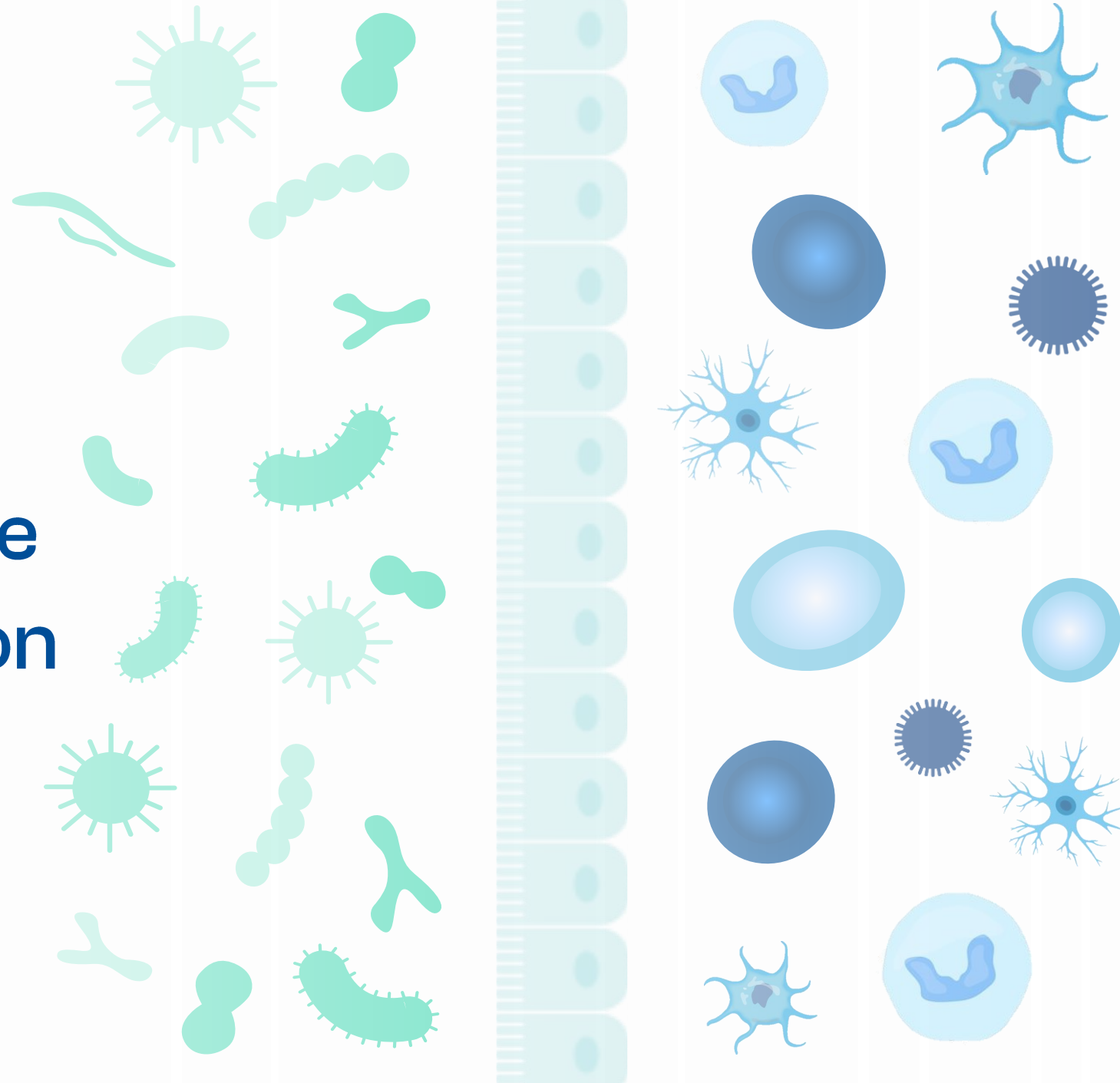




MaaT Pharma

Boosting Survival Through Innovative Immune Modulation

January 2025



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Management Team



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Co-Founder & CEO



Eric Soyer

Chief Financial Officer



Gianfranco Pittari, MD, PhD

Chief Medical Officer



Memorial Sloan Kettering Cancer Center



Carole Schwintner, PhD

Chief Technology Officer



Sian Crouzet

Chief of Staff

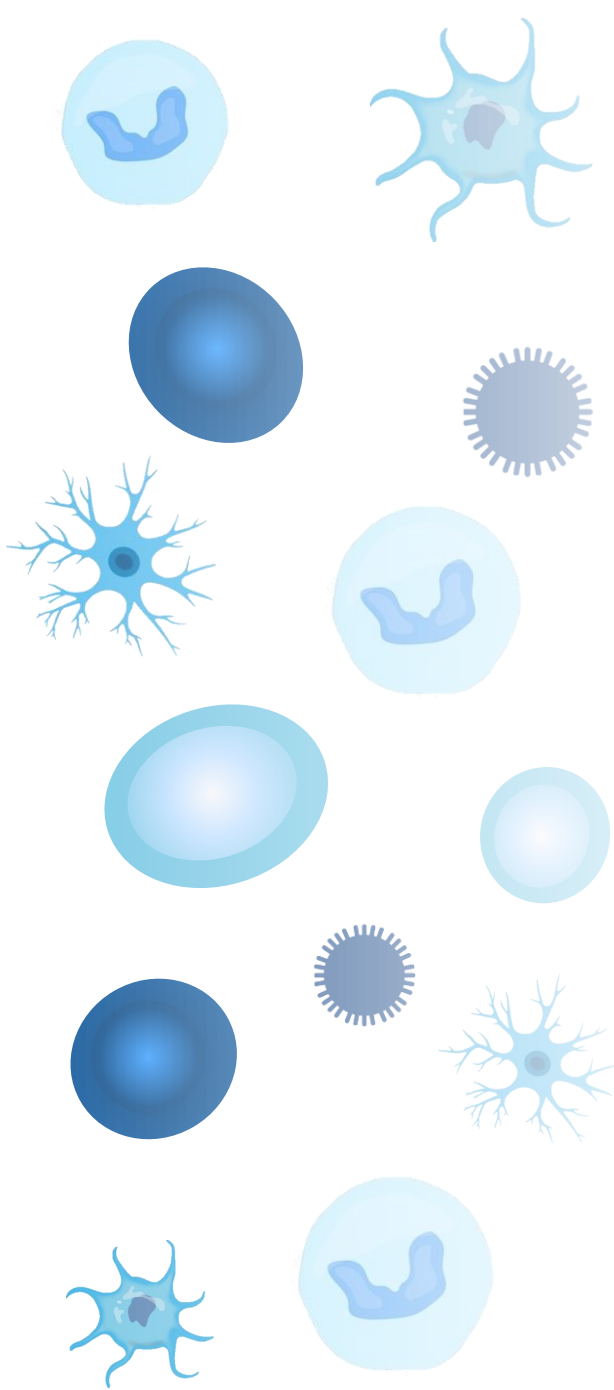
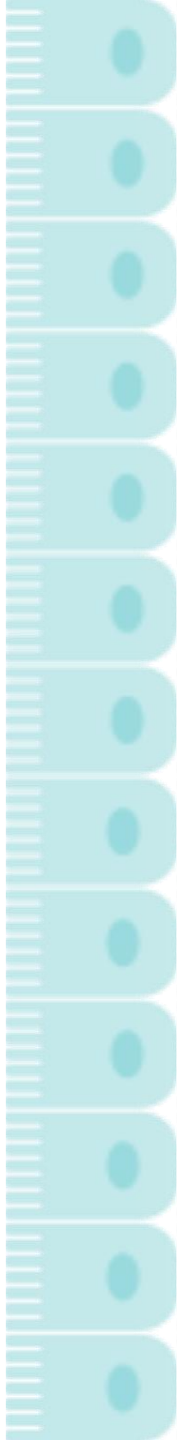
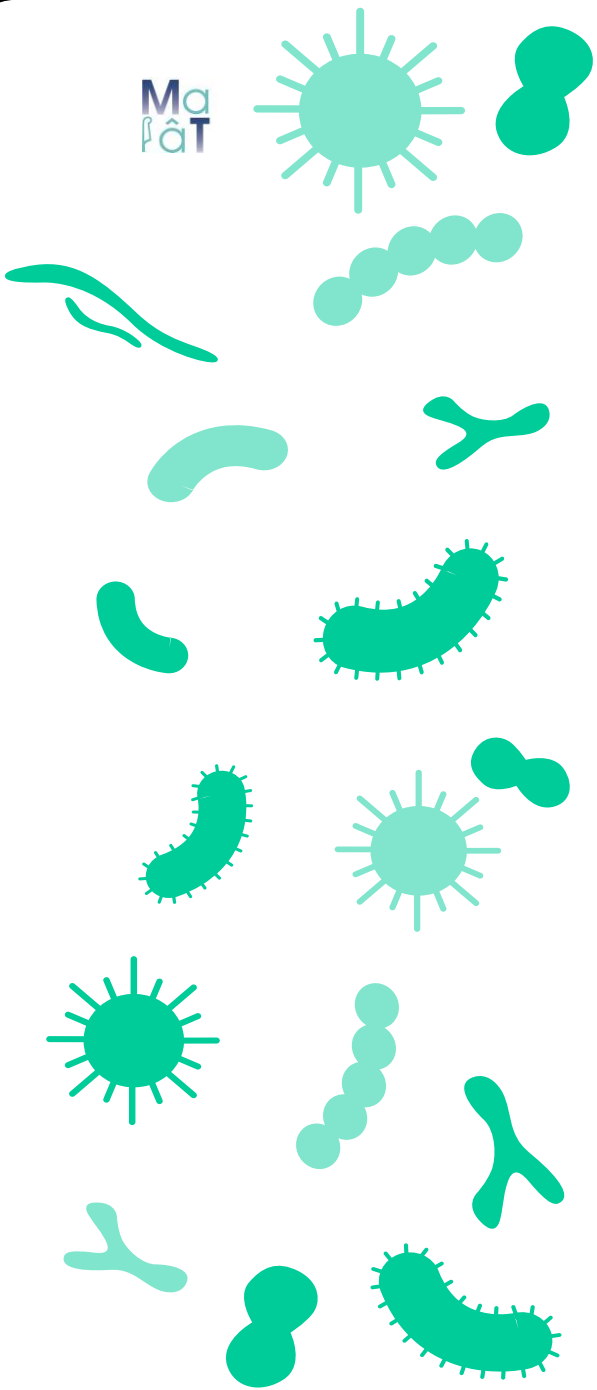


Jonathan Chriqui, PharmD

Chief Business Officer



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Company Overview

MaaT013 in aGvHD: Primary Endpoint of Phase 3 Study Achieved Registration in Europe Spearheading Microbiome Therapies in Oncology



Now available: Phase 3 Data in aGvHD from the ARES study

- > **Primary endpoint:** unprecedented, GI-ORR* of **62%** in patients having previously received steroids and ruxolitinib
- > High response rate leading **to prolonged survival**, highlighting MaaT013's potential to overcome the short-term mortality of third-line GI-aGvHD
- > Company anticipates **MAA submission in Europe, in mid-2025**, earlier than initially planned

*IRC reviewed

¹Malard, ASH 2024 ²Abedin et al. 2021



Multi-assets platform focused on oncology

- > **Full ecosystem donor-derived and co-culture** platforms **driving candidate development** with **2 clinical** and 1 preclinical assets
- > **gutPrint® AI**, linked to **co-culture platform**, poised to deliver, potentially, **clinically-ready candidates by 2026**
- > **Largest European cGMP** production facilities for Microbiome Ecosystem Therapies™



Funding opportunities



- > **Cash position** of **27m€** as of September 30, 2024. **Cash runway** extends into **Q2/2025**
- > Potential **750m€ yearly peak sales Hemato-Onco franchise** for partnering: 250m€ for MaaT013 in GvHD and 500m€ for MaaT033 in allo-HSCT.
- > **Exploring several options to strengthen financing for future developments**, including non-dilutive and dilutive sources

Correcting Dysbiosis: a New Pillar in Oncology

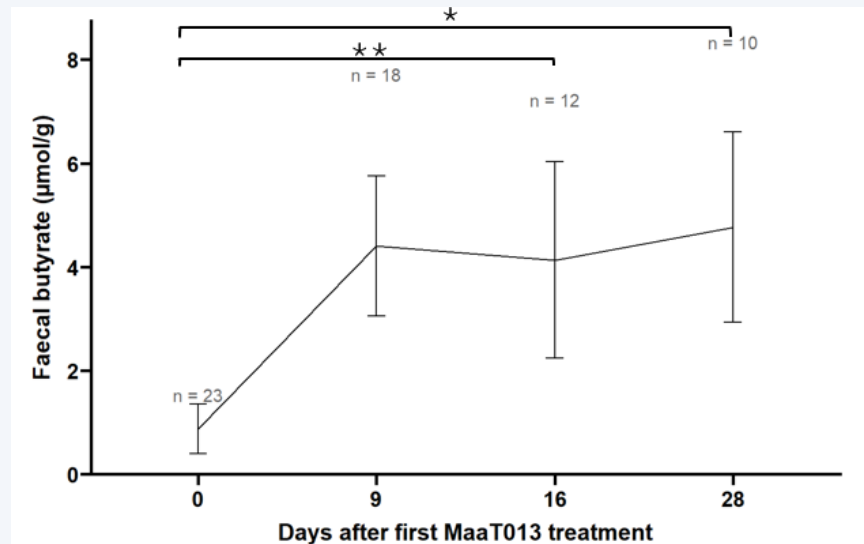
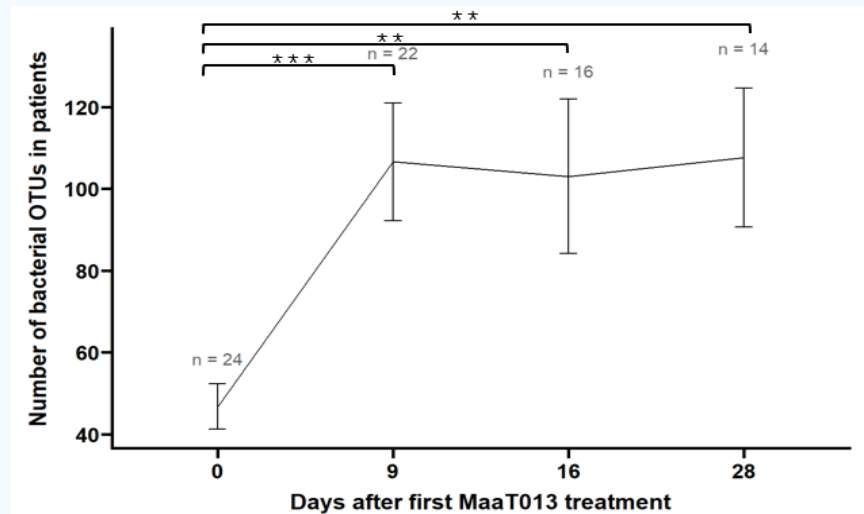
Dysbiosis and disease

- Loss of microbial **diversity**
- Increase in **pathogens**
- Reduction of **microbial metabolites**
- Associated with **multiple conditions**

Microbiome alterations in Oncology

- **Chemotherapy and antibiotics** are a major trigger of dysbiosis
- **Damage of the gut ecosystem disrupts** immune homeostasis and barrier integrity
- **Vulnerability to inferior clinical outcomes**

Microbiotherapy
Restores Gut
Microbiota Diversity
and Production of
Functional Metabolites



Oncology-Focused Platform Fueling a Deep Pipeline of Drug Candidates



Native Ecosystem

Driving near-term value with the donor-derived MET-N platform



MaaT013



MaaT033

Co-cultured Ecosystem

Progressing next-generation co-cultured scalable MET-C platform



MaaT034



MaaT03X

In-house Production

Leading capabilities in full ecosystem microbiome drug production



Capacity: ~11,000 treatable patients per year



PROPRIETARY POOLING APPROACH



MaaT013



MaaT033

Pooled microbiota

→ Maximized richness

→ Standardized (450 OTU ± 3%)

Original microbial ecosystem



Master bank



Working Bank



Unlimited Co-Culture Scaling


MET-C product




Multistep co-culture cGMP proprietary process



A Premier Portfolio of Full Native and Co-cultured Microbiome Ecosystem Therapies™ Produced Internally at the Largest European Production Facility Designed for Easy Scalability to Meet Demand

A Strong Pipeline With Multiple Value Inflection Milestones and a Close-to-Market Asset

Program → Indication → Market potential → Preclinical → Phase 1 → Phase 2 → Phase 3 → MAA → Status  Upcoming milestone

Program	Indication	Market potential	Preclinical	Phase 1	Phase 2	Phase 3	MAA	Status	Upcoming milestone
MaaT013 	aGvHD	~250m€ 1L : 10k patients ² 2L : 5K patients ^{2,3} 3L : 3K patients ^{2,3}	ARES	EAP ongoing: 154 pts treated				Primary endpoint met 	EU MAA Submission Mid 2025
	ICI improvement Melanoma	POC	IST* - PICASSO					Fully recruited	Results Q1.25
MaaT033 	Allo-HSCT	~500m€ 11k patients ²	PHOEBUS					Ongoing	Safety Interim H1.25
	ICI improvement NSCLC	POC	IST** - IMMUNOLIFE					Ongoing	FPI in H1.25
	ALS	Exploratory	IASO					Primary endpoint met	Full data in Q1 2025
MaaT034 →	IO	~1 to 5b€ ¹ 500k patients	PrClin						Targeting FIH 2026

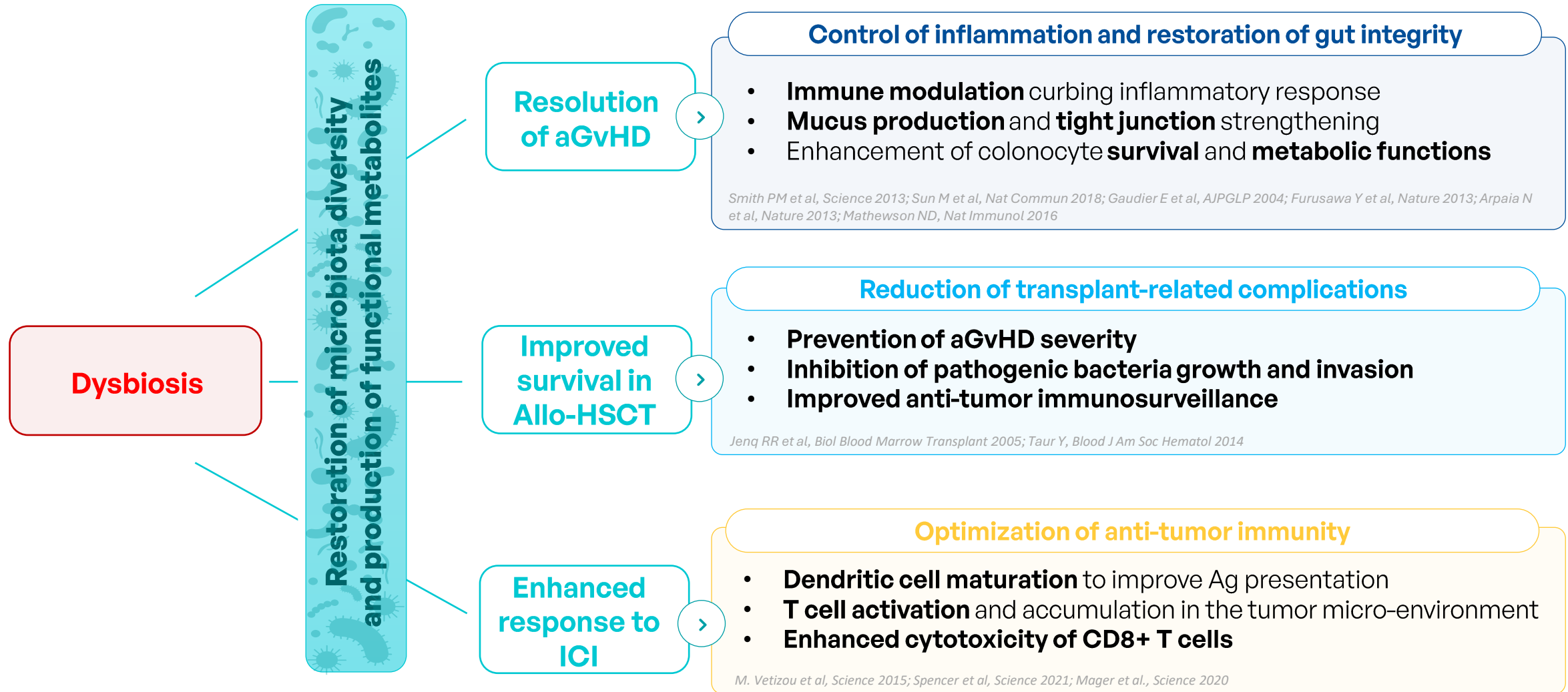
aGvHD: acute Graft versus Host Disease ; IO: Immuno-Oncology ; PoC: Proof of Concept; Allo-HSCT: Hematopoietic Stem Cell Transplantation ; ALS: Amyotrophic Lateral Sclerosis ; IST: Investigator Sponsored Trial; NSCLC: Non-small cell lung cancer

ICI PICASSO: ipilimumab (Yervoy®) and nivolumab (Opdivo®) ; ICI IMMUNOLIFE: cemiplimab

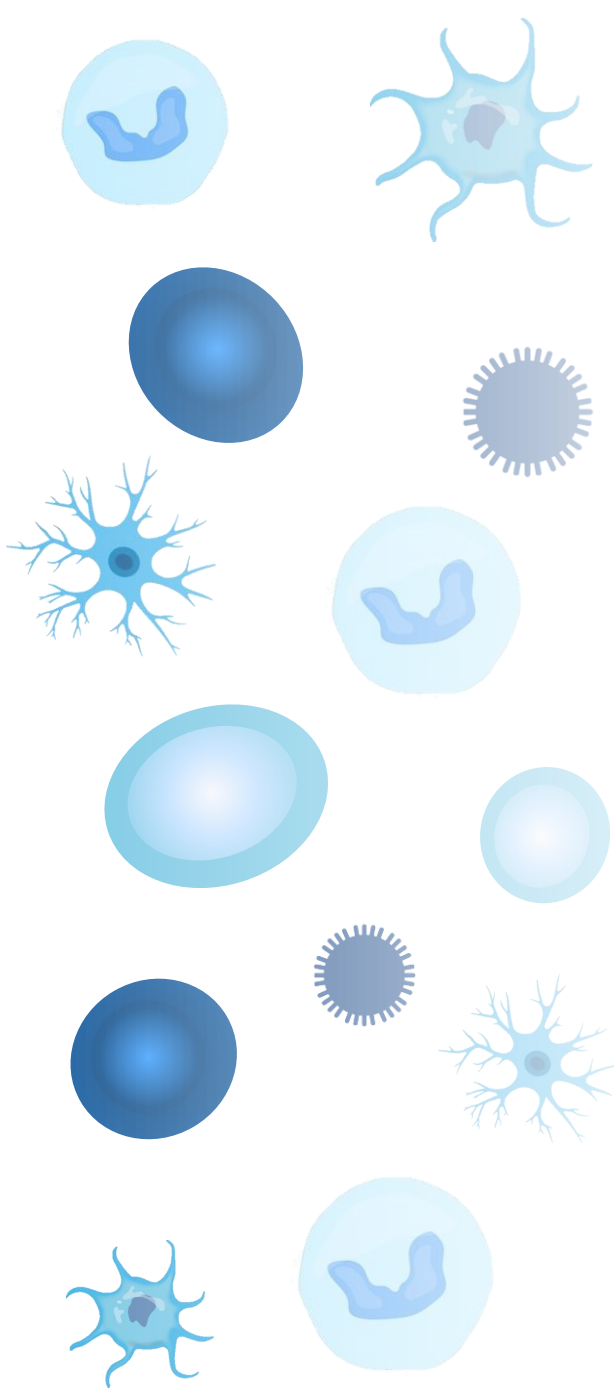
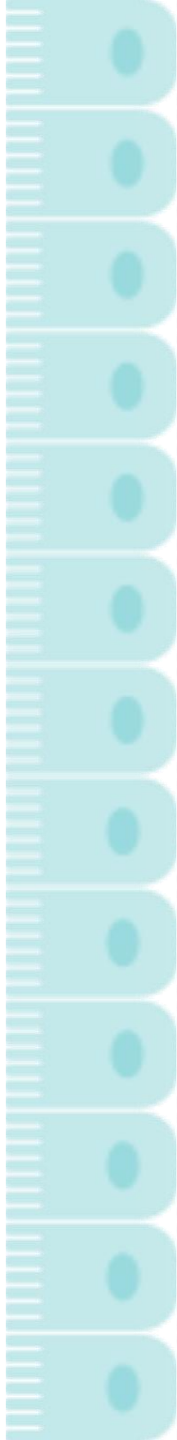
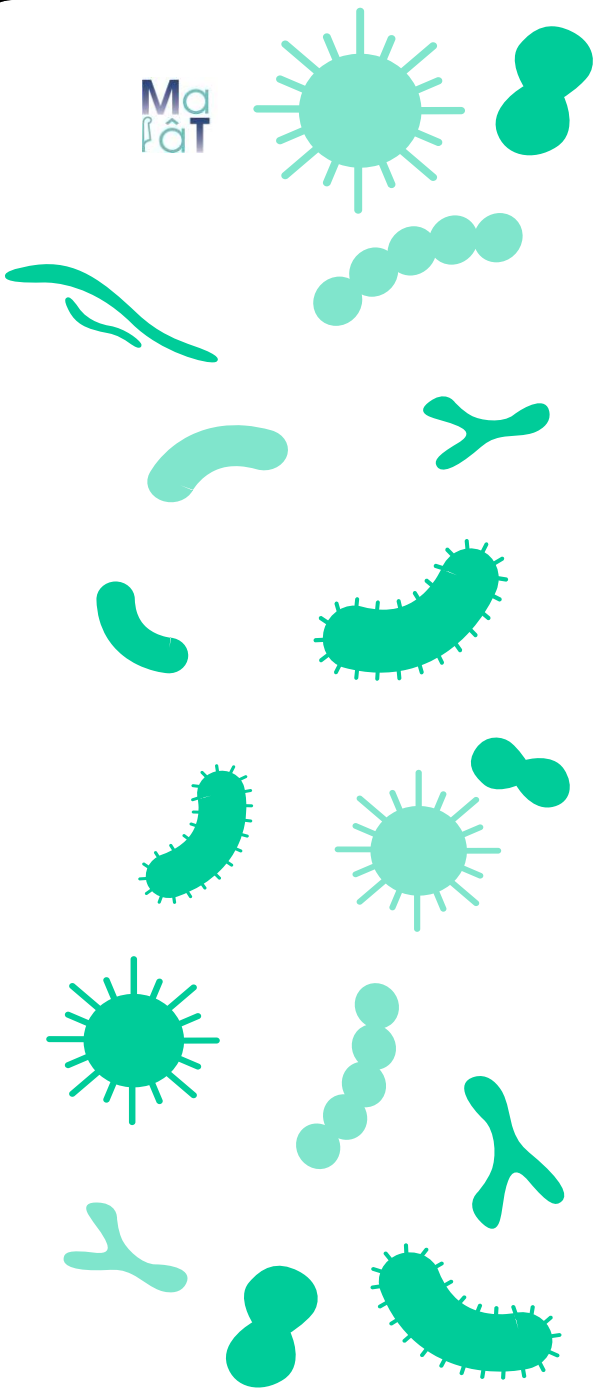
* R&D partners include AP-HP, Institut Gustave Roussy

** Institut Gustave Roussy, INSERM, Université Paris-Saclay, Bioaster, INRAe, IHU Méditerranée Infection

Leveraging Microbiome Modulation in Oncology: Mechanisms for Enhanced Survival Outcomes in Multiple Settings



MaaT013



MaaT013 in aGvHD



Understanding and Addressing Acute Graft-versus-Host Disease (aGvHD)

- **A significant complication following allogeneic hematopoietic stem cell transplantation (Allo-HSCT)**
- **May occur in 50% of patients undergoing Allo-HSCT, presence detected typically within the first 100 days post-transplant**

In aGvHD, donor immune cells recognize the recipient's tissues as foreign leading to an immune-mediated attack

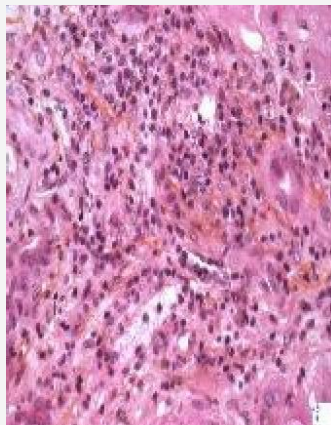
Common clinical manifestations typically involve the gastrointestinal tract, the skin and the liver

GIGvHD



Severe diarrhea, abdominal pain

Liver GvHD



Jaundice, liver dysfunction/failure

Skin GvHD



Skin: Rash, itching



~11,600

GvHD Patients / year



85%

1 year mortality in
3L+¹

→ **Mortality is primarily linked to the involvement of the gastrointestinal tract**



aGvHD Refractory to Steroids and ruxolitinib (3rd line of treatment): A Substantial Unmet Medical Need Requiring Innovative Solutions

Treatment Paradigm

- > Corticosteroids are the 1st line of treatment, but approximately 50% of patients do not achieve a sustained response
- > ruxolitinib is approved as 2nd line of treatment for steroid-refractory aGvHD (FDA, 2019 & EMA, 2022)

30%

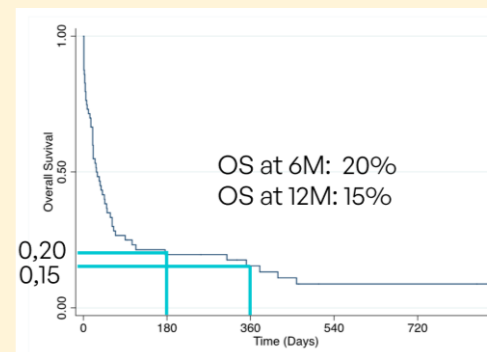
of aGvHD patients **eligible** for subsequent or alternative treatment



Around 3,000 per year EU/US

Lack of effective therapy in 3rd line

- > **No** drug approved
- > Off-label options have shown limited benefit, notably in OS improvement



Dismal outcome with a median survival of **28 days** and **15% OS at 1 year**¹

→ GvHD is characterized by intestinal dysbiosis which is associated with higher mortality in hemato-oncology²

→ In the Early Access Program (EAP), MaaT013 showed efficacy in aGvHD patients who failed 1 to 6 lines of systemic treatment³



ARES: a Pivotal Phase 3 Trial Exploring MaaT013 in Third-Line aGvHD Following Steroid and ruxolitinib Failure

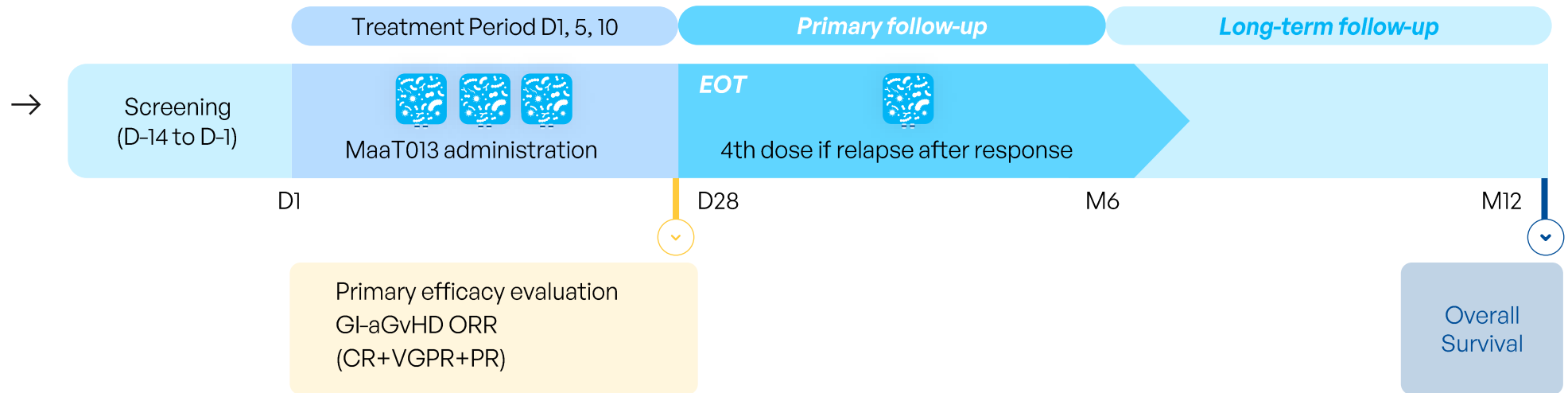


Milestones: Topline results announced **January 8th 2025** | OS expected by end of 2025 | Regulatory submission expected mid-2025

66 Patients
with **SR/RR-GI-aGvHD**

Inclusion criteria

- Refractory to 1L corticosteroids
- Refractory or intolerant to 2L ruxolitinib
- aGvHD with GI symptoms
- Allo-HSCT
- Age > 18



Oct. 23 DSMB main conclusions:

- Good safety profile
- ORR higher than pre-defined protocol



Marketing authorization anticipated in H2 2026



Market potential:
~250 m€
No Competitor in 3L



ARES patients: Baseline Characteristics

Patients characteristics at baseline	All patients receiving MaaT013 (n=66)
Median age, years (range)	55.5 (24; 76)
Gender n (%)	Male: 35 (53%) Female: 31 (47%)
Steroid status n (%)	Steroid-refractory: 57 (86%) Steroid-dependent: 9 (14%)
Ruxolitinib status n (%)	ruxolitinib refractory: 66 (100%) ruxolitinib intolerant: 0
aGvHD grading (MAGIC*)	Grade I: 0
	Grade II: 6 (9%)
	Grade III: 38 (58%)
	Grade IV: 22 (33%)

Patients with severe aGvHD

91% are Grade III-IV

100% are ruxolitinib refractory

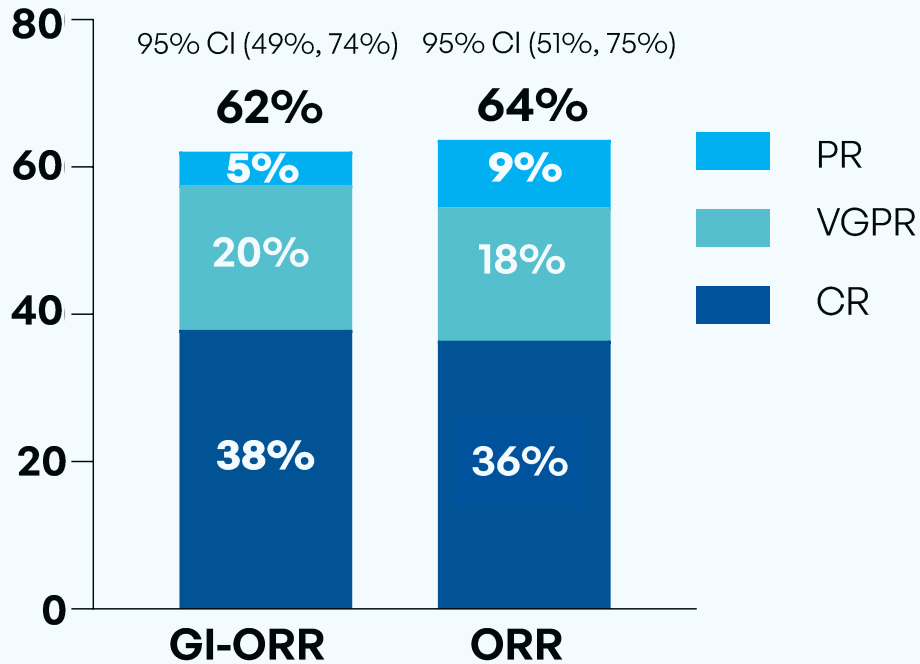
*MAGIC : Mount Sinai Acute GVHD International Consortium



ARES: Strong Response to MaaT013 in aGvHD following Steroid and ruxolitinib Failure

Topline Results

D28 Response Rate (%)



- **62% GI-ORR** with high CR and VGPR rates
- **64% ORR** demonstrating a global systemic response

“These outcomes underscore the curative role of microbiota-based therapies in achieving durable responses leading to prolonged survival. As MaaT013 gains adoption in Europe, it has the potential to redefine care standards for patients facing this life-threatening complication.”

Prof. Malard, MD, hematology professor at Saint-Antoine Hospital and Sorbonne University, lead investigator for the Phase 3 ARES trial

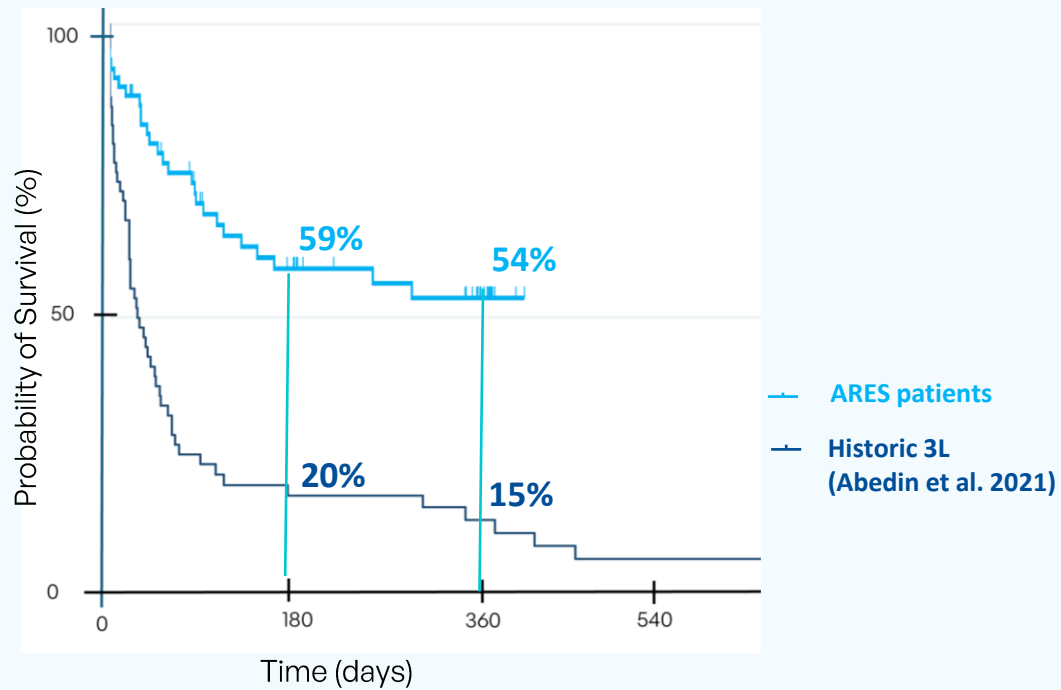


The study met its primary endpoint with a significant gastrointestinal **overall response rate (p < 0.0001)**

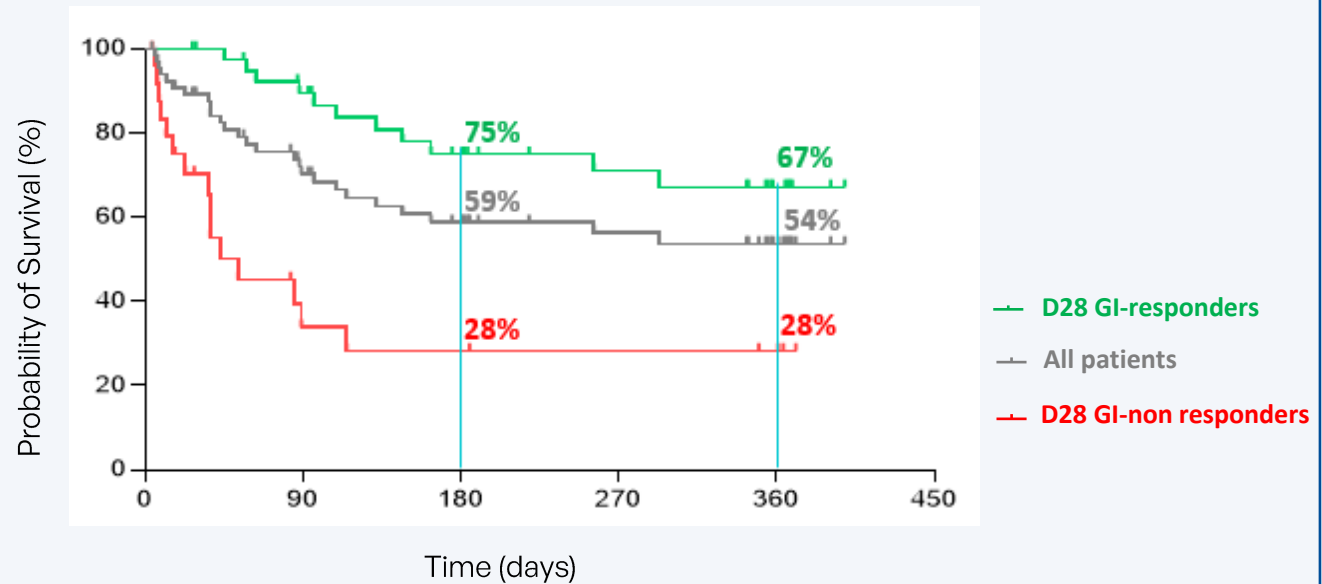


ARES: Unprecedented Probability of Survival Compared to Historical Data with Best Available Therapy (BAT)

Overall Survival, ARES vs BAT



Probability of Survival by D28 Response



MaaT013 demonstrates response-driven prolonged survival, far exceeding expected outcomes in third-line aGvHD, with **54% probability of survival at 1 year compared to 15% survival in historical control**



Early Access Program: meeting critical needs in GvHD today and shaping the future

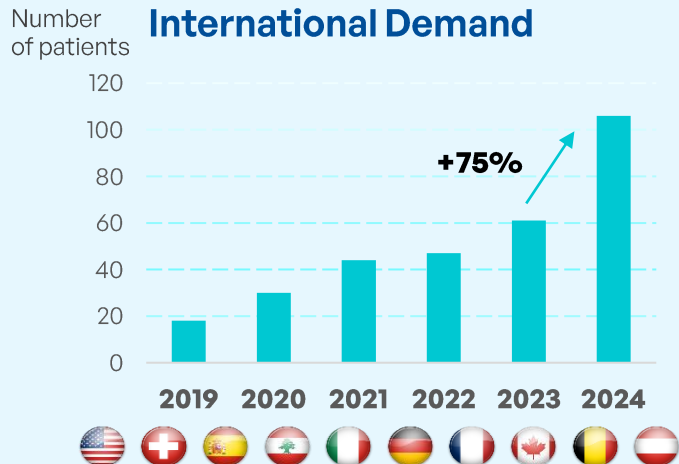
1

Patients First

- **Unmet medical need:** no approved or efficacious treatment in 3L and beyond
- Patients with **dismal prognosis**

2

Supplying The Increasing International Demand



3

In Different Indications

- **95% in GvHD** (any line), including 7% for 2L aGvHD patients AND 79% for 3L aGvHD patients and beyond
- **5% outside the GvHD field** suggesting a larger adoption

4

Clinical Value

154 cumulative GvHD patients treated as of July 2024

- Safety = Favorable B/R ratio
- Efficacy (All lines) = GI-ORR at D28: 51%; 1Y OS: 47%
- **Efficacy (3L)** = GI-ORR at D28: **59%**; 1Y OS: 49% confirming the ARES Phase 3 data (GI-ORR D28: 62%, 1y OS: 54%)

-> Product positioning in 3L



Supply chain & Manufacturing

- MaaT013 shipped to 10 countries
- 2 distribution centers: Horsham (USA) & Bordeaux (France)



Increased Adoption

- Generate real world evidence
- Stakeholder engagement & advocacy support (10 countries and NCAs or ECs)
- First patient treated in the US: Dec. 2024



Market Access Preparation

- Informed health economics modeling
- Preparation of narrative for payers
- Precise understanding of Cost of Goods
- Initiate early revenues (FR/social security): Q3/2024= 2.3 m€ (YTD)

Communicated Phase 3 topline results (62%) in Refractory aGvHD confirm EAP signals (59%)



Clear Regulatory Path for MaaT013 in Third Line Refractory aGvHD

In Europe



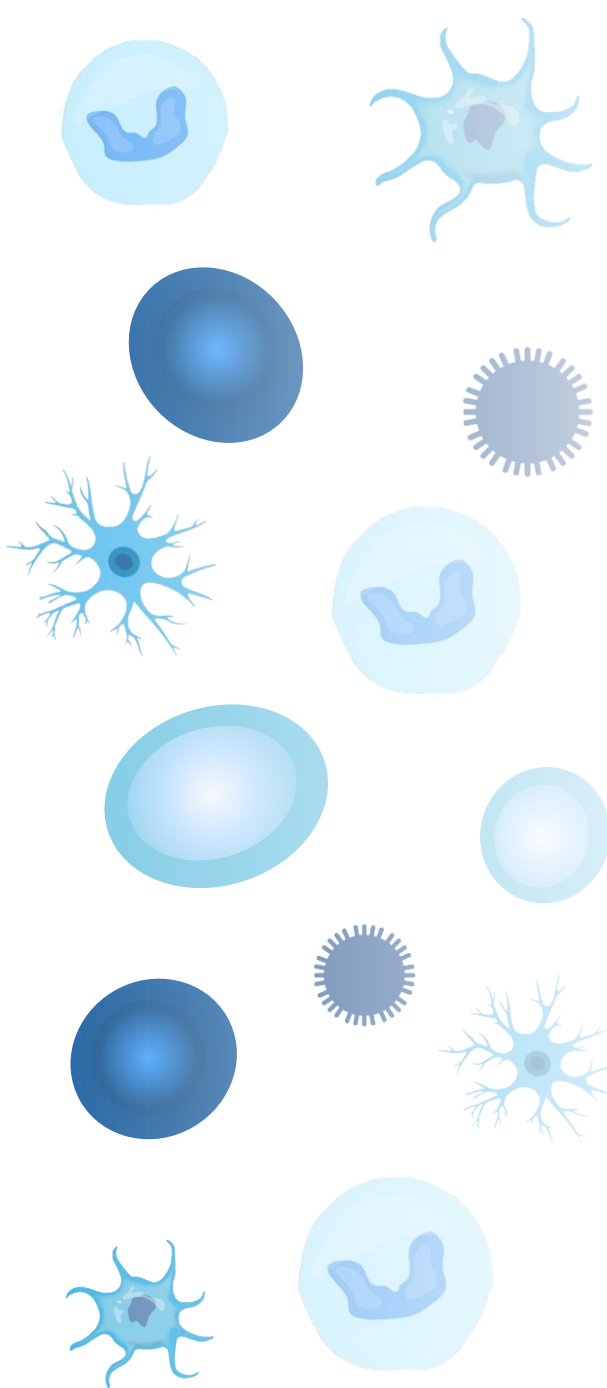
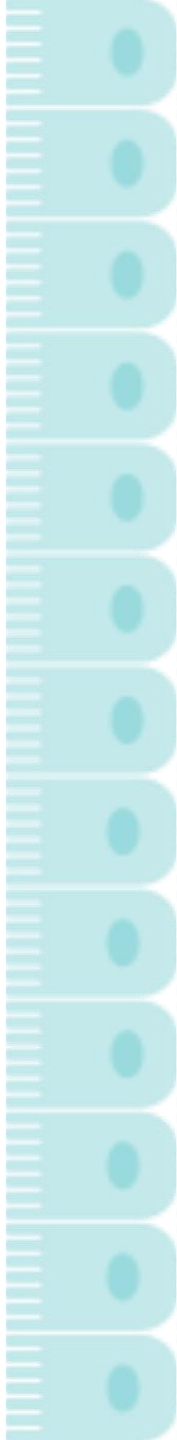
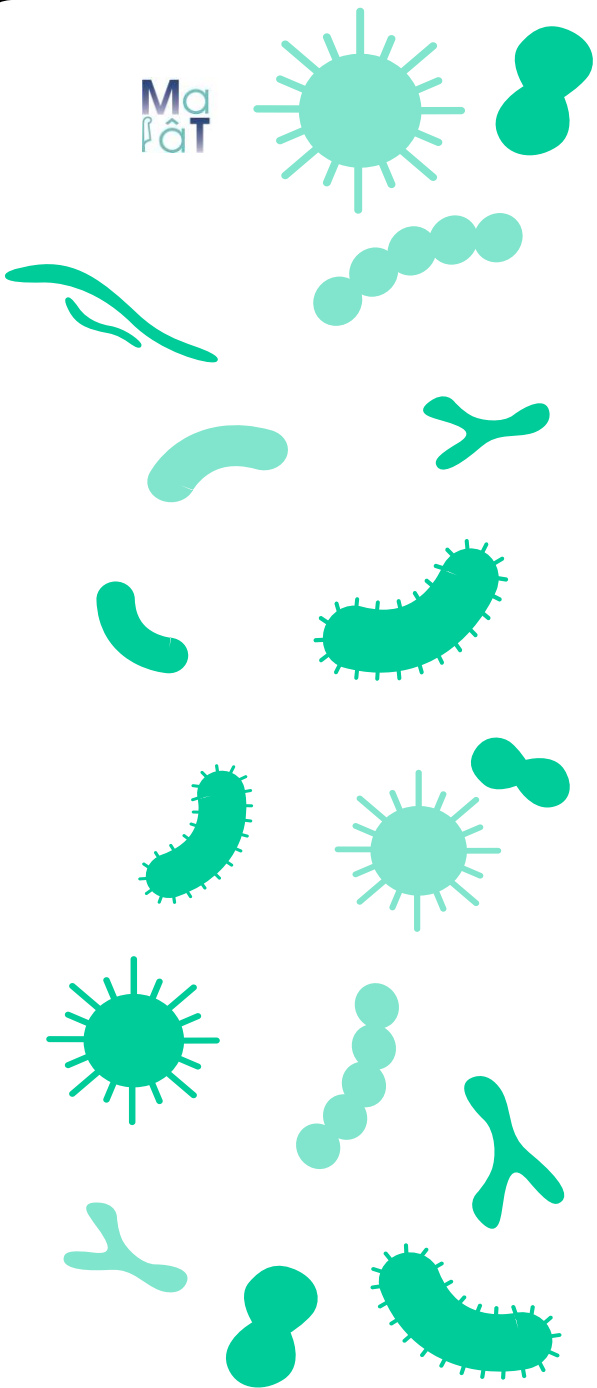
- › Eligibility of MaaT013 for the **centralized procedure confirmed by EMA** (Medicinal product status) and rapporteurs and co-rapporteurs appointed
- › **Target filing of the EMA Marketing Authorization Application** for MaaT013 **mid-2025** (6mths in advance vs previous plan)
- › **Submission based on validated primary endpoint** (28 days GI-ORR) complemented with data on 1y-OS
- › **Target H2 2026 for European marketing authorization, commence commercialization end of 2026**

In the U.S.



- › **Open IND:** Ongoing dialogue with the FDA to expedite MaaT013 clinical development plan
- › **Dedicated and optimized study for the US** leveraging ARES Phase 3 results
- › Continue to support the **ongoing Expanded Access Program** to allow US patients early access to MaaT013
- › **Targeting potential launch of U.S. Phase 3 study in 2025**, subject to appropriate funding

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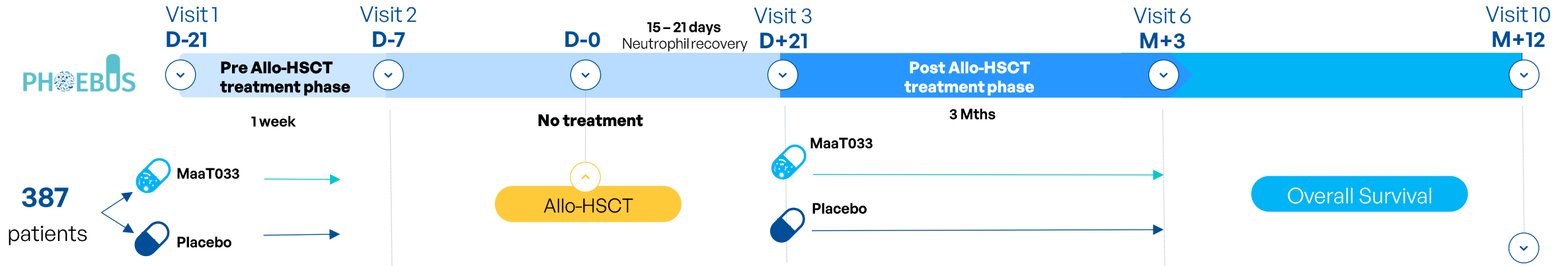
A Multi-Asset Platform Focused on Oncology



Phoebus: MaaT033 Phase 2b RCT Potential Adjunctive Treatment for Patients Receiving Allo-HSCT



Design presented at EBMT and ASH



Largest Microbiome RCT trial in oncology

- Multicenter Randomized Control Trial
- 56 sites / 6 countries

- Primary endpoint: **1y-OS**
- Results : Q4-2027
- **Dec 24: 80 patients** (LPI target date: mid-26)



Ongoing Phase 2b
PHOEBUS



Safety Interim analysis on
60 patients in Q1 2025



Based on expected duration
of recruitment, OS primary
endpoint expected in 2027



~ 11k patients
per year

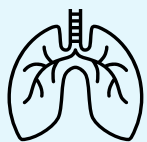


Unlocking the Potential of Checkpoint Inhibitors: How Full-Ecosystem Gut Microbiome Overcomes Primary Resistance

Immune Checkpoint Inhibitors (ICI) significantly improve outcomes in solid tumor patients

Leveraging full ecosystem microbiome could be a game-changer in immuno-oncology

Primary Resistance Rate to ICIs



Lung Cancer (NSCLC)

35 - 40 %



Skin Cancer (Melanoma)

Up to 65 %

→ Urgent need for new ICI combination therapies to boost response rates and survival

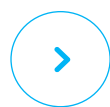
2021: FMT from ICI-responders could overcome resistance to ICI in non-responders with metastatic melanoma

✓ **6/15**

Non-responders -> Responders
(Davar et al, 2021)

✓ **3/10**

Non-responders -> Responders
(Baruch et al, 2021)



2023: Microbiotherapy from healthy donors boosts response to aPD1+aCTLA4 in ICI-naive metastatic melanoma patients

✓ **15/20**

ICI-naive → Responders
(ORR=75 %, Routy, 2024)

✓ **.../35**

PICASSO studying
MaaT013: 1st multicenter
RCT **70 pts rand 1:1**



MaaT013 Evaluated in Phase 2 Randomized, Multicenter Clinical Trial in Melanoma

Phase 2a PICASSO trial, fully recruited

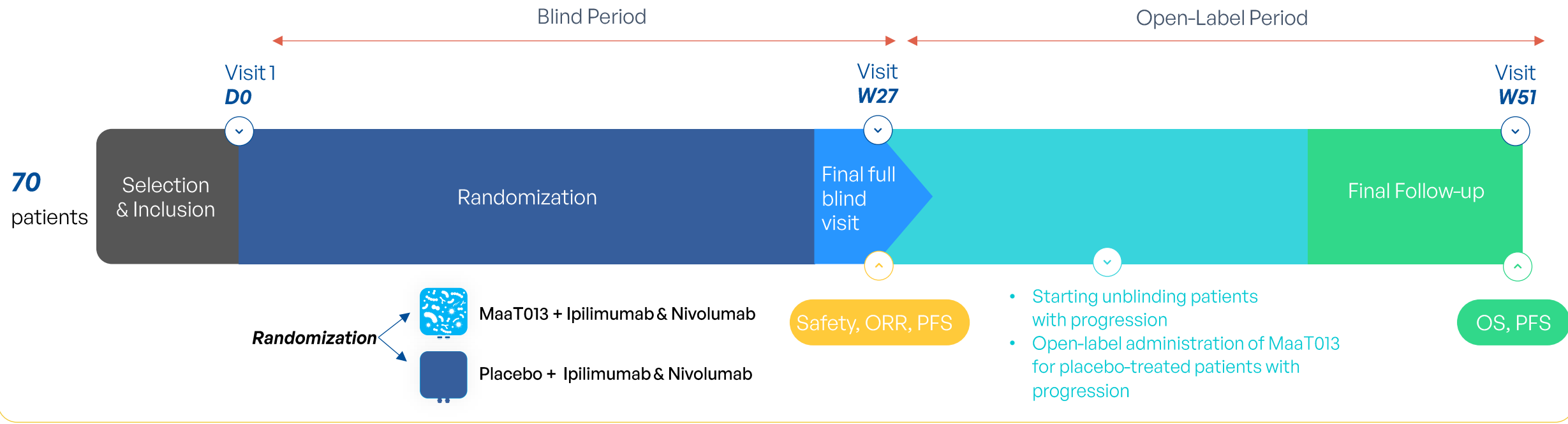
Investigator Sponsored Trial (Assistance Publique - Hôpitaux de Paris) in collaboration with Institut Gustave Roussy

→ **Data expected Q1.25 (positive DSMBs)**

Key study endpoints after 23 weeks of treatment:

MaaT013 safety profile and best-overall response rate vs placebo as add-on treatment to Ipilimumab + Nivolumab

PICASSO RCT design





MaaT033: Targeting Amyotrophic Lateral Sclerosis Progression



Amyotrophic Lateral Sclerosis (ALS)

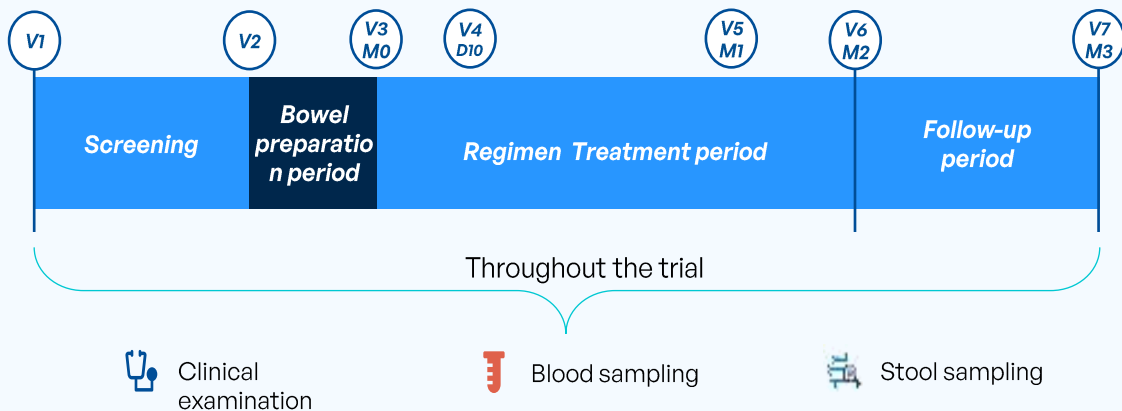
- Could affect up to 60,000 patients in US & EU by 2040¹
- Paralysis and death 3 to 5 years after diagnostic²
- Currently no curative treatment and few symptomatic treatments

Rationale for Exploratory Utilization of MaaT033 in ALS

- Microbiota-Gut-Brain axis is a multifactorial MoA which has the potential to become the new standard to treat neurodegenerative diseases, including ALS
- Strong support from medical community & patients
- A capital efficient way of testing neurodegenerative field in the most severe indication with high medical need with potential for expansion

Study

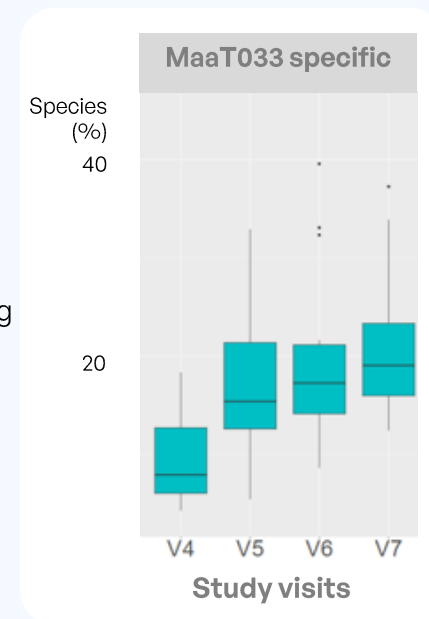
→ **Pilot, open-label, Phase 1b** study **in France, N=15** (NCT05889572)



→ **Key study endpoints:** safety and tolerability of MaaT033 (**Primary**) | gut microbiota composition evolution | marker showing potential impact on disease progression

→ **Primary endpoint met;** full data readout expected in **Q1 2025**

- MaaT033 found to be safe and well tolerated
- DSMB supports proceeding to Phase 2
- Successful engraftment characterized by the increasing MaaT033 species overtime



(Data published in a poster at MND, 35th International symposium on ALS/MND)

Study developed with:



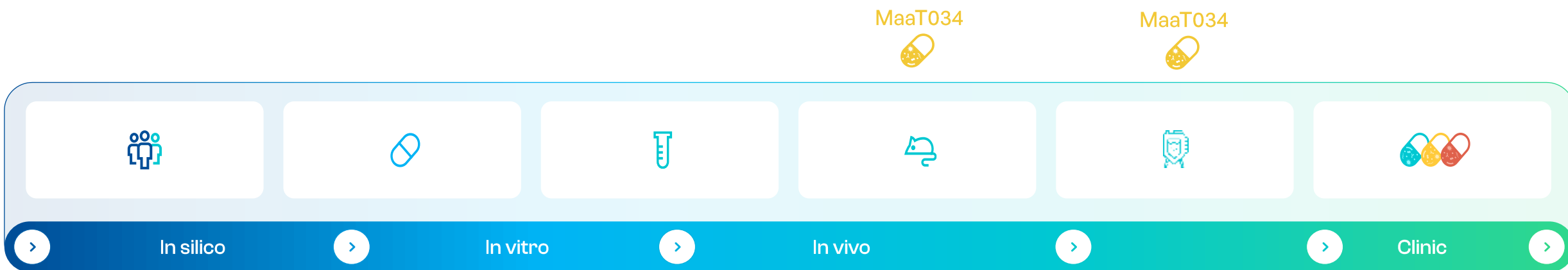
In collaboration with:



¹ Arthur, K., Calvo, A., Price, T. et al. Projected increase in amyotrophic lateral sclerosis - from 2015 to 2040. Nat Commun 7, 12408 (2016). <https://doi.org/10.1038/ncomms12408> ² <https://tousensellescontrolasla.fr/la-sla-cest-quoi/>



MET-C Product Generation is Driven by MaaT Pharma's Proprietary Predictive AI, Eubiotic Score and *in vitro* and *in vivo* Validation Processes



HIT Products

Donor-independent ecosystem candidate



LEAD Products (MaaT03X)

→ Activity in *in vitro* models (local and distal models)



Candidate Products (MaaT034)

- Activity in 2 different mouse models
- Product characterization
- Safety and Dose assessment

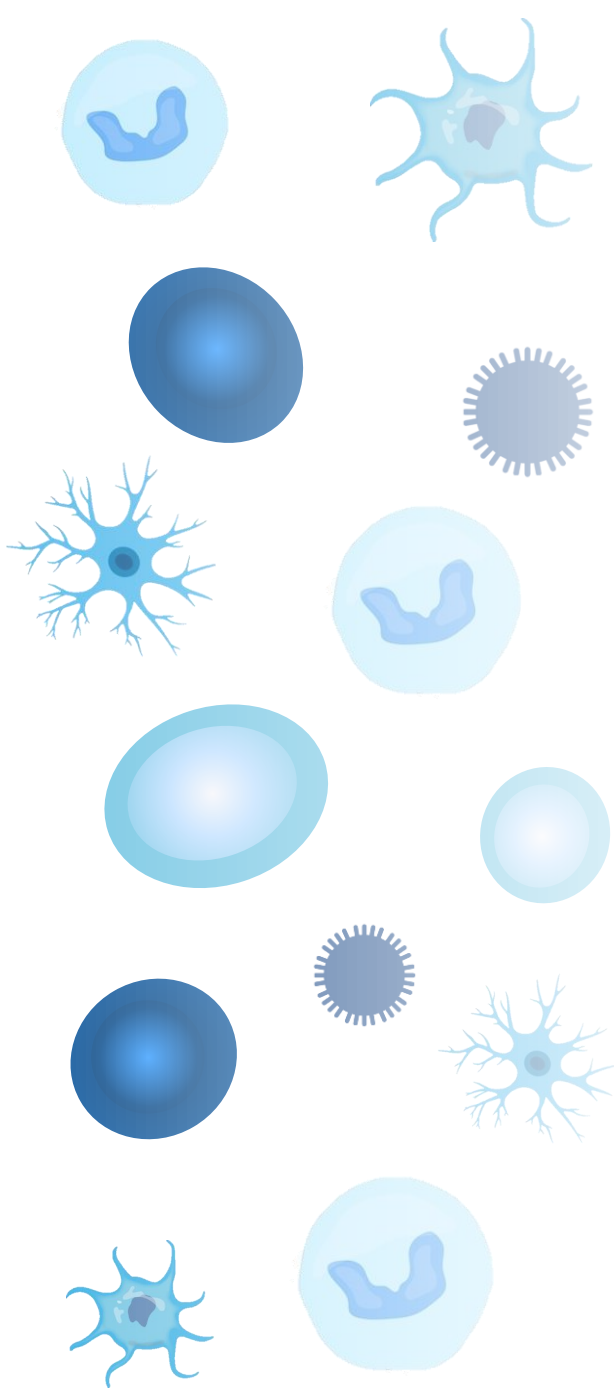
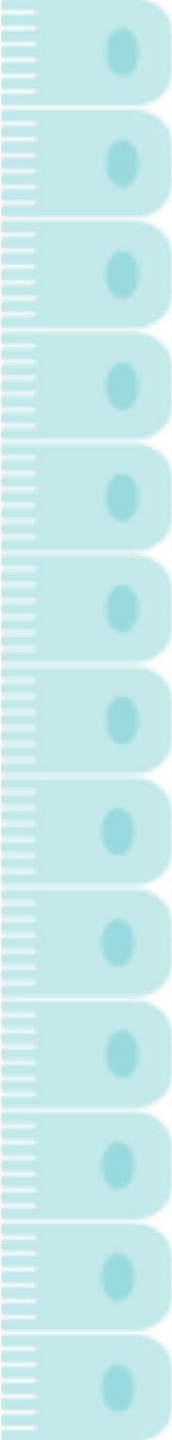
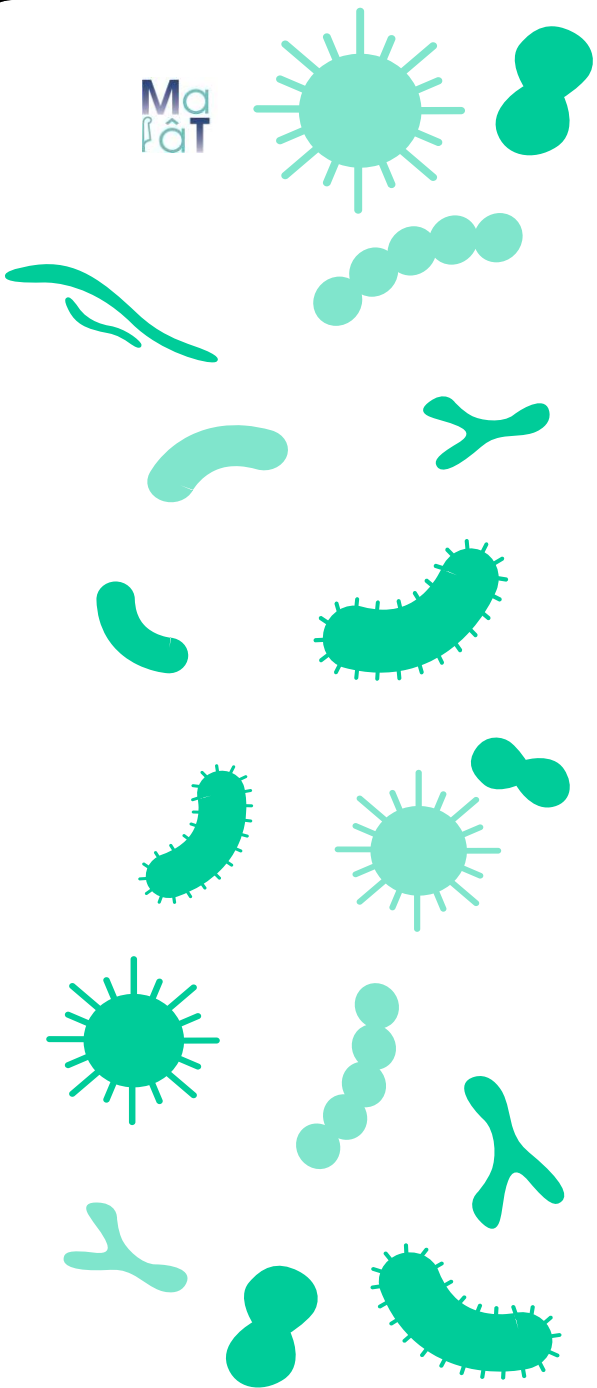


Upcoming Milestones for MaaT034

- Manufacturing of Clinical batches expected in H2.2025
- FIH expected in 2026

Indication-specific drug candidates

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Hemato- oncology Franchise Driving Value

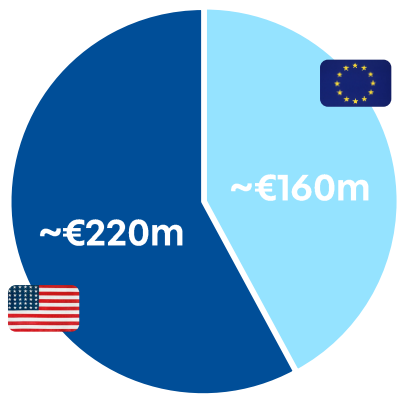


MaaT013 Addressable Market and Revenues

Addressable market in 3L

~3,000 patients

3L GI-SR-RR/I-aGvHD

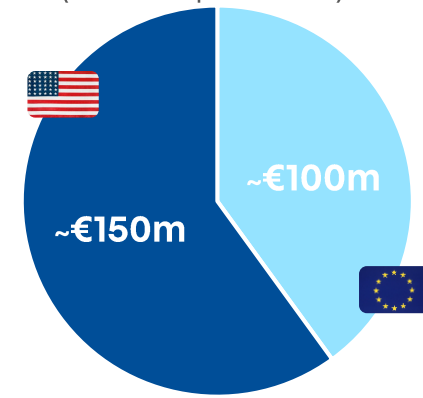


Total Worldwide
~€380m+

Estimated Annual Revenues

65% Market penetration

3L GI-SR-RR/I-aGvHD
(~2,000 patients)



Total Worldwide
~€250m+

- Ruxolitinib : **~70% MS in the US within 2 years of approval**
- Addressable population concentrated in **transplant centers**

Potential peak sales of **€250m+** worldwide with potential upside from 2L positioning (+1,400 patients)

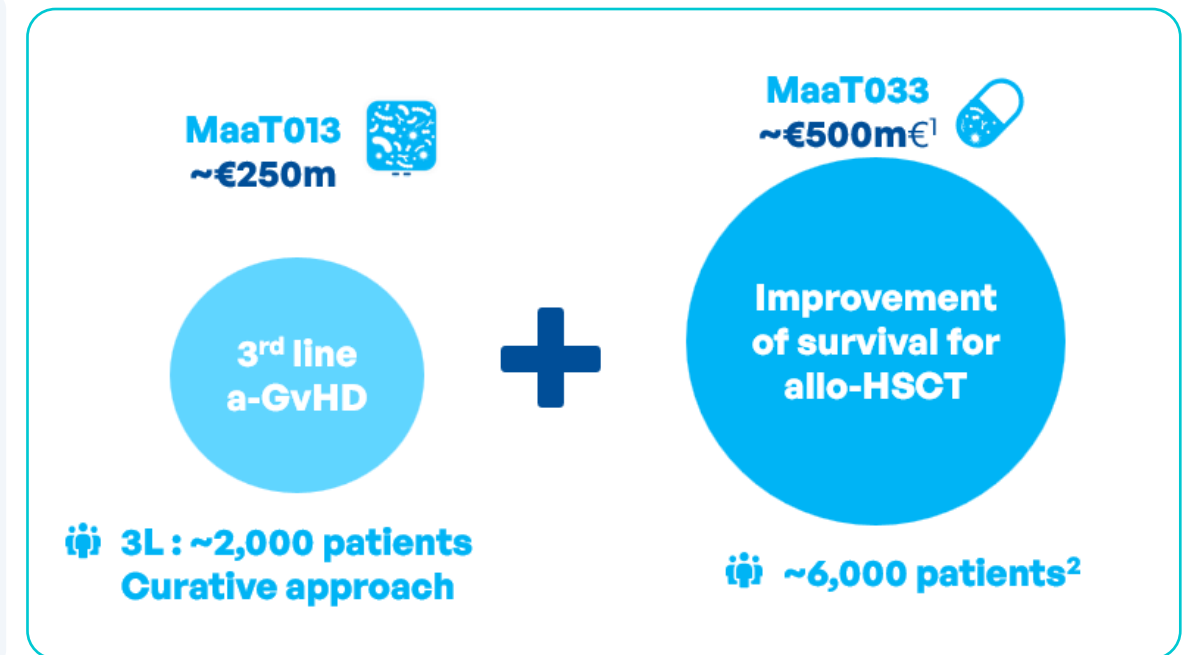
Realizing value through partnership: Aligning innovation with unmet medical needs in hematology

Unique Franchise Opportunity

- › Unique immunosuppressant-sparing, microbiome-based approach
- › Well defined **target population** for both products,
- › Prescribers **focused** on limited number of centers, many of them already using MaaT013
- › **Proven efficacy and safety** with potential to expand to other dysbiosis-linked hematological malignancies (e.g., CAR-T)
- › Multiple value catalysts over the next few months

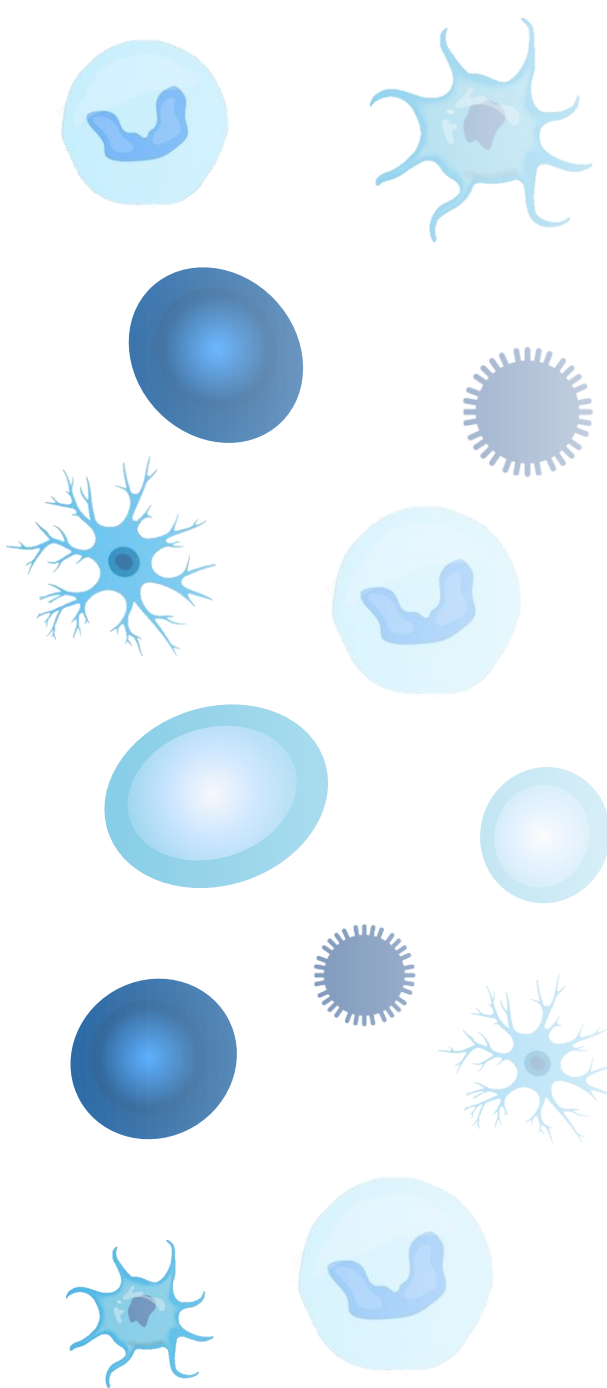
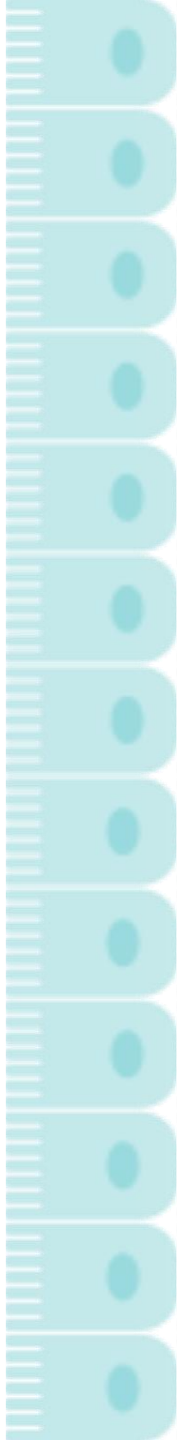
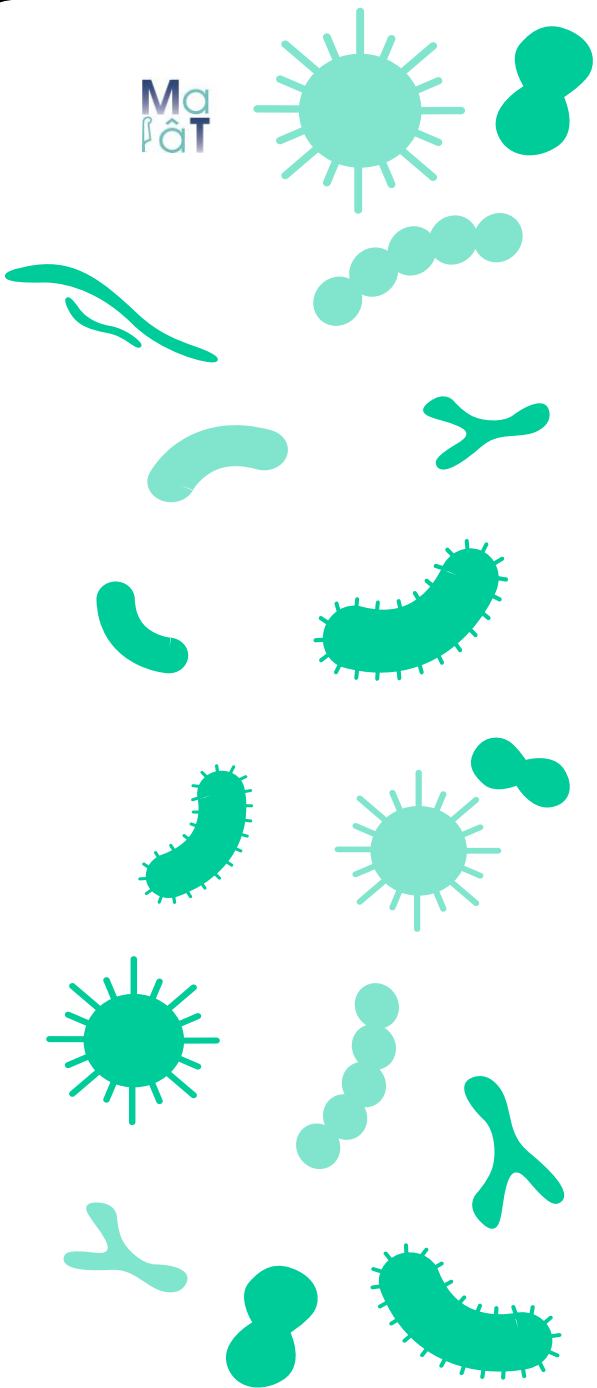
Significant potential to leverage partner's expertise in hematology, rare diseases, or hospital commercial operations.

A very meaningful market opportunity



A Total market of
~€750 m+

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**End-to-End
In-house
cGMP
Manufacturing
Capabilities**



Europe's Largest Specialized cGMP Manufacturing Facility for Microbiome Ecosystem Therapies

A dedicated 1,600m² site (+17,000 sq ft), expandable, to support demands until 2034 for MET-N clinical and future commercial production, R&D, and clinical batches of MET-C products (MaaT034 & MaaT3X family)

~11,000 treatable patients per year

MaaT013 9,000 bags/ year

MaaT033 1,300,000 capsules / year

MaaT03X Up to 300,000 capsules / year

01

Leading microbiome therapies fully integrated manufacturing and development platform:

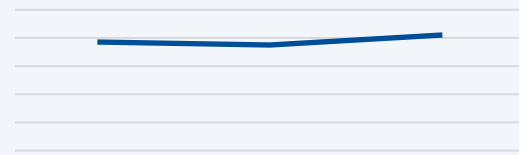
streamlined product development, scaleup and GMP process.

02

Option to expand manufacturing facilities to double capabilities.

03

Consistent yield (<10% variation)



Campaign #1 Campaign #2 Campaign #3

Manufacturing yield based on FDA/EMA authorized processes

04

Currently used at 10% capacity

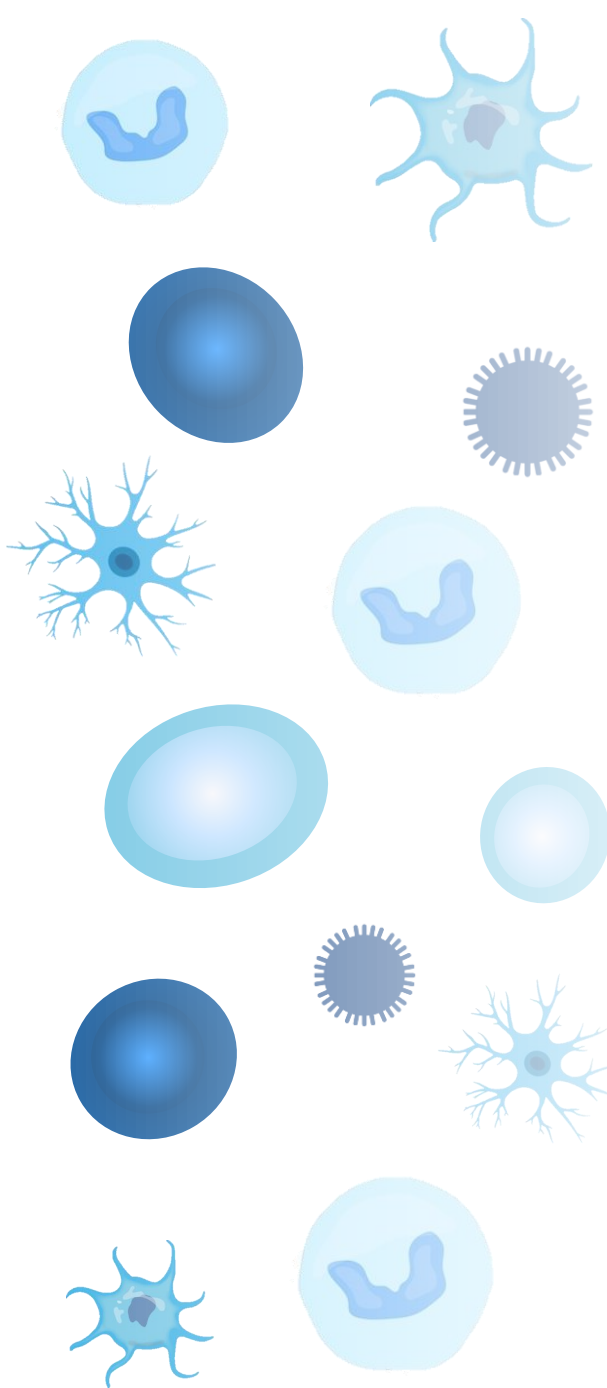
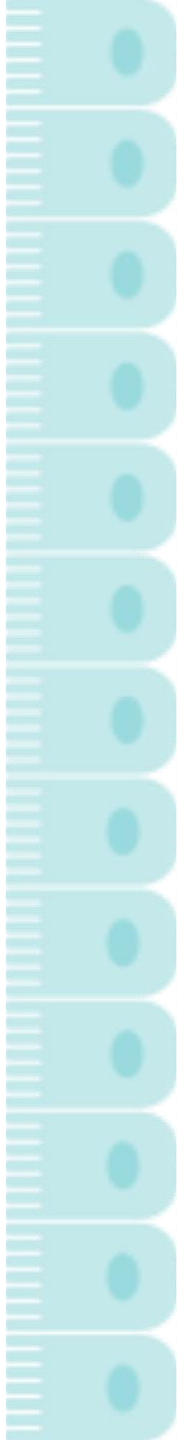
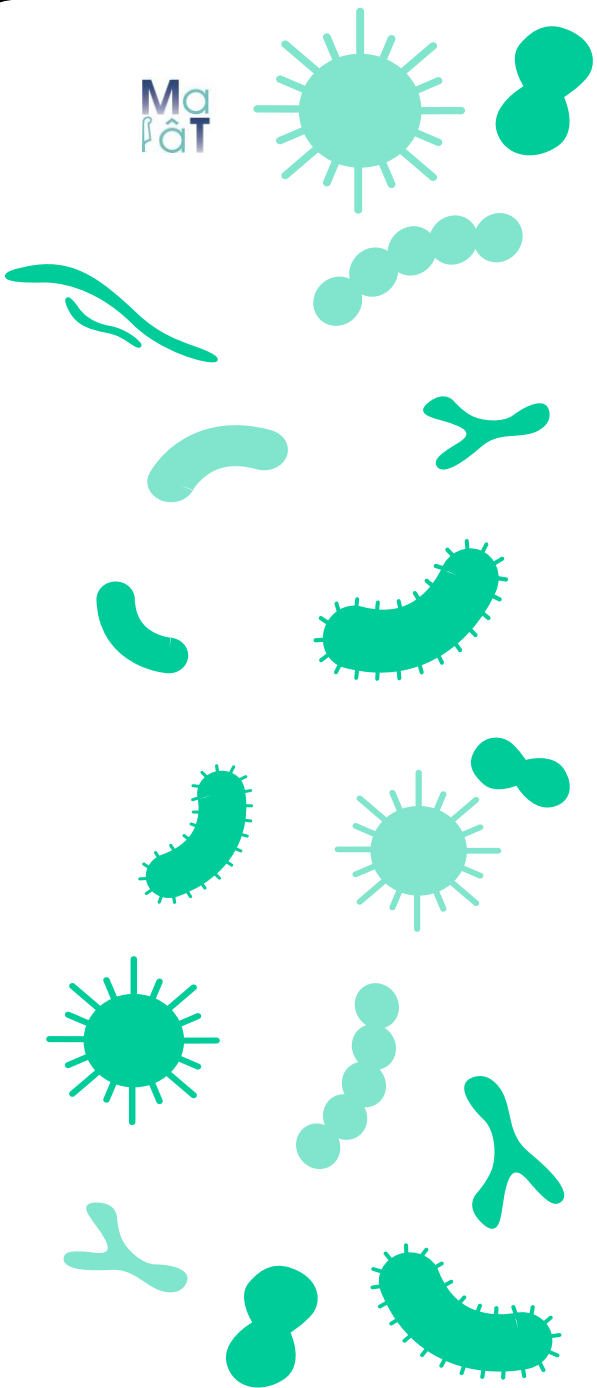
Scalable up to commercial capacity



Partnership with

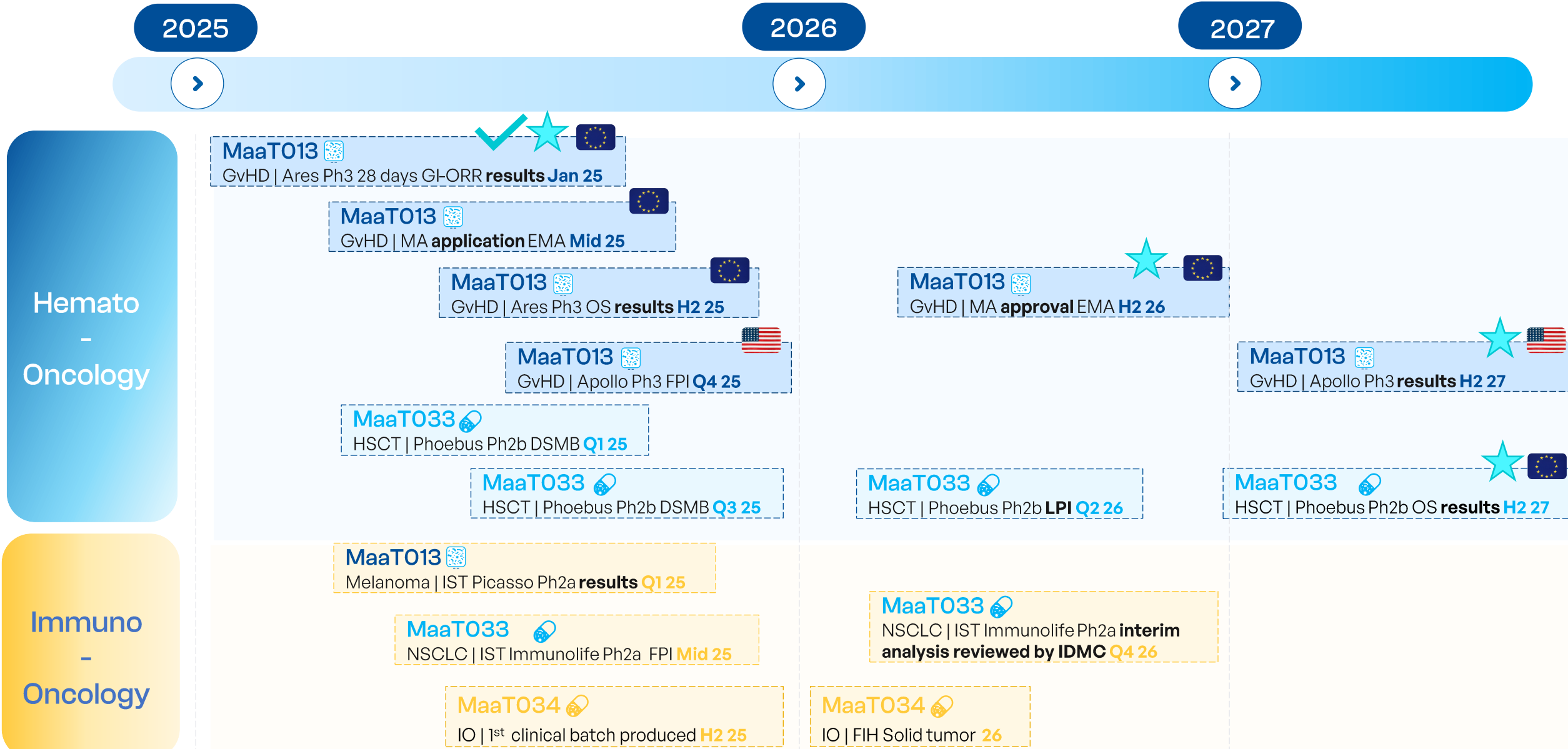


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Newsflow & Funding Opportunities

Several Major Near-Term Value Inflection Milestones



2025

2026

2027

Hemato
-
Oncology

Immuno
-
Oncology

MaaT013
GvHD | Ares Ph3 28 days GI-ORR **results Jan 25**

MaaT013
GvHD | MA **application** EMA **Mid 25**

MaaT013
GvHD | Ares Ph3 OS **results H2 25**

MaaT013
GvHD | Apollo Ph3 FPI **Q4 25**

MaaT033
HSCT | Phoebus Ph2b DSMB **Q1 25**

MaaT033
HSCT | Phoebus Ph2b DSMB **Q3 25**

MaaT013
Melanoma | IST Picasso Ph2a **results Q1 25**

MaaT033
NSCLC | IST Immunolife Ph2a FPI **Mid 25**

MaaT034
IO | 1st clinical batch produced **H2 25**

MaaT013
GvHD | MA **approval** EMA **H2 26**

MaaT033
HSCT | Phoebus Ph2b **LPI Q2 26**

MaaT033
NSCLC | IST Immunolife Ph2a **interim analysis reviewed by IDMC Q4 26**

MaaT034
IO | FIH Solid tumor **26**

MaaT013
GvHD | Apollo Ph3 **results H2 27**

MaaT033
HSCT | Phoebus Ph2b OS **results H2 27**

Legend: Key milestone; Achieved US market; EU market; Maat013 (pooled enema); Maat033 (pooled capsule); Maat034 (co-cultivated capsule)

Opportunities to fund the Company's development



Cash position of €27m as of September 30,2024

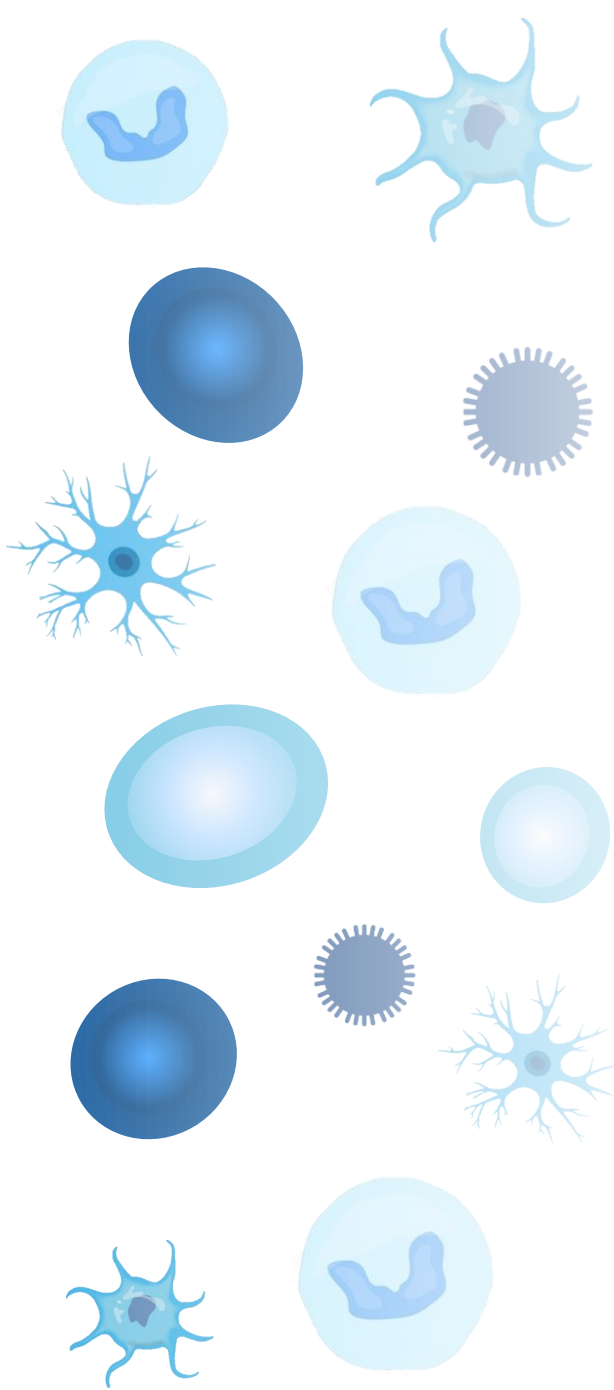
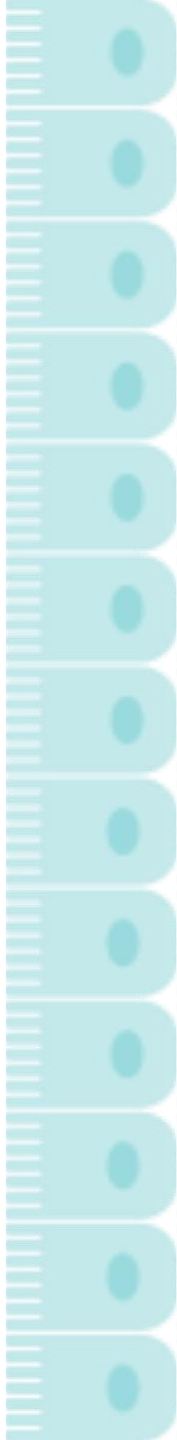
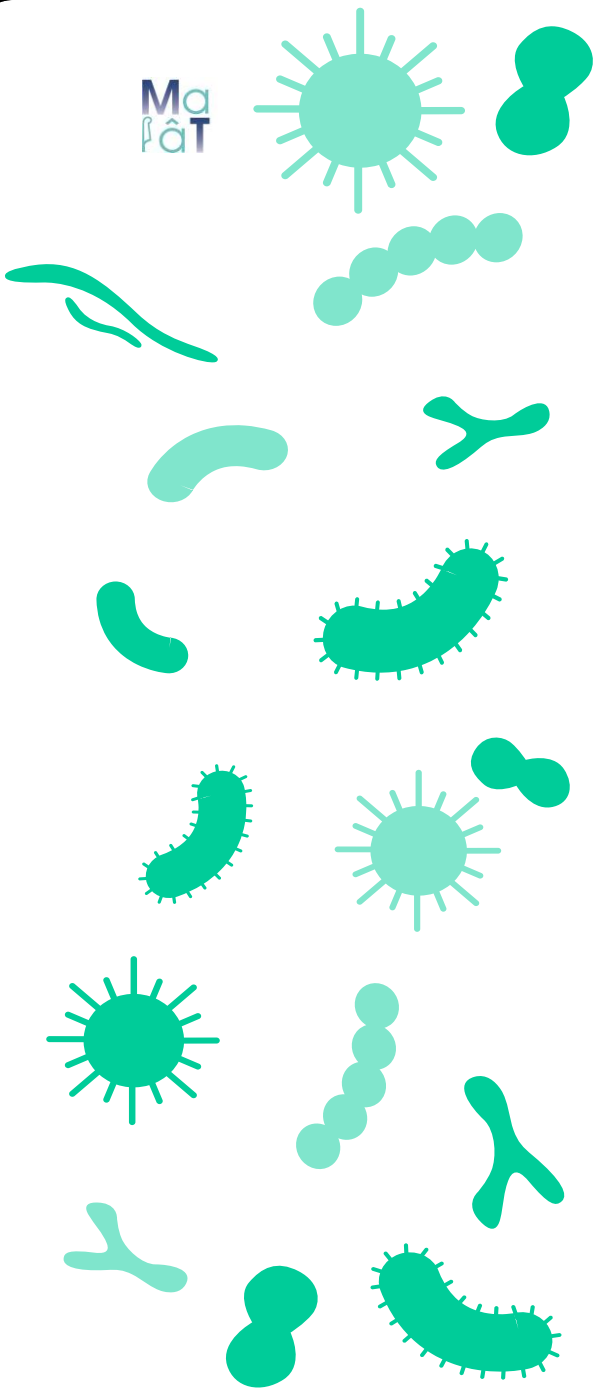


Current cash runway into Q2 2025



Exploring several opportunities to fund the Company's developments over the next coming years, **including dilutive and non-dilutive options**

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Thank you

