Biophytis®

LIVE HEALTHIER LONGER

Forward Looking Statements

This presentation contains forward-looking statements. Forward-looking statements include all statements that are not historical facts. In some cases, you can identify these forward-looking statements by the use of words such as **«outlook », «believes», «expects», «potential», «continues», «may», «will», «should», «could», «seeks», «predicts», «intends», «trends», «plans», «estimates», «anticipates» or the negative version of these words or other comparable words.** These forward-looking statements include statements regarding Biophytis' anticipated timing for its various BIO101 (20-hydroxyecdysone) clinical trials and expectations regarding commercialization. Such forward-looking statements are based on assumptions that Biophytis considers to be reasonable.

However, there can be no assurance that the statements contained in such forward-looking statements will be verified, which are subject to various risks and uncertainties including, without limitation, delays in patient recruitment or retention, interruptions in sourcing or supply chain, its ability to obtain the necessary regulatory authorizations, COVID-19-related delays, and the impact of the current pandemic on the Company's clinical trials. The forward-looking statements contained in this presentation are also subject to risks not yet known to Biophytis or not currently considered material by Biophytis.

Accordingly, there are or will be important factors that could cause actual outcomes or results to differ materially from those indicated in these statements. Please refer to the «Risk Factors» section of the Company's 2023 Full Year Financial Report available on BIOPHYTIS website *(www.biophytis.com)* and to the risks discussed in the Company's registration statement on Form F-1 and other reports filed with the Securities and Exchange Commission (the "SEC"). We undertake no obligation to publicly update or review any forward-looking statement, whether as a result of new information, future developments or otherwise, except as required by law.

biophytis

LIVE HEALTHIER LONGER

A clinical-stage biotechnology company specialized in the development of therapeutics for muscular, respiratory and metabolic diseases

HQ location: Paris, France
Other locations in Sao Paulo, BR and Cambridge, MA US

Founded:
2006

Euronext growth Paris (ALBPS)
Marchés OTC (BPTSY)

Drug discovery : platform for developing drugs for age-related diseases

Multiple partnerships

BLANVER

AFM TELETHON

SCIENCES SORBONNE UNIVERSITÉ

INSTITUT DE MYOLOGIE
INNOVER POUR GUÉRIR

cnrs

Tufts UNIVERSITY

MUSC Medical University of South Carolina

Corewell Health

SEQENS

eurofins

Biophytis
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BIOPHYTIS' People : Expertise & Passion

Stanislas Veillet
CEO, cofounder

Université Paris Sud · Danone

Rob van MAANEN
Chief Medical Officer

Astellas · Khondrion

Pierre DILDA
Chief Scientific Officer

UNSW Sydney · Mayoly Spindler Laboratoires

Edouard BIETH
Chief Business Officer

Tillotts Pharma (Zeria Group) · AstraZeneca

Waly DIOH
Chief Operations Officer

Monsanto · Université Paris Sud

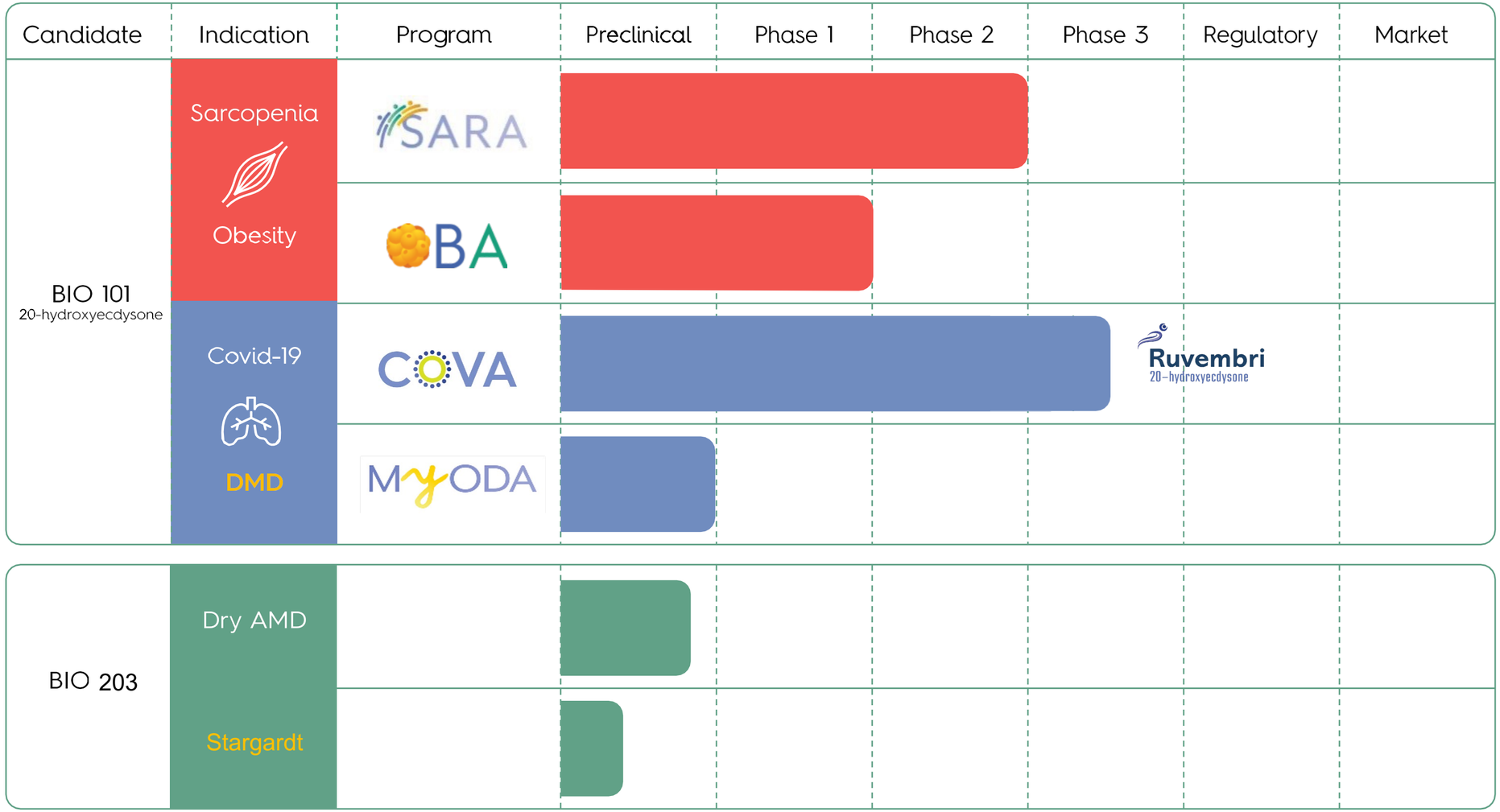
Nicolas FELLMANN
Chief Financial Officer

Valerio Therapeutics · Pfizer

Chiara BACCELLI
Chief Pharmaceutical Operation, Officer & Quality Assurance Director

UCB · bioprojet Pharma

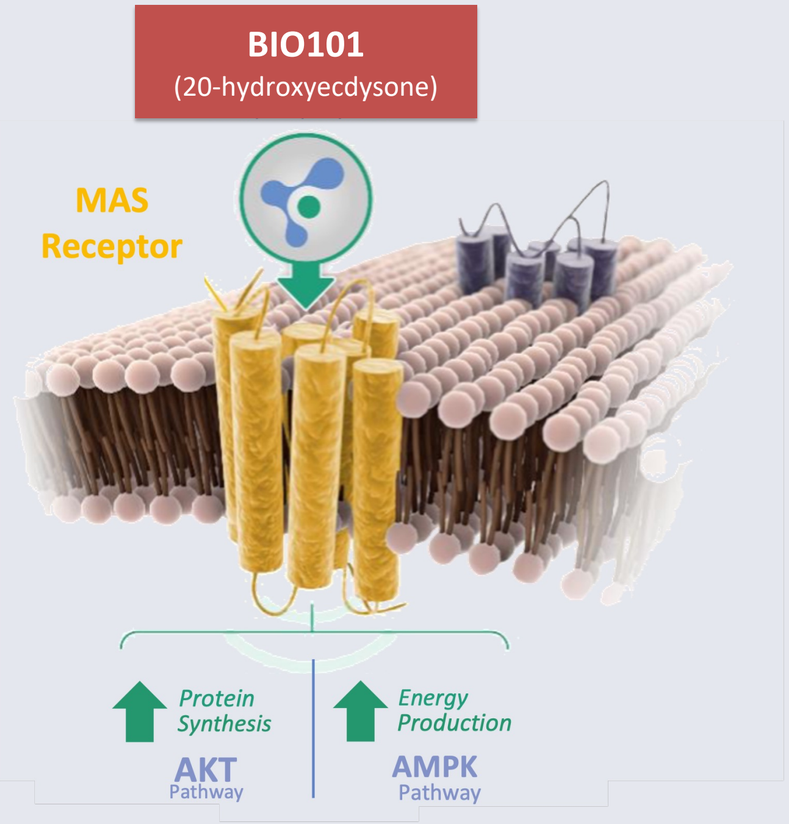
Our Clinical Pipeline as of today



xxx orphan diseases

BIO101 (20-hydroxyecdysone) : Mechanism of Action

- BIO101 (20-hydroxyecdysone) triggers two important MAS receptor downstream signaling-pathways in myocytes:
  PI3K/AKT/mTOR: Increases **protein synthesis**
  AMPK/ACC: Stimulates **energy production**
- MAS activation in **muscles** stimulates **muscle metabolism with a potential impact on muscle and/or respiratory functions**

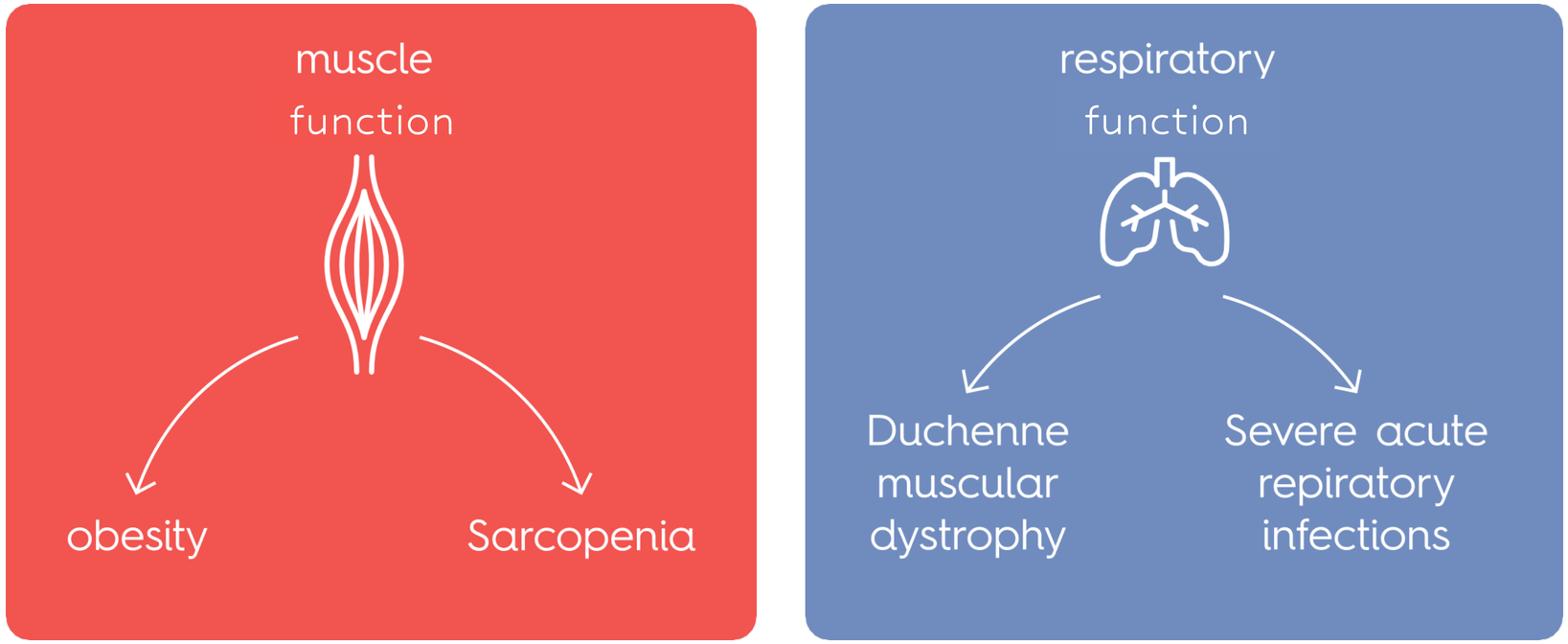


Lafont et al. 2022, doi: 10.1530/JME-21-0033

BIO101 (20-hydroxyecdysone) is currently in development in 4 indications

Targeted Clinical functions

Targeted Indications



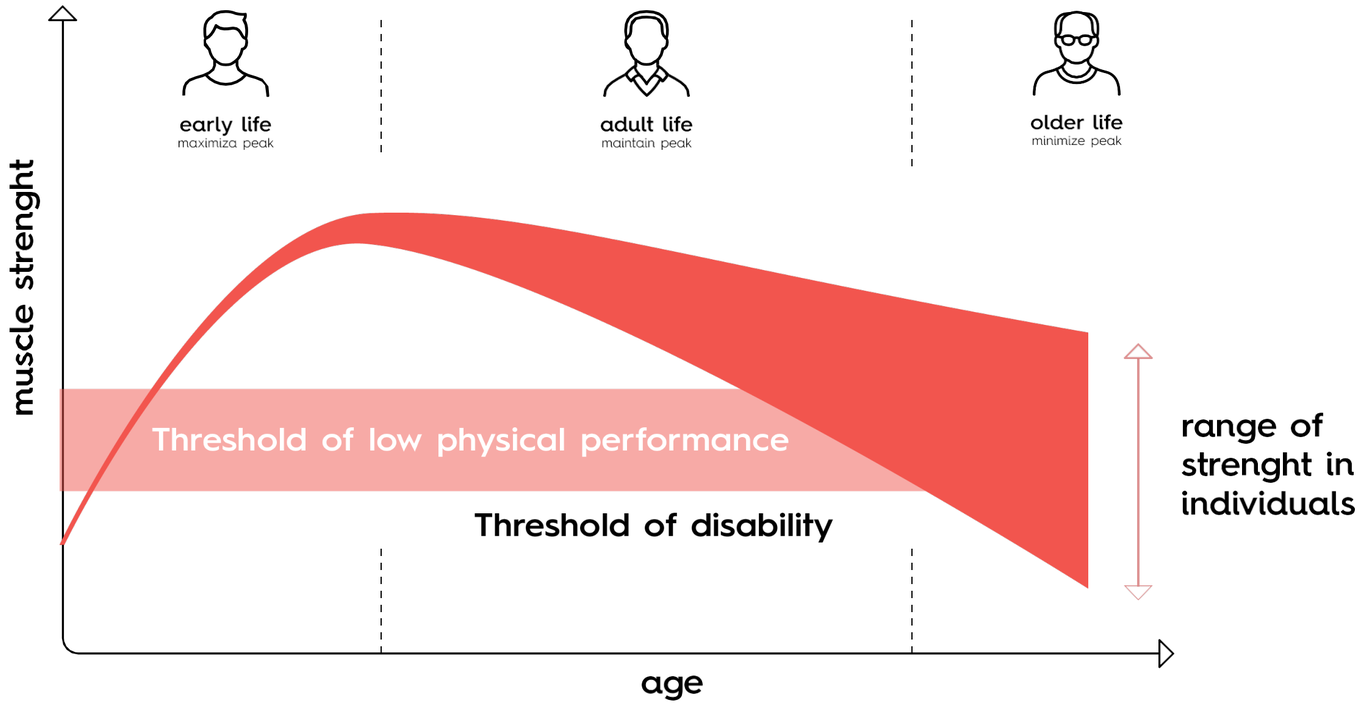
BIO101 (20-hydroxyecdysone)

in SARCOPENIA

SARA

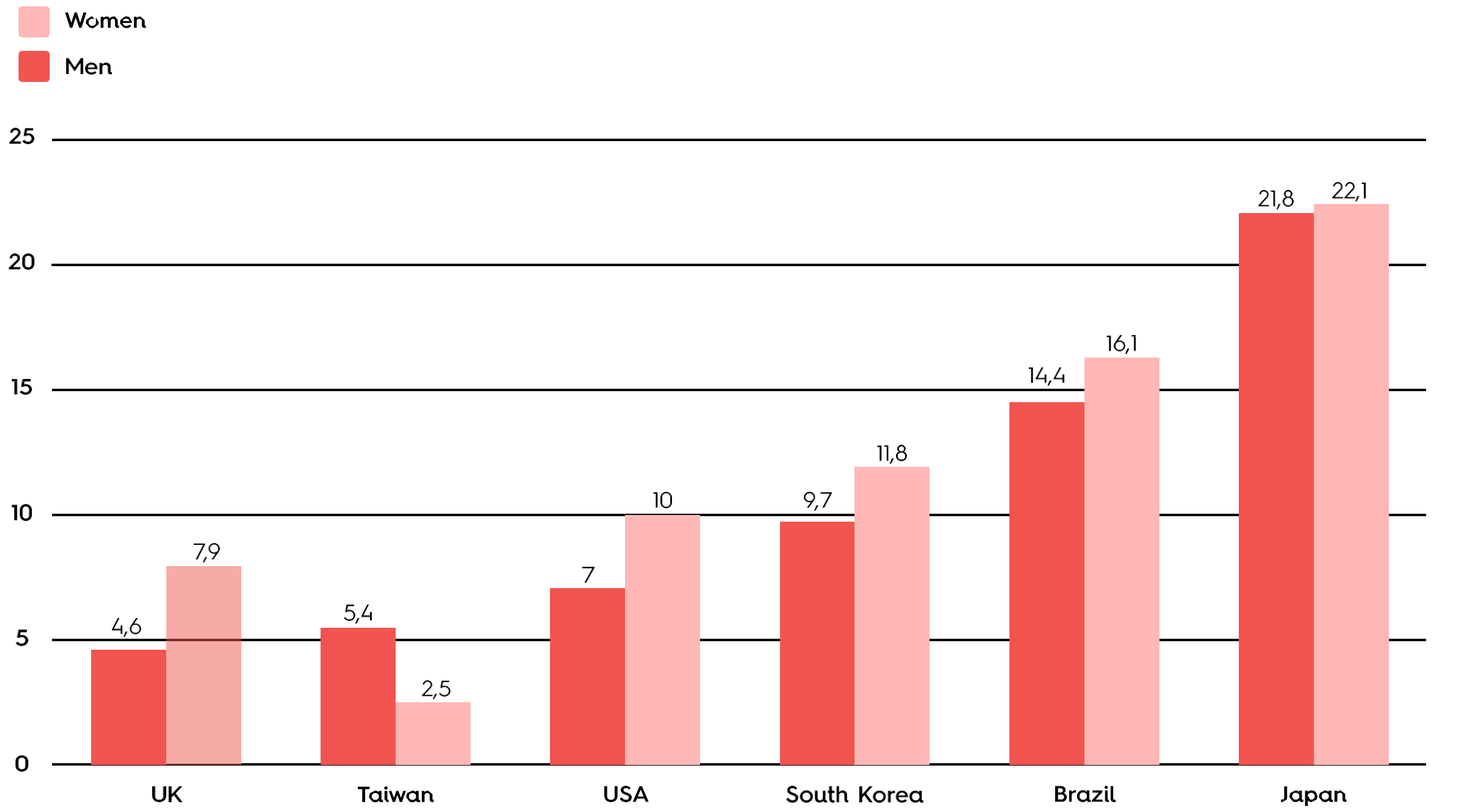
Sarcopenia is an aged related disease

Sarcopenia is a syndrome defined by many consortia including the EWGSOP (The European Working Group on Sarcopenia in Older People) and the SDOC (Sarcopenia definitions and Outcomes Consortium), characterized by **progressive and generalized loss of skeletal muscle mass, strength and function** associated with an increased risk of adverse events such as disability, poor quality of life and death.



Source : 1. Munro HN. Adaptation of body protein metabolism in adult and aging man. Clin.Nutr. 1982;1:95-108.; Yuan 2023, Epidemiology of Sarcopenia, Metabolism

Sarcopenia is estimated to influence 10%–16% of the elderly 60+ population worldwide.



Prevalence of Sarcopenia among patients aged 60+

Source : Yuan 2023, Epidemiology of Sarcopenia, Metabolism; Shafiee 2017, Prevalence of Sarcopenia in the world, Journal of diabetes & metabolic disorders; http://dx.doi.org/10.1590/1809-9823.2015.14139

There is no drug treatment registered for sarcopenia

No pharmacological treatment has yet been approved

for either frailty or sarcopenia. Recommendations for the prevention and treatment of frailty and sarcopenia are thus still mainly based on lifestyle interventions, such as nutrition and physical exercise.

Vitamins/dietary supplements

These may improve muscle strength and muscle mass, but no solid clinical evidence

Off label Drugs

The use of off label drugs is based on empiric practice. Data on sub population of large trials exist but not approved.

Source：Age Ageing. 2019 Jan; 48(1): 16–31. J Frailty Aging. 2022; 11(2): 135–142. Age and Ageing, Volume 37, Issue 4, July 2008, Pages 363–365, DataBridge report on sarcopenia 2022

Our solution for patients suffering from sarcopenia

BIO101 (20-hydroxyecdysone):

First drug candidate to complete Phase 2 (SARA-INT) with clinically meaningful outcome on mobility

On track to prepare the Phase 3 program, through approvals of CTA and granted by EMA and FDA

Other drug candidates including Myostatin inhibitors and SARMs halted for lack of effectiveness in neuromuscular diseases

Source: Tourette et al. 2022. The Journal of Frailty & Aging, vol. 11: S1,22 doi: 10.14283/jfa.2022.22.

SARA-INT: Phase 2 trial overview

Design

- Global, double-blind, randomized, placebo-controlled trial: NCT03452488
- Assess safety and efficacy of two doses of BIO101 (20-hydroxyecdysone) administered orally until the loss of mobility and over 26 weeks, as compared to placebo
- Treatment effect on improvement of physical function (gait speed) and on decrease of risk of mobility disability

Endpoints

- Primary
  - Gait speed in the 400-meter walk test
- Secondary
  - Short Physical Performance Battery (SPPB)
  - Handgrip muscle strength
  - Patient reported outcomes (PRO)

Patient Population

- Age: 65 years old or over
- Low mobility measured by Short Performance Physical Battery (SPPB) ≤8 out of 12
- Able to complete the 400MWT within 15 min without sitting down, help from another person, or use of a walker.
- Sarcopenia FNIH criteria:
  ✓lean mass: ALM/BMI < 0.789 in men and 0.512 in women, or ALM <19.75 kg in men and <15.02 kg in women as measured by DXA

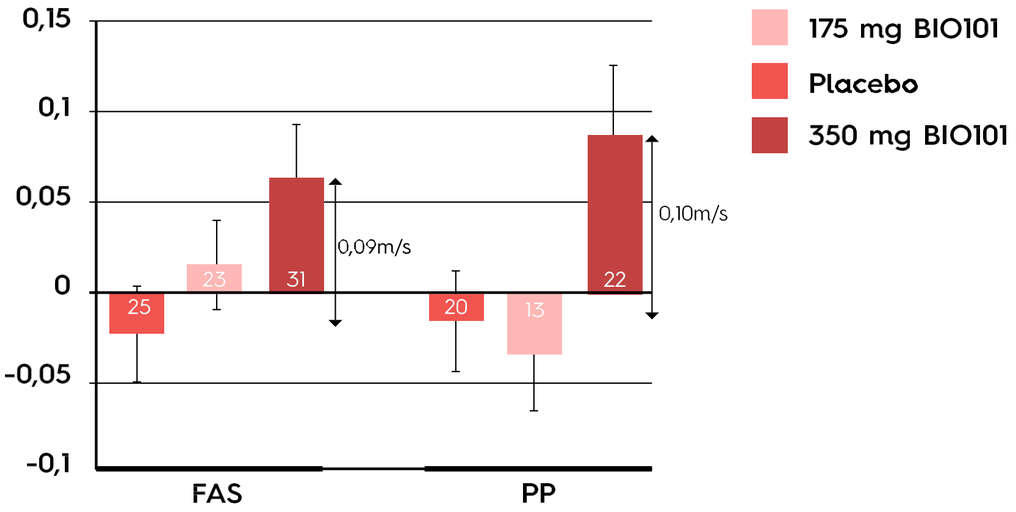
Source: Tourette et al. 2022. The Journal of Frailty & Aging, vol. 11: S1,22 doi: 10.14283/jfa.2022.22.

Promising results obtained in SARA-INT phase 2 trial

BIO101 (20-hydroxyecdysone) significantly improves the 400 MWT gait speed, the primary endpoint, in the PP population after 6 months of treatment

- Global, double-blind, randomized, placebo-controlled trial in patients with aged-related sarcopenia at risk of mobility disability to evaluate safety and efficacy of BIO101 (20-hydroxyecdysone)
- At the highest dose of 350 mg bid: clinically meaningful improvement of 0.10 m/s in the PP population (significant, p=0.008) compared to placebo for the 400MWT gait speed after 6 months of treatment
- This gait speed level of 0.10 m/s is known to be associated with a reduction in mobility disability and mortality in the elderly
- BIO101 (20-hydroxyecdysone) demonstrated the same effects on mobility in the **sarcopenic obese subpopulation.**

Change from baseline at M6 Gait speed



Treatment effect is nominally significant in PP population at M6 (p = 0.008)

Source: Tourette et al. 2022. The Journal of Frailty & Aging, vol. 11: S1,22 doi: 10.14283/jfa.2022.22.

SARA-31 – Phase 3 development plan

Design

- Global, double-blind, randomized, phase 3 placebo-controlled trial
- Assess safety and efficacy of BIO101 (20-hydroxyecdysone) 350 mg BID administered orally over at least 52 weeks, as compared to placebo
- Treatment effect based on estimation of the risk of mobility disability

Endpoints

- Primary
  - Major Mobility Disability (MMD) assessed by the inability to complete the 400-meter walk test (400MWT) within 15 min
- Secondary
  - Gait speed 4-meter from Short Physical Performance Battery (SPPB)
  - Handgrip Strength (HGS)
  - Patient Reported Outcomes (PRO)

Patient Population

- Age: 65 years old or over
- Low mobility measured by Short Performance Physical Battery: SPPB 3 ≤ SPPB ≤ 7
- Low Handgrip Strength (HGS < 20 and <35 kg in female and male)
- Slow walkers (gait speed < 0.8 m/s)
- Reporting a loss of motor function over the last year

BIO101 (20-hydroxyecdysone)

in Obesity

Muscle wasting associated with pharmacology treatment of obesity: an unmet medical need

Obesity is a serious chronic disease

1bn

Adults and children are currently living with obesity globally.

3x

The global prevalence of obesity has more than tripled since 1975.

$4tn

The global cost of treating obesity-related complications is expected to rise by over $4 trillion by 2035.

Up to 40%

Total weight loss that comes from muscle when obese patients are treated with GLP-1RA.

nature biotechnology

After obesity drugs' success, companies rush to preserve skeletal muscle
Nature Biotechnology. 2024 42(3):351-353

« [There is a need to] counter the side effects of dramatic weight loss [induced by GLP-1s]. [Biotechs] are searching whether it is possible for people to lose weight on these GLP-1 RA agonists without losing muscle. »

Sources:
World Obesity Federation report: https://www.worldobesity.org/news/economic-impact-of-overweight-and-obesity-to-surpass-4-trillion-by-2035
World Health Organization report: https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight
McCarthy et al. Weight Loss Strategies and the Risk of Skeletal Muscle Mass Loss. Nutrients 2021, 13, 2473: https://doi.org/10.3390/nu13072473

According to analysts, 13% of US adult population would be treated with an anti-obesity medication by 2030

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2023

Total Market
6 bUSD

CAGR
+42%

2030

Total Market
100 bUSD

Goldman Sachs

"In 2030, we estimate that ~15mn adults in the US will be treated with AOM for chronic weight management (excluding patients treated for type 2 diabetes), which represents ~13% penetration into the U.S. adult population"

BA

Source : https://www.goldmansachs.com/intelligence/pages/anti-obesity-drug-market.html

Potential attributes of BIO101 (20-hydroxyecdysone) in obese patients treated with GLP-1RA

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Effects on muscle wasting:

- Preservation of muscle strength
- Reduction of muscle mass loss
- Improvement of mobility

Effects on fat tissues:

- Increase of fat mass loss

Convenient and safe administration :

- Oral route
- Adequate safety demonstrated in adults from trials in other indications

Source: Foucault 2012. AgroParisTech, 2012. NNT : 2012AGPT0041. pastel-00998299

Supportive preclinical data in obesity

Metabolic effects in obese mice :

- Protective effect of BIO101 (20-hydroxyecdysone) in mice fed an obesity-inducing high-fat diet, preventing adipose tissue development
- Anti-obesity effect by increase in energy expenditure

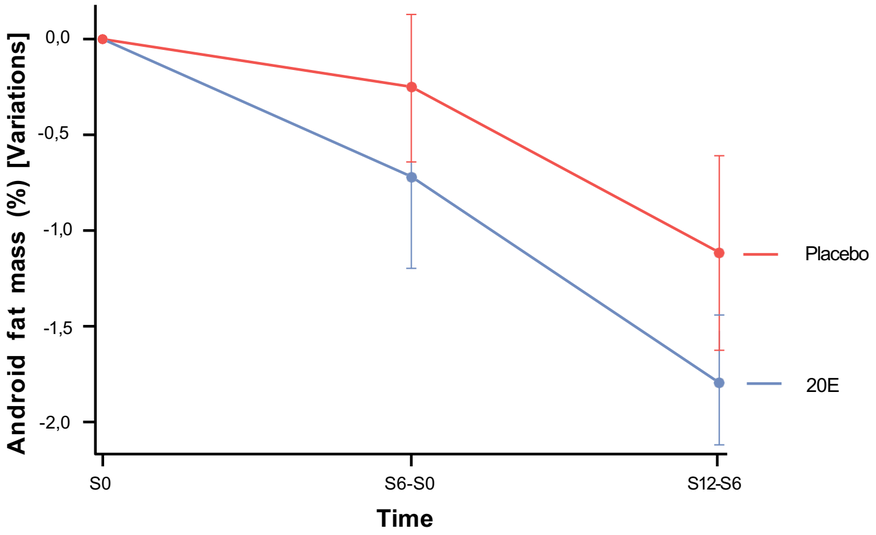
Muscle function in mice fed high fat :

- Improved physical performances in adult and old animals orally treated with BIO101 (20-hydroxyecdysone)

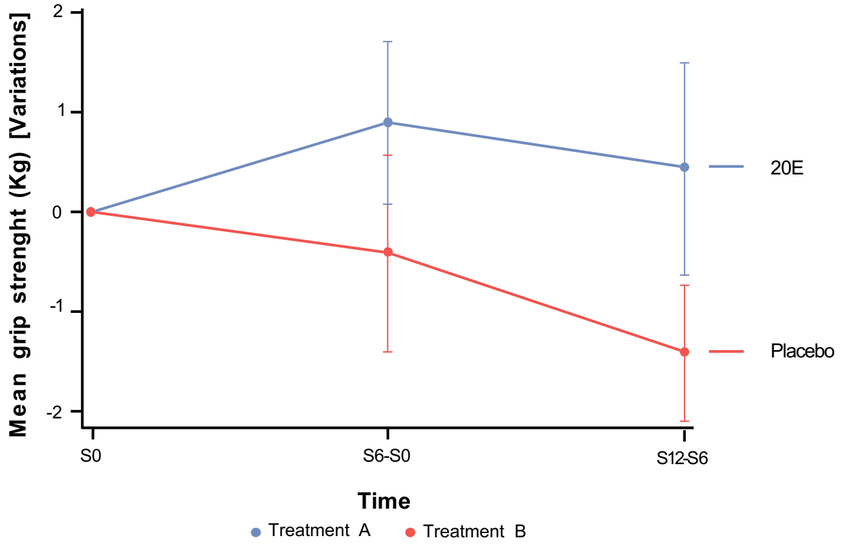
Source: Foucault et al. 2012, Obesity, 20, 270-277; Foucault et al. 2014, Physiology & Behavior, 128, 226-231; Serova et al. 2023, Journal of Cachexia, Sarcopenia and Muscle. 15(1):55-66

Promising clinical data in obese patients on hypocaloric diets for weight-loss

Android fat mass
(p=0.0386)



Handgrip strength
patients with weight loss >5%
(p=0.0974)



20-hydroxyecdysone (20E) daily dose of 37.5 mg (given in the form of a dietary supplement) compared to placebo (n=58)

12 weeks study, with weight loss on hypocaloric diet for six weeks (S0-S6) followed by a normocaloric diet for six weeks (S6-S12)

Source: Foucault 2012. AgroParisTech, 2012. NNT : 2012AGPT0041. pastel-00998299

OBA – Phase 2 development plan

Design

- Randomized, double-blind, placebo-controlled phase 2 trial
- Assess efficacy and safety of BIO101 (20-hydroxyecdysone) 350 mg BID administered orally over 21 weeks

Endpoints

- Primary
  - Muscle strenght (knee extension)
- Secondary
  - Walking speed (6-minute walking test)
  - Muscle strength normalized in relation to muscle mass
  - Weight, muscle mass and fat mass
  - Symptoms reported by patients (PROs)

Patient Population

- 164 obese patients treated with GLP-1 RAs, together with hypocaloric dieting
- Obese patients (BMI ≥30) or overweight (BMI ≥27 with one or more sequalae e.g. hypertension and sleep apnoea)

Ruvembri
20-hydroxyecdysone

in SARIs

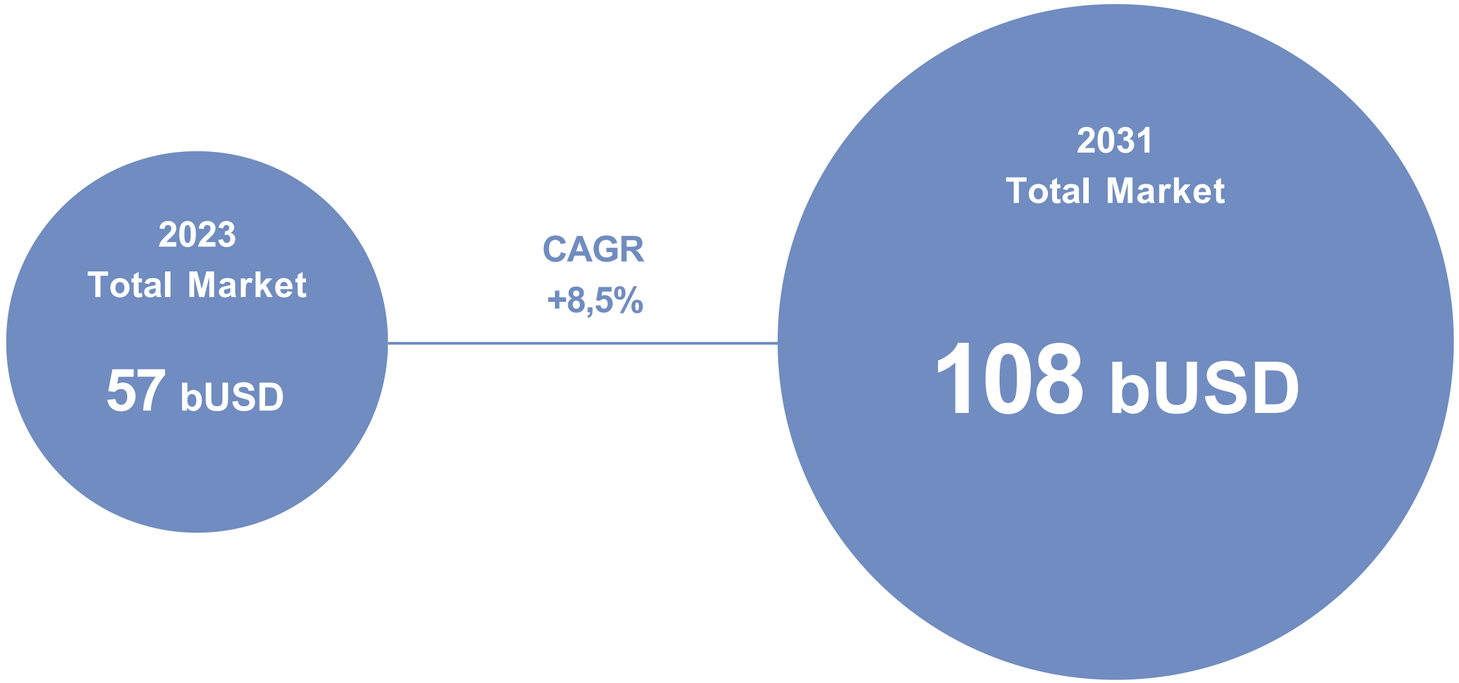
(Severe Acute Respiratory Infections)

Ruvembri™ is the marketing name for BIO101 (20-hydroxyecdysone) in Covid-19 indication

COVA

Global Respiratory Infection treatment market will reach more than 100bUSd by 2031

Medical research, increasing awareness and government initiatives will drive market growth

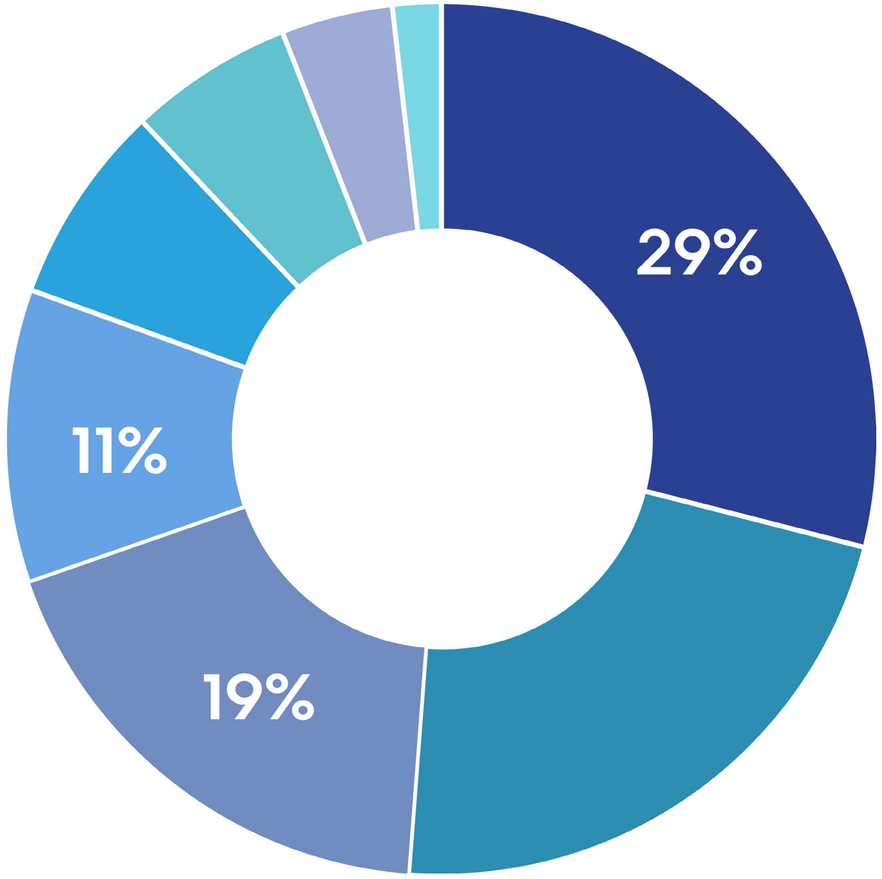


Source : DataBridge Report on Respiratory Viral Infections 2023

In 2023, Covid treatments represent 29% of the Respiratory Infections market

Global treatment market by virus type (2023)

- COVID
- Rhinovirus (Common Cold)
- Respiratory Syncytial Virus (RSV)
- Influenza (FLU)
- Parainfluenza
- Adenoviruses
- Enterovirus
- Others



Source : DataBridge Report on Respiratory Viral Infections 2023

17% of patients hospitalized for Covid are still dying

What's happening in reality ?

Patient hospitalized for severe COVID19

♂ 53%

Number of comorbidities : 1,2%

Main comoborbidities :

Hypertension : 33%
Diabetes : 19%
Obesity : 10%

AGE 68y

Main symptoms :

Acute Respiratory Failure : 27%

Atrial Fibriliation : 12% 12%

Admission to ICU : 16%
Mean Stay in ICU : 15 days

In hospital death : 17%
In ICU death : 27%

Source : Comparison of the characteristics, morbidity, and mortality of COVID-19 and seasonal influenza: a nationwide, population-based retrospective cohort study, Lancet Respir Med 2021; 9: 251–59

COVA Study: Targeting Hospitalized Patients with severe respiratory symptoms due COVID-19

Patients **aged 45 and above**, with proven COVID-19, and severe respiratory symptoms:

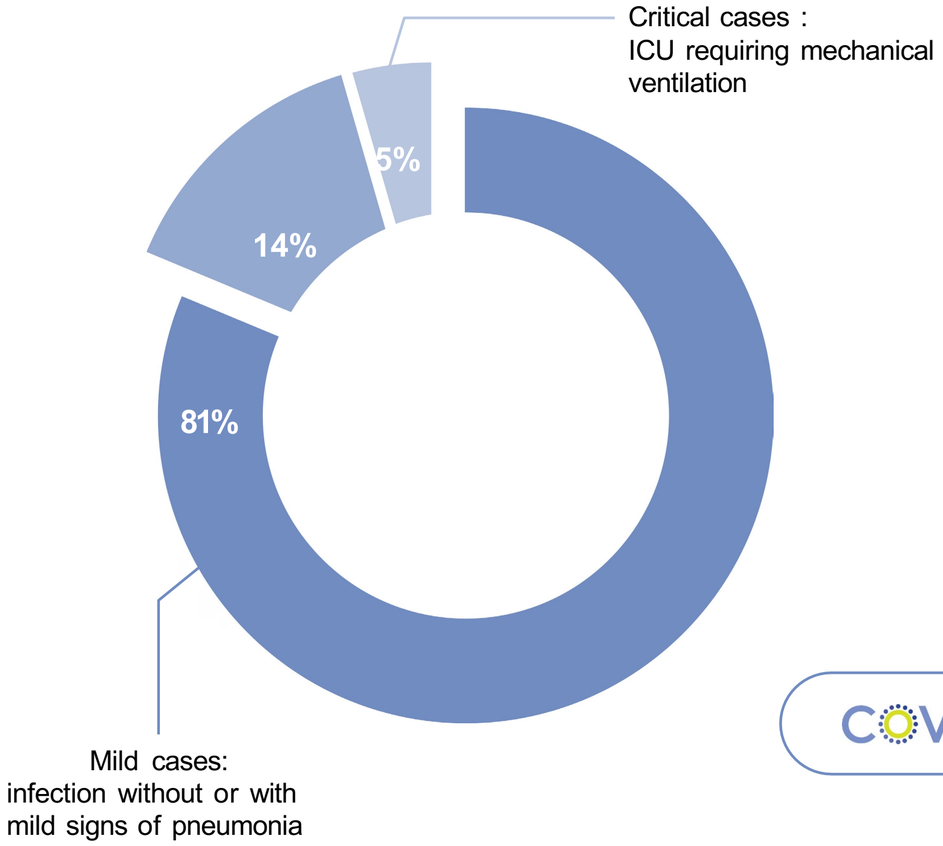
- With evidence of respiratory decompensation ≤7 days before start of study medication, meeting one of the following :
  - Tachypnea: ≥ 25 breaths per minute
  - Arterial oxygen saturation 92% or less

Hospitalized patients with respiratory failure estimated to 15-18% of hospitalized patients: ca **500 new patients per day or 180,000 patients/year in the USA** *(CDC data, October 27, 2022)*

Allowed medications :

- Antiviral agents such as remdesivir, Paxlovid™
- Anti-inflammatory agents such as dexamethasone, tocilizumab™

Severe cases:
hospitalized with hypoxemia, tachypnea or pneumonia



Adapted from Wu et al. JAMA, 2020

Phase 2-3 COVA clinical study to evaluate of Ruvembri™ in the treatment of severe forms of COVID-19

THE LANCET
EClinicalMedicine
Published by THE LANCET

Design

- Administration of 350 mg b.i.d of BIO101
- Global, multi-center, double-blind, placebo-controlled group Phase 2-3 sequential (2 parts) adaptive design
- International study including 37 clinical centers in US, Brazil, France & Belgium

Endpoints & Study Follow-Up

- Primary endpoint : proportion of patients with respiratory failure or early death within 28 days
- Secondary endpoints : mortality at 28 and 90 days; discharge at 28 days
- End of study: Q2 2022 (N=237) after early study termination

Inclusion criteria

- Age : 45 years old or over
- Hospitalized for severe respiratory symptoms and with proven Covid-19 infections
- Patients with hypoxemia (<92%) or tachypnea (> 25 breaths/min)
- All authorized Covid-19 drugs (anti-viral or anti-inflammatory)

COVA

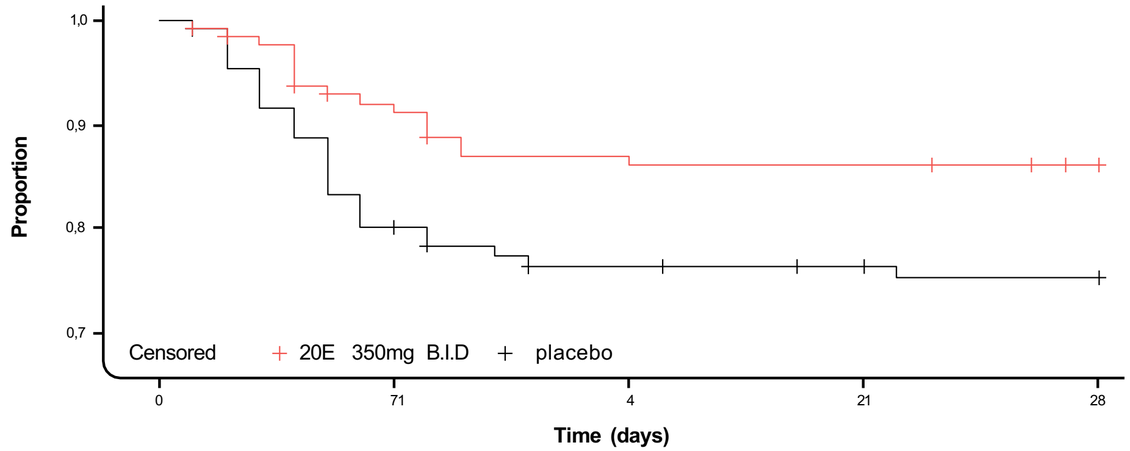
Source: Lobo et al., 2024. www.thelancet.com Vol 68 February, 2024

Positive results strongly supporting therapeutic potential of Ruvembri™ in severe COVID-19 : respiratory failure or early death

Respiratory Failure or early death : The study met primary endpoint

- **Reduction in the risk of early death or respiratory failure at day 28 by 44% (p=0.043, CMH test)**
- Time to early death or respiratory failure over 28 days was lower (p=0.022, Kaplan Meier analysis)
- Post hoc analysis confirmed the reduction in **the risk of early death or respiratory failure** in the ITT population and in the PP population

Proportion without respiratory failure or early death, Kaplan-Meier Analysis, ITT population



Source: Lobo et al., eClinicalMedicine 2023 : 102383.
Published Online : https://doi.org/10.1016/j.eclinm.2023.102383

Source: Lobo et al., 2024. www.thelancet.com Vol 68 February, 2024

Positive results strongly supporting therapeutic potential of Ruvembri™ in severe COVID-19 : mortality and safety

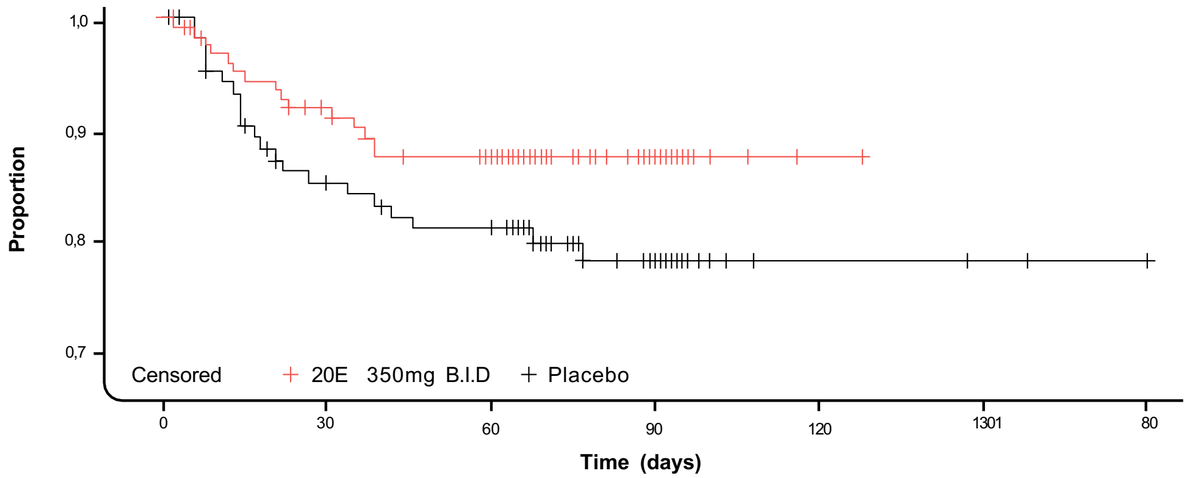
Mortality follow-up over 90 days and safety :

- Kaplan Meier post hoc analysis showed a **reduction in the risk of death at day 90 of 43% (p=0.076)** in the ITT population and **70% (p=0.016)** in the PP population

- Very good safety profile with lower proportion of adverse events, especially respiratory adverse events (57% vs. 64%)

- Lower proportion of patients with severe adverse events compared to placebo (25% vs. 31%)

Proportion without death,
Kaplan-Meier Analysis, ITT population



Source: Lobo et al., eClinicalMedicine 2023 : 102383.
Published Online : https://doi.org/10.1016/j.eclinm.2023.102383

Source: Lobo et al., 2024. www.thelancet.com Vol 68 February, 2024

Biophytis initiates market access processes for BIO101 treatment of severe forms of COVID-19

Early access :

- EAP in France : application for early access will be re-submitted in 2024
- EAP in Brazil: new application to be submitted to ANVISA for an EAP program, with initiation expected in 2024

BIO101 (20-hydroxyecdysone)

in Duchenne Muscular Dystrophy

The life of patients with Duchenne Muscular Dystrophy (DMD)

Orphan genetic disease affecting 1/5,000 boys at birth (220,000 patients worldwide)

”Duchenne is every child and parents’ worst nightmare come true“
(Victoria, Mother of Dougie)

0 to 2 yo
No symptoms

5 yo
Motor delay

Around 12 yo
Wheel chair

Around 19 yo
Trachestomy
& Assisted ventilation

Around 25 yo
Heart failure

Around 30 yo
Death
(cardio-respiratory causes)

- Degenerative : **every muscle is slowly and inexorably damaged** (dystrophin deficiency)
- **It can affect anyone** : 1/3 arise from random spontaneous genetic mutations, which may occur during any pregnancy

Source : AFM Telethon

There is no effective treatment

Despite research progress, no treatment is able to cure or effectively control the progression of the disease

Corticosteroids
(Prednisone, deflazacort, vamorolone)

They are the standard of care, but their use is controversial and not uniformly recommended.

- **Mobility loss delayed by 2 years**
- **Serious side effects** (weight gain, behaviour disorders, muscle wasting, osteoporosis, cataracts, high blood pressure...)
- **Long-term use associated with more serious sequelae** (69% of complications reported in non-ambulatory patients)

Source : Orphanet J. Rare Dis. doi.org/10.1186/s13023-021-01758-9

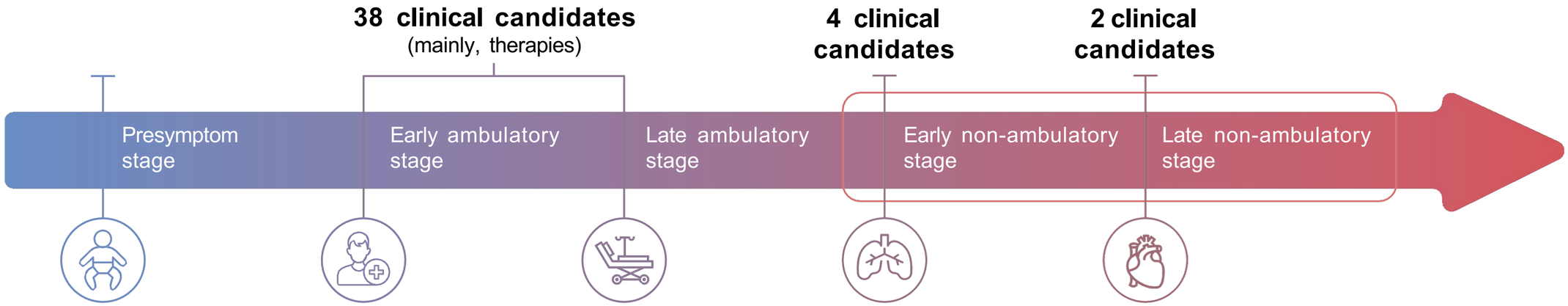
Gene-based Therapies
(exon skipping, microdystrophin, etc...)

Gene therapies have been considered to be a revolution for the past 35 years, but what are the concrete results today?

- **Limited effectiveness**[1]
- **Highly restricted number of addressed patients** (e.g. 13% for eteplirsen[2], and limited to young patients)
- **Toxicity issues** (several deaths suspected[3])
- **Outrageously expensive** ($3,2M/patient for Elevidys[4])

Source : [1] Expert Opinion on Investigational Drugs, 2021, doi:10.1080/13543784.2021.1868434; [2] Front. Cell Dev. Biol. 2021, doi: 10.3389/fcell.2021.689533
[3] Science, 2023, doi: 10.1126/science.adi8800; [4] Pharmaceutical Technology, 2023.

Late-stage patients are neglected



- No approuved drug for their **specific respiratory problems**
- Excluded from current clinicals trials
- Average age for tracheostomy is **19 years old**[1]

- How do we treat these children who cannot breathe properly as we speak ?
- Ventilatory assistance, mostly invasive, has extended life expectancy by 10 years, **BUT with drastic impact on quality of life**

Source : [1] Orphanet J. Rare Dis., 2020, doi: 10.1186/s13023-020-01430-8

BIO101 (20-hydroxyecdysone) in DMD : Experts and Stakeholders insights

BIO101 in DMD : the experts speak

"Potential benefits of BIO101, including :

- The indication to all DMD patients no matter gene mutation
- The ease of administration
- The lack of complex monitoring"

(French pediatric neurologist)

"Your molecule could be life-changing for Duchenne patients"

(French Muscular Dystrophy Association, AFM-Telethon)

"BIO101 will play a key role in the management of DMD patients, non-ambulatory"

(US pediatric neurologist, Penn State Milton S. Hershey Medical Center

"The only barriers to BIO101 adoption by US specialists could be patient access restrictions, i.e., high price and lack of reimbursement"

(US Payer)

"Due to the lack of candidates able to cure or effectively control the disease progression, any drug, such as BIO101, able to improve patient outcomes will be welcomed and prescribed by all specialists "

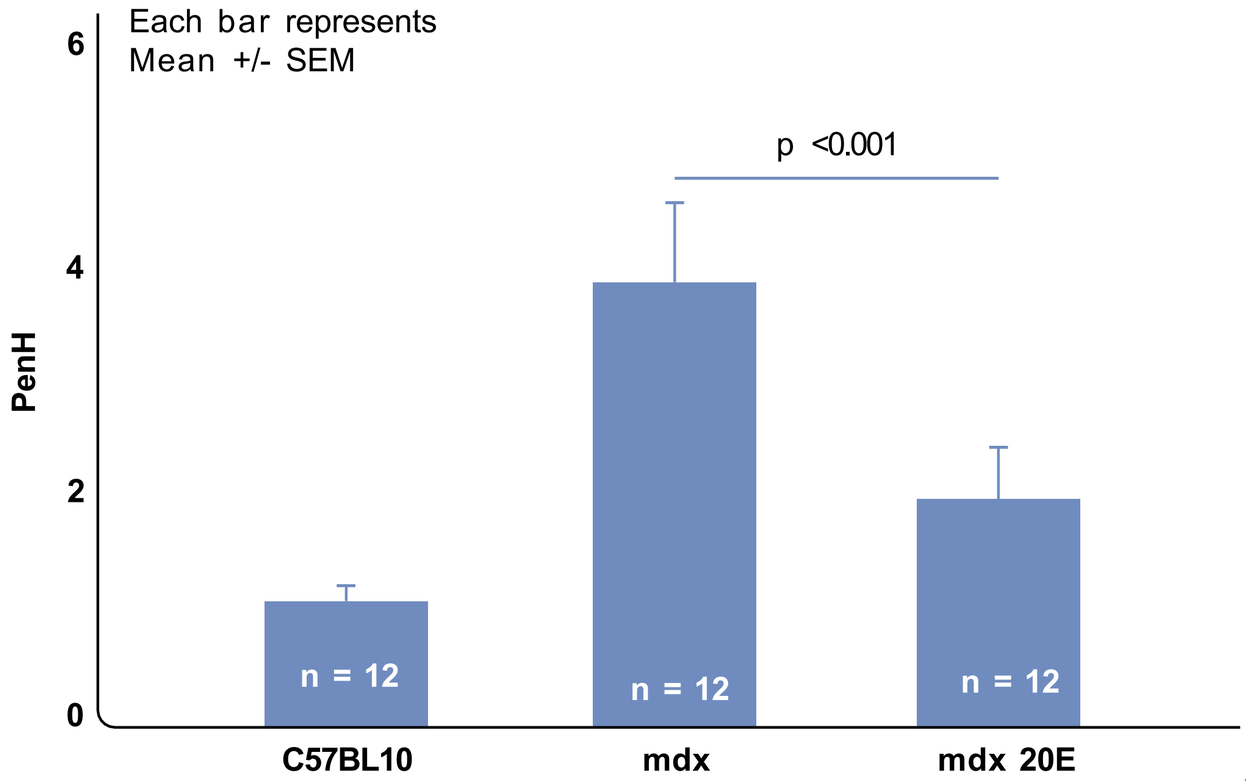
(US Clinical expert)

Source : AEC partners survey for Biophytis, Oct 2023

Our solution: A first-in-class medication

BIO101 (20-hydroxyecdysone) aims to improve breathing capacity

Improvement in airway responsiveness (PenH) in C57BL10-mdx mice.



Source: Dilda et al. Neuromuscular Disorders, 29, S1, S158

Our solution: A first-in-class medication

BIO101 (20-hydroxyecdysone) aims to improve non ambulatory patients breathing capacity

New therapeutic class
New molecular target

- Validated mechanism of action
- Activation of MAS receptor[2] (renin-angiotensin system)
- Regulation of smooth, cardiac and skeletal muscle metabolism

Good safety profile
Low side effects

- Clinical trials on motor function

(Sarcopenia, Phase 2)

- Clinical trials on respiratory function

(severe Covid-19, Phase 3)

- Preclinical studies in DMD models : motor respiratory and cardiac function
- Preliminary juvenile tox studies

Remarkable activity in preclinical models

Ease of administration and Affordable cost

- API manufactured at industrial scale
- Advanced CMC
- Oral suspension adapted to DMD patients

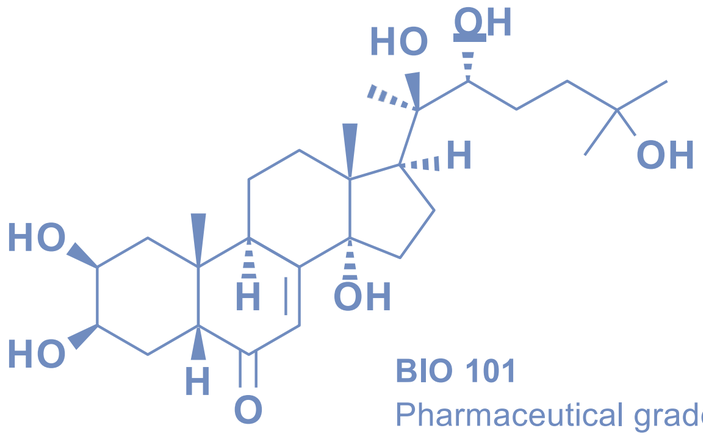
Rock-solid IP

- 3 patent families granted in key countries

Orphan designation by EMA & FDA

- DMD clinical protocol **validated by experts**

Highly supported by **KOLs & patient associations**



BIO 101
Pharmaceutical grade 20-Hydroxyecdysone extract, its use and preparation FR3065644[1]

Source : [1] Extract of 20 pharmaceutical grade hydroxyecdysone, its use and preparation FR3065644; [2] Lafont et al. 2022, doi: 10.1530/JME-21-0033

Preparing to start phase 1-2 clinical study in DMD

Design

- A Randomized, Double-Blind, multi-center Phase 1-2 Study
- Evaluate the Safety, Efficacy, Pharmacokinetics, and Pharmacodynamics of BIO101 (20-hydroxyecdysone) in Non-Ambulatory DMD Patients with Respiratory Deterioration.
- Pediatric oral formulation (powder) of BIO101 (20-hydroxyecdysone)

Endpoints

- Primary
  - change from baseline in Forced vital capacity (FVC)
- Secondary : The Peak Expiratory Flow (PEF), Performance of Upper Limbs (PUL) scale, Grip strength (MyoGrip)
- Part 1 (N=15): Safety, tolerability & PK - 7 days of escalating dose)
- Part 2 (N=45): Safety and efficacy on respiratory function (FVC, PEF) of one dose for 48 weeks

Patient Population

- Age: ≥12 years old
- Non-ambulatory DMD patients
- Patients at risk of respiratory failure

Product	2023	2024	2025	2026
BIO 101 (20-hydroxyecdysone)	Amendment to CTA approval	Phases 1-2 study		

Key milestones in the development of BIO101 (20-hydroxyecdysone)

	Achieved in the last 12 months	Anticipated in the next 12 months
SARA	Authorization to start phase 3 SARA-31 study in Belgium and the US	Start of phase 3 SARA-31 study depending on partnership
OBA	Preparation of the OBA Phase 2 study New patent application	Start of OBA phase 2 study pending regulatory approval and depending on financial resources
COVA	Phase 2/3 COVA Study : Results published and promising clinical benefits for BIO101 (20-hydroxyecdysone)	Launch of Early Access programs in France and Brazil Start of phase 3 study depending on partnership
MyODA	Preparation of an amended protocol to regulatory agencies (FDA, EMA)	Start of phases 1/2 study depending on financial resources

Biophytis x Blanver: a first strategic partnership validating our innovation

Partnering strategy

- Objective: sign agreements with pharmaceutical companies for the co-development and future commercialization of BIO101 (20-hydroxyecdysone)
- Scope: regional or global deals
- Contribution to financing the company: agreements including upfront/milestones and royalties on future sales

Blanver agreement

- Exclusive license agreement covering the 4 indications under development for BIO101 in Latin America
- Biophytis will receive an upfront payment and additional payments based on the achievement of targets, for a total amount of up to €108 million, as well as double-digit royalties on future product sales.
-
- Biophytis and Blanver aim to collaborate on manufacturing and clinical development for Latin America.
- Sergio Frangioni, CEO of Blanver, said: "*Innovation is part of Blanver's DNA, and we are delighted to partner with Biophytis to introduce this unique medicine to Latin America*"

Scientific Advisory Board

Pr. Jean Mariani, President

- Professor of neuroscience and biology of aging and Director of Charles Foix Institute of Longevity at Sorbonne University
- Emeritus Professor (PU-PH) at the Sorbonne University's School of Medicine

René Lafont

- Co-Founder & Professor emeritus and former Dean of the life sciences department at Sorbonne University
- 185 scientific articles + 59 reviews and book chapters

Dr. Roger Fielding

- Professor of Medicine, Tufts University School of Medicine
- Director and Sr. Scientist Jean Mayer USDA Human Nutrition Research Center on Aging

Pr. Bernard Levy

- Professor Emeritus of Physiology and a senior member of PARCC
- Headed the physiology department and the Inserm cardiovascular research center at Lariboisière

Pr. Jose-Alain Sahel

- Chair of the department of ophthalmology at University of Pittsburgh School of Medicine and director of the UPMC eye center
- Founder and director of the Vision Institute in Paris and professor at the Sorbonne's medical

Dr. Thomas Voit

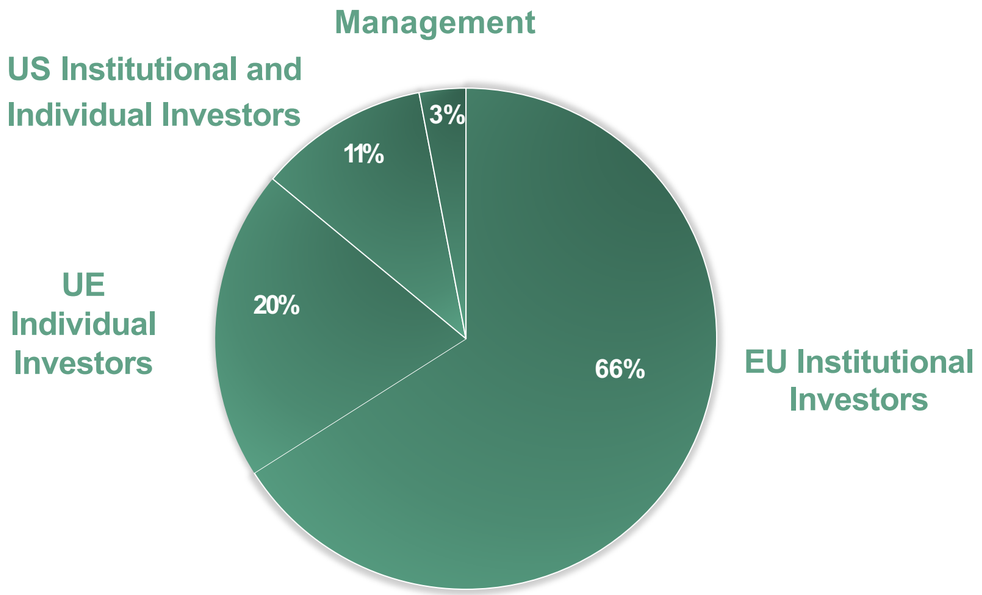
- Professor, University College London
- Director of the Research Center of the Great Ormond Street Hospital for Children

Dr. Yann Meunier

- Professor, Director of the International Institute of Medicine and Science
- Has led clinical trials for new treatments for HIV/AIDS

Financial data

Shareholding structure



Number of shares: 5,254,245 (June 24, 2024)

Key financial figures

Listing Euronext (ALBPS) and US market (OTC)

Cash position:

- €5.6m (December 31, 2023)
- 4m issued in convertible bonds in 2024
- Cash flow horizon: August 2024
- Atlas convertible bond facility - up to €16m available until June 2026

Analyst Coverage

- H.C. Wainwright – Joe Pantginis, Ph.D.
- Kepler Cheuvreux – Nicolas Pauillac
- Invest Securities – Jamila El Bougrini, Ph.D.

biophytis®

LIVE HEALTHIER LONGER

THANK YOU

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