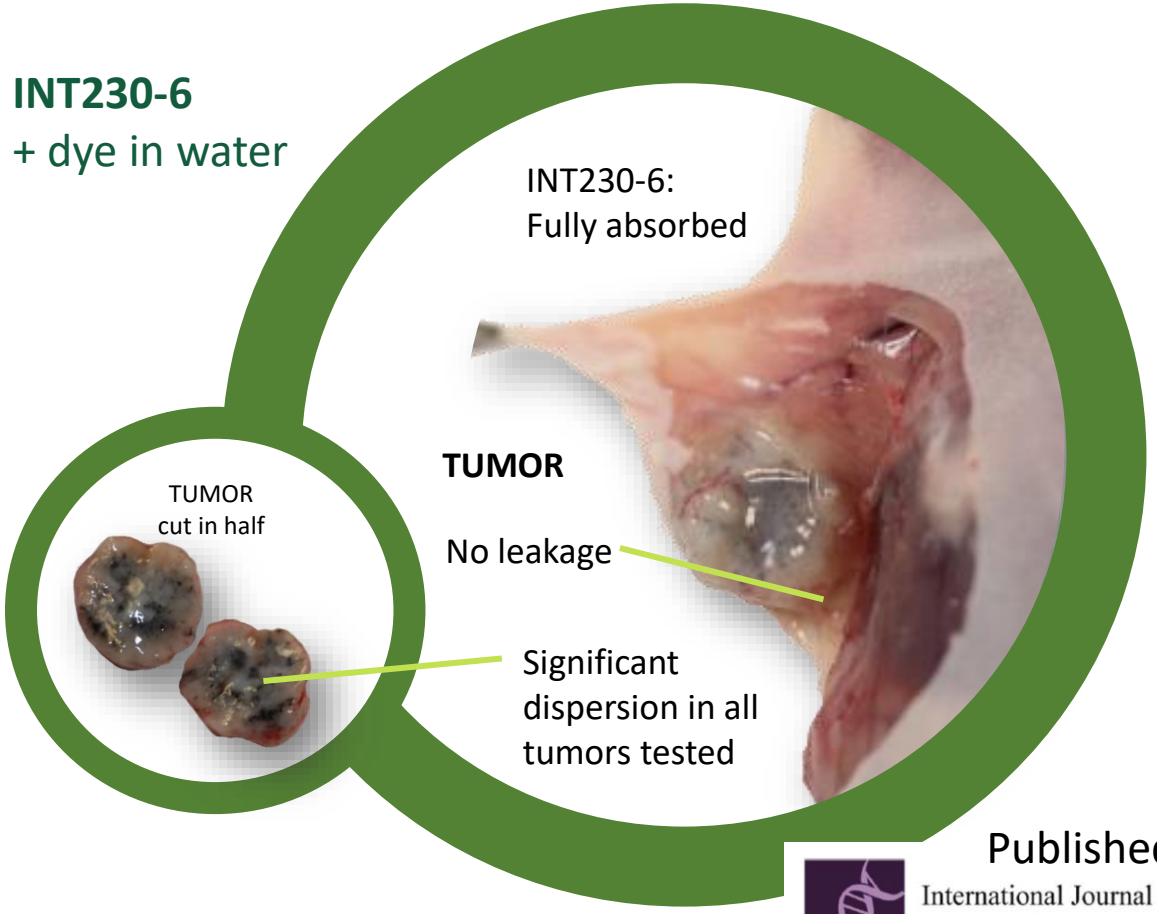
Human pancreatic cancer in mouse model

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

CYTOTOXICS DRUG
+ dye in water



INT230-6
+ dye in water



Dose is set by a tumor's volume or diameter

Published
International Journal of *Molecular Sciences*

CLINICAL STUDIES AS OF SEPTEMBER 30, 2021

Attacking the Tumors – Sparing the Patient

RESULTS AS OF 9/30/2021

- METASTATIC REFRACTORY CANCERS: 95 PATIENTS TREATED
- EARLY-STAGE BREAST CANCER: 20 PATIENTS TREATED

DATA SHOWS INCREASED MEDIAN OVERALL SURVIVAL
IN PATIENTS WITH PROGRESSIVE CANCER FOLLOWING ALL APPROVED TREATMENTS

Kaplan Meier survival estimates are as follows:

All Mono, n=53

- Subjects dosed INT230-6 alone* shows ~55% alive at 1 year
- *Typical mOS in Phase 1 trials is 3 to 6 months^.*

Mono dosed >40% total tumor burden (TTB), n=39

- Subjects dosed to >40% of TTB shows ~67% alive at 1 year

Mono dosed <40% TTB, n=14

- Subjects dosed to <40% of TTB shows less than 50% alive at 96 days ~3.2 mon

The dose per total tumor burden is important for survival

- Blue to Green Curves: Hazard Ratio 0.104 Confidence Interval (0.04, 0.29) log rank p=0.000013

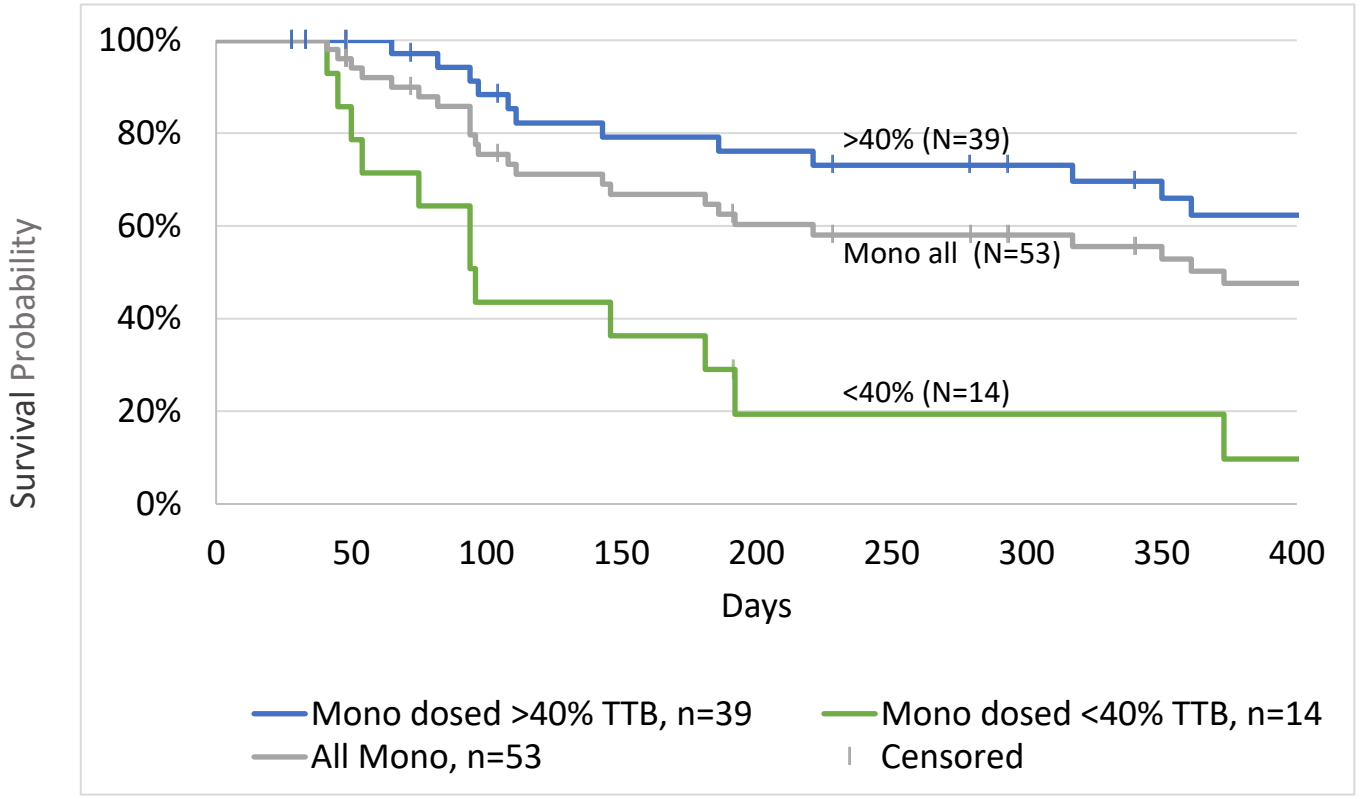
A KM estimate of subjects receiving the pembrolizumab + INT230-6 combination indicates ~55% are alive at one year (n=16)

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

Note: The distribution of cancers types for mono is different from the combo with Pembro

Data with cut-off of July 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 ~250 cc

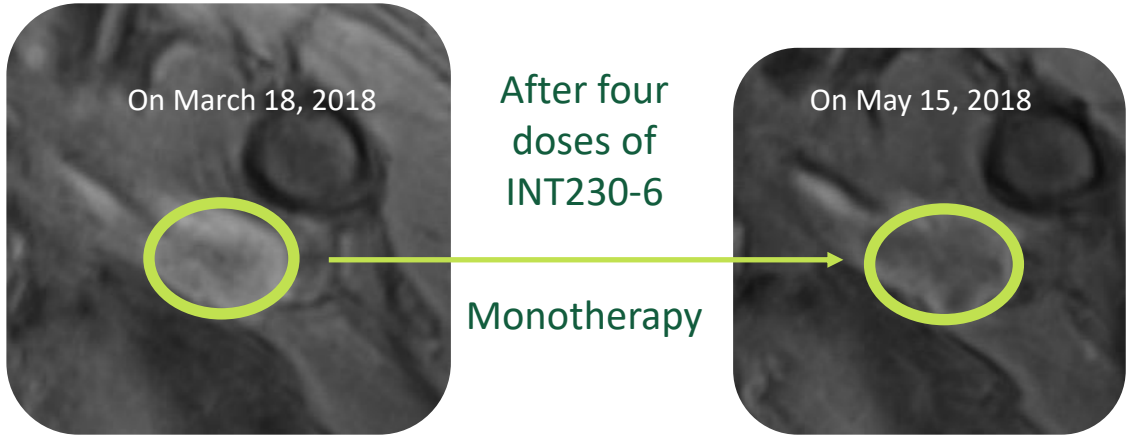
INT230-6 CAUSES TUMORS TO BECOME HIGHLY NECROTIC
A CASE FROM OUR METASTATIC STUDY

PATIENT: 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

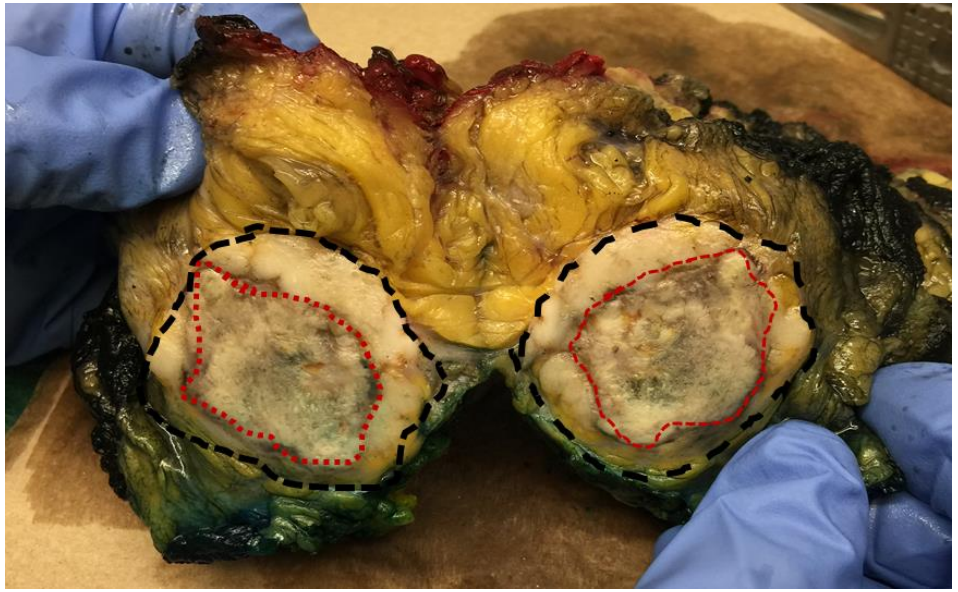
- Adrenocortical
- Breast
- Chordoma
- Colon
- Head and Neck
- Lung
- Sarcoma
- Squamous cell

PHASE 2 INVINCIBLE STUDY: NECROSIS ACHIEVED IN PROLIFERATING EARLY, INVASIVE BREAST CANCER (WHOLE TUMOR RESECTIONS)

DOSE DEPENDENT DIFFUSION AND HIGH PERCENTAGE OF TUMOR KILLING OBSERVED

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



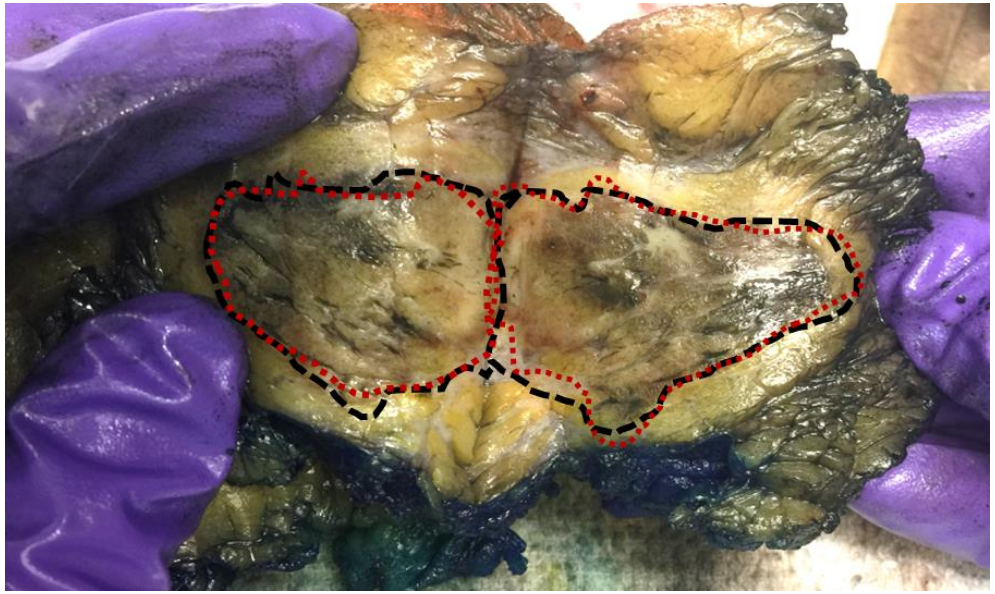
Final Pathology (significant necrosis ~85%)

..... 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

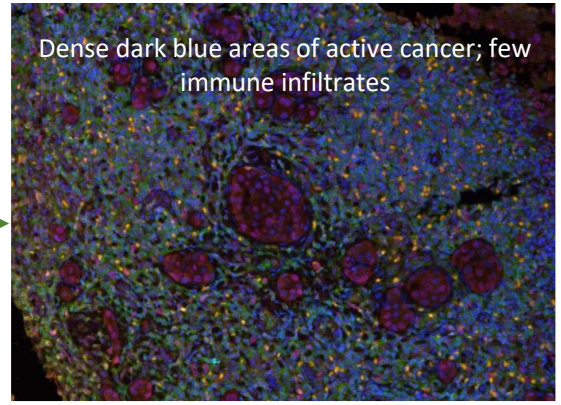
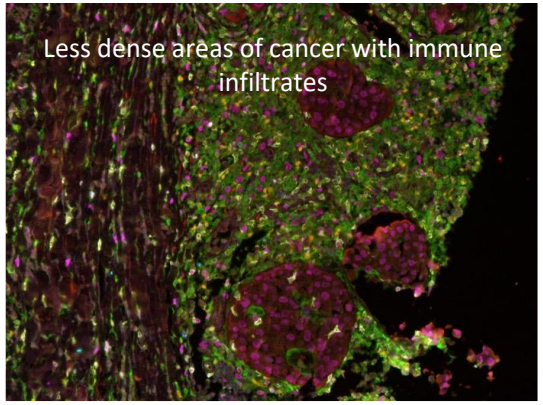
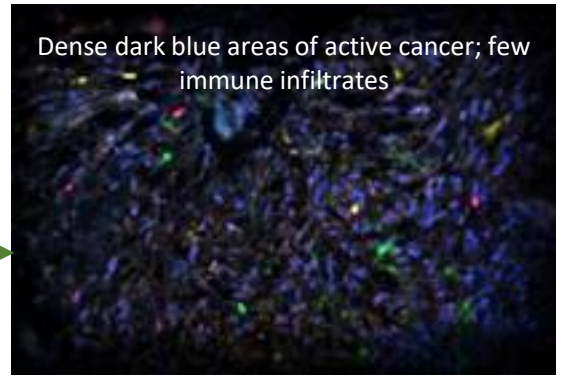
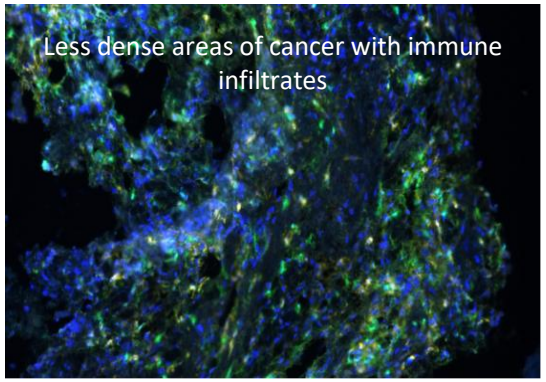


Final Pathology (significant necrosis ~95%) cancer is mostly ghost cells

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

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

IHC staining of biopsied tissue:

	Pre-dose (Day 0)	28 days after first dose
Breast cancer		
Sarcoma		

Marker	Color
CD4	Green
CD8	Yellow
FoxP3	Orange
DAPI	Blue

- **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 ADVANCED SARCOMA
HIGH UNMET MEDICAL NEED – SIGNIFICANT MARKET POTENTIAL

19 metastatic sarcoma subjects treated as of July 31, 2021

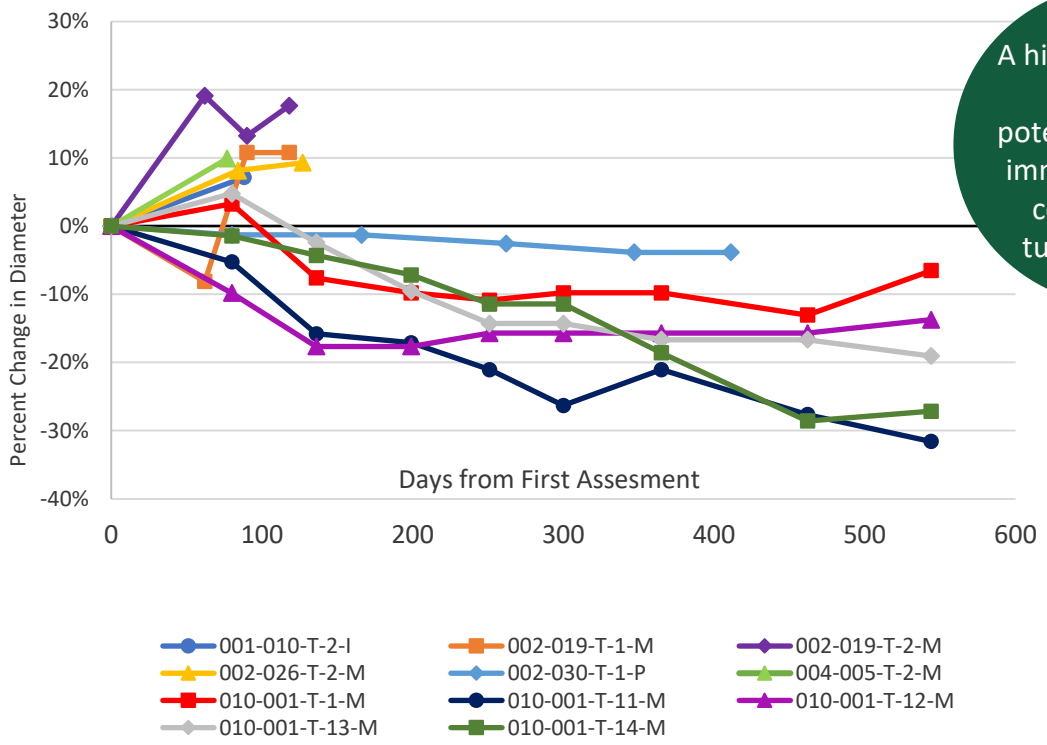
- Sarcomas are cancers of soft tissues such as fat, muscle, nerves, (STS) and bone (osteosarcoma)
- 12,000 are diagnosed per year in the U.S
- Cardiotoxic anthracycline drugs are 1st treatment
- Sarcoma patients' survival prognosis is poor:
  *median overall survival (**mOS) is 3 to 8 months** in P1/2
  * mOS of 2nd/3rd line therapy is 11 to 14 months

Demographic	Value
Median number of prior therapies	3
Sarcoma types Treated in our trial	4 Leiomyosarcoma, 3 Liposarcoma, 3 pleomorphic sarcomas, 3 chondrosarcoma, and 2 spindle cell sarcoma, 1 each of osteosarcoma, myofibroblastic sarcoma, desmoid type, Kaposi sarcoma

DECREASED TUMOR VOLUME SEEN POST-TREATMENT DESPITE INCREASE IN DIAMETER

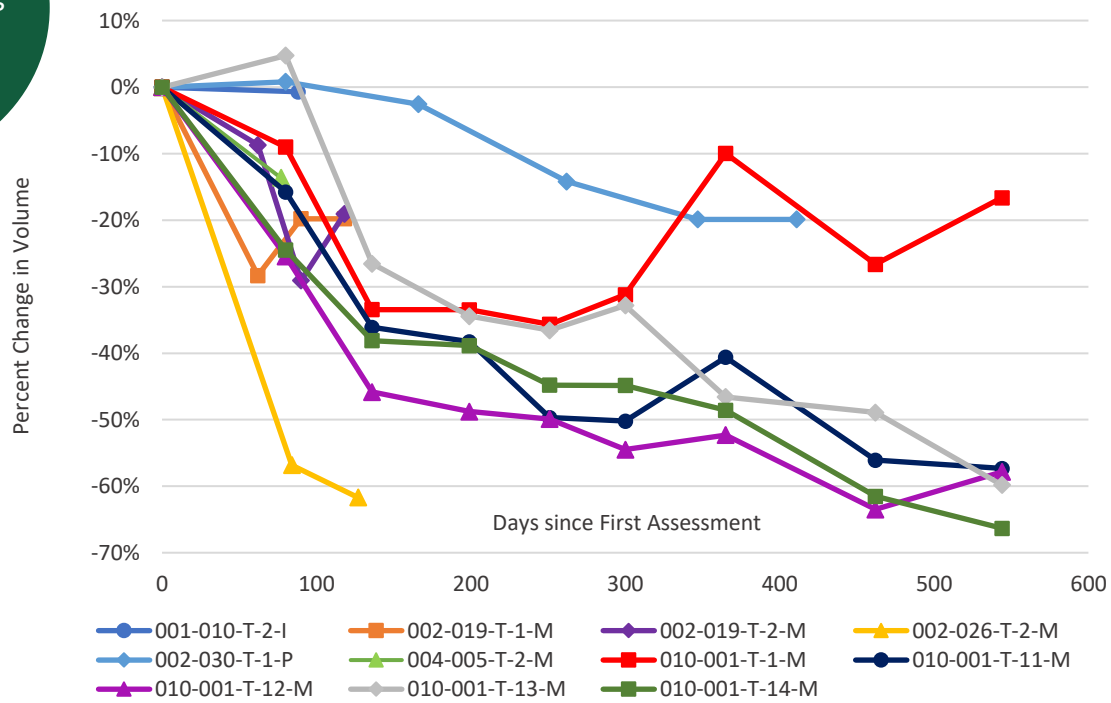
RECIST/iRECIST MAY NOT BE A GOOD METRIC FOR EFFICACY USING OUR TECHNOLOGY: TUMOR DIAMETER INCREASES WHILE VOLUME DECREASES

Change in diameter of 6 sarcoma subjects' injected tumors after treatment with INT230-6



A highly absorbable drug fluid potentially inducing immune infiltrates could increase tumor diameter

Change in volume of 6 sarcoma subjects' injected tumors after treatment with INT230-6

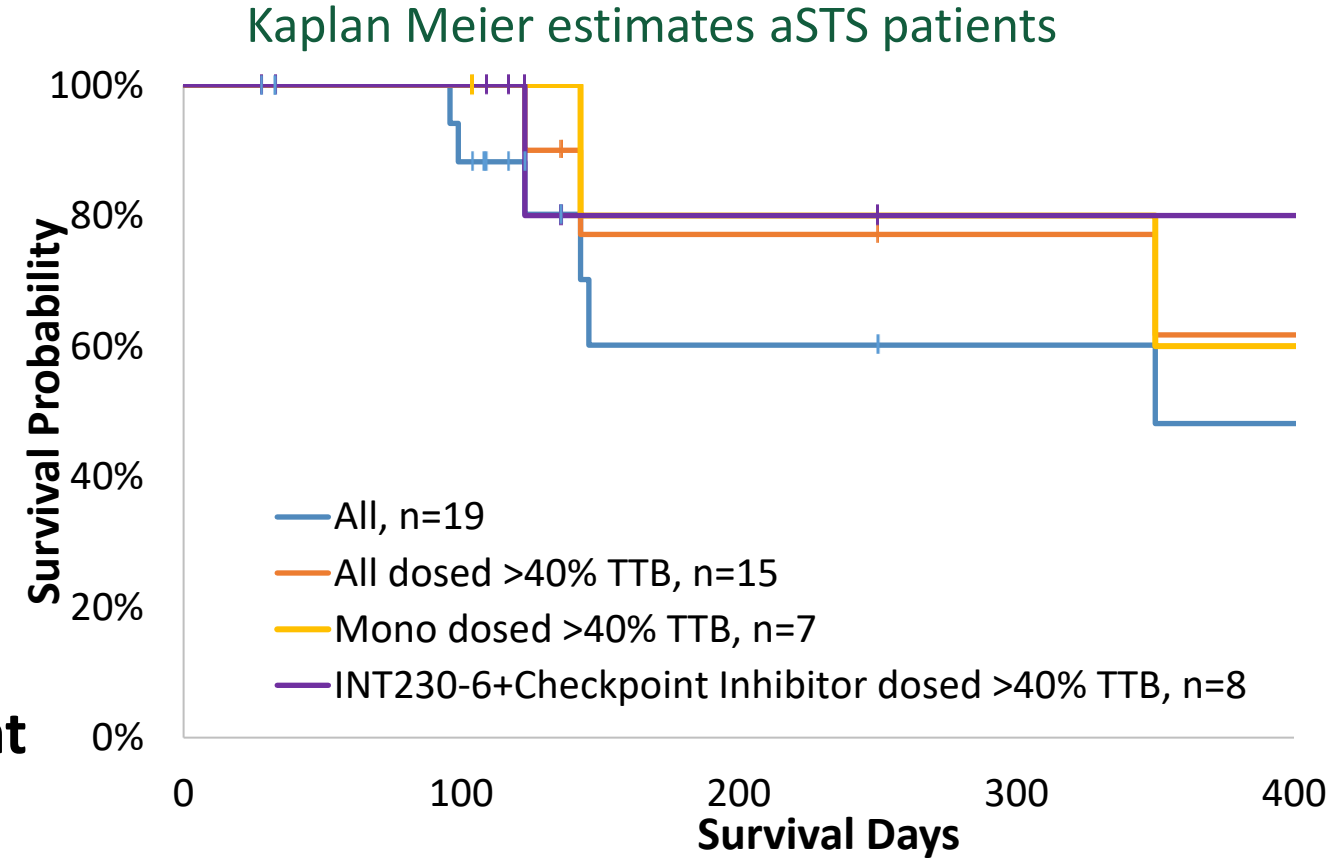


Match the color of each tumor's line in the left graph (change longest diameter over time) to the same color in the right graph to view that tumor's change in volume

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

- **Blue curve (n=19)** all patients **~50% alive at 1 year**
- **Orange curve (n=15)** **all** patients dosed >40% of TTB, **~60% alive at 1 year**
- **Yellow curve (n=7)** patients dosed >40% of TTB with INT230-6 alone **~60% alive at 1 year**
- **Purple curve (n=8)** patients dosed IT INT230-6 + IV IO (Yervoy) **~80% alive at 1 year** (data immature)

TTB is the Total Tumor Burden at enrollment



Data as of July 31, 2021

**For historical survival data in Phase 1/2 sarcoma see Subbiah, V Scientific Reports | 6:35448 | DOI: 10.1038/srep35448*

Note: Data for INT230-6 with Checkpoints is immature as many subjects were recently enrolled.

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

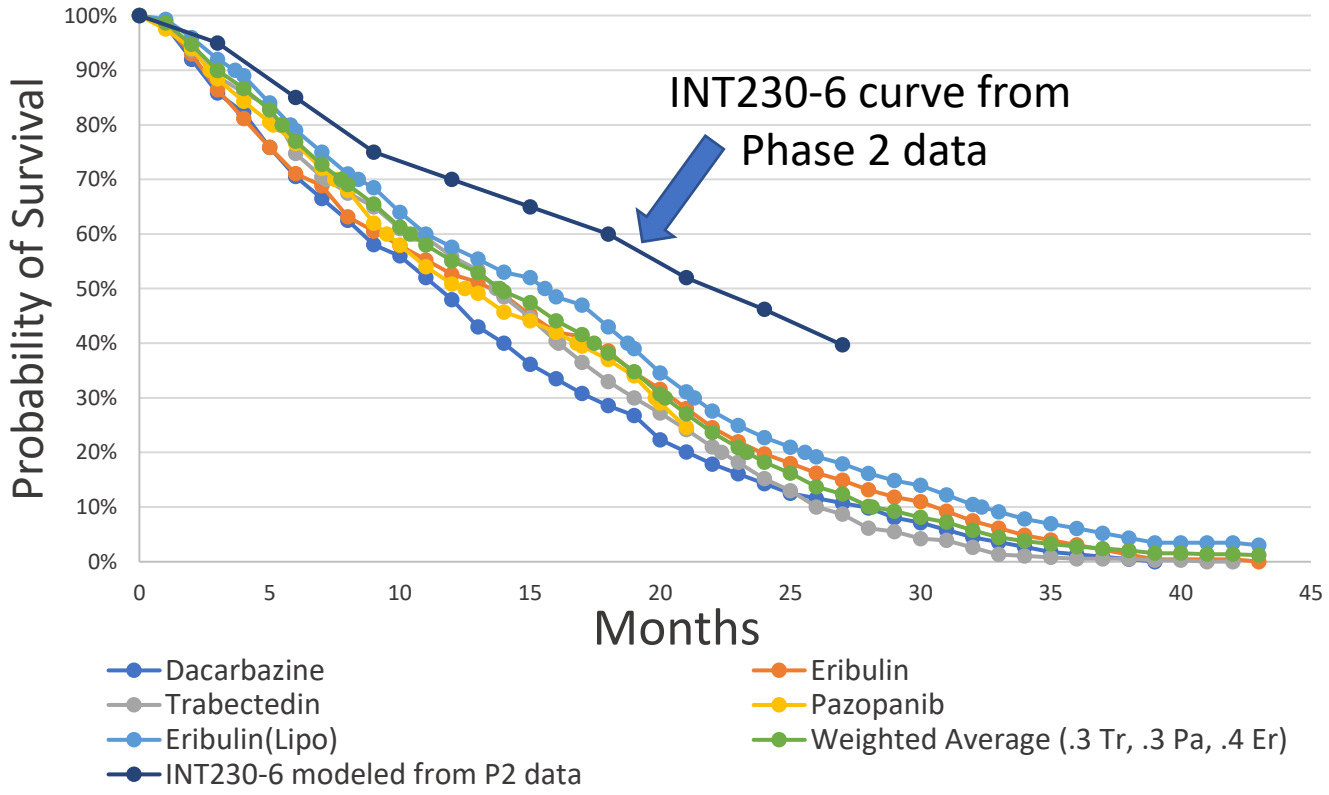
- Intent to treat (ITT) population: all STS
- Size: N=331
- Enrollment: 2:1 INT230-6 to standard of care
- INT230-6 dosed every 2 weeks for 5 doses with maintenance treatments

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

Intensity THERAPEUTICS

RESEARCH

NIH NATIONAL CANCER INSTITUTE

MERCK

OICR Ontario Institute for Cancer Research

Bristol Myers Squibb™

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

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

MULTIPLE UPCOMING MILESTONES 2021 to 2023

MILESTONES	TIMING
Society for Immunotherapy of Cancer (SITC) 2021: Report safety and efficacy data of monotherapy and I/O combinations ✓	Q4 2021
Connective Tissue Oncology Society (CTOS 2021): Oral podium presentation of INT230-6 in Sarcoma ✓	Q4 2021
San Antonio Breast Cancer Symposium (SABCS): Reported safety and efficacy with and w/o pembrolizumab ✓	Q4 2021
Report Phase 2 INVINCIBLE Study data	1H 2022
Report interim IT-01 data on combination with Keytruda	1H 2022
Report interim IT-01 data on combination with Yervoy	1H 2022
Initiate randomized Phase 3 international study of INT230-6 in the 2nd/3rd line sarcoma setting	2H 2022
Initiate randomized Phase 2 international study of INT230-6 in neoadjuvant TNBC	2H 2022
Initiate randomized Phase 2/3 study of INT230-6 in mTNBC	1H 2023
Report Phase 2 neoadjuvant TNBC results	2H 2023

INTS INVESTMENT SUMMARY

Experienced Oncology Drug Development Management Team

Novel Technology to Kill Cancer and Activate the Immune System; Extended Patient Survival

Favorable safety; 115 patients treated as of September 30, 2021

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

FDA Fast Track designation granted in TNBC

Robust IP Position (100% INTS owned)

3 US patents, 11 issued foreign patents with 5 pending; Protection in 37 Countries and all Major Markets

Platform Validated Through Partnerships

Clinical collaborations with world leading Cancer Research Organizations

NIH NATIONAL CANCER INSTITUTE

OICR Ontario Institute for Cancer Research

MERCK

Bristol Myers Squibb™

INTENSITY THERAPEUTICS

A NEW WEAPON TO TREAT CANCER

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Thank you!