# 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): **February 26, 2026**

# 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 110**
**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 February 26, 2026, 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 February 2026 |
| 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 and Chief Executive Officer

Dated: February 26, 2026


# Committed to Improving the Lives of People with Diabetes

February 2026

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.

## Corporate Summary

| | |
|---|---|
| 01 Late-stage asset | *Cadisegliatin*, in Phase 3 development, has the potential to be the first oral adjunctive therapy for type 1 diabetes (T1D) in the U.S. with topline Phase 3 CATT1 data targeted for 2H 2026 |
| 02 Significant unmet need and commercial opportunity | ~75% of people living with T1D in the U.S. do not achieve ADA recommended blood glucose levels (HbA1c <7%), with hypoglycemia often being the major limiting factor in the glycemic management of T1D and T2D[1,2] |
| 03 Experienced leadership | Led by seasoned biopharma executives with a strong track record of advancing novel therapies for metabolic diseases and diabetes |
| 04 Strong balance sheet | $98.5M cash (at 9/30/2025) plus additional $20.0M received (on 2/2/2026) provides runway well past the CATT1 topline data readout |
| 05 Deep pipeline of differentiated assets | Additional clinical-stage assets in immunology/inflammation, metabolism, and oncology disease areas present opportunities for significant non-dilutive funding |

1: Ebekozien O, et al. Longitudinal trends in glycemic outcomes and technology use for over 48,000 people with type 1 diabetes (2016–2022) from the T1D exchange quality improvement collaborative. Diab Technol Ther 2023 Nov;25(11):765-73.; 2: ADA Standard of Care 2026.

## Experienced Leadership

Paul Sekhri
Chair, President & CEO

egenesis
LYCERA
teva
sanofi
NOVARTIS

Michael Tung, MD, MBA
Chief Financial Officer

AdvanCell
FibroGen
aclaris

Thomas Strack, MD
Chief Medical Officer

Lilly
Pfizer
Takeda
Progenics
Daiichi-Sankyo
tem
faeth

Carmen Valcarce, PhD
Chief Scientific Officer

novo nordisk

Rich Nelson
Chief Business Officer

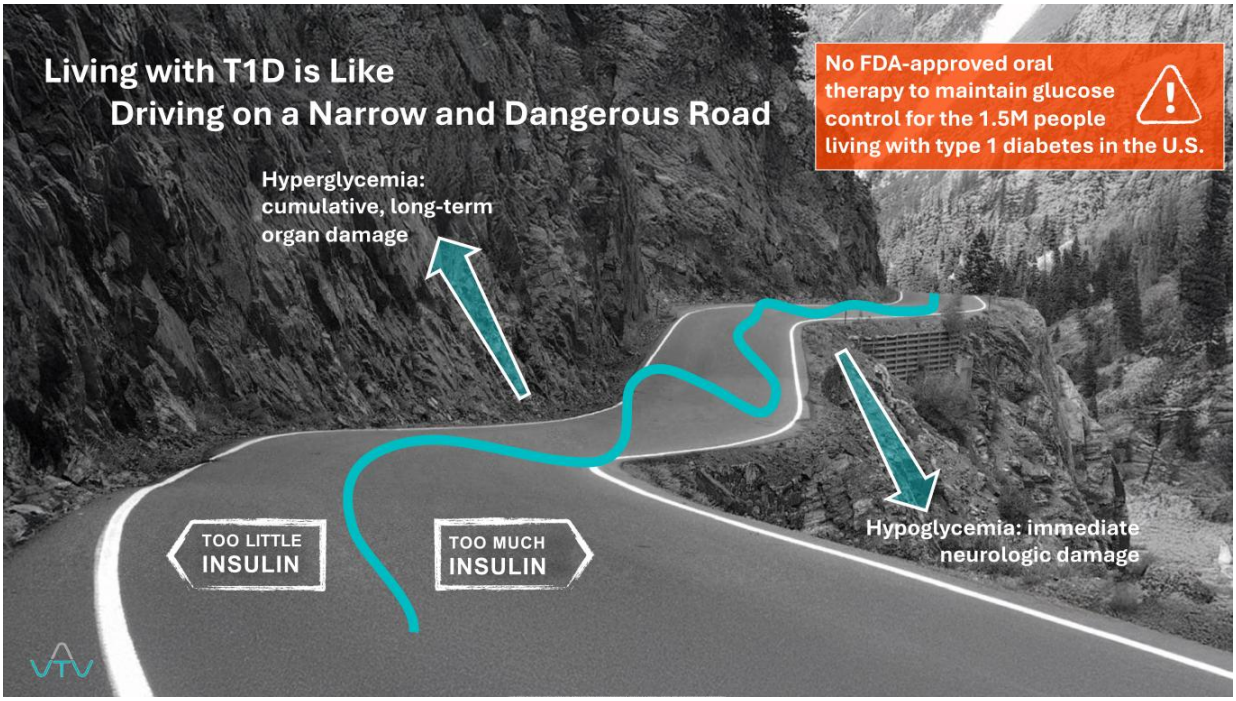
VERICAST
Nielsen
IAC
woolsey
Allermi

Martin Lafontaine
Chief Commercial Officer

GSK
Locemia
mont méd

Dan Kirby
SVP Strategic Operations

axcella
CSL Seqirus
amag
parexel
sanofi

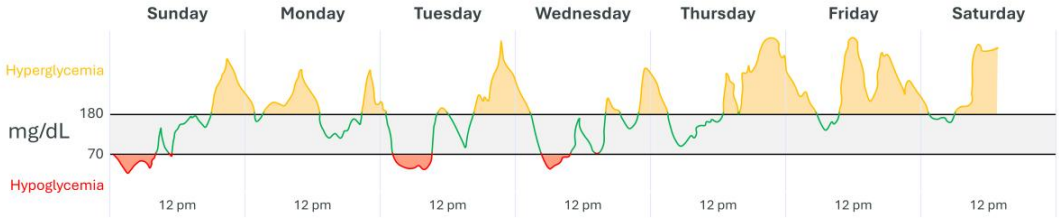

Living with T1D is Like
Driving on a Narrow and Dangerous Road
No FDA-approved oral therapy to maintain glucose control for the 1.5M people living with type 1 diabetes in the U.S.
Hyperglycemia: cumulative, long-term organ damage
TOO LITTLE INSULIN
TOO MUCH INSULIN
Hypoglycemia: immediate neurologic damage
VTV

# The Challenge: Lowering Blood Glucose to Target While Preventing Hypoglycemia

## Representative 7 Day CGM of a Patient with T1D[1]

**Insulin**
Standard of care with a narrow therapeutic window[2]

**Hypoglycemia**
Life-disruptive, life-threatening, and often the major limiting factor in the glycemic management of patients with T1D[2]




1: Adapted from figure in Holt RI, et al. The management of type 1 diabetes in adults. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD).; 2: Diabetes Care. 2021 Nov 1;44(11):2589-625. ADA Standard of Care 2026.

## Cadisegliatin: A Large Opportunity in a Long-Underserved Market

**1.5M**

with type 1 diabetes in the U.S.

~9.9M people living with T1D globally, expected to grow to 14.7M by 2040[1]

**~75%**

with T1D fail to lower their blood glucose to achieve target A1c[2]

By not achieving the ADA recommended target of HbA1c <7.0%, people with T1D are exposed to an increased risk of diabetes-related complications[3]


Hypoglycemia is often the major limiting factor in the glycemic management of T1D[3]

Hypoglycemia is common in people with T1D and most have several mild to moderate events per week[4]

Hypoglycemic events range from life-disruptive to life-threatening

**0**

oral adjunctive therapies for T1D

Since insulin was discovered in 1921, no oral adjunctive therapy to treat T1D has been approved in the U.S.

1: Type 1 Diabetes Index, Last accessed on February 20, 2026.; 2: Ebekozien O, et al. Longitudinal trends in glycemic outcomes and technology use for over 48,000 people with type 1 diabetes (2016–2022) from the T1D exchange quality improvement collaborative. Diab Technol Ther 2023 Nov;25(11):765-73.; 3: ADA Standard of Care 2026.; 4: Breakthrough T1D website. Last accessed on February 20, 2026.

## Cadisegliatin: Potential to be First Oral Adjunctive Therapy for T1D

### De-risked by Ph1 and Ph2 Data

**Dosed in 500+ subjects to date[1]**

- Positive impact on hypoglycemia and HbA1c[1,2]
- Topline Phase 3 data targeted for 2H2026

### In Late-Stage Development

**FDA Breakthrough Designation**

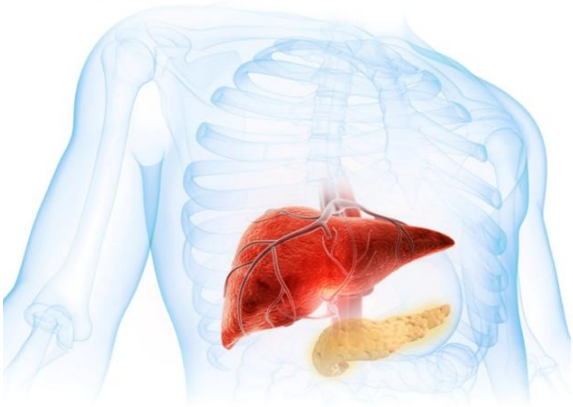
- Treatment of T1D

**Intellectual Property**

- Global portfolio of patents issued and pending provide protection through 2041

1: Internal studies – data on file; 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.

## The Pancreas and Liver Maintain Glucose Homeostasis



**Pancreas: Glucose Sensor and Controller**

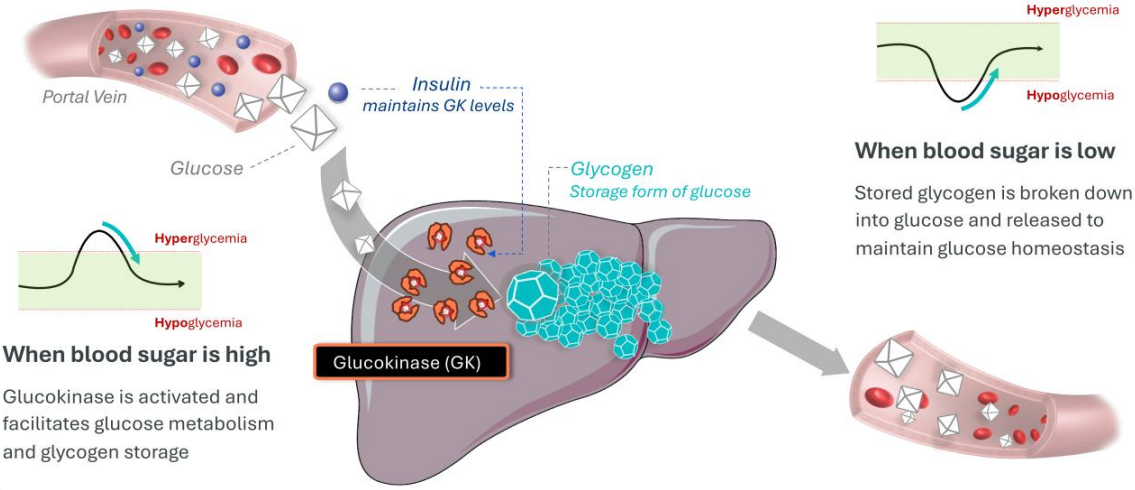
- The pancreas continuously senses blood glucose and adjusts hormone release to keep blood glucose levels in a healthy range:
  - Beta cells secrete insulin → lowers blood glucose
  - Alpha cells secrete glucagon → raises blood glucose

**Liver: Main Glucose Manager**

- The liver helps to stabilize blood glucose levels by acting as a storage-and-release system:
  - When blood glucose is high, the liver stores glucose as glycogen
  - When blood glucose is low, the liver releases glucose back into the bloodstream

## In People Who Do Not Live With Type 1 Diabetes:

**The pancreas secretes insulin directly into the liver, which helps maintain sufficient glucokinase**




### When blood sugar is high

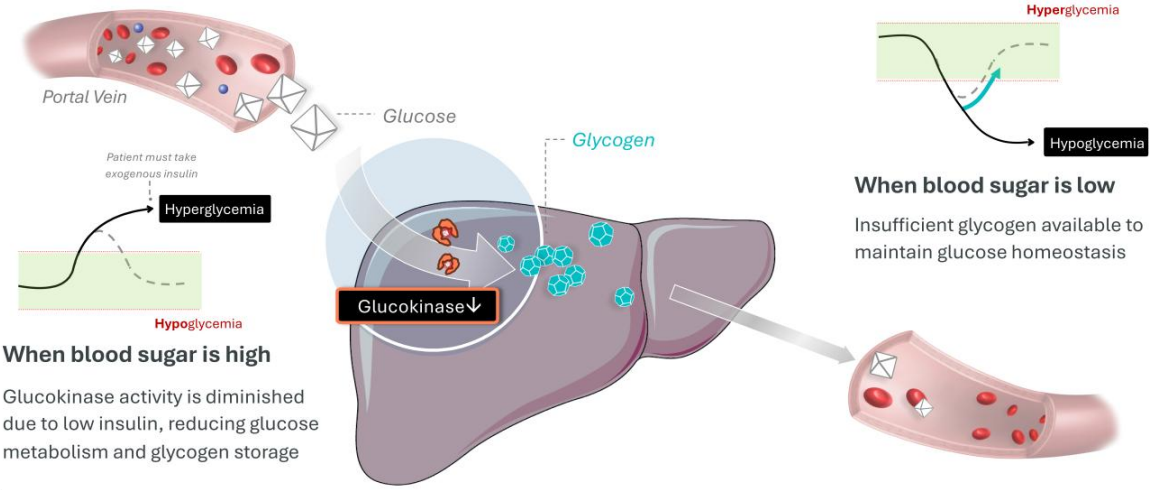
Glucokinase is activated and facilitates glucose metabolism and glycogen storage

### When blood sugar is low

Stored glycogen is broken down into glucose and released to maintain glucose homeostasis

## In People Who Live With Type 1 Diabetes:

**Exogenous insulin must work its way through the body and cannot achieve sufficient levels in the liver**




### When blood sugar is high

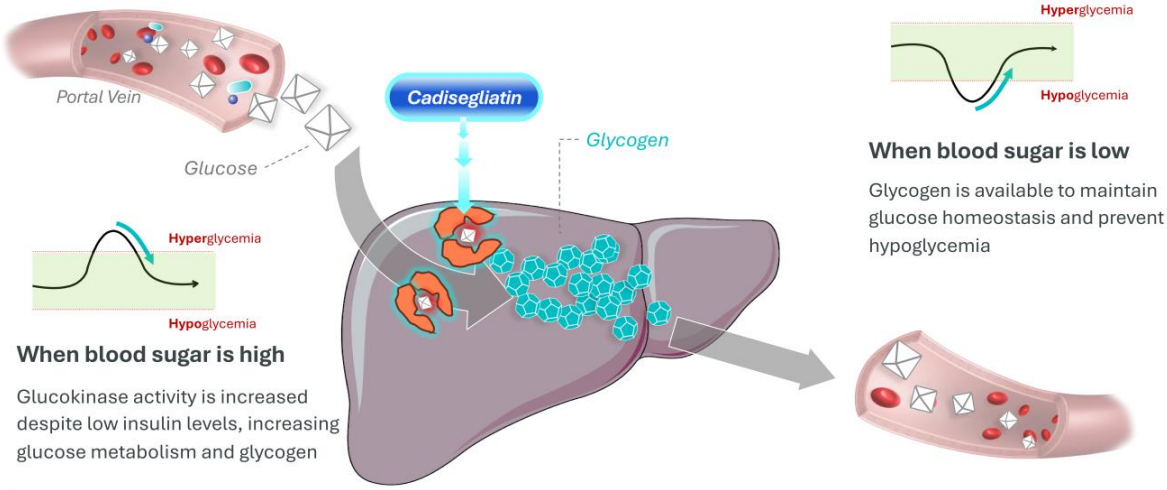
Glucokinase activity is diminished due to low insulin, reducing glucose metabolism and glycogen storage

### When blood sugar is low

Insufficient glycogen available to maintain glucose homeostasis

# Cadisegliatin, a Glucokinase Activator, Restores Glucose Metabolism in the Liver

**Activates glucokinase in the liver, lowering blood glucose, improving glucose homeostasis & glycogen storage**




**When blood sugar is high**

Glucokinase activity is increased despite low insulin levels, increasing glucose metabolism and glycogen

**When blood sugar is low**

Glycogen is available to maintain glucose homeostasis and prevent hypoglycemia

## Clinical Data for Cadisegliatin in T1D and T2D

### AGATA Phase 2 Study in T2D[1]

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

### SimpliciT1 Phase 2 Study in T1D[2]

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

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

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

N = 100; US Study

### Insulin Withdrawal Study in T1D[3]

No increased risk of ketoacidosis vs. insulin alone

Despite short treatment for only 7-10 days:

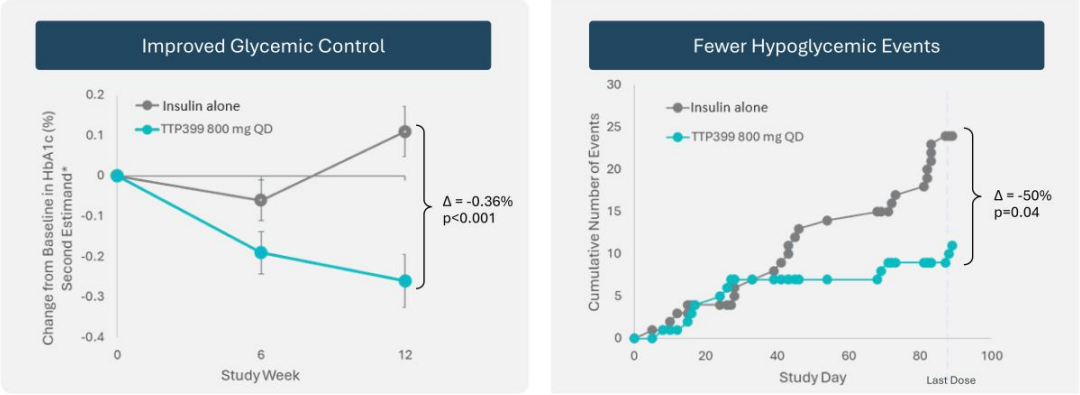
- Improved fasting plasma glucose levels
- Fewer hypoglycemic events

N = 23; US Study

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.; 3: Klein KR et al. Impact of the hepatoselective glucokinase activator TTP399 on ketoacidosis during insulin withdrawal in people with type 1 diabetes. Diabetes Obes Metab. 2022, Aug;24(8):1439–1447. doi:10.1111/dom.14697.

# Cadisegliatin Significantly Reduced Hypoglycemia and HbA1c vs Insulin Alone

## SimpliciT1 Phase 2 Trial in Patients with T1D[1]




Randomized, Double-Blind, Placebo (insulin alone) Controlled Two-Part Study of ~100 patients.
A total of 49 patients in the treatment groups received 800mg daily of cadisegliatin.

*This pre-specified analysis evaluated the effect on HbA1c for patients without evidence of noncompliance with prescribed treatment who did not administer notable increases of bolus insulin of three or more units. This analysis was conducted consistent with current regulatory guidance. Data shown is a meta-analysis from Part 1 and Part 2.

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 is Well-Tolerated Across People Living with T1D1

**SimpliciT1 Phase 2 Trial in Patients with T1D**

| Treatment Emergent and Serious Adverse Events[1] | Cadisegliatin 800 mg (n=49) | Placebo (n=56) |
|---|---|---|
| Subjects with ≥1 TEAE | 32 (65%) | 36 (64%) |
| Subjects with ≥1 related TEAE | 3 | 5 |
| SAEs | 1 | 1 |
| Subjects with ALT, AST, ALP > 1.5 x ULN and/or bilirubin >2 x ULN | 1 (2%) | 2 (4%) |
| Subjects with AST or ALT >3 x ULN and bilirubin >1.5 x ULN | 0 | 0 |
| DKA Events | 0 | 0 |
| Subjects with ≥ 1 BOHB > 1 mmol/L | 1 (2%) | 3 (5%) |

TEAE=treatment emergent adverse event; SAE=serious adverse event; ALT=alanine transaminase, AST=aspartate transaminase, ALP=alkaline phosphatase; ULN=upper limit of normal; DKA= diabetic ketoacidosis; BOHB=β-Hydroxybutyric acid

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 Does Not Adversely Impact Lipids in People Living with T1D[1]

SimpliciT1 Phase 2 Trial in Patients with T1D

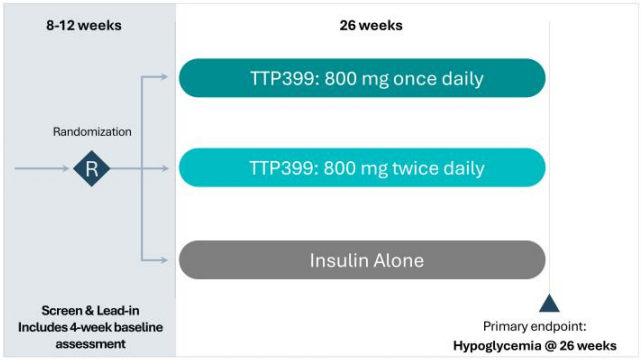
| Fasting Lipid Changes from Baseline in Type 1 Diabetes Patients[1,2] | Cadisegliatin 800 mg (n=40) | Placebo (n=45) |
|---|---|---|
| **Fasting TG (mg/dL)** | | |
| Baseline | 90 (87) | 90 (49) |
| **Change from Baseline @EoS** | **-4.5 (82)** | **-2.5 (37)** |
| **Fasting HDL (mg/dL)** | | |
| Baseline | 63 (19) | 66 (19) |
| **Change from Baseline @EoS** | **1.4 (10)** | **-2.6 (9)** |
| **Fasting non-HDL (=calculated LDL; mg/dL)** | | |
| Baseline | 92 (22) | 93 (28) |
| **Change from Baseline @EoS** | **-0.8 (16)** | **-1.1 (30)** |

TG=Triglycerides; HDL=High Density Lipoprotein; LDL=Low Density Lipoprotein; EoS=End of Study; Data are Mean (SD)

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: vTv Clinical Study Report (TTP399-203) – Data on File, Part 2 of the Phase 2 portion.

# Cadisegliatin Phase 3 CATT1 Study* – Informed by FDA Advice and Published Guidance for Endpoint Selection, Exposure, and Population Criteria

**CATT1 Study**
**Target Enrollment:**
**150 subjects**




**Primary endpoint:**
Incidence of Level 2 (based on study CGM) and Level 3 (based on blinded clinical adjudication) hypoglycemic events

**Key secondary endpoint:**
Change in Hemoglobin A1c

**CATT1 will use continuous glucose monitoring (CGM) to measure reduction of hypoglycemic events in accordance with the FDA draft guidance issued in 2023 on diabetes-related clinical trials****

*NCT06334133; **US Food and Drug Administration. Diabetes Mellitus: Efficacy Endpoints for Clinical Trials Investigating Antidiabetic Drugs and Biological Products. Guidance for Industry. FDA Draft Guidance (May 2023).

## Investment Summary

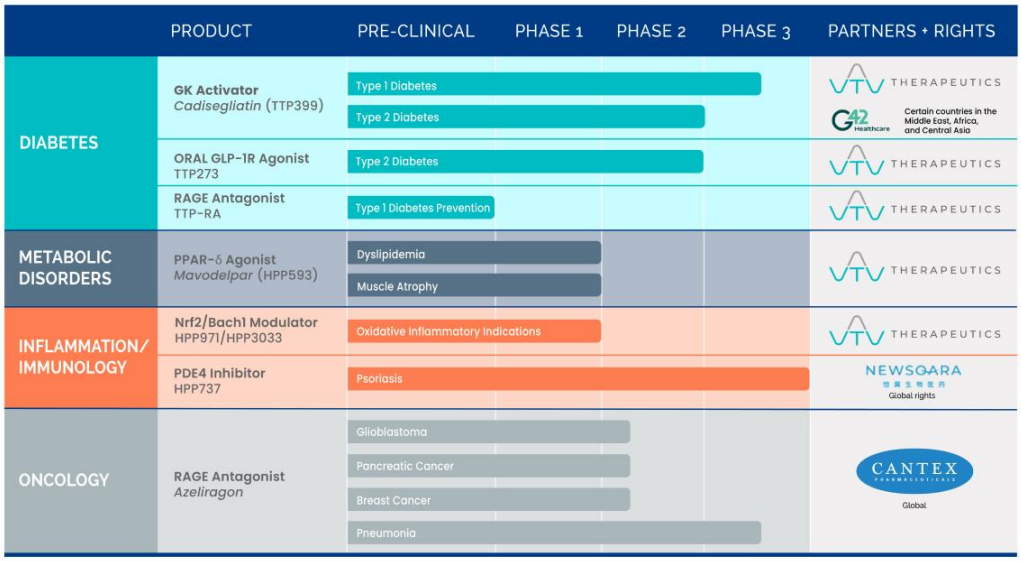
| | |
|---|---|
| 01 **Late-stage asset** | *Cadisegliatin*, in Phase 3 development, has the potential to be the first oral adjunctive therapy for type 1 diabetes (T1D) in the U.S. with topline Phase 3 CATT1 data targeted for 2H 2026 |
| 02 **Clinically de-risked** | Phase 1/2 studies in >500 participants support a favorable profile on reduction of hypoglycemia and HbA1c |
| 03 **Regulatory** | *Cadisegliatin* has been granted FDA Breakthrough Therapy Designation |
| 04 **Significant opportunity** | ~75% of people living with T1D in the U.S. do not achieve ADA recommended blood glucose levels (HbA1c <7%), with hypoglycemia often being the major limiting factor in the glycemic management of T1D and T2D[1,2] |
| 05 **Strong balance sheet** | $98.5M cash (at 9/30/2025) plus additional $20.0M received (on 2/2/2026) provides runway well past the CATT1 topline data readout |

1: Ebekozien O, et al. Longitudinal trends in glycemic outcomes and technology use for over 48,000 people with type 1 diabetes (2016–2022) from the T1D exchange quality improvement collaborative. Diab Technol Ther 2023 Nov;25(11):765-73.; 2: ADA Standard of Care 2026.

VTV THERAPEUTICS

## Small Molecule Portfolio

# Broader Portfolio Continues to Offer Additional Upside and Shareholder Value




Pipeline candidates are under investigation, and the safety and efficacy have 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.

## Partnerships Provide Potential Independent Revenue Streams

### Cadisegliatin (TTP399)
*GK Activator*

**Type 2 Diabetes**
*Phase 2 initiation 2025*
*Middle East*

G42 Healthcare

Certain countries in the Middle East, Africa, and Central Asia

**Royalties in high single digits**

### HPP737
*PDE4 Inhibitor*

**Psoriasis**
*Ongoing Phase 3 trial*
*China*

NEWSOARA 恒翼生物医药

Global

**>$100 M potential value**

### Azeliragon
*RAGE Antagonist*

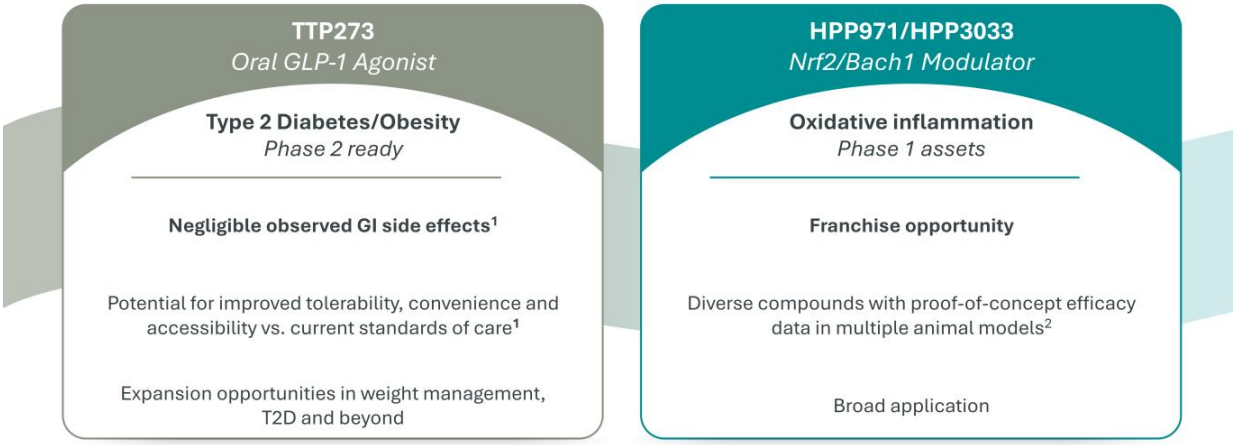
**Pneumonia, Glioblastoma, Breast Cancer, Pancreatic Cancer**
*Ongoing Phase 2 and Phase 3 trials*
*US*

CANTEX PHARMACEUTICALS

Global

**Potential for 20 - 40% of economics from commercialization or acquisition**

## Additional Programs: Differentiation in Large Market Opportunities




1: Internal Studies – Data on File.; 2: Internal Studies – Data on File.

## TTP273: Oral Small Molecule GLP-1 Receptor Agonist

### Targets High Unmet Needs

40% 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

Phase 1 and Phase 2 efficacy and tolerability profile support investigation in obesity/weight loss and T2D

Ideal for fixed dose combinations with oral agents

1: https://www.cdc.gov/nchs/products/databriefs/db508.htm.; 2: Blue Health Intelligence, Real World Trends in GLP-1 Treatment Persistence and Prescribing for Weight Management, May 2024.; 3: Whitley HP, Trujillo JM, Neumiller JJ. Special Report: Potential strategies for addressing GLP-1 and dual GLP-1/GIP receptor agonist shortages. Clin Diabetes. 2023; 41(3):467–473. https://doi.org/10.2337/cd23-0023.; 4: Internal Studies – Data on File.; 5: Zhao P, Liang YL, Belousoff MJ, et al. Activation of the GLP-1 receptor by a non-peptidic agonist. Nature. 2020; 577:432–436. https://doi.org/10.1038/s41586-019-1902-z.

## HPP971/HPP3033: Nrf2/Bach1 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<br><br>Opportunity to advance multiple molecules into different indications | Completed 1 month toxicology studies<br><br>Completed SAD and MAD studies<br><br>No dose limiting toxicities[1] | Observed in disease relevant animal models[1] related to:<br>• Liver disease (MASH)<br>• Kidney disease<br>• Autoimmune disease (MS, IBD)<br>• Reperfusion injury/hypertension<br>• Neurodegeneration (Parkinson's disease, Alzheimer's disease, Traumatic brain injury)<br>• Sickle Cell Disease<br>• Bone Loss (Periodontitis, Osteoarthritis)<br>• Ocular disease (Presbyopia) |

1: Internal Studies – Data on File.

VTV THERAPEUTICS

**Thank You**

**ir@vtvtherapeutics.com**