A Champion in GI

*With A One Tract Mind*

Focused on Rare and Unmet Needs in Gastroenterology
Forward Looking Statements

This presentation includes forward-looking statements based upon the Company's current expectations. Forward-looking statements involve risks and uncertainties, and include, but are not limited to, the development and commercial potential and potential benefits of any product candidates of the Company; anticipated preclinical and clinical drug development activities, including initiation, enrollment, completion and related timelines and the expected timing for data and other clinical and preclinical results; the potential effects of the ongoing coronavirus outbreak and related mitigation efforts on the Company's clinical, financial and operational activities; the Company's continued listing on Nasdaq; expectations regarding future financings; the future operations of the Company; the nature, strategy and focus of the Company; the Company having sufficient resources to advance its pipeline; and any other statements that are not historical fact. Actual results and the timing of events could differ materially from those anticipated in such forward-looking statements as a result of these risks and uncertainties, which include, without limitation: (i) uncertainties associated with the clinical development and regulatory approval of product candidates; (ii) risks related to the inability of the Company to obtain sufficient additional capital to continue to advance these product candidates and its preclinical programs; (iii) uncertainties in obtaining successful clinical results for product candidates and unexpected costs that may result therefrom; (iv) risks related to the failure to realize any value from product candidates and preclinical programs being developed and anticipated to be developed in light of inherent risks and difficulties involved in successfully bringing product candidates to market; (v) the impact of COVID-19 on our operations, clinical trials or future financings and (vi) risks associated with the possible failure to realize certain anticipated benefits of the Company's recent merger and the Naia acquisition, including with respect to future financial and operating results. Actual results and the timing of events could differ materially from those anticipated in such forward-looking statements because of these risks and uncertainties. These and other risks and uncertainties are more fully described in periodic filings with the SEC, including the factors described in the section entitled "Risk Factors" in the Company's Annual Report on Form 10-K for the year ended December 31, 2019, Form 10-Q for the quarter ended September 30, 2020 and in other filings that the Company has made and future filings the Company will make with the SEC. You should not place undue reliance on these forward-looking statements, which are made only as of the date hereof or as of the dates indicated in the forward-looking statements. The Company expressly disclaims any obligation or undertaking to release publicly any updates or revisions to any forward-looking statements contained herein to reflect any change in its expectations with regard thereto or any change in events, conditions or circumstances on which any such statements are based.
Investment Highlights

**NASDAQ listed (NMTR)**
Focused on rare, and unmet needs in gastrointestinal disorders

**NM-002**
Proprietary long-acting GLP-1 agonist for short bowel syndrome, an underserved, debilitating orphan disease with positive phase 1b/2a data and multiple inflection points in 2021

**Lazarotide**
First drug to move into a Phase 3 trial in celiac disease with data readout in 2021

**Focused on increasing shareholder value**
by creating solutions for GI diseases with high unmet needs through capital efficient development & commercialization pathways

**Leading institutional investor support**
## Leadership Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Company Logos</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Temperato</td>
<td>President &amp; CEO</td>
<td>Salix, RDD, Melinta, Celltech</td>
</tr>
<tr>
<td>Edward Sitar</td>
<td>Chief Financial Officer</td>
<td>Innovate BioPharma, AmmoniLabs, Healthagen</td>
</tr>
<tr>
<td>Patrick Griffin, MD</td>
<td>Chief Medical Officer</td>
<td>Innovate BioPharma, Synergy, Immusan, Sanofi Genzyme</td>
</tr>
<tr>
<td>Sireesh Appajosyula, PharmD</td>
<td>SVP, Corporate Development &amp; Operations</td>
<td>Salix, Amgen, Critical Therapeutics, Aventis</td>
</tr>
<tr>
<td>Nir Barak, MD</td>
<td>SVP, Clinical Affairs</td>
<td>RDD, Biolight, University of Chicago, Tel Aviv University</td>
</tr>
</tbody>
</table>
9 Meters in Circuitous Length - But a Straight-Forward Strategy

- Develop capital efficient + regulatory predicates
- Acquire / Partner aligned to focus
- Commercialize efficient US footprint; strategic ROW partnerships
- Rare & unmet needs in GI

**GI-Centric, Patient-Focused**
- Acquire targeted clinical compounds
- Agnostic within GI tract if needs are unmet
- Rare & unmet needs allows for targeted patient profiling within GI

**Focus Provides**
- Capital efficient development pathway
- Market protection enhancements
- Capital efficient commercialization
- Payer leverage
## 9 Meters Pipeline in Rare and Unmet Need GI Diseases

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>INDICATION</th>
<th>CLASS</th>
<th>PRE-CLINICAL</th>
<th>PHASE 1</th>
<th>PHASE 2</th>
<th>PHASE 3</th>
<th>UPCOMING MILESTONES</th>
</tr>
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<tr>
<td>Larazotide</td>
<td>Adult Celiac Disease</td>
<td>Tight Junction Regulator</td>
<td>Oral; Gut Restricted</td>
<td></td>
<td></td>
<td></td>
<td>Topline readout Phase 3 → 2H21</td>
</tr>
<tr>
<td>NM-002</td>
<td>Short Bowel Syndrome</td>
<td>Long-Acting GLP-1 Injectable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Initiate Phase 2 → 2Q21 Initiate Phase 3 → 4Q21</td>
</tr>
<tr>
<td>NM-003</td>
<td>Orphan Indication TBD</td>
<td>Long-Acting GLP-2 Injectable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>IND-enabling in 2021</td>
</tr>
<tr>
<td>NM-102</td>
<td>Orphan Indication TBD</td>
<td>Tight Junction Microbiome Modulator</td>
<td>Oral; Gut Restricted</td>
<td></td>
<td></td>
<td></td>
<td>IND-enabling in 2021</td>
</tr>
<tr>
<td>NM-004</td>
<td>Orphan Indication TBD</td>
<td>Immunomodulator</td>
<td>Oral; Gut Restricted</td>
<td></td>
<td></td>
<td></td>
<td>Lead indication selection → 1H21</td>
</tr>
</tbody>
</table>

**NOTE:** All programs are New Chemical Entities.

**NOTE:** All programs are globally licensed except NM-004, which excludes Asia, except for Japan.
### Multiple Potential Inflection Points Over Next 12 Months

<table>
<thead>
<tr>
<th>1Q 2021</th>
<th>2Q 2021</th>
<th>3Q 2021</th>
<th>4Q 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short bowel syndrome R &amp; D Day</td>
<td>Initiate Phase 2 NM-002 trial</td>
<td>Initiate IND-enabling pathway for NM-102</td>
<td>Topline Phase 2 readout of NM-002 trial</td>
</tr>
<tr>
<td>Planned FDA meeting to confirm strategy for NM-002</td>
<td>Interim analysis: Phase 3 larazotide in celiac disease</td>
<td>Initiate IND-enabling pathway for NM-003</td>
<td>Initiate Phase 3 SBS Study (NM-002)</td>
</tr>
<tr>
<td>Evaluate NM-002 RoW partnering potential in SBS</td>
<td>Digestive Disease Week (DDW) conference abstracts/posters</td>
<td>Potential non-dilutive financing for larazotide</td>
<td>Top-line larazotide Phase 3 readout in celiac disease</td>
</tr>
</tbody>
</table>
NM-002: Long-Acting GLP-1 Agonist
Short Bowel Syndrome (SBS); Orphan designation
Short Bowel Syndrome (SBS) is a Debilitating Orphan Disease

- Orphan disease (orphan designation granted) and an underserved market
- Affects up to 20,000 people in the US with similar prevalence in EU1,2
- Severe disease characterized by a lack of gut motility with significant impact on quality of life
  - Impaired intestinal absorption, diarrhea & metabolic complications3
- Limited treatment options with dependency on parenteral support (PS)
  - Complex and costly parenteral nutritional support to survive; risk of life-threatening infections & extra-organ impairment4
- Gattex® (teduglutide) is a GLP-2 analogue approved in US in 2012
  - ~1,400 patients under management WW
  - ~$600M in global sales in 2019/2020
  - One of top 10 most expensive medicine in US in 2020 (~$40,000/month)5

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Patients With SBS Typically Have No Natural GLP-1

- GLP-1 is naturally produced in a portion of ileum that is removed during surgical resection
- Natural GLP-1 prevents the GI tract from moving rapidly: known as an “ileal brake”
- Without this brake, there is a lack of gut motility, causing an SBS patient’s remaining bowels to empty rapidly and frequently
  - Inability to absorb nutrients and fluids
  - Intractable diarrhea with frequent bowel movements and excessive stool output
- GLP-2 analogues do not appreciably slow down the gut to affect rapid transit time associated with SBS
- An ideal therapy for SBS patients should:
  - Be safe and tolerable, while providing convenient dosing & administration
  - Rapidly decrease gut motility to improve absorption of nutrients and fluids
  - Rapidly reduce total stool output (TSO) volume & bowel movement frequency
If you want a one-word description [of living with Short-Bowel Syndrome], it’s ‘hell’. It changes your whole life, it ruins your life. There are ups and downs – mostly downs. It’s very difficult to manage, very difficult.

I’m going so much I have no life. I can’t go anywhere – you go out anywhere you keep going to the bathroom.

The bathroom is probably the most annoying thing… I always have plastic bags with me and because my bag will fill up really fast… I’ve emptied it on the subway… If you do it really fast, people have no idea what’s going on, but it’s still a pain to do.
## NM-002 Target Product Profile

<table>
<thead>
<tr>
<th>NM-002 (proprietary long-acting GLP-1)*</th>
<th>GLP-2 Class</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Profile</strong></td>
<td>– GLP-2 analogue</td>
</tr>
<tr>
<td>✓ Long acting GLP-1 receptor agonist</td>
<td>– Expand intestinal mucosa / villous growth</td>
</tr>
<tr>
<td>✓ Slows gut motility</td>
<td>– Limited effect on gut motility</td>
</tr>
<tr>
<td>✓ Increases time for absorption of key nutrients</td>
<td>– Statistically significant reductions in PS volume</td>
</tr>
<tr>
<td><strong>Efficacy</strong></td>
<td>– Very low rates of patients weaned off</td>
</tr>
<tr>
<td>✓ Improvements in total stool output volume</td>
<td>– Weeks to months (2 to 6 months)</td>
</tr>
<tr>
<td>✓ Improvements in bowel movement frequency</td>
<td>– REMS program; safety concerns include:</td>
</tr>
<tr>
<td>✓ Diarrhea no longer meal-related</td>
<td>– Acceleration of neoplastic growth</td>
</tr>
<tr>
<td>✓ Reduction in nocturnal diarrhea</td>
<td>– Intestinal obstruction</td>
</tr>
<tr>
<td><strong>Onset of Action</strong></td>
<td>– Biliary and pancreatic disease</td>
</tr>
<tr>
<td>✓ Within hours-to-days of dosing</td>
<td>– QD injections; newer versions once- or twice-weekly</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td></td>
</tr>
<tr>
<td>✓ Known target</td>
<td></td>
</tr>
<tr>
<td>✓ Transient side effects</td>
<td></td>
</tr>
<tr>
<td>✓ Molecule has over 15 patient years of use</td>
<td></td>
</tr>
<tr>
<td><strong>Dosing</strong></td>
<td></td>
</tr>
<tr>
<td>✓ Twice-monthly (potentially monthly)</td>
<td></td>
</tr>
<tr>
<td>✓ Fixed-dosing</td>
<td></td>
</tr>
</tbody>
</table>

*NM-002 remains investigational and under development*
Our Approach Replaces GLP-1 and Restores the “Ileal Brake”

In a normal length bowel, food passes through the full bowel length, with nutrients absorbed slowly along the way.

With GLP-1, food passes more slowly, allowing more nutrient uptake in a shortened length of bowel.

Long Acting GLP-1 (NM-002) for SBS

- Fundamentally different approach than GLP-2 class mechanism that expands intestinal mucosa / villous growth with little effect on gut motility
- Rapidly replaces physiological effects of missing GLP-1 to normalize GI transit
- GLP-1 naturally slows gastroduodenal motility in SBS patients to increase nutritional uptake after eating
- Potentially twice or once-monthly dosing
- Patent portfolio covers product into mid 2030s
Phase 1b/2a Study: SBS Clinical Trial Design

Open label, two-dose, dose escalation study of NM-002 in adult patients with SBS

NM-002 given twice, at 3 different dose levels, in 3 cohorts

Doses were administered on Days 1 and 15 by subcutaneous injection.

Main outcomes: Safety & tolerability

Key secondary outcomes: Total stool output (TSO); bowel movement frequency; urine output*; parenteral support; PK

Patients followed for 6 weeks after the second dose.

Ng 002 given twice, at 3 different dose levels, in 3 cohorts

Doses were administered on Days 1 and 15 by subcutaneous injection.

Main outcomes: Safety & tolerability

Key secondary outcomes: Total stool output (TSO); bowel movement frequency; urine output*; parenteral support; PK

Patients followed for 6 weeks after the second dose.

Overall demographics in trial: 5m/4f (8 Caucasian); avg.age = 51.8 y; avg.height = 175.1 cm; avg.weight = 68.0 kg; avg.BMI = 22.1 kg.m$^{-2}$

*The study protocol called for an analysis of urine output, however, it proved difficult to measure in an ambulatory setting and therefore the analysis is not expected to be meaningful.
### Phase 1b/2a Trial: Treatment Emergent Adverse Events

<table>
<thead>
<tr>
<th>System Organ Class Preferred Term</th>
<th>50 mg Cohort (n=3)</th>
<th>100 mg Cohort (n=4)</th>
<th>150 mg Cohort (n=2)</th>
<th>Any exposure to NM-002 (n=9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of subjects n (%)</td>
<td># of events n</td>
<td># of subjects n (%)</td>
<td># of events n</td>
</tr>
<tr>
<td>TEAEs</td>
<td>3 (100.0)</td>
<td>7</td>
<td>3 (75.0)</td>
<td>6</td>
</tr>
<tr>
<td>Gastrointestinal disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Nausea</td>
<td>2 (66.7)</td>
<td>6</td>
<td>2 (50.0)</td>
<td>5</td>
</tr>
<tr>
<td>- Vomiting</td>
<td>2 (66.7)</td>
<td>3</td>
<td>2 (50.0)</td>
<td>3</td>
</tr>
<tr>
<td>General disorders and administrative site conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Oedema</td>
<td>1 (33.3)</td>
<td>1</td>
<td>0 (0.0)</td>
<td>0</td>
</tr>
<tr>
<td>Skin and subcutaneous tissue disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Rash</td>
<td>0 (0.0)</td>
<td>0</td>
<td>0 (0.0)</td>
<td>0</td>
</tr>
</tbody>
</table>

NM-002 was generally safe and well tolerated: 17 treatment-emergent adverse events (TEAEs) were observed in 9 patients, 15 of which were mild, transient and self-limited without further intervention. The majority of TEAEs were GI-related (nausea and vomiting).
<table>
<thead>
<tr>
<th>Patient</th>
<th>NM-002 Dose (mg)</th>
<th>Baseline (mL)</th>
<th>First 48 Hours Post Dose 1 (mL)</th>
<th>Change from Baseline (mL)</th>
<th>First 48 Hours Post Dose 2 (mL)</th>
<th>Change from Baseline (mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>50</td>
<td>22508</td>
<td>12550</td>
<td>−9958</td>
<td>13950</td>
<td>−8558</td>
</tr>
<tr>
<td>2</td>
<td>50</td>
<td>1900</td>
<td>200</td>
<td>−1700</td>
<td>300</td>
<td>−1600</td>
</tr>
<tr>
<td>6</td>
<td>50</td>
<td>1175</td>
<td>350</td>
<td>−825</td>
<td>−</td>
<td>−</td>
</tr>
<tr>
<td>3</td>
<td>100</td>
<td>720</td>
<td>615</td>
<td>−105</td>
<td>325</td>
<td>−395</td>
</tr>
<tr>
<td>4</td>
<td>100</td>
<td>1285</td>
<td>420</td>
<td>−865</td>
<td>2450²</td>
<td>1165</td>
</tr>
<tr>
<td>5</td>
<td>100</td>
<td>2280</td>
<td>2000</td>
<td>−280</td>
<td>1940</td>
<td>−340</td>
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<tr>
<td>7</td>
<td>100</td>
<td>5390</td>
<td>3010</td>
<td>−2380</td>
<td>2600</td>
<td>−2790</td>
</tr>
<tr>
<td>8</td>
<td>150</td>
<td>2570</td>
<td>2150</td>
<td>−420</td>
<td>1480</td>
<td>−1090</td>
</tr>
<tr>
<td>9</td>
<td>150</td>
<td>4850</td>
<td>3900</td>
<td>−950</td>
<td>3000</td>
<td>−1850</td>
</tr>
</tbody>
</table>

Lasting effect seen in patients, confirming single ascending dose T2DM study data (Cleland, et. al.)

1. Patient 06 did not receive a 2nd dose. 2. The baseline prior to the second dose in this patient was substantially higher than the original baseline volume due to rapid increase in oral intake.
Summary of Study Results

Study met its primary objective: NM-002 demonstrated an excellent safety and tolerability profile.

NM-002 demonstrated a clinically relevant improvement in total stool output (TSO) volume, supporting a clear “GO” decision for next phase of development.

New data support twice monthly fixed dosing regimen (or better).

Rapid improvement in clinically relevant efficacy outcomes¹:

- All 9 patients showed meaningful reduction in total stool output volume within 48 hours of first dose:
  - Average TSO reduction of **42% from baseline** in all 9 patients at 48 hours post dose 1.
- Efficacy seen with 1st dose carried through to 2nd dose at Day 15:
  - Average TSO reduction of **46% from baseline** in 7/8 patients within 48 hours post dose 2².

¹. Given the size of the study population, note that the trial was not powered for efficacy analyses.
². Excludes 1 patient that did not receive a 2nd dose, and another patient that had substantial increase in oral intake prior to 2nd dose.
Planned Regulatory Path

- Meeting with FDA to confirm go-forward strategy in 1Q21
  - Type C meeting

- Approximately 20 patient Phase 2 program to start 2Q21
  - Phase 2 data expected 4Q21

- Phase 3 initiation 4Q21
Larazotide: Oral, Non-Absorbable Tight-Junction Regulator

Celiac Disease
Celiac Disease: Autoimmune Disorder with a Genetic Link

Triggered by dietary gluten
- Intestinal epithelia barrier leakiness leads to “Intestinal-Inflammatory Loop”
- Eventually, intestinal surface (villi) become atrophied

Genetic link
- Worldwide prevalence of around 1% and on the rise\(^1\)
  - Celiac patients have a specific HLA class II gene variant\(^2\)
    - HLA-DQ2 (~95%) or,
    - HLA-DQ8 (5%)\(^2\)
- Genome-Wide Association Studies (GWAS) link disease to four genes involved with regulation of tight junctions\(^3\)

Gluten Free Diet (GFD) is the only therapy
- Nutritional imbalances
- Cost burden to patients

1 Schuppan and Dieterich, UpTo Date (2018)

<table>
<thead>
<tr>
<th>GI Abdominal Domain Symptoms</th>
<th>Prevalence</th>
</tr>
</thead>
</table>
| Abdominal Pain               | US & EU ~1%\,*
| Abdominal Cramps             | US ~3.2 million |
| Bloating                     | EU ~3.5 million |
| Gas                          | ROW ~15 million |
Larazotide Normalizes Intestinal Barrier in Celiac Disease
Phase 2: PRO Endpoints Show Robust Treatment Effect

CeD-GSRS: Primary Endpoint for Phase 2b

Mean weekly average on-treatment CeD-GSRS score

Week

Double-blind treatment

Dose | 0.5mg | 1mg | 2mg
--- | --- | --- | ---
CeD GSRS\(^1\) p values | 0.022 | 0.900 | 0.590

Positive Phase 2b with Statistically Significant p Value at Therapeutic Dose

CeD PRO\(^1\) Responder\(^2\) Analysis P2b Trial (‘012) Primary Endpoint for Phase 3

14.3%

Treatment Effect

p = 0.022

% Responders\(^*\)

Placebo 0.50mg

n=84 for Placebo and n=84 for 0.5 mg dose

Treatment effect > than approved IBS brands with Phase 3 PROs

(Xifaxan\(^®\), Viberzi\(^®\), Linzess\(^®\), Amitiza\(^®\), and Trulance\(^®\))

\(^{1}\)CeD PRO Abdominal Domain is the agreed upon endpoint for phase 3 with the FDA. The CeD PRO was pre-specified & an exploratory endpoint in the Phase 2b Study

\(^{2}\)Responder *=Subject has 50% improvement vs. baseline CeD-PRO abdominal score (6/12 weeks)

Leffler, DA, Kelly, CP, Green, PHR et al. Gastroenterology 2015;148:1311–1319

FDA Drug Labels for Xifaxan\(^®\) (Salix/Bausch), Viberzi\(^®\) (Allergan), Linzess\(^®\) (Allergan/Ironwood), Amitiza\(^®\) (Takeda/Sucampo) and Trulance\(^®\) (Synergy/Salix/Bausch)
### Phase 3 Trial Design in Celiac Disease (n = 525)

<table>
<thead>
<tr>
<th>Screening/Eligibility Period</th>
<th>12-week Double-Blind Treatment Phase</th>
<th>12-week Double-Blind Safety Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 35 Week 5 Visit 1</td>
<td>Day 21 Week 3 Visit 2</td>
<td>Day 168 ± 3 Week 24 Visit 8 (End)</td>
</tr>
<tr>
<td>Day 28 ± 3 Week 4 Visit 4</td>
<td>Day 56 ± 3 Week 8 Visit 5</td>
<td>Day 112 ± 3 Week 16 Visit 7</td>
</tr>
</tbody>
</table>

**Initiate Double-Blind Study Drug on Day 1**

**Randomization 1:1:1**

1 Primary Endpoint: CeD Pro Abdominal Domain<sup>1</sup> at 12 Weeks

- Mean change from baseline for celiac disease symptom severity based on CeD PRO symptom scores (continuous variable)

2 Key Inclusion Criteria Similar to Phase 2b

- Adults with celiac disease
- Gluten free diet symptoms monitored
- Include patients with symptoms despite a GFD

3 Phase 3 De-Risked Based on Phase 2b Learnings

- Exclude subjects likely to do well on a GFD
- Enriched design includes patients with greater severity to increase treatment effect

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<sup>1</sup>CeD PRO Abdominal Domain = abdominal cramping, abdominal pain, bloating and gas; ClinicalTrials.gov Identifier: NCT03569007

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**Placebo (~n = 175)**

**Larazotide 0.25 mg TID (~n = 175)**

**Larazotide 0.50 mg TID (~n = 175)**

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**Clinical Trial Schedule**

- **Visit 1:** Day 35 (Week 5)
- **Visit 2:** Day 21 (Week 3)
- **Visit 3:** Day 1 (Baseline)
- **Visit 4:** Day 28 ± 3 (Week 4)
- **Visit 5:** Day 56 ± 3 (Week 8)
- **Visit 6:** Day 84 ± 3 (Week 12)
- **Visit 7:** Day 112 ± 3 (Week 16)
- **Visit 8 (End):** Day 168 ± 3 (Week 24)
**Timeline & Upcoming Potential Milestones**

- **1Q 2021**
  - Short bowel syndrome R & D Day
  - Planned FDA meeting to confirm strategy for NM-002

- **2Q 2021**
  - Initiate Phase 2 NM-002 trial in SBS
  - Interim analysis of Phase 3 larazotide in celiac disease

- **3Q 2021**
  - Initiate IND-enabling pathway for NM-102
  - Initiate IND-enabling pathway for NM-003

- **4Q 2021**
  - Topline Phase 2 readout of NM-002 SBS trial
  - Initiate NM-002 Phase 3 SBS Trial

- **Q4 2021**
  - Topline Phase 3 larazotide readout in celiac disease
Thank You

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