



NASDAQ: ALT

**Effect of pemvidutide (ALT-801),
a GLP-1/glucagon dual receptor agonist,
on pathogenic lipid mediators**

American Heart Association
Scientific Sessions
November 5-7, 2022

FORWARD-LOOKING STATEMENTS

Disclose Statement

Jorge Plutzky and Mustafa Noor are paid consultants to Altimune

Pablo Ortiz and Cristina Alonso were contracted to perform the 2D-NMR and lipidomic analyses

M. Scott Harris, John Suschak, Bertrand Georges, M. Scot Roberts and Sarah K. Browne are employees of Altimune

Safe-Harbor Statement

This presentation has been prepared by Altimune, Inc. ("we," "us," "our," "Altimune" or the "Company") and includes certain "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995, including statements regarding the timing of clinical development and funding milestones for our clinical assets as well as statements relating to future financial or business performance, conditions, plans, prospects, trends, or strategies and other financial and business matters, and the prospects for commercializing or selling any product or drug candidates. In addition, when or if used in this presentation, the words "may," "could," "should," "anticipate," "believe," "estimate," "expect," "intend," "plan," "predict" and similar expressions and their variants, as they relate to the Company may identify forward-looking statements. The Company cautions that these forward-looking statements are subject to numerous assumptions, risks, and uncertainties, which change over time. Important factors that may cause actual results to differ materially from the results discussed in the forward looking statements or historical experience include risks and uncertainties, including risks relating to: potential impacts due to the COVID-19 pandemic such as delays in regulatory review, manufacturing and supply chain interruptions, the ongoing conflict in Ukraine, adverse effects on healthcare systems and disruption of the global economy, the timing and reliability of the results of the studies relating to human safety and possible adverse effects resulting from the administration of the Company's product candidates; and, interpretation of the results of our clinical trials of the behavior of the Company's product candidates as to how those product candidates may perform in future studies. Further information on the factors and risks that could affect the Company's business, financial conditions and results of operations are contained in the Company's filings with the U.S. Securities and Exchange Commission, including under the heading "Risk Factors" in the Company's annual reports on Form 10-K and quarterly reports on Form 10-Q filed with the SEC, which are available at www.sec.gov. The statements made herein speak only as of the date stated herein, and any forward-looking statements contained herein are based on assumptions that the Company believes to be reasonable as of this date. The Company undertakes no obligation to update these statements as result of new information or future events.

PEMVIDUTIDE:GLP-1/GLUCAGON RECEPTOR DUAL AGONIST

Optimized for weight loss and NASH

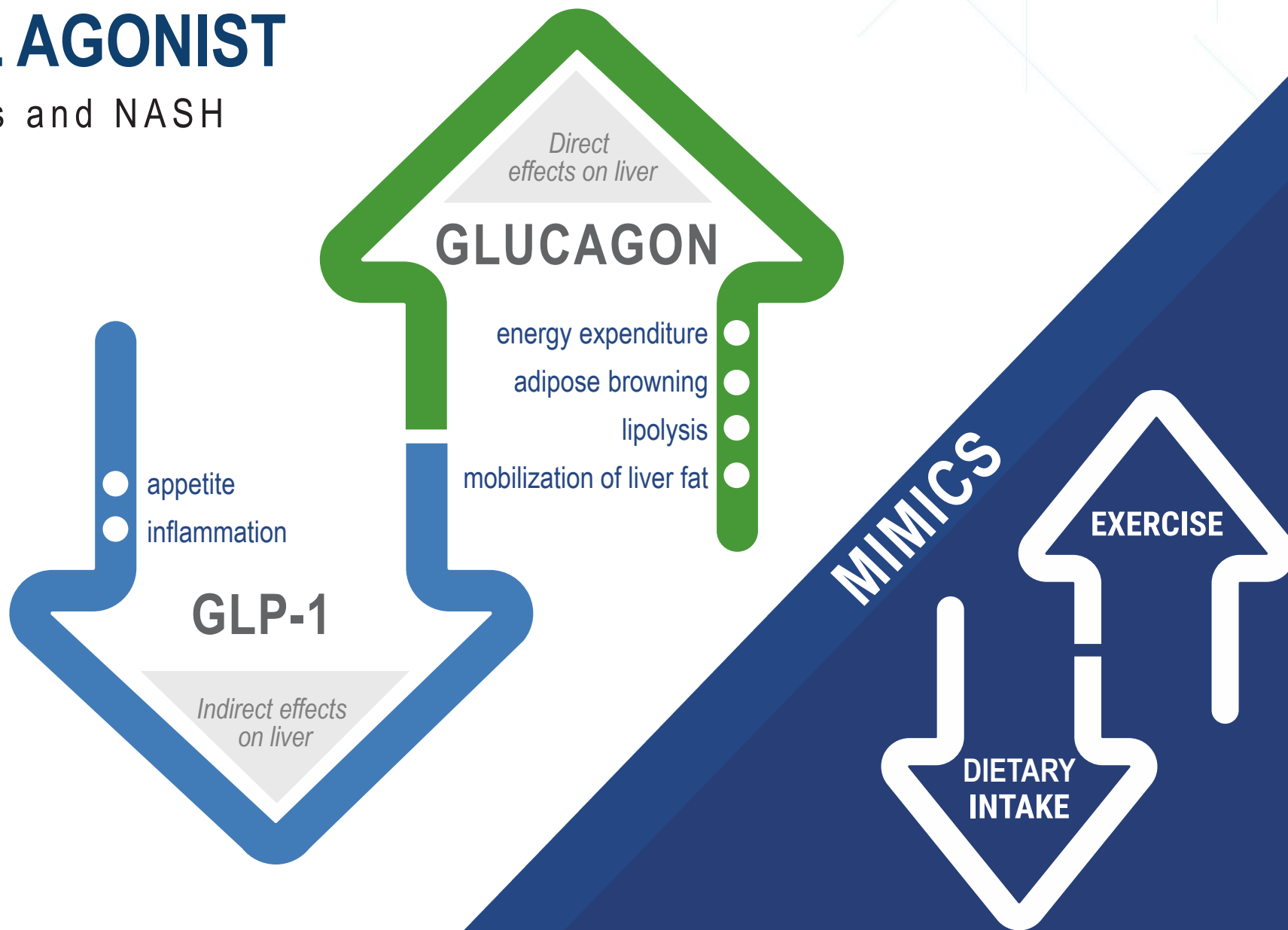
Designed for significant reductions in:



BODY WEIGHT



LIVER FAT, INFLAMMATION, & RESULTING FIBROSIS



RATIONALLY DESIGNED AND HIGHLY DIFFERENTIATED

EUPORT™ DOMAIN PROVIDES PROLONGED SERUM HALF-LIFE AND DELAYED TIME TO PEAK CONCENTRATION

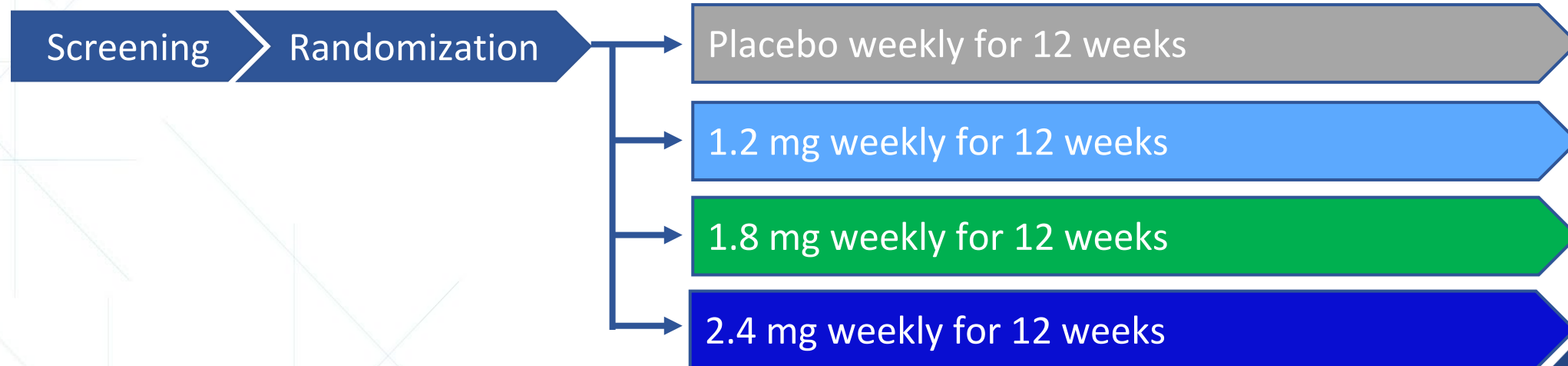
Pemvidutide: Balanced GLP-1: Glucagon Agonism



¹Nestor JJ et al, *Peptide Science*. 2021;113:e24221

PEMVIDUTIDE PHASE 1a OBESITY STUDY DESIGN

- 12-week, randomized, placebo-controlled, multiple ascending dose (MAD) study of pemvidutide in 34 subjects with overweight/obesity
 - 4:1 randomization (pemvidutide: placebo), with placebos pooled
 - No diet or exercise interventions
 - **No dose titration**
- Key outcomes included
 - Safety & tolerability
 - Weight loss, cardiometabolic biomarkers & pharmacokinetics



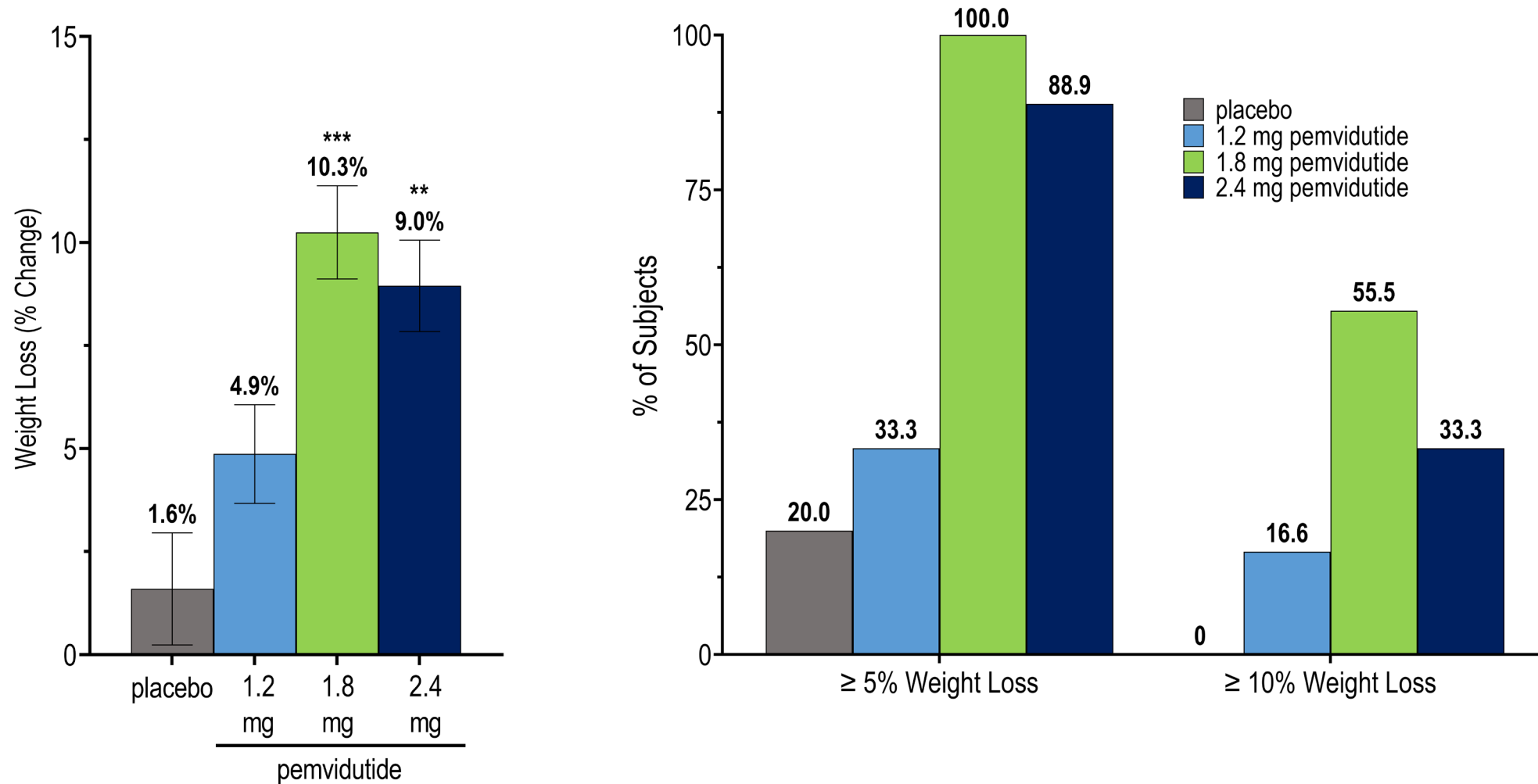
SAFETY OVERVIEW

NO SERIOUS AEs, SEVERE AEs OR AEs LEADING TO TREATMENT DISCONTINUATION

Characteristic		Treatment			
		1.2 mg (n = 7)	1.8 mg (n = 9)	2.4 mg (n = 12)	Pooled placebo (n = 7)
Serious or severe AEs	n (%)	0 (%)	0 (%)	0 (%)	0 (%)
AEs leading to treatment discontinuation	n (%)	0 (%)	0 (%)	0 (%)	0 (%)
Nausea					
Mild	n (%)	1 (14.3%)	5 (55.6%)	5 (45.5%)	1 (14.3%)
Moderate	n (%)	1 (14.3%)	1 (11.1%)	5 (45.5%)	0 (0.0%)
Vomiting					
Mild	n (%)	1 (14.3%)	1 (11.1%)	5 (45.5%)	1 (14.3%)
Moderate	n (%)	0 (0.0%)	1 (11.1%)	3 (27.3%)	0 (0.0%)
Diarrhea					
Mild	n (%)	0 (0.0%)	0 (0.0%)	2 (18.2%)	0 (0.0%)
Moderate	n (%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Constipation					
Mild	n (%)	0 (0.0%)	1 (11.1%)	2 (18.2%)	0 (0.0%)
Moderate	n (%)	0 (0.0%)	1 (11.1%)	1 (9.1%)	0 (0.0%)
Hyperglycemia	n (%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

SUBSTANTIAL WEIGHT LOSS AT WEEK 12

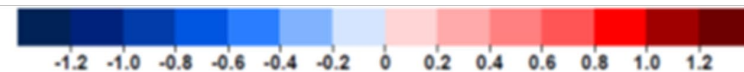
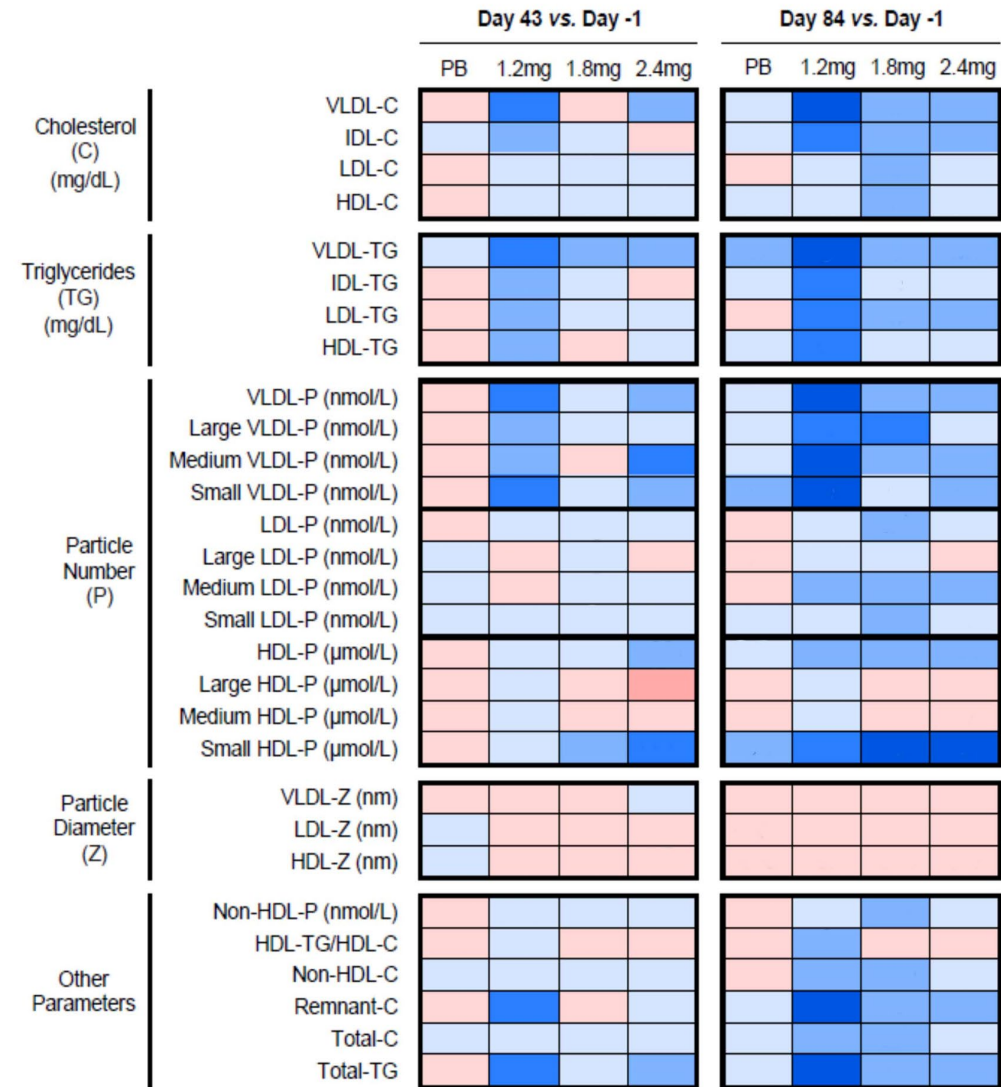
10.3% (8.7% PLACEBO-ADJUSTED) MEAN WEIGHT LOSS ACHIEVED AT 1.8 MG DOSE



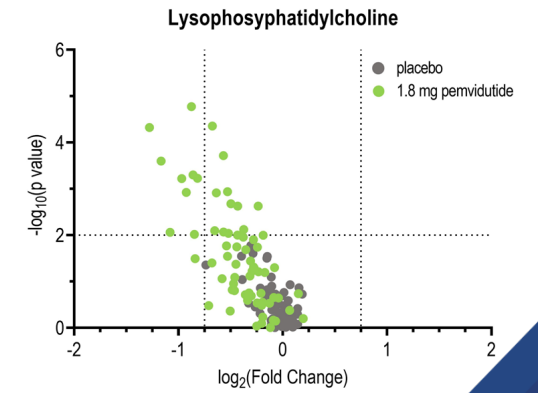
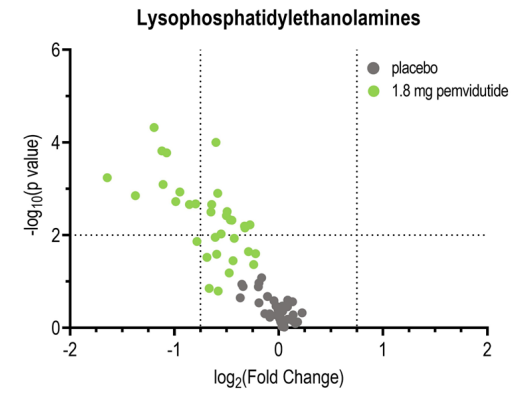
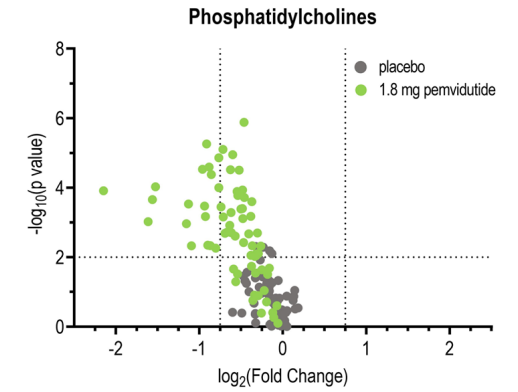
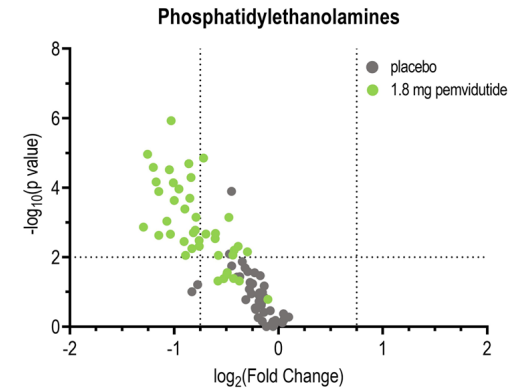
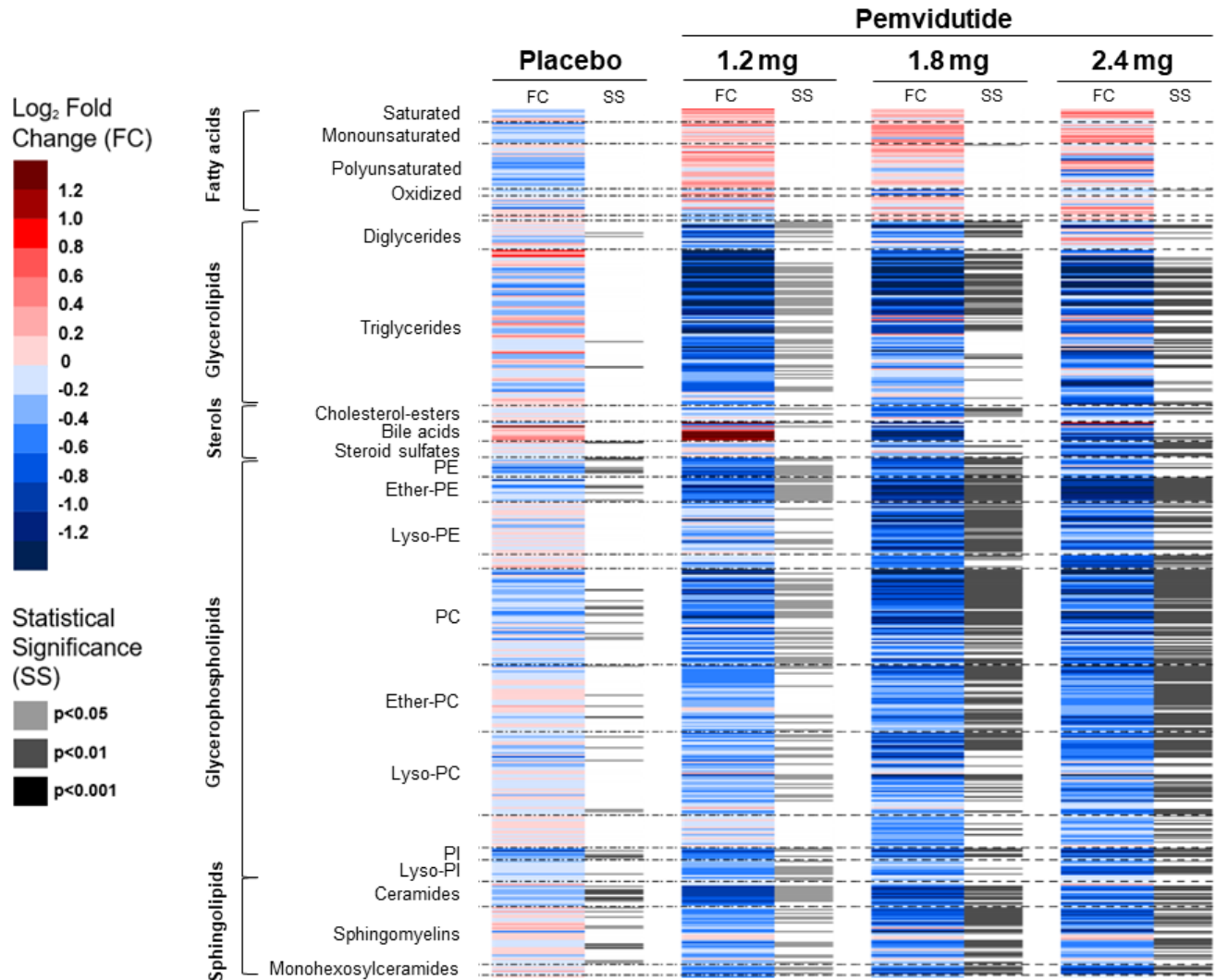
Mean ± SEM

** p < 0.01, *** p < 0.001 vs. placebo

Analysis of serum lipoprotein particles by 2D-NMR revealed broad changes in lipoprotein particle subspecies



Pemvidutide induces dose-dependent reductions across multiple bioactive lipid classes



SUMMARY AND CONCLUSIONS

- **Obesity and NASH and are related indications characterized by excess body fat**
- **Significant reductions in most serum lipids and atherogenic small- to medium-sized LDL particle concentrations were observed**
- **Pemvidutide was safe and well-tolerated in absence of dose titration**
 - Up to 10.3% mean weight loss (8.7% placebo controlled) over 12 weeks
- **Based on these findings, pemvidutide demonstrates promise as an agent for reducing CV risk.**