

BrainStorm Cell Therapeutics

NASDAQ: BCLI



brainstorm
cell therapeutics

Chaim Lebovits, CEO
February 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

Targeted, innovative, proprietary and validated autologous cellular technology platform for the treatment of neurodegenerative disease

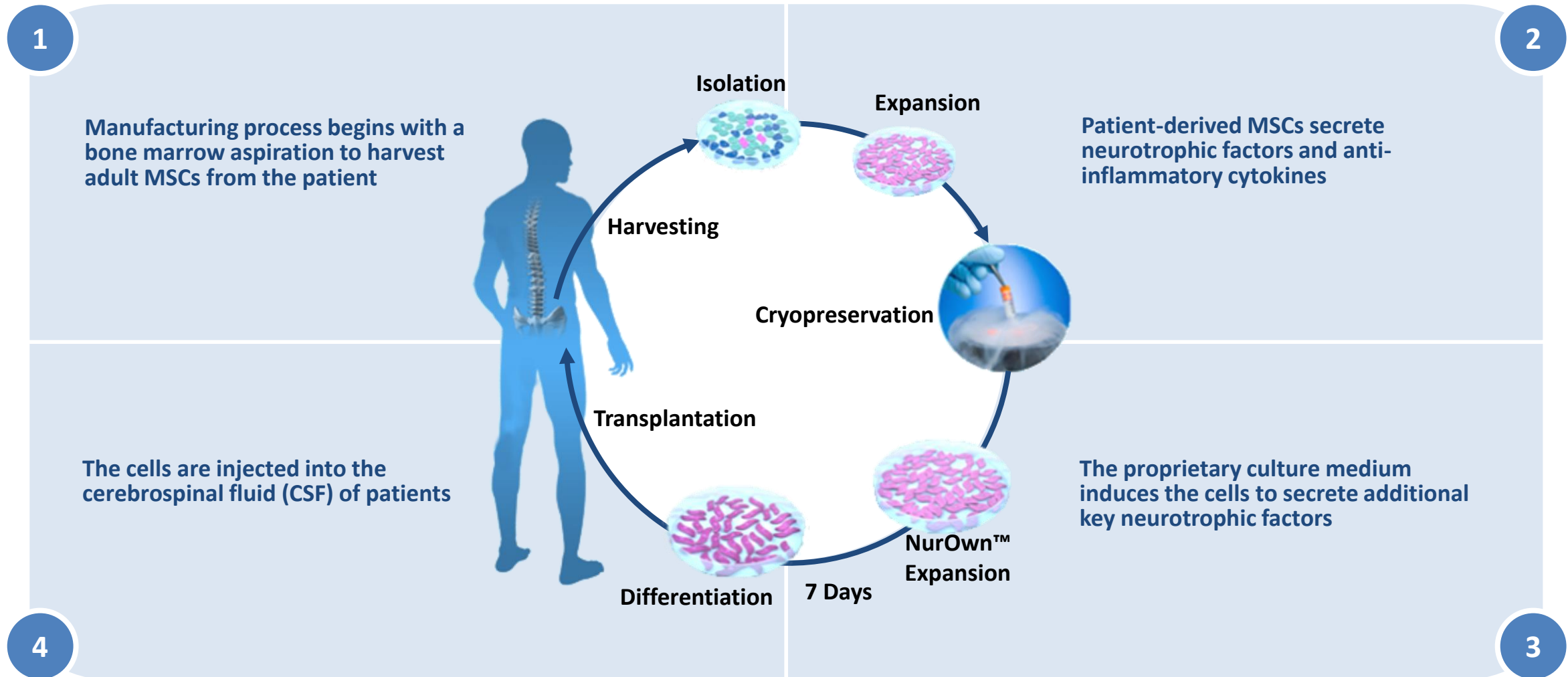
Actively recruiting ALS phase 3 Clinical Trial, an orphan disease with no cure and limited treatment options

Large addressable market – progressive MS (500K US population) and over 45 million total global patients in main therapeutic targets (ALS, MS, Parkinson's, Huntington's and Autism)

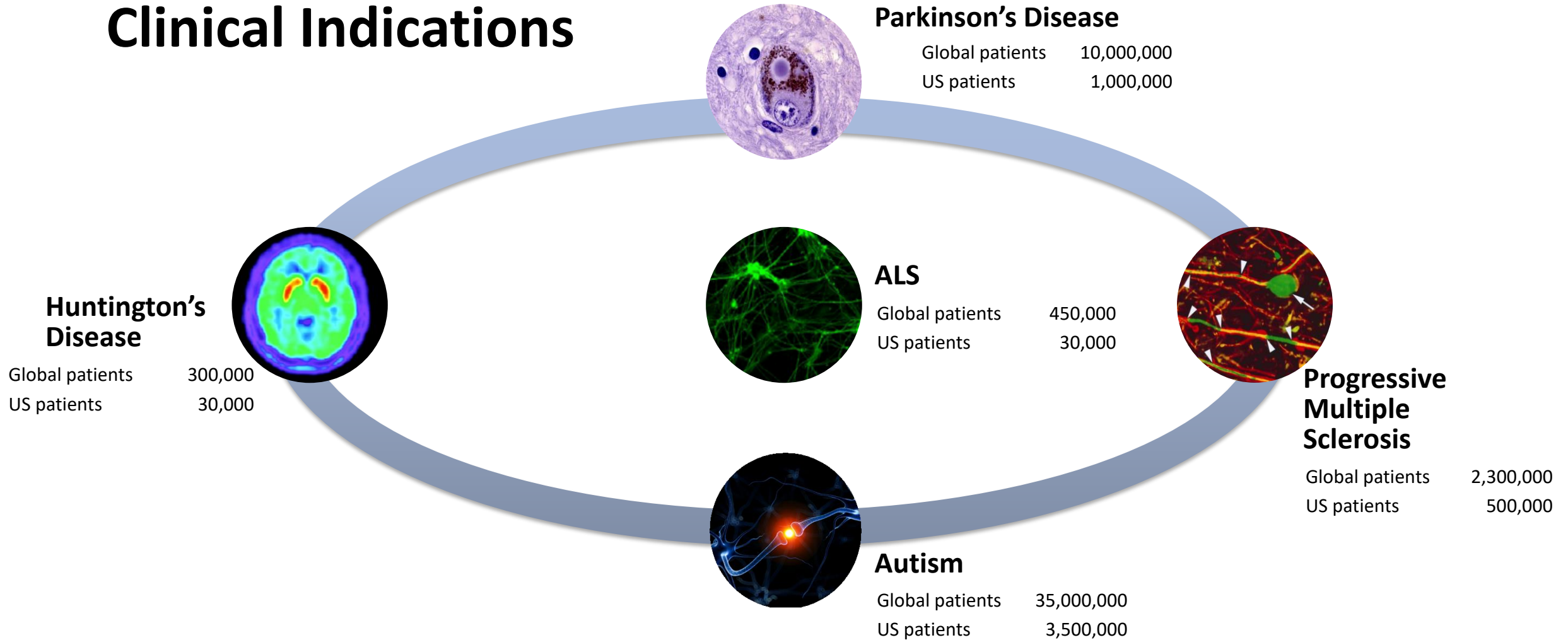
Strong financial position - \$19 million of cash and cash commitments

Robust IP portfolio

NurOwn® Technology



NurOwn® - Potential Clinical Indications



NurOwn® successfully evaluated in preclinical models of neurodegenerative disease

ALS Facts and Figures

Someone is diagnosed
with ALS every

90

minutes

New cases per year

6,000

ALS Global Prevalence

450,000

Men

are more likely to be diagnosed
with ALS than women

Worldwide, ALS affects males
aged

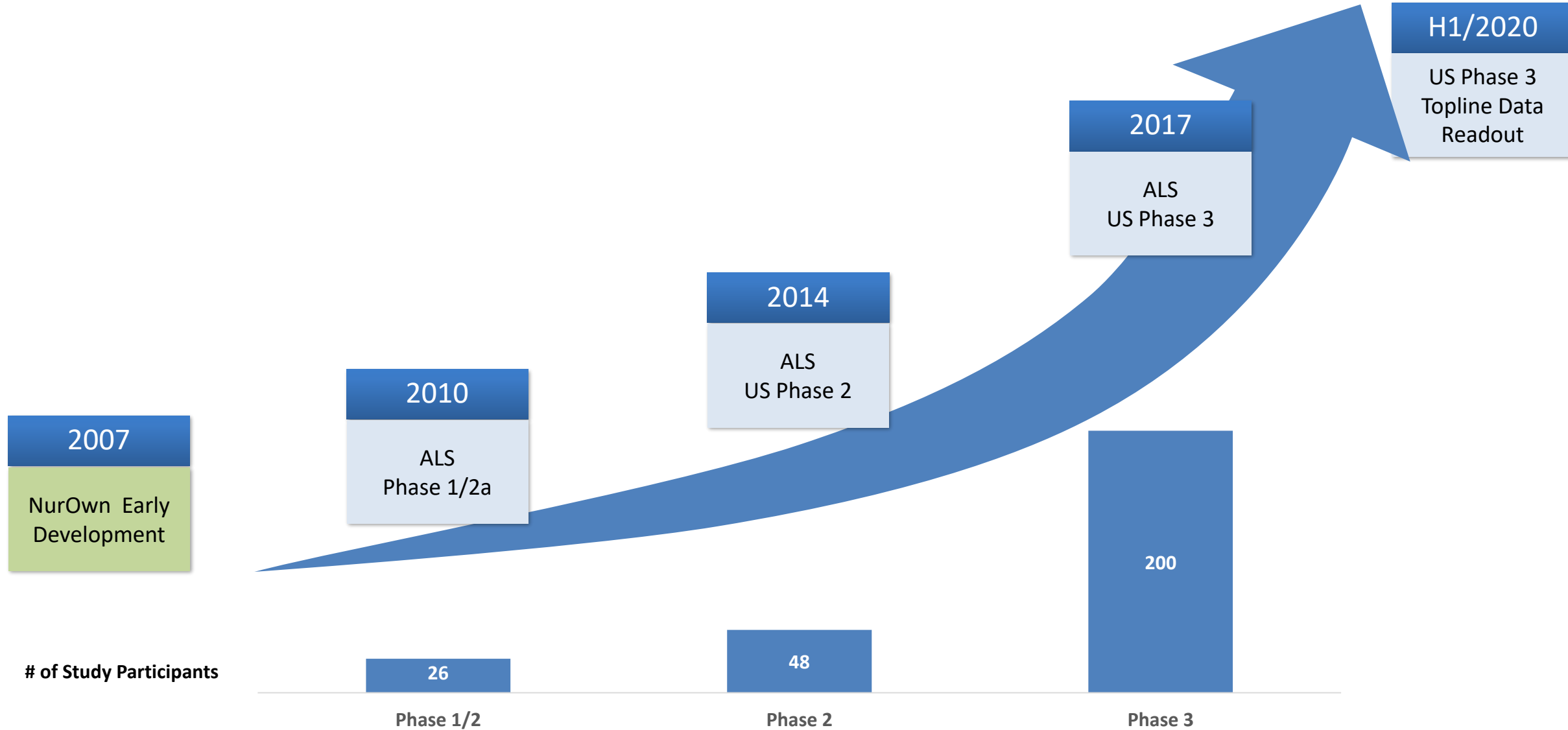
50+

more than any other group

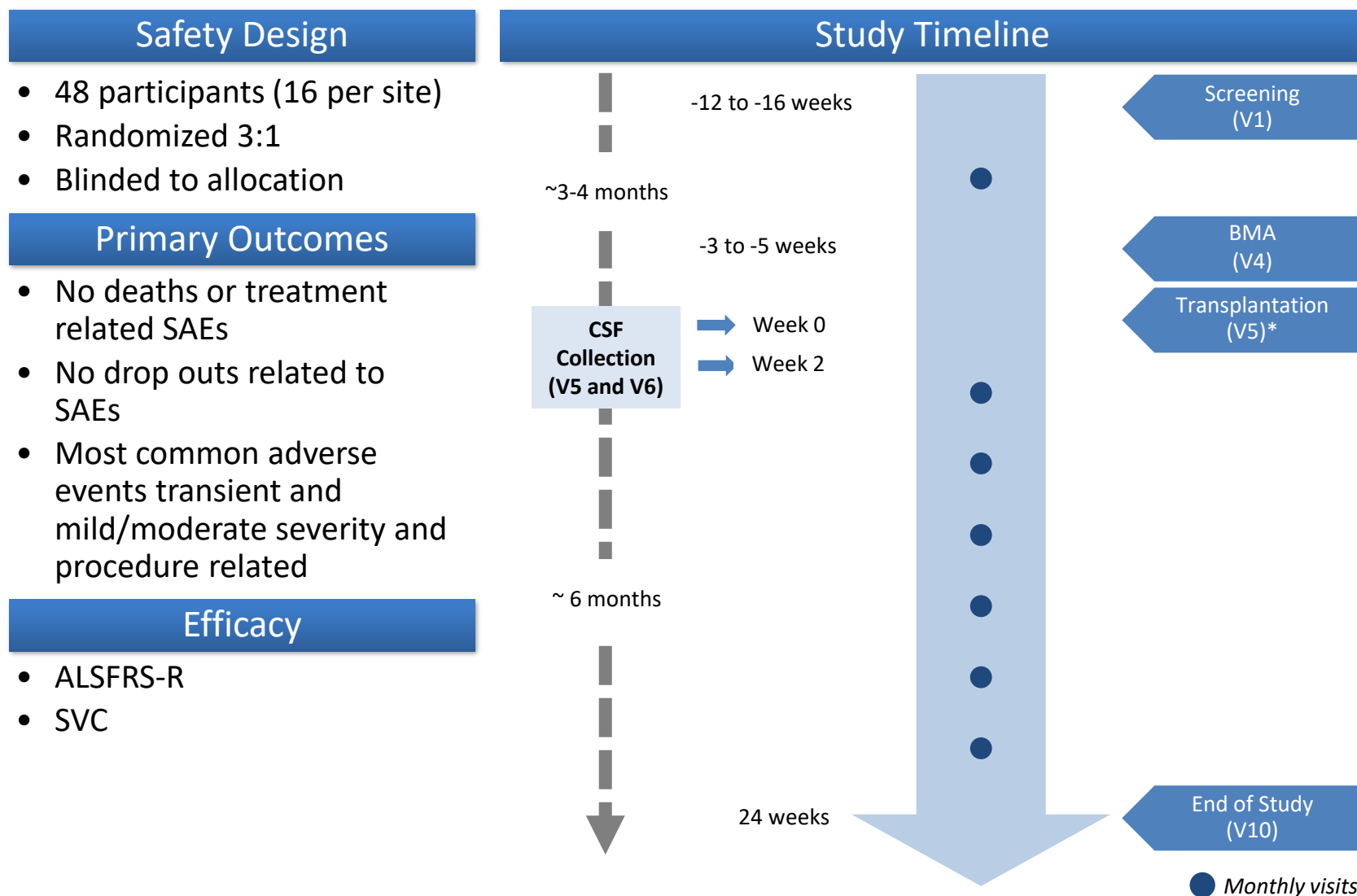
ALS US Prevalence

30,000

NurOwn® ALS Development



ALS Phase 2 Trial Design and Safety Outcomes



Phase 2 Trial – Approach to Data Analysis

Pre-specified Efficacy Analyses

1. Mean change in slope

2. Responder Analysis

3. Rapid vs. slow progressor subgroups prespecified

- ✓ ALS functional decline in **rapid progressors** more closely predicts survival and quality of life
- ✓ Higher response rate in **rapid progressors** enables smaller study
- ✓ **Rapid progressors** show higher levels of inflammatory biomarkers

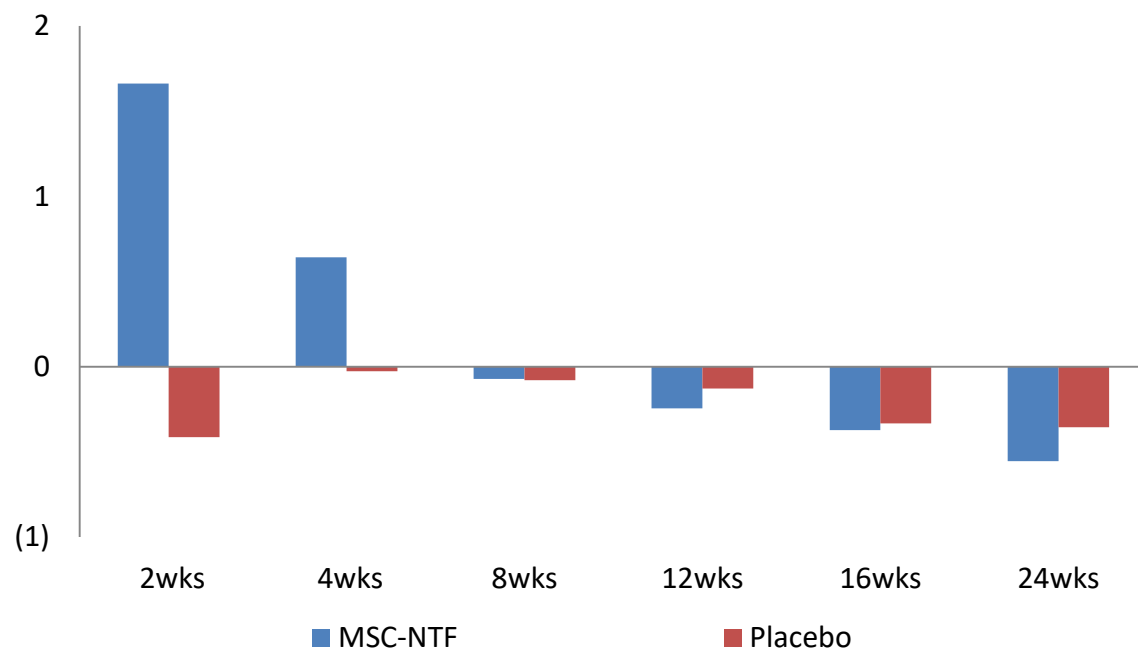
Phase 2 ALSFRS-R slope improvement: mean slope change/month

All participants (n=46)

Rapid progressors (n=21)

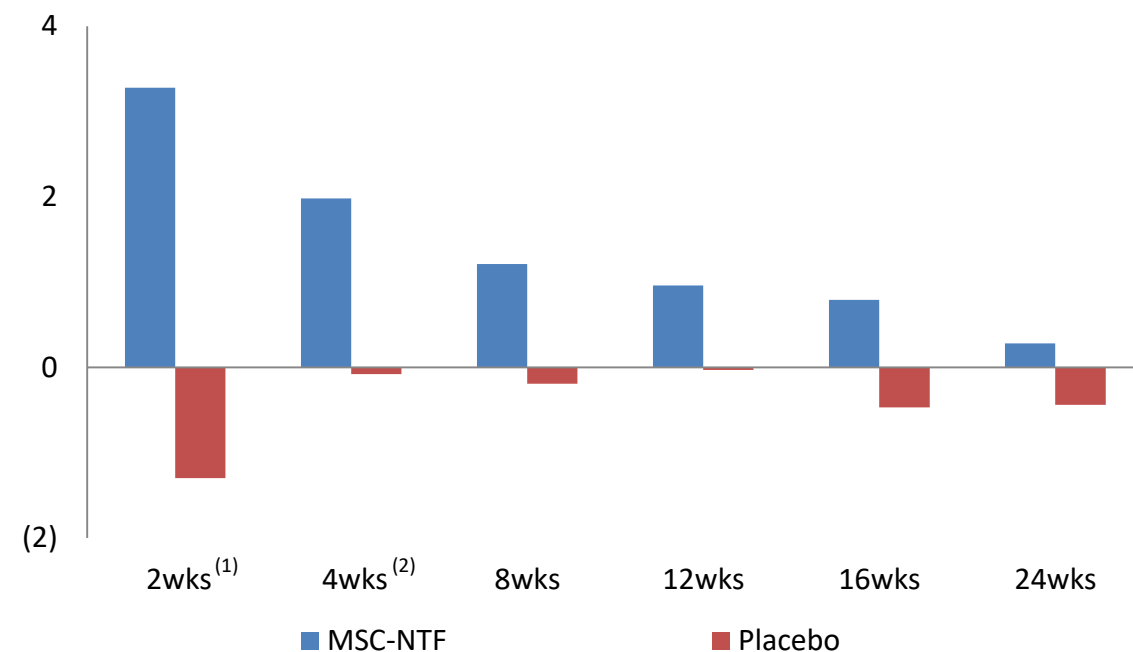
Post-treatment - pre treatment slope

ALSFRS-R LS mean change in slope



Post treatment – pre treatment slope

ALSFRS-R LS mean change in slope



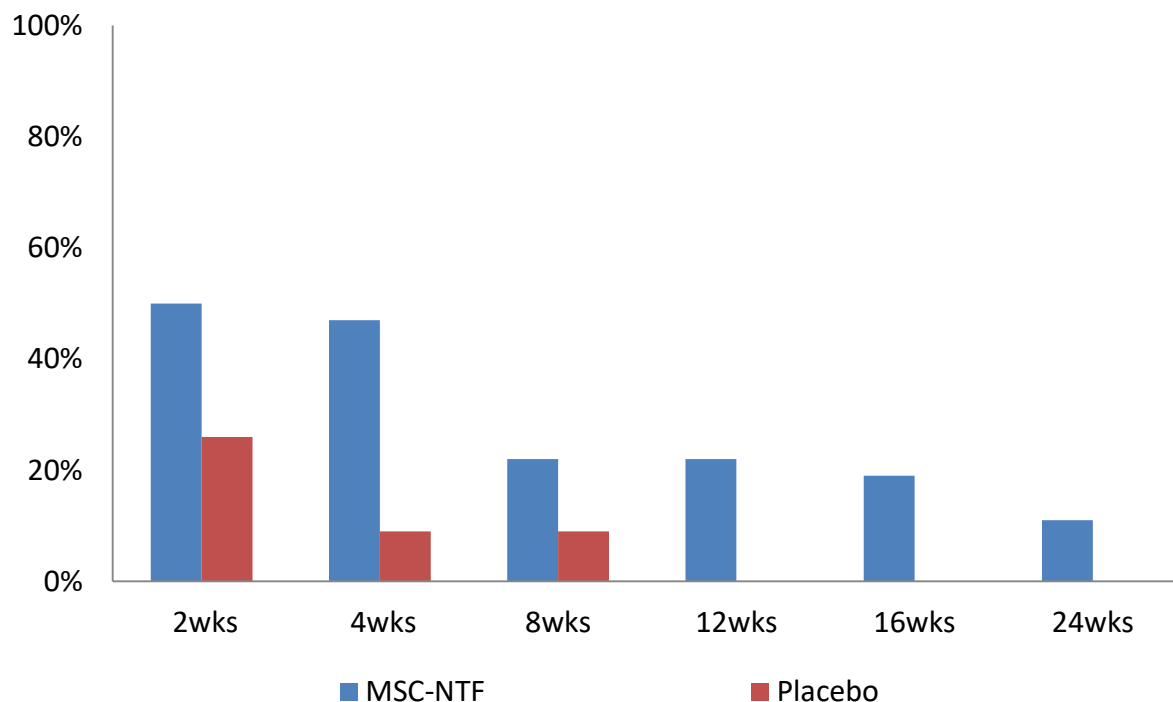
1. $p=0.021$
2. $P=0.033$

Phase 2 ALSFRS-R Responder Analysis: ≥1.5 points/month slope improvement

All participants (n=46)

ALSFRS-R ≥ 1.5 points improvement/month in
post-treatment slope compared to pre-treatment slope

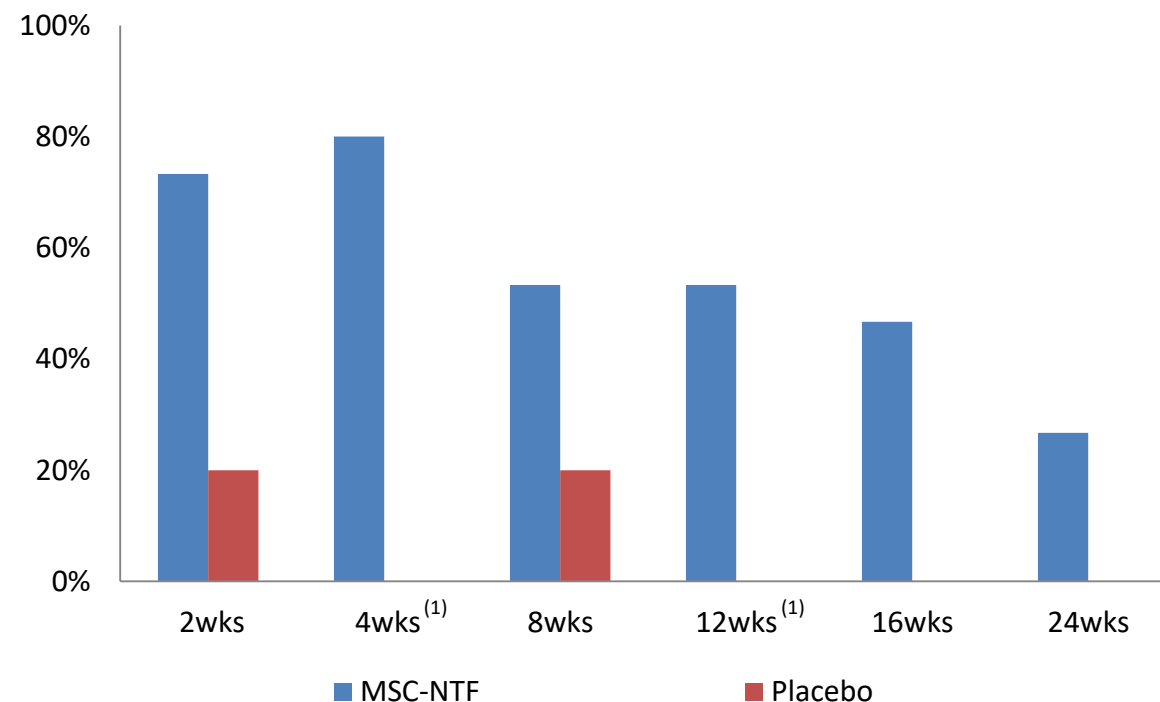
% patients with ≥ 1.5 point improvement/month



Rapid progressors (n=21)

ALSFRS-R ≥ 1.5 points improvement in post-treatment slope
compared to pre-treatment slope

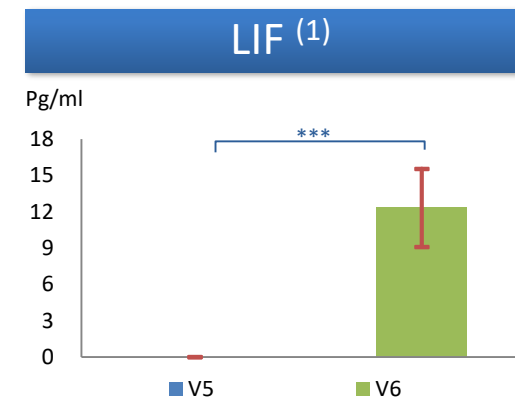
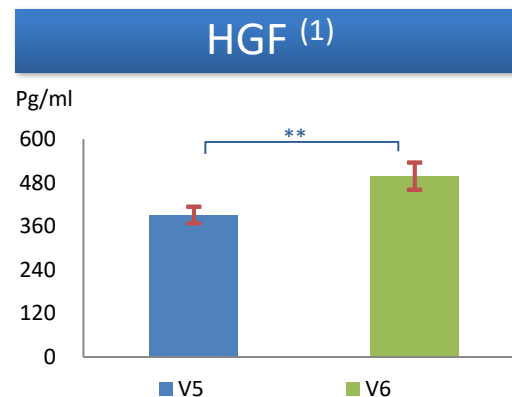
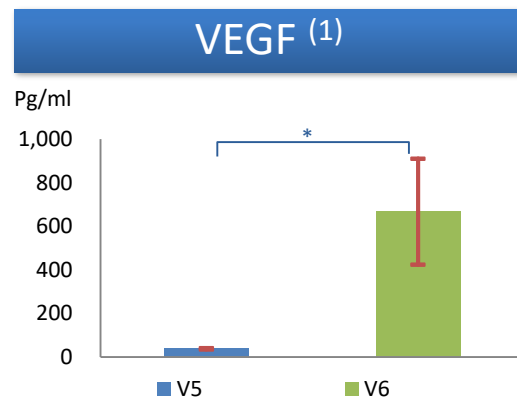
% patients with ≥ 1.5 point improvement/month



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

Phase 2 CSF NTFs Significantly Increased 2 Weeks Post-Treatment Compared to Baseline

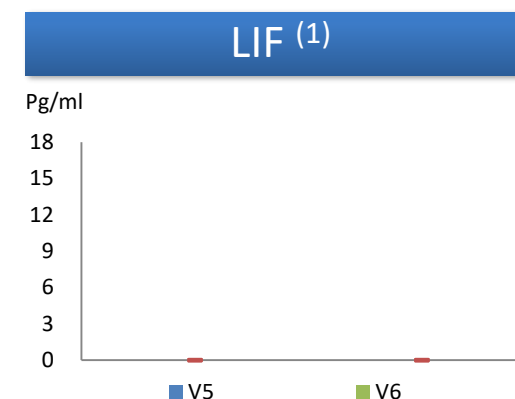
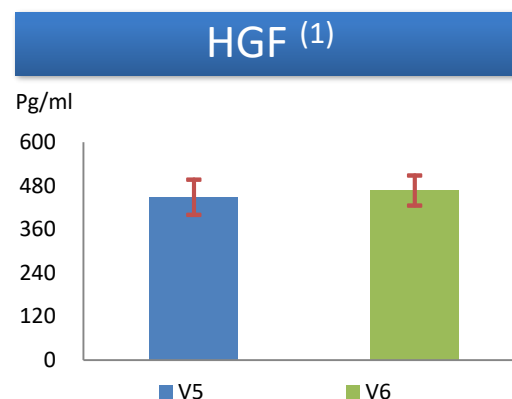
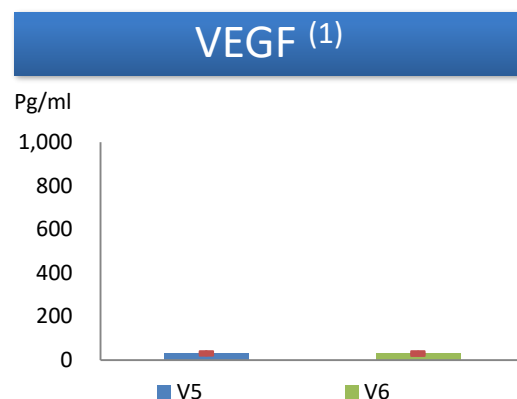
NurOwn®
(n = 26)



Pre transplantation

Post transplantation

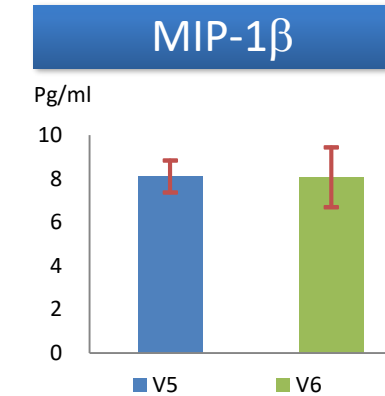
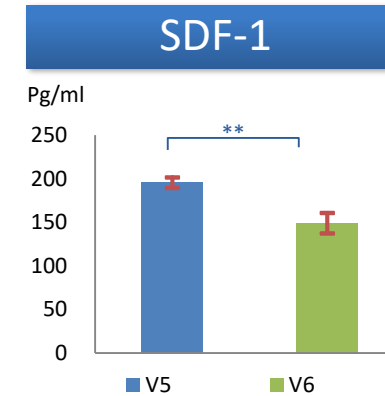
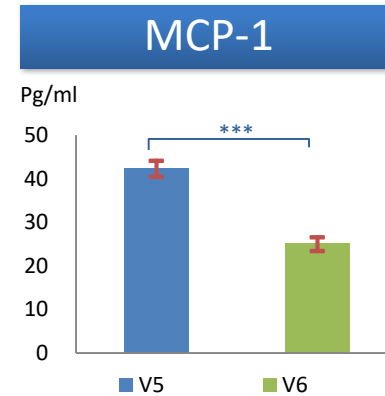
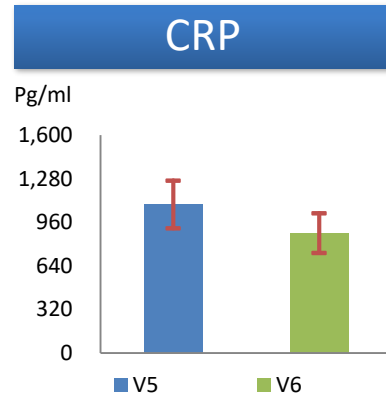
Placebo
(n = 9)



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

Phase 2 CSF Inflammatory Markers Significantly Decreased 2 weeks Post-Treatment Compared to Baseline

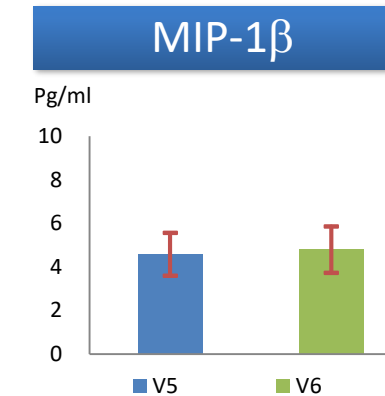
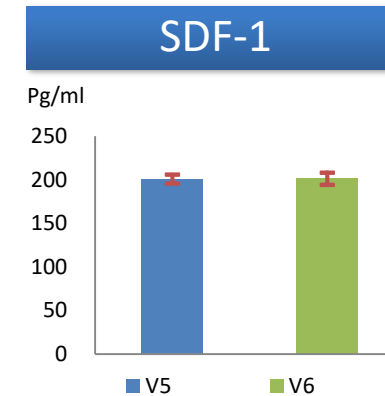
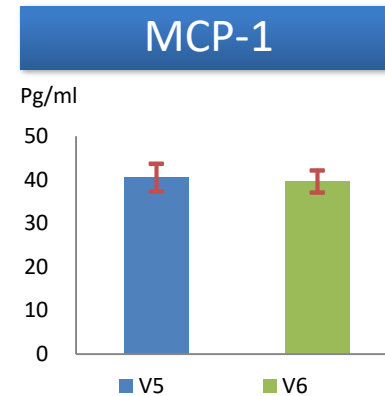
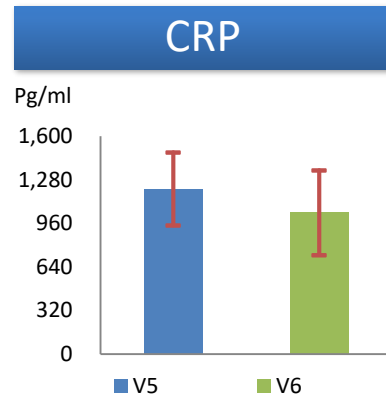
NurOwn®
(n = 26)



■ Pre transplantation

■ Post transplantation

Placebo
(n = 9)



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

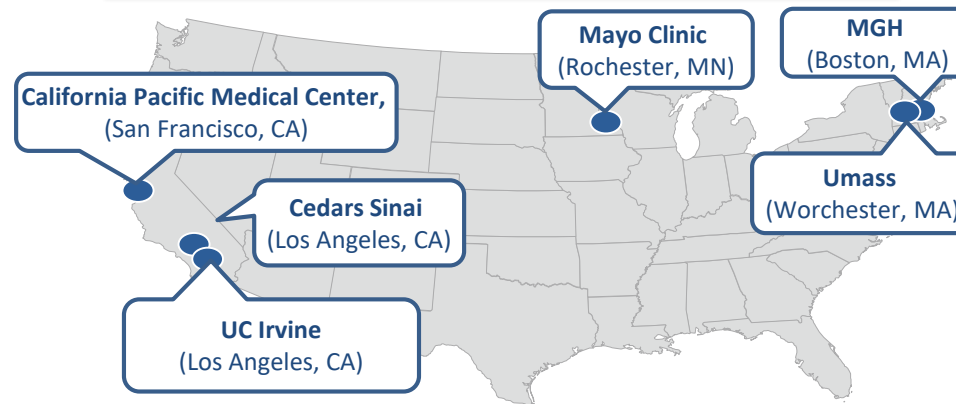
Treatment

- 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



MS Facts and Figures*

US MS prevalence

1M

Progressive MS

50%

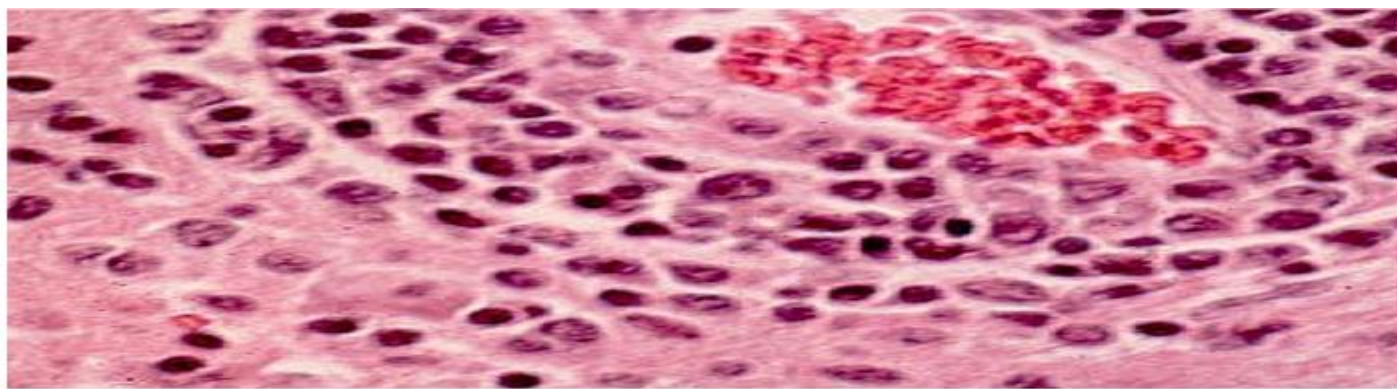
Women

are more likely to be diagnosed
with MS than men

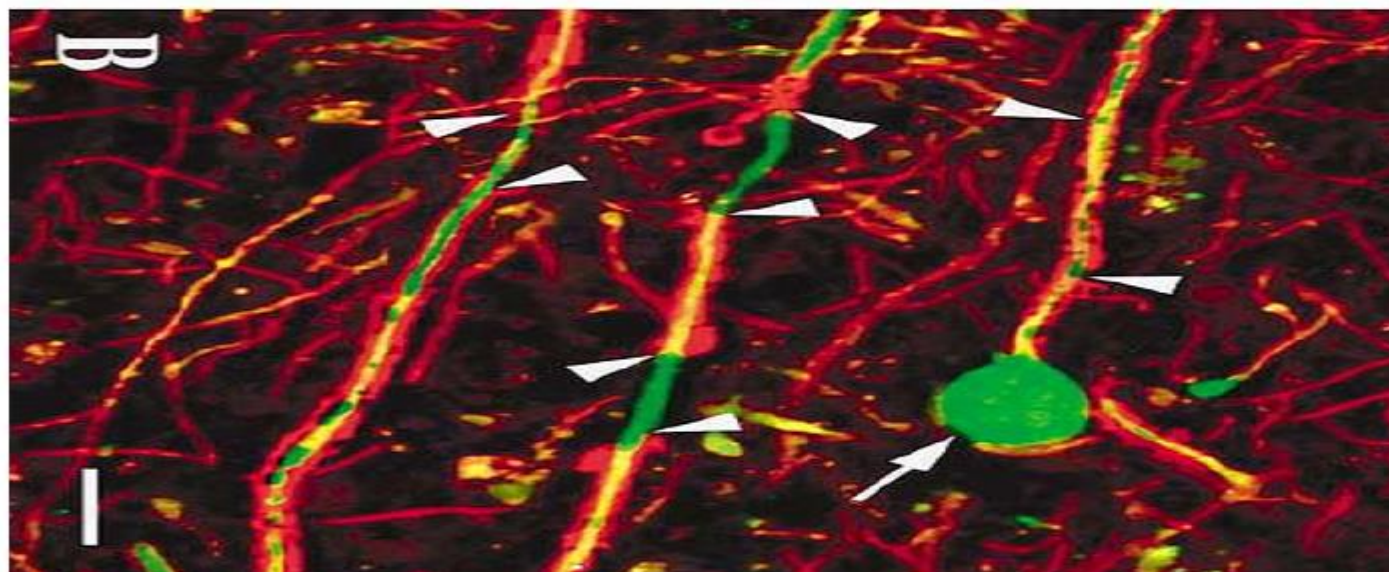
\$4.3B

US annual economic burden

MSC-NTF Progressive MS Disease Targets: Inflammation and Neurodegeneration



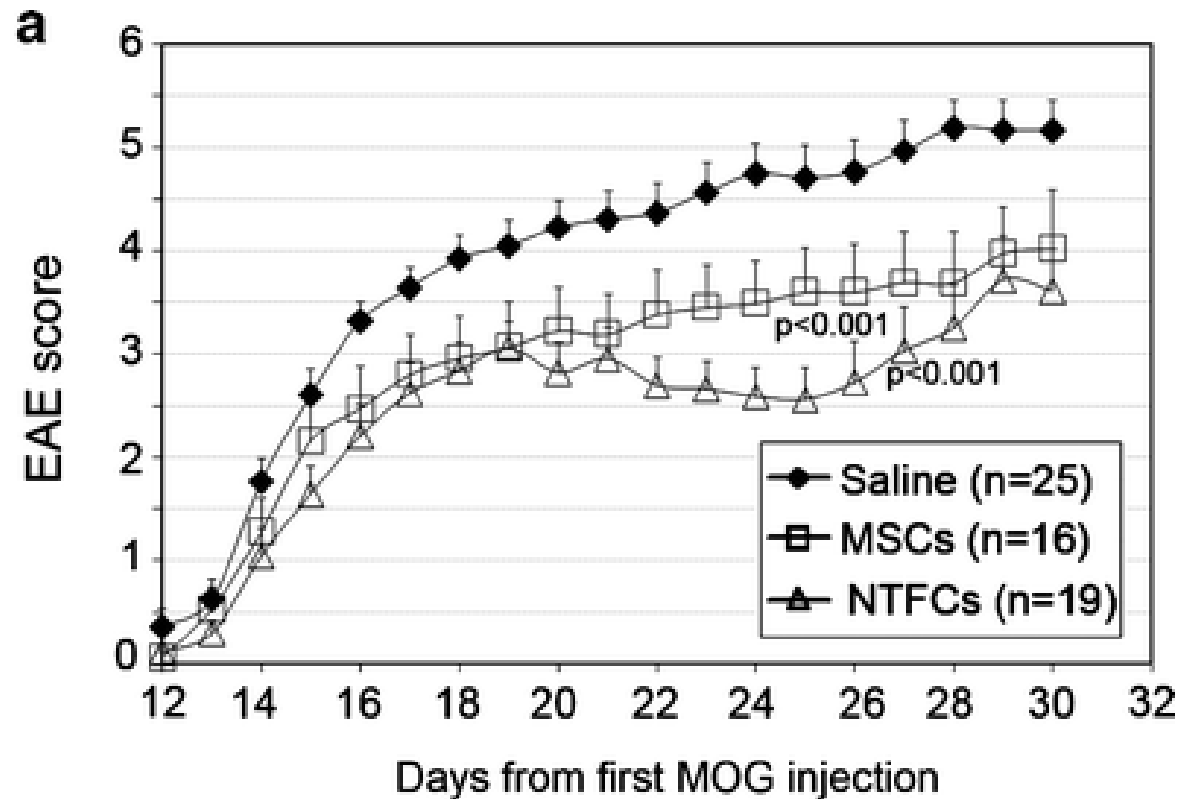
**Reduced
Inflammation**



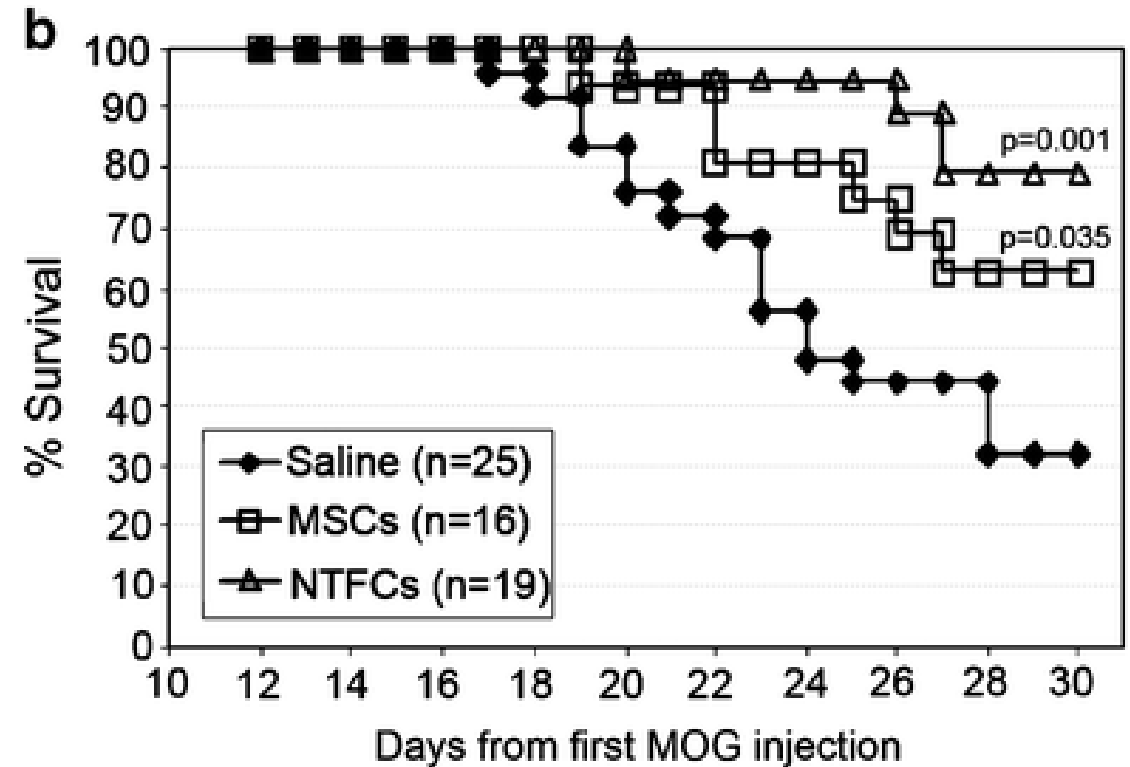
Neuroprotection

Images Courtesy Dr J Cohen

Intracerebroventricular NTF cells improves motor function and survival in rodent MS model (EAE)



Intracerebroventricular injection of 2.5×10^5 cells



Progressive MS Phase 2 Study

- IND accepted by FDA December 15, 2018
- Cell manufacturing Dana Farber Cancer Institute
- Study start up activities underway
- Protocol, site details and participant enrollment timelines will be disclosed in the first quarter

Financial Highlights

\$US in Thousands (except for Shares, Warrants and Options data)	September 30, 2018
Cash and cash equivalents	697
Short-term deposit	10,194
Non-Dilutive Grants	8,000
Total Liquidity	18,891
Cap Structure	
Debt	-
Shares Outstanding (including outstanding Warrants and Options)	20,700,713
Options / Warrants outstanding	1,457,620 / 4,578,867
Net Operating Loss	88,640

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

BrainStorm Management Team

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President and CEO

Ralph Kern, MD, MHSc.
COO and CMO

Eyal Rubin
EVP, CFO

Mary Kay Turner
VP, Patient Advocacy and Government Affairs

Arturo Araya
VP, Chief Commercial Officer

Joe Petroziello BS MS
VP, Scientific and Corporate Communications

Yael Gothelf PhD.
VP, Scientific and Regulatory Affairs

Uri Yablonka
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Yossef Levy PhD.
VP, Cell Production

Revital Aricha PhD.
VP, R&D

Susan Ward PhD
Head Clinical Research Operations

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Thank You