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 on sales and market acceptance for bremelanotide (Vyleesi®) for hypoactive sexual desire disorder (HSDD), a type of female sexual dysfunction (FSD), including our licensees outside North America jurisdictions; (vii) our expectation regarding timelines for development of our other product candidates; (viii) the potential for commercialization of our other product candidates, if approved for commercial use; (ix) our ability and the ability of our licensees to compete with other products and technologies similar to our product candidates; (x) the ability of third party collaborators to timely carry out their duties under their agreements with us and our licensees; (xi) the ability of contract manufacturers to perform their manufacturing activities in compliance with applicable regulations; (xii) our ability to recognize the potential value of our licensing arrangements with third parties; (xiii) the potential to achieve revenues from the sale of our product candidates; (xiv) our ability to maintain product liability insurance at a reasonable cost or in sufficient amounts, if at all; (xv) the retention of key management, employees and third-party contractors; (xvi) the scope of protection we are able to establish and maintain for intellectual property rights covering our product candidates and technology; (xvii) our compliance with federal and state laws and regulations; (xviii) the timing and costs associated with obtaining regulatory approval for our product candidates; (xix) the impact of legislative or regulatory healthcare reforms in the United States; and (xx) 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.
Company Profile

Technology and expertise in developing drugs that modulate the melanocortin system with a primary focus on inflammatory and autoimmune diseases

- Demonstrated expertise moving programs from discovery to FDA approval
- Deep expertise in the biology and chemistry of the melanocortin system
- First company to procure FDA approval for a melanocortin agent (Vyleesi®)
- Strategy leverages our chemistry and biology across multiple therapeutic opportunities
- MOAs with the potential to modify underlying disease pathologies - not just treat symptoms
## Development Programs

### 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>
</thead>
<tbody>
<tr>
<td><strong>Vyleesi® (bremelanotide) MC4r Agonist</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hypoactive Sexual Desire Disorder</td>
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<td></td>
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<tr>
<td><strong>PL9643 MCr Agonist</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Dry Eye Disease</td>
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<td></td>
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</tr>
<tr>
<td><strong>PL8177 MC1r Agonist (Systemic)</strong></td>
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<tr>
<td>Non-Infectious Uveitis</td>
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<tr>
<td><strong>MCR Agonist</strong></td>
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<tr>
<td>Diabetic Retinopathy</td>
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<tr>
<td><strong>PL8177 MC1r Agonist (Oral)</strong></td>
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<td>Inflammatory Bowel Disease</td>
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### Natriuretic Peptide Receptor Programs

<table>
<thead>
<tr>
<th>Natriuretic Peptide 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><strong>PL3994 NPR-A</strong></td>
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<tr>
<td>Cardiovascular Disease</td>
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<td><strong>PL5028 NPR-A/C Agonist</strong></td>
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<tr>
<td>Cardiovascular and Fibrotic Diseases</td>
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</tr>
</tbody>
</table>

### Status/Next Steps

- **Vyleesi® (bremelanotide) MC4r Agonist**
  - FDA Approval 6/21/2019
  - Licensees: Fosun (China, Taiwan, HK, Macau) and Kwangdong (S. Korea)
  - Seeking ROW licenses
  - Phase 2 Dry Eye 1Q2020
  - Data 4Q2020
  - Initiate Phase 3 3H2021
  - Phase 3 data 1H2022
  - Evaluating options

- **PL9643 MCr Agonist**
  - Dry Eye Disease

- **PL8177 MC1r Agonist (Systemic)**
  - Non-Infectious Uveitis

- **MCR Agonist**
  - Diabetic Retinopathy

- **PL8177 MC1r Agonist (Oral)**
  - Inflammatory Bowel Disease

- **PL3994 NPR-A**
  - Cardiovascular Disease

- **PL5028 NPR-A/C Agonist**
  - Cardiovascular and Fibrotic Diseases

Source: Company Filings
# Targeted Milestones

## Vyleesi (bremelanotide) for Hypoactive Sexual Desire Disorder
- North American rights regained: 3Q2020
- China licensee PK study: 2H2020
- South Korea licensee PK study: 2H2020
- Additional ROW partnerships: 2020/2021

### Melanocortin System Inflammatory & Autoimmune Disease Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Initiate</th>
<th>Data</th>
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<tbody>
<tr>
<td>PL9643 – Dry Eye</td>
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<td></td>
</tr>
<tr>
<td>IND</td>
<td>4Q2019</td>
<td>4Q2020</td>
</tr>
<tr>
<td>Phase 2</td>
<td>1Q2020</td>
<td></td>
</tr>
<tr>
<td>Phase 3</td>
<td>1H2021</td>
<td>2H2022</td>
</tr>
<tr>
<td>PL8177 – Ulcerative Colitis</td>
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<tr>
<td>Phase 2 Ulcerative Colitis Proof-of-Concept</td>
<td>1H2021</td>
<td>1H2022</td>
</tr>
<tr>
<td>PL8177 – COVID-19</td>
<td></td>
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</tr>
<tr>
<td>Phase 2 COVID-19 in hospital patients (subject to funding)</td>
<td>1H2021</td>
<td>2H2021</td>
</tr>
<tr>
<td>MCr Agonist-Retinal Disease</td>
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<tr>
<td>Proof-of-Mechanism DR/DME</td>
<td>mid-2021</td>
<td>mid-2022</td>
</tr>
</tbody>
</table>

### Natriuretic Peptide System Cardiovascular & Fibrosis Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Initiate</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>PL3994 – Heart Failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open label Phase 2a HF-pEF patients</td>
<td>2H2020</td>
<td>2H2021</td>
</tr>
</tbody>
</table>
Vyleesi: North American (NA) & Global Rights Reunited

NA license with AMAG Pharmaceuticals mutually terminated -- rights returned to Palatin from AMAG
- All rights and related assets returned to Palatin – including inventory with a cost value of >$15M
- AMAG remitted $12M to Palatin at closing with additional $4.3M due March 31, 2021

Palatin entered into transition services agreement with AMAG to cover all commercial and regulatory functions
- No distribution disruption - Vyleesi will continue to be sold

Vyleesi is a valuable asset (FDA approved product with limited to no competition)
- AMAG’s launch was aborted (change in strategy – divestiture process) before a market for Vyleesi could be established

Goal
- Demonstrate the commercial value of Vyleesi and re-license to a committed partner

Strategy / Plan
- Utilize an informed and highly targeted marketing approach
- Lead with telemedicine, social media and select digital advertising to patients and HCPs
- Targeted effort in regional areas supported by high Vyleesi prescribers
- Continue to expand patient access / Increase reimbursement coverage

Support existing China and South Korea partners and conclude additional ROW partnerships

Evaluate additional indications
FDA Approved Vyleesi®

Helping Premenopausal Women with Hypoactive Sexual Desire Disorder (HSDD)

Hey, you. Meet Vyleesi. ...it’s Now Approved

Vyleesi is the first and only as-needed* treatment for premenopausal women with acquired, generalized hypoactive sexual desire disorder (HSDD).

*Administer subcutaneously as needed at least 45 minutes before anticipated sexual activity. The duration of its effect after each dose is unknown. Do not administer more than one dose within 24 hours or more than 8 doses per month.
HSDD is a Significant Market Opportunity

- Focused on relevant digital channels
- Creating an online community for HSDD patients
  - Provide accurate information
  - Tools to support the HSDD patient - symptom check, speaking with your doctor and additional resources
- Ensure HCP readiness, provide information and tools to diagnose and treat HSDD patients with Vyleesi

Number of premenopausal women who have low desire with associated distress

1/10

98% (5.7M) of affected premenopausal women not on therapy

Affects 5.8 million U.S. premenopausal women

(1 in 10 premenopausal women)


3 Palatin supported research that was performed by Burke, Inc., an ISO 20252–certified company, in compliance with the established standard for market, opinion, and social research.
## ROW Vyleesi 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
- $5M upfront payment, $7.5M regulatory milestone
- Up to $92.5M in sales milestones plus 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 plus royalties on sales
- Kwangdong responsible for all development, regulatory and commercial activities
Melanocortin
Inflammatory & Autoimmune Disease Programs
Immunological Effects of Melanocortin System

- Melanocortin system is up-regulated by and integral to the resolution of autoimmune pathologies
- Modulates the activity of cells of the immune system
- Activated during disease state
- Activates resolution of proinflammatory processes
  - Reduces NF-κB and other pro-inflammatory cytokines (IL-1, IL-2, IL-4, IL-6, IL-13, TNF-α, IFN-γ)
  - Increased production of IL-10, an anti-inflammatory cytokine
  - Mediates antigen specific T-cell and macrophage responses from pro-inflammatory to regulatory
- MC1r specific peptides and small molecules have demonstrated in vivo activity in numerous disease models of inflammation*

Melanocortin Inflammatory & Autoimmune Disease Portfolio

Rational design and synthesis of selective MC1r & MC1/5r agonists

- PL8177: cyclic peptide selective MC1r agonist
- PL9643: cyclic peptide MC5r agonist

PL8177 Phase 2 clinical development candidate for indications requiring local or systemic administration

- Phase 2 in hospitalized COVID-19 patients FPI 1Q2021
- Orphan Drug Designation for non-infectious uveitis
- Oral formulation for ulcerative colitis

PL8177, PL8331 and PL9643 demonstrated reversal of pathology in multiple inflammatory and autoimmune disease models

- Including inflammatory bowel disease, dry eye, uveitis and diabetic retinopathy

PL9643 topical eye drop ocular indications

- Ongoing Phase 2 trials for dry eye disease as a topical eye drop formulation
- Preclinical development for retinal diseases
Dry Eye Overview

Dry eye syndrome or keratoconjunctivitis symptoms include irritation, redness, discharge and blurred vision.

- **Aqueous-Deficient**
  - Autoimmune disease (e.g. Sjögren’s Syndrome)

- **Lipid-Deficient**
  - Meibomian gland dysfunction, hormonal changes

- **Mucin-Deficient**
  - Goblet cell loss

- **Neural Loop-Associated**
  - Blink disorders, abnormal corneal sensitivity

- **Environmentally-Induced / Exacerbated**
PL9643 Pre-Clinical Scopolamine Dry Eye Model

Mouse model of scopolamine-induced dry eye, established disease, topical application

**PL9643 is as efficacious as Restasis® and several orders of magnitude more potent**
PL9643 Dry Eye Program

- Single use aqueous eye drop formulation developed
- Ora, Inc., world-leading ophthalmic CRO, managing dry eye development program
  - Preclinical IND enabling activities completed 2H2019
  - Pre-IND meeting – agreement on Phase 2 study design and overall development program through phase 3 registration studies
  - IND submitted 2H2019
  - Phase 2 dry eye clinical trial initiated 1H2020
    - Data anticipated 4Q2020
    - Phase 3 program target initiation 1H2021
PL8177 COVID-19 Infection

- PL8177 in preclinical models has demonstrated anti-inflammatory activity and protection against lung damage and fibrosis.
- Many COVID-19 patients have lung damage due to fibrosis that compromises lung function after recovery and reduces their quality of life.
- Treating COVID-19 patients with PL8177 has the potential to:
  - Reduce the inflammation associated with progressive disease.
  - Reduce lung fibrosis leading to better lung function post-infection.
- Program discussed with BARDA and FDA.
- Phase 2 targeted to start 1H2021 with data 2H2021 (subject to funding).
Bleomycin Lung Fibrosis Model

- Disease is established before initiation of treatment
- PL8177 is very potent (1.25 micrograms/mouse/day)
- Fibrosis level of PL8177 treated animals is similar to unchallenged
- Improvements in right ventricular hypertrophy noted in PL8177 treated animals over Bleomycin only
# PL8177 COVID-19 Phase 2 Clinical Trial

**Study Title:** A Randomized, Placebo-Controlled Phase 2 Study of PL8177 in Hospitalized COVID-19 Patients

- **Study population:** hospitalized adult COVID-19 patients with hypoxemic respiratory failure, with or without mild ARDS
- **Primary objective:** proportion of patients with moderate or severe illness that improve on the World Health Organization scale on active compared to placebo

<table>
<thead>
<tr>
<th>Sample Size:</th>
<th>N=176 patients (88 per arm)</th>
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<tbody>
<tr>
<td>PL8177 will be delivered as a sterile subcutaneous injection</td>
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<tr>
<td>Randomize patients (1:1) to a placebo plus standard of care control group or PL8177 plus standard of care treatment group.</td>
<td></td>
</tr>
</tbody>
</table>

**Adaptive study design, independent Data Monitoring Committee examining the results when 25%, 50%, 75%, and 100% enrolled**

- Design reduces risk and allows for adjustments to sample size
PL8177 COVID-19 Phase 2 Clinical Trial

Palatin submitted a preliminary proposal to the Biomedical Advanced Research and Development Authority (BARDA) and received technical and strategic advice.

Comprehensive advice on pre-IND package from the Division of Pulmonary, Allergy, and Critical Care (DPACC) of the FDA.


Potential Clinical Trial Initiation: 1Q2021.

Advancement subject to funding - Pursuing multiple sources for federally funded research and development grants to facilitate PL8177 clinical development.
Diabetic Retinopathy & Macular Edema

- By 2050, the number of Americans with diabetic retinopathy is expected to nearly double, from 7.7 million to 14.6 million.
- DME affects ~10% of people with diabetic retinopathy
  - ~750,000 in the USA & 2.2 million people in the EU
- IVT VEGF antagonists and steroids are the only treatments for DME
  - Annual global sales for DR/DME estimated at $1.85b
- There is a high need for additional treatments
  - Novel MOA to improve visual acuity
  - Replacement for steroids without glaucoma or cataract side effects
- Evaluated melanocortin agonism in a model of DR/DME
  - Suppresses VEGF production and reduces vascular leakage
  - Preserves retinal structure
  - Suppresses inflammation and promotes resolution of inflammatory activity
PL8331 is a melanocortin receptor agonist

VEGF and TNF-α levels are similar to healthy mice even though the diabetic mice remain hyperglycemic throughout the study

IL-10 is a marker of inflammation resolution
Non-Infectious Uveitis (NIU) is a potentially blinding intraocular inflammatory disease that arises without a known infectious trigger and is often associated with immunological responses to unique retinal proteins.

Prevalence of NIU in N. America:
- Adults: ~72,000
- Pediatric: ~21,000

NIU causes bilateral legal blindness in 6% of patients and unilateral blindness in 18% of patients.

Only 2 FDA approved treatment options:
- Ozurdex® (dexamethasone intravitreal implant)
- Humira® (adalimumab)
- Significant off-label treatments – steroids, infliximab, methotrexate, azathioprine, etc.

There remains a high need for new safer treatments:
- Use of steroids leads to glaucoma and cataracts and has systemic toxicities
- Humira® increases serious infection risk and has substantial contraindications

Orphan drug designation for PL8177 for NIU.
PL8177 Experimental Autoimmune Uveitis

- MC1r agonism has significant effects in reversing uveitis
- Conducted in collaboration with Dr. A. Taylor at Boston University School of Medicine

![Graph showing the EAU Clinical Score over days of injections for Untreated EAU mice, PL-8177 Low Dose Treated EAU mice, PL-8177 High Dose Treated EAU mice, and α-MSH Treated EAU mice. The graph demonstrates a significant decrease in clinical score over time, with a p-value of 0.0001 by ANOVA.](image-url)
PL8177 Experimental Autoimmune Uveitis

Cross section of the eye

- Treatment with PL8177 results in reversal of the disease process with return to normal phenotype
- Reversal of immune cell infiltration and restoration of tissue morphology
“Back of the Eye” Development Programs

- Demonstrated efficacy in experimental autoimmune uveitis model
- Orphan Drug Designation received for non-infectious uveitis
- Demonstrated efficacy in DR/DME animal model
- DR/DME Phase 2 proof-of-mechanism clinical study
  - File IND mid-2021, data anticipated mid-2022
- Non-infectious uveitis Phase 2 proof-of-concept clinical study dependent on outcome of DR/DME proof-of-mechanism study
PL8177 Ulcerative Colitis Program

- MC1r agonism is an endogenous mechanism that downregulates and resolves inflammatory/immune responses
  - MC1r are expressed on the cell surface of intestinal epithelia in UC patients and normal subjects
  - Numerous animal IBD models have demonstrated that the endogenous neuropeptide hormone \( \alpha \)-MSH prevents and reverses intestinal inflammation and supports tissue healing

- Phase 1 SAD and MAD completed

- Phase 1 micro-dose study with oral formulation completed
  - Delivery of PL8177 to colon demonstrated
  - No systemic uptake

- Oral formulation Phase 2 study in ulcerative colitis scheduled to start 1H2021
Crucial Role of MC1r in Experimental Colitis

PL8177 DSS IBD Model – Gross Pathology

Mean Gross Pathology (Groups 1-5)
* p<0.05 vs. Vehicle (Group 2) using T-test

PL8177 delivered topically to the colon. Budesonide oral delivery.

PL8177
0.5 µg/rat is 60X more potent than budesonide 0.125mg/kg.
# Financial Snapshot

## Financial Highlights as of June 30, 2020

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<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
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<td>Cash and Cash Equivalents</td>
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## Summary Capitalization as of June 30, 2020

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<td>19.9 million shares</td>
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<td>RSUs</td>
<td>13.0 million shares</td>
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<tr>
<td>Fully Diluted Shares</td>
<td>277.3 million shares</td>
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Thank You