



BrainStorm Cell Therapeutics

NASDAQ: BCLI

COMPANY UPDATE

August 2017

Chaim Lebovits, CEO

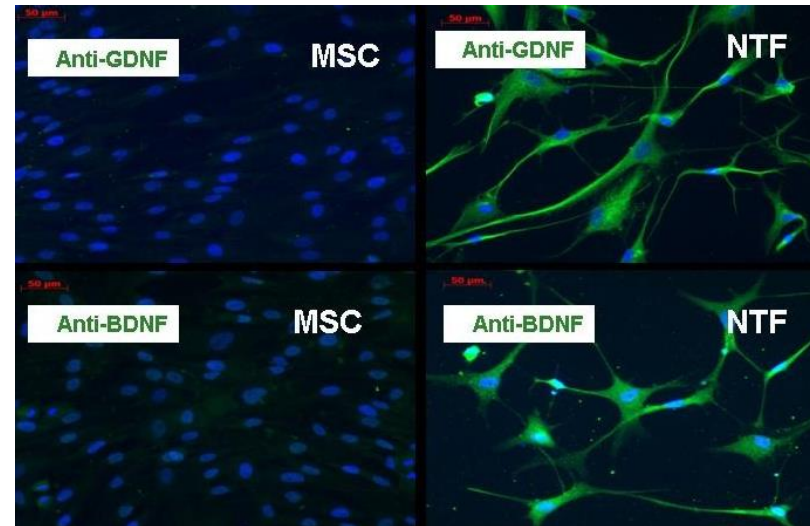
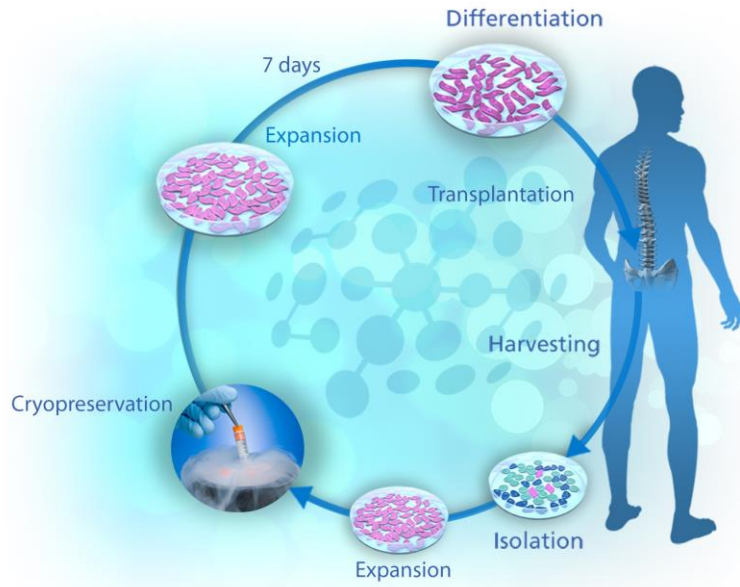
Ralph Z. Kern MD, MHSc, COO/CMO

Safe Harbor Statement

Statements in this announcement other than historical data and information constitute "forward-looking statements" and involve risks and uncertainties that could cause BrainStorm Cell Therapeutics Inc.'s actual results to differ materially from those stated or implied by such forward-looking statements. Terms and phrases such as "may", "should", "would", "could", "will", "expect", "likely", "believe", "plan", "estimate", "predict", "potential", and similar terms and phrases are intended to identify these forward-looking statements. The potential risks and uncertainties include, without limitation, risks associated with BrainStorm's limited operating history, history of losses; minimal working capital, dependence on its license to Ramot's technology; ability to adequately protect the technology; dependence on key executives and on its scientific consultants; ability to obtain required regulatory approvals; and other factors detailed in BrainStorm's annual report on Form 10-K and quarterly reports on Form 10-Q available at <http://www.sec.gov>.

These factors should be considered carefully, and readers should not place undue reliance on BrainStorm's forward-looking statements. The forward-looking statements contained in this press release are based on the beliefs, expectations and opinions of management as of the date of this press release. We do not assume any obligation to update forward-looking statements to reflect actual results or assumptions if circumstances or management's beliefs, expectations or opinions should change, unless otherwise required by law. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee future results, levels of activity, performance or achievements.

NurOwn® technology



Photomicrograph Courtesy Prof D. Offen, Tel Aviv University

- NurOwn® cells are autologous (vs. allogeneic)
- NurOwn® cells consistently secrete high levels of multiple NTFs and are immunomodulatory
- NurOwn® cells are delivered by intrathecal injection

Bone marrow is harvested and MSCs are isolated from the total bone marrow population

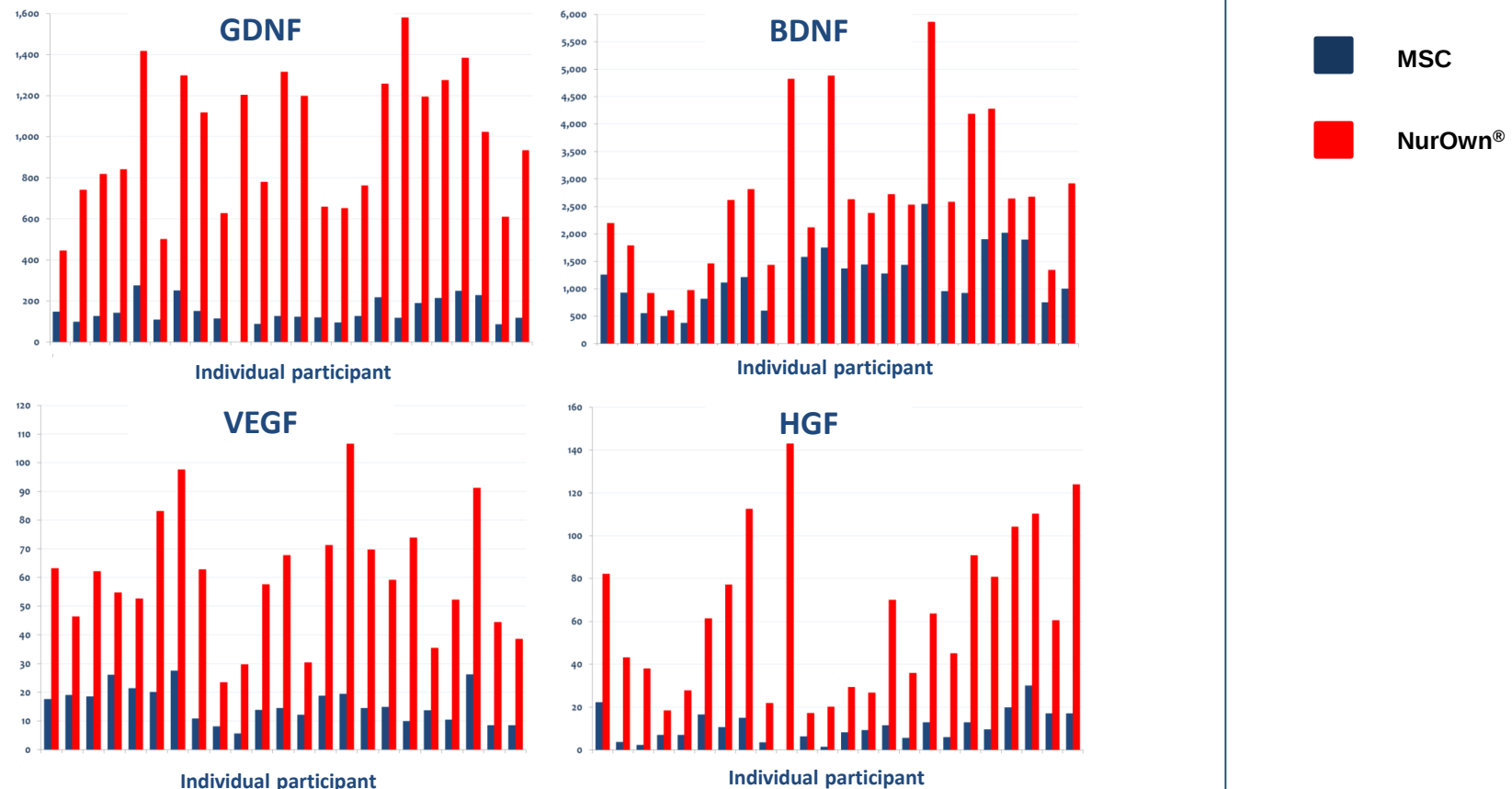
MSCs are expanded ex-vivo and cryopreserved

MSCs are thawed and induced to differentiate into NurOwn® (MSC-NTF secreting cells) (7 days)

MSC-NTF cells are characterized for identity and potency and transplanted back into the patient by IT administration

NurOwn® shows enhanced *in-vitro* NTF secretion (ALS patients and donor cell paired samples)

Enhanced in-vitro neurotrophic-factor secretion differentiates NurOwn® from MSC cells of origin in ALS patients



NurOwn® successfully evaluated in preclinical models of neurodegenerative disease

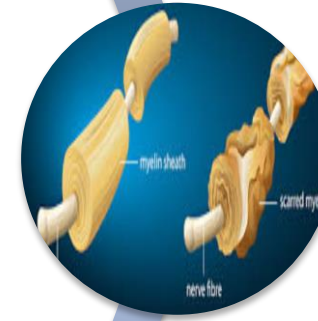
Huntington's
Disease



Parkinson's
Disease



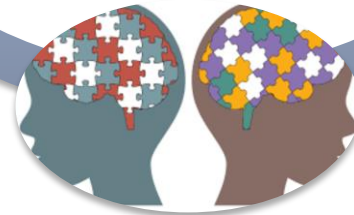
Multiple
Sclerosis



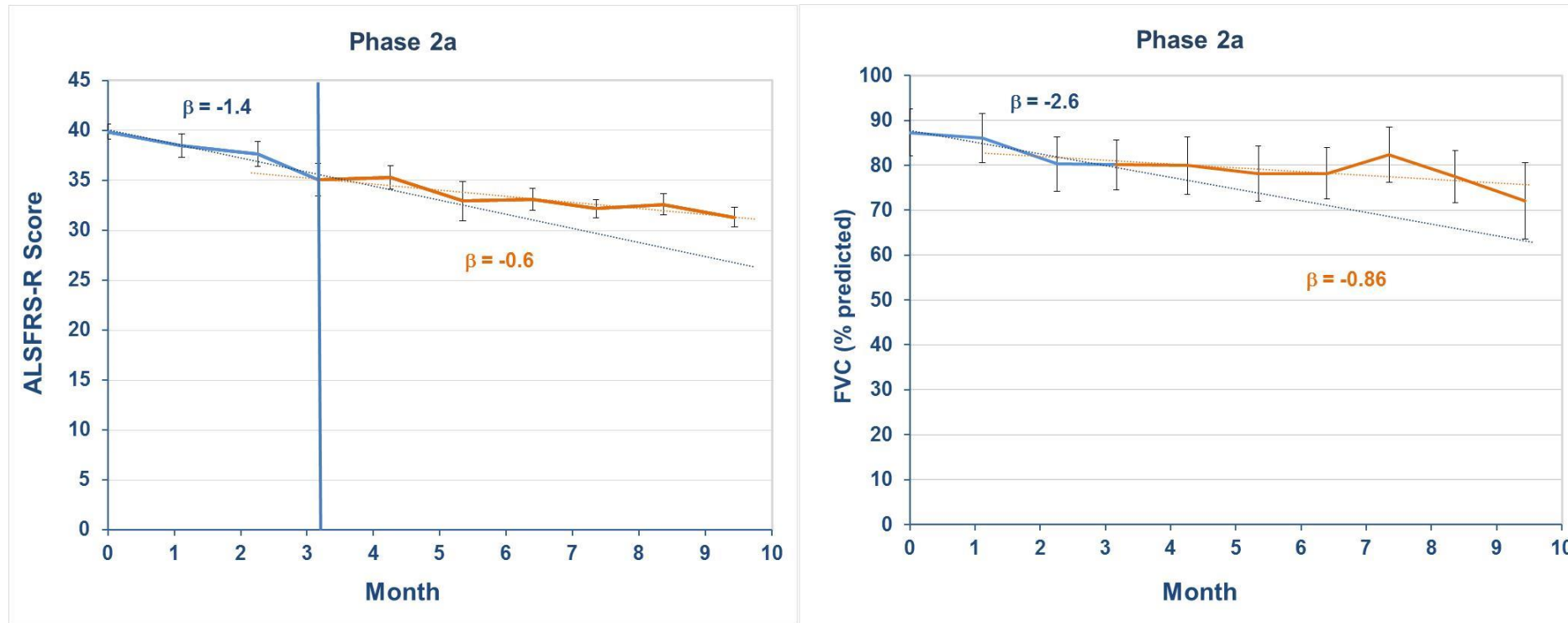
ALS



Autism



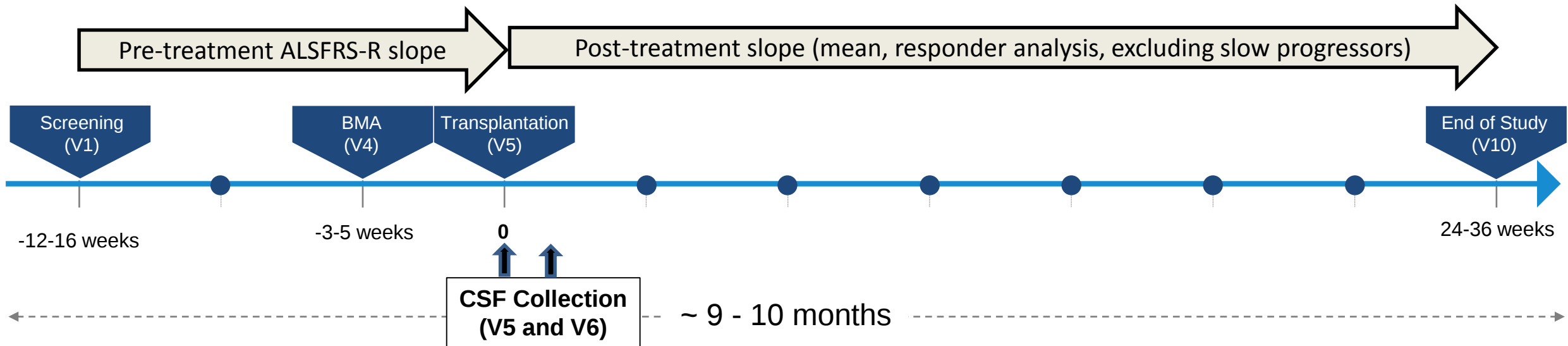
NurOwn® Phase 2a ALS Study: *Improvement in ALSFRS-R slope and FVC*



The mean ($\pm$ SEM) of the ALSFRS-R score and FVC (% predicted) of patients with ALS treated by combined intrathecal and intramuscular administration in the phase 2a study. β is the slope determined by linear regression analysis of the pretreatment and post-treatment slopes.

NurOwn® BCT-001-US Phase 2 Clinical Trial

Study Design



- 48 participants (16 per site)
- Randomized 3:1

- IM: 24 injections (12 into R biceps, 12 into R triceps); 2 million cells each
- IT: **125 million cells in 4mL**

Phase 2 ALS Study participant disposition and demographics- Baseline characteristics balanced

Disposition	MSC-NTF (N=36)	Placebo (N=12)	All Participants (N=48)
Analysis Populations	n (%)	n (%)	n (%)
Safety (ITT*)	36 (100.0)	12 (100.0)	48 (100.0)
Study Completion			
Completed	33 (91.7)	10 (83.3)	43 (89.6)
Discontinued	3 (8.3)	2 (16.7)	5 (10.4)

Demographics	MSC-NTF (N=36)	Placebo (N=12)	All Participants (N=48)
Sex	n (%)	n (%)	n (%)
Male	25 (69.4)	10 (83.3)	35 (72.9)
Female	11 (30.6)	2 (16.7)	13 (27.1)
Age (years)	Descriptive Statistics		
n	36	12	48
Mean (SD)	50.3 (11.9)	53.5 (9.11)	51.1 (11.27)

* ITT analyses included all participants

Ref. Tables 14.1.1.1, 14.1.2.2

NurOwn® BCT-001-US ALS Clinical Trial:

Endpoints

- **Primary:**
 - Safety and tolerability
- **Secondary:**
 - ALSFRS-R
 - Slow vital capacity (SVC)
- **Exploratory:**
 - Muscle strength (HHD)
 - CSF Biomarkers (added after the 1st 8 participants)

NurOwn® BCT-001-US ALS Clinical Trial:

Treatment was Safe and Well-Tolerated

- No deaths
- No treatment-related SAEs observed
- No dropouts related to AEs
- Most common adverse events (>15%; most mild/mod severity):

Adverse Event	NurOwn® (%)	Placebo (%)
Headache and Procedural Headache	80.6	66.7
Back Pain	72.2	8.3
Pyrexia	33.3	0
Arthralgia	33.3	0
Injection Site Pain	27.8	8.3
Constipation	25	8.3
Pain in Extremity	22.2	0
Neck Pain	19.4	0
Myalgia	16.7	0
Cough	16.7	0
Nausea	16.7	0

- Post-therapy SAEs related to disease progression (e.g. G-tubes) were more frequent in the MSC-NTF cells group.

Phase 2 ALSFRS-R efficacy outcomes:

ALSFRS-R- 48 points in 12
subscales

Mean change (post transplantation- pre
transplantation)

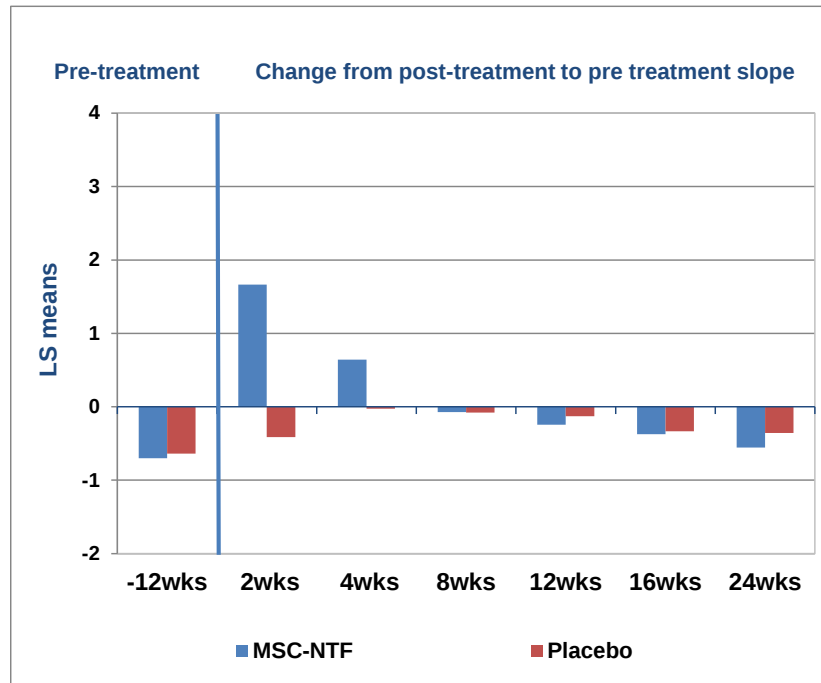
1.5 point/month responder analysis- reversal

100%+ improvement in ALSFRS-R slope- halt

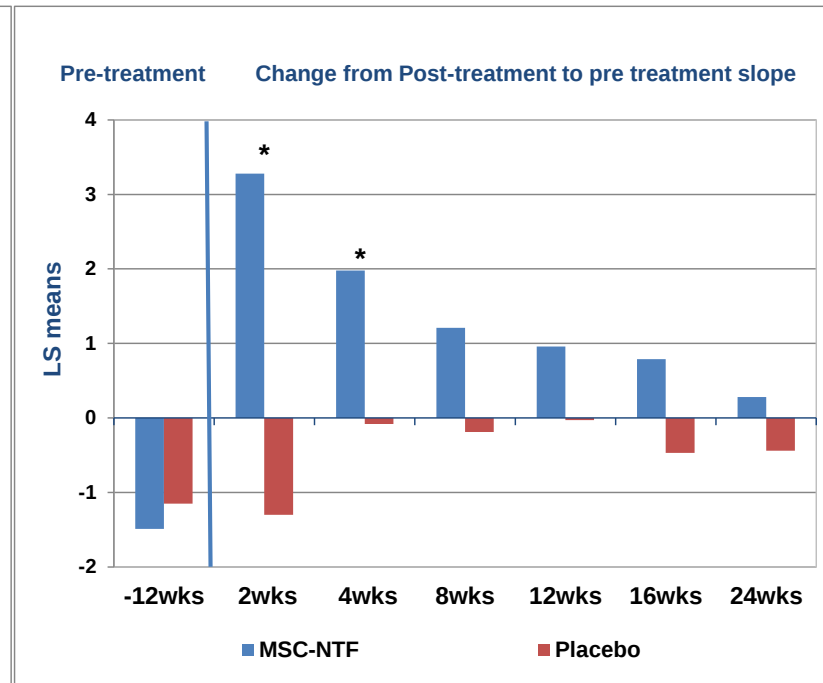
NurOwn® Phase 2 ALSFRS-R Slope Change:

Cell therapy produced improvement in mean ALSFRS-R slope

All participants (n=46)



Excluding Slow progressors (n=21)



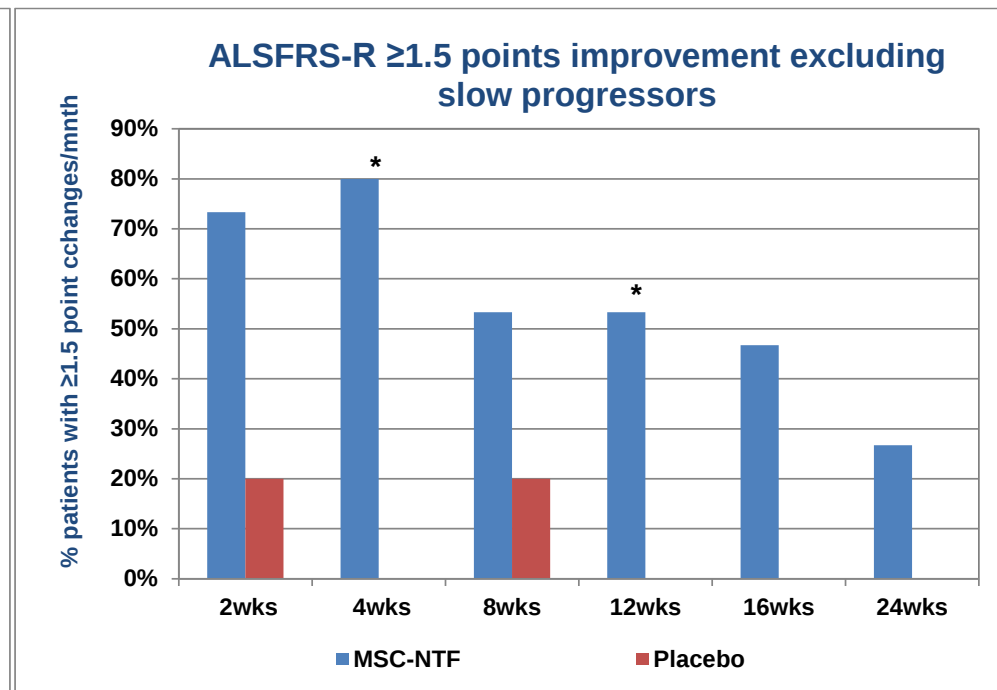
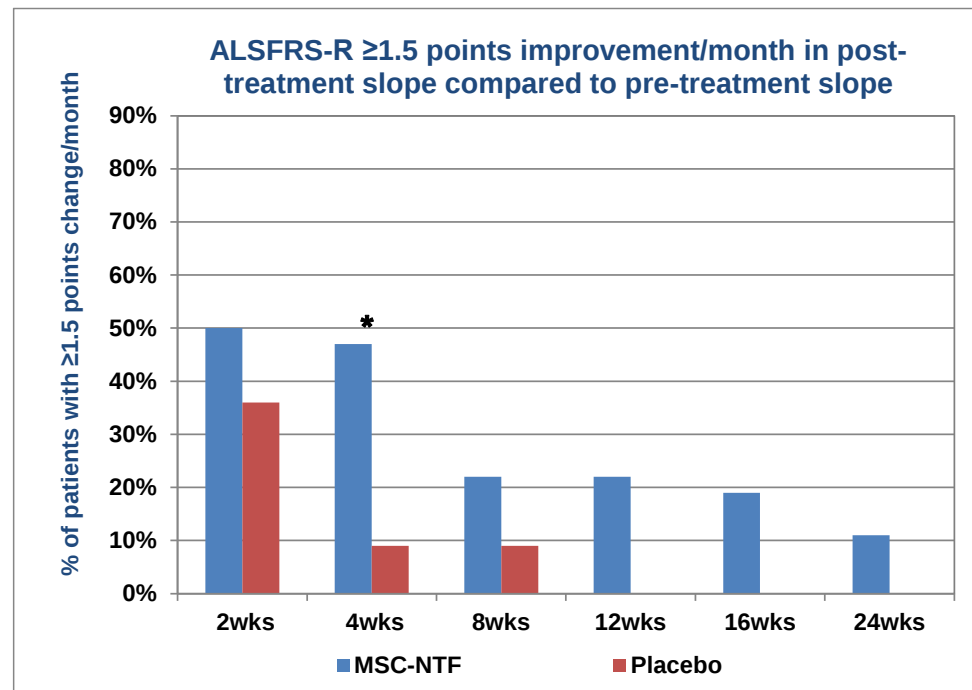
* $p < 0.05$ (two-sided t test)

NurOwn[®] Phase 2 Responder Analysis:

More participants in the NurOwn[®] cell therapy group showed ≥ 1.5 points/month improvement

All participants (n=46)

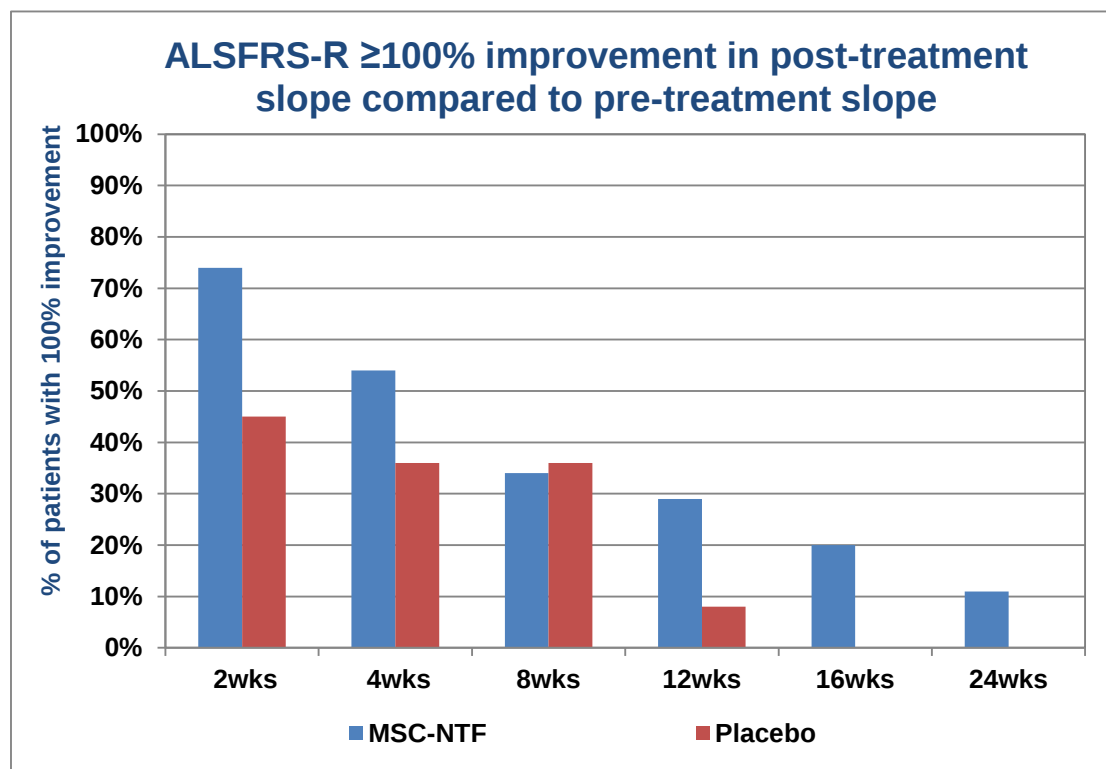
Excluding slow progressors (n=21)



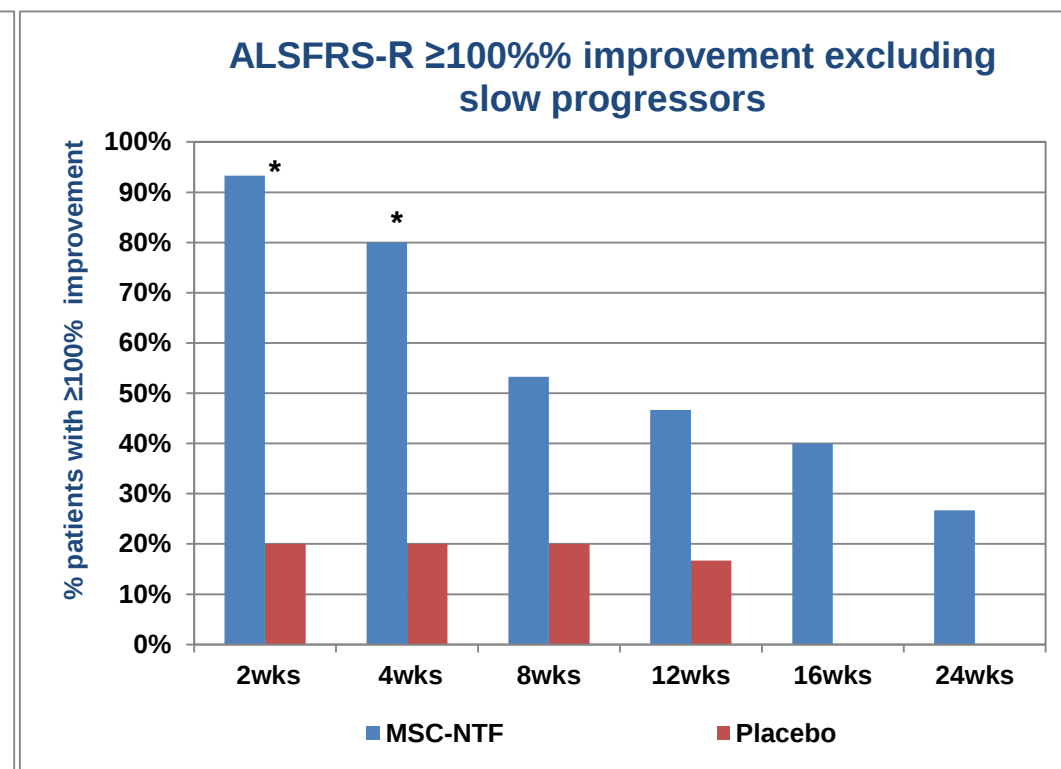
* $p < 0.05$ (two-sided Fisher's exact test)

NurOwn® Phase 2 ALS Study Responder Analysis: *$\geq 100\%$ slope improvement*

All participants (n=46)



Excluding slow progressors (n=21)

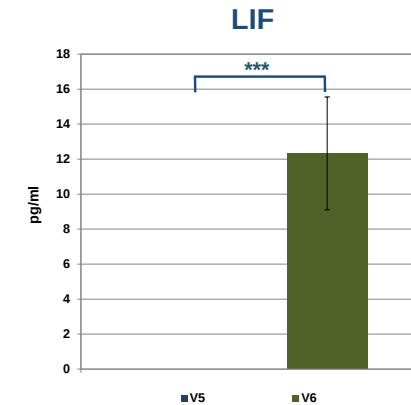
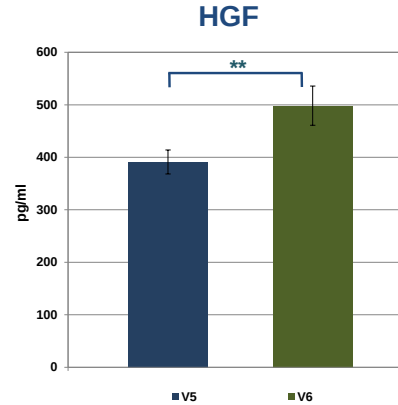
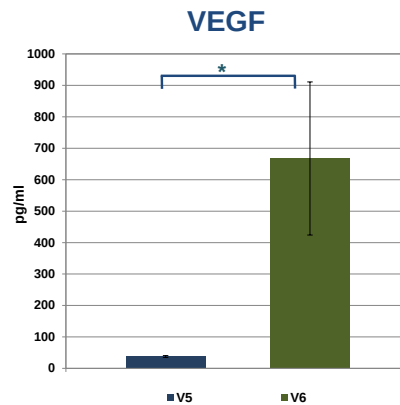


* $p < 0.05$ (two-sided Fisher's exact test)

NurOwn® Phase 2 ALS Study:

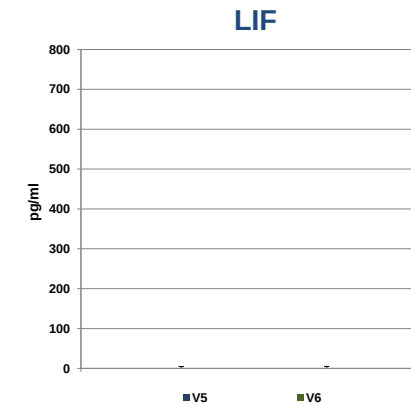
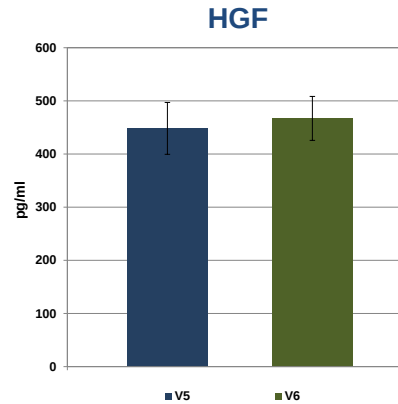
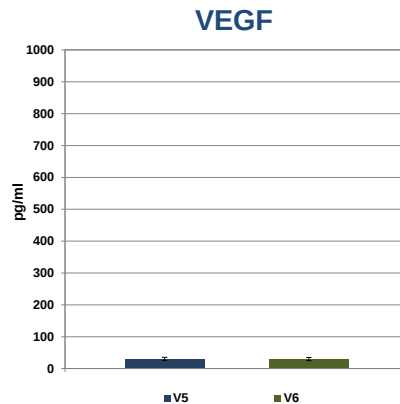
CSF NTFs Significantly Increased 2 Weeks Post-Treatment

NurOwn®
(n = 26)



■ Pre transplantation
■ Post transplantation

Placebo
(n = 9)



Mean ± SEM

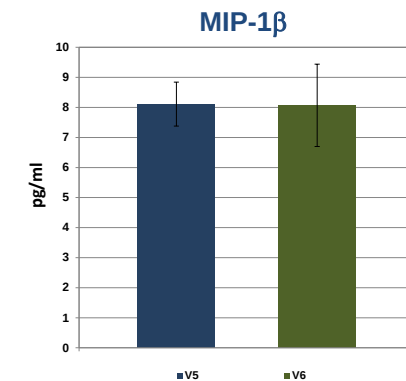
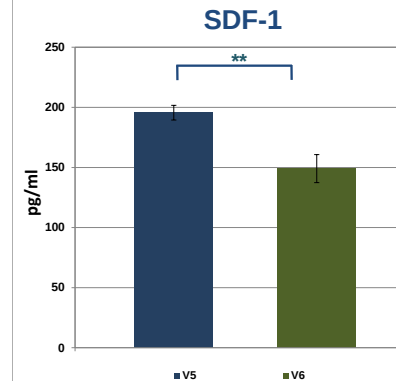
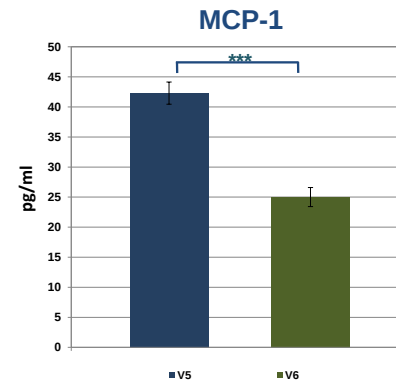
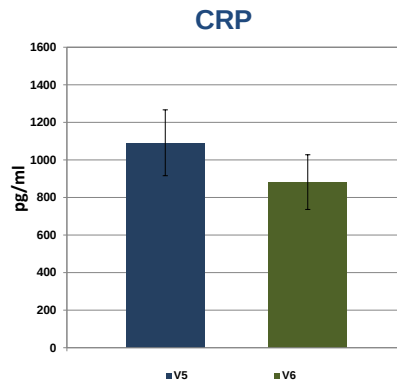
* p< 0.05 ** p<0.01 *** p< 0.001

NurOwn® Phase 2 ALS Study: CSF Inflammatory Markers Decreased Post-Treatment

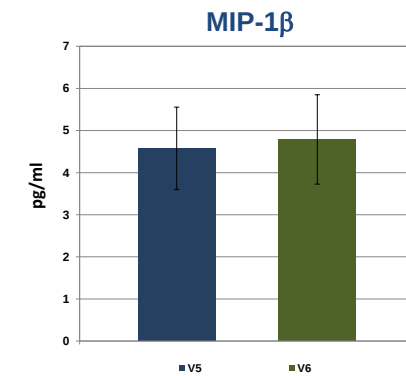
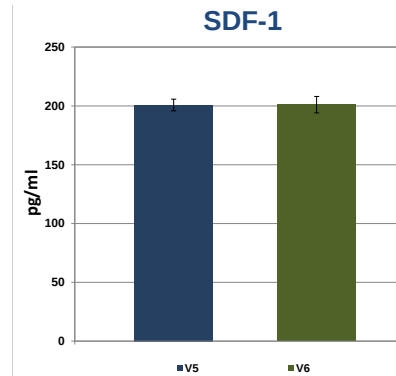
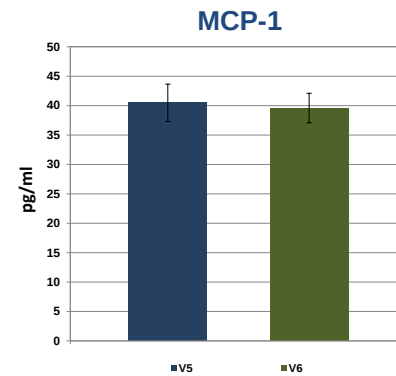
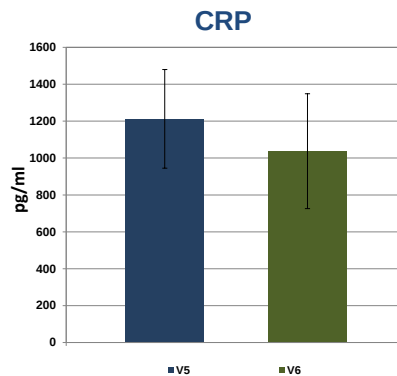
CSF MCP-1, SDF- markers
of neuroinflammation

 Pre transplantation
 Post transplantation

NurOwn®
(n = 26)



Placebo
(n = 9)

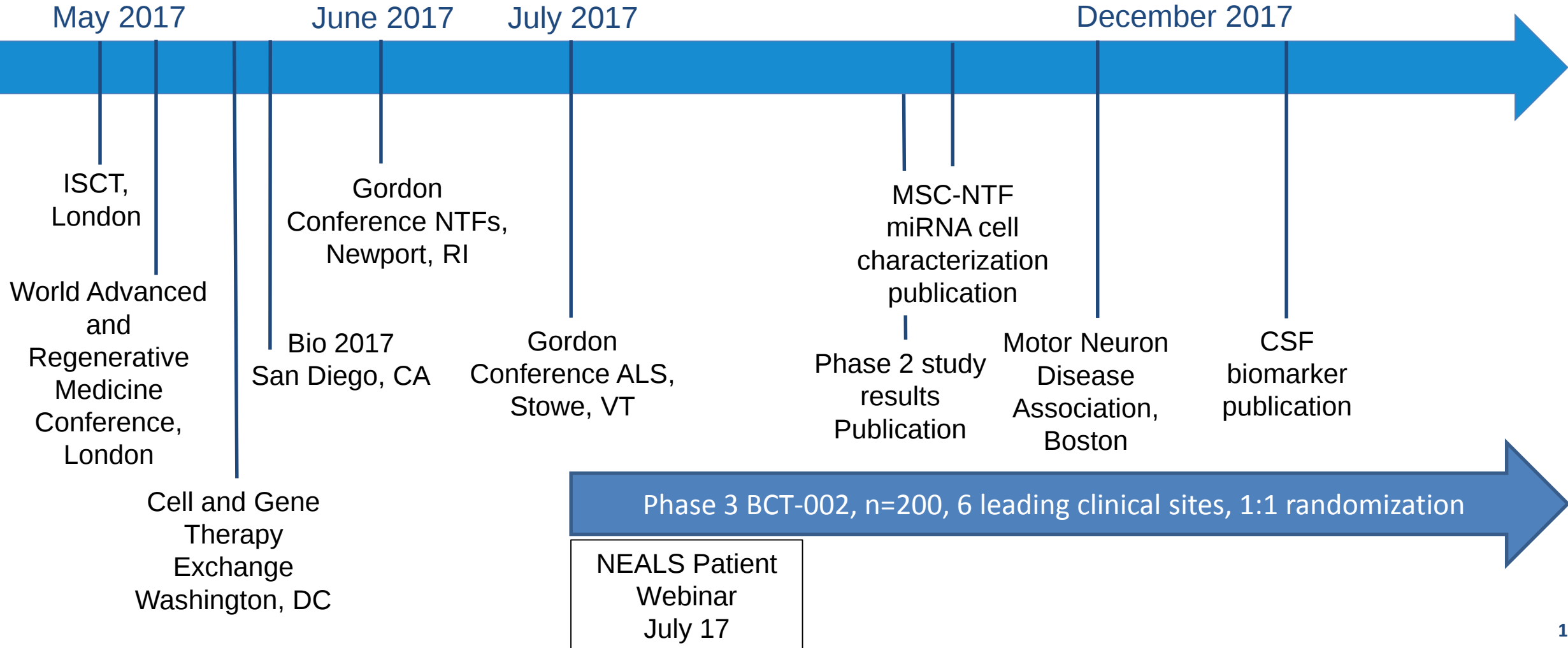


Mean ± SEM ** p<0.01 *** p< 0.001

NurOwn® Phase 3 ALS Study (BCT-002-US)

- Randomized, double-blind, placebo-controlled, multi-dose trial
- WCT selected as CRO, Patient Webinar July 17th
- *200 participants; 1:1 randomization; 6 leading clinical sites*
- Study design
 - *3 month baseline* to determine ALSFRS-R slope
 - *3 doses over first 4 months, 28 week double-blind clinical follow-up* after first dose
 - *ALS participants excludes slow progressors (<3 points decline over 12 weeks)*
 - Primary outcome measure- ALSFRS responder analysis (*slope change/month*)
- City of Hope Center for Biomedicine and Genetics will produce clinical supplies

2017 Calendar



Senior Management

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President and CEO

Yael Gothelf PhD.
VP, Scientific and Regulatory Affairs

Ralph Kern, MD, MHSc.
COO and CMO

Yossef Levy PhD.
VP, Cell Production

Uri Yablonka
Exec. VP, Chief Business Officer

Revital Aricha PhD.
VP, R&D

Mary Kay Turner
VP, Patient Advocacy and Government Affairs