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All statements other than statements of historical facts included in this document may be forward-looking statements, including statements that relate to the Company’s future prospects, developments and strategies. Words such as “expect,” “anticipate,” “intend,” “plan,” “believe,” “seek,” “estimate,” “think,” “may,” “could,” “will,” “would,” “should,” “continue,” “potential,” “likely,” “opportunity” and similar expressions or variations of such words are intended to identify forward-looking statements, but are not the exclusive means of identifying forward-looking statements, and forward-looking statements are based on currently available operating, financial and market conditions, development and commercialization of new products, enhancements of existing products or technologies, and other statements regarding matters such as our expectations of business and market conditions, and assumptions that could cause actual results to differ materially from those anticipated or implied in our forward-looking statements due to a number of factors including, but not limited to:

The Company’s business is subject to a number of risks and uncertainties. These risks are described in the Company’s most recent Annual Report and Accounts which can be downloaded from the Company’s website at https://www.puretechhealth.com/reports-presentations/ and in the Company’s Registration Statement on Form 20-F, as amended, which was declared effective by the Securities and Exchange Commission on November 12, 2020.

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References in the following presentation to our “Controlled Founded Entities” refer to Alivio Therapeutics, Inc., Follica, Incorporated, Entrega, Inc., Vedanta Biosciences, Inc., and Sonde Health, Inc. References to our “Non-Controlled Founded Entities” refer to Akili Interactive Labs, Inc., Karuna Therapeutics, Inc., Vor Biopharma, Inc., Gelesis, Inc., and, for all periods prior to December 18, 2019, resTORbio, Inc.
PureTech Team Has a Track Record of Outperforming

Daphne Zohar
Founder & Chief Executive Officer
Built team, scientific network & pipeline; Recognized as a top leader in biotech by EY, Scientific American, BioWorld & others; Board Member

Bharatt Chowria, PhD, JD
President & Chief of Business & Strategy
Former COO Auspex (acq by Teva $3.5B), Nektar ($3B+ MC), GC SIRNA (acq by Merck $1.1B); Board Member

Eric Elenko, PhD
Co-founder & Chief Innovation Officer
Co-inventor of KarXT & other PureTech programs; McKinsey, UCSD

Joseph Bolen, PhD
Chief Scientific Officer
Former CSO Millennium (acq. by Takeda $8.8B), Moderna, TA Head Oncology BMS

Stephen Muniz, Esq
Co-founder & Chief Operating Officer
Former Partner Locke Lorde; Board Member

George Farmer, PhD
Chief Financial Officer
Former Senior Biotechnology Equity Analyst at BMO Capital Markets, Former CEO Cortice Biosciences

Joep Muijrers, PhD
Chief of Portfolio Strategy
Former Portfolio Manager at Life Sciences Partners, a leading European biotech investor group

Oversaw R&D of therapeutics supporting 23 regulatory approvals
Served in C-suite of companies acquired for more than $13B in aggregate
Our board & R&D committee contributed to regulatory approvals of approximately 30 drugs, led multiple multi-billion dollar strategic transactions & co-founded multiple companies.
PureTech’s R&D Engine Has Delivered Results

24
New therapeutics & therapeutic candidates

13
Clinical stage candidates

2
Taken from inception to FDA & EU regulatory clearances

GIVING LIFE TO SCIENCE™
Unique Collaborative R&D Model for Advancing New Medicines

Proprietary insights into disease
Collaboration with world’s leading experts

The Brain-Immune-Gut (BIG) Axis: ~70% of immune cells & 500M neurons converge in the gut
Wholly Owned Pipeline (Lymphatics/Immunology)

**OUR PROGRAMS**

<table>
<thead>
<tr>
<th>Program</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>LYT-100 Deupirfenidone</td>
<td>Preclinical</td>
<td>IF &amp; other progressive fibrosing ILDs</td>
<td>IPF &amp; other progressive fibrosing ILDs</td>
</tr>
<tr>
<td>LYT-100 Deupirfenidone</td>
<td>Discovery</td>
<td>Long COVID(^1) respiratory complications &amp; related sequelae</td>
<td>Long COVID(^1) respiratory complications &amp; related sequelae</td>
</tr>
<tr>
<td>LYT-100 Deupirfenidone</td>
<td>Preclinical</td>
<td>Lymphatic flow disorders, including lymphedema</td>
<td>Lymphatic flow disorders, including lymphedema</td>
</tr>
<tr>
<td>LYT-200 Anti-Galectin-9 mAb</td>
<td>Preclinical</td>
<td>Solid tumors</td>
<td>Solid tumors</td>
</tr>
<tr>
<td>LYT-210 Anti-Delta-1mAb</td>
<td>Preclinical</td>
<td>Neurological indications</td>
<td>Neurological indications</td>
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<tr>
<td>LYT-300 Oral Allopregnanolone</td>
<td>Preclinical</td>
<td>Registration-enabling studies planned</td>
<td>Registration-enabling studies planned</td>
</tr>
</tbody>
</table>

**Founded Entities Programs\(^2\) (Conceived by PureTech)**

<table>
<thead>
<tr>
<th>Founded Entity</th>
<th>Equity Ownership</th>
<th>Phase</th>
<th>FDA Approval</th>
<th>CE Mark</th>
<th>Royalties</th>
</tr>
</thead>
<tbody>
<tr>
<td>GELESIS</td>
<td>21.0%</td>
<td>Preclinical</td>
<td>FDA Cleared</td>
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<td>Equity + Royalties</td>
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<tr>
<td>AKILI</td>
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<td>CE Mark</td>
<td>Equity + Royalties</td>
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<tr>
<td>KARUNA</td>
<td>8.9%</td>
<td>Phase 1/2 Ready</td>
<td>78.3% Equity</td>
<td>Royalties</td>
<td></td>
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<tr>
<td>VOR</td>
<td>8.6%</td>
<td>Phase 3 Ready</td>
<td>50.4% Equity</td>
<td>Royalties</td>
<td></td>
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<tr>
<td>Follica</td>
<td>Phase 1</td>
<td>45.8% Equity</td>
<td>Launched</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vedanta Biosciences</td>
<td>78.6% Equity</td>
<td>Preclinical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sonde Health</td>
<td>72.9%</td>
<td>Preclinical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PureTech Level Cash Reserves</td>
<td>72.9% Equity</td>
<td>Preclinical</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Cash Equivalents & Short-Term Investments at PureTech Parent Level as of September 30, 2020\(^3\) excluding $118M proceeds from the sale of KRTX shares on February 9, 2021**

$387.2M

1\(\)Long COVID is a term being used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as Post-Acute Sequelae of Covid-19 (PASC).\n
2\(\)This figure represents the stage of development for each Founded Entity’s most advanced therapeutic candidate.

3\(\)While PureTech maintains ownership of equity interests in its Founded Entities, the Company does not, in all cases, maintain control over these entities (by virtue of (i) majority voting control and (ii) the right to elect representation to the entities’ board of directors) or direct the management and development efforts for these entities. Consequently, not all such entities are consolidated in the financial statements. Where PureTech maintains control, the entity is referred to as a Controlled Founded Entity in this presentation and is consolidated in the financial statements. Where PureTech does not maintain control, the entity is referred to as a Non-Controlled Founded Entity in this presentation and is not consolidated in the financial statements. As of June 30, 2020, Controlled Founded Entities include Alvin Therapeutics, Inc., Follica, Incorporated, Entrega, Inc., Vedanta Biosciences, Inc. and Sonde Health, Inc., and Non-Controlled Founded Entities include Akili Interactive Labs, Inc., Gelasis, Inc., Karuna Therapeutics, Inc., and Vor Biopharma Inc. Relevant ownership interests for Founded Entities were calculated on a diluted basis (as opposed to a voting basis) as of June 30, 2020, including outstanding shares, options and warrants, but excluding unallocated shares authorized to be issued pursuant to equity incentive plans. Karuna ownership is calculated on an outstanding voting share basis as of February 15, 2021. Vor ownership is calculated on an outstanding voting share basis as of February 9, 2021. PureTech Level Cash Reserves at September 30, 2020 represent cash balances and short-term investments held at PureTech Health LLC, PureTech Management, Inc., PureTech Health PLC, PureTech Securities Corporation of $772.0 million and held at PureTech’s Y Inc., our internal pipeline, of $15.2 million, all of which are wholly owned entities of PureTech, excluding cash balances and short-term investments of $38.3 million held at Controlled Founded Entities which are not wholly owned.
Long COVID is a term being used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as Post-Acute Sequelae of Covid-19 (PASC).

**Wholly Owned Pipeline (Lymphatics/Immunology)**

<table>
<thead>
<tr>
<th>OUR PROGRAMS</th>
<th>Discovery</th>
<th>Preclinical</th>
<th>Phase 1</th>
<th>Phase 2</th>
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<tr>
<td>LYT-100 Deupirfenidone</td>
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<td>Neurological indications</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Harnessing Lymphatic System Function**

1. Maintaining balance of fluid
2. Immune cell programming & trafficking
3. Absorbing dietary lipids

\(^1\)Long COVID is a term used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as Post-Acute Sequelae of Covid-19 (PASC).
LYT-100 (Deupirfenidone): Oral Anti-Fibrotic & Anti-Inflammatory Small Molecule

Access to unpublished data

Lymphedema Experts

Dr. Babak Mehrara
Dr. Stanley Rockson

MAD & FE Studies Confirm Differentiation
Acquired IP from Teva/Auspex & MSKCC

Lymphatic system diseases

~1M in the US with lymphedema

Pulmonary dysfunction

140 – 250K in the US with PF-ILD (incl. IPF)¹

Millions potentially at risk of Long COVID²

Other serious fibrotic & inflammatory conditions


² Long COVID is a term being used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as Post-Acute Sequelae of Covid-19 (PASC)
Pirfenidone: Clinically Validated Anti-Fibrotic & Anti-Inflammatory, Limited by Tolerability

- **Pirfenidone approved for IPF** with breakthrough designation for uILD
- **Clinical proof-of-concept studies** in FSGS, uILD, radiation-induced fibrosis & other inflammatory & fibrotic diseases

**Unclassifiable Interstitial Lung Disease (uILD)**

- Multiple late-stage & real-world efficacy studies in IPF, including >12 single-center studies
- Multiple preclinical models of fibrotic disorders of the lung, kidney, liver & other systems

---

**BUT**

~50% of patients discontinue, dose adjust, or switch → suboptimal disease management

---

LYT-100: Potential Clinical Advantages With Pirfenidone’s De-Risked Clinical Profile

**Pirfenidone**

Short half-life & metabolic profile create limitations including:

* Limited exposure
* Tolerability issues
* Dose-limited benefits
* Frequent dosing & significant pill burden issues

![Chemical Structure of Pirfenidone](image)

**LYT-100 | Deupirfenidone – new chemical entity**

Differentiated PK profile provides potential advantages including:

* Enhanced exposure
* Improved tolerability
* Less frequent dosing (BID) & reduced pill burden

![Chemical Structure of LYT-100](image)

**LYT-100**

- Potential for **enhanced anti-fibrotic & anti-inflammatory activity** vs. pirfenidone
- **Issued Composition of Matter Patent** – exclusivity up to 2033 with PTE; **Additional IP coverage** – dosing, formulations and methods of use and treatment – extends exclusivity to ~2040
- Potential for Orphan Drug Exclusivity for IPF & other indications

**Increased exposure from LYT-100 vs pirfenidone (N=24):**

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Mean % Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cmax (ng/mL)</td>
<td>+25%</td>
</tr>
<tr>
<td>AUC_{last} (ng*hr/mL)</td>
<td>+35%</td>
</tr>
</tbody>
</table>

1 9 large pills per day
2 Protocol originally specified 750 mg BID as maximum dose. 750 mg BID was well tolerated and a 1000 mg BID cohort was added
LYT-100: Phase 1 Clinical Data Demonstrate Tolerability & Favorable PK Profile

Results from Phase 1 multiple ascending dose & food effect studies announced in November 2020

- Double-blind, randomized, multiple ascending dose study in healthy volunteers at 100, 250, 500, 750, 1000 mg BID LYT-100 or placebo

<table>
<thead>
<tr>
<th>AEs² occurring in &gt;1 participant</th>
<th>Pooled Placebo, N=10; n (%)</th>
<th>LYT-100 1000 mg BID, N=6; n (%)</th>
<th>All LYT-100 cohorts, N=30; n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>0</td>
<td>0</td>
<td>3 (10.0%)</td>
</tr>
<tr>
<td>Abdominal discomfort</td>
<td>1 (10.0%)</td>
<td>0</td>
<td>2 (6.7%)</td>
</tr>
<tr>
<td>Abdominal distension</td>
<td>0</td>
<td>0</td>
<td>3 (10.0%)</td>
</tr>
<tr>
<td>Headache</td>
<td>2 (20.0%)</td>
<td>2 (33.3%)</td>
<td>7 (23.3%)</td>
</tr>
</tbody>
</table>

- LYT-100 well tolerated at all doses
- All treatment-related adverse events were mild & transient with no discontinuations
- In the presence of food, the Cmax of LYT-100 was reduced by 23%; Food reduces the Cmax of ESBRIET® (pirfenidone) by 49%³

LYT-100 was well-tolerated; Potential for BID dosing at exposure similar to pirfenidone

³ Protocol originally specified 750 mg BID as maximum dose. 750 mg BID was well tolerated and a 1000 mg BID cohort was added
² Adverse Events (AE) possibly or probably related to treatment; does not include AEs not related to treatment
² ESBRIET® (pirfenidone) US Prescribing Information
LYT-100: Preclinical POC Demonstrates Anti-Inflammatory & Anti-Fibrotic Pharmacology

Preclinical plasma concentrations of TNFα with LYT-100 versus control

- Vehicle
- LYT-100, 100mg/kg

LYT-100 reduced inflammation

LPS Model (Rodents), n=6-8 per group

In vitro reduction of TGF-β induced soluble collagen production (mouse fibroblasts)

LYT-100 reduced TGF-β induced fibrosis
36% reduction

LYT-100

p=0.0001 from TGF-β

TGF-β induced increase in soluble collagen
-16%

p=0.0185 from control

Soluble collagen, % change from control

TGF-β

-20%
LYT-100: Independent Research Shows Profile Attractive to Pulmonologists

Based on 2019 ESBRIET® and OFEV® WW sales; in addition to IPF, Ofev is indicated for SSc-ILD and PF-ILD

Note: 100 pulmonologists were surveyed, no pricing information/assumptions was shared.

“I would switch 100% of my Esbriet® [pirfenidone] patients assuming it has equal or better efficacy due to the side effect profile”

“With [LYT-100], I don’t see a reason to use Esbriet® ...I’d switch over & build some experience & then maybe start everyone”

Select quotes from survey

Importantly, key late-stage pipeline therapeutics being tested in combination with today’s SOC
Progressive fibrosing ILDs (PF-ILDs) are estimated to affect >850K patients in the 16 major markets\textsuperscript{1,2,3}

<table>
<thead>
<tr>
<th>IPF ((&gt;450K))</th>
<th>Non-IPF PF-ILDs ((&gt;400K))</th>
</tr>
</thead>
<tbody>
<tr>
<td>PF-CTD-ILDs</td>
<td>PF-sarcoidosis</td>
</tr>
<tr>
<td>PF-uILDs</td>
<td>PF-chronic fibrotic HP</td>
</tr>
<tr>
<td>PF-iNSIP</td>
<td>Other</td>
</tr>
</tbody>
</table>

\textsuperscript{1} GlobalData Idiopathic Pulmonary Fibrosis: Opportunity Analysis and Forecasts to 2029
\textsuperscript{2} Wong A, et al. Respiratory Research (2020) 21:32
\textsuperscript{3} Sauleda, J., et al. Medical Sciences (2018) 6:110
LYT-100: Long COVID\(^1\) Respiratory Complications & Related Sequelae

High proportion of mild, moderate & severe COVID-19 patients (up to 53%) show signs of lung fibrosis at three weeks post symptom onset\(^2\)

Multimodal mechanism of action

Fibrosis leads to chronic lung scarring and respiratory dysfunction, persisting post-discharge.

Initiated global, randomized, placebo-controlled trial to evaluate LYT-100 in non-critical COVID-19 patients with respiratory complications.

Tens of millions of people have been infected by COVID-19; Data increasingly demonstrate the longer-term complications of COVID-19, yet the majority of therapeutics only target the acute phase.

1. Long COVID is a term being used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as Post-Acute Sequelae of Covid-19 (PASC)
3. Xie, L. *Chest Journal*. June 2005
**Lymphedema: A feedback Loop Between Inflammation & Fibrosis**

A healthy lymphatic system drains interstitial fluid

- Arteriole
- Venule
- Lymphatic vessel
- Valve
- Smooth muscle cell
- Healthy lymphatics maintain fluid homeostasis

Damaged lymphatics fail to drain

- Immune cell infiltration in arm promotes fibrosis
- Fibrosis in arm tissue impairs flow & blocks regeneration

- CD45 stain
- TGF-β stain

---

1 Rockson et al., 2019, Nat Rev Dis Primer
2 Goussopoulos et al., 2016, JCI Insight – CD-45 stain
3 Avraham et al., 2010; Am J Pathology – TGF-β stain
LYT-100 Development Plan Overview

Exploring for a range of other inflammatory & fibrotic conditions

H2 2021:
Topline results expected from Phase 2 in Long COVID

Q4 2021:
Results expected from Phase 2a POC in lymphedema

PLANNING:
Registration-enabling studies in IPF/PF-ILD

1 Long COVID is a term used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as Post-Acute Sequelae of Covid-19 (PASC)
Galectin-9: A fundamental immunosuppressor in cancer

Promotes expansion of MDSCs
Induces Treg cell differentiation & stability
Induces apoptosis of Th1 & CD8+ T cells
Switching M1 to M2 macrophage

Foundational biology
- Galectin-9 modulates multiple pathways of cancer immunosuppression, including PD-1 and TIM-3
- LYT-200 has potential single-agent activity & combination potential

Proof-of-concept in multiple preclinical cancer models
Galectin-9 blockade:
- Inhibits tumor growth & increases survival in pancreatic cancer model (KPC)
- Inhibits tumor growth in melanoma model outperforming anti-PD-1
- Restores T cell activity in patient derived organoids

Biomarker opportunity
- Blood & tissue expression increased in multiple tumor types, correlating with worse survival

Image adapted from J Mol Biol; 428 (16): 3266-3281; 2016
Treg = T regulatory cell; MDSC = myeloid derived suppressor cell; M1/M2 = tumor associated macrophage (TAM)1 (immunoactive) and 2 (immunosuppressed) cell; Th1 = T helper1 cell
LYT-200: Multiple Lines of Preclinical Data Supporting Therapeutic Potential

A model where anti-PD1s do not work

LYT-200 drug properties make it an excellent clinical clone:

- High affinity & specificity for galectin-9
- Robust activity in preclinical studies:
  - Single agent causes tumor reduction in pancreatic & melanoma models
  - ~50% tumor reduction with LYT-200 vs. ~22% tumor reduction with anti-PD1 in melanoma model
  - Increase in intra-tumoral CD8 T cells in combination with anti-PD1
  - Activation of intra-tumoral immunity in patient-derived tumor models

Note: For patient-derived organoids, n = 20 tumor samples; Success defined as >20% upregulation of at least two out of three T cell activation markers; Success achieved in 60% of tumors with majority showing >2 fold activation
LYT-200: Initiated Phase 1 Study in Patients With Metastatic Solid Tumors

**Dose escalation & dose expansion study**

- Dose Finding (CRM) (all comers), safety, tolerability, RP2D, PK/PD, exploratory
- **Up to 26 patients**
- Safety & efficacy – with exploratory endpoints –
- Topline data expected in Q4 2021

Further expansion aimed at enabling accelerated approval single agent &/or combo

**Clinical investigators**

- Filip Janku
- Osama Rahma
- Neil Segal
- Aparna Parikh
- Manji Gulam
- Zev Wainberg
- Richard Carvajal

Pancreatic Chemo combination

Cholangiocarcinoma Colorectal

Other amenable GI/non-GI indications

Pancreatic Chemo combination

Cholangiocarcinoma Colorectal

Other amenable GI/non-GI indications
LYT-300: Oral Allopregnanolone for a Range of Neurological Disorders

Zulresso®
IV (60 hr infusion)

Despite FDA approval, 60-hr IV infusion has greatly limited Zulresso® usage

Rationale for LYT-300
- Oral administration can enable usage across a range of neurological conditions
- Avoids first-pass metabolism by trafficking via the lymphatic system
- Dog / NHP PK studies demonstrate robust oral bioavailability and systemic exposure of allopregnanolone

Phase 1 clinical trial planned to initiate by YE 2021
Glyph Technology Platform: Harnessing the Natural Lipid-Trafficking Pathways to Transport Drugs via the Lymphatics

Traditional Small Molecules
Subject to first-pass metabolism

Lymphatic Trafficking Prodrugs
- Bypasses first-pass metabolism
- Enables transport directly to mesenteric lymph nodes
# Multiple Near-Term Value Drivers Expected

<table>
<thead>
<tr>
<th>Therapeutic Candidate</th>
<th>PureTech Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>LYT-100</td>
<td>100%</td>
</tr>
<tr>
<td>LYT-100</td>
<td>100%</td>
</tr>
<tr>
<td>LYT-200</td>
<td>100%</td>
</tr>
<tr>
<td>LYT-210</td>
<td>100%</td>
</tr>
<tr>
<td>LYT-300</td>
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<tr>
<td>Discovery Programs</td>
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<tr>
<td>Plenty®</td>
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</tr>
<tr>
<td>ALV-107</td>
<td>78.6%</td>
</tr>
<tr>
<td>ENT-100</td>
<td>72.9%</td>
</tr>
<tr>
<td>EndeavorRx™</td>
<td>34.0%</td>
</tr>
<tr>
<td>VOR33</td>
<td>8.6%</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2021

- **Results from Ph2a POC in patients with breast cancer related lymph**
- **Results from Ph2 in Long COVID² respiratory complications & related sequelae**
- **Results from Ph1 study in solid tumors**
  - Advance additional biomarker studies
  - Initiation of Ph1
- **Results from non-human primate POC; Publishing key preclinical data**
  - Full US launch
- **Results from Ph1/2 for food allergy**
  - Seeking FDA input for expanding Plenity label to treat adolescents
  - Results from Ph2 in patients with T2D and pre-diabetes
  - Initiation of Ph2 in NASH/NAFLD
  - Enrollment of first patient in GS500 Ph3
  - Initiations of second Ph3 & open-label, long-term safety study
  - Initiation of Ph3 program in AGA
  - Results from Ph2 in high-risk CDI
  - Results from Ph1/2 for food allergy
  - Initiation of Ph2 in IBD
  - Results from first-in-patient clinical trial in solid tumors
- **IND filing**
  - Continued advancement of platform
  - Scaled launch
  - Initiation of Ph1/2a in acute myeloid leukemia

### Potential financings & strategic transactions across Founded Entities

1. Relevant ownership interests for Founded Entities were calculated on a diluted basis (as opposed to a voting basis) as of June 30, 2020, including outstanding shares, options and warrants, but excluding unallocated shares authorized to be issued pursuant to equity incentive plans. Karuna ownership is calculated on an outstanding voting share basis as of February 15, 2021. Vor ownership is calculated on an outstanding voting share basis as of February 9, 2021. Long COVID is a term being used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as Post-Acute Sequelae of Covid-19 (PASC).
**PureTech: Moving Medicines Forward**

**Advance Wholly Owned Pipeline through development & commercialization, including pipeline expansion**

<table>
<thead>
<tr>
<th>OUR PROGRAMS</th>
<th>Discovery</th>
<th>Preclinical</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>LYT-100 Deupirfenidone</td>
<td>IPF &amp; other progressive fibrosing ILDs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LYT-100 Deupirfenidone</td>
<td>Long COVID(^1) respiratory complications &amp; related sequelae</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LYT-100 Deupirfenidone</td>
<td>Lymphatic flow disorders, including lymphedema</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LYT-200 Anti-Galectin-9 mAb</td>
<td>Solid tumors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LYT-210 Anti-Delta-1mAb</td>
<td>Solid tumors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LYT-300 Oral Allopregnanolone</td>
<td>Neurological indications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Derive value from equity growth of Founded Entities**

**Advances**
- Drive therapeutic candidates forward through clinical development & potential commercialization
- Pipeline growth & expansion
- Partner/spin out non-core applications

---

\(^1\)Long COVID is a term being used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as Post-Acute Sequelae of Covid-19 (PASC).
Nasdaq Global Market & LSE Main Market / FTSE-indexed: PRTC
Market capitalization $1.67B (£1.18B) as of February 26, 2021; 1.41 USD:GBP

285,898,746 outstanding shares as of January 31, 2021

$387.2M cash equivalents & short-term investments at PureTech Parent Level as of September 30, 2020, excluding $118M proceeds from the sale of KRTX shares on February 9, 2021

Headquartered in Seaport, Boston

Analyst Coverage
- Piper Sandler & Co.
- Edward A. Tenthoff
- Peel Hunt LLP
- Amy Walker
- Liberum
- Alistair Campbell
- SVB Leerink LLC
- Thomas J. Smith
- Jefferies International Limited
- Peter Welford


Liberum
Alistair Campbell

~34%
~10%
~56%
Board & Management
Disclosed Shareholders
Other Shareholders

1PureTech Level Cash Reserves at September 30, 2020 represent cash balances and short-term investments held at PureTech Health LLC, PureTech Management, Inc., PureTech Health PLC, PureTech Securities Corporation of $372.0 million and held at PureTech LYT Inc., our internal pipeline, of $15.2 million, all of which are wholly owned entities of PureTech, excluding cash balances and short-term investments of $38.3 million held at Controlled Founded Entities which are not wholly owned.
Track Record of Outpacing Industry Averages

24 therapeutics and therapeutic candidates
of which:
13 are clinical stage
and:
2 were taken from inception to FDA & European Regulatory Clearances

PureTech has demonstrated a strong track record of clinical advancement; Particularly notable in the stages where industry failures are typically high

Percent of clinical trials where outcome supports progression to next phase of clinical development:

<table>
<thead>
<tr>
<th>Phase</th>
<th>PureTech</th>
<th>Industry Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>63%</td>
<td>86%</td>
</tr>
<tr>
<td>Phase 2</td>
<td>31%</td>
<td>90%</td>
</tr>
<tr>
<td>Phase 3</td>
<td>58%</td>
<td>67%</td>
</tr>
<tr>
<td>Phase 1, 2, &amp; 3</td>
<td>11%</td>
<td>50%</td>
</tr>
</tbody>
</table>

1 The cumulative percentages are calculated by multiplying the individual phase percentages listed above; 2 Percentages include all clinical trials advanced through at least Phase 1 by PureTech or its Founded Entities from 2009 onward, and not all therapeutic candidates were investigated in a Phase 1 clinical trial; Phase 1 (n = 6/7), Phase 2 (n = 9/10), Phase 3 (n = 2/3); Figures include Akili and Gelesis which are regulated as medical devices; 3 Industry average data measures the probability of clinical trial success of therapeutics by calculating the number of programs progressing to the next phase vs. the number progressing and suspended. BIO, Biomedtracker, Amplion (2015) Clinical Development Success Rates 2006 – 2015. This study did not include therapeutics regulated as devices.
Karuna (PRTC Ownership: 8.9% Plus Royalties*)

Selectively activating muscarinic acetylcholine receptors in the brain

- **Innovation**
  - ~2.7M living with schizophrenia in the US
  - Current antipsychotics have significant side effects and poor adherence
  - Advised by world’s leading schizophrenia & dementia-related psychosis experts:
    - Exclusively in-licensed xanomeline from Eli Lilly
    - Invented and filed patents to cover the agonist/antagonist concept

- **Validation**
  - Built top team of CNS experts led by former Lilly executive Steven Paul, MD
  - Completed tolerability POC
  - Planned Phase 2 POC study

- **Value Realization**
  - Nasdaq IPO, Phase 2 data
    - KarXT for treatment of acute psychosis in patients with schizophrenia met the primary endpoint with a clinically meaningful 11.6 point improvement on the PANSS total score compared to placebo (p<0.0001)
    - Successful End-of-Phase 2 meeting with FDA
    - Initiated first Phase 3 study (EMERGENT-2) for acute psychosis in adults with schizophrenia in H2 2020
  - Potential to target additional indications, including dementia-related psychosis
    - 36.5X ROI
    - $18.5M total PRTC spend
    - $347.5M of which is cash generated from equity sales
    - $693.6M value created

- **Upcoming Milestones**
  - Initiation of Phase 2 study for psychosis in adults with an inadequate response to standard of care after Phase 3 program initiation in 2021
  - Topline Phase 1b data (healthy volunteers) for dementia-related psychosis in early Q2 2021
  - Initiation of second Phase 3 study (EMERGENT-3) for acute psychosis in adults with schizophrenia in H1 2021
  - Initiation of open-label, long-term safety study (EMERGENT-5) for acute psychosis in adults with schizophrenia in H1 2021

---

*As of February 15, 2021, PureTech’s percentage ownership of Karuna was approximately 8.9 percent on an outstanding share basis. PureTech Health has a right to royalty payments as a percentage of net sales from Karuna. *Return on Investment (ROI) and value creation calculations were assessed based on PureTech’s percentage ownership of Karuna outstanding shares as of market close December 31, 2020. ROI and its components are non-IFRS financial measures. We report certain financial information using non-IFRS financial measures, as we believe these measures provide information that is useful to management and investors to assess financial performance. These non-IFRS financial measures do not have any standardized meaning and may not be comparable with similar measures used by other companies. For certain non-IFRS financial measures, there are no directly comparable amounts under IFRS. These non-IFRS financial measures should not be viewed as alternatives to measures of financial performance determined in accordance with IFRS. For a reconciliation of ROI and its components to IFRS financial measures (where applicable) please refer to appendix slide 77. ^$200.9 million in proceeds from the January 22, 2020 sale of 2.1 million common shares, $45.0 million in proceeds from the May 29, 2020 sale of 0.6 million common shares, and $101.6 million in proceeds from the August 26, 2020 sale of 1.3 million common shares.
Appendix A: Wholly Owned Pipeline
LYT-100 Development Plan Overview

<table>
<thead>
<tr>
<th>H2 2021:</th>
<th>Q4 2021:</th>
<th>PLANNING:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Topline results expected from Phase 2 in Long COVID</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
<td><strong>Results expected from Phase 2a POC in lymphedema</strong></td>
<td><strong>IPF/PF-ILD studies</strong></td>
</tr>
<tr>
<td>LYT-100 for Long COVID respiratory complications &amp; related sequelae</td>
<td>Patient proof-of-concept &amp; biomarker study in breast cancer-related, upper limb secondary lymphedema</td>
<td>Additional PK &amp; higher dose studies planned</td>
</tr>
<tr>
<td><strong>Primary Endpoint</strong></td>
<td><strong>Primary Endpoint</strong></td>
<td>CMC &amp; formulation work ongoing</td>
</tr>
<tr>
<td>Six-minute walking test</td>
<td>Safety &amp; tolerability</td>
<td>IPF registration-enabling studies &amp; FDA discussions being planned</td>
</tr>
<tr>
<td><strong>Secondary Endpoints</strong></td>
<td><strong>Secondary Endpoints</strong></td>
<td></td>
</tr>
<tr>
<td>Safety &amp; tolerability</td>
<td>Bioimpedance spectroscopy</td>
<td></td>
</tr>
<tr>
<td>Pharmacokinetics</td>
<td>Tonometry (fibrosis)</td>
<td></td>
</tr>
<tr>
<td>Acute inflammatory biomarkers</td>
<td>Serum inflammatory biomarkers</td>
<td></td>
</tr>
<tr>
<td>Imaging</td>
<td>Relative limb volume</td>
<td></td>
</tr>
<tr>
<td>Patient reported outcomes</td>
<td>Validated patient reported outcomes measuring:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Physical functioning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Limb heaviness, pain &amp; tightness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Quality of life impact</td>
<td></td>
</tr>
</tbody>
</table>

Exploring for a range of other inflammatory & fibrotic conditions

---

<sup>1</sup>Long COVID is a term being used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as Post-Acute Sequelae of Covid-19 (PASC).
Lymphedema: A Chronic Progressive Disease With No FDA Approved Therapies

~1M individuals in the US have lymphedema

including

~500K breast cancer survivors with secondary lymphedema

~20% of all new breast cancer patients who undergo surgery

Current treatment options include compression, physical therapy, & surgery (liposuction, lymphovenous transplant)

1 Patient image: "A comprehensive overview on the surgical management of secondary lymphedema of the upper and lower extremities related to prior oncologic therapies: Figure 1" by Garza et al., 2017 is licensed under CC BY 4.0

2 DiSipio et al., 2013, Lancet Oncology
Injury to the Lymphatics Blocks Fluid Flow & Creates Inflammation & Fibrosis

Healthy arm fluorescent tracer image

**HEALTHY ARM**

Normal lymphatics drain fluid from tissue

Fluid pumped from arm through lymphatic vessels

**LYMPHEDEMATOUS ARM**

Damaged lymphatics create blocked flow

Fluid accumulates, causing inflammation & fibrosis

Surgery & radiation damage lymphatics

Lymphedema fluorescent tracer image

Patient images: Kataru et al., 2019, Translational Res.
LYT-100: Once-Daily Treatment Reduced Swelling in Preclinical Models

Mouse lymphedema model: ablation of tail lymphatics results in chronic tail swelling, inflammation & fibrosis

Drug started at 2 weeks post-surgery

N=7: LYT-100
N=7: Control carboxymethylcellulose (CMC)

Systemic treatment (Q.D. oral gavage; 400 mg/kg/d)

Control

LYT-100
Preclinical Model Mimics Human Pathophysiology & Tissue Changes

A healthy lymphatic system drains interstitial fluid

Mouse tail lymphatics

Healthy tail lymphatics drain fluid

Damaged lymphatics fail to drain

Lymphatic damage blocks flow

Immune cell infiltration in affected tissue

Fibrosis & collagen deposition

Fibrosis

Inflammation

Impaired flow

Control

Lymphedematous tail

Fibrotic tissue & tail volume increase

Lymphedema Control

CD45+ cells (%)

p<0.01

0

0

1

0

2

0

3

0

4

Lymphedematous Tail Tissue Stained for Collagen (blue)

0

1

2

3

4

Lymphedema Control

Tissue Thickness

normal Day 30

Zampell et al., 2012, PLoS One
Rutkowski et al., 2006, Microvasc. Res.
Long COVID\textsuperscript{1} Respiratory Complications & Related Sequelae

Serious post-acute respiratory complications are an emerging issue for those who survive

- Recent publications suggest a high proportion of mild, moderate & severe COVID-19 patients show signs of lung fibrosis at three weeks post symptom onset

- In SARS, patients can develop persistent pulmonary fibrosis\textsuperscript{2} & up to 1/3 of SARS & MERS patients have pulmonary fibrosis after recovery\textsuperscript{3}

- Many interstitial lung diseases (ILDs) are characterized by inflammation & fibrosis, which can result in impaired lung function & progressive pulmonary fibrosis

Clinical trials in the post-acute setting are important as millions of people have been infected by COVID-19

\textsuperscript{1} Long COVID is a term being used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as Post-Acute Sequelae of Covid-19 (PASC)

\textsuperscript{2} Xie, L. Chest Journal. June 2005

\textsuperscript{3} Das, K. Indian Journal of Radiology and Imaging. Vol. 27 2017
LYT-100: Focal Segmental Glomerulosclerosis (FSGS)

- Rare, progressive fibrotic kidney disease that can lead to kidney failure & dialysis\(^1\)
  - >4,500 individuals develop FSGS every year in the US
- No specific treatments designed to reduce fibrosis & inflammation
- Current treatment with immunosuppression is symptomatic & often ineffective in preventing relapse & progression to end-stage renal disease
- **Clinical proof-of-concept** with pirfenidone in FSGS demonstrated in study conducted by NIH (N=21)\(^2\):
  - 25% median improvement in the rate of decline of glomerular filtration rate
  - Projected renal survival prolonged by ~55%
- LYT-100 has favorable PK over pirfenidone which enables lower dosing & potentially improved safety

---

\(^1\) Sim et al., 2016, Am J Kidney Dis
\(^2\) Cho et al., 2007, CJASN
Image: (L) Chiang & Inagi, 2010, Nat Rev Nephrol; (R) Stokes et al., 2006, Kidney International
**LYT-210: Monoclonal Antibody Aimed at Immunosuppressive γδ1 T cells**

**Immunosuppressive γδ1 T cells**

Solid tumors harbor immunosuppressive γδ1 T cells that correlate with tumor aggressiveness / lower rate survival

Works through multiple pathways to cause immunosuppression in the tumor microenvironment

LYT-210 is a fully human monoclonal IgG1 antibody (cross reacts with monkey)

**TUMOR PROGRESSION**

- **Restrict cytotoxic γδ T cells activity**
- **Inhibit maturation & antigen presentation of DCs**
- **Restrict & suppress αβ T cell activity**
- **Immunosuppressive cytokine production (exp. IL17)**
- **Chemoattract MDSCs, TAMs neutrophils**

Pro-tumor γδ1 T cells

---

Image adapted from CellPress: REVIEW: γδ T Cells: Unexpected Regulators of Cancer Development and Progression. DC = dendritic cell, TAM = tumour associated macrophage, MDSC = myeloid derived suppressor cell; IL17 = interleukin 17
LYT-210: Multiple Lines of Preclinical Data Supporting Therapeutic Potential

Single agent activity in KPC (pancreatic cancer) model
(Published in Cell)

T cell activation with an anti-δ1 mAb in patient-derived organoid model

LYT-210 candidate clone has excellent drug properties:
- High affinity & specificity/selectivity for pathogenic γδ1 T cells
- Species cross reactivity to enable IND tox
- Desired function: Inducing ADCC/ADCP & activating suppressed effector T cells in patient-derived tumor models
- Proof of principle in animal models:
  - Targeting immunosuppressive γδT cells significantly prolongs survival in a KPC model
  - Targeting immunosuppressive γδT cells synergizes with checkpoint inhibitors in melanoma & lung cancer models

Note: For patient-derived organoids: Analyzed n = 19 tumor samples; success defined as >20% upregulation of at least two out of three T cell activation markers; Success achieved in 63% of tumors with majority showing 2-fold activation

Cell. 2016 Sep 8;166(6):1485-1499; * Tool antibody that blocks mouse immunosuppressive γδ T cells
### Additional Programs in Wholly Owned Pipeline

Three discovery programs designed to harness the lymphatic system

<table>
<thead>
<tr>
<th>Platform</th>
<th>Application/Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Glyph™ Technology Platform</strong></td>
<td>- Employs the body’s natural lipid absorption &amp; transport process to <strong>orally administer drugs</strong> via the lymphatic system by <strong>bypassing first-pass metabolism</strong></td>
</tr>
<tr>
<td><strong>Orasome™ Technology Platform</strong></td>
<td>- Enables <strong>oral administration</strong> of macromolecule therapeutic payloads to potentially allow the <strong>body to produce its own therapeutic proteins</strong> that are otherwise administered exclusively by injection</td>
</tr>
<tr>
<td><strong>Meningeal Lymphatics Platform</strong></td>
<td>- Aims to correct <strong>lymphatic dysfunction in the brain</strong> by targeting specific cell types to potentially improve outcomes for a range of <strong>neurodegenerative &amp; neuroinflammatory conditions</strong> that are currently not effectively treated</td>
</tr>
</tbody>
</table>

**Gut-Immune**

**Brain-Immune**
Glyph Technology Platform: Designed to Utilize Natural Lipid Transport System to Enable Lymphatic Targeting

Lipid prodrugs provide multiple opportunities to enhance small molecule drugs

Transport to mesenteric lymph nodes

Enable oral route via first-pass bypass
Glyph Technology Platform: Exploring Therapeutic Approaches Enabled by Trafficking via the Lymphatic System

Lipid prodrugs provide multiple opportunities to enhance small molecule drug distribution

Legend:
- Category
- Example

Transport to mesenteric lymph nodes
Enable oral route via first-pass bypass

Immuno-oncology
Immunomodulation
Metabolic/GI-Lymphatic
Oncology

Neurosteroids
Allopregnanolone (LYT-300)

Antivirals/Antifungals
Limitations of protein-based therapeutics

- Intravenous or subcutaneous administration
  - infusion reactions, barrier for repeat dosing
- Lengthy scale-up timeline

Limitations of mRNA-based therapeutics & vaccines

- Intravenous, intramuscular or subcutaneous administration
  - infusion reactions, co-medications needed for dosing, very limited repeat dose options
- Formulation-based immune & cellular toxicities (protein synthesis by liver hepatocytes)
- High dose requirement for protein production

Potential advantages of the Orasome™ technology platform:

- **Orally administered** (flexible repeat dosing)
- Body manufactures the therapeutic proteins
- Very low immune & cell toxicity (protein synthesis in GI tract)
- Low dose requirement for protein production

*Grand View Research, 2017, Biologics Market Analysis By Source (Microbial, Mammalian), By Products (Monoclonal Antibodies, Vaccines, Recombinant Proteins, Antisense, RNAi), By Disease Category, By Manufacturing, & Segment Forecasts, 2018 – 2025.*
Meningeal lymphatics are key highways for transport of metabolites - $\text{A}\beta$

“Rediscovery” of the meningeal lymphatics in 2015

Meningeal lymphatics are key highways for transport of metabolites - $\text{A}\beta$

Initial $\text{A}\beta$ findings have been validated & extended to clearance of Tau & $\alpha$-synuclein by independent research groups

Transport mechanisms shared by metabolites & immune cells via “hot spots”

Immune cells traffic to the deep cervical lymph node via the meningeal lymphatics

Meningeal lymphatics may be modulated to target neurological disorders – spanning neurodegeneration & oncology

Initial $\text{A}\beta$ findings have been validated & extended to clearance of Tau & $\alpha$-synuclein by independent research groups

Rediscovery” of the meningeal lymphatics in 2015

Meningeal lymphatics are key highways for transport of metabolites - $\text{A}\beta$
Appendix B: Founded Entities
Gelesis (PRTC Ownership: 21.0% Plus Royalties*)

FDA cleared for the broadest patient population of any weight management product

**Innovation**

~150M

- individuals in the US with overweight & obesity within Plenity’s label

Existing prescribed therapeutics for obesity have potential for serious safety concerns

- Advised by world’s leading experts:
  - Identified & in-licensed the core IP from collaborator & biomaterials leader Alessandro Sannino, PhD
  - Co-invented additional key IP around a novel class of biocompatible, superabsorbent hydrogels

**Validation**

Proprietary approach to potentially alter the course of chronic diseases

- Planned & completed POC studies
- Planned Phase 2 study

**Value Realization**

**FDA Clearance & European CE Mark**

- FDA cleared Plenity®1 for the broadest patient population of any weight management product (BMI 25-40 kg/m²)
- Successful Phase 3 pivotal trial (59% lost average of 10% of their weight (22 pounds) over 6 months)
- Launching with both primary care & telemedicine (Ro collaboration)
- Partnership for commercialization in China ($35M up front; future milestones up to $388M plus royalties)

Developing therapeutics to target chronic diseases such as NASH/NAFLD, Mucositis/IBD, functional constipation

**Upcoming Milestones**

- Full US launch of Plenity in H2 2021
- Results from GS200 Phase 2 in weight management & glycemic control in prediabetes & T2D in 2021
- Expects to enroll the first patient in GS500 Phase 3 study in 2021
- Plan to seek FDA input on requirements for expanding Plenity label to treat adolescents
- Initiation of GS300 Phase 2 study in NASH/NAFLD in H1 2021

---

*As of June 30, 2020, PureTech’s percentage ownership of Gelesis was approximately 21.0 percent on a diluted basis. This calculation includes outstanding shares, options, and warrants, but excludes unallocated shares authorized to be issued pursuant to equity incentive plans and assumes all committed tranches are funded in the Series 3 Growth financing round. PureTech has a right to royalty payments as a percentage of net sales from Gelesis. *Important Safety Information: Plenity is contraindicated in patients who are pregnant or are allergic to cellulose, citric acid, sodium stearyl fumarate, gelatin, or titanium dioxide. Plenity may alter the absorption of medications. Read Sections 6 and 8.3 of the Instructions for Use carefully. Avoid use in patients with the following conditions: esophageal anatomic anomalies, including webs, diverticula, and rings; suspected strictures (such as patients with Crohn’s disease); or complications from prior gastrointestinal (GI) surgery that could affect GI transit and motility. Use with caution in patients with active GI conditions such as gastro-esophageal reflux disease (GERD), ulcers or heartburn. The overall incidence of adverse events (AEs) in the Plenity group was no different than the placebo group. The most common side effects were diarrhea, distended abdomen, infrequent bowel movements, and flatulence. For the safe and proper use of Plenity, refer to U.S. Instructions for Use or the EU Instructions for Use.
**Key Highlights**

- **Plenity is FDA-cleared for the broadest patient population of any weight management product (BMI 25-40 kg/m²)**
- Granted European CE Mark to market Plenity as a class III medical device
- Differentiated risk/benefit profile
- Consumer-driven approach enabled by unique risk benefit profile, unlike any previously launched obesity drug
- Launching with both primary care & telemedicine (Ro collaboration);
  Partnership for commercialization in China

Other prescribed therapeutics for obesity are systemically & centrally acting with potential for serious safety concerns, greatly limiting their use.

Full US launch of Plenity anticipated in H2 2021

---

**Gelesis: FDA-Cleared for the Broadest Patient Population of Any Weight Management Aid**

**PRTC Ownership: 21.0%***

**~150M**

Individuals in the US with overweight & obesity within Plenity’s label

---

**Plenity®, GS100, GS200, GS300, GS500**

- Proprietary mechanically-acting hydrogel platform, made from naturally-derived building blocks

---

PRTC Ownership: 21.0%*
Consumer Expectations for Weight Loss Provide an Opportunity for Plenity® in Target Population of BMI <35

### US Population\(^1\)

<table>
<thead>
<tr>
<th>Plenity’s Target</th>
<th>BMI 25-27</th>
<th>BMI 27-30</th>
<th>BMI 30-35</th>
</tr>
</thead>
<tbody>
<tr>
<td>33M</td>
<td>47M</td>
<td>50M</td>
<td></td>
</tr>
</tbody>
</table>

Hope to lose 15 – 30 LBS

- **Plenity** meets consumer expectations

Hope to lose >40 LBS

- Current therapies don’t meet consumer expectations

Current Rx options have safety & tolerability challenges

- So, they are reserved for highest risk high BMI patients (60% of use in 24% of the population)\(^2\)

The weight loss they offer is not generally satisfying for higher BMI patients\(^3\)

---

\(^1\) Placement of treatment logos reflects the BMI where most usage occurs – not the FDA indication or label.


\(^3\) Based on KOL and clinical experience.
Key Findings From Plenity® Pivotal study

RESPONDERS
ADULTS ACHIEVING 5% OR GREATER WEIGHT LOSS

6 out of 10

- 59% of adults with overweight or obesity had a clinically meaningful response to Plenity®, losing on average 10% of their weight (22 pounds) or ~3.5 inches from their waist
- Plenity doubled the odds of achieving 5% or greater weight loss compared with placebo

SUPER RESPONDERS
ADULTS ACHIEVING 10% OR GREATER WEIGHT LOSS

26%

- 26% of adults with overweight or obesity were super-responders to Plenity, losing on average 14% of their weight (30 pounds)

Co-primary endpoint – The study also demonstrated statistically superior weight loss compared with the placebo group (~6% vs ~4%, respectively; P=0.0007) & did not meet the predefined super-superiority margin of 3%

Safety – Plenity had no overall increased risks versus placebo, no serious adverse events & a lower dropout rate versus placebo

Most common side effects are diarrhea, distended abdomen, infrequent bowel movements and flatulence

<table>
<thead>
<tr>
<th>Plenity (n)</th>
<th>Placebo (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of subjects with severe TEAE</td>
<td>3.6% (8)</td>
</tr>
<tr>
<td># of subjects with serious TEAE</td>
<td>0</td>
</tr>
</tbody>
</table>

TEAE = Treatment Emergent Adverse Event; For the safe and proper use of Plenity, refer to the Instructions for Use in the US and EU.
Important Safety Information: Plenity is contraindicated in patients who are pregnant or are allergic to cellulose, citric acid, sodium stearyl fumarate, gelatin, or titanium dioxide. Plenity may alter the absorption of medications. Read Sections 6 and 8.3 of the Instructions for Use carefully. Avoid use in patients with the following conditions: esophageal anatomic anomalies, including webs, diverticuli, and rings; suspected strictures (such as patients with Crohn’s disease); or complications from prior gastrointestinal (GI) surgery that could affect GI transit and motility. Use with caution in patients with active GI conditions such as gastro-esophageal reflux disease (GERD), ulcers or heartburn. The overall incidence of adverse events (AEs) in the Plenity group was no different than the placebo group. The most common side effects were diarrhea, distended abdomen, infrequent bowel movements, and flatulence. For the safe and proper use of Plenity, refer to U.S. Instructions for Use or the EU Instructions for Use.

Plenity Go-to-Market Approach

1. Patients drive demand of Plenity
   - Directly tap consumer demand via targeted digital engagement & influencer focus

2. Strong base of physicians ready to prescribe via telehealth
   - Lower barrier to access by both driving telehealth & traditional physician visits while leveraging mail order to create an Amazon-like experience

3. Member-centric customer experience
   - A support program that encourages diet, exercise & mindful eating, plus packaging that fits into lifestyle
### Gelesis Pipeline & Upcoming Milestones

Mechanical properties regenerating gut barrier & other mechanisms have led to compelling preclinical & clinical data in additional indications (e.g., NASH/NAFLD & functional constipation)

<table>
<thead>
<tr>
<th>Therapeutics candidate</th>
<th>Indication</th>
<th>Discovery/Preclinical</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>FDA Clearance</th>
<th>Upcoming Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plenity®* (GELESIS100)</td>
<td>Weight management in overweight &amp; obese patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Targeted commercial launch initiated; Full launch H2 2021</td>
</tr>
<tr>
<td>GS100**</td>
<td>Weight management in adolescent overweight &amp; obese patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Seeking FDA input for expanding Plenity label to treat adolescents</td>
</tr>
<tr>
<td>GS200**</td>
<td>Weight management &amp; glycemic control in patients with T2D &amp; pre-diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phase 2 study topline data 2021</td>
</tr>
<tr>
<td>GS300**</td>
<td>NAFLD / NASH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phase 2 study initiation H1 2021***</td>
</tr>
<tr>
<td>GS500**</td>
<td>Functional constipation (formerly classified as CIC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phase 3 study initiated H2 2020***</td>
</tr>
</tbody>
</table>

**Important Safety Information:** Plenity is contraindicated in patients who are pregnant or are allergic to cellulose, citric acid, sodium stearyl fumarate, gelatin, or titanium dioxide. Plenity may alter the absorption of medications. Read Sections 6 and 8.3 of the Instructions for Use carefully. Avoid use in patients with the following conditions: esophageal anatomic anomalies, including webs, diverticuli, and rings; suspected strictures (such as patients with Crohn’s disease); or complications from prior gastrointestinal (GI) surgery that could affect GI transit and motility. Use with caution in patients with active GI conditions such as gastro-esophageal reflux disease (GERD), ulcers or heartburn. The overall incidence of adverse events (AEs) in the Plenity group was no different than the placebo group. The most common side effects were diarrhea, distended abdomen, infrequent bowel movements, and flatulence. For the safe and proper use of Plenity, refer to U.S. Instructions for Use or the EU Instructions for Use.

**Products are investigational and have not been cleared by the FDA for use in the United States.**

**Contingent on FDA review of the research plan.
Akili (PRTC Ownership: 34.0%*)

First game-based digital therapeutic cleared by the FDA for ADHD

**Innovation**
- ~6.4M pediatric ADHD patients in the US
- Treatment of many neuropsychiatric disorders is only partially served, or not served at all, by current medications or in-person behavioral therapy
- Engaged with leading experts who had been studying the effects of video games on cognition

**Validation**
- Helped build top development & commercial team & raise funds
- Planned & completed initial pilot & POC studies

**Value Realization**
- FDA Clearance & European CE Mark
  - FDA cleared & granted European marketing authorization for pediatric patients age 8-12 years old with primarily inattentive or combined-type ADHD
  - EndeavorRx™ (AKL-T01) showed statistically significant improvement compared to active control (p=0.006) on T.O.V.A.® in pivotal study; recently showed statistically significant improvement in ADHD when used with & without stimulants
  - AKL-T03 achieved primary endpoint, improving cognitive impairments in MDD
  - Development & commercialization partnership with Shionogi in Japan & Taiwan ($20M up front; milestones up to $105M plus royalties)

**Upcoming Milestones**
- US launch of EndeavorRx
- Exploring expansion opportunities in Europe as part of global strategy
- Advancing platform in additional indications: ASD, MDD, MS, MCI, TBI

*As of June 30, 2020, PureTech’s percentage ownership of Akili was approximately 34.0 percent on a diluted basis. This calculation includes outstanding shares, options, and warrants, but excludes unallocated shares authorized to be issued pursuant to equity incentive plans.*
Akili: First Game-Based Digital Therapeutic Cleared by the FDA for ADHD

PRTC Ownership: 34.0%*

EndeavorRx™ (AKL-T01, AKL-T02, AKL-T03, AKL-T04)
- Digital medicines designed to target neural systems to improve associated cognitive functions
- Delivered through immersive action video game experience

Key Highlights
- First game-based digital therapeutic cleared by the FDA for ADHD or any type of condition; Providing a non-drug approach to target cognitive challenges
- Granted CE Mark to market EndeavorRx in European Economic Area member countries
- Novel mode of activating neural systems in the brain
- EndeavorRx (AKL-T01) met primary endpoint in double-blind, placebo-controlled pivotal study for pediatric ADHD (with active comparator game), & recently showed statistically significant improvement in ADHD Impairment Rating Scale (IRS), when used alone & as adjunct to stimulants
- AKL-T03 achieved primary endpoint, improving cognitive impairments in MDD trial
- Commercial & development partnership with Shionogi in Japan & Taiwan
- Potential to target cognitive impairments in other indications: ASD, MDD, MS, MCI & TBI

FDA cleared & granted European marketing authorization for pediatric patients age 8-12 years old with primarily inattentive or combined-type ADHD who have a demonstrated attention issue

~6.4M
Pediatric ADHD patients in the US

The treatment of cognitive dysfunction associated with neuropsychiatric disorders is only partially served, or not served at all, by currently available medications or by in-person behavioral therapy

*As of June 30, 2020, PureTech’s percentage ownership of Akili was approximately 34.0 percent on a diluted basis. This calculation includes outstanding shares, options, and warrants, but excludes unallocated shares authorized to be issued pursuant to equity incentive plans.
Achieved Primary Endpoint in Pivotal Study for Pediatric ADHD

Tests of Variables of Attention (T.O.V.A.), FDA-cleared ADHD treatment monitor

- **Achieved primary endpoint** in randomized, controlled pivotal study for AKL-T01 in pediatric ADHD in Q4 2017
- AKL-T01 showed **statistically significant change** in the Attention Performance Index on T.O.V.A.®, an FDA-cleared objective measure of sustained attention & inhibitory control, compared to active control (p=0.006)
- Improvements in behavioral symptoms & functional impairments, though not separated from control
- No serious adverse events or discontinuations

The Lancet Digital Health, 2020¹

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¹ Kollins, et. al., The Lancet Digital Health. 2020 Apr. 2: e168–78
## Akili Pipeline

### Therapeutic Candidate

<table>
<thead>
<tr>
<th>Candidate</th>
<th>Indication</th>
<th>Discovery/Preclinical</th>
<th>Phase 1 (Feasibility)</th>
<th>Phase 2 (POC)</th>
<th>Phase 3 (Pivotal)</th>
<th>FDA Clearance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavioral</strong>&lt;br&gt;EndeavorRx™ (AKL-T01)</td>
<td>Pediatric ADHD²</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Cleared by FDA European CE Mark Granted</td>
</tr>
<tr>
<td></td>
<td>AKL-T02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pediatric autism³</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mood &amp; affective</strong>&lt;br&gt;AKL-T03</td>
<td>Major depressive disorder⁴</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AKL-T04</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Immune</strong>&lt;br&gt;AKL-T03</td>
<td>Multiple sclerosis</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong>&lt;br&gt;AKL-T01</td>
<td>Parkinson’s / MCI</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AKL-T01</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Traumatic brain injury</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Health care solutions apps

<table>
<thead>
<tr>
<th>App</th>
<th>Indication</th>
<th>In Development</th>
<th>Clinical Trials</th>
<th>Released</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADHD Insight™</strong>&lt;br&gt;ADHD caregiver app</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

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1 Following the FDA clearance of EndeavorRx and the evolving healthcare and mental health landscape, Akili is undergoing a pipeline prioritization strategic review which may result in a change in or the addition of therapeutic candidates and/or indications in the near term.  
2 Davis et al., PLoSONE. 2018, 13(1):e0189749.  
4 NCT02828644. No data published yet.  
5 NCT03649074. On-going.  
6 NCT03844269. On-going.  
Karuna: Selectively Activating Muscarinic Acetylcholine Receptors in the Brain

PRTC Ownership: 8.9%*

KarXT
- Designed to preferentially stimulate M1/M4 muscarinic receptors in the brain without stimulating muscarinic receptors in peripheral tissues to benefit patients with psychotic & cognitive disorders

Key Highlights
- A Phase 2 study of KarXT for the treatment of acute psychosis in patients with schizophrenia met the primary endpoint with a statistically significant (P<0.0001) & clinically meaningful 11.6 point improvement on the PANSS total score from baseline vs. placebo
- KarXT was well-tolerated in the Phase 2 trial, with similar discontinuation rates between KarXT & placebo
- Xanomeline, exclusively licensed from Eli Lilly, previously demonstrated dose-dependent decreases in multiple psychotic symptoms & related behaviors in schizophrenia & Alzheimer’s disease as compared to placebo
- Potential to target additional indications, including dementia-related psychosis

Successful outcome of End-of-Phase 2 meeting with FDA; Phase 3 EMERGENT program initiated in H2 2020

*As of February 15, 2021, PureTech’s percentage ownership of Karuna was approximately 8.9 percent on an outstanding voting share basis. PureTech Health has a right to royalty payments as a percentage of net sales from Karuna.
KarXT Phase 2 Primary Endpoint: PANSS Total Score at Week 5, & Topline Results

- Clinically meaningful & statistically significant improvement in total PANSS vs. placebo, with 11.6 point improvement at Week 5 with p<0.0001
- Statistical separation at every assessed time point
- Statistically significant reduction in the secondary endpoints of PANSS-positive & PANSS-negative subscales at all assessed timepoints
- The overall discontinuation rate & the discontinuation rate due to treatment emergent adverse events on KarXT was similar to placebo
- 91% of patients escalated to the high dose of KarXT as part of the flexible dose design
- No evidence of somnolence, extrapyramidal side effects or weight gain
KarXT EMERGENT-1 Results: Summary of Safety & Tolerability
Well-tolerated with a discontinuation rate equivalent to placebo

Overall completion rate similar between KarXT & placebo (80%)
- The number of discontinuations due to TEAEs was equal in each treatment group (KarXT n=2; placebo n=2)
- All TEAEs were mild or moderate, with the exception of one serious AE: one patient on KarXT discontinued treatment, subsequently sought hospital care for worsening psychosis
- Most common AEs (>5%) were all mild or moderate in severity & did not lead to any discontinuations
- BP & QTc similar to placebo; 5.5 bpm peak mean placebo-adjusted resting HR increase with downward trend after day 8; no syncope

Dose escalation on KarXT was high & similar to placebo
- Dose escalation based on tolerability
- 91% of KarXT subjects escalated to 125/30 KarXT (vs. 97% on placebo)
- 4% percent de-escalated back to 100/20 KarXT dose (vs. 1% on placebo)

<table>
<thead>
<tr>
<th>Adverse Events (AEs) and Safety During the Treatment Period</th>
<th>KarXT (n=89)</th>
<th>Placebo (n=90)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with any treatment-emergent adverse events (TEAE)</td>
<td>48 (53.9%)</td>
<td>39 (43.3%)</td>
</tr>
<tr>
<td>Patients with a serious TEAE</td>
<td>1 (1.1%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Patient with a severe TEAE</td>
<td>1 (1.1%)</td>
<td>1 (1.1%)</td>
</tr>
<tr>
<td>Patients with a TEAE leading to withdrawal</td>
<td>2 (2.2%)</td>
<td>2 (2.2%)</td>
</tr>
</tbody>
</table>

AEs ≥ 5%
- Constipation: 15 (16.9%) vs. 3 (3.3%)
- Nausea: 15 (16.9%) vs. 4 (4.4%)
- Dry mouth: 8 (9.0%) vs. 1 (1.1%)
- Dyspepsia: 8 (9.0%) vs. 4 (4.4%)
- Vomiting: 8 (9.0%) vs. 4 (4.4%)
- Headache: 6 (6.7%) vs. 5 (5.6%)
- Somnolence: 5 (5.6%) vs. 4 (4.4%)

Safety population received ≥1 dose study medication

Source: Karuna November 2020 Presentation
KarXT EMERGENT-1 Results: Tolerability Comparison to Historical Xanomeline Trials

Clinically significant improvement observed in the most common xanomeline AEs

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th>xanomeline 6-month AD trial (n=87, 225 mg/d)</th>
<th>xanomeline 3-week schizophrenia trial (n=10, 225 mg/d)</th>
<th>KarXT EMERGENT-1 (n=90, 200/40 mg/d or 250/60 mg/d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive sweating</td>
<td>71%</td>
<td>20%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Vomiting</td>
<td>34%</td>
<td>50%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Nausea</td>
<td>32%</td>
<td>30%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Excessive salivation</td>
<td>24%</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>15%</td>
<td>20%</td>
<td>(2.2%)</td>
</tr>
</tbody>
</table>

Sources: Bodick et al. 1997; Shekhar et al. 2008; Abbreviations: AD = Alzheimer’s disease; SZ: schizophrenia

Source: Karuna November 2020 Presentation
KarXT EMERGENT-1 Results: KarXT Was Not Associated With the Most Common Problematic Adverse Events of Current Antipsychotic Medications

KarXT was not associated with any weight-related changes
- KarXT similar to placebo in mean change in weight, mean change in BMI, % patients with >7% weight change, & reported AEs of weight increased

KarXT was not associated with somnolence or sedation
- Rates of somnolence & sedation similar to placebo

KarXT was not associated with EPS
- Mean changes similar for KarXT & placebo on the Barnes akathisia scale & Simpson-Angus scale
- 3 patients who reported Akathisia in the KarXT arm all resolved spontaneously without changes in study drug & all patients scored a 0 at all time points on the Barnes akathisia scale

<table>
<thead>
<tr>
<th>Weight Related Observations</th>
<th>KarXT (n=89)</th>
<th>Placebo (n=90)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported AE of weight increased — number (%)</td>
<td>3 (3.4%)</td>
<td>4 (4.4%)</td>
</tr>
<tr>
<td>Weight change from baseline to Week 5 — kg ± SD</td>
<td>1.5 ± 2.8</td>
<td>1.1 ± 3.0</td>
</tr>
<tr>
<td>Patients &gt;7% weight increase at Week 5 — number (%)</td>
<td>2 (2.2%)</td>
<td>5 (5.6%)</td>
</tr>
<tr>
<td>BMI change from baseline to Week 5 — kg/m² ± SD</td>
<td>0.5 ±1.0</td>
<td>0.4 ± 1.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sedation and Somnolence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported AE of Somnolence — number (%)</td>
</tr>
<tr>
<td>Reported AE of Sedation — number (%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Extrapyramidal Symptoms (EPS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akathisia — number (%)</td>
</tr>
<tr>
<td>Restlessness — number (%)</td>
</tr>
<tr>
<td>Simpson-Angus score mean change from baseline to week 5</td>
</tr>
<tr>
<td>Barnes akathisia mean change from baseline to week 5</td>
</tr>
</tbody>
</table>

All analysis on safety population; received ≥1dose study medication

Source: Karuna November 2020 Presentation
### Karuna Pipeline & Upcoming Milestones

<table>
<thead>
<tr>
<th>Product Candidate</th>
<th>Indication</th>
<th>Discovery/Preclinical</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Upcoming Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KarXT</strong></td>
<td>Schizophrenia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Second Phase 3 (EMERGENT-3) initiation in H1 2021</td>
</tr>
<tr>
<td></td>
<td>Schizophrenia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phase 2 initiation following initiation of trials within Phase 3 program in 2021</td>
</tr>
<tr>
<td></td>
<td>Negative &amp; cognitive symptoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phase 2 ready</td>
</tr>
<tr>
<td></td>
<td>Dementia-related psychosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phase 1b topline data in early Q2 2021</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Undisclosed Muscarinic-targeted drug candidate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>IND-enabling studies initiation</td>
</tr>
<tr>
<td></td>
<td>Undisclosed Target-agnostic drug candidate**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Candidate declaration</td>
</tr>
</tbody>
</table>

Karuna continues to monitor the impact of COVID-19 across all clinical trials & will provide updates on enrollment & completion timelines as appropriate.

*Trial to evaluate KarXT when added to standard of care
**In collaboration with PsychoGenics

Note – pipeline supplied by Karuna Therapeutics. Shading of bars does not conform to key used for other Founded Entity pipelines within this document.
Vor (PRTC Ownership: 8.6%*)
Selectively protecting healthy cells from targeted cancer therapies

**Innovation**

~42.5K New diagnoses of AML patients each year in the US, Europe and Japan

Prognosis for relapsed & refractory blood-borne malignancies is very poor

Median 5 year survival rate for patients with AML is <30%, but there are significant differences in prognosis depending on several factors, including the age of the patient at diagnosis

**eHSC Platform**

- Engineered hematopoietic stem cells (eHSCs) deleting redundant epitopes, protecting healthy cells from targeted therapies

**Validation**

- *Ex vivo* & mouse proof-of-concept studies led by Siddhartha Mukherjee, MD, PhD; Also published in *PNAS*

- Optimize targeted therapies including ADCs, T cell engager / bispecific antibodies, conventional mAbs & CAR-T cells

- May lead to limited on-target toxicity & durable antitumor activity

- Conducting ongoing discovery efforts for non-myeloid malignancies

- Announced $110M Series B financing in July 2020

- Completed $176.9M IPO in February 2021

**Upcoming Milestones & Value Realization**

2020

- Pre IND meeting with the FDA

2021

- Initiation of Phase 1/2a study in acute myeloid leukemia

2022

- Validation

- Initial monotherapy proof-of-concept data expected (IST by NMDP)

*As of February 9, 2021, PureTech’s percentage ownership of Vor was approximately 8.6 percent on an outstanding voting share basis. This calculation includes outstanding shares, options, and warrants, but excludes unallocated shares authorized to be issued pursuant to equity incentive plans.
Vor: Selectively Protecting Healthy Cells From Targeted Cancer Therapies

PRTC Ownership: 8.6%*

~42.5K

New diagnoses of AML patients each year in the US, Europe and Japan

The prognosis for relapsed & refractory blood-borne malignancies is very poor

Median 5 year survival rate for patients with AML is <30%, but there are significant differences in prognosis depending on several factors, including the age of the patient at diagnosis

Targeted therapies have shown excellent outcomes, but frequently target both cancer & normal cells, causing substantial toxicities & limiting their potential

Initiation of Phase 1/2a study in acute myeloid leukemia in H1 2021

Key Highlights

- Ex vivo & mouse proof-of-concept studies led by Siddhartha Mukherjee, MD, PhD, published in PNAS
- Designed to optimize targeted therapies including ADCs, T cell engager / bispecific antibodies, conventional mAbs & CAR-T cells
- Approach may lead to limited on-target toxicity & durable antitumor activity
- Conducting ongoing discovery efforts for non-myeloid malignancies
- Announced $110M Series B financing in July 2020

eHSC Platform

- Engineered hematopoietic stem cells (eHSCs) designed to limit the on-target toxicities associated with companion therapeutics to enhance their utility & broaden applicability

*As of February 9, 2021, PureTech’s percentage ownership of Vor was approximately 8.6 percent on an outstanding voting share basis. This calculation includes outstanding shares, options, and warrants, but excludes unallocated shares authorized to be issued pursuant to equity incentive plans.
Follica (PRTC Ownership: 78.3% Plus Royalties*)
Growing new hair based on innovative findings in regenerative biology

<table>
<thead>
<tr>
<th>Innovation</th>
<th>Validation</th>
<th>Upcoming Milestones &amp; Value Realization</th>
</tr>
</thead>
<tbody>
<tr>
<td>~90M</td>
<td>▪ Proprietary in-office treatment to grow new hair in patients with AGA</td>
<td></td>
</tr>
<tr>
<td>Total addressable population of androgenetic alopecia (AGA) sufferers</td>
<td>▪ Selected treatment regimen demonstrated 44% improvement of visible hair count over baseline</td>
<td></td>
</tr>
<tr>
<td>Follica is developing a treatment for a condition with tremendous unsatisfied need, unlocking a multi-billion market</td>
<td>▪ Attractive physician practice economics</td>
<td></td>
</tr>
<tr>
<td>Follica Platform</td>
<td>▪ Strong IP &amp; proprietary device create high barriers to entry &amp; protect against off label use</td>
<td></td>
</tr>
<tr>
<td>▪ Proprietary in-office treatment combines targeted scalp micro-disruption device with a topical on-market drug to create &amp; grow new hairs</td>
<td>▪ Significant future growth opportunities: female pattern hair loss, skin rejuvenation</td>
<td></td>
</tr>
</tbody>
</table>

*PureTech Health has a right to royalty payments as a percentage of net sales from Follica. As of June 30, 2020, PureTech’s percentage ownership of Follica was approximately 78.3 percent on a diluted basis. This calculation includes outstanding shares, options, and warrants, but excludes unallocated shares authorized to be issued pursuant to equity incentive plans.
Follica: Growing New Hair Based on Innovative Findings in Regenerative Biology

**Follica Ownership**: 78.3%*

**Follica Platform**
- Proprietary in-office treatment combines targeted scalp micro-disruption device with a topical on-market drug to create & grow new hairs

**Key Highlights**
- Follica is developing an in-office treatment to grow new hair in patients with AGA, a large, cash-pay, unaddressed multi-billion market
- Selected treatment regimen demonstrated 44% improvement of visible hair count over baseline
- Attractive physician practice economics consistent with in-office aesthetic procedures
- Strong IP & proprietary device create high barriers to entry & protect against off label use
- Significant future growth opportunities: female pattern hair loss, skin rejuvenation & proprietary amplification compounds

Planned initiation of Phase 3 registration program in 2021

*As of June 30, 2020, PureTech’s percentage ownership of Follica was approximately 78.3 percent on a diluted basis. This calculation includes outstanding shares, options, and warrants, but excludes unallocated shares authorized to be issued pursuant to equity incentive plans. PureTech Health has a right to royalty payments as a percentage of net sales from Follica.
Sample Patient Outcome From FOL-004 Data

- Follica is developing an approximately **five-minute in-office** experimental procedure associated with **limited downtime**

- Follica’s approach is comprised of a **proprietary device designed to stimulate hair follicle growth**, followed by treatment with a **pharmaceutical compound to thicken & maintain newly created hair follicles**

- Follica’s selected treatment regimen demonstrated a **statistically significant 44% improvement** of visible (non-vellus) hair count after three months of treatment compared to baseline (p < 0.001, n=19)

- A prespecified analysis comparing the **44% change** in non-vellus hair count to a **12% historical benchmark** with approved pharmaceutical products was **statistically significant** (p = 0.005)

- Blinded head-to-head bench testing of the **proprietary Follica device has shown advantages in scalp treatment** versus commercially available skin disruption devices

- **Initiation of Phase 3 registration program is anticipated in 2021**
**Vedanta (PRTC Ownership: 50.4%*)**

Developing a new class of drugs to modulate the human microbiome

**Innovation**

- Rationally-defined consortia of gut bacteria; manufactured from pure cell banks to produce drug product of known bacterial isolates; orally administered to modulate microbial communities and immune responses

**Validation**

- **Four clinical-stage** programs in development
  - VE303 (high-risk C. difficile) demonstrated accelerated gut microbiota restoration after antibiotics in a Phase 1a/1b study
  - VE202 (IBD) demonstrated colonization after antibiotics in two Phase 1 studies in healthy volunteers
  - VE800 (advanced or metastatic cancers) with OPDIVO® (nivolumab); published in Nature
  - VE416 (food allergy) being evaluated in a Phase 1/2 study
- **Strong IP portfolio**
- **$71.1M in total Series C**

**Upcoming Milestones and Value Realization**

- **VE800** Results from first-in-patient study in solid tumors
- **VE416** Results from Phase 1/2 study for food allergies
- **VE303** Results from Phase 2 study in high-risk CDI
- **VE202** Results from Phase 1 healthy subject studies for IBD

*As of June 30, 2020, PureTech’s percentage ownership of Vedanta Biosciences was approximately 50.4 percent on a diluted basis. This calculation includes outstanding shares, options, and warrants, but excludes unallocated shares authorized to be issued pursuant to equity incentive plans.*
Vedanta: Developing a New Class of Drugs to Modulate the Human Microbiome

PRTC Ownership: 50.4%*

100 – 120K
high-risk CDI cases per year
in the US

~3M
IBD patients in the US

~2.5M
Living with peanut allergy in the US

>66K/year
Metastatic &/or advanced MSS CRC, gastric & melanoma patients in the US

VE303, VE202, VE416, VE800

- Defined consortia to shift microbiota, stimulate immune responses, & provide colonization resistance against infectious pathogens

Key Highlights
- Four clinical-stage programs in development
- VE303, in development for high-risk *C. difficile*, demonstrated rapid, durable, dose-dependent colonization & accelerated gut microbiota restoration after antibiotics in a Phase 1a/1b study
- VE202, in development for IBD, demonstrated durable & dose-dependent colonization after antibiotics in two Phase 1 studies in healthy volunteers
- VE800 being evaluated with OPDIVO® (nivolumab) in advanced or metastatic cancers
- Strong IP portfolio

Clinical data readout for VE303 expected in 2021

CDI is typically treated using antibiotics which damage the microbiome, leaving patients vulnerable to re-infection

IBD interventions are limited by toxicities & systemic immune suppression

Treatment centers around allergen avoidance & desensitization therapies in development, which may not prove cost-effective

Checkpoint inhibitors are only effective in 20 – 30% of patients

*As of June 30, 2020, PureTech’s percentage ownership of Vedanta Biosciences was approximately 50.4 percent on a diluted basis. This calculation includes outstanding shares, options, and warrants, but excludes unallocated shares authorized to be issued pursuant to equity incentive plans.
## Vedanta Pipeline & Upcoming Milestones

<table>
<thead>
<tr>
<th>Therapeutic candidate</th>
<th>Indication</th>
<th>Discovery/Preclinical</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Upcoming Milestone</th>
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<tbody>
<tr>
<td>VE303</td>
<td>High-risk <em>C. difficile (CDI)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phase 2 data readout 2021</td>
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<tr>
<td>VE416</td>
<td>Food allergy</td>
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<td>Phase 1/2 data readout 2021</td>
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<tr>
<td>VE202</td>
<td>Inflammatory bowel disease</td>
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<td>Phase 2 initiation 2021</td>
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<tr>
<td>VE800</td>
<td>Cancer immuno-therapy indication</td>
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<td></td>
<td></td>
<td></td>
<td>First-in-patient data readout 2021</td>
</tr>
</tbody>
</table>
Alivio: Locally-Acting Therapeutic for Devastating GI Disease

PRTC Ownership: 78.6%

4 - 12 million
Individuals in the US have interstitial cystitis or bladder pain syndrome

IND filing expected for ALV-107 in 2021

Current drugs for GI autoimmune conditions focus on symptomatic relief & act systemically, causing toxicity

Key Highlights
- Alivio’s platform has been validated in multiple preclinical models & indications
- Technology could be applied to diseases, such as IC/BPS, IBD, pouchitis, inflammatory arthritis, & organ transplantations
- Proprietary platform that can use small molecules & biologics, with potential for partnership targeting non-GI indications
- Ongoing partnership with Imbrium to advance ALV-107

ALV-107, ALV-304, ALV-306
- Novel technology designed to selectively bind to inflamed tissues & allow for targeted treatment of inflammatory disorders

Note: As of June 30, 2020, PureTech’s percentage ownership of Alivio was approximately 78.6 percent on a diluted basis. This calculation includes outstanding shares, options, and warrants, but excludes unallocated shares authorized to be issued pursuant to equity incentive plans.
Sonde: Voice-Based Technology With the Potential to Transform How We Monitor Health

PRTC Ownership: 45.8%*

~17M
Individuals in the US are affected by depression

The lag between onset of disease & accurate diagnosis & beginning of treatment can be measured in years for many high-burden health conditions

Sonde
- Developing proprietary technology to sense & analyze subtle changes in the voice to create a range of persistent brain, muscle & respiratory health measurements that provide a more complete picture of health in just seconds

Key Highlights
- Launched Sonde One for Respiratory, a voice-enabled health detection & monitoring app, to potentially help employers reopen offices in COVID-19 environment
- Technology has demonstrated the potential to screen & monitor for disease in individuals from brief samples of speech
- Ongoing collaborations with multiple US & ex-US hospitals, clinics & academic medical centers
- Collected voice data from over 50,000 subjects as part of ongoing validation of platform
- Expanded development of its proprietary technology into AD, respiratory & cardiovascular disease & other health & wellness conditions

*As of June 30, 2020, PureTech’s percentage ownership of Sonde was approximately 45.8 percent on a diluted basis. This calculation includes outstanding shares, options, and warrants, but excludes unallocated shares authorized to be issued pursuant to equity incentive plans.
Appendix C: Supplemental Materials
PureTech Is Executing & Delivering Results

**Regulatory**

- FDA Clearance & European CE Mark
  - EndeavorRx™ (AKL-T01)
  - Plenity® (Gelesis100)

**R&D & data presentations**

- Phase 2 results for Karuna’s KarXT
- Phase 1 results for Vedanta’s VE303 & VE202
- Topline results for Follica in AGA
- Pivotal data for Gelesis100 published in *Obesity*
- Pivotal data for AKL-T01 ADHD study published in *Lancet Digital Health*
- Results for Akili’s AKL-T01 in children with ADHD alone or as an adjunct to stimulants
- Akili’s AKL-T03 data on MDD presented at ACNP
- Vedanta’s IO candidate selected & being advanced with BMS
- Vedanta’s *Nature* publication for its IO candidate, VE800
- PureTech programs published in *Nature & Nature Neuroscience*
- POC study for Vor published in *PNAS*
- Presentations on PureTech’s LYT-200 & LYT-210 at AACR & SITC

**Partnerships**

- Akili’s partnership with Shionogi
  - Up to $20M in upfront payments with the potential to receive milestone payments for Japan & Taiwan commercialization of up to an additional $105M in addition to royalties on product sales
- Alivio’s partnership with Imbrium Therapeutics
  - Up to $14.75M in upfront & near-term license exercise payment & eligible to potentially receive $260M+ in research & development milestones in addition to royalties on product sales
- Gelesis’ partnership with Ro to support US commercialization of Plenity®; Partnership with CMS for commercialization in China

**Financings**

- Karuna’s $124M Series A+B financings; $103M IPO
  - Key investors include ARCH Venture Partners, Fidelity, Eventide, Pivotal bioVenture Partners, Partner Fund
- Akili’s $68M Series C financing
  - Key investors include Temasek, Amgen Ventures, JAZZ, M Ventures
- Vor’s $153M Series A+B financings; $203.4M IPO
  - Key investors include RA Capital Management, Fidelity Management & Research Company, Pagliuca Family Office, Alexandria Venture Investments, 5AM Ventures, Johnson & Johnson Innovation—JJDC, Inc. (JJDC), Osage University Partners, Novartis Institutes for BioMedicalResearch
- Vedanta’s $71M Series C financing
  - Key investors include Bill & Melinda Gates Foundation, Bristol-Myers Squibb, Rock Springs Capital
- Sonde’s $16M Series A financing
  - Key investors include M Ventures, MP Healthcare Venture Management, Neoteny 4
- Gelesis’ $85M in new capital to support commercialization of Plenity®
  - Consists of $63.4M financing round led by Vitruvian Partners & $21.2M in new, non-dilutive grant funding & loans
<table>
<thead>
<tr>
<th>Therapeutic Candidate**</th>
<th>PureTech Ownership**</th>
<th>Indication (US Patient Population)</th>
<th>Potential Key Differentiation</th>
<th>Results &amp; Milestones</th>
<th>Expected Milestones</th>
</tr>
</thead>
</table>
| LYT-100                | 100% (Internal)      | Lymphatic flow disorders, incl. Lymphedema (~1M), Long COVID*** respiratory complications & related sequelae, PF-ILD including IPF (140 – 250K) and other fibrotic & inflammatory disorders | Therapeutic candidate for the potential treatment of conditions involving inflammation & fibrosis & disorders of lymphatic flow. Pre-clinical anti-fibrotic & anti-inflammatory activity | • Acquired LYT-100 in July 2019 from Auspex Pharmaceuticals  
• Announced the completion of a Phase 1 multiple ascending dose & food effect study for LYT-100 in November 2020; the study demonstrated favorable proof-of-concept for LYT-100’s tolerability & PK profile, which will also enable twice-a-day (BID) dosing of LYT-100 in future studies  
• Presented preclinical data supporting LYT-200 & LYT-210 at AACR in 2019  
• Presented additional preclinical data on LYT-200 & LYT-210 at SITC in November 2019  
• Announced issuance of patent covering compositions of matter directed to fully human anti-galectin-9 antibodies to support LYT-200 in 2019  
• Achieved significant oral bioavailability of LYT-300 in preclinical models | • Results from Phase 2a POC study of LYT-100 in patients with breast cancer-related, upper limb secondary lymphedema expected in Q4 2021  
• Results from Phase 2 study in Long COVID respiratory complications & related sequelae expected in H2 2021  
• Planning registration-enabling studies for LYT-100 in IPF  
• Results expected from Phase 1 study in solid tumors for LYT-200 in Q4 2021  
• Plans to continue to advance biomarker studies for LYT-210 in 2021  
• Initiation of first-in-human clinical study of LYT-300 by YE 2021 |
| LYT-200                |                      | Solid tumors, including metastatic colorectal (>50K/year), metastatic pancreatic (>28K/year), metastatic cholangiocarcinoma (>4K/year) | Capacity to concurrently modulate multiple immunosuppressive pathways & deliver significant single agent activity | • Completed successful End-of-Phase 2 meeting with the FDA for FOL-004 to favorably prove proof-of-concept for LYT-100’s tolerability & PK profile in November 2019; the study demonstrated favorable proof-of-concept for LYT-100’s tolerability & PK profile, which will also enable twice-a-day (BID) dosing of LYT-100 in future studies  
• Announced topline results from a safety & efficacy optimization study of lead candidate in December 2019  
• Expects to file an IND for ALV-306 & initiate clinical trial in pouchitis in 2021  
• Expects to file an IND for ALV-107 for IC/BPS in 2021 & an IND for ALV-304 in IBD in 2022 | • Plans to continue to advance biomarker studies for LYT-210 in 2021  
• Initiation of Phase 3 registration program in male androgenetic alopecia is expected in 2021 |
| LYT-300                |                      | Neurological & neuropsychological conditions | Oral form of allopregnanolone & other neurosteroids to enable the development of natural molecules for treating a range of neurological & neuropsychological conditions | • Achieved significant oral bioavailability of LYT-300 in preclinical models  
• Announced partnership with Imbrium to advance ALV-107; Alivio will receive up to $14.75M in upfront & near-term license exercise payments & is eligible to receive royalties on product sales & $260M+ in R&D milestones  
• Expects to file an IND for ALV-304 in IBD in 2022  
• Expects to file an IND for ALV-107 for IC/BPS in 2021 & an IND for ALV-304 in IBD in 2022  
• Completed successful End-of-Phase 2 meeting with the FDA for FOL-004 to treat male AGA | • Completed successful End-of-Phase 2 meeting with the FDA for FOL-004 to treat male AGA |
| ALV-107                | 78.6% (Alivio)       | IC/BPS (4 – 12M) | Novel technology that selectively binds to inflamed tissues & allows for targeted treatment of chronic & acute inflammatory disorders | • Preclinical study of technology published in Nature Communications in April 2018, with two previous publications in Sci Transl Med  
• Technology evaluated in 10 animal models; multiple therapies (small molecules & biologics) successfully incorporated  
• S.3M Department of Defense award  
• Announced partnership with Imbrium to advance ALV-107; Alivio will receive up to $14.75M in upfront & near-term license exercise payments & is eligible to receive royalties on product sales & $260M+ in R&D milestones | • Expects to file an IND for ALV-306 & initiate clinical trial in pouchitis in 2021  
• Expects to file an IND for ALV-107 for IC/BPS in 2021 & an IND for ALV-304 in IBD in 2022 |
| ALV-304                |                      | IBD (~3M) | | | |
| ALV-306                |                      | Pouchitis (70 – 135K) | | | |
| FOL-004                | 78.3% (Follica) * | AGA (~90M) | Pioneering technology focused on the creation of new hair follicles via skin disruption & subsequent treatment to enhance effect | • Continued development to address androgenetic alopecia based on three clinical studies which showed hair follicle neogenesis following skin disruption  
• Identified & tested next-generation, proprietary compounds  
• Announced topline results from a safety & efficacy optimization study of lead candidate in December 2019  
• Completed successful End-of-Phase 2 meeting with the FDA for FOL-004 to treat male AGA | • Initiation of Phase 3 registration program in male androgenetic alopecia is expected in 2021 |

* PureTech is not responsible for development of all of these therapeutic candidates and FDA-cleared therapeutic. Non-Controlled Founded Entities and certain of our Controlled Founded Entities, Follica and Vedaenta, have independent development teams and PureTech does not control the day-to-day development of their respective therapeutic candidates. However, with respect to these Controlled Founded Entities, we exert control through majority stock ownership, board representation, and voting decisions. ** As of June 30, 2020, Controlled Founded Entities include Alivio Therapeutics, Inc., Follica, Incorporated, Entrega, Inc., Vedaenta Biosciences, Inc. and Sonda Health, Inc., and Non-Controlled Founded Entities include Akili Interactive Labs, Inc., Galexis, Inc., Karuna Therapeutics, Inc., and Vor Biopharma Inc. Relevant ownership interests for Founded Entities were calculated on a diluted basis (as opposed to a voting basis) as of June 30, 2020, including outstanding shares, options and warrants, but excluding unallocated shares authorized to be issued pursuant to equity incentive plans. Karuna ownership is calculated on an outstanding voting share basis as of August 26, 2020. Vor ownership is calculated on an outstanding voting share basis as of February 9, 2021. * PureTech Health has a right to royalty payments as a percentage of net sales. *** Long COVID is a term being used to describe the emerging and persistent complications following the resolution of COVID-19 infection, also known as Post-Acute Sequelae of COVID (PASC).
### Therapeutic Candidate Details (2 of 3)

<table>
<thead>
<tr>
<th>Therapeutic Candidate*</th>
<th>PureTech Ownership**</th>
<th>Indication (US Patient Population)</th>
<th>Potential Key Differentiation</th>
<th>Results &amp; Milestones</th>
<th>Expected Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>VE303</td>
<td>50.4% (Vedanta)</td>
<td>High-risk CDI (100 – 120K per year)</td>
<td>Developing a new category for immune-mediated diseases based on a rationally-defined consortia of human microbiome-derived bacteria</td>
<td>• Announced successful Phase 1a/1b for VE303 showing VE303 was well tolerated &amp; demonstrated proof of mechanism in healthy volunteers in Q4 2018</td>
<td>• Topline results from VE303 Phase 2 study expected in 2021</td>
</tr>
<tr>
<td>VE416</td>
<td></td>
<td>Peanut allergy (~2.5M)</td>
<td></td>
<td>• Announced initiation of Phase 2 trial for VE303 in December 2018</td>
<td>• Topline data from the Phase 1/2 clinical trial of VE416 expected in 2021</td>
</tr>
<tr>
<td>VE202</td>
<td></td>
<td>IBD (~3M)</td>
<td></td>
<td>• Raised $71.1M in total Series C financing round</td>
<td>• Topline results from first-in-patient clinical trial of VE800 anticipated in 2021</td>
</tr>
<tr>
<td>VE800</td>
<td></td>
<td>Solid tumors including MSS CRC (&gt;46K/year), gastric (&gt;11K/year), &amp; melanoma (&gt;9K/year)</td>
<td></td>
<td>• Announced results from VE202 Phase 1 healthy subject trials in June 2020</td>
<td>• Initiation of VE202 Phase 2 study in IBD in 2021</td>
</tr>
<tr>
<td>Sonde</td>
<td>45.8% (Sonde)</td>
<td>Depression symptom change detection &amp; monitoring (~17M)</td>
<td>Developing a voice-based technology platform to measure health when a person speaks that is designed to sense &amp; analyze subtle changes in the voice to create a range of persistent brain, muscle, &amp; respiratory health measurements that provide a more complete picture of health in seconds</td>
<td>• Acquired NeuroLx Labs, a leading voice-enabled survey &amp; data acquisition platform, in August 2020</td>
<td></td>
</tr>
<tr>
<td>EndeavorRX™ (AKL-T01)</td>
<td>34.0% (Akili)</td>
<td>Pediatric ADHD (~6.4M)</td>
<td>Pioneering the development of treatments designed to have direct therapeutic activity, delivered through a high-quality action video game experience</td>
<td>• Topline results from first-in-patient clinical trial of VE800 anticipated in 2021</td>
<td></td>
</tr>
<tr>
<td>AKL-T02</td>
<td></td>
<td>Pediatric autism</td>
<td></td>
<td>• Announced achievement of primary endpoint in randomized, controlled pivotal study in pediatric ADHD in Q4 2017</td>
<td>• The EndeavorRx treatment will be available with a prescription to families soon</td>
</tr>
<tr>
<td>AKL-T03</td>
<td></td>
<td>MDD, MS</td>
<td></td>
<td>• Announced achievement of primary endpoint in randomized, controlled study of AKL-T03 in major depressive disorder in December 2019</td>
<td>• The EndeavorRx treatment will be available with a prescription to families soon</td>
</tr>
<tr>
<td>AKL-T04</td>
<td></td>
<td>MDD</td>
<td></td>
<td>• Completed $68M financing in Q2 2019</td>
<td>• The EndeavorRx treatment will be available with a prescription to families soon</td>
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<tr>
<td>AKL-T01</td>
<td></td>
<td>Parkinson’s/MCI, TBI</td>
<td></td>
<td>•ZA62819 (AKL-T01) granted FDA clearance as a prescription treatment for children with attention-deficit/hyperactivity disorder (ADHD)</td>
<td>• The EndeavorRx treatment will be available with a prescription to families soon</td>
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<td>• CE Mark approval to market EndeavorRx in European Economic Area member countries</td>
<td>• The EndeavorRx treatment will be available with a prescription to families soon</td>
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<tr>
<td></td>
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<td>• Announced study achieved its primary endpoint evaluating the effects of lead therapeutic candidate AKL-T01 in children with ADHD when used with &amp; without stimulant medication in January 2020</td>
<td>• The EndeavorRx treatment will be available with a prescription to families soon</td>
</tr>
<tr>
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<td></td>
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<td></td>
<td>• Announced achievement of primary endpoint in randomized, controlled study of AKL-T03 in major depressive disorder in December 2019</td>
<td>• The EndeavorRx treatment will be available with a prescription to families soon</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Completed $68M financing round in Q2 2018</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• FDA filing for AKL-T01 in pediatric ADHD in Q2 2018</td>
<td>• The EndeavorRx treatment will be available with a prescription to families soon</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Announced partnership with Shionogi in March 2019</td>
<td>• The EndeavorRx treatment will be available with a prescription to families soon</td>
</tr>
</tbody>
</table>

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*PureTech is not responsible for development of all of these therapeutic candidates and FDA-cleared therapeutic. Our Non-Controlled Founded Entities and certain of our Controlled Founded Entities, Follicia and Vedanta; have independent development teams and PureTech does not control the day-to-day development of their respective therapeutic candidates. However, with respect to these Controlled Founded Entities, we exert control through majority stock ownership, board representation, and voting decisions. **As of June 30, 2020, Controlled Founded Entities include Aklio Therapeutics, Inc., Follicia, Incorporated, Entrega, Inc., Vedanta Biosciences, Inc. and Sonde Health, Inc., and Non-Controlled Founded Entities include Akili Interactive Labs, Inc., Galleus, Inc., Karuna Therapeutics, Inc., and Vor Biopharma Inc. Relevant ownership interests for Founded Entities were calculated on a diluted basis (as opposed to a voting basis) as of June 30, 2020, including outstanding shares, options and warrants, but excluding unallocated shares authorized to be issued pursuant to equity incentive plans. Karuna ownership is calculated on an outstanding voting share basis as of August 26, 2020. Vor ownership is calculated on an outstanding voting share basis as of February 9, 2021. * PureTech Health has a right to royalty payments as a percentage of net sales.
<table>
<thead>
<tr>
<th>Therapeutic Candidate Details (3 of 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plenity® (GS100)</strong></td>
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<tr>
<td></td>
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<tr>
<td>PureTech Ownership**</td>
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<tr>
<td>Indication (US Patient Population)</td>
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<td>VOR10000*</td>
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</tbody>
</table>

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PureTech Health has a right to royalty payments as a percentage of net sales. *Therapeutics are investigational and have not been cleared by the FDA for use in the United States. †
# Non-IFRS Measures Reconciliation

<table>
<thead>
<tr>
<th>Investments Held at Fair Value @ 6/30/2020</th>
<th>709.5</th>
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</thead>
<tbody>
<tr>
<td>(-) Other Investments Held at Fair Value @ 6/30/2020</td>
<td>(181.1)</td>
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<tr>
<td><strong>Karuna Investment Held at Fair Value @ 6/30/2020</strong></td>
<td>528.3</td>
</tr>
<tr>
<td>(-) Sale of 1,333,333 shares of Karuna @ 8/28/2020</td>
<td>(101.6)</td>
</tr>
<tr>
<td>(-) Loss realized on sale of investment</td>
<td>(10.4)</td>
</tr>
<tr>
<td>(-) Karuna Fair Value Gain/ Loss for the period 7/1/2020 to 12/31/2020</td>
<td>(70.2)</td>
</tr>
<tr>
<td><strong>(a) Karuna Investment Held at Fair Value @ 12/31/2020</strong></td>
<td>346.1</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Proceeds From Sale of Investments Held at Fair Value @ 6/30/2020</td>
<td>249.0</td>
</tr>
<tr>
<td>(-) Sale of 2,118,696 shares of resTORbio</td>
<td>(3.0)</td>
</tr>
<tr>
<td><strong>Proceeds From Sale of Karuna @ 6/30/2020</strong></td>
<td>245.9</td>
</tr>
<tr>
<td>(+) Sale of 1,333,333 shares of Karuna @ 8/28/2020</td>
<td>101.6</td>
</tr>
<tr>
<td><strong>(b) Proceeds From Sale of Karuna @ 12/31/2020</strong></td>
<td>347.5</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>(a) + (b) Total Karuna Investment Held at Fair Value and Proceeds @ 12/31/2020</strong></td>
<td>693.6</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>(c) Total PureTech Principal Investment in Karuna</strong></td>
<td>18.5</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>[(a + b - c)/c] Return on Investment (ROI)</td>
<td>36.5</td>
</tr>
</tbody>
</table>