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): **January 13, 2025**

vTv Therapeutics Inc.

(Exact name of registrant as specified in its charter)

Delaware	**001-37524**	**47-3916571**
(State or other jurisdiction of incorporation)	(Commission File No.)	(IRS Employer Identification No.)

3980 Premier Drive, Suite 310
High Point, NC 27265
(Address of principal executive offices)

(336) 841-0300
(Registrant's telephone number, including area code)

NOT APPLICABLE
(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
Class A common stock, par value $0.01 per share	VTVT	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 January 13, 2025, vTv Therapeutics, Inc., (the "Company") posted on its website an updated slide presentation, which is attached as Exhibit 99.1 to this Current Report on Form 8-K and incorporated by reference herein. Representatives of the Company will use the presentation in various meetings with investors, analysts and other parties from time to time. This presentation may be amended or updated at any time and from time to time through another Current Report on Form 8-K, a later Company filing or other means.

The information in this Item 7.01 (including Exhibit 99.1) shall not be deemed to be "filed" for purposes of, or otherwise subject to the liabilities of, Section 18 of the Exchange Act, nor shall it be deemed to be incorporated by reference in any filing under the 33 Act or the Exchange Act, except as shall be expressly set forth by specific reference in any such filing.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit No.	Description
99.1	vTv Therapeutics' Investor Presentation dated January 2025
104	Cover Page Interactive Data File (embedded within Inline XBRL document)

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.

VTV THERAPEUTICS INC.

By:	/s/ Paul J. Sekhri
Name:	Paul J. Sekhri
Title:	President, Chief Executive Officer and Executive Chairperson

Dated: January 13, 2025


VTV
THERAPEUTICS
Improving the Lives of Millions of People Living with Type 1 Diabetes
January 2025
Nasdaq: VTVT

THE STATEMENTS MADE IN THIS PRESENTATION AND THE ACCOMPANYING ORAL COMMENTARY MAY INCLUDE FORWARD-LOOKING STATEMENTS REGARDING (I) THE DIABETES MARKET AND OTHER MARKETS, (II) THE DEVELOPMENT, CLINICAL TRIAL PROCESS, REGULATORY APPROVAL PROCESS AND ATTRIBUTES OF INVESTIGATIONAL AND MARKETED PRODUCTS TO TREAT THESE DISEASES AND OTHER CONDITIONS, (III) THE ECONOMIC POTENTIAL OF THOSE PRODUCTS AND (IV) THE FUTURE OPERATIONS, FUND-RAISING ACTIVITIES, EXPENDITURES, OPPORTUNITIES, AND FINANCIAL PERFORMANCE OF VTV THERAPEUTICS INC. FORWARD-LOOKING STATEMENTS INCLUDE ALL STATEMENTS THAT ARE NOT HISTORICAL FACTS AND CAN BE IDENTIFIED BY TERMS SUCH AS "ANTICIPATES," "BELIEVES," "COULD," "ESTIMATES," "EXPECTS," "INTENDS," "MAY," "PLANS," "POTENTIAL," PREDICTS," "PROJECTS," "SEEKS," "SHOULD," "TARGET," "WILL," "WOULD" OR SIMILAR EXPRESSIONS AND THE NEGATIVES OF THOSE TERMS.

THESE FORWARD-LOOKING STATEMENTS ARE ONLY ESTIMATES BASED UPON THE INFORMATION AVAILABLE TO VTV THERAPEUTICS INC. (OR THE PARTY PREPARING SUCH FORWARD-LOOKING STATEMENTS) AS OF THE DATE OF THIS PRESENTATION. THE FORWARD-LOOKING STATEMENTS INCLUDED HEREIN INVOLVE KNOWN AND UNKNOWN RISKS AND UNCERTAINTIES AND OTHER IMPORTANT FACTORS SUCH THAT ACTUAL FUTURE OPERATIONS, OPPORTUNITIES, PRODUCT DEVELOPMENT PROCESSES AND OUTCOMES, CLINICAL TRIAL PROCESSES AND OUTCOMES, REGULATORY APPROVAL PROCESSES AND OUTCOMES, ECONOMIC PERFORMANCE OF PRODUCTS, FUND-RAISING ACTIVITIES AND FINANCIAL PERFORMANCE MAY DIFFER MATERIALLY FROM THOSE SET FORTH IN OR IMPLIED IN THESE FORWARD-LOOKING STATEMENTS. THESE RISKS, UNCERTAINTIES, AND OTHER FACTORS, WHICH MAY NOT BE WITHIN OUR CONTROL, ARE DISCUSSED IN MORE DETAIL IN OUR QUARTERLY, ANNUAL AND CURRENT REPORTS FILED WITH THE SECURITIES AND EXCHANGE COMMISSION, INCLUDING, WITHOUT LIMITATION, UNDER THE CAPTIONS, "RISK FACTORS," "CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS" AND "MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS." THEREFORE, YOU SHOULD READ THIS PRESENTATION IN CONJUNCTION WITH SUCH MEANINGFUL CAUTIONARY STATEMENTS.

UNDUE RELIANCE SHOULD NOT BE PLACED ON FORWARD-LOOKING STATEMENTS, WHICH SPEAK ONLY AS OF THE DATE HEREOF. EXCEPT AS REQUIRED BY LAW, WE EXPRESSLY DISCLAIM ANY RESPONSIBILITY TO PUBLICLY UPDATE OR REVISE OUR FORWARD-LOOKING STATEMENTS, WHETHER AS A RESULT OF NEW INFORMATION, FUTURE EVENTS OR OTHERWISE. ALL FORWARD-LOOKING STATEMENTS CONTAINED HEREIN ARE QUALIFIED IN THEIR ENTIRETY BY THE FOREGOING CAUTIONARY STATEMENTS.

THIS PRESENTATION IS BEING PROVIDED TO YOU FOR INFORMATION PURPOSES ONLY. THIS PRESENTATION DOES NOT CONSTITUTE AN OFFER OR SALE OF (OR THE SOLICITATION OF AN OFFER TO BUY) ANY SECURITIES OF VTV THERAPEUTICS INC. OR ANY OF ITS SUBSIDIARIES.

BY ACCEPTING THIS PRESENTATION, YOU ACKNOWLEDGE AND AGREE THAT (I) YOU WILL NOT RELY ON THIS PRESENTATION FOR MAKING ANY INVESTMENT DECISION WITH RESPECT TO ANY SECURITIES OF VTV THERAPEUTICS INC. OR ANY OF ITS SUBSIDIARIES, AND (II) ANY INVESTMENT DECISION MADE BY YOU WITH RESPECT TO ANY SUCH SECURITIES WILL BE BASED SOLELY ON AN OFFERING DOCUMENT RELATING TO SUCH SECURITIES (IF ANY), INCLUDING THE INFORMATION INCORPORATED BY REFERENCE THEREIN.

Pioneering Oral Drugs for Challenging Targets to Help Treat Diverse Chronic Diseases

VTV THERAPEUTICS

Advancing late-stage cadisegliatin program for type 1 diabetes

CANTEX | G42 Healthcare | NEWSOARA 恒翼生物医药

Partnerships for potential additional upside and shareholder value

Experienced Leadership with Decades of Life Sciences Expertise

Paul Sekhri Chair, President & CEO	Steven Tuch Chief Financial Officer	Thomas Strack, MD Chief Medical Officer	Carmen Valcarce, PhD Chief Scientific Officer	Rich Nelson Chief Business Officer	Martin Lafontaine Chief Commercial Officer	Dan Kirby SVP Strategic Ops
egenesis LYCERA teva sanofi NOVARTIS	Rallybio BMO Deutsche Bank	Lilly Pfizer Takeda Progenics Daiichi-Sankyo tem faeth	novo nordisk®	VERICAST Nielsen IACI	GSK mont méd Locemia SOLUTIONS	axcella CSL Seqirus amag parexel sanofi

Cadisegliatin: Late-Stage Clinical Development

Product	Indication	Pre-clinical	Phase I	Phase II	Phase III*	Next Key Milestone	Partners + Regions
Cadisegliatin (TTP399) GK Activator	Type 1 Diabetes					Topline Ph 3 data	VTV THERAPEUTICS

*Currently on FDA clinical hold following discovery of a chromatographic signal in a human ADME study

Partnership with G42 Healthcare to advance cadisegliatin as an adjunct therapy to insulin for people living with Type 2 diabetes

 Cadisegliatin is under investigation and the safety and efficacy has not been established. There is no guarantee that this product will receive health authority approval or become commercially available for the use being investigated

Cadisegliatin: Potential to be First Oral Adjunct Therapy for T1D

Novel oral liver selective glucokinase activator in development to reduce hypoglycemia and improve glycemic control vs. insulin alone

Targets High Unmet Needs

~80% of 1.6M Americans living with T1D fail to achieve target blood glucose control with current SOC[1]

Hypoglycemia is often the major barrier to glycemic control[2]

Derisked by Ph1 and Ph2 Data

Dosed in 500+ subjects to date[3]

Positive impact on hypoglycemia and HbA1c[4]

In Late-Stage Development

Phase 3 trial* initiated Q2 2024

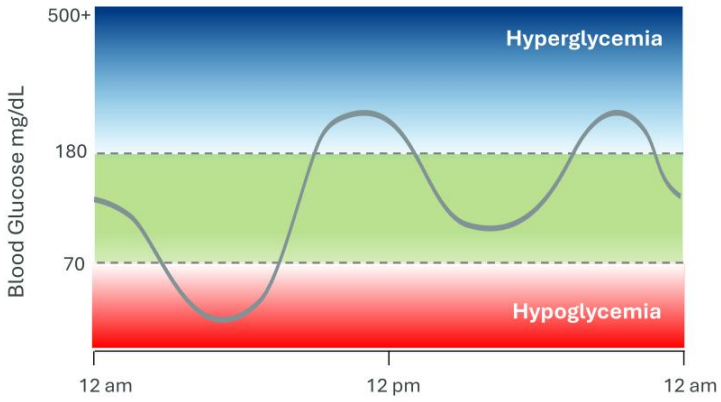
FDA Breakthrough Designation

**Working to resolve an FDA clinical hold on cadisegliatin program following discovery of a chromatographic signal in human ADME study*

1: Akturk HK, et al., T1D Exchange Quality Improvement Collaborative; Factors Associated With Improved A1C Among Adults With Type 1 Diabetes in the United States. Clin Diabetes 2 January 2023; 41 (1): 76–80. https://doi.org/10.2337/cd22-0067; 2: American Diabetes Association Standards of Care in Diabetes – 2023; 3: Internal studies – data on file; 4: Klein KR et al. The SimpliciT1 study: a randomized, double-blind, placebo-controlled phase 1b/2 adaptive study of TTP399, a hepatoselective glucokinase activator, for adjunctive treatment of type 1 diabetes. Diabetes Care. 2021 Apr 1;44(4):960-8

The Challenge: Lowering Blood Glucose to Target While Preventing Hypoglycemia

~80% fail to achieve ADA HbA1c target of <7.0%[1]



Insulin

The pharmacological standard of care with a narrow therapeutic window

Hypoglycemia

Often the major limiting factor in the glycemic management of patients with T1D[2]

1: Akturk HK, et al., T1D Exchange Quality Improvement Collaborative; Factors Associated With Improved A1C Among Adults With Type 1 Diabetes in the United States. Clin Diabetes 2 January 2023; 41 (1): 76–80. https://doi.org/10.2337/cd22-0067; 2: American Diabetes Association Standards of Care in Diabetes 2024

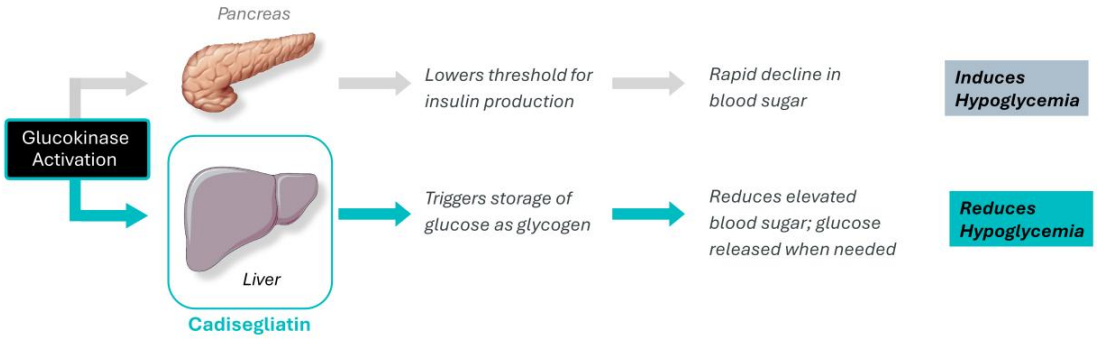
High Level Business Opportunity with Expansion Potential into Type 2 Diabetes

Large Established Markets

 1: T1D Index 2: Internal company analysis - data on file

Cadisegliatin: Liver-Selective Glucokinase Activator

Glucokinase regulates glucose metabolism in liver and pancreatic β-cells

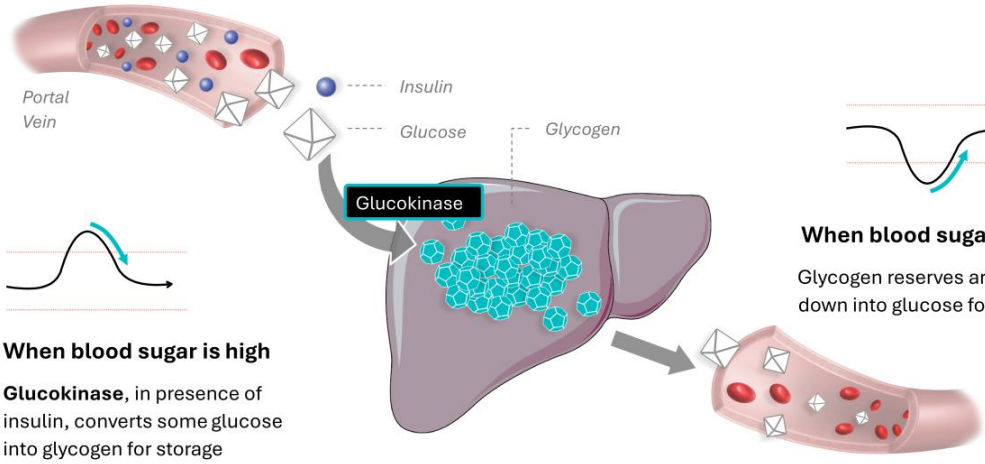


Cadisegliatin is in Development to Overcome Limitations of Past Approaches

Historical Limitations		Cadisegliatin's Goals
Increased hypoglycemia[1]	→	Reduction in hypoglycemia[2]
Elevated lipids[1]	→	No impact on lipids likely due to preservation of GK-GKRP interaction[2]
Loss of efficacy over time[1]	→	Maintain efficacy[2]
Liver toxicity[1]	→	Absence of liver toxicity[2]

GK: glucokinase GKRP: glucokinase regulatory protein; 1: Ren et al., Glucokinase as an emerging antidiabetes target and recent progress in the development of its agonists, J. of Enzyme Inhibition and Medicinal Chemistry, 37:1 606-615, DOI : 10.1080/14756366.2021.2025362; 2. : Vella A, et al. Targeting hepatic glucokinase to treat diabetes with TTP399, a hepatoselective glucokinase activator. Science translational medicine. 2019 Jan 16;11(475):eaau3441

In Non-Diabetic People, the Liver Acts as a Reservoir for Glucose with Insulin and Glucokinase being Key Gatekeepers



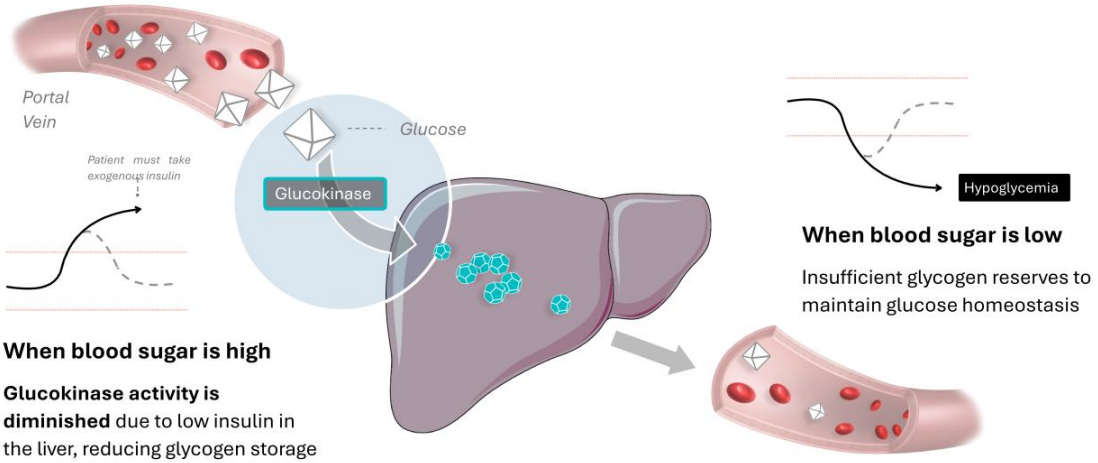
When blood sugar is high

Glucokinase, in presence of insulin, converts some glucose into glycogen for storage

When blood sugar is low

Glycogen reserves are broken down into glucose for release

With Type 1 Diabetes and Only Low Levels of Insulin Reaching the Liver, Glucokinase Activity Is Impaired



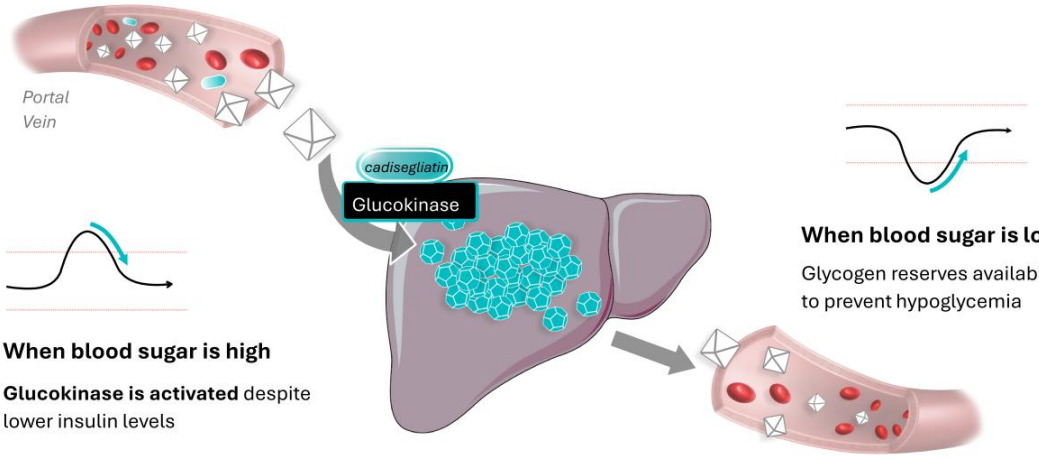
When blood sugar is high

Glucokinase activity is diminished due to low insulin in the liver, reducing glycogen storage

When blood sugar is low

Insufficient glycogen reserves to maintain glucose homeostasis

Cadisegliatin, as a Glucokinase Activator, Reactivates Innate Glucose-Regulating Capacity of the Liver Even in the Absence of Increased Insulin Levels



Proof-of-Concept Data for Cadisegliatin in T1D and T2D

SimpliciT1 Phase 2 Study in T1D[1]

50% fewer symptomatic hypoglycemic episodes ($p<0.04$) and no ketoacidosis

Reduction of HbA1c by 0.36 vs. insulin alone ($p < 0.001$)

40% of cadisegliatin treated patients had reductions of total daily insulin dose **and** HbA1c (by 0.41%) vs. insulin alone

N = 100; US Study

Insulin Withdrawal Study in T1D[1]

No increased risk of ketoacidosis vs. insulin alone

Despite short treatment for only 7-10 days:

- Improved fasting plasma glucose levels
- Fewer hypoglycemic events

N = 23; US Study

AGATA Phase 2 Study in T2D[2]

Reduction of HbA1c by 0.9% vs. metformin ($p < 0.01$)

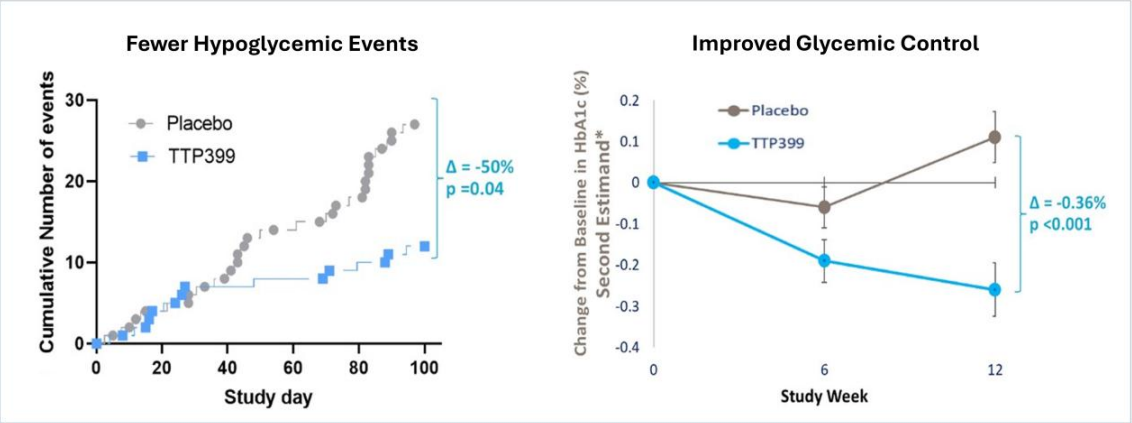
No difference to metformin with regards to hypoglycemia or hyperlipidemia over 6 months

N = 190; US Study

1: Klein KR et al. The SimpliciT1 study: a randomized, double-blind, placebo-controlled phase 1b/2 adaptive study of TTP399, a hepatoselective glucokinase activator, for adjunctive treatment of type 1 diabetes. Diabetes Care. 2021 Apr 1;44(4):960-8; 2: Diabetes Obes Metab. 2022 August ; 24(8): 1439–1447. doi:10.1111/dom.14697

Cadisegliatin Significantly Reduced Hypoglycemia and HbA1c v. Insulin Alone[1]

SimpliciT1 Phase 2 Trial in patients with T1D

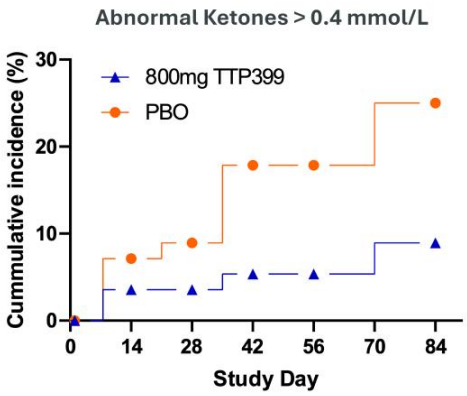


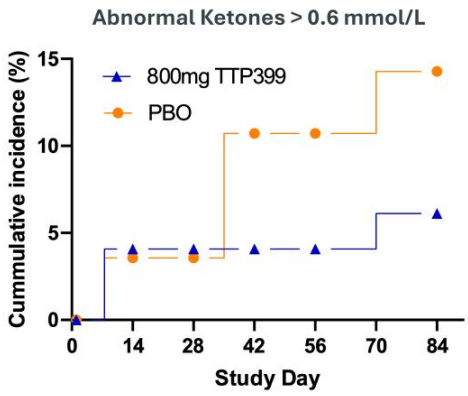
Randomized, Double-Blind, Placebo Controlled 2-Part Study of ~100 patients. A total of 49 patients in the treatment groups received 800mg daily of *cadisegliatin*.

1: Klein KR et al. The SimpliciT1 study: a randomized, double-blind, placebo-controlled phase 1b/2 adaptive study of TTP399, a hepatoselective glucokinase activator, for adjunctive treatment of type 1 diabetes. Diabetes Care. 2021 Apr 1;44(4):960-8

No Observed Increased Risk of Ketoacidosis with Cadisegliatin vs. Insulin Alone[1]

SimpliciT1 Phase 2 Trial in patients with T1D





1: Klein KR et al. The SimpliciT1 study: a randomized, double-blind, placebo-controlled phase 1b/2 adaptive study of TTP399, a hepatoselective glucokinase activator, for adjunctive treatment of type 1 diabetes. Diabetes Care. 2021 Apr 1;44(4):960-8

Cadisegliatin was Well-Tolerated Across People Living with T1D or T2D[1,2]

	Type 1 Diabetes – Phase 2, 3-month trial		Type 2 Diabetes – Phase 2, 6-month trial			
	Cadisegliatin 800 mg (n=56)	Placebo (n=49)	**Cadisegliatin** 400 mg (n=50)	**Cadisegliatin** 800 mg (n=42)	Placebo (n=48)	Sitagliptin (n=49)
Treatment Emergent and Serious Adverse Events[1,2]						
Subjects with ≥1 TEAE (%)	**36 (64)**	**32 (65)**	**26 (52)**	**21 (50)**	**29 (60)**	**30 (61)**
Subjects with ≥1 related TEAE (%)	**3**	**5**	**3 (6)**	**8 (19)**	**4 (8)**	**8 (16)**
SAEs	**1**	**1**	**0**	**0**	**0**	**0**
Subjects with ALT, AST, ALP > 1.5 UNL and/or bilirubin >2 ULN (%)	**2 (4)**	**1 (2)**	**1(2)**	**0**	**0**	**0**
Subjects with AST or ALT >3 ULN and bilirubin >1.5 ULN	**0**	**0**	**0**	**0**	**0**	**0**
DKA Events	**0**	**0**	**N/A**			
Subjects with ≥ 1 BOHB > 1mmol/l	**1 (2)**	**3 (5)**				

1: Vella A, et al. Targeting hepatic glucokinase to treat diabetes with TTP399, a hepatoselective glucokinase activator. Science translational medicine. 2019 Jan 16;11(475):eaau3441. 2: Klein KR et al. The SimpliciT1 study: a randomized, double-blind, placebo-controlled phase 1b/2 adaptive study of TTP399, a hepatoselective glucokinase activator, for adjunctive treatment of type 1 diabetes. Diabetes Care. 2021 Apr 1;44(4):960-8

Cadisegliatin Did Not Adversely Impact Lipids, Cholesterol or Liver Enzymes[1]

Phase 2 trial, 6-months

Fasting Lipid Changes from Baseline in Type 2 Diabetes Patients[1]			
	Cadisegliatin 400 mg (n=50)	**Cadisegliatin** 800 mg (n=42)	Sitagliptin (n=49)
Triglycerides (mg/dl)	**+1.5**	**-13.3**	**-27.4**
LDL-Cholesterol (mg/dl)	**+7.9**	**+2.9**	**-2.0**
HDL-Cholesterol (mg/dl)	**-0.4**	**+3.2***	**+0.9**

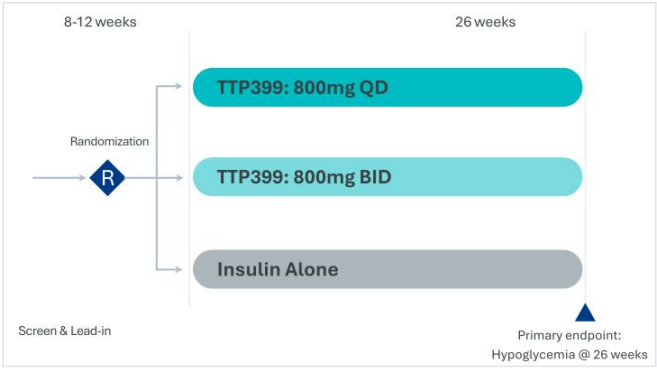
*P < 0.05

1: Vella A, et al. Targeting hepatic glucokinase to treat diabetes with TTP399, a hepatoselective glucokinase activator. Science translational medicine. 2019 Jan 16;11(475):eaau3441

Cadisegliatin CATT1 Study – Informed by FDA Advice and Published Guidance for Endpoint Selection, Exposure and Population Criteria

Working to resolve an FDA clinical hold following discovery of a chromatographic signal in human ADME study

CATT1 Study
Target Enrollment:
150 subjects at
~20 US sites



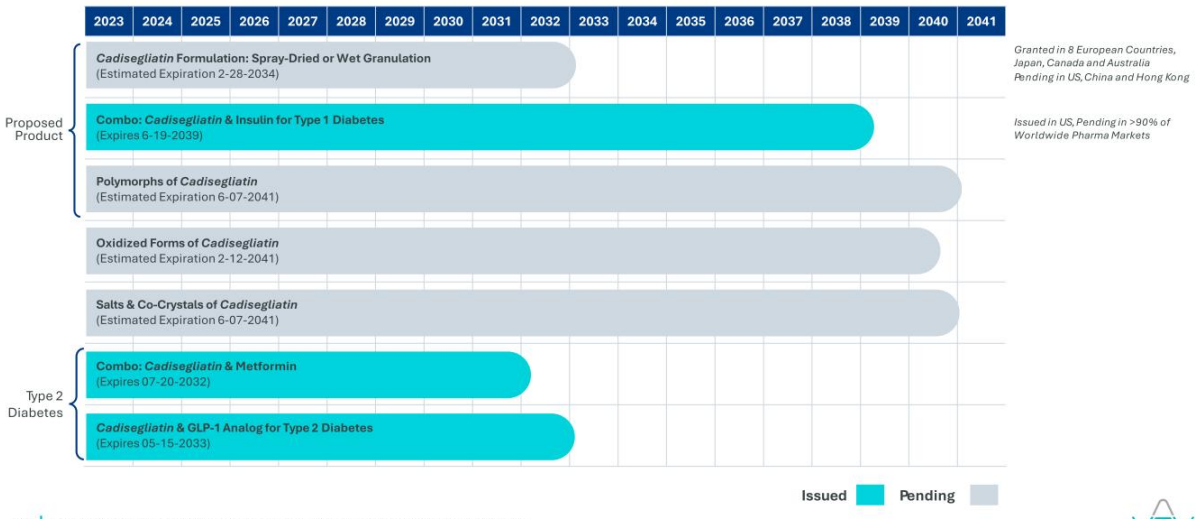
Primary endpoint
Incidence of Level 2 or Level 3 hypoglycemic events

Key secondary endpoint
Change in Hemoglobin A1C

CATT1 (TTP399-302) is the first Phase 3 trial to assess the efficacy of cadisegliatin in patients utilizing continuous glucose monitoring (CGM)

Strong IP Protection for Cadisegliatin in T1D and T2D through 2041

Exclusivity Period*



* Dates are provided for informational purposes only; actual results may differ from expectations.


VTV
Small Molecule Portfolio

Broader Portfolio Continues to Offer Additional Upside and Shareholder Value

Partnered Programs With Global Rights

Product	Indication	Pre-clinical	Phase I	Phase II	Phase III	Partners + Rights
PDE4 Inhibitor HPP737	**Psoriasis**					NEWSOARA 恒翼生物医药 China
	COPD					
	Atopic Dermatitis					
RAGE Antagonist Azeliragon	**Glioblastoma**					CANTEX PHARMACEUTICALS Global
	Pancreatic Cancer					
	Breast Cancer					
	Pneumonia					

Additional Programs With Global Rights

Oral GLP-1R Agonist TTP273	**Type 2 Diabetes**					VTV THERAPEUTICS
Nrf2/Bach1 Modulator HPP971 /HPP3033	**Oxidative Inflammatory Indications**					

Pipeline candidates are under investigation and the safety and efficacy has not been established. There is no guarantee that these products will receive health authority approval or become commercially available for the use(s) being investigated

VTV

Partnerships Provide Potential Independent Revenue Streams

Cadisegliatin (TTP399) *GK Activator*	HPP737 *PDE4 Inhibitor*	Azeliragon *RAGE Antagonist*
Type 2 Diabetes *Phase 2 initiation 2025* *Middle East*	**Psoriasis*, COPD, Atopic Dermatitis** *Ongoing Phase 2 and Phase 3* trials* *China*	**Pneumonia**, Glioblastoma, Breast Cancer, Pancreatic Cancer** *Ongoing Phase 2 and Phase 3** trials* *US*
G42 Healthcare	NEWSOARA 恒翼生物医药	CANTEX
Certain countries in the Middle East, Africa, and Central Asia	China	Global
Royalties in high single digits	**Over $100 M potential value**	**Potential for 20 - 40% of economics from commercialization or acquisition**

VTV

HPP737: Oral, Novel, Potent and Selective PDE4 Inhibitor

Clinically Advanced	Differentiated Profile	Potential Newsoara Global Partnership
Phase 3 in psoriasis in China completed with once daily dosing [1]	Preclinical potency on par with or superior to competitor PDE4 inhibitors (e.g., OTEZLA, Amgen®)[2]	Additional $20 M upfront
Ongoing long-term open label extension study in psoriasis (week 16-52) [1]	Did not cross the blood-brain barrier in preclinical studies[2]	Up to $41 M in development milestones
	No significant GI intolerance (nausea, vomiting, diarrhea)[3]	Up to $35 M in sales-related milestones
	No need for titration[3]	Royalties in the mid to upper single digits based on sales
		Global license effective upon payment of the $20M upfront fee

 1. Internal Study Report provided by Newsoara – data on file; 2: vTv Internal Studies - Data on File; 3. Internal Studies – Data on File

Azeliragon: Novel, Oral Full Spectrum RAGE Antagonist

Cantex has an exclusive global license to develop and commercialize azeliragon

Mid- to Late-Stage Trials

Several ongoing US Phase 2 trials for the treatment of various cancer indications[1]

Three FDA Orphan Drug Designations: glioblastoma, pancreatic cancer and brain metastasis from breast cancer[2]

US Phase 3 trial in hospitalized patients with pneumonia to prevent acute kidney injury[1]

Characterized Clinical Profile

Well-tolerated safety profile in more than 2000 individuals dosed for periods up to 18 months[3]

Once daily dosing[3]

Clinical data showed inhibition of mechanisms that stimulate cancer growth[3]

Cantex Global License

With potential for 20-40% economics from acquisition or commercialization

Exclusive worldwide license for all indications except for diabetes, psoriasis and Alzheimer's disease

1: https://cantex.com/pipeline/ 2: https://cantex.com/2024/12/09/cantex-pharmaceuticals-receives-fda-orphan-drug-designation-for-azeliragon-for-the-treatment-of-brain-metastasis-from-breast-cancer/; 3: Cantex Corporate Presentation August 2024

Additional Programs: Differentiation in Large Market Opportunities

TTP273 *Oral GLP-1 agonist*	HPP971 /HPP3033 *Nrf2/Bach1 Modulator*
Obesity *Phase 2 ready*	**Oxidative inflammation** *Phase 1 assets*
Negligible observed GI side effects[1]	**Franchise opportunity**
Potential for improved tolerability, convenience and accessibility vs. current standards of care[1]	Diverse compounds with proof-of-concept efficacy data in multiple animal models[2]
Expansion opportunities in weight management, T2D and beyond	Broad application

 1: Internal Studies – Data on File 2: internal Studies – Data on File

TTP273: Oral Small Molecule GLP-1 Receptor Agonist

Targets High Unmet Needs

42% of adults in the U.S. are obese[1]

GI side effects like nausea and vomiting compromise adherence and efficacy[2]

Current peptide standards of care are limited by high cost and low supply[3]

Negligible observed GI side effects

No nausea and vomiting with improved satiety, HbA1c and body weight[4]

No need for titration or administration with meals[4]

Binds to an allosteric site distinct from the peptide site[5]

Expansion Potential

Ph1 and Ph 2 efficacy and tolerability profile support use for obesity, weight loss and T2D

Ideal for fixed dose combinations with oral agents

1: https://www.niddk.nih.gov/health-information/health-statistics/overweight-obesity; 2: Blue Health Intelligence, Real World Trends in GLP-1 Treatment Persistence and Prescribing for Weight Management, May 2024; 3: Heather P. Whitley, Jennifer M. Trujillo, Joshua J. Neumiller; Clin DiabActivation of the GLP-1 receptor by a non-peptidic agonist. *Nature* **577**etes 1 July 2023; 41 (3): 467–473; 4: Internal Studies – Data on File; 5: Zhao, P., Liang, YL., Belousoff, M.J. *et al.* , 432–436 (2020). https://doi.org/10.1038/s41586-019-1902-z

HPP971 /HPP3033: Nrf2-Bach 1 Modulator Platform

Potential to advance multiple distinct compounds targeting reduced oxidative stress and inflammation

Franchise Opportunity	Phase 1 Asset	Preclinical Efficacy/ Proof Of Concept
Multiple non-electrophilic small-molecule compounds with distinct profiles Opportunity to advance multiple molecules into different indications	Completed 1 month toxicology studies Completed SAD and MAD studies No dose limiting toxicities[1]	Observed in disease relevant animal models[1] related to: Liver disease (NASH) Kidney disease Autoimmune disease (MS, IBD) Reperfusion injury/hypertension Neurodegeneration (Parkinson's disease, AD) Bone Loss (Periodontitis, Osteoarthritis) Ocular disease (Presbyopia)

 1: Internal studies - data on file

Summary: Cadisegliatin has Potential to be First Oral Adjunct Therapy for T1D

Novel oral liver selective glucokinase activator in development to reduce hypoglycemia and improve glycemic control vs. insulin alone

Targets High Unmet Needs

~80% of 1.6M Americans living with T1D1 fail to achieve target blood glucose control with current SOC[1]

Hypoglycemia is often the major barrier to glycemic control[2]

Derisked by Ph1 and Ph2 Data

Dosed in 500+ subjects to date[3]

Positive impact on hypoglycemia and HbA1c[4]

In Late-Stage Development

Phase 3 trial* initiated Q2 2024

FDA Breakthrough Designation

**Working to resolve an FDA clinical hold on cadisegliatin program following discovery of a chromatographic signal in human ADME study*

1: Akturk HK, et al., T1D Exchange Quality Improvement Collaborative; Factors Associated With Improved A1C Among Adults With Type 1 Diabetes in the United States. Clin Diabetes 2 January 2023; 41 (1): 76–80. https://doi.org/10.2337/cd22-0067; 2: American Diabetes Association Standards of Care in Diabetes – 2023; 3: Internal studies – data on file; 4: Klein KR et al. The SimpliciT1 study: a randomized, double-blind, placebo-controlled phase 1b/2 adaptive study of TTP399, a hepatoselective glucokinase activator, for adjunctive treatment of type 1 diabetes. Diabetes Care. 2021 Apr 1;44(4):960-8


Thank You