



CORPORATE PRESENTATION

August 2026



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Except where otherwise indicated, the information contained in this presentation speaks as of the date hereof or as of the date at which such information is expressed to be stated, as applicable, and such information may express preliminary estimated, unaudited results which shall be subject to audit or other year-end adjustments, and such audited or adjusted results may materially differ from those contained in this presentation.

This presentation concerns drug candidates, some of which are undergoing nonclinical studies and others of which are under clinical investigation, and all of which have not yet been approved for marketing by the U.S. Food and Drug Administration. These drug candidates are currently limited by federal law to investigational use, and no representation is made as to their safety or effectiveness for the purposes for which they are being investigated.

Aligos Development Portfolio



Candidate	Indication	MOA	Discovery	Nonclinical	Phase 1	Phase 2	Phase 3	Partner
pevifoscorvir sodium (pevy) ^{1,2}	Chronic HBV Infection <i>Monotherapy</i>	CAM-E						
ALG-170675 ³	Chronic HBV Infection	ASO						
TBD	Hepatitis Delta Virus	ASO						
ALG-055009	MASH, Obesity	THR-β Agonist						<i>In partnering discussions</i>

HBV = hepatitis B virus; CAM-E = capsid assembly modulator (empty); ASO= antisense oligonucleotide. All timelines are approximate and subject to change based on enrollment and operational considerations. ¹Pevifoscorvir sodium formerly known as ALG-000184. ²Amoytop has rights in China, Taiwan, Hong Kong, and Macau. ³Amoytop has rights in China, Taiwan, Hong Kong, and Macau. ALG-097558 is currently being funded by government organizations in a Phase 2 study for COVID-19 and is not being funded by the company at this time.



CHRONIC HEPATITIS B VIRUS INFECTION

OVERVIEW

ALIGOS
THERAPEUTICS

Chronic HBV Infection: A Leading Cause of End-Stage Liver Disease & Liver Cancer

Liver cancer is the 6th most diagnosed form of cancer worldwide, but results in the 3rd most deaths of all cancers



**240M people
worldwide**

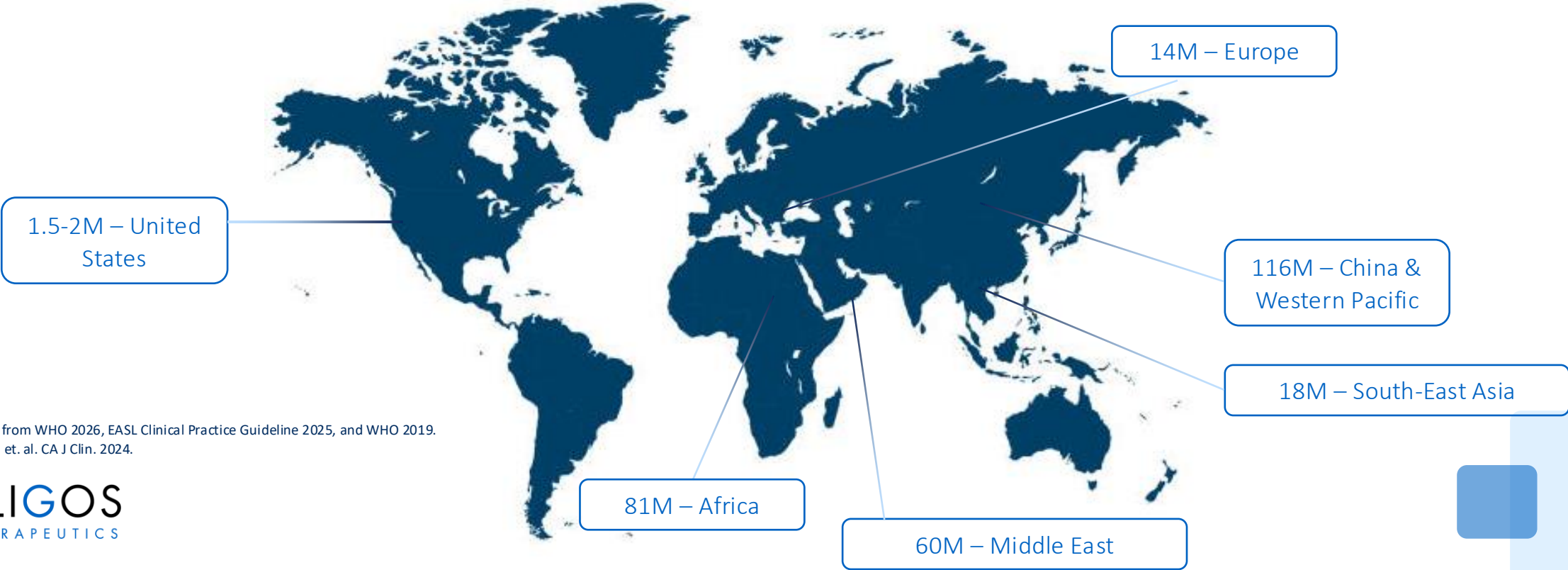
**27%
diagnosed**

4.3% treated

**1M new
infections in
2024**

**1.1M HBV-
related
deaths in
2024**

**HBV-related
deaths now
exceed those
from HIV**



Data from WHO 2026, EASL Clinical Practice Guideline 2025, and WHO 2019.
Bray, et. al. CA J Clin. 2024.

Current and Novel Treatment Options for Prevention of End-Stage Liver Disease & Liver Cancer

Current drug candidates on track for regulatory approval: bepirovirsen and pevifoscorvir sodium

Current Standard of Care for 25+ years: Nucleoside/Nucleotide analogs (NAs)

- Monotherapy indicated for chronic suppression (HBV DNA <LLOQ at Week 48 following treatment)
- In a recent study with NAs dosed over 5 years, patients continued to progress²
 - 4% of patients developed HCC
 - 5% suffered from liver decompensation (variceal bleeding, hepatorenal syndrome, hepatic encephalopathy, ascites)
 - 1% underwent liver transplantation or died
- **Inadequate: Patients still progress while on therapy to end stage liver disease and liver cancer**

Bepirovirsen, ASO for functional cure: PDUFA Date October 2026

- Combination with NAs for functional cure (HBsAg < LLOQ ~6 months after a finite treatment regimen)
- Patients are only eligible for therapy with HBsAg ≤ 3,000 IU/mL, which is ~30-40% of all HBV patients⁴
- **Inadequate: ~19% of eligible patients achieve a functional cure at 72 weeks, or only ~6-8% of all patients³**

Pevifoscorvir Sodium, CAM-E: Phase 2 B-SUPREME Topline Data Expected in 3Q2027

- Blocks the drivers of disease progression: replication, integration, reservoir

¹Wong et. al., J Hepatology 2021. ²Kim et. al., AASLD 2024. ³Hou, et al. *N Engl J Med.* 2026. ⁴Figures are estimated based on feedback from HBV KOLs.

Chronic Suppression

Well Defined, Validated Approval Pathway

- Regulatory pathway for chronic suppressive therapy endorsed by FDA, CHMP (EMA), and National Medical Products Administration in China
- Pevifoscorvir sodium received **FDA Fast Track Designation** for chronic HBV infection
- Primary endpoint: Subjects with HBV DNA <LLOQ (10 IU/mL) at Week 48 following treatment with investigational agent versus standard of care (nucleos(t)ide analogs)

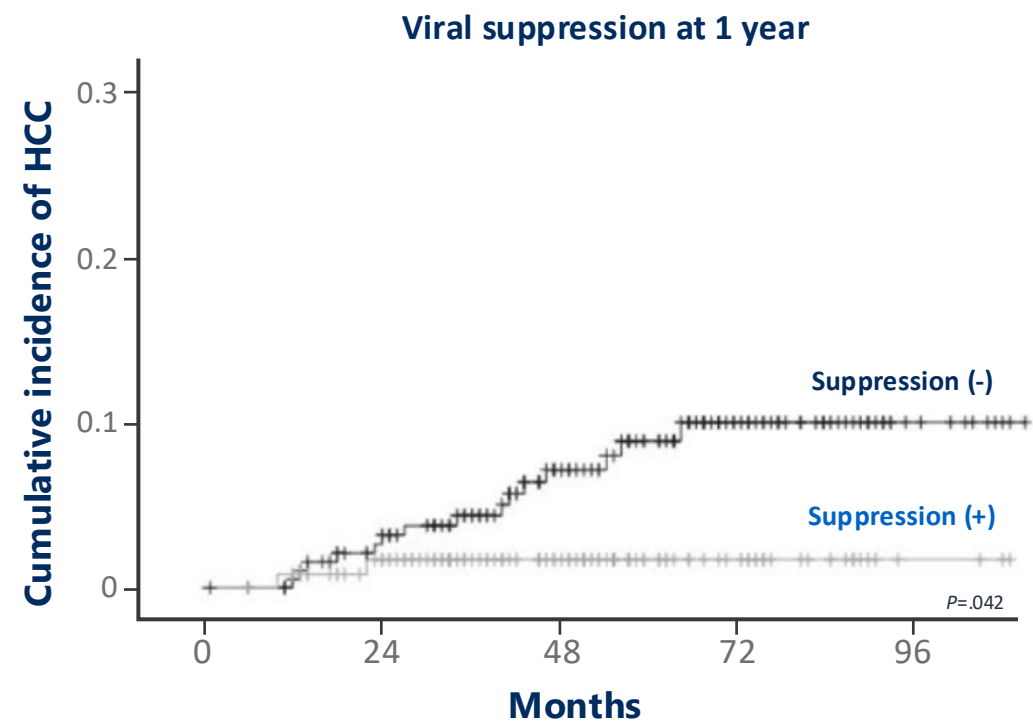
a. Chronic suppressive therapy

Sponsors developing drugs for chronic suppressive therapy of CHB should consider the following trial design options:

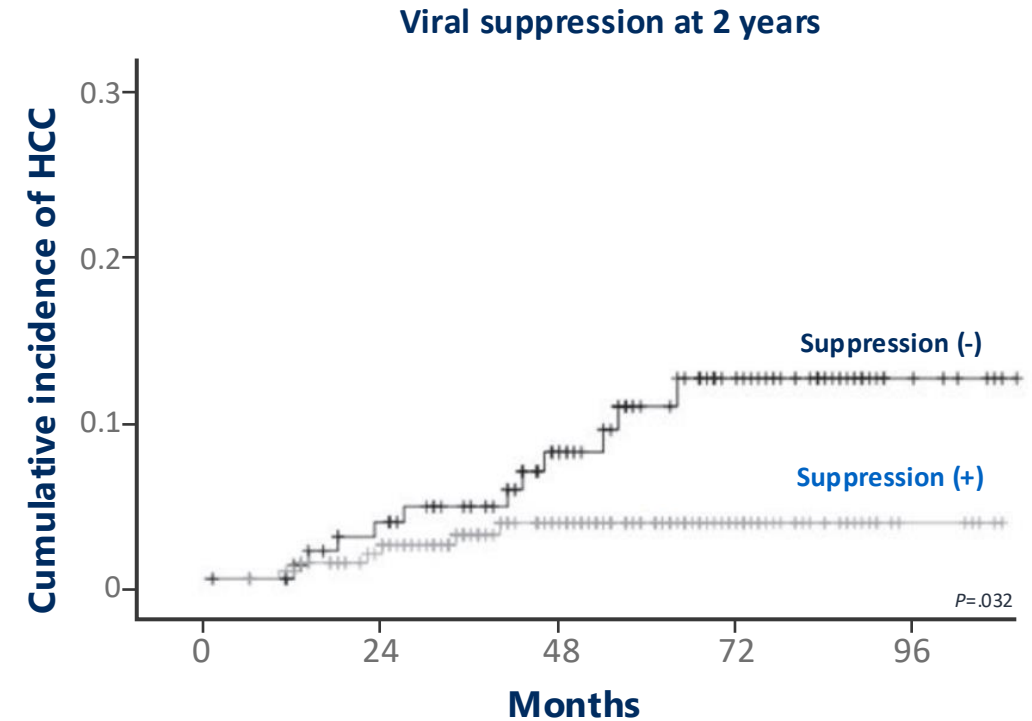
- A randomized controlled noninferiority (NI) (or superiority) trial comparing the investigational drug with an approved active control arm—The primary efficacy endpoint should be undetectable HBV DNA¹³ after 48 weeks on-treatment in HBeAg-positive subjects, HBeAg-negative subjects, or both. The active comparator should be an antiviral drug that is recommended for treatment of CHB and reflects current practice at the time of trial initiation. The patient population may be treatment-naïve or previously treated subjects with detectable HBV DNA. Potential concerns related to the development of resistance when evaluating an investigational drug with a low barrier to resistance as a monotherapy should be addressed. For an NI design, determination of the NI margin should be discussed with the FDA.

HBV Guidance from: FDA 2022; EMA 2006; China 2023; LLOQ: lower limit of quantitation.

Of Those Diagnosed & Treated: Complete & Faster HBV DNA Suppression Improve Clinical Outcomes



Suppression (-)	201	177	122	54	9
Suppression (+)	124	108	61	23	3



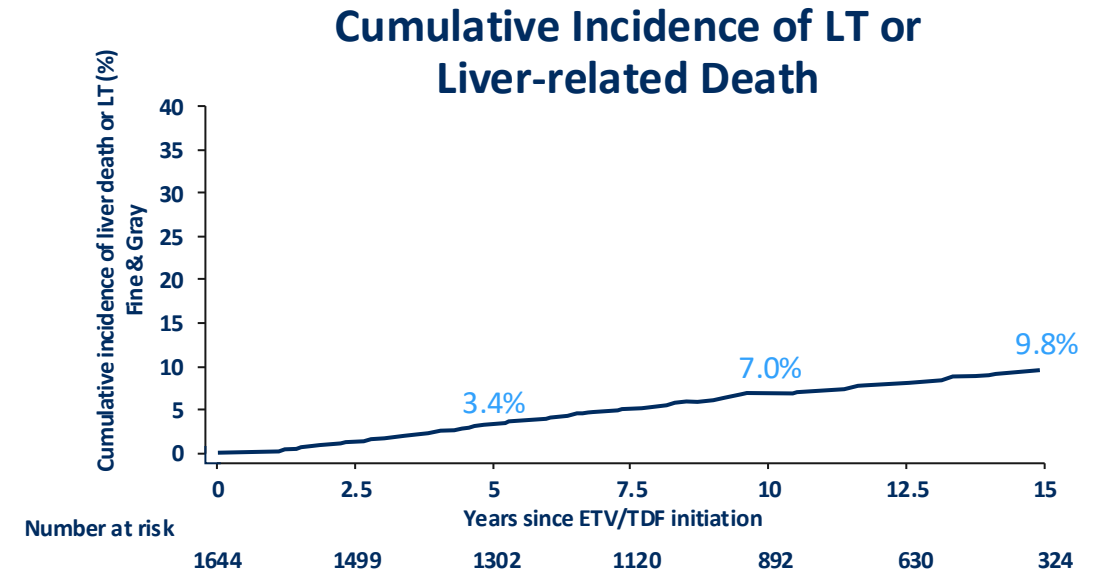
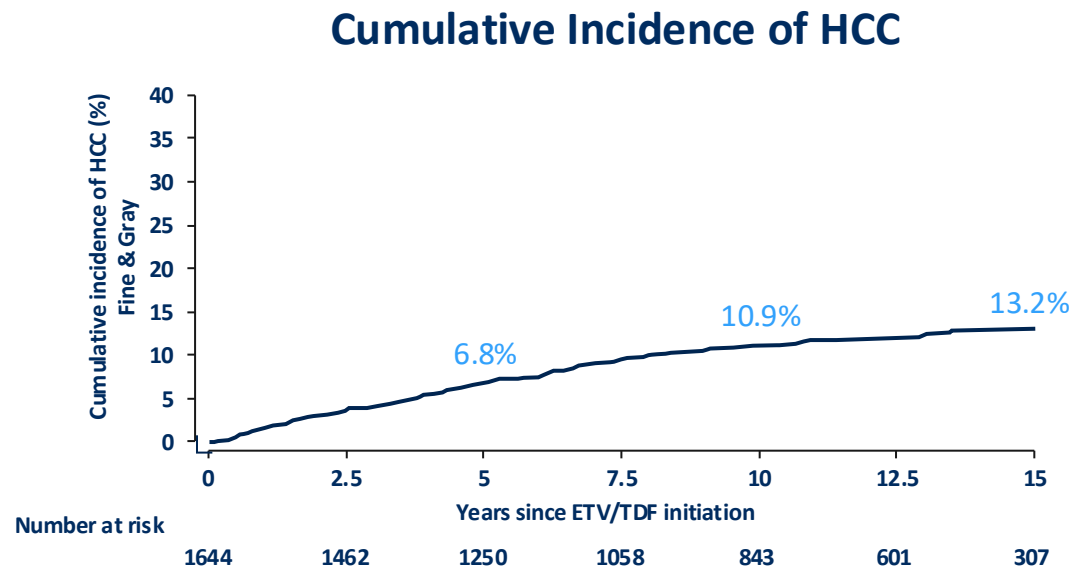
Suppression (-)	123	106	73	38	7
Suppression (+)	202	179	110	39	5

^a Defined suppression level as 12 IU/mL.^b Retrospective cohort study of 325 HBeAg-positive patients with chronic HBV infection on antiviral therapy between 2007-2013 in Seoul, Korea. HBeAg, hepatitis B e antigen; HBV DNA, hepatitis B virus DNA; HCC, hepatocellular carcinoma. Nam JY, et al. *J Viral Hepat.* 2018;25(5):552-560.

Cumulative HCC and cirrhosis incidence was significantly lower in patients who achieved complete viral suppression^a within 1-2 years compared with patients who failed to achieve viral suppression within these periods^b

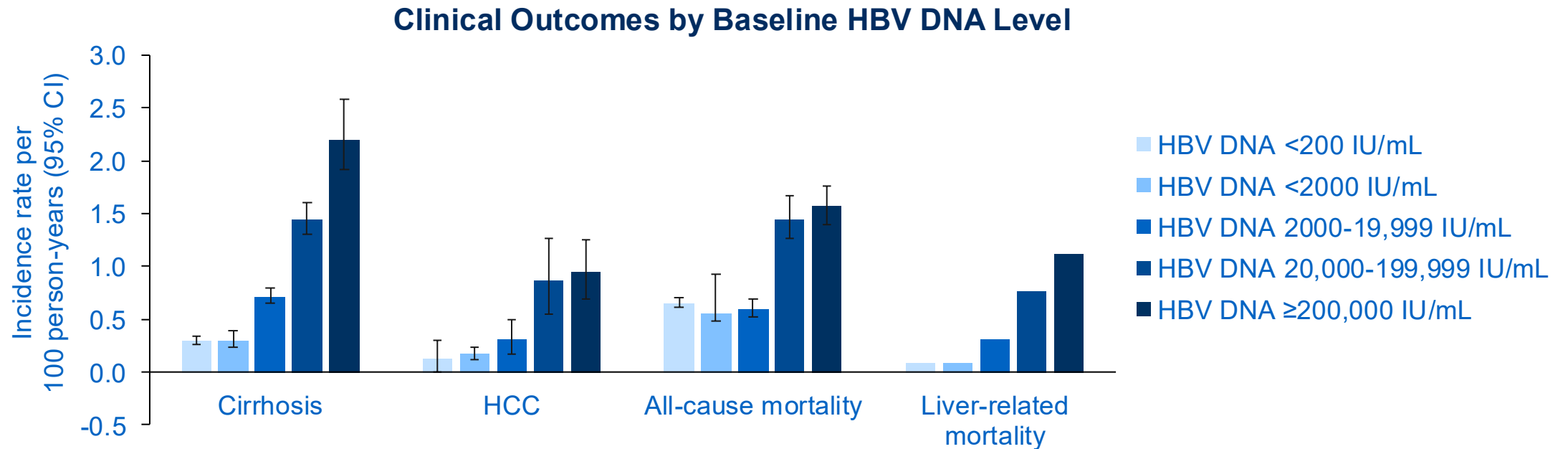
The Unmet Need Despite Treatment with Standard of Care NA Therapy

PAGE-B Cohort: 1644 patients with chronic HBV infection initially treated with ETV or TDF with a mean follow-up of 10±3 years



HBV, chronic HBV infection; ETV, entecavir; HCC, hepatocellular carcinoma; LT, liver transplantation; NA, nucleos(t)ide analogs; PYs, person-years; TDF, tenofovir disoproxil fumarate. Fine & Gray cumulative incidence estimate accounts for competing events: deaths prior to HCC development. Papatheodoridis GV, et al. *J Hepatol*. 2026 Jul 6:S0168-8278(26)02702-9. doi: 10.1016/j.jhep.2026.06.038. Online ahead of print.

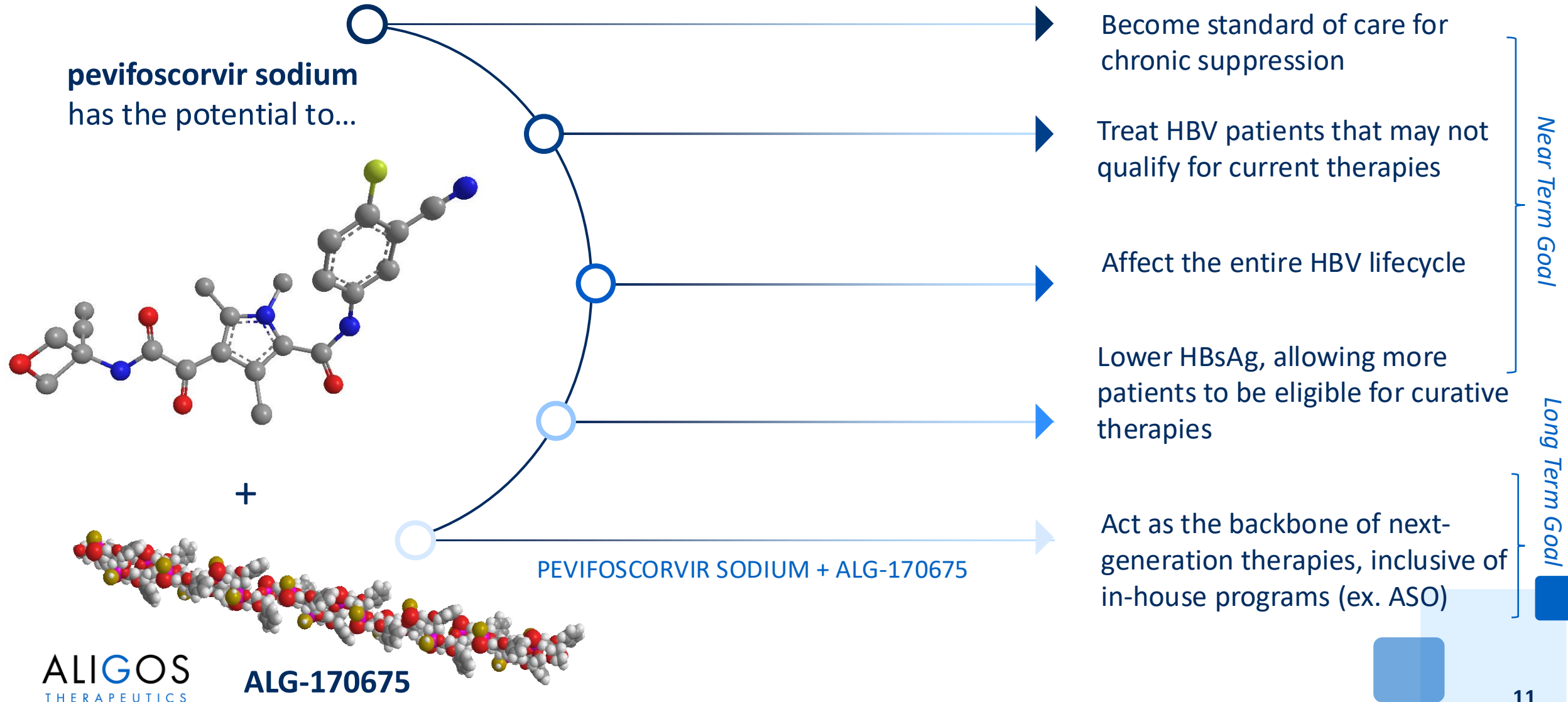
Elevated Baseline DNA Predicts Poor Clinical Outcomes



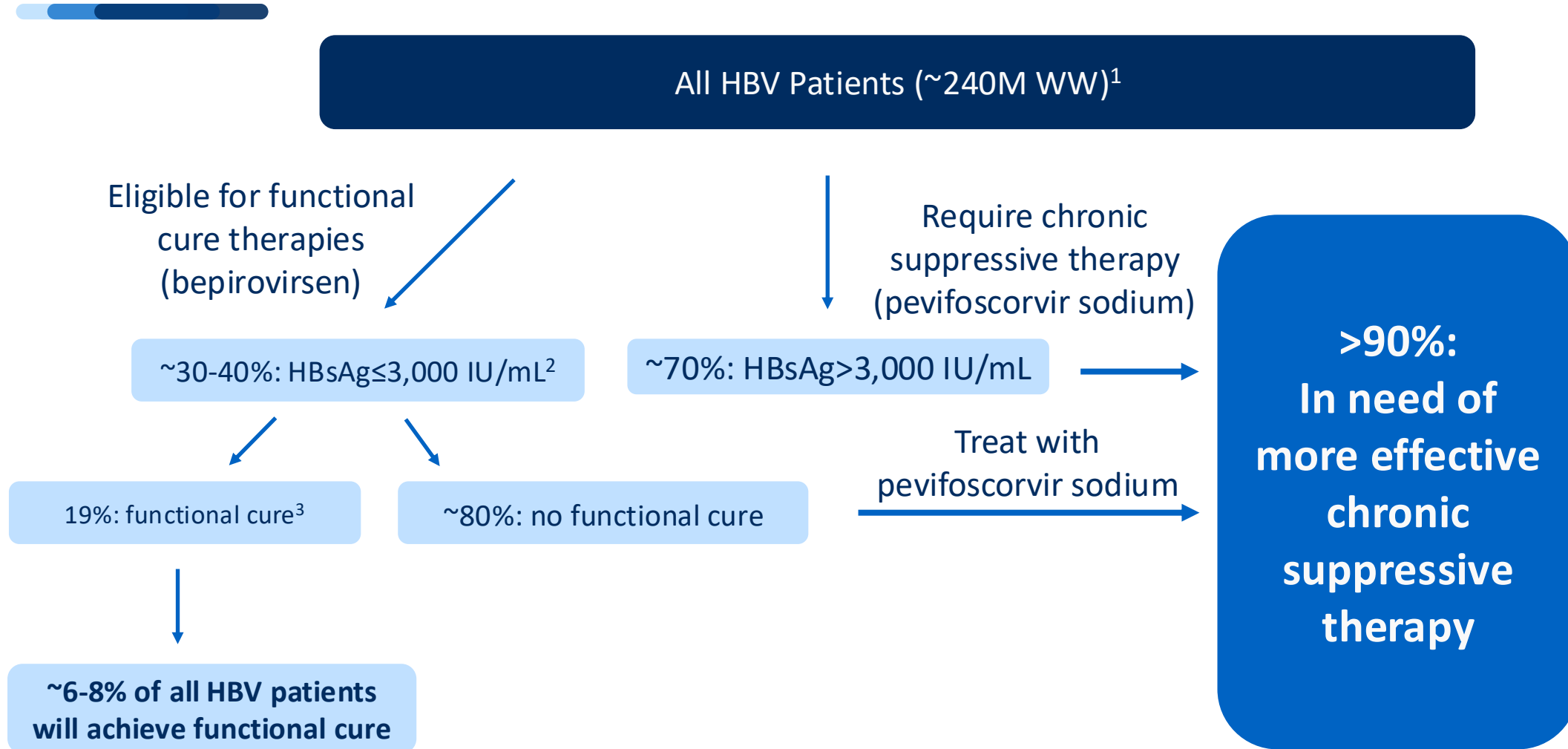
1. Yucuma D, et al. *Lancet Gastroenterol Hepatol*. 2026;S2468-1253(25)00302-4.

Our Vision to Prevent End-Stage Liver Disease & Liver Cancer

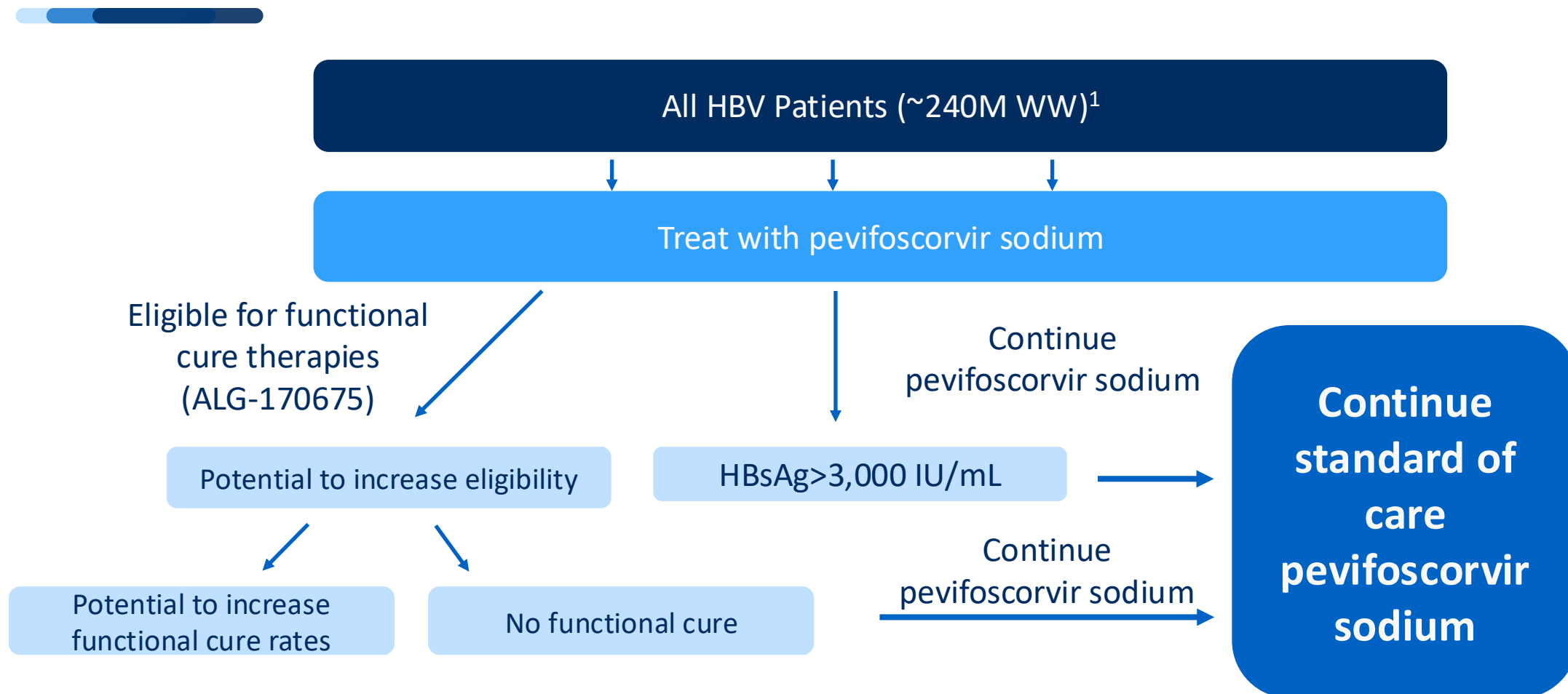
Paving the Way for the Future of Chronic HBV Infection Treatment



Our Vision for The Future Patient Journey for HBV Therapy



Our Vision for Pevifoscorvir Sodium as the Standard of Care



1. Data from the World Health Organization; 2026. 2. Yuen, et al. EASL 2026.



Pevifoscorvir Sodium

Small Molecule CAM-E

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Treatment as Prevention: The Need to Treat as an Infectious Disease

With functional cure rates at ~6-8%¹ of all HBV patients, how do we reduce the risk of end-stage liver disease and liver cancer?



Deeper viral control

- Rapid and profound viral suppression
- Antigen reduction
- Reduction/elimination of cccDNA and integrated HBV DNA



Complementary mechanisms

- Combination therapy using agents with distinct, synergistic MOAs
- Address multiple virologic barriers simultaneously



Durable responses

- Enable functional cures that are not reactivated due to immuno-suppression

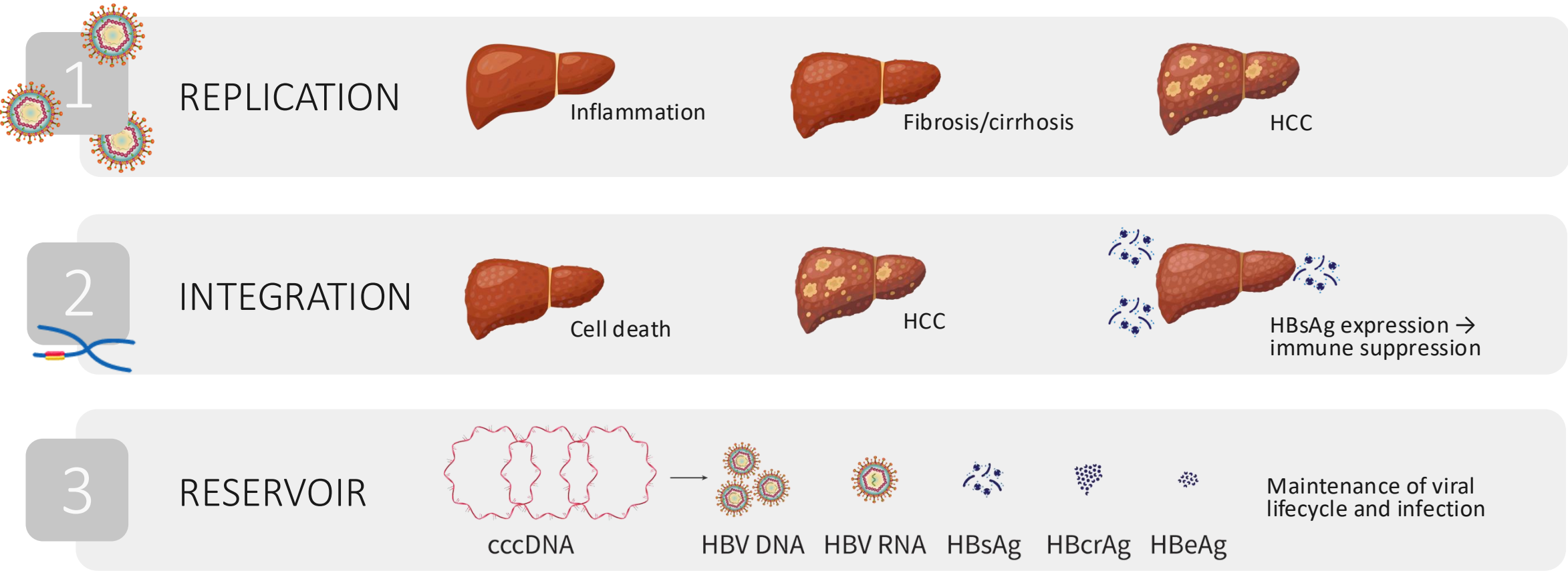


Patient-centered outcomes

- Match treatment strategy to individual risk
- Safety considerations with new therapies
- Improve quality of life

cccDNA, covalently closed circular DNA; HBV, hepatitis B virus; MOA, mechanism of action. 1. Hou, et al. *N Engl J Med*. 2026.

HBV Pathogenesis: The Three Drivers That Lead to End Stage Liver Disease/Cancer



	1 REPLICATION	2 INTEGRATION	3 RESERVOIR
ALIGOS THERAPEUTICS			
Pevifoscorvir sodium	✓	✓	✓
Nucleos(t)ide Analogs	✓	X	X

Pevifoscorvir Sodium (ALG-000184)

A Potential Best-in-Class CAM-E for Chronic Hepatitis B Virus Infection

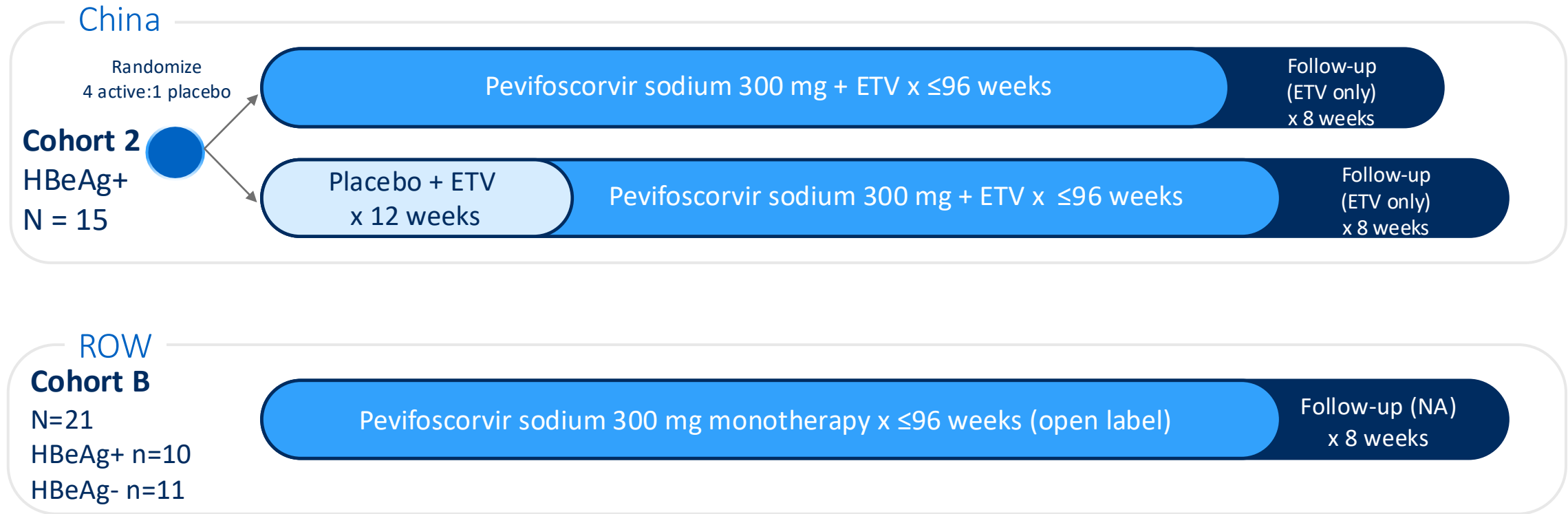
- **Initial IP licensed from the lab of Dr. Raymond Schinazi at Emory University; issued US patent expires in 2040¹**
- **Enhanced pharmacology**
 - Picomolar potency with enhanced absorption and high liver uptake
- **Preclinical profile**
 - ~2-300-fold improvement in in vitro potency vs. other known CAMS; superior DMPK properties
- **Phase 1 highlights** (SAD/MAD + QD oral doses (10-300 mg) x 28 days in treatment naïve/currently not treated subjects)
 - **PK:** Dose proportional, low-moderate variability
 - **Safety:** All doses well tolerated
 - **Efficacy:** The lowest dose (10 mg) achieved maximum HBV DNA reductions; more potent antiviral activity than competitor CAMs²
 - **MOA:** Evidence of second mechanism seen at 300 mg monotherapy dose through reductions in HBsAg
 - The only CAM to date that has demonstrated HBsAg reduction at 28 days
- **Phase 1:** 96-week study completed
- **Phase 2 study enrollment completed in July 2026:** 131 participants enrolled in the HBeAg+ cohort; 114 participants enrolled in the HBeAg- cohort
- **Recently granted FDA Fast Track Designation**

¹ Not including any patent term extension. ² Head-to-head data seen in preclinical context.

ALG-000184-201, A Multi-Part Phase 1 Study of Pevifoscorvir Sodium

Part 4 Cohort Design for Long Term Dosing in TN/CNT Subjects with Chronic HBV Infection

Part 4 Cohort Designs



Hou, J.L. et al., EASL 2025. Yuen, M-F. et al., EASL 2025.
All cohorts fully enrolled. NCT04536337; ROW: rest of the world.
Note: TN-treatment naïve; CNT-currently not treated.
ETV-entecavir.

ALG-000184-201

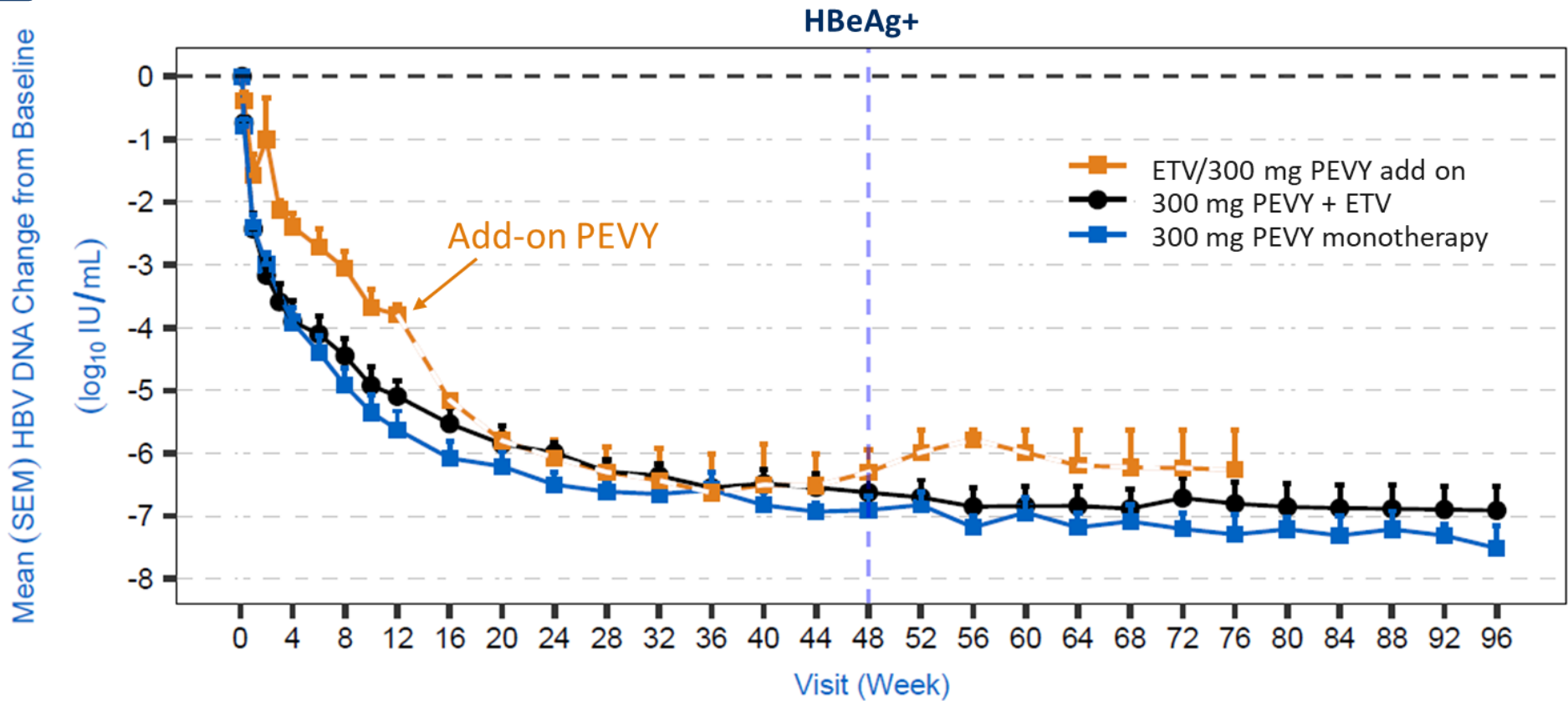
Part 4 Baseline Characteristics

	HBeAg+			HBeAg-
	Part 4 Cohort 2		Part 4 Cohort B	Part 4 Cohort B
	ETV ×12 Weeks followed by 300 mg pevifoscorvir sodium +ETV	300 mg pevifoscorvir sodium +ETV	300 mg pevifoscorvir sodium monotherapy	300 mg pevifoscorvir sodium monotherapy
N	3	12	10	11
Age, years, mean (SD)	28 (4.6)	32.3 (10.2)	34.8 (9.1)	48.5 (12.0)
Female, N (%)	2 (66.7)	6 (50)	3 (30.0)	5 (45.5)
Asian, N (%)	3 (100)	12 (100)	9 (90.0)	3 (27.3)
BMI, kg/m ² , mean (SD)	22.3 (2.8)	22.2 (3.1)	22.4 (2.4)	26.0 (3.5)
HBV Genotype, N (%)	B: 1 (33) C: 2 (67)	B: 4 (33) C: 8 (67)	B: 5 (50), C: 4(40), D: 1 (10)	B:2(18), C:1(9), D:7(64), A:1(9)
HBV DNA, log ₁₀ IU/mL, mean (SD)	7.8 (1.1)	8.1 (0.8)	8.0 (0.8)	4.3 (0.7)
HBV RNA, log ₁₀ copies/mL, mean (SD)	6.5 (0.9)	6.7 (1.1)	5.3 (1.3)	2.0 (1.0)
HBsAg, log ₁₀ IU/mL, mean (SD)	4.1 (0.4)	4.5 (0.7)	4.3 (0.5)	3.5 (0.5)
HBeAg, log ₁₀ PEI U/mL, mean (SD)	2.0 (0.3)	2.5 (0.3)	2.6 (0.8)	-
HBcrAg, log ₁₀ U/mL, mean (SD)	8.0 (1.2)	8.3 (0.5)	8.3 (0.6)	3.3 (0.6)
ALT, U/L, mean (SD)	38.7 (9.1)	41.5 (22.7)	60.7 (36.9)	35.0 (14.5)

Yuen, M-F. et al; AASLD 2025.

300 mg Pevifoscorvir Sodium ± ETV in HBeAg+ Subjects

Mean HBV DNA Change from Baseline



ETV/300 mg PEVY add on
300 mg PEVY + ETV
300 mg PEVY monotherapy

3	3	3	3	3	2	2		
11*	9	9	9	8	8	7	7	
10	10	10	10	10	10	10	10	

Number of subjects
at each timepoint

Yuen, M-F. et al; AASLD 2025. *one subject excluded due to dosing non-compliance; PEVY – pevifoscorvir sodium.

300 mg pevifoscorvir sodium demonstrates greater
HBV DNA reduction than ETV monotherapy

ALG-001075 In Vitro Resistance Mutations Were Not Detected after 96 W of 300 mg Pevifoscorvir Sodium Monotherapy

Resistance Mutations to other CAMs Detected were observed

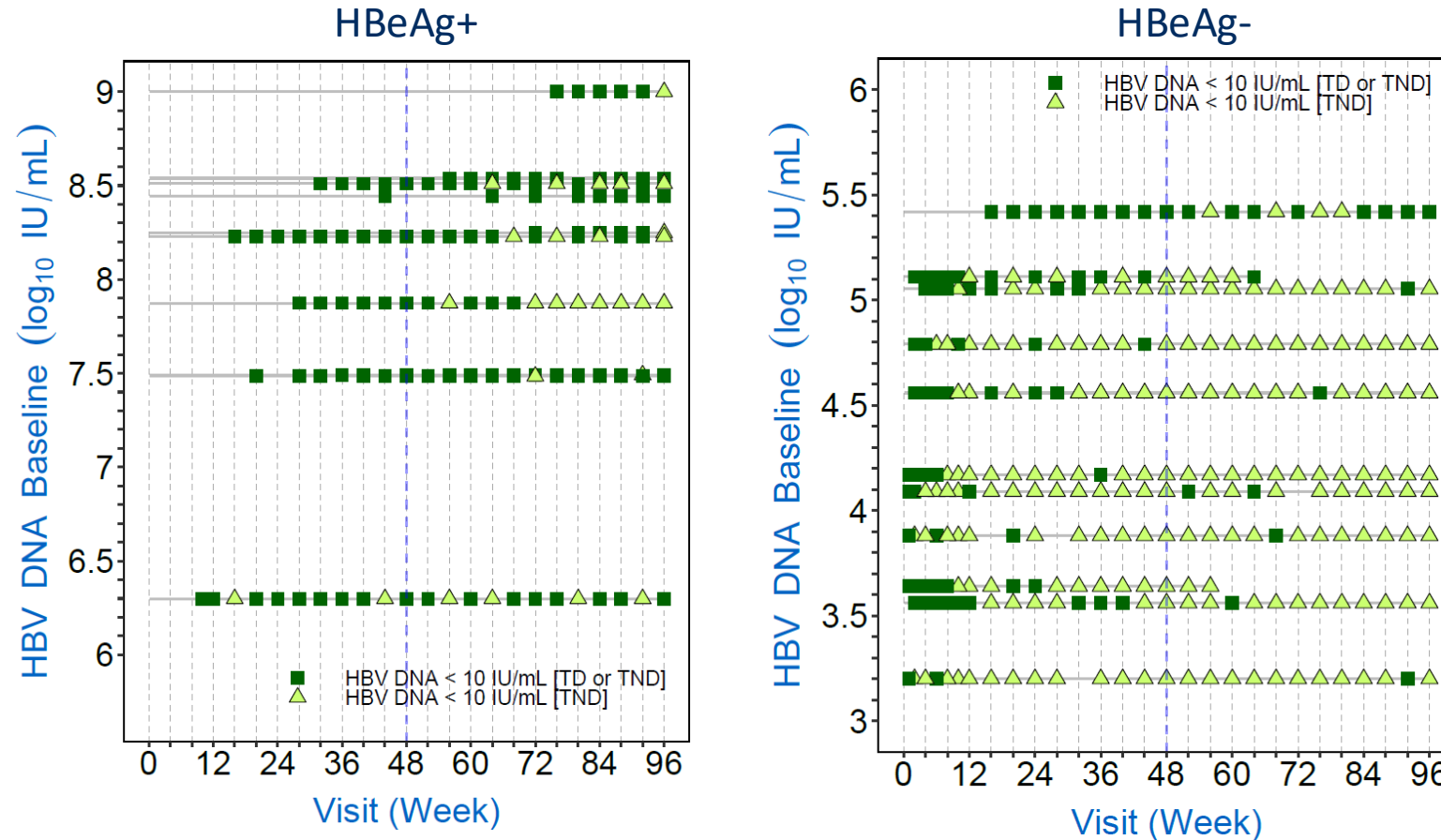
Subject	HBeAg Status	Time Point	HBV DNA (IU/mL)	Core Mutation associated with CAM Resistance	Frequency [%]
A	Negative	Day 1	1.23E+04	F23Y	5.10
				I105V	18.33
				Y118F	8.60
B	Negative	Day 1	6.17E+04	I105L	1.98
				I105V	65.88
				T109M	99.82
C	Negative	Day 1	1.48E+04	I105L	11.16
				I105T	6.52
				I105V	30.01
D	Negative	Day 1	1.59E+03	Y38F	97.67
				I105T	99.97
E	Positive	Day 1	2.78E+8	none	n.a.
		Day 42	1.68E+3	D29G	1.06

- Resistance mutations to other CAMs were detected:
 - Bersacapavir: (F23Y, 5x; Y118F, 7x; D29G, 4x)
 - Vebicorvir: (Y118F, 14x; T109M, >68x; Y38F, 3x; D29G, 20x)

Jekle, et. al. EASL 2025. Data was sourced from publicly available literature, posters, and presentations.

Antiviral Effect in TN/CNT Subjects with Chronic HBV Infection

Time to achieve suppression were dependent on the HBV DNA level at baseline



Yuen, M-F. et al; EASL 2025. Data on file. TD-target detected; TND-target not detected. LLOQ - lower limit of quantification. LLOD - lower limit of detection. LLOQ <10 IU/mL [TD or TND]. LLOD <10 IU/mL [TND].

300 mg Pevifoscorvir Sodium Monotherapy

Phase 1 Results vs. Standard of Care TDF/TAF



HBeAg Status	Drug ⁶	% Patients < LLOQ at Week 48 (by HBV DNA Assay Sensitivity)		% Patients < LLOQ at Week 96 (by HBV DNA Assay Sensitivity)	
		% < LLOQ 29 IU/mL	% < LLOQ/D 10 IU/mL	% < LLOQ 29 IU/mL	% < LLOQ/D 10 IU/mL
E-	TDF (n=140) ^a	93%	17% ^f	91%	31% ^f
	TAF (n=285) ^a	94%	21% ^f	90%	33% ^f
	300 mg pevy (n=11) ^c	100% ⁴	100% ⁴	100% ⁵	100% ¹
E+	TDF (n=292) ^b	67%	N/A	75%	9% ^e
	TAF (n=581) ^b	64%	N/A	73%	14% ^e
	300 mg pevy (n=10) ^c	100% ¹	60% ²	100% ¹	100% ¹

TAF-tenofovir alafenamide, TDF-tenofovir; LLOQ-lower limit of quantification.

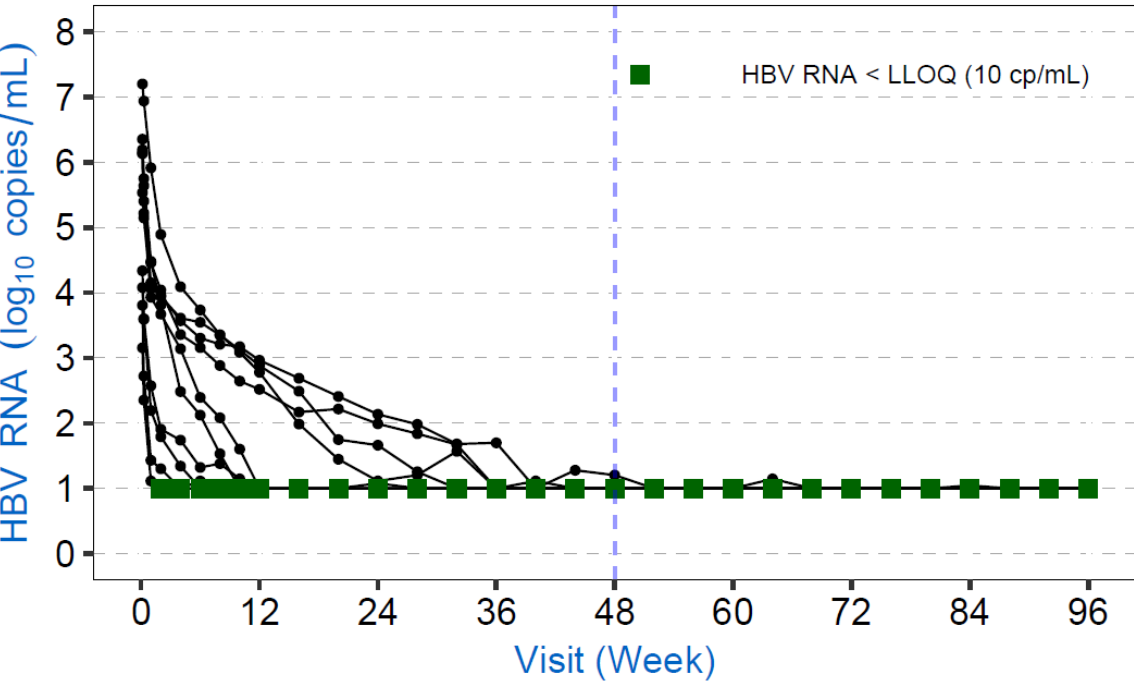
^a Buti et. al., Lancet Gastro 2016; ^b Chan et. al., Lancet Gastro 2016. ^c Yuen, M-F. et al., AASLD 2025. ^e Kosh A. et al.; Journal of Hepatology 2018 V68: 672-681. ^f LLOQ <29 IU/mL (LLOD <10 IU/mL). ¹ 10/10 subjects. ² 6/10 subjects. ⁴ 11/11 subjects. ⁵ 9/9 subjects. ⁶ **No head-to-head clinical trials have been conducted. Caution should be exercised when comparing data across trials.** Pevy = pevifoscorvir sodium.

300 mg Pevifoscorvir Sodium Monotherapy

Reduction in Individual HBV RNA Level Over Time

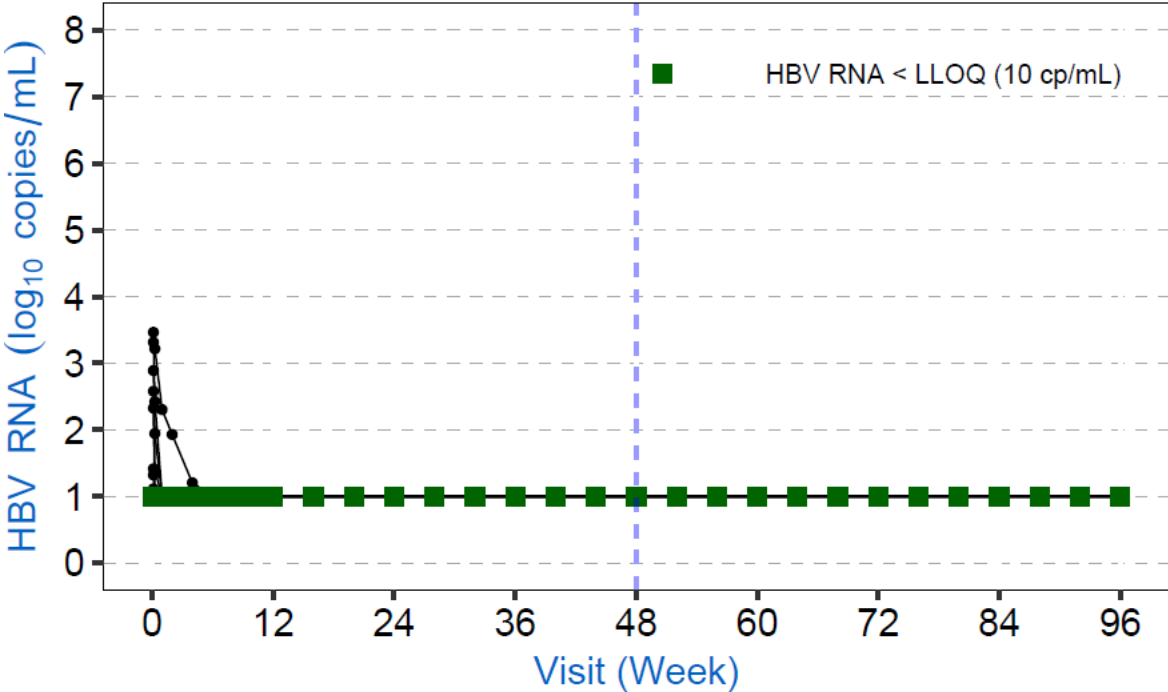


HBeAg+



Total n	10	10	10	9	10	10	10	10	10
< 10 cp/mL	0	6	5	8	9	10	10	9	10

HBeAg-



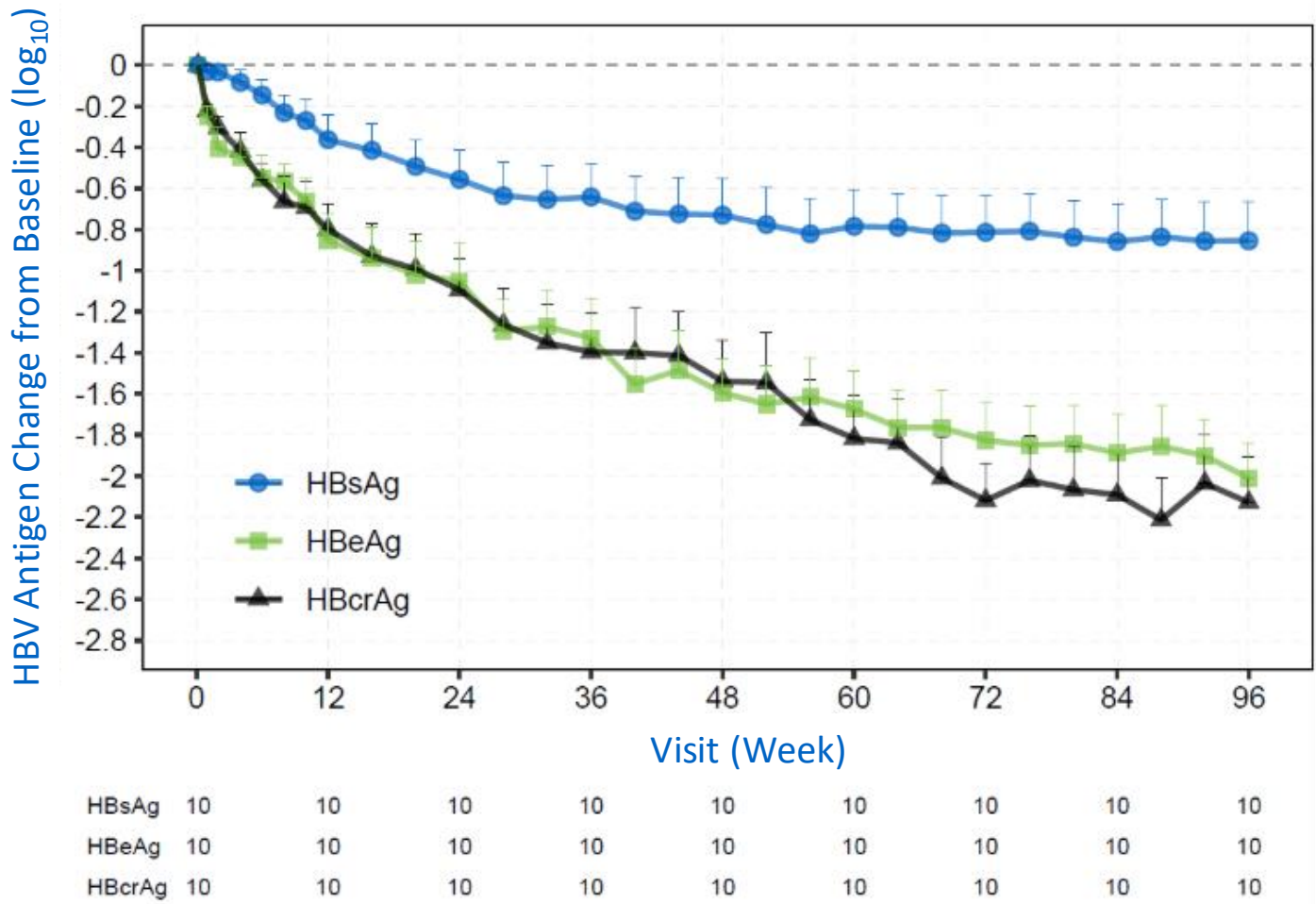
11	11	11	11	11	10	9	9	9
3	11	11	11	11	10	9	9	9

Yuen, M-F. et al; AASLD 2025. LLOQ – lower limit of quantitation. cp - copies.

300 mg pevifoscorvir sodium monotherapy demonstrated a rapid and profound reduction in HBV RNA in TN/CNT subjects with chronic HBV infection

300 mg Pevifoscorvir Sodium Monotherapy in HBeAg+ Subjects

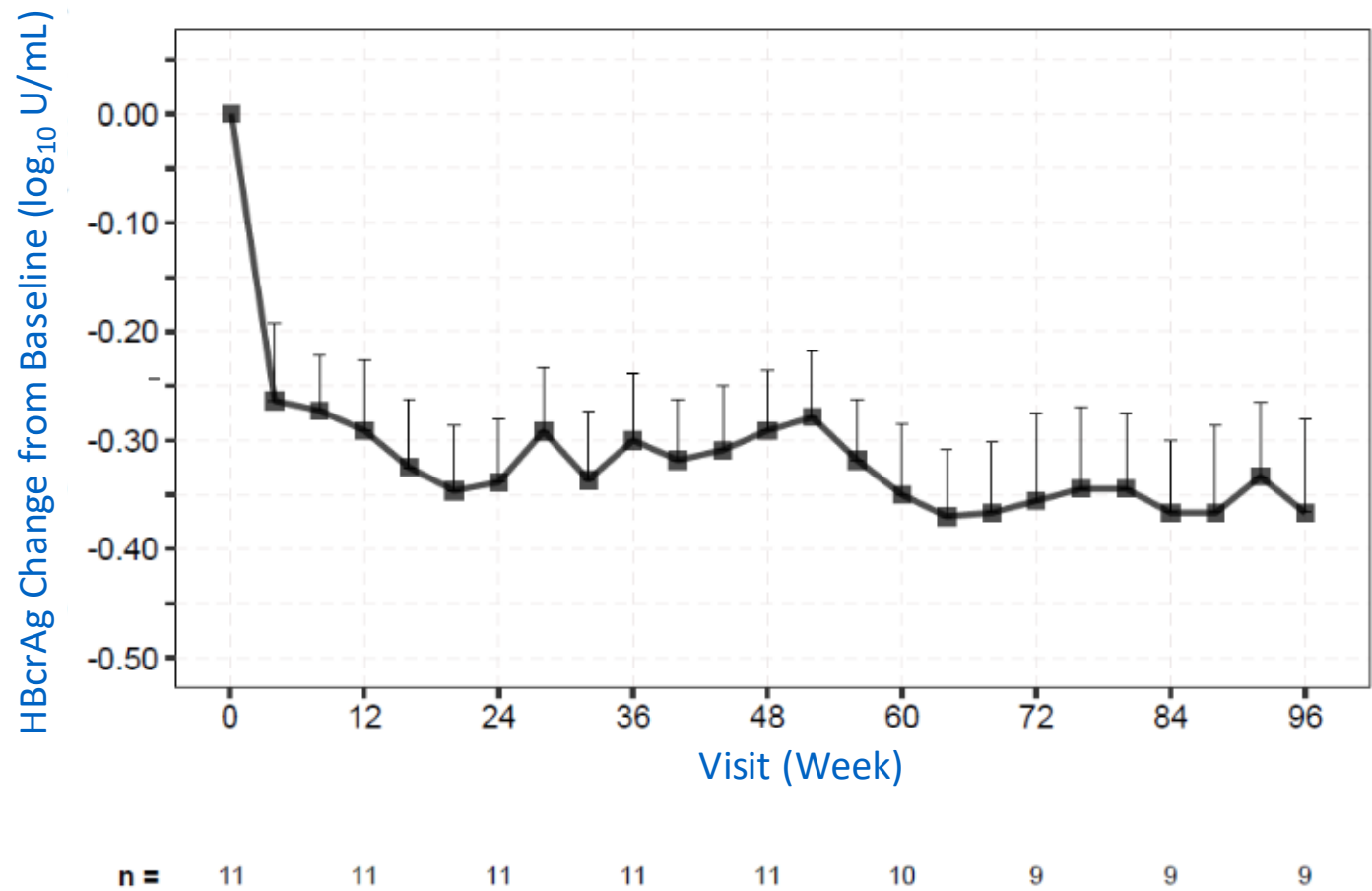
Mean HBV Antigen Change From Baseline



Yuen, M-F. et al; AASLD 2025. Note: Data represents Mean (SEM) at each visit.

300 mg Pevifoscorvir Sodium Monotherapy in HBeAg- Subjects

Mean HBcrAg Change From Baseline



Yuen, M-F. et al; AASLD 2025. Data represents Mean (SEM) at each visit.

Meaningful HBcrAg reduction in HBeAg- subjects

300 mg Pevifoscorvir Sodium Monotherapy

Safety Following 96 Weeks of Treatment

	HBeAg+	HBeAg-
Numbers of subjects with	N=10	N=11 [^]
• at least one TEAE, n (%)	9 (90)	9 (81.8)
• SAE	0	0
• TEAE leading to study drug discontinuation	0	0
• TEAE Grade ≥3	3*	2*,#

[^] Two HBeAg- subjects withdrew at Week 56 and 64, respectively, due to non-safety personal decisions.

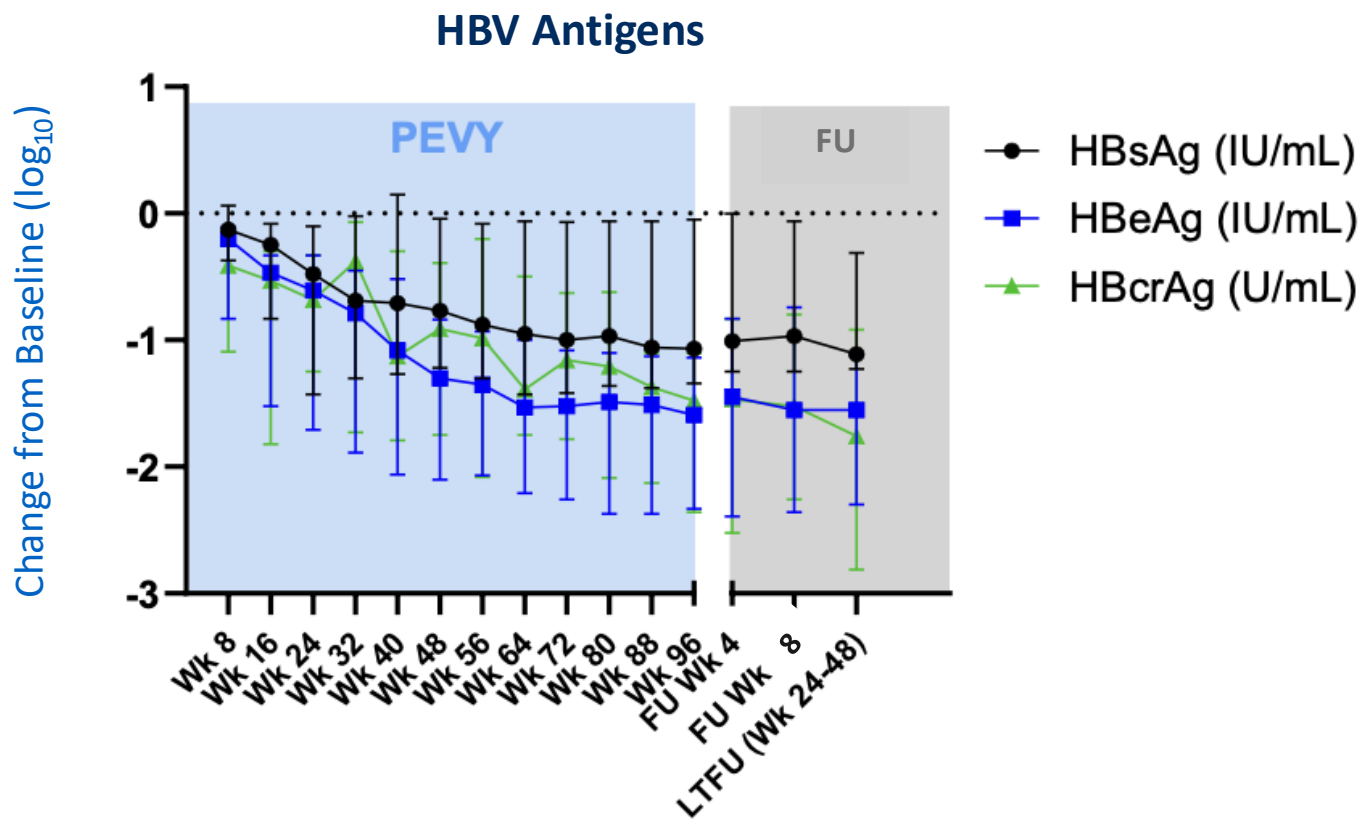
* Grade ≥3 TEAEs of ALT/AST elevation were observed in 3 HBeAg+ and 1 HBeAg- subjects with preserved synthetic and excretory functions. All events resolved in the setting of continued pevifoscorvir sodium dosing and were not considered clinically concerning by the ALT Flare Committee.

Grade 3 cholesterol/triglycerides increase in HBeAg- subject resolved in the setting of continued pevifoscorvir sodium dosing.

Yuen, M-F. et al; AASLD 2025.

96-Week 300 mg Pevifoscorvir Sodium Monotherapy Post Treatment Data

8-Week and ≥24-Week NA Follow Up in HBeAg+ Participants

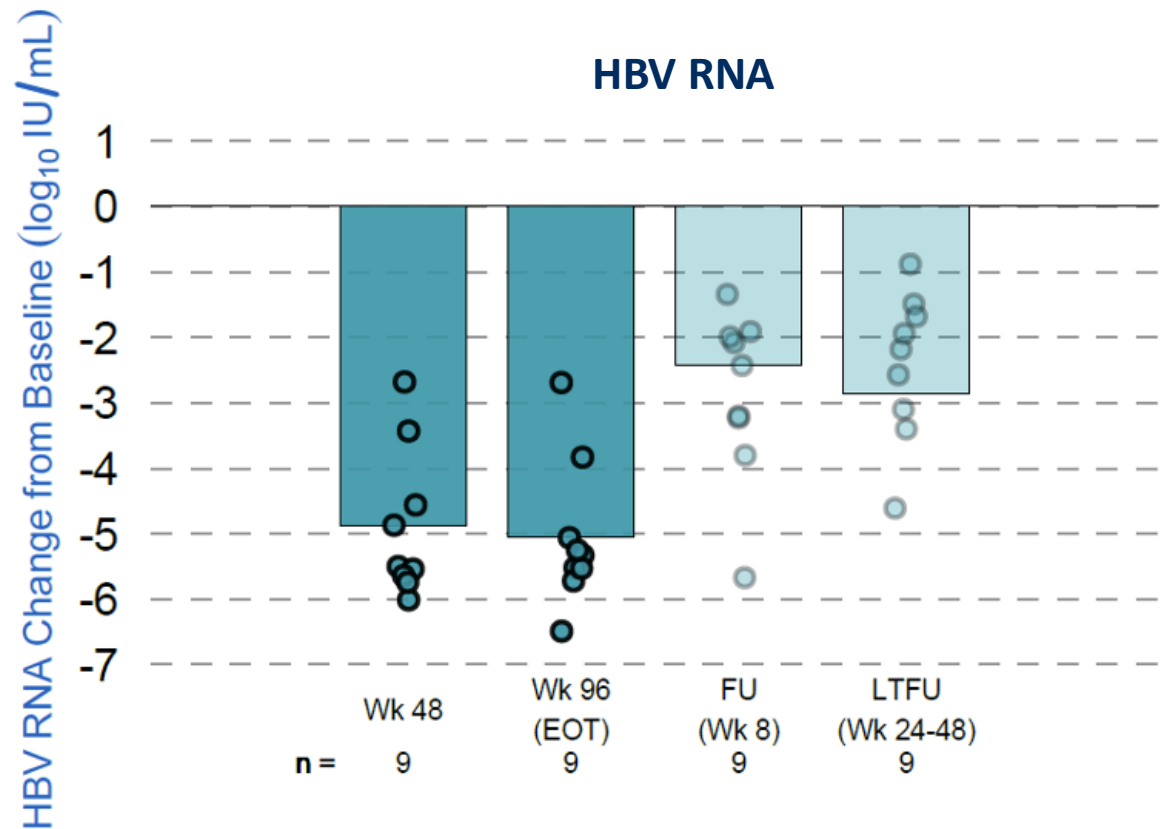


Median log reduction from baseline at different timepoints for HBsAg, HBeAg and HBcrAg

Mak, et al. EASL 2026. FU= Follow up. LTFU = long term follow up. Follow up period treatment with ETV only.

These data suggest that pevifoscorvir sodium may reduce the cccDNA reservoir through engagement of its secondary mechanism of action

Sustained Reductions in HBV RNA After LTFU

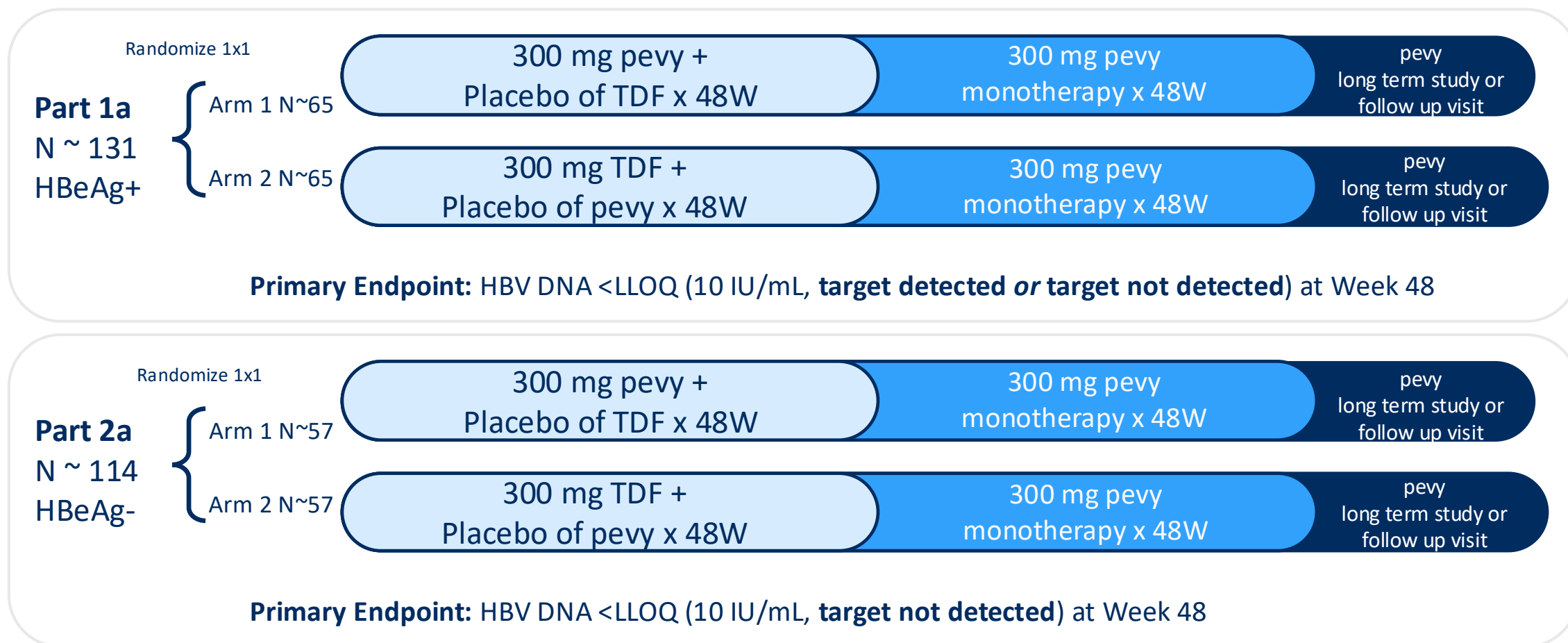


EASL 2026 Lung Yi Loey Mak WED 588. LTFU = long term follow up. Follow up period treatment with ETV only.

Sustained HBV RNA observed during LTFU
Likely because of reduction of cccDNA reservoir

SUPREME – Phase 2 Study Design

Primary Analysis at 48 Weeks; Extension Period Analysis at 96 Weeks



Part 1b will be a liver biopsy sub-study inclusive of n≈12. Part 2b will be a liver biopsy sub-study inclusive of n≈12. pevy = pevifoscorvir sodium.



Pevifoscorvir Sodium

- Commercial Opportunity
- Upcoming Milestones

Payor Perspectives: HBV Remains a Significant Unmet Medical Need

Chronic HBV Infection is the Leading Cause of Liver Transplant Worldwide

Initial market research indicates that payors are potentially willing to pay a premium for drugs that affect the entire HBV lifecycle to mitigate the expense associated with liver disease⁴

Liver disease and liver cancer are costly for payors

- Average cost for a liver transplant is **\$1.2M¹**
- Yearly healthcare costs can exceed **\$184k/year²** for patients with decompensated cirrhosis
- Cumulative direct costs were estimated at **\$45B³** in the US over the next 30 years

Faster and more profound reductions in all viral markers of disease have been shown as prognostic indicators for improved outcomes, which were cited by some payors as reasons to cover non-generic options

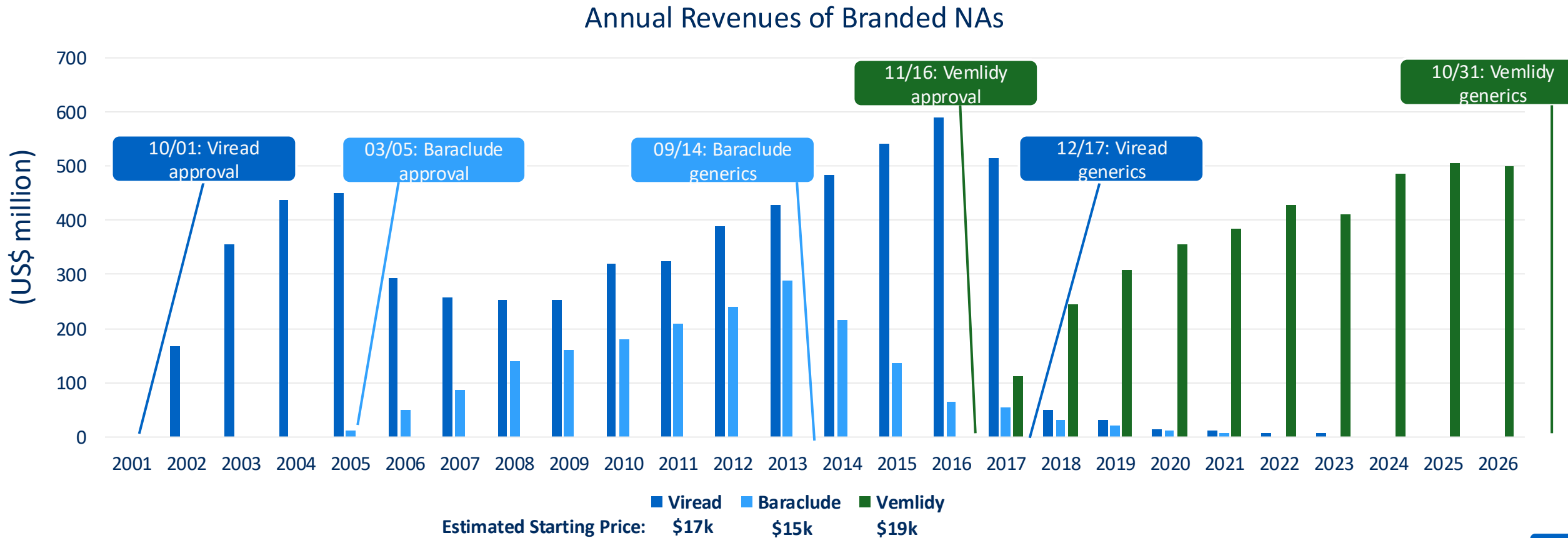
- Generics already exist, yet certain brand name drugs are still generating ~\$1B in revenue per year

Current standard of care drugs are not indicated for all HBV patients, potentially leading to greater healthcare costs

1. Kaplan, et. al. Liver Transpl. 2023. 2. Nguyen, et. al. J. Hep. 2019. Data from 2004-2015. 3. Razavi-Shearer, et. al. JVH, 2023. 4. Based on initial market research data conducted by third party.

Consistent US Annual Revenues from Branded NAs Over Time

Despite Available Generics



Aligos data on file; GlobalData. Viread generic = TDF, Baraclude generic = ETV.

Global branded revenue also consistently performed well, generating >~1B in revenues ~30% of years since 2001

China HBV Commercial Opportunity

Exclusive License Deal with Xiamen Amoytop Biotech for Pevifoscorvir Sodium in Greater China



90M+ Patients

Greater China is home to the largest HBV patient population

Robust Commercial Organization

Amoytop is the leading seller of pegylated interferon in Greater China

6 Approved Drugs in China

Amoytop is one of the leading hepatology companies in Greater China

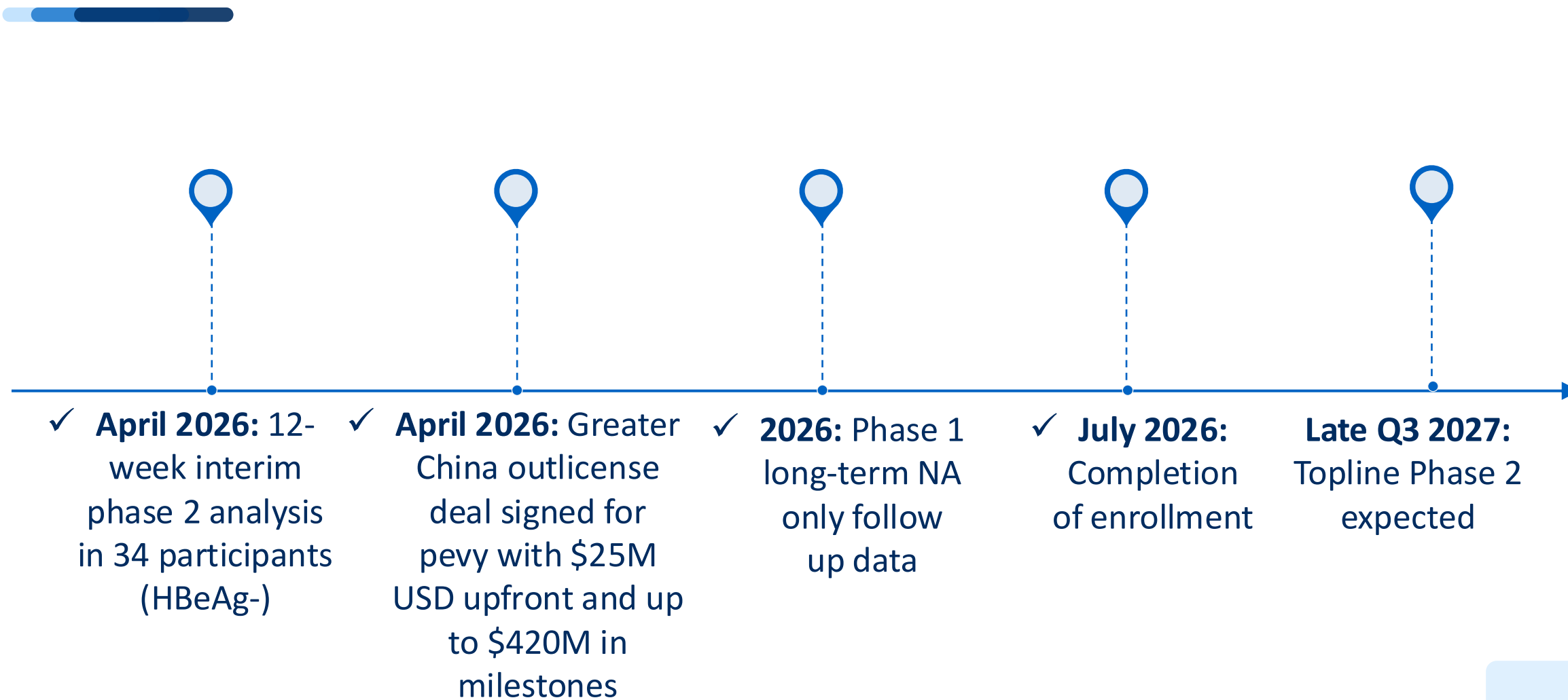
Up to \$445M in Upfront & Milestones

Aligos to receive an upfront payment of \$25M USD and is entitled to up to \$420M USD in clinical, regulatory, and sales milestones with tiered, high single-digit royalties

The future of pevifoscorvir sodium in Greater China

This agreement is expected to position pevifoscorvir sodium for greater development and regulatory success in Greater China

Pevifoscorvir Sodium Upcoming Milestones





ALG-170675

OVERVIEW

ALIGOS
THERAPEUTICS

ALG-170675

A Potential Best-in-Class ASO for Functional Cure of Chronic Hepatitis B Virus Infection

Discovered in house in a research collaboration with Amoytop, with rights in Greater China. Novel IP filed

Shown improved RNase H mediated in vivo activity over GSK-836 in mice. Similar hTLR8 agonist activity to GSK-836 was observed in vitro and in vivo

Preclinical Profile: Demonstrated advantages when compared with GSK-836 with better in vitro safety; enhanced liver exposure, liver to kidney ratio, and improved in vivo efficacy in mice

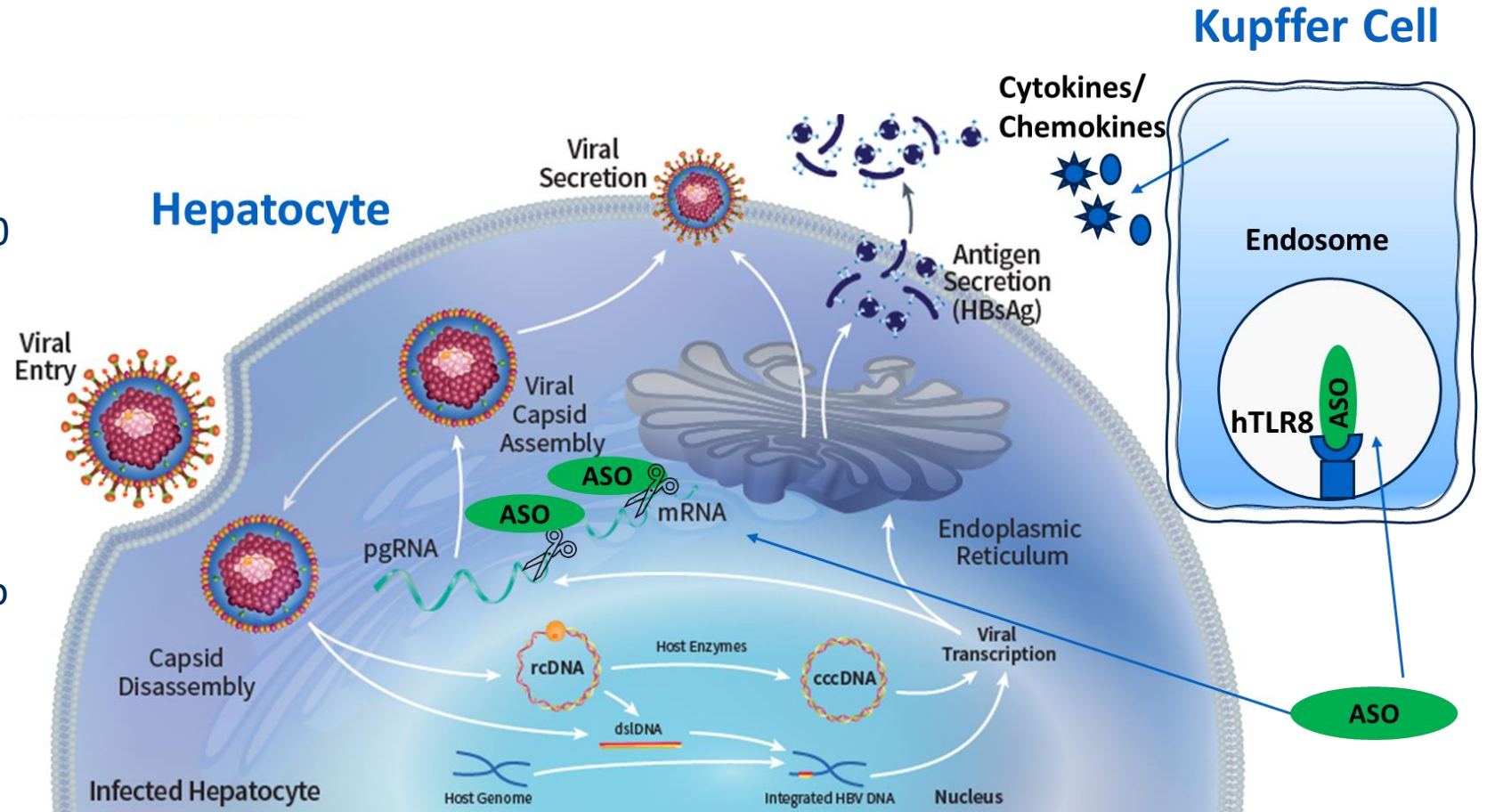
Aligos ASO nonclinical studies showed additive to synergistic effects when combined with CAM-E

Upcoming Milestones: Amoytop dosed the first participant in a Phase 1 study in China in August 2026

ALG-170675 for Chronic HBV Infection

Proposed Antisense Oligonucleotide Mechanism of Action

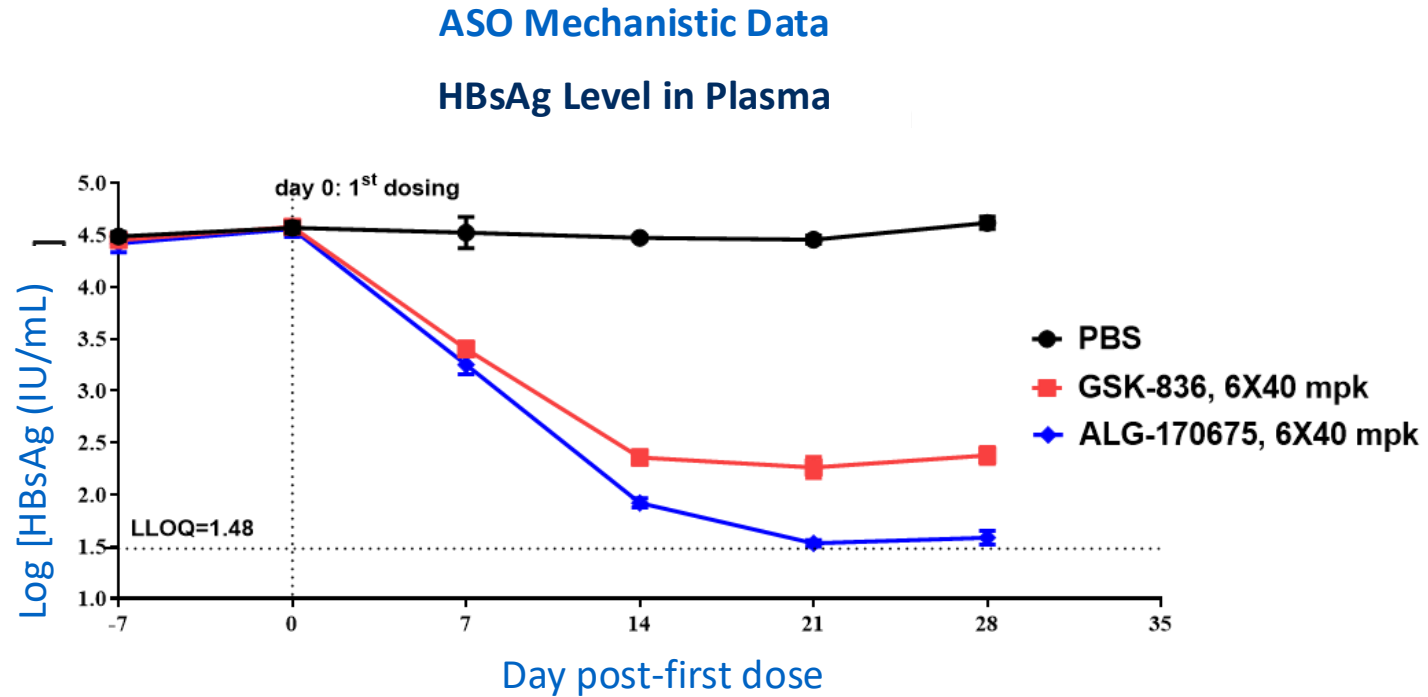
- Data with other ASOs currently in clinical trials have demonstrated that those participants with HBsAg $\leq 3,000$ IU/ml achieve a ~19% functional cure¹
- ALG-170675 is an investigational ASO targeting HBV RNA to inhibit replication and antigen production²
 - Includes TLR8 activation to enhance immune-mediated viral control
 - Designed to reduce HBV DNA and HBsAg levels



1. Hou, et al. *N Engl J Med*. 2026. 2. Hong, et. Al. AASLD 2025.

ALG-170675 Showed Improved RNase H Mediated In Vivo Activity with Improved Liver Exposure Compared to Bepirovirsen

AAV-HBV mice were dosed with PBS, ALG-170675 (40 mg/kg) and GSK-836 (40 mg/kg) on days 0, 3, 7, 10, 14, 21



Hong, et. Al. AASLD 2025.

ALG-170675 Demonstrated TLR8 Agonist Activity with Minor TLR9 Activation



HEK-Blue TLR Cell Lines

	hTLR7 Emax Fold vs. PBS	hTLR8 Emax Fold vs. PBS	hTLR9 Emax Fold vs. PBS	mTLR8 Emax Fold vs. PBS	Null Emax Fold vs. PBS
GSK-836	1.07	1.89	1.29	1.06	1.12
ALG-170675	1.03	1.87	1.18	1.06	1.07

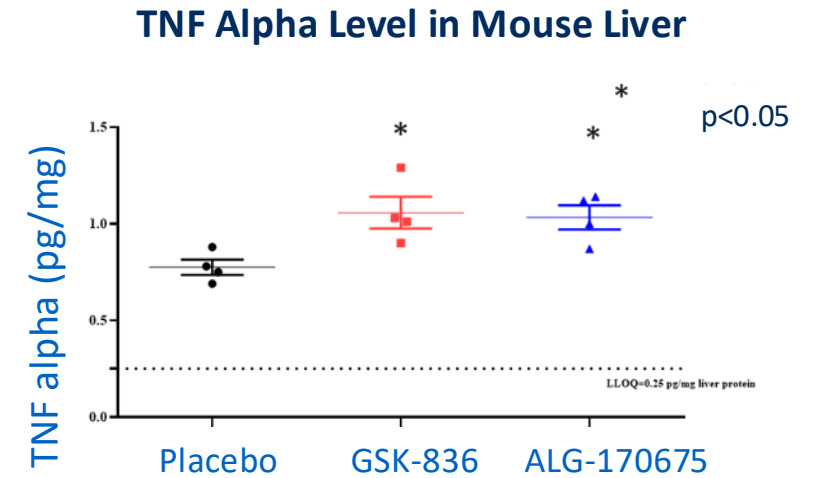
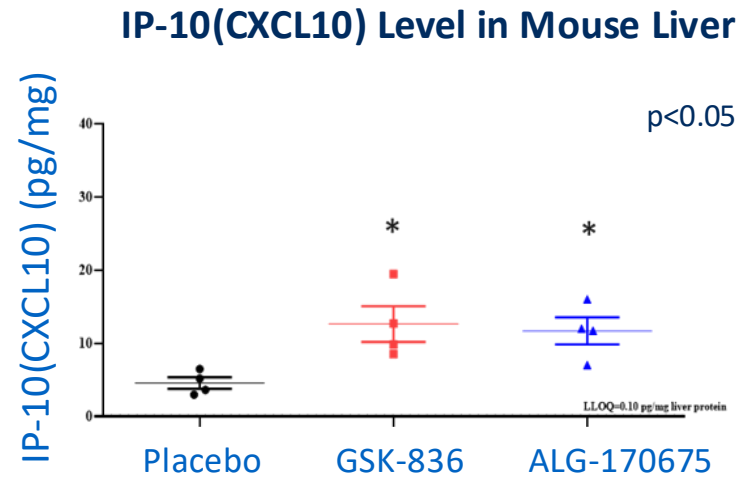
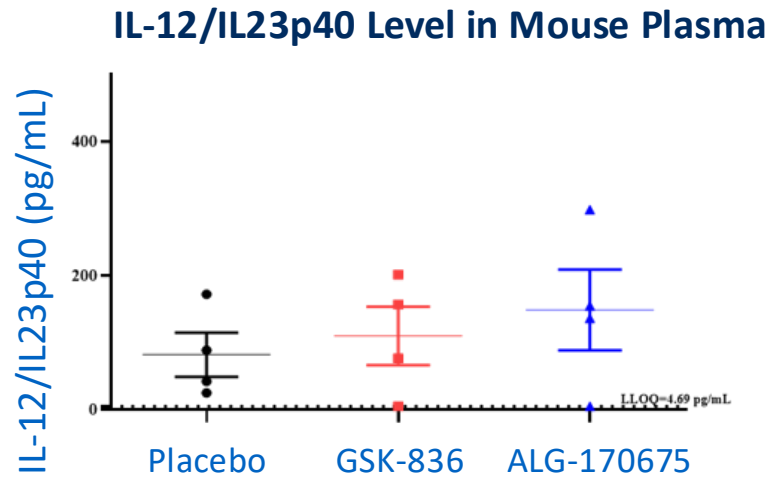
Hong, et. Al. AASLD 2025.

Similar TLR8 agonist activity to GSK-836 (bepirovirsen)

ALG-170675 Showed Similar Cytokine Induction Profiles to Bepirovirsen

hTLR8 knock-in mice were dosed with single 40 mg/kg of each ASO subcutaneously at hour 0, cytokines and chemokines were assayed at 4 hours post dosing

Immuno-Activation Data



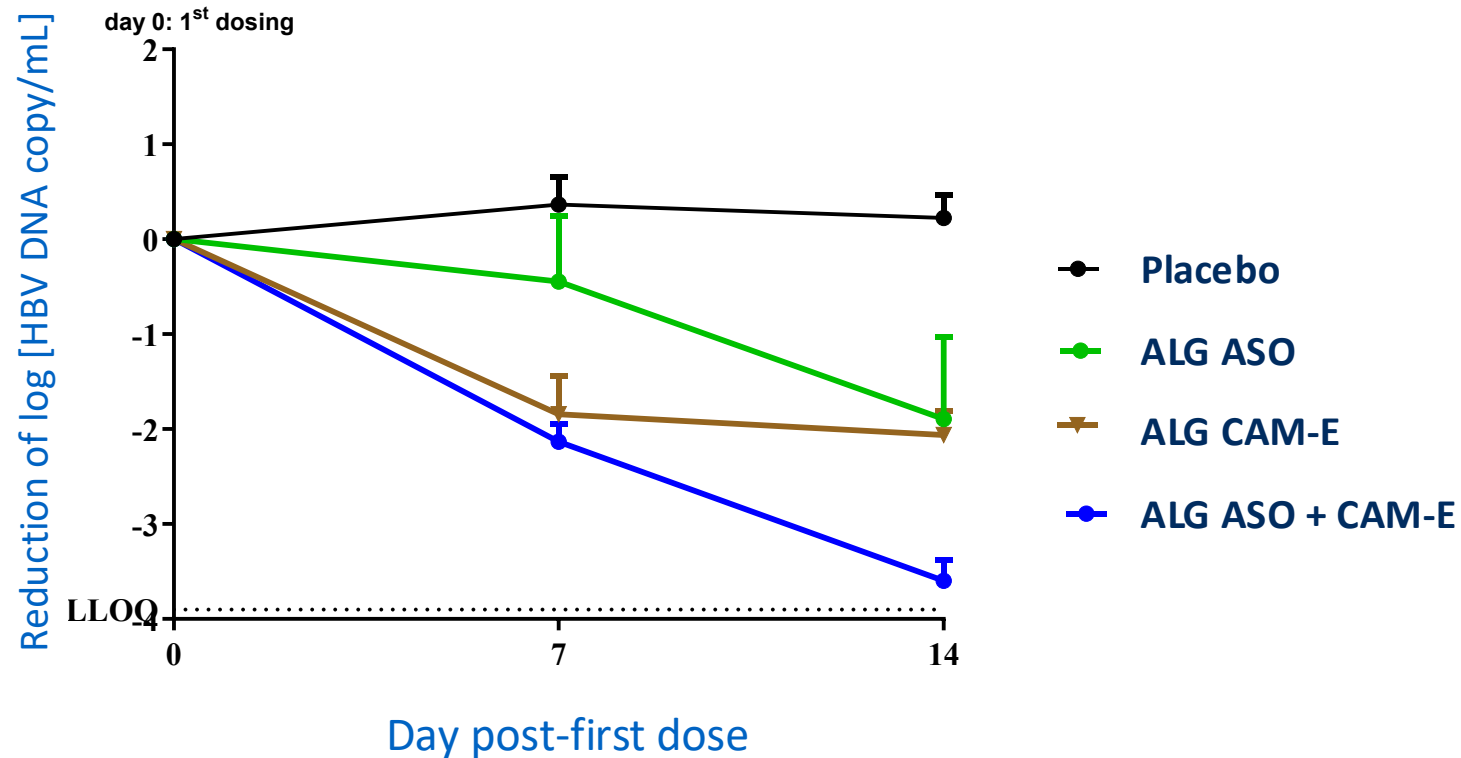
Hong, et. Al. AASLD 2025.

Nonclinical Studies Showed Additive to Synergistic Effects When Combined with CAM-E Prodrug

AAV-HBV Mouse Model



HBV DNA Level in Plasma – Reduction from Baseline



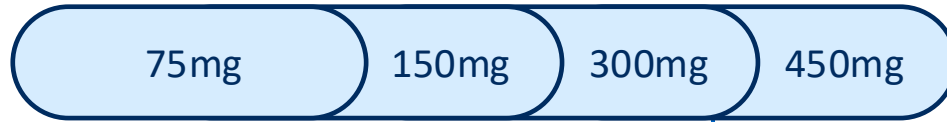
Hong, et al. EASL 2026.

ALG-170675 – Phase 1 Study Design

Study being sponsored and performed by Amoytop in China

All cohorts randomized 6:2

SAD – n of 32 (8 per cohort)



Begin MAD after completion of 300mg group

MAD – n of 24 (8 per cohort)



Begin HBV participants after completion of 150mg group

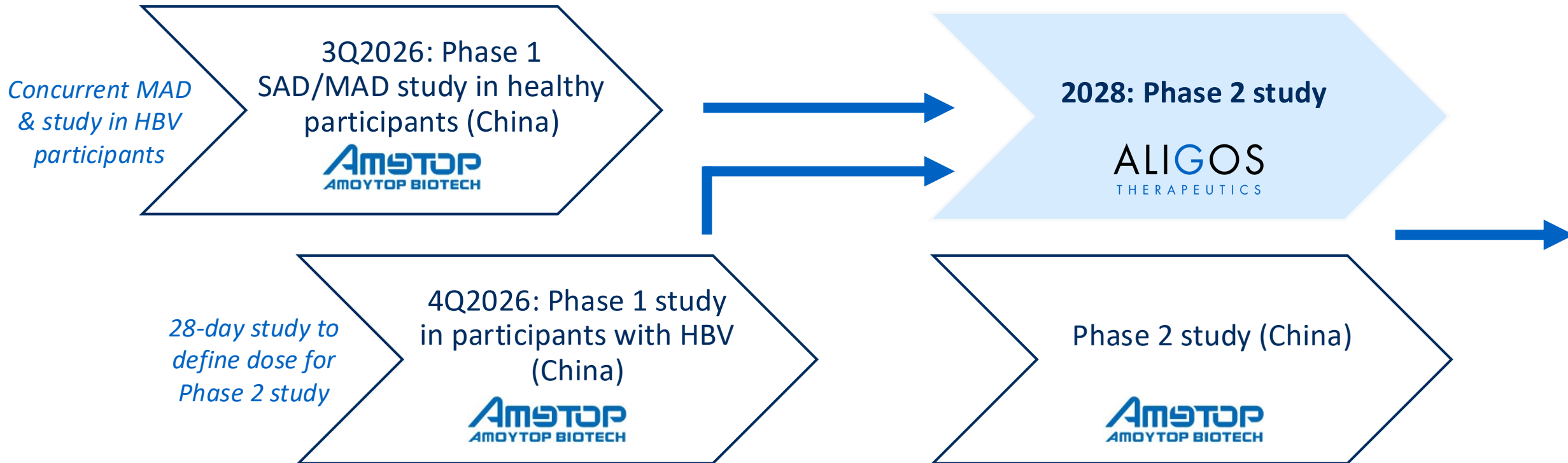
Participants with HBV –
n of 16 (8 per cohort)



Dosing QW. SAD = single ascending dose. MAD = multiple ascending dose. HBV = chronic hepatitis B virus infection.

ALG-170675 Potential Upcoming Clinical Milestones

Data sharing/co-development allows Aligos to utilize the data from the Amoytop China studies

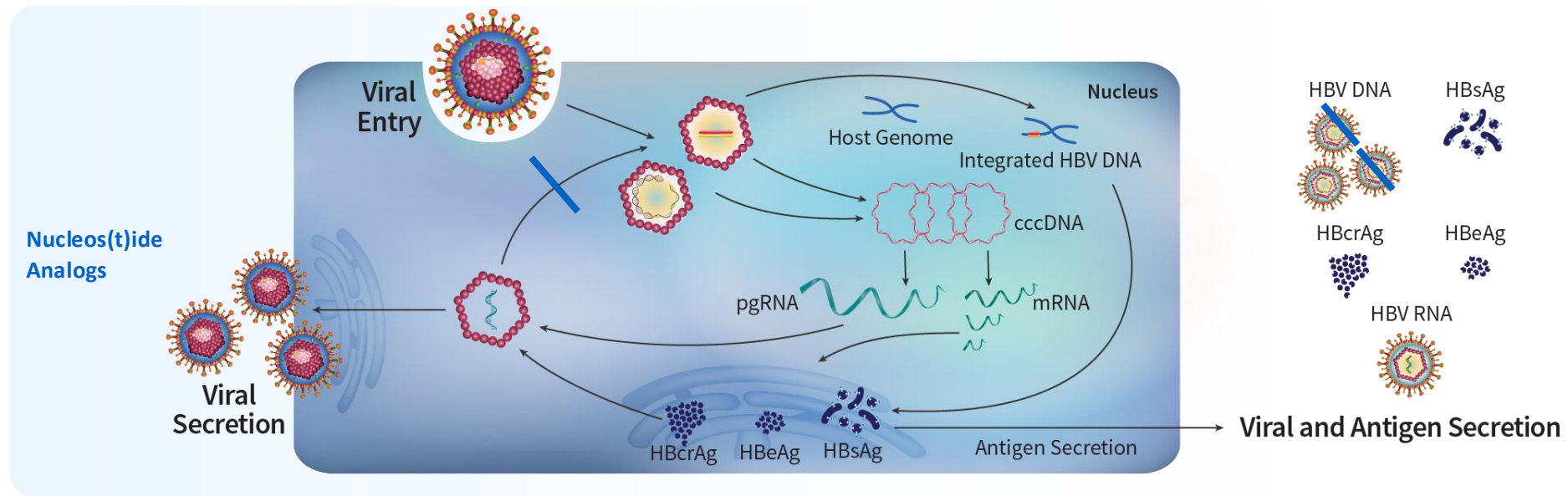


Per the executed agreement, Amoytop and Aligos have agreed to share data on ALG-170675. Each party is responsible for their own development costs.

ALIGOS
THERAPEUTICS



MOA: NAs



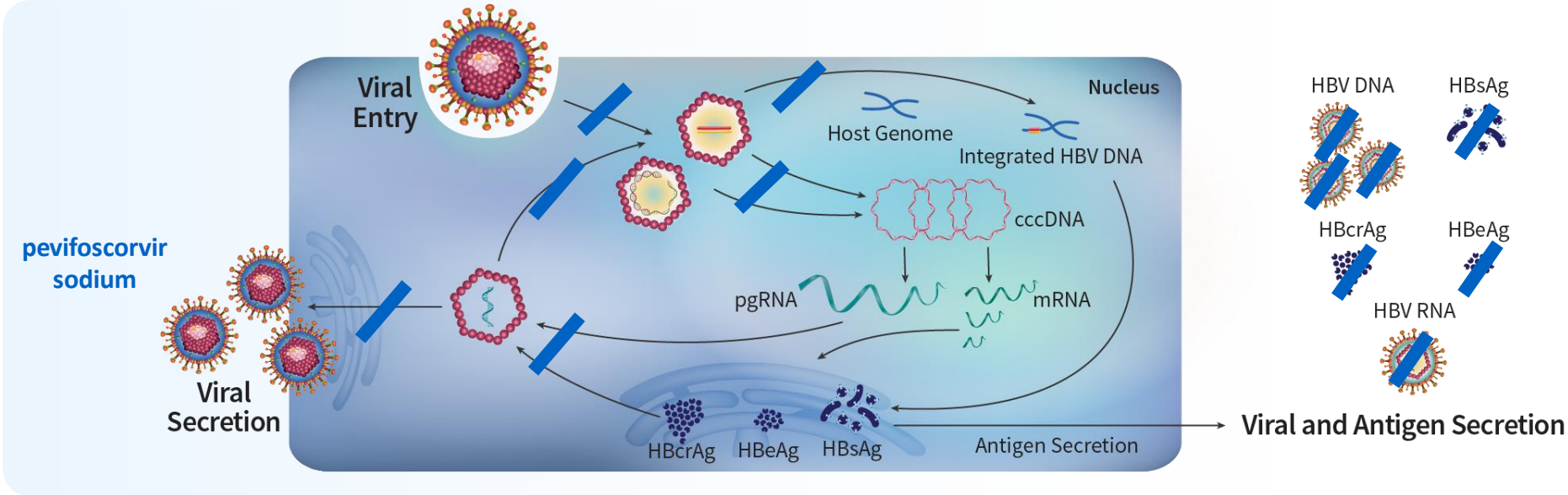
Key Attributes

- NAs improve clinical outcomes by controlling HBV replication through targeting HBV polymerase activity, **though they do not**^{1,2}:
 - Affect cccDNA^{2,3}
 - Substantially lower HBsAg and HBcrAg³
 - Completely inhibit rcDNA synthesis from pgRNA¹
 - Lead to HBeAg seroconversion above the spontaneous rate⁴

1. Martinez MG, et al. *J Hepatol.* 2021;75(3):706-717. 2. Boyd A, et al. *J Hepatol.* 2016;65(4):683-691. 3. Broquetas T, Carrión JA. *Hepat Med.* 2022;14:87-100. 4. Xing T, et al. *PLoS One.* 2017;12(1):e0169444.

Pevifoscorvir Sodium (CAM-E): A Paradigm Shift in the Treatment of HBV

Suppressing the Three Drivers of Liver Disease/Cancer



The three drivers of chronic HBV infection that can lead to cirrhosis and/or HCC:

	1 REPLICATION	2 INTEGRATION	3 RESERVOIR
Pevifoscorvir sodium	✓	✓	✓
Nucleos(t)ide Analogs	✓	X	X

Pevifoscorvir Sodium: A Favorable Profile

In vitro: potency vs. first generation CAM-Es

Compound	Current Status	HBV DNA reduction (EC ₅₀ nM)	Cell Type	Knockdown of HBV Antigens in the Clinic as Monotherapy	
Aligos pevifoscorvir sodium ¹	Phase 2	0.63	HepG2.117	✓	2 nd Generation
		0.53	HepG2.2.15	✓	
Assembly ABI-4334	Phase 1 – Seeking Collaboration, GILD Passed	1.2	AD38	X	1 st Generation
Assembly ABI-H0731 (vebicorvir)	Discontinued	172	AD38	X	
Janssen JNJ-56136379 (bersacapavir)	Discontinued	54	HepG2.117	X	
Arbutus AB-836	Discontinued	10	HepDE19	X	
Canocapavir (ZM-H1505R)	Phase 3 (China Only)	10-12	HepG2.115	X	
Neracorvir (GST-HG141)	Phase 3 (China Only)	8.16	HepG2.115	X	