

October 2025

Corporate Presentation



Pioneering the Science of Lipid Signaling Modulation to Develop Novel Therapeutics

# Forward Looking Statements



Artelo Biosciences, Inc. (the "Company") cautions you that statements contained in this presentation regarding matters that are not historical facts are forward-looking statements. These statements are based on the Company's current beliefs and expectations. Such forward-looking statements include, but are not limited to, statements regarding: those relating to the Company's product development, clinical and regulatory timelines, market opportunity, competitive position, possible or assumed future results of operations, business strategies, ESG performance, potential growth opportunities and other statements that are predictive in nature. These forward-looking statements are based on current expectations, estimates, forecasts and projections about the industry and markets in which we operate and management's current beliefs and assumptions. The inclusion of forward-looking statements should not be regarded as a representation by the Company that any of its plans will be achieved. Actual results may differ from those set forth in this presentation due to the risks and uncertainties inherent in the Company's business, including, without limitation: potential delays in the commencement, enrollment and completion of clinical trials; disruption to the Company's operations, including clinical trial delays; the success of any of the Company's clinical trials and preclinical studies for its product candidates; regulatory developments in the United States and foreign countries; unexpected adverse side effects or inadequate efficacy of our product candidates that may limit their development, regulatory approval and/or future commercialization; the Company's ability to obtain and maintain intellectual property protection for its product candidates; the Company may use its capital resources sooner than it expects; and other risks described in the Company's prior communications and the Company's filings with the Securities and Exchange Commission (the "SEC"). You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof, and the Company undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date hereof. All forward-looking statements are qualified in their entirety by this cautionary statement, which is made under the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. This presentation includes statistical and other industry and market data that we obtained from industry publications and research, surveys and studies conducted by third parties as well as our own estimates of potential market opportunities. Industry publications and third-party research, surveys and studies generally indicate that their information has been obtained from sources believed to be reliable, although they do not guarantee the accuracy or completeness of such information. Our estimates of the potential market opportunities for our products include several key assumptions based on our industry knowledge, industry publications, third-party research and other surveys, which may be based on a small sample size and may fail to accurately reflect market opportunities. While we believe that our internal assumptions are reliable, such assumptions have not been verified by any third party. The industry in which we operate is subject to a high degree of uncertainty and risk due to a variety of important factors that could cause results to differ materially from those expressed in the estimates made by third parties and by us. Trademarks in this presentation are the property of their respective owners and used for informational and education purposes only. Pipeline programs are under investigation and have not been proven to be safe or effective. There is no guarantee any product will be approved or meet any developmental milestones indicated above.

The Company's SEC filings are available at artelobio.com

# **Corporate Highlights**



Artelo Biosciences is a clinical-stage biopharmaceutical company advancing a broad platform of lipid signaling modulation drug candidates to treat pain, cancer, anxiety, depression, and other conditions











NOVEL SCIENCE PORTFOLIO

NEAR-TERM CATALYSTS

BILLION DOLLAR MARKETS

ROBUST PATENT ESTATE

PROVEN LEADERSHIP

# Lipid Signaling Modulation Pipeline



DEVELOPMENT PROGRAM PRECLINICA	L Phase 1	Phase 2	Phase 3	ORIGINAL DEVELOPER
ART27.13 Dual Cannabinoid Recep	otor Agonist			
Cancer-Related Anorexia (Weight Loss)				AstraZeneca
Cancer-Related Cachexia (Muscle Wasting)				/ ISTIGECTICCO
ART26.12 FABP5 Inhibitor				
Chemotherapy-Induced Peripheral Neuropathy				
Various Cancers (Including Breast & Prostate)				Stony Brook University
Generalized Anxiety Disorder				University
Psoriasis				
ART12.11 CBD:TMP Cocrystal				
Anxiety / Depression				Artelo

FABP5=Fatty Acid Binding Protein 5; CBD=Cannabidiol; TMP=Tetramethylpyrazine

# Near-term Clinical Catalysts



Multiple value-driving milestones expected over the next 12-18 months

2025			2026		
Phase 1 (single-dose)	Phase 1 (food effect)	Phase 2 (interim CAReS)	Phase 1 (multi-dose)	Phase 1	
ART26.12 Painful Neuropathies	ART26.12 Painful Neuropathies	ART27.13 Cancer-Anorexia/Weight Loss	ART26.12 Painful Neuropathies	ART12.11 Anxiety/Depression	



Announced June 30, 2025



Announced August 25, 2025



Announced September 3, 2025



# **ART27.13**

**Dual Cannabinoid Receptor Agonist for Cancer-Related Anorexia and Cachexia** 

# ART27.13 Addressing a Significant Need



Target Indication: Cancer Anorexia Cachexia Syndrome (CACS)

**CACS** is marked by a loss of appetite and weight loss, along with a reduction in muscle mass and fatty tissues affecting up to 80% of advanced cancer patients\* with no FDA-approved treatment

When you pull a pair of trousers up and they just fall right back down again, it sort of hits home how quickly the weight dropped off. That was scary.



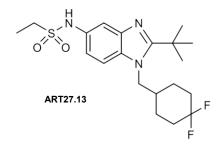
Participant in Phase 1 Artelo-sponsored study

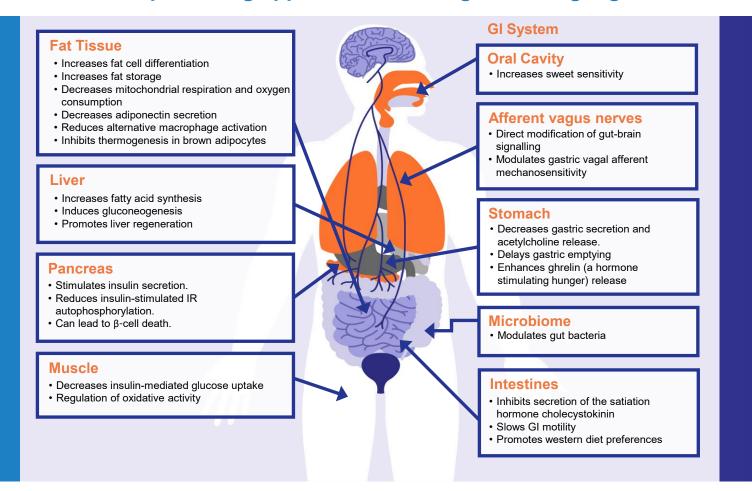
# ART27.13 Dual Cannabinoid Receptor Agonist



# The many effects of peripheral CB₁ activation in promoting appetite, food storage and weight gain

- Synthetic, dual CB<sub>1</sub>/CB<sub>2</sub> full agonist
- Oral dosing once daily
- Peripherally selective to avoid CNS side effects
- Leverages a well-established appetite pathway
- Dose-dependent increase in body weight evidenced in 3 clinical studies
- New chemical entity, a benzimidazole derivative, originally developed by AstraZeneca

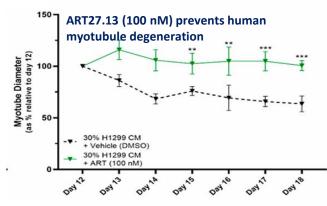


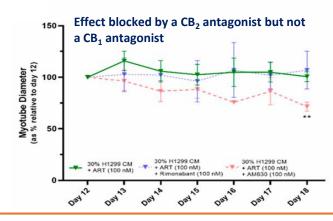


# ART27.13 Pre-clinical and Phase 1 Clinical Evidence



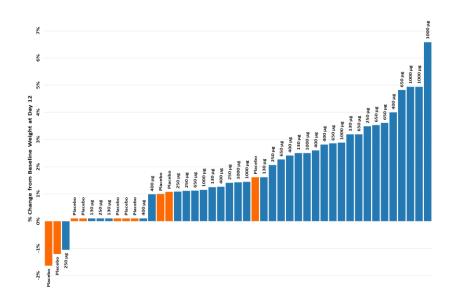
CB<sub>2</sub> agonist effects of ART27.13 prevented tumor induced cachexia muscle degeneration *in-vitro* 





Data from pre-clinical studies conducted by R. Porter at Trinity Biomedical Institute

Noone J, Rooney MF, Karavyraki M, Yates A, O'Sullivan SE, Porter RK. *Pharmaceuticals*. 2023; 16(11):1580 Dose responsive weight increases observed at Day 15 in healthy volunteer study with ART27.13

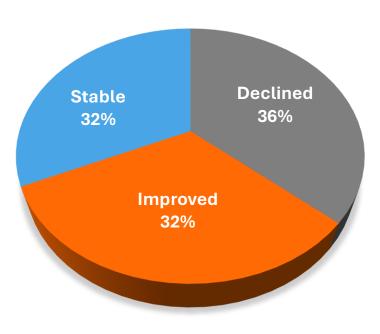


Observed weight gain ART27.13 versus placebo (P=0.0001)

Data from a Phase 1 healthy volunteer study conducted by AstraZeneca

Source: Multiple Ascending Dose Phase 1 Study, AstraZeneca, adMare. Data on file.

In CAReS Phase 1, 14/22 (64%) of patients had weight stabilization or weight gain observed at day 28



CAReS = Cancer Appetite Recovery Study

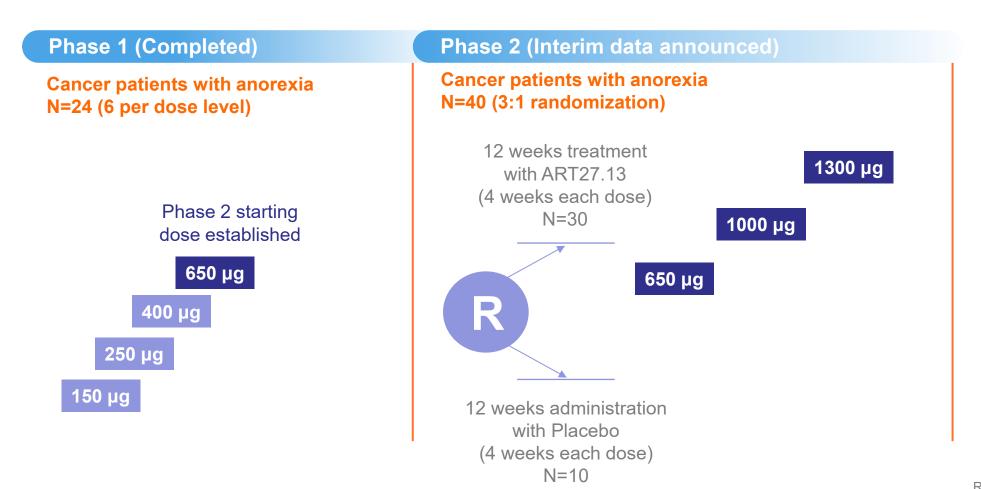
Data from the CAReS Phase 1 study in cancer patients sponsored by Artelo

Data presented by Professor Barry J. A. Laird, at the 17th International Conference on Sarcopenia, Cachexia, & Wasting Disorders, December 6-8, 2024

# ART27.13 The CAReS Trial



Establishing safety, optimal dose, and proof-of-concept in cancer patients with anorexia





### **Evaluating**

- Lean body mass
- Weight gain
- Activity
- Anorexia
- QOL
- Safety

R = Randomization; QOL = Quality of Life

# CAReS Phase 1/2 Safety



**Phase 1**: 27 patients received at least one dose of ART27.13. No events considered as dose limiting toxicities and no fatal AEs related to trial treatment.

The most common (> 1 patient) AEs related to trial drug were somnolence (11%) and dry mouth (11%).

	150 µg	<b>250</b> μg	<b>400</b> μg	650 μg
Somnolence	0	1	1	1
Dysaesthesia	0	2	0	0
Disturbance in attention	0	1	0	0
Memory Impairment	0	0	1	0
Dry mouth	0	0	2	1
Diarrhea	0	1	0	0
Dyspepsia	0	1	0	0
Fatigue	0	0	0	1
Overdose	0	1	0	0

**Phase 2**: At interim analysis, 25 patients had received at least one dose of ART27.13. Seven (32%) had AEs considered related to study drug compared to 8 (30%) in Phase 1.

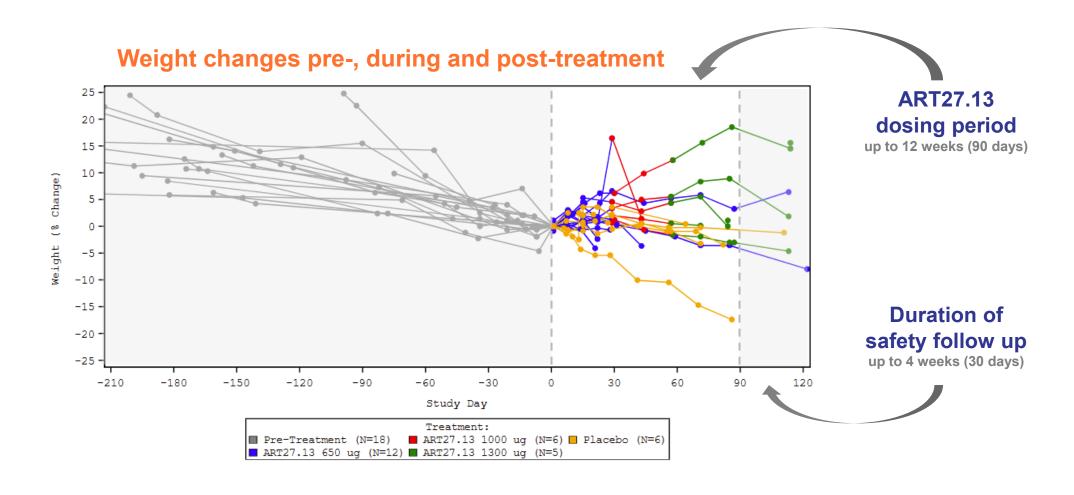
- There were no SAEs and no fatal AEs related to trial treatment
- 4 patients discontinued study drug due to AEs compared to 8 in Phase 1
- The most common (> 2 patients) AEs related to trial drug were vomiting (12%) and dry mouth (12%)
- The safety profile observed in Phase 2 is very similar to that observed in Phase 1, despite doses of up to 1300 µg being administered
- ART27.13 is well-tolerated with an acceptable safety profile

All data collected over and up to 12-week dosing period

# ART27.13 CAReS Phase 2 Results



CAReS inclusion criteria required a documented ≥5% weight loss during the prior 6 months

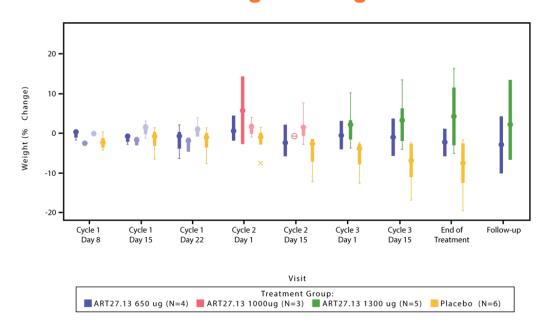


# ART27.13 CAReS Phase 2 Results



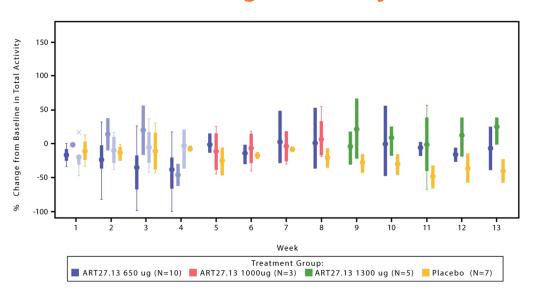
Efficacy versus placebo in lean body mass, weight gain, activity, and well-tolerated up to 1300 µg per day

### **Change in Weight**



At end of treatment there was an average 6% increase in weight in patients who escalated to 1300 ug and a 5% decrease in patients who received placebo

### **Change in Activity**



Activity data captured by *MotionWatch* showed an increase in total activity for patients on active treatment compared to those on placebo



# ART26.12 Fatty Acid Binding Protein 5 (FABP5) Inhibitor

# **FABP Inhibitor Platform**



Fatty Acid Binding Proteins are a validated target with potential in multiple therapeutic areas. Artelo has a worldwide exclusive license from Stony Brook University, NY for multiple generations of FABP inhibitors.

# **Anxiety Disorders**

- Generalized Anxiety Disorder
- Depression
- PTSD

# Cancer

- Prostate cancer
- Breast cancer
- Colon cancer
- Various other cancers

# Pain and Inflammation

- Osteoarthritis
- Chemotherapy Induced Peripheral Neuropathy (CIPN)
- Diabetic neuropathy
- Cancer bone pain

# **Dermatology**

Psoriasis

# ART26.12 Our Lead FABP5 Inhibitor



Target Indication: Chemotherapy-Induced Peripheral Neuropathy (CIPN)

CIPN affects up to 40% of all treated cancer patients\* and is marked by extreme nerve pain causing delays, disruption or discontinuation of essential cancer treatment with no currently available FDA approved therapy

Fatty Acid Binding Protein 5
(FABP5) Inhibitor offers potential
as a first-in-class, non-opioid, nonpsychoactive approach to pain and
inflammation



# ART26.12 Strong Pre-Clinical Evidence from Multiple Studies



Evidence from five animal studies in peripheral neuropathy with ART26.12 supports Artelo's development strategy for the FABP5 inhibitor as a potential preventative therapeutic for CIPN

ART26.12 administered as a prophylactic dose of 25 mg/kg orally twice daily in multiple CIPN animal studies

- Significantly reversed cold allodynia
   latencies in oxaliplatin induced CIPN by day 15<sup>1</sup>
- Reduced mechanical and cold allodynia associated with paclitaxel induced CIPN by day 15<sup>2</sup>

**Oxaliplatin CIPN Coldplate** 

Values are presented as mean  $\pm$  s.e.m. (n=9-11). Study was performed in male Sprague Dawley Rats.

Vehicle n=9

ART26.12 (10mg/kg) n=10

ART26.12 (25mg/kg) n=10

Baseline

Day 5/6

Day 15

<sup>&</sup>lt;sup>1</sup> https://www.jpain.org/article/S1526-5900(24)00345-6/fulltext

<sup>&</sup>lt;sup>2</sup> The Effects of the FABP5 Inhibitor ART26.12 in Paclitaxel-Induced Neuropathy S.E. O'Sullivan, A. Pereira, M. Kaczocha, I. Ojima and A. Yates presented at International Cannabinoid Research Society annual meeting 2023

# ART26.12 Phase 1 Study Results

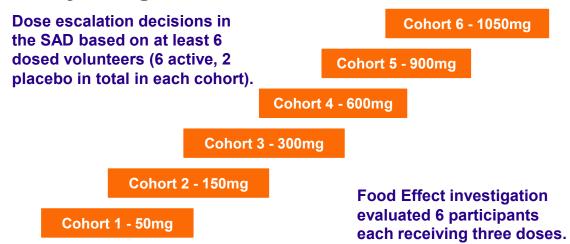


The Phase 1 Single Ascending Dose (SAD) & Food Effect (FE) study was designed to assess the safety, tolerability, and pharmacokinetics of ART26.12 in healthy volunteers. The SAD/FE study enrolled 55 subjects.

# Clinical data from completed SAD and preliminary Food Effect study demonstrated:

- Excellent Safety Profile: All adverse events (AEs)
  were mild, transient, and self-resolving and believed
  by medical staff not related to study drug
- Predictable Pharmacokinetics: Plasma analysis confirmed dose-dependent linear absorption
- Therapeutic Window: A wide safety margin was observed between estimated therapeutic plasma concentrations and the highest exposure levels achieved.
- Potential for fed or fasted dosing

### **Study Design**



### **SAD Study Endpoints**

- To evaluate the safety and tolerability of QD ascending oral doses of ART26.12 versus placebo in fasted healthy adult volunteers
  - ART26.12 safety profile understood on single dosing
  - DLT defined on single dosing
- To evaluate the PK and PD profile of oral doses of ART26.12
  - Plasma and urine PK
  - · Lipidomic and proteomic biomarkers



# ART12.11 CBD:TMP Cocrystal

Artelo

Target indication: Anxiety/Depression

**Anxiety and depression** affects about 20% of adults in the US\* and is often characterized by feelings of sadness, hopelessness, worry, or dread

Proprietary CBD:TMP Cocrystal is a combination drug candidate with improved physical properties, pharmacokinetics, and pharmacology

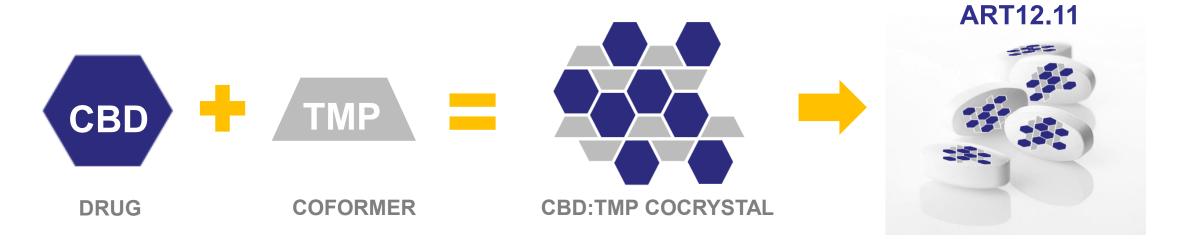


CBD=cannabidiol; TMP=tetramethylpyrazine

# **ART12.11 Multiple Competitive Advantages**



CBD:TMP cocrystal solved inherent challenges with CBD in accordance with FDA Guidance



# Physical Properties

Developed as an oral solid with improved melting point, solubility, and dissolution compared to CBD alone

## **Pharmacokinetics**

Delivers higher plasma levels of CBD and its major metabolite CBD-7COOH compared to CBD alone and less impact of food effect than CBD alone

## **Pharmacodynamics**

Strong anxiolytic, antidepressive, and pro-social effects while protecting spatial and short-term memory

### **Patent Estate**

Composition of Matter & Methods of Use issued in US through December 2038 and National Phase approvals ongoing worldwide

# ART12.11 Promising Anxiety and Depression Data



Superior preclinical efficacy observed in stress-induced anxiety model compared to CBD-alone

Clinical Behavior	Behavioral Test	ART12.11 (3.5 mg/kg CBD + 1.5 mg/kg TMP orally dosed)	CBD-alone (10 mg/kg orally dosed)	
	Elevated plus maze			
Anxiety	Light-dark chamber	Anxiolytic	No effect	✓ Positive Effect
	Open field test	<b>*</b>		X No Effect
Depression	Sucrose preference	/ Anti-depressive	No effect	
	Forced swim test	(reversed stress effect)	TWO CHOOL	Negative Effect
Sociability	Social motivation	/ Pro-social	No effect	
	Social discrimination	(reversed stress effect)	No ellect	
Cognition	Novel-object recognition	Protected memory (reversed stress effect)	✓ No effect or impaired	
	Spontaneous alternation	(reversed stress effect)	spatial memory	

Data presented at Society for Neuroscience (SfN) 2023 and available on Artelo's website (artelobio.com).

# MANAGEMENT

# Leadership

### Proven track record of value creation for shareholders



**Gregory Gorgas** President & CEO, Director Biogen IDEC, Chiron, Cetus, Upjohn, MAST



Mark Spring, CPA **Chief Financial Officer** LENZ, Hyperion, Prometheus, Caremark, Baxter



Steven D. Reich, MD **Chief Medical Officer** Pfizer, Ligand, Biogen, **PAREXEL** 



**Andrew Yates, PhD Chief Scientific Officer** UK Pharmacist. AstraZeneca. **Bristol Myers** 



Saoirse O'Sullivan, PhD VP, Translational Science Prof., University of Nottingham, UK



Connie Matsui Chair of the Board Wells Fargo, Biogen IDEC, Sutro Biopharma, Halozyme



**Steven Kelly Compensation Committee Chair** Carisma, Theracrine, Amgen, IDEC, Sanofi



DIRECTORS

P O

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Iwoa Ojima, PhD Distinguished Professor, Chemistry, and Director, Institute of Chemical Biology and Drug Discovery, Stony Brook University, New York, US



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Richard K. Porter, PhD Associate Professor, Biochemistry & Immunology, Trinity Biomedical Sciences Institute, Trinity College Dublin, Ireland

# Company Capitalization



Capitalization (as of 9/16/2025)	
Common Shares Outstanding	1,555,493
Shares issuable upon conversion of convertible notes	123,256
Warrants (WAEP \$6.04)	747,086
Options (WAEP \$11.03)	227,842
Over-allotment remaining from September 2025 public offering	44,358
Total	2,698,035
Cash, Cash Equivalents, and Marketable Securities (as of 6/30/2025):	\$2.1M
Convertible Debt (as of 6/30/2025; maturity 10/28/2025):	\$0.9M
Fully diluted ownership of Officers/Directors (as of 9/16/2025):	6%
WAEP = Weighted Average Exercise Price	

# **Artelo Investment Opportunity Summary**





# NOVEL SCIENCE PORTFOLIO

- ART27.13
   Benzimidazole derivative in Phase 2
- ART26.12 FABP5 inhibitor in Phase 1
- ART12.11 CBD:TMP cocrystal in late preclinical



# NEAR-TERM MILESTONES

- 1H25 ART26.12 SAD/FE (single ascending dose & food effect)
- 2H25 ART27.13 Interim
   Phase 2 CAReS Data
- 1H26 ART26.12 MAD (multiple ascending dose)
- 2H26 ART12.11 Phase 1



# BILLION DOLLAR MARKETS

- CIPN **\$2B**
- Cancer anorexia \$3B+
- Prostate cancer \$13B
- Breast cancer \$33B
- Psoriasis \$31B
- Anxiety \$13B
- PTSD **\$13B**



# ROBUST PATENT ESTATE

38 patents issued

51 patents pending (includes owned, licensed, and partnered)

Composition
of matter and broad
method claims ensure
strong prospects for
meaningful worldwide
market exclusivity



### PROVEN LEADERSHIP

Experienced team of biopharmaceutical executives, drug developers, and top tier researchers

Proven track records in developing and commercializing high-impact federally regulated therapeutics

