UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 OR 15(d)
of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): May 12, 2023

CLENE INC.

(Exact name of registrant as specified in its charter)

Delaware	**001-39834**	**85-2828339**
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

6550 South Millrock Drive, Suite G50 Salt Lake City, Utah	**84121**
(Address of Principal Executive Offices)	(Zip Code)

(801) 676-9695

(Registrant's telephone number, including area code)

N/A

(Former Name or Former Address, if Changed Since Last Report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.0001 par value	CLNN	The Nasdaq Capital Market
Warrants, to acquire one-half of one share of Common Stock for $11.50 per share	CLNNW	The Nasdaq Capital Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02 Results of Operations and Financial Condition.

On May 12, 2023, Clene Inc. (the "Company") issued a press release announcing its first quarter operating and financial results for its quarter ended March 31, 2023. A copy of the press release is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

The information furnished in this Item 2.02, including Exhibit 99.1, shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934 (the "Exchange Act"), as amended, or otherwise subject to the liabilities of that section, and shall not be deemed to be incorporated by reference into any filing made by the Company under the Exchange Act or the Securities Act of 1933 (the "Securities Act"), as amended, regardless of any general incorporation language in any such filings, except as shall be expressly set forth by specific reference in such a filing.

Item 7.01 Regulation FD Disclosure.

In connection with the May 12, 2023 press release announcing the Company's first quarter operating and financial results for its quarter ended March 31, 2023, the Company released an updated corporate presentation (the "Corporate Presentation") on its website, invest.clene.com. A copy of the Corporate Presentation is furnished as Exhibit 99.2 to this Current Report and is incorporated herein by reference. The Company plans to use its website to disseminate future updates to the Corporate Presentation and may not file or furnish a Current Report on Form 8-K alerting investors if the Corporate Presentation is updated.

The information furnished in this Item 7.01, including Exhibit 99.2, shall not be deemed to be "filed" for purposes of Section 18 of the Exchange Act, as amended, or otherwise subject to the liabilities of that section, and shall not be deemed to be incorporated by reference into any filing made by the Company under the Exchange Act or the Securities Act, regardless of any general incorporation language in any such filings, except as shall be expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit Number	Exhibit Description
99.1	Press Release, dated May 12, 2023, announcing the Company's operating and financial results for its quarter ended March 31, 2023.
99.2	Corporate Presentation.
104	Cover Page Interactive Data File (formatted as Inline XBRL).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, hereunto duly authorized.

CLENE INC.

Date: May 12, 2023

By: /s/ Robert Etherington
Robert Etherington
President and Chief Executive Officer

Exhibit 99.1

CLENE REPORTS FIRST QUARTER 2023 FINANCIAL RESULTS AND RECENT OPERATING HIGHLIGHTS

- *ALS biomarker and long-term clinical data expected mid-year*
- *Neurology expert Ben Greenberg, M.D., M.H.S., joined as Head of Medical*

SALT LAKE CITY, May 12, 2023 -- Clene Inc. (Nasdaq: CLNN) (along with its subsidiaries, "Clene") and its wholly owned subsidiary Clene Nanomedicine Inc., a clinical-stage biopharmaceutical company focused on revolutionizing the treatment of neurodegenerative diseases, today announced its first quarter 2023 financial results and provided recent operating highlights for the clinical programs in amyotrophic lateral sclerosis ("ALS") and multiple sclerosis ("MS").

"Clene is approaching several important data milestones in ALS," said Rob Etherington, President and CEO of Clene. "These include key biomarker data that may support accelerated FDA approval as well as additional long-term survival data from both the HEALEY ALS Platform trial and our RESCUE ALS open-label extension trial. These data will inform our regulatory strategy as we plan ahead for our end-of-Phase 2 meeting with the FDA in the third quarter. In parallel, we are planning to advance regulatory discussions about MS anticipated in the fourth quarter and continue our pursuit of opportunities to establish a partnership for this program."

First Quarter 2023 and Recent Operating Highlights

CNM-Au8®, a gold nanocrystal suspension, for the treatment of ALS

A poster entitled "Evidence for Survival Benefit in ALS with CNM-Au8 Treatment Across Three Study Populations" was presented on April 25th by Dr. James Berry at the American Academy of Neurology conference and included the following highlights:

- Survival in Early-to-Mid Stage ALS: CNM-Au8 30 mg demonstrated a statistically significant survival benefit of 60% and decreased risk of death through 120 weeks versus original placebo randomization in during follow-up of participants in the RESCUE-ALS trial.
- Survival in Mid-to-late stage ALS: CNM-Au8 30mg was associated with risk adjusted survival benefit of >90% and decreased risk of death through 24 weeks versus placebo in participants with mid-to-late stage ALS in the HEALEY ALS Platform trial.
- Survival from real world experience in ALS: CNM-Au8 30mg demonstrated observed median survival of more than three years in analyses of two compassionate use expanded access protocols.

CNM-Au8 for the treatment of MS

A platform presentation entitled "VISIONARY MS Top-line Results: A Phase 2, Randomized, Double-Blind, Parallel Group, Placebo-controlled Study to Assess the Safety and Efficacy of CNM-Au8, a Catalytically Active Gold Nanocrystal Suspension in Relapsing Multiple Sclerosis" was presented on April 25th by Dr. Michael Barnett at the American Academy of Neurology and included the following highlights:

- The primary and secondary endpoints demonstrated improved clinical outcomes in the mITT population, independent of an immunomodulatory effect.
- The prespecified exploratory MRI findings provide evidence of brain neuronal structural integrity assessed by diffusion tensor imaging (DTI) that demonstrated statistically significant results for key metrics of axonal integrity and white matter integrity. Preservation of white matter integrity is generally associated with decreased cognitive and functional decline in MS patients.
- CNM-Au8 was well-tolerated, and no significant safety findings were observed.

Corporate Updates

- On March 3, Clene entered into a purchase agreement with Lincoln Park Capital Fund, LLC ("Lincoln Park") pursuant to which Lincoln Park has committed to purchase up to $25 million of shares of the Company's common stock at the Company's sole discretion, from time to time over a 36-month period.
- On March 16, Clene appointed neurology expert Benjamin Greenberg, M.D., M.H.S., as Head of Medical.

First Quarter 2023 Financial Results

Clene's cash, cash equivalents and marketable securities totaled $18.4 million as of March 31, 2023, compared to $23.3 million as of December 31, 2022. Clene expects that its resources as of March 31, 2023, will be sufficient to fund its operations into the third quarter of 2023.

Research and development expenses were $7.4 million for the quarter ended March 31, 2023, compared to $8.6 million for the same period in 2022. The year-over-year decrease was primarily related to decreases in development costs of CNM-Au8 in the HEALEY ALS Platform Trial and the REPAIR-PD and VISIONARY-MS trials due to completion of the blinded period of each trial, a decrease in development costs of CNM-ZnAg due to the completion of our COVID-19 trial in 2022, and a decrease in personnel expenses due to a reduction in headcount during the fourth quarter of 2022, partially offset by increases in rent expense for the newly-leased facility in Elkton, Maryland, and increases in stock-based compensation primarily due to the timing of award grants, vesting, and forfeitures.

General and administrative expenses were $3.4 million for the quarter ended March 31, 2023, compared to $4.8 million for the same period in 2022. The year-over-year decrease was primarily attributable to lower finance and accounting fees, insurance costs, legal expenses, personnel expenses and stock-based compensation.

Total other income (expense) was ($1.0) million for the quarter ended March 31, 2023, compared to ($18,000) for the same period in 2022. The year-over-year increase in other expense was primarily attributable to an increase in interest expense due to increasing interest rates and an increase in our overall debt balances, a gain on termination of an operating lease in 2022 that did not repeat in 2023, the expense for shares issued to Lincoln Park as an initial fee for their commitment under a purchase agreement in 2023, and a decrease in realized gains on foreign currency transactions and other miscellaneous income, offset by increased interest income primarily due to increasing rates on cash, cash equivalents and marketable investment securities.

Clene reported a net loss of $11.8 million, or $0.15 per share, for the quarter ended March 31, 2023, compared to a net loss of $13.4 million, or $0.21 per share, for the same period in 2022.

About Clene
Clene is a clinical-stage biopharmaceutical company focused on revolutionizing the treatment of neurodegenerative disease by targeting energetic failure, an underlying cause of many neurological diseases. The company is based in Salt Lake City, Utah, with R&D and manufacturing operations in Maryland. For more information, please visit www.clene.com or follow us on Twitter, LinkedIn and Facebook.

About CNM-Au8®
CNM-Au8 is an oral suspension of gold nanocrystals developed to restore neuronal health and function by increasing energy production and utilization. The catalytically active nanocrystals of CNM-Au8 drive critical cellular energy producing reactions that enable neuroprotection and remyelination by increasing neuronal and glial resilience to disease-relevant stressors. CNM-Au8® is a federally registered trademark of Clene Nanomedicine, Inc.

Forward-Looking Statements
This press release contains “forward-looking statements” within the meaning of Section 21E of the Securities Exchange Act of 1934, as amended, and Section 27A of the Securities Act of 1933, as amended, which are intended to be covered by the “safe harbor” provisions created by those laws. Clene’s forward-looking statements include, but are not limited to, statements regarding our or our management team’s expectations, hopes, beliefs, intentions or strategies regarding our future operations. In addition, any statements that refer to projections, forecasts or other characterizations of future events or circumstances, including any underlying assumptions, are forward-looking statements. The words “anticipate,” “believe,” “contemplate,” “continue,” “estimate,” “expect,” “intends,” “may,” “might,” “plan,” “possible,” “potential,” “predict,” “project,” “should,” “will,” “would,” and similar expressions may identify forward-looking statements, but the absence of these words does not mean that a statement is not forward-looking. These forward-looking statements represent our views as of the date of this press release and involve a number of judgments, risks and uncertainties. We anticipate that subsequent events and developments will cause our views to change. We undertake no obligation to update forward-looking statements to reflect events or circumstances after the date they were made, whether as a result of new information, future events or otherwise, except as may be required under applicable securities laws. Accordingly, forward-looking statements should not be relied upon as representing our views as of any subsequent date. As a result of a number of known and unknown risks and uncertainties, our actual results or performance may be materially different from those expressed or implied by these forward-looking statements. Some factors that could cause actual results to differ include our ability to demonstrate the efficacy and safety of our drug candidates; the clinical results for our drug candidates, which may not support further development or marketing approval; actions of regulatory agencies, which may affect the initiation, timing and progress of clinical trials and marketing approval; our ability to achieve commercial success for our drug candidates, if approved; our limited operating history and our ability to obtain additional funding for operations and to complete the development and commercialization of our drug candidates; and other risks and uncertainties set forth in “Risk Factors” in our most recent Annual Report on Form 10-K and any subsequent Quarterly Reports on Form 10-Q. In addition, statements that “we believe” and similar statements reflect our beliefs and opinions on the relevant subject. These statements are based upon information available to us as of the date of this press release, and while we believe such information forms a reasonable basis for such statements, such information may be limited or incomplete, and our statements should not be read to indicate that we have conducted an exhaustive inquiry into, or review of, all potentially available relevant information. These statements are inherently uncertain and you are cautioned not to rely unduly upon these statements. All information in this press release is as of the date of this press release. The information contained in any website referenced herein is not, and shall not be deemed to be, part of or incorporated into this press release.

Media Contact
Ignacio Guerrero-Ros, Ph.D., or David Schull
Russo Partners, LLC
Ignacio.guerrero-ros@russopartnersllc.com
David.schull@russopartnersllc.com
(858) 717-2310

Investor Contact
Kevin Gardner
LifeSci Advisors
kgardner@lifesciadvisors.com
617-283-2856

CLENE INC.
CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS AND COMPREHENSIVE LOSS
(In thousands, except share and per share amounts)
(Unaudited)

	Three Months Ended March 31,	
	2023	2022
Revenue:		
Product revenue	$ 64	$ 7
Royalty revenue	43	23
Total revenue	107	30
Operating expenses:		
Cost of revenue	5	—
Research and development	7,395	8,580
General and administrative	3,439	4,786
Total operating expenses	10,839	13,366
Loss from operations	(10,732)	(13,336)
Other income (expense), net:		
Interest income	172	24
Interest expense	(1,066)	(782)
Gain on termination of lease	—	420
Commitment share expense	(399)	—
Change in fair value of common stock warrant liability	—	(18)
Change in fair value of Clene Nanomedicine contingent earn-out liability	(55)	(57)
Change in fair value of Initial Stockholders contingent earn-out liability	(7)	(12)
Research and development tax credits and unrestricted grants	314	299
Other income (expense), net	3	108
Total other income (expense), net	(1,038)	(18)
Net loss before income taxes	(11,770)	(13,354)
Income tax expense	—	—
Net loss	(11,770)	(13,354)
Other comprehensive income:		
Unrealized gain (loss) on available-for-sale securities	14	(50)
Foreign currency translation adjustments	4	50
Total other comprehensive income	18	—
Comprehensive loss	$ (11,752)	$ (13,354)
Net loss per share – basic and diluted	$ (0.15)	$ (0.21)
Weighted average common shares used to compute basic and diluted net loss per share	76,049,665	62,852,863

CLENE INC.
CONDENSED CONSOLIDATED BALANCE SHEETS
(In thousands, except share and per share amounts)
(Unaudited)

	March 31, 2023	December 31, 2022
ASSETS		
Current assets:		
Cash and cash equivalents	$ 18,442	$ 18,332
Marketable securities	—	4,983
Accounts receivable	63	189
Inventory	88	43
Prepaid expenses and other current assets	6,229	5,648
Total current assets	24,822	29,195
Restricted cash	58	58
Operating lease right-of-use assets	4,494	4,602
Property and equipment, net	10,514	10,638
TOTAL ASSETS	$ 39,888	$ 44,493
LIABILITIES AND STOCKHOLDERS' EQUITY (DEFICIT)		
Current liabilities:		
Accounts payable	$ 608	$ 3,014
Accrued liabilities	5,933	3,863
Operating lease obligations, current portion	508	488
Finance lease obligations, current portion	76	74
Notes payable, current portion	9,751	6,418
Total current liabilities	16,876	13,857
Operating lease obligations, net of current portion	5,399	5,557
Finance lease obligations, net of current portion	3	34
Notes payable, net of current portion	6,713	9,483
Convertible notes payable	9,907	9,770
Clene Nanomedicine contingent earn-out liability	2,319	2,264
Initial Stockholders contingent earn-out liability	298	291
TOTAL LIABILITIES	41,515	41,256
Commitments and contingencies		
Stockholders' equity (deficit):		
Common stock, $0.0001 par value: 150,000,000 shares authorized; 77,987,349 and 74,759,591 shares issued and outstanding at March 31, 2023 and December 31, 2022, respectively	8	7
Additional paid-in capital	203,133	196,246
Accumulated deficit	(204,989)	(193,219)
Accumulated other comprehensive income	221	203
TOTAL STOCKHOLDERS' EQUITY (DEFICIT)	(1,627)	3,237
TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY (DEFICIT)	$ 39,888	$ 44,493


clene.com
clene
NASDAQ: CLNN

Forward Looking Statements

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Building the Clinical Case for Neuroprotection & Remyelination

RepairPD
RepairMS

RESCUEALS

HEALEY ALS Platform Trial

VISIONARY-MS STUDY

Established brain target engagement in early PD and stable relapsing MS patients

CNM-Au8 demonstrated statistically significant survival benefit of 60% decreased risk of death through 120 wks

CNM-Au8 demonstrated a >90% reduction in risk of death or permanently assisted ventilation for the 30 mg dose at 24 weeks

CNM-Au8 demonstrated global neurological improvement in stable relapsing MS **as an adjunct** to immunomodulatory DMTs

Growing Body of Clinical Evidence Across ALS and MS Supports CNM-Au8 Therapeutic Potential to Treat Neurodegenerative Diseases

Proprietary Nanotherapeutic Manufacturing
Strong IP: 150+ granted patents PLUS Trade Secrets

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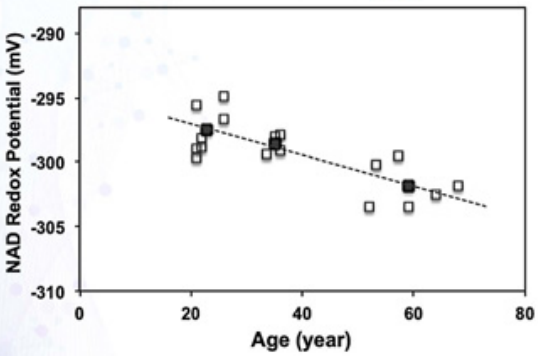
Neurodegenerative Diseases Share A Common Mechanism: A Decline In The Brain's Ability To Produce Energy

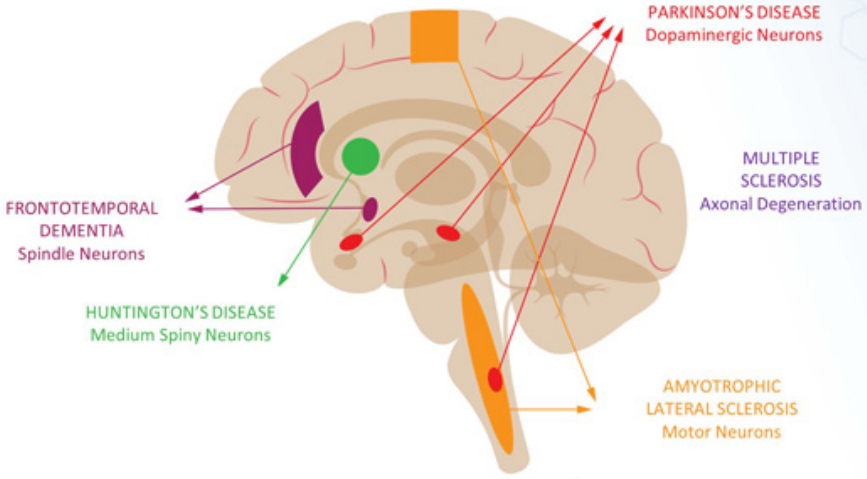
Brain Energy Potential
Declines With Normal Aging



~0.5% NAD^+/NADH unit decline per decade
(~0.13 mV units per year by ^{31}P-MRS Imaging)

Closed squares = averaged data by age group: 21–26 yrs, 33–36 yrs, and 59–68 yrs old;
Open squares = individual subject values

Specific Neuronal Populations Are Vulnerable to Energetic Failure



Energetic impairments in the CNS both pre-dispose and drive progression in neurodegenerative diseases

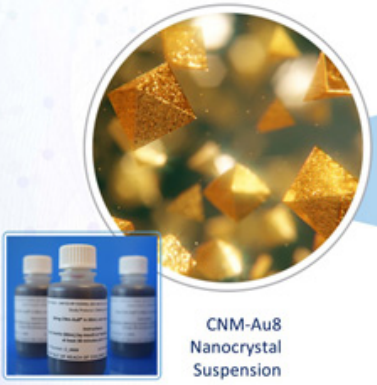
Fu, H., et al; Nature Neuroscience (2018) 21: 1350-1358. Zhu et al. Proc Natl Acad Sci USA 2015 Mar 3;112(9):2876-81. Rone et al. J Neurosci. 2016 Apr 27;36(17):4698-707.

CLENE NANOMEDICINE

CNM-Au8® | Pioneering A New Drug Class To Improve Cellular Energy Production And Utilization

CNM-Au8 Nanocrystals

Clean Surfaced, Highly Faceted Shapes



CNM-Au8 Nanocrystal Suspension

Mechanistic Effects

- ↑ Increased NAD
- ↑ Increased ATP
- ↓ Decreased reactive oxygen species
- ↑ Increased proteostasis

Improved Energy Production and Utilization

By targeting energy metabolism, CNM-Au8 may protect neuronal health

Robinson et al. Sci Rep. 2020 Feb 11;10(1):1936. Data on File, Clene Nanomedicine, Inc.

clene NANOMEDICINE

Significant Global Opportunity for Treatment in Combination with Standard of Care

Motor Neuron Disease (ALS, Other Orphan Disorders)

ALS PATIENTS IN US & EU ~40K[1] | $1B GLOBAL SALES BY 2029[1]

Current drugs are largely ineffective, mostly generic.

2-5 YEARS[2] LIFE EXPECTANCY | 100% FATAL

Multiple Sclerosis (MS)

MS PATIENTS GLOBALLY 2.2M | $23B MARKET[3]

Existing treatments only target immunomodulation

EMERGING EVIDENCE THAT EARLY MS IS NEURODEGENERATIVE

Parkinson's Disease (PD)

2ND MOST COMMON DISORDER | $6B PROJECTED BY 2026[4]

No disease-modifying treatments available, only symptom-targeted options

30% OF DOPAMINERGIC NEURONS ARE LOST AT DIAGNOSIS[5]

Urgent unmet need to develop neuroprotective treatment to support cells' energetic efficiency and resilience

[1] Clarivate, DRG, ALS 2020 2. https://pubmed.ncbi.nlm.nih.gov/17974351/ 3. Westad et al. 2017, doi:10.1038/nrd.2017.107;. 4. Parkinson's Market Data Forecast, April 2021.. 5. Cheng HC, Ulane CM, Burke RE. Clinical progression in Parkinson disease and the neurobiology of axons. Ann Neurol 2010;67:715-725..

clene NANOMEDICINE

Two REPAIR Trials Demonstrated Target Brain Engagement and Improved Energy Metabolism in Early Parkinson's and Stable Relapsing MS

Study Objective: to demonstrate target engagement for CNM-Au8 on CNS biomarkers related to energetic effects in the brain using Magnetic Resonance Spectroscopy (^{31}P-MRS)

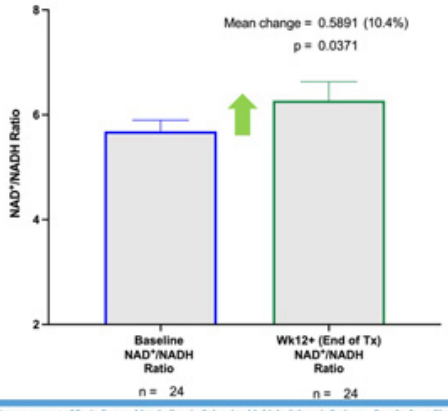
RepairPD
Early Parkinson's Disease

RepairMS
Stable Relapsing MS

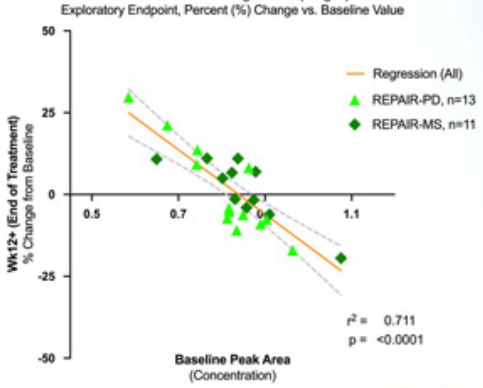
RepairMS
Non-Active Progressive MS
(Ongoing)

Results demonstrated a potentially meaningful 10% improvement in NAD+/NADH ratio, an essential molecule for energy production[1]

1° Endpoint (integrated PD & MS)[2]



Exploratory
(ATP Normalization)



[1] Zhu et al. Proc Natl Acad Sci USA 2015 Mar 3;112(9):2876-81.. 2. Glanzman et al Improvement of Brain Energy Metabolism in Relapsing Multiple Sclerosis Patients - Results from Phase 2 REPAIR-MS Clinical Trial With CNM-Au8, ACTRIMS February 2022

CLene NANOMEDICINE

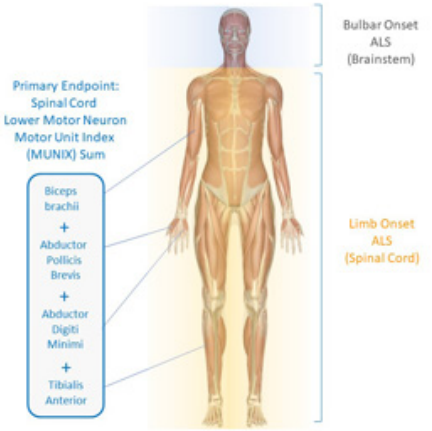
Encouraging Efficacy Signals in Phase 2 Trial

Study Objective:

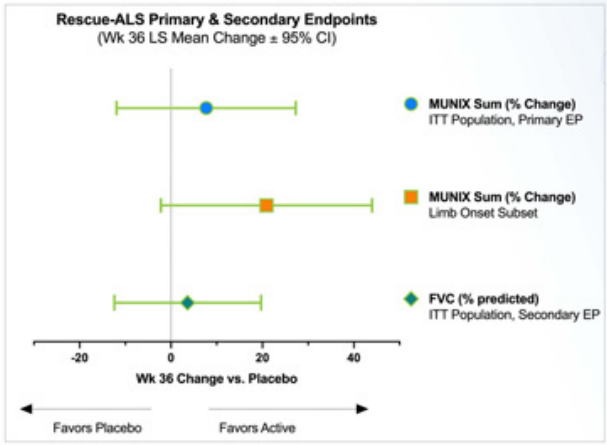
Detect preservation of motor neuron function in people with early ALS as measured by MUNIX

Study Design:

36-week blinded treatment with ongoing long-term open-label follow-up



1° & 2° Endpoints



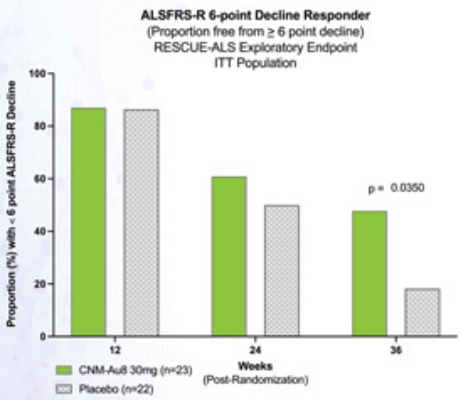
Results favor CNM-Au8 treatment

Vucic et al. RESCUE-ALS Trial Results: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Study of CNM-Au8 to Slow Disease Progression in Amyotrophic Lateral Sclerosis; Presented at International Symposium on ALS/MND; 7-10 December 2021.

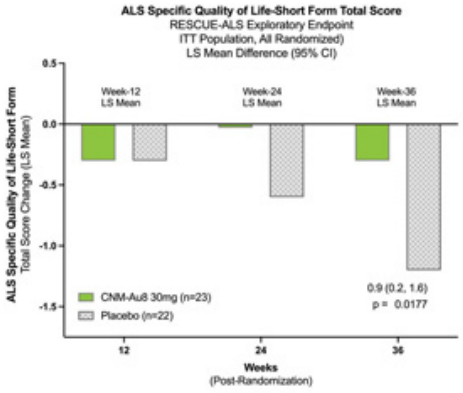
CNM-Au8 Improved Patient Function, QOL, and Slowed Time to ALS Clinical Worsening

Phase 2 Study: 36-Week Placebo-Control Treatment Period 1:1 Randomization (Active 30 mg: Placebo); N=45 enrolled with early ALS

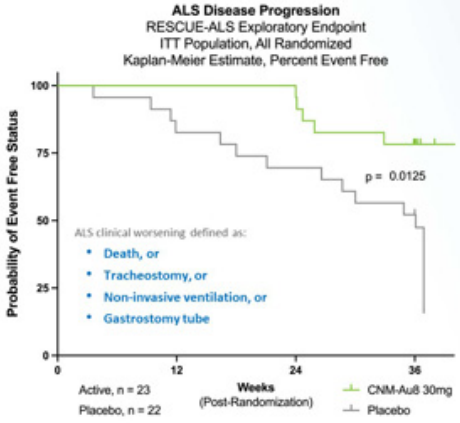
Proportion with <6 point decline



ALS Specific QOL



ALS Clinical Worsening

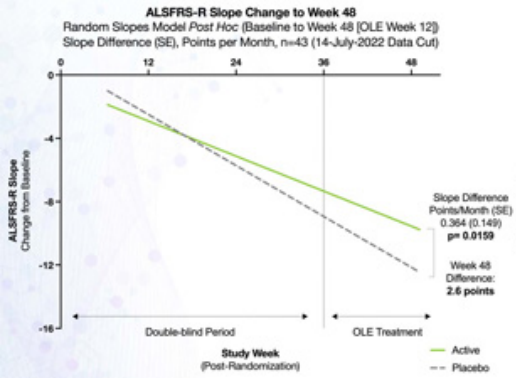


Vucic et al. RESCUE-ALS Trial Results: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Study of CNM-Au8 to Slow Disease Progression in Amyotrophic Lateral Sclerosis; Presented at International Symposium on ALS/MND; 7-10 December 2021

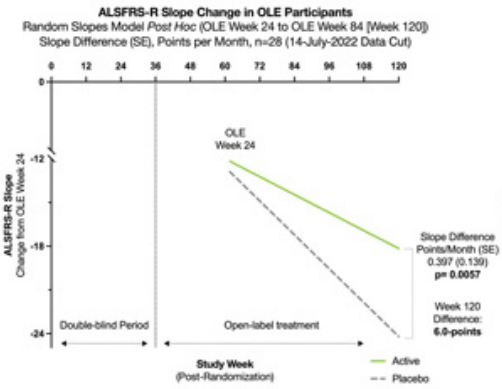
RESCUEALS OLE | Preserved ALSFRS-R Functional Decline

Early CNM-Au8 Treatment Impacts Long-Term Function Compared to Original Placebo

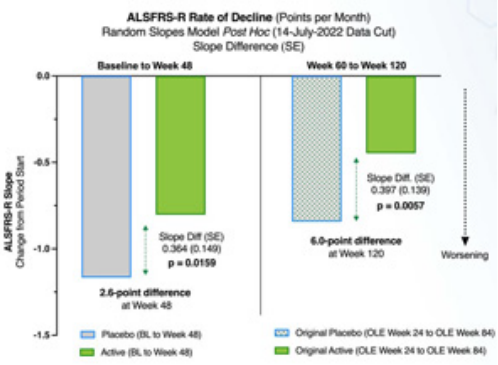
ALSFRS-R Slope Baseline to Week 48



ALSFRS-R Slope Week 60 [OLE Week 24] to Week 120



ALSFRS-R Slope Summary



- **CNM-Au8 preserved functional decline: ALSFRS-R of 2.6 points at 48 weeks compared to placebo**
- **Early CNM-Au8 treatment preserved long-term ALSFRS-R score by 6.0 points vs. OLE original placebo**

OLE 12-month LPLV data cut of July 14, 2022.

Data on File, Clene Nanomedicine, Inc.

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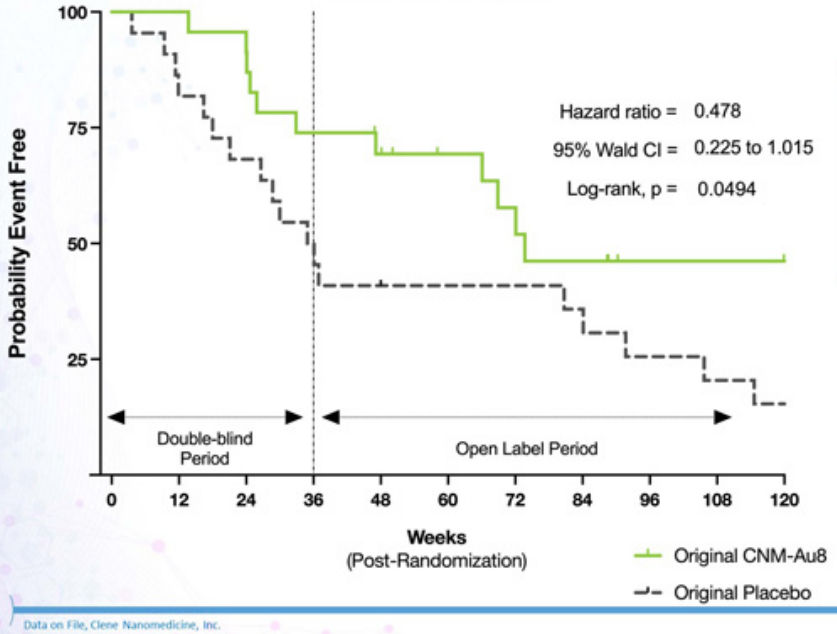
RESCUEALS OLE | Decreased ALS Time to Clinical Worsening

Rescue-ALS OLE Disease Progression Events
Proportion Event Free by Study Visit (14-July-2022 Data Cut)
Kaplan-Meier Analyses



The risk of ALS clinical worsening was decreased ~50% for CNM-Au8 compared to placebo in OLE up-to-120 weeks

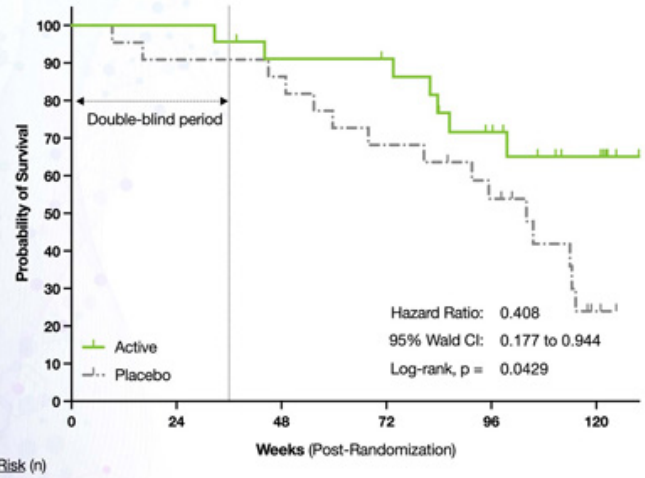
Clinical worsening events included:

- Death,
- Tracheostomy,
- Need for non-invasive ventilatory support, or
- Gastrostomy (feeding) tube placement.

Data on File, Clene Nanomedicine, Inc.

Demonstrated Significant Impact on Long-Term Survival 60% Decreased Risk of Death through 120 weeks

Long-Term Survival (All-Cause Mortality): Originally Randomized Active vs. Placebo
Interim Analysis (14-July-2022), ITT Population, All Subjects from Randomization
(Long-term vital status including all study withdrawals)



At Risk (n)						
CMM-Au8:	23	23	20	19	13	7
Placebo:	22	20	19	15	11	3

Early CNM-Au8 treatment demonstrated a significant survival benefit:

- Follow-up of active compared to initial placebo randomization*
- 60% decreased risk of death

*9-month delayed treatment start (ex-placebo) or no treatment

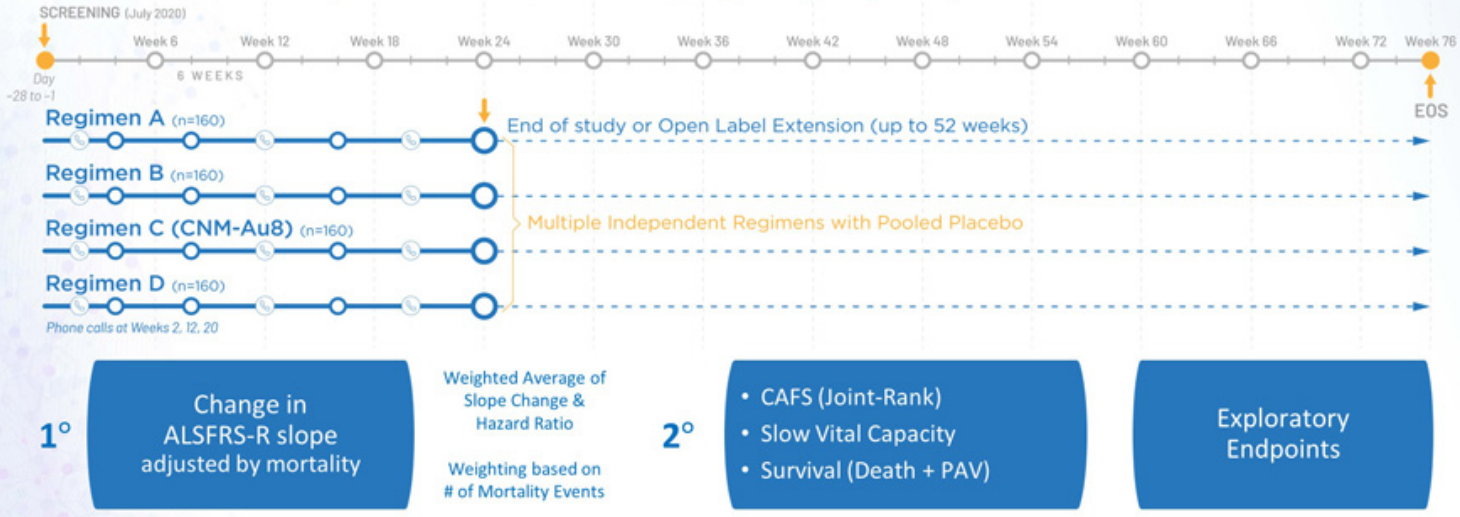
Time to all-cause mortality amongst participants originally randomized to CNM-Au8 compared to participants originally randomized to placebo through at least 12-months following the last patient last visit (14-July-2022). Vital status and date of death (as applicable) were captured for all subjects withdrawn from the study. Lost-to-follow-up (active, n=3; placebo, n=1) censored as of the date of last study contact. All OLE ex-placebo CNM-Au8 transitioned participants within the placebo group. All current active OLE subjects are right censored as of 14-July-2022.

Data on File, Clene Nanomedicine, Inc.

HEALEY ALS Platform Trial

A Multi-center, Randomized Double-Blind, Placebo-Controlled Clinical Trial Assessing the Efficacy, Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of CNM-Au8 in Participants with Amyotrophic Lateral Sclerosis

24-Week Treatment Period (3:1 randomization, 120 active [30mg, 60mg]: 40 placebo)



1° Change in ALSFRS-R slope adjusted by mortality

Weighted Average of Slope Change & Hazard Ratio

Weighting based on # of Mortality Events

2°

- CAFS (Joint-Rank)
- Slow Vital Capacity
- Survival (Death + PAV)

Exploratory Endpoints

Paganoni et al. Adaptive Platform Trials to Transform Amyotrophic Lateral Sclerosis Therapy Development. Ann Neurol. 2022; 91:165-175.

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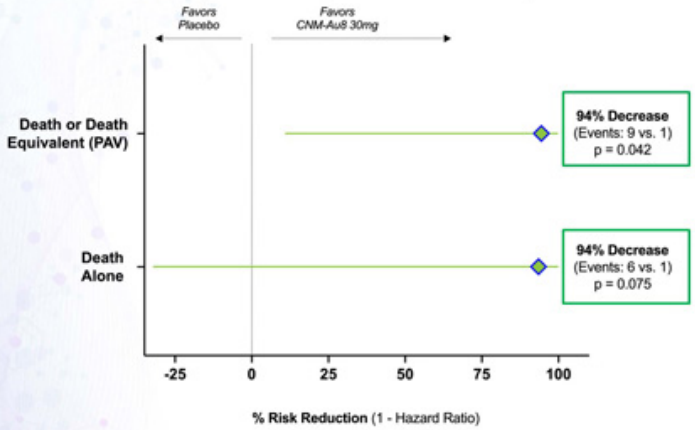
Survival Signal | >90% Reduced Risk of Death with 30mg

HEALEY ALS Platform Trial

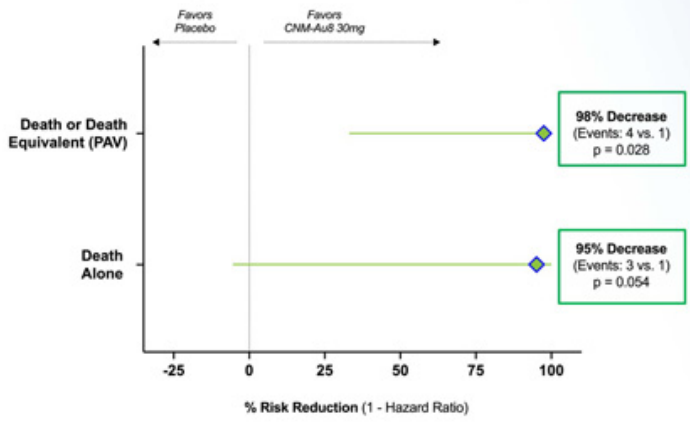
Shared Placebo Across Regimens

CNM-Au8 30mg Survival | Adjusted Cox Proportional Hazard
Full Analysis Set (All Shared Placebo, Regimens A, B, C, D)
% Hazard Reduction at Week 24
(1 - Hazard Ratio, 95% Confidence Interval)



CNM-Au8 Regimen Only (Regimen C)

CNM-Au8 30mg Survival | Adjusted Cox Proportional Hazard
Efficay Regimen Only Set (Within Regimen Analysis)
% Hazard Reduction at Week 24
(1 - Hazard Ratio, 95% Confidence Interval)



PAV = Permanently Assisted Ventilation; Prespecified covariate adjustments include: (i) time from symptom onset, (ii) pre-baseline ALSFRS-R slope, (iii) riluzole use, (iv) edaravone use, (v) age. Events (placebo vs. active).. p-values are not adjusted for multiple comparisons; exploratory analyses by dose.

No evidence for treatment effect at 24 weeks for either adjusted ALSFRS-R change, CAFS, or SVC (combined 30 & 60 mg doses)

Data on File, Clene Nanomedicine, Inc.

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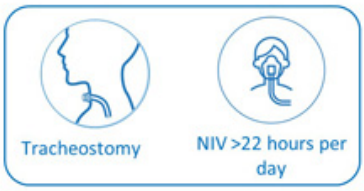
Time to Clinical Worsening Events

HEALEY ALS Platform Trial

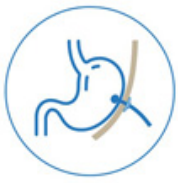
Death

Permanent Assisted Ventilation



Hospitalization
ALS-Related and All-Cause

Feeding Tube Placement



Assisted Ventilation

- Time to clinical worsening events were prespecified in the protocol and analysis plan
- p-values provided are uncorrected for multiple comparisons
- Since the primary outcome was negative, the results are hypothesis generating and not confirmatory
- Combined analyses of the 30mg and 60mg doses were prespecified for primary & secondary outcomes

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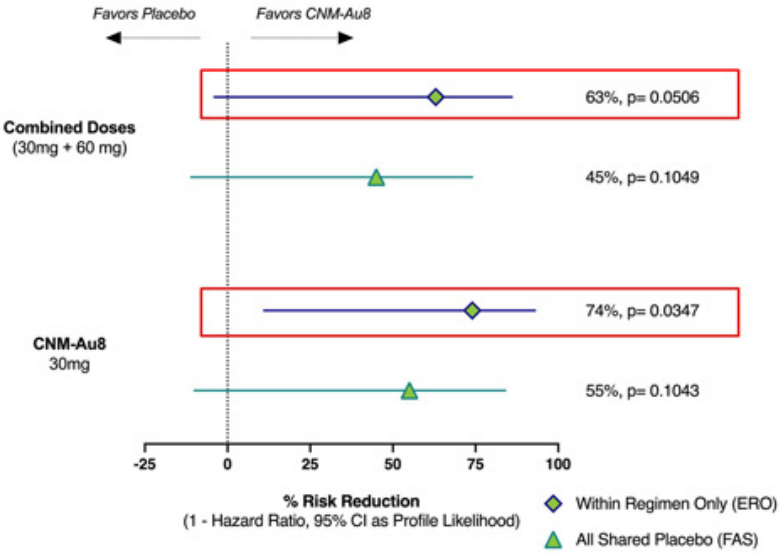
Delayed Time to ALS Clinical Worsening (Composite)

HEALEY ALS Platform Trial

Clinical Worsening Composite (Time to First Instance)

- Death
- Tracheostomy
- Permanent Assisted Ventilation (NIV >22 hours per day)
- Feeding Tube Placement

Reduction in Time to ALS Clinical Worsening (Composite)
First Instance of Death, Tracheostomy, PAV, or Feeding Tube
Risk Adjusted Cox Proportional Hazard Model (Primary Covariate Model)
% Hazard Reduction to Week 24 (Double-Blind Period)



Prespecified covariate risk adjustments included: (i) time from symptom onset, (ii) pre-baseline ALSFRS-R slope, (iii) riluzole use, (iv) edaravone use.

For the within regimen (ERO) analysis, feeding tube placement was always the first initiating event for the composite.

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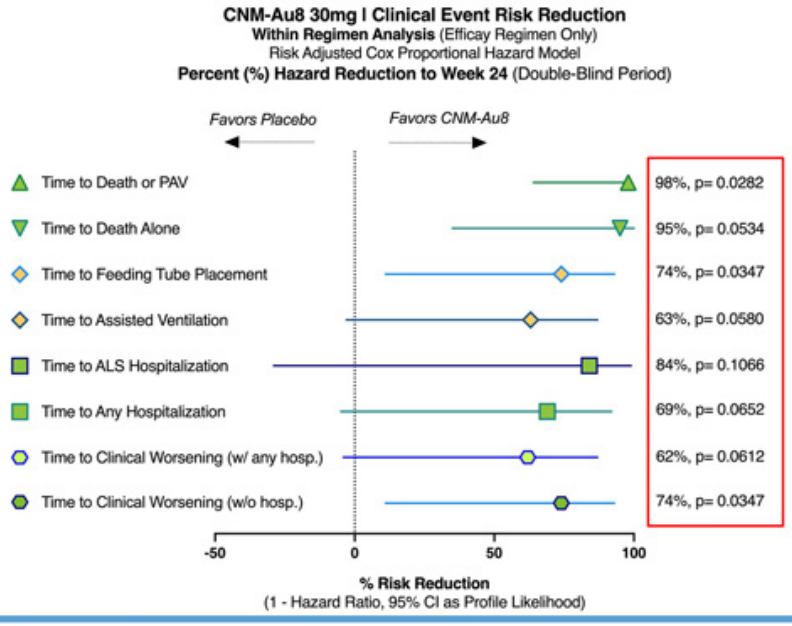
Delayed Time to Clinical Event Summary

CNM-Au8 30mg | Within Regimen Analysis (Primary Model)

HEALEY ALS Platform Trial

CNM-Au8 30mg delayed time to clinical worsening at 6 months



Supportive sensitivity analyses incorporating baseline neurofilament light chain (NfL) levels were similarly robust and resulted in increased effect sizes and smaller nominal p-values.

Prespecified covariate risk adjustments included: (i) time from symptom onset, (ii) pre-baseline ALSFRS-R slope, (iii) riluzole use, (iv) edaravone use.

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ALS Summary | CNM-Au8 Has Demonstrated Survival Benefit and Delayed Time to Clinical Worsening and Functional Decline

Significant Opportunity

- ALS remains a devastating and fatal disease within ~3 to 5 years of diagnosis—a significant unmet need

CNM-Au8® Clinical Results

RESCUEALS

HEALEY ALS Platform Trial

- Demonstrated significant ALS survival benefit at 30 mg dose in two phase 2 studies
- Preserved ALSFRS-R functional decline with long-term follow-up in RESCUE-ALS OLE:
  - 2.6 points slower decline at 48 weeks vs. placebo (p=0.159)
  - 6.0 points slower decline vs to OLE original placebo (p=0.0057)
- 74% lower risk of time to clinical worsening at 6 months in the Healey ALS Platform Trial (p = 0.035)

Global Phase 3 ALS Trial

- RESCUE-ALS and Healey ALS Platform Trial results support advancement to Phase 3 RESTORE-ALS with the 30 mg dose

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HEALEY ALS Platform Safety Summary

- Occurrence of TEAEs were balanced between CNM-Au8 and placebo
- No SAEs were assessed as related to CNM-Au8

Treatment Emergent Adverse Events (TEAEs)	All Shared Placebo (%)	Regimen Placebo (%)	CNM-Au8 30 mg (%)	CNM-Au8 60 mg (%)
Participants with Any TEAE	90%	93%	92%	93%
Participants with Related TEAEs	39%	34%	29%	43%
Participants with SAE	9%	17%	10%	16%
Participants with Related SAEs	1%	2%	0%	0%
Participants Withdrawn due to TEAE	7%	7%	7%	7%

All Shared Placebo (n=164 placebo from Regimens A, B, C, D); Regimen placebo (n=41) includes only concurrent randomization within Regimen C (CNM-Au8)

VISIONARY-MS STUDY Core Design Elements

Phase 2 Study: 48-Week Placebo-Control Treatment Period 2:1 Randomization (Active [15mg, 30 mg]: Placebo)

- Enrolled stable relapsing remitting MS participants with chronic optic neuropathy on background DMTs
- n=73 of 150 planned (~50%) study ended prematurely due to COVID-19 pandemic enrollment challenges
- Pre-specified statistical threshold set at p=0.10
- CNM-Au8 Open Label Extension (OLE) for original active and placebo continues for up-to-96 weeks

1° Change in Low Contrast Letter Acuity (LCLA)

2° Change in modified MS Functional Composite (mMSFC)

9HPT SDMT T25FWT LCLA

https://clinicaltrials.gov/ct2/show/NCT03536559; Data on File, Clene Nanomedicine, Inc.

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Baseline Demographics and Study Analysis

VISIONARY-MS STUDY

- All participants diagnosed with stable relapsing remitting MS with chronic optic neuropathy
- 92% treated with background DMTs (inc 53% monoclonal antibodies, 32% oral)
- Modified ITT (mITT) Analysis Population

Baseline Value mean (sd)	Age (yrs)	Sex n, (%) Female	Race n, (%) White	Weight (kg)	EDSS Score	Years from Dx	Months Since Relapse
CNM-Au8 15 mg (n=24)	38.4 (10.2)	15 (63%)	23 (96%)	78.0 (17.1)	1.83 (1.3)	6.5 (5.0)	53 (57)
CNM-Au8 30 mg (n=25)	39.6 (7.6)	16 (64%)	24 (96%)	78.6 (17.3)	1.50 (1.1)	3.4 (3.3)	37 (35)
Placebo (n=24)	38.1 (8.3)	20 (83%)	22 (92%)	83.0 (23.3)	1.85 (1.4)	6.6 (3.7)	57 (38)
All Participants (n=73)	38.7 (8.6)	51 (70%)	69 (95%)	79.9 (19.3)	1.75 (1.5)	5.5 (4.3)	49 (45)

Data on File, Clene Nanomedicine, Inc.

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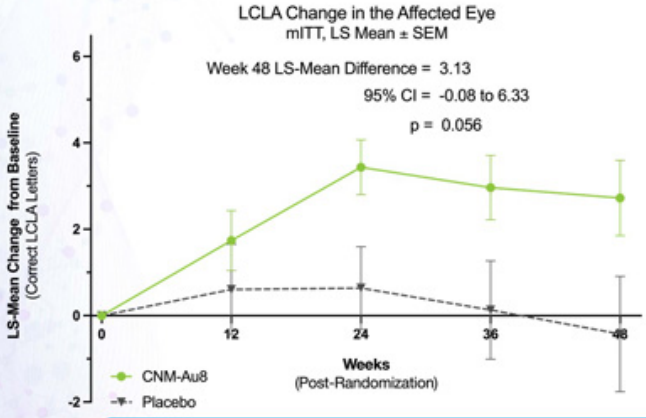
CNM-Au8 Demonstrated Vision and Global Neurological Improvement in Stable MS patients on DMTs

VISIONARY-MS STUDY

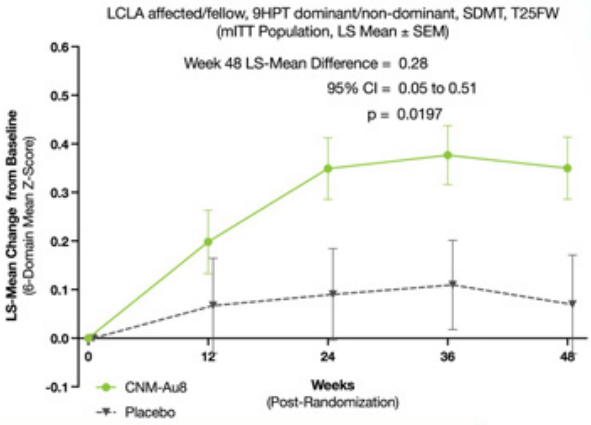
Significantly Improved Vision

Change in Low Contrast Letter Acuity (LCLA)



Global Neurological Improvement

Change in modified MS Functional Composite (mMSFC)



Global neurological clinical improvement was driven by cognition, manual dexterity, and low contrast letter acuity

Data on File, Clene Nanomedicine, Inc.

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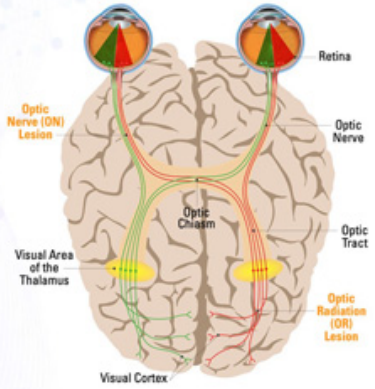
VISIONARY-MS Measures of Axonal Integrity

VISIONARY-MS STUDY

Visual Evoked Potentials (VEP)

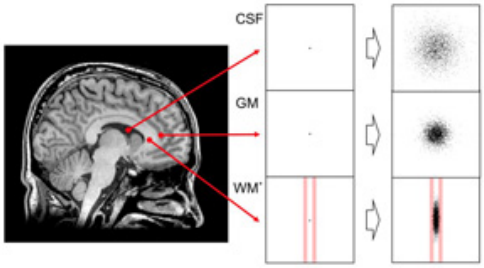
Multi-focal Amplitude and Latency Changes



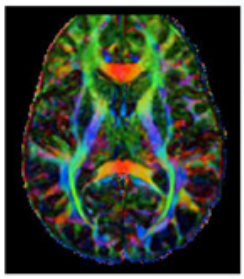
Advanced MRI Techniques

Diffusion Tensor Imaging (DTI) changes

Fractional Anisotropy



Brain Diffusivity



What Happens in the Visual System Happens Throughout the MS Brain

Balcer et la. Mult Scler. 2017 Apr;23(5):734-747.

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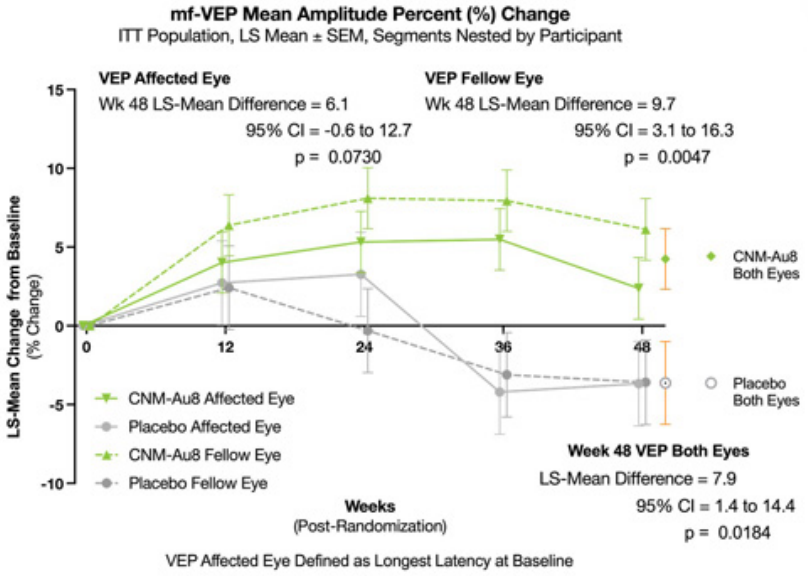
CNM-Au8 Improved Information Signal in the Visual Pathway

VISIONARY-MS STUDY

Increased Amplitude (Signal Strength)

From the Eye to the Brain's Visual Cortex



VEP Affected Eye Defined as Longest Latency at Baseline

Increased VEP amplitude is associated with improved axonal integrity; provides evidence that previously impaired neurons can contribute to information signaling after treatment

Data on File, Clene Nanomedicine, Inc.

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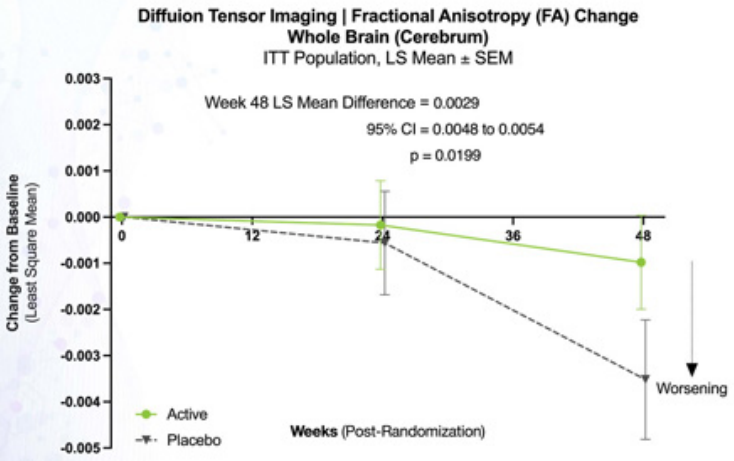
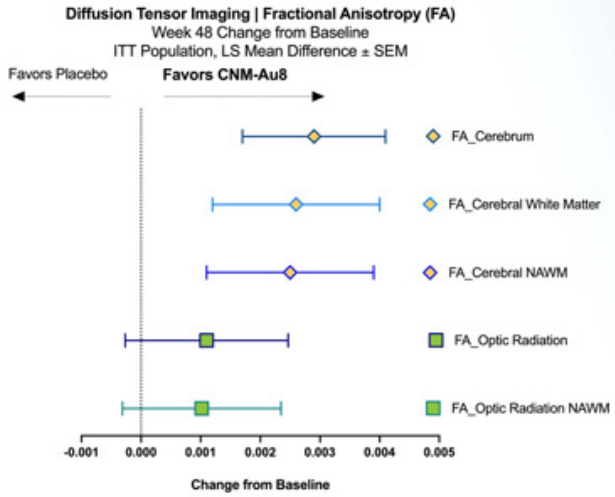
CNM-Au8 Preserved White Matter Integrity Throughout the Brain

VISIONARY-MS STUDY

Preserved Whole Brain White Matter Integrity



Consistent Effect Across All Brain Regions



Preservation of white matter integrity associated with decreased cognitive and functional decline in MS patients

Data on File, Clene Nanomedicine, Inc.

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Summary | Consistent Paraclinical Evidence of Neuroprotective Effects Favoring CNM-Au8 Treatment

Paraclinical Endpoint	Paraclinical Measure LS Mean Change – Week 48	Significance	Key Findings	Implications
Diffusion Tensor Imaging (DTI) measure of Fractional Anisotropy (FA)	FA within the whole brain (Cerebrum)	p = 0.0199	Improvements of axonal integrity and neuronal structure across the brain	Neuroprotection and preservation of white matter integrity associated with decreased cognitive and functional decline
	FA within total Cerebral White Matter	p = 0.0805		
	FA within total Cerebral Normal Appearing White Matter	p = 0.0823		
Multi-focal Visual Evoked Potential (mf-VEP)	Amplitude percent change across both eyes	p = 0.0184	Improved information signal along the visual pathway	Neuronal preservation and improved information signal from previously impaired neurons
	Amplitude percent change in the most affected eye at baseline	p = 0.0730		
	Amplitude percent change in the least affected eye at baseline	p = 0.0047		

Critical unmet need in MS for treatments that protect neuronal function independently of immunomodulation to decrease disease progression

Data on File, Clene Nanomedicine, Inc.

VISIONARY-MS Safety Summary

VISIONARY-MS STUDY

CNM-Au8 treatment was safe and well-tolerated

- Treatment emergent adverse events (TEAEs) were transient and predominantly mild-to-moderate
- No dose limiting adverse events; no related serious adverse events

Treatment Emergent Adverse Events (TEAEs)	Placebo number (%)	CNM-Au8 15 mg number (%)	CNM-Au8 30 mg number (%)
Subjects with any TEAE	22 (92%)	21 (88%)	25 (100%)
Subjects with SAE	2 (8%)	1 (4%)	2 (8%)
Subjects with Related TEAEs	2 (8%)	2 (8%)	5 (20%)
Subjects Discontinued due to TEAE	1 (4%)	--	1 (4%)

Placebo SAEs: (1) Lentigo maligna melanoma, (2) pregnancy; CNM-Au8 15mg SAEs: (1) Pneumonia, bacteremia (staph aureus), endocarditis; 30mg SAEs: (1) Ketamine infusion for pain and paracetamol overdose; (2) deep vein thrombosis (6-months post-discontinuation)

CNM-Au8

Data on File, Clene Nanomedicine, Inc.

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CNM-Au8 is Consistently Favored for Treatment of MS Progression Independent of an Immunomodulatory Effect

VISIONARY-MS STUDY

Significant Opportunity

- MS patients continue to progress with increasing cognitive and functional deficits accumulating even while receiving disease-modifying therapies—a significant unmet medical need

CNM-Au8® Clinical Results

- Significant improvements in clinical outcomes, brain structure, and visual system on top of immunomodulatory standard of care therapy
- Paraclinical MRI and VEP improvements support clinical benefits, consistently favoring CNM-Au8

Global Phase 3 MS Trial

- Phase 2 VISIONARY-MS safety and efficacy results support advancement to Phase 3

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Over 400 Years of Subject Exposure Without Identified Safety Signals Across ALS, MS, and PD

Clean Toxicology Findings

All Animal Toxicology Studies Resulted in No-Adverse Effect Level (NOAEL) Findings

- Multiple species up to 9-months treatment
- Up to maximum feasible dosing without any toxicology findings related to CNM-Au8

Well Tolerated Adverse Event (AE) Profile

Assessed as Predominantly Mild-to-Moderate Severity and Transient

- No SAEs related to CNM-Au8 considered severe, life-threatening, or resulting in death
- AEs transient and predominantly mild-to-moderate severity

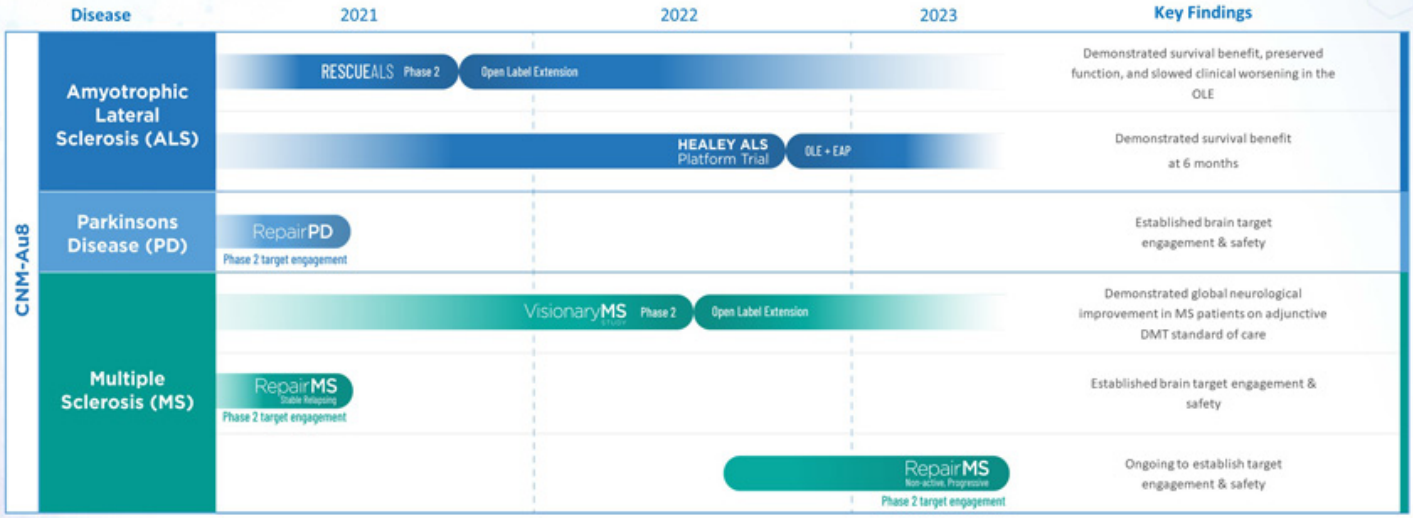
Patient Exposure Across ALS, MS & PD

Over 400 Years of Subject Exposure Without Identified Safety Signals

- Long-term dosing experience up to 175 weeks

Data on File, Clene Nanomedicine, Inc. MS: Multiple Sclerosis, ALS: Amyotrophic lateral sclerosis, and PD: Parkinson's Disease.

Growing Body of Evidence for CNM-Au8®



Data on File, Clene Nanomedicine, Inc.

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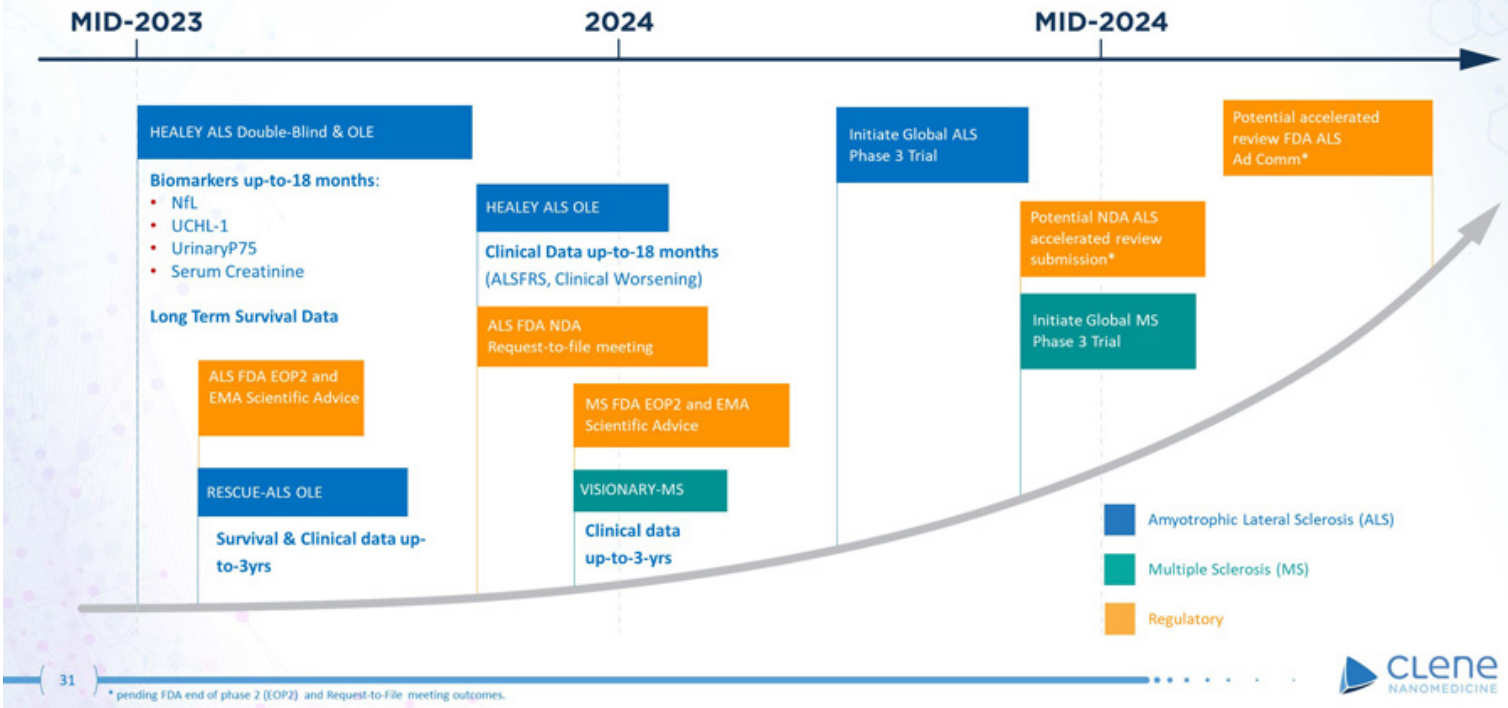
Clene | Anticipated Catalysts Over the Next Year



* pending FDA end of phase 2 (EOP2) and Request-to-File meeting outcomes.

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Evidence Supports CNM-Au8 Therapeutic Potential to Treat Neurodegenerative Diseases

CNM-Au8®
a gold nanocrystal suspension, in development as the first cellular energetic catalyst to remyelinate[1] & protect neurological function

RESCUEALS

60% decreased risk of death in ALS through 120 weeks

HEALEY ALS Platform Trial

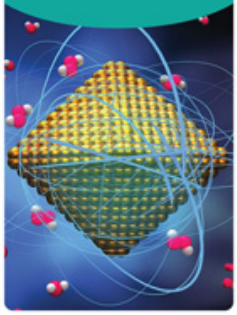
>90% decreased risk of death with 30 mg in ALS

VISIONARY-MS STUDY

Demonstrated global neurological improvement in MS patients on adjunctive DMT standard of care

>400
patient years of CNM-Au8 clinical exposure

Strong IP:
150+
patents on nanotherapeutic platform



As of March 31, 2023, cash and equivalents on hand (unaudited):

$18.4M

Data on File, Clene Nanomedicine, Inc. [1]Robinson et al. Sci Rep. 2020 Feb 11;10(1):1936.[2]https://clinicaltrials.gov/ct2/show/NCT04414345.

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Clene Inc.

HQ & Clinical Development
6550 South Millrock Drive, Suite G50
Salt Lake City, UT 84121

R&D and Manufacturing
500 Principio Parkway, Suite 400
North East, MD 21901

Version: 12-May-2023