

1 **SUPPORTING INFORMATION**

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3 **Supplementary Figure 1. Silencing of RIPK3, MLKL, and Bcl-x_L in M ϕ infected with *Mtb***
4 **prevents necrosis.** Human M ϕ were transfected with RIPK3 (II) (A), MLKL siRNA (B) or
5 scrambled control (Scr) RNA and gene expression was assessed using Western blotting. (A)
6 RIPK3 (second siRNA) or (C) Bcl-x_L deficient M ϕ were infected with H37Rv (MOI 5 or 10). Cell
7 death was assessed using Live/Dead fixable dead cell stain kits (Invitrogen). Results are
8 representative of pooling three wells per group and the numbers in histograms indicate the
9 percentage of dead cells. Data are representative of 2-3 independent experiments. Results are
10 represented as mean \pm SE. Data were analyzed using one-way ANOVA. * Values of $P < 0.05$
11 were considered to be significant. Data are representative of 2 independent experiments.

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13 **Supplementary Figure 2. Avirulent *Mtb* induces apoptosis independent of RIPK3.** BMD-
14 M ϕ from WT and RIPK3^{-/-} mice were infected with H37Ra at MOI of ~10. After 12 h, expression
15 of cleaved caspase 8 (A) and cleaved caspase 3 (B,C) was assessed using flow cytometry. (D)
16 H37Ra infected WT and RIPK3^{-/-}M ϕ were stained for Annexin V to assess apoptosis after 96h
17 of infection. Results are represented as mean \pm SE. Data were analyzed using one-way
18 ANOVA. *,*** Values of $P < 0.05$, $P < 0.01$, respectively were considered to be significant. Data
19 are representative of 2 independent experiments.

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21 **Supplementary Figure 3. Silencing of the HKII or the RIPK3 genes suppresses NADH**
22 **accumulation in M ϕ infected with H37Rv.** (A) Inputs for Figure 2 A. (B) M ϕ transfected with
23 **HKII.** RIPK3 siRNA or scrambled (Scr) control RNA (Scr) were infected with H37Rv (MOI 10).
24 NADH levels were measured for HKII (C) and RIPK3 (D) silenced gene at 0, 6 and 24 h after
25 infection (n=3).

1 **Supplementary Figure 4. Gating strategy for assessing neutrophils in the lung.** Lung cells
2 were gated for leukocytes based on size (FSC-A) and granularity (SSC-A). Doublets were
3 excluded by gating on FSC-A and FSC-H. Singlets were gated for viable cells. Prior to gate
4 neutrophils, live cells were gated for CD11b+SSC-A+.

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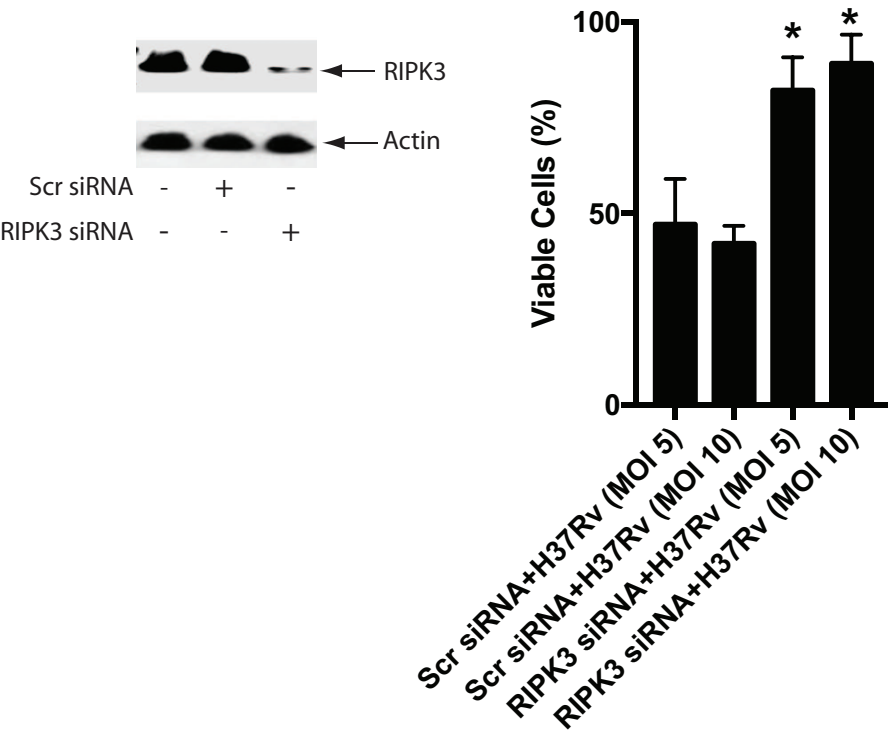
6 **Supplementary Figure 5. RIPK3 deficient T cells have normal proliferative capacity *in***
7 ***vitro* and *in vivo*.** (A) Splenic T cells were purified from naïve WT and RIPK3^{-/-} mice using Pan
8 T cell microbeads (MACS). T cells were then labeled with CFSE and cultured with or without
9 anti-CD3 and anti-CD8 for 3 days. The percentage of T cell proliferation (CFSE dilution) was
10 measured by FACS analysis. There was no difference between RIPK3^{-/-} and WT CD3+CD4+ or
11 CD3+CD8+ T cells proliferation. (B and C) Total cell number of CD4+ T cells and ESAT6-
12 specific CD4+ T cells (B) as well as CD8+ T cells and TB10.4-specific CD8+ T cells (C) in lung
13 at day 35 post-aerosolized infection (H37Rv, 50-100 CFU). (D) ELISPOT of IFN γ production
14 showing the frequency of *Mtb*-specific CD4⁺ and CD8⁺ T cells after 35 days of infection. Lung
15 cells from infected RIPK3^{-/-} and WT were cultured with ESAT6₍₃₋₁₅₎, Ag85B₍₂₄₁₋₂₅₆₎, TB10.4₍₄₋₁₁₎,
16 and 32c₍₃₀₉₋₃₁₈₎. SFC, spot-forming cells. APC-conjugated streptavidin-phycoerythrin was used
17 as a control for the tetramer staining. Five mice were individually analyzed and the data are
18 given as mean value \pm SE. (E) The number of bacteria in H37Rv-infected RIPK3^{-/-} and WT M ϕ
19 prior to adoptive transfer.

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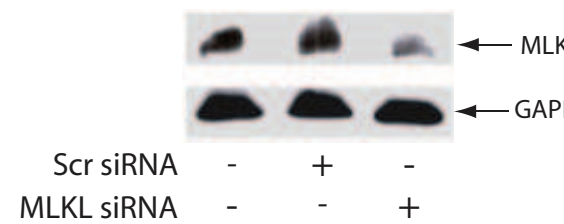
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Supplementary Figure 1

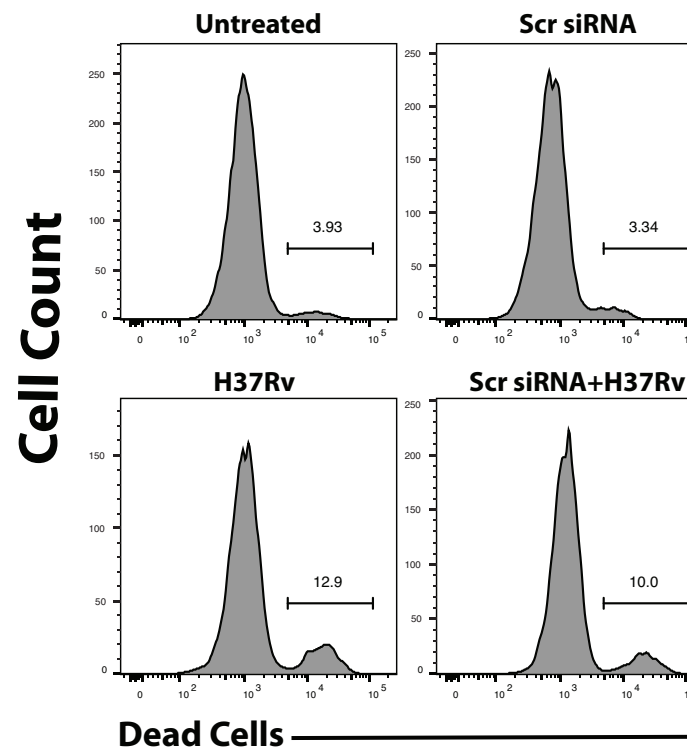
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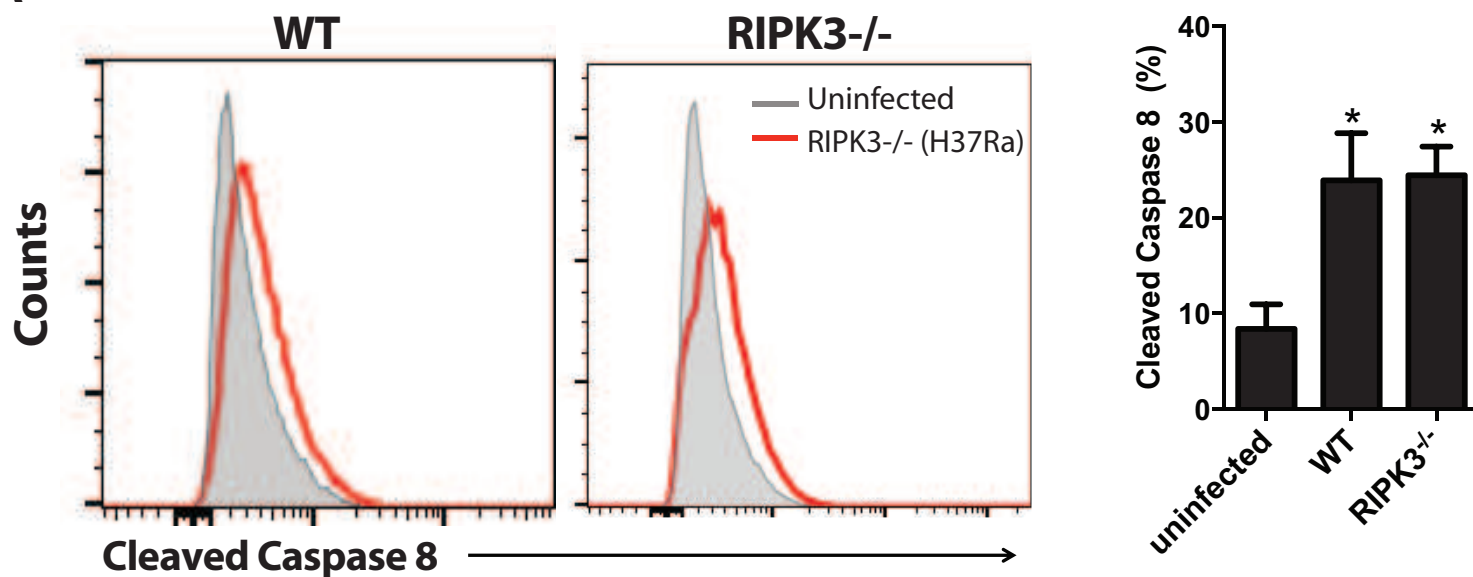


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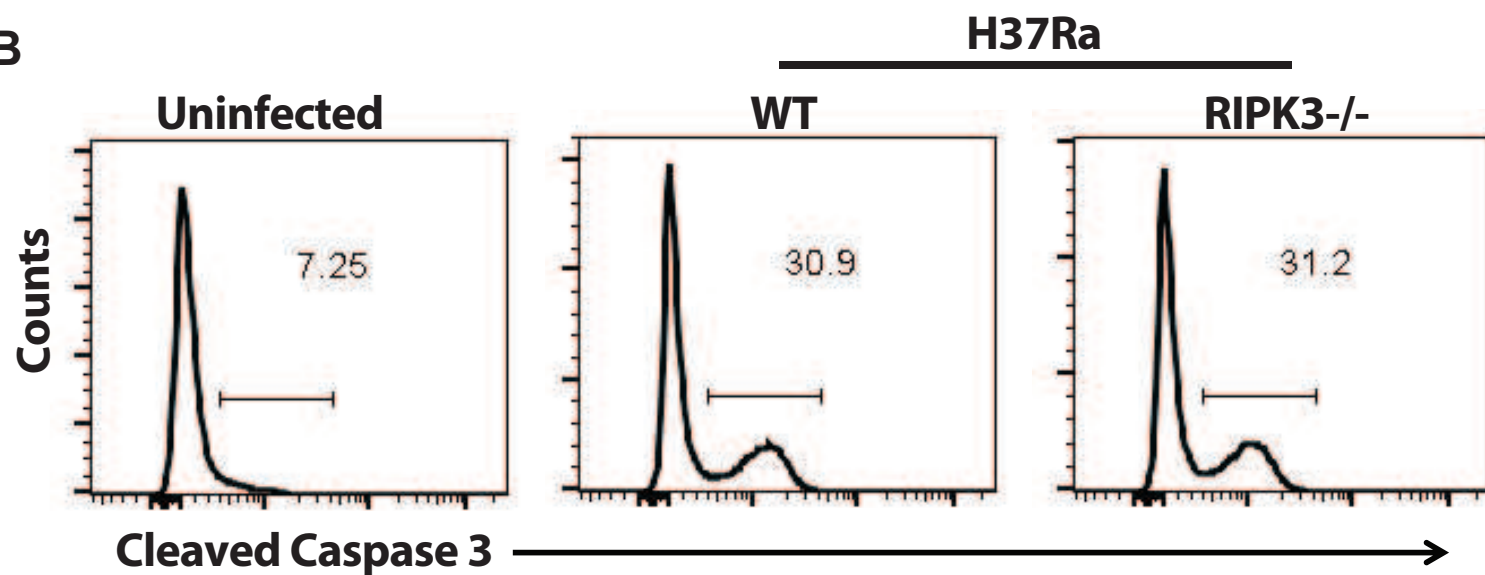


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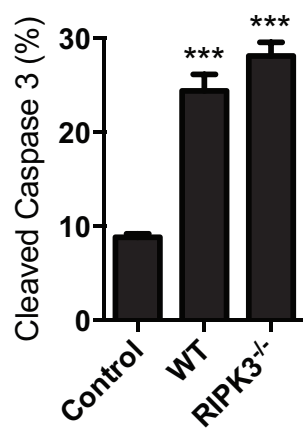
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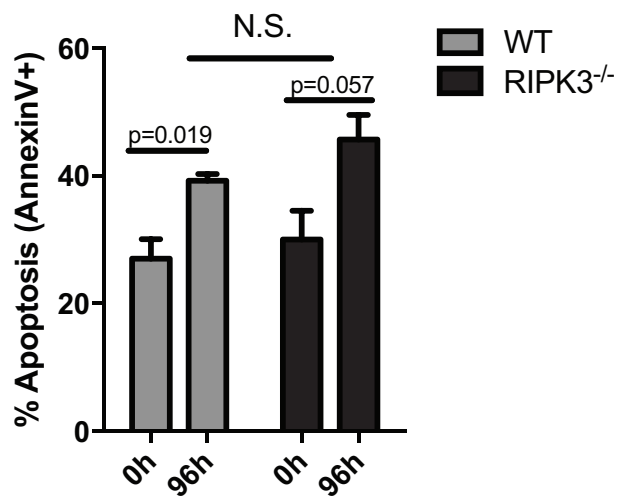
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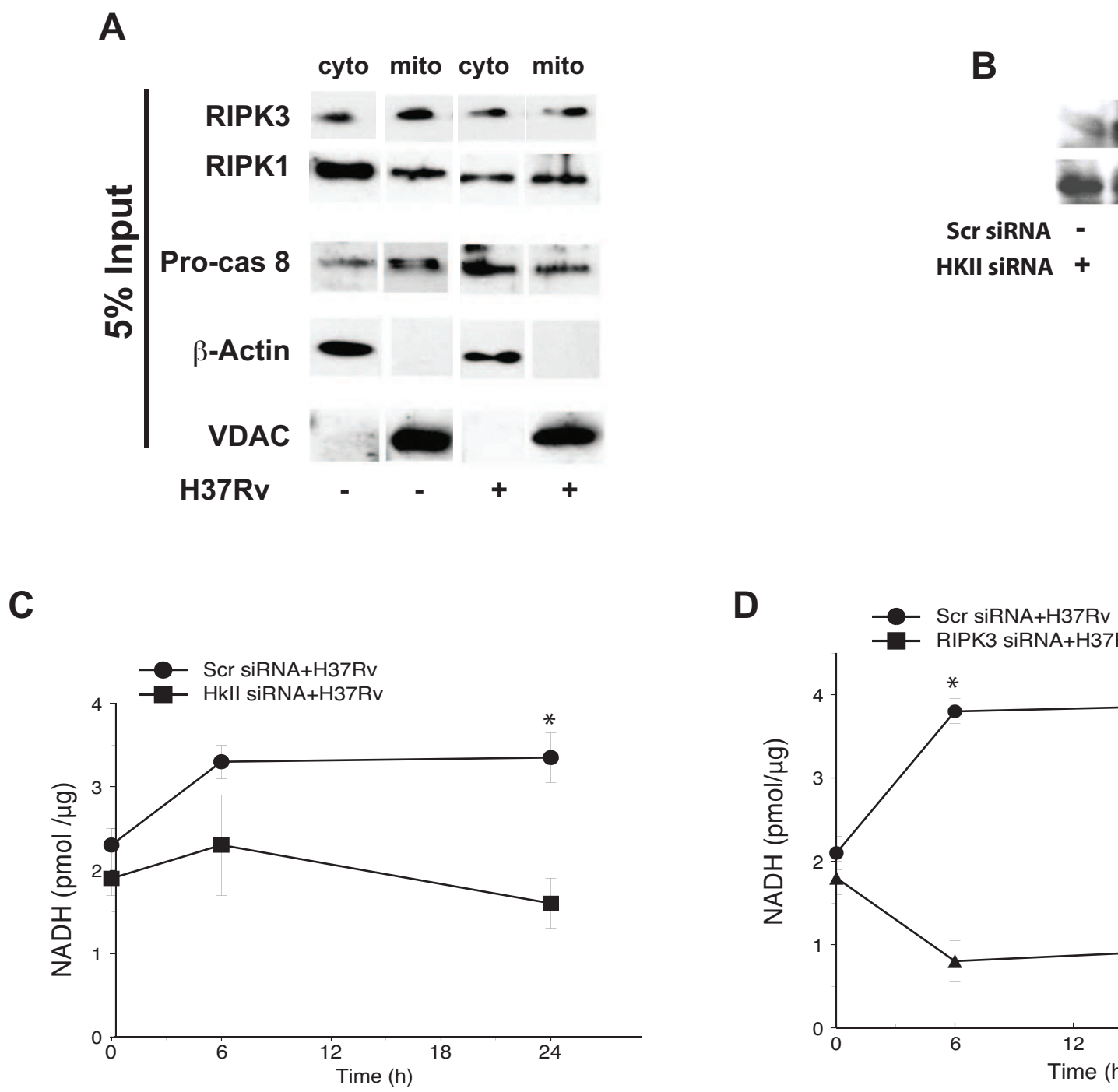
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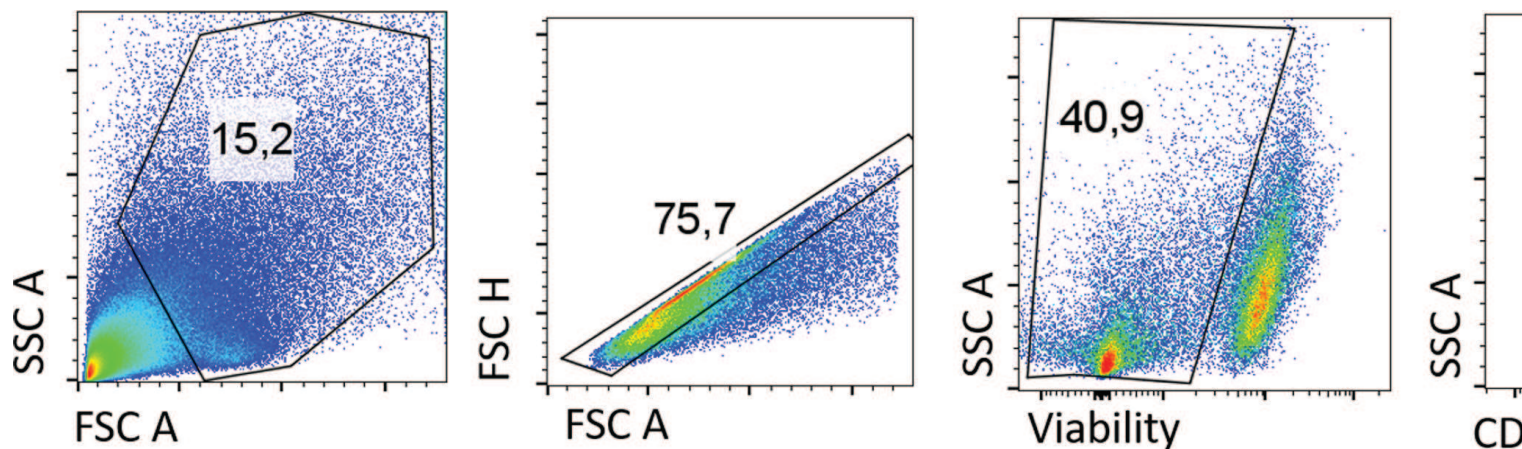
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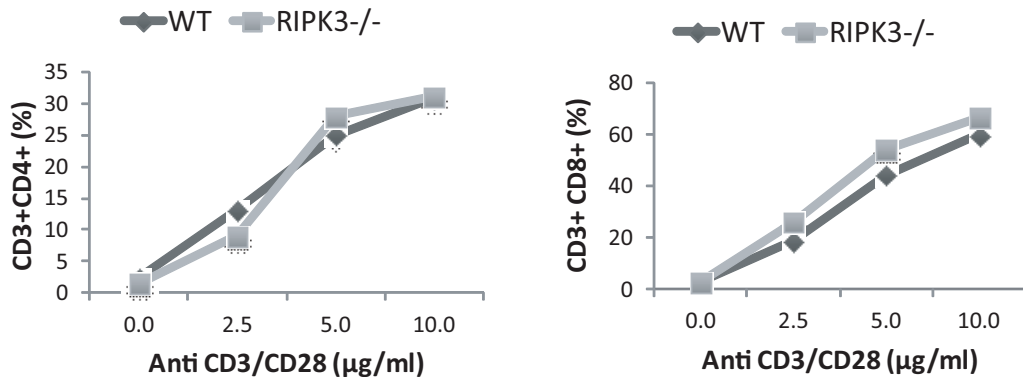


Supplementary Figure 4

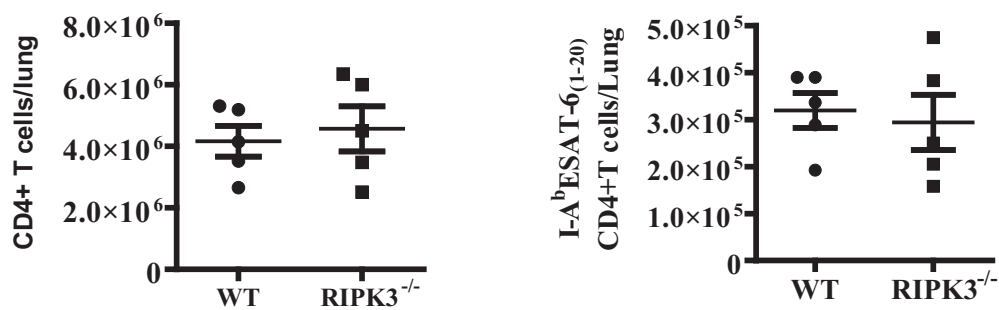


Supplementary Figure 5

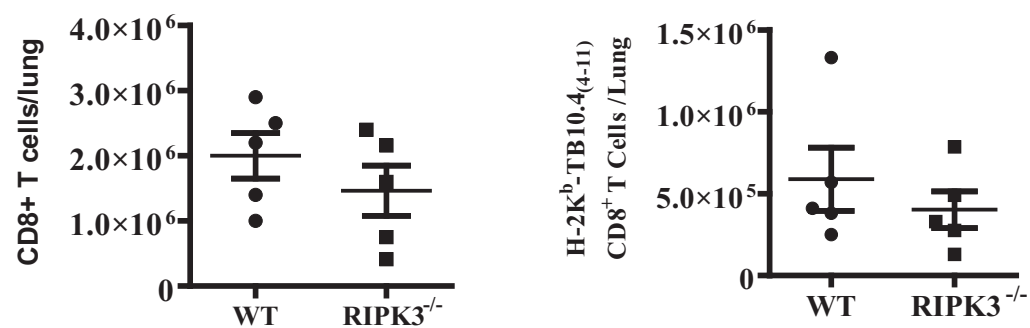
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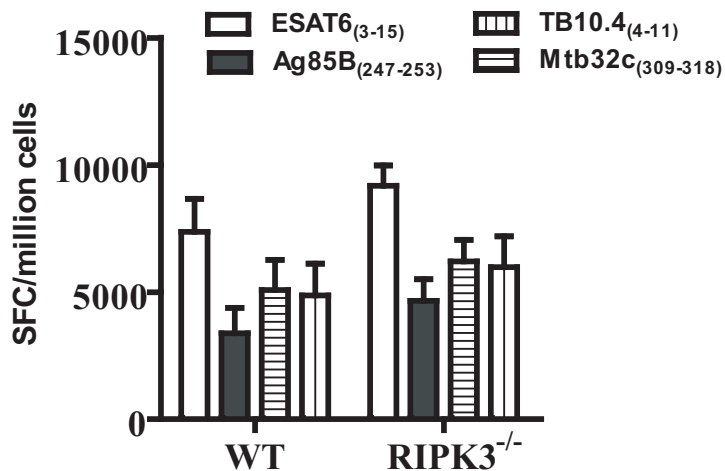
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