# Corporate Presentation

August 2022

clene.com

NASDAQ: CLNN

# Forward Looking Statements

This presentation contains “forward-looking statements” within the meaning of Section 21E of the Securities Exchange Act of 1934, as amended, and Section 27A of the Securities Act of 1933, as amended, which are intended to be covered by the “safe harbor” provisions created by those laws. Clene’s forward-looking statements include, but are not limited to, statements regarding our or our management team’s expectations, hopes, beliefs, intentions or strategies regarding our future operations. In addition, any statements that refer to projections, forecasts or other characterizations of future events or circumstances, including any underlying assumptions, are forward-looking statements. The words “anticipate,” “believe,” “contemplate,” “continue,” “estimate,” “expect,” “intends,” “may,” “might,” “plan,” “possible,” “potential,” “predict,” “project,” “should,” “will,” “would,” and similar expressions may identify forward-looking statements, but the absence of these words does not mean that a statement is not forward-looking. These forward-looking statements represent our views as of the date of this presentation and involve a number of judgments, risks and uncertainties. We anticipate that subsequent events and developments will cause our views to change. We undertake no obligation to update forward-looking statements to reflect events or circumstances after the date they were made, whether as a result of new information, future events or otherwise, except as may be required under applicable securities laws. Accordingly, forward-looking statements should not be relied upon as representing our views as of any subsequent date. As a result of a number of known and unknown risks and uncertainties, our actual results or performance may be materially different from those expressed or implied by these forward-looking statements. Some factors that could cause actual results to differ include our substantial dependence on the successful commercialization of our drug candidates, if approved, in the future; our inability to maintain the listing of our common stock on Nasdaq; our significant net losses and net operating cash outflows; our ability to demonstrate the efficacy and safety of our drug candidates; the clinical results for our drug candidates, which may not support further development or marketing approval; actions of regulatory agencies, which may affect the initiation, timing and progress of clinical trials and marketing approval; our ability to achieve commercial success for our drug candidates, if approved; our ability to obtain and maintain protection of intellectual property for our technology and drugs; our reliance on third parties to conduct drug development, manufacturing and other services; our limited operating history and our ability to obtain additional funding for operations and to complete the licensing or development and commercialization of our drug candidates; the impact of the COVID-19 pandemic on our clinical development, commercial and other operations; changes in applicable laws or regulations; the effects of inflation; the effects of staffing and materials shortages; the possibility that we may be adversely affected by other economic, business, and/or competitive factors; and other risks and uncertainties set forth in “Risk Factors” in our most recent Annual Report on Form 10-K and any subsequent Quarterly Reports on Form 10-Q. In addition, statements that “we believe” and similar statements reflect our beliefs and opinions on the relevant subject. These statements are based upon information available to us as of the date of this presentation, and while we believe such information forms a reasonable basis for such statements, such information may be limited or incomplete, and our statements should not be read to indicate that we have conducted an exhaustive inquiry into, or review of, all potentially available relevant information. These statements are inherently uncertain and you are cautioned not to rely unduly upon these statements. All information in this presentation is as of the date of this presentation. The information contained in any website referenced herein is not, and shall not be deemed to be, part of or incorporated into this presentation.

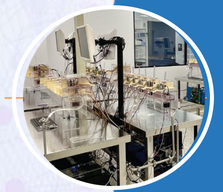
# CLENE | Entering a Transformative Period

## Significant Opportunity

- Targeting neurodegenerative diseases such as ALS and Multiple Sclerosis
- >$1B commercial opportunity in each indication

## CNM-Au8® Emerging Clinical Results

- Long-term follow-up of RESCUE-ALS Phase 2 participants demonstrated statistically significant survival benefit; **70% decreased risk of death in ALS**
- **Positive Topline Results from the Phase 2 VISIONARY-MS Trial;** CNM-Au8 demonstrated neurological improvements in stable relapsing MS as adjunctive therapy to immunomodulatory DMTs
- HEALEY ALS Platform Trial Phase 2/3 topline results expected in 3Q 2022



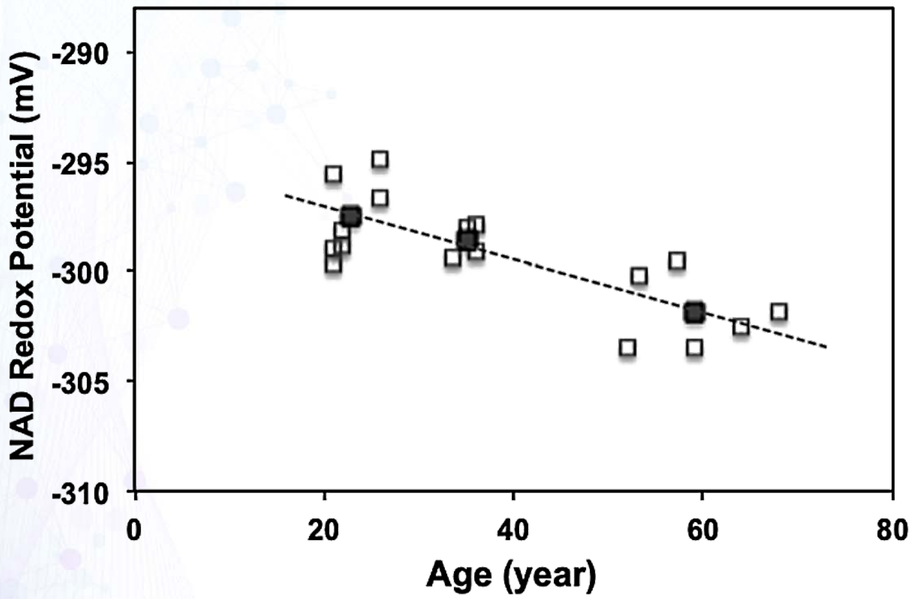
## Proprietary Platform

## Strong IP

- Proprietary nanotherapeutic manufacturing, scalable to commercialization
- Strong IP, including 150+ granted patents and manufacturing trade secrets

# Neurodegenerative Diseases Share A Common Mechanism: A Decline In The Brain's Ability To Produce Energy

## Brain Energy Potential Declines With Normal Aging

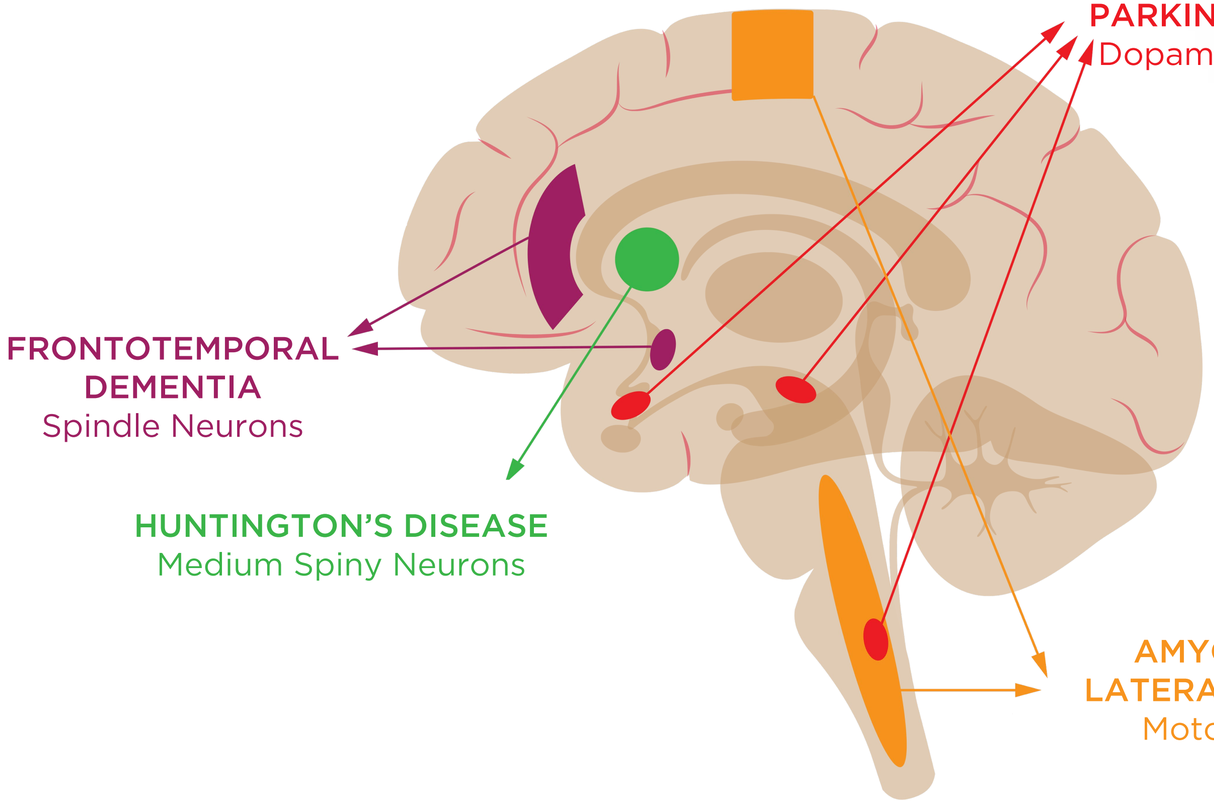



**~0.5% $NAD^+$/NADH unit decline per decade**

(~0.13 mV units per year by $^{31}$P-MRS Imaging)

Closed squares = averaged data by age group: 21–26 yrs, 33–36 yrs, and 59–68 yrs old; Open squares = individual subject values

## Specific Neuronal Populations Are Vulnerable to Energetic Failure



**PARKINSON'S DISEASE**
Dopaminergic Neurons

**MULTIPLE SCLEROSIS**
Axonal Degeneration

**FRONTOTEMPORAL DEMENTIA**
Spindle Neurons

**HUNTINGTON'S DISEASE**
Medium Spiny Neurons

**AMYOTROPHIC LATERAL SCLEROSIS**
Motor Neurons

**Energetic impairments in the CNS both pre-dispose and drive progression in neurodegenerative diseases**



Fu, H., et al; Nature Neuroscience (2018) 21: 1350-1358. Zhu et al. Proc Natl Acad Sci USA 2015 Mar 3;112(9):2876-81. Rone et al. J Neurosci. 2016 Apr 27;36(17):4698-707.

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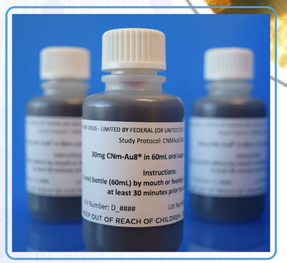
# CNM-Au8® | Pioneering A New Drug Class To Improve Cellular Energy Production And Utilization

**CNM-Au8 Nanocrystals**

**Clean Surfaced, Highly Faceted Shapes**



CNM-Au8 Nanocrystal Suspension

**Mechanistic Effects**

- ↑ Increased NAD
- ↑ Increased ATP
- ↓ Decreased reactive oxygen species
- ↑ Increased proteostasis

**Improved Energy Production and Utilization**

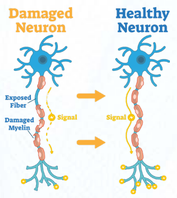
**By targeting energy metabolism, CNM-Au8 may protect and restore neuronal function.**



Robinson et al. Sci Rep. 2020 Feb 11;10(1):1936. Data on File, Clene Nanomedicine, Inc.

# Preclinical Evidence of Remyelination and Neuroprotection

**Remyelination**




## CNM-Au8 Supports Remyelination

www.nature.com/scientificreports

SCIENTIFIC REPORTS
nature research

OPEN

### Nanocatalytic activity of clean-surfaced, faceted nanocrystalline gold enhances remyelination in animal models of multiple sclerosis

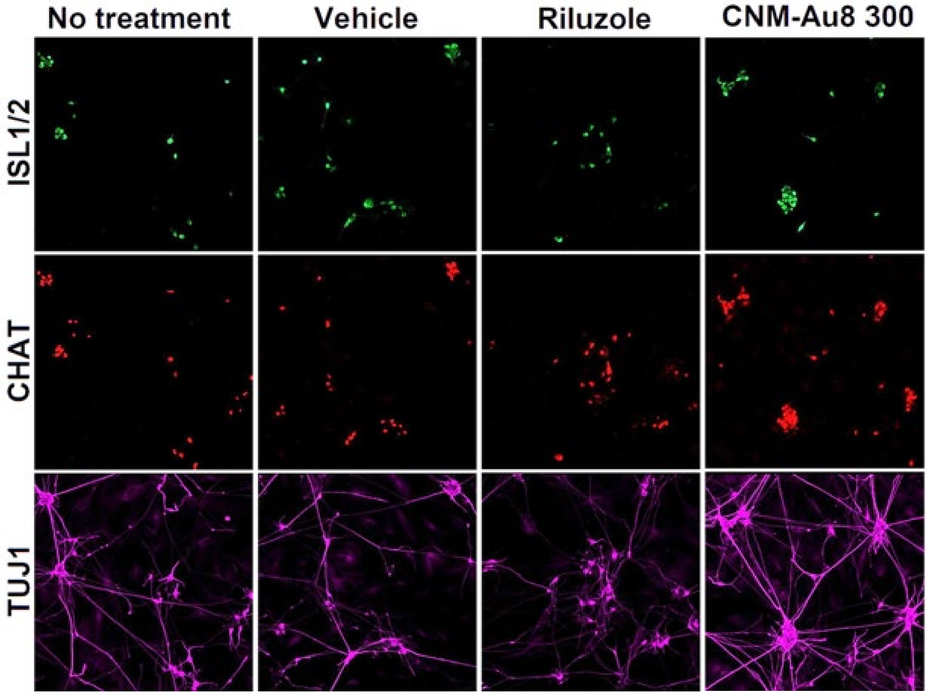
Andrew P. Robinson[1,9], Joanne Zhongyan Zhang[2,9], Haley E. Titus[1], Molly Karl[3], Mikhail Merzliakov[2], Adam R. Dorfman[2], Stephen Karlik[4], Michael G. Stewart[5], Richard K. Watt[5], Benjin D. Facer[6], Jon D. Facer[5], Noah D. Christian[7], Karen S. Ho[2,8*], Michael T. Hotchkin[2,9], Mark G. Mortenson[2,9], Robert H. Miller[3,9] & Stephen D. Miller[1,9]

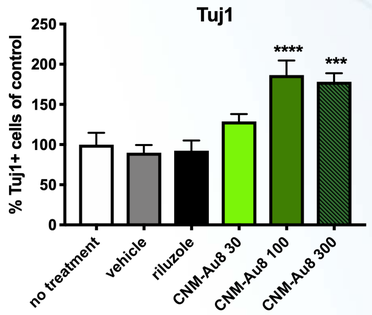
Robinson et al. Sci Rep. 2020 Feb 11;10(1):1936.

**Neuroprotection**

## CNM-Au8 Improves ALS Motor Neuron Function & Survival

*Induced Pluripotent Stem Cell In Vitro Results – Motor Neuron Markers*




Karen S. Ho et al. "Redox-enhancing nanocatalysis improves motor neuron survival in vitro and SOD1 mouse motor function and survival in vivo." Presented at 30th International Symposium on ALS/MND 2019. December 4-6, 2019.

**CNM-Au8 novel MOA may be complementary to existing therapies to enable better disease control**



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# **Significant Global Opportunity** for Treatment in Combination with Standard of Care

## Motor Neuron Disease (ALS, Other Orphan Disorders)

ALS PATIENTS IN US & EU ~40K[1]

$1B GLOBAL SALES BY 2029[1]

Current drugs are largely ineffective, mostly generic.

2-5 YEARS[2] LIFE EXPECTANCY

100% FATAL

## Multiple Sclerosis (MS)

MS PATIENTS GLOBALLY 2.2M

$23B MARKET[3]

Existing treatments only target immunomodulation

EMERGING EVIDENCE THAT EARLY MS IS NEURODEGENERATIVE

## Parkinsons Disease (PD)

2ND MOST COMMON DISORDER

$6B PROJECTED BY 2026[4]

No disease-modifying treatments available, only symptom-targeted options

30% OF DOPAMINERGIC NEURONS ARE LOST AT DIAGNOSIS[5]

**Urgent unmet need to develop neuroprotective treatment to support cells' energetic efficiency and resilience**



[1] Clarivate, DRG, ALS 2020 2. https://pubmed.ncbi.nlm.nih.gov/17974351/ 3. Westad et al. 2017, doi:10.1038/nrd.2017.107;. 4. Parkinson's Market Data Forecast, April 2021.. 5. Cheng HC, Ulane CM, Burke RE. Clinical progression in Parkinson disease and the neurobiology of axons. Ann Neurol 2010;67:715-725..

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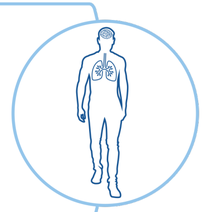
# **Building the Case** for Neuroprotection & Remyelination

RepairPD
RepairMS

RESCUEALS
HEALEY ALS Platform Trial



VISIONARY-MS STUDY


**Established brain target engagement** in early PD and stable relapsing MS patients

REPAIR-MS Phase 2 in non-active progressive MS underway

RESCUE-ALS trial supports CNM-Au8 slowed disease progression in ALS

Demonstrated statistically significant survival benefit; **70% decreased risk of death**

HEALEY ALS Platform Trial topline results expected 3Q 2022

CNM-Au8 demonstrated neurological improvements in people with stable relapsing MS as adjunctive therapy to immunomodulatory DMTs

Results provide support to advance CNM-Au8 into Phase 3 clinical development

**Growing Body of Evidence from Multiple Trials Supports CNM-Au8 Clinical Potential**



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# Over 350 Years of Subject Exposure Without Identified Safety Signals Across ALS, MS & PD

## Clean Toxicology Findings

**All Animal Toxicology Studies Resulted in No-Adverse Effect Level (NOAEL) Findings**

- Multiple species up to 9-months treatment
- Up to maximum feasible dosing without any toxicology findings related to CNM-Au8

## Well Tolerated Adverse Event (AE) Profile

**Assessed as Predominantly Mild-to-Moderate Severity and Transient**

- No SAEs related to CNM-Au8 considered severe, life-threatening, or resulting in death
- AEs predominantly mild-to-moderate

## Patient Exposure Across ALS, MS & PD

**Over 350 Years of Subject Exposure Without Identified Safety Signals**

- Long-term dosing experience up to 125 weeks



Data on File, Clene Nanomedicine, Inc. MS: Multiple Sclerosis, ALS: Amyotrophic lateral sclerosis, and PD: Parkinson's Disease.

# Two **REPAIR Trials Demonstrated Target Brain Engagement** and **Improved Energy Metabolism** in Early Parkinson's and Stable Relapsing MS

**Study Objective:** to demonstrate target engagement for CNM-Au8 on CNS biomarkers related to energetic effects in the brain using Magnetic Resonance Spectroscopy ($^{31}$P-MRS)

**RepairPD**
**Early Parkinson's Disease**

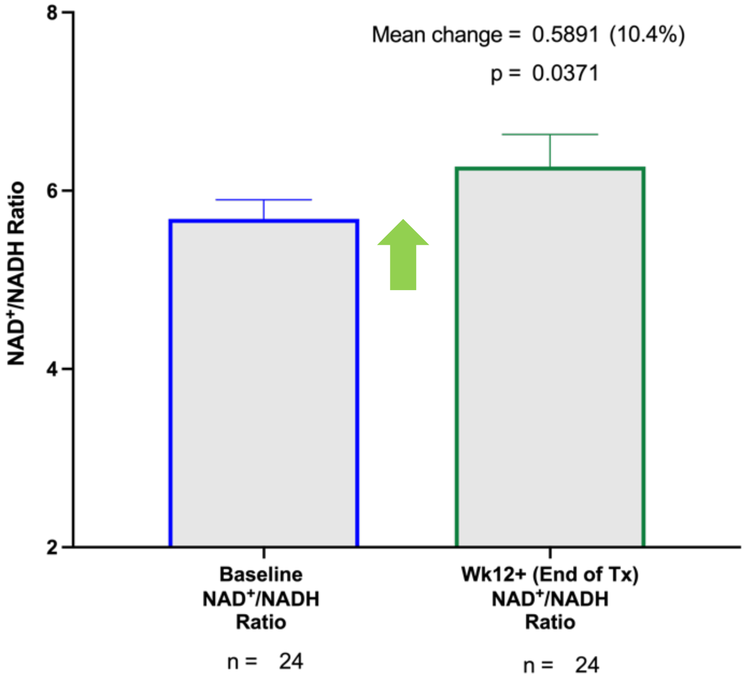
**RepairMS**
**Stable Relapsing MS**

**RepairMS**
**Non-Active Progressive MS**
(Ongoing)

**Results demonstrated a potentially meaningful 10% improvement in NAD+/NADH ratio, an essential molecule for energy production[1]**

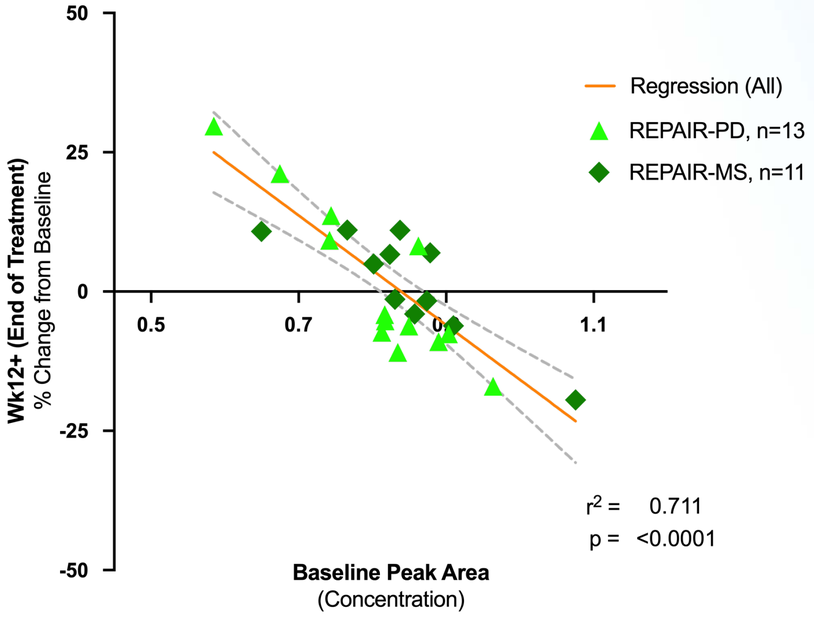
## 1° Endpoint (integrated PD & MS)[2]

**$^{31}$P-MRS Change in Brain NAD$^+$/NADH Ratio at End of Treatment**
Partial Volume Coil; Ratio of NAD$^+$/NADH (% Fraction of NAD$^+$/ % Fraction NADH)
**Primary Endpoint,** Mean ± SEM (Paired t-test)




## Exploratory
(ATP Normalization)

**REPAIR Integrated Analysis**
**$^{31}$P-MRS Change in β-ATP at End of Treatment**
Full Volume Coil $^{31}$P Signal Area (Integral)
Exploratory Endpoint, Percent (%) Change vs. Baseline Value






1. Zhu et al. Proc Natl Acad Sci USA 2015 Mar 3;112(9):2876-81.. 2. Glanzman et al Improvement of Brain Energy Metabolism in Relapsing Multiple Sclerosis Patients - Results from Phase 2 REPAIR-MS Clinical Trial With CNM-Au8, ACTRIMS February 2022

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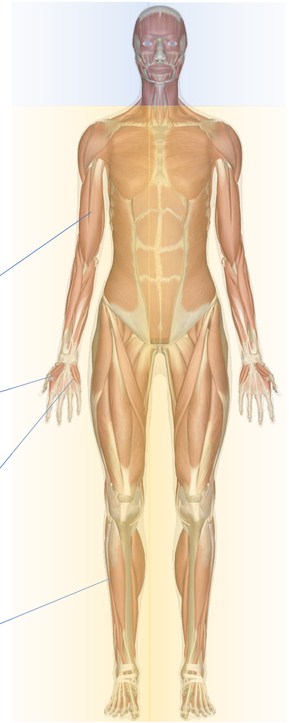
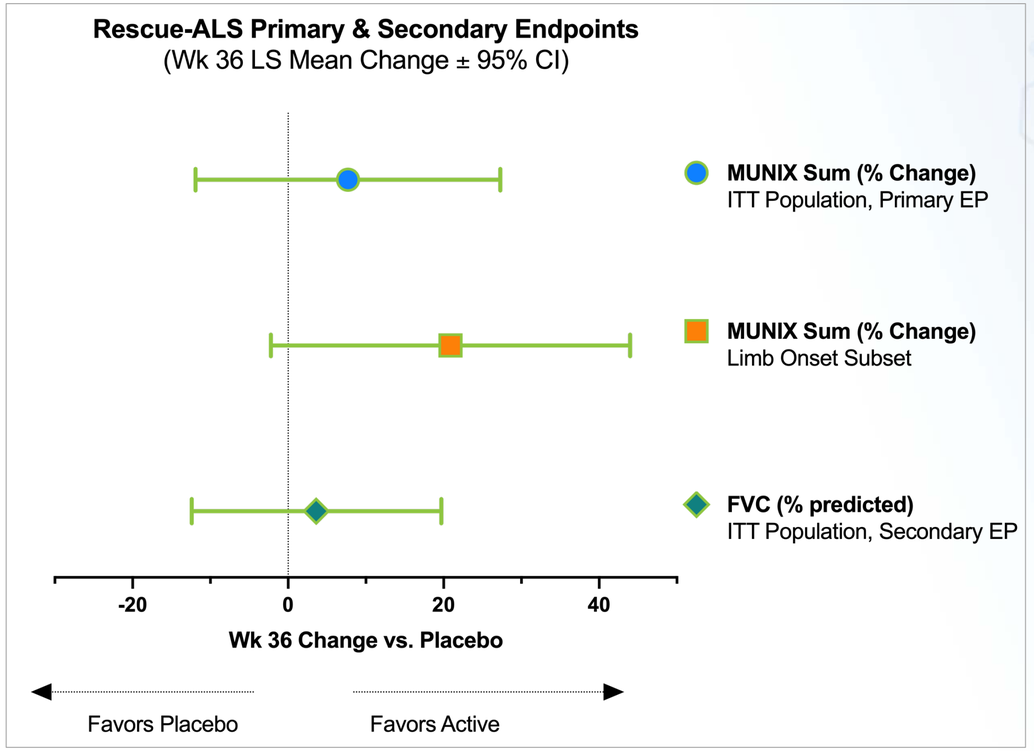
# RESCUEALS Encouraging Efficacy Signals in Phase 2 Trial

**Study Objective:**
Detect preservation of motor neuron function in people with early ALS as measured by MUNIX

**Study Design:**
36-week blinded treatment with ongoing long-term open-label follow-up




## 1° & 2° Endpoints




Results in favor of CNM-Au8 treatment but study underpowered



Vucic et al. RESCUE-ALS Trial Results: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Study of CNM-Au8 to Slow Disease Progression in Amyotrophic Lateral Sclerosis; Presented at International Symposium on ALS/MND; 7-10 December 2021 \.

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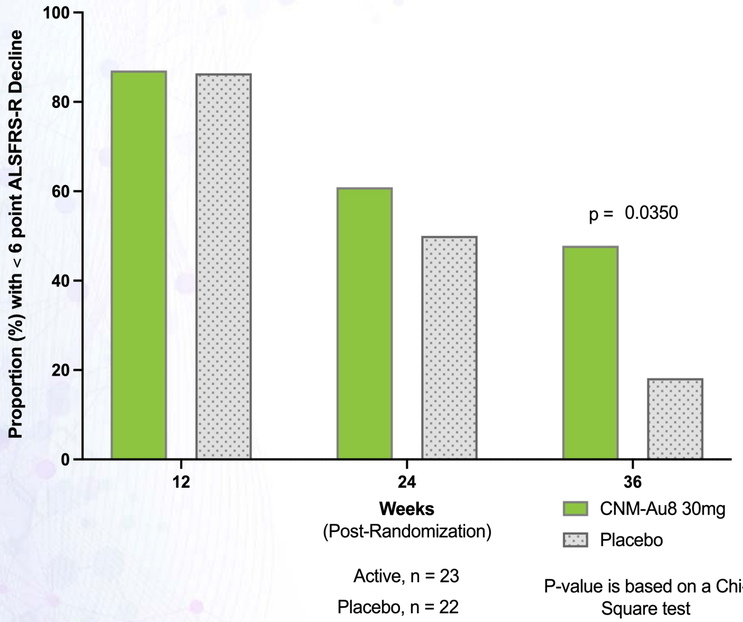
# RESCUEALS CNM-Au8 Improved Patient Function and QOL, and Slowed ALS Disease Progression

## Across Multiple Pre-specified Exploratory Endpoints

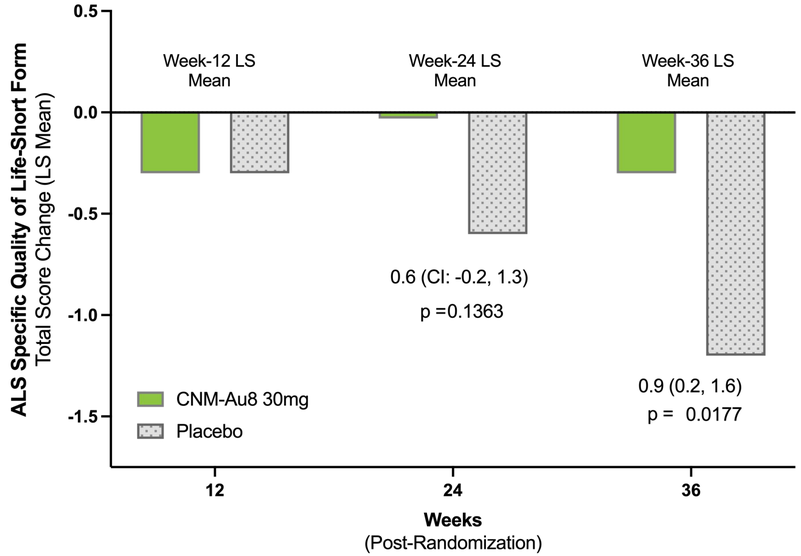
### Proportion with <6 point decline

**ALSFRS-R 6-point Decline Responder**
(Proportion with < 6 point decline)
RESCUE-ALS Exploratory Endpoint
ITT Population, All Randomized




### ALS Specific QOL

**ALS Specific Quality of Life-Short Form Total Score**
RESCUE-ALS Exploratory Endpoint
Mixed Model Repeat Measure (ITT Population, All Randomized)
LS Mean Difference

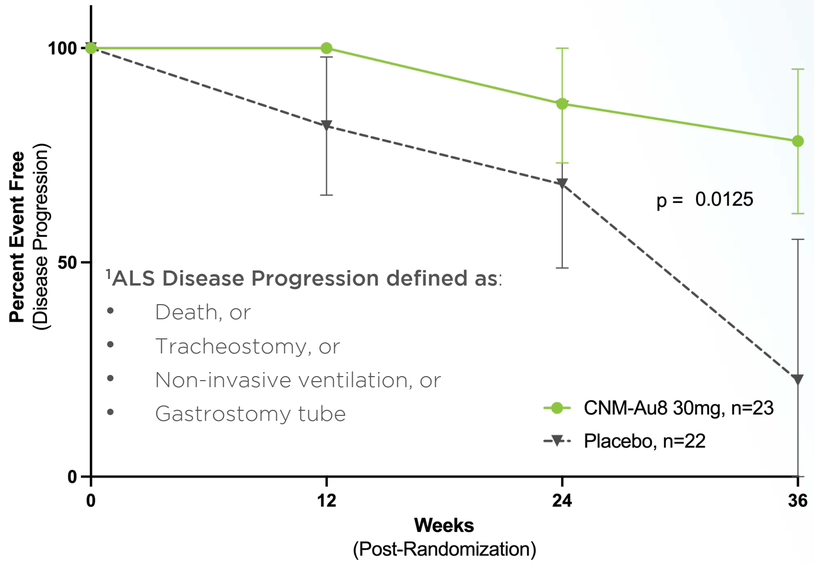



| | | | |
|---|---|---|---|
| Active, n = | 23 | 23 | 22 |
| Placebo, n = | 21 | 20 | 19 |

P-value is based on MMRM model with treatment, visit, treatment by visit interaction as fixed effects, and baseline value, and ENCALS score as covariates. An unstructured covariance model was used.

### ALS Disease Progression

**ALS Disease Progression**[1]
RESCUE-ALS Exploratory Endpoint
ITT Population, All Randomized
(Kaplan-Meier Estimate, Percent Event Free, ± 95% CI)






Vucic et al. RESCUE-ALS Trial Results: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Study of CNM-Au8 to Slow Disease Progression in Amyotrophic Lateral Sclerosis; Presented at International Symposium on ALS/MND; 7-10 December 2021

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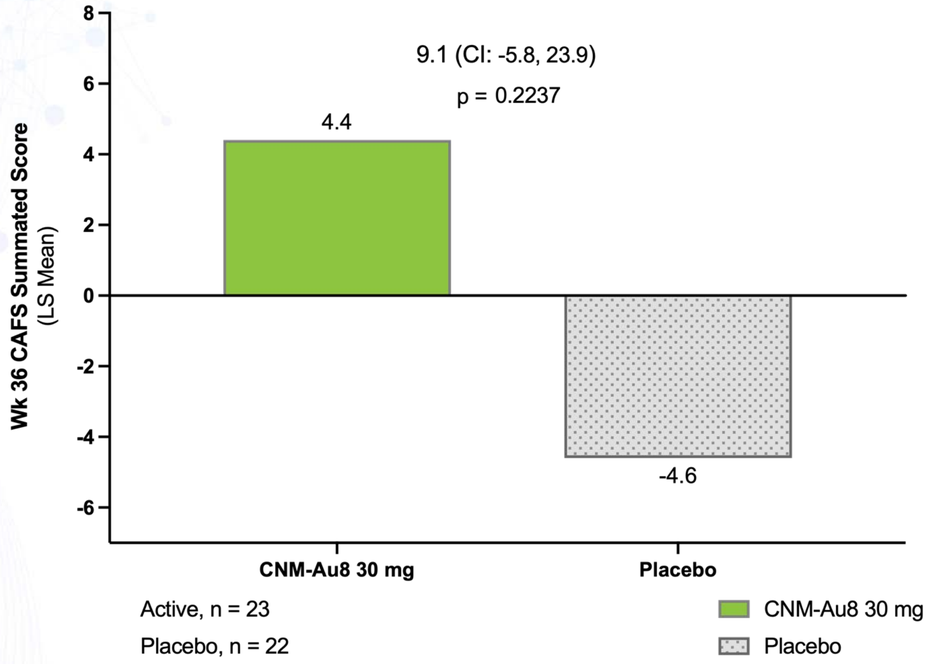
# RESCUEALS CAFS Results: Slowed Disease Progression

## Exploratory Endpoint Pre-specified

**CAFS Joint Rank: (i) Survival and (ii) ALSFRS-R Change**
RESCUE-ALS Exploratory Endpoint
ANCOVA Model (ITT Population, All Randomized)
Week 36 LS Mean Difference

**CAFS**

- Survival
- ALSFRS-R Decline



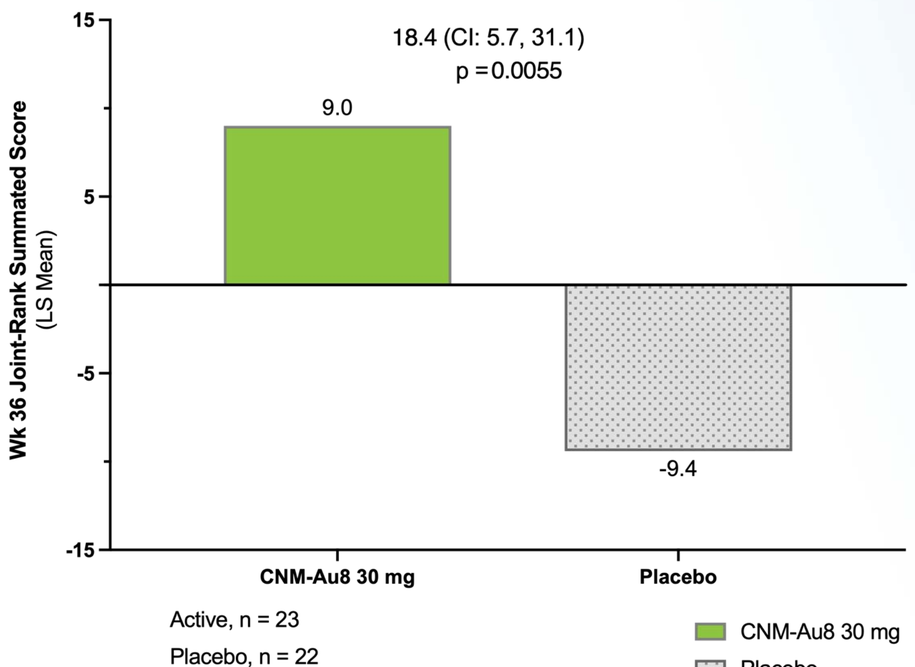

P-value is based on ANCOVA model with baseline ENCALS score as a covariate. Change in ALSFRS-R total score and date of death were combined to determine the CAFS score.

**Modified CAFS**

- Survival
- King's Clinical Stage 4
- ALSFRS-R Decline

## Exploratory Endpoint Post Hoc

**Joint-Rank of (i) Survival, (ii) King's Clinical Stage 4, and (iii) ALSFRS-R Change**
RESCUE-ALS *Post Hoc* Endpoint
ANCOVA Model (ITT Population, All Randomized)
Week 36 LS Mean Difference




P-value is based on ANCOVA model with baseline ENCALS score as a covariate. Change in ALSFRS-R total score, date of non-invasive ventilation or gastrostomy, and date of death were combined to determine the joint-rank score.



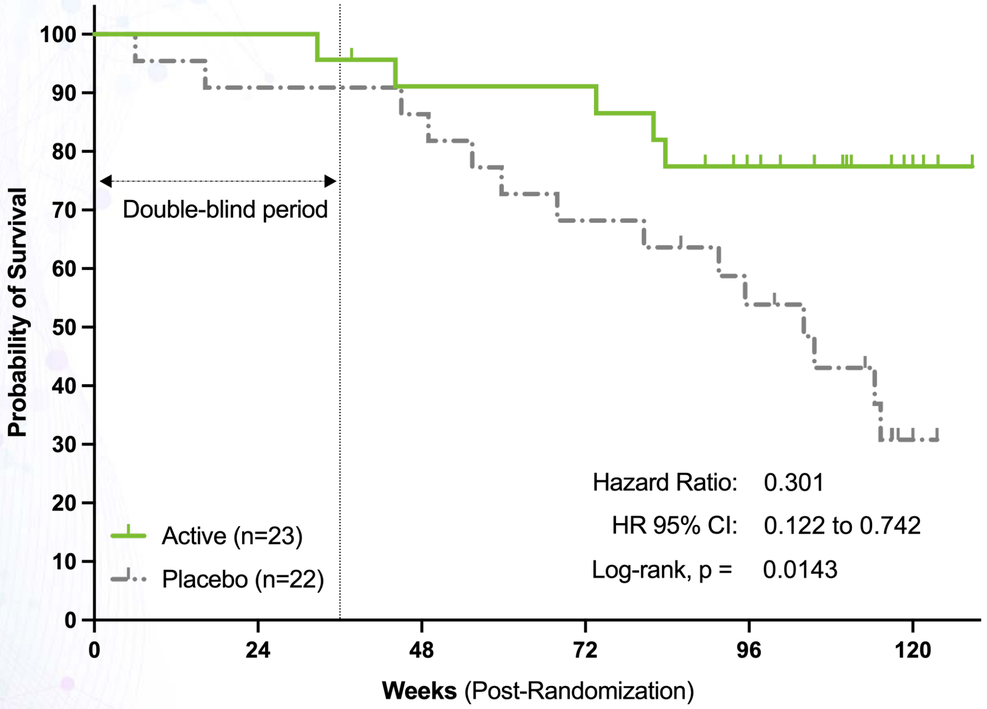
Data on File, Clene Nanomedicine, Inc. .

# RESCUEALS Demonstrated Significant Impact on Long-Term Survival with 70% Decreased Risk of Death

## RESCUE-ALS Active vs. Placebo Randomization

## Long-Term Observed Survival (Interim Analysis)

**Long-Term Survival: Originally Randomized Active vs. Placebo**
Interim Analysis (5-July-2022), ITT Population, All Subjects from Randomization
(Long-term vital status including all study withdrawals)




| At Risk (n) | | | | | | |
|---|---|---|---|---|---|---|
| CMM-Au8: | 23 | 23 | 20 | 20 | 14 | 6 |
| Placebo: | 22 | 20 | 19 | 15 | 11 | 2 |

**Early CNM-Au8 treatment demonstrated a significant survival benefit:**

- **Long-term follow-up compared to initial placebo randomization***
- **70% decreased risk of death**

*9-month delayed treatment start or no treatment



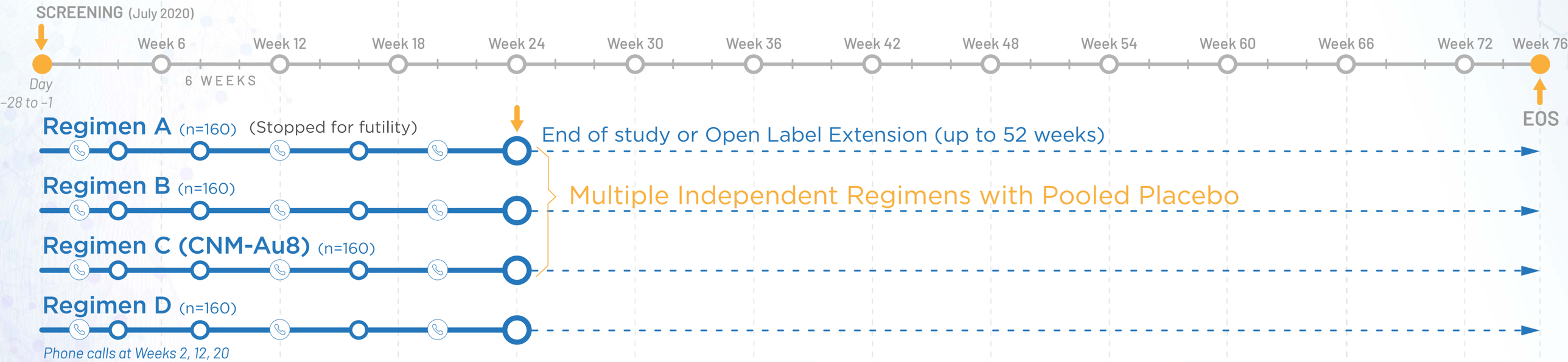
Data on File, Clene Nanomedicine, Inc.

Phase 2/3

# HEALEY ALS Platform Trial

## A Multi-center, Randomized Double-Blind, Placebo-Controlled Clinical Trial Assessing the Efficacy, Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of CNM-Au8 in Participants with Amyotrophic Lateral Sclerosis

### Registration Study: 24-Week Treatment Period (3:1 randomization, 120 active [30mg, 60mg]: 40 placebo)




**1°** Change in ALSFRS-R slope + survival

Weighted Average of Slope Change & Hazard Ratio

Weighting based on # of Mortality Events

**2°**

- CAFS (Joint-Rank) Survival & ALSFRS-R
- Slow Vital Capacity
- Survival

Anticipated topline data: 3Q 2022



Paganoni et al. Adaptive Platform Trials to Transform Amyotrophic Lateral Sclerosis Therapy Development. Ann Neurol. 2022; 91:165-175.

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# VISIONARY-MS STUDY Core Design Elements

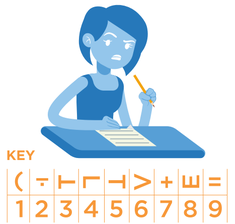
**Phase 2 Study: 48-Week Placebo-Control Treatment Period** 2:1 Randomization (Active [15mg, 30 mg]: Placebo)


- Enrolled stable relapsing remitting MS participants with chronic optic neuropathy on background DMTs
- n=73 of 150 planned – study ended prematurely due to pandemic-related enrollment challenges

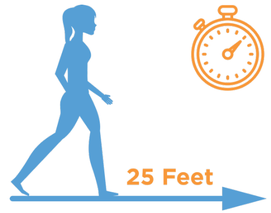
**1°** **Change in Low Contrast Letter Acuity (LCLA)**


**2°** **Change in modified MS Functional Composite (mMSFC)**

**9HPT**




**SDMT**




**T25FWT**


**LCLA**



https://clinicaltrials.gov/ct2/show/NCT03536559, Data on File, Clene Nanomedicne, Inc.

# Baseline Demographics Showed Balanced Randomization and Clinical Profile

VISIONARY-MS STUDY

- All participants were diagnosed with stable relapsing remitting MS with chronic optic neuropathy
- 92% treated with background DMTs (53% monoclonal antibodies, 32% oral)

| **Baseline Value** mean (sd) | **Age** (yrs) | **Sex** n, (%) Female | **Race** n, (%) White | **Weight** (kg) | **EDSS Score** | **Years from Dx** | **Months Since Relapse** |
|---|---|---|---|---|---|---|---|
| **CNM-Au8 15 mg** (n=24) | 38.4 (10.2) | 15 (63%) | 23 (96%) | 78.0 (17.1) | 1.83 (1.3) | 6.5 (5.0) | 53 (57) |
| **CNM-Au8 30 mg** (n=25) | 39.6 (7.6) | 16 (64%) | 24 (96%) | 78.6 (17.3) | 1.50 (1.1) | 3.4 (3.3) | 37 (35) |
| **Placebo** (n=24) | 38.1 (8.3) | 20 (83%) | 22 (92%) | 83.0 (23.3) | 1.85 (1.4) | 6.6 (3.7) | 57 (38) |
| **All Participants** (n=73) | 38.7 (8.6) | 51 (70%) | 69 (95%) | 79.9 (19.3) | 1.75 (1.5) | 5.5 (4.3) | 49 (45) |



Data on File, Clene Nanomedicine, Inc.

# Pandemic Significantly Impacted Study Conduct

VISIONARY-MS STUDY

- **Study was ended prematurely due to COVID enrollment challenges** (as announced February 2022)
  - Enrolled 73 of 150 planned
  - Underpowered due to limited enrollment
  - Pre-specified statistical threshold set at p=0.10
  - COVID restrictions precluded direct Sponsor monitoring
- **Objectives**
  - Learn from results
  - Evaluate strength of evidence for further MS development



Data on File, Clene Nanomedicine, Inc.

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# modified ITT (mITT) Analysis Population

- **Censored observations included**
  - Change in mobility assist device (cane to walker) for T25FW (n=1)
  - Invalid data from 1 of 11 sites (n=9) with LCLA testing execution errors
    - ➢ Multiple testing locations with different light boxes and varying ambient lighting conditions
    - ➢ In consultation with study Principal Investigator and external experts, all clinical data from the site were excluded



Data on File, Clene Nanomedicine, Inc.

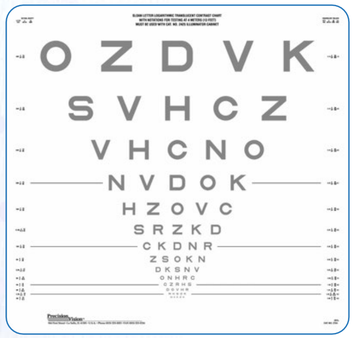
# CNM-Au8 treatment significantly improved vision

## Primary outcome - low contrast letter acuity (LCLA)

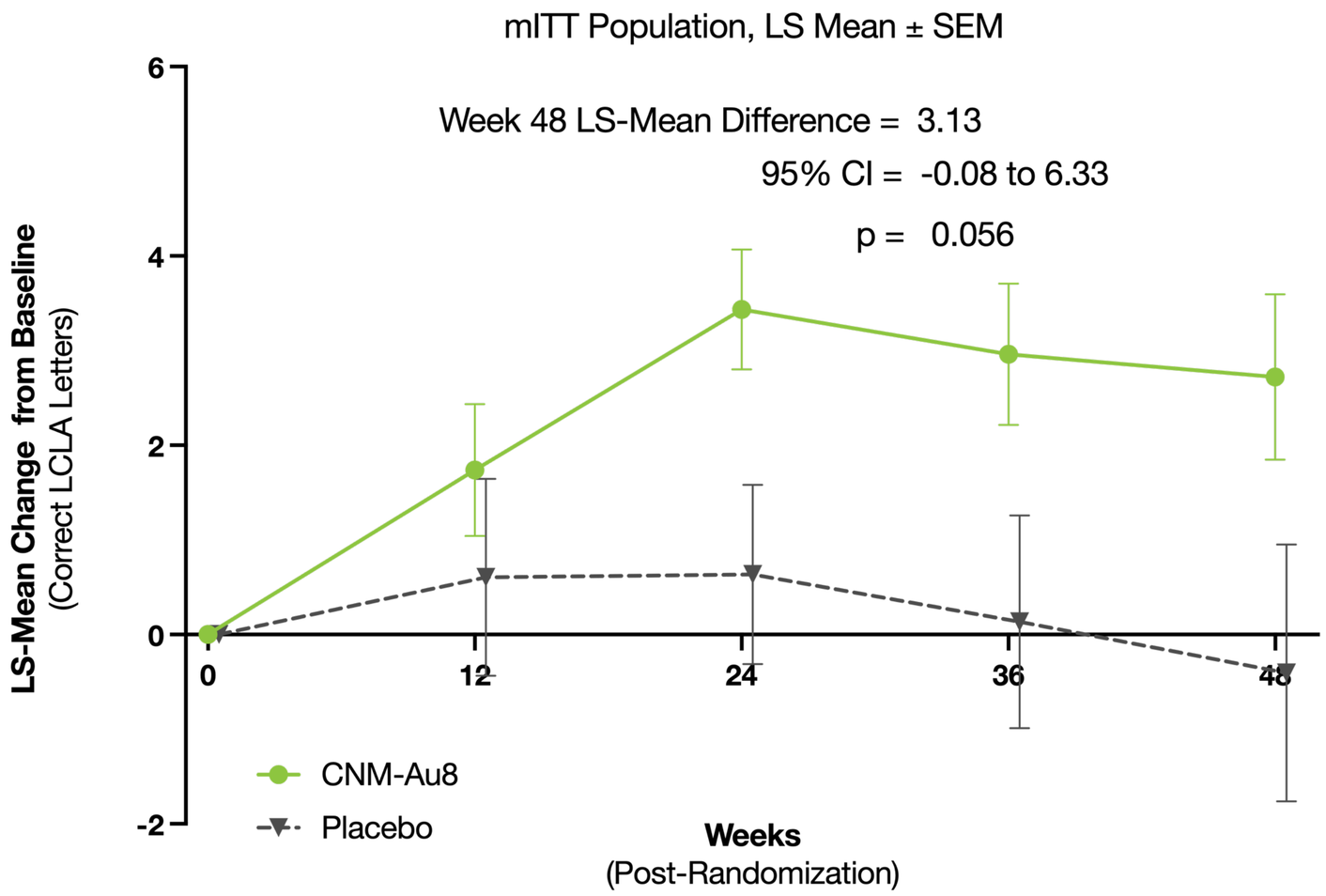
VISIONARY-MS STUDY

LCLA

2.5% Contrast




### LCLA in the Affected Eye






Data on File, Clene Nanomedicine, Inc. mITT excludes one site where data inconsistencies were observed in both active and placebo participants

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# CNM-Au8 demonstrated global neurological improvement
## by the modified MS functional composite

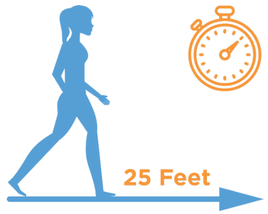
### Lead 2nd EP | (m)MFSC Composite Mean Standardized Change (6-domain)

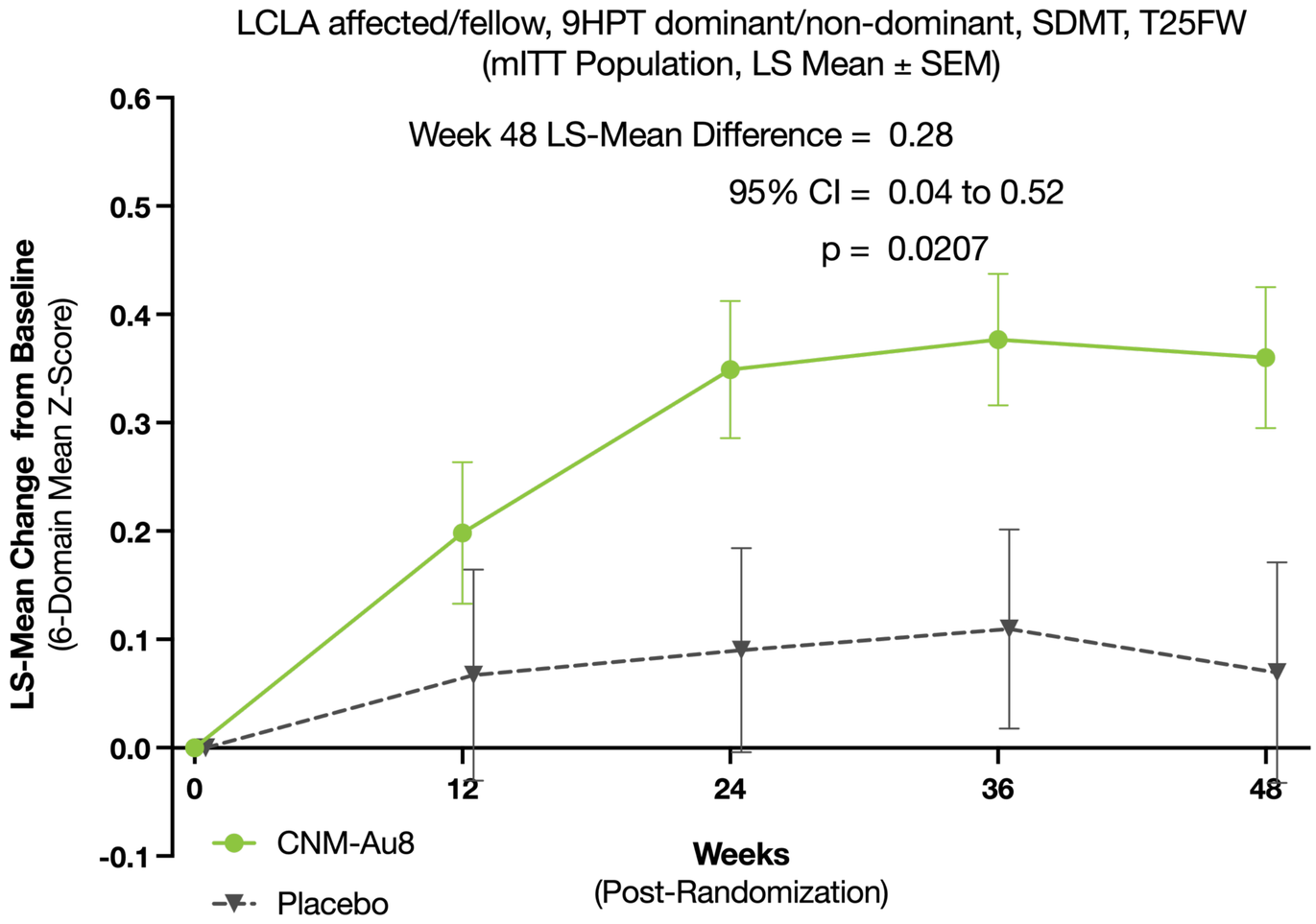
LCLA


SDMT


9HPT

T25FWT






Data on File, Clene Nanomedicine, Inc. mITT excludes one site where data inconsistencies were observed in both active and placebo participants

# CNM-Au8 neurological improvement was driven by cognition, manual dexterity, and low contrast vision

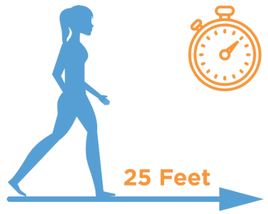
VISIONARY-MS STUDY

LCLA

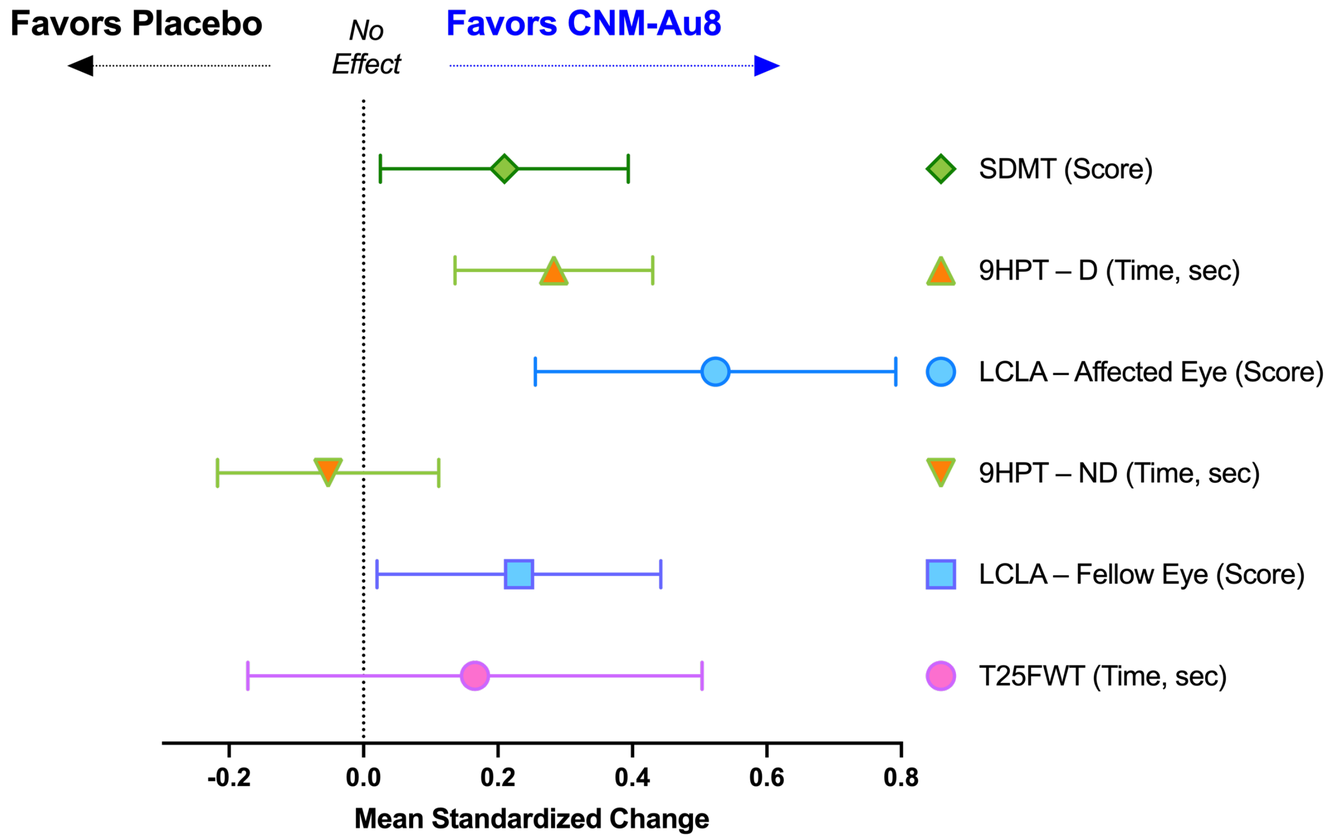

SDMT


9HPT

T25FWT




**Modified MS Functional Composite | Domain Improvements**
LCLA affected/fellow, 9HPT dominant/non-dominant, SDMT, T25FW
(mITT Population, LS Mean Difference ± SEM)
CNM-Au8 Less Placebo




**Week 48**
Mixed Model Repeat Measures



Data on File, Clene Nanomedicine, Inc. mITT excludes one site where data inconsistencies were observed in both active and placebo participants

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# CNM-Au8 treatment improved functional outcomes

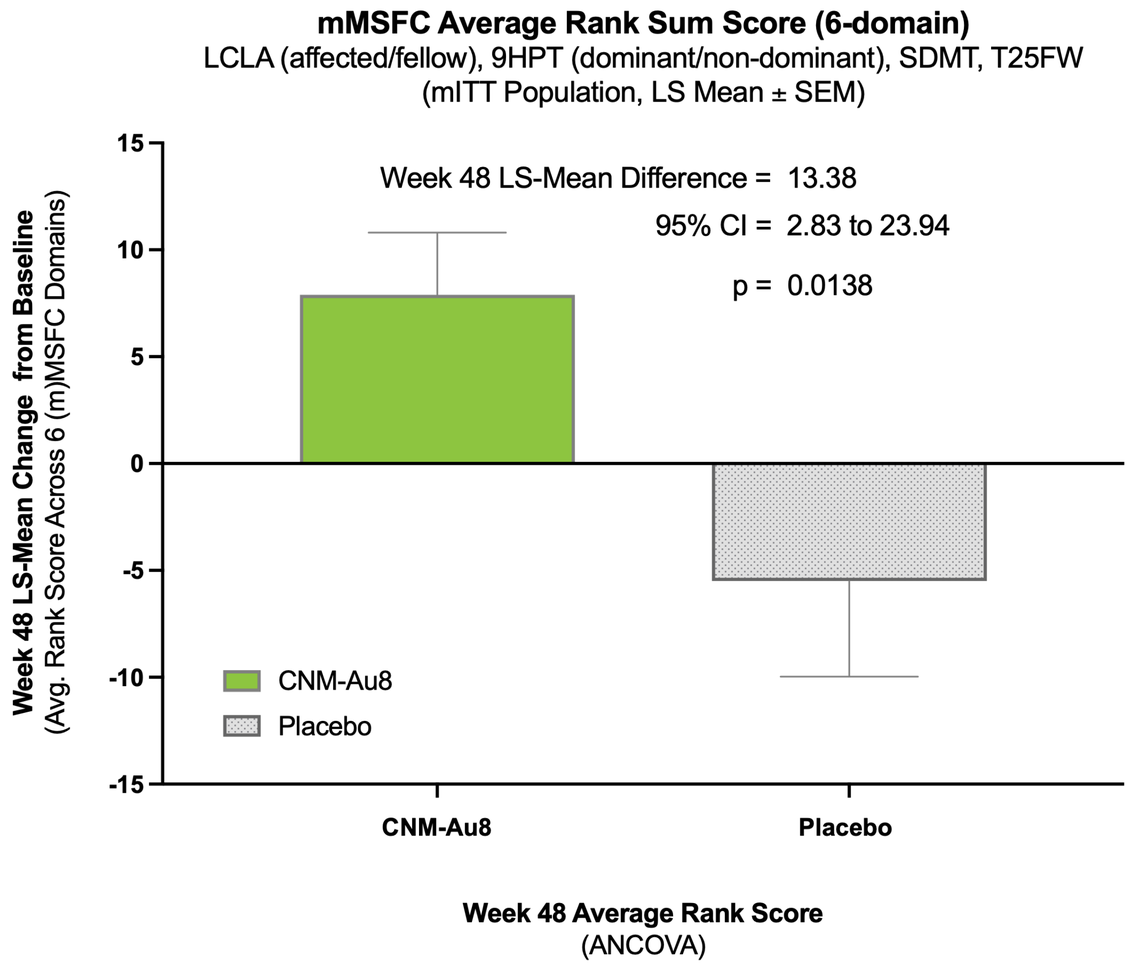
## Improvement relative to placebo decline

VISIONARY-MS STUDY

**Score all subjects versus all other subjects by each mMSFC domain**

| If... | Score |
|---|---|
| Better function than comparison | +1 |
| Same function as comparison | 0 |
| Worse function than comparison | -1 |

### 2nd EP | mMFSC Averaged Rank Sum Score






Data on File, Clene Nanomedicine, Inc. mITT excludes one site where data inconsistencies were observed in both active and placebo participants

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# Safety Summary

VISIONARY-MS STUDY

- **CNM-Au8 treatment was safe and well-tolerated**
  - Treatment emergent adverse events (TEAEs) were predominantly mild-to-moderate and transient
  - No dose limiting adverse events; no related serious adverse events

| **Treatment Emergent Adverse Events (TEAEs)** | **CNM-Au8 15 mg** number (%) | **CNM-Au8 30 mg** number (%) | **Placebo** number (%) |
|---|---|---|---|
| Subjects with any TEAE | 21 (88%) | 25 (100%) | 22 (92%) |
| Subjects with SAE | 1 (4%) | 2 (8%) | 2 (8%) |
| **Subjects with Related TEAEs** | 2 (8%) | 5 (20%) | 2 (8%) |
| **Subjects Discontinued due to TEAE** | -- | 1 (4%) | 1 (4%) |

**Placebo** SAEs: (1) Lentigo maligna melanoma, (2) pregnancy; CNM-Au8 15mg SAEs: (1) Pneumonia, bacteremia (staph aureus), endocarditis; CNM-Au8 30mg SAEs: (1) Ketamine infusion for pain and paracetamol overdose; (2) deep vein thrombosis (6-months post-discontinuation)



Data on File, Clene Nanomedicine, Inc.

# CNM-Au8 Efficacy Summary

VISIONARY-MS STUDY

## Clinical and functional improvements

LCLA vision improvement

mMFSC global neurological improvement

## Independent quantitative biomarkers of myelin and axonal integrity

VEP amplitude & latency improvements

Structural MRI improvements

Preservation of retinal structure

First therapy to demonstrate global neurological improvement in MS patients on top of background DMT standard of care



Data on File, Clene Nanomedicine, Inc.

# **Strong IP** & Manufacturing Capability

## Extensive Patent Portfolio With Protection Through 2035[a] & Proprietary Trade Secrets; Plus 7-year Orphan Drug Designation, and Scalable to Commercialization

### Global Patent Status [b]

- Issued & Allowed Patents 150+
- Pending Applications ~20
- Total Patents/ Applications >170

### Patent Description

- Process And Method/Device (Clean Surface; Gold CSN)
- State of Matter (CNM-Au8)
- Method of Use (Prevent Demyelination & MoA)
- Method of Use (Bi-Metallic Au/Pt; Antimicrobial)

### Trade Secrets

- Plasma Conditioning
- Electrode Design & Cycling
- Trough Flow, Temp, Pressure
- Concentration & Filtration

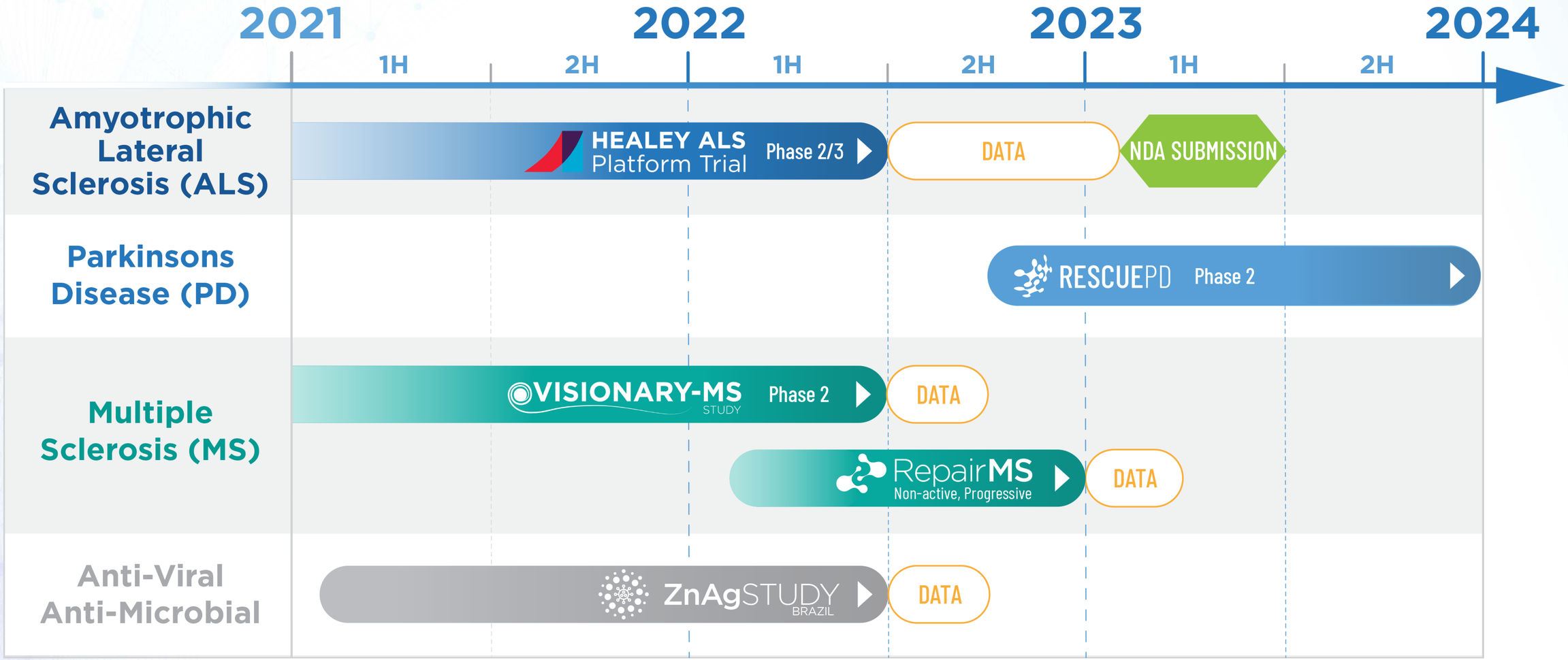
### In-House ISO8 Clean Room Clinical Production in Maryland




[a] With Patent Restoration Term (assuming 5-year extension). [b] As of 31-December-2021.

CLene NANOMEDICINE

# Anticipated Timeline & Upcoming Milestones




**Sufficient Cash to Hit Key Milestones in 2022**

**June 30, 2022**
**Cash and investments on hand** (unaudited):
$26.3M



CLene NANOMEDICINE

# CLENE | Growing Phase 2 Evidence Supports CNM-Au8 Commercial Potential

## CNM-Au8®

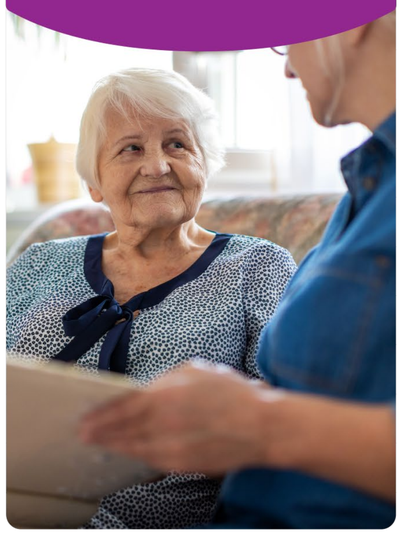
**a gold nanocrystal suspension, in development as the first cellular energetic catalyst to remyelinate[1] & protect neurological function**

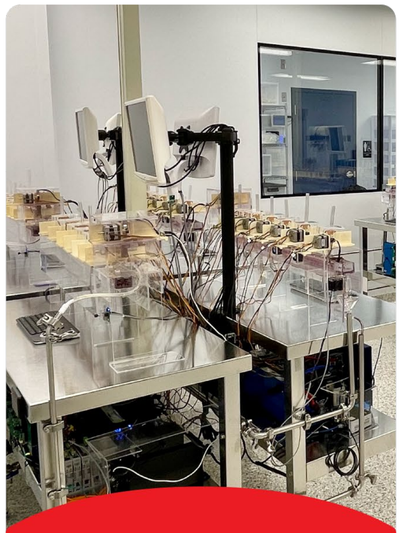
## ALS Registration Trial

**Topline data in 3Q 2022[2]**

## >350

**patient years of CNM-Au8 clinical exposure**



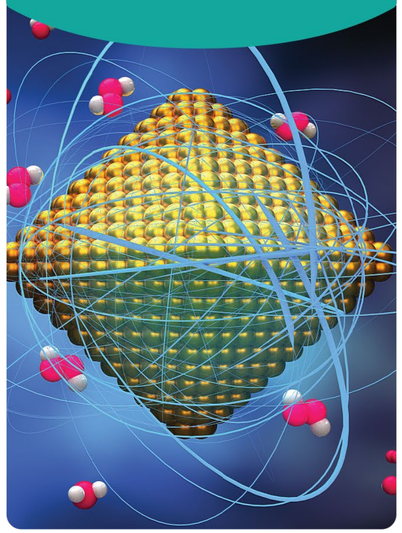


**Manufacturing expansion in progress, preparing for possible commercialization in 2023**

**Strong IP:**

## 150+

**patents on Clean-Surface-Nanocrystal technology (CSN®) platform**




**June 30, 2022 Cash and investments on hand** (unaudited):

## $26.3M



Data on File, Clene Nanomedicine, Inc. [1]Robinson et al. Sci Rep. 2020 Feb 11;10(1):1936.[2]https://clinicaltrials.gov/ct2/show/NCT04414345.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Version: 15-Aug-2022