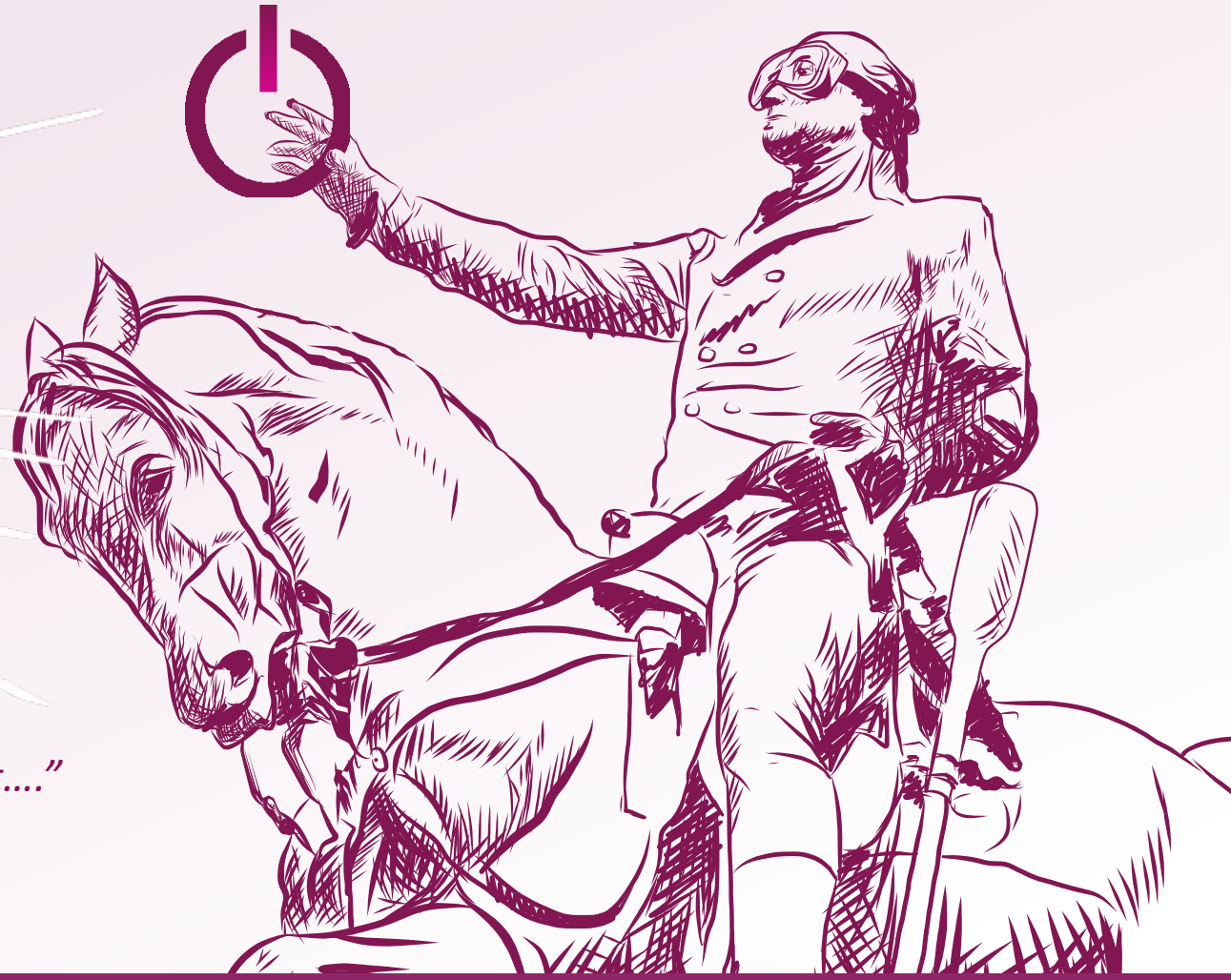
REVOLO BIOTHERAPEUTICS

Analyze
Reset
Revolutionize



"We're happy to let you look at this 'sneak peak' overview.

We of course have lots more to share. Feel free to reach out…."

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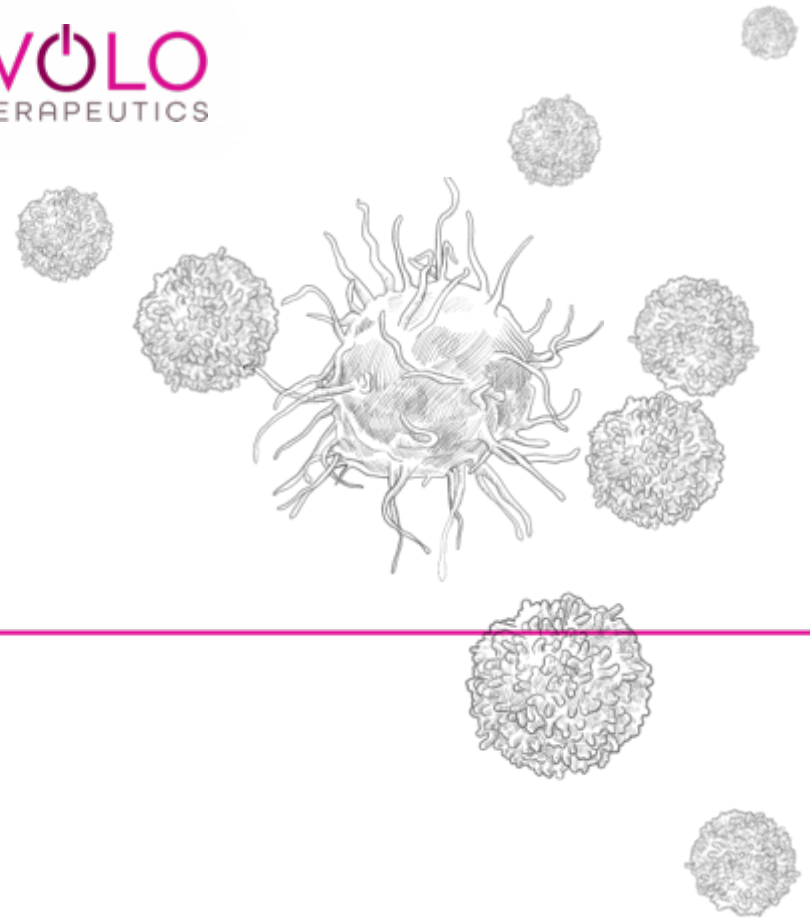

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Our Mission

Revolutionize Autoimmune and Allergic Disease treatment by *Resetting* the Immune System for *Superior* long-term disease *Remission*

Current Therapies

Short-term, partial disease remission
Current biologics e.g., anti-TNFs

Disease modification
Immunosuppressants

Treat symptoms only
Steroids

Chronic Suppression of immune system:

- Low remission rates
- Patients at risk of serious infections and life-threatening side effects

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Superior, long-term disease remission without immune suppression

Resetting the immune system with:

- Short PK but prolonged PD effect (weeks to months)
- Superior disease Remission
- No immunosuppression

Revolutionary Company with Revolutionary Therapies

Developing two therapies that *Reset* the immune system for *long-term remission*

Demonstrated *Efficacy and Safety*

- '1805 Phase 2 study achieved remission in Rheumatoid Arthritis
- '1104 Phase 1 **study** (94 healthies and asthmatics) safe and tolerable and shown to be a key regulator for Allergic Disease
- '1104 MAD study 18 healthies safe and tolerable no SAE's

Multiple *Near-Term* milestones:

- Initiating *four* Phase 2 clinical programs in RA, Allergic Disease, EoE and Uveitis
- *Four* near-term clinical readouts
- Multiple autoimmune and allergic disease indication targets

Strong cash position

- $54M Series B September 2020 led by Morningside Ventures, Boston USA

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Revolutionizers

Jonathan Rigby
Group CEO

As employee #1 in the US, Jonathan Rigby has led the company through rapid and substantial strategic and operational growth. He brings three decades of experience creating value through multiple private financings and IPOs and public to public mergers in the pharma and biotech industry.

Woody Bryan
CBO Ph.D.

Jones (Woody) Bryan, Ph.D., brings almost 30 years of experience in the healthcare industry to the team, having led successful business development operations in both private and public pharma and biotech companies.

Perry Calias
COO

Perry Calias, Ph.D., brings over 25 years of experience in pre-clinical and clinical development, CMC and global regulatory submissions across the drug and device sectors of healthcare. He has held numerous executive positions leading clinical and non-clinical operations.

Jeff Myers M.D. Ph.D.
CMO

Jeff Myers, M.D., Ph.D., has 20 years of experience in medical affairs, regulatory and clinical development within the biopharmaceutical industry, with focuses on cardiovascular, pulmonary, oncology, and inflammatory diseases.

Nancy Vinh
VP Clin Ops

Nancy Vinh brings over 20 years of experience in managing early and late phase, international clinical trials for drugs, biologics, cell therapy and combination products across a wide range of therapeutic areas to the team.

Roly Foulkes Ph.D.
CSO

Dr. Roly Foulkes has 25 years of experience building and delivering innovative therapeutic portfolios within the immunology and inflammatory disease space. He has a strong record advising small and medium sized immunology biopharma companies in developing competitive therapeutic strategies.

Marylyn Rigby
VP Marketing, IR, PR

Marylyn Rigby is an experienced pharmaceutical, biotech, and drug delivery professional. In addition to her expertise in marketing, public and investor relations, she has a successful track record with business development, licensing, public and private equity financing, and business strategy.

Dora Rau
SVP Quality

Dora Rau brings 25 years of experience in development and commercial operations for drugs, biologics, devices and combination products to the team. She has held numerous executive-level quality positions, with expertise in building quality systems and in leading teams to attain successful regulatory authority inspection outcomes and product approvals.

Jonathan Gold
CFO

Over the last 25 years, Jonathan Gold has been an institutional venture capitalist, a public fund manager, a founder, an operating executive, and a board member for companies across sectors including life sciences. In those roles, he was active in the development, financing and mergers and acquisitions for numerous public and private companies.

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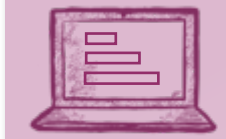
‘1805 Our Revolutionary Protein Drug to Treat Autoimmune Diseases

‘1805 Lead indications
Uveitis
RA
Select Additional Indications
Celiac disease
Ulcerative colitis (UC)
Crohn’s disease
Multiple sclerosis
ANCA Positive Vasculitis
Autoimmune Hepatitis
Many others

Phase 2 trial complete showing disease remission with single dose out to 12 weeks

Upcoming: Phase 2 trial in patients with moderate-to-severe RA to further assess clinical response duration and disease remission

Upcoming: Phase 2 trial in patients with *non-infectious uveitis*



Performed a systematic review of >150 autoimmune diseases, identified *pipeline expansion* into additional indications

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‘1104 Our Revolutionary Peptide Drug to Treat Allergic Diseases

1104

‘1104 Lead indications

Eosinophilic Esophagitis (EoE)

Allergic Disease

Select additional indications

Food Allergy

Allergic Asthma

Allergic Bronchopulmonary Aspergillosis

Eosinophilic Gastritis and Duodenitis

Contact Dermatitis

Pet Allergy

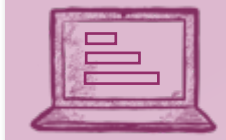
Many others

Placebo-controlled, Phase 1 study in 94 healthy and mild asthmatics shows ‘1104 safe at clinical doses

Placebo controlled phase 1 MAD study no SAE’s

‘1104 shown to increase levels of A20, a key regulator of the inflammatory response

Upcoming: Phase 2 trial in patients with EoE and Phase 2 Allergen Sensitivity Study



Performed a systematic review of >150 autoimmune diseases, identified ***pipeline expansion*** into additional indications

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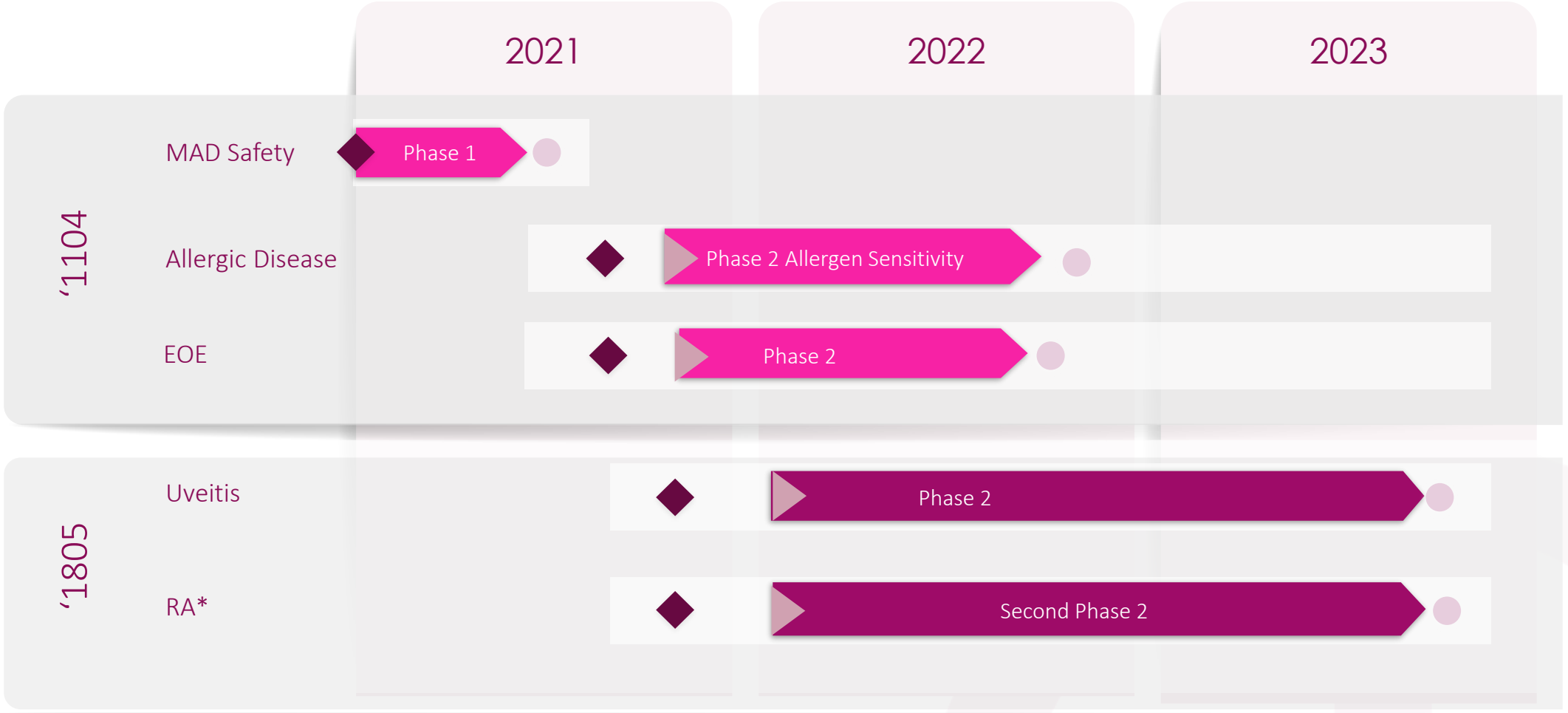
Cascade of Clinical Readouts to Drive Value



Note: all timelines contingent on regulatory agency feedback and / or operational progress.

*Intend to seek partner for long term development

Clinical readout Study initiation FPFD

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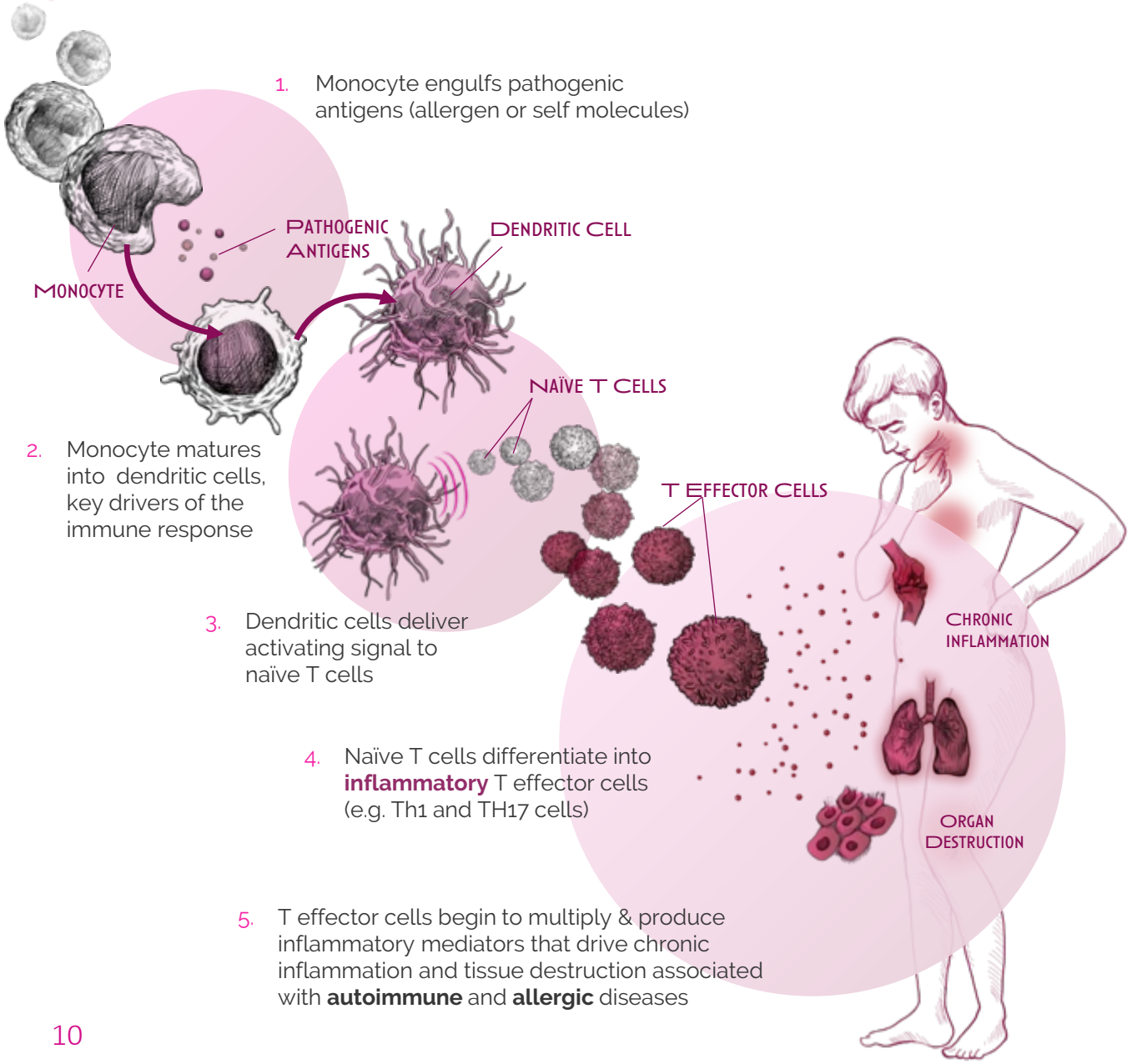
MOA; Current Therapies Treat *Downstream* After Inflammatory Mediators Released

1. Monocyte engulfs pathogenic antigens (allergen or self molecules)



2. Monocyte matures into dendritic cells, key drivers of the immune response

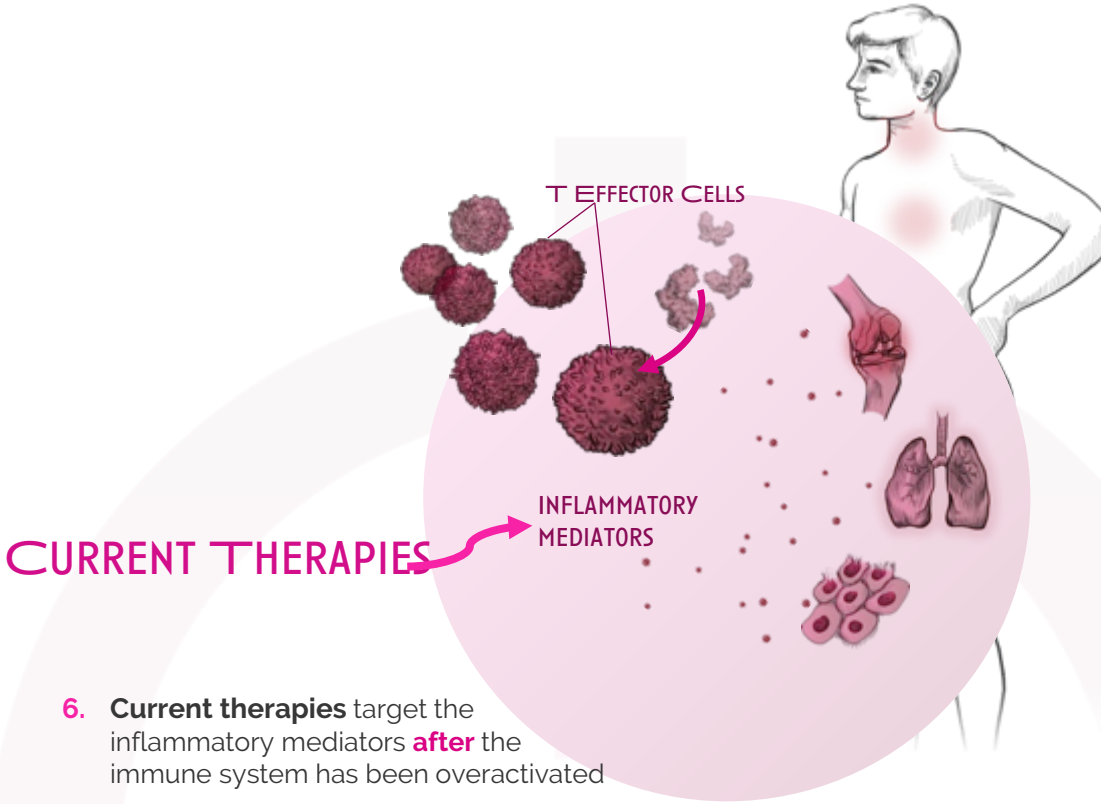
3. Dendritic cells deliver activating signal to naïve T cells

4. Naïve T cells differentiate into **inflammatory** T effector cells (e.g. Th1 and TH17 cells)

5. T effector cells begin to multiply & produce inflammatory mediators that drive chronic inflammation and tissue destruction associated with **autoimmune** and **allergic** diseases

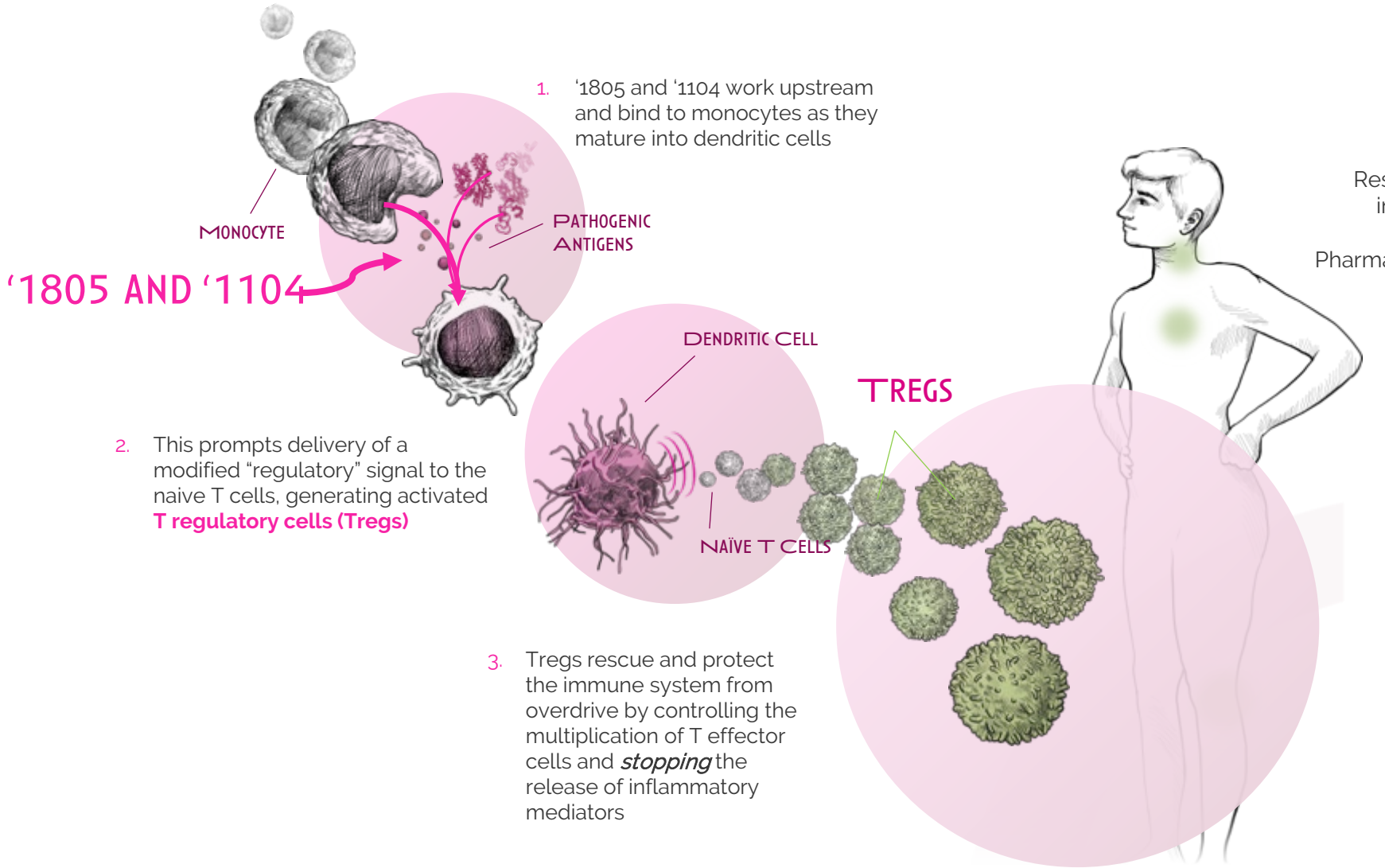
CURRENT THERAPY TREATMENT

Require frequent dosing, provide short-term disease remission in a limited number of patients and suppress the immune system making patients susceptible to serious infection or cancer



6. **Current therapies** target the inflammatory mediators **after** the immune system has been overactivated

MOA; ‘1805 and ‘1104 **Reset** the Immune System *Upstream* to Prevent Inflammatory Mediator Release



1. ‘1805 and ‘1104 work upstream and bind to monocytes as they mature into dendritic cells

2. This prompts delivery of a modified “regulatory” signal to the naive T cells, generating activated **T regulatory cells (Tregs)**

3. Tregs rescue and protect the immune system from overdrive by controlling the multiplication of T effector cells and ***stopping*** the release of inflammatory mediators

4. Since Tregs live for a long time, ‘1805 and ‘1104 may lead to long-term disease remission by resetting the immune system to its normal regulatory state without immune suppression

‘1805 AND ‘1104

Reset the immune system before the inflammatory cascade with short Pharmacokinetic life but long Pharmacodynamic effect (weeks to months), without immune suppression

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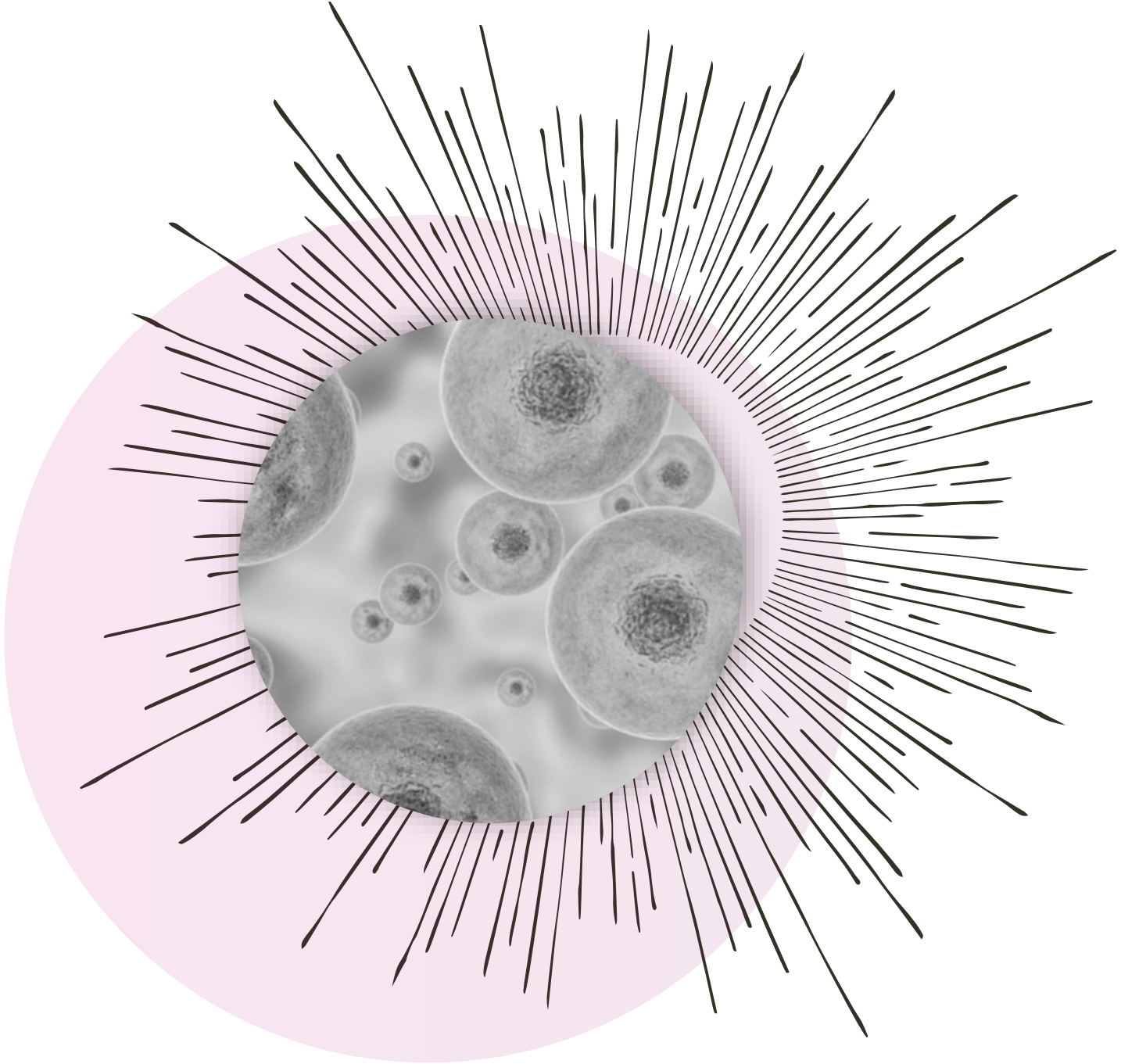
‘1805

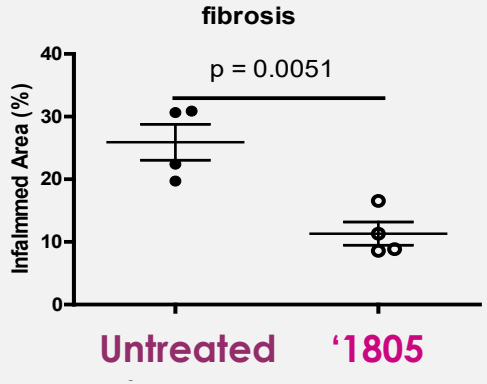
First-in-class modified analogue of the endogenous Binding Immunoglobulin Protein, BiP.

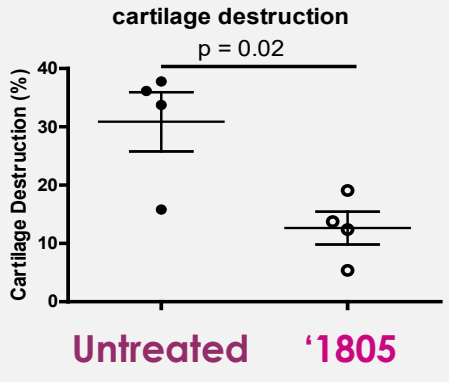
Reset the Immune System for long-term autoimmune disease remission.

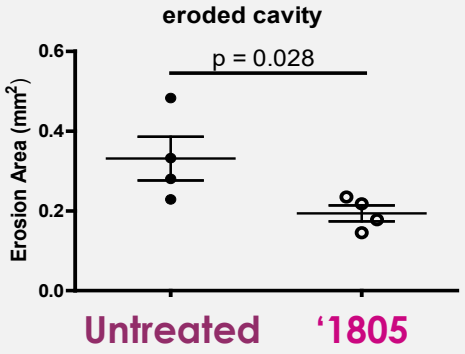


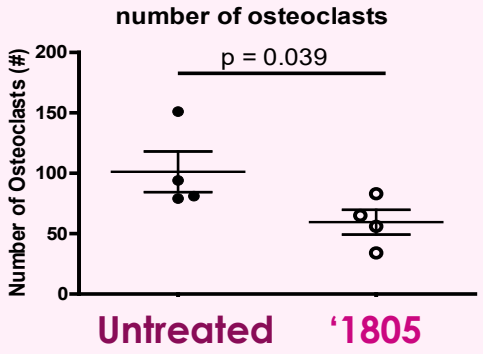
Strong Pre-clinical Profile – We Have a Wealth of Data

In a gold-standard mouse model, a single administration of '1805 positively reduced fibrosis, cartilage destruction and cavity erosion and decreased osteoclast numbers while achieving long-term disease remission.









Anti-TNFs haven't shown this effect:
From symptom relief to symptom prevention

Micro CT showing bone density at 11 weeks

*Scans from animal model show health of joint structure**

huTNF.Tg mouse model (TNFa transgenic mouse) study; data on file at Immune Regulation. *Brownlie et al. (2006) Arthritis & Rheumatism 54(3): 854-863

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Short PK, Long PD, Disease Remission in Phase 2 Trial From a Single Dose

'1805 shows remission in some refractory patients in Rheumatoid Arthritis

	Low Disease Activity Week 3 DAS28	Remissions **Week 12** DAS28	Inflammatory Biomarker Change*	T_{reg} cells Change
Placebo *n=6*	0	0	↑	-
1 mg *n=6*	0	0	-	-
5 mg *n=6*	3	1	↓↓	↑↑
15 mg *n=6*	2	2	↓↓	↑↑

*Includes CRP, VEGF, TNFα, INFγ, IL-1β, IL-6, IL-8

Most patients had ***failed multiple DMARD therapies***, and remained on a DMARD during the study

Four patients had failed up to eight biologic therapies

No safety and tolerability ***signals***

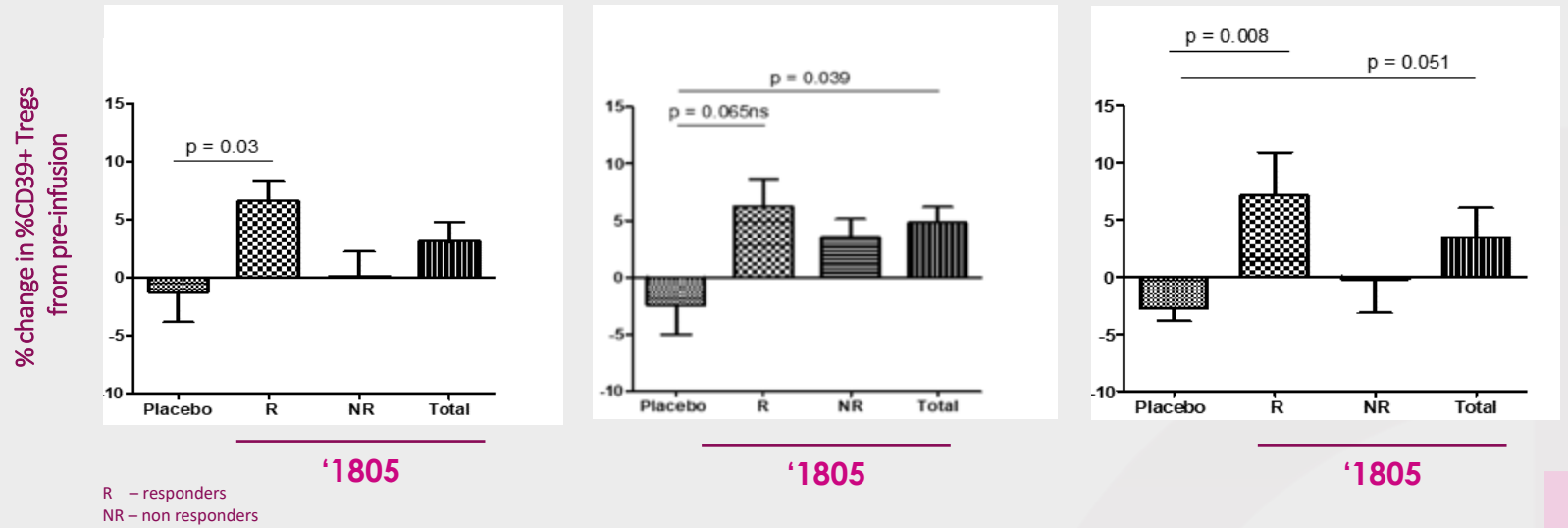
- AE and SAE distributed equally across groups
- No infusion related reactions

Reduced bone loss not seen with current standard of care like DMARDs and anti-TNFs (e.g. Humira) was also achieved.

We believe 15mg is on the low end of the therapeutic range and plan to ***evaluate*** a range of higher doses in our upcoming ***phase 2*** clinical study

T_{reg} (regulatory T cell) * Kirkham et al. 2016. Safety and patient response as indicated by biomarker changes to binding immunoglobulin protein in the phase I/IIA RAGULA clinical trial in rheumatoid arthritis. Rheumatology, 55(11): 1993–2000; ° Complete remission defined in according to the DAS28 https://www.nras.org.uk/the-das28-score

Phase 2 Clinical Response Correlates with Increased Activated T_{reg} Cells and is Durable to 12 Weeks After a Single Dose



$CD4^+ CD25^{hi} CD127^{lo} CD39^+$

>5-fold
increase in relevant T_{reg} population

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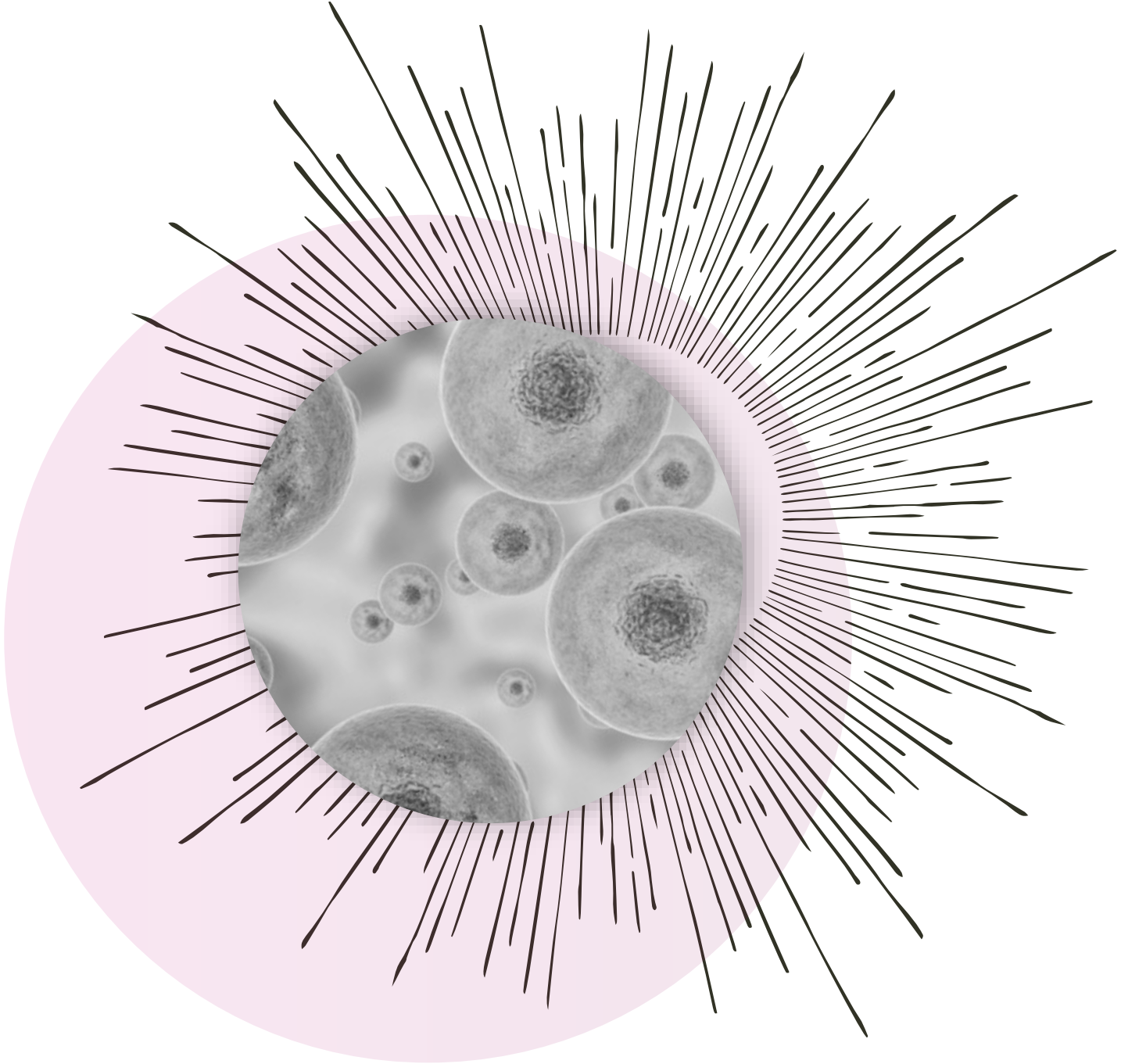
‘1104

First-in-class peptide derived from immuno-regulatory protein (mTB chaperonin 60.1).

Reset the Immune System for long term allergic disease remission.



‘1104 is a Druggable Fragment of Chaperonin 60.1

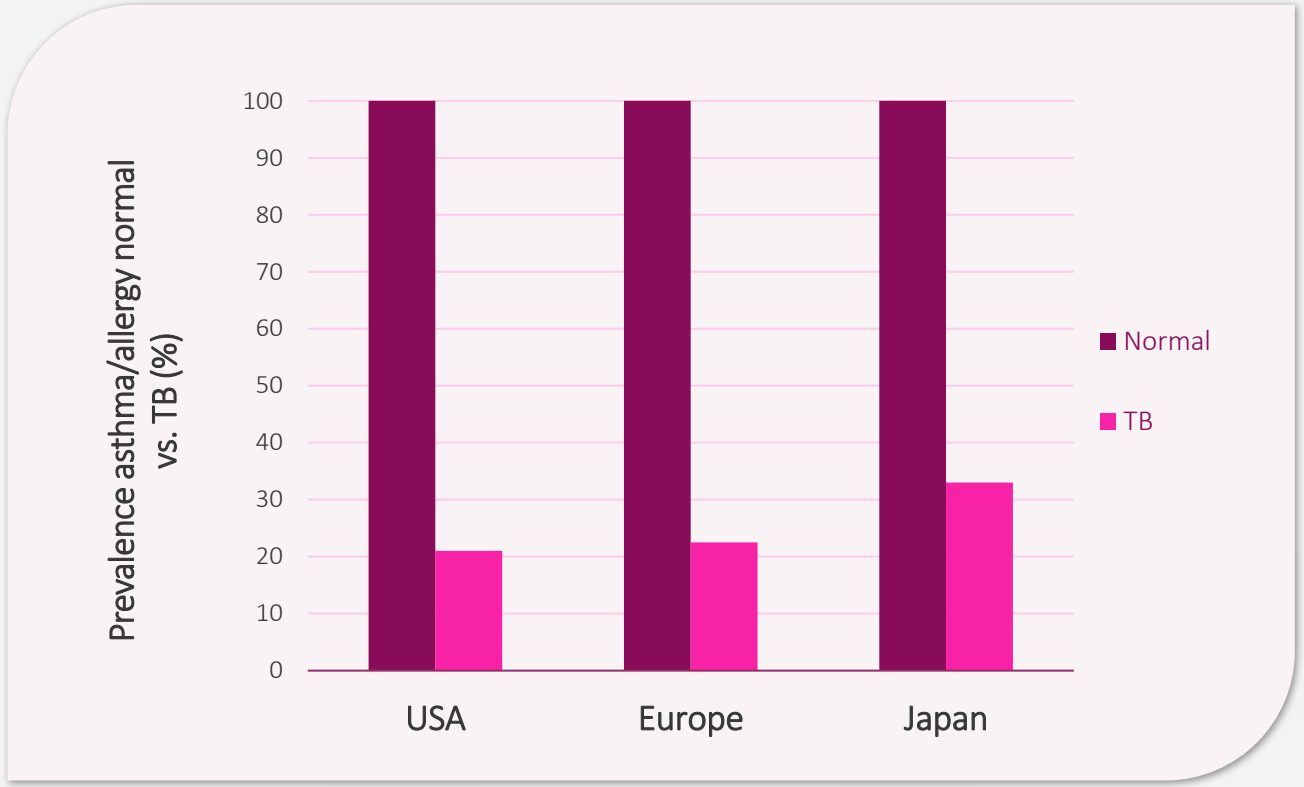
Demonstrates the Same Immune Resetting Properties

Meta-analysis of *>260K* humans exposed to tuberculosis (TB) are found to be *75% less likely* to develop allergy/asthma*

Studies identified a key bacterial protein responsible *(Cpn 60.1)*

‘1104 was *derived from* Cpn 60.1

- It has the same immune *resetting* properties of Cpn 60.1 but is easier to manufacture
- It does not compromise safety or suppress the immune system



* Von Mutius et al., Thorax 55; ** Up to a 5-fold reduction in asthma/allergy in children aged 6-20 ever showing symptoms of allergy and asthma when exposed to mTB (meta-analysis of literature); ° Hu et al., 2008

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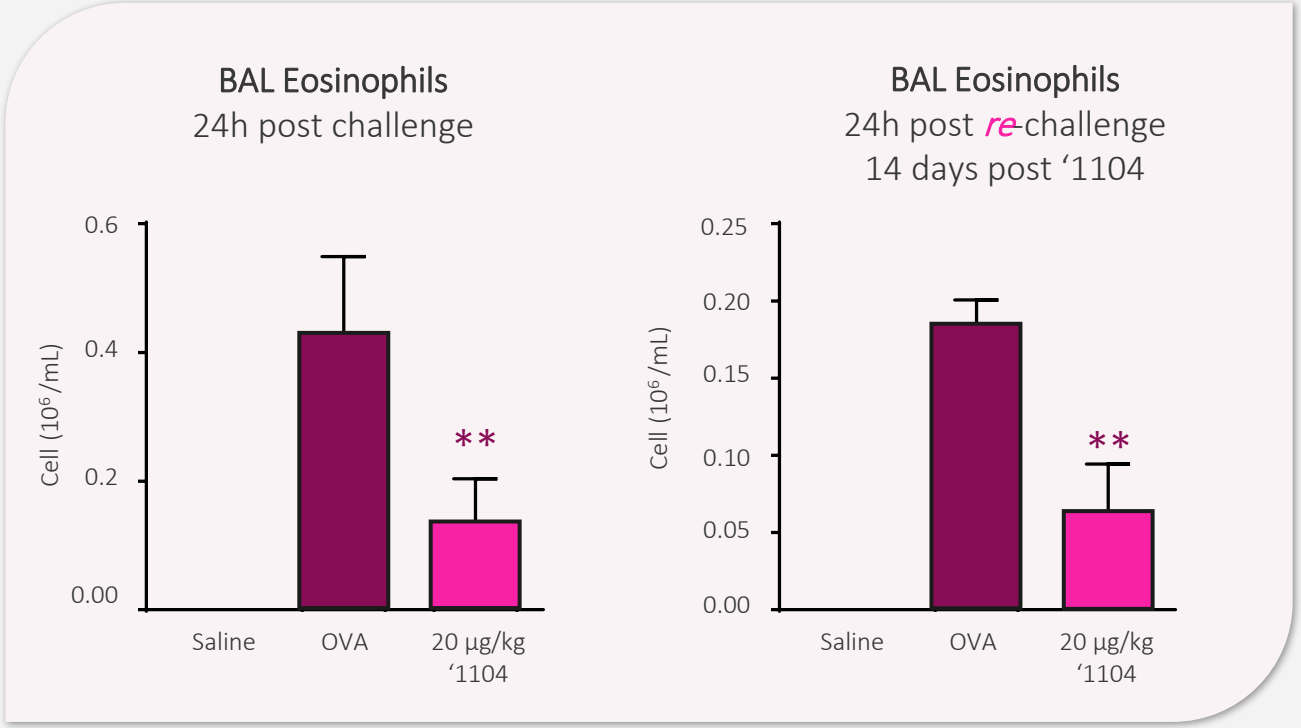
Pre-Clinical Data of Long-term Reduced Cellular Inflammation

Prevents response to allergen re-challenge 14-days post treatment



Short PK but long PD points to *profound longevity* of action

'1104 prevents eosinophil recruitment to the lung following ovalbumin (OVA) challenge and re-challenge at 14 days

'1104 is allergen-agnostic and *reduces* the cellular *inflammation* to a wide range of allergens

No immunosuppression observed

(BAL) Bronchoalveolar lavage
**p<0.01 vs OVA, ANOVA- Tukey's post test . Data are mean ± SEM,

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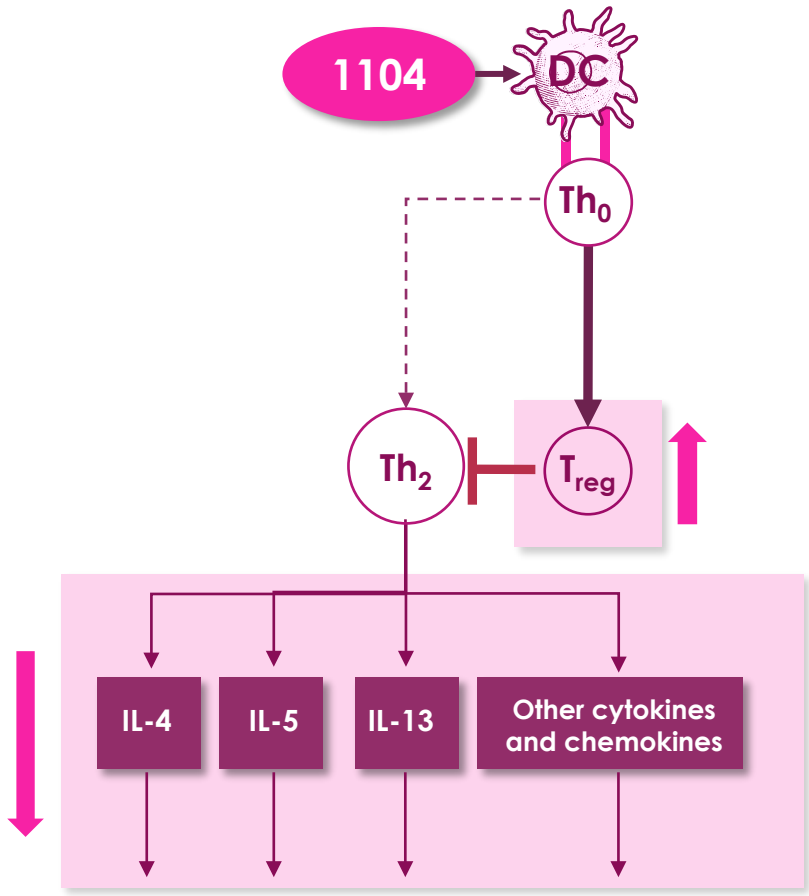
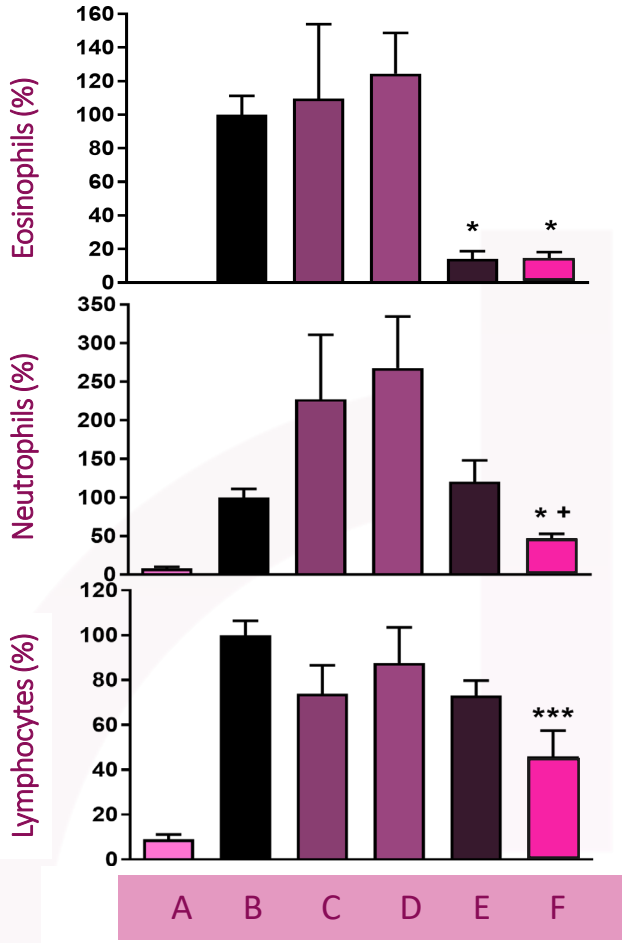
Preclinical Data Shows That Single Dose Resets Allergic Response



Barrier disruption, tissue remodeling and fibrosis, eosinophil trafficking

14 days after single dose of '1104 with HDM re-challenge at day 14:

- '1104 resets allergic response of all 3 key inflammatory cells
- '1104 reduces key Th2 cytokines



A; Saline
B; Saline / HDM
C; Fluticasone
D; Montelukast
E; IL-5 mAb
F; '1104

- 20 ug/kg translates to ~2mg in human – a dose lower than our EoE clinical study (8 mg)

Source: 14 days cell data – Data are expressed as % of cell infiltrated into the lung compared to House Dust Mite (taken as 100%)
Vehicle combined *p<0.05, ***p<0.001 vs House Dust Mite, One Way ANOVA – Tukey's post test +p<0.05, t-test vs IL-5 mAb

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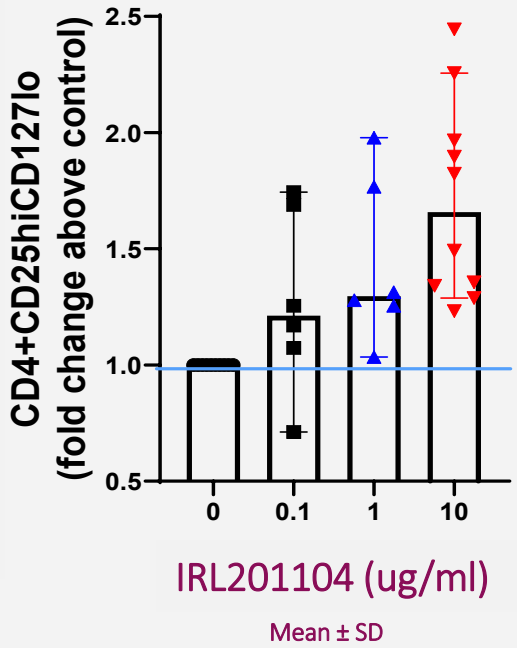
Ex-vivo Studies Show Increase of Tregs and Restoration of A20 in Blood

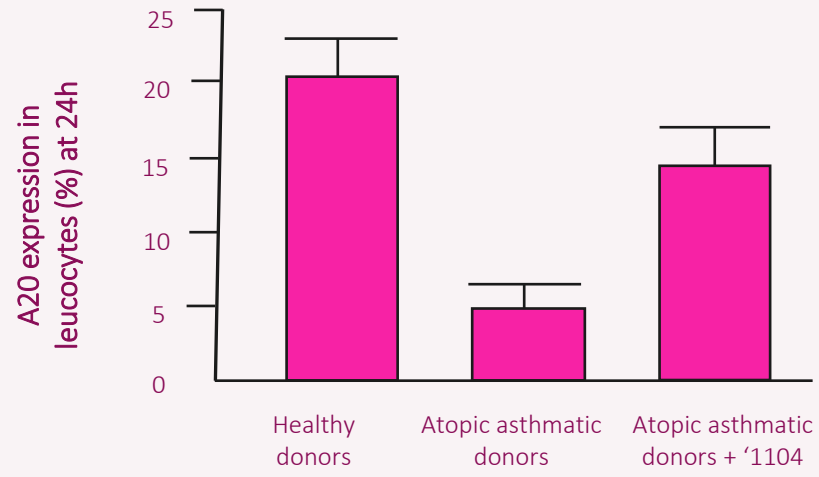
‘1104 increases the expression of A20, a key regulator of the inflammatory response

‘1104 **increases** the number of **Treg** cells

T-regs

Flow cytometry at 24 hours





- Low A20 levels associated with inflammatory diseases including asthma°
- A20 is a key negative regulator of the family of nuclear factor-κB transcription factors (NF-κB), which control a broad range of cellular activities including cell activation and inflammatory pathways
- In blood cells from severe asthmatics, ‘1104 shown to restore levels of A20 to those seen in healthy donors

Source: Riffo-Vasquez et al., NEJM 2019; King’s College London ° Schuijs et al. (2015) Farm dust and endotoxin protect against allergy through A20 induction in lunge epithelial cells. Science, 349: 1106-10; and Stein et al. (2016) Innate immunity and asthma risk in Amish and Hutterite farm children. The New England Journal of Medicine, 375(5): 411-421

Demonstrated Safety and Tolerability in Two Phase 1 Studies

Two placebo-controlled Phase 1 studies included healthy volunteers and mild asthmatics and demonstrated that ‘1104 is safe at clinically relevant doses

Single Ascending Dose :

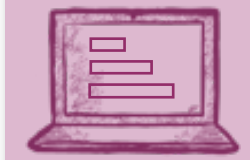
94 participants dosed with ‘1104 intravenously or subcutaneously

- 62 healthy volunteers and patients with mild asthma received at least one dose of ‘1104
- 32 received placebo

Multiple Ascending Dose:

18 healthy volunteers, dosed with ‘1104 intravenously once daily for up to 7 days

- 4mg arm (n=8; 6 active, 2 placebo) QD for 5 days and 8mg (n=10, 8 active, 2 placebo) QD for 7 days
- Further supportive of 8mg dose EoE trial



- No serious adverse events
- No severe AEs
- No AEs leading to withdrawal

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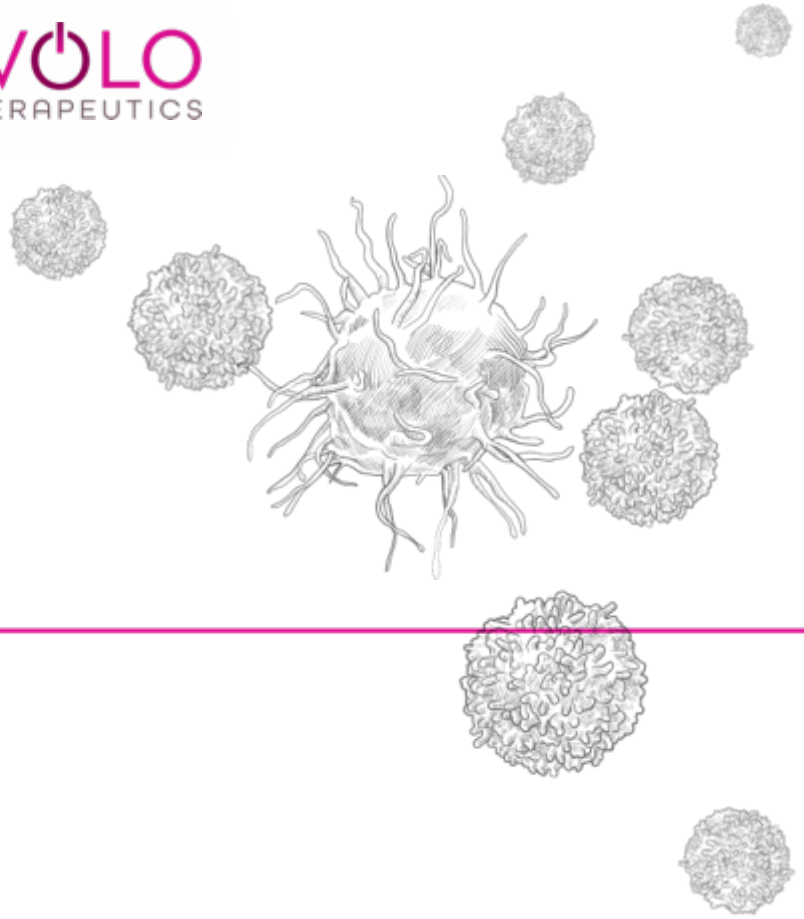

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