# PURETECH

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**Corporate Presentation**

April 2024

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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. Additionally, statements concerning future matters such as our expectations of business and market conditions, development and commercialization of new products, enhancements of existing products or technologies, and other statements regarding matters that are not historical are forward-looking statements.

Such statements are based on currently available operating, financial and competitive information and are subject to various risks, uncertainties 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 important factors including, but not limited to, those risks that are described in the Company's most recent Annual Report and Accounts which can be found on the Company's website at https://investors.puretechhealth.com/financials-filings/reports and in the Company's Annual Report on Form 20-F for the year ended December 31, 2022 filed with the Securities and Exchange Commission.

Given these risks, uncertainties and other factors, many of which are beyond the Company's control, you should not place undue reliance on these forward-looking statements.

Each forward-looking statement speaks only as at the date of this document. Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to revise any forward-looking statements to reflect events or developments occurring after the date of this document, even if new information becomes available in the future.

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Our Founded Entities are comprised of our Controlled Founded Entities and our Non-Controlled Founded Entities, all of which are incorporated in the United States. References to our "Controlled Founded Entities" refer to Follica, Incorporated, and Entrega, Inc., for all periods prior to March 1, 2023, Vedanta Biosciences, Inc., for all periods prior to May 25, 2022, Sonde Health Inc., and for all periods prior to June 10, 2021, Alivio Therapeutics, Inc. References to our "Non-Controlled Founded Entities" refer to Akili Interactive Labs, Inc., Karuna Therapeutics, Inc., Vor Bio, Inc., Gelesis, Inc., for all periods following May 25, 2022, Sonde Health, Inc., for all periods following March 1, 2023, Vedanta Biosciences, Inc., and, for all periods prior to December 18, 2019, resTORbio, Inc. We formed each of our Founded Entities and have been involved in development efforts in varying degrees. In the case of our Controlled Founded Entities Follica, Incorporated and Entrega, Inc., we continue to maintain majority voting control. With respect to our Non-Controlled Founded Entities, we may benefit from appreciation in our minority equity investment as a shareholder of such companies.

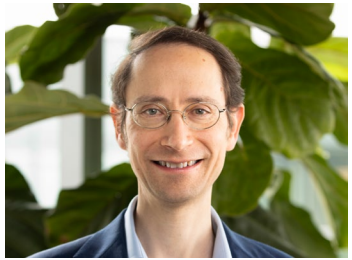
# PureTech Team Has a Track Record of Outperforming

## Oversaw R&D of therapeutics with 11 regulatory approvals; created several multibillion-dollar companies

### Bharatt Chowrira, PhD, JD

Chief Executive Officer

30+ years of leadership roles as CEO, President, COO, and GC held in multiple biotechs; including former COO at Auspex (acq. by Teva $3.5B), COO at Nektar, GC at SIRNA (acq. by Merck $1.1B), VP at Merck & Co.; Board Member



### Eric Elenko, PhD

President

Co-inventor of KarXT & other key PureTech programs; oversaw 2 FDA & EU approvals; Co-founder & interim C-suite of multiple Founded Entities; Former McKinsey consultant for Fortune 500 & specialty pharmas

### Julie Krop, MD

Chief Medical Officer

Former CMO at Freeline, AMAG (oversaw 3 FDA approvals; acquired by Covis group $647M); Previously at Vertex, Millennium, Pfizer

### Robert Lyne

Chief Portfolio Officer

Former CEO at Arix Bioscience (acq. by RTW Biotech $250M); Previously at Touchstone Innovations, Bird & Bird; worked on >80 VC financings as well as multiple trade exits & IPOs

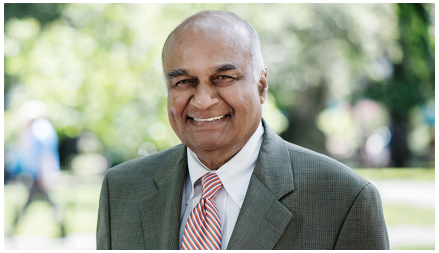
### Charles Sherwood, J.D.

General Counsel

Former VP, Corporate Legal Counsel at Anika Therapeutics with extensive expertise in strategic transactions, IP, product & brand marketing, financing, securities compliance, etc.

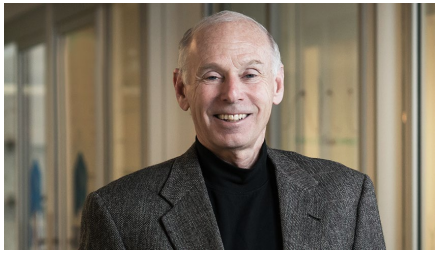
# World Class Board of Directors Provides Strong Governance

Our board contributed to regulatory approvals of approximately 20 drugs, led multi-billion-dollar strategic transactions & co-founded multiple companies



## Raju Kucherlapati, PhD
Interim Board Chair

Harvard, Co-Founder of Millennium (acq. by Takeda $8.8B) & Abgenix (acq. by Amgen $2.2B)



## John LaMattina, PhD
Board

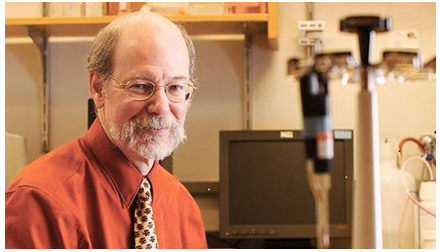
Former President of Pfizer Global R&D, Forbes Contributor

## Robert Langer, ScD
Board

MIT, Award winning materials science pioneer, Former member of the US FDA's SCIENCE Board, Co-founder of multiple biotech companies incl. Moderna & PureTech

## Daphne Zohar
Senior Advisor & Board Observer

Founder & CEO of Seaport Therapeutics, BIO Board Member, Founder & former CEO of PureTech



## Robert Horvitz, PhD
Board Observer & Chair of R&D Committee

*Nobel Prize in Medicine*, MIT, HHMI, neurobiologist at MGH, Former Novartis Scientific Advisory Board Member

## Kiran Mazumdar-Shaw
Board

Founder & Chairperson of Biocon, Board of Trustees Member at MIT, Member of National Academy of Engineering

## Sharon Barber-Lui
Board

CFO & Senior VP of Teva Pharma, Former CFO of Merck & Co. Inc. U.S. Oncology & Senior VP of EQRx

We are giving life to new classes of medicine to change the lives of patients with devastating diseases

# We Are Delivering on Our Mission to Change Patients' Lives

## Outstanding track record of R&D productivity & clinical success

**28**

new therapeutics & therapeutic candidates generated to date

**2**

taken from inception to FDA & EU regulatory clearances

**1**

filed for FDA approval


**>80%**

of trials have been successful[1]

**6x**

better probability of clinical success compared to the industry average[2]

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PureTech has established the underlying programs and platforms that have resulted in therapeutics and therapeutic candidates that are being advanced within our Wholly Owned Programs or by our Founded Entities. [1] The percentage includes number of successful trials out of all trials run for all therapeutic candidates advanced through at least Phase 1 by PureTech or its Founded Entities from 2009 onward; [2] 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 (Phase 1=52%, Phase 2=29%, Phase 3=58%). BIO, PharmaIntelligence, QLS (2021) Clinical Development Success Rates 2011 -2020. This study did not include therapeutics regulated as devices.

# Distinctive Approach

## R&D engine is repeatable and scalable

### VALIDATED EFFICACY

Advancing new **medicines** with proven clinical **efficacy** previously held back by limitations

### CLEAR PATIENT BENEFIT

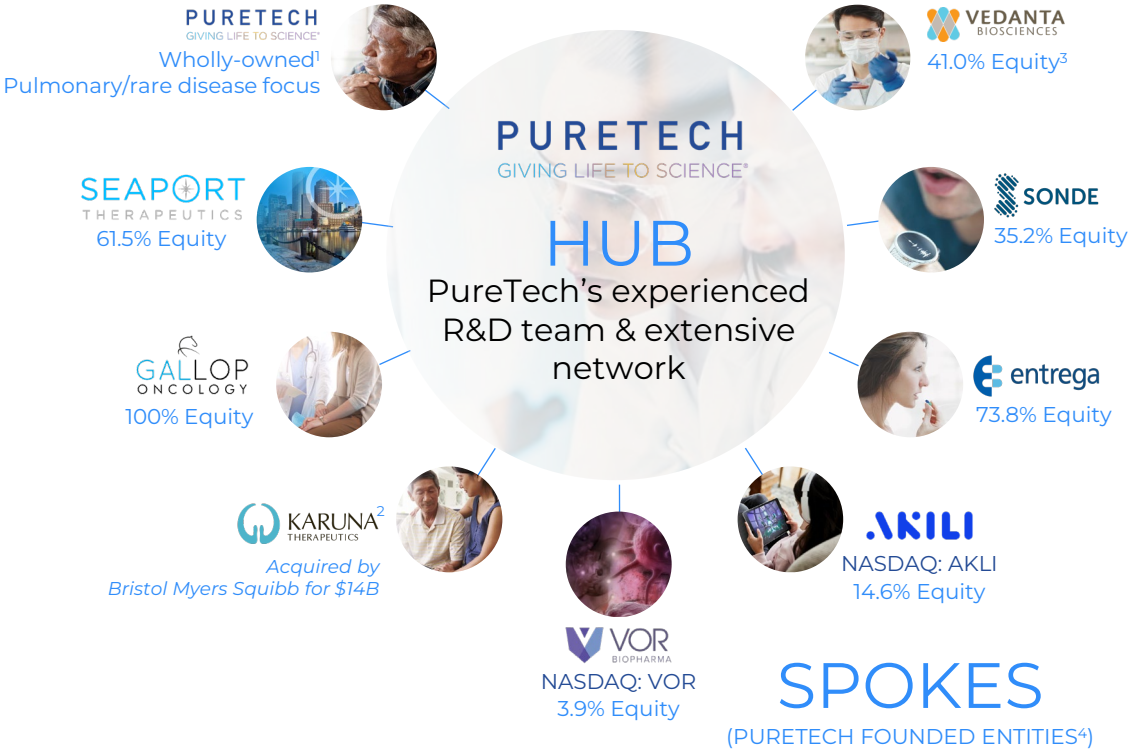
Applying **proprietary technologies** to address key limitations and **unlock drug potential** for **patients**

### EFFICIENT & DE-RISKED PATH

Building on **well-defined clinical & regulatory paths** backed by our **proven R&D track record**

# The PureTech-Pioneered Hub-and-Spoke Model

## Robust pipeline of new medicines poised for tremendous growth




## CAPITAL EFFICIENT MODEL

- **$320M** estimated Consolidated Cash, Cash Equivalents & Short-Term Investments[5], excluding the ~$293M proceeds from the BMS/Karuna transaction
- Operational runway into **2027**
- PureTech has not needed to raise capital in **~6 years**
- **$17.8B** generated by Founded Entities since July 2018

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[1] References to "Wholly Owned Programs" refer to the Company's therapeutic candidates and potential future therapeutic candidates and platforms that the Company may develop or obtain; [2] As of March 22, 2023, PureTech has sold its right to receive a 3% royalty from Karuna to Royalty Pharma on net sales up to $2 billion annually, after which threshold PureTech will receive 67% of the royalty payments and Royalty Pharma will receive 33%. Additionally, under its license agreement with Karuna, PureTech retains the right to receive milestone payments upon the achievement of certain regulatory approvals; [3] Vedanta's $106.5 million financing round was structured as convertible debt. PureTech ownership reflects ownership as of June 30, 2023, and does not take into account any potential future dilution, if applicable, as a result of conversion of that debt amount; [4] Founded Entities represent companies founded by PureTech in which PureTech maintains ownership of an equity interest and, in certain cases, is eligible to receive sublicense income and royalties on product sales. Relevant ownership interests for Vedanta and Sonde were calculated on a partially diluted basis (as opposed to a voting basis) as of June 30, 2023, and Seaport as of April 8, 2024, including outstanding shares, options and warrants, but excluding unallocated shares authorized to be issued pursuant to equity incentive plans. PureTech also controls Seaport Therapeutics, Inc. and Gallop Oncology, Inc. Akili and Vor ownerships were calculated on a beneficial ownership basis in accordance with SEC rules as of February 21, 2024 and March 15, 2024, respectively.; [5] The preliminary selected financial results reported by the Company are unaudited, subject to adjustment, and provided as an approximation in advance of the Company's announcement of complete financial results in April 2024.

# KarXT Case Study – Invented & Advanced by PureTech

## 1st new mechanism for treating schizophrenia in over 50 years

### PATIENT NEED

**~2.7M** **living with schizophrenia in the US**

**~3.2M** **with Alzheimer's disease psychosis in the US**

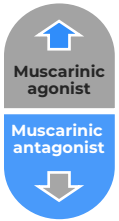
Current antipsychotics **have significant side effects and poor adherence**

**Xanomeline: clinical efficacy but was sitting on a shelf at Eli Lilly**

### PURETECH ROLE

Built top team of CNS experts & leaders

- ✓ **PureTech invented & filed patents** to cover the agonist/antagonist concept
- ✓ **Completed tolerability POC**
- ✓ Planned Phase 2 EMERGENT-1 study




**Xanomeline**
CNS active agonist

**Trospium chloride**
Peripheral antagonist blocks side effects of agonist

### VALUE REALIZATION

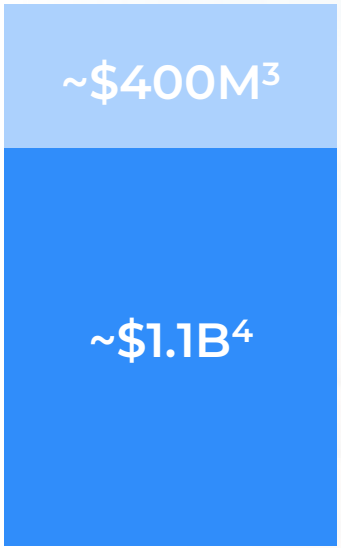
- ✓ Phase 2 EMERGENT- 1, Phase 3 EMERGENT-2 & Phase 3 EMERGENT-3 trials **met primary endpoint** with clinically meaningful & significant **reduction in PANSS total score** vs. placebo
- ✓ NDA submission completed in September 2023; PDUFA date, September 26, 2024
- ✓ Ongoing Phase 3 programs in **psychosis in Alzheimer's disease**
- ✓ Karuna Therapeutics acquired by Bristol Myers Squibb for **$14B**

# Generating Value for Patients and Shareholders

## KarXT Case Study Part 2

**$18.5M**
Total PRTC spend[1]

**Potential Upside Value[2]**
**~$1.5B**




**Value of potential milestones from royalty deal**, excluding milestone payments from Karuna and 2% royalty on annual sales above $2B

**Cash generated to date**, through equity sales and $100M upfront payment from the Royalty Pharma transaction

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[1] Represents total PureTech principal investment in Karuna; [2] Represents the amounts described in footnote 3 plus the amounts described in footnote 4; [3] Represents the $400 million in potential milestone payments included in PureTech's transaction with Royalty Pharma. PureTech also may not receive the totality of the milestone payments under its transaction with Royalty Pharma; [4] Represents cash generated to date through sales of KRTX common stock and the $100 million in upfront consideration from PureTech's transaction with Royalty Pharma.

# The PureTech-Pioneered Hub-and-Spoke Model

## Robust pipeline of new medicines poised for tremendous growth

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Wholly-owned[1]
Pulmonary/rare disease focus



VEDANTA BIOSCIENCES
41.0% Equity[3]

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HUB

PureTech's experienced R&D team & extensive network



GALLOP ONCOLOGY
100% Equity



SONDE
35.2% Equity



SEAPORT THERAPEUTICS
61.5% Equity



entrega
73.8% Equity



KARUNA[2] THERAPEUTICS
*Acquired by Bristol Myers Squibb for $14B*





AKILI
NASDAQ: AKLI
14.6% Equity

VOR BIOPHARMA
NASDAQ: VOR
3.9% Equity

SPOKES
(PURETECH FOUNDED ENTITIES[2])



[1] References to "Wholly Owned Programs" refer to the Company's therapeutic candidates and potential future therapeutic candidates and platforms that the Company may develop or obtain; [2] Founded Entities represent companies founded by PureTech in which PureTech maintains ownership of an equity interest and, in certain cases, is eligible to receive sublicense income and royalties on product sales. Relevant ownership interests for Vedanta and Sonde were calculated on a partially diluted basis (as opposed to a voting basis) as of June 30, 2023, and Seaport as of April 8, 2024, including outstanding shares, options and warrants, but excluding unallocated shares authorized to be issued pursuant to equity incentive plans. PureTech also controls Seaport Therapeutics, Inc. and Gallop Oncology, Inc. Akili and Vor ownerships were calculated on a beneficial ownership basis in accordance with SEC rules as of February 21, 2024 and March 15, 2024, respectively.

# LYT-100 for Idiopathic Pulmonary Fibrosis (IPF)

## ORPHAN DESIGNATION: ~120,000 patients in the US, ~110,000 in the EU5[1]

## FATAL & PROGRESSIVE

Causes scar tissue in the lungs, leading to **shortness of breath and loss of lung function[2]**

Median survival 2 – 5 years[3]

## UNMET MEDICAL NEED

2 standard of care treatments proven to slow disease progression, but **have significant side effects, including nausea, vomiting and diarrhea[4,5]**

Phase 2b trial ongoing; Topline data expected in Q4 2024

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ESBRIET (pirfenidone) and OFEV (nintedanib) were approved in 2014

[1] GlobalData Epidemiology and Market Size Search. [2]Barratt SL, Creamer A, Hayton C, Chaudhuri N. Idiopathic Pulmonary Fibrosis (IPF): An Overview. J Clin Med. 2018 Aug 6;7(8):201. [3] Fisher, M., Nathan, S. D., Hill, C., Marshall, J., Dejonckheere, F., Thuresson, P., & Maher, T. M. (2017). Predicting Life Expectancy for Pirfenidone in Idiopathic Pulmonary Fibrosis. Journal of Managed Care & Specialty Pharmacy, 23(3-b Suppl), S17–S24. https://doi.org/10.18553/jmcp.2017.23.3-b.s17 [4] Rubino C. M., Bhavnani S. M., Ambrose P. G., Forrest A., Loutit J. S. Effect of food and antacids on the pharmacokinetics of pirfenidone in older healthy adults. Pulmonary Pharmacology & Therapeutics. 2009 Aug;22(4):279-285. [5] Belhassen, M., Dalon, F., Nolin, M., & Van Ganse, E. (2021). Comparative outcomes in patients receiving pirfenidone or nintedanib for idiopathic pulmonary fibrosis. Respiratory research, 22(1), 135.

# Pirfenidone:

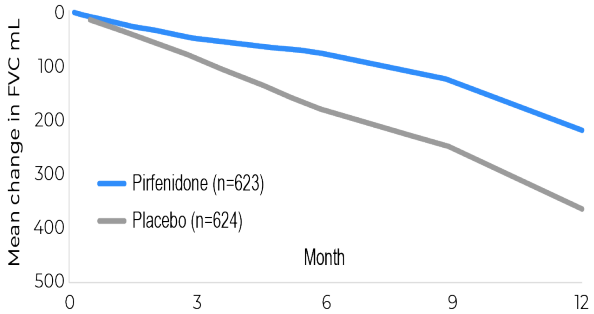
## Clinically validated anti-fibrotic & anti-inflammatory

### VALIDATED EFFICACY

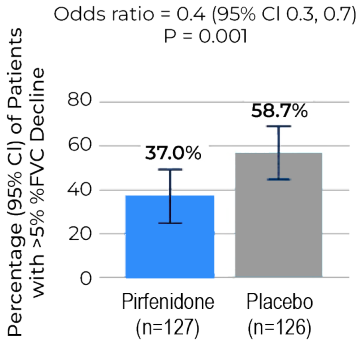
- Pirfenidone FDA-approved for IPF with breakthrough designation for Unclassifiable Interstitial Lung Disease (uILD); has been shown **to extend life in patients with IPF by an average of ~2.5 years**[1]
- Over a **dozen late-stage & real-world efficacy studies** demonstrate **efficacy in IPF**[2]
- <u>BUT</u> GI-related tolerability issues significantly limit its usage resulting in **~50% who discontinue, dose adjust, or switch**[3] & **3 out of every 4 patients are not on standard of care**[4]

Despite drawbacks, 2022 sales of both SOC treatments combined were ~$4B[5]

### IPF[6]




### uILD[7]

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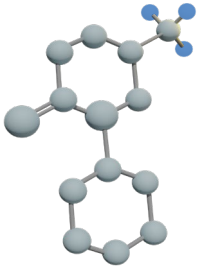
[1] Fisher, M., Nathan, S. D., Hill, C., Marshall, J., Dejonckheere, F., Thuresson, P., & Maher, T. M. (2017). Predicting Life Expectancy for Pirfenidone in Idiopathic Pulmonary Fibrosis. Journal of Managed Care & Specialty Pharmacy, 23(3-b Suppl), S17–S24. https://doi.org/10.18553/jmcp.2017.23.3-b.s17; [2] Saad, M. I., Mcleod, L., Hodges, C., Vlahos, R., Rose-John, S., Ruwanpura, S., & Jenkins, B. J. (2021). ADAM17 Deficiency Protects against Pulmonary Emphysema. American Journal of Respiratory Cell and Molecular Biology, 64(2), 183-195. doi:10.1165/rcmb.2020-0214oc; [3] Cottin, V., et al. ERJ Open Research (2018); Dempsey et al. Annals of the American Thoracic Society, 18(7), 1121–1128. https://doi.org/10.1513/AnnalsATS.202007-901OC; [4] Dempsey TM, Payne S, Sangaralingham L, Yao X, Shah ND, Limper AH. Adoption of the Antifibrotic Medications Pirfenidone and Nintedanib for Patients with Idiopathic Pulmonary Fibrosis. Ann Am Thorac Soc. 2021 Jul;18(7):1121-1128; [5] IPF & PF-ILD SOC 2022 annual sales; [6] Noble, P., et al. European Respiratory Journal (2016) 47:243-253; [7] ERS 2019: http://bit.ly/2IJ9WCC.

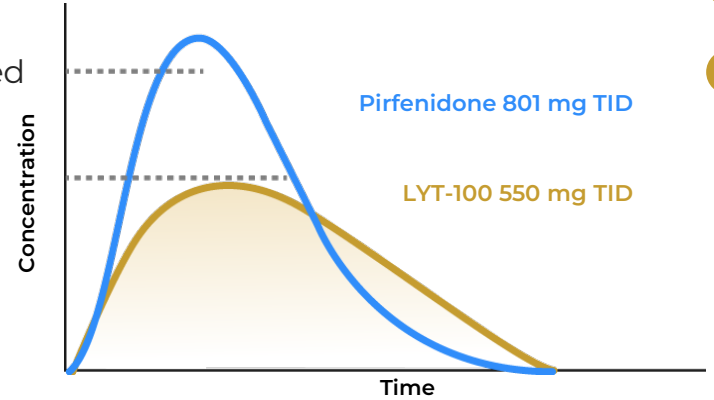
# LYT-100:

## A potential game changer for IPF patients

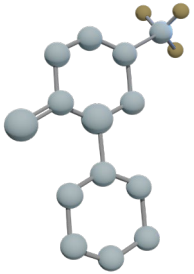
### PIRFENIDONE



- **Clinically validated efficacy**
- Associated with GI AEs
- Higher exposure limited by tolerability




### LYT-100



- **Substantially improved adverse event profile[1]**
- **Pharmacology (activity) maintained**
- **Higher dose could improve efficacy; maximum tolerated dose not determined**

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LYT-100 is an investigational drug not approved by any regulatory authority.
[1] Based on healthy older adult crossover trial.

# LYT-100: Efficient & De-risked Path

- **Composition of Matter Patent** exclusivity up to 2033 with PTE
- **Additional IP coverage** to ~2044
- Potential for **Orphan Drug Exclusivity for IPF** & other indications
- **Streamlined development program** using the same endpoints that have supported past approvals
- Potential to become the **frontline therapy for IPF**



LYT-100 is an investigational drug not approved by any regulatory authority.

# LYT-100:

## Data to date (N>400)[1] demonstrate favorable safety & tolerability profile

### HEALTHY OLDER ADULT CROSSOVER TRIAL (N=49)

| TEAE | LYT-100 550mg TID n (%) | Pirfenidone 801mg TID n (%) |
|---|---|---|
| **Gastrointestinal** | **8 (17.4%)** | **16 (34.0%)** |
| Nausea | 7 (15.2%) | 14 (29.8%) |
| Vomiting | 2 (4.3%) | 3 (6.4%) |
| Abdominal Pain/Distension | 1 (2.2%) | 3 (6.4%) |
| **Nervous System** | **8 (17.4%)** | **15 (31.9%)** |
| Headache | 6 (13.0%) | 9 (19.1%) |
| Dizziness | 1 (2.2%) | 7 (14.9%) |
| Somnolence | 1 (2.2%) | 2 (4.3%) |

### LYT-100 DEMONSTRATED IMPROVED TOLERABILITY

Achieved **~50% reduction** in healthy older adults experiencing **GI-related AEs compared to pirfenidone** in crossover trial

### IN OTHER LYT-100 STUDIES

Multiple Ascending Dose trial (N=40): without dose titration[2]; well-tolerated at all doses studied[3]; all treatment-related **AEs** were **mild & transient**

**Higher dose (824mg TID LYT-100)** in the 2nd Multiple Ascending Dose (N=24): well-tolerated with no additional incident[4]

Long COVID trial: strong safety & tolerability profile

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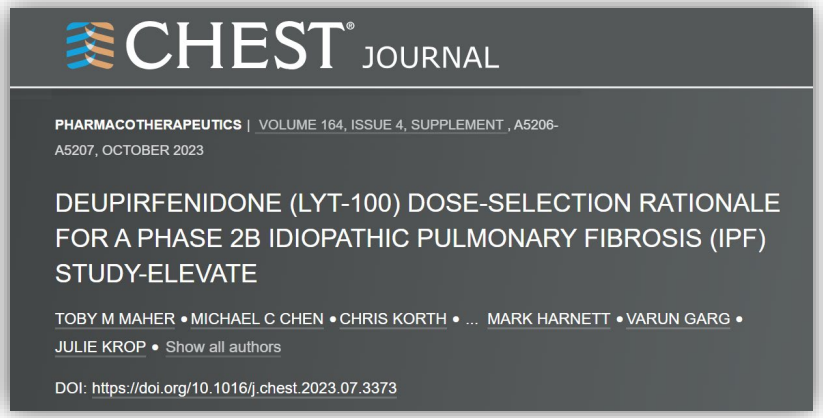
LYT-100 is an investigational drug not approved by any regulatory authority.

[1] Across single ascending dose trial, multiple ascending dose trial, healthy older adult crossover trial and additional LYT-100 trials. [2] Chen, M.C., Korth, C.C., Harnett, M.D., Elenko, E. and Lickliter, J.D. (2022), A Randomized Phase 1 Evaluation of Deupirfenidone, a Novel Deuterium-Containing Drug Candidate for Interstitial Lung Disease and Other Inflammatory and Fibrotic Diseases. Clinical Pharmacology in Drug Development. https://doi.org/10.1002/cpdd.1040; TEAE = treatment emergent adverse event; Discontinuations for AEs: 1 during pirfenidone administration, 1 during LYT-100 administration; [3] LYT-100 was administered in doses of 100 mg, 250 mg, 500 mg, 750 mg and 1000 mg BID over five days; [4] Toby M. Maher, Michael C. Chen, Chris C. Korth, Eric Elenko, Mark D. Harnett, Varun Garg, Camilla S. Graham, Wassim H. Fares, Julie Krop (2023), Deupirfenidone (LYT-100) dose-selection rationale for a Phase 2b idiopathic pulmonary fibrosis study — ELEVATE IPF.

# Potential for Higher Dose of LYT-100 Presented at CHEST ‘23

## Higher dose could potentially translate to enhanced efficacy in IPF

- LYT-100 (824mg TID) achieved a 43% higher exposure level than approved dose of pirfenidone (801 mg TID)[1]
- LYT-100 (824mg TID) well-tolerated with no additional incidence of GI or CNS AEs when titrated up from LYT-100 550 mg TID


CHEST JOURNAL

PHARMACOTHERAPEUTICS | VOLUME 164, ISSUE 4, SUPPLEMENT , A5206-A5207, OCTOBER 2023

DEUPIRFENIDONE (LYT-100) DOSE-SELECTION RATIONALE FOR A PHASE 2B IDIOPATHIC PULMONARY FIBROSIS (IPF) STUDY-ELEVATE

TOBY M MAHER • MICHAEL C CHEN • CHRIS KORTH • ... MARK HARNETT • VARUN GARG • JULIE KROP • Show all authors

DOI: https://doi.org/10.1016/j.chest.2023.07.3373

## WHAT DOES THIS MEAN?

**LYT-100 can be studied at a higher dose that could provide enhanced efficacy with favorable tolerability in IPF**, based on the pirfenidone Phase 3 CAPACITY trial where approved dose of pirfenidone demonstrated better efficacy than a lower dose

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[1] Data on file.

# Registration-enabling Program in IPF Guided by Leading Experts

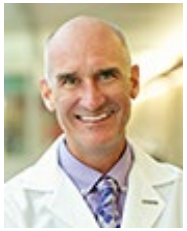
## PureTech's clinical advisory board for IPF & related lung disorders

**BILL BRADFORD, MD, PHD**

Former SVP InterMune; developed pirfenidone for the treatment of IPF

**VINCENT COTTIN, MD**

Professor at Université Claude Bernard Lyon; Coordinator of Center for Rare Pulmonary Diseases at Louis Pradel Hospital; Section Editor of the *European Respiratory Journal*



**KEVIN FLAHERTY, MD**

Professor at University of Michigan; PhIII trial of nintedanib in pfILD *(NEJM)*

**TOBY MAHER, MD, PHD**

Professor & Director of ILD at Keck School of Medicine, USC; PhII trial of pirfenidone in uILDs *(Lancet RM)*

**PAUL NOBLE, MD**

Chair, Department of Medicine, Cedars-Sinai; results of two late-stage studies evaluating the effect of pirfenidone in patients w/ IPF *(Lancet)*

**MARLIES WIJSENBEEK, MD, PHD**

Chair of Erasmus Medical Center ILD program; PI on study to identify disease progression in patients with newly diagnosed pfILDs

# LYT-100: Multiple Ways to Win

Current SOC has significant tolerability issues, with GI side effects being the most problematic

## BASE CASE: BETTER SAFETY

- LYT-100 **550 mg** demonstrates better safety
- Patients **can stay on the drug longer**
- Patients may achieve **more durable efficacy** compared to pirfenidone

## UPSIDE: BETTER EFFICACY

- LYT-100 **825 mg** demonstrates better efficacy
- Patients **retain more lung function**
- Patients may achieve **superior efficacy**

# LYT-100: Phase 2b Trial

## 1st of two potentially registration-enabling studies in patients with IPF

### PRIMARY AIM:

To evaluate activity of LYT-100 in patients with IPF

### PRIMARY ENDPOINT:

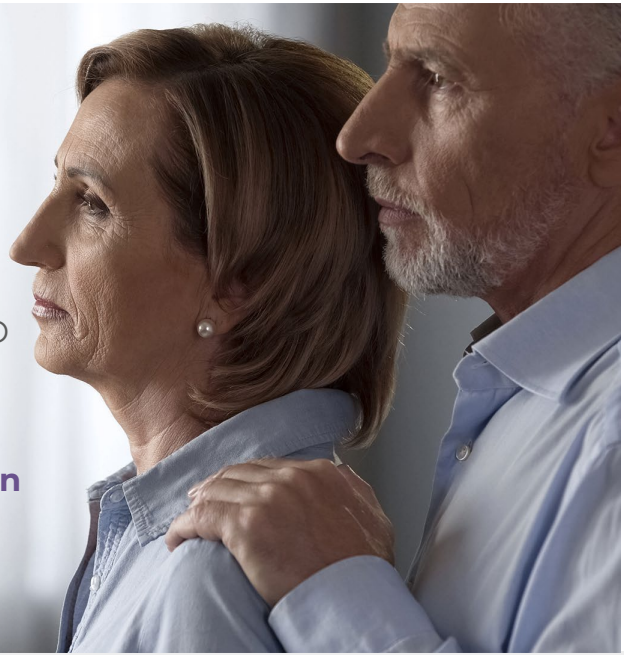
Slope of decline in FVC for LYT-100 compared to placebo over 6 months

### TRIAL DESIGN

**N= ~240 IPF patients**

- Placebo
- Pirfenidone 801 mg TID
- LYT-100 550 mg TID
- LYT-100 825 mg TID

**6-month treatment duration**



Phase 2b topline data expected in Q4 2024

# LYT-100: Potential to Address Multiple Underserved Diseases

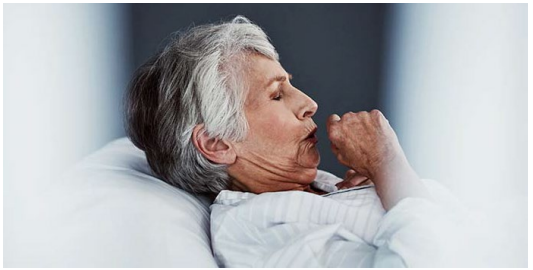
## CURRENT INDICATION: IPF

Pirfenidone has been shown to improve survival by approximately 3 years compared to supportive care alone[1]

Pirfenidone reduces decline in lung function[2]

**Topline results from registration-enabling trial expected in 4Q 2024**

## NEXT INDICATION: PF-ILD

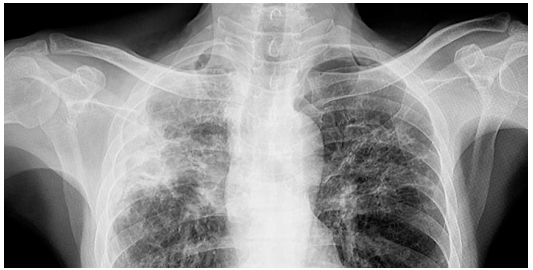


~650K non-IPF PF-ILD patients in the 16 major markets[3] are affected with few treatment options worldwide

Pirfenidone derisked due to similar pathophysiology of IPF and PF-ILD & clear development path

Pirfenidone showed initial efficacy signals in Ph2 RELIEF study

## MEDICAL COUNTERMEASURES



LYT-100 as medical countermeasure

Pirfenidone mitigates radiation-induced lung fibrosis in preclinical study[4]

Subject to Animal Rule; allows for approval based on animal models when human efficacy studies are not feasible

Additional opportunities where pirfenidone has shown human efficacy signals (e.g. HFpEF, FSGS)

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LYT-100 is an investigational drug not approved by any regulatory authority.

[1] Fisher, M., Nathan, S. D., Hill, C., Marshall, J., Dejonckheere, F., Thuresson, P., & Maher, T. M. (2017). Predicting Life Expectancy for Pirfenidone in Idiopathic Pulmonary Fibrosis. Journal of Managed Care & Specialty Pharmacy, 23(3-b Suppl), S17–S24. https://doi.org/10.18553/jmcp.2017.23.3-b.s17. [2] Wang et al., 2013, Cardiology. [3] GlobalData Epidemiology and Market Size Search; Wong, A., et al. Respiratory Research (2020) 21:32; Sauleda, J., et al. Medical Sciences (2018) 6:110; 16 major markets: US, EU5 (Germany, Spain, Italy, France, UK), Australia, Brazil, Canada, China, India, Japan, Mexico, Russia, South Africa, South Korea. [4] Ying, H., et al.. Pirfenidone modulates macrophage polarization and ameliorates radiation-induced lung fibrosis by inhibiting the TGF-β1/Smad3 pathway. Retrieved April 18, 2022, from https://onlinelibrary.wiley.com/doi/full/10.1111/jcmm.16821; HFpEF = Heart failure with preserved ejection fraction; FSGS=Focal segmental glomerulosclerosis

# The PureTech-Pioneered Hub-and-Spoke Model

## Robust pipeline of new medicines poised for tremendous growth



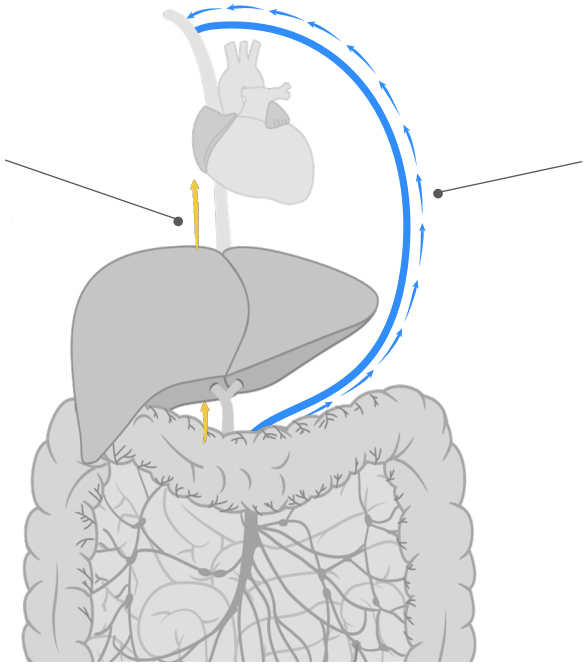

[1] Founded Entities represent companies founded by PureTech in which PureTech maintains ownership of an equity interest and, in certain cases, is eligible to receive sublicense income and royalties on product sales. Relevant ownership interests for Vedanta and Sonde were calculated on a partially diluted basis (as opposed to a voting basis) as of June 30, 2023, and Seaport as of April 8, 2024, including outstanding shares, options and warrants, but excluding unallocated shares authorized to be issued pursuant to equity incentive plans. PureTech also controls Seaport Therapeutics, Inc. and Gallop Oncology, Inc. Akili and Vor ownerships were calculated on a beneficial ownership basis in accordance with SEC rules as of February 21, 2024 and March 15, 2024, respectively.

# Glyph™: Leveraging the Lymphatic System to Unlock New Medicines

## Proprietary platform advances active drugs previously limited by low oral bioavailability/hepatotoxicity

### CONVENTIONAL

Oral drugs with high first-pass metabolism can have low bioavailability & hepatotoxicity

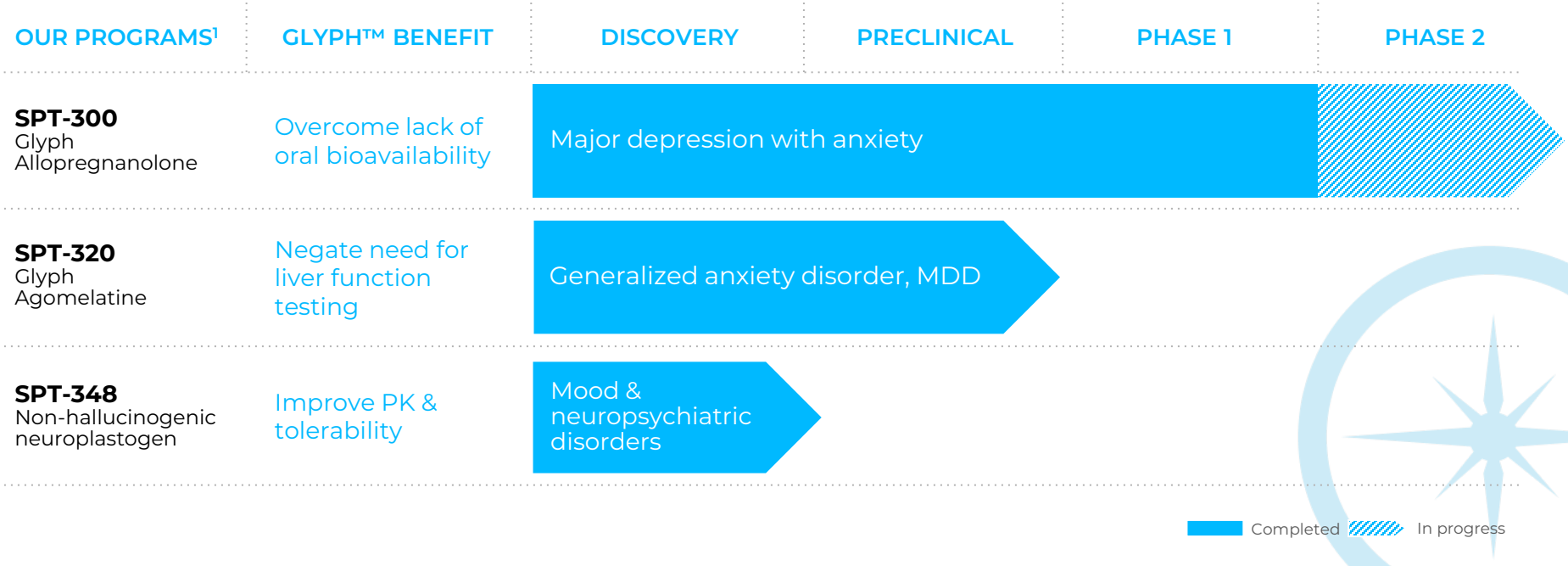


### GLYPH™

Employ the lymphatic system's natural lipid absorption and transport process to bypass the liver, as a result:

- Enhances oral bioavailability
- Reduces dose
- Reduces first-pass hepatotoxicity
- Provides novel composition IP

# Pipeline of First & Best-in-Class CNS Medicines




Multiple discovery/preclinical programs underway leveraging the Glyph™ platform

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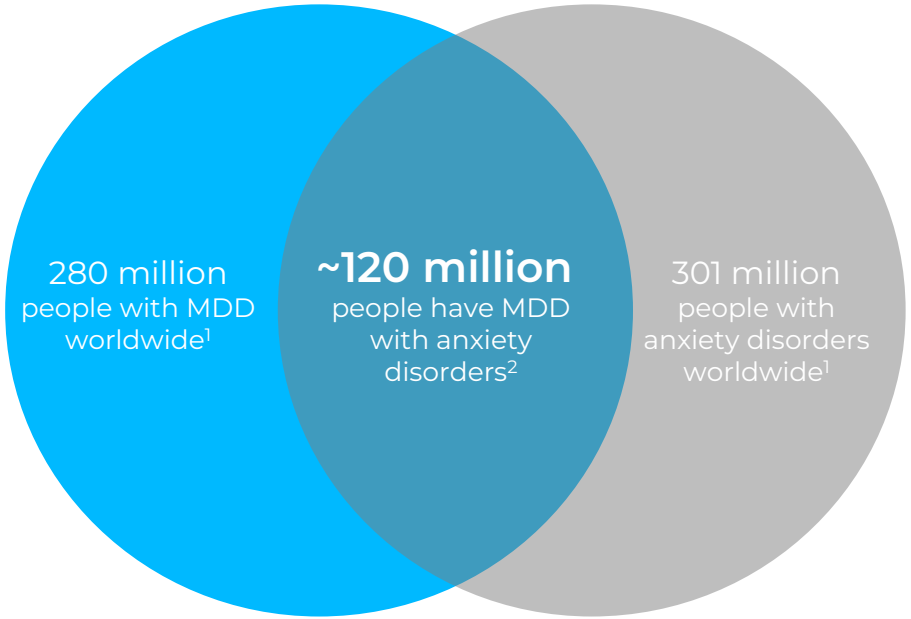
[1] The FDA and corresponding regulatory authorities will ultimately review our clinical results and determine whether our wholly-owned therapeutic candidates are safe and effective. No regulatory agency has made any such determination that our wholly-owned therapeutic candidates are safe or effective for use by the general public for any indication.

# SPT-300: First Tailored Treatment for MDD with Anxiety

## Large unmet need for new therapies to address multiple mental health disorders




### MDD WITH ANXIETY

- MDD patients with anxiety, compared with MDD patients without anxiety[3]:
  - Less likely to achieve remission
  - Slower to respond to treatment
  - Poorer quality of life



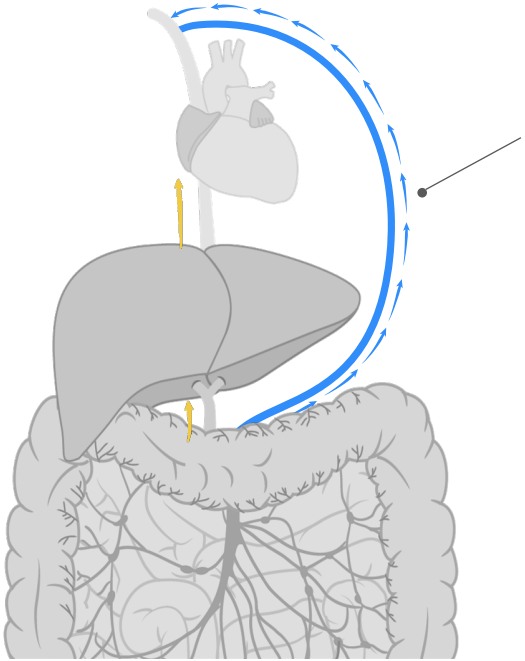
[1] Depressive disorder (depression); World Health Organization; [2] Kessler et al., 2015. Anxious and non-anxious major depressive disorder in the World Health Organization World Mental Health Surveys. Epidemiol Psychiatr Sci. 2015 Jun;24(3):210-26; [3] Compared to patients with MDD without anxiety: Hopwood M. (2023). Anxiety Symptoms in Patients with Major Depressive Disorder: Commentary on Prevalence and Clinical Implications. Neurology and therapy, 12(Suppl 1), 5–12.

# SPT-300 (Glyph Allopregnanolone)

## For major depressive disorder with anxiety

- Allopregnanolone is an endogenous (natural) neurosteroid with clinical validation in postpartum depression
- Lower levels of allopregnanolone have been documented in patients with mood disorders
- ...BUT method of administration (IV form) significantly limits patient uptake
- Oral chemical analogs have different composition than endogenous (natural) allopregnanolone and may not capture its full therapeutic potential
- **SPT-300 retains the activity & potency of endogenous allopregnanolone in an oral form**

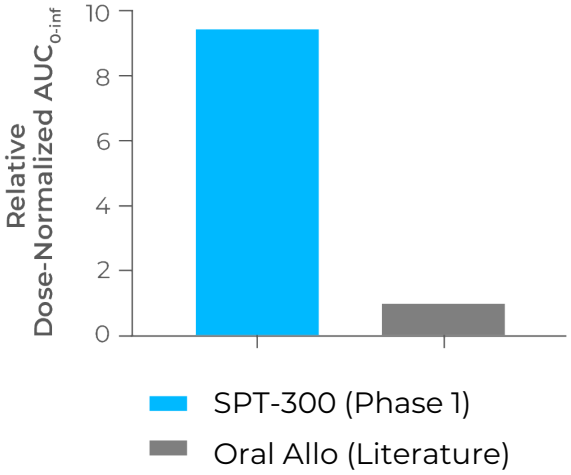
# SPT-300 (Glyph Allopregnanolone)



## GLYPH SPT-300 PHASE 1

- Bioavailability >9X vs. oral allopregnanolone[1]
- Generally well-tolerated, AEs generally mild and transient
  - Most common AE was somnolence (on-target effect of $GABA_A$)
- No treatment-related severe or serious AEs
- No sudden loss of consciousness observed

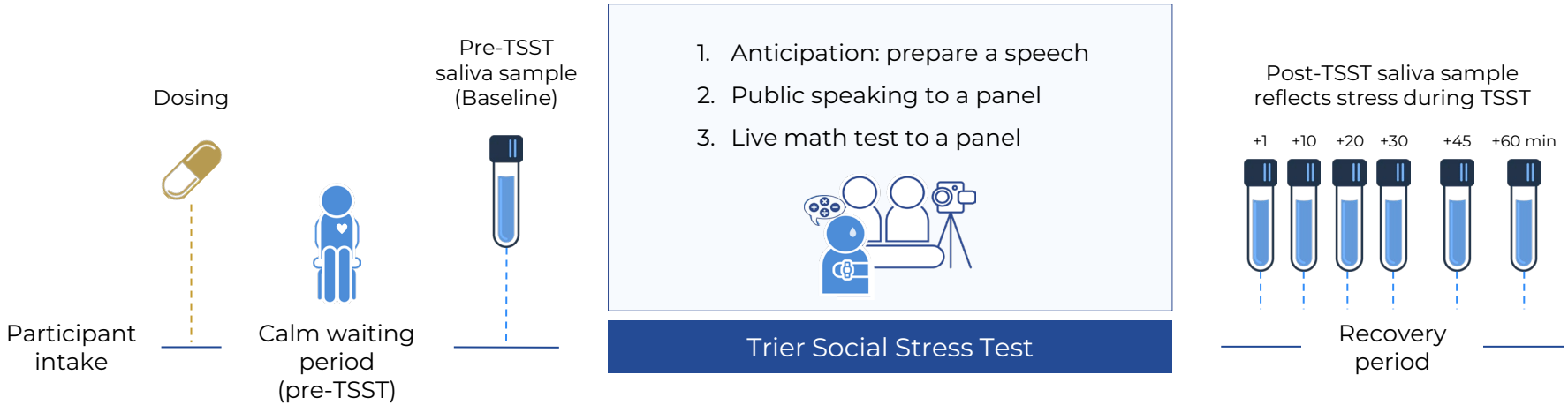
## SPT-300 ORAL SYSTEMIC EXPOSURE (HUMAN) VS LITERATURE DATA[1,2]




[1] Not a head-to-head; comparative values from brexanolone NDA 211371 Multi-disciplinary Review and Evaluation, FDA CDER, 2018. [2] AUC(0-inf) of LYT300 and Study 547-CLP-107 (in ref 1: Brexanolone NDA) were divided by mg allopregnanolone dosed, then both values divided by that dose-normalized AUC of 547-CLP-107 to show relative exposure at an equivalent dose.

# Phase 2a Trial Design in Acute Anxiety

## Randomized, placebo-controlled trial in the Trier Social Stress Test (TSST)




### PRIMARY AIM:

To characterize pharmacology of SPT-300 for potential anxiety indications

### PRIMARY ENDPOINT:

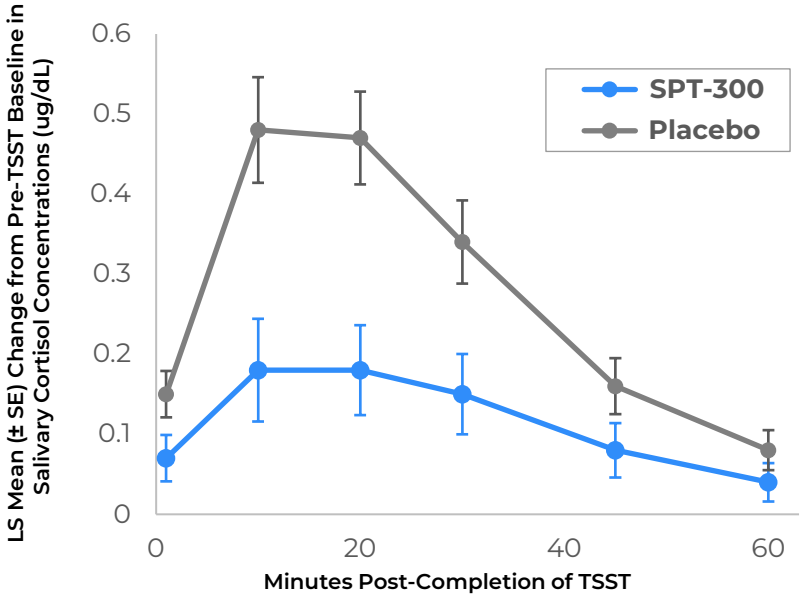
Reduction in salivary cortisol, a stress hormone

### TRIAL DESIGN:

N=80 randomized to SPT-300 or placebo

# Positive Phase 2a Study for SPT-300 in The Trier Social Stress Test

## SPT-300 achieved primary endpoint (p=0.0001) in stress hormone response[1]




### POSITIVE DATA

- SPT-300 had an effect size (Cohen's d = 0.72) [2]
- Generally well tolerated: All treatment-related adverse effects were transient, mild or moderate

### VALIDATION

- Further supports the potential of SPT-300 for anxiety disorders
- Further validates the Glyph platform

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[1] SPT-300 vs. placebo log(10) LS Mean Change from Pre-TSST Baseline to Maximal Salivary Cortisol Concentration (ug/dL); [2] Fries, Eva, et al. (2006). Psychoneuroendocrinology, 31(10), 1278–1288. https://doi.org/10.1016/j.psyneuen.2006.09.009.

SEAPORT THERAPEUTICS

# SPT-320 (Glyph Agomelatine)

## For anxiety & mood disorders

- Clinically validated and approved for MDD in the EU and MDD & GAD in Australia
- Differentiated mechanism of action
- Consistent and statistically significant against placebo in GAD (4/4 studies)
- Superior efficacy and tolerability vs. standard-of-care[1,2]
- ...BUT it has low oral bioavailability and is associated with hepatoxicity necessitating liver function monitoring
- **SPT-320 has the potential to greatly reduce the risk of clinically significant liver enzyme elevations[3]**



MDD=Major depressive disorder. GAD=Generalized anxiety disorder

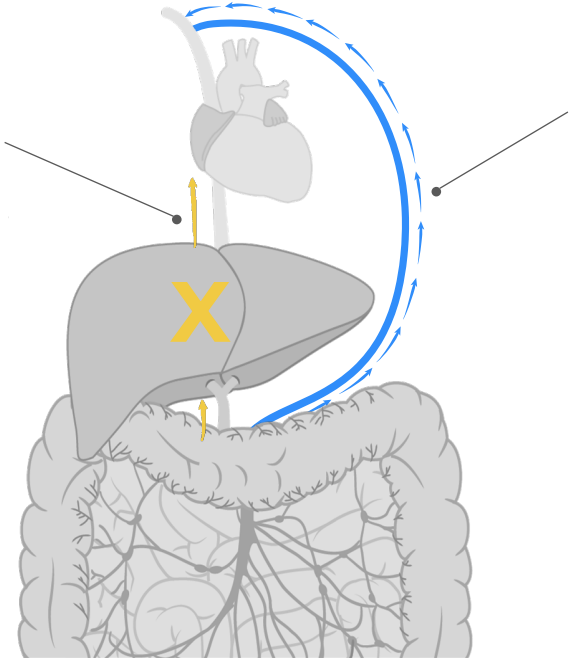
[1] Cipriani, A., et al.(2018). Comparative efficacy and acceptability of 21 antidepressant drugs for the acute treatment of adults with major depressive disorder: a systematic review and network meta-analysis. The Lancet, 391(10128), 1357–1366. https://doi.org/10.1016/s0140-6736(17)32802-7; [2] Slee, A., et al.(2019). Pharmacological treatments for generalised anxiety disorder: a systematic review and network meta-analysis. The Lancet, 393(10173), 768–777. https://doi.org/10.1016/s0140-6736(18)31793-8; [3] In silico modeling using the FDA-licensed DILIsym platform shows potential to greatly reduce risk of clinically significant liver enzyme elevations.

# SPT-320: First-In-Class Potential for GAD & MDD

## AGOMELATINE

- Low oral bioavailability (~1%)
- Most of the drug does not reach the brain
- Liver enzymes increase likely linked to hepatic first-pass metabolism:

  ~1.0% – 1.4% agomelatine vs. 0.7% with placebo[1]



## SPT-320

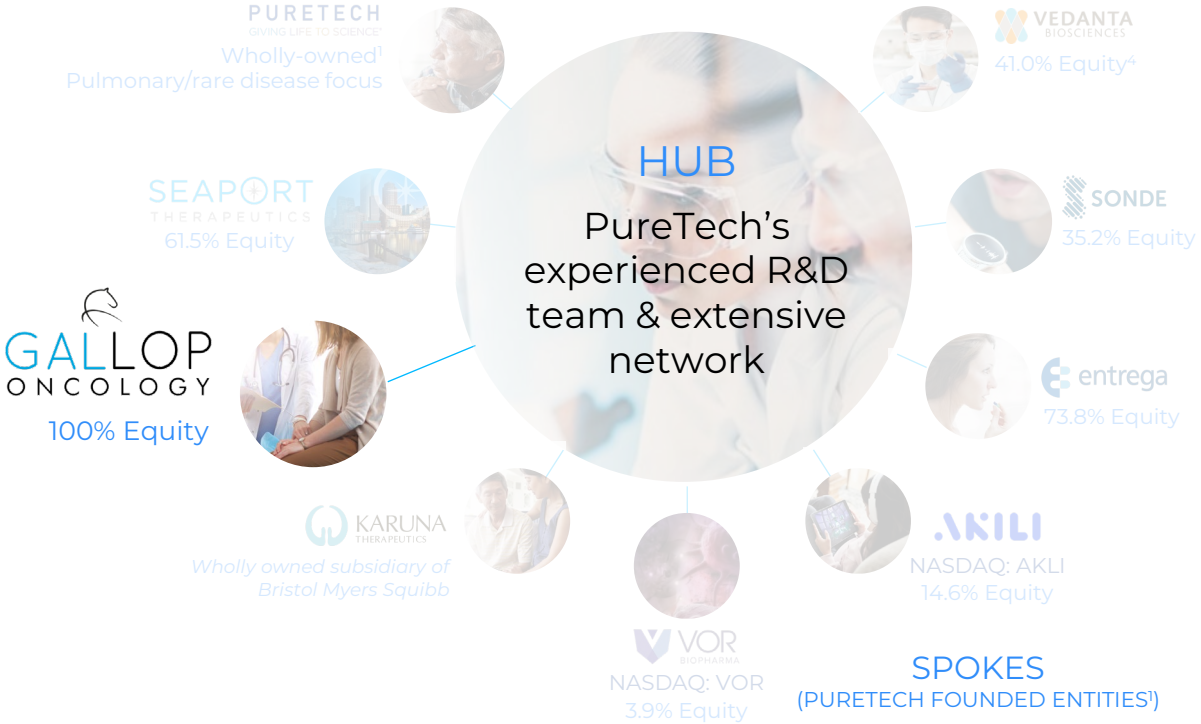
- SPT-320 bioavailability is >10X of agomelatine based on non-human primate PK
- SPT-320 potential for therapeutic exposure with reduced risk of liver enzyme elevations



Data on file; N=6 (3M/3F);[1] AUSPAR review of Valdoxan (agomelatine).

# The PureTech-Pioneered Hub-and-Spoke Model

## Robust pipeline of new medicines poised for tremendous growth

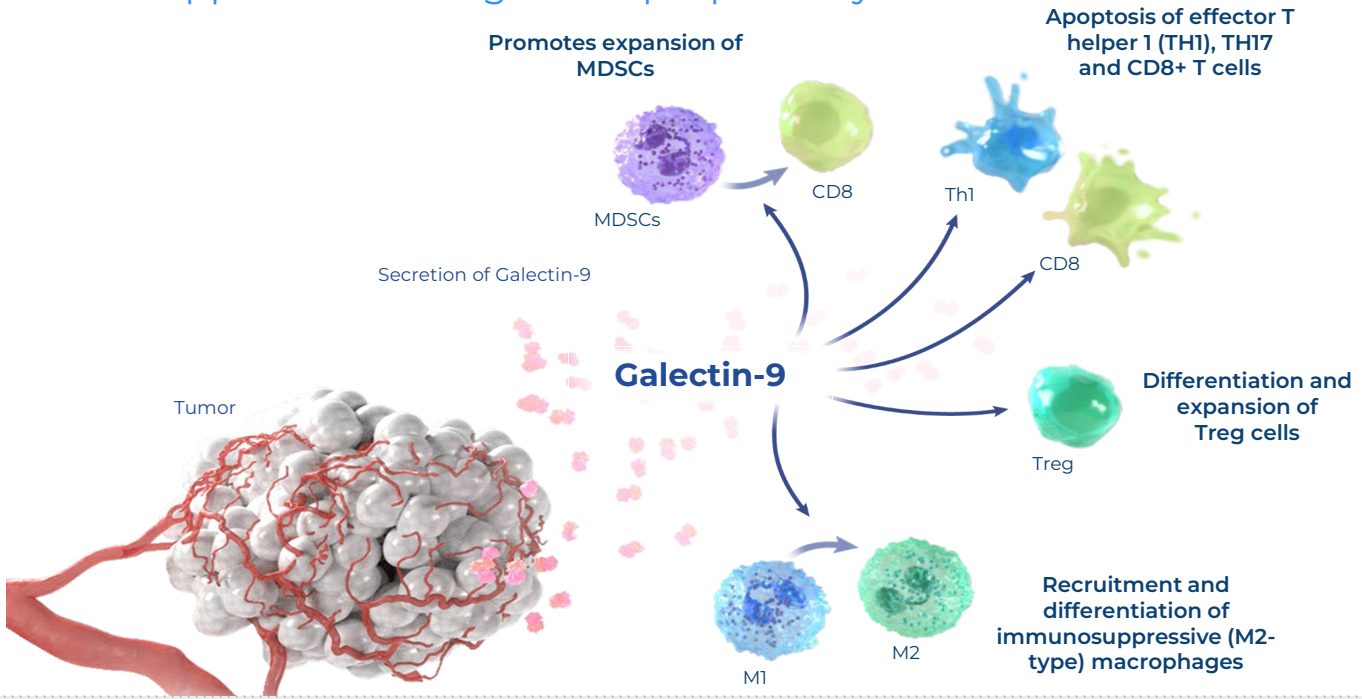





[1] Founded Entities represent companies founded by PureTech in which PureTech maintains ownership of an equity interest and, in certain cases, is eligible to receive sublicense income and royalties on product sales. Relevant ownership interests for Vedanta and Sonde were calculated on a partially diluted basis (as opposed to a voting basis) as of June 30, 2023, and Seaport as of April 8, 2024, including outstanding shares, options and warrants, but excluding unallocated shares authorized to be issued pursuant to equity incentive plans. PureTech also controls Seaport Therapeutics, Inc. and Gallop Oncology, Inc. Akili and Vor ownerships were calculated on a beneficial ownership basis in accordance with SEC rules as of February 21, 2024 and March 15, 2024, respectively.

# Gallop Oncology: Advancing Galectin-9 Targeting mAb, LYT-200

## Driving immunosuppression through multiple pathways




Received **orphan drug designation** from the FDA for the treatment of AML

Received **Fast Track designation** from the FDA for the treatment of head and neck cancers

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LYT-200 is an investigational drug not approved by any regulatory authority.
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
https://www.nature.com/articles/s41573-023-00636-2; https://pubmed.ncbi.nlm.nih.gov/27038510/; https://www.nature.com/articles/s41388-020-1186-7.

GALLOP ONCOLOGY

# Gallop Oncology:

## LYT-200 (Anti-Galectin-9 mAb) for hematological malignancies and metastatic solid tumors

## LIFE ALTERING & PROGRESSIVE

### Hematological Malignancies

**~60,000 new cases of leukemia** diagnosed each year,[1] including ~20,000 in acute myeloid leukemia (AML)[2]

### Solid Tumors

- **~ 82,000 new cases of bladder cancer** diagnosed each year[3]; ~90% are urothelial carcinoma[4]
- **~66,000 new cases of head and neck cancers** diagnosed each year[5]; ~10% metastatic disease at diagnosis & additional 20-30% will develop metastases[6]

## UNMET MEDICAL NEED

**Over 50%** of AML patients either don't respond to initial treatment or experience relapse or death,[7] with ~12.6% five-year survival rate[8]

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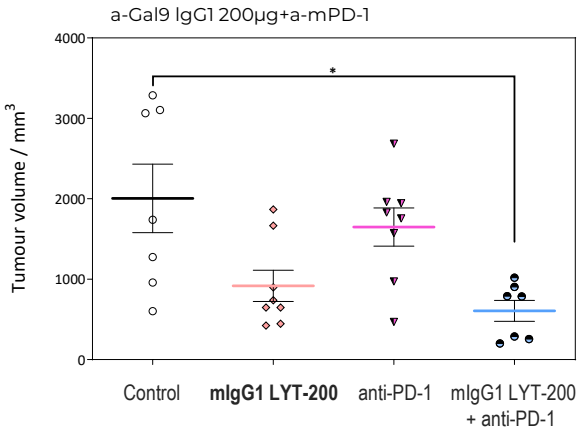
[1] Leukemia - Cancer Stat Facts. (n.d.). National Cancer Institute. https://seer.cancer.gov/statfacts/html/leuks.html; [2] Acute Myeloid Leukemia - Cancer Stat Facts. (n.d.). National Cancer Institute. https://seer.cancer.gov/statfacts/html/amyl.html; [3] Cancer of the Urinary Bladder - Cancer Stat Facts. (n.d.). National Cancer Institute. https://seer.cancer.gov/statfacts/html/urinb.html; [4] Saginala, K, et al. (2020). Epidemiology of Bladder Cancer. Medical Sciences, 8(1), 15. https://doi.org/10.3390/medsci8010015; [5] Head and Neck Cancer - Statistics. (n.d.). Cancer.Net. https://www.cancer.net/cancer-types/head-and-neck-cancer/statistics; [6] Pisani, P., et al. (2020). Metastatic disease in head & neck oncology. Acta Otorhinolaryngologica Italica, 40(SUPPL. 1), S1–S86. https://doi.org/10.14639/0392-100x-suppl.1-40-2020; [7] Walter, R. B., et al (2015). Resistance prediction in AML: analysis of 4601 patients from MRC/NCRI, HOVON/SAKK, SWOG and MD Anderson Cancer Center. Leukemia, 29(2), 312–320. https://doi.org/10.1038/leu.2014.242; [8] Brandwein, J., et al. (2020). Outcomes of patients with relapsed or refractory acute myeloid leukemia: a population-based real-world study. American Journal of Blood Research, 10(4), 124–133.

GALLOP ONCOLOGY

# LYT-200

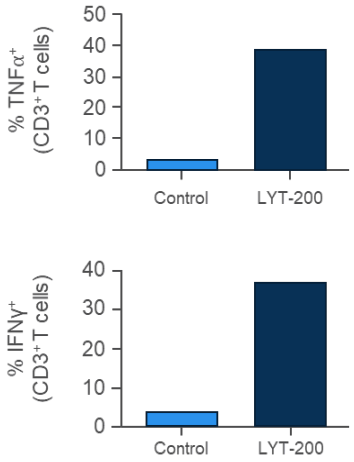
## Multiple lines of preclinical data supporting therapeutic potential

### SINGLE AGENT ACTIVITY IN B16F10 MELANOMA MODEL




n = 8 / arm; *p < 0.001; **p < 0.05; NS = not significant

### T CELL ACTIVATION WITH LYT-200 IN PATIENT-DERIVED ORGANOID[1] MODEL




### 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 models where anti-PD-1s don't work
- ~50% tumor reduction with LYT-200 vs. ~22% tumor reduction with anti-PD-1 in melanoma model
- Increase in intra-tumoral CD8 T cells in combination with anti-PD-1
- Activation of intra-tumoral immunity in patient-derived tumor models

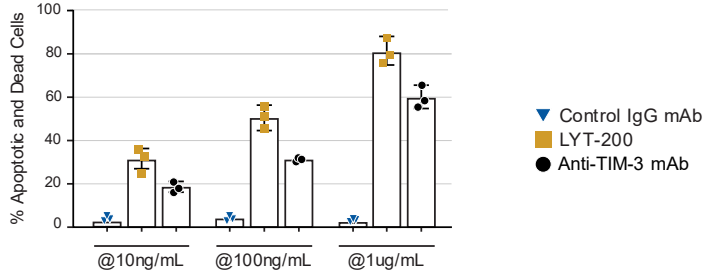
[1] For patient-derived organoids, n = 20 tumor samples; Success defined as: >20% upregulation of at least two out of three T cell activation markers; Success achieved in 60% of tumors with majority showing >2 fold activation.

# LYT-200

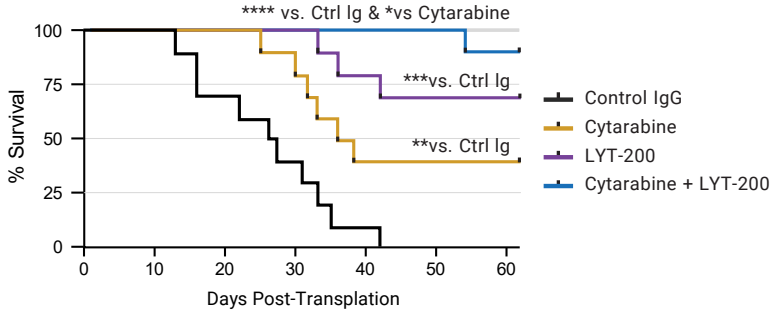
## Administration induces apoptosis of leukemia cells & extends survival of leukemia cell engrafted animals

## AML MODEL[1]

**LYT-200 cause apoptosis of AML cells and is superior to anti-TIM-3 mAb**

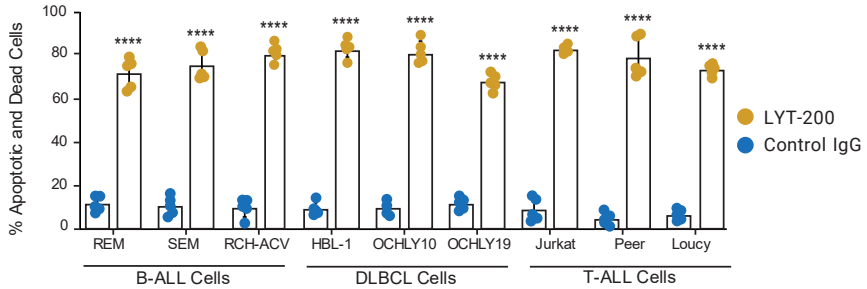



OCI-AML5 Xenograft Experiment

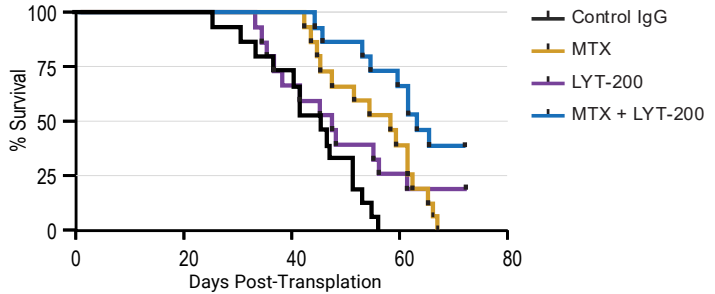



## T-ALL, B-ALL & DLBCL MODEL

**LYT-200 cause apoptosis of B-ALL, T-ALL and DLBCL cells**




PDX Experiment for T-ALL[2]




[1] Statistical Significance (Log-rank [Mantel-Cox] test): Ctrl Ig vs. Cytarabine: **p=0.0090; Ctrl Ig vs. LYT-200: ****p<0.000; Ctrl Ig vs. Cytarabine + LYT-200: ****p<0.0001; Cytarabine vs. LYT-200 + Cytarabine: *p=0.0134; 2 Ctrl Ig vs. MTX= 0.062 (ns); Ctrl Ig vs. LYT-200= 0.021 (*); Ctrl Ig vs. LYT-200 + MTX= 0.0006 (***); MTX vs. LYT-200= 0.01 (**); MTX vs. LYT-200 + MTX= 0.0009 (***); LYT-200+LYT-200 + MTX= 0.008 (**).

# Phase 1b Clinical Trial in AML/MDS Ongoing

## DOSE ESCALATION TRIAL

Safety, tolerability, PK/PD, RP2D, Safety & efficacy + exploratory endpoints

### PATIENT POPULATION

AML R/R to at least one line of prior therapy with or without allogeneic system cell transplant

OR

Patients with a document-ed diagnosis of R/R, high-risk MDS after at least one line of treatment

AND

For whom no standard therapy that may provide clinical benefit is available

### DOSE FINDING (4+2 DESIGN)


If clinical benefit is observed & safety is maintained in any cohort, patients may be added to cohort(s) to further expand on safety/efficacy (Up to additional 6 patients)

In a heavily pre-treated patient population, early data demonstrated a favorable safety and tolerability profile of LYT-200 with no dose limiting toxicities;
Additional data from the study to be presented in a scientific forum in 2024

PK= pharmacokinetic; PD = pharmacodynamics; RP2D = recommended Phase 2 dose; R/R = relapsed refractory.

# Phase 1b Clinical Trial in Solid Tumors Ongoing

## SOLID TUMOR DOSE ESCALATION & DOSE EXPANSION TRIAL

Dose Finding (CRM)
(all comers), safety, tolerability, RP2D, PK/PD, exploratory

Up to 26 patients

- Completed bi-monthly, monotherapy dose escalation portion of Phase 1b/2a trial (no dose limiting toxicities)
- Completed evaluation of weekly dosing

Combination cohorts with tislelizumab (anti-PD-1 mAb) initiated in Q1 2023

## CLINICAL INVESTIGATORS

UCLA
PI - Zev Wainberg

Beth Israel Deaconess Medical Center
Daniel Fein

Health ONE
Gerald Falchook

The University of Texas MD Anderson Cancer Center
Making Cancer History®
Siqing Fu

Columbia University Medical Center
Manji Gulam

Memorial Sloan Kettering Cancer Center
Eric Sherman

Other sites: Mayo, START, Sarah Cannon

Topline results expected in 2024

# LYT-200 Clinical Data to Date in AML & Solid Tumors

## AML/MDS DOSE ESCALATION COHORTS[1]

- Single agent LYT-200 in patients with relapse/refractory AML or high-risk MDS ongoing
- 16 patients dosed to date including 13 evaluable

- **Majority of patients have achieved stable disease[2]** per ELN guidelines
- At 7.5 mg/kg cohort (dose escalation continuing) a median duration of treatment was 77 days with **blast reduction observed**

## SOLID TUMOR COMBINATION COHORTS[3]

- Combination cohorts of LYT-200 + tislelizumab (PD-1) ongoing in head and neck cancer (HNSCC) and urothelial carcinoma (UC)
- HNSCC: 8 patients dosed to date including 4 evaluable
- UC: 3 patients dosed to date including 2 evaluable

- **Of the 4 evaluable HNSCC patients, 3 patients achieved disease control including** 1 CR, 1 PR, and 1 SD and 1 PD
- **Of the 2 evaluable patients with UC, both achieved SD** including one with near complete resolution of ascites and pleural effusion

Presented at ESMO IO '23

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PR: partial response; CR: complete response; SD: stable disease; PD: progressive disease; ELN (European Leukemia Network) guidelines 2017: for response assessment: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5291965; [1] Data as of 1/3/24; [2] 2 patients have since progressed; [3] Data as of 11/22/23.

GALLOP ONCOLOGY

# PureTech Is a Respected Leader in The Boston Biotech Community: The World's #1 Biotech Hub

**>1000** biotech companies, with a critical mass of talent

**$3.3B** funding from National Institute of Health (NIH) in 2022; **top** NIH-funded state nationwide

**>100** academic institutions; MA is home to many leading universities and research institutes

**25** hospitals with many **ranked among the best** in the U.S.

*"Massachusetts is known as the **most innovative square mile on the planet** and that's because we have such a rich density of ecosystem, for example, with over a thousand biotech companies, **18 of the top 20 biopharma,** world-class hospital system, and of course the best in class academic institutions."*

*- Kendalle Burlin O'Connell, Esq., CEO & President of MassBio at the NYSE*

Massachusetts Institute of Technology · Harvard Medical School · Massachusetts General Hospital · Boston Children's · Broad Institute · Whitehead Institute · Wyss Institute

Source: 2022 Industry Snapshot Report by MassBio.

# Key Value Drivers

## Multiple clinical milestones expected across Wholly Owned Programs[1] and Founded Entities[2]

| ENTITY | PURETECH OWNERSHIP | THERAPEUTIC CANDIDATE[3] | EXPECTED MILESTONES | |
|---|---|---|---|---|
| **PureTech** | 100% | LYT-100 | **Results from registration-enabling trial in IPF** | 4Q 2024 |
| **Gallop** | 100% | LYT-200 | Additional results from Phase 1b in combination w/ tislelizumab in solid tumors | 2024 |
| **Karuna** | *Acquired by Bristol Myers Squibb for $14B* | KarXT[5] | **Results from Phase 3 EMERGENT-4 & EMERGENT-5 trials for schizopherenia** | 2H 2024 |
| | | | **Results from Phase 3 ARISE trial for schizophrenia** | 2H 2025 |
| | | | **Results from Phase 3 ADEPT-1 & ADEPT-2 trials** | 2026 |
| | | KAR-2618 | Initiation of Phase 1b trial for MDD | 2024 |
| **Akili** (NASDAQ: AKLI) | 14.6% | EndeavorOTC[6] | Status update on the FDA marketing approval of EndeavorOTC as OTC treatment for adults with ADHD | 2Q 2024 |
| **Vor** (NASDAQ: VOR) | 3.9% | Trem-Cel[5] | **Phase 1/2a (VBP101) clinical data update** | 2H 2024 |
| | | VCAR33$^{ALLO5}$ | **Phase 1/2 (VBP301) clinical data update** | 2H 2024 |
| **Vedanta** | 41.0%[3] | VE303[5] | Initiation of Phase 3 in *C. difficile* | 1H 2024 |

✓ Indicates completed milestone

**B** Key anticipated milestones are **bolded**

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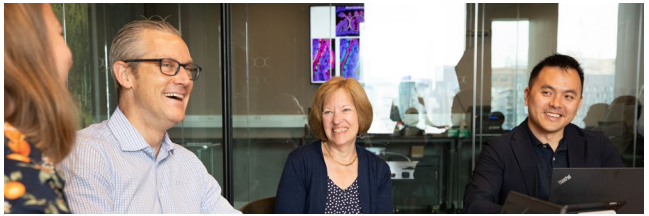
[1] References to "Wholly Owned Programs" refer to the Company's therapeutic candidates and potential future therapeutic candidates and platforms that the Company may develop or obtain; [2] Founded Entities represent companies founded by PureTech in which PureTech maintains ownership of an equity interest and, in certain cases, is eligible to receive sublicense income and royalties on product sales. Relevant ownership interests for Vedanta and Sonde were calculated on a partially diluted basis (as opposed to a voting basis) as of June 30, 2023, and Seaport as of April 8, 2024, including outstanding shares, options and warrants, but excluding unallocated shares authorized to be issued pursuant to equity incentive plans. PureTech also controls Seaport Therapeutics, Inc. and Gallop Oncology, Inc. Akili and Vor ownerships were calculated on a beneficial ownership basis in accordance with SEC rules as of February 21, 2024 and March 15, 2024, respectively.; [3] Vedanta's $106.5 million financing round was structured as convertible debt. PureTech ownership reflects current ownership and does not take into account any potential future dilution, if applicable, as a result of conversion of that debt amount; [4] The FDA and corresponding regulatory authorities will ultimately review our clinical results and determine whether our wholly-owned therapeutic candidates are safe and effective. No regulatory agency has made any such determination that our wholly-owned therapeutic candidates are safe or effective for use by the general public for any indication; [5] Products are investigational and have not been cleared by the FDA for use in the U.S.; [6] Please see footnote 2 on slide 61 for EndeavorRx indication and overview and footnote 3 for EndeavorOTC.

# PureTech Team - Bringing Our Vision to Life



**Nasdaq Global Market & LSE Main Market / FTSE-indexed:** PRTC

**270,209,101** outstanding shares as of March 2024

Market capitalization $815M (£646M) as of March 28, 2024; 1.26 USD:GBP

**$320M** estimated Consolidated Cash, Cash Equivalents & Short-Term Investments at year end 2023[1]

## ANALYST COVERAGE

**Leerink Partners LLC**

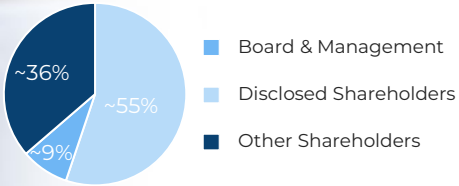
Thomas J. Smith

**Peel Hunt LLP**

Miles Dixon

**Jefferies International Limited**

Peter Welford




Headquartered in Seaport, Boston

Disclosed Shareholders as of December 31, 2023, include Invesco Asset Management, Lansdowne Partners LLP, Baillie Gifford & Co., M&G Investment Management, LTD., Vanguard Group, Patient Capital Management, Recordati S.p.A. Pharmaceutical Company.

[1]The preliminary selected financial results reported by the Company are unaudited, subject to adjustment, and provided as an approximation in advance of the Company's announcement of complete financial results in April 2024.

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  - ❑ Pirfenidone Safety Data
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- **Appendix B: Founded Entities**
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# Appendix A: Wholly Owned Pipeline

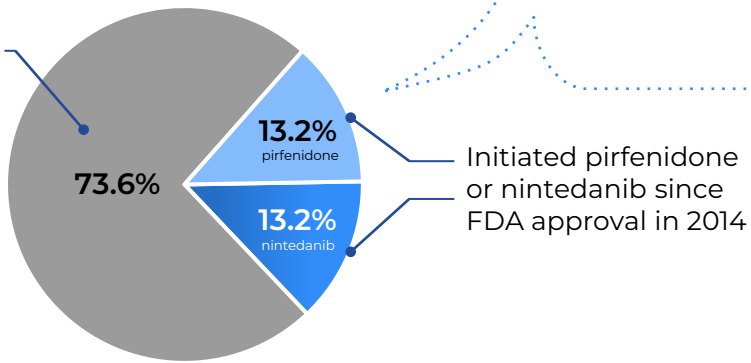
# IPF Treatment Rates are Low Due to Side Effects

## OPTUM Study of 11,000 Patients with IPF[1]

October 2014 to July 2019

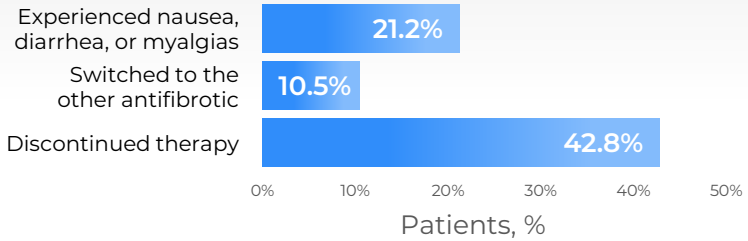
**10,996 patients with IPF in a US health claims database (OPTUM)**

**Nearly 75% of patients in U.S. never receive antifibrotic therapy**




Initiated pirfenidone or nintedanib since FDA approval in 2014

**Over 40% of patients eventually discontinue antifibrotic therapy**




Mean duration of treatment

**302**

days



*Retrospective cohort analysis using claims data for individuals enrolled in private and Medicare Advantage health plans from OptumLabs Data Warehouse (N=21,444,770).

[1] Dempsey TM, Payne S, Sangaralingham L, Yao X, Shah ND, Limper AH. Adoption of the Antifibrotic Medications Pirfenidone and Nintedanib for Patients with Idiopathic Pulmonary Fibrosis. Ann Am Thorac Soc. 2021;18(7):1121-1128.

# LYT-100 Clinical Trials[1]

## 1. Initial PK studies

### FOUNDATIONAL PK DATA

**MAD 1.0**

Multiple-dose safety, tolerability, and PK

✓ Tolerable up to 1000mg BID, linear PK

**PK**

Determine dose with same exposure as pirfenidone

✓ 800 – 850 mg BID matches pirfenidone AUC

## 2. Head-to-head tolerability

### TOLERABILITY ADVANTAGE VS. PIRFENIDONE

**Older Adult**

**550 mg TID** LYT-100 vs. pirfenidone: **Comparable AUC, reduced $C_{max}$**

✓ Demonstrated tolerability advantage over pirfenidone

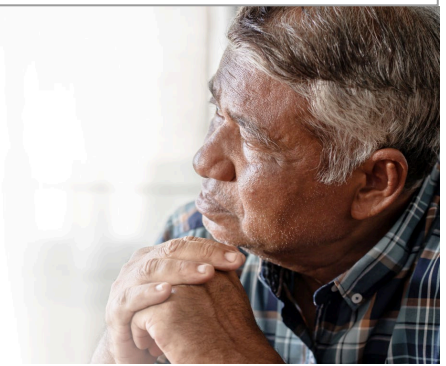
## 3. High-dose studies

### EXPLORE FEASIBILITY OF HIGHER EXPOSURES

**MAD 2.0**

Safety and tolerability > 1000 mg BID

✓ Tolerable up to 2000mg BID with no dose limiting toxicity



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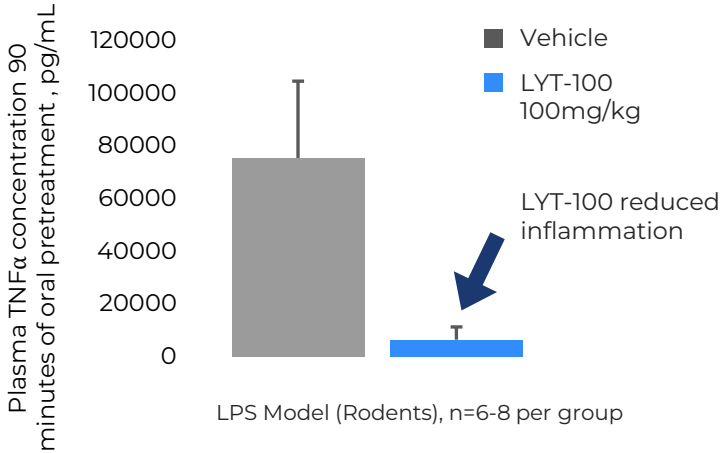
[1] Additional trials clarify ideal AUC and Cmax

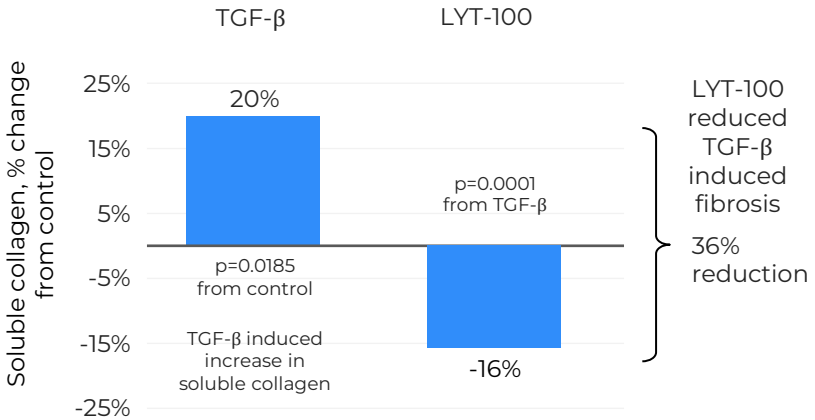
# LYT-100:

## Preclinical POC demonstrates anti-inflammatory & anti-fibrotic pharmacology

### PRECLINICAL PLASMA CONCENTRATIONS OF TNFA WITH LYT-100 VERSUS CONTROL



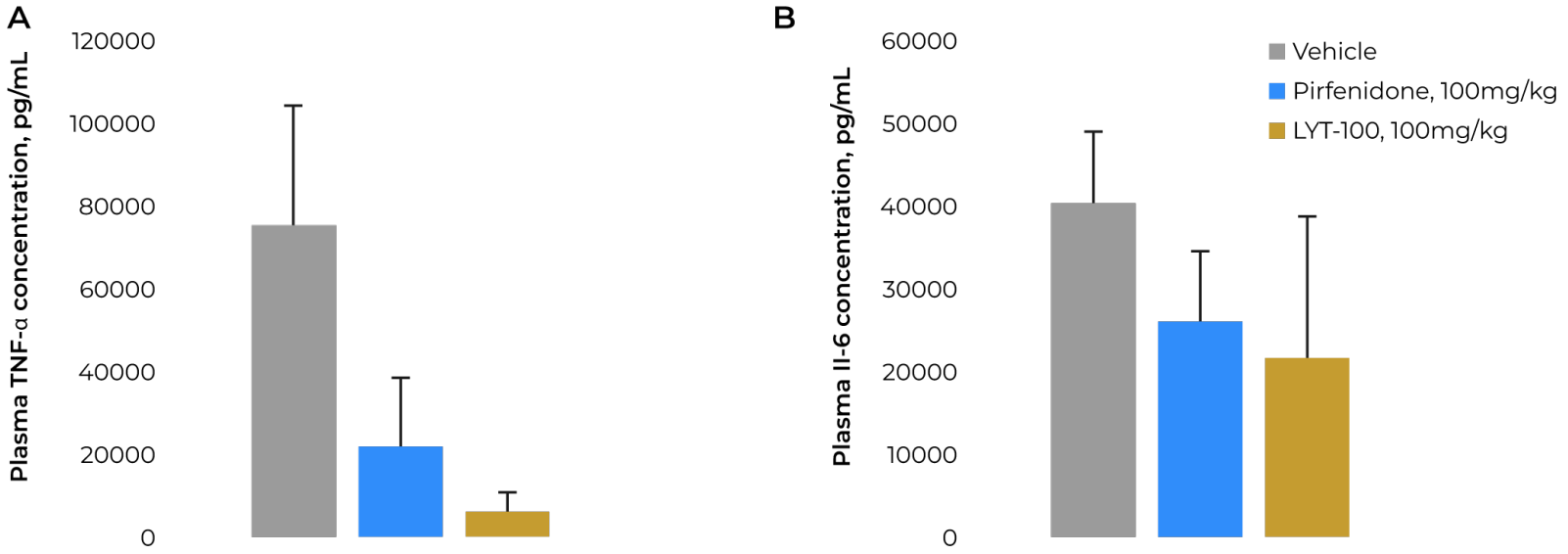

### *IN VITRO* REDUCTION OF TGF-B INDUCED SOLUBLE COLLAGEN PRODUCTION (MOUSE FIBROBLASTS)




Source: Data on File

# LYT-100 Preserves Pharmacologic Effect of Pirfenidone:

## Preclinical data shows improved anti-inflammatory and anti-fibrotic activity vs pirfenidone



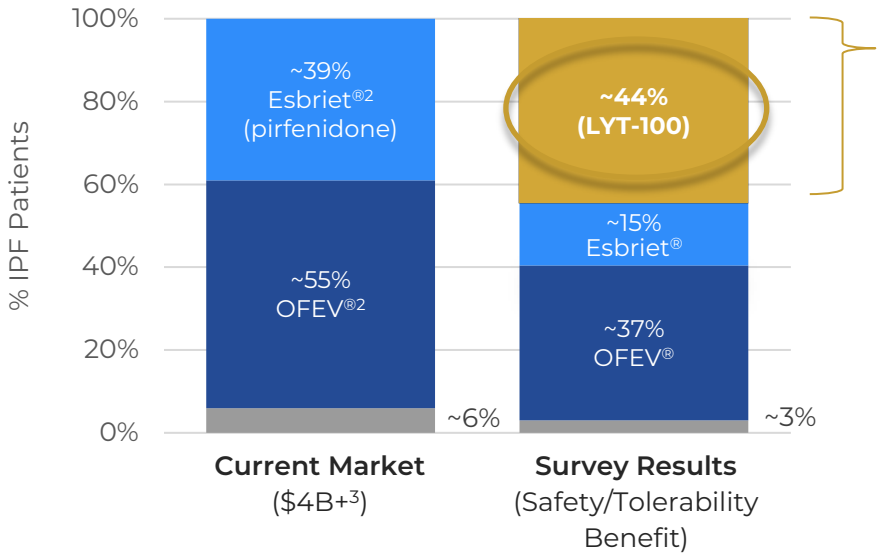

**Reduction in LPS-stimulated plasma concentrations of TNF-α and IL-6 by Pirfenidone or LYT-100**. Oral doses of vehicle, pirfenidone, or LYT-100 (100mg/kg) administered 60 minutes prior to LPS (30 µg/kg intravenous): TNF-α **(A)** and IL-6 **(B)** measured 90 min after LPS stimulation: N=6-8 animals per group. Data are presented as mean +/- standard deviation.



LYT-100 is an investigational drug not approved by any regulatory authority.
[1] Based on healthy older adult crossover trial.

# LYT-100 Could Address Several Segments of IPF Patients

## Independent research shows profile attractive to surveyed pulmonologists[1]




**1** **Newly diagnosed patients**

Pulmonologists would prescribe LYT-100 to **~44% of newly diagnosed** patients with IPF

**2** **Patients currently on SOC treatment**

Pulmonologists would **switch** some patients currently treated with SOC, particularly ESBRIET (pirfenidone), to LYT-100

**3** **Currently untreated patients**

Potentially address currently untreated patients who:
(1) have never started treatment, AND
(2) who started treatment but discontinued

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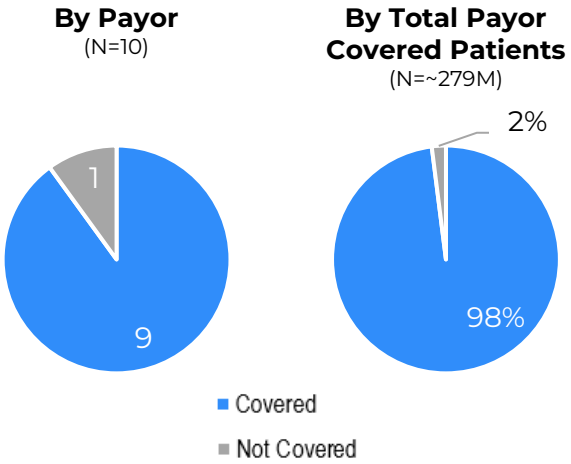
[1] Market research survey of 100 pulmonologists conducted by Day & Associates. No pricing information/assumptions was shared. Research completed in April 2022 based on the latest target product profile and findings were consistent with our prior market research; [2] Esbriet® and OFEV® are trademarks of Genentech and Boehringer Ingelheim Pharmaceuticals, respectively, and are not owned by or affiliated with PureTech Health. LYT-100 is an investigational drug not approved by any regulatory authority; [3] Based on 2022 ESBRIET® and OFEV® total WW sales; Ofev sales are inclusive of SSc-ILD, PF-ILD and IPF indications; SOC = Standard of care (Esbriet or Ofev).

# LYT-100 Payor Market Research

## Independent research indicates payors in favor of profile[1]

### LYT-100 COVERAGE EXPECTATIONS[2]




- Payors are aware of unmet needs in IPF and recognize the clinical value of a product designed to provide improved safety/tolerability vs. pirfenidone, while maintaining efficacy
- ***Nine out of ten payors understood the LYT-100 clinical story and would consider putting it on formulary*** if successfully developed and approved, with a profile that shows superior safety/tolerability to pirfenidone[3]
- Payors indicated that coverage of LYT-100 could be similar to other branded IPF therapies (PA to label, Tier 3/Specialty Tier)

"...50% [tolerability improvement] would be really significant...30% would also be significant."[4] – Regional Payor

**Select quote from survey**

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[1] 10 payors (mix of regional, national, PBM, and IDN) were qualitatively interviewed by a third party; Research completed in Q1 2023 based on the latest target product [LYT-100] profile; [2] Payors were asked: "how would your organization manage Product X"; [3] Most payors expect to cover LYT-100 with a 50% reduction in AEs, which is consistent with the data from LYT-100's Ph1 study in Healthy Volunteers; [4] Target product profile formally tested included 50% reduction in AEs compared to pirfenidone. Separately, a 30% AE reduction was probed on qualitatively.
PA: prior authorization

# LYT-100 in The Face of Generics & Novel MOAs

## LYT-100 VS. GENERICS

- The **safety/tolerability advantage of LYT-100 remains attractive and meaningful to pulmonologists and payers** even in the face of generic competition[1].
- **Only ~25% of patients in the U.S. are currently on SOC** primarily due to poor tolerability. Presence of generics is not likely to drive a dramatic increase in adoption.
- Even if all US payers require step edits through a generic antifibrotic, **~50% of IPF patients will still be eligible for LYT-100** due to the significant tolerability challenges with current standard of care.

## LYT-100 VS. NOVEL MODE OF ACTIONS (MOAS)

- There are several Phase 3 & a handful of notable Phase 2 programs evaluating novel MOAs in IPF. If successful, **nearly all of these programs are expected to be used on top of or after current SOC**.
- There is **potential for LYT-100 to be positioned as the preferred backbone antifibrotic** for future combination regimens.
- **Development of novel MOAs in IPF has proved difficult**, with many recent failures of late-phase programs. For all ongoing programs, it remains to be seen if **early Ph2 data can be replicated in Ph3 studies**



[1] Generic pirfenidone is currently available in the US and most of EU; generic nintedanib is expected to be available within the next five years.

# LYT-100 in The Face of Generics & Novel MOAs (Cont'd)

## Base Case: LYT-100 at equivalent dose to pirfenidone with improved safety/tolerability

| COMPETITOR | OVERVIEW | POSITIONING OF LYT-100 |
|---|---|---|
| **Generic pirfenidone and nintedanib** | • Both generic pirfenidone and generic nintedanib are expected to be on the market at time of LYT-100 launch[1]<br>• Assume all payers add generics to generic Tier[2]; some payers require step edits[3] of generics before allowing treatment with branded agents | • Safety/tolerability advantage will enable **LYT-100 to complete for new patient starts in plans without step edits**<br>• In plans with step edits, LYT-100 will be used as second line of treatment for **patients who fail on generic antifibrotics**<br>• Even if all payers require step edits, **~50% of patients will be eligible for LYT-100** |
| **Reformulated pirfenidone and nintedanib** | • A few reformulated pirfenidone and nintedanib approaches, including inhaled and sustained release, are in early development | • LYT-100 will offer oral systemic delivery of the medication, **without the AEs associated with inhaled (e.g., cough) and other reformulations of the currently approved drugs**<br>• None of the localized delivery candidates have demonstrated the same evidence of efficacy as systemic therapies |
| **Novel Mechanisms** | • Nearly all new mechanisms are being studied on top of/or after the standard of care (currently pirfenidone & ninetedanib) | • **Potential for LYT-100 to be the backbone standard of care for future combination regimens**<br>• Pirfenidone and nintedanib remain key competitors for LYT-100 |

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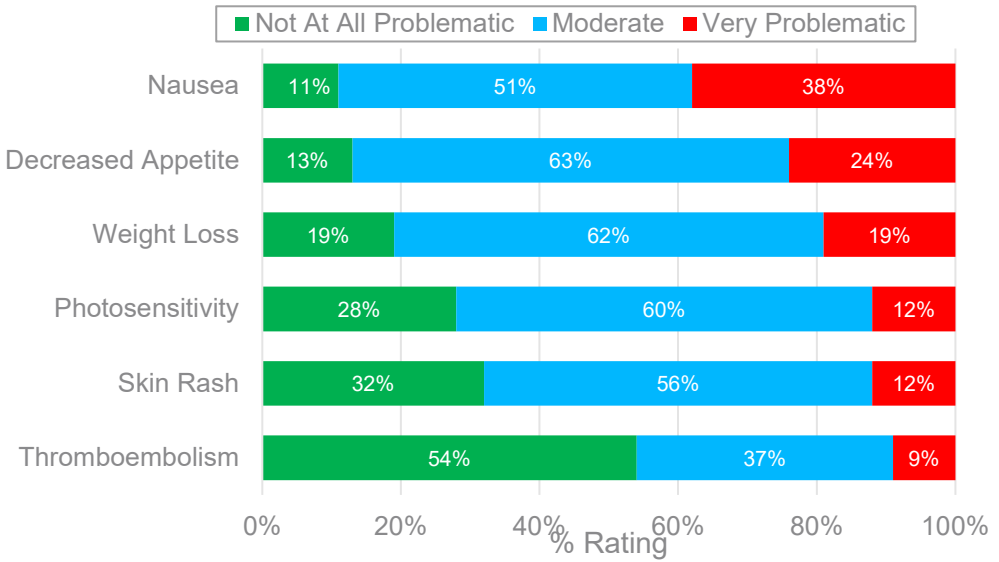
[1] Generic pirfenidone is currently available in the U.S. and most of EU; generic nintedanib is expected to be available within the next five years; [2] Tiering = List of prescription drugs that are covered under a healthcare plan drugs are usually divided into tiers or levels based on cost, type of medication, clinical effectiveness; [3] Step edit = When payers require patients to try a certain medication before allowing access to another.

# ESBRIET (pirfenidone) and OFEV (nintedanib):

## Both have significant tolerability issues, with GI side effects being the most problematic

- In a market research survey of 100 pulmonologists, respondents reported that, aside from efficacy, **safety/ tolerability is the most important consideration** when treating patients with IPF
- However, **>70% of pulmonologists expressed they are "not at all satisfied" or only "moderately satisfied" with the safety/tolerability profile of SOC** today
- In particular**, GI side effects were noted as the most concerning/problematic** adverse events

HOW PROBLEMATIC ARE AEs ASSOCIATED WITH IPF SOC? (N=100)

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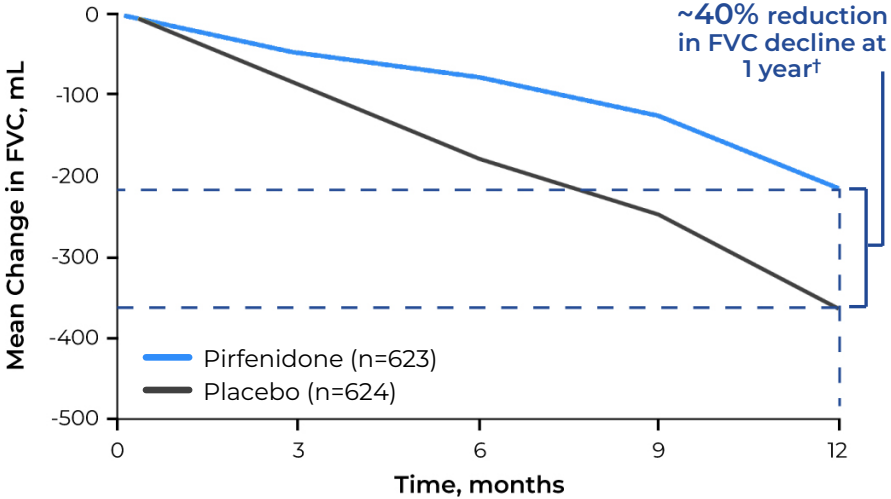
Market research survey of 100 pulmonologists conducted by Day & Associates
GI: gastrointestinal
AE: adverse event
SOC: standard of care (pirfenidone and nintedanib)

# Pirfenidone:

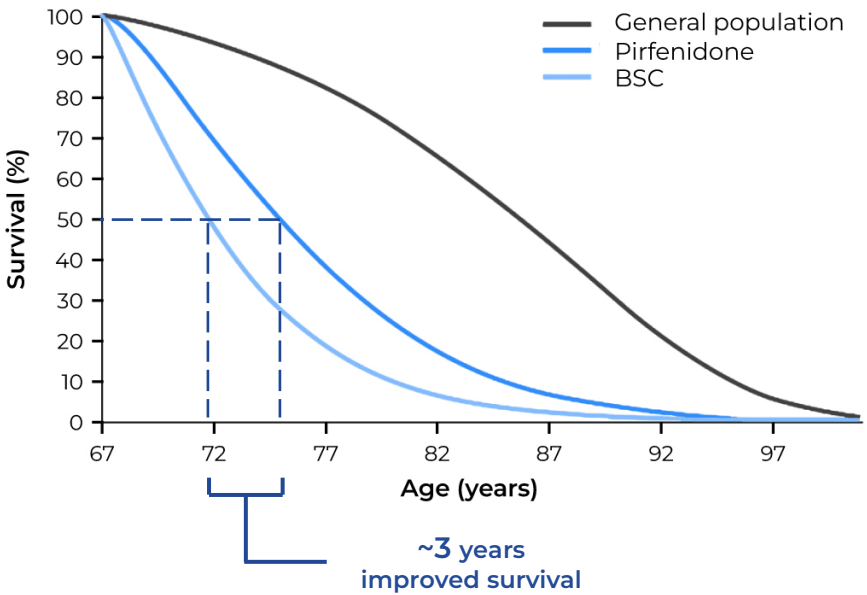
## A clinically validated treatment for IPF with beneficial effects on FVC and survival

### POOLED MEAN CHANGE FROM BASELINE IN FVC FROM THE **ASCEND** AND **CAPACITY** TRIALS[1]*




*FVC assessed at weeks 12, 24, 36, and 48 in CAPACITY and weeks 13, 26, 39, and 52 in ASCEND. †Mean change from baseline in FVC.

### ~3 YEAR IMPROVEMENT IN SURVIVAL WITH PIRFENIDONE VS BEST SUPPORTIVE CARE IN A MATCHED POPULATION FROM THE UK[2]




BSC, best supportive care; FVC, forced vital capacity; IPF, idiopathic pulmonary fibrosis.
[1] Noble PW, et al. Eur Respir J. 2016;47:27-30; [2] Fisher M, et al. J Manag Care Spec Pharm. 2017;23(3-b):S17-S24.

# Design & Tolerability Findings of Pirfenidone Studies

## Pirfenidone discontinuations often related to gastrointestinal (GI) adverse events (AEs)[1]

## Pirfenidone GI AEs:

- Require titration in IPF and other studies
- More common in women[2]

| | PIRFENIDONE FOOD EFFECT/ANTACID STUDY[2] | PIRFENIDONE FOOD EFFECT AND BIOEQUIVALENCE STUDY[3] | PIRFENIDONE PHASE 3 STUDIES[1] |
|---|---|---|---|
| **Design** | 801mg single-dose in healthy older adults, 44% women | 801mg single-dose in healthy adults, 36% women | 2403mg per day, IPF patients 26% women |

**Most common AEs**

| Most common AEs | Pirfenidone N=16 |
|---|---|
| Nausea | 43.8% |
| Dizziness | 37.5% |

AEs more frequent in the fasted state
AE rate higher in women

| Most common AEs | Pirfenidone N=44 |
|---|---|
| Nausea | 29.5% |
| Dizziness | 18.2% |
| Headache | 9.1% |
| Constipation | 9.1% |
| Vomiting | 4.5% |
| Dyspepsia | 4.5% |

AEs more frequent in the fasted state

| Most common GI AEs^ | Pirfenidone N=623 | Placebo N=624 |
|---|---|---|
| Nausea | 36% | 16% |
| Rash | 30% | 10% |
| Ab. pain | 24% | 15% |
| Diarrhea | 26% | 20% |
| Headache | 22% | 19% |
| Dyspepsia | 19% | 7% |
| Dizziness | 18% | 11% |
| Vomiting | 13% | 6% |
| Anorexia | 13% | 5% |

^Other most common AEs observed in the Phase 3 studies (pirfenidone vs. placebo) include upper resp. infect (27% vs. 25%), fatigue (26% vs. 19%), GERD (11% vs. 7%), sinusitis (11% vs. 10%), insomnia (10% vs. 7%), weight decrease (10% vs. 5%), arthalgia (10% vs. 7%)

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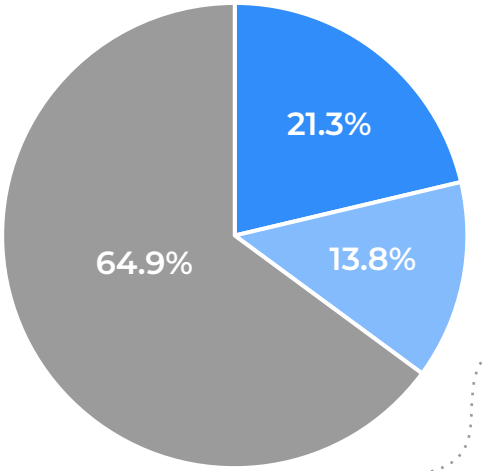
[1] InterMune, Inc., Esbriet (pirfenidone) [package insert]. U.S. Food and Drug Administration website; [2] Rubino, C. M., et al. *Pulmonary pharmacology & therapeutics* 22.4 (2009): 279-285 https://doi.org/10.1016/j.pupt.2009.03.003; [3] Pan, Lin, et al. *Advances in therapy* 34.9 (2017): 2071-2082. https://doi.org/10.1007/s12325-017-0594-8.

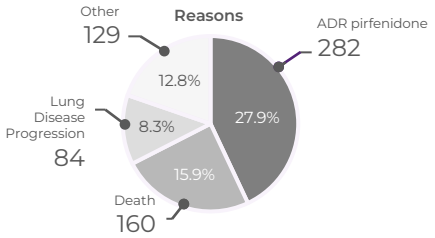
# Prospective Registry Found Only 21% of Patients Who Started Pirfenidone Remained on Full Dose After 2 Years




**21.3%** — Patients 215 — Completed
No dose adjustment

**13.8%** — Patients 139 — Completed
**Dose adjustment**

**64.9%** — Patients 655 — Discontinued

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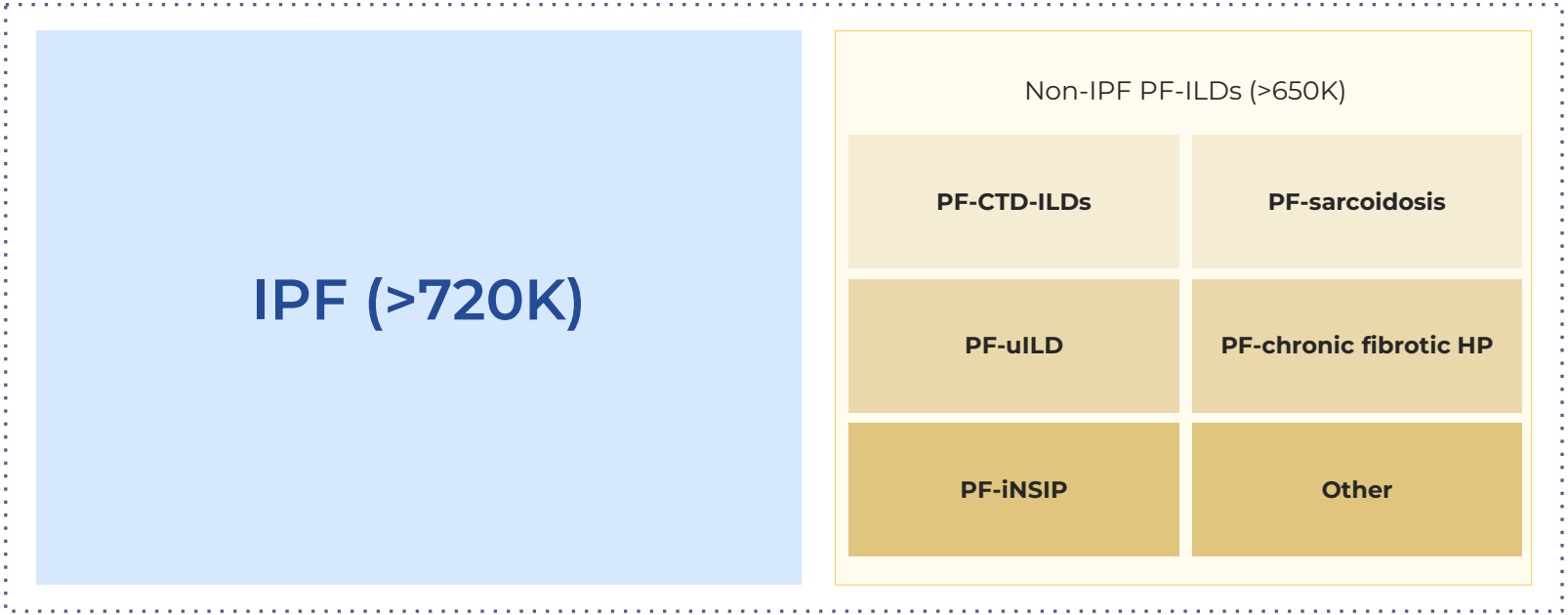
Cottin V, Koschel D, Günther A, et al. Long-term safety of pirfenidone: results of the prospective, observational PASSPORT study. ERJ Open Res. 2018;4(4):00084-2018. Published 2018 Oct 19. doi:10.1183/23120541.00084-2018.

# Enduring High Unmet Need in Interstitial Lung Diseases Including IPF

## Progressive Fibrosing ILDs (PF-ILDs) are estimated to affect >1.3M patients in the 16 Major markets[1,2]




Major potential to improve care in IPF & address other interstitial lung diseases

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[1] Wong, A., et al. Respiratory Research (2020) 21:32; Sauleda, J., et al. Medical Sciences (2018) 6:110; 16 major markets: US, EU5 (Germany, Spain, Italy, France, UK), Australia, Brazil, Canada, China, India, Japan, Mexico, Russia, South Africa, South Korea; CTD: Connective Tissue Disease; iNSIP: Idiopathic Non-specific Interstitial Pneumonia; HP: Hypersensitivity Pneumonitis.; [2] GlobalData Epidemiology and Market Size Search

# Appendix B: Founded Entities

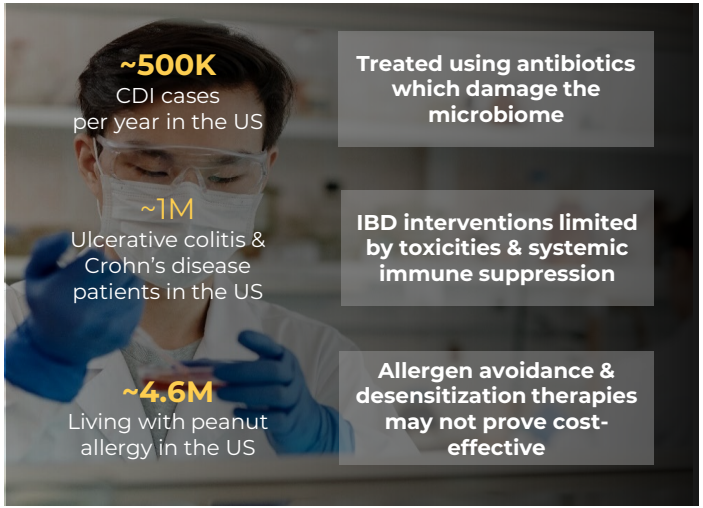
# Vedanta

## Developing a new class of drugs to modulate the human microbiome

**(PRTC Ownership: 41.0%[1])**

## INNOVATION

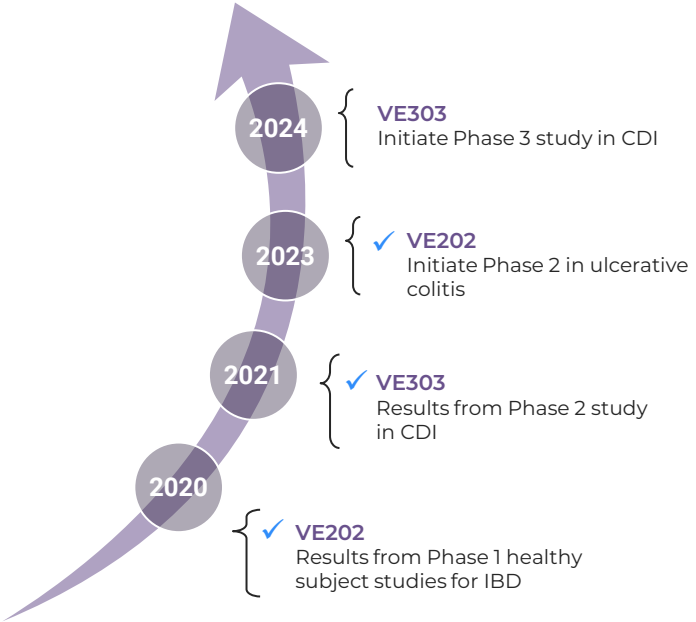
Rationally-defined consortia of **gut bacteria**; manufactured from **pure cell banks** to produce drug product of **known bacterial isolates; orally administered** to modulate microbial communities and immune responses




## VALIDATION

- **Four clinical-stage programs in development**
- VE303 (*C. difficile*) demonstrated **accelerated gut microbiota restoration** after antibiotics in a **Phase 1a/1b study**
- VE202 (IBD) demonstrated durable & dose dependent colonization in Phase 1 trial in healthy volunteers
- VE416 (food allergy) being evaluated in Phase 1/2 study
- Strong IP portfolio
- $71.1M in total Series C

## UPCOMING MILESTONES[2] & VALUE REALIZATION




VE303 & VE202 received Fast Track designation from the U.S. FDA

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[1] As of June 30, 2023, PureTech's percentage ownership of Vedanta Biosciences was approximately 41.0 percent on a diluted basis. This calculation includes issued and outstanding shares, options, and warrants, but excludes unallocated shares authorized to be issued pursuant to equity incentive plans. Vedanta's $106.5 million recent financing round was structured as convertible debt. PureTech ownership reflects current ownership and does not take into account any potential future dilution, if applicable, as a result of conversion of that debt amount.

# Akili

**(PRTC Ownership: 14.6%[1])**

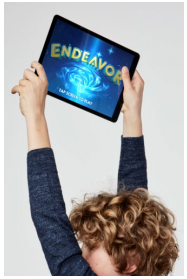
## First game-based digital therapeutic cleared by the FDA for ADHD

## 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**




- ✓ In-licensed from University of California, San Francisco the intellectual property invented by Adam Gazzaley, MD, PhD
- ✓ Oversaw initial product development & design

## 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®[2] (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
- ✓ **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

- Plans to pursue regulatory approval for OTC labeling of its treatment products
- Data submission to the FDA to convert EndeavorRx to OTC in 2024
- Shionogi pivotal trial data in 6-17 year old children with ADHD in Japan expected in 2024

EndeavorOTC for adults 18 y.o. and older with ADHD now available without a prescription nationwide

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[1] As of, August 3 2023, PureTech's percentage ownership of Akili was approximately 14.6 percent; [2] EndeavorRx is the first-and-only FDA-authorized treatment delivered through a video game experience. EndeavorRx is indicated to improve attention function as measured by computer-based testing in children ages 8 to 12 years old with primarily inattentive or combined-type ADHD, who have a demonstrated attention issue. Patients who engage with EndeavorRx demonstrate improvements in a digitally assessed measure Test of Variables of Attention (TOVA®) of sustained and selective attention and may not display benefits in typical behavioral symptoms, such as hyperactivity. EndeavorRx should be considered for use as part of a therapeutic program that may include clinician-directed therapy, medication, and/or educational programs, which further address symptoms of the disorder. EndeavorRx is available by prescription only. It is not intended to be used as a stand-alone therapeutic and is not a substitution for a child's medication. The most common side effect observed in children in EndeavorRx's clinical trials was a feeling of frustration, as the game can be quite challenging at times. No serious adverse events were associated with its use. EndeavorRx is recommended to be used for approximately 25 minutes a day, 5 days a week, over initially at least 4 consecutive weeks, or as recommended by your child's health care provider. To learn more about EndeavorRx, please visit EndeavorRx.com; [3] EndeavorOTC is a digital therapeutic indicated to improve attention function, ADHD symptoms and quality of life in adults 18 years of age and older with primarily inattentive or combined-type ADHD. EndeavorOTC utilizes the same proprietary technology underlying EndeavorRx, a prescription digital therapeutic indicated to improve attention function in children ages 8-12. EndeavorOTC is available under the U.S. Food and Drug Administration's current Enforcement Policy for Digital Health Devices for Treating Psychiatric Disorders During the Coronavirus Disease 2019 (COVID-19) Public Health Emergency. EndeavorOTC has not been cleared or authorized by the U.S. Food and Drug Administration for its indications. It is recommended that patients speak to their health care provider before starting EndeavorOTC treatment. No serious adverse events have been reported in any of our clinical studies. To learn more, visit EndeavorOTC.com.

# Vor

## Selectively protecting healthy cells from targeted cancer therapies

**(PRTC Ownership: 3.9%[1])**

## INNOVATION

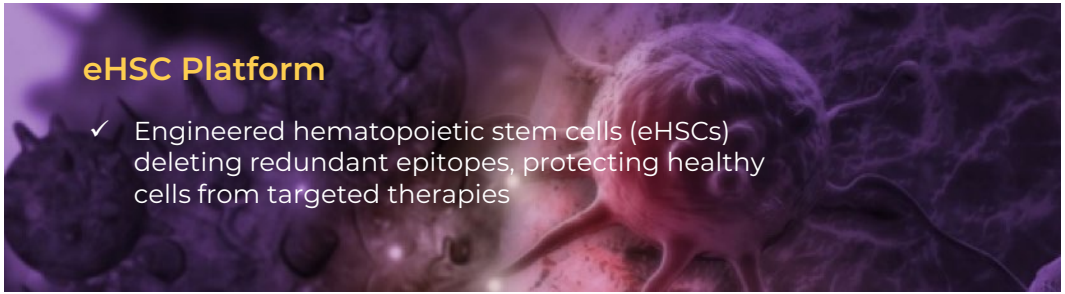
**~42.5K** **new diagnoses of AML patients each year in the US, Europe & Japan**

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

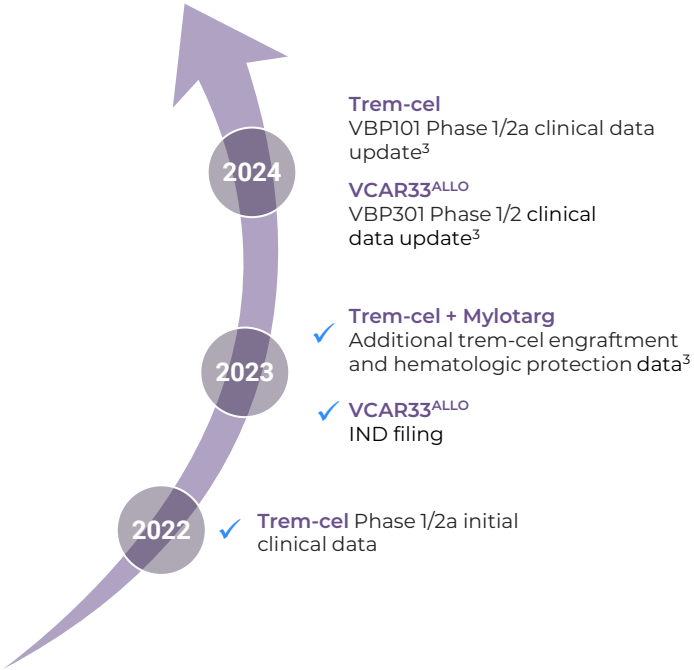
**Median 5 year survival rate for patients with AML is <30%, but there are significant differences in prognosis depending on several factors, including the age of the patient at diagnosis**

## 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**
- **Completed $115.8M follow-on offering in December 2022**




## UPCOMING MILESTONES[2] & VALUE REALIZATION

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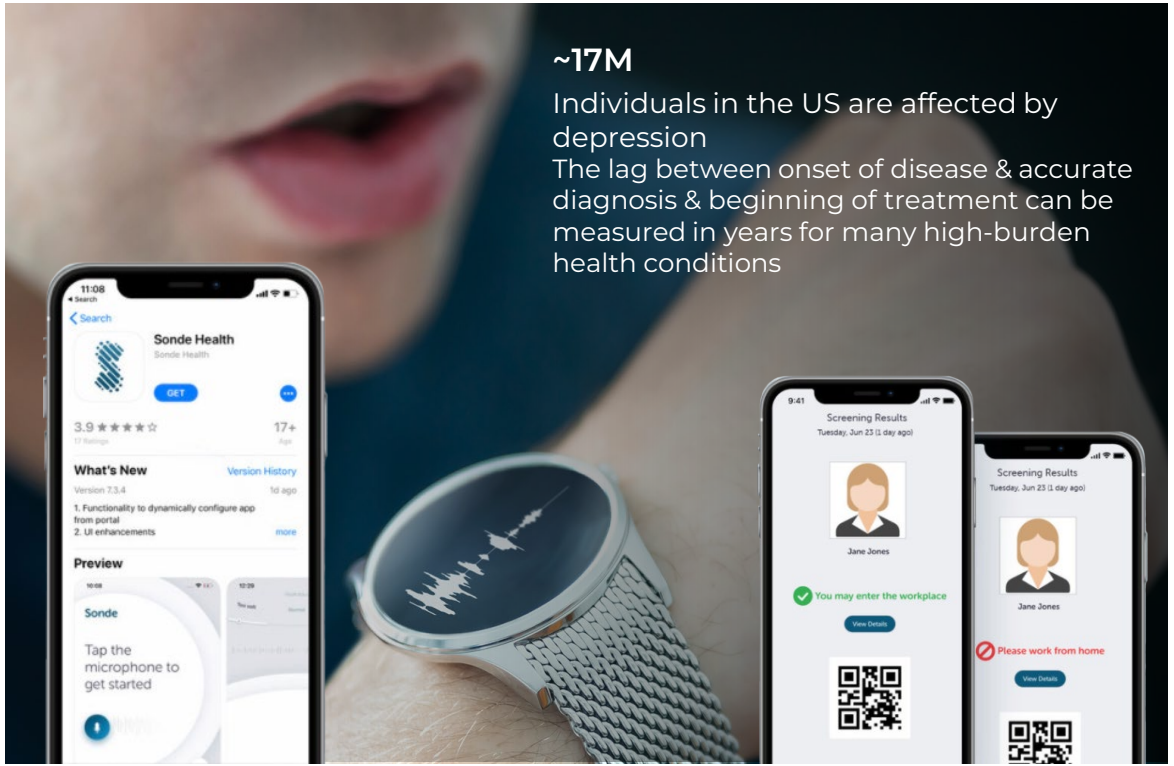
[1] As of March 15, 2024, PureTech's percentage ownership of Vor was approximately 3.9 percent on an outstanding voting share basis; [2] Sourced from the company's latest corporate presentation as of March 2024; [3] The VCAR33 construct is being studied in a Phase 1/2 clinical trial sponsored by the NMDP, and the timing of the data release is dependent on the investigators conducting the trial.

# Sonde

## Voice-based artificial intelligence (AI) platform with the potential to transform how we monitor health

**(PRTC Ownership: 35.2%[1])**




## 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

- 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
- Partnership with Qualcomm Technologies for vocal biomarker technology
- Collected **voice data** from over 80,000 subjects as part of ongoing validation of platform
- Expanded development of its proprietary technology into respiratory & other **health & wellness conditions, including mental health**

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[1] As of June 30, 2023, PureTech's percentage ownership of Sonde was approximately 35.2 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.

# Entrega

## Engineering hydrogels to enable the oral administration of peptide therapeutics (e.g., GLP-1 agonists)

**(PRTC Ownership: 73.8%[1])**


## MILESTONES ACHIEVED

- To validate its technology, Entrega generated preclinical proof-of-concept data demonstrating administration of therapeutic peptides into the bloodstream of large animals.

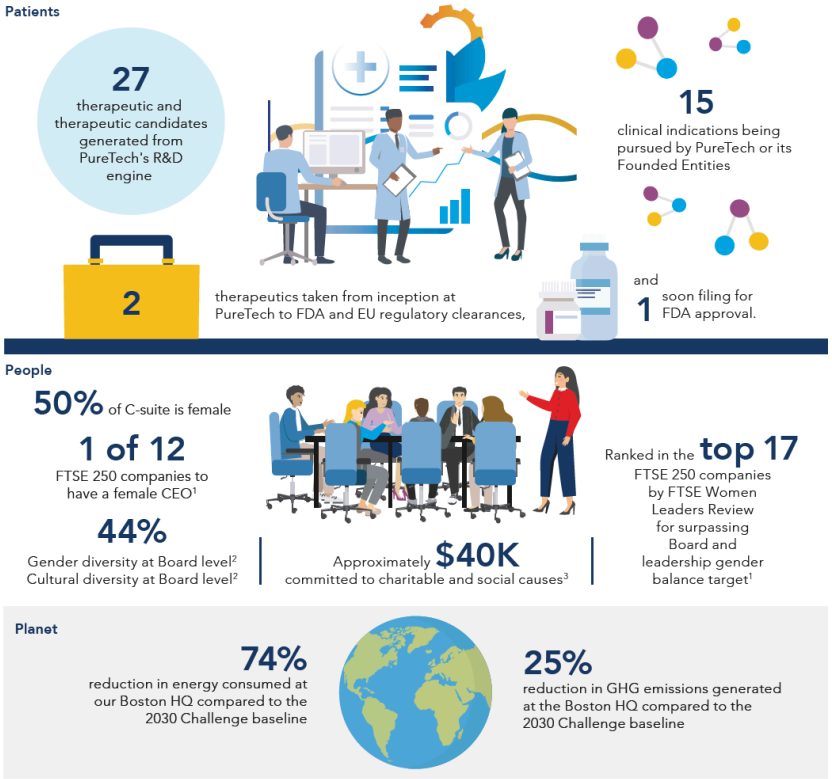
[1] As of June 30, 2023, PureTech's percentage ownership of Entrega was approximately 73.8 percent on a diluted basis. This calculation includes outstanding shares, options, and warrants, but excludes unallocated shares authorized to be issued pursuant to equity incentive plans.

# Appendix C: Supplemental Materials

# PureTech ESG Program

## 3 areas of focus: patients, people & planet

Named as one of the 2022 top-rated ESG companies by Sustainalytics[3] & ranked in the top 3 percent of pharmaceutical companies

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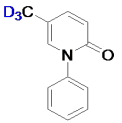
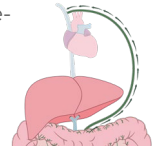
[1] FTSE Women Leaders Review. [2] Board composition at December 31, 2022. [3] https://www.sustainalytics.com/corporate-solutions/esg-solutions/top-rated-companies

# PureTech's Proven Expertise

## We give life to classes of medicine with proven efficacy by addressing key limitations

| | PROGRAM | VALIDATED EFFICACY | PROBLEM | PURETECH INSIGHT/IP |
|---|---|---|---|---|
| KarXT, invented by PureTech Team | **Karuna's KarXT** for schizophrenia & psychosis in Alzheimer's disease | Xanomeline is highly effective in reducing psychosis | Xanomeline has GI tolerability issues | Pairing xanomeline with peripherally-restricted muscarinic antagonist improved AE profile and unlocked 1st new class in 50+ years   |
| Wholly Owned Pipeline includes multiple clinical programs building on PureTech's expertise & platforms. Certain CNS programs & relevant Glyph intellectual property to be advanced via Seaport Therapeutics | **LYT-100** for inflammation and fibrosis, including IPF | Pirfenidone extends life in patients with IPF by an average of ~2.5 years[1] | GI tolerability issues negatively impact patient compliance & efficacy | Retain clinically-validated activity of pirfenidone w/ improved tolerability & potential for improved efficacy   |
| | **SPT-300** for neuropsychiatric & rare CNS conditions | Allopregnanolone has demonstrated efficacy in mental health conditions | Marketed allopregnanolone requires 60-hr IV infusion & chemical analogs may have different pharmacological effects than endogenous allopregnanolone | Using proprietary Glyph technology, achieved blood levels of allopregnanolone at/above those associated w/ therapeutic effect & demonstrated exposure-dependent target engagement w/ $GABA_A$ receptors[2]. Approach may have advantages vs. oral chemical analogs  |

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KarXT, LYT-100, SPT-300 & SPT-310 are investigational drugs not approved by any regulatory authority.

[1] Fisher, M., Nathan, S. D., Hill, C., Marshall, J., Dejonckheere, F., Thuresson, P., & Maher, T. M. (2017). Predicting Life Expectancy for Pirfenidone in Idiopathic Pulmonary Fibrosis. Journal of Managed Care & Specialty Pharmacy, 23(3-b Suppl), S17–S24. https://doi.org/10.18553/jmcp.2017.23.3-b.s17; [2] Brexanolone NDA 211371 Multi-disciplinary Review and Evaluation, FDA CDER, 2018; FXTAS = Fragile X-associated Tremor/Ataxia Syndrome.

# PureTech is Executing & Delivering Results

## REGULATORY

FDA Clearance & European CE Mark

**EndeavorRx®**[1] (AKL-T01)

**Plenity®**[2] (Gelesis100)

## R&D & DATA PRESENTATIONS

- ✓ **Phase 2 & Phase 3 results for** Karuna's KarXT
- ✓ **Phase 1 results** for Vedanta's VE303 & VE202
- ✓ **Phase 2 results** for Vedanta's VE303
- ✓ 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**
- ✓ PureTech programs published in ***Nature*** & ***Nature Neuroscience***
- ✓ POC study for Vor published in ***PNAS***
- ✓ Presentations on PureTech's LYT-200 at **ESMO & ASH & SITC & AACR**
- ✓ Presentations on PureTech's LYT-100 at **CHEST & ATS & ERS**
- ✓ PureTech's LYT-100 MAD study published in **Clinical Pharmacology in Drug Development**

## 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*
- ✓ **PureTech's partnership with Imbrium Therapeutics to advance LYT-503/IMB-150**
  *$6.5 million in upfront payment and eligible to receive up to $53 million in additional development milestone payments for this program as well as royalties on product sales*
- ✓ **PureTech's royalty agreement with Royalty Pharma for up to $500M**
  *$100 million up front and up to $400 million in additional payments for PureTech's 3% royalty in Karuna's KarXT. After $2 billion sales threshold, PureTech to retain 67% of royalty payments*

## FINANCINGS

- ✓ **Seaport's $100M Series A financing**
  *Key investors include ARCH Venture Partners, Sofinnova Investments, Third Rock Ventures*
- ✓ **Karuna's $124M Series A+B financings; $103M IPO; $14B acquisition by BMS**
  *Key investors include ARCH Venture Partners, Fidelity, Eventide, Pivotal bioVenture Partners, Partner Fund*
- ✓ **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 BioMedical Research*
- ✓ **Vedanta's $71M Series C financing; $68M Series D financing**
  *Key investors include Bill & Melinda Gates Foundation, Bristol-Myers Squibb, Rock Springs Capital, affiliates of Magnetar Capital*
- ✓ **Sonde's $16M Series A financing**
  *Key investors include M Ventures, MP Healthcare Venture Management, Neoteny 4*
- ✓ **Akili's Nasdaq debut ('AKLI') via SPAC merger**
  *Transaction generated more than $163M in gross proceeds, which will be used to fund the commercial launch of EndeavorRx®, its potential expansion into additional ADHD patient populations, and will also support the advancement of the company's late-stage pipeline*
- ✓ **Vedanta's $106.5M financing**
  *Syndicate led by new investors AXA IM Alts and The AMR Action Fund along with existing investors Bill & Melinda Gates Foundation, Skyviews Life Science, and others*



[1] Please see footnote 2 on slide 61 for EndeavorRx indication and overview.

# Financial Highlights

| | Estimated December 31, 2023 $ millions |
|---|---|
| **Cash Flow and Liquidity**[1] | |
| **Consolidated Cash, Cash Equivalents, and Short-Term Investments** | **320.0** |
| Less: Cash and Cash Equivalents held at non-wholly-owned subsidiaries | (1.2) |
| **PureTech Level Cash, Cash Equivalents, and Short-Term Investments**[2] | **318.8** |

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[1] The preliminary selected financial results reported by the company are unaudited, subject to adjustment, and provided as an approximation in advance of the Company's announcement of complete financial results in April 2024; [2] PureTech Level Cash, cash equivalents, and short-term investments is a Non-IFRS measure.

# Non-IFRS Measures

## Reported Performance

Reported performance considers all factors that have affected the results of our business, as reflected in our consolidated financial statements.

## Core Performance

Core performance measures are alternative performance measures (APM) which are adjusted and non-IFRS measures. These measures cannot be derived directly from our Consolidated Financial Statements. We believe that these non-IFRS performance measures, when provided in combination with reported performance, will provide investors, analysts and other stakeholders with helpful complementary information to better understand our financial performance and our financial position from period to period. The measures are also used by management for planning and reporting purposes. The measures are not substitutable for IFRS financial information and should not be considered superior to financial information presented in accordance with IFRS.

## Cash flow and liquidity

**PureTech Level Cash and cash equivalents**

**Measure type:** Core performance.

**Definition:** Cash and cash equivalents held at PureTech Health plc and only wholly-owned subsidiaries (PureTech LYT, PureTech LYT-100, Alivio Therapeutics, Inc., PureTech Management, Inc., PureTech Health LLC, PureTech Securities Corp, PureTech Securities II Corp)

**Why we use it:** PureTech Level Cash and cash equivalents is a measure that provides valuable additional information with respect to cash and cash equivalents available to fund the Wholly Owned Programs and make certain investments in Founded Entities