

BrainStorm Cell Therapeutics

NASDAQ: BCLI



brainstorm
cell therapeutics

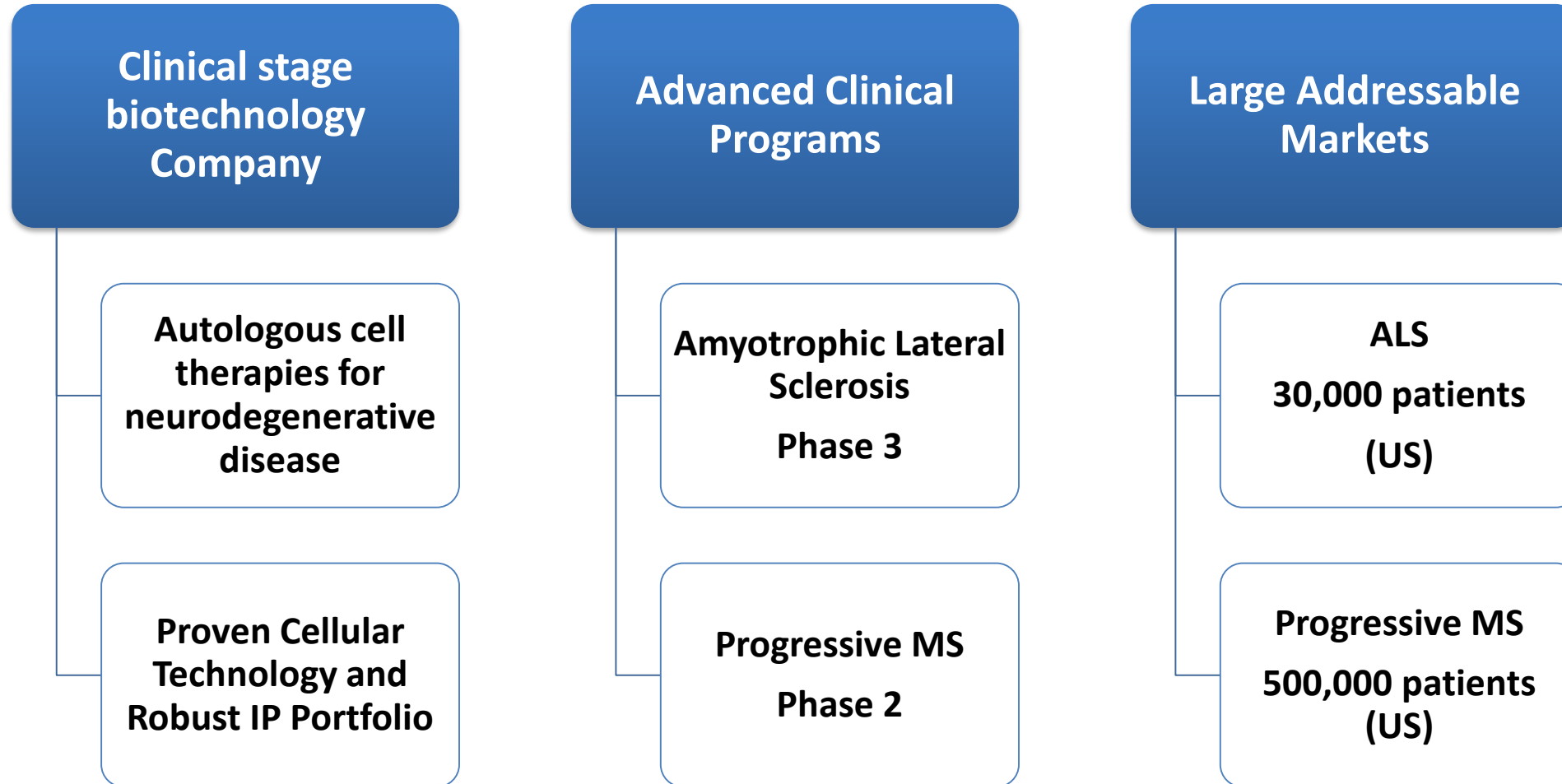
May 26, 2019

Forward Looking 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.

Brainstorm at a Glance



Brainstorm's Cellular Technology Pipeline

ALS – Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)			
Preclinical	Phase 1	Phase 2	Phase 3

Progressive MS – Multiple Sclerosis			
Preclinical	Phase 1	Phase 2	Phase 3

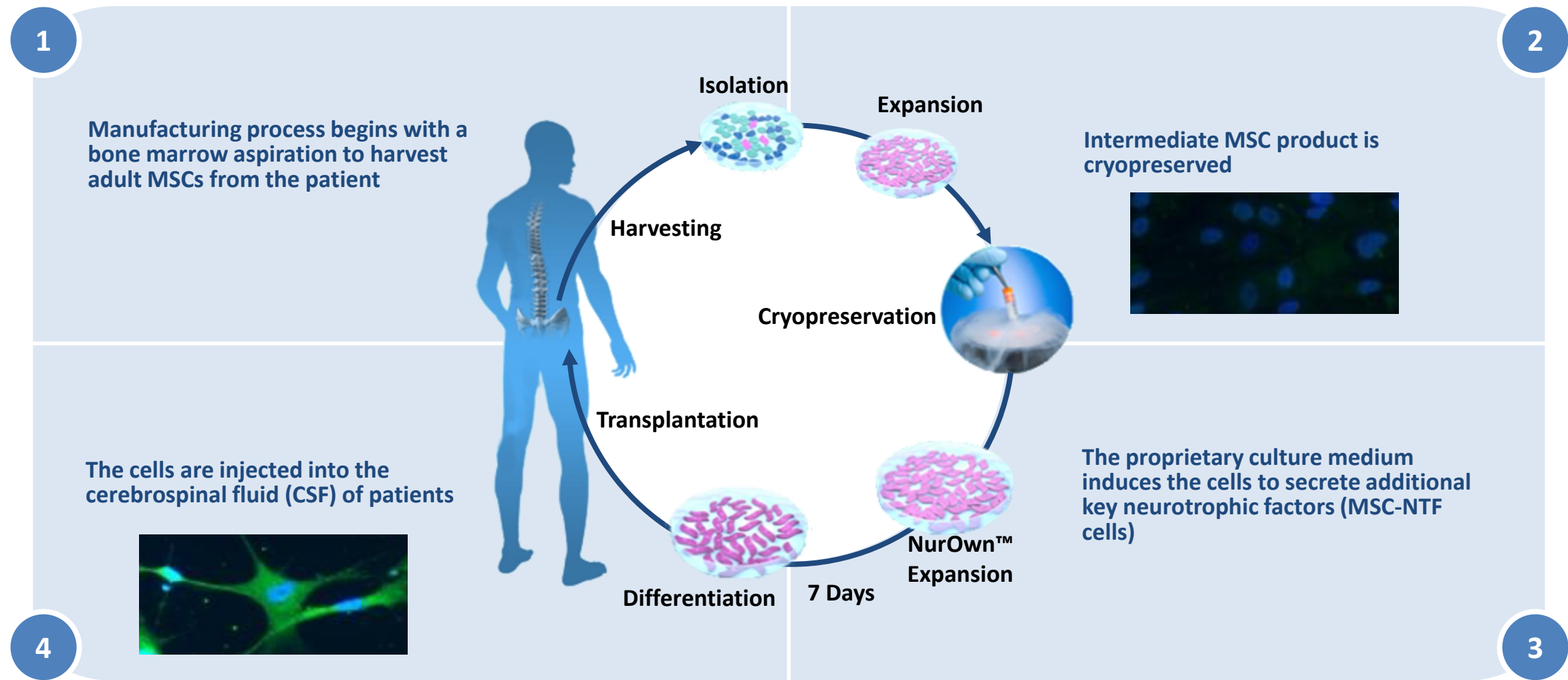
Parkinson's Disease			
Preclinical	Phase 1	Phase 2	Phase 3

Autism Spectrum Disorder			
Preclinical	Phase 1	Phase 2	Phase 3

Huntington's Disease			
Preclinical	Phase 1	Phase 2	Phase 3

Peripheral Nerve Injury			
Preclinical	Phase 1	Phase 2	Phase 3

NurOwn[®] Process

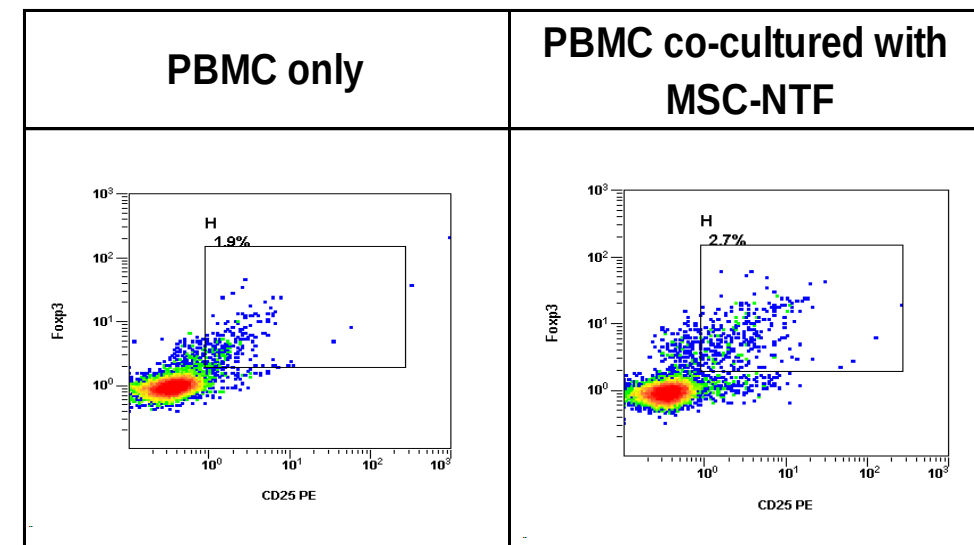


NurOwn® Immunomodulation (*in vitro*)

IFN- γ Secretion and T Cell Proliferation Reduced

	Activated PBMC (%)	Activated PBMC co-cultured with MSC-NTF cells (%)	% reduction
IFN- γ secretion	100	6.2 $\pm$ 2.24	93.8%
CD4+ T cells proliferation	100	45 $\pm$ 8.22	55%

T Regulatory Cells Increased



What is ALS?

Amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease ⁽¹⁾, is a progressive neurodegenerative disease that affects the function of nerves and muscles. This debilitating condition usually affects people aged 40 to 70, however, individuals in their 20s and 30s have also been known to develop ALS.



Future Predictions

Researchers have predicted that the number of worldwide ALS cases will increase by 69% in 2040, compared to 2015. The main cause of this projected increase is due to an ageing population, particularly in developing nations.

ALS Incidence

It is estimated that **450,000** people worldwide are living with ALS, with over **30,000** people in the U.S. suffering from this neurodegenerative condition at any given time.

Someone is diagnosed
with ALS every

90

minutes

6,000

New US cases per year

\$6B

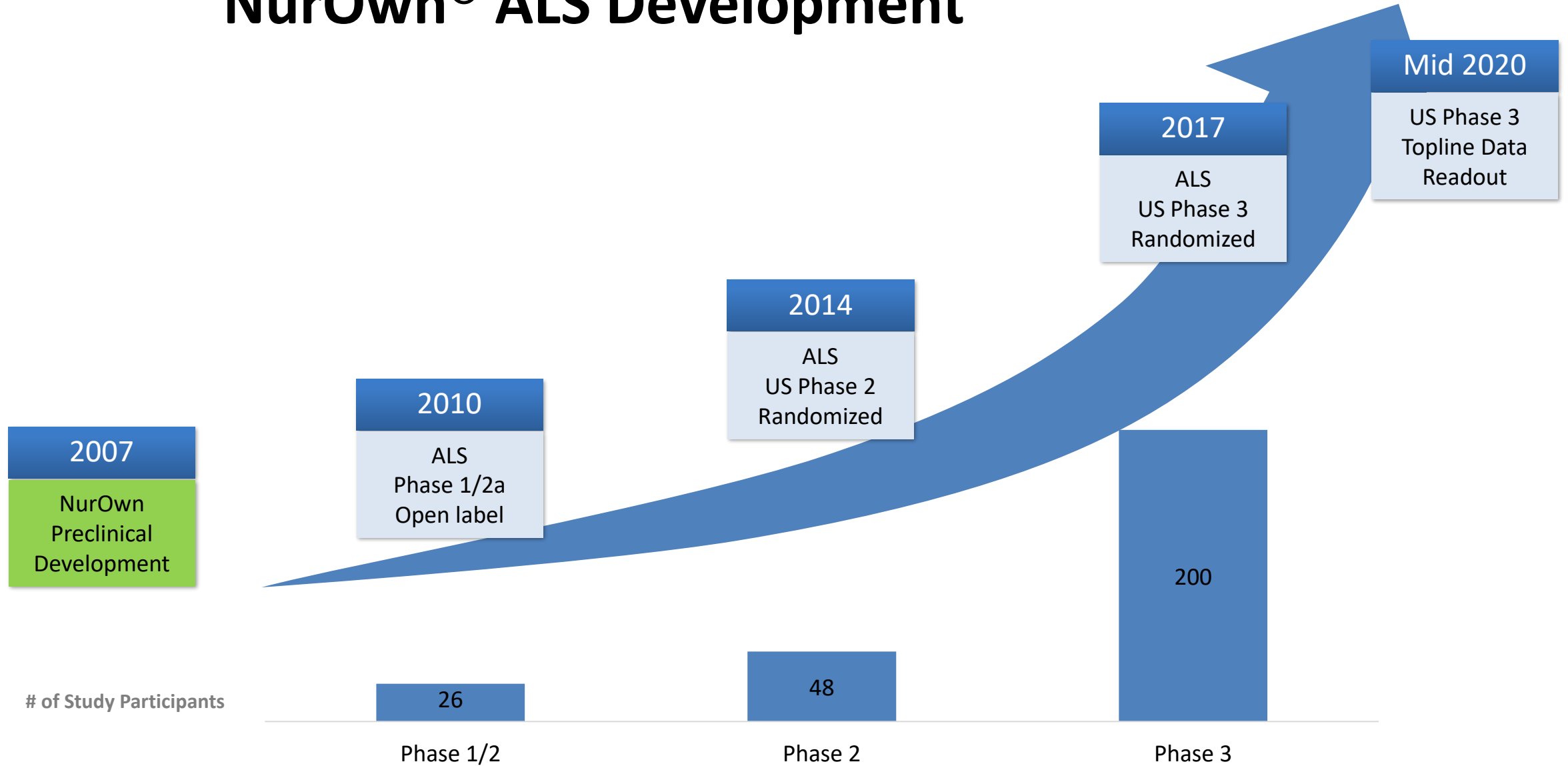
annual health care cost

30

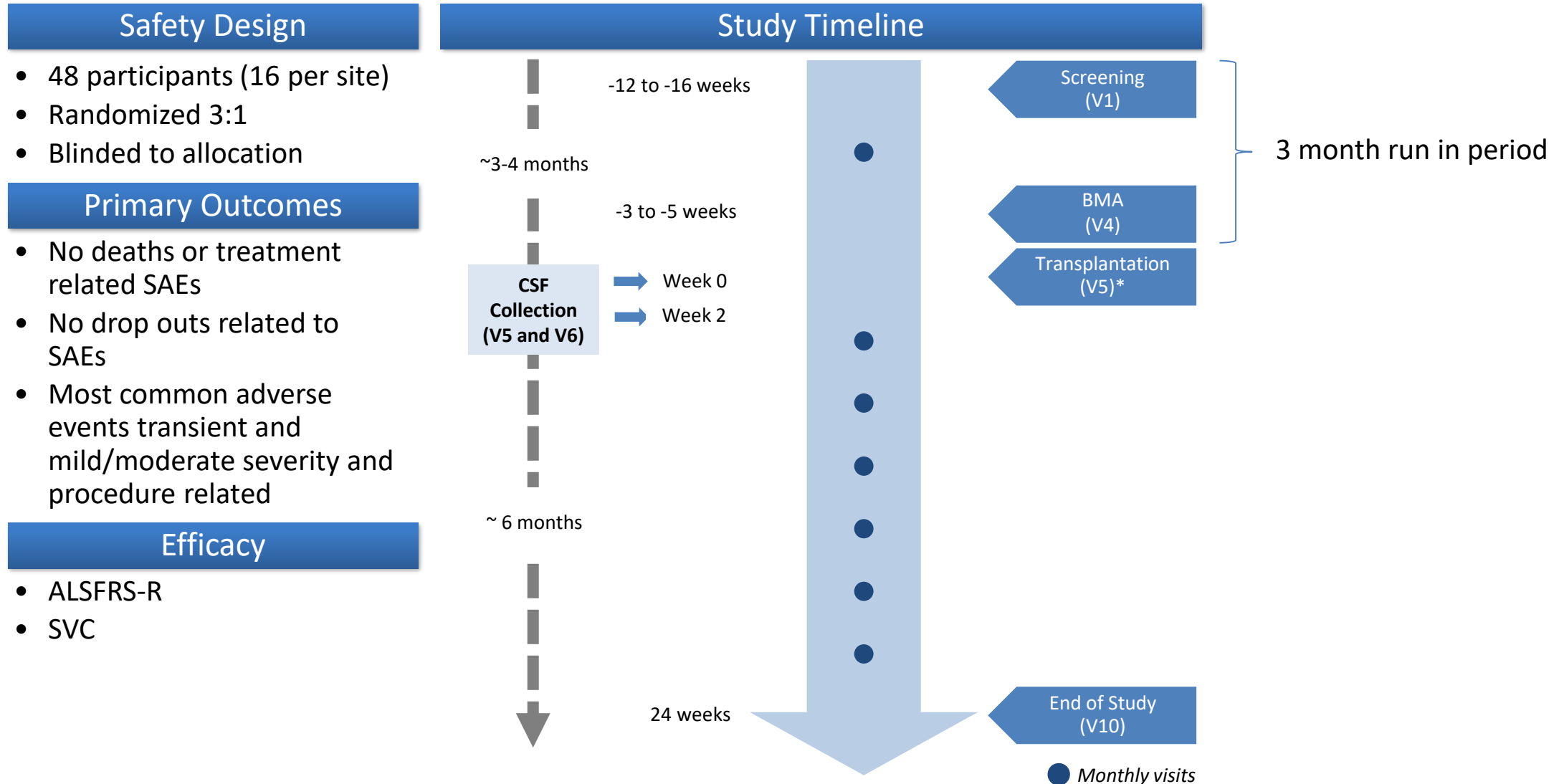
months
Life expectancy from diagnosis

(1) Lou Gehrig was a famous American baseball player diagnosed with ALS in 1939.

NurOwn® ALS Development



ALS Phase 2 Trial Design and Safety Outcomes



Phase 2 Trial – Approach to Data Analysis

Phase 2 Trial Efficacy Analysis

Mean change in
ALSFRS-R slope

ALSFRS-R
Responder
Analysis

Rapid progressor
subgroup
prespecified

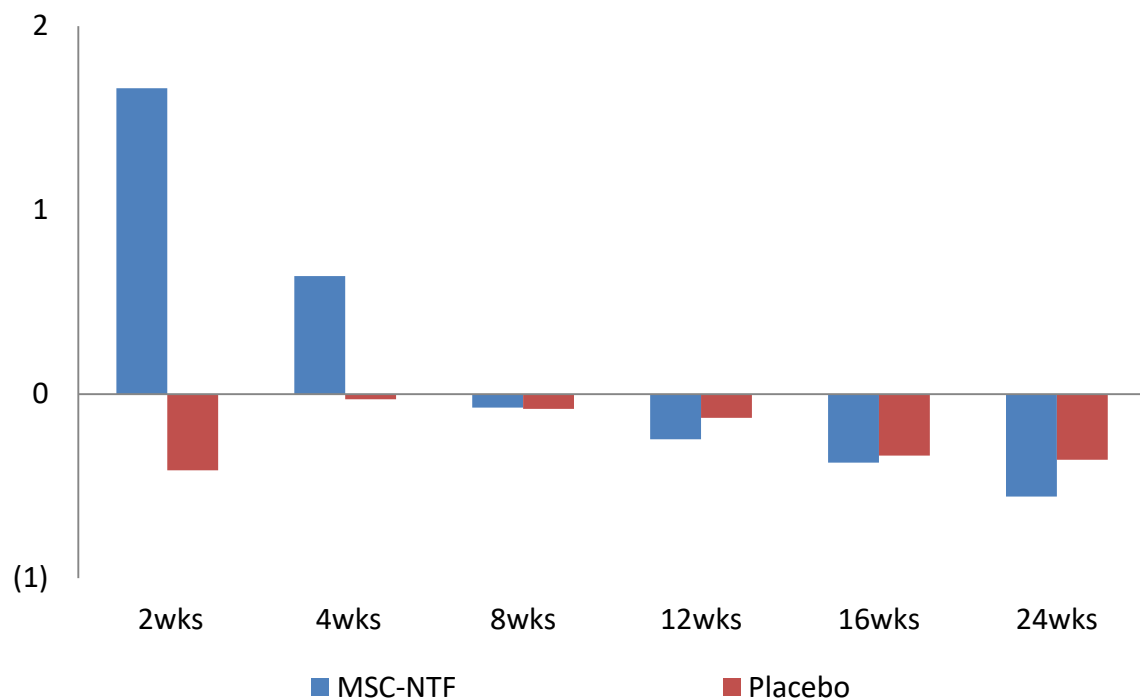
ALS Rapid Progressor Subgroup

- ✓ Higher correlation of ALSFRS-R change with survival
- ✓ Higher response rate (~2x)
- ✓ Higher levels of CSF inflammatory biomarkers

ALSFRS-R slope improvement (mean pre-post LS mean slope change/month)

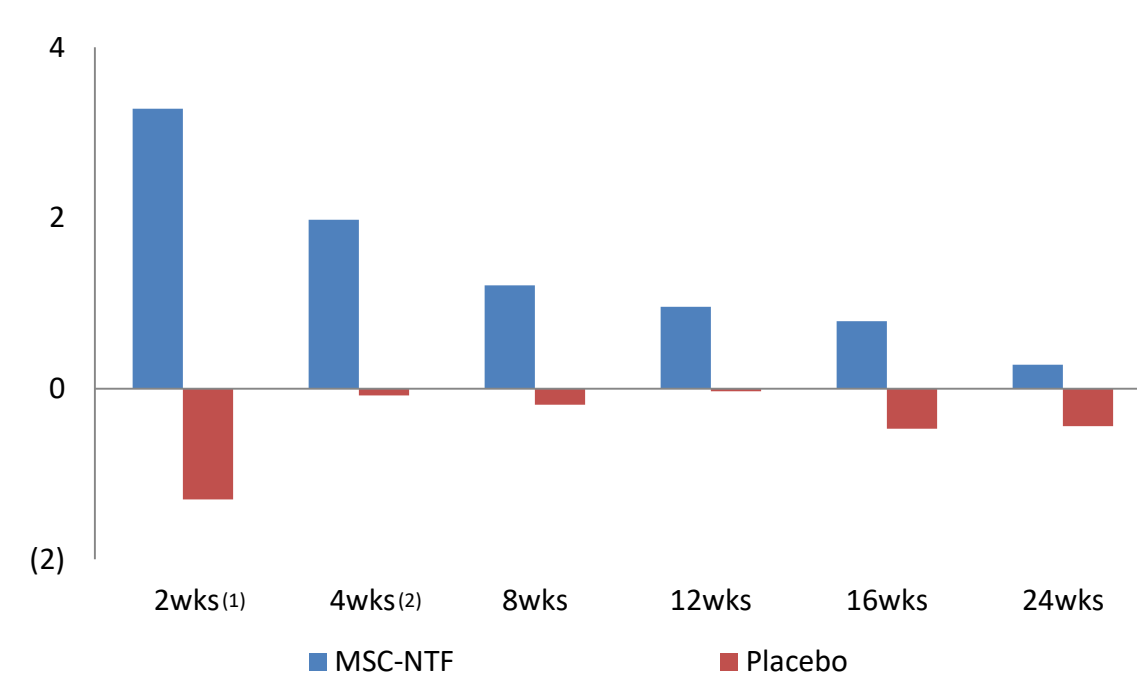
All participants (n=46)

ALSFRS-R LS mean slope change



Rapid progressors (n=21)

ALSFRS-R LS mean slope change



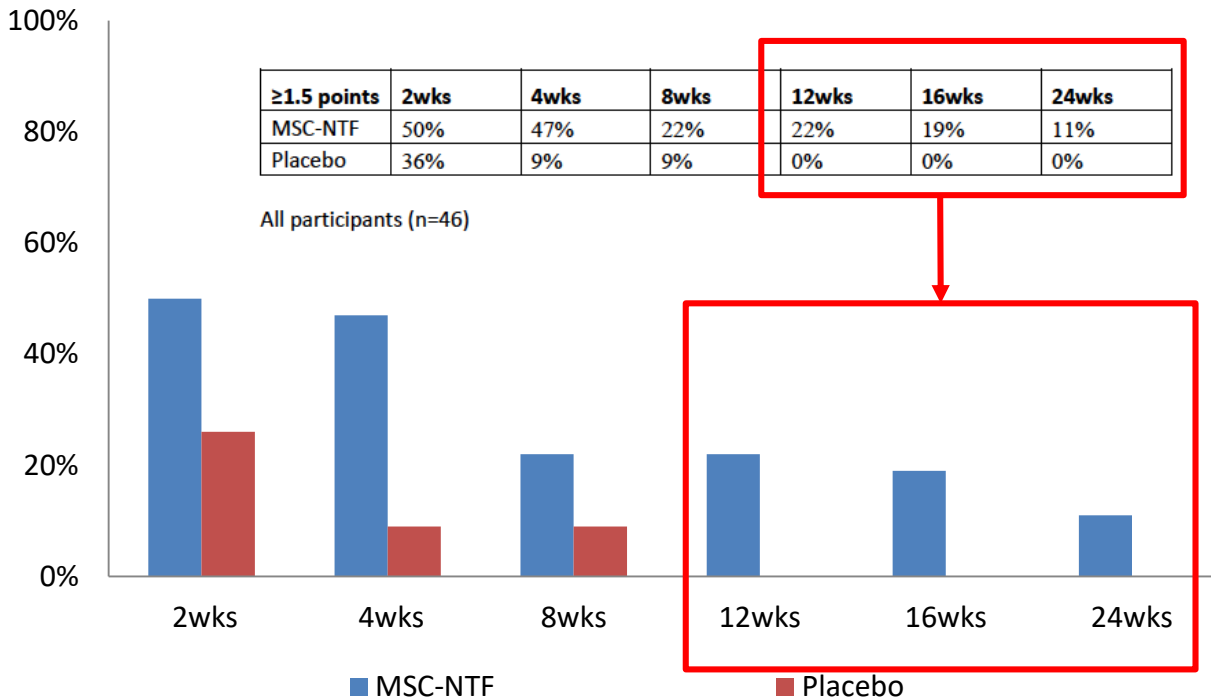
1. $p=0.021$
2. $P=0.033$

Responder Analysis: ≥ 1.5 points/month ALSFRS-R slope improvement at each time point

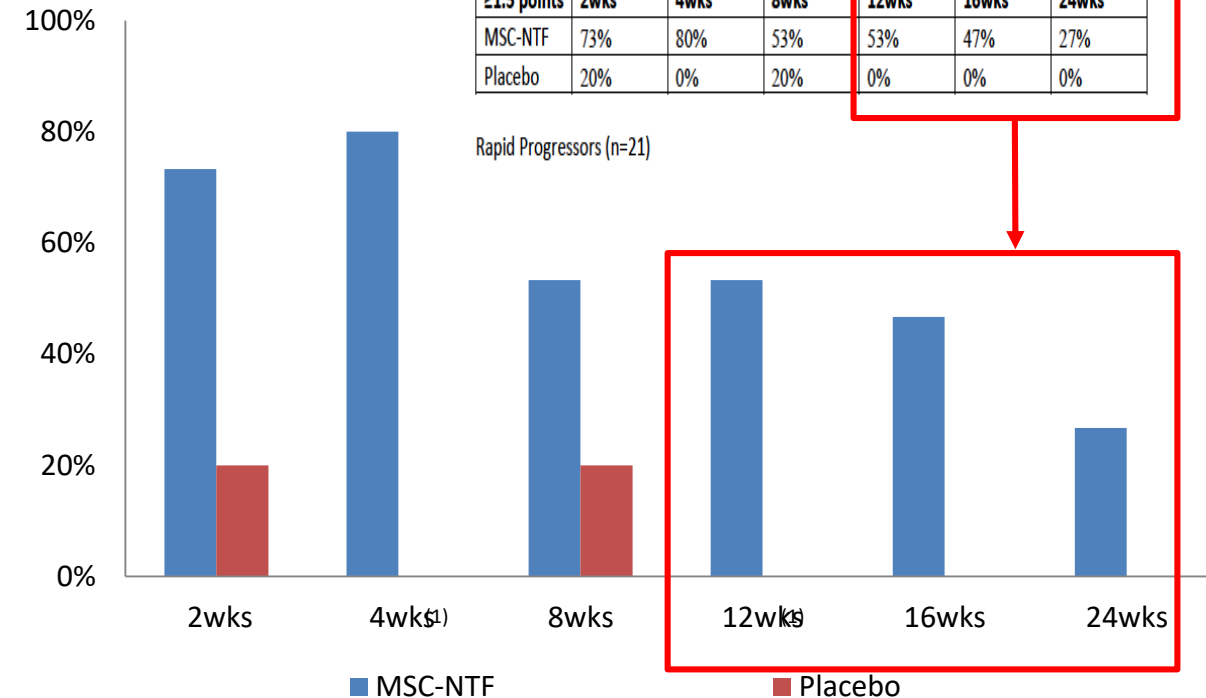
All participants (n=46)

Rapid progressors (n=21)

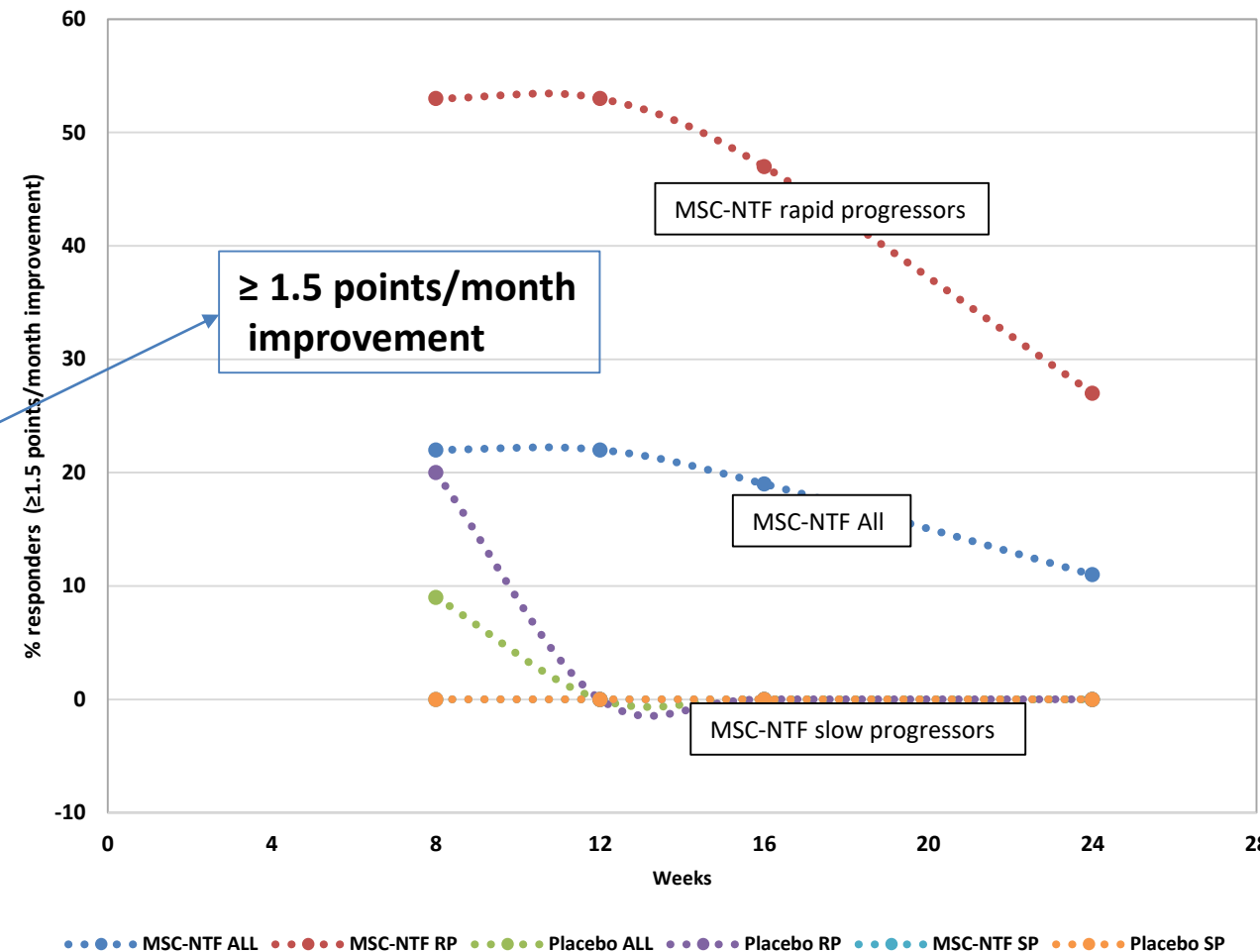
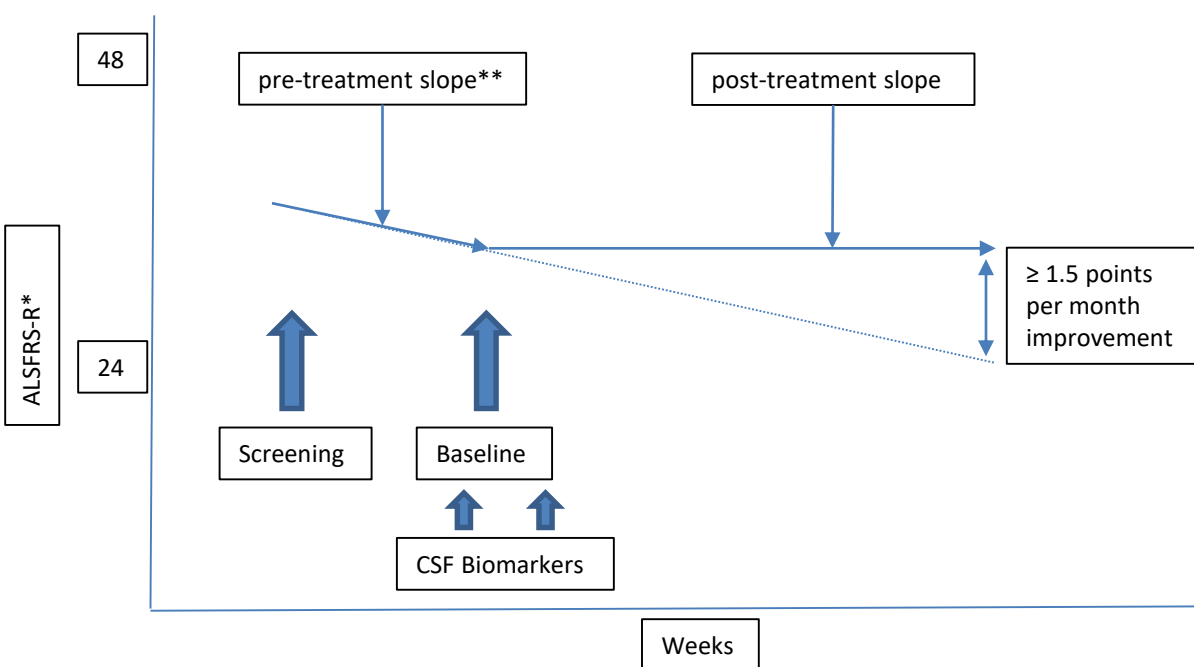
% improved



% improved



NurOwn Phase 2 ALSFRS-R slope responder analyses

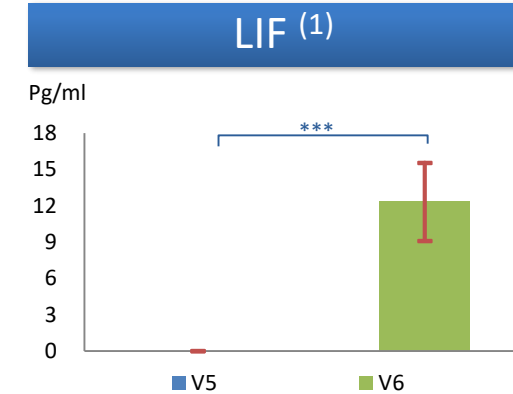
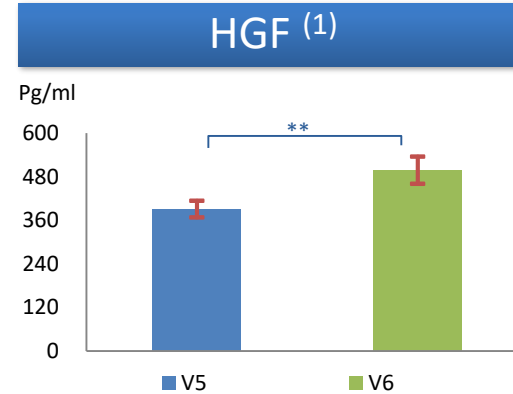
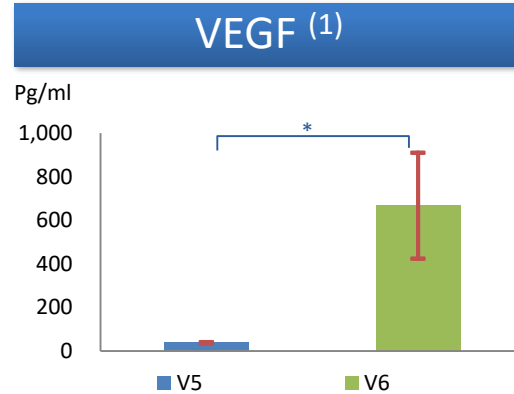


*monthly ALSFRS-R

** rapid progressor > 0.7 points/month decline

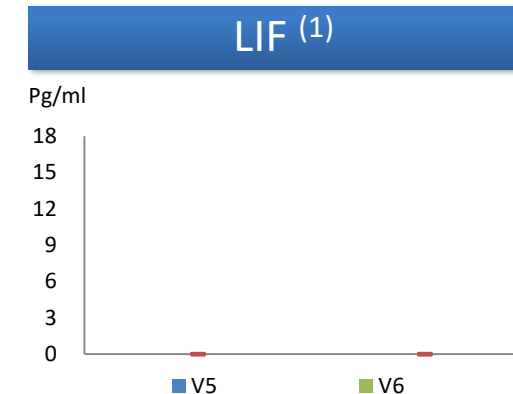
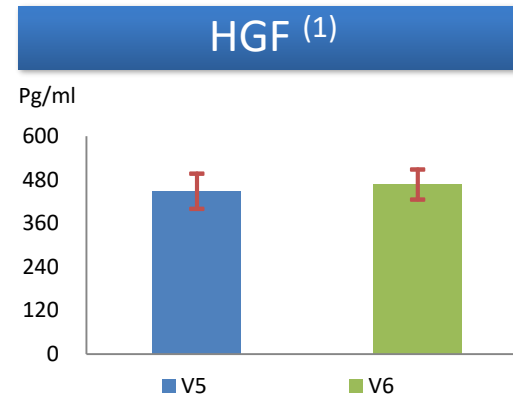
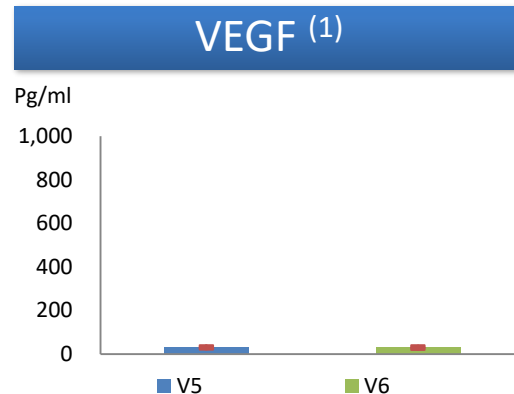
NurOwn® Phase 2 ALS Biomarkers: CSF NTFs Significantly Increased 2 Weeks Post- Treatment Compared to Baseline

NurOwn®
(n = 26)



■ Pre transplantation
■ Post transplantation

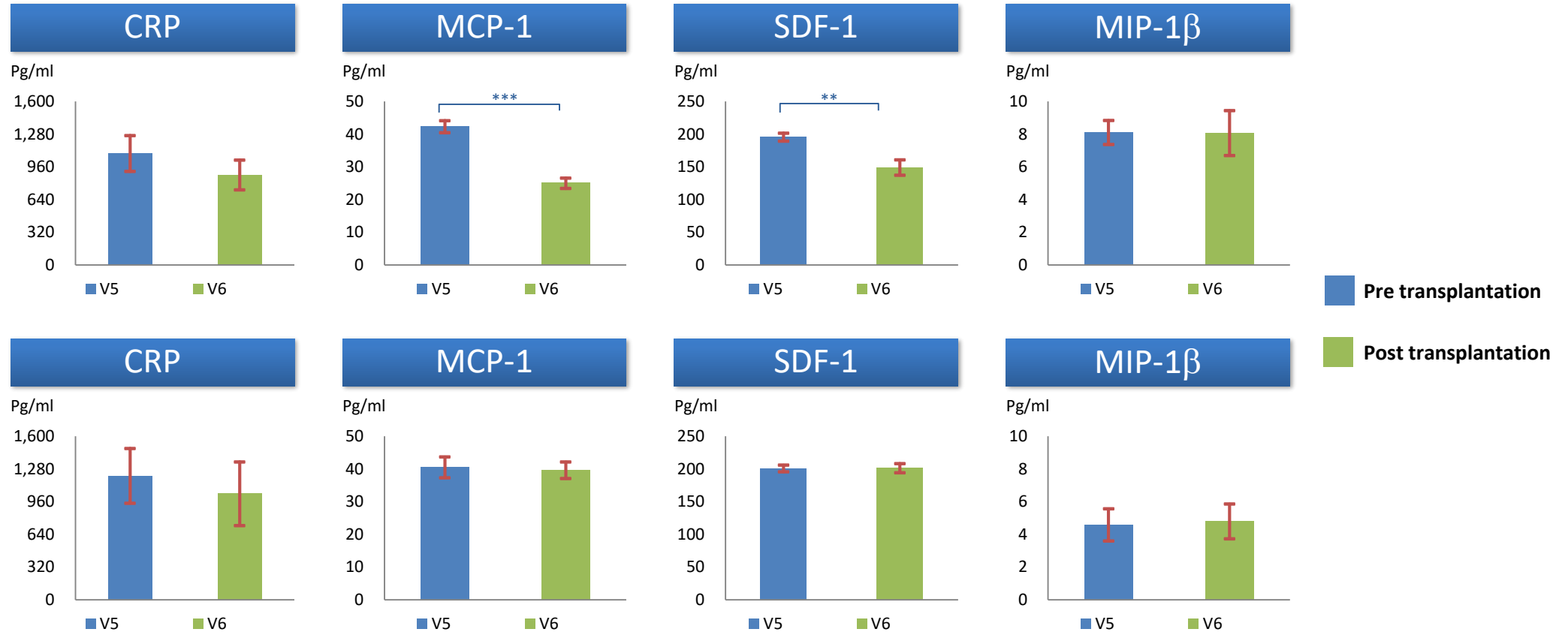
Placebo
(n = 9)



1. Mean ± SEM. $p < 0.05$, $p < 0.01$, $p < 0.001$ for VEGF, HGF and LIF, respectively.

NurOwn® Phase 2 ALS Biomarkers: CSF Inflammation Significantly Decreased 2 weeks Post-Treatment Compared to Baseline

NurOwn®
(n = 26)



NurOwn® Phase 2 ALS Trial Summary

Intrathecal treatment was safe and well tolerated

Repeat dosing is needed (2 month dosing interval)

Rapid progressor subgroup showed higher efficacy

CSF biomarker analyses confirmed mechanism of action

NurOwn® ALS Phase 3 Clinical Trial

Pre-Treatment

- Inclusion criteria
 - Less than 60 years of age
 - SVC > 65%
 - ALS ≤ 2 years
 - Rapid progressors
- Exclusion criteria
 - Edaravone
 - Ventilation
 - Feeding tube
- Randomization
- Bone Marrow Aspiration

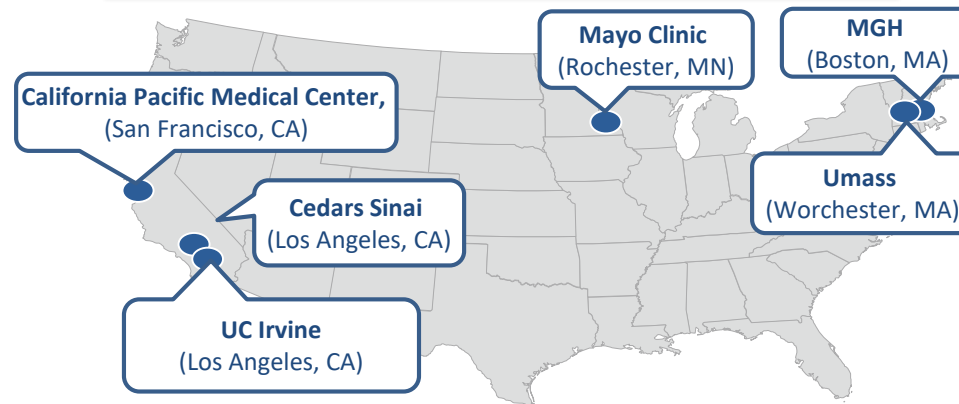
Treatment

- N=200 patients
 - Enrollment completed by mid-2019
- 1:1 randomization
- Study duration: 11.5 months
 - Seven months post-first transplantation
- Top-line data expected mid 2020

Outcomes

- ALSFRS-R responder analysis (post-treatment slope change)
- Safety
- ALSFRS-R change from baseline
- SVC
- Tracheostomy-free survival
- CSF/biomarkers (seven samples over six months)

Site Location



AAN May 2019 abstracts

Modulation of CSF Caspase-3 in MSC-NTF (NurOwn[®]) in a Phase-2 ALS study: correlations with CSF biomarkers and clinical response

Revital Aricha, Haggai Kaspi, Merit Cudkowicz, James Berry, Anthony Windebank, Nathan Staff, Margaret Ayo Owegi, Yossef S. Levy, Chaim Lebovits, Robert Brown, Yael Gothelf, Ralph Kern

Molecular Characterization of VEGF Secretion by MSC-NTF Cells (NurOwn[®]): Therapeutic Implications in ALS

Haggai Kaspi, Revital Aricha, Natalie Abramov, Yael Gothelf, Chaim Lebovits, Joseph Petroziello, Yossef S. Levi, Ralph Kern

AAN 2019 Emerging Science Data Blitz



MODULATION OF CSF CASPASE-3 IN MSC-NTF CELLS (NUROWN®) IN A PHASE 2 ALS STUDY: CORRELATIONS WITH CSF BIOMARKERS AND CLINICAL RESPONSE

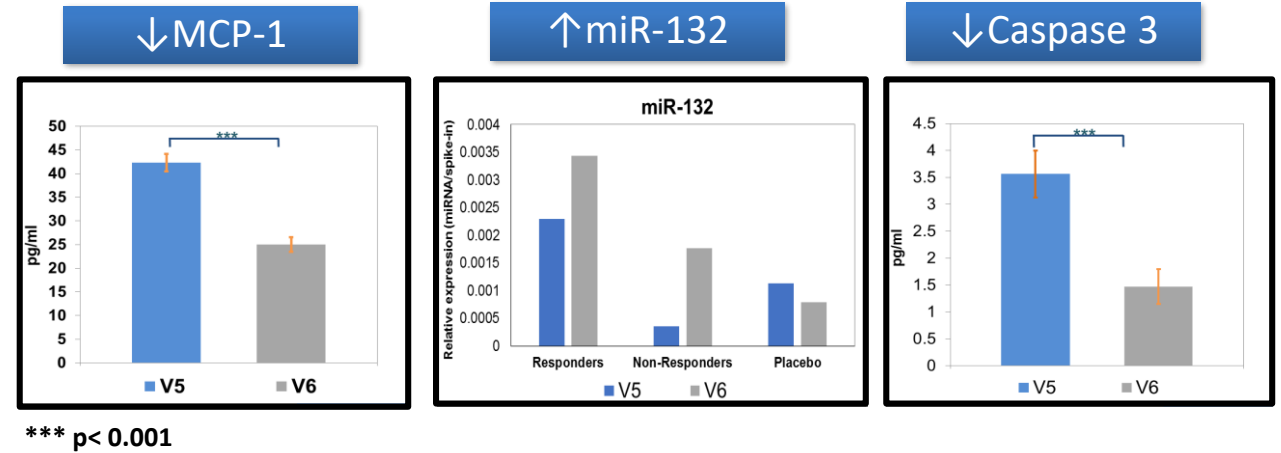
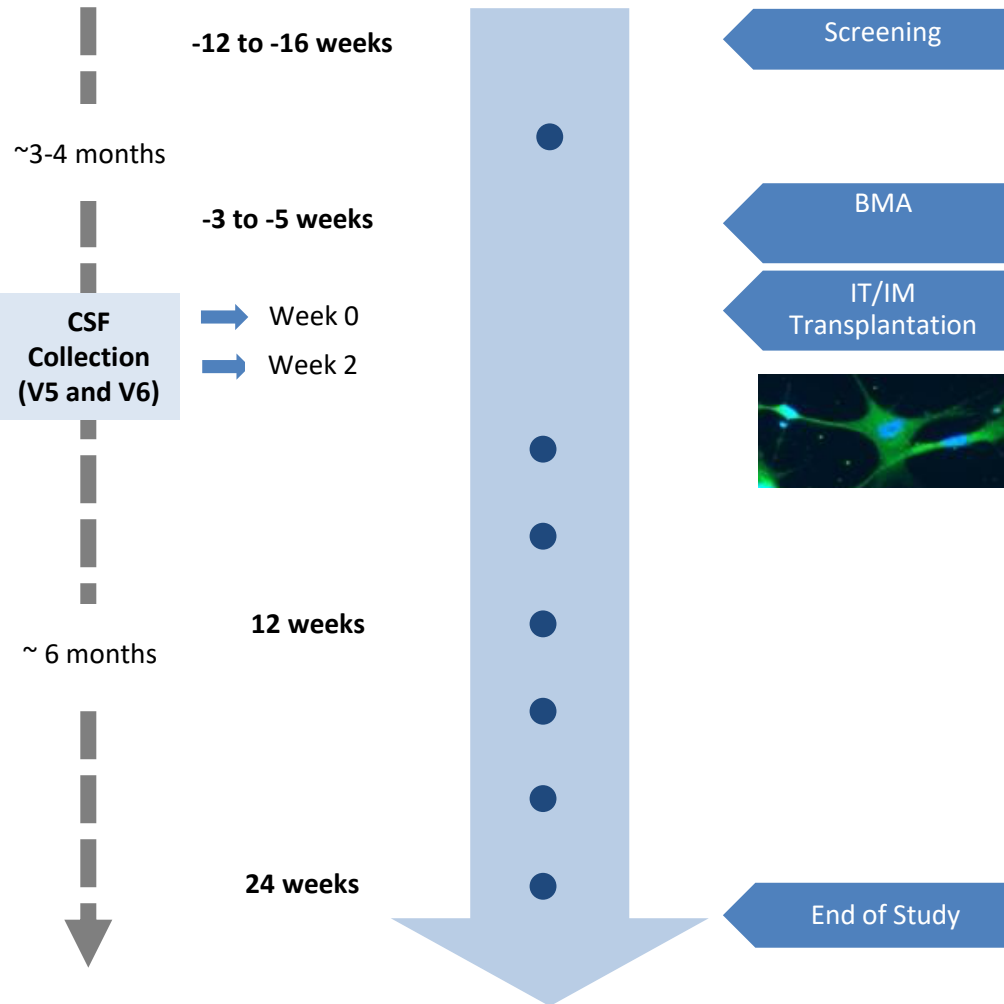
Revital Aricha¹, Haggai Kaspi¹, Merit Cudkowicz²,
James Berry², Anthony Windebank³, Nathan Staff³,
Margaret Ayo Owegi⁴, Yossef S. Levy¹, Chaim
Lebovits¹, Robert Brown⁴, Yael Gothelf¹, **Ralph Kern¹**

1. BrainStorm Cell Therapeutics, Petach Tikva, Israel and New York, NY.

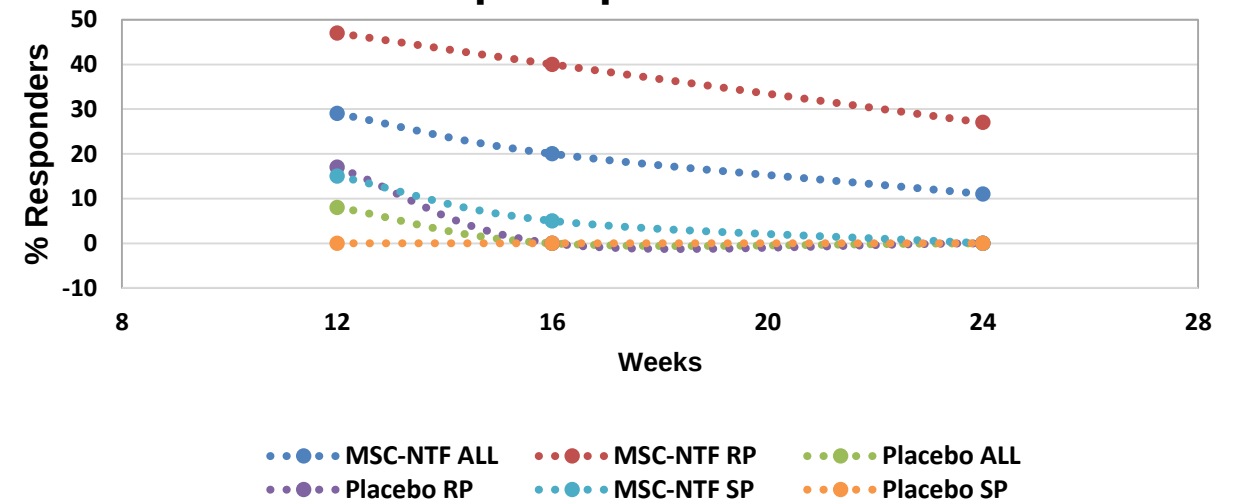
2. Massachusetts General Hospital, Boston, MA. 3. Mayo Clinic, Rochester, MN. 4. UMass
Medical School, Worcester, MA.

Phase 2 Study: CSF Biomarkers and Responder Analysis

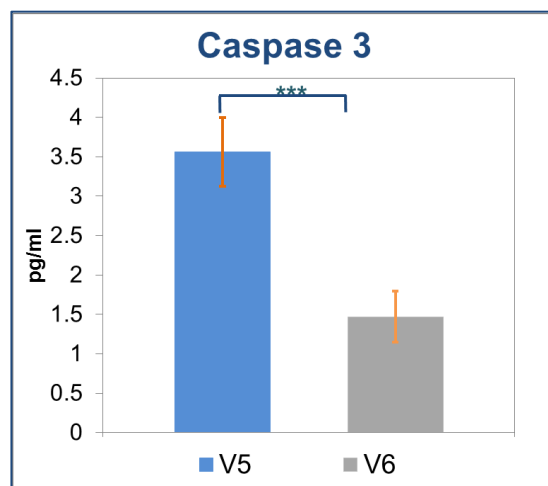
Study Design n=48 (3:1 randomization)



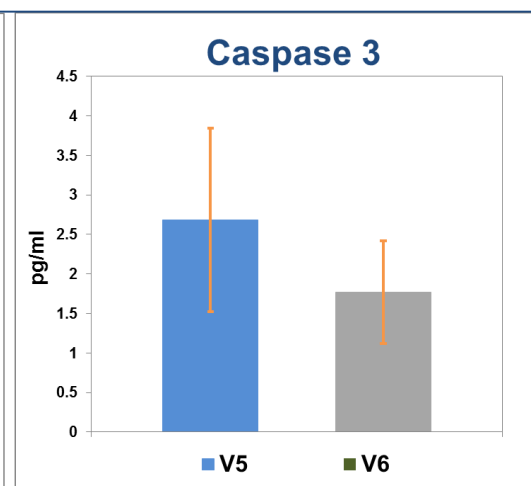
Responder analysis: 100% ALSFRS-R slope improvement



2X Greater CSF Caspase-3 % reduction in responders compared to non-responders at 12 weeks post-transplantation*

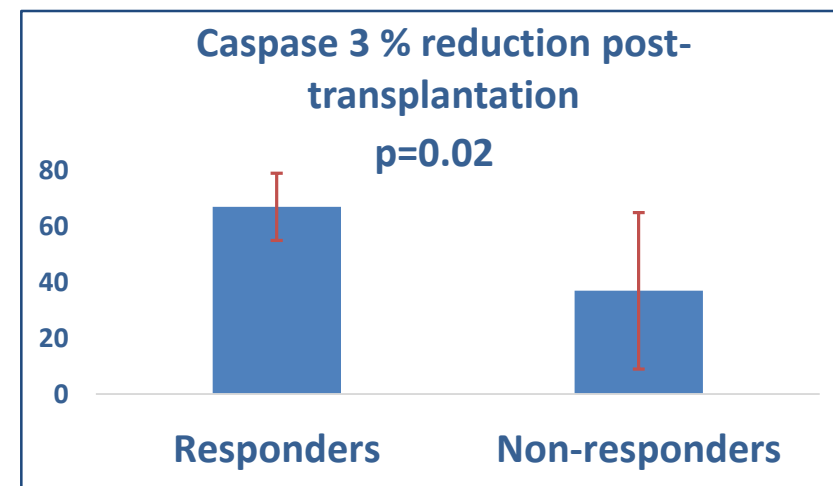


MSC-NTF cells



Placebo

*** $p < 0.001$



*Responder defined as $\geq 100\%$ ALSFRS-R slope improvement at 12 weeks

NurOwn® (MSC-NTF cells) may tip the balance linking neuronal cell death and neuroinflammation

Neuronal apoptosis activates
neuroinflammation via $\text{NF}\kappa\text{-B}$

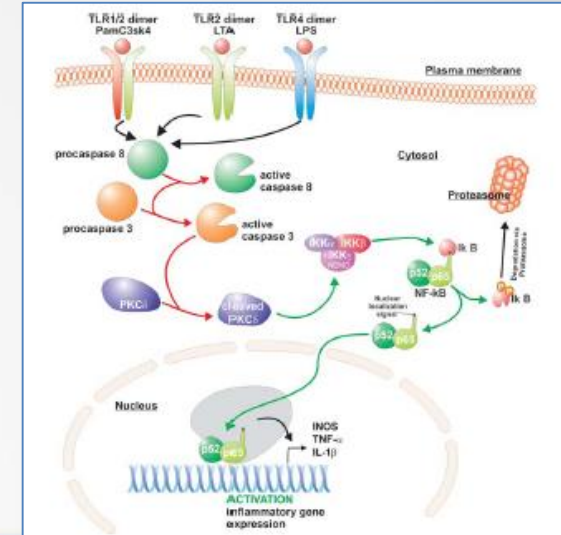
MSC-NTF Cell
Neuroprotection

Review

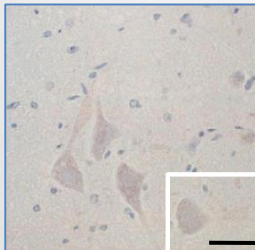
The executioners sing a new song: killer caspases activate microglia

J.L. Venero¹, M.A. Burguillos^{1,2}, P. Brundi³ and B. Joseph^{1,2}

Cell Death and Differentiation (2011) 18, 1679–1691.
© 2011 Macmillan Publishers Limited. All rights reserved 1350-0640/11
www.nature.com/cdd



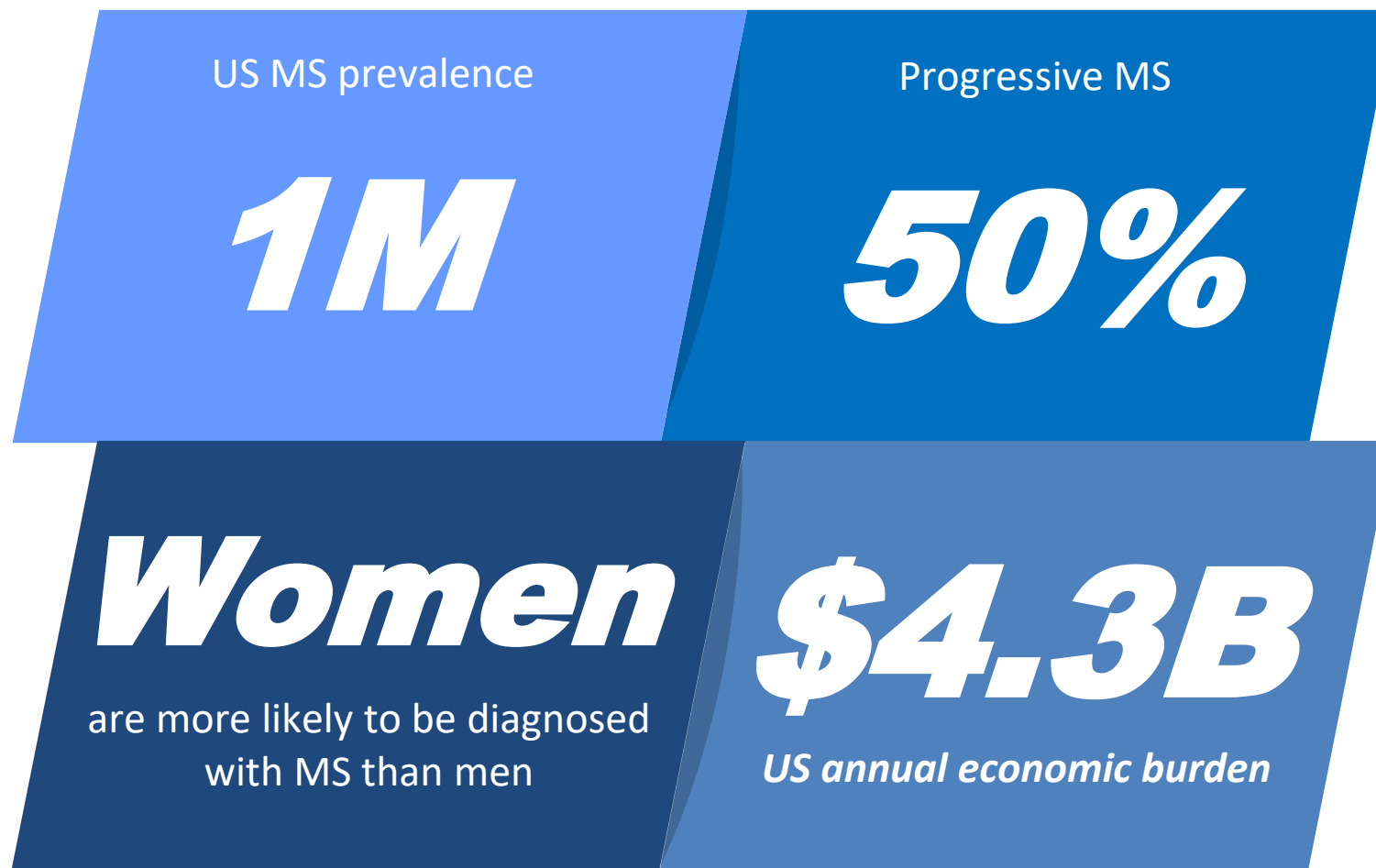
MSC-NTF Cell
Immunomodulation



Functional Role of Caspase-1 and Caspase-3 in an ALS Transgenic Mouse Model

Mingwei Li,¹ Victor O. Ona,¹ Christelle Guégan,² Minghua Chen,¹
Vernice Jackson-Lewis,² L. John Andrews,¹ Adam J. Olszewski,¹
Philip E. Stieg,¹ Jean-Pyo. Lee,⁴ Serge Przedborski,^{2,3}
Robert M. Friedlander^{1*}

Progressive MS Unmet Need



Progressive MS Rationale

Chronic/trapped CNS inflammation

- Leptomeningeal inflammation¹
- Chronic macrophage/microglia activation²
- Slowly expanding/evolving lesions³

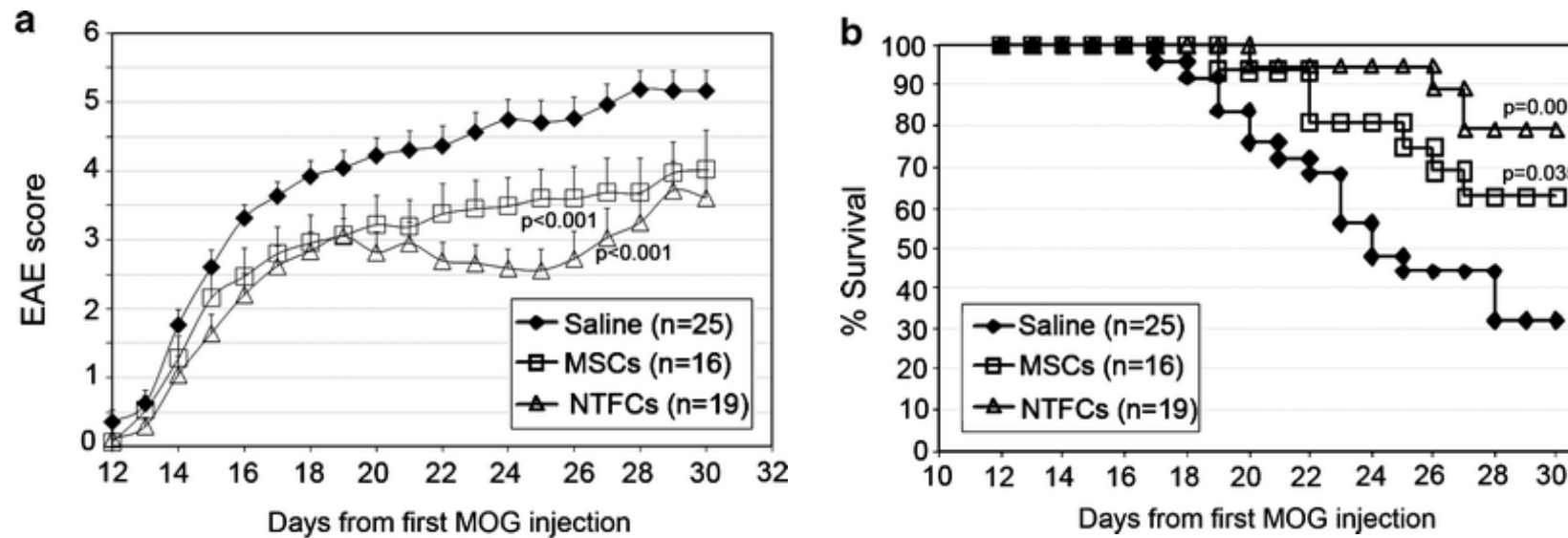
Impaired Neurotrophic Factor signaling in Progressive MS

- MS treatment failure rate correlates with BDNF methylation status⁴
- Reduced expression of BDNF in SPMS⁵
- Reduced CSF VEGF in SPMS⁶

1. Colasanti A, et al. *J Nucl Med* 2014;55:1112–1118;
2. Absinta M, et al. *Neurology* 2015;85:18–28;
3. Dal-Bianco A, et al. *Acta Neuropath* 2017;133:25–42.
4. PLOS ONE 2018
5. *J Neuroimmunology* 2002
6. PLOS ONE 2011

MS Preclinical

MSC-NTF vs. MSC in EAE Model



Intracerebroventricular injection of 2.5×10^5 cells

MS Phase 2 Clinical Trial- Timelines

IND granted December 2018

Repeat dosing intrathecal MSC-NTF cells (NurOwn®)

5 leading US MS centers

Validated MS clinical outcomes and biomarkers

First patient enrolled March 2019, top line data mid 2020

Brainstorm Executive Management Team

Chaim Lebovits
President and CEO

Ralph Kern, MD, MHSc
COO and CMO

Eyal Rubin
EVP, CFO

Arturo Araya
VP, Chief Commercial Officer

Mary Kay Turner
VP, Patient Advocacy and Government Affairs

Joe Petroziello BS MS
VP, Scientific and Corporate Communications

Yael Gothelf PhD.
VP, Scientific and Regulatory Affairs

Uri Yablonka
EVP, Chief Business Officer

Yossef Levy PhD.
VP, Cell Production

Revital Aricha PhD.
VP, R&D

Susan Ward PhD
Head Clinical Research Operations

BrainStorm Cell Therapeutics

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Thank You

Appendix

Additional Professional Board Members

June S. Almenoff MD PhD

- Chief Operating Officer & Chief Medical Officer of Innovate Biopharmaceutical
- Formerly President and CMO of Furiex Pharmaceuticals and Board member of Tigenix NV (TIG)

Tony Polverino PhD

- CSO - Kite Pharmaceuticals

Scientific Advisory Board

Jerold Chun, M.D., PhD -Chair

- Neuroscientist, Professor and Senior Vice President of Neuroscience Drug Discovery, Sanford Burnham Prebys Medical Discovery Institute, San Diego CA.

Stanley H. Appel, M.D

- Peggy and Gary Edwards Distinguished Endowed Chair for the Treatment and Research of ALS, Department of Neurology, Neurological Institute, Houston Methodist Hospital, Houston TX.

Amit Bar-Or, M.D.

- Presidential Endowed Chair at the University of Pennsylvania (UPenn/CHOP), Director of the Centre for Neuroinflammation and Experimental Neurotherapeutics and Chief, MS Division, Philadelphia PA.

IP Portfolio

Patent Name/ Int. App. No.	Pending Jurisdictions	Allowed Jurisdictions	Granted Jurisdictions	Expiry Date
ISOLATED CELLS AND POPULATIONS COMPRISING SAME FOR THE TREATMENT OF CNS DISEASES/PCT/IL2006/000699	US		Europe, US	2030
MESENCHYMAL STEM CELLS FOR THE TREATMENT OF CNS DISEASES PCT/ IL2009/000525		Hong Kong	US, Europe, Israel	2032
METHODS OF GENERATING MESENCHYMAL STEM CELLS WHICH SECRETE NEUROTROPHIC FACTORS / PCT/IL2013/050660	Europe, Hong Kong, Israel, Canada, Brazil, Japan	Israel	US, Japan	2038
METHOD OF QUALIFYING CELLS /PCT IL2015/050159	US, Europe, Hong Kong, Israel, Canada, Brazil, Japan			2040
Methods of treating ALS PCT/IL2017/050801	PCT			2042