Biophytis

LIVE HEALTHIER LONGER

June 2022 I Euronext: ALBPS – Nasdaq: BPTS

Forward Looking Statements

This presentation contains forward-looking statements. Forward-looking statements include all statements that are not historical facts. In some cases, you can identify these forward-looking statements by the use of words such as "outlook," "believes," "expects," "potential," "continues," "may," "will," "should," "could," "seeks," "predicts," "intends," "trends," "plans," "estimates," "anticipates" or the negative version of these words or other comparable words. These forward-looking statements include statements regarding Biophytis' anticipated timing for its various Sarconeos (BIO101) clinical trials and expectations regarding commercialization. Such forward-looking statements are based on assumptions that Biophytis considers to be reasonable. However, there can be no assurance that the statements contained in such forward-looking statements will be verified, which are subject to various risks and uncertainties including, without limitation, delays in patient recruitment or retention, interruptions in sourcing or supply chain, its ability to obtain the necessary regulatory authorizations, COVID-19-related delays, and the impact of the current pandemic on the Company's clinical trials. The forward-looking statements contained in this presentation are also subject to risks not yet known to Biophytis or not currently considered material by Biophytis. Accordingly, there are or will be important factors that could cause actual outcomes or results to differ materially from those indicated in these statements. Please refer to the "Risk Factors" section of the Company's 2021 Full Year Financial Report available on BIOPHYTIS website (www.biophytis.com) and to the risks discussed in the Company's registration statement on Form F-1 and other reports filed with the Securities and Exchange Commission (the "SEC"). We undertake no obligation to publicly update or review any forward-looking statement, whether as a result of new information, future developments or otherwise, except as required by law.

Today's Corporate Highlights

HQ location: Paris, France
Founded: 2006
Employees: 27 (May 30, 2022)
Euronext growth (ALBPS) : July 2015
Nasdaq (BPTS): February 2021
Market cap: €20 M (May 30, 2022)
Cash: €23.9 M as of December 31st, 2021
Key partner: Sorbonne University

Biophytis SA

- Is a clinical-stage biotechnology company specialized in the development of therapeutics that are aimed at slowing the **degenerative processes associated with aging.**
- Our **small molecules** are aimed at stimulating **biological resilience** to stress during aging.

Sarconeos (BIO101)

- Our leading drug candidate is administered orally, for the treatment of mobility disability in elderly patients with **sarcopenia, with positive results** in a **Phase 2 clinical study (SARA)** completed in the United States and Europe.
- It is also being studied for the treatment of severe respiratory manifestations in **COVID-19 in a Phase 2-3 clinical study (COVA)** in Europe, Brazil, and the US.
- A pediatric formulation of Sarconeos (BIO101) is being developed with IND granted in the US and Belgium **(MYODA)** for the treatment of **Duchenne Muscular Dystrophy** (DMD).

Executive Team

Stanislas Veillet - Founder & CEO

- PhD in genetics, AgroParisTech
- 25+ years in biotech; Pharmacia-Monsanto, Danone Group

Philippe Rousseau - CFO

- Nearly 15 years of experience in Finance for Pharma & Biotech companies (Genset, Therabron, Cytoo, ExonHit, Vivalis)
- Expertise in cross-border transactions and management of strategic partnerships

Pierre Dilda - CSO

- PhD in pharmacology (Paris V)
- 25 years experience in pharmaceutical research, in both academic and industrial settings

Waly Dioh - COO

- PhD in phytopathology (Paris XI) and MBA
- 21+ years biotech experience in France and the U.S. and R&D at Monsanto

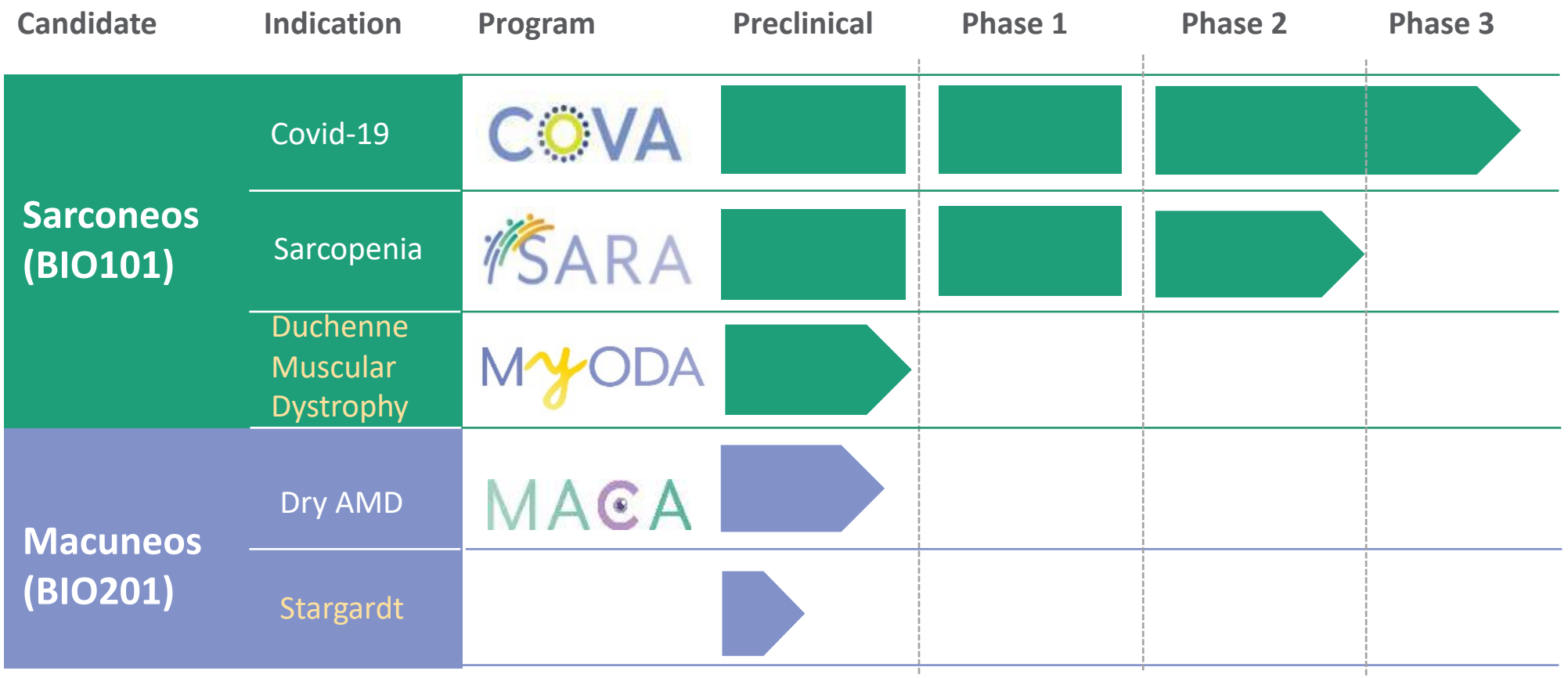
Benoit Canolle- CBO

- PhD in Neurosciences (Aix-Marseille University), execMBA (Kedge Business School)
- 17 years experience in Pharma R&D: Sanofi & Pierre Fabre

Rob van Maanen- CMO

- MD from the University of Ultrech-NL, MBA from UvA Amsterdam-NL
- 20 years of experience in both large pharmaceutical companies and small biotechs (Khondrion, Astellas, Roche, Novartis, Eisai and Organon)

Our Clinical Pipeline as of today



XXX : orphan diseases

Our strategic objectives

DEVELOP A PORTFOLIO OF DRUG CANDIDATES IN AGE-RELATED DISEASES, IN PARTICULAR MUSCULAR AND OPHTHALMOLOGICAL DISEASES

- Demonstrate the efficacy of Sarconeos (BIO101) in the treatment of sarcopenia
- Demonstrate the therapeutic benefit and obtain conditional approval of Sarconeos (BIO101) for COVID-19 patients
- Move forward with the development of our second molecule Macuneos (BIO201) in Age-Related Macular Degeneration (DMLA)

EXPLORE THE POTENTIAL OF OUR DRUG CANDIDATES IN ORPHAN NEUROMUSCULAR AND OPHTHALMOLOGICAL DISEASES

- Launch the clinical development of Sarconeos (BIO101) for the treatment of Duchenne muscular dystrophy

STRENGTHEN OUR PRESENCE IN THE UNITED STATES, THE LEADING BIOTECH/PHARMA MARKET

- Develop the company in the United States, in particular its clinical, regulatory and financial operations

- Forge partnerships with pharmaceutical laboratories to co-develop and market our drug candidates, in particular Sarconeos (BIO101)

Strengthening of the company's fundamentals over the past 18 months

VALIDATIONS OF THE THERAPEUTIC POTENTIAL OF SARCONEOS (BIO101)

COVA Study – COVID-19

- Part 2 interim analysis achieved in Q3 2021with positive DMC review to finalise the study without modification of the protocol (interim analysis of efficacy in the promising area, and satisfactory safety profile)
- Early Access Program (EAP) authorization in Brazil in February 2022
- 237 patients recruited in March 2022
- Early termination of patients' recruitment due to global drop of COVID-19 hospitalizations

SARA-INT Study – Sarcopenia

- Phase 2: positive top-line results on primary end-point (400-meter walk test) published in August 2021. Full results presented at the ICFSR 2021

IND Approval to start MYODA - DMD

- US IND & Belgium authorization obtained

STRENGTHENING OF THE FINANCIAL STRUCTURE (Nasdaq IPO)

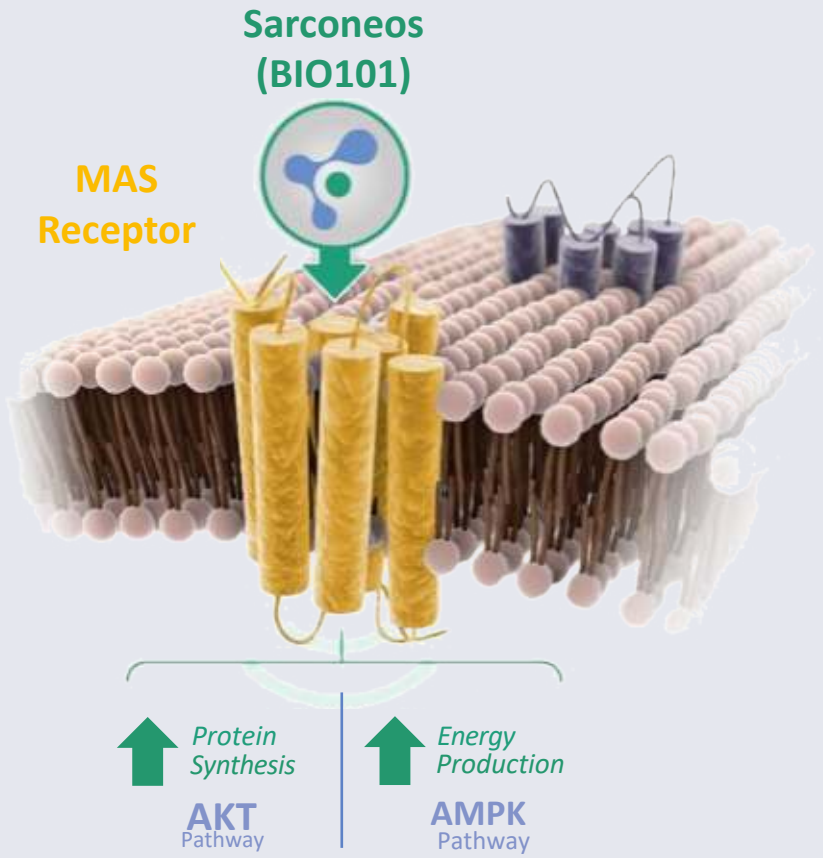
- $20.1 million (€16.6 M) raise from Nasdaq IPO in February 2021
- €23.4 million raise in private placements on Euronext in 2021
- €23.9 million in cash and cash equivalents as of December 31, 2021
- ORNANE contract with Atlas to raise €32 million over 3 years

Sarconeos (BIO101): Mechanism of Action

Sarconeos (BIO101) triggers two important MAS receptor downstream signaling-pathways in myocytes:

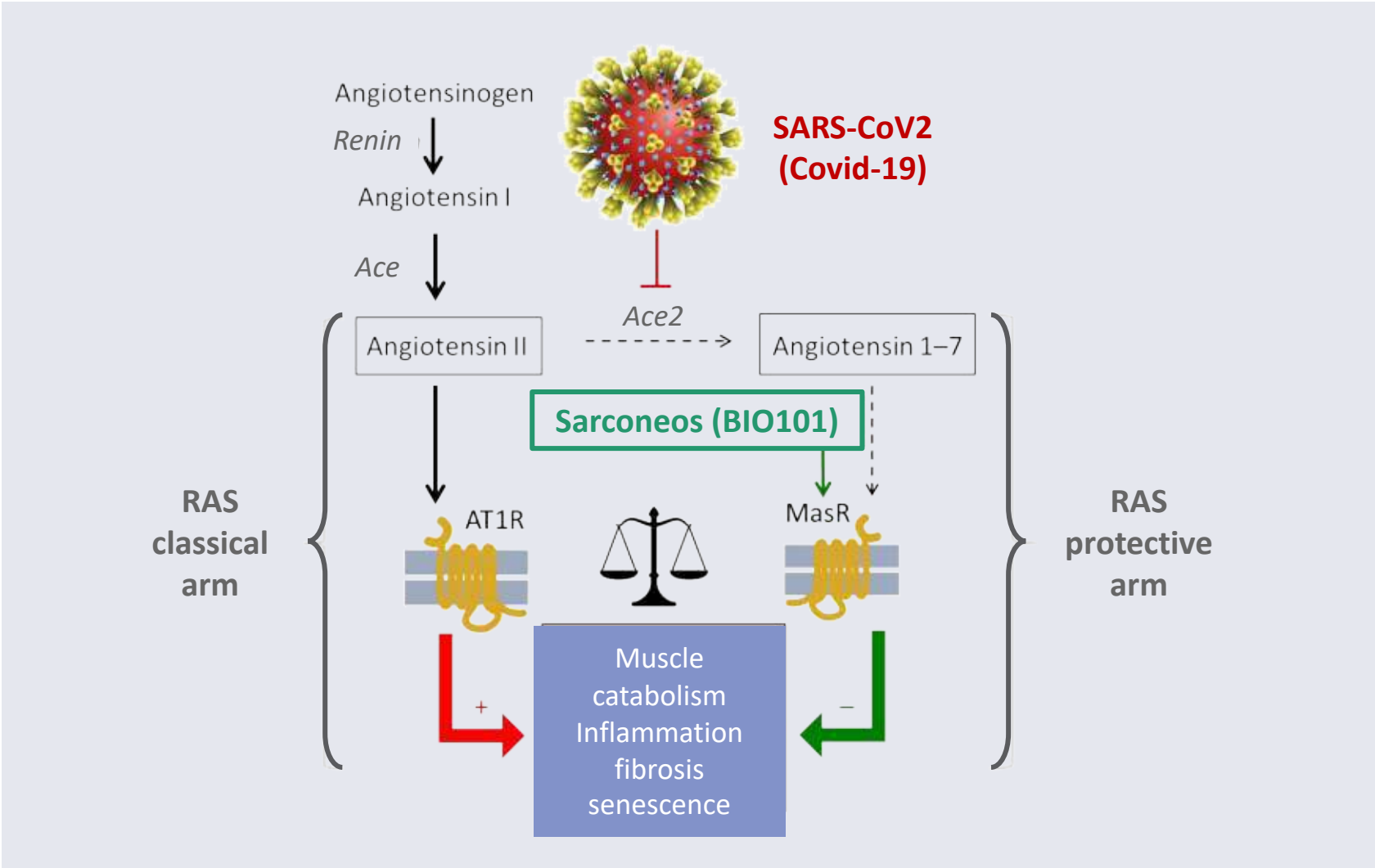
- **PI3K/AKT/mTOR:** Increases **protein synthesis**
- **AMPK/ACC:** Stimulates **energy production**

MAS activation in **skeletal and smooth muscles** stimulates muscle metabolism and strength with a potential impact on **mobility and/or respiratory functions**



Sarconeos (BIO101): Potential Treatment for COVID-19 Patients

- Sarconeos (BIO101) activates the MAS receptor, a key component of the protective arm of the Renin-Angiotensin System (RAS), known for protecting muscles against catabolism, inflammation or fibrosis
- The production of Ang 1-7, the natural ligand of MAS receptor, is impaired by SARS-CoV-2, which uses ACE2 to penetrate the lungs, causing respiratory failures
- Sarconeos (BIO101) by reactivating the RAS protective arm, has the potential to restimulate respiratory capacity in COVID-19 patients



COVA

Introduction to COVA study

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COVA Study: Targeting COVID-19 Hospitalized Patients with Respiratory Failure

45+

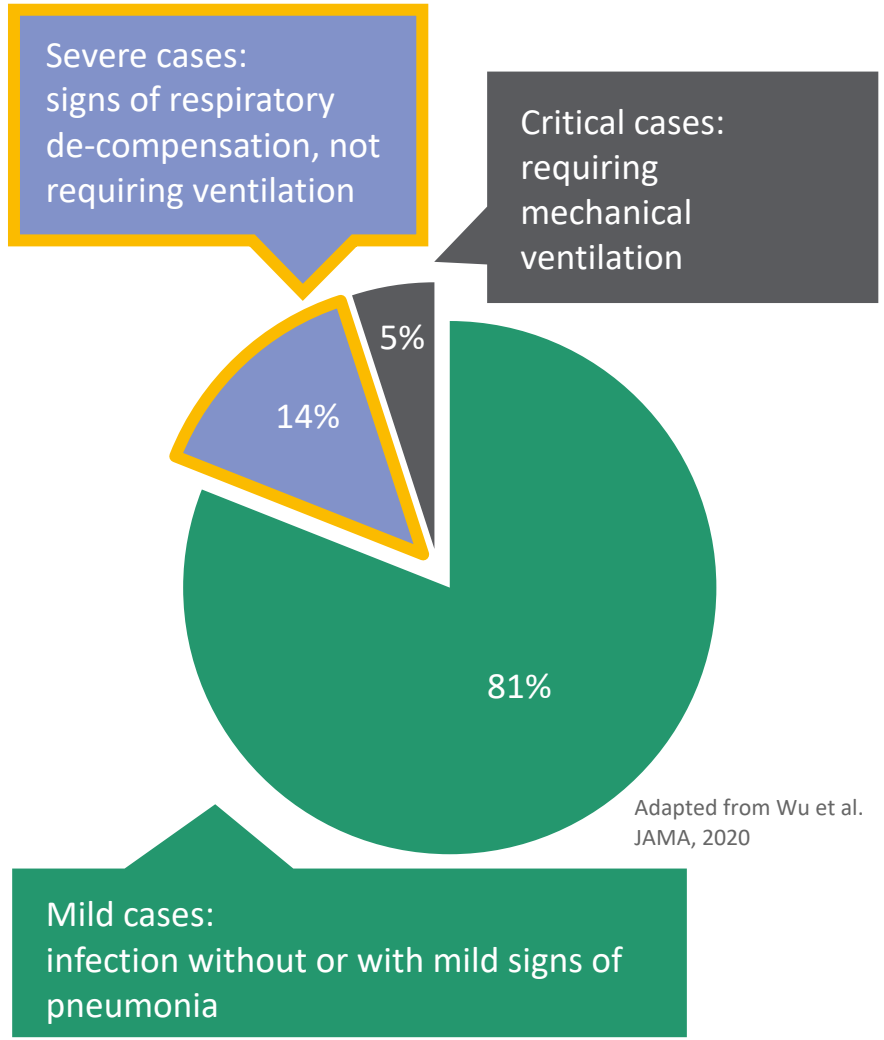
Patients **aged 45 and above**, with proven COVID-19, and severe respiratory symptoms:

- With evidence of respiratory decompensation ≤7 days before start of study medication, meeting one of the following:
  - Tachypnea: ≥ 25 breaths per minute
  - Arterial oxygen saturation ≤92%

Allowed medications:

- Antiviral agents such as remdesivir, bamlanivimab, paxlovid
- Anti-inflammatory agents such as dexamethasone

Targeted populations



Adapted from Wu et al. JAMA, 2020

COVA Study: Phase 2-3 Trial Overview

Design	Endpoints & Study Follow-Up	Patient Population
• Global, multi-center, double-blind, placebo-controlled group Phase 2-3 sequential (2 parts) adaptive design • International study including 34 clinical centers in US, Brazil, France & Belgium. 15 additional sites to be opened soon, including UK. • iDMC is monitoring the safety and efficacy of the treatment by running two interim analyses	• Proportion of participants with 'negative' events: all-cause mortality & respiratory failure (requiring mechanical ventilation or ECMO)-Target efficacy : ≤ 25% (BIO101) with 15% difference vs Placebo. • Part 1 (N=50): First interim analysis (IA1), Q1 21, based on safety; Positive recommendation from DMC to progress into part 2 • Part 2 (N=155): Second interim analysis (IA2), Q3 21. Positive recommendation from DMC to complete the study w/o protocol modification (good safety profile, efficacy data in the promising zone) • Part 2 (N=237 early termination of the study) Q3 2022, final analysis of the effect of Sarconeos (BIO101) in preventing further respiratory deterioration	• Age: 45 years old or over • Hospitalized for severe respiratory symptoms and with proven Covid-19 infection • Patients with respiratory failure not yet requiring mechanical ventilation • Oxygen saturation less than 92%

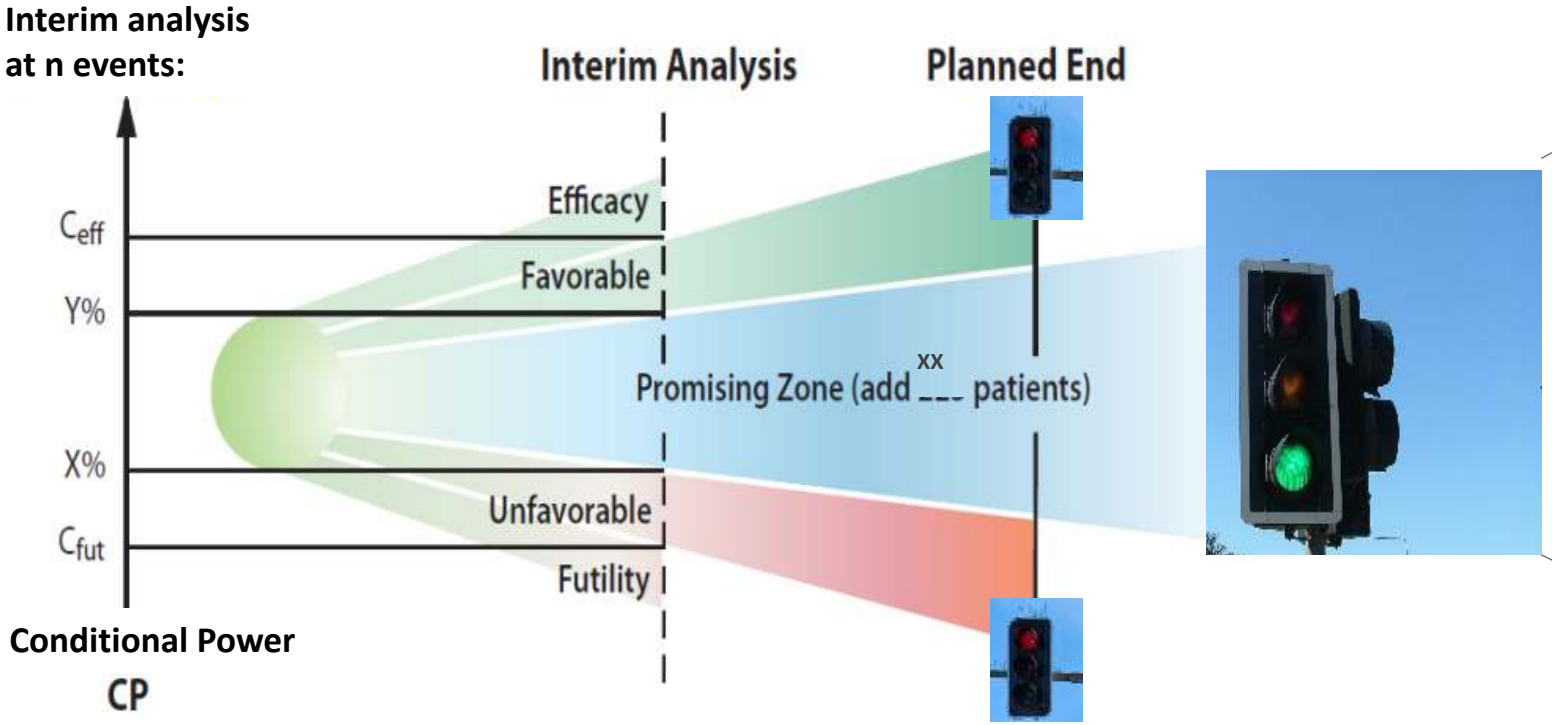
Product	2020	2021	2022	2023
350 mg b.i.d of Sarconeos (BIO101)	COVA Phase 2-3		★ EAP Brazil Feb 22 ★ TLRs Q3 22	★ Commercialization H1 2023

*Independent Data Monitoring Committee

Interim Analysis 2 September 2021: a major clinical achievement
Positive feedback from DMC based on Promising Zone of efficacy

COVA STUDY PRIMARY ENDPOINT: % OF PATIENTS WITH NEGATIVE EVENTS

- **All-cause mortality and Respiratory failure requiring intubation**
- **Target: 25% (treatment) vs 40% (Placebo)**



Recommendation from DMC based on results of the Interim Analysis 2:

- ➢ No futility, Good Safety Profile & Promising Zone of Efficacy.
- ➢ Continue with no modification of the protocol

(Mehta, C.R., Pocock, S.J., Stat. Med 2011)

Introduction to SARA study

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SARA project: Treatment for Sarcopenia, A Large Unmet Medical Need

NO CURRENTLY APPROVED DRUGS

- Age-related degeneration of skeletal muscle characterized by **a loss of muscle mass, strength and functional issues** such as the ability to stand and/or walk
- A major cause of mobility disability, resulting in **a loss of independence and increased risk of adverse events (for example falls)**, which can shorten life expectancy
- **Prevalence estimated between 6-22% in the elderly** (defined as over 60 years of age), a population expected to double from approximately 962 million in 2017 to 2.1 billion by 2050[1]

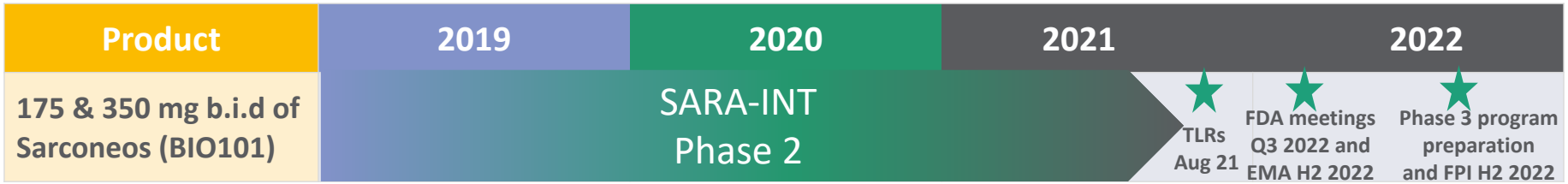
Sarconeos (BIO101):

- ✓ First drug candidate to complete Phase 2 (SARA-INT) with clinically meaningful outcome on mobility
- ✓ On track to prepare the Phase 3 program
- ✓ Myostatin inhibitors halted for lack of effectiveness in neuromuscular diseases

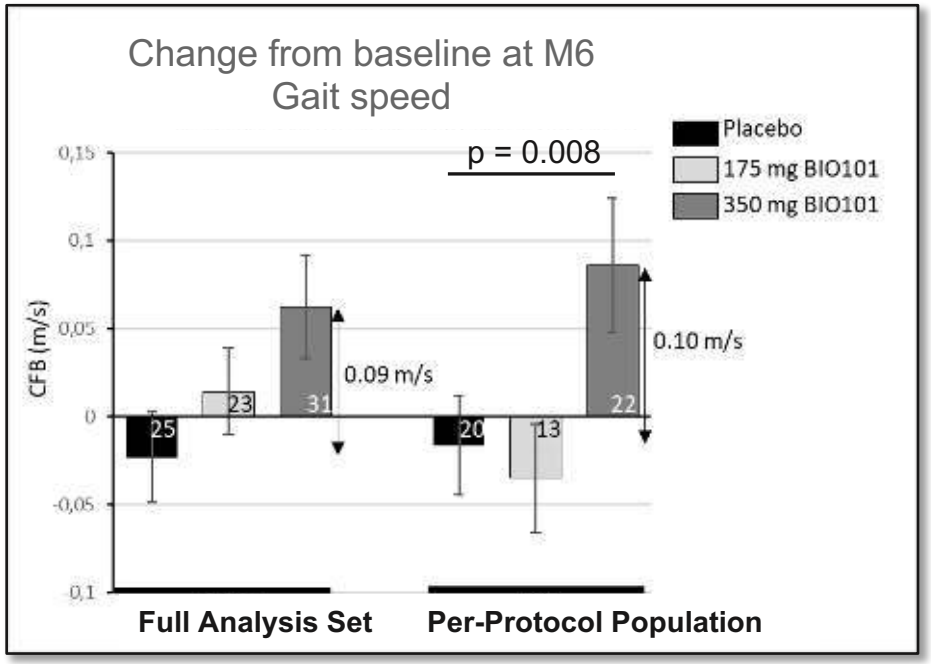
[1]United Nations' World Population Prospects: 2017 Revision

SARA-INT: Phase 2 Trial Overview

Design	Endpoints	Patient Population
• Global, double-blind, randomized, placebo-controlled trial: NCT03452488 • Assess safety and efficacy of two doses of Sarconeos (BIO101) administered orally with a meal over 26 weeks, as compared to placebo • Treatment effect on improvement of physical function (gait speed) and on on decrease of risk of mobility disability	**Primary** • 400-meter walk test (400MWT) - 0.05 m/s is considered the minimal meaningful change **Secondary** • Handgrip muscle strength • Patient reported outcomes (PRO)	• Age: 65 years old or over • Low mobility measured by Short Performance Physical Battery (SPPB) ≤8 out of 12 • DEXA body composition as measured by ALM/BMI (appendicular lean mass / body mass index) • Able to exercise for 30 minutes per day 5 days per week



Sarconeos (BIO101) significantly improves the gait speed in the 400 MWT, the primary endpoint of SARA-INT Phase 2 trial



⇒ Treatment effect is statistically significant in PP population at M6 (p = 0.008).

- Sarconeos (BIO101) at the highest dose of 350 mg bid showed a clinically meaningful improvement of 0.09 m/s in the FAS population (not significant) and of **0.10 m/s in the PP population (significant, p=0.008) compared to placebo** for the 400MWT in gait speed after 6 months of treatment
- Clinical Relevance: the **Minimal Clinically Important Difference (MCID) in sarcopenia (0.1 m/s) is known to be associated with a reduction in mobility disability and mortality in elderly**
- **Sarconeos (BIO101) showed a very good safety profile** at the doses of 175 mg bid and of 350 mg bid with no Serious Adverse Events (AE) related to the product
- Based on these encouraging results, a Phase 3 protocol is currently being discussed with the FDA and the EMA with the aim of having a **first patient in for this study at the end of the second half of 2022**

SARA – Phase 3 development plan, pending FDA & EMA CTA advice and approval

Design	Endpoints	Patient Population
• Global, double-blind, randomized, phase 3 placebo-controlled trial • Assess safety and efficacy Sarconeos (BIO101) 350 mg BID administered orally over at least 52 weeks, as compared to placebo • Treatment effect based on estimation of the risk of mobility disability	**Primary** • Major Mobility Disability (MMD) assessed by the inability to complete the 400 meter walk test (400MWT) within 15 min **Secondary** • Handgrip Strength (HGS) • Patient Reported Outcomes (PRO)	• Age: 65 years old or over • Low mobility measured by Short Performance Physical Battery (SPPB) ≤7 • Low Handgrip Strength (HGS < 20 and <35 kg in female and male) • Slow walkers (gait speed < 0.8 m/s)

MYODA

Introduction to MYODA study

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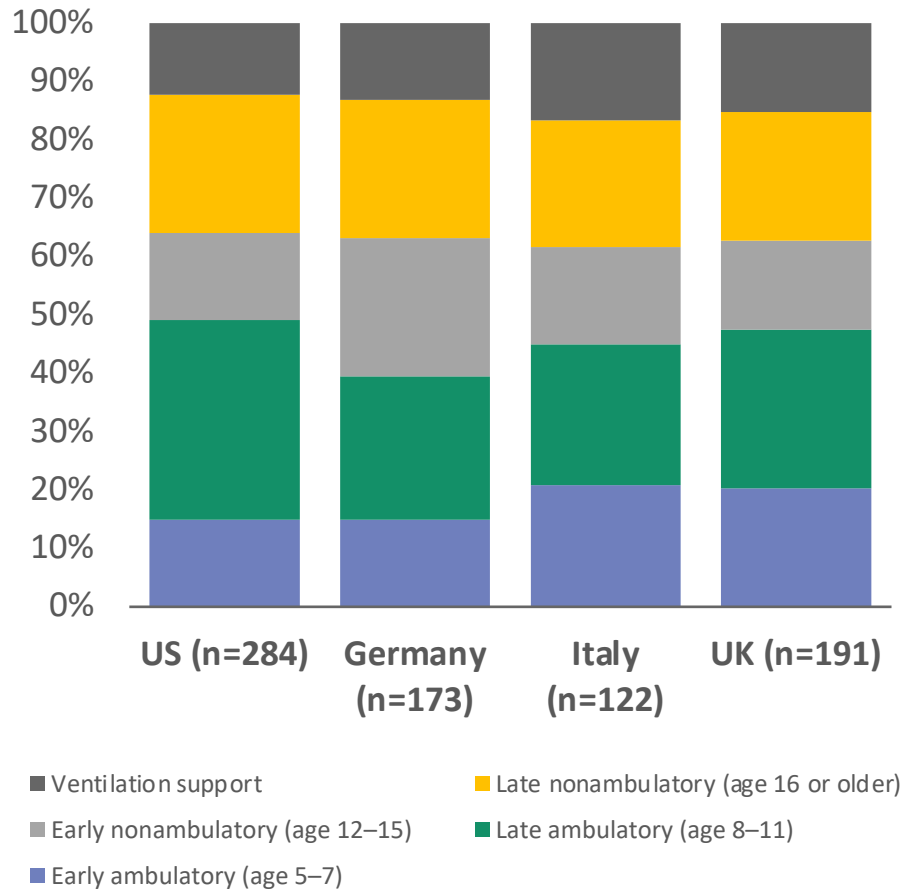
MYODA: Treatment Overview for Duchenne Muscular Dystrophy (DMD)

Rare, genetic neuromuscular disease in male children characterized by accelerated degeneration of muscles, responsible for loss of mobility, respiratory failure and cardiomyopathy, leading to premature death.

No known cure and limited treatment options, including corticosteroids and targeted therapies (exon-skipping in U.S. & stop codon in EU) that treat approximately 13% of DMD patients with specific genetic mutations.

We received **orphan drug designation (ODD)** in 2018 from the FDA and EMA for Sarconeos (BIO101) in DMD.

Proportion of ambulatory class in DMD[1]



1. Source: Landfeldt *et al*., Neurology, 2014.

MYODA: Overview of Clinical Trial Aimed to Start end of 2022/beginning of 2023*

Design	Endpoints	Patient Population
• A 3-part, Randomized, Double-Blind, multi-centers, Adaptive Seamless Phase 1-3 Study • Evaluate the Safety, Efficacy, Pharmacokinetics, and Pharmacodynamics of Sarconeos (BIO101) in Non-Ambulatory DMD Patients with Respiratory Deterioration. • Pedriatric oral formulation (powder sachet) of Sarconeos (BIO101)	• **Primary**: change from baseline on Peak Expiratory Flow (PEF) • **Secondary**: The Forced Vital Capacity (FVC), Performance of Upper Limbs (PUL) scale, Grip strength (MyoGrip) • Part 1 (N=18): Safety, tolerability & PK - 7 days of dosing of escalating dose • Part 2 (N=48): Safety and efficacy on respiratory function (PEF) after dosing for 52 weeks • Part 3 (N= up to 200): Safety and efficacy - Confirmatory part	• Age: ≥12 years old • Non-ambulatory DMD patients • Patients with respiratory failure not yet requiring mechanical ventilation

Product	2020	2021	2022	2023
Sarconeos (BIO101)	ODD in the USA and in Europe FDA IND in the USA and CTA in Belgium in 2020			MYODA Phase 1-2-3

1.*Independent Data Safety Monitoring Board*
**Study should start end of 2022 or beginning of 2023, depending on the evolution of the pandemic*

Key milestones in the development of Sarconeos (BIO101)

	Achieved over the last 12 months	*Anticipated in the next 12 months*
COVA	• Interim analysis for Part 2 (155 patients) in Q3 2021 • Early Access Program (EAP) authorization in Brazil in February 2022 • Early termination of patient enrolment in April 2022	• Phase 2/3 study results expected in Q3 2022 • Application for conditional approval in Europe and the EUA in the US in 2023
SARA	• Positive topline study results in August 2021 • Full study results communicated during ICFSR in September 2021	• Regulatory agency meetings (FDA, EMA) in Q2/Q3 2022 • Start of Phase 3 study with 1st patient enrolled in H2 2022
MYODA	• US and Belgian IND regulatory approvals in Q1 2020 • Clinical batch production in 2021	• Study to start end of 2022 / beginning of 2023

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Appendix

Scientific Advisory Board

Pr. Jean Mariani

- Professor of neuroscience and biology of aging and Director of Charles Foix Institute of Longevity at Sorbonne University
- Emeritus Professor (PU-PH) at the Sorbonne University's School of Medicine

René Lafont

- Co-Founder & Professor emeritus and former Dean of the life sciences department at Sorbonne University
- 185 scientific articles + 59 reviews and book chapters

Pr. Jose-Alain Sahel

- Chair of the department of ophthalmology at University of Pittsburgh School of Medicine and director of the UPMC eye center
- Founder and director of the Vision Institute in Paris and professor at the Sorbonne's medical school

Dr. Roger Fielding

- Professor of Medicine, Tufts University School of Medicine
- Director and Sr. Scientist Jean Mayer USDA Human Nutrition Research Center on Aging

Dr. Thomas Voit

- Professor, University College London
- Director of the Research Centre of the Great Ormond Street Hospital for Children

Dr. Ivana Kim

- Associate Professor Harvard Medical School, Massachusetts Eye and Ear
- Co-Director of the Harvard Medical School Department of Ophthalmology AMD Center of Excellence; Associate Scientist, Massachusetts Eye and Ear

Board of Directors

Stanislas Veillet - Founder & CEO

- PhD in genetics, AgroParisTech
- 25+ years in biotech; Pharmacia-Monsanto, Danone Group

Pr. Jean Mariani

- Professor of neuroscience and biology of aging and Director of Charles Foix Institute of Longevity at Sorbonne University
- Emeritus Professor (PU-PH) at the Sorbonne University's School of Medicine

Claude Allary

- Independant Director
- Co-founder of Bionest
- Strategic & Management Advisor
- 40 of experience in Life Sciences sectors (Sanofi, Arthur D. Little, Bionest, …)

Dimitri Batsis

- Independant Director
- Entrepreneur, Founder of Zeni Corporation, Drone Volt
- 20 years in the High-Tech sector

Nadine Coulm

- Independent Director
- 20 years of experience as CFO in charge of IR & Financing with Korian, FNAC, Darty Danone & Casino

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THANK YOU

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