Biophytis®

LIVE HEALTHIER LONGER

April 2023 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: €13.2 M (March 24, 2023)
Cash: €19.7 M as of June 30, 2022
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) - in regulatory and clinical phases

- Our leading drug candidate is administered orally:
  - **Regulatory:** for the treatment of severe respiratory events related to **COVID-19** following **positive results in Phase 2/3 clinical study (COVA)**
  - **Clinical:** for the treatment of reduced mobility in elderly patients with **sarcopenia**, with **positive results** in a **Phase 2 clinical study (SARA)** conducted in the United States and Europe.
- 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

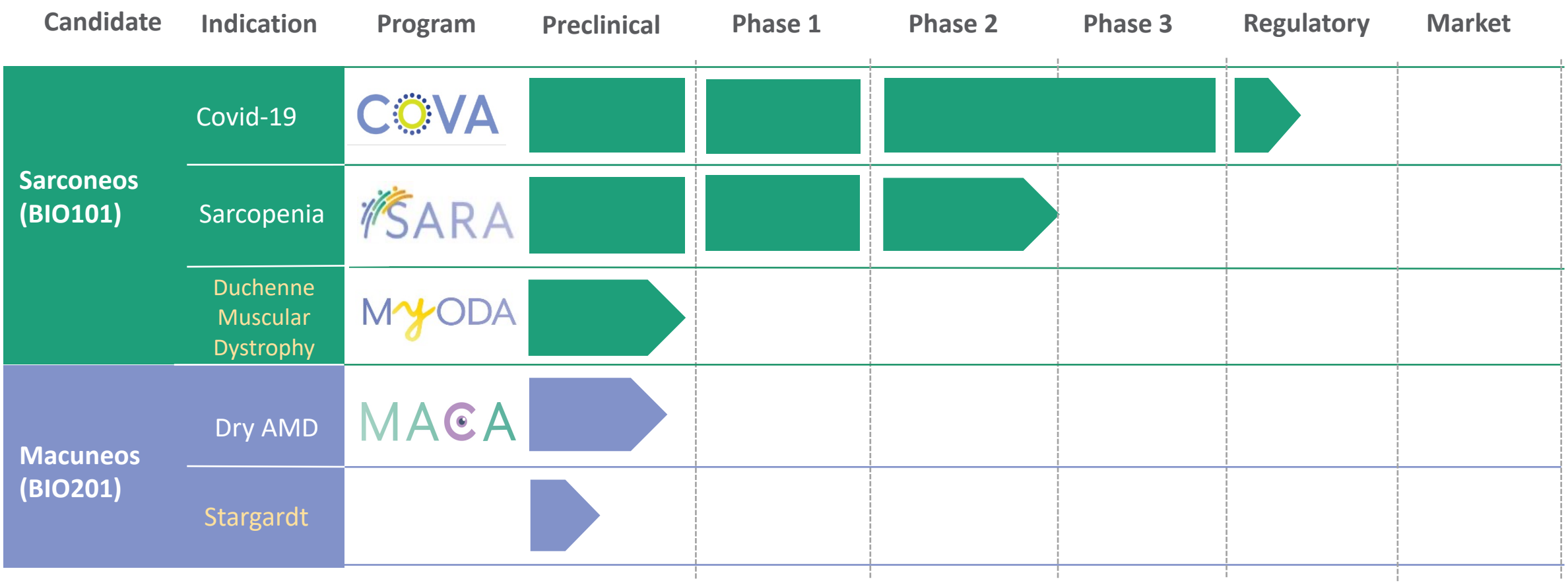
Benoit Canolle- CBO

- 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



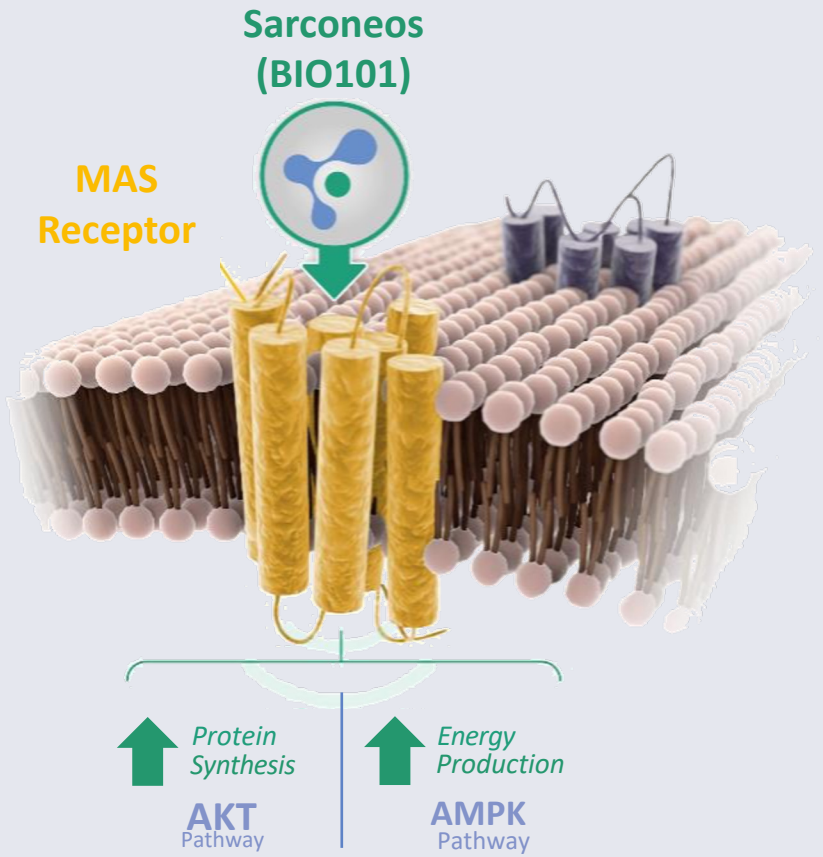
XXX : orphan diseases

Sarconeos (BIO101): Mechanism of Action

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

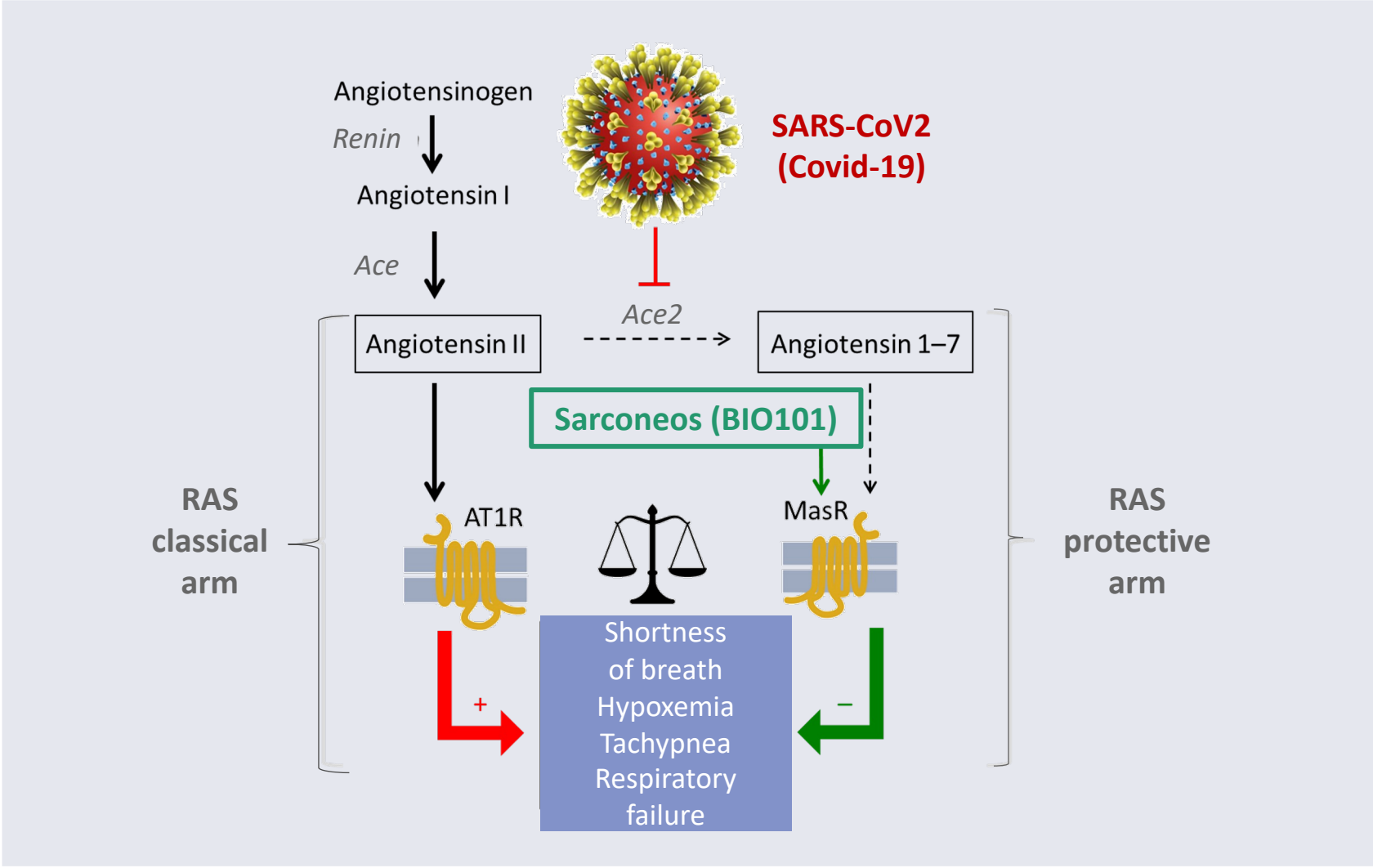
- **PI3K/AKT/mTOR:** Increases **protein synthesis**
- **AMPK/ACC:** Stimulates **energy production**

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



Sarconeos (BIO101) stimulates respiratory function by activating the MAS receptor, a key component in the renin-angiotensin system, the target of SARS-CoV2

- Sarconeos (BIO101) activates the MAS receptor, a key component of the protective arm of the Renin-Angiotensin System (RAS), involved in the balance of the cardiorespiratory function
- 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

Sarconeos (BIO101) in COVID-19

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COVA Study: Targeting COVID-19 Hospitalized Patients with severe COVID-19

45+

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

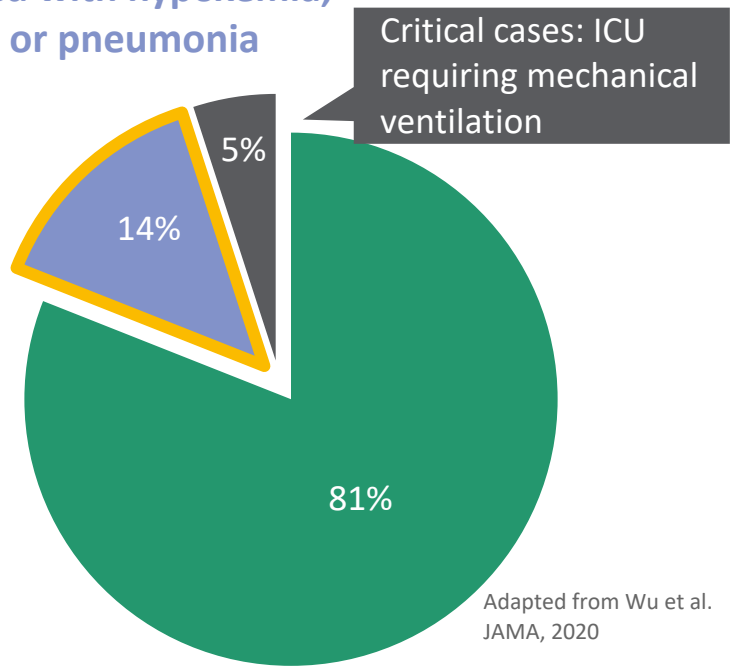
- With evidence of respiratory decompensation ≤7 days before start of study medication, meeting one of the following:
  - Tachypnea: ≥ 25 breaths per minute
  - Arterial oxygen saturation 92% or less

Hospitalized patients with respiratory failure estimated to 15-18% of hospitalized patients: ca **500 new patients per day or 180,000 patients/year in the USA** (*CDC data, October 27, 2022*)

Allowed medications:

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

Severe cases:
hospitalized with hypoxemia, tachypnea or pneumonia



Adapted from Wu et al. JAMA, 2020

Mild cases:
infection without or with mild signs of pneumonia

International Phase 2-3 COVA clinical trial to evaluate the safety and efficacy of Sarconeos (BIO101) in the treatment of severe forms of COVID-19

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 37 clinical centers in US, Brazil, France & Belgium	• Primary endpoint: proportion of patients with respiratory failure or early death within 28 days • Secondary endpoints: mortality at 28 and 90 days; discharge at 28 days • End of study: Q2 2022 (N=237) after early study termination	• Age: 45 years old or over • Hospitalized for severe respiratory symptoms and with proven Covid-19 infection • Patients with hypoxemia (<92%) or tachypnea (> 25 breaths/min) • All authorized Covid-19 drugs (anti-viral or anti-inflammatory)

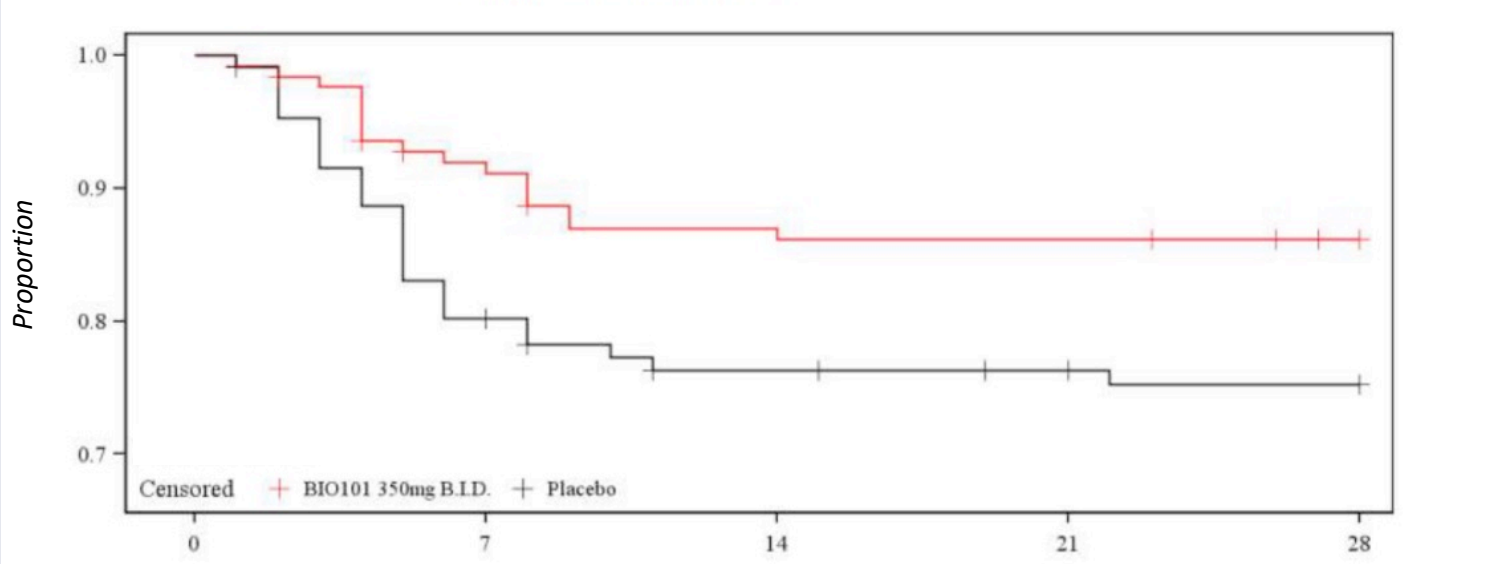
*Independent Data Monitoring Committee

Positive results strongly supporting therapeutic potential of Sarconeos (BIO101) in severe COVID-19: respiratory failure or early death

RESPIRATORY FAILURE OR EARLY DEATH : THE STUDY MET PRIMARY ENDPOINT

- **Reduction in the risk of early death or respiratory failure at day 28 by 44% (p=0.043, CMH test)**
- Time to early death or respiratory failure over 28 days was lower (p=0.022, Kaplan Meier analysis)
- Post hoc analysis confirmed the reduction in the **risk of early death or respiratory failure** in the ITT population and in the PP population

Proportion without respiratory failure or early death, Kaplan-Meier Analysis, ITT population

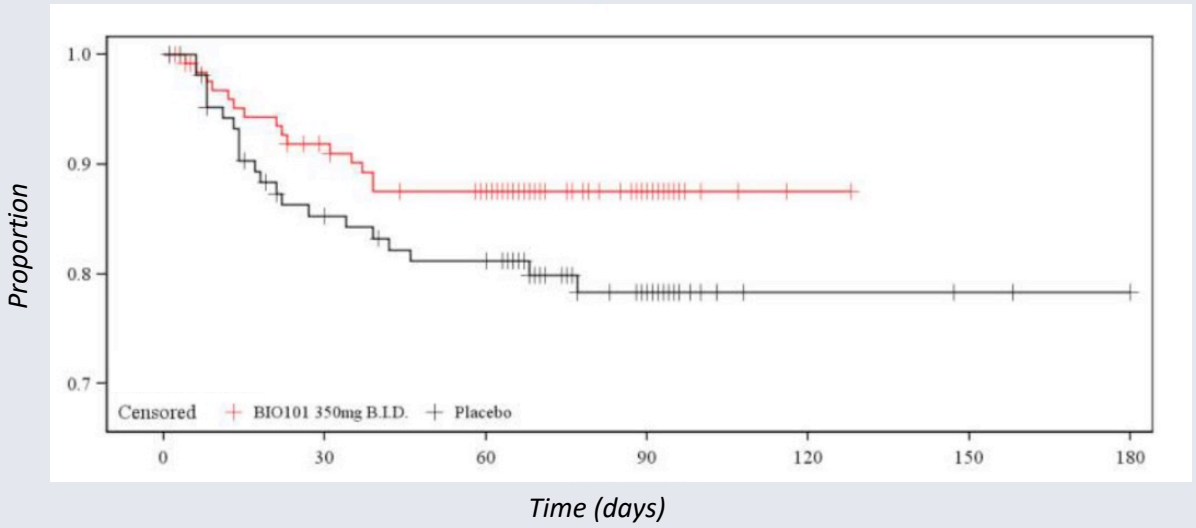


Positive results strongly supporting therapeutic potential of Sarconeos (BIO101) in sever COVID-19: mortality and safety

MORTALITY FOLLOW-UP OVER 90 DAYS AND SAFETY

- Kaplan Meier post hoc analysis showed a **reduction in the risk of death at day 90 of 43% (p=0.076)** in the ITT population and **70% (p=0.016)** in the PP population

Proportion without death, Kaplan-Meier Analysis, ITT population



- *Very good safety profile with lower proportion of adverse events, especially respiratory adverse events (57% vs. 64%)*
- *Lower proportion of patients with severe adverse events compared to placebo (25% vs. 31%)*

Start of the regulatory process

BIOPHYTIS INITIATES REGULATORY PROCESS FOR SARCONEOS (BIO101) TREATMENT OF SEVERE FORMS OF COVID-19

Early access

- EAP in France: the application for early access was presented to the HAS in March during a pre-filing meeting and the application should be formally filed in Q2 2023 with the objective of obtaining this authorization mid-2023
- EAP in Brazil: the application to lift the suspension of the EAP program authorized in 2022 by ANVISA should be filed in Q2 2023

Market access

- Preparation of the conditional marketing authorization application in Europe and, due to the health emergency, in the United States
- Solicitation of a pre-submission meeting with the EMA and the FDA expected in Q2 2023

Sarconeos (BIO101) in Sarcopenia

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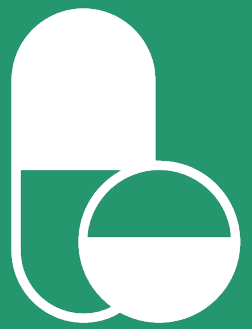
SARA project: Treatment for Sarcopenia, A Large Unmet Medical Need

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]



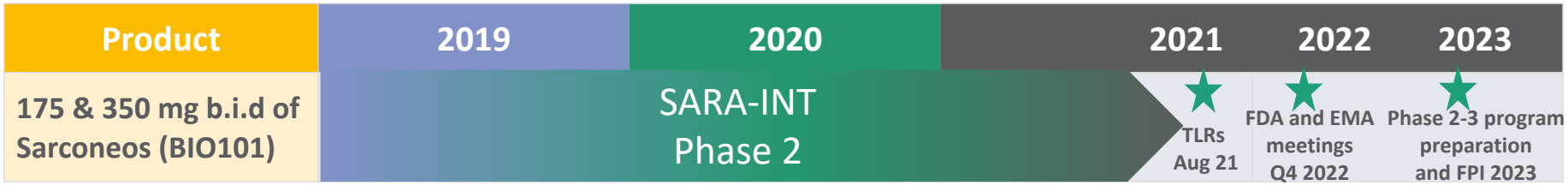
Sarconeos (BIO101):

- ✓ 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

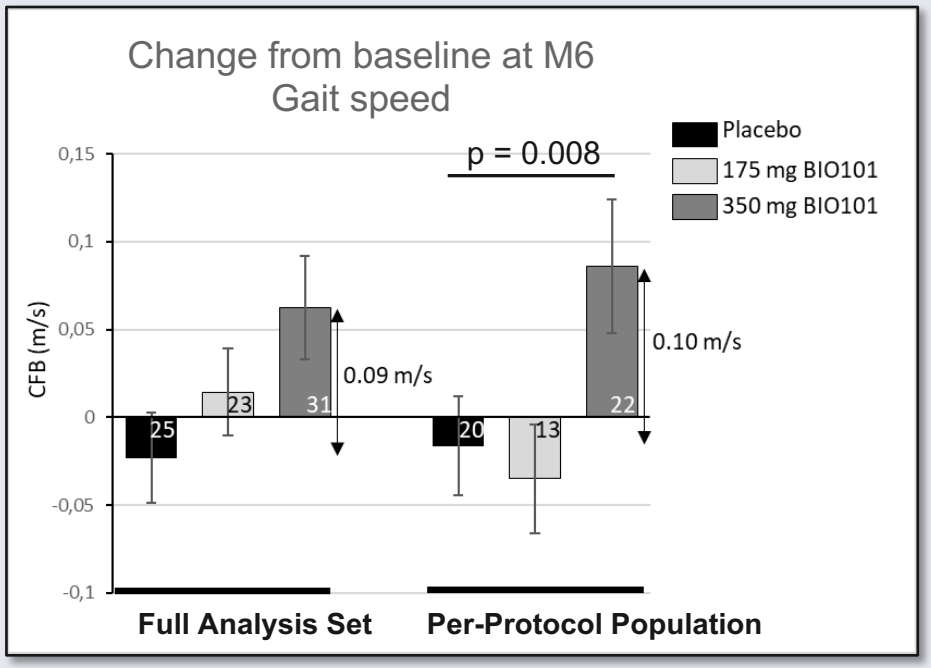
SARA-INT: Phase 2 Trial Overview

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



Preparations for phase 3 have started based on the positive results of the SARA-INT phase 2 trial

Sarconeos (BIO101) significantly improves the gait speed in the 400 MWT, the primary endpoint of SARA-INT Phase 2 trial, in the PP population after 6 months of treatment

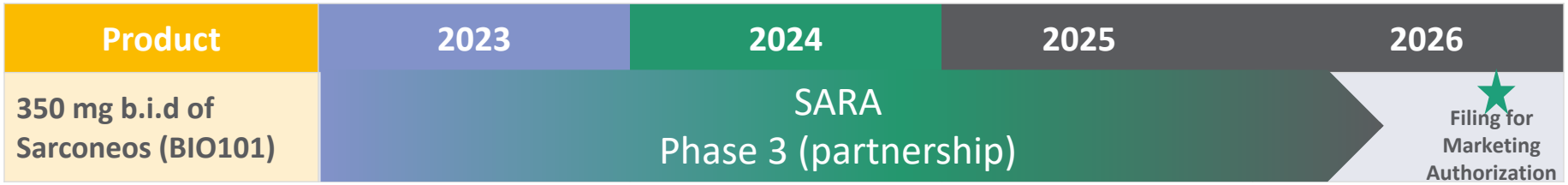


⇒ TREATMENT EFFECT IS STATISTICALLY SIGNIFICANT IN PP POPULATION AT M6 (P = 0.008)

- 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 2/3 protocol is currently being discussed with the FDA and the EMA with the aim of having a **first patient in for this study in 2023**

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

Sarconeos (BIO101) in DMD

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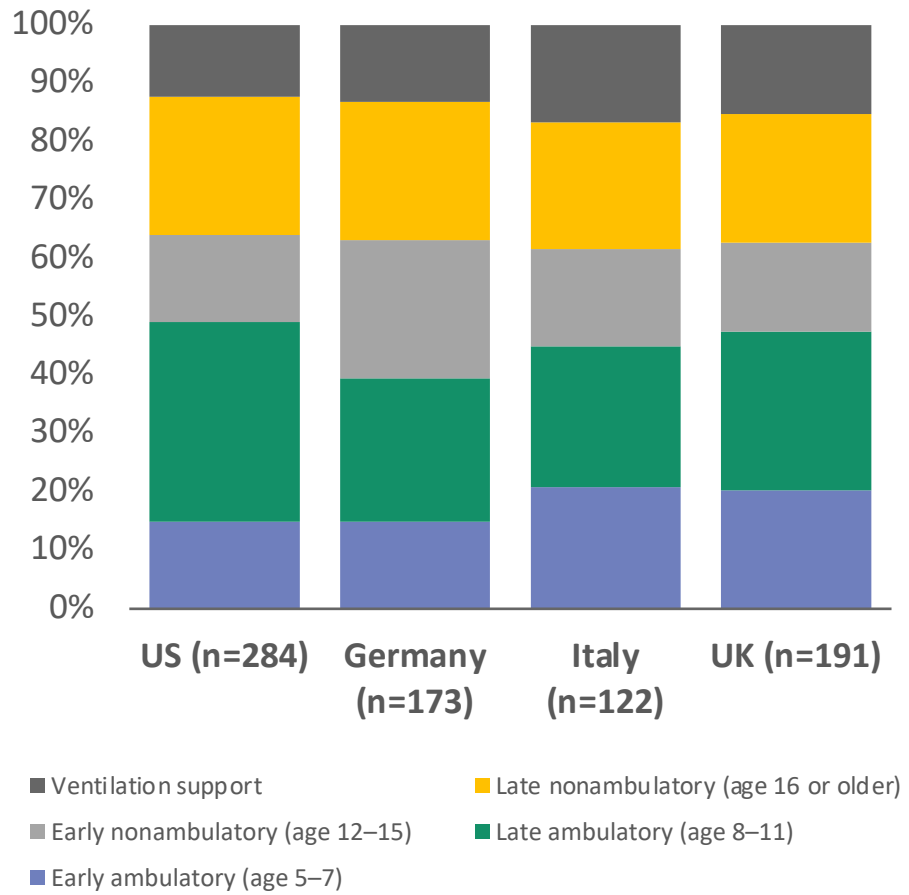
MYODA: Treatment Overview for Duchenne Muscular Dystrophy (DMD)

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 H1 2023*

Design	Endpoints	Patient Population
• A Randomized, Double-Blind, multi-center Phase 1-2 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	• Age: ≥12 years old • Non-ambulatory DMD patients • Patients at risk of respiratory failure

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 Phases 1-2

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

Key milestones in the development of Sarconeos (BIO101)

	Achieved over the last months	*Anticipated in the next 12 months*
COVA	• Early Access Program (EAP) authorization in Brazil in February 2022 • Early termination of patient enrolment in April 2022 • Very promising results in November 2022 • **Positive final results in February 2023**	• Launch of Early Access programs in France and Brazil • Application for conditional marketing authorisation in Europe and Emergency Use Authorisation (EUA) in the US
SARA	• Positive topline study results in August 2021 • Full study results communicated during ICFSR in September 2021	• Submission of files to regulatory agencies (FDA, EMA) for authorization to start Phase 3 • Start of Phase 3 study with 1st patient enrolled
MYODA	• US and Belgian IND regulatory approvals in Q1 2020 • Clinical batch production in 2021	• Submission of an amended protocol to regulatory agencies (FDA, EMA) • Start of Phase 1/2 study

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

Financial data

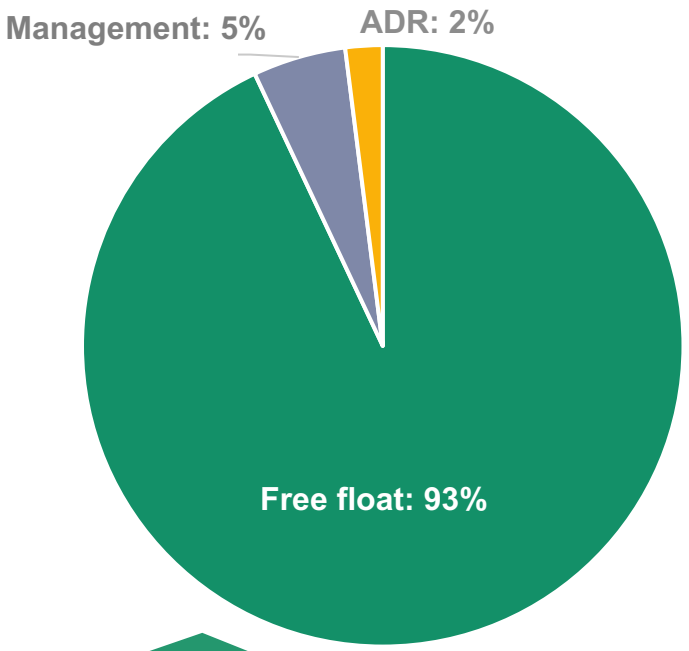
Key financial figures

Listing Euronext- ALBPS :	July 2015
Listing Nasdaq (ADRs) - BPTS:	February 2021
Cash position :	€19.7m *(June 30, 2022)*
Market cap :	€13.2m *(March 24, 2022)*
Amount raised to date:	*ca* €150m

Analyst Coverage

- H.C. Wainwright - *Joe Pantginis, Ph.D.*
- Kepler Chevreux - *Arséne Guekam*
- Invest Securities - *Jamila ELBougrini, Ph.D.*

Shareholding structure



Number of shares: 298,475,375 (March 31st, 2022)
1 ADR = 10 shares

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THANK YOU

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