Modulating the Immune System to Fight Chronic Inflammatory Diseases

Abivax, a Phase 3 Clinical Biotech Company

March 2023

abivax

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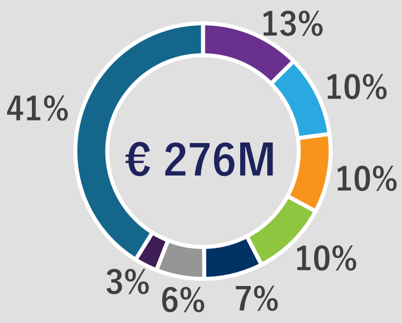
Abivax in a Nutshell: A Phase 3 Biotech Company

Milestones

Founded in 2013 by Truffle Capital

IPO (ABVX) on Euronext Paris in June 2015, raising € 57.7m

Shareholder structure[1] and market cap[2]



R&D and manufacturing partners

IQVIA
evotec
SEQENS
DELPHARM

50 Associates

Cash runway until end of Q2 2024

BREAKING NEWS

Feb. 2023:

Abivax announces successful oversubscribed EUR 130M cross-over financing at market price with top-tier US and European biotech investors

Top-tier US and European investors

Truffle Capital, TCGX, INVUS, SOFINNOVA PARTNERS, DEEP TRACK CAPITAL, venrock, Great Point Partners, DEERFIELD Advancing Healthcare, COMMODORE CAPITAL, SAMSARA BIOCAPITAL, BOXER CAPITAL

1) Undiluted as of March 1st, 2023
2) As of March 1st, 2023 EOB

* Includes: Santé Holding, Management, Board, Employees, Consultants

Ulcerative colitis – A debilitating disease with significant societal burden

More than 2.5 million patients in the EU and over 1 million patients in the United States suffer from IBD
The incidence rate is increasing in newly industrialized countries

(Kaplan GG. The global burden of IBD: from 2015 to 2025. Nature Reviews Gastroenterology & Hepatology, 2015, 12, 720–727)

The economic burden of UC was an estimated EUR 12.5-29.1B in Europe and USD 8.1-14.9B in the US as of 2008

(Cohen RD, Yu AP, Wu EQ, et al. Systematic review: the costs of ulcerative colitis in Western countries. Aliment Pharmacol Ther. 2010;31:693–707)

Key symptoms of UC: 1) Frequent or increased number of bowel movements, 2) urgency, 3) rectal bleeding, 4) fatigue and 5) abdominal pain

Up to 57% of active IBD patients have symptoms of anxiety and up to 39% symptoms of depression

(Barberio, B., Zamani, M., Black, C. J., Savarino, E. V. & Ford, A. C. Prevalence of symptoms of anxiety and depression in patients with inflammatory bowel, disease: a systematic review and meta- analysis. Lancet Gastroenterol. Hepatol., 2021, 6, 359–370.)

Current Treatment Options in UC

Conventional therapies
5-ASA, Corticosteroids, Immunosuppressants

Advanced therapies (1st line)
Biologics (anti-TNFα, anti-integrins, anti-IL-23)
Small Molecules (S1P)

Advanced therapies (2nd, 3rd, 4th, … lines)
Biologics (anti-TNFα, anti-integrins, anti-IL-23)
Small Molecules (S1P, JAK inhibitors)

Surgery

NOTE
Patients and physicians prefer oral treatment options.

NOTE
Abivax targets to position obefazimod as 1st line therapy.

Obefazimod Clinical Differentiation Factors and Positioning

Potential **first-in-class** small molecule with unique mechanism of action

Easy, oral once-daily administration

Fast onset of action

Durable and further improved clinical efficacy, currently best clinical remission rates during 3-years maintenance

Favorable safety and tolerability profile

We believe obefazimod has all necessary clinical differentiation factors to be positioned as…

…1^{st} **line** therapy in moderate to severe ulcerative colitis after failure of conventional therapies

Expected UC market size in G7:
USD 10.5B in 2027

Global UC phase 3 program: First patient enrolled in the US on Oct. 11, 2022

Abivax Pipeline in Chronic Inflammatory Diseases

Drug Candidates	Indication	Research	Nonclinical	Phase 1	Phase 2	Phase 3	Anticipated Milestones
Obefazimod	Ulcerative colitis (UC)	Pivotal Phase 3 program initiated First-Patient-In in the US Oct. 11, 2022					• Topline data readout end of 2024 (induction trials) • Topline data readout end of 2025 (maintenance trial)
Obefazimod	Crohn's disease (CD)	Pivotal Phase 2b/3 trial planned*					
Obefazimod	Rheumatoid arthritis (RA)	Phase 2a trial complete Phase 2b options being evaluated					
ABX711	Inflammatory condition	Indication to be selected					

- Lead program
- Completed and ongoing studies
- Obefazimod Pivotal Phase 2b/3 trial for CD planned based on the availability of necessary resources and funding

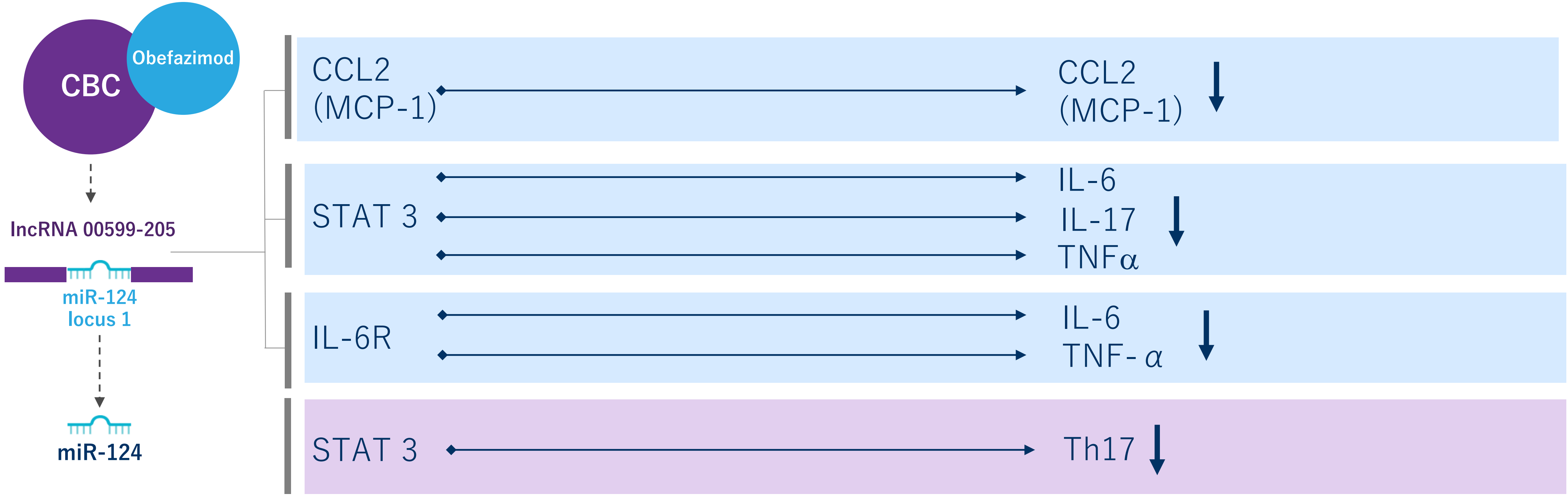
* We believe the nonclinical and Phase 1 data generated in our UC trials is sufficient for completion of these equivalent trials in CD, which we believe will allow us to enter straight into Phase 2b/3 trials for this indication; however, we can provide no assurance that we will be able to do so

Obefazimod: Mechanism of Action

Obefazimod's Novel Mechanism of Action: Potent and Specific Upregulation of miR-124, Activating a "Physiological Brake" of Inflammation

- **Potential first-in-class mechanism of action related to intracellular upregulation of miR-124.**
- **microRNAs work by down-regulating the translation of their respective target genes.**

  → As a consequence, obefazimod leads to a "rebalancing" of the immune system



Apolit et al., *GTG*, published online Jan. 2023.; Tazi et al. *Drug Discov. Today* (2021); Poholek et al. *J Exp Med* (2020) 217 (10): e20191761; *Lin S, et al. Frontier in Onc (2020)*

Obefazimod: Clinical Development in IBD

Obefazimod Phase 2a POC Study Results in Ulcerative Colitis

Short-Term (Induction) and Long-Term (Maintenance) Efficacy Signal Observed

- PI: Prof. Severine Vermeire, Leuven, BE
- 32 patients with moderate to severe UC: randomized (2:1) 50mg obefazimod vs placebo, double blind, placebo controlled study
- Moderate to severe UC patients who failed/were intolerant to conventional treatments only (50%) and biologics (50%)
- Central blinded and independent reading of endoscopies (induction, 2nd and 3rd year maintenance)
- Followed by open-label maintenance study (4-year treatment completed)

Vermeire et al., Induction and long-term follow-up with ABX464 for moderate-to-severe ulcerative colitis: Results of phase 2a trial. Gastroenterology, 2021;160:2595–2598	Obefazimod (n=23/20) ITT | PP	Placebo (n=9/9) ITT | PP	p value* (PP)
Clinical remission	30% | 35%	11% | 11%	0.16
Endoscopic improvement	43% | 50%	11% | 11%	0.03
Clinical response	61% | 70%	33% | 33%	0.06
miR-124 expression in rectal biopsies (fold increase)	7.69	1.46	0.004

* POC Study was not powered for efficacy
ITT: Intent-to-treat population
PP: Per protocol treated population

Obefazimod Phase 2b in Moderate-to-Severe Ulcerative Colitis: Study Design

Screening
≤ 4 weeks

Induction phase
16 weeks

Optional Open Label Maintenance
up to 4 years

Central reading of endoscopy

Modified Mayo Score 5-9

After failure of conventional therapies and/or biologics/JAK inhibitors

Stable CS ≤ 20mg

R

1:1:1:1

Stratification on prior exposure to biologics /JAK inhibitors

- Placebo (N=64)
- 25mg QD (N=61)
- 50mg QD (N=63)
- 100mg QD (n=64)

50mg QD

Primary Endpoint:
Reduction from baseline in Modified Mayo Score at week 8

252 patients - 17 countries - 130 sites

Vermeire et al., ABX464 (obefazimod) for moderate-to-severe, active ulcerative colitis: a Phase 2b, double-blind, randomised, placebo-controlled induction trial and 48 week, open-label extension, Lancet Gastroenterol Hepatol, Volume 7, Issue 11, Sept. 2022, P.1024-1035

Baseline Characteristics: Well-Balanced Among the Treatment Groups, Indicating a Moderate to Severe UC Population

		Placebo	25mg	50mg	100mg
		(n=64)	(n=61)	(n=63)	(n=64)
Age (years)	Mean (SD)	41.1 (14.43)	41.5 (14.16)	40.2 (13.94)	42.2 (12.34)
Male	n (%)	40 (62.5)	40 (65.6)	27 (42.9)	41 (64.1)
Modified Mayo Score (MMS)	Mean (SD)	7.0 (1.20)	7.1 (1.09)	7.1 (0.96)	7.0 (1.07)
7 to 9	n (%)	42 (65.6)	44 (72.1)	47 (74.6)	47 (73.4)
Endoscopic sub-score = 3	%	75%	67%	75%	66%
Duration of disease (years)	Mean (SD)	8.82 (6.783)	7.35 (6.848)	8.22 (7.785)	7.77 (7.291)
Fecal Calprotectin (µg/g)	Median	1558	1743	1671	1623
Previous exposure to biologics/tofacitinib	n (%)	31 (48.4)	30 (49.2)	30 (47.6)	32 (50.0)
anti-TNFα	n (%)	27 (42.2)	25 (41.0)	25 (39.7)	31 (48.4)
anti-TNFα only	n (%)	1 (1.6)	3 (4.9)	0	1 (1.6)
Vedolizumab	n (%)	22 (34.4)	19 (31.1)	20 (31.7)	20 (31.3)
Tofacitinib	n (%)	12 (18.8)	10 (16.4)	12 (19.0)	13 (20.3)
Concomitant UC Medication					
Corticosteroids	n (%)	29 (45.3)	32 (52.5)	33 (52.4)	37 (57.8)
Immunosuppressants	n (%)	10 (15.6)	10 (16.4)	9 (14.3)	6 (9.4)

Week 8 Efficacy Results (ITT): Primary Endpoint met
Clinical Activity observed in Patients and also for Subset of Bio-Refractory Patients

Week 8 Results (ITT[1] population / n=252)		Placebo	25mg	50mg	100mg
Modified Mayo Score Mean change from baseline	All patients	-1.9	-3.1 **	-3.2 **	-2.9 *
	Bio- refractory	-1.0	-2.8 **	-2.9 **	-2.8 **

*p-values of <0.01 versus placebo (ANCOVA)
**p-values of <0.001 versus placebo (ANCOVA)

1) ITT: Intent-to-treat patient population. Drop-out patients were considered as failure for all endpoints. Nearest neighbor imputation, as defined in the SAP. Patient characteristics well balanced between all groups (Modified Mayo Score, ConMeds, Gender, etc.).

Week 8 Efficacy Results (ITT):
Secondary Endpoints – Clinical Activity observed

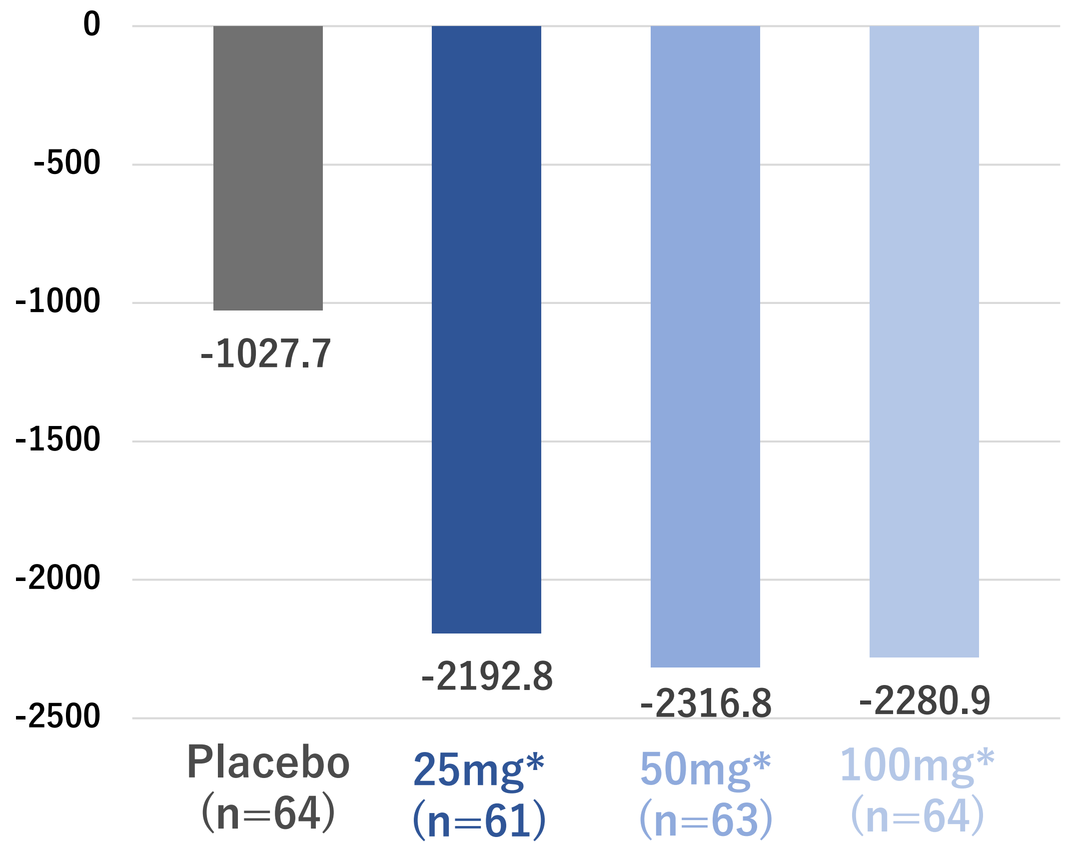
Data presented as per final Clinical Study Report (Aug. 2021)

Week 8 Results (ITT population / n=252)		Placebo	25mg	50mg	100mg
Key Secondary Endpoints (not powered for statistical significance)					
Endoscopic Improvement [a] †	All patients	8 (13.6%)	20 (34.5%) *	21 (39.6%) *	24 (44.4%) *
	Bio-refractory	1 (3.7%)	8 (28.6%) *	7 (30.4%) *	8 (26.6%) *
*p-values of <0.05 versus placebo using a likelihood ratio chi-square test					
Clinical Remission [b] †	All patients	8 (12.5%)	17 (27.9%) *	11 (17.5%)	16 (25.0%)
	Bio-refractory	1 (3.2%)	6 (20.0%) *	2 (6.7%)	6 (18.8%) *
*p-values of <0.05 versus placebo using a likelihood ratio chi-square test but not according to the predefined Mantel-Haenszel Chi Square test (p=0.06 to 0.08)					
Clinical Response [c] †	All patients	23 (35.9%)	40 (65.6%) *	38 (60.3%) *	35 (54.7%) *
	Bio-refractory	5 (16.1%)	17 (56.6%) *	13 (43.3%) *	15 (46.8%) *
*p-values of <0.05 versus placebo using a likelihood ratio chi-square test					

a Endoscopic improvement is defined as endoscopic subscore ≤1.
b Clinical remission (per Modified Mayo Score) is defined as stool frequency subscore (SFS) ≤1, rectal bleeding subscore (RBS) of 0 and endoscopic subscore ≤1.
c Clinical response (per Adapted Mayo Score) is defined as a decrease from baseline in the Modified Mayo Score ≥2 points and ≥30 percent from baseline, plus a decrease in RBS ≥1 or an absolute RBS ≤1.
† Evidence of friability during endoscopy confers an endoscopic subscore of 2 or 3

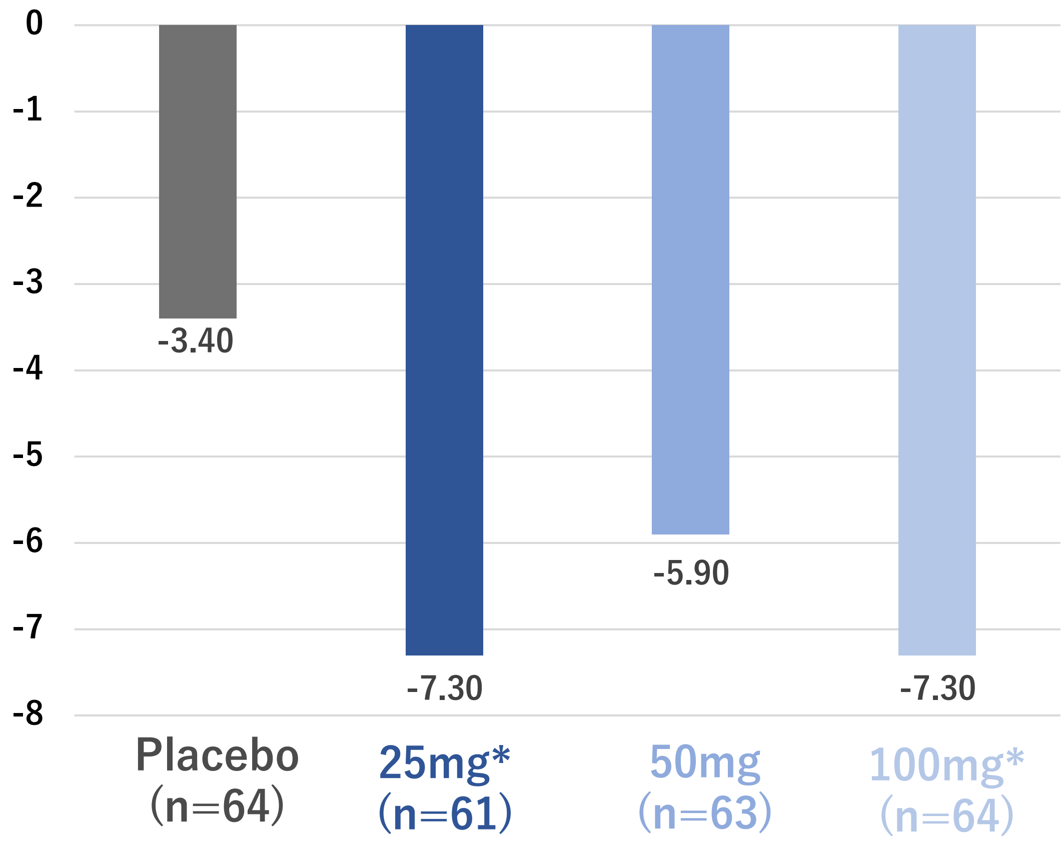
Secondary Endpoints: Fecal Calprotectin and Robarts Histopathology Index

Mean Change from baseline in Fecal calprotectin (μg/g)



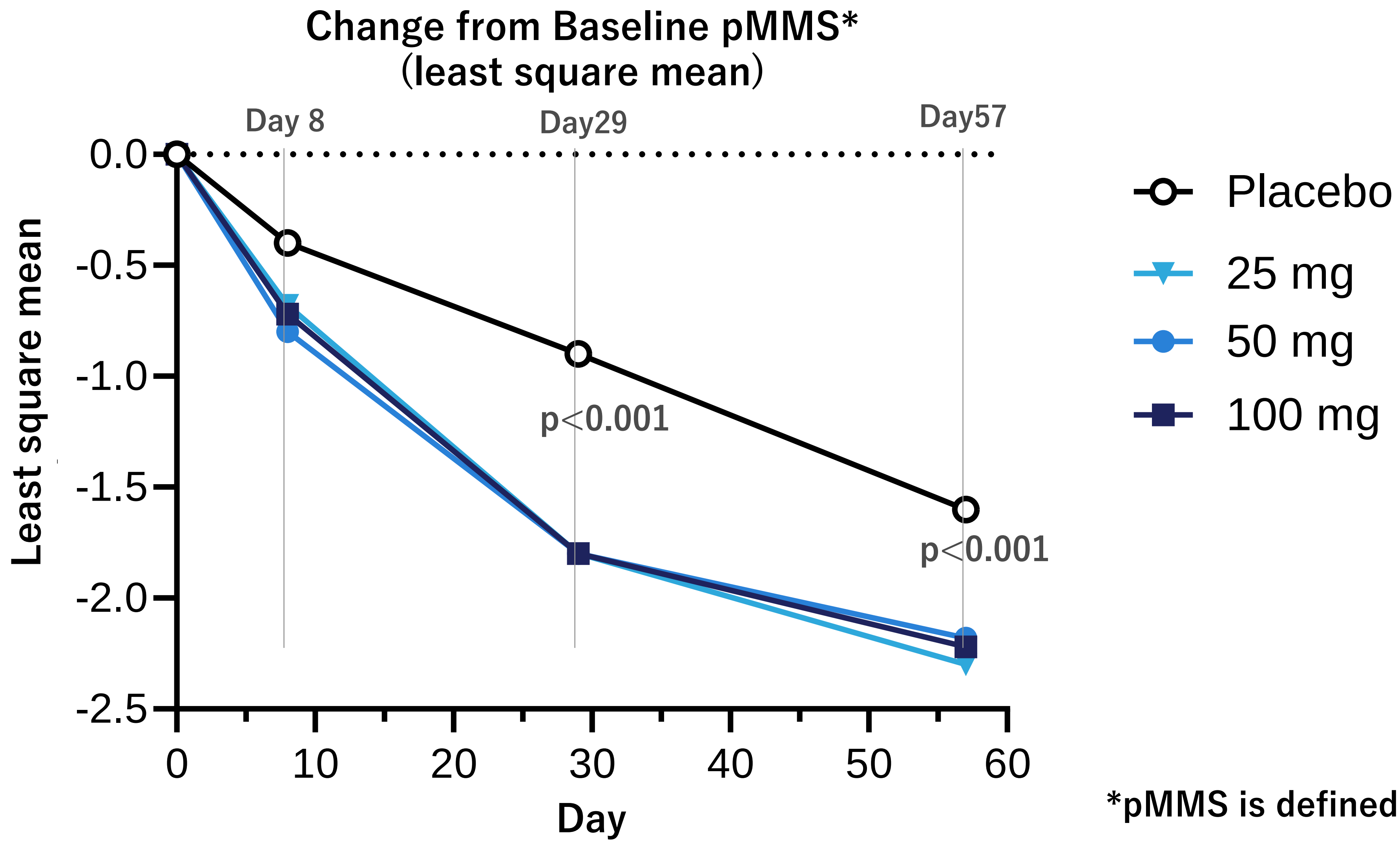
*p-values of <0.01 versus placebo (MMRM)

Change from baseline in Robarts Histopathology Index



*p-values of <0.05 versus placebo (MMRM)

Week 8 Efficacy Results (ITT): Rapid Onset of Action

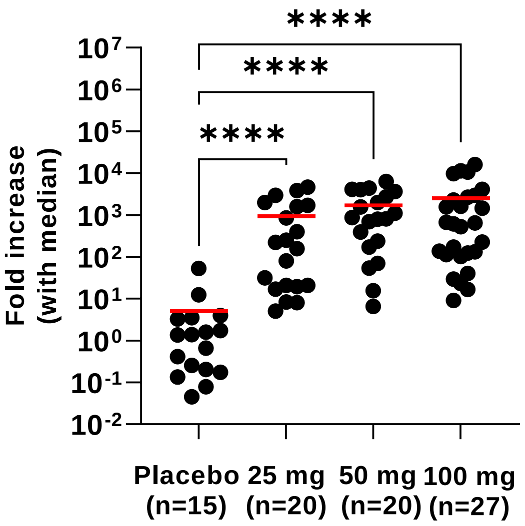


*pMMS is defined as RB= 0 + SF = 0 or 1

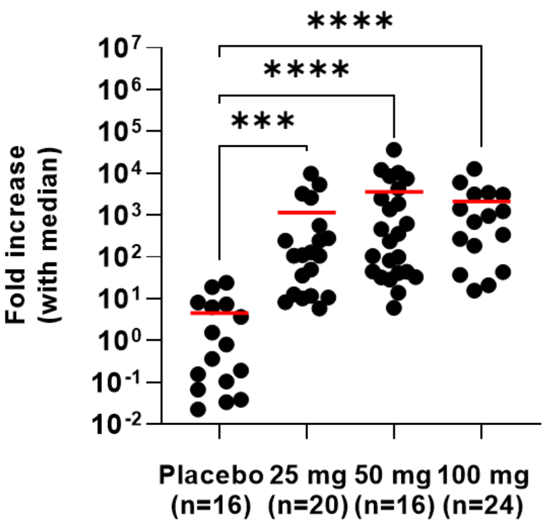
Obefazimod upregulates miR-124 Expression in UC Phase 2b Patients

➢ **Blood**: change from baseline in miR-124 expression is statistically higher with obefazimod compared with placebo after 1 week and 8 weeks

Week 1



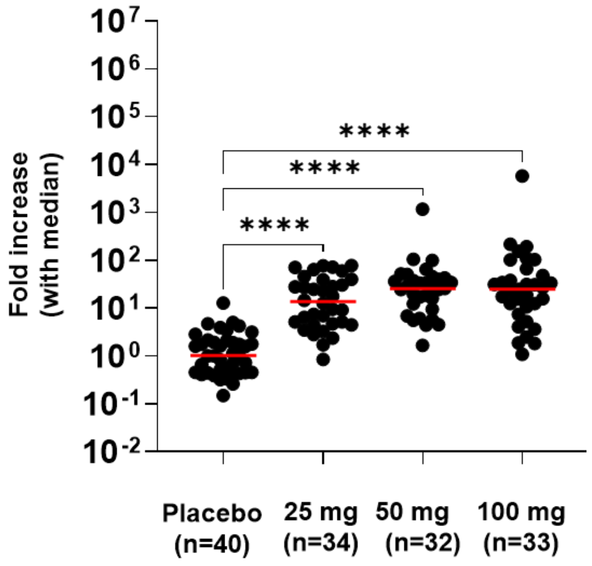
Week 8



***p<0.001 vs placebo
**** p<0.0001 vs. placebo

➢ **Rectal tissue:** change from baseline in miR-124 expression is statistically higher with obefazimod compared with placebo after 8 weeks

Week 8



Apolit et al.: ABX464 (obefazimod) up-regulates miR-124 to reduce pro-inflammatory markers in inflammatory bowel diseases, Clinical and Translational Gastroenterology, *published online in Jan. 2023.*

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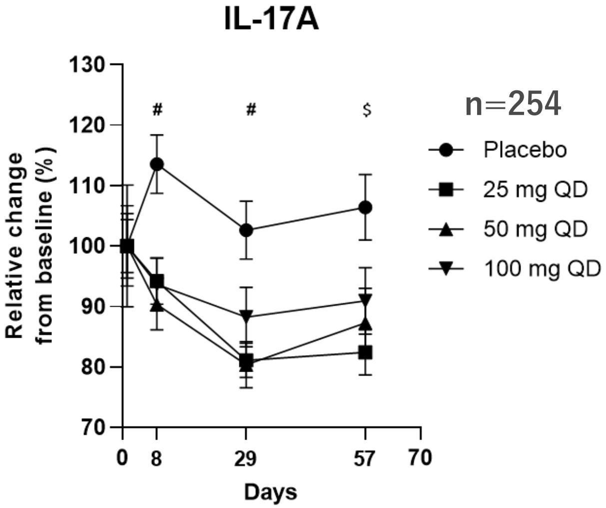
Obefazimod reduces IL17 & IL 23 in UC Phase 2b Patients

Blood

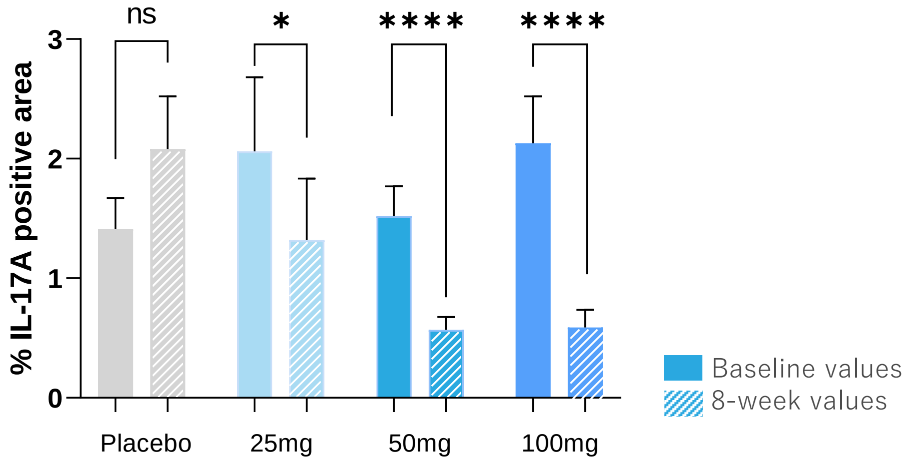
Obefazimod reduces statistically versus placebo plasma IL17



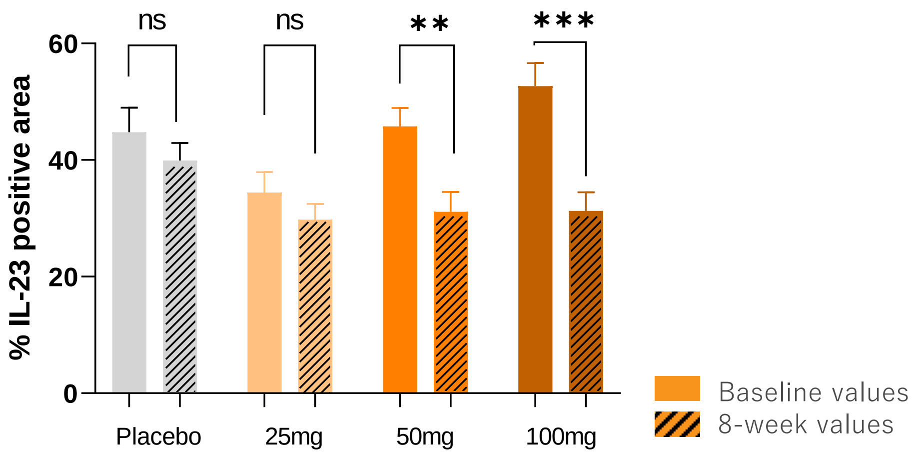
 # p < 0.01 for 25, 50 and 100mg
$ p < 0.01 for 25 and 50mg

Rectal tissue

Obefazimod reduces IL-17



Obefazimod reduces IL-23



Apolit et al.: ABX464 (obefazimod) up-regulates miR-124 to reduce pro-inflammatory markers in inflammatory bowel diseases, Clinical and Translational Gastroenterology, *published online in Jan. 2023.*

** p< 0.05 vs baseline*
*** p< 0.01 vs baseline*
**** p< 0.001 vs baseline*
***** p < 0.0001 vs baseline*

Obefazimod Phase 2a and 2b Open-Label Maintenance Study Results – ITT Favorable Long-Term Clinical Activity observed

Phase 2b study: 217/222 eligible patients enrolled into maintenance

One-year results (ITT)	All patients [1] (n=217)	Patients with clinical response after induction (n=124)	Patients without clinical response after induction (n=93)
Clinical Remission	n=119 | 54.8%	n=82 | 66.1%	n=37 | 39.8%

[1] Irrespective of patient outcome at the end of the induction phase

Phase 2a study

1, 2 and 3-year results (ITT)	1st year (n=22)	2nd year (n=22)	3rd year (n=22)
Clinical Remission[1]	n=12 | 54.5%	n=11 | 50.0%	n=11 | 50.0%

[1] Irrespective of patient outcome at the end of the induction phase

Obefazimod well-positioned in the Competitive Landscape for both Induction and 1-Year Maintenance - *Clinical Remission Rates*

Drug	Study	Active	Placebo	Delta	Active		Placebo	Delta
		Results of Induction studies (ITT)*			Results of Maintenance studies (ITT)*			
					Induction responders only	All comers		
Humira (AbbVie)	ULTRA I (Ph 3, 260 Pt.)	18.5%	9.2%	9.3%	-	-	-	-
	ULTRA II (Ph 3, 494 Pt.)	16.5%	9.3%	7.2%	17.3%	-	8.5%	8.8%
Entyvio (Takeda)	GEMINI I (Ph 3, 374 + 521 Pt.)	16.9%	5.4%	11.5%	44.8%	-	15.9%	28.9%
Rinvoq (AbbVie)	U-Achieve (473 Pt.)	26.0%	5.0%	21.0%	42.0% (15mg) recommended dose 52.0% (30mg)	-	12.0% (15mg) 12.0% (30mg)	30.0% (15mg) 40.0% (30mg)
	U-Accomplish (515 Pt.)	33.0%	4.0%	29.0%				
	Phase 2 (250 Pt.)	19.6%	0.0%	19.6%	-	-	-	-
Mirikizumab (Eli Lilly)	Lucent (1,162 Pt.)	24.2%	13.3%	11.1%	49.9%	-	25.1%	24.8%
Etrasimod (Pfizer)	Elevate 52 (433 Pt.)	27.0%	7.4%	19.8%	32.1%	-	6.7%	25.4%
	Elevate 12 (330 Pt.)	24.8%	15.2%	9.7%	-	-	-	-
PRA023 (Prometheus)	ARTEMIS Ph 2 (135 Pt.)	26.5%	1.5%	25%	-	-	-	-
Obefazimod (Abivax)	Phase 2a (32 Pt.) 50mg	30.4%	11.1%	19.3%	66.7% (50mg)	54.5%	-	-
	Phase 2b (254 Pt.) 25mg	27.9%	12.5%	15.4%	66.1% (50mg)	54.8%	-	-

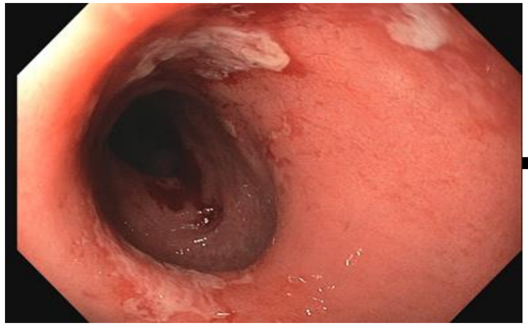
Marketed drugs in IBD | Drug candidates in development or licencing prodedure in IBD

*No head-to-head studies conducted with obefazimod against other products or candidates. Results of head-to-head comparisons may differ from those set forth herein.

Complete Resolution of UC Lesions in an Obefazimod Treated Patient (Humira, Remicade and Entyvio Resistant) during 4 years of Open-Label Maintenance Treatment

- 52-year-old patient with severe UC, who had failed on Humira, Remicade and Entyvio
- Fall 2017: Patient was counseled for colectomy
- Nov. 2017: Patient was enrolled in Phase 2a induction study with obefazimod
- Jan. 2018: Patient was enrolled in open-label maintenance study with obefazimod

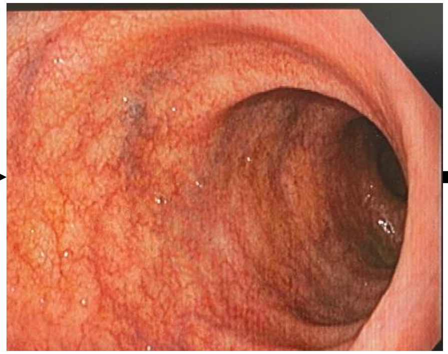
Endoscopy before obefazimod



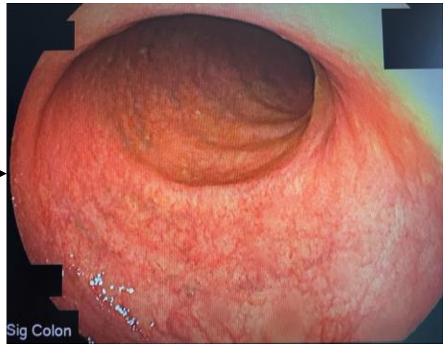
Endoscopy after 1st year of obefazimod

Endoscopy after 2nd year of obefazimod

Endoscopy after 3rd year of obefazimod



Endoscopy after 4th year of obefazimod



Courtesy of Prof. Severine Vermeire, Leuven, Belgium

Favorable Obefazimod Safety and Tolerability Profile

Phase 2b Study in UC Patients supported Profile observed in the Phase 2a Study

- No new safety signal, no death, no malignancy
- Most frequently reported AEs were headaches (20% for 25mg and 8% for placebo), which occurred early (first 10 days of treatment) and were transient (few days), mild or moderate (grade 1 or 2) and manageable with or without OTC medications
- Other AEs ≥ 5% (related and non-related) are gastrointestinal disorders (nausea, vomiting, upper abdominal pain) and musculoskeletal (arthralgia, myalgia)
- Labs: No clinically significant changes in laboratory parameters (liver function tests, Hb, white blood cells)

% Patients with at least one AE	Placebo (N=64)	Obefazimod 25mg (N=62)	Obefazimod 50mg (N=63)	Obefazimod 100mg (N=64)
TEAE leading to Study Discontinuation	6.3%	1.6%	9.5%	9.4%
SAEs[1]	6.3%	1.6%	6.3%	6.3%
Severe Grade 3-4 TEAEs[1]	4.7%	4.8%	7.9%	10.9%
Infections	9.4%	4.8%	12.7%	7.8%

[1]related and not related to study drug

- 25mg clearly stands out with a similar safety profile observed in the placebo group (except transient headaches)

Favorable Obefazimod Safety and Tolerability Profile across all Clinical Studies (UC, RA, HIV, Covid-19, Healthy Volunteers)

- More than 1,000 subjects exposed to obefazimod (as of safety data cut-off Nov. 2022)
  - → Subjects exposed at 25mg: 80
  - → Subjects exposed at 50mg: 842
    (including more than 200 patients treated for more than one year,
    of whom > 150 patients were treated for two years or more)
  - → Subjects exposed at 100mg: 95

Obefazimod in Ulcerative Colitis – Phase 3 Study Design

ABX464-105 Induction Study (n=612)

W8

- Obefazimod 50mg (n=306)
- Obefazimod 25mg (n=153)
- Placebo (n=153)

ABX464-106 Induction Study (N=612)

- Obefazimod 50mg (n=306)
- Obefazimod 25mg (n=153)
- Placebo (n=153)

Responders

ABX464-107 Maintenance Study (n~450)
(obefazimod responders)

W44

- Obefazimod 50mg (n~150)
- Obefazimod 25mg (n~150)
- Placebo (n~150)

Non-Responders

ABX464-107 Maintenance Study (N ~ 600)
(placebo and obefazimod non-responders and relapsers)

- Obefazimod 50mg (n~300)
- Obefazimod 25mg (n~300)

> First subject enrolled in the US on Oct. 11, 2022

Our Strategy how to bring Obefazimod to the Market in Ulcerative Colitis

Ulcerative colitis Phase 3 preparation on track

- **Clinical protocols** submitted to FDA on June 22 and **approved by central US IRB** in Aug. 2022
- **First patient enrolled in the US on Oct. 11, 2022**
- **25mg and 50mg** will be studied in the induction and maintenance trials
- **IQVIA and US and EU KOLs** involved in setup of study design
- **2 x 600 patients** planned for two induction studies which will feed the single placebo-controlled maintenance study
- > **530 out of 600 planned study sites in 36 countries** have already been qualified
- Out of the 600 sites, app. 25% are expected to be located in **North America**, 42% in **Europe**, 26% in **Asia** and 7% in **other geographies**

Inclusion of Japan in the global obefazimod Phase 3 study program

Phase 1 study in Japanese healthy volunteers

- Study completed showing similar PK characteristics in Japanese vs. non-Japanese subjects
- PMDA meeting (Oct. 2022) confirmed Japan participation in Phase 3 program

Expected UC Program upcoming Milestones

	2022	2023	2024	2025
Obefazimod in UC	Oct. 11, 2022 FPI Phase 3 ✓ Sept. 2022 Phase 2b publication in Lancet GH ✓	2-year Phase 2b maintenance study data	LPI Phase 3 Top-line data of Phase 3 induction studies in late 2024	Top-line data of Phase 3 maintenance study in late 2025

*Based on the recent revisions of the protocols, timelines and costs of the phase 3 program are currently under revision, with the risk of a potential delay of up to 3 months for the end of enrollment and additional costs around 10% of the total study costs.

Obefazimod: Commercial Perspectives in IBD

Obefazimod: Size of Target Market expected to Increase by 70% in UC and by nearly 20% in CD (2021 - 2027)

UC Epidemiology

2021

In million cases

Total Cases WW	13
Total Cases G7	3.6
Total moderate to severe cases G7	1.9
Moderate to severe cases G7 treated patients	1.5

More than 2/3 of these patients are not treated with advanced therapies

Total market size[1] in inflammatory diseases > **USD 90B**

Market size[1,2]
UC: USD 6.2B
CD: USD 12.9B

Obefazimod addresses a market of **USD 19.1B**

UC & CD Market Potential

	Ulcerative Colitis	Crohn's Disease
Our obefazimod TPP	Patients with moderate to severe UC and CD who failed conventional therapies, therefore positioned as 1st and 2nd line treatment	
G7 Market Size (2nd & 3rd line)	2021: USD 6.2B for UC 2027: Expected USD 10.5B for UC	2021: USD 12.9B for CD 2027: Expected USD 15.4B for CD
Our obefazimod Market Share Assumptions	10-20% market share at peak sales for both indications	

1) 2021 data for Europe G5, U.S. and Japan
2) 2nd and 3rd line

Source: Global Data & Informa

Obefazimod Patents

		Actual or Projected Patent Expiration Date	Projected Patent Term Extensions	US	EP	JP	CN	HK	CA	AU	RU	BR	KR	ZA	MX	IN
Products	Compound Composition of matter *(product claim)*	6/2030	US 2034 EU 2035		*											
Applications	***Disease treatment*** *(use or method claims)* ***Inflammation*** *(S9)*	7/2035	US 2039 EU 2040		*											*

Granted patent

Pending application
* Claims allowed
* Methods of treatment not patentable under Indian patent law

Our Financing Strategy – Multi-Pronged Approach

Attracting Top Tier US Biotech investors with continued commitment from historical shareholders for the cross-over financing of EUR 130M in Feb. 2022

New US Shareholders	*Existing shareholders*
Great Point Partners	Truffle Capital
Deerfield – Advancing Healthcare®	TCG X
Commodore Capital	Invus
Samsara BioCapital	Sofinnova Partners
Boxer Capital	Deep Track Capital
	Venrock
	Santé Holding

- With EUR 130M gross financing (EUR 123M net proceeds) raised in Feb. 2023, we have an existing cash runway until end of Q2 2024
- We estimate the total costs of the UC Phase 3 program until the end of 2025 (the expected results date of the UC Phase 3 maintenance trial) to be EUR 224M, of which:
  - EUR 123M have been raised recently
  - approximately EUR 31M additional funding required until the end of 2024 (the expected results date of the two UC Phase 3 induction trials); and
  - approximately another EUR 70M additional funding required until the end of 2025 to complete the maintenance study
- In total, additional funding of EUR 101M required to complete the UC Phase 3 program. We evaluate further short-term financing options:
  1. Carrying out one or more new capital increases
  2. Entering into loan or issuing bonds
  3. Conclusion of regional licensing agreements for obefazimod, specifically targeting Asia

Oversubscribed EUR 130M Cross-Over Financing at Market Price

EUR 130M Capital Increase

- Oversubscribed capital increase totaling EUR 130M gross (EUR 123M net)
- Subscription price at market closing price at EUR 6.5 (Feb. 22, 2023)
- 20M newly-issued ordinary shares, representing 89.6% of the current share capital, amounting to a new capital of 42.3M shares
- Six existing shareholders, led by TCGX with the participation of Invus, Sofinnova Partners, Deeptrack Capital, Venrock and Santé Holding
- Nine new US and European tier-one investors

Existing Investors

TCGX

INVUS

SOFINNOVA PARTNERS

DEEP TRACK CAPITAL

venrock

Santé Holding

New Investors

Great Point Partners

DEERFIELD® Advancing Healthcare®

COMMODORE CAPITAL

SAMSARA BIOCAPITAL

BOXER CAPITAL

Highly Experienced Executive Committee

Prof. Hartmut Ehrlich, M.D.
Chief Executive Officer

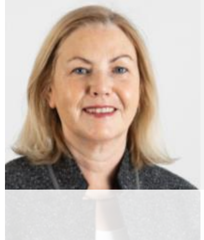
Baxter, SANDOZ, Lilly

Didier Blondel
EVP, Chief Financial Officer & Board Secretary

SANOFI, sanofi pasteur MSD

Sheldon Sloan, M.D., M. Bioethics
Chief Medical Officer

Pfizer, ARENA PHARMACEUTICALS, Johnson & Johnson



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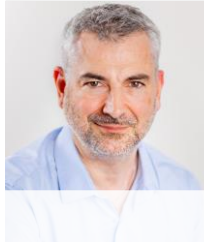

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AstraZeneca

Regina Jehle
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BIONTECH

Competencies from discovery to global commercialization

Obefazimod – Major Peer-Reviewed Publications

ABX464 (obefazimod) up-regulates miR-124 to reduce pro-inflammatory markers in inflammatory bowel diseases

Cécile Apolit et al., Clinical and Translational Gastroenterology, published online Jan. 2023

ABX464 (obefazimod) for moderate-to-severe, active ulcerative colitis: a phase 2b, double-blind, randomised, placebo-controlled induction trial and 48 week, open-label extension

Severine Vermeire et al., Lancet Gastroenterol Hepatol, Volume 7, Issue 11, Sept. 2022, P. 1024-1035

Safety and efficacy of the miR-124 upregulator ABX464 (obefazimod, 50 and 100 mg per day) in patients with active rheumatoid arthritis and inadequate response to methotrexate and/or anti-TNF α therapy: a placebo-controlled phase II study

Claire Daien et al., Annals of the Rheumatic Disease, 2022;81:1076–1084

Induction and long-term follow-up with ABX464 for moderate-to-severe ulcerative colitis: Results of phase 2a trial

Severine Vermeire et al., Gastroenterology, Volume 160, Issue 7, June 2021, P. 2595-2598.E3

Specific and selective induction of miR-124 in immune cells by the quinoline ABX464: a transformative therapy for inflammatory diseases

Jamal Tazi et al., Drug Discovery Today, Volume 26, Issue 4, April 2021, P. 1030-1039

Both anti-inflammatory and antiviral properties of novel drug candidate ABX464 are mediated by modulation of RNA splicing

Audrey Vautrin et al., Nature Scientific Reports, Volume 9, Article number: 792, January 2019

Randomized Trial of Food Effect on Pharmacokinetic Parameters of ABX464 Administered Orally to Healthy Male Subjects

Didier Scherrer et al., Antimicrobial Agents and Chemotherapy Jan. 2017

Pharmacokinetics and tolerability of ABX464, a novel first-in-class compound to treat HIV infection, in healthy HIV-uninfected subjects

Didier Scherrer et al., Journal of Antimicrobial Chemotherapy Advance Access published Dec. 20, 2016