Aptose Corporate Presentation

August 19, 2022

APTOSE BIOSCIENCES

PRECISION ONCOLOGY FOR THERAPIES OF TOMORROW

NASDAQ: **APTO**
TSX: **APS**

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Aptose Biosciences Investor Highlights (NASDAQ: APTO)

- **Publicly-traded**, **clinical-stage** biotech company developing **oral kinase inhibitors** to treat cancer patients with life-threatening **hematologic malignancies**
- **HM43239** lead agent and primary value driver
  - **Clinically de-risked** (>50 patients in US and S. Korea) once daily, oral, myeloid kinase inhibitor
  - **Safely** achieved single agent Complete Remissions **(CRs) in diverse R/R AML patient populations**
    - **Strong enough** to deliver single agent CRs yet **gentle enough** for safety in R/R AML patients
    - **Intense support** from clinical investigators in single agent and drug combination trials
    - Efficacy & safety profile position as a **preferred agent for combination therapy and broad commercial use**
  - **Multiple genetically-defined AML target populations** as potential indications for **>$1bn commercial market**
    - **Targets more genetically-defined AML target populations** than SYK inhibitors, IRAK4 inhibitors, or Menin inhibitors
    - **Response rates** in AML populations of unmet needs that may support **single agent Phase 2 accelerated approvals**
  - **Strong intellectual property** estate
- **Experienced leadership team** with deep expertise in kinase inhibitors & orphan hematologic diseases
- **Meaningful near-term upside** with value-driving clinical updates and milestones through 2022 and 2023

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Aptose Leadership Team: Multifaceted Expertise in Therapeutic Development

William G. Rice, PhD

Chairman, President & Chief Executive Officer

Rafael Bejar, MD, PhD

Sr. VP & Chief Medical Officer

Fletcher Payne

Sr. VP & Chief Financial Officer

Philippe Ledru

Sr. VP & Chief Commercial Officer

Brian J. Druker, MD

Chair, Scientific Advisory Board

- Pioneer in the field of precision medicine, Key Role in the development of Gleevec - the first targeted kinase inhibitor for cancer
- Member, National Academy of Medicine, National Academy of Sciences & American Academy of Arts & Sciences
- Winner of Karnofsky Award, Lasker Award, Japan Prize in Healthcare and Medical Technology, Tang Prize in Biopharmaceutical Science, Sjöberg Prize
- Leader of Inter-institutional Beat AML Initiative

Michael Andreeff, MD, PhD

Scientific Advisory Board

- Renowned hematology specialist, Expert in AML and other hematologic malignancies
- Expert in drug resistance and drug mechanisms
- Professor of Medicine, Paul and Mary Haas Chair in Genetics
- Chief, Section of Molecular Hematology and Therapy, MD Anderson Cancer Center

Daniel Von Hoff, MD, FACP

Scientific Advisory Board

- Former President of AACR, Board Member of ASCO, Former Presidential Cancer Advisory Board
- Physician in Chief, Tgen, Medical Director of Research for McKesson Specialty Health
- Chief Scientific Officer for US Oncology Research, Professor of Medicine, Mayo Clinic Scottsdale

Aptose Biosciences: Clinical Stage Pipeline of Differentiated Myeloid Kinase Inhibitors

HM43239 oral myeloid kinase inhibitor clinically validated for R/R AML patients

Clinically Safe & Effective	**25-44% ORR** in Phase 1/2 Trial with **CRs in multiple genetically-defined AML target populations**
Near-term Value Creation	Expansion Trials begin 2022 as passage into Registrational Studies planned for 2023
Orphan and **Fast Track**	Designations earned with impressive clinical responses across AML populations
Clinical Need	Across R/R and front line, fit and unfit, induction and maintenance therapies
Commercial Opportunity	Single agent and combination therapy commercial opportunity in excess of $1B

LUXEPTINIB (CG-806) dual lymphoid and myeloid kinase inhibitor

High Value Targets	B-cell cancers, AML/MDS and inflammation: BTK, FLT3, LCK, LYN, Others
Activity in Ill Patients	Difficult to treat R/R B-cell lymphoma/CLL and R/R AML patients
Improved Formulation	G3 formulation being explored to reduce drug substance and increase plasma exposure

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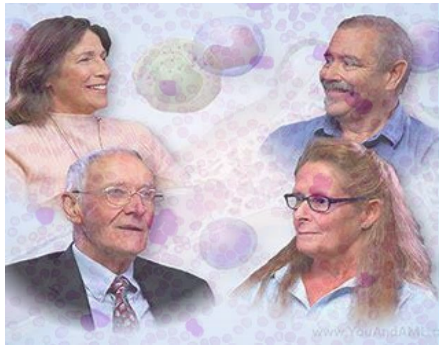
HM43239 “239”

Oral, Daily, Myeloid Kinase Inhibitor for Genetically-Defined AML Target Populations

AML in the US: Estimated 20,240 new cases and 11,400 deaths in 2021
Continued Unmet Need for More Effective and Safe Therapies

Epidemiology	US (2021)	EU5 (2020)	Japan (2021)	China (2020)
Leukemia Incidence[3]	61,090[1]	51,820[3]	14,600[7]	85,400
AML Incidence	**20,240[2]**	16,580[3a]	6,570[7c]	31,430[3b]
5-Year Prevalence (Leukemia) (2020)[3]	187,560	152,230	41,280	241,750
Mortality (Leukemia)	**11,400 (AML)[2]**	31,690	8,700[7]	61,690



Deadly and heterogeneous cancer with 5-year survival rate at diagnosis of approx. 29%

Relapsed AML patients have a median life expectancy of < 6 months* with approved therapies

Need more effective & better tolerated targeted agents

- **DURABILITY** to achieve **lasting remissions** and **extend meaningful/quality life**
- **SAFETY** for **maintenance / MRD+ therapy** and for drug **combination therapy**
- **BREADTH** to **better treat** R/R AML patients and **overcome resistance** to current agents

Safe and effective agents expected to expand AML market and command significant market share

Sources: 1. SEER 2021 Leukemia; 2. SEER 2021 AML; 3. The Global Cancer Observatory (GLOBOCAN) - IACR (2020) - Projections; 4. Chihara et al. Br J Haematol. 2014; 5. Chen et al. J Hematol Oncol. 2010: 21; 6. Cancer.net; 7. Ganjoho Cancer Statistics in Japan 2021
*https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7486485/ *https://www.frontiersin.org/articles/10.3389/fonc.2021.649209/full

[a]EU5 incidence calculated by applying 32% (AML) on leukemia to obtain incidence of AML[6]
[b]In China, AML accounted for ~36.8% of all leukemias[5] [c]In Japan, AML accounted for ~45% of all leukemias in 2008[4]

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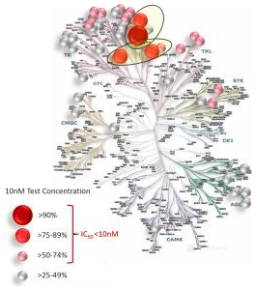
HM43239 Effective and Well Tolerated Targeted Agent

Proven Broad Clinical Activity in AML Patients to Treat Significant Unmet Needs



Validated AML Targets

SYK, JAK1/2, FLT3$^{WT/MUT}$, cKIT^{MUT}

Single Agent CRs

CRs and No DLT at 3 dose levels

Broad Therapeutic Window

No drug-related SAE, QTc toxicities, or CK increases

HM43239

AML Kinase Inhibitor

ORR 25% in TP53^{MUT} R/R AML

Harboring adverse mutations

ORR 43% in FLT3^{MUT} R/R AML

CRs in patients failed prior FLT3i

Accelerated Paths to Market in R/R Disease

Broad Market Potential

R/R, 1L, Maintenance/MRD+/Combination

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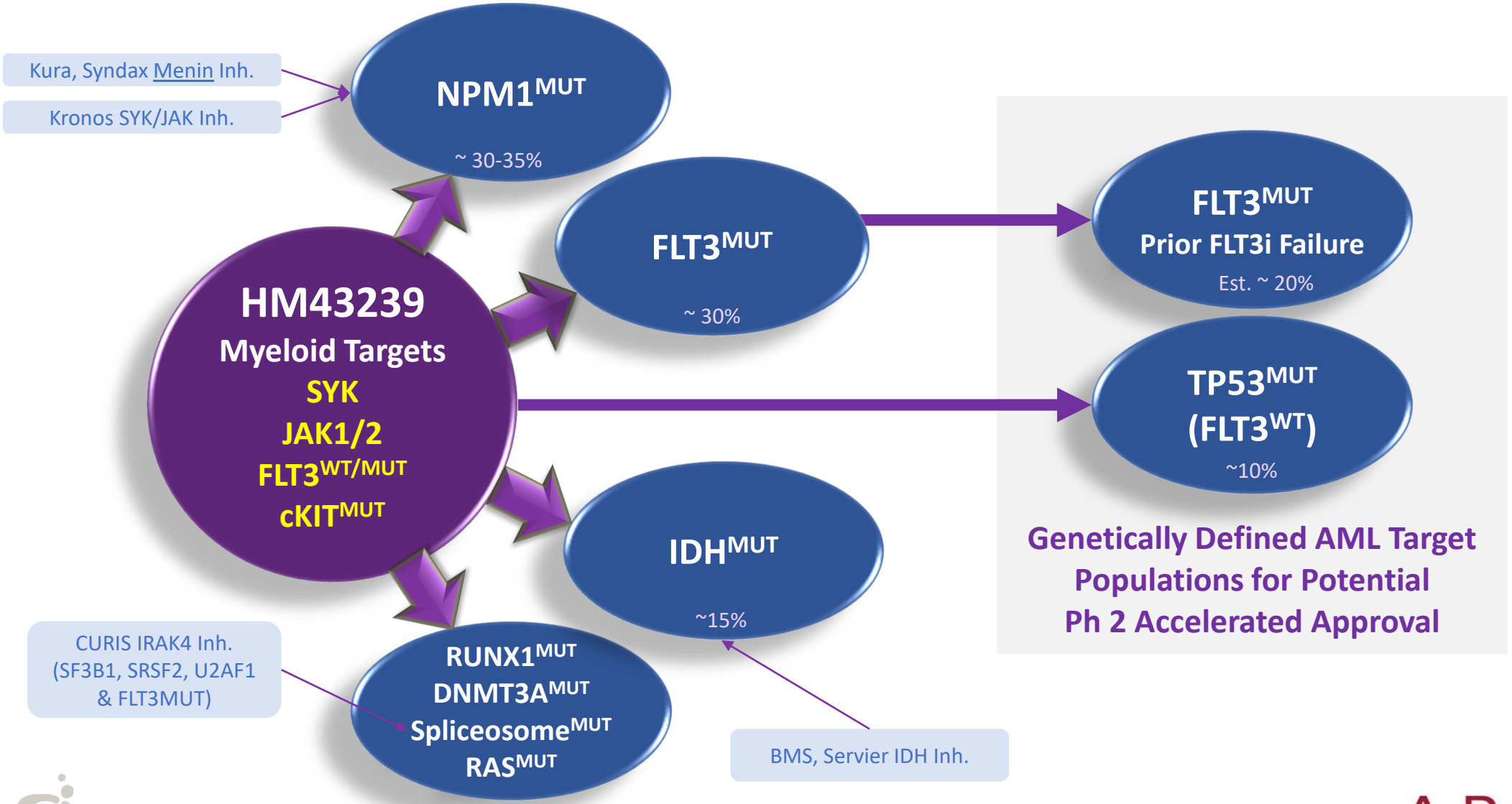
HM43239: Unlike Any Other Targeted Agent for AML
Safely Delivers CRs in Multiple Genetically Defined AML Target Patients



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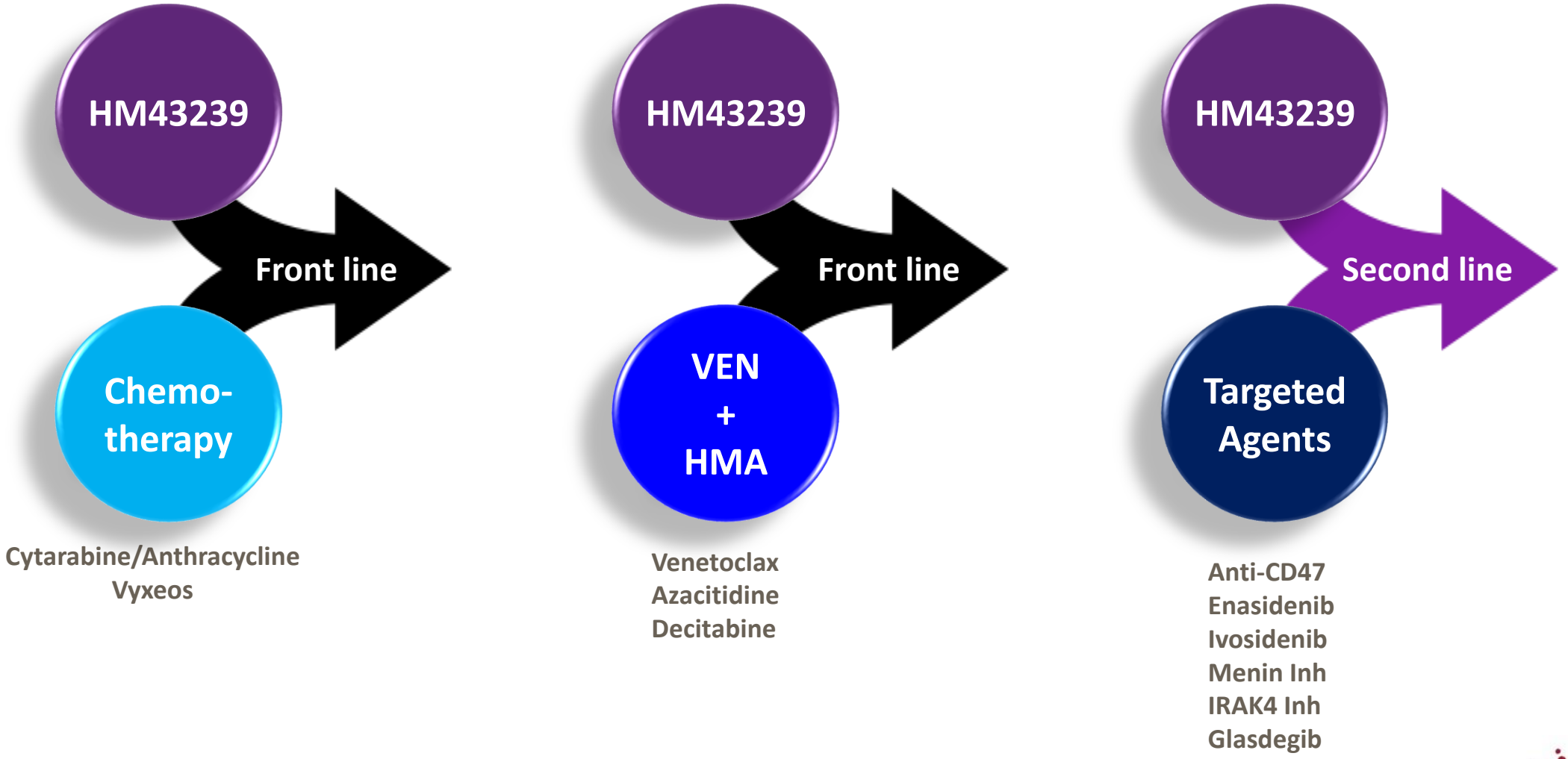
HM43239 Effective and Well Tolerated Targeted Agent
Potential as Preferred Agent of Choice for Combination Therapy



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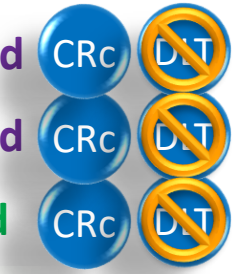
Emerging Clinical Data Support
HM43239 as Potential Superior Therapy

HM43239 Phase 1/2 Study in R/R AML: Ongoing Dose Escalation & Dose Exploration

PART A : DOSE ESCALATION (18 Pts Dosed)			PART B : DOSE EXPLORATION (39 Pts Dosed)	
Cohort 6	200 mg QD	Ongoing		
Cohort 5	160 mg QD	Completed	160 mg QD	14 Treated → 20 Planned
Cohort 4	120 mg QD	Completed	120 mg QD	16 Treated → 20 Planned
Cohort 3	80 mg QD	Completed	80 mg QD	20 Treated
Cohort 2	40 mg QD	Completed	40 mg QD	Beginning
Cohort 1	20 mg QD	Completed		



Favorable safety profile: No drug related SAE or death and no observed relation between delta-QTc throughout the trial. And no DLT through 160 mg dose level.

Dose Exploration continues across several cohorts: currently enrolling patients at 120 mg and 160 mg dose levels and plan to explore 40 mg dose level

Data as of **July 27**, 2022

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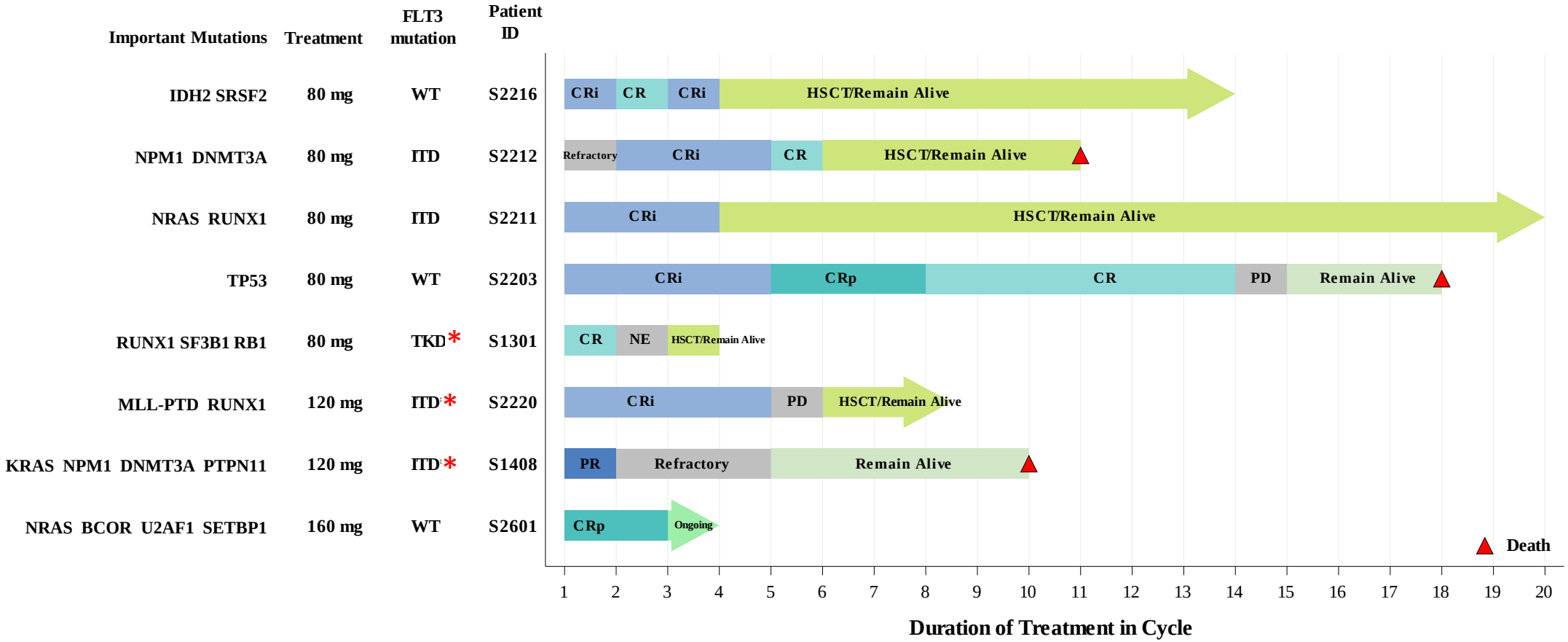
HM43239 Safety and Efficacy Data
Broad Therapeutic Window as a Single Agent in R/R AML Patients

- **Safety Profile Favorable to Date**
  - No drug related SAE, deaths, or AE of elevated CK (creatinine kinase)
  - No drug related AE of QT prolongation – No observed relation between ΔQTc and dose
  - No DLT up to 160 mg and one DLT of muscle weakness (not rhabdomyolysis) at 200 mg
- **Demonstrated Efficacy Across a Diverse Set of R/R AML Patients**
  - **CRc in AML with adverse mutations ($FLT3^{WT}$)** incl. TP53-mutant and complex karyotype
  - **CRc in FLT3-mutant AML (Fast Track)** incl. prior failure of other FLT3 inhibitors
- **Identified a Broad Therapeutic Window**
  - **Safely achieved efficacy at 3 separate dose levels** (80 mg, 120 mg, 160 mg) with no DLT
  - Demonstrated **broad therapeutic range** across safe dose levels
  - Safety profile supports **combination therapy with other agents**

Data as of July 14, 2022

HM43239 Diversity of Genetically-Defined R/R AML Patients Who Achieved a Clinical Response to Date in Phase 1/2 Study



Abbreviation: CR, complete response; CRi, complete response with incomplete hematologic recovery; CRp, complete response with incomplete platelet recovery; HSCT, hematopoietic stem cell transplantation; NE, not evaluable; PD, progressive disease; PR, partial remission.
Note: 'Ongoing' means treatment is still ongoing; 'Remain Alive' indicates patients' status in follow-up after treatment termination; The right arrow at the end of horizontal bar indicates patients are still on study, whereas without the right arrow indicates patients discontinued from study.
Note: Each response assessed at a regular visit is considered to have started 1 cycle before the assessment; however the start of the response is considered the integer part of (study day/28) if the response occurred at the End of Treatment visit.

*Indicates patients who received prior FLT3 inhibitors, including gilteritinib and/or midostaurin.

Data as of July 14, 2022

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HM43239 Diversity of Genetically-Defined R/R AML Patients Who Achieved a Clinical Response to Date in Phase 1/2 Study

Important Mutations	FLT3 Status	Dosage	Best Response	HSCT
IDH2 SRSF2	Wild Type	80 mg	CR	Yes
TP53	Wild Type	80 mg	CR	Ineligible
NRAS BCOR U2AF1 SETBP1	Wild Type	160 mg	CRp	In Process
NPM1 DNMT3A	ITD	80 mg	CR	Yes
NRAS RUNX1	ITD	80 mg	CRi	Yes
RUNX1 SF3B1 RB1	TKD Prior FLT3i	80 mg	CR	Yes
MLL-PTD RUNX1	ITD Prior FLT3i	120 mg	CRi	Yes
KRAS NPM1 DNMT3A PTPN11	ITD Prior FLT3i	120 mg	PR	Ineligible

Abbreviation: CR, complete response; CRi, complete response with incomplete hematologic recovery; CRp, complete response with incomplete platelet recovery; HSCT, hematopoietic stem cell transplantation; NE, not evaluable; PD, progressive disease; PR, partial remission.
Note: 'Ongoing' means treatment is still ongoing; 'Remain Alive' indicates patients' status in follow-up after treatment termination; The right arrow at the end of horizontal bar indicates patients are still on study, whereas without the right arrow indicates patients discontinued from study.
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*Indicates patients who received prior FLT3 inhibitors, including gilteritinib and/or midostaurin.

Data as of July 14, 2022

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HM43239 Overall Response Rate (CRc + PR)
7 CRc and 1 PR to Date in Phase 1 as a Single Agent in R/R AML Patients

Mutation Status	All Patients			Evaluable Patients		
	N = 45 Patients	Number Responders	Response Rate	N = 41 Patients	Number Responders	Response Rate
FLT3+	20	4CRc | 1PR	25%	19	4CRc | 1PR	26.3%
FLT3+/prior FLT3i	**7**	**3**	**42.9% (CRc + PR) 28.6% (CRc only)**	**7**	**3**	**42.9% (CRc + PR) 28.6% (CRc only)**
FLT3-WT	25	3	12%	22	3	13.6%
TP53+	**4**	**1**	**25%**	**3**	**1**	**33.3%**

Overall Response Rate for "All Patients" and "Evaluable Patients" Receiving ≥ 80mg HM43239

- Findings represent a snapshot in time: The reported safety, tolerability, PK, PD and efficacy findings reported herein represent the data available may change as additional patients are assessed and more data are collected.
- "Evaluable Patients" removes those non-evaluable patients who did not have a response evaluation and had no other evidence indicating refractory disease in the peripheral blood.
- Most CRc patients went to HSCT and cannot be evaluated for transfusion independence assessment.

Abbreviation: CR, complete remission; CRc, composite complete remission; CRp, complete remission with incomplete platelet recovery; CRi, complete remission with incomplete hematological recovery; PR, partial remission.
Note: efficacy evaluable patients include all patients with at least 80% drug compliance during Cycle 1 or who had reported a DLT during Cycle 1, and who reported relevant data for efficacy interpretation such as bone marrow assessment, CBC counts, reason for treatment termination.
[1] Overall response includes CRc and PR.
[2] CRc includes CR, CRh, CRp and CRi.
[3] The reported prior FLT3 inhibitors include gilteritinib, midostaurin and soranfenib.

Data as of July 14, 2022

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HM43239 Potential for Accelerated Path Supported by Expansion & Registration Trials

Ongoing Dose Escalation/Dose Exploration Phase 1/2 Trial in R/R AML Patients

- Continue **Exploration of Highly Adverse Molecular Genotypes** (TP53-Mutated, etc.) for **Potential Fast Track Designations**
- Continue Dose Exploration at 40 mg, 120 mg and 160 mg to **Deliver Response Rate Updates & Rolling News Flow**

Doses and Patient Populations have been Selected for Expansion Trials

- **Three Safe and Efficacious Doses Identified**
  - **120 mg** planned as **Primary** Single Agent Expansion Dose with **80 mg** and **160 mg** as Bracketing Doses
- **Expansion with FLT3 Mutated R/R AML Population** (Fast Track Designation)
  - Includes FLT3+/Prior FLT3i Failure target population for potential accelerated approval
  - Includes broader FLT3-mutated population to support full approval trials in FLT3-mutated AML
  - Plan single agent to begin 2H2022 and combination (239+Ven) to begin thereafter
- **Expansion with FLT3-Unmutated R/R AML Population** (with Adverse Mutations)
  - Including TP53-Mutated target population for potential accelerated approval
  - Includes broader population to support full approval trials in NPM1/MLL, RUNX1-DNMT3A-Ras and other populations
  - Plan Single Agent to begin 2H2022 and Combination (239+Ven) to begin thereafter
- **Expansion Includes Broader Populations to support full approval : NPM1/MLL, RUNX1-DNMT3A-RAS, Broad FLT3+ and Others**

Expansion Trials in AML Patients Serve as Segue to Registrational Trials

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HM43239 Global Dose Expansion Trial Planned to Support Phase 2 Registrational Trials for Accelerated Approval and Drug Combination Trials for Broad Commercialization

Expansion Trials 2022-2023

HM43239 Single Agent

FLT3-Mutated Cohort:

- Prior FLT3i
- FLT3i naïve

12-16 patient data to justify

FLT3-Unmutated Cohort:

- TP53^{MUT}/Complex Karyotype
- Other

HM43239 + Venetoclax Combo

FLT3-Mutated Cohort

FLT3-Unmutated Cohort

Registrational Single Agent Trials Planned to Begin in 2023 if Data from Expansion Trial Support

Registrational Phase 2 study – Single Agent
FLT3^{MUT} R/R AML with prior FLT3i therapy

Registrational Phase 2 study – Single Agent
TP53^{MUT} R/R AML, Complex Karyotype, or Other Group

Accelerated Approval and Marketing

Drug Combination Trial to Support Usage of 239 with Other Agents in AML Populations

Combo Phase 2-3 Randomized Study
1L unfit AML: HMA/VEN vs. 239/HMA/VEN + maint
1L fit AML, FLT3-WT: Chemo vs. 239/Chemo + maint

Combo Phase 2 Randomized Study
R/R AML in 2L, FLT3 mutant – 239 vs. 239/VEN vs. GILT

- **Single agent Expansion studies** designed to collect data on a small number of patients in "high need" groups and segue into Ph 2 Registrational Trial(s)
- **Combination Expansion studies** designed to illustrate safety and efficacy of 239 with venetoclax and segue into Phase 2-3 randomized studies and demonstrate 239 can be the preferred agent for combination therapy

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Clinical Development Plan Sets the Stage for Broad Commercial Success

HM43239: Positioned for Accelerated Approval & Traditional Development
Broad Commercial Opportunities >$1 billion in Multiple AML Target Populations

HM43239
Myeloid Targets
SYK
FLT3$^{WT/MUT}$
JAK1/2
cKIT^{MUT}

- **FLT3**-Mutated / Prior FLT3i
- **TP53**-Mutated
- **FLT3**-Mutated
- **NPM1**-Mutated
- **IDH**-Mutated
- **RUNX1**-Mutated
- **DNMT3A**-Mutated
- **Spliceosome**-Mutated
- **RAS**-Mutated

Genetically-defined target populations for potential **single agent Phase 2 accelerated approval path**

Genetically-defined target populations for potential to **expand market** through combo and IIT development programs

Broad Commercial Potential in Excess of $1B

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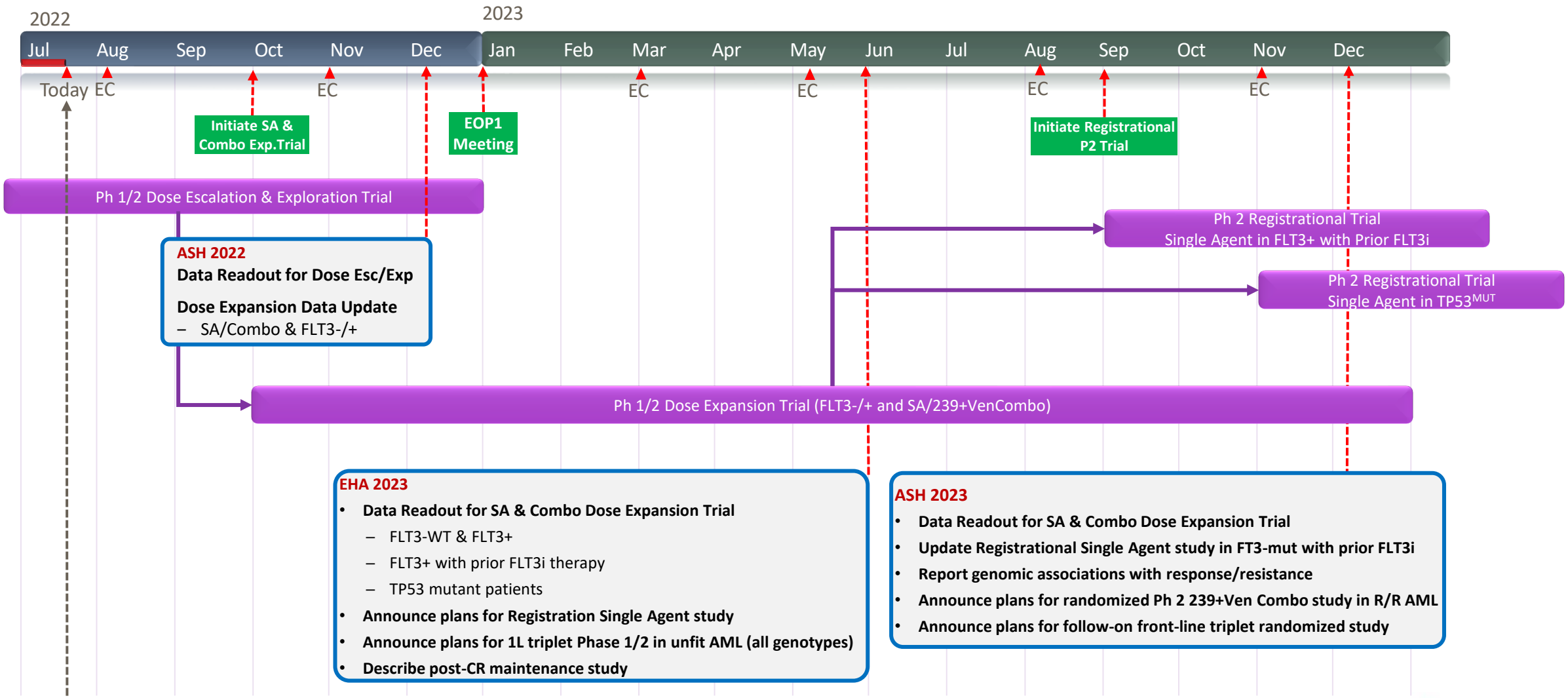
HM43239 Clinical Development Timeline, Clinical Data Release and Potential Value Driving Milestones



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HM43239 Clinically Validated, Once Daily, Oral Myeloid Kinase Inhibitor Confidence of Clinical Investigators and KOLs

Targets Constellation of Kinases Important in AML

- Potent inhibitor of myeloid kinases SYK, FLT3$^{WT/MUT}$, JAK1/2 and mutant forms of c-KIT associated with transformation and resistance
- Potential to treat genetically defined AML patients across multiple lines of therapy & populations
- Safety & efficacy foretell significant market potential for R/R, 1L, FLT3-/+, Fit/Unfit AML populations

Clinical Validation Supports Path of Rapid Development for Breadth of AML Patients

- **FLT3-Mutated Patients**
  - CRc in patients who failed prior FLT3 inhibitors
  - CRc in patients with ITD and TKD mutated FLT3
  - FDA Fast Track received for FLT3^{MUT} R/R AML
- **FLT3-Unmutated Patients**
  - CRc in genetically-defined patients with specific mutations: NPM1, MLL, TP53, DNMT3A, N/KRAS, IDH2, U2AF1, RUNX1, Others
- **Broad Therapeutic Window**
  - Well tolerated across three active & safe doses
- **Preferred Agent Profile for Combination Therapy**

Program Goals Supporting Rapid Development

- *Explore Molecular Subgroups* for Potential Fast Track Designations
- *Single Agent* Expansion Trial (239) planned 2H2022
- *Combo* Expansion Trial (*239+Ven)* planned 2H2022
- Registrational Ph2 study(ies) planned 2023 from Expansions
- Broad commercialization goals supported by clinical development in diverse patient populations

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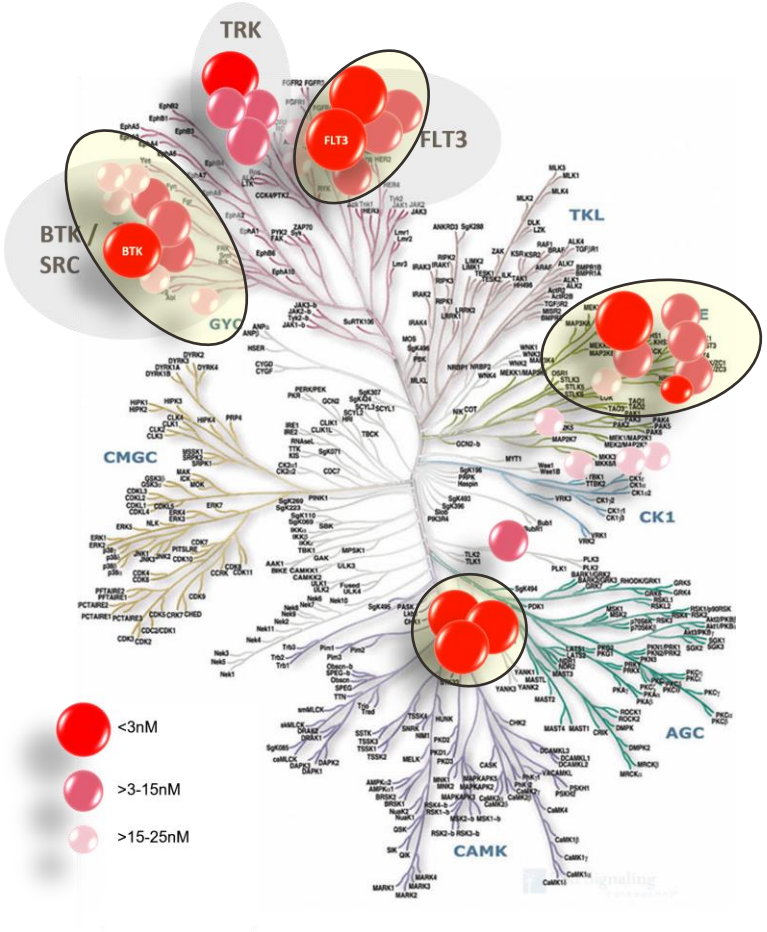
LUXEPTINIB

Oral Lymphoid & Myeloid Kinase Inhibitor

Luxeptinib: Atypical, Dual Lymphoid and Myeloid Kinome Inhibitor



Unique Kinome Targeting

Inhibits high value targets: BTK, FLT3, CSF1R, PDGFRα, TRK, AURK

Only agent to potently inhibit the validated **BTK** and **FLT3**

In development for the treatment of both lymphoid & myeloid hematologic cancers

Mutation Agnostic

Inhibits **WT and all mutant forms** of BTK

Inhibits **WT and all mutant forms** of FLT3

May avoid rapid emergence of drug resistance

Robust Safety Profile

Simultaneously suppresses multiple oncogenic signaling pathways

Avoids kinases that negatively impact safety

Generally, well tolerated in clinical studies to date

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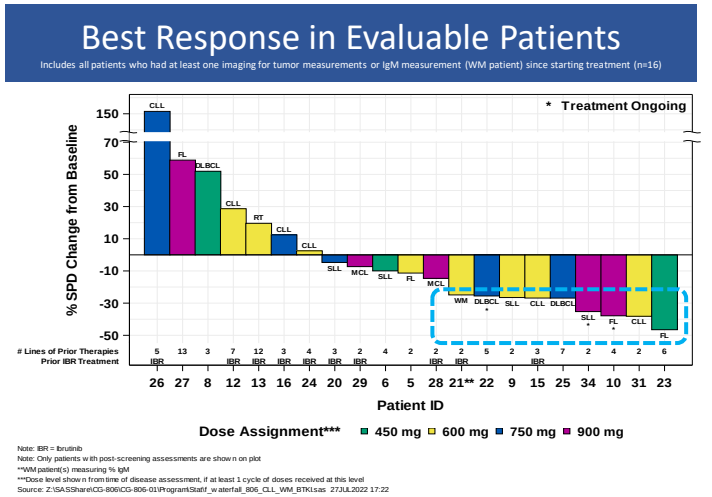
HM43239 Effective and Well Tolerated Targeted Agent
Proven Broad Clinical Activity in AML Patients to Treat Significant Unmet Needs

Phase 1a/b
R/R B-cell leukemias/lymphomas

36 Patients dosed

Antitumor activity in diverse B-cell cancers

Multiple patients experienced tumor shrinkage below baseline but none with ≥ 50% reduction



Targets Key Kinases in Lymphoid *and* Myeloid Cancers

- Inhibits BTK, FLT3, CSF1R, PDGFRα, TRK, AURK, others
- Current dosing at **900mg BID with original formulation**
- Generally **well-tolerated**
- To date **64 patients dosed**

Phase 1a/b
R/R AML and MDS

28 Patients dosed

MRD-negative Complete Remission

Observed in one heavily pretreated relapsed AML patient at 450mg BID dose level

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Luxeptinib Ongoing Activities

- **Critical Step for Lux Program is the Transition to an Improved Formulation (G3)**
  - Goals to achieve **greater plasma exposures** with administration of **less drug substance and fewer number of pills**
- **Lux G3 Formulation is Being Tested Relative to the Original Formulation in Both Phase 1 trials**
- **Following a Single Dose of Lux G3, Patients Continue on Study Using the Original Formulation**
- **13 Patients Enrolled Thus far to Test a Single Dose of Lux G3**

  4 at 50mg | 4 at 100mg | 4 at 200mg | 1 so far at 10mg
- **The Single Dose PK Data with G3 are being Evaluated with PK Modeling Under Conditions of Once or Twice Daily Continuous Dosing**

Luxeptinib: Oral Lymphoid and Myeloid Kinome Inhibitor

Targets Kinases Important in Lymphoid *and* Myeloid Cancers

- Inhibits BTK, FLT3, CSF1R, PDGFRα, TRK, AURK, others
- Generally well-tolerated – currently dosing at 900mg BID with original formulation
- Delivered antitumor activity in diverse B-cell cancers
- Delivered **MRD- CR in relapsed AML patient** with high exposure

Findings to Date Identify Needs for Future Development

- Clinical activity and tolerability justify further dose exploration
- Doses of 450-750mg with original formulation provided incremental exposure increases
- Identified **need for consistent and higher exposure levels** in AML & B-cell cancer patients

Next Steps for Luxeptinib in 2022

- Continue exploring improved G3 formulation to increase exposure and to lower pill burden and drug substance manufacture
- G3 early data are encouraging
- PK modeling of continuous dosing with preliminary PK data has been initiated
- Plan continuous dosing with G3 if the data from single dose and modeling are supportive

Aptose Biosciences (APTO)
Key Financial Highlights Q2/2022

Q2 Financials:

- The company's cash balance at June 2022 was $62.4M
- Cash burn during Q2 was $7.1M
- Cash runway into Q1 of 2024
- The company is pre-revenue
- The net loss for the second quarter was $10.6M,
  - Which is down from $13.5M in the same quarter last-year
- The net loss YTD was $22.1M
  - Which is down from $29.7M in YTD last-year
- Net loss per share Q2 ($0.11) and YTD ($0.24)

Upcoming Investor Conferences:

- Boston: Canaccord
- NYC: HCW 9/13, Cantor 9/28: Piper 11/29; & Others
- Oppenheimer Oncology Summit at MD Anderson
- ASH Early December

Capitalization:

- The market capitalization is approximately $80 million
- The recent market capitalization high was $294M 6/2021
  - Before the acquisition of HM43239, which we acquired for $12.5M
- Common stock outstanding 92 million as of June 2022
- No debt or warrants

Trading Statistics:

- The 52-week trading range: **high of $3.13** & **low of $0.73**

ATM Program:

- Piper & Canaccord as Co-Agents

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Aptose Biosciences Investor Highlights (NASDAQ: APTO)

- **Publicly-traded**, **clinical-stage** biotech company developing **oral kinase inhibitors** to treat cancer patients with life-threatening **hematologic malignancies**
- **HM43239** lead agent and primary value driver
  - **Clinically de-risked** (>50 patients in US and S. Korea) once daily, oral, myeloid kinase inhibitor
  - **Safely** achieved single agent Complete Remissions **(CRs) in diverse R/R AML patient populations**
    - **Strong enough** to deliver single agent CRs yet **gentle enough** for safety in R/R AML patients
    - **Intense support** from clinical investigators in single agent and drug combination trials
    - Efficacy & safety profile position as a **preferred agent for combination therapy and broad commercial use**
  - **Multiple genetically-defined AML target populations** as potential indications for **>$1bn commercial market**
    - **Targets more genetically-defined AML target populations** than SYK inhibitors, IRAK4 inhibitors, or Menin inhibitors
    - **Response rates** in AML populations of unmet needs that may support **single agent Phase 2 accelerated approvals**
  - **Strong intellectual property** estate
- **Experienced leadership team** with deep expertise in kinase inhibitors & orphan hematologic diseases
- **Meaningful near-term upside** with value-driving clinical updates and milestones through 2022 and 2023

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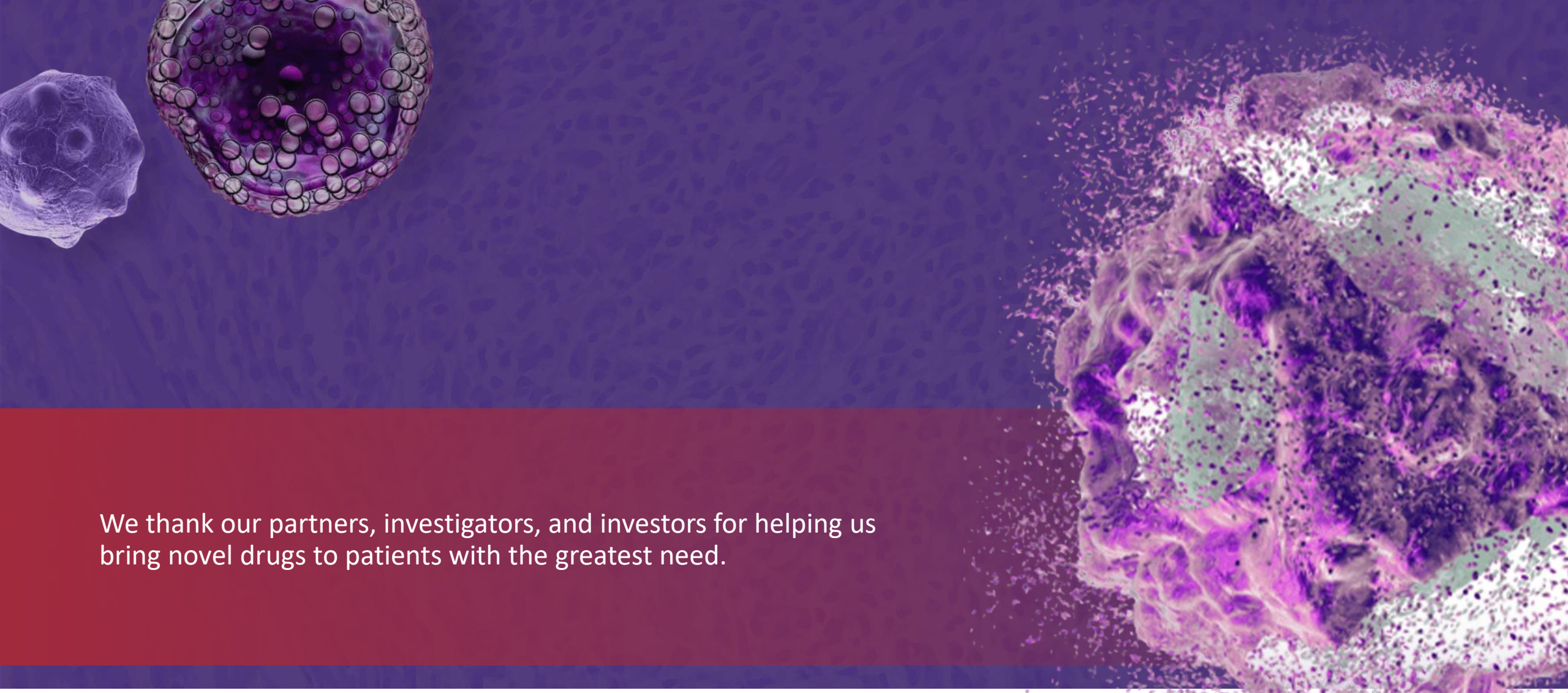

We thank our partners, investigators, and investors for helping us bring novel drugs to patients with the greatest need.

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PRECISION ONCOLOGY FOR THERAPIES OF TOMORROW