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 19, 2019**

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.)

4170 Mendenhall Oaks Pkwy
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))

Indicate by check mark whether the registrant is an emerging growth company as defined in 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 19, 2019, vTv Therapeutics Inc. (the "Company") posted an updated investor presentation to its website at http://ir.vtvtherapeutics.com/phoenix.zhtml?c=254081&p=irol-irhome. A copy of the investor presentation is attached as Exhibit 99.1 to this Current Report on Form 8-K.

The information in this Current Report on Form 8-K, including Exhibit 99.1 attached hereto, is being furnished and shall not be deemed "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section, nor shall it be deemed subject to the requirements of amended Item 10 of Regulation S-K, nor shall it be deemed incorporated by reference into any filing of the Company under the Securities Act of 1933, as amended, or the Exchange Act, whether made before or after the date hereof, regardless of any general incorporation language in such filing. The furnishing of this information hereby shall not be deemed an admission as to the materiality of any such information.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

99.1 vTv Therapeutics' Investor Presentation dated February 2019.

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/ Rudy C. Howard
Name:	Rudy C. Howard
Title:	Chief Financial Officer

Dated: February 19, 2019

Exhibit 99.1

vTv Therapeutics (VTVT)

February 2019

NASDAQ: VTVT

Disclosure Notice

The statements made in this presentation may include forward-looking statements regarding the Alzheimer's and diabetes markets, the development and attributes of investigational and marketed products to treat Alzheimer's disease, diabetes and other conditions, and the future operations, opportunities or financial performance of vTv Therapeutics Inc. These forward-looking statements are only estimations based upon the information available to vTv Therapeutics Inc. as of the date of this presentation. 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. Thus, the forward-looking statements herein involve known and unknown risks and uncertainties and other important factors such that actual future operations, opportunities or financial performance may differ materially from these forward-looking statements.

For a more detailed discussion of our risks, see the Risk Factors section in our prospectus filed with the SEC and our other filings with the SEC, including our most recent 2017 Annual Report on Form 10-K. Undue reliance should not be placed on forward-looking statements, which speak only as of the date hereof. All forward-looking statements contained herein are qualified in their entirety by the foregoing cautionary statements.

Any statements contained in this presentation will superseded by any statements on the same subject matter contained in our 2018 Annual Report on Form 10-K when it is filed. Please read our 2018 Annual Report on Form 10-K in its entirety.

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 a prospectus (or other offering document) relating to such securities (if any), including the information incorporated by reference therein

Unwavering Commitment to Science, Patients and Families

Clinical stage pipeline of novel small molecule drug candidates targeting significant unmet medical needs: **Alzheimer's disease** and **Diabetes**

Subgroup results from azeliragon phase 3 STEADFAST trial in mild Alzheimer's disease suggest potential **benefit in patients with concurrent diabetes**

Planning a study to evaluate the efficacy of azeliragon in patients with **Alzheimer's disease and diabetes**

Positive phase 2 results in diabetes with two novel oral candidates

Ongoing phase 2 study in **type 1 diabetes** with TTP399

Significant, long-term financial sponsor in MacAndrews and Forbes

Distinguished Management Team

Steve Holcombe, B.Sc.
President, Chief Executive Officer

Jeff Kindler, J.D.
Executive Chairman

Rudy Howard, B.A., C.P.A.
Executive Vice President, Chief Financial Officer

Rob Andrews, Ph.D.
Senior Vice President, Chemistry

Robin Abrams, J.D.
Executive Vice President, General Counsel

Imogene Dunn, Ph.D.
Senior Vice President, Biometrics and Regulatory

Carmen Valcarce, Ph.D.
Executive Vice President, Chief Scientific Officer

Sam Rollins, Ph.D., J.D.
Senior Vice President, Intellectual Property

Aaron Burstein, Pharm.D.
Senior Vice President, Clinical Development

Robust Pipeline of Novel Product Candidates

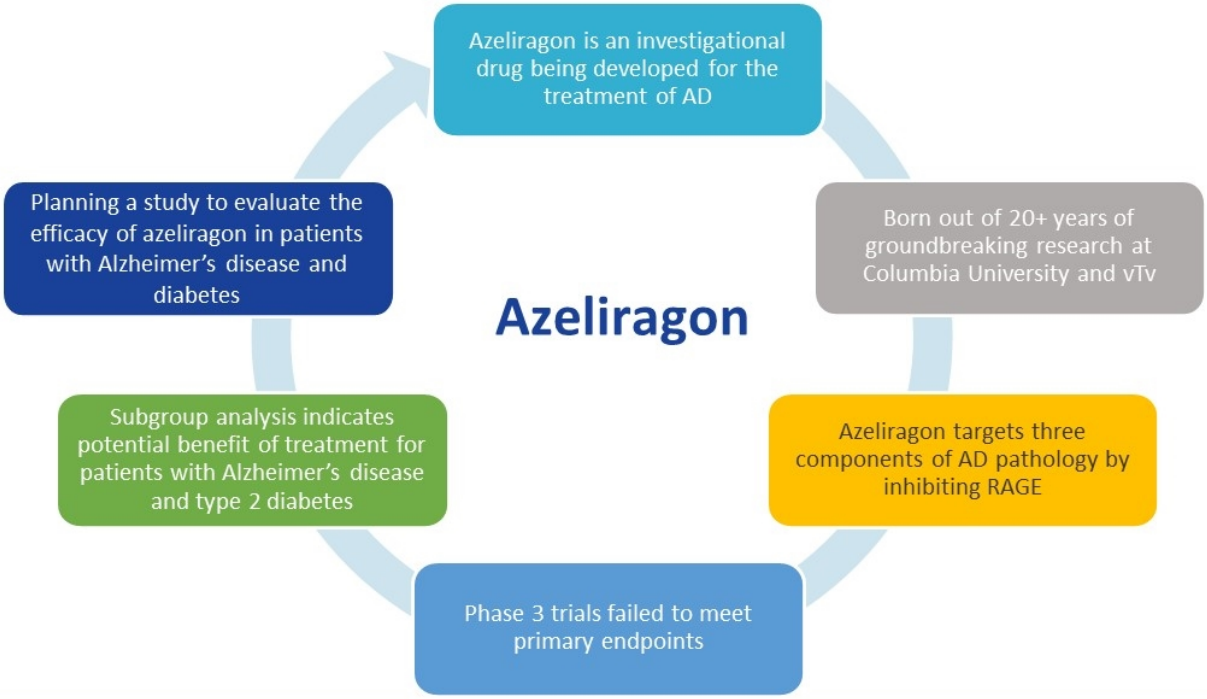
PROGRAM	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	STATUS	MILESTONES
Alzheimer's Disease						
Azeliragon (TTP488): RAGE Antagonist					A-Study completed B-Study stopped at 12 months	Planning a study to evaluate the efficacy of azeliragon in patients with Alzheimer's disease and diabetes
Type 2 Diabetes (T2D)						
TTP399: Glucokinase Activator					Phase 2b study completed	Reported Positive Results August 2016
TTP273: Oral GLP-1r Agonist					Planning for Phase 2b study	Licensed China/Pacific Rim rights to Huadong Pharmaceuticals
Type 1 Diabetes (T1D)						
TTP399: Glucokinase Activator					Adaptive phase 2 study ongoing	Part 1 results expected June 2019 Part 2 startup activities initiated
Other Programs						
HPP593: PPAR-δ Agonist					Phase 1	Worldwide License to Reneo Pharmaceuticals
HPP737: PDE4 Inhibitor					Phase 1	Licensed China/Pacific Rim rights to Newsoara Biopharma
HPP971: Nrf2 Activators/ Bach1 Inhibitors					Phase 1	Several other compounds in pre-clinical development

Alzheimer's Disease Program

AZELIRAGON

Antagonist of RAGE (Receptor for Advanced Glycation Endproducts)

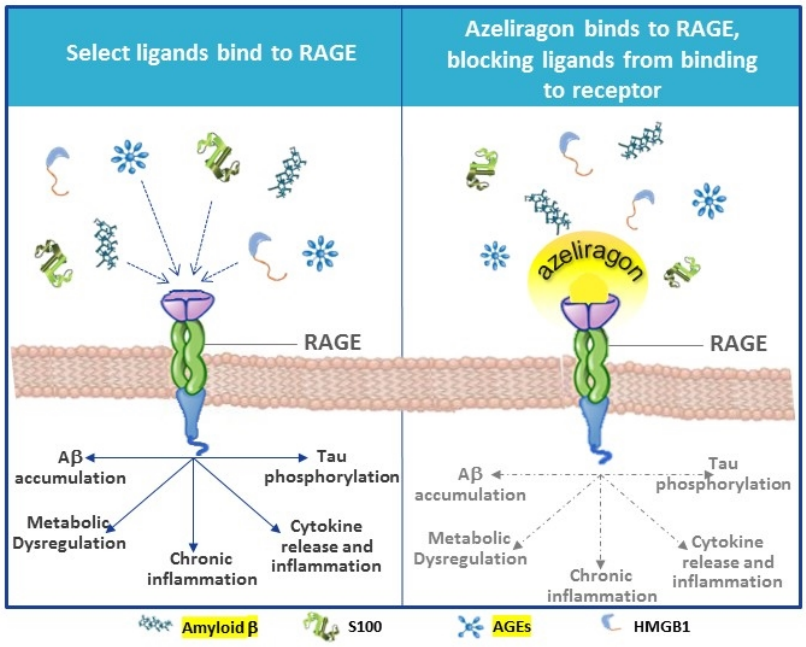
A New Approach to Treating Alzheimer's Disease



Targeting Three Major Alzheimer's Disease Pathways

- Azeliragon's **novel MOA**: antagonizing the Receptor for Advanced Glycation Endproducts (RAGE)
- Inhibiting RAGE **reduces** transport of amyloid into the brain, inflammation and tau phosphorylation
- Unlike most investigational treatments, azeliragon does not rely on just one hypothesis of AD (e.g., amyloid or tau), but it targets **three components** of AD pathology
- RAGE is a **well-studied** hypothesis – numerous peer-reviewed studies have been published on the role of RAGE in Alzheimer's disease and diabetic complications*

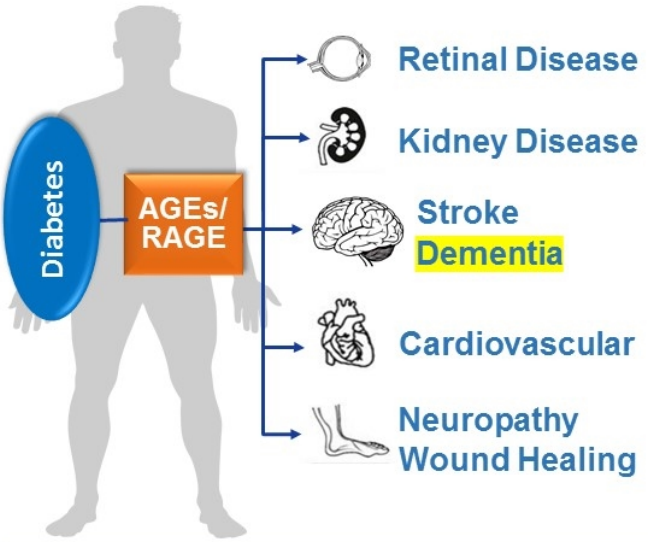
Azeliragon Mechanism of Action



*Ramasamy R, Shekhtman A, Schmidt AM, The Multiple Faces of RAGE - Opportunities for Therapeutic Intervention in Aging and Chronic Disease. Expert Opin Ther Targets. 2016; 20(4): 431–446

*Schmidt AM, Sahagan B, Nelson RB, Selmer J, Rothlein R, Bell JM. The role of RAGE in amyloid-beta peptide-mediated pathology in Alzheimer's disease. Curr Opin Investig Drugs. 2009 Jul;10(7):672-80.

Dementia: A Complication of Diabetes. Is RAGE the Key?



- Advanced Glycation Endproducts (AGEs) accumulate in tissue in people with diabetes
- AGE receptor (RAGE) expression **increases in response to injury and increases in ligand concentrations**
- The **interaction of AGEs** (or other ligands) **with RAGE** leads to **sustained cellular damage and inflammation**
- **AGEs have a major role in the complications of diabetes** such as retinopathy, neuropathy and nephropathy
- **AGE accumulation** parallels the development of **cognitive impairment and dementia in** individuals with diabetes

For review see Dhananjayan et al. (2018) Advance Glycation, Diabetes and Dementia
https://doi.org/10.1016/B978-0-12-809454-9.00009-3

The role of inflammation and RAGE expression/signaling associated with AD and diabetes raises the question of whether RAGE could be a common factor between dementia and diabetes and whether treatment with azeliragon, an oral RAGE-inhibitor or antagonist, could have a distinct effect in patients presenting with both diabetes and AD.

Hypothesis to Identify Potential Subgroup

Phase 2B

Findings:

- "Faster progressors" (Placebo decline 10.5 points/18 months)[1]
- Azeliragon potentially delayed cognitive and functional decline[1]
- Patients with glucose intolerance showed more pronounced response

Hypothesis:

- Potential **higher concentrations of RAGE/RAGE-ligands**
- Potential **higher degree of inflammation** and cell death

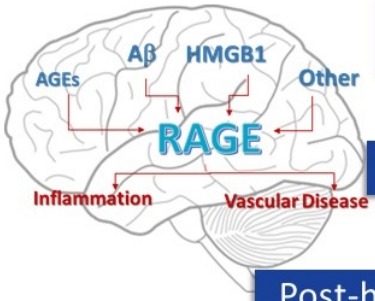
Phase 3

Findings:

- "Non/slow progressors" (Placebo decline 3 points/18 months)
- Azeliragon did not affect cognitive or functional decline
- Patients with diabetes were included in the study

Hypothesis:

- Potential **lower concentrations of RAGE/RAGE-ligands**
- Potentially **lower degree of inflammation** and cell death



Hypothesis: High plasma concentrations of RAGE-ligands should identify responders to azeliragon

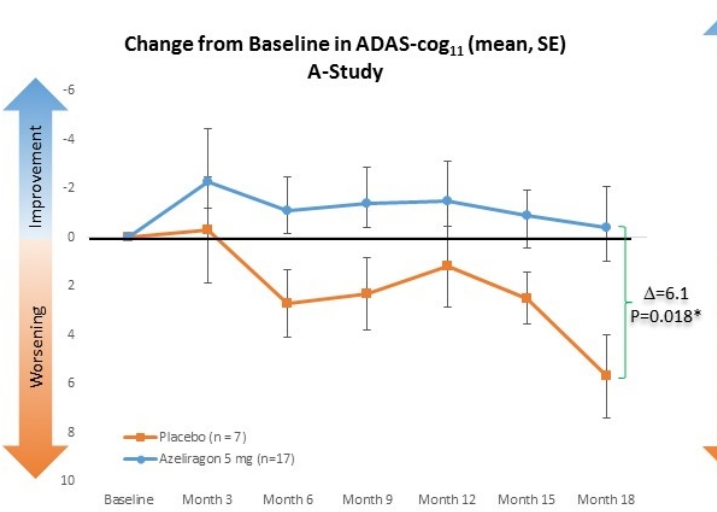
HbA1c chosen as a surrogate marker for AGEs

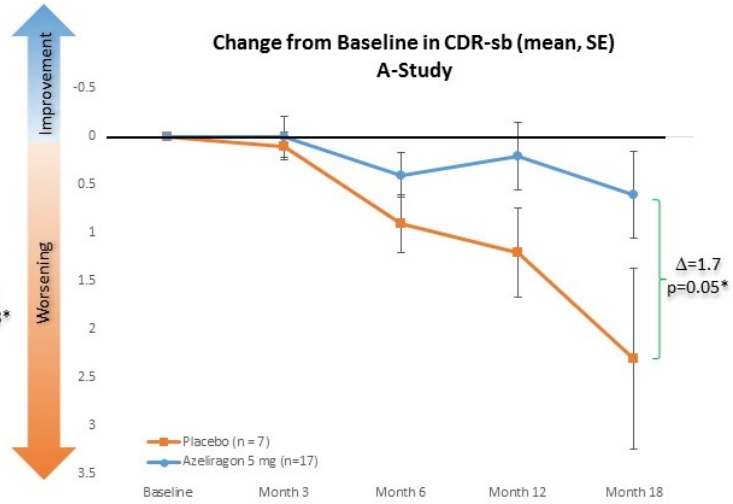
Post-hoc analysis of Phase 3 patients with baseline HbA1c ≥ 6.5%

1 Burstein AH[1], Grimes I, Galasko DR, Aisen PS, Sabbagh M, Mjalli AM, Effect of TTP488 in patients with mild to moderate Alzheimer's disease. BMC Neurol. 2014; 14: 12.

Phase 3 Subgroup Results (A-Study): Azeliragon Delayed Decline in Cognition and Function in Subjects with Presumed Increased RAGE Expression

Analysis of Patients with Diabetes (HbA1c ≥ 6.5%) and Baseline Cognitive Deficit (ADAS-cog ≥ 10)





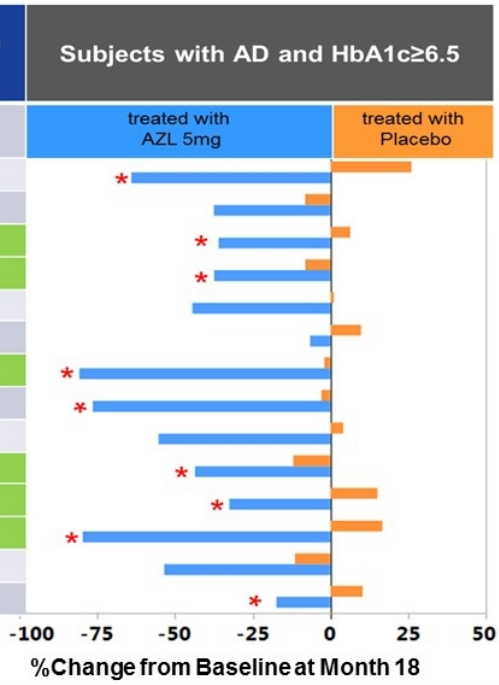
*All p values are nominal

B-study terminated and limited data are available beyond month 9 for this subgroup

Data presented at CTAD 2018

Phase 3 Subgroup Results (A-Study): Changes in Biomarker Profile Consistent with RAGE Inhibition and Target Engagement

Biomarker	Relation to RAGE	Predicted change upon RAGE inhibition
TNFb	Indirect	Decrease
TGF-a	Indirect	Decrease
sCD40L	**Direct**	Decrease
MIP-1b	**Direct**	Decrease
MCP-3	Indirect	Decrease
MCP-1	Indirect	Decrease
IL-6	**Direct**	Decrease
IL-2	Indirect	Decrease
IL-13	Indirect	Decrease
IL-12p70	**Direct**	Decrease
IL-12p40	**Direct**	Decrease
IFNg	**Direct**	Decrease
GM-CSF	Indirect	Decrease
FGF-2	Indirect	Decrease



*nominal p<0.05 Wilcoxon test

Biomarker Profile[1]

Azeliragon treatment significantly decreased the following markers linked to RAGE:

- IL6
- IL12
- INFg
- CD40L
- MIP-1
- IL2
- TNFb

Each of these markers is a major player in the neuroinflammatory pathway

[1] *Based on Ingenuity software predictions*

Executive Summary

Mechanism of Action
- RAGE implicated in both the pathogenesis of AD and diabetic complications
- RAGE could be a meaningful link between diabetes and dementia

Clinical Evidence
- Results of phase 3 A-Study subgroup analysis in patients with diabetes indicate a potential benefit of treatment with azeliragon
- Similar effects seen in patients with glucose intolerance in the phase 2b AD study
- Integrated clinical safety database with over 1,000 patients dosed with azeliragon
- Azeliragon 5 mg/day well tolerated

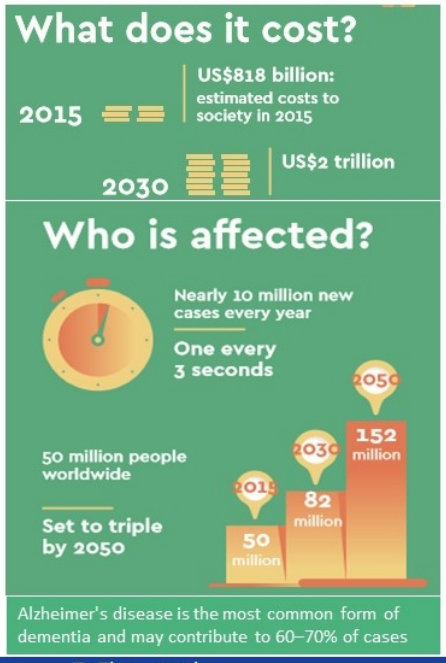
Underserved Population
- Growing senior population and growing pandemic of diabetes
- No drugs for the treatment of dementia in association with diabetes

Market Opportunity
- Nearly 40 percent of Medicare beneficiaries age 65 and older with dementia also have diabetes *(Alzheimer's Association. 2018 Alzheimer's Disease Facts and Figures)*
- 2010 costs of dementia world wide ~$604 billion and expected to reach $1.2 trillion by 2030 *(WHO, 2015)*

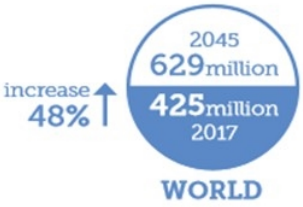
Next Steps
- vTv currently planning a study to evaluate efficacy of azeliragon in patients with mild Alzheimer's disease and [Type 2/elevated HbA1c greater than 6.5] diabetes

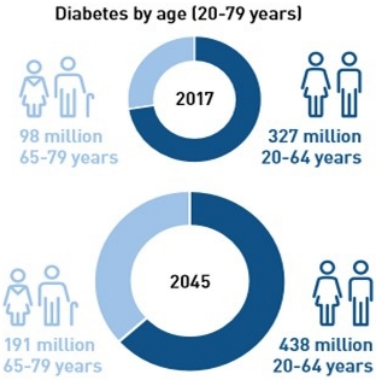
Dementia and Diabetes in Numbers

Dementia(1)



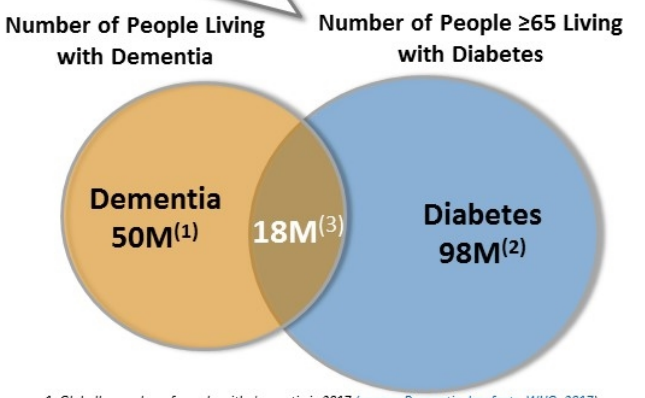
Diabetes(2)





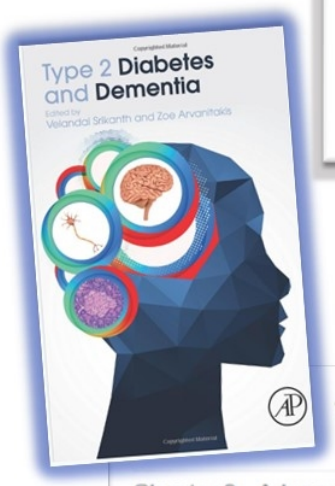
Diabetes & Dementia

Since the late '80s, case-control and prospective **epidemiologic studies** around the world **have reported an association between T2D and dementia** *Type 2 Diabetes and Dementia (2018)* https://doi.org/10.1016/B978-0-12-809454-9.00001-9



1. *Globally, number of people with dementia in 2017 (source: Dementia, key facts, WHO, 2017)*
2. *Globally, number of people with diabetes 65-79 years of age (source: IDF Diabetes Atlas 8th Edition)*
3. *Assumption based on 37% estimate of* Medicare beneficiaries age 65 and older with dementia who also have diabetes in the US *(Alzheimer's Association. 2018 Alzheimer's Disease Facts and Figures)*

Literature Supporting Targeting RAGE for Alzheimer's Disease and Diabetes



Expert Opin Ther Targets. 2016;20(4):431-46. doi: 10.1517/14728222.2016.1111873. Epub 2015 Nov 11.

The multiple faces of RAGE--opportunities for therapeutic intervention in aging and chronic disease.

Ramasamy R[1], Shekhtman A[2], Schmidt AM[1].

https://www.ncbi.nlm.nih.gov/pubmed/26558318

Evidence for neuroinflammation in Alzheimer's disease

Anna Walters MBChB, MRCPsych, Emma Phillips MBChB, BSc Neuroscience, MRCPsych, Rui Zheng, MSc, MRCPsych, Maya Biju MBBS, MRCPsych Tarun Kuruvilla MRCPsych

https://onlinelibrary.wiley.com/doi/epdf/10.1002/pnp.444

Contents lists available at ScienceDirect

Biochimica et Biophysica Acta

journal homepage: www.elsevier.com/locate/bbadis

Review

Is Alzheimer's disease a Type 3 Diabetes? A critical appraisal☆

Ramesh Kandimalla [a,*], Vani Thirumala [a,b], P. Hemachandra Reddy [a,c]

https://www.ncbi.nlm.nih.gov/pubmed/27567931

Type 2 Diabetes and Dementia

2018, Pages 169-193

Chapter 9 - Advanced Glycation, Diabetes, and Dementia

Karthik Dhananjayan [1], Josephine Forbes [2, 3], Gerald Münch [1]

https://www.sciencedirect.com/science/article/pii/B9780128094549000093?via%3Dihub

PLOS ONE

RESEARCH ARTICLE

RAGE and AGEs in Mild Cognitive Impairment of Diabetic Patients: A Cross-Sectional Study

Pin Wang[1☯‡], Rong Huang[1], Sen Lu[2], Wenqing Xia[1], Rongrong Cai[1], Haixia Sun[1], Shaohua Wang[1*]

https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0145521&type=printable

HbA_{1c}, diabetes and cognitive decline: the English Longitudinal Study of Ageing.

Zheng F[1,2], Yan L[3], Yang Z[3], Zhong B[4], Xie W[5,6].

https://www.ncbi.nlm.nih.gov/pubmed/29368156

Diabetes Programs

Exploring Next-Generation Treatments

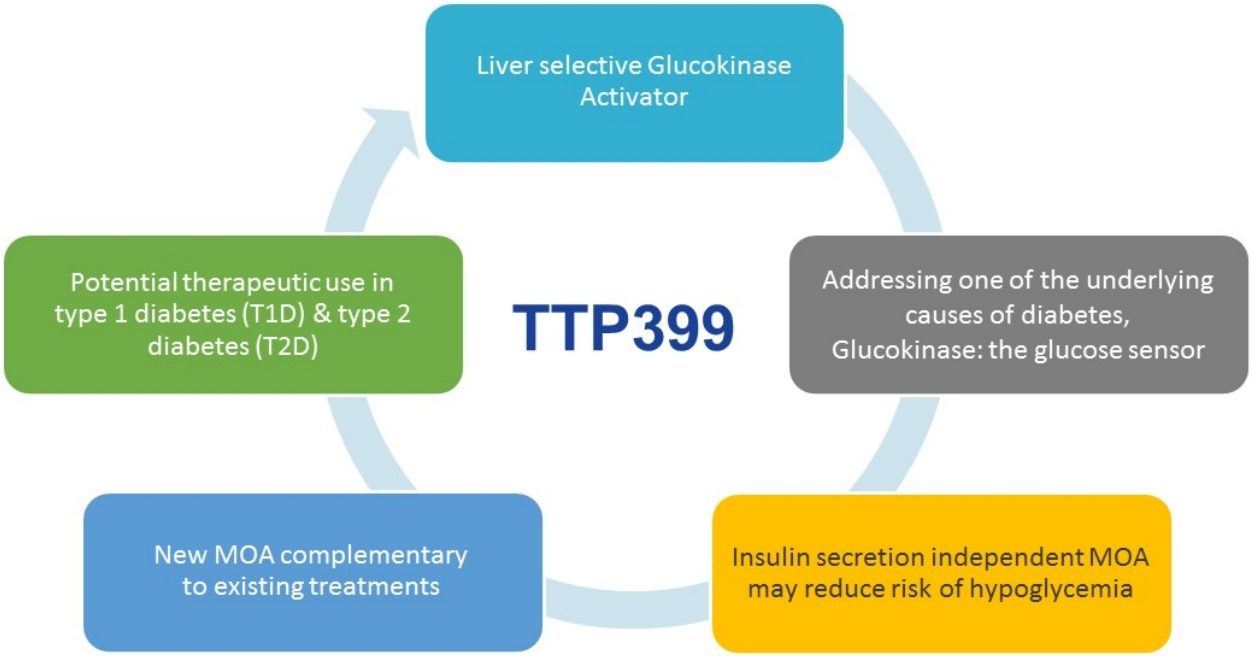
Diabetes: A Global Health Epidemic

Diabetes

- More than 400 million people were living with diabetes as of 2015[1]
- Diabetes remains the 7th leading cause of death in the United States, costing the healthcare system $245 billion annually[2]
- Type 2 diabetes represents 90 percent of people around the world who have diabetes[2]
- Approximately 1.25 million Americans have type 1 diabetes, and an estimated 40,000 people will be newly diagnosed each year in the U.S.[2]
- Existing therapies are available to control glucose in type 2 diabetes, but use may be hindered by the route of administration and side effects[3]

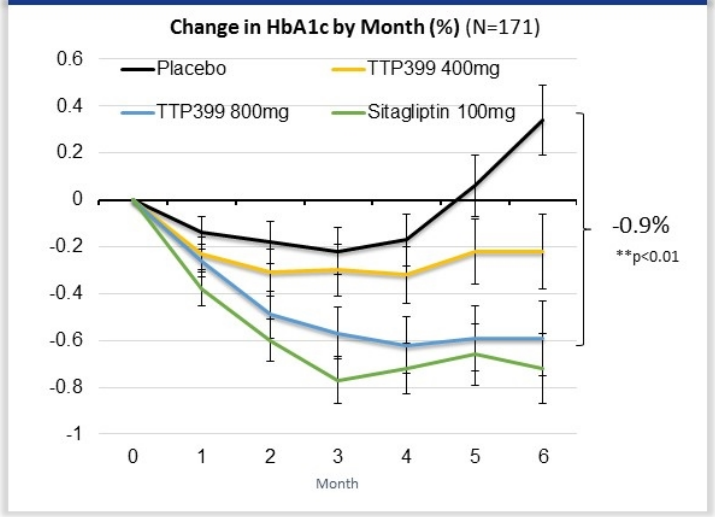
1 World Health Organization
2 American Diabetes Association
3 Global Data, PharmaPoint: Type 2 Diabetes - Global Drug Forecast and Market Analysis to 2026, July 2017

TTP399: A Novel Investigational Therapy to Treat Diabetes

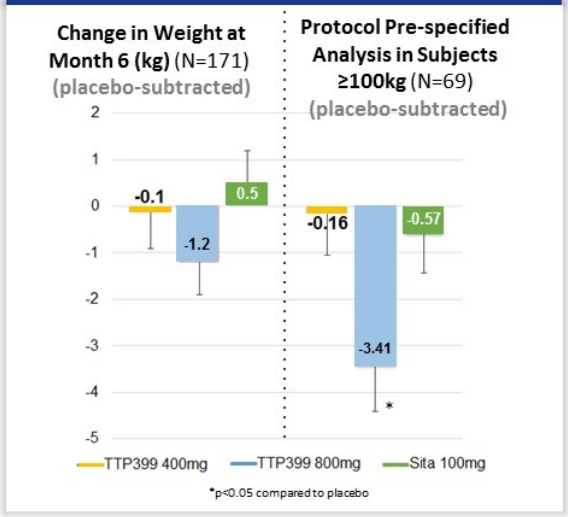


TTP399-202 Phase 2b Study (AGATA): Sustained, Meaningful Reduction in HbA1c with Well-Tolerated Treatment Regimen in Patients with T2D

Primary Endpoint: HbA1c



Secondary Endpoint: Weight



Well-tolerated: negligible incidences of hypoglycemia and hyperlipidemia

TTP399-203 Adaptive Phase 1b/2 Study (Simplici-T_1): In Collaboration with the JDRF in Type 1 Diabetes (T1D)

Phase 1
(Sentinels)

- Open-label
- Dose escalation
- 5 adult patients with T1DM on CSII and CGM

Phase 2-Part 1
(Learning Phase)

- Double-blind Placebo control
- 800mg QD for 12 weeks
- ~20 Adult patients with T1DM on CSII and CGM

Phase 2-Part 2
(Confirming Phase)

- Double-blind Placebo control
- 800mg QD for 12 weeks (may be adjusted)
- ~90 Adult patients with T1DM

Sep 2017 — simplici-T1 — **June 2019** — **Q1 2020**

TTP399 was well tolerated

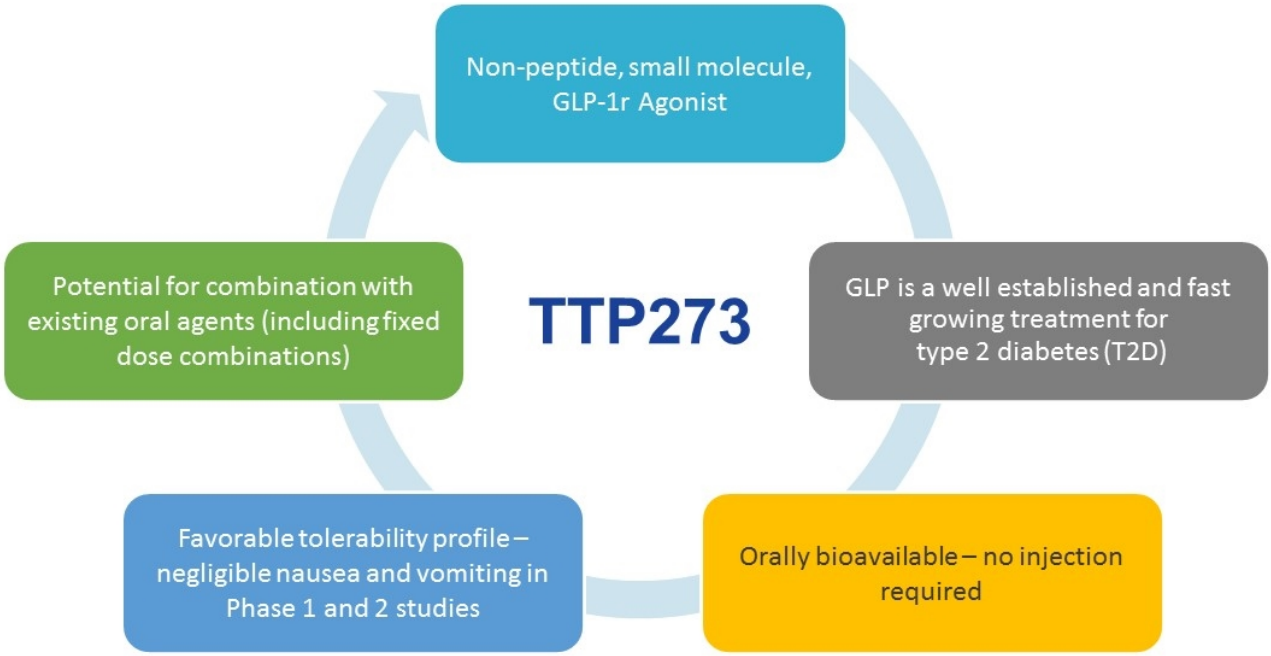
- **No** incidents of **severe hypoglycemia or DKA**
- No detrimental effect on liver function or plasma lipids
- Indications of **improved glycemic control, while reducing insulin dose**
  - Increase % time in range
  - Reduce % time in hyperglycemia without increasing % time in hypoglycemia

Results expected in June 2019

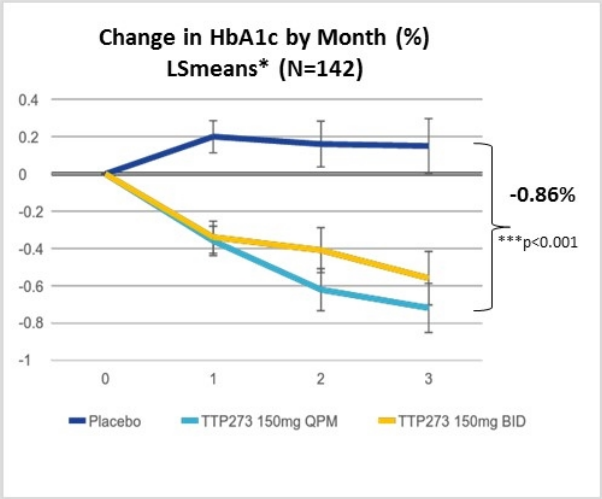
Results expected in Q1 2020

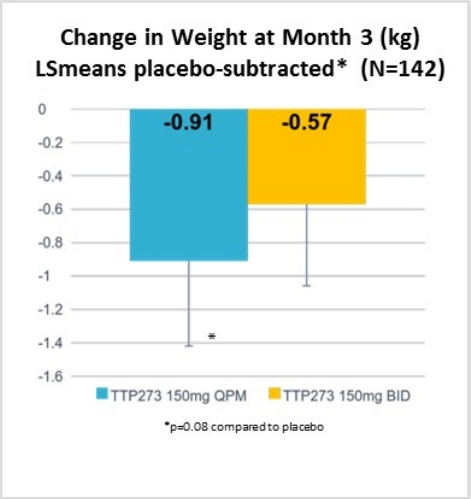
Simplici-T_1 study conducted under industry partnership with the JDRF

TTP273-201: Oral, Small Molecule GLP-1R Agonist



TTP273-201 Phase 2 Study (LOGRA): Results Met Goals





Safety Profile

- TTP273 was well tolerated
- No incidences of vomiting in the TTP273 treated arms
- Nausea less than placebo: 7.3% in the Placebo arm, 3.4% in QPM arm and 5.0% in the BID arm

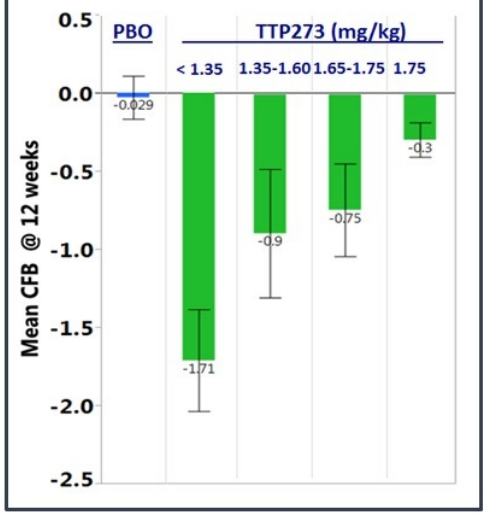
Efficacy parameters are reported for the per protocol set

Improved Glycemic Control, Weight Loss, Attractive Safety Profile

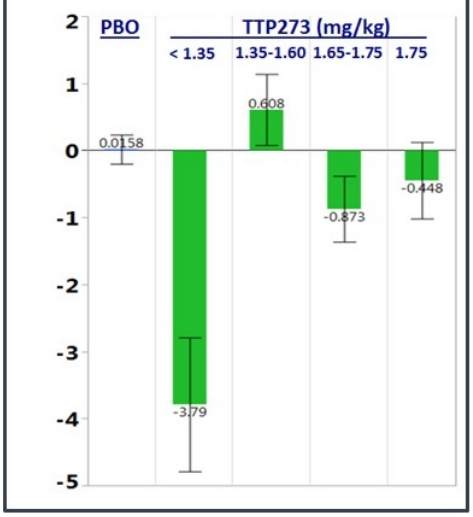
Presented at the American Diabetes Association 77th Scientific Sessions 2017

TTP273-201: Results by Subject Weight Indicate Lower Doses Could Be More Efficacious

HbA1c (%) *



Body Weight (kg) *



Additional Analyses

- Trends confirmed when correlating TTP273 plasma concentration with efficacy
- No increase in GI AEs with improved efficacy
- Trends are not dependent on age, sex, race, duration of diabetes

PBO
TTP273

*Quartile analysis for complete cases for 150QPM and PBO groups (approximately 40 per group)

Presented at the 53rd Annual Meeting of the European Association for the Study of Diabetes (EASD) 2017

Partnerships

Creating Value with Program Licenses

GLP-1r Agonist Program: Licensed Limited Territory Rights

Type 2 Diabetes Unmet Needs in China

- Over 100 million people with diabetes*
- China's diabetes drug market projected to reach $20B USD by 2025*
- Opportunity to introduce new drug classes to a market that has historically lagged behind in access to innovative drugs

H.D.M.G
华 东 医 药 集 团

Huadong Medicine Co., Ltd

- One of the largest pharmaceutical companies in China
- A strategic focus in diabetes; >20 candidates in development

GLP-1r Program Exclusive License Agreement in China and Other Pacific Rim Territories

- In December 2017, vTv granted an exclusive license to Huadong to develop, manufacture and commercialize vTv's GLP-1r agonist program in China and 15 other regions in the Pacific Rim excluding Japan
- Huadong will develop the GLP-1r program for type 2 diabetes in its territory
- vTv is eligible to receive future development and commercialization milestones as well as royalties on sales of approved products
- vTv will utilize the pre-clinical and clinical data generated by this collaboration to continue the development and to seek partners in ROW

*Morgan Stanley China Healthcare Report; Diabetes 2025: China's Antidiabetic Market Set to Triple (October 4, 2017)

PDE4 Inhibitor Program: Licensed Limited Territory Rights

COPD Market in China

- 8.6% (~100 million) COPD patients in China[1]
- Annual sales of top 2 products (Seretide and Spiriva) greater than $132M USD
- Total COPD market at $4.5B USD

Newsoara Biopharma Co., Ltd.

- Newsoara was established in 2018 to in-license innovative drug candidates for development and commercialization with focus in China and/or Asia Pacific region
- Hangzhou TigerMed, a public company (stock ChiNext: 300347), is a significant investor in Newsoara
- CEO and founder Dr. Benny Li has more than 20 years of extensive drug research, development and regulatory experience with global leading pharmaceutical companies such as Takeda and Alcon

PDE4 Program Exclusive License Agreement in China and Other Pacific Rim Territories

- In May 2018, vTv granted an exclusive license to Newsoara to develop, manufacture and commercialize vTv's PDE4 Inhibitor program in China and 14 other regions in the Pacific Rim excluding Japan
- Newsoara will develop the PDE4 program for COPD and one other indication in its territory
- vTv is eligible to receive future development and commercialization milestones as well as royalties on sales of approved products
- vTv will utilize the pre-clinical and clinical data generated by this collaboration to continue the development and to seek partners in ROW

[1] The Lancet Respiratory Medicine, 2018: DOI, April 09, 2018

PPAR-δ Agonist Program: Licensed Worldwide Rights

Reneo Pharmaceuticals, Inc.

- San Diego-based clinical stage pharmaceutical company focused on the development of therapies for patients with genetically defined orphan diseases
- Founded by Mike Grey, an experienced VC and entrepreneur with deep biotech experience, and a strong team who have worked together and collaborated on previous successful programs
- Funded by multi-national investor group including Pappas, Rivervest, Lundbeckfonden Ventures and New Enterprise Associates

PPAR-δ Program Worldwide Exclusive License Agreement

- In December 2017, vTv granted an exclusive worldwide license to Reneo to develop, manufacture and commercialize vTv's PPAR-δ program
- Reneo will develop the program in orphan diseases associated with deficits in cellular metabolism and energy production
- vTv holds an equity interest in Reneo and is eligible to receive future development and commercialization milestones as well as royalties on sales of approved products

Financial Snapshot

Stock Information

- NASDAQ Capital Market (Ticker: VTVT)
- Market cap: $129.4 million
- Shares outstanding: 45.1 million
- Stock price: $2.87

(share data as of 1/31/2018)

Q3 2018 Financial Information
(in thousands)

Cash	$3,766
Debt	$18,208

MacAndrews Equity Commitment
(as of 2/14/2019)

Date of Commitment	*Total Commitment*	*Remainder Available*
Dec 5, 2017	$10 million	$ –
Jul 30, 2018	$10 million	$ –
Dec 11, 2018	$10 million	$4 million

Discovering and Developing Innovative Therapies for Substantial Markets

vTv is a small and nimble company that has integrated innovative science with clinical drug discovery in challenging areas like **Alzheimer's disease** and **Diabetes**

vTv has a novel pipeline of programs including its **RAGE antagonist** for Alzheimer's disease, **small molecule GLP-1r** for type 2 diabetes, and **liver-selective GKA** for type 1 and type 2 diabetes

vTv has a track record of **strategic partnerships** with leading biopharmaceutical companies, academic institutions and patient advocacy groups