

**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): August 24, 2021

TONIX PHARMACEUTICALS HOLDING CORP.

(Exact name of registrant as specified in its charter)

Nevada
(State or Other Jurisdiction of Incorporation)

001-36019
(Commission File Number)

26-1434750
(IRS Employer Identification No.)

26 Main Street, Chatham, New Jersey 07928
(Address of principal executive offices) (Zip Code)

Registrant's telephone number, including area code: (862) 904-8182

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- Written communications 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-commencement 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 Symbol(s)	Name of each exchange on which registered
Common Stock	TNXP	The NASDAQ Global Market

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).

Emerging growth company

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 August 24, 2021, Tonix Pharmaceuticals Holding Corp. (the "Company") issued a press release announcing the results of a pre-Investigational New Drug Application ("pre-IND") meeting with the U.S. Food and Drug Administration ("FDA") for TNX-102 SL (cyclobenzaprine HCl sublingual tablets) as a potential treatment for Long COVID Syndrome ("Long COVID"). A copy of the press release is furnished as Exhibit 99.01 hereto and incorporated herein by reference.

The Company updated its investor presentations, which are used to conduct meetings with investors, stockholders and analysts and at investor conferences, and which the Company intends to place on its website, which may contain nonpublic information. Copies of the presentations are filed as Exhibits 99.02 and 99.03 hereto and incorporated herein by reference.

The information in this Item 7.01 of this Current Report on Form 8-K, including Exhibits 99.01, 99.02 and 99.03 attached hereto, shall not be deemed "filed" for purposes of Section 18 of the United States Securities Exchange Act of 1934 (the "Exchange Act") or otherwise subject to the liabilities of that section, nor shall they be deemed incorporated by reference in any filing under the United States Securities Act of 1933 or the Exchange Act, except as shall be expressly set forth by specific reference in such a filing.

Item 8.01. Other Events.

On August 24, 2021, the Company announced that it received the official minutes from a Type B pre-IND meeting with the FDA to develop TNX-102 SL as a potential treatment for Long COVID. The Company believes the minutes provide a path to agreement on the design of a Phase 2 study of, and the overall clinical development plan to qualify, TNX-102 SL as an indicated treatment for a subset of patients affected by Long COVID whose symptoms overlap with fibromyalgia. Based on the minutes, the Company is planning to submit an IND in the fourth quarter of 2021. The Company intends to leverage what it knows about the pharmacodynamic activity of TNX-102 SL from its fibromyalgia clinical trials and studies to date. The Company believes that, based on the positive Phase 3 RELIEF study for fibromyalgia in which TNX-102 SL showed activity in addressing persistent pain, sleep disturbance, memory, fatigue and energy, TNX-102 SL may provide a unique treatment opportunity for the symptoms of Long COVID in patients whose symptoms overlap with those of fibromyalgia. The Company believes the core symptoms of Long COVID, including fatigue, sleep, sleep disturbances and persistent pain, share an underlying pathogenesis with fibromyalgia. As the proposed mechanism of TNX-102 SL is to improve sleep quality, and disturbed sleep is linked to exacerbation and chronicity of a number of pain, neuropsychiatric and addictive disorders, the Company plans to conduct clinical trials to determine whether

TNX-102 SL improves sleep in certain of these other disorders in addition to Long Covid and fibromyalgia.

Forward- Looking Statements

This Current Report on Form 8-K contains certain forward-looking statements within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934 and Private Securities Litigation Reform Act, as amended, including those relating to the development of TNX-601 CR, the Company's product development, clinical trials, clinical and regulatory timelines, market opportunity, competitive position, possible or assumed future results of operations, business strategies, potential growth opportunities and other statement that are predictive in nature. These forward-looking statements are based on current expectations, estimates, forecasts and projections about the industry and markets in which we operate and management's current beliefs and assumptions.

These statements may be identified by the use of forward-looking expressions, including, but not limited to, "expect," "anticipate," "intend," "plan," "believe," "estimate," "potential," "predict," "project," "should," "would" and similar expressions and the negatives of those terms. These statements relate to future events or our financial performance and involve known and unknown risks, uncertainties, and other factors which may cause actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. Such factors include those set forth in the Company's filings with the SEC. Prospective investors are cautioned not to place undue reliance on such forward-looking statements, which speak only as of the date of this press release. The Company undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events or otherwise.

Item 9.01 Financial Statements and Exhibits.

(d)	Exhibit No.	Description.
	99.01	Press Release of the Company, dated August 24, 2021
	99.02	Corporate Presentation by the Company for August 2021
	99.03	Abbreviated Corporate Presentation by the Company for August 2021

SIGNATURE

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

TONIX PHARMACEUTICALS HOLDING CORP.

Date: August 24, 2021

By: /s/ Bradley Saenger
Bradley Saenger
Chief Financial Officer

Tonix Pharmaceuticals Announces Results of Pre-IND Meeting with FDA for TNX-102 SL as a Potential Treatment for Long COVID Syndrome, Also Known as Post-Acute Sequelae of COVID-19 (PASC)

Company Plans to Submit an IND to Support a Phase 2 Clinical Trial of TNX-102 SL for the Treatment of Long COVID

Long COVID Symptoms of Pain, Sleep Disturbance, Fatigue and Brain Fog Overlap with Symptoms of Fibromyalgia, for which TNX-102 SL is in Mid-Phase 3 Development

Long COVID Afflicts More Than 30% of Patients Following Infection with SARS-CoV-2, the Virus that Causes COVID-19, and is Expected to be a Global Health Burden

CHATHAM, NJ, August 24, 2021 (GLOBE NEWSWIRE) – Tonix Pharmaceuticals Holding Corp. (Nasdaq: TNXP) (Tonix or the Company), a clinical-stage biopharmaceutical company, today announced that it received the official minutes from a Type B pre-Investigational New Drug Application (IND) meeting with the U.S. Food and Drug Administration (FDA) to develop TNX-102 SL¹ (cyclobenzaprine HCl sublingual tablets) as a potential treatment for Long COVID Syndrome (Long COVID), which is now known officially as Post-Acute Sequelae of COVID-19 (PASC²). Tonix believes the minutes provide a path to agreement on the design of a Phase 2 study and the overall clinical development plan to qualify TNX-102 SL as an indicated treatment for a subset of patients affected by Long COVID. Based on the minutes, the Company is planning to submit the IND in the fourth quarter of 2021 to support a Phase 2 study for the management of a subset of Long COVID patients whose symptoms overlap with fibromyalgia.

Seth Lederman, M.D., President and Chief Executive Officer of Tonix, stated, “Long COVID is a new, complex and heterogeneous disorder. Long COVID is a protracted syndrome experienced by many people following SARS-CoV-2 infection that can include a number of persistent disabling symptoms, including fatigue, widespread pain, sleep disturbance, brain fog or difficulty concentrating, arthralgias, diffuse myalgia, olfactory dysfunction, and headache.³ Our Phase 2 study will focus on Long COVID patients whose primary symptoms overlap with fibromyalgia, and, therefore, our Long COVID program leverages what we have learned about the pharmacodynamic activity of TNX-102 SL from more than 1,000 participants who have been or are enrolled in our fibromyalgia trials to date. Long COVID has been compared to fibromyalgia because of the common symptoms of sleep disturbance, persistent widespread pain, fatigue, and brain fog.⁴ Additionally, Long COVID, like fibromyalgia, is experienced by women at a rate approximately four times that of men.⁵ The 2003 SARS outbreak, due to an earlier coronavirus, was also described as causing a post-SARS syndrome similar to fibromyalgia.⁶”

Gregory Sullivan, M.D., Chief Medical Officer of Tonix, commented, “Based on our positive fibromyalgia Phase 3 RELIEF study in which TNX-102 SL showed activity in addressing persistent pain, sleep disturbance, memory, fatigue and energy, we are hopeful that TNX-102 SL might provide a unique treatment opportunity for the symptoms of Long COVID in patients whose symptoms overlap with those of fibromyalgia. We believe the core symptoms of Long COVID, including fatigue, sleep disturbances, persistent pain and diffuse myalgia share an underlying pathogenesis with fibromyalgia.”

Dr. Lederman added, “TNX-102 SL is in mid-Phase 3 development for the treatment of fibromyalgia. The proposed mechanism of TNX-102 SL is to improve sleep quality. Since disturbed sleep is linked to exacerbation and chronicity of a number of pain, neuropsychiatric and addictive disorders, we plan to conduct clinical trials to determine whether TNX-102 SL improves sleep in certain of these other disorders in addition to Long Covid and fibromyalgia.”

About Long COVID or Post-Acute Sequelae of SARS-CoV-2 (PASC)

Although most people recover from COVID-19 within weeks of the acute illness, a substantial portion develop a chronic syndrome called Long COVID. These individuals experience a constellation of symptoms long past the time of recovery from acute COVID-19. Most Long COVID patients who have been studied appear to have cleared the SARS-CoV-2 virus from their systems. The symptoms of Long COVID can include fatigue, sleep disorders, pain, fevers, shortness of breath, cognitive impairment described as “brain fog” or memory disturbance, gastrointestinal symptoms, anxiety, and depression. Long COVID can persist for months and can range in severity from mild to incapacitating. Several cohort studies have reported that persistence of symptoms following SARS-CoV-2 infection occurs in more than 30% of patients.³ While typically associated with moderate or severe COVID-19, Long COVID can occur after mild COVID-19 or even after asymptomatic SARS-CoV-2 infection. Patients with Long COVID are sometimes referred to as “long-haulers”. Long COVID is a chronic disabling condition that is expected to result in a significant global health and economic burden.⁷ In response to the urgent need for therapies that address Long COVID, Congress awarded \$1.15 billion to the National Institutes of Health to study Long COVID last December.⁸ While the vaccines available in the U.S. under Emergency Use Authorization have been shown to prevent acute COVID, their ability to prevent Long COVID is unknown. There is currently no approved drug for the treatment of Long COVID.”

About TNX-102 SL

TNX-102 SL is a patented sublingual tablet formulation of cyclobenzaprine hydrochloride which provides rapid transmucosal absorption and reduced production of a long half-life active metabolite, norcyclobenzaprine, due to bypass of first-pass hepatic metabolism. As a multifunctional agent with potent binding and antagonist activities at the serotonin_{2A}, α_1 -adrenergic, histaminergic-H₁, and muscarinic-M₁ receptors, TNX-102 SL is in clinical development as a daily bedtime treatment for fibromyalgia, PTSD, alcohol use disorder and agitation in Alzheimer’s disease. The U.S. Patent and Trademark Office (USPTO) has issued United States Patent No. 9636408 in May 2017, Patent No. 9956188 in May 2018, Patent No. 10117936 in November 2018, Patent No. 10,357,465 in July 2019, and Patent No. 10736859 in August 2020. The ProtecticTM protective eutectic and Angstro-TechnologyTM formulation claimed in these patents are important elements of Tonix’s proprietary TNX-102 SL composition. These patents are expected to provide TNX-102 SL, upon NDA approval, with U.S. market exclusivity until 2034/2035.

About Tonix Pharmaceuticals Holding Corp.

Tonix is a clinical-stage biopharmaceutical company focused on discovering, licensing, acquiring and developing small molecules and biologics to treat and prevent human disease and alleviate suffering. Tonix’s portfolio is primarily composed of central nervous system (CNS) and immunology product candidates. The Company’s CNS portfolio includes both small molecules and biologics to treat pain, neurologic, psychiatric and addiction conditions. Tonix’s lead CNS candidate, TNX-102 SL¹, is in mid-Phase 3 development for the management of fibromyalgia. Tonix’s immunology portfolio includes vaccines to prevent infectious diseases and biologics to address immunosuppression, cancer, and autoimmune diseases. Tonix’s lead vaccine candidate, TNX-1800⁹, is a live replicating vaccine based on the horsepox viral vector platform to protect against COVID-19, primarily by eliciting a T cell response. Tonix reported positive efficacy data from animal studies of TNX-1800 in the first quarter of 2021. TNX-801⁹, live horsepox virus vaccine for percutaneous administration, is in development to protect against smallpox and monkeypox. TNX-3500¹⁰ (sangivamycin) is a small molecule antiviral drug for COVID-19 in the pre-IND stage of development.

¹TNX-102 SL is an investigational new drug and has not been approved for any indication.

²Feb. 24, 2021 - White House COVID-19 Response Team press briefing; Feb 25, 2021 - policy brief from the World Health Organization on long COVID.

³Nalbandian, Ani, et al. "Post-acute COVID-19 syndrome." *Nature Medicine* (2021): 1-15.

⁴Clauw DJ, Häuser W, Cohen SP, Fitzcharles M-A. Considering the potential for an increase in chronic pain after the COVID-19 pandemic. *Pain* 2020 Aug; 161(8): 1694–1697.

⁵Cox, D. "Why are women more prone to long Covid?" *The Guardian*. 13 Jun 2021 <https://www.theguardian.com/society/2021/jun/13/why-are-women-more-prone-to-long-covid>

⁶Moldofsky H, Patcai J. Chronic widespread musculoskeletal pain, fatigue, depression and disordered sleep in chronic post-SARS syndrome; a case-controlled study. *BMC Neurol* 2011;11:37.

⁷Briggs, Andrew, and Anna Vassall. "Count the cost of disability caused by COVID-19." (2021): 502-505.

⁸The NIH provision of Title III Health and Human Services, Division M--Coronavirus Response and Relief Supplemental Appropriations Act, 2021, of H.R. 133, The Consolidated Appropriations Act of 2021. The bill was enacted into law on 27 December 2020, becoming Public Law 116-260.

⁹TNX-1800 and TNX-801 are investigational new biologics at the pre-IND stage of development and have not been approved for any indication.

¹⁰TNX-3500 is an investigational new drug at the pre-IND stage of development and has not been approved for any indication.

This press release and further information about Tonix can be found at www.tonixpharma.com.

Forward Looking Statements

Certain statements in this press release are forward-looking within the meaning of the Private Securities Litigation Reform Act of 1995. These statements may be identified by the use of forward-looking words such as "anticipate," "believe," "forecast," "estimate," "expect," and "intend," among others. These forward-looking statements are based on Tonix's current expectations and actual results could differ materially. There are a number of factors that could cause actual events to differ materially from those indicated by such forward-looking statements. These factors include, but are not limited to, the risks related to failure to obtain FDA clearances or approvals and noncompliance with FDA regulations; delays and uncertainties caused by the global COVID-19 pandemic; risks related to the timing and progress of clinical development of our product candidates; our need for additional financing; uncertainties of patent protection and litigation; uncertainties of government or third party payor reimbursement; limited research and development efforts and dependence upon third parties; and substantial competition. As with any pharmaceutical under development, there are significant risks in the development, regulatory approval, and commercialization of new products. Tonix does not undertake an obligation to update or revise any forward-looking statement. Investors should read the risk factors set forth in the Annual Report on Form 10-K for the year ended December 31, 2020, as filed with the Securities and Exchange Commission (the "SEC") on March 15, 2021, and periodic reports filed with the SEC on or after the date thereof. All Tonix's forward-looking statements are expressly qualified by all such risk factors and other cautionary statements. The information set forth herein speaks only as of the date thereof.

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Investor Presentation

NASDAQ:TNXP

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Cautionary Note on Forward-Looking Statements

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Certain statements in this presentation regarding strategic plans, expectations and objectives for future operations or results are "forward-looking statements" as defined by the Private Securities Litigation Reform Act of 1995. These statements may be identified by the use of forward-looking words such as "anticipate," "believe," "forecast," "estimate" and "intend," among others. These forward-looking statements are based on Tonix's current expectations and actual results could differ materially. There are a number of factors that could cause actual events to differ materially from those indicated by such forward-looking statements. These factors include, but are not limited to, risks related to failure to obtain U.S. Food and Drug Administration clearances or approvals and noncompliance with its regulations; our need for additional financing; delays and uncertainties caused by the global COVID-19 pandemic; substantial competition; uncertainties of patent protection and litigation; uncertainties of government or third party payor reimbursement; limited research and development efforts and dependence upon third parties. As with any pharmaceutical under development, there are significant risks in the development, regulatory approval and commercialization of new products. The forward-looking statements in this presentation are made as of the date of this presentation, even if subsequently made available by Tonix on its website or otherwise. Tonix does not undertake an obligation to update or revise any forward-looking statement, except as required by law. Investors should read the risk factors set forth in the Annual Report on Form 10-K for the year ended December 31, 2020, as filed with the Securities and Exchange Commission (the "SEC") on March 15, 2021, and periodic reports and current reports filed with the SEC on or after the date thereof. All of Tonix's forward-looking statements are expressly qualified by all such risk factors and other cautionary statements.

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Tonix Pharmaceuticals: Who We Are and What We Do

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Mission And Purpose

Clinical-stage biopharmaceutical company that invents, licenses, acquires and develops innovative medicines to help patients manage central nervous system (CNS) and immunology conditions

"Advancing science to improve patient care and public health"

Team of passionate professionals

Advancing innovative programs into the clinic: Phase 2 and Phase 3 clinical data are perceived as value-creating inflection points

Pipeline

Development stage: programs range from preclinical to mid-Phase 3; expect two new programs in Phase 2 by YE 2021

Therapeutic modalities: small molecules, small synthetic peptides, recombinant peptide from *E. coli*, recombinant proteins from CHO cells (monoclonal antibody, fusion protein), live virus vaccines

Route of administration: oral, sublingual, intranasal, *i.v.*, intradermal, percutaneous

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Tonix Pipeline – CNS, Immunology and Biodefense Portfolio

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CANDIDATES		INDICATION	STATUS
Central Nervous System (CNS)	TNX-102 SL ¹	Fibromyalgia (FM) Posttraumatic Stress Disorder (PTSD) Long COVID (PASC ²)	Mid-Phase 3 – ongoing Phase 3 ready Clinical – pre-IND ³
	TNX-1300 ⁴	Cocaine Intoxication / Overdose	Phase 2
	TNX-1900 ⁵	Migraine and Craniofacial Pain	Clinical – pre-IND ⁶
	TNX-2900 ⁷	Prader-Willi Syndrome	Clinical – pre-IND
	TNX-601 CR	Depression, PTSD, Neurocognitive Dysfunction from Steroids	Clinical – pre-IND ⁸
Immunology / Immunology (IO)	TNX-1600 ⁹	Depression, PTSD and ADHD	Preclinical
	TNX-1500 ¹⁰	Organ Transplant Rejection/Autoimmune Conditions	Preclinical
Biodefense	TNX-1700 ¹¹	Gastric and pancreatic cancers	Preclinical
	TNX-801 ¹²	Smallpox and monkeypox preventing vaccine	Preclinical
	TNX-701	Radioprotection	Preclinical

¹TNX-102 SL (cyclobenzaprine HCl sublingual tablets) is an investigational new drug and has not been approved for any indication. Long COVID/PASC program is also included in the COVID-19 Portfolio. Additional indications of Agitation in Alzheimer's Disease (AAD) and Alcohol Use Disorder (AUD) are Phase 2 ready.

²Post-Acute Sequelae of COVID-19.

³Pre-IND (Investigational New Drug) meeting with the FDA completed and based on final minutes Company plans to file IND to support Phase 2 study in patients whose symptoms overlap with fibromyalgia

⁴TNX-1300 (double-mutant cocaine esterase) is an investigational new biologic and has not been approved for any indication; licensed from Columbia University.

⁵Acquired from Trigemina; license agreement with Stanford University

⁶A Phase 2 trial under an investigator-initiated IND has been completed in the U.S. using TNX-1900; Phase 2 expected to start Q4'21

⁷Co-exclusive license agreement with French National Institute of Health and Medical Research (Inserm)

⁸TNX-601 CR is in the pre-IND stage in the U.S.; a Phase 1 trial for formulation development was completed outside of the U.S; Phase 2 expected to start 1H 2022

⁹Acquired from TKMarsen Pharma; license agreement with Wayne State University

¹⁰Anti-CD40L humanized monoclonal antibody

¹¹Recombinant trefoil factor 2 (rTFF2) based protein; licensed from Columbia University

¹²Live attenuated vaccine based on horsepox virus

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	CANDIDATES	INDICATION	STATUS
COVID-19 Portfolio	TNX-1800	COVID-19 vaccine ¹	Phase 1, 1H 2022*
	TNX-2300	COVID-19 vaccine ²	Preclinical
	TNX-102 SL	Long COVID (PASC ³)	Clinical – pre-IND ⁴
	TNX-2100	SARS-CoV-2 Diagnostic for T cell immunity ⁵	First-in-human study, Q4 2021*
	TNX-3500	COVID-19 (SARS-CoV-2) antiviral ⁶	Preclinical

*Represents expected milestones

¹Live attenuated vaccine based on horsepox virus vector

²Live attenuated vaccine based on bovine parainfluenza virus vector; option for license with Kansas State University

³Post-Acute Sequelae of COVID-19

⁴Pre-IND meeting with the FDA completed and based on final meeting minutes, Company plans to file IND to support Phase 2 study in subset of patients whose symptoms overlap with fibromyalgia

⁵In vivo diagnostic: SARS-CoV-2 peptide epitope mixtures for intradermal administration to measure delayed-type hypersensitivity to SARS-CoV-2

⁶Sangivamycin, for injection



TNX-1800¹

- **Drug Product:** modified recombinant horsepox live virus vaccine produced in cell culture for percutaneous administration
- **Targeted Indication:** COVID-19 vaccine

¹TNX-1800 is an investigational new biologic and has not been approved for any indication.



COVID-19 Vaccines with FDA Approval or Emergency Use Authorization (EUA): Still Uncertainty

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Durability of protection

- Vaccinated people lose protection, starting at 6 months¹
- Increasing rates of “breakthrough” COVID
- White House advocating booster vaccinations with mRNA vaccines at 8 months

Effect on forward transmission (spread of infection to others)

- Concerns about whether vaccinated people can be infectious to others

Detecting vaccine failure

- Need a strategy for identifying individuals at risk after vaccination

No recognized, clinical applicable biomarker of vaccine protection

- Best proxy is neutralizing antibodies, which are hard to measure

Current and future variants (e.g., delta variant)

- Less protection from existing vaccines
- Unknown effectiveness for future variants

¹www.cdc.gov/media/releases/2021/s0818-covid-19-booster-shots.html



COVID-19 Vaccines: Where do we go from here?

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mRNA vaccines have given us some time, but are unlikely to be a long-term solution

- Vaccinated people lost protection, increasing rates of “breakthrough” COVID
- COVID is becoming endemic; vaccination of entire world every 8 months not practical

Operation Warp Speed (OWS) identified 4 types of vaccines;

- RNA/DNA – Pfizer is fully approved by the FDA and Moderna has EUA
- Subunit – NovaVax has EUA
- Non-replicating – J and J has EUA; AstraZeneca widely used in UK and ex-US
- **Live Virus Vaccines – none were ultimately adopted by OWS**

Live Virus Vaccines

- Merck was developing two programs: VSV and Measles, but they were not included in OWS and were abandoned in January 2021¹
- Live Virus vaccines are the oldest vaccine technology and have led to eradication of smallpox and control of measles, mumps, rubella and other viral conditions

¹www.clinicaltrialsarena.com/comment/ridgeback-mercks-molnupiravir-for-covid-19-has-moa-administration-advantages-but-phase-ii-a-faces-execution-obstacles-may-have-value-gaps/



TNX-1800¹: a Live Virus COVID-19 Vaccine Candidate

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- **Utilizes Tonix’s proprietary horsepox virus as a vector**
 - Encodes a protein from SARS-CoV-2, the cause of COVID-19
 - Developed in collaboration with University of Alberta, Canada
- **Animal testing with Southern Research**
 - Non-human primate immune response positive results reported in 4th quarter 2020
 - Non-human primate CoV-2 challenge testing positive data reported in 1st quarter 2021
 - TNX-1800 vaccinated animals had undetectable² CoV-2 by PCR in upper and lower airways³
- **Manufacturing agreement with FUJIFILM Diosynth**
 - Development for Good Manufacturing Practice (GMP) manufacturing for human trials
 - Expect GMP clinical supply to be ready for human trials targeted to begin in 1st half of 2022⁴

¹TNX-1800 (horsepox/Cov-2 spike live vaccine) is at the pre-IND stage of development:

²Less than 1,000 genomes by PCR

³Upper airway = oropharyngeal swabs; Lower airway = tracheal lavage

⁴We cannot predict whether the global COVID-19 pandemic will impact the timing of these milestones



Potential Profile of TNX-1800 Compared to mRNA COVID-19 Vaccines

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Criteria	mRNA Vaccines	TNX-1800
Number of shots	Two	One
Duration	8 months	Years / decades
Boosters	Recommended	Not required
Protection from variants	Variable	Expected
Forward Transmission	Unknown for variants like delta	Likely prevents
Biomarker	None	Yes - "Take"
Manufacturing	Complex	Conventional
Glass sparing packaging	No	Yes
Shipping and storage	Cold Chain	Standard refrigeration
Protection from smallpox	No	Yes



Warp-Speed COVID-19 Vaccines: Live Virus Vaccines Take Longer to Develop

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• mRNA

- Moderna (mRNA-1273, LNP¹-encapsulated CoV-2 Spike ["Spike"] mRNA) EUA²
- Pfizer & BioNTech (LNP-encapsulated Spike mRNA) FDA Approval

• Subunit

- Sanofi/GSK (recombinant Spike protein with adjuvant³) In Phase 3
- Novavax (NVX-CoV2373, recombinant Spike protein with adjuvant⁴) In Phase 3

• Non-replicating virus

- J&J (Ad26.COVS-2, Ad26 encoding Spike) EUA in U.S. and Canada
- Astra-Zeneca/Oxford (AZD1222, ChAdOx-1 encoding Spike) In Phase 3 (EUA in UK, Europe, Canada and India)

• Live attenuated virus

- Merck (TMV-083, modified measles⁵-encoding Spike) Terminated Jan '21 - Phase 1⁶
- Merck (V591, pseudo-typed VSV⁷-encoding Spike) Terminated Jan '21 - Phase 1⁶

¹Lipid Nanoparticle = "LNP"

²Emergency Use Authorization = "EUA"

³GSK adjuvant A503 contains squalene, DL- α -tocopherol and polysorbate

⁴Novavax adjuvant Matrix-M1 contains saponin extracted from the Quillaja saponaria Molina tree

⁵Measles-based vaccine, acquisition of Themis, collaboration with Institute Pasteur

⁶[Merck Discontinues Development of SARS-CoV-2/COVID-19 Vaccine Candidates; Continues Development of Two Investigational Therapeutic Candidates - Merck.com](#)

⁷VSV = vesicular stomatitis virus; collaboration with IAVI = International AIDS Vaccine Initiative



COVID-19 Vaccine Landscape

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• We expect more than one vaccine will be approved by FDA

- Different vaccines for different individuals

• More than 150 vaccines in development

- Diversity of approaches is important since protective immunity is not yet understood
- Technologies range from never tested before (mRNA) to 220 years old
- Uncertainty exists around efficacy, durability and importantly, safety

• Live attenuated vector systems in development include:

- Tonix (horsepox), Tonix (bovine parainfluenza), Zydus Cadila (measles-based)



Live, Attenuated Virus Vaccines for Other Infectious Diseases¹

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- **Long term, durable immunity**
 - Expected to stimulate T cells and provide years to decades of protection
- **Single administration, scalable manufacturing**
 - Low dose is amplified by replication, mRNA and protein synthesis at vaccination site
- **Block forward transmission (infectivity)**
 - Key to conferring herd immunity and protecting immunocompromised

¹For example, the eradication of smallpox, containment of measles, mumps, and rubella
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TNX-1800¹: Engineered for Long-term Immunity

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Based on “vaccinia” vaccine developed more than 200 years ago by Dr. Edward Jenner to prevent smallpox

- TNX-1800 has 99.7% colinear identity with circa 1860 smallpox vaccine²
- Eradicated smallpox (only viral disease ever eradicated)
- Elicits durable (many decades) T cell immunity
- Single dose protection without adjuvants
- Manufacturable at scale
- Minimal “cold chain” supply issues
- Glass-sparing packaging owing to small unit dose

Genetic analysis of early vaccines indicates that Tonix’s “horsepox” is closely related to Edward Jenner’s “vaccinia”

- Modern “vaccinia” evolved during the 220 years it was propagated by primitive methods – for over 120 years before “viruses” were identified

¹TNX-1800 (horsepox/Cov-2 spike live vaccine) is at the pre-IND stage of development

²Brinkmann A et al, Genome Biology (2020) 21:286 <https://doi.org/10.1186/s13059-020-02202-0>

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TNX-1800 Vaccination of Non-Human Primates Elicited Anti-SARS-CoV-2 Neutralizing Antibodies and Skin Reaction or “Take” in All Eight Animals

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STUDY DESIGN:

- Compares TNX-1800 to TNX-801 (horsepox virus, no CoV-2 protein) at two doses in non-human primates. A control group received a placebo vehicle control.
- Each of these five groups (TNX-1800 high and low dose; TNX-801 high and low dose and placebo) includes four animals.

TOLERABILITY:

- TNX-1800 and TNX-801 were well tolerated at both doses.

NEUTRALIZING ANTI-CoV-2 ANTIBODIES:

- At Day 14 after a single vaccination, all eight of the TNX-1800 vaccinated animals made anti-CoV-2 neutralizing antibodies ($\geq 1:40$ titer).
- None of the eight TNX-801 vaccinated control animals, or any of the four animals in the placebo group, made anti-CoV-2 neutralizing antibodies ($\leq 1:10$ titer).
- Level of neutralizing anti-CoV-2 antibody production was similar between the low and high dose TNX-1800 groups (1×10^6 Plaque Forming Units [PFU]) and 3×10^6 PFU, respectively.

SKIN TAKE BIOMARKER:

- All 16 animals vaccinated with either dose of TNX-1800 or the control TNX-801 manifested a “take”, or cutaneous response, signaling that the horsepox vector elicited a strong T cell immune response.

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TNX-1800 Vaccination and SARS-CoV-2 Challenge of Non-Human Primates Findings and Conclusions

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CHALLENGE WITH SARS-COV-2:

- Six days after challenge with SARS-CoV-2, TNX-1800 vaccinated animals had undetectable¹ SARS-CoV-2 in upper or lower airways².

DOSE:

- Supports the expectation that TNX-1800 at the low dose of 1×10^6 PFU is an appropriate dose for a one-shot vaccine in humans.
- Indicates that 100 doses per vial is the target format for commercialization, which is suited to manufacturing and distribution at large scale.

CONCLUSIONS:

- TNX-1800 induces a strong immune response to SARS-CoV-2 in non-human primates and is capable of decreasing viral load in upper and lower airways consistent with decreased transmission.
- Data confirm that “take” is a biomarker of a strong immunological response to TNX-1800’s vector, horsepox virus vaccine, and also indicate that “take” is predictive of a neutralizing antibody response to CoV-2 spike protein and protection of upper and lower airways.

¹Less than 1,000 genomes by PCR

²Upper airway = oropharyngeal swabs; Lower airway = tracheal lavage

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Why Use a Horsepox Platform for a Vaccine?

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Horsepox can be engineered to express foreign genes

- Lack of persistence or genomic integration in the host
- Strong immunogenicity as a vaccine
- Readily manufacture at scale
- Live, attenuated vaccine – direct antigen presentation



Potential advantages of horsepox over vaccinia

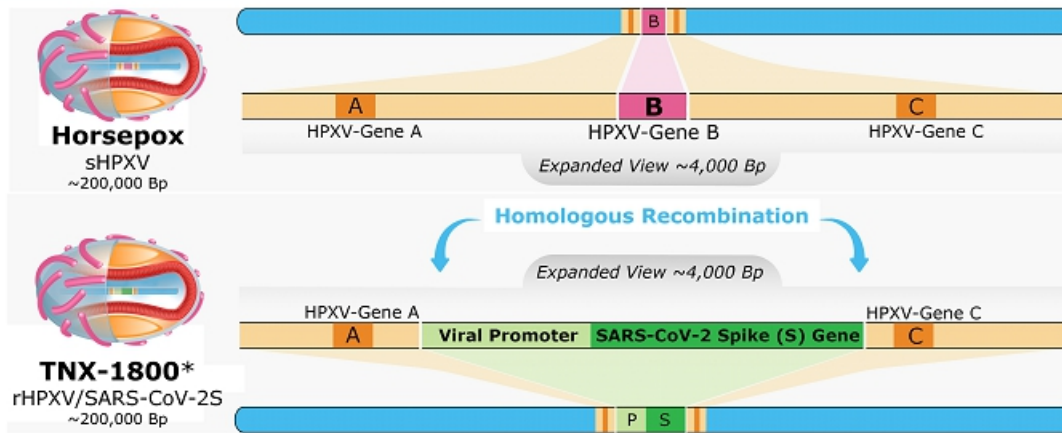
- Maintains strong immunogenicity with potentially improved tolerability
- Relative to non-replicating vaccinia, horsepox's replication in human cells provides direct antigen presentation, which is expected to trigger a T cell immune response, by Class I Major Histocompatibility Complex (MHC) Antigens
- Horsepox may behave differently than vaccinia as a vector, in part because of its different repertoire of genes that modulate immune responses and host range

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TNX-1800 is Based on a Horsepox Virus (HPXV) Vector Designed to Express SARS-CoV-2 S Protein

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*TNX-1800 is at the pre-IND stage of development

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Vaccinia Induces a Skin Reaction Called "Take" – Described by Dr. Edward Jenner

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Vaccination by scarification¹

- **Biomarker of protection**
 - Smallpox was eradicated using this marker
 - Revaccination indicated for recipients without "take"
- **Measure of T cell immunity**
 - No need for blood draws or complex laboratory studies
 - No other functional T cell assay is approved or in clinical use for vaccination

¹Example of major cutaneous reaction, or "take," resulting from a replication-competent live-virus vaccine delivered via scarification, indicating successful vaccination¹⁻³

1. Fulginiti VA, et al. *Clin Infect Dis*. 2003;37(2):241-250.

2. Liu L, et al. *Nature Med*. 2010;16(2):224-228.

3. Centers for Disease Control and Prevention. Accessed April 15, 2020.

<https://phil.cdc.gov/Details.aspx?pid=3276>

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Unique Challenges of SARS-CoV-2

20

<p>SARS</p> <p>Rate of death^{1,2} ~10%</p> <p>Deaths² 744</p> <p>Rate of infectivity¹ 0.4</p> <p>Incubation time² 2-7 days</p> <p>Asymptomatic³ ~13%</p>	<p>The death rate for COVID-19 is significantly lower compared to SARS.^{1,2,4} However, due to its virulence, SARS-CoV-2 has resulted in far more deaths⁵</p> <p>SARS-CoV-2 is more infectious, has a longer incubation time, and presents asymptotically in more individuals, making it highly spreadable¹</p>	<p>SARS-CoV-2</p> <p>Rate of death^{1,4} 0.003% - 5.4%</p> <p>Deaths (as of July 2021)⁵ >4.2M</p> <p>Rate of infectivity^{1,4} ~2.5</p> <p>Incubation time^{2,4} 6-14 days</p> <p>Asymptomatic⁴ ~40%</p>
---	--	---

1. Ceccarelli M, et al. *Eur Rev Med Pharmacol Sci*. 2020;24(2781-2783).

2. Rabaan AA, et al. *Le Infektion in Medicine*. 2020;28(2):174-184.

3. Wilder-Smith A, et al. *Emerg Infect Dis*. 2020;11(7):1142-1145.

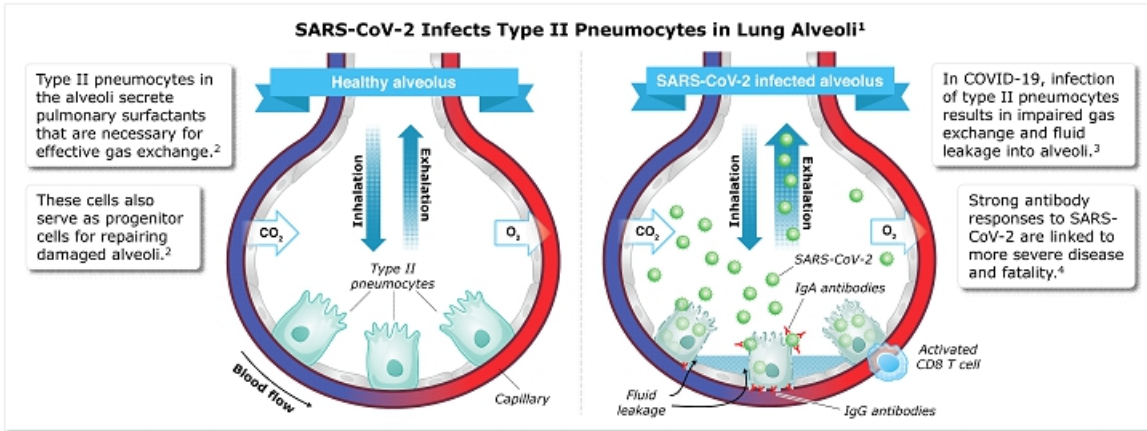
4. Centers for Disease Control and Prevention. Accessed November 2020. <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/planning-scenarios.html>

5. Johns Hopkins University. Accessed July 2021. <https://coronavirus.jhu.edu/map.html>

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Infection of Type II Pneumocytes Can Lead to Lethal Respiratory Illness

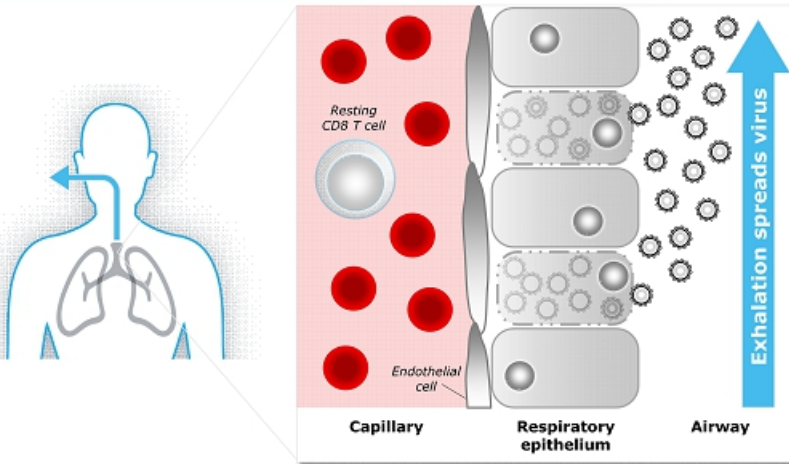


1. Knudsen L, et al. *Astrochem Cell Biol.* 2018;150(6):661-676.
 2. Mason RJ. *Am J Physiol Lung Cell Mol Physiol.* 2020;319(3):L119-L120.
 3. Xu Z, et al. *Lancet Respir Med.* 2020;8(4):420-422.
 4. Lee WS, et al. *Nat Microbiol.* 2020;5:1185-1191.
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SARS-CoV-2 Hijacks the Respiratory System to Spread Contagious Virus

- Virus factories release virions by continuous budding
- Breathing, speaking or coughing has the potential to release virions into the air and transmit infection to others

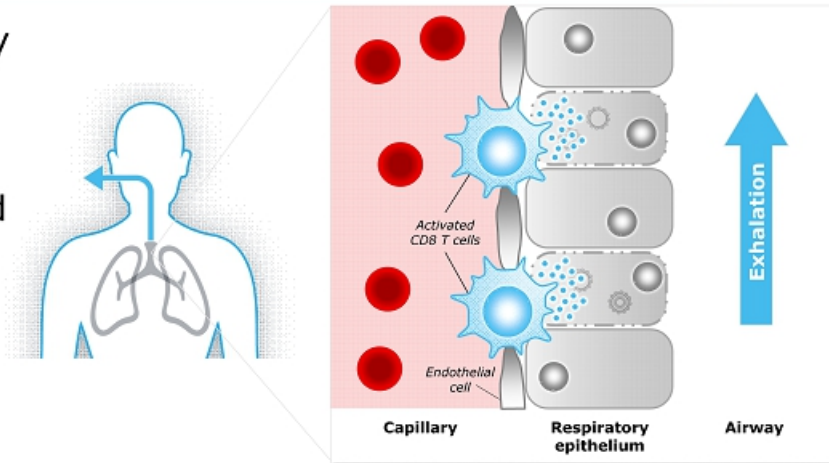


Bar-On YM, et al. *Sci Adv.* 2020;6:e7309.
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CoV-2 Specific T Cells Kill the Virus Factories

23

- Natural immunity or vaccine protection has the potential to decrease forward transmission
- T cells specifically kill virally infected cells



Contrasting T cell and Antibody Immunity

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• T cell immunity

- **Durable or long-lived (many years)**
- Recognize fragments of pathogens on the surfaces of infected cells
- Cannot recognize pathogens directly
- Potential to clear viral infections (by killing infected cells)
- Potential to block forward transmission (contagion) by infected people

• Antibody immunity

- **Temporary or short-lived (typically 3-6 months)**
- Recognize pathogens directly
- Potential to block viral entry (by recognizing pathogens)
- Can only recognize virally infected cells that express viral surface proteins

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TNX-1800: Potential Development and Uses

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• Potential to protect against CoV-2 Variants

- T cell epitopes are short stretches of peptides (~8-14 aa fragments) that so far seem to be conserved between variants
- Clinical trials will test potential protection against CoV-2 variants
 - For example, the "British" (B.1.1.7), "Brazilian" (P.1) and "South African" (B.1.351) strains have emerged
 - B.1.351 may elude the protection conferred by certain vaccines against other strains

• Pre- and Post-pandemic vaccine

- Development will begin with clinical trials in adults
- Subsequent development will focus on children
 - Analogous to the historical use of horsepox and vaccinia as childhood immunizations to prevent (and ultimately eradicate) smallpox
- Potential to block forward transmission (contagion) by infected people
- Trial participants will be stratified by pre-existing antibody and T cell immunity
 - TNX-2100¹ skin test may be used to stratify for T cell immunity

¹TNX-2100 (SARS-CoV-2 epitope peptide mixtures for intradermal administration) is at the pre-IND stage of development
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COVID-19 Vaccine Platform: Planned Internal Development and Manufacturing Capabilities

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Infectious Disease R&D Center (RDC) – Frederick, MD

- **Function:** Accelerated development of vaccines and antiviral drugs against COVID-19, its variants and other infectious diseases
- **Description:** ~48,000 square feet, BSL-2, currently operated by Southern Research
- **Status:** Acquisition expected to close in the fourth quarter of 2021

Advanced Development Center (ADC) – New Bedford, MA

- **Function:** Development and clinical scale manufacturing of live-virus vaccines to support Phase 1 and Phase 2 trials
- **Description:** ~45,000 square feet, under construction, planned BSL-2
- **Status:** Expected to be operational in first half 2022

Commercial Manufacturing Center (CMC) – Hamilton, MT

- **Function:** Commercial scale manufacturing of live-virus vaccines
- **Description:** ~44 acre green field site, planned BSL-2
- **Status:** Planning for initiation of construction in 2022

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Infectious Disease R&D Facility

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Expect to close on acquisition from Southern Research October 1, 2021
Located in Frederick, MD

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Advanced Development Center Renderings

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- Groundbreaking August 2021
- Expect to be operational 1H22
- Located in New Bedford, MA

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TNX-3500¹

- **Drug Product**: sangivamycin
- **Targeted Indication**: COVID-19 antiviral

¹TNX-3500 is an investigational new drug and has not been approved for any indication.

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Anti-COVID-19 Therapeutics

The only antiviral that is FDA approved is Remdesivir/Veklury® from Gilead

- Intravenous (*i.v.*) medicine
- Approved for patients who are at least 12 years old and require hospitalization
- May shorten the time to recover from acute COVID-19
- World Health Organization has recommended against its use¹

Monoclonal antibodies (mAbs) (EUA) – 3 granted US Emergency Use Authorization

- Casirivimab/imdevimab/REGEN-COV® from Regeneron/Genentech²
- Sotrovimab from GSK/Vir³
- Bamlanivimab and etesevimab from Eli Lilly⁴ - US distribution recently halted⁵

Anti-viral in development

- Molnupiravir from Merck/Ridgeback – oral anti-viral in Phase 3 development with US gov't supply agreement⁶

¹World Health Organization (2021). Therapeutics and COVID-19: living guideline, 6 July 2021 (Report). [hdl:10665/342368](https://doi.org/10.6665/342368). Therapeutics and COVID-19: living guideline, 6 July 2021. (who.int) WHO/2019-nCoV/therapeutics/2021.2

²www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-mono-clonal-antibodies-treatment-covid-19

³www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-additional-mono-clonal-antibody-treatment-covid-19

⁴www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-mono-clonal-antibodies-treatment-covid-19-0

⁵www.fiercepharma.com/pharma/lilly-s-covid-antibody-combo-halted-nationwide-dealing-huge-blow-to-blockbuster-program

⁶www.merck.com/news/merck-announces-supply-agreement-with-u-s-government-for-molnupiravir-an-investigational-oral-antiviral-candidate-for-treatment-of-mild-to-moderate-covid-19

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TNX-3500¹: SARS-CoV-2 Antiviral for the Treatment of COVID-19

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TNX-3500 (sangivamycin) – potential monotherapy antiviral²

- Licensed from OyaGen, April 2021
- Demonstrated broad spectrum antiviral activity (nanomolar activity against SARS-CoV-2, MERS, Ebola, and Lassa)
- Demonstrated human tolerability for chronic dosing from US National Cancer Institute studies³
- 65 times more potent than remdesivir in inhibiting SARS-CoV-2 in cell culture infectivity studies (dose to achieve IC₉₀)⁴

Potential COVID-19 combination therapy with remdesivir

- TNX-3500 antiviral effect is additive when combined with remdesivir and reduces the amount of each drug necessary for an IC₉₀
- Combination therapies for other viruses have reduced the emergence of drug resistant viral strains

Development plans

- 3rd quarter 2021: plan to initiate animal studies

¹TNX-3500 is in the pre-IND stage of development and has not been approved for any indication.

²Bennett, RP et al., *Viruses*. 2020 13(1):52. doi: 10.3390/v13010052.

³Cavins JA et al., *Cancer Chemotherapy Reports*. 1967. 51(4)

⁴Data on file, live virus BSL-4 testing conducted by NIAID in collaboration with OyaGen



32

TNX-2300¹

- **Drug Product:** modified parainfluenza virus live virus vaccine for percutaneous administration produced in cell culture
- **Targeted Indication:** COVID-19 vaccine

¹TNX-2300 is an investigational new biologic and has not been approved for any indication.



TNX-2300, 2nd SARS-CoV-2 Vaccine Platform: Bovine Parainfluenza (BPI) Virus

33

Collaboration with Kansas State University to develop a vaccine candidate for the prevention of COVID-19

- Utilizes a novel live attenuated vaccine vector platform and the CD40-ligand to stimulate T cell immunity
- TNX-2300¹ drives expression of CoV-2 spike and CD40-L

Live attenuated vaccines based on bovine parainfluenza virus²⁻⁶

- Previously has been shown to be an effective antigen delivery vector in humans, notably well tolerated in infants and children
- Vector is well suited for mucosal immunization using a nasal atomizer, but it can also be delivered parenterally

¹Pre-IND stage of development; ²Halle, AA et al. *J Gen. Virology* (2003) 84:2153–2162; ³Halle, AA et al. *J Virology* (2000) 74 (24): 11626–11635; ⁴Karron RA et al. *J Inf Dis* (1995) 171: 1107–14; ⁵Karron RA et al. *Vaccine* (2012) 30: 3975– 3981; ⁶Schmidt AC et al. *J Virology* (2001) 75(10): 4594–4603
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TNX-2100¹

- **Drug Product:** synthetic peptides derived from the sequence of SARS-CoV-2 and related variants for intradermal administration
- **Targeted Indications:** *in vivo* diagnostic skin test for SARS-CoV-2 Exposure, measurement of delayed-type hypersensitivity (DTH) to SARS-CoV-2; aid to the diagnosis and management of COVID-19

¹TNX-2100 is an investigational new *in vivo* diagnostic and has not been approved for any indication.

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TNX-2100¹: Potential Skin Test to Measure SARS-CoV-2 Exposure and T Cell Immunity

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TNX-2100 (SARS-CoV-2 epitope peptide mixtures for intradermal administration)

- Based on mixtures of synthetic peptides for intradermal administration
- Designed to elicit delayed-type hypersensitivity (DTH) in individuals who have been exposed to SARS-CoV-2 or who have been successfully vaccinated
- Potential to measure the presence and strength of functional *in vivo* T cell immunity
- DTH to SARS-CoV-2 spike protein has been shown in COVID-convalescent and vaccinated individuals^{3,4}

Potentially scalable test for widespread use

- Adaptive Biotech's T Detect™ COVID received FDA EUA – based on genetic analysis of T cell receptors
- Other tests² for T cell immunity to SARS-CoV-2 require specialized laboratories and are not amenable to standardization

¹TNX-2100 is in the pre-IND stage of development and has not been approved for any indication.

²Intracellular cytokine staining (ICS) measured by flow cytometry after *in vitro* stimulation of purified peripheral blood mononuclear cells

³Barrios, Y et al. *Clinical Immunol.* (2021) 226:108730

⁴Barrios, Y et al. *Vaccines* (2021) 9:575



TNX-2100: Potential Uses and Development Plans

36

TNX-2100 has the potential to serve as:

- a biomarker for cellular immunity and protective immunity
- a method to stratify participants in COVID-19 vaccine trials by immune status
- an endpoint in COVID-19 vaccine trials
- a biomarker of durability of vaccine protection

FDA feedback on pre-IND meeting questions received in February 2021

Development plans

- 4th quarter 2021: Plan to initiate first-in-human clinical testing pending clearance of IND



TNX-102 SL¹

- **Drug Product:** cyclobenzaprine HCl – mannitol eutectic sublingual tablets for daily use at bedtime
- **Targeted Indications:** Fibromyalgia, Posttraumatic Stress Disorder (PTSD), Agitation in Alzheimer’s Disease (AAD), Alcohol Use Disorder (AUD)

¹TNX-102 SL is an investigational new drug and has not been approved for any indication.

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TNX-102 SL FM Background on Fibromyalgia

Fibromyalgia (FM):

A chronic condition

Core symptoms:

- widespread pain
- sleep disturbance
- fatigue
- cognitive symptoms.

Significant disabilities (impaired daily function).

Course of disease can last decades

Prevalence
2-4% US Population
(6-12 million individuals)¹

Estimated 4.5MM Diagnosed²

90% Treated With Pharmacotherapy³

¹ American Chronic Pain Association (www.theacpa.org, 2019)

² Walitt, B., Nahin, R.L., Katz, R.S., Bergman, M.J., Wolfe, F. (2015) [The Prevalence and Characteristics of Fibromyalgia in the 2012 National Health Interview Survey](#), PLoS One; 10(9): e0138024.

³ Decision Resources, Fibromyalgia, 2012

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Limitations of Current Therapies

Fewer than half of those treated for fibromyalgia receive relief from the three FDA-approved drugs¹

- Lack of overall response leading to discontinuation or augmentation
- Lack of tolerability leading to discontinuation or reduction in dose (underdosing)

Current Treatment Patterns As A Result of Limitations

Switch Rates/Rotation/Discontinuation

- Over 50% of patient starting an FDA approved therapy for FM switch or discontinue therapy after 12 months²

Polypharmacy

- Average patient is using 2.6 drugs for treating their fibromyalgia, 50% of patients take 3 or more medications concomitantly³

Opioid usage is not uncommon

Market Dissatisfaction

Only 43% of patients indicated that they are satisfied with their medication for FM⁵

1. Frost and Sullivan, 2010
2. Liu et al., 2016
3. Robinson et al., 2012; prospective observational study with 1,700 participants with fibromyalgia
4. Sarmiento et al., J Opioid Manag 2019; 15(6):460-77 – prescription opioid usage among diagnosed FM patients at one site
5. Robinson et al., 2013; prospective observational study with 1,700 participants with fibromyalgia



Ideal Treatment Profile:

Unmet Medical Need:

Current treatment patterns indicate that new, more effective, and better-tolerated treatments are necessary for management of FM⁴

Treats FM as a syndrome

- Relief from major symptoms (pain, sleep disturbances, fatigue)
- Reduces disability and improves daily living (global function)

Well tolerated with low discontinuation

- Low systemic side-effects
- No daytime somnolence
- No weight gain or impact on sexual function

Suitable for chronic use

- Not scheduled
- Non opioid
- Non abuse potential

Source: 1. Yang, et al, 2016



TNX-102 SL: Engineered to Treat FM

41

This unique formulation of cyclobenzaprine has been designed to optimize delivery and absorption, while minimizing the potential residual effects of oral formulations of cyclobenzaprine.

Innovative and proprietary **Protectic®** delivery technology

- Overcomes mucosal absorption barrier
- Allows sublingual (SL) administration to achieves relevant systemic drug exposure
- Stable SL tablet formulation

• **Benefits of sublingual delivery**

- Rapid drug exposure following nighttime administration
- Lower daytime exposure
- Avoids first-pass metabolism
 - Reduces risk of pharmacological interference from major metabolite

No recognized abuse or dependency concerns

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TNX-102 SL 5.6 mg: Results from Completed Positive Phase 3 RELIEF Study

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Completed Positive Trial in FM:

- Topline results announced in December 2020
- 503 participants randomized across 39 sites in U.S.
- 95% of participants were women

Topline Efficacy Results:

- Achieved statistical significance in the pre-specified primary efficacy endpoint of reducing daily pain ($p=0.01$)
- Activity shown in key secondary endpoints measuring improvements in sleep, fatigue and global FM symptoms and function

Safety:

- Well tolerated; side effects consistent with known side effects of cyclobenzaprine; no new safety signals observed

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Positive Phase 3 F304/RELIEF Study: Design

General study characteristics:

- Randomized, double-blind, placebo-controlled study in fibromyalgia in 39 U.S. sites (full sample size N=503)
- Adaptive Design: one unblinded interim analysis based on 50% of randomized participants

TNX-102 SL once-daily at bedtime

5.6 mg (2 x 2.8 mg tablets)¹

N= 248

Placebo once-daily at bedtime

N= 255



¹Two week run-in at 2.8 mg dose at bedtime, followed by 12 weeks at 5.6 mg dose

Primary endpoint (Week 14):

- Daily diary pain severity score change (TNX-102 SL 5.6 mg vs. placebo) from baseline in the weekly average as measured by the numerical rating scale (NRS), using mixed model repeated measures analysis with multiple imputation (MMRM with MI)

Key Secondary endpoints (Week 14):

- Patient Global Impression of Change responder analysis
- Fibromyalgia Impact Questionnaire - Revised (FIQ-R) Symptom Domain score
- FIQ-R Function Domain score
- PROMIS Sleep Disturbance instrument T-score
- PROMIS Fatigue instrument T-score
- Weekly average of the daily diary assessment of sleep quality

Pivotal efficacy study to support NDA approval



F304/RELIEF Study Topline Data: Statistical Significance Achieved on Pre-specified Primary Efficacy Endpoint (p=0.01)

Primary Outcome Measure at Week 14	Placebo (N=255)	TNX-102 SL (N=248)	Treatment Difference	P value
	LS Mean Change from Baseline (SE)	LS Mean Change from Baseline (SE)	Difference in LS Mean Change from Baseline Between TNX-102 SL and Placebo (SE)	
Daily Pain Diary ¹ , NRS	-1.5 (0.12)	-1.9 (0.12)	-0.4 (0.16)	0.010*

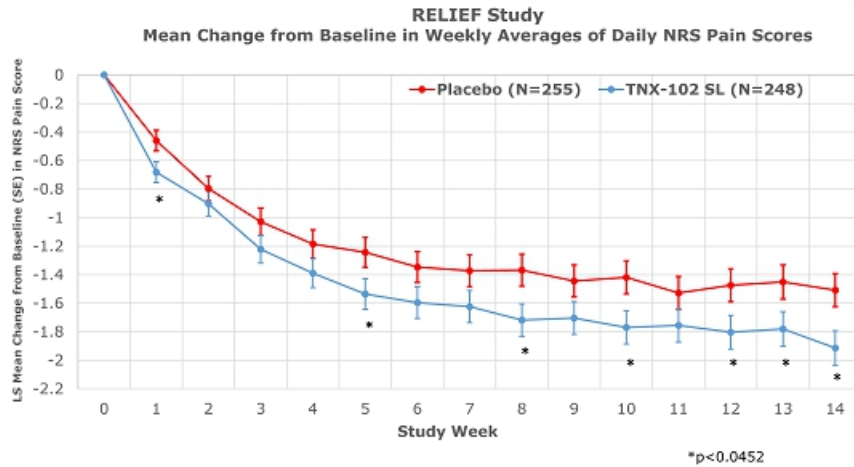
Statistical Method: Mixed Model Repeated Measures analysis with Multiple Imputation
 *p<0.0452 (requisite p-value hurdle for full study after Interim Analysis)

¹ Same primary endpoint analysis for FDA approvals of Cymbalta® and Lyrica® in fibromyalgia
 Abbreviations: LS = least squares; NRS = numeric rating scale; SE = standard error

- Primary efficacy analysis also supported by an exploratory 30% responder analysis of daily diary pain, which indicated 46.8% on TNX-102 SL versus 34.9% on placebo achieved a 30 percent or greater reduction in pain (logistic regression; odds ratio [95% CI]: 1.67 [1.16, 2.40]; p=0.006)
 - 30% responder analysis was the primary analysis in F301 AFFIRM study of TNX-102 SL 2.8 mg
 - Also was the same primary endpoint analysis for FDA approval of Savella® for fibromyalgia



F304/RELIEF Study: Primary Efficacy Endpoint Results (continued)



F304/RELIEF Study: Key Secondary Efficacy Endpoints

Outcome Measure at Week 14	Intent-to-Treat Analysis ¹	P-value
Non-Specific		
Patient Global Impression of Change	Responder Analysis: Proportion "Much Improved" or "Very Much Improved"	0.058
Fibromyalgia Syndrome-Related		
FIQ-R Symptom Domain	Mean Change from Baseline	0.007 [#]
FIQ-R Function Domain	Mean Change from Baseline	0.009 [#]
PROMIS Fatigue	Mean Change from Baseline	0.018 [#]
Daily Sleep Quality Diary, NRS	Mean Change from Baseline	<0.001 [#]
PROMIS Sleep Disturbance	Mean Change from Baseline	<0.001 [#]

[#] nominally significant at p<0.0452

¹ Combined periods (pre- and post-interim analysis); responder analysis is by Logistic Regression (missing = non-responder); the five mean change analyses are by Mixed Model Repeated Measures with Multiple Imputation

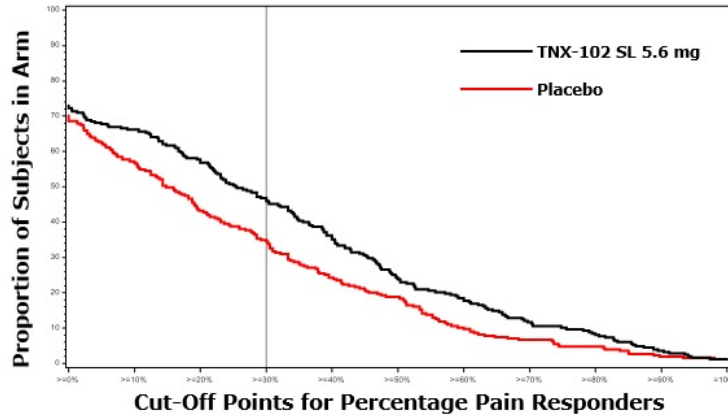
Abbreviations: FIQ-R = Fibromyalgia Impact Questionnaire - Revised; NRS = numeric rating scale; PROMIS = Patient-Reported Outcomes Measurement Information System

*TNX-102 SL is in clinical stage of development and not approved for any indication



F304/RELIEF Study: Continuous Responder Analysis (CRA) Graph

- The CRA graph allows one to see the proportion of responders over an entire range of cut-off points
- For example, $\geq 30\%$ improvement in pain is considered clinically meaningful in pain studies
- Looking at that vertical line at $\geq 30\%$ and visualizing a horizontal line to the y-axis tells you the proportion of each arm that achieved that level of pain improvement or better (47% for TNX-102 SL and 35% for placebo)
- It can be seen that TNX-102 SL separates from placebo, always at a higher proportion, up to about $\geq 95\%$ improvement



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Adverse Events* (AEs) in F304/RELIEF Study

Those AEs reported at rate of greater than 5% in either treatment arm

Systemic Adverse Events	Placebo N=255	TNX-102 SL 5.6 mg N=248
Somnolence/Sedation	1.2%	5.6%
Local Administration Site Reactions		
Tongue/mouth numbness	0.8%	17.3%
Tongue/mouth pain/discomfort	2.0%	11.7%
Taste impairment	0.4%	6.5%
Tongue/mouth tingling	0.4%	5.6%

* Table reports only AEs at rate of greater than 5% in either treatment arm

Discontinuation rate due to adverse events: 8.9% TNX-102 SL compared to 3.9% for placebo

No serious and unexpected AEs in RELIEF related to TNX-102 SL

- Systemic AEs comparable with prior studies
- Oral AEs similar to prior studies with TNX-102 SL, although tongue/mouth numbness at about half the rate in RELIEF

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- No new safety signals in RELIEF at TNX-102 SL 5.6 mg dose
- 82.3% in active arm and 83.5% in placebo arm completed the study
- 8.9% in active arm and 3.9% in placebo arm discontinued due to adverse events
- 7 SAEs in study: 2 in active arm and 5 in placebo arm
 - Of 2 in active arm, one was motor vehicle accident with multiple bone fractures, and other was pneumonia due to infection; both deemed unrelated to TNX-102 SL
- Similar oral administration site reactions as in prior studies with TNX-102 SL
- Overall low rates of systemic side effects, highest being somnolence/sedation at 5.6% in active group, 1.2% in placebo



General study characteristics:

- Randomized, double-blind, placebo-controlled study in fibromyalgia in approximately 40 U.S. sites (N=514)
- Adaptive Design: one unblinded interim analysis based on 50% of randomized participants

TNX-102 SL once-daily at bedtime

5.6 mg (2 x 2.8 mg tablets)¹

N= ~257

Placebo once-daily at bedtime

N= ~257

14 weeks

¹Two week run in at 2.8 mg dose at bedtime, followed by 12 weeks at 5.6 mg dose
PROMIS = Patient-Reported Outcomes Measurement Information System

Primary endpoint (Week 14):

- Daily diary pain severity score change (TNX-102 SL 5.6 mg vs. placebo) from baseline in the weekly average as measured by the numerical rating scale (NRS), using mixed model repeated measures analysis with multiple imputation (MMRM with MI)

Key Secondary endpoints (Week 14) include²:

- Daily diary sleep quality NRS score change
- Fibromyalgia Impact Questionnaire – Revised (FIQR): Symptoms Domain change
- PROMIS Fatigue instrument change

Interim results received in 3rd quarter 2021

- Study stopped for futility based on recommendation by independent data monitoring committee
- Currently enrolled participants (n=514) to completed the treatment period

Topline results expected in 4th quarter 2021



TNX-102 SL Intellectual Property – U.S. Protection expected until 2035

51

Composition of matter (eutectic): Protection expected to 2034/2035

- United States Patent and Trademark Office (USPTO) issued United States Patent No. 9636408 in May 2017, Patent No. 9956188 in May 2018, Patent No. 10117936 in November 2018, and Patent No. 10864175 on December 2020
- European Patent Office (EPO) issued European Patent No. 2968992 in December 2019 (validated in 37 countries). Opposition filed in October 2020 by Hexal AG
- China National Intellectual Property Administration issued Chinese Patent No. ZL 201480024011.1 in April 2019
- Japanese Patent Office (JPO) issued Japanese Patent No. 6310542 in March 2018
- 8 granted patents (Indonesia, Saudi Arabia, New Zealand, Australia, Mexico, Taiwan, Israel, South Africa)
- 11 patent applications pending (1 being allowed in Canada)

Composition of matter (sublingual): Protection expected to 2033

- NZIPO issued New Zealand Patent No. 631144 in March 2017 and Patent No. 726488 in January 2019
- Taiwanese Intellectual Property Office issued Taiwanese Patent No. I590820 in July 2017, Patent No. I642429 in December 2018 and Patent No. I683660 in February 2020
- Australian Patent Office issued Australian Patent No. 2013274003 in October 2018 and Patent No. 2018241128 in September 2020
- JPO issued Japanese Patent No. 6259452 in December 2017
- 20 patent applications pending (1 being allowed in Mexico)

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TNX-102 SL for Long COVID (PASC)

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Long COVID or Post-acute Sequelae of COVID-19 (PASC)

- Symptoms can include fatigue, sleep disorders, pain, fevers, shortness of breath, cognitive impairment described as “brain fog”, gastrointestinal symptoms, anxiety, and depression
- Can persist for months and can range in severity from mild to incapacitating
- Occurs in more than 30% of patients.²
- While typically associated with moderate or severe COVID-19, Long COVID can occur after mild COVID-19 or even after asymptomatic SARS-CoV-2 infection
- Ability of vaccines to prevent Long COVID is unknown
- No approved drug for the treatment of Long COVID

Long COVID Overlap with Fibromyalgia

- Long COVID has been compared to fibromyalgia because of the common symptoms of sleep disturbance, persistent pain, fatigue, and brain fog³
- Like fibromyalgia, is experienced by women at a higher rate, approximately four times more, than that of men⁴
- Long COVID is a chronic disabling condition that is expected to result in a significant global economic burden⁵
- In response to the urgent need for therapies that address PASC, Congress awarded \$1.15 billion to the National Institutes of Health to study Long COVID last December⁶

Development plans

- FDA minutes from pre-IND meeting received and plan to submit IND in Q421 for treating subset of Long Covid patients whose symptoms overlap with fibromyalgia

¹Feb. 24, 2021 - White House COVID-19 Response Team press briefing; Feb 25, 2021 - policy brief from the World Health Organization on long COVID

²Nalbandian, Ami, et al. "Post-acute COVID-19 syndrome." *Nature Medicine* (2021): 1-15.

³Clauw DJ, et al. *Pain*. 2020 Aug; 161(8): 1694-1697.

⁴Cox, D. "Why are women more prone to long Covid?" *The Guardian*. 13 Jun 2021 <https://www.theguardian.com/society/2021/jun/13/why-are-women-more-prone-to-long-covid>

⁵Briggs, Andrew, and Anna Vassall. "Count the cost of disability caused by COVID-19." (2021): 502-505.

⁶The NIH provision of Title III Health and Human Services, Division M--Coronavirus Response and Relief Supplemental Appropriations Act, 2021, of H.R. 133, The Consolidated Appropriations Act of 2021. The bill was enacted into law on 27 December 2020, becoming Public Law 116-260.

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Opportunities to Expand TNX-102 SL to Other Indications

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Role of sleep disturbance more established in common psychiatric and neurological/pain disorders

- Recognized as a core symptom of many of these disorders
- Traditional sleep medications, which increase sleep quantity, may not provide benefit (benzodiazepines in major depression) or are contraindicated

Psychiatric Disorders

- Stress Disorders (PTSD)
- Mood Disorders (Depression)
- Anxiety Disorders
- Addiction (Alcohol Use Disorder)

Psychiatric Symptoms of Neurological Disorders

- Agitation in Alzheimer's
- Psychosis in Parkinson's, Alzheimer's and other dementias

Chronic Pain States

- Chronic wide-spread pain (fibromyalgia)
- Osteoarthritis

Growing recognition that there are many disorders where sleep disturbances may have a role in the pathophysiology (cardiovascular, metabolic, neurologic)

- Sleep quality plays a homeostatic role *in several disorders*

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TNX-1300¹

- **Drug Product:** recombinant T172R/G173Q double-mutant cocaine esterase, produced in *E. coli*, delivered as a 200 mg lyophilized drug product for *i.v.* administration
- **Targeted Indication:** for the treatment of cocaine intoxication
- **FDA Breakthrough Therapy Designation**

¹TNX-1300 is an investigational new biologic and has not been approved for any indication.

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TNX-1300* for the Treatment of Cocaine Intoxication

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Recombinant protein that degrades cocaine in the bloodstream¹

- Double-mutant cocaine esterase (CocE)
- CocE was identified in a bacterium (*Rhodococcus*) that use cocaine as its sole source of carbon and nitrogen and that grow in soil surrounding coca plants²
- CocE catalyzes the breakdown of cocaine into metabolites ecgonine methyl ester and benzoic acid

Phase 2 study completed by Reckitt Benckiser (TNX-1300 was formerly RBP-8000)³

- Volunteer cocaine abusers received cocaine 50 mg *i.v.* infusion over 10 minutes
- TNX-1300 given one minute after completion of cocaine infusion
 - Rapidly reversed the physiologic effects of cocaine; cocaine plasma exposures dropped by 90% within two minutes
 - Well tolerated with the most frequently reported adverse events being gastrointestinal disorders (including dry mouth, nausea); nervous systems disorders (including headache, dizziness) and skin and subcutaneous tissue disorders (including hyperhidrosis, dermatitis)

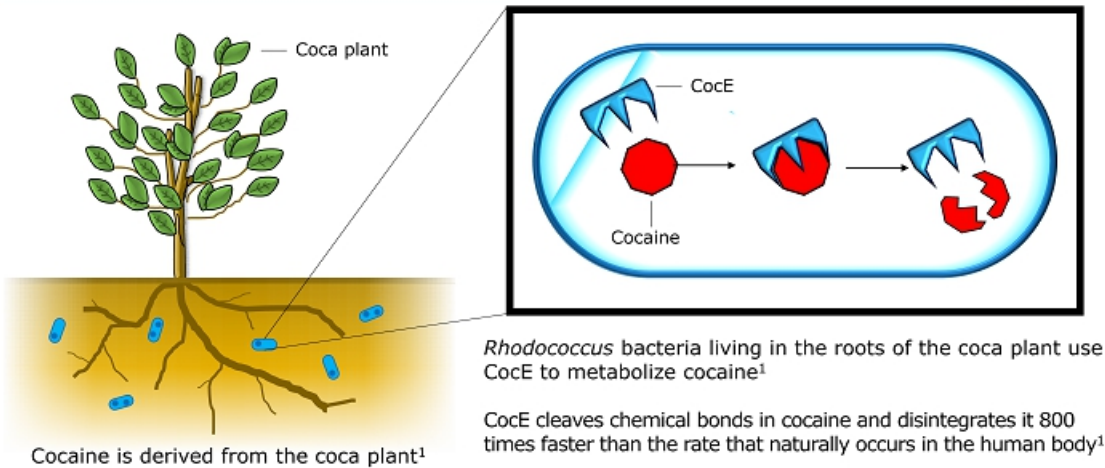
*TNX-1300 (T172R/G173Q double-mutant cocaine esterase 200 mg, *i.v.* solution) is an investigational new biologic and has not been approved for any indication.

¹ Gao D et al, *Mol Pharmacol*. 2009. 75(2):318-23.
² Bresler MM et al, *Appl Environ Microbiol*. 2000. 66(3):904-8.
³ Nassar AF et al, *J Addict Dis*, 2014;33(4):289-302.

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TNX-1300 (Cocaine Esterase or CocE) Is a Fast-acting Cocaine Antidote

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¹Narasimhan D et al. *Future Med Chem*. 2012.

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TNX-1300 Development Plan

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- **Targeting to initiate a Phase 2 open-label, randomized pilot study of TNX-1300 in the third quarter of 2021**
- **Emergency department (ED) setting with patients coming in for treatment of cocaine and/or polysubstance intoxication**
- **Objectives**
 - Primary: To evaluate the safety of TNX-1300 in the ED setting
 - Secondary:
 - To evaluate TNX-1300 in the management of cardiovascular (CV) and other signs and symptoms associated with cocaine intoxication compared to usual care (UC) alone
 - To demonstrate reduction of plasma cocaine, cocaethylene, and ecgonine methyl ester levels after TNX-1300 administration and compare cocaine and cocaethylene levels of TNX-1300 group to those in UC alone

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TNX-1900¹

- **Drug Product**: potentiated oxytocin nasal spray solution
- **Targeted Indications**: for the treatment of migraine, craniofacial pain, and insulin resistance

¹TNX-1900 is an investigational new drug and has not been approved for any indication.

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TNX-1900 (Intranasal Potentiated Oxytocin) for the Treatment of Migraine and Craniofacial Pain – Overview

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Novel intranasal (*i.n.*) oxytocin (OT) formulation being developed as a prophylactic treatment for chronic migraine

- Based on a propriety formulation of oxytocin*, a naturally occurring human hormone that acts as a neurotransmitter in the brain, and magnesium
- Magnesium is known to potentiate the binding of oxytocin to its receptor¹

Clinical and preliminary research has shown that low oxytocin levels in the body can lead to increase in headache frequency, and that increased oxytocin levels can relieve headaches

- Certain other chronic pain conditions are also associated with decreased oxytocin levels

Oxytocin when delivered via the nasal route, results in enhanced binding of oxytocin to receptors on neurons in the trigeminal system, inhibiting transmission of pain signals

Intranasal oxytocin has been shown in animals that it can also block CGRP release, a pathway known to be critical to the pathogenesis of migraine attacks.

*Oxytocin is approved by the U.S. Food and Drug Administration (FDA) as Pitocin®, an intravenous infusion or intramuscular injection drug, for use in pregnant women to induce labor. An intranasal form of oxytocin was marketed by Novartis to assist in nursing as Syntocinon®, but the product was withdrawn and the New Drug Application (NDA) has been discontinued.
1. Antoni and Chadio, 1989

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TNX-1900 for the Treatment of Migraine – Prevalence

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One billion individuals worldwide suffer from migraines (~14% of population)¹

Migraine is the second leading cause of years lived with disability¹

In U.S., the estimated cost of all migraine headaches was \$78 billion in 2014²

- Approximately 30% of those costs (\$23 billion) were direct medical costs

Chronic migraine (≥ 15 headaches / month) effects about 1-2% of individuals³

- 75-150 million individuals worldwide
- 3-7 million in the U.S.

CGRP antibodies are the only migraine specific prophylaxis drugs approved in decades

- Requires parenteral administration (systemic effects on peripheral CGRP pathways)
- Long term safety concerns with prolonged systemic blockade of CGRP receptor⁴

¹ GBD 2016 Headache Collaborators, Global, regional, and national burden of migraine and tension-type headache, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016, *Lancet Neurol* 2018; 17: 954–76

² Gooch, C. L., et al., The Burden of Neurological Disease in the United States: A Summary Report and Call to Action. *Ann Neurol*. 2017; 81:479-484

³ Natoli et al., Global prevalence of chronic migraine: a systematic review, *Cephalalgia*, 2010, 30:599-609

⁴ Robbins, At Stake: The Possible Long-Term Side Effects of CGRP Antagonists, <https://www.practicalpainmanagement.com/pain/headache/stake-possible-long-term-side-effects-cgrp-antagonists>, accessed November 8, 2020.

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TNX-1900 for the Treatment of Migraine – Mechanism of Action

Preclinical research showed that nasally applied TNX-1900 selectively inhibits the activity of trigeminal pain-sensing nerve cells and blocks the release of CGRP

- TNX-1900 is believed to interrupt pain signals at the trigeminal ganglia by suppressing electrical impulses, a potentially different activity than drugs that just block CGRP

Migraine attacks are caused, in part, by the release of CGRP from pain-sensing nerve cells that are part of the trigeminal system

- The CGRP binds to receptors on other nerve cells and starts a cascade of events that eventually results in a severe headache. This, in turn, reduces various kinds of trigeminal nerve associated pain and prevents CGRP from acting at receptors in the central nervous system that are involved in migraine.

We believe targeted delivery of oxytocin could translate into selective blockade of CGRP release in the trigeminal ganglion and not throughout the body, which could be a potential safety advantage over systemic CGRP inhibition

- In addition, daily dosing is more quickly reversible, in contrast to monthly or quarterly dosing, giving physicians and their patients greater control

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TNX-1900 for the Treatment of Migraine – Mechanism of Action (continued)

CGRP: NEUROTRANSMITTER THAT HAS BEEN VALIDATED AS KEY MIGRAINE TARGET

TNX-1900 believed to partially block release of CGRP in the trigeminal nerve

Proprietary Nasal to Brain Delivery

Permeates nasal mucosa

Transported to trigeminal system and brain

Oxytocin Receptors Co-Localize with CGRP in most Trigeminal Ganglia Neurons



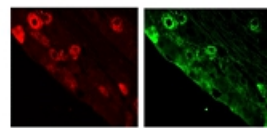
HEAD PAIN



PATIENT USES TNX-1900



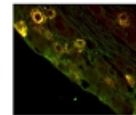
TARGETED DELIVERY



Oxytocin Receptors

CGRP

Overlay of Oxytocin Receptors and CGRP Staining



Abbrev. CGRP, calcitonin gene-related peptide

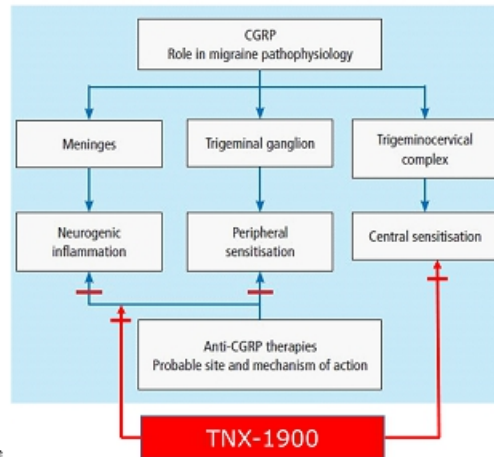


TNX-1900: Mechanism of Action (continued)

In animal models, intranasal oxytocin concentrates in the trigeminal system

Inhibits trigeminal neuronal firing, and decreases CGRP (and PACP) release onto meningeal vasculature and within the brainstem

- **Believed to have effects on:**
 - Neurogenic inflammation
 - Peripheral sensitization, where CGRP otherwise promotes neuronal-glia signaling of pain to trigeminal ganglion
 - Central sensitization, in which CGRP otherwise causes sensitization of NMDA receptor, reducing threshold for glutamate – creating allodynia
- **Anti-CGRP antibodies may only work on inflammation and peripheral sensitization**
 - Due to poor blood brain barrier penetration



Abbrev. CGRP, calcitonin gene-related peptide; PACP, pituitary adenylate cyclase-activating peptide
Figure adapted from Krishnaswamy R et al. Anti-CGRP monoclonal antibodies: breakthrough in migraine therapeutics. Progress in Neurology and Psychiatry. Vol 23.03, July-Sept, 2019.



TNX-1900 for the Treatment of Migraine – Development Status

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In June 2020, Tonix acquired a proprietary formulation of nasal oxytocin solution for intranasal delivery from Trigemina

Also acquired migraine and pain treatment technologies of Trigemina, Inc. and assumed license for some of technologies from Stanford University

A Phase 2 trial under an investigator-initiated IND has been completed in the U.S. using TNX-1900

Completed by Trigemina prior to acquisition

Targeting start of a Phase 2 study of TNX-1900 for the prophylactic treatment of chronic migraine in the U.S. in the fourth quarter of 2021

- Primary endpoint expected to be mean change in number of migraine headache days from the last 28 days of baseline to the last 28 days of treatment in each treatment group



TNX-2900¹

- **Drug Product:** oxytocin nasal spray solution
- **Targeted Indication:** for the treatment of Prader Willi Syndrome

¹TNX-2900 is an investigational new drug and has not been approved for any indication.

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TNX-2900 for the Treatment of Prader-Willi Syndrome – Overview

TNX-2900 is also based on Tonix's patented intranasal potentiated oxytocin formulation and expands on this work

Prader-Willi syndrome is the most common genetic cause of life-threatening childhood obesity¹

- Results in lack of suckling in infants and, in children and adults, severe hyperphagia, an overriding physiological drive to eat, leading to severe obesity and other complications associated with significant mortality
- No approved treatment for either the suckling deficit in babies or the obesity and hyperphagia in older children associated with Prader-Willi syndrome.
- Orphan disease occurring in approximately one in 15,000 births

Intranasal oxytocin has been shown to improve suckling in newborn animals but also suppresses feeding behaviors in adult animal models.

- Tonix's patented potentiated oxytocin formulation is believed to increase specificity for oxytocin receptors relative to vasopressin receptors as well as to enhance the potency of oxytocin.

Tonix intends to submit applications to the FDA for Orphan Drug and Fast Track designations for TNX-2900

¹Foundation for Prader-Willi Research (fpwr.org).

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TNX-601 CR¹

- **Drug Product:** tianeptine oxalate and naloxone HCl controlled-release tablet for once-daily use
- **Targeted Indications:** for the treatment of major depressive disorder (MDD), posttraumatic stress disorder (PTSD) and cognitive dysfunction associated with corticosteroid use

¹TNX-601 CR is an investigational new drug and has not been approved for any indication.

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TNX-601 CR* (Tianeptine Oxalate and Naloxone HCl Controlled Release) Tablets for the Treatment of Major Depressive Disorder (MDD)

Proprietary new controlled release formulation for once-daily dosing

- Pending toxicology results, and IND clearance, Phase 2 study expected to start in 1H 2022
- Suitability for once-daily dosing established in Phase 1 pharmacokinetic study, completed outside of the U.S.
 - Well tolerated in study and side effects were consistent with the known safety profile of tianeptine sodium
- Tianeptine sodium immediate release is approved and marketed outside of the U.S. for three times a day dosing for the treatment of depression
 - Once-daily dosing for TNX-601 CR believed to have an adherence advantage over three times a day dosing with tianeptine sodium

Proprietary new oxalate salt with improved pharmaceutical properties

- Tianeptine oxalate is crystalline, while tianeptine sodium is amorphous

Issued patents directed to tianeptine and tianeptine oxalate

- **Composition of Matter:** Issued US patent directed to oxalate salt, U.S. Patent No. 10,449,203 and 10,946,027
- **Method of Use:** Issued European patent directed to methods of treating cognitive impairment associated with corticosteroid treatment, European Patent No. 3246031

*TNX-601 (tianeptine oxalate and naloxone HCl controlled-release tablets) is in the pre-IND stage in the U.S. and has not been approved for any indication.

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TNX-601 CR: A Potential Treatment for Depression

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TNX-601 CR's proposed mechanism of action is completely distinct from any approved antidepressant in the U.S.

- Antidepressant activity is believed to relate to indirect modulation of the glutamatergic system
 - Known to modulate AMPA receptor trafficking and to promote synaptic plasticity in the hippocampus under conditions of stress or corticosteroid use.
- Tianeptine sodium is reported to have prominent anti-anxiety effects in depression with a low incidence of sexual side effects
- TNX-601 CR leverages the established efficacy and safety of tianeptine sodium IR as a treatment for depression outside of the U.S.
- Johnson and Johnson acquired TransForm in 2005 to develop a CR version of tianeptine for the US

Significant interest and need for new treatments, particularly for medicines that modulate the glutamatergic system

- Majority suffering from depression do not have an adequate response to initial antidepressant therapy
- Recently Spravato® (esketamine) a glutamine system modulator was approved for the treatment of depression with Breakthrough Therapy designation

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Tonix Approach to Abuse Liability of Tianeptine for the Development of TNX-601 CR

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Addition of naloxone to formulation is designed as a deterrent to illicit parenteral abuse of crushed tablets

- Naloxone is a mu-opioid antagonist that is used as a parenteral abuse deterrent in other drugs (e.g., Suboxone®, Talwin Nx® and Targemq®)
- Naloxone is 100% bioavailable by intravenous injection, about ~30% bioavailable by nasal insufflation and ~2% bioavailable by oral administration (due to first pass hepatitis metabolism)

Based on FDA pre-IND meeting minutes, expect to open IND with human abuse potential study

- To determine whether a dose of tianeptine at 2-3 times the proposed dose of TNX-601 CR will have a signal in comparative "liking" study¹
- Illicit use of tianeptine to achieve a euphoric effect through parenteral (typically *i.v.*) administration requires high doses that are many multiples of therapeutic dose in MDD

¹Pending a meeting and agreement on study design with FDA controlled substances staff (CSS)

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TNX-601 CR Intellectual Property – U.S. Protection expected until 2037

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Composition of matter (crystalline oxalate salt) and method of use: Protection expected to 2037

- United States Patent and Trademark Office (USPTO) issued United States Patent No. 10,449,203 in October 2019, Patent No. 10,946,027 in March 2021.
- USPTO Provisional patent filed March 2021
- 16 patent applications pending (Australia, Brazil, Canada, China, India, Indonesia, Israel, Japan, Malaysia, Mexico, New Zealand, Saudi Arabia, Singapore, South Africa, EPO, Hong Kong)

Methods of Use: Protection expected to 2029/2030

- United States Patent and Trademark Office (USPTO) issued United States Patent No. US 9,314,469 in April 2016 for treating cognitive impairment associated with corticosteroid treatment
- European Patent Office (EPO) issued European Patent Nos. EP 2,299,822 in July 2017 and EP 3,246,031 in February 2019 for treating neurocognitive side effects associated with corticosteroid treatment (validated in 11 countries)
- Canadian Patent Office issued Canadian Patent No. CA 2,723,688 in June 2018 for treating cognitive impairment associated with corticosteroid treatment
- 1 patent application pending (United States)

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TNX-1500¹

- **Drug Product:** recombinant Fc-modified anti-CD40-ligand monoclonal antibody, from cell culture, for injection
- **Targeted Indications:** for the prevention of organ transplant rejection, treatment of autoimmune diseases

¹TNX-1500 is an investigational new drug and has not been approved for any indication.

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TNX 1500, a New CD40 Ligand (CD40L) Antibody, for the Prevention of Allograft Rejection

The CD40-CD40L pathway is a pivotal immune system modulator and is a well-established and very promising treatment target to more safely prevent allograft rejection¹

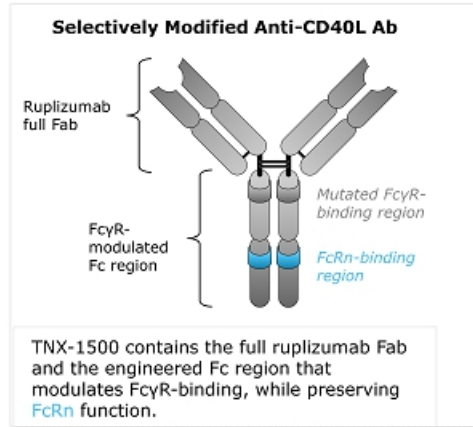
- **First Generation:** Development *halted due to thromboembolic complications (TE) – blood clots*. TE complications traced to Fc gamma receptor
- **Second Generation:** Eliminated the Fc gamma receptor (TE complication) but *potency and half life reduced which limited utility*
- **TNX-1500 Third Generation:** Re-engineered based on greater understanding of the Fc gamma receptor. Modulated the binding of FcγR while preserving FcRn function
 - Expected to deliver efficacy without compromising safety

Phase 1 study expected to start 2H 2022

Collaborations ongoing with Mass General Hospital on heart and kidney transplantation in non-human primates

1. Camilleri B, et al. *Exp Clin Transplant*. 2018;14(5):471-483.

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Pipeline¹ Summary – by Select Therapeutic Areas

Pain	Psychiatry	Addiction Medicine	Neurology
<ul style="list-style-type: none"> • TNX-102 SL (sublingual cyclobenzaprine) for fibromyalgia Phase 3/RELIEF Phase 3/RALLY • TNX-1900 (intranasal oxytocin) for craniofacial pain Clinical – pre-IND stage 	<ul style="list-style-type: none"> • TNX-102 SL (sublingual cyclobenzaprine) for PTSD Phase 3/RECOVERY • TNX-102 SL (sublingual cyclobenzaprine) for agitation in Alzheimer's Phase 2 ready FDA Fast Track designation • TNX-601 CR (tianeptine oxalate and naloxone) for depression and PTSD Clinical - Pre-IND stage • TNX-1600 (triple reuptake inhibitor²) for PTSD, Depression and ADHD³ Preclinical 	<ul style="list-style-type: none"> • TNX-1300 (cocaine esterase) for cocaine intoxication Phase 2 FDA Breakthrough Therapy designation • TNX-102 SL (sublingual cyclobenzaprine) for alcohol use disorder Phase 2 ready 	<ul style="list-style-type: none"> • TNX-1900 (intranasal oxytocin) for migraine Clinical – pre-IND stage • TNX-102 SL (sublingual cyclobenzaprine) for Long COVID (PASC) Clinical – pre-IND stage <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Rare/Orphan Disease</p> <ul style="list-style-type: none"> • TNX-2900 (intranasal oxytocin) for Prader-Willi syndrome Clinical – pre-IND stage </div>

¹ Experimental new medicines and biologics, not approved for any indication

² (2S,4R,5R)-5-(((2-aminobenzo[d]thiazol-6-yl)methyl)amino)-2-((bis(4-fluorophenyl)methyl)tetrahydro-2H-pyran-4-yl) is an inhibitor of reuptake of three monoamine neurotransmitters (serotonin, norepinephrine and dopamine) – licensed from Wayne State University

³ ADHD = attention deficit hyperactivity disorder

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Pipeline¹ Summary – by Select Therapeutic Areas (continued)

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Public Health	Biodefense	Transplantation/ Autoimmunity	Oncology
<ul style="list-style-type: none"> • TNX-1800 (live modified horsepox vaccine) for preventing COVID-19 Preclinical • TNX-2300 (live bovine parainfluenza vaccine) for preventing COVID-19 Preclinical • TNX-2100 (DTH skin test) for detecting exposure and T cell immunity to SARS-CoV-2 Pre-IND • TNX-3500 (sangivamycin) for COVID-19 antiviral Preclinical 	<ul style="list-style-type: none"> • TNX-801 (live horsepox vaccine) for preventing smallpox and monkeypox Preclinical • TNX-701 (oral radioprotective agent) for radioprotection Preclinical 	<ul style="list-style-type: none"> • TNX-1500 (anti-CD40-Ligand) for preventing rejection of solid organ transplants and autoimmune disease Preclinical 	<ul style="list-style-type: none"> • TNX-1700 (rTFF2²) for treatment of gastric and pancreatic cancer Preclinical

¹ Experimental new medicines and biologics, not approved for any indication

² Recombinant Trefol Family Factor 2 – licensed from Columbia University © 2021 Tonix Pharmaceuticals Holding Corp.



Milestones – Recently Completed and Upcoming¹

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- ✓ 4th Quarter 2020 Positive topline data from TNX-102 SL Phase 3 F304/RELIEF study in fibromyalgia reported
- ✓ 1st Quarter 2021 Non-human primate positive efficacy data from TNX-1800 in COVID-19 models reported
- ✓ 3rd Quarter 2021 Interim analysis of TNX-102 SL Phase 3 F306/RALLY study in fibromyalgia reported

Data

- 4th Quarter 2021 Topline data from TNX-102 SL Phase 3 F306/RALLY study in fibromyalgia expected

Clinical Trial Initiations – Four New Trials This Year

- 3rd Quarter 2021 Phase 2 OL safety study of TNX-1300 in ED setting for cocaine intoxication expected
- 4th Quarter 2021 Phase 2 study of TNX-1900 for the treatment of migraine expected
- 4th Quarter 2021 Phase 3 study of TNX-102 SL for the treatment of PTSD in Kenya expected
- 4th Quarter 2021 First-in-human clinical study of TNX-2100 for SARS-CoV-2 skin test expected
- 1st Half 2022 Phase 1 safety study of TNX-1800 for COVID-19 expected
- 1st Half 2022 Phase 2 study of TNX-601 CR for the treatment of major depressive disorder expected
- 2nd Half 2022 Phase 1 study of TNX-1500 for prevention of allograft rejection expected

¹ We cannot predict whether the global COVID-19 pandemic will impact the timing of these milestones.

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Management Team



Seth Lederman, MD
President & CEO



Gregory Sullivan, MD
Chief Medical Officer



Bradley Saenger, CPA
Chief Financial Officer



Jessica Morris
Chief Operating Officer



Thank You!



Investor Presentation

NASDAQ:TNXP

1



August 2021

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Cautionary Note on Forward-Looking Statements

2

Certain statements in this presentation regarding strategic plans, expectations and objectives for future operations or results are "forward-looking statements" as defined by the Private Securities Litigation Reform Act of 1995. These statements may be identified by the use of forward-looking words such as "anticipate," "believe," "forecast," "estimate" and "intend," among others. These forward-looking statements are based on Tonix's current expectations and actual results could differ materially. There are a number of factors that could cause actual events to differ materially from those indicated by such forward-looking statements. These factors include, but are not limited to, risks related to failure to obtain U.S. Food and Drug Administration clearances or approvals and noncompliance with its regulations; our need for additional financing; delays and uncertainties caused by the global COVID-19 pandemic; substantial competition; uncertainties of patent protection and litigation; uncertainties of government or third party payor reimbursement; limited research and development efforts and dependence upon third parties. As with any pharmaceutical under development, there are significant risks in the development, regulatory approval and commercialization of new products. The forward-looking statements in this presentation are made as of the date of this presentation, even if subsequently made available by Tonix on its website or otherwise. Tonix does not undertake an obligation to update or revise any forward-looking statement, except as required by law. Investors should read the risk factors set forth in the Annual Report on Form 10-K for the year ended December 31, 2020, as filed with the Securities and Exchange Commission (the "SEC") on March 15, 2021, and periodic reports and current reports filed with the SEC on or after the date thereof. All of Tonix's forward-looking statements are expressly qualified by all such risk factors and other cautionary statements.

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Tonix Pharmaceuticals: Who We Are and What We Do

3

Mission And Purpose

Clinical-stage biopharmaceutical company that invents, licenses, acquires and develops innovative medicines to help patients manage central nervous system (CNS) and immunology conditions

"Advancing science to improve patient care and public health"

Team of passionate professionals

Advancing innovative programs into the clinic: Phase 2 and Phase 3 clinical data are perceived as value-creating inflection points

Pipeline

Development stage: programs range from preclinical to mid-Phase 3; expect two new programs in Phase 2 by YE 2021

Therapeutic modalities: small molecules, small synthetic peptides, recombinant peptide from *E. coli*, recombinant proteins from CHO cells (monoclonal antibody, fusion protein), live virus vaccines

Route of administration: oral, sublingual, intranasal, *i.v.*, intradermal, percutaneous

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Tonix Pipeline – CNS, Immunology and Biodefense Portfolio

4

CANDIDATES	INDICATION	STATUS	
Central Nervous System (CNS)	TNX-102 SL ¹	Fibromyalgia (FM) Posttraumatic Stress Disorder (PTSD) Long COVID (PASC?)	Mid-Phase 3 – ongoing Phase 3 ready Clinical – pre-IND ³
	TNX-1300 ⁴	Cocaine Intoxication / Overdose	Phase 2
	TNX-1900 ⁵	Migraine and Craniofacial Pain	Clinical – pre-IND ⁶
	TNX-2900 ⁷	Prader-Willi Syndrome	Clinical – pre-IND
	TNX-601 CR	Depression, PTSD, Neurocognitive Dysfunction from Steroids	Clinical – pre-IND ⁸
Immunology / Immunology (IO)	TNX-1600 ⁹	Depression, PTSD and ADHD	Preclinical
	TNX-1500 ¹⁰	Organ Transplant Rejection/Autoimmune Conditions	Preclinical
Biodefense	TNX-1700 ¹¹	Gastric and pancreatic cancers	Preclinical
	TNX-801 ¹²	Smallpox and monkeypox preventing vaccine	Preclinical
	TNX-701	Radioprotection	Preclinical

¹TNX-102 SL (cyclobenzaprine HCl sublingual tablets) is an investigational new drug and has not been approved for any indication. Long COVID/PASC program is also included in the COVID-19 Portfolio. Additional indications of Agitation in Alzheimer's Disease (AAD) and Alcohol Use Disorder (AUD) are Phase 2 ready.

²Post-Acute Sequelae of COVID-19.

³Pre-IND (Investigational New Drug) meeting with the FDA completed and based on final minutes Company plans to file IND to support Phase 2 study in patients whose symptoms overlap with fibromyalgia

⁴TNX-1300 (double-mutant cocaine esterase) is an Investigational new biologic and has not been approved for any indication; licensed from Columbia University.

⁵Acquired from Trigemina; license agreement with Stanford University

⁶A Phase 2 trial under an investigator-initiated IND has been completed in the U.S. using TNX-1900; Phase 2 expected to start Q4'21

⁷Co-exclusive license agreement with French National Institute of Health and Medical Research (Inserm)

⁸TNX-601 CR is in the pre-IND stage in the U.S.; a Phase 1 trial for formulation development was completed outside of the U.S; Phase 2 expected to start 1H 2022

⁹Acquired from TKMarsan Pharma; license agreement with Wayne State University

¹⁰Anti-CD40L humanized monoclonal antibody

¹¹Recombinant trefoil factor 2 (rTFF2) based protein; licensed from Columbia University

¹²Live attenuated vaccine based on horsepox virus

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	CANDIDATES	INDICATION	STATUS
COVID-19 Portfolio	TNX-1800	COVID-19 vaccine ¹	Phase 1, 1H 2022*
	TNX-2300	COVID-19 vaccine ²	Preclinical
	TNX-102 SL	Long COVID (PASC ³)	Clinical – pre-IND ⁴
	TNX-2100	SARS-CoV-2 Diagnostic for T cell immunity ⁵	First-in-human study, Q4 2021*
	TNX-3500	COVID-19 (SARS-CoV-2) antiviral ⁶	Preclinical

*Represents expected milestones

¹Live attenuated vaccine based on horsepox virus vector

²Live attenuated vaccine based on bovine parainfluenza virus vector; option for license with Kansas State University

³Post-Acute Sequelae of COVID-19

⁴Pre-IND meeting with the FDA completed and based on final meeting minutes, Company plans to file IND to support Phase 2 study in subset of patients whose symptoms overlap with fibromyalgia

⁵In vivo diagnostic: SARS-CoV-2 peptide epitope mixtures for intradermal administration to measure delayed-type hypersensitivity to SARS-CoV-2

⁶Sangivamycin, for injection



COVID-19 Vaccines with FDA Approval or Emergency Use Authorization (EUA): Still Uncertainty

Durability of protection

- Vaccinated people lose protection, starting at 6 months¹
- Increasing rates of “breakthrough” COVID
- White House advocating booster vaccinations with mRNA vaccines at 8 months

Effect on forward transmission (spread of infection to others)

- Concerns about whether vaccinated people can be infectious to others

Detecting vaccine failure

- Need a strategy for identifying individuals at risk after vaccination

No recognized, clinical applicable biomarker of vaccine protection

- Best proxy is neutralizing antibodies, which are hard to measure

Current and future variants (e.g., delta variant)

- Less protection from existing vaccines
- Unknown effectiveness for future variants

¹www.cdc.gov/media/releases/2021/s0818-covid-19-booster-shots.html



COVID-19 Vaccines: Where do we go from here?

7

mRNA vaccines have given us some time, but are unlikely to be a long-term solution

- Vaccinated people lost protection, increasing rates of “breakthrough” COVID
- COVID is becoming endemic; vaccination of entire world every 8 months not practical

Operation Warp Speed (OWS) identified 4 types of vaccines;

- RNA/DNA – Pfizer is fully approved by the FDA and Moderna has EUA
- Subunit – NovaVax has EUA
- Non-replicating – J and J has EUA; AstraZeneca widely used in UK and ex-US
- **Live Virus Vaccines – none were ultimately adopted by OWS**

Live Virus Vaccines

- Merck was developing two programs: VSV and Measles, but they were not included in OWS and were abandoned in January 2021¹
- Live Virus vaccines are the oldest vaccine technology and have led to eradication of smallpox and control of measles, mumps, rubella and other viral conditions

¹www.clinicaltrialsarena.com/comment/ridgeback-mercks-molnupiravir-for-covid-19-has-moa-administration-advantages-but-phase-ii-a-faces-execution-obstacles-may-have-value-gaps/



TNX-1800¹: a Live Virus COVID-19 Vaccine Candidate

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- **Utilizes Tonix’s proprietary horsepox virus as a vector**
 - Encodes a protein from SARS-CoV-2, the cause of COVID-19
 - Developed in collaboration with University of Alberta, Canada
- **Animal testing with Southern Research**
 - Non-human primate immune response positive results reported in 4th quarter 2020
 - Non-human primate CoV-2 challenge testing positive data reported in 1st quarter 2021
 - TNX-1800 vaccinated animals had undetectable² CoV-2 by PCR in upper and lower airways³
- **Manufacturing agreement with FUJIFILM Diosynth**
 - Development for Good Manufacturing Practice (GMP) manufacturing for human trials
 - Expect GMP clinical supply to be ready for human trials targeted to begin in 1st half of 2022⁴

¹TNX-1800 (horsepox/Cov-2 spike live vaccine) is at the pre-IND stage of development:

²Less than 1,000 genomes by PCR

³Upper airway = oropharyngeal swabs; Lower airway = tracheal lavage

⁴We cannot predict whether the global COVID-19 pandemic will impact the timing of these milestones



Potential Profile of TNX-1800 Compared to mRNA COVID-19 Vaccines

Criteria	mRNA Vaccines	TNX-1800
Number of shots	Two	One
Duration	8 months	Years / decades
Boosters	Recommended	Not required
Protection from variants	Variable	Expected
Forward Transmission	Unknown for variants like delta	Likely prevents
Biomarker	None	Yes - "Take"
Manufacturing	Complex	Conventional
Glass sparing packaging	No	Yes
Shipping and storage	Cold Chain	Standard refrigeration
Protection from smallpox	No	Yes



COVID-19 Vaccine Platform: Planned Internal Development and Manufacturing Capabilities

Infectious Disease R&D Center (RDC) – Frederick, MD

- **Function:** Accelerated development of vaccines and antiviral drugs against COVID-19, its variants and other infectious diseases
- **Description:** ~48,000 square feet, BSL-2, currently operated by Southern Research
- **Status:** Acquisition expected to close in the fourth quarter of 2021

Advanced Development Center (ADC) – New Bedford, MA

- **Function:** Development and clinical scale manufacturing of live-virus vaccines to support Phase 1 and Phase 2 trials
- **Description:** ~45,000 square feet, under construction, planned BSL-2
- **Status:** Expected to be operational in first half 2022

Commercial Manufacturing Center (CMC) – Hamilton, MT

- **Function:** Commercial scale manufacturing of live-virus vaccines
- **Description:** ~44 acre green field site, planned BSL-2
- **Status:** Planning for initiation of construction in 2022



Infectious Disease R&D Facility

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Expect to close on acquisition from Southern Research October 1, 2021
Located in Frederick, MD

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Advanced Development Center Renderings

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- Groundbreaking August 2021
- Expect to be operational 1H22
- Located in New Bedford, MA

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Anti-COVID-19 Therapeutics

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The only antiviral that is FDA approved is Remdesivir/Veklury® from Gilead

- Intravenous (*i.v.*) medicine
- Approved for patients who are at least 12 years old and require hospitalization
- May shorten the time to recover from acute COVID-19
- World Health Organization has recommended against its use¹

Monoclonal antibodies (mAbs) (EUA) – 3 granted US Emergency Use Authorization

- Casirivimab/imdevimab/REGEN-COV® from Regeneron/Genentech²
- Sotrovimab from GSK/Vir³
- Bamlanivimab and etesevimab from Eli Lilly⁴ - US distribution recently halted⁵

Anti-viral in development

- Molnupiravir from Merck/Ridgeback – oral anti-viral in Phase 3 development with US gov't supply agreement⁶

¹World Health Organization (2021). Therapeutics and COVID-19: living guideline, 6 July 2021 (Report). [hdl:10665/342368](https://doi.org/10.6665/342368). Therapeutics and COVID-19: living guideline, 6 July 2021. (who.int) WHO/2019-nCoV/therapeutics/2021.2

²www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-monoclonal-antibodies-treatment-covid-19

³www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-additional-monoclonal-antibody-treatment-covid-19

⁴www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-monoclonal-antibodies-treatment-covid-19-0

⁵www.fiercepharma.com/pharma/lilly-s-covid-antibody-combo-halted-nationwide-dealing-huge-blow-to-blockbuster-program

⁶www.merck.com/news/merck-announces-supply-agreement-with-u-s-government-for-molnupiravir-an-investigational-oral-antiviral-candidate-for-treatment-of-mild-to-moderate-covid-19

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TNX-3500¹: SARS-CoV-2 Antiviral for the Treatment of COVID-19

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TNX-3500 (sangivamycin) – potential monotherapy antiviral²

- Licensed from OyaGen, April 2021
- Demonstrated broad spectrum antiviral activity (nanomolar activity against SARS-CoV-2, MERS, Ebola, and Lassa)
- Demonstrated human tolerability for chronic dosing from US National Cancer Institute studies³
- 65 times more potent than remdesivir in inhibiting SARS-CoV-2 in cell culture infectivity studies (dose to achieve IC₉₀)⁴

Potential COVID-19 combination therapy with remdesivir

- TNX-3500 antiviral effect is additive when combined with remdesivir and reduces the amount of each drug necessary for an IC₉₀
- Combination therapies for other viruses have reduced the emergence of drug resistant viral strains

Development plans

- 3rd quarter 2021: plan to initiate animal studies

¹TNX-3500 is in the pre-IND stage of development and has not been approved for any indication.

²Bennett, RP et al., *Viruses*. 2020 13(1):52. doi: 10.3390/v13010052.

³Cavins JA et al., *Cancer Chemotherapy Reports*. 1967. 51(4)

⁴Data on file, live virus BSL-4 testing conducted by NIAID in collaboration with OyaGen

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TNX-2100¹: Potential Skin Test to Measure SARS-CoV-2 Exposure and T Cell Immunity

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TNX-2100 (SARS-CoV-2 epitope peptide mixtures for intradermal administration)

- Designed to elicit delayed-type hypersensitivity (DTH) in individuals who have been exposed to SARS-CoV-2 or who have been successfully vaccinated
- Potential to measure the presence and strength of functional *in vivo* T cell immunity
- DTH to SARS-CoV-2 spike protein has been shown in COVID-convalescent and vaccinated individuals^{3,4}

Potentially scalable test for widespread use

- Adaptive Biotech's T Detect™ COVID received FDA EUA – based on genetic analysis of T cell receptors
- Other tests² for T cell immunity to SARS-CoV-2 require specialized laboratories and are not amenable to standardization

Development plans

- 4th quarter 2021: Plan to initiate first-in-human clinical testing pending clearance of IND

¹TNX-2100 is in the pre-IND stage of development and has not been approved for any indication.

²Intracellular cytokine staining (ICS) measured by flow cytometry after *in vitro* stimulation of purified peripheral blood mononuclear cells

³Barrios, Y et al. *Clinical Immunol.* (2021) 226:108730

⁴Barrios, Y et al. *Vaccines* (2021) 9:575

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TNX-102 SL for Long COVID (PASC)

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Long COVID or Post-acute Sequelae of COVID-19 (PASC)

- Symptoms can include fatigue, sleep disorders, pain, fevers, shortness of breath, cognitive impairment described as "brain fog", gastrointestinal symptoms, anxiety, and depression
- Can persist for months and can range in severity from mild to incapacitating
- Occurs in more than 30% of patients.²
- While typically associated with moderate or severe COVID-19, Long COVID can occur after mild COVID-19 or even after asymptomatic SARS-CoV-2 infection
- Ability of vaccines to prevent Long COVID is unknown
- No approved drug for the treatment of Long COVID

Long COVID Overlap with Fibromyalgia

- Long COVID has been compared to fibromyalgia because of the common symptoms of sleep disturbance, persistent pain, fatigue, and brain fog³
- Like fibromyalgia, is experienced by women at a higher rate, approximately four times more, than that of men⁴
- Long COVID is a chronic disabling condition that is expected to result in a significant global economic burden⁵
- In response to the urgent need for therapies that address PASC, Congress awarded \$1.15 billion to the National Institutes of Health to study Long COVID last December⁶

Development plans

- FDA minutes from pre-IND meeting received and plan to submit IND in Q421 for treating subset of Long Covid patients whose symptoms overlap with fibromyalgia

¹Feb. 24, 2021 - White House COVID-19 Response Team press briefing; Feb 25, 2021 - policy brief from the World Health Organization on long COVID

²Nalbandian, Ami, et al. "Post-acute COVID-19 syndrome." *Nature Medicine* (2021): 1-15.

³Claou DJ, et al. *Pain*. 2020 Aug; 161(8): 1694-1697.

⁴Cox, D. "Why are women more prone to long Covid?" *The Guardian*. 13 Jun 2021 <https://www.theguardian.com/society/2021/jun/13/why-are-women-more-prone-to-long-covid>

⁵Briggs, Andrew, and Anna Vassall. "Count the cost of disability caused by COVID-19." (2021): 502-505.

⁶The NIH provision of Title III Health and Human Services, Division M--Coronavirus Response and Relief Supplemental Appropriations Act, 2021, of H.R. 133, The Consolidated Appropriations Act of 2021. The bill was enacted into law on 27 December 2020, becoming Public Law 116-260.

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TNX 1500, a New CD40 Ligand (CD40L) Antibody, for the Prevention of Allograft Rejection

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The CD40-CD40L pathway is a pivotal immune system modulator and is a well-established and very promising treatment target to more safely prevent allograft rejection¹

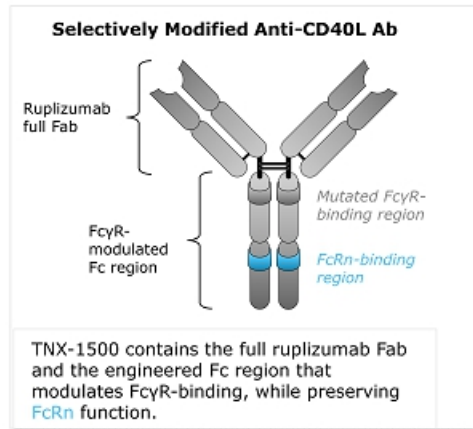
- **First Generation:** Development *halted due to thromboembolic complications (TE) – blood clots*. TE complications traced to Fc gamma receptor
- **Second Generation:** Eliminated the Fc gamma receptor (TE complication) but *potency and half life reduced which limited utility*
- **TNX-1500 Third Generation:** Re-engineered based on greater understanding of the Fc gamma receptor. Modulated the binding of FcγR while preserving FcRn function
 - Expected to deliver efficacy without compromising safety

Phase 1 study expected to start 2H 2022

Collaborations ongoing with Mass General Hospital on heart and kidney transplantation in non-human primates

1. Camilleri B, et al. *Exp Clin Transplant*. 2016;14(5):471-483.

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TNX-102 SL for Fibromyalgia: Current Status

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2nd Phase 3 study, RALLY (F306)

- July 2021: Tonix stopped-enrollment in the RALLY study following an unblinded, pre-planned interim analysis by the Independent Data Monitoring Committee (IDMC)
- Based on interim analysis results of the first 50% (n=337) enrolled participants, the IDMC recommended stopping the trial as TNX-102 SL is unlikely to demonstrate a statistically significant improvement in the primary endpoint.
- Tonix will allow currently enrolled participants (n= 514) to complete the treatment period
- 4th quarter 2021: topline results expected, following completion of study for currently enrolled participants

Following analysis of results from the full RALLY study, Tonix will determine next steps for this program

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TNX-102 SL for Other Indications

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Beyond Long COVID and Fibromyalgia, TNX-102 SL is under development for multiple indications

- PTSD – active IND
 - Planning Kenya Police Phase 3 study
 - Phase 2 and two Phase 3 studies missed primary endpoint but showed activity in global improvement (PGIC)
- Agitation in Alzheimers disease – active IND, Fast Track designation
- Alcohol Use Disorder – active IND

Proposed mechanism of improving sleep quality has potential applications in multiple pain, post-viral, neurological, psychiatric and addiction conditions

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TNX-1300: Cocaine Esterase (CocE)

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CocE is the most potent known catalyst for cocaine degradation

- Natural bacterial CocE is unstable at body temperature

Thermostable bacterial CocE (active for ~6 hours at body temperature)

- Targeted mutations stabilize CocE
- Natural bacterial CocE is unstable at body temperature

Phase 2 open-label safety study of TNX-1300 in emergency department setting for cocaine intoxication)

- Initiation of enrollment anticipated 3rd quarter 2021 (NCT04996056)¹

¹An Open-Label, Randomized Pilot Study Comparing the Safety of a Single Dose of TNX-1300 to Usual Care (UC) Alone for the Treatment of Signs and Symptoms of Acute Cocaine Intoxication in Male Emergency Department (ED) Subjects - Full Text View - ClinicalTrials.gov

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TNX-1900 (Intranasal Potentiated Oxytocin) for the Treatment of Migraine

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Intranasal oxytocin(OT) has potential utility in treating migraine¹

- Intranasal (*i.n.*) OT reaches the trigeminal ganglion
- Preclinical evidence of OT blocking CGRP release and suppressing pain transmission
- CGRP antagonists and antibodies approved for the treatment of migraine
- Association of low oxytocin levels during and preceding migraine episodes

TNX-1900 is a preservative-free intranasal formulation of magnesium and OT

- Magnesium is known to potentiate the binding of oxytocin to its receptor²

Initiation of Phase 2 study for treatment of chronic migraine anticipated in 4th quarter 2021

1. Tzabazis et al., 22017
2. Antoni and Chadio, 1989

TNX-2900 (*i.n.* Potentiated OT) for the Treatment of Prader-Willi Syndrome

22

Prader-Willi syndrome is the most common genetic cause of life-threatening childhood obesity¹

- Results in lack of suckling in infants and, in children and adults, severe hyperphagia, an overriding physiological drive to eat, leading to severe obesity and other complications associated with significant mortality
- No approved treatment for either the suckling deficit in babies or the obesity and hyperphagia in older children associated with Prader-Willi syndrome.
- Orphan disease occurring in approximately one in 15,000 births

Intranasal OT has been shown to improve suckling in newborn animals but also suppresses feeding behaviors in adult animal models

- Tonix's patented potentiated oxytocin formulation is believed to increase specificity for OT receptors relative to vasopressin receptors

Tonix intends to submit applications to the FDA for Orphan Drug and Fast Track designations for TNX-2900

¹Foundation for Prader-Willi Research (fpwr.org).



TNX-601 CR* (Tianeptine Oxalate and Naloxone HCl Controlled Release) Tablets for the Treatment of Major Depressive Disorder (MDD)

23

Proprietary new controlled release formulation for once-daily dosing

- Pending toxicology results, and IND clearance, Phase 2 study expected to start in 1H 2022
- Suitability for once-daily dosing established in Phase 1 pharmacokinetic study, completed outside of the U.S.
 - Well tolerated in study and side effects were consistent with the known safety profile of tianeptine sodium
- Tianeptine sodium immediate release is approved and marketed outside of the U.S. for three times a day dosing for the treatment of depression
 - Once-daily dosing for TNX-601 CR believed to have an adherence advantage over three times a day dosing with tianeptine sodium

Proprietary new oxalate salt with improved pharmaceutical properties

- Tianeptine oxalate is crystalline, while tianeptine sodium is amorphous

Issued patents directed to tianeptine and tianeptine oxalate

- **Composition of Matter:** Issued US patent directed to oxalate salt, U.S. Patent No. 10,449,203 and 10,946,027
- **Method of Use:** Issued European patent directed to methods of treating cognitive impairment associated with corticosteroid treatment, European Patent No. 3246031

**TNX-601 CR (tianeptine oxalate and naloxone HCl controlled release tablets) is in the pre-IND stage in the U.S. and has not been approved for any indication.*

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TNX-601 CR: A Potential Treatment for Depression

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TNX-601 CR's proposed mechanism of action is completely distinct from any approved antidepressant in the U.S.

- Antidepressant activity is believed to relate to indirect modulation of the glutamatergic system
 - Known to modulate AMPA receptor trafficking and to promote synaptic plasticity in the hippocampus under conditions of stress or corticosteroid use.
- Tianeptine sodium is reported to have prominent anti-anxiety effects in depression with a low incidence of sexual side effects
- TNX-601 CR leverages the established efficacy and safety of tianeptine sodium IR as a treatment for depression outside of the U.S.
- Johnson and Johnson acquired TransForm in 2005 to develop a CR version of tianeptine for the US

Significant interest and need for new treatments, particularly for medicines that modulate the glutamatergic system

- Majority suffering from depression do not have an adequate response to initial antidepressant therapy
- Recently Spravato® (esketamine) a glutamine system modulator was approved for the treatment of depression with Breakthrough Therapy designation

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Tonix Pipeline: Selected Programs

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COVID-19 Programs

- **Prevention: TNX-1800 vaccine** – Phase 1 study expected 1H2022
- **Treatment of acute COVID-19: TNX-3500 antiviral** – pre-clinical
- **Diagnostic/potential indicator of protective immunity: TNX-2100 skin test** – human trial expected 4Q2021
- **Treatment of Long COVID: TNX-102 SL** – IND filing expected 4Q2021 for Phase 2 study

CNS programs

- **Antidote for cocaine overdose: TNX-1300** – Phase 2 study expected 3Q2021
- **Migraine headache: TNX-1900** – Phase 2 study expected 4Q2021
- **Depression: TNX-601 CR** – Phase 2 study expected 1H2022

Immunology program

- **Prevention of organ transplant rejection: TNX-1500** – Phase 1 study expected 2H2022

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Milestones – Recently Completed and Upcoming¹

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- ✓ 4th Quarter 2020 Positive topline data from TNX-102 SL Phase 3 F304/RELIEF study in fibromyalgia reported
- ✓ 1st Quarter 2021 Non-human primate positive efficacy data from TNX-1800 in COVID-19 models reported
- ✓ 3rd Quarter 2021 Interim analysis of TNX-102 SL Phase 3 F306/RALLY study in fibromyalgia reported

Data

- 4th Quarter 2021 Topline data from TNX-102 SL Phase 3 F306/RALLY study in fibromyalgia expected

Clinical Trial Initiations – Four New Trials This Year

- 3rd Quarter 2021 Phase 2 OL safety study of TNX-1300 in ED setting for cocaine intoxication expected
- 4th Quarter 2021 Phase 2 study of TNX-1900 for the treatment of migraine expected
- 4th Quarter 2021 Phase 3 study of TNX-102 SL for the treatment of PTSD in Kenya expected
- 4th Quarter 2021 First-in-human clinical study of TNX-2100 for SARS-CoV-2 skin test expected
- 1st Half 2022 Phase 1 safety study of TNX-1800 for COVID-19 expected
- 1st Half 2022 Phase 2 study of TNX-601 CR for the treatment of major depressive disorder expected
- 2nd Half 2022 Phase 1 study of TNX-1500 for prevention of allograft rejection expected

¹ We cannot predict whether the global COVID-19 pandemic will impact the timing of these milestones.

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Management Team



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Jessica Morris
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Thank You!