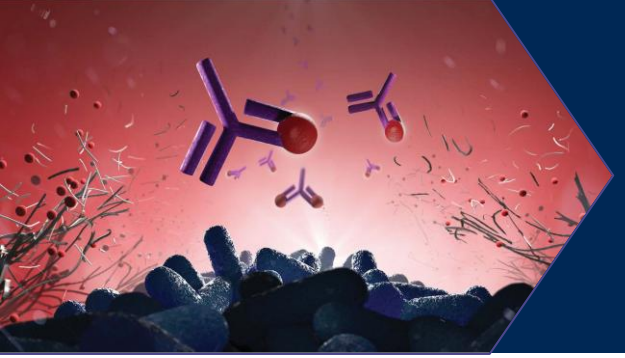
April 2026
Non-Confidential Presentation

CLARAMETYX
biosciences

Pioneering Immune-Enabling Therapies for Chronic Respiratory Diseases





Addressing Chronic Respiratory Disease by Targeting Biofilms

GAME-CHANGING SCIENCE

- Targeting conditions with high disease burden such as cystic fibrosis (CF), bronchiectasis, COPD, and NTM lung disease
- Novel MOA, first-in-class and best-in-category potential
- Immune-enabling MOA uniquely targets bacterial biofilms, a key upstream driver of inflammation and lung function decline

CLINICAL DATA SETS STAGE FOR 2H26 FINANCING

- **Jan 2024: $40M Series A** with CF Foundation, regional investors
- **Jan 2026: Positive topline** Ph 2a data in CF, full data **Mar 2026**
- **2H 2026: Series B** planned to fund Phase 2 bronchiectasis study with CF subpopulation and SC formulation development

PIPELINE-IN-A-PRODUCT PROGRAM

PROGRAM	PRECLINICAL	PHASE 1A/B	PHASE 2A	PHASE 2	PHASE 3
CMTX-101 Anti-Biofilm mAb			★		
Indication	**CF-associated bronchiectasis**			**Bronchiectasis (BE), including CF**	
Population	~25,000 US Adults			~500,000 US Adults	
Administration	IV			IV with parallel SC bridging study	

★ **Positive Topline Data January 2026**

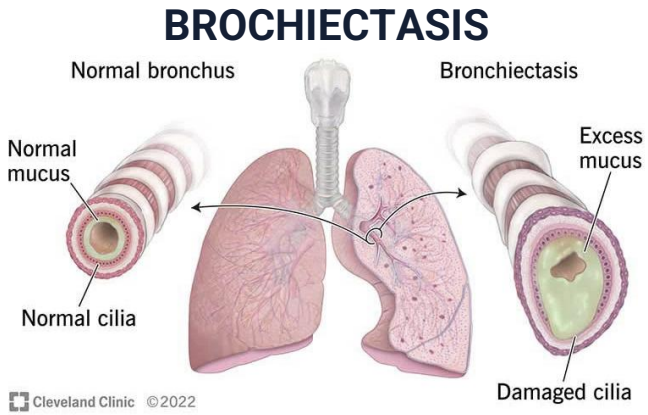
Planned with Series B

First biofilm-specific therapy, with clinical evidence of anti-inflammatory and immune-enabling effects

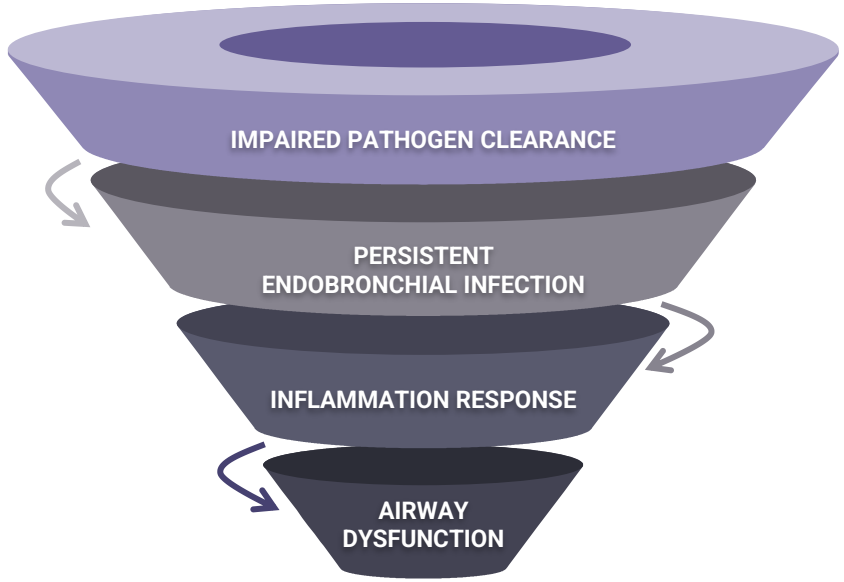
Urgent Unmet Needs in Chronic Respiratory Diseases

Bronchiectatic lung diseases driven by biofilms are associated with significant disease burden

- **The "vicious vortex" of bronchiectasis:**
  - Chronic, biofilm-driven bacterial infection
  - Neutrophil-driven inflammation
  - Progressive airway damage and dilation resulting in lung function decline
- **Populations with common pathophysiology:**
  - US CF population: ~25,000 adults
  - Total US bronchiectasis population: ~500,000 adults
- **Key unmet need: Remove the dominant upstream, pro-inflammatory biofilm to prevent pulmonary exacerbations and progressive lung function decline**
- **No current therapies directly target biofilms**



Biofilm burden drives progressive airway damage, declining lung function

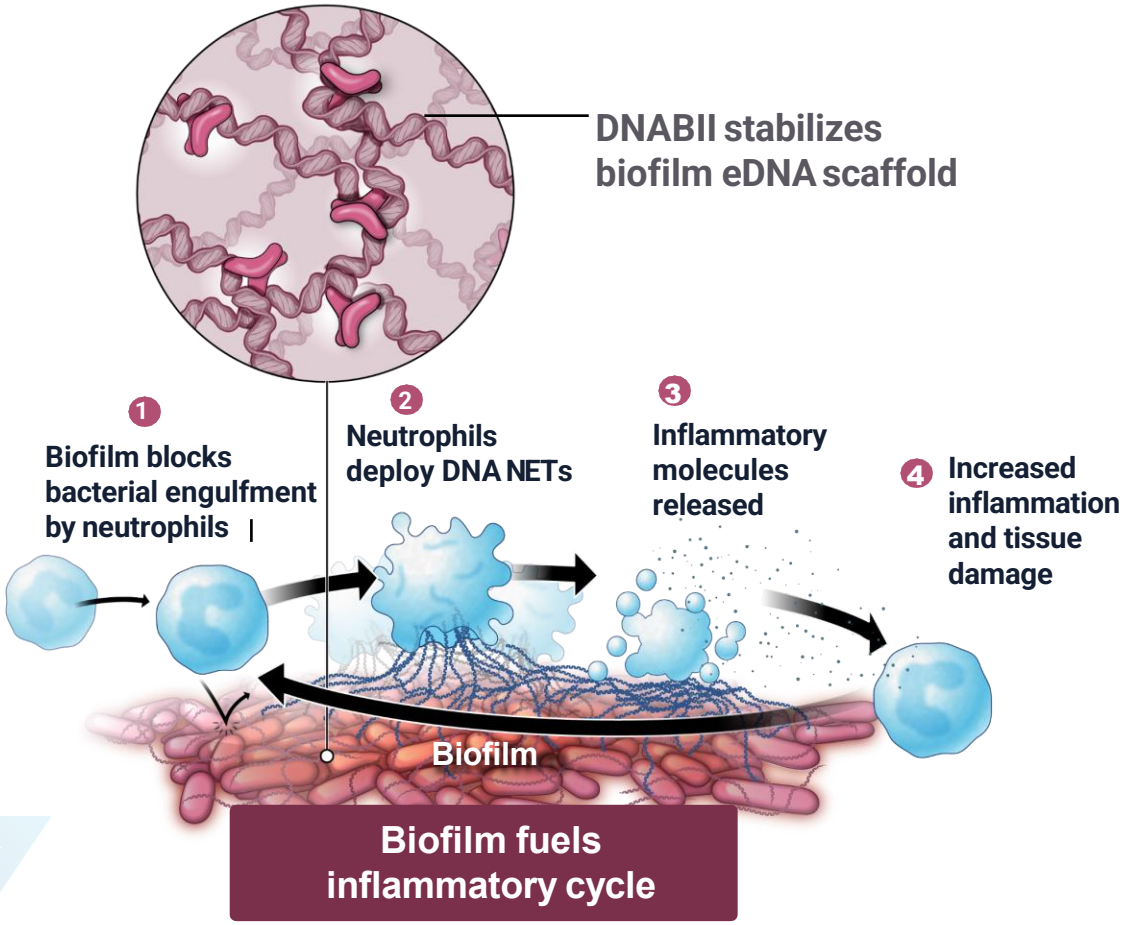


1. Keir HR, Chalmers Semin Respir Crit Care Med (2021). doi: 10.1055/s-0041-1730891.
2. Flume PA, Chalmers JD, Olivier KN. Lancet (2018). doi: 10.1016/S0140-6736(18)31767-7.

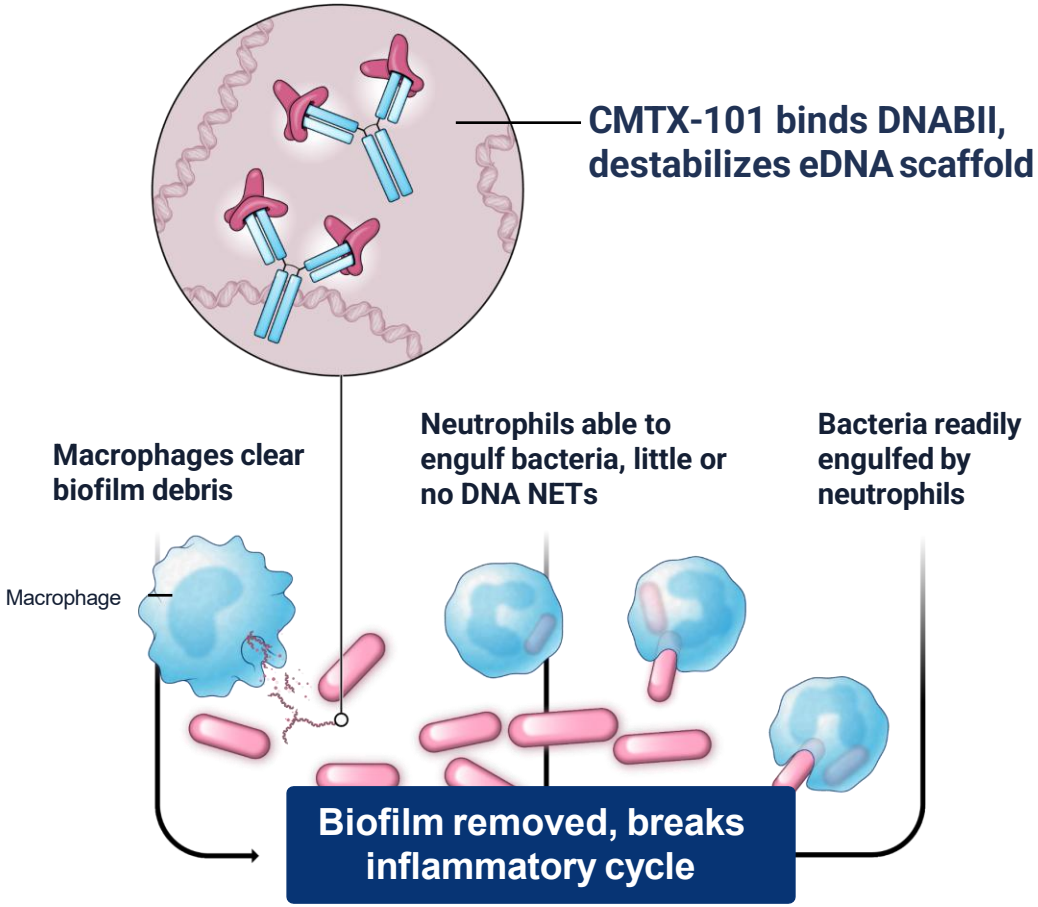
CMTX-101 Targets Pathogenic Biofilms to Enable Immune Response

Targeted disruption of biofilm structure restores access for immune effectors to clear inflammation and bacterial pathogens

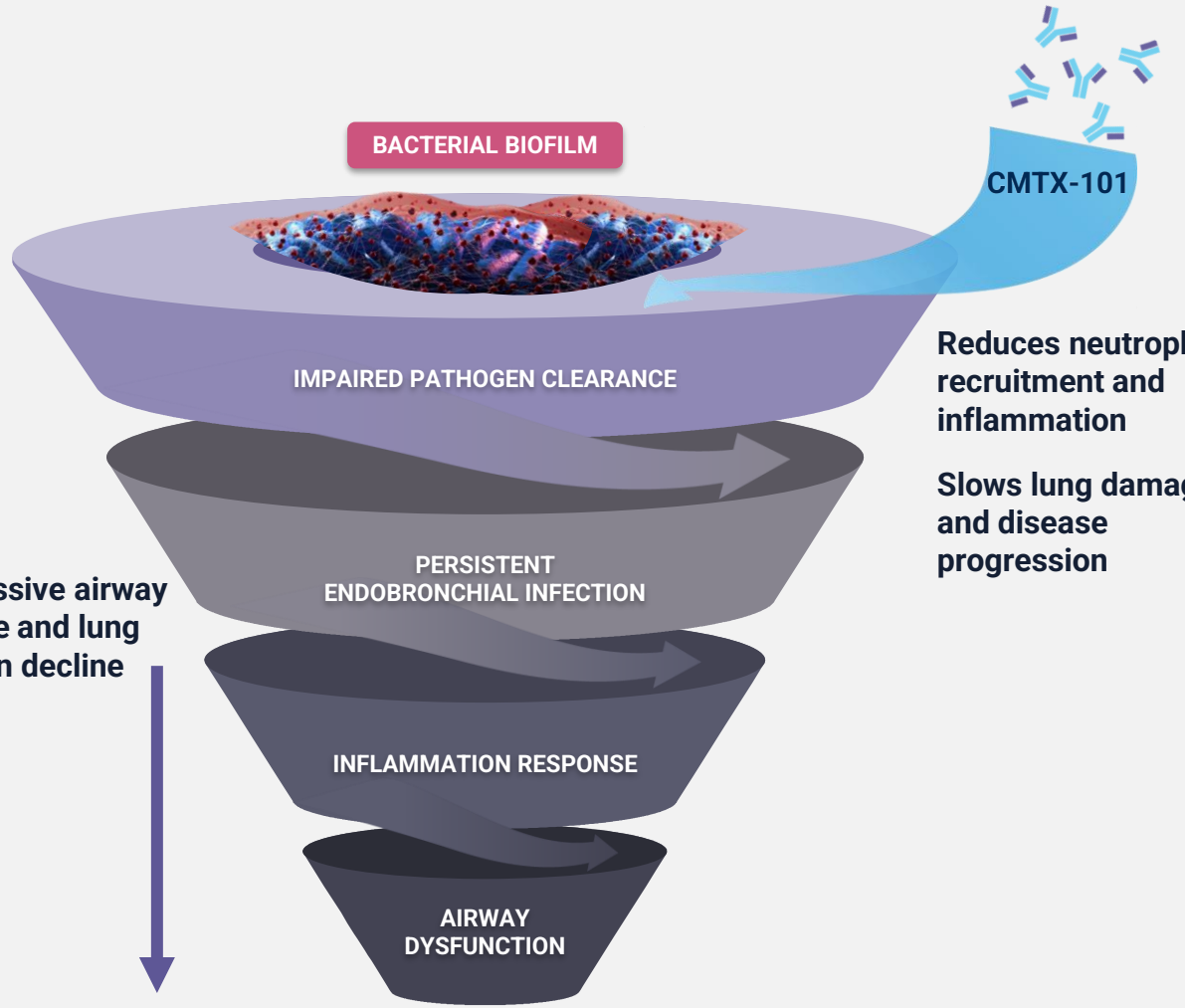
Biofilm promotes inflammation



CMTX-101 disrupts biofilm, enabling proper immune response



Novel upstream mechanism of CMTX-101 addresses multiple drivers in cascade of lung function decline



Clarametyx Technology Intervenes Upstream to Preserve Pulmonary Function

Antibody targets novel biofilm structure protein

Linchpin DNABII proteins stabilize extracellular DNA structure and promote inflammation[1,2]

- Removing these DNABII proteins causes rapid disruption or prevention[3,4]
- Highly conserved target across biofilms, **broad efficacy against all respiratory pathogens**

1. **Immune effectors can efficiently clear bacteria**
2. **Reduced inflammation prevents exacerbation, slows lung function decline**

1. Goodman SD et al. (2011) https://doi.org/10.1038/mi.2011.27 2. Kurbatfinski et al. (2022) https://doi.org/10.1128/AAC.01877-21.
2. Brockson et al (2014) https://doi.org/10.1111/mmi.12735. 4. Devaraj et al. (2018). https://doi.org/10.1002/mbo3.563.

Focused Pipeline Targets Biofilm-Driven Disease

Planning Phase 2 study commencing in 1H27 with Series B funding, building upon CF Phase 2a data

PLATFORM PROGRAM	DRUG MECHANISM	TARGET INDICATION(S)	DEVELOPMENT STAGE	TARGETED MILESTONES
CMTX-101	Anti-**DNABII** mAb (IV)	**Bronchiectasis, including CF**	PRECLINICAL · PHASE 1 · PHASE 2A · PHASE 2 · PHASE 3	**Phase 2** ***Initiation 1H27***
CMTX-101	Anti-**DNABII** Subcutaneous mAb (SC)	**Bronchiectasis, including CF**		**Phase 1 Bridging Study** ***Initiation 2027***



★ **Positive topline data supports progression to Phase 2 Bronchiectasis study**

Key value inflections to be achieved with Series B funding and further clinical development

- **Phase 2 bronchiectasis study including CF subpopulation**
  - De-risks registrational endpoints for bronchiectasis indication
- **Phase 1 subcutaneous healthy volunteer bioavailability study**
  - SC path enabled with 5 mg/kg results in Phase 2a CF study
  - *Potential to bring SQ formulation into pivotal Ph3 study*
  - SC formulation provides significant total addressable market expansion

Completed 42 subject Cystic Fibrosis 1b/2a Study

PoC study evaluated safety and tolerability of CMTX-101 on top of highly effective SoC in CF subjects chronically infected with *Pseudomonas*



Single CMTX-101 IV Dose on Day 1 plus stable SoC

37 years — Average Age Reflecting Established Lung Disease

100% of subjects — 28-Day Inhaled Anti-Pseudomonal Antibiotics Course Day 1

93% of subjects — On Highly Effective Vertex CFTR Modulators

55% of subjects — On Concurrent Azithromycin

High Bar to Show Benefit in Highly Treated Study Population

PHASE 1b

PART 1: Safety Escalation

CMTX-101
5 mg/kg + SoC (n=2)
15 mg/kg + SoC (n=2)
30 mg/kg + SoC (n=2

PHASE 2a

PART 2: Dose Finding

R 2:2:1

Interim Analysis

- Group A: CMTX-101 30 mg/kg + SoC (n=16)
- Group B: CMTX-101 5 mg/kg + SoC (n=17)
- Group C: Placebo + SoC (n=7)

Positive TLD and full data 1Q26

Clear rationale for advancement to Bronchiectasis Phase 2

Biomarker assessment focused on Day 28 based upon CMTX-101 novel MOA:
Biofilm disruption enables immune-mediated inflammation reduction and bacterial biofilm clearance

Key Secondary and Exploratory Endpoints

PK and Immunogenicity

- Characterization of the PK profile of CMTX-101
- Proportion of participants with ADAs
- Detection of CMTX-101 in sputum

Efficacy Markers

- Changes in inflammatory biomarkers in sputum
- Reduction in pulmonary P. aeruginosa bacterial burden
- Improvement in ppFEV1
- CFQ-R Respiratory score

Primary Objective Met With Strong Exploratory Efficacy Signals

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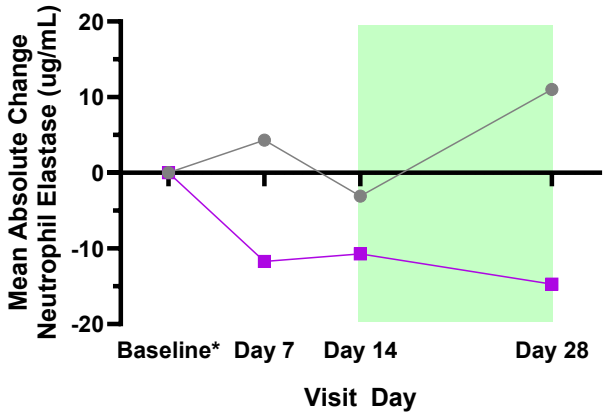
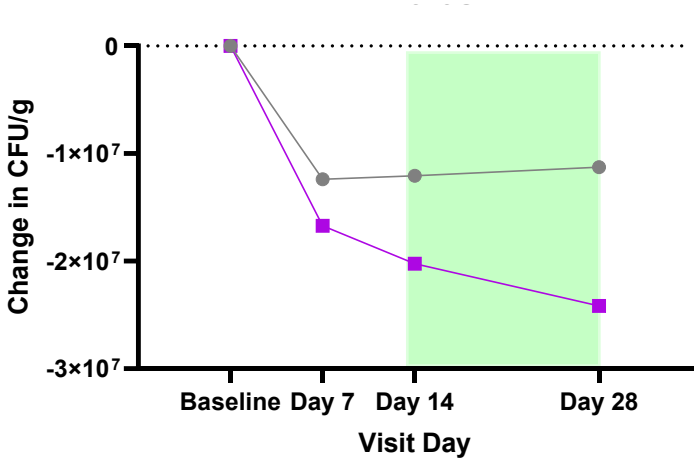
Clean safety profile with biomarker and lung function trends supporting advancement into bronchiectasis population

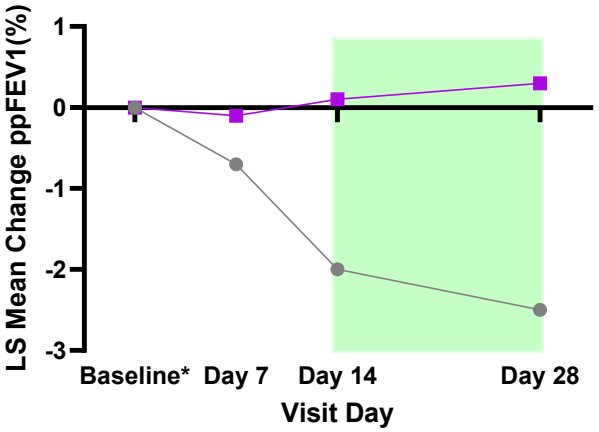
Reduced Neutrophil Elastase (NE)



Reduced Pseudomonas (Pa)



Lung Function Preservation



Key exploratory efficacy signals demonstrate improvement following a single IV dose of CMTX-101 5 mg/kg

- **Reduction of all key inflammatory biomarkers**, including neutrophil elastase (NE)
- **Reduction of pulmonary *Pseudomonas*** bacterial burden
- **Lung function preservation** at Day 28

- **No safety signals** at **5 mg/kg** or 30 mg/kg dose levels
- **Linear PK, negligible anti-drug antibodies, no neutralizing antibodies detected**
- CMTX-101 **present in sputum** of all dosed subjects on Day 2
- 30 mg/kg efficacy results consistent with preclinical data

Clarametyx Exploratory Post-Hoc Analysis from Phase 2a CF study NCT06159725

Defined Clinical Development Strategy for CMTX-101

Pathway to expand into broader populations with shared pathophysiology

Funded with Series A

Phase 1a
(Healthy Volunteers)

Phase 1b/2a
Cystic Fibrosis

Planned with Series B funding

Bronchiectasis Phase 2
including CF subpopulation

>$3B Peak Sales Potential
(US only)

Potential Expansionary Indications: COPD, NTM Lung Disease

25k
(5%)
Cystic Fibrosis

~500,000 Estimated Bronchiectasis (CF and non-CF) Total U.S. Adult Population

+475k
(95%)

- Idiopathic / Environmental
- Post-infectious
- COPD overlap
- Other genetic, connective tissue

60%+

biofilm involvement or susceptibility across diseases with shared pathophysiology

MDPI Microorganisms (2025); Clinical Microbiology and Infection / PMC

CF Data De-Risks Broader One Bronchiectasis "OneBE" Program

Based on shared physiology, results support development in "OneBE" bronchiectasis and clear value inflection

CMTX-101 Addresses Core Drivers of BE

Neutrophilic inflammation

↓

Progressive lung function decline

↓

Chronic bacterial infection (ie, *Pa*)

↓

OFTEN BIOFILM-DRIVEN

CMTX-101 has the potential to address defined unmet need in broad BE population

- Single approved therapy, persistent exacerbations
- Clear MOA differentiation for an anti-biofilm approach
- Market precedents with Phase 2 development combining CF + BE patient populations

Phase 2 OneBE Study Design

CMTX-101: Monthly IV dosing for 24-48 weeks (Total N=~400)

3 dose levels CMTX-101 + SOC vs. placebo + SOC

- 2-3 selected doses CMTX-101 + SOC vs. placebo + SOC

Interim Analysis (dose adaptation)

Go, No-Go to Ph 3 Registrational Trial

Adaptive Design to Derisk Development

- Primary endpoint: Time to first pulmonary exacerbation
- Secondary/exploratory: Annualized exacerbation rate, ppFEV1, QOL-B
- **FDA Type B pre-IND meeting planned for June 1 to validate proposed design**

1. Proprietary internal research; Swenson et al. PLOS One (2025), https://doi.org/10.1371/journal.pone.0316721 ("[bronchiectasis] exhibits clinical and pathological manifestations similar to key features of cystic fibrosis (CF) lung disease").

Differentiated Approach in Bronchiectasis Competitive Landscape

Immune-enabling approach highly distinct from single-mechanism approaches in development

CMTX-101 upstream MOA targeting inflammatory source

Anti-Biofilm

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DE-RISKED BY PH2A DATA

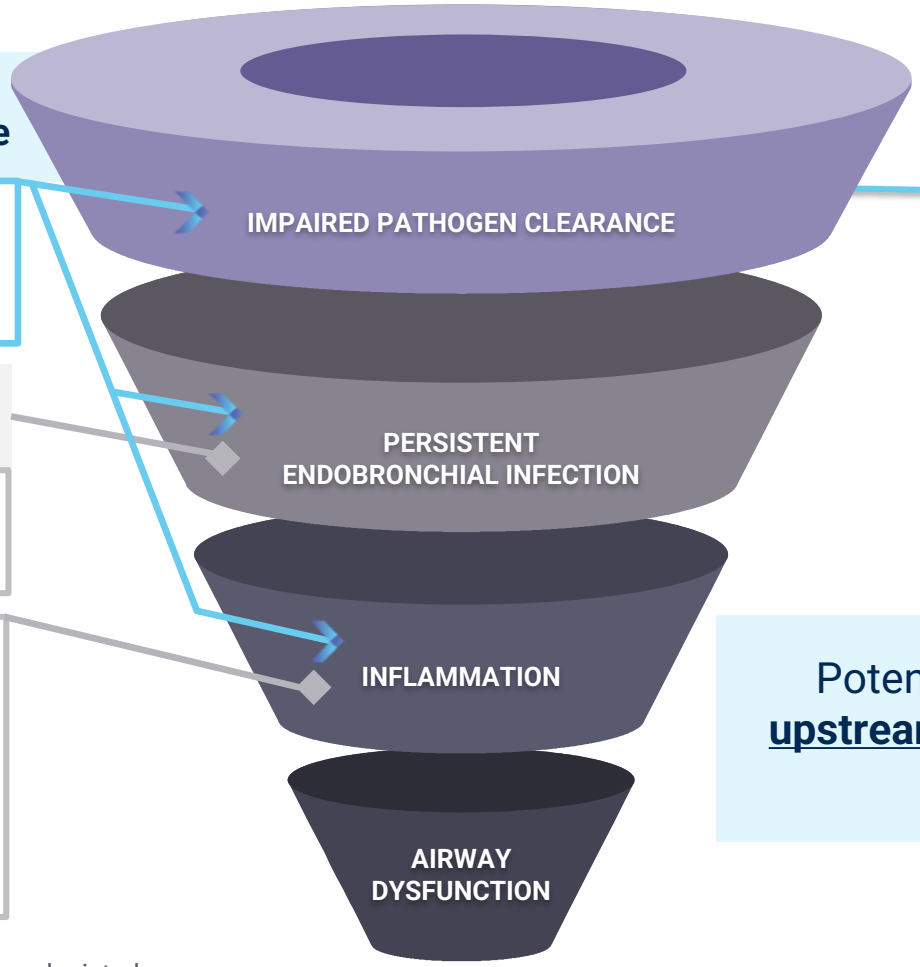
Downstream, single-mechanism approaches

Anti-Infective (Pa only)

AstraZeneca

Neutrophilic / Type 2 Inflammation

insmed, GSK, MERCK, Verona Pharma, Boehringer Ingelheim, sanofi, Harsco, REGENERON



- **CMTX-101 MOA addresses multiple pathways** within vicious vortex to prevent exacerbations and progressive lung function decline
- Complementary to other product MOAs approved and in development
- Strong safety and tolerability profile supports chronic treatment

Potential for more effective, **disease-modifying upstream intervention** versus anti-inflammatory and other approaches in development

Larger companies with most clinically advanced programs depicted

CMTX-101 Compelling Profile Versus DPP-1 Inhibitors

MOA, safety profile and efficacy durability offer key advantages over oral DPP-1s, including Brinsupri

Comparison	CMTX-101	Brinsupri & other DPP-1 Inhibitors
Approach	**Disease-modifying:** Immune-enhancing, reducing **upstream** inflammatory source	**Symptomatic:** Immune-modifying targets **downstream** inflammation
Drug Form	**Biologic**	**Small Molecule**
Administration	**Infrequent**: IV/SQ Monthly-Quarterly	**Frequent**: Oral Daily
Safety	Safe and well-tolerated	Known side effects: hyperkeratosis and periodontitis, potential to worsen with long-term use
Mechanism / Efficacy Approach	• **Removes biofilms, the upstream source of inflammation** • Immune-enabling MOA decreases inflammation and bacterial burden to reduce exacerbations and preserve lung function • Potential to impact broad range of inflammatory mediators	• **Inhibits DPP-1, a serine protease activator** • Reduces neutrophilic inflammation and PEX, slows but does not prevent FEV1 decline • Potential for unintended toxicity due to off-target activity: hyperkeratosis and periodontitis (GSK DPP-1 program halted due to skin tox[1])
Efficacy Durability	Durable, sustained efficacy	Rapidly reversible upon discontinuation
Additive to SoC	**Likely**	**Unlikely**

Palmér R et al. Clin Pharmacol Ther. 2018;104(6):1155-1164. PMCID: PMC6282984.

Strong Senior Leadership

Management team with over 200 years combined industry experience



David V. Richards | Chief Executive Officer

- Life sciences executive with expertise in corporate development, operations, capital structuring, program management, IP and regulatory strategy, R&D
- Operations roles at Aclipse Therapeutics, Kinnear Pharmaceuticals, N8 Medical and PriorAuthNow, Inc.



Veronica L. Hall, PhD | Chief Operating Officer

- Multidisciplinary background with more than 20 years of experience in life science research for vaccines, therapeutics, and drug/device combinations
- Former Senior Director at Emergent BioSolutions Inc.



Steve St. Onge, PharmD, MBA | Chief Business Officer

- Significant clinical, medical affairs and corporate development experience
- Previously Executive Director, Business Development of Paratek Pharmaceuticals, led $462M acquisition of Paratek in 2023



Brendan Doran, PharmD | SVP, Clinical Development

- Previously Head of Clinical, CinRx
- Diverse clinical operations, development and strategy roles within industry and CROs



Charles McOsker, PhD | Co-founder & Chief Scientific Officer

- Veteran scientific executive, 40+ years of drug development experience
- Former Chief Technical Operations Officer at BioMotiv, founder of Airway Therapeutics, Director of BD for Drug Discovery Center at University of Cincinnati; P&G drug discovery and development, 23-year tenure



Thomas Hofmann, MD, PhD | Consulting CMO

- Former CSO at MannKind, following sale of QrumPharma
- 25+ Years of chronic respiratory development experience
- Significant cystic fibrosis and NTM lung disease R&D experience



James Rogers, PhD | Vice President, Research & Development

- 20+ years of R&D leadership experience with multidisciplinary teams Former Associate Director at BioMotiv and Research Leader at Battelle
- BS and PhD, Biomedical Sciences, Wright State University



George Arida, MBA | Consulting CFO

- Significant venture capital and operational experience
- Recent respiratory vaccine experience at BlueWillow Biologics
- ~25 years startup investment and board experience in biotech and healthcare, including Venture Investors

Clarametyx Summary

Game-changing science

- Novel immune-enabling technology applicable to all bacterial biofilm-associated diseases
- Premise derived from groundbreaking discoveries in biofilm structure

Expert team

- Accomplished team of scientific, biotech, and pharma leaders with substantial sector experience
- Pioneering, renowned academic partners leading biofilm science

Pipeline-in-a-product approach

- CMTX-101 therapeutic for chronic respiratory disease exacerbation, starting with bronchiectasis
- Planning parallel CMTX-101 subcutaneous delivery program

Poised for rapid progress

- $40M Series A with CF Foundation and regional institutional investors
- $15M non-dilutive funding received to date from CARB-X and NIH
- Planning 2H26 Series B
- Phase 2 Bronchiectasis study planned for 1H27

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