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TNX-2900*: Prader-Willi Syndrome Intranasal Potentiated Oxytocin (OT) with Magnesium

PROFILE

Prader-Willi Syndrome is the most common genetic cause of life-threatening childhood obesity

Rare disease occurring in 1 in 10,000 to 1 in 30,000 births

Symptoms include lack of suckling as infants, poor muscle strength, and constant hunger (hyperphagia) in adolescents and young adults

- In animal models, OT has improved suckling and suppressed hunger
 - Tonix's patented potentiated OT formulation is believed to increase activity of OT at OT receptors (OXTR)

DEVELOPMENT PROGRAM

Market Entry: Treatment of hyperphagia in adolescents and young adults with Prader-Willi Syndrome

Additional Indications: Rare Hyperphagia Conditions

Status: Granted Orphan Drug Designation and Rare Pediatric Disease Designation by FDA, received IND clearance for Phase 2 trial from FDA

Next Steps: Phase 2 ready

Patents Issued

*TNX-2900 is has not been approved for any indication.



Prader-Willi Syndrome (PWS)

Cause

~65% of cases are due to a new deletion on paternal chromosome 15; first genetic imprinting disorder recognized in humans

Prevalence

1 in 10,000 to 1 in 30,000^{1,2}; most common syndromic cause of obesity

Symptoms

In infants, severe hypotonia and difficulty sucking. In children and adolescents, delayed global development, decreased growth resulting in short stature, intellectual difficulties, hypogonadism, hyperphagia, life-threatening obesity, behavioral problems

Diagnosis

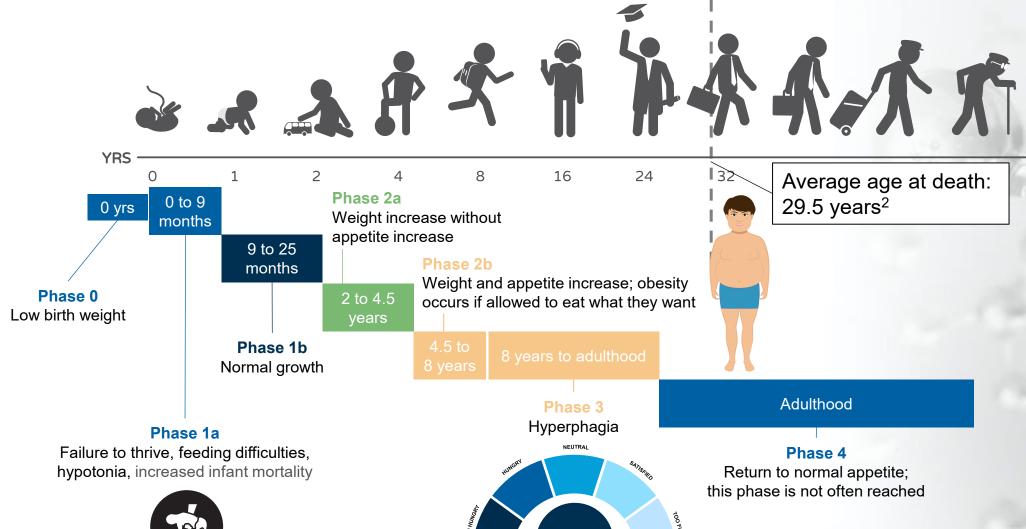
Genetic testing: DNA methylation

Treatment

No cure, but human growth hormone treatment is FDA approved for growth failure in PWS children

TONIX PHARMACEUTICALS

Progression of Prader-Willi Syndrome¹



TONIX
PHARMACEUTICALS

Dangers of PWS Hyperphagia

Behaviors around food¹⁻⁴:

- Foraging or hoarding
- Temper tantrums and meltdowns
- Binge eating
- Stealing or stealing money to buy food
- Eating garbage/spoiled food
- Obsessions and compulsions

Consequences¹⁻⁵:

- Life-threatening obesity
- Risk of choking or gastrointestinal perforation
- Food-borne illness
- Chronic constipation
- Swallowing difficulties
- Decreased ability to vomit
- Type 2 diabetes
- Cardiovascular disease

Caretaker Burden¹⁻⁴:

- 24/7 supervision
- Restricted food intake
- Low-calorie diet
- Locking cabinets and refrigerators

There is no treatment for PWS-related hyperphagia⁴



¹ Miller JL, et al. *Am J Med Genet A*. 2011;155A(5):1040-1049.

² Butler MG, et al. *Genet Med*. 2017;19(6):635-642.

³ Butler MG. NORD. Updated 2018. Accessed May 25, 2022. https://rarediseases.org/rare-diseases/prader-willi-syndrome/

⁴ Prader-Willi Syndrome Association USA. Accessed May 25, 2022. https://www.pwsausa.org/what-is-prader-willi-syndrome/

⁵ Muscogiuri G, et al. *J Endocrinol Invest*. 2021;44(10):2057-2070.

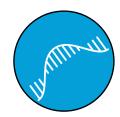


Abnormalities of the Oxytocin System in Patients with PWS

PWS patients have



Increased oxytocin in blood plasma^{1,2}



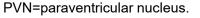
Decreased oxytocin mRNA¹



Low levels of oxytocin receptor expression²



Decreased or abnormal oxytocin neurons (especially in the PVN)¹



Correa-da-Silva F, et al. J Neuroendocrinol. 2021;33(7):e12994.

² Jurek B, et al. *Physiol Rev.* 2018;98(3):1805-1908.

History of Oxytocin Use

Synthetic oxytocin has been used to induce labor for over 65 years¹



Due to the role of endogenous oxytocin in pain regulation and social behavior, the administration of exogenous oxytocin has been studied in a wide variety of therapeutic areas²



Intravenous application of oxytocin has been met with many challenges:

- Short half-life:
 - Intravenous oxytocin has a half-life of roughly 3 minutes³
- Difficulty crossing the blood-brain barrier⁴



¹⁻den Hertog CE, et al. Eur J Obstet Gynecol Reprod Biol. 2001;94(1):8-12.

²·Bakermans-Kranenburg MJ, et al. Transl Psychiatry. 2013;3(5):e258

³ Oxytocin, Package insert, Hikma Pharmaceuticals USA Inc.: 2011. 4 Quintana DS, et al. Mol Psychiatry. 2021;26(1):80-91



Functions of Natural and Therapeutic Oxytocin

$$H_2N$$
 H_2N
 H_2N
 H_2N
 H_3N
 H_4N
 H_5N
 H_5N

Childbirth¹⁻³:

<u>Natural</u>

 Stimulates uterine contractions during childbirth

Therapeutic

 Widely used for the induction of labor in an estimated 25% of women in Western countries

Breastfeeding^{1,4,5}:

Natural

- Oxytocin is responsible for the let-down reflex
- Contracts the muscles around the glands that produce milk

Therapeutic

 Approved to stimulate milk production, but discontinued in the US

Behavioral regulation^{1,6}: Natural

- Oxytocin plays a role in prosocial behaviors and bonding
- Signals satiety and suppresses appetite

Therapeutic

No approved oxytocin therapy

^{1.} McCormack SE, et al. *Endocr Rev.* 2020;41(2):121-145.

² Kuwabara Y, et al. Arch Gynecol Obstet. 1987;241(1):13-23.

^{3.} Boie S, et al. Cochrane Database Syst Rev. 2018;8(8):CD012274.

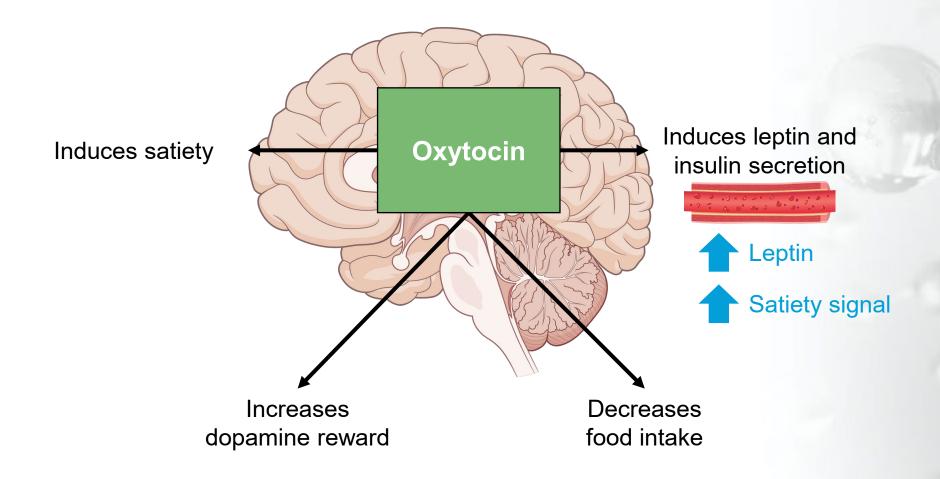
^{4.} World Health Organization. World Health Organization; 2009. https://www.ncbi.nlm.nih.gov/books/NBK148970/

⁵ MPR. December 12, 2013. Accessed June 23, 2022. https://www.empr.com/home/news/retrophin-to-reintroduce-syntocinon-nasal-spray/

^{6.} Bartz JA, et al. *Trends Cogn Sci.* 2011;15(7):301-309.



Oxytocin Plays Major Role in Satiety¹⁻³



^{1.} Correa-da-Silva F, et al. J Neuroendocrinol. 2021;33(7):e12994.

² McCormack SE, et al. *Endocr Rev.* 2020;41(2):121-145.

^{3.} Kerem L, et al. Int J Mol Sci. 2021;22(14):7737.



Intranasal Use of Oxytocin



- Intranasal oxytocin was introduced as a lactation aid in the early 1960s¹
- Numerous studies have investigated chronic and acute intranasal oxytocin for the treatment of neuropsychiatric disorders and pain²
 - Intranasal oxytocin has been studied in anxiety disorders,³ autism,⁴
 PTSD,⁵ schizophrenia,⁶ and pain⁷
- Chronically administered intranasal oxytocin is generally very well tolerated⁸⁻¹¹
- Intranasal oxytocin has been found to be generally safe and well tolerated in a variety of healthy populations ranging from infancy to old age^{12,13}



¹ Skarsten KW. Tidsskr Nor Laegeforen. 1962;82:8-10.

²-Quintana DS, et al. *Mol Psychiatry*. 2021;26(1):80-91.

³ Jones C, et al. *Dialogues Clin Neurosci*. 2017;19(2):193-201.

⁴·Guastella AJ, et al. *Biol Psychiatry*. 2010;67(7):692-694.

⁵ Pitman RK, et al. *Psychiatry Res.* 1993;48(2):107-117. ⁶ Feifel D, et al. *Biol Psychiatry*. 2016;79(3):222-233.

⁷Boll S, et al. *Neuroscience*. 2018;387:149-161.

^{8.} Rung, JM, et al. Psychopharmacology (Berl). 2021;1-14.

⁹ Horta M, et al. Neurosci Biobehav Rev. 2020;108:1-23.

¹⁰ Finger E, et al. *Neurology*. 2015;84(2):174-181.

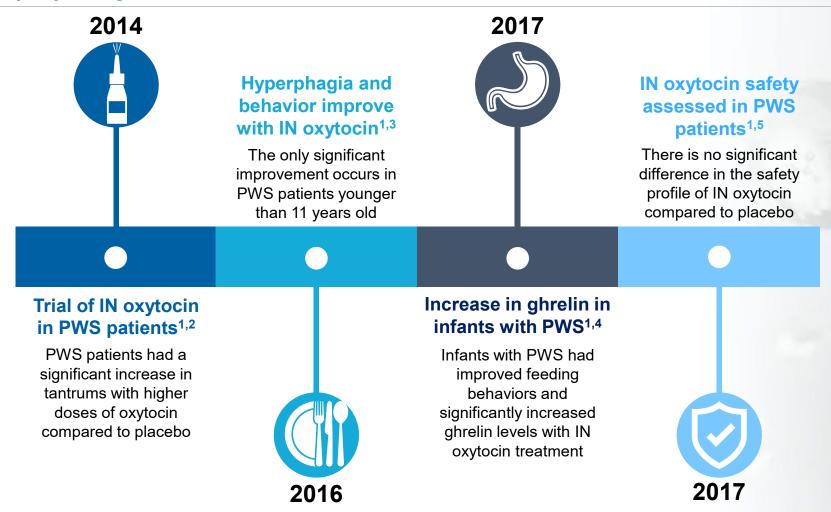
¹¹Barraza JA, et al. Exp Clin Psychopharmacol. 2013;21(2):85-92.

¹²DeMayo MM, et al. *Drugs*. 2017;19(5):391-410.

¹³ Verhees MWFT, et al. Psychopharmacology (Berl). 2018;235(8):2471-2477.



Intranasal (IN) Oxytocin As PWS Treatment



Despite strong evidence for the role of OT in satiety, there are challenges in using OT for the treatment of PWS

¹ McCormack SE, et al. *Endocr Rev.* 2020;41(2):121-145.

² Einfeld SL, et al. Am J Med Genet A. 2014;164A(9):2232-2239. ⁴ Tauber M, et al. Pediatrics. 2017;139(2):e20162976

³ Kuppens RJ, et al. *Clin Endocrinol (Oxf)*, 2016;85(6):979-987.
⁵ Miller JL, et al. *Am J Med Genet A*, 2017;173(5):1243-1250.



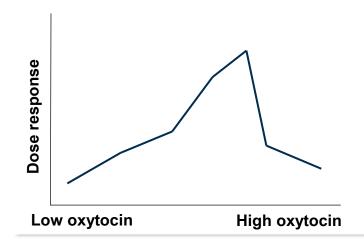
Challenges in Intranasal Oxytocin Studies in PWS



- No significant difference with IN oxytocin treatment but significantly increased tantrums at higher doses⁴
- Significant improvement in hyperphagia but only in patients younger than 11 years old⁵



- Central oxytocin levels are difficult to measure¹
- Dose response is not linear but an inverted-U shape^{1,2}





- Recent nonclinical reports show that magnesium is needed for full oxytocin receptor binding^{2,3}
- Magnesium enables a full dose response^{2,3}

^{1.} Quintana DS, et al. Mol Psychiatry. 2021;26(1):80-91.

² Bharadwaj VN, et al. Pharmaceutics. 2022;14(5):1105.

³ Meyerowitz JG, et al. Nat Struct Mol Biol. 2022;29(3):274-281.

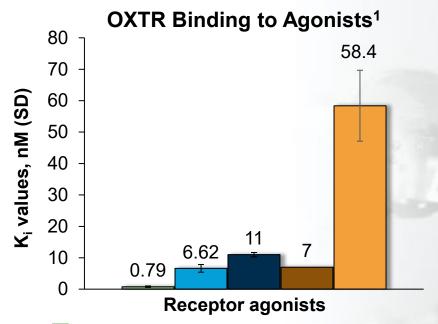
⁴ Einfeld SL, et al. Am J Med Genet A. 2014;164A(9):2232-2239.

^{5.} Kuppens RJ, et al. *Clin Endocrinol (Oxf)*. 2016;85(6):979-987.



Oxytocin Receptor (OXTR)

OXTR Signaling Cascade Oxytocin **OXTR G**_{q/11} Unknown Phospho-**EGFR** lipase C Ca²⁺ **MAPK Protein** synthesis



- Oxytocin
- TGOT = highly selective agonist
- Atosiban = functionally selective agonist (can act as an antagonist depending on the G-protein coupled to OXTR)
- Carbetocin = oxytocin analog weak agonist with mixed antagonist activity²
- WAY 267,464 = nonpeptide agonist more

 specific for the vasopressin receptor

EGFR=epidermal growth factor receptor; MAPK=mitogen activated protein kinase; OXTR=oxytocin receptor

¹ Jurek B, et al. *Physiol Rev.* 2018;98(3):1805-1908.

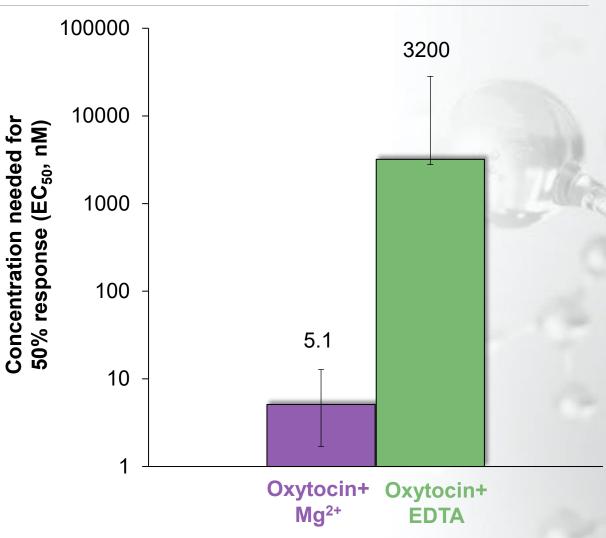
² Meyerowitz JG, et al. Nat Struct Mol Biol. 2022;29(3):274-281.

15



Oxytocin+Mg²⁺ Activates OXTR Secondary Messengers

Magnesium is needed not only for oxytocin binding to OXTR but also for **OXTR** activation



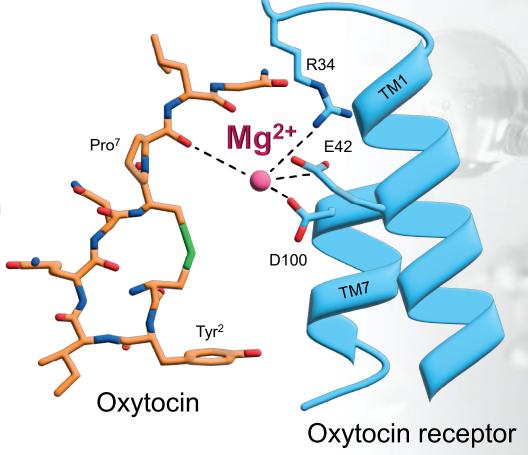
BRET assay in HEK-293 cells





Oxytocin Requires Magnesium for Receptor Binding

- OXTR exists in 2 conformational states¹:
 - Low affinity
 - High affinity
- Magnesium ions are necessary for the high-affinity state^{1,2}
- Without magnesium ions present, oxytocin cannot achieve full binding to OXTR²

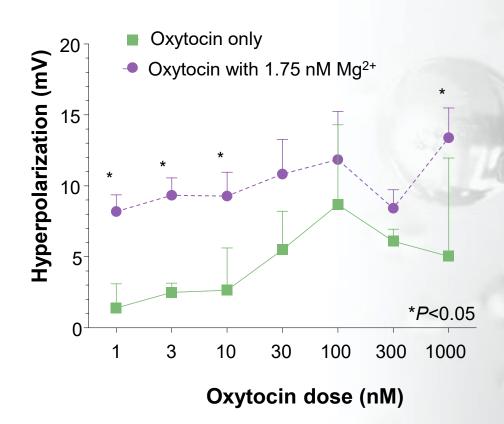




Jurek B, et al. *Physiol Rev*. 2018;98(3):1805-1908.
 Meyerowitz JG, et al. *Nat Struct Mol Biol*. 2022;29(3):274-281

Addition of Mg²⁺ Expands the *in vivo* Useful Dose Range of Intranasal Oxytocin in Animals

- A nonlinear dose response has been demonstrated in the use of intranasal oxytocin
- This decreases efficacy at higher doses
- Addition of Mg²⁺ rescues the efficacy of oxytocin at high doses



In vitro whole-cell voltage-clamp recordings of rat trigeminal nerves exposed to oxytocin solution with and without additional magnesium ions

Highlights

- Hyperphagia in Prader-Willi syndrome (PWS) is severe and life-threatening
 - There is currently no treatment for hyperphagia in adolescents and young adults with PWS
- Oxytocin is one of the hormones responsible for signaling satiety
- The oxytocin receptor requires magnesium ions for the high-affinity conformation for signaling satiety
- TNX-2900* combines oxytocin with magnesium for improved receptor binding and potentially improved therapeutic action
- TNX-2900 is in development to treat hyperphagia in PWS



