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

# FORM 8-K

**CURRENT REPORT**
**Pursuant to Section 13 or 15(d)**
**of the Securities Exchange Act of 1934**

**Date of report (Date of earliest event reported): July 13, 2021**

# ATAI LIFE SCIENCES N.V.
**(Exact name of registrant as specified in its charter)**

| The Netherlands | 001-40493 | Not Applicable |
|---|---|---|
| (State or other jurisdiction of incorporation or organization) | (Commission File Number) | (I.R.S. Employer Identification No.) |

**c/o Mindspace**
**Krausenstraße 9-10**
**10117 Berlin, Germany**
**(Address of principal executive offices) (Zip Code)**

**+49 89 2153 9035**
**(Registrant's telephone number, include area code)**

**N/A**
**(Former Name or Former Address, if Changed Since Last Report)**

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:

☐ 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 shares, €0.10 par value per share** | **ATAI** | **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.**

ATAI Life Sciences N.V. (the "Company") from time to time presents and/or distributes to the investment community at various industry and other conferences slide presentations to provide updates and summaries of its business. On July 13, 2021, the Company posted an updated corporate slide presentation in the "Investors" portion of its website at *www.atai.life*. A copy of its current corporate slide presentation is attached to this Current Report on Form 8-K as Exhibit 99.1. The Company undertakes no obligation to update, supplement or amend the materials attached hereto as Exhibit 99.1.

The information contained in Item 7.01 of this Form 8-K (including Exhibit 99.1 attached hereto) shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly provided by specific reference in such a filing.

**Item 9.01. Financial Statements and Exhibits.**

(d) Exhibits

The following Exhibit 99.1 relating to Item 7.01 shall be deemed to be furnished, and not filed:

| Exhibit No. | Description |
|---|---|
| 99.1 | Corporate Slide Presentation of ATAI Life Sciences N.V. dated July 2021 |
| 104 | Cover Page Interactive Data File (embedded within the inline XBRL document) |

SIGNATURES

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

ATAI LIFE SCIENCES N.V.

Date: July 13, 2021

By: /s/ Florian Brand
Florian Brand
Chief Executive Officer

atai
LIFE SCIENCES

# Healing mental health disorders so that everyone everywhere can live a more fulfilled life.

**Company Overview**

# Disclaimer

This presentation may include forward-looking statements. All statements other than statements of historical facts contained in this presentation, including statements regarding our future results of operations and financial position, industry dynamics, business strategy and plans and our objectives for future operations, are forward-looking statements. These statements represent our opinions, expectations, beliefs, intentions, estimates or strategies regarding the future, which may not be realized. In some cases, you can identify forward-looking statements by terms such as "may," "will," "should," "expects," "plans," "anticipates," "could," "intends," "targets," "projects," "contemplates," "believes," "estimates," "predicts," "potential" or "continue" or the negative of these terms or other similar expressions that are intended to identify forward-looking statements. Forward-looking statements are based largely on our current expectations and projections about future events and financial trends that we believe may affect our financial condition, results of operations, business strategy, short term and long-term business operations and objectives and financial needs. These forward-looking statements involve known and unknown risks, uncertainties, changes in circumstances that are difficult to predict and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statement. Moreover, we operate in a very competitive and rapidly changing environment. New risks emerge from time to time. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements we may make. In light of these risks, uncertainties and assumptions, the forward-looking events and circumstances discussed in this presentation may not occur and actual results could differ materially and adversely from those anticipated or implied in the forward-looking statements. We caution you therefore against relying on these forward-looking statements, and we qualify all of our forward-looking statements by these cautionary statements.

The forward-looking statements included in this presentation are made only as of the date hereof. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee that the future results, levels of activity, performance or events and circumstances reflected in the forward-looking statements will be achieved or occur. Moreover, neither we nor our advisors nor any other person assumes responsibility for the accuracy and completeness of the forward-looking statements. Neither we nor our advisors undertake any obligation to update any forward-looking statements for any reason after the date of this presentation to conform these statements to actual results or to changes in our expectations, except as may be required by law. You should read this presentation with the understanding that our actual future results, levels of activity, performance and events and circumstances may be materially different from what we expect.

Unless otherwise indicated, information contained in this presentation concerning our industry, competitive position and the markets in which we operate is based on information from independent industry and research organizations, other third-party sources and management estimates. Management estimates are derived from publicly available information released by independent industry analysts and other third-party sources, as well as data from our internal research, and are based on assumptions made by us upon reviewing such data, and our experience in, and knowledge of, such industry and markets, which we believe to be reasonable. In addition, projections, assumptions and estimates of the future performance of the industry in which we operate and our future performance are necessarily subject to uncertaint
those described above. These a
materially from those expressed
and by us. Industry publications,
the information they contain ha
reliable, but that the accuracy
guaranteed. Forecasts and other
sources are subject to the sam
forward-looking statements in thi

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endorsement of the products or s

# We are a founder-led team aiming to develop differentiated treatmen patients suffering from mental health disorders

**Christian Angermayer**
Founder
APEIRON INVESTMENT GROUP
Alnylam PHARMACEUTICALS

**Florian Brand**
Co-Founder & CEO
ROCKETINTERNET
springlane

**Lars Wilde**
Co-Founder
COMPASS Navigating Mental Health Pathways
springlane

**Greg Weaver**
CFO
ELO Eloxx Pharmaceuticals
Sirna Therapeutics

**The atai team has collectively led** → **13** **NDAs through regulatory approval** + **50**

# Executive Summary and Key Investment Highlights

1. Mental health disorders have become one of largest global health burdens, exacerbated by the COVID-19 pandemic. Despite the unmet patient need, innovations remain limited, with only 7 new neuropsychiatric drugs approved since 2015.

2. As a response to lack of innovation, atai focuses on compounds with prior clinical evidence, including psychedelics whose therapeutic potential has become evident in recent academic studies and which have benefited from recent regulatory momentum.

3. Since 2018 we have aggressively grown our platform to 6 psychedelic, 5 non-psychedelic drug development programs and 6 enabling technologies, focusing on differentiated and potentially disease-modifying mental health treatments.

4. Our platform approach: Decentralized drug development process, leveraging the atai team and our enabling technologies such as digital therapeutics to aim for improved safety, efficacy and probability of clinical success across our pipeline.

5. Increased investor appetite as the IPO of COMPASS Pathways and the Otsuka partnership with our subsidiary Perception Neurosciences demonstrate our ability to capture value.

6. With a team of more than 50 highly experienced professionals at atai, an additional 150 FTEs / consultants across our companies and a cash position as of March 31, 2021 of approx. $449M[1], we are well positioned to achieve our upcoming anticipated value inflection points.

(1) After giving effect to our Series D and IPO financings.

# Founded in 2018

As a response to the **significant unmet need a**
**innovation** in the mental health treatment lanc
as the **emergence of therapies that previously**
**been overlooked or underused**, including psyc
compounds and digital therapeutics.

# Although mental health has become one of the largest global healthca challenges, there has been little innovation for patients[7]

## SIGNIFICANT BURDEN

~1bn

### Affected people

Global population with mental health disorders[1]

>50%

### Of US population impacted

Expected that more than half of US population will have a mental health disorder at some point in their lifetime[2]

~$16tn

### Global economic impact

Estimated global economic costs of mental health disorders by 2030[3]

~4x

### Recent impact of COVID-19

Percentage of US adults experiencing symptoms of depression and anxiety rose from 11% in 2019 to 42% end of 2020[4]

## URGENT NEED FOR IN

~33%

### Respond inade

A third of patients w inadequately or rela treatments within ce

Up to 12 wks

### Slow onset of

Frontline treatment anxiety have slow or

~75%

### Relapse rate

Most of the patients disorder (OUD) rela

7

### Psychiatry app

Only 7 new drugs ap psychiatry disorders 10% relative to onco

1. Ritchie, "Global mental health: five key insights which emerge from the data", Our World In Data (2018).
2. Kapil, "5 Surprising Mental Health Statistics", National Council for Behavioral Health (2019).
3. Patel et al., "The Lancet Commission on global mental health and sustainable development", The Lancet (2018).
4. Abbott, "COVID's mental-health toll: how scientists are tracking a surge in depression, Nature (2021)
5. Salzer, "National Estimates of Recovery-Remission From Serious Mental Illness", Psychiatry Onlin
6. Tew et al., "Impact of prior treatment exposure on response to antidepressant treatment in late lif
7. Sinha, "New Findings on Biological Factors Predicting Addiction Relapse Vulnerability" (2011)
8. EvaluatePharma (as of 19.03.2021). New drugs include new molecular entities or new active ingre

# A resurgence in psychedelic therapies is emerging as promising diseas modifying drug candidates progress with regulatory momentum

**1938** — SANDOZ
LSD synthesized by Dr. Albert Hofmann at Sandoz research labs[1]

**1953** — CHARLES UNIVERSITY
Dr. Stan Grof uses LSD to treat heroin addiction in Prague[3]

Psychedelic therapy developed by Dr. Abram Hoffer and Dr. Humphry Osmond, efficacious in treating alcoholics[2]

**1960s**
Drug Control Amendments forbid the manufacture and sale of psychedelic drugs (scheduling)[4]

**1965**
"America's public enemy number one is drug abuse."
PRESIDENT NIXON, 1971

**2016** — JOHNS HOPKINS Center for Psychedelic & Consciousness Research
Psilocybin shows sustained decreases in depression and anxiety in cancer patients[5]

**2017** — MAPS
FDA Breakthrough designation for MDMA Assisted Psychotherap and announcement of Phase 3 in PTSD[6]

**2**
FDA desig for t

Early research suggested efficacy in mental health →

Novel results and regulatory sup underscore therapeutic value

Note: LSD = Lysergic acid diethylamide; TRD = Treatment-resistant depression; MDD = Major depressive disorder; PTSD = Post-traumatic stress disorder.


1. Hofmann, MAPS (1996)
2. Dyck, "'Hitting Highs at Rock Bottom': LSD Treatment for Alcoholism" (2006)
3. Williams, "Human Psychedelic Research: A Historical and Sociological Analysis" (1999)
4. FDA, Drug Law History (2018)
5. Griffiths et al., "Psilocybin produces substantial and sustained decreases in depression and anxie
6. MAPS, announcement breakthrough designation Phase 3 (2017)
7. COMPASS, COMPASS Pathways Receives FDA Breakthrough Therapy Designation for Psilocyl
8. FDA, FDA Approves New Nasal Spray (2019)

# Patient reports: In a study, more than half of the patients ranked psilo therapy among the top five most meaningful experiences of their live

"When I had a craving, something in my head quickly thought about the good part, the taste, the feeling, the high, right? But if I think of the drug now... I quickly think about the downside. It changed the perception I have regarding the drug."[2]

**Male, 25**
**Ibogaine**

"It sort of relieved a lot of stress, a lot of negative thoughts within my body... opened my eyes to see where my stress and conflict is coming from... It is hard to explain but... it just brought a lot of grief up that I had inside me, it brought it out and I got rid of a lot of grief."[3]

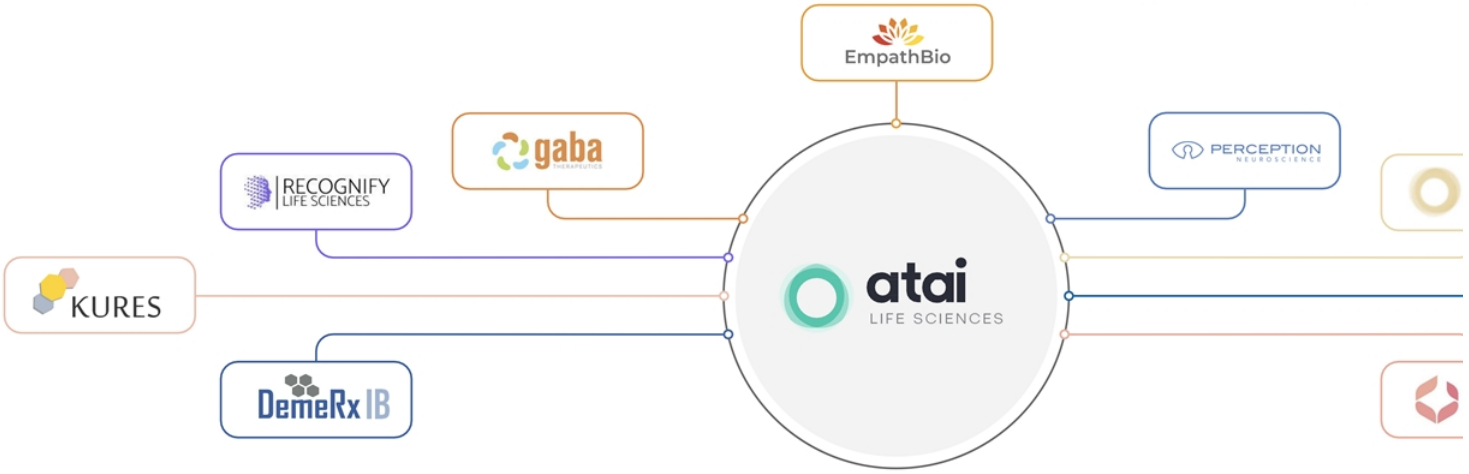
**Male, 55**
**Psilocybin**

"I felt like, jus
new reborn p
not felt that I
long time. I fe
about myself

**Female,**
**Ayahuas**

1. Griffiths et al., "Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance" (2006)
2. Schenberg et al., "Treating drug dependence with the aid of ibogaine: A qualitative study" (2017)
3. Watts et al., "Patients' Accounts of Increased 'Connectedness' and 'Acceptance' After Psilocybin for Treatment-Resistant Depression" (2017)
4. Argento et al., "Exploring ayahuasca-assisted therapy for addiction: A qualitative analysis of preliminary findings among an Indigenous community in Canada" (2019)

# The atai platform: Decentralized drug development process that leve team and enabling technologies to aim for improved probability of cl




**People**

- Small teams with entrepreneurial autonomy develop our compounds
- Operational involvement of interdisciplinary atai team
- Access to experienced group of strategic advisors and KOLs

bridgebio ROIVANT SCIENCES

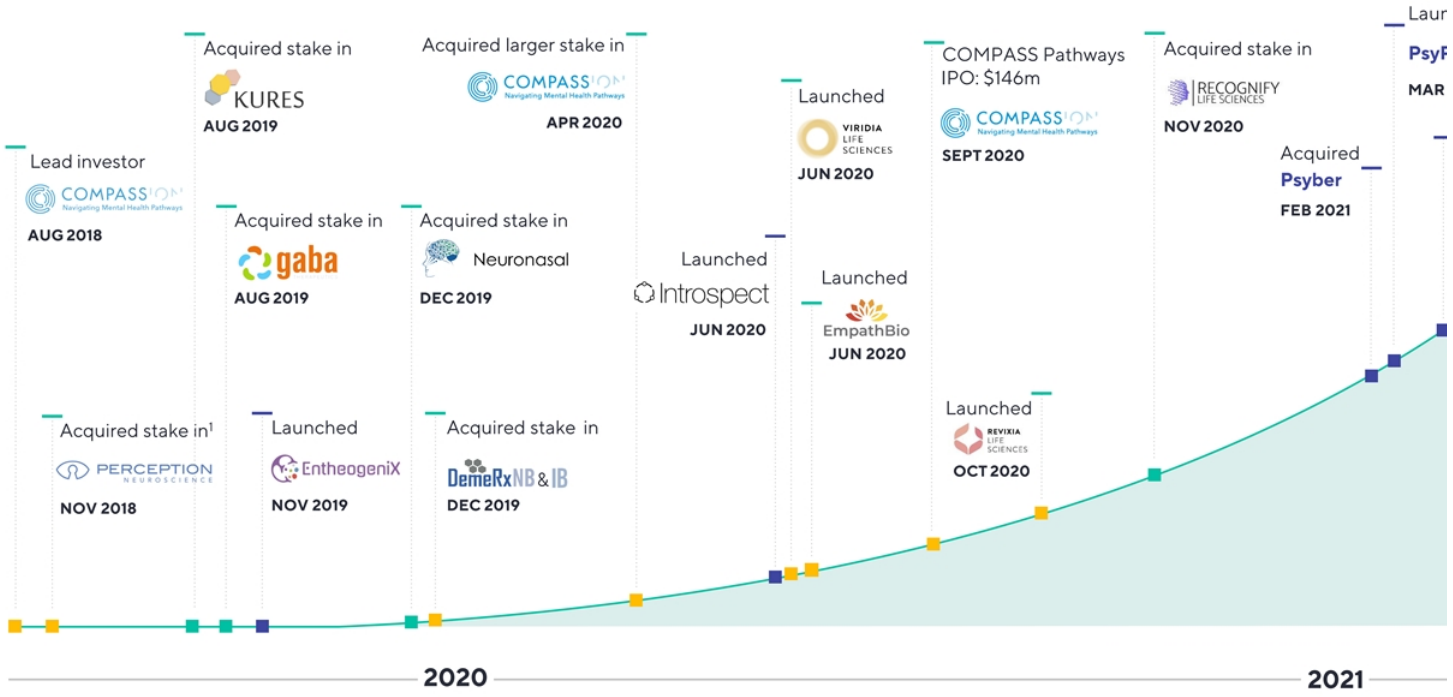
**Process**

- Disciplined selection criteria (including prior evidence in humans)
- Impactful capital allocation to acquired and incubated companies
- Strategic value capturing and high degree of optionality

COMPASS Navigating Mental Health Pathways Otsuka

**Enabling Technologies**

# Rapid Growth via incubations and acquisitions:
# 6 psychedelic programs, 5 non-psychedelic programs and 6 enabling tec




1. Ketamine and S-ketamine are psychedelic/dissociative at therapeutic doses, while R-ketamine (the enantiomer that Perception Neuroscience is developing) is assumed to be nonpsychedelic at effective doses.

# Development program overview: Our company ownership, lead com lead indications and stage of development

**OUR PROGRAMS**

| Company | Lead Compound | Lead Indication | Type | Ownership %[1] | Preclinical | Phase 1 | Pha |
|---|---|---|---|---|---|---|---|
| PERCEPTION NEUROSCIENCE | PCN-101 / R-ketamine | TRD | VIE | 50.1%[2] | | | |
| RECOGNIFY LIFE SCIENCES | RL-007 / Compound[3] | CIAS | VIE | 51.9% | | | |
| DemeRx IB | DMX-1002 / Ibogaine | OUD | VIE | 59.5% | | | |
| Neuronasal | NN-101 / N-acetylcysteine | mTBI | VIE | 56.5%[4] | | | |
| KURES | KUR-101 / Deuterated mitragynine | OUD | VIE | 54.1%[5] | | | |
| EmpathBio | EMP-01 / MDMA derivative | PTSD | Wholly Owned | 100% | | | |
| REVIXIA LIFE SCIENCES | RLS-01 / Salvinorin A | TRD | Wholly Owned | 100% | | | |
| VIRIDIA LIFE SCIENCES | VLS-01 / DMT | TRD | Wholly Owned | 100% | | | |

**ENTITIES LIMITED TO EQUITY INTEREST**

| | | |
|---|---|---|
| COMPASS Navigating Mental Health Pathways | Developing COMP360 therapy, with psychological support from specially trained therapists, for TRD. Phase 2b trial is ongoing. | 19.4%[6] |
| gaba THERAPEUTICS | Developing deuterated etifoxine HCl oral dosage form (GRX-917) as potential therapy for GAD. Phase 1 trial initiated. | 53.8%[7] |
| DemeRx NB | Developing DMX-1001, a formulation of noribogaine, as a potential at-home maintenance therapy for OUD. Preclinical stage. | 6.3%[8] |

Note: TRD = Treatment-resistant depression; CIAS = Cognitive impairment associated with schizophrenia; OUD = Opioid use disorder; GAD = Generalized anxiety disorder; mTBI = Mild traumatic brain injury; DMT = N,N-dimethyltryptamine; MDMA = PTSD = Post-traumatic stress disorder, VIE = Variable interest entity.

(1) Unless otherwise indicated herein, ownership percentage based on ownership of securities with voting rights as of May 30th, 2021.
(2) Perception does not give effect to the shares of common stock issuable upon the conversion of outstanding convertible notes held by atai which may increase the ownership.
(3) RL-007 compound is (2R, 3S)-2-amino-3-hydroxy-3-pyridin-4-yl-1-pyrrolidin-1-yl-propan-1-one(L)-(+) tartrate salt.
(4) Neuronasal ownership does not give effect to the obligation to acquire further shares upon the achievement of specified development milestones which may increase the ownership to up to 64.5%.
(5) Kures ownership does not give effect to the obligation to acquire further shares upon the increase the ownership to up to 67.9%.
(6) As of June 30, 2021, we held a 19.4% ownership interest in COMPASS.
(7) GABA ownership does not give effect to the obligation to acquire further shares upon the increase the ownership to up to 54.2%.
(8) DemeRx NB ownership does not give effect to option to acquire further shares upon the increase the ownership to up to 57.1%.

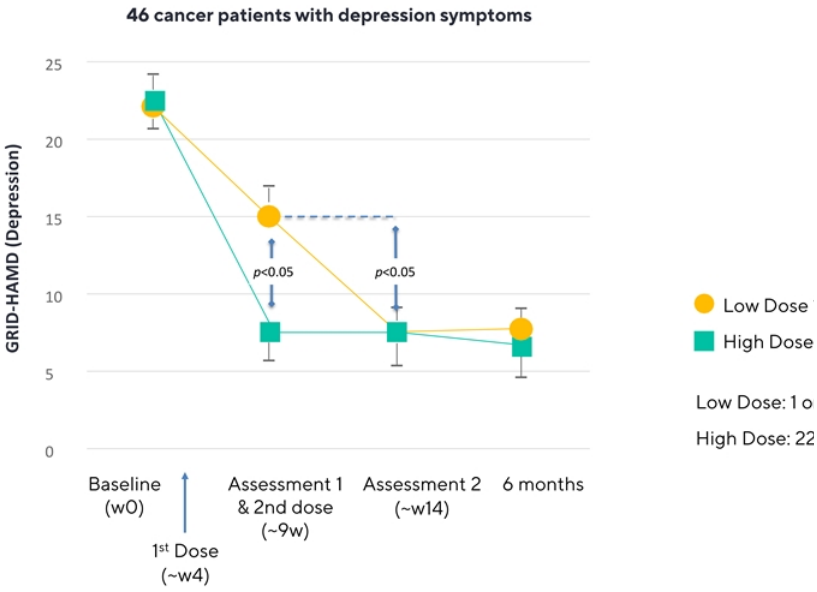
# SUMMARY

COMPASS Navigating Mental Health Pathways

| | |
|---|---|
| OWNERSHIP | 19.4% |
| PRODUCT | Oral Psilocybin (COMP360) |
| PHARMA-COLOGY | 5-HT2A-R agonist |
| PRODUCT FEATURES | Rapid onset, potential for sustained efficacy after single dose |
| INDICATIONS | Primary: Treatment Resistant Depression<br>Potential: Major Depressive Disorder, Anorexia, Autism, Bipolar Disorder, Chronic Cluster Headache, Body Dysmorphic Disorder |
| CURRENT STATUS | COMP360 Phase 1 trial completed and results publicly available, Phase 2b trial results expected end of 2021 |
| INTELLECTUAL PROPERTY | Proprietary formulation of synthetic psilocybin, COMP360 |
| HIGHLIGHT | Psilocybin demonstrated efficacy in reducing depressive symptoms in humans in an academic, third-party study |

# Early clinical signals have shown psiloc leads to rapid and sustained reduction i symptoms

**PRIOR EVIDENCE IN HUMANS** (THIRD PARTY STUDY[1])




Note: GRID-HAMD = GRID Hamilton Depression Rating Scale; COMP360 = a proprietary high-purity, polymorphic crystalline formulation c therapy, COMP360 is administered in conjunction with psychological support from specially trained therapists.

1. Griffiths et al., "Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening canc

# SUMMARY

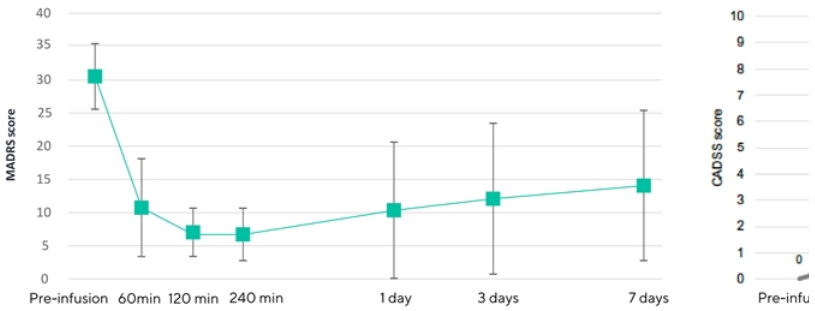
PERCEPTION NEUROSCIENCE

| | |
|---|---|
| OWNERSHIP | 50.1% |
| PRODUCT | Subcutaneous R-ketamine (PCN-101) |
| PHARMA-COLOGY | Glutamatergic modulator |
| PRODUCT FEATURES | Rapid-acting, nonpsychedelic antidepressant with potential for at home use |
| INDICATIONS | Primary: Treatment Resistant Depression<br>Potential: Substance Use Disorder |
| CURRENT STATUS | Phase 1 trial showed safety and tolerability of R-ketamine at doses of up to 150mg,<br>Phase 2 trial initiation anticipated in mid '21 |
| INTELLECTUAL PROPERTY | Issued methods of use of R-ketamine for treatment of depressive symptoms |
| HIGHLIGHT | Third party study: Single IV dose (0.5 mg/kg) of R-ketamine led to a rapid and sustained decrease in MADRS in patients with TRD; dissociation was nearly absent[1] |

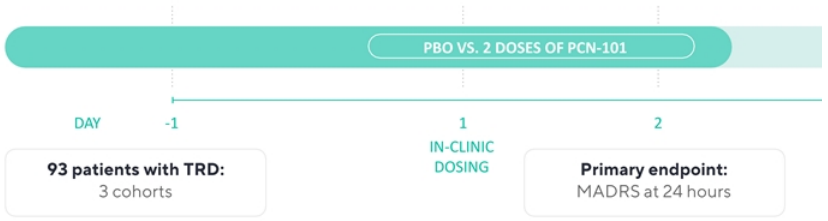
# We aim to develop PCN-101 as a rapid ac antidepressant with potential for at-hom

**PRIOR EVIDENCE IN HUMANS** (THIRD PARTY STUDY[1])

**Mean MADRS over 7 days and median CADSS scores of TRD patients after single IV dose (0.5mg**




**PLANNED PCN-101 PHASE 2 TRIAL:** Randomized, double blind, placebo-controlled (n=93)

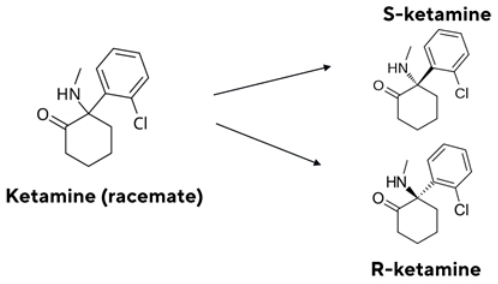



Note: MADRS = Montgomery-Asberg Depression Rate Scale, CADSS = Clinician-administered dissociative states scale, IV = Intravenous, PB

1. Leal et al., "Intravenous arketamine for treatment-resistant depression: open-label pilot study" (2020)

# Deep-dive R-ketamine vs. S-ketamine: Higher-potency, longer lasting antidepressant effect and lower potential for abuse in preclinical model

## Profile of R- vs. S-ketamine



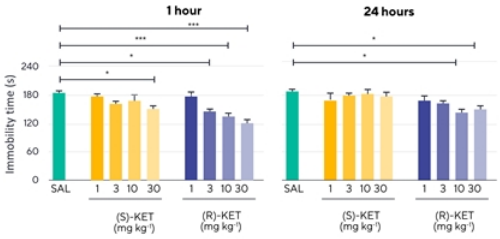

R-ketamine lacks the psychotomimetic and abuse potential of S-ketamine at therapeutic doses in preclinical models.

Like S-ketamine, R-ketamine's mechanism involves increased neuroplasticity through glutamatergic modulation, with potency differences putatively arising from:

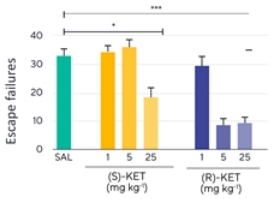
- Different active metabolite profiles
- Different pre- and post-synaptic sites of action
- Involvement of different intracellular pathways (mTORC1 vs. ERK)

## Superior and more durable

**Forced swim test**[1] (third party study)



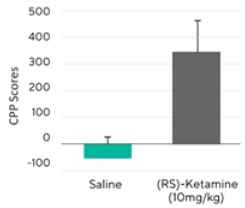

**Learned helplessness test**

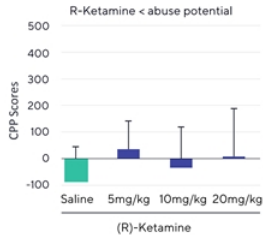



**R-ketamine outperformed and outlasted S-ketamine** in mice; confirmed in multiple other animal models in different labs

## Lower potential for abu

**Conditioned place prefer**
(third party study)




Note: mTORC1 = Mechanistic target of rapamycin complex 1, ERK = Extracellular signal-regulated kinases.
Sources: Wei et al., "A historical review of antidepressant effects of ketamine and its enantiomers" (2020); Chang et al., "Comparison of antidepressant and side effects in mice after intranasal administration of (R,S)-ketamine, (R)-ketamine, and (S)-ketamine I (2019);

1. Zanos et al., "NDMAR inhibition-independent antidepressant actions of ketamine metabolites" (2016);
2. Yang et al., "R-ketamine: a rapid-onset and sustained antidepressant without psychotomimetic side effects" (2015).

# SUMMARY

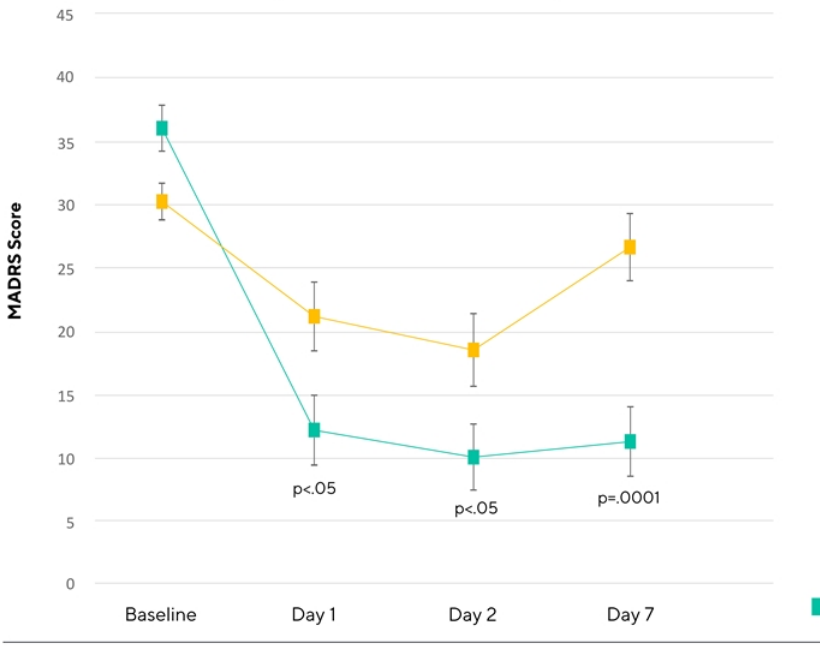
VIRIDIA LIFE SCIENCES

| | |
|---|---|
| OWNERSHIP | 100% |
| PRODUCT | Dimethyltryptamine (DMT) in a buccal transmucosal film (VLS-01), DMT is the active psychedelic moiety in Ayahuasca |
| PHARMA-COLOGY | 5-HT2A-R agonist |
| PRODUCT FEATURES | Rapid onset, sustained efficacy after single dose, short duration of psychedelic effect (~30 to 45 minutes) |
| INDICATIONS | Primary: Treatment Resistant Depression<br>Potential: Eating Disorders, Substance Use Disorders |
| CURRENT STATUS | Pre-clinical: Formulation work and safety testing in progress; Phase 1 clinical trial anticipated to initiate in early '22 |
| INTELLECTUAL PROPERTY | Filed provisional on formulations of DMT |
| HIGHLIGHT | VLS-01 is designed to have an improved duration of psychedelic effect while improving tolerability |

# VLS-01 may increase patient accessibili
## patient and clinic time commitment

**PRIOR EVIDENCE IN HUMANS** (THIRD PARTY STUDY[1])

**Double-blind, randomized placebo-controlled trial with Ayahuasca in 29 patients with**




Note: MADRS: Montgomery-Asberg Depression Rate Scale.

1. Palhano-Fontes et al. "Rapid antidepressant effects of the psychedelic ayahuasca in treatment-resistant depression", Psychol Med (2019)

## SUMMARY

REVIXIA LIFE SCIENCES

| | |
|---|---|
| OWNERSHIP | 100% |
| PRODUCT | RLS-01 is a buccal formulation of Salvinorin A (SalA), a naturally occurring psychedelic compound derived from the *Salvia divinorum* plant |
| PHARMA-COLOGY | Non-orally bioavailable, non-nitrogenous agonist of the kappa-opioid receptor (KOR), no interaction with serotonergic mechanisms |
| PRODUCT FEATURES | Rapid-acting hallucinogenic compound, no wash-out of SSRIs required |
| INDICATIONS | Primary: Treatment Resistant Depression<br>Potential: Substance Use Disorder, Pain |
| CURRENT STATUS | Phase 1 clinical trial anticipated to initiate in mid '22 |
| INTELLECTUAL PROPERTY | Filed provisional on formulation of SalA |
| HIGHLIGHT | Hallucinogenic experiences demonstrated by all six significantly elevated HRS clusters on an active dose, and no significant adverse events (third party study).[1] |

# Salvonorin A's subjective effects were c be similar to classical psychedelics

**PRIOR EVIDENCE IN HUMANS** (THIRD PARTY STUDY[1])

**Participant ratings on Hallucinogen Rating Scale (HRS) completed 1h after drug admi**

| Cluster | Placebo | Active | P value |
|---|---|---|---|
| Affect | 0.75 (0.47) | 1.50 (0.58) | <0.001* |
| Cognition | 0.37 (0.41) | 1.61 (0.81) | <0.001* |
| Intensity | 0.38[2] (0.76) | 3.00[2] (0.77) | <0.001* |
| Perception | 0.33 (0.36) | 1.71 (0.73) | <0.001* |
| Somaesthesia | 0.31 (0.33) | 1.27 (0.54) | <0.001* |
| Volition | 0.94 (0.53) | 1.85 (0.46) | <0.001* |

Study showed ability **hallucinogenic state serotonergic mecha**

All six **Hallucinogen were significantly e** the active S. divinoru

**No significant adve** reported by the part

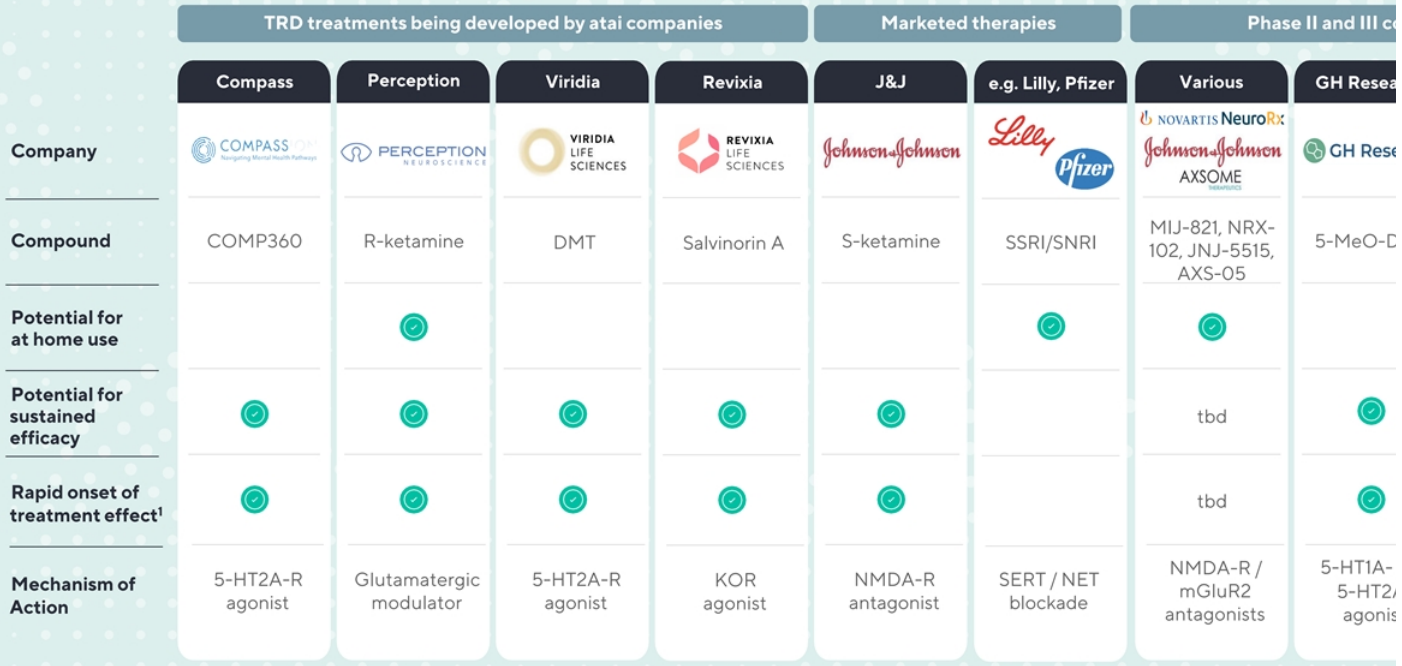
Five patients reporte **relationships** with li

Note: Data are mean ratings with one standard deviation shown in parentheses (*P < 0.05).

1. Addy, "Acute and post-acute behavioral and psychological effects of salvinorin A in humans" (2011)

2. Median used instead of mean for nonparametric data

# Depression positioning and landscape: atai's programs are designed to b differentiated from one another and from competitors




Note: 5HT2A-R = Serotonin 2A receptor, KOR = kappa-opioid receptor, NMDA-R = N-methyl-D-aspartate receptor, NET = Norepinephrine transporter, SERT = Serotonin Transporter, mGluR2 = Metabotropic glutamate receptor 2, GABA = Gamm Dimethyltryptamine, 5-MeO-DMT = 5-methoxy-N,N-dimethyltryptamine , SSRI = Selective Serotonin Reuptake Inhibitor, SNRI = Selective serotonin-norepinephrine reuptake Inhibitor., COMP360 = a proprietary high-purity, polymorphic crystallin model of psilocybin therapy, COMP360 is administered in conjunction with psychological support from specially trained therapists.
Sources: GlobalData, Evaluate Pharma (both as of 2021), Uthaug, M. V. et al. Prospective examination of synthetic 5-methoxy-N,N-dimethyltryptamine inhalation: effects on salivary IL-6, cortisol levels, affect, and non-judgment. Psychopharmacolo
1. Rapid onset of treatment effect versus standard of care.

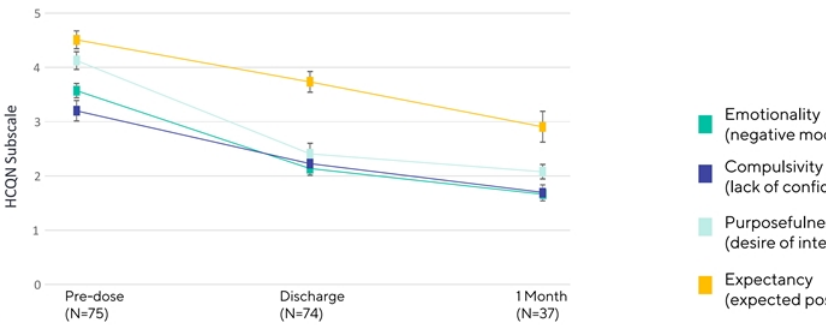
# SUMMARY

DemeRx IB & NB

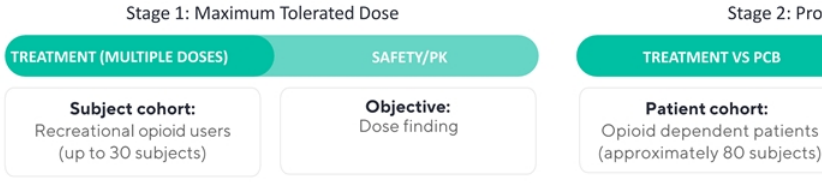
| | |
|---|---|
| OWNERSHIP | 59.5%[2] |
| PRODUCT | Ibogaine HCl capsules (DMX-1002), ibogaine is a naturally occurring psychedelic compound isolated from a West African shrub, iboga |
| PHARMA-COLOGY | Opioid mediated, cholinergic, glutamatergic and monoaminergic receptor modulator |
| PRODUCT FEATURES | A single dose of ibogaine may precipitate a rapid withdrawal and long-term abstinence in OUD patients |
| INDICATIONS | Primary: Opioid Use Disorder<br>Potential: Substance Use Disorder, Post-Traumatic Stress Disorder, Traumatic Brain Injury |
| CURRENT STATUS | Phase 1/2 trial to initiate in mid '21 |
| INTELLECTUAL PROPERTY | Pending method of treatment claims for OUD for ibogaine, issued method of treatment claims for OUD patients on methadone for noribogaine[3] |
| HIGHLIGHT | Potential sustained reduction in opioid craving with DMX-1002 single administration |

# A single-dose of ibogaine showed susta in opioid cravings in 75 opioid-depende

## PRIOR EVIDENCE IN HUMANS (THIRD PARTY STUDY[1])




## ONGOING PHASE 1/2 TRIAL




Note: HCQN = Heroin Craving Questionnaire, PTSD = Post-traumatic stress disorder, OUD = Opioid use disorder, PCB = Placebo, PK = Pharmacc

1. Mash et al., "Ibogaine Detoxification Transitions Opioid and Cocaine Abusers Between Dependence and Abstinence: Clinical Observations
2. Refers to ownership in DemeRx IB. DemeRx NB ownership is 6.3%, which does not give effect to option to acquire further shares which may
3. Noribogaine Intellectual property resides in DemeRx NB

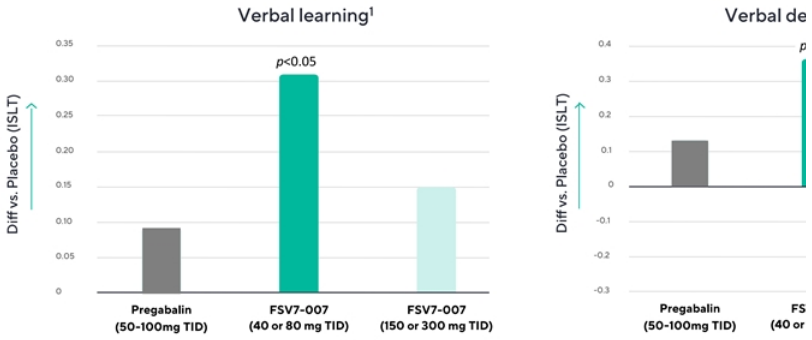
# SUMMARY

RECOGNIFY LIFE SCIENCES

| | |
|---|---|
| OWNERSHIP | 51.9% |
| PRODUCT | (2R, 3S)-2-amino-3-hydroxy-3-pyridin-4-yl-1-pyrrolidin-1-yl-propan-1-one(L)-(+) tartrate salt oral capsules (RL-007) |
| PHARMA-COLOGY | Cholinergic, glutamatergic and GABA-B receptor modulator |
| PRODUCT FEATURES | No drug-related serious adverse events in over 500 study subject exposures, pro-cognitive effects demonstrated in two Phase 1 and one Phase 2 trials |
| INDICATIONS | Primary: Cognitive Impairment Associated with Schizophrenia<br>Potential: Autism, Alzheimer's dementia |
| CURRENT STATUS | Phase 2a trial initiated in H1'21 |
| INTELLECTUAL PROPERTY | Issued composition of matter patent |
| HIGHLIGHT | Previous Phase 2 showed pro-cognitive potential of RL-007 in 180 patients with diabetic peripheral neuropathic pain |

# RL-007 has previously shown pro-cogn human clinical studies

## PRIOR EVIDENCE IN HUMANS




**ONGOING PHASE 2 TRIAL:** Single-arm, single-blind dose-ranging clinical trial

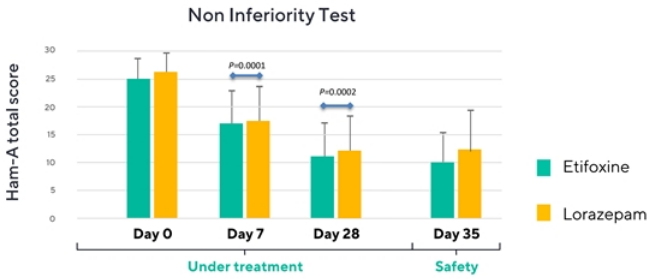

Note: CIAS = Cognitive impairment associated with schizophrenia; RL-007 is (2R, 3S)-2-amino-3-hydroxy-3-pyridin-4-yl-1-pyrrolidin-1-yl-propar
1. Verbal learning was assessed by the "International Shopping List Task" (ISLT)
2. Verbal delayed recall was assessed by ISLT with a delayed recall, as a parameter for short-term memory

## SUMMARY

| | |
|---|---|
| OWNERSHIP | 53.8% |
| PRODUCT | Deuterated etifoxine HCl oral dosage form (GRX-917) |
| PHARMA-COLOGY | Etifoxine facilitates endogenous production of neurosteroids like allopregnanolone through agonist activity at the mitochondrial translocator protein (TSPO) |
| PRODUCT FEATURES | GRX-917 is designed to have rapid onset activity of anxiolytic activity like benzodiazepines but without the sedating, addicting, or cognitive impairing properties |
| INDICATIONS | Primary: Generalized Anxiety Disorder<br>Potential: Social Anxiety Disorder, Postpartum Depression |
| CURRENT STATUS | Phase 1 trial initiated in H1'21 |
| INTELLECTUAL PROPERTY | Issued composition of matter on deuterated etifoxine (GRX-917) and corresponding methods of use |
| HIGHLIGHT | GRX-917 is aimed to be an improved version of Etifoxine, which already showed promising results |

# GRX-917 has the potential for benzodia onset efficacy with improved safety and

**PRIOR EVIDENCE IN HUMANS** (THIRD PARTY STUDY[1])




**Etifoxine**
with etifo
treatmen

**Etifoxine**
of over **14**
cases of a

**ONGOING PHASE 1 TRIAL**


Note: HAM-A = Hamilton Anxiety Rating Scale, SD = standard deviation, qEEG = Quantitative electroencephalography, PK = Pharmacokinetics.


1. Nguyen et al., "Efficacy of etifoxine compared to lorazepam monotherapy" (2006)
2. Cottin et al., "Safety profile of etifoxine: A French pharmacovigilance survey" (2016)

# SUMMARY

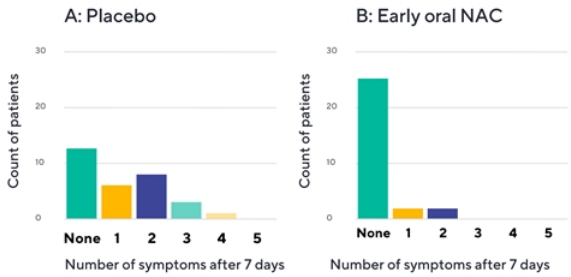
Neuronasal

| | |
|---|---|
| OWNERSHIP | 56.5% |
| PRODUCT | Intranasal N-acetylcysteine (NN-101) |
| PHARMA-COLOGY | N-acetylcysteine (NAC) stimulates glutathione production thus reducing oxidative damage |
| PRODUCT FEATURES | Direct-to-brain intranasal administration showed to increase concentrations in the brain and reduce side effects associated with very high doses of oral or IV NAC |
| INDICATIONS | Primary: mild Traumatic Brain Injury<br>Potential: Parkinson's Disease |
| CURRENT STATUS | Pilot study completed in H2'20,<br>Phase 1 trial anticipated to initiate in mid '21 |
| INTELLECTUAL PROPERTY | Pending patent on methods of use of NAC for treating post-concussion syndrome |
| HIGHLIGHT | Improved brain-penetration of NN-101 and NAC effect in early mTBI |

# NN-101 has the potential to become the pharmacological treatment for mTBI

**PRIOR EVIDENCE IN HUMANS** (THIRD PARTY STUDY[1] AND NEURONASAL PILOT)

**Treatment of 81 mTBI patients with NAC (24h post blast) increased probability of symptom resolution by ~2x (OR = 3.60, $p$ = 0.0062 overall)**




**PLANNED PHASE 1 TRIAL:** Single-site, 4-part clinical trial

RANDOMIZED OPEN LABEL | FORMULATION COMPARISON | ESCALATING DOSE

**Subject cohort:**
Healthy volunteers

**Objective:**
Identify optimized drug and device

Note: HAM-A = Hamilton Anxiety Rating Scale..

1. Hoffer et al., "Amelioration of acute sequelae of blast induced mild traumatic brain injury by N-acetylcysteine: a double-blind, placebo-contr

# SUMMARY

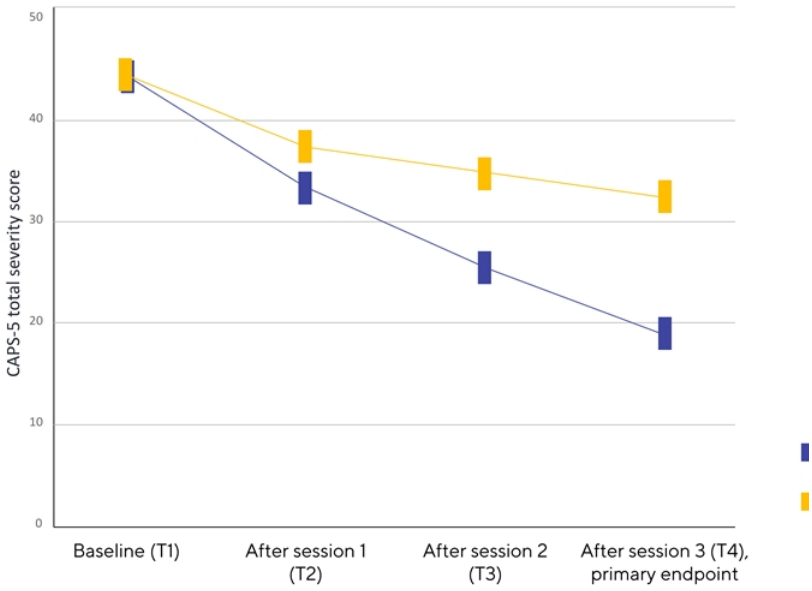
EmpathBio

| | |
|---|---|
| OWNERSHIP | 100% |
| PRODUCT | EMP-01 is an oral formulation of an MDMA derivative being developed for the treatment of PTSD |
| PHARMA-COLOGY | A monoamine releaser and reuptake inhibitor with prominent effects on serotonin (5-HT) |
| PRODUCT FEATURES | An entactogen; a compound class that increases feelings of empathy and closeness--with a potentially improved cardiovascular profile compared to MDMA |
| INDICATIONS | Primary: Post-traumatic Stress Disorder<br>Potential: General Anxiety Disorder |
| CURRENT STATUS | Phase 1 trial anticipated to initiate in mid '22 |
| INTELLECTUAL PROPERTY | Filed provisional on formulation, combination approach |
| HIGHLIGHT | EMP-01 is aimed to be an improved version of MDMA to treat PTSD symptoms, through an improved cardiovascular profile and potential digital therapeutic support |

# MDMA-assisted psychotherapy signific PTSD symptoms in 90 severe PTSD pat

**PRIOR EVIDENCE IN HUMANS** (THIRD PARTY STUDY[1])

**MDMA-assisted therapy significantly reduced CAPS-V scores in PTSD patients (prim**




Note: Change in CAPS-V total severity score from T1 to T4 (P < 0.0001, d = 0.91, n = 89 (MDMA n = 46)), as a measure of the primary outcome. Primary analysis was completed using least square means from a mixed model repeated measure (MMRM) analysis model; (n=90)
Mitchell et al., "MDMA-assisted therapy for severe PTSD: a randomized, double-blind, placebo-controlled phase 3 study" (2021)

# Deep dive Introspect: Powerful digital therapeutics strategies across the pipeline with goal to improve treatment outcomes

**Pear Tx created a precedent** | **Positive regulatory sentiment** | **atai's oppo**

reSET-O © from Pear Therapeutics is the first prescription digital therapeutic that obtained FDA approval for treatment of patients with OUD (2018)


FDA is supporting and stimulating Digital Health initiatives[1]:


Aimed at improved th outcomes

Regulatory exclusivit development of com (i.e., digital app + drug

Combination also provides opportunity IP scope expansion

1. FDA, "Digital Health Innovation Action Plan" (2018)

# Recent achievements and upcoming value inflection points


Notes: FSI = First subject in, SQ = Subcutaneous, IV = Intravenous, BA = Bioavailability

# Financial Position

| | |
|---|---|
| **Issuer (ticker)** | ATAI Life Sciences N.V. (NASDAQ: ATAI) |
| **Market capitalization** | ~$2.8B[1] |
| **Outstanding shares** | 154.8M |
| **Cash & cash equivalents** | • ~$449M cash & cash equivalents as of March 31, 2021[2]<br>• In the second quarter of 2021, atai successfully completed an IPO and raised total gross proceeds of ~$258.8M (including the underwriters' allotment)<br>• atai is well financed to fund planned operations through 2023 |

APEIRON INVESTMENT GROUP · NOVATOR · CATALIO CAPITAL MANAGEMENT · THIEL · GALAXY · WOODLINE PARTNERS · FUTURE VENTURES · SUBVERSIVE CAPITAL · FALCON EDGE CAPITAL · MOORE CAPITAL MANAGEMENT, LP · puravida INVESTMENTS

(1) As of June 9, 2021
(2) After giving effect to our Series D and IPO financings.

atai
LIFE SCIENCES

**Investor Contact:**
Greg Weaver
Chief Financial Officer
Email: greg.weaver@atai.life

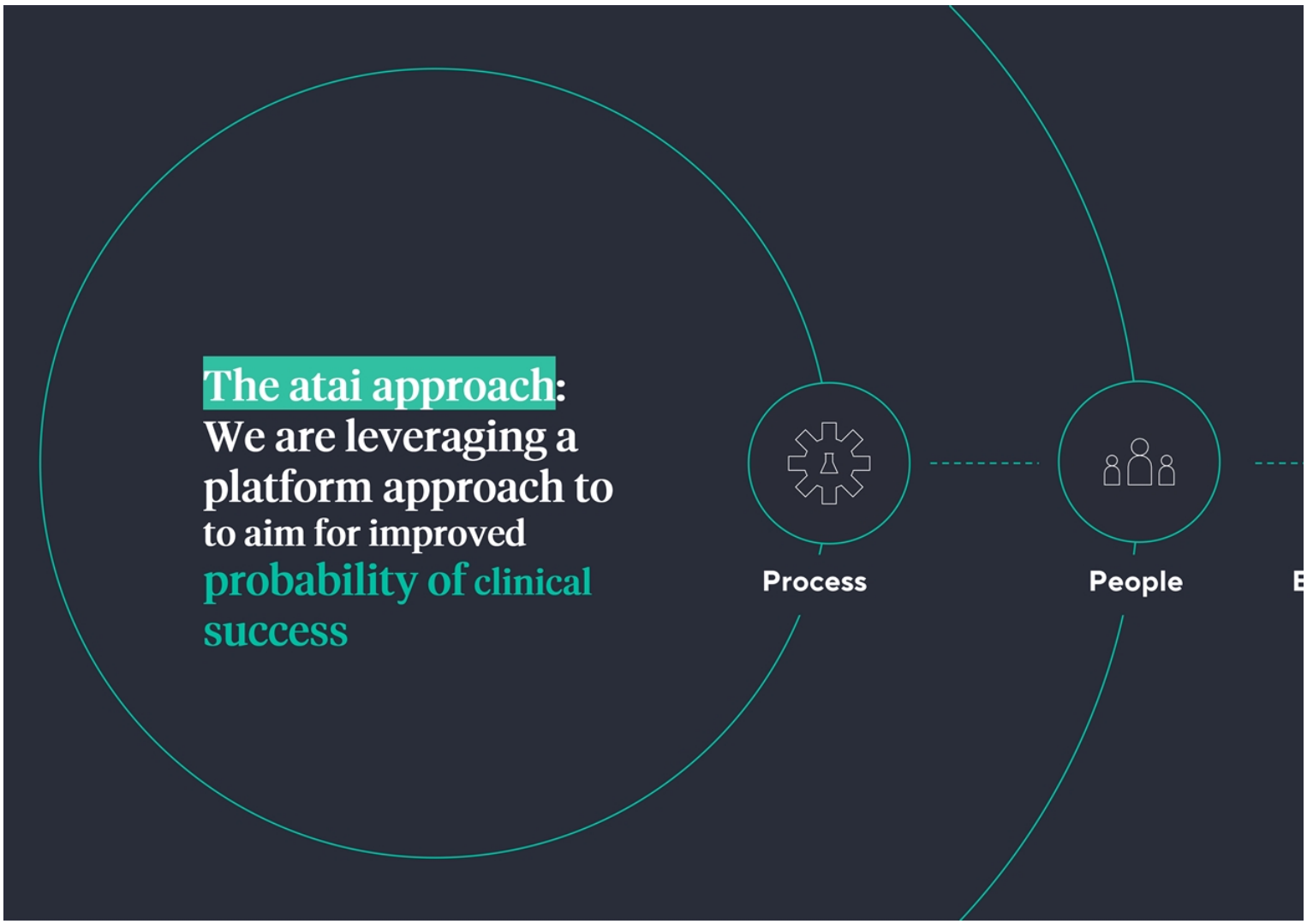
atai LIFE SCIENCES

# Appendix

## ATAI PLATFORM

## INDICATION DEEP DIVES:

- Overview
- Depression
- CIAS
- SUD
- Anxiety
- mTBI
- MoA


The atai approach:
We are leveraging a platform approach to
to aim for improved
probability of clinical success
Process
People

# The atai model: Rigorous process paired with the right people and enabling technologies as our approach to increase probability of suc

**Process**

- Disciplined selection criteria (including prior evidence in humans)
- Impactful capital allocation to acquired and incubated companies
- Strategic value capture and high degree of optionality

**People**

- Small teams with entrepreneurial autonomy develop our compounds
- Operational involvement of interdisciplinary atai team
- Access to experienced group of strategic advisors and KOLs

**Enabling T**

- Digital Thera
- Formulation
- AI-enabled

# Our process is designed to aim for effective program selection, drug development and value capturing

### Disciplined New Program Selection

- Prior evidence in humans to increase probability of success
- Differentiated treatment effect to address unmet patient needs
- Significant commercial potential and complementary to drug candidates already in pipeline

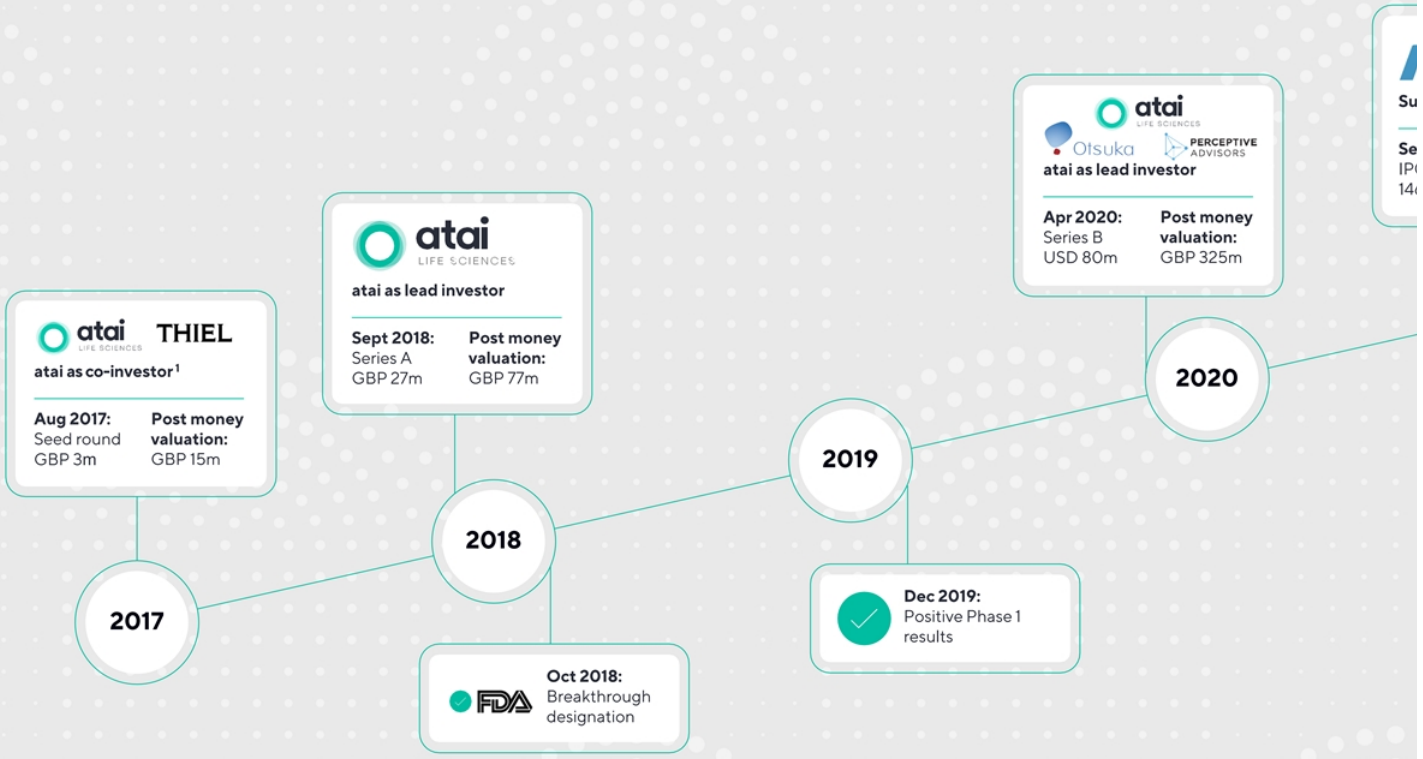
### Capital Allocation and Decentralized Operations

- Small teams with entrepreneurial autonomy develop our drugs
- Access to milestone-based funding, shared services and enabling tech
- Economies of scope and cross-fertilization across our development programs

### Optior Strategic V

- Internal Dev
- Strategic Pa
- IPO

# Case study: COMPASS Pathways creates a precedent for atai's compa
# From foundation in 2017 to public company today




1. atai co-founder, Christian Angermayer (though his family office, Apeiron) was initial investor into Compass which shareholding was contributed to atai upon atai's incorporation
2. Market Cap as of July 9, 2021

# Our People: 50 atai professionals with strong track record and a group of ex advisors support the CEOs of our companies with the execution of our trial


**Greg Bates**
VP, Regulatory Affairs


**Carrie Bowen, PhD**
Director, Neuroscience


**Glenn Short, PhD**
VP, Early Development


**Anne Johnson**
VP, Global Controller


**Ryan Barrett**
GC & Lead of Corporate Developm


**Georgina Kilfoil, PMP**
VP, Clinical Operations


**Majed Fawaz, PhD**
VP, CMC


**Roman Dahl**
VP, Operations & Innovation


**David Keene**
VP, Digital Therapeutics


**Danny Talati**
Director, Business Development


**Arvind Tewari**
VP, Digital Strategy and Operations


**Paul Simboli**
Director, IP Counsel


**Galyna Pidpruzhnykova, PhD**
Director, Innovation Strategy


**Sarah McEwen, PhD**
Director, Clinical Science


**Frank Stegert**
VP, Operations and Investment


**Alan Schatzberg, MD**
Scientific Advisor
COMPASS and GABA


**John Krystal, MD**
Scientific Advisor


**Frank Sasinowski**
Regulatory Advisor


**Amir Kalali, MD**
Business Advisor


**Terence A. Kelly, PhD**
CEO Perception Neuroscience


**Ian Massey, DPhil**
CEO GABA Therapeutics


**Deborah Mash, PhD**
CEO DemeRx


**Tom Bradshaw**
CEO Neuronasal


**Matthew Pando, PhD**
CEO Recognify

**~150** FTEs / consultants across atai's companies

**50** Professionals in atai core team

Core atai team collectively led **13** NDAs through regulatory approval




# Our enabling technologies are designed to drive efficient drug discovery and improved treatment outcomes

## Digital Therapeutics

Introspect

- **Wholly owned digital therapeutics platform** dedicated to providing more comprehensive, personalized care management with potential to secure stronger IP protection

Psyber

- **Utilizes digital combination tools** to empower atai's programs, such as remote monitoring and remote counseling

## AI Enabled Drug Discovery

EntheogeniX

- **Joint venture with Cyclica**, with atai currently owning 80%
- **AI-enabled computational biophysics platform** designed to optimize and accelerate drug discovery
- **Potential to be a product engine** for atai supporting the next generation of novel programs

## Form
## Biomarke

Ps

- **Metabolomi** to develop p

Inn

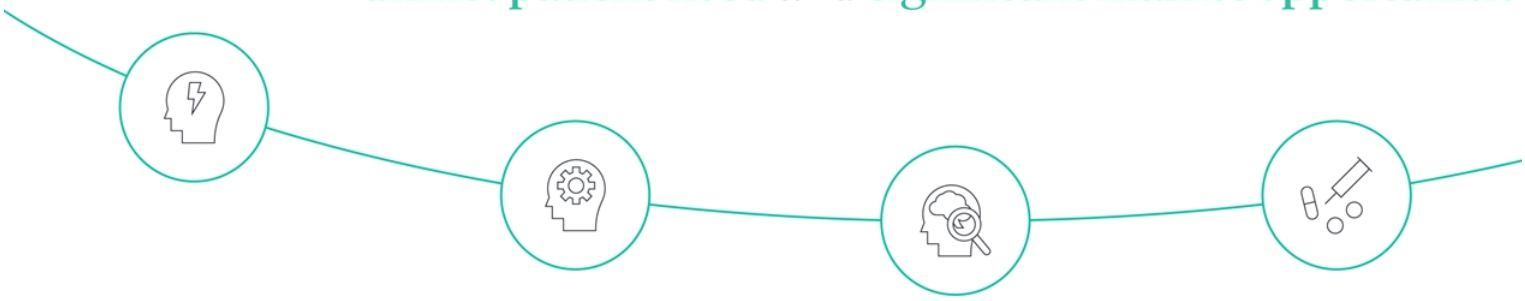
- **Joint ventur** direct-to-bra

Int

- **Partnership** Innovative tr

# Decentralized drug development approach with deep therapeu
focus on mental health disorders

# We are initially focused on mental health disorders (DSM-V) with unmet patient need and significant market opportunities



## ~300m

**Patients with Depression (global)[1]**

~33% of patients are resistant to front line treatments

## ~40m

**Patients with Anxiety Disorders (US)[2]**

Current treatments have slow onset (4- 12 weeks) or side effects including sedation

## ~18m

**Patients with Cognitive Impairment Associated with Schizophrenia (global)[3]**

No pharmacological treatments approved for CIAS

## ~20m

**Patients with Substance Use Disorder (US)[4]**

~75% of patients relapse within one year of treatment

1. World Health Organization (2020)
2. Anxiety and Depression Association of America (2020)
3. Using CSCI Criterion; Reichenberg et al., "Neuropsychological Function and Dysfunction in Schizophrenia and Psychotic Affective Disorders" (2009)
4. SAMSHA - National Survey on Drug Use and Health (2017)
5. Georges et al, "Traumatic Brain Injury", NCBI (2020)

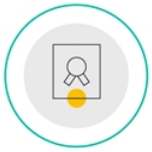
# Robust Ability to Block Strategy: IP, regulatory and restrictive covenants create framework for excluding would-be competitors

Robust Specialty Pharma IP Strategy

Drug & Digital Combo Therapeutics Exclusivity Strategy

Differential De-scheduling

Strategic Restrictive Covenants

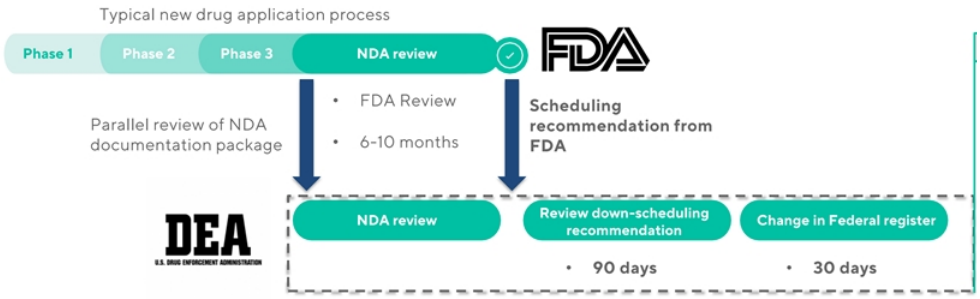


Leading IP and Regulatory Advisors

Additional **DEA process for schedule 1 process**, takes approx. 4 months

**Successful precedents** include GHB and THC

# FDA evaluates NDAs and shares a recommendati DEA on down-scheduling of the particular compo




| | Jazz Pharmaceuticals | UniMed UniHealth Pharmaceuticals |
|---|---|---|
| **Brand name** | Xyrem | Marinol (Dronabinol) |
| **Compound** | Sodium oxybate (sodium salt of GHB*) | THC (delta-9-tetrahydrocannabinol in sesame oil) |
| **Indication** | Narcolepsy | Chemotherapy-induced nausea |
| **Launch** | 2002 | 1985 |

Source: FDA website
* GHB = γ-hydroxybutyric acid

# Depression

# Depression

**Opportunity Overview**

Treatment resistant depression (TRD) is diagnosed after two failed courses of antidepressants.


## Treatment options for TRD

- Antidepressants
- Augmentation therapy[1]
- S-ketamine
- Somatic therapy[2]
- High-intensity psychological interventions

**~300m**
**Global sufferers of depression[3]**

**~60-70%**
**Likelihood of relapse from current SoC[4]**

**2**
**Approved drugs for TRD (Spravato, Symbyax)**

**$8bn+**
**Relative market opp (antidepressant sa 2025)[6]**

1. Includes mood stabilizers, atypical antipsychotics, and esketamine.
2. Includes rTMS (repetitive transcranial magnetic stimulation), tDCS (transcranial direct current stimulation), ECT (electroconvulsive therapy), and DBS (deep-brain stimulation).
3. World Health Organization (2020)
4. Hasler et al., Acute psychological and physiological effects of psilocybin in healthy humans: a do (2004)
5. Pandarakalam, 2018; Sussman et al., 2018; Gaynes et al., 2019
6. Evaluate Pharma (as of 19.03.2021)

# atai is targeting depression via multiple complementary appr

# Cognitive Impairment Associated with Schizophrenia

# Cognitive Impairment Associated with Schizophrenia (CIAS)

**Opportunity Overview**

Schizophrenia is a chronic, psychiatric disorder characterized by a heterogeneous combination of symptoms, including psychosis, social withdrawal, flat emotional affect and cognitive impairment. Nearly all schizophrenia patients are affected by CIAS, limiting both social and non-social cognitive functions.

**To date, there are no pharmacological treatments approved for CIAS**

**~21m**

**Global sufferers of schizophrenia [1]**

**~84%**

**of schizophrenia patients suffer from significant cognitive impairment[2]**

**~$155bn+**

**Estimated annual US economic burden due to schizophrenia[4]**

**$13bn+**

**Relative market oppo (antipsychotic sale 2025)[5]**

1. Charlson et al., "Global Epidemiology and Burden of Schizophrenia: Findings From the Global Burden of Disease Study" (2016)
2. Using CSCI Criterion; Reichenberg et al., "Neuropsychological Function and Dysfunction in Schizophrenia and Psychotic Affective Disorders" (2009)
3. Laursen, Nordentoft & Mortensen, "Excess early mortality in schizophrenia" (2014)
4. Cloutier et al., "The Economic Burden of Schizophrenia in the United States in 2013" (2016)
5. EvaluatePharma (as of 19.03.2021)

PIPELINE SUMMARY

**9 Clinical Stage Therapies in Development for CIAS**

**12 Pre-Clinical Stage Therapies in Development**

**17 Different Mechanisms of Action**

# RL-007 is well positioned, combining a history o signal of pro-cognitive effects in humans

Overview of Leading Clinical Stage Competitors for Cognitive Impairment Associated with Schizophrenia (CIAS)

| | RECOGNIFY LIFE SCIENCES | sunovion | Boehringer Ingelheim | Neurocrine Biosciences | Pfiz |
|---|---|---|---|---|---|
| **Therapy** | **RL-007** | SEP-363856 | BI-425809 | NBI-1065844 | PF-03 |
| **Primary Indication** | **CIAS** | Schizophrenia | CIAS | Schizophrenia | CIAS |
| **MoA** | **GABA / nicotinic modulator** | TAAR1 agonist | GlyT1 inhibitor | DAAO inhibitor | GlyT1 i |
| **Current Phase** | **II** | III | II | II | II |
| **Notes** | **Previously assessed in over 500 subjects for other indications with no serious adverse events observed** | Breakthrough therapy designation, being developed for schizophrenia but recently demonstrated small improvements in cognitive measures | Completed Phase II with positive results | Failed to achieve primary endpoint of easing the negative symptoms of schizophrenia, but met secondary endpoints of cognitive improvement | Ongo |

Note: GABA = Gamma aminobutyric acid; TAAR1 = trace amine-associated receptor; GlyT1 = Glycine Transporter 1,; AAO = D Amino Acid Oxidase; AMPA = α-amino-3-hydro
Sources: GlobalData, Evaluate Pharma (both as of 2021)

# Substance Use Disorder

# Substance Use Disorder (SUD)

**Opportunity Overview**

Substance use disorders are highly prevalent disorders characterized by an inability to control the use of a legal or illegal drug, medication or other psychoactive compound

**Treatment options for Opioid Use Disorder (OUD)**

Synthetic opioid receptor agonists (methadone and buprenorphine)

Opioid antagonists (naltrexone and naloxone)

~20m

**US sufferers of SUD in 2017[1]**

~2m

**US sufferers of OUD in 2017[1]**

$787bn

**Societal cost associated with OUD in US[3]**

~75%

**of patients undergo therapy experienc within one ye**

1. SAMSHA - National Survey on Drug Use and Health (2017)
2. Wilson et al., "Drug and opioid-involved overdose deaths – United States, 2017-2018" (2020)
3. Murphy, "The cost of opioid use disorder and the value of aversion" (2020)
4. Sinha, "New Findings on Biological Factors Predicting Addiction Relapse Vulnerability" (2011)

SUMMARY

**DMX-1002 could potentially become a paradigm-shifting therapy for Opioid Use Disorder**

**Current standard of care for OUD is medication therapy, requiring opioid substitutes that carry significant side effects**

**Current strategies for withdrawal support have high rates of relapse**

# DMX-1002 has the potential to become the first modifying treatment for OUD, minimizing risk

| | Therapy | Mechanism of Action | Single Therapeutic Episode | No Opi... Eff... |
|---|---|---|---|---|
| **Disease Modification**<br>Single dose administered in monitored setting, providing both withdrawal support and oneiric experience with goal of complete remission | Ibogaine (DMX-1002)<br>DemeRx | Mixed MoA | ✓ | ✓ |
| **Withdrawal Support**[2]<br>Therapies given for symptomatic management during supervised withdrawal (detoxification) | Clonidine | Alpha-2 agonist | ✓ | ✓ |
| | Lofexidine | Alpha-2 agonist | ✓ | ✓ |
| **Medication Assisted Therapy**[1]<br>Daily therapy given in substitution of opioid in outpatient setting in attempt to wean off from opioid | Methadone | Mu-agonist | | |
| | Buprenorphine | Partial Mu-agonist | | |
| | Naltrexone | Mu-antagonist | | ✓ |

Source: GlobalData, Evaluate Pharma (both as of 2021)
1. Current Standard of Care
2. Rarely used given high rates of relapse. Used primarily in institutional or penitentiary settings

# Anxiety

# Anxiety

**Opportunity Overview**

Anxiety disorders develop when feelings of apprehension and unease persist over an extended period and potentially worsen over time


**Treatment options for anxiety disorders**

Antidepressants (SSRIs)

Benzodiazepines

Psychotherapy

~40m

**Anxiety disorder sufferers in the US[1]**

#1

**Most common mental health disorder in the US[1]**

<50%

**Less than half of patients with Anxiety disorder in the US receive treatment[2]**

$42bn+

**Annual societal cos anxiety disorders in th**

1. National Alliance on Mental Illness (2021)
2. Anxiety and Depression Association of America (2021)
3. DeVane et al., "Anxiety Disorders in the 21st Century: Status, Challenges, Opportunities, and Comorbidity With Depression", AJMC (2005)

SUMMARY

**There is an unmet need in GAD for therapies with rapid onset, high efficacy, and minimal side effects**

**SSRI's are current standard of care for GAD but require 4-6 weeks for onset of effect and have several disadvantages[1]:**

1. SSRI/SNRI-specific inadequacy
2. Lack of tolerability
3. Patient nonadherence to medications that fail to relieve symptoms of anxiety quickly

**Benzodiazepines are second-line treatment, offering fast and effective relief, but carrying significant risk of:**

1. Sedation
2. Impaired cognition
3. Dependence/addiction

# GRX-917 can fill unmet need in Generalized Anx (GAD) with rapid onset and favorable safety pr

Overview of Current Therapeutic Options for Generalized Anxiety Disorder

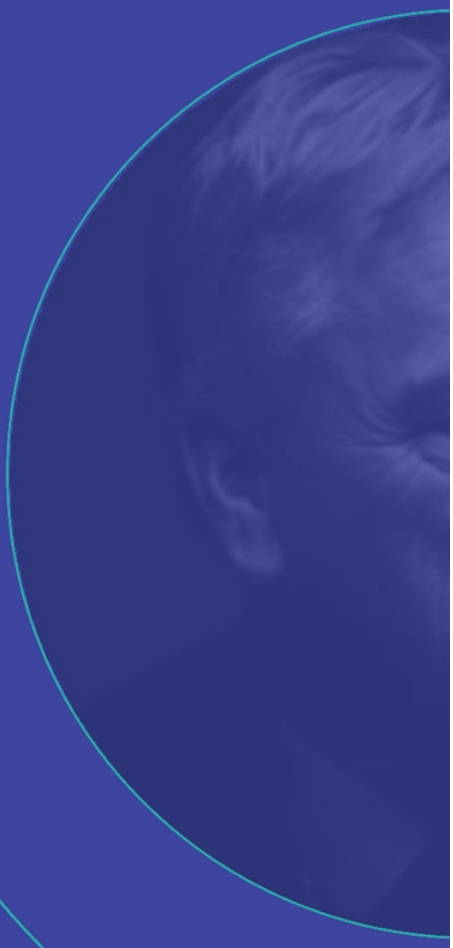
| Class | Examples | Mechanism of action | Favorable safety profile | Rapid Onset | High Effica |
|---|---|---|---|---|---|
| Benzoxazine | deu-etifoxine (GRX-917) gaba | $GABA_A$ Channel and TSPO Potentiation | ✓ | ✓ | ✓ |
| Selective Serotonin Reuptake Inhibitor (SSRI) | Escitalopram | SERT blockade | ✓ | | |
| Serotonin and Norepinephrine Reuptake Inhibitor (SNRI) | Venlafaxine | SERT AND NET blockade | ✓ | | |
| Benzodiazepines | Alprazolam | $GABA_A$ Potentiation | | ✓ | ✓ |
| Tricyclic Antidepressant (TCA) | Imipramine | Mixed MoA | | | |
| Azapirones | Buspirone | partial 5-HT1A agonist | ✓ | | |
| Gabapentinoid | Pregablin | VDCC inhibition | ✓ | | |

Anticipated pharmacological profile

Note: GABA = Gamma aminobutyric acid, SERT = serotonin transporter , NET = serotonin transporter; MoA = Mechanism of Action; 5HT1a = serotonin 1A receptor; VDCC = vo mitochondrial translocator protein
Source: GlobalData, Evaluate Pharma (both as of 19.03.2021)

1. DeMartini et al., "Generalized Anxiety Disorder" (2019)

# Traumatic Brain Injury



# Traumatic Brain Injury (TBI)

**Opportunity Overview**

Traumatic brain injury typically occurs when a sudden force impacts the head or body, resulting in damage and functional impairment of the brain. atai initially focuses on mild traumatic brain injuries.

**To date, there are no pharmacological treatments approved for Traumatic Brain Injury**

**~1.7m**
**People sustain TBI each year in US[1]**

**~57k**
**Annual TBI-related deaths in US[2]**

**5.3m**
**Americans live with TBI related disabilities[3]**

**70-90%**
**of patients continue to prolonged neurocogn dysfunctions[4]**

1. Georges et al, "Traumatic Brain Injury", NCBI (2020)
2. CDC, "Surveillance Report of Traumatic Brain Injury-related Emergency Department Visits, Hospitalizations, and Deaths" (2014)
3. Thurman et al., "Report to Congress: Traumatic Brain Injury in the United States", CDC (1999)
4. Hoffer et al., "Repositioning drugs for traumatic brain injury", Journal of Biomedical Science (201

While **mental health is the initial focus**, adjacent indications may allow for **significant expansion**

**Anti-inflammatory** properties make psychedelics potentially interesting for a variety of therapeutic indications[1]

# Selected CNS indications of interest for psychedel therapeutics

| Indication | Estimated 2026 Market Size ($BN) | Academic Publications |
|---|---|---|
| Eating disorders | 7.4* | Positive effects of psychedelics on depression and eating disorder[2] |
| Obsessive-Compulsive Disorder | 3.7* | Safety, tolerability, and efficacy of psilocybin in 9 pa disorder[5] |
| Attention Deficit Hyperactivity Disorder | 3.3 | Perceived outcomes of psychedelic microdosing as substance use disorders[3] |
| Autism Spectrum Disorders | 1.4* | Lysergic acid diethylamide (LSD) promotes social b neurotransmission[4] |
| Multiple Sclerosis | 21.1 | Psychedelics and immunomodulation: novel appro |
| Ischemic/ Hypoxic Brain Injury | 20.0 | The Endogenous Hallucinogen and Trace Amine N Potent Protective Effects against Hypoxia via Sigm iPSC-Derived Cortical Neurons and Microglia-Like |
| Alzheimer's Disease | 10.6 | Psychedelics as a Treatment for Alzheimer's Diseas |
| Migraine Headache | 9.6 | Exploratory Controlled Study of the Migraine-Supp |
| Parkinson's Disease | 2.4 | Neuroprotective potential of Ayahuasca and untar to Parkinson's disease[8] |
| Amyotrophic lateral sclerosis | 1.0 | Psychedelics as a novel approach to treating autoir |
| Cluster Headache | 0.3 | Response of cluster headache to psilocybin and LS |
| | 80 | |

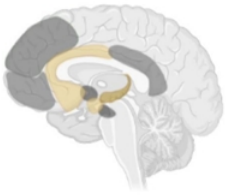
* Company estimate based on worldwide incidence

Source: EvaluatePharma for all indications with exception of Eating disorders, Autism spectrum disorder, and obsessive-compulsive disorder, for which there are no currently calculated based on estimated worldwide incidence and current yearly average cost of antidepressant therapy

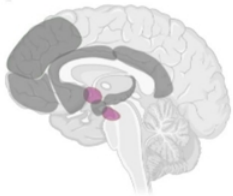
1. Flanagan & Nichols, "Psychedelics as anti-inflammatory agents" (2018). 2. Spriggs et al., "Positive effects of psychedelics on depression and wellbeing scores in individuals re Lea et al., "Perceived outcomes of psychedelic microdosing as self-managed therapies for mental and substance use disorders" (2020). 4. De Gregorio et al., "Lysergic acid di behavior through mTORC1 in the excitatory neurotransmission" (2021). 5. Moreno et al., "Safety, tolerability, and efficacy of psilocybin in 9 patients with obsessive-compulsiv Endogenous Hallucinogen and Trace Amine N,N-Dimethyltryptamine (DMT) Displays Potent Protective Effects against Hypoxia via Sigma-1 Receptor Activation in Human P and Microglia-Like Immune Cells" (2016). 7. Vann Jones & O'Kelly, "Psychedelics as a Treatment for Alzheimer's Disease Dementia" (2020) 8. Katchborian-Neto et al., "Neur untargeted metabolomics analyses: applicability to Parkinson's disease" (2020). 9. Thompson et al., "Psychedelics as a novel approach to treating autoimmune conditions" (2 immunomodulation: novel approaches and therapeutic opportunities" (2015). 11. Schindler et al., "Exploratory Controlled Study of the Migraine-Suppressing Effects of Psiloc "Response of cluster headache to psilocybin and LSD" (2006)

# atai aims to develop novel disease-modifying strategies to restore m health by focusing on neuroplasticity

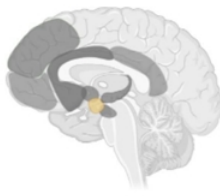
**Standard of Care**



1 **SSRIs** localized to serotoninergic pathways with slow onset, mainly **↓AN:** reduced stress, emotional blunting.

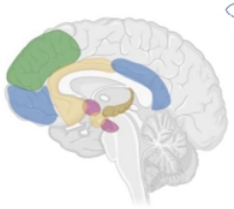


2 **Buprenorphine** **↓RN** Opioid receptor agonists for maintenance; drawbacks: respiratory depression and maintained dependency.



3 **Benzodiazepines** **↓AN:** sedation, amnesia, imp motor performance; withdraw

**atai** LIFE SCIENCES

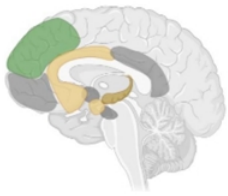


PERCEPTION NEUROSCIENCE

DemeRx IB

VIRIDIA LIFE SCIENCES

1 **Pleiotropic re-set of DMN & AN.**
2 Increased neuroplasticity combined with psychedelic experience facilitates **regaining control of CC and RN** and "unlearning" negative behaviors.



gaba

3 **Modulatory (+/-) effect on AN.** Restoration of top-down control of emotions from **CC**.

Default Mode Network **(DMN** Self awareness

Cognitive Control **(CC)**: Deci making, executive functions

Reward Network **(RN)**: Pleas

Affective Network **(AN)**: Fear response, social interaction, le processing emotions

"Watching my best friend and business partner suffer, being let down by existing treatments and finally finding comfort in psychedelic therapies, was all the inspiration I needed to commit my life to this cause."

**Florian Brand** | CEO | atai life sciences