Strategy & Business Update Call

9 October 2023
1430 hrs CET
Non-Confidential
Forward-Looking Statement

This presentation (the “Presentation”) has been prepared by Spexis AG (“the Company” and together with its subsidiary, “we”, “us” or the “Group”) solely for informational purposes.

Certain statements in this Presentation are forward-looking statements, beliefs or opinions, including statements relating to, among other things, the Company's business, financial condition, future performance, results of operation, potential new market opportunities, growth strategies, and expected growth in the markets in which the Group operates. In some cases, these forward-looking statements may be identified by the use of forward-looking terminology, including the terms “targets”, “plans”, “believes”, “estimates”, “anticipates”, “expects”, “intends”, “may”, “will” or “should” or, in each case, their negative or other variations or similar expressions. By their nature, forward-looking statements involve a number of risks, uncertainties and assumptions that could cause actual results or events to differ materially from those expressed or implied by the forward-looking statements. These risks, uncertainties and assumptions could adversely affect the outcome and financial consequences of the plans and events described herein. Actual results may differ materially from those set forth in the forward-looking statements as a result of various factors (including, but not limited to, future global economic conditions, changed market conditions, intense competition in the markets in which the Group operates, costs of compliance with applicable laws, regulations and standards, diverse political, legal, economic and other conditions affecting the Group's markets, and other factors beyond the control of the Group). Neither the Company nor any of its respective directors, officers, employees, agents, affiliates, advisors or any other person is under any obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise. You should not place undue reliance on forward-looking statements, which speak of the date of this Presentation. Statements contained in this Presentation regarding past trends or events should not be taken as a representation that such trends or events will continue in the future. Some of the information presented herein is based on statements by third parties, and no representation or warranty, express or implied, is made as to, and no reliance should be placed on, the fairness, accuracy, completeness or correctness of this information or any other information or opinions contained herein, for any purpose whatsoever.
The Spexis Proposition:

Life-changing macrocycle therapeutics for rare disease and oncology patients

---

**Macrocycle focus:**
- Extensive macrocycle platform with both peptidic & non-peptidic libraries
- 3 clinical-stage products discovered in-house thus far
- Lead asset ColiFin®: approved (in EU), US Phase 3-ready, also a macrocycle
- Significant molecular glue & protein degrader potential

---

**Early & late-stage cystic fibrosis (CF) pipeline:**
Funded and supported by the CF Foundation & IMI

1. **Inhaled Murepavadin:**
   - Novel OMPTA-antibiotic
   - 9 i.v. clinical trials in ~290 subjects to date
   - Phase 1 CF trial data reported in Jan 2023

2. **Balixafortide:**
   - Best-in-class CXCR4i
   - 8 clinical trials in >500 subjects to date
   - Now under development for pancreatic ductal adenocarcinoma (PDAC)

3. **Lonodelestat:**
   - Best-in-class neutrophil elastase inhibitor
   - Phase 2 ready
   - Out-licensed to Santhera

---

**ColiFin®:**
- Lead candidate for CF
- EU approved; U.S. Phase 3 ready

---

**Excellent value growth potential:**
- Lead asset highly de-risked
- Multiple other clinical shots-on-goal
- Cutting-edge macrocycle platform

---

IMI – Innovative Medicines Initiative (EU research initiative)
Spexis Pipeline: Multiple “Shots-On-Goal”
Potential for Significant Value Generation

<table>
<thead>
<tr>
<th>Program</th>
<th>Research</th>
<th>Preclinical</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Partnership / Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cystic Fibrosis</td>
<td>ColiFin®</td>
<td>Chronic CF infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inhaled Murepavadin</td>
<td>Chronic CF infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-CF bronchiectasis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oncology/Rare Disease</td>
<td>Balixafortide</td>
<td>Pancreatic ductal adenocarcinoma (PDAC)</td>
<td></td>
<td></td>
<td></td>
<td>FOSUN PHARMA</td>
</tr>
<tr>
<td>Neutrophil Elastase Inhibition</td>
<td>Lonodelestat</td>
<td>CF, AATD, PCD</td>
<td></td>
<td></td>
<td></td>
<td>out-licensed to santhera</td>
</tr>
<tr>
<td>Macrocycle platform</td>
<td>Broad therapeutic potential: respiratory, heme-onc/oncology, rare disease; molecular glues &amp; protein degraders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CARB-X (OMPTA)</td>
</tr>
</tbody>
</table>

CF – cystic fibrosis; AATD – alpha-1 antitrypsin deficiency; PCD – primary ciliary dyskinesia
OMPTA – Outer Membrane Protein Targeted Antibiotics
Indications according to https://www.santhera.com/health-care-professionals/lonodelestat
Multiple Clinical & Financial Goals Achieved Since Spexis Launch 29 Dec 2021

Including $22.2M in Total Financings

- **Positive Clinical Trial Results:**
  - Sep 22, 2022:
    - Spexis announces positive P1 renal impairment clinical trial results with balixafortide
  - Jan 9, 2023:
    - Spexis reports solid P1 safety & pharmacokinetics results from first-in-human study with inhaled murepavadin, a novel macrocycle compound

- **Positive Pre-Clinical Study Results:**
  - July 7, 2022:
    - Spexis’ CXCR4 inhibitor balixafortide demonstrates synergistic efficacy in combination with docetaxel in a metastatic prostate cancer preclinical model
  - Dec 13, 2022:
    - Spexis announces promising pre-clinical data with balixafortide in combination with various therapies on the market for treating B-cell lymphomas

- **Business Development/Financing:**
  - Dec. 29, 2021 (immediately prior to merger forming Spexis):
    - $12.8M convertible note investments announced
  - March 3, 2022:
    - Spexis achieves first CARB-X milestone for its thanatin derivatives program and receives funding of up to USD 1.9 million to initiate lead optimization
  - Feb 8, 2023:
    - Spexis & SPRIM Global Investments (Singapore) finalize term sheet for clinical trial partnership to finance up to 50% of projected P3 clinical development costs of ColiFin®; make $500K conv note investment
  - April 18, 2023:
    - Spexis & SPRIM close $4.5M financing: represents 100% of COPILOT direct clinical development costs
  - June 30, 2023:
    - Spexis announces engagement with Maxim Group LLC as M&A advisor to support evaluation of strategic transactions - **with Spexis as survivor**
  - August 15, 2023:
    - Spexis announces USD $2.5 million capital commitment to support the upcoming Phase 3 ColiFin® studies
Summary of Forward Corporate Strategy At This Time

• ColiFin®:
  • Will announce COPilot first-patient-in soon
  • Under CDA/due diligence/partnership negotiations with several candidates
  • Working up cCFBE plan, timeline & budget in parallel

• Balixafortide:
  • Pursuing financings to launch P1b & P2a PDAC studies
  • Details TBA ASAP
  • Seeking corporate partnership given scope of opportunity/additional indications which PDAC program enables

• Finalize and announce merger combination agreement:
  • Transaction goal is to secure NASDAQ listing and simultaneous merger financing with Spexis as survivor
  • Process well underway and ongoing with several candidates

• Based on above, get additional, major financings completed
<table>
<thead>
<tr>
<th>Historical Spexis Stock Prices:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Market Dynamics</strong></td>
<td>Suppressing Latent Spexis Value</td>
</tr>
<tr>
<td><strong>CHF 2.20</strong> (mkt cap ~ CHF 90M)</td>
<td>Share price all-time high</td>
</tr>
<tr>
<td><strong>CHF 0.57</strong></td>
<td>52-wk share price high</td>
</tr>
<tr>
<td><strong>CHF 0.19</strong></td>
<td>52 wk share price low</td>
</tr>
<tr>
<td><strong>CHF 0.34</strong></td>
<td>60d VWAP (volume weighted average price) as of Oct 6, 2023</td>
</tr>
</tbody>
</table>
ColiFin®:
As Approved In Europe
Approved in EU (DE, AT, CH, FR, SP, IT, UK, NE): 2010 – 2018 via decentralized process

U.S. Phase 3 Program ("COPA"):
- FDA “Study May Proceed Letter”: 1 Phase 3 trial sufficient
- QD dosing favored due to high treatment burden in CF patients
- Continuous use therapy (not 28d on, 28 off): same as ColiFin® EU label, also significant compliance factor
- COPA developed with CFF equity investment & sig design input & endorsement from CFF’s Therapeutics Development Network – a “must have” for doing CF trials in U.S. and Canada

Multiple P3 “COPA” study value-inflection points:

1st Interim Analysis ("IA"):
- 1x/day dosing safety/PK/efficacy readout after ~80 subjects

2nd Interim Analysis
- after 60% of subjects have completed COPA Part A
- if positive, could file early NDA

Commercial:
- QIDP + Orphan Drug designation = 12 yrs U.S. market exclusivity
- Concentrated N. American market: ~130 CF care centers
- Small commercial structure sufficient to “go-it-alone"
Future ColiFin® Patients
Already Use Inhaled Colistin

Current EU Usage
- EU inhaled colistin revenues (all products) **est. €75M/yr**
- Average EU price per course: **€800-1.5K**\(^1\)

Current US Usage
- ~2200 CF patients used unapproved colistin in 2019\(^2\)
- Those patients will convert to ColiFin® upon approval\(^3\)

EU vs. US
- **US pricing 3-5x EU** (e.g. TOBI®, Cayston®, generics)
- EU29 & US CF patient population comparable (~40K vs 30K)

EU-like penetration @ US pricing:
- **Projected US revenues: $180-$280M**

---

\(1\) Confidential market information shared
\(2\) 2020 CFF Registry Report, last year pre-COVID disruption
\(3\) TOBI® & Cayston® predated by unapproved versions. Both rapidly captured those markets
Increasing Unmet Need in CF for a Product Like ColiFin®

Despite CFTR Modulator Therapy

85% of eligible population receive CFTR modulators – slowing disease progression & improving mucus clearance¹

5yr data show reduced load BUT chronic infections persist – will remain major issue²

> Ageing CF patient population – a longer, but not healthier life¹

> Chronic lung infections – increased likelihood as patient ages; *P. aeruginosa* predominant > age 33¹

> Increasing need for long-term inhaled antibiotics¹

---


² Finke et al; Lenhan et al; Quinn et al.
**ColiFin® Life Cycle Management:**

**Expansion into Non-CFBE, COPD**

**Non-CF Bronchiectasis & COPD** patients also suffer chronic *P. aeruginosa* infections, no proven inhaled standard-of-care.

An effective QD ColiFin® would be an attractive therapeutic in both these additional indications.

**Cystic Fibrosis**

- ~10K Treatable US Patients
- Primary indication w/ front-line label
- Very accessible patient population
- Established usage in U.S. & RoW

**Non-CF Bronchiectasis**

- 15x U.S. CF Market
- 1/3rd of patients have 3+ exacerbations/yr
- Most of these have chronic lung infections
- ~30% culture *P. aeru*, have worse outcomes

**COPD**

- 50x U.S. CF Market
- 15M US Patients, >250M globally
- 5-15% infected with *P. aeru* 4
- Infections drive exacerbations, deaths

**LCM Expands Treatable Patients to >30M Worldwide**

1) McShane et. al. 2013, DOI: 10.1164/rccm.201303-0411CI
2) Finch S et. al. 2015 DOI: 10.1513/AnnalsATS.201506-333OC.
3) Chen et. al. 2018, DOI: 10.1080/13543784.2018.1439919
4) Planquette et. al. 2015, DOI: 10.2147/COPD.S71413
# Potential ColiFin® Peak Revenues

<table>
<thead>
<tr>
<th>Product</th>
<th>Indication</th>
<th>Territory</th>
<th>Target Patient Population</th>
<th>Peak Penetration</th>
<th>Revenue per Patient/Yr</th>
<th>Projected Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>ColiFin®</td>
<td>CF</td>
<td>US</td>
<td>12,000&lt;sup&gt;1&lt;/sup&gt;</td>
<td>45%</td>
<td>$36K</td>
<td>$210M</td>
</tr>
<tr>
<td>nCFB</td>
<td></td>
<td>US</td>
<td>50,000&lt;sup&gt;2&lt;/sup&gt;</td>
<td>30%</td>
<td>$30K</td>
<td>$450M</td>
</tr>
<tr>
<td>Asia Pacific</td>
<td></td>
<td></td>
<td>250,000&lt;sup&gt;3&lt;/sup&gt;</td>
<td>20%</td>
<td>$10K</td>
<td>$500M</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$1,160M</strong></td>
</tr>
</tbody>
</table>

<sup>1</sup> Adult US patients with moderate to advanced disease, per CFF registry report

<sup>2</sup> 450K nCFB patients, 37% exacerbate 3+ times/yr, ~30% of those culture P aeruginosa (Chalmers 2018)

<sup>3</sup> [1](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9066779/), [2](https://pubmed.ncbi.nlm.nih.gov/25542602/), [3](https://erj.ersjournals.com/content/54/2/1900194)
# ColiFin® Target Patient Populations & Value Generation

## Compares Well to Insmed’s ARIKAYCE®

<table>
<thead>
<tr>
<th>ARIYAKCE®</th>
<th>ColiFin®</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indication</strong></td>
<td><strong>MAC NTM (Refractory)</strong></td>
</tr>
<tr>
<td>Regulatory Status</td>
<td>Approved</td>
</tr>
<tr>
<td>Target Patient Population (US)</td>
<td>10-15K (Insmed est.)</td>
</tr>
<tr>
<td></td>
<td>-12K eligible</td>
</tr>
<tr>
<td>Other Markets</td>
<td>JP: 15-18K (Insmed est.)</td>
</tr>
<tr>
<td></td>
<td>EU: -1K (Insmed est.)</td>
</tr>
<tr>
<td>Net Revenues</td>
<td>-$300M (2023 est)</td>
</tr>
<tr>
<td>Company Mkt Cap:</td>
<td>$1.5B (post-2018 approval)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Balixafortide: Potent CXCR4 inhibitor

**Applicable to wide range of oncology and rare disease indications**

**Balixafortide**
- Potent, highly selective blocker of CXCR4
- CXCR4 is involved in tumor growth and metastasis and is also implicated in a variety of primary immune deficiency and other rare diseases

**Clinical proof of concept established**
- >500 patients in 8 clinical trials
- Phase 3 study in advanced HER-2 negative breast cancer did not achieve primary endpoint; data analyses ongoing

**Good safety and tolerability profile**
- Well tolerated by i.v. route of administration
- No limiting safety events identified at top dose given (5.5mg/kg)
- Shown to overcome SoC drug resistance
- Compatible with combination therapies

**Evaluating potential new indications**
- Extensively profiled in animal models of stem cell mobilization, cancer, inflammatory and rare disease indications
- Encouraging results of BLX + anti-PD1 in multiple animal models of pancreatic ductal adenocarcinoma (PDAC)
Balixafortide – Best in Class CXCR4 inhibitor
Highest Relative Exposure Compared to Competitor Drug Candidates

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Plerixafor (AMD3100)</th>
<th>Balixafortide (SPX6326)</th>
<th>X4P-001 (Mavorixafor)</th>
<th>BL-8040 (Motixafortide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binding IC&lt;sub&gt;50&lt;/sub&gt; (nM)</td>
<td>651</td>
<td>2.64</td>
<td>12.5</td>
<td>0.99</td>
</tr>
<tr>
<td>Mol weight (g/mol)</td>
<td>502.8</td>
<td>1864.9</td>
<td>349</td>
<td>2158</td>
</tr>
<tr>
<td>Human PPB (%)</td>
<td>37-58</td>
<td>79</td>
<td>90</td>
<td>99</td>
</tr>
<tr>
<td>Administration</td>
<td>SC</td>
<td>2h IV INF</td>
<td>PO (400 mg)</td>
<td>SC</td>
</tr>
<tr>
<td>Clinical dose @60kg (mg/kg)</td>
<td>0.24</td>
<td>5.5</td>
<td>6.67</td>
<td>1.25</td>
</tr>
<tr>
<td>Clinical dose @60kg (µmol/kg)</td>
<td>0.5</td>
<td>2.9</td>
<td>19.1</td>
<td>0.6</td>
</tr>
<tr>
<td>Clinical C&lt;sub&gt;max&lt;/sub&gt; (ng/mL)</td>
<td>990</td>
<td>11757</td>
<td>1404</td>
<td>1365</td>
</tr>
<tr>
<td>Clinical C&lt;sub&gt;max&lt;/sub&gt; (µM)</td>
<td>2.0</td>
<td>6.3</td>
<td>4.0</td>
<td>0.6</td>
</tr>
<tr>
<td>Clinical AUC&lt;sub&gt;0-24h&lt;/sub&gt; (µM h)</td>
<td>5026</td>
<td>80464</td>
<td>6716</td>
<td>2175</td>
</tr>
<tr>
<td>Relative clinical exposure (C&lt;sub&gt;max&lt;/sub&gt; / IC&lt;sub&gt;50&lt;/sub&gt;)</td>
<td>3.0</td>
<td>2388</td>
<td>322</td>
<td>639</td>
</tr>
<tr>
<td>Relative clin. exposure (C&lt;sub&gt;max&lt;/sub&gt;,fu / IC&lt;sub&gt;50&lt;/sub&gt;)</td>
<td>1.6</td>
<td>501</td>
<td>32.2</td>
<td>6.4</td>
</tr>
<tr>
<td>Relative clin. exposure (AUC / IC&lt;sub&gt;50,24h&lt;/sub&gt;)</td>
<td>1</td>
<td>681</td>
<td>64</td>
<td>42</td>
</tr>
<tr>
<td>Relative clin. exposure (AUC&lt;sub&gt;fu&lt;/sub&gt; / IC&lt;sub&gt;50,24h&lt;/sub&gt;)</td>
<td>0.3</td>
<td>143</td>
<td>6.4</td>
<td>0.4</td>
</tr>
</tbody>
</table>
Pancreatic Cancer

Multi-Billion $ Indication w/ High Unmet Need

- **3rd** leading cancer death (US)
  - Projected **2nd** by 2030\(^1\)
- ~**500k** annual diagnoses \(^2\)
- ~**470k** annual deaths \(^2\)
- **6%** 5-yr survival for pancreatic ductal adenocarcinoma (PDAC)\(^4\)
  - Poor prognosis due largely to late diagnosis
- **USD 6.85 Billion** projected market by 2029\(^3\)

---

2. World J Gastroenterol., Irena Ilic et al., 2022 Aug 28; 28(32): 4696–4715
4. Yushifumi Noda et al., Medical Imaging, 22, Article number: 23 (2022)
In last 40 years, 10yr survival rates have dramatically improved for every cancer except pancreatic cancer.

Recently approved therapies (e.g. Abraxane) have increased 5-year survival only slightly (~12%).

[1] pancreaticcanceraction.org
Incidence of Pancreatic Cancer in China Has Increased Significantly Over The Years

Increasing incidence of pancreatic cancer in China¹:

- In 2019, the number of pancreatic cancer cases in China was estimated to be 114,964 and the incidence was estimated to be 5.78/100,000, an increase of 329.40% and 82.11% compared with 1990, respectively.

- Whether in 1990 or 2019, the incidence of pancreatic cancer was low before the age of 50, and it substantially increased with age, starting from the 50–54 age group, and reaching its peak in the 85-and-over age group.

- The incidence for males is greater than that for females.

There were 124,994 new cases of pancreatic cancer and 121,853 deaths in China in 2020²

---

¹ Yuan He et al., China CDC weekly, 2022, 4(24): 527-53
² IARC Global Cancer Observatory
Potential for Anti-PD1 in PDAC

- PD-1 inhibitors have been most successful class of immuno-oncology agents
- Blocks mechanism by which many cancer cells suppress immune response

<table>
<thead>
<tr>
<th>Drug</th>
<th>2022 Revenues:</th>
<th>Approvals in melanoma, NSCLC, HNSCC, cHL, PMBCL, others</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEYTRUDA® (pembrolizumab)</td>
<td>~$20.9B</td>
<td></td>
</tr>
<tr>
<td>OPDIVO® (nivolumab)</td>
<td>~$8.2</td>
<td>Approvals in melanoma, NSCLC, KC, LC, CRC, melanoma, others</td>
</tr>
<tr>
<td>LIBTAYO® (cemiplimab-rwlc)</td>
<td>~$445M</td>
<td>Approvals in NSCLC, CSCC, BCC, others</td>
</tr>
</tbody>
</table>

However, PD-1 inhibitors alone have not shown significant survival benefits in PDAC

Immune Checkpoint Inhibitors (ICIs) Bring Survival Benefits, But Much Less Effective in PDAC to Date

PDAC has:
- Lower PD-1/PDL-1 expression (green)
- Lower CD8 expression (yellow)
- More FOXP3+ Treg cells (red)

Additional Issues with ICIs in PDAC:\(^1\):
- PDAC is immunologically “cold” cancer: less T-cell infiltration, which ICI needs
- PDAC creates highly immunosuppressive tumor microenvironment (TME)
- PDAC often has dense stromal tissue barrier, acts as physical barrier

Rationale for Balixafortide in PDAC

• CXCR4 is an alpha-chemokine receptor specific for stromal-derived-factor-1 (SDF-1)
• CXC4 overexpressed in 23 different solid tumor types, including pancreas

• Data to date shows:
  • PDAC patient CXCR4 expression negatively correlates with overall survival
  • Exceptional responders to PDAC chemotherapy have lower CXCR4 expression
  • CXCR4 inhibition with balixafortide significantly potentiates anti-PD-1 therapies in robust, “gold-standard” animal models

• Balixafortide could enable ICI treatment in PDAC

## Projected Peak Revenues: ColiFin® & Balixafortide

<table>
<thead>
<tr>
<th>Product</th>
<th>Indication</th>
<th>Territory</th>
<th>Target Patient Population</th>
<th>Peak Penetration</th>
<th>Revenue per Patient/Yr</th>
<th>Projected Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>ColiFin®</td>
<td>CF</td>
<td>US</td>
<td>12,000&lt;sup&gt;1&lt;/sup&gt;</td>
<td>45%</td>
<td>$36K</td>
<td>$210M</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>nCFB</td>
<td>US</td>
<td></td>
<td>50,000&lt;sup&gt;2&lt;/sup&gt;</td>
<td>30%</td>
<td>$30K</td>
<td>$450M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>APAC</td>
<td>250,000&lt;sup&gt;3&lt;/sup&gt;</td>
<td>20%</td>
<td>$10K</td>
<td>$500M</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,160M</td>
</tr>
<tr>
<td>Balixafortide</td>
<td>PDAC</td>
<td>US</td>
<td>60,000&lt;sup&gt;4&lt;/sup&gt;</td>
<td>30%</td>
<td>$80K</td>
<td>$1,400M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RoW</td>
<td>350,000&lt;sup&gt;4&lt;/sup&gt;</td>
<td>20%</td>
<td>$20K</td>
<td>$1,400M</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2,800M</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$3,960M</td>
</tr>
</tbody>
</table>

[1] Adult US patients with moderate to advanced disease, per CFF registry report
[2] 450K nCFB patients, 37% exacerbate 3+ times/yr, ~30% of those culture P aeruginosa (Chalmers 2018)
[4] 60% PDAC patients refractory, see World J Gastroenterol., Irena Ilic et al., 2022 Aug 28; 28(32): 4698–4715
Spexis

Near-term and multiple value inflection points

CF therapeutic proposition addresses important and growing need

Two CF/nCFBE clinical candidates

- ColiFin® – starting Phase 3 2H2023 contingent on next financing or corporate partnership
- Inhaled murepavadin (iMPV) – positive Phase 1 data reported in Jan 23

Balixafortide (BLX)

- 8 clinical trials to date; >500 subjects dosed; under evaluation for additional oncology & rare disease indications
- Pancreatic ductal adenocarcinoma (PDAC) now selected as next clinical development priority

Proprietary macrocycle platform poised to build pipeline and fuel corporate partnerships

- Result of >$400M prior investment & multiple alliances
- iMPV, BLX & lonodelestat generated by our macrocycle platform; ColiFin® (in-licensed from PARI) also a macrocycle
- Highly leverageable towards other extracellular, intracellular & protein-protein interaction targets
- Ideal for targeting protein-protein interactions, molecular glues and targeted therapies
Key Contact Information:

- **Website link**: www.spexisbio.com
- **IR email**: IR@spexisbio.com
- **Jeff Wager, M.D. Chairman & CEO**: jeff.wager@spexisbio.com
- **Hernan Levett CFO**: hernan.levantt@spexisbio.com

Hegenheimermattweg 125  
CH-4123 Allschwil, Switzerland