

NEW THERAPEUTICS FOR AGING DISEASES



Soirée Biotech Agora – 13 décembre 2016 THE BIOTECH SPECIALIST IN AGING DISEASES

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CORPORATE OVERVIEW



BIOPHYTIS is a public company listed on Alternext (Paris, France)

- Share price (December 12th) : €4.24
- Shares outstanding: 6,195 M
- Market capitalization: €26 M
- €16 million raised in 2015 to prepare two Phase IIb trials

BIOPHYTIS is advancing two drug candidates into Phase IIb in 2017

SARCONEOS (ex BIO101)

MAS activator sarcopenic obesity (SARA Phase IIb start H1 2017)

Preparatory studies: SARA-OBS, SARA-PK

MACUNEOS (ex BIO201)

PPAR activator for dry AMD (MACA Phase IIb start H1 2018)

Preparatory studies: MACA-OBS, MACA-PK

BIOPHYTIS spun-out of Université Pierre et Marie Curie in 2006

- BIOPHYTIS' co-founder, René Lafont, assembled a unique small molecule library derived from plants, which is biased for degenerative processes involved in aging
- BIOPHYTIS uses unique cell based assays to identify drug-like small molecules

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THE TEAM



Stanislas VEILLET Founder & CEO

- PhD in genetics
- 15+ years in R&D management (Monsanto, Pharmacia, Danone)
- Created Biophytis in 2006



Jean-Christophe MONTIGNY Chief Financial Officer

- AgroParisTech engineer, BA from IEP Paris
- 17+ years management experience (Kraft Foods) and entrepreneurship (B.L.O)
- Joined Biophytis in 2009

AN EXPERIENCED MANAGEMENT TEAM



René LAFONT Co-founder & CSO

- Ecole Normale Superieure
- Professor emeritus at UPMC
- Former Dean of the life sciences department
- 170 publications in biochemistry and physiology



Susanna del SIGNORE Chief Medical Officer

- MD in geriatrics
- 10+ years in medical regulatory affairs (Sanofi, EMA)
- 20+ years of clinical development in the pharma industry (Sanofi, Servier)

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THE BOARD OF DIRECTORS



Stanislas VEILLET President of the Board

- PhD in genetics, AgroParisTech alumnus
- 15+ years in R&D management (Monsanto, Pharmacia, Danone)
- Created Biophytis in 2006



Marie-Claire JANAILHAC-FRITCH Indépendant Board Member

- HEC alumnus
- President of the Board, Guerbet
- 10 years as Sales Director in the pharma industry (GSK, Eurorga)
- Fonder and CEO of IRIS and LANATECH (cosmetic industry), sold in 2013

UN CONSEIL D'ADMINISTRATION AUX PROFILS COMPLEMENTAIRES



Nadine COULM Indépendant Board Member

- HEC Alumnus
- IR Director for FNAC
- 20 years of IR experience with PARISBAS, DANONE & CASINO



Jean-Gérard GALVEZ Independant Board Member

- INP de Nancy et MBA Stanford alumnus
- Board member of Implanet & Echosens
- Co-Founder & ex CEO of ActivCard (Nasdaq)



Micheline KERGOAT Board Member representing Metabrain

- PhD in human physiology UPMC
- Co-founder & Scientific Director of Metabrain Research
- 20 years of experiencein drug discovery with MERCK SERONO

KEY MARKET DRIVERS

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2 billion: Population over 60 years (versus 680 millions in 2015)

(Alzheimer, senile dementia...)

In 2050

Sources : OMS – EWGSOP (European Working Group on Sarcopenia in Older People) **400 million:** Patients suffering of vision decline (Age Related Macular Degeneration)

135 million: Patients suffering of cognitive decline

500 million: Patients suffering from motor function decline (*Sarcopenia, muscular dystrophies ...*)

BIOPHYTIS develops new therapeutic solutions to treat the functional decline of the eye (AMD) and the muscle (SARCOPENIA)

DRUG DISCOVERY & DEVELOPMENT STRATEGY

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For each drug candidate, BIOPHYTIS develops an aggressive strategy for creation and protection of intellectual property

SCIENTIFIC BOARD

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Pr. Jean MARIANI Director of Institut de la longévité Charles Foix





Pr. René LAFONT Professor emeritus Former Dean of the life sciences Department





Pr. José SAHEL Director of Institut de la Vision



WORLD CLASS SCIENTIFIC LEADERS CONTRIBUTE TO THE DEVELOPMENT OF OUR DRUG CANDIDATES



Dr. Roger FIELDING Professor Nutrition Science, Harvard Medical School Director Clinical Nutrition Unit HARVARD MEDICAL SCHOOL



Dr. Philippe GUILLET MD in geriatrics and neurology 20 + years in clinical development in the pharma industry



Dr Ivana KIM Professor Harvard Medical School, Director Retina Research, MEEI



PIPELINE



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SARCONEOS

Sarcopenia

SARCOPENIA





SARCOPENIA IS A DYSTROPHY OF THE SKELETAL MUSCLES CHARACTERIZED BY LOSS OF MUSCLE MASS AND FUNCTIONALITY ; SARCOPENIC OBESITY IS WHEN SARCOPENIA OCCURS IN OBESE PATIENTS.

50 million sarcopenic people worldwide

- Muscle loss of 2 % per year as of 50
- 40% of people >80 years of age
- Healthcare cost of sarcopenia is estimated at \$18,5 billion

20 million sarcopenic obese patients

- 31% of people > 60 years of age in U.S.
- · Serious mobility impairment meaning higher cost of care
- Increased incidence of cardiometabolic disease
- No treatment



Zamboni 2008

Despite high socio-economic cost, there is no treatment available for sarcopenic obesity Single recommendation: 30 min physical exercise per day



SARCONEOS TARGETS AN INDICATION WITH NO TREATMENT

	Sarcopenia & Sarcopenic Obesity	Sarcopenia & Cachexia	
Standard of care	• 30 min physical exercise / day	 30 min physical exercise / day 	
Products in development	• SARCONEOS (Phase 2b)	 Anti-myostatin antibodies : REGN1033 (Regeneron) BYM338 (Novartis) LY2495655 (Lilly) 	
Product attributes	 Improves mobility Reduces cardiometabolic risk Oral administration 	 Increases muscle mass and strength No improvement of mobility Subcutaneous injection 	

RENIN-ANGIOTENSIN SYSTEM AND SARCOPENIA



Causes of Sarcopenia

- Endocrinal changes associated with aging modulate <u>anabolic/catabolic factors</u> <u>balance</u>, causing the loss of muscle mass and functionality
- Adipose tissue produces <u>anti-anabolic</u> factors accelerating sarcopnia in obese subjects (Sarcopenic obesity)

Sarcopenia and Angiotensins

- The Renin-Angiotensin System is a hormonal system involved in the regulation of arterial pressure and the cardiac function, but also the metabolism of muscles.
- Angiotensin II increases with age and obesity causing a loss of muscle mass, and is linked to an increase of cardiovascular risk.
- Angiotensin 1-7 counteracts the effects of Angiotensin II.

MAS RECEPTOR ACTIVATION TO FIGHT SARCOPENIA

The activation of Mas by Angiotensin 1-7 allows stimulation of muscle anabolism, and counteracts the proteolitic effects of Angiotensin II thereby facilitating :

- Increase in myotubes diameter
- Stimulation of protein synthesis
- Stimulation of S6K Phosphorylation
- Inhibition of myostatin production



SARCONEOS and BIO 103 are potent Mas activators that stimulate muscle anabolism in preclinical testing

SARCONEOS: PROOF OF CONCEPT

Conclusive preclinical results:

(several rats and mice models of sarcopenia)

- Increase in running velocity
- Increase in skeletal muscle mass
- Inhibition of myostatin expression •
- Reduction of fat mass
- Increase in energy consumption



Increase in protein quantity in soleus muscle



Reduction in adipose tissue storage

Inhibition of myostatin expression

Control

58 %

SARCONEOS

100 %

2,0

1,5

1,0

0,5

0,0

Time

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SARCONEOS: SAFETY AND PHAMACOKINETICS ON HUMANS

Phase I/II Trial:

- Double-blind, placebo-controlled
- 60 healthy obese volunteers
- 12 weeks 40 mg/day oral administration
- No serious adverse events and good tolerability
- Satisfactory bioavailability after oral administration
- Activity on glucose and lipid metabolism



2016: SARA-PK - Pharmacokinetics in elder subjects

- · Pharmacokinetics and safety in elder subjects
- Two steps design: SAD step (24 elder and young subjects) + MAD step (30 elder subjects)
- MAD after oral administration of 350 mg/day, 700 mg/day or 900 mg/day for 14 days
- No serious adverse event and good safety profile in elder subjects
- No influence of age and lunch on pharmacokinetics parameters

SARA-PK will be completed H2 2016 and data used to get approval for SARA Phase 2b

SARA Phase 2b clinical trial

2016: SARA-OBS - Observational study

- Multicentric observational study: eight clinical centers in Europe and the US
- 300 sarcopenic patients: Foundation of NIH inclusion criteria for sarcopenia
- Duration: six months
- Endpoints: 6mn walk test, grip strength, muscle mass and fat mass , plasmatic biomarkers

2017: SARA–INT - Phase 2b clinical trial

- Multicentric, randomized, double-blind, placebo-controlled
- 300 sarcopenic patients
 - Sarconeos 100 mg vs Sarconeos 350 mg vs Placebo
- Duration: six months
- Endpoints:
 - Primary: 6 min walk test
 - Secondary: grip test, SPPB, muscle mass and fat mass





MACUNEOS

Age Related Macular Degeneration

AMD





AGE-RELATED MACULAR DEGENERATION (AMD) DEGRADES THE CENTER OF THE RETINA & LEADS TO THE LOSS OF CENTRAL VISION

Leading cause of visual impairment in people over 60

- 20 million people in the world currently suffer from AMD
- A multifactorial pathology (age, heredity, tobacco, life style ...)
- Prevalence is double that of Alzheimer's
- 30% risk of AMD in people over 75

No treatment available for dry AMD

- Estimated worldwide market in 2023 for dry AMD treatment is \$30 billion per year
- Available treatments target wet AMD (20% AMD population)
- No marketed drugs for dry AMD

BIOPHYTIS targets dry AMD, an unmet medical need affecting 80% of AMD patients

MACUNEOS FILLS A THERAPEUTIC GAP

	Dry AMD Early & Intermediate	Dry AMD Geographic Atrophy	Wet AMD	
Standard of care	 Zinc + Vitamines C/E (nutraceuticals) 	• None	Anti-VEGF : • Lucentis (Novartis) • Eylea (Bayer)	
Products in developement	 MACUNEOS (Phase 2b) Emixustat (Phase 3, visual cycle modulator) 	 Anti-complement factor antibodies : Lampalizumab (Roche) LFG316 (Novartis) Zimura (Ophtotech) 		
Product attrbutes	 Limits A2E accumulation Slows retina degeneration Oral administration 	 Anti-inflammatory Limits atrophy expansion Intravitreal injection 	 Stops neo- vascularisation Limits loss of visual acuity Intravitreal injection 	

20% of AMD patients

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PHOTO-OXIDATIVE STRESS AND AMD



A2E and oxydative stress

- A2E is a derivative of visual pigment
- A2E accumulates in Retinal Pigment Epithelium (RPE) cells
- A2E is a very reactive molecule that causes oxidative stress, with exposure to light, leading to AMD



Photo-oxidative stress leads to:

- Lipofuscins accumulation
- Drüsen formation, distorts retina (affecting vision)
- Death of retina cells (progressive blindness)



MACUNEOS and BIO 203, identified by BIOPHYTIS, are active in the control of A2E accumulation

PPAR ACTIVATION: A NOVEL APPROACH FOR AMD TREATMENT





MACUNEOS and BIO 203 are potent, activator of PPAR, and limit retinal degeneration by reducing A2E accumulation in several cellular and animal models

MACUNEOS: PROOF OF CONCEPT

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MACUNEOS preserves the number of layers of photoreceptors after a light stress



MACUNEOS preserves the functionality of the retina in chronic oral administration (measured with electroretinography)



MACUNEOS protects the retina and preserves visual function on mice and rat models of AMD

MACUNEOS: SAFETY AND ACTIVITY IN HUMANS

Phase I/II trial

- 47 healthy volunteers
- Oral 35 mg/day for 12 weeks
- Double-blind, placebo-controlled
- No serious adverse event
- Achieved target for bioavailability

MACA-PK – Pharmacokinetics in elder subjects

- Pharmacokinetics and safety in elder subjects
- Two steps design: SAD step + MAD step
- Target: 1H17-2H17



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MACA Phase 2b clinical trial

2017: MACA-OBS – Observational study in patients with intermediate dry AMD

- Multicentric observational study: clinical centers in Europe and the US
- 300 patients suffering of intermediate dry AMD
- Duration: 12 months
- Endpoints: atrophic lesion size, ERG, visual acuity

2018 : MACA-INT – Phase 2b multicentric clinical trial

- Multicenter randomized double-blind, placebo-controlled study
- 300 patients suffering of intermediate dry AMD
 - Macuneos 100mg vs Macuneos 350mg vs placebo
- Duration: 18 months (DSMB : intermediate milestone after 9 months)
- End points:
 - Primary: atrophic lesion size progression
 - Secondary: visual acuity, ERG, accumulation of lipofuscins, evolution towards wet AMD

PRODUCT	2017	2018	2019	2020
MACUNEOS	MACA-PK Pharmacokinetics study in elder volunteers	MACA-INT Phase 2b Multicentric, 300 patients, 18 months, 3 groups Primary outocme: atrophic lesions progression		
	MACA-OBS Observational study in patients with AMD			

VALUE CREATION NEWS FLOW

SARCONEOS (BIO 101)

- H2 16: End of pharmacokinetics clinical study SARA-PK (full results Q1 17)
- H2 16: Initiation of obervational study SARA-OBS (ending H1 17)
- H1 17: Initiation of Phase 2b SARA (regulatory approvals)
- H1 18: Interim results of Phase 2b SARA (DSMB)
- H2 18: Results report of Phase 2b SARA

MACUNEOS (BIO 201)

- H1 17: Initiation of pharmacokinetics MACA-PK (ending H2 17)
- H1 17: Initiation of obervational study MACA-OBS (ending H2 17)
- H1 18: Initiation of Phase 2b MACA
- H2 18: Interim results of Phase 2b MACA (DSMB)
- H1 20: Results report of Phase 2b MACA

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CAPITAL STRUCTURE*

Stock profile

- Market: Alternext of Euronext Paris
- Ticker: ALBPS
- 1st quotation: July 13th, 2015 €6.0/share
- Number of shares : 6,195 M
- Share value (December 12h): €4.24/share
- Market Capitalization : €26 M



INVESTMENT HIGHLIGHTS

SARCONEOS to treat sarcopenic obesity

• 20 million patients worldwide

1

2

3

4

5

- No treatment on this indication
- SARA Phase 2b trial preparations ongoing (SARA-OBS, SARA-PK studies, H2 2016)

MACUNEOS to treat dry AMD

- 15 million patients worldwide, first cause of blindness over 60 years in industrialized countries
- No treatment on this indication
- MACA Phase 2b trial preparations ongoing (MACA-OBS, MACA-PK studies, H1 2017)

Value creating newsflow

- SARCONEOS: SARA Phase IIb start 1H 2017 (reporting 2H18);
 - MACUNEOS: MACA Phase IIb start 1H 2018 (DSMB 1H19; reporting 1H20)

Strong intellectual property

- Four patent families for MACULIA covering AMD and retinopathies
- Four patent families for SARCOB covering sarcopenia, related muscular dystrophies and metabolic disorders

A technological platform specifically targeting aging pathologies

- Original approach for discovering and protecting novel chemistry involved in degenerative disease
- A unique collection of natural molecules and analogs active on aging processes





Thank you

Investors contact: investors@biophytis.com