OBG: The Ocular Liquid Bandage

A crosslinked hyaluronic acid (CMHA-S) eye drop for corneal wounds and epitheliopathies, including dry eye

NASDAQ: EYEG

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Forward Looking Statements

Some of the matters discussed in this presentation contain forward-looking statements that involve significant risks and uncertainties, including statements relating to the prospects for the Company's lead product EGP-437, for the timing and outcome of the Company's clinical trials, the potential approval to market EGP-437, and the Company's capital needs. Actual events could differ materially from those projected in this presentation and the Company cautions investors not to rely on the forward-looking statements contained in, or made in connection with, the presentation.

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Hyaluronic Acid

Hyaluronic acid (HA) is a naturally occurring compound in the body

- ~15 grams of HA in an adult human body
- Possesses unique properties such as hydration (synovial fluid) and promotion of wound healing (skin): ideal for ocular surface
- Issue: rapidly degrades, one-third is naturally turned-over (degraded and synthesized) every day

Properties

- **High-molecular weight HA is non-immunogenic**
- **High-molecular weight HA binds up to 1,000 times its volume in water weight**
- **HA provides: hydration, lubrication of joints, and a meshwork for cell migration**

Regulatory Approvals

U.S. – Dermatology & Osteoarthritis

- HA approved in the U.S. as a device for wound and burn management and injections to treat knee pain caused by osteoarthritis

Ex-U.S. – Dry Eye & Wound Healing

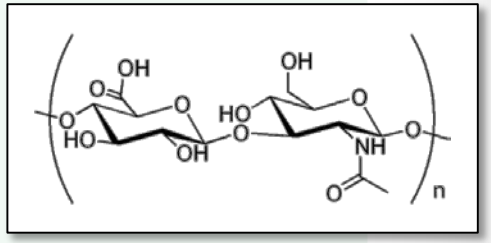
- Low concentration formulations of HA eye drops (0.1% to 0.4%) are the standard of care in Europe and Asia for ocular wound healing, dry eye and ocular surface damage

EyeGate's CMHA-S Platform:

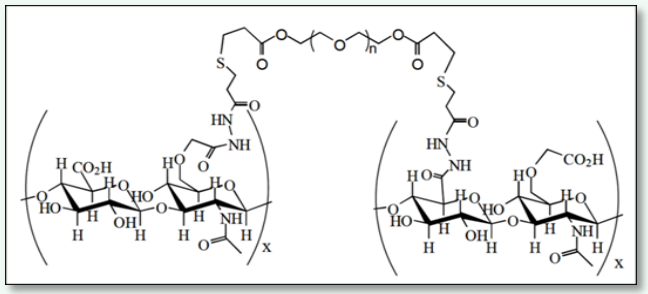
A unique crosslinked, high concentration version of Hyaluronic acid

First and Only Eye Drop in the U.S. Targeting Acceleration of Re-Epithelialization

Hyaluronic Acid (HA)



Crosslinked HA



Crosslinking - Prevents Degradation and Increases Ocular Surface Retention

- Crosslinking creates a 3D structure that stabilizes the molecule → **Resists degradation**
- Prolonged residency time on the ocular surface → **90 to 120 minutes**
- Higher viscosity/shear rate → **Thins with blinking and is non-blurring**
- Scaffolding matrix → **Protects the ocular surface**
- Preservative-Free, 100% pure HA → **Natural product, safe, well tolerated, well known to physicians**

A high concentration HA eye drop (0.75%) for potentially treating a wide variety of ocular surface pathologies from dry eye to wound healing

EyeGate Ocular Bandage Gel (OBG)

Demonstrated efficacy and safety in animals

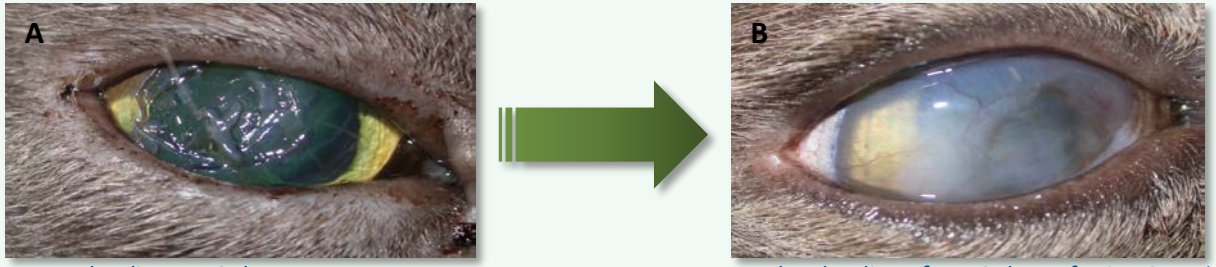
Commercially available as a veterinary device

- Manufactured by SentrX Animal Care
- Sold in the U.S. and certain European countries by Bayer Animal Health as Remend® Corneal Repair[1]
- 5 years in thousands of dogs, cats and horses, with an excellent efficacy/safety profile

Efficacy of CMHA-S has been demonstrated in various animal pathologic conditions

- Post traumatic corneal stromal ulcers (real world dogs and cats)
- Corneal abrasion and alkali burn injuries (rabbit models)
- Dry eye (veterinary dogs who failed topical cyclosporine)

Molly: 12 year old cat with a non-healing corneal defect



A. Non-healing at 42 days

B. Ulcer healing after 12 days of using 0.75% CMHA-S

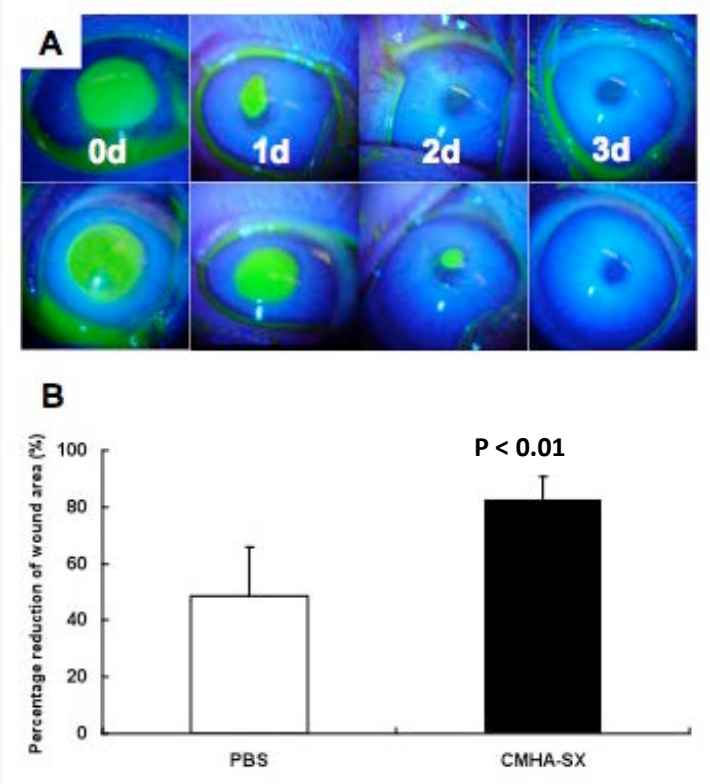
1. EyeGate has human ophthalmic rights only. Visit http://www.bayerdvm.com/show.aspx/remend-cross-linking-video

Healing Corneal Abrasions and Alkali Burns

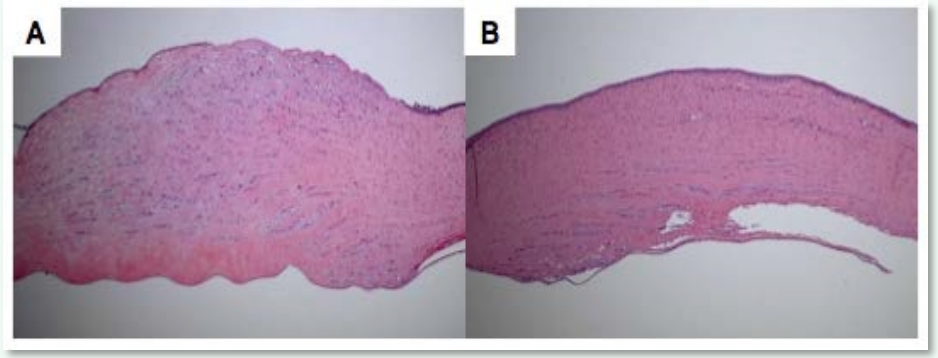
Efficacy Study: Rabbits[1]

CMHA-S treated central corneal epithelium exhibited a faster wound closure

CMHA-S treated cornea exhibited "more normal" epithelial and stromal organization



A. Fluorescein staining of corneal epithelial abrasions
B. Quantitative analysis at 24 hours; 49% vs 83% complete



Histology of alkali burn healing

A. Control at Day 12 central wound with unhealed corneal epithelium
B. CMHA-S treated central epithelium and corneal stroma showing a better organization than control

- **Abrasion:** Wound closure complete by 48 hours with CMHA-S
- **Burns:** Complete re-epithelization at Day 12 for CMHA-S but not for control

1. Guanghui Yang, Ladan Espandar, Nick Mamalis and Glenn D. Prestwich, Veterinary Ophthalmology 2010

CMHA-S Eye Drop Accelerates Corneal Surface Re-Epithelialization

Completed First Human Clinical Trial in PRK Patients

- ✓ **PRK surgery provides several advantages as indication to evaluate the Ocular Liquid Bandage Gel (OBG)**
  - A homogenous patient population with large epithelial defects of the same size
- ✓ **39 subjects randomized to one of three groups: both eyes received the same treatment**
  - (i) OBG alone (ii) OBG + Bandage Contact Lens (BCL) (iii) Standard of care (BCL + Artificial Tears)
  - OBG alone demonstrates accelerated wound healing vs. standard of care
    - 55% more patients healed by Day 3
    - Wound size up to ~36% smaller by Day 1 (24 hr. post-op), 83.3% smaller by Day 3 with OBG alone

				Length in mm			
	# Subjects per arm	Closed Wound: Day 3 #	Closed Wound: Day 3 %	Day 1 Horizontal	Day 1 Vertical	Day 3 Horizontal	Day 3 Vertical
Arm 1: OBG	12	10	83.3%	4.1	4.5	0.10	0.20
Arm 2: OBG + BCL	14	9	64.3%	6.3	6.50	0.30	0.30
Arm 3: BCL + AT[1]	13	7	53.8%	6.4	6.20	0.60	0.60
Total Subjects Enrolled	**39**						
OBG: % better than BCL			**54.8%**	**35.9%**	**27.4%**	**83.3%**	**66.7%**

Moving to formal pilot trials in PRK and Moderate Dry Eye Patients with Top-line Data expected Q3-2018

Eye Drop Regulated as a Device

Accelerates Development Plan

Meeting with FDA (Nov 2016) Confirms *de novo* 510(k) Filing Path

- **No predicate device – label determined by clinical trials demonstrating superiority**
- **Initial superiority claim discussed: acceleration of re-epithelization of corneal wounds/defects**
  - PRK is an excellent homogenous model for measuring time to corneal wound repair
- **Current development plan includes additional clinical studies beyond PRK**
  - Punctate Epitheliopathies: focus is on moderate dry eye
  - Superiority claim: reduction in corneal staining
- **Broadening indication for use (IFU) post initial *de novo* clearance (PRK and PE)**
  - Subsequent filings reviewed in approximately 4 months (i.e. 510(k) clearance)
  - Similar to PE, claims can be based on size of defect, not a specific indication

Initial Two Indications: Photorefractive Keratectomy and Punctate Epitheliopathies

Management of Punctate Epitheliopathy

Pilot Trial Design

Targeting Moderate Dry Eye Patients with Top-line Data expected Q2 2018

- **PE as defined by fluorescein staining of cornea: NEI scale**
  - Randomization: NEI score ≥ 5
- **30 subjects for 2 arm trial: 15 subjects per arm**
  - Safety will include both eyes (N = 60)
- **42 Day trial: 2 week wash-out/run-in followed by 4 weeks of two arms**
  - Day -14 screening: all subjects stop all topicals and take Refresh PF artificial tears QID OU for 14 days
  - Day 0 randomization: OBG QID for 28 days vs Refresh PF artificial tears QID OU for 28 days
- **Primary performance outcome:**
  - Change in NEI corneal staining score from baseline to Day 28 between OBG arm and artificial tears arm for the study eye

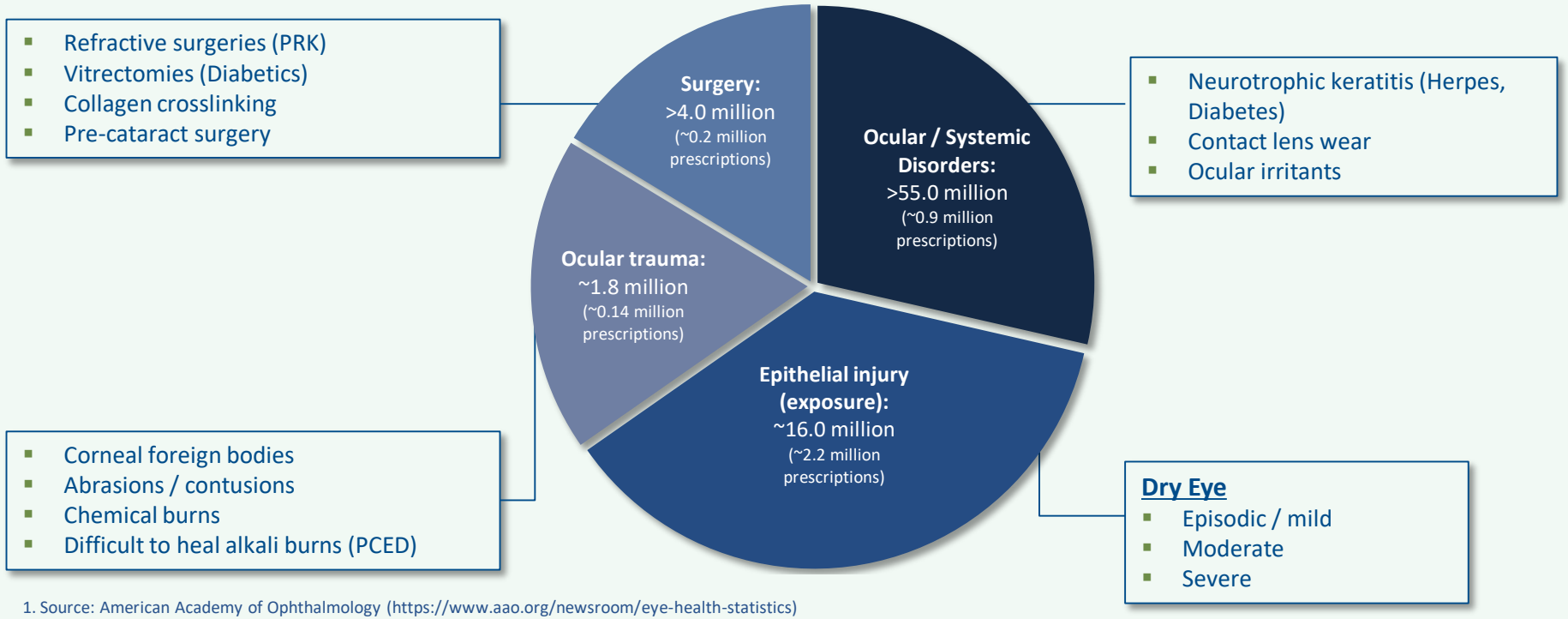
EyeGate Ocular Bandage Gel (OBG)

Broad Clinical Application & Large Market Opportunity

EyeGate's proprietary crosslinking has potential to address multiple conditions

- Targeting data from next PRK trial and PE trial in first half of 2018, with anticipated filing of de novo 510(k) by first quarter 2019

Corneal Wounds and Epitheliopathies: U.S. Numbers



1. Source: American Academy of Ophthalmology (https://www.aao.org/newsroom/eye-health-statistics)

Continued Unmet Medical Need & Modest Development Investment Creates Opportunity Even in Face of Generic Restasis Entry

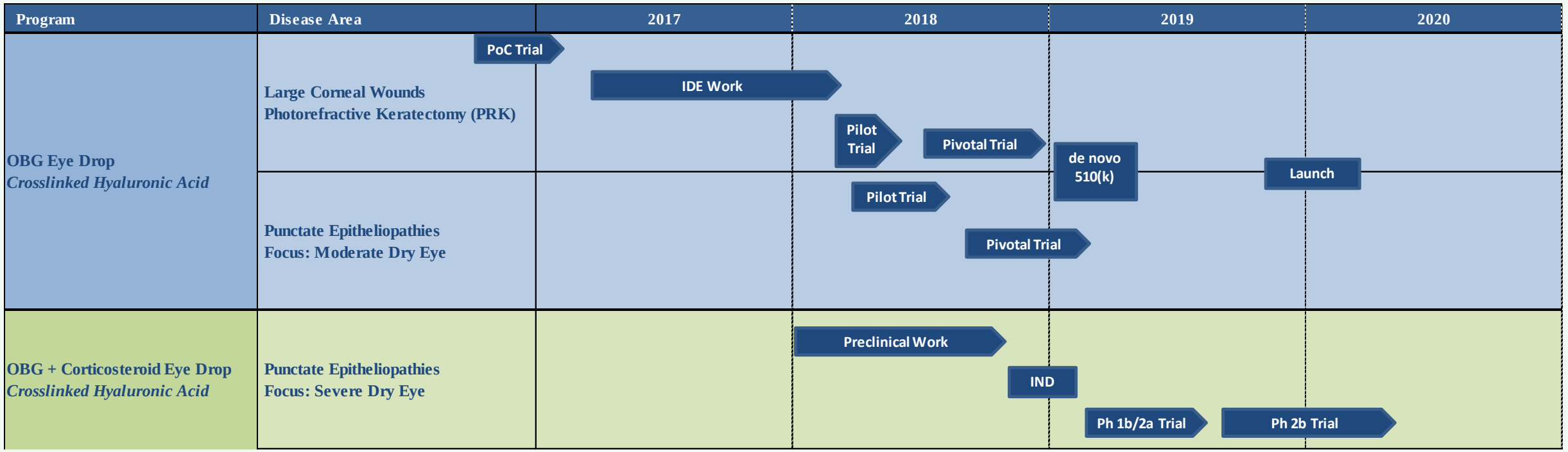
Over 76M patients with corneal wounds or epitheliopathies in US but only 3.5M Rx's of current treatment options

- **Primary focus on punctate epitheliopathy/moderate dry eye market**
  - Patients not adequately managed on artificial tears and/or adjunctive to Restasis / Xiidra
  - Physician research supports need for additional treatment options & strong support for OBG profile in dry eye and wound management

- **Payer research, *which anticipates generic Restasis*, supports WAC in the range of $125-$225 with Nets of $105 - $165 in Commercial plans where patient OOP is ~$35**
  - As a medical device OBG will NOT be covered by Medicare Part D
  - A device outside of Medicare Part D, however, makes patients eligible for discount programs → Net patient OOP ~$75

- **In early discussions regarding partnership or acquisition**
  - Building plans and capabilities for self launch if desired

Development Timeline



A New Product: Improves Upon an Old Standby

Proprietary Formulation of HA Resists Degradation and Accelerates Re-Epithelialization

- Proprietary crosslinked HA produces a preservative-free, high concentration eyedrop that resists degradation and adheres to the ocular surface ***without*** blurring vision
- Hydrating, protectant and lubricant that facilitates acceleration of corneal re-epithelialization
- Positive results in human PRK trial has led to addition of clinical studies for moderate dry eye
- Physician and Payer research support demand and reimbursement
- Following a medical device pathway, approval by late 2019 possible

Thank You!

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