UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 27, 2025

PROMIS NEUROSCIENCES INC.

(Exact name of registrant as specified in its charter)

Ontario, Canada	**001-41429**	**98-0647155**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**
Suite 200, 1920 Yonge Street, Toronto, Ontario		**M4S 3E2**
(Address of principal executive offices)		**(Zip Code)**

Registrant's telephone number, including area code: (416) 847-6898

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	**Trading Symbol(s)**	**Name of Each Exchange on Which Registered**
Common Shares, no par value per share	PMN	The Nasdaq Capital Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter)

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On January 27, 2025, ProMIS Neurosciences Inc. posted to its website an updated corporate presentation. A copy of the corporate presentation is attached hereto as Exhibit 99.1.

The information in Item 7.01 of this Current Report on Form 8-K, including Exhibit 99.1 hereto, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act") or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Corporate Presentation, dated January 27, 2025
104	Cover Page Interactive Data File (embedded within Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

PROMIS NEUROSCIENCES INC.

Date: January 27, 2025

By: /s/ Neil Warma
Name: Neil Warma
Title: Chief Executive Officer

Exhibit 99.1

ProMIS™ Neurosciences

Targeting the underlying cause of neurodegenerative diseases

NASDAQ: PMN

Legal Disclaimers

This slide deck may contain certain forward-looking information. Such information involves known and unknown risks, uncertainties and other factors that may cause actual results, performance or achievements to be materially different from those implied by statements herein, and therefore these statements should not be read as guarantees of future performance or results. All forward-looking statements are based on ProMIS Neurosciences Inc.'s (the "Company") current beliefs as well as assumptions made by and information currently available to it, as well as other factors. Readers are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date of this slide deck. Due to risks and uncertainties, including the risks and uncertainties identified by the Company in its public securities filings available online at sec.gov, actual events may differ materially from current expectations. The Company disclaims any intention or obligation to update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise.

ProMIS™ Neurosciences

Clinical-stage biopharma with pipeline selectively targeting specific, disease-causing misfolded proteins

Unique potential in areas of great unmet need

- **Unique selectivity** may create potential to address the unmet need for safer, more efficacious therapies
- **Significant market potential** across a range of neurodegenerative diseases
- **Seasoned leadership team** with global development and deep domain experience
- **Funding** to strive to hit milestones, with up to $122.7 million secured from PIPE in July 2024 from leading healthcare specialty funds

PRECISE-AD: Lead program PMN310 in ongoing placebo-controlled Phase 1b clinical study in Alzheimer's patients

Humanized monoclonal antibody designed to bind toxic amyloid-beta oligomers (AβOs), ***NOT*** monomers or plaques

Phase 1a: PMN310 was well-tolerated in healthy volunteers, crossed the blood-brain barrier and achieved concentrations suggesting sufficient target engagement with a half-life supportive of monthly dosing

PRECISE-AD: Phase 1b clinical trial is ongoing in AD patients. 12-month endpoints include clinical outcomes, safety (incidence of ARIA) and biomarkers

Broad pre-clinical pipeline: Includes antibody and vaccine candidates targeting ALS, MSA, Parkinson's, Dementia with Lewy bodies, and others

Experienced Leadership Team

Executive Management

Neil K. Warma
Chief Executive Officer

Neil Cashman, M.D.
Chief Scientific Officer

Johanne Kaplan, Ph.D.
Chief Development Officer

Larry Altstiel, M.D., Ph.D.
Chief Medical Officer

Gavin Malenfant
Chief Operating Officer

David Wishart, Ph.D.
Chief Physics Officer

Dan Geffken
Chief Financial Officer

Board of Directors

Eugene Williams, M.B.A.
Chairman and Co-founder

Neil Cashman, M.D.
Chief Scientific Officer and Co-founder

Neil K. Warma, M.B.A., B.Sc.
Chief Executive Officer

Maggie Shafmaster, Ph.D., J.D.
Lead Independent Director

Patrick Kirwin, B.A., J.D.
Independent Director

Josh Mandel-Brehm, M.B.A.
Independent Director

William Wyman, M.B.A.
Independent Director

Clinical Advisory Board

Howard Fillit, MD
ADDF, New York, NY

Suzanne Hendrix, PhD
Pentara, Millcreek, UT

Dr. Michael Weiner
UCSF, San Francisco, CA

Henrik Zetterberg, MD, PhD
University of Gothenburg, Sweden

Lead programs targeting growing opportunities in neurodegeneration

	Clinical Phase 1b Alzheimer's Disease (AD)	Amyotrophic Lateral Sclerosis (ALS)	Synucleinopathies (MSA, PD, DLB, etc.)*
Unmet Needs	Despite new therapies, lack of broad efficacy and safety concerns remain	Uniformly fatal illness with limited effective treatment	Symptomatic treatment but no disease modifying therapies for PD. No effective treatment for MSA and DLB
Opportunity	**6.9 M** People with AD in U.S today → **12.7 M**[1] Expected by 2050	Increasing prevalence with **over 376,000** cases worldwide by 2040[2]	Growth driven by increasing prevalence and awareness, aging population
Selectivity	**Targets toxic amyloid-beta (Aβ) oligomers**, believed to be *the* key driver of AD progression	**Selectively targets pathogenic cytoplasmic TDP-43 aggregates** to preserve the function of normal TDP-43	**Targets toxic alpha-synuclein oligomers and small soluble fibrils**, does not bind physiologic monomers and tetramers

[1]Alzheimer's Association 2024 AD Facts and Figures, Alzheimer's Disease Facts and Figures

[2]Arthur et al, 2016, Nature Communications

*MSA - Multiple system atrophy; PD - Parkinson's disease; DLB: Dementia with Lewy bodies

The ProMIS Solution – The best of precision medicine and AI driving development of selective monoclonal antibodies

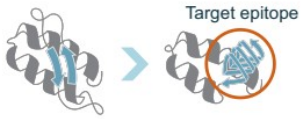
Our Novel, Proprietary Target Discovery Engine + Antibody Development

Enables identification of disease-specific target epitopes on misfolded toxic proteins

Allows for efficient generation of selective antibodies that strongly bind disease-associated epitopes

Confirms that antibody selectively neutralizes toxic form creating potential to slow or halt disease progression

Computational Modeling

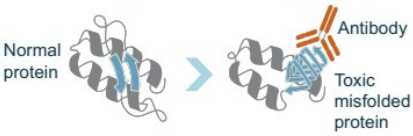


Normal protein **Toxic misfolded protein**

Epitope Construct & Antibody Candidate Generation

Humanized IgG1 monoclonal antibodies with high effector function

Screening for selectivity and protective activity



Allows the body to **eliminate disease-causing toxic proteins without affecting the normal protein**

Platform generating robust pipeline targeting toxic misfolded proteins

	Product Candidate	Target Protein	Disease Indication(s)
ANTIBODY	PMN310	Amyloid-Beta	AD
	PMN267	TDP-43	ALS
	PMN442	Alpha-Synuclein	MSA[1]
VACCINE	PMN440	Alpha-Synuclein Vaccine	Multiple synucleinopathies
	PMN311	Amyloid-Beta Vaccine	Alzheimer's Prevention
DISCOVERY		Tau	Alzheimer's[2], FTLD, PSP, CBD
		RACK1	ALS[2], HD
		DISC1+Interactome	Schizophrenia

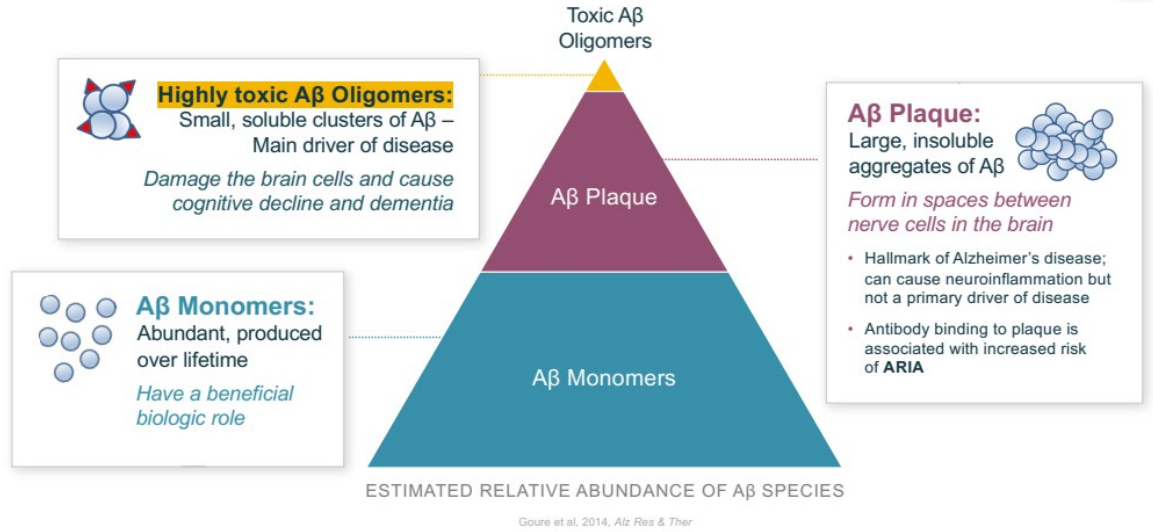
[1] The company plans to investigate additional synucleinopathies, including PD: Parkinson's disease and dementia with Lewy bodies [2]Initial indication AD: Alzheimer's disease, ALS: Amyotrophic lateral sclerosis, MSA: Multiple system atrophy, HD: Huntington's disease, FTLD: Frontotemporal lobar degeneration, PSP: Progressive supranuclear palsy, CBD: Corticobasal degeneration

Lead Clinical Candidate PMN310 in Alzheimer's Disease

Selectivity for
Toxic Aβ Oligomers

ProMIS™ Neurosciences

Amyloid-beta protein exists in different forms and different concentrations

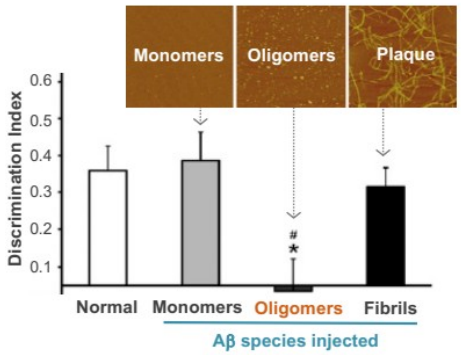


Goure et al, 2014, *Alz Res & Ther*

Soluble toxic Aβ oligomers, not plaque, are the most neuropathogenic Aβ species in Alzheimer's Disease

- Synapse abnormalities and memory impairment correlate poorly with plaque burden in human and mouse AD[1,2]
- Aβ monomers and plaque have little or no demonstrable toxicity *in vitro* or *in vivo*[3-5]
- Soluble Aβ oligomers show the highest degree of neurotoxicity[6]
  - Toxicity in primary neuron cultures and brain slices[3,5,7-9]
  - Induction of cognitive impairment in rodents[3,4,10]

***In vivo* impairment of recognition memory by Aβ oligomers, not monomers and not plaque[10]**



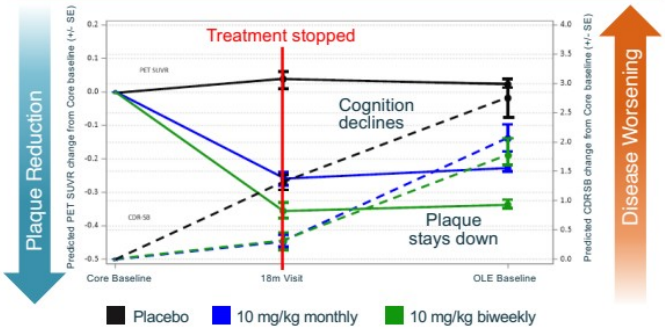
[1]Jacobsen et al., 2006 PNAS; [2]Brier et al., 2016, Science Trans Med; [3]Shankar et al,. 2008, Nature Med; [4]Cleary et al., 2005, Nature Neuroscience; [5]Hong et al., 2016, Science; [6]Benilova et al., 2012, Nature Neuroscience - Review; [7]Lacor et al., 2007, J Neuroscience; [8]Jin et al., 2011, PNAS; [9]Lauren et al., 2009, Nature; [10]Balducci et al., 2010, PNAS

Selectivity for toxic AβOs creates potential for improved efficacy & safety

Why Target Toxic AβOs?

- AβOs destroy synapses leading to neurodegeneration; believed to be THE key driver of AD progression over insoluble plaques
- Antibodies that bind abundant Aβ monomers are directed *away* from the toxic oligomer target, reducing efficacy
- Antibodies that bind Aβ plaque are associated with an increased risk of brain edema and microhemorrhages (ARIA-E and ARIA-H)[1]
- Despite complete or near-complete plaque clearance, approved therapies slow cognitive decline only ~22-29%, with ~15-35% incidence of ARIA[2-4]
- Upon cessation of treatment (gap period), plaque removal persists but cognitive decline resumes, suggesting that removal of soluble toxic oligomers must be maintained for continued efficacy (CTAD 2019)

Lecanemab Gap Period
Continued clinical progression in spite of persistent plaque reduction



Complete plaque removal only achieves modest inhibition of cognitive decline

N: 10 on placebo, 19 on 10 mg/kg monthly and 10 on 10 mg/kg biweekly

[1]ARIA = Amyloid-Related Imaging Abnormalities; [2]Budd Haeberlein et al, 2022, J Prev Alz Dis; [3]Sims et al, 2023, JAMA; [4]van Dyck et al, 2023, N Engl J Med

Specific targeting of toxic Aβ oligomers is needed for increased efficacy and improved safety profile

The Challenge

1 Avoiding off-target delivery of drug, to more plentiful monomers and plaque

- Most drugs cross-react with several species of Aβ
- Less drug getting to oligomer target potentially reducing efficacy and increasing side effects

2 Selective targeting of only the toxic oligomer species

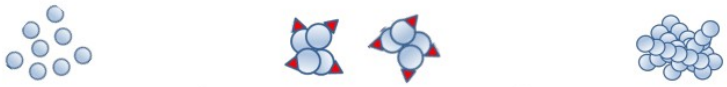
- Needed to improve efficacy AND avoid ARIA
- May allow for lower dosing (drug is not misdirected)

The Potential Solution

PMN310 designed to selectively bind Aβ oligomers without binding monomers or plaque

- Selectivity for toxic oligomers without monomer distraction may increase clinical activity
- Avoidance of plaque may carry a reduced risk of ARIA

Importance of selectivity for toxic amyloid-β oligomers (AβOs)



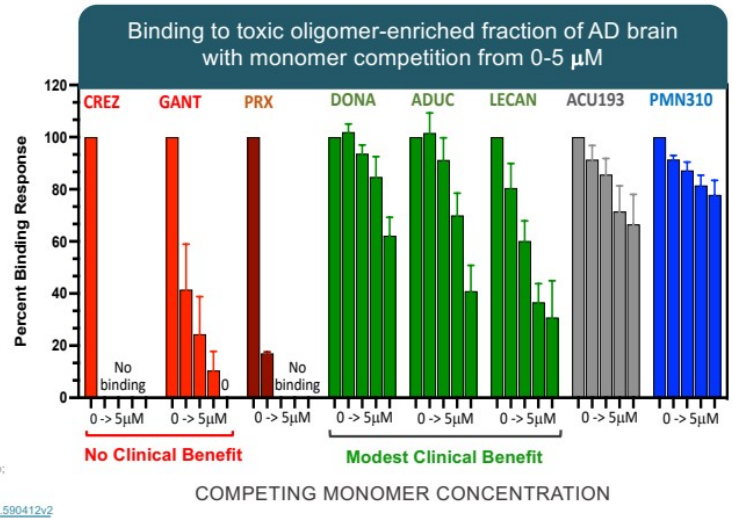
Monomers	Oligomers	Plaque
Abundant, produced over lifetime	Small, soluble clusters of Aβ – Main driver of disease	Large, insoluble aggregates of Aβ
Have a beneficial biologic role	*Damage the brain cells and cause cognitive decline and dementia*	*Form in spaces between nerve cells in the brain*

	Clinical Benefit
solanezumab	None
gantenerumab	None
crenezumab	None
lecanemab	Modest
aducanumab	Modest
donanemab	Modest
PMN310	Potentially high

Note: No head-to-head clinical studies have been conducted

PMN310 – Demonstrated best-in-class resistance to Aβ monomer competition

- Antibodies that failed in the clinic had toxic oligomer binding abrogated by monomer exposure
- Antibodies with positive clinical trial data were more resistant to monomer competition and retained significant binding to toxic oligomers
- **PMN310 targeting of toxic Aβ oligomers least impacted by monomer competition to date**



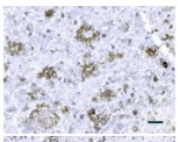
CREZ: crenezumab; **GANT**: gantenerumab; **PRX**: Prothena; **DONA**: donanemab; **ADUC**: aducanumab; **LECAN**: lecanemab; **ACU193**: Acumen mAb

Kaplan et al, 2024, *bioRxiv*, https://www.biorxiv.org/content/10.1101/2024.04.20.590412v2

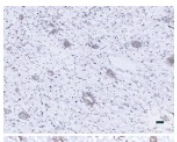
PMN310 – Only antibody exclusively targeting toxic oligomers while avoiding Aβ plaque in preclinical studies

Plaque-binding antibodies associated with increased risk of ARIA-E

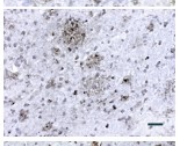
Aducanumab
ARIA-E ~35%



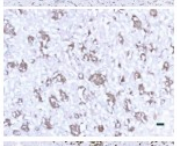
ACU193
Phase 1 – ARIA-E 21.4% at top dose



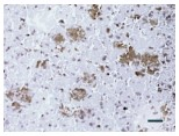
Donanemab
ARIA-E ~24%



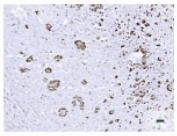
PRX h2731
PRX012 Phase 1 ongoing



Lecanemab
ARIA-E ~13%

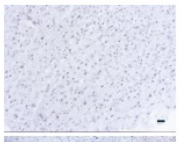


Gantenerumab
ARIA-E ~25%

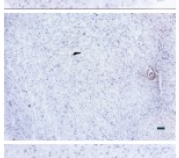


PMN310 shows no detectable plaque binding

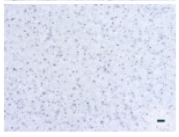
PMN310
No detectable plaque staining



Solanezumab
Targets Aβ monomers – No clinical benefit
Minimal plaque binding
Low incidence of ARIA-E



huIgG1
Isotype control
No plaque staining



Reported ARIA rates: Sperling RA et al, 2011, Alzheimer's and Dementia; Budd Haeberlein S et al, 2022, J Prev Alz Dis; Mintun MA et al, 2021, NEJM; Swanson CJ et al, 2021, Alzheimer's Research and Therapy; https://www.roche.com/media/releases/med-cor-2022-11-14; Siemers E et al, 2023, J Prev Alz Dis; Tam S et al, 2021, Alzheimer's and Dementia; Ostrowitzki S et al, 2022, JAMA Neurol

Scale bars = 50 μm

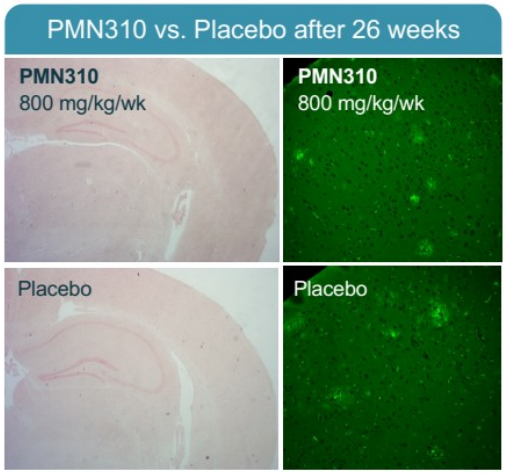
Kaplan et al, 2024, *bioRxiv*, https://www.biorxiv.org/content/10.1101/2024.04.20.590412v2

PMN310 – High-dose treatment in AD mice did not cause microhemorrhages (ARIA-H)

- Plaque-binding antibodies have been reported to induce microhemorrhages in transgenic huAPP mouse models
- Transgenic huAPP mice dosed weekly for 26 weeks with high doses of murine version of PMN310 (800 mg/kg) or placebo

NO ARIA-H

No microhemorrhages observed in brain sections from 29 vehicle control (placebo) mice and 29 PMN310-treated mice



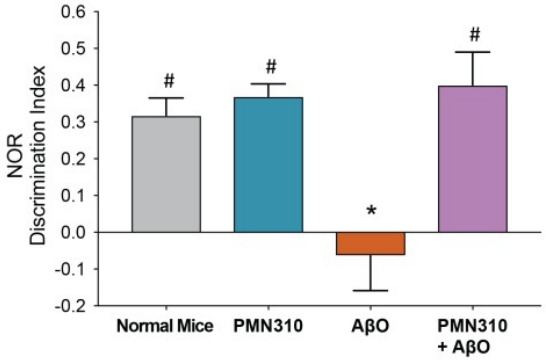
Perls' stain
No microhemorrhage

Amylo-Glo staining
Plaque present

Kaplan et al, 2024, *bioRxiv*, https://www.biorxiv.org/content/10.1101/2024.04.20.590412v2

PMN310 preserved memory in AD mouse model

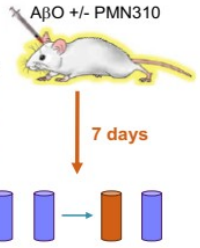
PMN310 prevented short-term memory loss caused by toxic oligomers in a novel object recognition (NOR) assay



#p<0.05 vs AβO; *p<0.05 vs vehicle

Gibbs et al, 2019, Scientific Reports

Injection of toxic AβO in the brain ventricles of mice destroys their ability to remember and distinguish between a novel object and a familiar object seen previously (discrimination index).

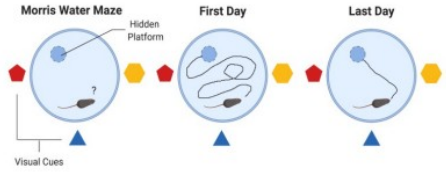


Mice injected with PMN310 were completely protected.

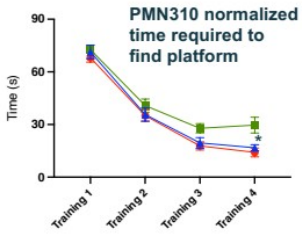
Discrimination index = (Time exploring new object – time exploring familiar object) / total exploration time.

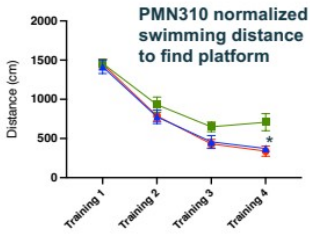
PMN310 preserved memory and learning in AD mouse model

PMN310 delivered systemically corrected the cognitive defect of hAPP/L transgenic mice in the Morris Water Maze task



- **Morris Water Maze test:** Over successive training days, mice learn and remember where a hidden platform is located in a pool of water, reducing the time and swimming distance required to reach the platform.
- Mice transgenic for human Aβ have cognitive deficits and do not perform as well (more time, longer swimming distance needed)





hAPP-Tg, Vehicle
hAPP-Tg, PMN310 (30 mg/kg/week)
Non-Tg, Vehicle

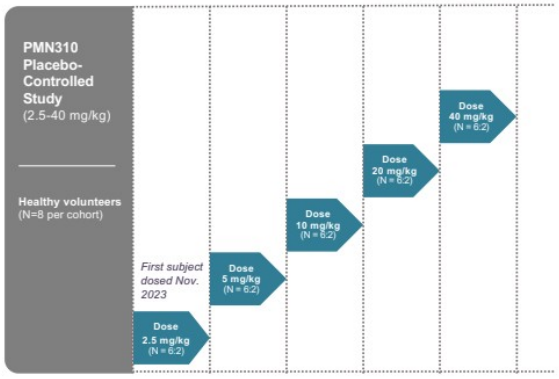
Transgenic AD mice treated with PMN310 were completely protected and performed as well as normal mice.

*p<0.05 vs vehicle-treated hAPP-Tg for both vehicle-treated non-Tg and PMN310-treated Tg mice

Kaplan et al, 2024, *bioRxiv*, https://www.biorxiv.org/content/10.1101/2024.04.20.590412v2

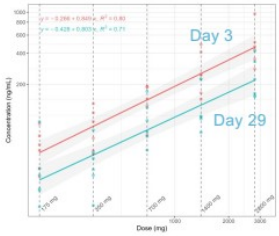
Positive data from PMN310 Phase 1a first-in-human single ascending dose (SAD) study reported at CTAD 2024

Phase 1a Met All Objectives



- PMN310 generally well-tolerated in healthy volunteers across all five dose levels tested
- PMN310 crossed the blood brain barrier, achieving CSF concentrations believed necessary for target engagement
- Pharmacokinetics support possible once-monthly dosing and potential subcutaneous formulation
- **Safety and tolerability data enabled dose selection for Phase 1b study**

Dose-proportional increase of PMN310 CSF levels on days 3 and 29

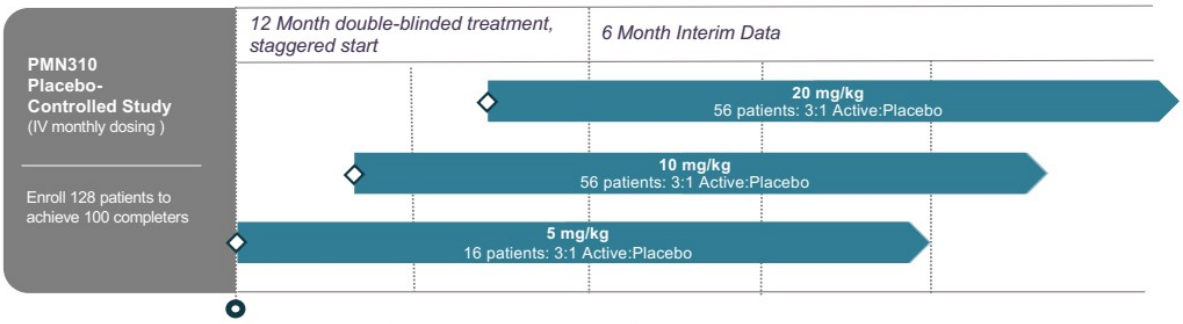


SAD, Single Ascending Dose; MAD, Multiple Ascending Dose; AD, Alzheimer's Disease

Per protocol, doses fixed per cohort with a 70 kg body weight assumption

PRECISE-AD: PMN310 Phase 1b MAD trial design in AD patients

12-month double-blinded treatment, interim 6-month data, N=100 completers



Efficacy: Assess pharmacodynamic markers of treatment effect at baseline, 3, 6, 9, 12 months; Sufficient power to detect biomarker changes at 6 months

Safety: Powered to provide 95% confidence to detect at least one ARIA case

CSF/ Plasma Biomarkers: 0, 3, 6, 9, 12 month
- p-tau217, p-tau243
- GFAP
- Neurogranin
- SNAP-25
- Aβ42/40
- NfL

MRI for ARIA at baseline and months 2, 4, 6, 9, 12

Aβ PET

Clinical endpoints (cognition) measured at baseline and months 6 & 12:
- CDR-SB
  (Clinical Dementia Rating, Sum of Boxes)
- ADAS-cog
- ADAS-ADL
- IADRS
- Clinical Global Impression of Change

PRECISE-AD: 6-month interim analysis to show impact of biomarker and incidence of ARIA; Final analysis to include clinical outcome measures

INTERIM AND FINAL ANALYSIS

Biomarker	Relevance
p-tau 217	Measure of disease progression
p-tau 243	Measure of downstream tau phosphorylation
GFAP	Neuroinflammation
Neurogranin	Post-synaptic function
SNAP-25	Pre-synaptic function
Aβ42/40	Disease stage
NfL	Neuronal damage

FINAL ANALYSIS

Clinical Endpoionts	Relevance
CDR-SB (Clinical Dementia Rating, Sum of Boxes)	FDA-preferred measure of clinical outcome
ADAS-cog	Validated measure of clinical outcome

ARIA

Interim and final analysis

- Average placebo rates: **1-3%**
- Current marketed therapies: **~15-35%**

Reported ARIA rates: Sperling RA et al, 2011, Alzheimer's and Dementia; Budd Haeberlein S et al, 2022, J Prev Alz Dis; Mintun MA et al, 2021, NEJM; Swanson CJ et al, 2021, Alzheimer's Research and Therapy; https://www.roche.com/media/releases/med-cor-2022-11-14; Siemers E et al, 2023, J Prev Alz Dis; Tam S et al, 2021, Alzheimer's and Dementia; Ostrowitzki S et al, 2022, JAMA Neurol

Scale bars = 50 μm

Kaplan et al, 2024, *bioRxiv*, https://www.biorxiv.org/content/10.1101/2024.04.20.590412v2

PMN310 target product profile

CATEGORY	DETAILS
Indication	Treatment of Alzheimer's Disease (AD)
Mechanism of Action	Humanized monoclonal antibody selectively targeting toxic amyloid-beta (Aβ) oligomers
Formulation	Intravenous (IV) administration
Target Population	**Patients with mild cognitive impairment (MCI) due to AD or mild AD dementia confirmed by biomarkers:** - Amyloid positivity (e.g., CSF, PET imaging) - Evidence of neurodegeneration (e.g. imaging)
Efficacy Goals	**Primary Endpoint**: Slowing cognitive and functional decline (e.g., CDR-SB, ADAS-Cog)
	Secondary Endpoints: • Reduction in biomarkers that predict disease progression • Imaging evidence of slowed neurodegeneration (e.g., MRI hippocampal volume) • Quality of life improvements for patients
Safety Goals	Minimize ARIA and infusion reactions
	Superior safety profile to existing anti-amyloid therapies
Dosing and Administration	Frequency: Monthly dosing
	Route: Intravenous infusion, with potential for subcutaneous formulations in the future
Goals for Competitive Differentiation	**Selectivity**: Targets toxic oligomers, avoiding monomers and plaque
	Efficacy: Early cognitive benefit compared to existing treatments
	Safety: Lower incidence of ARIA than other amyloid-directed antibodies

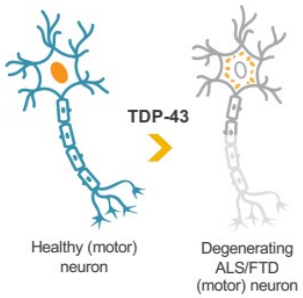
The target product profile represents goals for the PMN310 development program. No head-to-head clinical studies have been conducted.

Lead Pipeline Candidates

Antibody and Vaccine Candidates Targeting a Range of Neurodegenerative Diseases

ProMIS™ Neurosciences

PMN267: Lead antibody candidate targeting pathogenic TDP-43



Why TDP-43?

- TAR DNA-binding protein 43 (TDP-43) essential to neuronal cell survival[1]; plays important roles in RNA regulation
- Pathogenic TDP-43 aggregates frequently observed in multiple neurodegenerative diseases: both loss-of-function[1] and gain of function[2]

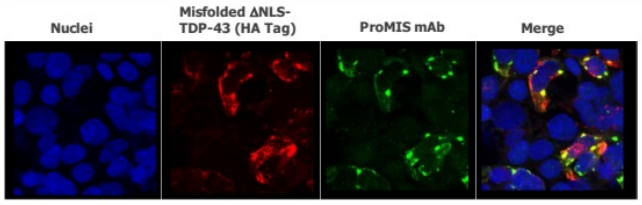
PMN267 – Initial proof of concept to target Amyotrophic Lateral Sclerosis (ALS)

- Target candidate profile specific for binding epitope of pathogenic TDP-43 with high affinity in sub-nanomolar range. No reactivity with normal TDP-43.
- Inhibit cell-to-cell propagation of toxic misfolded TDP-43
- Promote degradation of cytoplasmic aggregates of misfolded TDP-43 without affecting cell viability

1. de Boer, EMJ et al, 2020, *J Neurol Neurosurg Psychiatry;* 2. Neumann et al, 2006, *Science;* 3. Pokrishevsky et al, 2016, *Scientific Reports;* 4. Chou et al, 2018, *Nat Neurosci;* 5. Endo et al, 2018, *Biological Psych*

PMN267 advancing to IND-enabling studies

PMN267 has been humanized in a human IgG1 framework for IND-enabling studies

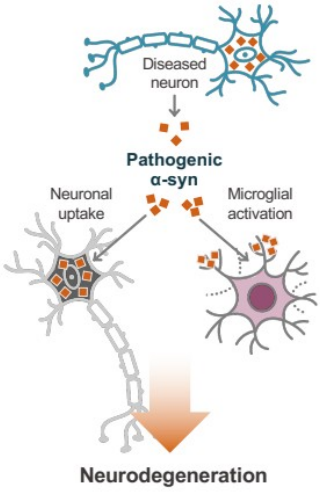


- Misfolding ΔNLS-TDP-43 forms cytoplasmic aggregates
- PMN267 selectively binds to the misfolded aggregates in the cytoplasm (co-localization) and does not react with normal TDP-43 in the nucleus.

Potential across neurodegenerative disease with TDP-43 proteinopathy including
ALS, Frontotemporal dementia (FTD), AD, and **Limbic-predominant age-related TDP-43 encephalopathy (LATE)**

An enhanced, highly selective binding profile with intracellular and extracellular activity has the potential to lead to optimal clinical outcomes by focusing activity on pathogenic TDP-43 and preserving the essential functions of normal TDP-43

PMN442: Lead antibody candidate targeting toxic α-Synuclein



Why Alpha-Synuclein (α-syn)?

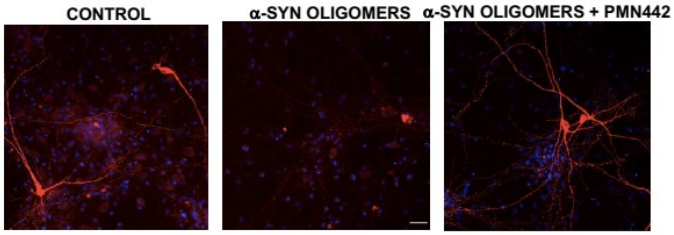
- α-syn plays a role in synaptic activity, including regulating release of dopamine and maintaining synaptic vesicles
- In synucleinopathies, α-syn misfolds and clumps into toxic aggregates implicated in: Multiple system atrophy (MSA), Parkinson's Disease (PD), and Dementia with Lewy bodies (DLB)

PMN442 – Initial Proof of Concept to Target Multiple System Atrophy (MSA)

- Target candidate profile specific for toxic oligomers and small soluble fibrils, avoiding monomers and tetramers to reduce potential adverse events
- Protect dopaminergic neurons against killing by α-syn toxic oligomers
- Inhibit the processes involved in the cell-to-cell propagation of pathogenic α-syn aggregates

PMN442 advancing to IND-enabling studies

PMN442 has been humanized in a human IgG1 framework for IND-enabling studies



- Toxic α-syn oligomers kill dopaminergic neurons in culture
- PMN442 protected neurons against toxic oligomers

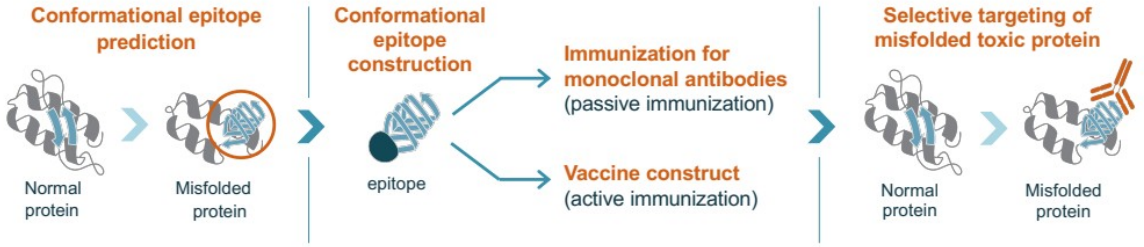
Potential across range of synucleinopathies including
Multiple System Atrophy (MSA), **Parkinson's disease (PD)** and **Dementia with Lewy bodies (DLB)**

An enhanced, highly selective binding profile has the potential to lead to optimal clinical outcomes

The ProMIS platform potential in vaccine applications

Epitopes of toxic misfolded proteins identified by the ProMIS platform can also potentially be used for direct vaccination to induce production of selective protective antibodies

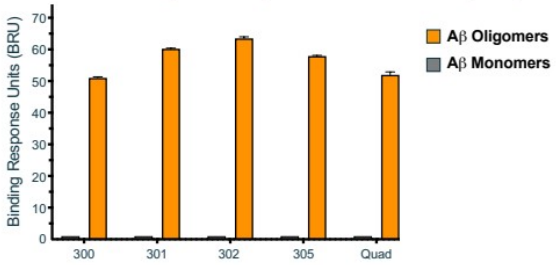
- Pursuing vaccination strategies against AD and other neurodegenerative diseases offers potential advantages over chronic administration of a therapeutic antibody
- Lead vaccine compositions and formulations have been selected for an Aβ oligomer vaccine against AD and an α-syn vaccine against synucleinopathies based on mouse vaccination studies



PMN311: Positive early results presented at AAIC 2024

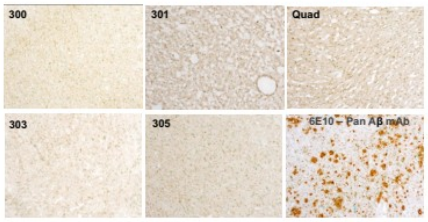
- Testing of 15 possible combinations of 1 to 4 conformational Aβ oligomer epitopes in mouse vaccination studies led to the selection of PMN311 as the lead vaccine candidate for further development.
- PMN311 is composed of a single epitope, the target of PMN310. It elicited maximal antibody binding to a toxic oligomer-enriched low molecular weight fraction of soluble AD brain extracts. No advantage of combination with additional epitopes.

Antibodies in immune sera bind Aβ oligomers and not monomers by surface plasmon resonance (SPR)



The antibodies induced by conformational AβO epitopes do not bind plaque in AD brain

> Oligomer-selective antibody response

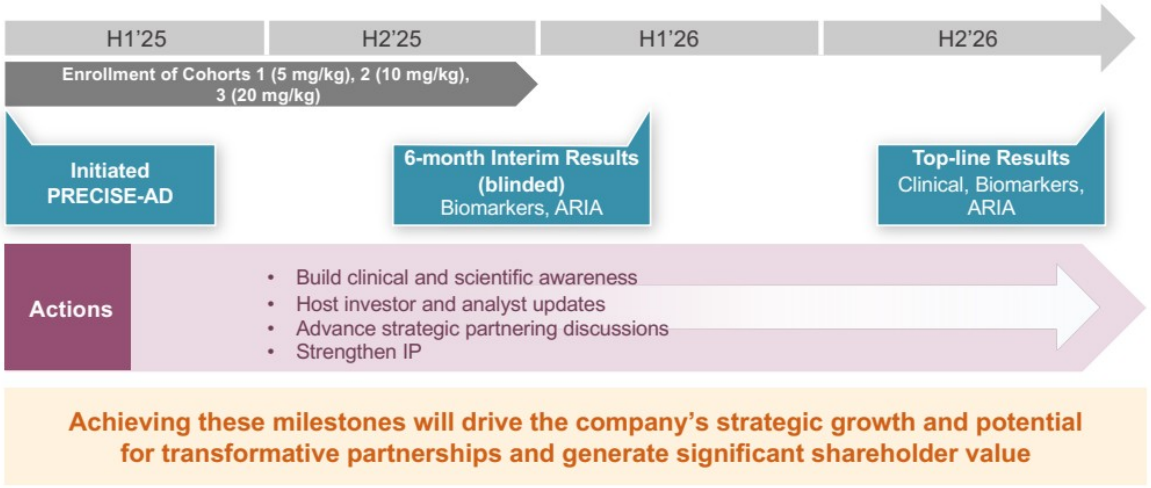


Platform generating robust pipeline of selective candidates targeting toxic misfolded proteins

	Product Candidate	Target Protein	Disease Indication(s)
ANTIBODY	PMN310	Amyloid-Beta	AD
	PMN267	TDP-43	ALS
	PMN442	Alpha-Synuclein	MSA[1]
VACCINE	PMN440	Alpha-Synuclein Vaccine	Multiple synucleinopathies
	PMN311	Amyloid-Beta Vaccine	Alzheimer's Prevention
DISCOVERY		Tau	Alzheimer's[2], FTLD, PSP, CBD
		RACK1	ALS[2], HD
		DISC1+Interactome	Schizophrenia

[1] The company plans to investigate additional synucleinopathies, including PD: Parkinson's disease and dementia with Lewy bodies [2]Initial indication AD: Alzheimer's disease, ALS: Amyotrophic lateral sclerosis, MSA: Multiple system atrophy, HD: Huntington's disease, FTLD: Frontotemporal lobar degeneration, PSP: Progressive supranuclear palsy, CBD: Corticobasal degeneration

Key Anticipated Milestones



Achieving these milestones will drive the company's strategic growth and potential for transformative partnerships and generate significant shareholder value

Committed to patients with novel approach to battling neurodegenerative diseases

- **ProMIS has leveraged AI/ML to create a novel technology platform** that has generated a robust pipeline of candidates against Alzheimer's, ALS, MSA and other challenging diseases
- **Clinical candidate PMN310 highly differentiated**; data from ongoing Phase 1b clinical trial aims to evaluate safety and tolerability to assess PMN310's potential to halt Alzheimer's disease progression

Clinical data and milestones
could unlock significant potential and demonstrate proof of concept for PMN310 in AD

Advancing preclinical pipeline
could further validate the ProMIS platform and the potential across therapeutics and vaccines

Strong track record of execution and seasoned leadership team
with significant CNS product development experience

Committed financing
supports programs through key inflection points

ProMIS™ Neurosciences

For further information, contact:
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NASDAQ: PMN