Forward-Looking Statements

This presentation contains certain forward-looking statements, including those relating to the Company’s product development, clinical studies, clinical and regulatory timelines, market opportunity, competitive position, possible or assumed future results of operations, business strategies, potential growth opportunities and other statements that are predictive in nature. The Company has made every reasonable effort to ensure the information and assumptions on which these statements are based are current, reasonable and complete. However, a variety of factors, many of which are beyond the Company’s control, affect the Company’s operations, performance, business strategy and results and there can be no assurances that the Company’s actual results will not differ materially from those indicated herein. Additional written and oral forward-looking statements may be made by the Company from time to time in filings with the Securities and Exchange Commission (SEC) or otherwise. The Private Securities Litigation Reform Act of 1995 provides a safe-harbor for forward-looking statements. These statements may be identified by the use of forward-looking expressions, including, but not limited to, “expect,” “anticipate,” “intend,” “plan,” “believe,” “estimate,” “potential,” “predict,” “project,” “should,” “would” and similar expressions and the negatives of those terms. These statements relate to future events or our financial performance and involve known and unknown risks, uncertainties, and other factors which may cause actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. Such factors include those set forth in the Company’s filings with the SEC. Prospective investors are cautioned not to place undue reliance on such forward-looking statements, which speak only as of the date of this presentation. The Company undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events or otherwise.
Developing Breakthrough Solutions for GI Endoscopy

FDA-Cleared Flagship Product, Pure-Vu® System, Enables Rapid Bowel Cleansing During Colonoscopy Procedures

• Targeting multi-billion dollar market opportunity
• Leveraging existing hospital reimbursement (DRG)
• Developing key clinical and health economic data to potentially create new standard of care
Targeting Multi-Billion Dollar Inpatient Market Opportunity

US Inpatient Market

~1.5M\(^1\)
Colonoscopy procedures/year

Worldwide Inpatient Market

~3.8M\(^1\)
Colonoscopy procedures/year

- Episode of care covered under DRG bundled payment
- Pure-Vu\(^\text{®}\) may drive significant cost avoidance and ROI

Bowel Prep and Procedure Take Place in ER, ICU or Hospital Ward
Key indications: lower GI bleeds, severe anemia, unknown abdominal pain

\(^1\): HRA Healthcare Research & Analytics - Market Research, May 2015
Pure-Vu® Overview

- Integrates easily with current scopes and physician workflow
- Highly effective pulsed vortex irrigation to break up colon content
- Efficient evacuation with anti-clogging Auto Purge technology
- Strong intellectual property

The Pure-Vu® system is indicated for use in "poorly prepped" colons
Clinical Results Indicate Outstanding Cleaning Performance

Reduced Prep: ~18 Hour Full Liquid Diet and Dulcolax®

% of Subjects Adequately Prepped According to BBPS Standard

- Pure-Vu® Multicenter Study 1 (N=48)
  - Pre PV: 31.0%
  - Post PV: 98.0%

- Pure-Vu® Multicenter Study 2 (N=46)
  - Pre PV: 19.0%
  - Post PV: 100.0%

Boston Bowel Preparation Scale (BBPS) Score Pre and Post Pure-Vu®

<table>
<thead>
<tr>
<th>Pure-Vu® Study</th>
<th>Pre PV</th>
<th>Post PV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multicenter Study 1 (N=48)</td>
<td>5.0 ± 1.52</td>
<td>8.8 ± 1.14</td>
</tr>
<tr>
<td>Multicenter Study 2 (N=46)</td>
<td>2.8 ± 2.28</td>
<td>8.5 ± 0.84</td>
</tr>
</tbody>
</table>

BBPS is a scale of 0 (dirty) to 9 (pristinely clean)
Inpatient Colonoscopy Procedures

3.8M Worldwide Patients Annually\(^1\)

- Lower GI Bleeds
- Severe Anemia
- Unknown Abdominal Pain

Bowel Prep and Procedure Take Place in Hospital

Fixed bundled payments cover entire episode of care based on DRG reimbursement

ER, ICU and Hospital Ward

Successful Exam and Patient Discharged

Bowel Prep Challenges Represent Significant Burden

Insufficient bowel prep leads to frequent delays, procedure failures and increased costs

- ~2 days longer length of stay\(^1\)
- ~$8,000 increases in hospital cost\(^1\)

Inpatient Colonoscopy

- 24 Hour Bowel Prep
- 55% Insufficiently Prepped\(^1\)
- Repeat Bowel Prep
- Repeat Procedures

Occupied Bed Not Available for New Patients

Potential to Reduce Direct Costs for Inpatient Colonoscopy

**Enabling Rapid and Predictable Colonoscopy**

Pure-Vu® has the potential to:
- Reduce time to successful bowel prep
- Eliminate repeat procedures
- Improve quality of exam and diagnosis
- Reduce the length of stay and direct costs

Potential to become new standard of care

Accelerated Bed Turn-over for New Patients
REDUCE Study – Targeted Completion in Q4 2018

Currently Enrolling Patients

100 Patient, single-arm, multi-center, prospective study

- **Primary Endpoint:**
  - BBPS index - improved bowel cleansing

- **Key Health Economic Endpoint:**
  - Time to successful exam vs. current standard

- **Enables First Time Procedure Success**

- **Inpatient Colonoscopy**
  - 24 Hour Bowel Prep
  - Insufficiently Prepped
  - Repeat Bowel Prep
  - Repeat Procedures

- **Accelerated Bed Turn-over for New Patients**

1: Keswani R., Dig Dis Sci, 2015; 60:3482–3490
EXPEDITE Study – Expected to Initiate 2\textsuperscript{nd} Half 2018

Feasibility study to accelerate time to procedure

Key Study Objectives:
- BBPS index - improved bowel cleansing
- % of successful colonoscopy with minimal preparation
- Improve diagnostic yield

1: Keswani R., Dig Dis Sci, 2015; 60:3482–3490
Driving Cost Savings to Support Value Based Pricing

- Potential direct hospital cost savings based on shortened length of stay*
  - ~$2,000 per patient in US\(^1\)
  - ~$1,000 per patient in key OUS markets\(^2\)

- Prospective value based pricing
  - Disposable ASP: $750-$1,000
  - Workstation ASP: $40K-$80K

- Potential direct hospital cost savings in Key OUS Markets
  \(~$5.3\) Billion\(^{1,2}\)

- Potential direct hospital cost savings in US
  \(~$3\) Billion\(^1\)

* Doesn’t include benefits of accelerated bed turnover, improved diagnostic yields or eliminated repeat prep and procedures
* Potential one day reduction in hospital stay per patient

\(^1\) KFF, Hospital Adjusted Expenses per Inpatient Day, 2015; incorporates company's current estimate
\(^2\) Department of Health and Children, Value for Money and Policy Review of the Economic Cost and Charges associated with Private and Semi-Private Treatment Services in Public Hospitals; incorporates company's current estimate
Objective: Accelerate Adoption with Market Development Programs

Prelaunch Clinical Trials and Evaluations
- REDUCE study
- Market development accounts
- EXPEDITE study
- Inpatient registry

• Establish physician champions within institutions
• Optimize training and in-service programs

Hospitals can use their Pure-Vu® experience to support VAC process

Value Assessment Committee Approval and Purchase
Inpatient Expansion Opportunity

Inpatient: Upper GI Bleed Endoscopy

Value:
- Remove clots and debris to provide clear field of view
- Leverage existing hospital call points, doctors and sales force

Potential Product Launch in 2020

Market Opportunity

1M
Worldwide Procedures Annually

1: El-Tawil AM, World J Gastroenterol, 2012 Mar 21;18(11):1154-8; incorporates company’s current estimate
2: New upper GI disposable product launch
Outpatient Expansion Opportunity

Outpatient: High Medical Need/Difficult to Prep Colonoscopy

Value:
- ~23% of patients present with an inadequately prepped colon\(^1\)
- Eliminate repeat procedures, improves diagnosis
- Leverage existing product and hospital call points

Market Opportunity

\(5.7M\)^2 worldwide procedures annually

Potential to expand into this population in 2021

Cost Minimization Analysis of High-Risk CRC Patients Found that Pure-Vu® System has the Potential to:\(^3\)
- Reduce CRC incidence by an estimated 36% by improving the quality of the exam
- Minimize overall per-patient costs by up to $3,400 for private payer patients and up to $1,600 for Medicare patients
- Reduce direct costs of repeated procedures due to inadequate prep by approximately 77-82%

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2: Hassan C. et. al., Clinical Gastroenterology and Hepatology, 2012;10:501-506
3: Gralnek, I., *The Pure-Vu Colon Cleansing System Reduces Lifetime Costs and Incidence of Colorectal Cancer (CRC) – A Cost Minimization Analysis*; DDW Week® 2018
Opportunity to Become Standard of Care in Key Endoscopy Segments

<table>
<thead>
<tr>
<th>Year</th>
<th>Market Development</th>
<th>Commercial Introduction</th>
<th>Commercial Growth</th>
<th>Commercial Expansion</th>
</tr>
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<tbody>
<tr>
<td>2018</td>
<td>• Driving clinical / health economic data</td>
<td>• Inpatient - full market launch</td>
<td>• Global expansion</td>
<td>• Become standard of care for inpatient market</td>
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<tr>
<td></td>
<td>• Developing practice management model</td>
<td>• Scale manufacturing and logistics</td>
<td>• Expand into upper GI inpatient and HMN outpatients markets</td>
<td>• Global operations at full commercial scale</td>
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<td></td>
<td>• Building KOL champions</td>
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<td>2019</td>
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<td>2020 - 2021</td>
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<tr>
<td>Beyond</td>
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</tbody>
</table>

- **Worldwide**
  - **Inpatient Colonoscopy Procedures Annually**: 3.8M³
  - **Upper GI Bleed Procedures Annually**: 1M²
  - **HMN / Inadequate Prep Colonoscopy Procedures Annually**: 5.7M²

2: El-Tawil AM. World J Gastroenterol, 2012 Mar 21;18(11):1154-8; incorporates company’s current estimate
3: Hassan C. et.al., Clinical Gastroenterology and Hepatology, 2012;10:501-506
Robust Intellectual Property

Covers Innovative Portfolio of Technologies Rooted in Systems and Methods for Cleaning Body Cavities With or Without the Use of Endoscope

- Issued patents in United States, Europe and Asia: 8
- Pending patents in United States: 10
- Pending patents outside United States: 17
Financial Profile: NASDAQ: MOTS

Market Cap: ~$74M

Common Shares Outstanding: ~15.6M

Average Daily Volume: ~831K

Cash Balance: ~$14.9M

1: Based on October 5, 2018 closing price of $4.75 per share
2: As of June 30, 2018
Management Team

**Timothy P. Moran**
Chief Executive Officer
Seasoned commercial and operating executive with experience in both large publicly-traded and private equity-backed companies

**Mark Pomeranz**
President and Chief Operating Officer
30 years of experience in the medical device industry with strong track record of success in both start-ups and in large multinational organizations

**Andrew L. Taylor, MBA**
Chief Financial Officer
Over 20 years of experience serving as a financial officer, operating executive and business advisor across start-ups, emerging growth and Fortune 500 companies in both the U.S. and abroad

**Hagit Ephrath**
VP, Clinical Regulatory and Health Economics
Nearly 20 years of medical device experience focused on managing statistics, regulatory affairs, clinical and quality assurance activities through all phases of development

**Jeff Hutchison**
VP, US Sales and Commercial Operations
Over 25 years of sales, new market development and executive sales leadership experience in the medical device industry

**James Zardeskas**
VP, Quality Assurance
Over 30 years of cross functional medical device experience at both startups and large organizations with focus in manufacturing and process development engineering

**Gil Balog**
General Manager, Israel
Extensive knowledge in product management, project management, product roadmap development, engineering, operations and production
Board of Directors

David Hochman
Chairman
Chairman & CEO, Orchestra BioMed; Director of Corbus and Adgero

Gary Jacobs
Director
Managing Director, Jacobs Investment Company

Shervin Korangy
Director
CFO and Chief Strategy Officer of Beaver-Visitec International

Timothy P. Moran
Chief Executive Officer
Seasoned commercial and operating executive with experience in both large publicly-traded and private equity-backed companies

Samuel Nussbaum
Director
Former EVP, Clinical Health Policy & CMO of Anthem, Inc., one of the largest health benefits companies in U.S.

Mark Pomeranz
President and Chief Operating Officer
30 years of experience in the medical device industry with strong track record of success in both start-ups and in large multinational organizations

Gary J. Pruden
Director
Former Executive Vice President and Worldwide Chairman for the Johnson & Johnson Medical Devices group

Darren R. Sherman
Director
President, COO and Director, Orchestra BioMed
Physician Advisory Board

Gerald Bertiger, MD
Managing Partner and President of Hillmont, GI, P.C.; Section Chief of Gastroenterology and Director of the Endoscopy Unit at Chestnut Hill Hospital

Steven A. Edmundowicz, MD, FASGE
Medical Director, Digestive Health Center, University of Colorado Hospital; Visiting Professor of Medicine, University of Colorado School of Medicine, Aurora, CO

Prof. Ian Gralnek, MD, MSHS, FASGE
Chief, Ellen and Pinchas Mamber Institute of Gastroenterology; Ha’Emek Medical Center, Afula, Israel; Rappaport Faculty of Medicine Technion-Israel Institute of Technology

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Associate Professor of Medicine, NYU Langone Health

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David Lieberman, MD, FACG
Professor of Medicine, Chief, Division of Gastroenterology and Hepatology, Oregon Health and Science University, Portland, OR

Ori Segol, MD
Director of Gastroenterology, Carmel Medical Center, Haifa, Israel
Near Term Value Catalysts

Seed the Market
- Issuance of Japan patent
- Hire VP, US Sales and Commercial Operations
- FDA clearance to market Pure-Vu® Slim Sleeve
- Appointed Tim Moran, seasoned commercial and operating executive, as CEO

Q3 2018

Complete REDUCE Study
- Complete enrollment in REDUCE inpatient study
- Present data from prep reduction study
- Initiate EXPEDITE inpatient study
- Finalize GEN 2 product design

Q4 2018

Prime the Pipeline
- Results from REDUCE inpatient
- Submit 510(k) to the FDA for Pure-Vu® GEN 2
- Expand commercial organization in preparation for full commercial launch

Q1 2019

Full Commercial Launch
- Receive FDA clearance for the Pure-Vu GEN 2 system
- Pure-Vu® full commercial launch
- Launch large inpatient clinical registry

Q2 2019
**Investment Highlights**

- Revolutionizing the large and growing GI endoscopy market
- Inpatient market represents multi-billion dollar opportunity
- Building a strong foundation of clinical and health economic data
- Opportunity to become standard of care in key endoscopy segments
- Highly-experienced management team with proven track record
Thank you

info@motusgi.com