Kira PHARMA

JASPER THERAPEUTICS

Safe Harbor Statements

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Overview of the Merger Transaction and Financing

Merger creates a combined company with deep expertise in antibody drug development and immunologically-driven disorders

Merger

- On July 16, 2026, Kira Pharmaceuticals ("Kira") and Jasper Therapeutics, Inc. (NASDAQ: JSPR) entered into a merger agreement whereby Jasper acquired all outstanding shares of Kira in in an all-stock transaction, and concurrently raised $132 million in a PIPE offering
- On a fully diluted basis, assuming exercise of all outstanding equity instruments and conversion of all preferred stock issued in connection with the merger and the PIPE offering:
  - Equityholders of Jasper immediately prior to the transaction will own approximately 6.68% of Jasper's common stock,
  - Equityholders of Kira immediately prior to the acquisition will own approximately 49.86% of Jasper's common stock, and
  - Investors in the private placement financing will own approximately 43.46% of Jasper's common stock
  - The total number of shares of Jasper common stock outstanding would be approximately 653.6 million (on an as-converted-to-common basis)
- In connection with the acquisition of Kira, each holder of Jasper common stock as of immediately before the closing of the transaction will receive a non-transferrable contingent value right ("CVR") entitling holders to receive an aggregate $30 million in payments related to Jasper obtaining a priority review voucher ("PRV") for briquilimab by the end of 2028. Payments under the CVR shall only be due upon the monetization of the CVR or in the event of an acquisition of the Combined Company.

Concurrent PIPE

- Concurrent with the merger, Jasper entered into a securities purchase agreement pursuant to which Jasper agreed to sell approximately 4.7 million shares of preferred stock for an aggregate purchase price of approximately $132M

Use of proceeds focused on key value drivers:

- KP 104 - Research and development of Ph. 2, interim Stage 1 and Stage 2 data in rare renal disorders,
- KP-104 Ph. 3 initiation in PNH
- Briquilimab pre-BLA meeting in SCID
- KP-701 Ph. 1b data / Ph. 2 initiation in B-cell mediated diseases
- General corporate expenses and working capital needs

Strong balance sheet expected to fund multiple anticipated clinical milestones and operating plan through 2H 2028

Out-License

- Kira has out-licensed KP-301, a preclinical long-acting anti-C5a monoclonal antibody, and KP-402, a small molecule C5a receptor antagonist, **to Mirador Therapeutics**
- The out-licensing transaction will provide an upfront payment of $12M, and potential development and sales milestone payments

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Jasper Executive Team

Experienced drug developers focused on driving value

Jeet Mahal
Chief Executive Officer

Biotech executive and Board member with 30+ years of experience in development & commercialization

JASPER THERAPEUTICS · celito · PORTOLA · Johnson&Johnson

Herb Cross
Chief Financial Officer

Biotech executive with extensive experience in leadership roles at publicly traded biotech companies

JASPER THERAPEUTICS · ARMO BIOSCIENCES · ATRECA · AFFYMAX · KaloBios

Greg Keenan, MD
Chief Medical Officer

Rheumatologist, antibody drug developer & former CMO at publicly traded biotechs

Perelman School of Medicine · MedImmune · Aurinia · AstraZeneca · VALENZABio

Matthew Ros
Chief Operating Officer

Former COO / CFO and Board member at publicly traded pharma companies

cogent BIOSCIENCES · VERASTEM ONCOLOGY · Fore · Epizyme · ARIAD · Bristol Myers Squibb · sanofi

Wenru Song, MD, PhD
Executive Vice President and Head of R&D

Ex-VP level clinical positions at large pharma companies

AstraZeneca · Takeda · Pfizer · Stanford MEDICINE

The Combined Company Plans to Deliver Innovative Therapeutics in Immunologically-Driven Disorders

Significant Global Opportunity

- $14B+ addressable market across complement-mediated disorders[1]

KP-104 (C5 + Factor H)

- **Phase 2/3 ready in renal and hematology indications**
- Innovative, bifunctional biologic targeting both alternative & terminal pathways
- Preclinical data demonstrated potential superiority vs. single pathway therapies (C5, Factor B, or C3 alone)
- Kira's China subsidiary fully supports the efficient and quality execution of a Phase 2 trial in China

Briquilimab (anti-KIT)

- **Potential BLA path in SCID conditioning and broad optionality in large markets**
- Potential best-in-class conditioning agent for SCID & Fanconi; planning pre-BLA / Type C meeting on approval pathway
  - Program has Orphan Drug & Fast Track Designation + Rare Pediatric Disease Designation in SCID
- Optionality to explore Briquilimab in mast-cell mediated disorders (e.g., CSU, food allergies)

Broad Portfolio

- **KP-701** (long-acting CD79B) – potential best-in-class B-cell targeting therapy for early disease setting treatment, CTA/IND-ready
- Multiple other programs targeting validated targets

Experienced Leadership Team

- The Combined Company is expected to be led by a core team of experienced biopharma industry experts, seeking to address critical unmet need in immunologically-driven disorders

1) Evaluate Pharma annual worldwide sales estimates

Innovative Pipeline Targeting High Value Immunology Targets

	Mechanism of Action	Indication	IND	Phase 1	Phase 2	Phase 3	Expected Upcoming Milestones
KP-104	Anti-C5 mAb + Factor H Bifunctional Biologic	IgA Nephropathy (IgAN), Complement 3 Glomerulopathy (C3G), Focal Segmental Glomerulosclerosis (FSGS)	**Phase 2 Basket Trial**				**Q4 '26:** Interim data (Stage 1) **Q2 '27:** Updated data (Stage 1) **Q2 '27:** Interim data (Stage 2)
		Paroxysmal Nocturnal Hemoglobinuria (PNH)	**Phase 3 Ready**				**1H '27:** EOP2 FDA meeting
		New Indication	**Phase 2 Ready**				**Q4 '26:** Phase 2 plans
Briquilimab	Anti-KIT	SCID Conditioning	**Pre-BLA Discussion**				**Q4 '26:** Update on SCID program **Q1 '27:** Receive regulatory guidance
		Mast-Cell Mediated Diseases	**Phase 2 Ready**				**2H '26:** Update on next steps
KP-701	Anti-CD79B	Autoantibody-Mediated Disorders	**Phase 1 Ready**				**Q1 '27:** File Phase 1 CTA/IND **Q3 '27:** Phase 1a HV data
Discovery	Long-Acting Complement Targeted Biologics	Autoimmune Inflammatory Disorders					**Mid '27:** DC selection

All assets have global rights & extensive IP portfolios

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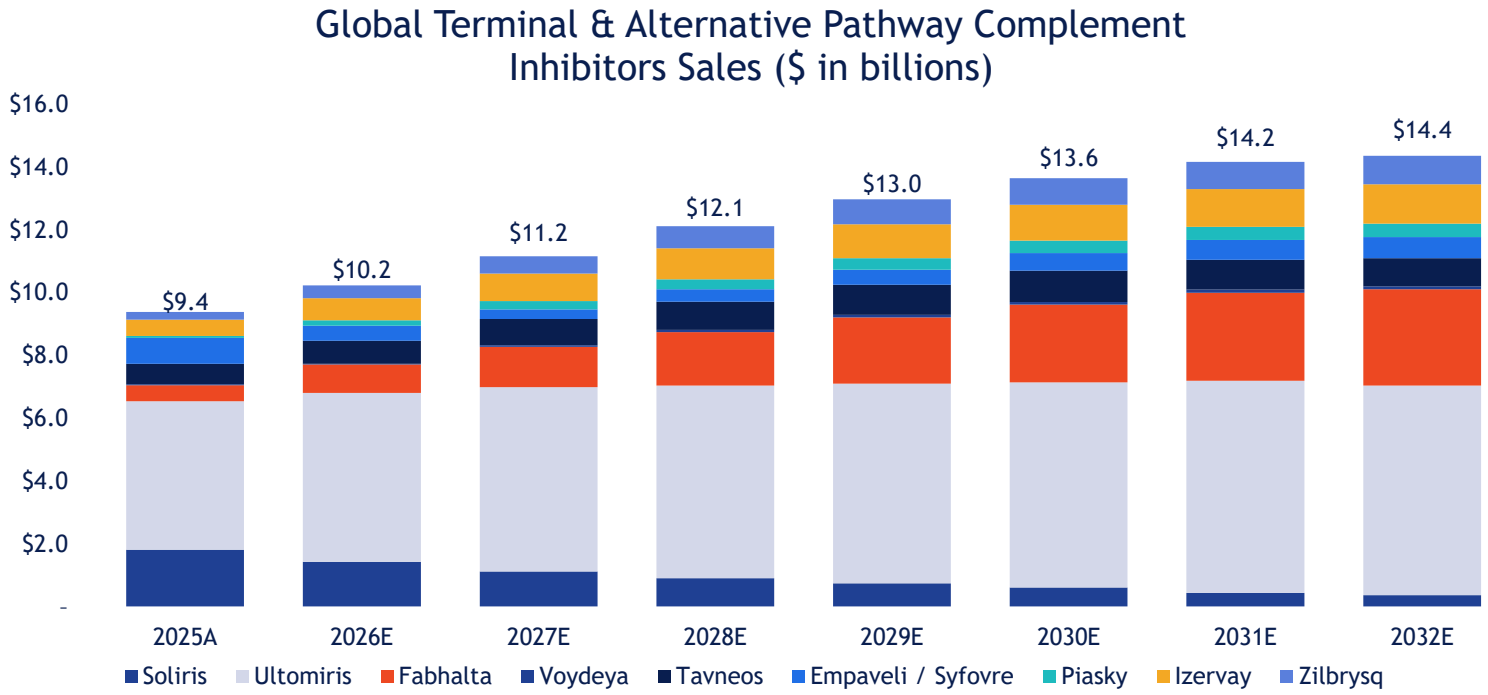
$14B+ Addressable Market in Complement Disorders Driving Robust BD Activity

Value Proposition

- Combined Company's differentiated complement portfolio includes dual MOA beyond single-pathway agents and long-acting complement inhibitors
- Opportunity to unlock multiple high-value indications in renal and hematology
- Well-positioned to capture share in $14B+ addressable market
- 14 FDA approved complement inhibitors across 10+ indications, including IgAN and C3G



Sources: Evaluate Pharma, company press releases

KP-104 (Vensobafusp alfa)

Anti-C5 mAb + Factor H Bifunctional Biologic

KP-104: Dual-Action, Potential Best-in-Class Complement Inhibitor

KP-104 is
Phase 2/3-ready

- Potentially favorable PK & safety observed in PNH
- Extended half-life and dual-pathway coverage may **unlock a dosing & efficacy advantage** over single-pathway agents
- Data from Stage 1 & Stage 2 in Q4'26 and Q2'27

Dual Mechanism of Action:

- Simultaneous blockade of the alternative pathway (via Factor H control) and terminal pathway (via C5 inhibition) – addressing both **upstream** activation and **downstream** lytic damage

Validated Rationale:

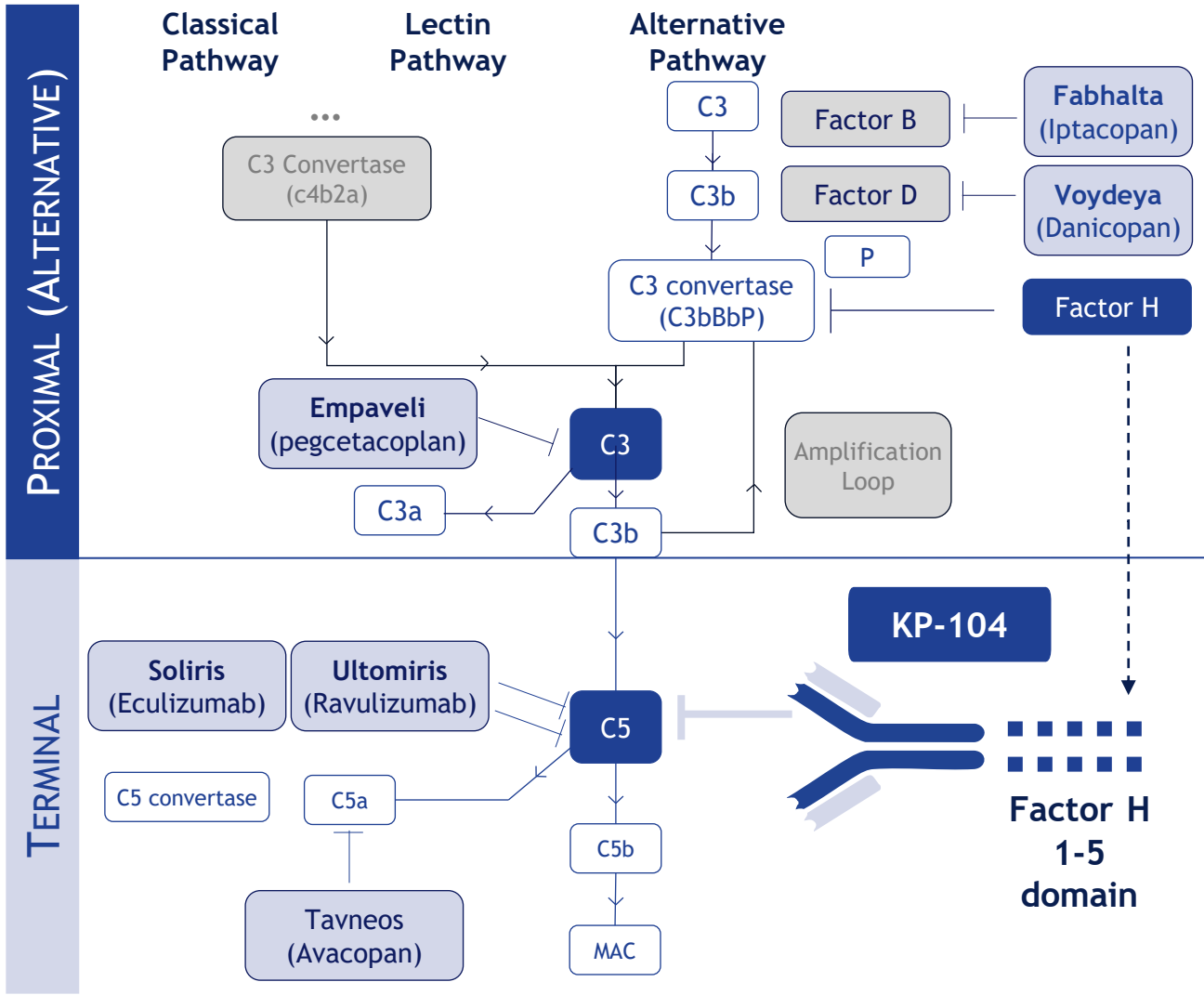
- Complement dysregulation – particularly alternative pathway amplification and MAC formation – is well-documented across multiple renal disorders (IgAN, C3G, aHUS, etc.)

Translational Strategy:

- Basket study design enables rapid generation of proof-of-concept data across high-unmet-need nephrology indications; IgAN and C3G starting cohorts in Stage 1 anticipated as leverageable for potential read through for other indications in Stage 2 (e.g., FSGS and other renal disorders)

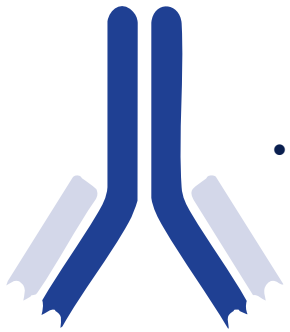
A novel monoclonal antibody with promising proof-of-concept data in PNH and broad potential in nephrology

Introducing KP-104: Dual Inhibition Unlocks Broad Applicability Across PNH and Other Complement-Driven Diseases



KP-104: Dual-targeting of Terminal (C5) and Alternative (Factor H) Pathways

- **Factor H** modulates AP amplification, rather than fully blocking AP (e.g., Factor B MOA)
- A more fine-tuned approach aims to reduce systemic infection liability and spare complement function needed to preserve host defense



- Anti-C5 antibody engineered for a **longer half-life** with similar potency to ravulizumab
- Unique **C5- and C5b-binding** epitope preventing MAC formation

KP-104: Potential Best-in-Class Profile Across Multiple Indications (Renal, Hematology)

Target Product Profile

Dual Complement Blockade

- Simultaneously inhibits C5 cleavage and enhances Factor H activity, uniquely addressing both effector and amplification loops

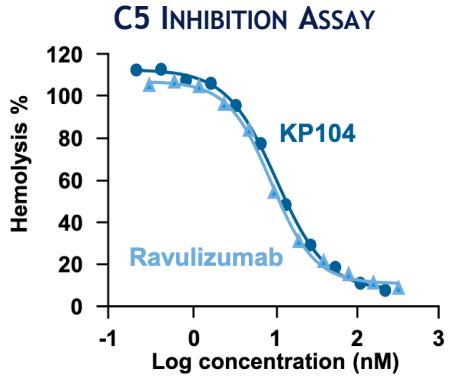
Mechanistic Rationale

- **C5 Inhibition:** Prevent MAC cytotoxicity and C5a-mediated inflammation
- **Factor H Modulation:** Restores the regulation of the alternative pathway, preventing continuous C3b amplification

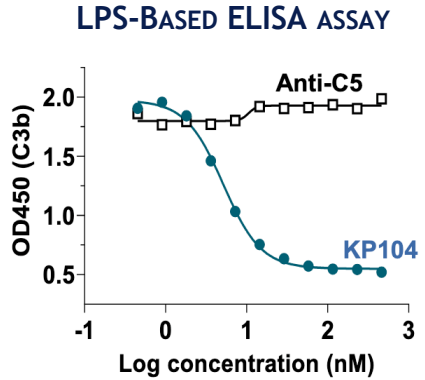
Goal

- Durable control of complement activation upstream and downstream – "reset" rather than single-node blockade

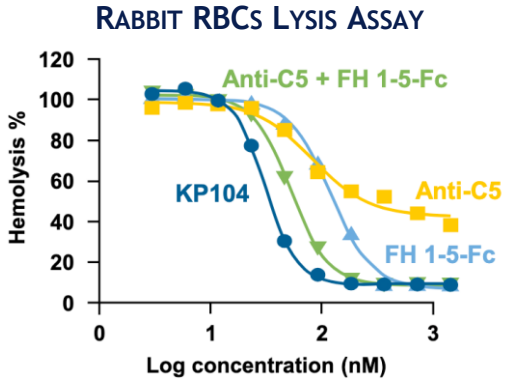
KP-104 as potent as Ravulizumab in inhibiting CP-triggered terminal pathway complement activation*



Unlike anti-C5 mABs, KP-104 also inhibits AP complement*



KP-104 is **more potent** than anti-C5 mAb or Factor H SCR1-5-Fc (alone or combined) in inhibiting AP-triggered terminal pathway complement activation*



KP-104 more potent than:

- Anti-C5 mAb alone
- Alternative pathway (AP) regulatory (Factor H1-5-Fc) alone
- Anti-C5 mAb and AP regulator (FH1-5-Fc) together

Source: Internal data
*Head-to-Head Study

KP-104: Phase 2 48-Week+ Results Showed Favorable Efficacy Profile in PNH

Summary of Phase 2 48-eek results

100%	Hgb ≥2g/dl increase from baseline
6.6 g/dL	Hgb increase from baseline
89%	Hgb normalization (≥12 g/dL)
94%	LDH <1.5x ULN (with near normal LDH)
100%	Transfusion avoidance
100%	Clinically significant improvement in QoL

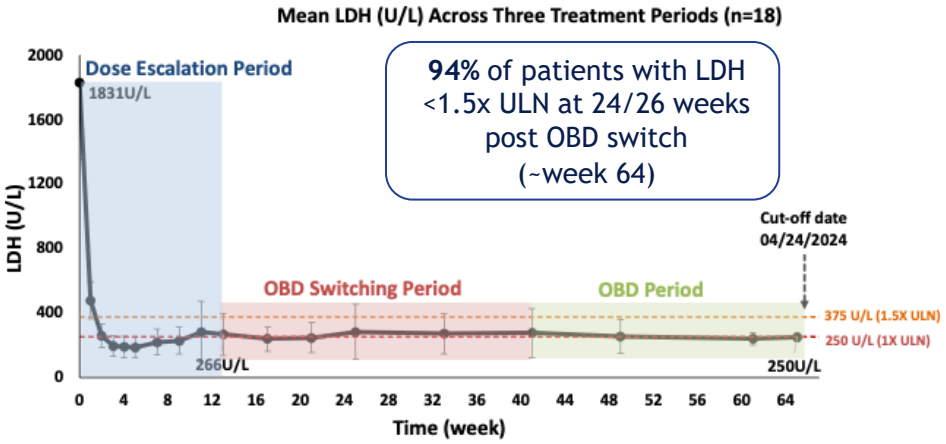
Confirming long-term effects of KP-104 in naïve PNH patients

- Consistent and favorable safety profile
- Improved and sustained clinical responses at OBD treatment
- Demonstrated effectiveness in controlling IVH and EVH

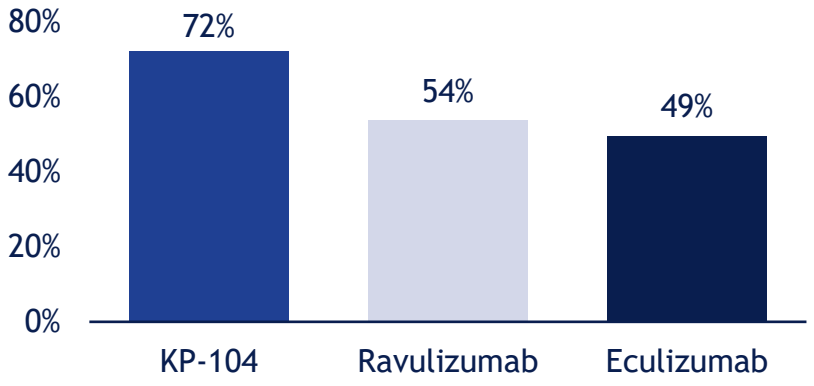
Strong clinical data supporting KP-104 as a potential standard of care

- Potent, potential first-in-class bifunctional complement inhibitor
- Potential new first-line monotherapy for PNH
- Favorable efficacy and safety profile

Normalized LDH by KP-104 as Supported long-erm clinical benefit correlation of Significant Thrombosis Reduction



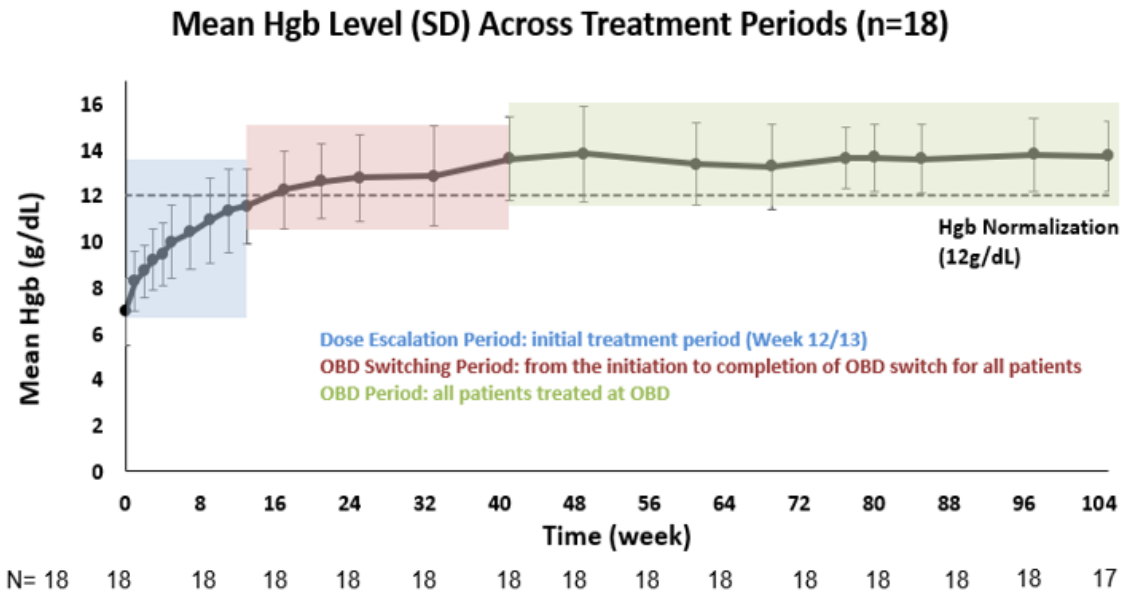
% Patients with LDH <1x ULN at 24/26 Weeks[1]

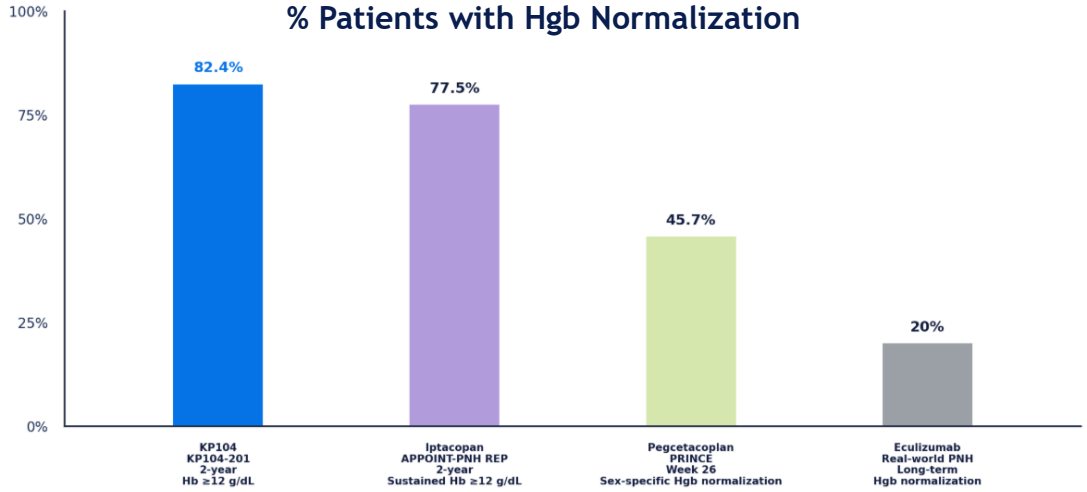


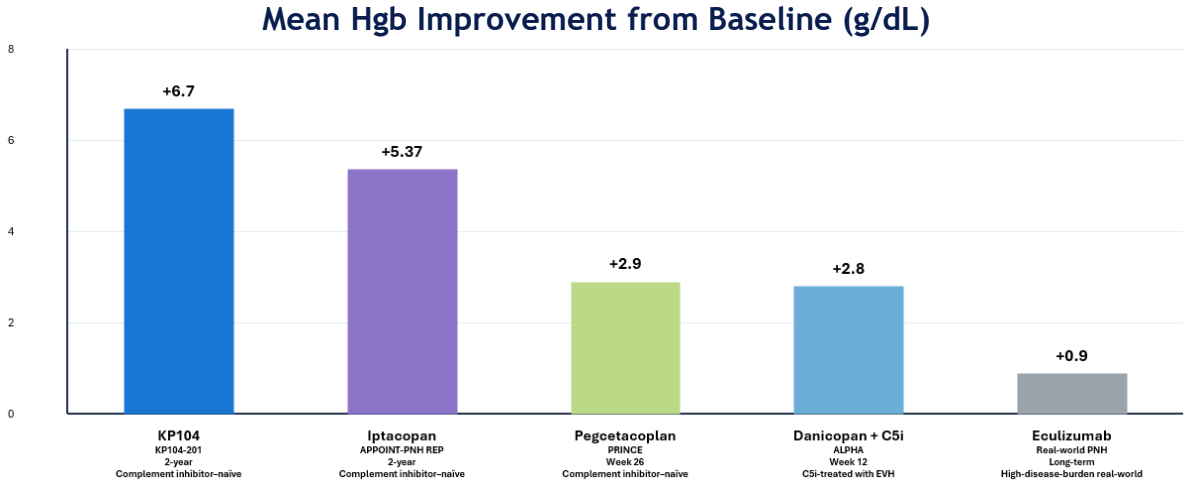
1) Ravulizumab and eculizumab data from Lee, J. et al. Blood (2019) 133 (6): 530-539, Doi.org/10.1182/blood-2018-09-876136 - LDH normalization co-primary endpoint at day 183 (~26 weeks)
OBD: Optimal biologic dose

PNH-201: KP-104 Dual Inhibition Drives Durable Hgb Improvement with Hgb Normalization in 82% of Patients at 2 Years

Sustained Hgb Improvement Reflects Controls of Both IVH and EVH with KP-104



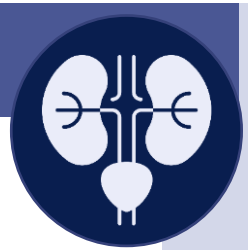




Sources: KP104: ASH 2025 abstract, KP104-201 Phase 2 2-year update. Iptacopan: EHA 2025 poster PF660, APPOINT-PNH REP 2-year follow-up. Pegcetacoplan: PRINCE Phase 3 study, Week 26.

KP-104's Unique MOA Enables Potential Expansion into Other Indications Beyond PNH

Lead Asset (KP-104) Opportunities

		Estimated Market Opportunity:
Hematology	**Paroxysmal Nocturnal Hemoglobinuria (PNH) – Clinically Validated** Complement-Mediated Thrombotic Microangiopathy (CM-TMA) Atypical Hemolytic Uremic Syndrome (aHUS)	**PNH[1]: 28K** patients **aHUS[1]: 9K** patients (US, EU5, Japan & China)
Renal 	**IgA Nephropathy (IgAN)** **C3 Glomerulopathy (C3G) – Potential Best-in-Class Profile** **Focal Segmental Glomerulosclerosis (FSGS)** Immune Complex-Mediated Membranoproliferative Glomerulonephritis (IC-MPGN) **Diabetic Kidney Disease (DKD)** **Other renal disorders under consideration**	**IgAN[2]: 27k** patients **C3G[2]: 4.3k** patients **FSGS[2]: 6.5k** patients **>$9B** US market opportunity[2]
Other	**Neurology:** Neuromyelitis Optica Spectrum Disorder (NMOSD), Generalized (ACHR+) Myasthenia Gravis (gMG)	**gMG[1]: 260K** patients **NMOSD[1]: 25K** patients (US, EU5, Japan & China)

1) Alexion R&D Day 2024
2) Novartis Renal Portfolio Investor Event and Target Patient Population 2023, Cantor KOL estimates, LifeSci Vera Therapeutics model

KP-104 is Being Evaluated in an Ongoing Phase 2 Basket Study in Rare Renal Indications With Potential to Achieve Fast POC

Opportunity to demonstrate KP-104's best-in-class potential and differentiated profile in renal indications vs. other complement inhibitors

IgAN

- IgAN pathogenesis involves both alternative pathway (AP) and lectin pathway (LP) complement

C3G

- KP-104 demonstrated best-in-class potential, with improvements observed in renal function and pathology including C3 and C9 glomeruli deposition elimination compared to C5 mAb alone

FSGS and Other Renal Disorders

- Robust *in vitro* and *in vivo* data supporting multiple complement pathway in FSGS
- Opportunity to expand into other renal disorders

Briquilimab

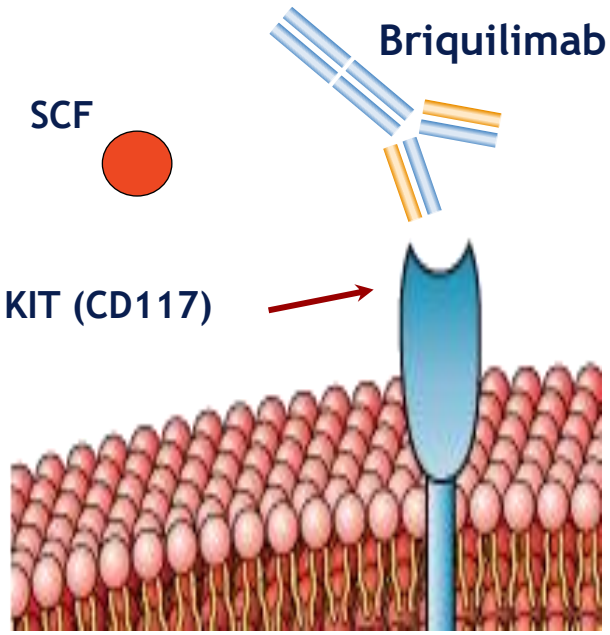
Potential Best-in-Class Anti-KIT Antibody

Briquilimab: Broad Therapeutic Potential Across Transplant & Immunology

Update on SCID program in Q4'26 & regulatory feedback expected in Q1'27

Briquilimab

Blocks SCF binding to KIT (CD117) to directly inhibit receptor signaling



Validated Mechanism of Action

- **Briquilimab is designed to directly block SCF from binding to KIT (CD117) with high affinity and avidity**
- Aglycoslyated IgG1 antibody directly inhibits stem cell factor from binding to the KIT receptor on mast and stem cells
- Inhibition of SCF signaling leads to depletion of mast cells in the skin and migration of hematopoietic stem cells from the bone marrow
- Wide therapeutic potential across a range of mast and stem cell-mediated diseases

Favorable Drug Properties

- Kd < 5pM affinity to human KIT with IC50 ~ 70pM
- Human mast cell survival bioassay IC50 ~12.5nM
- No Fc mediated ADCC or complement mediated cytotoxicity which reduces risk of adverse effects
- Human clinical data as IV or Sub-Q delivery

Encouraging Clinical Profile

- Predictable clearance from ages 3 to 79
- Demonstrated single agent lasting depletion of mast cells
- Demonstrated efficacy in multiple stem cell transplant and mast cell mediated disease studies
- Favorable safety profile demonstrated in over 200 clinical participants

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Briquilimab: A Differentiated Program in Transplant & Allergic Disorders

SCID, Fanconi, Sickle Cell and AML / MDS: N = ~40

- Positive, long-term data supporting use of Briquilimab for conditioning in HSCT
- **Results show successful donor chimerism and reconstitution of hematopoietic and immune systems**
- Favorable chronic safety profile with potential for differentiation
- Potential BLA filing in SCID
  - Rare Pediatric Disease Designation
  - Discuss path to BLA with FDA with data from first twelve patients

BEACON TRIAL +

CSU: N = 87
H1-AH[1] failed

- Deep disease control with ΔUAS7>25 in multiple cohorts
- Rapid onset with CRs observed as early as week 2
- >50% CR rate at 4 weeks post-dose in multiple dose cohorts[2]
- Favorable chronic safety profile with potential for differentiation
- Phase 2b protocol submitted to FDA

SPOTLIGHT TRIAL + Open-Label Extension

CIndU: N = 27
H1-AH failed (ColdU and SD)

- 92% CRs with 180mg single dose
- 67% CR by week 2 (180mg SD)
- 65% CR / WC maintained with 180mg Q8W in open-label extension
- Favorable safety profile observed

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1) H1-AH: H1 receptor targeted antihistamine
2) Measured 4 week after initial dose for single dose patients and 4 weeks post-dose for patients dosed Q8W or Q12W

Briquilimab: Potential US Licensing Pathway & PRV Opportunity for SCID

SCID and Fanconi anemia are difficult to treat ultra-orphan disorders where HCT is the only proven cure, but challenging setting due to limited pre-conditioning options

Multiple Potential FDA Filing Strategies:

- SCID re-transplant patients are ultra orphan, high unmet need population
- Focused on data with Briquilimab in 11 SCID re-transplant T-B- patients
  - Immune reconstitution (chimerism, naïve T-cells)
  - Function immunity (reduction of IVIG, infections, response to vaccination)
- Additional longitudinal data in existing patients and separate natural history data
- Combined Company has 5-year follow up data in patients
- Example: Rocket Pharmaceuticals recent approval of KRESLADI provides roadmap to support approval path

- Allogeneic stem cell transplant can restore bone marrow and blood formation in Fanconi anemia patients
- Development strategy:
  - Discuss path to BLA with FDA with 2 yr-data in first three patients
  - Consider expansion to additional clinical sites following FDA discussion
- Successful development of Briquilimab in Fanconi anemia may lead to rare pediatric disease designation and a Priority Review Voucher

Briquilimab granted Rare Pediatric Disease Designation in SCID and may be eligible for Priority Review Voucher (PRV) with approval

Briquilimab: Rapid and Deep Control of Chronic Spontaneous Urticaria

Target Product Profile

Potency

- Direct blockade of SCF binding site
- High affinity c-Kit (K_d <5pM) and potency (IC50 70pM)

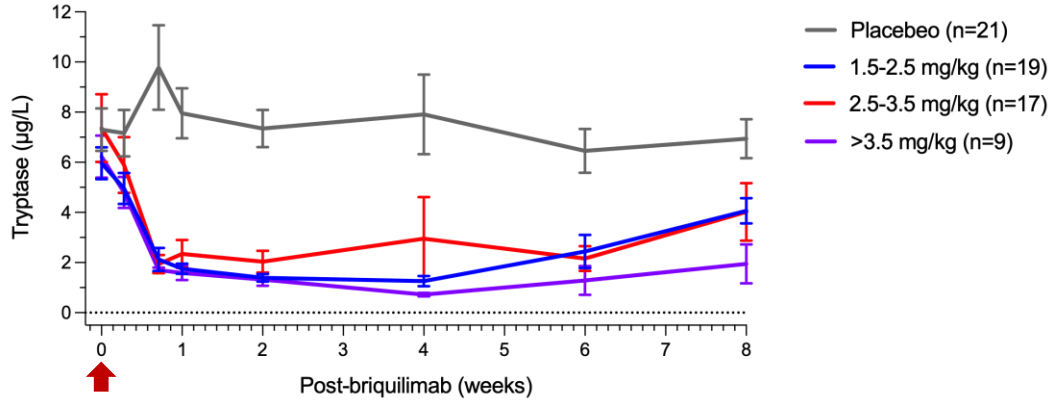
Speed

- Rapid T_{max} and high C_{max}
- Over 50% Complete Responses (CRs) and >25pt UAS7 reduction by week 4 in multiple cohorts

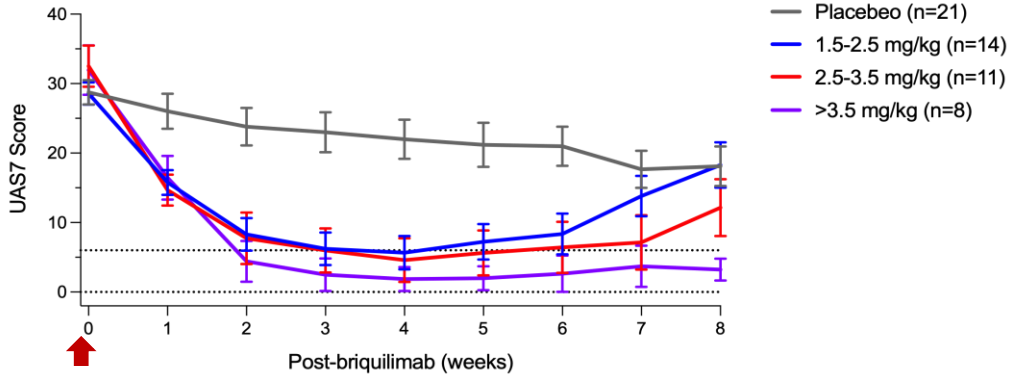
Clearance

- Nine-day subcutaneous half life
- Allows restoration of KIT signaling between doses to minimize unwanted hair and skin effects

Briquilimab rapidly suppresses serum tryptase by week 1 and maintains suppression to week 8 with single dose (BEACON)



Briquilimab rapidly leads to complete response that is maintained through 8 weeks with single dose (BEACON)



KP-701

Potentially Best-in-Class Anti-CD79BxCD32B

New Emphasis Beyond Conventional B-Cell Depletion MOAs

KP-701 (CD79BxCD32B): potential best-in-class B-cell control

Validated Target with Human POC

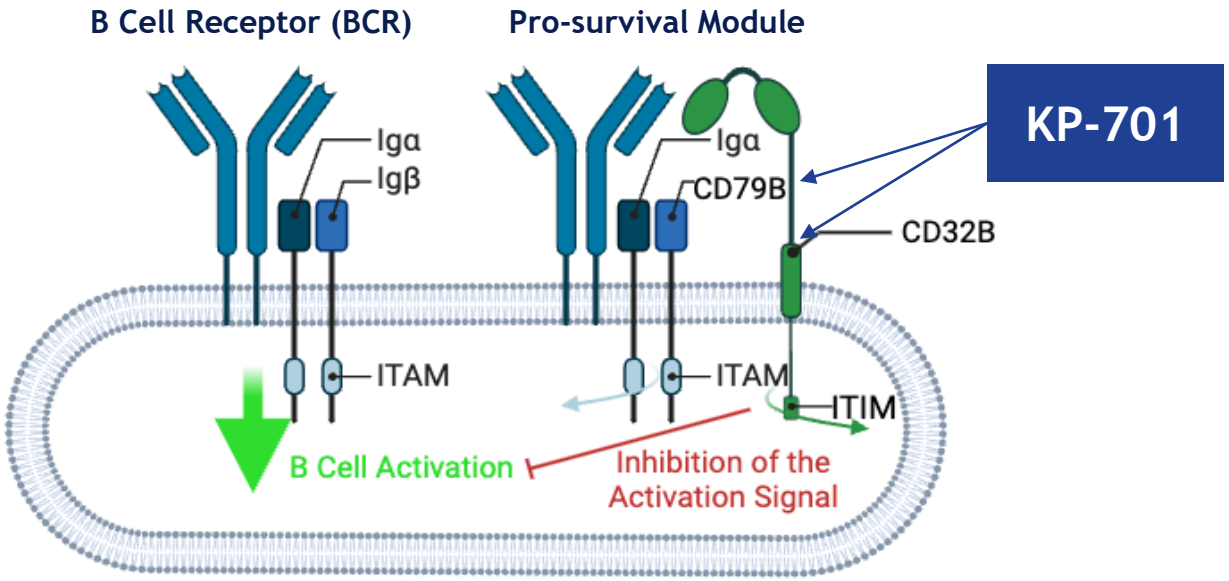
- Human genetics supports B-cell control
- Prior proof-of-concept with weaker molecules & similar Fc constructs (e.g., PRV3279, Obexelimab)
- Recent positive Obexelimab Phase 2 & Phase 3 data
- Platform program to build around (e.g., FcRn & APRIL / BAFF class)
- Multiple go-forward large indications under consideration

Compelling Preclinical Data & Clinical Strategy

- Blockade of CD79B and engagement of CD32B suppresses B-cell function, lowers cytokine and autoantibody production
- Demonstrated B-cell inhibition & phagocytosis (ADCP) without CDC or ADCC in NHPs
- CTA-ready, potential rapid path in patients in China
- Efficient path to proof-of-concept in HV and autoimmune disease patients
- Once-monthly dosing potential

Dual Engagement of CD79BxCD32B to Drive Central Tolerance

Mimics Endogenous Antigen-Antibody Complex for Inhibition of B Cells



Key Points of Differentiation

- Unique B cell checkpoint via BCR complex restoring B-cell anergy (“tolerance”)
- Potential for improved efficacy & safety
- Differentiated targets for autoimmune
- Efficient development to proof-of-concept
- Obexelimab has >600 patients treated with clean safety profile (similar Fc mutation) and highly active drug

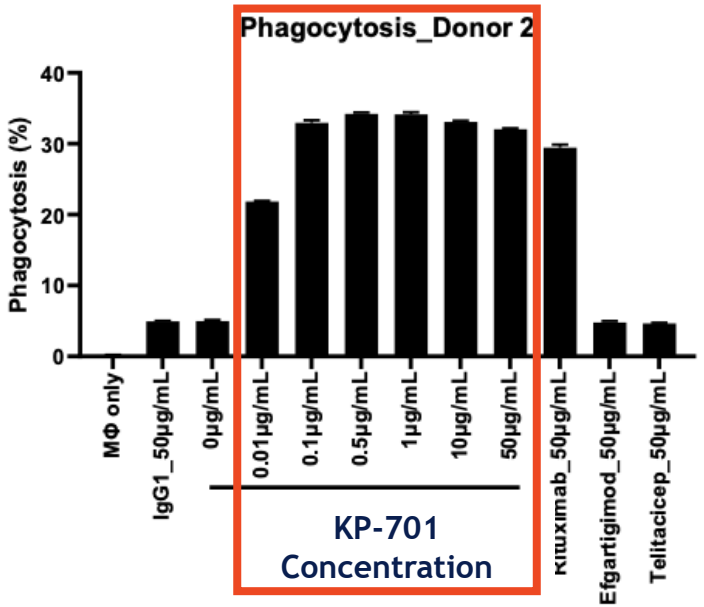
KP-701 has shown a strong inhibitory profile against B cells, including antibody production and proliferation without ADCC / CDC or TDCC

Source: O’Neil et al. 2011. Monophosphorylation of CD79a and CD79b ITAM motifs initiates a SHIP-1 phosphatase-mediated inhibitory signaling cascade required for B-cell anergy

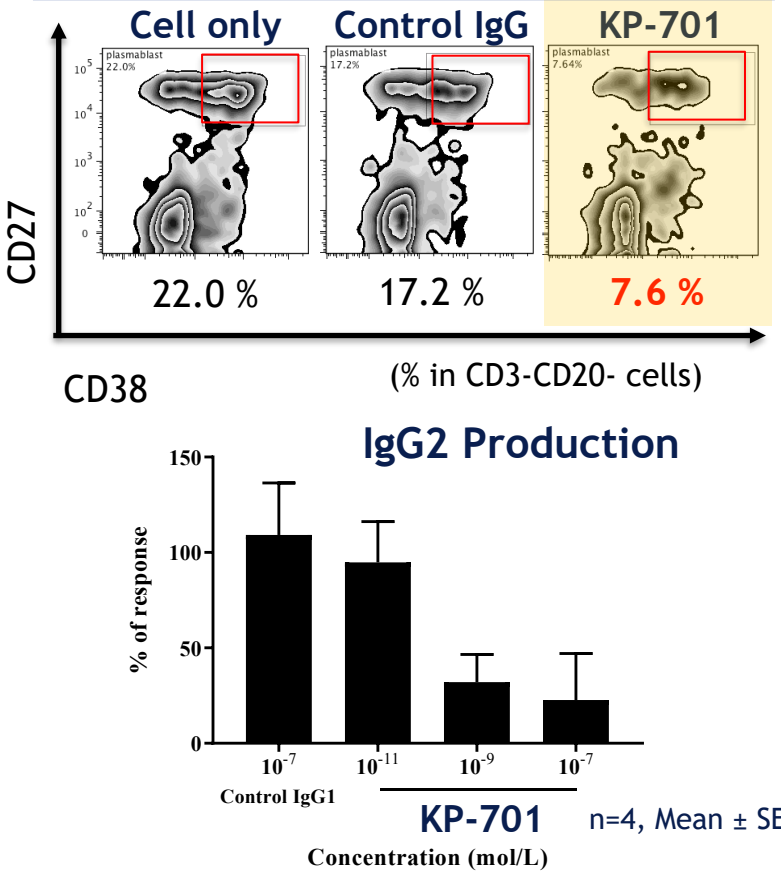
KP-701: Potent Effects on B-cell Proliferation & Phagocytosis vs. Existing Programs

Superior potency observed compared to Obexilimiab, PRV3279 and Rituximab

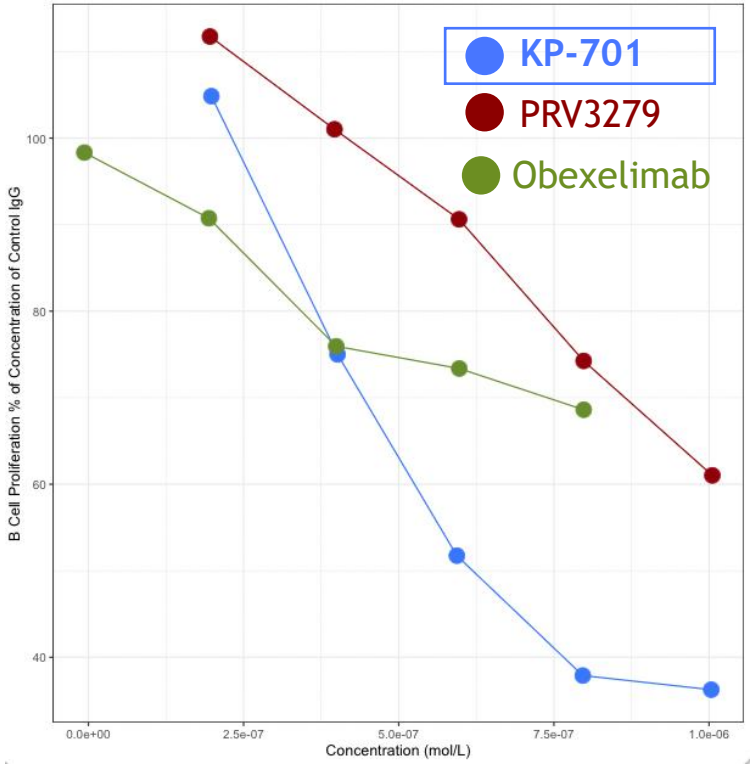
Rapid Phagocytosis of B cells at Low Concentrations vs. Existing B-cell Agents



KP-701 Activity on SLE Plasmablasts & IgG2



KP-701 Superior Activity in B-cell Proliferation Assay*

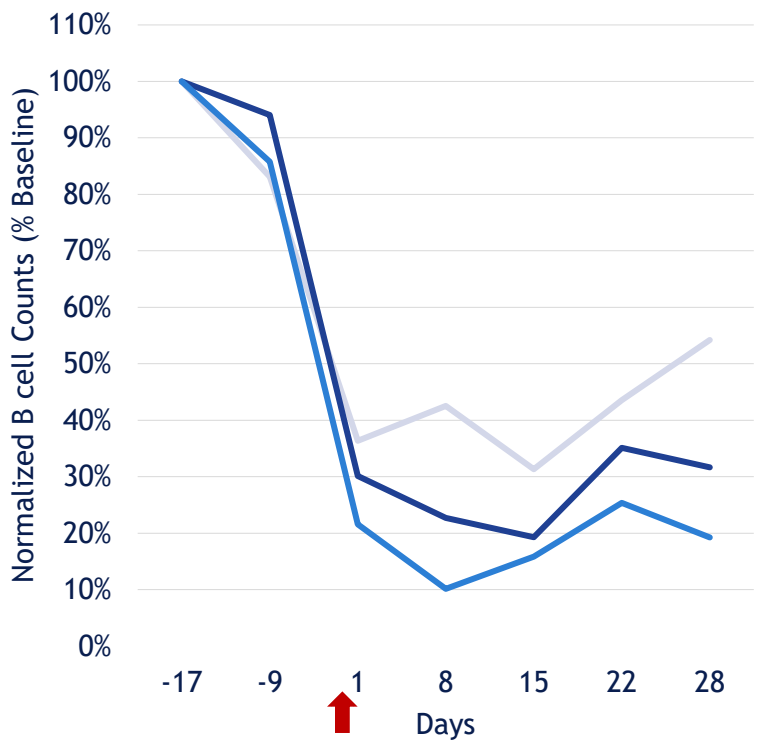


Source: Internal data, Xencor and Macrogenics publications
*Head-to-Head Study

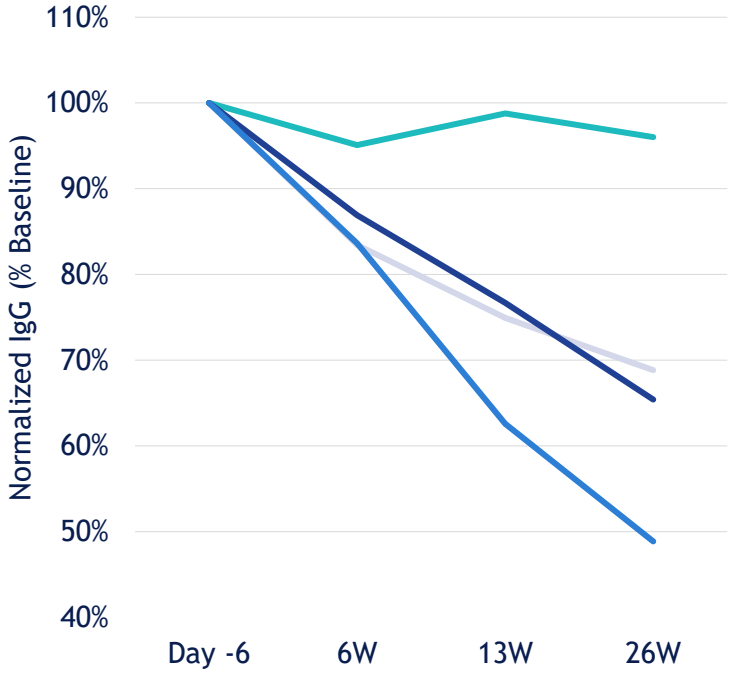
KP-701: Unique Reductions in B Cells & Immunoglobulins (IgG & IgA) in NHPs

- Strong reductions in IgG / IgA and B cells

Reduction of CD3-CD20+ in Peripheral Blood

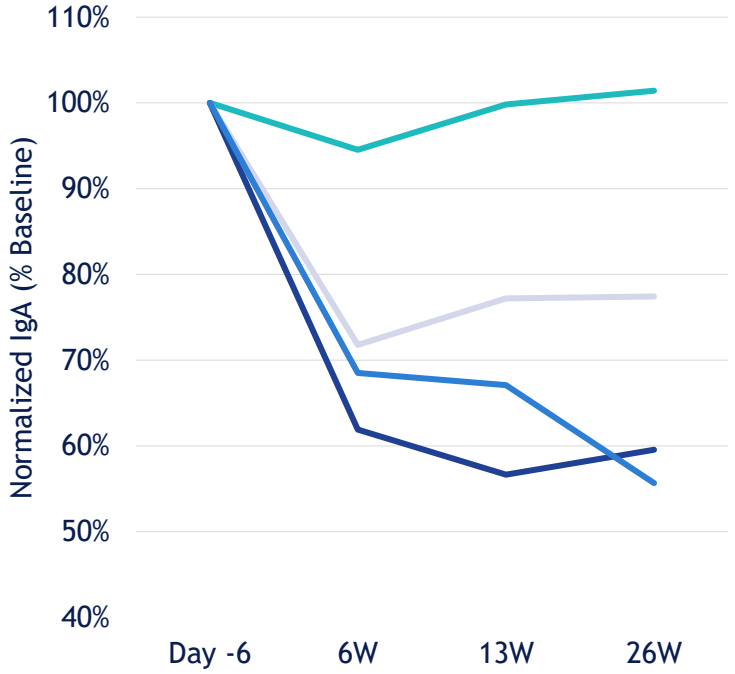


IgG



R_x= Q1W for 26 Wks

IgA



R_x= Q1W for 26 Wks

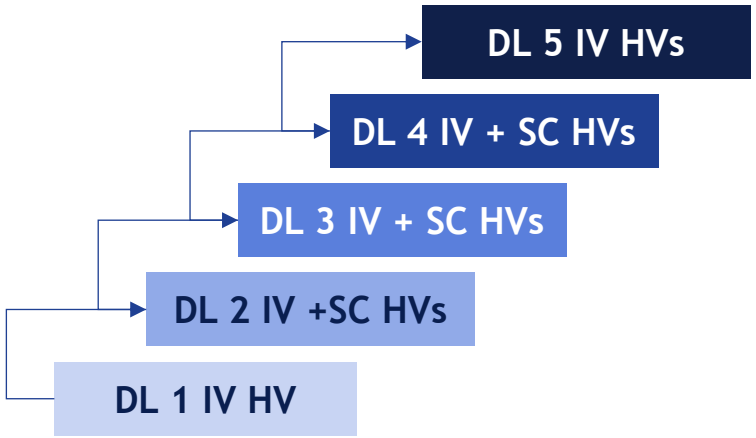
Control 1 mpk 3 mpk 30 mpk

Source: Internal data

Streamlined Phase 1a/b Strategy Intended to Deliver Rapid Proof-of-Concept

Opportunity to Evaluate Safety, PK / PD & Preliminary Activity in Autoimmune Disease (AID)

Phase 1a - SAD



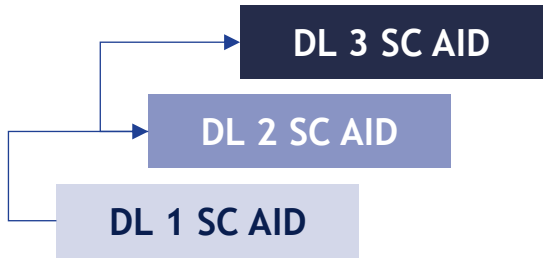
PK Lead-In:

- Patients randomized; 4 patients in 3:1 ratio of drug to placebo

Primary Endpoints: TEAEs, PK, PD (B-cell depletion / recovery), Ig's

Exploratory Endpoints: TBD

Phase 1b - MAD



SC PKPD & POC:

- Patients randomized patients in 3:1 ratio of drug to placebo

Primary Endpoints: TEAEs, PK, PD (B-cell depletion / recovery), Ig's

Exploratory Endpoints: B cell & disease relevant markers

Designed to provide PK / PD, safety data & early signals on durability of KP-701 in AID

Phase 1a:

- Assess the safety, tolerability, and PK of KP-701 in patients with HVs and autoimmune disease
- B cell and serum Ig PD to help enable the starting dose for 1B

Phase 1b:

- Evaluate the dose-response and further assess the safety and PK of KP-701 in patients with AID

Broad Therapeutic Potential for Large Patient Populations

Rapid proof-of-concept in rheumatology with potential expansion into other therapeutic areas

Rheumatology

- Rheumatoid Arthritis
- Lupus (SLE)
- Primary Sjögren's Syndrome
- Inflammatory Myositis

Endocrinology

- Graves' Disease
- Thyroid Eye Disease
- Hashimoto's
- Obesity

Neurology

- Multiple Sclerosis
- Myasthenia Gravis
- NMOSD

Dermatology

- Immune Thrombocytopenia (ITP)
- Autoimmune Hemolytic Anemia (AIHA)
- Inflammatory Myositis

Summary

The Combined Company Plans to Deliver Innovative Therapeutics in Immunologically-Driven Disorders

Significant Global Opportunity

- $14B+ addressable market across complement-mediated disorders[1]

KP-104 (C5 + Factor H)

- **Phase 2/3 ready in renal and hematology indications**
- Innovative, bifunctional biologic targeting both alternative & terminal pathways
- Preclinical data demonstrated potential superiority vs. single pathway therapies (C5, Factor B, or C3 alone)
- Kira's China subsidiary fully supports the efficient and quality execution of a Phase 2 trial in China

Briquilimab (anti-KIT)

- **Potential BLA path in SCID conditioning and broad optionality in large markets**
- Potential best-in-class conditioning agent for SCID & Fanconi; planning pre-BLA / Type C meeting on approval pathway
  - Program has Orphan Drug & Fast Track Designation + Rare Pediatric Disease Designation in SCID
- Optionality to explore Briquilimab in mast-cell mediated disorders (e.g., CSU, food allergies)

Broad Portfolio

- **KP-701** (long-acting CD79B) – potential best-in-class B-cell targeting therapy for early disease setting treatment, CTA/IND-ready
- Multiple other programs targeting validated targets

Experienced Leadership Team

- The Combined Company is expected to be led by a core team of experienced biopharma industry experts, seeking to address critical unmet need in immunologically-driven disorders

1) Evaluate Pharma annual worldwide sales estimates

$132M PIPE Expected to Fund the Combined Company Through Multiple Anticipated Clinical Catalysts, Well Capitalized into 2H 2028

Multiple anticipated Phase 2 data readouts, two Phase 1 updates and potential Phase 3 start planned

	2026E	2027E	2028E
KP-104	**Q4** – Phase 2, Stage 1 interim data (rare renal) **Q4** – New indication Phase 2 plans	**Q2** – Phase 2, Stage 1 updated data **Q2** - Phase 2, Stage 2 interim data (rare renal) **1H** – EOP2 meeting (PNH) **Q4** – New indication interim data	**Q1** – Potential Phase 3 initiation (PNH)
Briquilimab	**2H** – Update on next steps for non-transplant indication **YE -** Statistical analysis for SCID	**Q1** – Regulatory guidance on SCID **EOY** – Potential BLA submission*	**EOY** – Potential US BLA approval & PRV issuance*
KP-701		**Q1** – File Phase 1 CTA/IND **Q3** – Phase 1a HV data **Q4** – Phase 1b initiation	**Q2** – Phase 1b data **Mid-Year** – Phase 2 initiation
Early-Stage Programs		**Mid-Year** – DC Selection	

Kira PHARMA JASPER THERAPEUTICS

*Subject to FDA alignment, additional funding