General Meeting of Shareholders

28 June 2022

JUNE 2022 | NON CONFIDENTIAL

Disclaimer

Important notice

You must read the following before continuing. In accessing this document, you agree to be bound by the following terms and conditions. References herein to this presentation (this "Presentation") shall mean and include this document, the oral presentation accompanying this document provided by ABIONYX Pharma (the "Company"), any question and answer session following that oral presentation and any further information that may be made available in connection with the subject matter contained herein (together with the information, statements and opinions contained in this Presentation, the "Information"). This Presentation has been prepared by ABIONYX Pharma. The Information is provisional and for information purposes only and is not to be construed as providing investment advice. The Information is provided as of the date of this Presentation only and may be subject to significant changes at any time without notice. Neither the Company, nor its advisors, nor any other person is under any obligation to update the Information. The Information has not been subject to independent verification and is qualified in its entirety by the business, financial and other information that the Company is required to publish in accordance with the rules, regulations and practices applicable to companies listed on Euronext Paris, including in particular the risk factors in the Company's Universal Registration Document (Document Universel d'Enregistrement) filed with the French Financial Markets Authority (Autorité des marchés financiers – the "AMF") dated April 24, 2020, as well as in any other periodic report and in any other press release, which are available free of charge on the websites of the Company (www.abionyx.com) and/or the AMF (www.amf-france.org). The Information includes information on the use of the Company's products and its competitive position. Some of the Information is from third parties. While this third party information has been obtained from sources believed to be reliable, there is no guarantee of the accuracy or completeness of such data. In addition, certain of the industry and market data comes from the Company's own internal research and estimates based on the knowledge and experience of the Company's management. While the Company believes that such research and estimates are reasonable and reliable, they, and their underlying methodology and assumptions, have not been verified by any independent source for accuracy or completeness and are subject to change without notice. Accordingly, undue reliance should not be placed on any of the industry, market or competitive position data contained in the Information. The Information is not directed to, or intended for distribution to or use by, any person or entity that is a citizen or resident of, or located in, any locality, state, country or other jurisdiction where such distribution or use would be contrary to law or regulation or which would require any registration or licensing within such jurisdiction. The Information does not constitute or form part of, and should not be construed as an offer or the solicitation of an offer to subscribe for or purchase of any securities, nor shall there be any sale of these securities in the United States or any other jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or jurisdiction. No public offering of securities may be conducted in France prior to the delivery by the French Financial Markets Authority of an approval on a prospectus that complies with the provisions of Regulation 2017/1119.

The Information is for information purposes only and does not constitute an offering document or an offer of securities to the public in the United Kingdom to which section 85 of the Financial Services and Markets Act 2000 of the United Kingdom applies. This Presentation is intended solely for (i) institutional accredited investors (within the meaning of paragraphs (1), (2), (3) or (4) of rule 501 under the Securities Act of 1933, as amended (the "Securities Act") in the United States in reliance on the exemption from registration provided by Rule 4(a)(2) under the U.S. Securities Act of 1933, as amended (the "Securities Act") or (ii) to certain non-U.S. persons in offshore transactions outside the United States in reliance on Regulation S under the Securities Act. Securities may not be offered or sold in the United States absent registration under the Securities Act, or an exemption from registration thereunder. The Information contains certain forward-looking statements. All statements in the Information other than statements of historical fact are or may be deemed to be forward looking statements. These statements are not guarantees of the Company's future performance. These forward-looking statements relate without limitation to the Company's future prospects, developments, marketing strategy regulatory calendar, clinical milestones, assumptions and hypothesis, clinical development approach and financial requirements and are based on analyses of earnings forecasts and estimates of amounts not yet determinable and other financial and non-financial information. Such statements reflect the current view of the Company's management and are subject to a variety of risks and uncertainties as they relate to future events and are dependent on circumstances that may or may not materialize in the future. Forward-looking statements cannot, under any circumstance, be construed as a guarantee of the Company's future performance as to strategic, regulatory, financial or other matters, and the Company's actual performance, including its financial position, results and cash flow, as well as the trends in the sector in which the Company operates, may differ materially from those proposed or reflected in the forward-looking statements contained in this Presentation. Even if the Company's performance, including its financial position, results, cash-flows and developments in the sector in which the Company operates were to conform to the forward-looking statements contained in this Presentation, such results or developments cannot be construed as a reliable indication of the Company's future results or developments. The Company expressly declines any obligation to update or to confirm projections or estimates made by analysts or to make public any correction to any prospective information in order to reflect an event or circumstance that may occur after the date of this Presentation.

Agenda

- 1. Abionyx
- 2. CER-001
- 3. COVID-19
- 4. LCAT Deficiency
- 5. Sepsis induced Acute Kidney Injury
- 6. Uveitis

1. Abionyx



CER-001 Solution for Infusion (8 mg/mL)

JUNE 2022 | NON CONFIDENTIAL

A seasoned management team specialized in HDL and Ophthalmology



Cyrille Tupin CEO



Connie Keyserling Peyrottes, M.S. Senior VP Clinical Development & Operations



Ronald Barbaras, Ph.D. Senior VP R&D



Margit Holzer, Ph.D. Senior VP Bioproduction



Pierre-Paul Elena, Ph.D. Scientific Director



Yann Quentric, M.S. CEO Iris



Karen Viaud, M.S. Senior VP Pre-clinical studies

Abionyx

Vision and Mission Statement

Re-inventing the bio-HDL for the benefit of patients with rare or severe diseases









Indications under investigation

Product	Early StagePreclinicalPhase 1Phase 2Phase 3Early Access	Market size
CER-001	LCAT	\$50M - \$100M
CER-001	SEPSIS	\$800M - \$1,000M
ABNX-1001		\$500M - \$700M
ABNX-1010		\$300M - \$500M
ABNX-1520		\$200M - \$300M
ABNX-2501		\$2,000M - \$3,000M
ABNX-2100		\$2,000M - \$3,000M
ABNX-2010		\$3,000M - \$4,000M

RARE DISEASES

ABIONYX A strategy focused on rapid access to market

Diversify the medical franchises

	Pillar 1	Pillar 2	Pillar 3
FRANCHISE	RENAL	OPHTALMOLOGY	CRO
STRENGTHS	 ODD in a rare disease (LCAT renal) Totally financed phase 2 trial in sepsis High potential in other inflammatory diseases 	 ODD in a rare disease (LCAT ophtha/Fish-eye disease) 	 World leadership in PK and preclinical ophthalmology Unique expertise in clinical ophthalmology: 70 products to market Very strong relationships with world KOL
OBJECTIVES	NDA in LCATMAA in LCAT	• 3 phase 2 within 36 months	 Increase the portfolio to 400+ customers

2. CER-001, A unique recombinant bio-HDL



DNY ABIONY ABIONY

R-001 for Infusion ng/mL)

CER-001 Solution for Infusion (8 mg/mL) CER-001 Solution for Infusion (8 mg/mL)

Solution for Infusion (8 mg/mL) (8 mg/mL)

Solution for Infusion

CER-001: one of the most advanced therapeutic bioproduct



A bioengineered complex comprising natural human HDL protein and apolipoprotein A-I (apoA-I) with all the known biological properties of natural HDL A safety profile allowing administration at very high doses and frequencies





Commercially viable manufacturing process with stability of 5 years



Bio-HDL: a safe bioproduct with more than 900 patients treated intravenously for up to 18 months

	Study	Number of subjects	Indication / doses	Conclusion
	Single Ascending Dose	32	 Healthy Volunteers 0.25 to 45 mg/kg 	I Safety and pharmacokinetic established
	SAMBA (PoC)	9	Familial Primary Hypoalphalipoproteinemia8 mg/kg 20 doses over 26 weeks	ı Pharmacodynamics established
Historical data leading to	CHI SQUARE (P2)	507	Acute Coronary Syndrome3, 6, 12 mg/kg/week for 6 weeks	 Good tolerability of infusions No demonstration of efficacy on atheroma
excellent safety (>) profile (900	CARAT (P2)	301	Acute Coronary Syndrome3 mg/kg/week for 10 weeks	 Good tolerability of infusions No demonstration of efficacy on atheroma
patients)	MODE (P2)	23	Homozygous Familial Hypercholesterolemia8 mg/kg 12 doses over 24 weeks	Reduction of carotid atherosclerosis at 6 months
	EXPRESS (P2)	12	Heterozygous Familial Hypercholesterolemia8 mg/kg/week for 6 weeks	No demonstration of efficacy on atheroma
	TANGO (P3)	30	 Familial Hypoalphalipoproteinemia 8 mg/kg 19 doses over 24 weeks 	 Good tolerability of infusions No demonstration of efficacy on atheroma
New phase Phase 2 study	RACERS (P2)	20	 Sepsis-induced Acute Kidney Injury 5, 10, 20 mg/kg BID 8 doses over 6 days 	ı Ongoing

Bio-HDL: 3 major efficacy impacts for Ophthalmology



Elimination of lipid disorders : "Scavenger"

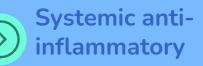
- Non-cellular interactions
 Removal of toxic lipids (LPS) and lipid deposits (LCAT)
- Cellular interactions
 - Lipid elimination (atherosclerosis)
 - Lipid reorganization (glomerulopathy, kidney)



Endothelial protection : "Vascular protection"

- Stabilize intercellular junctions
- Cytoskeletal
 rearrangement
- Antioxidant
- Vasodilator
- Anti-apoptotic (limits programmed cell death)





- Macrophage-induced
 inflammation
- Endothelial Inflammation
- Targeting of the complement



No direct competition: CER-001 is the only recombinant HDL in development

Code	Product	Company	Status	Patients	Completion
CSL-112	 Human derived HDL (purified endogenous from plasma) 	ı CSL	ı Phase 3 ongoing	ı 17'000 ACS patients	ı June 2023
ETC-216 MDCO-216	 ApoA-I Milano (mutated form of ApoA-I) phospholipid complex 	 The Medicine Company now Novartis 	ı Terminated after Phase 2 PoC	ı 126 ACS	ı July 2017
CER-001	ı Recombinant HDL (unmutated ApoA-I)	ı Abionyx	ı Phase 2	ı 20 AKI patients	ı June 2022

3. COVID-19





Compassionate use program in COVID-19

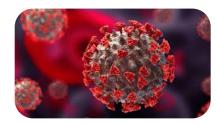
COVID-19 is associated with respiratory symptoms characterized by acute lung injury, rapidly progressing to acute respiratory distress syndrome

The pulmonary dysfunction is rapidly accompanied by a major "cytokine storm" when inflammatory cytokines are released abundantly into the bloodstream leading to host tissue damage (https://doi.org/10.1016/j.immuni.2020.04.003)

Decreased levels of total cholesterol, LDL and HDL have been observed in patients with COVID-19 infections. In addition, major changes in HDL proteome and decreased HDL functionality has been observed in severe COVID-19 patients (https://doi.org/10.1038/s41598-021-81638-1)

Hypothesis: lipid abnormalities could be modified by pharmacological agents that increase plasma ApoA-I and HDL levels and increase the number of functional, anti-inflammatory HDL particles

Compassionate Access Authorization for CER-001 in COVID-19



4. LCAT Deficiency

Emblematic ultra-rare disease for nephrologists: LCAT deficiency

A severe systemic disease affecting mainly the kidneys but also the cornea

Diminished plasma HDL

Corneal opacities

Hypertriglyceridemia

Proteinuria

Chronic and end-stage renal failure related to glomerural deposits of abnormal lipoproteins (3rd or 4th decade)

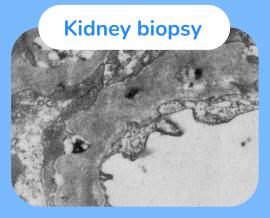
Presence of LpX (proteoliposome: PL, CNE, TG & Albumin)



A severe disease with no existing treatment to demonstrate proof of efficacy of CER-001



Corneal opacity in patient with LCAT deficiency (Viestenz et al, 2002),



Kidney biopsy of patient with LCAT deficiency. Capillary lumen (lower right), thickened basement membrane with lipid-filled vacuoles. and fusion of foot processes can be seen (Frohlich et al, 1978).

Clinical Proof-of-Concept in ophthalmology



$\mathbf{\sim}$

The ability of ApoA-I to decrease corneal opacification in Fish-Eye Disease opens the way for interventional studies evaluating a bio-HDL in patients developing corneal lipid deposits of different origins (lipid keropathy, corneal dystrophy...)

Positive clinical results in a renal indication that is also ophthalmologic for a bio-HDL

- ATUn at the Toulouse-Rangueil Hospital to treat LCAT deficiency, an ultra-rare disease with both renal and ophthalmic manifestations (Fish-Eye Disease)
- A patient with severe progressive renal failure ready to receive dialysis and suffering from significant lipid deposits in the cornea
- In addition to avoiding dialysis, patient's clear vision was restored, demonstrating the systemic mechanism of action of CER-001 to remove lipids from the cornea, a breakthrough innovation in ophthalmology

Annals of Internal Medicine

Enter words

ST ISSUES IN THE CLINIC JOURNAL CLUB MULTIMEDIA CME / MOC AUTHORS / SUBMI

Letters | July 2021

Administration of the High-Density Lipoprotein Mimetic CER-001 for Inherited Lecithin– Cholesterol Acyltransferase Deficiency

tanislas Faguer, MD, PhD 🖀 🧿, Magali Colombat, MD, PhD, Dominique Chauveau, MD, PhD, ... 🛛 View all authors 🕇

Beyond its role in prevention of glomerular complement deposition, CER-001 may also exert beneficial action in familial LCAT deficiency by restoring systemic levels of competent HDL, acting at early steps of reverse cholesterol transport (not demonstrated here), and by acting as a fully active agent of innate immunity. In the complement activation and choicesterol crystal-induced inflammation. In familial LCAT deficiency, low HDL cholesterol levels within tissue may have potentiated complement activation by abnormal Lp lipoproteins, which have a lipid-rich surface mimicking bacterial membranes (5).

The clear improvement of the patient's blurred vision at the ord of follow-up and previous data showing the role of apoAr in the development of corneal clouding and blurred vision ays the ground park for interventional studies evaluating CER-001 in patients who develop in the mean deposits from other causes (such as secondary lipid keratopathy or inherited corneal dystrophy). We hope that this case report will draw attention to CER-001 as a novel, immediately available treatment option for patients with familial LCAT deficiency and that this will provide further data for the use of CER-001 in this disorder.

Treatment of CER-001 in severe FLD patient improved kidney function and lipoprotein profile Double Orphan Drug Designation received from FDA and EMA



Named compassionate treatment with CER-001 of an Italian patient with LCAT deficiency was authorized by the Friuli Venezia Giulia Regional Ethical Committee, (Opinion CEUR-2020-EAP-012-ASUFC) in February 2020.

I The worsening of kidney function in the patient was slowed by CER-001 infusions. Kidney biopsy showed a reduction of lipid deposits and a stabilization of the disease.

The patient presented with dramatically low HDL-cholesterol, and abnormal prominent large lipoprotein complexes, named LpX, which are known to be toxic to the kidneys. Treatment with CER-001 led to a normalization of the lipoprotein profile, with a decrease of LpX in favour of normal-sized lipoproteins.

Clarification of the mechanism of action: Incubation of podocyte cells with the patient's plasma collected at different time points before and during CER-001 treatment progressively led to less lipid accumulation in kidney cells, confirming that the drug-induced remodelling of plasma lipoproteins is responsible for the reduced cholesterol deposit in cells.

5. Sepsis-Induced Acute Kidney Injury

Ongoing phase 2a study: RACERS



 Randomized, open-label, placebo-controlled, parallel-group study evaluating the safety and efficacy of CER-001 in ICU patients with sepsis and high risk of AKI (SOFA/ Sequential Organ Failure Assessment score)



- 20 patients randomized to receive 8 doses of CER-001 or placebo over 6 days
- Primary endpoint of the study: onset and severity of AKI according to KDIGO criteria, as well as safety and tolerability of dosing regimens to select the optimal dose of CER-001
- 2 highly committed Italian KOL experts: Prof. Loreto Gesualdo, Head of Unit of Nephrology, Dialysis and Transplantation and Prof. Salvatore Grasso: Head of Unit of Anesthesia and Intensive Care with potential recruitment from two additional units within the same hospital (Anesthesia and Resuscitation Unit and Urology Unit)
- Rationale: Latest publication (01/2021) demonstrating the major role of HDL in the survival of septic patients treated in the ICU and the correlation between the decrease in HDL level over the first 3 days and the survival of patients

Interim results in April 2022

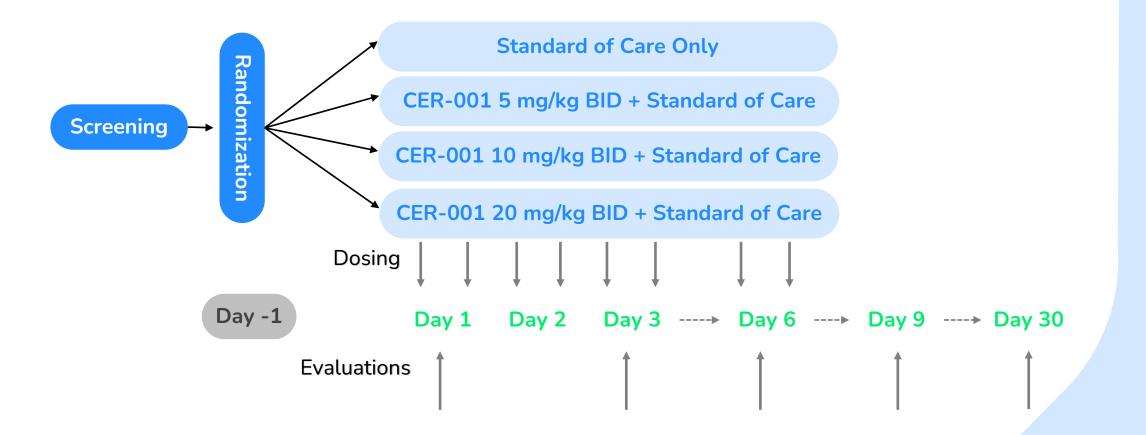


Initiation of a Phase 2a study with CER-001 in patients with sepsis at high risk of developing acute kidney injury

- Clinical study in partnership with the University of Bari and the CBVF consortium and fully funded
- ATUn showed promising efficacy in severe kidney disease
- Evaluation of the clinical activity of CER-001 in the prevention of acute kidney injury in intensive care unit patients with sepsis
- A potentially modifying effect on the progression of the inflammatory cascade in sepsis

RACERS Study

Treatment protocol - 5 patients per group



Positive Interim Results from Phase 2a **Clinical Trial** Evaluating CER-001 in the **Treatment of Septic Patients** at High Risk of Developing **Acute Kidney** Injury

>)

>

>

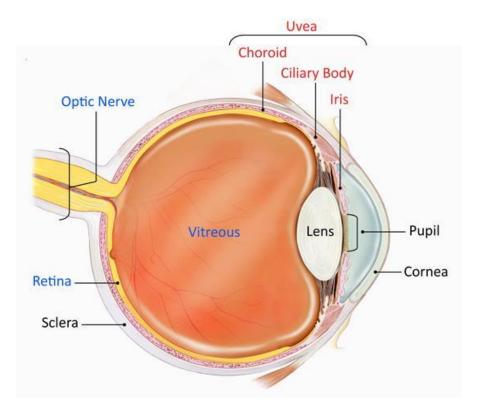
Rapid reversal of cytokine storm in septic patients

Enhanced resolution of biomarkers for inflammation including leukocytosis compared to standard of care

No treatment-related serious side effects

6. Uveitis

Uveitis is a systemic inflammatory disease affecting the uvea

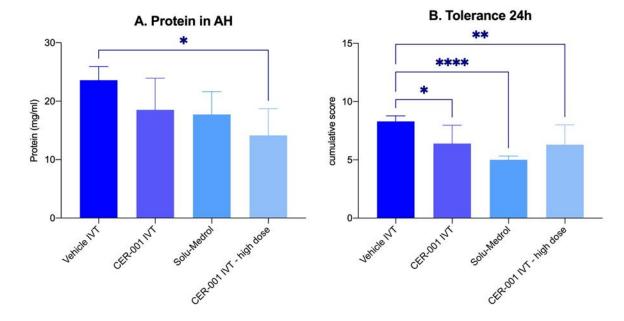


- Uveitis affects approximately 200 person per 100,000 in the western population
- More than half of all patients with uveitis develop complications related to their disease, and up to 35% of patients suffer severe visual impairment. Uveitis is believed to account for 5% to 10% of all causes of legal blindness in the United States and Europe
- The causes of uveitis are numerous including infections, trauma, non infectious systemic or ocular disease, and masquerade syndromes

ABNX-1101: Effect on the modified McDonald-Shadduck score in the rabbit EIU model

24 hours after the induction of inflammation and the treatment with CER-001:

- I Graph A reports the protein concentrations in the aqueous humor. In the intravitreal injection route, CER-001 strongly reduces the protein concentration and thus has an effect in LPS-induced uveitis.
- Graph B summarizes the cumulative slit lamp scores. For this evaluation, several concentrations of CER-001 showed a reduction in the signs of LPS-induced inflammation in this model of uveitis.



In conclusion, CER-001 is effective in reducing signs of inflammation in the LPS intravitreal injection-induced model in a preclinical model.

ABIONYX The support of prestigious KOL in ophthalmology

- Prof. Christophe Baudouin, Professor of Ophthalmology in Paris, Head of the Ophthalmology Department at the Centre Hospitalier National d'Ophtalmologie de l'Hôpital des Quinze-Vingts (Paris), Director of the "S12" research team at the Institut de la Vision, and member of the prestigious international societies, American Society of Ophthalmology and Academia Ophthalmologica Internationalis, states: "The latest scientific work in the field shows that lipids and their metabolism are involved in many ocular pathologies, for example Meibomian gland dysfunction, and macular degeneration. By testing CER-001, a biomimetic HDL produced in France, in models of ocular pathology, we will be able to help choose the best ocular indication for this product, with the aim of providing patients with a new and effective treatment."
- Prof. Catherine Creuzot-Garcher, Professor of Ophthalmology in Dijon, Head of the Ophthalmology Department of the Dijon University Hospital, University Professor, co-leader of the Eye, Nutrition and Cellular Signaling team at the Dijon Scientific Center for Taste and Food, and Dr. Niyazi Acar (PhD), leader of the Eye, Nutrition and Cellular Signaling team at the Dijon Scientific Center for Taste and Food state: "Studying and developing the therapeutic potential of CER-001, a biomimetic HDL, in the treatment of eye diseases will allow us to better understand the role of lipids in the physiology and dysfunctions of the eye, particularly in the retina, and to provide our patients with an innovative solution for the future. "

Why invest in ABIONYX >

One of the most advanced bioproduct with renewed IP (+20 yrs) including ophthalmology and biomanufacturing

Several phase 2 trials and 1 MA by 2025

A large portfolio of medical indications and bio/CRO activities that diversify the overall risks

Committed teams, significant shareholders of the new company

ABIONYX Pharma

33-43 av. Georges Pompidou Bât. D2 31130 Balma - France

Tel : +33 5 62 24 97 06