



Clene Nanomedicine

is a late clinical-stage biopharmaceutical company focused on improving mitochondrial health and protecting neuronal function to treat neurodegenerative diseases, including ALS, Parkinson's disease and multiple sclerosis.

Benjamin Greenberg, MD, MHS, FAAN
Clene, Head of Medical

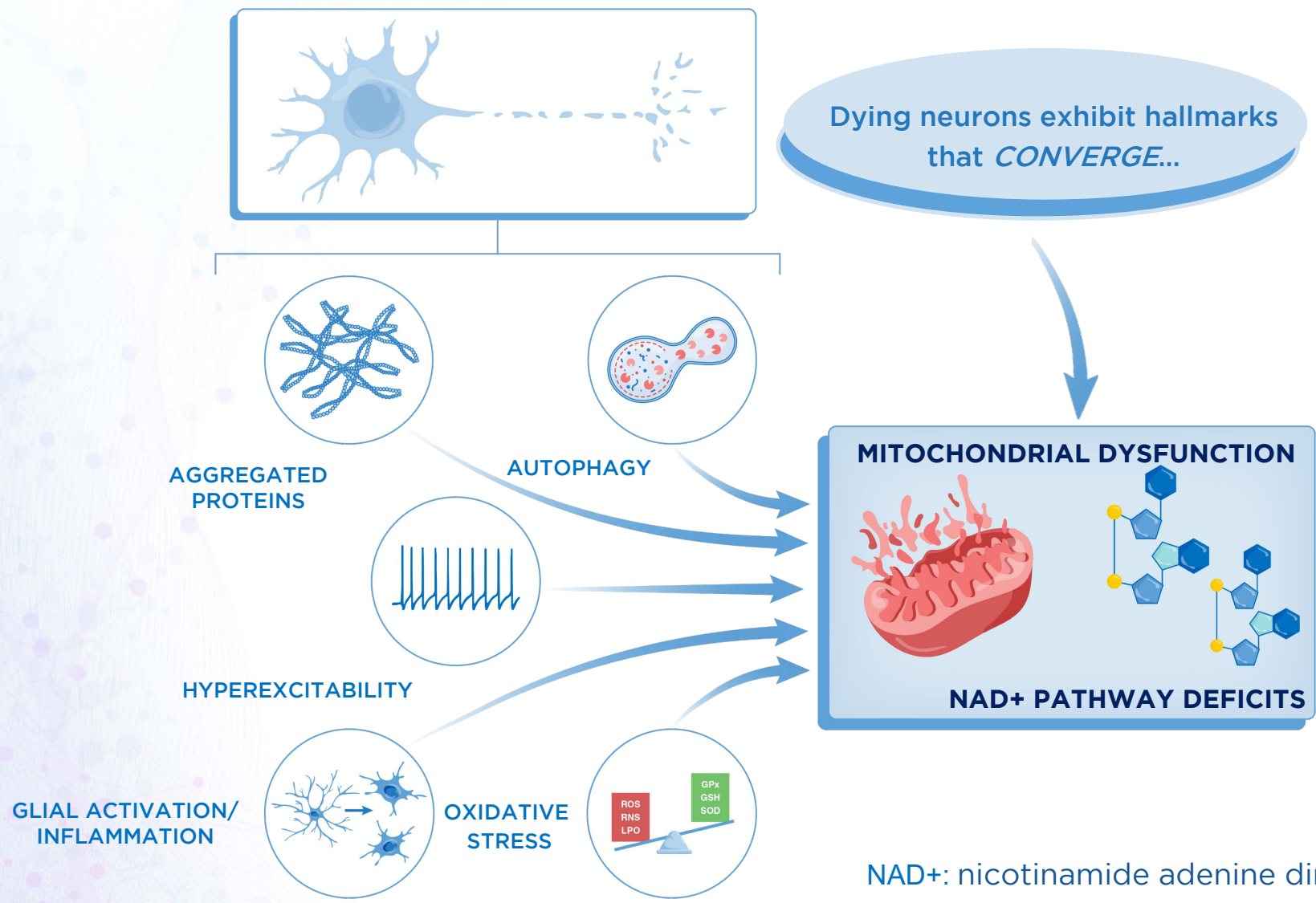
January 25, 2024



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.

Hallmarks of Neuronal Death Converge on *Mitochondrial Dysfunction* and *NAD+ Pathway Deficits*



NAD+: nicotinamide adenine dinucleotide

REVIEW ARTICLE | FOCUS nature neuroscience
<https://doi.org/10.1038/s41593-018-0237-7>

Converging pathways in neurodegeneration, from genetics to mechanisms

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Cell Metab. 2019 October 01; 30(4): 630–655. doi:10.1016/j.cmet.2019.09.001.

NAD⁺ in Brain Aging and Neurodegenerative Disorders

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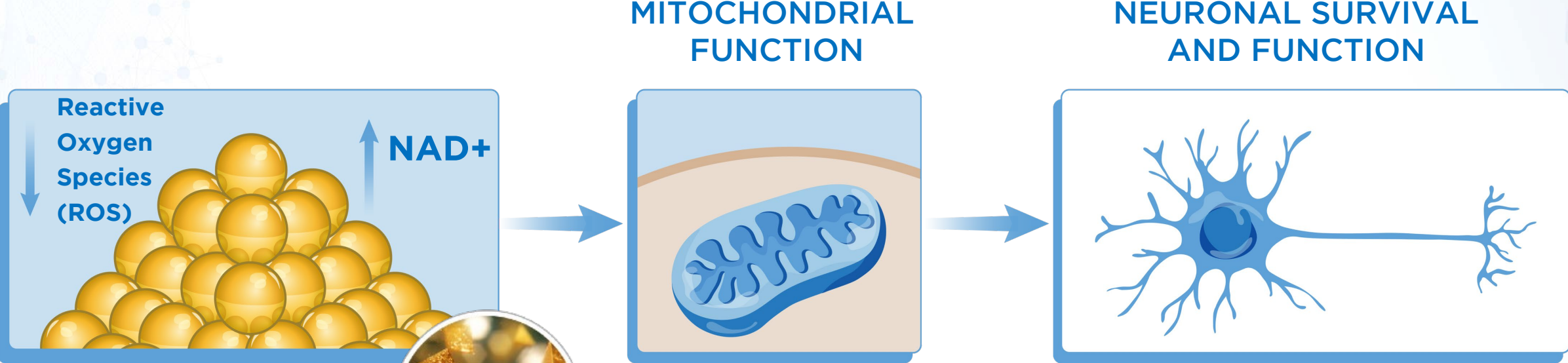
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Abstract

NAD⁺ is a pivotal metabolite involved in cellular bioenergetics, genomic stability, mitochondrial homeostasis, adaptive stress responses, and cell survival. Multiple NAD⁺-dependent enzymes are involved in synaptic plasticity and neuronal stress resistance. Here, we review emerging findings that reveal key roles for NAD⁺ and related metabolites in the adaptation of neurons to a wide range of physiological stressors and in counteracting processes in neurodegenerative diseases, such as those occurring in Alzheimer's, Parkinson's, and Huntington diseases, and amyotrophic lateral sclerosis. Advances in understanding the molecular and cellular mechanisms of NAD⁺-based neuronal resilience will lead to novel approaches for facilitating healthy brain aging and for the treatment of a range of neurological disorders.

CNM-Au8[®] | Surface Catalysis Improves Mitochondrial Function



**CNM-Au8
Nanocrystal
Catalysis**

Promising Evidence from Two Phase 2 Trials and Long-Term Data

CNM-Au8 Demonstrated Survival, Delayed Clinical Worsening, and Preserved Function



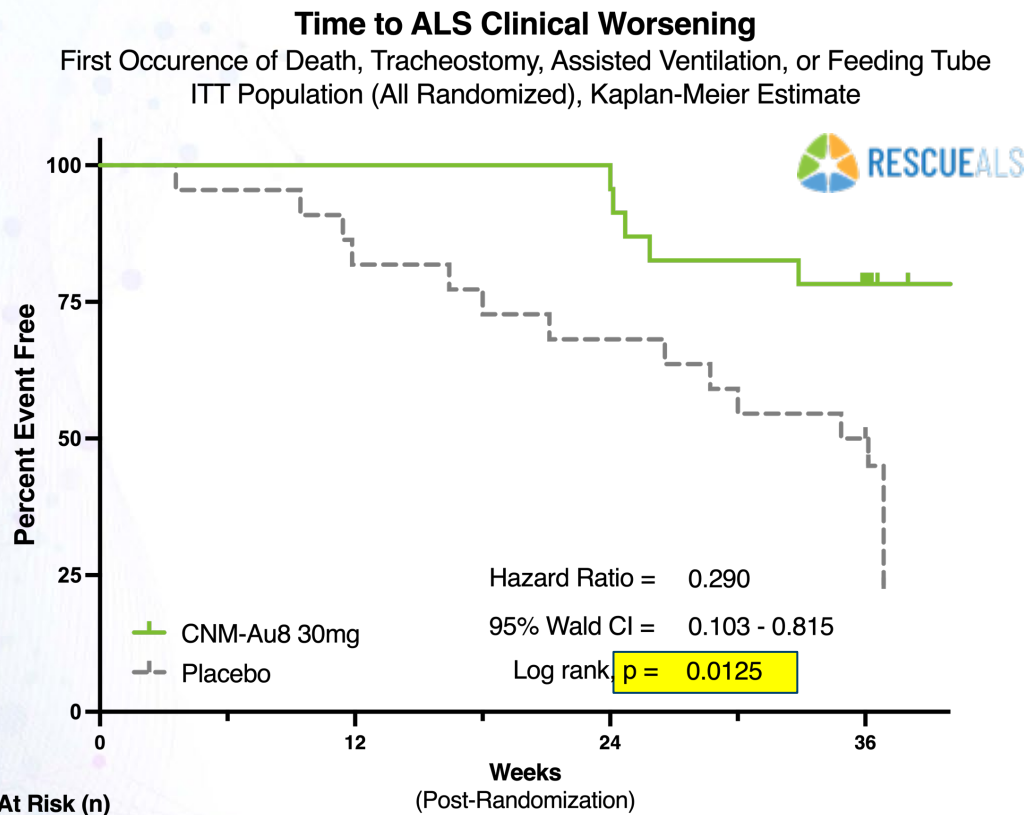
	RESCUE-ALS	RESCUE-OLE	HEALEY ALS Platform	HEALEY OLE	EAP
ALS Patient Demographics	Early-to-Mid-Stage (45)	Early-to-Mid-Stage	Mid-to-Late-Stage (161 Regimen C)	Mid-to-Late-Stage	Real-World Experience (256)
Duration	36-weeks	Up to 173 weeks	24-weeks	Up to 133 weeks	Over 4.0 years
Survival	--	✓	✓	✓ PRO-ACT	✓
Delayed Time to Clinical Worsening	✓	✓	✓	Pending data 1Q 2024	Not routinely collected
Preserved Function (ALSFRS-R)	--	✓	--		
Progression Biomarkers	p75 trend	↓ UCHL1 *	✓ NfL ↓	✓ NfL ↓	
Safety	>500 Years of Subject Exposure Without Identified Safety Signals Across ALS, MS, and PD				

Consistent Evidence for CNM-Au8 30mg Dose Across Broad ALS Patient Population

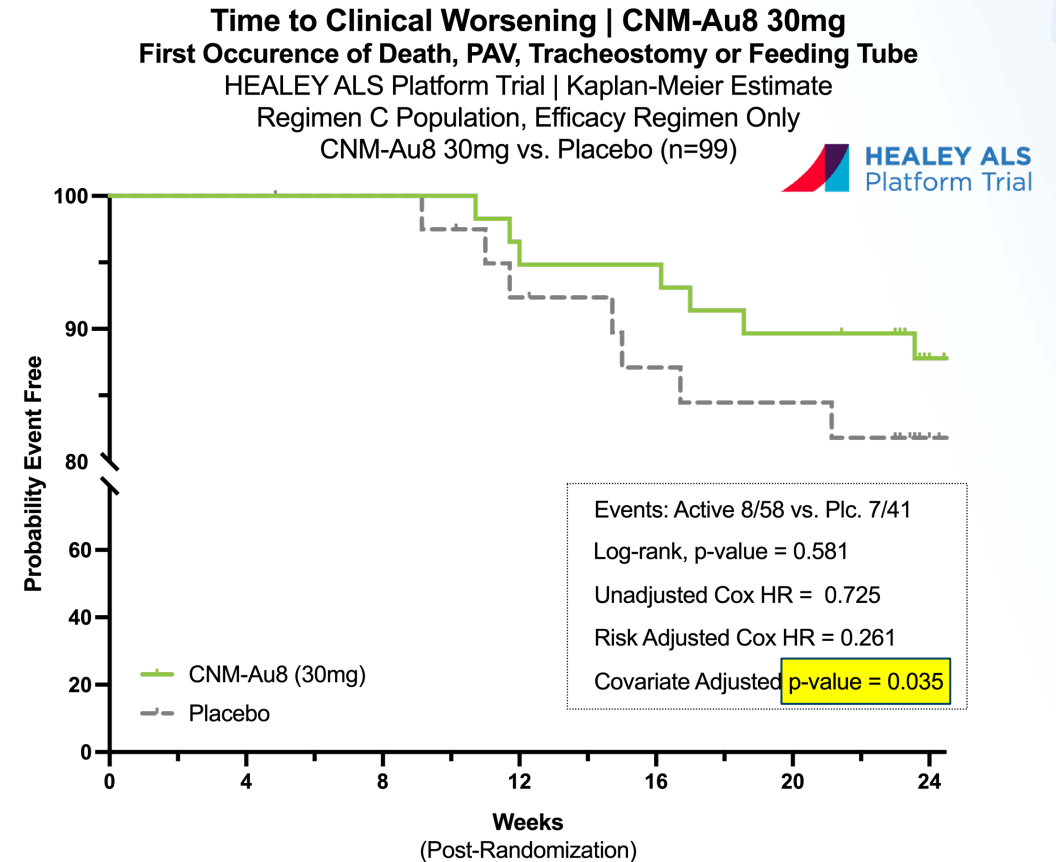
CNM-Au8 | Clinical Worsening Concordant in Two Phase 2 Trials

Evidence for Decreased Clinical Worsening Events Across Two Phase 2 Studies

Phase 2 RESCUE-ALS CNM-Au8 30mg Decreased Time to Clinical Worsening



Phase 2 HEALEY ALS Platform CNM-Au8 30mg Decreased Time to Clinical Worsening



CNM-Au8 | ALS Survival at 30mg Concordant in Two Phase 2 Trials

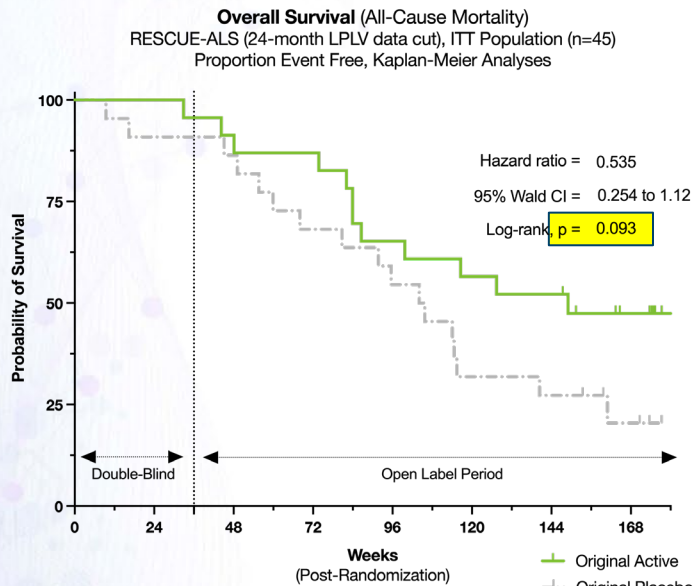


Up to 75% decreased risk of death through 168 weeks

>90% risk reduction of death at 30mg at 24 weeks

Unadjusted Survival

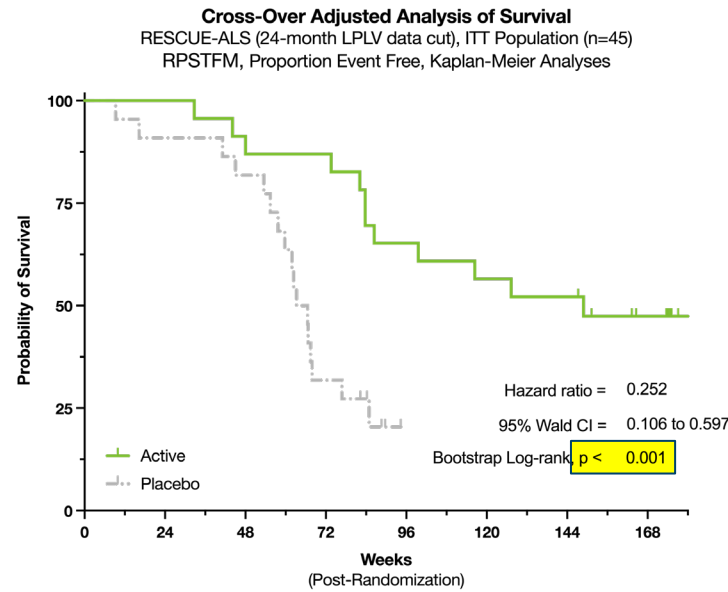
10.1 Months Survival Difference



No. at Risk	0	24	48	72	96	120	144	168
Original CNM-Au8:	23	23	21	21	16	14	13	8
Original Placebo:	22	21	20	16	13	8	7	7

Cross-Over Adjusted Survival

Up to 19.3 Month Survival Benefit vs. Original Pbo



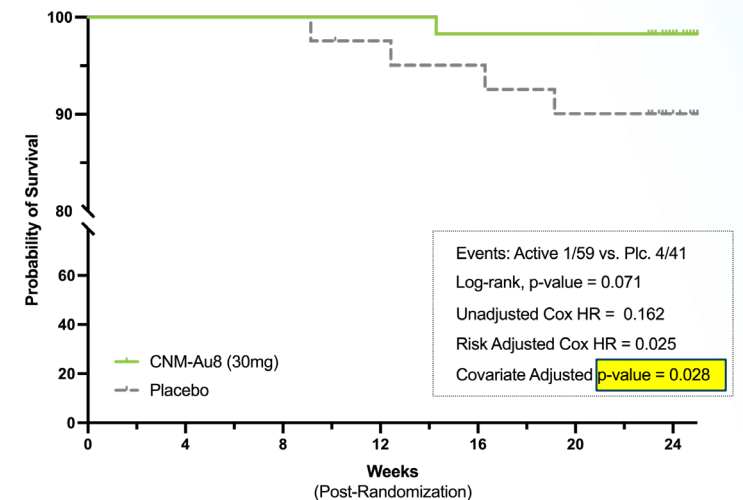
No. at Risk	0	24	48	72	96	120	144	168
Original CNM-Au8:	23	23	21	21	16	14	13	8
Original Placebo:	22	21	19	8	1	0	0	0

RPSFTM (Rank Preserving Structural Failure Time Model) removes estimated benefit from cross-over to active treatment in ex-placebo participants

Survival During Blinded Period

Time to Death or Death Equivalent (PAV) | CNM-Au8 30mg

HEALEY ALS Platform Trial | Kaplan-Meier Estimate
 Regimen C Population, Efficacy Regimen Only
 CMM-Au8 30mg vs. Placebo (n=100)



Global Phase 3 RESTORE-ALS

A Phase 3, Randomized, Double-Blind, Placebo-Controlled Trial in Early Symptomatic Participants on Stable Background Therapy to Reduce Mortality and Clinical Worsening Events in Amyotrophic Lateral Sclerosis (RESTORE-ALS)

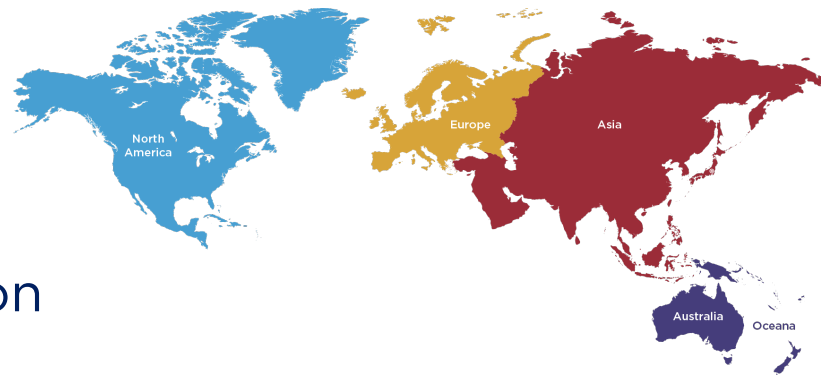
Investigational Product | Randomized 2:1

- CNM-Au8 30 mg (or matched placebo)

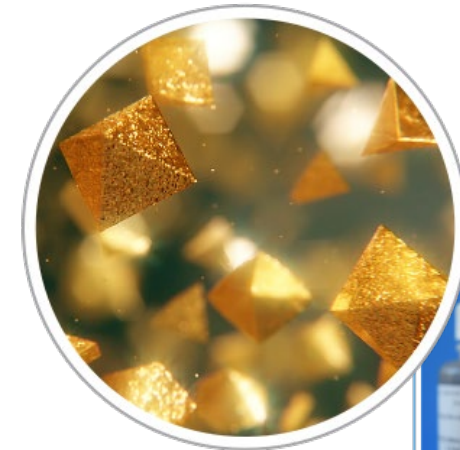
Study Center(s): Expert ALS clinical care centers

across

- North America
- Europe
- Asia/Pacific region



CNM-Au8



1° Endpoint: Improved Survival

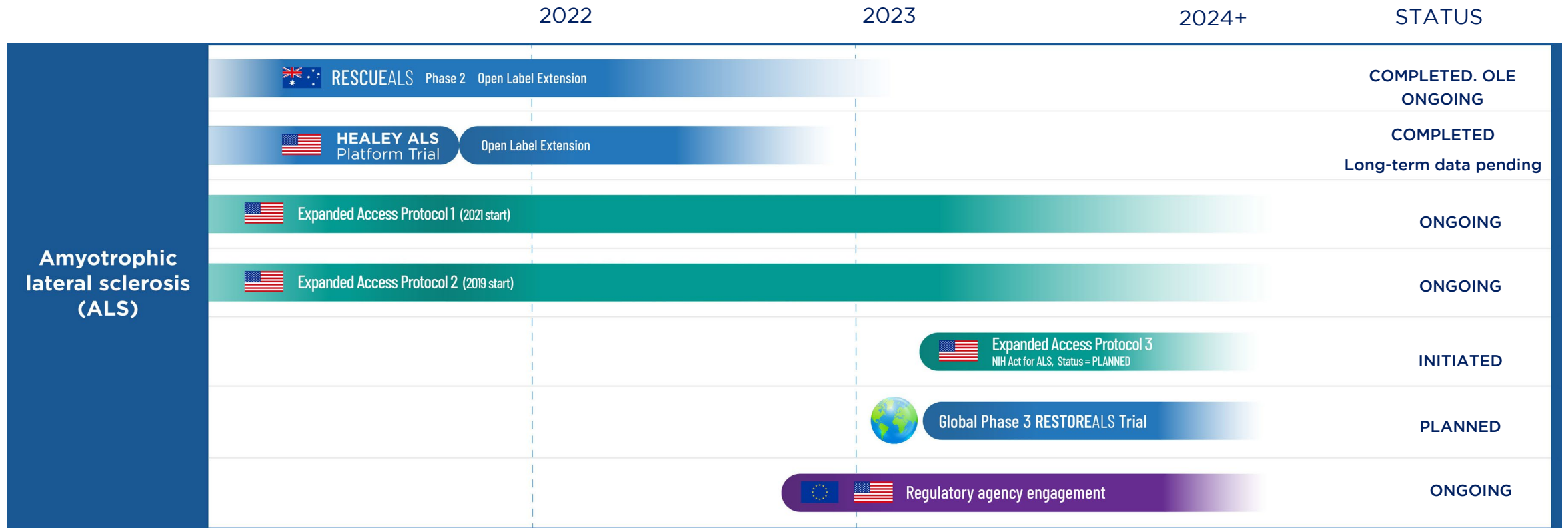
Time to Death or Permanent Assisted Ventilation (PAV)

Lead 2° EP | Delayed Time to ALS Clinical Worsening Events

Composite Analysis of ALS Clinical Worsening Events:

- Survival
- Permanent Assisted Ventilation
- Need for Tracheostomy
- Need for Feeding Tube Initiation
- Need for Assisted Ventilation

CNM-Au8 | Timeline and Path Forward for ALS



2024 Priorities: Initiate Global Phase 3 Trial and Advance Regulatory Agency Engagement

Contact Us

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