

Corporate Presentation

SEPTEMBER 2022

ADVANCING NEW THERAPIES FOR NEURONAL HEALTH

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The ACT-AD trial was supported by a grant from the National Institute on Aging of the National Institutes of Health under Award Number R01AG06268. The information presented in this presentation is solely the responsibility of Athira and does not necessarily represent the official views of the National Institutes of Health.

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OUR MISSION

To restore lives by advancing bold therapies for neuronal health, thoughtfully and urgently



Investment Highlights

Novel small molecule compounds designed to act on naturally occurring mechanism to repair and restore neuronal health

HGF/MET neurotrophic system is critical to normal brain function and plays a role in neurological diseases

Alzheimer's, Parkinson's, ALS, Depression, Schizophrenia, Neuropathic Pain

Lead program fosgonimeton suggested potential neuroprotection and improvements in cognition and function in Alzheimer's patients

- Exploratory ACT-AD study showed potential improvements in both biomarker (NfL) and psychometric measurements (ADAS-Cog, ADCS-ADL) in Alzheimer's patients
- · Adapting LIFT-AD study to focus on the evaluation of fosgonimeton alone
- Interim analysis for LIFT-AD study is intended to further validate and inform program strategy

Robust pipeline of HGF/MET small molecules to address a variety of neurological diseases

Strong balance sheet

to support clinical programs through key inflection points **Leadership team** with significant CNS product development and approval experience



AD, Alzheimer's disease; ADAS-Cog11, Alzheimer's Disease Assessment Scale–Cognitive Subscale; ADCS-ADL23, Alzheimer's Disease Cooperative Study–Activities of Daily Living; ALS, amyotrophic lateral sclerosis; CNS, central nervous system; HGF, hepatocyte growth factor; NfL, neurofilament light chain.

Therapeutic Potential Across a Broad Range of Clinical Applications

			PRECLINICAL		CLINICAL		
Program	Indication		Discovery and Development	Phase 1	Phase 2	Phase 3	Status
Fosgonimeton (subcutaneous)	Alzheimer's Disease	Suft AD			Phase 2/3 Clinical Trial	Open-Label Extension	LIFT-AD enrollment ongoing ACT-AD topline data
				Phase 2 C	Phase 2 Clinical Trial > Open-Label Extension		reported 2Q22
	Parkinson's Disease Dementia and Dementia Shape with Lewy Bodies			Phase 2 C	linical Trial		SHAPE enrollment ongoing
ATH-1020 (oral)	Neuropsychiatric Indications		Phase 1 C	Clinical Trial			Enrollment ongoing
Early Compounds (oral)	Neuropathic Pain; ALS		IND-enabling studies				Ongoing



HGF/MET is a Critical Neurotrophic System

MET EXPRESSION IS FOUND IN MULTIPLE CELL TYPES IN THE NERVOUS SYSTEM

HGF (ligand) and MET (receptor) are tightly regulated and conserved across species

HGF/MET activity is critical to neuronal function and survival

CELL TYPE	FUNCTION OF HGF/MET		
Hippocampal neurons	Survival, dendritic maturation		
Midbrain dopaminergic neurons	Survival, neurite extension, increased TH activity		
Cerebral cortical neurons	Survival, neurite extension		
Motor neurons	Survival, neurite extension		
Oligodendrocyte progenitor cells	Proliferation, migration		
Astrocytes	Migration, EAAT2/GLT-1 expression		
Schwann cells	Proliferation, migration		
SVZ neural stem-like cells	Growth and self-renewal		

HGF, hepatocyte growth factor; EAAT2/GLT-1, excitatory amino acid transporter 2/glutamate transporter 1; SVZ, subventricular zone; TH, tyrosine hydroxylase.



Desole et al, Frontiers in Cell and Dev Bio 2021; Funakoshi and Nakamura, Curr Signal Transduc Ther 2011; Korhonen et al, Eur J Neurosci 2000; Akita et al, Exp Neurol 2008; Hamanoue et al, J Neurosci Res 1996; Sun et al, Brain Res Mol Brain Res 2002; Ebens et al, Neuron 1996; Yan et al, J Neurosci Res 2002; Sun et al, J Neurosci 2002; Ko et al, Sci Rep 2018; Nicoleau et al, Stem Cells 2009.

Preclinical Evidence Support HGF/MET Mechanism of Action

POSITIVELY MODULATING HGF/MET PATHWAY SHOWS POSITIVE EFFECTS ACROSS MULTIPLE NEUROLOGICAL DISEASES

In vitro models

Mechanism of action pathway

- MET
- ERK
- AKT

Neurotrophic

- Synaptogenesis
- Neurite outgrowth

Neuroprotection against toxic insults

- Inflammation LPS
- Oxidative stress H₂O₂
- Excitatory toxicity glutamate
- Pesticides/herbicides rotenone, MPP+, 6-OHDA

In vivo models

Alzheimer's disease

- Scopolamine
- LPS

Parkinson's disease

• 6-OHDA

Neuropathic Pain

Streptozotocin

ALS

• TDP-43

Depression/anxiety

- Chronic unpredictable stress
- Forced-swim test

Schizophrenia

MMN following MK-801 treatment

6-OHDA, 6-hydroxydopamine; AKT, protein kinase B; ALS, amyotrophic lateral sclerosis; ERK, extracellular-regulated kinase; H₂O₂, hydrogen peroxide; HGF, hepatocyte growth factor; LPS, lipopolysaccharide; MK-801, dizocilpine hydrogen maleate; MMN, mismatch negativity; MPP⁺, 1-methyl-4-phenylpryidinium; TDP-43, TAR DNA-binding protein 43.

Lead Program: Fosgonimeton (ATH-1017)



Alzheimer's Disease Pathology

MULTIFACTORIAL COMPLEX PATHOLOGIES LEAD TO NEURODEGENERATION





HGF/MET System is Critical to Normal Brain Function

MET is one of the most stably expressed genes in the adult human brain

Stable MET expression is a signature of the healthy adult brain¹

Suggests that dysregulation of HGF/MET could be implicated in brain pathologies

MET expression is reduced in the brains of AD patients²

MET EXPRESSION IN ALZHEIMER'S DISEASE





AD, Alzheimer's disease; HGF, hepatocyte growth factor. ¹ Hawrylycz et al, *Nature Neuroscience* 2015. ² Hamasaki et al, *Neuropathology* 2014.

Fosgonimeton: Positive Modulator of HGF/MET Neurotrophic System

MULTIMODAL, PROTECTIVE AND REGENERATIVE

Fosgonimeton:

- Small molecule prodrug that is rapidly converted to an active metabolite (fosgo-AM) in plasma
- Crosses the blood-brain barrier
- Positively modulates HGF/MET
- Administered via subcutaneous injection





HGF, hepatocyte growth factor; NMDA, *N*-methyl-D-aspartate; P, phosphorylation; PKC, protein kinase C. Desole et al, *Frontiers in Cell and Dev Bio* 2021. Funakoshi and Nakamura, *Current Signal Transduction Therapy* 2011.

Neurotrophic Effects of Fosgonimeton

ENHANCED SYNAPTOGENESIS, NEURONAL PLASTICITY, AND NEUROPROTECTION IN VITRO

Synaptogenesis Formation of new synapses



Fosgo-AM

Control



Synaptobrevin-II

Neurite Outgrowth Development of neuronal projections





β-III Tubulin

Network Enhancement Development of new neurons and networks

<u>100 µт</u>



MAP2 / Hoechst

Fosgonimeton also protected cells against various neurotoxic insults



MAP2, microtubule associated protein 2. Scale bars for synaptogenesis and neurite outgrowth panels = $20 \mu m$. Reda et al, *Alzheimer's Association International Conference* 2022. Johnston et al, *ASENT Annual Meeting* 2022.

Initial Focus on Mild-to-Moderate Alzheimer's Disease

Medical need:

The point of most accelerated disease progression^{1,2}

Currently marketed drugs in mild-to-moderate space have only modest effects³

Higher financial burden than pre-dementia⁴



Reduced development risk:

Clinical, syndromal diagnosis is possible⁵

Increased likelihood of tangible placebo decline

Established regulatory path (AChEls, memantine)



AChEI, acetylcholinesterase inhibitor; AD, Alzheimer's disease. ¹ Ower et al, *Eur J Epidemiol* 2018. ² Caroli et al, *Neurobiol Aging* 2010. ³ Fink et al, Ann Intern Med 2020.
⁴ Cerejeira et al, Front Neurol 2012.
⁵ de Aquino et al, Front Neurol 2021.

Fosgonimeton Phase 2 ACT-AD Trial



EXPLORATORY STUDY TO INFORM LARGER LIFT-AD STUDY IN SIMILAR POPULATION

POPULATION	TREATMENT DURATION	RESULTS		
ACT-AD: N=77 Mild-to-moderate AD subjects • 55-85 years • CDR 1 and 2 • MMSE 14-24 • 40% of patients not on background AChEl PRIMARY ENDPOINT • Change of ERP P300 latency	26-week randomized, double-blind treatment, + optional 18-month OLEX Fosgonimeton (40 mg)	 Full Study Population: Did not achieve statistical significance on primary endpoint of biomarker ERP P300 latency Well tolerated with a favorable safety profile Showed a numerical improvement in the functional measure of ADCS-ADL23 and plasma levels of NfL, a validated fluid biomarker of neurodegeneration Endpoint Alone Population: Showed potentially beneficial change in ERP P300 latency 		
	Fosgonimeton (70 mg)			
Cognition: ADAS-Cog11	Placebo			
 Global clinical change: ADCS CGIC - Clinician Function: ADCS-ADL23 EXPLORATORY ENDPOINTS Fluid biomarkers (e.g., NfL) 	Randomization (1:1:1)	 (-28 milliseconds, n.s.) Improved cognition as measured by ADAS-Cog11 (-3.3 points, n.s.) Achieved a statistically significant improvement in plasma levels of NfL (p=0.018) 		



AChEI, acetylcholinesterase inhibitor; AD, Alzheimer's disease; ADAS-Cog11, Alzheimer's Disease Assessment Scale– Cognitive Subscale; ADCS-ADL23, Alzheimer's Disease Cooperative Study–Activities of Daily Living; ADCS-CGIC, Alzheimer's Disease Cooperative Study–Clinical Global Impression of Change; CDR, clinical dementia rating; ERP, event related potential; MMSE, mini-mental state examination; NfL, neurofilament light chain; OLEX, open-label extension. Suggested Improvements in ERP P300 Latency and ADAS-Cog11 ACt^{AD} EFFECTS SHOWN IN FOSGONIMETON ALONE (WITHOUT BACKGROUND ACHEIS)



AChEI, acetylcholinesterase inhibitor; ADAS-Cog11, Alzheimer's Disease Assessment Scale–Cognitive Subscale; ERP, event related potential; W, week.

mITT population. Data presented as unadjusted mean \pm SEM.

Neurofilament Light Chain (NfL) Analysis Suggests Neuroprotection ACt^{AD} VALIDATED FLUID BIOMARKER OF NEURODEGENERATION (CSF OR PLASMA)

Analysis of plasma NfL levels showed statistically significant improvements with fosgonimeton alone from baseline to week 26



NfL at week 26 (without AChEI)¹



CSF, cerebrospinal fluid; NfL, neurofilament light chain; SE, standard error. ¹ Data presented are least squares mean ± SE.

Fosgonimeton Phase 2/3 LIFT-AD Trial



LEARNINGS FROM ACT-AD INFORM TRIAL DESIGN OPTIMIZATION

POPULATION	TREATMENT DURATION	RESULTS	
 LIFT-AD: Target N=TBD, informed by interim analysis Mild-to-moderate AD subjects 55-85 years CDR 1 and 2 MMSE 14-24 Currently ~40% of patients not on background AChEI 	26-week randomized, double-blind treatment, + optional 18-month OLEX Fosgonimeton (40 mg)	 PRIMARY ENDPOINTS Global Statistical Test (GST) – unbiased composite of data from two key secondary endpoints (ADAS-Cog11 and ADCS-ADL23) Safety SECONDARY ENDPOINTS 	
	Fosgonimeton (70 mg)	Cognition: ADAS-Cog11 Evention: ADAS-Cog11	
Path Forward:	Placebo	 Function: ADCS-ADL23 Global clinical change: ADCS CGIC - Clinician EXPLORATORY ENDPOINTS Fluid biomarkers (e.g., NfL) TIMELINE Enrollment ongoing 	
 Exclusion criterion added for subjects on background AChEIs Independent, unblinded interim analysis to inform sample size for primary endpoint 	Randomization (1:1:1)		



AChEI, acetylcholinesterase inhibitor; AD, Alzheimer's disease; ADAS-Cog11, Alzheimer's Disease Assessment Scale– Cognitive Subscale; ADCS-ADL23, Alzheimer's Disease Cooperative Study–Activities of Daily Living; ADCS-CGIC, Alzheimer's Disease Cooperative Study–Clinical Global Impression of Change; CDR, clinical dementia rating; GST, global statistical test; MMSE, mini-mental state examination; NfL, neurofilament light chain; OLEX, open-label extension.

Fosgonimeton – A New Potential Therapy for Alzheimer's Disease



35 million Estimated Alzheimer's cases worldwide¹



Multi-Billion \$ Market Despite generic entries



Zero New marketed products since 2003

Over 100 million globally by 2050

~900,000 new patients diagnosed annually in the US alone^{1,2}

6.2 million treatment eligible patients in the US in 2021 based on prevalence data

Growing at 3% per year^{2,3}

Mild to Moderate comprises 81% of all patients with Alzheimer's disease^{3,4}

Significant opportunity for fosgonimeton

Limited treatment options exist today for those with Alzheimer's disease; novel approaches to improve cognition and function are needed



¹ https://www.who.int/news-room/fact-sheets/detail/dementia.
 ² https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf.
 ³ GlobalData AD prevalence data access and analysis.
 ⁴ https://www.nia.nih.gov/news/half-alzheimers-disease-cases-may-be-mild.

Potential of Fosgonimeton Beyond Alzheimer's Disease



PROOF-OF-CONCEPT TRIAL IN PARKINSON'S DISEASE DEMENTIA AND DEMENTIA WITH LEWY BODIES

Beneficial effects on motor function, behavior and pathology in preclinical Parkinson's disease (PD) models

Data presentations at upcoming scientific conferences

Phase 2 study ongoing

~50% of nearly 1 million PD patients in the US experience dementia¹⁻³





ADAS-Cog13, Alzheimer's Disease Assessment Scale–Cognitive Subscale; ADCS-ADL23, Alzheimer's Disease Cooperative Study–Activities of Daily Living; ADCS-CGIC, Alzheimer's Disease Cooperative Study–Clinical Global Impression of Change; DLB, dementia with Lewy bodies; ERP, event related potential; GST, global statistical test; MDS-UPDRS, movement disorder society-unified Parkinson's disease rating scale; MOCA, Montreal cognitive assessment; PD, Parkinson's disease; PDD, Parkinson's disease dementia. ¹https://www.parkinson.org/Understanding-Parkinsons. ²https://www.alz.org/alzheimers-dementia/what-is-dementia/types-of-dementia.

³ Yang et al, NPJ Parkinsons Dis 2020.

Fosgonimeton Program Summary

CHANGING THE TREATMENT PARADIGM TO RESTORE NEURONAL HEALTH

Compelling biologic activity in Alzheimer's patients suggests potential for improved cognition, function and neuronal health Based on promising science using novel HGF/MET positive modulators to repair and restore neuronal health

LIFT-AD – enrollment ongoing with a focus on fosgonimeton alone (without background AChEIs)

18-month open-label extension study ongoing with majority of patients rolling over

Urgent need for continued innovation and options that improve cognition and function for patients

Opportunity to expand into additional indications

AChEI, acetylcholinesterase inhibitor; AD, Alzheimer's disease; HGF, hepatocyte growth factor.

Neuropsychiatric Indications

ATH-1020



ATH-1020 Phase 1 Study Ongoing in Healthy Volunteers Physiological changes in the brain Affect behavior and emotion

Focused on restoring neuronal health and function to repair disruptions in neuronal connectivity found in a variety of neuropsychiatric diseases A brain-penetrant small molecule positive modulator of HGF/MET with convenient oncedaily oral dosing

Demonstrated improvements in depression and schizophrenia in preclinical animal models¹

Independent published data demonstrate enhancing HGF/MET activity has antidepressant and anxiolytic effects^{2,3}

Human clinical trials also show an association between reduced HGF/MET expression levels and depression/anxiety and schizophrenia⁴⁻⁸



HGF, hepatocyte growth factor.
¹ Berthiaume et al, ASENT Annual Meeting 2022.
² Isogawa et al, Neuropsychobiology 2005.
³ Wakatsuki et al, Neuropeptides 2007.
⁴ Russo, Biomarker Insights 2010.

⁵ Ciuculete et al, *Epigenetics* 2019.
⁶ Ramsey et al, *PLoS ONE* 2016.
⁷ Russo, *Proteomic Insights* 2010.
⁸ Burdick et al, *AM J Psychiatry* 2010.





Athira Management Team with Significant CNS Product Development and Approval Experience

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Achievements and Upcoming Milestones

RECENT ACHIEVEMENTS

- Phase 2 ACT-AD topline data reported 2Q22
- Amending LIFT-AD for focus on fosgonimeton alone
- Open label extension trial underway for ACT-AD and LIFT-AD
- First subject dosed in 1Q22 with first oral molecule, ATH-1020, in Phase 1 trial to evaluate safety of potential product candidate for neuropsychiatric indications
- Continued to strengthen IP portfolio
- Strong balance sheet cash and cash equivalents of \$282.2M as of June 30, 2022, and no debt

LOOKING AHEAD

- Complete LIFT-AD trial enrollment
- Continued transition of patients to open-label extension study
- → **Complete Phase 1** healthy volunteer study for ATH-1020
- Ongoing IND-enabling studies of new product candidates
- Continued publications and presentations of supportive scientific and clinical data at multiple medical meetings



