Forward Looking Statements

The statements in this presentation that relate to future plans, events or performance are forward-looking statements, which are made pursuant to the safe harbor provisions of Section 27A of the Securities Act of 1933, as amended. Such forward-looking statements involve significant risks and uncertainties, and actual results, events and performance may differ materially from those expressed or implied in this presentation. We have based these forward-looking statements 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 and financial needs. These forward-looking statements include, but are not limited to, statements concerning the following: (i) estimates of our expenses, future revenue and capital requirements; (ii) our ability to obtain additional funding on terms acceptable to us, or at all; (iii) our ability to advance product candidates into, and successfully complete, clinical trials; (iv) the initiation, timing, progress and results of future preclinical studies and clinical trials, and our research and development programs; (v) the timing or likelihood of regulatory filings and approvals; (vi) our expectations regarding the results of our Phase 3 clinical trials of bremelanotide for hypoactive sexual desire disorder (HSDD), a type of female sexual dysfunction (FSD); (vii) our expectation regarding the timing of regulatory submissions for approval of bremelanotide for HSDD in the United States and other jurisdictions; (viii) the potential for commercialization of bremelanotide for HSDD and our other product candidates, the potential market size and market acceptance for bremelanotide for HSDD and our other product candidates, if approved for commercial use; (ix) our expectations regarding performance of our exclusive licensee of bremelanotide for North America, AMAG Pharmaceuticals, Inc. (AMAG), and our licensees in other jurisdictions; (x) our ability and the ability of our licensees, including AMAG, to compete with other products and technologies similar to our product candidates; (xi) the ability of third party collaborators to timely carry out their duties under their agreements with us and our licensees, including AMAG; (xii) the ability of contract manufacturers to perform their manufacturing activities in compliance with applicable regulations; (xiii) our ability to recognize the potential value of our licensing arrangements with third parties; (xiv) the potential to achieve revenues from the sale of our product candidates; (xv) our ability to maintain product liability insurance at a reasonable cost or in sufficient amounts, if at all; (xvi) the retention of key management, employees and third-party contractors; (xvii) the scope of protection we are able to establish and maintain for intellectual property rights covering our product candidates and technology; (xviii) our compliance with federal and state laws and regulations; (xix) the timing and costs associated with obtaining regulatory approval for our product candidates; (xx) the impact of legislative or regulatory healthcare reforms in the United States; and (xxi) other risks disclosed in our SEC filings. The forward-looking statements in this presentation do not constitute guarantees of future performance. We undertake no obligation to publicly update these forward-looking statements to reflect events or circumstances that occur after the date of this presentation.
Palatin Technologies, Inc. (NYSE MKT: PTN) is a biopharmaceutical company developing targeted, receptor-specific peptide therapeutics for the treatment of diseases with significant unmet medical need and commercial potential.
Palatin Technologies Overview

**Platform technology for the design of GPCR agonists**
- MIDAS Technology
- Diverse Compound Libraries
- Rational Design

**Melanocortin Peptide Agonists**
- Sexual Dysfunction Program
  - Phase 3 completed
  - NA Partnership
- Obesity & Diabetes Program
  - MC4r selective agonists
    - PL-8905
    - PL-7737 oral small molecule

**Anti-Inflammatory Program**
- MC1 & 5 selective agonists
  - PL-8177 IBD
  - PL-8331 ocular inflammation

**Heart Failure Program**
- NPR A & C agonists
  - PL-3994
  - PL-5028 preclinical

**Fibrotic Disease Program**
- NPR C agonists
  - PL-5028 preclinical

**Natriuretic Peptide Agonists**

- Demonstrated competence to move programs from discovery to collaboration to NDA
- Strategy leverages our chemistry and biology research across multiple therapeutic opportunities
- Activating endogenous pathways known to reverse disease processes
- MOAs with the potential to modify underlying disease pathologies, not just treat symptoms
- Bremelanotide partnerships provide the financial resources to unlock the potential of our pipeline assets
## Clinical Pipeline

<table>
<thead>
<tr>
<th>Melanocortin Receptor Programs</th>
<th>Pre-Clinical</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>NDA Submission</th>
<th>FDA Approval</th>
</tr>
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<tbody>
<tr>
<td>Bremelanotide MC4r Agonist</td>
<td></td>
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<tr>
<td>Hypoactive Sexual Desire Disorder</td>
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<tr>
<td>PL-8177 MC1r Agonist</td>
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<tr>
<td>Inflammatory Bowel Disease</td>
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<tr>
<td>PL-8331 MC1/5r Agonist</td>
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<tr>
<td>Anti-inflammatory Ocular Indications</td>
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<table>
<thead>
<tr>
<th>Natriuretic Peptide Receptor Programs</th>
<th>Pre-Clinical</th>
<th>Phase 1</th>
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<th>Phase 3</th>
<th>NDA Submission</th>
<th>FDA Approval</th>
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</thead>
<tbody>
<tr>
<td>PL-3994 NPR-A</td>
<td></td>
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<tr>
<td>Heart Failure</td>
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<tr>
<td>PL-5028 NPR-A/C Agonist</td>
<td></td>
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<tr>
<td>Heart Failure and Fibrosis</td>
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</table>
Bremelanotide (BMT)

For Premenopausal Women with Hypoactive Sexual Desire Disorder
Female Sexual Dysfunction (FSD) is defined as persistent or recurring problems during one or more of the stages of sexual response with associated distress

- Hypoactive Sexual Desire Disorder (HSDD) is the most common FSD

HSDD has a significant impact on patient self-image, relationships and general well-being

Bremelanotide Indication: Premenopausal women with HSDD

- The treatment of premenopausal women with acquired generalized HSDD as characterized by low sexual desire that causes marked distress or interpersonal difficulties and is NOT due to:
  - A co-existing medical or psychiatric condition
  - Problems with the relationship, or
  - The effect of a medication or other drug substance
Taken on-demand with a self-administered auto-injector pen in anticipation of sexual activity

- Novel mechanism of action: melanocortin receptor agonist (MC4r)
  - Targets endogenous pathways involved in sexual desire and arousal

- Successful Phase 2B trial showed a statistically significant and clinically meaningful effects
  - Improved desire, satisfying sexual events and distress associated with low desire

**Two successful Phase 3 studies completed**

- Randomized 1,267 pre-menopausal women with acquired HSDD
- Co-primary efficacy endpoints met (top-line Phase 3 results released 4Q2016)
  - Statistically significant improvements in sexual desire and decrease in distress associated with low sexual desire
  - Generally well tolerated; most common adverse events were nausea, headache and flushing (generally mild/moderate)

- Completed open label extension study 2Q17
Phase 3 Top-Line Results Overview

- Preliminary review of the overall safety population (1,247 patients)
  - Generally well tolerated and the most frequent adverse events were nausea, headache and flushing (generally mild/moderate)
  - Safety profile of bremelanotide was consistent with prior clinical experience and no new safety issues were identified

- Co-primary endpoints showed statistically significant and clinically meaningful improvement when compared to placebo
  - Female Sexual Function Index: Desire Domain (FSFI-D)
    - Study 301: Mean change of 0.54 vs. 0.24, median change of 0.60 vs. 0.00, p=0.0002; and,
    - Study 302: Mean change of 0.63 vs. 0.21, median change of 0.60 vs. 0.00, p<0.0001
    - Clinically meaningful effect defined as a median change from baseline of 0.6 on the FSFI-D
  - Female Sexual Distress Scale - Desires/Arousal/Orgasm (FSDS-DAO) Item 13
    - Study 301: Mean change of -0.73 vs. -0.36, median change of -1.0 vs. 0.0, p<0.0001; and,
    - Study 302: Mean change of -0.71 vs. -0.42, median change of -1.0 vs. 0.0, p=0.0053
    - Clinically meaningful effect defined as a median change from baseline of -1.0 on the FSDS Question 13
Secondary Endpoints & Completers/Responders

- Secondary endpoints analysis
  - Provides support of a robust effect across endpoints and questionnaires

- Completers Population
  - Subjects who completed all 6 months of randomized treatment
  - Population that could mimic a commercially viable group
    - 60% of subjects on bremelanotide completed the trial

- Responders population
  - Subject’s self assessment of benefit at end of study
  - Responders’ values for FSFI & FSDS-DAO were statistically significant
Results: FSFI

BMT Was Associated With Significant Improvements in FSFI Total, Arousal, Lubrication, Orgasm, and Satisfaction Domain Scores Compared With Placebo

Mean Change in FSFI Scores From Baseline to End of Core Phase

<table>
<thead>
<tr>
<th>Domain</th>
<th>Study 301 Study 302</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSFI Total Score</td>
<td>Study 301 Study 302</td>
</tr>
<tr>
<td>FSFI Satisfaction Domain</td>
<td>Study 301 Study 302</td>
</tr>
<tr>
<td>FSFI Orgasm Domain</td>
<td>Study 301 Study 302</td>
</tr>
<tr>
<td>FSFI Lubrication Domain</td>
<td>Study 301 Study 302</td>
</tr>
<tr>
<td>FSFI Arousal Domain</td>
<td>Study 301 Study 302</td>
</tr>
</tbody>
</table>

![Graph showing mean change in FSFI scores from baseline to end of core phase](image)

^All BMT scores $P \leq 0.01$

BMT, bremelanotide; FSFI, Female Sexual Function Index.
**Results: FSDS-DAO**

**BMT Significantly* Improved FSDS-DAO Distress from Arousal and Distress Total Scores**

**Mean Change in FSDS-DAO Arousal and Total Scores: Baseline to End of Core Phase**

*P* < 0.0034; **P** < 0.0001; ***P** = 0.0001

BMT, bremelanotide; FSDS-DAO, Female Sexual Distress Scale-Desire/Arousal/Orgasm.
Results: FSEP-R: Satisfaction with Desire and Arousal

- BMT Improved FSEP-R Scores for Satisfaction With Desire and Arousal in Study 301

- A trend toward significance was seen in Study 302

**Mean Change in FSEP-R Satisfied Desire and Arousal Scores: Baseline to End of Core Phase**

<table>
<thead>
<tr>
<th></th>
<th>Study 301</th>
<th>Study 302</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FSEP-R- Satisfied Desire</strong></td>
<td><strong>FSEP-R- Satisfied Arousal</strong></td>
<td><strong>FSEP-R- Satisfied Arousal</strong></td>
</tr>
<tr>
<td>Placebo</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>BMT 1.75 mg</td>
<td>0.2</td>
<td>0.3</td>
</tr>
</tbody>
</table>

***P<0.002, **P=0.013, *P≥0.09.

BMT, bremelanotide; FSEP-R, Female Sexual Encounter Profile-Revised.
Responder Analysis

<table>
<thead>
<tr>
<th>% Responders Based on Self-Assessment of Benefit</th>
<th>Study 301</th>
<th>Study 302</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAQ question 3(^a) score ≥5 (% responders BMT 1.75 mg SC)</td>
<td>59%</td>
<td>58%</td>
</tr>
</tbody>
</table>

**Responder Analysis Based on MCIDs**

<table>
<thead>
<tr>
<th></th>
<th>Study 301</th>
<th>Study 302</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSFI-D (MCID=0.6)</td>
<td>(P=0.0002)</td>
<td>(P&lt;0.0001)</td>
</tr>
<tr>
<td>FSDS-DAO Item 13 (MCID=(-1.0))</td>
<td>(P&lt;0.0001)</td>
<td>(P=0.0419)</td>
</tr>
</tbody>
</table>

\(^a\) “How often do you feel bothered by low sexual desire?”

BMT, bremelanotide; FSDS-DAO, Female Sexual Distress Scale-Desire/Arousal/Orgasm; FSFI-D, Female Sexual Function Index desire domain; GAQ, General Assessment Questionnaire; MCID, minimal clinically important difference; SC, subcutaneous.
Significant Market Opportunity

~10M pre-menopausal women in U.S. with HSDD\(^1\)

15M U.S. women with HSDD\(^3\)

- 5.8M\(^2\) pre-menopausal women with HSDD (primary symptom)
- 0.6M pre-menopausal women treated (Rx)
- 1.5M pre-menopausal women presented to HCP, but not treated
- 3.7M pre-menopausal women not diagnosed

- 4.4M pre-menopausal women with HSDD (not primary symptom)

- 5.5M post-menopausal women with HSDD

Potential initial patient population

---

\(^1\) Survey data from West (2008); Shifren (2008); Leiblum (2006)

\(^2\) Burke Institute: patient and economic flow study, April 2016

\(^3\) Survey data from Shifren (2008); 2014 U.S. census data
# Highly Differentiated Target Product Profile

<table>
<thead>
<tr>
<th>Dosing &amp; Administration</th>
<th>Bremelanotide</th>
</tr>
</thead>
</table>
| **Dosing & Administration** | • Taken on-demand in anticipation of sexual activity  
| | • Rapid onset of activity ~30 minutes  
| | • Treatment effective up to 8-10 hours  
| | • Patient administered with subcutaneous auto-injector pen |

<table>
<thead>
<tr>
<th>Indication</th>
<th>Bremelanotide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indication</strong></td>
<td>• The treatment of pre-menopausal women with acquired generalized hypoactive sexual desire disorder (HSDD)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety</th>
<th>Bremelanotide</th>
</tr>
</thead>
</table>
| **Safety** | • Does not interact with alcohol (alcohol interaction study completed)  
| | • Generally well tolerated; most frequent adverse event was nausea (generally mild/moderate)  
| | • No Boxed Warning anticipated  
| | • Not anticipated to have a restrictive REMS program |
North American Bremelanotide Licensing Agreement

- AMAG Pharmaceuticals - specialty pharmaceutical company focused on developing and commercializing innovative healthcare solutions
  - Annual sales > $600M
- Dedicated sales, marketing and commercial teams focused on female health
- Committed and capable partner to commercialize bremelanotide
- Exclusive licensing agreement covers NA market – February 2017
  - $60M upfront payment
  - $25M in cost reimbursements
  - $80M upon regulatory milestones
  - Up to $300M in sales milestones and tiered royalties from high single digits to low double digits
  - AMAG responsible for pre-launch, launch and commercial activities
  - Palatin responsible for certain pre-NDA activities related to filing the NDA
ROW Bremelanotide Licensing Agreements

- Fosun Pharma – Chinese pharmaceutical company focused on developing and commercializing innovative healthcare solutions with >$2B in annual sales
  - Exclusive licensing agreement covers China, Hong Kong, Taiwan and Macau markets – September 2017
  - $5M upfront payment, $7.5M regulatory milestone
  - Up to $92.5M in sales milestones and tiered royalties from high single digits to low double digits
  - Fosun responsible for all development, regulatory and commercial activities

- Kwangdong Pharmaceutical Co. – Republic of Korea leading pharmaceutical company with >$900M in annual sales
  - Exclusive licensing agreement for the Republic of Korea
  - $500,000 upfront, ~$40M in regulatory and sales milestones and royalties on sales
  - Kwangdong responsible for all development, regulatory and commercial activities
Bremelanotide Program Timelines

- NA Phase 3 top-line results / co-primary endpoints met: 4Q2016
- NA license agreement closed with AMAG: 1Q2017
- Completed OLE Study: 2Q2017
- Pre-NDA activities / Drug:Drug Interaction Studies: 4Q2017
- FDA NDA submission: 1Q2018
- FDA action / approval: 1Q2019
- EU commercial & development partnership: 1H2018
- EU phase 3 trial start: 2H2018
- EU phase 3 data: 1H2020
- EU submission to EMA: 2H2020
- ROW partnerships: 2017-2018
  - China license agreement with Fosun Pharma: 3Q2017
  - Kwangdong license agreement Republic of Korea: 4Q2017

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Melanocortin
Anti-Inflammation Program
Goal: design and develop selective MC1r & MC1/5r agonists for treating a variety of inflammatory and autoimmune indications

- Indications: inflammatory bowel disease, dry eye, uveitis and rheumatoid arthritis
- Rational design and synthesis of selective MC1r & MC1/5r agonists
- Excellent metabolic stability (> 2 hour in vivo half life)
- MC1r & MC1/5r agonists function to resolve pro-inflammatory pathways
- PL-8177 MC1r selective agonist ulcerative colitis ph. 1
- PL-8331 selective MC1/5r agonist preclinical candidate
Mean Gross Pathology (Groups 1-5)
* p<0.05 vs. Vehicle (Group 2) using T-test

- PL-8177 delivered topically to the colon. Budesonide oral delivery.
- PL-8177 0.5 µg/rat is 60X more potent than budesonide 0.125mg/kg.
PL-8331 Pre-Clinical Scopolamine Dry Eye Model

Mouse model of Scopolamine induced dry eye, established disease, topical application

- PL-8331 as good or better (no level 4 disease) than Restasis
- Xiidra showed no improvement in fluorescein staining
MC1r agonism has significant effects in reversing uveitis

Conducted in collaboration with Dr. A. Taylor at Boston University School of Medicine
PL-8177 Experimental Autoimmune Uveitis

Cross section of the eye

- Treatment with PL-8177 results in reversal of the disease process with return to normal phenotype
- Reversal of immune cell infiltration and restoration of tissue morphology
Anti-Inflammatory Clinical Development Programs

- PL-8177 initial indication ulcerative colitis
  - IND cleared 4Q2017
  - Ph. 1 SAD/MAD study start in 1Q2018 SC delivery (data 3Q2018)
  - Ph. 1 pk & biodistribution study of oral formulation 2H2018
  - Ph. 2 POC oral formulation in UC patients 2019
    - Establish clinical proof of concept

- PL-8331 initial indication ocular inflammation
  - Preclinical IND enabling activities complete 1H2018
  - IND and phase 2 dry eye clinical trial targeted 2H2018
    - Establish clinical proof of concept
MC1r agonism resolves pro-inflammatory processes involved in autoimmune and inflammatory diseases

Diverse compound library and extensive receptor SAR available to rapidly identify compounds with appropriate selectivity profile for numerous disease indications

PL-8177 demonstrated reversal of pathology in both inflammatory and autoimmune disease models

PL-8177 demonstrated excellent safety in IND enabling drug safety studies
  - Phase 1 SAD/MAD clinical study 1Q2018
  - Oral formulation established in animal studies

PL-8331 selective MC1/5r under preclinical evaluation in preclinical ocular inflammatory models
Natriuretic Peptide Receptor Program
Heart Failure Overview

- Heart failure (HF) is a common, progressive disorder in which impaired cardiac pump function leads to inadequate systemic perfusion required to meet the body's metabolic demands
  - 5M US patients (Circulation. 2013;127(1):e6)
  - > 1M annual US hospitalizations (Circulation. 2010;121(7):e46)

- High unmet medical need:
  - Decrease re-hospitalization rates
  - Decrease morbidity and mortality
  - Improve patient quality of life

- Anticipated increase in diagnosis and treatment of HF worldwide
HF is progressive disease characterized by a downward spiral, punctuated by increasing episodes of acute decompensation.

### Classification

<table>
<thead>
<tr>
<th>Classification</th>
<th>NYHA I</th>
<th>NYHA II</th>
<th>NYHA III</th>
<th>NYHA IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of HF Patients</td>
<td>~25%</td>
<td>~29%</td>
<td>~35%</td>
<td>~11%</td>
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<tr>
<td>Annual Mortality Rate</td>
<td>6.3%</td>
<td>10.5%</td>
<td></td>
<td>18.3%</td>
</tr>
</tbody>
</table>

### Hypertension

### Diabetes

### Myocardial Infarction

### Remodelling

### Chronic HF

### Acute Episode (AHF)

### 5-yr Mortality ~50%

Rate comparable to cancers & other deadly diseases

### 1-yr Mortality: ~30%

Increases dramatically with every acute episode & disease progression

### Increasing Frequency of Acute Decompensation Resulting in Hospitalization


Note: 1-yr mortality/readmission in AHF patients 40%; Dickstein K et al. Eur Heart J. 2008;29:2388-442.
Neuropeptide hormone system plays an important role in the regulation of cardiovascular homeostasis

**Physiological Effects**

- Downregulate RAAS (renin-angiotensin-aldosterone system)
- Suppression of cardiac hypertrophy, fibrosis & remodeling
- Stimulation of diuresis & natriuresis
- Increased myocardial perfusion
- Vasodilation & decreased blood pressure
- Bronchodilation
NPS — a Validated Target in HF

- **Nesiritide (Natrecor®):** short acting NPR-A agonist
  - Acute vasodilator: symptomatic benefit in acutely decompensated HF (FDA approved)

- **Entresto®:** dual ARB+neutral endopeptidase (NEP) inhibitor
  - NEP inhibitor component increases endogenous natriuretic peptides
  - Approved July 2015 to treat HF patients with reduced ejection fraction
  - NPS augmentation will become part of standard of care for HF

- **Corin: serine protease**
  - Converts inactive pro-ANP and pro-BNP into active hormone
  - Human loss-of-function corin mutations characterized by decreased active natriuretic peptides and increased refractory hypertension, cardiac hypertrophy, mortality
The natriuretic peptide system represents an underexploited mechanism for treating HF and other CV diseases

- Proprietary natriuretic peptide library
  - Compounds selective for NPR-A, NPR-B, NPR-A/B & NPR-C
  - Comprehensive IP portfolio with composition of matter and methods of use patent and patent applications

- PL-3994 selective for NPR-A clinical candidate
  - Two phase 1 clinical studies completed
  - In preclinical models significant reductions in cardiac hypertrophy and fibrosis
  - Once daily SC patient self-administration
  - Phase 2A scheduled to start 1H2018

- PL-5028 NPR-C/A agonist preclinical candidate
  - NPR-C agonism increases effects on reducing cardiac fibrosis
  - Potential for superior efficacy with reduced potential for hypotension
Opportunities for Treating Heart Failure

- **Heart Failure with Reduced Ejection Fraction (HF-rEF)**
  - Targeting patients with progressing disease

- **Heart Failure with Preserved Ejection Fraction (HF-pEF)**
  - No approved treatment options, significant unmet medical need

- Patients with corin and/or reduced active NP expression
  - High unmet medical need; poor response to current therapies
  - Potential Orphan designation
  - Restore normal NP function
PL-3994 Cardiac cGMP and pKG

- 14 day continuous infusion of PL-3994
- PL-3994 had no effect on systemic blood pressure
- Systemic PL-3994 activated NPR-A & pKG in cardiomyocytes
- PL-3994 rescued cardiac hypertrophy and reduced cardiac fibrosis

Mouse TAC model in cardiomyocyte conditional corin gene KO mice

Collaboration with Dr. Daniel Dries, Temple Cardiovascular Research Center

Samples are from LV apical region
PL-3994 in Corin “Cardiac-KO” HF Model

Rescues cardiac hypertrophy

KO vs. PL-3994 p=0.03

Reduces cardiac fibrosis

KO vs. PL-3994 p=0.005

Reduces TGF-β expression

KO vs. PL-3994 p=0.03

Reduces aldosterone expression

KO vs. PL-3994 p=0.04
Clear efficacy in multiple HF models
  ◦ Suppresses RAAS
  ◦ Reverses cardiac hypertrophy and fibrosis
Systemic dosing activates NPR-A in cardiac tissue as well as associated down stream signaling pathways
Rescues cardiomyocyte corin gene KO phenotype
Effects are seen at doses that do not cause significant decreases in systemic blood pressure
NPS Development Program

- PL-3994 - Two phase 1 trials completed
  - Well tolerated and dosing range established
  - Dose limiting effect hypotension (as anticipated)
  - Ready for phase 2

- PL-3994 phase 2A (open label trial) in HF-pEF patients starts 1H2018
  - N=50, with ascending IV dosing
  - Objectives
    - Characterization of systemic and pulmonary blood pressure effects
    - Cardiac biopsy to evaluate NPS pathway activation in HF-pEF patients
    - Characterization of duration of drug effect
  - Preliminary data anticipated 1H2019

- PL-5028 preclinical IND enabling activities 2018
  - IND & initiation of clinical program 1H2019
NPS Program Summary

- Well positioned to take advantage of the growing interest in NPS based therapeutics in the treatment of HF
- Extensive compound library with receptor selective agonist and antagonists with strong IP positions
- PL-3994 is a novel NPR-A agonist with an extended half-life suitable for chronic subcutaneous self-administration
  - Phase 1 studies completed; ready to advance into phase 2 and proof of principle studies
- PL-5028 NPR-C/A agonist reversing cardiac fibrosis and hypertrophy with reduced potential for hypotension
- Potential Orphan Drug indication for HF patients with corin gene mutations
- Incorporating precision medicine approaches to refine patient populations
Melanocortin Receptor-4 Agonist
Obesity
Developed MC4r selective agonists, peptide and small molecule

No effect seen in MC4r knock-out model, establishing weight loss effect as MC4r based

Two phase 2a clinical trials established proof of concept

Limited effects on blood pressure (excellent therapeutic window)

PL-8905 lead compound ready for preclinical development

PL-7737 orally active small molecule prototype

- Multiple small molecule chemotypes

Program is under evaluation for Orphan Drug indications
Palatin Anticipated Development Milestones

- **Bremelanotide for Female Sexual Dysfunction**
  - NA license agreement closed with AMAG 1Q2017
  - China license agreement Fosun Pharma 3Q2017
  - Republic of Korea license agreement Kwangdong Ph. 4Q2017
  - Additional ROW partnerships 2018
  - FDA NDA submission 1Q2018
  - FDA Advisory Committee meeting 4Q2018

- **Melanocortin Anti-Inflammatory Programs**
  - Ulcerative Colitis indication
    - IND submission cleared 4Q2017
    - PL-8177 phase 1 SAD/MAD 1Q2018
    - PL-8177 phase 1 SAD/MAD data 3Q2018
    - PL-8177 phase 1 oral pk & biodistribution study 4Q2018
  - Ocular indication
    - PL-8331 IND & initiation clinical studies dry eye indication 2H2018

- **Natriuretic Peptide System Heart Failure**
  - Start PL-3994 phase 2A clinical trial in HF-pEF patients 1H2018
  - Preliminary data phase 2A clinical trial in HF-pEF patients 1H2019
  - PL-5028 IND & phase 1 study 1H2019
# Financial Snapshot

## Financial Highlights as of September 30, 2017

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>Cash, Cash Equivalents, Accounts Receivable &amp; Investments</td>
<td>$49.3 million</td>
</tr>
<tr>
<td>Total Debt</td>
<td>$12.2 million</td>
</tr>
</tbody>
</table>

## Summary of Capitalization as of December 31, 2017

<table>
<thead>
<tr>
<th>Description</th>
<th>Common Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>195.4 million shares</td>
</tr>
<tr>
<td>Preferred</td>
<td>0.1 million shares</td>
</tr>
<tr>
<td>Warrants</td>
<td>26.4 million shares</td>
</tr>
<tr>
<td>Options</td>
<td>11.6 million shares</td>
</tr>
<tr>
<td>RSU’s</td>
<td>8.9 million shares</td>
</tr>
<tr>
<td>Fully Diluted Shares</td>
<td>242.4 million shares</td>
</tr>
</tbody>
</table>
Thank You