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

FORM 8-K

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

Date of Report (Date of earliest event reported): July 29, 2024

NewAmsterdam Pharma Company N.V.
(Exact name of registrant as specified in its charter)

The Netherlands	**001-41562**	**N/A**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification No.)**

Gooimeer 2-35
Naarden
The Netherlands **1411 DC**
(Address of principal executive offices) **(Zip Code)**

+31 (0) 35 206 2971
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report)

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

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

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

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

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

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

Title of each class	Trading Symbols	Name of each exchange on which registered
Ordinary Shares, nominal value €0.12 per share	NAMS	The Nasdaq Stock Market LLC
Warrants to purchase Ordinary Shares	NAMSW	The Nasdaq Stock Market LLC

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

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

Item 7.01 Regulation FD Disclosure.

On July 29, 2024, NewAmsterdam Pharma Company N.V. (the "Company") issued a press release announcing positive topline results from its Phase 3 BROOKLYN clinical trial evaluating obicetrapib in adult patients with heterozygous familial hypercholesterolemia ("HeFH") and whose low-density lipoprotein cholesterol ("LDL-C") is not adequately controlled, despite being on maximally tolerated lipid-lowering therapy. A copy of the press release is furnished as Exhibit 99.1 to this Current Report on Form 8-K.

The Company is hosting a live webcast and conference call to discuss the positive topline results of the BROOKLYN clinical trial on July 29, 2024 at 8:30 a.m., Eastern Time, and a live webcast of the call will be available through the Company's website. A copy of the slide presentation to be used by the Company during the conference call is attached hereto as Exhibit 99.2 and incorporated herein by reference.

The information contained in this Item 7.01, including Exhibits 99.1 and 99.2, is being "furnished" and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liability of that Section or Sections 11 and 12(a)(2) of the Securities Act of 1933, as amended (the "Securities Act"). The information contained in this Item 7.01, including Exhibits 99.1 and 99.2, shall not be incorporated by reference into any registration statement or other document pursuant to the Securities Act or into any filing or other document pursuant to the Exchange Act, except as otherwise expressly stated in any such filing.

Item 8.01 Other Events

On July 29, 2024, the Company announced positive topline results from its BROOKLYN clinical trial, a 52-week, global, pivotal, Phase 3, randomized, double-blind, placebo-controlled multicenter trial to evaluate the efficacy and safety of 10 mg obicetrapib compared to placebo as an adjunct to maximally tolerated lipid-lowering therapies in patients with HeFH whose LDL-C is not adequately controlled. The trial met its primary endpoint, with the obicetrapib arm achieving a statistically significant reduction of LDL-C versus placebo at day 84. The observed reduction was sustained at day 365 versus the placebo. The trial also met several of its prespecified secondary endpoints with statistical significance. 51% of patients in the treatment arm achieved an LDL-C level below 70 mg/dl.

Topline results from the BROOKLYN trial are as follows:

LDL-C LS mean percentage change:

	% Change from Baseline		Obicetrapib % Change	
	Placebo (n=118)	Obicetrapib (n=236)	Compared to Placebo	p-value
Day 84	+0.3%	-36.1%	-36.3%	<0.0001
Day 365	+10.3%	-31.1%	-41.5%	<0.0001

The BROOKLYN trial was conducted at sites in North America, Europe and Africa. A total of 354 patients were randomized 2:1 to receive 10 mg obicetrapib or placebo dosed as a once-daily oral treatment, with or without food. The mean baseline LDL-C for enrolled patients in the obicetrapib arm was 123 mg/dL despite high intensity statin use reported by approximately 79% of patients during screening. Females comprised approximately 53% of the study population and the median age of participants at baseline was 57 years.

Obicetrapib was observed to be generally well-tolerated, with safety results comparable to placebo and no increase in blood pressure. The treatment discontinuation rate for the obicetrapib arm was 7.6% versus 14.4% for the placebo. The incidence of treatment emergent adverse events ("TEAEs"), study-drug related TEAEs and treatment-emergent serious adverse events ("TESAEs") are summarized in the table below:

	Placebo N=118 n (%)	**Obicetrapib 10 mg N=234 n (%)**	**Total N=352 n (%)**
Any TEAEs	83 **(70.3)**	149 **(63.7)**	232 **(65.9)**
Any study drug related TEAEs	8 **(6.8)**	10 **(4.3)**	18 **(5.1)**
Any TEAEs leading to discontinuation of study drug	8 **(6.8)**	10 **(4.3)**	18 **(5.1)**
Any TESAEs	8 **(6.8)**	13 **(5.6)**	21 **(6.0)**

The Company plans to present full results from BROOKLYN at an upcoming medical conference and to publish the data in a major medical journal.

Forward-Looking Statements

Certain statements included in this Current Report on Form 8-K that are not historical facts are forward-looking statements for purposes of the safe harbor provisions under the United States Private Securities Litigation Reform Act of 1995. Forward-looking statements generally are accompanied by words such as “believe,” “may,” “will,” “estimate,” “continue,” “anticipate,” “intend,” “expect,” “should,” “would,” “plan,” “predict,” “potential,” “seem,” “seek,” “future,” “outlook” and similar expressions that predict or indicate future events or trends or that are not statements of historical matters. These forward-looking statements include, but are not limited to, statements regarding the Company’s business and strategic plans, the Company’s commercial opportunity, the therapeutic and curative potential of the Company’s product candidate, the Company’s clinical trials and the timing for enrolling patients, the timing and forums for announcing data, the achievement and timing of regulatory approvals, and plans for commercialization. These statements are based on various assumptions, whether or not identified in this Current Report on Form 8-K, and on the current expectations of the Company’s management and are not predictions of actual performance. These forward-looking statements are provided for illustrative purposes only and are not intended to serve as and must not be relied on as a guarantee, an assurance, a prediction, or a definitive statement of fact or probability. Actual events and circumstances are difficult or impossible to predict and may differ from assumptions. Many actual events and circumstances are beyond the control of the Company. These forward-looking statements are subject to a number of risks and uncertainties, including changes in domestic and foreign business, market, financial, political, and legal conditions; risks related to the approval of the Company’s product candidate and the timing of expected regulatory and business milestones, including potential commercialization; ability to negotiate definitive contractual arrangements with potential customers; the impact of competitive product candidates; ability to obtain sufficient supply of materials; global economic and political conditions, including the Russia-Ukraine and Israel-Hamas conflict; the effects of competition on the Company’s future business; and those factors described in the Company’s public filings with the Securities and Exchange Commission. Additional risks related to the Company’s business include, but are not limited to: uncertainty regarding outcomes of the Company’s ongoing clinical trials, particularly as they relate to regulatory review and potential approval for its product candidate; risks associated with the Company’s efforts to commercialize a product candidate; the Company’s ability to negotiate and enter into definitive agreements on favorable terms, if at all; the impact of competing product candidates on the Company’s business; intellectual property related claims; the Company’s ability to attract and retain qualified personnel; ability to continue to source the raw materials for its product candidate. If any of these risks materialize or the Company’s assumptions prove incorrect, actual results could differ materially from the results implied by these forward-looking statements. There may be additional risks that the Company does not presently know or that the Company currently believes are immaterial that could also cause actual results to differ from those contained in the forward-looking statements. In addition, forward-looking statements reflect the Company’s expectations, plans, or forecasts of future events and views as of the date of this Current Report on Form 8-K and are qualified in their entirety by reference to the cautionary statements herein. The Company anticipates that subsequent events and developments may cause the Company’s assessments to change. These forward-looking statements should not be relied upon as representing the Company’s assessment as of any date subsequent to the date of this communication. Accordingly, undue reliance should not be placed upon the forward-looking statements. Neither the Company nor any of its affiliates undertakes any obligation to update these forward-looking statements, except as may be required by law.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

EXHIBIT NUMBER	EXHIBIT DESCRIPTION
99.1	Press Release, dated July 29, 2024.
99.2	NewAmsterdam Pharma Company N.V. July 29, 2024 BROOKLYN Presentation.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURE

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

NewAmsterdam Pharma Company N.V.

By: /s/ Michael Davidson
Michael Davidson
Chief Executive Officer

Dated: July 29, 2024

NewAmsterdam Pharma Announces Positive Topline Data from Pivotal Phase 3 BROOKLYN Clinical Trial Evaluating Obicetrapib in Patients with Heterozygous Familial Hypercholesterolemia

— Achieved primary endpoint of LS mean reduction in LDL-C on top of maximally tolerated lipid modifying therapies at day 84 with statistically significant reduction (p<0.0001), which was sustained at day 365 (p<0.0001) —

— Obicetrapib lowered LDL-C by 36.3% at day 84 and 41.5% at day 365, compared to placebo —

— Observed to be generally well-tolerated with safety results comparable to placebo —

— NewAmsterdam to host conference call at 8:30 a.m. ET, Today —

Naarden, the Netherlands and Miami, USA; July 29, 2024 – NewAmsterdam Pharma Company N.V. (Nasdaq: NAMS or "NewAmsterdam" or the "Company"), a late-stage, clinical biopharmaceutical company developing oral, non-statin medicines for patients at risk of cardiovascular disease ("CVD") with elevated low-density lipoprotein cholesterol ("LDL-C"), for whom existing therapies are not sufficiently effective or well-tolerated, today announced positive topline data from the Company's Phase 3 BROOKLYN clinical trial (NCT05425745). BROOKLYN, the first of four studies in NewAmsterdam's pivotal clinical development program, was designed to evaluate obicetrapib in adult patients with heterozygous familial hypercholesterolemia ("HeFH"), whose LDL-C is not adequately controlled, despite being on maximally tolerated lipid-lowering therapy.

The BROOKLYN trial met its primary endpoint, achieving an LS mean reduction of 36.3% ($p < 0.0001$) compared to placebo at day 84, which was sustained at day 365 with an LS mean LDL-C reduction of 41.5% ($p < 0.0001$). The observed reductions in other biomarkers, including high-density lipoprotein cholesterol ("HDL-C"), non-HDL-C, lipoprotein(a) ("Lp(a)"), and apolipoprotein B ("ApoB"), met statistical significance and were consistent with data reported from the Company's prior clinical trials.

LDL-C LS mean percentage change:

	% Change from Baseline		**Obicetrapib % Change**	
	Placebo (n=118)	Obicetrapib (n=236)	Compared to Placebo	p-value
Day 84	+0.3%	-36.1%	-36.3%	<0.0001
Day 365	+10.3%	-31.1%	-41.5%	<0.0001

"My career has been dedicated to the treatment of patients with familial hypercholesterolemia," said John Kastelein, M.D., Ph.D., FESC, Chief Scientific Officer of NewAmsterdam. "Many of these patients have exhausted available treatment options and we are delighted by the topline data from BROOKLYN, with 51% of patients achieving an LDL-C level below 70 mg/dl. Our goal is to provide physicians and patients with a novel, once-daily, low dose, oral option that can potentially transform the treatment landscape."

In the trial, obicetrapib was observed to be well-tolerated, with safety results comparable to placebo and no increase in blood pressure. The treatment discontinuation rate for the obicetrapib arm was 7.6% versus 14.4% for placebo. The incidence of treatment-emergent adverse events ("TEAEs"), study-drug related TEAEs, and treatment-emergent serious adverse events ("TESAEs") are summarized in the table below.

	Placebo N=118 n (%)	**Obicetrapib 10 mg N=234 n (%)**	**Total N=352 n (%)**
Any TEAEs	83 **(70.3)**	149 **(63.7)**	232 **(65.9)**
Any study drug related TEAEs	8 **(6.8)**	10 **(4.3)**	18 **(5.1)**
Any TEAEs leading to discontinuation of study drug	8 **(6.8)**	10 **(4.3)**	18 **(5.1)**
Any TESAEs	8 **(6.8)**	13 **(5.6)**	21 **(6.0)**

“Today’s announcement marks an important milestone for NewAmsterdam, the HeFH community, and CVD more broadly,” said Michael Davidson, M.D., Chief Executive Officer of NewAmsterdam. “Despite the widespread availability of lipid lowering therapies, CVD-related deaths have risen and patients remain above LDL-C targets. Patients and their doctors need additional options. We are very excited about the results from our BROOKLYN trial and believe they support obicetrapib’s potential to significantly reduce LDL-C in a challenging patient population, over a duration of one year. Adverse events and discontinuations due to side effects were similar to placebo, consistent with what was observed in Phase 2 studies. In the safety population, there was also no increase in blood pressure, nor any difference from placebo in liver enzymes, hs-CRP, or renal function. We look forward to building on these results with topline data from BROADWAY expected in the fourth quarter of 2024, and topline data from TANDEM expected in the first quarter of 2025.”

“The data announced today are another indication of obicetrapib’s potential to significantly reduce LDL-C in HeFH patients, a population already on multiple lipid-lowering therapies. I am incredibly encouraged by these results, which suggest that obicetrapib, if approved, has the potential to be a new oral option for a difficult-to-treat patient population and am excited to be a partner with the NewAmsterdam team on the remainder of the obicetrapib pivotal program,” said Stephen Nicholls, M.B.B.S., Ph.D., Director, Monash Victorian Heart Institute and Professor of Cardiology, Monash University.

“HeFH affects 1 in 250 people worldwide and leads to increased risk of major adverse cardiovascular events, including stroke, myocardial infarction, or death, in the prime of life because of life-long burden of high LDL-C. Many individuals living with HeFH are unable to attain guideline-recommended LDL-C levels, despite currently available treatment options,” said Katherine Wilemon, Founder and CEO of the Family Heart Foundation. “Familial hypercholesterolemia often requires multiple therapies to achieve safer levels of LDL cholesterol. We are highly encouraged with these results and the potential to have another efficacious oral option.”

NewAmsterdam plans to present full results from BROOKLYN at an upcoming medical conference and to publish the data in a major medical journal.

Design of the Pivotal Phase 3 BROOKLYN Clinical Trial

The 52-week, global, pivotal, Phase 3, randomized, double-blind, placebo-controlled multicenter study evaluated the efficacy and safety of 10 mg obicetrapib compared to placebo as an adjunct to maximally tolerated lipid-lowering therapies in patients with HeFH whose LDL-C is not adequately controlled. The study was conducted at sites in North America, Europe and Africa. A total of 354 patients were randomized 2:1 to receive 10 mg obicetrapib or placebo dosed as a once-daily oral treatment, with or without food. The mean baseline LDL-C for enrolled patients in the obicetrapib arm was 123 mg/dL despite high intensity statin use reported by approximately 79% of patients during screening. Females comprised approximately 53% of the study population and the median age of participants at baseline was 57 years.

The primary endpoint was percent change from baseline in LDL-C of obicetrapib 10 mg compared to placebo after 84 days. Secondary endpoints also included percent changes from baseline of obicetrapib 10 mg compared to placebo after 84 days in HDL-C, non- HDL-C, ApoB, and Lp(a). The trial also evaluated the safety and tolerability profile of obicetrapib.

Conference Call and Webcast Information

NewAmsterdam will host a live webcast and conference call to review the topline results from BROOKLYN at 8:30 a.m. ET today. To access the live webcast, participants may register here. The live webcast will be available under the “Events” section of the Investor Relations page of the NewAmsterdam website at ir.newamsterdampharma.com.

To participate via telephone, please register in advance here. Upon registration, all telephone participants will receive a confirmation email detailing how to join the conference call, including the dial-in number along with a unique passcode and registrant ID that can be used to access the call. While not required, it is recommended that participants join the call ten minutes prior to the scheduled start. An archived replay of the webcast will be available on NewAmsterdam's website.

About NewAmsterdam's Global Pivotal Phase 3 Program

NewAmsterdam's global, pivotal Phase 3 clinical development program consists of four studies in over 12,250 patients, three for obicetrapib monotherapy and one for a fixed-dose combination ("FDC") of obicetrapib and ezetimibe:

- BROOKLYN evaluated obicetrapib in patients with HeFH, whose LDL-C is not adequately controlled, despite being on maximally tolerated lipid-lowering therapy. NewAmsterdam reported topline data in the third quarter of 2024.
- BROADWAY is evaluating obicetrapib in adult patients with established atherosclerotic cardiovascular disease ("ASCVD") and/or HeFH, whose LDL-C is not adequately controlled, despite being on maximally tolerated lipid-lowering therapy. NewAmsterdam completed enrollment of over 2,500 patients in July 2023 and expects to report topline data in the fourth quarter of 2024.
- TANDEM is evaluating obicetrapib as part of a FDC tablet with ezetimibe, a non-statin oral LDL-lowering therapy, in patients with established ASCVD or multiple risk factors for ASCVD and/or HeFH, whose LDL-C is not adequately controlled despite being on maximally tolerated lipid-lowering therapy. NewAmsterdam completed enrollment of over 400 patients in July 2024 and expects to report topline data in the first quarter of 2025.
- PREVAIL is a cardiovascular outcomes trial evaluating obicetrapib in patients with a history of ASCVD, whose LDL-C is not adequately controlled, despite being on maximally tolerated lipid-lowering therapy. NewAmsterdam completed enrollment of over 9,500 patients in April 2024.

About Obicetrapib

Obicetrapib is a novel, oral, low-dose CETP inhibitor that NewAmsterdam is developing to overcome the limitations of current LDL-lowering treatments. In each of the Company's Phase 2 trials, ROSE2, TULIP, ROSE, and OCEAN, as well as the Company's Phase 3 BROOKLYN trial, evaluating obicetrapib as monotherapy or combination therapy, the Company observed statistically significant LDL-lowering combined with a side effect profile similar to that of placebo. The Company is conducting an additional Phase 3 pivotal trial BROADWAY, to evaluate obicetrapib as a monotherapy used as an adjunct to maximally tolerated lipid-lowering therapies to provide additional LDL-lowering for CVD patients, and TANDEM, to evaluate obicetrapib and ezetimibe as a fixed-dose combination. The Company began enrolling patients in BROADWAY in January 2022 and in TANDEM in March 2024; completing enrollment of BROADWAY in July 2023, and TANDEM in July 2024. The Company also commenced the Phase 3 PREVAIL cardiovascular outcomes trial in March 2022, which is designed to assess the potential of obicetrapib to reduce occurrences of major adverse cardiovascular events, including cardiovascular death, non-fatal myocardial infarction, non-fatal stroke and non-elective coronary revascularization. NewAmsterdam completed enrollment of PREVAIL in April 2024 and randomized over 9,500 patients. Commercialization rights of obicetrapib in Europe, either as a monotherapy or as part of a fixed dose combination with ezetimibe, for cardiovascular diseases have been exclusively granted to the Menarini Group, an Italy-based, leading international pharmaceutical and diagnostics company.

About NewAmsterdam

NewAmsterdam Pharma (Nasdaq: NAMS) is a late-stage biopharmaceutical company whose mission is to improve patient care in populations with metabolic diseases where currently approved therapies have not been adequate or well tolerated. We seek to fill a significant unmet need for a safe, well-tolerated and convenient LDL-lowering therapy. In multiple phase 3 studies, NewAmsterdam is investigating obicetrapib, an oral, low-dose and once-daily CETP inhibitor, alone or as a fixed-dose combination with ezetimibe, as LDL-C lowering therapies to be used as an adjunct to statin therapy for patients at risk of CVD with elevated LDL-C, for whom existing therapies are not sufficiently effective or well tolerated.

Forward-Looking Statements

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Exhibit 99.2

BROOKLYN
Topline Results

July 2024

NewAmsterdam Pharma

Nasdaq: NAMS

NewAmsterdam Pharma

Disclaimer

This presentation (together with oral statements made in connection herewith, this "Presentation") is for informational purposes only. This Presentation shall not constitute an offer to sell, or the solicitation of an offer to buy, any securities, nor shall there be any sale of securities in any states or jurisdictions in which such offer, solicitation or sale would be unlawful.

Forward Looking Statements

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If any of these risks materialize or NewAmsterdam's assumptions prove incorrect, actual results could differ materially from the results implied by these forward-looking statements. There may be additional risks that are presently unknown by the Company or that NewAmsterdam currently believes are immaterial that could also cause actual results to differ from those contained in the forward-looking statements. In addition, forward-looking statements reflect NewAmsterdam's expectations, plans, or forecasts of future events and views as of the date of this Presentation and are qualified in their entirety by reference to the cautionary statements herein. NewAmsterdam anticipates that subsequent events and developments will cause the Company's assessments to change. These forward-looking statements should not be relied upon as representing NewAmsterdam's assessments as of any date subsequent to the date of this Presentation. Accordingly, undue reliance should not be placed upon the forward-looking statements. Neither NewAmsterdam nor any of its affiliates undertakes any obligation to update these forward-looking statements, except as required by law.

Market Data

Certain information contained in this Presentation relates to or is based on third-party studies, publications, surveys and NewAmsterdam's own internal estimates and research. In addition, all of the market data included in this Presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while NewAmsterdam believes its internal research is reliable, such research has not been verified by any independent source and NewAmsterdam cannot guarantee and makes no representation or warranty, express or implied, as to its accuracy and completeness.

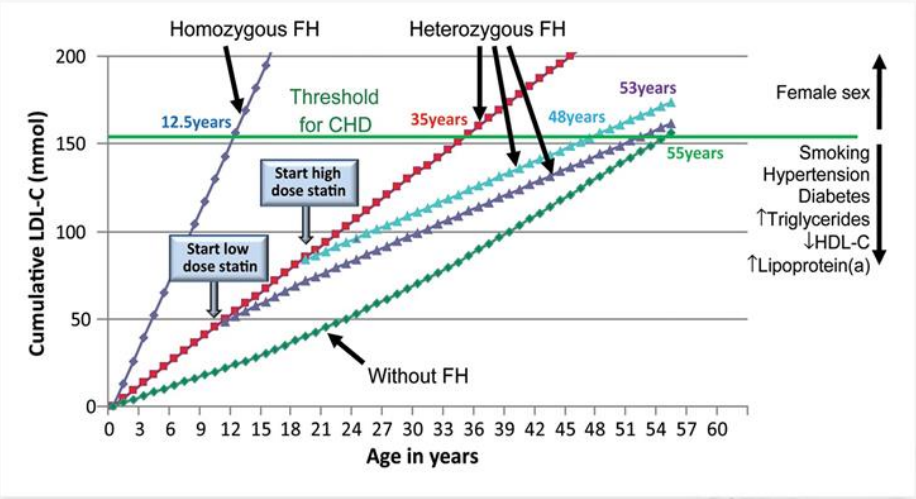
Trademarks

This Presentation contains trademarks, service marks, trade names, and copyrights of NewAmsterdam and other companies, which are the property of their respective owners. The use or display of third parties' trademarks, service marks, trade name or products in this Presentation is not intended to, and does not imply, a relationship with NewAmsterdam or an endorsement or sponsorship by or of NewAmsterdam. Solely for convenience, the trademarks, service marks and trade names referred to in this Presentation may appear with the TM or SM symbols, but such references are not intended to indicate, in any way, that NewAmsterdam will not assert, to the fullest extent permitted under applicable law, their rights or the right of the applicable licensor to these trademarks, service marks and trade names.

NewAmsterdam Pharma

HeFH Overview

- Heterozygous familial hypercholesterolemia (“HeFH”), a genetic disorder that affects 1 in 250 persons, or approximately 30 million people worldwide, is characterized by elevated levels of low-density lipoprotein cholesterol (“LDL-C”) from birth.
- Without treatment, the condition is associated with premature complications and death from accelerated development of atherosclerotic cardiovascular disease.



Source: Eur Heart J, Volume 34, Issue 45, 1 December 2013, Pages 3478–3490

NewAmsterdam Pharma

BROOKLYN

Study Design and Baseline Characteristics

Obicetrapib on Top of Maximum Tolerated Lipid-Modifying Therapies: A Placebo-Controlled, Double-Blind, Randomized, Phase 3 Study to Evaluate the Effect of 10 mg Obicetrapib in Participants with a History of HeFH and LDL-C ≥70 mg/dL who are Not Adequately Controlled by Their Lipid-Modifying Therapies

Study Design

Key Inclusion Criteria

- HeFH
- LDL-C ≥70 mg/dL
- Maximally tolerated lipid lowering therapy

Key Exclusion Criteria

- HoFH
- Uncontrolled hypertension

Endpoints

- Primary: LDL-C at day 84
- Secondary: ApoB, Lp(a), non-HDL-C, HDL-C
- Safety: AE's, vitals, laboratory

Baseline Lipids (obicetrapib 10mg mean)

Demographics

- 53% Female
- 57 years of age
- BMI: 29 kg/m^2

Regions

- N. America
- S. Africa
- Europe

Baseline Lipid Modifying Therapy

- Any statin 89%
- High intensity statin: 79%
- Ezetimibe: 54%
- PCSK9i 14%
- Other 8%

Note: AEs: adverse events; ApoB: apolipoprotein B; HoFH: Homozygous FH

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Disposition of All Randomized Participants

	Placebo	Obicetrapib 10 mg	Total
Randomized	118	236	354
Completed treatment	101 (85.6)	218 (92.4)	319 (90.1)
Discontinued treatment	17 (14.4)	18 (7.6)	35 (9.9)
Discontinued due to AE's	7 (5.9)	8 (3.4)	15 (4.2)
Subject decision	4 (3.4)	4 (1.7)	8 (2.3)
Withdraw of consent	3 (2.5)	3 (1.3)	6 (1.7)
Death	2 (1.7)	2 (0.8)	4 (1.1)
Lost to follow-up	1 (0.8)	1 (0.4)	2 (0.6)
Completed the study	110 (93.2)	226 (95.8)	336 (94.9)
Discontinued study early	8 (6.8)	10 (4.2)	18 (5.1)
Adverse event	0 (0.0)	1 (0.4)	1 (0.3)

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Additional Baseline Details of All Randomized Patients

	Placebo N=118	Obicetrapib 10 mg N=236	Total N=354
Mean Age (years)	56.6	57.0	56.9
Sex (F) n (%)	65 (55.1)	125 (53.0)	190 (53.7)
Region n (%)			
EMEA	83 (70.3)	182 (77.1)	265 (74.9)
North America	35 (29.7)	54 (22.9)	89 (25.1)
Race n (%)			
White	110 (93.2)	219 (92.8)	329 (92.9)
African American	3 (2.5)	3 (1.3)	6 (1.7)
Height (mean)	169.4	169.9	169.8
Weight (mean)	85.2	85.2	85.2
BMI (mean)	29.6	29.3	29.4
HeFH			
Genotyping + or DLCN >8 points or SB definite	84 (71.2)	172 (72.9)	256 (72.3)
SB possible FH diagnosis	33 (28.0)	61 (25.8)	94 (26.6)

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Additional Baseline Details of All Randomized Patients

	Placebo N=118	Obicetrapib 10 mg N=236	Total N=354
Diabetes n (%)			
Yes	26 (22.0)	47 (19.9)	73 (20.6)
No	92 (78.0)	189 (80.1)	281 (79.4)
Statin treatment			
High Dose	80 (67.8)	186 (78.8)	266 (75.1)
Low or Moderate Dose	19 (16.1)	23 (9.7)	42 (11.9)
None	19 (16.1)	27 (11.4)	46 (13.0)
Ezetimibe use			
Yes	59 (50.0)	127 (53.8)	186 (52.5)
No	59 (50.0)	109 (46.2)	168 (47.5)

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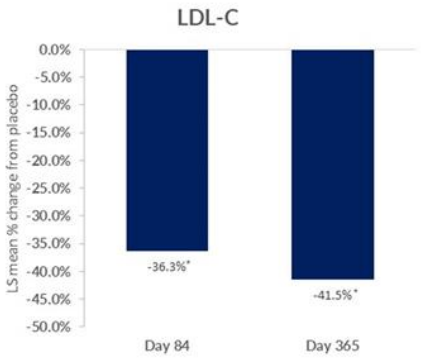
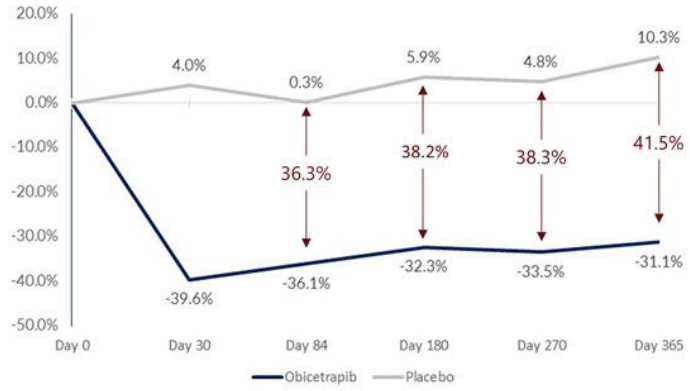
Statistically Significant LDL-C Reduction Observed at Primary Endpoint of Day 84 and Maintained Through Day 365

LS Mean % change vs. placebo



LDL-C reduction over time (ITT population)



Note: * = p<0.0001. Martin Hopkins mean changes at baseline, day 30, Day 180, Day 270 and LS mean by PUC at Day 84 and Day 365.

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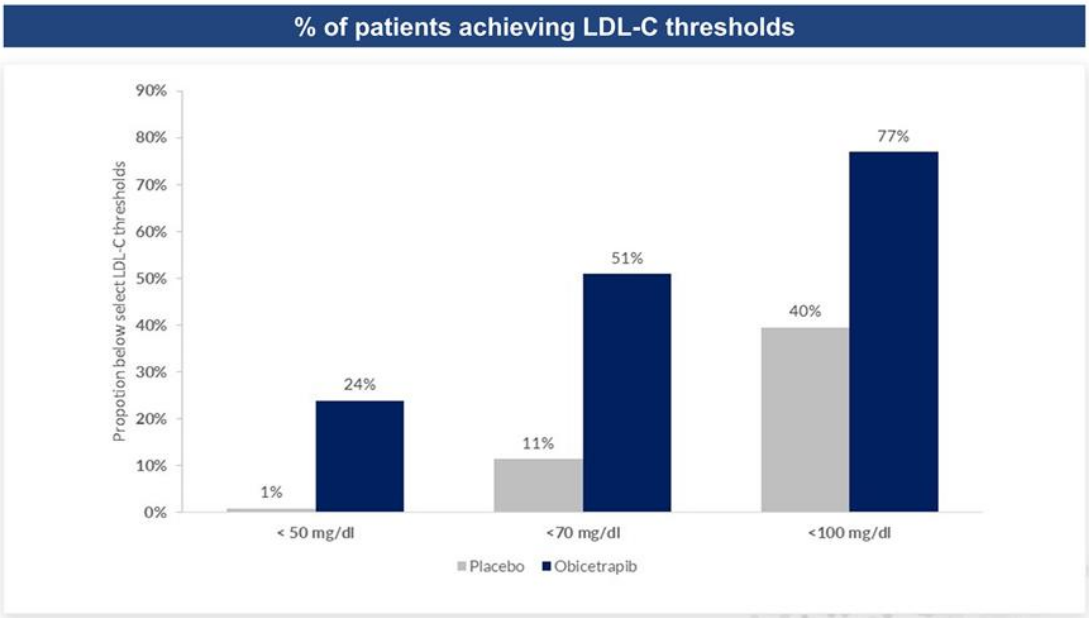
Greater Proportion of Patients in Obicetrapib Arm Achieved LDL-C Goal



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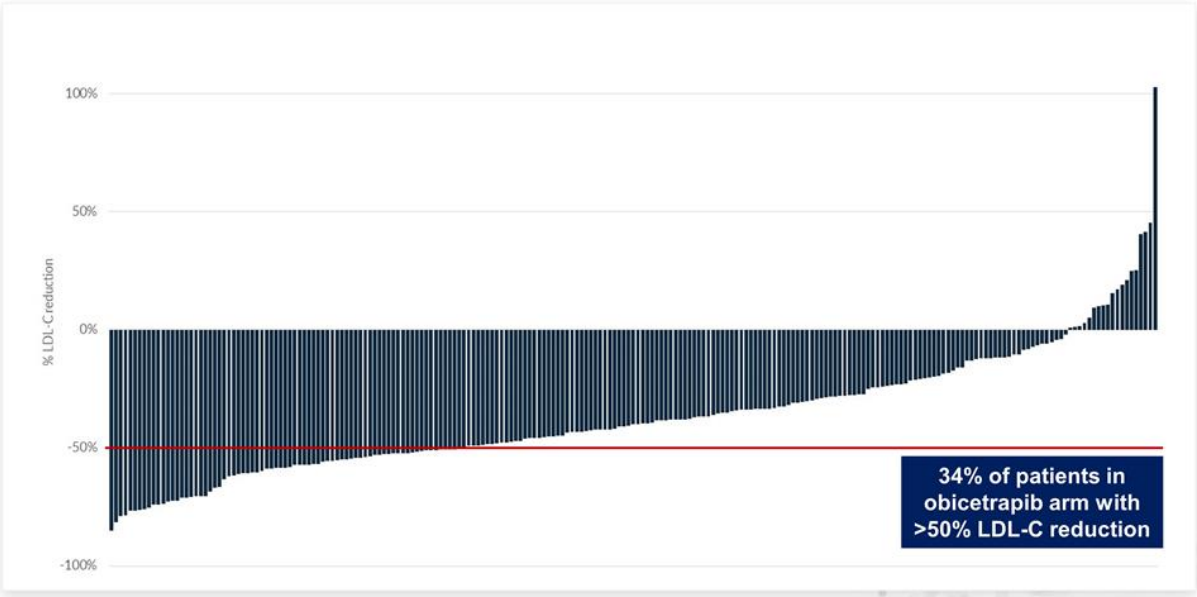
LDL-C Responder Analysis in Obicetrapib 10mg arm



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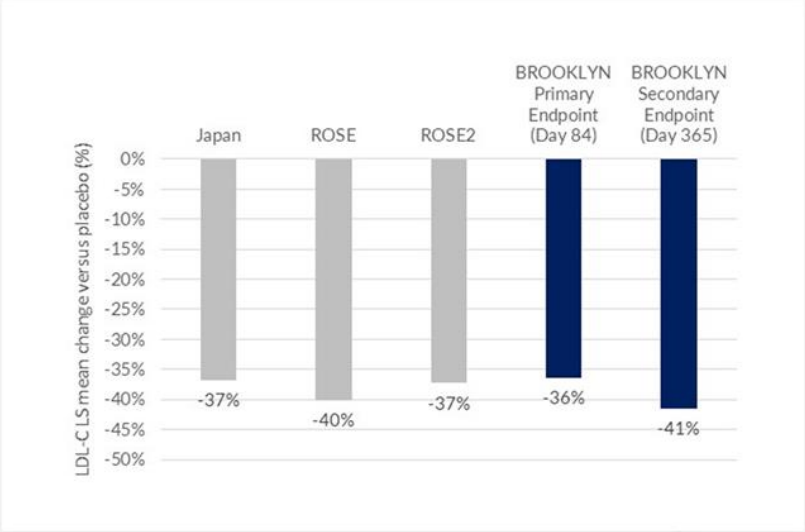
Results Consistent with Data Reported from the Company's Prior Clinical Trials



Note: LS mean change calculated by PUC. Obicetrapib 10mg for all studies

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Overview of Treatment-Emergent Adverse Events – Safety Population

	Placebo N=118 n (%)	Obicetrapib 10 mg N=234 n (%)	Total N=352 n (%)
Any treatment-emergent AEs (TEAEs)	83 (70.3)	149 (63.7)	232 (65.9)
Any TEAEs by maximum severity			
Mild	47 (39.8)	84 (35.9)	131 (37.2)
Moderate	28 (23.7)	57 (24.4)	85 (24.1)
Severe	8 (6.8)	8 (3.4)	16 (4.5)
Any study drug related TEAEs	8 (6.8)	10 (4.3)	18 (5.1)
Any study drug-related TEAEs by maximum severity			
Mild	5 (4.2)	5 (2.1)	10 (2.8)
Moderate	3(2.5)	5 (2.1)	8 (2.3)
Severe	0 (0.0)	0 (0.0)	0 (0.0)
Any TEAEs leading to discontinuation of study drug	8 (6.8)	10 (4.3)	18 (5.1)
Any treatment-emergent serious AEs (TESAEs)	8 (6.8)	13 (5.6)	21 (6.0)
Any treatment-emergent non-serious AEs	82 (69.5)	145 (62.0)	227 (64.5)
Any study drug-related TESAEs	0 (0.0)	0 (0.0)	0 (0.0)
Any TEAEs leading to death	2 (1.7)	3 (1.3)	5 (1.4)

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Overview of Treatment-Emergent Adverse Events >5% in Either Population

	Placebo N=118 n (%)	Obicetrapib 10 mg N=234 n (%)	Total N=352 n (%)
Any non-serious treatment-emergent AEs	52 (44.1)	95 (40.6)	147 (41.8)
Influenza	7 (5.9)	21 (9.0)	28 (8.0)
Covid-19	8 (6.8)	15 (6.4)	23 (6.5)
Hypertension	8 (6.8)	14 (6.0)	22 (6.3)
Nasopharyngitis	5 (4.2)	15 (6.4)	20 (5.7)
Diarrhea	8 (6.8)	9 (3.8)	17 (4.8)
Upper respiratory tract infection	4 (3.4)	12 (5.1)	16 (4.5)
Back pain	6 (5.1)	7 (3.0)	13 (3.7)
Headache	6 (5.1)	7 (3.0)	13 (3.7)
Fatigue	7 (5.9)	2 (0.9)	9 (2.6)

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Overview of Adverse Events of Special Interest

	Placebo N=118 n (%)	Obicetrapib N=234 n (%)
AST or ALT > 3 x ULN	0 (0)	0 (0)
Bilirubin > 2 x ULN	2 (1.7)	0 (0)
CK > 5 x ULN	4 (3.4)	3 (1.3)
NODM or worsening of glycemic control	26 (22.0)	48 (20.5)
eGFR < 30 mL/min/1.73m2 or a 25% decrease in eGFR from baseline	10 (8.5)	10 (4.3)
Increase of Serum Creatinine ≥ 0.3 mg/dL from baseline	9 (7.6)	5 (2.1)
Macular degeneration	0 (0)	0 (0)

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Conclusions

- Primary endpoint met with LS mean reduction in LDL-C at day 84 versus placebo of 36.3% ($p<0.0001$). LDL-C reduction sustained at day 365 of 41.5% ($p<0.0001$)
- 77% of patients receiving obicetrapib achieved LDL-C below 100 mg/dl, with 51% below 70 mg/dl, and 24% below 50 mg/dl
- 34% of patients in the treatment arm achieved a greater than 50% reduction from baseline in LDL-C at day 84
- Reduction in LDL-C seen regardless of background therapy or number of therapies
- Observed to be generally well-tolerated with safety results comparable to placebo, with no increase in blood pressure or any difference from placebo in liver enzymes, hs-CRP, or renal function
- Consistent results for non-HDL-C, ApoB, and Lp(a) compared to data observed in Phase 2 studies that will be presented at an upcoming scientific conference

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Study Design and Baseline Characteristics of Ongoing Phase 3 Trials

BROADWAY

1º endpoint – day 84 | N = 2532

- Obicetrapib 10 mg (2:1 randomization)
- Placebo

13-months

Key Inclusion Criteria

- ASCVD or HeFH
- LDL-C ≥55 mg/dL w/risk factors, or
- LDL-C≥ 100 mg/dL
- Maximally tolerated lipid lowering therapy

Baseline Lipids (mean)

Baseline Lipid Modifying Therapy

- Any statin 91%
- High intensity statin: 65%
- Ezetimibe: 26%
- PCSK9i 4%
- Other 11%

PREVAIL

LDL-C endpoint | N = 9541

- Obicetrapib 10 mg (1:1 randomization)
- Placebo

54-months

Key Inclusion Criteria

- ASCVD
- LDL-C ≥55 mg/dL w/risk factors, or
- LDL-C≥ 100 mg/dL
- Maximally tolerated lipid lowering therapy

Baseline Lipids (mean)

Baseline Lipid Modifying Therapy

- Any statin >90%
- High intensity statin: 70%
- Ezetimibe: 23%

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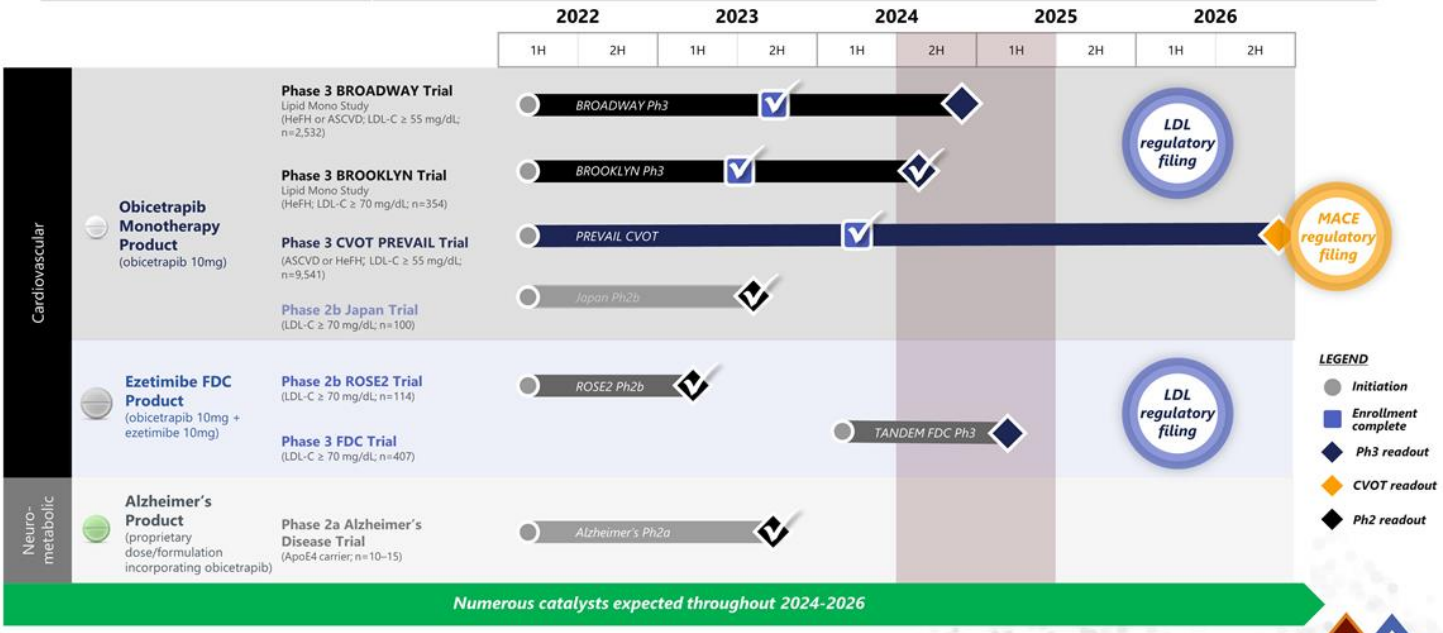
Multiple Potential Pivotal Data Readouts in Next 12 Months



Note: Other than as noted, the pipeline represents trials that are currently ongoing. Projections are subject to inherent limitations. Actual results may differ from expectations. The timing of regulatory submissions is subject to additional discussions with regulators.

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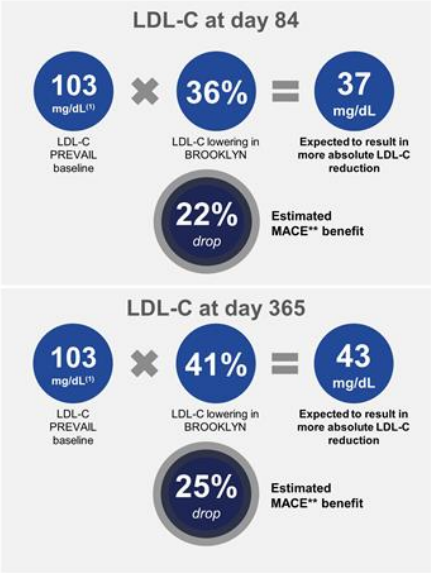
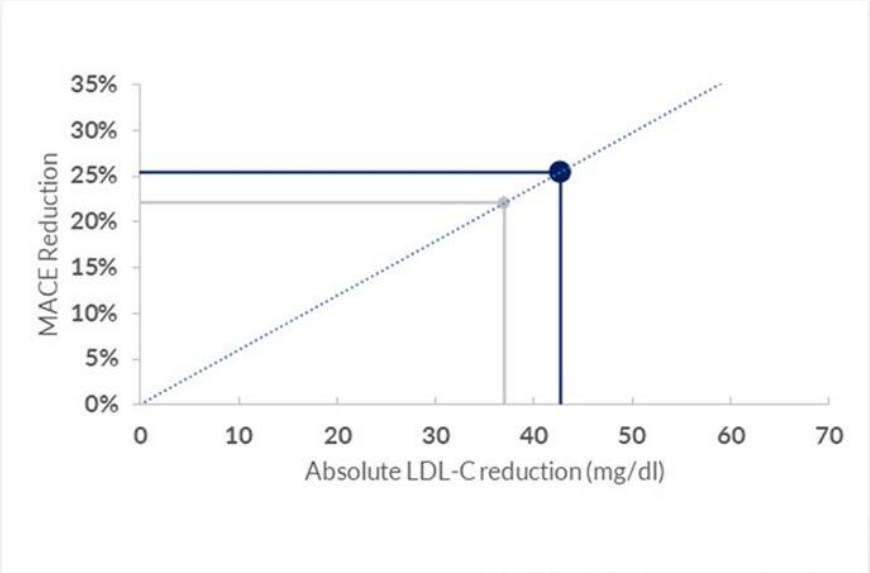
BROOKLYN LDL-C Reduction Applied to PREVAIL Baseline Data Continues to Suggest Hypothetical 20%+ MACE Benefit





Note: Actual results may differ from hypothetical calculation.
Source: Cholesterol Treatment Trialists Collaboration. Lancet. 2010 376:1670-81 Circulation. 2021;144:e564–e593 17065: Obicetrapib Lowers LDL-C in Patients Taking High Intensity Statins.
(1) Represents estimated average baseline LDL to be enrolled, not entry criteria.
** MACE includes cardiovascular death, myocardial infarction, stroke and non-elective coronary revascularization in adults.

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