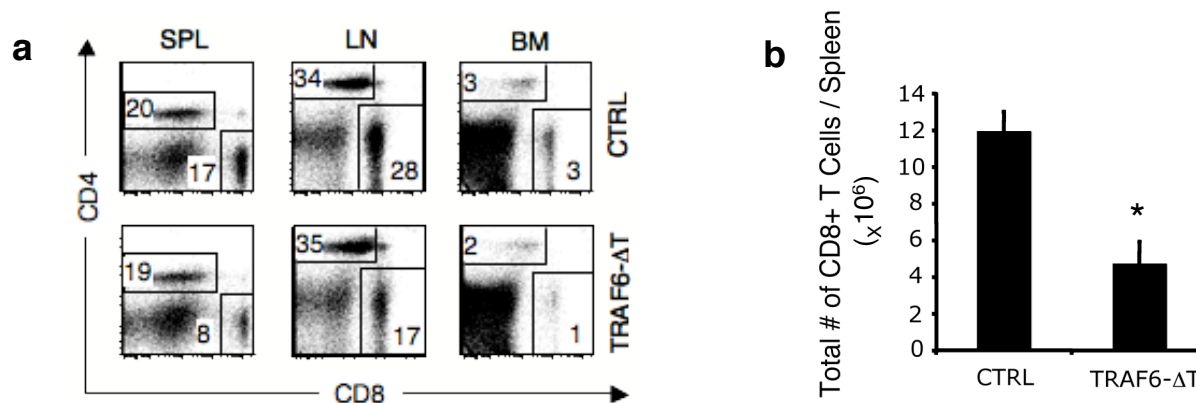
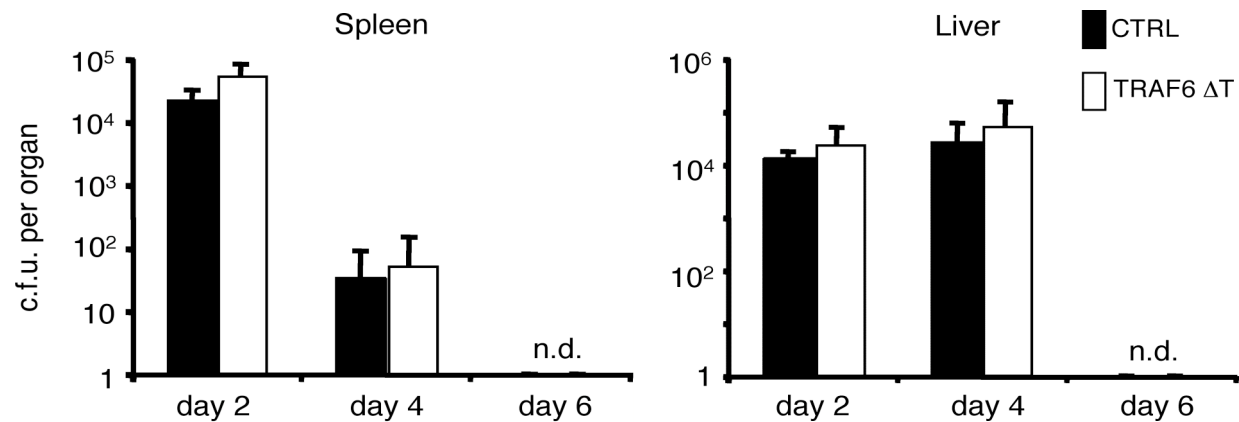


## Supplementary Figure 1



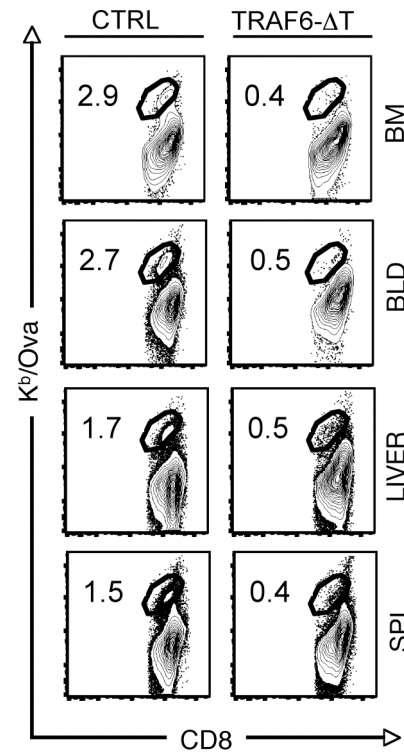
**Supplementary Figure 1. TRAF6-ΔT mice have fewer peripheral CD8 T cells compared to CTRL mice.** (a) Spleen (SPL), lymph nodes (LN), and bone marrow (BM) cells were isolated from naïve 8-week old CTRL and TRAF6-ΔT mice and stained for surface marker expression. Numbers in the dot plots show the percentages of CD4 and CD8 T cells. (b) Bar graph shows the absolute number of total CD8 T cells per spleen in CTRL and TRAF6-ΔT mice 7 days following infection with LmOva ( $n=3$  per group). \* $p=0.00032$

## Supplementary Figure 2



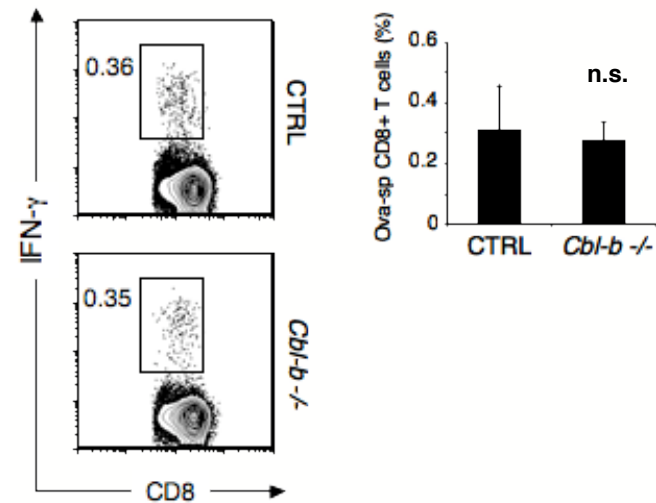
**Supplementary Figure 2. Both control and TRAF6- $\Delta$ T mice efficiently clear a highly attenuated strain of *L. monocytogenes*.** CTRL and TRAF6- $\Delta$ T were immunized with attenuated LmOva and bacterial clearance was measured in the spleen and liver 2 ( $n=3-4$  per group), 4 ( $n=3-4$  per group), and 6 ( $n=2-4$  per group) days post-infection. Bar graphs show c.f.u. per organ (means  $\pm$  standard deviation).

## Supplementary Figure 3



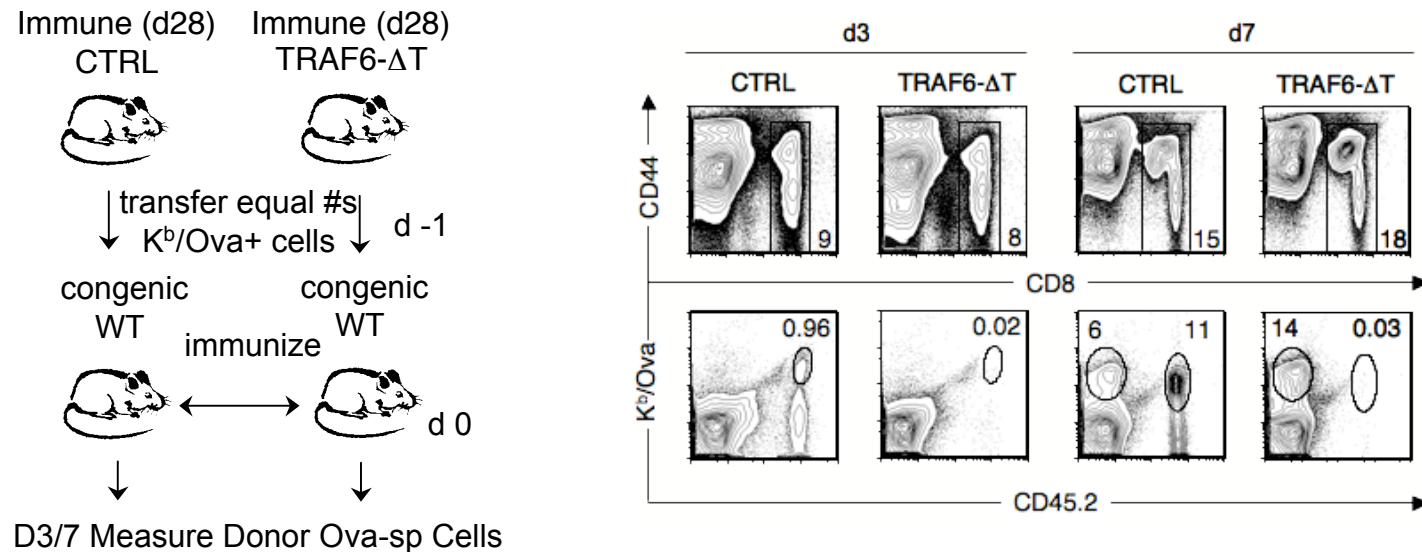
**Supplementary Figure 3. CD8 memory T cell development is impaired in TRAF6-ΔT mice early following infection with LmOva.** Control (CTRL) and TRAF6-ΔT mice were immunized with LmOva. Spleen (SPL), liver, blood (BLD), and bone marrow (BM) cells were isolated 28 days post-infection and stained with CD8 and K<sup>b</sup>/Ova tetramer to measure Ova-specific cells. Numbers reflect percentage of CD8 T cells that are Ova-specific ( $n=3$  per group).

## Supplementary Figure 4



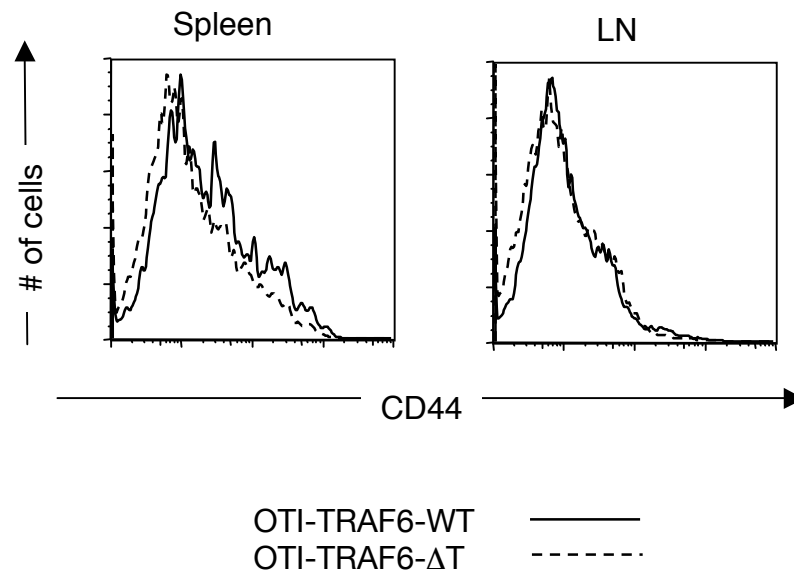
**Supplementary Figure 4. *Cbl-b*<sup>-/-</sup> mice generate normal CD8 T<sub>M</sub> in response to *L. monocytogenes*.** Control (CTRL) and *Cbl-b*<sup>-/-</sup> mice ( $n=5$  per group) were immunized with LmOva and splenocytes were restimulated with the Ova peptide and analyzed 60 days post-infection by intracellular IFN- $\gamma$ . Dot plots show IFN- $\gamma$ -producing CD8 T cells (numbers indicate the percentage of CD8 T cells that produce IFN- $\gamma$ ). Bar graphs show the percentage of total CD8 T cells per spleen that are Ova-specific (means  $\pm$  standard deviation). n.s.= not significant.

## Supplementary Figure 5



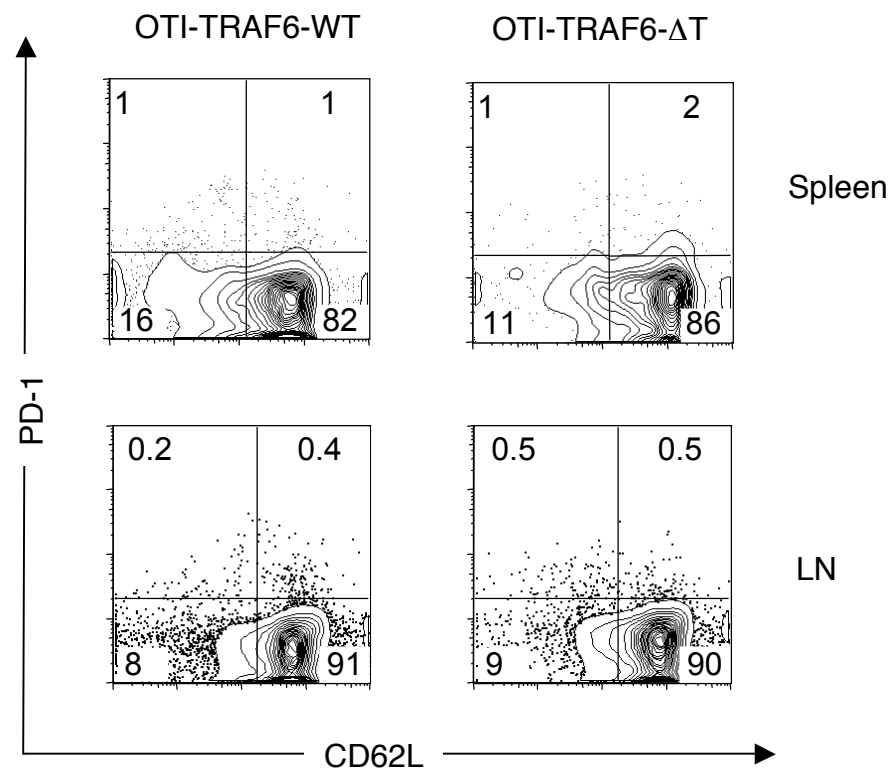
**Supplementary Figure 5. CD8 memory T cell development is impaired in TRAF6-ΔT mice even when compared on a per cell basis.** Equal numbers of K<sup>b</sup>/Ova tetramer+ CD8 T cells from immunized CTRL and TRAF6-ΔT mice 28 days post-infection were adoptively transferred into congenic (CD45.1) recipients (*n*=3-4 per group) and then challenged with LmOva. Splenocytes were analyzed 3 and 7 days post-challenge for surface marker expression. Numbers indicate the percentage of CD8 T cells (live gated, top panel) or the percent of donor-derived (CD45.2) Ova-specific CD8 T cells (CD8 gated, bottom panel).

## Supplementary Figure 6



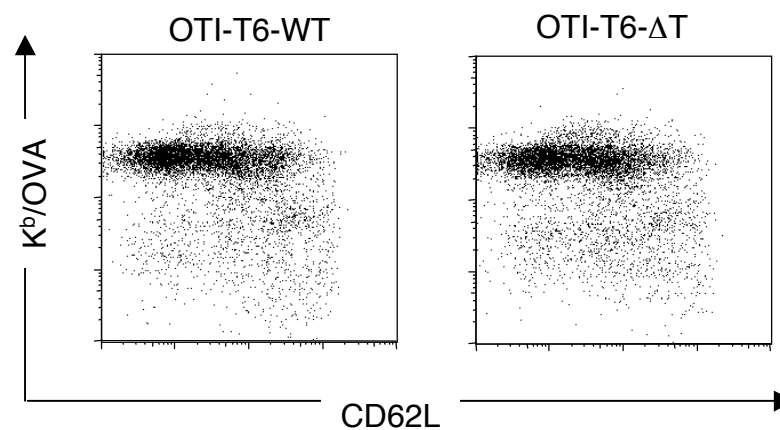
**Supplementary Figure 6. CD44 expression on CD8 T cells from OTI-TRAF6-WT and OTI-TRAF6-ΔT mice.** Histograms depict the levels CD44 on CD8 T cells from the spleen and lymph nodes (LN) of naïve mice.

## Supplementary Figure 7



**Supplementary Figure 7. Surface marker expression on CD8 T cells from OTI-TRAF6-WT and OTI-TRAF6- $\Delta$ T mice.** Dot plots depict the levels of PD-1 and CD62L from the spleen and lymph nodes (LN) of naïve mice ( $K^b/Ova$  gate).

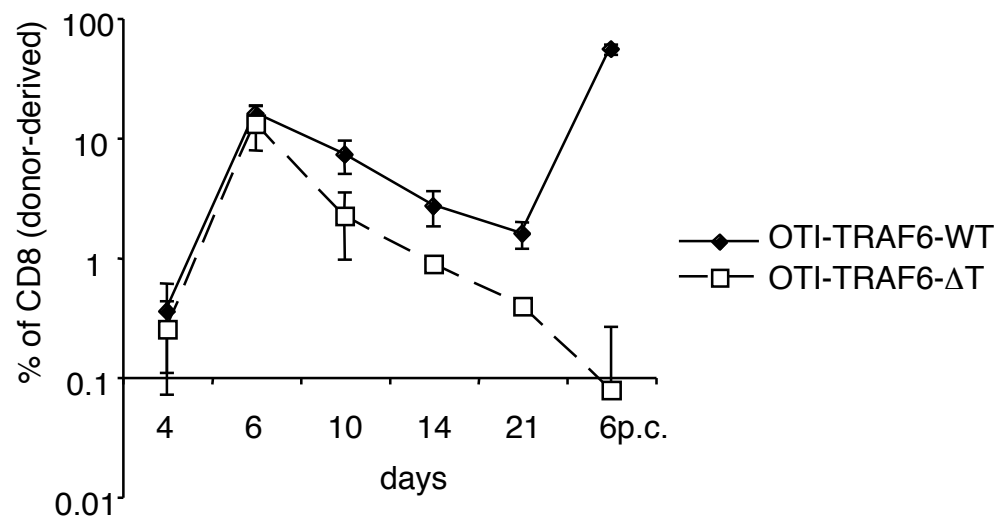
## Supplementary Figure 8



**Supplementary Figure 8. Surface marker and TCR expression on CD8 T cells from OTI-TRAF6-WT and OTI-TRAF6-ΔT mice.** Dot plots depict the levels of K<sup>b</sup>/Ova-specific TCR and CD62L from the spleen of naïve mice (CD8 gate).

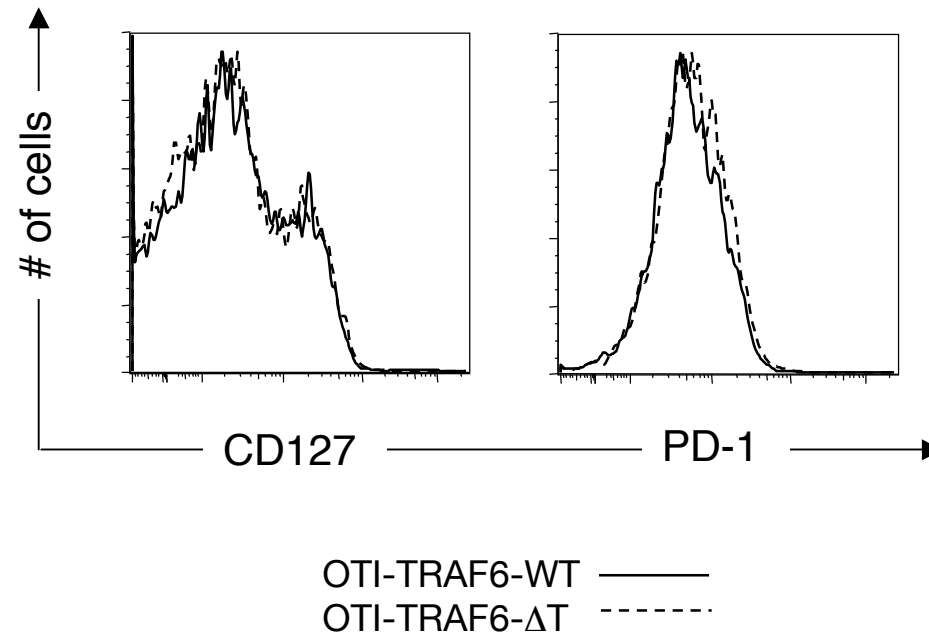


## Supplementary Figure 9



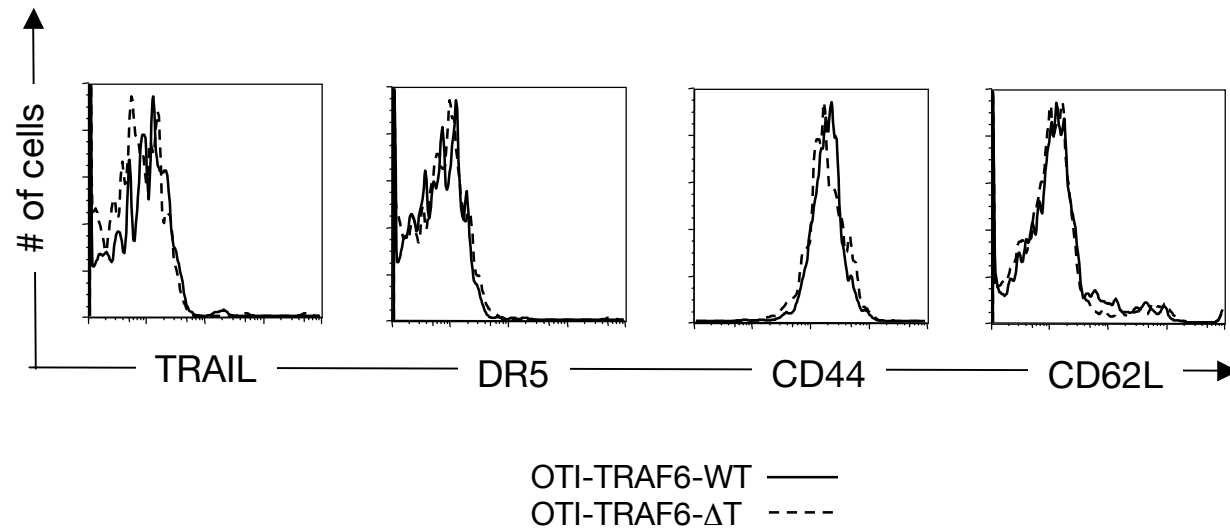
**Supplementary Figure 9. OTI-TRAF6-ΔT donor cells are not maintained during contraction following primary immunization with LmOva.** This line graph is on log scale and is generated from the data in Figure 2c.

## Supplementary Figure 10



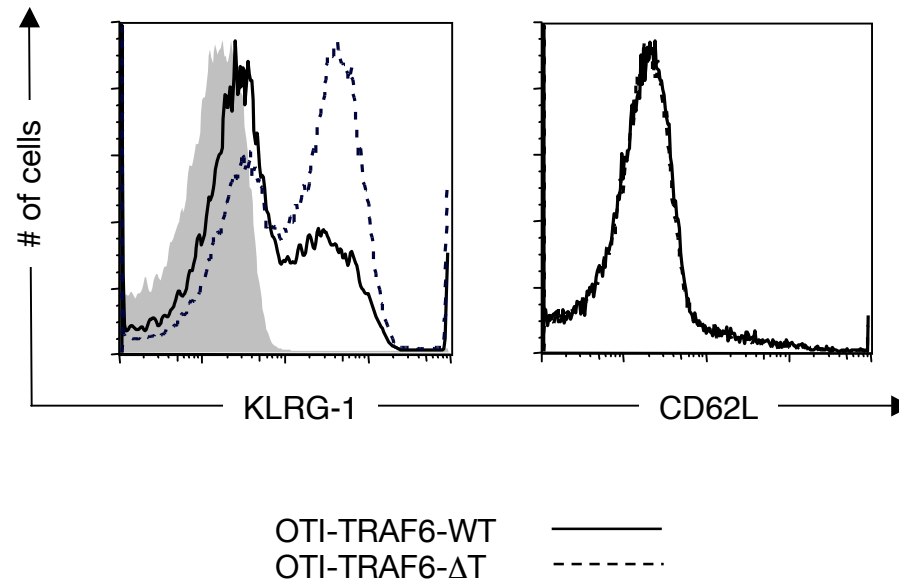
**Supplementary Figure 10. Surface marker expression on donor CD8 T cells from OTI-TRAF6-WT and OTI-TRAF6-ΔT mice.** <5000 OTI-TRAF6-WT and OTI-TRAF6-ΔT CD8 T cells were transferred into congenic recipients. Recipient mice were then infected with LmOva and surface marker expression assessed on donor cells 7 days following infection. Histograms depict the levels of CD127 and PD-1 on donor K<sup>b</sup>/Ova-specific splenocytes.

## Supplementary Figure 11



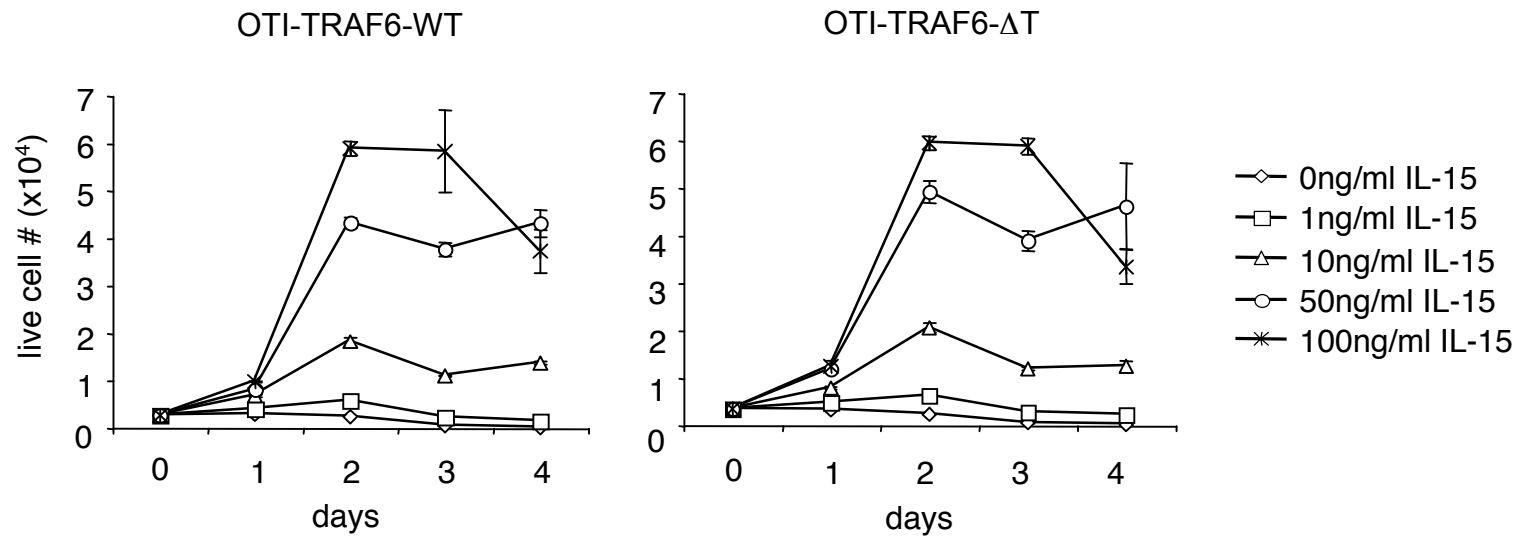
**Supplementary Figure 11. Surface marker expression on donor CD8 T cells from OTI-TRAF6-WT, and OTI-TRAF6- $\Delta$ T mice.** <5000 OTI CD8 T cells were transferred into congenic recipients. Recipient mice were then infected with LmOva and surface marker expression assessed on donor cells 7 days following infection. Histograms depict the levels of TRAIL, DR5 (TRAIL receptor), CD44, and CD62L donor K<sup>b</sup>/Ova-specific splenocytes.

## Supplementary Figure 12



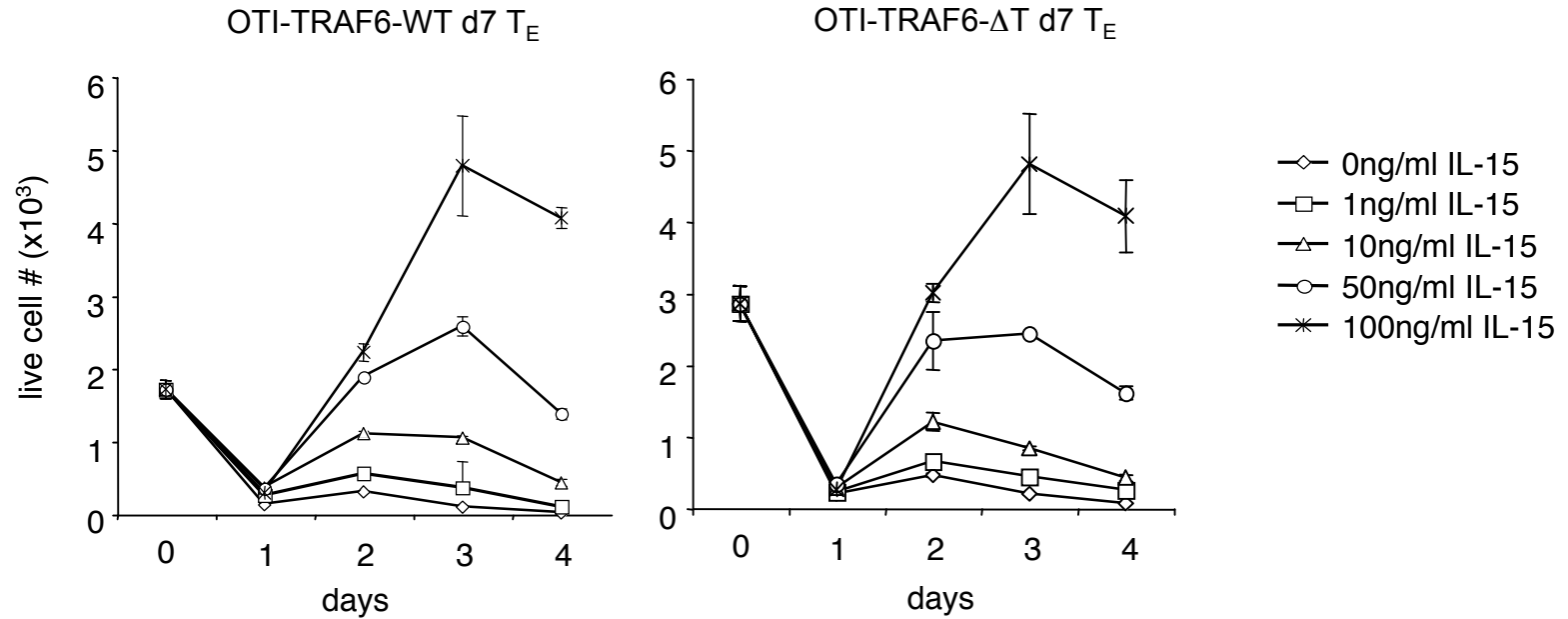
**Supplementary Figure 12. Surface marker expression on donor CD8 T cells from OTI-TRAF6-WT and OTI-TRAF6-ΔT mice.** <5000 OTI-TRAF6-WT and OTI-TRAF6-ΔT CD8 T cells were transferred into CD45.1+ congenic recipients. Recipient mice were then infected with LmOva and surface marker expression assessed on donor cells 7 days following infection. Histograms depict the levels of KLRG1 (shaded area, isotype control) and CD62L on donor CD45.2+ CD8 T cells.

## Supplementary Figure 13



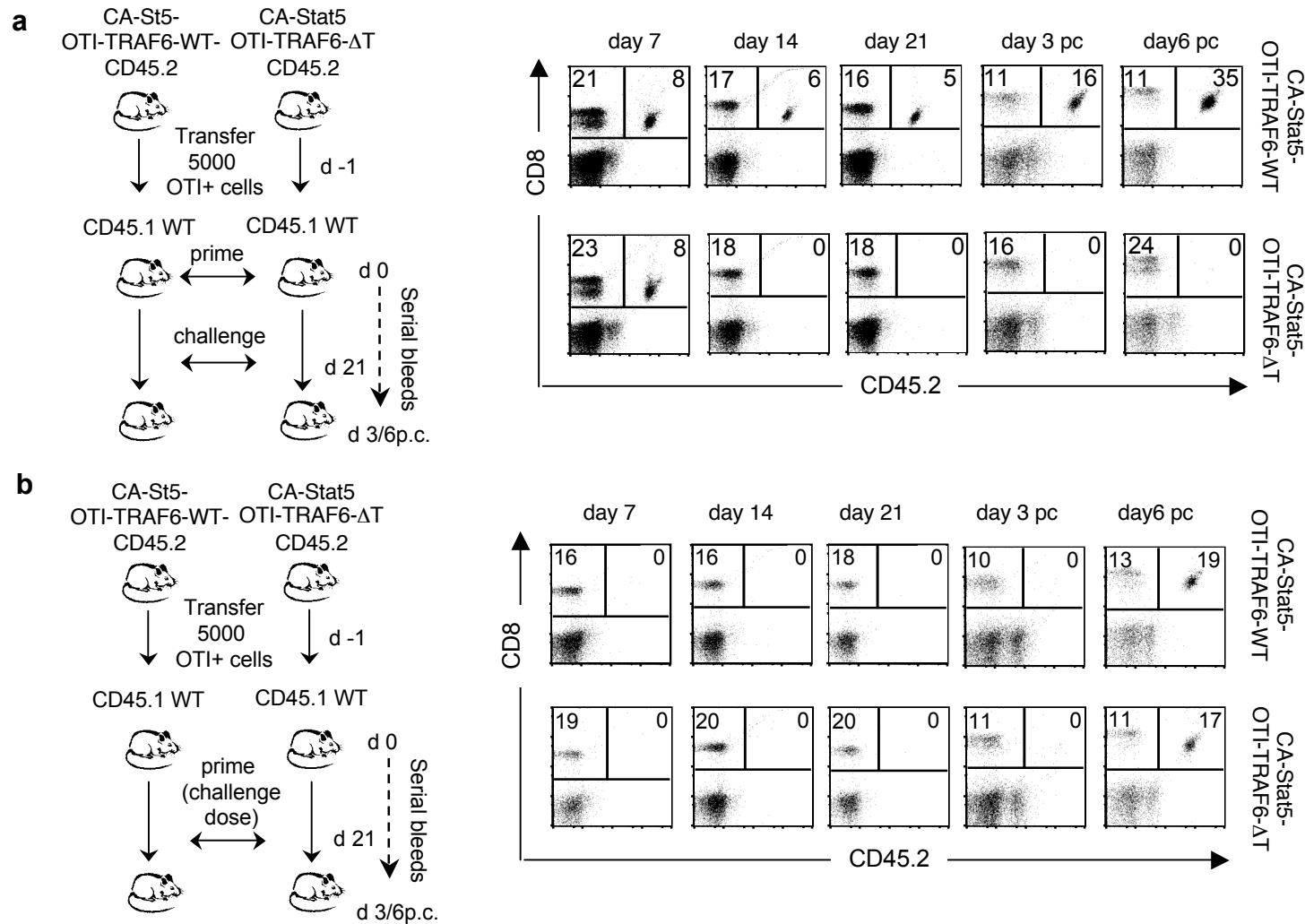
**Supplementary Figure 13. *In vitro* activated OTI-TRAF6-WT and OTI-TRAF6-ΔT T<sub>E</sub> cells exhibit similar responsiveness to IL-15 in culture.** Purified CD8 T cells from OTI-TRAF6-WT and OTI-TRAF6-ΔT mice were activated with  $\alpha$ CD3/28 and cultured with 100 U/ml of IL-2 for 3 days. Cells were then counted and replated in triplicate with decreasing concentrations of IL-15 and cultured for 4 days. Live cells were quantified by FACS (7-AAD exclusion) for each timepoint indicated (means  $\pm$  standard deviation).

## Supplementary Figure 14



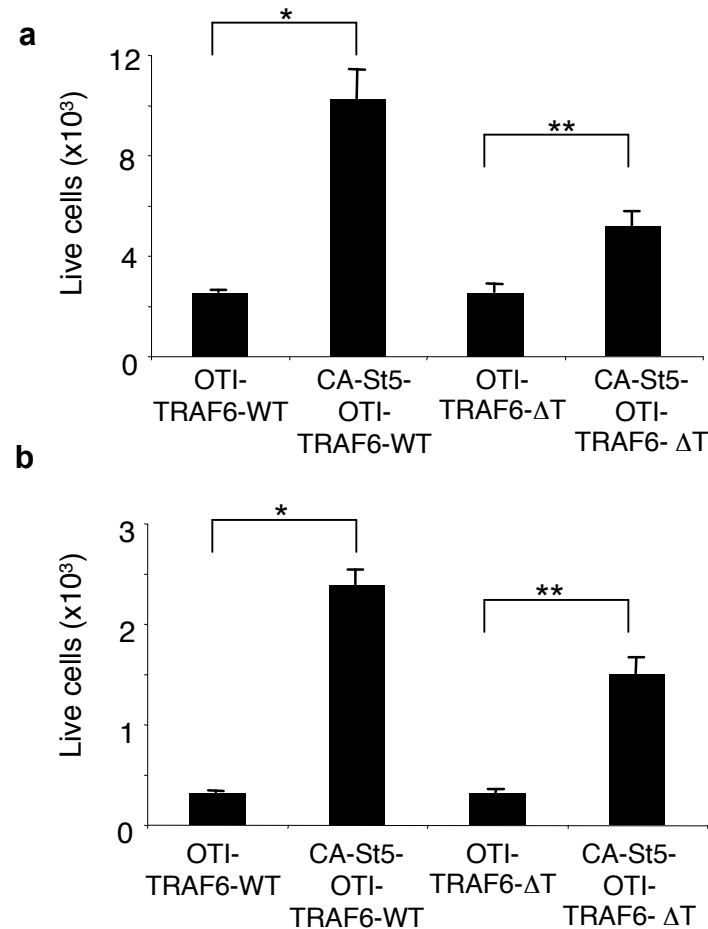
**Supplementary Figure 14. *In vivo* activated OTI-TRAF6-WT and OTI-TRAF6-ΔT T<sub>E</sub> cells exhibit similar responsiveness to IL-15 in *ex vivo* culture.** <5000 OTI-TRAF6-WT and OTI-TRAF6-ΔT CD8 T cells were transferred into congenic recipients ( $n=3$  per group). Recipient mice were then infected with LmOva and 7 days later donor cells were purified and cultured with decreasing concentrations of IL-15 for 4 days (wells in triplicate). Live cells were quantified by FACS (7-AAD exclusion) for each timepoint indicated (means  $\pm$  standard deviation).

## Supplementary Figure 15



**Supplementary Figure 15. Defect in TRAF6-deficient CD8 T<sub>M</sub> generation by is not rescued by CD8 T cell overexpression of constitutively active Stat5 (CA-St5).** These schematics and dot plots were generated from the same experiment outlined in Fig. 2d (a) and Fig. 2e (b). Dot plots show donor OT-I cells by CD45.2 (numbers indicate the percentage of CD8 T cells that are host or donor-derived, live gated).

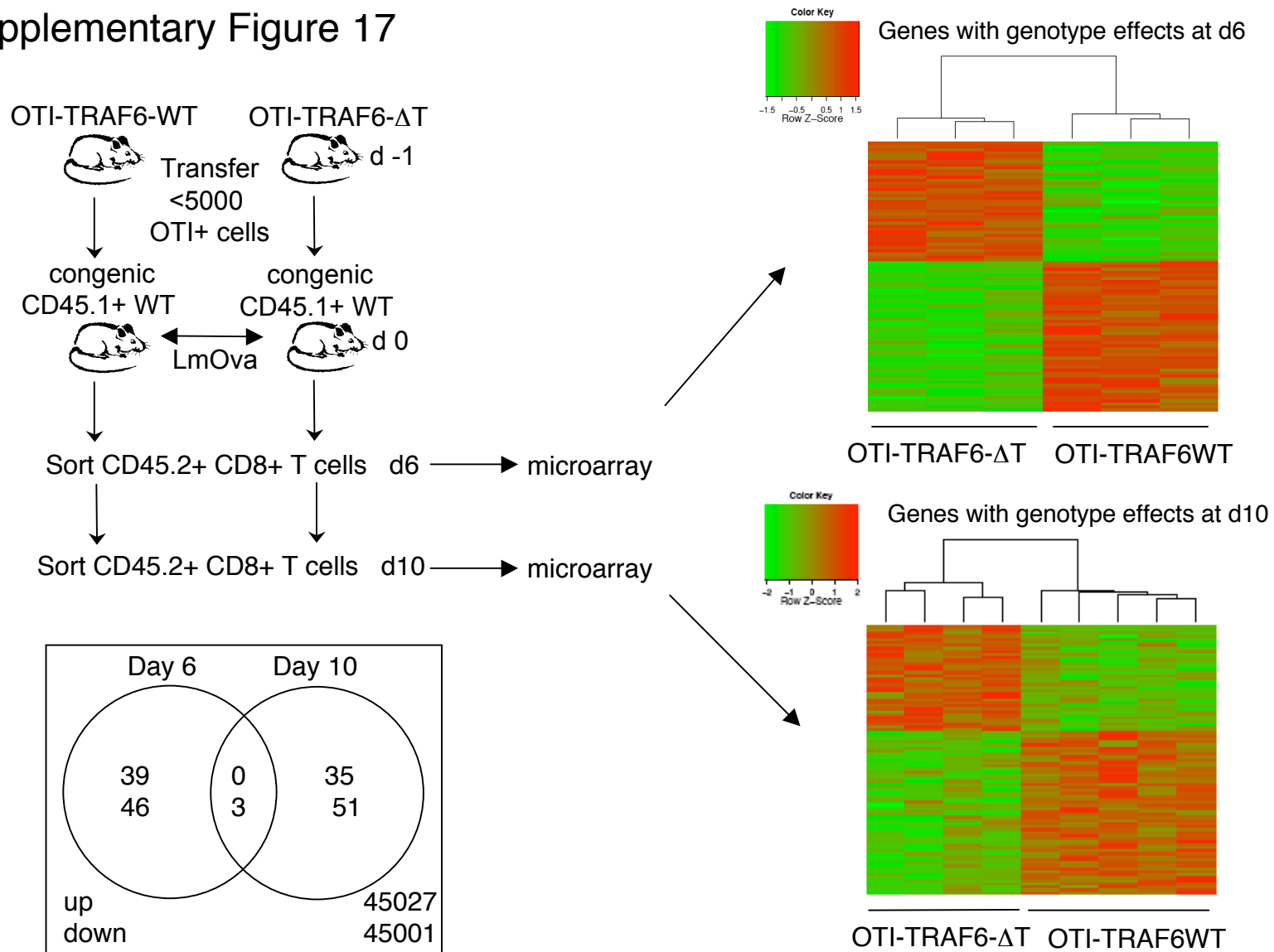
## Supplementary Figure 16



**Supplementary Figure 16. Overexpression of constitutively active Stat5 has a positive effect on CD8 T cell survival.** <5000 OTI CD8 T cells from OTI-TRAF6-WT, OTI-TRAF6-ΔT, CA-St5-OTI-TRAF6-WT, and CA-St5-OTI-TRAF6-ΔT mice were transferred into congenic WT recipients ( $n=4$  per group) and recipient mice were then infected with LmOva. 7 days following infection donor cells were purified, counted, and equal numbers re-plated in triplicate and cultured with low doses of IL-2 (10U/ml), (a) or IL-15 (10ng/ml), (b). Line graphs show numbers of live cells following 96 hours of culture (means  $\pm$  standard error). Live cell numbers were quantified by FACS (7-AAD exclusion). \* $p$  value= 0.007, \*\* $p$  value=0.003, (a). \* $p$  value= 0.001, \*\* $p$  value=0.004, (b).

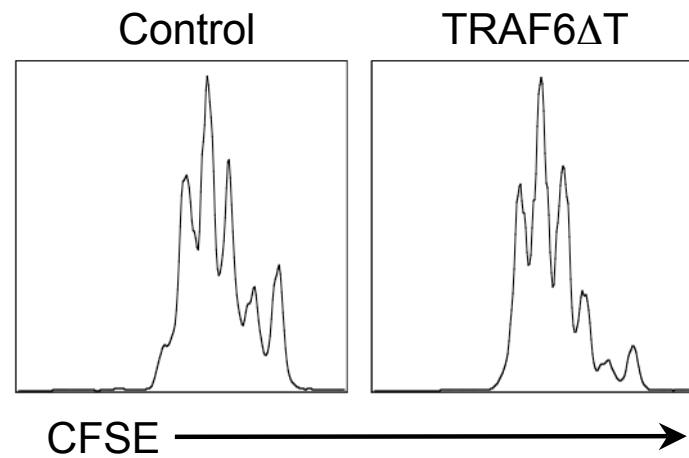


## Supplementary Figure 17



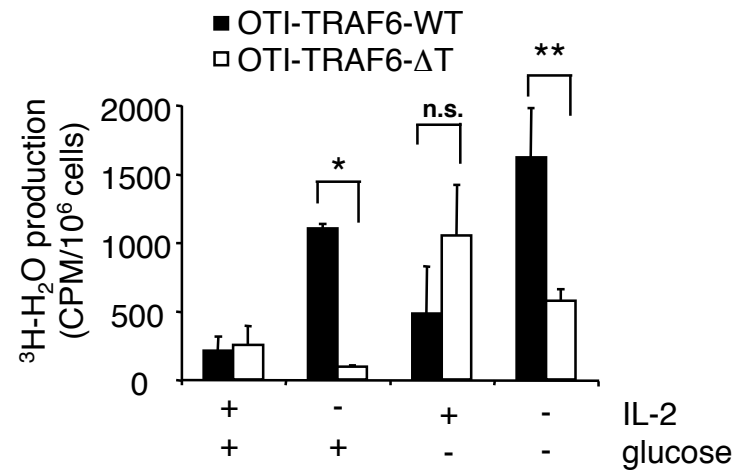
**Supplementary Figure 17. Microarray analysis of OTI-TRAF6-WT and OTI-TRAF6- $\Delta$ T early and late-stage  $T_E$  cells following LmOva infection.** Schematic of experimental setup (a) heat maps (b,c) and Venn diagram (d) from the microarray analysis.

## Supplementary Figure 18



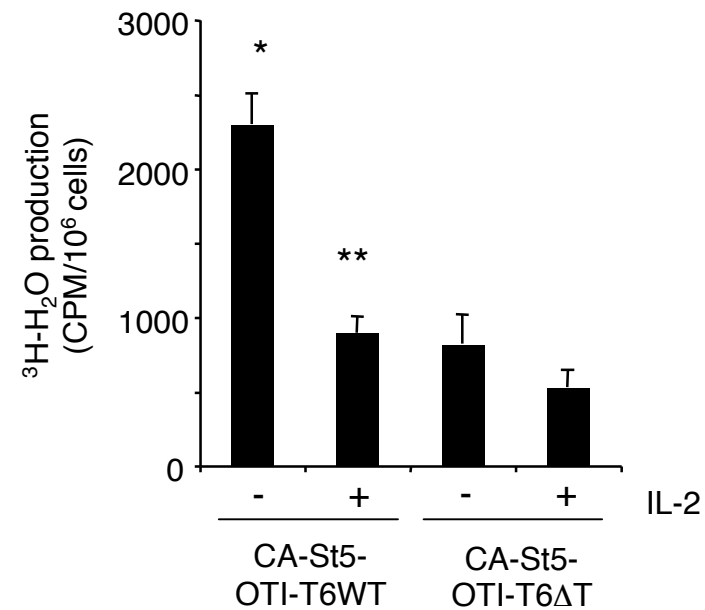
**Supplementary Figure 18. TRAF6-ΔT CD8 T cells are not defective in their activation following *in vitro* stimulation.** CFSE profile of sorted naïve CD8 T cells on plate-bound  $\alpha$ CD3 (2.5  $\mu$ g/ml) and  $\alpha$ CD28(1  $\mu$ g/ml) cultured for 3 days.

## Supplementary Figure 19



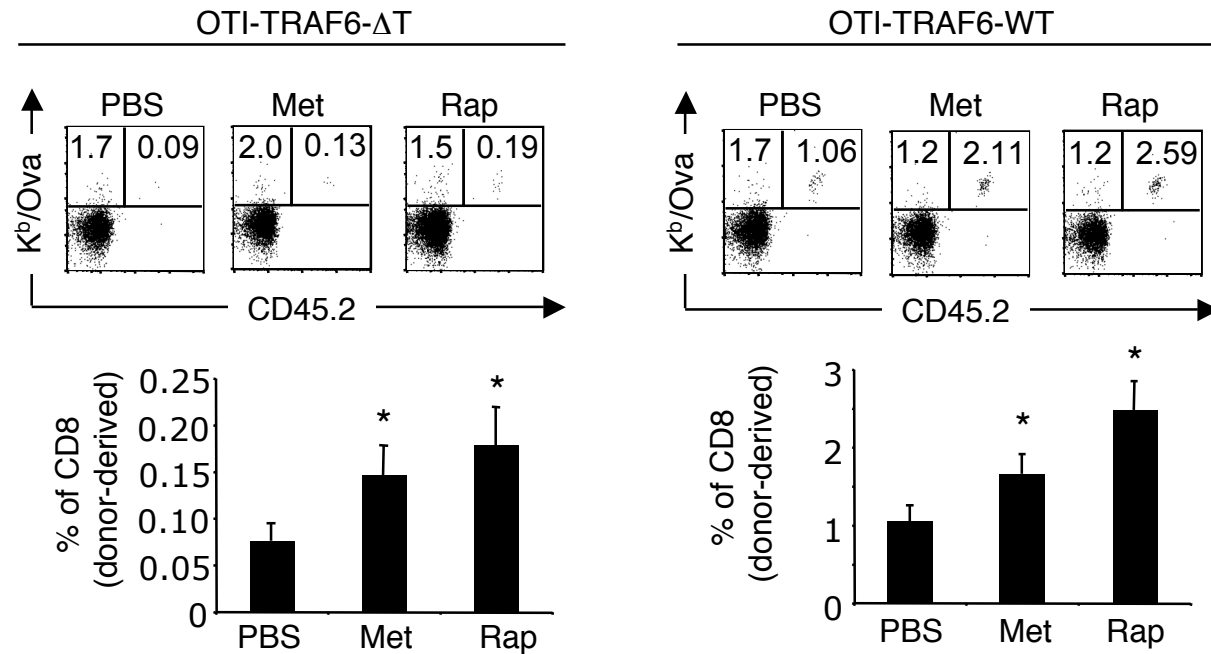
**Supplementary Figure 19.** Mitochondrial  $\beta$ -oxidation of activated OTI-TRAF6-WT and OTI-TRAF6- $\Delta$ T cells following IL-2 and/or glucose withdrawal (data generated from experiment in Fig. 3b).  $p = * 0.012$ ,  $** 0.027$ , n.s., not significant.

## Supplementary Figure 20



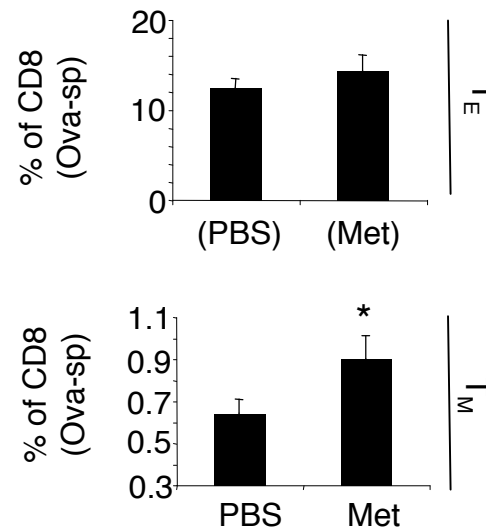
**Supplementary Figure 20. Transgenic expression of constitutively active Stat5 (CA-St5) does not rescue the defect in  $\beta$ -oxidation in TRAF6-deficient CD8 T cells following IL-2 withdrawal.** Bar graph shows mitochondrial  $\beta$ -oxidation of activated CA-St5-OTI-TRAF6-WT and CA-St5-OTI-TRAF6- $\Delta$ T +/- IL-2. Comparing between genotypes, \*p value =0.001 (-)IL-2 and \*\*p value =0.027 (+) IL-2.

## Supplementary Figure 21



**Supplementary Figure 21. Metformin and rapamycin treatment promote  $T_M$  generation.** OT-I cells (<5000) isolated from OTI-TRAF6-WT and OTI-TRAF6- $\Delta$ T mice (CD45.2) were adoptively transferred into CD45.1 congenic recipients followed by primary immunization with LmOva. On day 8 postinfection mice were treated with daily injections of PBS ( $n=7-9$  per group), metformin ( $n=7-9$  per group), or rapamycin ( $n=5$  per group) for three weeks. Numbers in the dot plots reflect the percentages of total CD8  $T_M$  cells in the blood that are host or donor donor-derived (Ova-specific) at 28 days post-infection (when treatments ceased) and bar graphs represent the percent of CD8 T cells in the blood that are donor-derived (means  $\pm$  standard error). \* $p$  value (compared to PBS controls) = 0.0307 (Met) and 0.0108 (Rap)(a), 0.036 (Met) and 0.0013 (Rap)(b).

## Supplementary Figure 22



**Supplementary Figure 22. Daily metformin injections increase Ova-specific T<sub>M</sub> following LmOva immunization in C57Bl/6 mice.** C57BL/6 mice were immunized with LmOva and 7 days post-infection daily injections of metformin or PBS were given for 3 weeks. Bar graphs represent the percentage of Ova-specific cells in the blood 7 days (upper panel, mice destined for PBS ( $n=8$  per group) or metformin ( $n=9$  per group) treatment) and 28 days post-infection (lower panel, mice after receiving PBS or metformin treatments) (means  $\pm$  standard error) \* $p$  value=0.028.