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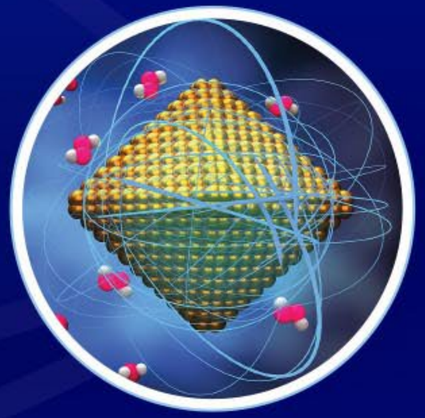
Forward Looking Statements

This presentation 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,” “could,” “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. Forward-looking statements in this presentation may include, for example, statements about our drug candidate’s trial results and potential impact on disease states, and other factors detailed under “Risk Factors” in our most recent Annual Report on Form 10-K and any subsequent Quarterly Reports on Form 10-Q. These forward-looking statements represent our views as of the date of this presentation 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 substantial dependence on the successful commercialization of our drug candidates, if approved, in the future; our inability to maintain the listing of our common stock on Nasdaq; our significant net losses and net operating cash outflows; 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 ability to obtain and maintain protection of intellectual property for our technology and drug candidates; our reliance on third parties to conduct drug development, manufacturing and other services; our limited operating history and our ability to obtain additional funding for operations and to complete the licensing or development and commercialization of our drug candidates; the impact of epidemics, pandemics, and the ongoing conflicts between Ukraine and Russia and Israel and Hamas on our clinical development, commercial and other operations; changes in applicable laws or regulations; the effects of inflation; the effects of staffing and materials shortages; the possibility that we may be adversely affected by other economic, business, and/or competitive factors; 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 presentation, 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 presentation is as of the date of this presentation. The information contained in any website referenced herein is not, and shall not be deemed to be, part of or incorporated into this presentation.

Focused on Improving Mitochondrial Health and Protecting Neuronal Function to Treat Neurodegenerative Diseases



THE PROBLEM

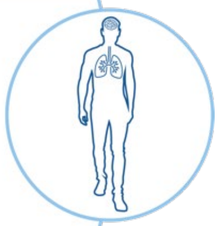
- The World Health Organization predicts **neurodegenerative diseases will become the second-most prevalent cause of death** within the next 20 years.
- A therapeutic breakthrough is urgently needed.
- In neurodegenerative diseases**, impaired mitochondrial activity and compromised cellular metabolism can lead to neuronal death**.

A NEW APPROACH

- **Clene is pioneering catalytic nanotherapeutics** to treat neurodegenerative diseases, such as amyotrophic lateral sclerosis, Parkinson's disease and multiple sclerosis.
- By **targeting the improvement of mitochondrial function** via the nicotinamide adenine dinucleotide pathway, Clene's first-in-class drug, CNM-Au8, is **pioneering a new way to restore and protect neuronal function**.

Building the Clinical Case for Neuroprotection & Remyelination

HEALEY ALS Platform Trial



RESCUEALS

VISIONARY-MS STUDY

RepairPD

RepairMS

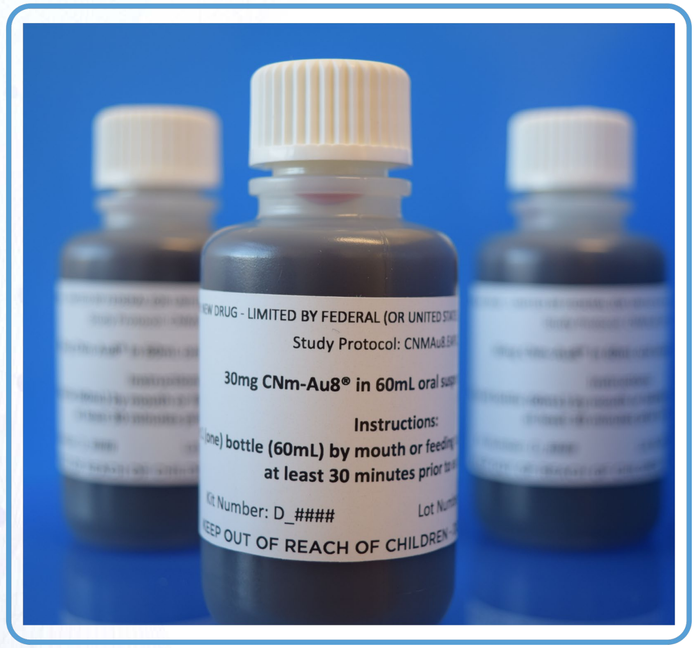
Growing Body of Clinical Evidence Across ALS and MS Supports CNM-Au8 Therapeutic Potential to Treat Neurodegenerative Diseases

Proprietary Nanotherapeutic Manufacturing
Strong IP: 160+ granted patents PLUS Trade Secrets

Data on File, Clene Nanomedicine, Inc.

What is CNM-Au8® ?

CNM-Au8 Nanocrystal Suspension
60 mL per bottle (once daily)



>100 Trillion Nanocrystals per 60 mL dose (at 30 mg)

CNM-Au8 Attributes:

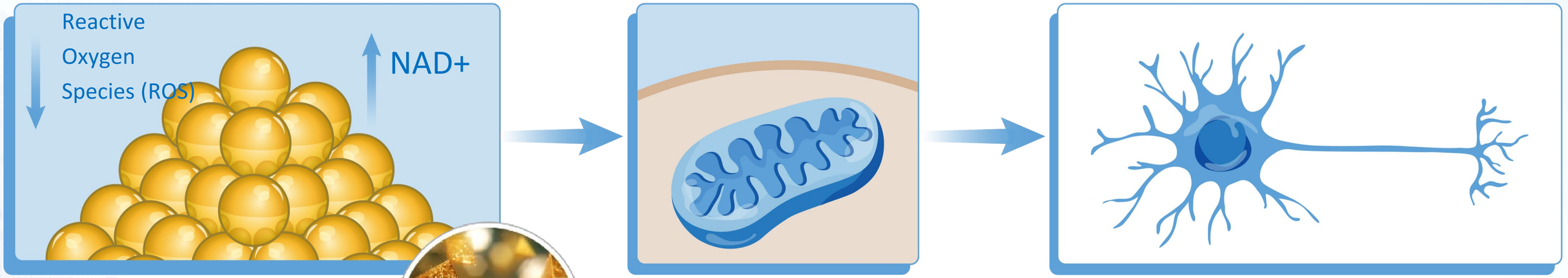
- ✓ **Nanocrystal suspension**
- ✓ **Orally administered (or by feeding tube)**
- ✓ **Targets energy metabolism and oxidative stress**
- ✓ **Blood-brain-barrier penetrant**

Data on File, Clene Nanomedicine, Inc.

CNM-Au8® | Surface Catalysis Supports Mitochondrial Function

Mitochondrial Function

Neuronal Survival And Function



CNM-Au8
Nanocrystal
Catalysis

Acts as an electron donor/receiver

Robinson et al. Sci Rep. 2020 Feb 11;10(1):1936. Wang et al 2023, Small. 2023 Sep 28:e2304082.

CLene NANOMEDICINE

Safety Review

- **Over 1,100 participant-years** of exposure to CNM-Au8
- CNM-Au8 continuous daily long-term **treatment duration over 6.0 years**
- **Over 900 patients treated** in clinical and EAP programs
- **No related SAEs** (serious adverse events) related to CNM-Au8 across all clinical programs
- TEAEs (treatment-emergent adverse events) predominantly assessed as **mild-to-moderate severity, and transient;** no temporal association of increasing TEAE or SAE incidence based on exposure duration
- 'No Adverse Effect Level' **(NOAEL) findings across all toxicology studies** up to maximum feasible dose
- **Oral** (or feeding tube) nanocrystal suspension

RESCUEALS

HEALEY ALS Platform Trial

ALS EXPANDED ACCESS PROTOCOLS (EAP)

VISIONARY-MS STUDY

RepairPD
Early Parkinson's Disease

RepairMS
Stable Relapsing MS

RepairMS
Non-Active Progressive MS

Data on File, Clene Nanomedicine, Inc.

Despite Missed Primary Endpoints, Concordant Survival Outcomes with CNM-Au8 Treatment in ALS are Promising

	RESCUE-ALS	RESCUE-OLE	HEALEY ALS Platform	HEALEY OLE	Expanded Access Protocols
ALS Participant Demographics	Early-to-Mid-Stage (n=45)	Early-to-Mid-Stage (n=36)	Mid-to-Late-Stage (n=161; Regimen C)	Mid-to-Late-Stage (n=134)	Real-World Experience (>500)
Duration	36-weeks	Up to 234 weeks	24-weeks	Up to 133 weeks	Over 6.0 years
Primary/ Secondary Endpoints	1. MUNIX % change 2. MUNIX total change 2. FVC (% predicted)	NA	1. ALSFRS-R adj. by death 2. CAFS 2. SVC (% predicted) 2. Time to Death or PAV	NA	NA
Survival	--	✅	✅	✅ vs. ALS natural history controls	✅ vs. ALS natural history controls
Delayed Time to Clinical Worsening	✅	✅	✅	✅	Not routinely collected
Preserved Function (ALSFRS-R)	--	✅	--	✅ in NfL Responders	
Progression Biomarkers	↓ p75 (trend)	Not routinely collected	✅ NfL & GFAP ↓	✅ NfL ↓ ✅ GSH, GSH/GSSG ↑ ✅ NAD, NAD+/NADH ↑	
Safety	>1000 Years of Participant Exposure without Identified Safety Signals across ALS, MS, and PD				

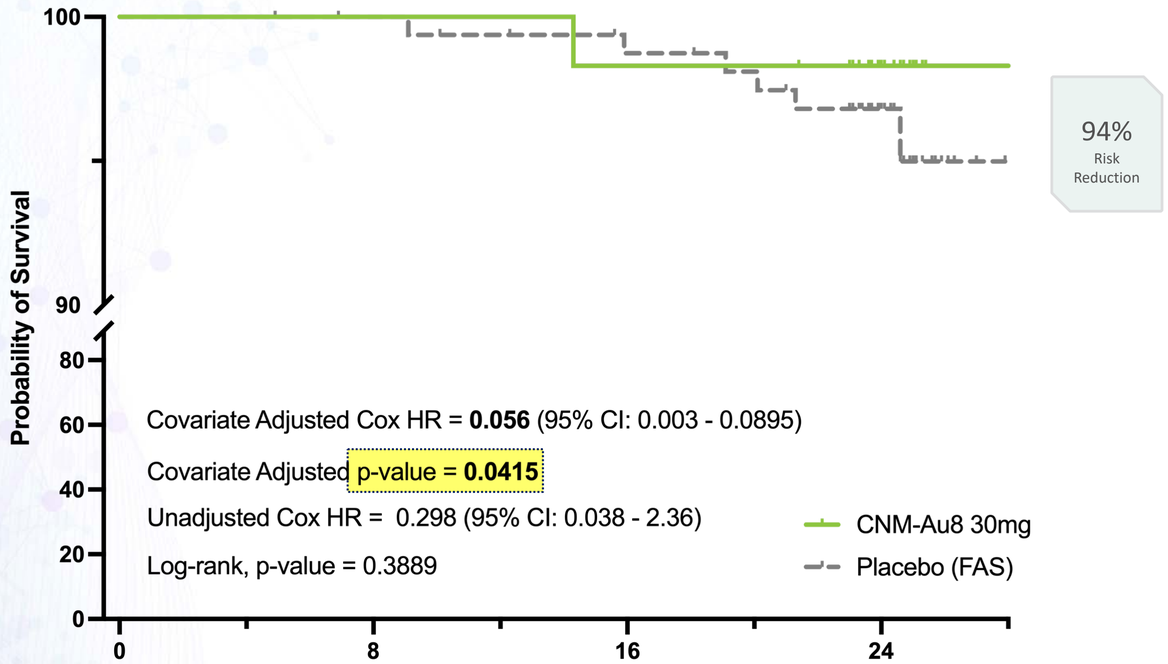
Data on File, Clene Nanomedicine, Inc.

Time to Event | Survival During the Double-Blind Period

HEALEY ALS Platform Trial CNM-Au8 30 mg (Full Analysis Set | All Shared Placebo)

Time to Death or PAV*

HEALEY ALS Platform Trial | Double-Blind Period | Kaplan-Meier Estimator
CNM-Au8 30 mg (n=59) vs. Placebo Full Analysis Set (n=162)

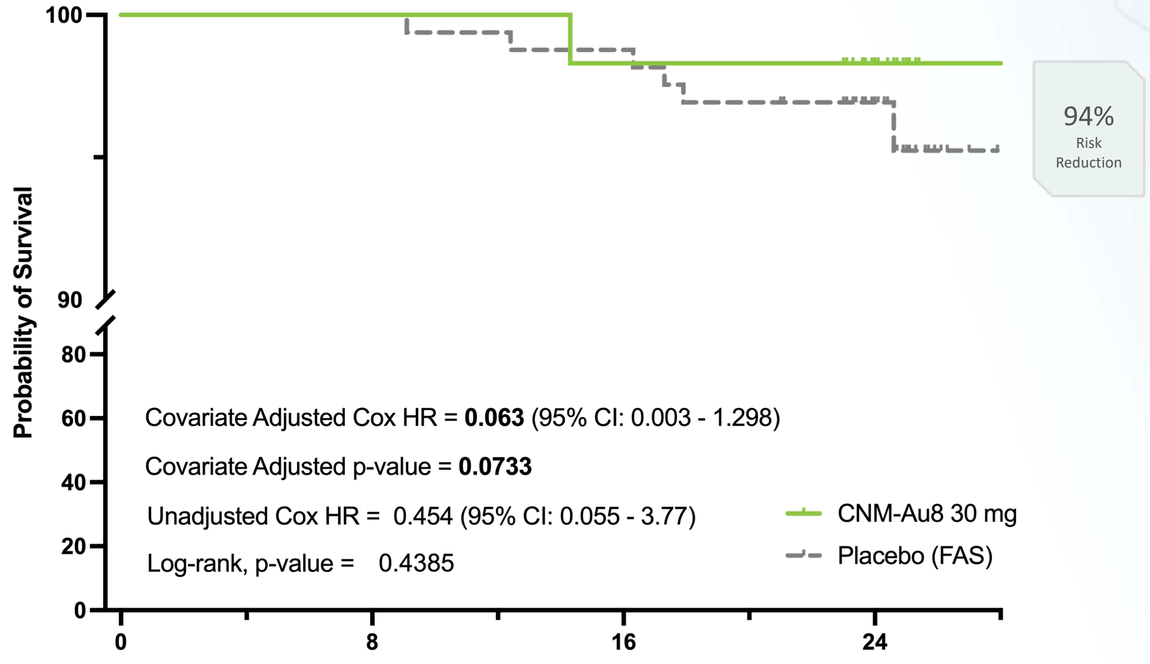


*PAV=Permanently Assisted Ventilation

At Risk				
CNM-Au8 30mg:	59	59	58	45
Placebo:	162	162	159	116

Time to Death

HEALEY ALS Platform Trial | Double-Blind Period | Kaplan-Meier Estimator
CNM-Au8 30 mg (n=59) vs. Placebo Full Analysis Set (n=163)



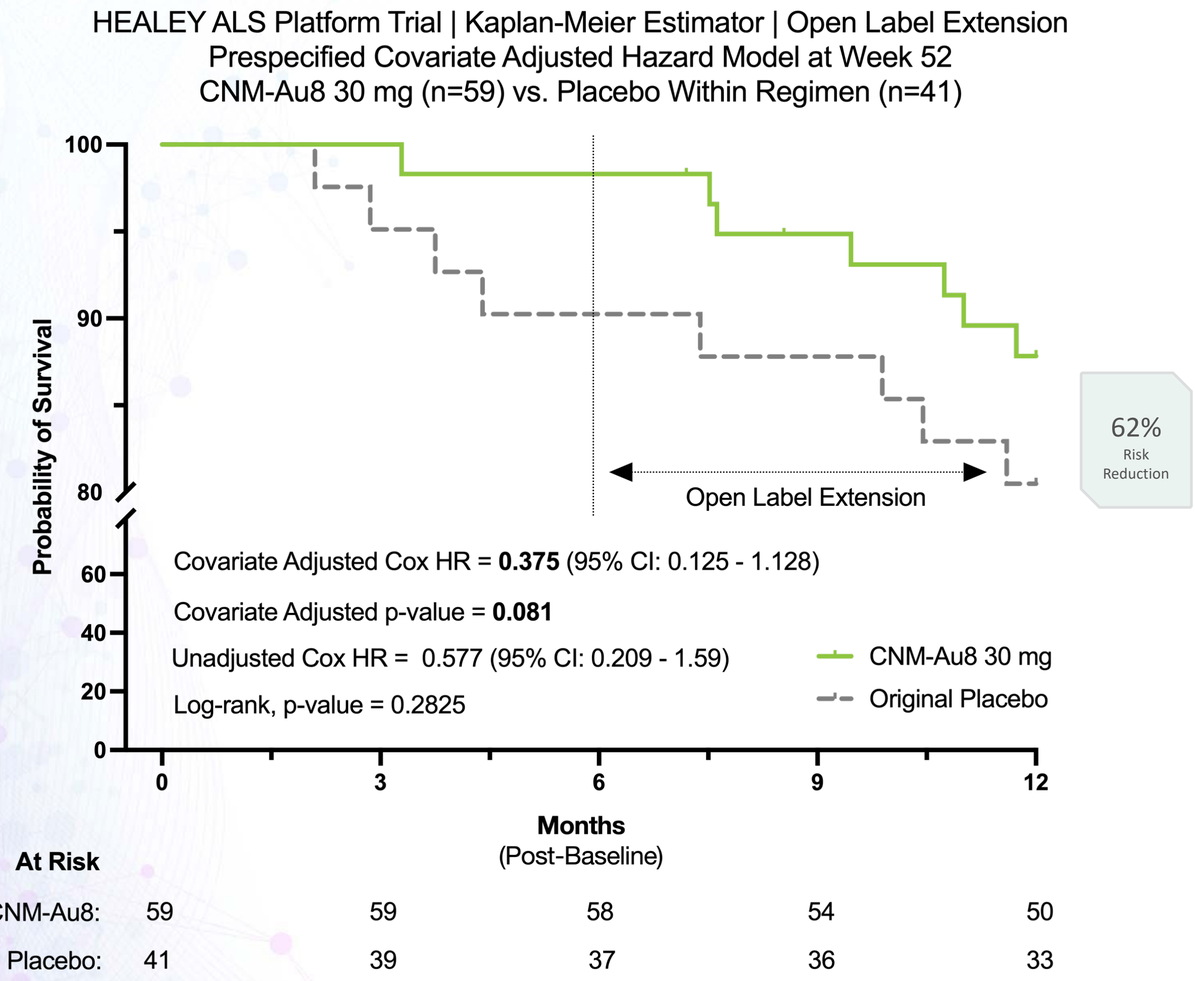
At Risk				
CNM-Au8 30mg:	59	59	58	45
Placebo:	163	163	161	119

Prespecified covariates included: age, months from symptom onset, pre-treatment ALSFRS-R slope (delta-FRS), riluzole treatment, edaravone treatment. One placebo FAS participant had PAV at BL, so is excluded from the left figure (Time to Death or PAV).

Time to Event | Improved Survival During the OLE to Month 12

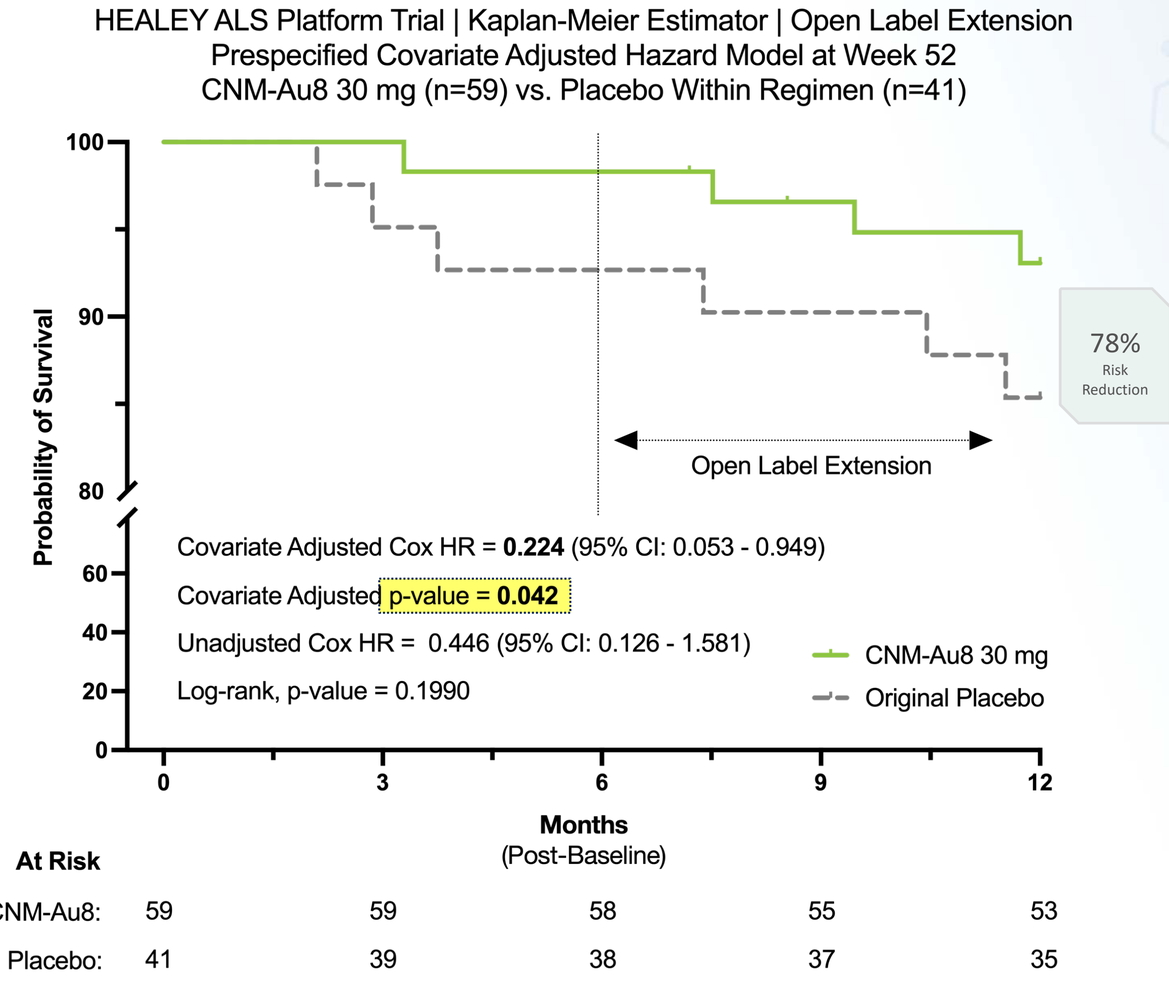
HEALEY ALS Platform Trial CNM-Au8 30 mg

Time to Death or PAV



At Risk					
CNM-Au8:	59	59	58	54	50
Placebo:	41	39	37	36	33

Time to Death



At Risk					
CNM-Au8:	59	59	58	55	53
Placebo:	41	39	38	37	35

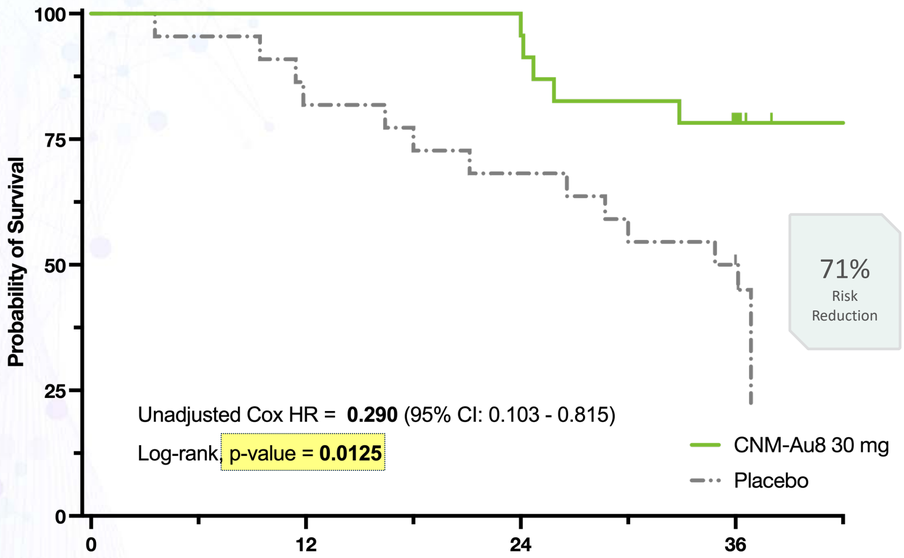
Prespecified covariates included: age, months from symptom onset, pre-treatment ALSFRS-R slope (delta-FRS), riluzole treatment, and edaravone treatment.

CNM-Au8 | Delayed Time to Clinical Worsening Events Concordant in Double-Blind Periods of Two Independent Phase 2 Trials

Delayed Time to Clinical Worsening

Prespecified Exploratory Clinical Composite Endpoint

Time to ALS Clinical Worsening | CNM-Au8 30mg
First Occurence of Death, Tracheostomy, Feeding Tube, or NIV Initiation
RESCUE-ALS | Kaplan-Meier Estimate
CNM-Au8 30mg vs. Placebo (n=45)



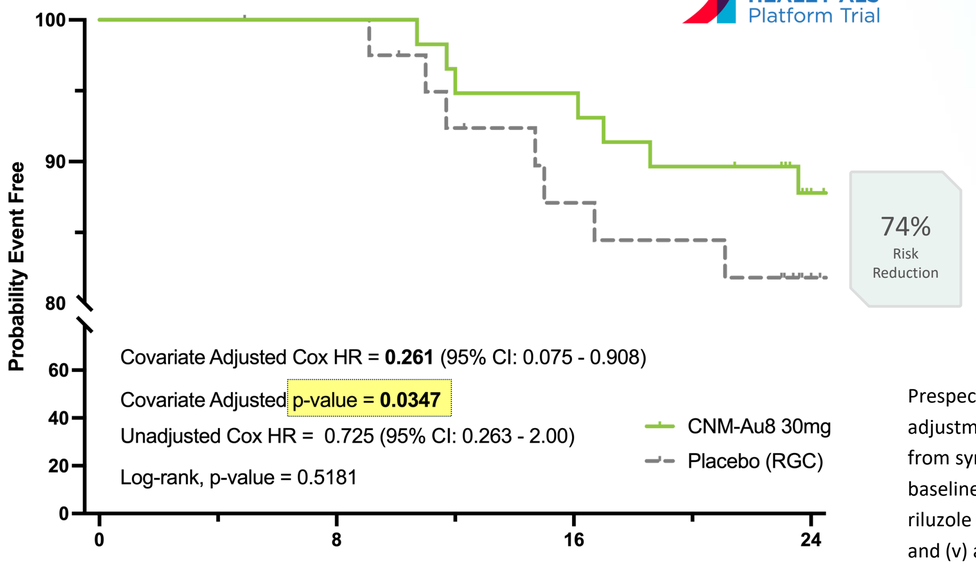
At Risk				
CNM-Au8 30mg:	23	23	23	17
Placebo:	22	18	15	11

1st Occurrence of:

Delayed Time to Clinical Worsening

Prespecified Exploratory Clinical Composite Endpoint

Time to ALS Clinical Worsening | CNM-Au8 30mg
First Occurence of Death, PAV, Tracheostomy or Feeding Tube
HEALEY ALS Platform Trial Within Regimen | Kaplan-Meier Estimator
CNM-Au8 30mg (n=58) vs. Placebo (n=41)



At Risk				
CNM-Au8 30mg:	58	58	55	40
Placebo:	41	40	33	25

1st Occurrence of:

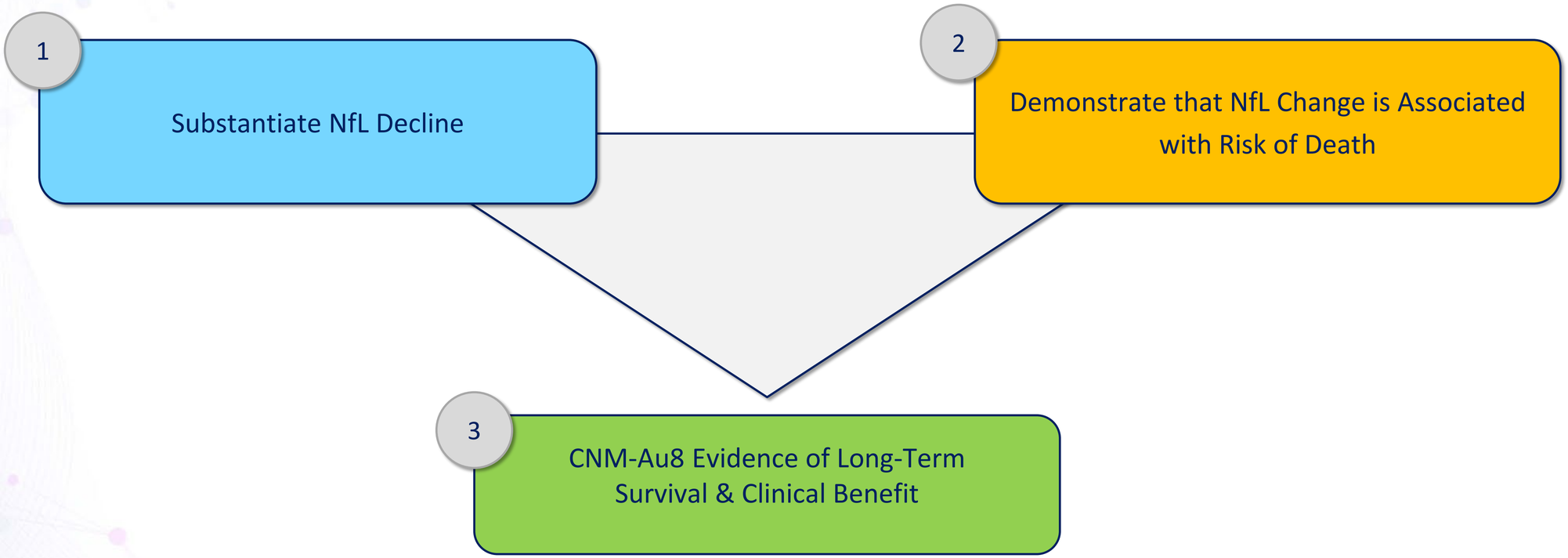
PAV defined as continuous ventilatory support (>23 hr/day) by tracheostomy or NIV for at least 7-days

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

Vucic et al. EClinicalMedicine. 2023 Jun 8;60:102036. Data on File, Clene Nanomedicine, Inc.

FDA Guidance | Substantiation of NfL Biomarker Effect May Support Survival Analyses

"If you are able to provide substantiation of the effects on NfL, we would be willing to consider whether the 24-week data from the HEALEY Platform Trial and the post-hoc analyses on long-term survival are capable of providing evidence that the change in NfL is reasonably likely to predict clinical benefit or potentially serve as confirmatory evidence; however, that would ultimately require a review of the data."



Data on File, Clene Nanomedicine, Inc.

FDA Guidance | Regulatory Path for Accelerated Approval

Excerpted FDA Letters to Clene

NIH-Sponsored EAP NfL Change

*"…**analysis of** change from baseline for NfL at 24 weeks or longer from subjects in the ongoing expanded access protocols"*

NIH·EAP with CNM-Au8®

HEALEY Ex-Placebo to CNM-Au8 NfL Change

"…analysis of change from baseline for NfL in subjects in the OLE of HEALEY who were initially placebo and then received Au8 during OLE"

HEALEY ALS Platform Trial

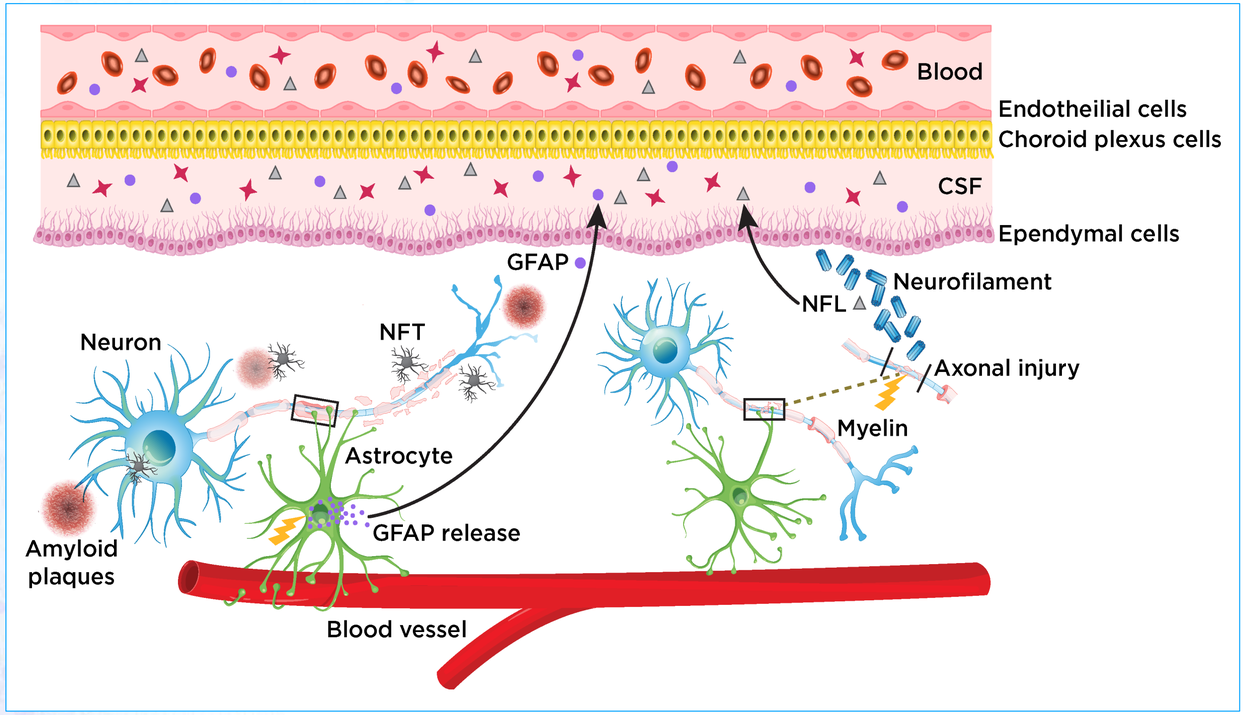
Other Supportive Biomarkers

"..the Division noted that a consistent effect of CNM-Au8 on additional appropriate disease-specific biomarkers could support a drug effect."

HEALEY ALS Platform Trial

Data on File, Clene Nanomedicine, Inc.

ALS Disease-Relevant Biomarkers | What are NfL & GFAP ?



Neurofilament Light Chain (NfL)

- ✓ Structural protein of neuronal axons
- ✓ NfL is released as a sensitive biomarker of neuroaxonal injury when axons are damaged or degenerate in ALS
- ✓ Elevated NfL levels strongly correlate with faster ALS progression rates and shorter survival

Glial Fibrillary Acidic Protein (GFAP)

- ✓ A structural protein in astrocytes, which are crucial for supporting neurons
- ✓ GFAP increase reflects harmful inflammatory and degenerative processes contributing to motor neuron loss in ALS

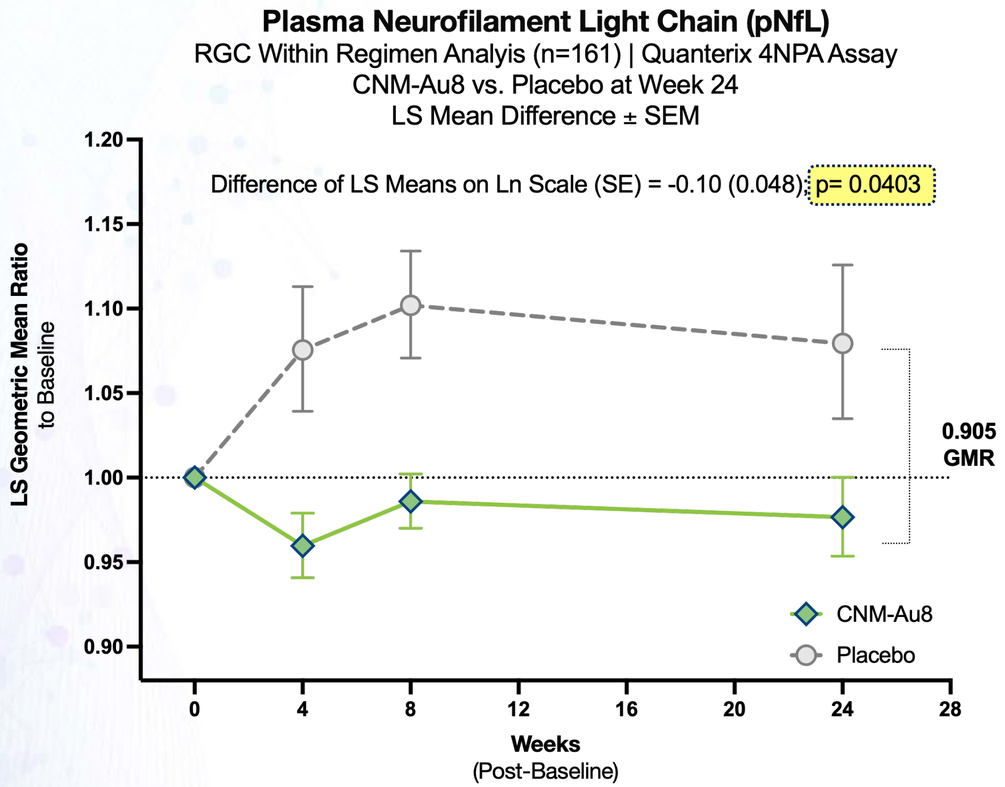
Source(s): Park et al. Int. J. Mol. Sci. 2024, 25(12), 6295. Wagner et al. Neurology. 2025 Feb 26;104(6):e213400. Jung et al. Journal of Neurology (2025) 272:532.

HEALEY NfL and GFAP Biomarker Effects Are Consistent

Biomarker Changes from Baseline to End of the Double-Blind Period (W24)

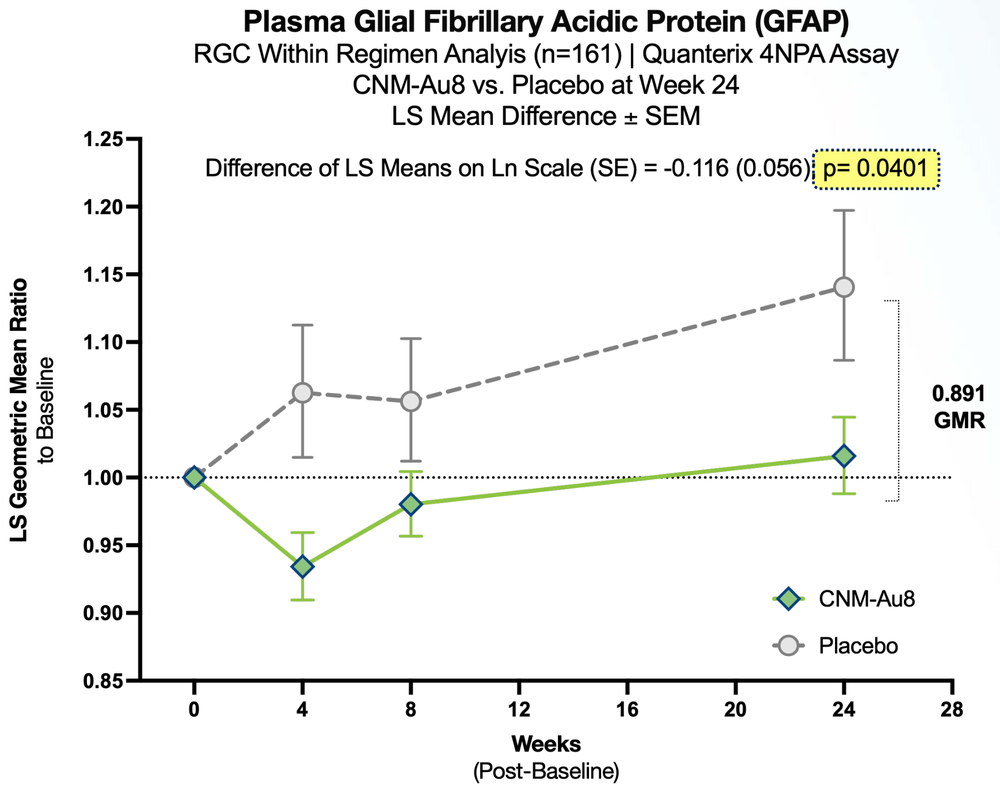
HEALEY ALS Platform Trial

Neurofilament Change



Plasma NfL	GMR	95% CI	p-value
W24 LS Mean	0.905	0.822 – 0.996	p = 0.0403
W24 AUC	0.901	0.845 – 0.959	p = 0.0013

Glial Fibrillary Acidic Protein (GFAP) Change



Plasma GFAP	GMR	95% CI	p-value
W24 LS Mean	0.891	0.798 – 0.995	p = 0.0401
W24 AUC	0.913	0.841 – 0.990	p = 0.0278

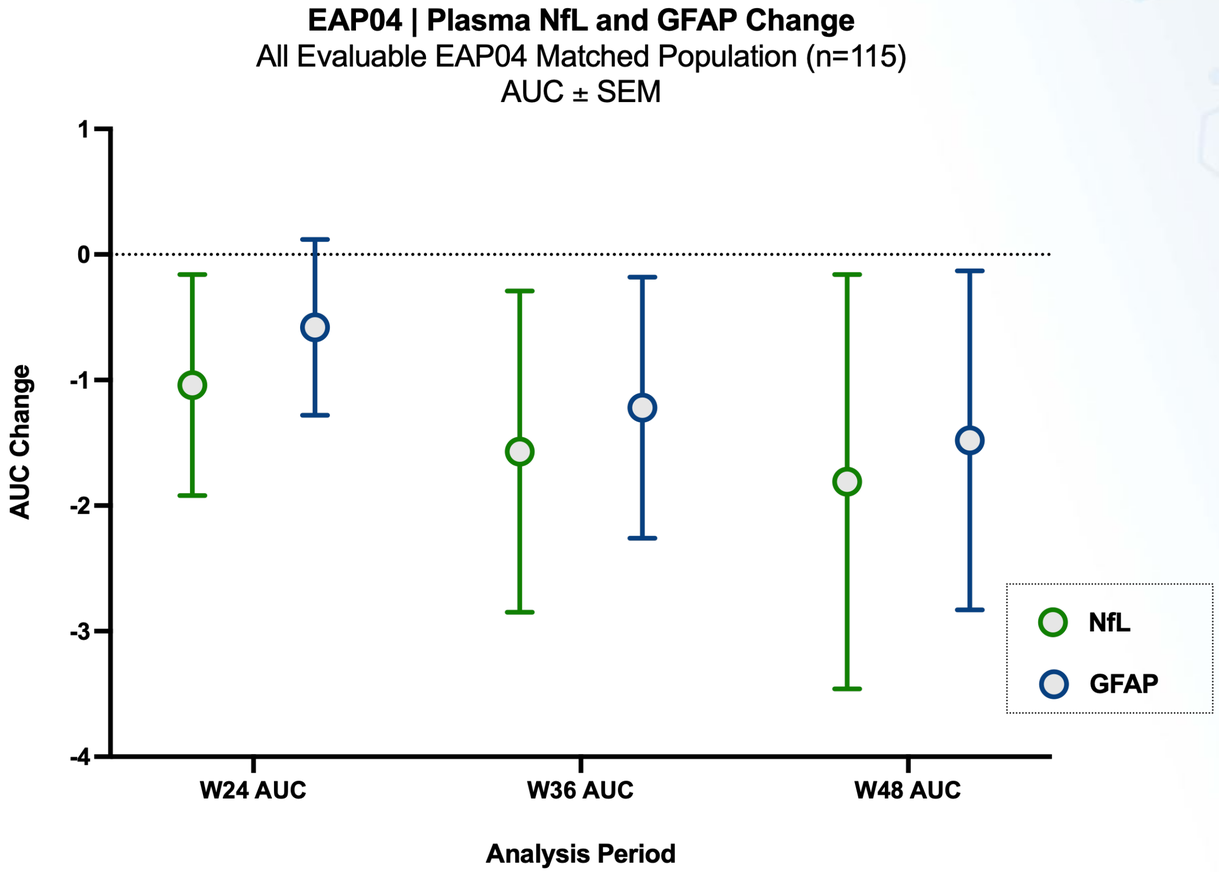
Data on File, Clene Nanomedicine, Inc. Prespecified covariates included: months from symptom onset, pre-treatment ALSFRS-R slope (delta-FRS), riluzole treatment, and edaravone treatment.

Clene NANOMEDICINE

NIH-EAP NfL and GFAP AUC Decline is Also Consistent

Concordant Effect on NfL and GFAP AUC Change

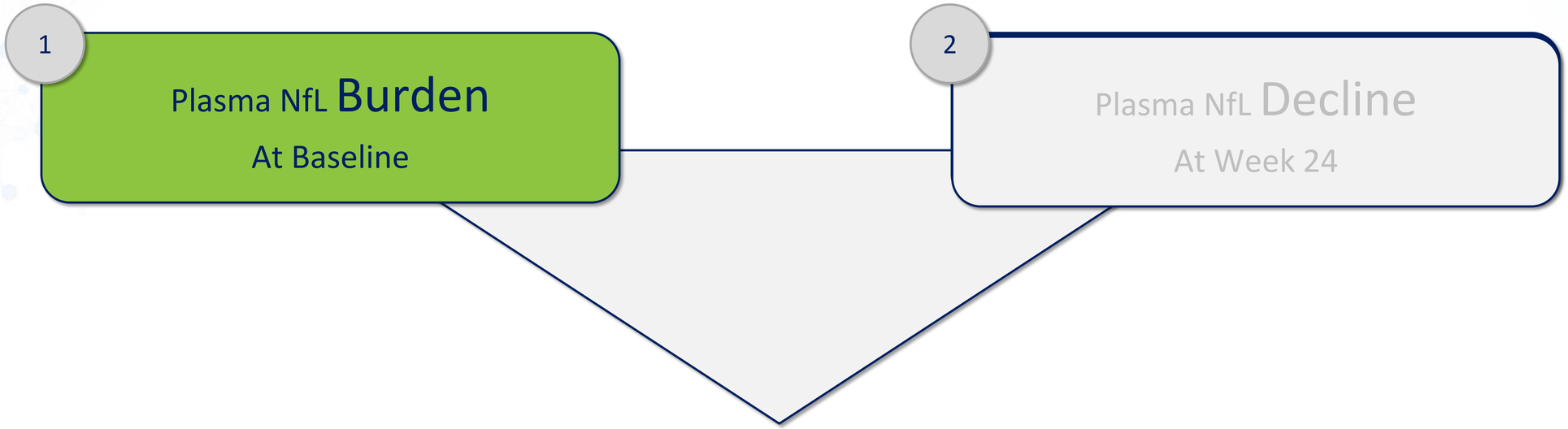
AUC Period	N	Pearson r	p-value	Concordance
Week 0 – 24 AUC	115	0.911	p < 0.001	80.9%
Week 0 – 36 AUC	115	0.919	p < 0.001	78.3%
Week 0 – 48 AUC	115	0.941	p < 0.001	78.3%



NfL and GFAP AUC Change
Ln(NfL pg/mL)*Week

Data on File, Clene Nanomedicine, Inc.

Evidence Linking Plasma NfL with CNM-Au8 Clinical Benefit

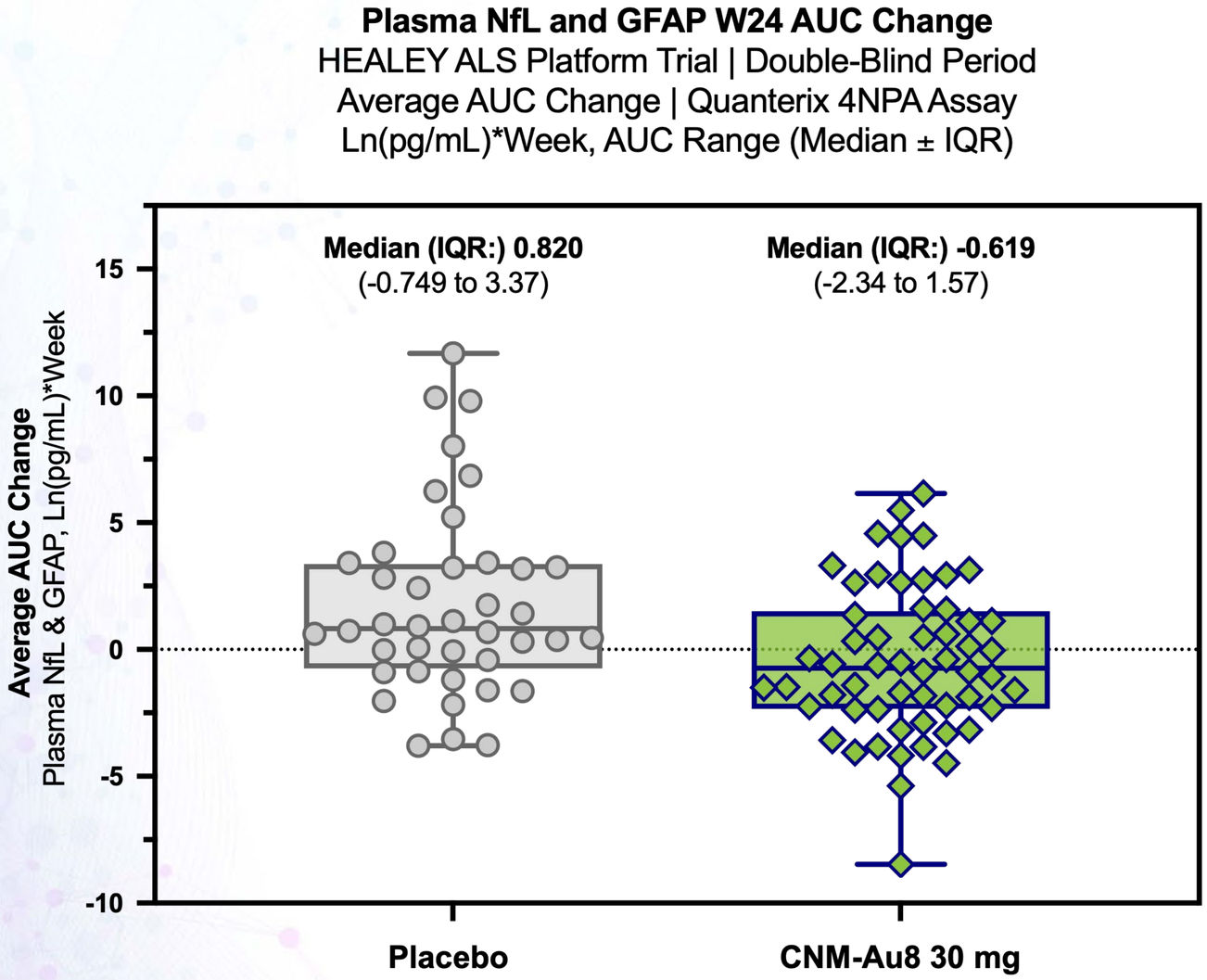


Time to Death or PAV to Month 12

Week 52 post-baseline was a prespecified time point for OLE analyses

NfL & GFAP AUC Decline | Thresholds for Survival Analyses

Change from Baseline During the 24-Week Double-Blind Period



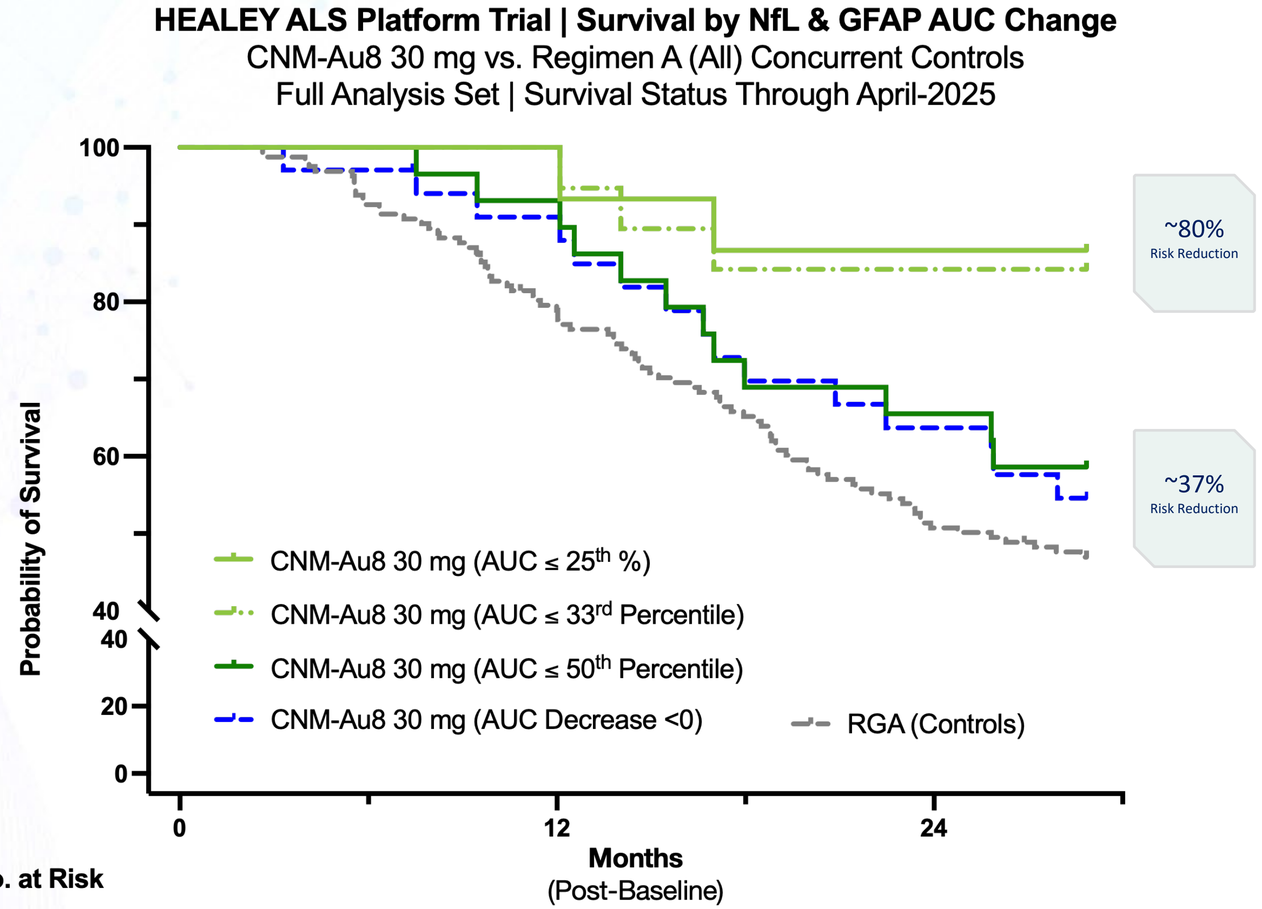
CNM-Au8 30 mg AUC Change Thresholds
(Nested Groups)

1. Any AUC Decline (n=34, 60%)
2. AUC Decline ≤ Median (n=29, 50%)
3. AUC Decline ≤ 33rd Percentile (n=19, 33%)
4. AUC Decline ≤ 25th Percentile (n=15, 26%)

Data on File, Clene Nanomedicine, Inc. Visualization excludes one outlier for graphing convenience.

NfL & GFAP AUC Decline Associated with Improved Survival

AUC Decline through the 24-Week Double-Blind Period (*Post Hoc*)



No. at Risk						
CNM-Au8 30 mg (AUC Δ ≤ 25th):	15	15	15	13	13	13
CNM-Au8 30 mg (AUC Δ ≤ 33rd):	19	19	19	16	16	16
CNM-Au8 30 mg (AUC Δ ≤ Median):	29	29	27	20	19	17
CNM-Au8 30 mg (AUC Δ < 0):	34	33	30	23	21	18
RGA Controls:	162	150	127	104	81	74

Cox Hazard Ratio Model

Full Analysis Set vs. RGA Controls to End of OLE

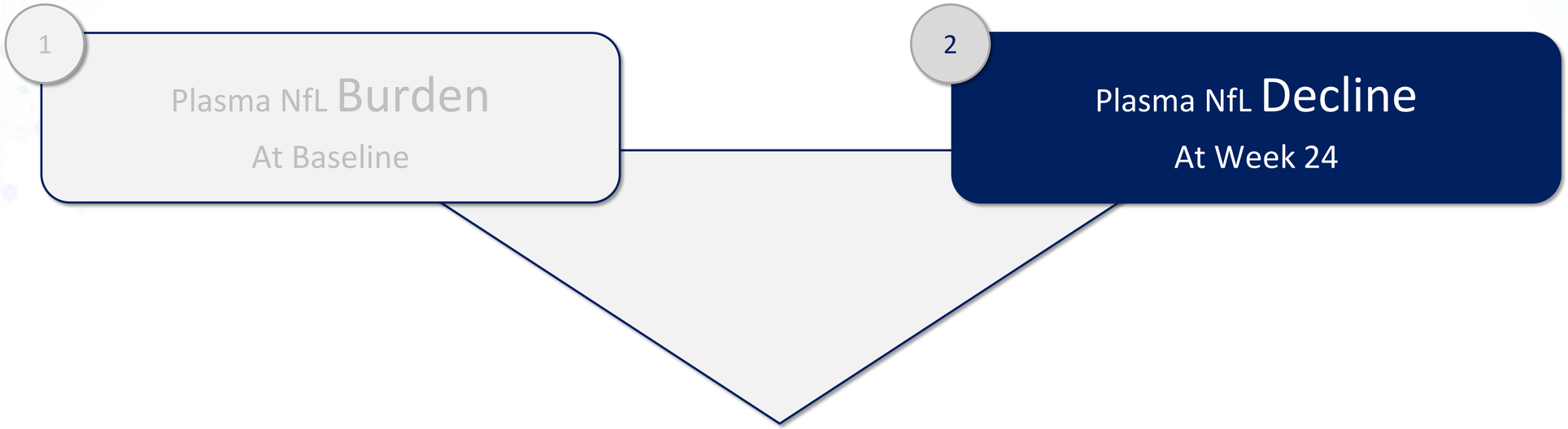
AUC Change Threshold	Cox HR (95% CI)	p-value
AUC Decline ≤ 25th Percentile	0.191 (0.047 – 0.782)	p=0.0210
AUC Decline ≤ 33rd Percentile	0.233 (0.073 – 0.739)	p=0.0130
AUC Decline ≤ Median	0.625 (0.339 – 1.154)	p=0.1330
Any AUC Decline (<0)	0.637 (0.366 – 1.110)	p=0.1115

AUC Change as Ln(pg/mL)*Week

Prespecified covariates included: months from symptom onset, pre-treatment ALSFRS-R slope (delta-FS), riluzole treatment, and edaravone treatment.

Data on File, Clene Nanomedicine, Inc.

Evidence Linking Plasma NfL with CNM-Au8 Clinical Benefit

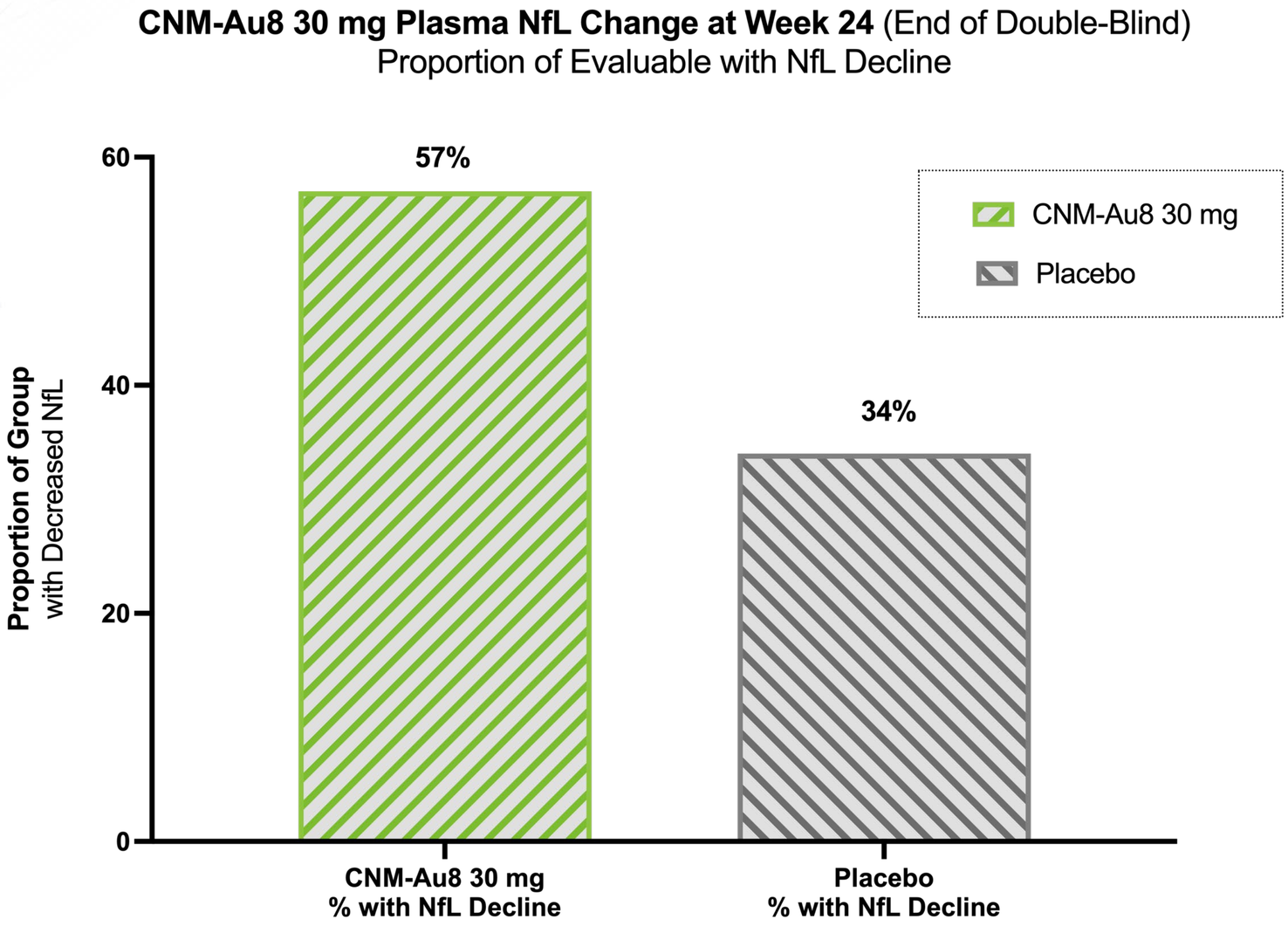


Time to Death or PAV to Month 12

Week 52 post-baseline was a prespecified time point for OLE analyses

Proportion of Participants Demonstrating NfL Decline at Week 24

End of Double-Blind

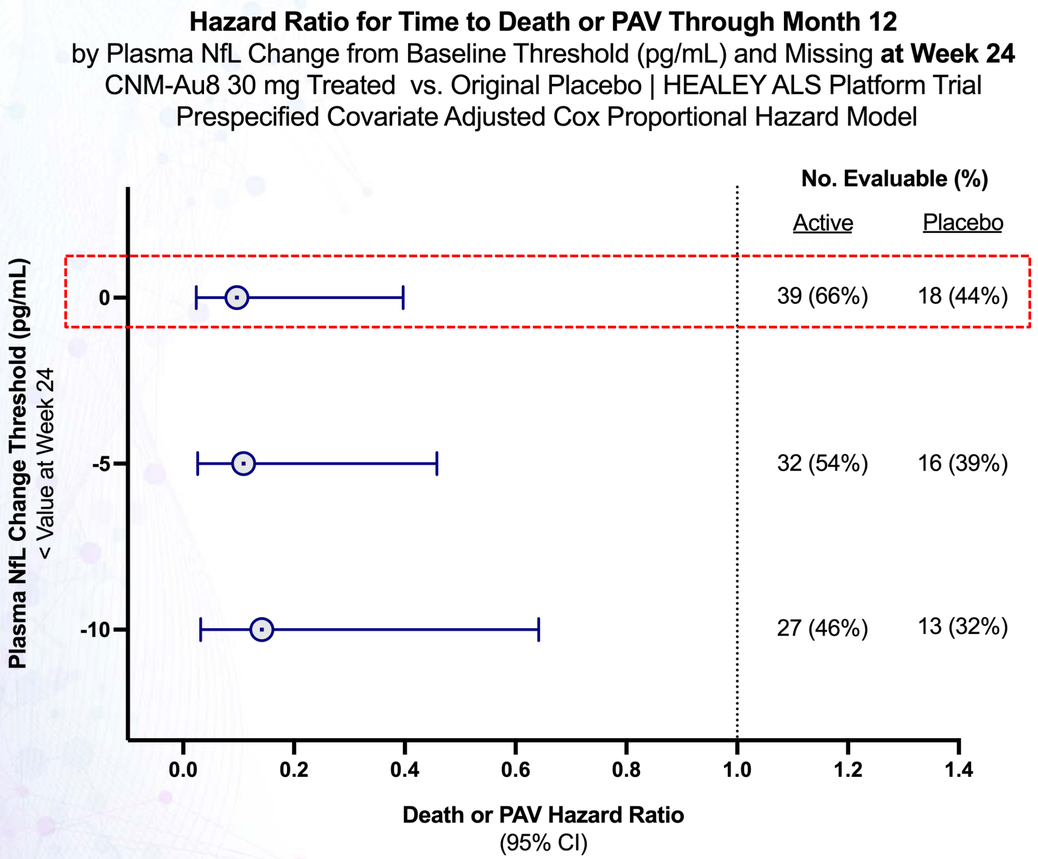


Data on File, Clene Nanomedicine, Inc.

Long-Term Survival Benefit in Participants with Any NfL Decline at 24-Weeks

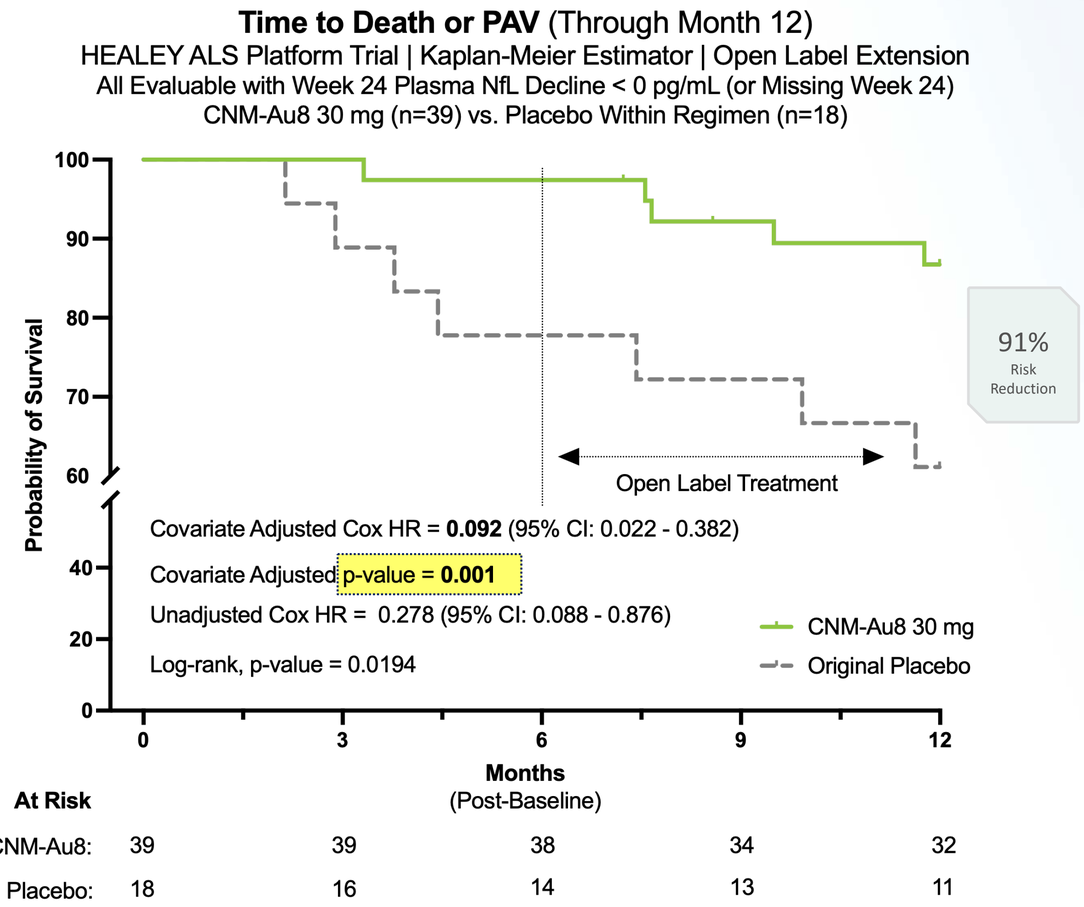
HEALEY ALS Platform (Through Month 12) | Time to Death or PAV

Hazard Ratio for Death or PAV
At 12 Months Post-Baseline



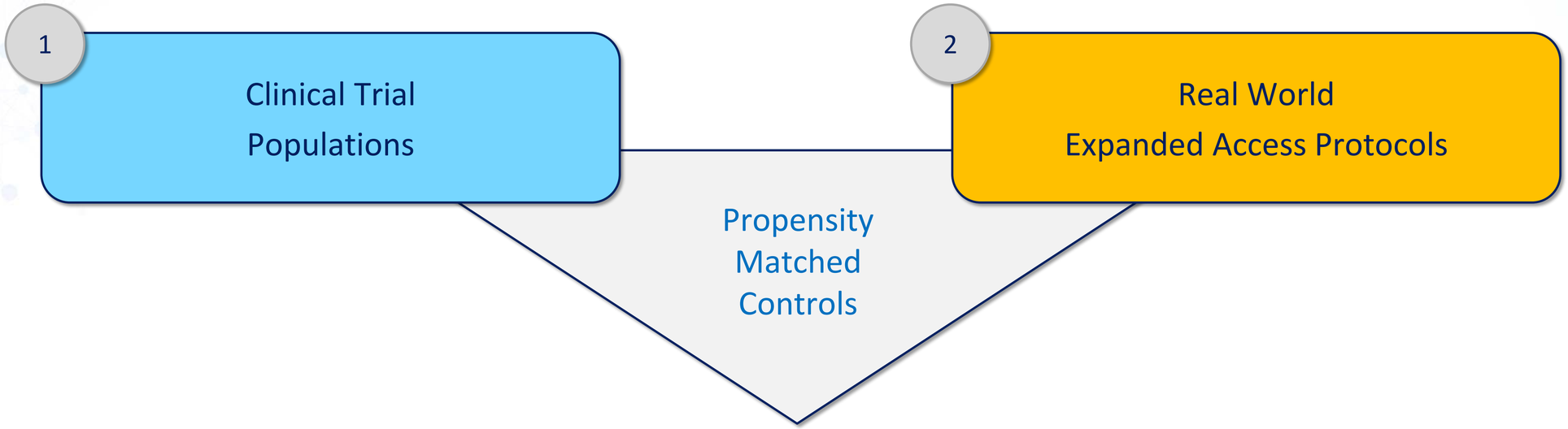
Participants with missing W24 NfL Values are included across groups

Time to Death or PAV
In Participants with NfL Decline at Week 24



Prespecified covariates included: age, months from symptom onset, pre-treatment ALSFRS-R slope (delta-FRS), riluzole treatment, edaravone treatment. *Post hoc* analyses.

Evidence Supporting Long-Term Survival Benefit



PRO-ACT, ALS Natural History Consortium (ALS NHC), ANSWER-ALS

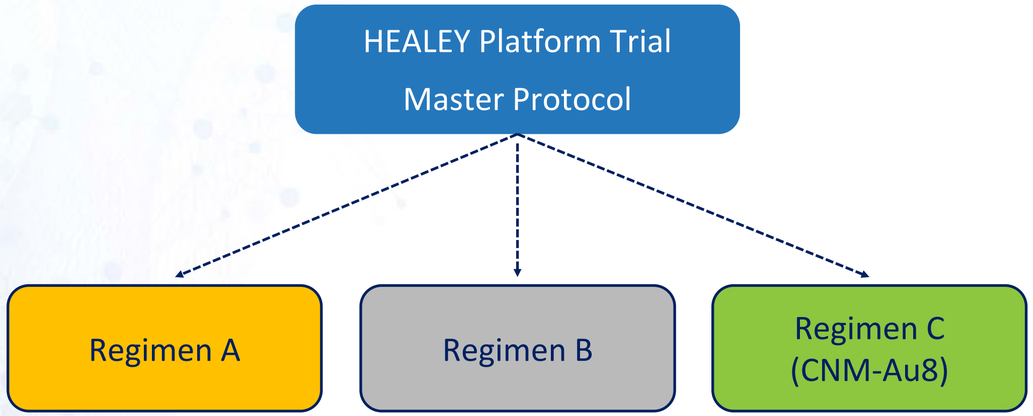
Long-Term
All-Cause Mortality

HEALEY ALS Platform Regimen A (RGA) Survival Analyses

Design Supports Use of RGA as Concurrent Randomized Control

HEALEY ALS Platform Trial

Randomization Scheme

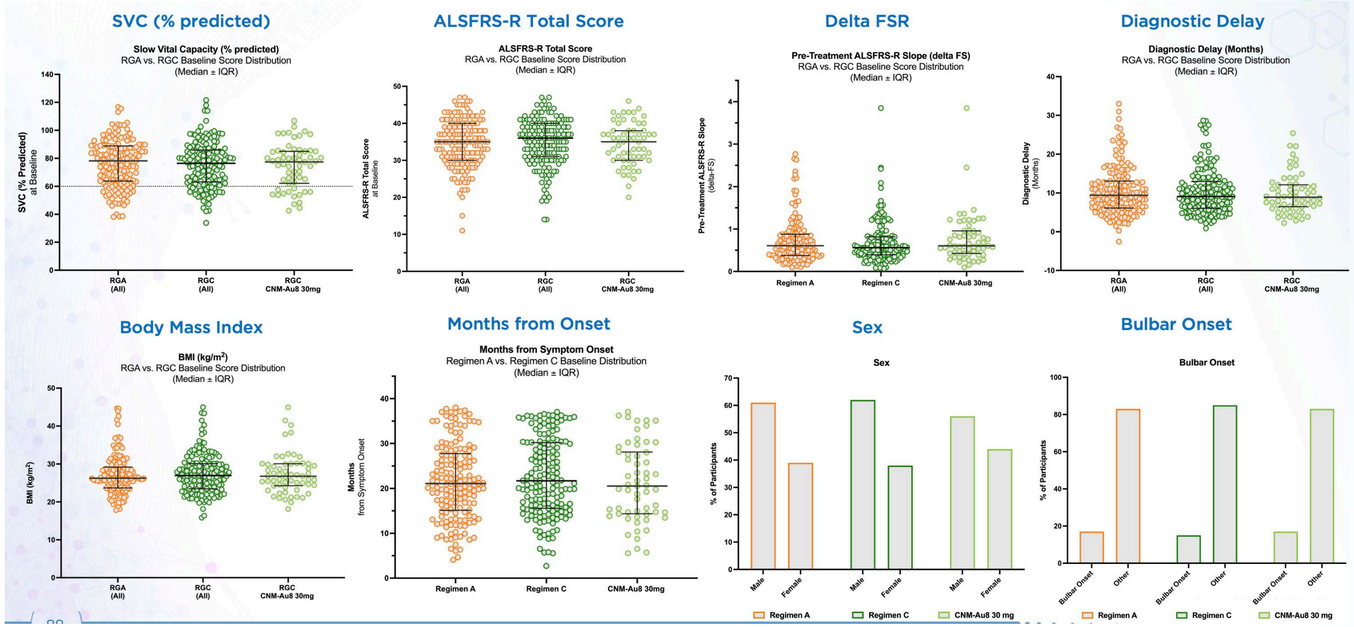


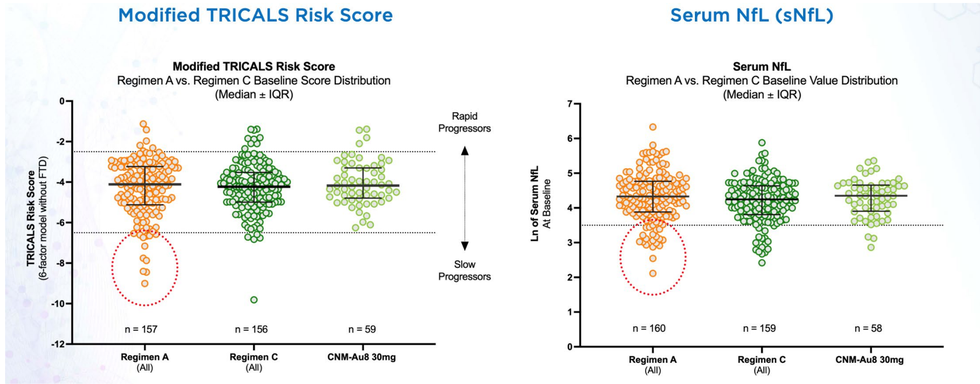
Concurrently Randomized Regimens

- Same Clinical Trial Sites
- Same Eligibility Criteria
- Similar Inclusion/Exclusion
- Same Master Protocol
- Same Follow-Up

Comparable Risk Set

Key Baseline Covariates





Data on File, Clene Nanomedicine, Inc.

Improved Long-Term Survival vs. Regimen A Controls at 1-Year

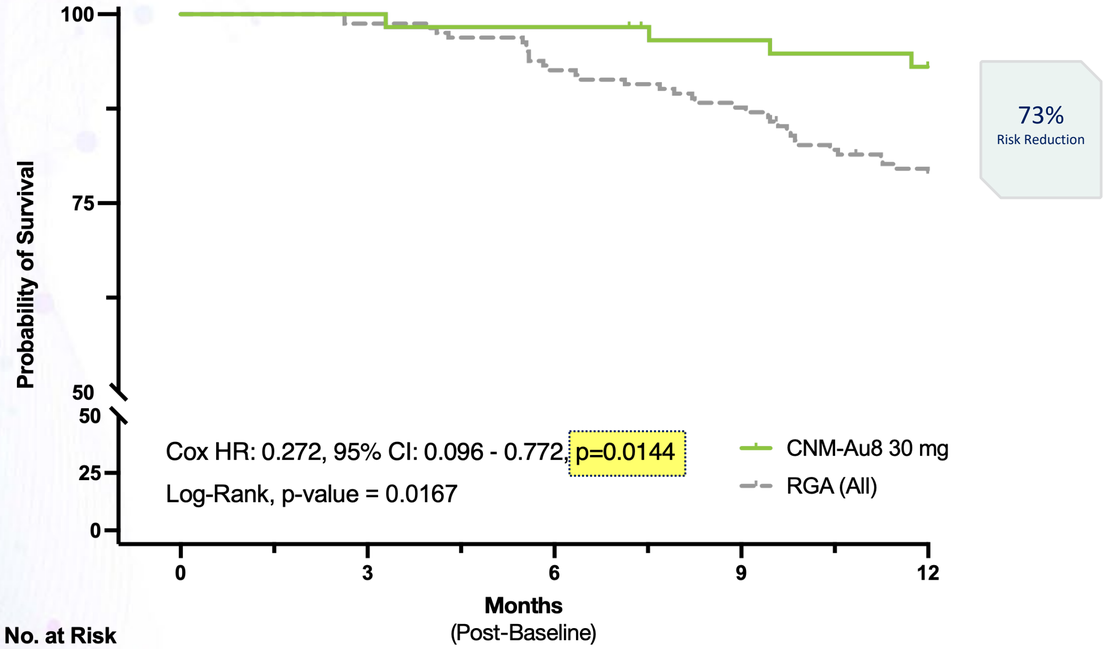
Significant Survival Difference at Month 12

HEALEY ALS Platform Trial

Full Analysis Set

Month 12 | Prespecified OLE Timepoint

HEALEY ALS Platform Trial | Survival Through Day 365
HEALEY OLE RGC SAP Prespecified Analysis Timepoint
CNM-Au8 30 mg vs. Regimen A (All) Concurrent Controls
Full Analysis Set | Kaplan-Meier Estimator
Survival Status Through April-2025

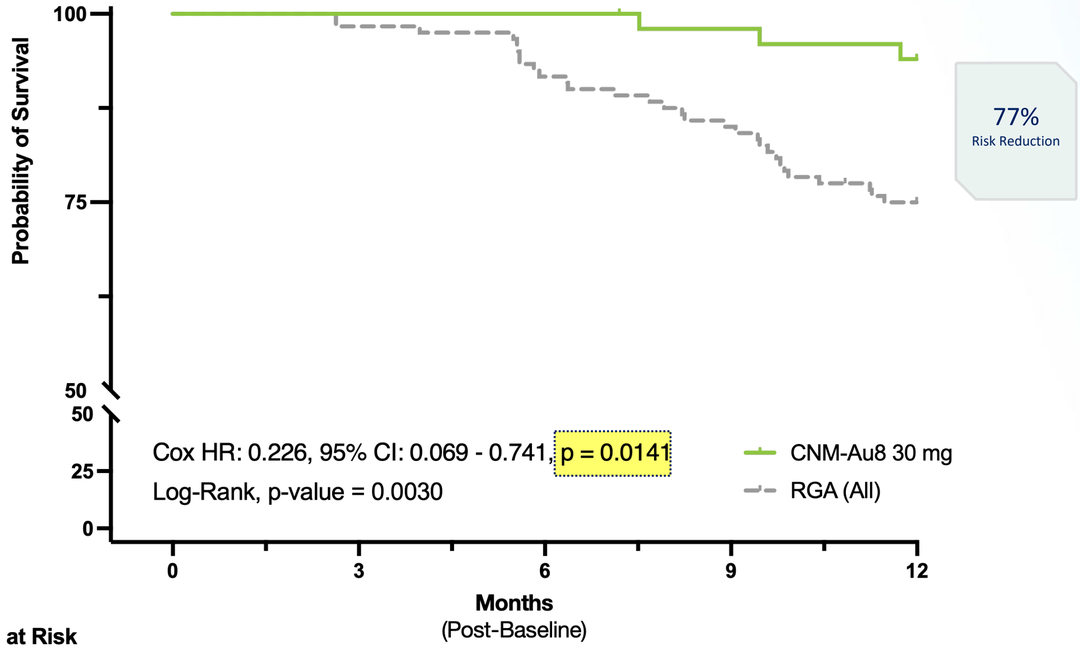


No. at Risk					
CNM-Au8 30 mg:	59	59	58	55	53
RGA Controls:	162	160	150	142	126

Comparable Risk Set

Month 12 | Prespecified OLE Timepoint

HEALEY ALS Platform Trial | Survival Through Day 365
(HEALEY OLE RGC SAP Prespecified Analysis Timepoint)
CNM-Au8 30 mg vs. Regimen A (All) Concurrent Controls
Comparable Risk Set | Kaplan-Meier Estimator
Survival Status Through April-2025



No. at Risk					
CNM-Au8 30 mg:	51	51	51	49	47
RGA Controls:	120	118	110	102	88

Prespecified HEALEY survival covariates included: age, months from symptom onset, pre-treatment ALSFRS-R slope (delta-FRS), riluzole treatment, edaravone treatment.

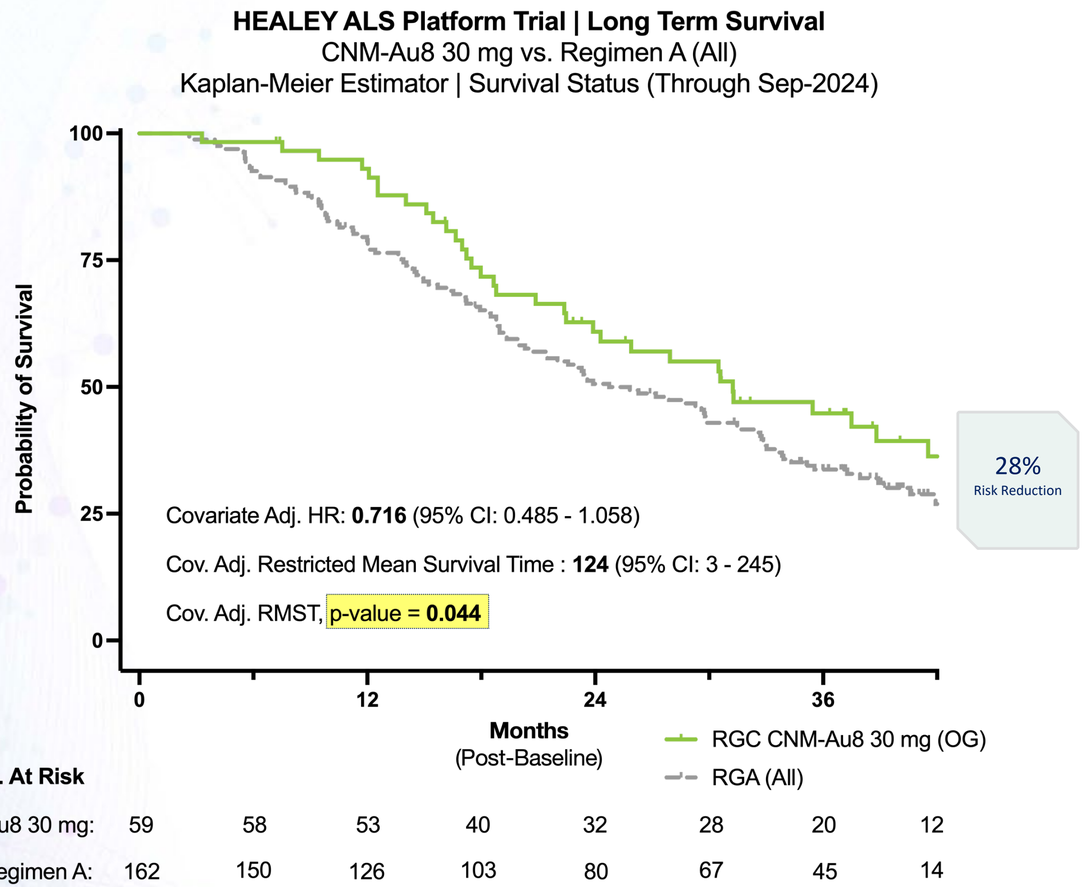
Data on File, Clene Nanomedicine, Inc.

Clene NANOMEDICINE

Results | Improved Long-Term Survival vs. Regimen A

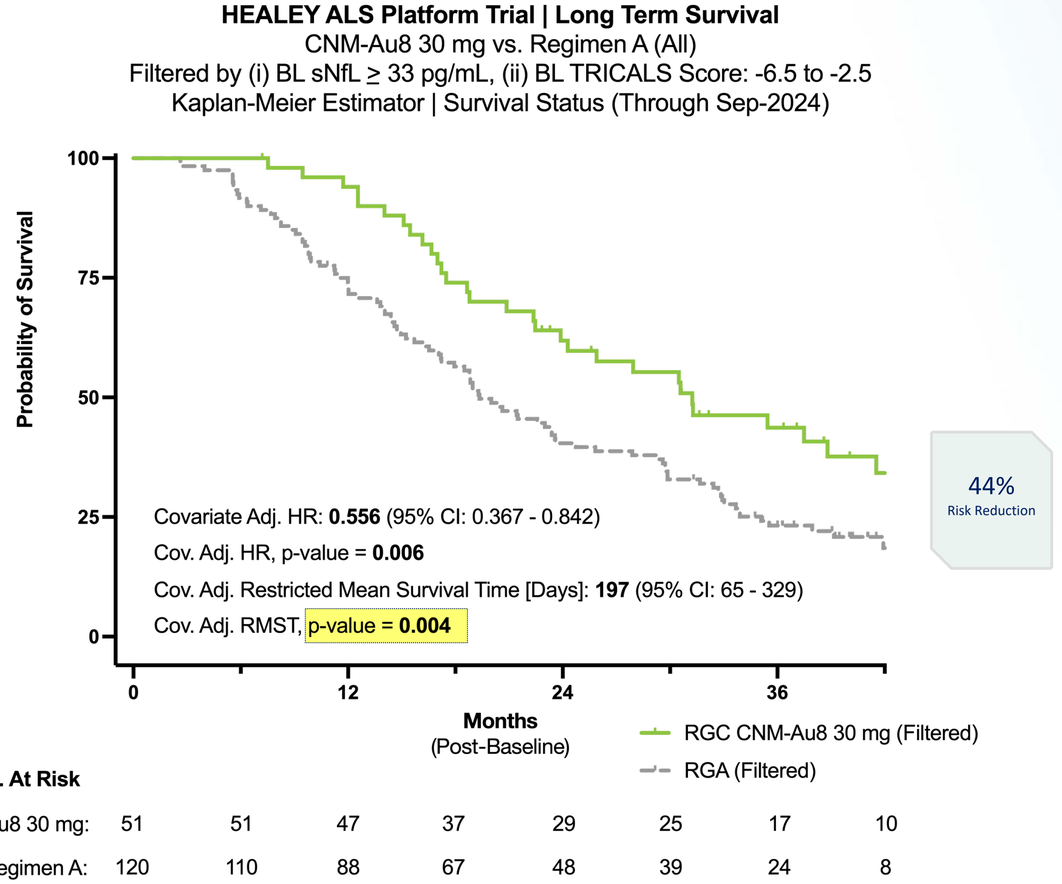
CNM-Au8 30 mg vs. Regimen A Concurrent Controls (*Post Hoc*)

All Randomized
(Full Analysis Set)



No. At Risk								
CNM-Au8 30 mg:	59	58	53	40	32	28	20	12
Regimen A:	162	150	126	103	80	67	45	14

Consistent Baseline Severity
(Filters Baseline Imbalances)



No. At Risk								
CNM-Au8 30 mg:	51	51	47	37	29	25	17	10
Regimen A:	120	110	88	67	48	39	24	8

Prespecified HEAELY survival covariates included: age, months from symptom onset, pre-treatment ALSFRS-R slope (delta-FRS), riluzole treatment, edaravone treatment.

No difference in Regimen A long term survival active vs. placebo; 78% of participants across both groups received standard ALS background therapy (riluzole, edaravone, or both) at baseline

Data on File, Clene Nanomedicine, Inc.

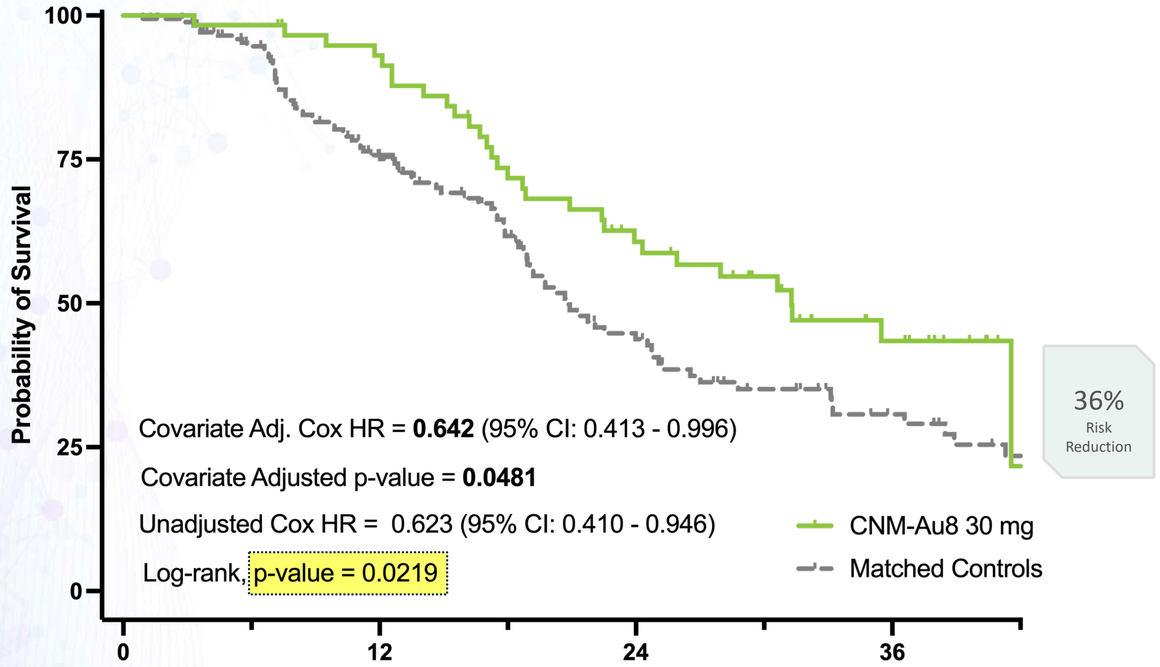
Improved Long-Term Survival | HEALEY ALS Platform & Pooled ALS Trials

CNM-Au8 30 mg Original Randomization vs. Propensity Matched Controls

HEALEY ALS Platform Trial

HEALEY | Optimal Variable Ratio Matching
Prespecified Matching Methodology

Original CNM-Au8 30 Randomized mg vs. Propensity Matched Controls
HEALEY ALS Platform Trial | Optimal Variable Matching
Pooled Matched Controls (PRO-ACT, ALS NHC, ANSWER-ALS)

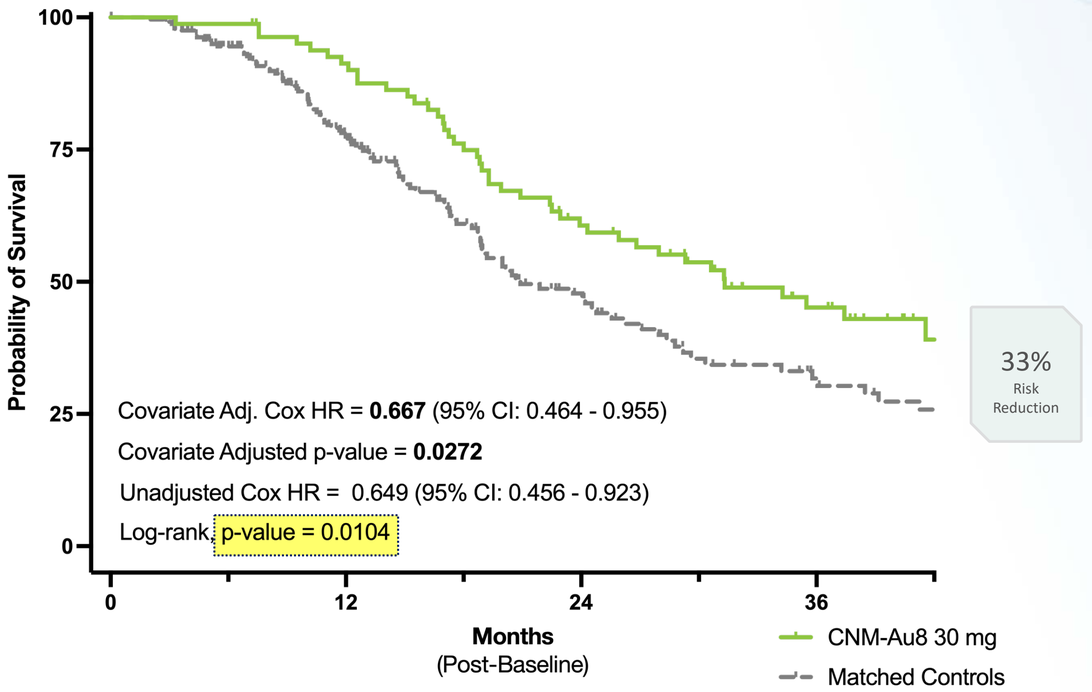


At Risk								
CNM-Au8 30 mg:	59	58	53	41	31	23	12	1
Placebo:	177	153	112	65	43	28	19	12

HEALEY ALS Platform Trial
RESCUEALS

Pooled ALS Trials | Optimal Variable Ratio Matching

Original CNM-Au8 30 Randomized mg vs. Propensity Matched Controls
Pooled HEALEY ALS Platform Trial & RESCUE-ALS | Optimal Variable Matching
Pooled Matched Controls (PRO-ACT, ALS NHC, ANSWER-ALS)



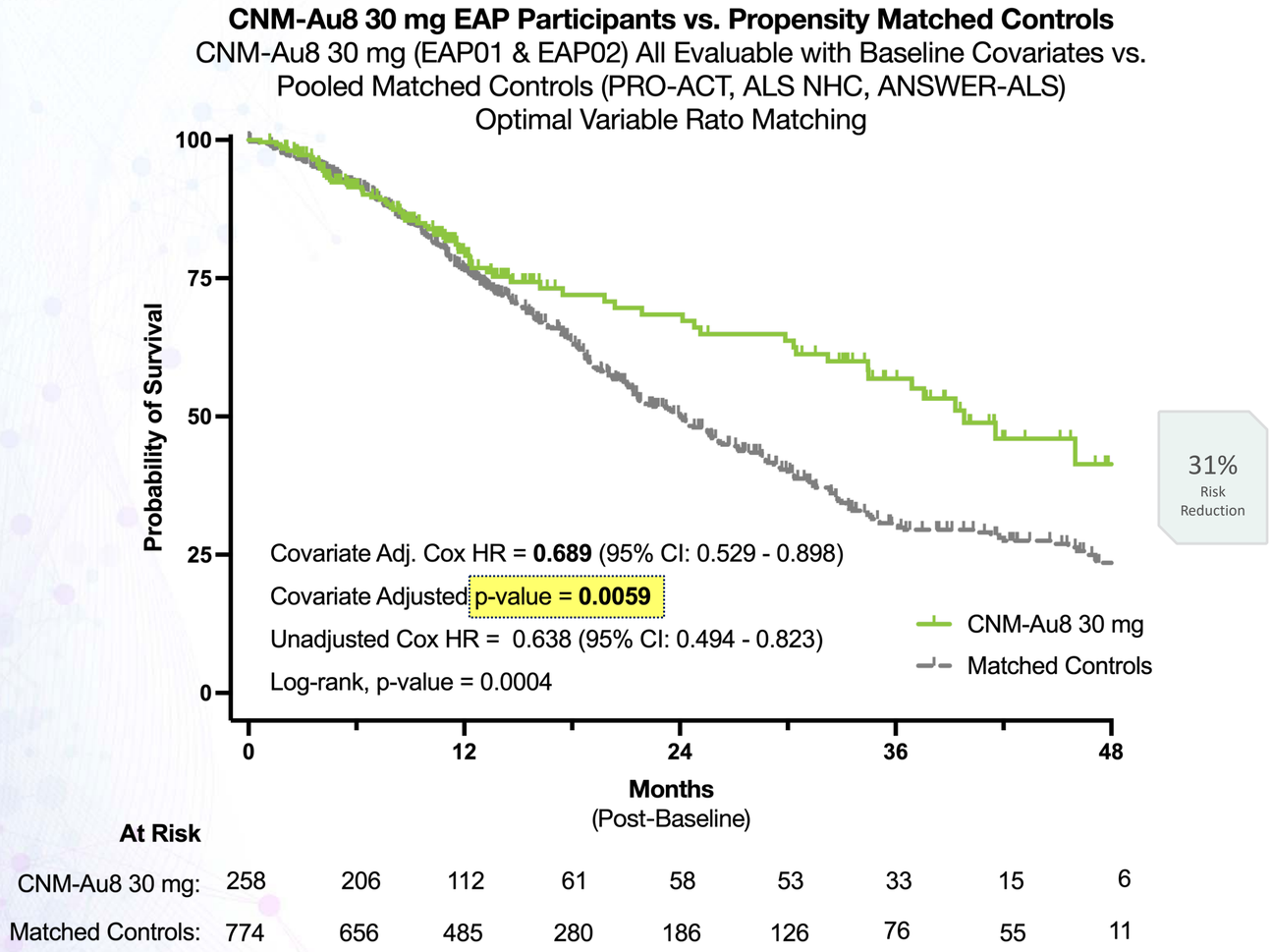
At Risk								
CNM-Au8 30 mg:	82	81	73	60	45	35	23	10
Placebo:	246	211	147	78	52	31	23	17

Data on File, Clene Nanomedicine, Inc.

Long-Term Survival | Real-World Expanded Access Protocols

CNM-Au8 30 mg vs. Propensity Matched Controls (Pooled PRO-ACT, ALS NHC, ANSWER-ALS)

EAP Matching | Optimal Variable Ratio
(Prespecified)



- Propensity Matching: Variable Optimal Ratio Matching

  Minimizes global distance of the logit score by assessing the overall set of matches when choosing individual matches

- Pooled Control Set: PRO-ACT, ALS Natural History Consortium (ALS NHC), ANSWER-ALS
  - Widest possible universe for control matches
  - 1:3 (active:control) match
- Narrow Logit Caliper Width: 0.1
- Matching Covariates:

  BMI, Sex, Bulbar Onset, Months from Symptom Onset, Onset Age, Diagnostic Delay (Months), ALSFRS-R Pre-Treatment Slope, ALSFRS-R Total Score, Vital Capacity (% predicted), VC (% predicted) Pre-Treatment Slope, TRICALS Risk Score

- Survival Cox Proportional HR Model Covariates:

  Bulbar Onset, (ii) Onset Age, (iii) Sex, (iv) BMI, (v) Pre-treatment ALSFRS-R slope, (vi) ALSFRS-R Total Score, (vii) Diagnostic Delay (in months), (viii) Vital Capacity (% predicted), (ix) Pre-Treatment Vital Capacity Slope, and (x) TRICALS Risk Score

Data on File, Clene Nanomedicine, Inc.

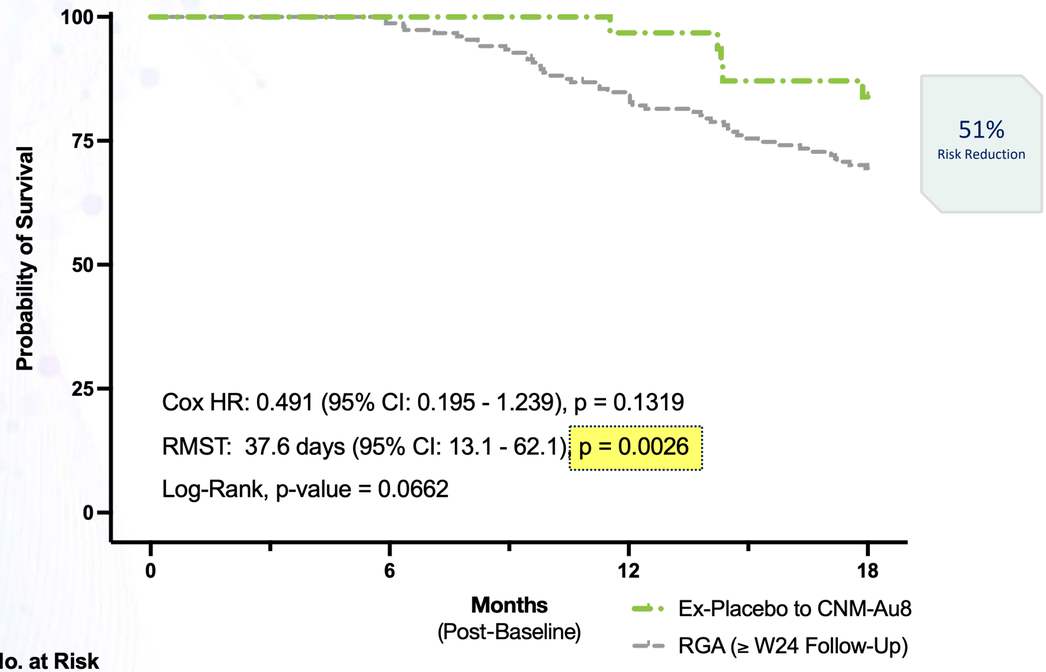
Improved Long-Term Survival in Ex-Placebo to CNM-Au8

Significant RMST Benefit vs. Regimen A at 12-Months Post Treatment Initiation & Beyond

HEALEY ALS Platform Trial

Ex-Placebo to Active Treatment
12-Months | Post-CNM-Au8 Treatment Initiation

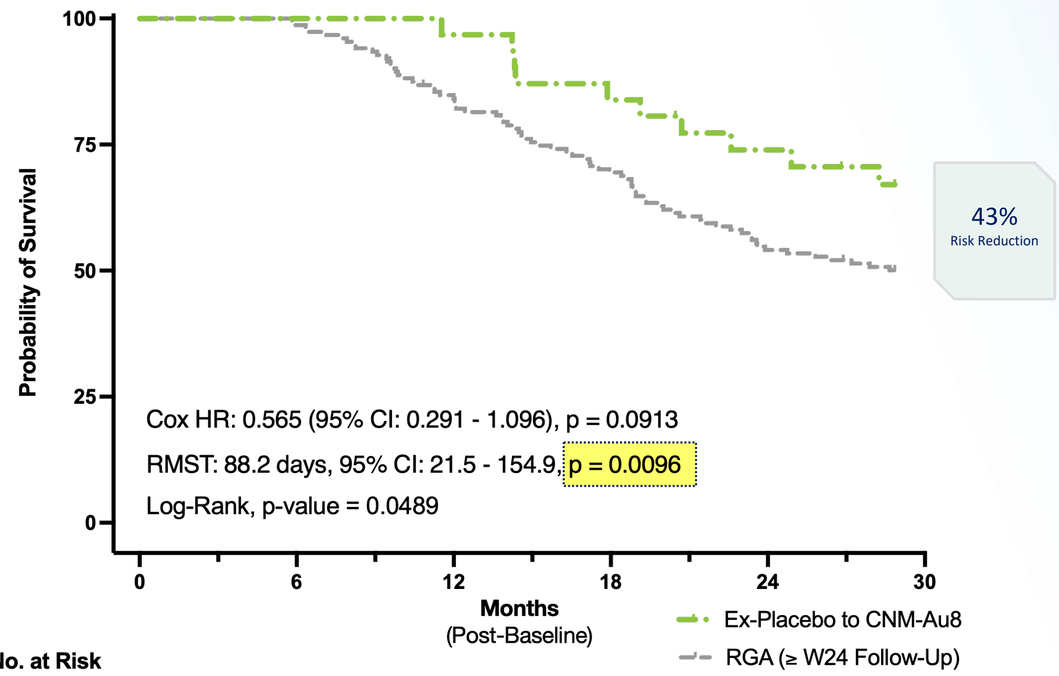
HEALEY ALS Platform Trial | Survival Through Month 12 Post-CNM-Au8 Exposure
Ex-Placebo to CNM-Au8 vs. Regimen A (All) Concurrent Controls
RGA with Follow-Up ≥ 168 Days | Kaplan-Meier Estimator to Day 548
Survival Status Through April-2025



No. at Risk				
Placebo to CNM-Au8:	31	31	30	26
RGA Controls:	156	150	126	104

Ex-Placebo to Active Treatment
To End of the Open Label Extension

HEALEY ALS Platform Trial | Survival Through End of the OLE
Ex-Placebo to CNM-Au8 vs. Regimen A (All) Concurrent Controls
RGA with Follow-Up ≥ 168 Days | Kaplan-Meier Estimator to Day 878
Survival Status Through April-2025



No. at Risk						
Ex-Placebo to CNM-Au8:	31	31	30	26	22	22
RGA Controls:	156	150	126	104	81	68

Prespecified HEALEY survival covariates included: age, months from symptom onset, pre-treatment ALSFRS-R slope (delta-FRS), riluzole treatment, edaravone treatment. RGA only includes participants who survived to Week 24 (Day 168) to ensure comparability of the ex-placebo participants who survived to the start of the OLE.

Data on File, Clene Nanomedicine, Inc.

Clene NANOMEDICINE

VISIONARY-MS STUDY Core Design Elements

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

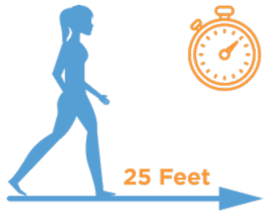
- Enrolled stable relapsing remitting MS participants with chronic optic neuropathy on background DMTs
- 92% treated with background DMTs (inc 53% monoclonal antibodies, 32% oral)
- n=73 of 150 planned (~50%) study ended prematurely due to COVID-19 pandemic enrollment challenges
- Modified ITT (mITT) Analysis Population; Pre-specified statistical threshold set at p=0.10
- CNM-Au8 Open Label Extension (OLE) for original active and placebo continued 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

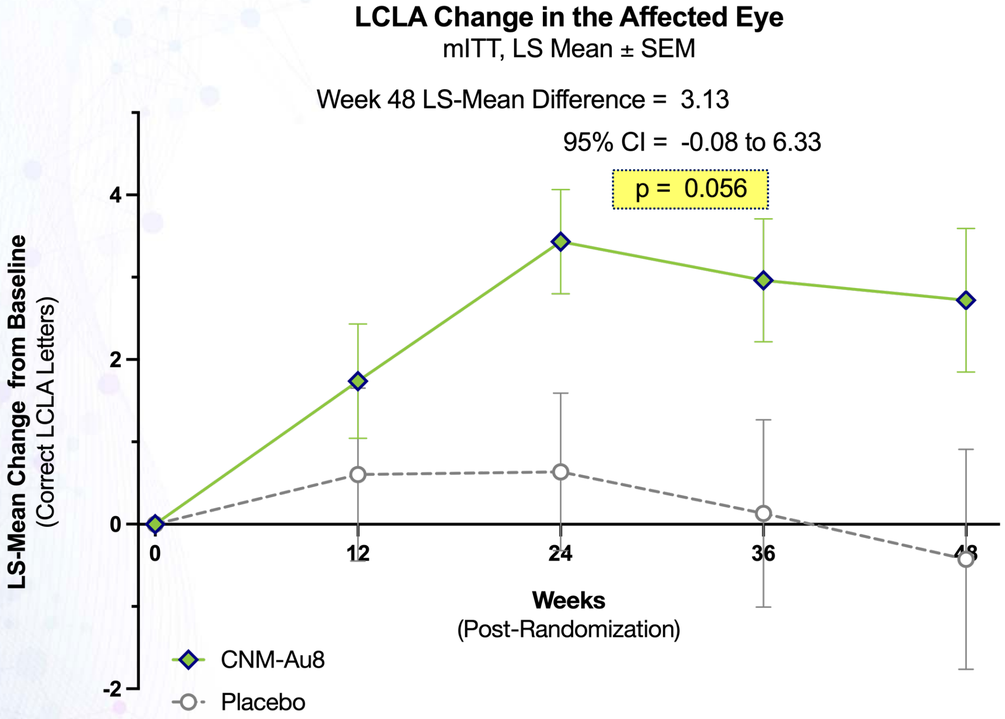
Data on File, Clene Nanomedicine, Inc.

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

VISIONARY-MS STUDY

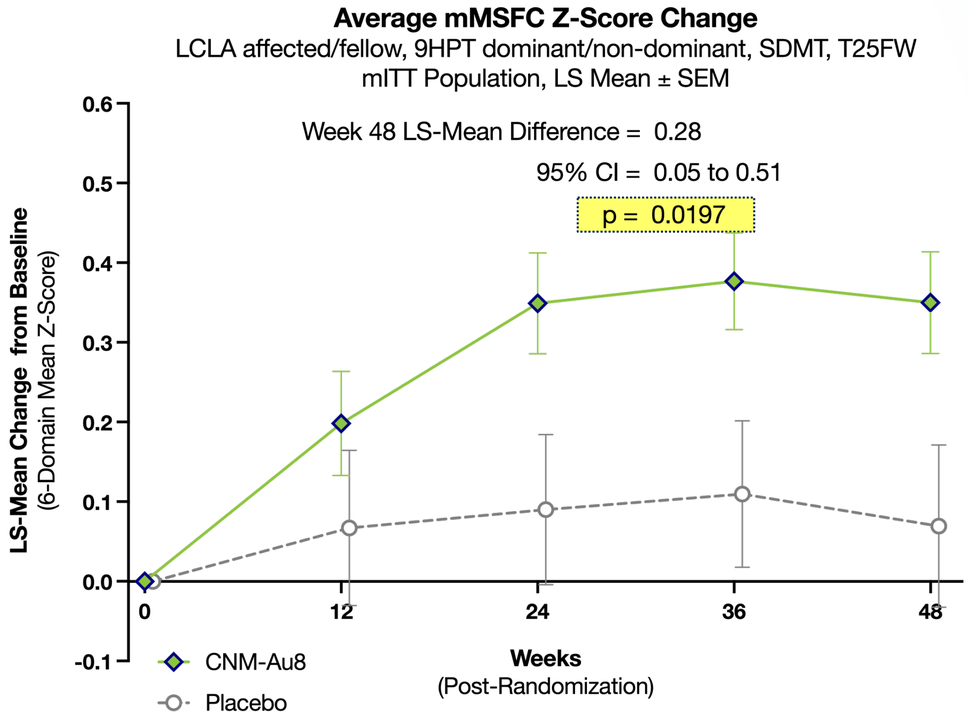
Significantly Improved Vision

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.

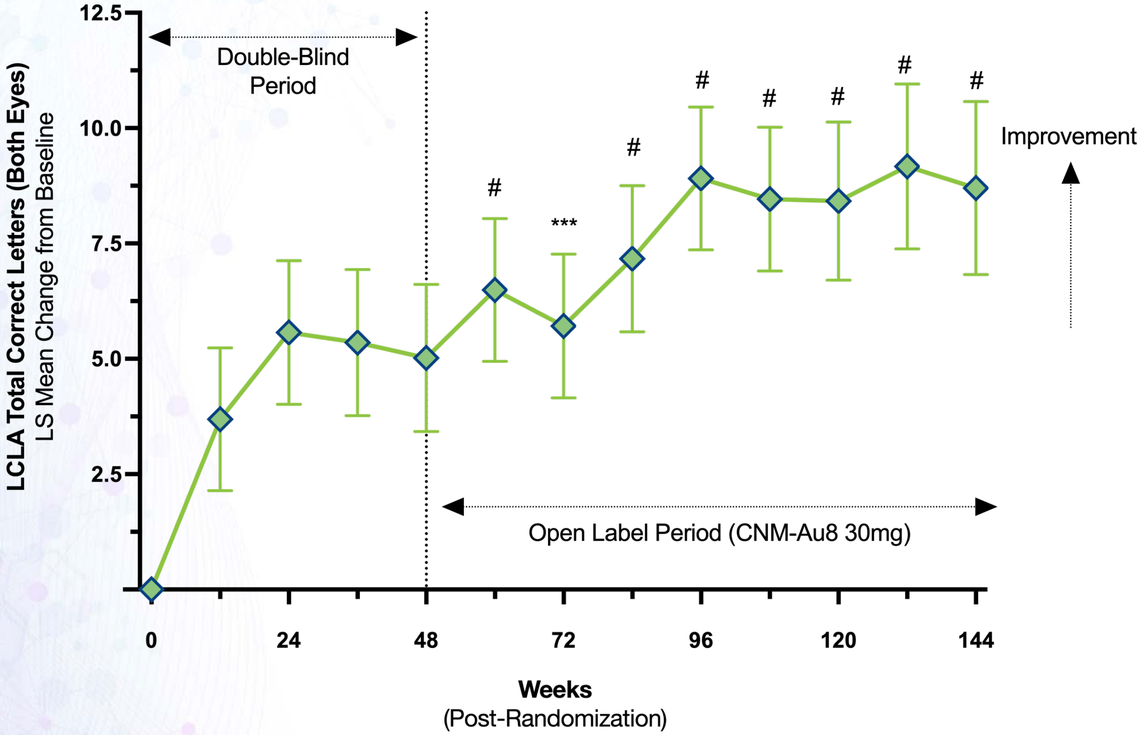
Clene NANOMEDICINE

Long-Term LCLA Improvement in LTE Participants

Low Contrast Letter Acuity

Original Active (CNM-Au8)

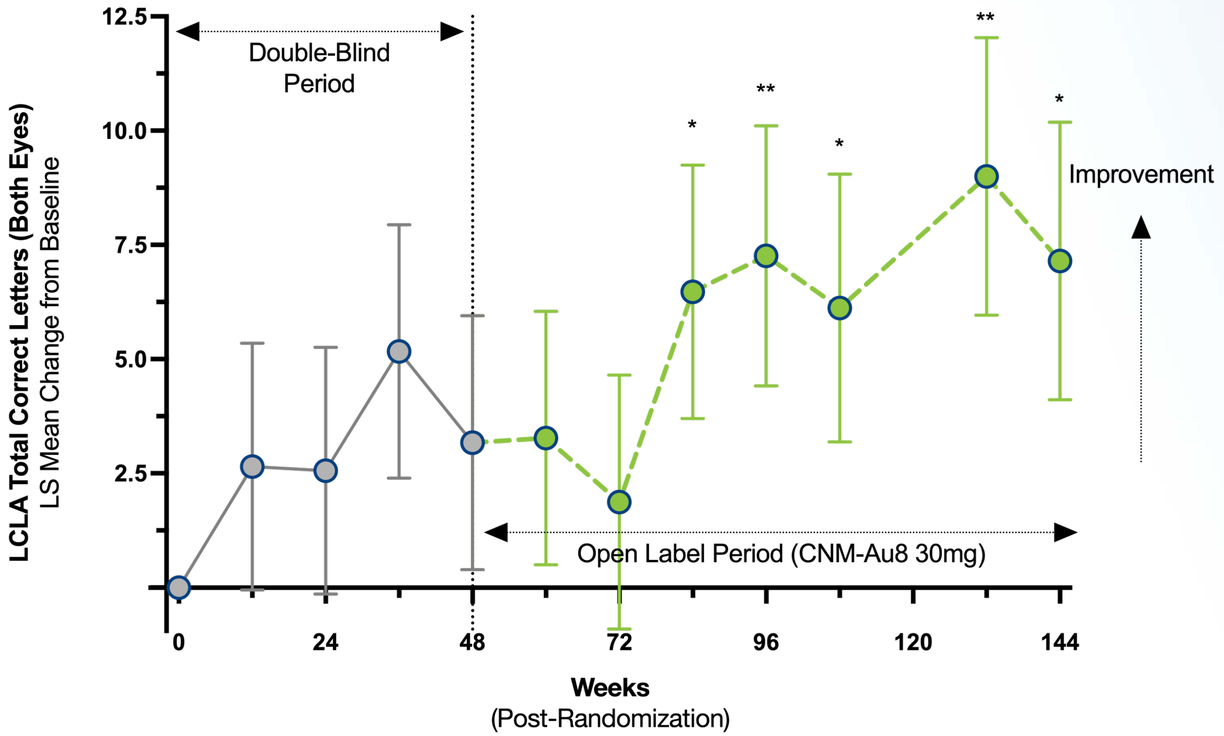
Longitudinal LCLA | Change from Baseline (Total Correct, Both Eyes) | All Active
In LTE Participants Originally Randomized to CNM-Au8 (n=35), mITT Population
LS Mean ± SEM, Change from Baseline (Preliminary)



LTE: LS mean difference vs. randomization baseline: # p≤0.0001, *** p≤0.001, ** p≤0.01, *p≤0.05

Original Placebo

Longitudinal LCLA | Change from Baseline (Total Correct, Both Eyes)
In LTE Participants Originally Randomized to Placebo (n=11), mITT Population
LS Mean ± SEM, Change from Baseline (Preliminary)



MMRM accounts for missing data; all visits with ≥ 60% participant values are graphed.

LTE: LS mean difference vs. randomization baseline: # p≤0.0001, *** p≤0.001, ** p≤0.01, *p≤0.05

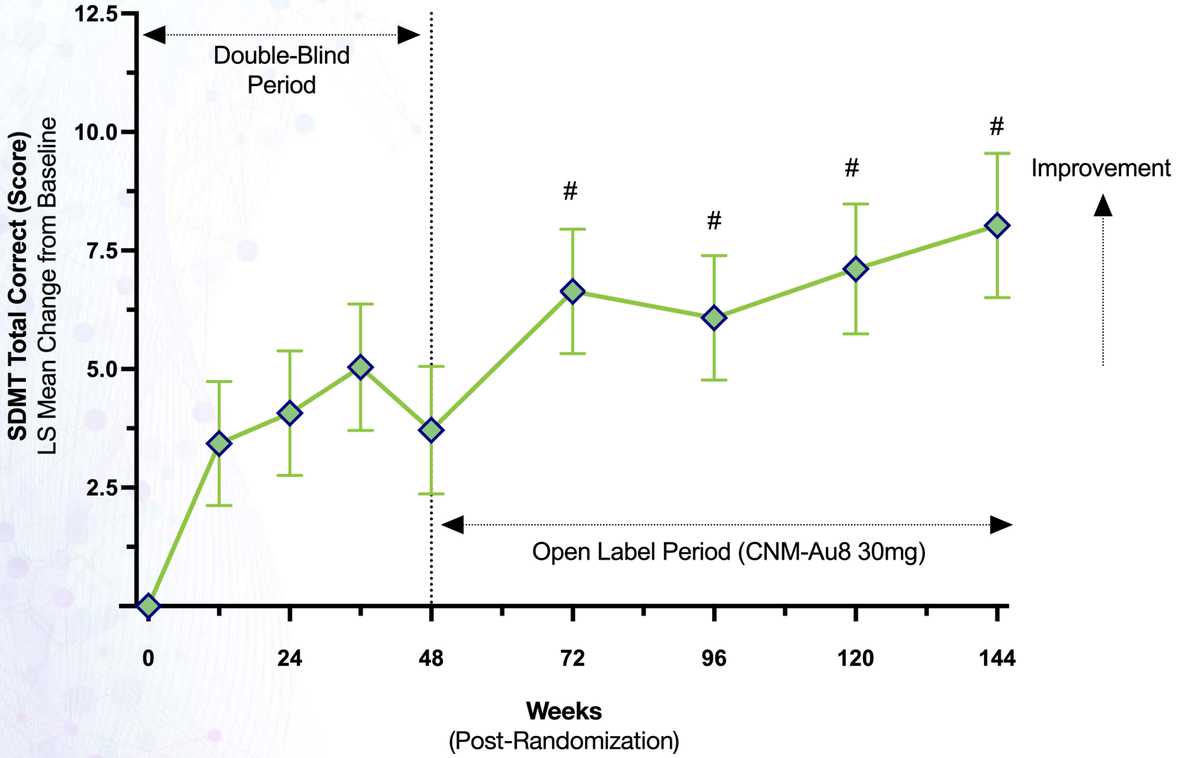
Data on File, Clene Nanomedicine, Inc.

Long-Term SDMT Improvement in LTE Participants

Symbol Digit Modality Test | Working Memory & Cognition

Original Active (CNM-Au8)

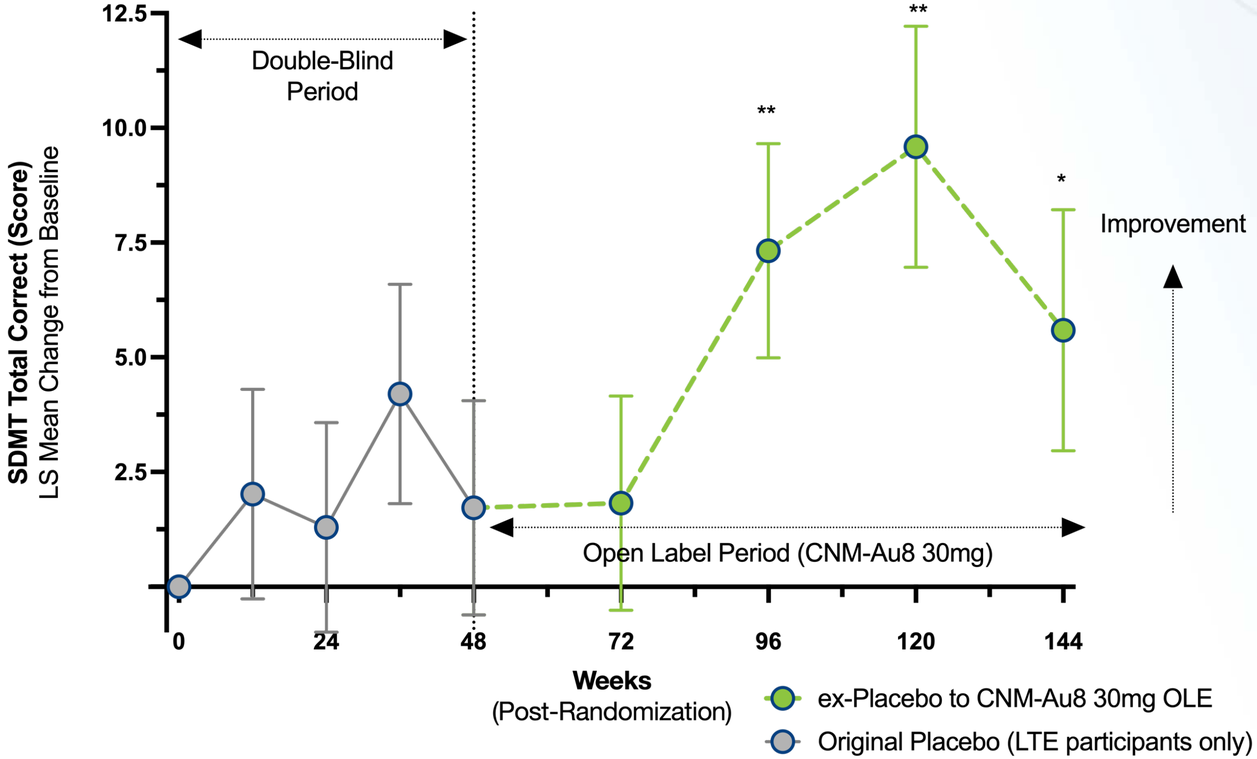
Longitudinal SDMT | Change from Baseline (Total Score) | All Active
In LTE Participants Originally Randomized to CNM-Au8 (n=35), mITT Population
LS Mean ± SEM, Change from Baseline (Preliminary)



LTE: LS mean difference vs. randomization baseline: # p≤0.0001, *** p≤0.001, ** p≤0.01, *p≤0.05

Original Placebo

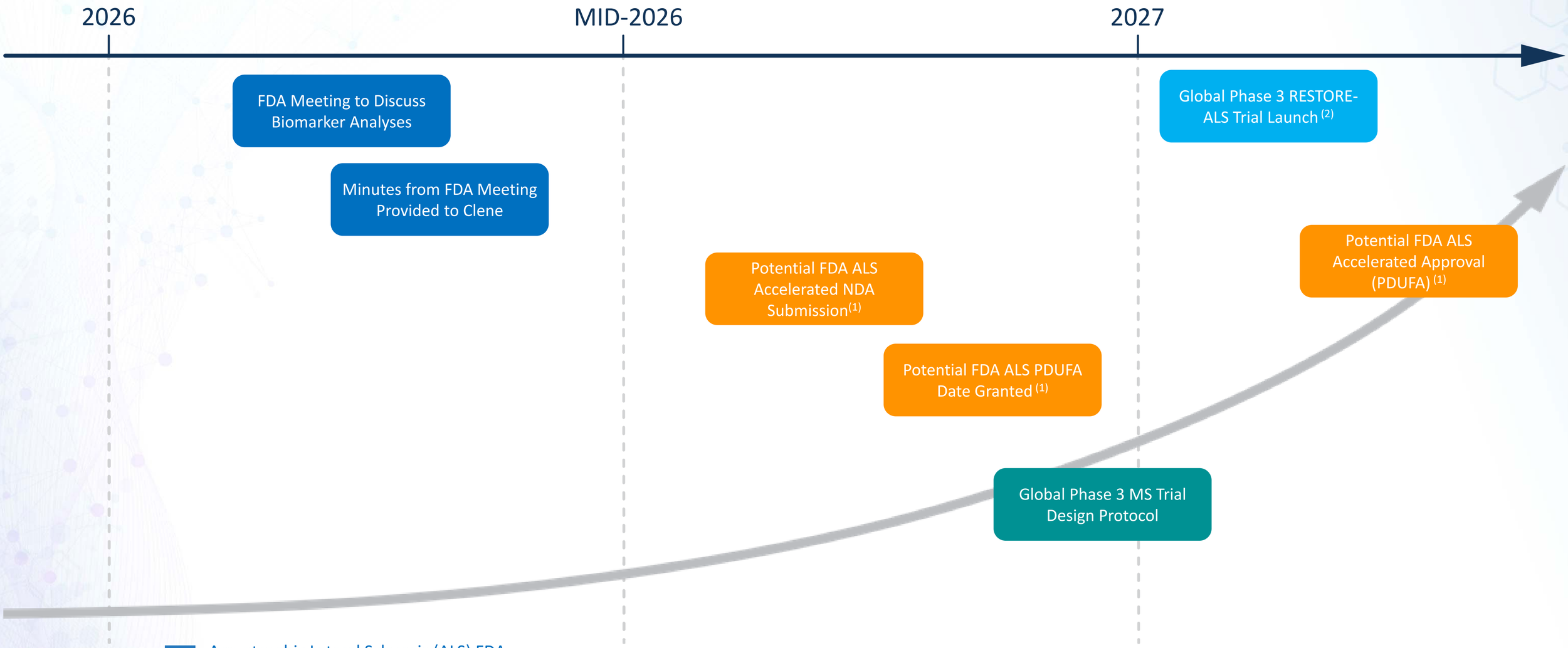
Longitudinal SDMT | Change from Baseline (Total Score)
In LTE Participants Originally Randomized to Placebo (n=11), mITT Population
LS Mean ± SEM, Change from Baseline (Preliminary)



LTE: LS mean difference vs. randomization baseline: # p≤0.0001, *** p≤0.001, ** p≤0.01, *p≤0.05

Data on File, Clene Nanomedicine, Inc.

Clene | CNM-Au8 Path to Regulatory Approval



(1) Clene's current assessment of potential regulatory outcomes
(2) Contingent on funding

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

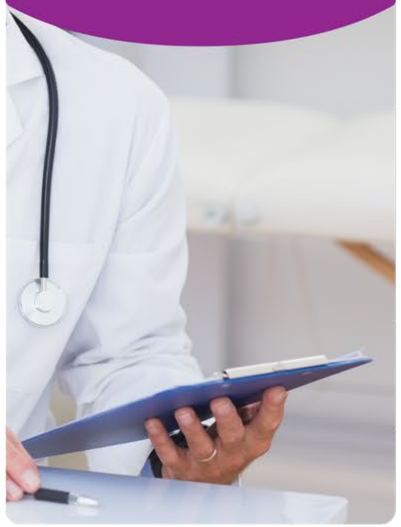
HEALEY ALS Platform Trial

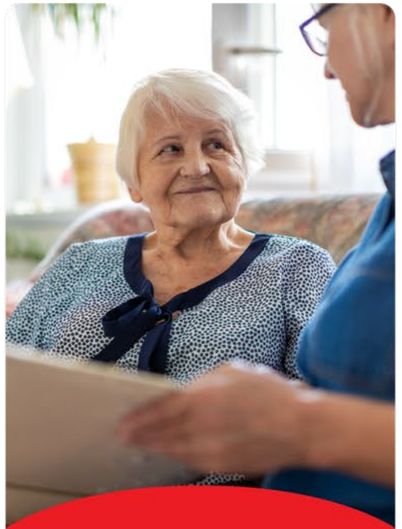
RESCUEALS

Concordant Survival in two Phase2 trials, with NfL Biomarker in HEALEY

VISIONARY-MS STUDY

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





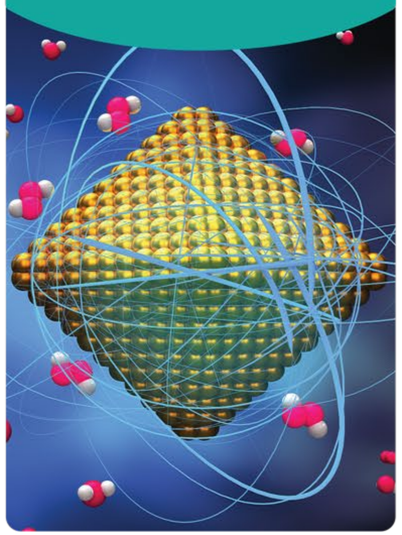
>1,100

participant years of CNM-Au8 clinical exposure

Strong IP:

150+

patents on nanotherapeutic platform, plus trade secret protection



Cash and equivalents on hand:

$12.9M*

Sufficient cash and equivalents to last into fourth quarter of 2026

* Includes 3/31/2026 cash and equivalents balance of $5.9M (unaudited) and $7.0M of gross proceeds from a registered direct offering subsequent to 3/31/2026.

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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Version: 14 May 2026