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**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 13, 2026**

**MAIA Biotechnology, Inc.  
(Exact name of registrant as specified in its charter)**

<b>Delaware (State or other jurisdiction of incorporation)</b>	<b>001-41455 (Commission File Number)</b>	<b>83-1495913 (IRS Employer Identification No.)</b>
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<b>444 West Lake Street, Suite 1700 Chicago, IL (Address of principal executive offices)</b>	<b>60606 (Zip Code)</b>
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**(312) 416-8592  
(Registrant's telephone number, including area code)**

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

Securities registered pursuant to Section 12(b) of the Act:

<b>Title of each class</b>	<b>Trading Symbol(s)</b>	<b>Name of each exchange on which registered</b>
Common Stock	MAIA	NYSE American

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

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.

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**Item 7.01 Regulation FD Disclosure.**

MAIA Biotechnology, Inc. (the “Company”) has prepared presentation materials (the “Presentation Materials”) that its management intends to use from time to time, including at the Biotech Showcase in San Francisco, California on January 13, 2026. The Presentation Materials are filed as Exhibit 99.1 to this Current Report on Form 8-K. In addition, the Company posted the Presentation Materials on its website ([www.maiabiotech.com](http://www.maiabiotech.com)) on January 13, 2026.

The Presentation Materials contain forward-looking statements, and as a result, investors should not place undue reliance on these forward-looking statements.

**Item 8.01 Other Events**

Reference is made to the disclosure under Item 7.01 above which is hereby incorporated in this Item 8.01 by reference.

**Item 9.01 Financial Statements and Exhibits.**

(d) Exhibits.

Exhibit No.	Description
99.1	<a href="#">Presentation Materials</a>
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

**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 13, 2026

**MAIA BIOTECHNOLOGY, INC.**

By: /s/ Vlad Vitoc

Name: Vlad Vitoc

Title: Chief Executive Officer



**MAIA**  
BIOTECHNOLOGY

TELOMERE TARGETING IMMUNOTHERAPIES FOR CANCER  
**NYSE AMERICAN: MAIA**

January 2026

# FORWARD-LOOKING STATEMENTS



All statements in this presentation, other than those relating to historical facts, are "forward-looking statements." These forward-looking statements may include, but are not limited to, statements relating to our objectives, plans, and strategies; statements that contain projections of results of operations or of financial condition; statements relating to the industry and government policies and regulations relating to our industry; and all statements (other than statements of historical facts) that address activities, events, or developments that we intend, expect, project, believe, or anticipate will or may occur in the future. Forward-looking statements are not guarantees of future performance and are subject to risks and uncertainties. We have based these forward-looking statements on assumptions and assessments made by our management in 2024, their experience and their perception of historical trends, current conditions, expected future developments, and other factors they believe to be appropriate. Important factors that could cause actual results, developments, and business decisions to differ materially from those anticipated in these forward-looking statements include, among other things: the overall global economic environment; general market, political, and economic conditions in the countries in which we operate: projected capital expenditures and liquidity; changes in our strategy; government regulations and approvals; the application of certain service license; and litigation and regulatory proceedings. Factors that may cause such differences also include, but are not limited to, those discussed under Risk Factors set forth in our Annual Report on Form 10-K for the year ended December 31, 2024, and other periodic reports filed by the Company from time to time with the Securities and Exchange Commission. You may get these documents for free by visiting EDGAR on the Commission's website at [www.sec.gov](http://www.sec.gov). We caution you that forward-looking statements are not guarantees of future performance and that our actual results of operations, financial condition and liquidity, and the development of the industry in which we operate may differ materially from the forward-looking statements contained in this presentation 2024, among other factors, the factors referenced in the "Risk Factors" section of our Annual Report on Form 10-K for the year ended December 31, 2024. In addition, even if our results of operations, financial condition and liquidity, and the development of the industry in which we operate are consistent with the forward-looking statements contained in this presentation, they may not be predictive of results or developments in future periods. This presentation shall not constitute an offer to sell or the solicitation of an offer to sell or the solicitation of an offer to buy any of our securities nor shall there be any sale of securities in any jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such jurisdiction. Any offering of securities can only be made in compliance with applicable securities laws. You should read carefully the factors described in the "Risk Factors" section of our Annual Report on Form 10-K for the year ended December 31, 2024, to better understand the risks and uncertainties inherent in our business and underlying any forward-looking statements. These statements are only current predictions and are subject to known and unknown risks, uncertainties, and other factors that may cause our or our industry's actual results, levels of activity, performance, or achievements to be materially different from those anticipated by the forward-looking statements. You should not rely upon forward-looking statements as predictions of future events. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee future results, levels of activity, performance, or achievements. Except as required by law, we are under no duty to update or revise any of the forward-looking statements, whether as a result of new information, future events or otherwise, after the date of this prospectus. These forward-looking statements speak only as of the date of this presentation, and we assume no obligation to update or revise these forward-looking statements for any reason.

- **New science for cancer therapy with dual mechanism of action: Telomere Targeting and Immunogenicity**
  - Ateganosine (THIO): lead molecule in 2 ongoing clinical trials (Phase 3 and Phase 2)
  - Second generation compounds in R&D
- **Phase 3 Trial THIO-104: Ateganosine (THIO) + Libtayo® vs. Investigator's Choice in third-line Non-Small Cell Lung Cancer (NSCLC)**
  - **Large population with high unmet clinical need:** Patients resistant to immune and chemotherapy (~50,000 patients per year in the US)
  - **Overall Survival (OS) interim analysis:** potential early full commercial approval with high probability of technical success (PTS)
  - **OS final analysis:** potential full commercial approval with very high PTS
- **Phase 2 trial THIO-101 expansion: Ateganosine (THIO) + Libtayo in third-line NSCLC**
  - **Unprecedented efficacy to date:**
    - ✓ 88% disease control rate (3x higher than Standard of Care)
    - ✓ 38% overall response (4-6x SoC)
    - ✓ 17.8 months median overall survival (3x SoC)
  - **Potential for accelerated approval**
  - **Regeneron:** continued clinical supply agreement for Libtayo

## **Multiple Ateganosine (THIO) + checkpoint inhibitor trials planned for additional cancer indications**

- **BeOne Medicines:** clinical supply agreement for tislelizumab - colorectal cancer (CRC), liver (HCC), and small cell lung cancer (SCLC)
- **Roche:** master agreement for atezolizumab - signed in 2025 for a future clinical trial

## **Regulatory achievements to date**

- **3 U.S. FDA Orphan Drug Designations:** HCC, SCLC and brain (malignant gliomas)
- **1 U.S. FDA Rare Pediatric Disease Designation:** children's brain cancers
- **1 U.S. FDA Fast Track Designation:** third-line NSCLC patients resistant to chemotherapy and checkpoint inhibitors

**Ateganosine (THIO)**  
**is the only direct telomere-targeting**  
**anticancer agent in clinical development**



# ROBUST PIPELINE

## Ateganosine (THIO) Telomere Targeting Agent

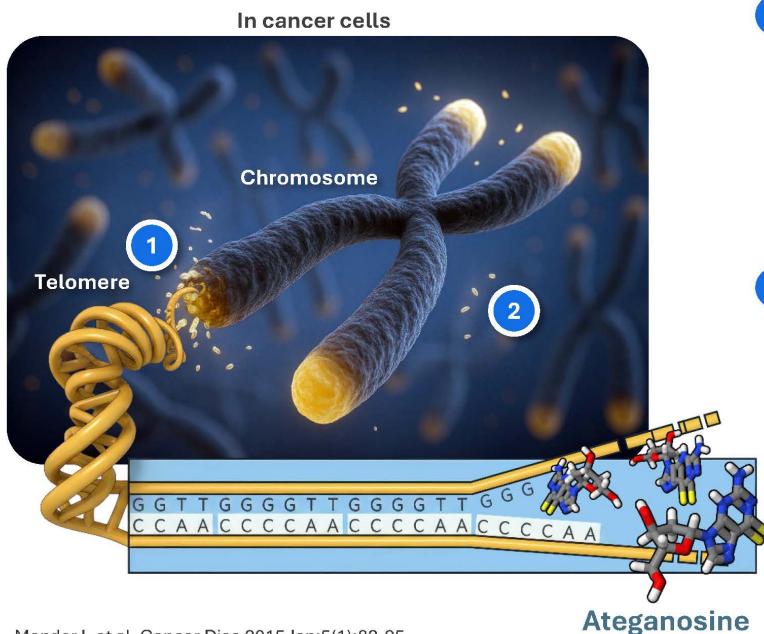
Clinical Trial	Indication	Treatment	Status	Preclinical	Phase 1	Phase 2	Phase 3	Rights
THIO-104	NSCLC	Ateganosine → Libtayo®	Ongoing Phase 3					
THIO-101	NSCLC	Ateganosine → Libtayo®	Ongoing Phase 2					Clinical supply agreement with  REGENERON
THIO-102-CRC	CRC	Ateganosine → tislelizumab	Planned Phase 2					Clinical supply agreement with  BeOne
THIO-102-SCLC	SCLC	Ateganosine → tislelizumab	Planned Phase 2					Clinical supply agreement with  BeOne
THIO-102-HCC	HCC	Ateganosine → tislelizumab	Planned Phase 2					Clinical supply agreement with  BeOne

Additional future trial with Roche in planning.

## 2<sup>nd</sup> Generation Telomere Targeting Agents

Agent	Indication	Status	Preclinical	Phase 1	Phase 2	Phase 3	Rights
MAIA-2021-020	Multiple Tumor Types	IND Enabling					
MAIA-2022-012	Multiple Tumor Types	IND Enabling					
MAIA-2021-029	Multiple Tumor Types	IND Enabling					Developed in-house fully-owned by MAIA

## Ateganosine (THIO, 6-thio-2'-deoxyguanosine) has a novel dual mechanism of action



1. Mender I, et al. Cancer Disc 2015 Jan;5(1):82-95.
2. Mender I, et al. Cancer Cell 2020;38:400-11.

### 1 Telomere-Targeting

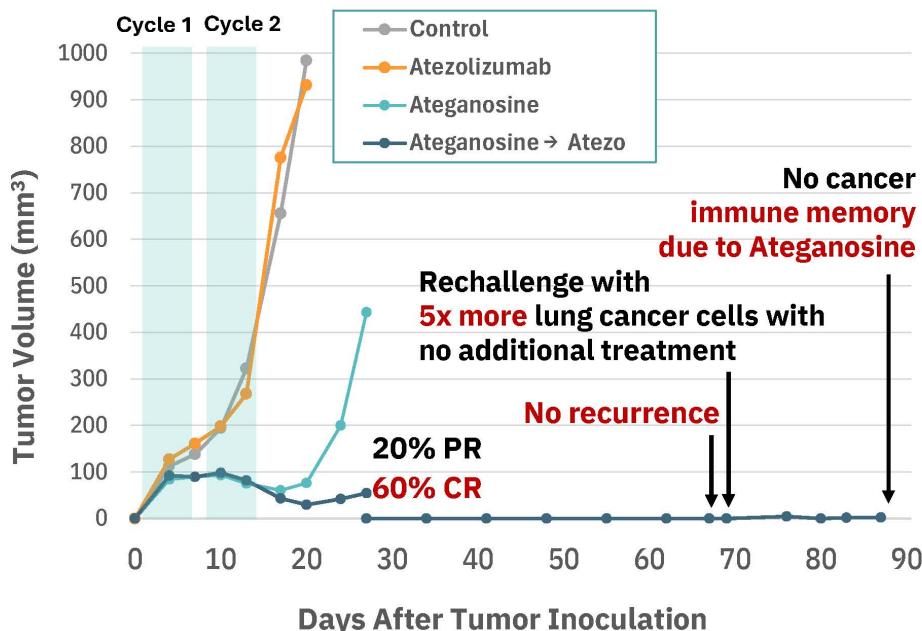
- Ateganosine is guanine-analog small molecule that is incorporated into telomeres by the enzyme telomerase (present in over 80% of human cancers)
- Telomeric structure and function are compromised, leading to selective cancer cell death<sup>1</sup>

### 2 Immunogenic Effect

- Micronuclei are produced containing Ateganosine-modified telomeric DNA fragments that reach immune cells<sup>1</sup>
- Activates both innate (cGAS/STING) and adaptive (T-cell) immune responses, further promoting cancer cell death

*The sequential treatment of ategano<sup>1</sup>  
sine followed by immune checkpoint inhibitors (CPI)  
resulted in profound and persistent tumor  
regression in advanced, in vivo, cancer models<sup>2</sup>*

# PRECLINICAL STUDIES – RATIONALE FOR TRIALS



- In Non-Small Cell Lung Cancer (NSCLC), **Ateganosine (THIO)** followed by CPI results in 60% complete response
- Only 2 cycles of therapy were administered on weeks 1 and 2; no further therapy throughout the study
- No recurrence after long-term follow-up
- Anticancer immune memory has been induced: no cancer after rechallenge with 5x more lung cancer (LLC) cells with no additional therapy

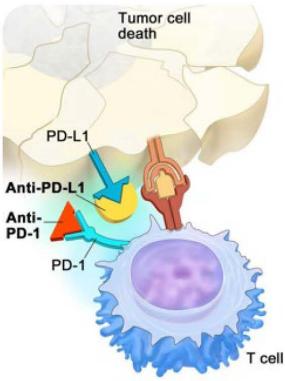
**Great potential for expansion:**  
 studies in other cancer models  
 (including liver, colorectal, brain and  
 more) have been conducted with  
 similar or better outcomes.

**Source:** Mender et al, Cancer Cell, 2020; Ateganosine (THIO) followed by Tecentriq (atezolizumab; Roche/Genentech) tested first; repeated later with Ateganosine followed by Keytruda (pembrolizumab; Merck); and Libtayo (cemiplimab; Regeneron). Data from preclinical results.

# VAST APPLICABILITY

## Sequential combination with any checkpoint inhibitor (CPI)

### Examples of commercially available CPIs



<b>LIBTAYO®</b> (cemiplimab) <b>REGENERON</b>	<b>TEVIMBRA</b> (tislelizumab) <b>BeOne</b>
<b>TECENTRIQ®</b> (atezolizumab) <b>Genentech</b> <small>A Member of the Roche Group</small>	<b>KEYTRUDA®</b> (pembrolizumab) <b>MERCK</b>
<b>IMFINZI®</b> (durvalumab) <b>AstraZeneca</b>	<b>Jemperli</b> (dostarlimab-gyxly) injection 500 mg <b>GSK</b>
<b>OPDIVO®</b> (nivolumab) <b>Bristol Myers Squibb</b>	<b>BAVENCIO®</b> (avelumab 20 mg/ml) <b>EMD SERONO</b>

## Achievements to date

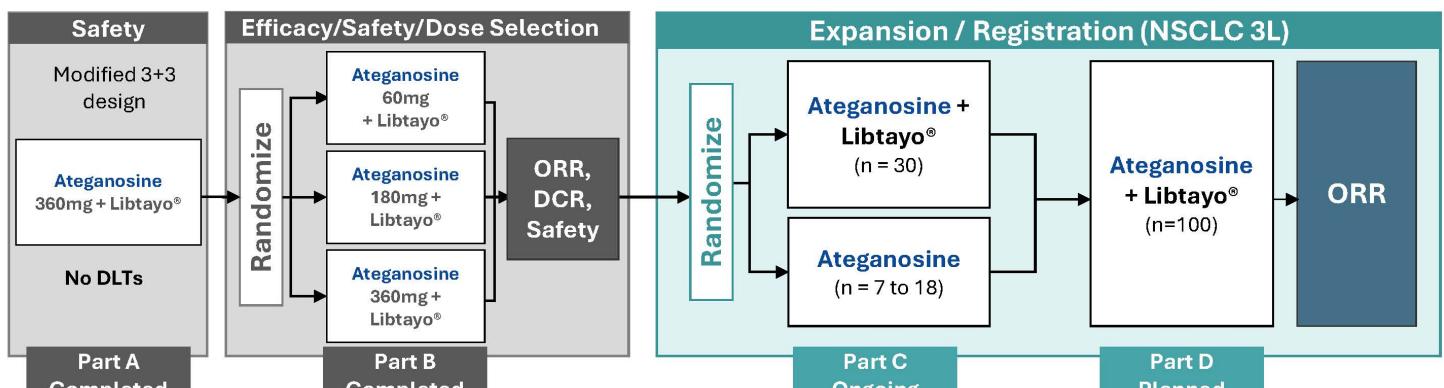
- ✓ **Clinical supply agreement with for cemiplimab with Regeneron for NSCLC on THIO-101**
- ✓ **Clinical supply agreement for tislelizumab with BeOne Medicines for CRC, SCLC and HCC on THIO-102 planned trials**
- ✓ **Master agreement for atezolizumab with Roche for a future clinical trial**
- ✓ **3 U.S. FDA Orphan Drug Designations (ODD)**
  - Hepatocellular Carcinoma (HCC, 90% of primary liver cancers)
  - Small Cell Lung Cancer (SCLC, deadliest lung cancer)
  - Malignant Gliomas (brain cancer)
- ✓ **1 U.S. FDA Rare Pediatric Disease Designation (RPDD)**
  - Pediatric-type diffuse high-grade gliomas
- ✓ **1 U.S. FDA Fast Track Designation (FTD)**
  - Non-Small Cell Lung Cancer

# NSCLC CLINICAL TRIALS



# THIO-101 PHASE 2 TRIAL (ONGOING)

A Multicenter, Open-label, Dose-Finding Phase 2 Trial Evaluating the Safety and Efficacy of AteganoSine (THIO) Administered in Sequence with Libtayo® (cemiplimab) in NSCLC Patients Who Are Resistant to Checkpoint Inhibitors



- Total of 79 patients enrolled (24 treated in 60mg dose group, 41 in 180mg, and 14 in 360mg)
- Best dose: 180mg - selected on Nov'23
- Enrollment completed Feb'24

- Up to 148 patients – Part C enrollment started in Jul'25
- Patient population:
  - CPI Resistance (SITC)
  - Chemotherapy Resistance

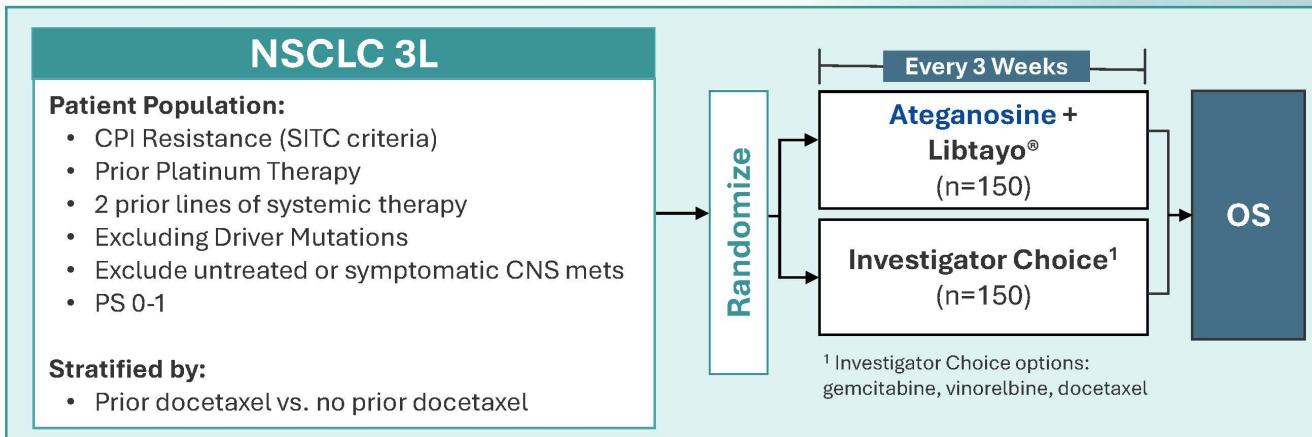
ClinicalTrials.gov: <https://clinicaltrials.gov/study/NCT05208944>

## Treatment with ateganoSine (THIO) + Libtayo®



# THIO-104 PHASE 3 PIVOTAL TRIAL (ONGOING)

## A Multicenter, Open-label, Pivotal Phase 3 Trial Evaluating the Efficacy of Ategansine (THIO) Administered in Sequence with Libtayo® (cemiplimab) in NSCLC Patients Who Are Resistant to Checkpoint Inhibitors and Chemotherapy



**Primary Endpoint** Overall Survival 7.8m v. 5.8m (HR 0.74)

**Secondary Endpoints** DCR; ORR; DoR; PFS; Safety

# MARKET ENTRY STRATEGY

## 3L NSCLC is an excellent market entry segment:

- Highly unmet medical need in this immunotherapy-resistant and chemotherapy-resistant population
- No current standard of care for this setting
- Large population
- Limited competition for clinical trials patients
- Best results observed in THIO-101

## THIO-101 (Phase 2, ongoing):

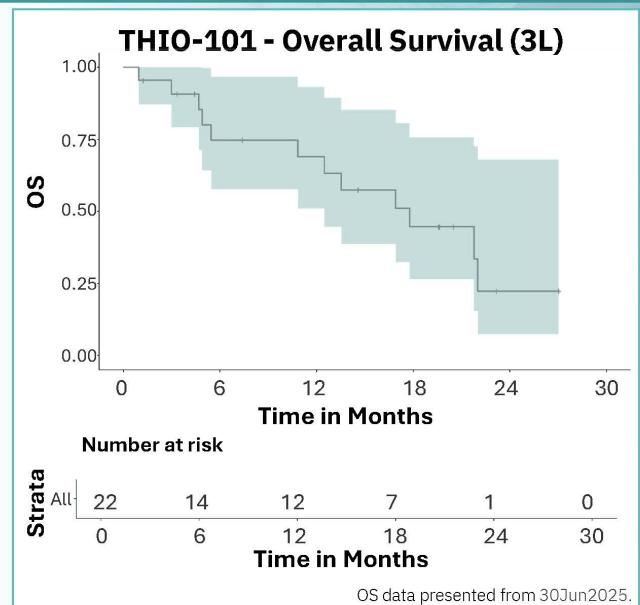
- Median Overall Survival (OS) is at **17.8 months<sup>1</sup>**
  - 95% CI lower bound: 12.5 months
  - 99% CI lower bound: 10.8 months
- The treatment has been generally well-tolerated to date in this heavily pre-treated population<sup>2</sup>

## THIO-104 (Pivotal Phase 3, ongoing):

- Full approval trial started screening and enrolling in 2025

## Focus on execution:

- Probability of OS to be > 7.8 months (HR 0.74 vs. chemo) is >99%



1. Clinical data presented from 17Nov2025 data cut and includes all patients who received at least one dose of ateganosine (intent to treat population). This is a snapshot including ongoing subjects and data pending full verification. Due to short duration of treatment and/or follow up, data is subject to change.

2. Details on safety can be found on the announced ASCO 2025 poster available on [MAIA's website](#).

## THIO-101 Phase 2

	<b>AteganoSine + Libtayo®</b> (n = 137-148)
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• CPI + Platinum Resistant</li> <li>• Prior treatment with docetaxel</li> </ul>
<b>ORR</b>	>30% <sup>1</sup>

## THIO-104 Pivotal Phase 3

	<b>AteganoSine + Libtayo®</b> (n = 150)	<b>Chemotherapy</b> (n = 150)
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• CPI + Platinum Resistant</li> <li>• Stratified: prior docetaxel vs. no prior docetaxel</li> </ul>	
<b>OS</b>	<b>Expected:</b> >12 months <b>Needed:</b> 7.8 months	5.8 months <sup>2</sup>

1. Chemotherapy has overall response rates of ~6-10% (Girard N, et al. J Thorac Onc 2009;12:1544-1549).

2. Girard N, et al. J Thorac Onc 2009;12:1544-1549.

**Note:** Estimates based on the interim results observed from THIO-101.

## THIO-104 Design

- OS is the primary endpoint
- 90% power to detect HR=0.62, median 9.4 months vs 5.8 months<sup>1</sup> (chemo)
- Interim analysis boundary 1-sided  $p<0.0074$  at 131 deaths
- Final analysis boundary 1-sided  $p<0.0228$  at 186 deaths

## Bayesian Assurance<sup>2</sup> Calculation

### All 3L patients from THIO-101

#### Control:

- Median OS assumption (literature):
  - ✓ 6.1 months (95% CI: 2.8, 8.9)<sup>3</sup>

#### Ateganosine (THIO):

- Using 3L data from THIO-101 (n=22):
  - ✓ 17.8 months (95% CI: 12.5, 22.5)<sup>4</sup>

Probability to succeed at the interim analysis = **96%**

Probability to succeed at the final analysis = **99%**

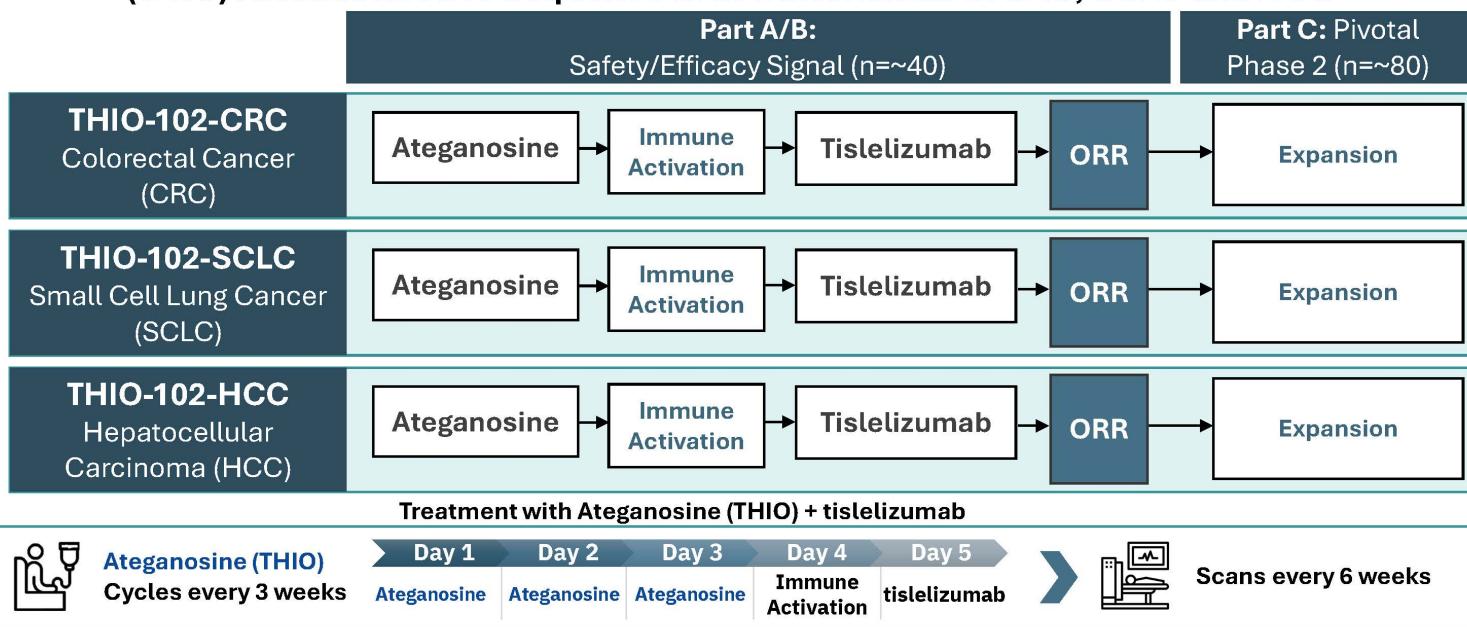
1. Girard N, et al. J Thorac Onc 2009;12:1544-1549.
2. O'Hagan A, Stevens JW, Campbell MJ. Assurance in clinical trial design. Pharmaceutical Statistics 2005; 4:187-201.
3. A.T. Freeman et al. Curr Oncol. 2020 May 1;27(2):76-82 (<https://pmc.ncbi.nlm.nih.gov/articles/PMC7253749/>)
4. Observed median OS from THIO-101 as of 30-Jun-2025.

# PLANNED TRIALS IN OTHER TUMOR TYPES



# THIO-102 TRIALS (PLANNED)

## Multicenter, Open-label, Phase 2 Trials Evaluating the Safety and Efficacy of Ateganosine (THIO) Administered in Sequence with Tislelizumab in CRC, SCLC and HCC

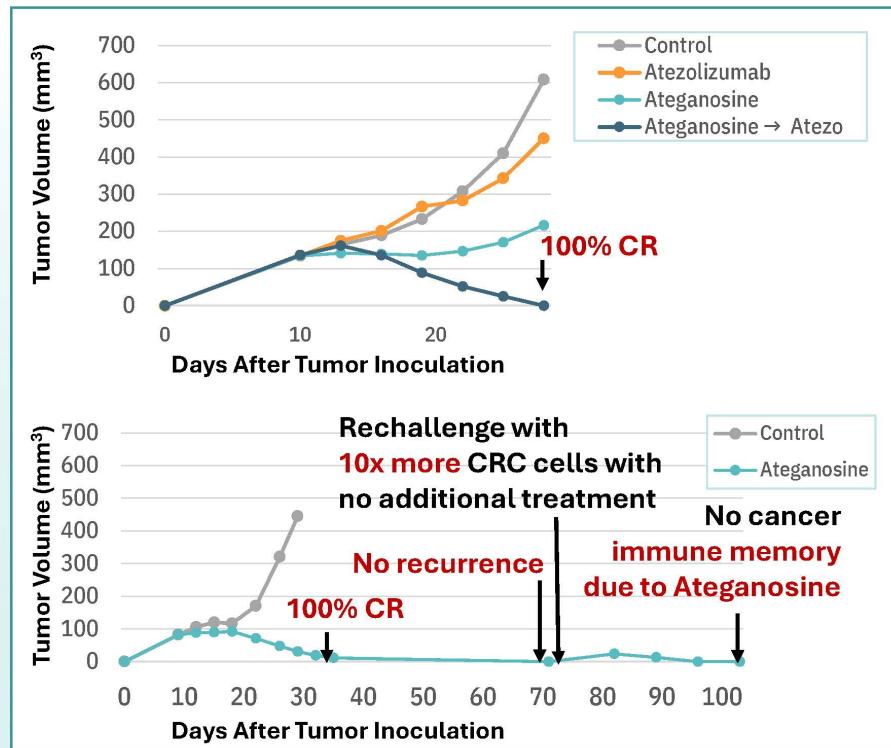


**Note:** Clinical trials currently in planning stage. Names of trials, indications and number of patients are subject to review and may be updated before trial initiation. Trials in solid tumors, such as Breast, Prostate, Gastric, Pancreatic and Ovarian may be pursued via investigator sponsored trials.

# COLORECTAL RATIONALE

## Preclinical Studies in Colorectal Cancer (CRC)

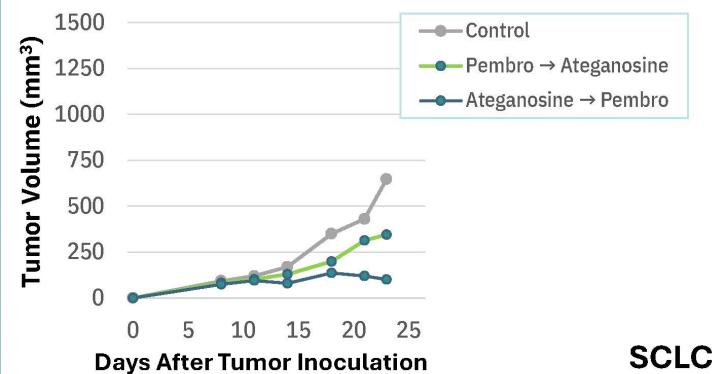
- Ateganosine (THIO) followed by CPI results in 100% complete response
- Only 2 cycles of therapy were administered on weeks 1 and 2; no further therapy throughout the study
- No recurrence after long-term follow-up
- Anticancer immune memory has been induced: no cancer after rechallenge with 10x more CRC cells with no additional therapy



# SCLC & HCC – AWARDED ORPHAN DRUG DESIGNATIONS

## Preclinical Studies in Small Cell Lung Cancer (SCLC)

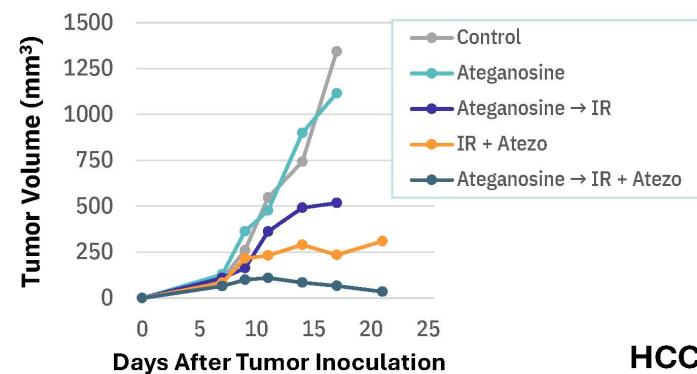
- Ateganosine (THIO) is synergistic with anti-PD-1 agent Pembrolizumab in Small Cell Lung Carcinoma (H2081) *in vivo* in humanized murine cancer model
- Treatment with Ateganosine followed by Pembrolizumab results in highly potent anticancer effect, as compared to Pembrolizumab alone
- Ateganosine converts immunologically “cold non-responsive” SCLC tumor into “hot and responsive” to Pembrolizumab



**SCLC**

## Preclinical Studies in Hepatocellular Carcinoma (HCC)

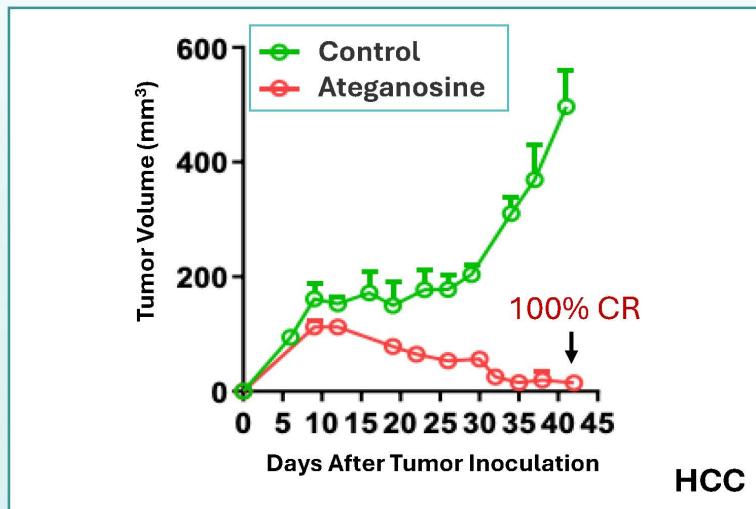
- Ateganosine is highly synergistic and effective in combination with anti-PD-L1 agent Atezolizumab and Ionizing Radiation (IR 10Gy) in HCC53N Hepatocellular Carcinoma
- Treatment with Ateganosine in combination with IR and Atezolizumab results in a complete regression of aggressive HCC tumors. The combination of IR and Atezolizumab is just partially efficacious



**HCC**

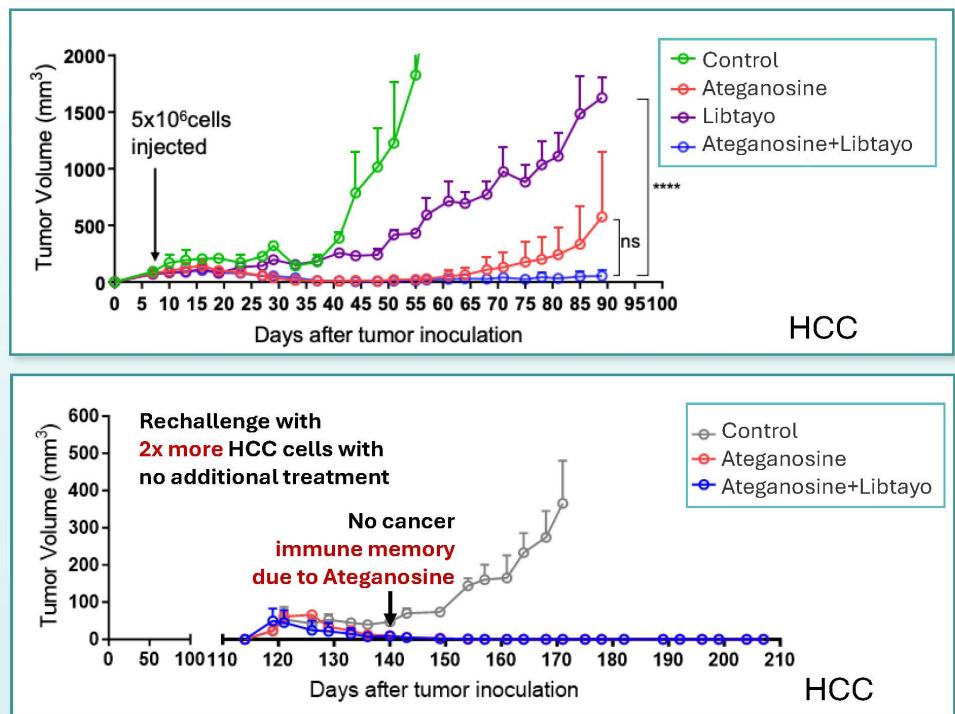
# EXCELLENT EFFICACY IN HCC MODELS

Ateganosine (THIO) achieved **complete and durable responses** in **Hepatocellular Carcinoma (HCC)**, the dominant histology in primary liver cancer (90%), in *in vivo* models



# HCC ANTI-CANCER IMMUNE MEMORY

- When combined with immunotherapy checkpoint inhibitor Libtayo®, duration of response was further potentiated
- Upon rechallenge with two times more cancer cells and no additional treatment, tumor growth was completely prevented
- Administration of ategasanine (THIO) alone and in combination with Libtayo® generated anti-cancer immune memory



# INVESTMENT OPPORTUNITY



# EXPERIENCED MANAGEMENT TEAM



**Vlad Vitoc,  
MD, MBA**  
*Founder and CEO*

- 25+ years in Oncology Pharma/ Biotech: Commercial, Medical
- 12 compounds launched across 20+ tumor types
- Leadership roles at
- Bayer (Nexavar),  
Astellas (Tarceva, Xtandi),  
Cephalon (Treanda),  
Novartis (Zometa), Incyte (Jakafi)



**Sergei  
Gryaznov, PhD**  
*Chief Scientific  
Officer*

- 26+ years as Scientist
- Expert Drug Discovery and Development, Oncology with 120+ publications
- Head of the J&J Oligonucleotide Center of Excellence Worldwide
- Expert of telomeres and telomerase in cancer, co-inventor of ateganosine (THIO)



**Jeffrey  
Himmelreich,  
MBA**  
*Head of Finance*

- 20+ years of financial expertise
- CFO for privately held and publicly traded companies in the healthcare and manufacturing industries
- Active CPA licensed in the state of Pennsylvania and is a Chartered Global Management Accountant



## Goal: New Chemical Entity (NCE) Marketing Exclusivity

- Ateganosine (THIO) has never been previously approved by the FDA for commercialization
- Robust exclusivity
  - **US:** Upon FDA approval - 5 years NCE (with additional 2 years based on Hatch Waxman for potential generic challenge), 2 years Rare Pediatric Disease designation, and 7 years Orphan Drug Designation (ODD); MAIA has obtained ODD for HCC, SCLC, Malignant Gliomas (including GBM).
  - **EU, Japan, other markets:** 10 years

### Robust and Growing Patent Portfolio for THIO

- 10 issued patents and Europe validated in 19 countries
- 36 pending patent applications

### Current patents/provisional applications broadly cover the following key areas:

- Telomere targeting compounds (2034+)
- Ateganosine's immunogenic treatment strategy: sequential combination with CPIs (2041)

### Next generation – Composition of matter patents

- MAIA-001, Multiple Tumor Types, exclusivity to 2043
- MAIA-002, Multiple Tumor Types, exclusivity to 2044
- MAIA-003, Multiple Tumor Types, exclusivity to 2044

# SIGNIFICANT MARKET OPPORTUNITY



Developing agents for the top tumor types markets globally

## NSCLC (#1 WW)

- Mortality: 1.7M
- Sales: \$34B

## Hepatocellular Carcinoma

- Mortality: 0.8M
- Sales: \$3.8B

## Colorectal Cancer (#2 WW)

- Mortality: 1.0M
- Sales: \$20B

## Small Cell Lung Cancer

- Mortality: 0.3M
- Sales: \$2.8B

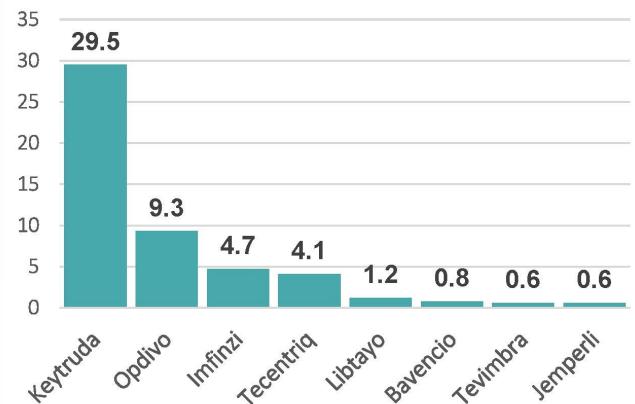


## \$50B CPIs Group (2024 Sales)

- 5 CPIs approved for NSCLC:
  - > 30% of NSCLC drug sales
  - > 40% of total CPI sales
- Keytruda®: NSCLC ~30% of \$29.6B total

## Checkpoint Inhibitors Market

Sales (\$ B)



- Keytruda® expected to hit \$35B in 2027, biosimilars expected by 2028

# THANK YOU

**Investor Relations Contact**

+1 (872) 270-3518

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**MAIA Biotechnology, Inc.**

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Chicago, IL 60606

