

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 OR 15(d)
of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): December 15, 2021

Clene Inc.
(Exact name of registrant as specified in its charter)

Delaware (State or other jurisdiction of incorporation)	001-39834 (Commission File Number)	85-2828339 (IRS Employer Identification No.)
6550 South Millrock Drive, Suite G50 Salt Lake City, Utah (Address of principal executive offices)		84121 (Zip Code)

Registrant's telephone number, including area code: (801) 676-9695

N/A
(Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value US\$0.0001 per share	CLNN	The Nasdaq Capital Market
Warrants, to acquire one-half of one share of Common Stock for \$11.50 per share	CLNNW	The Nasdaq Capital Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 7.01 Regulation FD Disclosure.

On December 15, 2021, Clene Inc. (the “Company”) released an updated corporate presentation (the “Corporate Presentation”) on its website, www.clene.com. A copy of the Corporate Presentation is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference. The Company plans to use its website to disseminate future updates to the Corporate Presentation and may not file or furnish a Current Report on Form 8-K alerting investors if the Corporate Presentation is updated.

The information furnished in this Item 7.01, including Exhibit 99.1, shall not be deemed to be “filed” for purposes of Section 18 of the Exchange Act of 1934 (the “Exchange Act”), as amended, or otherwise subject to the liabilities of that section, and shall not be deemed to be incorporated by reference into any filing made by the Company under the Exchange Act or the Securities Act of 1933, regardless of any general incorporation language in any such filings, except as shall be expressly set forth by specific reference in such a filing.

Forward-Looking Statements

This Current Report on Form 8-K and the Corporate Presentation may contain forward-looking statements within the meaning of Section 27A of the Securities Act and Section 21E of the Exchange Act. The forward-looking statements include, but are not limited to, our expectations, hopes, beliefs, intentions, strategies, estimates and assumptions concerning events and financial trends that may affect our future results of operations or financial condition. In addition, any statements that refer to projections, forecasts or other characterizations of future events or circumstances, including any underlying assumptions, are forward-looking statements. The words “anticipate,” “believe,” “contemplate,” “continue,” “could,” “estimate,” “expect,” “intends,” “may,” “might,” “plan,” “possible,” “potential,” “predict,” “project,” “should,” “will,” “would” and similar expressions may identify forward-looking statements, but the absence of these words does not mean that a statement is not forward-looking. The forward-looking statements are based on information available as of the date of this report and our management’s current expectations, forecasts and assumptions, and involve a number of judgments, risks and uncertainties. As a result of a number of known and unknown risks and uncertainties, our actual results and the timing of events may differ materially from those expressed or implied by these forward-looking statements due to a number of factors. Applicable risks and uncertainties include those related to the possibility that any results of operations and financial condition of the Company are preliminary and subject to final audit, and the risks listed under the heading “Risk Factors” and elsewhere in our Quarterly Report on Form 10-Q filed on November 8, 2021 and our Annual Report on Form 10-K filed on March 29, 2021, and our subsequent filings with the U.S. Securities and Exchange Commission. Accordingly, forward-looking statements should not be relied upon as representing our views as of any subsequent date. We disclaim any obligation to update forward-looking statements to reflect events or circumstances after the date they were made, whether as a result of new information, future events or otherwise, except as specifically required under applicable securities laws.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit Number	Exhibit Description
99.1	Corporate Presentation
104	Cover Page Interactive Data File (formatted as Inline XBRL).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: December 16, 2021

Clene Inc.

By: /s/ Robert Etherington
Robert Etherington
President and Chief Executive Officer

CLNN (NASDAQ)
clene.com



December 14, 2021

CLene
NANOMEDICINE



Forward Looking Statements

This presentation contains "forward-looking statements" within the meaning of the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995. Clene's actual results may differ from its expectations, estimates, and projections and consequently, you should not rely on these forward-looking statements as predictions of future events. Words such as "expect," "estimate," "project," "budget," "forecast," "anticipate," "intend," "plan," "may," "will," "could," "should," "believes," "predicts," "potential," "might" and "continues," and similar expressions are intended to identify such forward-looking statements. These forward-looking statements involve significant known and unknown risks and uncertainties, many of which are beyond Clene's control and could cause actual results to differ materially and adversely from expected results. Factors that may cause such differences include Clene's ability to demonstrate the efficacy and safety of its drug candidates; the clinical results for its drug candidates, which may not support further development or marketing approval; actions of regulatory agencies, which may affect the initiation, timing and progress of clinical trials and marketing approval; Clene's ability to achieve commercial success for its marketed products and drug candidates, if approved; Clene's ability to obtain and maintain protection of intellectual property for its technology and drugs; Clene's reliance on third parties to conduct drug development, manufacturing and other services; Clene's limited operating history and its ability to obtain additional funding for operations and to complete the licensing or development and commercialization of its drug candidates; the impact of the COVID-19 pandemic on Clene's clinical development, commercial and other operations, as well as those risks more fully discussed in the section entitled "Risk Factors" in Clene's recently filed Quarterly Report on Form 10-Q (filed November 8, 2021), as well as discussions of potential risks, uncertainties, and other important factors in Clene's subsequent filings with the U.S. Securities and Exchange Commission. Clene undertakes no obligation to release publicly any updates or revisions to any forward-looking statements to reflect any change in its expectations or any change in events, conditions or circumstances on which any such statement is based, subject to applicable law. All information in this presentation is as of the date of presented or the date made publicly available. The information contained in any website referenced herein is not, and shall not be deemed to be, part of or incorporated into this presentation.

CLENE™ | Management Team

BOARD CHAIR



David J. Matlin

CEO



Rob Etherington

CMO



Robert Glanzman

CSO, FOUNDER



Mark Mortenson

CDO



Michael Hotchkin

CFO



Ted Jeong

HR



Mary Anne McNeil

MatlinPatterson

CREDIT SUISSE

ACTELION

Roche

NOVARTIS

Pfizer

PARKE-DAVIS
People & Care

KSV | KENSINGTON-
GLOBAL

NeuroBo
PHARMACEUTICALS

Creating Elemental Solutions for Human Health™

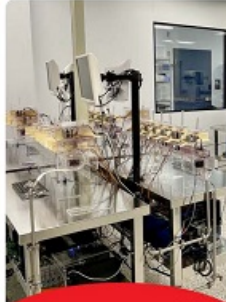
CLENE | Overview

CNM-Au8[®]
a gold nanocrystal
suspension, in
development as
the first cellular
energetic catalyst
to remyelinate¹ &
neuroprotect



ALS
Registration
Trial
Topline data in
2H 2022²

>270
patient years of
CNM-Au8 clinical
exposure



Manufacturing
expansion in
progress,
preparing for
possible
commercialization
in 2023

Strong IP:
150+
patents on
Clean-Surface-
Nanocrystal
technology (CSN[®])
platform



September 30, 2021
Cash and restricted
cash on hand
(unaudited):

\$60.6M

CLENE | Pipeline

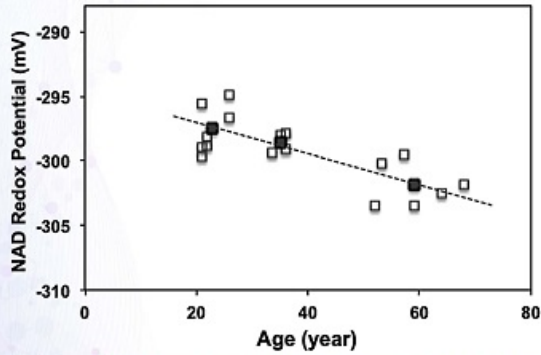
NANOTHERAPEUTIC	INDICATION	RESEARCH	PRECLINICAL	IND FILING	PHASE 1	PHASE 2 or EAP	PHASE 3	ANTICIPATED RESULTS	
 CNM-Au8® Gold Nanocrystal Suspension	Amyotrophic Lateral Sclerosis	 Healey ALS Platform Trial		Harvard MGH (Registration Trial)				2H 2022	
		 RESCUEALS	Phase 2	(Australia)				COMPLETED	
	ALS Expanded Access	 MGHALS <small>Expanded Access Program</small>		Harvard (MGH)	Expanded Access Programs			ONGOING	
	Multiple Sclerosis	 VISIONARY-MS [™]	Phase 2						1H 2023*
		 RepairMS	Phase 2	Brain Imaging Biomarker Study					COHORT 1 COMPLETED
	Parkinson's Disease	 RepairPD	Phase 2	Brain Imaging Biomarker Study					COMPLETED
 RESCUEPD		Phase 2	(Anticipated Launch 1H 2022)					1H 2024	
CNM-ZnAg (zinc-silver)	Anti-viral Anti-bacterial	 ZnAgSTUDY [™]			Phase 2			1H 2022	
CNM-AgZn17 (silver-zinc gel)	Wound Healing, Burn Treatment								
CNM-PtAu7 (platinum-gold)	Oncology								

*Subject to ongoing COVID-19 related site research restrictions generally implemented to protect MS patients taking standard-of-care immunosuppressive therapies

Neurons With High Energetic Demand Are At Increased Risk For Neurodegenerative Disease

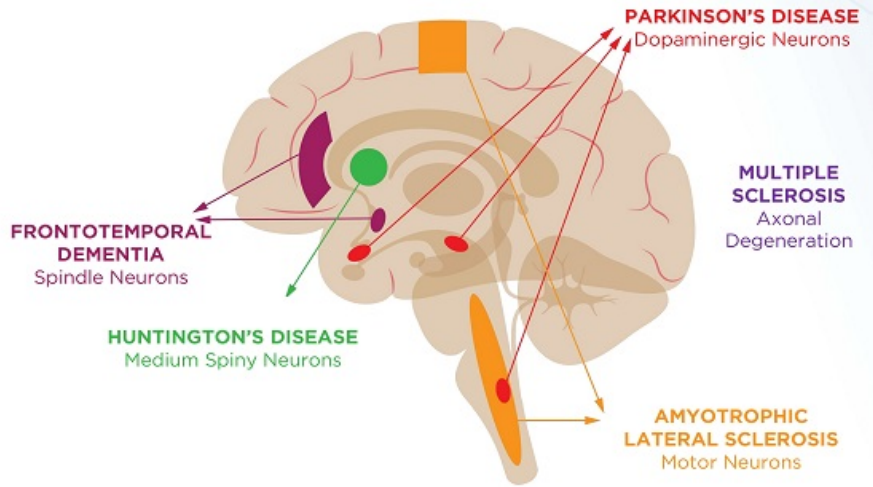
Brain Energy Potential Declines With Normal Aging

-0.5% NAD⁺/NADH unit decline per decade
(-0.13 mV units per year by ³¹P-MRS Imaging)



Closed squares = averaged data by age group: 21-26 yrs, 33-36 yrs, and 59-68 yrs old; Open squares = individual subject values

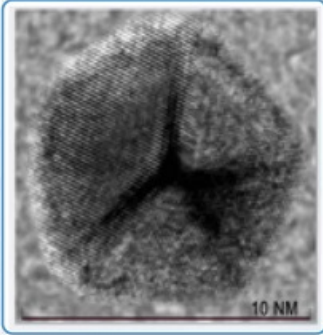
Specific Neuronal Populations Are Vulnerable to Energetic Failure



CNM-Au8[®] | Catalytically-Active Nanocrystals

Intersection of Physics and Biology

CNM-Au8 Nanocrystal

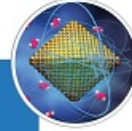


**> 100 Trillion
Nanocrystals per 60 mL
Dose (At 30mg)**

Clean Surfaced, Highly Faceted Shape Enhances Catalytic Activity

**Electron Sharing
Drives Catalytic
Activity**

**Vertices, Edges, &
Facets Key to
Catalytic Activity**



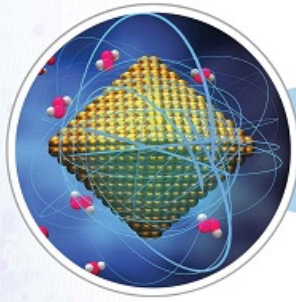
CNM-Au8 Catalytically Active Nanocrystal Suspension



**60 mL per bottle
(once daily)**

CNM-Au8 | Improves Energy Production to Promote Neuroprotection and Remyelination

CNM-Au8 Nanocrystal



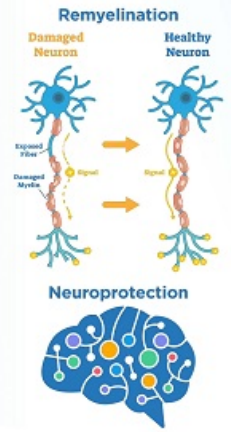
Mechanistic Effects

- ↑ Increased NAD
- ↑ Increased ATP
- ↓ Decreased reactive oxygen species
- ↑ Increased proteostasis

Improved Energy Production and Utilization

- ↑ Increased energetic potential
- ↑ Improved resistance to oxidative, mitochondrial, and excitotoxic stressors
- ↓ Reduction in levels of misfolded proteins

Promotes Neuroprotection and Remyelination



CNM-Au8 | Significant Global Opportunity



MOTOR NEURON DISEASE (ALS, Other Orphan Disorders)

ALS sales >\$1B globally by 2029¹. Current drugs are largely ineffective, mostly generic



MULTIPLE SCLEROSIS ~2.2M pts globally; \$23B market²

Only approved treatments are immunomodulators

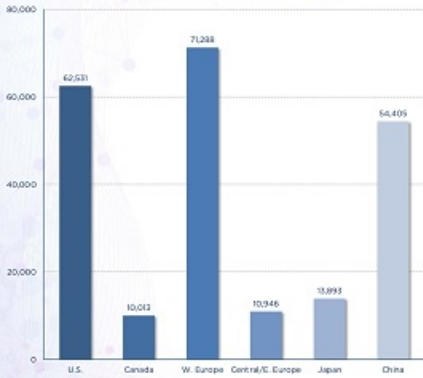


PARKINSON'S DISEASE

~6.1M pts globally; \$6B projected by 2026³

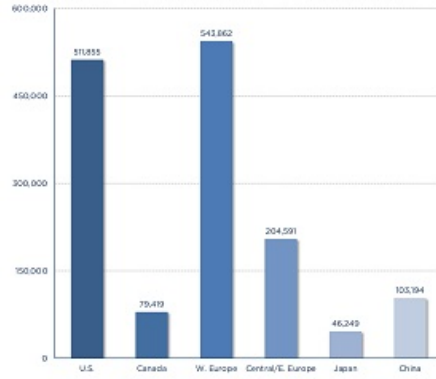
2ND most common neurodegenerative disorder; only symptomatic treatments

Est. Diagnosed MND Patients by Region



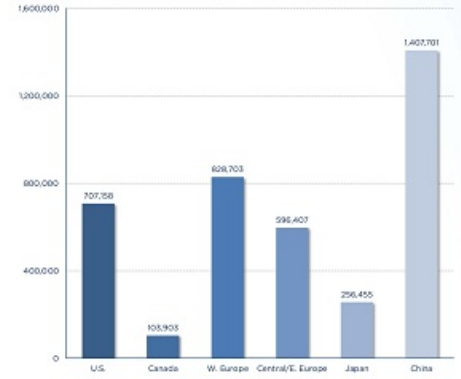
Source: Lancet Neurol. 2018 Dec;17(12):1083-1097.
MND includes amyotrophic lateral sclerosis, spinal muscular atrophy, hereditary spastic paraplegia, primary lateral sclerosis, progressive muscular atrophy, and pseudobulbar palsy

Est. Diagnosed MS Patients by Region



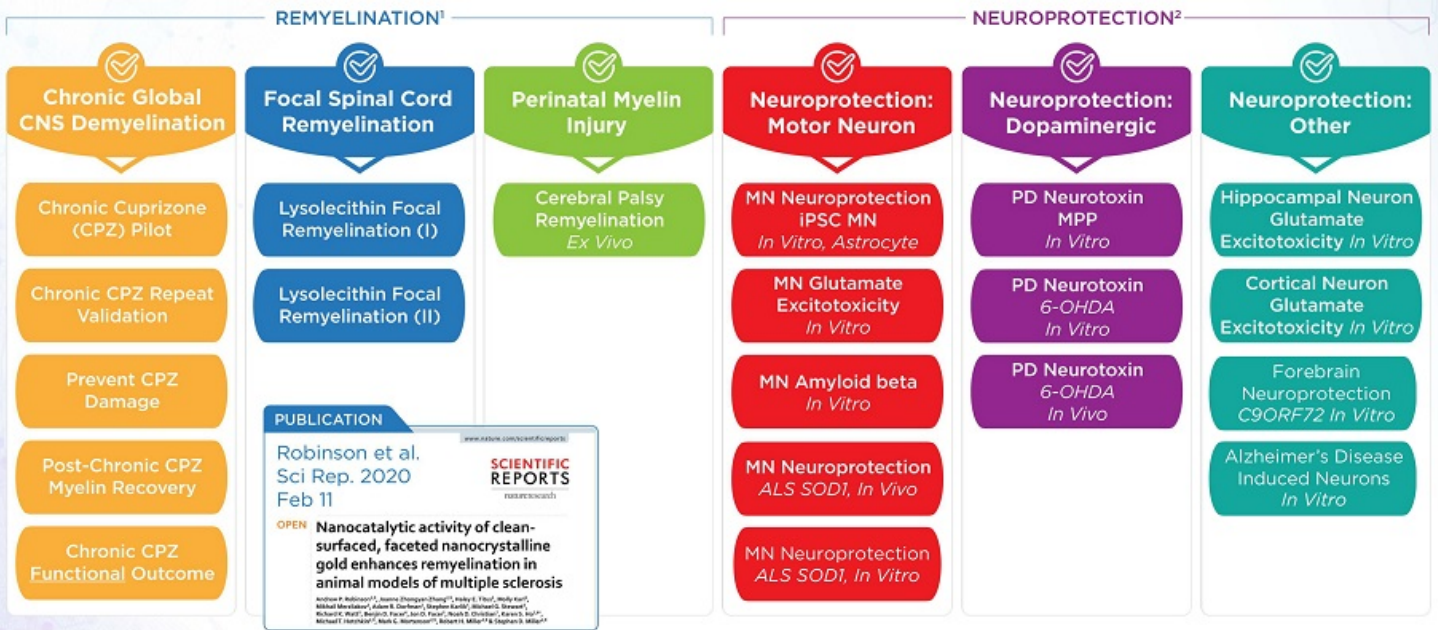
Source: Lancet Neurol. 2019 Mar;18(3):269-285. ~2.2M patients globally, data as of 2016

Est. Diagnosed PD Patients by Region



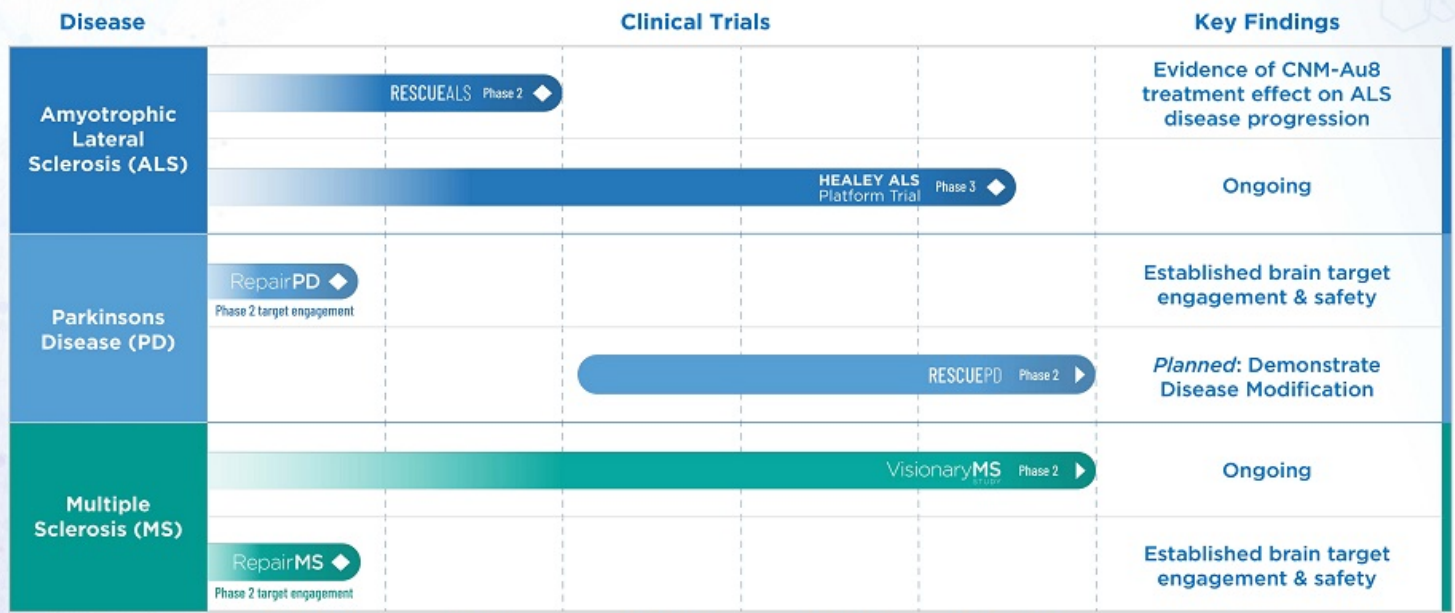
Source: Lancet Neurol. 2018 Nov;17(11):938-953. ~6.1M patients globally, data as of 2016.

CNM-Au8 | Preclinical Evidence for Energetic Improvement Therapeutic Activity Across Remyelination + Neuroprotection Models



CNM-Au8 | Neuroprotection & Remyelination

Phase 2 and Phase 3 Clinical Trials



Q3 2021

Q4 2021

Q1 2022

Q2 2022

Q3 2022+

CNM-Au8 | Safety Summary

Clean Toxicology Findings

All Animal Toxicology Studies Resulted in No-Adverse Effect Level (NOAEL) Findings

- Multiple species up to 9-months treatment
- Up to maximum feasible dosing without any toxicology findings related to CNM-Au8

Well Tolerated Adverse Event (AE) Profile

Assessed as Predominantly Mild-to-Moderate Severity and Transient

- No related CNM-Au8 AEs leading to discontinuation of treatment
- No SAEs related to CNM-Au8 considered severe, life-threatening, or resulting in death

Patient Exposure Across PD, MS, & ALS

Over 270 Years of Subject Exposure Without Any Safety Signals

- Long-term dosing experience up to 115 weeks

CNM-Au8 Effects on Brain Energetic Metabolites

A Phase 2, Open Label, Sequential Group, Investigator Blinded Study of Magnetic Resonance Spectroscopy (³¹P-MRS) to Assess the Effects of CNM-Au8 for the Bioenergetic Improvement of Impaired Neuronal Redox State (REPAIR)



1° Change in Brain Bioenergetic Potential (NAD⁺/NADH) vs. Baseline

N = Up to 15 per dosing cohort (7.5, 15, 30, or 60 mg)

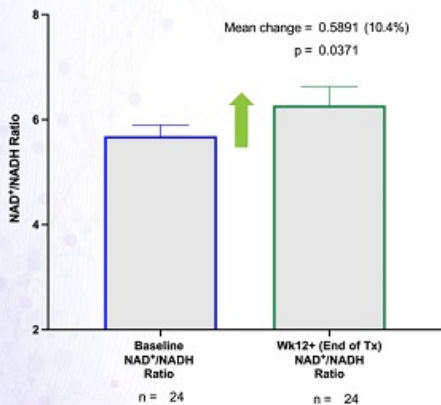
- 2° Exploratory**
- Difference in brain NAD⁺ and NADH fraction at Week 12 (End of Treatment)
 - Difference in bioenergetic metabolites (e.g., ATP, NAD) concentration at Week 12 - 16
 - Difference in brain membrane markers (PE, PC, etc.) at Week 12 - 16

CNM-Au8 Improves Brain Energy Metabolism

Increases NAD⁺/NADH Ratio in MS & PD

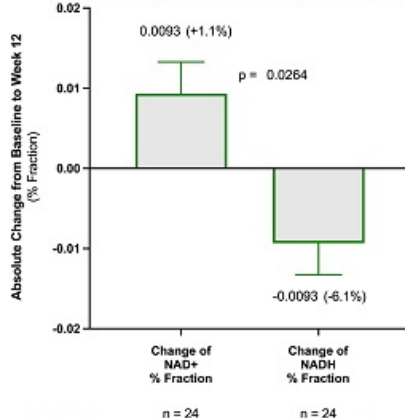
1° Endpoint

³¹P-MRS Change in Brain NAD⁺/NADH Ratio at End of Treatment
 Partial Volume Coil; Ratio of NAD⁺/NADH (% Fraction of NAD⁺ / % Fraction NADH)
Primary Endpoint, Mean ± SEM (Paired t-test)



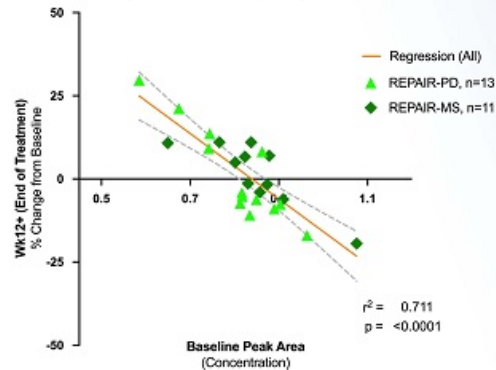
2° Endpoint

REPAIR Integrated Analysis
³¹P-MRS Average Change in Brain NAD (% Fraction)
 Partial Volume Coil; % Fraction of NAD⁺ and NADH
Secondary Endpoint, Mean ± SEM (Paired t-test)



Exploratory (ATP Normalization)

REPAIR Integrated Analysis
³¹P-MRS Change in β-ATP at End of Treatment
 Full Volume Coil ³¹P Signal Area (Integral)
 Exploratory Endpoint, Percent (%) Change vs. Baseline Value



NAD is an essential molecule responsible for cellular energy production

36-Week Treatment Period (n=42) 30mg, Placebo



Neurophysiology
MUNIX¹

Pulmonary Function
Forced Vital Capacity

Function & QoL
ALSFERS-R, ALSSQOL-SF

Disease Progression & Survival

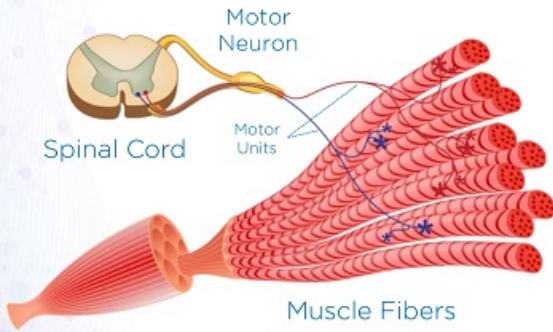
¹ Study was powered for MUNIX primary endpoint



RESCUEALS | Pioneered Use of MUNIX Biomarker

Primary Endpoint: Spinal Cord Lower Motor Neuron Protection

MUNIX biomarker estimates the number of functioning lower motor neurons serving specific muscles



Primary Endpoint:
Spinal Cord
Lower Motor Neuron
Motor Unit Index
(MUNIX) Sum

- Biceps brachii
- +
- Abductor Pollicis Brevis
- +
- Abductor Digiti Minimi
- +
- Tibialis Anterior



Bulbar Onset
ALS
(Brainstem)

Limb Onset
ALS
(Spinal Cord)

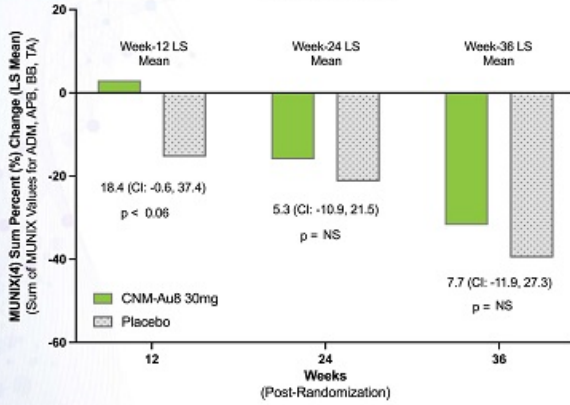


RESCUEALS | Evidence for Motor Neuron Protection

Primary Endpoint (MUNIX %, LS Mean Change)

All Randomized

MUNIX(4) Sum Percent Change from Baseline
RESCUE-ALS Primary Endpoint
Mixed Model Repeat Measure (ITT Population, All Randomized)
LS Mean Difference



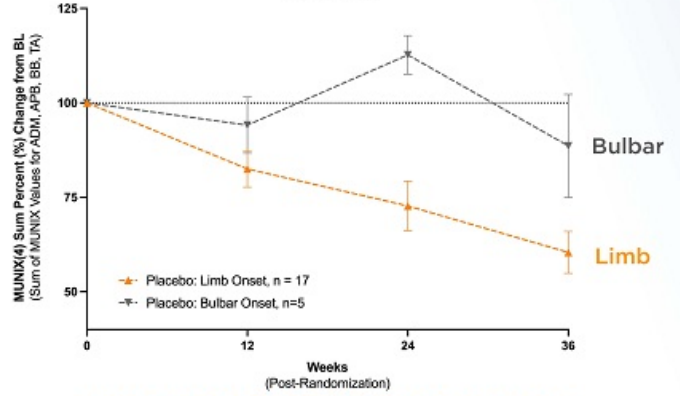
Active, n =	21	21	20
Placebo, n =	21	19	16

P-value is based on mixed model repeat measures with treatment, visit, treatment by visit interaction as fixed effects, and baseline value and ENCALS score as covariates. An unstructured covariance model was used.

All Placebo

Limited Rate of MUNIX Decline in Bulbar Onset

MUNIX(4) Sum Percent Change from Baseline
RESCUE-ALS: Placebo Rate of Progression
Observed Values (Limb Onset vs. Bulbar Onset)
(Mean ± SEM)



Insufficient Spinal Cord Lower Motor Neuron Progression in Early Bulbar Trial Participants



RESCUEALS | MUNIX Biomarker Efficacy in Limb Onset

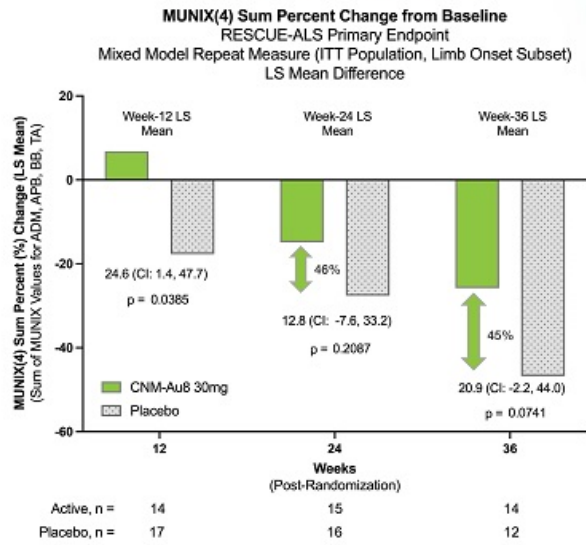
Primary Endpoint (MUNIX %, LS Mean Change, Limb Onset Subset)

Spinal Cord Lower Motor Neuron Motor Unit Index (MUNIX) Sum

- Biceps brachii
- +
- Abductor Pollicis Brevis
- +
- Abductor Digiti Minimi
- +
- Tibialis Anterior



Pre-specified: Limb Onset



P-value is based on mixed model repeat measures with treatment, visit, treatment by visit interaction as fixed effects, and baseline value and ENCALS score as covariates. An unstructured covariance model was used.

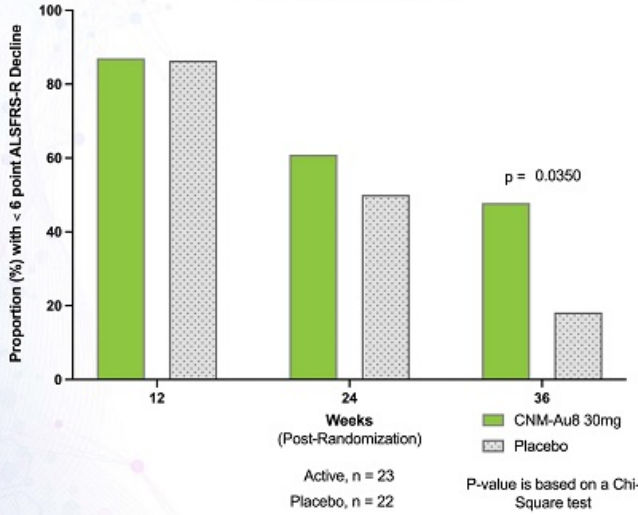


RESCUEALS | Significant Impact on ALSFRS-R Decline

Exploratory (ALSFRS-R Responder Analysis, < 6-point decline)

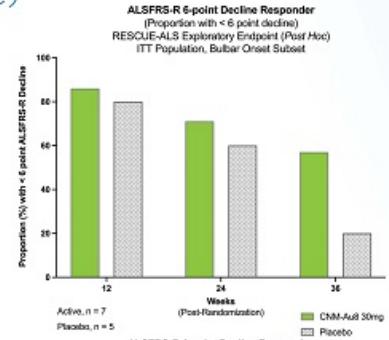
All Randomized

ALSFRS-R 6-point Decline Responder
(Proportion with < 6 point decline)
RESCUE-ALS Exploratory Endpoint
ITT Population, All Randomized

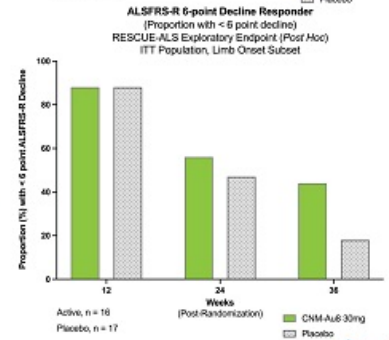


Sensitivity

All Bulbar



All Limb



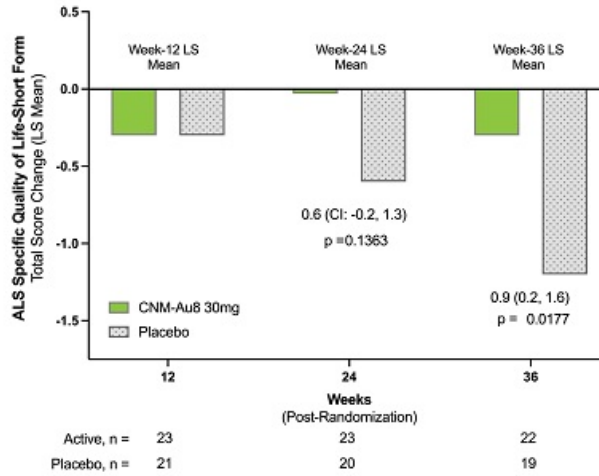


RESCUEALS | Significant Quality of Life Improvement

Exploratory (ALS Specific QOL-SF)

All Randomized

ALS Specific Quality of Life-Short Form Total Score
RESCUE-ALS Exploratory Endpoint
Mixed Model Repeat Measure (ITT Population, All Randomized)
LS Mean Difference

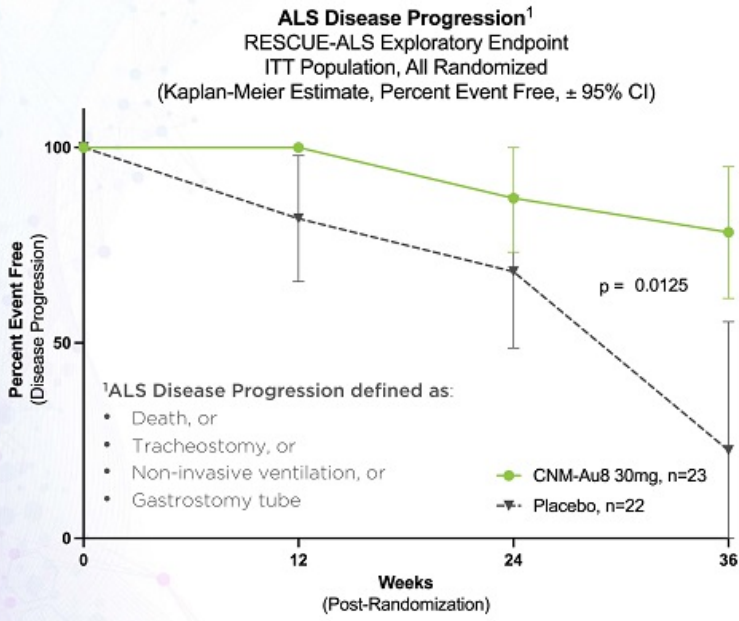


P-value is based on MMRM model with treatment, visit, treatment by visit interaction as fixed effects, and baseline value, and ENCALS score as covariates. An unstructured covariance model was used.



RESCUEALS | Significant Impact on ALS Disease Progression

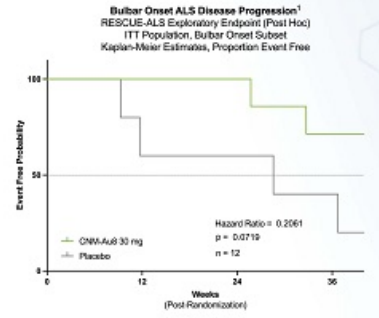
Exploratory Endpoint (Disease Progression)



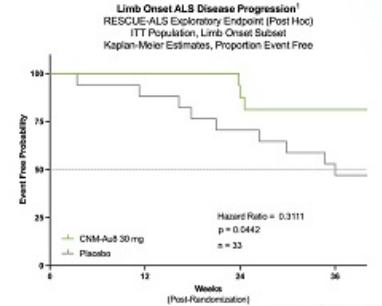
Sensitivity

All Bulbar

All Limb



¹ Disease progression defined as death, tracheostomy, use of non-invasive ventilatory support, or insertion of gastrostomy tube.

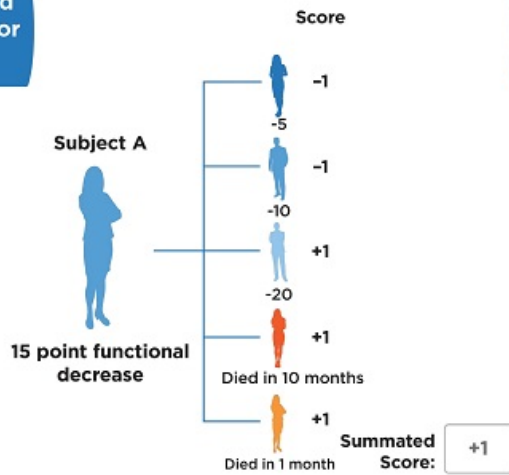


Joint Rank | Survival & Disease Progression

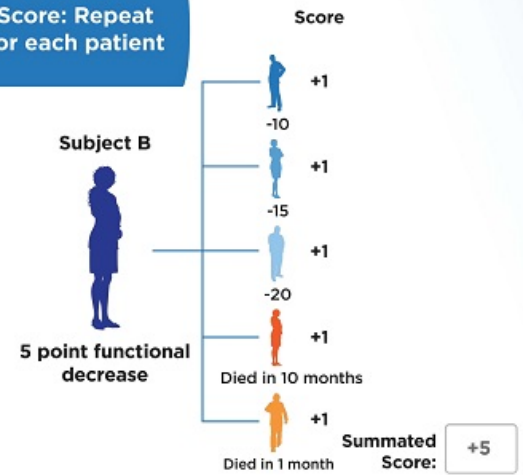
Summated Scoring Example

Score patients based on relative function or time of death

If...	Score
Better function or died later than comparison	+1
Same function or died at the same time as comparison	0
Worse function or died before comparison subject	-1



Score: Repeat for each patient



RESCUEALS | Impact on Joint Rank Score to Wk36

Post Hoc (Combined Assessment of (i) Survival, (ii) King's Clinical Stage 4, (iii) ALSFRS-R)

King's Clinical Stage 4



Survival



Non-Invasive Ventilation



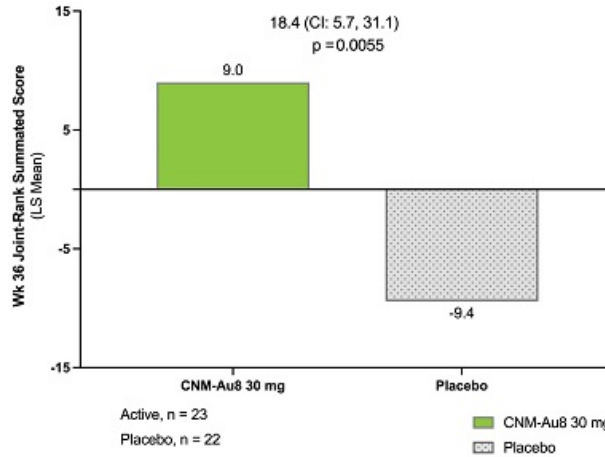
Gastrostomy Tube



ALSFRS-R Decline

By Average of Summated Scores

Joint-Rank of Survival, King's Clinical Stage 4, and ALSFRS-R Change
RESCUE-ALS Post Hoc Endpoint
ANCOVA Model (ITT Population, All Randomized)
Week 36 LS Mean Difference

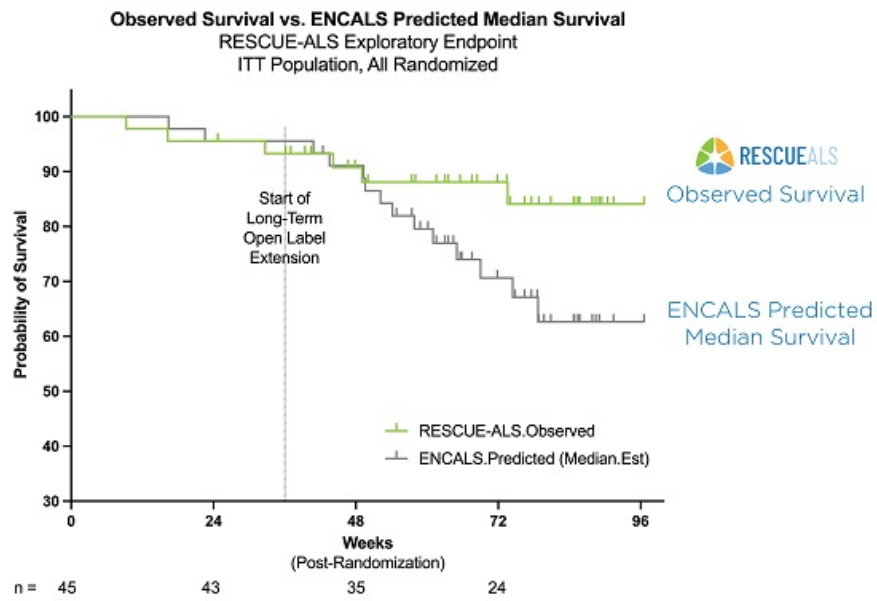


P-value is based on ANCOVA model with baseline ENCALS score as a covariate. Change in ALSFRS-R total score, date of non-invasive ventilation or gastrostomy, and date of death were combined to determine the joint-rank score.



RESCUEALS | Potential Impact on Survival

Exploratory Endpoint (Observed Survival vs. Median Predicted)



All observations censored as of 22-November-2021. Participants who did not transition into the long-term open label extension (n=5) are censored at the safety follow-up visit.

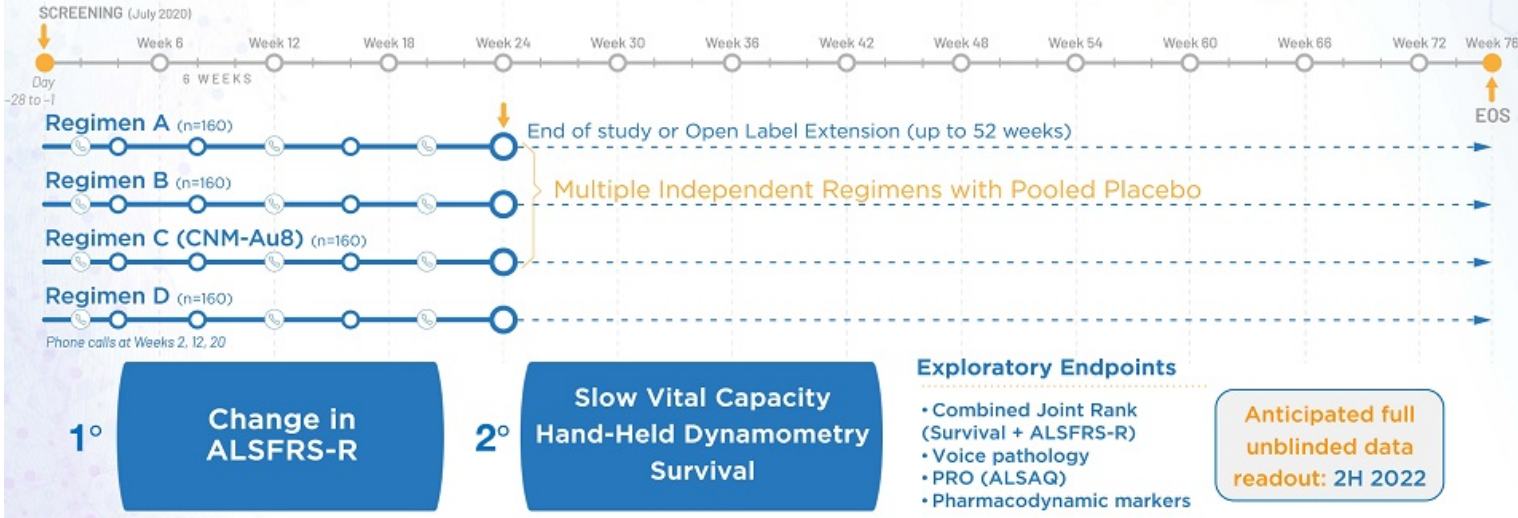


RESCUEALS | Well Tolerated & No Safety Signals

Safety Summary

- No CNM-Au8 related serious adverse events (SAEs)
- No CNM-Au8 related drug discontinuations
- No imbalances in treatment emergent adverse event (TEAEs) by system organ class
- TEAEs were predominantly mild-to-moderate and transient
- Most common TEAEs associated with CNM-Au8
(aspiration pneumonia, n=3; nausea, n=2; abdominal discomfort, n=2)

Registration Study: 24-Week Treatment Period (3:1 randomization, 120 active [30mg, 60mg]: 40 placebo)



Phase 2

VISIONARY-MS
STUDY

Treatment of Visual Pathway Deficits In Chronic Optic Neuropathy for Assessment of Remyelination in Non-Active Relapsing MS



1° **Change in Low Contrast Letter Acuity (LCLA)**
At Week 24

2° **Change Composite Clinical Response**
9HPT / SDMT / T25FW / LCLA / EDSS

Exploratory Endpoints

- Optical Coherence Tomography (OCT)
- Multi-focal VEP Amplitude & Latency
- Full field-VEP Amplitude & Latency
- MRI Endpoints
- Visual Function (High Contrast)
- GOL / EDSS

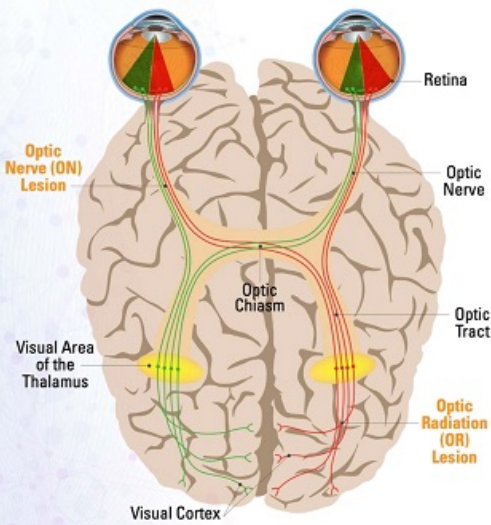
Anticipated top-line unblinded data:
1H 2023*

*Subject to ongoing COVID-19 related site research restrictions generally implemented to protect MS patients taking standard-of-care immunosuppressive therapies



Measuring MS Functional Improvement

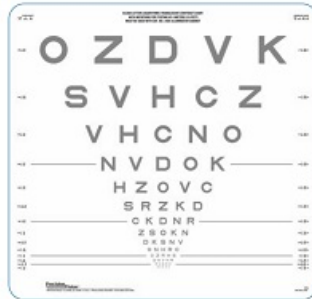
The Visual System is a Window into the Brain



LCLA

Phase 2 Primary:
Functional Visual Improvement

LCLA Correlates with clinically meaningful deficits in QOL, EDSS and MSFC, MRI, and OCT¹



MS Functional Endpoints

Phase 2 Exploratory:
Neuroprotection/Remyelination Endpoints

9-Hole Peg Test



Symbol Digit Modalities



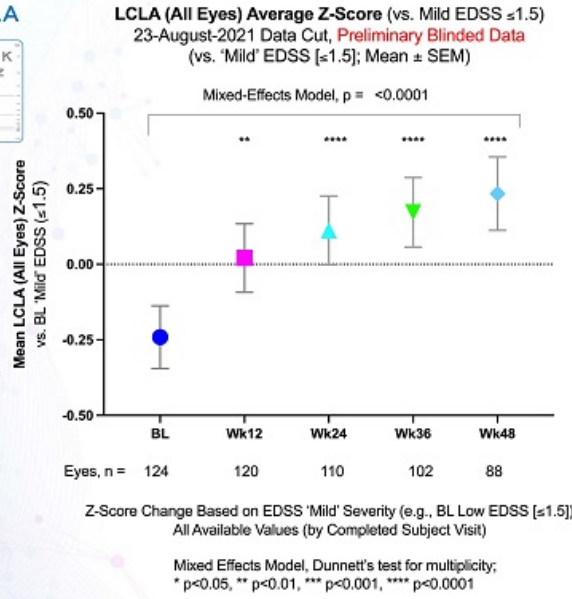
Timed 25-Ft Walk



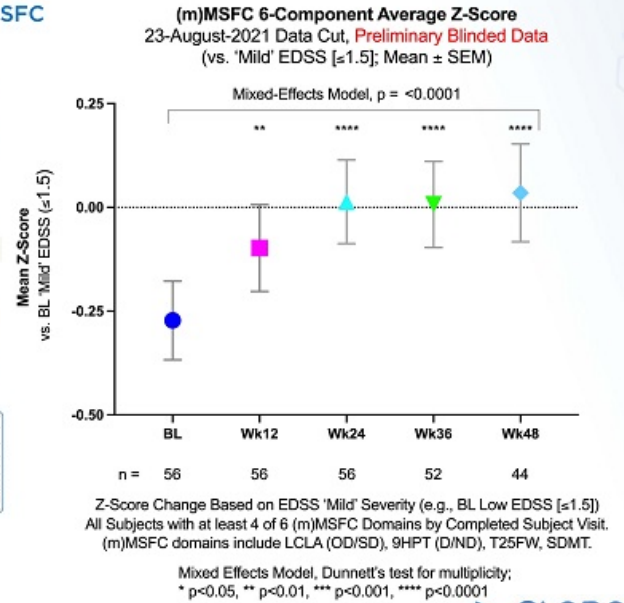
Significant Clinical Improvement Across Study Population Over 48-Weeks

Primary Endpoint: LCLA (Best-Corrected) & Secondary Endpoint: (m)MSFC

1° - LCLA



2° - (m)MSFC



Strong Intellectual Property

Extensive Patent Portfolio With Protection Through 2035^a & Proprietary Trade Secrets;
Plus 7-year Orphan Drug Designation



Patent Status^b

Issued & Allowed Patents
150+

Pending Applications
~20

**Total Patents/
Applications**
>170

Patent Description

Process And Method/Device
(Clean Surface; Gold CSN)

State of Matter
(CNM-Au8)

Method of Use
(Prevent Demyelination & MoA)

Method of Use
(Bi-Metallic Au/Pt; Antimicrobial)

Trade Secrets

Plasma Conditioning

Electrode Design & Cycling

Trough Flow, Temp, Pressure

Concentration & Filtration

Clene | Proprietary Nanocrystal Manufacturing

In-House ISO8 Clean Room Clinical Production in Maryland



Designed to be Scalable to Commercialization

Patented
Hydro-electro-
Crystallization

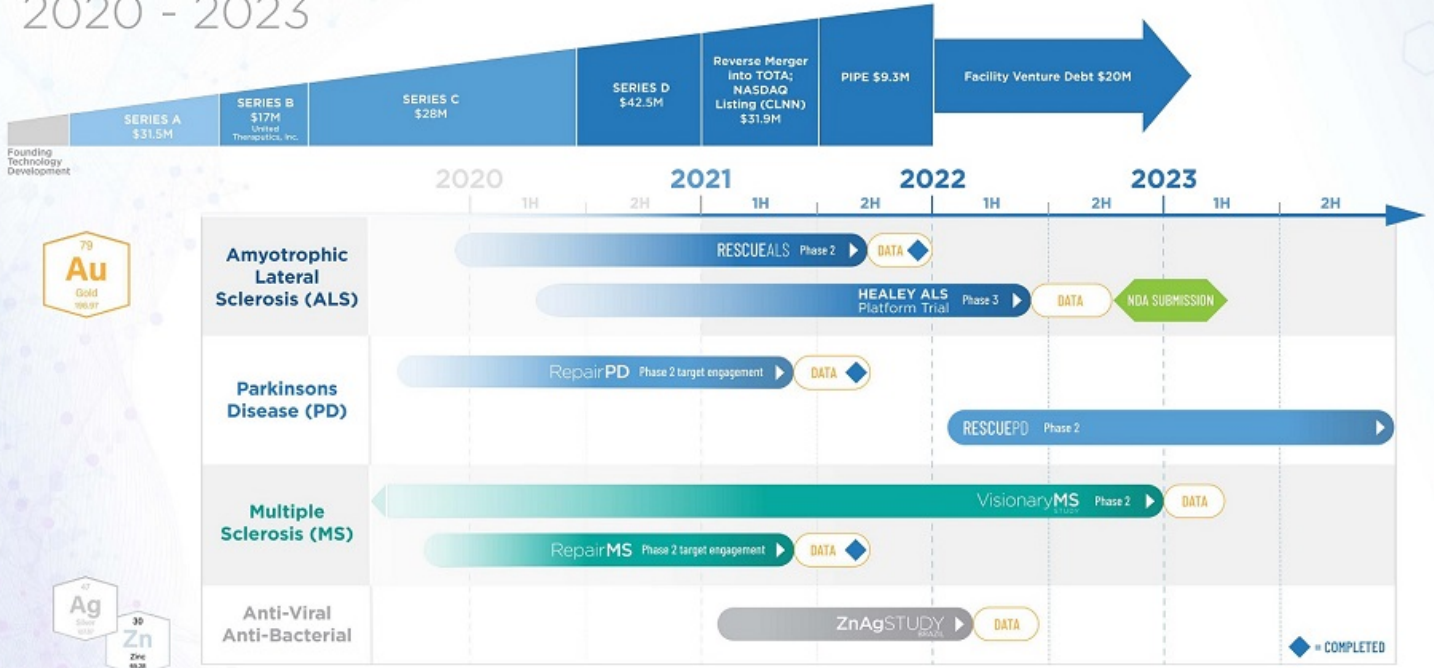
Proprietary Trade
Secrets

Validated CMC
Processes



Anticipated Timeline & Upcoming Milestones

2020 - 2023



CLENE | Company Highlights

Nanotherapeutics Platform

- Potential first-in-class nanotherapeutic with high catalytic activity to drive energy production and utilization in stressed CNS cells
- Applications across neurology, infectious disease, and oncology

Lead Asset: CNM-Au8 for Neurorepair

- CNM-Au8 improves cellular energy production and utilization to promote neuroprotection and remyelination
- Phase 2 ALS proof-of-concept evidence of efficacy across clinical endpoints
- Phase 3 Healey ALS platform trial results expected in 2H 2022
- Phase 2 VISIONARY-MS in multiple sclerosis underway

Strong Execution Capabilities

- Proprietary electrochemical manufacturing process produces nanotherapeutics, scalable to commercialization
- Strong IP, including 150+ granted patents, and trade secrets



CLene
NANOMEDICINE

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