

**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): July 21, 2022

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:

- 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, \$0.0001 par value	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 July 21, 2022, Clene Inc. (the “Company”) released an updated corporate presentation (the “Corporate Presentation”) on its website, invest.clene.com. A copy of the Corporate Presentation is furnished as Exhibit 99.1 to this Current Report 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 Securities 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, as amended, regardless of any general incorporation language in any such filings, except as shall be expressly set forth by specific reference in such a filing.

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.

CLENE INC.

Date: July 21, 2022

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



clene.com



NASDAQ: CLNN

Forward Looking Statements

This presentation contains "forward-looking statements" within the meaning of Section 21E of the Securities Exchange Act of 1934, as amended, and Section 27A of the Securities Act of 1933, as amended, which are intended to be covered by the "safe harbor" provisions created by those laws. Clene's forward-looking statements include, but are not limited to, statements regarding our or our management team's expectations, hopes, beliefs, intentions or strategies regarding our future operations. 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," "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. These forward-looking statements represent our views as of the date of this presentation and involve a number of judgments, risks and uncertainties. We anticipate that subsequent events and developments will cause our views to change. We undertake no 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 may be required under applicable securities laws. Accordingly, forward-looking statements should not be relied upon as representing our views as of any subsequent date. As a result of a number of known and unknown risks and uncertainties, our actual results or performance may be materially different from those expressed or implied by these forward-looking statements. Some factors that could cause actual results to differ include our substantial dependence on the successful commercialization of our drug candidates, if approved, in the future; our inability to maintain the listing of our common stock on Nasdaq; our significant net losses and net operating cash outflows; our ability to demonstrate the efficacy and safety of our drug candidates; the clinical results for our 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; our ability to achieve commercial success for our drug candidates, if approved; our ability to obtain and maintain protection of intellectual property for our technology and drugs; our reliance on third parties to conduct drug development, manufacturing and other services; our limited operating history and our ability to obtain additional funding for operations and to complete the licensing or development and commercialization of our drug candidates; the impact of the COVID-19 pandemic on our clinical development, commercial and other operations; changes in applicable laws or regulations; the effects of inflation; the effects of staffing and materials shortages; the possibility that we may be adversely affected by other economic, business, and/or competitive factors; and other risks and uncertainties set forth in "Risk Factors" in our most recent Annual Report on Form 10-K and any subsequent Quarterly Reports on Form 10-Q. In addition, statements that "we believe" and similar statements reflect our beliefs and opinions on the relevant subject. These statements are based upon information available to us as of the date of this presentation, and while we believe such information forms a reasonable basis for such statements, such information may be limited or incomplete, and our statements should not be read to indicate that we have conducted an exhaustive inquiry into, or review of, all potentially available relevant information. These statements are inherently uncertain and you are cautioned not to rely unduly upon these statements. All information in this presentation is as of the date of this presentation. 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 | Entering a Transformative Period



Significant Opportunity

- Targeting neurodegenerative diseases such as ALS and Multiple Sclerosis
- >\$1B commercial opportunity in each indication



CNM-Au8® Emerging Clinical Results

- Long-term follow-up of RESCUE-ALS Phase 2 participants demonstrated statistically significant survival benefit; 70% decreased risk of death
- VISIONARY-MS Phase 2 blinded data suggests encouraging efficacy and consistent safety; Unblinded top-line results expected in 3Q 2022
- HEALEY ALS Platform Trial Phase 2/3 top-line results expected in 3Q 2022

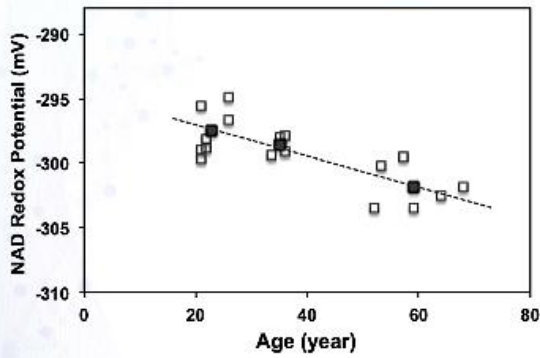


Proprietary Platform Strong IP

- Proprietary nanotherapeutic manufacturing, scalable to commercialization
- Strong IP, including 150+ granted patents and manufacturing trade secrets

Neurodegenerative Diseases Share A Common Mechanism: A Decline In The Brain's Ability To Produce Energy

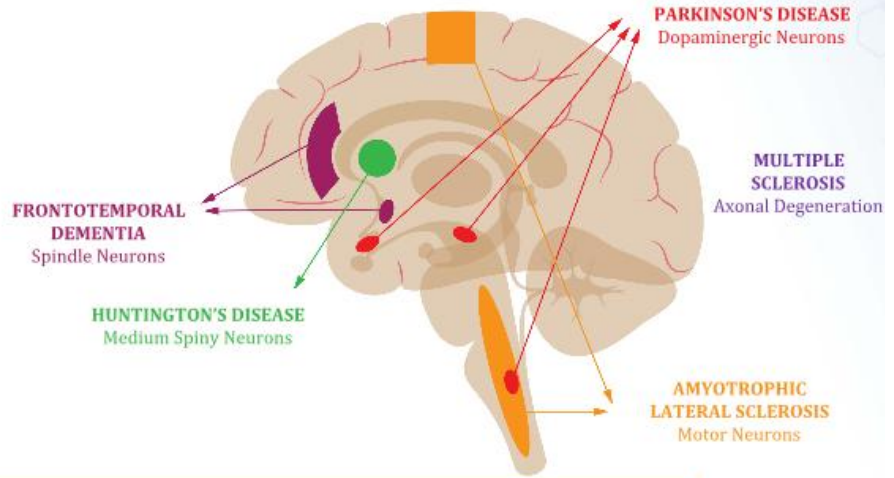
Brain Energy Potential
Declines With Normal Aging



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

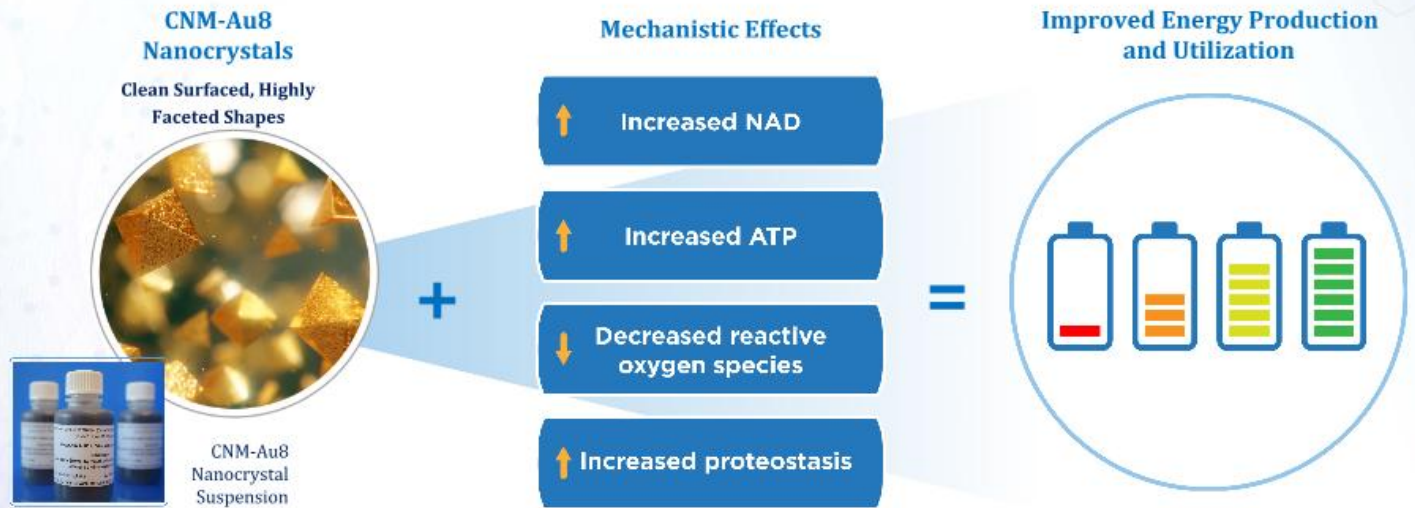
Closed squares = averaged data by age group: 21-26 yrs, 33-36 yrs, and 59-68 yrs old; Open squares = individual subject values

Specific Neuronal Populations Are Vulnerable to Energetic Failure



Although energy decline occurs as a part of normal aging,
it is amplified and exacerbated by neurodegenerative diseases such as ALS and MS

CNM-Au8® | Pioneering A New Drug Class To Improve Cellular Energy Production And Utilization



By targeting energy metabolism, CNM-Au8 may protect and restore neuronal function.

For more information, watch [CNM-Au8 MOA Video](#)

MOA = Mechanism of Action

Preclinical Evidence of Remyelination and Neuroprotection

Remyelination



CNM-Au8 Supports Remyelination

www.nature.com/scientificreports

SCIENTIFIC REPORTS
nature research

OPEN **Nanocatalytic activity of clean-surfaced, faceted nanocrystalline gold enhances remyelination in animal models of multiple sclerosis**

Andrew P. Robinson^{1,2}, Joanne Zhongyan Zhang^{1,2}, Haley L. Uzun¹, Molly KerP, Mikhail Merziasov², Adam B. Dorfman², Stephen Karik, Michael G. Stewart¹, Richard K. Wehr¹, Benjamin D. Facer¹, Ian D. Facer¹, Noah D. Christian¹, Karen S. Ho^{1*}, Michael L. Hiteckin¹, Mark G. Mortenson¹, Robert H. Miller¹ & Stephen D. Miller^{1*}

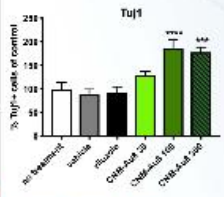
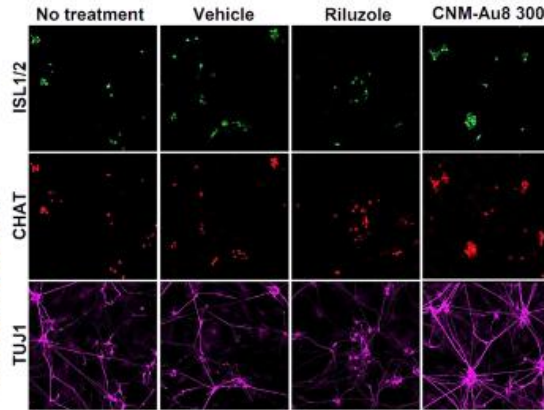
Robinson et al. Sci Rep. 2020 Feb 11;10(1):1936.

Neuroprotection



CNM-Au8 Improves ALS Motor Neuron Function & Survival

Induced Pluripotent Stem Cell *In Vitro* Results - Motor Neuron Markers



Karen S. Ho et al. "Redox-enhancing nanocatalysis improves motor neuron survival in vitro and SOD1 mouse motor function and survival in vivo." Presented at 30th International Symposium on ALS/MND 2019, December 4-6, 2019.

CNM-Au8 novel MOA may be complementary to existing therapies to enable better disease control

Significant Global Opportunity for Treatment in Combination with Standard of Care

Motor Neuron Disease

(ALS, Other Orphan Disorders)

ALS PATIENTS IN US & EU ~ **40K**¹  **\$1B** GLOBAL SALES BY 2028¹



Current drugs are largely ineffective, mostly generic.

2-5 YEARS² LIFE EXPECTANCY  **100% FATAL**

Multiple Sclerosis (MS)

MS PATIENTS GLOBALLY **2.2M**  **\$23B** MARKET³



Existing treatments only target immunomodulation

EMERGING EVIDENCE THAT EARLY MS IS NEURODEGENERATIVE 

Parkinsons Disease (PD)

2ND MOST COMMON DISORDER  **\$6B** PROJECTED BY 2028⁴



No disease-modifying treatments available, only symptom-targeted options

30% OF DOPAMINERGIC NEURONS ARE LOST AT DIAGNOSIS⁵ 

Urgent unmet need to develop neuroprotective treatment to support cells' energetic efficiency and resilience

Building the Case for Neuroprotection & Remyelination

RepairPD
RepairMS



Established brain target engagement in early PD and stable relapsing MS patients

REPAIR-MS Phase 2 in non-active progressive MS underway

RESCUEALS
HEALEY ALS Platform Trial



RESCUE-ALS trial supports CNM-Au8 slowed disease progression in ALS

Demonstrated statistically significant survival benefit; 70% decreased risk of death

HEALEY ALS Platform Trial topline results expected 3Q 2022

VISIONARY-MS STUDY



Interim blinded observations: Stable relapsing MS participants suggests improved function (modified MSFC) including low contrast vision

VISIONARY-MS topline results expected 3Q 2022

Growing Body of Evidence from Multiple Trials Supports CNM-Au8 Clinical Potential

Over 350 Years of Subject Exposure Without Identified Safety Signals Across MS, ALS & PD

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 SAEs related to CNM-Au8 considered severe, life-threatening, or resulting in death
- AEs predominantly mild-to-moderate

Patient Exposure Across MS, ALS & PD

Over 350 Years of Subject Exposure Without Identified Safety Signals

- Long-term dosing experience up to 125 weeks

Two REPAIR Trials Demonstrated Target Brain Engagement and Improved Energy Metabolism in Early Parkinson's and Stable Relapsing MS

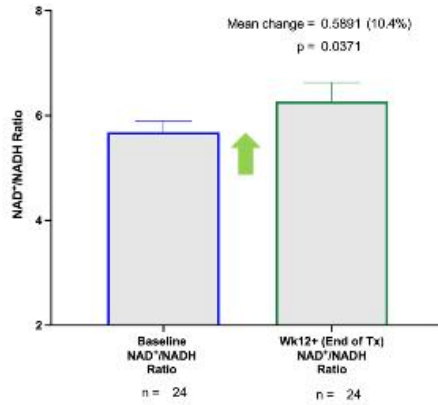
Study Objective: to demonstrate target engagement for CNM-Au8 on CNS biomarkers related to energetic effects in the brain using Magnetic Resonance Spectroscopy (³¹P-MRS)

Results demonstrated a potentially meaningful 10% improvement in NAD⁺/NADH ratio, an essential molecule for energy production¹

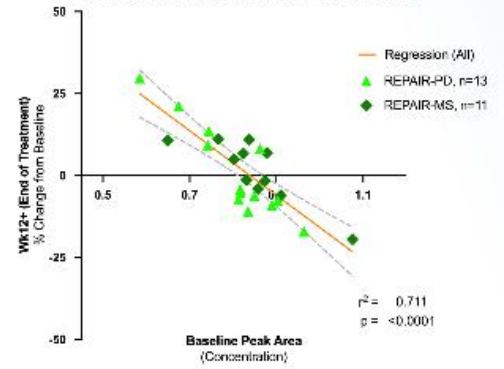
1° Endpoint (integrated PD & MS)²

Exploratory (ATP Normalization)

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



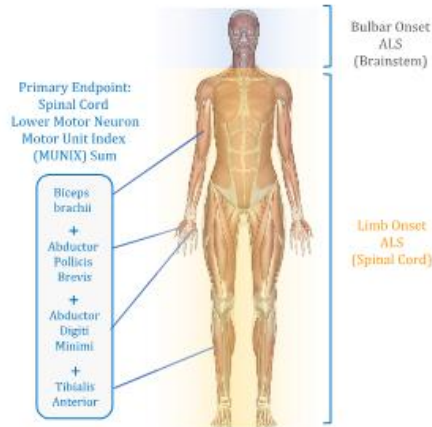
REPAIR Integrated Analysis
³¹P-MRS Change in β-ATP at End of Treatment
 Full Volume Col ³¹P Sigma Area (Integral)
 Exploratory Endpoint, Percent (%) Change vs. Baseline Value



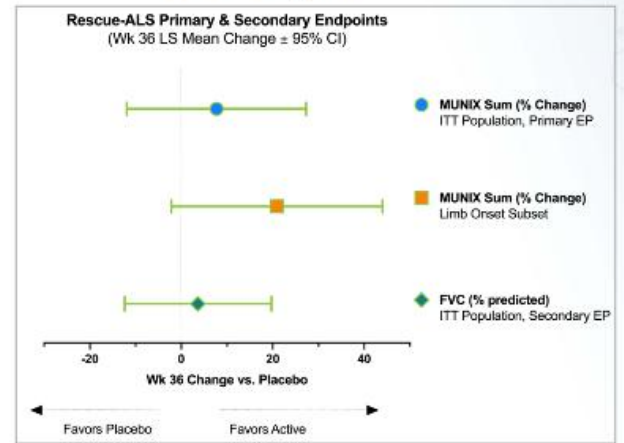
- RepairPD**
Early Parkinson's Disease
- RepairMS**
Stable Relapsing MS
- RepairMS**
Non-Active Progressive MS (Ongoing)

Study Objective: Detect preservation of motor neuron function in people with early ALS as measured by MUNIX

Study Design: 36-week blinded treatment with ongoing long-term open-label follow-up



1° & 2° Endpoints



Results in favor of CNM-Au8 treatment but study underpowered

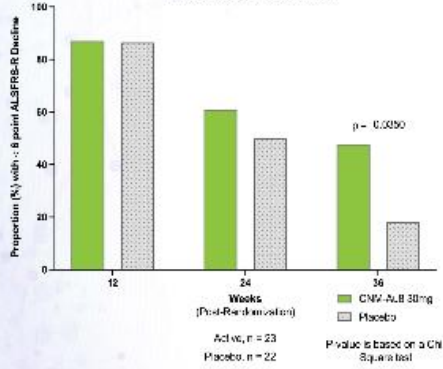


RESCUEALS CNM-Au8 Improved Patient Function and QOL, and Slowed ALS Disease Progression

Across Multiple Pre-specified Exploratory Endpoints

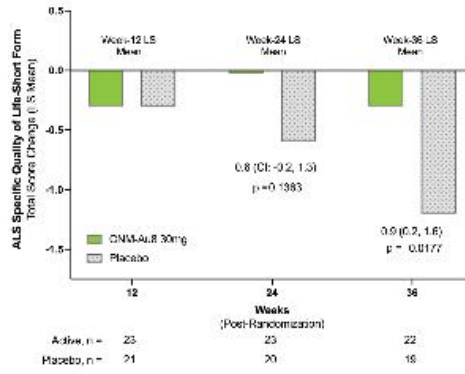
Proportion with <6 point decline

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



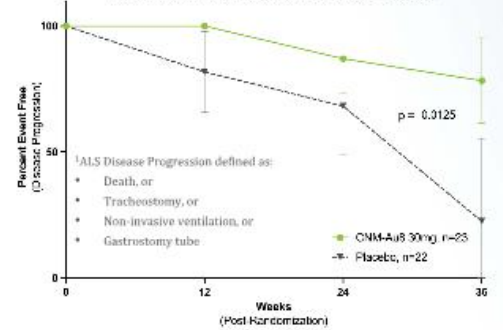
ALS Specific QOL

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



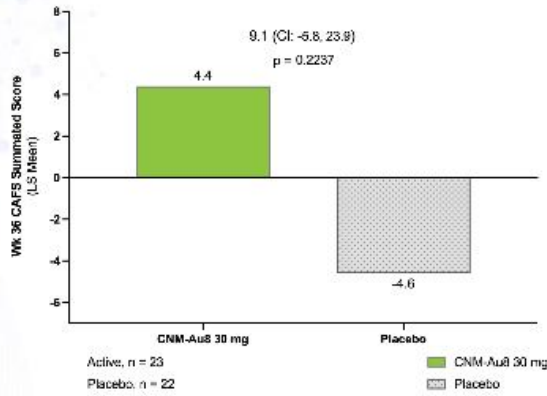
ALS Disease Progression

ALS Disease Progression*
RESCUE-ALS Exploratory Endpoint
ITT Population, All Randomized
(Kaplan-Meier Estimate, Percent Event Free, ± 95% CI)



Exploratory Endpoint Pre-specified

CAFS Joint Rank: (i) Survival and (ii) ALSFRS-R Change
 RESCUE-ALS Exploratory Endpoint
 ANCOVA Model (ITT Population, All Randomized)
 Week 36 LS Mean Difference



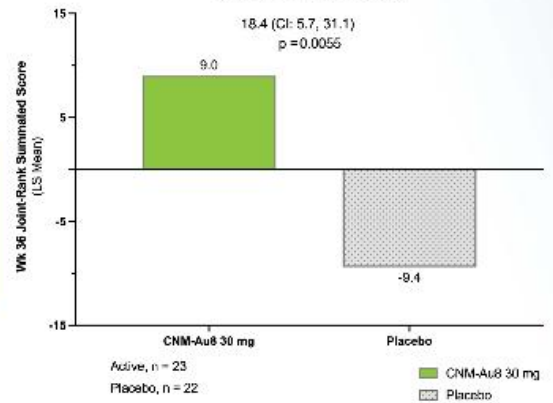
P-value is based on ANCOVA model with baseline ENCALS score as a covariate. Change in ALSFRS-R total score and date of death were combined to determine the CAFS score.

Modified CAFS



Exploratory Endpoint Post Hoc

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

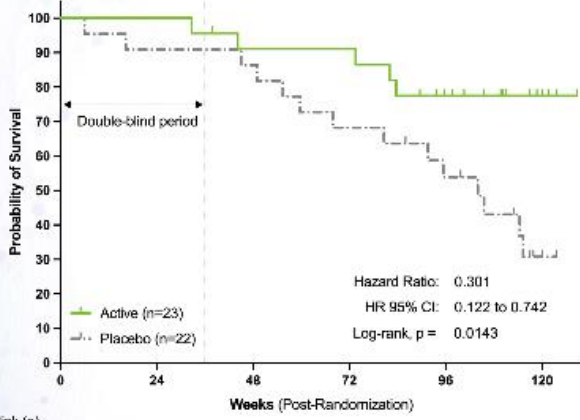


P-value is based on ANCOVA model with baseline ENCALS score as a covariate. Change in ALSFRS-R total score, date of non-invasive ventilation or gastrostomy, and date of death were combined to determine the joint-rank score.

RESCUEALS Demonstrated Significant Impact on Long-Term Survival with 70% Decreased Risk of Death

RESCUE-ALS Active vs. Placebo Randomization Long-Term Observed Survival (Interim Analysis)

Long-Term Survival: Originally Randomized Active vs. Placebo
Interim Analysis (5-July-2022), ITT Population, All Subjects from Randomization
(Long-term vital status including all study withdrawals)



At Risk (n)

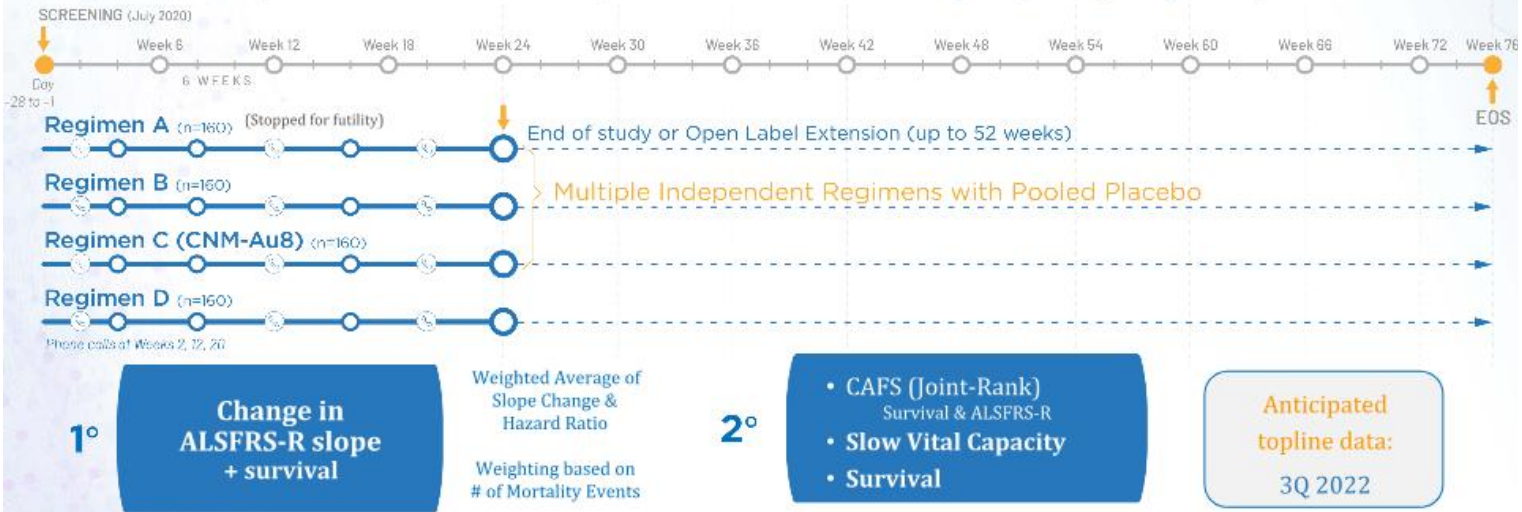
	0	24	48	72	96	120
CMM-Au8:	23	23	20	20	14	6
Placebo:	22	20	19	15	11	2

Early CNM-Au8 treatment demonstrated a significant survival benefit:

- Long-term follow-up compared to initial placebo randomization*
- 70% decreased risk of death

*9-month delayed treatment start or no treatment

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



Strong IP & Manufacturing Capability

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

Global 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
(CSM Au8)

Method of Use
(Prevent Demyelination & MoA)

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

Trade Secrets

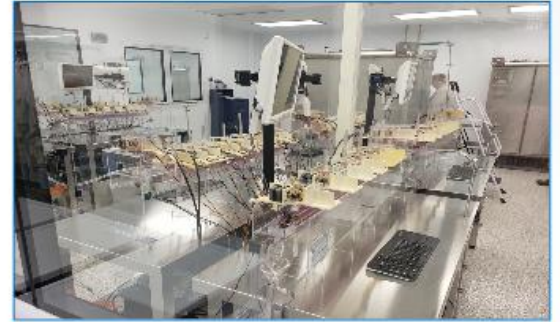
Plasma
Conditioning

Electrode Design
& Cycling

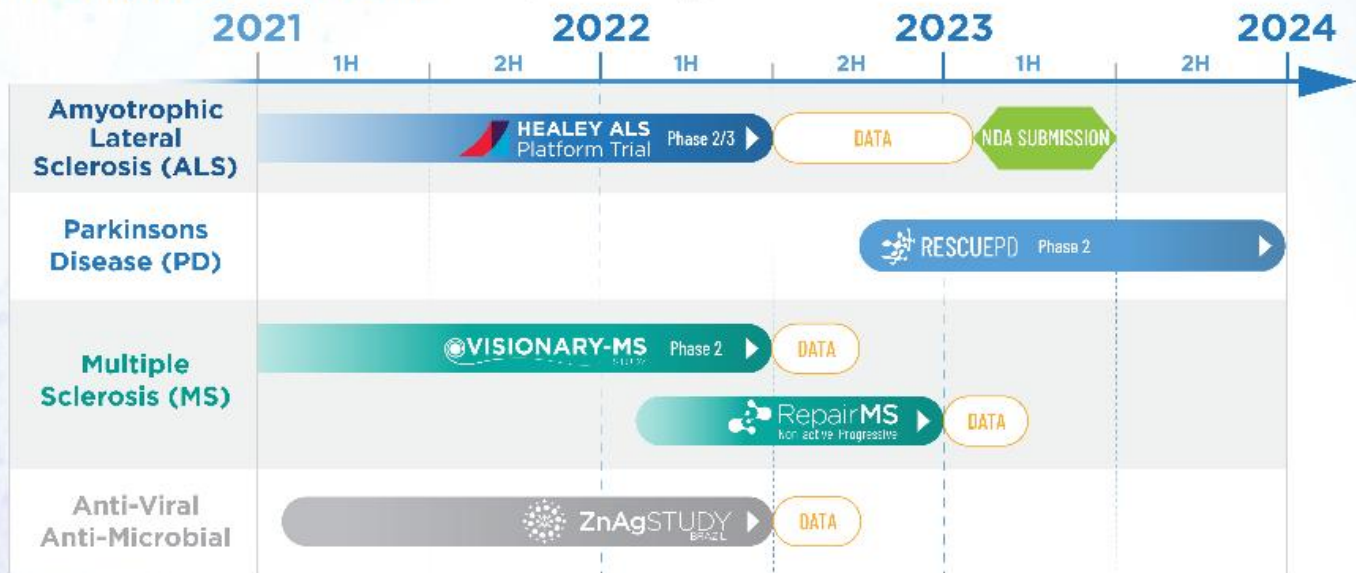
Trough Flow, Temp,
Pressure

Concentration &
Filtration

In-House ISO8 Clean Room Clinical Production in Maryland



Anticipated Timeline & Upcoming Milestones



Sufficient Cash to Hit Key Milestones in 2022

March 31, 2022
Cash and investments on hand (unaudited):
\$36.6M

CLENE | Growing Phase 2 Evidence Supports CNM-Au8 Commercial Potential

CNM-Au8®
a gold nanocrystal suspension, in development as the first cellular energetic catalyst to remyelinate¹ & protect neurological function



**ALS
Registration
Trial**

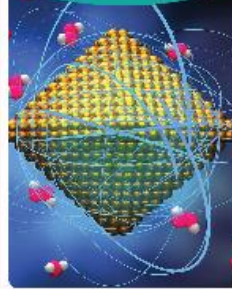
Topline data in
3Q 2022²

>350
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



**March 31, 2022 Cash
and restricted cash on
hand (unaudited):
\$36.6M**



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