



TRYPTAMINE
THERAPEUTICS

Precision Psychedelic Therapy

30 July 2024

ASX : TYP

This presentation has been authorised for release by the Board of Tryptamine Therapeutics Limited

DISCLAIMERS

The information contained in this presentation (the “Presentation”) has been prepared by Tryp Therapeutics Inc. (“Tryp” or the “Company”) and contains information pertaining to the business, operations and assets of the Company. The information contained in this Presentation (a) is provided as at the date hereof and is subject to change without notice, (b) is for informational purposes only and does not purport to contain all information (including all material information) that may be necessary or desirable to fully and accurately evaluate the Company, (c) did not take into account the investment objectives, financial situation and particular needs of any particular investor, (d) is not to be considered as a recommendation by the Company that any person make an investment in Tryp, and (e) further advice should be obtained from a professional investment adviser before taking any action on any information dealt with in the Presentation. Those acting upon any information without advice do so entirely at their own risk.

This Presentation does not constitute an offer to sell or solicitation of an offer to buy any of the securities of Tryp. The sole purpose of this Presentation, in paper or electronic form, is strictly for information purposes. Neither Tryp, nor any of its current or proposed directors, officers, owners, managers, partners, consultants, employees, affiliates or representatives, make any warranty or representation, whether express or implied, or assume any legal liability or responsibility for any action taken in reliance upon this Presentation, or for the accuracy, completeness, fairness, or usefulness of any information disclosed in this Presentation.

Forward Looking Information. This Presentation contains forward looking statements with respect to Tryp. By their nature, forward looking statements involve risks and uncertainties and are subject to a variety of factors that could cause actual results to differ materially from the results suggested by the forward-looking statements. In addition, the forward-looking statements require Tryp to make assumptions and are subject to inherent risks and uncertainties. There is significant risk that the forward-looking statements will not prove to be accurate, that Tryp’s assumptions may not be correct and that actual results may differ materially from such forward-looking statements. Accordingly, readers should not place undue reliance on the forward-looking statements. Generally, forward looking statements can be identified by the use of terminology such as “anticipate”, “will”, “expect”, “may”, “continue”, “could”, “estimate”, “forecast”, “plan”, “potential” and similar expressions. Forward looking statements contained in this Presentation may include, but are not limited to statements with respect to the outlook for the psilocybin industry and related industries; challenges and opportunities related to the psilocybin industry; the completion and timing of clinical studies; the ability of any patents resulting from Tryp’s patent applications to protect the commercial prospects of its assets; the achievement, and the timing of, certain development milestones and the successful execution of Tryp’s business strategy (including its business model and mission); the use and benefits of Tryp’s products and services; demographic and market size/trends; forecasts of revenue and financial projections/growth potential; Tryp’s ability to obtain marketing exclusivity for any of its approved drug products; anticipated capitalization, projected milestones and the go-forward management of Tryp; These forward looking statements are based on a number of assumptions which may prove to be incorrect including, but not limited to: general economic, market and business conditions, the outcome of research studies, the ability to obtain certain approvals, the accuracy of cost estimates, ability to obtain sufficient capital on satisfactory terms, availability of equipment and supplies, changes in customer demand, the successful and timely implementation of capital projects, currency exchange rates and the impact of changes in applicable laws and regulations. The forward-looking statements contained in this Presentation are made as of the date hereof or the dates specifically referenced in this Presentation, where applicable. Except as required by law, Tryp undertakes no obligation to update publicly or to revise any forward-looking statements that are contained or incorporated in this Presentation. All forward looking statements contained in this Presentation are expressly qualified by this cautionary statement.

Third-Party Information. This Presentation includes market and industry data obtained from various publicly available sources and other sources believed by the Company to be reliable. Although the Company believes it to be reliable, the Company has not independently verified any of the data from third-party sources referred to in this Presentation or analyzed or verified the underlying reports relied upon or referred to by such sources, or ascertained the underlying assumptions relied upon by such sources. The Company does not make any representation or warranty, express or implied as to the accuracy of such information. No responsibility or liability is accepted for that information or those opinions or for any errors, omissions, misstatements (negligent or otherwise) or for any communication written or otherwise, contained or referred to in this Presentation. Some numbers in this Presentation may not be exact or add consistently due to rounding.

Accordingly, neither the Company nor any of its directors, officers, employees, advisers, associated persons or subsidiaries are liable for any direct, indirect or consequential loss or damage suffered by any person as a result of relying upon any statement in this Presentation or any document supplied with this Presentation, or by any future communications in connection with those documents and all of those losses and damages are expressly disclaimed.

Electronic Form. This Presentation may have been sent to you in an electronic form. You are reminded that documents transmitted via this medium may be altered or changed during the process of electronic transmission. You are responsible for protecting against viruses and other destructive items. Your receipt of this electronic transmission is at your own risk, and it is your responsibility to take precautions to ensure that it is free from viruses and other items of a destructive nature. As a consequence of the above, neither the Company nor any director, officer, employee or agent of any of them or any affiliate of any such person accepts any liability or responsibility whatsoever in respect of any difference between the document distributed to you in electronic format and the hard copy version that may be made available to you.

This Presentation and its contents are confidential and should not be distributed, published or reproduced in whole or in part or disclosed by recipients to any other person without the prior written consent of the Company. The Company does not assume responsibility for liabilities, losses or damages suffered by the recipients of this Presentation or any other person as a result of the circulation, reproduction or use of this Presentation.

Psilocybin. Psilocybin is currently a Schedule III drug under the Controlled Drugs and Substances Act, S.C. 1996, c. 19 (the “CDSA”) and it is a criminal offence to possess substances under the CDSA without a prescription. Health Canada has not approved psilocybin as a drug. While the Company is focused on developing products using psilocybin, the Company does not have any direct or indirect involvement with the illegal selling, production or distribution of any substances. The Company does not currently manufacture, store or otherwise handle psilocybin directly and will only do so through agents within laboratory and clinical trial settings conducted within approved regulatory frameworks. The Company’s products that contain psilocybin or other psychedelic compounds will not be commercialized prior to applicable regulatory approval, which will only be granted if clinical evidence of safety and efficacy for the intended uses is successfully developed.

All medicines carry risks and specialist prescribers, such as registered psychiatrists are best placed to assess the suitability of a new medication against a patient’s individual circumstances and medical history before proceeding.

Adverse effects of psilocybin and its derivatives can include temporary increase in blood pressure and a raised heart rate. There may be some risk of psychosis in predisposed individuals. These effects of psilocybin and its derivatives are unlikely at low doses and in the treatment regimens used in psychedelic-assisted psychotherapy and appropriately managed in a controlled environment with direct medical supervision.

A Precision Approach to Psychedelic Medicine

With a focus on solving:

EATING DISORDERS & CHRONIC PAIN

Tryp is a clinical stage drug development company developing an innovative and scalable IV-infused psilocin solution which can be used in conjunction with psychotherapy to address unmet medical needs

Infusion refers to the continuous administration of the drug via the intravenous route and provides a clinician with control over the administration of the solution



Investment Highlights

Pioneering a precision approach to psychedelics, **targeting precise drug blood levels in patients**

Transformative and commercially scalable intellectual property (IV-Infused Psilocin)

- Addresses the critical limitations of oral dosing of psilocybin
- Platform has broad applicability and out-licensing potential
- Multiple near term value creating catalysts

Positioned to take advantage of recent positive changes to TGA regulations in Australia

First mover advantage and IP protection for indications targeted

Multiple clinical trials ongoing:

- Positive Phase 2 efficacy data announced for Binge Eating Disorder (80% reduction in episodes) with oral psilocybin (TRP8802) at University of Florida
- Patient Dosing completed in Phase 2 clinical trial with University of Michigan in Fibromyalgia (oral psilocybin)
- UofM researchers to present efficacy data at the International Association for the Study of Pain Conference from 5 – 9 August in the Netherlands
- Massachusetts General Hospital (Harvard University) have enrolled patients for Phase 2 IBS study – with first dosing expected in July (oral psilocybin)
- First cohort (3 participants) has been dosed with IV-psilocin through 140 minute IV-infusion (CMAX, Adelaide) : Second cohort (mid-dose) to begin during July
- Preparation for first “active patient” clinical study in Australia for IV-infused psilocin (BED) underway

Experienced management team with proven biotech and drug approval success

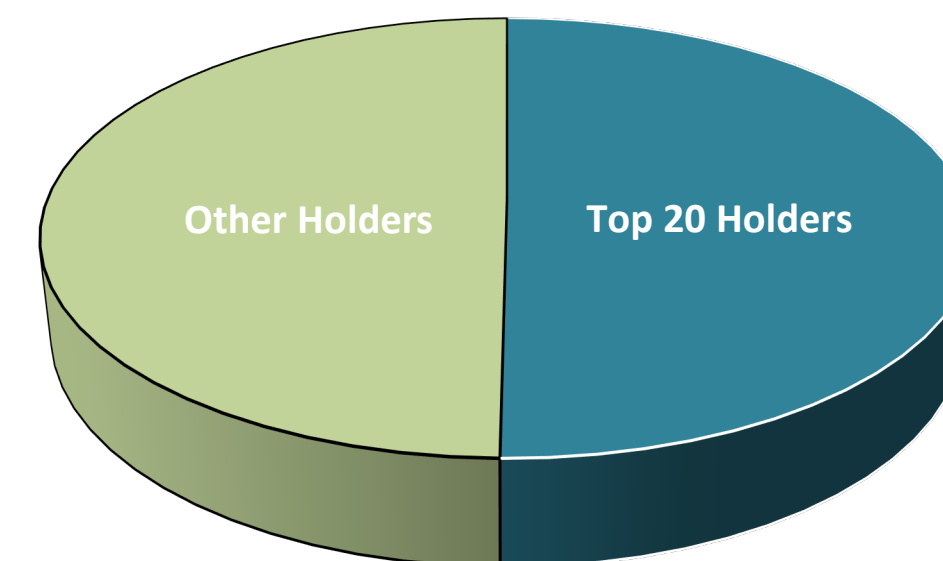
World-class scientific advisory board chaired by renowned expert, Robin Carhart-Harris



Corporate overview

Snapshot:	
ASX code:	TYP
Shares on issue:	1.089Bn
Market capitalisation: (at \$0.02 per share)	\$21.8m
Cash at bank: (as at 30 June 2024)	\$5.4m
Debt:	Nil

Board of Directors	
Non-Executive Chairman	Mr. Mark Davies
Chief Executive Officer	Mr. Jason Carroll
Chief Business Officer	Mr. Peter Molloy
Non-Executive Director	Mr. Chris Ntoumenopoulos
Non-Executive Director	Mr. Clarke Barlow
Non-Executive Director	Mr. Gage Jull



Major shareholders (at 29 July 2024)	
Dr. William James Garner	16.4%
Citicorp Nominees P/L	12.4%
Mr. Jason Carroll	3.2%
Computershare Investor Services	2.6%
Mr. Herwig Janssen	2.2%
Mr. Ludwig Criel	2.2%
Top 20:	51.0% (+1.3%)
Top 100:	84.4% (+4.3%)

World class team with proven Leadership



JASON CARROLL
Chief Executive Officer

A seasoned and successful leader with over 30 years experience in healthcare sector



JIM GILLIGAN PhD
Chief Scientific Officer

Over 35 years experience in Biopharmaceutical industry



JIM O'NEILL
Chief Financial Officer

Over 30 years as a finance executive with public and private multi-national businesses



PETER MOLLOY
Chief Business Officer

Over 25 years as an entrepreneur, advisor and institutional investor in the healthcare sector



MICHAEL SILVERMAN MD
Chief Medical Officer

Over 30 years experience of clinical development in biotech sector

SCIENTIFIC ADVISORY BOARD



ROBIN CARHART-HARRIS PhD (CHAIR OF SAB)

Global expert on use of psychedelics for medical indications



DAVID CASTLE MSc MD FRANZCP FRCPsych

Globally recognised expert on Body Dysmorphic Disorder, OCD Spectrum Disorders, Schizophrenia & Bipolar Disorder



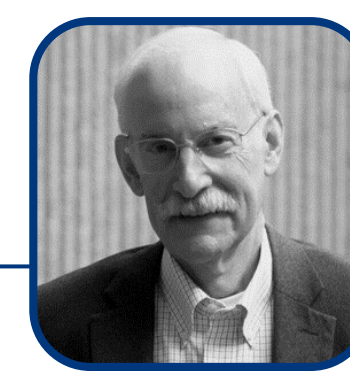
PHILLIPA HAY MD FRANZCP DPhilPsych

Globally recognised expert on Eating Disorders & Obesity with a focus on Anorexia Nervosa



DANIEL CLAUW MD

Globally recognized expert on fibromyalgia and nociplastic pain



WILLIAM SCHMIDT PhD

Expert in drug development for Pain indications



JOEL CASTELLANOS MD

Leading chronic pain researcher and physician



Robin Carhart-Harris' clinical work with Psilocybin

SPECIALTIES ▾ TOPICS ▾ MULTIMEDIA ▾ CURRENT ISSUE ▾ LEARNING/CME ▾ AUTHOR CENTER PUBLICATIONS ▾

ORIGINAL ARTICLE f X in ✉

Trial of Psilocybin versus Escitalopram for Depression

Authors: Robin Carhart-Harris, Ph.D., Bruna Giribaldi, B.Sc., Rosalind Watts, D.Clin.Psy., Michelle Baker-Jones, B.A., Ashleigh Murphy-Beiner, M.Sc., Roberta Murphy, M.D., Jonny Martell, M.D., Allan Blemings, M.Sc., David Erritzoe, M.D., and David J. Nutt, M.D. [Author Info & Affiliations](#)

Published April 14, 2021 | N Engl J Med 2021;384:1402-1411 | DOI: 10.1056/NEJMoa2032994 | VOL. 384 NO. 15

The NEW ENGLAND JOURNAL of MEDICINE

Psilocybin versus Escitalopram for Depression

PHASE 2, DOUBLE-BLIND, RANDOMIZED, CONTROLLED TRIAL

<p>59 Adults with moderate-to-severe major depressive disorder</p>	<p>Psilocybin (two 25-mg doses 3 wk apart) + placebo (microcrystalline cellulose)</p> <p>N=30</p>	<p>Escitalopram (10 mg daily [3 wk], then 20 mg [3 wk]) + placebo (psilocybin, 1-mg doses 3 wk apart)</p> <p>N=29</p>
	<p>Change in QIDS-SR-16 depressive symptom score at 6 wk (range, 0–27; higher score = greater depression)</p> <p>-8.0±1.0</p>	<p>-6.0±1.0</p>

Overall incidence of adverse events was similar in the two groups.

No significant difference between psilocybin and escitalopram in QIDS-SR-16 score change from baseline.

R. Carhart-Harris et al. 10.1056/NEJMoa2032994 Copyright © 2021 Massachusetts Medical Society

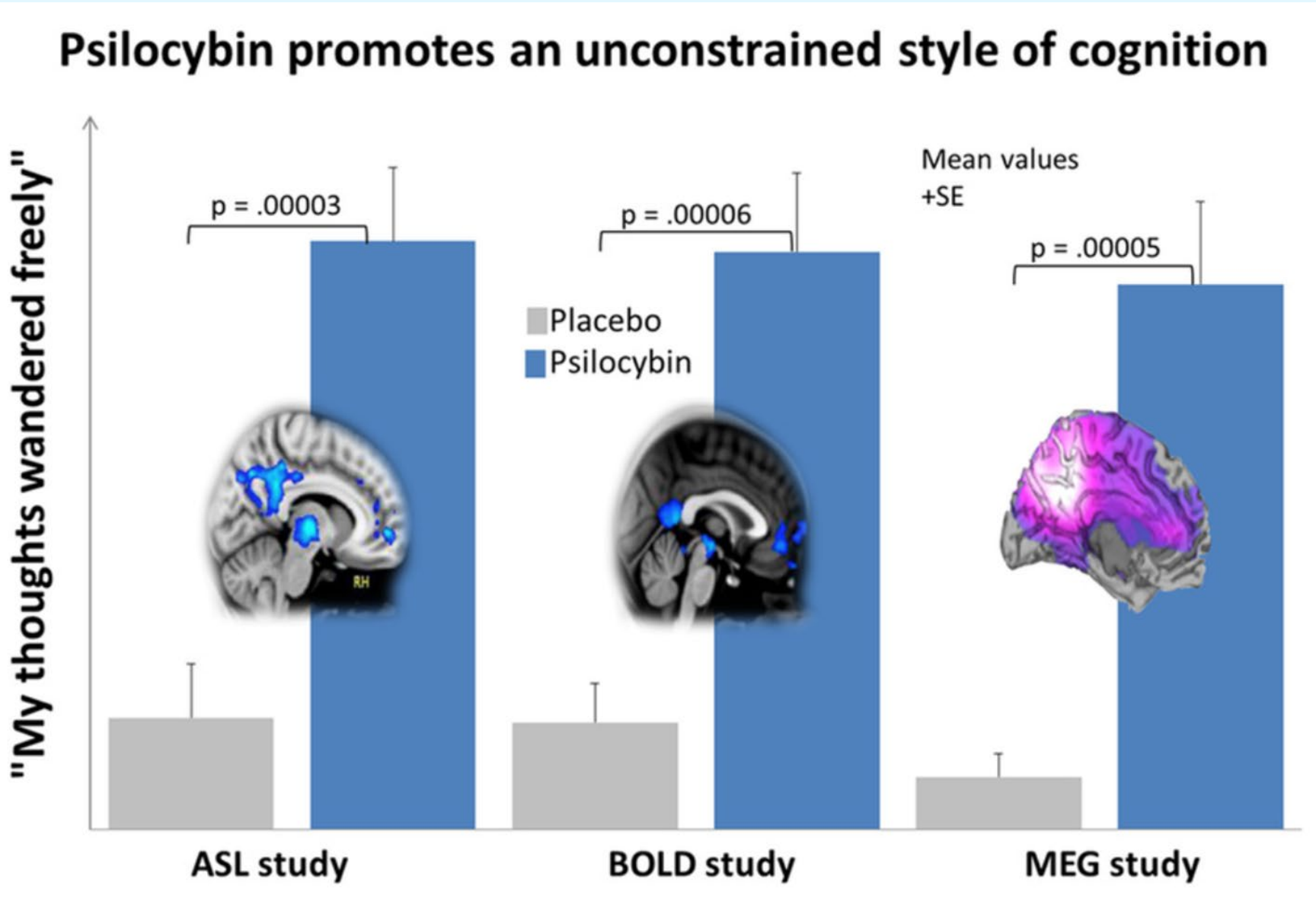
frontiers in HUMAN NEUROSCIENCE

HYPOTHESIS AND THEORY ARTICLE
published: 03 February 2014
doi: 10.3389/fnhum.2014.00020

The entropic brain: a theory of conscious states informed by neuroimaging research with psychedelic drugs

Robin L. Carhart-Harris^{1*}, Robert Leech², Peter J. Hellyer², Murray Shanahan³, Amanda Feilding⁴, Enzo Tagliazucchi⁵, Dante R. Chialvo⁶ and David Nutt¹

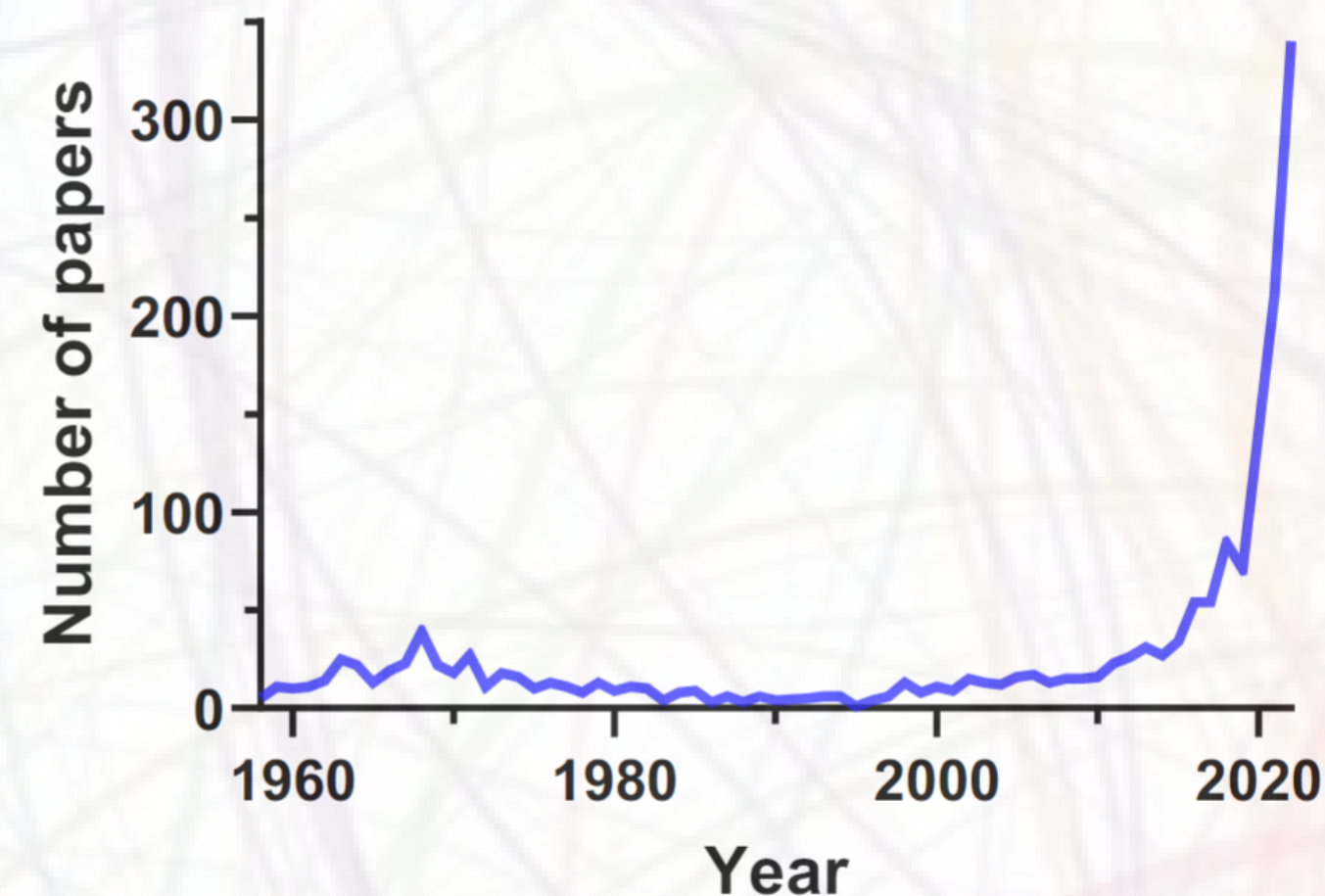
¹ Division of Brain Sciences, Department of Medicine, Centre for Neuropsychopharmacology, Imperial College London, London, UK
² C3NL, Division of Brain Sciences, Department of Medicine, Imperial College London, London, UK
³ Department of Computing, Imperial College London, London, UK
⁴ The Beckley Foundation, Beckley Park, Oxford, UK
⁵ Neurology Department and Brain Imaging Center, Goethe University, Frankfurt am Main, Germany
⁶ Consejo Nacional de Investigaciones Científicas y Tecnológicas (CONICET), Buenos Aires, Argentina



Global interest is accelerating

Tryp is underpinned by exceptional sector tailwinds

- Research into the neuroplastic benefits of psilocybin is 8-fold higher today than any other time in clinical history
- There are 133 clinical trials underway using psilocybin – however almost all of these will not lead to an approvable dossier or expanded clinical use
- Tryp is focused on achieving the five core requirements for success:
 1. Selectiveness and time sensitivity
 2. Outcome focused data generation
 3. Proprietary protection at every level
 4. Pharmaceutical vs psychedelic expertise
 5. Stable, scalable commercial products
- Tryp is confident that its lead program, TRP-8803 is an outlier in the use of psychedelic medicine



Number of publications referring to psilocybin per year (via PubMed)

IV-infused Psilocin: A Precision Approach to Psychedelics

	IV-infused Psilocin	Oral Psilocybin *
Short treatment duration of 1-2 hours	✓	✗ ~8-10 hours
Quick onset of psychedelic state (~15 minutes)	✓	✗ 1-2 hours
Precision targeting of drug blood levels in patients	✓	✗ highly variable
Quickly reversible in emergency	✓	✗
Strong IP positioning	✓	✗
Commercially scalable	✓	?

* Companies developing oral psilocybin include: Compass Pathways, USONA

Pilot Studies Using Oral Psilocybin

De-risking TRP-8803 trials

A cost effective method for identifying safety and efficacy signals for new indications

Access to a common and readily available generic molecule for clinical trials now

Earliest possible enhancement of IP portfolio

Ability to optimise clinical trial protocols

Establishes collaborations with key universities

Reduces clinical risk while allowing for acceleration of proprietary drug development

TRP-8802 - ORAL
PSILOCYBIN

Pilot studies to identify
positive signal in new
indications

Partnered with leading
academic institutions


















TRP-8803 - IV
PSILOCIN

Pathway for Phase 2b/3
trials and beyond

Commercially scalable
platform

Trial Pipeline

Current
 Next 12-18 months**

TRP-8803	INDICATION	PHASE 1*	PHASE 2	
Proprietary IV-infused synthetic psilocin	BINGE EATING DISORDER			
	FIBROMYALGIA			
	IRRITABLE BOWEL SYNDROME			
TRP-8802	INDICATION	IND CLEARED	PHASE 2 a	PARTNER
Oral, synthetic psilocybin sourced from Usona Institute	BINGE EATING DISORDER			  
	FIBROMYALGIA			
	IRRITABLE BOWEL SYNDROME			

*Healthy volunteer dose ranging study in H1 2024 will support IND submissions for Phase 2a studies in patients

**The timetable is indicative only and is subject to change.

TRP-8803: Healthy Human Volunteer Study (Australia)

A global first study now underway

IV-In fused Psilocin

- Precision targeting of drug blood levels
- Fast onset time to psychedelic state (approx. 15 minutes)
- Short duration of treatment (1-2 hours)
- Reversible in emergency
- IP protection
- Commercially scalable
- Enables clinical studies in multiple indications

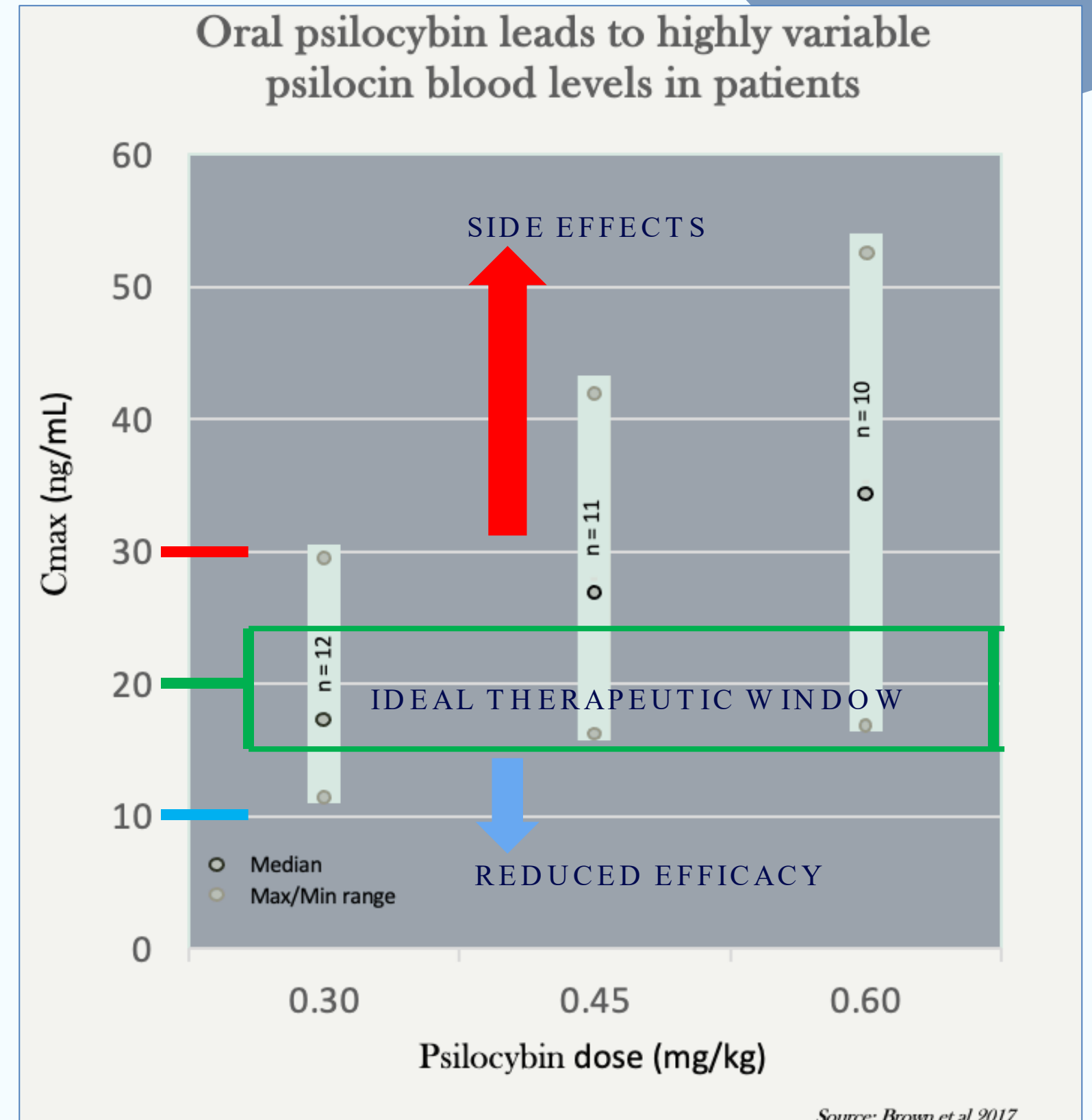
HREC approved trial expected to complete in H2 2024

PRODUCT	NO. OF PATIENTS	COLLABORATOR	DESIGN	DATA READ OUT	NEXT STEPS
TRP-8803	9	iNGENu, C-Max	Open label with therapist support	H2 2024	First patient treatment (H1 2024)

IV-infused psilocin: overcomes the limitations of oral psilocybin

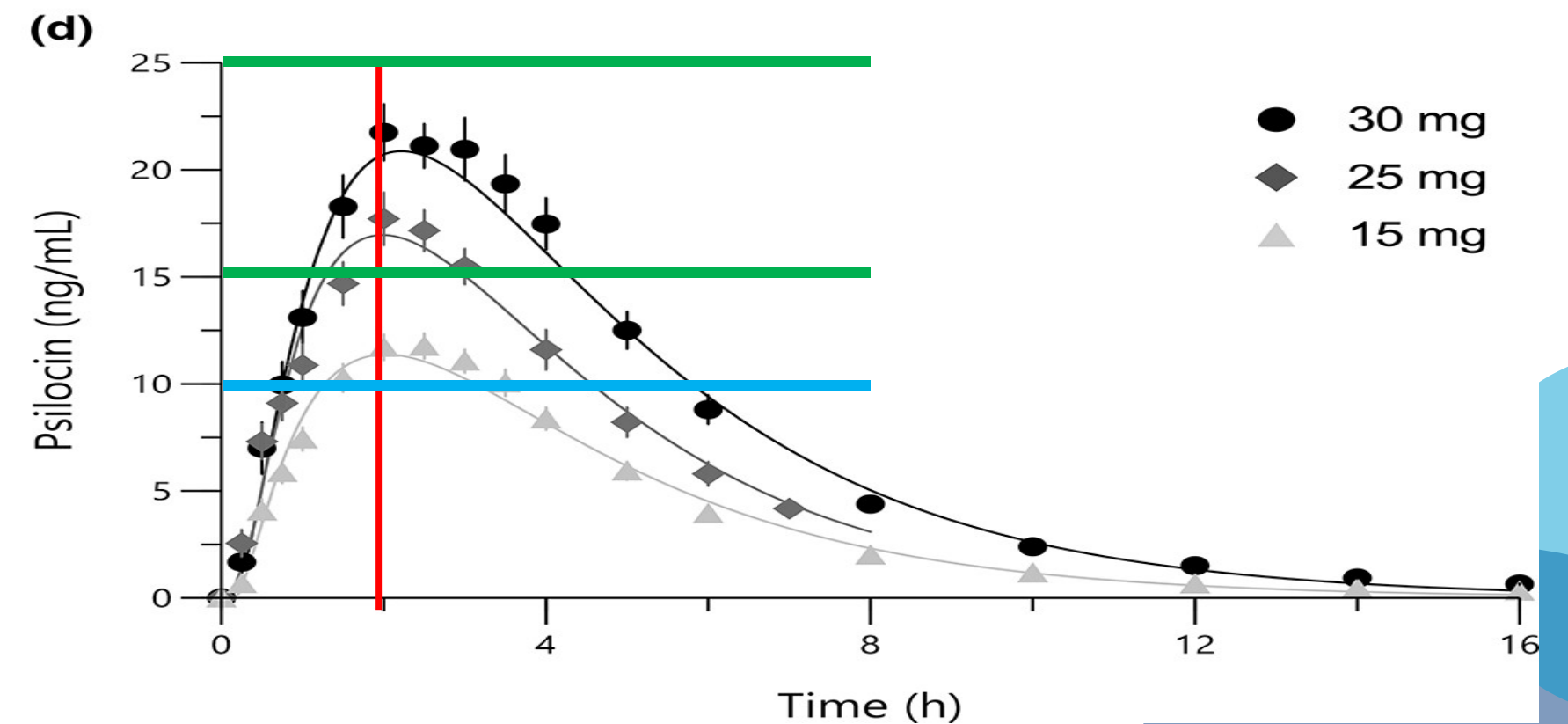
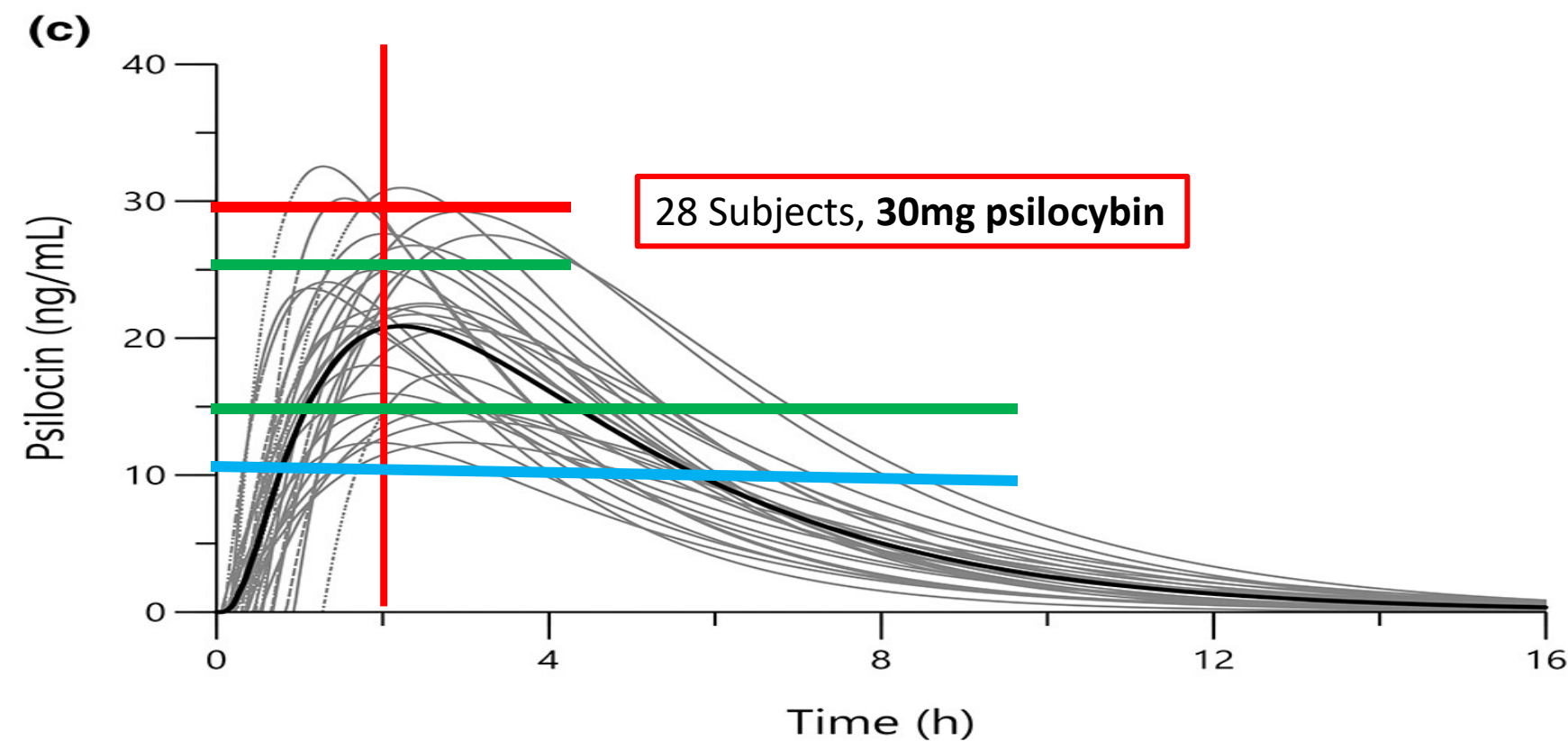
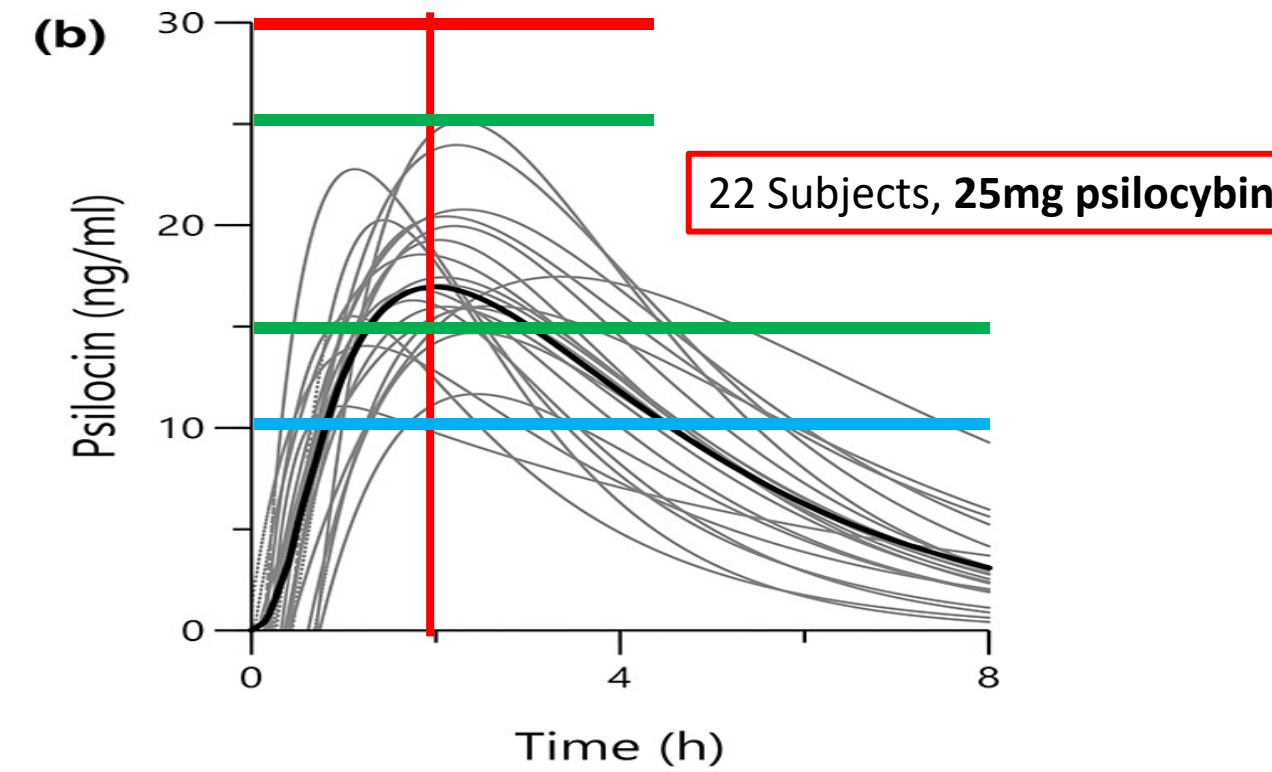
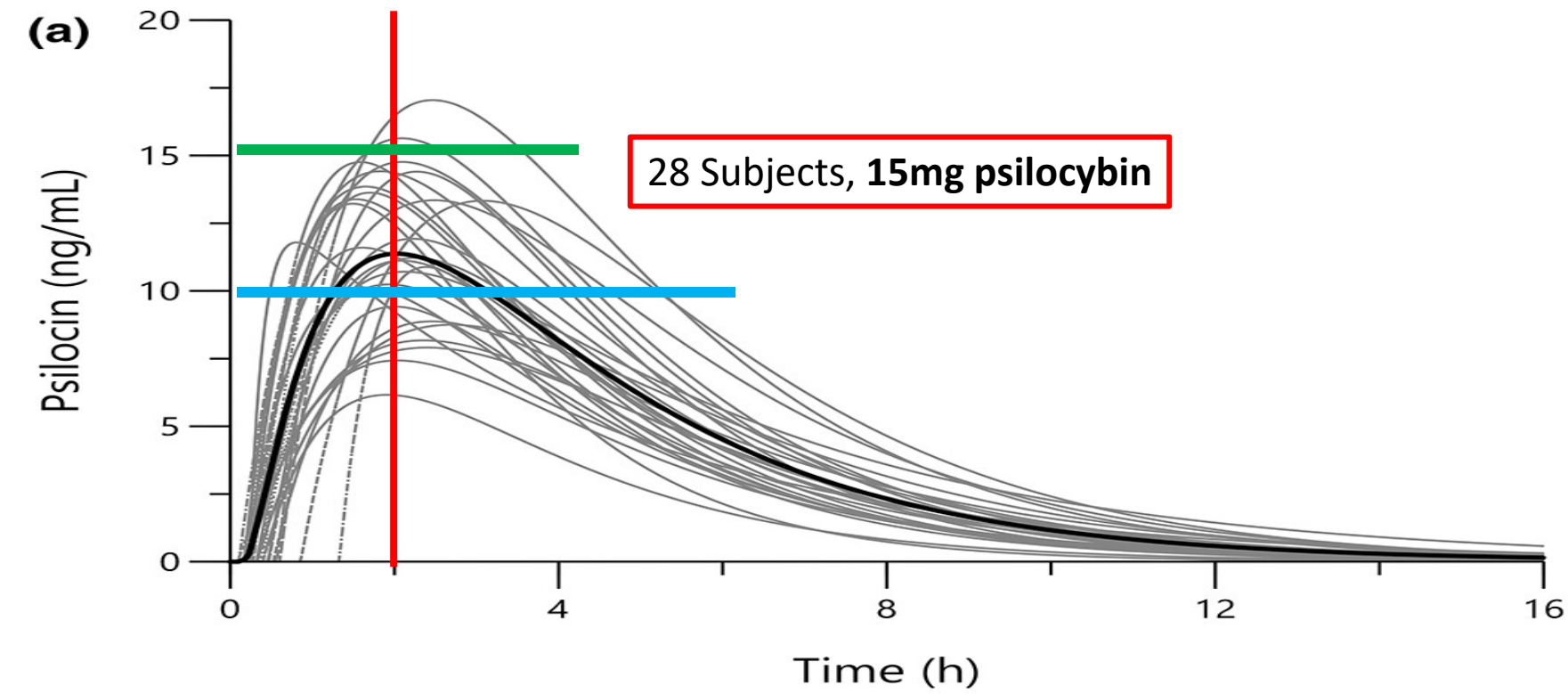
Limitations of orally administered psilocybin:

- High patient variability in terms of drug blood levels (refer graphic)
 - Psilocybin is converted into psilocin, the psychoactive metabolite, in the body
 - Percent conversion varies for each patient:
 - Effectiveness of enzymes responsible for conversion is specific to each patient
 - First pass metabolism through liver contributes to variable blood levels of psilocin
 - Dose-escalation to ensure efficacy simply leads to increased side-effects
 - May negatively impact efficacy and safety
- Long duration of treatment of approx. 8-10 hours
 - Induction phase into psychedelic state can be 1-2 hours
 - Psychedelic state can persist for an additional 6-8 hours
 - Therapists needed with patient throughout treatment period
 - Poor health economics makes commercial scale-up challenging
- Patient & Physician acceptance
- Intellectual Property

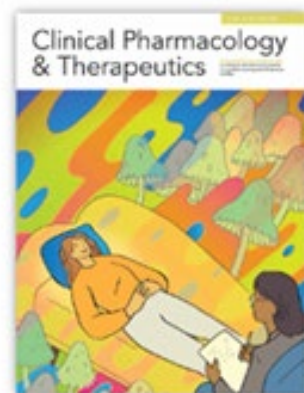
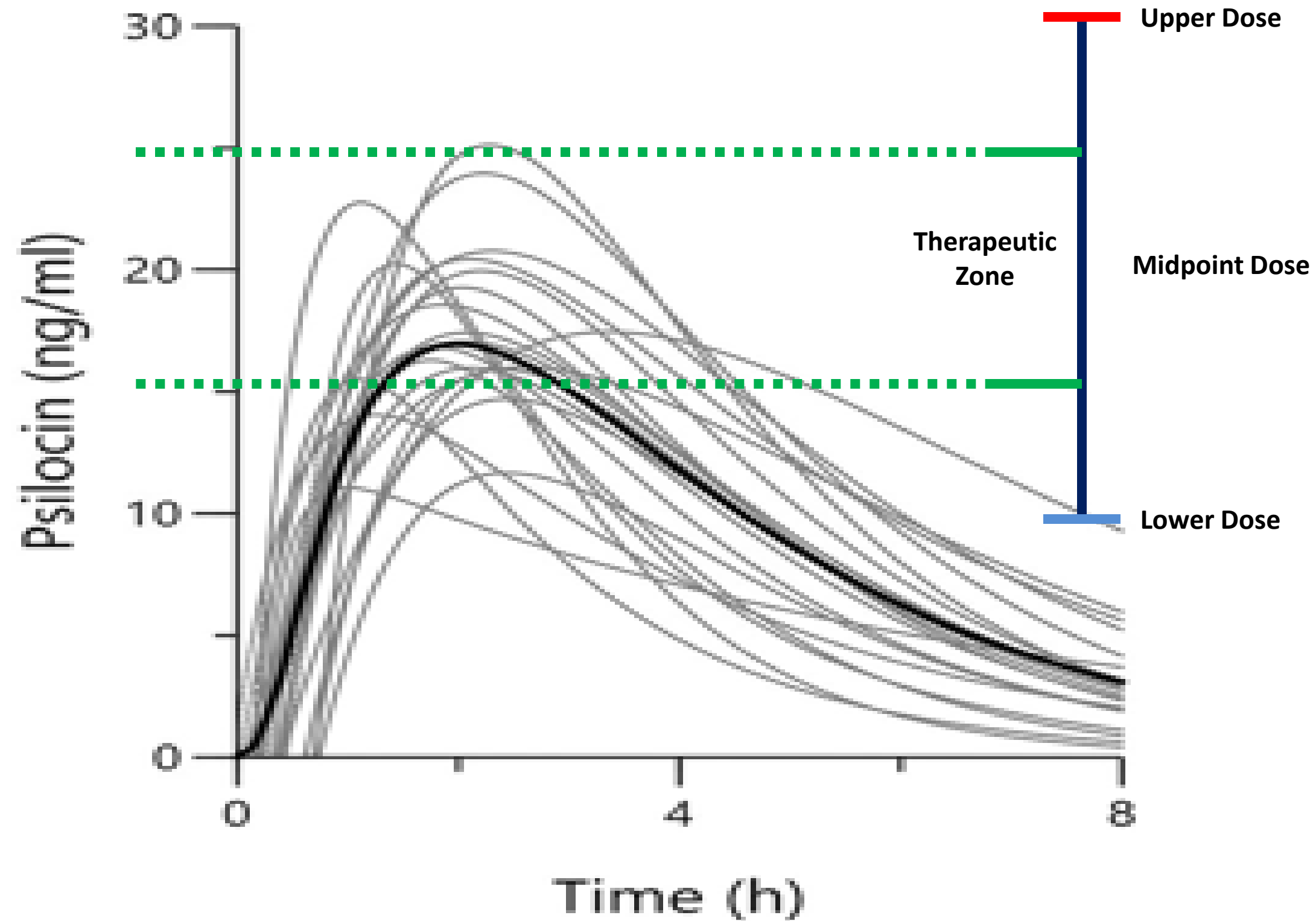


Dose variability of oral psilocybin

Blood concentrations of psilocin after single dose of 15mg, 25mg & 30mg psilocybin

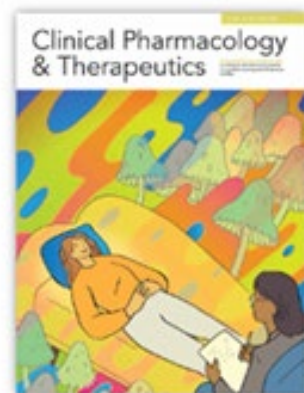
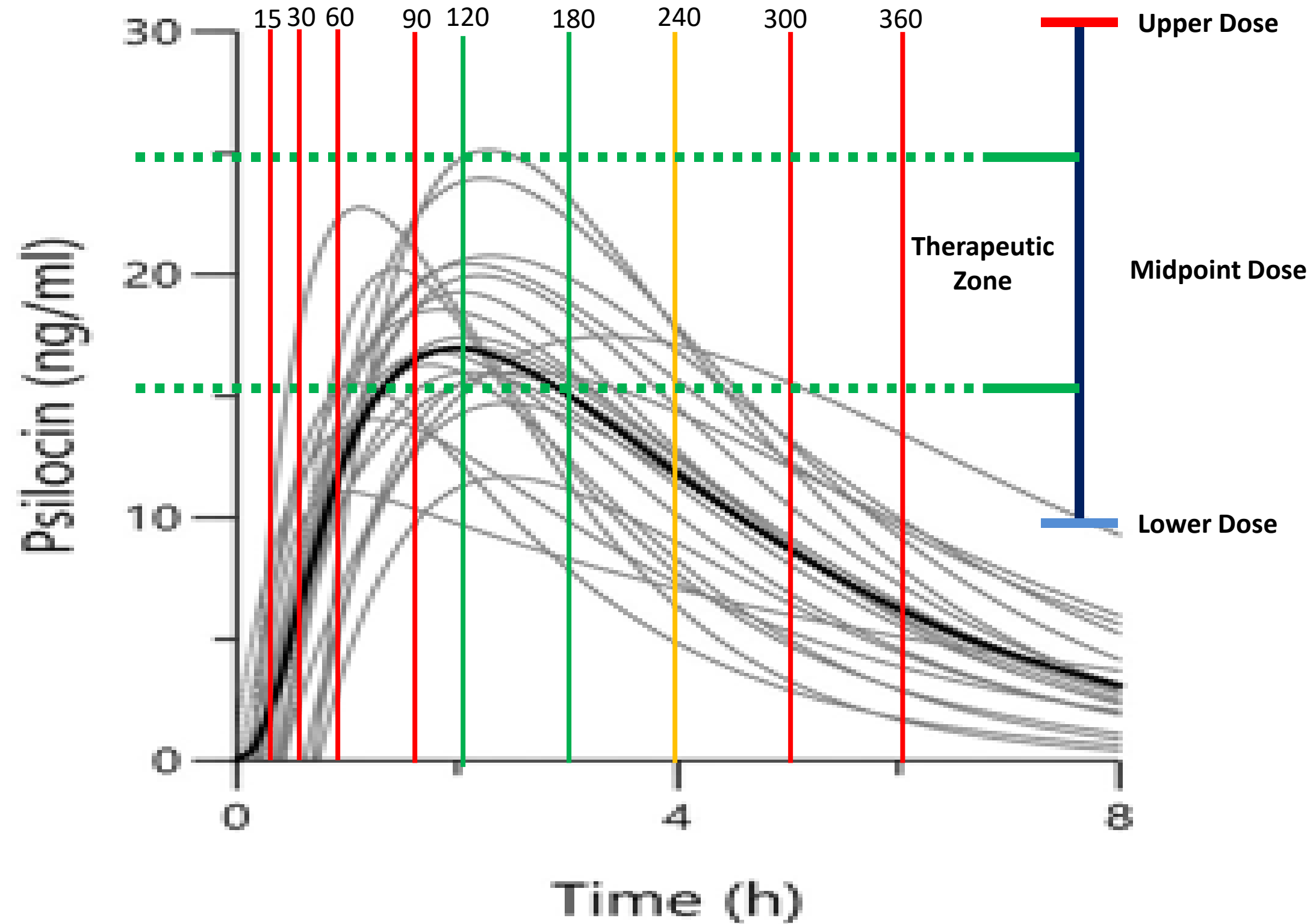


Interpatient variability of oral psilocybin 25m g



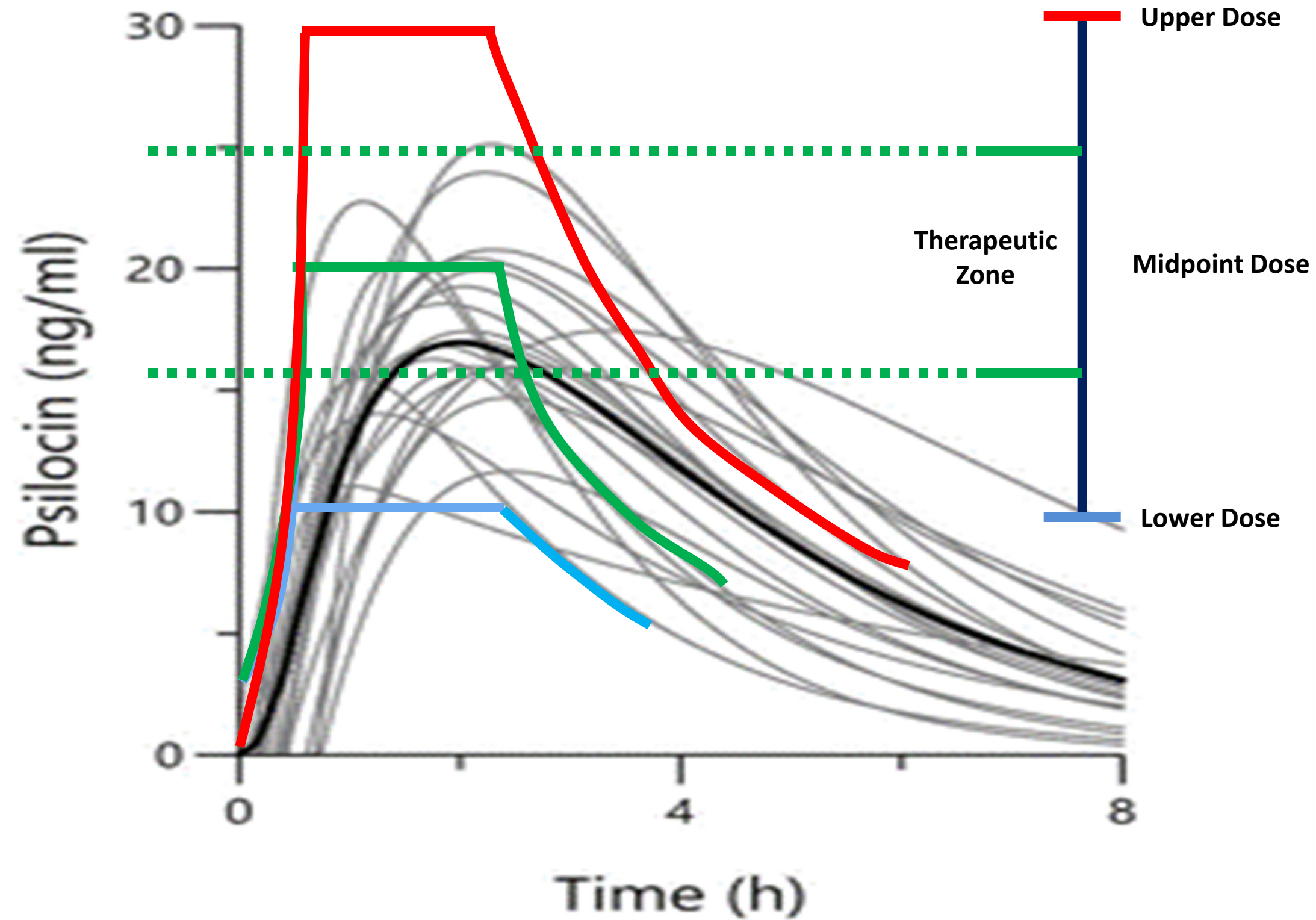
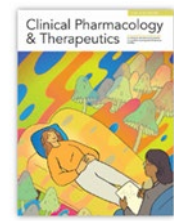
Volume 113, Issue 4
April 2023
Pages 747-751

Interpatient variability of oral psilocybin 25m g



Volume 113, Issue 4
April 2023
Pages 747-751

Expected dose profile : TRP8803 vs oral psilocybin 25m g



Multiple Near-Term Milestones and Catalysts*

Catalyst	Timeframe	Status
Completion of Tryp Therapeutics Inc. acquisition	H1 2024	✓
\$6.5m capital raise	H1 2024	✓
Resumption of trading on ASX	H1 2024	✓
Appointments to strengthen Scientific Advisory Board	H1 2024	✓
Start of TRP-8803 Phase 1 trial (Australia)	H1 2024	✓
TRP-8802 Fibromyalgia Phase 2a patient enrolment (in collaboration with University of Michigan)	H1 2024	✓
TRP-8802 Irritable Bowel Syndrome (IBS) Phase 2a trial commencement (alongside Harvard University)	H2 2024	✓
Completion of TRP-8803 Phase 1 trial (Australia) and interim results	H2 2024	
TRP-8802 Fibromyalgia Phase 2a interim data	H1 2025	
TRP-8802 IBS Phase 2a interim data	H1 2025	
TRP-8802 Fibromyalgia Phase 2a final data	H1 2025	
TRP-8803 Phase 2 trial <u>authorisations</u>	H1 2025	
TRP-8803 Phase 2 trial eating disorder trial commencement (Australia)	H1 2025	
TRP-8802 IBS Phase 2a final data	H2 2025	
Commencement of TRP-8803 Phase 2 chronic pain trial (Australia)	H2 2025	

*The timetable is indicative only and is subject to change (Calendar year is used)

Fibromyalgia: Phase 2a clinical trial

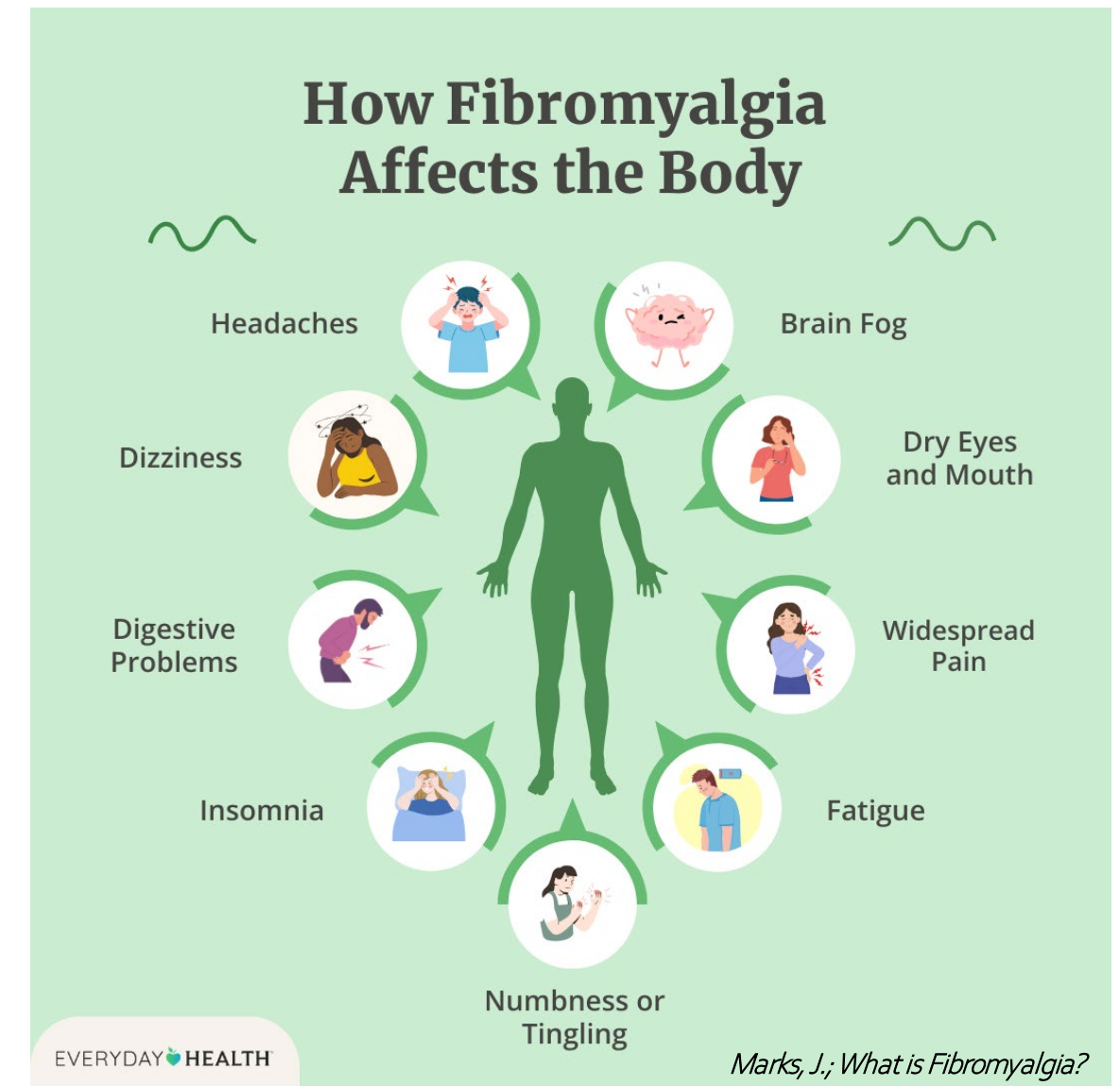
FMS characterized by widespread musculoskeletal pain, profound fatigue, sleep disturbances, and numerous other symptoms¹

Symptoms of fibromyalgia often begin after physical or emotional trauma, such as an illness, surgery, infection, life event or injury²

While fibromyalgia pain feels like it's coming from a specific area of your body, it's actually originating in your brain, specifically from the nervous system²

Many drugs have a limited effect on Fibromyalgia Pain¹

Co-morbidities include depression and health-related anxiety, sleep disturbances and increased suicide risk²



PRODUCT	NO. OF PATIENTS	COLLABORATOR	DESIGN	DATA READ OUT	NEXT STEPS
TRP-8802	Up to 10	UNIVERSITY OF MICHIGAN	Open label with psychotherapy	Initial Data Readout – August 2024	Clinical Study Data Release

First patient dosed in December 2023

1. Giorgi et.al.; Current Pain & Headache Reports; 23 July 2024; Pharmacological Treatment of Fibromyalgia Syndrome: A Practice-Based Review
2. Marks, J.; What is Fibromyalgia? Symptoms, Causes, Diagnosis, Treatment & Prevention; Everydayhealth.com/fibromyalgia/guide; Dec 15 2022

ASX Release

12 August 2024

Positive Phase 2a fibromyalgia results deliver pain reduction in 100% of patients, strengthening IP position and clinical trial strategy

- Phase 2a fibromyalgia trial undertaken with University of Michigan (“UOM”) with results presented at the IASP 2024 World Congress on Pain 9 August 2024 in the Netherlands
- All patients dosed with TRP-8802 (TYP’s oral psilocybin formulation), and administered psychotherapy reported an improvement in fibromyalgia pain severity, sleep, pain interference and at least 3 other endpoints measured one month after dosing
- Fibromyalgia is a condition associated with widespread pain – 1m people in Australiaⁱ and ~10m people in the USⁱⁱ suffer from it and there are currently limited treatment options
- Results highlighted that there was a clinically meaningful reduction in pain, pain interference and fatigue
- Patients also reported a number of other improvements including clinically meaningful improvements in quality-of-life measures such as sleep, physical activity, and the ability to participate in daily social activities
- Clinically meaningful reduction in anxiety and improved cognitive abilities were also reported in 4 out of 5 patients dosed
- In addition, one patient reported during follow-up that their sense of smell had returned following a COVID-19 diagnosis in 2021
- Results highlight the significant potential for psychedelic-assisted therapy as a compelling treatment pathway for fibromyalgia when compared to the inadequacies of incumbent treatments
- Results considerably strengthen Tryp’s IP position and lay a strong foundation for a future trial using TRP-8803 (IV-infused psilocin) – Phase 2 trial planning now underway and expected to commence H1 2025

Irritable Bowel Syndrome (IBS) : Phase 2a clinical trial

Chronic abdominal pain + altered bowel habits

Affects 10-15% worldwide (~790M people)¹; leading cause of work absenteeism²

Associated with fibromyalgia, chronic fatigue, depression & anxiety

More common in those with early life adversity/trauma

Pathophysiology: visceral hypersensitivity

90% of serotonin synthesized in gut; enteric nervous system³

“There is tremendous potential for the treatment of debilitating IBS and other disorders of gut-brain interaction by utilizing the combined administration of psilocybin and psychotherapy. Our clinical study will examine how psilocybin-assisted psychotherapy may alter important brain networks involved in chronic pain and gastrointestinal-specific anxiety in IBS to bolster the neural flexibility in these patients and thereby reduce visceral hypersensitivity”

Erin Mauney, MD, Massachusetts General Hospital

PRODUCT	NO. OF PATIENTS	COLLABORATOR	DESIGN	DATA READ OUT	NEXT STEPS
TRP-8802	Up to 10	 MASSACHUSETTS GENERAL HOSPITAL	Open label with psychotherapy	H2 2024	Dose completion

First patient dosed July 2024; Next steps Dosing Completion

- [1. https://gi.org/topics/irritable-bowel-syndrome](https://gi.org/topics/irritable-bowel-syndrome)
- [2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5010380/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5010380/)
- [3. https://www.nature.com/articles/s41598-022-05756-0](https://www.nature.com/articles/s41598-022-05756-0)

Binge Eating Disorder (BED) : Phase 2a clinical trial



Recurring episodes of eating large quantities of food and feeling unable to stop

25-50% of obese patients who seek weight-loss treatment suffer from problems with Binge Eating¹

No currently approved treatments developed specifically for Binge Eating Disorder

Patients suffering from BED have multiple comorbidities²:

- 94% have lifetime Psychiatric disorders
- 70% Mood disorders
- 59% Depression
- 32% PTSD
- 23% of BED sufferers have attempted suicide

“We are very excited for the potential of TRYP’s treatment. The potential impact on patients’ lives is that it would be life changing for them.”

Jennifer Miller, MD, Professor, University of Florida, Principal Investigator

“These results from a single dose of psilocybin combined with therapy are clinically meaningful and highly promising. The magnitude of changes for most participants in binge eating, anxiety, and depression are dramatic..”

Jessie Dallery, Ph.D. Professor, University of Florida, Lead Psychologist

PRODUCT	NO. OF PATIENTS	COLLABORATOR	DESIGN	DATA READ OUT	NEXT STEPS
TRP-8802	6		Open label with psychotherapy	Data announced Q1 2023	Scientific paper publication

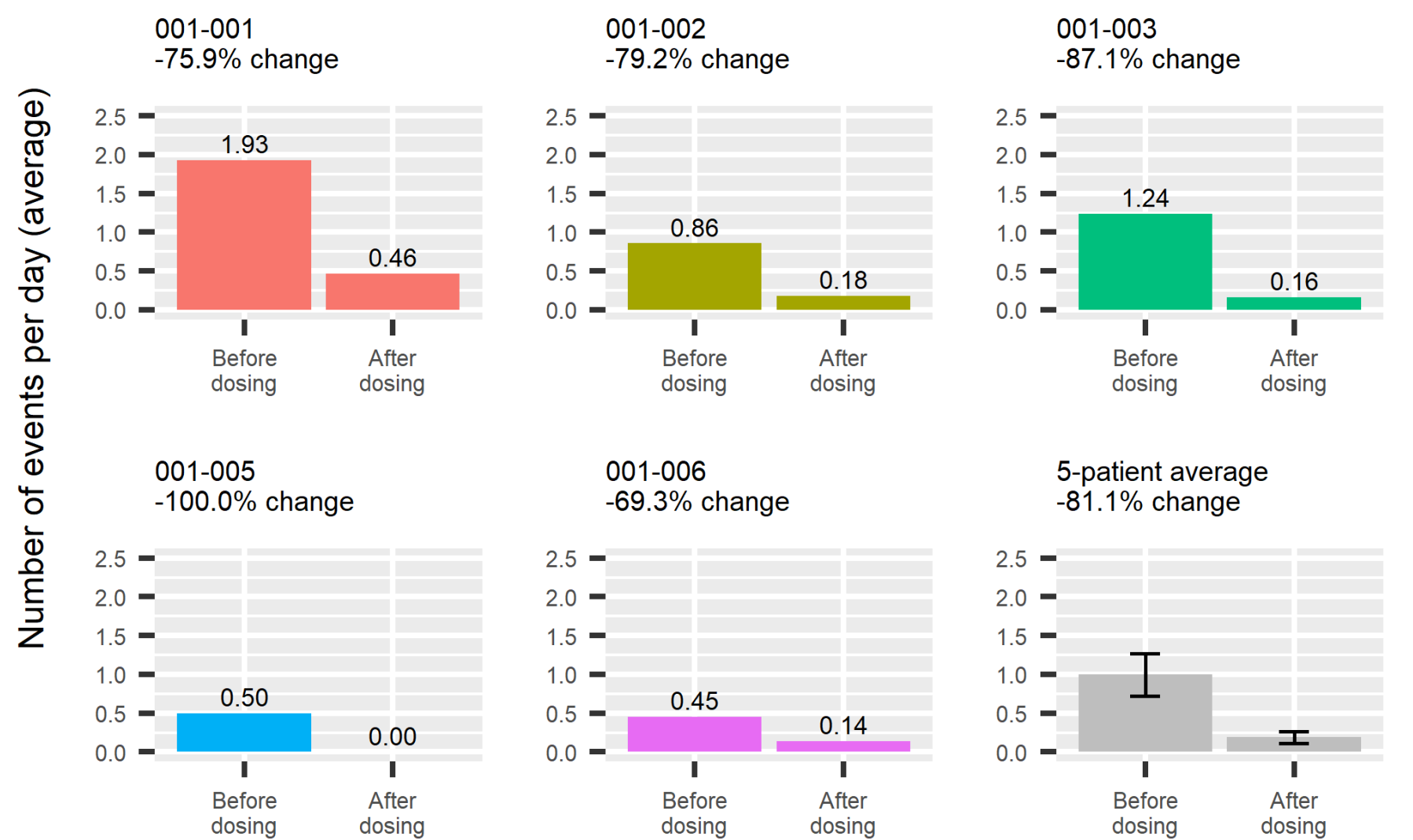
Positive interim data announced in January 2023, including mean reduction >80% for Binge Eating Score confirmed as viable target for future studies using TRP-8803

1. Bruce et.al.; Journal of the ADA, Volume 96, Issue 1, Jan 1996, PP 58-61, Binge Eating Among the Overweight Population: A Serious and Prevalent Problem
 2. Keski-Rahkonen: Current Opinion in Psychiatry 34(6):p 525-531, November 2021. Epidemiology of Binge Eating Disorder: prevalence, course, comorbidity & risk factors

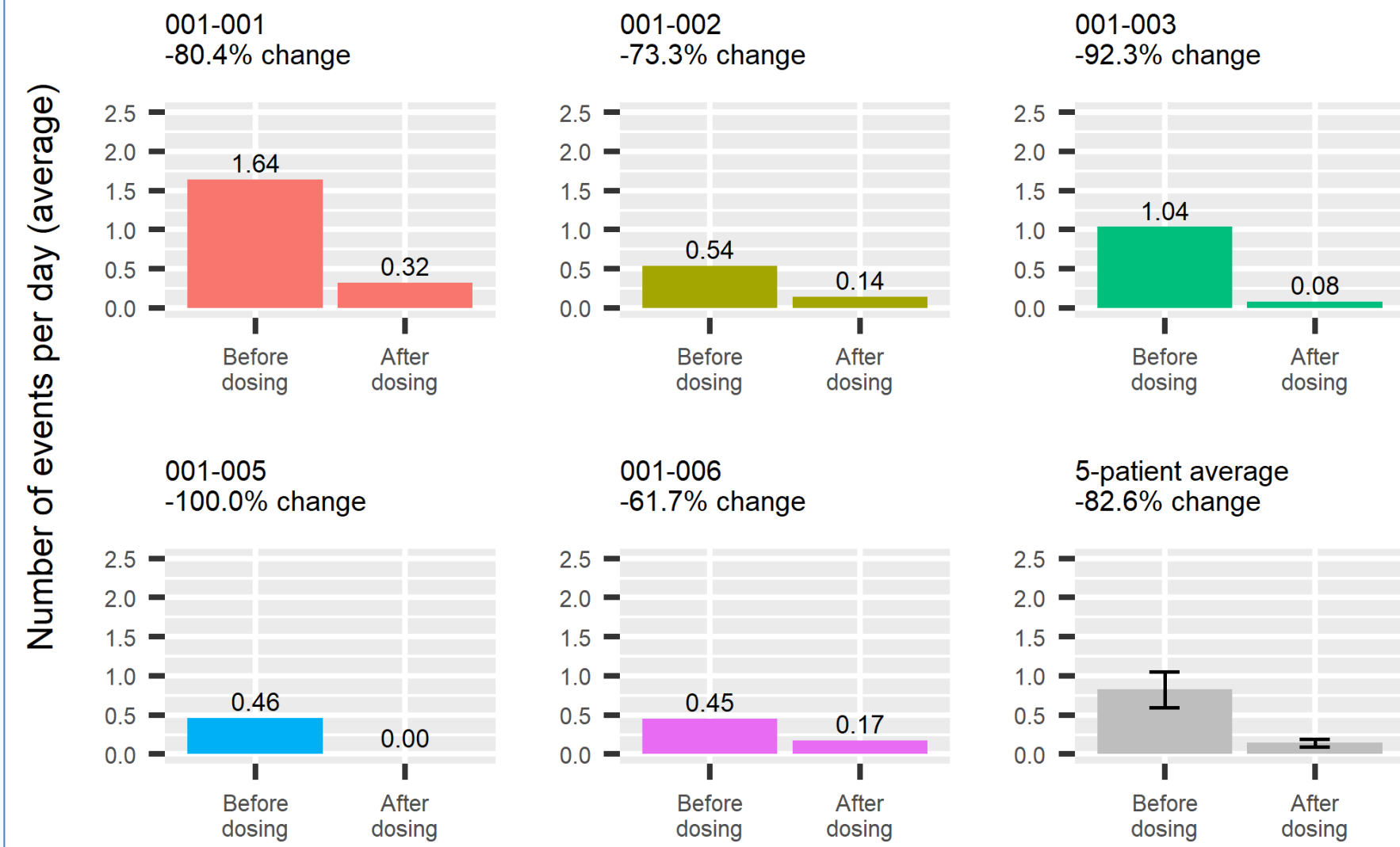
University of Florida Phase 2a Interim Analysis:

Significant reduction in frequency & extent of binge eating (daily, 4 weeks)

Question 1: Over the past 24 hours, how many times have you eaten what other people would regard as an unusually large amount of food (given the circumstances)?

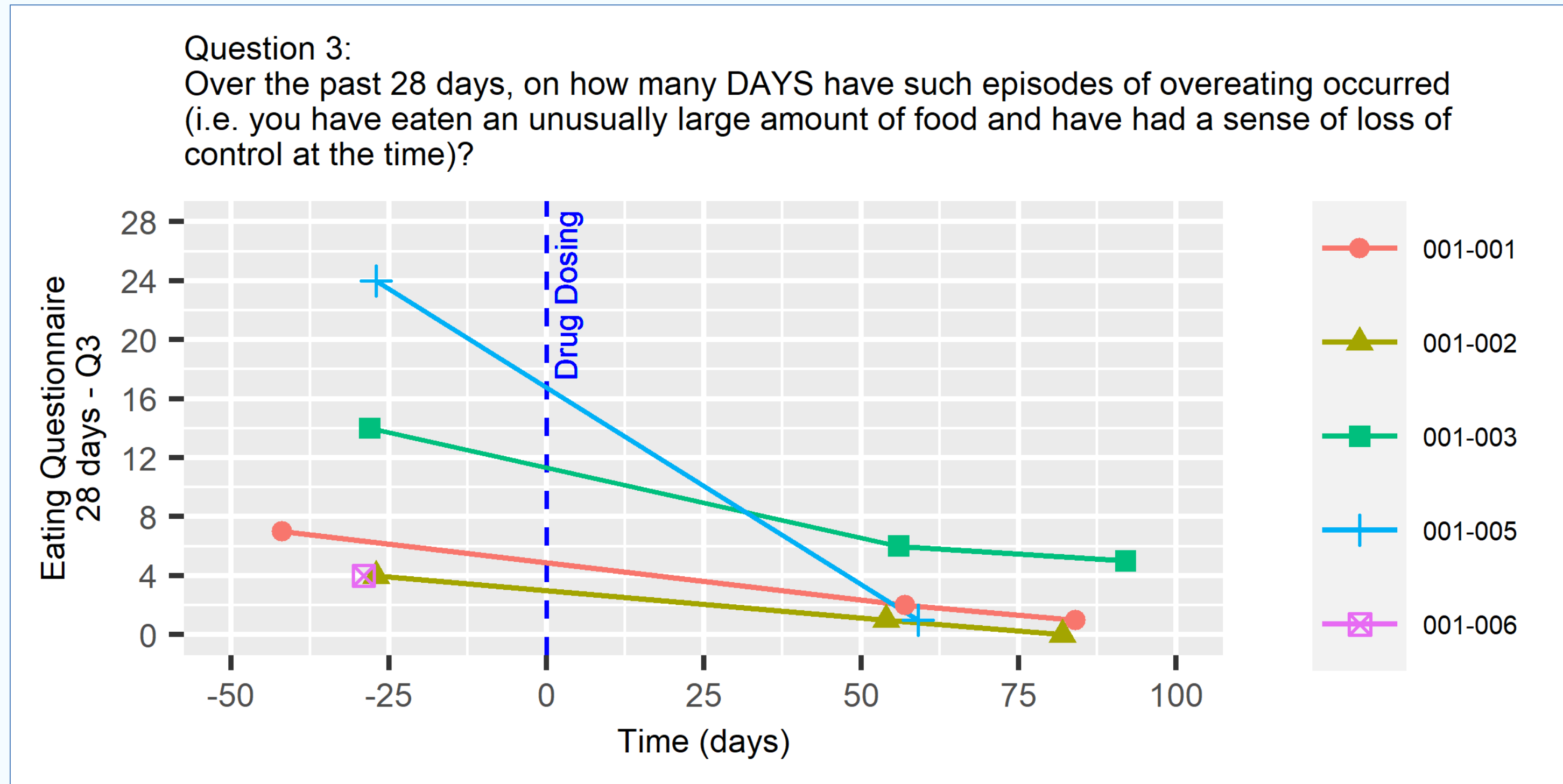


Question 2: On how many of these times did you have a sense of having lost control over your eating (at the time that you were eating)?



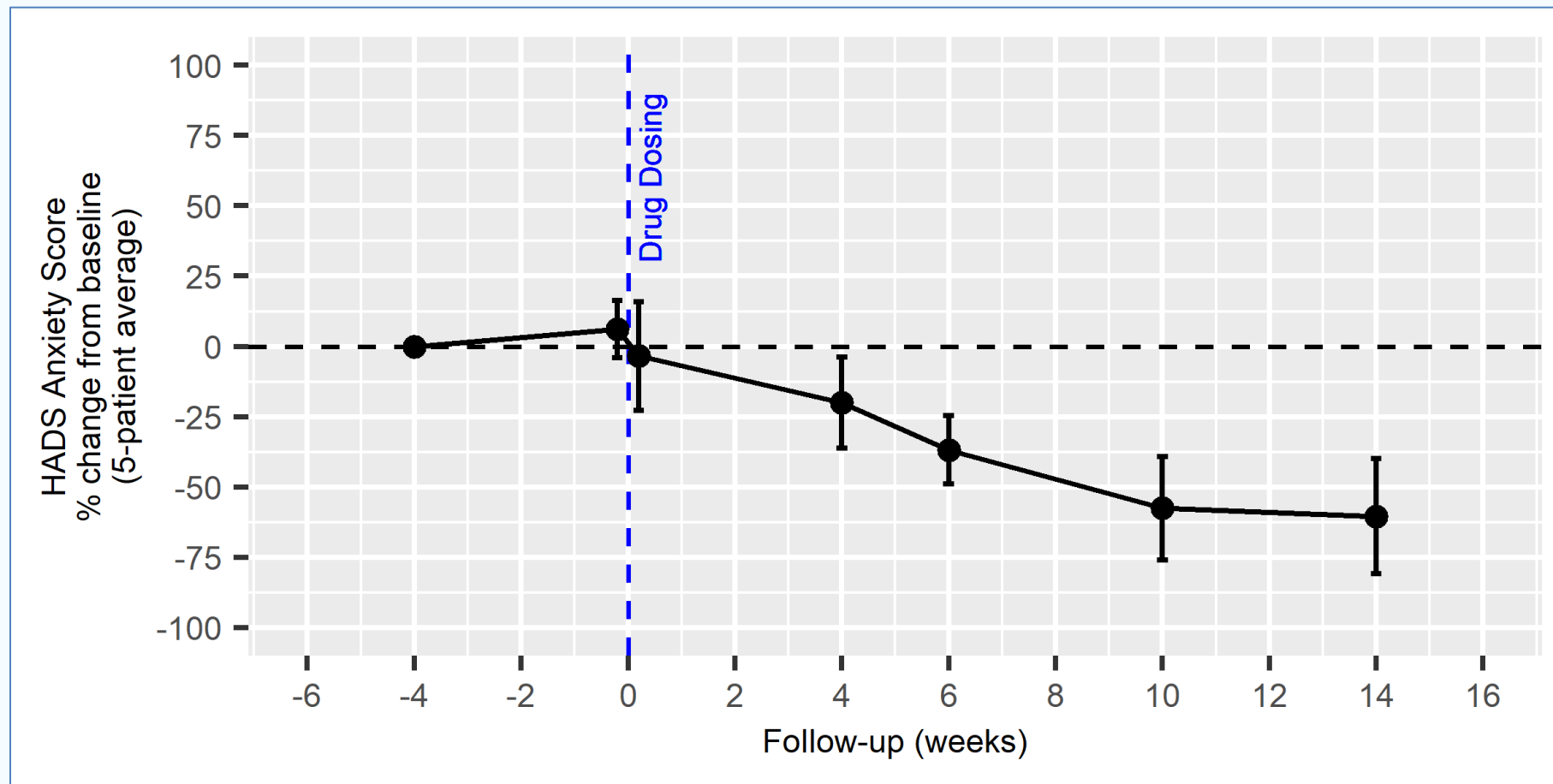
University of Florida Phase 2a Interim Analysis:

Durable effect on binge eating episodes

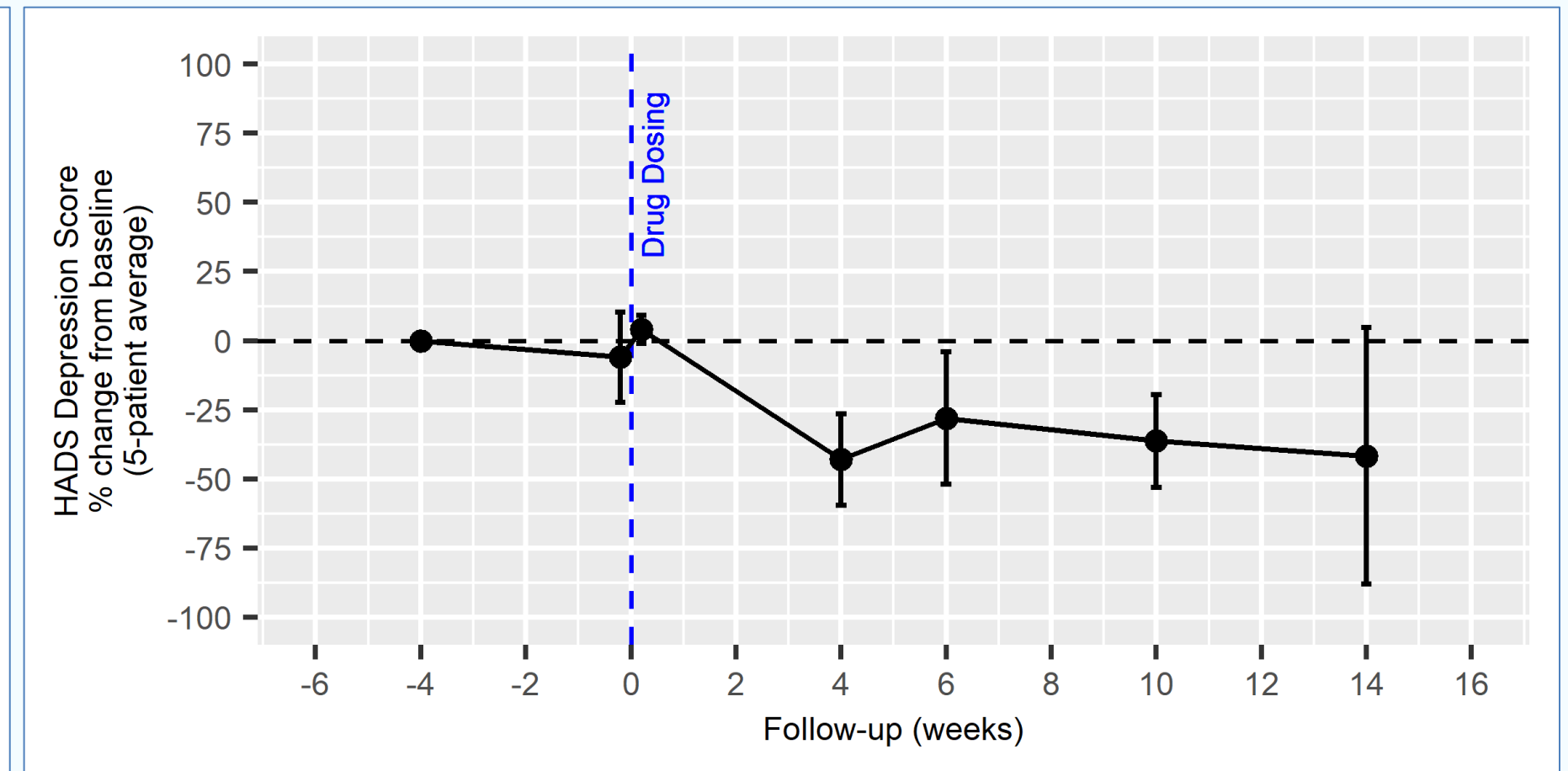


University of Florida Phase 2a Interim Analysis:

Significant fall in Hospital Anxiety & Depression Scores (HADS)



HADS Anxiety Score



HADS Depression Score

Robust Intellectual Property Portfolio

Patent applications and trade secrets based on novel methods for manufacturing, formulation, dosing, and specific disease indications

- Filed a provisional patent in March 2021 (US 63/161,070) covering TRP-8803 (IV-infused Psilocin); converted to PCT filing March 2022; published September 22, 2022
- Provisional patent application covering the use of psilocybin in the treatment of Binge Eating Disorder (BED) filed June 2022
- Provisional patent application for the treatment of fibromyalgia submitted September 2022
- Provisional patent application for salt & co-formers of TRP-8803 filed September 2022
- Provisional patent for IBS filed January 2, 2023

MORRISON
FOERSTER

Allens > Linklaters

Psychedelic Market Landscape

Company	Ticker	Mkt cap (AUD)	Compound	Stage	Indication(s)
AbbVie Inc.	NYSE: ABBV	414Bn	Multiple	Phase 1 / 2 completed	Multiple
Compass Pathways	NASDAQ: CMPS	\$912m	Psilocybin	Phase 3	Treatment resistant depression, PTSD, Anorexia
GH Research	NASDAQ: CMPS	469.7m	5-MeO-DMT	Phase 1/2 completed	Treatment resistant depression
Atai Life Sciences	NASDAQ: ATAI	458m	Psilocybin	Preclinical - Phase 2	Depression, Anxiety, Schizophrenia, Opioid Use Disorder, PTSD
Cybin	NYSE: CYBN	227.2m	Psilocybin, DMT	Preclinical - Phase 2	Depression, Anxiety, Alcohol Use Disorder, Neuroinflammation
Lykos	NASDAQ: MNMD	154.7m	LSD, MDMA	Phase 2	Anxiety, ADHD
Icannex Healthare	ASX: IHL / NASDAQ: IXHL	\$102.6m	Psilocybin & CBD	Phase 1 completed	Anxiety
Little Green Pharma	ASX: LGP	42m	Psilocybin & CBD	Preclinical	Treatment resistant depression
Emyria	ASX: EMD	24.5m	MDMA & CBD	Preclinical	Parkinson's, Fibrotic Disease, pain
Tryptamine Therapeutics	ASX: TYP	22.8m	Psilocin & psilocybin	Phase 2	Eating disorders, Chronic pain (nociplastic)

Market data at 22 January 2024
 *USD/AUD exchange rate of 1.52

Investment highlights

A Precision Approach to Psychedelic Medicine

- IV-Infused Psilocin overcomes critical challenges of oral psilocybin dosing, providing significant competitive advantages
- Transformative and commercially scalable intellectual property (IV-Infused Psilocin)
- Potential beneficiary of recent positive changes to TGA regulation in Australia
- Multiple near-term value-creating catalysts
- First mover advantage and IP protection for each indication being targeted
- Clinical trials ongoing, with positive efficacy data already announced
- Partnered with multiple leading academic institutions for Phase 2 trials
- 43.5% R&D credit for qualifying clinical trials in Australia
- Experienced management team with proven biotech and drug approval success
- World-class Scientific Advisory Board

Contact

Jason Carroll
Chief Executive Officer
jcarroll@trypttherapeutics.com

Henry Jordan
Six Degrees Investor Relations
henry.jordan@sdir.com.au

Website:
www.trypttherapeutics.com

Socials:
X (Twitter) [@trypttherapeutic](https://twitter.com/trypttherapeutic)

