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Corporate Presentation

March 2024

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We report certain financial information using non-IFRS financial measures, as we believe these measures provide information that is useful to management and investors to assess financial performance. These non-IFRS financial measures do not have any standardized meaning and may not be comparable with similar measures used by other companies. For certain non-IFRS financial measures, there are no directly comparable amounts under IFRS. These non-IFRS financial measures should not be viewed as alternatives to measures of financial performance determined in accordance with IFRS. Please see slides 79-81 for a reconciliation of these measures to the most comparable IFRS measure.

This document and the Presentation contain statements that are or may be forward-looking statements. These statements are based on our management's current beliefs, expectations and assumptions about future events, conditions and results, and on information currently available to us. This document and the Presentation also contain estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

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

Daphne Zohar

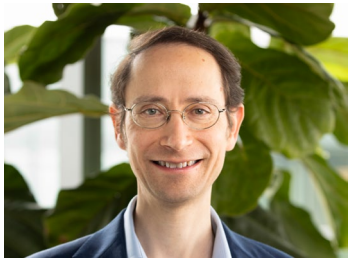
Founder & Chief Executive Officer

Built team, scientific network & pipeline; Recognized as a top leader in biotech by EY, Fierce Pharma, Scientific American, BioWorld; BIO Board Member & Strategy & Policy Committee co-chair

Bharatt Chowrira, PhD, JD

President

Former COO at Auspex (acq. by Teva $3.5B), COO at Nektar, GC at SIRNA (acq. by Merck $1.1B), VP at Merck & Co.; 20+ years of leadership roles in multiple biotechs; Board Member



Eric Elenko, PhD

Co-founder & Chief Innovation & Strategy Officer

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

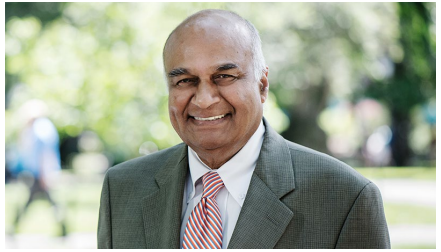
Robert Lyne

Chief Portfolio Officer

Former CEO at Arix Bioscience (acq. by RTW Biotech $250M); Previously at Touchstone Innovations, Bird & Bird

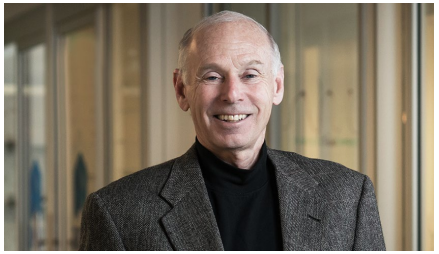
World Class Board of Directors Provides Strong Governance

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)

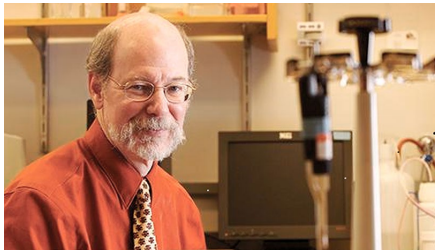


John LaMattina, PhD
Board

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



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

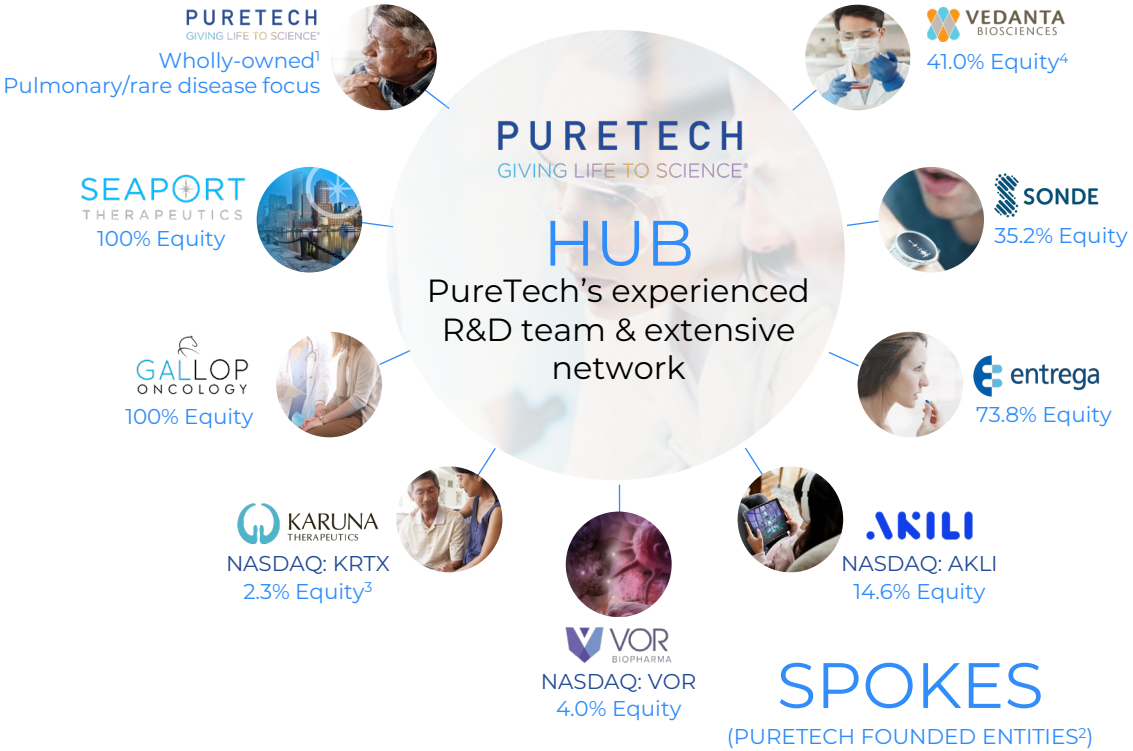
Applying **proprietary technologies** to address key limitations and **unlock drug potential** for **patients**

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]; cash figures & capital return strategy to be updated following the closing of the Karuna/BMS transaction. Estimated gross proceeds from PureTech's KRXT equity holdings is ~$294M.
- Operational runway into **2027**
- PureTech has not needed to raise capital in **~6 years**
- **$3.8B** raised by Founded Entities since July 2018, of which 96% was from 3rd parties

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[1] References to "Wholly Owned Programs" refer to the Company's five therapeutic candidates (LYT-100, LYT-200, LYT-300, LYT-310 and LYT-320), Glyph platform and potential future therapeutic candidates and platforms that the Company may develop or obtain. References to "Wholly Owned Pipeline" refer to LYT-100, LYT-200, LYT-300, LYT-310 and LYT-320. Certain of the Wholly Owned Programs and certain assets within the Wholly Owned Pipeline are being advanced through the newly announced Founded Entities Seaport Therapeutics, Inc. and Gallop Oncology, Inc.; [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%. PureTech retains its equity ownership in Karuna. Additionally, under its license agreement with Karuna, PureTech retains the right to receive milestone payments upon the achievement of certain regulatory approvals and 20% of sublicense income; [3] Vedanta's $106.5 million recent 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. As of the date of this release, PureTech maintained control over Entrega, Inc. by virtue of majority voting control and the right to elect representation to the entity's Board of Directors. PureTech also controls Seaport Therapeutics, Inc. and Gallop Oncology, Inc. As of the date of this release, PureTech did not have a controlling interest in Karuna Therapeutics, Inc., Akili, Inc., Sonde Health, Inc., Vedanta Biosciences, Inc. and Vor Biopharma Inc.; [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

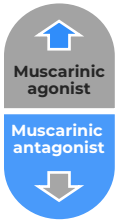
Current antipsychotics **have significant side effects and poor adherence**

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

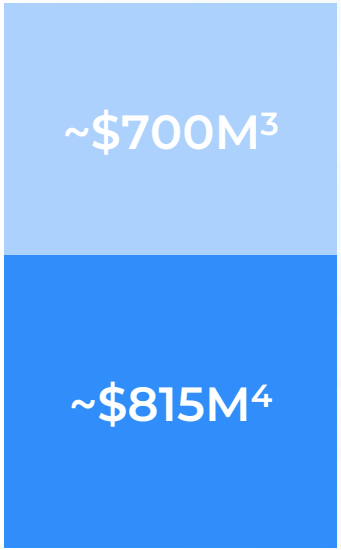
- ✓ Phase 2 EMERGENT- 1, Phase 3 EMERGENT-2 & Phase 3 EMERGENT-3 trials **met primary endpoint** with clinically meaningful & significant **reduction in PANSS total score** vs. placebo
- ✓ NDA submission completed in September 2023; PDUFA date, September 26, 2024
- ✓ Ongoing Phase 3 programs in **psychosis in Alzheimer's disease**
- ✓ Karuna Therapeutics is expected to be 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 remaining Karuna holdings plus 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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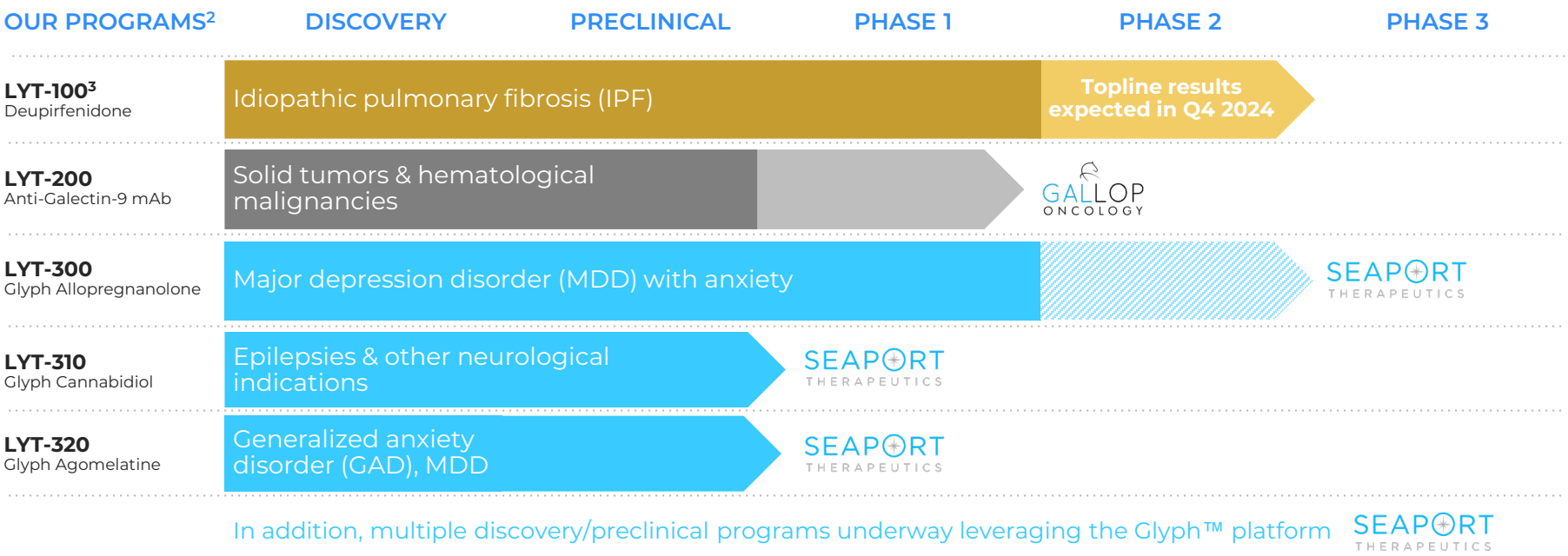
[1] Represents total PureTech principal investment in Karuna; [2] Represents the amounts described in footnote 3 plus the amounts described in footnote 4; [3] Represents the value of PureTech's holdings of KRTX common stock following the anticipated BMS acquisition of Karuna announced on December 22, 2023, plus the $400 million in potential milestone payments included in PureTech's transaction with Royalty Pharma. The value of KRTX common stock may vary over time. 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. Please see slide 80 for additional information regarding PureTech's sales of KRTX common stock.

Wholly Owned Pipeline[1]

Certain assets to be advanced by new Founded Entities



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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]

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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:

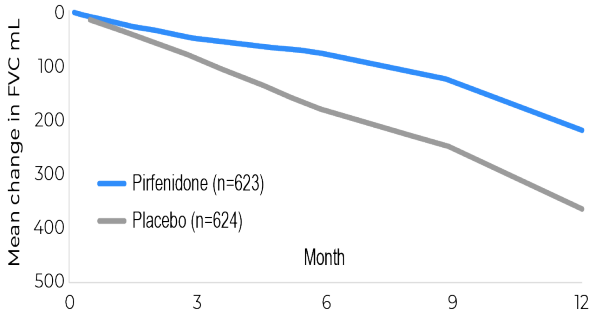
Clinically validated anti-fibrotic & anti-inflammatory

VALIDATED EFFICACY

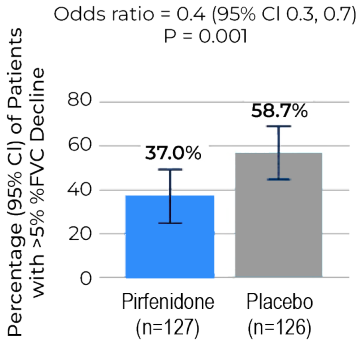
- Pirfenidone FDA-approved for IPF with breakthrough designation for Unclassifiable Interstitial Lung Disease (uILD); has been shown **to extend life in patients with IPF by an average of ~2.5 years**[1]
- Over a **dozen late-stage & real-world efficacy studies** demonstrate **efficacy in IPF**[2]
- <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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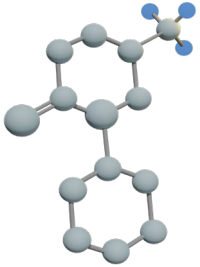
[1] Fisher, M., Nathan, S. D., Hill, C., Marshall, J., Dejonckheere, F., Thuresson, P., & Maher, T. M. (2017). Predicting Life Expectancy for Pirfenidone in Idiopathic Pulmonary Fibrosis. Journal of Managed Care & Specialty Pharmacy, 23(3-b Suppl), S17–S24. https://doi.org/10.18553/jmcp.2017.23.3.b.s17; [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.

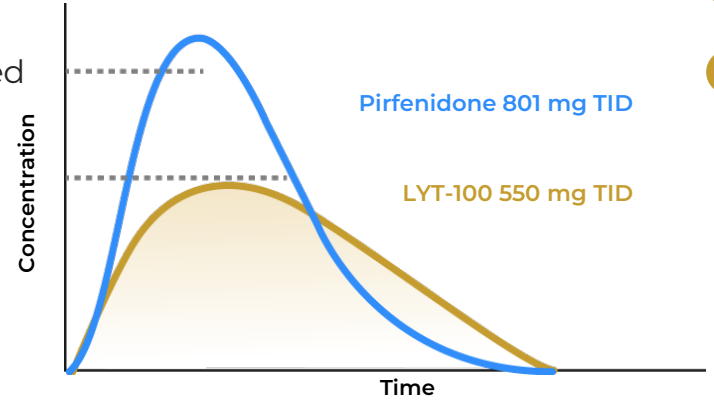
LYT-100:

A potential game changer for IPF patients

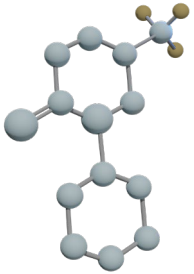
PIRFENIDONE



- **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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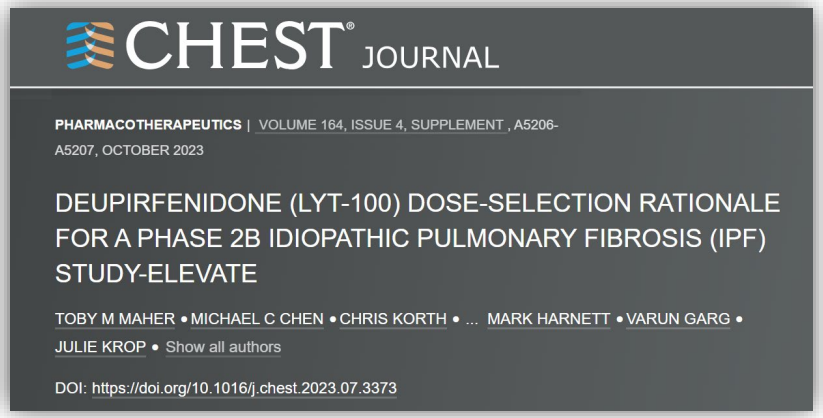
LYT-100 is an investigational drug not approved by any regulatory authority.
[1] Across single ascending dose trial, multiple ascending dose trial, healthy older adult crossover trial and additional LYT-100 trials. [2] Chen, M.C., Korth, C.C., Harnett, M.D., Elenko, E. and Lickliter, J.D. (2022), A Randomized 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

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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

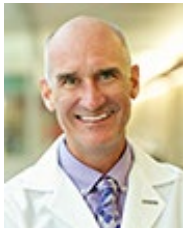
PureTech's clinical advisory board for IPF & related lung disorders

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:

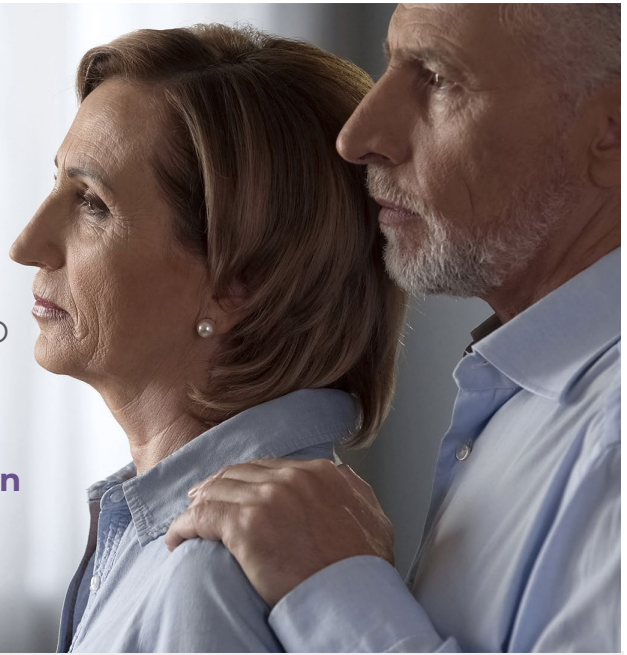
Slope of decline in FVC for LYT-100 compared to placebo over 6 months

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

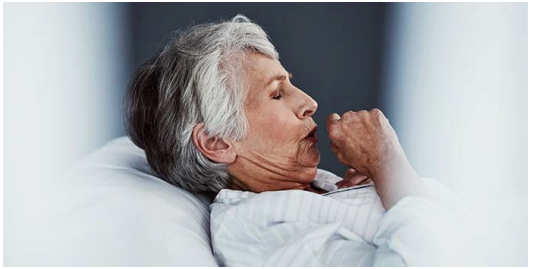
CURRENT INDICATION: IPF

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

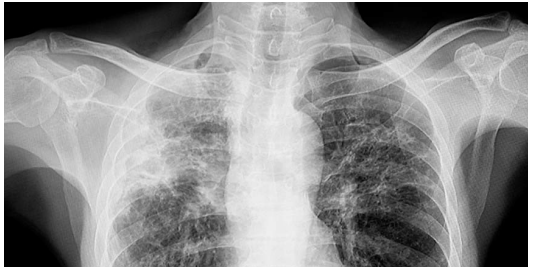


~650K non-IPF PF-ILD patients in the 16 major markets[3] are affected with few treatment options worldwide

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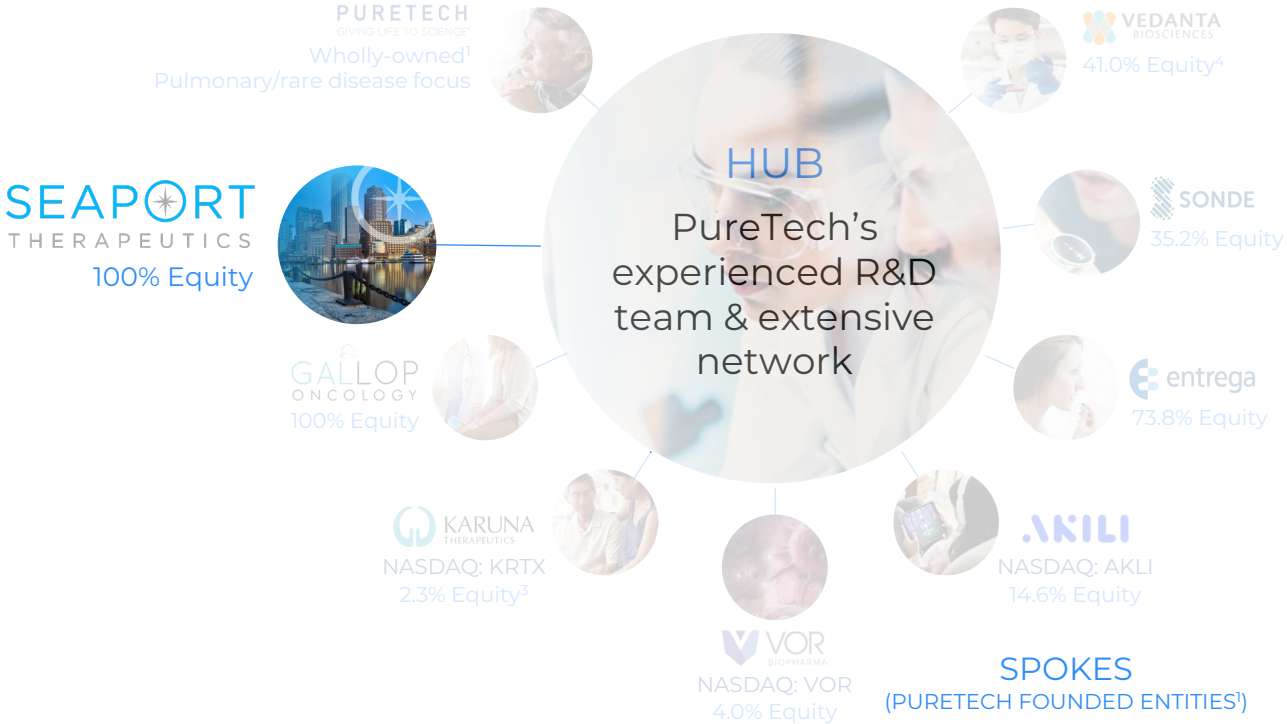
LYT-100 is an investigational drug not approved by any regulatory authority.

[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



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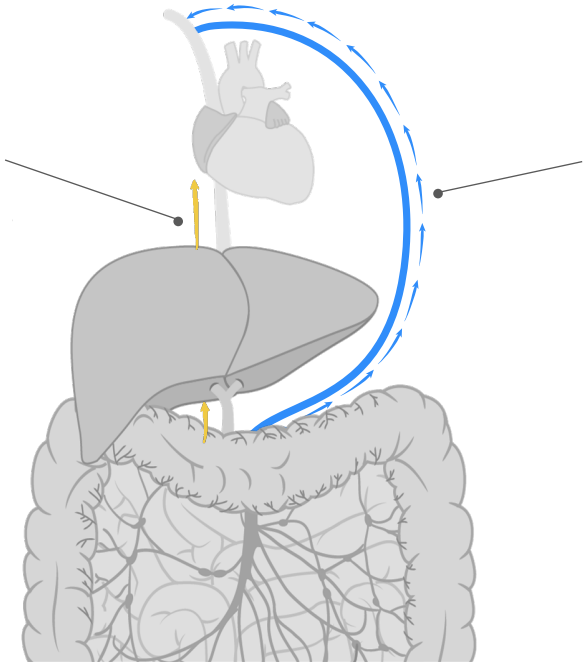
[1] Founded Entities represent companies founded by PureTech in which PureTech maintains ownership of an equity interest and, in certain cases, is eligible to receive sublicense income and royalties on product sales. As of the date of this release, PureTech maintained control over Entrega, Inc. by virtue of majority voting control and the right to elect representation to the entity's Board of Directors. PureTech also controls Seaport Therapeutics, Inc. and Gallop Oncology, Inc. As of the date of this release, PureTech did not have a controlling interest in Karuna Therapeutics, Inc., Akili, Inc., Sonde Health, Inc., Vedanta Biosciences, Inc. and Vor Biopharma Inc.

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

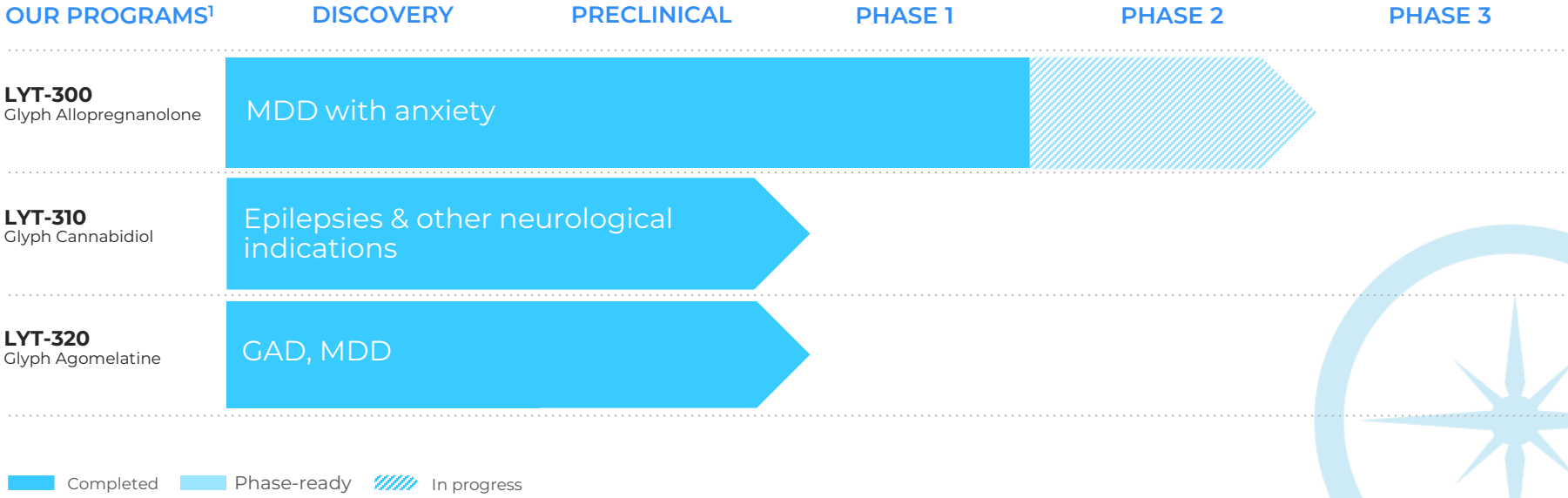


GLYPH™

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

Seaport Therapeutics: First & Best-in-Class CNS Medicines

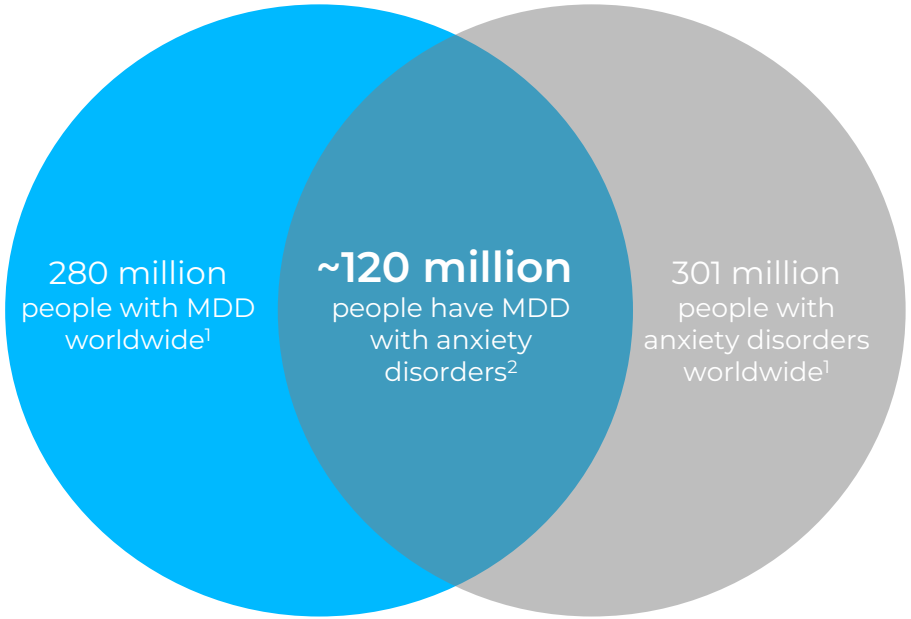


In addition, multiple discovery/preclinical programs underway leveraging the Glyph™ platform

MDD = Major depression disorder; GAD = Generalized anxiety disorder; [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.

LYT-300: First Tailored Treatment for MDD with Anxiety

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



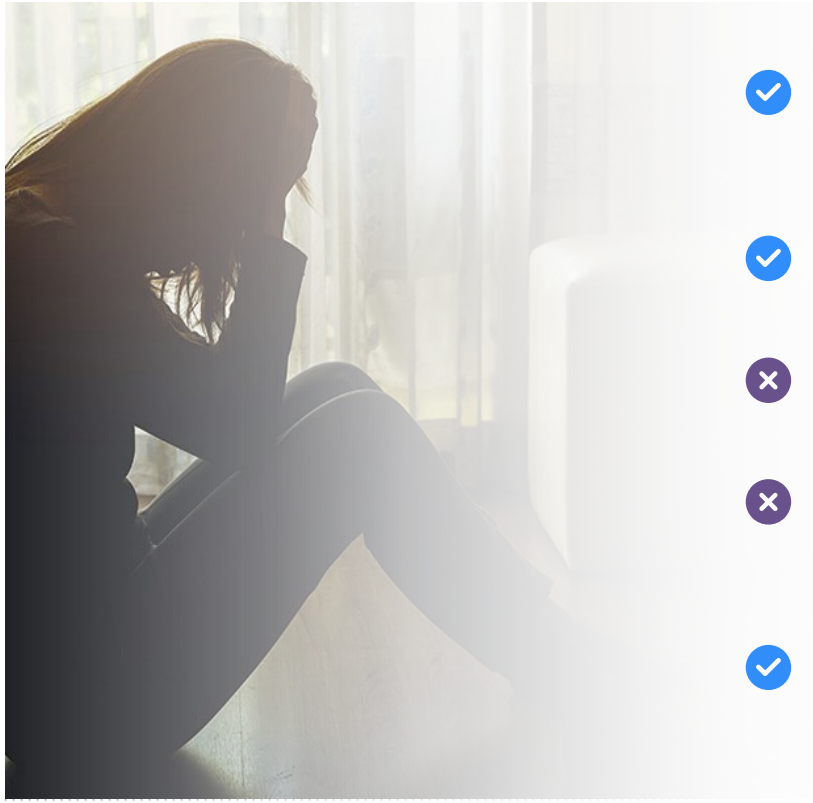
MDD WITH ANXIETY

- 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.

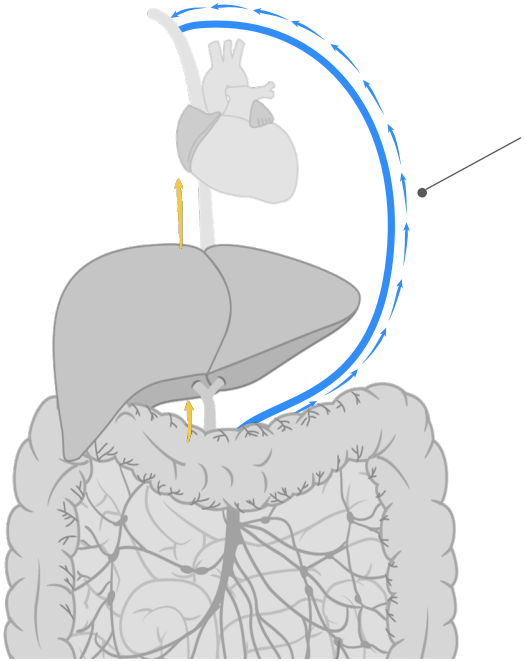
LYT-300 (Glyph Allopregnanolone)

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
- **LYT-300 retains the activity & potency of endogenous allopregnanolone in an oral form**

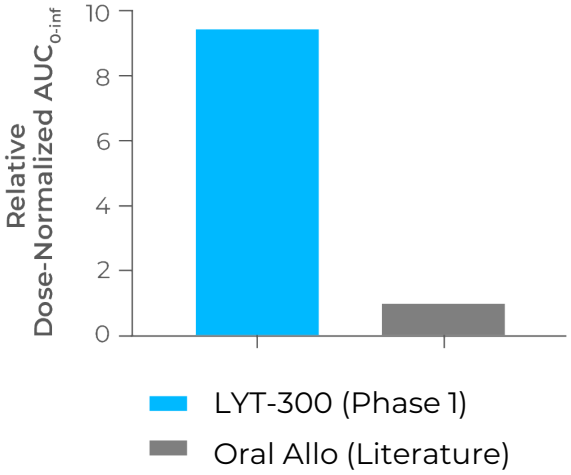
LYT-300 (Glyph Allopregnanolone)



GLYPH LYT-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

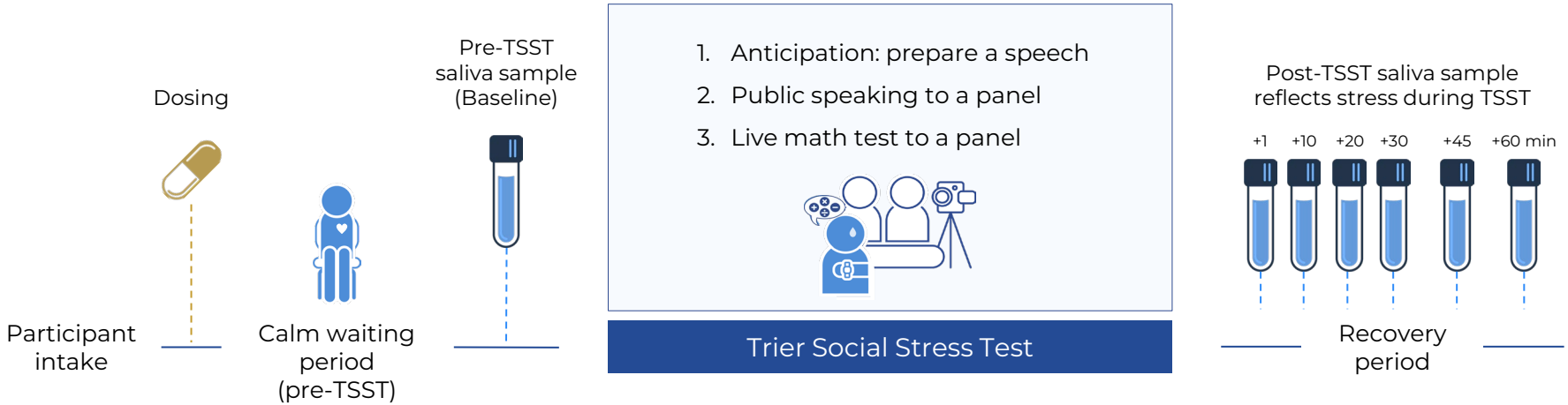
LYT-300 ORAL SYSTEMIC EXPOSURE (HUMAN) VS LITERATURE DATA[1,2]



[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 LYT-300 for potential anxiety indications

PRIMARY ENDPOINT:

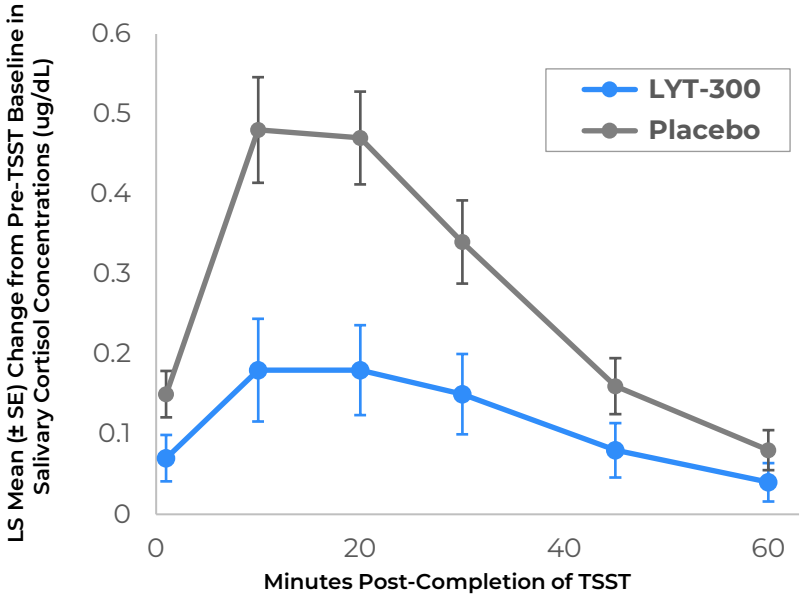
Reduction in salivary cortisol, a stress hormone

TRIAL DESIGN:

N=80 randomized to LYT-300 or placebo

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

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



POSITIVE DATA

- LYT-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 LYT-300 for anxiety disorders
- Further validates the Glyph platform

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[1] LYT-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

LYT-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
- **LYT-320 has the potential to greatly reduce the risk of clinically significant liver enzyme elevations[3]**

MDD=Major depressive disorder. GAD=Generalized anxiety disorder

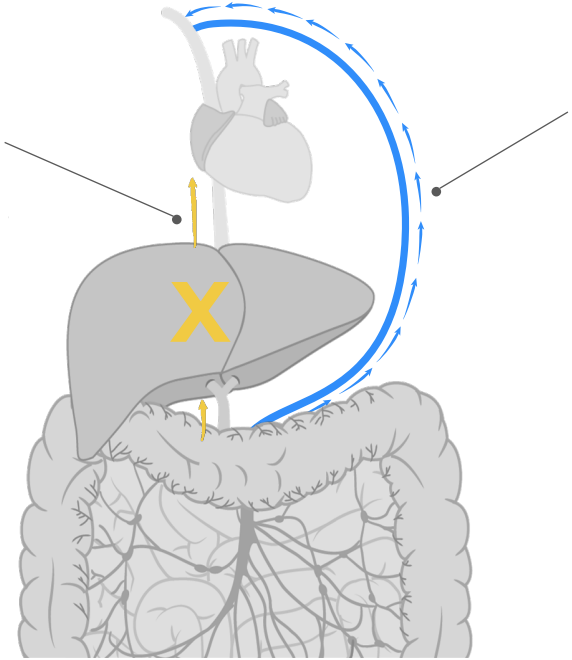
[1] Cipriani, A., et al.(2018). Comparative efficacy and acceptability of 21 antidepressant drugs for the acute treatment of adults with major depressive disorder: a systematic review and network meta-analysis. The Lancet, 391(10128), 1357–1366. https://doi.org/10.1016/s0140-6736(17)32802-7; [2] Slee, 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.

LYT-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]



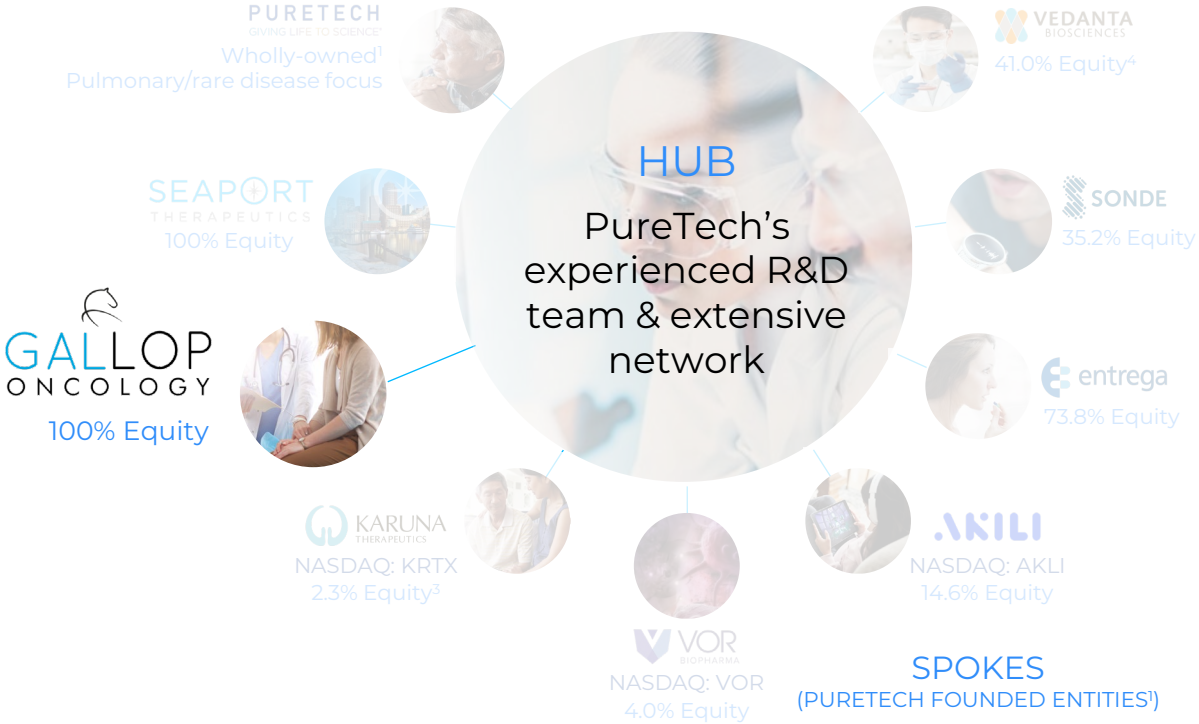
LYT-320

- LYT-320 bioavailability is >10X of agomelatine based on non-human primate PK
- LYT-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



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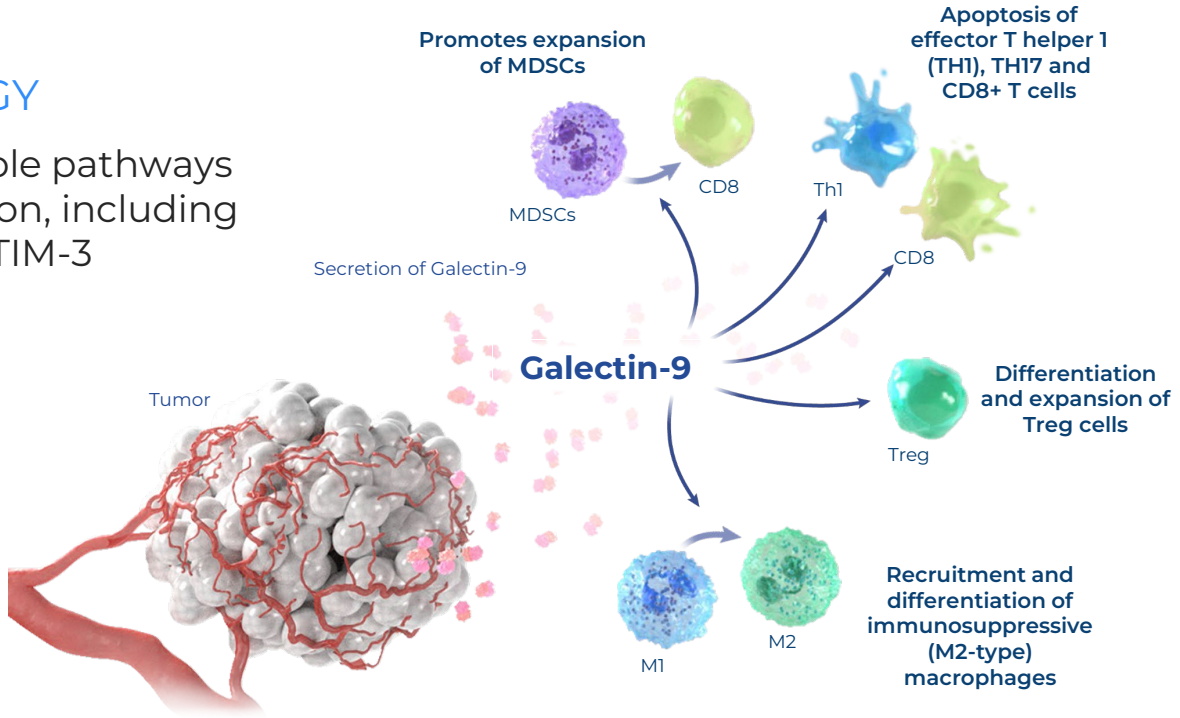
Gallop Oncology: Advancing Galectin-9 Targeting mAb, LYT-200

Driving immunosuppression through multiple pathways

FOUNDATIONAL BIOLOGY

Galectin-9 modulates multiple pathways of cancer immunosuppression, including those modulated by PD-1 & TIM-3



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:

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

LIFE ALTERING & PROGRESSIVE

Solid Tumors

- **~ 82,000 new cases of bladder cancer** diagnosed each year[1]; ~90% are urothelial carcinoma[2]
- **~66,000 new cases of head and neck cancers** diagnosed each year[3]; ~10% metastatic disease at diagnosis & additional 20-30% will develop metastases[4]

Hematological Malignancies

~60,000 new cases of leukemia diagnosed each year,[5] including ~20,000 in acute myeloid leukemia (AML)[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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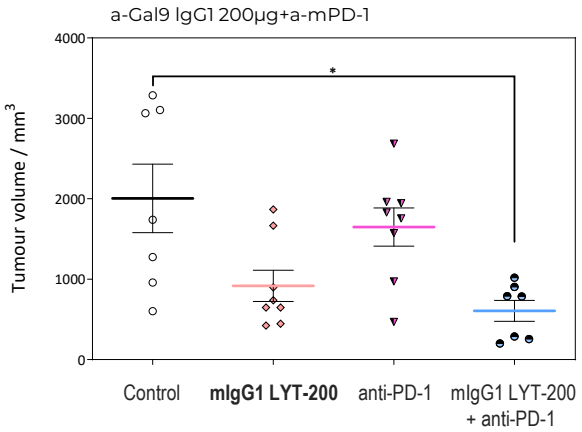
[1] Cancer of the Urinary Bladder - Cancer Stat Facts. (n.d.). National Cancer Institute. https://seer.cancer.gov/statfacts/html/urinb.html [2] Saginala, K, et al. (2020). Epidemiology of Bladder Cancer. Medical Sciences, 8(1), 15. https://doi.org/10.3390/medsci8010015; [3] Head and Neck Cancer - Statistics. (n.d.). Cancer.Net. https://www.cancer.net/cancer-types/head-and-neck-cancer/statistics [4] Pisani, P., Airoldi, M., Allais, A., Valletti, P. A., Battista, M., Benazzo, M., Briatore, R., Cacciola, S., Cocuzza, S., Colombo, A., Conti, B., Costanzo, A., Della Vecchia, L., Russi, E. G., Fantozzi, C., Galizia, D., Garzaro, M., Genta, I., Iasi, G. A., . . . Zigliani, A. (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 [5] Leukemia - Cancer Stat Facts. (n.d.). National Cancer Institute. https://seer.cancer.gov/statfacts/html/leuks.html; [6] Acute Myeloid Leukemia - Cancer Stat Facts. (n.d.). National Cancer Institute. https://seer.cancer.gov/statfacts/html/amyl.html [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

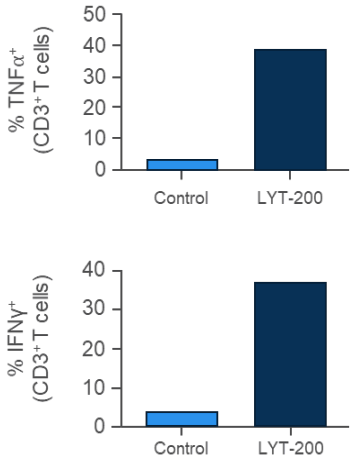
Multiple lines of preclinical data supporting therapeutic potential

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

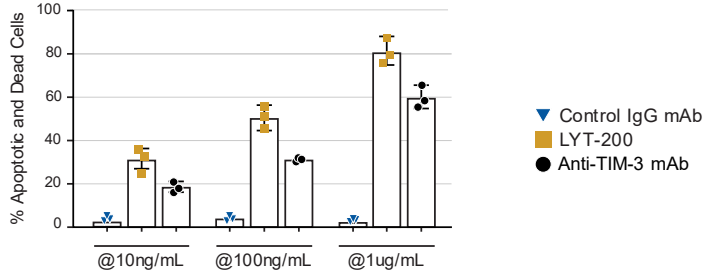
[1] For patient-derived organoids, n = 20 tumor samples; Success defined as: >20% upregulation of at least two out of three T cell activation markers; Success achieved in 60% of tumors with majority showing >2 fold activation.

LYT-200

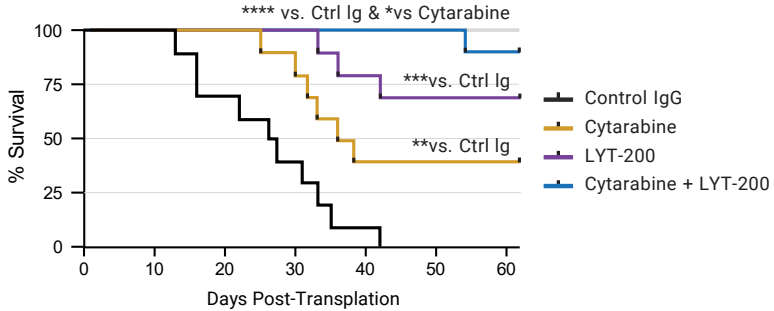
Administration induces apoptosis of leukemia cells & extends survival of leukemia cell engrafted animals

AML MODEL[1]

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

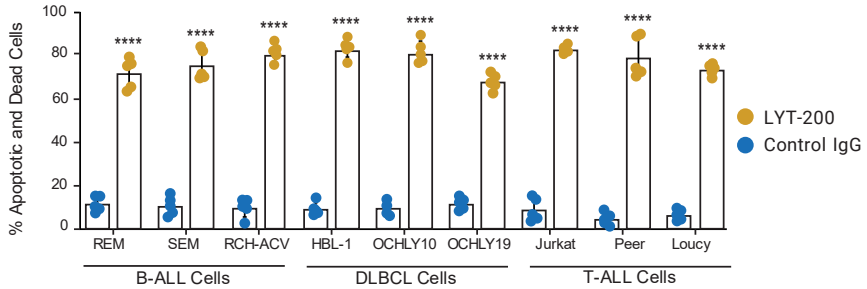


OCI-AML5 Xenograft Experiment

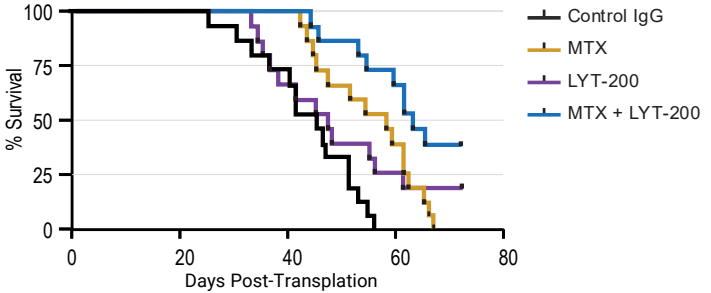


T-ALL, B-ALL & DLBCL MODEL

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 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

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.

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

SOLID TUMOR COMBINATION COHORTS[1]

- 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

AML/MDS DOSE ESCALATION COHORTS[2]

- 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[3]** per ELN guidelines
- At 7.5 mg/kg cohort (dose escalation continuing) a median duration of treatment was 77 days with **blast reduction observed**

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 11/22/23; [2] Data as of 1/3/24; [3] 2 patients have since progressed.

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.

Why Invest in Biotech?

Source: Stifel 2023 Healthcare Report

1. HISTORY: Returns in biotech have beat the market with biotech stocks up 20x over past 30 years. Following past downturns, biotech indexes tripled

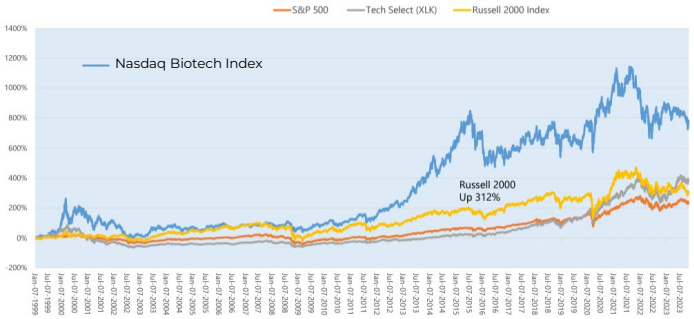
2. VALUATIONS: Valuations are highly attractive now with 70% discount on the entire biotech sector since 2021 highs

3. MACRO: Macro picture shifting to favor biotech. In past, NBI has weathered the Fed Funds rate tightening well, up 75% of years with rate hikes since 1994

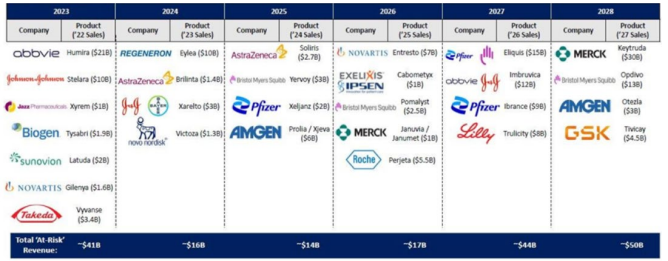
4. PHARMA: Pharma needs to acquire biotechs due to ~$182B revenue at risk with pharma patent expiration; there is >$500B of M&A firepower at top 18 pharmas

5. DEMAND: Medical spend will accelerate in the future; e.g., >90M Americans in Medicare by 2060

NBI, S&P 500, Tech Select (XLK) and Russell 2000 Returns, Jan 1999 to Nov 3, 2023



Key Drugs Losing Patent Exclusivity by 2028



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Source: Stifel "Why Invest in Biotech?", November 23, 2023 Newsletter, https://www.stifel.com/newsletters/investmentbanking/bal/marketing/healthcare/biopharma_timopler/StifelWhyInvestInBiotech_11.22.2023.pdf.

Key Value Drivers

Multiple clinical milestones expected across Wholly Owned Programs, Seaport & Gallop

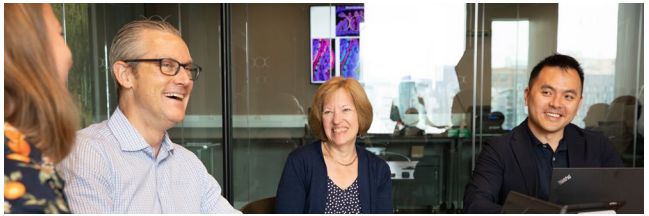
THERAPEUTIC CANDIDATE[1]		MILESTONES	
LYT-100	Deupirfenidone	**Results from registration-enabling trial in IPF**	4Q 2024
LYT-200	Anti-Galectin-9 Mab	Additional results from Phase 1b in combination w/ tislelizumab in solid tumors	2024
LYT-300	Glyph Allopregnanolone	Initiation of Phase 2 clinical trial in FXTAS	2024
LYT-310	Glyph Cannabidiol	Initiation of clinical trial	1H 2024
LYT-320	Glyph Agomelatine	Initiation of first-in-human enabling studies	2024
		Initiation of clinical studies	1H 2025

Key anticipated milestones are **bolded**

Multiple additional catalysts across Founded Entities

[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.

PureTech Team - Bringing Our Vision to Life



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

269,949,741 outstanding shares as of February 2024

Market capitalization $673M (£532M) as of February 29, 2024; 1.27 USD:GBP

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

ANALYST COVERAGE

Peel Hunt LLP

Miles Dixon

Leerink Partners LLC

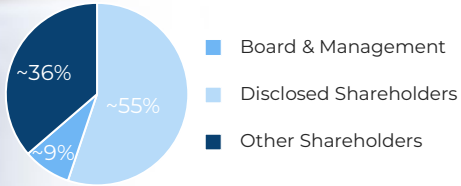
Thomas J. Smith

Liberum

Edward Thomason

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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  - ❑ Lung Disease Prevalence
  - ❑ Glyph Technology Platform
  - ❑ LYT-200 Supplemental Data
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  - ❑ Vedanta
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  - ❑ Vor
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Appendix A: Wholly Owned Pipeline

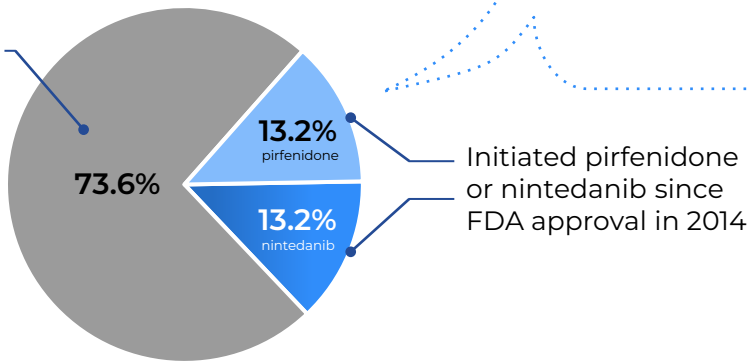
IPF Treatment Rates are Low Due to Side Effects

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

October 2014 to July 2019

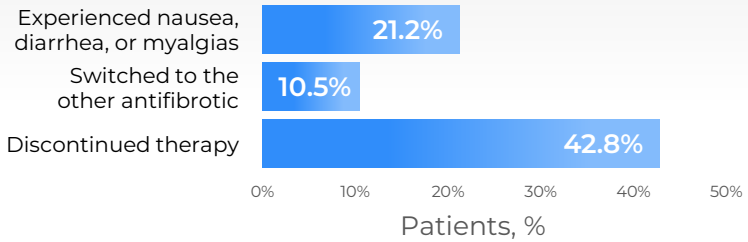
10,996 patients with IPF in a US health claims database (OPTUM)

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

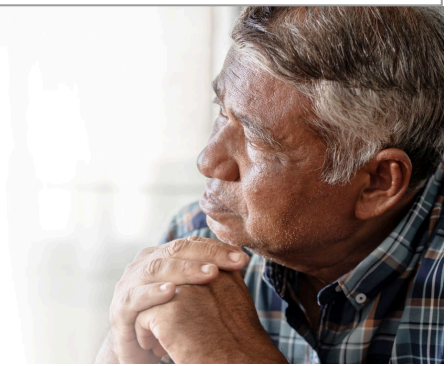
3. High-dose studies

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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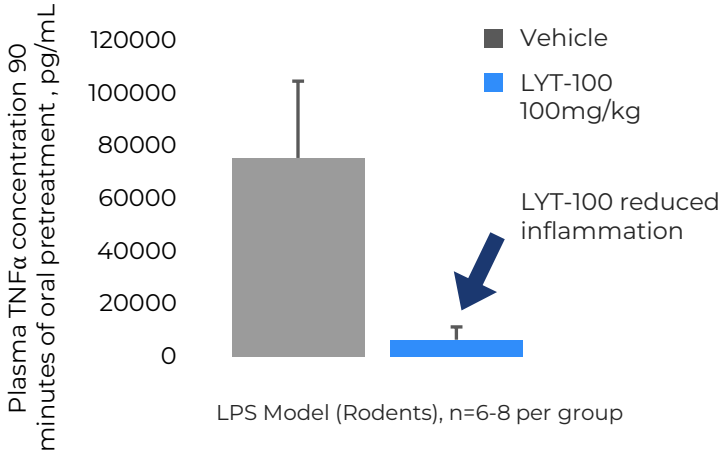
[1] Additional trials clarify ideal AUC and Cmax

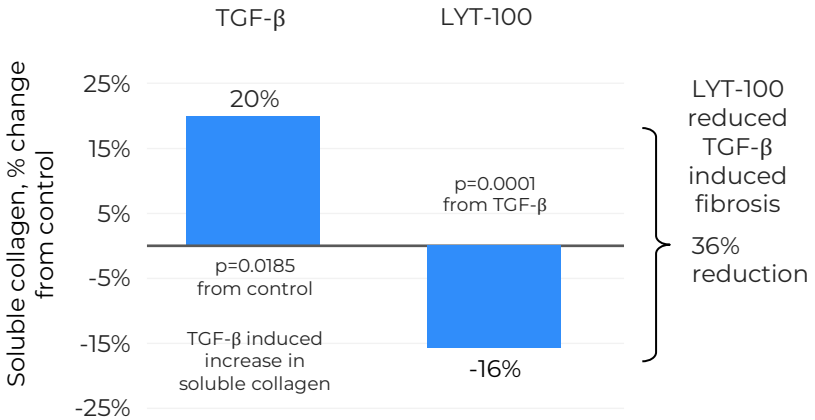
LYT-100:

Preclinical POC demonstrates anti-inflammatory & anti-fibrotic pharmacology

PRECLINICAL PLASMA CONCENTRATIONS OF TNFA WITH LYT-100 VERSUS CONTROL



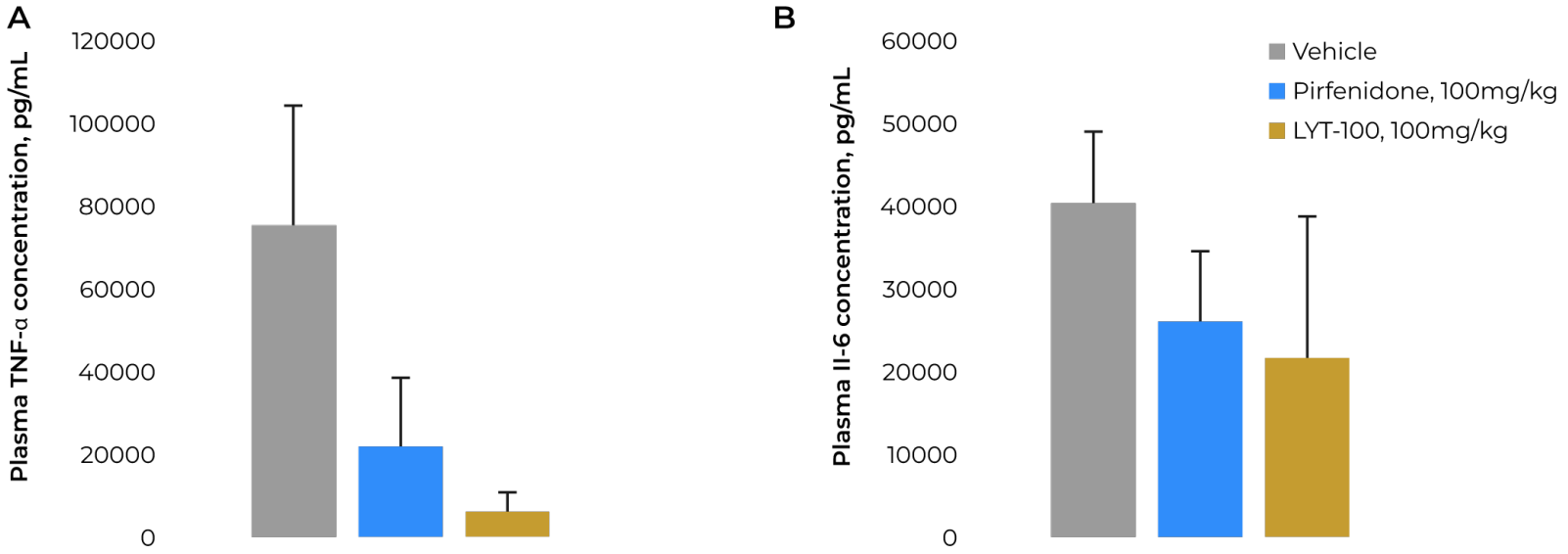
IN VITRO REDUCTION OF TGF-B INDUCED SOLUBLE COLLAGEN PRODUCTION (MOUSE FIBROBLASTS)



Source: Data on File

LYT-100 Preserves Pharmacologic Effect of Pirfenidone:

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

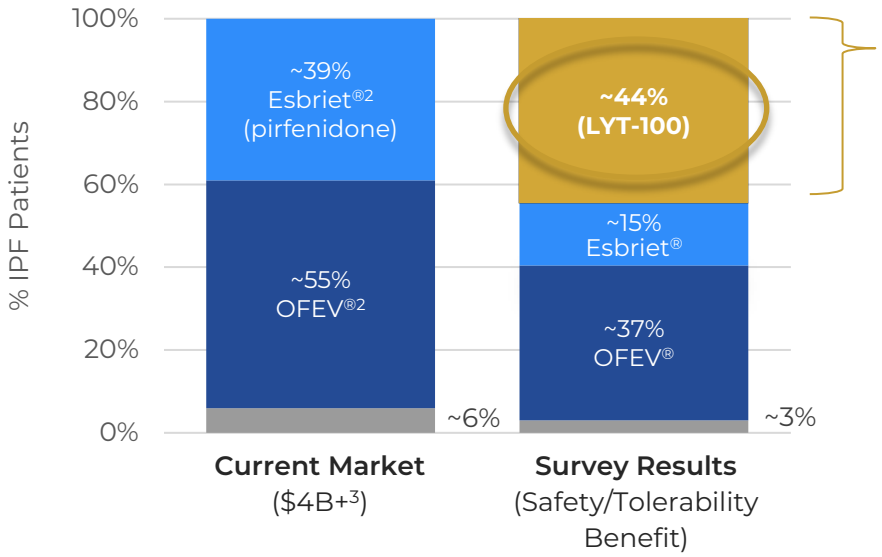


Reduction in LPS-stimulated plasma concentrations of TNF-α and IL-6 by Pirfenidone or LYT-100. Oral doses of vehicle, pirfenidone, or LYT-100 (100mg/kg) administered 60 minutes prior to LPS (30 µg/kg intravenous): TNF-α **(A)** and IL-6 **(B)** measured 90 min after LPS stimulation: N=6-8 animals per 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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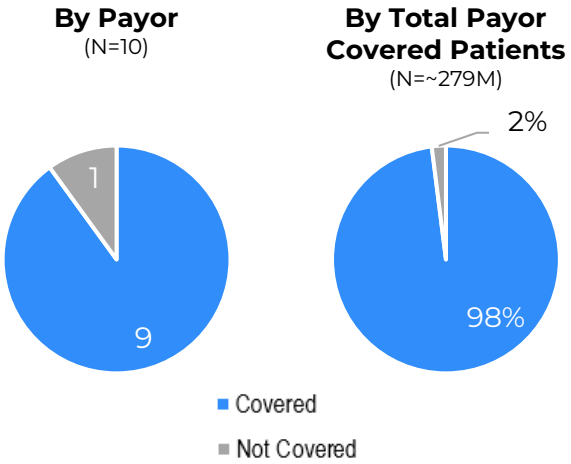
[1] Market research survey of 100 pulmonologists conducted by Day & Associates. No pricing information/assumptions was shared. Research completed in April 2022 based on the latest target product profile and findings were consistent with our prior market research; [2] Esbriet® and OFEV® are trademarks 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] • 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** • In plans with step edits, LYT-100 will be used as second line of treatment for **patients who fail on generic antifibrotics** • 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** • 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** • Pirfenidone and nintedanib remain key competitors for LYT-100

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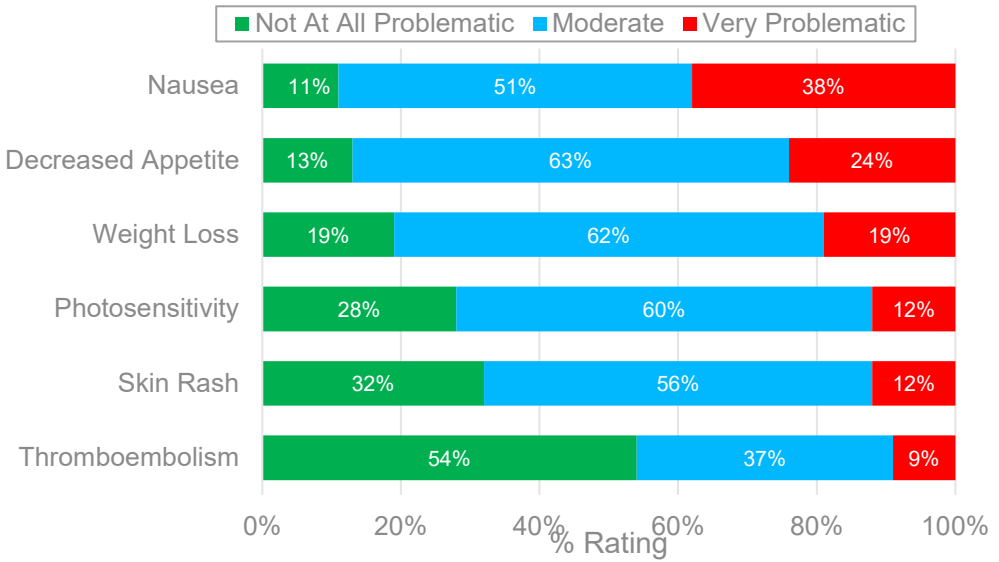
[1] Generic pirfenidone is currently available in the U.S. and most of EU; generic nintedanib is expected to be available within the next five years; [2] Tiering = List of prescription drugs that are covered under a healthcare plan drugs are usually divided into tiers or levels based on cost, type of 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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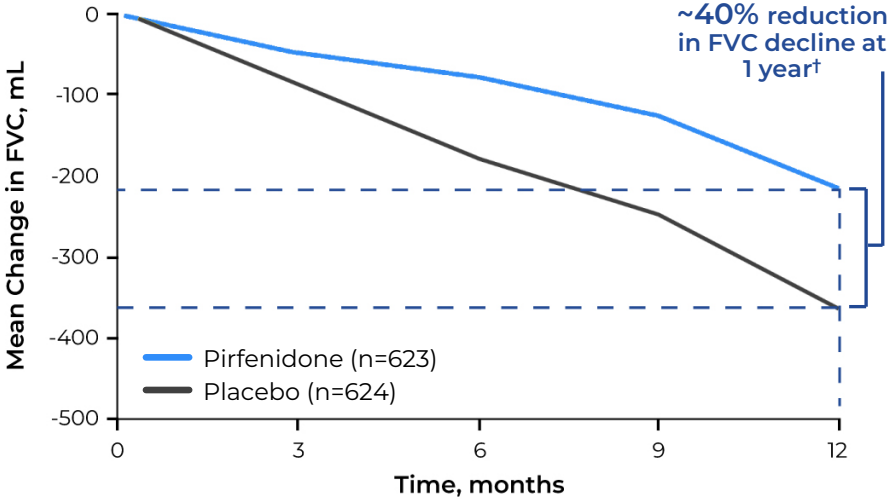
Market research survey of 100 pulmonologists conducted by Day & Associates
GI: gastrointestinal
AE: adverse event
SOC: standard of care (pirfenidone and nintedanib)

Pirfenidone:

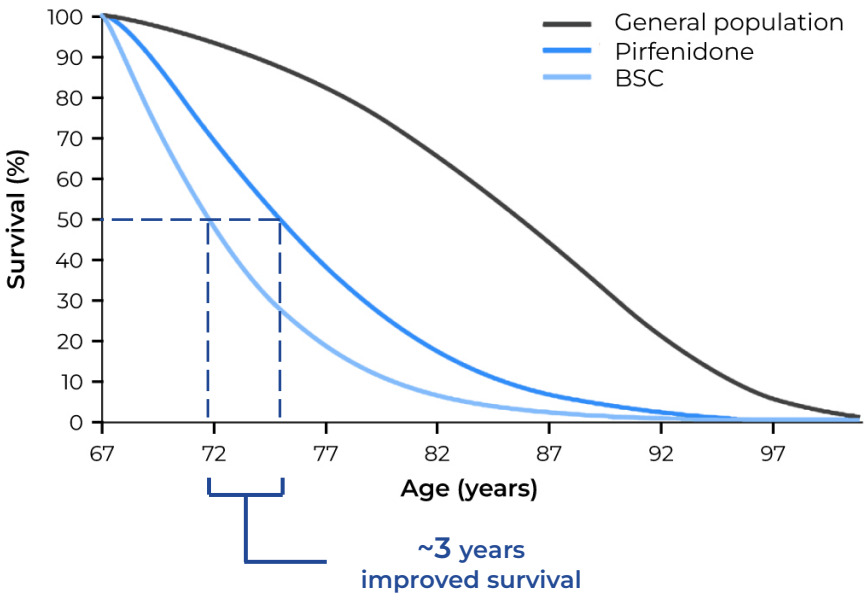
A clinically validated treatment for IPF with beneficial effects on FVC and survival

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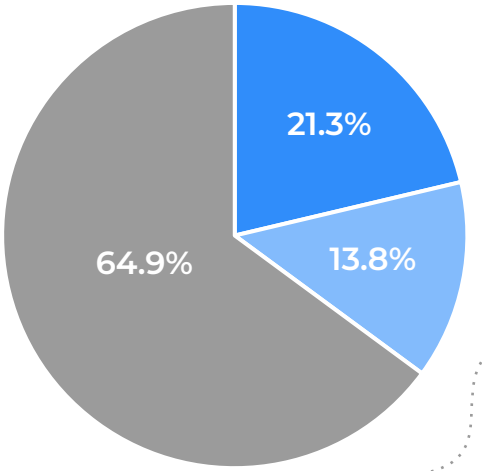
[1] InterMune, Inc., Esbriet (pirfenidone) [package insert]. U.S. Food and Drug Administration website; [2] Rubino, C. M., et al. *Pulmonary pharmacology & therapeutics* 22.4 (2009): 279-285 https://doi.org/10.1016/j.pupt.2009.03.003; [3] Pan, Lin, et al. *Advances in therapy* 34.9 (2017): 2071-2082.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

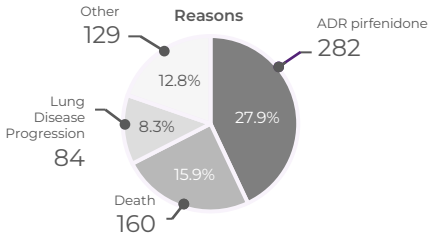
Prospective Registry Found Only 21% of Patients Who Started Pirfenidone Remained on Full Dose After 2 Years



21.3% — Patients 215 — Completed
No dose adjustment

13.8% — Patients 139 — Completed
Dose adjustment

64.9% — Patients 655 — Discontinued



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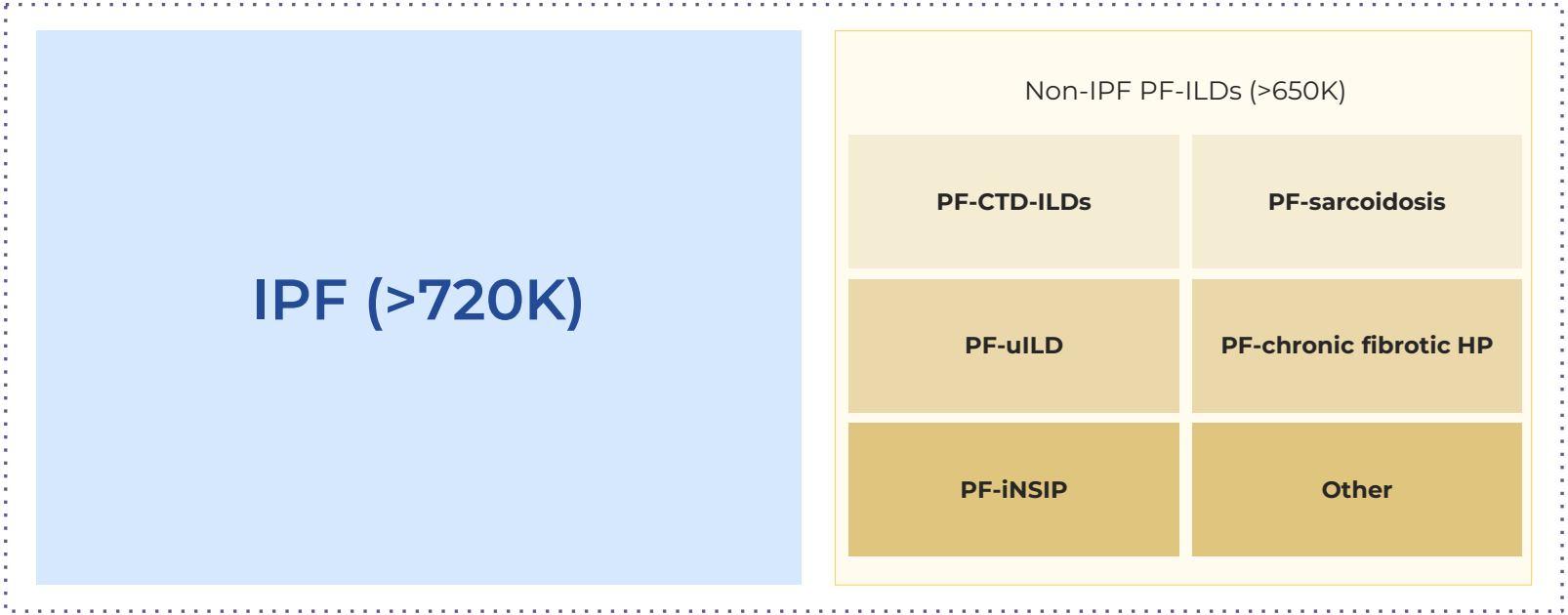
Cottin V, Koschel D, Günther A, et al. Long-term safety of pirfenidone: results of the prospective, observational PASSPORT study. ERJ Open Res. 2018;4(4):00084-2018. Published 2018 Oct 19. doi:10.1183/23120541.00084-2018.

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

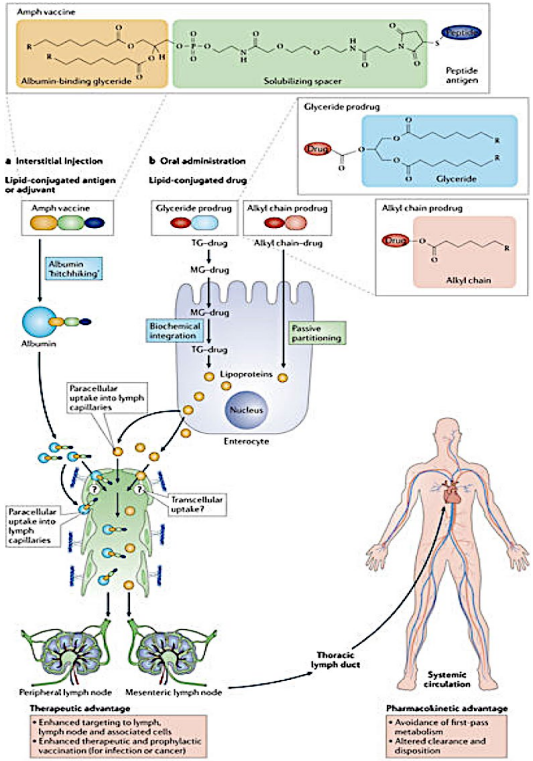
Proprietary Technology Platforms

Designed to harness the lymphatic system & administer therapeutics to immune, lymphatic and inflamed tissue

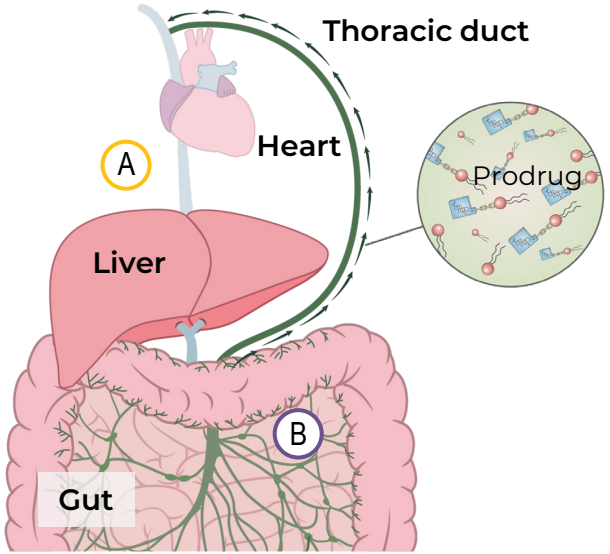
TECHNOLOGY PLATFORM	APPLICATION/FOCUS
Glyph™	Employs the body's natural lipid absorption & transport process to **orally administer drugs** via the lymphatic system by **bypassing first-pass metabolism**
Other oral drug delivery technologies and capabilities	Enable **oral administration** of therapeutic payloads, such as **mRNA, biologics, vaccines and other drugs**, that are otherwise not efficiently absorbed when taken orally or are otherwise administered exclusively by injection

Glyph™ Technology Platform:

Designed to utilize natural lipid transport system to enable lymphatic targeting



LIPID PRODRUGS PROVIDE MULTIPLE OPPORTUNITIES TO ENHANCE SMALL MOLECULE DRUGS



A — Enable oral route via first-pass bypass

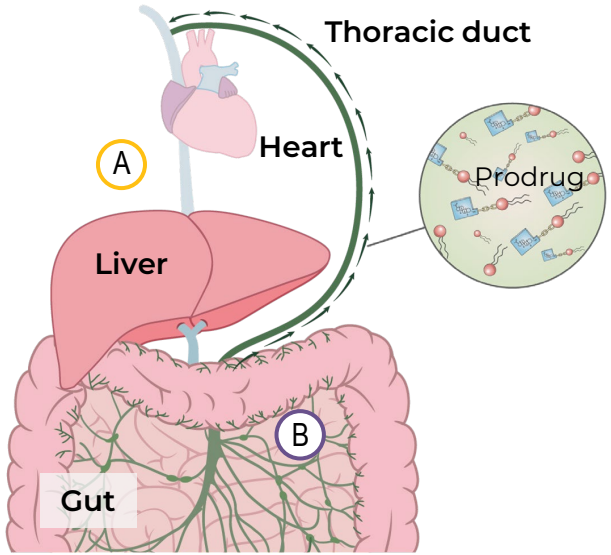
B — Transport to mesenteric lymph nodes

Trevaskis, N. L., et al. *Nat. Rev. Drug Discov.* 14, 781–803 (2015).

Glyph™ Technology Platform:

Exploring therapeutic approaches enabled by transporting via the lymphatic system

LIPID PRODRUGS PROVIDE MULTIPLE OPPORTUNITIES TO ENHANCE SMALL MOLECULE DRUG DISTRIBUTION



A Enable oral route via first-pass bypass

- **Neurosteroids**
  Allopregnanolone (LYT-300)
- **Cannabinoids**
  Cannabidiol (LYT-310)

→ **Other CNS Agents**

B Transport to mesenteric lymph nodes

- **Immuno-oncology** → **Immunomodulation**[1]
- **Metabolic/GI-Lymphatic**[2]

Legend: **Category** Example

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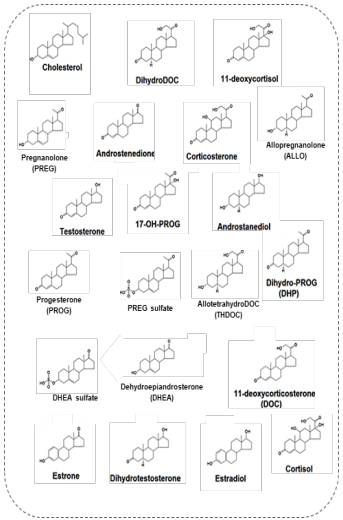
[1] Kochappan, Ruby, et al. "Targeted Delivery of Mycophenolic Acid to the Mesenteric Lymph Node Using a Triglyceride Mimetic Prodrug Approach Enhances Gut-Specific Immunomodulation in Mice." *Journal of Controlled Release*, Elsevier, 17 Feb. 2021, www.sciencedirect.com/science/article/pii/S0168365921000717?via%3Dihub; 2 Cao, Enyuan, et al. "Mesenteric Lymphatic Dysfunction Promotes Insulin Resistance and Represents a Potential Treatment Target in Obesity." *Nature News*, Nature Publishing Group, 20 Sept. 2021, www.nature.com/articles/s42255-021-00457-w.

Glyph™ Technology

Technology enables oral administration of natural neurosteroids

Harnesses natural mechanisms (validated efficacy)

NATURALLY-OCCURRING NEUROSTEROIDS



UNTAPPED OPPORTUNITIES DUE TO CLINICAL TRANSLATION HURDLES

a) *Not orally bioavailable*

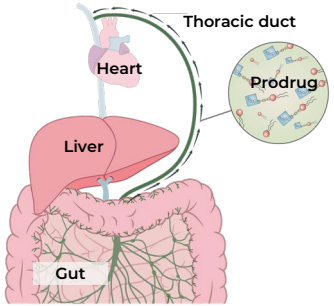
b) *Properties not drug-like*

c) *No composition-of-matter IP*

Chemical modifications may alter target engagement

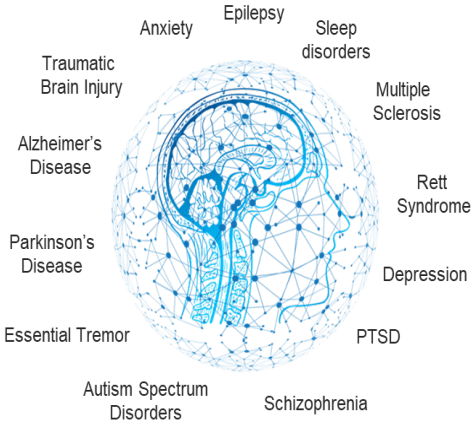
UNLOCKING THERAPEUTIC POTENTIAL / VALUE

Overcoming first-pass metabolism by the liver



Chemical composition of matter protection for a range neurosteroid lipid prodrugs

POTENTIALLY APPLICABLE TO A RANGE OF CNS CONDITIONS



LYT-300: Potential First-in-Disease Therapy for FXTAS

PureTech awarded ~$11.4M grant in competitive process

Phase 2 trial initiation in 2024

LATE ONSET & DEVASTATING RARE DISEASE

Fragile X-associated Tremor/ Ataxia Syndrome

- Closely related to, but distinct from, fragile X syndrome (FXS); both conditions are the result of repeated elements in the *FMR1* gene
- Clinical signs, including tremor, balance problems and cognitive decline

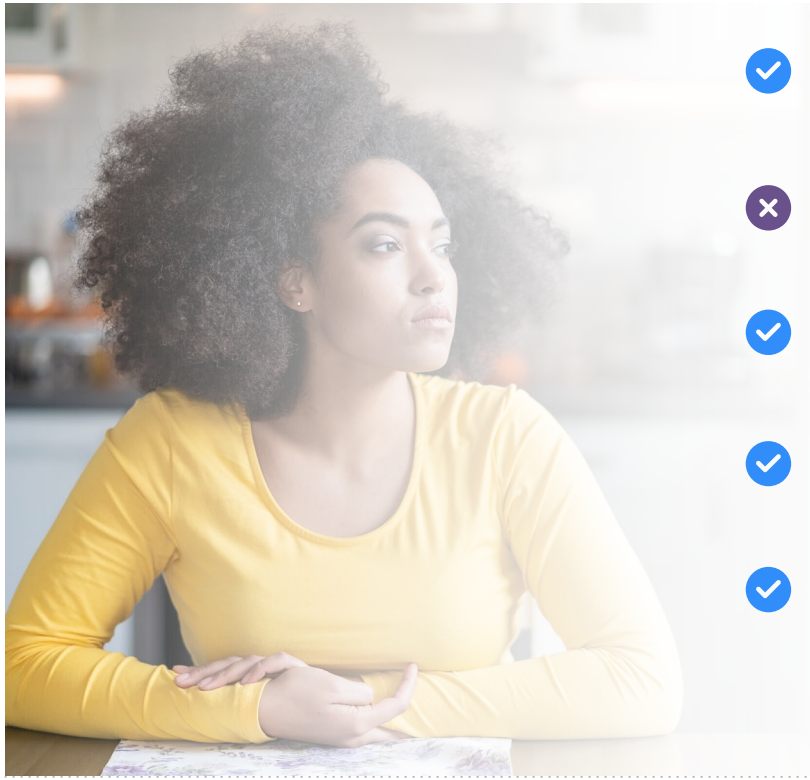
UNMET MEDICAL NEED

- Currently, there are **no primary treatments** for FXTAS
- Only **one treatment has shown clinical benefit**: intravenous allopregnanolone significantly (p=0.009) improves executive cognitive / motor function (BDS-2), N=6, open label

[1] National Fragile X Foundation: Prevalence of FXTAS; *FMR1* = Fragile X Messenger Ribonucleoprotein Gene 1.

LYT-310 (Glyph Cannabidiol)

For epilepsies & other neurological indications



- A CBD-based product is approved in the U.S. and the EU to treat seizures resulting from certain rare conditions
- ...BUT its dosing (large volume of oily solution via syringe) limits its use in broader indications and age groups
- LYT-310 has the potential to enable oral administration, improve safety, and reduce GI side effects
- LYT-310 may allow for a readily scalable, consistent product in a cost-effective manner
- **LYT-310 could expand the therapeutic application of CBD to a wider range of age groups and indications**

LYT-310: Potential to Be Highly Differentiated in Epilepsies & Other Neurological Indications

Initiation of Phase 1 trial expected in 1H 2024

Epilepsies

- **~3 million** adults and 470,000 children are affected by epilepsy in the U.S.[1]
- 20-33% of patients with epilepsy have drug-resistant epilepsy[2]

UNMET MEDICAL NEED

Despite the many approved antiseizure medications, patients are often refractory to treatments or discontinue effective treatments.

There is a need for treatment options with better safety, tolerability, efficacy, and convenience.

[1] Zack MM, Kobau R. National and state estimates of the numbers of adults and children with active epilepsy — United States, 2015. *MMWR*. 2017;66:821–825. DOI: 10.15585/mmwr.mm6631a1; [2] Source: Epilepsy Foundation.

LYT-310: Oral CBD A Highly Differentiated Profile for Broad Application

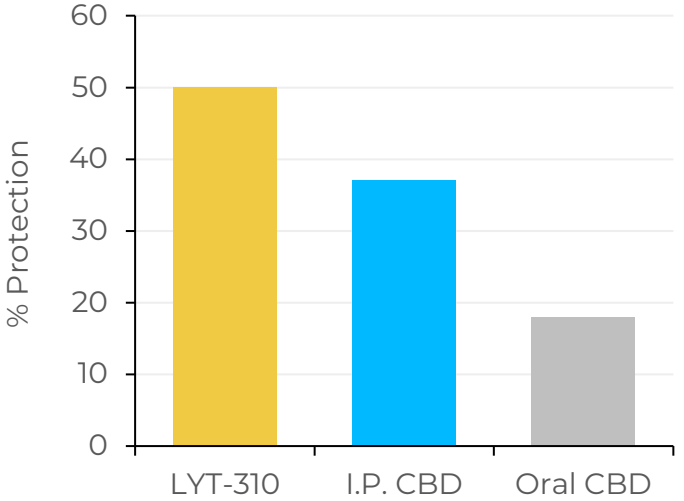
APPROVED CBD ORAL SOLUTION		PURETECH'S LYT-310
1 yr+, Primarily Children	Target Population	1 yr+, Primarily Teens/Adults Pediatric form planned with target down to 1 year old
Approved in US for 3 Rare Epilepsies Approved in US and EU for Lennox-Gastaut syndrome, Dravet syndrome, or tuberous sclerosis complex	Target Indications	Epilepsies & Other CNS Indications Exploring range of rare and more common forms of epilepsy as well as other CNS disorders
Large Volume of Oily Solution Administered via syringe twice per day	Dosing	Capsules & Other Flexible Routes Capsule dosage form plus water-based emulsion planned for pediatric patients
Diarrhea, Elevated Liver Enzymes	Side Effects	Potential for Reduced Side Effects ...due to lower dose to GI & liver, a result of bypassing first-pass metabolism in liver
Complex, Nonstandard Manufacturing Processed from extraction of cannabis plant	Manufacturing	Standard Manufacturing Standard pharmaceutical manufacturing techniques

LYT-310 is an investigational drug not approved by any regulatory authority.

LYT-310: Positive Data in Gold Standard MES Seizure Model

- LYT-310 was more effective at preventing seizures at a dose 3x lower than an oral CBD formulation[1]
- ED_{50} for LYT-310 corresponds to an ED_{18} for synthetic oral CBD
- Over 85% (18 of 21) of the approved anti-seizure medications for focal seizures were active in MES[2]

LYT-310 ED50 DOSE DEMONSTRATED GREATER SEIZURE PROTECTION AT EQUIVALENT CBD DOSE (N=12/GROUP)



Initiation of Phase 1 trial expected in 1H 2024

[1] LYT-310 was evaluated at equivalent dose to oral CBD; [2] Barker-Halski et al., Neuropharmacology (2020) 167:107750.

Appendix B: Founded Entities

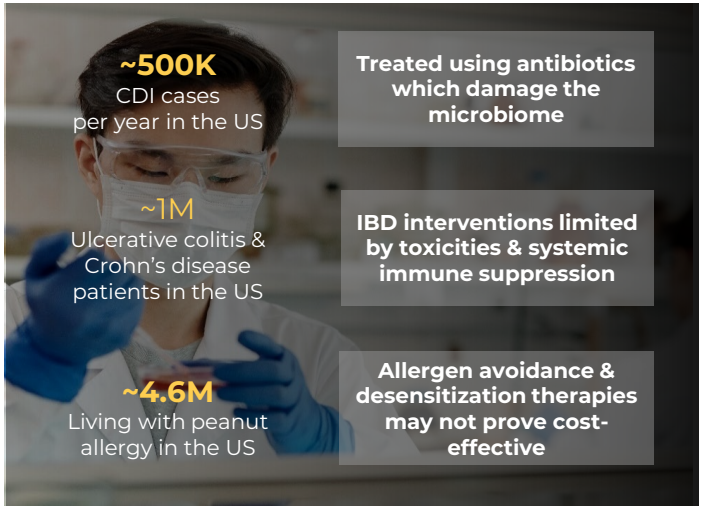
Vedanta

Developing a new class of drugs to modulate the human microbiome

(PRTC Ownership: 41.0%[1])

INNOVATION

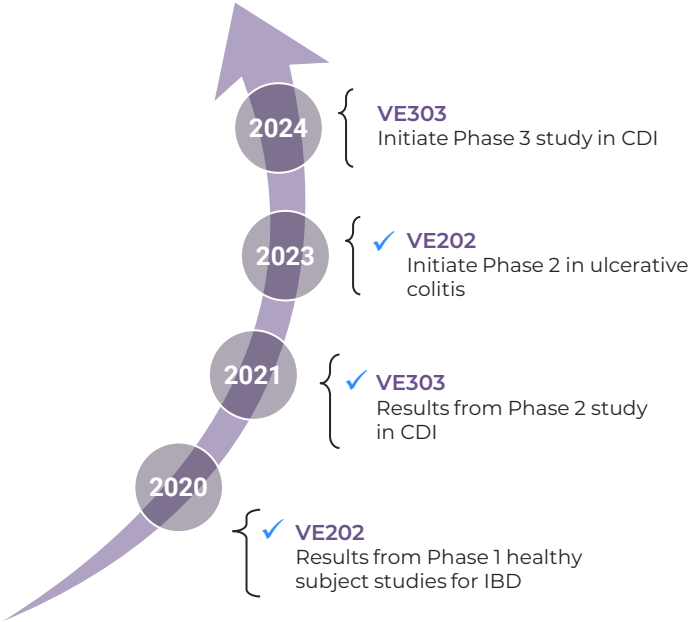
Rationally-defined consortia of **gut bacteria**; manufactured from **pure cell banks** to produce drug product of **known bacterial isolates; orally administered** to modulate microbial communities and immune responses



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])

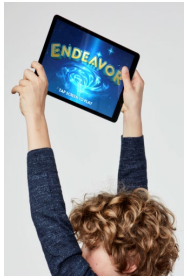
First game-based digital therapeutic cleared by the FDA for ADHD

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: 4.0%[1])

INNOVATION

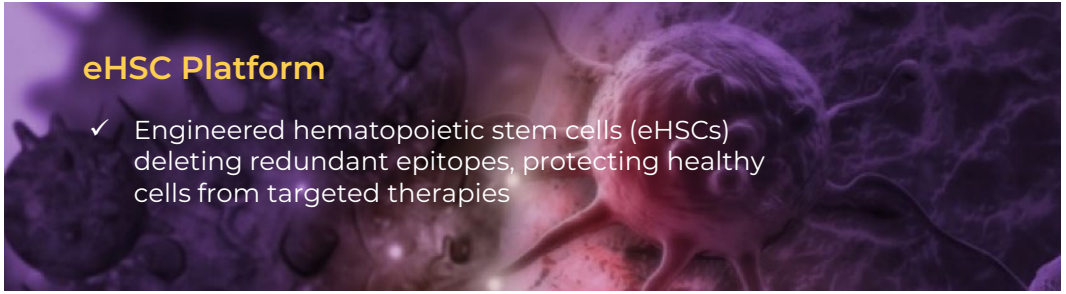
~42.5K **new diagnoses of AML patients each year in the US, Europe & Japan**

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

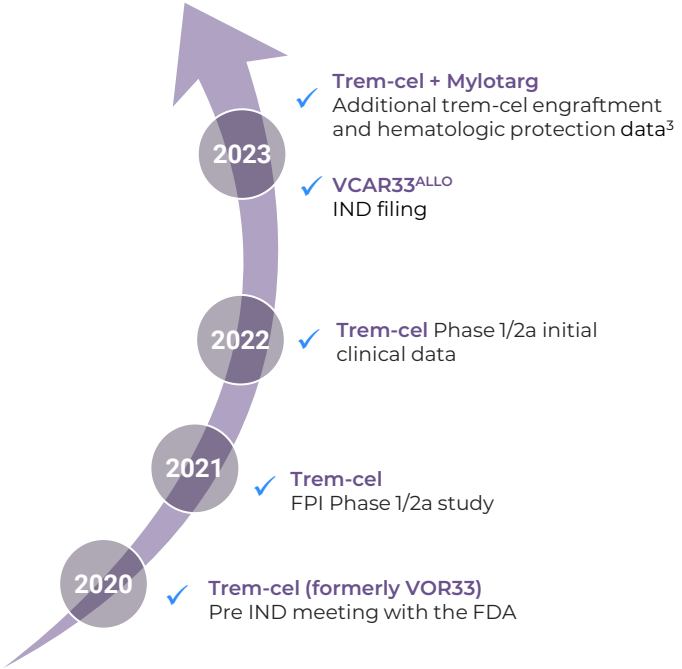
Median 5 year survival rate for patients with AML is <30%, but there are significant differences in prognosis depending on several factors, including the age of the patient at diagnosis

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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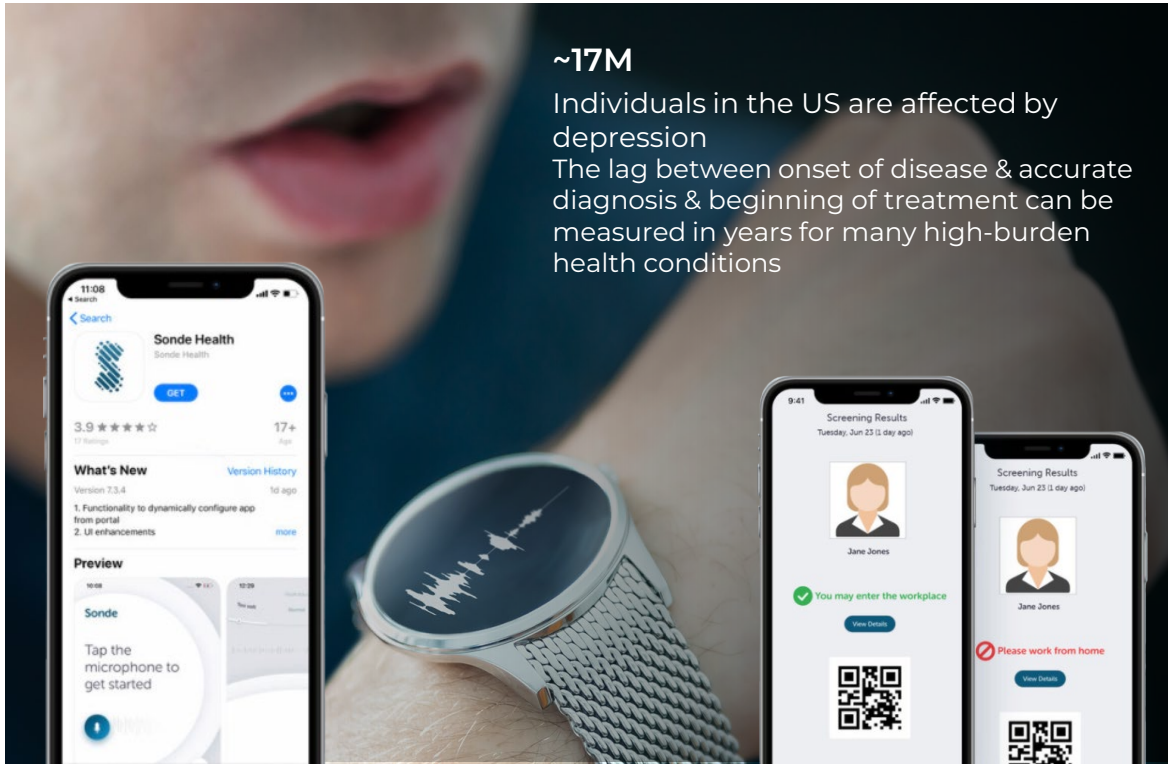
[1] As of November 3, 2023, PureTech's percentage ownership of Vor was approximately 4.0 percent on an outstanding voting share basis; [2] Sourced from the company's latest corporate presentation as of March 2023; [3] The VCAR33 construct is being studied in a Phase 1/2 clinical trial sponsored by the 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.

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[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.

Upcoming Value Drivers: Founded Entities

Potential launch momentum & source of capital to further fund advancement of Wholly Owned Programs

ENTITY	PURETECH OWNERSHIP[1]	THERAPEUTIC CANDIDATE		EXPECTED MILESTONES	
Karuna (NASDAQ: KRTX)	2.3%	KarXT[3]	✓	**NDA submission for KarXT in schizophrenia**	3Q 2023
				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%	AKL-T01[4]	✓	**Secure label expansion for 13-17 y/o children with ADHD**	2023
		EndeavorOTC[4]		Data submission to FDA to market EndeavorOTC as OTC treatment for adults with ADHD	2024
Vor (NASDAQ: VOR)	4.0%	Trem-Cel[3]	✓	Additional trem-cel engraftment and hematological protection data updates	2023
		VCAR33^{ALLO3}	✓	**IND application to support Phase 1/2 clinical trial**	1H 2023
Vedanta	41.0%[2]	VE303[3]		Initiation of Phase 3 in *C. difficile*	1H 2024
Sonde	35.2%	Sonde App		Launch of key pilot programs	2023

✓ Indicates completed milestone

B Key anticipated milestones are **bolded**

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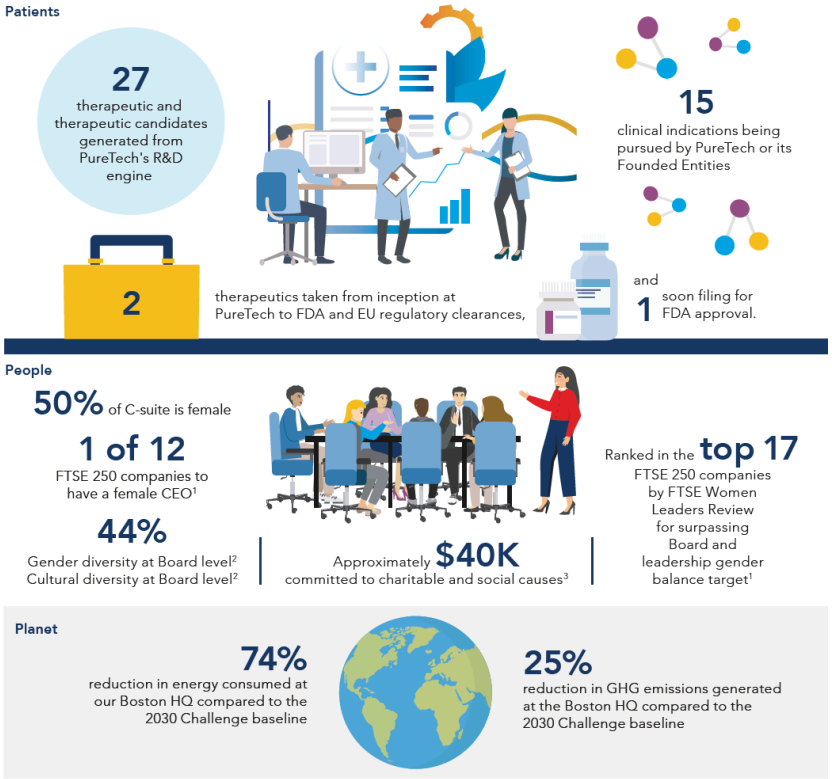
[1] This figure represents the stage of development for each Founded Entity's most advanced therapeutic candidate. Founded Entities represent companies founded by PureTech in which PureTech maintains ownership of an equity interest and, in certain cases, is eligible to receive sublicense income and royalties 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, including outstanding shares, options and warrants, but excluding unallocated shares authorized to be issued pursuant to equity incentive plans. Karuna, Akili and Vor ownerships were calculated on a beneficial ownership basis in accordance with SEC rules as of February 15, 2024, August 3, 2023, and November 3, 2023, respectively; [2] 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; [3] Products are investigational and have not been cleared by the FDA for use in the U.S.; [4] Please see footnote 2 on slide 70 for EndeavorRx indication and overview and footnote 3 for EndeavorOTC.

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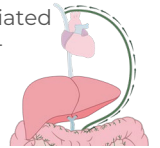
[1] FTSE Women Leaders Review. [2] Board composition at December 31, 2022. [3] https://www.sustainalytics.com/corporate-solutions/esg-solutions/top-rated-companies

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 
	LYT-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 
	LYT-310 for epilepsies & other neurological indications	Cannabidiol (CBD) effective in several epilepsies	GI tolerability & liver safety issues as well as undesirable dosing of large amounts of oily liquid via oral syringe	Using proprietary Glyph technology, developed CBD prodrug that enables capsule formulation w/ higher bioavailability, reducing GI/liver exposure & potentially related AEs 

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KarXT, LYT-100, LYT-300 & LYT-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
- ✓ **Karuna's strategic collaboration with Zai Lab**
  $35 million in upfront payment for development, manufacturing, & commercialization of KarXT in Greater China, & up to an additional $80 million in development and regulatory milestones; Karuna also eligible to receive up to $72 million in sales milestones & low-double-digit to high-teens tiered royalties based on annual net sales of KarXT in Greater China
- ✓ **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

- ✓ **Karuna's $124M Series A+B financings; $103M IPO**
  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 BioMedicalResearch
- ✓ **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 70 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**

PURETECH
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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

Non-IFRS Measures Reconciliation – Karuna ROI

	Investments Held at Fair Value @ 12/31/2022 in audited consolidated balance sheet	**251.9**
	(-) Other Investments Held at Fair Value @ 12/31/2022	(44.7)
	Karuna Investment Held at Fair Value @ 12/31/2022	**207.2**
	(+) Sale of 167,579 shares of Karuna in October through December 2023	(33.3)
	(+/-) Karuna Fair Value Gain/ Loss for the period 12/31/2022 to 12/31/2023	118.8
(a)	**Karuna Investment Held at Fair Value @ 12/31/2023**	**292.7**
	Proceeds From Sale of Investments Held at Fair Value @ 12/31/2020	**350.6**
	(-) Sale of 2,119,696 shares of resTORbio	(3.0)
	Proceeds From Sale of Karuna @ 12/31/2020	**347.5**
	(+) Sale of 1,000,000 shares of Karuna @ 2/9/2021	118.0
	(+) Sale of 750,000 shares of Karuna @ 11/10/2021	100.1
	(+) Sale of 602,100 shares of Karuna during August and September 2022	115.5
	(+) Sale of 167,579 shares of Karuna in October through December 2023	33.3
(b)	**Proceeds From Sale of Karuna**	**714.4**
(a) + (b)	**Total Karuna Investment Held at Fair Value and Proceeds @ 12/31/2023**	**1,007.1**
(c)	**Total PureTech Principal Investment in Karuna**	**18.5**
[(a + b - c)/c]	**Return on Investment (ROI)**	**53.5**