**Supplementary Figure 1.** T-cell frequency after anti-CD3 monotherapy - Flow cytometry data of lymphocytes isolated from blood, spleen, PDLN, and pancreas of RIP-LCMV-GP mice that were either untreated [C] or have been receiving 3 daily injections of 3 or 30 µg aCD3. Relative CD4 and CD8 T-cell frequencies in C57BL/6 mice treated with aCD3 at days 7-9 (A) and 10-12 (B) post-infection. Data are mean values +/- SD (n=3). Significant differences are indicated.
Supplementary Figure 2. Islet infiltration after anti-CD3 monotherapy of diabetic RIP-LCMV-GP mice – Immunohistochemistry for insulin (ins), CD4 and CD8 T-cells of pancreas tissue sections from RIP-LCMV-GP mice treated with 3 daily injections of either 3 or 30 µg αCD3 at days 10-12 post-infection. Pancreata were removed at day 13 post-infection (one day after the last αCD3 injection). – (A) Pictures of two representative islets from two different mice per group are displayed (magnification: 20x). Note that administration of 30 µg results in a massive reduction of CD4 and CD8 T-cells present in the islets and that insulin production is largely restored. – (B) Semi-quantitative analysis of insulitis of more than 100 individual islets from pancreas sections of three mice per group demonstrates a dose-dependent reduction of insulitis after αCD3 administration.

**Supplementary Figure 3.** Frequency of LCMV-GP-specific CD4 T-cells is reduced after aCD3 and CT treatment – (A) Flow cytometry data of lymphocytes isolated from spleen and pancreas of RIP-LCMV-GP mice receiving isotype-matched control antibody, aCD3 and isotype-matched control antibody (aCD3), aCXCL10 alone, or CT at day 31 after infection. Representative dot blots show IFNγ-producing CD4 T-cells after stimulation with LCMV-GP61. Note that IFNγ-producing non-CD4 T-cells are predominantly consisting of the LCMV-GP33-specific CD8 T-cells, since the isolated lymphocytes have been stimulation with a mix of LCMV-GP33 (CD8-epitope) and LCMV-GP61 (CD4-epitope). Frequencies (spleen) and total numbers (pancreas) have been calculated for RIP-LCMV-GP61-specific CD4 T-cells at days 20 (B) and 31 (C) post infection. Data are mean values +/- SD (day 20: n=10; day 31: n=6-13). Significant differences are indicated.
Supplementary Figure 4. Islet infiltration after anti-CD3 monotherapy of diabetic NOD mice – (A) Immunohistochemistry for insulin, CD4 and CD8 T-cells of pancreas tissue sections from NOD mice treated with 3 daily injections of 30 µg aCD3 after T1D onset. Pancreata were removed one day after the last aCD3 injection. Pictures of two representative islets from two different mice per group are displayed (magnification: 20x). Note that large clusters of infiltrating T-cells remain around the islets after aCD3 monotherapy. – (B) Semi-quantitative analysis of insulitis of individual islets from pancreas sections of three mice per group demonstrates a reduction of insulitis after aCD3 administration. Note that NOD mice display fewer but larger islet than RIP-LCMV-GP mice.